North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

July 2024

(presenting June 2024 data)

Contents

CQC Domain / Report Section	Sponsor(s)	Page
Performance Scorecard and Executive Summary	Chief Operating Officer Chief Medical Officer Chief Nursing Officer Director of People and Transformation Director of Finance	3
Responsiveness	Chief Operating Officer	8
Quality, Safety and Effectiveness	Chief Medical Officer Chief Nursing Officer	15
Patient Experience	Chief Nursing Officer	21
R&I	Chief Medical Officer	27
Well Led / Workforce	Director of People and Transformation Chief Medical Officer Chief Nursing Officer	29
Finance	Director of Finance	37
Regulatory View	Chief Executive	40
Appendix		42

North Bristol Integrated Performance Report

Domain	Description	Regulatory	Trust Patient First Improvement Priority	National Standard	Current Month Trajectory (RAG)	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-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%	71.42%	75.15%	71.49%	71.94%	64.33%	60.56%	63.37%	67.17%	63.30%	64.87%	63.77%	63.56%	61.83%	63.21%		55.18%	2/11
	A&E 12 Hour Trolley Breaches	R		0	-	10	12	17	23	223	213	269	318	168	260	324	217	252		7-1775	4/11
	Ambulance Handover < 15 mins (%)		PF	65.00%	-	29.20%	29.55%	27.69%	26.37%	25.78%	30.70%	28.97%	35.05%	39.35%	37.24%	39.99%	40.72%	42.19%			
	Ambulance Handover < 30 mins (%)	R	PF	95.00%	-	76.60%	73.53%	71.35%	65.25%	57.72%	66.27%	61.66%	64.52%	71.47%	68.13%	72.27%	75.47%	74.15%			
	Ambulance Handover > 60 mins		PF	0	-	183	171	183	321	627	455	554	534	329	366	274	210	240			
	Average No. patients not meeting Criteria to Reside				134	198	200	198	195	218	228	243	245	233	211	233	216	218			
	Bed Occupancy Rate			93.00%	-	96.99%	95.81%	93.63%	95.59%	97.12%	96.84%	96.28%	97.81%	97.40%	97.48%	97.86%	97.53%	97.37%			
	Diagnostic 6 Week Wait Performance			5.00%	2.12%	18.64%	15.10%	14.18%	12.50%	11.40%	9.81%	10.11%	12.28%	5.19%	4.22%	3.10%	2.47%	1.38%		23.81%	1/10
	Diagnostic 13+ Week Breaches			0	0	595	300	124	59	17	14	7	4	5	0	0	0	0		0-2654	1/10
	RTT Incomplete 18 Week Performance			92.00%	-	61.02%	60.97%	60.50%	60.53%	61.52%	61.94%	60.14%	61.11%	61.58%	59.75%	60.36%	60.96%	61.97%		55.83%	8/10
	RTT 52+ Week Breaches	R		0	1285	2831	2689	2599	2306	2124	1858	1685	1393	1383	1498	1609	1632	1649		43-16939	4/10
	RTT 65+ Week Breaches				81	619	624	606	582	545	420	388	249	193	146	192	228	218		0-5245	3/10
	RTT 78+ Week Breaches	R			30	59	44	48	48	55	49	50	45	39	27	18	14	6		0-553	3/8
	Total Waiting List	R			47985	49899	50119	50168	48969	48595	47698	47245	46710	46394	46278	46441	46740	46252			
	Cancer 31 Day First Treatment			96.00%	82.28%	81.59%	91.20%	87.36%	87.76%	85.61%	88.14%	86.30%	77.12%	86.18%	83.07%	87.77%	84.83%	-		90.89%	10/10
	Cancer 62 Day Combined	R	PF	85.00%	58.51%	61.31%	61.54%	60.61%	57.96%	60.07%	61.59%	61.20%	53.33%	58.15%	59.14%	60.62%	59.32%	-		62.19%	9/10
	Cancer 28 Day Faster Diagnosis	R		75.00%	72.97%	66.43%	65.14%	57.36%	54.96%	59.46%	71.42%	74.89%	70.88%	74.80%	73.79%	57.28%	67.47%	-		72.83%	8/10
	Urgent operations cancelled ≥2 times			0	-	0	0	0	0	0	1	1	0	0	0	0	0	-			

RAG ratings (Red/Green) are against Current Month Trajectory. For metrics with no trajectory, RAG rating is according to comparison with previous month, except for Bed Occupancy, Diagnostic 6 Week Wait Performance and Urgent Operations Cancelled ≥ 2 times 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)	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Trend
Quality, Safety and Effectiveness	Trust Quality Metrics	Summary Hospital-Level Mortality Indicator (SHMI)					0.97	0.96	0.96	0.95	0.95	0.94	0.94	0.94	-	-	-	-	-	
		Never Event Occurrence by month			0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	
		Commissioned Patient Safety Incident Investigations					0	0	2	2	2	1	1	2	0	1	1	1	1	
		Healthcare Safety Investigation Branch Investigations					0	0	0	0	0	1	1	2	0	0	0	0	0	
		Total Incidents					1115	1040	1128	1190	1466	1549	1205	1198	1327	1283	1111	1156	1034	
		Total Incidents (Rate per 1000 Bed Days)					39	35	40	42	48	52	39	38	45	40	36	37	34	
		WHO checklist completion				95.00%	97.77%	99.01%	98.58%	97.68%	99.08%	99.36%	99.43%	99.52%	99.82%	99.71%	99.89%	99.96%	99.66%	
		VTE Risk Assessment completion	R			95.00%	94.98%	94.72%	94.33%	93.86%	92.96%	92.83%	91.63%	86.25%	85.22%	84.99%	85.00%	87.34%	86.05%	
		Pressure Injuries Grade 2					18	17	12	14	11	10	12	11	18	10	14	11	4	
		Pressure Injuries Grade 3				0	0	0	2	1	0	0	1	1	0	0	0	0	0	
		Pressure Injuries Grade 4				0	0	0	1	0	0	1	0	0	1	0	0	0	0	
		Pressure Injuries rate per 1,000 bed days					0.55	0.47	0.46	0.46	0.26	0.34	0.33	0.35	0.47	0.28	0.36	0.35	0.10	
		Falls per 1,000 bed days					5.66	4.91	5.73	4.96	6.45	6.56	6.38	5.58	5.72	5.66	5.18	5.20	5.56	
		MRSA	R		0	0	1	1	0	0	1	1	0	0	0	0	1	0	0	
		E. Coli	R			4	7	4	2	7	5	11	5	6	5	2	6	10	4	
		C. Difficile	R			5	11	6	2	5	4	3	2	2	9	8	6	2	4	
		MSSA				2	6	9	5	2	4	3	6	3	3	2	2	2	3	
		Observations Complete					98.89%	99.22%	97.56%	96.48%	99.02%	98.83%	98.66%	98.73%	98.50%	98.60%	98.90%	98.93%	98.96%	
		Observations On Time					45.38%	48.37%	61.62%	69.58%	73.33%	75.00%	72.04%	72.85%	71.82%	72.94%	70.70%	71.10%	71.91%	
		Observations Not Breached					57.47%	58.21%	73.78%	80.83%	85.17%	88.39%	85.54%	85.57%	84.80%	84.52%	83.10%	83.96%	83.81%	
	Maternity	5 minute Apgar 7 rate at term				0.90%	0.72%	0.93%	0.45%	0.64%	0.68%	1.82%	0.78%	0.23%	1.22%	1.90%	1.00%	0.93%	0.93%	
		Caesarean Section Rate					44.37%	40.65%	46.33%	47.02%	42.89%	43.19%	41.26%	44.90%	47.50%	44.74%	45.88%	46.09%	46.07%	
		Still Birth rate				0.40%	0.44%	0.43%	0.21%	0.29%	0.21%	0.21%	0.72%	0.43%	0.00%	0.22%	0.00%	0.22%	0.22%	
		Induction of Labour Rate				32.10%	33.55%	38.04%	32.08%	30.65%	34.31%	30.21%	36.65%	31.67%	31.36%	34.45%	32.71%	29.78%	29.91%	
		PPH 1500 ml rate				8.60%	2.87%	4.13%	2.31%	2.68%	3.97%	2.96%	2.42%	2.38%	4.04%	2.68%	3.52%	4.98%	4.78%	
	Fragile Hip	Fragile Hip Best Practice Pass Rate					43.10%	62.00%	58.00%	55.77%	79.17%	70.59%	61.40%	60.00%	67.92%	71.43%	68.57%	41.18%	-	
		Admitted to Orthopaedic Ward within 4 Hours					27.59%	40.00%	48.00%	36.54%	33.33%	25.49%	21.05%	28.57%	9.43%	14.29%	20.00%	19.61%	-	
		Medically Fit to Have Surgery within 36 Hours					44.83%	62.00%	58.00%	55.77%	81.25%	72.55%	68.42%	64.29%	71.70%	73.47%	68.57%	47.06%	-	
		Assessed by Orthogeriatrician within 72 Hours					93.10%	96.00%	98.00%	96.15%	97.92%	96.08%	91.23%	88.57%	90.57%	95.92%	91.43%	86.27%	-	
	Stroke	Stroke - Patients Admitted					181	133	191	156	155	164	157	184	163	152	174	135	-	
		Stroke - 90% Stay on Stroke Ward				90.00%	85.71%	89.02%	80.91%	84.62%	82.22%	71.95%	77.42%	75.22%	76.47%	78.13%	60.00%	70.73%	-	
		Stroke - Thrombolysed <1 Hour				60.00%	73.33%	44.44%	68.18%	52.38%	75.00%	56.25%	37.50%	85.71%	60.00%	78.13%	72.73%	60.00%	-	
		Stroke - Directly Admitted to Stroke Unit <4 Hours				60.00%	61.86%	66.67%	58.93%	56.19%	59.78%	61.45%	70.97%	58.62%	63.92%	61.54%	40.00%	60.61%	-	
		Stroke - Seen by Stroke Consultant within 14 Hours				90.00%	84.11%	80.00%	86.89%	87.93%	89.80%	85.71%	92.23%	86.47%	95.50%	84.21%	74.55%	81.37%	-	

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 Urgent Operations Cancelled ≥ 2 times which are RAG rated against National Standard.

North Bristol Integrated Performance Report

Domain	Description	Regulatory	Trust Patient First Improvement Priority	National Standard	Current Month Trajectory (RAG)	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Trend
Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity		PF			91.79%	88.81%	91.00%	89.49%	89.49%	89.29%	91.73%	92.73%	91.16%	93.93%	90.05%	93.37%	93.17%	
	Friends & Family Positive Responses - Emergency Department		PF			81.95%	81.75%	83.58%	74.74%	72.80%	79.33%	80.94%	81.44%	81.12%	73.99%	77.89%	74.65%	78.64%	
	Friends & Family Positive Responses - Inpatients		PF			91.62%	93.65%	93.70%	93.37%	91.96%	92.53%	91.30%	92.71%	91.98%	91.55%	92.73%	91.81%	93.80%	
	Friends & Family Positive Responses - Outpatients		PF			94.67%	95.46%	95.13%	94.04%	94.65%	95.45%	96.01%	95.31%	94.58%	95.12%	95.33%	95.06%	94.90%	
	PALS - Count of concerns					141	145	123	135	139	152	103	191	133	157	137	155	174	
	Complaints - % Overall Response Compliance				90.00%	80.00%	79.63%	64.10%	71.11%	65.00%	60.00%	73.00%	79.00%	71.00%	84.62%	86.11%	72.22%	84.09%	
	Complaints - Overdue					6	5	4	5	9	10	3	5	6	4	2	2	4	
	Complaints - Written complaints					44	42	48	49	60	49	36	44	40	39	36	47	45	
Workforce	Agency Expenditure ('000s)					2342	2402	2242	2182	2093	2184	1610	1507	1592	1368	891	1037	765	
	Month End Vacancy Factor					8.03%	8.25%	7.69%	7.16%	6.62%	6.42%	5.87%	4.87%	4.82%	5.02%	2.55%	3.46%	4.04%	
	Turnover (Rolling 12 Months)	R	PF		-	15.90%	15.19%	15.03%	14.59%	14.13%	13.74%	13.30%	13.09%	12.91%	12.32%	12.01%	11.88%	11.88%	
	Sickness Absence (Rolling 12 month)	R			-	5.07%	4.94%	4.92%	4.91%	4.89%	4.81%	4.70%	4.66%	4.67%	4.65%	4.62%	4.60%	4.61%	
	Trust Mandatory Training Compliance					84.23%	84.73%	86.69%	87.04%	89.39%	90.69%	91.06%	90.14%	89.44%	91.16%	91.50%	91.47%	92.02%	

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 Urgent Operations Cancelled ≥ 2 times which are RAG rated against National Standard.

Executive Summary – June 2024

Urgent Care

Four-hour performance reported at 63.21% in June. NBT ranked second out of 11 AMTC providers. There was an increase in 12-hour trolley breaches on the previous month (252 from 217), and an increase in ambulance handover delays over one-hour (240 from 210). The primary drivers continue to be a 3.23% increase in ED presentations compared to June 2023, and a continued high NC2R position leading to high bed occupancy. Discussions amongst System COOs have reached a position where a new NC2R level ambition is being set; to reduce the NC2R percentage within NBT to 15%. This is now a key contingent in the Trust committing to the 78% ED 4-hour performance requirement for March 2025. As yet, there is no evidence of a sustained improvement in line with this ambition. 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

Having delivered the clearance of capacity related 65-week wait breaches at the end of 2023/24, the Trust has submitted a plan which aims to clear all non-capacity related breaches by September 2024. While plans are in place for most specialties, there is an outstanding challenge (related to complex procedures and limited clinical capacity) in clearing the remaining backlog of some specialist breast reconstruction surgery. The position is constantly changing with new options being considered and implemented. There was further industrial action in July, which had a limited impact on elective activity. At this point, there remains reasonable assurance the Trust will meet its RTT obligations for this year.

Diagnostics

Performance in June continued to meet the requirements for 2024/25, reporting at 1.38% (against target of 5%). No patient is waiting longer than 13 weeks for diagnostic and greater than 95% are now receiving their diagnostic test within 6-weeks. The Trust is setting an ambition to go beyond national requirements and return to national constitutional standards of no more than 1% breaching 6-weeks in the coming year.

Cancer Wait Time Standards

As previously reported, overall cancer performance has been impacted by an unplanned loss of capacity in one of our high-volume tumour site specialties i.e. Skin cancer. This interrupted the Trust’s recovery plans following a loss of activity due to previous industrial action. Remedial plans have been enacted, however, given reported cancer breaches occur at the point of treatment, there is a characteristic reduction in performance directly before recovery. Therefore, the April reported FDS position dropped to 57.28%, as expected and as the backlog of treatments have been delivered. The position for May 2024 was in line with plan and the Trust submitted at 67.47% for the combined standard. Early indication is that further improvements will be seen in June and the Trust will be compliant.

Executive Summary – June 2024

Quality

Maternity indicators moved positively in May, reflecting the trend over recent months. The term admission rate to NICU was 3.7% against a national target of 5% and there were no cases referred to MNSI. The midwifery vacancy rate is the lowest it has been since January 2022 at 2.68%. However, there was an indirect maternal death, which occurred within the NICU apartments – the postmortem results are yet to be shared and therefore cause of death not confirmed. During Jun-24 NBT had a rate of 6.3 medication incidents per 1000 bed days, slightly below the 6-month average of 6.6 for this measure. Infection control data for C. difficile reflects a slight breach of annual trajectory, which is similar for E. coli cases. There were no new MRSA cases. The sustained increase in MSSA rates continues, which reflects regional/national trends. Several improvement projects continue across all infection workstreams. The reducing trend in falls rates continued, reflecting the ongoing improvement actions as outlined in the report. In June there were 4 x grade 2 pressure ulcers, which is continues the decreasing trend since April. Delivery of the Year 2 workplan for Patient & Carer Experience is positive across most commitments, reflecting the Trust's approved Quality priorities for Outstanding Patient Experience. Recruitment into vacancies within the Trust's Volunteer Services team is progressing to enable delivery of the amber commitments in coming months. 92.93% of patients gave the Trust a FFT positive rating, an increase on previous month, remaining within the overall expected range of performance. The response rate compliance for complaints improved to 84%. All complaints & PALS concerns are acknowledged within the agreed timeframes.

Workforce

Turnover is stayed stable at 11.88% June, 0.02% below the target set for 2024/25. Work is in progress to identify opportunities for further improvement. We remain focussed 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 68.77% in May to 71.58% in June.
The % of employed staff from our 30 most challenged communities shows statistically significant deterioration, however, the deterioration is driven not by a reduction in employed staff from those communities but by other factors, primarily an increases in the proportion of staff employed residing outside BNSSG. Month on month since April 2023 the actual number of staff employed from our most challenged communities has increased from 3202 to 4008 in June 2024. Our disparity ratio has followed a deteriorating trend since the low point of 1.31 in December 2023 to 1.54 in June 2024, analysis is in progress to better understand the areas driving this position.
Trust-wide agency spend decreased between May and June from 2.2% to 1.60%, which is below the Trust the 2024/25 target of 3.2%. Our watch metrics show statistically significant improvement..

Finance

The financial plan for 2024/25 in Month 3 (June) was a deficit of £1.8m. In month the Trust has delivered a £3.3m deficit, which is £1.5m worse than plan. Year to date the position is a £4.5m adverse variance against a planned £5.8m deficit. This is driven by the impact of unidentified CIP across pay and non-pay creating a £3.9m adverse variance. The Trust cash position at Month 1 is £39.9m, a reduction of £22.8m from Month 12. This is driven by the underlying deficit and capital spend. The Trust has delivered £4.0m of completed cost improvement programme (CIP) schemes at month 3. There are a further £5.9m of schemes in implementation and planning that need to be developed, and £18.9m in the pipeline.

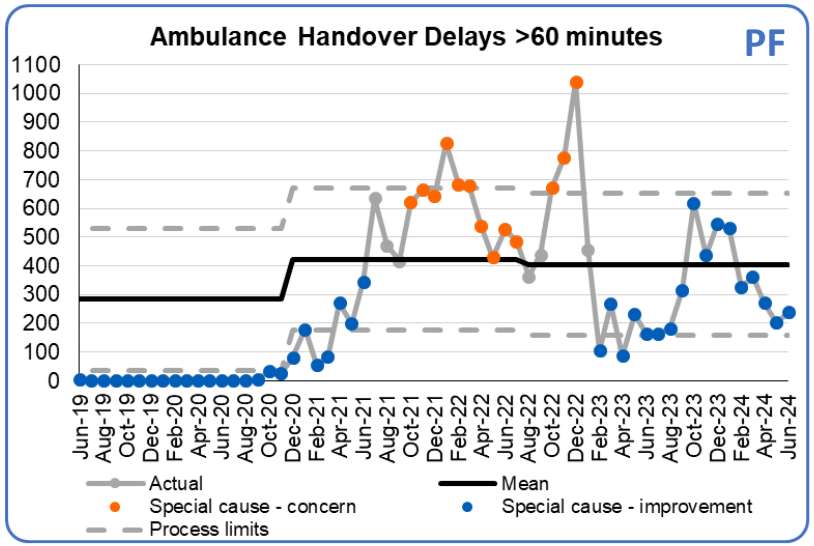
Responsiveness

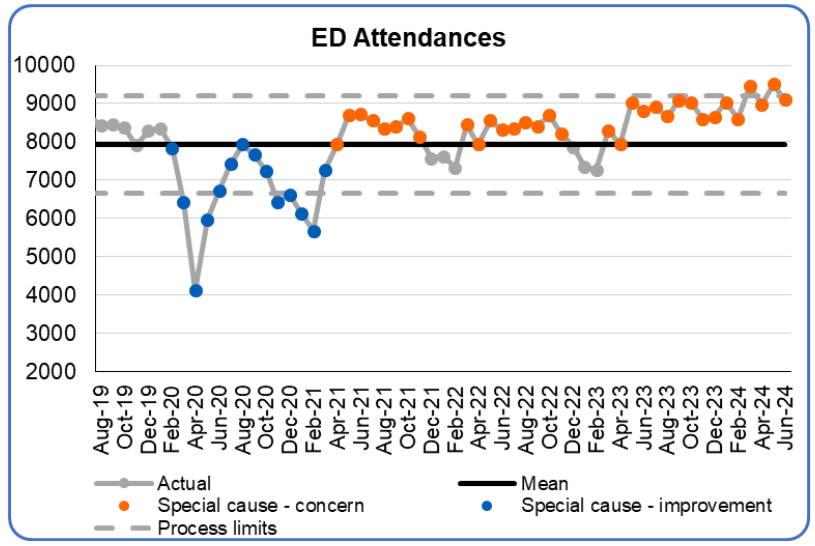
Board Sponsor: Chief Operating Officer
Steve Curry

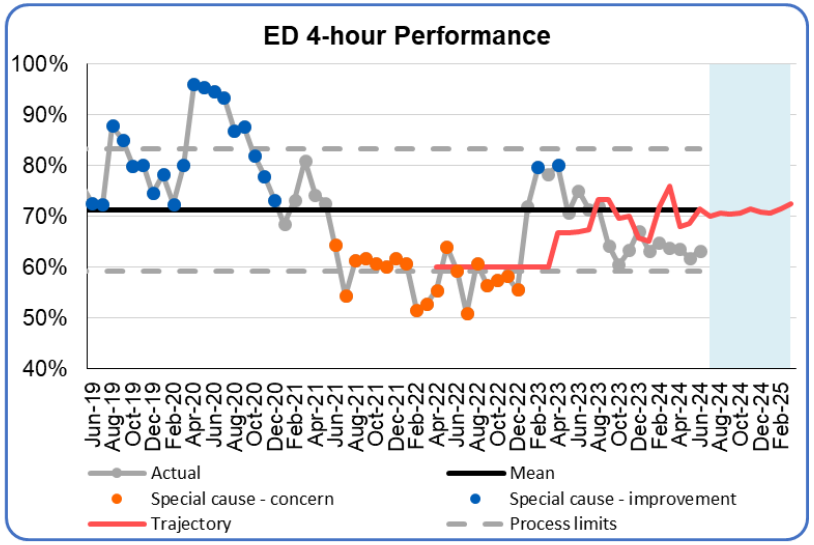
Responsiveness – Indicative Overview at April-2024

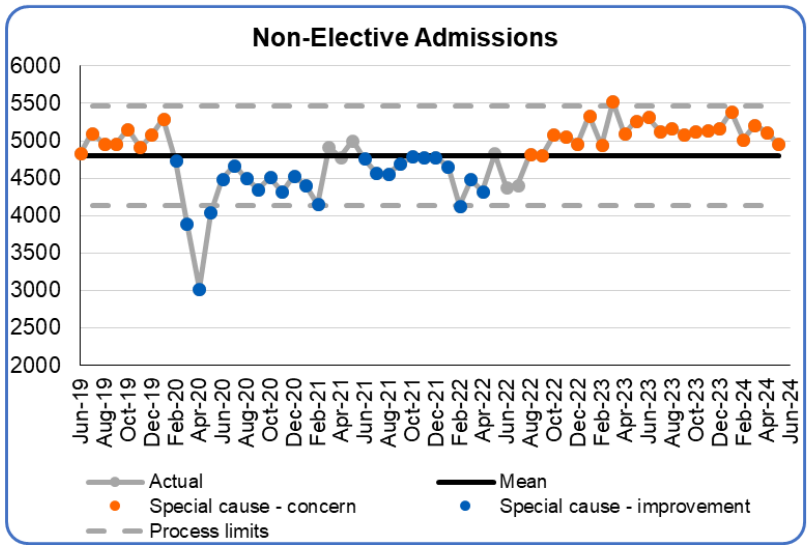
Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Internal and partnership actions continue.
	NC2R/D2A	As yet, no evidence of progress to reduced NC2R percentage ambition
RTT	65-week wait	Some progress on specialist area challenges. Limited impact from industrial action.
Diagnostics	5% 6-week target	Achieved and exceeded.
	CDC	Phase 1 (mobiles in place) Phase 2 (fixed build) by the 30/08/2024
Cancer	28-day FDS Standard	Dermatology activity loss recovery actions have taken effect. Significant improvement in May which will be sustained and/or improved further in June. Sustainability remains an issue.
	62-Day Combined Standard	Removed from National tiering. Marginally below in-year trajectory, sustainability issues and wider system/pathway support needed.

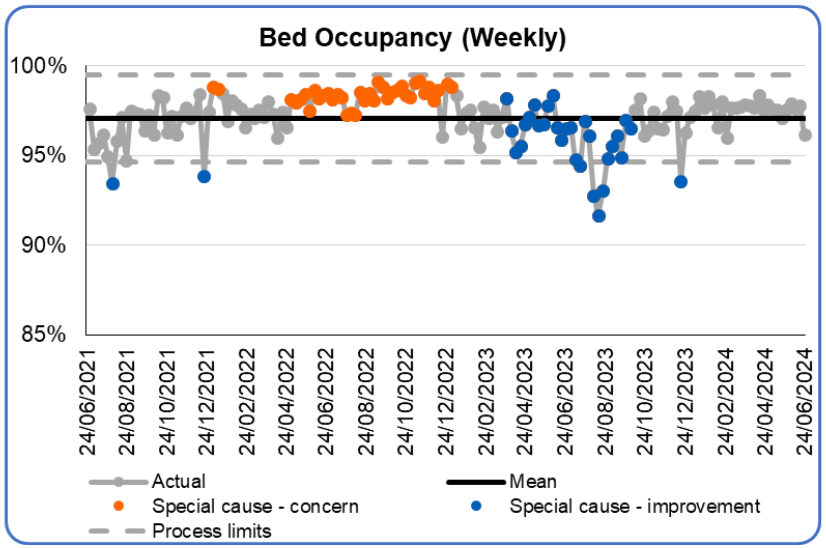
Urgent and Emergency Care

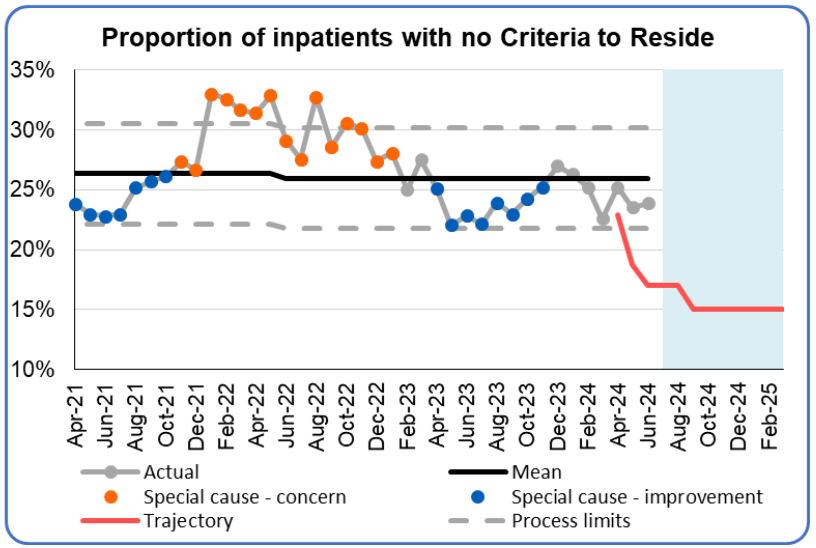












Urgent and Emergency Care

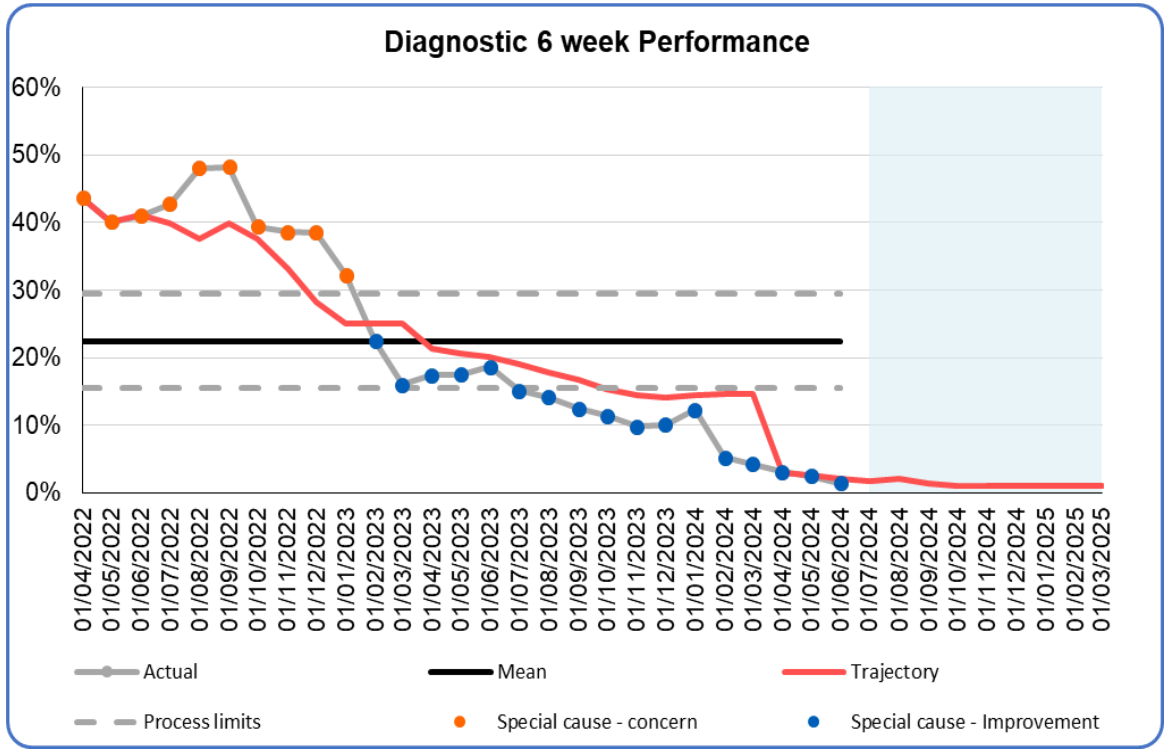
What are the main risks impacting performance?

- Year-on-year ED attendances have been increasing in previous months, but there was a marked increase yet again in June, showing attendances at 3.23% higher than June 2023.
- As yet, insignificant progress in reducing NC2R problems.
- Ongoing industrial action by Junior Doctors.

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.
- Ambulance handovers – the Chief Nursing Officer led a 'refresh' of the continuous flow model in response to December ambulance delays. Although the approach had continued over the summer, its scale of deployment was commensurate with a lower level of patient flow pressure. The approach has been reintroduced more rigorously with two-hourly monitoring in place. The normal risk mitigations which have been previously used continue to apply in using this 'balance of overall risk' approach.
- 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.
- Internal adjustments to the Same-Day Emergency Care (SDEC) pathway being implemented to stream patients away from ED to the appropriate service.

Diagnostic Wait Times



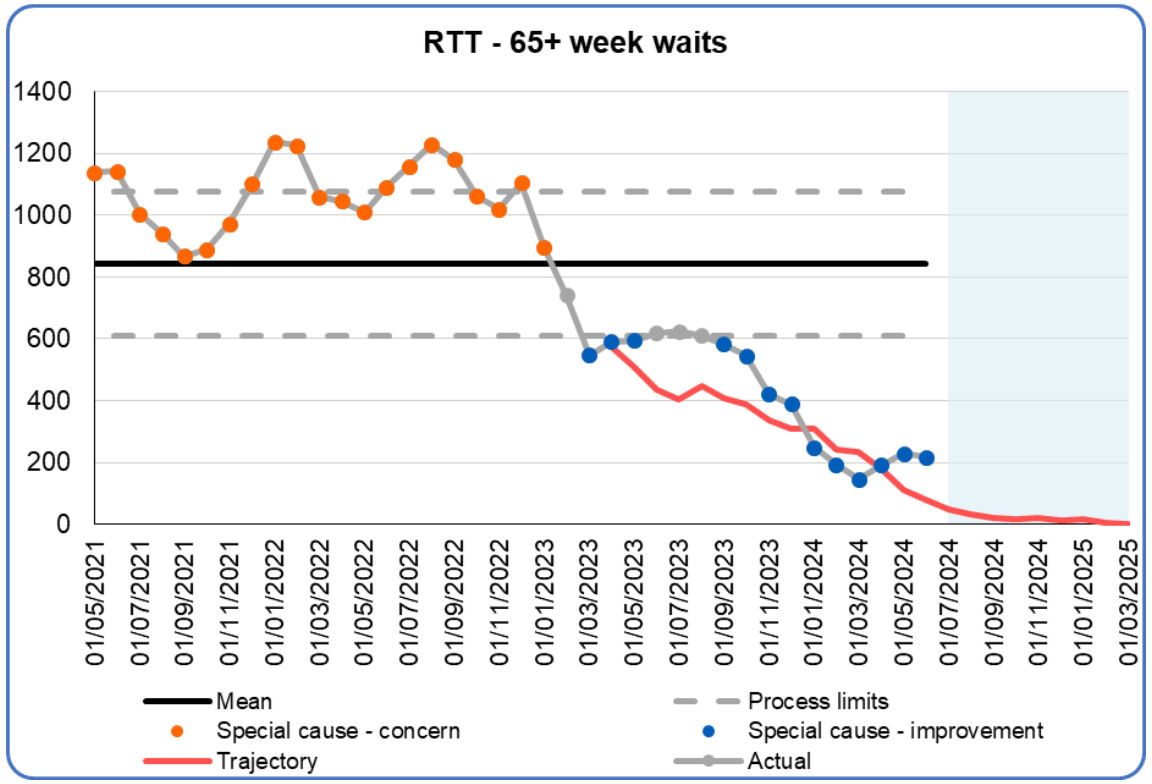
What are the main risks impacting performance?

- The Trust continues to achieve target of no more than 5% patients waiting over 6-weeks, with performance reporting at 1.38% for June 2024.
- The Trust is maintaining clearance of all >13-week breaches.
- 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.
- CDC commenced 01/04/2024 in temporary accommodation with phase 2 (fixed build) commencing from 30/08/2024.

Referral To Treatment (RTT)



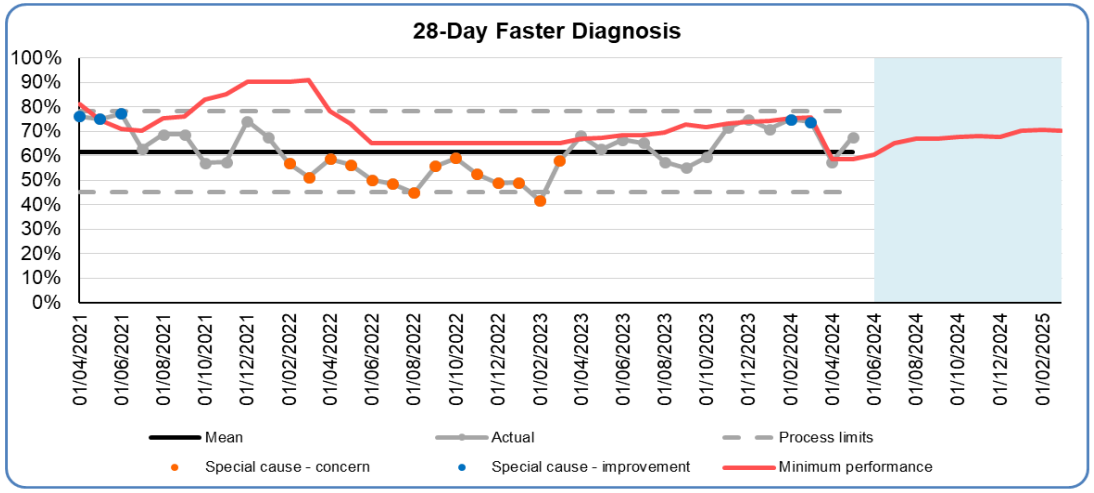
What are the main risks impacting performance?

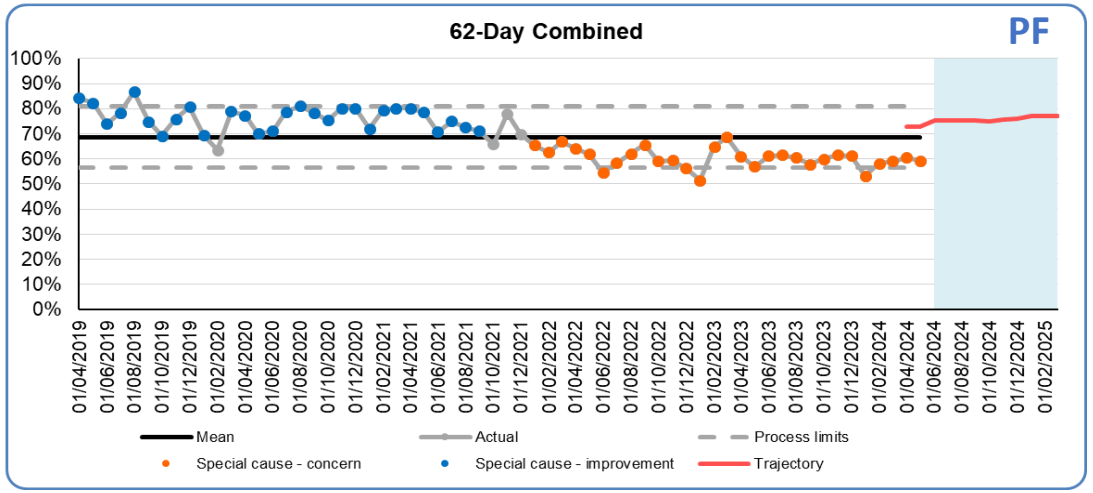
- Impact of July 2024 industrial action – although limited in July IA.
- Rebooking of cancelled cancer and urgent patients is displacing the opportunity to book long-waiting patients.
- Continued reliance on third party activity in a number of areas.
- The potential impact of UEC activity on elective care.
- Challenges remain in a small number of specialist procedures.

What actions are being taken to improve?

- Trust has committed to zero 104-week breaches from the end of June 2024.
- Plans to eliminate 65-week and 78-week wait breaches for all specialties, with the exception of DIEPs, by September 2024.
- 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?

- Last minute year-end capacity loss in Skin clinics impacting the end of year performance.
- 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.
- April reported an increase in 28-day breaches due to backlog clearance plans in Skin and Breast which has had an impact on the Trusts position. Recovery was seen in May.

What further actions are being taken to improve?

- Significant additional activity has been delivered to recover industrial action related deteriorations in Skin and Gynaecology.
- Recovery actions can only be made sustainable through wider system actions. The CMO is involved in System workshops looking to reform cancer referral processes at a primary care level.
- Focus remains on sustaining the absolute >62-Day Cancer PTL volume and the percentage of >62-Day breaches as a proportion of the overall wait list. This has been challenged by recent high volume activity losses (industrial action related) within areas such as Skin.
- High volume Skin ‘poly-clinics’ enacted to recover cancer position. Having achieved the improved >62-Day cancer PTL target, the next phase will be to ensure the revised actions and processes are embedded to sustain this improvement. At the same time, design work has commenced to fundamentally improve patient pathways, which will improve overall Cancer wait time standards compliance.
- 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 – May 24 data

	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	TREND
Activity							
Number of women who gave birth, all gestations from 22+0 gestation	413	463	442	448	426	459	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	3	0	3	1	3	4	
Number of women who gave birth (>=24 weeks or <24 weeks live)	408	461	440	447	425	459	
Number of babies born (>=24 weeks or <24 weeks live)	418	466	446	449	429	463	
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)	29	36	36	24	27	33	
No of livebirths <24 weeks gestation	1	0	1	1	1	0	
Induction of Labour rate %	36.6%	31.7%	31.4%	34.5%	32.7%	29.8%	
Spontaneous vaginal birth rate %	46.2%	45.6%	43.2%	43.6%	43.1%	45.3%	
Assisted vaginal birth rate %	10.3%	9.1%	8.9%	11.2%	10.8%	8.5%	
Caesarean Birth rate (overall) %	41.8%	44.9%	47.5%	44.7%	45.9%	46.2%	
Planned Caesarean birth rate %	19.2%	20.6%	21.6%	19.9%	18.8%	17.2%	
Emergency Caesarean Birth rate %	22.6%	24.3%	25.9%	24.8%	27.1%	29.0%	
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	5.3%	4.2%	6.4%	5.2%	5.0%	4.2%	
BFI Activity							
% of babies where breastfeeding initiated within 48 hours				Data Not Available (DNA)		81%	
% of babies breastfeeding on Day 10				Data Not Available (DNA)		75%	
% of babies breastfeeding at transfer to community				Data Not Available (DNA)		82%	
% of babies where skin to skin recorded within 1st hour of birth				Data Not Available (DNA)		91%	
Perinatal Morbidity and Mortality inborn							
Total number of perinatal deaths (excluding late fetal losses)	2	2	1	3	1	2	
Number of stillbirths (>=24 weeks excl. TOP)	2	1	0	1	0	1	
Number of neonatal deaths : 0-6 Days	0	1	0	1	1	1	
Number of neonatal deaths : 7-28 Days	0	0	1	1	0	0	
PMRT grading C or D cases (themes in report)	0	1	2	1	0	1	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (MNSI)	1	0	0	0	1	0	
Maternal Morbidity and Mortality							
Number of maternal deaths (MBRRACE)	0	0	0	0	0	1	
Direct	0	0	0	0	0	0	
Indirect	0	0	0	0	0	1	
Number of women recieving enhanced care on CDS	27	22	33	26	29	37	
Number of women who received level 3 care (ITU)	2	0	0	0	2	1	
Insight							
Number of datix incidents graded as moderate or above (total)	4	0	2	0	2	0	
Datix incident moderate harm (not SI, excludes MNSI)	2	0	2	0	2	0	
Datix incident PSII (excludes MNSI)	0	0	0	0	0	0	
New MNSI referrals accepted	2	0	0	0	1	0	
Outlier reports (eg: MNSI/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust)	0	0	0	0	0	0	
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	
Involvement							
Service User feedback: Number of Compliments (formal)	23	67	26	110	106	61	
Service User feedback: Number of Complaints (formal)	5	5	4	3	1	1	
Friends and Family Test Score % (good/very good) NICU	100	100	100	100	100	100	
Friends and Family Test Score % (good/very good) Maternity	92	92	91	93	90	93	
Staff feedback from frontline champions and walk-abouts (number of themes)	5	4	5	0	0	10	

		Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	TREND
Workforce								
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite		83	83	83	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps		2	2	0	0	0	0	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps		2	2	2	2	2	2	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)		0	0	0	0	0	0	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)		1	1	1	1	1	1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)		0	1	1	1	1	1	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).		7.0%	23.4%	25.6%	27.6%	37.6%	38.9%	
Vacancy rate for midwives		5.84%	5.59%	8.04%	6.17%	3.06%	2.68%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)		59%	35%	52%	54%	59%	59%	
Vacancy rate for NICU nurses		19	26	11	10	18%	11%	
Datix related to workforce (service provision/staffing)		4	13	9	13	1	2	
Consultant led MDT ward rounds on CDS (Day to Night)		61%	93%	96%	81%	90%	100%	
Consultant led MDT ward rounds on CDS (Day)		100%	100%	100%	97%	100%	100%	
One to one care in labour (as a percentage)		97%	99%	100%	97%	99%	98%	
Compliance with supernumerary status for the labour ward coordinator		100%	100%	99%	100%	100%	100%	
Number of times maternity unit attempted to divert or on divert		1	0	1	0	0	0	
in-utero transfers								
in-utero transfers accepted		7	1	1	5	ta Not Available (DNA)		
in-utero transfers declined		7	lable (DNA)	0	0	lable (DNA)	4	
ex-utero transfers							4	
				6	11	4	3	
			16	0	2	lable (DNA)	0	
				0	0	lable (DNA)	1	
Number of consultant non attendances to must attend clinical situations				0	0	0	0	
Improvement								
Progress in achievement of MIS /10		10	10	10	10	10	10	
Training compliance in annual local BNLS (NICU)		100%	100%	100%	98%	90%	55%	
Training compliance in maternity emergencies and multi-professional training (PROMPT) * note: includes BNLS	*Overall*	97%	81%	84%	79%	75%	73%	
	Obstetric Consultants	95%	95%	95%	89%	94%	89%	
	Other Obstetric Doctors	97%	97%	69%	73%	75%	63%	
	Anaesthetic Consultants	100%	75%	72%	62%	59%	66%	
	Other Anaesthetic Doctors	96%	100%	74%	73%	60%	64%	
	Midwives	98%	80%	89%	73%	79%	82%	
	Maternity Support Workers	95%	71%	95%	90%	80%	76%	
	Theatre staff	Data Not Available (DNA)						
	Neonatologists	Data Not Available (DNA)						
	NICU Nurses	Data Not Available (DNA)						
Fetal Wellbeing and Surveillance	*Overall*	90%	85%	86%	85%	87%	72%	
	Obstetric Consultants	94%	89%	89%	89%	94%	72%	
	Other Obstetric Doctors	88%	70%	71%	72%	72%	69%	
	Midwives	97%	86%	91%	82%	87%	77%	
Trust Level Risks		7	7	4	3	4	3	

This report is a summary of the data held within the Perinatal Quality Surveillance Matrix for the period of May 2024.

The term admission rate to NICU was 3.7% against a national target of 5%. This a 1.3% reduction from last month.

Perinatal services referred 0 new cases to MNSI in May 2024.

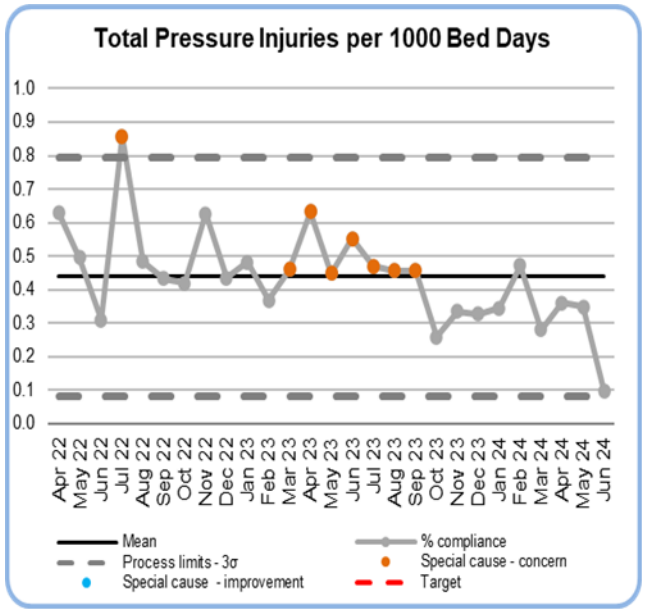
There was 1 indirect maternal death in May 2024 which occurred within the NICU apartments – the postmortem results are yet to be shared and therefore cause of death not confirmed.

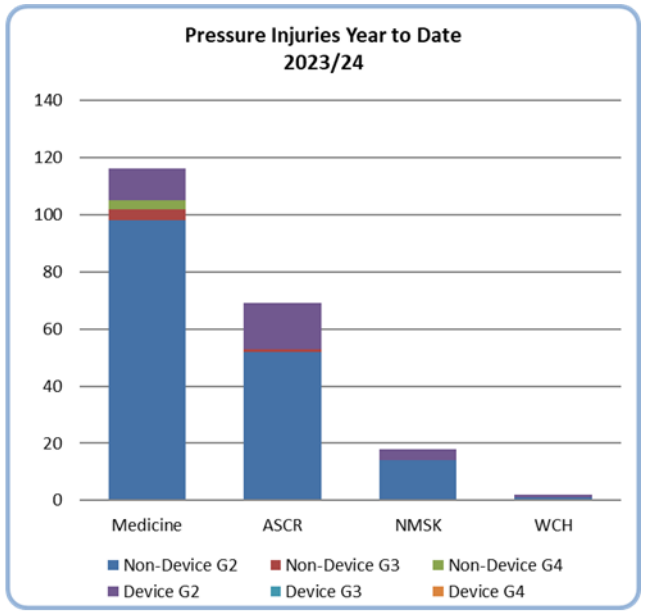
The midwifery vacancy rate is the lowest it has been since January 2022 at 2.68%.

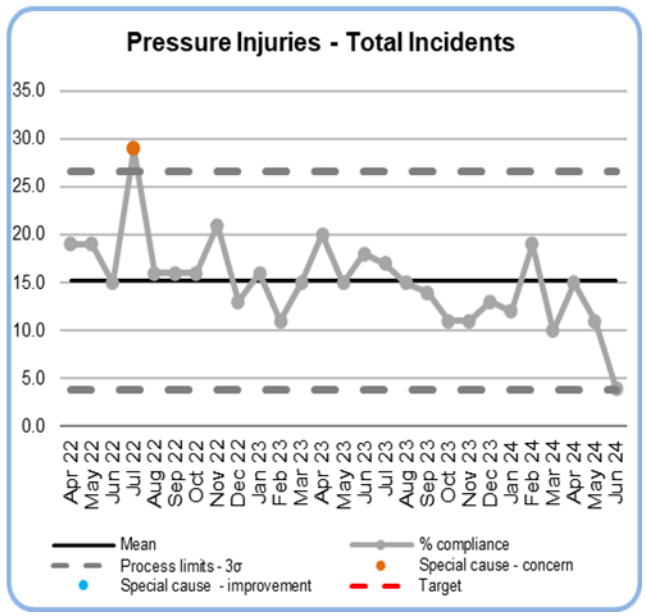
It is acknowledged that the data is reported a month in arrears however any immediate safety concerns would be presented to Divisional Quality Governance, Trust Board and the LMNS as appropriate. See section 3 for emerging issues of note.

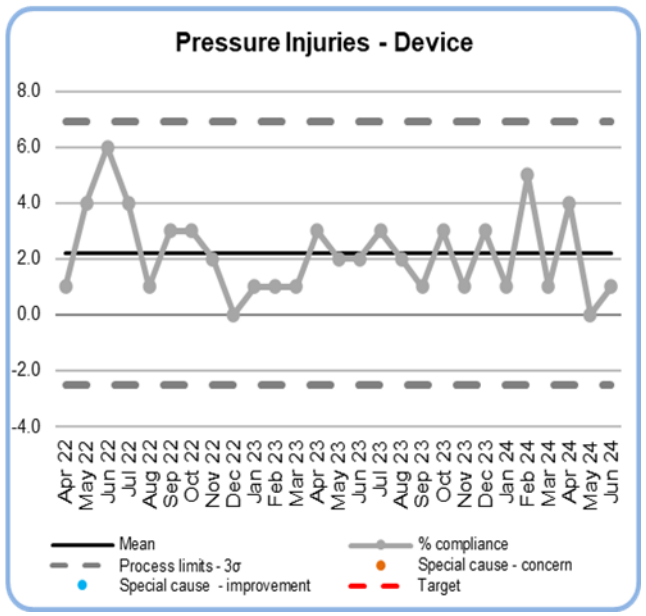
The Perinatal Quality Surveillance Model will be shared with Quality Committee and with Perinatal Safety Champions to ensure there is a monthly review of maternity and neonatal quality undertaken by the Trust Board.

The Perinatal Quality Surveillance Model will be shared with the Local Maternity and Neonatal System to ensure Trust level intelligence is shared to ensure early action and support for areas of concern.









Pressure Injuries

What does the data tell us?

In June there were 4 x grade 2 pressure ulcers, which is continues the decreasing trend since April. Of which 1 x grade 2 was attributed to a medical device.

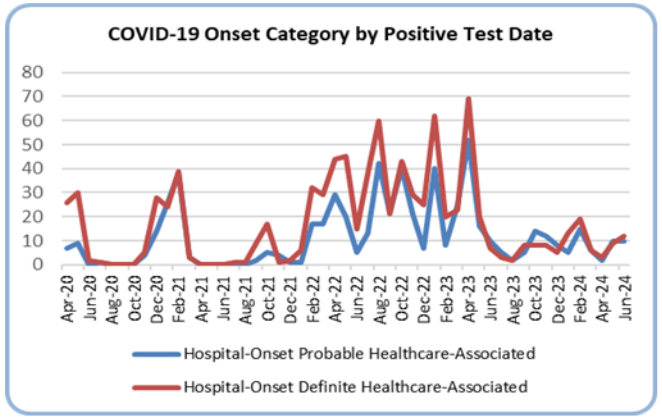
There were no unstageable, grade 3 or 4 reported pressure ulcers reported in June.

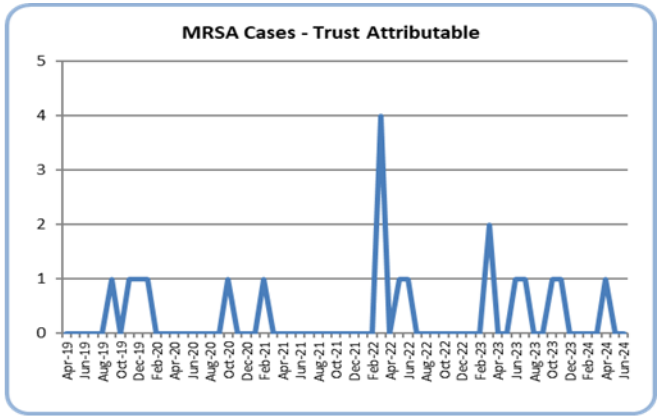
There was also a decrease in DTI prevalence, with 4 reported DTI's .

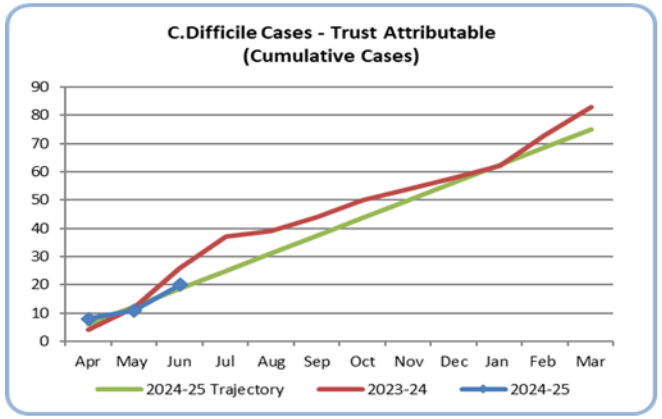
The proposed figures for the PU reduction target are under review given the significant reduction in PU incidents in quarter 1 of 2024-2025. The vision is that there will be a trajectory for the year based on the first-quarter figures. There will be zero tolerance for Grade 3 or 4 PUs, with a 50% reduction on last year's incidents.

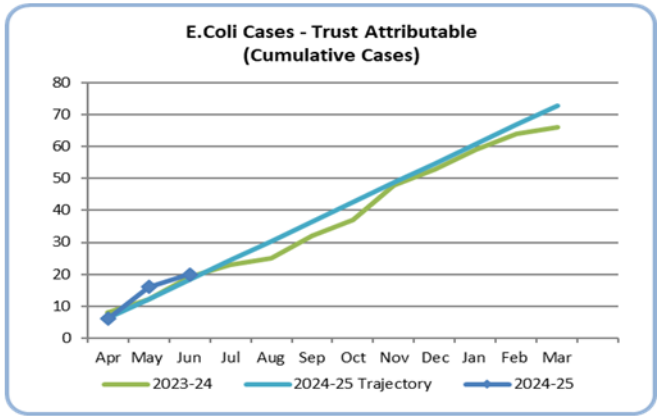
What actions are being taken to improve?

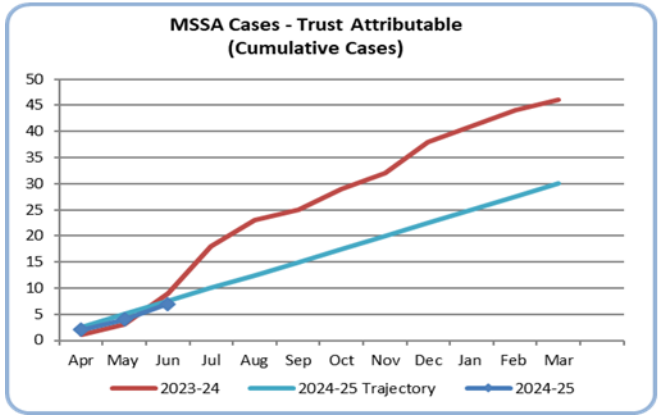
- The TVN team provide a responsive, supportive and educational wound care service across NBT and work collaboratively and strategically within the ICB across the BNSSG system. The team actively seek to work in collaboration with patients, clinical teams and other stakeholders to reduce patient harm and improve clinical outcomes.
- NICU launched their SSKIN bundle pilot in June and there have been positive feedback. This is a collaborative with the NICU sister, who has driven this project. The NICU SSKIN bundle is likely to be adopted outside of the NBT, as this has been presented regionally and there is currently not a recommended NICU SSKIN bundle
- The study on prophylactic dressings in collaboration with Mölnlycke has been moved to August to allow for staff training and ensure that robust outcomes are obtained. This project offers an opportunity to add an adjunct to existing pressure ulcer reduction strategies to the highest risk patients.
- The TVN team have audited the availability and display of the Pressure Ulcer boarding card in the patient bed spaces. The data will be shared at the Pressure Ulcer Steering group and to the divisional quality meetings.

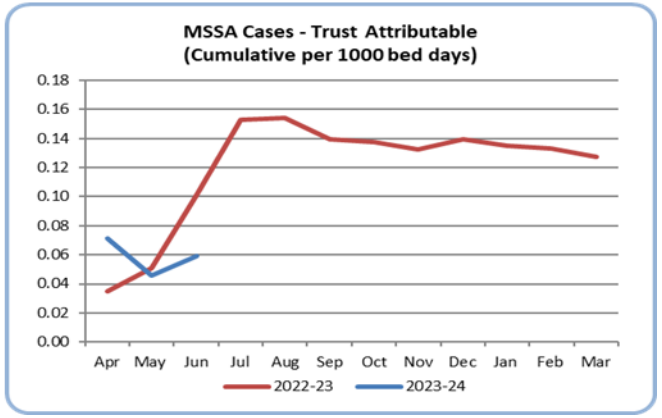












Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus) / Influenza - numbers remain low not causing concern

MSSA – Education / targeted link ambassador session continues to assist with reduction plan with promising results total of 7 cases to date.

C. difficile – Cleaning issues continue to addressed. Monitoring national cleanliness standards and audit scores. A slight decrease from last month noted, notable focus given to wards effected with relevant support and plan to monitor progress.

Gram negative – Work ongoing with hydration and regional/national programmes and initiatives within the continence group.

What actions are being taken to improve?.

- Bacteriemia reduction plans are trust wide with work being undertaken with Medical, Nursing and AHP staff. Prehospital cannula audit completed, showing insertion based on need, re-audit planned due to outcome, work with SWAST to reduce insertion of " Just in Case lines " ongoing.
- Data for MSSA cases in NBT remain consistent with those locally, IPC teams continue collaboration within regional to drive reduction, focusses on looking at the main points of entry being IV devises or chronic wound linked with tissue viability.
- Recognising the rise of *C. difficile* over Q4 and in Q1 ongoing education and planned link ambassadors training is targeting clinical areas with cases focusing on sampling and documentation.
- Continence group has been working with the nutrition assistance to deliver hydration projects and we have increased education related to catheter management. Contributing to the ICB catheter passport

Other infections

Measles – NBT have no current actions or active cases being managed alongside UKHSA

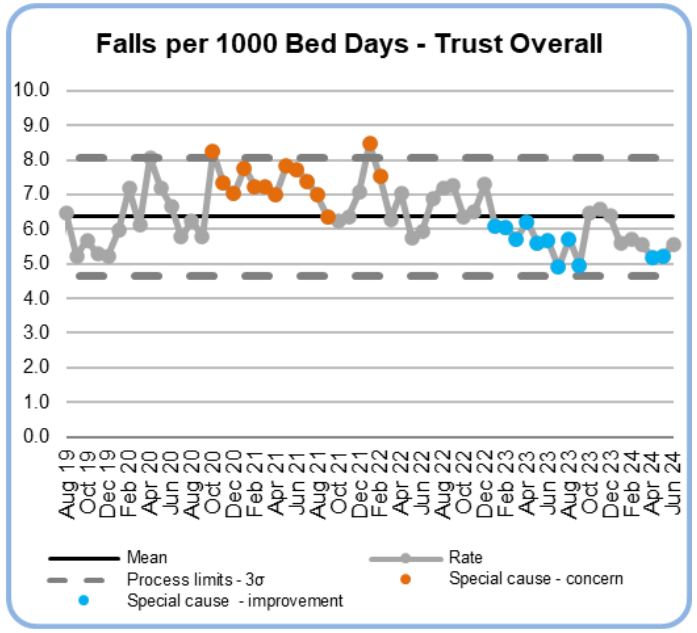
TB – Contact tracing and co-ordination of case management complete

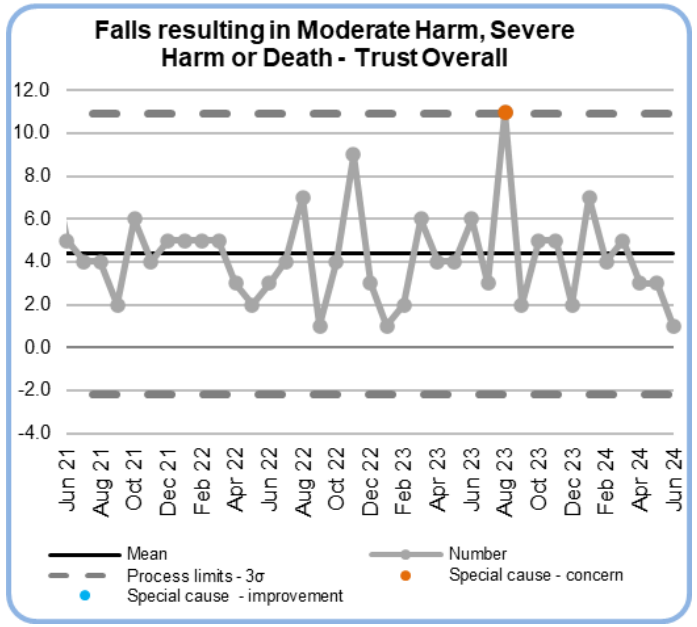
Whooping cough (Pertussis) - New July case is being managed with UKHSA to contact trace.

Other projects

NEW Soap / emollient trust wide roll out in place with education / hand health programme planned with Occupational health.

HCAI trajectories remain not set nationally, awaiting released following the general election.





Falls

Falls incidents per 1000 bed days

NBT reported a rate of 5.56 falls incidents per 1000 bed days in June which is below the average of 6.36.
There were 169 falls reported in June. 1 moderate level physical harm and no severe. The moderate harm incident also sustained moderate psychological harm. This patient was since passed away but not because of the fall. There was an additional incident of moderate psychological harm which sustained low physical harm (This is being reviewed).

Medicine division: 114 falls reported. 6th month below their average.
NMSK division: 35 falls reported. Below their average for the second month.
ASCR: 15 falls reported. Below their average for the second month.

Multiple falls accounted for 33% of falls this month which is higher than the average of around 25%. With 6 patients having 3 or more falls.

Older patients continue to be the highest proportion of patients who fall, with 74% of reports in the over 65's.

What actions are being taken to improve?

Funding for the Falls prevention and management team has not been secured beyond July at this point.

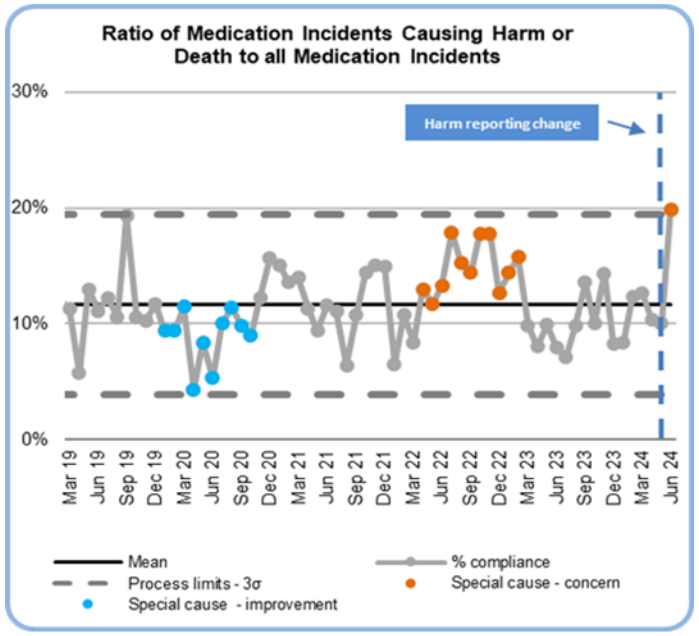
There are 3 focused quality improvement pieces of work underway using the patient first approach. Safe lifting following a fall, good quality multi-factorial risk assessments and improved communication/engagement with patients and carers. Actions required have been identified. Further work is needed to establish how these programs of work will be taken forward beyond July.

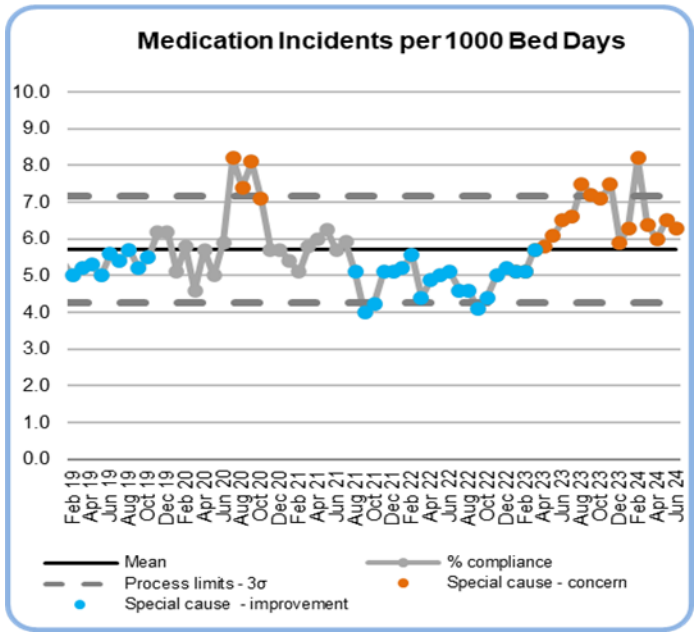
Following the bathroom activity analysis, the falls team have reached out to infection control and estates/facilities to discuss possible adjustments to the bathroom environments. We are awaiting responses and discussions to formulate next steps.

The patient information leaflet is ready for final approval and the eLearning package is expected to be 'live' by mid-July.

There is a plan in place to deliver training to junior doctors around their responsibilities relating to falls care in hospital. This will commence with the program of teaching in September.

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 June 24 NBT had a rate of 6.3 medication incidents per 1000 bed days. This is slightly below the 6-month average of 6.6 for this measure.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents

Due to the implementation of the NHS England mandated Learning From Patient Safety Events (LfPSE) system, the way the trust captures harm affecting patients within incident reporting has changed. Options to reflect this appropriately within the IPR are being explored for next month.

Overall comment

In June, the overall number of reported incidents is similar to previous months - the harm data is difficult to interpret due to the changes in process. We are working with the Patient Safety Team and other colleagues who use 'harm' data in their metrics (such as the Falls Lead) to ascertain the best way to present this updated data.

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 is to meet monthly going forward. 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
- Engaging clinical staff to share any thoughts they have about how to achieve conditions in clinical areas which support them to manage medicines safely.
- 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.

Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams

Patient & Carer Experience – Strategy Delivery Overview June 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.	Patient Stories to Board and other groups/committees being taken forwards as per plan. PE Annual Report being shared with Board in July 2024.
	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.** We are in the process of exploring new technologies, including social listening and digital techniques for theming large narrative datasets. We have also recruited a further 2 new Patient Experience Feedback volunteers to undertake FFT, local surveys and patient conversations across the hospital, improving accessibility for all patients.
	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.	IPR reporting has been refined to include an overview of progress against the Patient & Carer Experience Strategy.
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.	Aligns to KPMG internal audit action plan and VS Strategic Plan which both reference this objective. Work for this is scheduled for quarter 2 due to current vacancies in the team.
	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.** MH Strategy nearing finalisation, with significant system wide engagement in its development and supporting workstreams. We have a patient partner with LD who is actively involved in sharing her lived experience to improve services.
	The voice and the involvement of carers will be respected and integral in all we do.	We celebrated Carers Week in June and attended an event hosted by the Carers Support Centre. We hosted a session on ReSPECT and a stall with information about carers support at NBT.
	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**. Exploring use of ‘Ask 3 Questions’ as part of shared decision making. Feedback gathered from PCPG (Patient Partners)
	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.	Visit to Gypsy Romany Traveller community completed in June and two visits to sight loss support hubs as part of an accessibility audit we are undertaking with the West of England Sight Loss Council.
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	A prospective new panel member is beginning onboarding processes
	We will continue to undertake the annual Patient Led Assessments of the Care Environment (PLACE) audits and respond to areas of improvement.	Development of physical access working group of patients who will participate in this year’s PLACE assessments in November. Presentation on last year’s PLACE results scheduled for sharing at PCEG in August.
	We will involve the volunteer voice within feedback to shape future volunteer roles and patient engagement opportunities.	We have recently developed a new volunteer role based on a complaint. Further work for this is scheduled for quarter 2 due to imminent team vacancies (leavers) and need to replace.
Putting the spotlight on patient and carer experience	We will refresh the patient experience portal on our website and staff intranet	Intranet pages recently updated for all PE teams.
	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. This is currently being tested with a small working group before roll out.

Carers Week

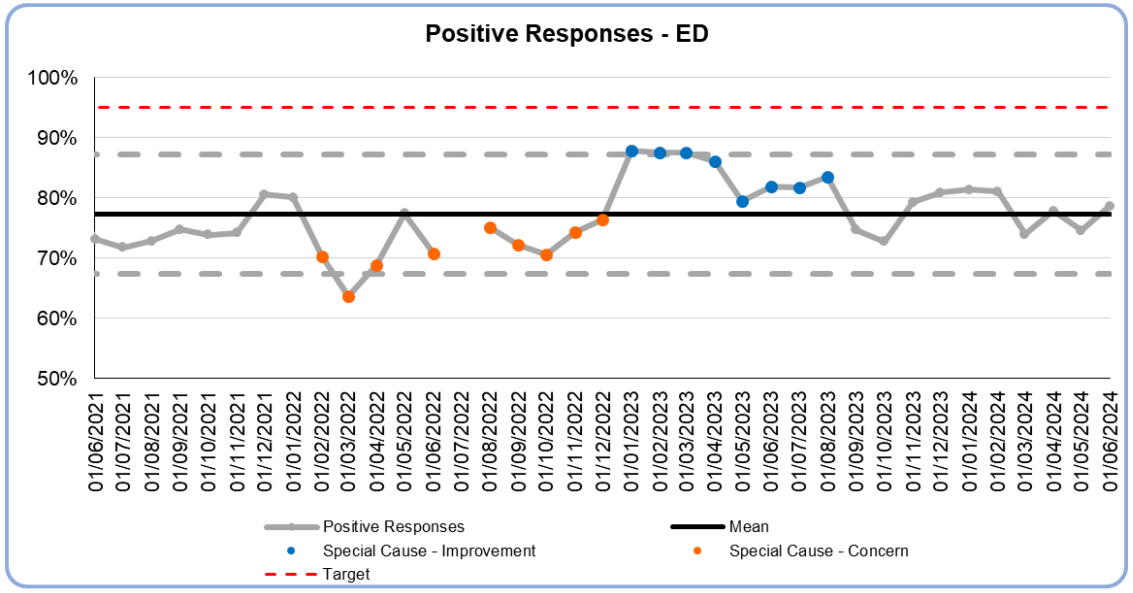
On the13th June we attended the Caring Matters Event at BAWA, hosted by the Carers Support Centre.

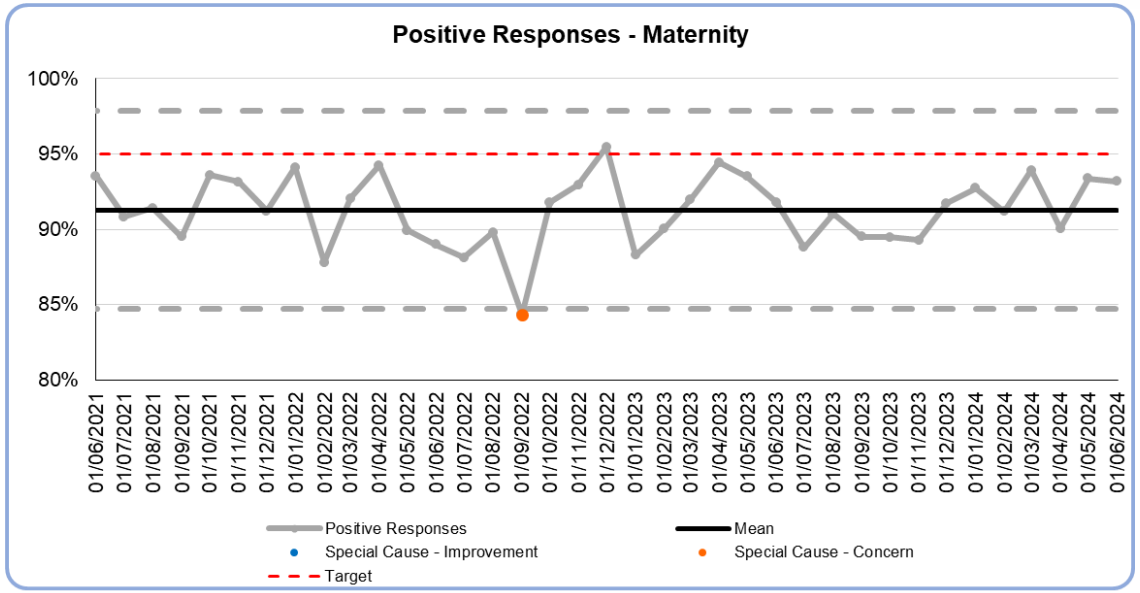
We held a stall with our Carers Liaison Worker, Sam and Krys and Troy from the Patient Experience Team. We chatted with carers, gave them information about the work we're doing to support carers at NBT and how we can help.

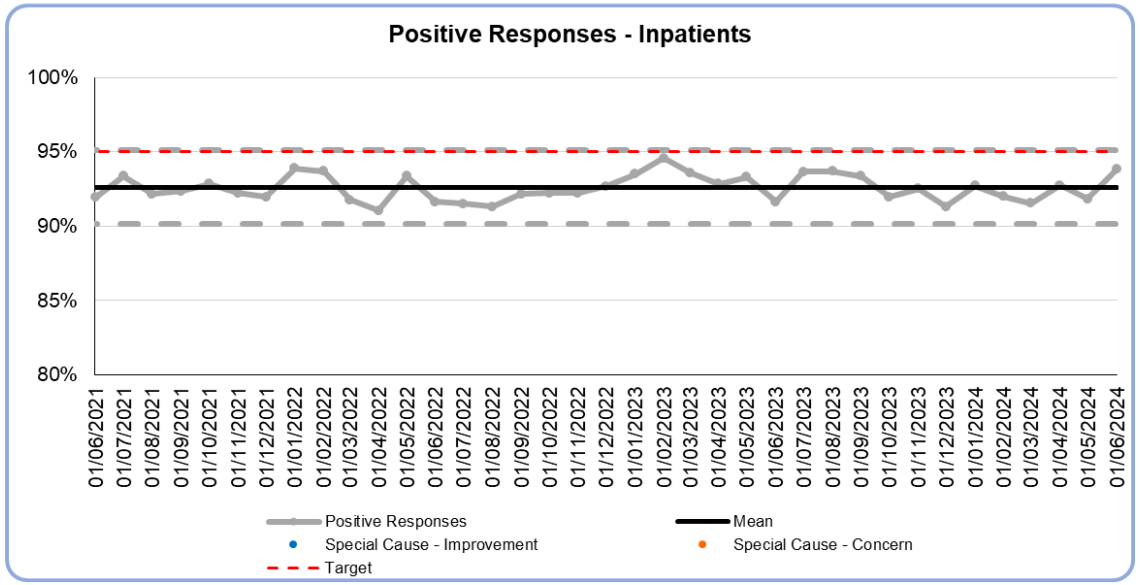
Dr Rob Grange, End of Life Lead also attended with us to host a session on the ReSPECT process and forms. This was a popular session which was requested by local carers following last year's event.

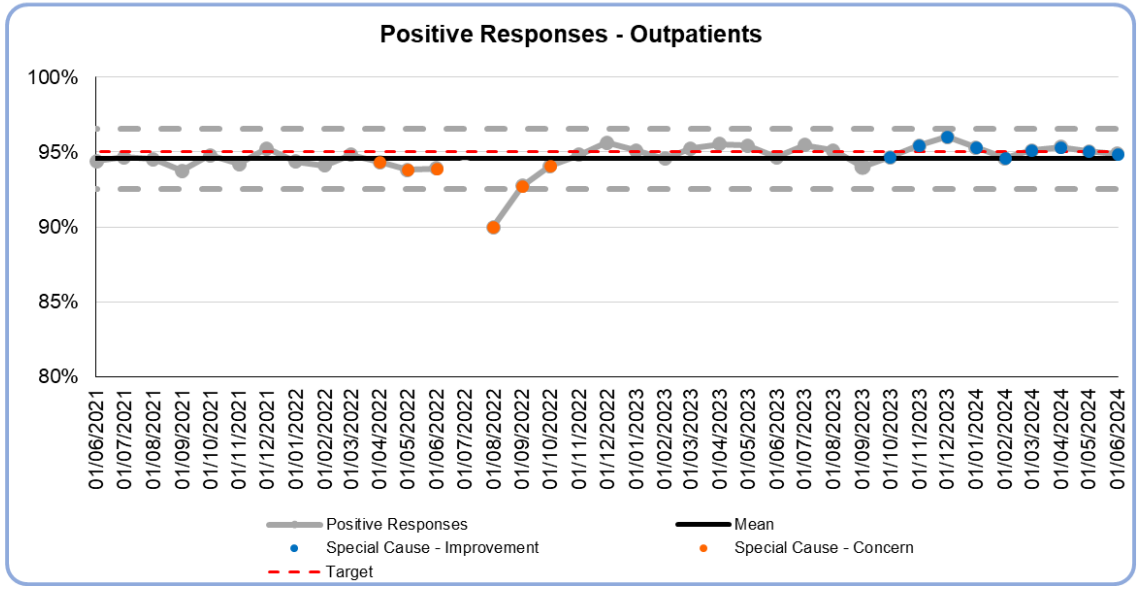
We have a motivated group of passionate staff and carer representatives helping us take forward our ambitious agenda at NBT to raise awareness about carers and improve the support we can offer as a Trust.

Patient Experience









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

Patient Experience

What does the data tell us – Trust wide?

- In June, 9490 patients responded to the Friends and Family Test question. 6848 patients chose to leave a comment with their rating.
- We had a Trust-wide response rate of 14%, which is the same as the previous month.
- 92.93% of patients gave the Trust a positive rating. This was in keeping with the previous month (92.20%).
- 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 increased from 92.7% in May to 93.2% in June. Negative responses have increased from 4.7% in May to 6.2% in June .
- The response rate across Maternity increased slightly from 18% in May to 18.4% in June.
- Top positive theme from comments remains staff.

I was really happy with how I was treated and the way that the birth centre was run. As with the last time I gave birth in 2022, the experience was beautiful and streamlined. The staff were wonderful as well.

What does the data tell us - Emergency Department?

- Positive responses have increased from 74.6% in May to 78.6% in June. Negative responses have decreased from 17.7% in May to 14.5% in June.
- The response rate for ED has decreased slightly from 19% in May to 18.8% in June.
- The top positive theme remains staff.
- The top negative theme remains waiting time.

Waiting for 11 hours, I do however sympathise with you I don't want to criticise the care I received because the staff were fantastic, just the time you have to wait needs to be looked at.

What does the data tell us - Inpatients?

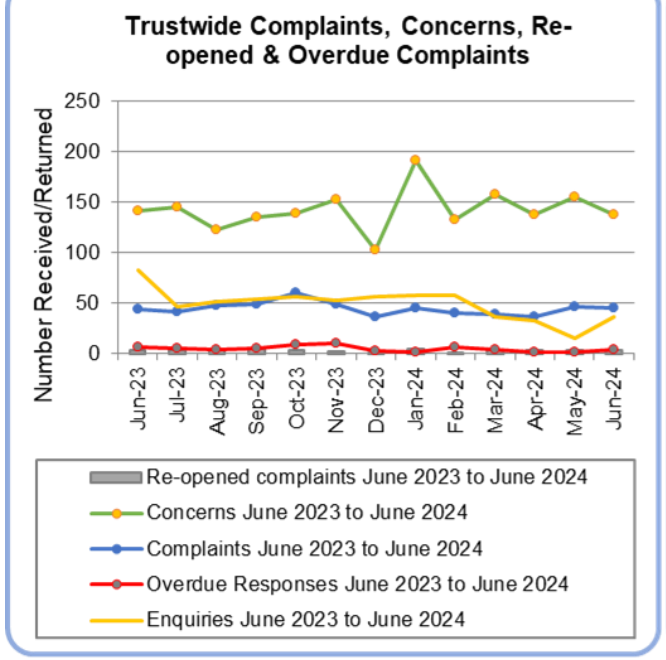
- Positive responses have increased from 89.6% in May to 92.1% in June. Negative responses have decreased from 5.11% in May to 3.5% in June .
- The response rate for inpatients has increased from 23% in May to 24.7% in June.
- Top positive themes from comments are staff, clinical treatment and communication.
- Negative themes from comments are, communication, environment and waiting time.

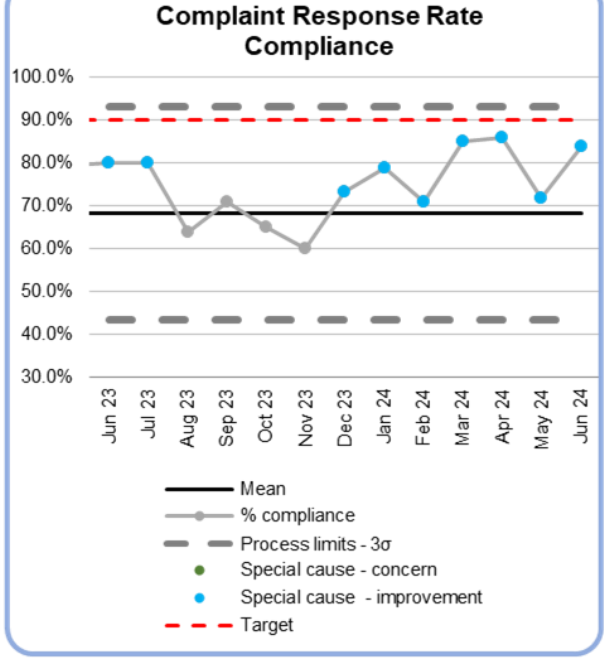
Well maintained modern hospital. Consultant, doctors and nurses really kind and attentive and so happy and friendly despite being so busy. Food was better than I have previously had in other hospitals. Thanks to everyone for their care and compassion.

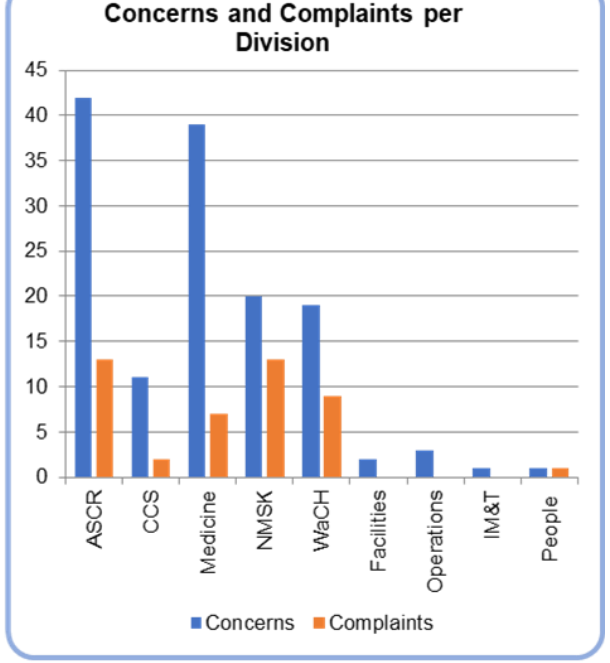
What does the data tell us – Outpatients?

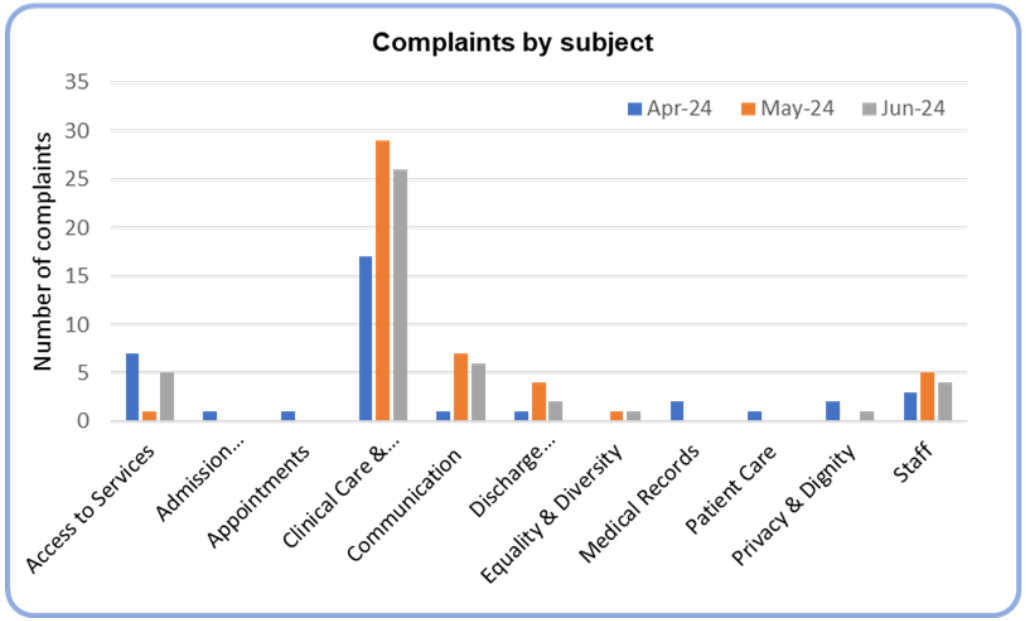
- Positive responses slightly decreased from 95% in May to 94.8% in June. Negative responses remain the same as the previous month, 2%.
- The response rate for outpatients increased slightly from 12% in May to 12.1% in June.
- Top positive themes from comments are staff, waiting time and clinical treatment.
- Negative themes from comments are waiting time, communication and staff.

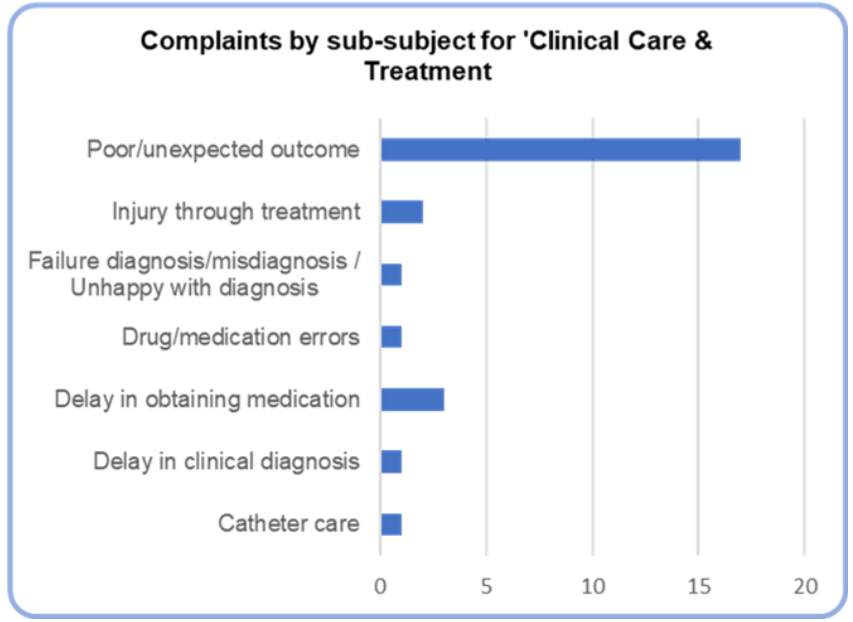
Brilliant staff, super friendly and supportive during an uncomfortable procedure. Slightly longer than expected wait.











Complaints and Concerns

What does the data tell us?

In June 2024, the Trust received 45 formal complaints. This is 2 less than in May and 1 fewer than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (26). A chart to break down the sub-subjects for 'Clinical Care and Treatment' is included.

Of the 45 complaints, the largest proportion was received by ASCR and NMSK (13 each).

There were 4 re-opened complaints in May (2 NMSK, 1 ASCR, 1 People), the same number as previous month.

The number of overdue complaints at the time of reporting has increased from 2 in May to 4 in June and are with ASCR (2) , NMSK and the People Team.

The response rate compliance for complaints has increased from 72% in May to 84% in June. A breakdown of compliance by clinical division is below:

ASCR – 73% NMSK- 100% Medicine – 93%

WaCH – 75% CCS – 100%

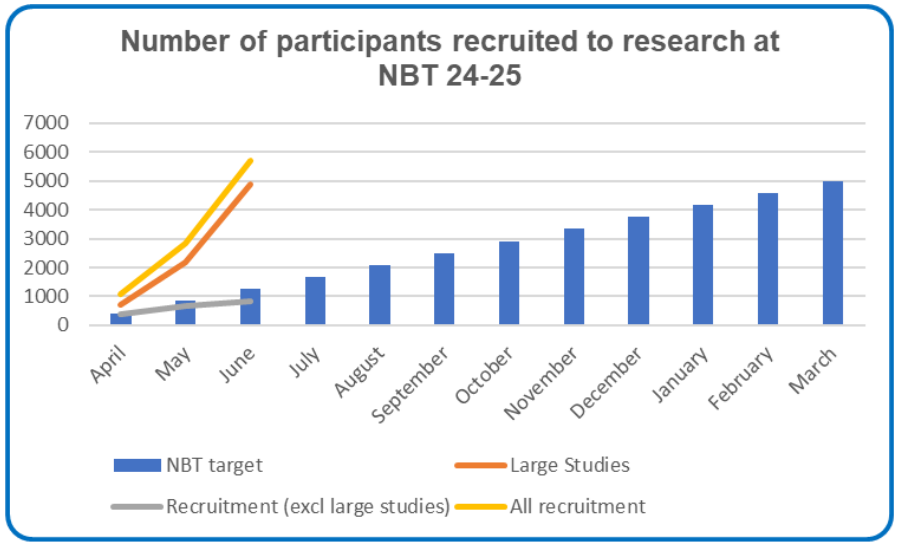
The overall number of PALS concerns received has decreased from 155 in May to 138 in June, which is the same number for this period last year.

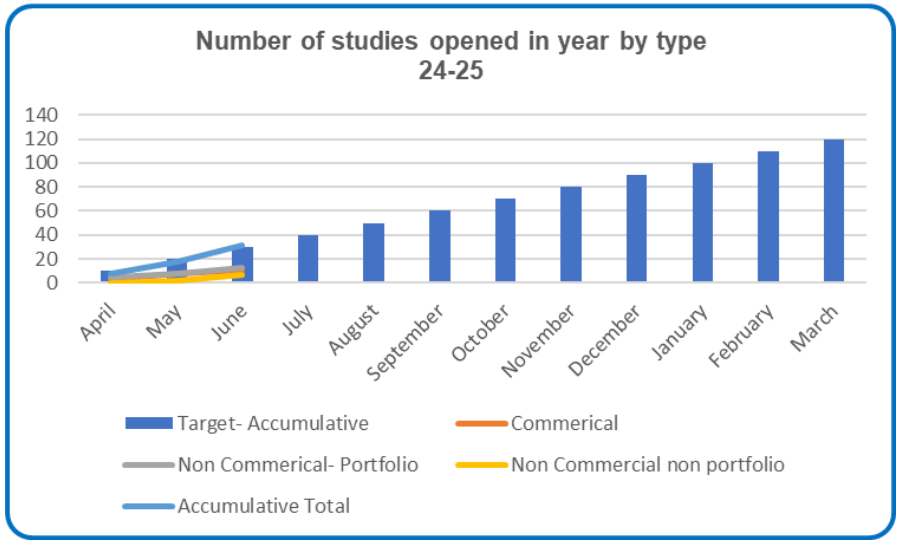
In May 100% of complaints were acknowledged within 3 working days and 100% of PALS concerns were acknowledged within 1 working day.

Research and Innovation

Board Sponsor: Chief Medical Officer
Tim Whittlestone

Research and Development





Our Research activity
We strive to offer a broad range of research opportunities to our NBT patients and local communities whilst delivering high-quality care combined with a positive research experience.

Graph 1 shows our activities in relation to research participation. Year to date 826 participants have enrolled in research @NBT with an annual target of 5000 (excluding our 2 large studies). The NBT research portfolio remains strong, we have 219 NIHR Portfolio studies open to recruitment . We have opened 31 new studies year to date, as shown in graph 2 against a target of 30 We are pleased to see steady growth in the number of studies collaborating with commercial partners and a subsequent increase in recruitment to these studies; these collaborations enable us to offer our patients access to new clinical trial therapies and generate income to support reinvestment and growth in research across the trust.

Our renal research team have recently been recognised as the UK top recruiter and joint global site to the FINE 1 renal study, this is because of the team's innovative and collaborative approach to delivering studies efficiently and effectively.

Our grants
The level of grant development activity across NBT remains consistently healthy, with 75 research grant submissions supported by R&D, in 2023. Congratulations to Claire Lanfear (staff nurse in cancer services), who was recently awarded NIHR Pre-Application funding to support their clinical academic career development. Also, congratulations to Dr Pippa Bailey on her recent intent to fund for an NIHR HSDR grant, £1.8m, to undertake hybrid-effectiveness-implementation trial of outreach service to improve access to living donor kidney transplantation and Miss Shelley Potter for her recent NIHR HTA intent to fund, £2.6m, to lead a phase III randomized controlled trial comparing Targeted Axillary Dissection vs axillary node clearance. Finally, congratulations to Ronelle Mouton on her recently awarded, prestigious, NIHR Senior Clinical Research Practitioner award, which will provide protected time to further Ronelle's development as an academic leader

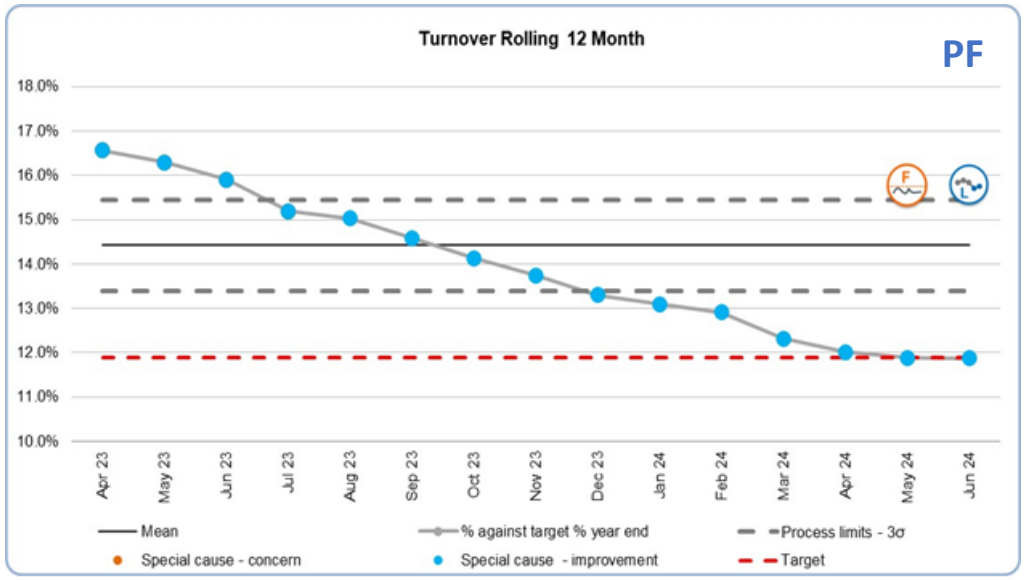
The active research grant portfolio at NBT has increased by £5m from this point last year, to a total of £50m, due to both a high level of NIHR grant success 2021-2023 as well as some older grants being extended due to Covid disruption. NBT has been was awarded £1.1m Research Capability Funding for 2023/34, a 53% increase on the previous year's allocation. This allocation put NBT in 9th position, out of 248 NHS Trusts in England, our first time in the top 10. RCF is allocated in direct proportion to the level of NIHR grant income received by an NHS Trust in the previous calendar year. The level of NIHR grant income received by NBT in 2023 was higher than the previous years and the 2024 forecast NIHR grant income is looking to be higher still. This is an amazing achievement and reflects the size of NBT's NIHR research grant portfolio; the level and quality of NIHR grants being submitted across NBT and the high success rates

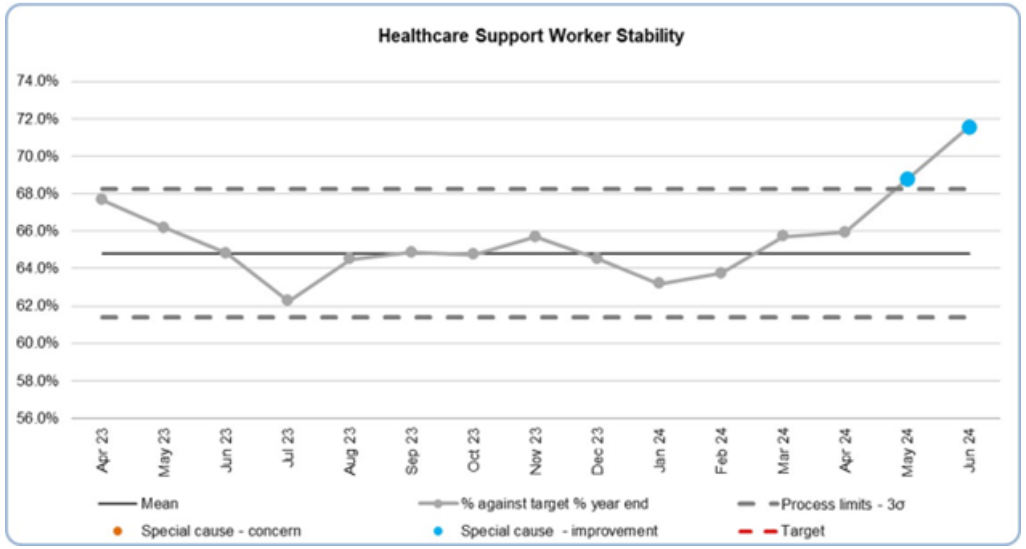
R&D has a focus on supporting non-medics, including nurses, midwives and allied health professionals to develop research ideas, projects and academic careers. R&D operates a rolling call for applications from non-medics to receive mentorship and funding for early-stage research. In addition, with thanks to the Southmead Hospital Charity, R&D has launched a call for applications to our SHC Springboard scheme, seeking applications from NBT staff to undertake small research projects up to £25k, deadline 3rd July. Anyone who is interested in applying to either of these schemes will receive full support from our research development team to prepare an application, previous research experience is not required, early engagement with R&D is encouraged ResearchGrants@nbt.nhs.uk .

Workforce

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

Retention Patient First Priority People





Turnover is stayed stable at 11.88% in June, 0.02% below the target set for 2024/25. Work continues with divisions to build more stretching targets given current improvement.

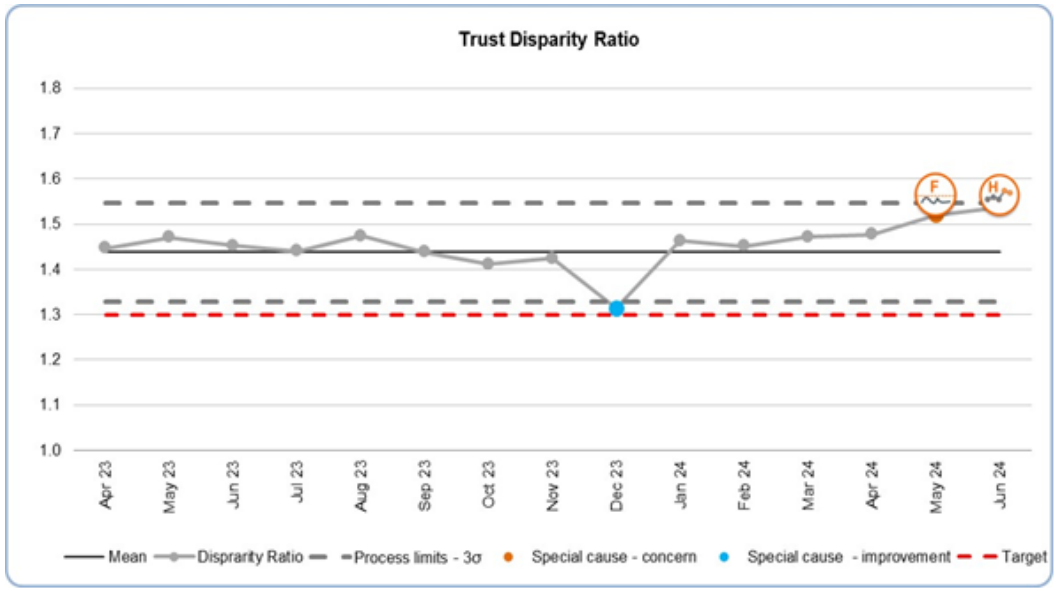
Healthcare Support Worker (HCSW) stability (% of staff in post with >12 months service) has improved from 68.77% in May to 71.58% in June. A Retention plan priority is 'Supporting New Starters' - specifically HCSWs where turnover in the first 12 months has been historically high. The Impact of actions to support them in their 1st year will continue to be monitored in 2024/25. Successful engagement sessions with these staff have occurred followed by '*You said, we listened*' comms campaign.

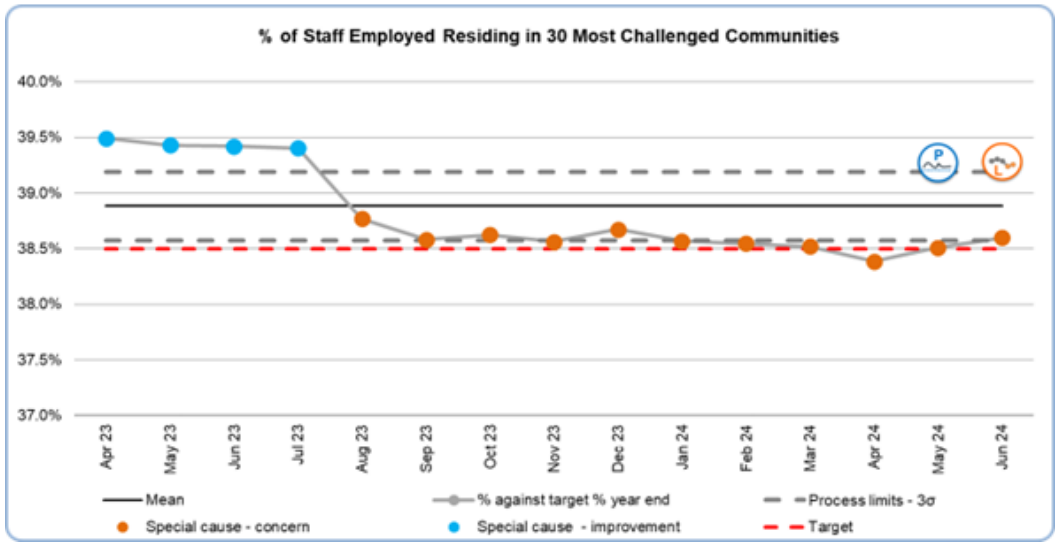
Celebration events for staff within their first year of employment have begun.
9 out 13 actions in our one-year plan are complete with 4 in progress and are continuing to being monitored through delivery of our five-year retention plan. The table below shows our immediate priority actions in the next 3 months:

Driver	Action and Impact	Owner	Due
Induction	New tools are being developed to enhance new starter experience and reduce attrition	Staff Induction Team	Jul-24
Work Life Balance	Working with HR BPs to launch new tools for teams to work flexibly to increase flexible working applications and reduce number of staff leaving due to 'work life balance'	People Promise Manager	Jul-24
Culture	Launch a Civility and Respect framework teams can use to improve their culture and reduce occasions of incivility.	Associate Director of Culture	Aug 24

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), while it has stayed within statistical process limits it has followed a deteriorating trend since the low point of 1.31 in December'23 to 1.54 in June'24.

Diverse Recruitment Panels (DRP) – work to address unconscious bias in interview selection process with current focus on senior roles initiated on 1st April 2024. New Board level objective agreed to increase minority ethnic staff at band 8A and above to 12.5% by 2025/26. 6-month review of DRP outcomes/success due end September.

Positive Action Programme – all vacancies now include a statement particularly encouraging applications from underrepresented groups and more targeted approach being used as required

% of Employed Staff from 30 Most Challenged Communities – The % of employed staff from our 30 most challenged communities shows statistically significant deterioration, however, the deterioration is driven not by a reduction in employed staff from those communities but by other factors, primarily an increases in the proportion of staff employed residing outside BNSSG. Month on month since April 2023 the actual number of staff employed from our most challenged communities has increased from 3202 to 4008 in June 2024. Our aim is to recruit proportionally more staff into targeted professions and bands from our 30 most challenged communities and our method of tracking delivery of this is under review to ensure we appropriately measure the impact of what our plans are aimed at achieving.

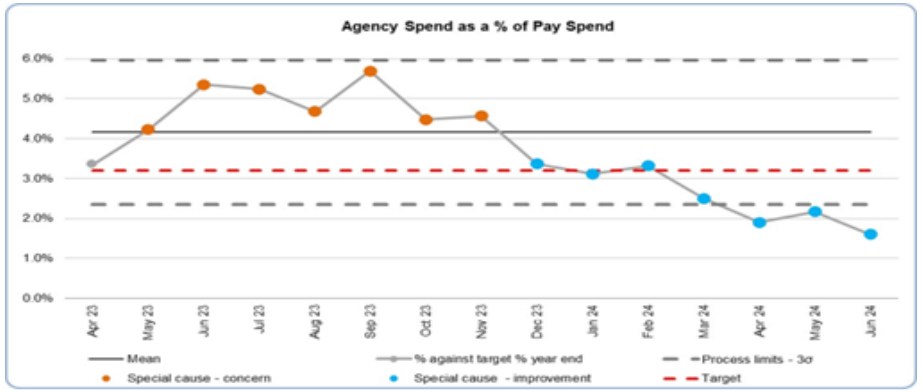
Community Outreach – Commitment to Our Community plan launched 16th July. Launch event 18th July in Careers Hub.

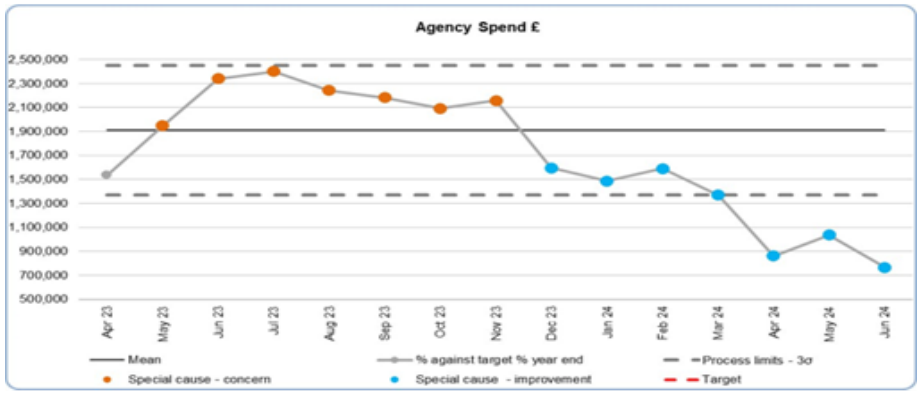
Mentoring Programme – Mentoring and support is being provided to around 60 people from our local area. Some are now seeing employment outcomes.

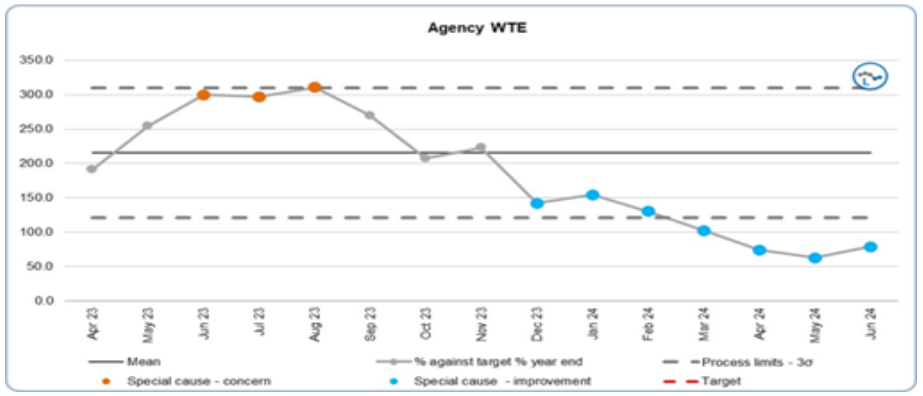
Work Experience - Review of local Schools / colleges in targeted locations to begin at end of academic year. Career ambassadors launched to support next year's activity. Career roadmaps in development.

Driver	Action and Impact	Owner	Due
Community Outreach	2 week supported work experience scheme is took place in first 2 weeks of July. 3 candidates completed work experience and training.	Community Project Manager	Aug24
Community Outreach	Community drop ins continue with Newsletter scheduled to Launch in August	Community Outreach officer	Aug 24

Temporary Staffing





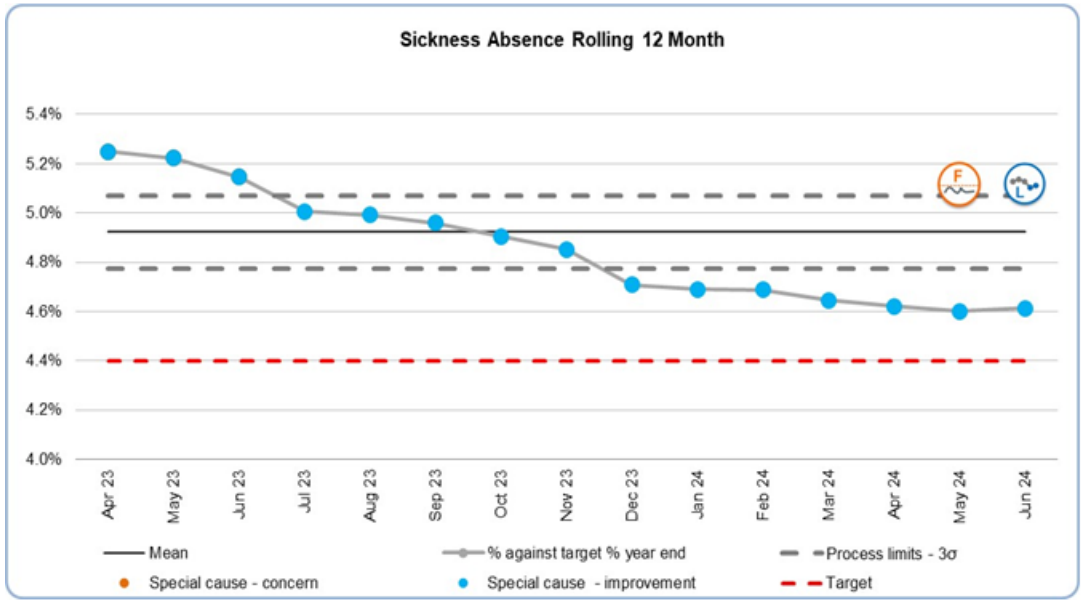


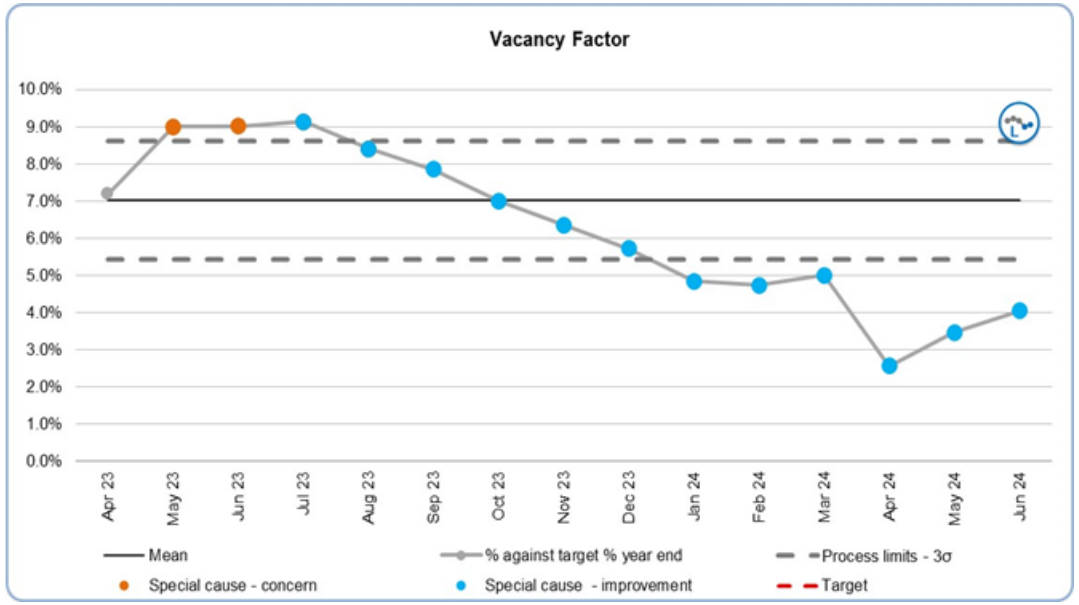
Trust-wide agency spend decreased between May and June and it has stayed below the Trust the 2024/25 target for agency spend – Agency spend must be 3.2% (or less) of the overall pay spend in the Trust. Divisional agency expenditure targets have been set which will deliver the overall Trust target for the year.

Work continues with Divisions to address long term Consultant gaps to further reduce reliance on agency workers, with support from Talent Acquisition with recruitment strategies.
New governance process agreed for new medical agency requests, and new process for non-medical also under review.

Driver	Action and Impact	Owner	Due
Medical Staffing	Medical agency temp staffing reduction group continuation – development of plans to convert long term agency workers to substantive contracts, provide targeted support to Divisions on alternative approaches to filling long term gaps.	Associate Director Medical Workforce	Ongoing
Medical Staffing	Pan-regional South-West Medical Agency rate card implementation to begin on the 1st September for new and ad-hoc agency use with a flight path to Aug 2025 for existing long term agency use.	Associate Director Medical Workforce	Sep-2024
Nursing & Midwifery	South-West Regional agency rate reduction programme continues trajectory for reaching cap compliance (General by July achieved) and Specialist by October 24	Associate Director Nursing Workforce Recovery	Oct-24
Nursing & Midwifery	Focus on Bank usage. Triangulation of key usage data, finance data, and workforce metrics to develop and implement additional controls where identified and required	Associate Director Nursing Workforce Recovery & Deputy Chief Nurse	Sep- 24
Nursing & Midwifery	Collaborative Bank Launch – 5th August for B5 registered Nurses. 3 – 6 month pilot, with discussions commencing around potential next roles/groups to onboard	Resourcing Manager	Aug-24
Non-Clinical Agenda For Change	New governance process to be produced and circulated to ensure all agency usage is requested via NBT eXtra, There is a current gap for Non-Clinical staffing groups..	Resourcing Manager	Aug-24

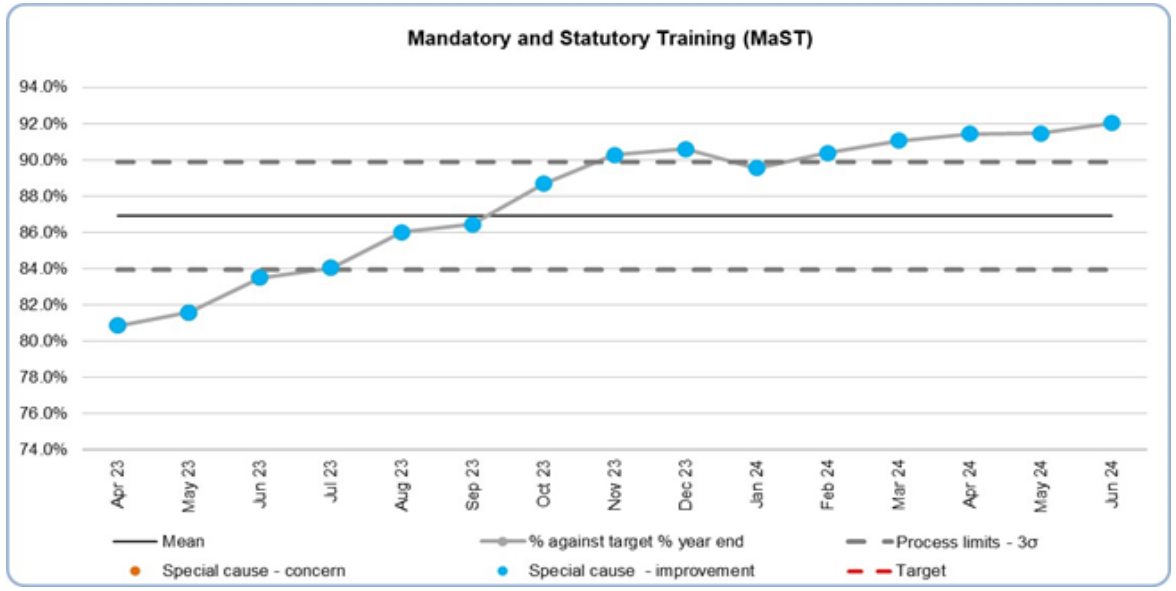
Watch Measures (CPO)





- The Trust rolling 12-month sickness absence rate continues to show statistically significant improvement over the last six months.
- Vacancy Factor for increased to 4.04% in June from 3.46% in May 2024, however the figures for May were artificially low as some non-recurrent funding for roles had not yet been reflected in the financial ledger.
- Staff Health and Well-being Strategy Group has met and reviewed current data on sickness absence, and current health and wellbeing provision to progress delivery of a strategy and plan with key commitments.
- NHSE Health and Wellbeing diagnostic tool internal evaluation process reviewing the trusts overall health and wellbeing offering in progress to be completed by end of July 2024.

Watch Measures (CPO)



Metric shows statistically significant improvement, having passed the target for the last 6 data points.

Deterioration – hotspots and mitigating actions
Direct communications are sent to individual staff to encourage compliance.

Improvement – celebrate success and any learning
All staff 90.94% (↓ from 91.7%).
Permanent Staff 93.8% (↓ from 94.5 %).
Fixed Term Temp 84.45% (↓ from 87.3%).
Other (NBT eXtra, Honorary) 80.67%.

Last year, the completion rate was measured based on the date of the appraisal meeting. This year, an appraisal is considered "complete" when it is signed off by both the person being reviewed and the reviewer.

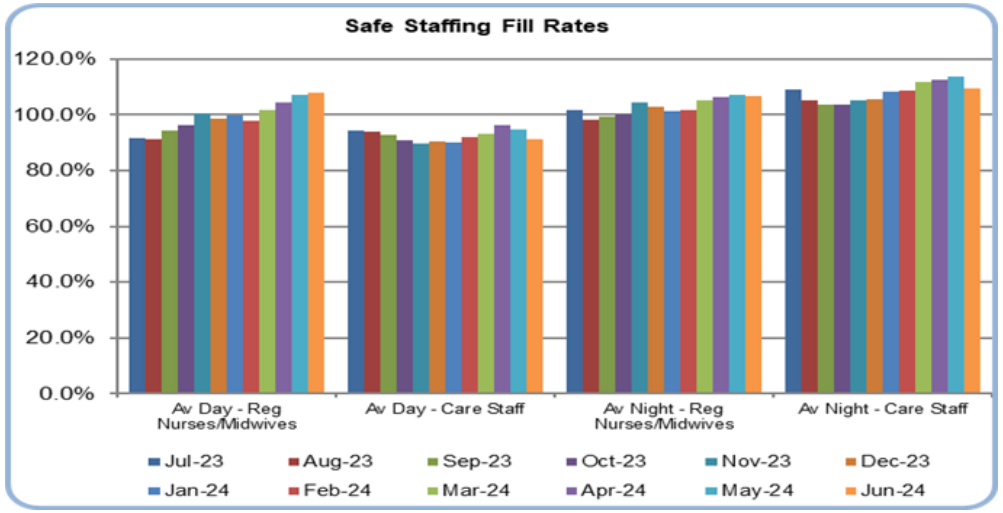
The trust is **49.8% complete** (as at 11 July 24).

There are approximately **3,500 reviews in progress.** If these convert by the end of the window, we will be over 80% complete. Approximately 1400 reviews have yet to start. Working with HRBPs and staff directly to encourage completion.

Approx. **9000 users have set objectives**.

98% of staff rate that they are happy/very happy with the quality of their conversation.

Safe Staffing



Jun-24	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	107.82%	91.13%	106.56%	109.58%

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				
Neuropsychiatry (Non Medical) 25000				
Theatre Medi-Rooms (Pre/Post Op Care) 14966				
Ward 25B 14242				
Ward 26B 14312				
Ward 27A 14402				
Ward 32A CAU 14103				
Ward 32B SAU 14104				
Ward 33A 14221				
Ward 33B 14222				
Ward 34A 14325				
Ward 34B 14324				
Ward 6B (mainly Neuro) 14211				
Ward 7A 14302				
Ward 8A 14410				
Ward 9B Flex Capacity 14501				
		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 June 2024, the combined shift fill rates for days for Registered Nurses (RN)s across the 28 wards was 107.82% and 106.56% respectively for days and nights for RNs. This is reflected through a higher acuity and number of escalation patients in month. The combined shift fill for HCSWs was 91.13% for the day and 109.58% for the night. Therefore, the Trust as a collective set of wards is within the safe limits for June.

June *care staff* fill rates:
- 21.43% of wards had daytime fill rates of less than 80%
- 3.57% of wards had night-time fill rates of less than 80%
- 14.29% of wards had daytime fill rates of greater than 120%
- 35.71% of wards had night-time fill rates of greater than 120%

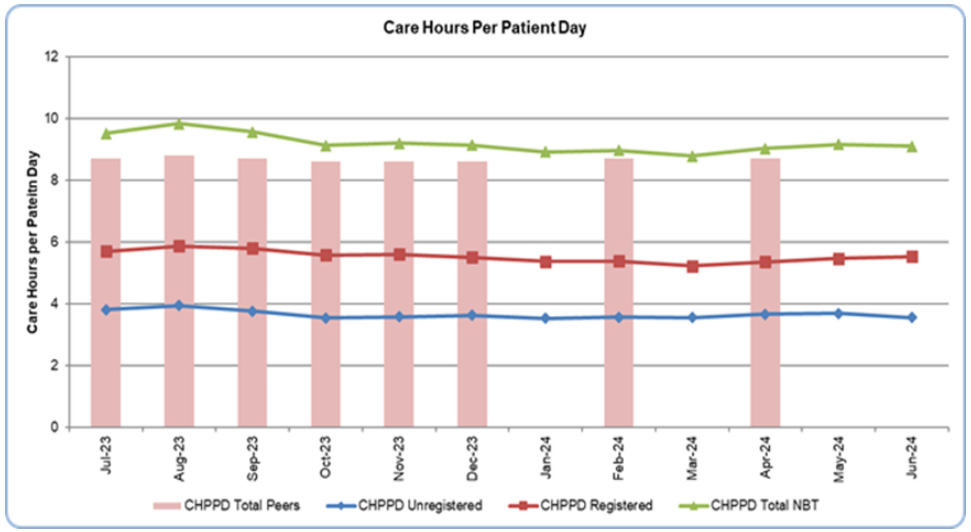
June *registered nursing* fill rates:
- 0.00% of wards had daytime fill rates of less than 80%
- 0.00% of wards had night-time fill rates of less than 80%
- 10.71% of wards had daytime fill rates of greater than 120%
- 14.29% of wards had night-time fill rates of greater than 120%

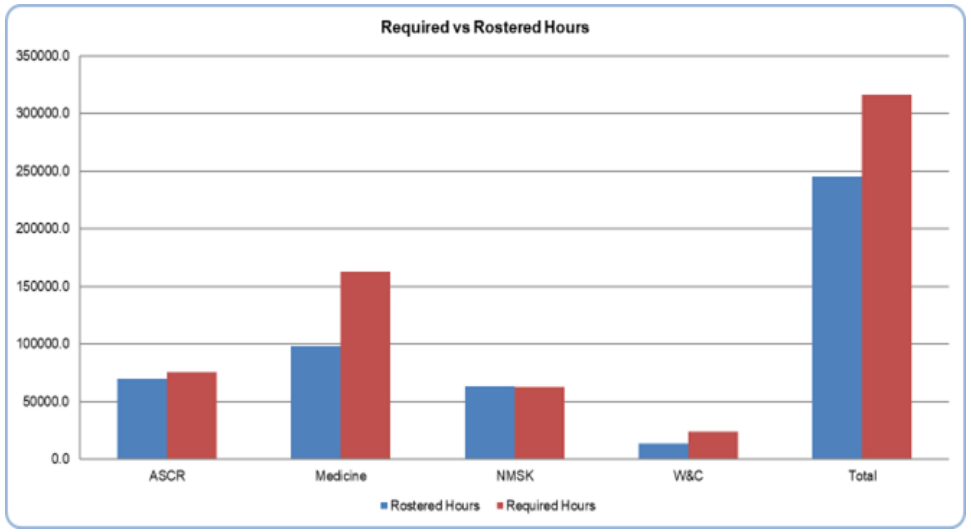
The “hot spots” as detailed on the heatmap which did not achieve the fill rate of 80% or >120% fill rate for both RNs and HCSWs have been reviewed. The fill rate <80% for care staff on the medical wards is due to shortage of HCSWs due to higher number of patients requiring enhanced care and driven by headroom.

For the medical wards, the red-hot spots for HCSWs are off-set by the establishment of RNs. For NMSK, the stroke ward (34b) enhanced care requirements were almost 3 times the usual levels; and high enhanced care requirements for neuro-psychiatry which is a staffed by 1 HCSW so will impact on fill rate levels. For ASCR, 33a and 33b had high requirements for RMNs with each ward requiring 1:1 care and treatment.

Compliance:
The Safe Care Census regularity has been reduced to twice daily to more closely align with shift patterns. The average compliance for June was improved (63% compared to 59.14% in May).

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
Glyn Howells

Statement of Comprehensive Income at 30 June 2024

	Month 3			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	69.5	71.0	1.4	203.6	206.7	3.1
Income	4.9	8.4	3.6	19.2	25.1	5.9
Pay	(46.4)	(48.0)	(1.5)	(139.6)	(144.7)	(5.1)
Non-pay	(29.7)	(34.7)	(5.0)	(89.0)	(97.3)	(8.3)
Surplus/(Deficit)	**(1.8)**	**(3.3)**	**(1.5)**	**(5.8)**	**(10.2)**	**(4.5)**

Assurances

The financial position for June 2024 shows the Trust has delivered a £10.2m deficit against a £5.8m planned deficit which results in a £4.5m adverse variance year to date.

Contract income is £3.1m better than plan. This is driven by additional pass-through income of £1.4m, along with Welsh income of £0.8m, and funding for the consultant pay award of £0.5m

Other income is £5.9m better than plan. The is due to new funding adjustments and pass through items (£4.6m fav). The remaining £1.3m favourable variance is driven by unspent reserves and increased clinical income.

Pay expenditure is £5.1m adverse to plan. New funding adjustments, offset in income, have caused a £2.6m adverse variance, undelivered CIP is £2.5m adverse with overspends on medical and nursing pay £3.1m adverse. This is offset by delayed investments and service developments of £3.2m.

Non-pay expenditure is £8.3m adverse to plan. Of which £2.1m relates to pass through items. This adverse position is driven primarily by increased medical and surgical consumable spend to deliver activity, and multiple smaller non-pay variances. In year delivery CIP is £1.3m adverse to plan.

Statement of Financial Position at 30 June 2024

	23/24 Month 12 £m	24/25 Month 02 £m	24/25 Month 03 £m	In-Month Change £m	YTD Change £m
Non-Current Assets	**538.4**	**536.9**	**536.0**	**(0.9)**	**(2.4)**
Current Assets					
Inventories	11.7	11.8	11.8	(0.1)	0.1
Receivables	49.4	52.6	58.5	6.0	9.1
Cash and Cash Equivalents	62.7	46.2	39.9	(6.3)	(22.8)
Total Current Assets	**123.8**	**110.6**	**110.2**	**(0.4)**	**(13.6)**
Current Liabilities (< 1 Year)					
Trade and Other Payables	(99.9)	(91.4)	(93.0)	(1.6)	(6.9)
Deferred Income	(14.4)	(16.7)	(15.5)	1.2	1.1
Financial Current Liabilities	(23.6)	(23.6)	(23.6)	0.0	(0.0)
Total Current Liabilities	**(138.0)**	**(131.8)**	**(132.2)**	**(0.4)**	**(5.8)**
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.2)	(6.7)	(6.7)	0.0	0.5
Financial Non-Current Liabilties	(571.8)	(594.9)	(593.1)	1.8	21.3
total Non-Current Liabilities	**(578.0)**	**(601.6)**	**(599.8)**	**1.8**	**21.9**
Total Net Assets	**(53.7)**	**(85.9)**	**(85.8)**	**0.1**	**(32.1)**
Capital and Reserves					
Public Dividend Capital	485.2	485.2	488.2	3.0	3.0
Income and Expenditure Reserve	(541.8)	(610.8)	(610.8)	0.0	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(32.2)	(35.1)	(2.9)	33.9
Revaluation Reserve	71.9	71.9	71.9	0.0	0.0
Total Capital and Reserves	**(53.7)**	**(85.9)**	**(85.8)**	**0.1**	**(32.1)**

Capital spend is £4.1m year-to-date (excluding leases). This is driven by spend on the Elective Centre and is in line with the forecasted spend for Month 3.

Cash is £39.9m at 30 June 2024, a £22.8m decrease compared with M12. The decrease is driven by I&E deficit and capital spend. It is expected the trend will continue, resulting in the overall reduction of cash position to approximately £17m by Month 12.

Non-Current Liabilities have decreased by £1.8m in Month 3 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.

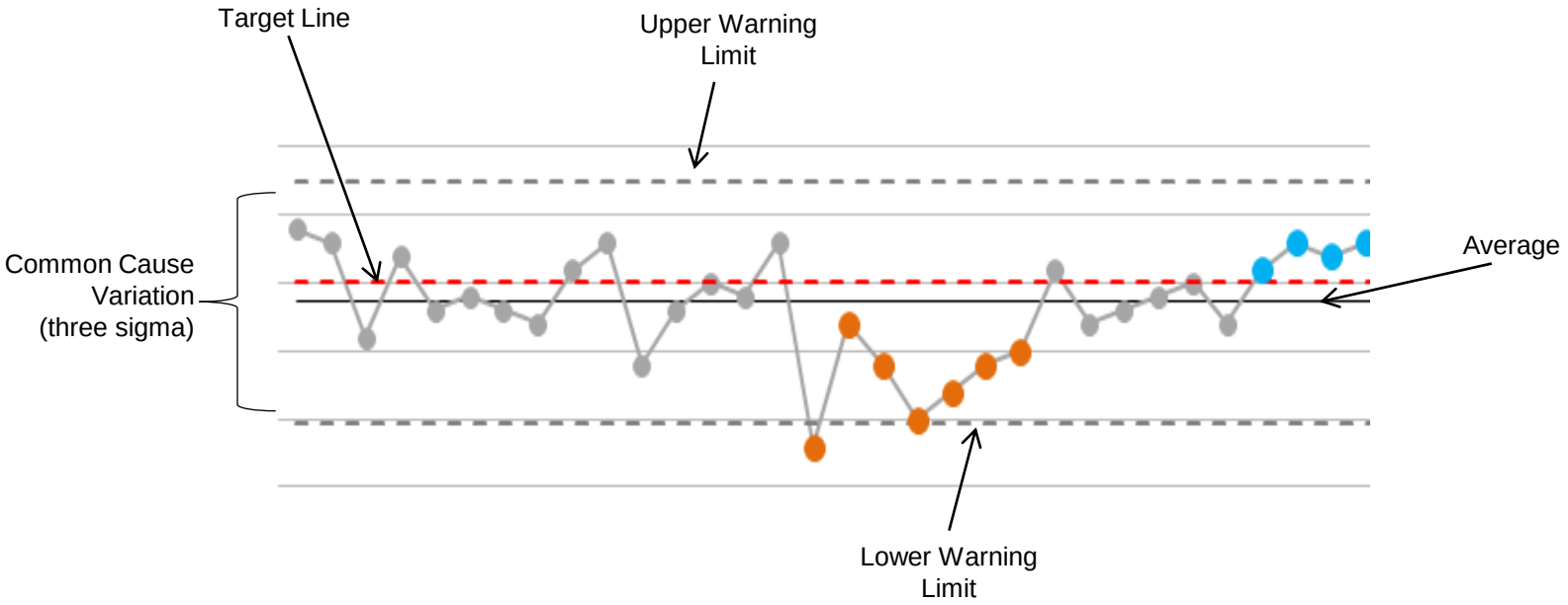
Regulatory

Board Sponsor: Chief Executive
Maria Kane

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

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

Appendix 1: General guidance and 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.

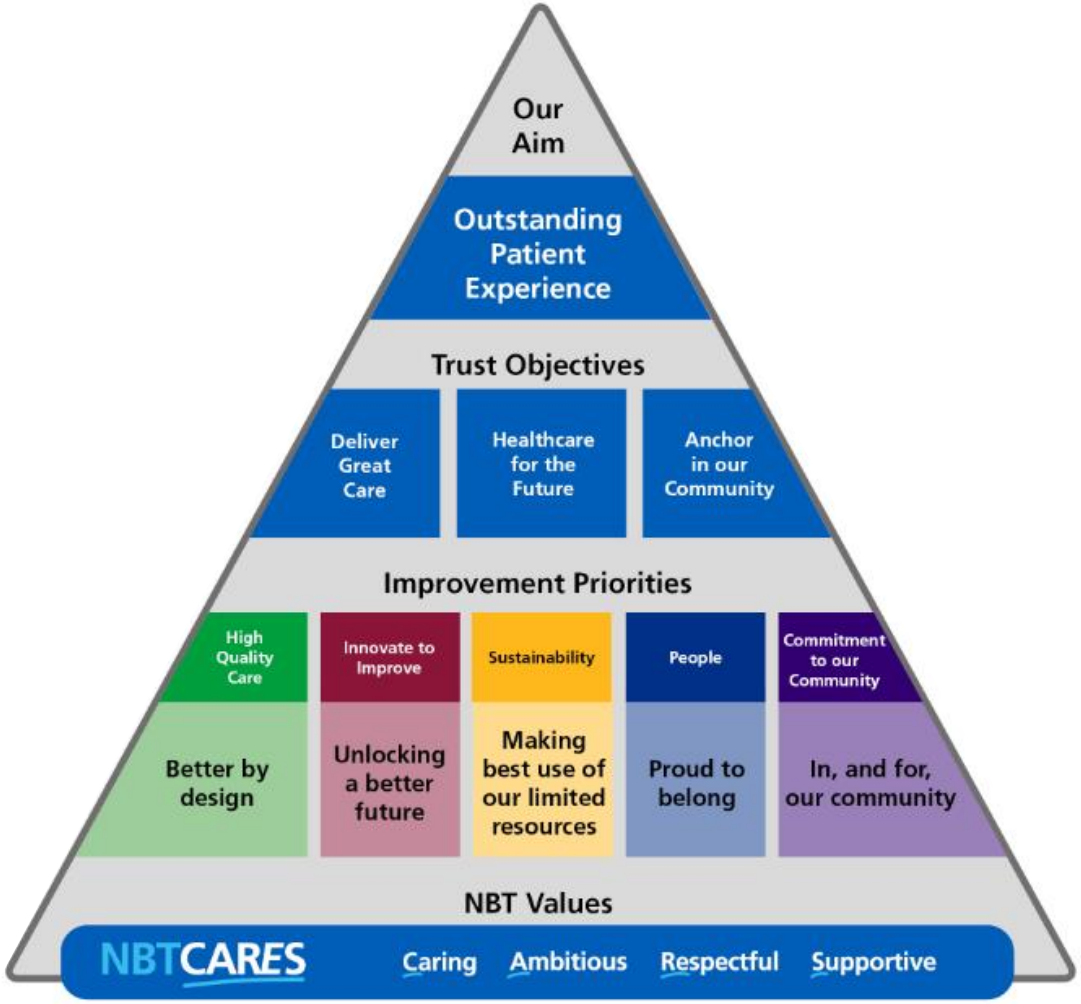
The Patient First approach is about what we do and how we do it and for it to be a success, we need you to join us on the journey.

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