North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

June 2024

(presenting May 2024 data)

Contents

North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-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%	68.68%	70.74%	75.15%	71.49%	71.94%	64.33%	60.56%	63.37%	67.17%	63.30%	64.87%	63.77%	63.56%	61.83%		53.81%	1/11
	A&E 12 Hour Trolley Breaches	R	0	-	39	10	12	17	23	223	213	269	318	168	260	324	217		5-2228	3/11
	Ambulance Handover < 15 mins (%)		65.00%	-	33.96%	34.54%	32.21%	26.14%	25.74%	25.35%	30.54%	29.30%	34.33%	39.53%	37.39%	41.13%	41.71%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	73.03%	78.48%	74.86%	70.85%	64.84%	57.57%	66.56%	61.70%	64.15%	71.52%	68.29%	72.73%	76.14%			
	Ambulance Handover > 60 mins		0	-	231	164	165	182	317	620	438	548	532	326	364	440	203			
	Average No. patients not meeting Criteria to Reside			168	190	198	200	198	195	218	228	243	245	233	211	233	216			
	Bed Occupancy Rate		93.00%	-	97.14%	96.99%	95.81%	93.63%	95.59%	97.12%	96.84%	96.28%	97.81%	97.40%	97.48%	97.86%	97.53%			
	Diagnostic 6 Week Wait Performance		5.00%	2.53%	17.48%	18.64%	15.10%	14.18%	12.50%	11.40%	9.81%	10.11%	12.28%	5.19%	4.22%	3.10%	2.47%		23.28%	2/10
	Diagnostic 13+ Week Breaches		0	0	593	595	300	124	59	17	14	7	4	5	0	0	0		0-2485	1/10
	RTT Incomplete 18 Week Performance		92.00%	-	63.23%	61.02%	60.97%	60.50%	60.53%	61.52%	61.94%	60.14%	61.11%	61.58%	59.75%	60.36%	60.96%		53.87%	8/10
	RTT 52+ Week Breaches	R	0	1356	2798	2831	2689	2599	2306	2124	1858	1685	1393	1383	1498	1609	1632		74-15824	2/10
	RTT 65+ Week Breaches			110	594	619	624	606	582	545	420	388	249	193	146	174	213		0-3658	2/10
	RTT 78+ Week Breaches	R		28	84	59	44	48	48	55	49	50	45	39	27	18	14		0-326	3/8
	Total Waiting List	R		48115	47731	49899	50119	50168	48969	48595	47698	47245	46710	46394	46278	46441	46740			
	Cancer 31 Day First Treatment		96.00%	82.28%	87.80%	81.59%	91.20%	87.36%	87.76%	85.61%	88.14%	86.30%	77.12%	86.18%	83.07%	87.77%	-		88.00%	9/10
	Cancer 62 Day Combined	R	85.00%	58.67%	56.95%	61.31%	61.54%	60.61%	57.96%	60.07%	61.59%	61.20%	53.33%	58.15%	59.14%	60.62%	-		55.43%	9/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	72.89%	62.72%	66.43%	65.14%	57.36%	54.96%	59.46%	71.42%	74.89%	70.88%	74.80%	73.79%	57.28%	-		59.46%	8/10
	Urgent operations cancelled ≥2 times		0	-	0	0	0	0	0	0	1	1	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.

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Quality, Safety and Effectiveness	Trust Quality Metrics	Summary Hospital-Level Mortality Indicator (SHMI)				0.98	0.99	0.99	0.98	0.98	0.99	0.97	-	-	-	-	-	-	
		Never Event Occurrence by month		0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	
		Commissioned Patient Safety Incident Investigations				4	0	0	2	2	2	1	1	2	0	1	1	0	
		Healthcare Safety Investigation Branch Investigations				0	0	0	0	0	0	1	1	2	0	0	0	0	
		Total Incidents				1128	1111	1040	1128	1190	1464	1549	1205	1196	1322	1273	1069	1078	
		Total Incidents (Rate per 1000 Bed Days)				38	38	35	40	42	47	52	39	37	45	40	35	34	
		WHO checklist completion			95.00%	96.97%	97.77%	99.01%	98.58%	97.68%	99.08%	99.36%	99.43%	99.52%	99.82%	99.71%	99.89%	99.96%	
		VTE Risk Assessment completion	R		95.00%	95.04%	94.98%	94.72%	94.33%	93.86%	92.96%	92.83%	91.63%	86.25%	85.22%	84.91%	78.98%	83.24%	
		Pressure Injuries Grade 2				15	18	17	12	14	11	10	12	11	18	10	14	11	
		Pressure Injuries Grade 3			0	0	0	0	2	1	0	0	1	1	0	0	0	0	
		Pressure Injuries Grade 4			0	0	0	0	1	0	0	1	0	0	1	0	0	0	
		Pressure Injuries rate per 1,000 bed days				0.45	0.55	0.47	0.46	0.46	0.26	0.34	0.33	0.35	0.47	0.28	0.36	0.35	
		Falls per 1,000 bed days				6.39	5.66	4.91	5.73	4.96	6.45	6.56	6.38	5.58	5.72	5.66	5.18	5.20	
		MRSA	R	0	0	0	1	1	0	0	1	1	0	0	0	0	1	0	
		E. Coli	R		4	4	7	4	2	7	5	11	5	6	5	2	6	10	
		C. Difficile	R		5	4	11	6	2	5	4	3	2	2	9	8	6	2	
		MSSA			2	2	6	9	5	2	4	3	6	3	3	2	2	2	
		Observations Complete				99.05%	98.89%	99.22%	97.56%	96.48%	99.02%	98.83%	98.66%	98.73%	98.50%	98.60%	98.90%	98.93%	
		Observations On Time				42.49%	45.38%	48.37%	61.62%	69.58%	73.33%	75.00%	72.04%	72.85%	71.82%	72.94%	70.70%	71.10%	
		Observations Not Breached				53.66%	57.47%	58.21%	73.78%	80.83%	85.17%	88.39%	85.54%	85.57%	84.80%	84.52%	83.10%	83.96%	
	Maternity	5 minute Apgar 7 rate at term			0.90%	0.00%	0.72%	0.93%	0.45%	0.64%	0.68%	1.82%	0.78%	0.23%	1.22%	1.90%	1.00%	0.93%	
		Caesarean Section Rate				42.80%	44.37%	40.65%	46.33%	47.02%	42.89%	43.19%	41.26%	44.90%	47.50%	44.74%	45.88%	46.09%	
		Still Birth rate			0.40%	0.21%	0.44%	0.43%	0.21%	0.29%	0.21%	0.21%	0.72%	0.43%	0.00%	0.22%	0.00%	0.22%	
		Induction of Labour Rate			32.10%	35.91%	33.55%	38.04%	32.08%	30.65%	34.31%	30.21%	36.65%	31.67%	31.36%	34.45%	32.71%	29.78%	
		PPH 1500 ml rate			8.60%	4.09%	2.87%	4.13%	2.31%	2.68%	3.97%	2.96%	2.42%	2.38%	4.04%	2.68%	3.52%	4.98%	
	Fragile Hip	Fragile Hip Best Practice Pass Rate				55.00%	43.10%	62.00%	58.00%	55.77%	79.17%	70.59%	61.40%	60.00%	67.92%	71.43%	68.57%	-	
		Admitted to Orthopaedic Ward within 4 Hours				47.50%	27.59%	40.00%	48.00%	36.54%	33.33%	25.49%	21.05%	28.57%	9.43%	14.29%	20.00%	-	
		Medically Fit to Have Surgery within 36 Hours				67.50%	44.83%	62.00%	58.00%	55.77%	81.25%	72.55%	68.42%	64.29%	71.70%	73.47%	68.57%	-	
		Assessed by Orthogeriatrician within 72 Hours				85.00%	93.10%	96.00%	98.00%	96.15%	97.92%	96.08%	91.23%	88.57%	90.57%	95.92%	91.43%	-	
	Stroke	Stroke - Patients Admitted				121	181	133	191	156	155	164	157	184	163	152	174	-	
		Stroke - 90% Stay on Stroke Ward			90.00%	87.01%	85.71%	89.02%	80.91%	84.62%	82.22%	71.95%	77.42%	75.22%	76.47%	78.13%	60.00%	-	
		Stroke - Thrombolysed <1 Hour			60.00%	42.86%	73.33%	44.44%	68.18%	52.38%	75.00%	56.25%	37.50%	85.71%	60.00%	78.13%	72.73%	-	
		Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	58.97%	61.86%	66.67%	58.93%	56.19%	59.78%	61.45%	70.97%	58.62%	63.92%	61.54%	40.00%	-	
		Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	77.42%	84.11%	80.00%	86.89%	87.93%	89.80%	85.71%	92.23%	86.47%	95.50%	84.21%	74.55%	-	

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Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity				93.50%	91.79%	88.81%	91.00%	89.49%	89.49%	89.29%	91.73%	92.73%	91.16%	93.93%	90.05%	93.37%	
	Friends & Family Positive Responses - Emergency Department				79.57%	81.95%	81.75%	83.58%	74.74%	72.80%	79.33%	80.94%	81.44%	81.12%	73.99%	77.89%	74.65%	
	Friends & Family Positive Responses - Inpatients				93.29%	91.62%	93.65%	93.70%	93.37%	91.96%	92.53%	91.30%	92.71%	91.98%	91.55%	92.73%	91.81%	
	Friends & Family Positive Responses - Outpatients				95.43%	94.67%	95.46%	95.13%	94.04%	94.65%	95.45%	96.01%	95.31%	94.58%	95.12%	95.33%	95.06%	
	PALS - Count of concerns				141	141	145	123	135	139	152	103	191	133	157	137	155	
	Complaints - % Overall Response Compliance			90.00%	79.49%	80.00%	79.63%	64.10%	71.11%	65.00%	60.00%	73.00%	79.00%	71.00%	84.62%	86.11%	72.22%	
	Complaints - Overdue				1	6	5	4	5	9	10	3	5	6	4	2	2	
	Complaints - Written complaints				57	44	42	48	49	60	49	36	44	40	39	36	47	
Workforce	Agency Expenditure ('000s)				1948	2342	2402	2242	2182	2093	2184	1610	1507	1592	1368	891	1037	
	Month End Vacancy Factor				7.96%	8.03%	8.25%	7.69%	7.16%	6.62%	6.42%	5.87%	4.87%	4.82%	5.02%	2.55%	3.46%	
	Turnover (Rolling 12 Months)	R		-	16.29%	15.90%	15.19%	15.03%	14.59%	14.13%	13.74%	13.30%	13.09%	12.91%	12.32%	12.01%	11.88%	
	Sickness Absence (Rolling 12 month)	R		-	5.08%	5.07%	4.94%	4.92%	4.91%	4.89%	4.81%	4.70%	4.66%	4.67%	4.65%	4.62%	4.60%	
	Trust Mandatory Training Compliance				82.00%	84.23%	84.73%	86.69%	87.04%	89.39%	90.69%	91.06%	90.14%	89.44%	91.16%	91.50%	91.47%	

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Executive Summary – May 2024

Urgent Care

Four-hour performance reported at 61.83% in May. NBT ranked first out of 11 AMTC providers. There was a reduction in 12-hour trolley breaches on the previous month (217 from 324), and a reduction in ambulance handover delays over one-hour (203 from 440). The primary drivers continue to be a 5.39% increase in ED presentations compared to May 2023, and a continued high NC2R position leading to high bed occupancy. Recent analysis in response to continued 'winter-like' pressures has shown that emergency medical admissions to hospital have risen by 5.45% for 2024/25 year-to-date. This would account for the ongoing pressure in the hospital bed base. Executive-level escalation at system-level continues. 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. However, 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 now 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, however, since the last Board further junior doctor industrial action has been announced and initiated. A five-day period of industrial action will impact planned care and the recovery trajectory.

Diagnostics

Performance in May-24 continues to meet the requirements for 2024/25, reporting at 2.47% (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 recovery plans following a loss of activity due to previous industrial action. Remedial plans have been enacted but, 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 57.3%, as expected and as the backlog of treatments have been delivered. The emerging (unvalidated) position for May-2024 indicates a significant recovery as the backlog is cleared.

Executive Summary – May 2024

Quality

Within Maternity, the term admission rate to NICU was 5% against a national target of 5% for the quarter. Perinatal services referred 2 cases to MNSI in April 2024, one of which was declined due to lack of parental consent. Notably, the midwifery vacancy rate is the lowest it has been since January 2022. During May 24 NBT had a rate of 6.5 medication incidents per 1000 bed days. This is below the 6-month average of 6.7 for this measure. Infection control data for May 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 are in progress across all infection workstreams. The reducing trend in falls rates continued, reflecting the ongoing improvement actions as outlined in the report. The number of Grade 2 pressure injuries remained stable with a reduction for the month, no grade 3 or 4s in the past and overall decreases seen for 2023/24. The year-2 workplan for Patient & Carer Experience has been set, reflecting the Trust's approved Quality priorities. The Trust's support team for Volunteer Services is now sustainable and recruitment into vacant roles will enable delivery of the amber commitments in coming months. 92.20% of patients gave the Trust a FFT positive rating, which remains within the expected range of performance. The response rate compliance for complaints decreased to 72% in May, which is a result of a reduction in compliance across most divisions. All complaints & PALS concerns are acknowledged within the agreed timeframes.

Workforce

NBT's Rolling 12-month staff turnover rate decreased to 11.88%, 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, increasing from 65.93% in April to 68.77% in May.
Following approval of our Commitment to our Community plan work is in progress across several areas to improve our disparity ratio and meet the Trust target of 1.25 by March 2025 and to grow our employment from our 30 most challenged communities, community outreach, mentorship, work experience, diverse recruitment panels and positive action to support underrepresented groups to apply for roles in the Trust are aim to support our aims.
While Trust-wide agency spend increased between April and May, it has stayed below the Trust the 2024/25 target for agency spend as a percentage of the overall pay spend in the Trust.

Finance

The financial plan for 2024/25 in Month 2 (April) was a deficit of £2.0m. In-month the Trust has delivered a £3.3m deficit, which is £1.3m worse than plan. Year to date the position is a £2.9m adverse variance against a planned £4.0m deficit. This is driven by the impact of unidentified CIP across pay and non-pay creating a £2.9m adverse variance. The Trust cash position at Month 1 is £46.2m, a reduction of £16.5m from Month 12. This is driven by the underlying deficit and capital spend. The Trust has delivered £1.3m of completed cost improvement programme (CIP) schemes at month 2. There are a further £7.1m of schemes in implementation and planning that need to be developed, and £23.7m in the pipeline.

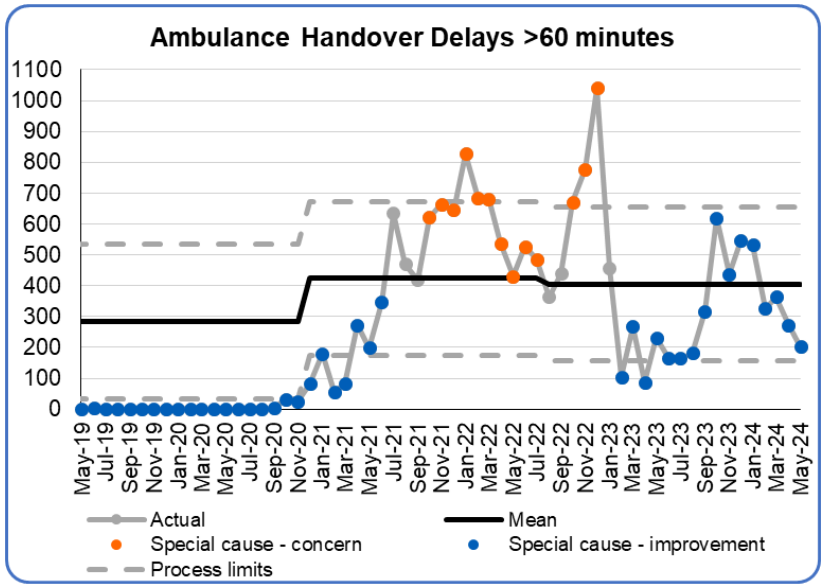
Responsiveness

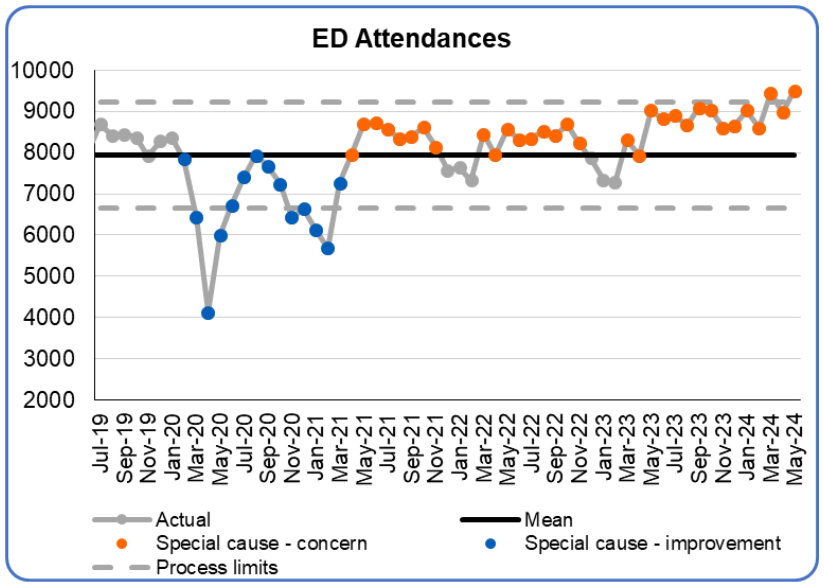
Board Sponsor: Chief Operating Officer
Steve Curry

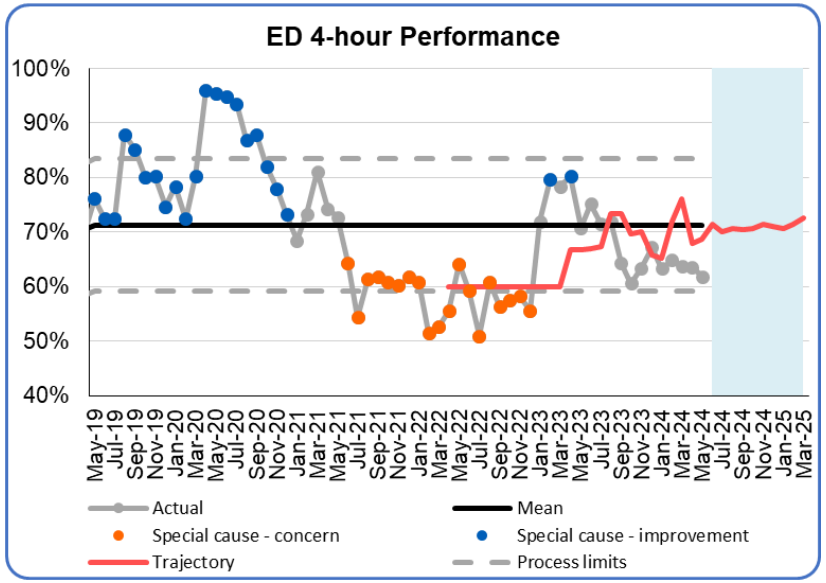
Responsiveness – Indicative Overview at April-2024

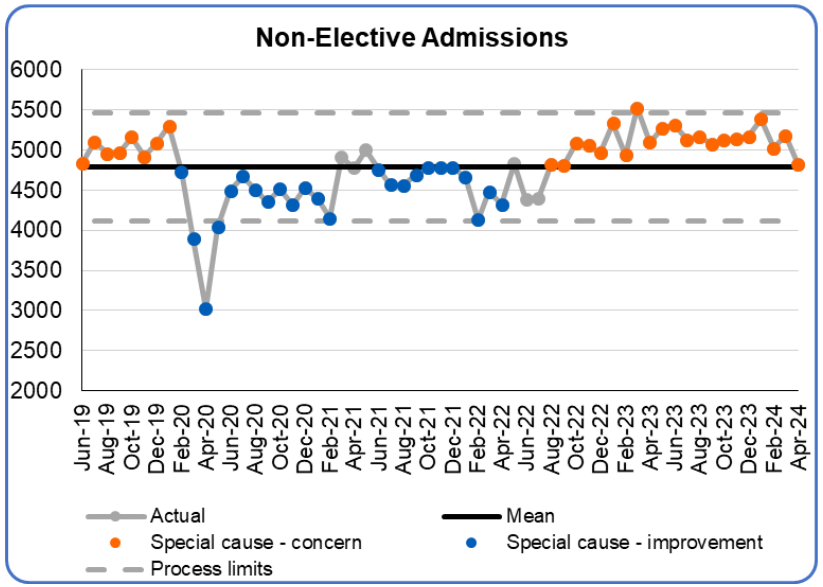
Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Internal and partnership actions continue.
	NC2R/D2A	As yet, no evidence of progress to reduced NC2R percentage ambition
RTT	65-week wait	Small number of specialist area challenges. New challenge – further industrial action
Diagnostics	5% 6-week target	Achieved
	CDC	Phase 1 (mobiles in place) Phase 2 (fixed build) by the 30/08/2024
Cancer	28-day FDS Standard	Recovery plan for loss of Dermatology activity enacted. Anticipated reduction in performance prior to improvement in May and June.
	62-Day Combined Standard	Removed from national tiering. Slightly ahead of in-year trajectory, sustainability issues and wider system/pathway support needed.

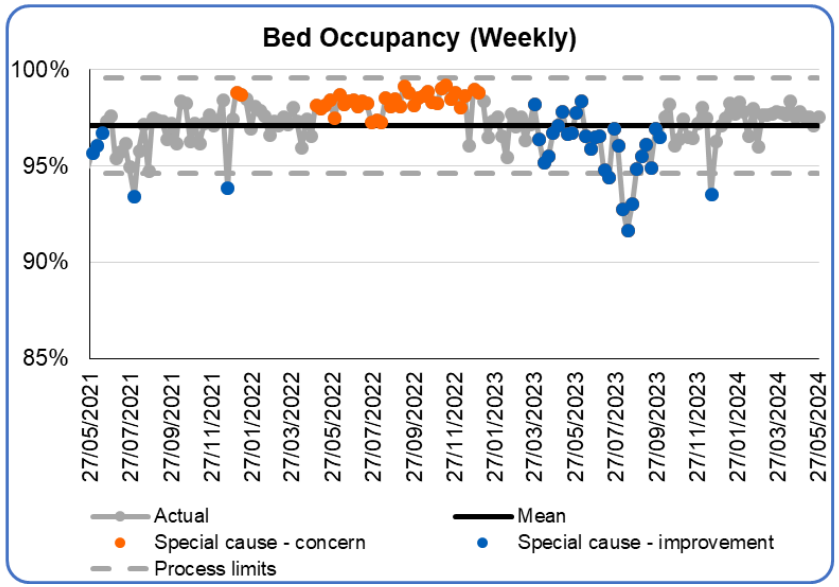
Urgent and Emergency Care

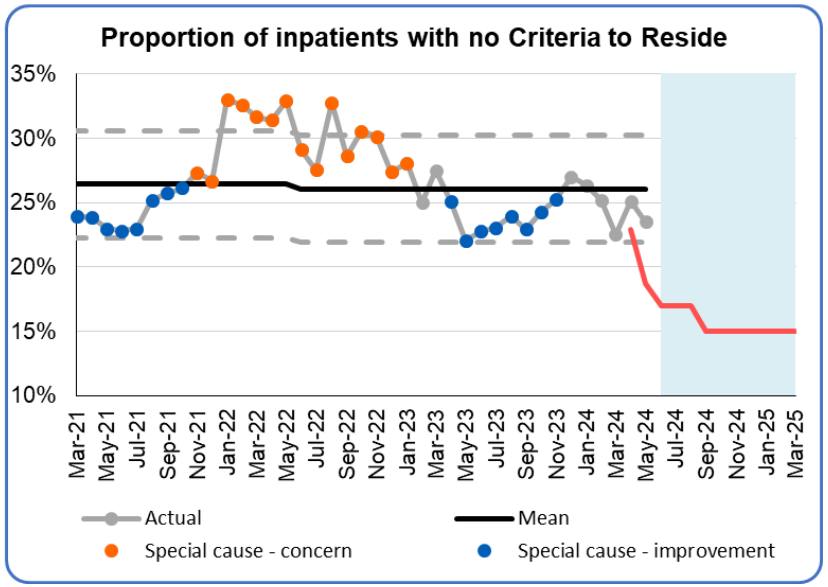












Urgent and Emergency Care

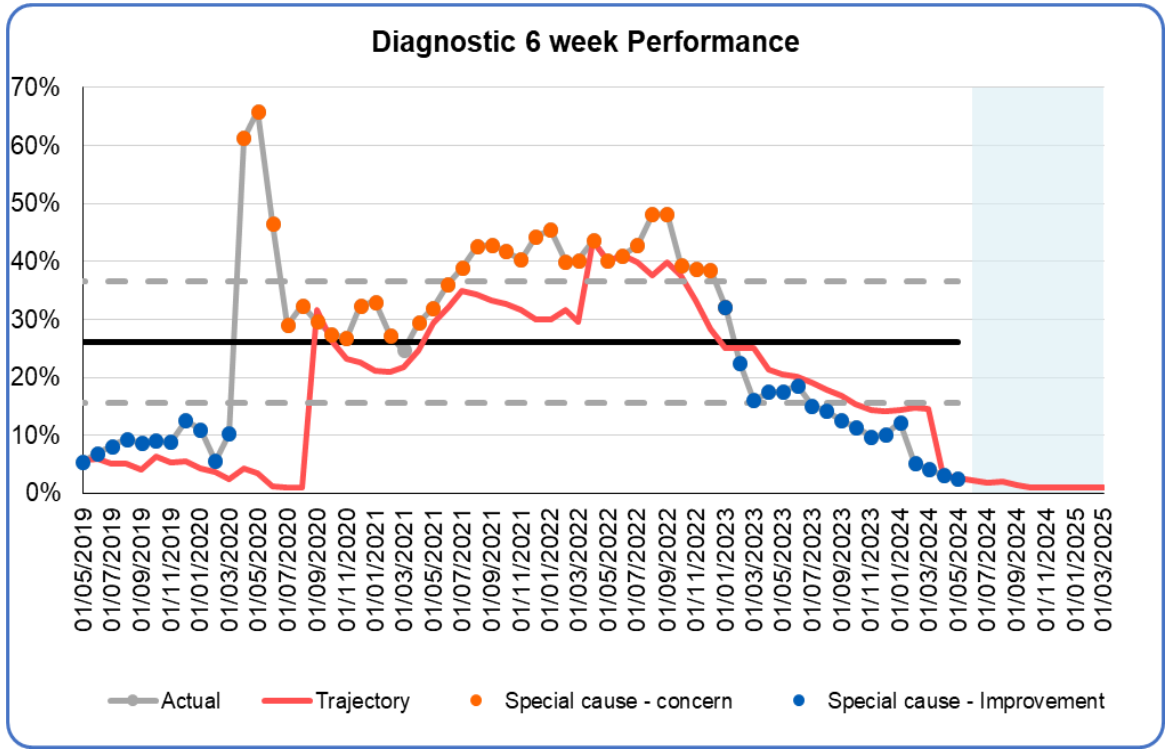
What are the main risks impacting performance?

- High volumes of NC2R continue to compound an already pressured UEC hospital pathway. As previously noted, the increase between October - December 2023 coincided with a period of planned bed reductions within community beds; a position which has been challenged at the point of planning by NBT.
- Year-on-year ED attendances have been increasing in previous months, but there was a marked increase yet again in May, showing attendances at 5.39% higher than May 2023.
- New analysis – indicating a 5.45% increase in medical hospital admissions for the period 2024/25 year-to-date.

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.

Diagnostic Wait Times



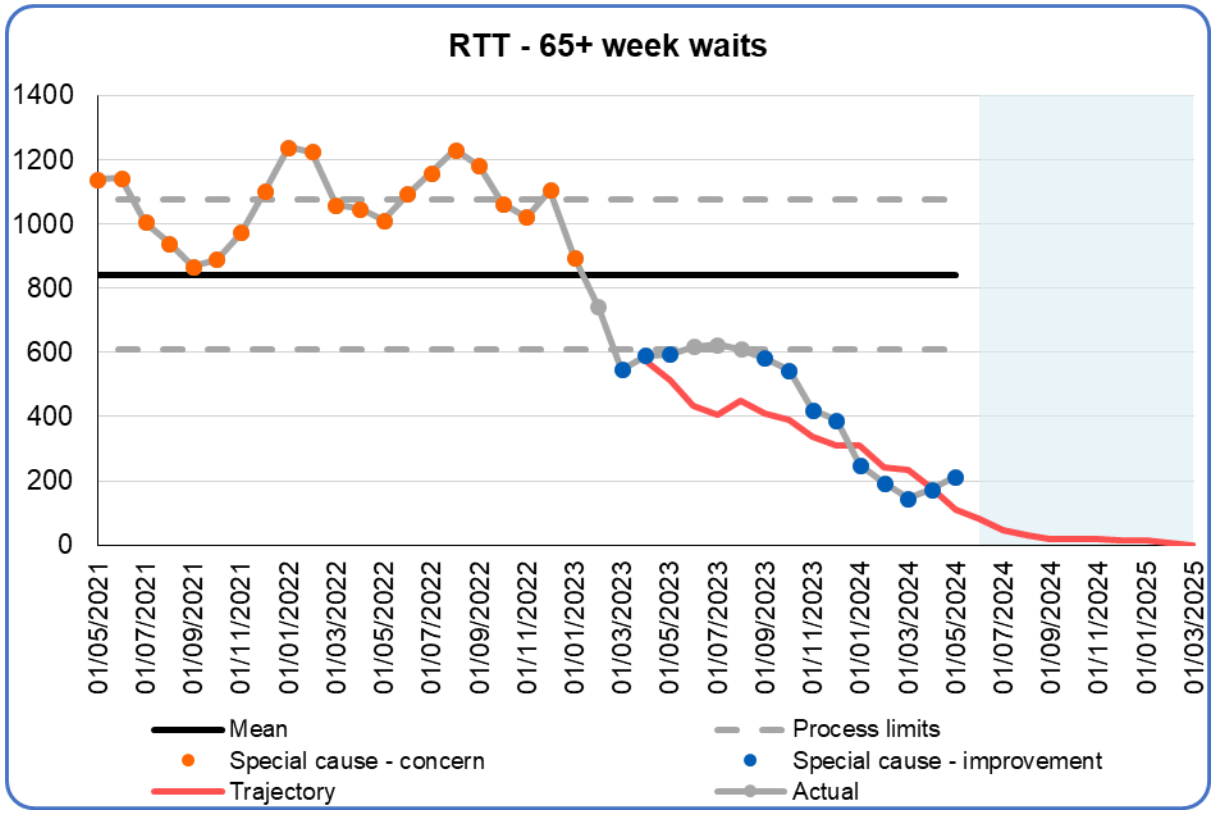
What are the main risks impacting performance?

- The Trust continues to achieve target of no more than 5% patients waiting over 6-weeks; with performance reported at 2.47% for May 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)



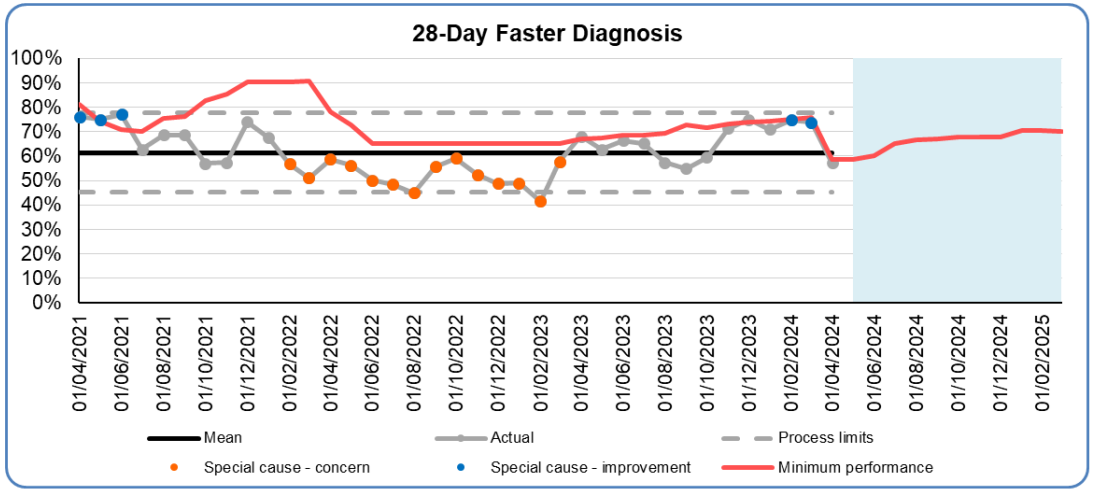
What are the main risks impacting performance?

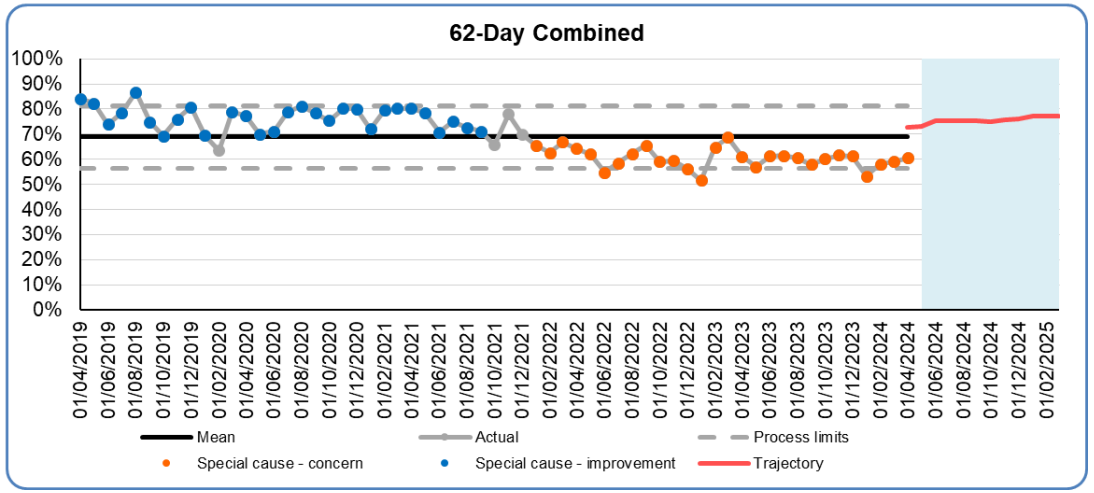
- Impact of new industrial action anticipated.
- Rebooking of cancelled cancer and urgent patients is displacing the opportunity to book long-waiting patients.
- Continued reliance on third party activity in a number of areas.
- The potential impact of UEC activity on elective care.
- Challenges remain 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 Sept-24.
- 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.

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 – April 24 data

	Jan-24	Feb-24	Mar-24	Apr-24	TREND
Activity					
Number of women who gave birth, all gestations from 22+0 gestation	463	442	448	426	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	0	3	1	3	
Number of women who gave birth (>=24 weeks or <24 weeks live)	461	440	447	425	
Number of babies born (>=24 weeks or <24 weeks live)	466	446	449	429	
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)	36	36	24	27	
No of livebirths <24 weeks gestation	0	1	1	1	
Induction of Labour rate %	31.7%	31.4%	34.5%	32.7%	
Spontaneous vaginal birth rate %	45.6%	43.2%	43.6%	43.1%	
Assisted vaginal birth rate %	9.1%	8.9%	11.2%	10.8%	
Caesarean Birth rate (overall) %	44.9%	47.5%	44.7%	45.9%	
Planned Caesarean birth rate %	20.6%	21.6%	19.9%	18.8%	
Emergency Caesarean Birth rate %	24.3%	25.9%	24.8%	27.1%	
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	4.2%	6.4%	5.20%	5.00%	
Perinatal Morbidity and Mortality inborn					
Total number of perinatal deaths (excluding late fetal losses)	2	1	3	1	
Number of stillbirths (>=24 weeks excl. TOP)	1	0	1	0	
Number of neonatal deaths : 0-6 Days	1	0	1	1	
Number of neonatal deaths : 7-28 Days	0	1	1	0	
PMRT grading C or D cases (themes in report)	1	2	1	0	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (MNSI)	0	0	0	1	
Maternal Morbidity and Mortality					
Number of maternal deaths (MBRRACE)	0	0	0	0	
Direct	0	0	0	0	
Indirect	0	0	0	0	
Number of women recieving enhanced care on CDS	Data Not Available (DNA)				
Number of women who received level 3 care (ITU)	0	0	0	0	
Insight					
Number of datix incidents graded as moderate or above (total)	0	2	0	4	
Datix incident moderate harm (not SI, excludes MNSI)	0	2	0	4	
Datix incident PSII (excludes MNSI)	0	0	0	0	
New MNSI referrals accepted	0	0	0	1	
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	
Coroner Reg 28 made directly to Trust	0	0	0	0	
Workforce					
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade	2	0	0	0	
Minimum safe staffing in maternity services: Obstetric Consultant rota	2	2	2	2	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	0	0	0	0	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)	1	1	1	1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)	1	1	1	1	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).	5.4%	(DNA)	8%		
Vacancy rate for midwives	5.59%	8.04%	6.17%	3.06%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)	35%	52%	54%	59%	
Vacancy rate for NICU nurses	26	11	10	18%	
Datix related to workforce (service provision/staffing)	13	9	13	1	
Consultant led MDT ward rounds on CDS (Day to Night)	93%	96%	81%	90%	
Consultant led MDT ward rounds on CDS (Day)	100%	100%	97%	100%	
One to one care in labour (as a percentage)	99%	100%	97%	99%	
Compliance with supernumerary status for the labour ward coordinator	100%	99%	100%	100%	
Number of times maternity unit attempted to divert or on divert	0%	1	0	0	
in-utero transfers					
in-utero transfers accepted	1	1	5		
in-utero transfers declined	(DNA)	0	0		
ex-utero transfers to NICU					
ex-utero transfers accepted	8	6	11	4	
ex-utero transfers declined	0	0	2		
NICU babies transferred to another unit due to capacity/staffing	0	0	0		
Number of consultant non-attendance to 'must attend' clinical situations	0	0	0	0	
Involvement					
Service User feedback: Number of Compliments (formal)	67	26	110	106	
Service User feedback: Number of Complaints (formal)	5	4	3	1	
Friends and Family Test Score % (good/very good) NICU	100	100	100	100	
Friends and Family Test Score % (good/very good) Maternity	92	91	93	90	
Staff feedback from frontline champions and walk-abouts (number of themes)	4	5	0	0	
Improvement					
Progress in achievement of MIS /10	10	10	10	10	
Training compliance in annual local BNLS (NICU)	100%	100%	98%	90%	
Training compliance in maternity emergencies and multi-professional training (PROMPT) * note: includes BNLS	81% 95% 97% 75% 100% 80% 71% Data Not Available Data Not Available Data Not Available (DNA) Data Not Available	84% 95% 69% 72% 74% 89% 95%	79% 89% 73% 62% 73% 73% 90%	75% 94% 75% 59% 60% 79% 80%	
Fetal Wellbeing and Surveillance	85% 89% 70% 86%	86% 89% 71% 91%	85% 89% 72% 82%	87% 94% 72% 87%	
Trust Level Risks	7	4	3	4	

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

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

Perinatal services referred 2 cases to MNSI in April 2024, one of which was declined due to lack of parental consent.

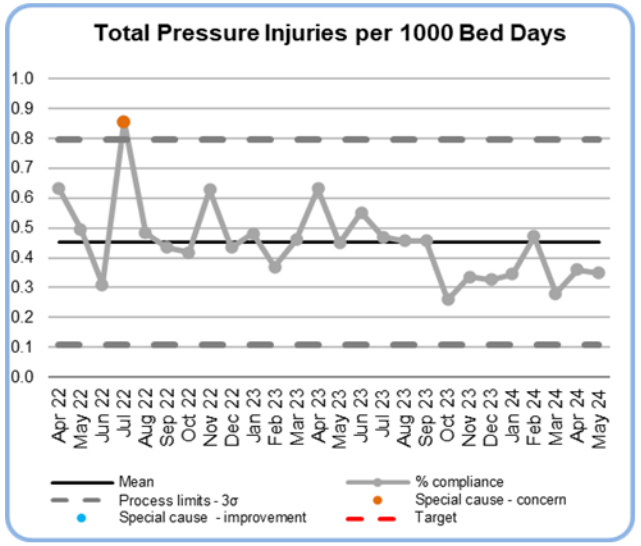
The midwifery vacancy rate is the lowest it has been since January 2022.

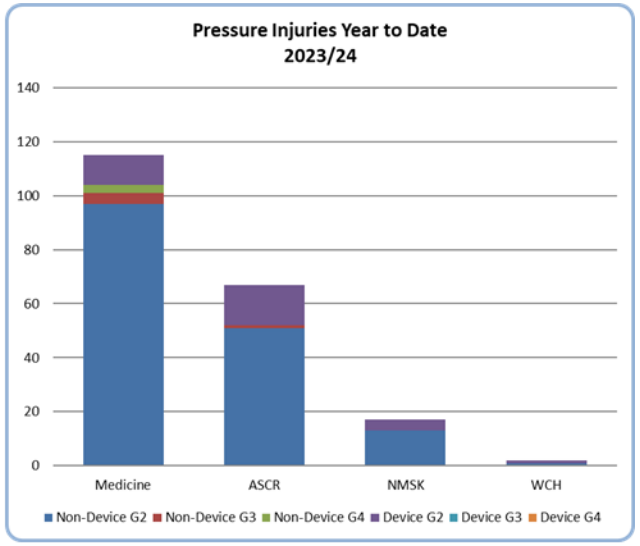
It is acknowledged that the data is reported a month in arrears however any immediate safety concerns would be presented to Divisional Quality Governance, Trust Board and the LMNS as appropriate.

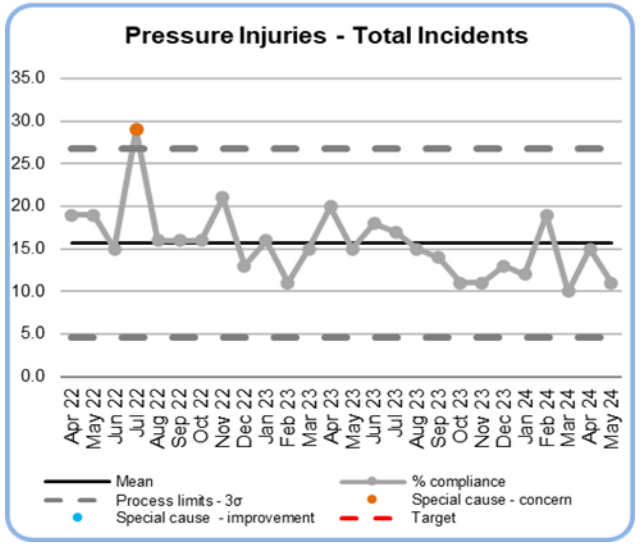
The Perinatal Quality Surveillance Model will be shared with Quality Committee and with Perinatal Safety Champions to ensure there is a monthly review of maternity and neonatal quality undertaken by the Trust Board.

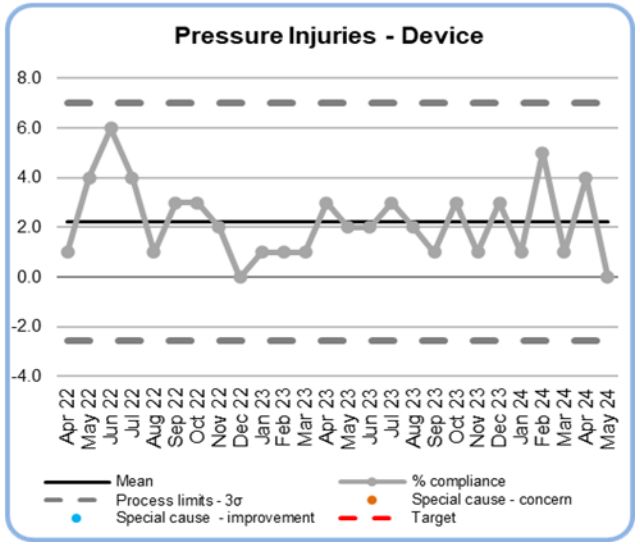
The Perinatal Quality Surveillance Model will be shared with the Local Maternity and Neonatal System to ensure Trust level intelligence is shared to ensure early action and support for areas of concern.

Pressure Injuries









What does the data tell us?

In May there were 11 grade 2 pressure ulcers, which is a decrease in prevalence from April. There were no grade 2 pressure ulcers attributed to medical devices.

There were no grade 3 or 4 reported pressure ulcers May, however there were three unstageable pressure injuries.

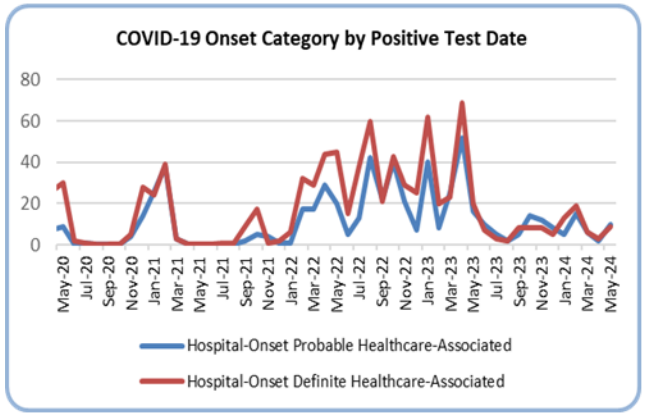
There is also a decrease in DTI prevalence, with 6 reported DTI's .

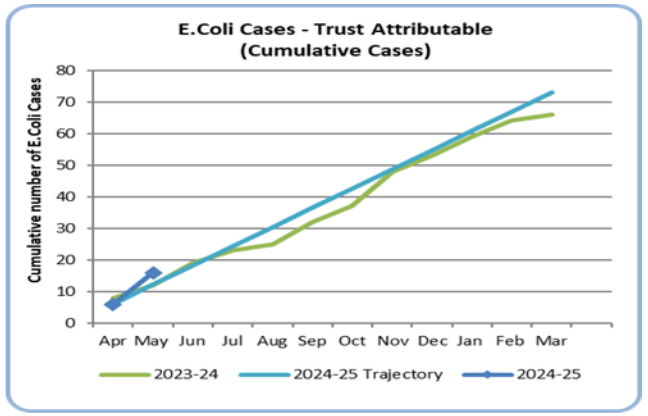
The proposed targets for PU reduction in 2023/2024:

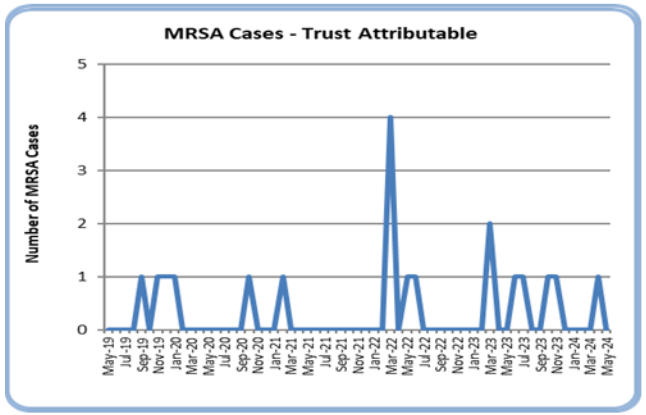
- 10% reduction on grade 2 pressure ulcers. **The Trust achieved a 15% reduction.**
- Zero tolerance for grade 3 and grade 4 pressure ulcers with a 50% reduction from 2022/2023. **The Trust achieved the 50% reduction of Grade 3 but did not meet the Grade 4 target but did achieve a 25% reduction.**

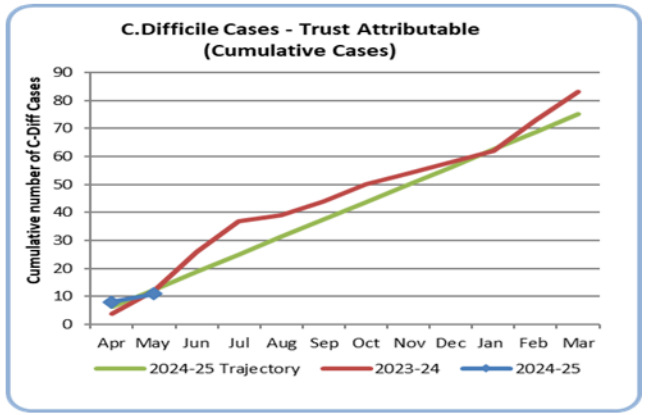
What actions are being taken to improve?

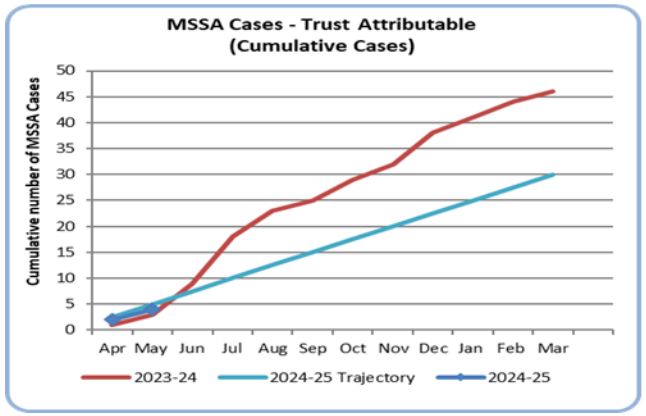
- The TVN team provide a responsive, supportive and educational wound care service across NBT and work collaboratively and strategically within the ICB across the BNSSG system. The team actively seek to work in collaboration with patients, clinical teams and other stakeholders to reduce patient harm and improve clinical outcomes.
- The TVN team have been focussed and working collaboratively to work with ITU following identification of an emerging trend of medical device related PUs within this cohort of patients. There has been bitesize training, and the TVN and ICU band 7 do a weekly walk around the clinical area an engage with clinical staff and address concerns and challenges. This intervention has resulted in the 0 PU from medical devices in May.
- The TVN team have approach ICU and the frailty admission and will be rolling out a project in June on using prophylactic dressings to reduce risk of PU development.
- A qualitive audit on patient experience and feedback on the Pressure Ulcer boarding card has commenced. The NBT volunteers are undertaking the questionnaire in patient bed spaces where the boarding card is displayed.

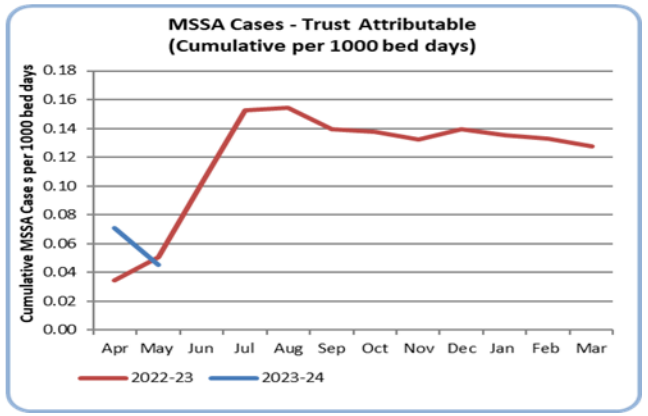












Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus) / Influenza - Very number of small cases not causing concern

MSSA – Education plan in place to assist with reduction plan with promising results total of 4 cases to date.

C. Difficile – Some cleaning issues have been identified related to clinical kit these have been escalated to the manufacturer. A slight increase has been noted and the wards effected have been given the relevant support

Gram negative – Plans in place looking at hydration in continence group as well as following regional and national programmes

What actions are being taken to improve?.

- Bacteriemia reduction plans are trust wide with work being undertaken with Medical , Nursing and AHP staff . An audit of prehospital cannulas is taking place with the aim to work with SWAST to reduce insertion of " Just in Case lines "
- Data for MSSA cases in NBT remain consistent with those locally, IPC teams are linking up to deliver regional reduction, this focusses on looking at the point of entry being iv devise or related to a chronic wound – linking with tissue viability.
- Recognising the rise of *C Diff* over Q4 and in Q1 increased education is being targeted in clinical areas 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

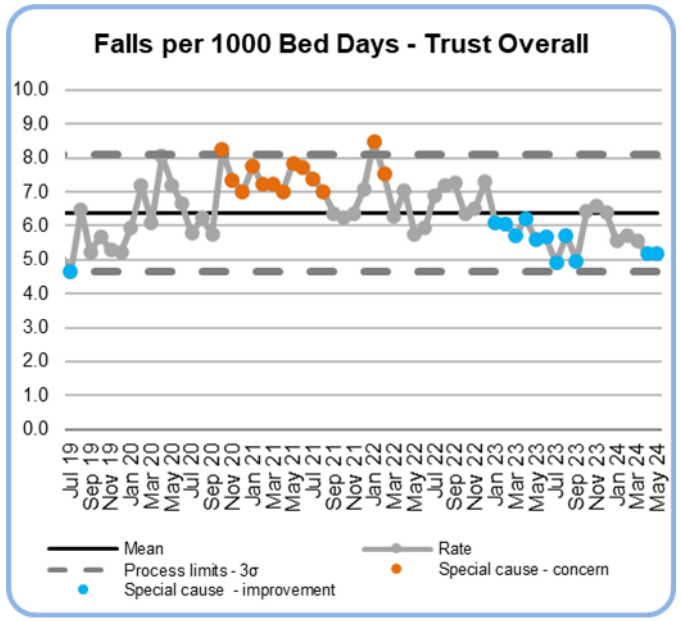
Measles – NBT continue to work with UKHSA regarding an ongoing case in the community

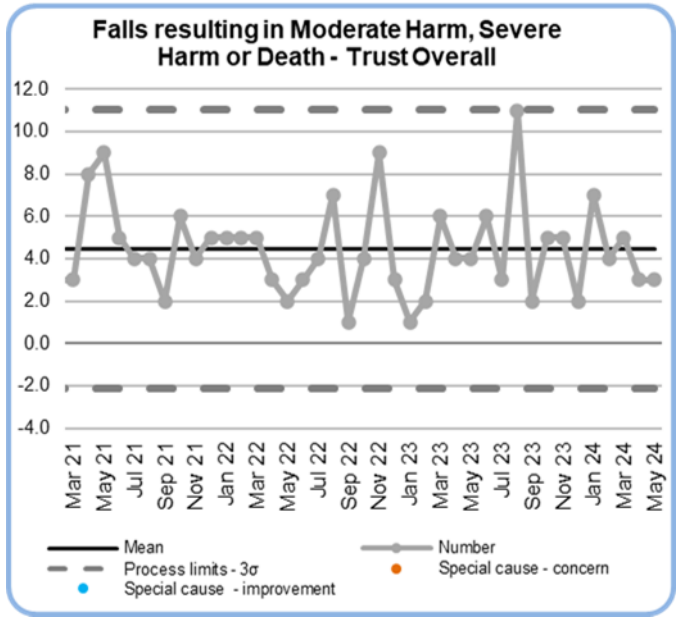
TB - Contact tracing and co-ordination of case management continues

Other projects

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

HCAI trajectories have not been set nationally and will not to be released till after the general election.





Falls

Falls incidents per 1000 bed days

NBT reported a rate of 5.20 falls incidents per 1000 bed days in May which is below the average of 6.37.
There were 163 falls reported in May. 2 moderate level physical harm and 1 severe. Of these incidents one was also recorded as causing low psychological harm.

Medicine division: 102 falls reported.
NMSK division: 37 falls reported.
ASCR: 17 falls reported.

Multiple falls accounted for 34% of falls this month which is higher than the average of around 25%. With 6 patients having more than two falls. The highest number of multiple falls was 4. That patient was receiving enhanced care but continued to pose a challenge to manage their falls risk.
Older patients continue to be the highest proportion of patients who fall, with 76% of reports in the over 65's.

What actions are being taken to improve?

The falls prevention and management team have been extended until the end of July 2024 to continue to implement the delivery plan.

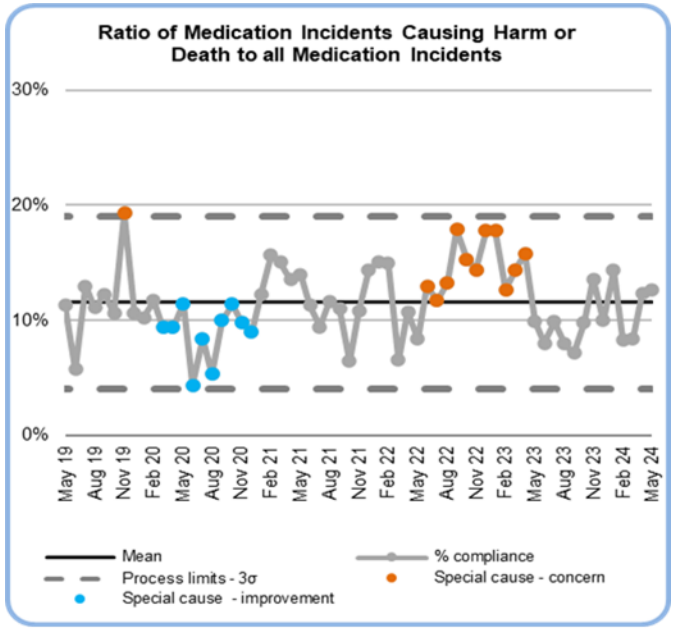
Following the bathroom activity analysis, the falls team have reached out to infection control and estates/facilities to discuss possible adjustments to the bathroom environments. We are awaiting responses and discussions to formulate next steps.

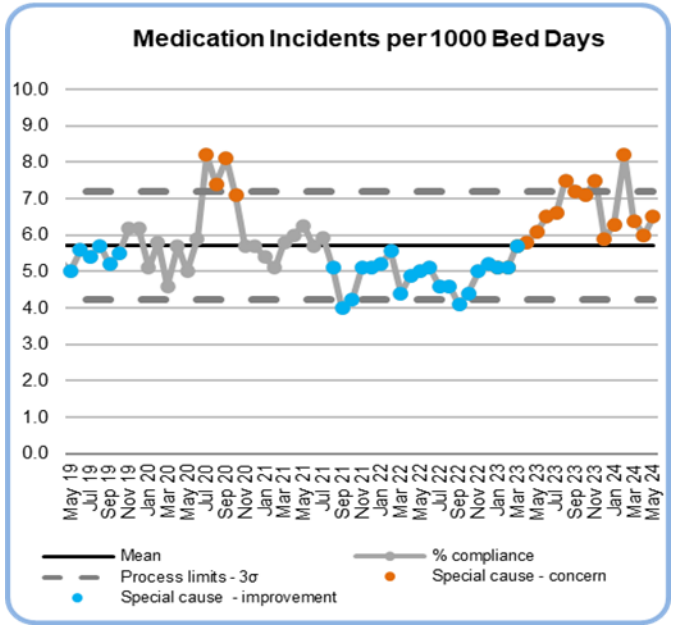
The patient information leaflet is awaiting input from the communications team. Once received the leaflet will be ready for final approval.

The eLearning package is expected to be 'live' by early July.

Due to leave there was a slight delay in starting work within medicine division on improving the availability and storage of hoist slings. This work will start shortly to help with the quality improvement work for safe lifting following a fall.

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 May 24 NBT had a rate of 6.5 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

During May 24, 10.1% of all medication incidents are reported to have caused a degree of harm
Low Harm – 16
Moderate Harm – 3
Death – 0

This month there were also 15 incidents with no harm category selected (field blank) – this is a result of the switch to LFPSE and the Patient Safety Team are aware of this issue. I have reviewed the content of the incidents and most appear to have been low/no harm but this is a subjective review only included to give a degree of reassurance to the board.

(This information has been included as an indicator of the composition of the 'harm' incidents. It is of note however that these categorisations are subject to change as incidents reviewed and closed)

Overall comment

In May, the overall number of reported incidents and the ratio of all incidents to those causing harm have both risen slightly.

Work to better understand this data underway through the Medicines Safety Forum (see below) and Medicines Governance Team as we are keen to better understand the likely causes of the fluctuations seen month on month. Work is also underway with the Patient Safety Team to improve the quality of data being captured through both the adoption of LFPSE and move to Radar. The hope is that more consistent coding and better links with staff will aid understanding of the picture that this data portrays.

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 to ensure continued focus on this workstream

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 May 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.	Y1 report of patient story framework presented to PCEC. In the process of exploring the forward plan for 2024/25 based on feedback received.
	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).	We are in the process of exploring new technologies, including social listening and digital techniques for theming large narrative datasets. We have also recently recruited 3 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. Further opportunity to hone these and develop further.
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 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.	Young Carers Action Plan has been agreed. Carers Charters have been updated across the Trust to include 'Young Carers'. Carers story recorded to be added to the Trust's Carers Awareness Training. We are attending a Carers Week event on Thursday 13th June, to host 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
	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.	Continued work with the GRT community and people experiencing homelessness, which is embedded within the wider programme of Health Inequalities which is one of the Trust’s 2024/25 quality priorities.
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	Due to recent launch of Radar, this work is not scheduled until Q2 but we have laid the foundations and there is appetite from our patient and carer partners to participate.
	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.

Volunteer Celebration Event

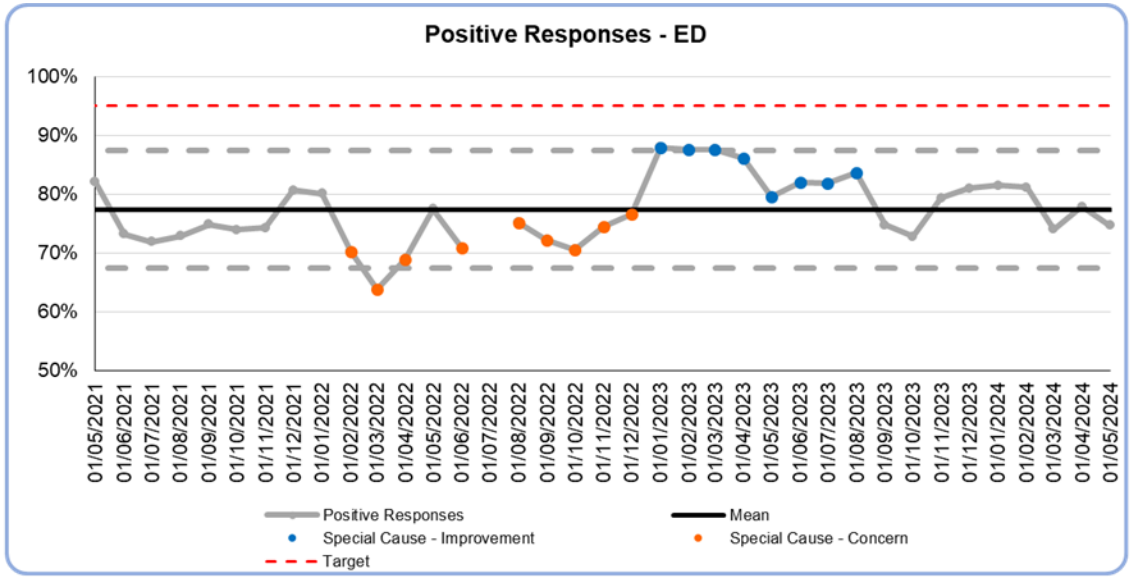
On the 18th May we welcomed 180 of our volunteers to celebrate their incredible contributions to our Trust. We wanted to recognise and thank our volunteers for all they do for us across 35 different roles, giving nearly 40,000 hours of their time in 2023/24.

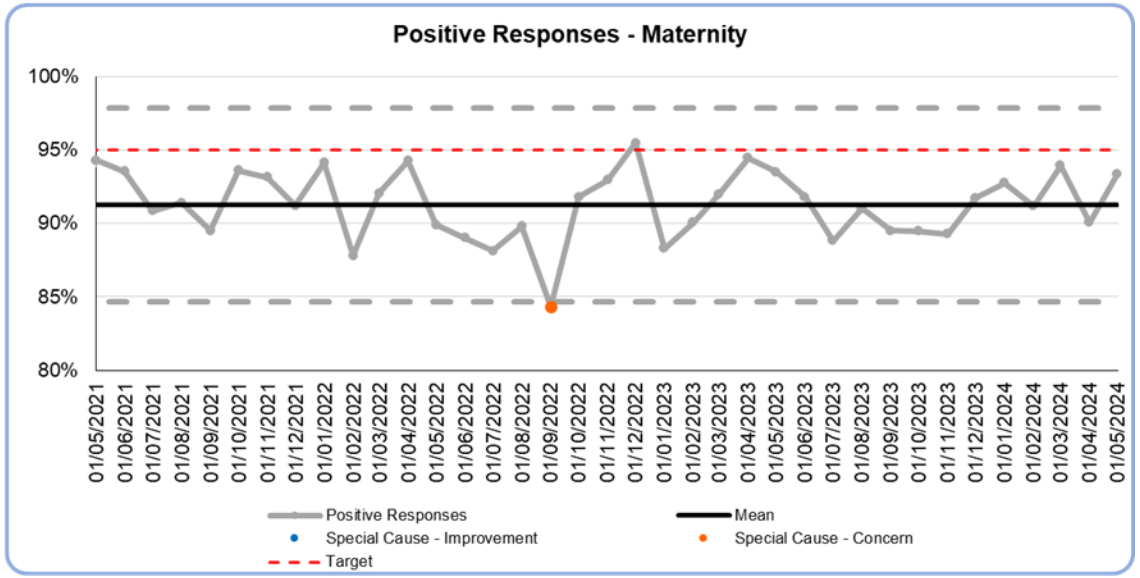
We had a fantastic celebration with afternoon tea and secret singing waiters providing entertainment. We hope the event made everyone feel valued as both patients and staff are very grateful to our volunteers.

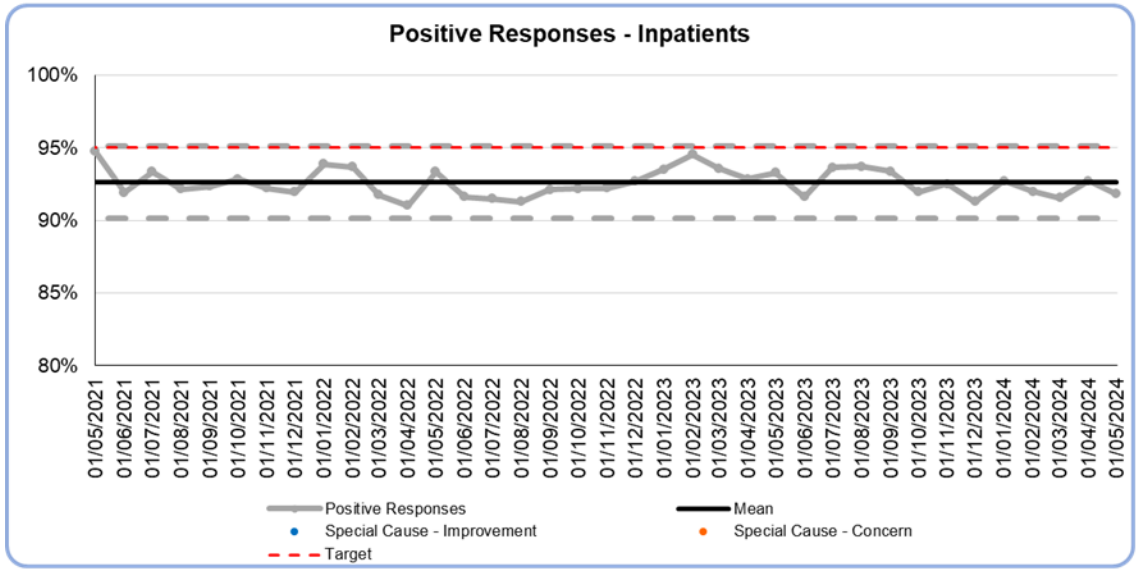
We presented seventy-six long service awards this year in recognition of our volunteers' dedicated service.

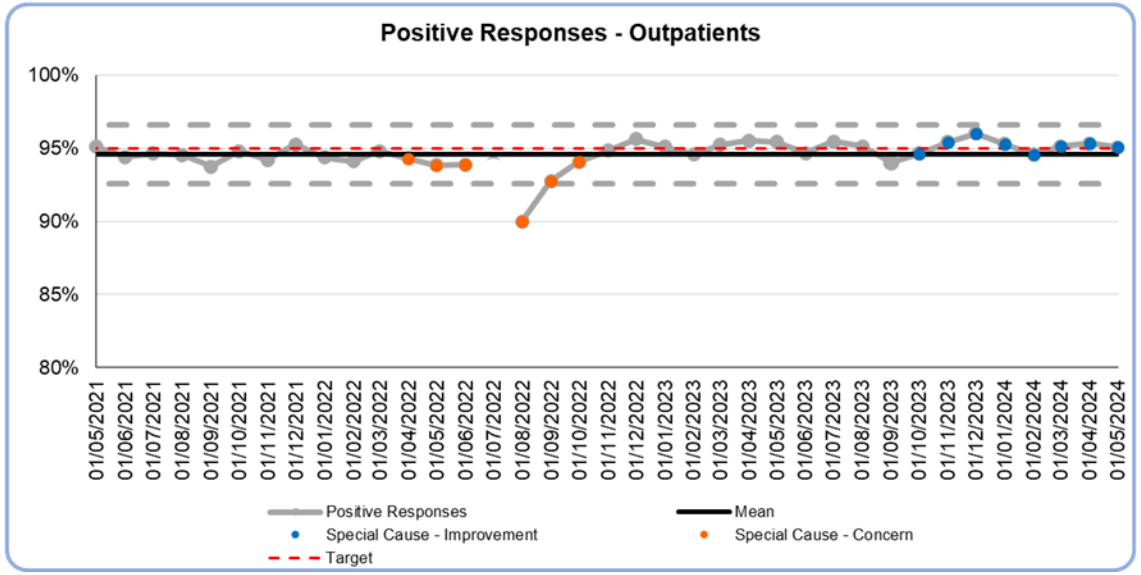
We also took the opportunity to celebrate 10 years of our Move Makers who were only originally asked to volunteer for three weeks when the Brunel building first opened! 10 years later, 28 of the original team are still volunteering.

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 May, 9168 patients responded to the Friends and Family Test question. 6605 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.
- 92.20% of patients gave the Trust a positive rating. This was a marginal reduction from the previous month (92.87%).
- The top positive themes from comments were: staff, waiting time and clinical treatment.
- The top negative themes from comments were: waiting time, communication and staff.

What does this data tell us – Maternity?

- Positive responses across Maternity have increased from 89% in April to 92.7% in May. Negative responses have decreased from 6.6% in April to 4.7% in May.
- The response rate across Maternity remained the same for May,18%.
- Top positive theme from comments remains staff.

Staff listen to me and they can't do enough to help me. They are attentive and responsive to my needs. The visitor chair which my partner has slept in is very uncomfortable.

What does the data tell us - Emergency Department?

- Positive responses have decreased from 77.8% in April to 74.6% in May. Negative responses have increased from 14.3% in April to 17.7% in May. Which is likely due to the continued volume of patients attending ED.
- The response rate for ED was 19% in May, 1% less than April.
- The top positive theme remains staff.
- The top negative theme remains waiting time.

Amazing staff all working extremely hard, however, clearly under resourced, so this meant being on uncomfortably chairs for a very long time before being seen by a doctor

What does the data tell us - Inpatients?

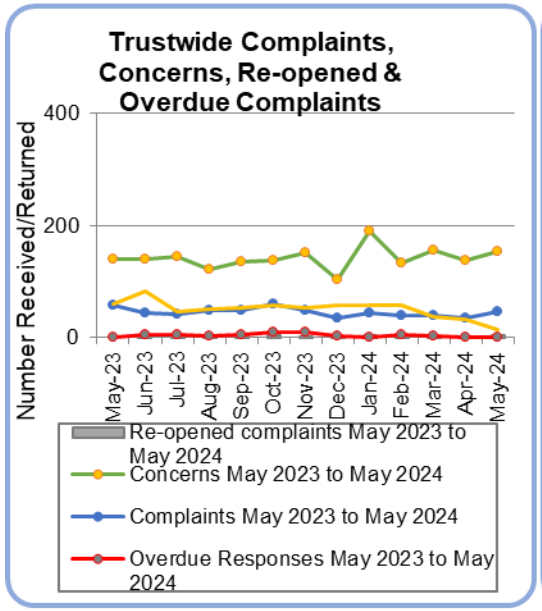
- Positive responses have decreased slightly from 90.5% in April to 89.6% in May. Negative responses have increased from 5.7% in April to 5.11% in May.
- The response rate for inpatients in May remained the same as the previous month 23%.
- Top positive themes from comments are staff, clinical treatment and environment.
- Negative themes from comments are, communication, staff and waiting time.

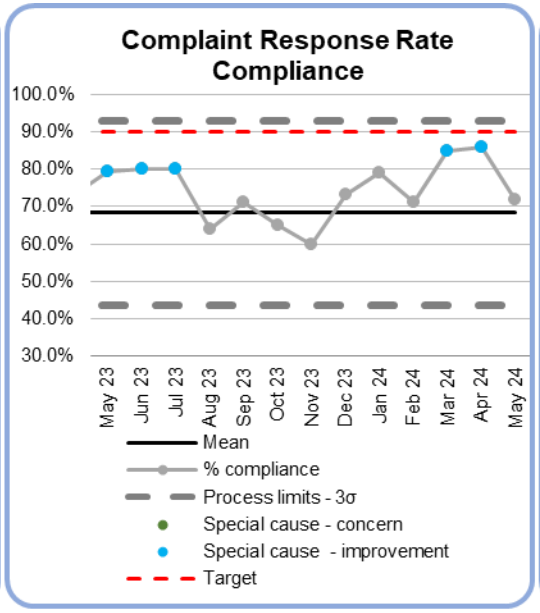
Operation went well and was performed quickly. Lots of information, felt very safe. All staff exemplary, clean and comfortable, well looked after and discharged as quickly as anticipated.

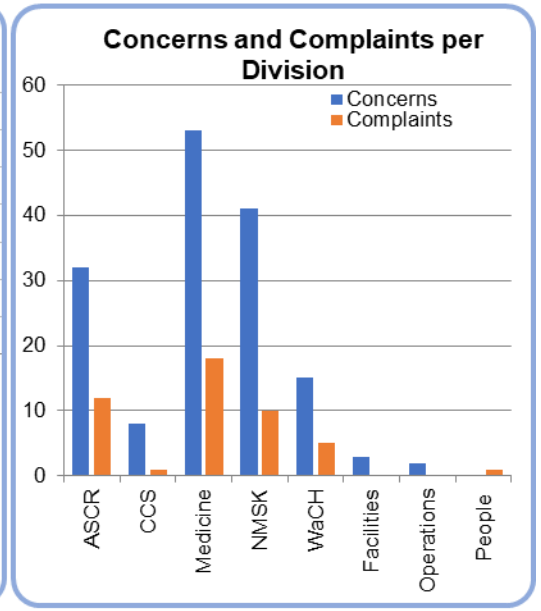
What does the data tell us – Outpatients?

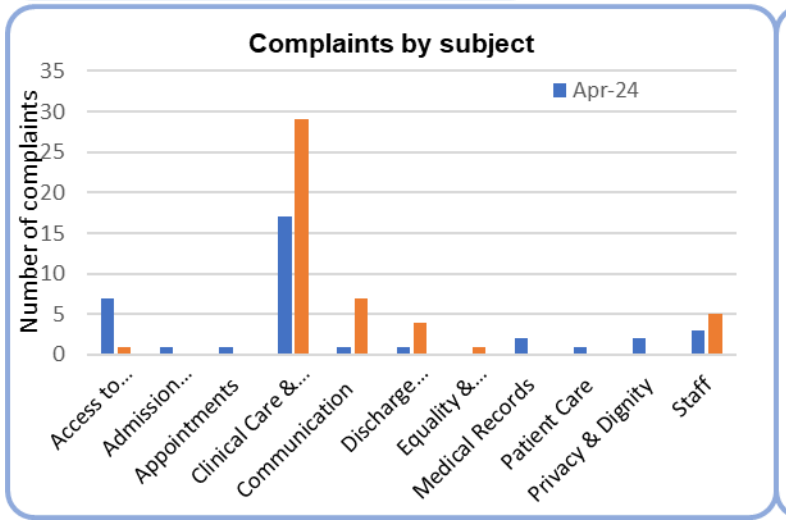
- Positive responses remain the same as last month, 95%. Negative responses have increased slightly to 2.18% from 2% in April.
- The response rate for outpatients remained the same in May, 12%.
- Top positive themes from comments are staff, waiting time and clinical treatment.
- Negative themes from comments are waiting time, communication and clinical treatment

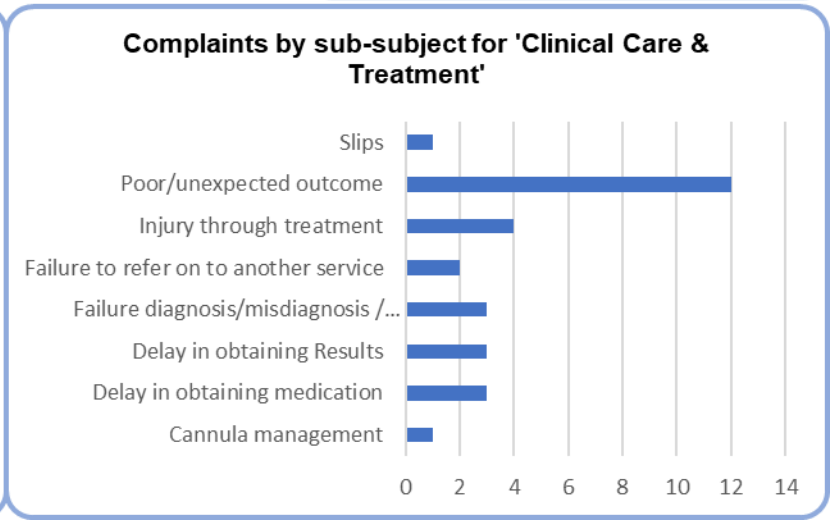
Im pleased with everything, really. Friendly staff and treated Curtiously. The hospital is nice and clean. Lots of thanks to the Volunteers also.











Complaints and Concerns

What does the data tell us?

In May 2024, the Trust received 47 formal complaints. This is 11 more than in April and 10 fewer than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (29). A chart to break down the sub-subjects for 'Clinical Care and Treatment' is included.

Of the 47 complaints, the largest proportion was received by Medicine (18).

There were 4 re-opened complaints in May (3 NMSK, 1 ASCR), one more than the previous month.

The number of overdue complaints at the time of reporting has remained the same as the previous month (2) and are with Medicine and ASCR.

The response rate compliance for complaints has decreased from 86% in April to 72% in May, which is a result of a reduction in compliance across most divisions.

A breakdown of compliance by clinical division is below:

ASCR – 75% NMSK- 80% Medicine – 72%

WaCH – 80% CCS – 33%

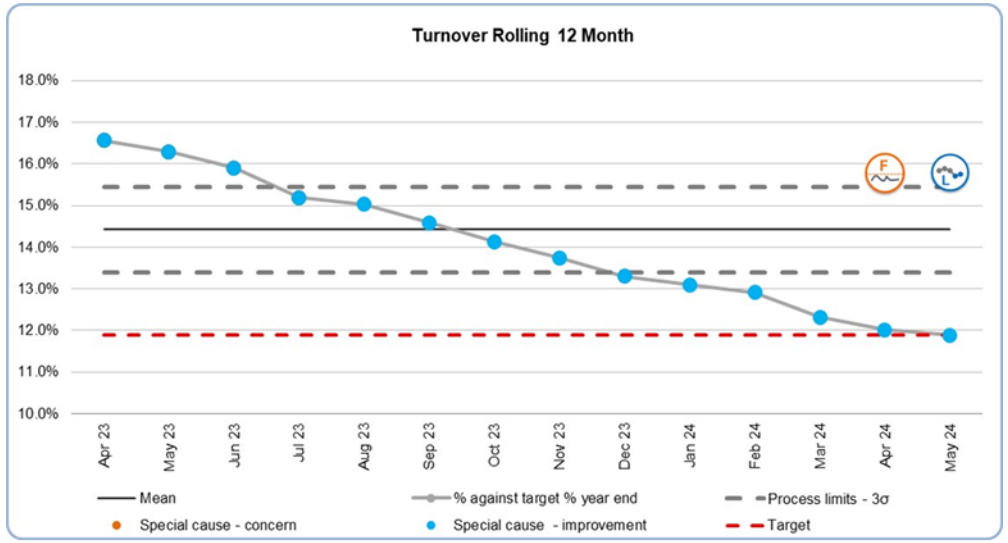
The overall number of PALS concerns received has increased from 137 in April to 155 in May. Activity is also up on the same period last year (141).

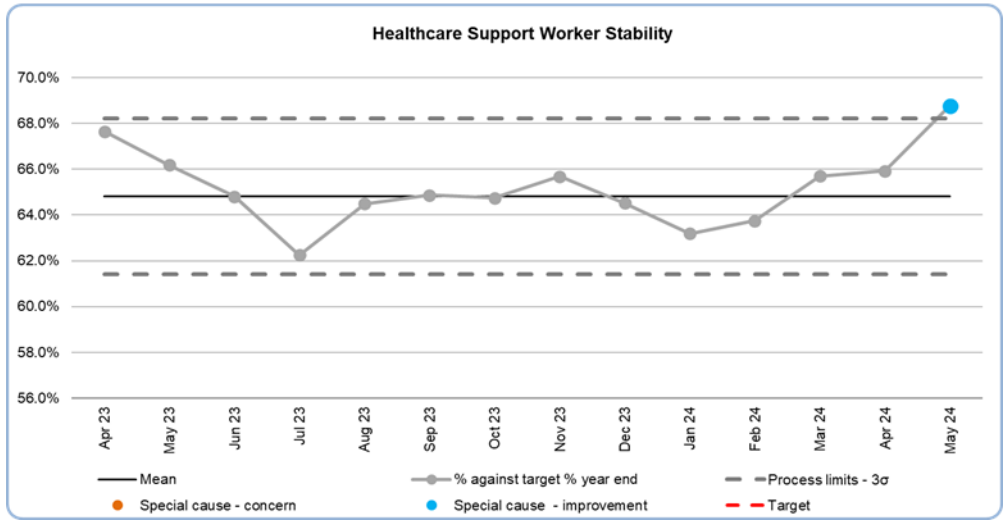
In May 100% of complaints were acknowledged within 3 working days and 100% of PALS concerns were acknowledged within 1 working day.

Workforce

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

Retention Patient First Priority People



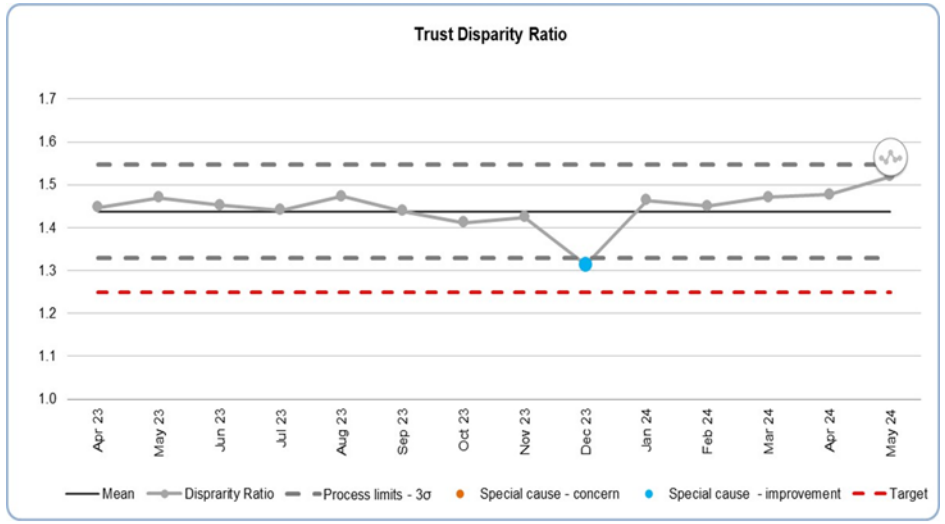


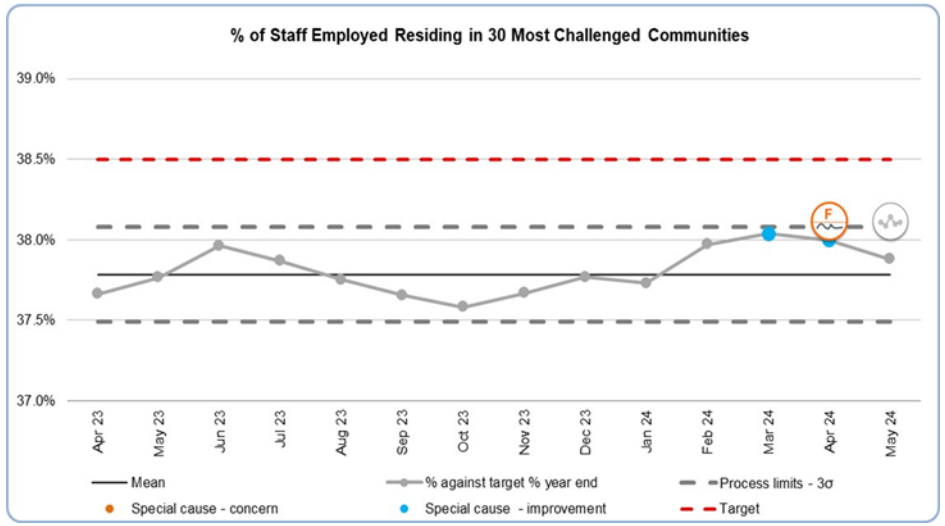
- Turnover is 11.88% for May, down from 12.01% in April 2024, 0.02% below the target set for 2024/25. Work is in progress with divisions to build more stretching targets given current improvement.
- Healthcare Support Worker (HCSW) stability (% of staff in post with >12 months service) has improved from 65.93% in April to 68.77% in May. 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. Celebration events for staff within their first year of employment are happening from next month.
- 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 priority actions in the next 3 months:

Driver	Action and Impact	Owner	Due
HCSWs	Embed induction and onboarding improvements to reduce early turnover, including regular check ins and new 'Celebration events'	Nursing Leaders / Staff Induction Team	Jul-24
Work Life Balance	Share new tools for teams to work flexibly to increase successful 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

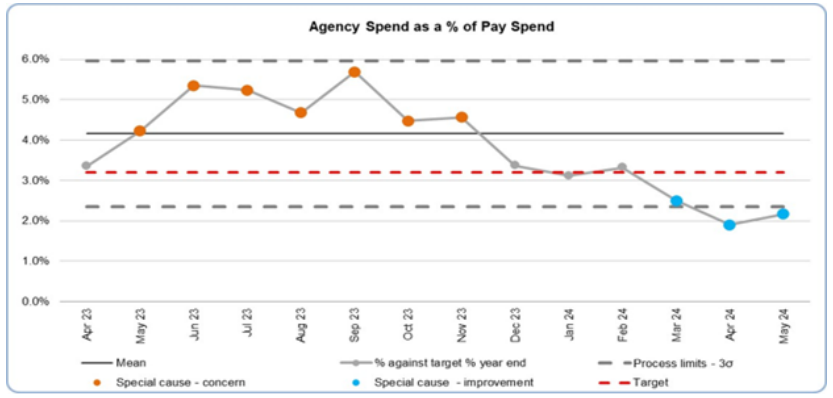


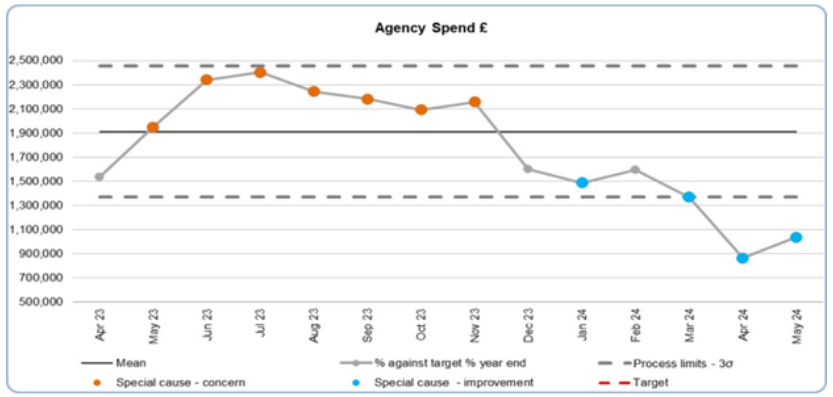


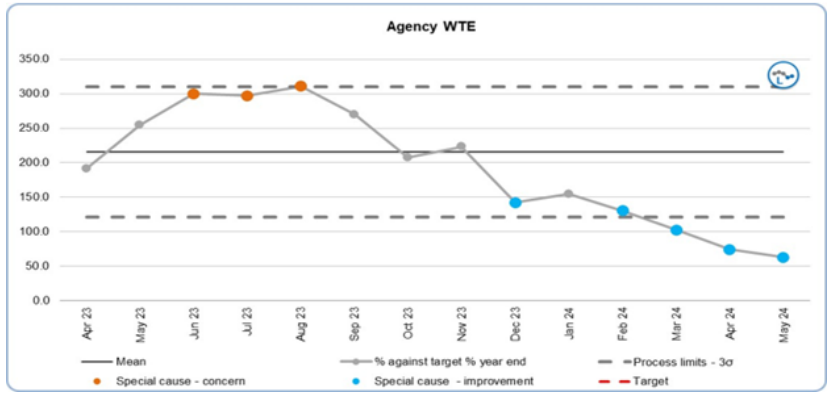
- **Disparity Ratio** (likelihood of applicants from ethnic minority backgrounds being appointed over white applicants from shortlisting – Workforce Race Equality Standard metric) has shown no statistically significant deterioration or improvement in the last 13 months
- **Diverse Recruitment Panels (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 –** work initiated to encourage staff from underrepresented groups to apply focussed on both internal and external applicants
- **% of Employed Staff from 30 Most Challenged Communities** – Target numbers of actual recruitment required announced in last meeting. Currently 308, shared amongst divisions.
- **Community Outreach** – Commitment to Our Community plan to be launched following the election.
- **Mentoring Programme –** Mentoring and support is being provided to around 50 people from our local area.
- **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 launched and due to start on 1st July, Aim to support 12 local candidates in to work.	Community Project Manager	Aug-24
Community Outreach	25 community drop-in and employability sessions booked in community locations and Jobcentres between May and July	Community Outreach officer	July 24

Temporary Staffing



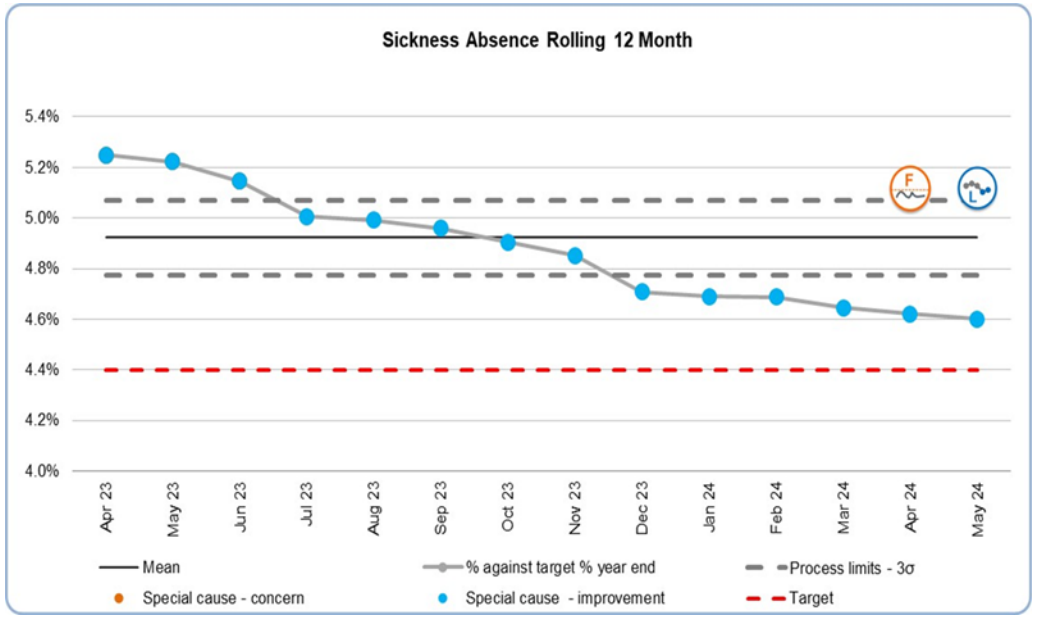


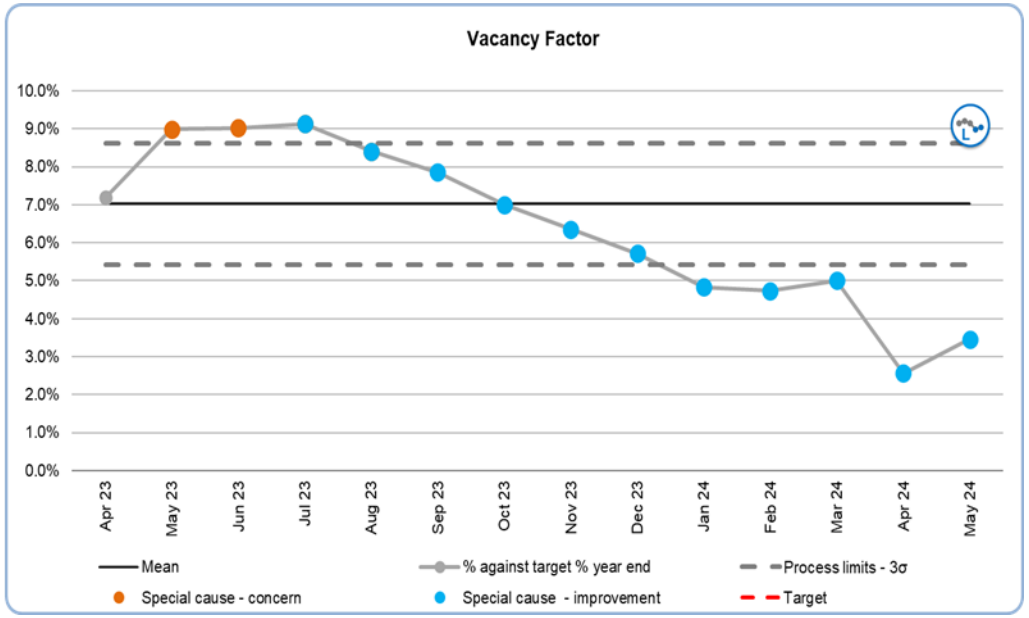


- Trust-wide agency spend has seen a slight increase between April and May, however it has stayed below the Trust the 2024/25 target for agency spend – Agency spend must be 3.2% (or less) of the overall pay spend in the Trust. Divisional agency expenditure targets have been set which will deliver the 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 request, and new process for non-medical also in 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	July 24
Medical Staffing	Pan-regional South-West Medical Agency rate card implementation to bring high-cost agency doctors closer to NHS England Cap	Associate Director Medical Workforce	Oct – Dec 2024
Medical Staffing	Address medical off framework agency use.	Associate Director Medical Workforce	July 24
Nursing & Midwifery	South-West Regional agency rate reduction programme started continued trajectory for reaching cap compliance (General by July and Specialist by October 24	Associate Director Nursing Workforce Recovery	October 24
Nursing & Midwifery	Alignment of Band 5 Registered Nurse Bank Rates with University Hospitals Bristol & Weston in readiness for Acute Provider Collaborative Bank pilot	Associate Director Nursing Workforce Recovery	July 24
Nursing & Midwifery	Ongoing recruitment for Registered Mental Health Nurses and Engagement Support Workers to prevent Off Framework Agency usage.	Resourcing Manager	July 24
Non-Clinical Agenda For Change	New governance process to be produced and circulated to ensure all agency usage is requested via NBT eXtra, to allow for improved oversight of usage and compliance with framework usage.	Resourcing Manager	July 24

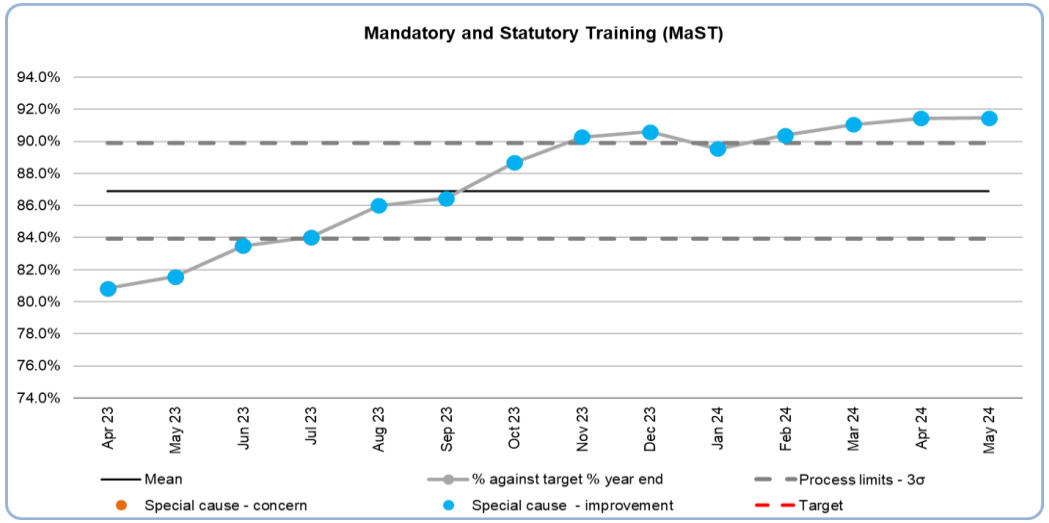
Watch Measures (CPO)

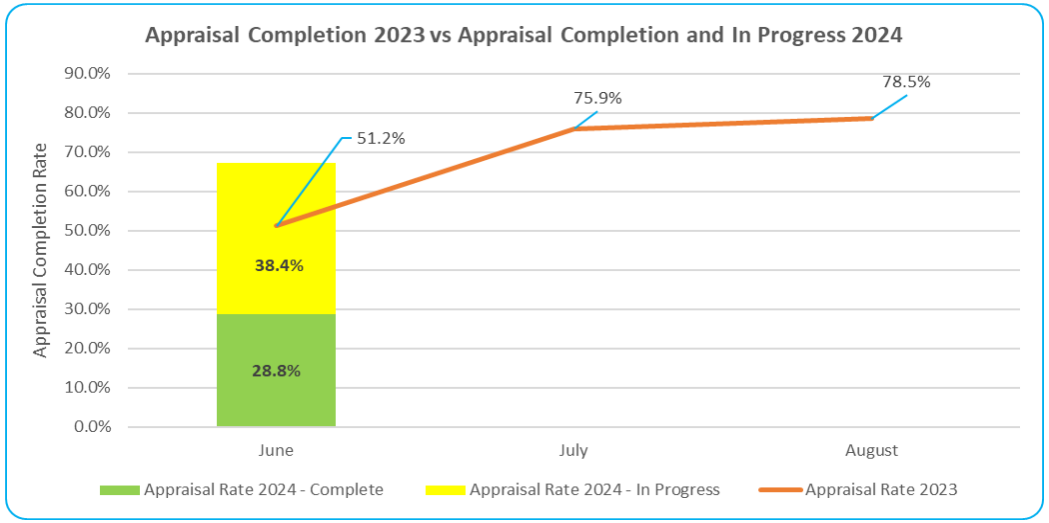




- Both metrics show continue to show statistically significant improvement over the last six months.
- Vacancy Factor for May 2024 is still artificially low as some non-recurrent funding for roles are yet to be reflected in the financial ledger.
- Staff Health and Well-being Strategy Group established to provide oversight on the delivery of the Staff Health and Well-being Strategy. The group is reviewing current state data to progress delivery of a strategy and plan with key commitments in the Staff Health and Wellbeing Strategy.

Watch Measures (CPO)





- Metric shows statistically significant improvement.

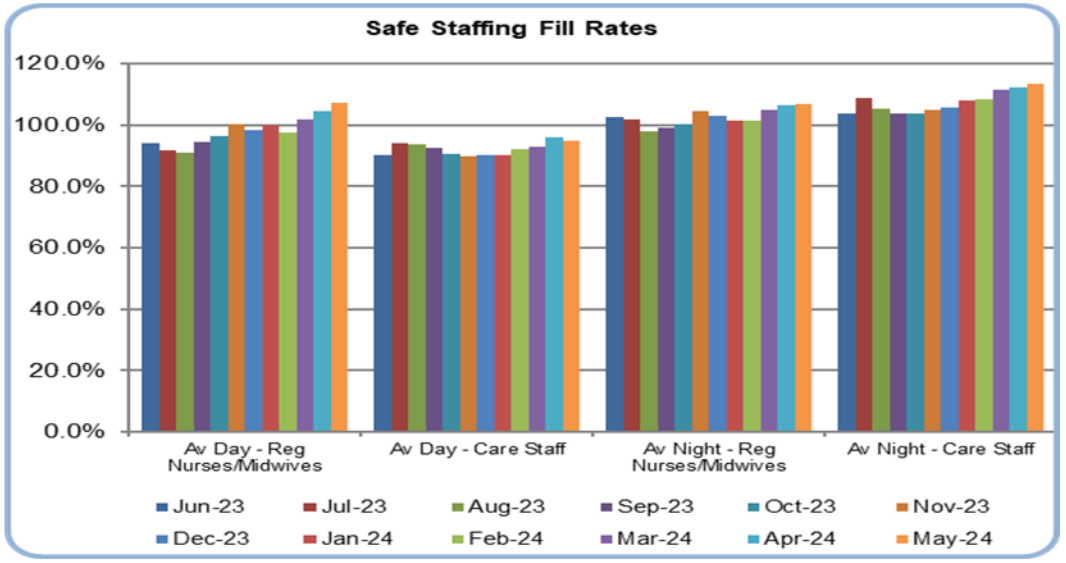
Deterioration – hotspots and mitigating actions

- Honorary (41%), Medical & Dental (79%) staff compliance less than 85%. Direct communications sent to individual staff to encourage compliance.

Improvement – celebrate success and any learning

- All staff 91.7% (↑ from 88.7%).
- Permanent Staff 94.5% (↑ from 91%).
- Fixed Term Temp 87.3% (↑ from 79%).
- NBT eXtra 86% (↑ from 49.5%).
- Honorary 41% (↑ from 30.5%).

- 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.
- For 2024, we have combined the "In Progress" and “Complete" appraisals, and as of June, the combined total completion rate is 67.2%. "In Progress" means that the reviewee/reviewer has started the review and may or may not have had their appraisal conversation.
- Comparing the 2023 completed appraisals, which stood at 51.2% at the end of June, to our current combined position of 67.2% is not a direct comparison. However, it does indicate that by the end of June 2024, some of the in-progress appraisals will be complete, and the completion rate will be closer to or even exceed the position at the end of June last year.



May-24	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	107.15%	94.72%	106.91%	113.65%

Ward Name	Registered nurses/ midwives Day	Care staff day	Registered nurses/ midwives Night	Care staff Night
AMU 31 A&B 14031				
Cotswold Ward 01269				
Neuropsychiatry (Non Medical) 25000				
Ward 25B 14242				
Ward 26A 14311				
Ward 28A 14502				
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 7B 14303				
Ward 8B (Renal - 38 Bed) 14411				
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 May 2024, the combined shift fill rates for days for Registered Nurses (RN)s across the 28 wards was 107.15% and 106.91% respectively for days nights for RNs. This is reflected through a higher acuity and number of escalation patients in month. The combined shift fill for HCSWs was 94.72% for the day and 113.65% for the night. Therefore, the Trust as a collective set of wards is within the safe limits for May.

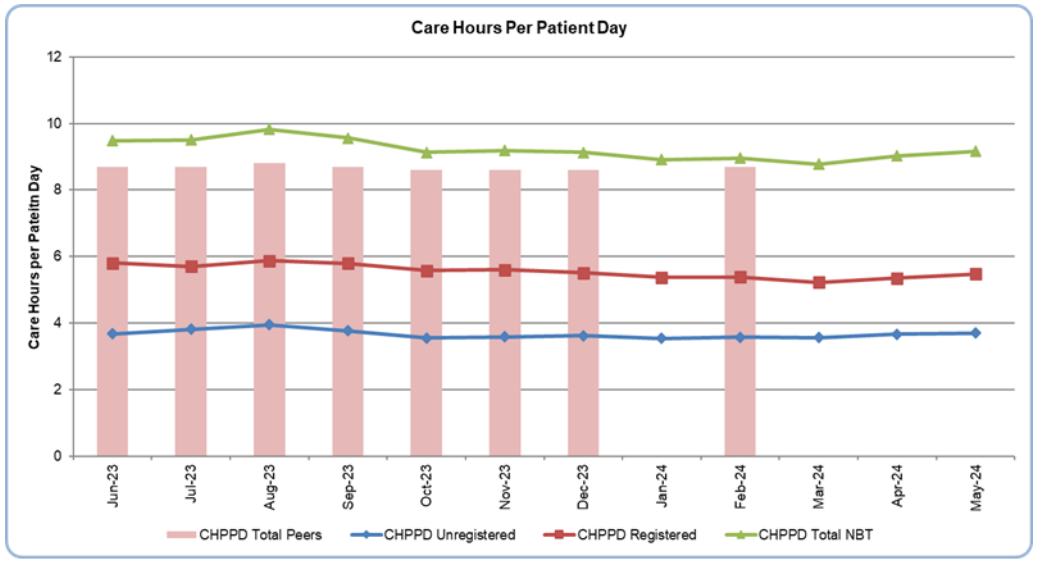
May *care staff* fill rates:
- 17.86% of wards had daytime fill rates of less than 80%
- 3.57% of wards had night-time fill rates of less than 80%
- 17.86% of wards had daytime fill rates of greater than 120%
- 35.71% of wards had night-time fill rates of greater than 120%

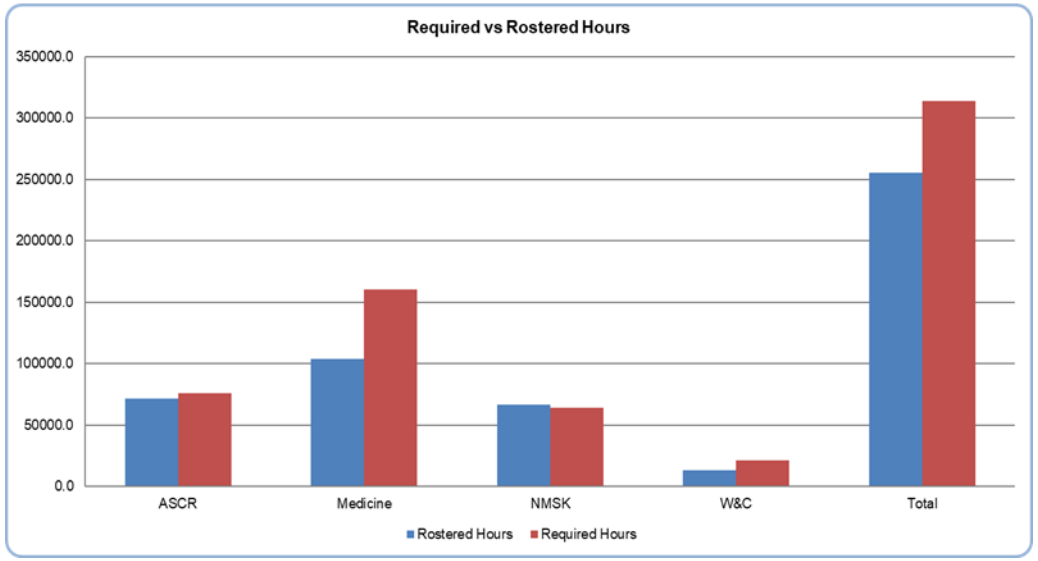
May *registered nursing* fill rates:
- 3.57% of wards had daytime fill rates of less than 80%
- 0.00% of wards had night-time fill rates of less than 80%
- 10.71% of wards had daytime fill rates of greater than 120%
- 14.29% of wards had night-time fill rates of greater than 120%

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.

The areas above 120% for RNs are driven by higher acuity and escalation areas in medicine and this is aligned to the recent safer staffing report findings for medicine. It is also driven by some wards who have a high proportion of IENs with poor skill mix. The increased fill rates for the percentage of HCSWs at night reflects the deployment of additional staff in response increased levels of therapeutic observation (enhanced care) to maintain patient safety – medicine and NMSK have seen high numbers of enhanced care patients. We are also currently reviewing the temporary staffing usage at night.

Compliance:
The Safe Care Census regularity has been reduced to twice daily to more closely align with shift patterns. The average compliance for May was 59.14%, up from 57.41% in April; there are plans to improve compliance through robust monitoring at the daily staffing meetings.





Care Hours per Patient Day (CHPPD)

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

What does the data tell us?

Compared to national levels the acuity of patients at NBT has increased and exceeded the national position.

Required vs Roster Hours

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

What does the data tell us

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

Finance

Board Sponsor: Chief Financial Officer
Glyn Howells

Statement of Comprehensive Income at 31 May 2024

	Month 2			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	67.0	69.6	2.6	134.1	135.8	1.7
Income	7.3	8.4	1.1	14.3	16.7	2.4
Pay	(46.6)	(49.2)	(2.6)	(93.2)	(96.8)	(3.6)
Non-pay	(29.7)	(32.1)	(2.4)	(59.2)	(62.6)	(3.4)
Surplus/(Deficit)	**(2.0)**	**(3.3)**	**(1.3)**	**(4.0)**	**(6.9)**	**(2.9)**

Assurances

The financial position for May 2024 shows the Trust has delivered a £6.9m deficit against a £4.0m planned deficit which results in a £2.9m adverse variance year to date.

Contract income is £1.7m better than plan. This is driven by additional Genomics income of £1.1m not in plan.

Other income is £2.4m better than plan. The is due to new funding adjustments (£1.0m fav). The remaining £1.4m favourable variance is driven by unspent reserves and additional education and charitable income within clinical divisions.

Pay expenditure is £3.6m adverse to plan. New funding adjustments, offset in income, have caused a £1.1m adverse variance, undelivered CIP is £1.9m adverse with overspends on medical and nursing pay £2.1m adverse. This is offset by delayed investments and service developments of £1.6m.

Non-pay expenditure is £3.4m adverse to plan. This adverse position is driven primarily by increased medical and surgical consumable spend to deliver activity. In year delivery CIP is £1.0m adverse to plan.

Statement of Financial Position at 31 May 2024

	23/24 Month 12 £m	24/25 Month 01 £m	24/25 Month 02 £m	In-Month Change £m	YTD Change £m
Non-Current Assets	**538.4**	**536.9**	**536.9**	**(0.0)**	**(1.5)**
Current Assets					
Inventories	11.7	12.0	11.8	(0.2)	0.1
Receivables	49.4	48.7	52.1	3.4	2.6
Cash and Cash Equivalents	62.7	56.0	46.2	(9.8)	(16.5)
Total Current Assets	**123.8**	**116.8**	**110.1**	**(6.7)**	**(13.7)**
Current Liabilities (< 1 Year)					
Trade and Other Payables	(99.9)	(92.2)	(91.4)	0.7	(8.5)
Deferred Income	(14.4)	(17.7)	(16.3)	1.4	1.9
Financial Current Liabilities	(23.6)	(23.6)	(23.6)	0.0	(0.0)
Total Current Liabilities	**(138.0)**	**(133.5)**	**(131.4)**	**2.1**	**(6.6)**
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)	(596.6)	(594.9)	1.7	23.1
total Non-Current Liabilities	**(578.0)**	**(603.3)**	**(601.6)**	**1.7**	**23.6**
Total Net Assets	**(53.7)**	**(83.1)**	**(86.0)**	**(2.9)**	**(32.3)**
Capital and Reserves					
Public Dividend Capital	485.2	485.2	485.2	0.0	0.0
Income and Expenditure Reserve	(541.8)	(610.8)	(610.8)	0.0	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(29.4)	(32.3)	(2.9)	36.7
Revaluation Reserve	71.9	71.9	71.9	0.0	0.0
Total Capital and Reserves	**(53.7)**	**(83.1)**	**(86.0)**	**(2.9)**	**(32.3)**

Capital spend is £2.8m year-to-date (excluding leases). This is driven by spend on the Elective Centre, and is in line with the forecasted spend for Month 2.

Cash is £46.2m at 31 May 2024, a £16.5m 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 £24m.

Non-Current Liabilities have decreased by £1.7m in Month 2 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.

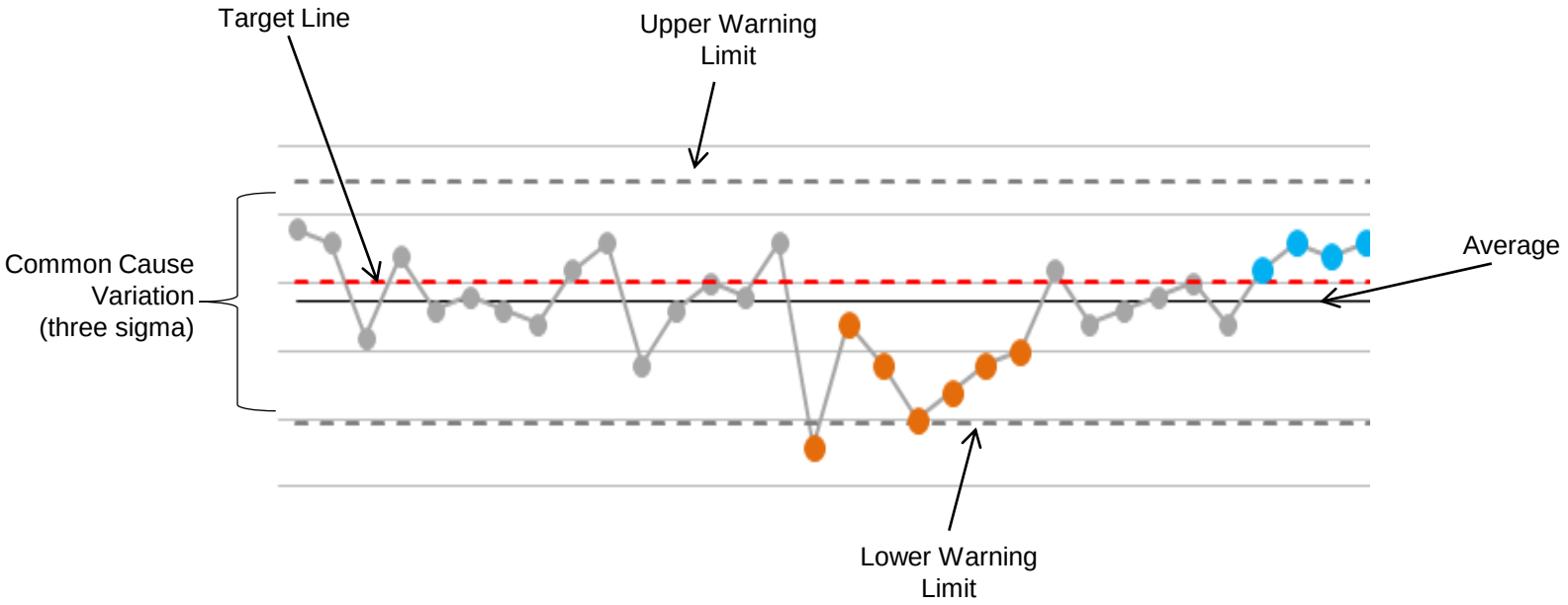
Regulatory

Board Sponsor: Chief Executive
Maria Kane

NHS Provider Licence Compliance Statements at May 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.

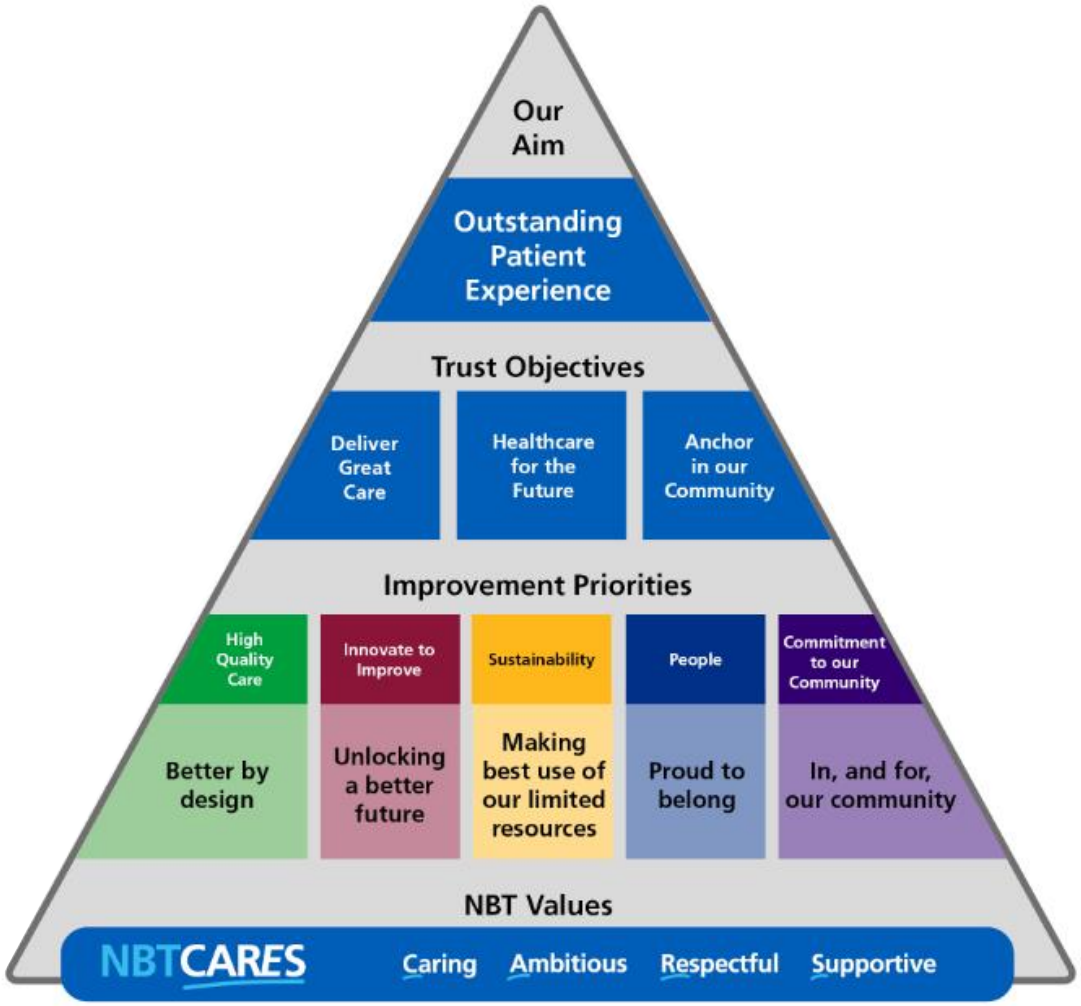
The Patient First approach is about what we do and how we do it and for it to be a success, we need you to join us on the journey.

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 Patient First improvement priorities with the icons below.



Appendix 2: NBT Strategy – Patient First Improvement Priorities

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