North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

September 2024

(presenting August 2024 data)

Contents

North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	Trust Patient First Improvement Priority	National Standard	Current Month Trajectory (RAG)	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-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%	70.74%	71.94%	64.33%	60.56%	63.37%	67.17%	63.30%	64.87%	63.77%	63.56%	61.83%	63.21%	69.31%	61.40%		57.33%	3/11
	A&E 12 Hour Trolley Breaches	R		0	-	17	23	223	213	269	318	168	260	324	217	252	125	83		13-1600	3/11
	Ambulance Handover < 15 mins (%)		PF	65.00%	-	27.69%	26.37%	25.78%	30.70%	28.97%	35.05%	39.35%	37.24%	39.99%	40.72%	42.19%	51.34%	41.75%			
	Ambulance Handover < 30 mins (%)	R	PF	95.00%	-	71.35%	65.25%	57.72%	66.27%	61.66%	64.52%	71.47%	68.13%	72.27%	75.47%	74.15%	82.25%	76.67%			
	Ambulance Handover > 60 mins		PF	0	-	183	321	627	455	554	534	329	366	274	210	240	165	180			
	Average No. patients not meeting Criteria to Reside				144	198	195	218	228	243	245	233	211	233	216	218	210	204			
	Bed Occupancy Rate			93.00%	-	93.63%	95.59%	97.12%	96.84%	96.28%	97.81%	97.40%	97.48%	97.86%	97.53%	97.37%	97.20%	97.22%			
	Diagnostic 6 Week Wait Performance			5.00%	2.03%	14.18%	12.50%	11.40%	9.81%	10.11%	12.28%	5.19%	4.22%	3.10%	2.47%	1.38%	0.85%	1.15%		24.54%	1/10
	Diagnostic 13+ Week Breaches			0	0	124	59	17	14	7	4	5	0	0	0	0	0	0		0-399	1/10
	RTT Incomplete 18 Week Performance			92.00%	-	60.50%	60.53%	61.52%	61.94%	60.14%	61.11%	61.58%	59.75%	60.36%	60.96%	61.97%	63.71%	63.94%		56.06%	8/10
	RTT 52+ Week Breaches	R		0	1185	2599	2306	2124	1858	1685	1393	1383	1498	1609	1632	1649	1305	1108		54-15047	3/10
	RTT 65+ Week Breaches				32	606	582	545	420	388	249	193	146	192	228	218	156	101		0-5287	3/10
	RTT 78+ Week Breaches	R			39	48	48	55	49	50	45	39	27	18	14	6	13	4		0-416	3/8
	Total Waiting List	R			48240	50168	48969	48595	47698	47245	46710	46394	46278	46441	46740	46252	45732	45478			
	Cancer 31 Day First Treatment			96.00%	85.73%	87.36%	87.76%	85.61%	88.14%	86.30%	77.12%	86.18%	83.07%	87.77%	84.83%	86.50%	80.45%	-		90.89%	10/10
	Cancer 62 Day Combined	R	PF	85.00%	65.26%	60.61%	57.96%	60.07%	61.59%	61.20%	53.33%	58.15%	59.14%	60.62%	59.32%	61.31%	58.16%	-		66.69%	9/10
	Cancer 28 Day Faster Diagnosis	R		75.00%	75.44%	57.36%	54.96%	59.46%	71.42%	74.89%	70.88%	74.80%	73.79%	57.28%	67.47%	78.05%	78.38%	-		72.83%	6/10
	Cancelled Operations Not Re-booked Within 28 Days			0	-	1	1	6	3	9	5	5	5	6	3	4	5	-			
	Urgent Operations Cancelled ≥2 times			0	-	0	0	0	1	1	0	0	0	0	0	0	0	-			

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

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Quality, Safety and Effectiveness	Trust Quality Metrics	Summary Hospital-Level Mortality Indicator (SHMI)					0.96	0.96	0.95	0.95	0.94	0.94	0.94	-	-	-	-	-	-	
		Never Event Occurrence by Month			0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	
		Commissioned Patient Safety Incident Investigations					2	2	2	1	1	2	0	1	1	1	1	1	2	
		Maternity and Newborn Safety Investigations					0	0	0	2	2	0	0	0	1	0	1	0	0	
		Total Incidents					1128	1190	1468	1549	1206	1198	1328	1286	1120	1170	1125	1156	1004	
		Total Incidents (Rate per 1000 Bed Days)					40	42	48	52	39	38	45	40	37	37	37	38	33	
		WHO Checklist Completion				95.00%	98.58%	97.68%	99.08%	99.36%	99.43%	99.52%	99.82%	99.71%	99.89%	99.96%	99.73%	99.90%	99.33%	
		VTE Risk Assessment Completion	R			95.00%	94.53%	94.19%	93.34%	93.45%	92.93%	92.43%	91.27%	91.02%	90.79%	91.35%	90.04%	89.82%	-	
		Pressure Injuries Grade 2					12	14	11	10	12	11	18	10	14	11	4	11	4	
		Pressure Injuries Grade 3				0	2	1	0	0	1	1	0	0	0	0	0	0	0	
		Pressure Injuries Grade 4				0	1	0	0	1	0	0	1	0	0	0	0	0	0	
		Pressure Injuries rate per 1,000 bed days					0.46	0.46	0.26	0.34	0.33	0.35	0.47	0.28	0.36	0.35	0.10	0.36	0.13	
		Falls per 1,000 bed days					5.73	4.96	6.45	6.56	6.38	5.58	5.72	5.66	5.18	5.20	5.56	5.80	5.01	
		MRSA	R		0	0	0	0	1	1	0	0	0	0	1	0	0	1	0	
		E. Coli	R			4	2	7	5	11	5	6	5	2	6	10	4	6	4	
		C. Difficile	R			5	2	5	4	3	2	2	9	8	6	2	4	8	2	
		MSSA				2	5	2	4	3	6	3	3	2	2	2	3	3	2	
		Observations Complete					97.56%	96.48%	99.02%	98.83%	98.66%	98.73%	98.50%	98.60%	98.90%	98.93%	98.96%	98.90%	98.50%	
		Observations On Time					61.62%	69.58%	73.33%	75.00%	72.04%	72.85%	71.82%	72.94%	70.70%	71.10%	71.91%	73.81%	73.88%	
		Observations Not Breached					73.78%	80.83%	85.17%	88.39%	85.54%	85.57%	84.80%	84.52%	83.10%	83.96%	83.81%	86.04%	88.06%	
	Maternity	5 minute Apgar 7 rate at term				0.90%	0.45%	0.64%	0.68%	1.82%	0.78%	0.23%	1.22%	1.90%	1.00%	0.93%	0.93%	3.16%	0.98%	
		Caesarean Section Rate					46.33%	47.02%	42.89%	43.19%	41.26%	44.90%	47.50%	44.74%	45.88%	46.09%	46.07%	45.05%	46.40%	
		Still Birth Rate				0.40%	0.21%	0.29%	0.21%	0.21%	0.72%	0.43%	0.00%	0.22%	0.00%	0.22%	0.22%	0.00%	0.44%	
		Induction of Labour Rate				32.10%	32.08%	30.65%	34.31%	30.21%	36.65%	31.67%	31.36%	34.45%	32.71%	29.78%	29.91%	25.00%	28.83%	
		PPH 1500 ml rate				8.60%	2.31%	2.68%	3.97%	2.96%	2.42%	2.38%	4.04%	2.68%	3.52%	4.98%	4.78%	4.45%	4.94%	
	Fragile Hip	Fragile Hip Best Practice Pass Rate					58.00%	55.77%	79.17%	70.59%	61.40%	60.00%	67.92%	71.43%	68.57%	41.18%	59.57%	45.95%	-	
		Admitted to Orthopaedic Ward within 4 Hours					48.00%	36.54%	33.33%	25.49%	21.05%	28.57%	9.43%	14.29%	20.00%	19.61%	14.89%	32.43%	-	
		Medically Fit to Have Surgery within 36 Hours					58.00%	55.77%	81.25%	72.55%	68.42%	64.29%	71.70%	73.47%	68.57%	47.06%	65.95%	51.35%	-	
		Assessed by Orthogeriatrician within 72 Hours					98.00%	96.15%	97.92%	96.08%	91.23%	88.57%	90.57%	95.92%	91.43%	86.27%	91.48%	91.89%	-	
	Stroke	Stroke - Patients Admitted					191	156	155	164	157	184	163	152	174	135	154	157	-	
		Stroke - 90% Stay on Stroke Ward				90.00%	80.91%	84.62%	82.22%	71.95%	77.42%	75.22%	76.47%	78.13%	60.00%	70.73%	79.54%	51.32%	-	
		Stroke - Thrombolysed <1 Hour				60.00%	68.18%	52.38%	75.00%	56.25%	37.50%	85.71%	60.00%	78.13%	72.73%	60.00%	60.00%	62.50%	-	
		Stroke - Directly Admitted to Stroke Unit <4 Hours				60.00%	58.93%	56.19%	59.78%	61.45%	70.97%	58.62%	63.92%	61.54%	40.00%	60.61%	57.14%	38.16%	-	
		Stroke - Seen by Stroke Consultant within 14 Hours				90.00%	86.89%	87.93%	89.80%	85.71%	92.23%	86.47%	95.50%	84.21%	74.55%	81.37%	85.14%	84.71%	-	

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Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity		PF			91.00%	89.49%	89.49%	89.29%	91.73%	92.73%	91.16%	93.93%	90.05%	93.37%	93.17%	89.47%	91.62%	
	Friends & Family Positive Responses - Emergency Department		PF			83.58%	74.74%	72.80%	79.33%	80.94%	81.44%	81.12%	73.99%	77.89%	74.65%	78.64%	81.05%	78.96%	
	Friends & Family Positive Responses - Inpatients		PF			93.70%	93.37%	91.96%	92.53%	91.30%	92.71%	91.98%	91.55%	92.73%	91.81%	93.80%	91.72%	94.79%	
	Friends & Family Positive Responses - Outpatients		PF			95.13%	94.04%	94.65%	95.45%	96.01%	95.31%	94.58%	95.12%	95.33%	95.06%	94.90%	95.00%	90.81%	
	PALS - Count of concerns					123	135	139	152	103	191	133	157	137	155	174	159	130	
	Complaints - % Overall Response Compliance				90.00%	64.10%	71.11%	65.00%	60.00%	73.00%	79.00%	71.00%	84.62%	86.11%	72.22%	84.09%	73.68%	79.19%	
	Complaints - Overdue					4	5	9	10	3	5	6	4	2	2	4	4	6	
	Complaints - Written complaints					48	49	60	49	36	44	40	39	36	47	45	59	59	
Workforce	Agency Expenditure ('000s)					2242	2182	2093	2184	1610	1507	1592	1368	891	1037	765	725	657	
	Month End Vacancy Factor					7.69%	7.16%	6.62%	6.42%	5.87%	4.87%	4.82%	5.02%	2.55%	3.46%	4.04%	4.26%	4.06%	
	Turnover (Rolling 12 Months)	R	PF		-	15.03%	14.59%	14.13%	13.74%	13.30%	13.09%	12.91%	12.32%	12.01%	11.88%	11.88%	11.75%	11.54%	
	Sickness Absence (Rolling 12 month)	R			-	4.92%	4.91%	4.89%	4.81%	4.70%	4.66%	4.67%	4.65%	4.62%	4.60%	4.61%	4.62%	4.58%	
	Trust Mandatory Training Compliance					86.69%	87.04%	89.39%	90.69%	91.06%	90.14%	89.44%	91.16%	91.50%	91.47%	92.02%	92.58%	92.71%	

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Executive Summary – August 2024

Urgent Care

The UEC position continues to be driven by a combination of increasing demand and reduced patients flow out of the hospital. In the year to-date ED attendances are up by 4.9% which equates to over 2,000 additional presentations. At the same time, the NC2R position has remained relatively static, without any summer seasonal reduction which was characteristic of previous years. These circumstances are creating a challenging operational and clinical environment.

Four-hour performance reported at 61.40% in August. NBT ranked third out of 11 AMTC providers. There was a decrease in 12-hour trolley breaches compared to the previous month (83 in August from 125 in July), however there was an increase in ambulance handover delays over one-hour (180 in August from 165 in July). The primary drivers continue to be an increase in ED presentations compared to last year with a 2.07% increase in August 2024 compared to the same month last year, and a continued high NC2R position leading to high bed occupancy. The ambition to reduce the NC2R percentage within NBT to 15% remains 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

The Trust remains committed to, and on track for delivering against its operational plan in the clearance of 65-week referral to treatment waits. Part of that plan recognised a small number of complex procedures which may take 1-2 months longer to treat. Our commitment is that this would be no more than 20 patients and current plans suggest that we may deliver a position which is favourable to this. All remaining patients for the >65-week wait cohort have been booked to ensure delivery. Only exceptional circumstances (last minute cancellations/staff sickness etc.) would alter this. Contingencies are in place to mitigate such events.

Diagnostics

Performance in August continued to exceed the requirements for 2024/25 against the 5% target, reporting at 1.15%. The Trust has also achieved no patients waiting longer than 13-weeks – the only provider in the region to achieve this. Recent peer comparisons show NBT performing best in the country from a position of the tenth worst performing approximately two years ago.

Cancer Wait Time Standards

Having stabilised and achieved a reduction in the total >62-Day waiting list (the PTL), and having now secured performance against the FDS – both of which are in line with or above requirements, the remaining challenge is to deliver the overall 62-day breach position for the Trust i.e. 70% being fewer than 62-days wait by the end of the financial year. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumour sites. To achieve the overall 62-Day breach standard this year, the Trust will now have to secure improvements in some of the most challenging pathways – including the high volume and high-complexity Urology pathway. Work is underway to 'right-size' the component parts of this pathway which includes increasing access to robotic surgery for prostate cancer. This is more challenging than some of the simple pathway remedies already applied. Additional access to surgery is already being provided to deal with the Urology backlog, and as these patients are treated, there will be some variation in the headline 62-Day breach performance until the backlog is cleared (hence the slight reduction in 62-Day performance in July). The next step is to project performance from a new demand and capacity model which is being worked through to identify the capacity need for backlog clearance and capacity needed to meet recurrent demand.

Executive Summary – August 2024

Quality

Within Maternity, the term admission rate to NICU remained below the national target of 5%. There was one moderate harm incident in July and no cases referred to MNSI. PMRT saw 2 cases being graded as C or D. There was an indirect maternal death at home on 24/07/2024. The mother gave birth at NBT on 02/09/2023. Currently the case is with the Coroner's Office and no actions for the Trust are currently anticipated. Staffing levels remain positive, with midwifery recruited to vacancy and turnover. There are 2 Obstetrician middle grade rota gaps. During July 24 NBT had a rate of 6.6 medication incidents per 1000 bed days, which is at the mean point for the past 6 months. The work of the 'Medicines Safety Forum' continues, evaluating medicines safety challenges and supporting staff to address these. Infection control data for C. difficile and MSSA remains below 2023-24 trends, with E-Coli tracking marginally above. Covid-19 and flu numbers remain low, and winter funding has been agreed for IPC 7 day working. There were no new MRSA cases. The reducing trend in falls rates continued, reflecting the ongoing improvement actions as outlined in the report. The overall trend in Pressure Injury reduction continues, which includes those relating to devices., when benchmarked against 2023-24 figures for the same 5-month period there's a 64% reduction. VTE risk assessment compliance has fluctuated over the past 2 years, but a declining recent trend is apparent. Clear mitigating actions have been established, with the primary failsafe being implemented in Spring 2025 through the Digital Prescribing system (EPMA). The national Inpatient Survey results were published, with NBT sustaining its overall rating against a general national decline, being ranked 31/131 trusts nationally. Delivery of the Year 2 workplan for Patient & Carer Experience remains positive, with actions targeted to improve patient experience and aligned to the national patient surveys, including the Inpatient survey. 92.3% of patients gave the Trust a FFT positive rating, a decrease on the previous month, remaining within the overall expected range of performance. The response rate compliance for complaints improved to 79%, sustaining the overall improved trend over the past 9 months. All complaints & PALS concerns are acknowledged within the agreed timeframes.

Workforce

Turnover decreased to 11.54% in August compared to 11.76% in July, below the target set for 2024/25 of 11.9%. 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 75.57% in July to 76.86% in August.

The % of employed staff from our 30 most challenged communities' metric and associated target is being reviewed to ensure the metric robustly reflects the actions of the Commitment to our Community programme of work. Currently we employ 840 more staff from our 30 most challenged communities than we did in March 2023. Our other Commitment to our Community metric, disparity ratio, has followed a deteriorating trend to 1.59 in August. Our metrics, targets and the current impact of our actions are being reviewing through deep dive work with the Trust Senior Leadership Group and the People and EDI Committee in October and November.

Trust-wide agency spend decreased from 1.5% in July to 1.4% of total pay spend in August, which is below the Trust the 2024/25 target of 3.2%. A weekly Resourcing and Temporary Staffing Oversight group has been established to drive actions that will impact our overall temporary staffing use with a current focus on long term medical agency, non-clinical agency and nursing bank (however the group's remit will consider all temporary staffing use).

Our watch metrics (sickness absence and vacancy rate) continue to show statistically significant improvement over the past 12 months.

Finance

For the second month in a row the Trust has delivered a financial position in line with plan and has stabilised the position seen in quarter one. The financial plan for 2024/25 in Month 5 (August) was a deficit of £0.2m. In month the Trust has delivered a £0.2m deficit, which is on plan. Year to date the position is a £4.6m adverse variance against a planned £6.2m deficit. This is driven by the impact of unidentified CIP across pay and non-pay creating a £6.1m adverse variance. The Trust cash position at Month 5 is £39.2m, a reduction of £23.5m from Month 12. This is driven by the underlying deficit, capital spend, and outstanding debt. The Trust has delivered £9.1m of completed cost improvement programme (CIP) schemes at month 5, an increase of over £3m from month 4. There are a further £0.6m of schemes in implementation and planning that need to be developed, and £13.7m in the pipeline.

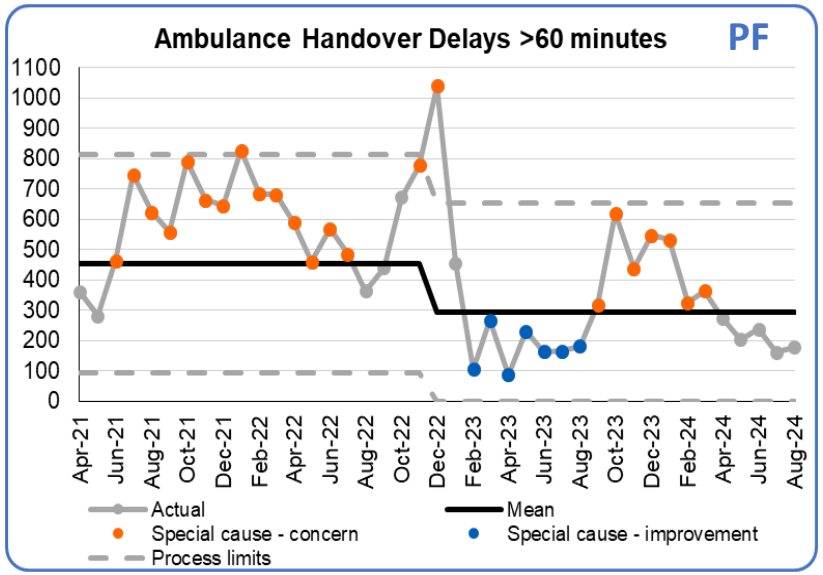
Responsiveness

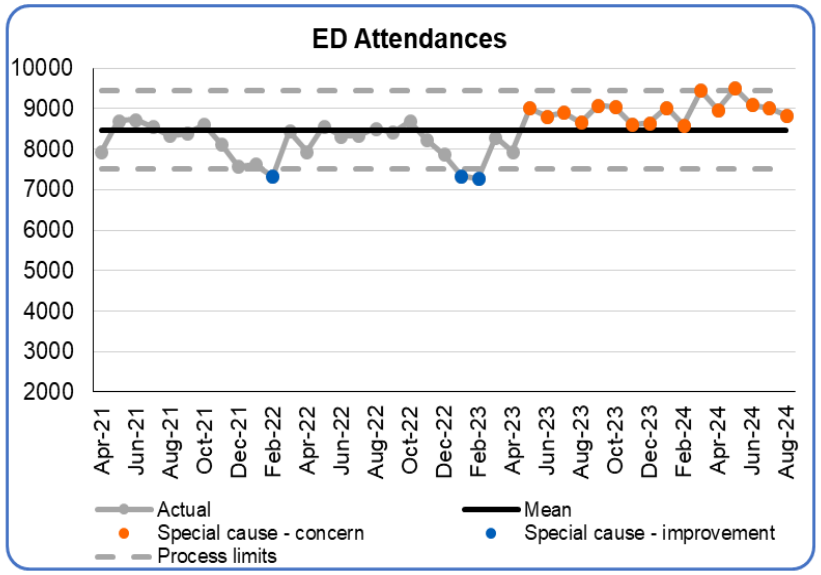
Board Sponsor: Chief Operating Officer
Steve Curry

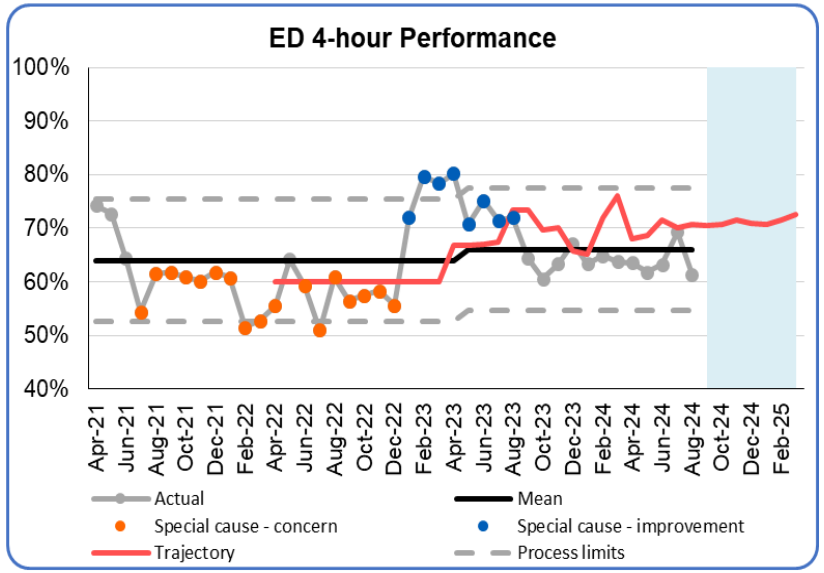
Responsiveness – Indicative Overview at August-2024

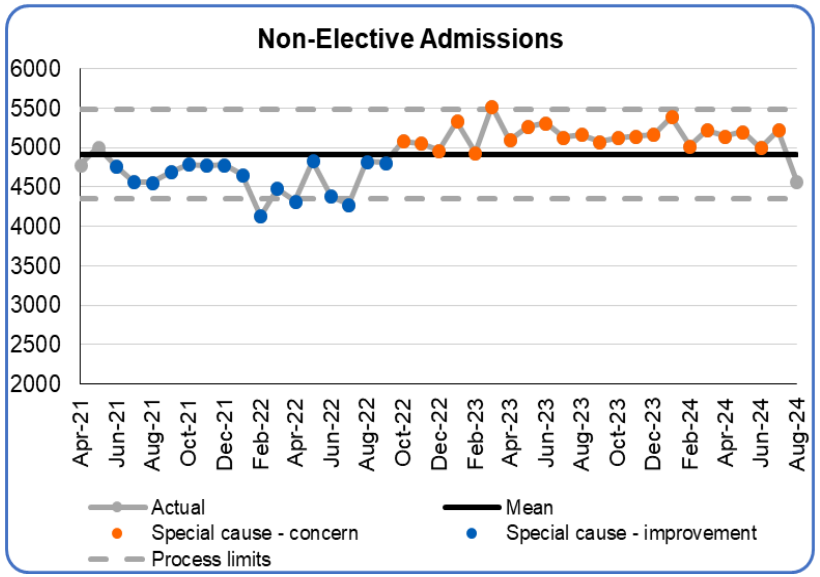
Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Internal and partnership actions continue – meanwhile, ED demand in the YTD is up nearly 5%.
	NC2R/D2A	As yet, no evidence of progress to reduced NC2R percentage ambition.
RTT	65-week wait	Progress on specialist area challenges (DIEP). Reasonable assurance against September >65-week plan.
Diagnostics	5% 6-week target	Achieved national requirement of 5%. Now achieved constitutional standard of 1%.
	CDC	Fixed asset now in place. All modalities operational apart from Endoscopy – which comes online later as planned.
Cancer	28-day FDS Standard	Recovery plan in May showed further improvement in the June and July positions. Work continues on sustainable pathway solutions.
	62-Day Combined Standard	A new phase of backlog clearance in the most complex pathways is underway (including Urology) which will show some variation in 62-Day performance whilst the backlog is cleared. There is still reasonable assurance that we can deliver against our 62-Day standard requirement for this year.

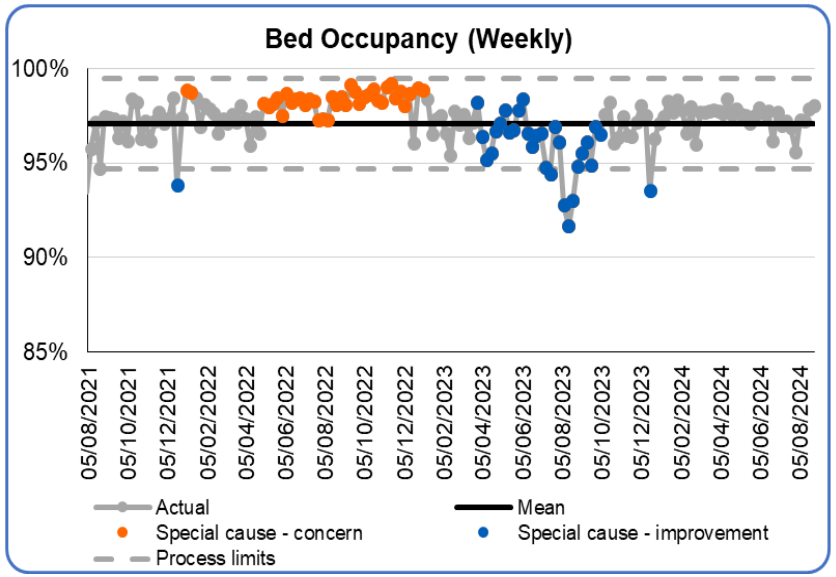
Urgent and Emergency Care

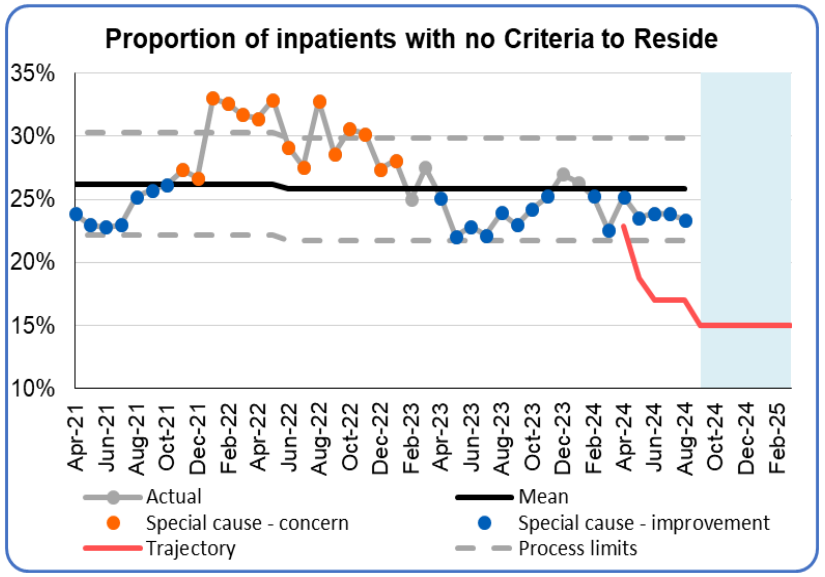












Urgent and Emergency Care

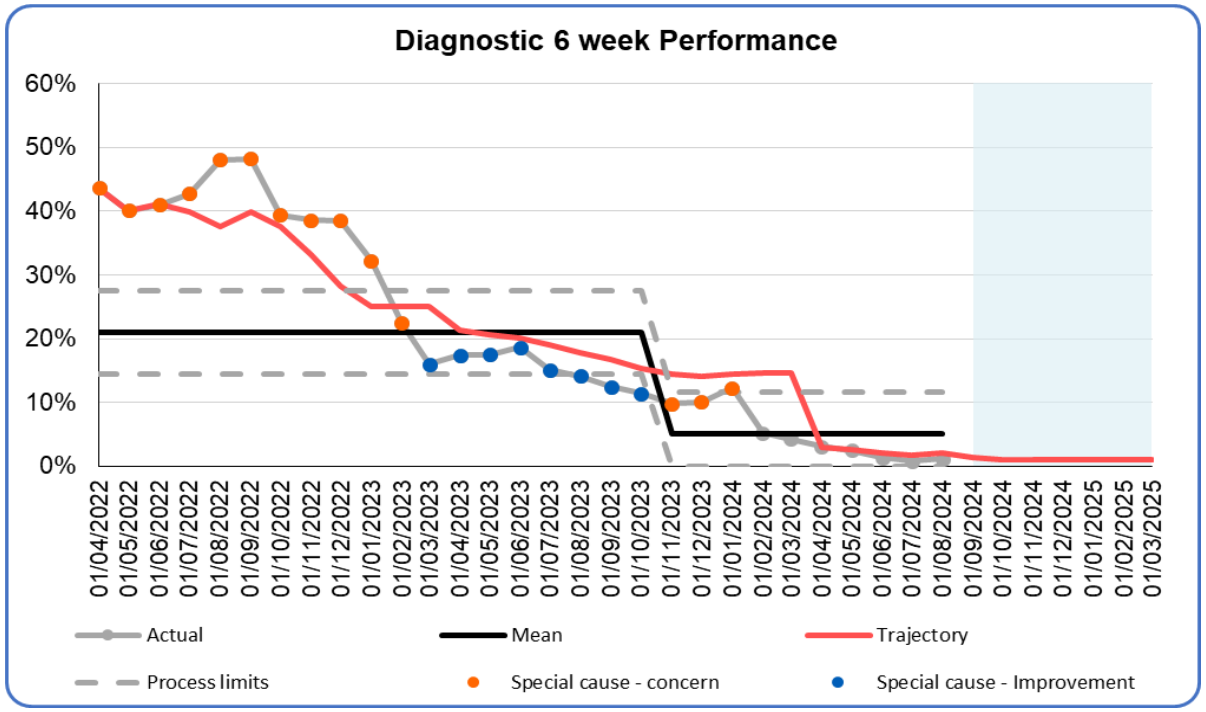
What are the main risks impacting performance?

- Year-on-year ED attendances have been increasing in previous months, but there was a marked increase yet again in August, showing attendances at 2.07% higher than August 2023.
- As yet, no significant progress in reducing NC2R problems against System ambition.
- Unusually, we have not seen any seasonal variation in NC2R numbers throughout the summer months.
- NC2R position contributing to a >97% average bed occupancy with a particular impact on Stroke bed capacity.

What actions are being taken to improve?

- Executive and CEO-level escalation regarding NC2R impact - commitment secured from system partners to focussed work with revised reduction ambition. Additional capacity requirements developed by COOs across the System with CEO funding agreement reached in the last week. Awaiting capacity provision.
- Ambulance handovers – significant year-on-year improvement in lost ambulance handover time. Internal UEC programme actions on handover processes, together with the 'continuous flow' model led by the Chief Nursing Officer has delivered further improvement.
- Ongoing introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- Development of a "Transfer Of Care" Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub.
- New demand and capacity work being undertaken by system partners to refresh D2A model to support NC2R reduction ambition – see first bullet point.
- COO escalating Stroke NC2R. Four additional BIRU beds secured initially. Further escalation arranged with System partners.

Diagnostic Wait Times



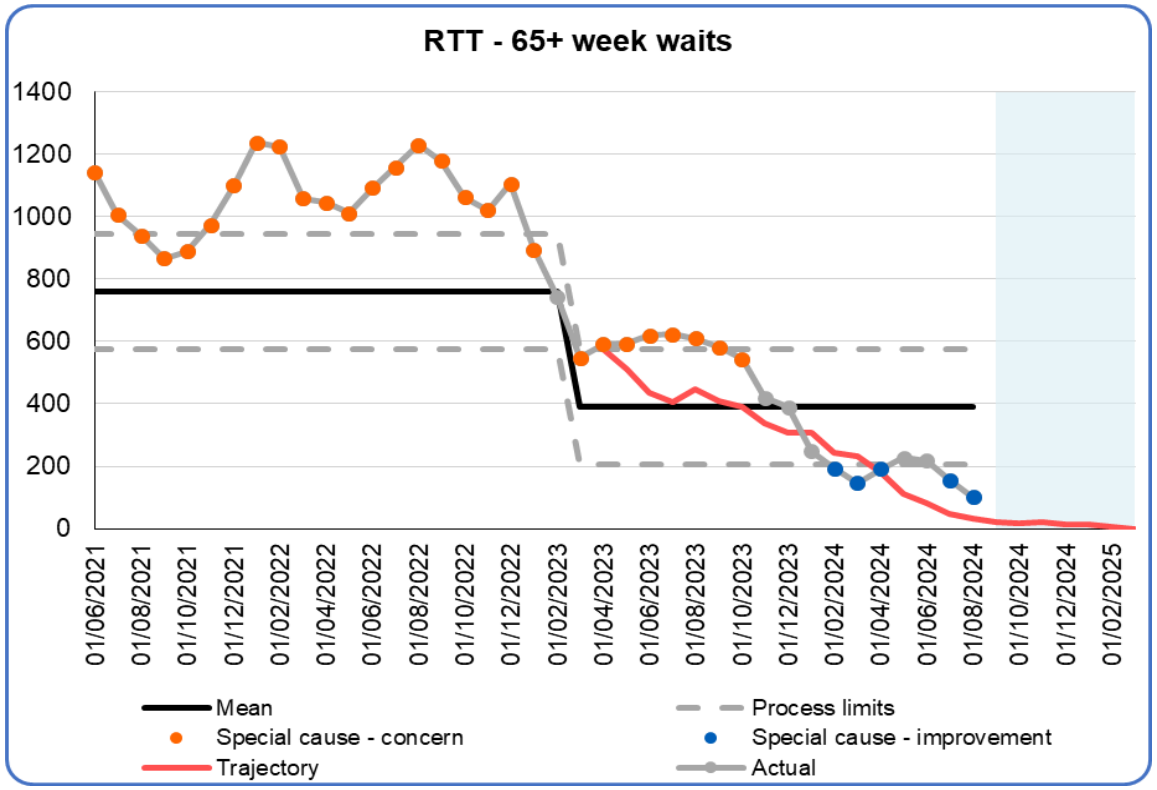
What are the main risks impacting performance?

- The Trust continues to exceed the target of no more than 5% patients waiting over 6-weeks, with performance reporting at 1.15% for August 2024.
- Cross-sectional imaging upgrades may result in some capacity losses in the next six weeks.
- Staffing gaps within the Sonography service and a surge in urgent demand means that the NOUS position remains vulnerable. Given the volume of this work, any deterioration can have a material impact on overall performance.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector. Further industrial action remains the biggest risk to compliance.

What actions are being taken to improve?

- The Trust has committed to actions that deliver the national constitutional standard of 1% in 2024/25.
- The Trust is maintaining clearance of all >13-week breaches. NBT is the only trust in our region to have zero >13-week breaches.
- CDC commenced 01/04/2024 in temporary accommodation with phase 2 (fixed build) within September 2024.

Referral To Treatment (RTT)



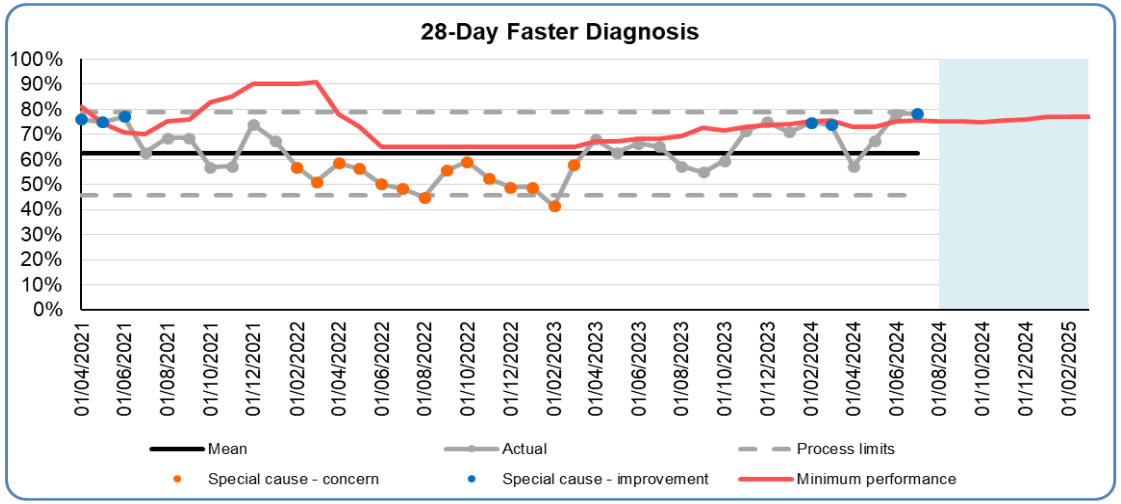
What are the main risks impacting performance?

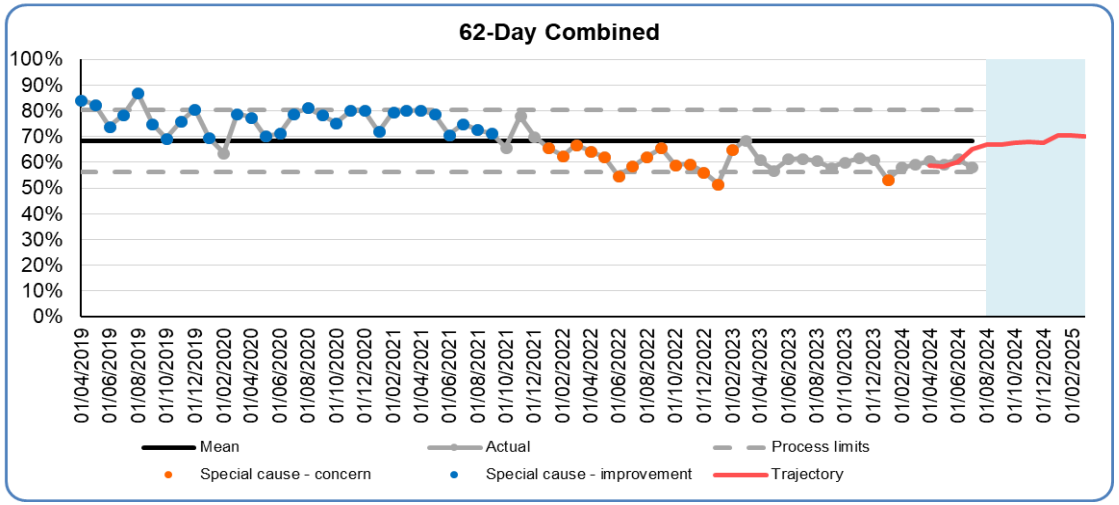
- Although limited, Impact of July 2024 industrial action.
- Rebooking of cancelled cancer and urgent patients is displacing the opportunity to book long-waiting patients.
- Continued reliance on third party activity in a number of areas.
- The potential impact of UEC activity on elective care.
- Challenges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

What actions are being taken to improve?

- Trust has committed to zero 104-week breaches, and as of June 2024 has met this ambition.
- 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.

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.
- Having secured a reduced PTL, and a FDS position compliant with trajectory, focus will now be on improving performance in the high-volume, high-complex area of Urology. Additional capacity is being secured and a new D&C model being developed.
- Moving from an operational improvement plan to a clinically-led pathway improvement plan for key tumour site pathways such as Skin and Urology (e.g. prostate pathway and implementation of Primary Care Tele-dermatology for the Skin care pathway).

Quality, Safety and Effectiveness

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

	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	TREND
Activity							
Number of women who gave birth, all gestations from 22+0 gestation	442	448	426	459	448	444	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	3	1	3	4	3	5	
Number of women who gave birth (>=24 weeks or <24 weeks live)	440	447	425	459	449	444	
Number of babies born (>=24 weeks or <24 weeks live)	446	449	429	463	456	451	
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)	36	24	27	33	34	36	
No of livebirths <24 weeks gestation	1	1	1	0	1	3	
Induction of Labour rate %	31.4%	34.5%	32.7%	29.8%	30.1%	25.0%	
Spontaneous vaginal birth rate %	43.2%	43.6%	43.1%	45.3%	46.1%	45.5%	
Assisted vaginal birth rate %	8.9%	11.2%	10.8%	8.5%	9.6%	8.6%	
Caesarean Birth rate (overall) %	47.5%	44.7%	45.9%	46.2%	43.0%	45.0%	
Planned Caesarean birth rate %	21.6%	19.9%	18.8%	17.2%	18.3%	20.5%	
Emergency Caesarean Birth rate %	25.9%	24.8%	27.1%	29.0%	24.7%	24.5%	
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	6.4%	5.2%	5.0%	4.2%	4.8%	2.9%	
BFI Activity							
% of babies where breastfeeding initiated within 48 hours	Data Not Available (DNA)			81%	82%	78%	
% of babies breastfeeding on Day 10	Data Not Available (DNA)			75%	72%	72%	
% of babies breastfeeding at transfer to community	Data Not Available (DNA)			82%	70%	68%	
% of babies where skin to skin recorded within 1st hour of birth	Data Not Available (DNA)			91%	84%	80%	
Perinatal Morbidity and Mortality inborn							
Total number of perinatal deaths (excluding late fetal losses)	1	3	1	2	4	1	
Number of stillbirths (>=24 weeks excl. TOP)	0	1	0	1	2	0	
Number of neonatal deaths : 0-6 Days	0	1	1	1	2	1	
Number of neonatal deaths : 7-28 Days	1	1	0	0	0	0	
PMRT grading C or D cases (themes in report)	2	1	0	1	3	2	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (MNSI)	0	0	1	0	0	0	
Maternal Morbidity and Mortality							
Number of maternal deaths (MBRRACE)	0	0	0	1	1	1	
Direct	0	0	0	0	0	0	
Indirect	0	0	0	1	1	1	
Number of women recieving enhanced care on CDS	33	26	29	37	46	41	
Number of women who received level 3 care (ITU)	0	0	2	1	3	2	
Insight							
Number of datix incidents graded as moderate or above (total)	2	0	2	0	4	2	
Datix incident moderate harm (not SI, excludes MNSI)	2	0	2	0	4	1	
Datix incident PSII (excludes MNSI)	0	0	0	0	0	0	
New MNSI referrals accepted	0	0	1	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)	26	110	106	61	96	93	
Service User feedback: Number of Complaints (formal)	4	3	1	1	6	3	
Friends and Family Test Score % (good/very good) NICU	100	100	100	100	100	100	
Friends and Family Test Score % (good/very good) Maternity	91	93	90	93	92	89	
Staff feedback from frontline champions and walk-abouts (number of themes)	5	0	0	10	0	0	

Maternity

Perinatal Quality Surveillance Monitoring (PQSM) Tool July 24 data

The term admission rate to NICU was 2.9% against a national target of 5%.

Perinatal services referred 0 new case to MNSI in July and commissioned 0 new cases for PSII.

There was 1 x indirect maternal death at home on 24/07/2024. The Mother gave birth at NBT on 02/09/2023. Currently the case is with the Coroner's Office and is being reviewed as a suspected suicide. There are no actions for the Trust at this time.

PMRT saw 2 cases being graded as C or D in July.

There was 1 x moderate harm incident in July which relates to a retained vaginal pack identified on day 21 postnatally.

Maternity

Perinatal Quality Surveillance Monitoring (PQSM) Tool
July 24 data

		Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-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		0	0	0	0	2	2	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps		2	2	2	2	2	1	
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)		1	1	1	1	1	1	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).		25.6%	27.6%	37.6%	38.9%	39.0%	42.3%	
Vacancy rate for midwives		8.04%	6.17%	3.06%	2.68%	1.43%	-1.25%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)		52%	54%	59%	59%	59%	55%	
Vacancy rate for NICU nurses		11	10	18%	11%	5%	7%	
Datix related to workforce (service provision/staffing)		9	13	1	2	1	1	
Consultant led MDT ward rounds on CDS (Day to Night)		96%	81%	90%	100%	100%	100%	
Consultant led MDT ward rounds on CDS (Day)		100%	97%	100%	100%	100%	100%	
One to one care in labour (as a percentage)		100%	97%	99%	98%	100%	100%	
Compliance with supernumerary status for the labour ward coordinator		99%	100%	100%	100%	100%	100%	
Number of times maternity unit attempted to divert or on divert		1	0	0	0	1	1	
in-utero transfers								
	in-utero transfers accepted	1	5	ata Not Available (DNA)		4	3	
	in-utero transfers declined	0	0	lable (DNA)	4	4	5	
ex-utero transfers to NICU								
	ex-utero transfers accepted	6	11	4	3	0	1	
	ex-utero transfers declined	0	2	lable (DNA)	0	4	1	
	NICU babies transferred to another unit due to capacity/staffing	0	0	lable (DNA)	1	1	4	
Number of consultant non-attendance to 'must attend' clinical situations		0	0	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%	98%	90%	55%	60%	96%	
Training compliance in maternity emergencies and multi-professional training (PROMPT)	***Overall***	84%	79%	75%	73%	72%	71%	
	Obstetric Consultants	95%	89%	94%	89%	89%	89%	
	Other Obstetric Doctors	69%	73%	75%	63%	51%	51%	
	Anaesthetic Consultants	72%	62%	59%	66%	79%	80%	
	Other Anaesthetic Doctors	74%	73%	60%	64%	40%	65%	
	Midwives	89%	73%	79%	82%	78%	79%	
	Maternity Support Workers	95%	90%	80%	76%	75%	77%	
	Theatre staff	Data Not Available (DNA)						
	Neonatologists	Data Not Available (DNA)						
	NICU Nurses	Data Not Available (DNA)						
Fetal Wellbeing and Surveillance * note: includes BNLS	***Overall***	86%	85%	87%	72%	82%	83%	
	Obstetric Consultants	89%	89%	94%	72%	94%	94%	
	Other Obstetric Doctors	71%	72%	72%	69%	57%	57%	
	Midwives	91%	82%	87%	77%	84%	86%	
Trust Level Risks		4	3	4	3	3	4	

There are currently 2 Obstetrician middle grade rota gaps

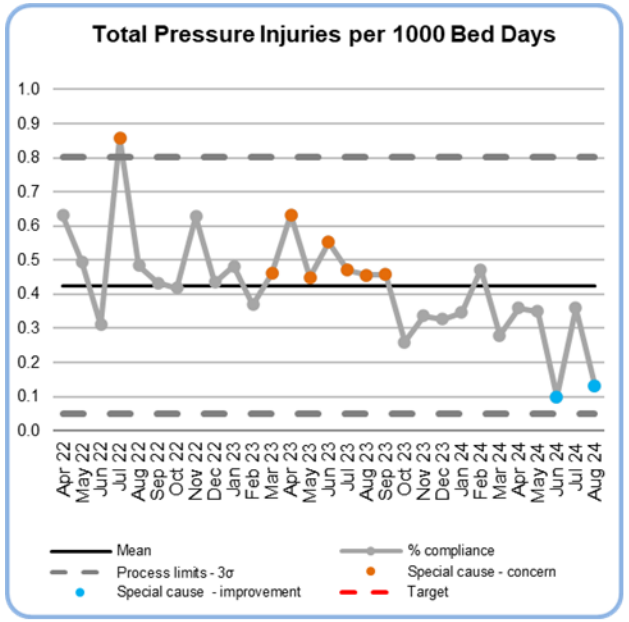
Midwifery is currently recruited to vacancy and turnover.

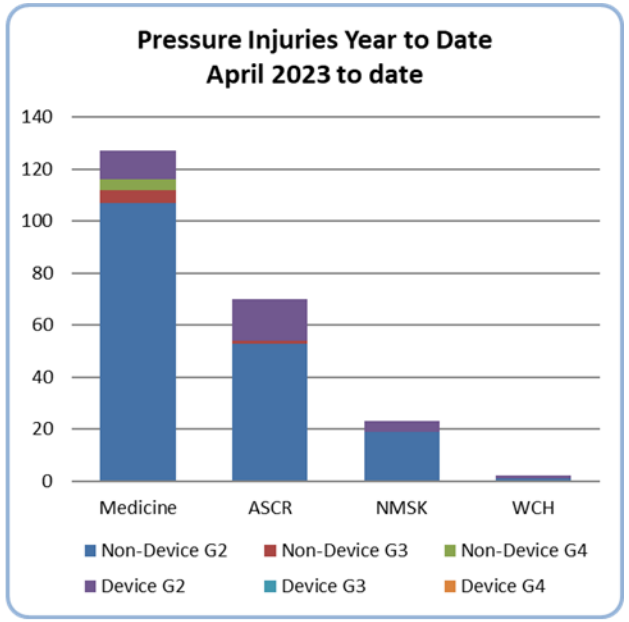
Perinatal services received three formal complaints in July.

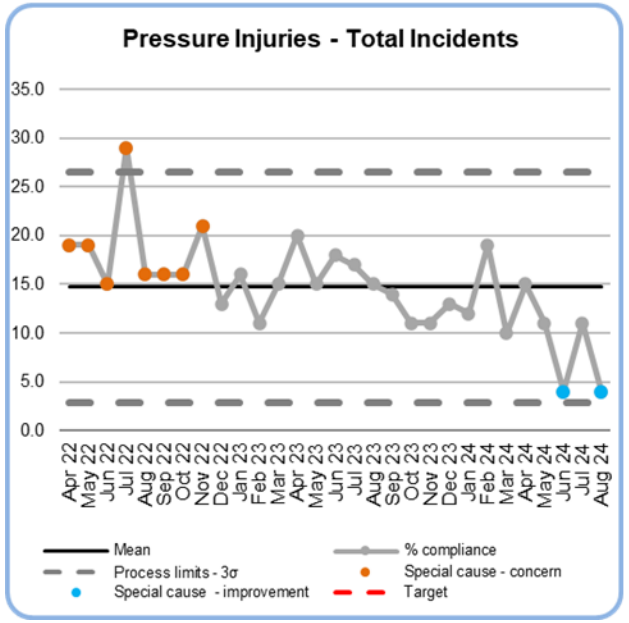
It is acknowledged that the data is reported a month in arrears however any immediate safety concerns would be presented to Divisional Quality Governance, Trust Board and the LMNS as appropriate.

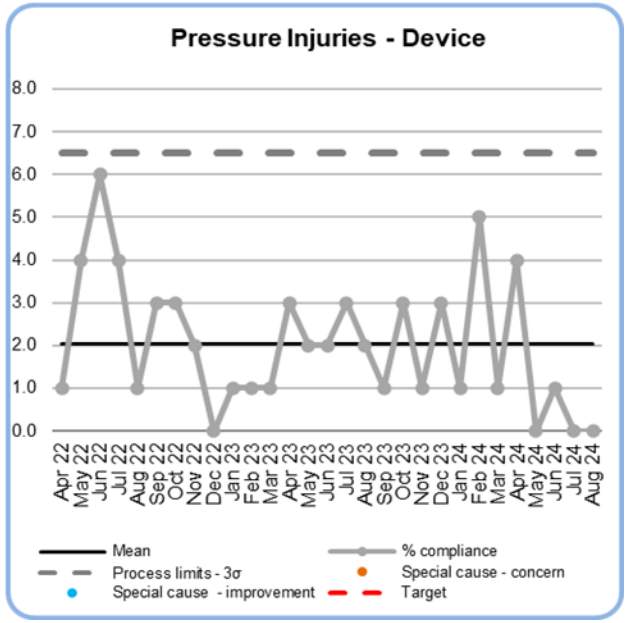
The Perinatal Quality Surveillance Model is shared with Quality Committee and with Perinatal Safety Champions to ensure there is a monthly review of maternity and neonatal quality undertaken by the Trust Board.

The Perinatal Quality Surveillance Model is 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 August there were decrease to 4 x grade 2 pressure ulcers. There were no pressure ulcers attributable to medical devices.

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

Despite the increase in PU prevalence last month, the reduction in prevalence this month shows that when benchmarked against the figures from 2023-2024 for the same 5-month period, NBT is at a 45% reduction in grade 2 PU prevalence.

There was an increase to 9 DTIs reported in August. When benchmarked against the figures for 2023-2024 for the same 5-month period, NBT is at a 64% reduction in DTI prevalence.

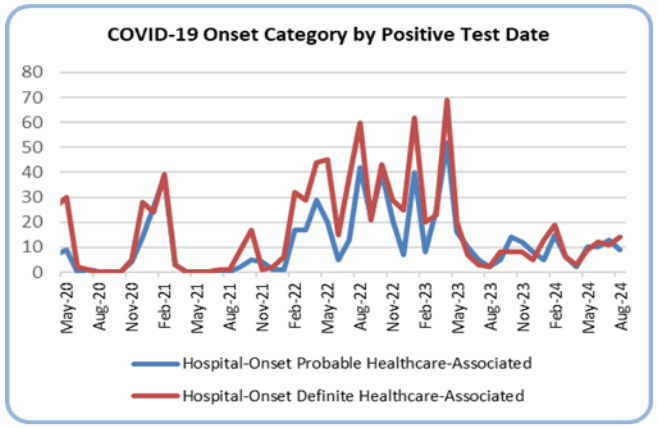
The target for PU reduction will be a trajectory for the year based on the first-quarter figures. There will be zero tolerance for Grade 3 or 4 PUs, with a 50% reduction on last year's incidents.

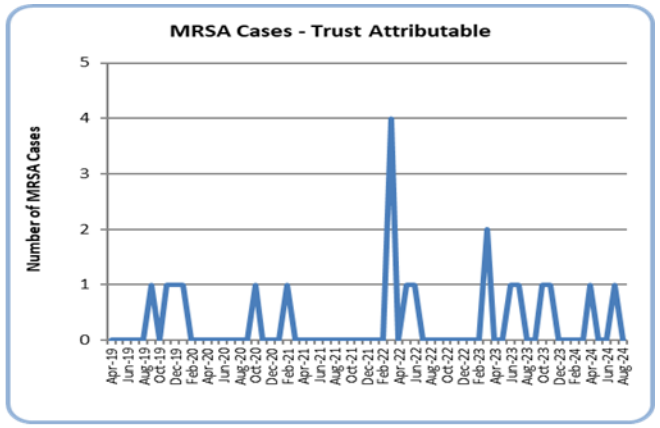
What actions are being taken to improve?

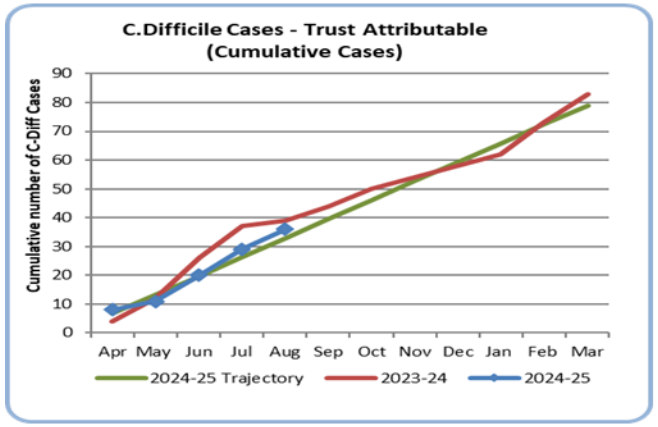
- The TVN team provide a responsive, supportive and educational wound care service across NBT and work collaboratively and strategically within the ICB across the BNSSG system. The team actively seek to work in collaboration with patients, clinical teams and other stakeholders to reduce patient harm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

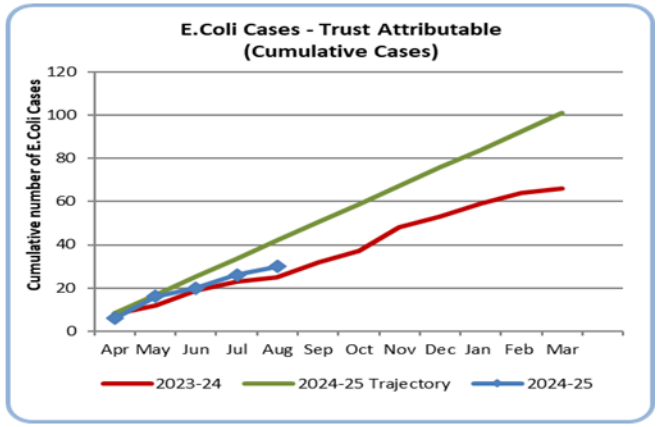
- The use of a foam dressing prophylactically in pressure ulcer prevention on the sacrum is being trialed as a pilot in the ICU. This initiative has been supported by industry partners, with the findings to be discussed at the NBT Pressure Ulcer Steering Group. If the trial yields positive outcomes, the prophylactic dressings could be used as an adjunct to normal pressure redistribution strategies in high-risk patient groups. Additionally, there is further collaboration with Sirona and the integrated discharge service for patients discharged from NBT to Pathway 2.

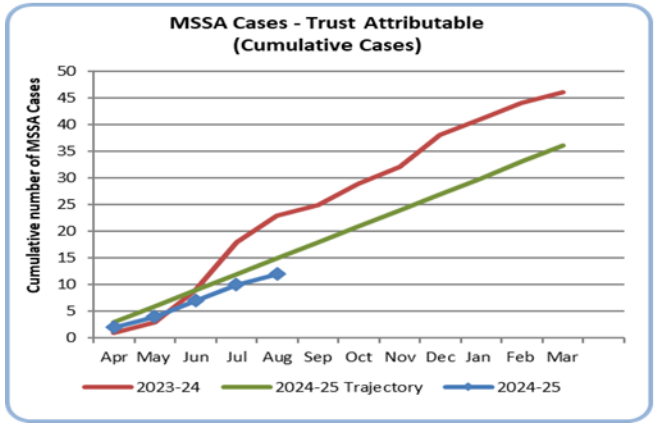
- There is collaboration with the TVS, NBT dietitians, and the Salisbury Spinal Unit to optimize nutrition prophylactically in PU prevention for high-risk patient groups.

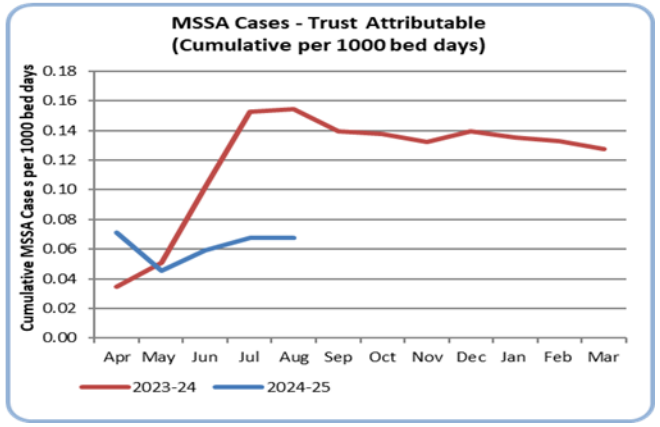












Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus) / Influenza - numbers remain low not causing concern, IPC team have had winter funding approved for 7 day working in IPC .

NHS Trajectories set by UKHSA for HCAI – C Diff 79, E Coli 101, Pseudomonas aeruginosa 12 and Klebsiella 33.

MSSA – Significantly lower rates are sustained from last year's position with divisional focus on learning and BSI improvement plan work continuing.

C. difficile – Facilities continue to embed ward cleaning and divisional collaborative work on escalation and decisions around sampling requirements continues to be embedded.

Gram negative/ E.coli – Patient hydration continues a focus to embed learning from regional/national programmes and initiatives. The continence group remains unfunded. IPC teams looking last year's E Coli cases predominantly community acquired and themes and trends to address rise in cases .

What actions are being taken to improve?.

- Trust wide Bacteriemia reduction plans work continues between Medical, Nursing and AHP staff. Prehospital cannula second audit commenced for bigger cohort group to assess insertion requirement versus 'just in case' devises. Data and findings to be widely shared for learning and actions.
- MSSA cases on a lower trajectory, IPC teams continue collaboration within regional to drive reduction, focusses on main points of IV devises or chronic wound linked with tissue viability.
- In the absence of a Continence group, teams strive to deliver nutritional assistance work and increase education related to catheter management. Contributing to the ICB catheter passport.

Other infections

Staph capitis – NICU A further meeting was held to review cases and monitor compliance and action completion, i.e. incubator cleaning issues with new giraffe incubators explored and actions ongoing.

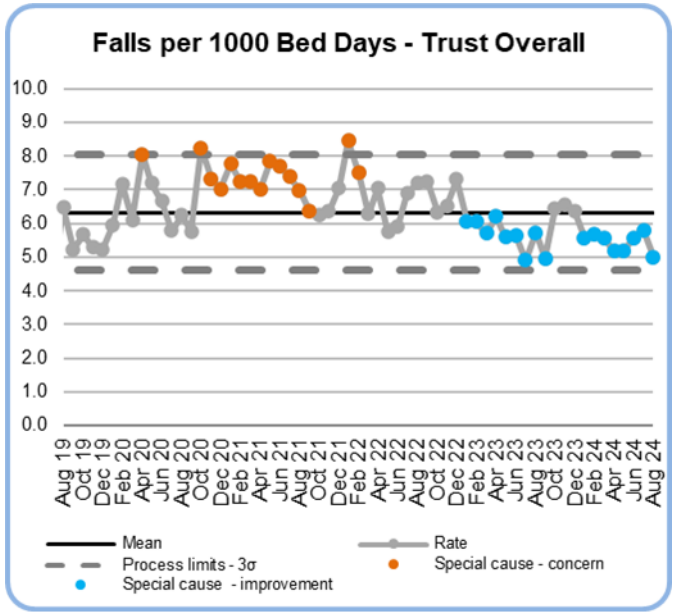
Other projects

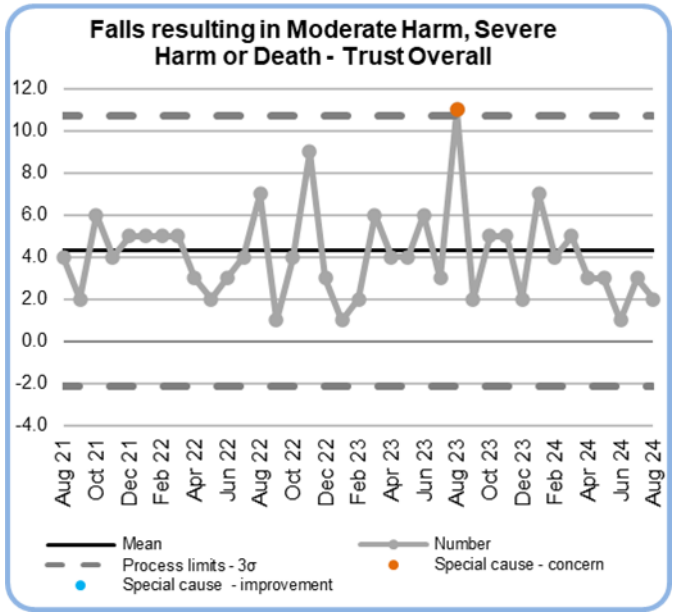
Team supporting new enteric faeces preparation work for 'Go live' on 3rd September

Milk bank – supportive monthly IPC check held, will become bi-monthly. No new issues.

SWAST cannulation audit – second audit.

Mandatory IPC training – T3 bespoke training collaborative work between NBT and UHBW continues.





Falls

Falls incidents per 1000 bed days

NBT reported a rate of 5.01 falls incidents per 1000 bed days in August which is below the average of 6.33.
There were 151 falls reported in August. 2 moderate level physical harm.

The moderate harm falls resulted in a fractured elbow for one patient and a small bleed in the brain was discovered following the second patients fall.

Medicine division: 97 falls reported. 8th month below their average.
NMSK division: 36 falls reported. Below their average for the fourth month.
ASCR: 15 falls reported. This is below their average.

Multiple falls accounted for 25% of falls this month which is around average. With 3 patients having 3 falls. No patient experienced more than 3 falls this month.
Older patients continue to be the highest proportion of patients who fall, with 69% of reports in the over 65's.

What actions are being taken to improve?

The falls team supported with providing a detailed response to a CQC query relating to a case of multiple falls.

Work has started within complex care wards to rationalize hoist sling storage as part of a quality improvement piece of work to improve safe lifting following a fall. We have discovered several slings that have needed to be removed from circulation as they are non-standard shape, damaged or missing the correct labelling. Slings that have remained in place have a standardized labelling to support linen services to return them to the correct ward area. This aims to improve the ease with which staff can access hoisting equipment to move a patient following a fall. This should reduce unnecessary calls to the serious falls' response. This work will be rolled out across more wards over the coming weeks.

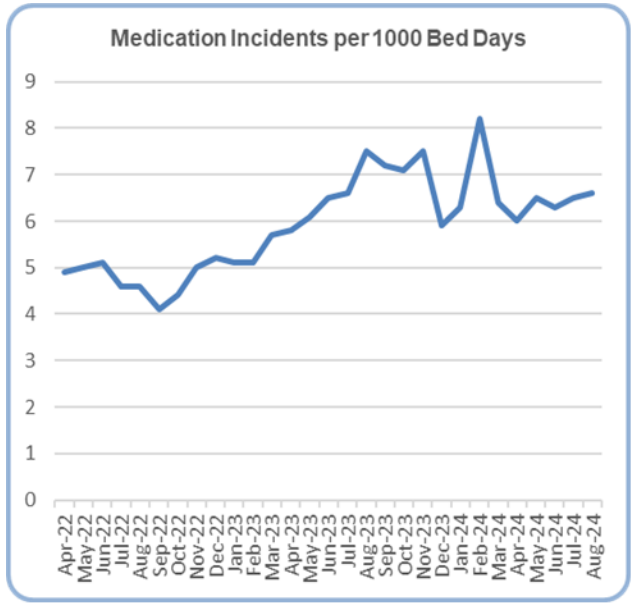
The falls team are supporting with efforts to improve the completion of neurological observations following a fall. The first step is to agree a standard approach for how we utilize our electronic Vitals system and to explore how the systems can support staff to complete neurological observations following a fall.

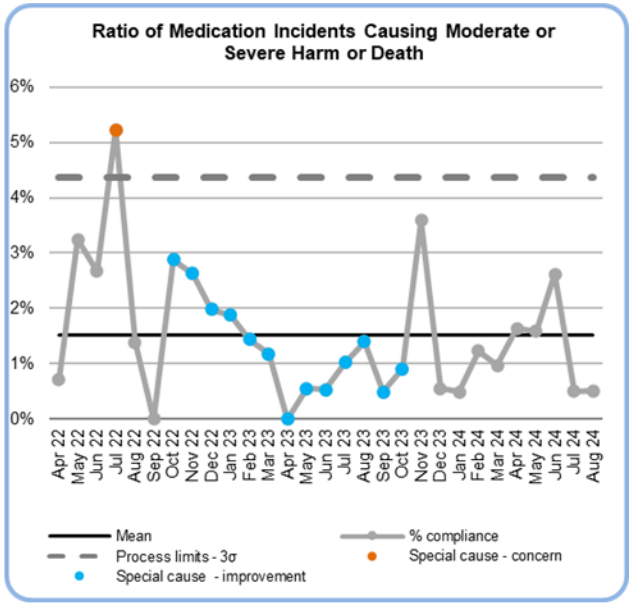
Training to junior doctors will be commencing within the next few weeks to outline the responsibilities and guidelines in place to support a patient following a fall in hospital.

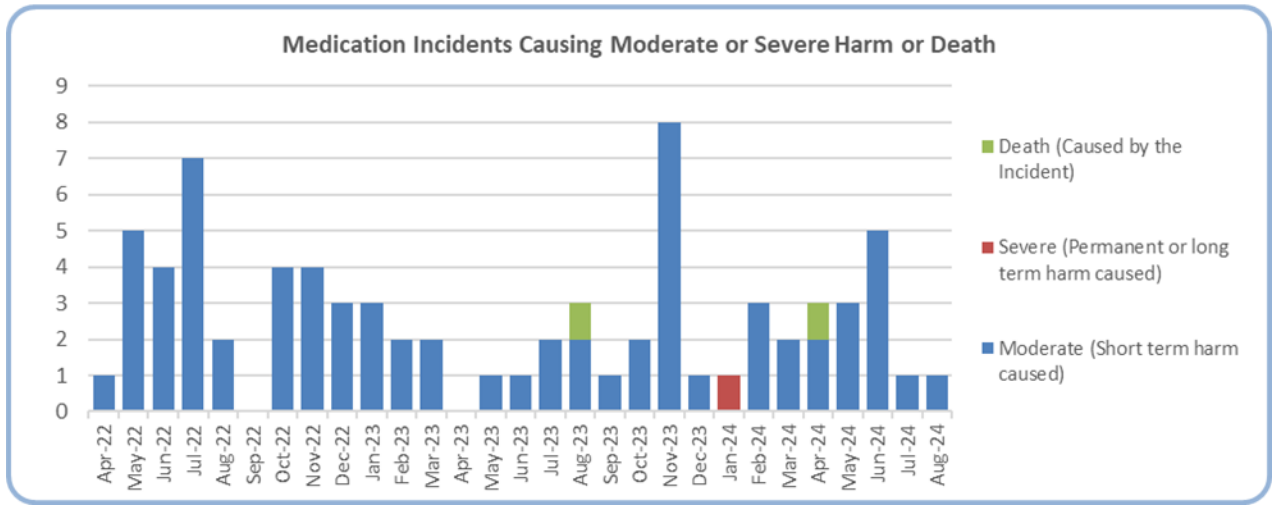
A step-by-step guide has been circulated to support the completion of lying and standing blood pressures on Vitals.

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 August 24 NBT had a rate of 6.6 medication incidents per 1000 bed days, which is in line with the 6-month average of 6.6 for this measure.

Ratio of Medication Incidents Reported as Causing <u>Moderate or Severe</u> Harm or Death to all Medication incidents

The ratio of medication incidents causing moderate or severe harm or death was 0.5 this month with only 1 incident falling into this category.

A third bar graph has now been included in this report to show an increased level of detail around this metric.

Overall comment

Incident numbers have remained relatively stable for the past few months and the impact of the change to LFPSE appear to be subsiding.

What actions are being taken to improve?

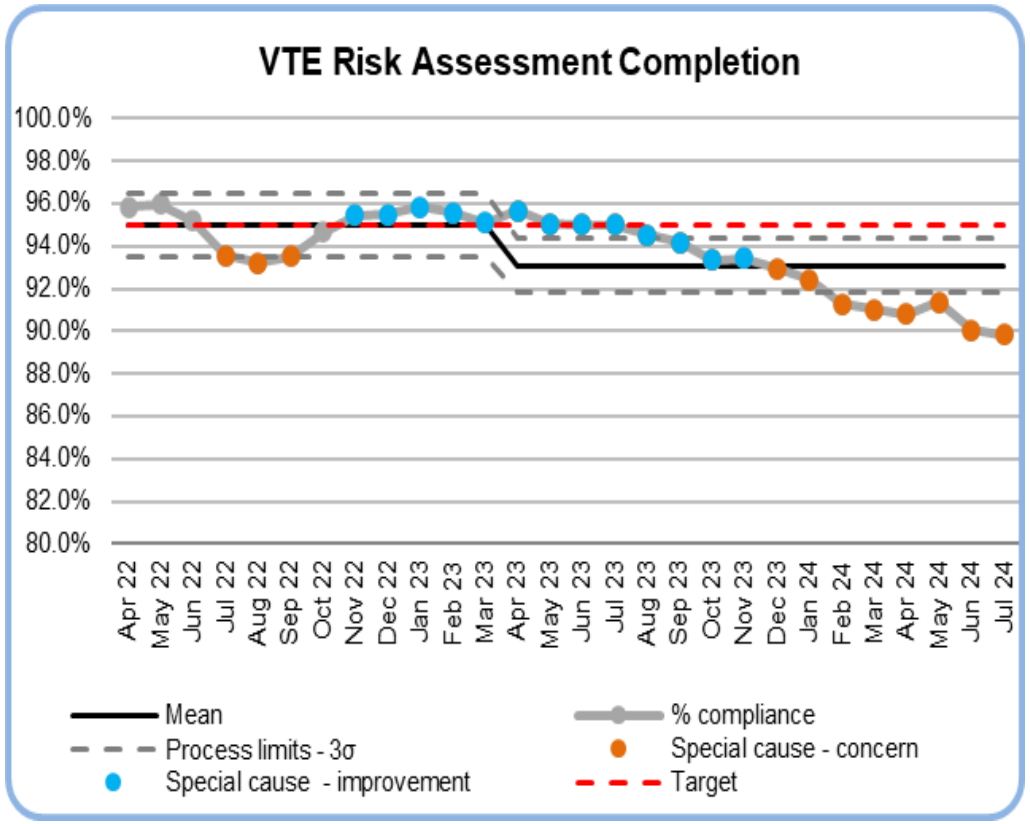
The work of the 'Medicines Safety Forum' continues – this is a multidisciplinary group whose aim is to focus on gaining a better understanding of medicines safety challenges and subsequently supporting staff to address these. This group is to meet monthly going forward. There has been a high level of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

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

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

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

VTE Risk Assessment



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

What does the data tell us?

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

Actions:

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

Reason for the drop in compliance :
Completing the digital VTE form is a manual deviation from the human ergonomic flow of clerking a patient, so it can be missed on admission.

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

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

Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams

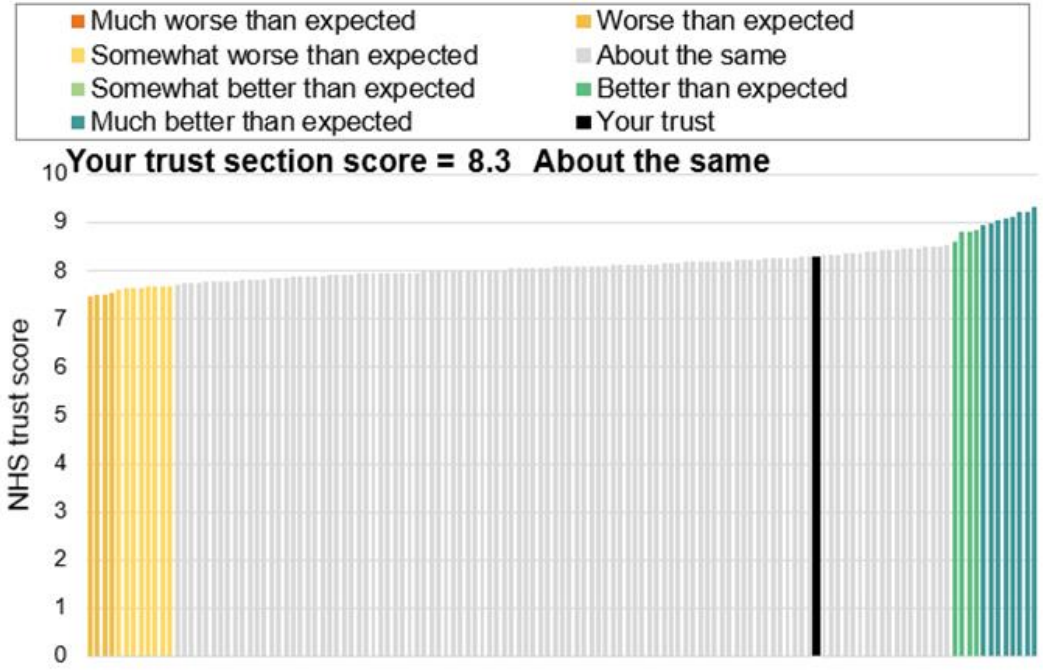
Patient & Carer Experience – Strategy Delivery Overview August 2024

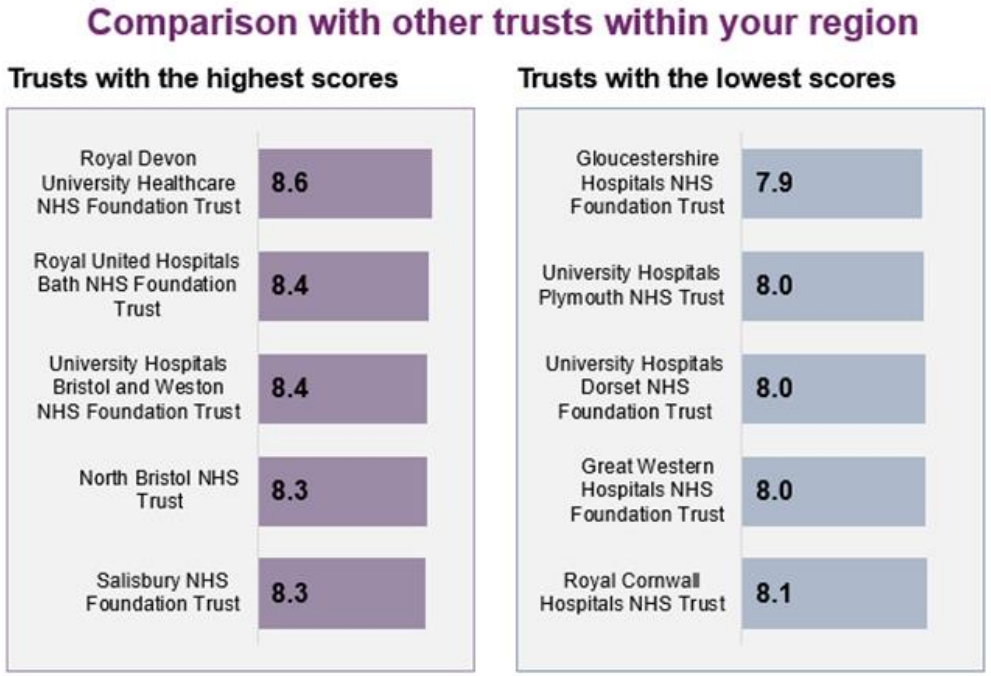
A	Amber - Progress on Track but known issues may impact on plan	C	Complete
G	Green - Progress on Track with no issues	R	Red - Progress is off Track and requires immediate action

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.	The Patient and Carer Partnership Group, Carers Strategy Group and Patient and Carer Experience Group met in August, hearing from a range of patient and carer voices.
	We will build on our existing methods to collect patient feedback ensuring these are accessible to all. We will explore the use of new technologies to support this including how we capture social listening (social media comments).	**This has been identified as a Quality Priority.** Patient Conversations continue across the Trust with dedicated volunteers. We have begun working with PEP Health to complete a one-year feasibility study to review social listening and improve theming of our existing large narrative datasets.
	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.	New VS Strategic Plan is in development with a focus on this objective. First draft expected around the end of September.
	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 has been signed off. We have a patient partner with LD who is actively involved in sharing her lived experience to improve services. We are in the process of onboarding a patient partner with lived experience of Mental Health.
	The voice and the involvement of carers will be respected and integral in all we do.	We have just updated our Carers Awareness Training, this is being signed off with support from Young Carers Voice. We have successfully gained funding for 10 new carers chairs which will make a significant difference to the experience of carers supporting on the ward. We welcome a new Carers Liaison Worker from September who will be co-located between PALS and ToC Hub.
	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.	We continue to complete outreach work with the Gypsy, Roma, Traveller Community and completed a site visit in August. We have identified a patient from this group who would like to share their patient story at a future Board meeting.
Being responsive and striving for better	We will continue to sustain and grow our Complaints Lay Review Panel as part of our evaluation of the quality of our complaint investigations and responses	The panel met in August. There is one new panel member who has completed their first panel meeting.
	We will continue to undertake the annual Patient Led Assessments of the Care Environment (PLACE) audits and respond to areas of improvement.	Development of a physical access working group of patients who will participate in this year's PLACE assessments in November. A presentation on last year's PLACE results was shared at the Patient and Carer Partnership Group in August. Preparations are underway for this year's assessment.
	We will involve the volunteer voice within feedback to shape future volunteer roles and patient engagement opportunities.	New VS Strategic Plan is in development with a focus on this objective. Frist draft expected around the end of September.
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. This is expected at the end of September.

Patient & Carer Experience - Overview August 2024





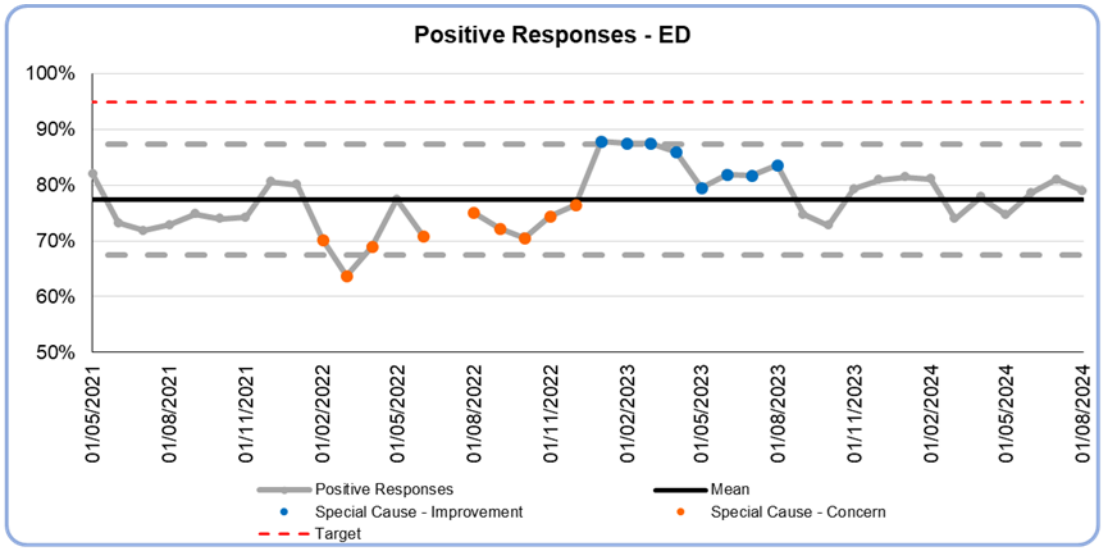
In August we received our results for the CQC Adult Inpatient Survey 2024, which reflected the experience of adult inpatients during November 2023. 131 NHS acute trusts in England took part, generating 63,573 responses. The national response rate to the survey was 41.7% but at NBT this was higher at 48%.

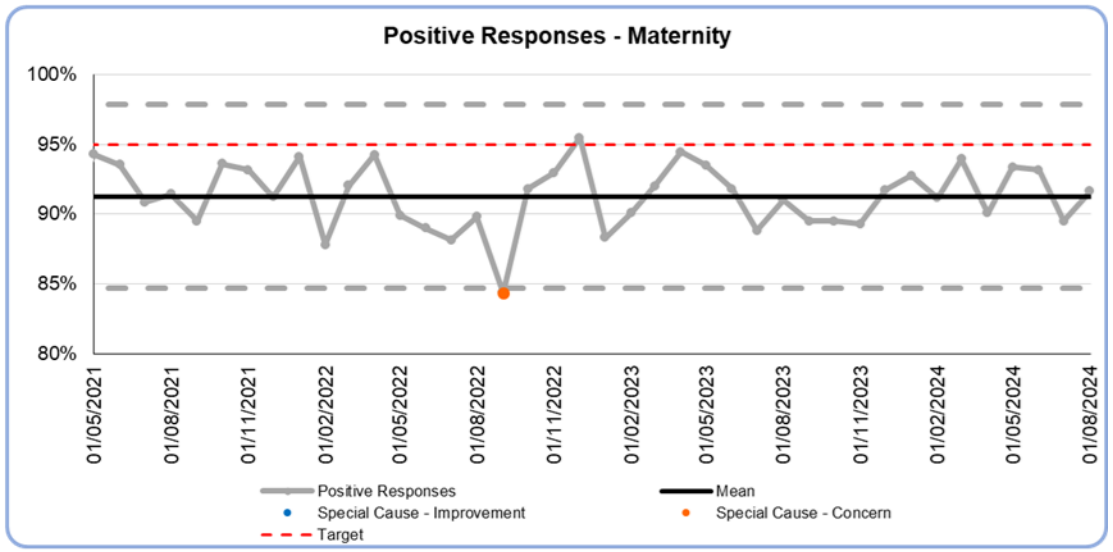
Whilst nationally people's experience of inpatient care has deteriorated since 2020, our results were good. For overall experience we scored 8.3/10 which is the same as last year. Nationally we placed 31st out of 131 trusts. We scored 'about the same 'as other trusts for 48 questions and 'better than expected for' 1 question.

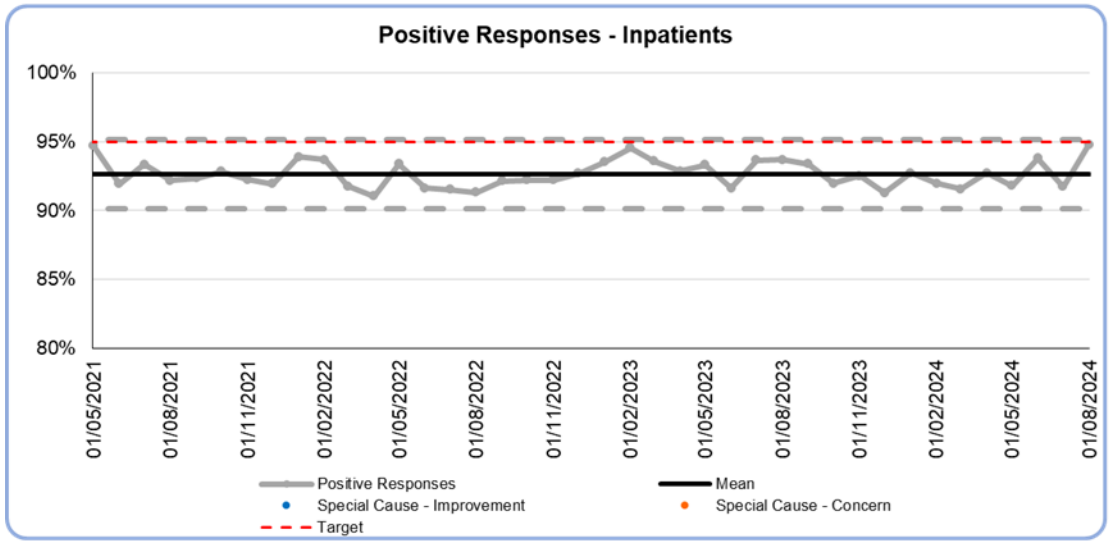
Despite some significant improvements in scores relating to discharge and asking patients to give their feedback on quality of care, there is still more work to do to match national averages in these areas. As a result, we have chosen not to change our action plan for this year. We will continue with same three themes from last year which link into existing programmes of work. We still have more work to do in each of these areas and time needed to see the impact.

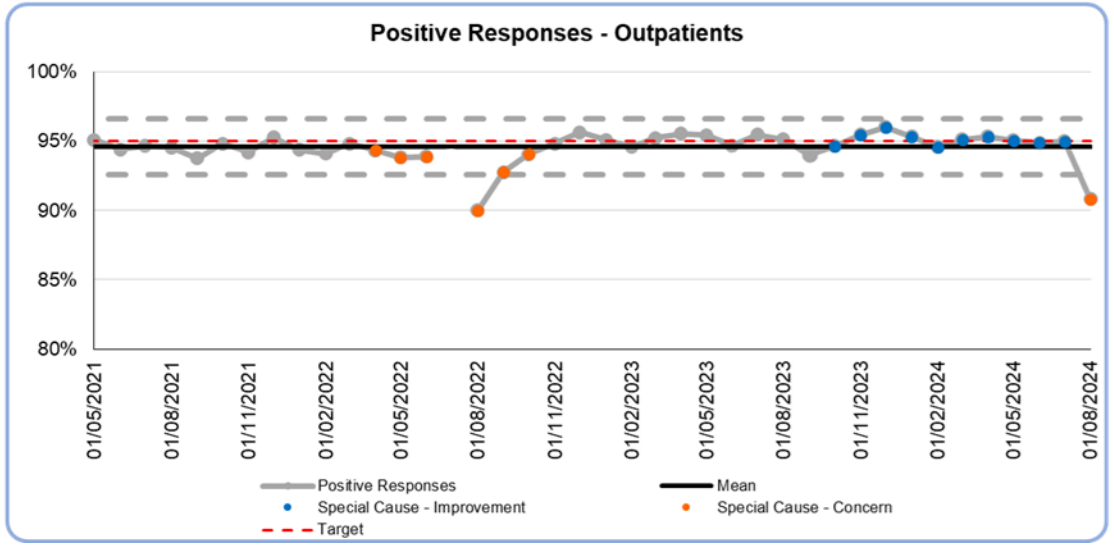
In addition, a range of wider actions across the Patient & Carer Experience Strategy Year 2 Plan for 2024-25 will play a key role, as reflected elsewhere in this IPR.

Patient Experience









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

Patient Experience

What does the data tell us – Trust wide?

- In August, 8,539 patients responded to the Friends and Family Test question. 6,189 patients chose to leave a comment with their rating.
- We had a Trust-wide response rate of 13.6%, which is slightly up on the previous month (13.5%).
- 92.32% of patients gave the Trust a positive rating. This was down on the previous month (93.20%) however within expected variation.
- 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 to 91.6% in August. Negative responses have also decreased to 5.1% in August.
- The response rate across Maternity decreased from 17.9% in July to 16.6% in August.
- Top positive theme from comments remains staff.

All staff from start to finish were lovely. So helpful and so compassionate. From turning up to the hospital, giving birth, to the care received on the Mendip ward after our little boy was born was perfect.

What does the data tell us - Emergency Department?

- Positive responses have decreased to 78.9% in August from 81.0% in July. Negative responses have increased to 14.4% in August from 12.5% in July.
- The response rate for ED remains the same (19.6%)
- The top positive theme remains staff.
- The top negative theme remains waiting time.

Friendly and professional staff who answered all questions. Spoke to my child and not just over the top to the adult! Obviously would have preferred to wait less time but acceptable.

What does the data tell us - Inpatients?

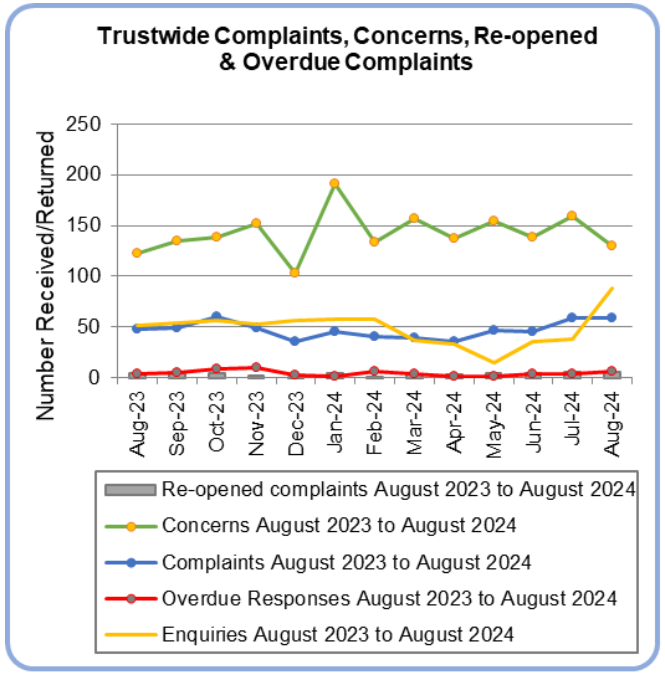
- Positive responses have increased from 91.7% in July to 94.7% in August. Negative responses have increased from 3.9% in July to 5.1% in August.
- The response rate for inpatients has decreased from 22.7% in July to 21.3% in August.
- Top positive themes from comments are staff, clinical treatment and communication.
- Negative themes from comments are, staff, communication, and waiting time .

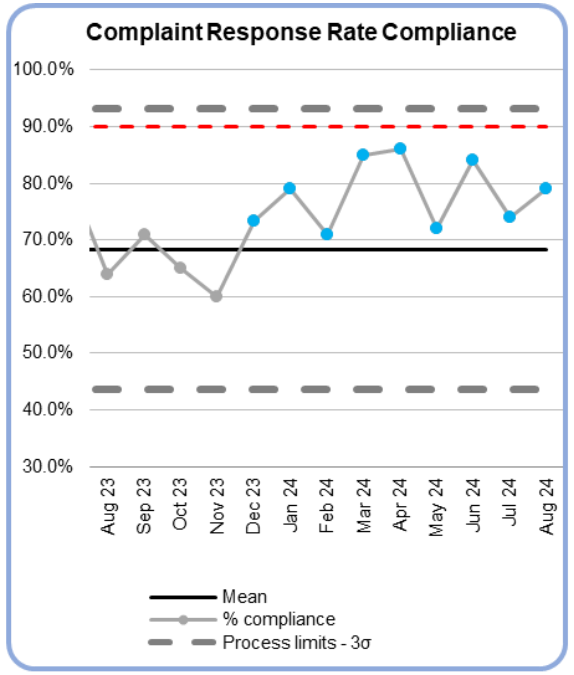
The staff were super friendly and caring. I didn't feel great after the procedure and they made sure I was as comfortable as I could be and looked after me so well, explained everything to me so I knew what options I had.

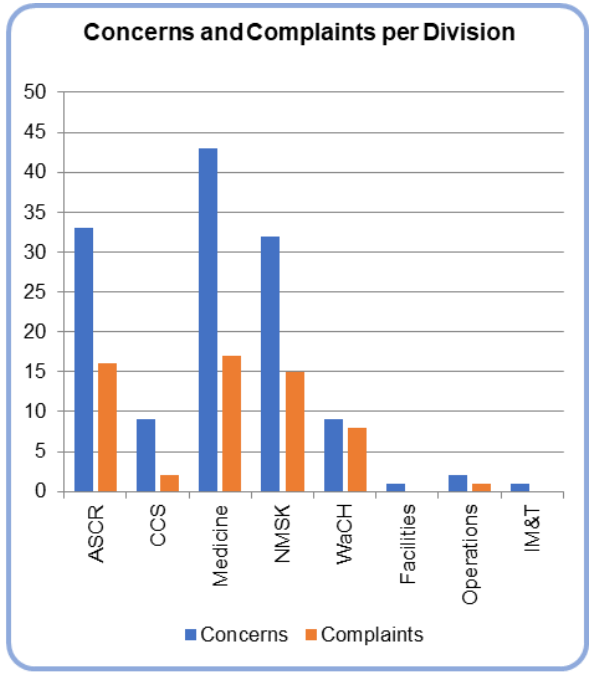
What does the data tell us – Outpatients?

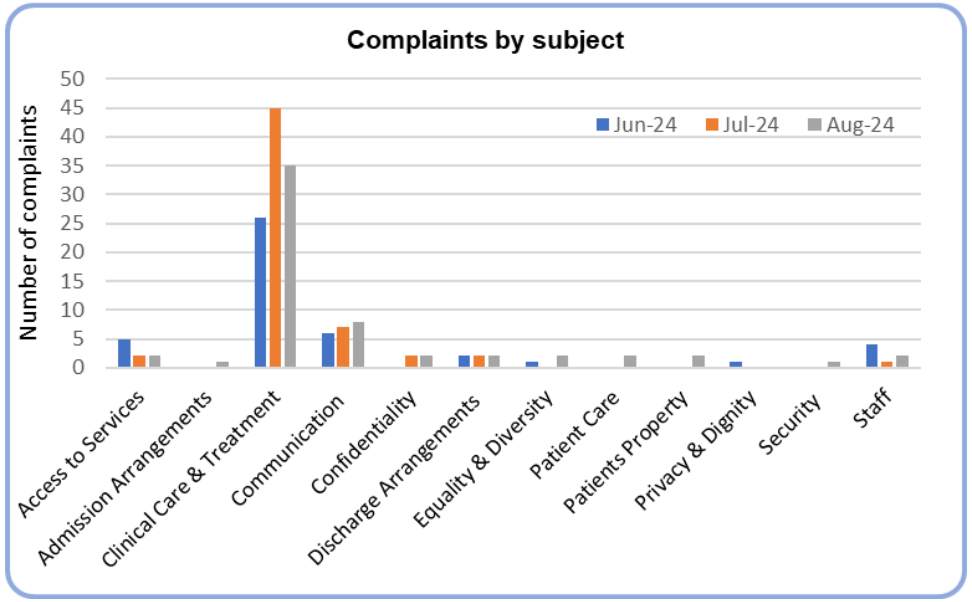
- Positive responses have decreased in August to 90.81%. We will continue to closely monitor this as it is significantly lower than previous months.
- The response rate for outpatients increased from 11.7% in July to 11.8% in August.
- Top positive themes from comments remain staff, waiting time and clinical treatment.
- Negative themes from comments remain waiting time, communication and staff.

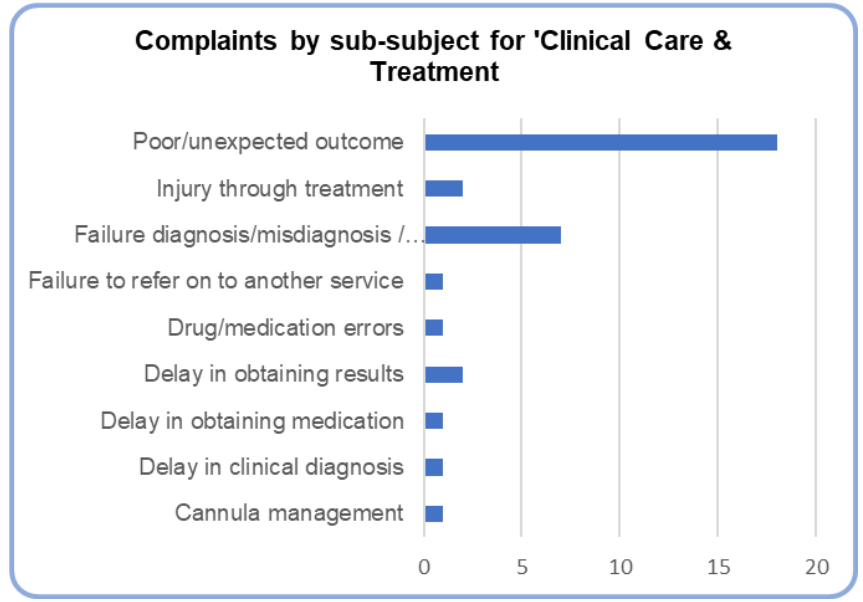
Very quick service! Literally just sat down for the usual long wait and was called almost straight away. The Dr was very concise and explained the procedure and felt very comfortable with the explanation and procedure.











Complaints and Concerns

What does the data tell us?

In August 2024, the Trust received 59 formal complaints. This is the same number as July and 10 more than the same period last year.

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

Of the 59 complaints, the largest proportion was received by Medicine (17) followed by ASCR (16) and NMSK (15).

There were 6 re-opened complaints in June (4 ASCR, 1 MED, 1 NMSK), the same number as the previous month.

The number of overdue complaints at the time of reporting has increased from 4 in July to 6 in August and are with ASCR (3), CCS (1) and WaCH (1)

The response rate compliance for complaints has increased from 74% in July to 79% in August. A breakdown of compliance by clinical division is shown below:

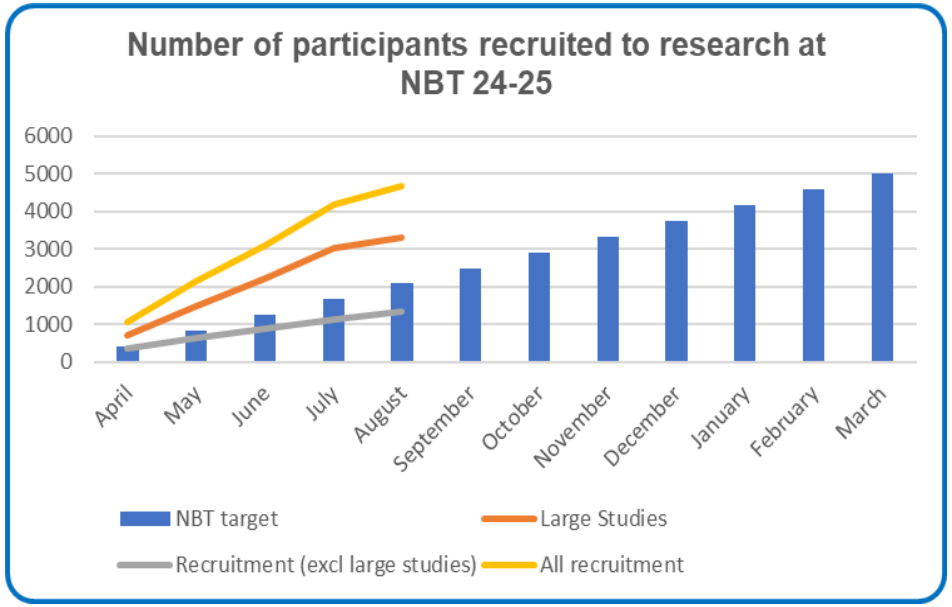
ASCR – 82% CCS – 33% Medicine – 92%
NMSK 58% WaCH –100%

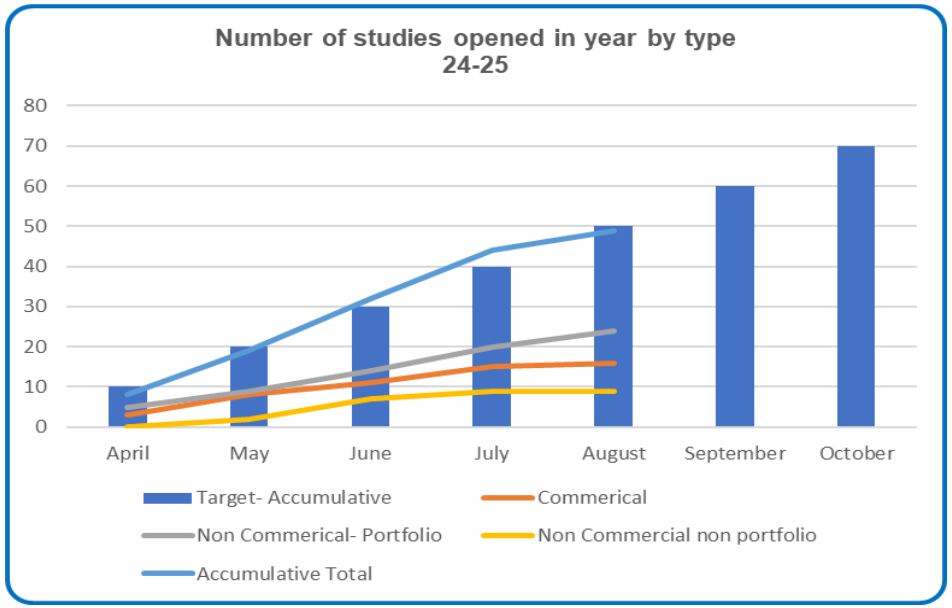
The number of PALS concerns received decreased from 159 in July to 130 in August, which is 8 more than the same period last year.

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

Research and Development

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 1362 participants have enrolled in research @NBT with an annual stretch target of 5000 (excluding our 2 large studies)- we are currently achieving 65% of the target. We are likely to see a lower number of participants recruited to research over the coming year as our portfolio adapts and becomes more complex .

The NBT research portfolio remains strong, we have 214 NIHR Portfolio studies open to recruitment . We have opened 49 new studies year to date, as shown in graph 2 against a target of 50. 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 Diabetes research team recently randomised the first UK patient to a commercial diabetes study- receiving national recognition for their efforts in doing so.

Our grants

Congratulations to Sarah Mulholland, Pharmacist, who was recently awarded a prestigious NIHR Pre-Doctoral Bridging award to develop her research ideas and skills towards the submission of a PhD application (£11k), Congratulations also to Prof. Robert Hinchlife for his recent NIHR RfPB award (£162k) to explore routine screening for diabetic foot and Prof. Liz Coulthard for her recent NIHR RfPB award (£167k)to explore sleep apneoa treatments to slow neurodegeneration. The active research grant portfolio at NBT totals £48m.

NBT has been awarded £1.2m Research Capability Funding for 2024/25. This allocation puts NBT in 6th position, out of 248 NHS Trusts in England, our highest position to date. 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 will shortly open a trust-wide call for applications for Research Infrastructure to help drive new pipelines of research in our clinical teams, departments and divisions, funded by RCF.

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. ResearchGrants@nbt.nhs.uk

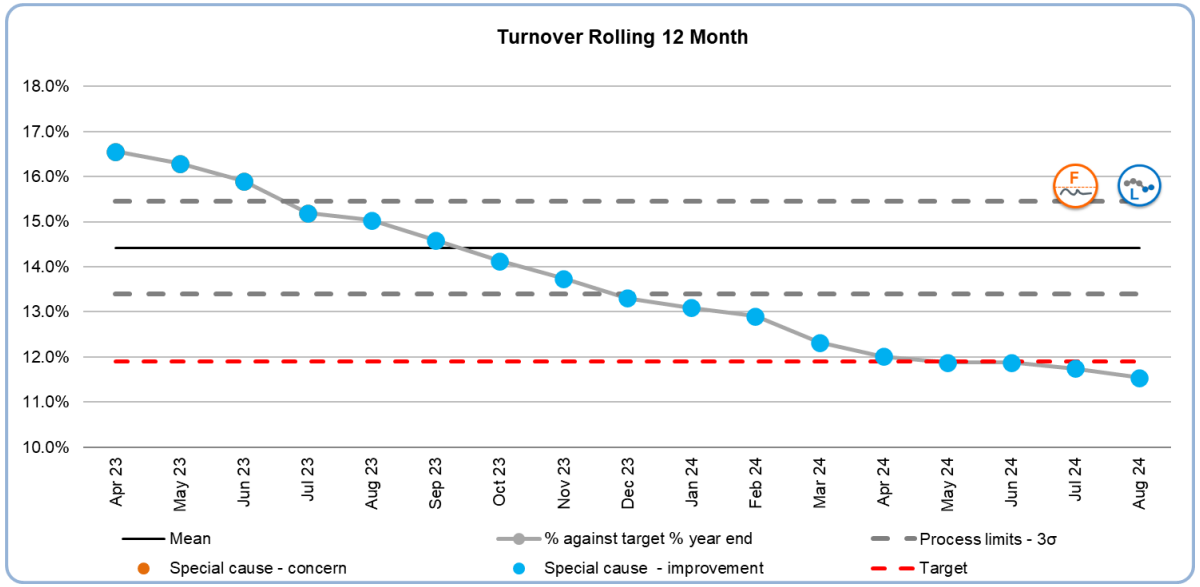
In addition, with thanks to the Southmead Hospital Charity, R&D has launched a call for applications to our SHC Springboard scheme, seeking applications from NBT staff to undertake small research projects up to £25k, the deadline for EoIs was 3rd July and we have received 6 applications which will be reviewed by our patient/public panel and shortlisting panel.

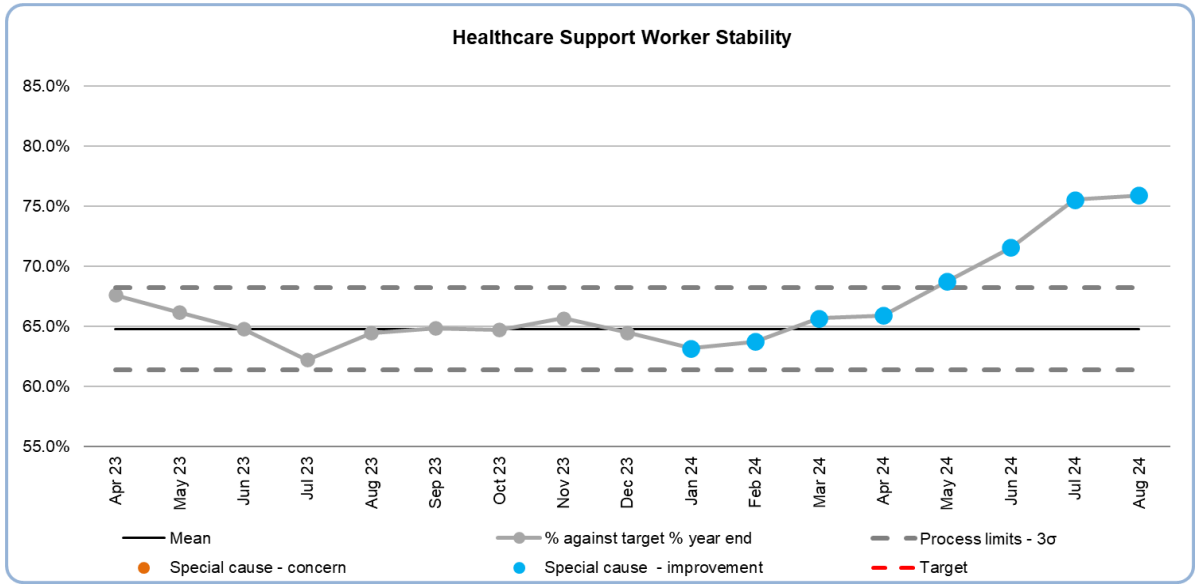
R&D and the Medicine Division will be holding a Research Engagement Session on the 25th September (face to face and online), with short talks, Q&As and networking opportunities Research Engagement Afternoon for Medicine Division - Wed 25 Sep, 2-4pm (Live/Teams) - LINK (nbt.nhs.uk)

Workforce

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

Retention Patient First Priority People





Turnover decreased from 11.76% in July, to 11.54% in August. 0.36% below the target set for 2024/25.

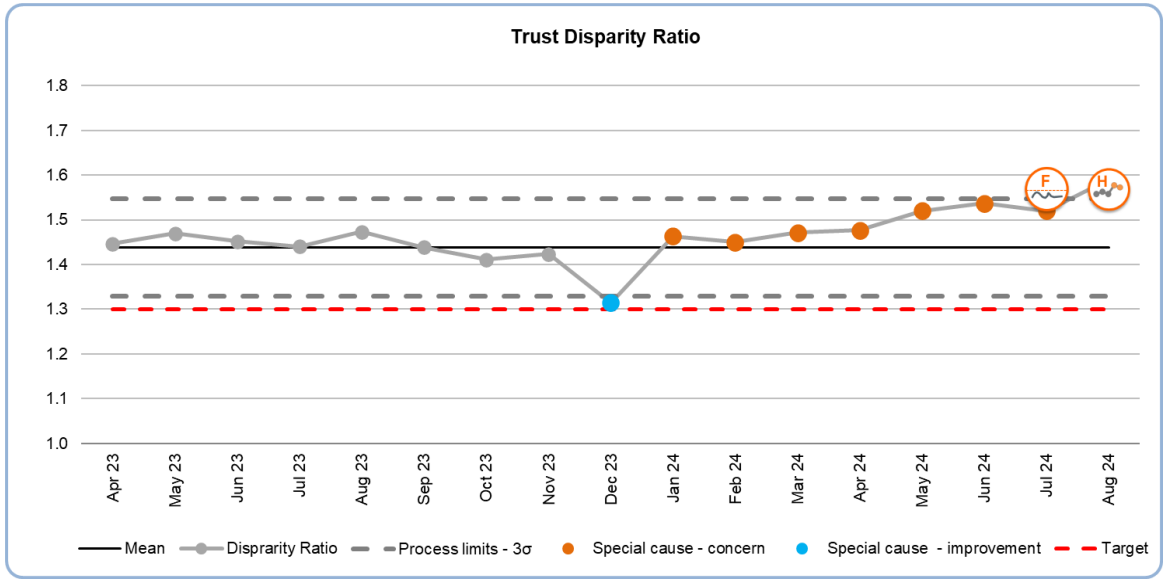
Healthcare Support Worker (HCSW) stability (% of staff in post with >12 months service) has improved and is now at 76.86% in August.

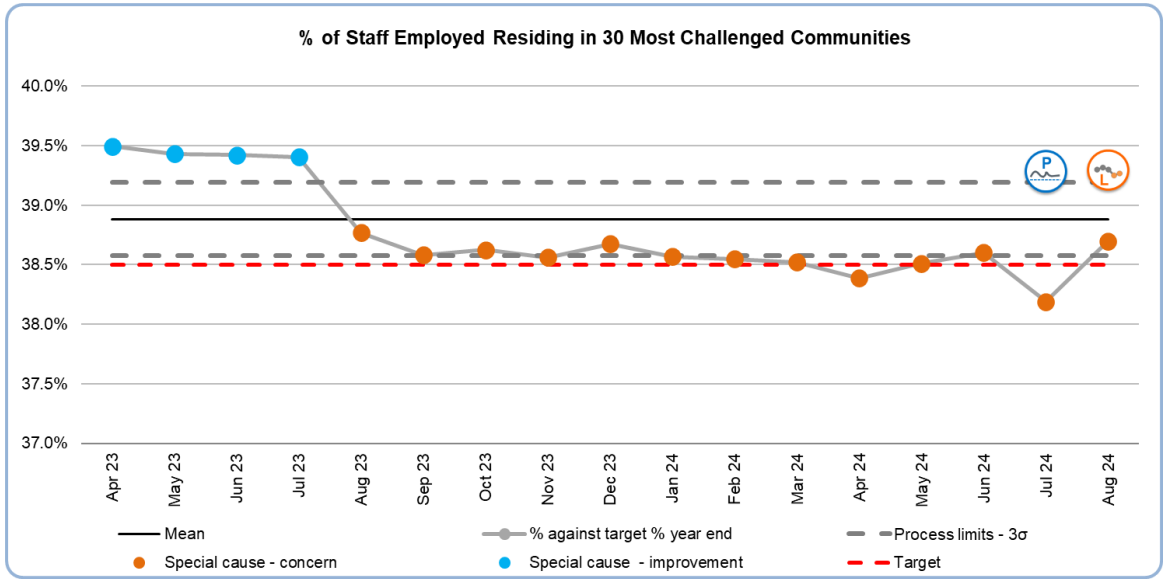
A Retention plan priority is 'Supporting New Starters' - specifically HCSWs where turnover in the first 12 months has been historically high. Enhanced Induction for these staff has been in place for 10 months and celebration events to recognise their achievements and progress within their first year, are occurring. This includes discussion and information about future career pathways as well as presentation of certificates. The Impact of actions to support them in their 1st year will continue to be monitored in 2024/25. The table below shows our immediate priority retention actions in the next 3 months:

Driver	Action and Impact	Owner	Due
Induction	Finalise and promote a new '90-day Induction guide', which focusses on pre-arrival communications; support from colleagues; check-ins with line manager.	People Promise Manager Staff Induction Team/	Oct-24
Work Life Balance	Piloting a new flexible working workshop in October. Events running over National Work Life Balance week to promote ways people can balance work and personal life and reduce the number of staff leaving us due to 'work life balance' reasons.	People Promise Manager	Oct-24
Culture	Launch a Civility and Respect framework teams can use to improve their culture and reduce occasions of incivility, aligned to all aspects of poor behaviour.	Associate Director of Culture	Oct 24

Commitment to our Community

Patient First Priority – Commitment to our Community





A deep dive into the Commitment to our Community metrics will take place in October using SLG to provide a divisional focus and response, which will be presented to the People and EDI Committee in November

Disparity Ratio – (likelihood of applicants from ethnic minority backgrounds being appointed over white applicants from shortlisting – Workforce Race Equality Standard metric). August disparity ratio was 1.59, an increase from 1.56 in July, driven by a small reduction in the % of ethnic minority applicants appointed from shortlisting compared to White applicants. A formal evaluation of the Diverse Recruitment Panels approach is planned for October with some follow-up recommendations around expanding this programme and embedding it within divisions, aiming to mainstream this approach.

% of Employed Staff from 30 Most Challenged Communities – We are in the process of reviewing this metric and our target to ensure the metric robustly reflects the actions of the Commitment to our Community work, this is being delivered through the deep dive work with SLG and the People and EDI Committee. Currently we employ 840 more staff from our 30 most challenged communities than we did in March 2023.

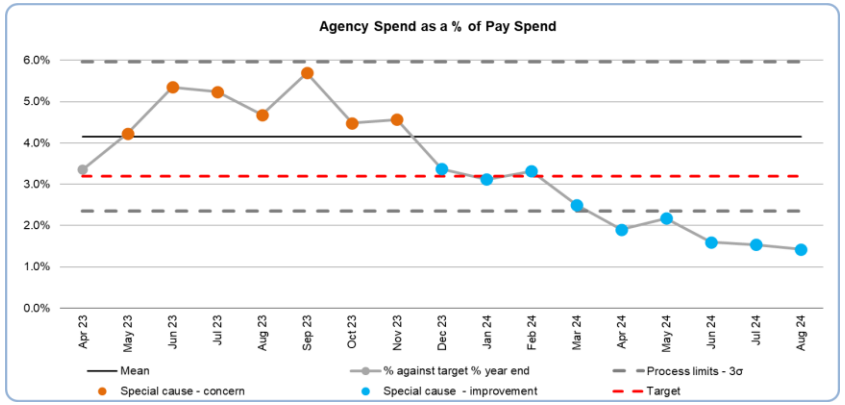
Community Outreach – Listening event booked for 12th Nov. Focus on creating long term connections with the community.

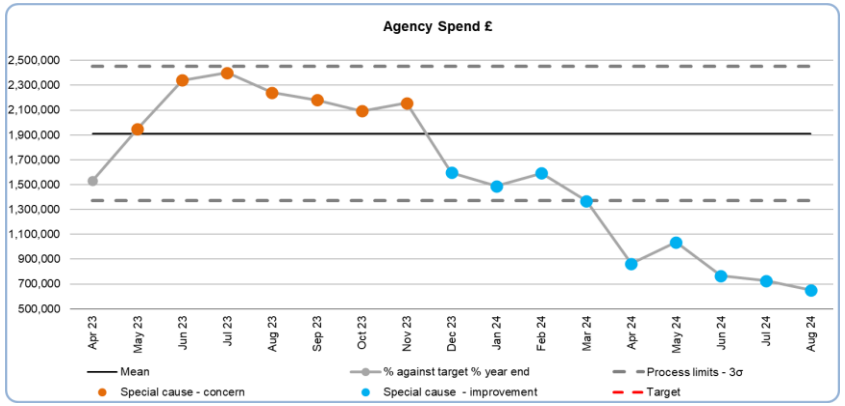
Mentoring Programme – Mentoring and support is being provided to around 90 people from our local area. Some are now seeing employment outcomes. 2 open days in Estates and Facilities have happened in September with guaranteed interviews being held for interested participant.

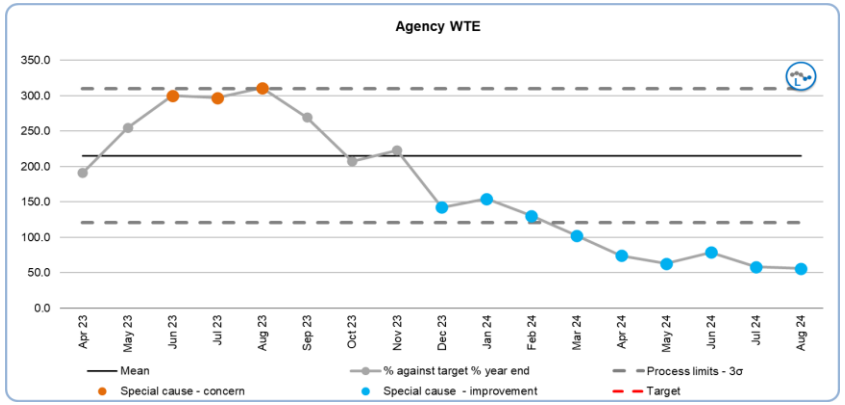
Work Experience – 384 placements were facilitated for school age children in the previous academic year. Partnerships established with Women's Work Lab, Ablaze, Project Search and Project Pilot.

Driver	Action and Impact	Owner	Due
Community Outreach	POG approved direct recruitment from work experience and prioritised recruitment for community candidates	Community Project Manager	Mar 25
Community Outreach	Elective Care Centre will recruit initially from community candidate pool before general public	Community Outreach officer	Nov 24

Temporary Staffing





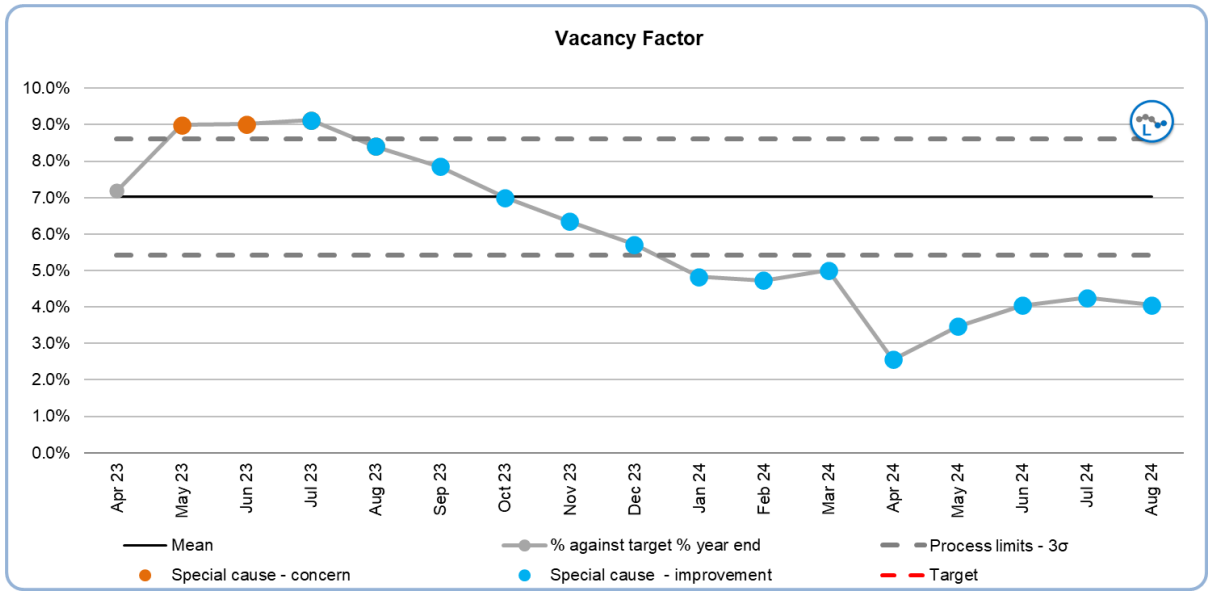


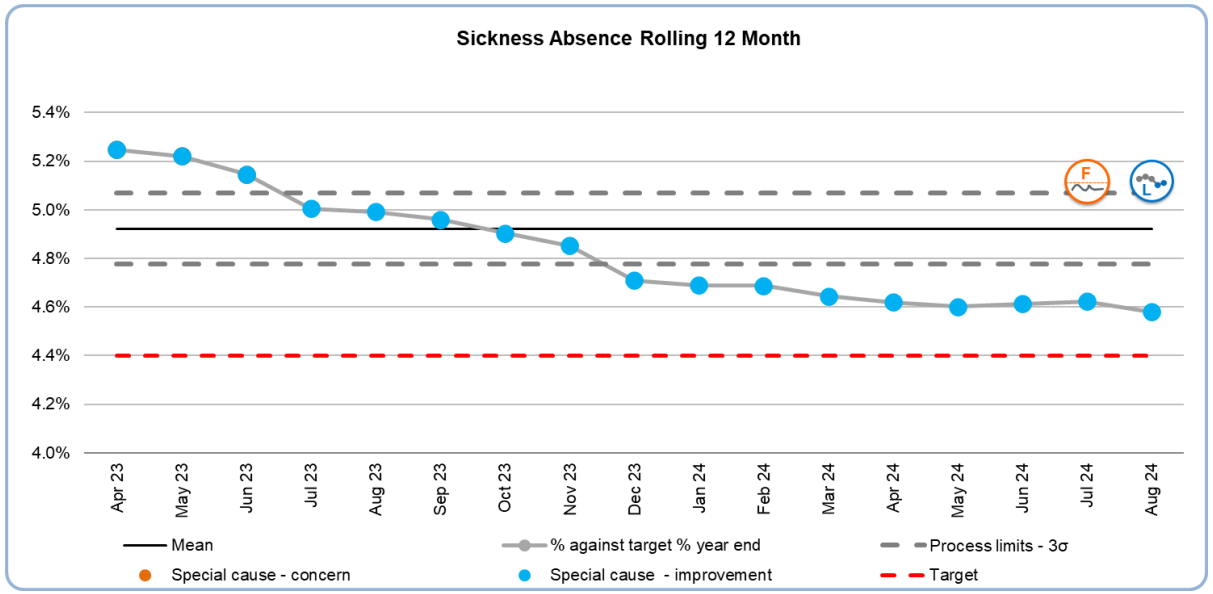
Agency spend continues to reduce and is significantly below the pay spend target of 3.2% of total pay spend at 1.42% in August. A weekly Resourcing and Temporary Staffing Oversight group has bene established to continue to focus on all aspects of Temporary Staffing with a current focus on long term medical agency use, non-clinical agency use and on nursing bank.

From October it is proposed that bank expenditure is included in this section of the IPR to ensure the board has oversight of the current focus on temporary staffing.

Driver	Action and Impact	Owner	Due
Medical Staffing	Medical agency temp staffing reduction group now moved into the Recruitment and Temporary Staffing oversight Group (RaTSOG) – development of plans to convert long term agency workers to substantive, fixed term or Bank contracts are now monitored within this group.	Associate Director Medical Workforce	Ongoing
Medical Staffing	Pan-regional South-West Medical Agency rate card implementation begin on the 1st September for new and ad-hoc agency use with a flightpath to Aug 2025 for existing long term agency use. Governance of rate reductions monitored within the new RaTSOG structure.	Associate Director Medical Workforce	Ongoing
Medical Staffing	All suppliers formally written to and advised of rate reduction, Bank team to commence engagement to agree plans to achieve rate card compliance.	Head of Temporary Staffing Operations	Oct-24
Nursing & Midwifery	South-West Regional agency rate reduction programme continues trajectory for reaching cap compliance (General by July achieved) and Specialist by October 24 as where minimal agency usage remains within Theatres.	Associate Director Nursing Workforce Recovery	Oct-24
Nursing & Midwifery	Focus on reduction on reduction of Bank usage across Registered and Unregistered. Increased controls in place with oversight via the newly established Resourcing & Temporary Staffing Oversight Group	Associate Director Nursing Workforce Recovery & Deputy Chief Nurse	Ongoing
Nursing & Midwifery	Collab Bank launched in August, ongoing promotion and communications to engage workforce, with a focus on hard to fill areas (NICU/ICU/ED) to increase fill rates.	APC Programme group / Head of Temporary Staffing	Oct-24
Non-Clinical Agenda For Change	Bank recruitment for non-clinical areas which have previously utilised off-framework in progress. (ie Nursery) supported by TA. Interviews taking place imminently with a view to onboard by October/November	Head of Temporary Staffing Operations / HR Business Partner	Nov-24

Watch Measures (CPO)

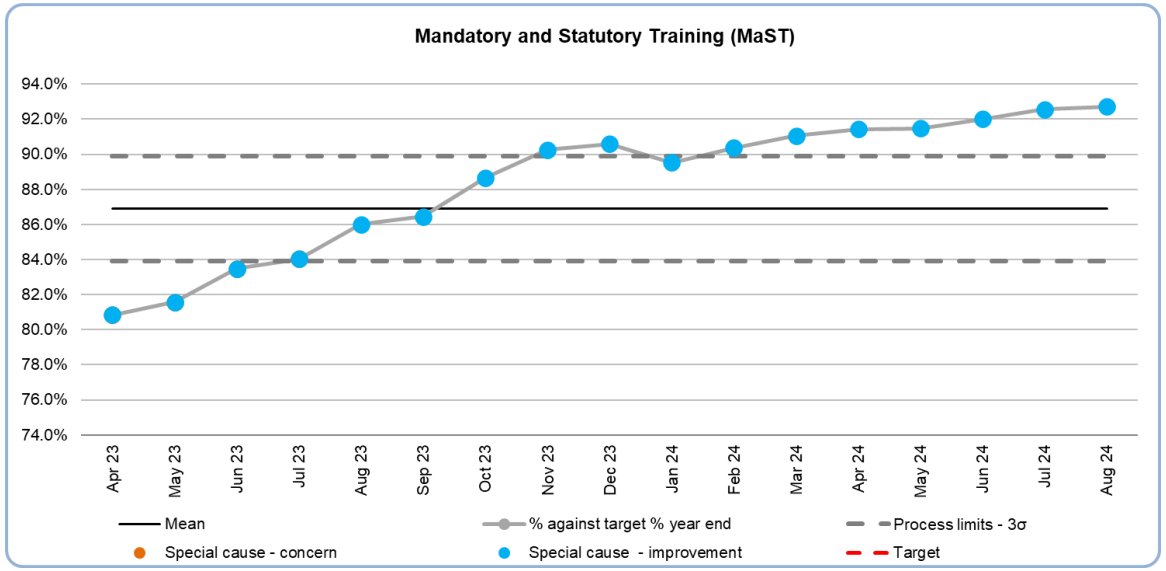




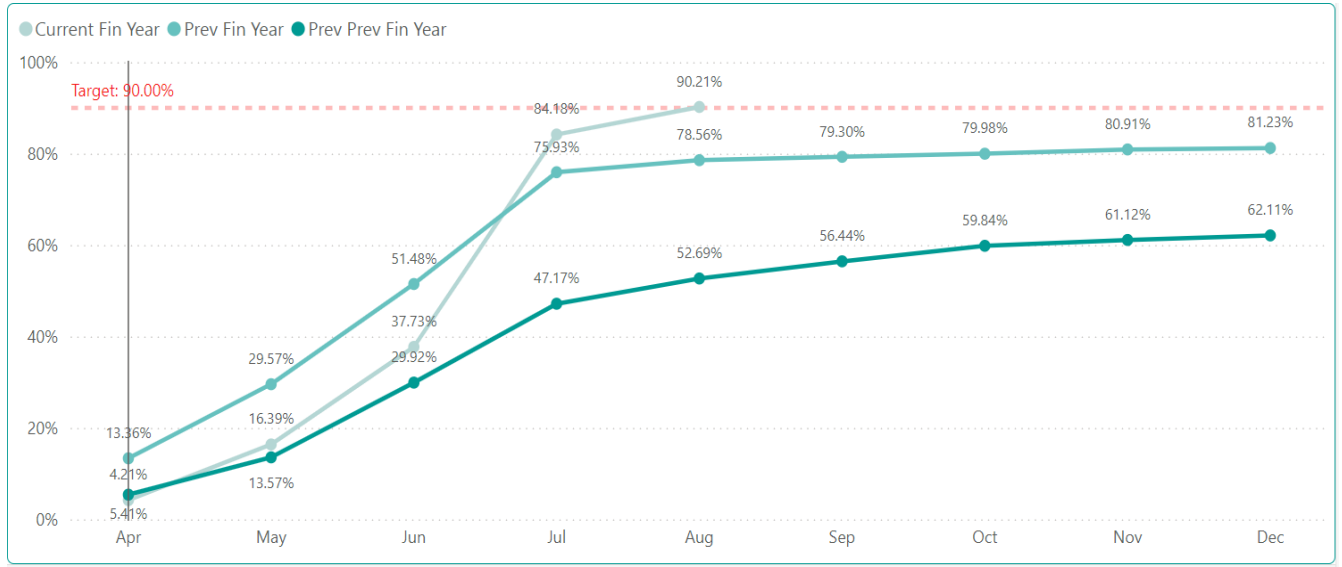
- The Trust **rolling 12-month sickness absence** rate continues to show statistically significant improvement over the last six months and is currently at 4.58% in August. However, sickness absence remains above the target of 4.40% and there remains an ongoing focus on improvement, summary actions:
  - Staff Health and Well-being Strategy Group has identified potential areas of focus for staff health & wellbeing linked to trust sickness absence data and current utilisation of wellbeing services. Discussion and further scoping of project workstreams planned for September.
  - NHSE Health and Wellbeing Diagnostic tool action plan to be shared with trust priority actions agreed for delivery.
  - Review of Employee Assistance Program current provider Health Assured is underway with a range of options being considered for future staff psychological needs support.
  - Plans for flexible working week 7th – 11th October being finalised – Wellbeing support, promotion of improved work life balance, defining work life balance for you, and tools to support flexible working discussions being show cased.

- The **Vacancy Factor** for NBT reduced from 4.29% in July to 4.06% in August

Watch Measures (CPO)



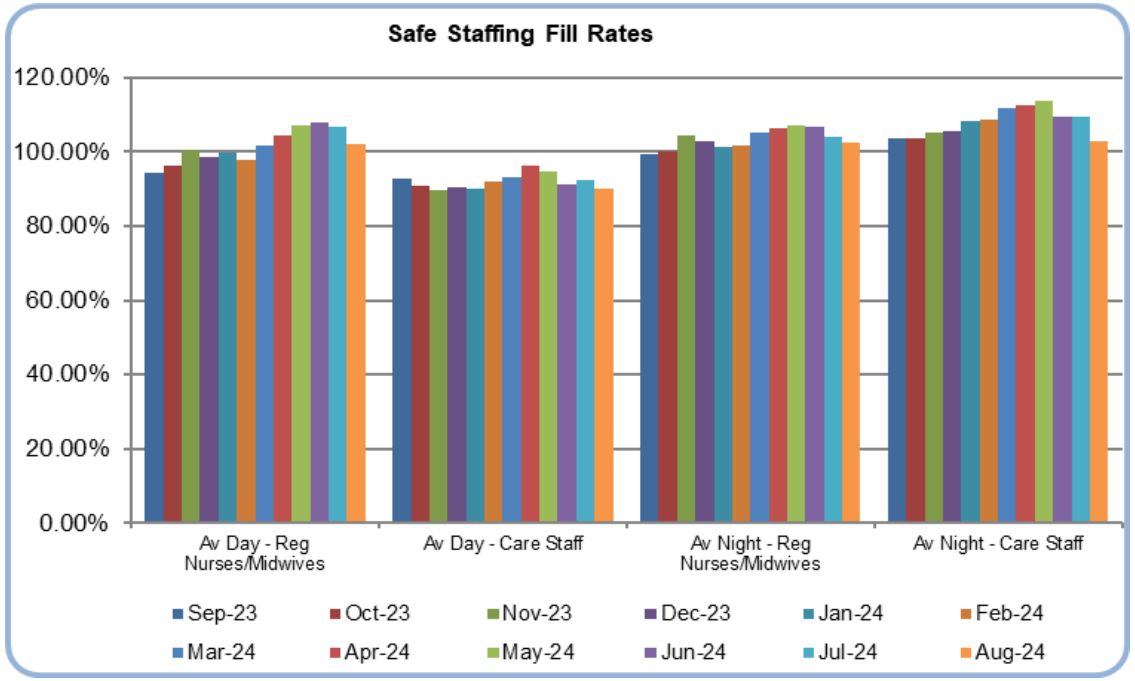
MaST compliance remains stable at 92.71%, a slight increase from 92.57% in July.



The Trust was 90.21% compliant at the end of August above the target set of 90%. In line with previous years appraisal reporting will now cease until the appraisal window opens again in April.

Changes to appraisal reporting to provide more insight into appraisal completion progress and appraisal quality will be developed in quarter 4 of this year and introduced in the next window.

Safe Staffing



Aug-24	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	101.88%	89.92%	102.52%	102.87%

Ward Name	SafeStaffing Ward	Registered nurses/ midwives Day	Care staff day	Registered nurses/ midwives Night	Care staff Night
AMU 31 A&B 14031	BBS_L0G31aMU				
Cotswold Ward 01269	SMD_COTSWD				
Elgar Wards - Elgar 1 17003	SMD_Wd1				
Theatre Medi-Rooms (Pre/Post Op Care) 14966	BBS_Medi				
Ward 26B 14312	BBS_L3G26b				
Ward 27B 14403	BBS_L4G27b				
Ward 32A CAU 14103	BBS_L1G32a				
Ward 33A 14221	BBS_L2G33a				
Ward 33B 14222	BBS_L2G33b				
Ward 34A 14325	BBS_L3G34a				
Ward 10a 14509	L6G10AW				

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 August 2024, the combined shift fill rates for days for Registered Nurses (RN)s across the 28 wards was 101.88% and 102.52% respectively for days and nights for RNs,a reduction from last month. The combined shift fill for HCSWs was 89.92.35% for the day and 102.87% for the night. Therefore, the Trust as a collective set of wards is within the safe limits for August.

Current month *care staff* fill rates:
- 17.24% of wards had daytime fill rates of less than 80%
- 10.34% of wards had night-time fill rates of less than 80%
- 16.90% of wards had daytime fill rates of greater than 120%
- 13.79% of wards had night-time fill rates of greater than 120%

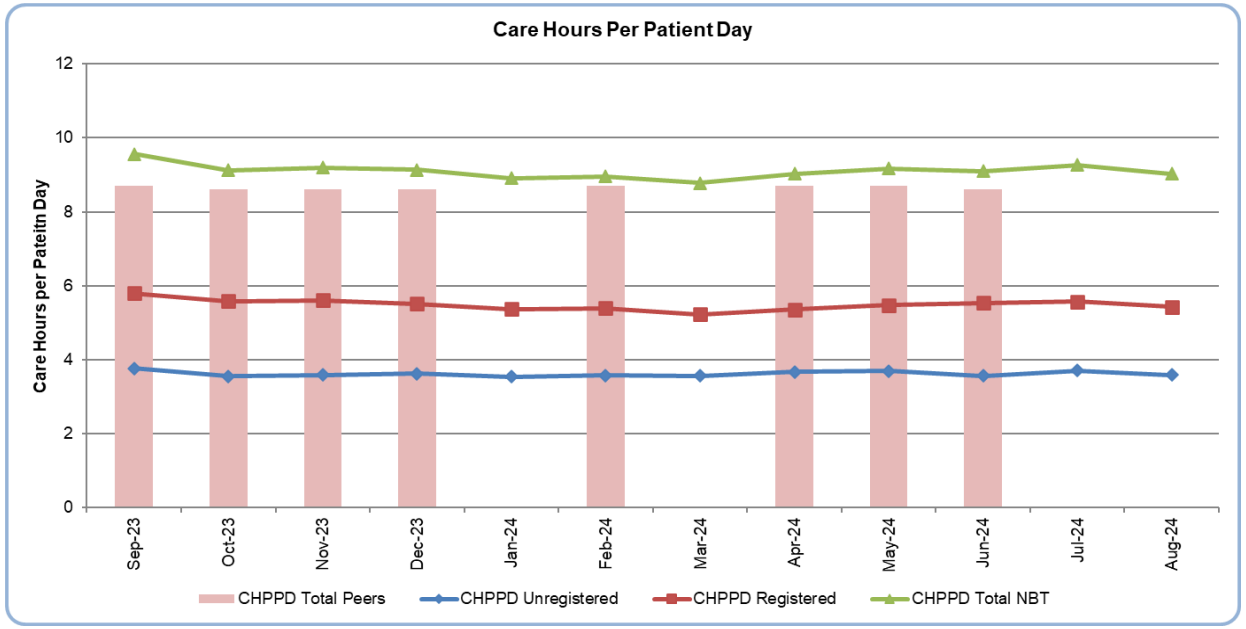
Current month *registered nursing* fill rates:
- 3.45% of wards had daytime fill rates of less than 80%
- 3.45% of wards had night-time fill rates of less than 80%
- 6.90% of wards had daytime fill rates of greater than 120%
- 13.79% of wards had night-time fill rates of greater than 120%

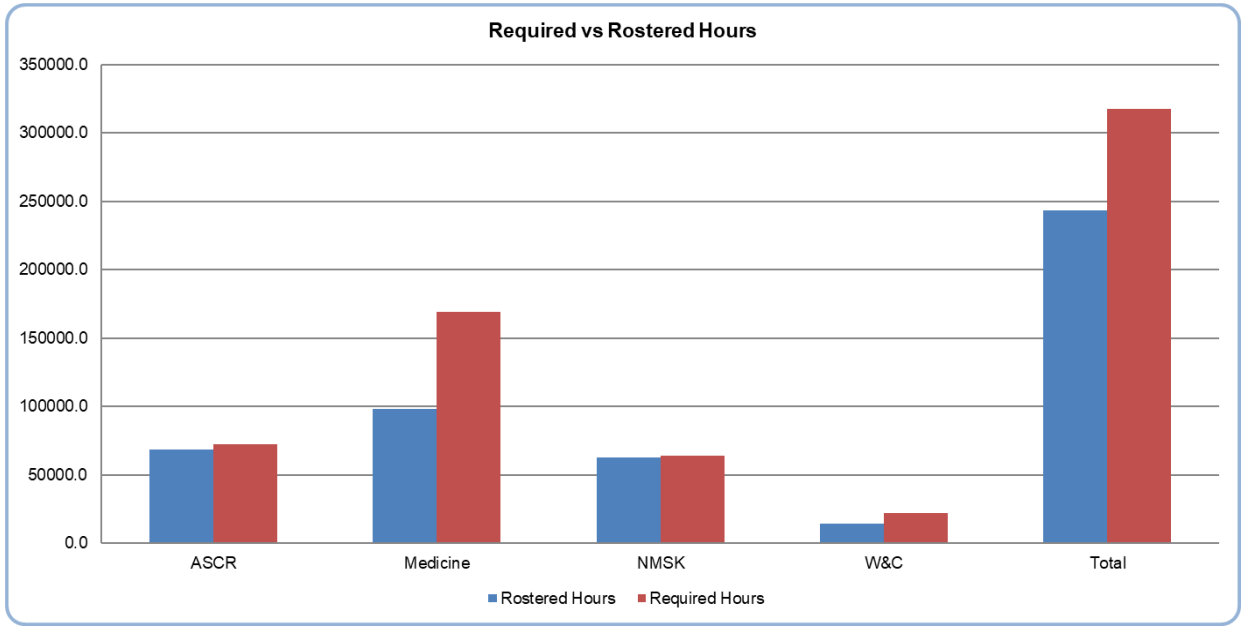
The “hot spots” as detailed on the heatmap which did not achieve the fill rate of 80% or >120% fill rate for both RNs and HCSWs have been reviewed.

For ASCR, 33a and 33b had high requirements for RMNs with each ward requiring 1:1 care and treatment, in addition usage of RN has increased across some ASCR wards in response to Safer staffing uplifts now showing in the budget but not fully updated in Healthroster.

Compliance:
The Safe Care Census regularity has been reduced to twice daily to more closely align with shift patterns. The average compliance for August has improved to 69.65% from 66.85% in July.

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 31 August 2024

	Month 5			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	69.3	70.3	1.0	341.8	347.2	5.4
Income	5.3	8.7	3.4	30.3	42.8	12.6
Pay	(45.7)	(47.6)	(1.9)	(231.0)	(240.3)	(9.3)
Non-pay	(29.2)	(31.6)	(2.5)	(147.3)	(160.6)	(13.3)
Surplus/(Deficit)	**(0.2)**	**(0.2)**	**0.0**	**(6.2)**	**(10.8)**	**(4.6)**

Assurances

For the second month in a row the Trust has delivered a financial position in line with plan and has stabilised the position seen in quarter one. The financial position for August 2024 shows the Trust has delivered a £10.8m deficit against a £6.2m planned deficit which results in a £4.6m adverse variance year to date.

Contract income is £5.4m better than plan. This is driven by additional pass-through income of £2.1m, additional Service Development Funding of £1.1m, along with Welsh income of £0.9m, and funding for the consultant pay award of £0.8m

Other income is £12.6m better than plan. The is due to new funding adjustments and pass through items (£9.8m fav). The remaining £2.5m favourable variance is driven by delays in investments (£0.9m fav) and increased divisional income (£1.0m fav).

Pay expenditure is £9.3m adverse to plan. New funding adjustments, offset in income, have caused a £6.8m adverse variance, undelivered CIP is £4.1m adverse with overspends on medical and nursing pay £3.2m adverse. The pay award, partially offset in income, is causing a £1.3m adverse variance. This is offset by delayed investments and service developments of £4.2m and vacancies £2.8m favourable.

Non-pay expenditure is £13.3m adverse to plan. Of which £4.9m relates to pass through items. This adverse position is driven primarily by increased medical and surgical consumable spend to deliver activity (£7.0m adverse), and multiple smaller non-pay variances. In year delivery CIP is £2.0m adverse to plan.

Statement of Financial Position at 31 August 2024

	23/24 Month 12 £m	24/25 Month 04 £m	24/25 Month 05 £m	In-Month Change £m	YTD Change £m
Non-Current Assets	**538.4**	**536.0**	**535.4**	**(0.6)**	**(3.0)**
Current Assets					
Inventories	11.7	11.7	11.8	0.1	0.1
Receivables	49.4	57.2	57.5	0.3	8.1
Cash and Cash Equivalents	62.7	44.5	39.2	(5.3)	(23.5)
Total Current Assets	**123.8**	**113.4**	**108.5**	**(4.9)**	**(15.3)**
Current Liabilities (< 1 Year)					
Trade and Other Payables	(99.9)	(88.3)	(86.1)	2.2	(13.9)
Deferred Income	(14.4)	(20.7)	(18.9)	1.8	4.5
Financial Current Liabilities	(23.6)	(23.6)	(23.6)	0.0	(0.0)
Total Current Liabilities	**(138.0)**	**(132.6)**	**(128.6)**	**4.0**	**(9.4)**
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.2)	(6.6)	(6.6)	0.0	0.5
Financial Non-Current Liabilties	(571.8)	(591.5)	(589.8)	1.7	18.0
total Non-Current Liabilities	**(578.0)**	**(598.1)**	**(596.4)**	**1.7**	**18.5**
Total Net Assets	**(53.7)**	**(81.3)**	**(81.1)**	**0.2**	**(27.4)**
Capital and Reserves					
Public Dividend Capital	485.2	492.5	492.5	0.0	7.3
Income and Expenditure Reserve	(541.8)	(610.8)	(610.8)	0.0	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(34.9)	(34.7)	0.2	34.3
Revaluation Reserve	71.9	71.9	71.9	0.0	0.0
Total Capital and Reserves	**(53.7)**	**(81.3)**	**(81.1)**	**0.2**	**(27.4)**

Capital spend is £7.3m year-to-date (excluding leases). This is driven by spend on the Elective\ Centre, and is below the forecasted spend for Month 5.

Cash is £39.2m at 31 August 2024, a £23.5m decrease compared with M12. The decrease is driven by the I&E deficit, capital spend, and delays in payment of invoices related to 2023/24. It is expected the cash position will continue to reduce, resulting in the overall reduction of cash position to approximately £16m by Month 12.

Non-Current Liabilities have decreased by £1.7m in Month 5 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.

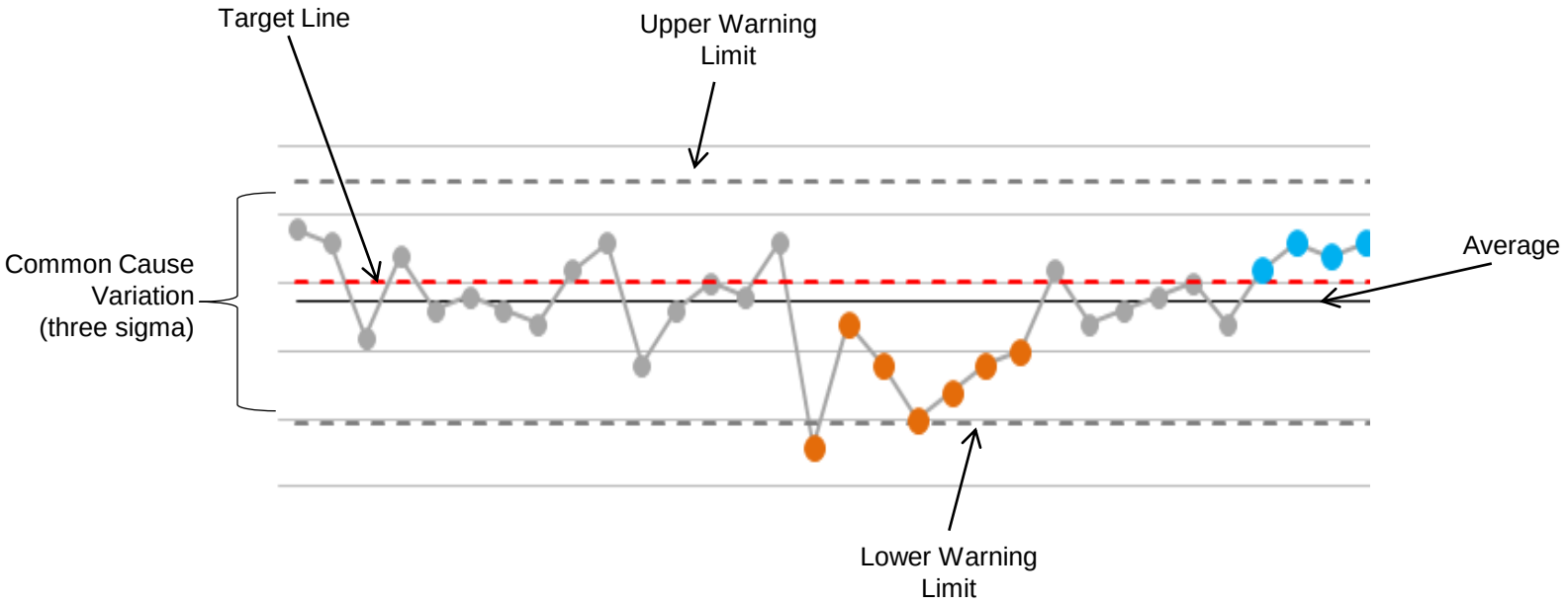
Regulatory

Board Sponsor: Chief Executive
Maria Kane

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

Ref	Criteria:	Comp (Y/N)	Comments where non complaint or at risk of non-compliance
G3	Fit and proper persons	Y	A Fit and Proper Persons Policy is in place. Annual checks have been undertaken and no areas of non-compliance have been identified.
G4	Having regard to NHS England Guidance	Y	Trust Board has regard to NHS England guidance where this is applicable.
G6	Registration with the CQC	Y	CQC registration is in place. The Quality Committee receives regular assurance on CQC compliance on behalf of the Board.
G7	Patient eligibility and selection criteria	Y	Trust Board has considered the assurances in place and considers them to be sufficient.
C1	Submission of costing information	Y	A rang od measures and controls are in place to provide internal assurance on data quality, including an annual internal audit assessment.
C2	Provision of costing and costing related information	Y	The Trust submits information nationally as required.
C3	Assuring the accuracy of pricing and costing information	Y	Scrutiny and oversight of assurance reports to regulators is provided by the Board's Committees as required.
P1	Compliance with NHS Payment Scheme	Y	NBT complies with national and local arrangements. It should be noted that NBT is currently receiving elements of income via a block arrangement in line with national financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Y	NBT complies with national and local arrangements. It should be noted that NBT is currently receiving elements of income via a block arrangement in line with national financial arrangements.
IC1	Provision of Integrated Care	Y	The Trust is actively engaged in the ICS and within a provider collaborative.
IC2	Personalised Care and Patient Choice	Y	Trust Board has considered the assurances in place and considers them to be sufficient.
WS1	Cooperation	Y	The Trust is actively engaged in the ICS and within a provider collaborative.
NHS2	Governance Arrangements	Y	The Trust has robust governance arrangements in place, which have been reviewed annual as part of the licence self-certification process and tested via annual reporting and internal/external audit.

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



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

All data included is correct at the time of publication.

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

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

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

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

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

Appendix 2: NBT Strategy – Patient First

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

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

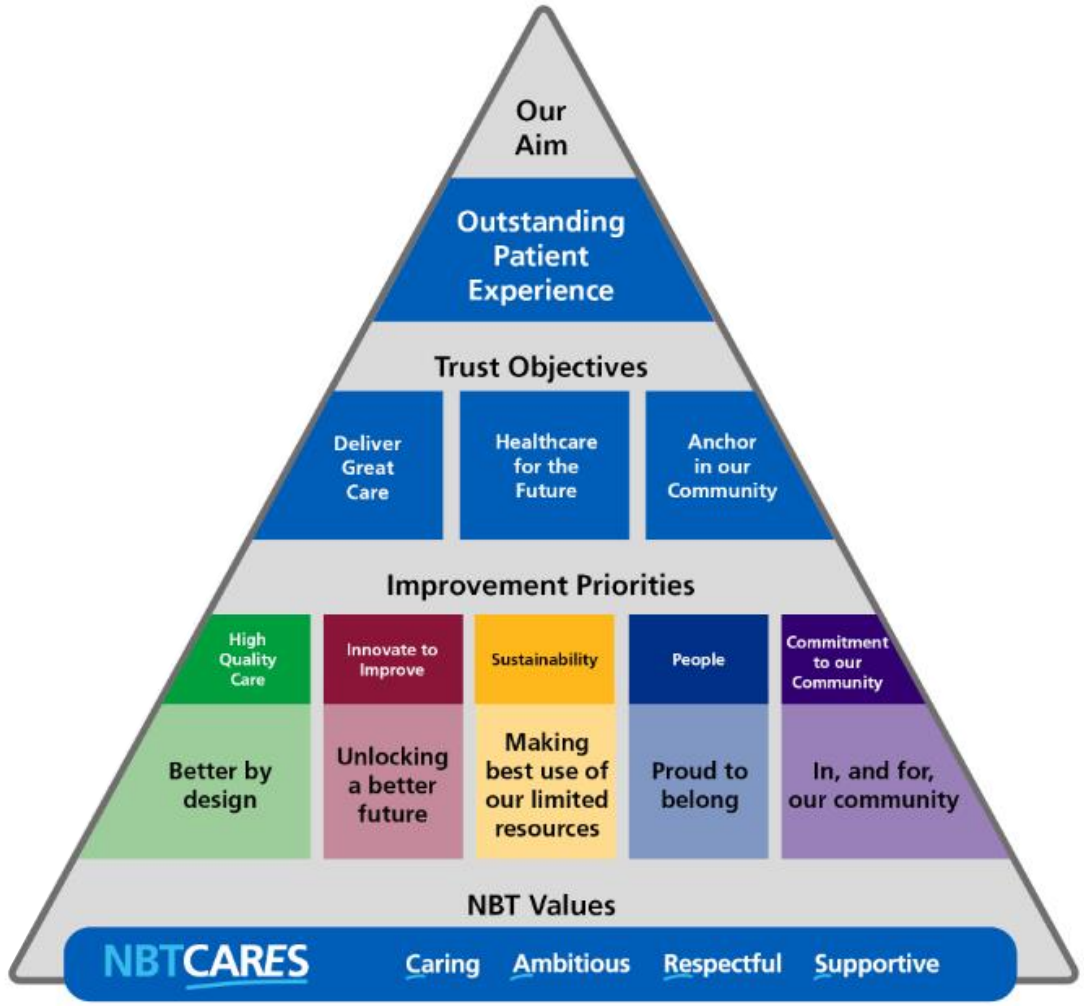
The Patient First approach is about what we do and how we do it and for it to be a success, we need you to join us on the journey.

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

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

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

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



Appendix 2: NBT Strategy – Patient First Improvement Priorities

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