North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

May 2024

(presenting April 2024 data)

Contents

North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																			Peer Performance	Rank
Responsiveness	A&E 4 Hour - Type 1 Performance	R	95.00%	68.00%	80.16%	70.74%	75.15%	71.49%	71.94%	64.33%	60.56%	63.37%	67.17%	63.30%	64.87%	63.77%	63.56%		54.11%	1/11
	A&E 12 Hour Trolley Breaches	R	0	-	2	39	10	12	17	23	223	213	269	318	168	260	324		5-2228	3/11
	Ambulance Handover < 15 mins (%)		65.00%	-	38.76%	33.96%	34.54%	32.21%	26.14%	25.74%	25.35%	30.54%	29.30%	34.33%	39.53%	37.39%	41.13%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	82.40%	73.03%	78.48%	74.86%	70.85%	64.84%	57.57%	66.56%	61.70%	64.15%	71.52%	68.29%	72.73%			
	Ambulance Handover > 60 mins		0	-	87	231	164	165	182	317	620	438	548	532	326	364	440			
	Average No. patients not meeting Criteria to Reside			202	208	190	198	200	198	195	218	228	243	245	233	211	233			
	Bed Occupancy Rate			100.00%	96.08%	97.14%	96.99%	95.81%	93.63%	95.59%	97.12%	96.84%	96.28%	97.81%	97.40%	97.48%	98.16%			
	Diagnostic 6 Week Wait Performance		5.00%	3.02%	17.44%	17.48%	18.64%	15.10%	14.18%	12.50%	11.40%	9.81%	10.11%	12.28%	5.19%	4.22%	3.10%		23.28%	2/10
	Diagnostic 13+ Week Breaches		0	0	740	593	595	300	124	59	17	14	7	4	5	0	0		0-2485	1/10
	RTT Incomplete 18 Week Performance		92.00%	-	62.66%	63.23%	61.02%	60.97%	60.50%	60.53%	61.52%	61.94%	60.14%	61.11%	61.58%	59.75%	60.36%		53.87%	8/10
	RTT 52+ Week Breaches	R	0	1427	2684	2798	2831	2689	2599	2306	2124	1858	1685	1393	1383	1498	1609		74-15824	2/10
	RTT 65+ Week Breaches			180	591	594	619	624	606	582	545	420	388	249	193	146	192		0-3658	2/10
	RTT 78+ Week Breaches	R		28	65	84	59	44	48	48	55	49	50	45	39	27	18		0-326	3/8
	Total Waiting List	R		47823	47861	47731	49899	50119	50168	48969	48595	47698	47245	46710	46394	46278	46441			
	Cancer 31 Day First Treatment		96.00%	95.63%	86.27%	90.77%	87.80%	81.59%	0.00%	0.00%	85.61%	88.14%	86.30%	77.12%	86.18%	83.07%	-		88.00%	9/10
	Cancer 62 Day Standard	R	85.00%	78.02%	53.20%	54.21%	52.15%	50.81%	0.00%	0.00%	55.74%	58.04%	55.74%	48.42%	45.14%	51.82%	-		55.43%	9/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	75.64%	66.43%	65.14%	57.36%	54.96%	0.00%	0.00%	59.46%	71.42%	74.89%	70.88%	74.80%	73.79%	-		59.46%	8/10
	Urgent operations cancelled ≥2 times		0	-	0	0	0	0	0	0	0	1	1	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 Urgent Operations Cancelled ≥ 2 times and Diagnostic 6 Week Wait Performance which is RAG rated against National Standard.

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Quality, Safety and Effectiveness	Trust Quality Metrics	Summary Hospital-Level Mortality Indicator (SHMI)				0.98	0.98	0.99	0.99	0.98	0.98	0.99	0.97	-	-	-	-	-	
		Never Event Occurrence by month		0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	
		Commissioned Patient Safety Incident Investigations				2	4	0	0	2	2	2	1	1	2	0	1	1	
		Healthcare Safety Investigation Branch Investigations				0	0	0	0	0	0	0	1	1	2	0	0	0	
		Total Incidents				1019	1120	1082	1042	1161	1135	1491	1547	1182	1251	1340	1291	1135	
		Total Incidents (Rate per 1000 Bed Days)				37	38	37	35	41	40	48	52	39	39	45	40	37	
		WHO checklist completion			95.00%	99.20%	96.97%	97.77%	99.01%	98.58%	97.68%	99.08%	99.36%	99.43%	99.52%	99.82%	99.71%	99.89%	
		VTE Risk Assessment completion	R		95.00%	95.61%	95.03%	94.97%	94.72%	94.33%	93.88%	92.96%	92.83%	91.63%	86.25%	85.21%	84.91%	-	
		Pressure Injuries Grade 2				20	15	18	17	12	14	11	10	12	11	18	10	14	
		Pressure Injuries Grade 3			0	0	0	0	0	2	1	0	0	1	1	0	0	0	
		Pressure Injuries Grade 4			0	0	0	0	0	1	0	0	1	0	0	1	0	0	
		Pressure Injuries rate per 1,000 bed days				0.63	0.45	0.55	0.47	0.46	0.46	0.26	0.34	0.33	0.35	0.47	0.28	0.36	
		Falls per 1,000 bed days				5.92	6.39	5.66	4.91	5.73	4.96	6.45	6.56	6.38	5.58	5.72	5.66	5.18	
		MRSA	R	0	0	0	0	1	1	0	0	1	1	0	0	0	0	1	
		E. Coli	R		4	8	4	7	4	2	7	5	11	5	6	5	2	6	
		C. Difficile	R		5	1	4	11	6	2	5	4	3	2	2	9	8	6	
		MSSA			2	1	2	6	9	5	2	4	3	6	3	3	2	2	
		Observations Complete				99.14%	99.05%	98.89%	99.22%	97.56%	96.48%	99.02%	98.83%	98.66%	98.73%	98.50%	98.60%	98.90%	
		Observations On Time				41.65%	42.49%	45.38%	48.37%	61.62%	69.58%	73.33%	75.00%	72.04%	72.85%	71.82%	72.94%	70.70%	
		Observations Not Breached				52.73%	53.66%	57.47%	58.21%	73.78%	80.83%	85.17%	88.39%	85.54%	85.57%	84.80%	84.52%	83.10%	
	Maternity	5 minute Apgar 7 rate at term			0.90%	0.79%	0.00%	0.72%	0.93%	0.45%	0.64%	0.68%	1.82%	0.78%	0.23%	1.22%	1.90%	1.00%	
		Caesarean Section Rate				36.41%	42.80%	44.37%	40.65%	46.33%	47.02%	42.89%	43.19%	41.26%	44.90%	47.50%	44.74%	45.88%	
		Still Birth rate			0.40%	0.24%	0.21%	0.44%	0.43%	0.21%	0.29%	0.21%	0.21%	0.72%	0.43%	0.00%	0.22%	0.00%	
		Induction of Labour Rate			32.10%	36.89%	35.91%	33.55%	38.04%	32.08%	30.65%	34.31%	30.21%	36.65%	31.67%	31.36%	34.45%	32.71%	
		PPH 1500 ml rate			8.60%	3.16%	4.09%	2.87%	4.13%	2.31%	2.68%	3.97%	2.96%	2.42%	2.38%	4.04%	2.68%	3.52%	
	Fragile Hip	Fragile Hip Best Practice Pass Rate				68.42%	55.00%	43.10%	62.00%	58.00%	55.77%	79.17%	70.59%	61.40%	60.00%	67.92%	71.43%	-	
		Admitted to Orthopaedic Ward within 4 Hours				47.37%	47.50%	27.59%	40.00%	48.00%	36.54%	33.33%	25.49%	21.05%	28.57%	9.43%	14.29%	-	
		Medically Fit to Have Surgery within 36 Hours				70.18%	67.50%	44.83%	62.00%	58.00%	55.77%	81.25%	72.55%	68.42%	64.29%	71.70%	73.47%	-	
		Assessed by Orthogeriatrician within 72 Hours				96.49%	85.00%	93.10%	96.00%	98.00%	96.15%	97.92%	96.08%	91.23%	88.57%	90.57%	95.92%	-	
	Stroke	Stroke - Patients Admitted				94	121	181	133	191	156	155	164	157	184	163	152	96	
		Stroke - 90% Stay on Stroke Ward			90.00%	86.36%	87.01%	85.71%	89.02%	80.91%	84.62%	82.22%	71.95%	77.42%	75.22%	76.47%	78.13%	-	
		Stroke - Thrombolysed <1 Hour			60.00%	56.25%	42.86%	73.33%	44.44%	68.18%	52.38%	75.00%	56.25%	37.50%	85.71%	60.00%	78.13%	-	
		Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	73.24%	58.97%	61.86%	66.67%	58.93%	56.19%	59.78%	61.45%	70.97%	58.62%	63.92%	61.54%	-	
		Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	93.59%	77.42%	84.11%	80.00%	86.89%	87.93%	89.80%	85.71%	92.23%	86.47%	95.50%	84.21%	-	

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Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity				94.44%	93.50%	91.79%	88.81%	91.00%	89.49%	89.49%	89.29%	91.73%	92.73%	91.16%	93.93%	90.05%	
	Friends & Family Positive Responses - Emergency Department				86.07%	79.57%	81.95%	81.75%	83.58%	74.74%	72.80%	79.33%	80.94%	81.44%	81.12%	73.99%	77.89%	
	Friends & Family Positive Responses - Inpatients				92.85%	93.29%	91.62%	93.65%	93.70%	93.37%	91.96%	92.53%	91.30%	92.71%	91.98%	91.55%	92.73%	
	Friends & Family Positive Responses - Outpatients				95.53%	95.43%	94.67%	95.46%	95.13%	94.04%	94.65%	95.45%	96.01%	95.31%	94.58%	95.12%	95.33%	
	PALS - Count of concerns				120	141	141	145	123	135	139	152	103	191	133	157	137	
	Complaints - % Overall Response Compliance			90.00%	73.17%	79.49%	80.00%	79.63%	64.10%	71.11%	65.00%	60.00%	73.00%	79.00%	71.00%	84.62%	86.11%	
	Complaints - Overdue				3	1	6	5	4	5	9	10	3	5	6	4	2	
	Complaints - Written complaints				38	57	44	42	48	49	60	49	36	44	40	39	36	
Workforce	Agency Expenditure ('000s)				1533	1948	2342	2402	2242	2182	2093	2184	1610	1507	1592	1368	891	
	Month End Vacancy Factor				6.21%	7.96%	8.03%	8.25%	7.69%	7.16%	6.62%	6.42%	5.87%	4.87%	4.82%	5.02%	2.55%	
	Turnover (Rolling 12 Months)	R		-	16.56%	16.29%	15.90%	15.19%	15.03%	14.59%	14.13%	13.74%	13.30%	13.09%	12.91%	12.32%	12.01%	
	Sickness Absence (Rolling 12 month)	R		-	5.19%	5.08%	5.07%	4.94%	4.92%	4.91%	4.89%	4.81%	4.70%	4.66%	4.67%	4.65%	4.62%	
	Trust Mandatory Training Compliance				80.99%	82.00%	84.23%	84.73%	86.69%	87.04%	89.39%	90.69%	91.06%	90.14%	89.44%	91.16%	91.50%	

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Executive Summary – May 2024

Urgent Care

Four-hour performance reported at 63.56% in April. NBT ranked first out of 11 AMTC providers but was not compliant with the national requirement of 76%. 12-hour trolley breaches reported at 324 last month, whilst there were 272 ambulance handover delays over one-hour. There were two primary drivers for the position; the first was a 13.02% increase in ED presentations compared to April 2023, and a rise in the NC2R position for the month leading to a commensurate increase in bed occupancy. Executive-level escalation at system-level continues. Discussions amongst System COOs have reached a position where a new NC2R level ambition is being set; to reduce the NC2R percentage within NBT to 15%. This is now a key contingent in the Trust committing to the 78% ED 4-hour performance requirement for March 2025. Community-led D2A programme remains central to ongoing improvement. Work also progresses around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. In the meantime, internal hospital flow plans continue to be developed and implemented.

Elective Care

Having delivered the clearance of capacity related 65-week wait breaches at the end of 2023/24, the Trust has now submitted a plan which aims to clear all non-capacity related breaches by September 2024. While plans are in place for most specialties, there is an outstanding challenge (related to complex procedures and limited clinical capacity) in clearing the remaining backlog of some specialist breast reconstruction surgery. However, the position is constantly changing with new options being considered and implemented.

Diagnostics

Performance in April-24 continues to meet the requirements for 2024/25, reporting at 3.10% (against target of 5%). No patient is waiting longer than 13 weeks for diagnostic and greater than 95% are now receiving their diagnostic test within 6-weeks. The Trust is setting an ambition to go beyond national requirements and return to national constitutional standards of no more than 1% breaching 6-weeks in the coming year.

Cancer Wait Time Standards

Despite significant referral increases in tumour sites such as Gynaecology, Skin and Breast etc. – and in the face of significant activity losses due to industrial action, the Trust has met its requirement to reduce the 62-Day backlog to less than 6% of the total waiting list. The reported position for end of March was 174 patients – against a peak of nearly 1000 patients 18 months ago. The February FDS position reported at 74.80% and March reported 73.79%, just below the 75% requirement. This resulted from an unplanned loss of capacity in one of our high-volume tumour site specialties i.e. Skin cancer. Remedial actions are already in place to recover the loss, but fundamental clinical and pathway redesign is the route to sustainable performance.

Executive Summary – May 2024

Quality

Within Maternity, the term admission rate to NICU rose to 6.4% against a national target of 5% quarterly. PMRT has remained fully compliant with Maternity Incentive Scheme (MIS) requirements during Q4 and there have been no maternal admissions to ICU or new MNSI cases during March 2024. Training compliance remains on target to meet MIS requirements.. In April, the overall number of reported medication incidents reduced as has the ratio of all incidents to those causing harm. Infection control data for April showed an increase in C-Difficile, with a slight breach of annual trajectory, E-Coli cases were below annual trajectory and there was one new MRSA case. Improvement work continues for the sustained increase in MSSA rates, which reflects regional/national trends. The reducing trend in falls rates continued, which include a notable reduction in patients experiencing multiple falls. The number of Grade 2 pressure injuries remained stable, with no grade 3 or 4s in the past month and overall decreases seen for 2023/24. The 2023-24 CQUIN position was positive, with 6/8 national schemes fully achieved, one partially and one that fell short (flu vaccinations). The year-2 workplan for Patient & Carer Experience has been set, reflecting the Trust's approved Quality priorities. 92.87% of patients gave the Trust a FFT positive rating, which remains within the expected range of performance. Complaint response compliance further improved to 86% in April. All complaints are acknowledged within 3 working days and this month we have profiled the important work of our Complaints Lay review panel which provides objective feedback on the quality of investigations and responses to support continuous improvement in our approach

Workforce

NBT's Rolling 12-month staff turnover rate decreased from 12.32% in March to 11.95% in April, 0.05% above the target set for 2024/25; work is in progress to identify opportunities for further improvement. We remain focussed on monitoring the impact of our actions from the one-year retention plan through delivery of our five-year retention plan, particularly the proportion of our Healthcare Support Workers leaving within the 1st 12 months of service.
Following approval of our Commitment to our Community plan work is in progress across several areas to improve our disparity ratio and meet the Trust target of 1.25 by March 2025 and to grow our employment from our 30 most challenged communities, community outreach, mentorship, work experience, diverse recruitment panels and positive action to support underrepresented groups to apply for roles in the Trust are aim to support our aims.
Trust-wide agency spend and usage has seen a significant decrease between March and April, with the Trust below the 2024/25 target for agency spend in both months

Finance

The financial plan for 2024/25 in Month 1 (April) was a deficit of £2.0m. The Trust has delivered a £3.6m deficit, which is £1.6m worse than plan. In month 1 the Trust has seen the impact of temporary staffing costs above substantive staffing levels and unidentified CIP offset by the delays in investment and ERF funding. Unidentified savings within the in year position are creating a £1.4m adverse variance, the impact of which is offset by delays in investments and vacancies. The Trust cash position at Month 11 is £56.0m, a reduction of £6.7m from Month 1. This is driven by the Trust I&E deficit and capital spend. The Trust has delivered £0.4m of completed cost improvement programme (CIP) schemes at month 1. There are a further £7.1m of schemes in implementation and planning that need to be developed, and £23.5m in the pipeline.

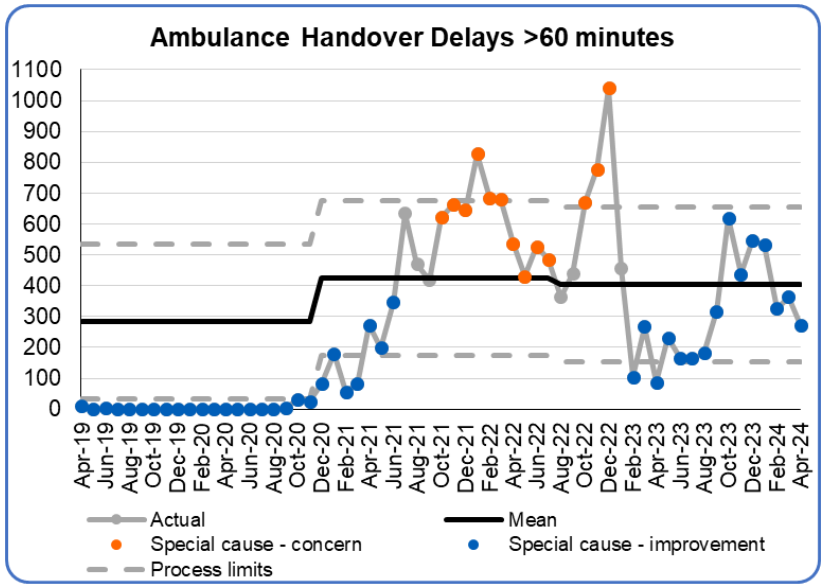
Responsiveness

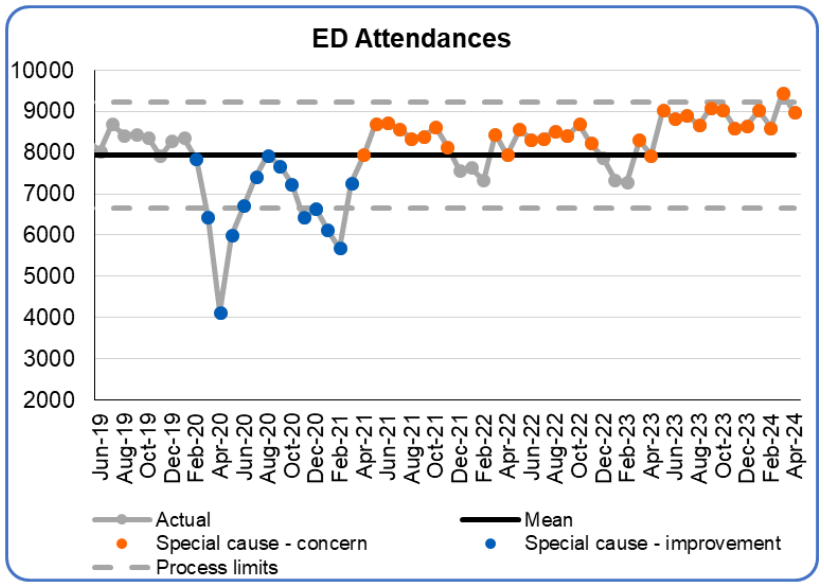
Board Sponsor: Chief Operating Officer
Steve Curry

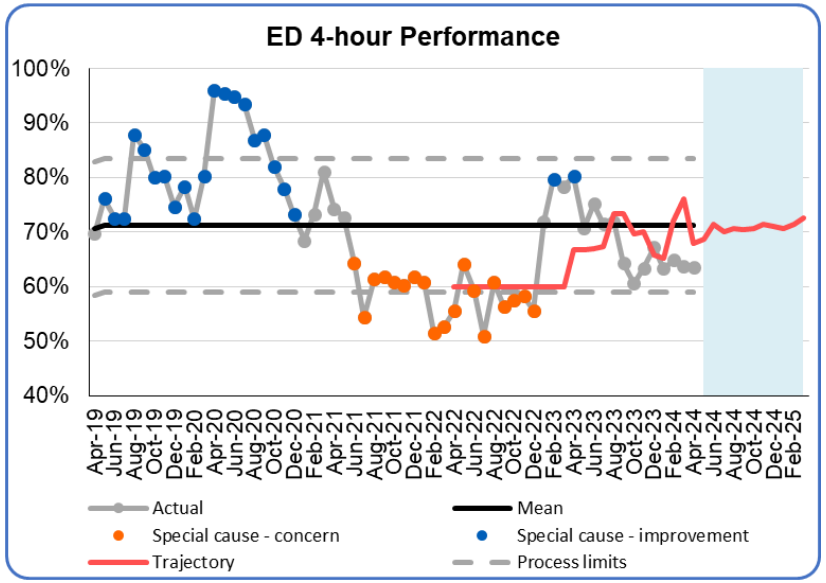
Responsiveness – Indicative Overview at April-2024

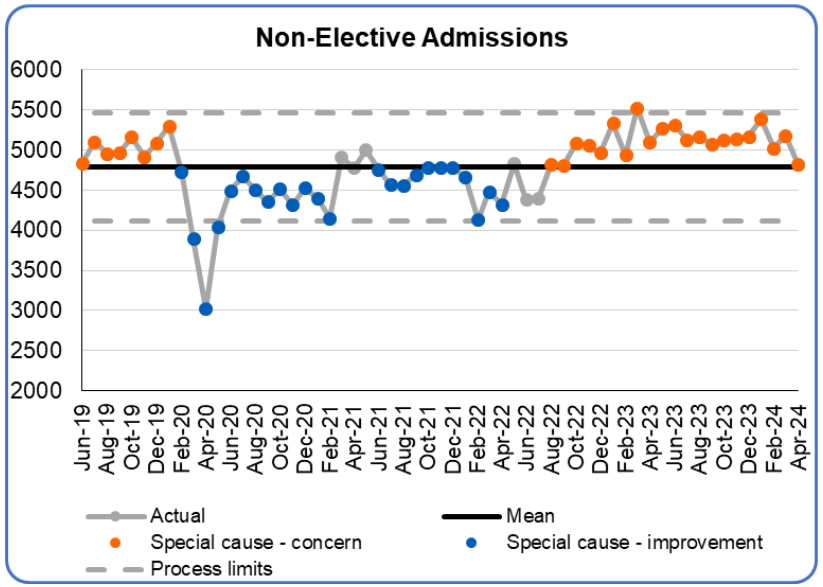
Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Internal and partnership actions continue.
	NC2R/D2A	Secured NC2R reduction ambition from System. Aiming for 17% in Q1 and 15% in Q2.
RTT	65-week wait	Still a challenged position for a small number of specialist procedures
Diagnostics	5% 6-week target	Achieved
	CDC	Phase 1 (mobiles in place) Phase 2 (fixed build) by the 30/08/2024
Cancer	28-day FDS Standard	End of 2023/24 recovery impacted by unplanned loss of capacity and a 50% percentage point increase in Skin referrals compared to Apr-23. Sustainable delivery requiring System and clinically-led pathway changes. Despite this, the improved performance at NBT resulted in the organisation being removed from national tiering.
	62-Day Combined Standard	Stabilising operational plans and moving to clinical and System pathway change as a means of securing sustainable performance. The latest reported position is 64%, which is higher than the required 60% for national tiering.

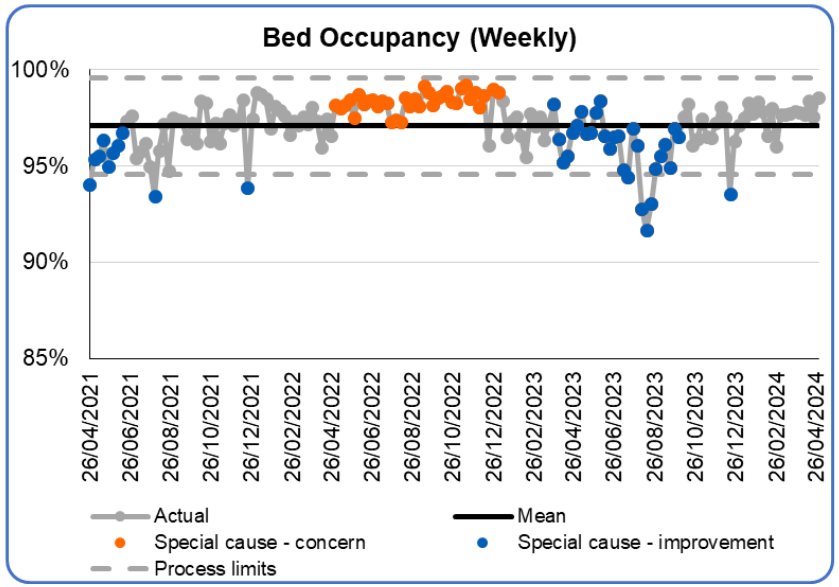
Urgent and Emergency Care

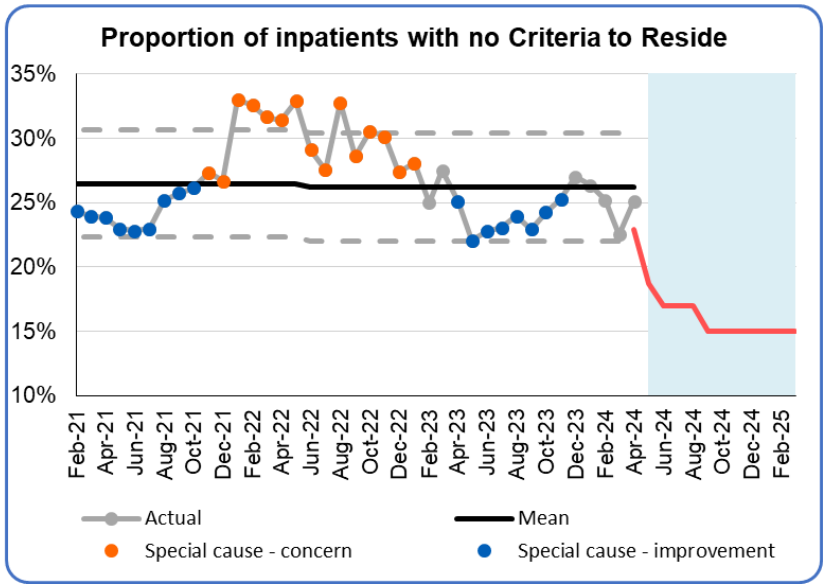












Urgent and Emergency Care

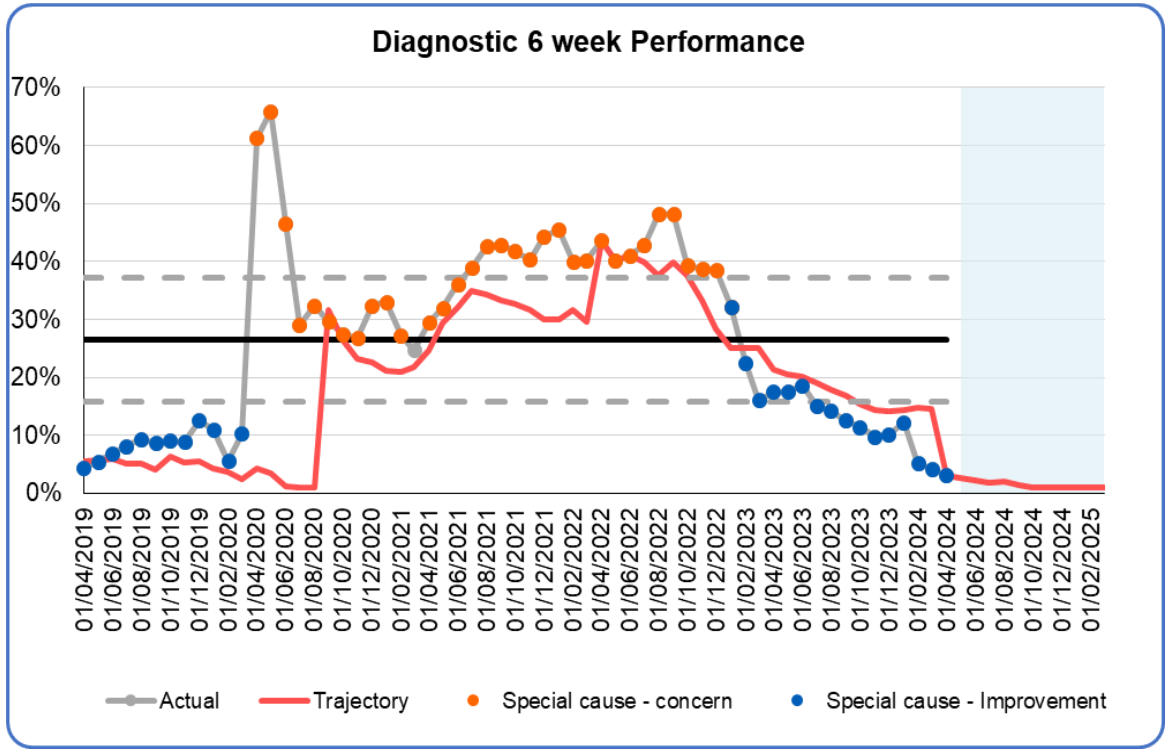
What are the main risks impacting performance?

- High volumes of NC2R continue to compound an already pressured UEC hospital pathway. As previously noted, the increase between October - December 2023 coincided with a period of planned bed reductions within community beds; a position which has been challenged at the point of planning by NBT.
- Year-on-year ED attendances have been increasing in previous months, but there was a marked increase yet again in April, showing attendances at 13.02% higher than April 2023.

What actions are being taken to improve?

- Executive and CEO-level escalation regarding NC2R impact - commitment secured from system partners to focussed work with revised reduction ambition.
- Ambulance handovers – the Chief Nursing Officer led a 'refresh' of the continuous flow model in response to December ambulance delays. Although the approach had continued over the summer, its scale of deployment was commensurate with a lower level of patient flow pressure. The approach has been reintroduced more rigorously with two-hourly monitoring in place. The normal risk mitigations which have been previously used continue to apply in using this 'balance of overall risk' approach.
- Ongoing introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- A revised bed plan for winter was designed, having used a previous summer reserve to compensate for community bed losses in the early autumn. The revised plan included the build-up of a new bed reserve based on higher levels of patient discharge in the pre-Christmas period. While the new reserve was significant, the pressures experienced in the post-Christmas period meant that much of this had been deployed earlier than planned.
- 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.

Diagnostic Wait Times



What are the main risks impacting performance?

- The Trust continues to achieve target of no more than 5% patients waiting over 6-weeks; with performance reported at 3.10% for April 2024.
- The Trust is maintaining clearance of all >13-week breaches.
- Staffing gaps within the Sonography service and a surge in urgent demand means that the NOUS position remains vulnerable. Given the volume of this work, any deterioration can have a material impact on overall performance.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector. Further industrial action remains the biggest risk to compliance.

What actions are being taken to improve?

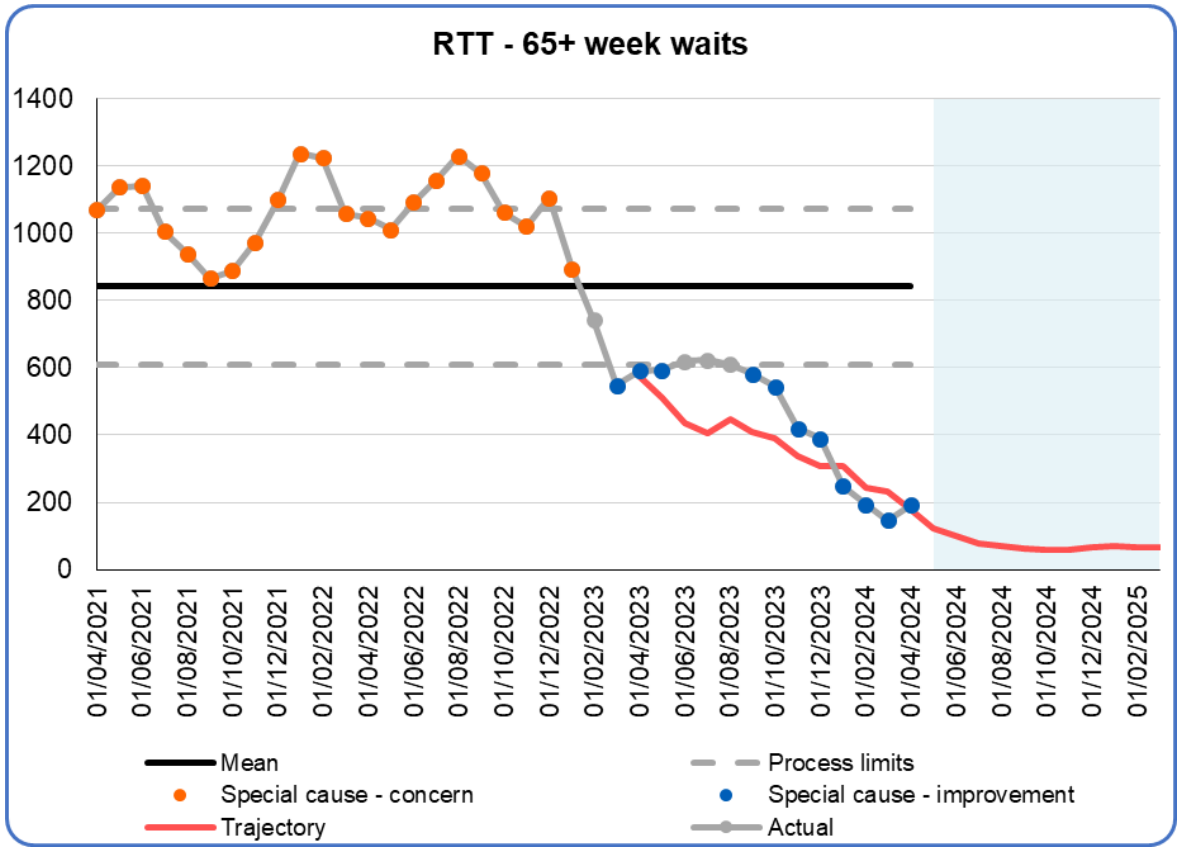
- The Trust has committed to actions that deliver the national constitutional standard of 1% in 2024/25.
- CDC commenced 01/04/2024 in temporary accommodation with phase 2 (fixed build) commencing from 30/08/2024.

Diagnostic Imaging Reporting Turnaround Times (TATs)

Standard	Maximum Target	Performance as at Apr-24	Commentary	Drivers of Performance	Actions
• ED – all patients • Inpatient – Acutely unwell and urgent (CT & MRI)	Within 12-hours	**94.2%**	Perform well in this area	Challenges driven by significant demand increases	• Dedicated Consultant in ED 08:00-21:00 • 2 x Radiology Registrars in ED
• Inpatient – non-urgent (CT, MRI & Plain Film)	Within 24-hours	**96.2%**	Perform well in this area	Challenges driven by significant demand increases – particularly CT and MRI ? Stroke expansion related	• Continuing to address recruitment challenges – see below
• Outpatient – non-urgent (CT, MRI & Plain Film)	Within 28-days	**78.4%**	Challenges in cross-sectional TATs e.g. CT and MRI	Challenges driven by significant ED and Inpatient demand competing with meeting GP access requirements – urgent and cancer referrals prioritised	• Recruitment initiatives to attract Consultant Radiologists including internationally • Increase Radiographer vetting and reporting • Increase volume of outsourcing cross-sectional imaging reporting
• GP Direct Access – non-urgent (CT, MRI & Plain Film)	Within 28-days	**97.3%**			

The new national imaging reporting turnaround times were released in August 2023. We will be required to report performance against these targets – awaiting reporting methodology from NHSE.

Referral To Treatment (RTT)



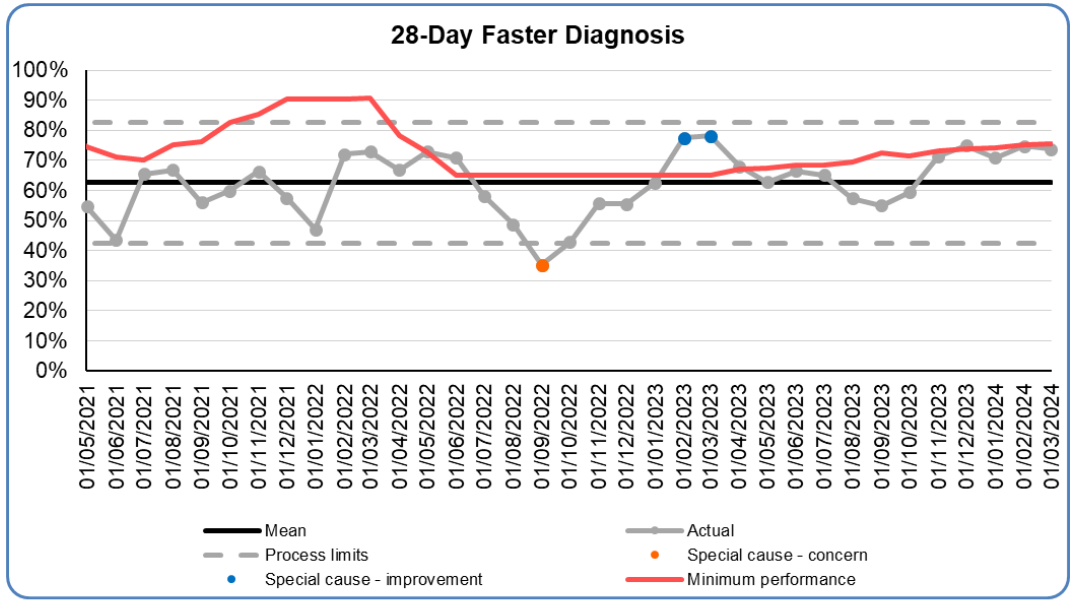
What are the main risks impacting performance?

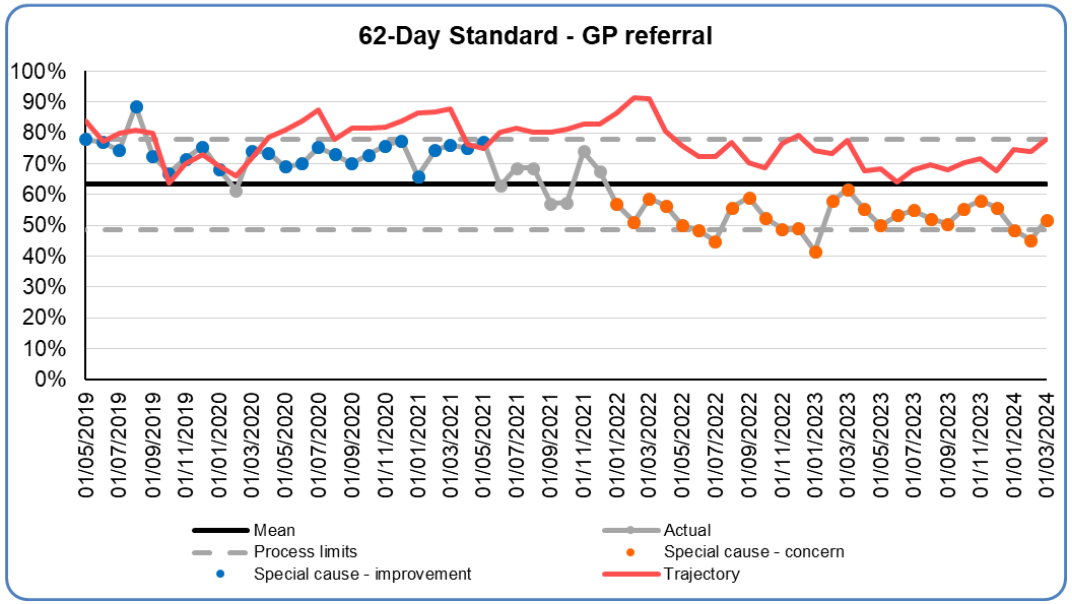
- Continued impact of repeated periods of industrial action.
- Rebooking of cancelled cancer and urgent patients is displacing the opportunity to book long-waiting patients.
- Continued reliance on third party activity in a number of areas.
- The potential impact of UEC activity on elective care.
- Challenges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

What actions are being taken to improve?

- Trust has committed to zero 104-week breaches from the end of June 2024.
- Plans to eliminate 65-week and 78-week wait breaches for all specialties, with the exception of DIEPs, by Sept-24.
- Speciality level trajectories have been developed with targeted plans to deliver required capacity in most challenged areas; including outsourcing to the IS for a range of General Surgery procedures and smoothing the waits in T&O between Consultants.
- Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred all suitable patients into available capacity across local IS Providers.
- The Trust is actively engaged with the Getting It Right First Time (GIRFT) programme of work and working with specialists in theatre utilisation improvements to ensure use of available capacity is maximised.

Cancer Performance





What are the main risks impacting performance?

- Last minute year-end capacity loss in Skin clinics impacting the end of year performance.
- Ongoing clinical pathway work reliant on system actions remains outstanding.
- Reliance on non-core capacity.
- Increased demand is now a significant driver – Skin referrals, Gynaecology referrals and Endoscopy referrals.
- Volume and complexity of Urology pathway remains challenging.
- March reported an increase in Breast 28-day breaches and whilst Breast remain compliant to the FDS standard at 90% this had an impact on the Trusts position. Skin also reported an increase in breached pathways against reduced overall informed activity.

What further actions are being taken to improve?

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

Quality, Safety and Effectiveness

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

Maternity

Perinatal Quality Surveillance Monitoring (PQSM) Tool – March 24 data

	Jan-24	Feb-24	Mar-24	TREND
Activity				
Number of women who gave birth, all gestations from 22+0 gestation	463	442	448	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	0	3	1	
Number of women who gave birth (>=24 weeks or <24 weeks live)	461	440	447	
Number of babies born (>=24 weeks or <24 weeks live)	466	445	449	
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)	36	36	24	
No of liveblrths <24 weeks gestation	0	1	1	
Induction of Labour rate %	31.7%	31.4%	34.5%	
Spontaneous vaginal birth rate %	45.6%	43.2%	43.6%	
Assisted vaginal birth rate %	9.1%	8.9%	11.2%	
Caesarean Birth rate (overall) %	44.9%	47.5%	44.7%	
Planned Caesarean birth rate %	20.6%	21.6%	19.9%	
Emergency Caesarean Birth rate %	24.3%	25.9%	24.8%	
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	4.2%	6.4%	5.20%	
Perinatal Morbidity and Mortality inborn				
Total number of perinatal deaths (excluding late fetal losses)	2	1	3	
Number of stillbirths (>=24 weeks excl. TOP)	1	0	1	
Number of neonatal deaths : 0-6 Days	1	0	1	
Number of neonatal deaths : 7-28 Days	0	1	1	
PMRT grading C or D cases (themes in report)	1	2	1	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (MNSI)	0	0	0	
Maternal Morbidity and Mortality				
Number of maternal deaths (MBRRACE)	0	0	0	
Direct	0	0	0	
Indirect	0	0	0	
Number of women recieving enhanced care on CDS	Data Not Available (DNA)			
Number of women who received level 3 care (ITU)	0	0	0	
Insight				
Number of datix incidents graded as moderate or above (total)	0	2	0	
Datix incident moderate harm (not SI, excludes MNSI)	0	2	0	
Datix incident PSII (excludes MNSI)	0	0	0	
New MNSI referrals accepted	0	0	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	
Coroner Reg 28 made directly to Trust	0	0	0	
Workforce				
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	2	0	0	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	2	2	2	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	0	0	0	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)	1	1	1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)	1	1		
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).	5.4%	e (DNA)	8%	

		Jan-24	Feb-24	Mar-24	TREND
Vacancy rate for midwives		5.59%	8.04%	6.17%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)		35%	52%	54%	
Vacancy rate for NICU nurses		26	11	10	
Datix related to workforce (service provision/staffing)		13	9	13	
Consultant led MDT ward rounds on CDS (Day to Night)		53%	96%	81%	
Consultant led MDT ward rounds on CDS (Day)		100%	100%	97%	
One to one care in labour (as a percentage)		99%	100%	97%	
Compliance with supernumerary status for the labour ward coordinator		100%	99%	100%	
Number of times maternity unit attempted to divert or on divert		0%	1	0	
In-utero transfers					
In-utero transfers accepted		1	1	5	
In-utero transfers declined		1 (DNA)	0	0	
ex-utero transfers to NICU					
ex-utero transfers accepted		8	6	11	
ex-utero transfers declined		0	0	2	
NICU babies transferred to another unit due to capacity/staffing		0	0	0	
Number of consultant non-attendance to 'must attend' clinical situations		0	0	0	
Involvement					
Service User feedback: Number of Compliments (formal)		67	26	110	
Service User feedback: Number of Complaints (formal)		5	4	3	
Friends and Family Test Score % (good/very good) NICU		100	100	100	
Friends and Family Test Score % (good/very good) Maternity		92	91	93	
Staff feedback from frontline champions and walk-abouts (number of themes)		4	5	0	
Improvement					
Progress in achievement of MIS 710		10	10	10	
Training compliance in annual local BNLS (NICU)		100%	100%	98%	
Training compliance in maternity emergencies and multi-professional training (PROMPT) * note: includes BNLS	*Overall*	81%	84%	79%	
	Obstetric Consultants	95%	95%	89%	
	Other Obstetric Doctors	97%	69%	73%	
	Anaesthetic Consultants	75%	72%	62%	
	Other Anaesthetic Doctors	100%	74%	73%	
	Midwives	80%	89%	73%	
	Maternity Support Workers	71%	95%	90%	
	Theatre staff	Data Not Available			
	Neonatologists	Data Not Available (DNA)			
	NICU Nurses	Data Not Available			
Fetal Wellbeing and Surveillance	*Overall*	85%	86%	85%	
	Obstetric Consultants	89%	89%	89%	
	Other Obstetric Doctors	70%	71%	72%	
	Midwives	86%	91%	82%	
Trust Level Risks		7	4	3	

The ATAIN quarterly report shows that the term admission rate to NICU was 6.4% against a national target of 5%. The avoidable admission rate dropped significantly from the previous quarter; from 18.2% in Q3 to 6.3% in Q4. The report did not identify a definitive reason for this reduction. The recommendations from the report are not dissimilar to those from the previous quarter, with the addition of creating an optimisation bundle for babies born via caesarean between 37- and 39-weeks' gestation.

PMRT has remained fully compliant with MIS requirements during Q4

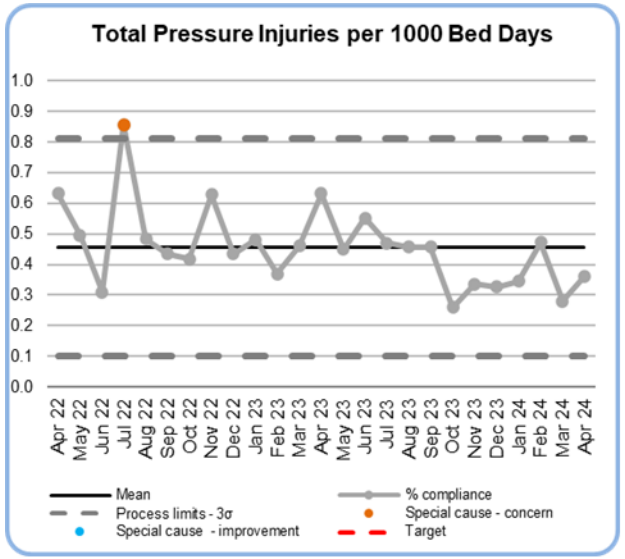
There have been no maternal admissions to ICU and no new MNSI cases during March 2024.

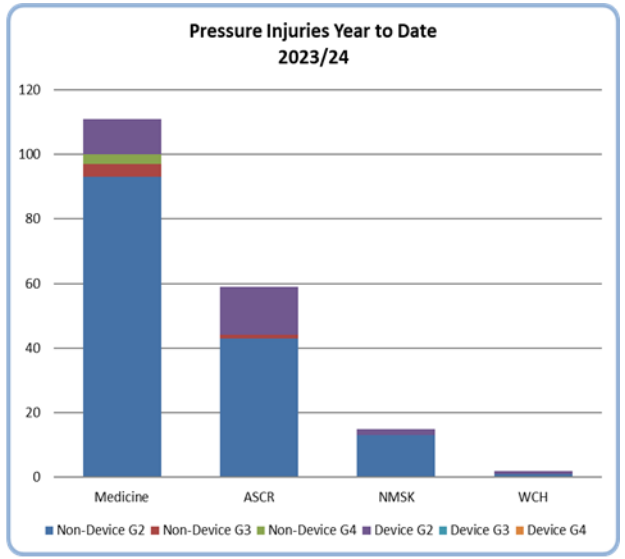
Training compliance remains on target to meet MIS requirements.

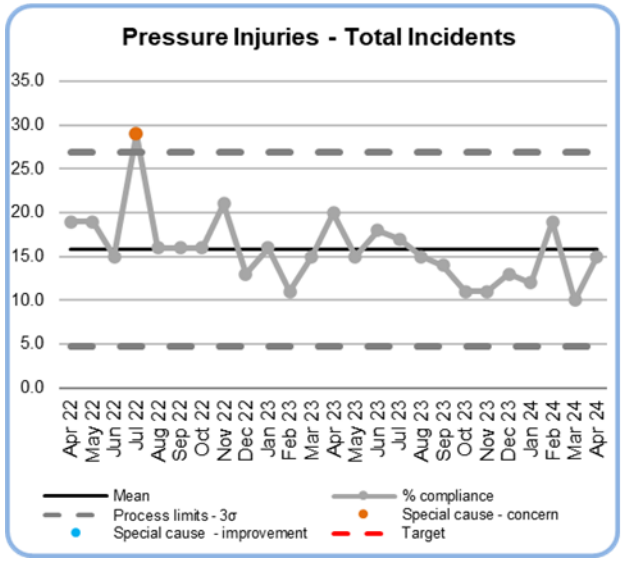
It is acknowledged that the data is reported a month in arrears however any immediate safety concerns would be presented to Divisional Quality Governance, Trust Board and the LMNS as appropriate.

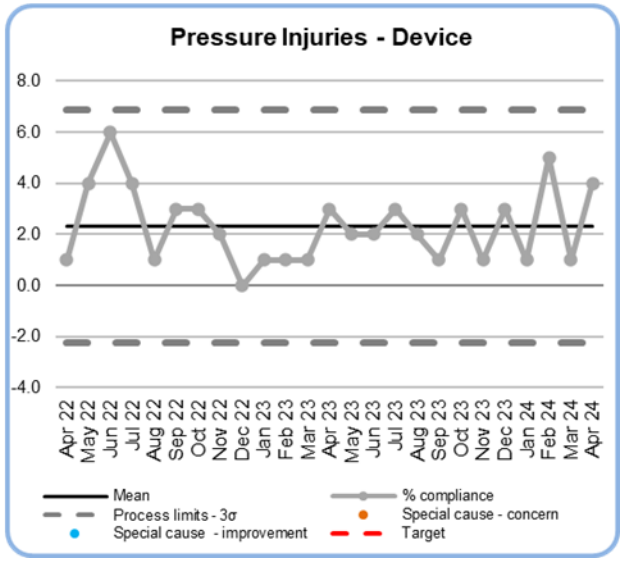
The Perinatal Quality Surveillance Model is shared with Quality Committee and with the Local Maternity and Neonatal System

Pressure Injuries









What does the data tell us?

In April there was there was an increase in the number of grade 2 pressure ulcers. There were 15 grade 2 pressure ulcers, to which 4 were attributable to a medical device.

There was no grade 3 or 4 pressure ulcer. There were three unstageable pressure injuries to 27b.

There was also a decrease in DTI incidents from the previous month to 9 DTI's.

The targets for PU reduction in 2023/2024:

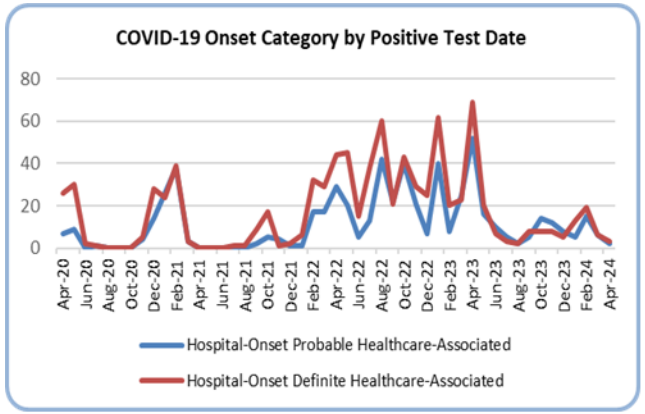
10% reduction on grade 2 pressure ulcers. **The Trust achieved a 15% reduction.**

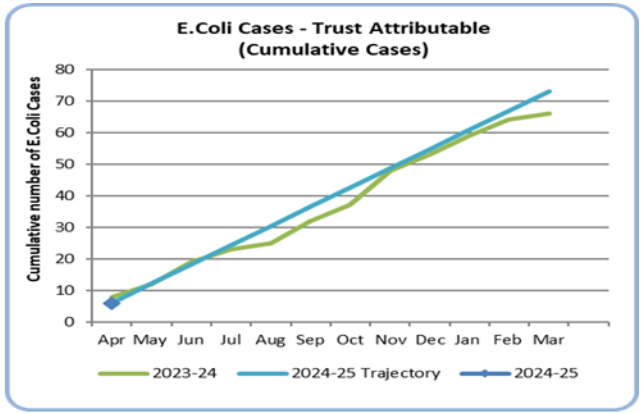
- Zero tolerance for grade 3 and grade 4 pressure ulcers with a 50% reduction from 2022/2023. **The Trust achieved the 50% reduction of Grade 3 but did not meet the Grade 4 target but did achieve a 25% reduction.**

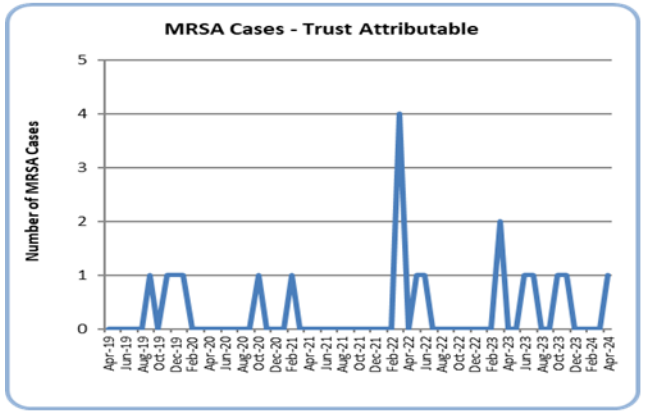
It is proposed that the targets for 2024/25 remain the same, which will continue to decrease the pressure ulcer incident rate at NBT. This will be ratified at the Pressure Ulcer Steering Group.

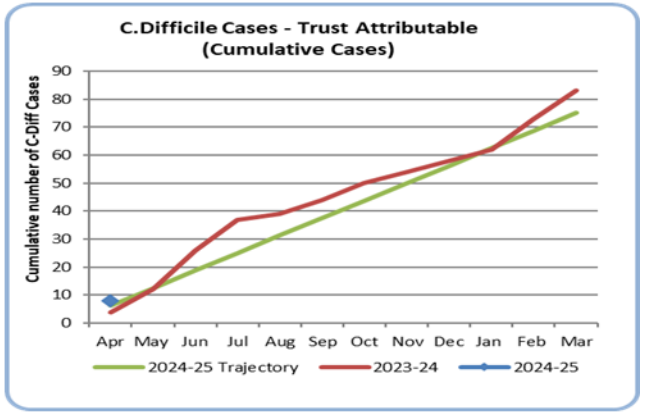
What actions are being taken to improve?

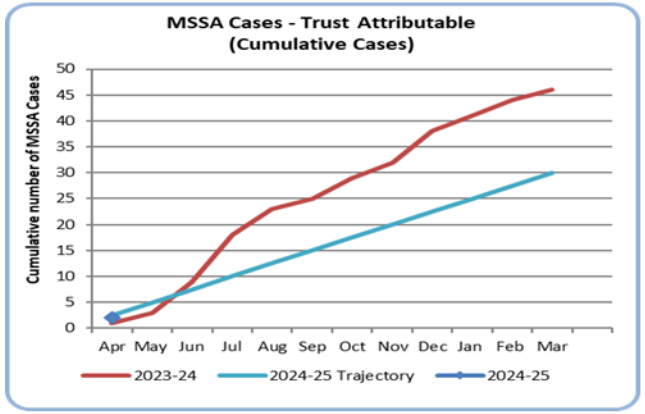
- The TVN team provide a responsive, supportive and educational service across NBT and work collaboratively and strategically within the ICB across the BNSSG system. The team actively seek to work in collaboration with patients, clinical teams and other stakeholders to reduce patient harm.
- The TVN team are working in collaboration with the IPC team to review wounds that have MSSA to address the increase in infection prevalence.
- A working group has been developed within the medicine division to focus strategies and support on reducing pressure ulcers incidents.
- The TVN team have met with the Molnlckye and have agreed a trial for Mepilex heel and sacrum. The research suggests that used prophylactically that they reduce pressure ulcer and deep tissue injury in injuries in high-risk patients. The TVN team have also engaged with the research team to support with a possible research project in the future.

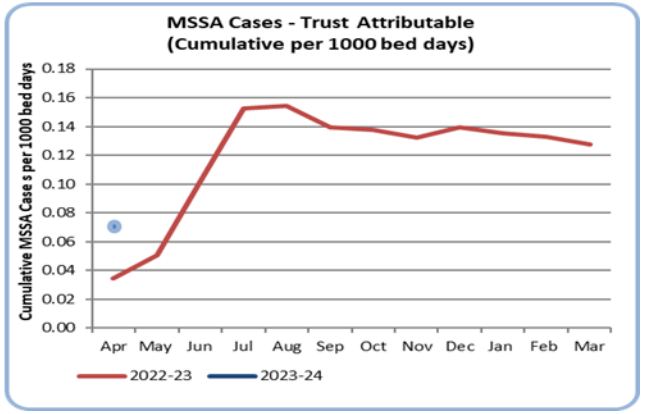












Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus) / Influenza - Case numbers continue to reduce

Winter D+V (Norovirus) - Small numbers of cases have continued – managed effectively

MRSA – 1 case during April

MSSA – New trajectories have been set to not exceed 36 cases and a 10% reduction in Line related infection .

C. Difficile – Awaiting trajectories from UKHSA . 9 cases in April have been reviewed with plans in place regarding education addressing sampling and documentation, this remains a recurring theme

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

What actions are being taken to improve?.

- Bacteriemia reduction plans are trust wide with work being undertaken with Medical , Nursing and AHP staff . An audit of prehospital cannulas is taking place with the aim to work with SWAST to reduce insertion of " Just in Case lines "
- MSSA reduction work is at the forefront as an action plan following an external report - coordination of this strategically via Dep Medical director and DIPC to investigate implementation of other vascular devises , comparison with local trusts to understand lessons learnt and themes and trends.
- Data for MSSA cases in NBT remain consistent with those locally, IPC teams are linking up to deliver regional reduction , this focusses on looking at the point of entry being iv devise or related to a chronic wound – linking with tissue viability.
- Recognising the rise of *C Diff* over Q4 and in Q1 increased education is being targeted in clinical areas focusing on sampling and documentation .
- Continence group has been working with the nutrition assistance to deliver hydration projects and we have increased education related to catheter management. Contributing to the ICB catheter passport

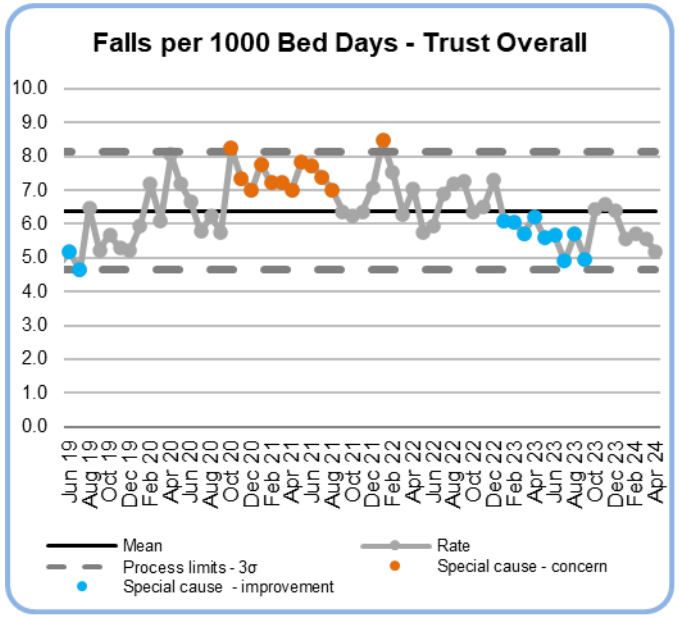
Other infections

Pertussis (Whooping Cough) – there has been a continued increase in cases all requiring contact tracing and risk management

Measles – NBT has had a case and contacted traced appropriately using DrDoctor technology to inform patient contacts and Occ health managing staff

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

Falls



Falls incidents per 1000 bed days

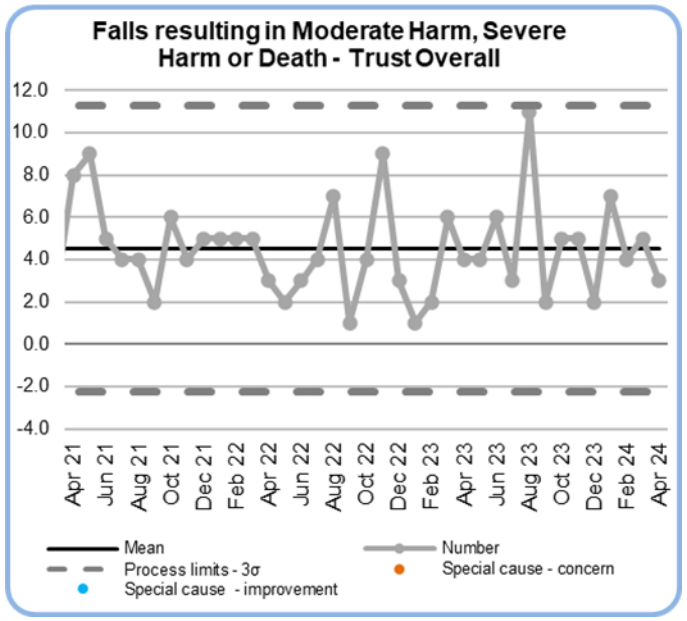
NBT reported a rate of 5.18 falls incidents per 1000 bed days in April which is below the average of 6.39.

There were 159 falls reported in April. 1 moderate level harm and 2 severe.

Medicine division: 89 falls reported. This is their lowest number of falls this year.
NMSK division: 42 falls reported. This is the highest number of falls this year.
ASCR: 26 falls reported. This is middle range rate of falls.

Multiple falls accounted for only 4% of falls this months which is much lower than the average of around 25%. With no patients having more than two falls.

Older patients continue to be the highest proportion of patients who fall, with 78% of reports in the over 65's. All the patients who experienced moderate and above harm were aged over 65.



What actions are being taken to improve?

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

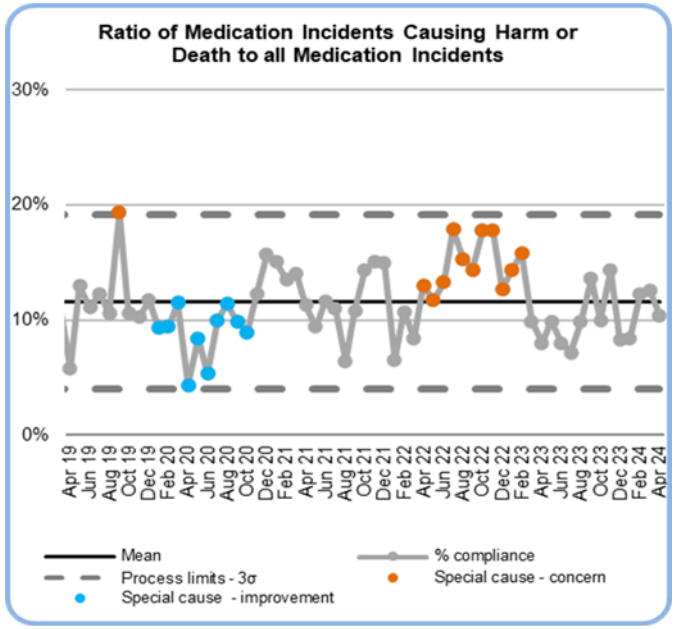
The bathroom activity analysis has been completed. Further works are required to consider how we address some of the hazards identified in the report. This includes considering a small-scale trial of pedal bins with handles. This is under discussion with infection control and waste management.

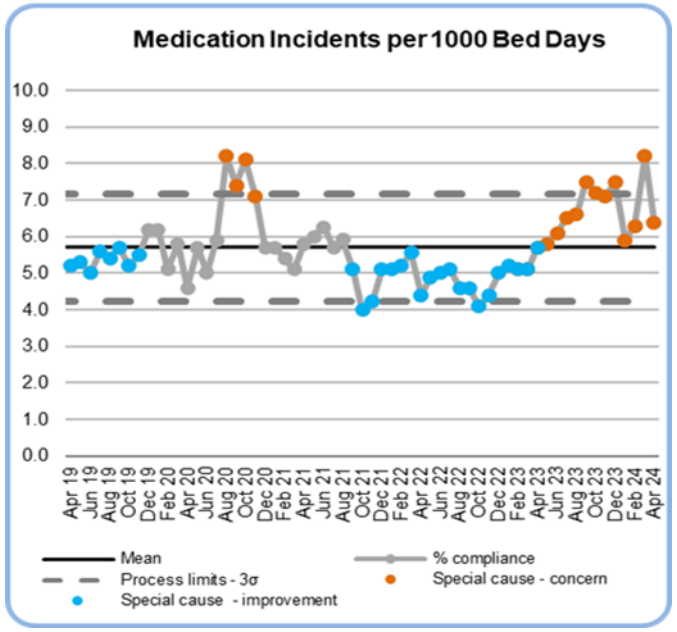
The patient information leaflet is in its final stages of review, working with the communications team to link to the Sirona based STEP program for chair-based exercises.

The eLearning package is just waiting on the creation of a LINK page to be able to have all referenced resources in one place.

Work will start this month within medicine division on improving the availability and storage of hoist slings to help with the quality improvement work for safe lifting following a fall.

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





Medicines Management Report

What does the data tell us?
Medication Incidents per 1000 bed days
During April 24 NBT had a rate of 6.0 medication incidents per 1000 bed days. This is below the 6-month average of 6.7 for this measure.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents
During April 24, 10.4% of all medication incidents are reported to have caused a degree of harm
Low Harm – 16
Moderate Harm – 2
Death - 1
(This information has been included as an indicator of the composition of the 'harm' incidents. It is of note however that these categorisations are subject to change as incidents reviewed and closed)

Overall comment
In April, the overall number of reported incidents has reduced as has the ratio of all incidents to those causing harm.

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

What actions are being taken to improve?
The Medicines Governance Team have, with support from the Patient Safety Team, launched the 'Medicines Safety Forum' a multidisciplinary group whose aim is to focus on gaining a better understanding of medicines safety challenges and subsequently supporting staff to address these.

The 2nd meeting of the group was held in April – this was supported by the Trust's Head of Patient Safety and SEIPS methodology was adopted to gain a clearer understanding of the issues faced by staff around 'Medicines Administration'

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

Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams

Patient & Carer Experience – Strategy Delivery Overview March 2024

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

NHS North Bristol NHS Trust

Patient & Carer Experience Strategy Commitment	Commitments	Progress Status
Listening to what patients tell us	We will continue to share patient experiences at Board and through other governance committees, to ensure the voice of the patient is heard.	Patient story programme continues to Board and Patient and Carer Experience Committee. Patient Story Hub developed on Intranet
	We will build on our existing methods to collect patient feedback ensuring these are accessible to all. We will explore the use of new technologies to support this including how we capture social listening (social media comments).	We are in the process of exploring new technologies, including social listening and digital techniques for theming large narrative datasets. We have also recently recruited 3 new Patient Experience Feedback volunteers to undertake FFT, local surveys and patient conversations across the hospital, improving accessibility for all patients.
	We will continue to develop the Integrated Performance Report, so that the Board and other leaders can have oversight of the experience our patients receive.	IPR reporting has been refined to include an overview of progress against the Patient & Carer Experience Strategy. Further opportunity to hone these and develop further.
Working together to support and value the individual and promote inclusion	We will aim to increase the diversity of our volunteer teams to reflect our local community and the patients we serve, with a particular focus on Outpatient areas.	Aligns to KPMG action plan and VS Strategic Plan which both reference this objective. Work for this is scheduled for quarter 2 due to imminent team vacancies (leavers) and need to replace.
	We will meet the needs of patients with lived experience of Mental Health or Learning Disability and neurodivergent people in a person-centred way.	This has been identified as a Quality Priority. MH Strategy nearing finalisation, with significant system wide engagement in its development and supporting workstreams. We have a patient partner with LD who is actively involved in sharing her lived experience to improve services.
	The voice and the involvement of carers will be respected and integral in all we do.	We were one of three organisations to pledge commitment to Young Carers Covenant. We have an action plan for improvement following 15 step challenge undertaken by YCs. We are also in the process of updating our carers awareness training and are planning for Carers Week in June.
	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.
	We will work together with health, care, and local authority partners to reduce health inequalities, by acting on the lived experiences of patients with a protected characteristic and/or who live in communities with a high health need.	Continued work with the GRT community and people experiencing homelessness, which is embedded within the wider programme of Health Inequalities which is one of the Trust’s 2024/25 quality priorities.
Being responsive and striving for better	We will continue to sustain and grow our Complaints Lay Review Panel as part of our evaluation of the quality of our complaint investigations and responses	Due to recent launch of Radar, this work is not scheduled until Q2 but we have laid the foundations and there is appetite from our patient and carer partners to participate.
	We will continue to undertake the annual Patient Led Assessments of the Care Environment (PLACE) audits and respond to areas of improvement.	Development of physical access working group of patients who will participate in this year’s PLACE assessments in November. Presentation on last year’s PLACE results scheduled for sharing at PCEG in August.
	We will involve the volunteer voice within feedback to shape future volunteer roles and patient engagement opportunities.	We have recently developed a new volunteer role based on a complaint. Further work for this is scheduled for quarter 2 due to imminent team vacancies (leavers) and need to replace.
Putting the spotlight on patient and carer experience	We will refresh the patient experience portal on our website and staff intranet	Intranet pages recently updated for all PE teams.
	We will develop a Patient Experience e-learning module to support the ongoing need of staff for easy access to busy frontline staff.	E-learning module scoped with L&D team through NHS Elect. This is currently being tested with a small working group before roll out.

Spotlight: Complaints Lay Review Panel

Our Complaints Lay Review Panel has been meeting for many years, taking a small break in 2019, and reconvening in 2020 online during the pandemic.

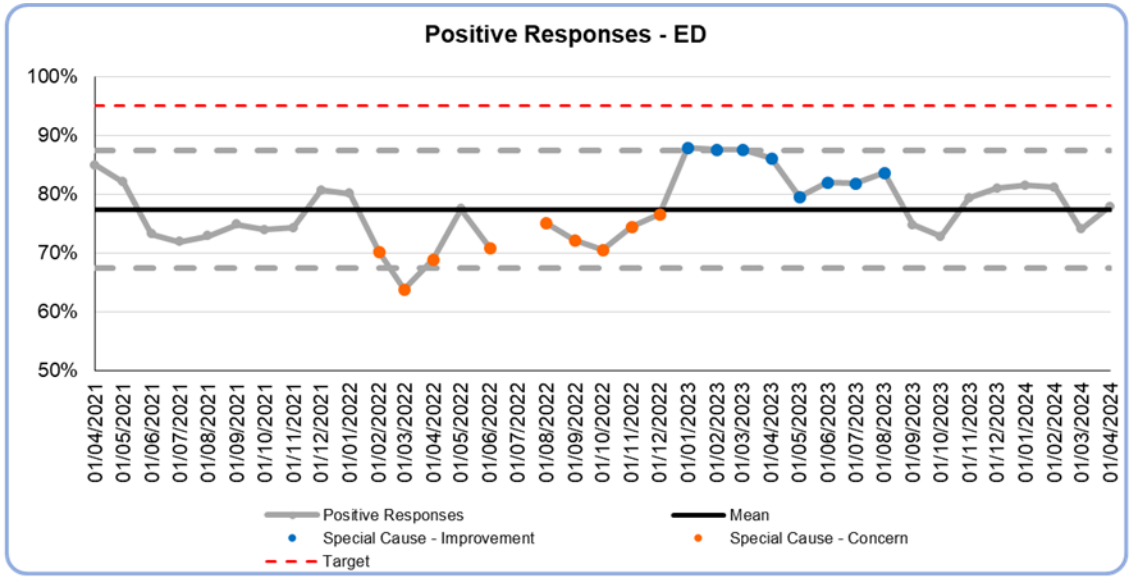
Our panel is made up of 7 members and they are recognised nationally as an exemplar best practice model. We've spoken at several national conferences sharing the model with other Trusts. We are very proud of them and their commitment to helping us review the quality of our complaints process from the patient's perspective.

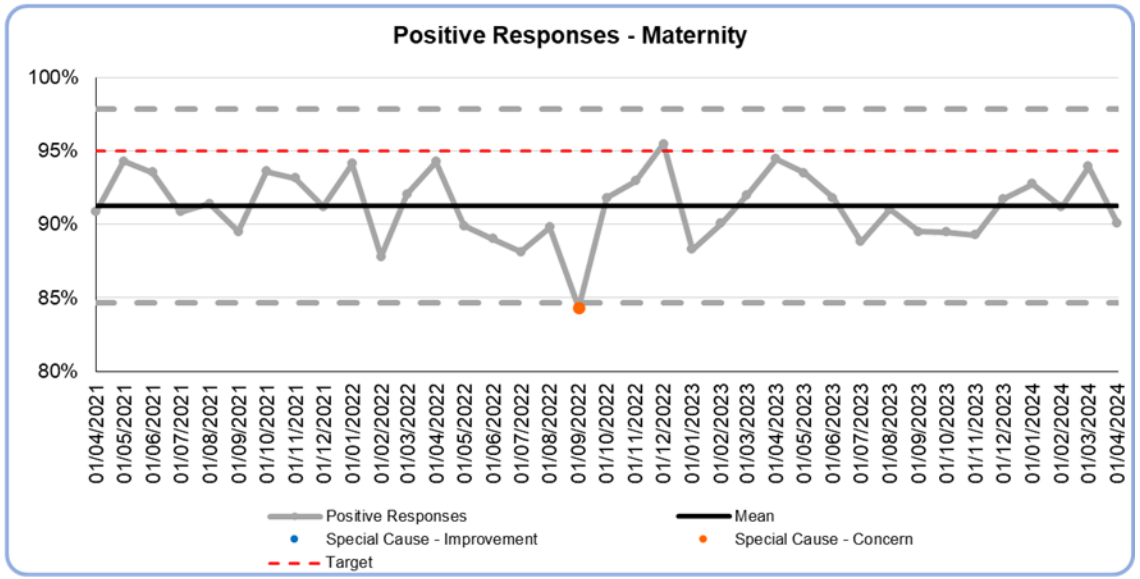
The panel meets quarterly and reviews 3 or 4 complaints. These are selected at random and anonymised. The panel looks at how we handled the case, providing a rating score, and noting areas of good practice and opportunities for improvement.

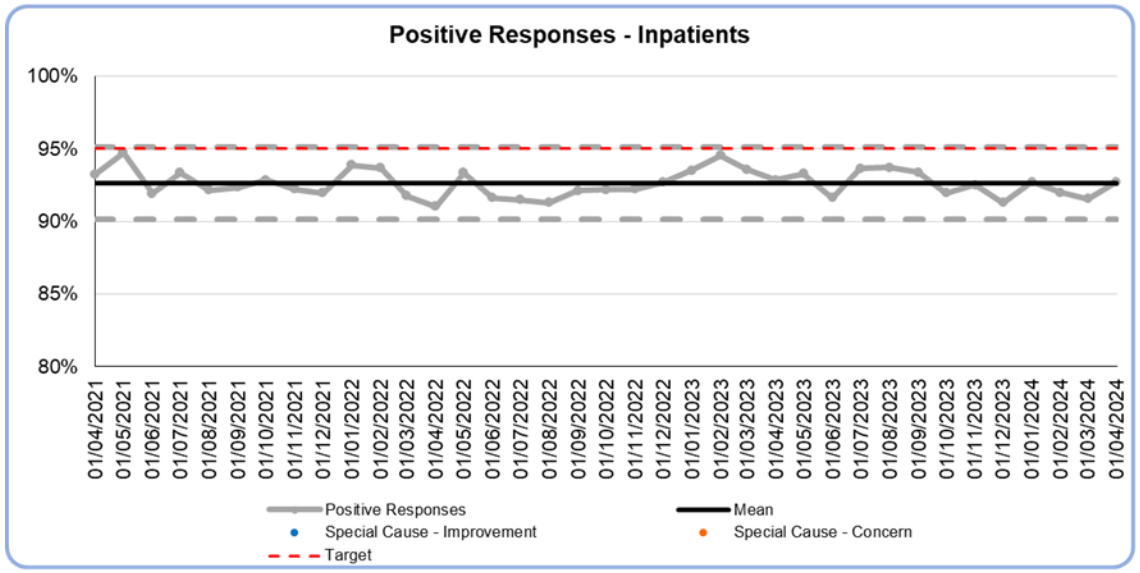
A panel member attends our Divisional Patient Experience Group meeting to give feedback directly to divisions on the panel's findings. The panel is now also following up on complaint actions to ensure that any actions identified in the complaint response have been completed.

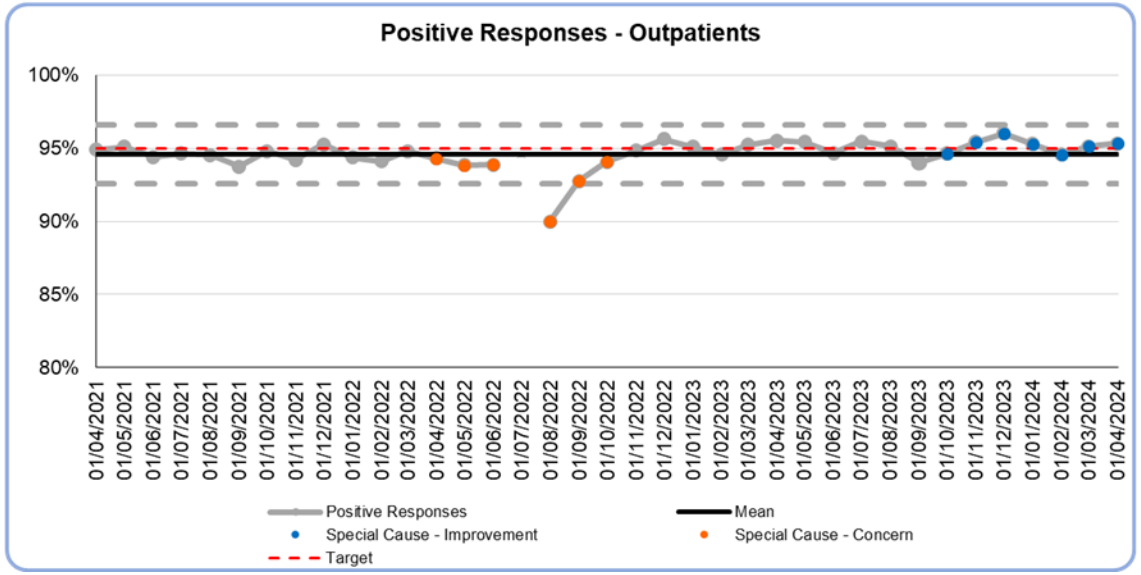
Whilst the panel gained two new members last year, it is one of our objectives in 2024/25 to grow and diversify the group further.

Patient Experience









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

Patient Experience

What does the data tell us – Trust wide?

- In April, 9536 patients responded to the Friends and Family Test question. 6841 patients chose to leave a comment with their rating.
- We had a Trust-wide response rate of 14%, which is the same as the previous month.
- 92.87% of patients gave the Trust a positive rating. This was in keeping with the previous month.
- The top positive themes from comments were: staff, waiting time and clinical treatment.
- The top negative themes from comments were: waiting time, communication and staff.

What does this data tell us – Maternity?

- Positive responses across Maternity are 89% in April. Negative responses are 6.6% in April.
- The response rate across Maternity is 18%.
- Top positive themes from comments are staff and clinical treatment.

> Every single member of staff was amazing, kind, caring and compassionate. Despite the pressures they are under I felt the care we received was second to none. Thank you to all the midwives and maternity staff

What does the data tell us - Emergency Department?

- Positive responses have increased from 73.9% in March to 77.8% in April. Negative responses have decreased from 16.5% in March to 14.3% in April.
- The response rate for ED was 20% in April.
- The top positive theme remains staff.
- The top negative theme remains waiting time.

> Staff were kind and polite. The waiting times were long, but this can't be the fault of the staff. I received excellent service when I was assessed and treated

What does the data tell us - Inpatients?

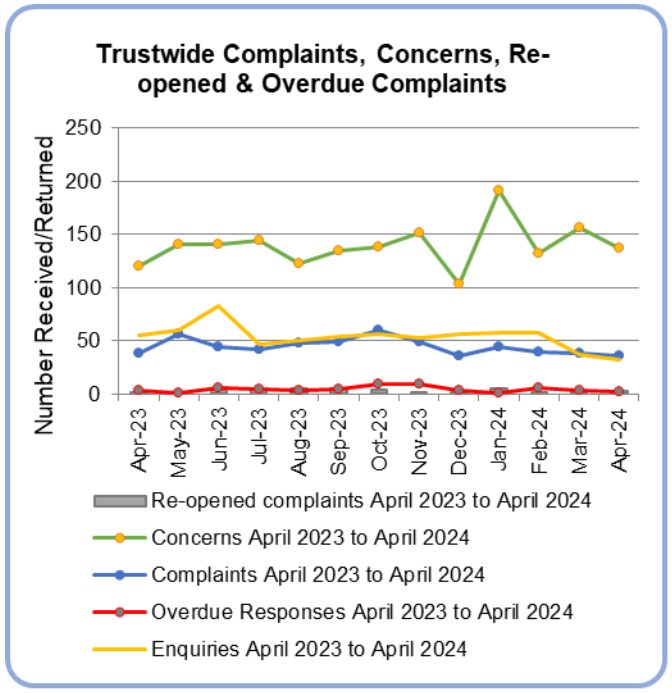
- Positive responses have increased from 88.1% in March to 90.5% in April. Negative responses increased from 4.9% in March to 5.7% in April.
- The response rate for inpatients in April has increased to 23%, from 22% in March.
- Top positive themes from comments are staff, clinical treatment and waiting time.
- Negative themes from comments are, communication, staff and environment.

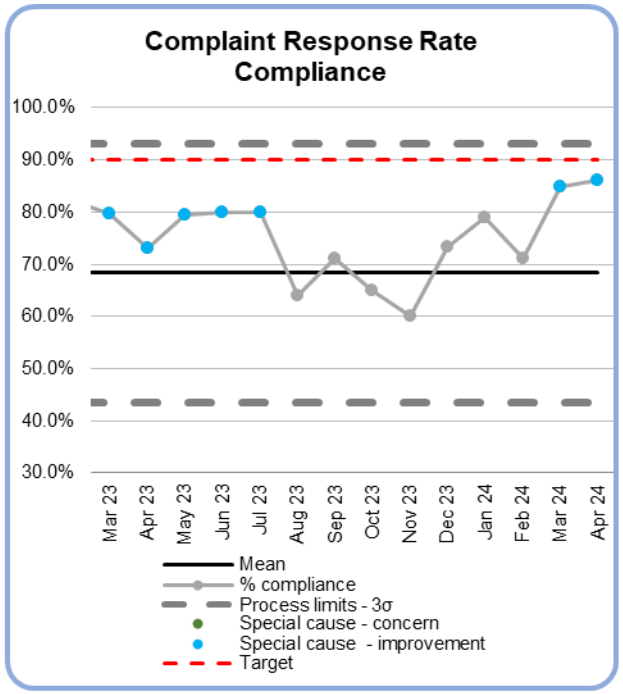
> Very quick to be seen as staff could see how much pain I was in, excellent care, felt well looked after and very reassured by all the staff that I saw.

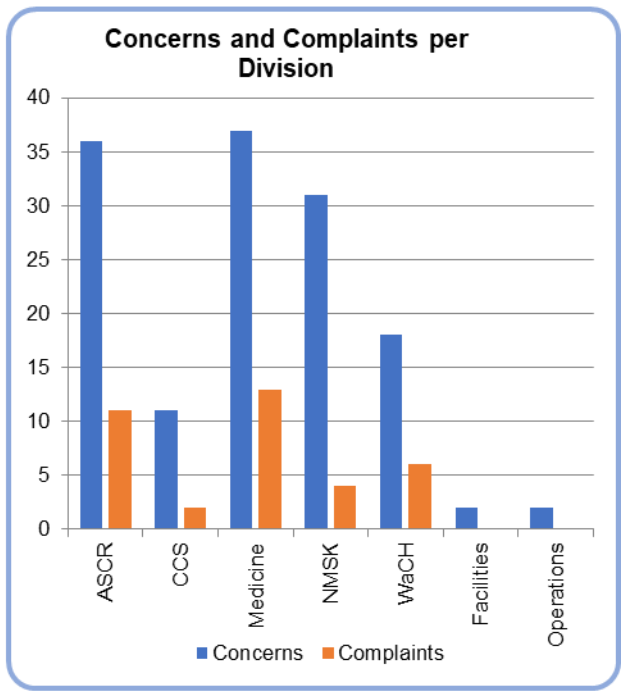
What does the data tell us – Outpatients?

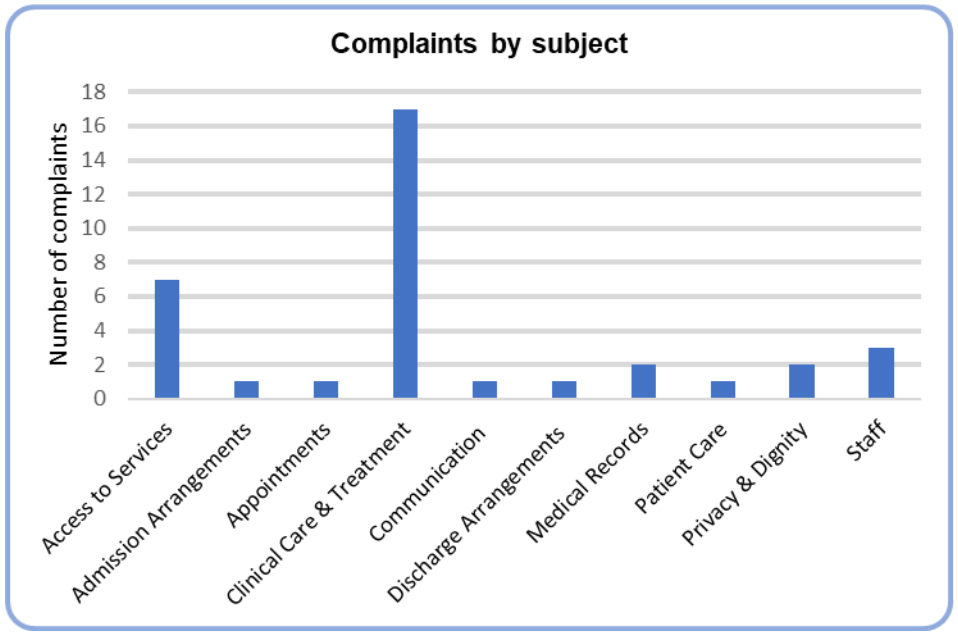
- Positive responses are 95.3% for April. Negative responses have slightly increased to 2% from 1.9% in March
- The response rate for outpatients remained the same in April, 12%.
- Most of the positive feedback relates to staff and waiting time.
- The negative feedback relates to waiting time and communication.

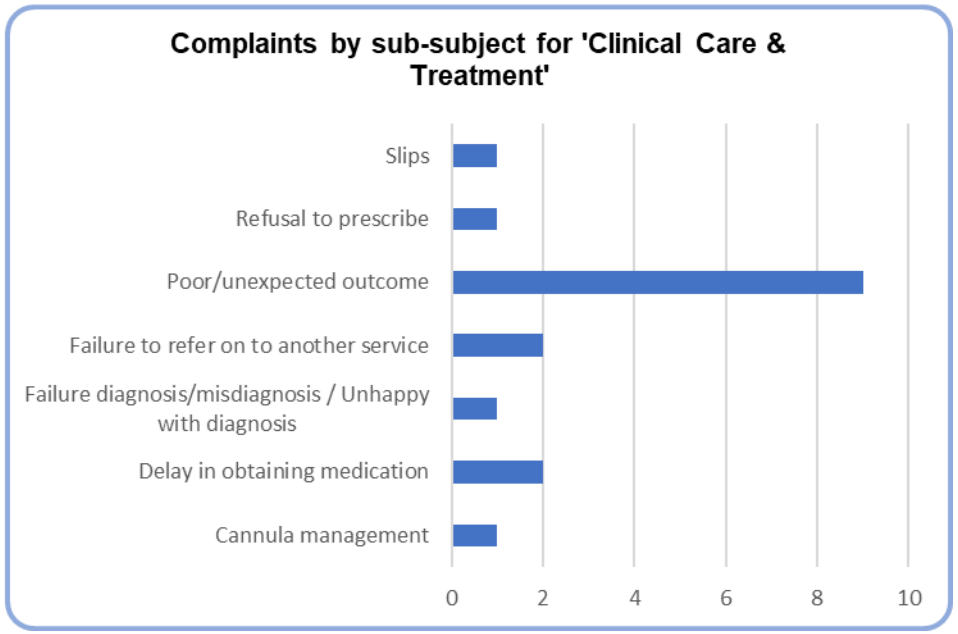
> Just very easy to check in and find the right gate etc. And the medical staff were really clear, helpful, explained what they were doing and what I needed to do. Just an all round good experience











Complaints and Concerns

What does the data tell us?

In April 2024, the Trust received 36 formal complaints. This is 3 less than in March and 2 fewer than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (17). A chart to break down the sub-subjects for 'Clinical Care and Treatment' is included.

Of the 36 complaints, the largest proportion was received by Medicine (13).

There were 3 re-opened complaints in April (1 NMSK, 1 MED, 1 WaCH), the same number as the previous month.

The number of overdue complaints at the time of reporting has decreased from 4 in March to 2 in April and are with Medicine and ASCR.

The response rate compliance for complaints has increased slightly from 85% in March to 86% in April . A breakdown of compliance by clinical division is below:

ASCR – 83% NMSK- 86% Medicine – 71%

WaCH – 100% CCS – 100%

The overall number of PALS concerns received has decreased from 157 in March to 137 in April. However, activity is up on the same period last year when 121 were received.

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

Commissioning for Quality and Innovation (CQUIN)

Board Sponsor: Chief Nursing Officer
Steven Hams

Commissioning for Quality and Innovation (CQUIN) Schemes – 2023/24

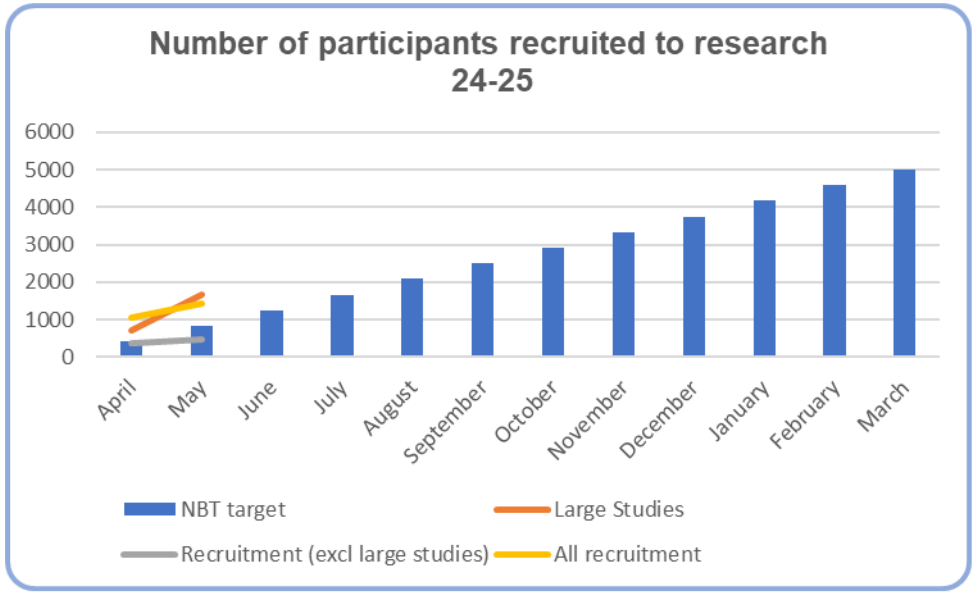
CQUIN Scheme Ref. / Title	Description	Lead Division	Q1	Q2	Q3	Q4	Comment (*forecasts are % of £ CQUIN value*)
CQUIN01: Flu vaccinations for frontline healthcare workers	Achieving 80% uptake of flu vaccinations by frontline staff with patient contact.	Operations, Trustwide	N/A	N/A	🔴	🔴	***Target range 75%-80%. National target not achieved***
CQUIN02: Supporting patients to drink, eat and mobilise (DrEaM) after surgery	Ensuring 80% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending	ASCR	🟢	🟢	🟢	🟢	***Target range 70%-80%.* Full achievement**
CQUIN03: Prompt switching of intravenous to oral antibiotic	Achieving 40% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria (Please note that for this indicator, a LOWER % = better performance)	CCS	🟢	🟢	🟢	🟢	***Target range 60%-40%* Full achievement**
CQUIN05: Identification and response to frailty in emergency departments	Achieving 30% of patients aged 65 and over attending A&E or same-day emergency care (SDEC) receiving a clinical frailty assessment and appropriate follow up	Medicine	🟢	🟢	🟢	🟢	***Target range 10%-30%.* Full achievement**
CQUIN07: Recording of and response to NEWS2 score for unplanned critical care admissions	Achieving 30% of unplanned critical care unit admissions from non-critical care wards having a timely response to deterioration, with the NEWS2 score, escalation and response times recorded in clinical notes	Trustwide	🟢	🟢	🟢	🟢	***Target range 10%-30%.* Full achievement**
CQUIN08 - Achievement of revascularisation standards	Achievement of revascularisation standards for lower limb Ischaemia (within 5 days for unplanned inpatient admission)	ASCR	🟡	🔴	🟢	🟡	***Target range 45%-65%.* *Full achievement only in Q3***
CQUIN10: Treatment of non small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway	Achieving 85% of adult patients with non-small-cell lung cancer (NSCLC) stage I or II and good performance status (WHO 0-2) referred for treatment with curative intent.	Medicine	🟢	🟢	🟢	🟢	***Target range 80%-85%.* Full achievement**
CQUIN11: Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery	Achieving high quality shared decision (SDM) making conversations to support patients to make informed decisions based on available evidence and their personal values and preferences and knowledge of the risks, benefits and consequences of the options available to them.	NMSK ASCR Clinical Governance	N/A	🟢	N/A	🟢	***Target range 65%-75%.* Full achievement**

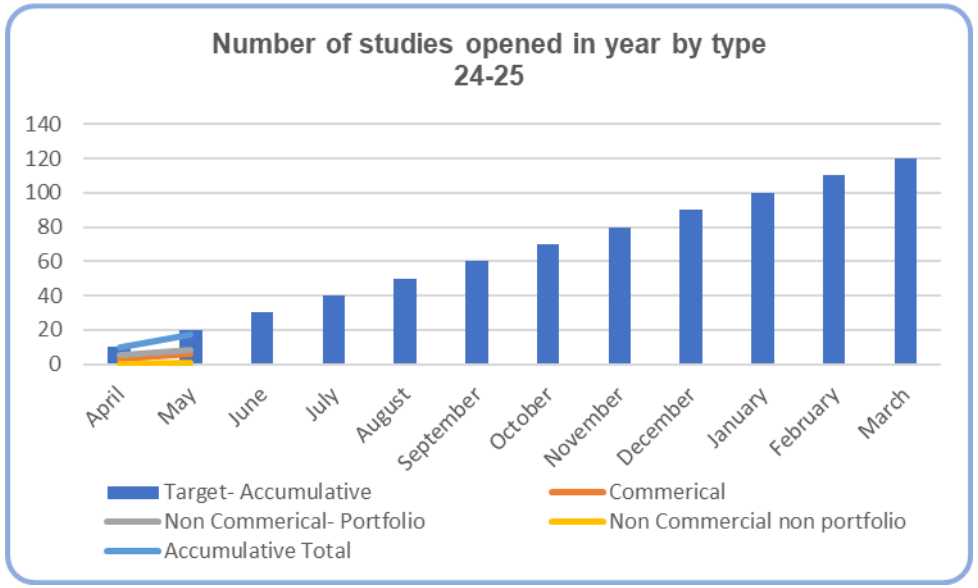
🟢 **Full: ≥ max target %** | 🟡 **Partial: ≥ min target % and < max target %** | 🔴 **Not met: < min target %**

Research and Innovation

Board Sponsor: Chief Medical Officer
Tim Whittlestone

Research and Development





Our Research activity

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

Graph 1 shows our activities in relation to research participation. Year to date 834 participants have enrolled in research @NBT with an annual target of 5000 (excluding our 2 large studies). The NBT research portfolio remains strong, we have 221 NIHR Portfolio studies open to recruitment . We have opened 17 new portfolio studies year to date, as shown in graph 2. 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 grants

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

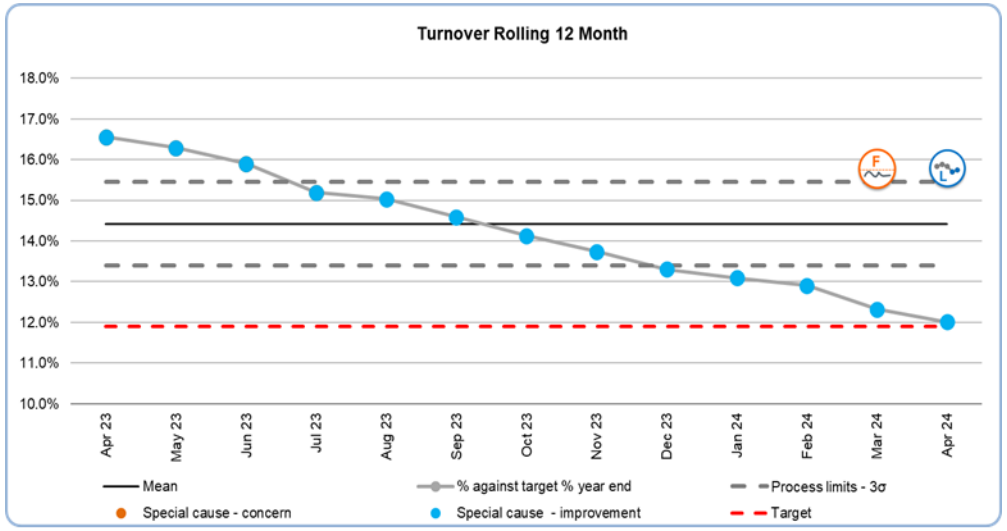
The active research grant portfolio at NBT has increased by £5m from this point last year, to a total of £50m, due to both a high level of NIHR grant success 2021-2023 as well as some older grants being extended due to Covid disruption. NBT was awarded £1.1m Research Capability Funding for 2023/34, a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

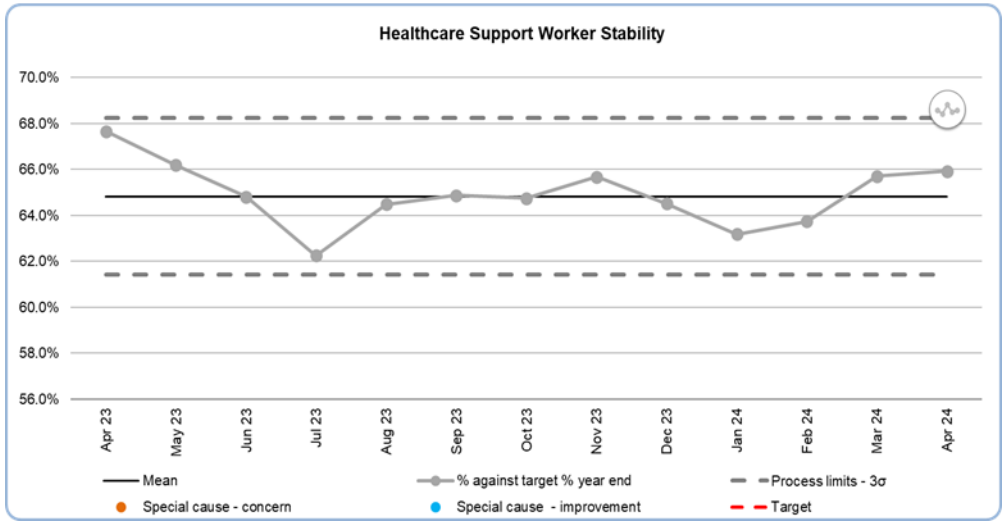
R&D has a focus on supporting non-medics, including nurses, midwives and allied health professionals to develop research ideas, projects and academic careers. R&D operates a rolling call for applications from non-medics to receive mentorship and funding for early-stage research. In addition, with thanks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

Workforce

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

Retention Patient First Priority People



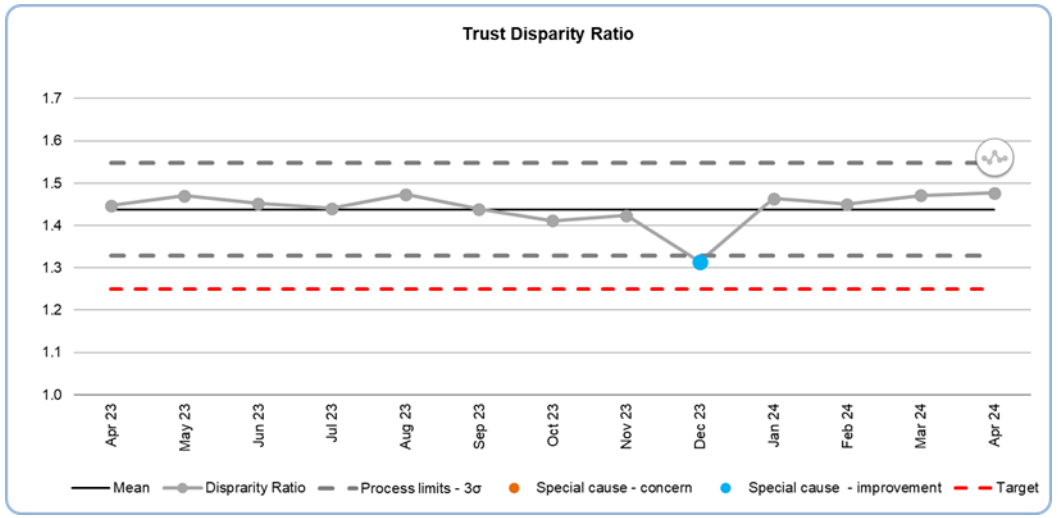


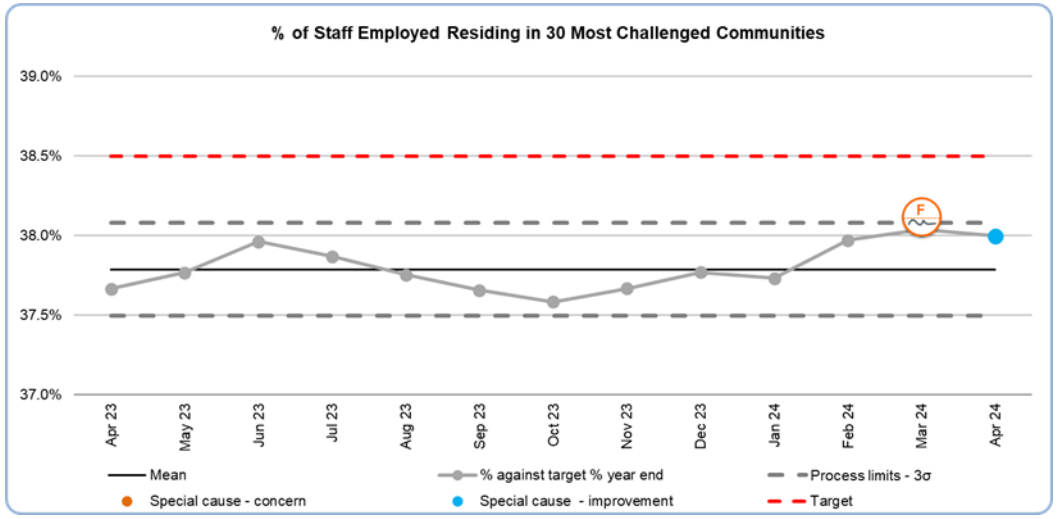
- Turnover is at 12% in April 2024, 0.05% above the target set for 2024/25. Work is in progress with divisions to build more stretching targets given current improvement
- Healthcare Support Worker (HCSW) stability (% of staff in post with >12 months service) shows no statistically significant deterioration or improvement. Retention plan priority is 'Supporting New Starters' - specifically HCSWs where turnover in the first 12 months has been historically high. Impact of actions to support HCSW in their 1st 12 months will continue be monitored in 2024/25 as starters in 2023/24 will remain in their 1st 12 months of service throughout the year
- 9 out 13 actions in our one-year plan are complete with 4 are in progress and are continuing to being monitored through delivery of our five-year retention plan. The table below shows our priority actions in the next four

Driver	Action and Impact	Owner	Due
HCSWs	Embed induction and onboarding improvements to reduce early turnover	Nursing Leaders / Staff Induction Team	Jun-24
Work Life Balance	Share new tools for teams to work flexibly to increase successful flexible working applications and reduce number of staff leaving due to 'work life balance'	People Promise Manager	Jul-24
Culture	Launch a Civility and Respect framework teams can use to improve their culture and reduce occasions of incivility.	Associate Director of Culture	Aug 24

Commitment to our Community

Patient First Priority – Commitment to our Community

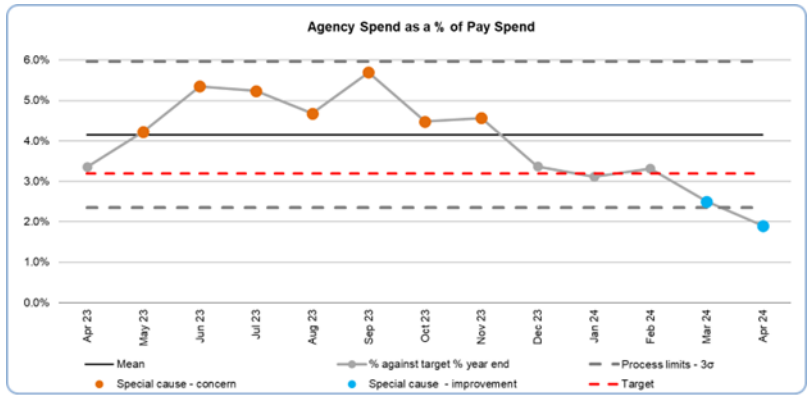


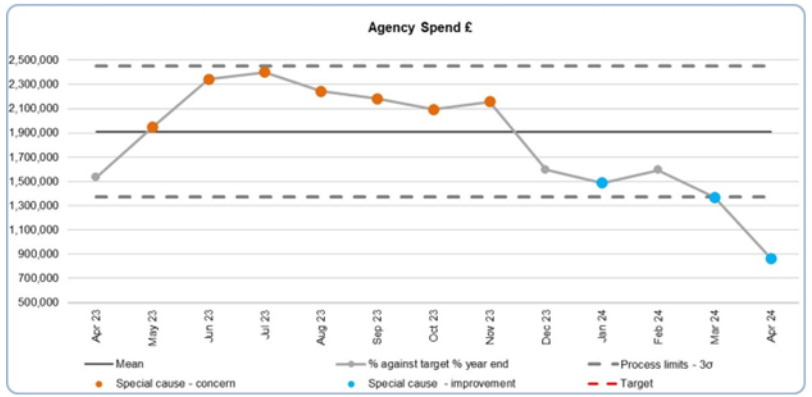


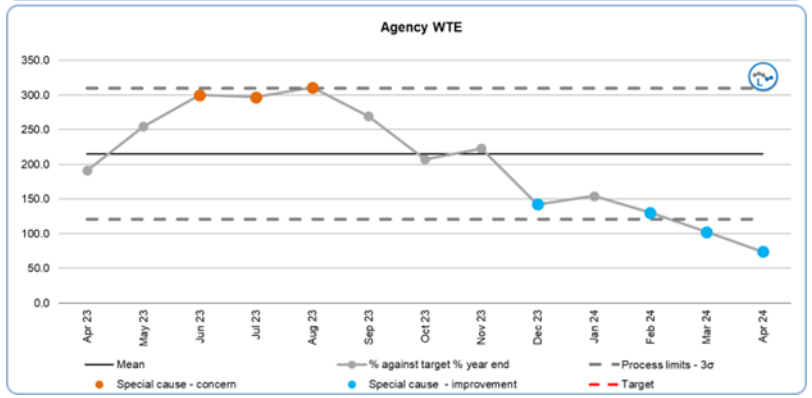
- **Disparity Ratio** (likelihood of B.A.ME applicants being appointed over white applicants from shortlisting – Workforce Race Equality Standard metric) has shown no statistically significant deterioration or improvement in the last 13 months
- **Diverse Recruitment Panels** – work to address unconscious bias in interview selection process with current focus on senior roles initiated on 1st April 2024
- **Positive Action Programme –** work initiated to encouraging staff from underrepresented groups to apply focussed on both internal and external applicants
- **% of Employed Staff from 30 Most Challenged Communities** – small growth in employed staff since April 23. From June 2024 this will be measured through an SPC format. Our Community and Education Project Manager and Outreach Lead are leading:
- **Community Outreach** - Setting up partnerships have been set up with many local groups and drop-ins/sessions delivered.
- **Mentoring Programme** - Provide Mentoring for up to 170 people seeking work locally - Internal and External – Currently on track to achieve this through community partnerships
- **Work Experience** - Review of local Schools / colleges in targeted locations. Career ambassadors launched to support. Career roadmaps in development.

Driver	Action and Impact	Owner	Due
Community Outreach	Career Hub re brand in Brunel Atrium - due to be completed and launched by end of June	Head of Talent Acquisition	May-24
Community Outreach	Engage with community groups and deliver sessions to engage residents in job searching - 10 community organisations engaged and visited in April and May.	Head of Talent Acquisition	Jun-24

Temporary Staffing



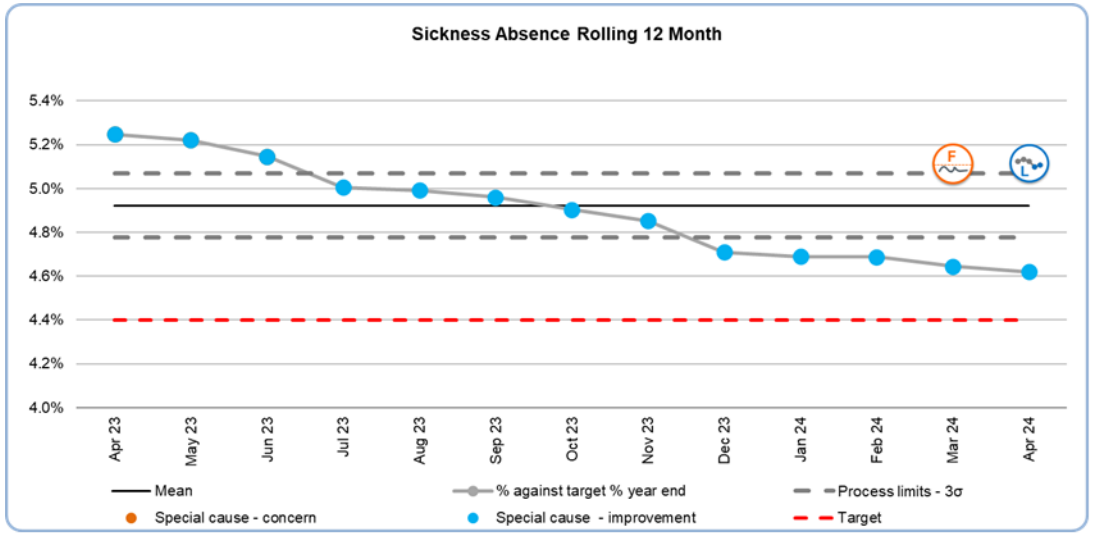


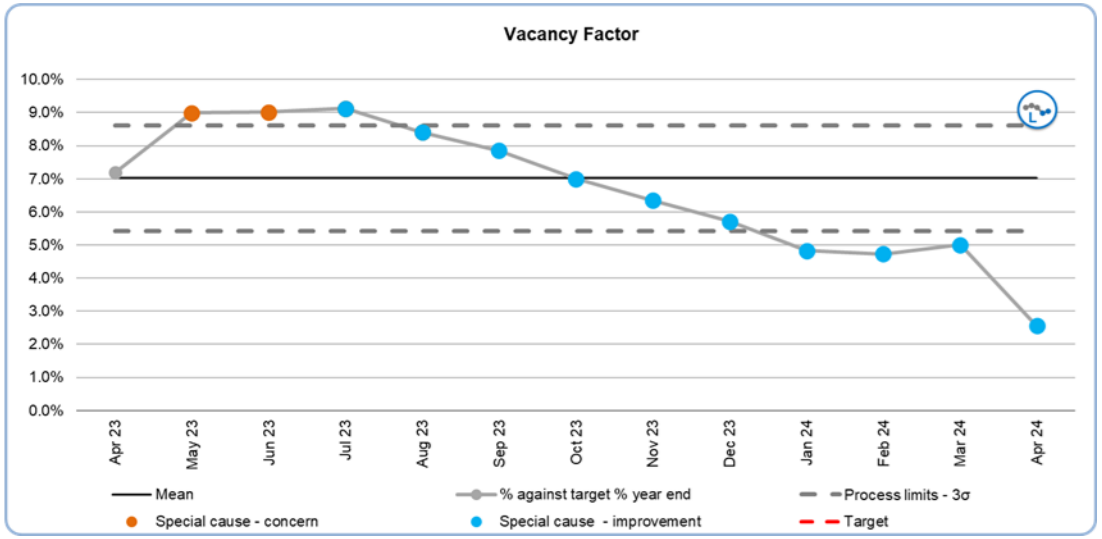


- Trust-wide agency spend has seen a significant decrease between March and April and in those months the Trust was below the 2024/25 target for agency spend – Agency spend must be 3.2% (or less) of the overall pay spend in the Trust. Divisional agency expenditure target shave been set which will deliver the overall Trust target for the year.
- Medical agency there was a 13.66% (-10.27 wte) decline in temporary staffing demand and a 41.12% (-4.40 wte) drop in agency staff between March and April. Work continues with Divisions to address long term Consultant gaps to further reduce reliance on agency workers.
- In the medium to longer term the South-West Medical Agency Reduction project will be implementing a regional rate card which will further see a reduction in the rates paid to agencies to bring this nearer to the NHSE agency cap. This has a flight path of October – December 2024 with work currently taking place to identify exceptions for high risk specialties.

Driver	Action and Impact	Owner	Due
Medical Staffing	Medical agency temp staffing reduction group continuation – development of plans to convert long term agency workers to substantive contracts, provide targeted support to Divisions on alternative approaches to filling long term gaps.	Associate Director Medical Workforce	July 24
Medical Staffing	Pan-regional South-West Medical Agency rate card implementation to bring high-cost agency doctors closer to NHSE Cap	Associate Director Medical Workforce	Oct – Dec 2024
Medical Staffing	Address medical off framework agency use	Associate Director Medical Workforce	July 24
Nursing & Midwifery	SW Regional agency rate reduction programme started continued trajectory for reaching cap compliance (General by July and Specialist by October 24	Associate Director Nursing Workforce Recovery	Complete
Nursing & Midwifery	Revised escalation processes for bank and agency introduced. Review of Bank usage with consideration on if / where focus on reduction needs to be directed	Deputy Chief Nursing Officer	Complete
Non-Clinical AFC	Address remaining outlying AFC areas utilising Off framework Agency	Resourcing Manager	June 2024

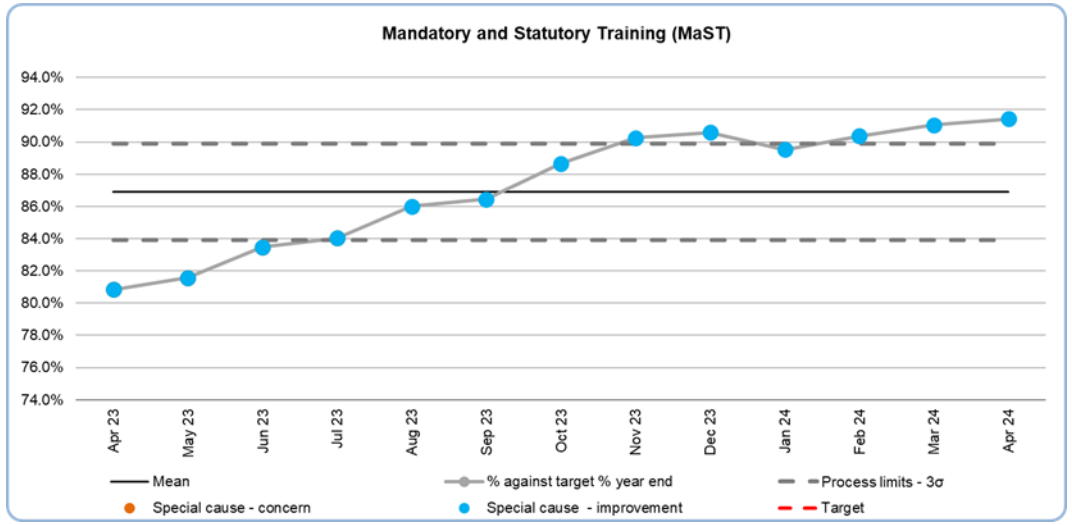
Watch Measures (CPO)

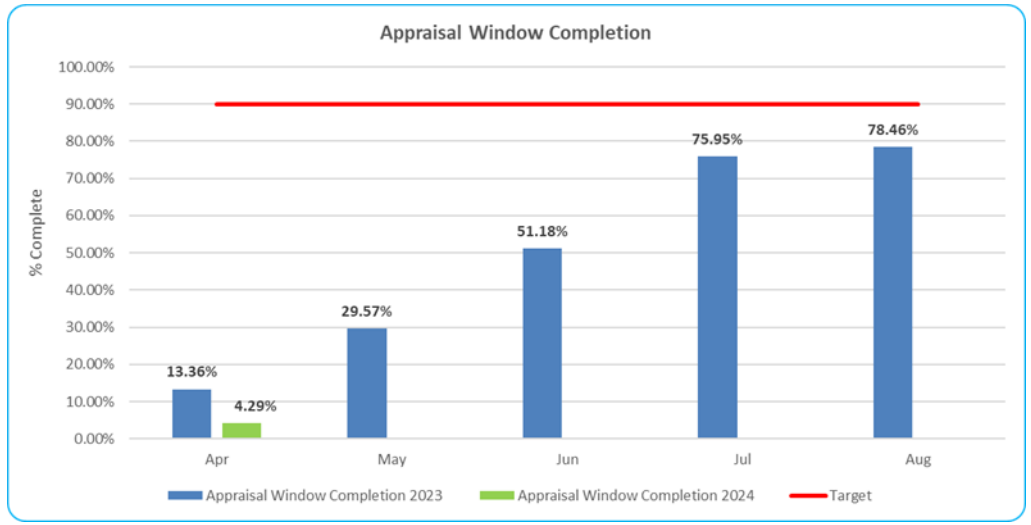




- Both metrics show statistically significant improvement.
- Vacancy Factor for Apr-24 is artificially low as non-recurrent funding for roles has not been reflected in the financial ledger

Watch Measures (CPO)





- Metric shows statistically significant improvement

Deterioration – hotspots and mitigating actions

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

Improvement – celebrate success and any learning

- All staff 91.5% (↑ from 88.7%).
- Permanent Staff 94% (↑ from 91%).
- Fixed Term Temp 87% (↑ from 79%).
- NBT eXtra 86% (↑ from 49.5%).
- Honorary 41% (↑ from 30.5%).

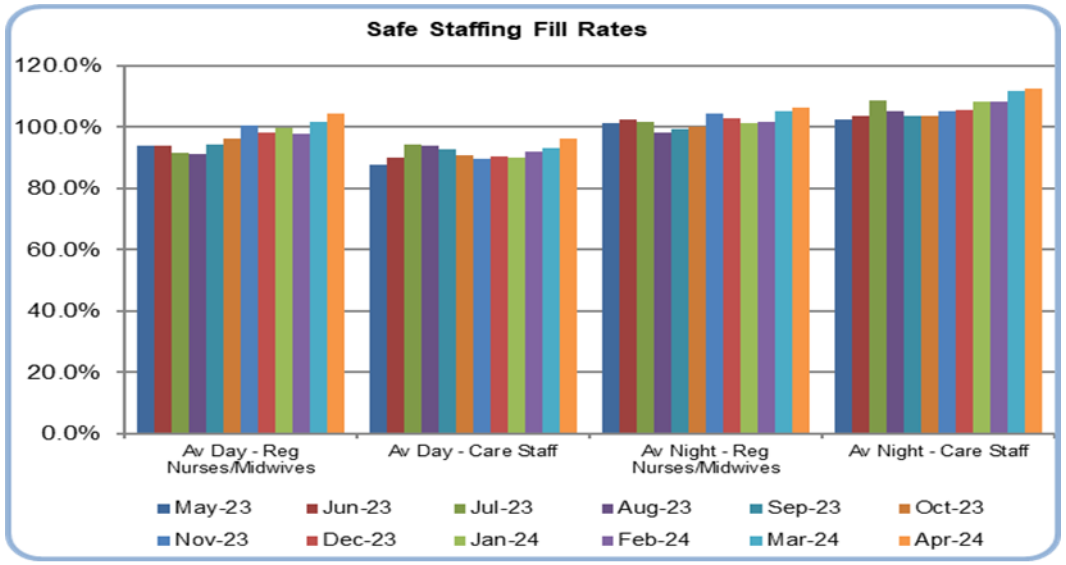
Deterioration – hotspots and mitigating actions

- The new online system that launched on 1st Apr-24 represents a cultural shift from paper appraisals.
- Work is in progress to ensure our supervisory structures support effective delivery of appraisal

Improvement – celebrate success and any learning

- 98% of staff who have completed their appraisal are happy/very happy with the quality of their conversation.

Safe Staffing



Apr-24	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	104.44%	96.21%	106.43%	112.38%

Ward Name	Registered nurses/ midwives Day	Care staff day	Registered nurses/ midwives Night	Care staff Night
AMU 31 A&B 14031				
Cotswold Ward 01269				
Elgar Wards - Elgar 1 17003				
Neuropsychiatry (Non Medical) 25000				
Ward 25B 14242				
Ward 26B 14312				
Ward 28A 14502				
Ward 32A CAU 14103				
Ward 33A 14221				
Ward 33B 14222				
Ward 34A 14325				
Ward 34B 14324				
Ward 6B (mainly Neuro) 14211				
Ward 7B 14303				
		Below 80%		Over 120%

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

What does the data tell us?
For April 2024, the combined shift fill rates for days for RNs across the 28 wards was 104.44% and 106.43% respectively for days nights for RNs. This is reflected through a higher acuity and number of escalation patients in month. The combined shift fill for HCSWs was 96.21% for the day and 112.38% for the night. Therefore, the Trust as a collective set of wards is within the safe limits for March.

April *care staff* fill rates:
- 7.14% of wards had daytime fill rates of less than 80%
- 3.57% of wards had night-time fill rates of less than 80%
- 17.86% of wards had daytime fill rates of greater than 120%
- 28.57% of wards had night-time fill rates of greater than 120%

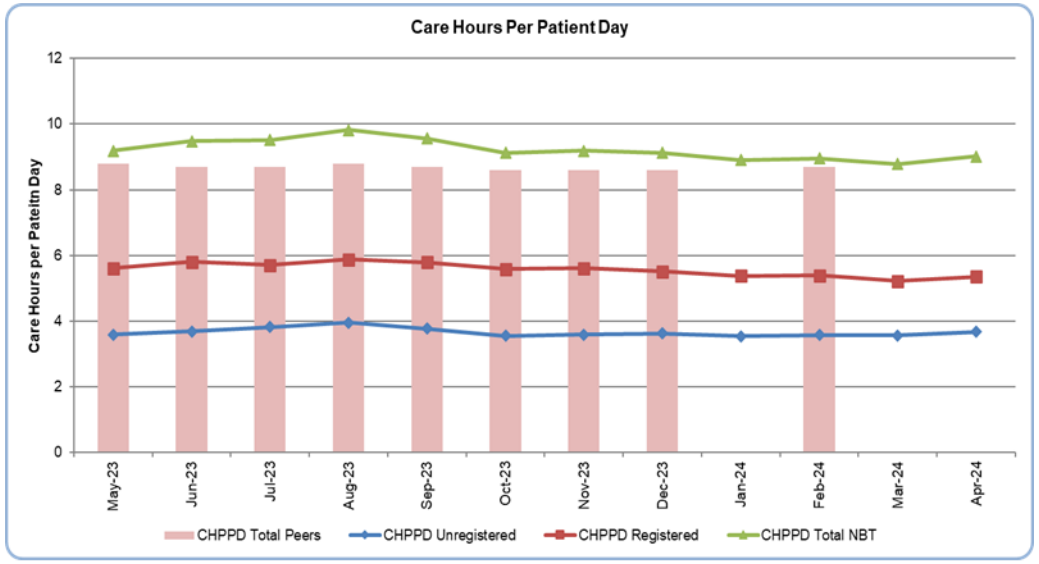
April *registered nursing* fill rates:
- 3.57% of wards had daytime fill rates of less than 80%
- 0.00% of wards had night-time fill rates of less than 80%
- 10.71% of wards had daytime fill rates of greater than 120%
- 10.71% of wards had night-time fill rates of greater than 120%

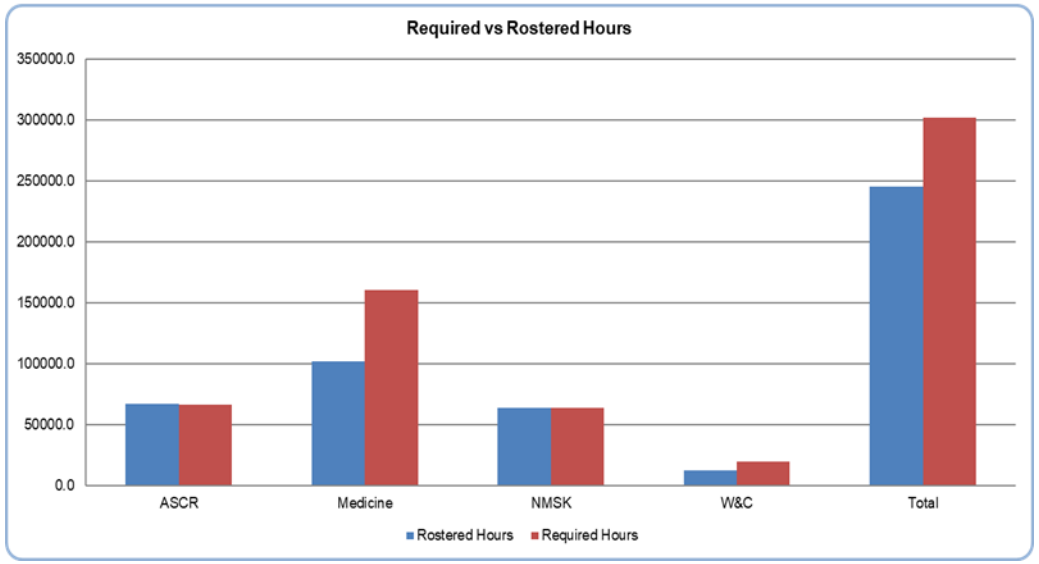
The “hot spots” as detailed on the heatmap which did not achieve the fill rate of 80% or >120% fill rate for both RNs and HCSWs have been reviewed. The fill rate <80% for care staff on the medical wards is due to shortage of HCSWs due to higher number of patients requiring enhanced care and driven by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

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

Compliance:
The Safe Care Census regularity has been reduced to twice daily to more closely align with shift patterns. The average compliance is 57.41% and there are plans to improve compliance through robust monitoring at the daily staffing meetings.

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 30th April 2024

	Month 1			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	67.0	66.2	(0.8)	67.0	66.2	(0.8)
Income	7.1	8.3	1.3	7.1	8.3	1.3
Pay	(46.6)	(47.6)	(1.0)	(46.6)	(47.6)	(1.0)
Non-pay	(29.5)	(30.5)	(1.0)	(29.5)	(30.5)	(1.0)
Surplus/(Deficit)	**(2.0)**	**(3.6)**	**(1.6)**	**(2.0)**	**(3.6)**	**(1.6)**

Assurances

The financial position for April 2024 shows the Trust has delivered a £3.6m deficit against a £2.0m planned defecit which results in a £1.6m adverse variance in month and year to date.

Contract income is £0.8m worse than plan. This is driven by a reduction in income with respect to NHSE High Cost Drugs (£0.6m) along with HCTED (£0.3m), both of which are pass-through and should largely be offset with expenditure.

Other income is £1.3m better than plan. This is driven by funding recognised in month in relation to fire dampener work (£0.6m) offset in non-pay, and various income benefits in clinical and corporate divisions.

Pay expenditure is £1.0m adverse to plan. New funding adjustments offset in income (including medical pay award) were £0.6m adverse. The remaining pay variance is £0.4m adverse to plan which has been driven by the Trust seeing increased temporary staffing costs (£1.5m adverse). This is offset by underspends on investment monies £1.9m favourable. Undelivered CIP is £0.7m adverse.
Non-pay expenditure is £1.0m adverse to plan. New funding adjustments offset in income and pass-through drugs were £1.2m favourable. The remaining variance is £2.2m adverse which has been driven by the Trust seeing a £1.5m adverse variance on non-pay in Month 1 linked to increased medical consumables spend. Unidentified CIP is £0.7m adverse.

Statement of Financial Position at 30th April 2024

	23/24 Month 12 £m	24/25 Month 01 £m	In-Month Change £m
Non-Current Assets	**538.4**	**536.9**	**(1.5)**
Current Assets			
Inventories	11.7	12.0	0.3
Receivables	49.4	48.7	(0.7)
Cash and Cash Equivalents	62.7	56.0	(6.7)
Total Current Assets	**123.8**	**116.8**	**(7.1)**
Current Liabilities (< 1 Year)			
Trade and Other Payables	(99.9)	(92.2)	7.8
Deferred Income	(14.4)	(17.7)	(3.3)
Financial Current Liabilities	(23.6)	(23.6)	0.0
Total Current Liabilities	**(138.0)**	**(133.5)**	**4.5**
Non-Current Liabilities (> 1 Year)			
Trade Payables and Deferred Income	(6.2)	(6.7)	(0.5)
Financial Non-Current Liabilties	(571.8)	(596.6)	(24.7)
total Non-Current Liabilities	**(578.0)**	**(603.3)**	**(25.3)**
Total Net Assets	**(53.7)**	**(83.1)**	**(29.4)**
Capital and Reserves			
Public Dividend Capital	485.2	485.2	0.0
Income and Expenditure Reserve	(541.8)	(610.8)	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(29.4)	39.6
Revaluation Reserve	71.9	71.9	0.0
Total Capital and Reserves	**(53.7)**	**(83.1)**	**(29.4)**

Capital spend is £0.6m in month and year-to-date (excluding leases).

Cash is £56.0m at 30th April 2024, a £.6.7m decrease compared with the previous month. The decrease is driven by increased operational spend.

Non-Current Liabilities have increased by £24.7m in Month 1 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 £39.6m increase in the Income and Expenditure Reserve.

Regulatory

Board Sponsor: Chief Executive
Maria Kane

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

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

Appendix 1: General guidance and NBT Quality Priorities

Unless noted on each graph, all data shown is for period up to, and including, 31st of March 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.

NBT Quality Priorities 2023/24
Outstanding Patient Experience
We will put patients at the core of our services, respecting their choice, decisions and voice whilst becoming a partner in the management of conditions.
High Quality Care
We will support our patients to access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result.
We will minimise patient harm whilst experiencing care and treatment within NBT services.
We will demonstrate a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.
We will make Maternity and Neonatal care safer, more personalised, and more equitable

Appendix 2: 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 2: 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 2: 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

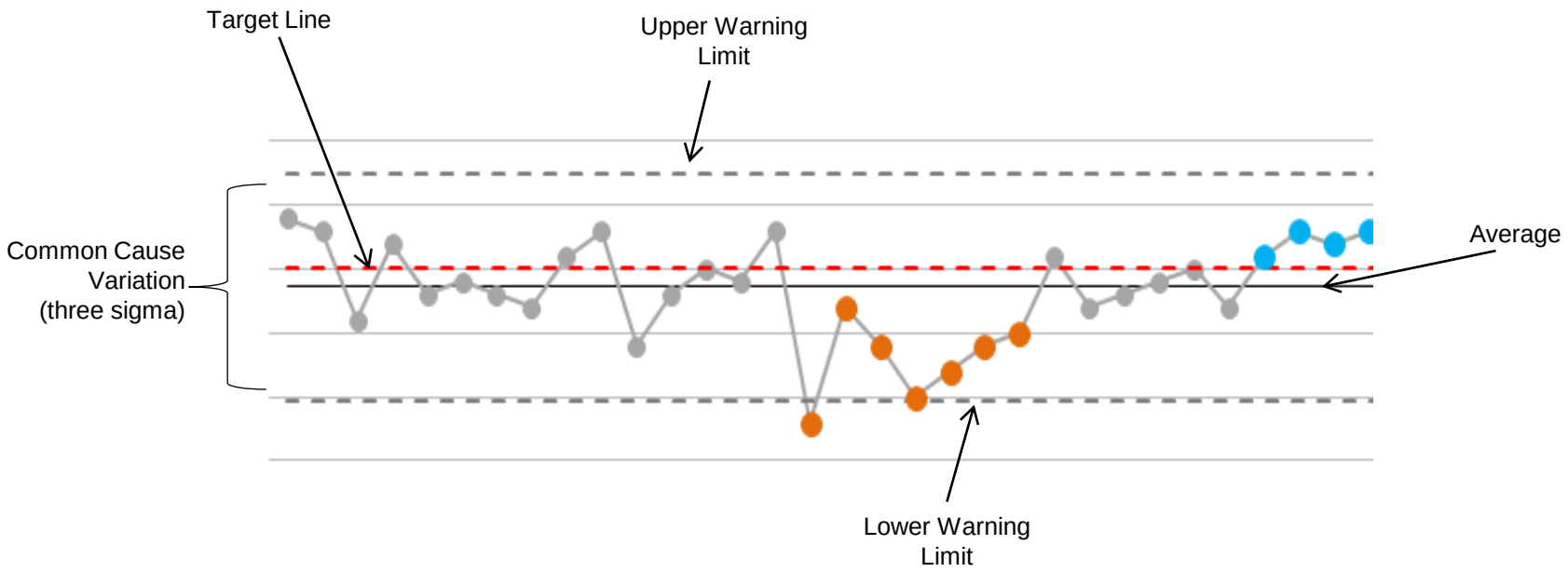
Abbreviation	Definition
PI	Pressure Injuries
PMRT	Perinatal Morality Review Tool
PPG	Patient Participation Group
PPH	Post-Partum Haemorrhage
PROMPT	PRactical Obstetric Multi-Professional Training
PSII	Patient Safety Incident Investigation
PTL	Patient Tracking List
PUSG	Pressure Ulcer Sore Group
QC	Quality 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 2: 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

Appendix 3: Statistical Process Charts (SPC) Guidance



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