North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

August 2024

(presenting July 2024 data)

Contents

North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	Trust Patient First Improvement Priority	National Standard	Current Month Trajectory (RAG)	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																				Peer Performance	Rank
Responsiveness	A&E 4 Hour - Type 1 Performance	R		95.00%	70.05%	71.49%	71.94%	64.33%	60.56%	63.37%	67.17%	63.30%	64.87%	63.77%	63.56%	61.83%	63.21%	69.31%		56.81%	1/11
	A&E 12 Hour Trolley Breaches	R		0	-	12	17	23	223	213	269	318	168	260	324	217	252	125		15-1665	3/11
	Ambulance Handover < 15 mins (%)		PF	65.00%	-	29.55%	27.69%	26.37%	25.78%	30.70%	28.97%	35.05%	39.35%	37.24%	39.99%	40.72%	42.19%	51.34%			
	Ambulance Handover < 30 mins (%)	R	PF	95.00%	-	73.53%	71.35%	65.25%	57.72%	66.27%	61.66%	64.52%	71.47%	68.13%	72.27%	75.47%	74.15%	82.25%			
	Ambulance Handover > 60 mins		PF	0	-	171	183	321	627	455	554	534	329	366	274	210	240	165			
	Average No. patients not meeting Criteria to Reside				149	200	198	195	218	228	243	245	233	211	233	216	218	210			
	Bed Occupancy Rate			93.00%	-	95.81%	93.63%	95.59%	97.12%	96.84%	96.28%	97.81%	97.40%	97.48%	97.86%	97.53%	97.37%	97.20%			
	Diagnostic 6 Week Wait Performance			5.00%	1.70%	15.10%	14.18%	12.50%	11.40%	9.81%	10.11%	12.28%	5.19%	4.22%	3.10%	2.47%	1.38%	0.85%		24.52%	1/10
	Diagnostic 13+ Week Breaches			0	0	300	124	59	17	14	7	4	5	0	0	0	0	0		0-2577	1/10
	RTT Incomplete 18 Week Performance			92.00%	-	60.97%	60.50%	60.53%	61.52%	61.94%	60.14%	61.11%	61.58%	59.75%	60.36%	60.96%	61.97%	63.71%		55.89%	8/10
	RTT 52+ Week Breaches	R		0	1235	2689	2599	2306	2124	1858	1685	1393	1383	1498	1609	1632	1649	1305		49-16153	4/10
	RTT 65+ Week Breaches				48	624	606	582	545	420	388	249	193	146	192	228	218	156		2-5592	3/10
	RTT 78+ Week Breaches	R			31	44	48	48	55	49	50	45	39	27	18	14	6	13		0-296	3/8
	Total Waiting List	R			48317	50119	50168	48969	48595	47698	47245	46710	46394	46278	46441	46740	46252	45732			
	Cancer 31 Day First Treatment			96.00%	85.18%	91.20%	87.36%	87.76%	85.61%	88.14%	86.30%	77.12%	86.18%	83.07%	87.77%	84.83%	86.50%	-		90.89%	8/10
	Cancer 62 Day Combined	R	PF	85.00%	60.19%	61.54%	60.61%	57.96%	60.07%	61.59%	61.20%	53.33%	58.15%	59.14%	60.62%	59.32%	61.31%	-		66.69%	8/10
	Cancer 28 Day Faster Diagnosis	R		75.00%	75.21%	65.14%	57.36%	54.96%	59.46%	71.42%	74.89%	70.88%	74.80%	73.79%	57.28%	67.47%	78.05%	-		72.83%	6/10
	Cancelled Operations Not Re-booked Within 28 Days			0	-	1	1	1	6	3	9	5	5	5	6	3	4	-			
	Urgent Operations Cancelled ≥2 times			0	-	0	0	0	0	1	1	0	0	0	0	0	0	-			

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

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Quality, Safety and Effectiveness	Trust Quality Metrics	Summary Hospital-Level Mortality Indicator (SHMI)					0.97	0.96	0.96	0.95	0.95	0.94	0.94	0.94	-	-	-	-	-	
		Never Event Occurrence by Month			0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	
		Commissioned Patient Safety Incident Investigations					0	2	2	2	1	1	2	0	1	1	1	1	1	
		Maternity and Newborn Safety Investigations					0	0	0	0	2	2	0	0	0	1	0	1	0	
		Total Incidents					1042	1161	1135	1491	1546	1182	1251	1340	1297	1138	1151	1172	1103	
		Total Incidents (Rate per 1000 Bed Days)					35	41	40	48	52	39	39	45	40	37	37	39	36	
		WHO Checklist Completion				95.00%	99.01%	98.58%	97.68%	99.08%	99.36%	99.43%	99.52%	99.82%	99.71%	99.89%	99.96%	99.73%	99.90%	
		VTE Risk Assessment Completion	R			95.00%	95.00%	94.53%	94.19%	93.34%	93.45%	92.93%	92.43%	91.27%	91.02%	90.79%	91.36%	90.08%	89.46%	
		Pressure Injuries Grade 2					17	12	14	11	10	12	11	18	10	14	11	4	11	
		Pressure Injuries Grade 3				0	0	2	1	0	0	1	1	0	0	0	0	0	0	
		Pressure Injuries Grade 4				0	0	1	0	0	1	0	0	1	0	0	0	0	0	
		Pressure Injuries rate per 1,000 bed days					0.47	0.46	0.46	0.26	0.34	0.33	0.35	0.47	0.28	0.36	0.35	0.10	0.36	
		Falls per 1,000 bed days					4.91	5.73	4.96	6.45	6.56	6.38	5.58	5.72	5.66	5.18	5.20	5.56	5.80	
		MRSA	R		0	0	1	0	0	1	1	0	0	0	0	1	0	0	1	
		E. Coli	R			4	4	2	7	5	11	5	6	5	2	6	10	4	6	
		C. Difficile	R			5	6	2	5	4	3	2	2	9	8	6	2	4	8	
		MSSA				2	9	5	2	4	3	6	3	3	2	2	2	3	3	
		Observations Complete					99.22%	97.56%	96.48%	99.02%	98.83%	98.66%	98.73%	98.50%	98.60%	98.90%	98.93%	98.96%	98.90%	
		Observations On Time					48.37%	61.62%	69.58%	73.33%	75.00%	72.04%	72.85%	71.82%	72.94%	70.70%	71.10%	71.91%	73.81%	
		Observations Not Breached					58.21%	73.78%	80.83%	85.17%	88.39%	85.54%	85.57%	84.80%	84.52%	83.10%	83.96%	83.81%	86.04%	
	Maternity	5 minute Apgar 7 rate at term				0.90%	0.93%	0.45%	0.64%	0.68%	1.82%	0.78%	0.23%	1.22%	1.90%	1.00%	0.93%	0.93%	3.16%	
		Caesarean Section Rate					40.65%	46.33%	47.02%	42.89%	43.19%	41.26%	44.90%	47.50%	44.74%	45.88%	46.09%	46.07%	45.05%	
		Still Birth Rate				0.40%	0.43%	0.21%	0.29%	0.21%	0.21%	0.72%	0.43%	0.00%	0.22%	0.00%	0.22%	0.22%	0.00%	
		Induction of Labour Rate				32.10%	38.04%	32.08%	30.65%	34.31%	30.21%	36.65%	31.67%	31.36%	34.45%	32.71%	29.78%	29.91%	25.00%	
		PPH 1500 ml rate				8.60%	4.13%	2.31%	2.68%	3.97%	2.96%	2.42%	2.38%	4.04%	2.68%	3.52%	4.98%	4.78%	4.45%	
	Fragile Hip	Fragile Hip Best Practice Pass Rate					62.00%	58.00%	55.77%	79.17%	70.59%	61.40%	60.00%	67.92%	71.43%	68.57%	41.18%	59.57%	-	
		Admitted to Orthopaedic Ward within 4 Hours					40.00%	48.00%	36.54%	33.33%	25.49%	21.05%	28.57%	9.43%	14.29%	20.00%	19.61%	14.89%	-	
		Medically Fit to Have Surgery within 36 Hours					62.00%	58.00%	55.77%	81.25%	72.55%	68.42%	64.29%	71.70%	73.47%	68.57%	47.06%	65.95%	-	
		Assessed by Orthogeriatrician within 72 Hours					96.00%	98.00%	96.15%	97.92%	96.08%	91.23%	88.57%	90.57%	95.92%	91.43%	86.27%	91.48%	-	
	Stroke	Stroke - Patients Admitted					133	191	156	155	164	157	184	163	152	174	135	146	-	
		Stroke - 90% Stay on Stroke Ward				90.00%	89.02%	80.91%	84.62%	82.22%	71.95%	77.42%	75.22%	76.47%	78.13%	60.00%	70.73%	79.54%	-	
		Stroke - Thrombolysed <1 Hour				60.00%	44.44%	68.18%	52.38%	75.00%	56.25%	37.50%	85.71%	60.00%	78.13%	72.73%	60.00%	60.00%	-	
		Stroke - Directly Admitted to Stroke Unit <4 Hours				60.00%	66.67%	58.93%	56.19%	59.78%	61.45%	70.97%	58.62%	63.92%	61.54%	40.00%	60.61%	57.14%	-	
		Stroke - Seen by Stroke Consultant within 14 Hours				90.00%	80.00%	86.89%	87.93%	89.80%	85.71%	92.23%	86.47%	95.50%	84.21%	74.55%	81.37%	85.14%	-	

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Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity		PF			88.81%	91.00%	89.49%	89.49%	89.29%	91.73%	92.73%	91.16%	93.93%	90.05%	93.37%	93.17%	89.47%	
	Friends & Family Positive Responses - Emergency Department		PF			81.75%	83.58%	74.74%	72.80%	79.33%	80.94%	81.44%	81.12%	73.99%	77.89%	74.65%	78.64%	81.05%	
	Friends & Family Positive Responses - Inpatients		PF			93.65%	93.70%	93.37%	91.96%	92.53%	91.30%	92.71%	91.98%	91.55%	92.73%	91.81%	93.80%	91.72%	
	Friends & Family Positive Responses - Outpatients		PF			95.46%	95.13%	94.04%	94.65%	95.45%	96.01%	95.31%	94.58%	95.12%	95.33%	95.06%	94.90%	95.00%	
	PALS - Count of concerns					145	123	135	139	152	103	191	133	157	137	155	174	159	
	Complaints - % Overall Response Compliance				90.00%	79.63%	64.10%	71.11%	65.00%	60.00%	73.00%	79.00%	71.00%	84.62%	86.11%	72.22%	84.09%	73.68%	
	Complaints - Overdue					5	4	5	9	10	3	5	6	4	2	2	4	4	
	Complaints - Written complaints					42	48	49	60	49	36	44	40	39	36	47	45	59	
Workforce	Agency Expenditure ('000s)					2402	2242	2182	2093	2184	1610	1507	1592	1368	891	1037	765	725	
	Month End Vacancy Factor					8.25%	7.69%	7.16%	6.62%	6.42%	5.87%	4.87%	4.82%	5.02%	2.55%	3.46%	4.04%	4.26%	
	Turnover (Rolling 12 Months)	R	PF		-	15.19%	15.03%	14.59%	14.13%	13.74%	13.30%	13.09%	12.91%	12.32%	12.01%	11.88%	11.88%	11.75%	
	Sickness Absence (Rolling 12 month)	R			-	4.94%	4.92%	4.91%	4.89%	4.81%	4.70%	4.66%	4.67%	4.65%	4.62%	4.60%	4.61%	4.62%	
	Trust Mandatory Training Compliance					84.73%	86.69%	87.04%	89.39%	90.69%	91.06%	90.14%	89.44%	91.16%	91.50%	91.47%	92.02%	92.58%	

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Executive Summary – July 2024

Urgent Care

Four-hour performance improved to 69.31% in July. NBT ranked first out of 11 AMTC providers. There was a decrease in 12-hour trolley breaches compared to the previous month (125 in July from 252 in June), and a decrease in ambulance handover delays over one-hour (165 in July from 238 in June). The primary drivers continue to be an increase in ED presentations compared to last year with a 1.25% increase in July 2024 compared to the same month last year, and a continued high NC2R position leading to high bed occupancy. The ambition to reduce the NC2R percentage within NBT to 15% remains a key contingent in the Trust committing to the 78% ED 4-hour performance requirement for March 2025. As yet, there is no evidence of a sustained improvement in line with this ambition. Community-led D2A programme remains central to ongoing improvement. Work also progresses around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. In the meantime, internal hospital flow plans continue to be developed and implemented.

Elective Care

Since the clearance of capacity related 65-week wait breaches, the Trust has submitted a plan which aims to clear all non-capacity related breaches by September 2024 with plans in place for most specialties. However, there is an outstanding challenge in clearing the remaining backlog of some specialist breast reconstruction surgery related to complex procedures and limited clinical capacity. Following agreement from System and Region to secure and external provider for DIEPs, plans are in place to reduce and then eliminate these waits.

Diagnostics

Performance in July continued to exceed the requirements for 2024/25 against the 5% target, reporting at 0.85%. NBT has now met the constitutional standard of no more than 1% of patients waiting longer than 6-weeks for diagnostic tests for the first time in over five years. The Trust has also achieved no patients waiting longer than 13-weeks – the only Trust in the region to have achieved this standard.

Cancer Wait Time Standards

Following recovery actions in April, improvements in FDS and 62-Day performance in May have been sustained with further improvement in the June position, with performance reporting at 78.05% and 61.31% respectively. Work to sustain this improvement and move toward the national requirement by March 2025 is on track, with the Trust running ahead of its delivery trajectory as at June 2024.

Executive Summary – July 2024

Quality

Within Maternity, the term admission rate to NICU remained below the national target of 5%. There were 3 x moderate harm incidents in June and there was one case referred to MNSI. PMRT saw 3 cases being graded as C or D in June, however, 1 of these cases related to care given at another hospital. Increased HDU admissions were seen due to increased rates of Postpartum haemorrhage. Staffing levels remain positive; the midwifery vacancy rate is lowest it's been since January 2022 and the neonatal nursing vacancy rate the lowest it has been since May 2021. During July 24 NBT had a rate of 6.5 medication incidents per 1000 bed days, slightly below the 6-month average of 6.7. The work of the 'Medicines Safety Forum' continues, evaluating medicines safety challenges and supporting staff to address these. Infection control data for C. difficile and MSSA remains below 2023-24 trends, with E-Coli tracking marginally above. Covid-19 and flu numbers remain low, and winter funding has been agreed for IPC 7 day working. There was one new MRSA case. The reducing trend in falls rates continued, reflecting the ongoing improvement actions as outlined in the report, with funding agreed for the falls lead to sustain this work. An increased prevalence of Pressure Injuries was seen from last month, however the overall trend remains positive, when benchmarked against 2023-24 figures for the same 4-month period there's a 32% reduction. Delivery of the Year 2 workplan for Patient & Carer Experience is positive, reflecting the Trust's approved Quality priorities for Outstanding Patient Experience. Strong progress is being made in developing the Volunteer Strategy and service, the Mental Health Strategy was approved at the July Board and the Quality priority projects to enhance 'real time insight and action' are progressing well. 93.20% of patients gave the Trust a FFT positive rating, an increase on previous month, remaining within the overall expected range of performance. The response rate compliance for complaints dropped to 74%, with the main impact through the ASCR division. This does remain within the overall improved range over the past 8 months, but we aim for further improvement. All complaints & PALS concerns are acknowledged within the agreed timeframes.

Workforce

Turnover declined from 11.88% in June to 11.76% in July, 0.14% below the target set for 2024/25. We remain focussed on monitoring the impact of our actions from the one-year retention plan through delivery of our five-year retention plan, particularly the proportion of our Healthcare Support Workers leaving within the 1st 12 months of service; stability for this cohort has improved from 71.58% in June to 75.57% in July. The % of employed staff from our 30 most challenged communities shows statistically significant deterioration to 38.19% in July, however, the deterioration is driven not by a reduction in employed staff from those communities but by other factors, primarily an increases in the proportion of staff employed residing outside BNSSG. Month on month since April 2023 the actual number of staff employed from our most challenged communities has increased from 3202 to 4089 in July 2024; work is in progress to determine how to best measure improvement. Our disparity ratio has followed a deteriorating trend since the low point of 1.31 in December 2023 to 1.52 in July; analysis is in progress to better understand the areas driving this position. Trust-wide agency spend decreased from 1.60% in June to 1.5% in July, which is below the Trust the 2024/25 target of 3.2%. Our watch metrics (sickness absence and vacancy rate) continue to show statistically significant improvement over the past 12 months.

Finance

The financial plan for 2024/25 in Month 4 (July) was a deficit of £0.3m. In-month the Trust has delivered a £0.4m deficit, which is £0.1m worse than plan. This includes £0.3m of industrial action costs, therefore excluding theses the Trust would have been favourable in month. Year to date the position is a £4.6m adverse variance against a planned £6.0m deficit. This is driven by the impact of unidentified CIP across pay and non-pay creating a £5.4m adverse variance. The Trust cash position at Month 4 is £44.5m, a reduction of £18.2m from Month 12. This is driven by the underlying deficit, capital spend, and outstanding debt. The Trust has delivered £5.5m of completed cost improvement programme (CIP) schemes at month 4. There are a further £6.3m of schemes in implementation and planning that need to be developed, and £17.1m in the pipeline.

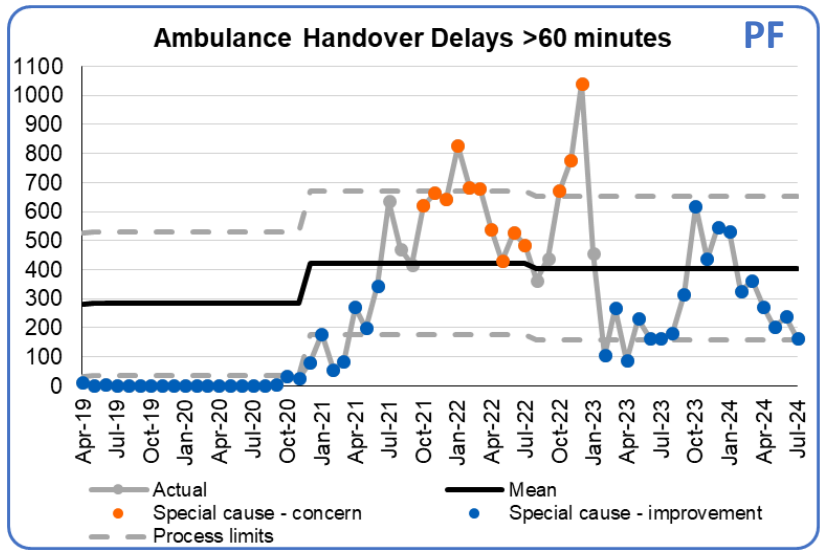
Responsiveness

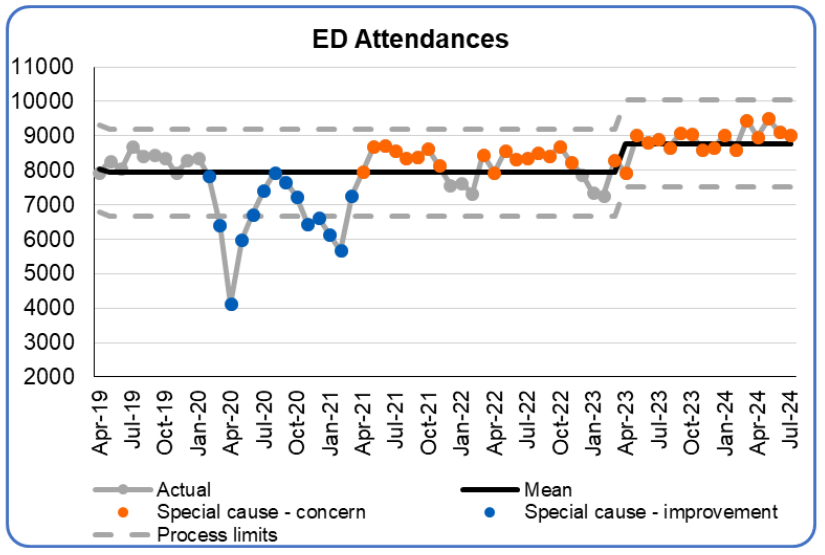
Board Sponsor: Chief Operating Officer
Steve Curry

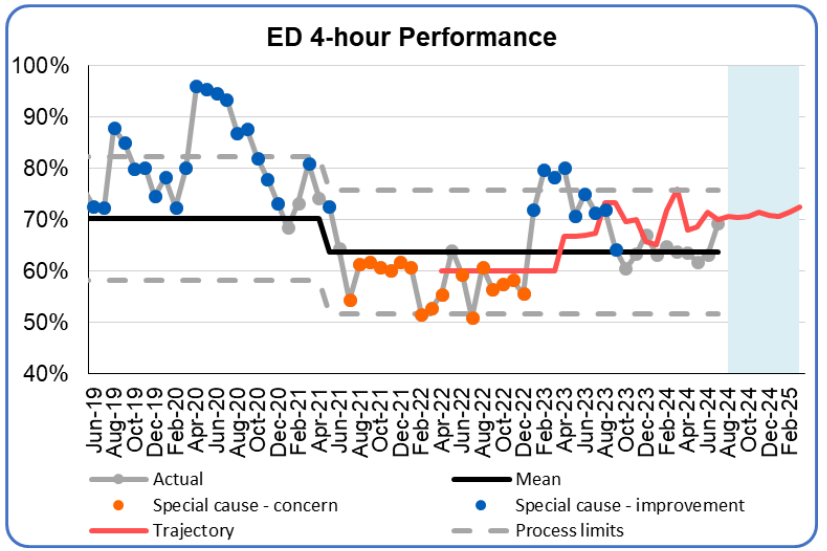
Responsiveness – Indicative Overview at July-2024

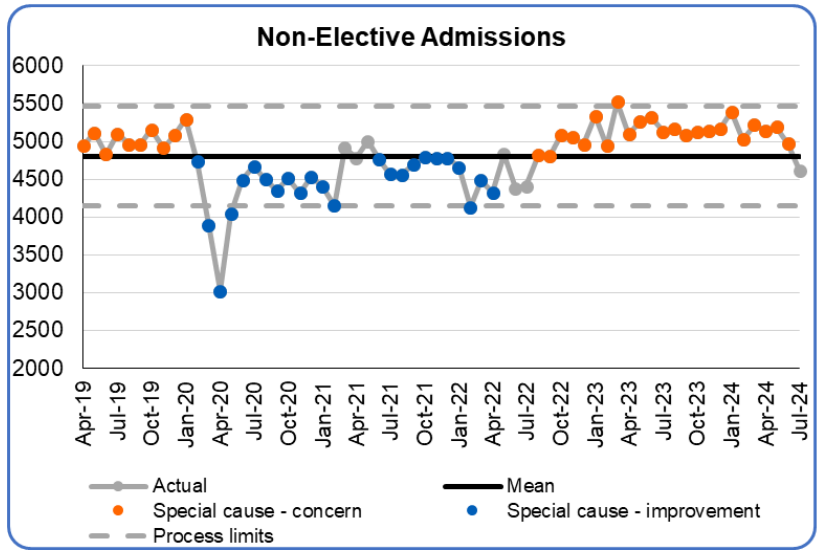
Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Internal and partnership actions continue.
	NC2R/D2A	As yet, no evidence of progress to reduced NC2R percentage ambition.
RTT	65-week wait	Progress on specialist area challenges (DIEP). Reasonable assurance against September >65-week plan.
Diagnostics	5% 6-week target	Achieved national requirement of 5%. Now achieved constitutional standard of 1%.
	CDC	Phase 1 (mobiles in place) Phase 2 (fixed build) by September 2024.
Cancer	28-day FDS Standard	Recovery plan in May continued to June position. Work continues on sustainable pathway solutions.
	62-Day Combined Standard	Continued improvement in June. Now above in-year trajectory requirements. Work continues on sustainable pathways solutions.

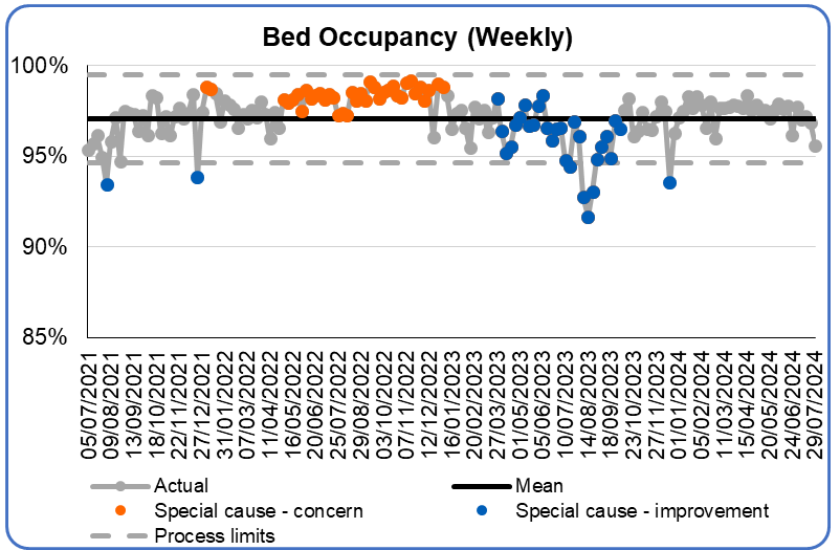
Urgent and Emergency Care

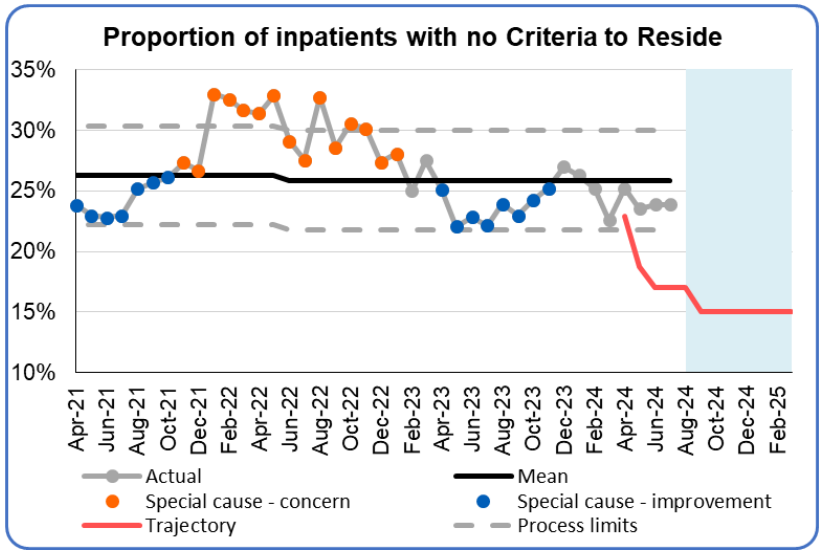












Urgent and Emergency Care

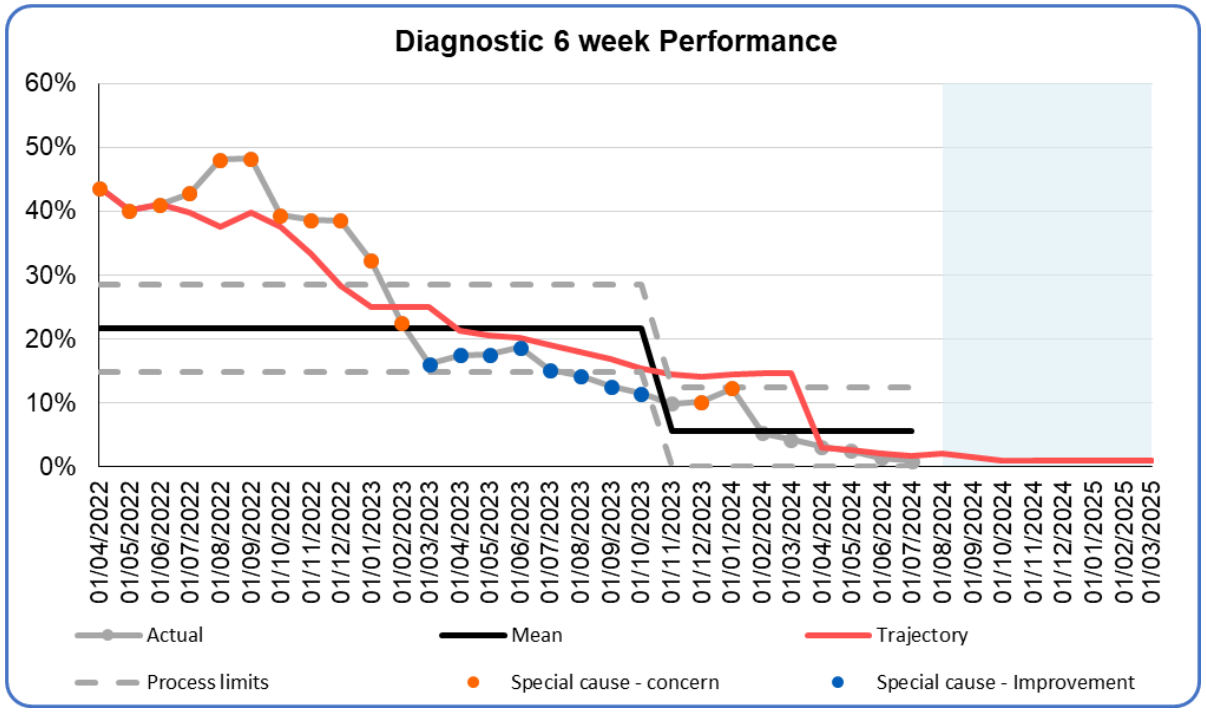
What are the main risks impacting performance?

- Year-on-year ED attendances have been increasing in previous months, but there was a marked increase yet again in July, showing attendances at 1.25% higher than July 2023.
- As yet, insignificant progress in reducing NC2R problems.
- Ongoing industrial action by Junior Doctors.

What actions are being taken to improve?

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

Diagnostic Wait Times



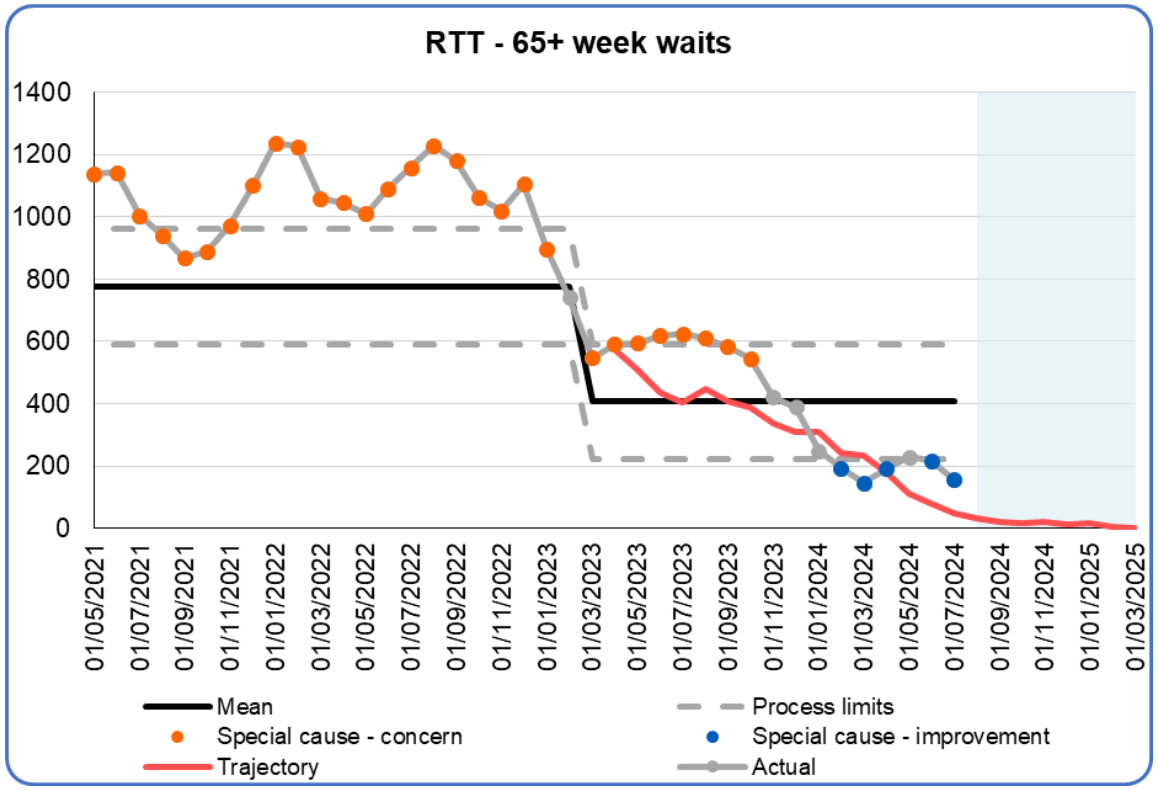
What are the main risks impacting performance?

- The Trust continues to exceed the target of no more than 5% patients waiting over 6-weeks, with performance reporting at 0.85% for July 2024.
- Cross-sectional imaging upgrades may result in some capacity losses in the next 10 weeks.
- Staffing gaps within the Sonography service and a surge in urgent demand means that the NOUS position remains vulnerable. Given the volume of this work, any deterioration can have a material impact on overall performance.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector. Further industrial action remains the biggest risk to compliance.

What actions are being taken to improve?

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

Referral To Treatment (RTT)



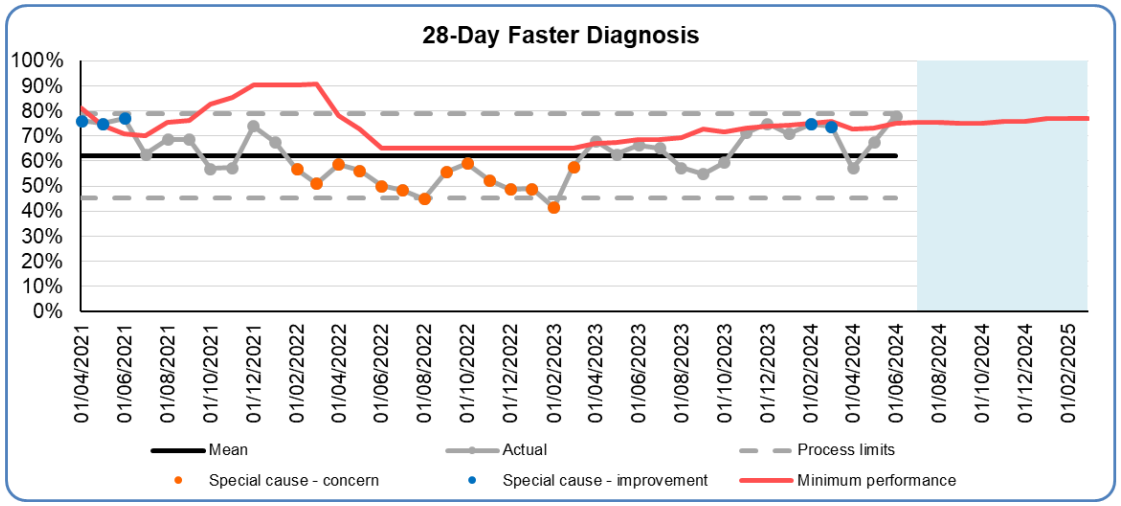
What are the main risks impacting performance?

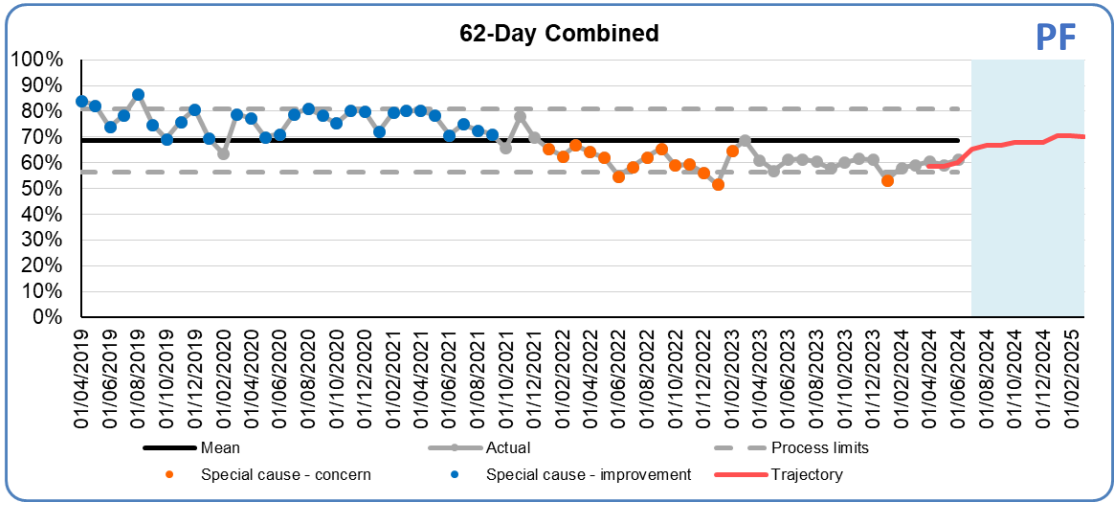
- Although limited, Impact of July 2024 industrial action.
- Rebooking of cancelled cancer and urgent patients is displacing the opportunity to book long-waiting patients.
- Continued reliance on third party activity in a number of areas.
- The potential impact of UEC activity on elective care.
- Challenges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

What actions are being taken to improve?

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

Cancer Performance





What are the main risks impacting performance?

- Last minute year-end capacity loss in Skin clinics impacting the end of year performance.
- Ongoing clinical pathway work reliant on system actions remains outstanding.
- Reliance on non-core capacity.
- Increased demand is now a significant driver – Skin referrals, Gynaecology referrals and Endoscopy referrals.
- Volume and complexity of Urology pathway remains challenging.

What further actions are being taken to improve?

- Significant additional activity has been delivered to recover industrial action related deteriorations in Skin and Gynaecology.
- Recovery actions can only be made sustainable through wider system actions. The CMO is involved in System workshops looking to reform cancer referral processes at a primary care level.
- Focus remains on sustaining the absolute >62-Day Cancer PTL volume and the percentage of >62-Day breaches as a proportion of the overall wait list. This has been challenged by recent high volume activity losses (industrial action related) within areas such as Skin.
- 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

		Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TREND
Activity								
Number of women who gave birth, all gestations from 22+0 gestation		463	442	448	426	459	448	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)		0	3	1	3	4	3	
Number of women who gave birth (>=24 weeks or <24 weeks live)		461	440	447	425	459	449	
Number of babies born (>=24 weeks or <24 weeks live)		466	446	449	429	463	456	
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)		36	36	24	27	33	34	
No of livebirths <24 weeks gestation		0	1	1	1	0	1	
Induction of Labour rate %		31.7%	31.4%	34.5%	32.7%	29.8%	30.1%	
Spontaneous vaginal birth rate %		45.6%	43.2%	43.6%	43.1%	45.3%	46.1%	
Assisted vaginal birth rate %		9.1%	8.9%	11.2%	10.8%	8.5%	9.6%	
Caesarean Birth rate (overall) %		44.9%	47.5%	44.7%	45.9%	46.2%	43.0%	
Planned Caesarean birth rate %		20.6%	21.6%	19.9%	18.8%	17.2%	18.3%	
Emergency Caesarean Birth rate %		24.3%	25.9%	24.8%	27.1%	29.0%	24.7%	
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)		4.2%	6.4%	5.2%	5.0%	4.2%	4.8%	
BFI Activity								
% of babies where breastfeeding initiated within 48 hours		Data Not Available (DNA)				81%	82%	
% of babies breastfeeding on Day 10		Data Not Available (DNA)				75%	72%	
% of babies breastfeeding at transfer to community		Data Not Available (DNA)				82%	70%	
% of babies where skin to skin recorded within 1st hour of birth		Data Not Available (DNA)				91%	84%	
Improvement								
Progress in achievement of MIS /10		10	10	10	10	10	10	
Training compliance in annual local BNLS (NICU)		100%	100%	98%	90%	55%	60%	
Training compliance in maternity emergencies and multi-professional training (PROMPT)	***Overall***	81%	84%	79%	75%	73%	72%	
	Obstetric Consultants	95%	95%	89%	94%	89%	89%	
	Other Obstetric Doctors	97%	69%	73%	75%	63%	51%	
	Anaesthetic Consultants	75%	72%	62%	59%	66%	79%	
	Other Anaesthetic Doctors	100%	74%	73%	60%	64%	40%	
	Midwives	80%	89%	73%	79%	82%	78%	
	Maternity Support Workers	71%	95%	90%	80%	76%	75%	
	Theatre staff	Data Not Available (DNA)						
	Neonatologists	Data Not Available (DNA)						
	NICU Nurses	Data Not Available (DNA)						
Fetal Wellbeing and Surveillance * note: includes BNLS	***Overall***	85%	86%	85%	87%	72%	82%	
	Obstetric Consultants	89%	89%	89%	94%	72%	94%	
	Other Obstetric Doctors	70%	71%	72%	72%	69%	57%	
	Midwives	86%	91%	82%	87%	77%	84%	
Trust Level Risks		7	4	3	4	3	3	

Maternity

Perinatal Quality Surveillance Monitoring (PQSM) Tool June 24 data

The term admission rate to NICU was 4.8% against a national target of 5%.

Perinatal services referred 1 new case to MNSI in June 2024 for an indirect maternal death in the community at 37+3 weeks gestation. Note: the neonate subsequently passed away at 29 days old and the subsequent neonatal death does not meet MNSI criteria, only the care of the Mother will be investigated.

PMRT saw 3 cases being graded as C or D in June, however, 1 of these cases was related to care given at Torbay Hospital.

46 women received enhanced care on CDS in June – this is the highest number of women since we began reporting this metric in October 2022. An in-depth audit was conducted here and concluded that the likely cause of high HDU admissions was due to increased rates of postpartum haemorrhage (PPH) in June (5.6% - target 3.5%).

There were 3 x moderate harm incidents in June: 2 cases pertain to unexpected neonatal admissions to the Neonatal Intensive Care Unit (NICU) from the postnatal ward for respiratory and 1 case relates to a return to theatre for intra-abdominal bleeding following an intra-uterine death.

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TREND
Workforce							
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	2	0	0	0	0	2	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	2	2	2	2	2	2	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	0	0	0	0	0	0	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)	1	1	1	1	1	1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)	1	1	1	1	1	1	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).	23.4%	25.6%	27.6%	37.6%	38.9%	39.0%	
Vacancy rate for midwives	5.59%	8.04%	6.17%	3.06%	2.68%	1.43%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)	35%	52%	54%	59%	59%	59%	
Vacancy rate for NICU nurses	26	11	10	18%	11%	5%	
Datix related to workforce (service provision/staffing)	13	9	13	1	2	1	
Consultant led MDT ward rounds on CDS (Day to Night)	93%	96%	81%	90%	100%	100%	
Consultant led MDT ward rounds on CDS (Day)	100%	100%	97%	100%	100%	100%	
One to one care in labour (as a percentage)	99%	100%	97%	99%	98%	100%	
Compliance with supernumerary status for the labour ward coordinator	100%	99%	100%	100%	100%	100%	
Number of times maternity unit attempted to divert or on divert	0	1	0	0	0	1	
in-utero transfers							
in-utero transfers accepted	1	1	5	ta Not Available (DNA)		4	
in-utero transfers declined	lable (DNA)	0	0	lable (DNA)	4	4	
ex-utero transfers to NICU							
ex-utero transfers accepted	8	6	11	4	3	0	
ex-utero transfers declined	0	0	2	lable (DNA)	0	4	
NICU babies transferred to another unit due to capacity/staffing	0	0	0	lable (DNA)	1	1	
Number of consultant non-attendance to 'must attend' clinical situations	0	0	0	0	0	0	
Perinatal Morbidity and Mortality inborn							
Total number of perinatal deaths (excluding late fetal losses)	2	1	3	1	2	4	
Number of stillbirths (>=24 weeks excl. TOP)	1	0	1	0	1	2	
Number of neonatal deaths : 0-6 Days	1	0	1	1	1	2	
Number of neonatal deaths : 7-28 Days	0	1	1	0	0	0	
PMRT grading C or D cases (themes in report)	1	2	1	0	1	3	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (MNSI)	0	0	0	1	0	0	
Maternal Morbidity and Mortality							
Number of maternal deaths (MBRRACE)	0	0	0	0	1	1	
Direct	0	0	0	0	0	0	
Indirect	0	0	0	0	1	1	
Number of women recieving enhanced care on CDS	22	33	26	29	37	46	
Number of women who received level 3 care (ITU)	0	0	0	2	1	3	
Insight							
Number of datix incidents graded as moderate or above (total)	0	2	0	2	0	4	
Datix incident moderate harm (not SI, excludes MNSI)	0	2	0	2	0	4	
Datix incident PSII (excludes MNSI)	0	0	0	0	0	0	
New MNSI referrals accepted	0	0	0	1	0	1	
Outlier reports (eg: MNSI/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust)	0	0	0	0	0	0	
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	
Involvement							
Service User feedback: Number of Compliments (formal)	67	26	110	106	61	96	
Service User feedback: Number of Complaints (formal)	5	4	3	1	1	6	
Friends and Family Test Score % (good/very good) NICU	100	100	100	100	100	100	
Friends and Family Test Score % (good/very good) Maternity	92	91	93	90	93	92	
Staff feedback from frontline champions and walk-abouts (number of themes)	4	5	0	0	10	0	

Maternity

Perinatal Quality Surveillance Monitoring (PQSM) Tool June 24 data

There are currently 2 Obstetrician middle grade rota gaps – covering clinics is proving challenging in some areas with Consultants acting down as needed.

The midwifery vacancy rate is the lowest it has been since January 2022 at 1.43%.

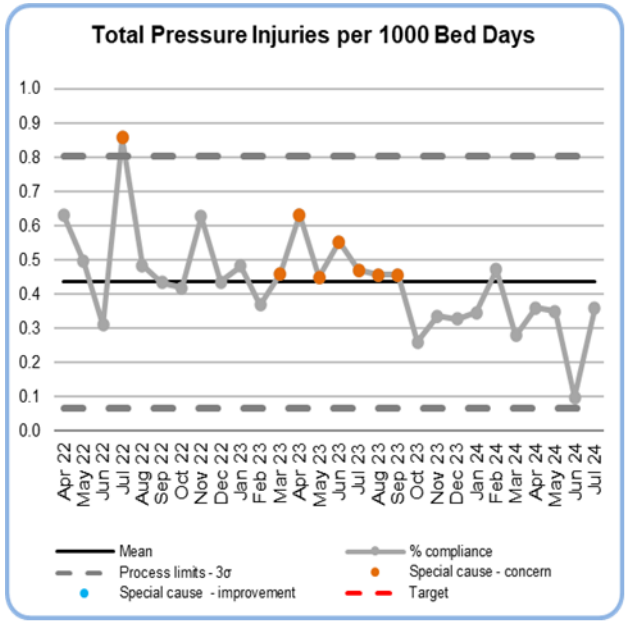
The neonatal nursing vacancy rate is the lowest it has been since May 2021 at 5%.

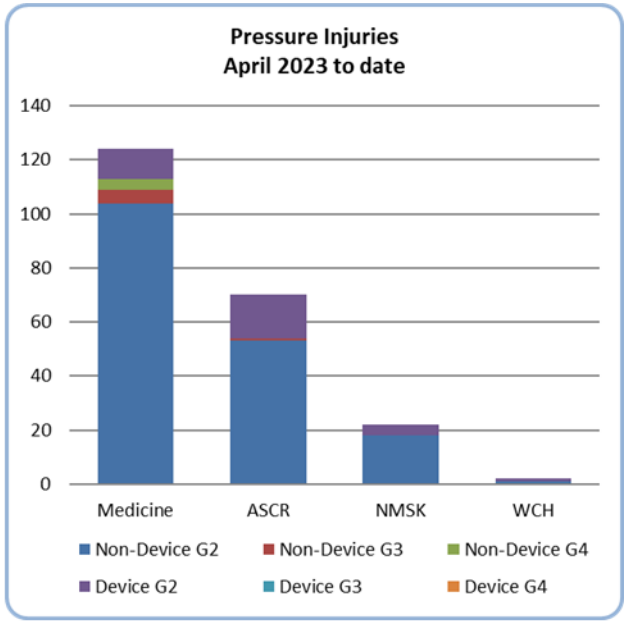
6 formal complaints were submitted in June (this is an increase of 5 since May).

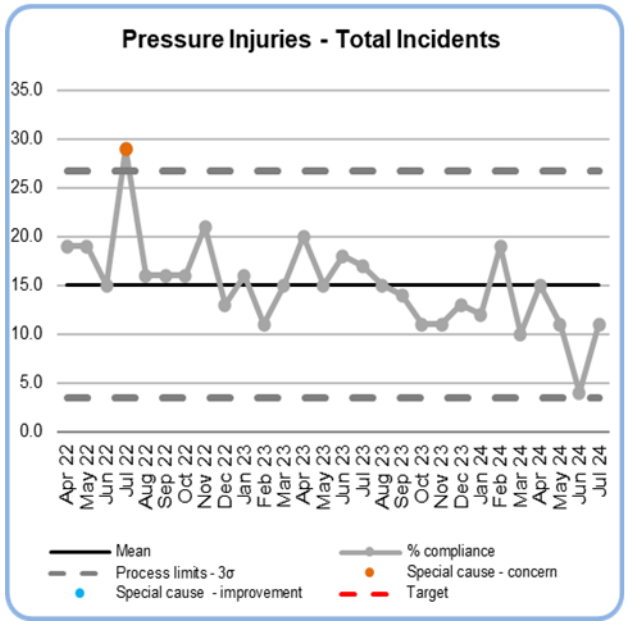
It is acknowledged that the data is reported a month in arrears however any immediate safety concerns would be presented to Divisional Quality Governance, Trust Board and the LMNS as appropriate. See section 3 for emerging issues of note.

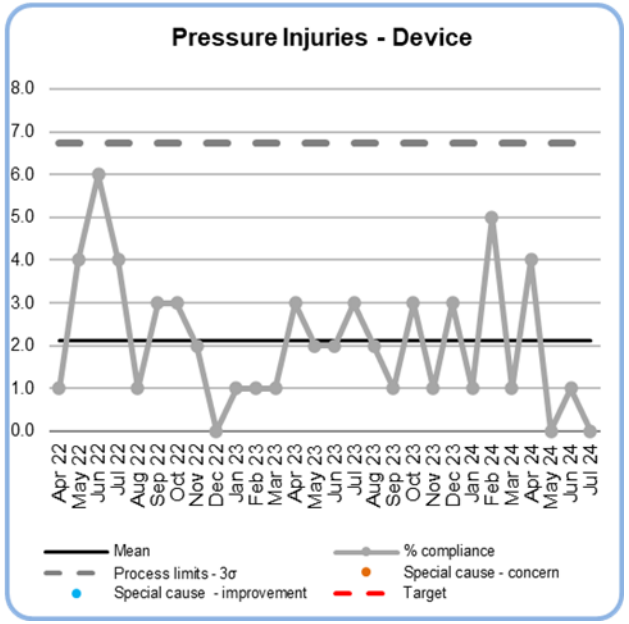
The Perinatal Quality Surveillance Model will be shared with Quality Committee and with Perinatal Safety Champions to ensure there is a monthly review of maternity and neonatal quality undertaken by the Trust Board.

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









Pressure Injuries

What does the data tell us?

In July there were 11 x grade 2 pressure ulcers. There were no pressure ulcers attributable to medical devices.

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

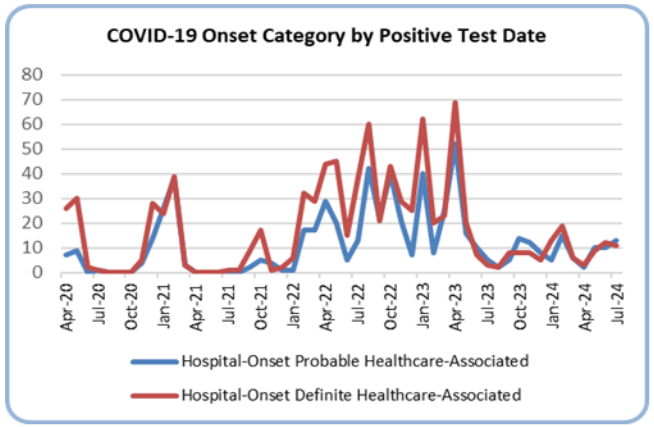
Despite the increase in prevalence of PUs from last month figures, it should be recognised that the hospital was under unseasonable pressure, and that benchmarked against 2023-2024 figures for the same 4-month period we are at a 32% reduction of PU prevalence.

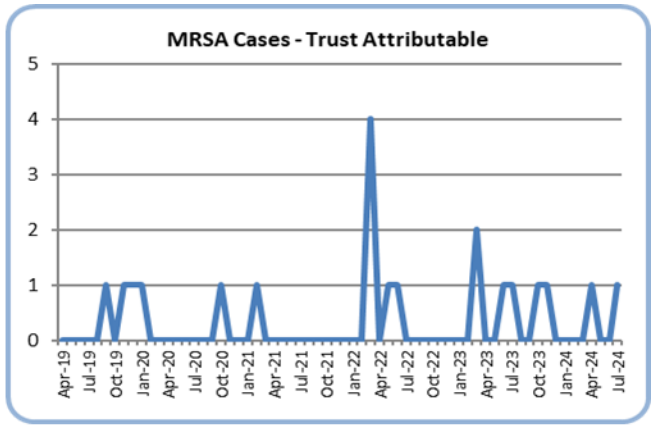
There were 7 DTI's reported in July.

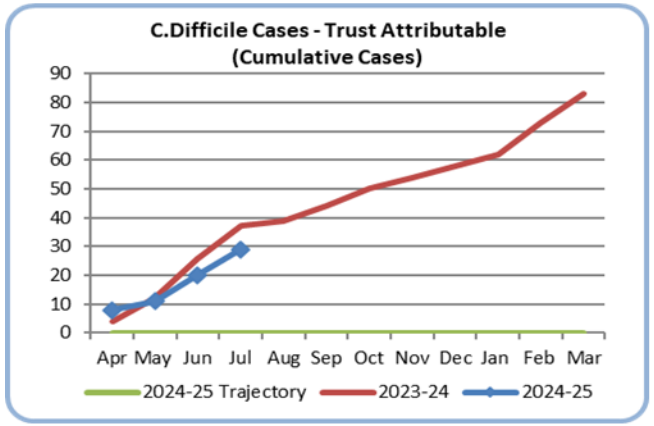
The target for PU reduction will be a trajectory for the year based on the first-quarter figures. There will be zero tolerance for Grade 3 or 4 PUs, with a 50% reduction on last year's incidents.

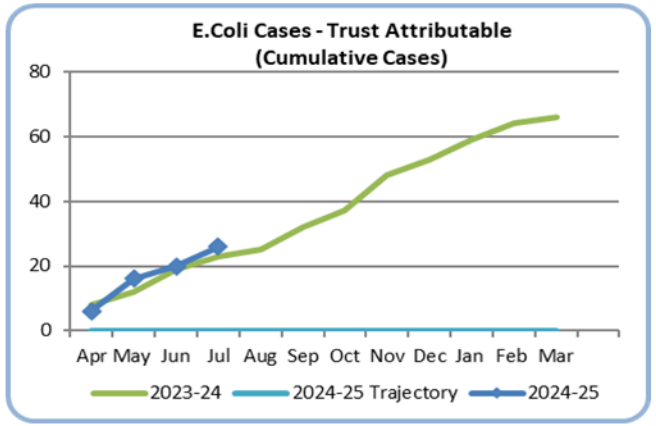
What actions are being taken to improve?

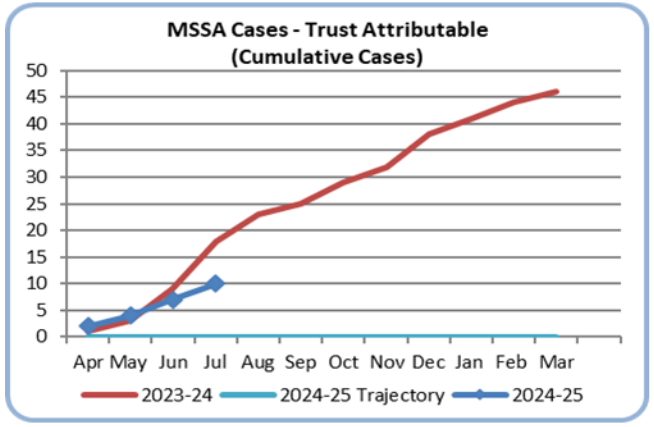
- The TVN team provide a responsive, supportive and educational wound care service across NBT and work collaboratively and strategically within the ICB across the BNSSG system. The team actively seek to work in collaboration with patients, clinical teams and other stakeholders to reduce patient harm and improve clinical outcomes.
- The TVN link ambassadors were invited to a link update and training day coordinated by the TVS. This provides an opportunity in a psychological safe space to discuss the challenges in PU prevention and care and identify any emerging themes. The TVS share current workstreams and updates on PU prevention and complex wound care.
- A collaborative group at NBT has been formed to look at the holistic care of patients with metastatic spinal cord compression. There is a focus on pressure ulcer prevention and optimisation for wound healing.

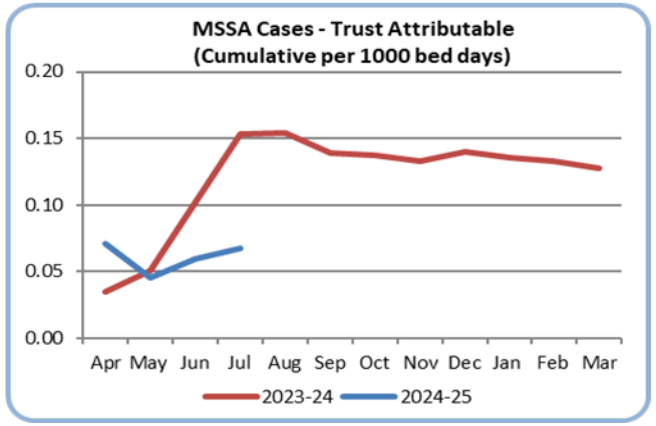












Infection Prevention and Control

What does the data tell us?

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

No Trajectories have yet been set from UKHSA for HCAI, this is due following the election .

MSSA – Case rates have reduced significantly on last year's position following increased education programmes and work related to the BSI improvement plan .

C. difficile – Teams remain focused on addressing cleaning issues and communication between nursing and medical teams that have been themes in C Diff cases and currently being addressed.

Gram negative/ E.coli – Work ongoing with hydration and regional/national programmes and initiatives within the continence group, this group remains unfunded. IPC teams looking E Coli cases to pick up themes and trends to address rise in cases.

What actions are being taken to improve?.

- Bacteriemia reduction plans are trust wide with work being undertaken with Medical, Nursing and AHP staff. Prehospital cannula audit completed, showing insertion based on need, and that devises are not inserted just in case , repeat audits to follow.
- Data for MSSA cases in NBT remain consistent with those locally, IPC teams continue collaboration within regional to drive reduction, focusses on looking at the main points of entry being IV devises or chronic wound linked with tissue viability.
- 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

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

Staph capitis – NICU Increased cases noted, incubator cleaning being addressed and issues with new giraffe incubators explored with supplying company.

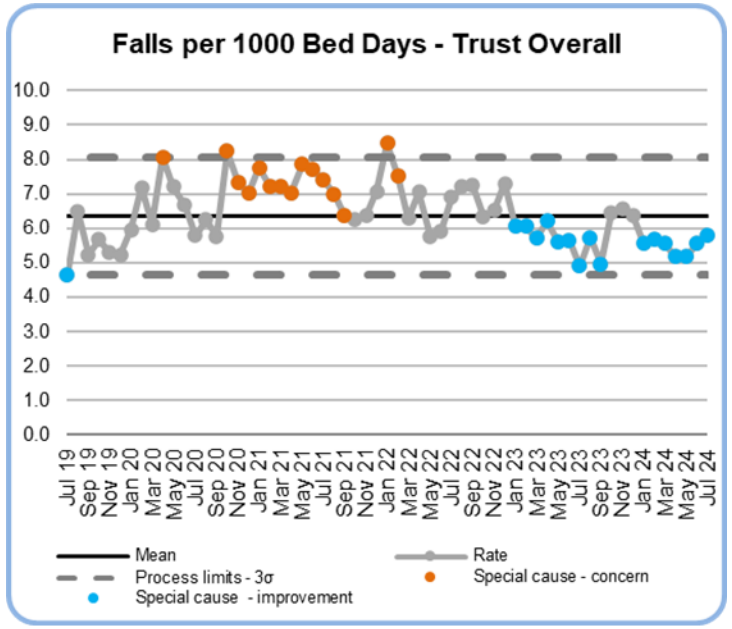
Other projects

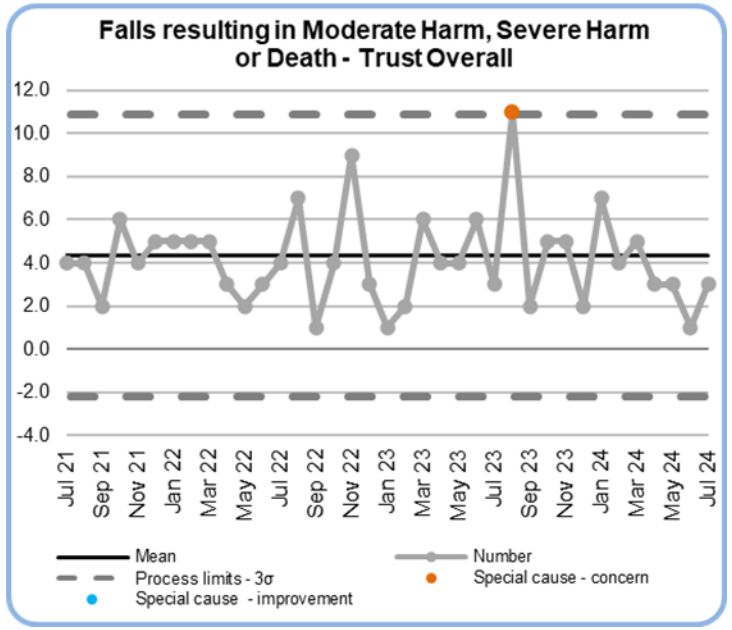
Divisional education – Focus to winter ready addressing BSI, C Diff and E.coli in ASCR

Milk bank – supportive monthly IPC checks

SWAST cannulation audit – second audit

Mandatory IPC training – T1 and T2 covered by skills for health package T3 bespoke training being devised between NBT and UHBW





Falls

Falls incidents per 1000 bed days

NBT reported a rate of 5.8 falls incidents per 1000 bed days in July which is below the average of 6.35.
There were 178 falls reported in July. 2 moderate level physical harm and 1 fatal.

The fall that resulted in death has already been discussed and actions have been identified relating to the completion of neurological observations following a fall.

Medicine division: 115 falls reported. 7th month below their average.
NMSK division: 32 falls reported. Below their average for the third month.
ASCR: 27 falls reported. Slightly above the average of 25 this month.

Multiple falls accounted for 26% of falls this month which is around average. With 2 patients having 3 or more falls.

Older patients continue to be the highest proportion of patients who fall, with 77% of reports in the over 65's.

What actions are being taken to improve?

Funding for the Falls prevention and management lead has been secured however the team has reduced to 1.3 WTE and funding for the support worker role remains short term until November.

The updated eLearning package has been launched and the patient information leaflet is awaiting distribution.

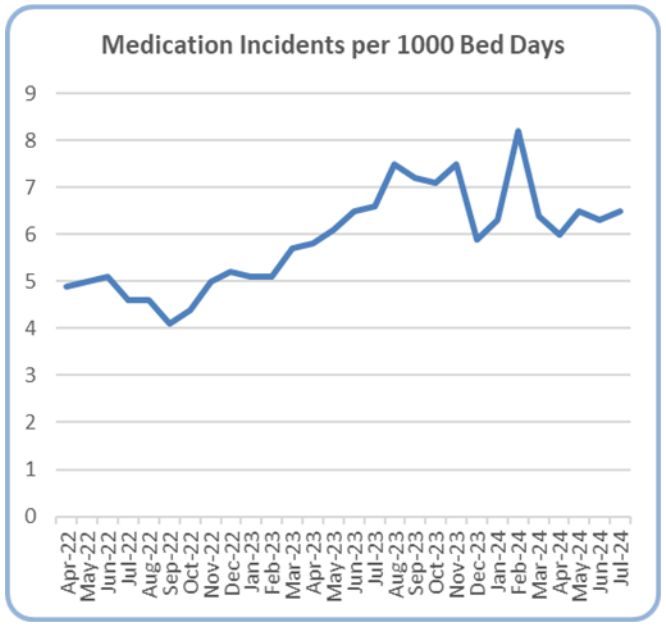
There are 3 focused quality improvement pieces of work underway using the patient first approach. Safe lifting following a fall, good quality multi-factorial risk assessments and improved communication/engagement with patients and carers. Actions required have been identified.

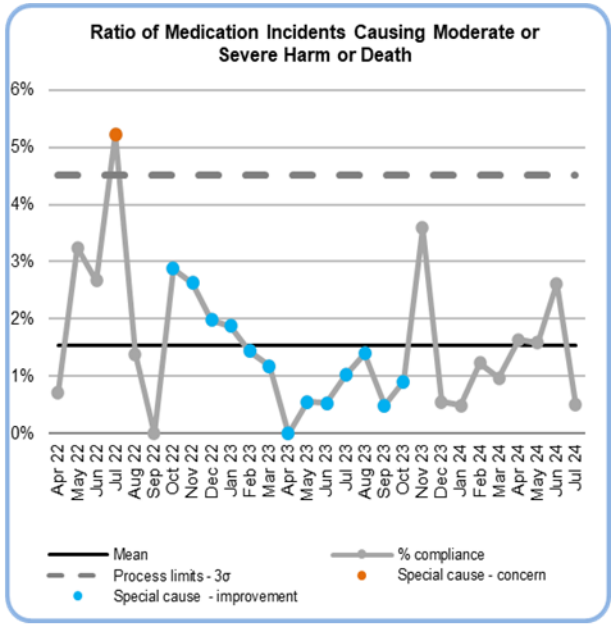
Following the bathroom activity analysis, the falls team have reached out to infection control and estates/facilities to discuss possible adjustments to the bathroom environments. We are awaiting responses and discussions to formulate next steps.

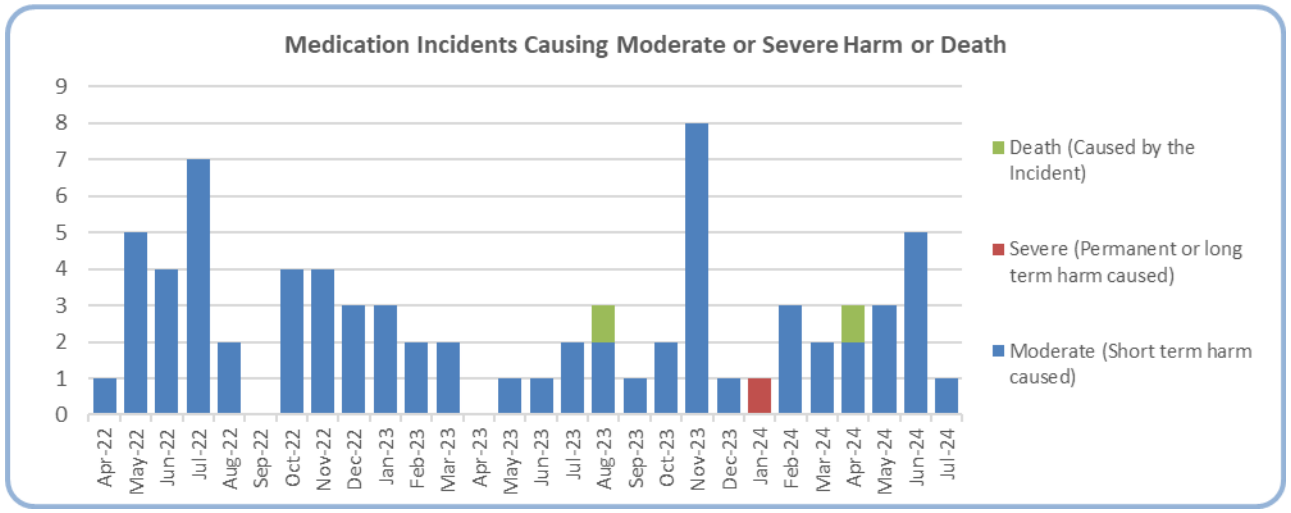
There is a plan in place to deliver training to junior doctors around their responsibilities relating to falls care in hospital. This will commence with the program of teaching in September.

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

Medicines Management Report







What does the data tell us?

Medication Incidents per 1000 bed days

During July 24 NBT had a rate of 6.5 medication incidents per 1000 bed days. This is slightly below the 6-month average of 6.7 for this measure.

Please note that the timescale of this graph has been altered to remove the period prior to April 22 – this is to improve the level of detail which can be seen for recent/current figures.

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

The data presented has been altered with agreement from the Chief medical Officer. Previously the graph depicted ratio of incidents with **any** harm to all incidents but this has now been refined to only show the ratio of **moderate or severe harm or death** to all incidents. This is consistent with the data depicted for other areas e.g. falls.

Overall comment

Overall comment is challenging this month due to the changes in the way the data is being presented and the potential impact of the change to data reporting as per LFPSE. However, it would appear at this point that there are no concerning changes in the trends for the metrics shown.

What actions are being taken to improve?

The work of the 'Medicines Safety Forum' continues – this is a multidisciplinary group whose aim is to focus on gaining a better understanding of medicines safety challenges and subsequently supporting staff to address these. This group is to meet monthly going forward. At the last meeting it was agreed that the group would initially focus on:

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

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

Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams

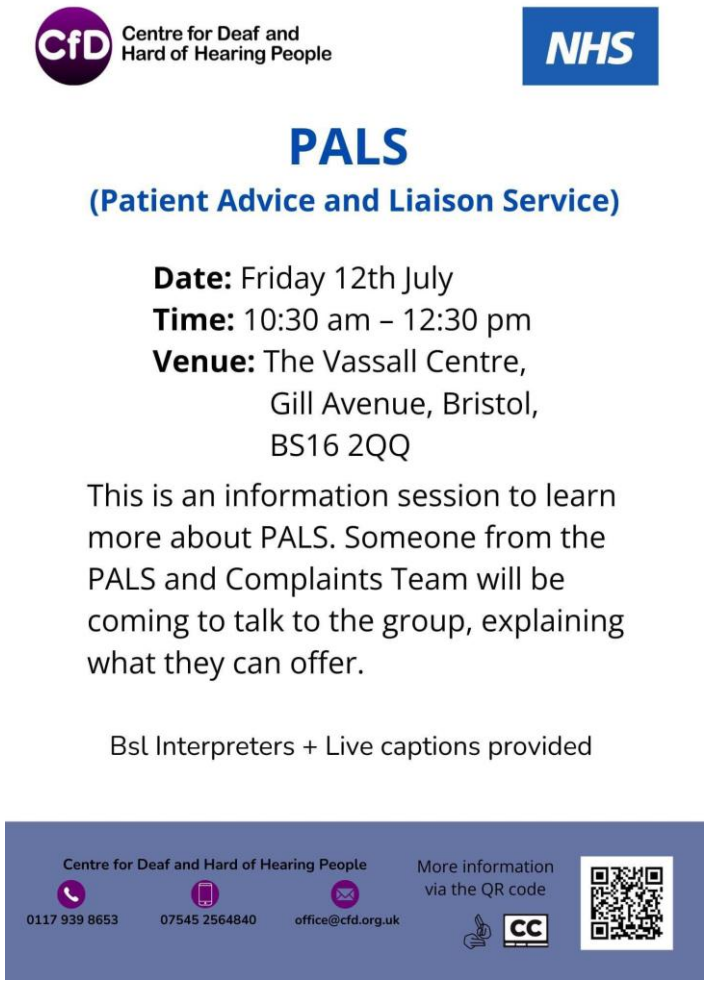
Patient & Carer Experience – Strategy Delivery Overview July 2024

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

NHS North Bristol NHS Trust

Patient & Carer Experience Strategy Commitment	Commitments	Progress Status
Listening to what patients tell us	We will continue to share patient experiences at Board and through other governance committees, to ensure the voice of the patient is heard.	Patient Stories to Board and other groups/committees being taken forwards as per plan. PE Annual Report was shared with the Board in July 2024 along with a patient story.
	We will build on our existing methods to collect patient feedback ensuring these are accessible to all. We will explore the use of new technologies to support this including how we capture social listening (social media comments).	**This has been identified as a Quality Priority.** We are in the process of exploring new technologies, including social listening and digital techniques for theming large narrative datasets. We continue with patient conversations and are now allocating feedback volunteers to specific divisions/areas where this has been requested.
	We will continue to develop the Integrated Performance Report, so that the Board and other leaders can have oversight of the experience our patients receive.	IPR reporting has been refined to include an overview of progress against the Patient & Carer Experience Strategy.
Working together to support and value the individual and promote inclusion	We will aim to increase the diversity of our volunteer teams to reflect our local community and the patients we serve, with a particular focus on Outpatient areas.	New VS Strategic Plan is in development with a focus on this objective. First draft expected around the end of September.
	We will meet the needs of patients with lived experience of Mental Health or Learning Disability and neurodivergent people in a person-centred way.	**This has been identified as a Quality Priority.** MH Strategy has been signed off. We have a patient partner with LD who is actively involved in sharing her lived experience to improve services. We are in the process of onboarding a patient partner with lived experience of Mental Health.
	The voice and the involvement of carers will be respected and integral in all we do.	We have just updated our Carers Awareness Training, this is being signed off. We have successfully gained funding for 10 new carers chairs which will make a significant difference to the experience of carers supporting on the ward.
	Personalised care in various services by using tools such as ‘This is Me’ developed for patients with dementia, ‘Shared Decision Making’ and “Supported Decision Making”	**This has been identified as a Quality Priority**. Exploring use of ‘Ask 3 Questions’ as part of shared decision making. Feedback gathered from PCPG (Patient Partners)
	We will work together with health, care, and local authority partners to reduce health inequalities, by acting on the lived experiences of patients with a protected characteristic and/or who live in communities with a high health need.	See next slide, we have focused on outreach events in July to better understand people's lived experience and barriers to accessing our services.
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	We now have two prospective panel member going through the onboarding processes
	We will continue to undertake the annual Patient Led Assessments of the Care Environment (PLACE) audits and respond to areas of improvement.	Development of physical access working group of patients who will participate in this year’s PLACE assessments in November. Presentation on last year’s PLACE results was shared at the Patient and Carer Partnership Group in August.
	We will involve the volunteer voice within feedback to shape future volunteer roles and patient engagement opportunities.	New VS Strategic Plan is in development with a focus on this objective. First draft expected around the end of September.
Putting the spotlight on patient and carer experience	We will refresh the patient experience portal on our website and staff intranet	Intranet pages recently updated for all PE teams.
	We will develop a Patient Experience e-learning module to support the ongoing need of staff for easy access to busy frontline staff.	E-learning module scoped with L&D team through NHS Elect. This is currently being tested with a small working group before roll out.

Improving accessibility



On 12th July, our Complaints and PALS Manager, Leanne attended the Centre for Deaf and Hard of Hearing People at the Vassall Centre in Fishponds.

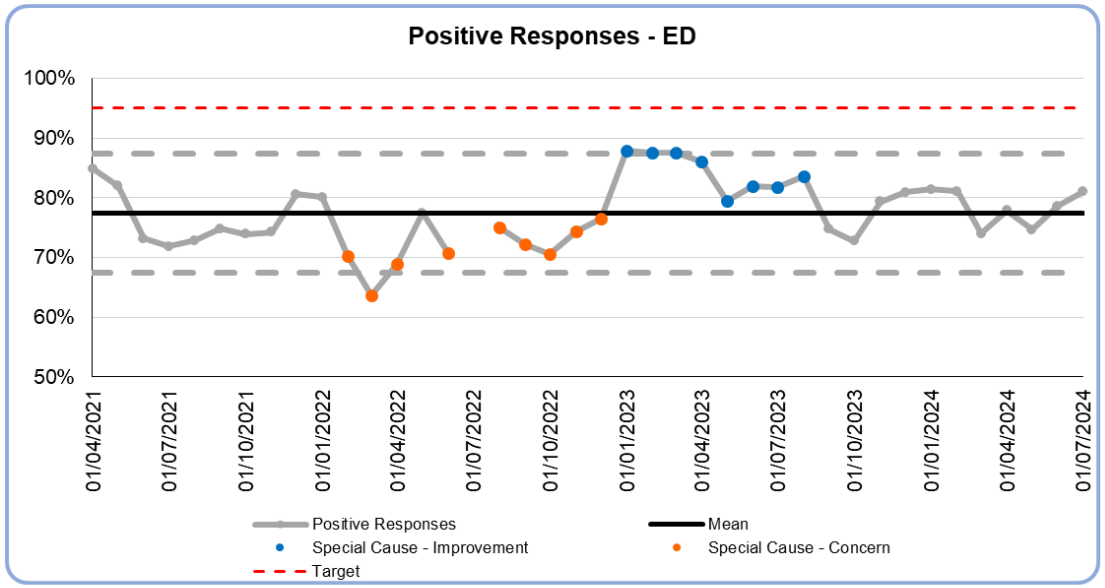
Leanne provided information about how the services can help with any issues patients or carers may have and how the service is accessible to those with a hearing impairment.

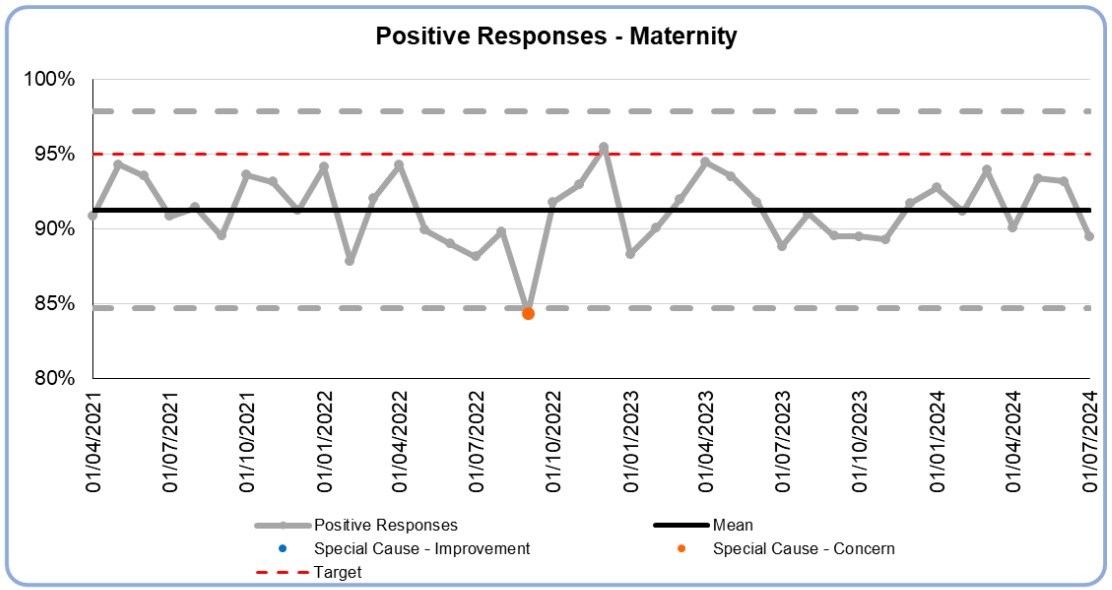
We know that patients who are deaf or hard of hearing raise concerns less often than patients without a hearing impairments.

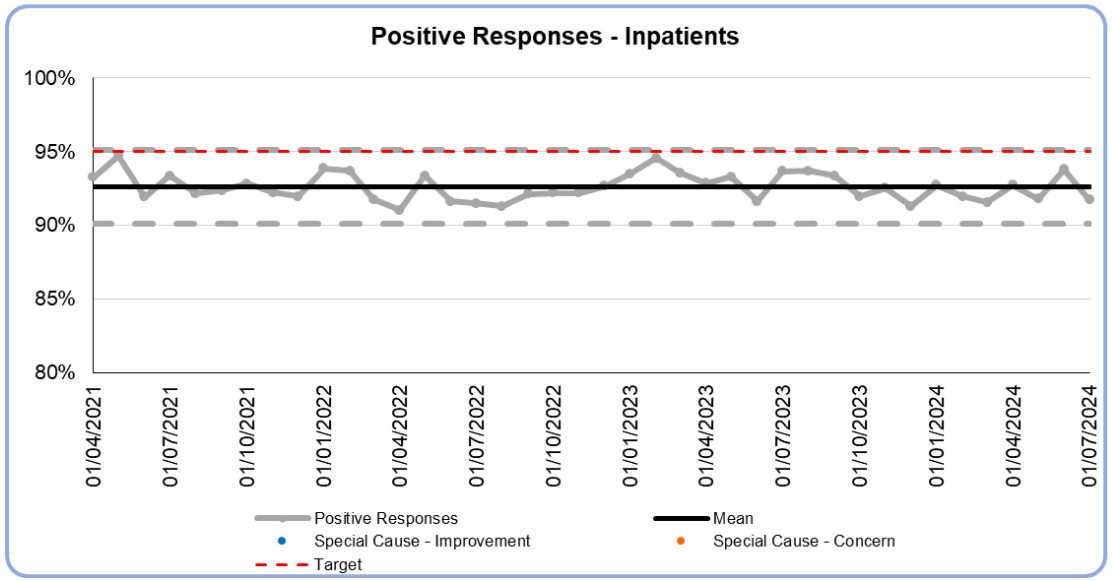
We hope that by building these relationships we will see an increase in people who are deaf or hard of hearing feeling confident to raise concerns with us.

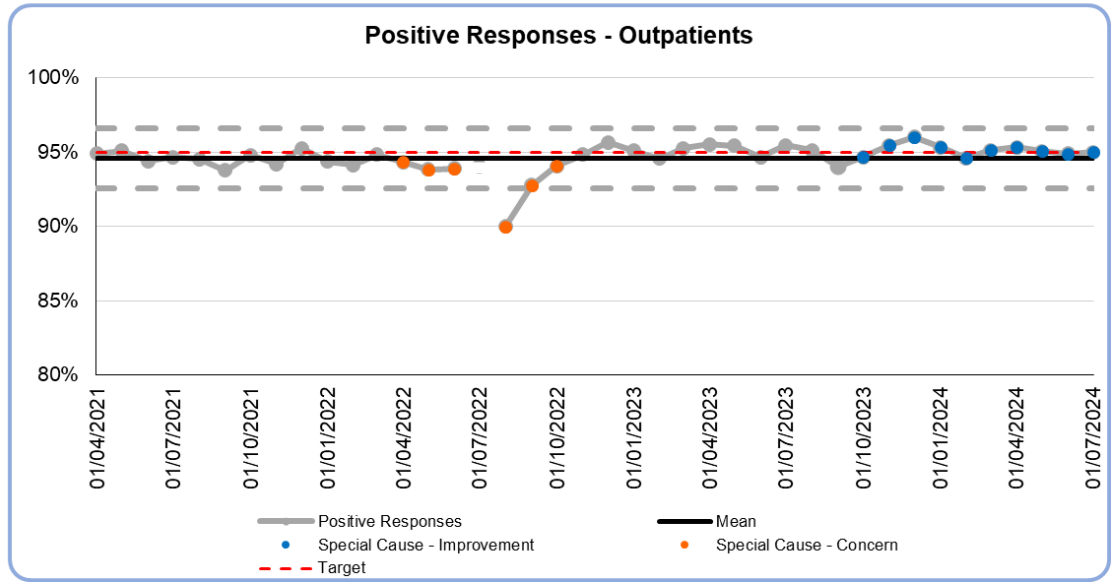
We also attended the Yate Ageing Better Event on 17th July to listen to patient feedback and share information on how we send text and email notifications about hospital appointments through DrDoctor.

Patient Experience









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

Patient Experience

What does the data tell us – Trust wide?

- In July, 10,006 patients responded to the Friends and Family Test question. 7267 patients chose to leave a comment with their rating.
- We had a Trust-wide response rate of 13.5%, which is slightly down on the previous month (14%).
- 93.20% of patients gave the Trust a positive rating. This was slightly up on the previous month (92.93%).
- The top positive themes from comments remain: staff, waiting time and clinical treatment.
- The top negative themes from comments remain: waiting time, communication and staff.

What does this data tell us – Maternity?

- Positive responses across Maternity have decreased from 93.2 in June to 89.4% in July. Negative responses have remained the same for July, 6.2%.
- The response rate across Maternity decreased from 18.4% in June to 17.9% in July.
- Top positive theme from comments remains staff.

I had a great experience with all the midwives and health professionals at South mead Hospital. The midwives we supportive and respectful of my birth choices and enabled me to have the perfect birth. The care they showed, me, my baby and partner was so appreciated. No question or concern was too small. Thank you

What does the data tell us - Emergency Department?

- Positive responses have increased from 78.6% in June to 81.0%. Negative responses have decreased from 14.5 in June to 12.5% in July.
- The response rate for ED has increased slightly from 18.8% in June to 19.6% in July.
- The top positive theme remains staff.
- The top negative theme remains waiting time.

Staff were friendly on arrival and had good communication skills when dealing with us. Waiting time wasnt too bad considering we arrived early to avoid long waits. Overall impressed with all service provided.

What does the data tell us - Inpatients?

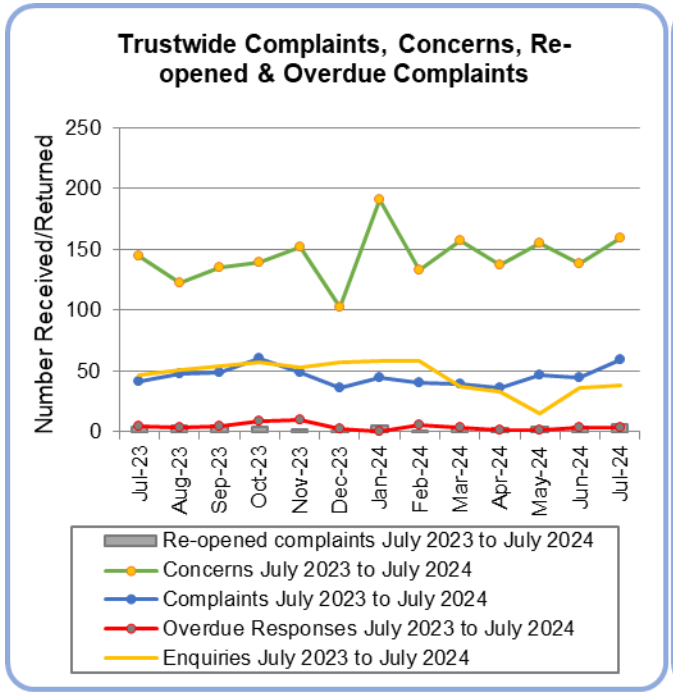
- Positive responses have decreased from 92.1% in June to 91.7% in July. Negative responses have increased 3.5% in June to 3.9% in July.
- The response rate for inpatients has decreased from 24.7% in June to 22.7% in July.
- Top positive themes from comments are staff, clinical treatment and communication.
- Negative themes from comments are, staff, communication, and clinical treatment .

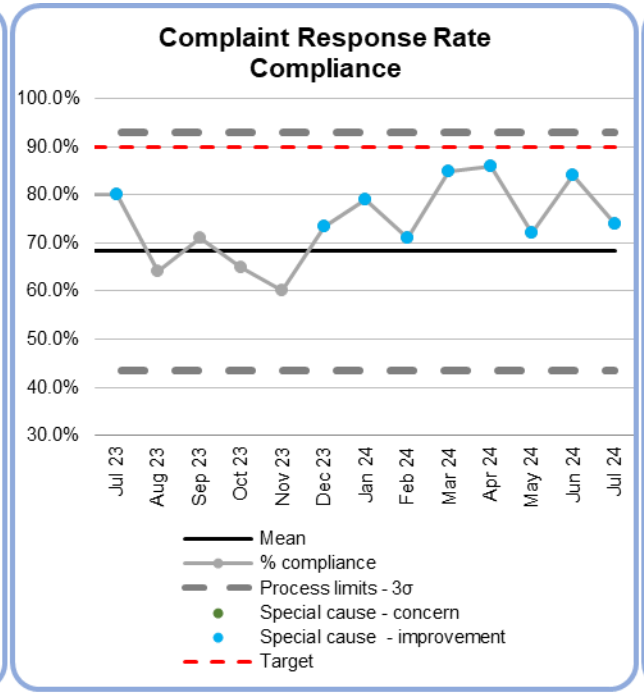
Excellent 5 star service. I was so well looked after by everyone on duty.I managed to have all my tests on the same day. I was kept well informed and well supported.I had choice and input into my treatment plan.

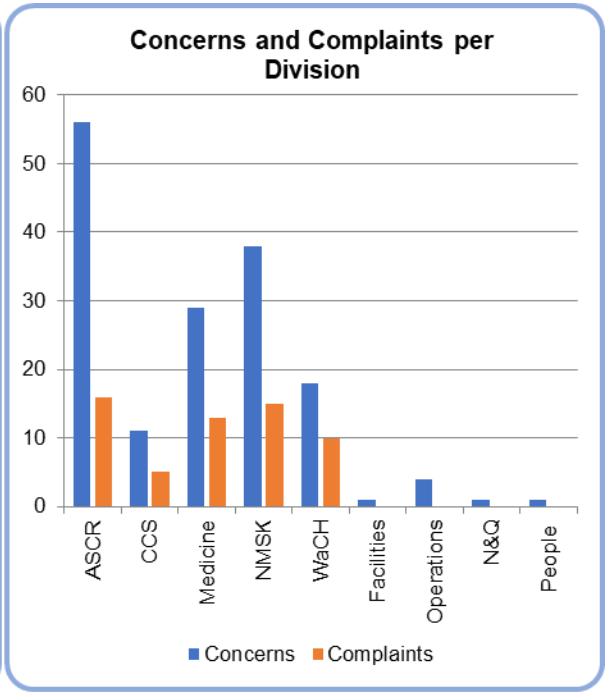
What does the data tell us – Outpatients?

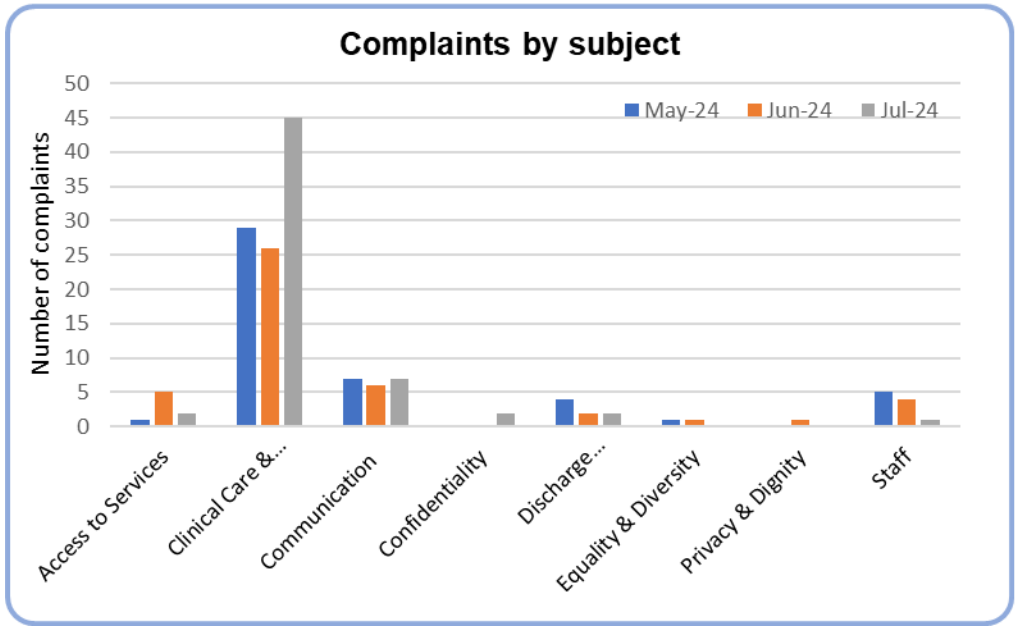
- Positive responses slightly increased from 94.8% in June to 95% in July. Negative responses increased from 2% in June to 2.8% in July.
- The response rate for outpatients decreased from 12.1% in June to 11.7% in July.
- Top positive themes from comments are staff, waiting time and clinical treatment.
- Negative themes from comments are waiting time, communication and staff.

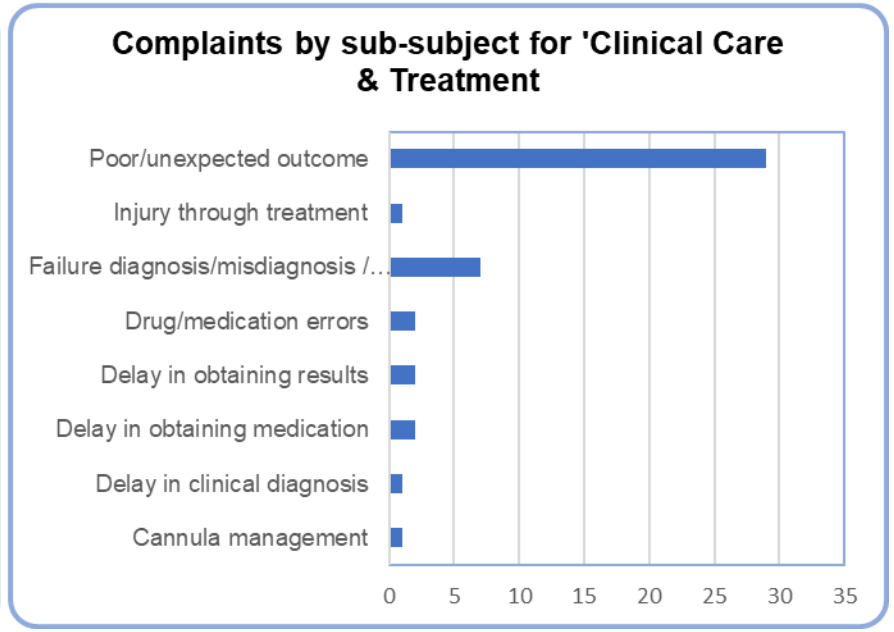
Clear instructions, easy to register attendance when we arrived as assistance was available. The consultation was fantastic and follow up information was quickly sent through. 5star service for me.











Complaints and Concerns

What does the data tell us?

In July 2024, the Trust received 59 formal complaints. This is 14 more than in June and 13 more than the same period last year.

The most common subject for complaints is ‘Clinical Care and Treatment’ (45). A chart to break down the sub-subjects for ‘Clinical Care and Treatment’ is included.

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

There were 6 re-opened complaints in June (2 ASCR, 2 MED, 2 NMSK), two more than the previous month.

The number of overdue complaints at the time of reporting has remained the same in July (4) and are with ASCR.

The response rate compliance for complaints has decreased from 84% in June to 74% in July. A breakdown of compliance by clinical division is shown below:

ASCR – 55% NMSK- 83% Medicine – 92%

WaCH – 71%

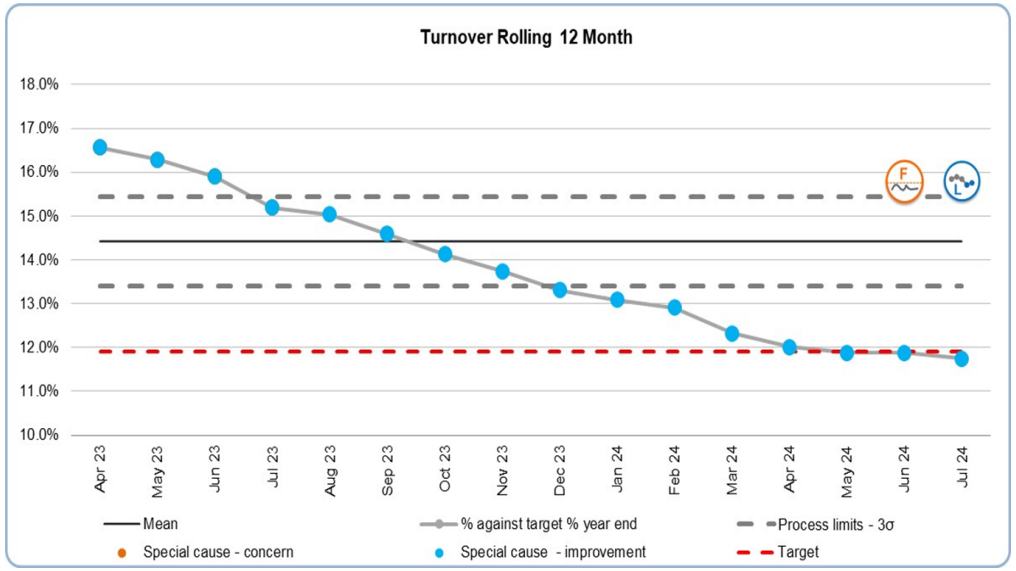
The overall number of PALS concerns received has increased from 138 in June to 159 in July, which is 19 more than the same period last year.

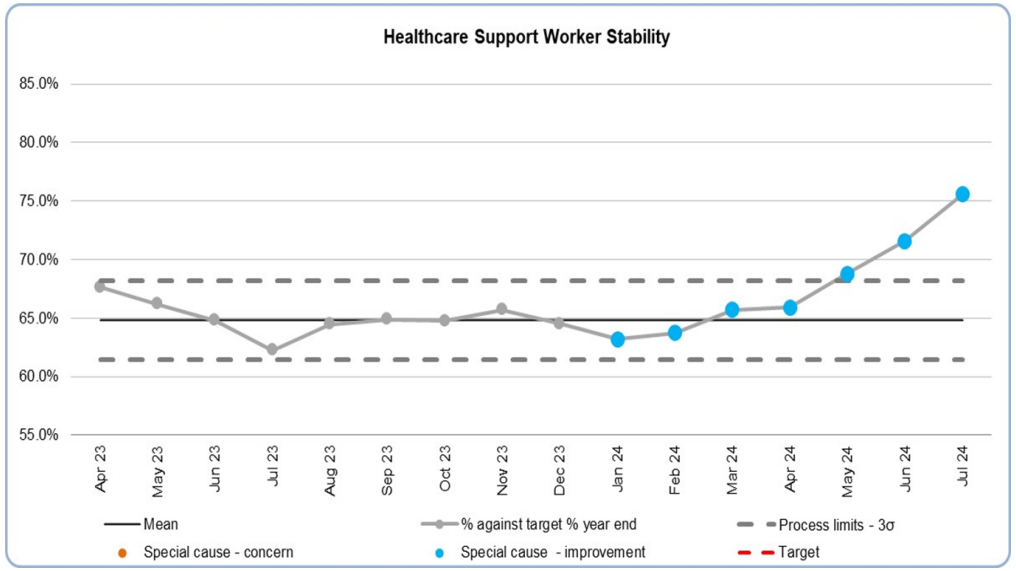
In July 100% of complaints were acknowledged within 3 working days and 100% of PALS concerns were acknowledged within 1 working day.

Workforce

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

Retention Patient First Priority People



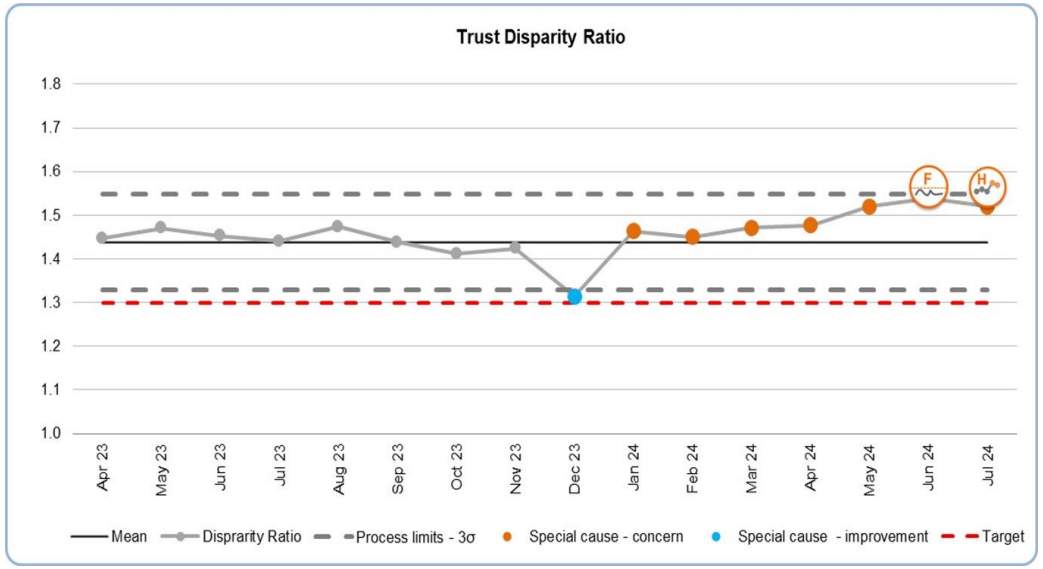


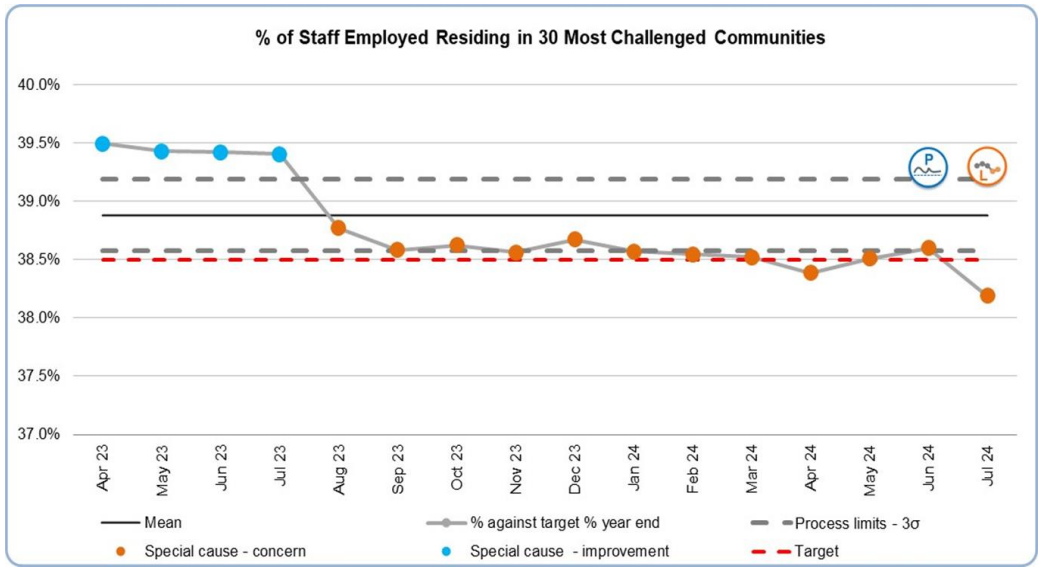
Turnover declined from 11.88% in June to 11.76% in July, 0.14% below the target set for 2024/25. Work continues with divisions to build more stretching targets given current improvement.

Healthcare Support Worker (HCSW) stability (% of staff in post with >12 months service) has improved from 71.58% in June to 75.57% in July. A Retention plan priority is 'Supporting New Starters' - specifically HCSWs where turnover in the first 12 months has been historically high. Enhanced Induction for these staff has been in place for 10 months and celebration events to recognise their achievements and progress within their first year, are occurring. This includes discussion and information about future career pathways as well as presentation of certificates. The Impact of actions to support them in their 1st year will continue to be monitored in 2024/25. The table below shows our immediate priority retention actions in the next 3 months:

Driver	Action and Impact	Owner	Due
Induction	Finalise and promote a new '90-day Induction guide', which focusses on pre-arrival communications; support from colleagues; check-ins with line manager.	Staff Induction Team/Staff Experience team	Oct-24
Work Life Balance	Working with HR BPs to launch new tools for teams to work flexibly to increase flexible working applications and reduce number of staff leaving due to 'work life balance'; pilot FW workshop	People Promise Manager	Oct-24
Culture	Launch a Civility and Respect framework teams can use to improve their culture and reduce occasions of incivility, aligned to all aspects of poor behaviour.	Associate Director of Culture	Oct 24

Commitment to our Community





Disparity Ratio – (likelihood of applicants from ethnic minority backgrounds being appointed over white applicants from shortlisting – Workforce Race Equality Standard metric), while it has stayed within statistical process limits it had followed a deteriorating trend since the low point of 1.31 in December'23 to 1.52 in July.

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

% of Employed Staff from 30 Most Challenged Communities – The % of employed staff from our 30 most challenged communities shows statistically significant deterioration to 38.19% in July, however, the deterioration is driven not by a reduction in employed staff from those communities but by other factors, primarily an increase in the proportion of staff employed residing outside BNSSG. Month on month since April 2023 the actual number of staff employed from our most challenged communities has increased from 3202 to 4089 in July 2024. Recruitment processes have been approved at People Oversight Group to allow easier/prioritised recruitment for community candidates.

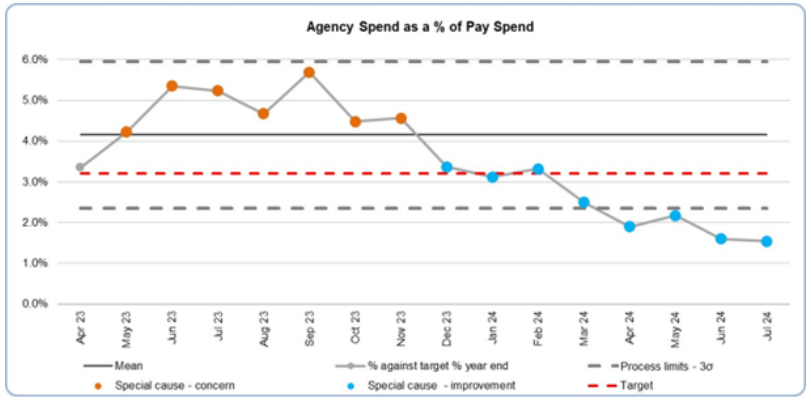
Community Outreach – Listening event being planned for October to engage with local community organisations

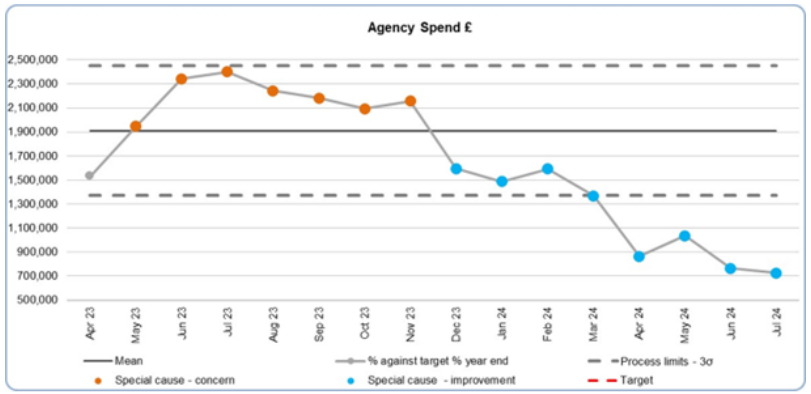
Mentoring Programme – Mentoring and support is being provided to around 80 people from our local area. Some are now seeing employment outcomes.

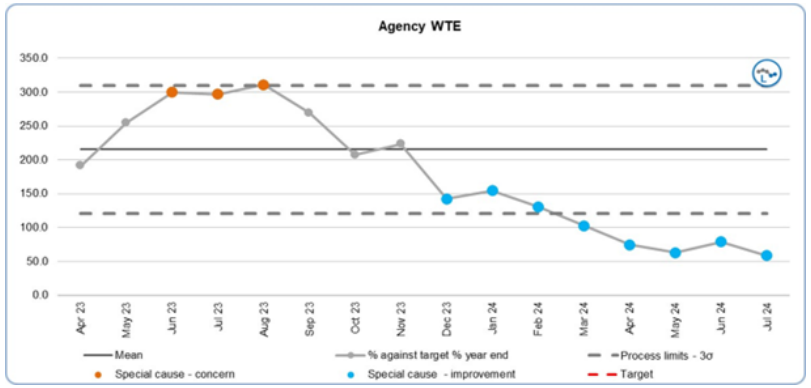
Work Experience – Career ambassadors launched to support next year's activity. Career roadmaps in development.

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

Temporary Staffing







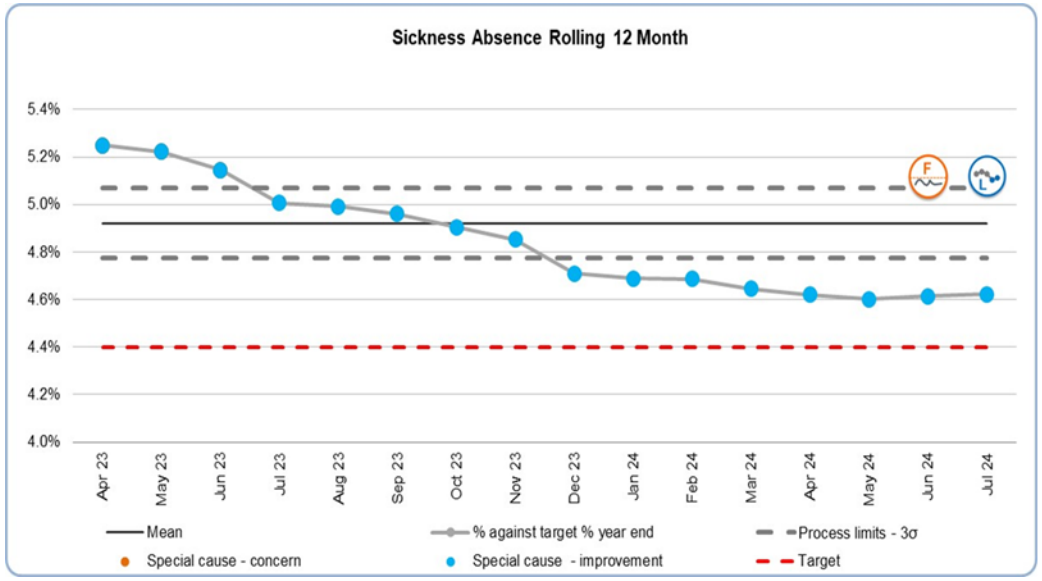
Trust-wide agency spend decreased between June and July, and it has stayed below the Trust the 2024/25 target for agency spend – Agency spend must be 3.2% (or less) of the overall pay spend in the Trust. Divisional agency expenditure targets have been set which will deliver the overall Trust target for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

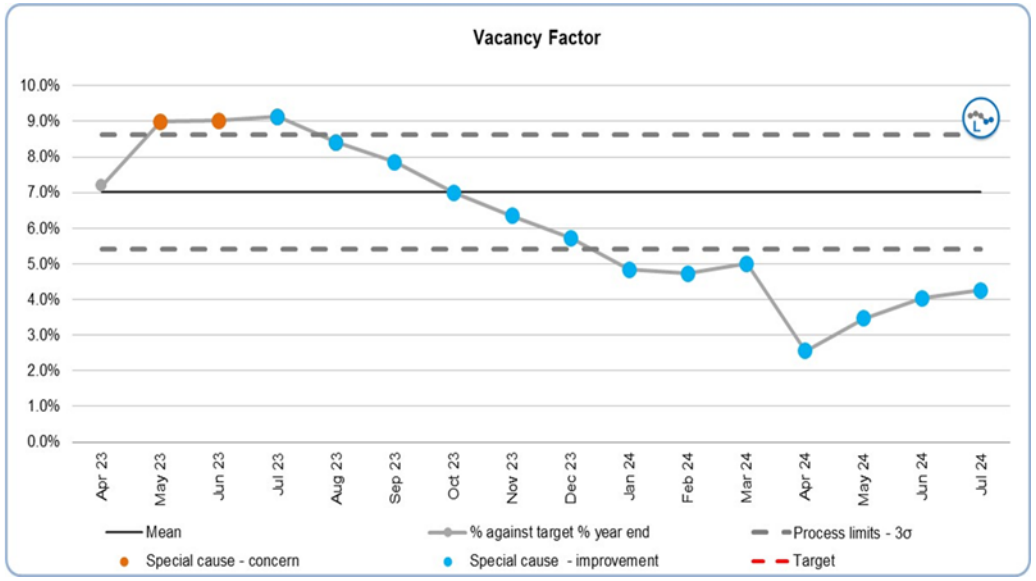
Work continues with Divisions to address, and where possible remove reliance on agency workers, with support from Talent Acquisition with recruitment strategies to both substantive and bank roles.

Enhanced controls now implemented for all bank and agency use.

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, fixed term or Bank contracts, provide targeted support to Divisions on alternative approaches to filling long term gaps.	Associate Director Medical Workforce	Ongoing
Medical Staffing	Pan-regional South-West Medical Agency rate card implementation to begin on the 1st September for new and ad-hoc agency use with a flightpath to Aug 2025 for existing long term agency use.	Associate Director Medical Workforce	Sep-2024
Medical Staffing	All suppliers formally written to and advised of rate reduction, Bank team to commence engagement to agree plans to achieve rate card compliance.	Head of Temporary Staffing Operations	Oct-24
Nursing & Midwifery	South-West Regional agency rate reduction programme continues trajectory for reaching cap compliance (General by July achieved) and Specialist by October 24 as where minimal agency usage remains within Theatres.	Associate Director Nursing Workforce Recovery	Oct-24
Nursing & Midwifery	Focus on reduction on reduction of Bank usage across Registered and Unregistered. Increased controls in place with oversight via the newly established Resourcing & Temporary Staffing Oversight Group	Associate Director Nursing Workforce Recovery & Deputy Chief Nurse	Sep- 24
Nursing & Midwifery	Collaborative Bank Launch – 21st August for B5 registered Nurses. Pilot scheduled for a few months. Potentially limited scope for utilisation due to current bank position at NBT.	Head of Temporary Staffing Operations	Aug-24
Non-Clinical Agenda For Change	Comms to be circulated confirming governance for non-clinical agency use. In depth review/analysis commencing to address outlying areas to ensure removal of any Non-Framework usage.	Head of Temporary Staffing Operations / HR Business Partner	Sep-24

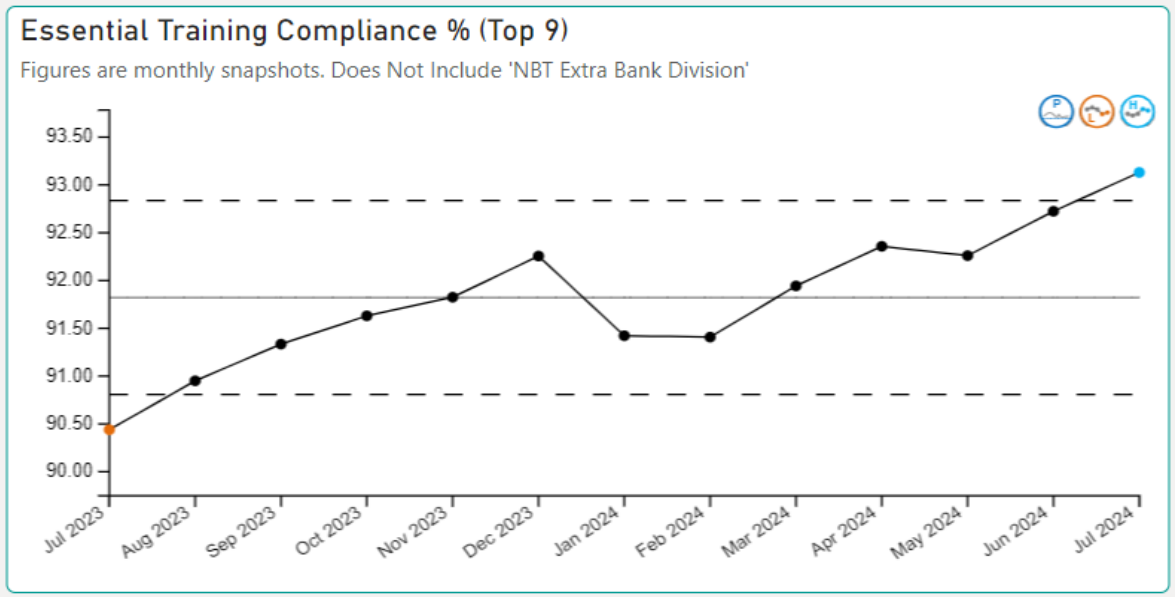
Watch Measures (CPO)

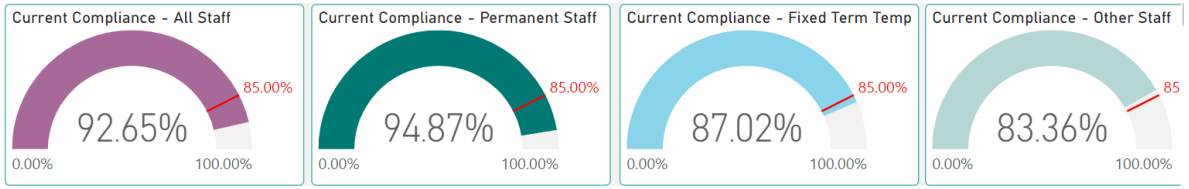




- The Trust rolling 12-month sickness absence rate continues to show statistically significant improvement over the last six months.
- The Vacancy Factor for NBT increased from 4.04% in June to 4.29% in July 2024, however, is still following statistically significant improvement trend since July 2023.
- Staff Health and Well-being Strategy Group has identified additional local questions to be included in the staff survey this year these will be EQ5D5L questions on 5 domains of health and wellbeing covering mental and physical health.
- NHSE Health and Wellbeing diagnostic tool internal evaluation process reviewing the trusts overall health and wellbeing offering is now complete and will be shared with wider trust stakeholders over the coming weeks.

Watch Measures (CPO)

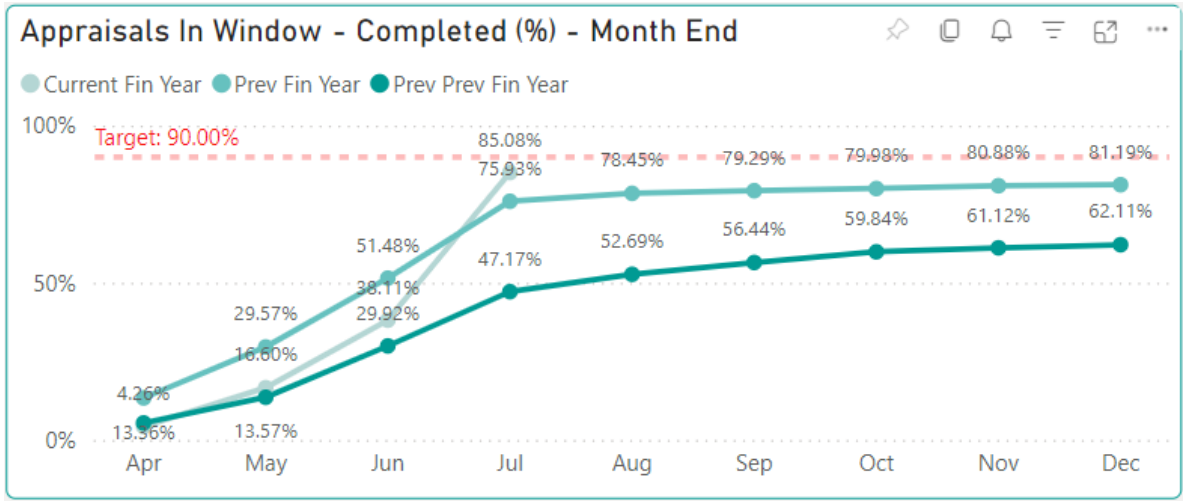




IPR variation suggests that the metric has passed the target for the last 6 data points, and there is a special cause of improving nature due to higher values.

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

Improvement – celebrate success and any learning
Compliance overall remains well above the 85% trust target.



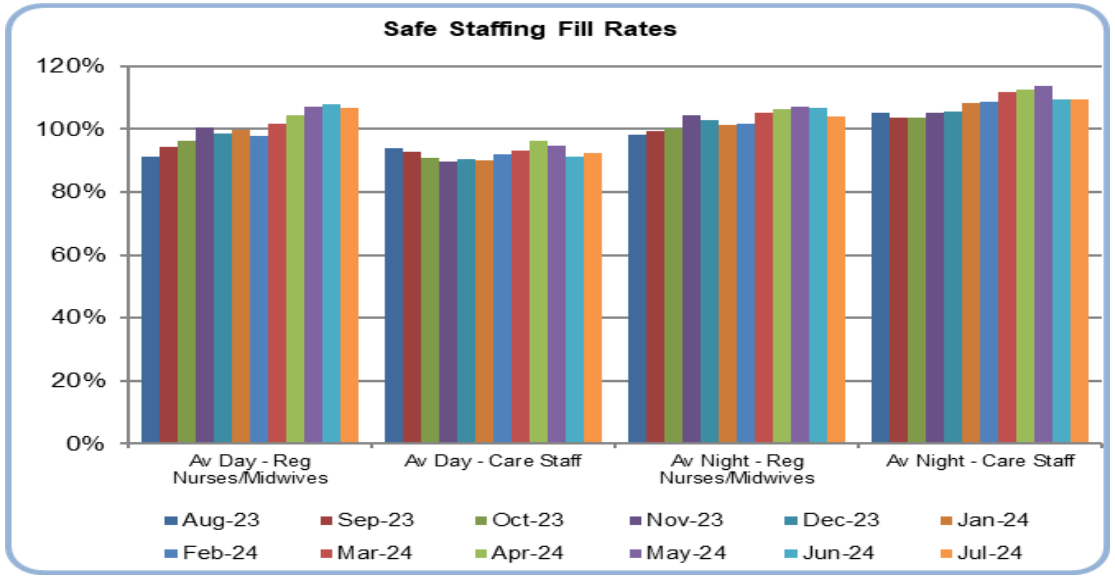
The trust is **89.88% complete** (as at 15 Aug 24), which is the highest it has been in the last 3 years.

There are **1152 appraisals in progress/overdue**. Among these, 123 are awaiting supervisor sign-off, 91 are awaiting reviewee sign-off, and 144 reviews have responses shared between reviewee and reviewer, but neither has signed off. 637 reviews are waiting for both the reviewer and the reviewee to sign off. There are 5 reviews that are not started.

Quality - 97% of staff rate that they are happy/very happy with the quality of their conversations.

Reviews will remain on the system so that staff can complete them if they have not yet had the time, ideally before the end of August..

Safe Staffing



Jul-24	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	106.83%	92.35%	104.11%	109.32%

Ward Name	Registered nurses/ midwives Day	Care staff day	Registered nurses/ midwives Night	Care staff Night
AMU 31 A&B 14031				
Cotswold Ward 01269				
Theatre Medi-Rooms (Pre/Post Op Care) 14966				
Ward 25B 14242				
Ward 27A 14402				
Ward 28B 14520				
Ward 32A CAU 14103				
Ward 33A 14221				
Ward 33B 14222				
Ward 34A 14325				
Ward 6B (mainly Neuro) 14211				
Ward 7A 14302				
Ward 8B (Renal - 38 Bed) 14411				
Ward 10a 14509				
		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 July 2024, the combined shift fill rates for days for Registered Nurses (RN)s across the 28 wards was 106.83% and 104.11% respectively for days and nights for RNs. This is reflected through a higher acuity and number of escalation patients in month. The combined shift fill for HCSWs was 92.35% for the day and 109.32% for the night. Therefore, the Trust as a collective set of wards is within the safe limits for July.

July *care staff* fill rates:
- 17.24% of wards had daytime fill rates of less than 80%
- 6.90% of wards had night-time fill rates of less than 80%
- 10.34% of wards had daytime fill rates of greater than 120%
- 24.14% of wards had night-time fill rates of greater than 120%

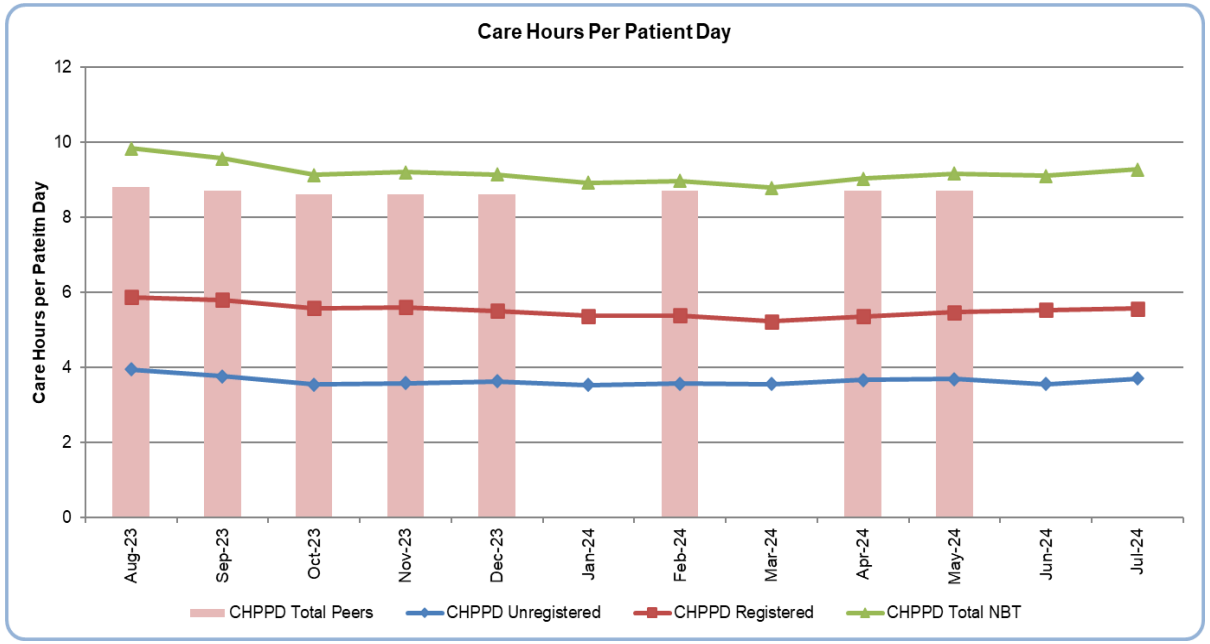
July *registered nursing* fill rates:
- 0.00% of wards had daytime fill rates of less than 80%
- 0.00% of wards had night-time fill rates of less than 80%
- 10.34% of wards had daytime fill rates of greater than 120%
- 10.34% of wards had night-time fill rates of greater than 120%

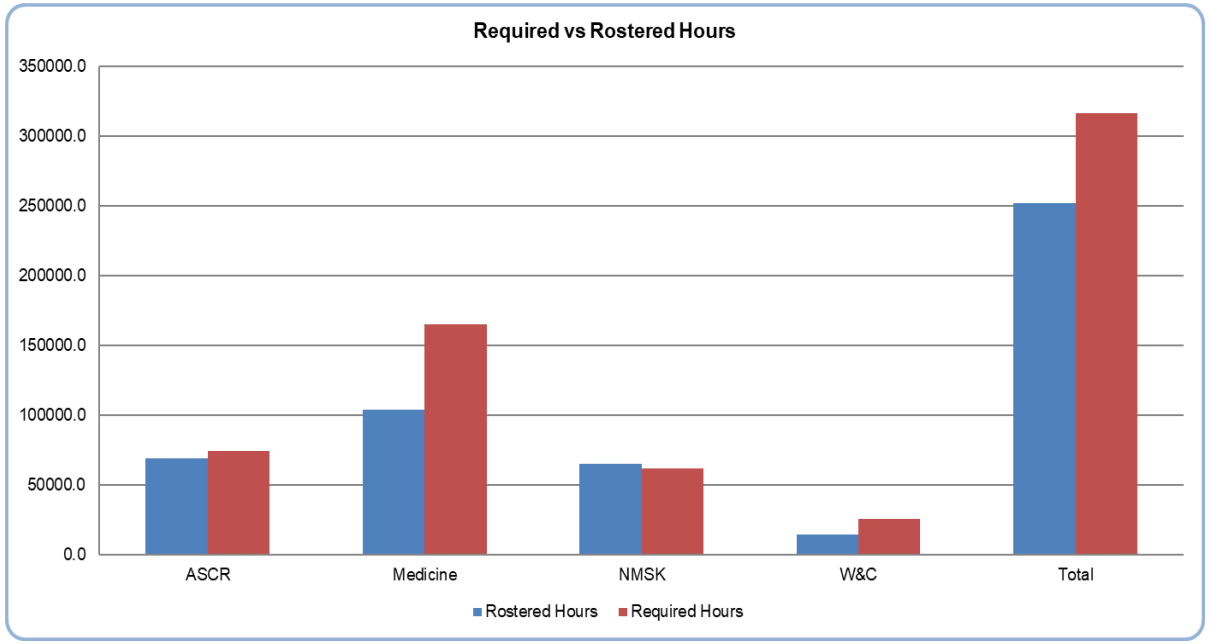
The “hot spots” as detailed on the heatmap which did not achieve the fill rate of 80% or >120% fill rate for both RNs and HCSWs have been reviewed. The fill rate <80% for care staff on the medical wards is due to shortage of HCSWs due to higher number of patients requiring enhanced care and driven by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

For the medical wards, the red-hot spots for HCSWs are off-set by the establishment of RNs. For ASCR, 33a and 33b had high requirements for RMNs with each ward requiring 1:1 care and treatment, in addition usage of RN has increased across some ASCR wards in response to Safer staffing uplifts now showing in the budget but not fully updated in Healthroster.

Compliance:
The Safe Care Census regularity has been reduced to twice daily to more closely align with shift patterns. The average compliance for July has improved to 66.85% from 63% in June.

Care Hours





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

What does the data tell us?
Compared to national levels the acuity of patients at NBT has increased and exceeded the national position.

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

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

Finance

Board Sponsor: Chief Financial Officer
Glyn Howells

Statement of Comprehensive Income at 31 July 2024

	Month 4			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	68.9	70.2	1.3	272.5	276.9	4.4
Income	5.7	9.0	3.3	24.9	34.1	9.2
Pay	(45.7)	(47.9)	(2.2)	(185.3)	(192.7)	(7.4)
Non-pay	(29.2)	(31.7)	(2.5)	(118.2)	(129.0)	(10.8)
Surplus/(Deficit)	**(0.3)**	**(0.4)**	**(0.1)**	**(6.0)**	**(10.6)**	**(4.6)**

Assurances

The financial position for July 2024 shows the Trust has delivered a £10.6m deficit against a £6.0m planned deficit which results in a £4.6m adverse variance year to date.

Contract income is £4.4m better than plan. This is driven by additional pass-through income of £1.6m, along with Welsh income of £1.2m, and funding for the consultant pay award of £0.7m

Other income is £9.2m better than plan. The is due to new funding adjustments and pass through items (£6.7m fav). The remaining £2.5m favourable variance is driven by delays in investments (£0.9m fav) and increased corporate income (1.0m fav).

Pay expenditure is £7.4m adverse to plan. New funding adjustments, offset in income, have caused a £4.0m adverse variance, undelivered CIP is £3.5m adverse with overspends on medical and nursing pay £3.4m adverse. This is offset by delayed investments and service developments of £3.9m.

Non-pay expenditure is £10.8m adverse to plan. Of which £3.3m relates to pass through items. This adverse position is driven primarily by increased medical and surgical consumable spend to deliver activity (£6.5m adverse), and multiple smaller non-pay variances. In year delivery CIP is £1.9m adverse to plan.

Statement of Financial Position at 31 July 2024

	23/24 Month 12 £m	24/25 Month 03 £m	24/25 Month 04 £m	In-Month Change £m	YTD Change £m
Non-Current Assets	**538.4**	**536.0**	**536.0**	**(0.0)**	**(2.4)**
Current Assets					
Inventories	11.7	11.8	11.7	(0.0)	0.0
Receivables	49.4	58.5	57.2	(1.4)	7.7
Cash and Cash Equivalents	62.7	39.9	44.5	4.6	(18.2)
Total Current Assets	**123.8**	**110.2**	**113.4**	**3.2**	**(10.4)**
Current Liabilities (< 1 Year)					
Trade and Other Payables	(99.9)	(93.0)	(88.3)	4.7	(11.7)
Deferred Income	(14.4)	(15.5)	(20.7)	(5.1)	6.2
Financial Current Liabilities	(23.6)	(23.6)	(23.6)	0.0	(0.0)
Total Current Liabilities	**(138.0)**	**(132.2)**	**(132.6)**	**(0.4)**	**(5.4)**
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.2)	(6.7)	(6.6)	0.0	0.5
Financial Non-Current Liabilties	(571.8)	(593.1)	(591.5)	1.7	19.7
total Non-Current Liabilities	**(578.0)**	**(599.8)**	**(598.1)**	**1.7**	**20.2**
Total Net Assets	**(53.7)**	**(85.8)**	**(81.3)**	**4.5**	**(27.6)**
Capital and Reserves					
Public Dividend Capital	485.2	488.2	492.5	4.3	7.3
Income and Expenditure Reserve	(541.8)	(610.8)	(610.8)	0.0	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(35.1)	(34.9)	0.2	34.1
Revaluation Reserve	71.9	71.9	71.9	0.0	0.0
Total Capital and Reserves	**(53.7)**	**(85.8)**	**(81.3)**	**4.5**	**(27.6)**

Capital spend is £6.2m year-to-date (excluding leases). This is driven by spend on the Elective Centre, and is below the forecasted spend for Month 4.

Cash is £44.5m at 31 July 2024, a £18.2m decrease compared with M12. The decrease is driven by the I&E deficit, capital spend, and delays in payment of invoices related to 2023/24. It is expected the cash position will continue to reduce, resulting in the overall reduction of cash position to approximately £16m by Month 12.

Non-Current Liabilities have decreased by £1.7m in Month 4 as a result of the national implementation of IFRS 16 on the PFI. This has changed the accounting treatment for the contingent rent element of the unitary charge which must now be shown as a liability. This change also accounts for the £69m increase in the Income and Expenditure Reserve for the year.

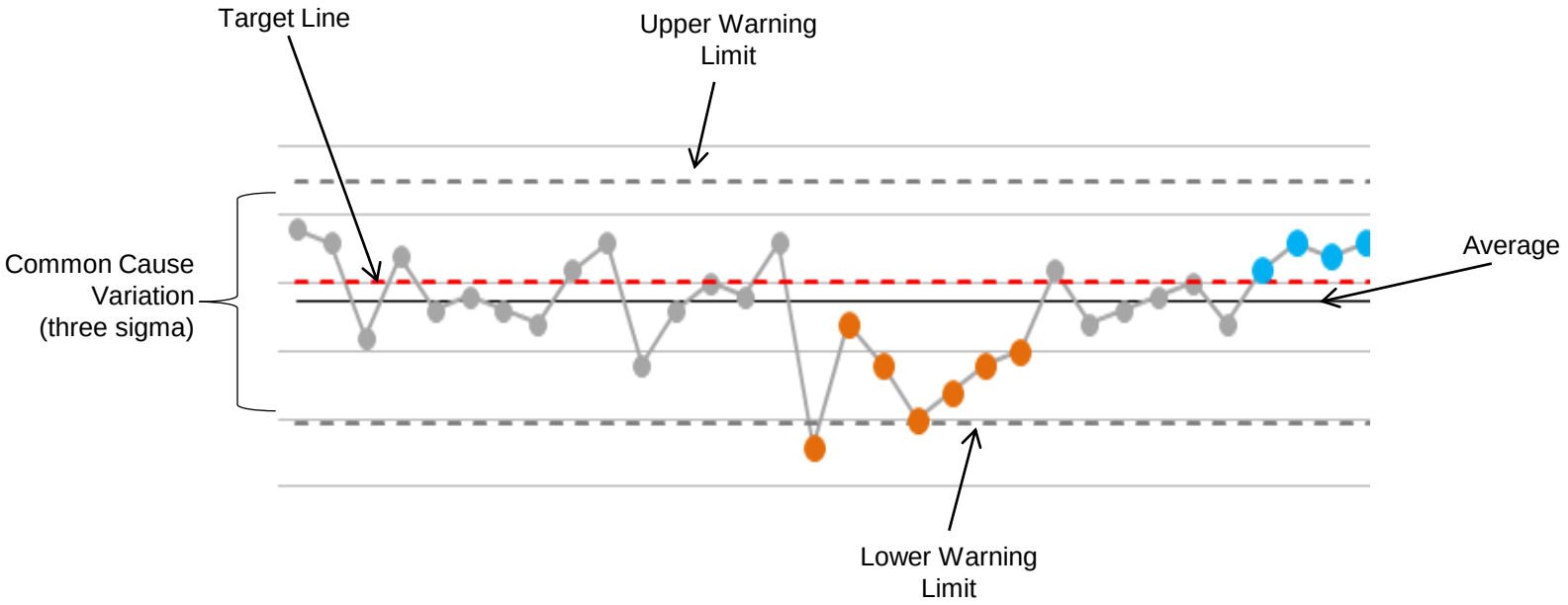
Regulatory

Board Sponsor: Chief Executive
Maria Kane

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

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

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



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

All data included is correct at the time of publication.

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

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

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

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

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

Appendix 2: NBT Strategy – Patient First

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

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

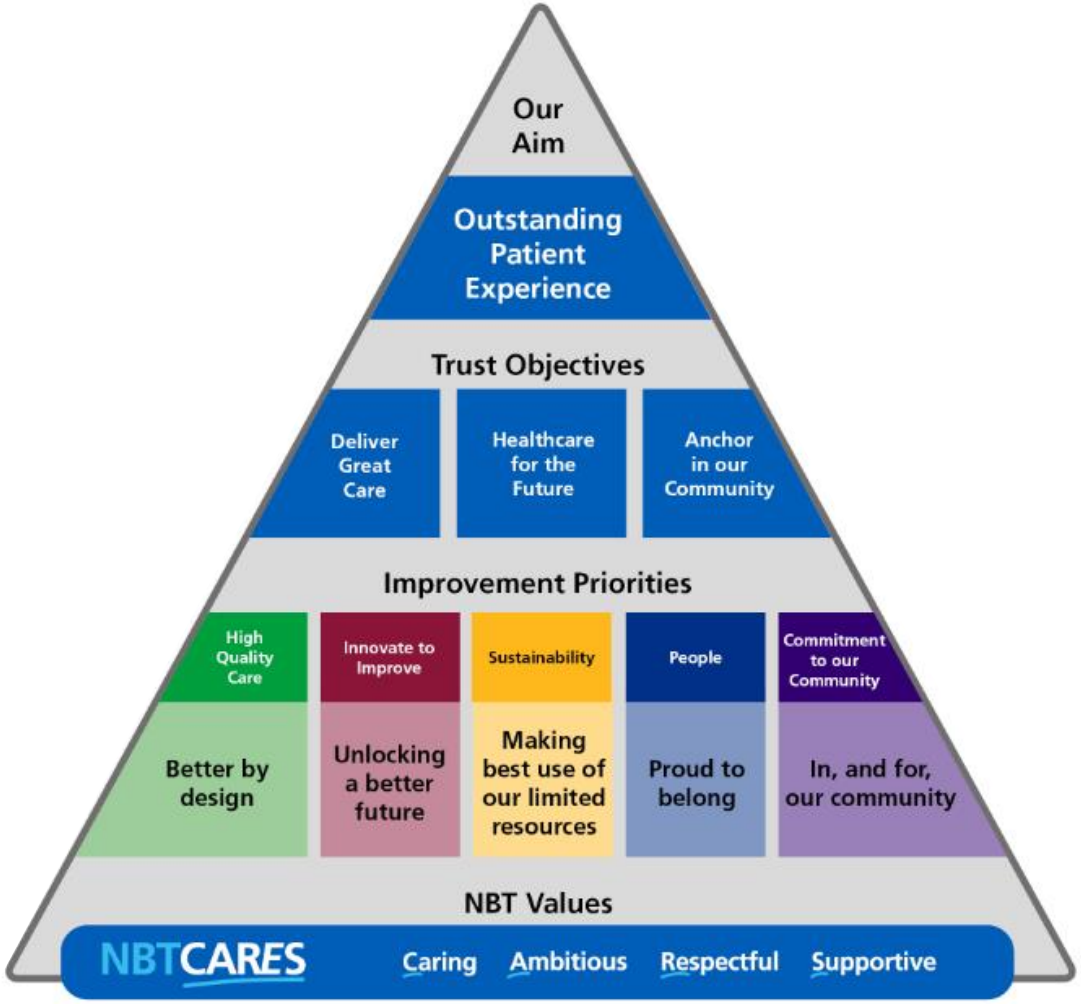
The Patient First approach is about what we do and how we do it and for it to be a success, we need you to join us on the journey.

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

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

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

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



Appendix 2: NBT Strategy – Patient First Improvement Priorities

NHS North Bristol NHS Trust

Improvement Priorities	Descriptor	Vision	Strategic Goal	Current Target	Breakthrough Objective
PATIENT *Steve Hams*	Outstanding Patient experience	We consistently deliver person centred care & ensure we make every contact and interaction count. We get it right first time so that we reduce unwarranted variation in experience, whilst respecting the value of patient time	We have the highest % of patients recommending us as a place to be treated among non-specialist acute hospitals with a response rate of at least 10% in England	Upper decile performance against non-specialist acute hospitals with a response rate of at least 10% *(based on June 2022 baseline)*	Improving FFT 'positive' percentage
HIGH QUALITY CARE *Steve Curry*	Better by design	Our patients access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result	1. 62-day cancer compliance 2. >15 min ambulance handover compliance	85% of patients will receive treatment for cancer in 62 days Sustain/maintain <70 weekly hrs lost	70% of patients will receive treatment for cancer in 62 days Maintain best weekly delivered position between April 2021 and August 2022 – 141 hours (w/c 29th Aug 2022)
INNOVATE TO IMPROVE *Tim Whittlestone*	Unlocking a better future	We are driven by curiosity; undertake research and implement innovative solutions to improve patient care by enabling all our people and patients to make positive changes	Increase number of staff able to make improvements in their areas to 75% of respondents by 2028	Increase number of staff able to make improvements in their areas to 63% of respondents by 2026/2027	Increase number of staff able to make improvements in their areas to be 1% point above the benchmark average in 2024/25 (57% based on 2023 staff survey results)
SUSTAINABILITY *Glyn Howells*	Making best use of our limited resources	Through delivering outstanding healthcare sustainably we will release resources to invest in improving patient care.	To eliminate the underlying deficit by 2026/2027	To deliver at least 1% higher CIP than the national efficiency target	Deliver the planned levels of recurrent savings in 2024/25
PEOPLE *Interim CPO – Peter Mitchell*	Proud to belong	Our exceptional people deliver outstanding patient care and experience	Staff turnover sustained at 10% or below by 2029	Staff Turnover sustained at 10.7% or below by Mar 2027	Staff Turnover Sustained at 11.9% or below
COMMITMENT TO OUR COMMUNITY *Interim CPO – Peter Mitchell*	In, and for, our community	We will improve opportunities that help reduce inequalities and improve health outcomes	Increase NBT employment offers in our most deprived communities and amongst under-represented groups	Increase recruitment within NBT catchment to reflect the same proportion of our community in the most economically deprived wards – increase from 32% to 37% of starters equating to an additional 70 starters per year at current recruitment levels.	Reduce disparity ratio To 1.25 or better 38% employment from our most challenged communities

Appendix 3: Abbreviation Glossary

Abbreviation	Definition
AfC	Agenda for Change
AHP	Allied Health Professional
AMTC	Adult Major Trauma Centre
AMU	Acute medical unit
ASCR	Anaesthetics, Surgery, Critical Care and Renal
ASI	Appointment Slot Issue
AWP	Avon and Wiltshire Partnership
BA PM/QIS	British Association of Perinatal Medicine / Quality Indicators standards/service
BI	Business Intellligence
BIPAP	Bilevel positive airway pressure
BPPC	Better Payment Practice Code
BWPC	Bristol & Weston NHS Purchasing Consortium
CA	Care Assistant

Abbreviation	Definition
CCS	Core Clinical Services
CDC	Community Diagnostics Centre
CDS	Central Delivery Suite
CEO	Chief Executive
CHKS	Comparative Health Knowledge System
CHPPD	Care Hours Per Patient Day
CIP	Cost Improvement Programme
Clin Gov	Clinical Governance
CMO	Chief Medical Officer
CNST	Clinical Negligence Scheme for Trusts
COIC	Community-Oriented Integrated Care
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation

Abbreviation	Definition
CT	Computerised Tomography
CTR/NCTR	Criteria to Reside/No Criteria to Reside
D2A	Discharge to Assess
DivDoN	Deputy Director of Nursing
DoH	Department of Health
DPEG	Digital Public Engagement Group
DPIA	Data Protection Impact Assessment
DPR	Data for Planning and Research
DTI	Deep Tissue Injury
DTOC	Delayed Transfer of Care
ECIST	Emergency Care Intensive Support Team
EDI	Electronic Data Interchange
EEU	Elgar Enablement Unit

Appendix 3: Abbreviation Glossary

Abbreviation	Definition
EPR	Electronic Patient Record
ERF	Elective Recovery Fund
ERS	E-Referral System
ESW	Engagement Support Worker
FDS	Faster Diagnosis Standard
FE	Further education
FTSU	Freedom To Speak Up
GMC	General Medical Council
GP	General Practitioner
GRR	Governance Risk Rating
HCA	Health Care Assistant
HCSW	Health Care Support Worker
HIE	Hypoxic-ischaemic encephalopathy

Abbreviation	Definition
HoN	Head of Nursing
HSIB	Healthcare Safety Investigation Branch
HSIB	Healthcare Safety Investigation Branch
I&E	Income and expenditure
IA	Industrial Action
ICB	Integrated Care Board
ICS	Integrated Care System
ICS	Integrated Care System
ILM	Institute of Leadership & Management
IMandT	Information Management
IMC	Intermediate care
IPC	Infection, Prevention Control
ITU	Intensive Therapy Unit

Abbreviation	Definition
JCNC	Joint Consultation & Negotiating Committee
LoS	Length of Stay
MaST	Mandatory and Statutory Training
MBRRACE	Maternal and Babies-Reducing Risk through Audits and Confidential Enquiries
MDT	Multi-disciplinary Team
Med	Medicine
MIS	Management Information System
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Susceptible Staphylococcus Aureus
NC2R	Non-Criteria to Reside
NHSEI	NHS England Improvement
NHSi	NHS Improvement

Appendix 3: Abbreviation Glossary

Abbreviation	Definition
NHSR	NHS Resolution
NICU	Neonatal intensive care unit
NMPA	National Maternity and Perinatal Audit
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
NOUS	Non-Obstetric Ultrasound Survey
OOF	Out Of Funding
Ops	Operations
P&T	People and Transformation
PALS	Patient Advisory & Liaison Service
PCEG	Primary Care Executive Group
PDC	Public Dividend Capital
PE	Pulmonary Embolism

Abbreviation	Definition
PI	Pressure Injuries
PMRT	Perinatal Morality Review Tool
PPG	Patient Participation Group
PPH	Post-Partum Haemorrhage
PROMPT	PRactical Obstetric Multi-Professional Training
PSII	Patient Safety Incident Investigation
PTL	Patient Tracking List
PUSG	Pressure Ulcer Sore Group
QC	Quality Care
qFIT	Faecal Immunochemical Test
QI	Quality improvement
RAP	Remedial Action Plan
RAS	Referral Assessment Service

Abbreviation	Definition
RCA	Root Cause Analysis
RJC	Restorative Just Culture
RMN	Registered Mental Nurse
RTT	Referral To Treatment
SBLCBV2	Saving Babies Lives Care Bundle Version 2
SDEC	Same Day Emergency Care
SEM	Sport and Exercise Medicine
SI	Serious Incident
T&O	Trauma and Orthopaedic
TNA	Trainee Nursing Associates
TOP	Treatment Outcomes Profile
TVN	Tissue Viability Nurses
TWW	Two Week Wait

Appendix 3: Abbreviation Glossary

Abbreviation	Definition
UEC	Urgent and Emergency Care
UWE	University of West England
VSM	Very Senior Manager
VTE	Venous Thromboembolism
WCH	Women and Children's Health
WHO	World Health Organisation
WLIs	Waiting List Initiative
WTE	Whole Time Equivalent