

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT



January 2025
(presenting December 2024 data)

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Domain	Description	Regulatory	Trust Patient First Improvement Priority	National Standard	Current Month Trajectory (RAG)	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-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%	70.98%	67.17%	63.30%	64.87%	63.77%	63.56%	61.83%	63.21%	69.31%	61.40%	58.25%	58.70%	55.20%	58.35%		51.44%	2/11	
	A&E 12 Hour Trolley Breaches	R		0	-	269	318	168	260	324	217	252	125	83	396	419	526	352		14-1894	3/11	
	Ambulance Handover < 15 mins (%)		PF	65.00%	-	28.97%	35.05%	39.35%	37.24%	39.99%	40.70%	42.19%	51.34%	41.78%	23.82%	26.56%	16.42%	30.47%				
	Ambulance Handover < 30 mins (%)	R	PF	95.00%	-	61.66%	64.52%	71.47%	68.13%	72.27%	75.46%	74.15%	82.25%	76.63%	55.01%	58.35%	41.41%	59.10%				
	Ambulance Handover > 60 mins		PF	0	-	554	534	329	366	274	210	240	165	182	516	551	810	584				
	Average No. patients not meeting Criteria to Reside				132	243	245	233	211	233	216	218	210	204	192	205	202	183				
	Bed Occupancy Rate			93.00%	-	96.28%	97.81%	97.40%	97.48%	97.86%	97.53%	97.37%	97.20%	97.22%	98.09%	98.17%	97.86%	95.48%				
	Diagnostic 6 Week Wait Performance			5.00%	0.98%	10.11%	12.28%	5.19%	4.22%	3.10%	2.47%	1.38%	0.85%	1.15%	0.81%	0.80%	0.84%	0.75%		18.27%	1/10	
	Diagnostic 13+ Week Breaches			0	0	7	4	5	0	0	0	0	0	0	0	0	0	0	0		0-2372	1/10
	RTT Incomplete 18 Week Performance			92.00%	-	60.14%	61.11%	61.58%	59.75%	60.36%	60.96%	61.97%	63.71%	63.94%	65.04%	66.33%	66.73%	66.11%		55.83%	8/10	
	RTT 52+ Week Breaches	R		0	922	1685	1393	1383	1498	1609	1632	1649	1305	1108	909	774	606	416		43-16939	4/10	
	RTT 65+ Week Breaches				14	388	249	193	146	191	226	218	156	105	9	12	7	6		0-5245	3/10	
	RTT 78+ Week Breaches	R			44	50	45	39	27	18	14	6	13	4	1	0	0	0		0-553	2/7	
	Total Waiting List	R			45548	47245	46710	46394	46278	46441	46740	46252	45732	45478	45491	44755	43935	43727				
	Cancer 31 Day First Treatment			96.00%	89.12%	86.30%	77.12%	86.18%	83.07%	87.77%	84.83%	86.50%	80.45%	85.85%	80.97%	85.22%	88.71%	-		76.45%	7/10	
	Cancer 62 Day Combined	R	PF	85.00%	67.96%	61.20%	53.33%	58.15%	59.14%	60.62%	59.32%	61.31%	58.16%	69.02%	60.70%	68.01%	70.18%	-		89.76%	6/10	
	Cancer 28 Day Faster Diagnosis	R		75.00%	75.76%	74.89%	70.88%	74.80%	73.79%	57.28%	67.47%	78.05%	78.38%	79.04%	78.19%	77.10%	81.60%	-		69.45%	4/10	
	Cancelled Operations Not Re-booked Within 28 Days			0	-	9	5	5	5	6	3	2	5	2	2	6	5	5				
	Urgent Operations Cancelled ≥2 times			0	-	0	0	0	0	0	0	0	0	0	0	0	0	2				

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Quality, Safety and Effectiveness	Trust Quality Metrics	Summary Hospital-Level Mortality Indicator (SHMI)				0.94	0.94	0.94	0.95	0.95	0.96	0.95	0.96	0.96	-	-	-	-			
		Never Event Occurrence by Month		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		Commissioned Patient Safety Incident Investigations					1	2	0	1	1	1	1	1	2	0	0	1	2		
		Maternity and Newborn Safety Investigations					1	0	1	0	0	0	0	0	2	0	0	0	-		
		Total Incidents					1208	1199	1329	1289	1127	1182	1133	1174	1083	1296	1326	1265	1014		
		Total Incidents (Rate per 1000 Bed Days)					40	38	45	40	37	38	37	38	36	43	42	41	33		
		WHO Checklist Completion				95.00%	99.43%	99.52%	99.82%	99.71%	99.89%	99.92%	99.73%	99.90%	99.37%	99.55%	98.49%	98.31%	98.91%		
		VTE Risk Assessment Completion	R			95.00%	93.05%	92.60%	91.51%	91.17%	91.02%	91.49%	90.22%	90.43%	90.47%	92.34%	92.49%	91.55%	-		
		Pressure Injuries Grade 2					12	11	18	10	14	11	4	11	4	5	10	8	14		
		Pressure Injuries Grade 3				0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	
		Pressure Injuries Grade 4				0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	
		Pressure Injuries rate per 1,000 bed days					0.33	0.35	0.47	0.28	0.36	0.35	0.10	0.36	0.13	0.10	0.25	0.20	0.39		
		Falls per 1,000 bed days					6.38	5.58	5.72	5.66	5.18	5.20	5.56	5.80	5.01	6.53	5.32	5.90	5.50		
		MRSA	R		0	0	0	0	0	0	1	0	0	1	0	1	1	1	0		
		E. Coli	R		4	5	6	5	2	6	10	4	6	4	4	4	12	4	2		
	C. Difficile	R		5	2	2	9	8	6	2	4	8	2	6	7	7	7	9			
	MSSA			2	6	3	3	2	2	2	2	3	3	2	2	5	1	4			
	Observations Complete					98.66%	98.73%	98.50%	98.59%	98.59%	98.68%	98.65%	98.66%	98.50%	98.48%	98.43%	98.39%	98.45%			
	Observations On Time					72.46%	73.33%	72.13%	72.32%	71.45%	71.74%	72.63%	74.59%	73.88%	72.98%	72.44%	71.12%	71.61%			
	Observations Not Breached					88.70%	88.67%	87.62%	87.09%	86.25%	86.10%	86.88%	88.32%	88.06%	87.05%	86.87%	86.05%	86.44%			
	Maternity	5 minute Apgar 7 rate at term			0.90%	0.78%	0.23%	1.22%	1.90%	1.00%	0.93%	0.93%	3.16%	0.98%	2.04%	1.56%	1.36%	1.44%			
		Caesarean Section Rate				41.26%	44.90%	47.50%	44.74%	45.88%	46.09%	46.07%	45.05%	46.40%	45.36%	48.44%	45.71%	44.93%			
		Still Birth Rate			0.40%	0.72%	0.43%	0.00%	0.22%	0.00%	0.22%	0.22%	0.00%	0.44%	0.42%	0.00%	0.25%	0.22%			
		Induction of Labour Rate			32.10%	36.65%	31.67%	31.36%	34.45%	32.71%	29.78%	29.91%	25.00%	28.83%	33.05%	30.98%	28.28%	30.40%			
		PPH 1500 ml rate			8.60%	2.42%	2.38%	4.04%	2.68%	3.52%	4.98%	4.78%	4.45%	4.94%	4.50%	3.51%	5.25%	3.28%			
	Fragile Hip	Fragile Hip Best Practice Pass Rate				61.40%	60.00%	67.92%	71.43%	68.57%	41.18%	59.57%	45.95%	65.63%	50.00%	30.65%	52.94%	-			
		Admitted to Orthopaedic Ward within 4 Hours				21.05%	28.17%	9.43%	14.29%	25.76%	19.61%	14.89%	32.43%	34.38%	16.67%	6.45%	5.88%	-			
		Medically Fit to Have Surgery within 36 Hours				68.42%	64.79%	71.70%	73.47%	65.15%	47.06%	65.96%	51.35%	75.00%	57.41%	29.03%	64.71%	-			
		Assessed by Orthogeriatrician within 72 Hours				91.23%	88.73%	90.57%	95.92%	92.42%	86.27%	91.49%	91.89%	100.00%	92.59%	96.77%	82.35%	-			
	Stroke	Stroke - Patients Admitted				157	185	163	155	177	160	155	160	167	156	149	163	-			
Stroke - 90% Stay on Stroke Ward				90.00%	78.49%	75.22%	76.47%	75.00%	74.36%	69.47%	76.84%	53.33%	50.48%	64.29%	64.71%	100.00%	-				
Stroke - Thrombolysed <1 Hour				60.00%	35.29%	85.71%	60.00%	70.00%	82.35%	60.00%	63.64%	61.90%	48.00%	56.00%	50.00%	-	-				
Stroke - Directly Admitted to Stroke Unit <4 Hours				60.00%	70.97%	58.62%	62.14%	75.79%	40.00%	56.70%	41.41%	47.17%	43.52%	43.43%	37.14%	33.33%	-				
Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	91.35%	85.82%	94.92%	97.27%	90.08%	80.00%	83.78%	91.87%	86.32%	84.62%	82.86%	75.00%	-					

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Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity		PF			91.73%	92.73%	91.16%	93.93%	90.05%	93.37%	93.17%	89.47%	91.62%	88.69%	90.76%	90.70%	89.42%	
	Friends & Family Positive Responses - Emergency Department		PF			80.94%	81.44%	81.12%	73.99%	77.89%	74.65%	78.64%	81.05%	78.96%	71.71%	71.52%	69.63%	75.49%	
	Friends & Family Positive Responses - Inpatients		PF			91.30%	92.71%	91.98%	91.55%	92.73%	91.81%	93.80%	91.72%	90.81%	91.60%	91.81%	91.89%	91.85%	
	Friends & Family Positive Responses - Outpatients		PF			96.01%	95.31%	94.58%	95.12%	95.33%	95.06%	94.90%	95.00%	94.79%	94.24%	94.29%	95.13%	95.06%	
	PALS - Count of concerns					103	191	133	157	137	155	174	159	130	174	174	142	177	
	Complaints - % Overall Response Compliance				90.00%	73.00%	79.00%	71.00%	84.62%	86.11%	72.22%	84.09%	73.68%	79.19%	80.43%	84.00%	68.97%	64.62%	
	Complaints - Overdue					3	5	6	4	2	2	4	4	6	3	1	3	3	
	Complaints - Written complaints					36	44	40	39	36	47	45	59	59	63	62	47	49	
Workforce	Agency Expenditure ('000s)					1610	1507	1592	1368	891	1037	765	725	657	724	645	825	581	
	Month End Vacancy Factor					5.87%	4.87%	4.82%	5.02%	2.55%	3.46%	4.04%	4.26%	4.06%	4.17%	4.14%	4.29%	4.66%	
	Turnover (Rolling 12 Months)	R	PF		-	13.30%	13.09%	12.91%	12.32%	12.01%	11.88%	11.88%	11.75%	11.54%	11.92%	11.80%	11.79%	11.82%	
	Sickness Absence (Rolling 12 month)	R			-	4.70%	4.66%	4.67%	4.65%	4.62%	4.60%	4.61%	4.62%	4.58%	4.56%	4.56%	4.55%	4.58%	
	Trust Mandatory Training Compliance					91.06%	90.14%	89.44%	91.16%	91.50%	91.47%	92.02%	92.58%	92.71%	92.18%	92.33%	92.54%	92.71%	

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Urgent Care

Four-hour performance reported at 58.35% in December. NBT ranked second out of 11 AMTC providers. There was a decrease in 12-hour trolley breaches compared to the previous month (352 in December from 526 in November), and a decrease in ambulance handover delays over one-hour (579 in December from 804 in November). The UEC position continues to be driven by a combination of increasing demand and reduced patients flow out of the hospital. In the year-to-date, ED attendances are up by 3.41% which equates to over 2,600 additional presentations. These circumstances are creating a challenging clinical, operational and performance environment. The System ambition to reduce the NC2R percentage within NBT to 15% remains unachieved. This ambition was central to the Trust being able to deliver the 78% ED 4-hour performance requirement for March 2025. As yet, there is no evidence this ambition will be realised. Community-led D2A programme remains central to ongoing improvement. Work also progresses around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. In the meantime, internal hospital flow plans continue to be developed and implemented.

Elective Care

The Trust was successful in delivering its 65-week RTT commitments against the national September-2024 requirements. The overall waiting list is also now reducing, having decreased by approximately 7% over the last year. Having reached the milestone of reducing 52-week waits to below 1,000 in September, there has been another significant reduction during December, taking the position to just over 400. The Trust has now set its own ambition to reduce 52-week wait breach volumes to less than 1% by the end of this year. This ambition is beyond national target requirements and is on track to deliver.

Diagnostics

For the sixth consecutive month, the Trust’s diagnostic performance has achieved the national constitutional standard – going beyond the target of no more than 5% breaching six-week waits. The actual breach rate in December was less than 1%. Benchmarking against Trusts with similar waiting lists across England, NBT has ranked first for the fifth consecutive month. The Trust also remains compliant with the maximum 13-week wait with no patients waiting beyond 13 weeks.

Cancer Wait Time Standards

For the first time in a number of years Trust is now reporting a controlled PTL, a compliant FDS-28 Day position and a compliant 62-Day Combined position against targets. NBT is currently compliant with the national requirements. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumour sites. To achieve the overall 62-Day breach standard this year, the Trust will now focus on improvements in some of the most challenging pathways/backlogs - including the high volume and high-complexity Urology pathway (in particular, robotic prostatectomy). As reported previously, due to the Urology backlog activity, the 62-Day position was expected to show a deterioration in overall 62-day performance in September, before recovering into October and November. This is shown in the reported position with November reporting at 70.18% – as expected. As the backlog clearance work concludes, plans for sustaining the position will be enacted which will require slightly lower levels of additional activity. On this basis, the Trust is expecting to meet its commitments to secure its PTL, FDS and the 62-Day target ahead of March 2025, as per the national requirement.

Quality

Midwifery is currently recruited to vacancy and turnover. The term admission rate to NICU was 2.7% against the national target of 5%, the lowest rate in 11 months. PMRT saw four cases being reviewed with no elements of care graded as C or D in November.

There has been an increase in complaints with a communication theme and improvement actions are being taken. There was one new case referred to MNSI and no new Patient Safety Incident Investigations.

During December 2024 NBT had a rate of 5.4 medication incidents per 1000 bed days, which is below the mean point of 5.9 for the past 6 months. The work of the 'Medicines Safety Forum' continues, with a focus on Controlled Drug management, review of competence assessments and efficiency of drug round tasks.

Infection control data for MSSA and *E.coli* remains below 2024-25 trajectory, however *C.difficile* is increasingly above, which reflects the national picture and NBT is instigating *C.diff* ward rounds to combat this. Flu cases are rising rapidly in line with national picture, with mask wearing in the emergency zone mandated as a key mitigation. Covid-19 numbers remain stable and there were no new MRSA cases.

NBT reported a rate of 5.5 falls incidents per 1000 bed days in December which is below the average of 6.30. A focus on individual cases continues, with 1 severe and 2 moderate level harm falls reported. Continued improvement actions are outlined in the main report.

The overall trend in Pressure Injury reduction continues, which includes those relating to devices, when benchmarked against 2023-24 figures for the same 9-month period there's a 34% reduction. VTE risk assessment compliance has fluctuated over the past 2 years but remains below the national standard. A range of actions have been implemented but the primary sustainable solution remains the implementation of the Trust's new Electronic Prescribing system.

In September 2025, completion of the VTE Risk Assessment will become a forcing measure when the digital prescribing module is initiated, which will dramatically improve compliance. Delivery of the Year 2 workplan for Patient & Carer Experience remains positive, with actions to improve patient experience aligned to the national patient surveys.

We continue to enhance our focus on seeking feedback and insight linked to areas of health inequality and have shaped the January Trust Board Patient Story around the experience of the Gypsy Roma Traveller community as one key example. 92.3% of patients gave the Trust a FFT positive rating, consistent with the previous month. Complaints increased slightly in comparison to previous month and same period last year and PALS concerns were in line with usual volumes. The response rate compliance for complaints decreased to 65% in month, although there were none overdue at the time of month end reporting. All complaints & PALS concerns continue to be acknowledged within the agreed timeframes

Workforce

Turnover is 11.83% in December, remaining below the Trust target of 11.9% for 2024/25. Work is in progress to review and refresh our assumptions, areas of focus and interventions underpinning our Long-Term Retention Plan and actions and target for 2025/26.

For both disparity ratio and the newly agreed metric, % of Recruitment into Target Roles from our 30 Most Challenged Communities, analysis, interventions and Trust targets for 2025/26 will be presented to the Patient First Steering group in February.

Trust-wide agency spend is 1.2% of total pay spend in December significantly below the target of 3.2%, however focus is ongoing on areas of agency use to establish exit plans. Bank use remained at the same level in December as November but increased use of Break Glass in December has meant expenditure increased. The fortnightly Resourcing and Temporary Staffing Oversight group continues to focus on actions to reduce bank use and expenditure.

Our watch metrics (sickness absence and vacancy rate) have followed a trend of statistically significant improvement over the past 12 months.

Finance

The financial plan for 2024/25 in Month 9 (December) was to break even and in month the Trust has delivered a £0.1m surplus, which is £0.1m better than plan. Year to date, the position is a £3.6m adverse variance against a planned £2.4m deficit driven primarily by the impact of in year CIP delivery across pay and non-pay, and various non-pay pressures within Divisions.

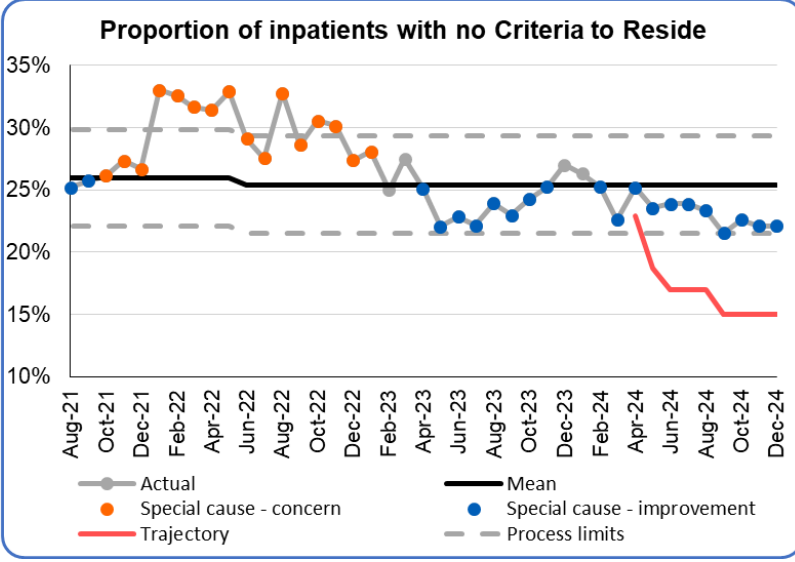
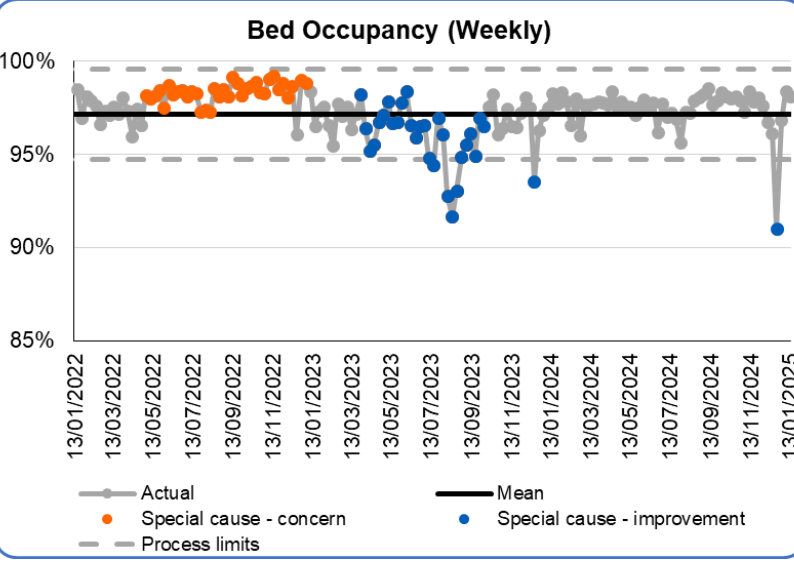
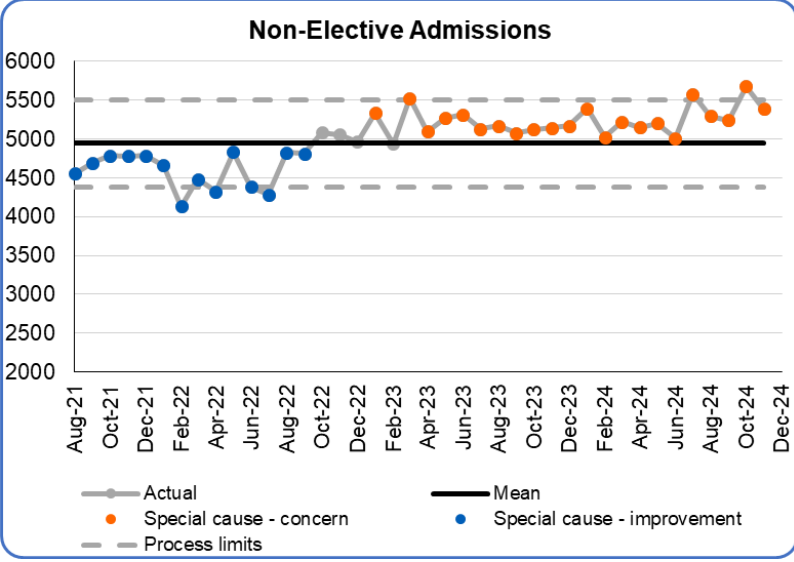
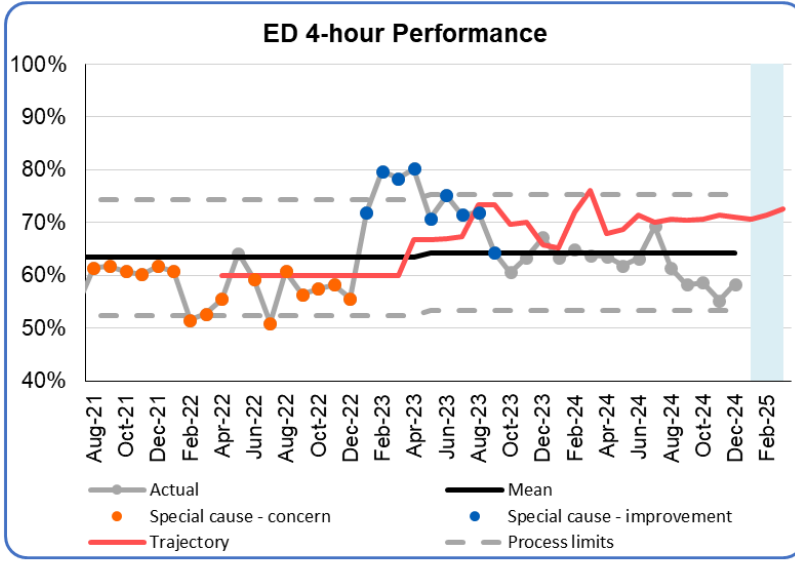
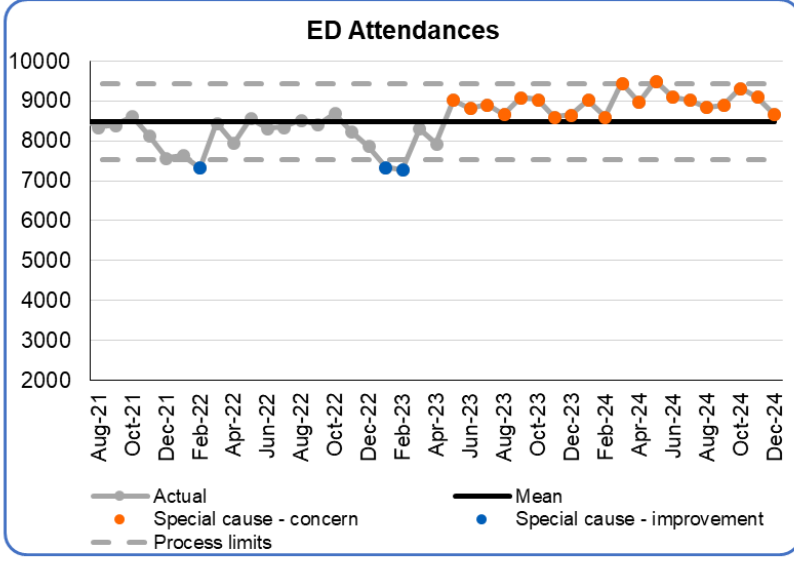
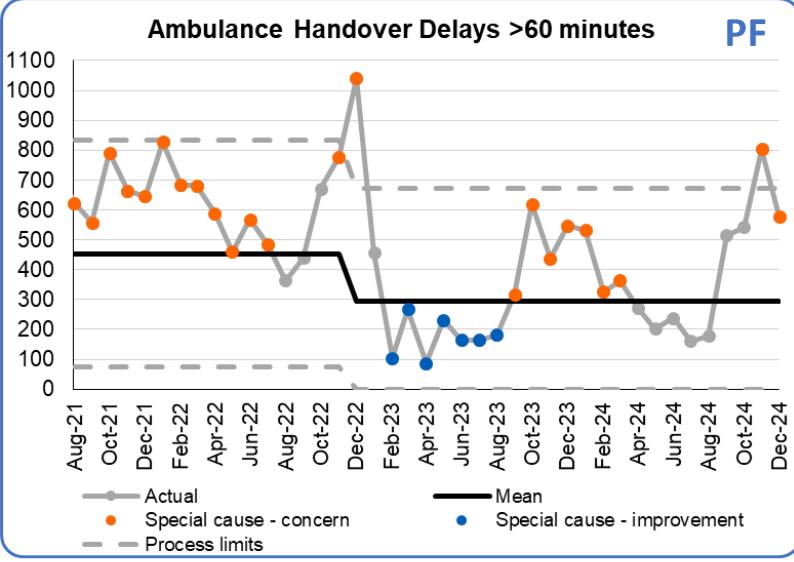
The Trust cash position at Month 9 is £33.4m, a reduction of £29.3m from Month 12. This is driven by the underlying deficit and capital spend. The Trust has delivered £16.4m of completed cost improvement programme (CIP) schemes at month 9, an increase of £1.7m from month 8. There are a further £3.1m of schemes in implementation and planning that need to be developed, and £7.1m in the pipeline.

Responsiveness

**Board Sponsor: Chief Operating Officer
Steve Curry**

Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Internal and partnership actions continue – meanwhile, ED demand in the YTD is up 3.41%.
	NC2R/D2A	As yet, no evidence of progress – with bed occupancy reaching its highest point in October for more than a year.
RTT	65-week wait	Delivered. Exceeded operational plan – final complex clearance underway and new internal ambition to reduce 52-week waits to less than 1% underway and on plan. The 52-week clearance trajectory is ahead of plan.
Diagnostics	5% 6-week target	Delivered. Exceeded national requirement. Now constitutional standard compliant.
	CDC	Delivered. Operational. Now including Endoscopy.
Cancer	28-day FDS Standard	Delivered. Now compliant for more than four months.
	62-Day Combined Standard	As predicted, after a recovery period of backlog clearance in September and October, the Trust has now reached the in-year target for 62-Day cancer compliance – 5 months ahead of the March-25 deadline.

Urgent and Emergency Care



Urgent and Emergency Care

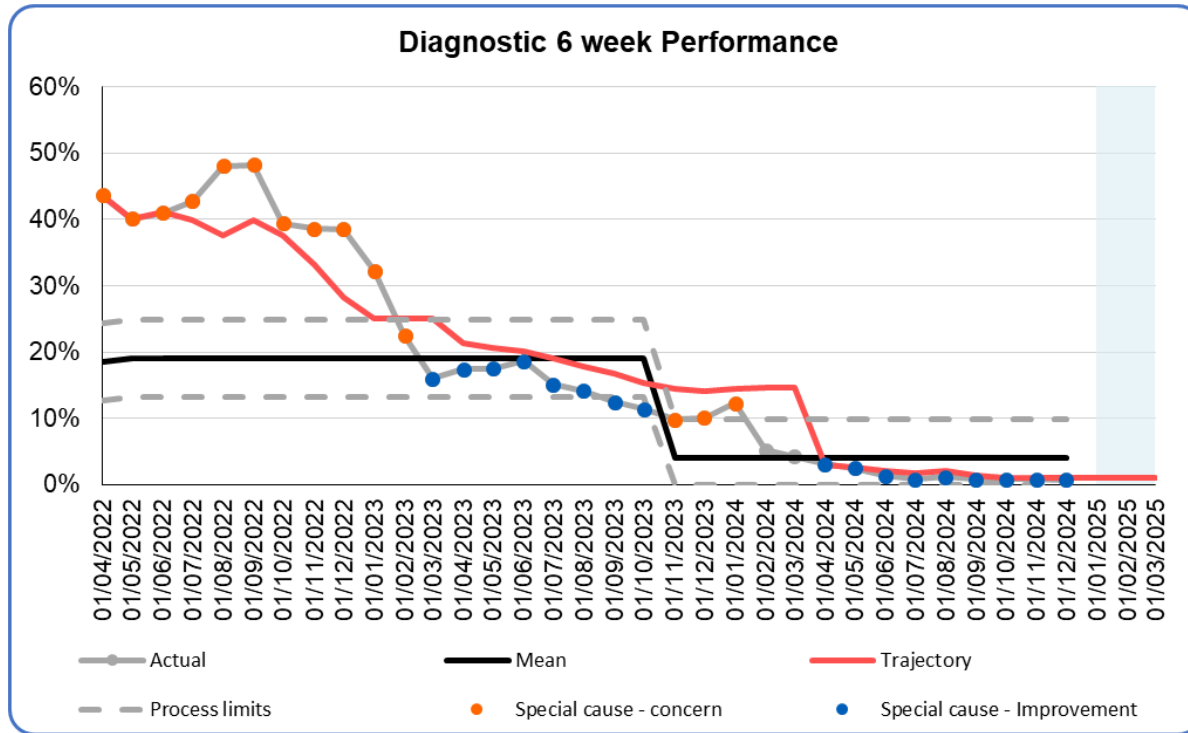
What are the main risks impacting performance?

- Year-on-year ED attendances have been increasing; for 2024/25 to-date, attendances have been 3.41% higher than the same period last year.
- In the month of December, significant rise in Flu and respiratory infection presentations, with over 70 Flu inpatients at its peak.
- As yet, no significant progress in reducing NC2R problems against System ambition.
- Unusually, we did not see any seasonal variation in NC2R numbers throughout the summer months.

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 – but previous months have proved more challenging. Internal UEC programme actions on handover processes, together with the ‘continuous flow’ model led by the Chief Nursing Officer has delivered further improvement.
- Ongoing introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- Development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub.
- New demand and capacity work being undertaken by system partners to refresh D2A model to support NC2R reduction ambition – see first bullet point.
- COO escalating Stroke NC2R. Further escalation arranged with System partners. Two further BIRU beds secured in BIRU following the initial four already agreed.

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 0.75% for December 2024.
- Cross-sectional imaging upgrades may result in some capacity losses in the next six weeks.
- Staffing gaps within the Sonography service and a surge in urgent demand means that the NOUS position remains vulnerable. Given the volume of this work, any deterioration can have a material impact on overall performance.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector. Further industrial action remains the biggest risk to compliance.

What actions are being taken to improve?

- The Trust has committed to actions that deliver the national constitutional standard of 1% in 2024/25.
- The Trust is maintaining clearance of all >13-week breaches. NBT is the only trust in our region to have zero >13-week breaches.
- CDC is now operational.

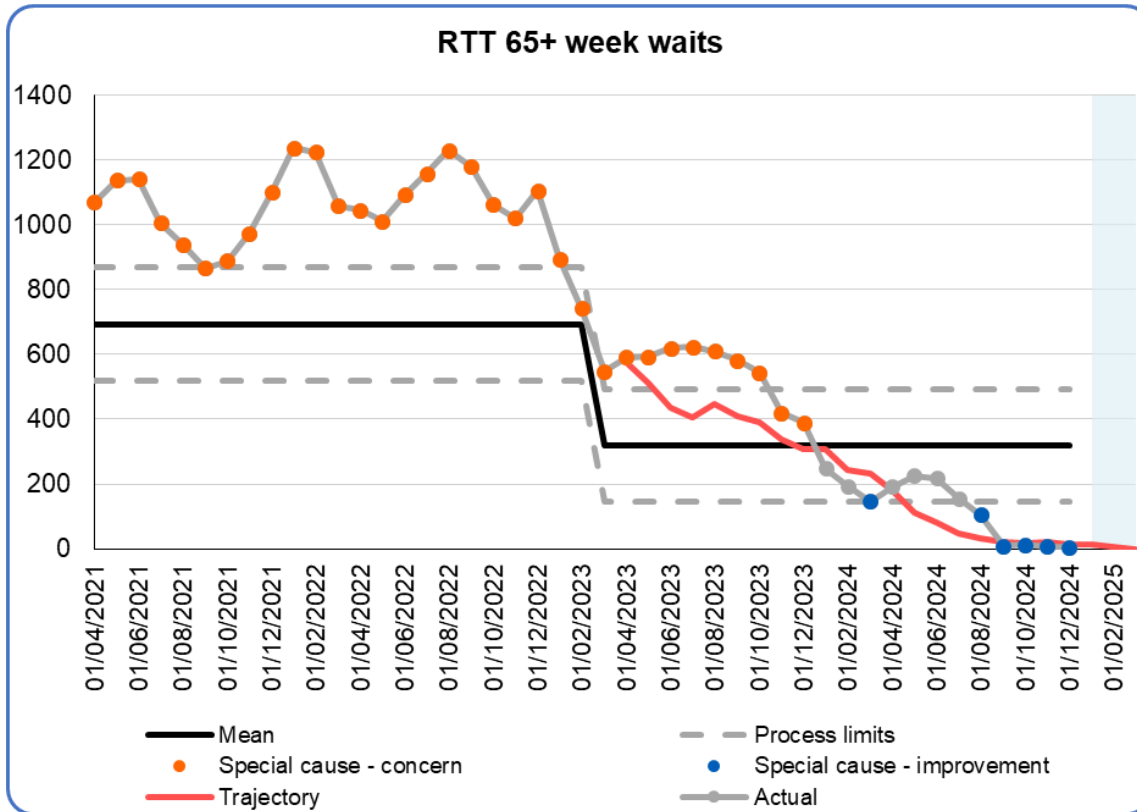
Referral To Treatment (RTT)

What are the main risks impacting performance?

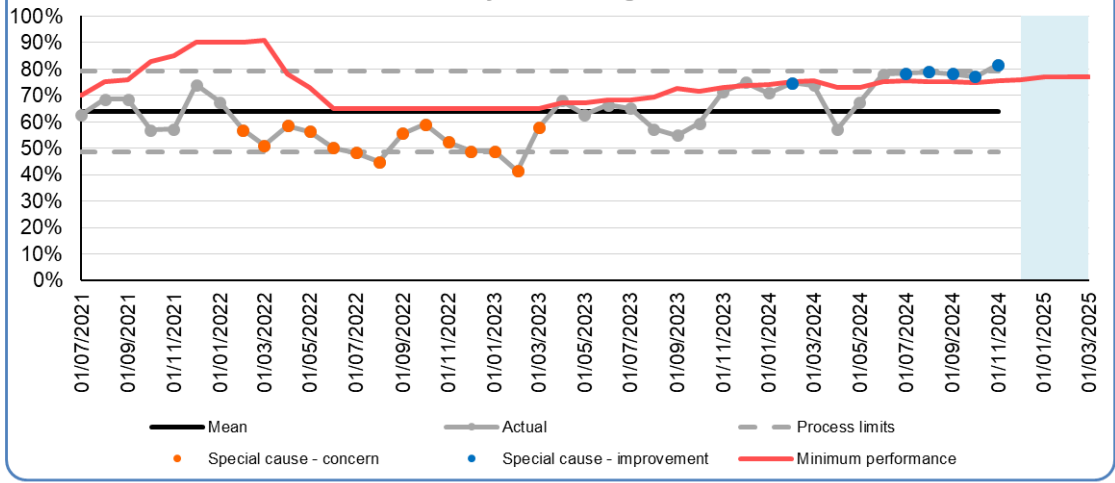
- Continued reliance on third party activity in a number of areas.
- The potential impact of UEC activity on elective care.
- Challenges remain in a small number of specialist procedures (DIEP).

What actions are being taken to improve?

- The Trust is committed to sustaining 65-week breach clearance.
- Work is underway to progress to a 52-week wait clearance.
- 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.



28-Day Faster Diagnosis



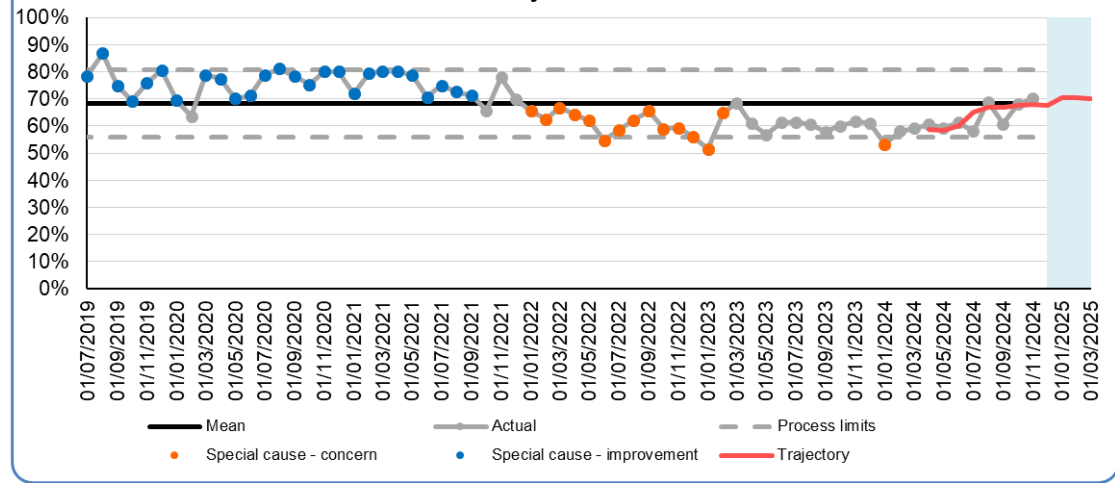
What are the main risks impacting performance?

- The reduction in performance September has, as predicted, reversed in the current reported month as backlogs are cleared.
- 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?

- Increased Urology activity through to the end of the calendar year to clear backlogs for robotic surgery.
- Recovery actions can only be made sustainable through wider system actions. The CMO is involved in System workshops looking to reform cancer referral processes at a primary care level.
- Focus remains on sustaining the absolute >62-Day Cancer PTL volume and the percentage of >62-Day breaches as a proportion of the overall wait list. This has been challenged by recent high volume activity losses (industrial action related) within areas such as Skin.
- Having secured a reduced PTL, and a FDS position compliant with trajectory, focus will now be on improving performance in the high-volume, high-complex area of Urology. Additional capacity is being secured and a new D&C model being developed.
- Moving from an operational improvement plan to a clinically-led pathway improvement plan for key tumour site pathways such as Skin and Urology (e.g. prostate pathway and implementation of Primary Care Tele-dermatology for the Skin care pathway).

62-Day Combined



Quality, Safety and Effectiveness

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

Maternity

Perinatal Quality Surveillance Monitoring (PQSM) Tool November 24 data

The term admission rate to NICU in November was 2.7%. This is a decrease from October (4.2%) and is the lowest rate in the previous 11 months.

Perinatal services at NBT referred one new case to MNSI in November, at time of writing this case has not been confirmed as accepted. MNSI awaiting initial family discussion. There were no new commissioned cases for Patient Safety Incident Investigations (PSII).

PMRT saw four cases being reviewed with no elements of care graded as C or D in November.

There were no moderate harm incidents in November.

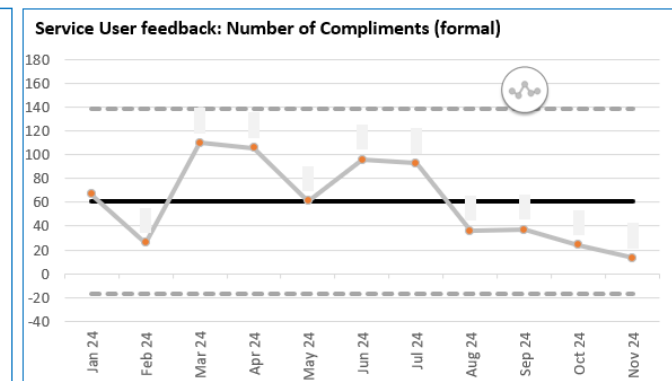
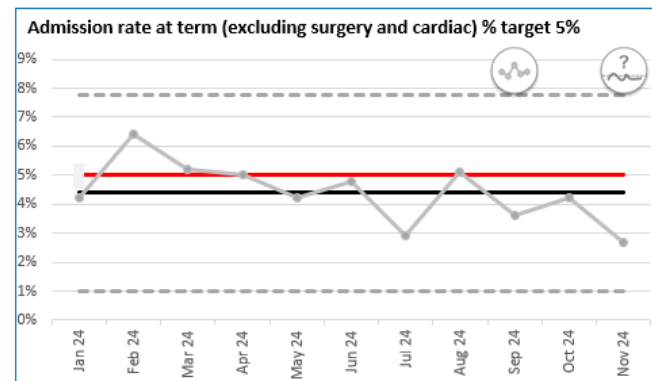
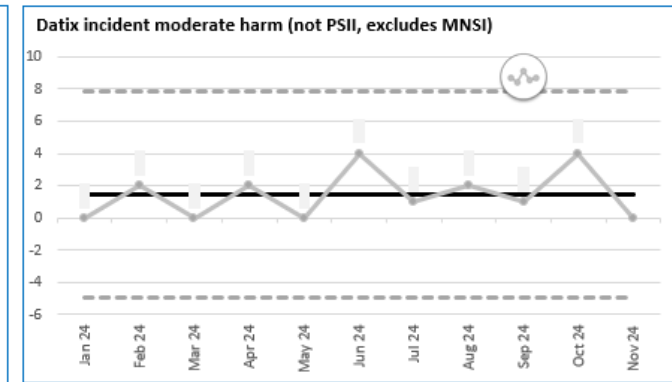
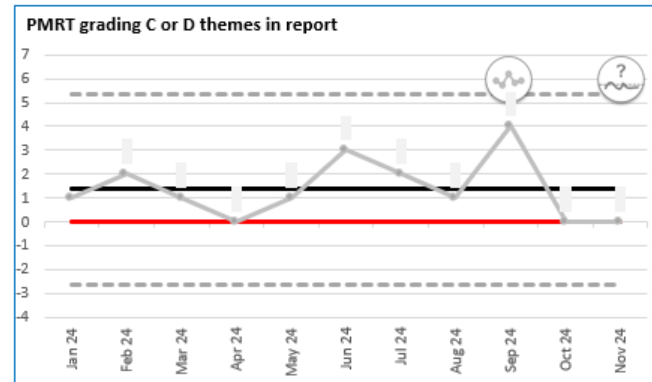
Midwifery is currently recruited to vacancy and turnover.

Perinatal services received four formal complaints in November.

Our services have been ranked second and third nationally for women's experiences during labour/birth and staff care respectively. In comparison to last year's results for North Bristol Trust we were significantly worse in only one element (discharged without delay), and when benchmarked against other trusts across England we were ranked significantly worse in only one of 57 elements (again discharged without delay), there was no significant difference in 34 elements, and we were ranked significantly better on 24 elements.

What actions are being taken to improve?

There are ongoing streams of work to support the rising complaints regarding communication. As part of multi-disciplinary training days launched for 2024-2025 there is specific education on the patient voice. Alongside this, the patient experience team are working in collaboration with the birth choices team to consider alternate language to communicate levels of risk and concerns with families. There is a trust wide working group focusing on communicating allergies between clinicians.



Pressure Injuries

What does the data tell us?

In December there were 14 x grade 2 pressure ulcers, of which 2 were attributable to medical devices.

In November there were 1 unstageable reported pressure ulcers reported. There was 0 x grade 3 pressure ulcer or grade 4 pressure ulcers.

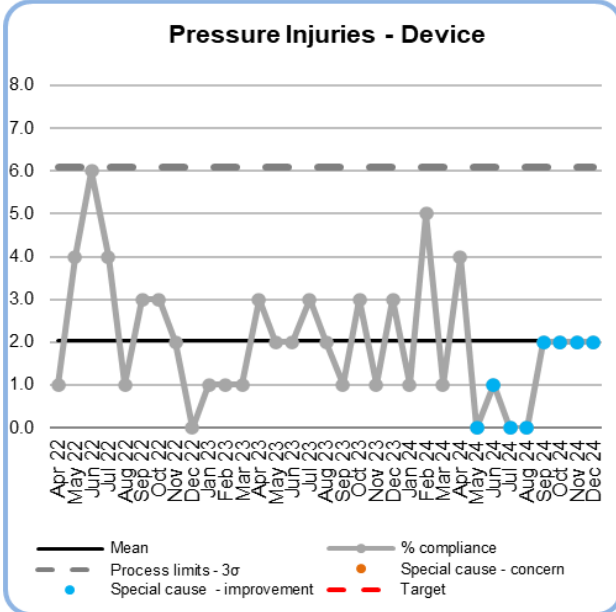
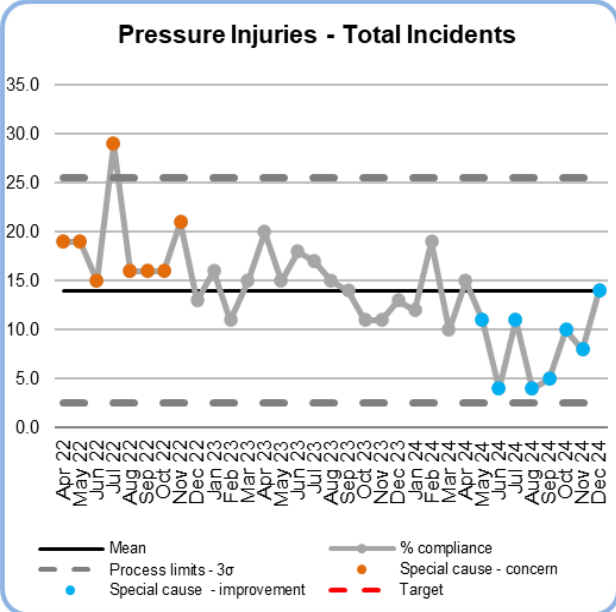
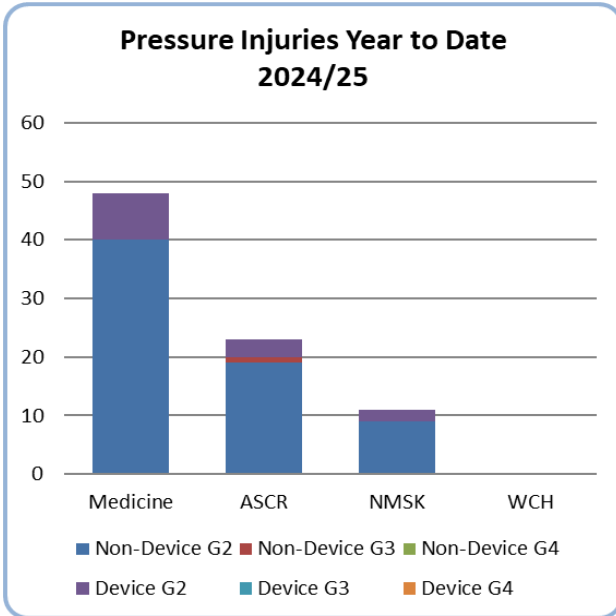
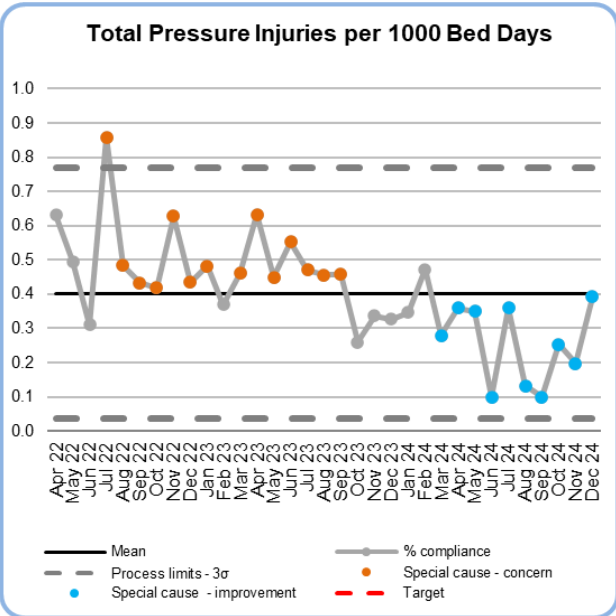
When bench-marking grade 2 pressure ulcers against the figures from 2023-2024 for the same 9-month period, NBT is at a 34% reduction in grade 2 pressure ulcer prevalence.

In December there was an increase to 12 x DTIs reported. When benchmarked against the figures for 2023-2024 for the same 9-month period, NBT is at a 62% reduction in DTI prevalence.

The target for pressure ulcer 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 target for 50% reduction on last year's incidents.

What actions are being taken to improve?

- The TVN team continues to work in collaboration with patients, clinical teams, and other stakeholders to reduce patient harm and improve patient journeys and outcomes. The team provides a responsive, supportive, and educational wound care service across NBT and works collaboratively and strategically within the ICB across the BNSSG system.
- There is ongoing learning from PU incidents using the PSIRF methodology from stakeholders. This is being reviewed strategically by the Pressure Ulcer Steering Group to respond to emerging themes and trends. Additionally, there is ongoing work around risk management during periods of escalation at the hospital.
- The BNSSG Pressure Ulcer Categorisation tool has been updated to reflect the changes to the National Wound Care Strategy recommendations following discussion with the NBT and UHBW senior nursing team, and agreement by organisations at the BNSSG Wound Strategy Group.



Infection Prevention and Control

What does the data tell us?

SARS – CoV- 2 (Coronavirus) / Influenza - Cases have risen in line with national increase of influenza A prolonged period and large case numbers have been seen (second highest in 10 years) – NBT took the decision in early January to adopt mask wearing in the Emergency zone and re-looked at staff Vaccination as part of control measures.

MSSA – Case rates continue to trend lower than the trust trajectory a clear reflection of work done in this field in all clinical areas.

C. difficile – Cases have exceeded set trajectory, C Diff ward round to commence to reduce incidence of cases.

IPC to continue to provide focus education, especially targeted in areas of repeat infection.

Gram negative/ E.coli – Cases remain within trajectory, with ongoing work looking at catheter management and hydration.

What actions are being taken to improve?

- C Diff targeted plans in place specifically looking at adoption of a targeted C Diff ward round , this will commence end of January.
- Patient hydration continues a focus to embed learning from regional/national programmes and initiatives. The continence group remains unfunded. Plans with BD medical to look at catheter audits.
- MSSA cases remain below trajectory, although improvements continue in wound management and Line care. This signifies a vast improvement on case rates last year.

Other infections

Measles

BNSSG cases for this outbreak have now totalled over 65 cases, some cases are presenting to NBT that require contact tracing from a patient and staff perspective.

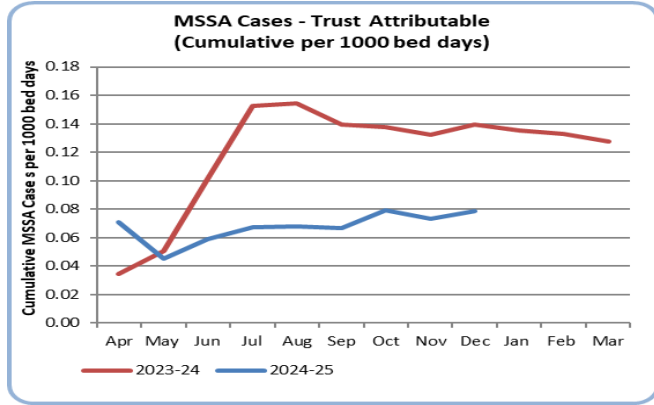
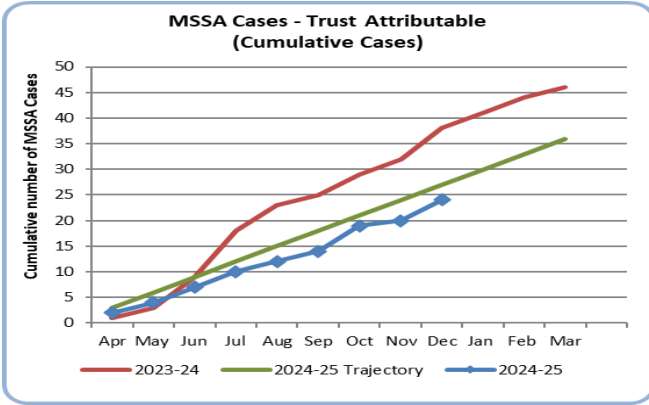
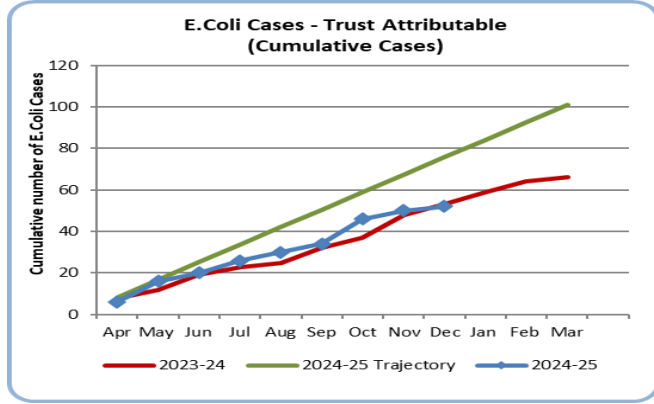
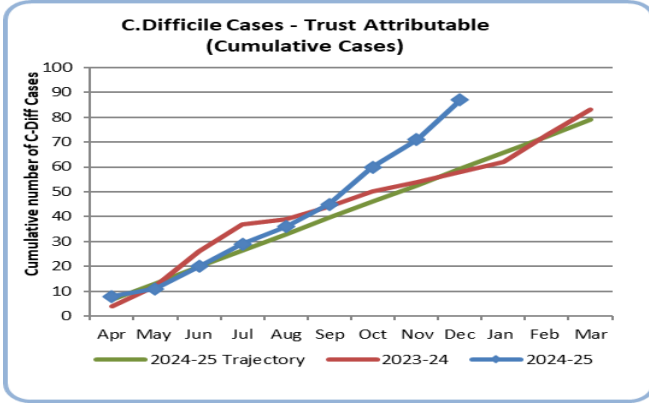
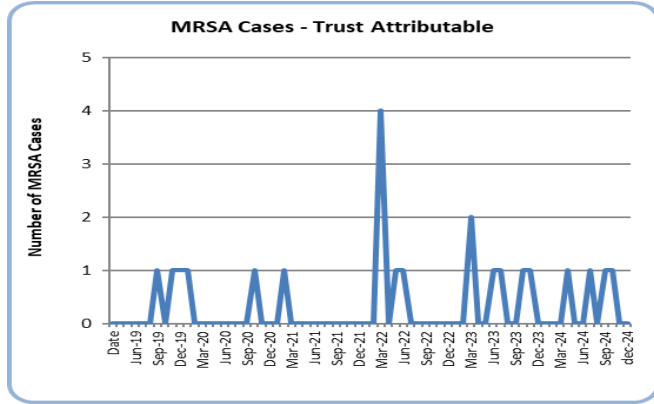
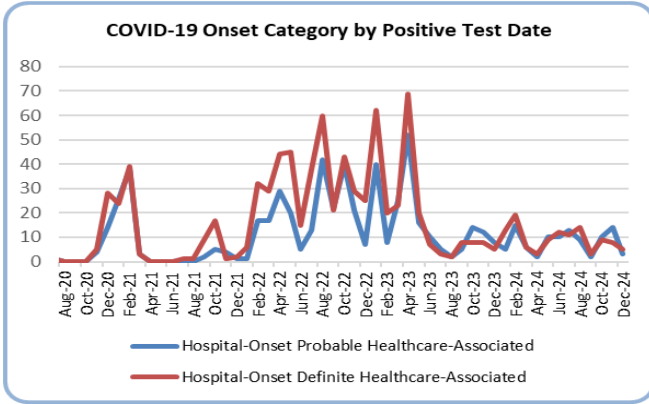
Other projects

HCID – IPC working with Divisional team's implementation expected early 2025.

Alcohol free gel – Implementation of Spectrum X alcohol free gel that can be used with Norovirus and C Diff. - this product to be rolled out trust wide.

IPC winter training – Various sessions across all divisions as part of winter preparation.

Mandatory IPC training – Tier 3 bespoke training collaborative work between NBT and UHBW continues.



Falls

Falls incidents per 1000 bed days

NBT reported a rate of 5.5 falls incidents per 1000 bed days in December which is below the average of 6.30. There were 169 falls reported in December. 2 falls resulted in fatalities. There was a further 1 severe incident and 2 moderate physical harm falls. No incidents had associated psychological harm above low.

The 2 fatalities were both as a result of intercranial bleeds following the falls. The other harmful incidents were a combination of facial fractures, intercranial bleeds and a fractured hip.

Medicine division: 102 falls reported. This is below average for the third month.

NMSK division: 40 falls reported. This is slightly above average.

ASCR: 26 falls reported. This is around average.

Multiple falls accounted for 27% of falls this month which is around average of a quarter. 19 patients experienced more than 1 fall. With 7 patients having 3 or more falls. No patient experienced more than 4 falls this month.

Older patients continue to be the highest proportion of patients who fall, with 75% of reports in the over 65's.

What actions are being taken to improve?

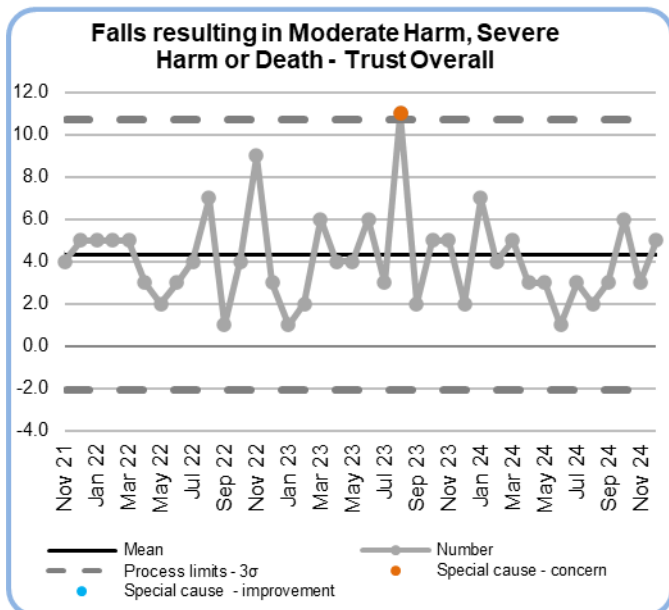
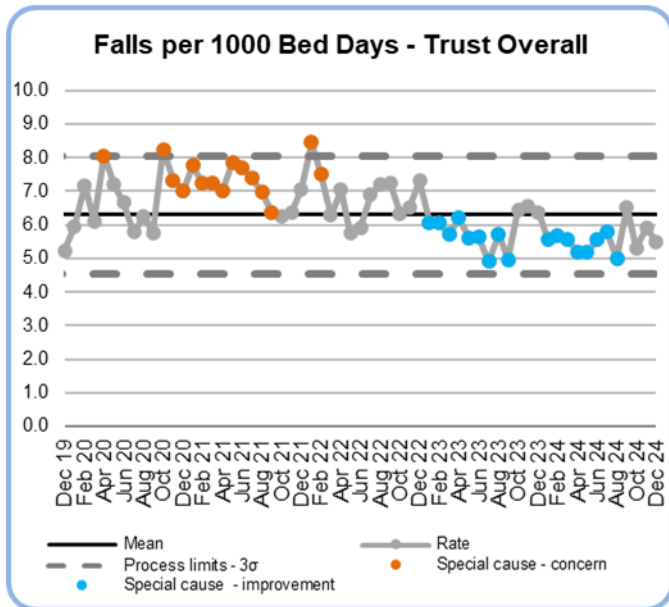
The falls team staffing resource continues at the reduced 0.9 WTE.

The Falls team have continued to be engaged with the stakeholder consultation for the new incident reporting system Radar.

The expansion of the National Audit of in-patient falls has started on January 1st. An interim plan has been created to allow us to identify and report on some cases but is unlikely to be able to meet full compliance. Further consideration needs to be given to how we progress to full identification of cases and whether the additional cases requiring completion of audit data collection will be possible with ward-based staff.

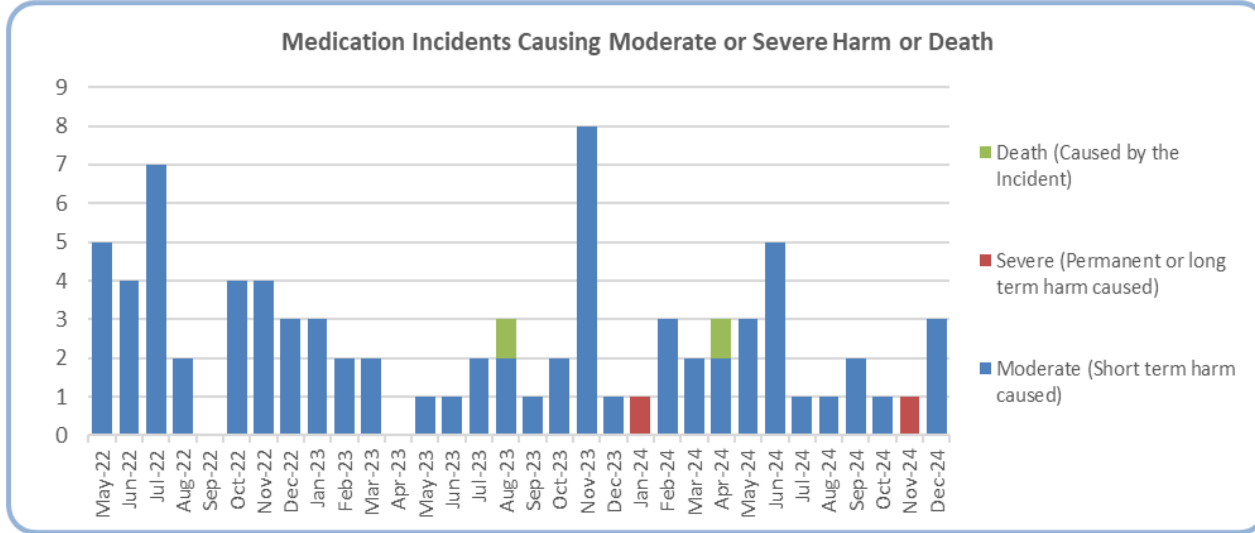
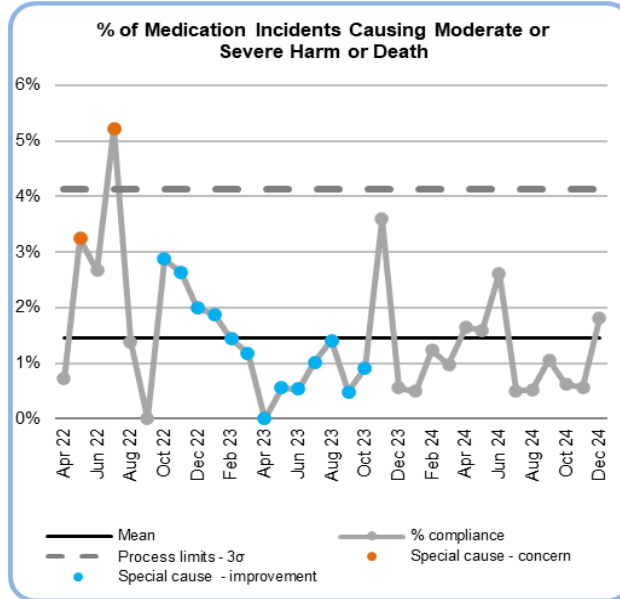
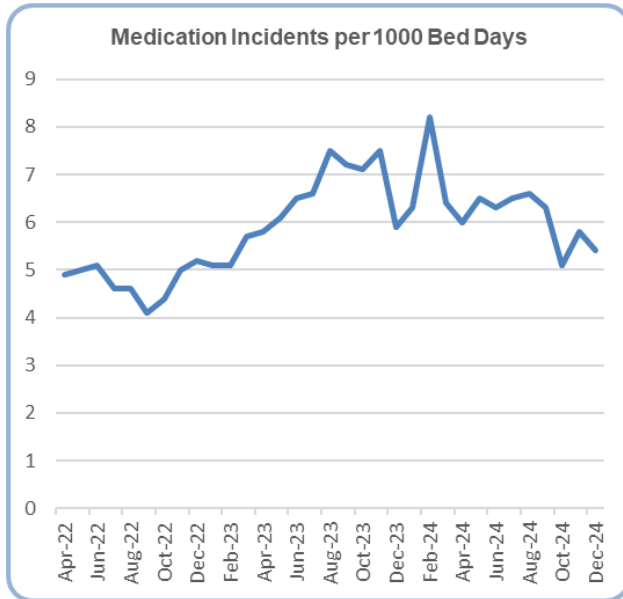
32A have commenced the pilot of the new ways of using Vitals Neuro NEWS2 to complete post falls neurological observations at the required intensity. This has been supported with a 'how to' guide, access to a recorded presentation about neurological observations and with ward presence and infographics. Feedback from this pilot will inform the roll out process across other areas.

Working with business intelligence/data analysts to have improved visibility on our completion of lying-standing blood pressure measures for higher risk patients. The completion of lying and standing blood pressure continues to be an area for improvement.



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 December 24 NBT had a rate of 5.4 medication incidents per 1000 bed days, which is below the 6-month average of 5.9 for this measure.

Percentage of Medication Incidents Reported as Causing Moderate or Severe Harm or Death to all Medication incidents

The level of medication incidents causing moderate or severe harm or death was 1.8% this month with 3 incidents falling into this category.

Overall comment

The total number of incidents per 1000 bed days remains lower than usual but there was a slight increase in the number of incidents which were reported as causing harm. We will be closely monitoring this latter measure as we move forward.

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 meets monthly, with a high level of engagement with the groups and its activities from all Divisions and staff groups.

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

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

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

VTE Risk Assessment

What does the data tell us?

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

Actions:

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

Reason for the initial drop in compliance (following mandating the digital VTE form) :

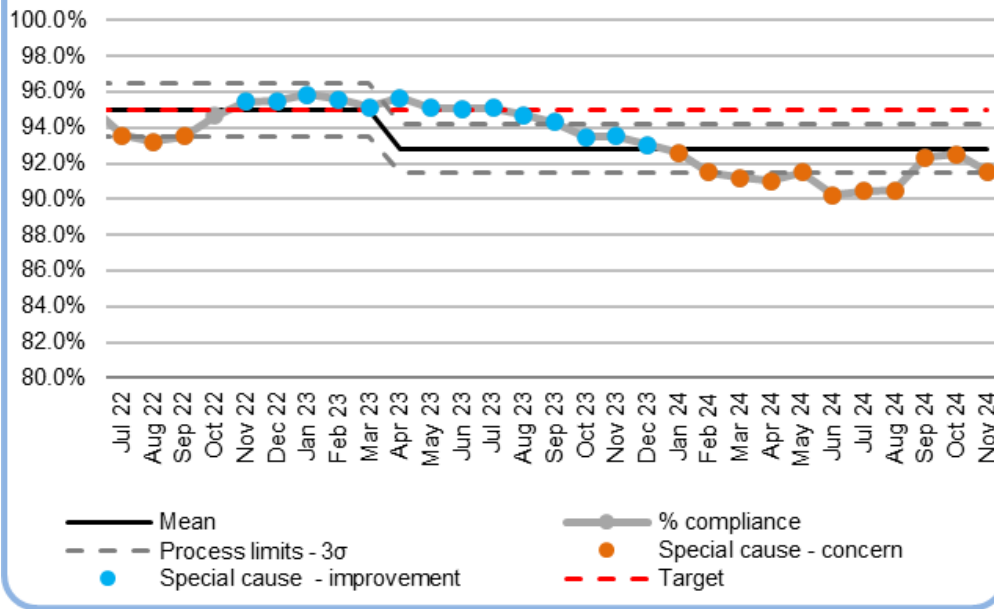
Completing the digital VTE form is a manual deviation from the human ergonomic flow of clerking a patient, so it can be missed on admission. Much work has occurred with the clinicians to increase compliance and understand the barriers to completion.

An additional improvement plan is in place this year:

In September 2025, completion of the VTE RA will become a **forcing measure** when the digital prescribing module is initiated, which will dramatically improve compliance.

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

VTE Risk Assessment Completion



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

Patient Experience

**Board Sponsor: Chief Nursing Officer
Steven Hams**

Patient & Carer Experience – Strategy Delivery Overview

December 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

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.	Ongoing- A Patient story was presented to the Patient and Carer Experience Committee in December. There is a further patient story planned for Trust Board in January.
	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. Ongoing- Patient Conversations year 1 evaluation has been completed and was shared with PCEC in December. We have also begun our one-year feasibility study of PEP.
	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.	Complete
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.	Wording for the new VS Strategic Plan draft is completed. Graphics/format and design are currently being worked on.
	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. We completed our first patient conversation with patients with LD in December, chatting to 4 patients. From this we were able to arrange a volunteer befriender to visit one of the patients whilst they were on the ward, to play card games and spend time with the patient.
	The voice and the involvement of carers will be respected and integral in all we do.	Ongoing- Carers Awareness Training has been re launched with dates being offered in Jan & Feb.
	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. Focus on embedding SDM as BAU in 7 specialties where this is in place. Patient comms for 'Its ok to ask' has is being worked on.
	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.	Our Patient Story to Board in January will provide insight into the lived experience of the Gypsy, Roma Traveller community accessing our services and highlight some of the Trust work, and wider system work underway to help reduce the health inequalities experienced by this group.
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	Complete. The panel met in November with two new members.
	We will continue to undertake the annual Patient Led Assessments of the Care Environment (PLACE) audits and respond to areas of improvement.	Complete. PLACE assessments have taken place in November with involvement from patient partners, our physical access steering group and a patient partner with LD. We are awaiting the results.
	We will involve the volunteer voice within feedback to shape future volunteer roles and patient engagement opportunities.	Wording for the new VS Strategic Plan draft is completed. Graphics/format and design are currently being worked on.
Putting the spotlight on patient and carer experience	We will refresh the patient experience portal on our website and staff intranet	Completed
	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 developed by NHS Elect. Currently undergoing testing. Due to finish end of Jan will any edits and roll out by March.

Patient & Carer Experience – Overview December 2024

- Fresh Arts creative writing group for patients living with cancer follows on from 6 week social prescribing programmes.
- Established 2018; 40+ participants with 185 engagements in 23/24 & 44 hours+ of activity
- Our patients contributed words to the sculpture outside maternity reception; have exhibited twice in the Brunel building; and regularly write & produce for Flourish magazine [Flourish Magazine – Artlift](#) (7 of our patients contributed to the Balance and Body editions in 2024)
- Through established partnerships with local cultural organisations we have visited exhibitions and events in the city.
- In September 2024, Arnolfini invited our patients to write the public gallery guide for Rinko Kawauchi's exhibition; At the edge of the everyday world.
- The group had an online introduction to the exhibition and created written responses to the work; this was used to write both the public gallery guide (bottom right) and produce a booklet of poems and thoughts inspired by her work (top right) and here [Fresh Arts Creative Writing Group: thoughts inspired by Rinko Kawauchi's photographs – Arnolfini](#)
- When the exhibition opened, the group had an online tour and visited in person on 19 December hosted by Head of Engagement
- The exhibition is open until 16 February 2025.
- *“Thank you for seeing me as more than just my next treatment, for knowing I would need more than just physical treatment; treatment and healing for my soul. I feel very privileged to have done this creative writing course and sad for anyone who isn't offered this opportunity. This has helped heal me. It's like 'write your own therapy'.”*



EXPLORE AT THE EDGE OF THE EVERYDAY WORLD

Please leave in the gallery for others to enjoy.

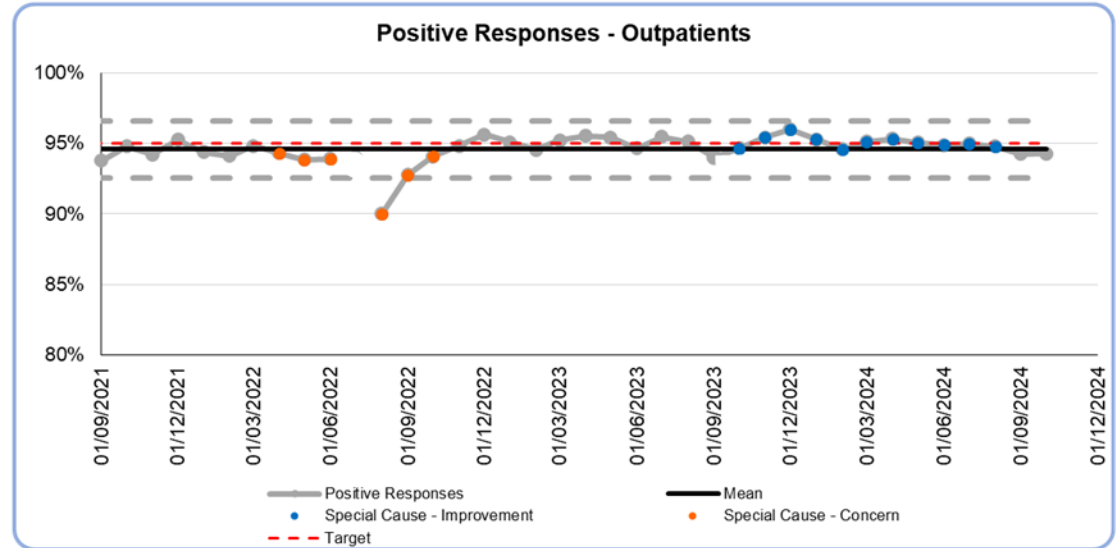
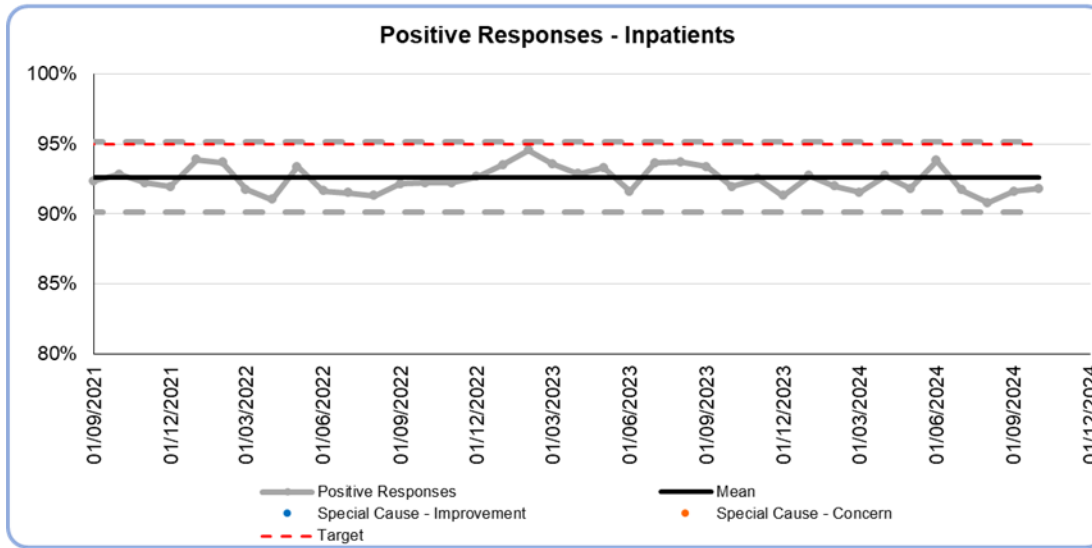
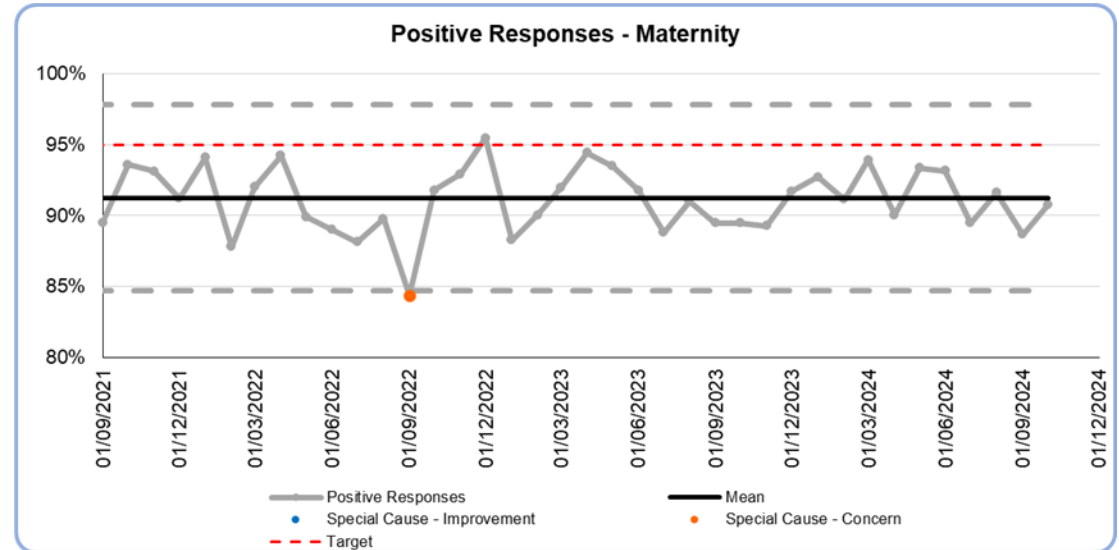
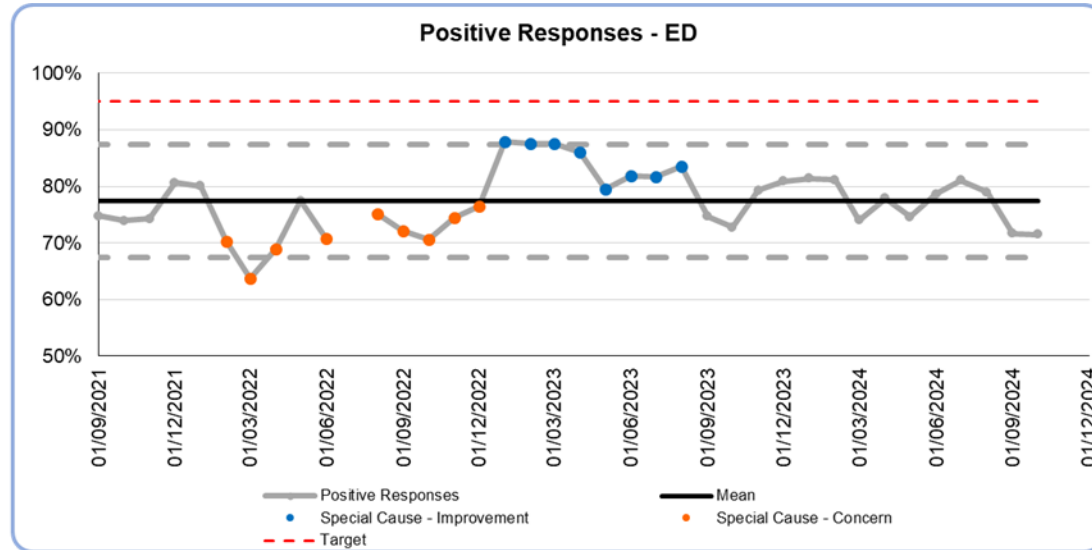
AN INVITATION TO EXPLORE FROM FRESH ARTS CREATIVE WRITING GROUP

The works in *At the edge of the everyday world* capture different aspects of Kawauchi's existence inviting careful observation. Her photographs invite us to step through, look inside and find intimacy in the large moments and greatness in the small.

During our creative writing sessions, we explore the small pleasures in life and our interconnectedness through gentle, guided activity. Together we unpack meaning and find commonalities within our own lives and experiences. When reflecting on Kawauchi's work we were drawn to the image of the halved and peeled apple in the series *M/E*. We imagined its sweet, tart flesh making the whole place smell like cider and saving the core for the blackbird that comes at teatime. And the tell-tale curl of the peel exposing the flesh which must wither and rot before the seeds can be retrieved to fulfil the cycle of birth, death and rebirth.

We asked ourselves what makes us feel alive in the here and now.

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 December 7,958 patients responded to the Friends and Family Test question. 5,642 of those patients chose to leave a comment with their rating.
- We had a Trust-wide response rate of 12.6%, which is a slight decrease on the previous month.
- 92.3% of patients gave the Trust a positive rating, which is the same as the previous month.
- 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 90.7% in November to 89.4% in December. The Negative response rate across maternity was 8.7%
- The response rate across Maternity decreased from 17.6% in November to 15% in December.
- Top positive theme from comments remains staff.

Everything and everyone was brilliant. It was the most intense experience of my life but I felt so cared for, I genuinely felt everyone was there for me. From the consultants, to the midwives and the catering team. I am so thankful

What does the data tell us - Emergency Department?

- Positive responses have increased from 69.6% in November to 75.4% in December. Negative responses have decreased from 20.5% in November to 14.1% in December.
- The response rate for ED increased from 18.5% in November to 19.2% in December.
- The top positive and negative themes remain staff and waiting time.

When arriving I was guided to the right reception desk. I was triaged quickly. Staff were all lovely. I was assessed quickly and with a smile. Even though I had to wait quite a while for blood test results, it was clear everyone was doing all they could for me. And the Doctor was really reassuring and keen to get to the bottom of my problem.

What does the data tell us - Inpatients?

- Positive responses have decreased slightly from 91.9% in November to 91.8 December. Negative responses have decreased from 5.3% in November to 5.08%.
- The response rate for inpatients has decreased from 22.1% in November to 20.1% in December.
- Top positive themes from comments are staff, clinical treatment and waiting time.
- Negative themes from comments are staff, communication and clinical treatment.

Staff were working so hard, they kept me updated at all times with what was happening and next stages, even though they were under extreme pressure in a very busy department.

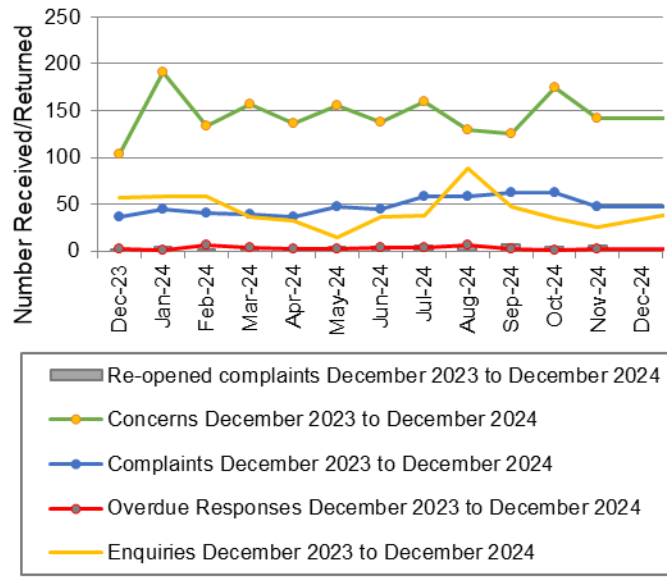
What does the data tell us – Outpatients?

- Positive responses have increased from 95.1% in November to 95.6% in December. Negative responses remained the same in December (2%) .
- The response rate for outpatients decreased from 11.2% in November to 10.8% in December.
- Top positive themes from comments remain staff, waiting time and clinical treatment.
- Negative themes from comments remain waiting time, communication and Staff.

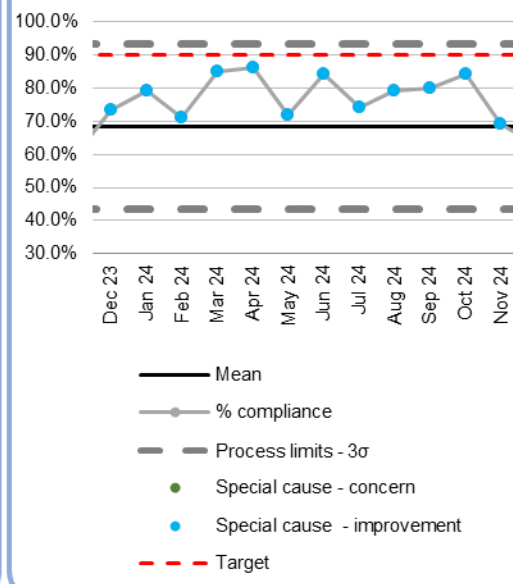
Appointment was on time and the nurse and doctor that seen to me were exceptional as was all the treatment I received whilst an inpatient for the 3 weeks that I was in hospital

Complaints and Concerns

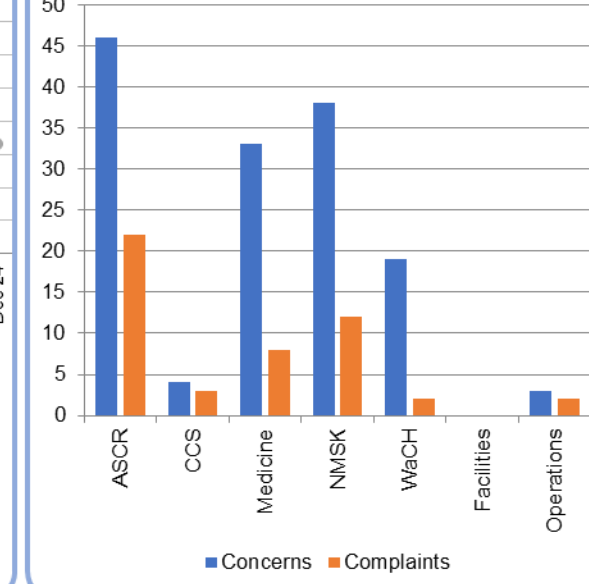
Trustwide Complaints, Concerns, Re-opened & Overdue Complaints



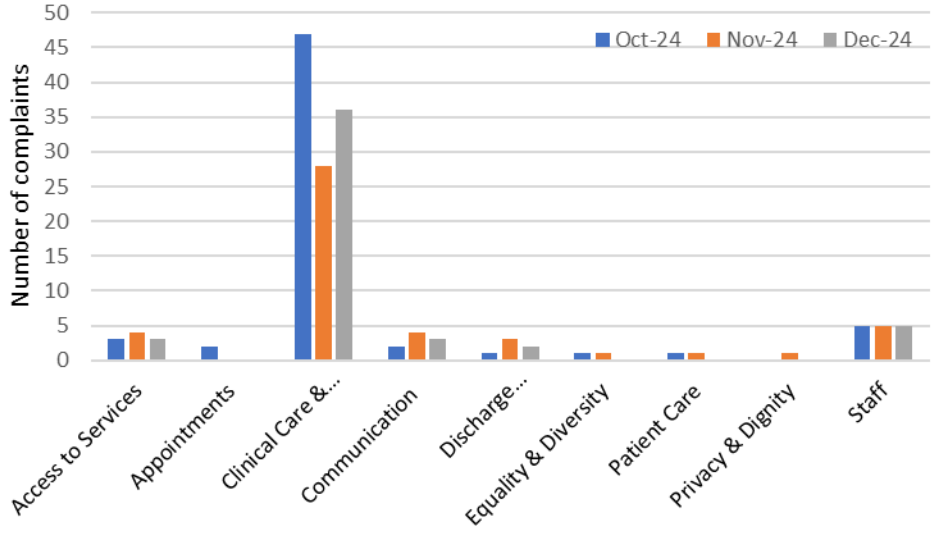
Complaint Response Rate Compliance



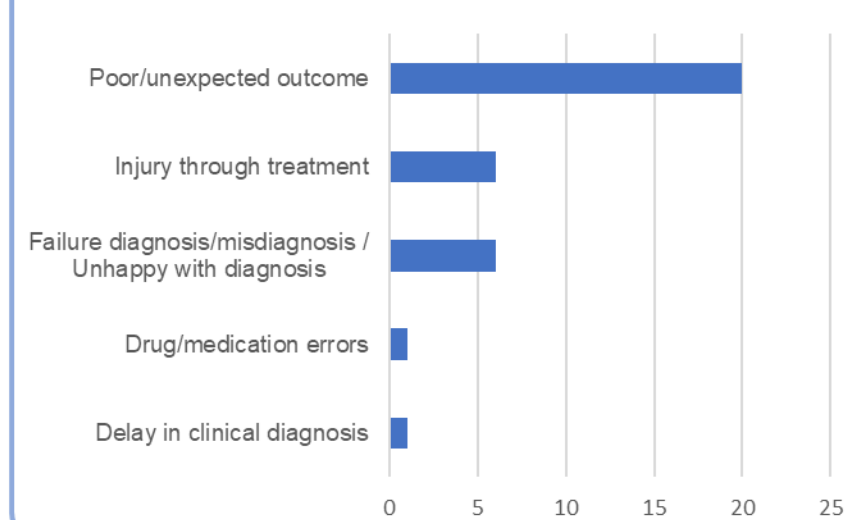
Concerns and Complaints per Division



Complaints by subject



Complaints by sub-subject for 'Clinical Care & Treatment'



What does the data tell us?

In December 2024, the Trust received 49 formal complaints. This is 2 more than the previous month and 4 more than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (36). A chart to break down the sub-subjects for 'Clinical Care and Treatment' is included.

Of the 49 complaints, the largest proportion was received by ASCR (22) followed by NMSK (12).

There were 3 re-opened complaints in December, which is 3 less than the previous month, and are with ASCR.

The number of overdue complaints at the time of reporting was 0, which is a decrease of 3 cases compared to November.

The response rate compliance for complaints has decreased from 69% in November to 65% in December. Mainly due to a reduction in ASCR performance, however, ASCR did receive significantly more complaints, we will continue to monitor. A breakdown of compliance by clinical division is shown below:

ASCR – 39% CCS – 80% Medicine – 80% NMSK - 79% WaCH – 71%

The number of PALS concerns has increased by 1 to 143 in December compared to last month, which is more in keeping with the usual monthly average.

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

Research and Development

**Board Sponsor: Chief Medical Officer
Tim Whittlestone**

Research and Development

Our Research activity

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

Graph 1 shows our activities in relation to research participation. Year to date 2322 participants have enrolled in research @NBT with an annual stretch target of 5000 (excluding our 2 large studies)- we are currently achieving 63% of the target. We are likely to see a lower number of participants recruited to research this year as our portfolio becomes more complex .

The NBT research portfolio remains strong, we have 209 NIHR Portfolio studies open to recruitment . We have opened 84 new studies year to date, as shown in graph 2 against a target of 90. We are seeing a steady growth in the number of studies we are opening that are collaborations with commercial partners and a subsequent increase in recruitment to these studies; these collaborations enable us to offer our patients access to new clinical trial therapies and generate income to support reinvestment and growth in research across the trust.

In November, our renal team were recognised for their efforts in recruiting to a Chronic Kidney disease study; they are the highest UK recruiting site and joint top globally.

NBT and UHBW R&D departments are currently in the process of developing a joint R&D strategy, this is currently going through a stakeholder consultation process.

Our grants

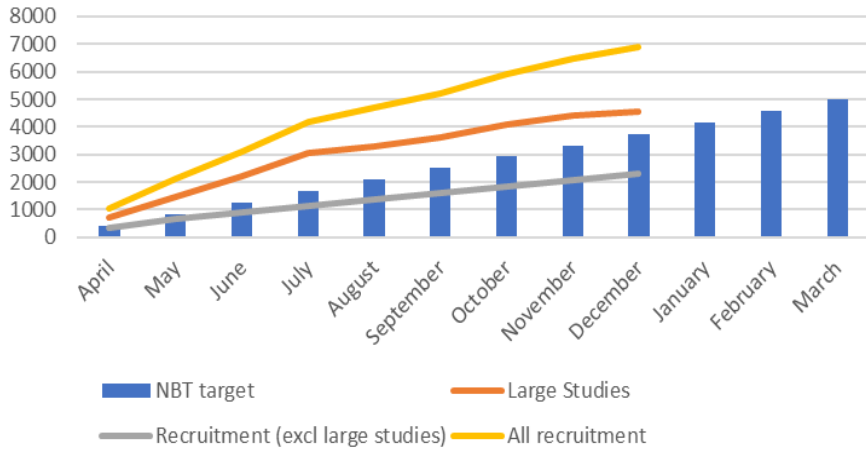
Congratulations to Prof. Edd Carlton, who was recently awarded a prestigious NIHR Health Technology Assessment grant (£2.8m), to undertake a Randomised trial of the clinical and cost effectiveness of small bore, Seldinger, versus large bore, surgical, chest drains for the treatment of traumatic haemo/pneumothoraces (CoMiT-ED 2).

R&D recently ran a call for applications to our SHC Research Fund, which awards small research grants through a competitive process. We congratulate the four awardees:

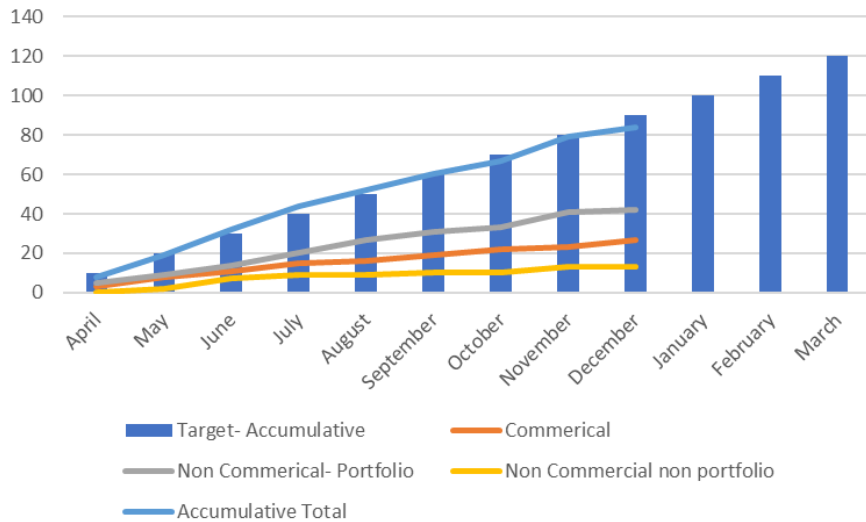
- David Woodstoke: Developing a holistic support program for people with Mild Cognitive Impairment to reduce dementia risk and improve brain health ("MCI-Active") - £24k
- Dr Joanna Crofts: Cell Salvage at Assisted Vaginal birth Evaluation study - £25k
- Dr Kitty Wong: Effectiveness of intensive care for patients undergoing carotid surgery, lower limb bypass, or major lower limb amputation - £25k
- Laura Hanley: Exploring differences in the clinical presentation of dementia in men and women and the potential role of inflammation (£25k)

The active research grant portfolio at NBT has increased by over £20m from Jan 2021 to a current total of £51m in Q4 2024. NBT was awarded £1.2m Research Capability Funding for 2024/25. This allocation put NBT in 6th position, out of 248 NHS Trusts in England, our highest position to date. It is expected that NBT will exceed this allocation in 2025/26. This is an amazing achievement and reflects the size of NBT's NIHR research grant portfolio; the level and quality of NIHR grants being submitted across NBT and the high success rates.

Number of participants recruited to research at NBT 24-25



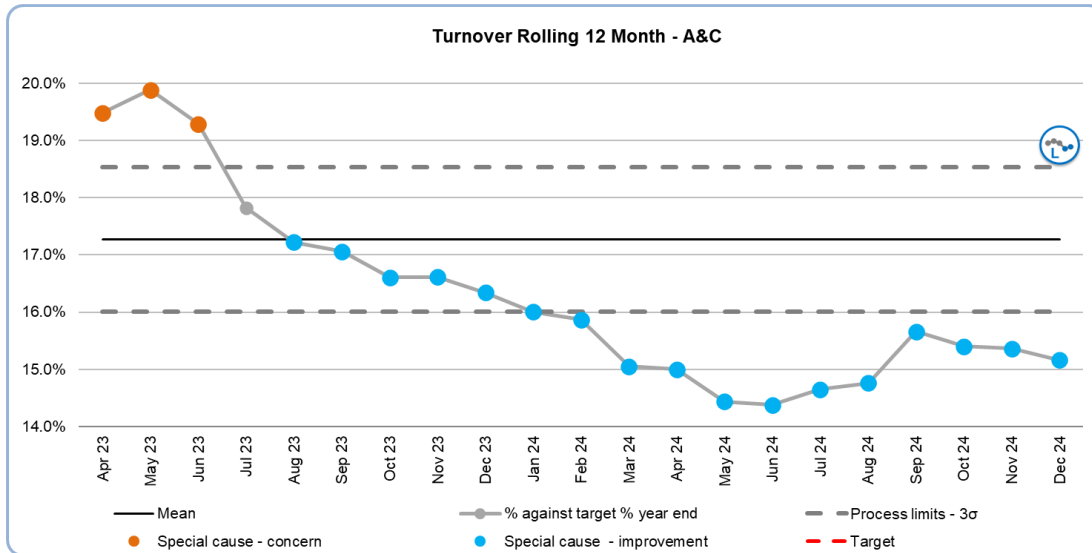
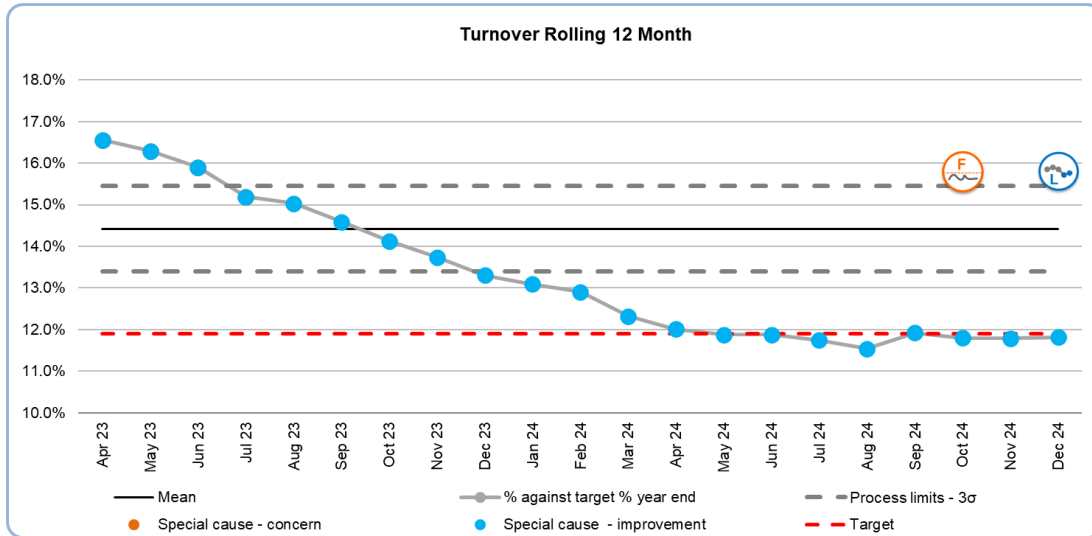
Number of studies opened in year by type 24-25



Workforce

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

Retention Patient First Priority People

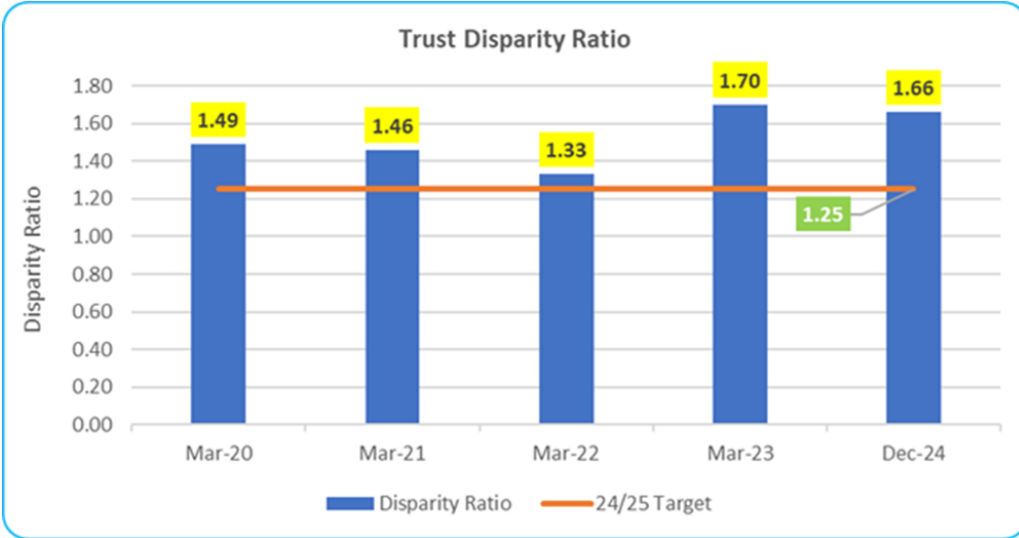


Turnover is 11.83% in December remaining below the Trust target set for 2024/25 (11.90%).

Facilities (12.95%) and Corporates Divisions (17.95%) turnover remains higher than clinical divisions who are all below the Trust turnover rate.

Turnover for admin and clerical staff remains higher than the Trust at 15.2% for December. A deep dive into the data is in progress to understand the drivers, e.g. Fixed term contracts ending makes up a greater proportion of turnover for Administrative and Clerical staff compared to other staff groups. This data will be triangulated with other data, e.g., exit questionnaires and itchy feet intelligence to design interventions to improve retention in this group.

Driver	Action and Impact	Owner	Due
Admin and Clerical leavers	Further workforce data being produced to support an admin and clerical turnover 'deep dive'.	People Promise Manager/ Workforce Information Team	Feb-25
Reward and recognition	Building on the successful November pension awareness session we have now agreed with MoneyHelper to repeat these sessions to continue to communicate the NHS Pension as an attraction and retention tool to staff on an ongoing basis.	People Promise Manager	Feb-25
Flexible Working	Work Life Balance continues to be our number one reason for staff leaving. We have transitioned our managers flexible working workshop to business as usual and will be working with the People Business Partners to identify areas of the business that would benefit from a more targeted approach.	People Promise Manager	Mar-25
New starter experience	Evaluate feedback from the My First 90 Day induction tool pilot. Incorporate stakeholder feedback and roll out the final version to reduce new starters who leave in first 12 months	People Promise Manager/ Induction Team	Feb-25
Culture	Formally launch the 'Living Our Values' work programme aimed at building a positive workplace culture; progress the 2 workstreams linked to this, engaging with stakeholders and then the wider workforce.	Associate Director of Culture, Leadership and Development	Mar-25



Disparity Ratio – (likelihood of applicants from ethnic minority backgrounds being appointed over white applicants from shortlisting – Workforce Race Equality Standard metric). December’s Commitment to our Community working group has agreed a further piece of analysis to respond to the key lines of enquiry highlighted vis the deep dive at the Senior Leadership Group in November. This work will enable the Trust to review and refresh the current target and timeline in the context of the insight gained and interventions planned as a result. The Trust target for 2025/26 will be presented to the Patient First Steering Group in February.

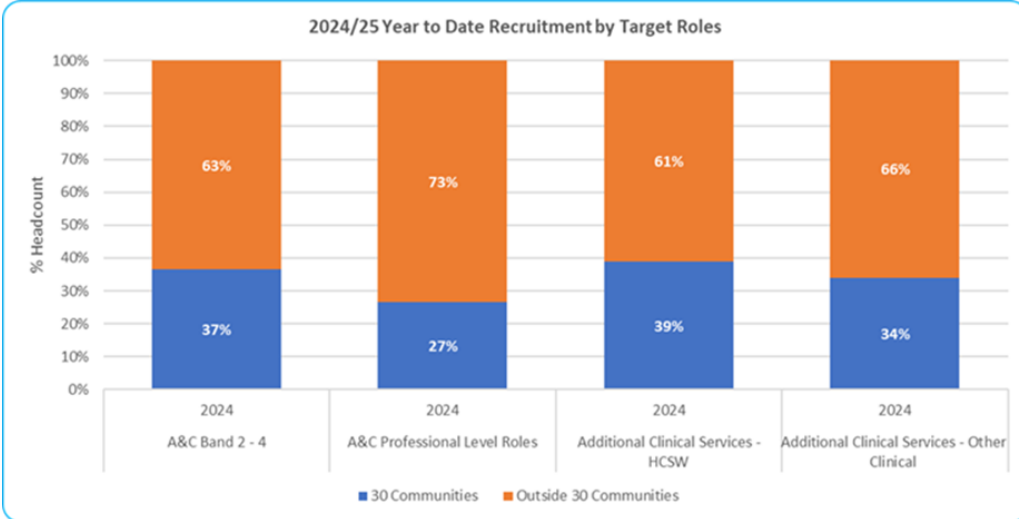
The December disparity ratio was 1.66 (1.65 in November) and the current target for the trust to achieve by March 2025 is 1.25.

% of Recruitment into Target Roles from our 30 Most Challenged Communities – the new metrics is shown in the bar chart showing the year-to-date proportion for recruitment from our 30 most challenged communities into our target roles. These are the proportions that will be targeted to improve as we design continue to deliver interventions and develop and deliver additional ones. The Trust target for 2025/26 will be presented to the Patient First Steering Group in February.

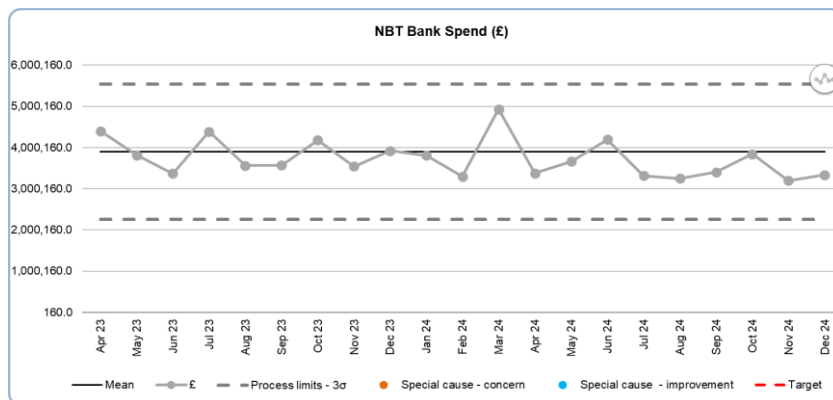
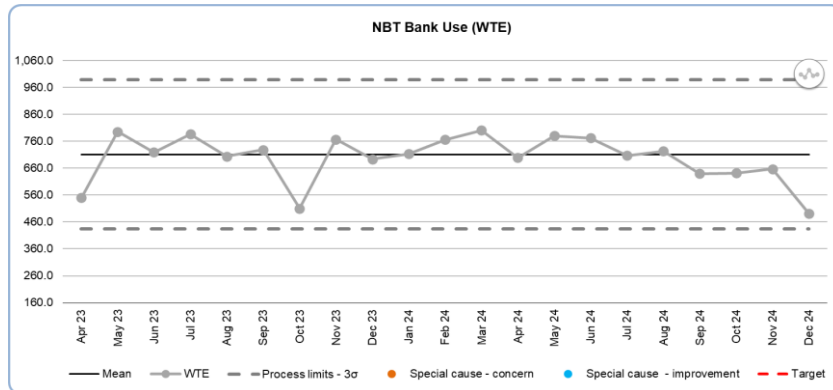
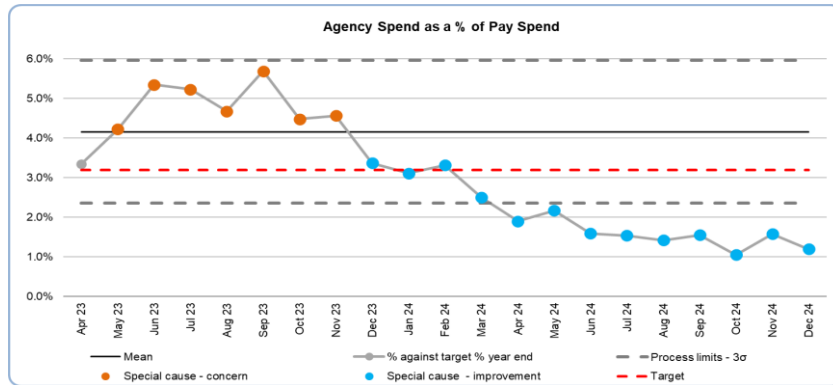
Activities

Fairer Recruitment – An A3 problem solving project has been started to look at underlying causes for the disparity ratio across the Trust within different pay grades and staff groups. The resulting information will shape the creation of a manager’s toolkit which will help to reduce our disparity ratio.

Mentoring Programme – Mentoring and support is being provided to around 130 people from our local area. Employment outcomes are gaining momentum with more and more candidates being successfully appointed.



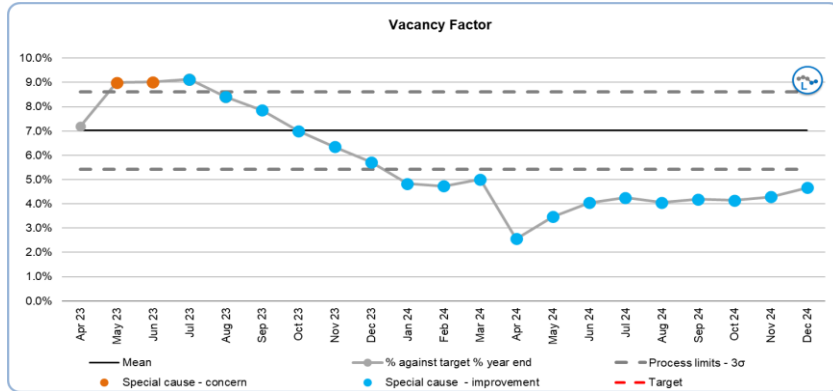
Driver	Action and Impact	Owner	Due
Community Outreach	We have had approximately 10 job offers/starts in the past 6 weeks for community mentoring candidates.	Community Team	Mar 25
Community Outreach	Supported work experience has seen an uptake in enrolments. Comms has gone out to try and increase placement opportunities for these candidates.	Community Team	Jan 25



Agency use continues to be under the target for pay spend – however there remains ongoing focus through the fortnightly Resourcing and Temporary Staffing Oversight Group on areas of agency, e.g., including exit plans for medical agency staff. Bank use and spend has not shown any statistically significant deterioration or improvement compared to 2023/24 as a baseline. Usage was significantly lower in December, but no improvement in spend - driven by increased use of break glass or enhanced rates.

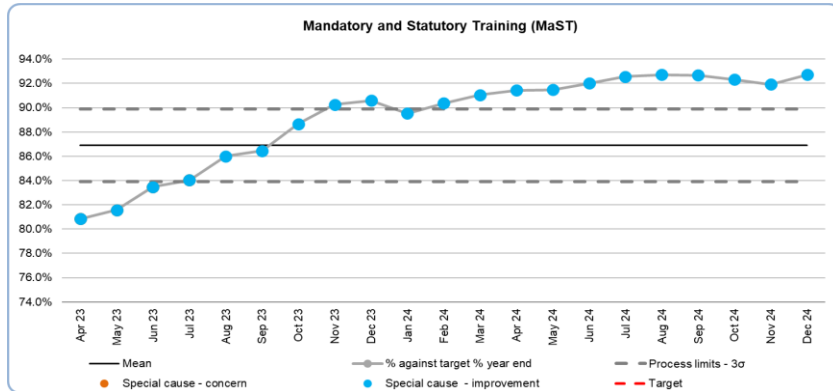
Operational pressures remain with escalation areas in use driving nursing bank use. Continued increased demand within Critical Care driving increased Bank at enhanced rates and off framework agency however at reduced rates to previously seen. Allocate on Arrival at enhanced rate for HCSW in use to good effect with view to reduce and step down as new recruits come through. Demand remains high to support patients with enhanced care needs predominantly for HCSW however, ongoing requirement for RMN cover continues.

Driver	Action and Impact	Owner	Due
All Staff Groups	The Agency Procurement Programme is entering its final stages of procurement; contract signed Jan 25, and implementation planning ready to start April 2025.	Associate Director Nursing Workforce Recovery	Apr-25
All Staff Groups	Seeking to establish Direct Engagement Payment model (pay agency worker via Trusts Payroll) from implementation of new contract – which will enable 20% VAT saving across some groups of Agency workers (Medics/AHP's/Scientists)	Head of Temporary Staffing Operations	Apr-25
Nursing & Midwifery	Ongoing challenges with ICU usage which is driving increased spend across both bank and agency use. Engaging directly with external agencies to address fill rates, as neutral vendor unable to meet demand.	Head of Temporary Staffing Operations	Mar-25
AHP / STT	SW Regional group scoping work to bring AHP & STT staffing groups to NHSE agency capped rate. Target date for first reduction 1st January 2025 with full compliance achievement June 2025, data analysis being undertaken to identify specialist areas, and agree glide path to cap compliance.	Head of Resourcing / Head of Temporary Staffing Operations	Jun-25

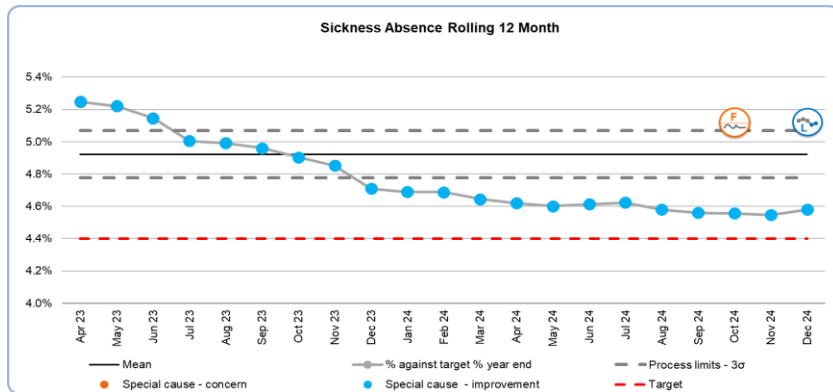


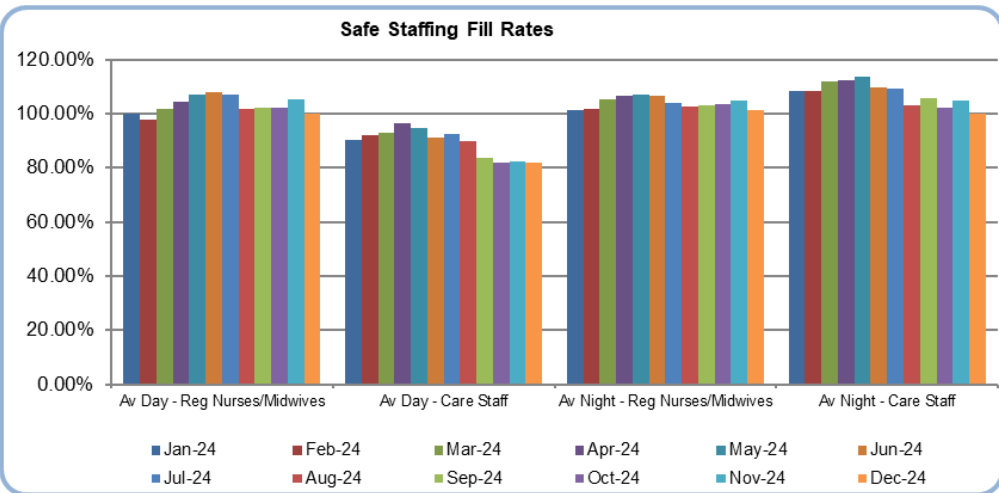
The Trust **rolling 12-month sickness absence** rate has shown statistically significant improvement but have plateaued at 4.6% against a target for 24/25 of 4.4%. Sickness absence levels in December were the same as in December 2023 which has mean there has been no improvement in our rolling 12-month position from November to December. Senior People Advisors based in Divisions have been leading work on absence management, including:

- Identifying long-term and high-risk cases, and developing action plans,
- Attending cluster and Divisional meetings to review long term cases,
- Highlighting and communicating staff support, including mental health support and staff psychology.
- Deep dives into high-risk areas, including stress, anxiety and depression.
- Line manager development including communicating training videos and scheduling additional training sessions via LEARN.



Staff Experience Team delivering winter wellbeing drop ins taking staff experience offer to teams, these can be booked via LINK 10 bookings taken for next 4 weeks will cover approximately 200 staff. Staff Health and Wellbeing draft plan to be shared at EMT 30th January 2025





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 December 2024, the combined shift fill rates for Registered Nurses (RN)s across the 28 wards was 100.01% and 101.18% respectively for days and nights. The combined shift fill for HCSWs was 81.83% and 99.77% respectively for days and nights. Therefore, the Trust as a collective set of wards is within the safe limits for November.

Current month *care staff* fill rates:

- 27.59% of wards had daytime fill rates of less than 80%
- 6.50% of wards had night-time fill rates of less than 80%
- 10.43% of wards had daytime fill rates of greater than 120%
- 13.79% of wards had night-time fill rates of greater than 120%

Current month *registered nursing* fill rates:

- 3.45% of wards had daytime fill rates of less than 80%
- 3.45% of wards had night-time fill rates of less than 80%
- 6.90% of wards had daytime fill rates of greater than 120%
- 10.34% of wards had night-time fill rates of greater than 120%

The “hot spots” as detailed on the heatmap which were less than 80% or greater than 120% fill rate for both RNs and HCSWs have been reviewed. As within prior months we continue to see a number of patients who require increased interventions, on this month's review these patients accounts for a significant proportion were fill rate sits above the 100%.

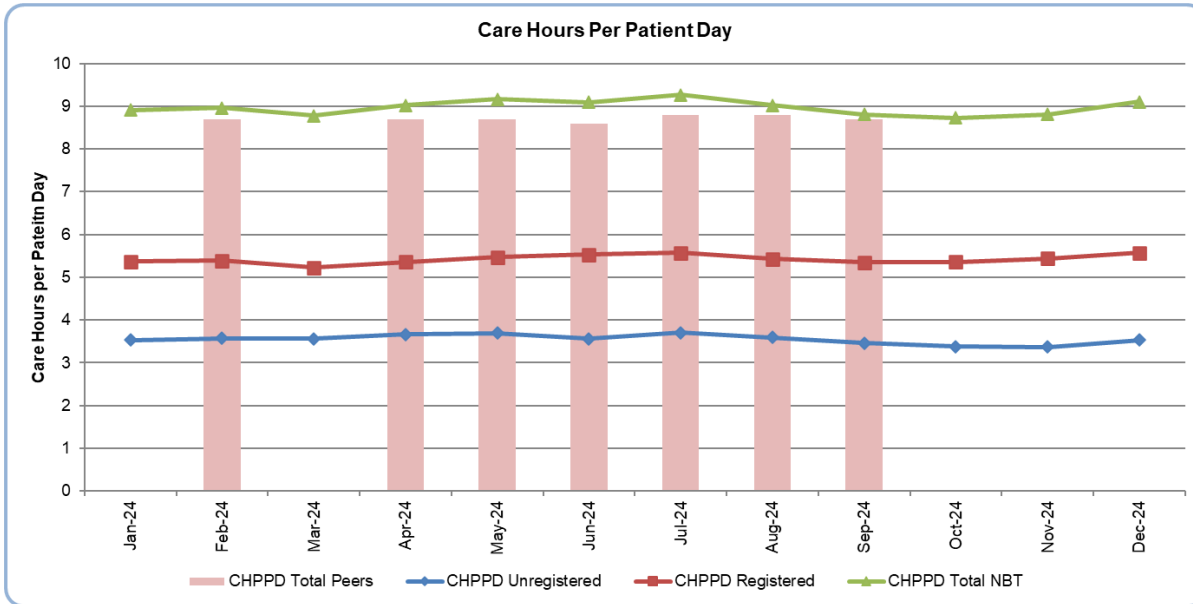
The requirement to staff additional beds is a noted factor to the increased demand we have seen within our HCSW mobilisation this monitored contentiously by divisions to maintain patient safety.

Compliance:

The Safe Care Census regularity has been reduced to twice daily to more closely align with shift patterns. The average compliance for December is 77% which includes predicted completion. Currently there is a review with our clinical teams to understand what impacts on the completion and where appropriate changes to practice will be made.

Dec-24	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	100.01%	81.83%	101.18%	99.77%

Ward Name	Registered nurses/ midwives Day	Care staff day	Registered nurses/ midwives Night	Care staff Night
AMU 31 A&B 14031	Green	Red	Green	Red
Cotswold Ward 01269	Green	Red	Green	Red
Elgar Wards - Elgar 1 17003	Green	Red	Green	Red
Neuropsychiatry (Non Medical) 25000	Green	Red	Green	Red
Theatre Medi-Rooms (Pre/Post Op Care) 14966	Green	Red	Green	Red
Ward 27A 14402	Green	Red	Green	Red
Ward 32A CAU 14103	Green	Red	Green	Red
Ward 33A 14221	Green	Red	Green	Red
Ward 33B 14222	Green	Red	Green	Red
Ward 34A 14325	Green	Red	Green	Red
Ward 7A 14302	Green	Red	Green	Red
Ward 7B 14303	Green	Red	Green	Red
Ward 8A 14410	Green	Red	Green	Red
Ward 10a 14509	Green	Red	Green	Red



Care Hours per Patient Day (CHPPD)

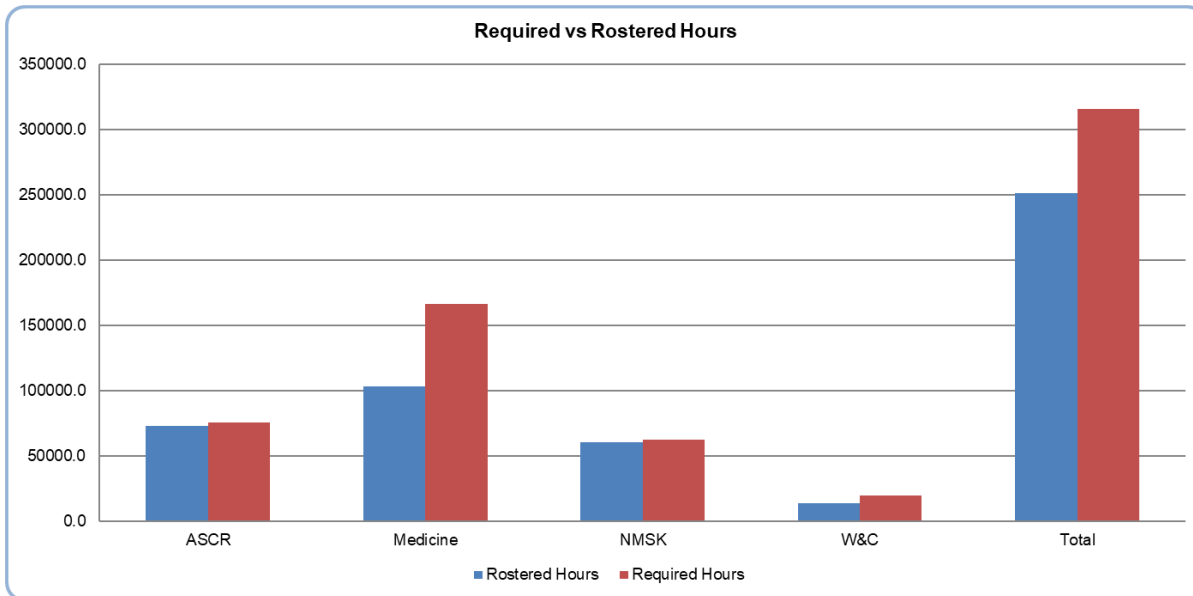
The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital). CHPPD data provides a picture of how staff are deployed and how productively. It provides a measure of total staff time spent on direct care and other activities such as preparing medications and patient records. This 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
Elizabeth Poskitt**

	Month 9			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	75.6	78.1	2.5	645.8	656.1	10.3
Income	1.2	5.5	4.3	45.0	78.8	33.8
Pay	(48.1)	(49.8)	(1.7)	(434.8)	(448.0)	(13.2)
Non-pay	(28.7)	(33.7)	(5.0)	(258.4)	(292.9)	(34.5)
Surplus/(Deficit)	0.0	0.1	0.1	(2.4)	(6.0)	(3.6)

Assurances

This month the Trust has delivered a financial position £0.1m surplus above plan. The financial position for December 2024 shows the Trust has delivered a £6.0m deficit against a £2.4m planned deficit which results in a £3.6m adverse variance year to date.

Contract income is £10.3m better than plan. This is driven by additional pass-through income of £5.0m, and agreement of the associate contracts has delivered a £3.4m benefit.

Other income is £33.8m better than plan. This is due to new funding adjustments and pass through items, £30.0m favourable. The remaining £3.8m favourable variance is driven by prior period invoicing and additional activity, £2.2m favourable, and medical education funding, £2.7m favourable.

Pay expenditure is £13.2m adverse to plan. New funding adjustments, offset in income, have caused a £16.0m adverse variance. Undelivered CIP is £6.2m adverse and there are overspends on medical and nursing pay, £2.6m adverse. This is offset by AfC vacancies, £6.5m favourable, and delays in investments, £7.2m favourable.

Non-pay expenditure is £34.5m adverse to plan. Of which £18.5m relates to pass through items. This adverse position is driven primarily by increased medical and surgical consumable spend to deliver activity, £8.4m adverse, and in tariff drugs, £1.9m adverse, which is supporting increased elective and non elective activity.

Statement of Financial Position at 31 December 2024

	23/24 Month 12	24/25 Month 08	24/25 Month 09	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
Non-Current Assets	538.4	542.4	542.1	(0.2)	3.8
Current Assets					
Inventories	11.7	11.9	11.9	0.0	0.2
Receivables	49.4	62.1	57.9	(4.2)	8.5
Cash and Cash Equivalents	62.7	34.8	33.4	(1.4)	(29.3)
Total Current Assets	123.8	108.7	103.2	(5.5)	(20.6)
Current Liabilities (< 1 Year)					
Trade and Other Payables	(99.9)	(81.7)	(76.6)	5.2	(23.4)
Deferred Income	(14.4)	(24.6)	(24.7)	(0.0)	10.2
Financial Current Liabilities	(23.6)	(23.6)	(23.6)	0.0	(0.0)
Total Current Liabilities	(138.0)	(130.0)	(124.8)	5.2	(13.2)
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.2)	(6.6)	(6.5)	0.0	0.4
Financial Non-Current Liabilities	(571.8)	(584.9)	(583.3)	1.7	11.5
Total Non-Current Liabilities	(578.0)	(591.5)	(589.8)	1.7	11.8
Total Net Assets	(53.7)	(70.4)	(69.3)	1.1	(15.6)
Capital and Reserves					
Public Dividend Capital	485.2	497.1	497.5	0.5	12.4
Income and Expenditure Reserve	(541.8)	(610.8)	(610.8)	0.0	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(28.6)	(27.9)	0.6	41.1
Revaluation Reserve	71.9	71.9	71.9	0.0	0.0
Total Capital and Reserves	(53.7)	(70.4)	(69.3)	1.1	(15.6)

Capital spend is £24.8m year-to-date (excluding leases). This is driven by spend on the Elective Centre, and is below the forecasted spend for Month 9.

Cash is £33.4m at 31 December 2024, a £29.3m 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 £14.0m by Month 12.

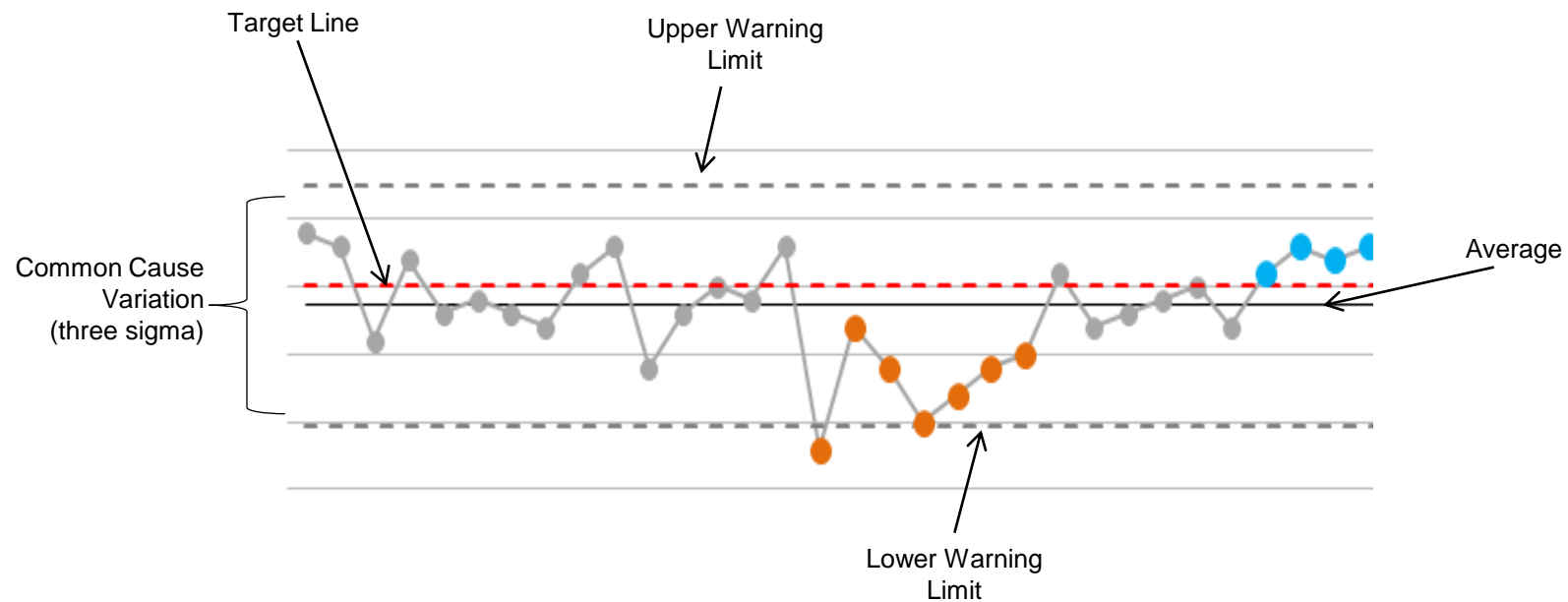
Non-Current Liabilities have decreased by £1.7m in Month 9 as a result of the national implementation of IFRS 16 on the PFI. This has changed the accounting treatment for the contingent rent element of the unitary charge which must now be shown as a liability. This change also accounts for the £69m increase in the Income and Expenditure Reserve for the year.

Regulatory

**Board Sponsor: Chief Executive
Maria Kane**

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

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



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

All data included is correct at the time of publication.

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

Orange dots signify a statistical cause for concern. A data point will highlight orange if it:

- A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
- B) Runs for 7 consecutive points below the average when low reflects underperformance or runs for 7 consecutive points above the average when high reflects underperformance.
- C) Runs in a descending or ascending pattern for 7 consecutive points depending on what direction reflects a deteriorating trend.

Blue dots signify a statistical improvement. A data point will highlight blue if it:

- A) Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance.
- B) Runs for 7 consecutive points above the average when high reflects good performance or runs for 7 consecutive points below the average when low reflects good performance.
- C) Runs in an ascending or descending pattern for 7 consecutive points depending on what direction reflects an improving trend.

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

Further reading:

SPC Guidance: <https://improvement.nhs.uk/documents/2171/statistical-process-control.pdf>

Managing Variation: <https://improvement.nhs.uk/documents/2179/managing-variation.pdf>

Making Data Count: <https://improvement.nhs.uk/documents/5478/MAKING DATA COUNT PART 2 - FINAL 1.pdf>

Appendix 2: NBT Strategy – Patient First

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

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

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

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

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

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

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



Appendix 2: NBT Strategy – Patient First Improvement Priorities

Improvement Priorities	Descriptor	Vision	Strategic Goal	Current Target	Breakthrough Objective
PATIENT <i>Steve Hams</i>	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% <i>(based on June 2022 baseline)</i>	Improving FFT 'positive' percentage
HIGH QUALITY CARE <i>Steve Curry</i>	Better by design	Our patients access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result	<ol style="list-style-type: none"> 62-day cancer compliance >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 <i>(w/c 29th Aug 2022)</i>
INNOVATE TO IMPROVE <i>Tim Whittlestone</i>	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 <i>(57% based on 2023 staff survey results)</i>
SUSTAINABILITY <i>Glyn Howells</i>	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 <i>Interim CPO – Peter Mitchell</i>	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 <i>Interim CPO – Peter Mitchell</i>	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 Intelligence
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

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