

North Bristol NHS Trust

# INTEGRATED PERFORMANCE REPORT



**November 2024**  
(presenting October 2024 data)

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# North Bristol Integrated Performance Report

Domain	Description	Regulatory	Trust Patient First Improvement Priority	National Standard	Current Month Trajectory (RAG)	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-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%	70.73%	60.56%	63.37%	67.17%	63.30%	64.87%	63.77%	63.56%	61.83%	63.21%	69.31%	61.40%	58.25%	58.70%		54.07%	4/11
	A&E 12 Hour Trolley Breaches	R		0	-	223	213	269	318	168	260	324	217	252	125	83	396	419		18-2232	5/11
	Ambulance Handover < 15 mins (%)		PF	65.00%	-	25.78%	30.70%	28.97%	35.05%	39.35%	37.24%	39.99%	40.72%	42.19%	51.34%	41.75%	23.82%	26.55%			
	Ambulance Handover < 30 mins (%)	R	PF	95.00%	-	57.72%	66.27%	61.66%	64.52%	71.47%	68.13%	72.27%	75.47%	74.15%	82.25%	76.67%	55.01%	58.32%			
	Ambulance Handover > 60 mins		PF	0	-	627	455	554	534	329	366	274	210	240	165	182	516	552			
	Average No. patients not meeting Criteria to Reside				132	218	228	243	245	233	211	233	216	218	210	204	192	205			
	Bed Occupancy Rate			93.00%	-	97.12%	96.84%	96.28%	97.81%	97.40%	97.48%	97.86%	97.53%	97.37%	97.20%	97.22%	98.09%	98.17%			
	Diagnostic 6 Week Wait Performance			5.00%	0.98%	11.40%	9.81%	10.11%	12.28%	5.19%	4.22%	3.10%	2.47%	1.38%	0.85%	1.15%	0.81%	0.80%		24.59%	1/10
	Diagnostic 13+ Week Breaches			0	0	17	14	7	4	5	0	0	0	0	0	0	0	0		0-382	1/10
	RTT Incomplete 18 Week Performance			92.00%	-	61.52%	61.94%	60.14%	61.11%	61.58%	59.75%	60.36%	60.96%	61.97%	63.71%	63.94%	65.04%	66.33%		56.29%	8/10
	RTT 52+ Week Breaches	R		0	1043	2124	1858	1685	1393	1383	1498	1609	1632	1649	1305	1108	909	774		49-10976	2/10
	RTT 65+ Week Breaches				18	545	420	388	249	193	146	191	226	218	156	105	9	12		0-2525	2/10
	RTT 78+ Week Breaches	R			49	55	49	50	45	39	27	18	14	6	13	4	1	0		0-579	2/7
	Total Waiting List	R			47280	48595	47698	47245	46710	46394	46278	46441	46740	46252	45732	45478	45491	44755			
	Cancer 31 Day First Treatment			96.00%	87.76%	85.61%	88.14%	86.30%	77.12%	86.18%	83.07%	87.77%	84.83%	86.50%	80.45%	85.85%	80.97%	-		90.89%	9/10
	Cancer 62 Day Combined	R	PF	85.00%	66.88%	60.07%	61.59%	61.20%	53.33%	58.15%	59.14%	60.62%	59.32%	61.31%	58.16%	69.02%	60.70%	-		66.69%	8/10
	Cancer 28 Day Faster Diagnosis	R		75.00%	75.21%	59.46%	71.42%	74.89%	70.88%	74.80%	73.79%	57.28%	67.47%	78.05%	78.38%	79.04%	78.19%	-		72.83%	5/10
	Cancelled Operations Not Re-booked Within 28 Days			0	-	6	3	9	5	5	5	6	3	2	5	2	6	-			
	Urgent Operations Cancelled ≥2 times			0	-	0	1	0	0	0	0	0	0	0	0	0	0	-			

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

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Domain	Description	Regulatory	Trust Patient First Improvement Priority	National Standard	Current Month Trajectory (RAG)	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Trend	
Quality, Safety and Effectiveness	Summary Hospital-Level Mortality Indicator (SHMI)					0.95	0.95	0.94	0.94	0.94	0.95	0.95	0.96	-	-	-	-	-		
	Never Event Occurrence by Month			0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Commissioned Patient Safety Incident Investigations					2	1	1	2	0	1	1	1	1	1	2	0	0	0	
	Maternity and Newborn Safety Investigations					2	0	0	0	1	0	1	0	0	0	2	0	0	0	
	Total Incidents					1470	1549	1208	1198	1329	1289	1125	1180	1131	1170	1077	1286	1270	1270	
	Total Incidents (Rate per 1000 Bed Days)					48	52	40	38	45	40	37	38	37	38	36	43	40	40	
	WHO Checklist Completion				95.00%	99.08%	99.36%	99.43%	99.52%	99.82%	99.71%	99.89%	99.92%	99.73%	99.90%	99.37%	99.55%	98.72%	98.72%	
	VTE Risk Assessment Completion	R			95.00%	93.48%	93.53%	93.06%	92.60%	91.51%	91.16%	91.01%	91.50%	90.22%	90.43%	90.48%	92.30%	-	-	
	Pressure Injuries Grade 2					11	10	12	11	18	10	14	11	4	11	4	5	10	10	
	Pressure Injuries Grade 3				0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	
	Pressure Injuries Grade 4				0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	
	Pressure Injuries rate per 1,000 bed days					0.26	0.34	0.33	0.35	0.47	0.28	0.36	0.35	0.10	0.36	0.13	0.10	0.25	0.25	
	Falls per 1,000 bed days					6.45	6.56	6.38	5.58	5.72	5.66	5.18	5.20	5.56	5.80	5.01	6.53	5.32	5.32	
	MRSA	R		0	0	1	1	0	0	0	0	1	0	0	1	0	1	1	1	
	E. Coli	R			4	5	11	5	6	5	2	6	10	4	6	4	4	12	12	
	C. Difficile	R			5	4	3	2	2	9	8	6	2	4	8	2	6	7	7	
	MSSA				2	4	3	6	3	3	2	2	2	3	3	2	2	5	5	
	Observations Complete					99.02%	98.83%	98.66%	98.73%	98.50%	98.60%	98.90%	98.93%	98.96%	98.90%	98.50%	98.48%	98.43%	98.43%	
	Observations On Time					73.33%	75.00%	72.04%	72.85%	71.82%	72.94%	70.70%	71.10%	71.91%	73.81%	73.88%	72.98%	72.42%	72.42%	
	Observations Not Breached					85.17%	88.39%	85.54%	85.57%	84.80%	84.52%	83.10%	83.96%	83.81%	86.04%	88.06%	87.05%	86.84%	86.84%	
	5 minute Apgar 7 rate at term				0.90%	0.68%	1.82%	0.78%	0.23%	1.22%	1.90%	1.00%	0.93%	0.93%	3.16%	0.98%	2.04%	1.56%	1.56%	
	Caesarean Section Rate					42.89%	43.19%	41.26%	44.90%	47.50%	44.74%	45.88%	46.09%	46.07%	45.05%	46.40%	45.36%	48.44%	48.44%	
	Still Birth Rate				0.40%	0.21%	0.21%	0.72%	0.43%	0.00%	0.22%	0.00%	0.22%	0.22%	0.00%	0.44%	0.42%	0.00%	0.00%	
	Induction of Labour Rate				32.10%	34.31%	30.21%	36.65%	31.67%	31.36%	34.45%	32.71%	29.78%	29.91%	25.00%	28.83%	33.05%	30.98%	30.98%	
	PPH 1500 ml rate				8.60%	3.97%	2.96%	2.42%	2.38%	4.04%	2.68%	3.52%	4.98%	4.78%	4.45%	4.94%	4.50%	3.51%	3.51%	
	Fragile Hip Best Practice Pass Rate					79.17%	70.59%	61.40%	60.00%	67.92%	71.43%	68.57%	41.18%	59.57%	45.95%	65.63%	50.00%	-	-	
	Admitted to Orthopaedic Ward within 4 Hours					33.33%	25.49%	21.05%	28.57%	9.43%	14.29%	20.00%	19.61%	14.89%	32.43%	34.38%	16.67%	-	-	
	Medically Fit to Have Surgery within 36 Hours					81.25%	72.55%	68.42%	64.29%	71.70%	73.47%	68.57%	47.06%	65.95%	51.35%	75.00%	57.40%	-	-	
	Assessed by Orthogeriatrician within 72 Hours					97.92%	96.08%	91.23%	88.57%	90.57%	95.92%	91.43%	86.27%	91.48%	91.89%	100.00%	92.59%	-	-	
	Stroke - Patients Admitted					155	164	157	184	163	152	174	135	154	160	159	156	-	-	
	Stroke - 90% Stay on Stroke Ward				90.00%	82.22%	71.95%	77.42%	75.22%	76.47%	78.13%	60.00%	70.73%	79.54%	51.32%	52.04%	64.29%	-	-	
	Stroke - Thrombolysed <1 Hour				60.00%	75.00%	56.25%	37.50%	85.71%	60.00%	78.13%	72.73%	60.00%	60.00%	62.50%	48.00%	56.00%	-	-	
Stroke - Directly Admitted to Stroke Unit <4 Hours				60.00%	59.78%	61.45%	70.97%	58.62%	63.92%	61.54%	40.00%	60.61%	57.14%	38.16%	37.62%	43.43%	-	-		
Stroke - Seen by Stroke Consultant within 14 Hours				90.00%	89.80%	85.71%	92.23%	86.47%	95.50%	84.21%	74.55%	81.37%	85.14%	84.71%	82.57%	84.48%	-	-		

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Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity		PF			89.49%	89.29%	91.73%	92.73%	91.16%	93.93%	90.05%	93.37%	93.17%	89.47%	91.62%	88.69%	90.76%	
	Friends & Family Positive Responses - Emergency Department		PF			72.80%	79.33%	80.94%	81.44%	81.12%	73.99%	77.89%	74.65%	78.64%	81.05%	78.96%	71.71%	71.52%	
	Friends & Family Positive Responses - Inpatients		PF			91.96%	92.53%	91.30%	92.71%	91.98%	91.55%	92.73%	91.81%	93.80%	91.72%	90.81%	91.60%	91.81%	
	Friends & Family Positive Responses - Outpatients		PF			94.65%	95.45%	96.01%	95.31%	94.58%	95.12%	95.33%	95.06%	94.90%	95.00%	94.79%	94.24%	94.29%	
	PALS - Count of concerns					139	152	103	191	133	157	137	155	174	159	130	174	174	
	Complaints - % Overall Response Compliance				90.00%	65.00%	60.00%	73.00%	79.00%	71.00%	84.62%	86.11%	72.22%	84.09%	73.68%	79.19%	80.43%	84.00%	
	Complaints - Overdue					9	10	3	5	6	4	2	2	4	4	6	3	1	
	Complaints - Written complaints					60	49	36	44	40	39	36	47	45	59	59	63	62	
Workforce	Agency Expenditure ('000s)					2093	2184	1610	1507	1592	1368	891	1037	765	725	657	724	645	
	Month End Vacancy Factor					6.62%	6.42%	5.87%	4.87%	4.82%	5.02%	2.55%	3.46%	4.04%	4.26%	4.06%	4.17%	4.14%	
	Turnover (Rolling 12 Months)	R	PF		-	14.13%	13.74%	13.30%	13.09%	12.91%	12.32%	12.01%	11.88%	11.88%	11.75%	11.54%	11.92%	11.80%	
	Sickness Absence (Rolling 12 month)	R			-	4.89%	4.81%	4.70%	4.66%	4.67%	4.65%	4.62%	4.60%	4.61%	4.62%	4.58%	4.56%	4.56%	
	Trust Mandatory Training Compliance					89.39%	90.69%	91.06%	90.14%	89.44%	91.16%	91.50%	91.47%	92.02%	92.58%	92.71%	92.18%	92.33%	

RAG ratings (Red/Green) are against Current Month Trajectory. For metrics with no trajectory, RAG rating is according to comparison with previous month, except for Bed Occupancy, Diagnostic 6 Week Wait Performance and Urgent Operations Cancelled ≥ 2 times which are RAG rated against National Standard.

## Urgent Care

Four-hour performance reported at 58.70% in October. NBT again ranked fourth out of 11 AMTC providers. There was an increase in 12-hour trolley breaches compared to the previous month (419 in October from 396 in September), and an increase in ambulance handover delays over one-hour (541 in October from 515 in September). 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 3.5% which equates to over 2,100 additional presentations. At the same time, the average NC2R position has increased month on month. What is uncharacteristic, is the absence of any summer seasonal improvement this year. Once again, bed occupancy has reached a new high of 98.17% – higher than the peak winter months.

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 final reported position for 65-week clearance in September showed the Trust as best performing in the South-West region, second best of its peers and seventh best performing nationally amongst 75 Trusts with waiting lists over 40,000. The overall waiting list is also now reducing, having decreased by approximately 10% 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 October, taking the position to just over 700. 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 a third 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 October was less than 1%. Benchmarking against Trusts with similar waiting lists across England, NBT has ranked first for a third month. The Trust also remains compliant with the maximum 13-week wait. We continue to have no patients waiting beyond 13 weeks.

## Cancer Wait Time Standards

Having stabilised and achieved a reduction in the total >62-Day waiting list (the PTL) and having secured performance against the FDS, the remaining challenge is to deliver the overall 62-day breach position for the Trust i.e. 70% being fewer than 62-days wait by the end of the financial year. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumour sites. To achieve the overall 62-Day breach standard this year, the Trust will now focus on improvements in some of the most challenging pathways/backlogs - including the high volume and high-complexity Urology pathway (in particular, robotic prostatectomy). Prostatectomy backlog work is now underway with the weekly activity increasing by up to 100%.

As reported in the previous Board report, the planned prostatectomy 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 – as expected.

Performance stabilisation is forecast in October and improving significantly in November and December as the backlog clearance work concludes. At this point, plans for sustaining the position will be enacted which will require slightly lower levels of additional activity to be sustained. On this basis, the Trust is expecting to meet its commitments to secure its PTL, FDS and the 62-Day target by March 2025, as per the national requirement.

## Quality

Within Maternity, the term admission rate to NICU was 3.6% against the national target of 5%. PMRT reviews saw three cases (four elements of care) graded as C or D in September. Improvement actions are described in the main report. There were no new cases referred to MNSI, or new Patient Safety Incident Investigations, with one moderate harm incident reported. During October 2024 NBT had a rate of 5.1 medication incidents per 1000 bed days, which is below the mean point of 6.2 for the past 6 months. The work of the 'Medicines Safety Forum' continues, now to meet monthly and with a renewed priority list to address the most significant risks. Infection control data for MSSA and E.coli remains below 2024-25 trajectory, however C-Difficile is increasingly above. Targeted plans are in place to address this trend. Covid-19 and flu numbers have seen a small increase but are being managed appropriately. There was one new MRSA case. NBT reported a rate of 5.32 falls incidents per 1000 bed days in October which is below the average of 6.32. A focus on individual cases continues, recognising the impact each one has. 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 6-month period there's a 45% reduction. VTE risk assessment compliance has fluctuated over the past 2 years, with a declining trend for some months. This has been arrested in the most recent month. Ongoing mitigating actions have been established, with the primary medium-term failsafe being implemented in Spring 2025 through the Digital Prescribing system (EPMA). Delivery of the Year 2 workplan for Patient & Carer Experience remains positive, with actions targeted to improve patient experience and aligned to the national patient surveys, which includes the Patient Conversations initiative which celebrated its one-year anniversary, as outlined in the report. 91.8% of patients gave the Trust a FFT positive rating, a decrease on the previous month but remaining within the overall expected statistical range of performance. Complaint volumes are static, but there has been a sizeable increase in PALS concerns, which is under review to understand through delving below the headline themes. The response rate compliance for complaints increased to 84%, sustaining the overall improved trend over the past 10 months. All complaints & PALS concerns are acknowledged within the agreed timeframes.

## Workforce

Turnover decreased from 11.92% for September to 11.80% in October, in line with the target set for 2024/25. We remain focussed on monitoring the impact of our actions from the one-year retention plan through delivery of our five-year retention plan, particularly the proportion of our Healthcare Support Workers leaving within the 1st 12 months of service; stability for this cohort has improved from 78.00% in September to 79.92% in October.

A deep dive into the Commitment to our Community metric, Disparity Ratio, took place in November and was the focus of the November Senior Leadership Group. We have enhanced our understanding of this metric, our top contributors to our position and most important started to design our action to positively impact on disparity. This work will continue to develop through our Commitment to our Community work programme in partnership with divisions. Our current disparity ratio in October was 1.63.

Trust-wide agency spend decreased from 1.55% in September to 1.06% in October, below the Trust the 2024/25 target of 3.20%. Agency use has significantly reduced whilst bank use has remained stable, through the weekly focus of the Resourcing and Temporary Staffing Oversight group improvements have been seen in areas of focus, nursing and midwifery and resident doctors.

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

## Finance

This month the Trust has delivered a financial position above plan driven by non-recurrent commissioner funding recognised in month. The financial plan for 2024/25 in Month 7 (October) was to break even and in month the Trust has delivered a £0.3m surplus, which is £0.3m better than plan. Year to date, the position is a £3.5m adverse variance against a planned £2.5m deficit driven primarily by the impact of in year CIP delivery across pay and non-pay. The Trust cash position at Month 7 is £44.3m, a reduction of £18.4m from Month 12. This is driven by the underlying deficit, capital spend, and outstanding debt. The Trust has delivered £13.5m of completed cost improvement programme (CIP) schemes at month 7, an increase of £1.1m from month 6. There are a further £4.4m of schemes in implementation and planning that need to be developed, and £11.0m in the pipeline.

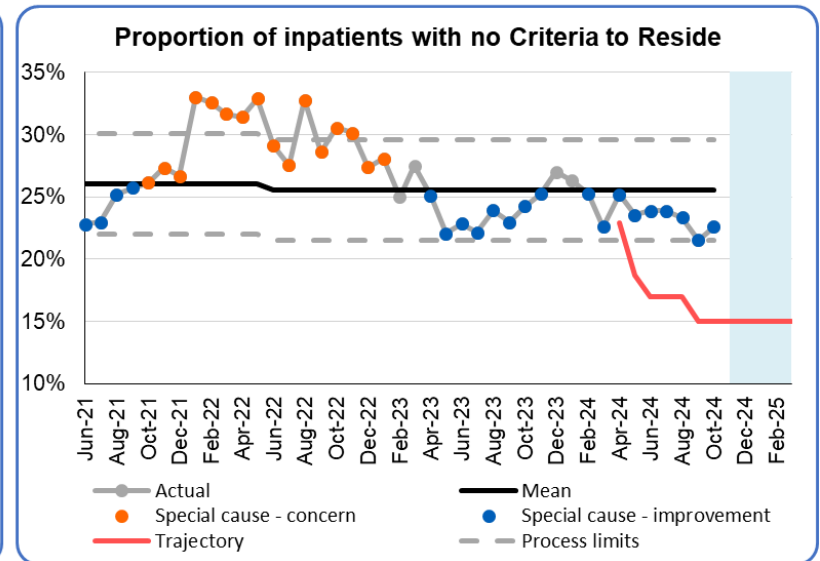
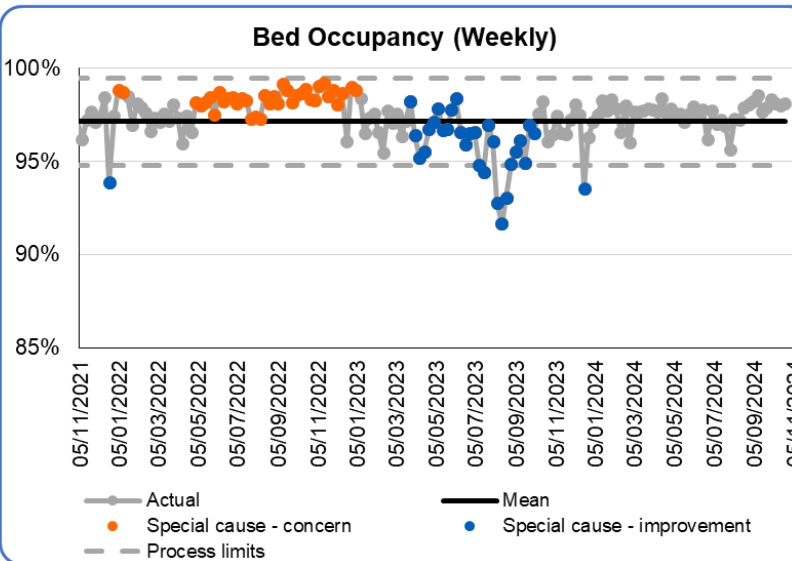
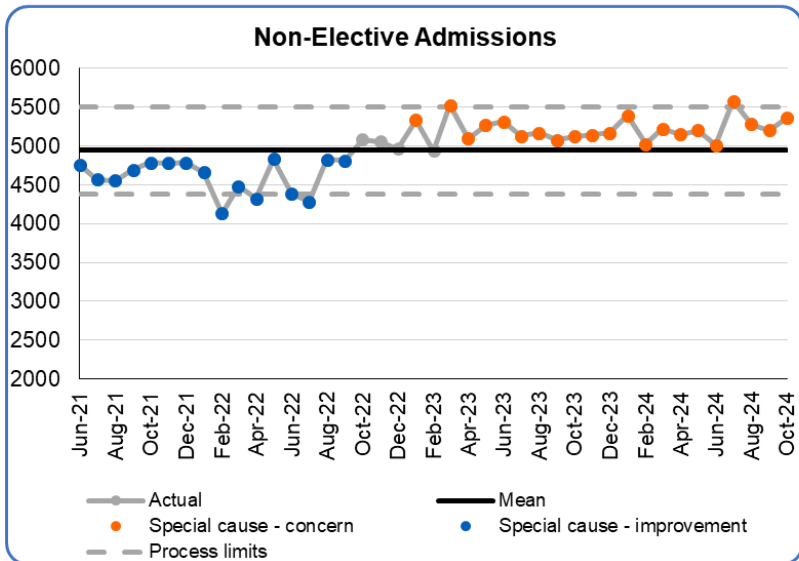
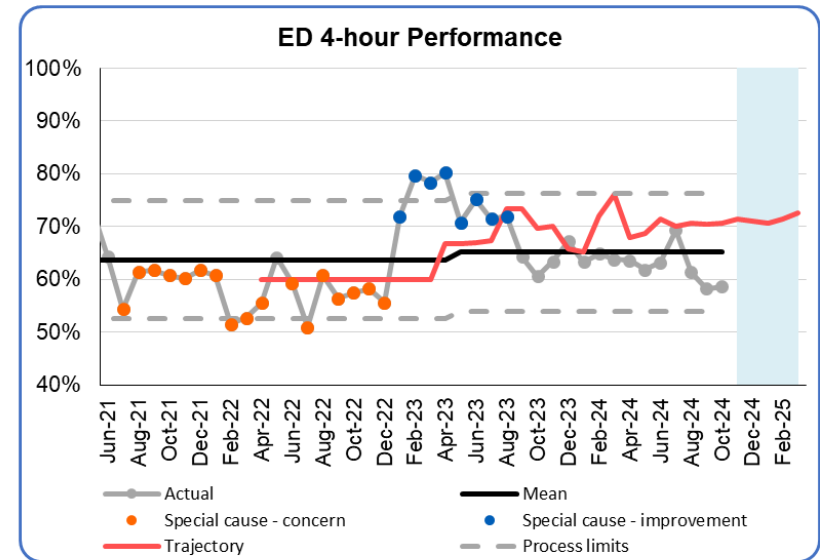
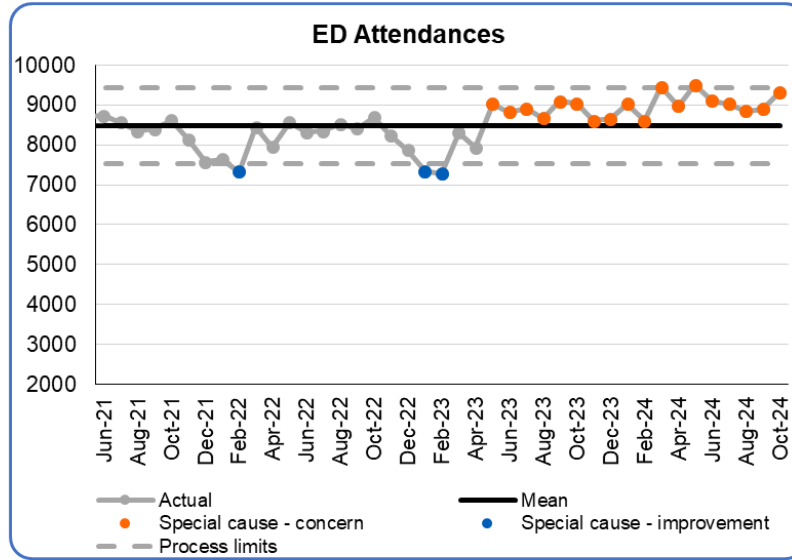
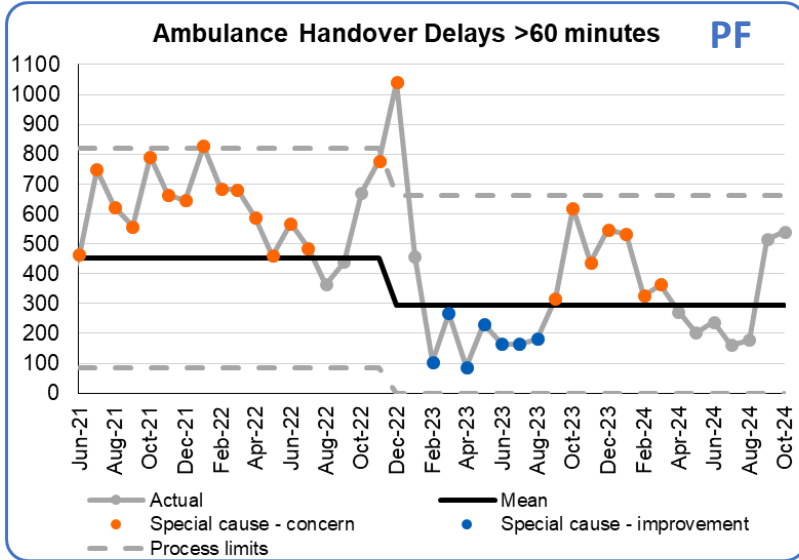


# Responsiveness

**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 3.54%.
	NC2R/D2A	As yet, no evidence of progress – with bed occupancy reaching its highest point 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.
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 three months.
	62-Day Combined Standard	In-month dip in performance as expected, as breach backlog is being treated. This will not impact our ability to comply with the national in-year target as required.

# Urgent and Emergency Care



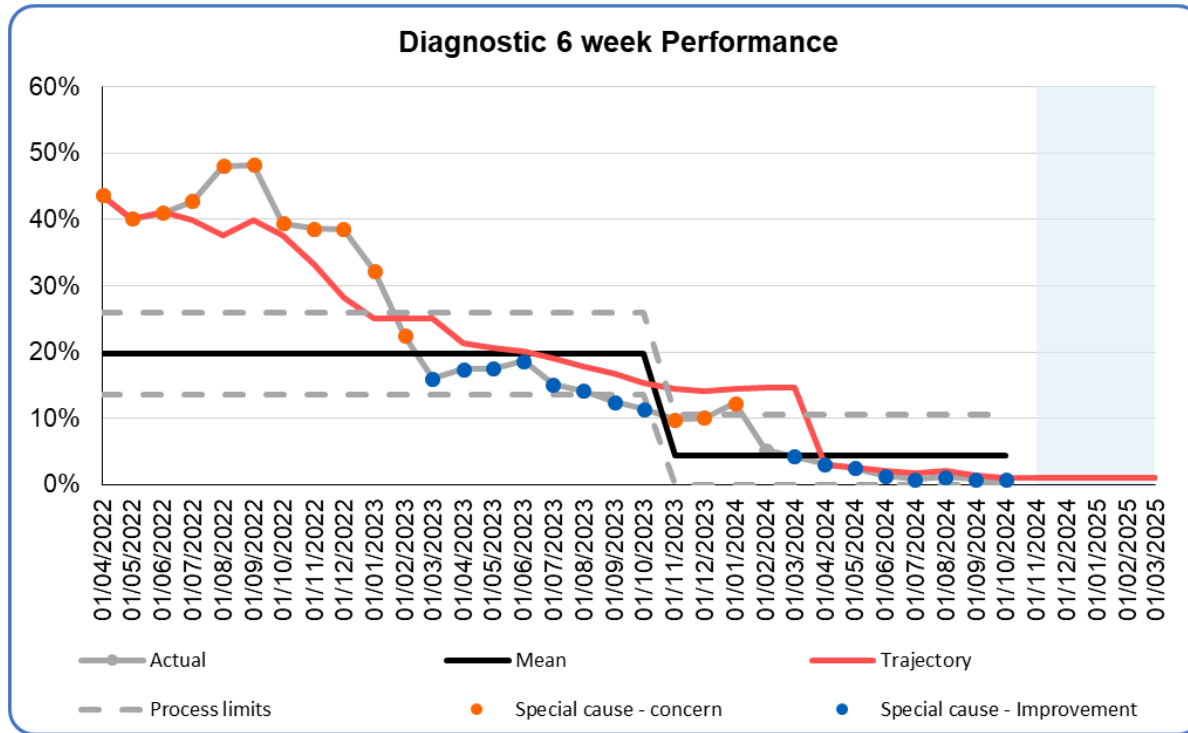
## What are the main risks impacting performance?

- Year-on-year ED attendances have been increasing; October 2024 saw 3% more attendances than the same month last year.
- As yet, no significant progress in reducing NC2R problems against System ambition.
- Unusually, we have not seen any seasonal variation in NC2R numbers throughout the summer months.
- NC2R position contributing to the highest bed occupancy seen in over a year at 98.17%.

## 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 0.80% for October 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.

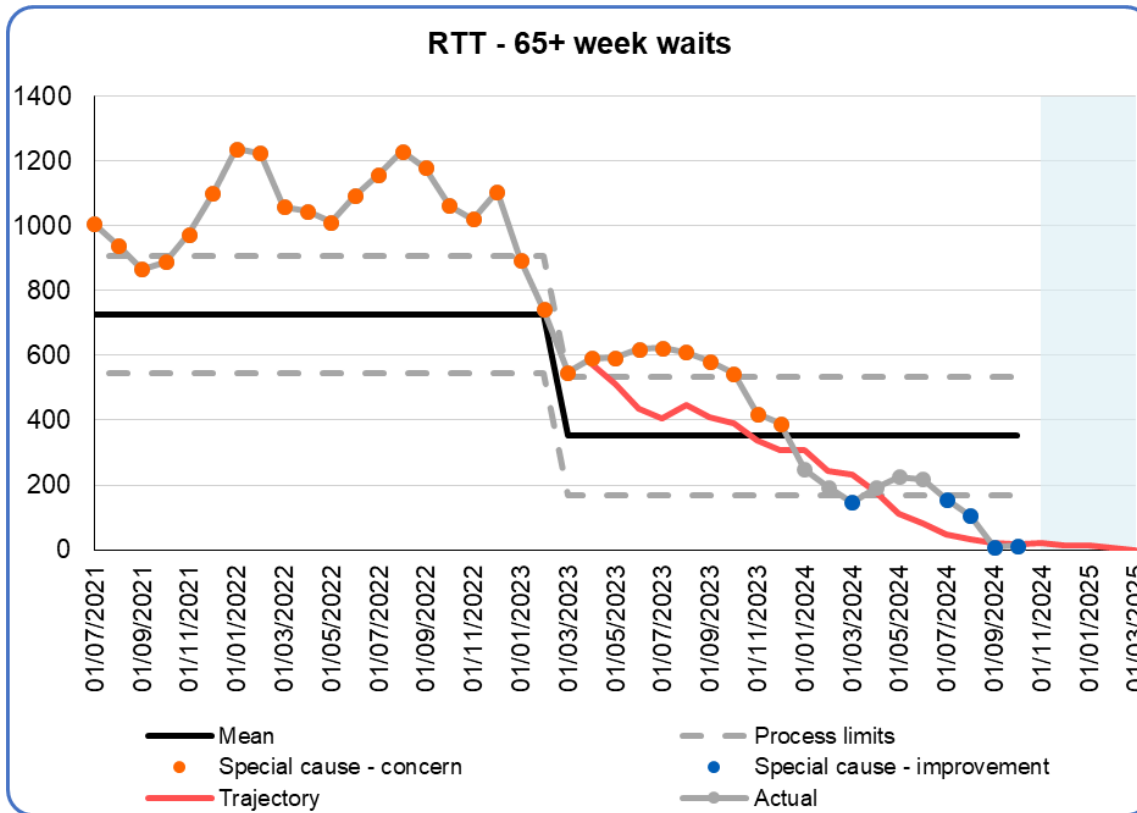
# Referral To Treatment (RTT)

## What are the main risks impacting performance?

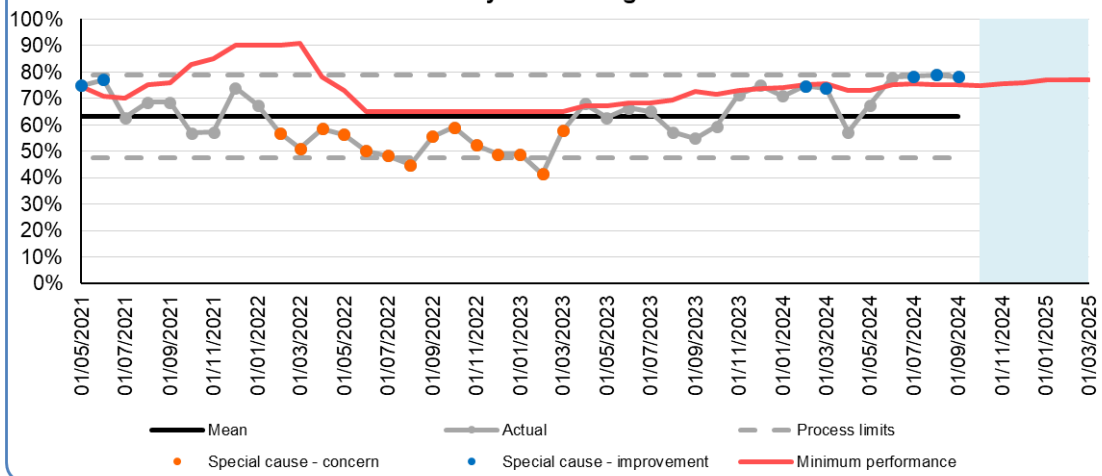
- Continued reliance on third party activity in a number of areas.
- The potential impact of UEC activity on elective care.
- Challenges remain in a small number of specialist procedures (DIEP).

## 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



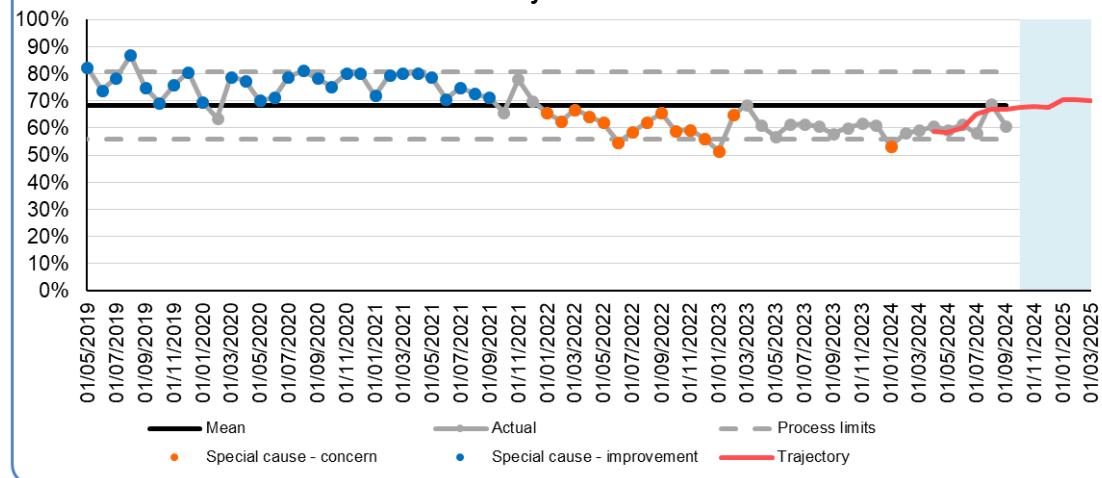
### What are the main risks impacting performance?

- Backlog clearance in Urology meaning headline performance will deteriorate before it improves.
- 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 September 24 data

The term admission rate to NICU was 3.6% against a national target of 5%.

Perinatal services referred no new cases to MNSI in September. There were no new commissioned cases for Patient Safety Incident Investigations (PSII).

PMRT saw three cases being reviewed with four elements of care graded as C or D in September.

There was one moderate harm incident in September which related to the management of a post-partum haemorrhage

Midwifery is currently recruited to vacancy and turnover.

Perinatal services received nine formal complaints in September.

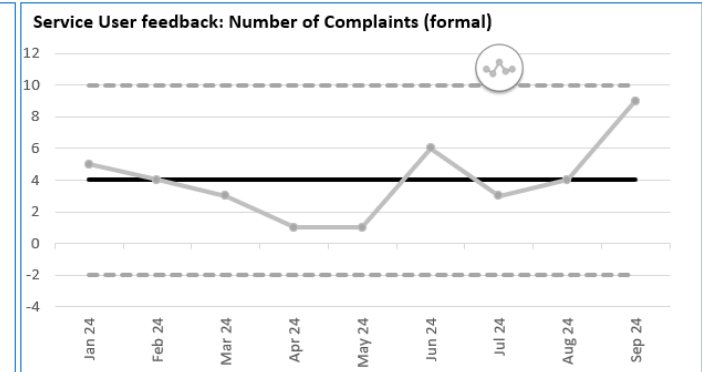
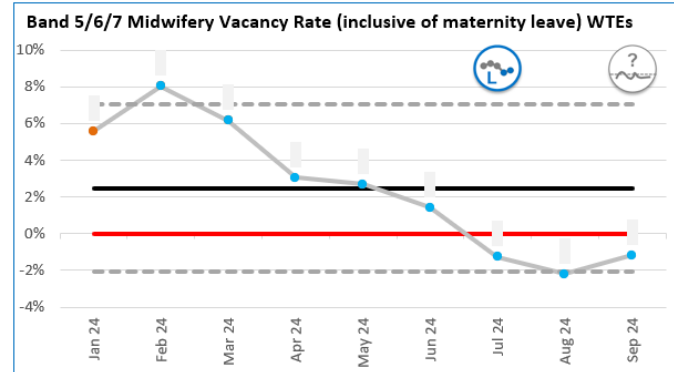
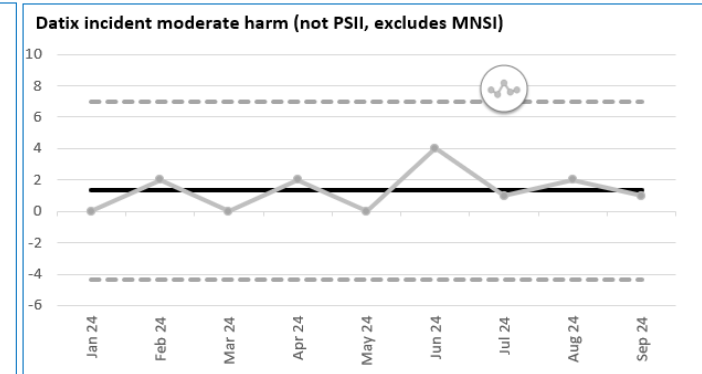
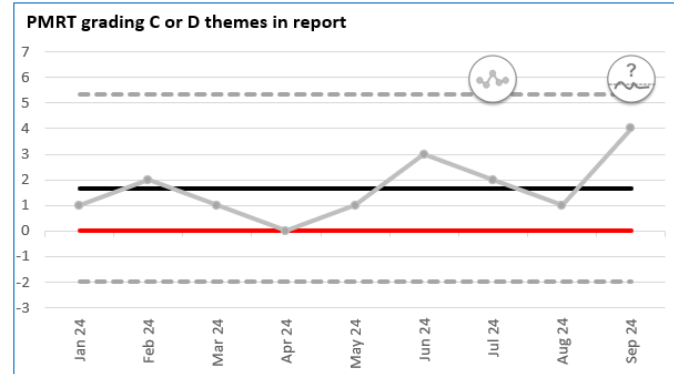
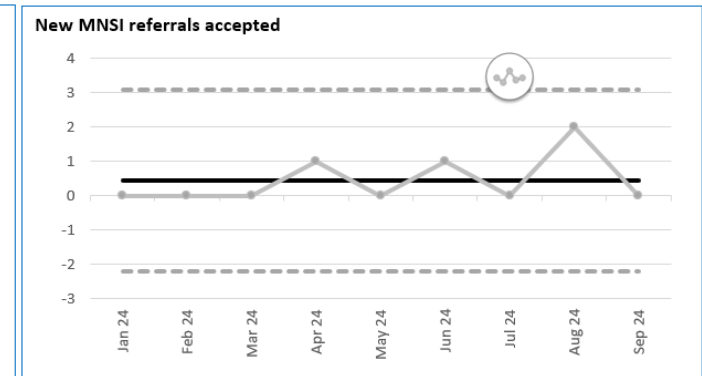
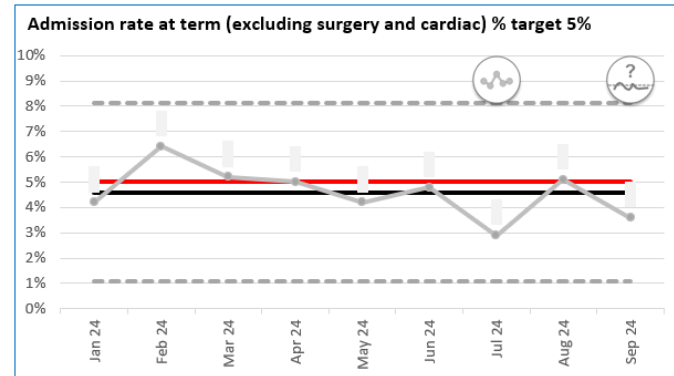
### What actions are being taken to improve?

Following review of PMRT cases in September which found 2 missed opportunities for bereavement investigations following a stillbirth, the Bereavement team are leading a monthly educational hotspot for staff throughout November with a focus on appropriate investigations.

Future mandatory perinatal study days are being reviewed to ensure inclusion of the impact of bias on care following a stillbirth.

The moderate harm incident in September will be reviewed and actioned through the post-partum haemorrhage forum.

Ongoing work within the division surrounding providing compassionate care and communication in response to themes gained through complaints.



## Pressure Injuries

### What does the data tell us?

In October there were 11 x grade 2 pressure ulcers, of which 3 were attributable to medical devices.

In October there were 4 unstageable reported pressure ulcers reported. There were no grade 3 or 4 reported pressure ulcers.

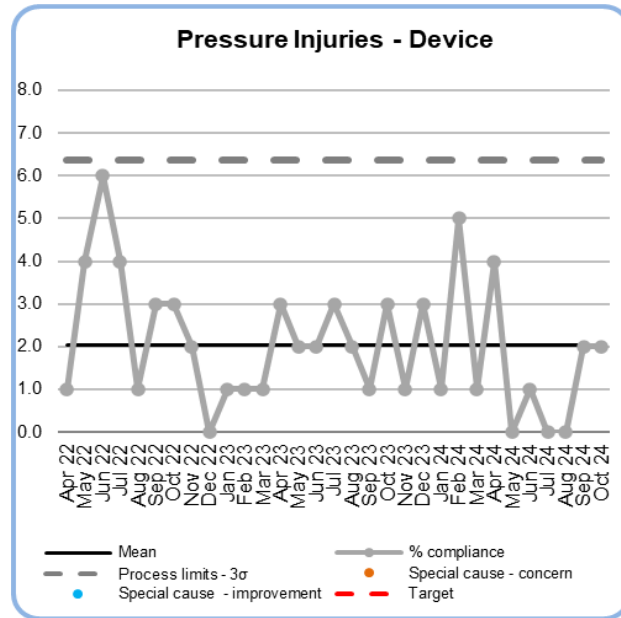
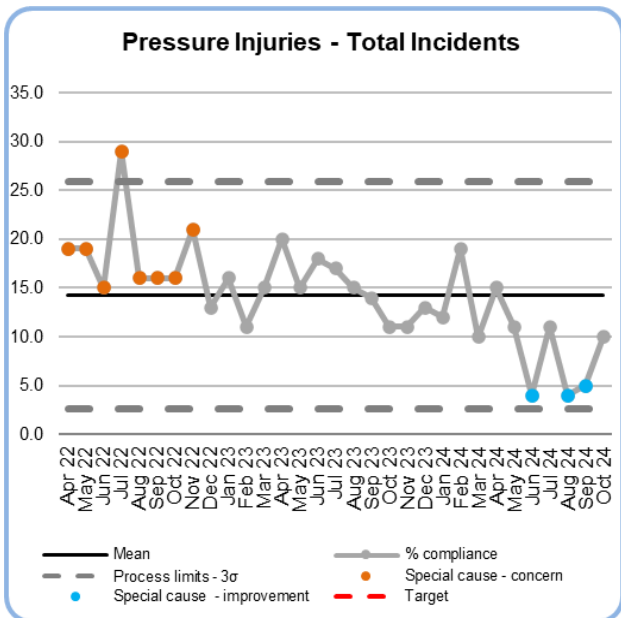
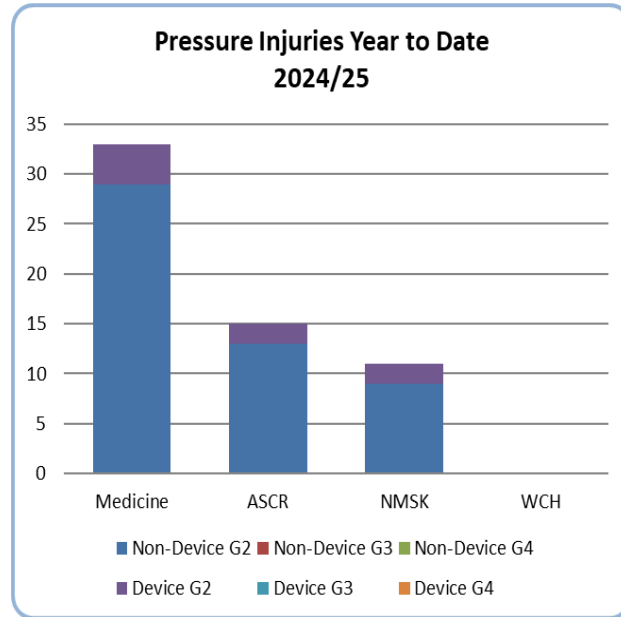
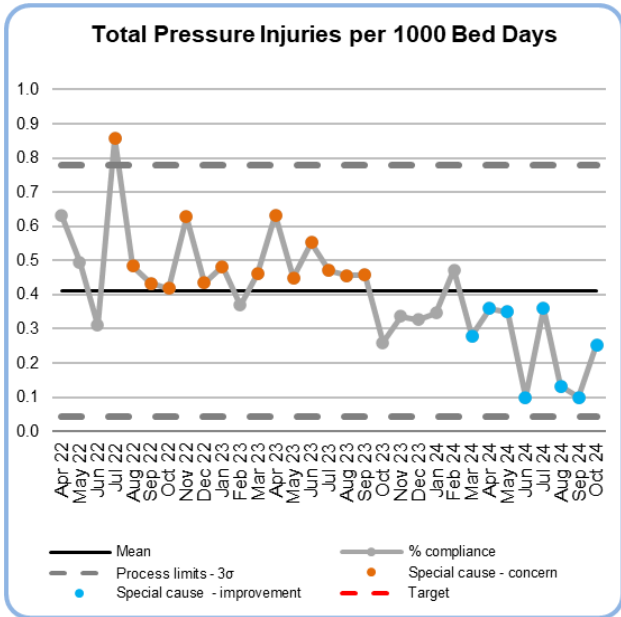
When bench-marking grade 2 pressure ulcers against the figures from 2023-2024 for the same 7-month period, NBT is at a 45% reduction in grade 2 pressure ulcer prevalence. There are currently no reported grade 3 or 4 pressure ulcers for this period.

In October there was a decrease to 5 x DTIs reported. When benchmarked against the figures for 2023-2024 for the same 7-month period, NBT is at a 63% 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 TVS attended the West of England regional tissue viability group to share best practice, initiatives, and challenges in providing PU prevention care. There was a discussion on the implementation on PSIRF across the region. NBT have fully implemented the PSIRF model and responding to emerging themes of PU incidents. TVN colleagues were eager to understand how we had implemented the model, and how it worked in practice.
- The TVN team work in collaboration with patients, clinical teams and other stakeholders, to reduce patient harm and improve patient journeys and outcomes. The team provide a responsive, supportive and educational wound care service across NBT and work collaboratively and strategically within the ICB across the BNSSG system.



## Infection Prevention and Control

### What does the data tell us?

**COVID-19 (Coronavirus) / Influenza** - Small increase of cases seen but not enough to enact POCT testing influenza plan. All cases isolated and managed appropriately

**MSSA** – Case rates continue to trend lower than the trust trajectory. Training continues in all divisions with thematic analyse of all cases using a PSIRF approach at steering group . To date this remains a positive achievement of multi divisional work.

**C. difficile** – Cases have risen full reviews have taken place on each case with ward areas and divisions having targeted work plans , many of these cases having previous positives and complex histories.

**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 in areas where positives have been seen. These look at training, cleaning, sampling as these remain the main issues.
- 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.

### Other infections

**Measles** - Increased number of cases seen in locality requiring both staff ad patient contact tracing

### Other projects

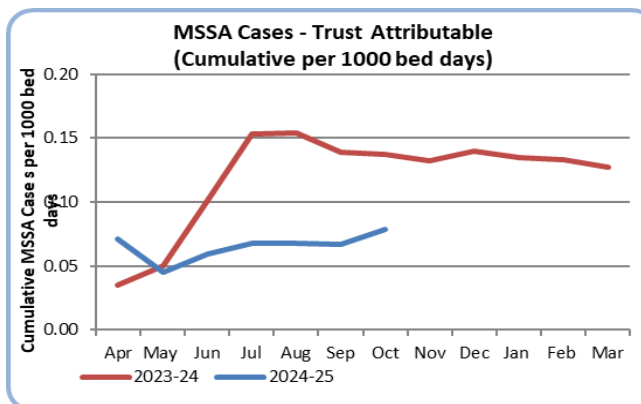
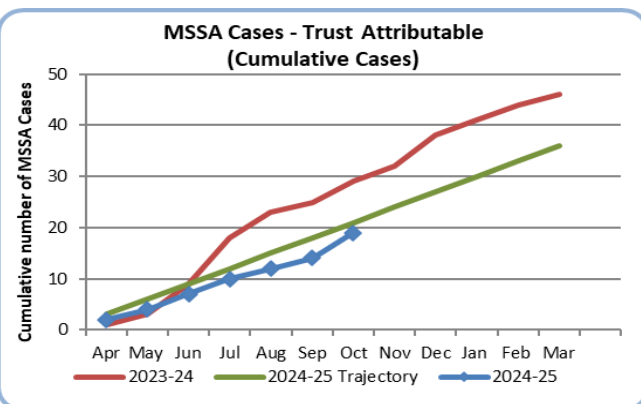
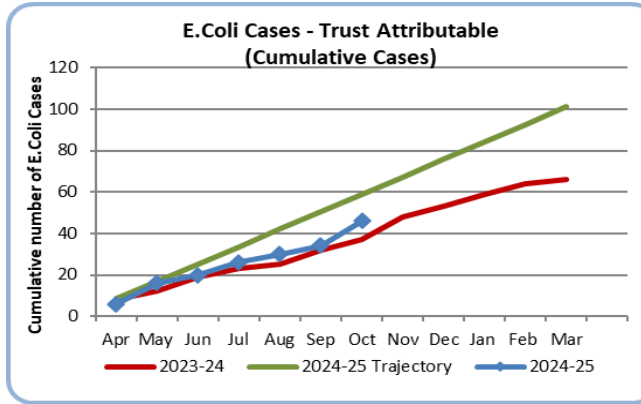
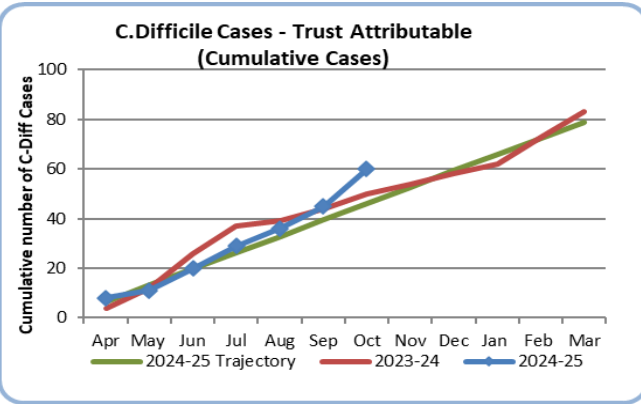
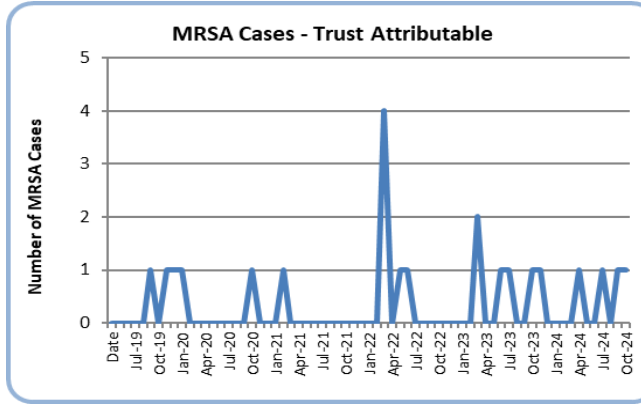
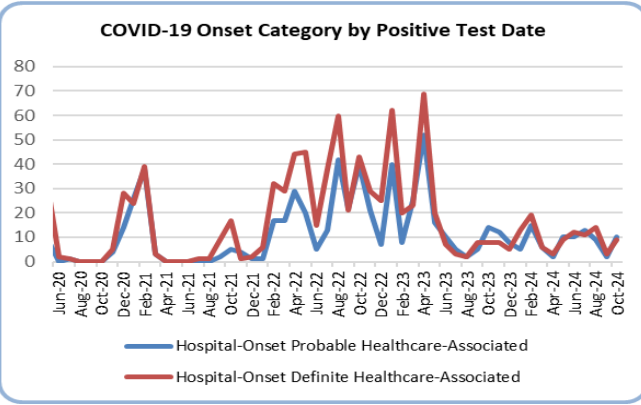
**HCID** – IPC working with Divisional teams to implement specifically supporting ventilation.

**Alcohol free gel** – Implementation of Spectrum X alcohol free gel that can be used with Norovirus and C Diff.

**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.

**Antimicrobial Awareness** – IPC Teams supporting Pharmacy Teams in education awareness in the atrium and other sessions in the trust.



## Falls

### Falls incidents per 1000 bed days

NBT reported a rate of 5.32 falls incidents per 1000 bed days in October which is below the average of 6.32. There were 168 falls reported in October. 6 moderate level physical harm incidents. No incidents had associated psychological harm.

An incident from July which has been under review has now been assigned a fatal harm rating.

5 of the harmful falls have resulted in fractures including 3 hip fractures. 1 harmful fall reported is for a case of an accidentally dropped baby. That incident is awaiting review and may have the harm level downgraded.

Medicine division: 91 falls reported. This is below the average for the first month following the spike in September.

NMSK division: 36 falls reported. This is around average.

ASCR: 35 falls reported. This is above the average for the second month.

Multiple falls accounted for 28% of falls this month which is around average of a quarter. 21 patients experienced more than 1 fall. With 4 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 71% of reports in the over 65's.

### What actions are being taken to improve?

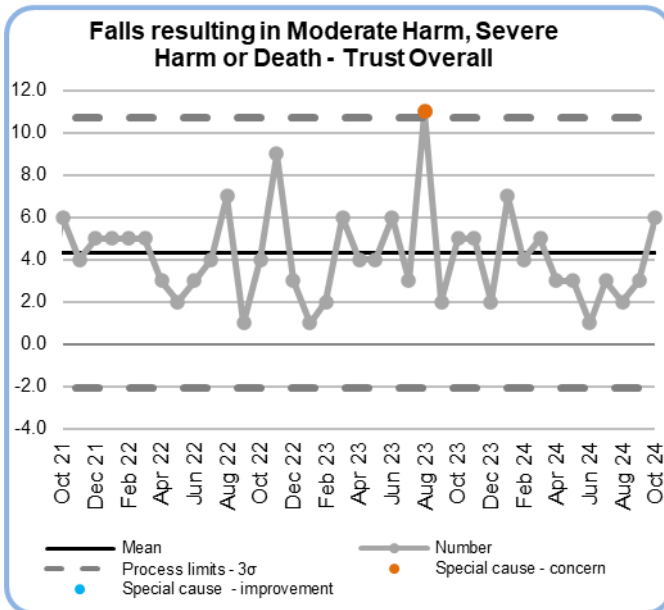
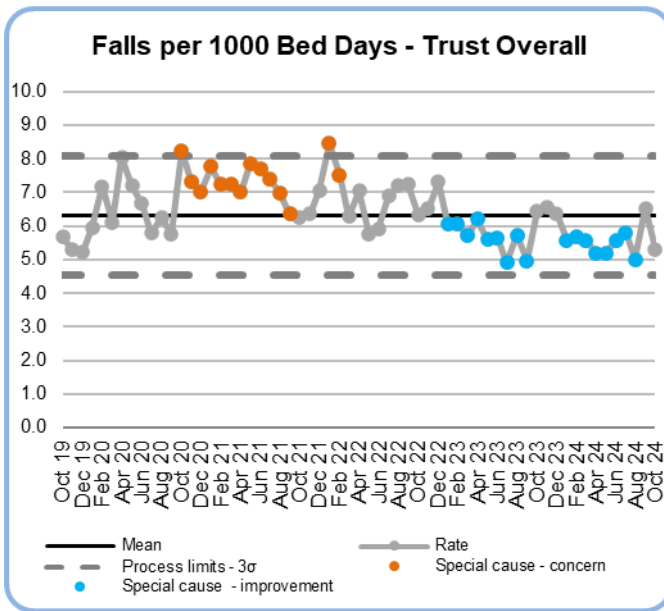
The falls team staffing resource has now reduced to 0.9 WTE.

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

Review of actions taken to improve the time taken to gather a hoist and sling have shown to improve responsiveness to under 5 mins. This is a positive change to support staff to be able to access safe handling equipment to move patients following a fall. Further work is needed to sustain this change and to expand to ASCR. There is a working party to review the distribution and laundering processes around hoist slings.

Senior staff within medicine division have been consulted and agreed a standardized approach to how to utilize the Vitals observations system to support the completion of neurological observations following a fall. This is due to be piloted on several wards and will then need supported roll out. The chosen features will help alert staff when observations are due at the higher frequency and support a full set of observations to be completed at each interval.

Training to junior doctors has commenced to outline the responsibilities and guidelines in place to support a patient following a fall in hospital. This will become an established aspect of the training schedule for future training programs.



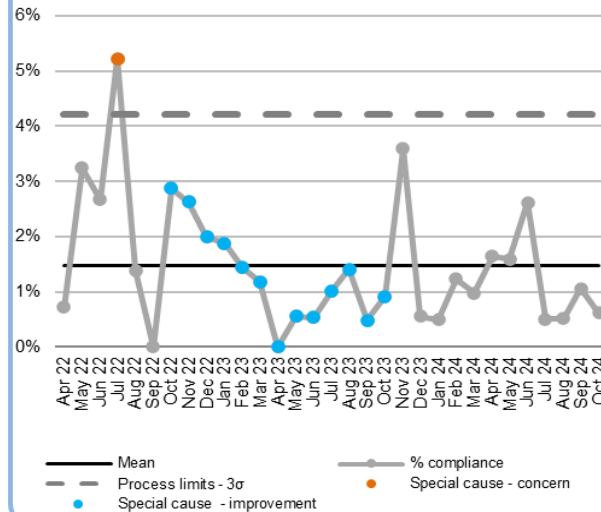
N.B. The data presented only presents inpatient falls and does not include falls from hoist, stairs or in outpatient areas.

## Medicines Management Report

Medication Incidents per 1000 Bed Days



% of Medication Incidents Causing Moderate or Severe Harm or Death



### What does the data tell us?

#### Medication Incidents per 1000 bed days

During October 24 NBT had a rate of 5.1 medication incidents per 1000 bed days, which is below the 6-month average of 6.2 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 0.6% this month with only 1 incident falling into this category..

### Overall comment

The number of incidents per 1000 bed days has fallen quite considerably this month. This may in part be due to the fact that we are no longer duplicating records of Datix reports sent to us by the ICB on our system. There are usually approximately 10 such records each month. Work is ongoing to agree how best to manage the learning from these incidents in the future.

### What actions are being taken to improve?

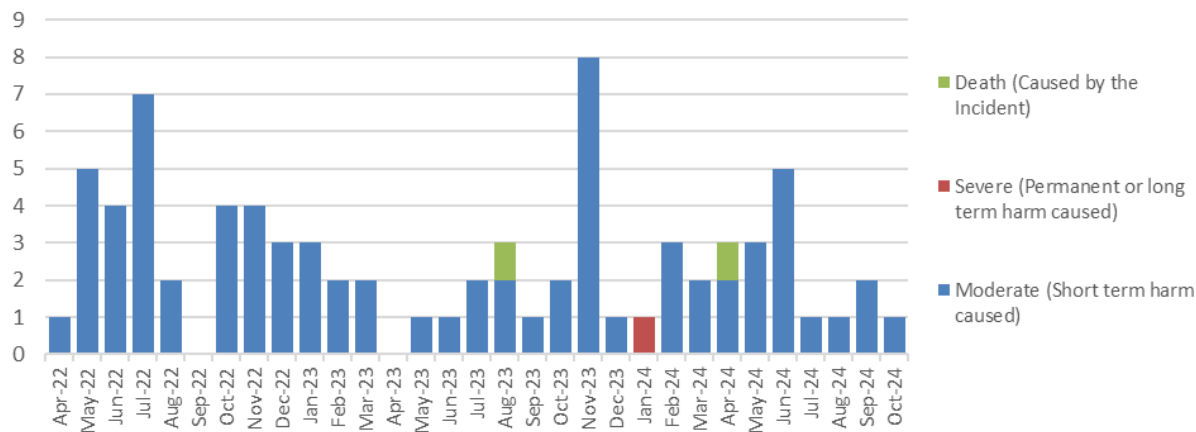
The work of the 'Medicines Safety Forum' continues – this is a multidisciplinary group whose aim is to focus on gaining a better understanding of medicines safety challenges and subsequently supporting staff to address these. This group meets monthly, with a high level of engagement with the groups and 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.

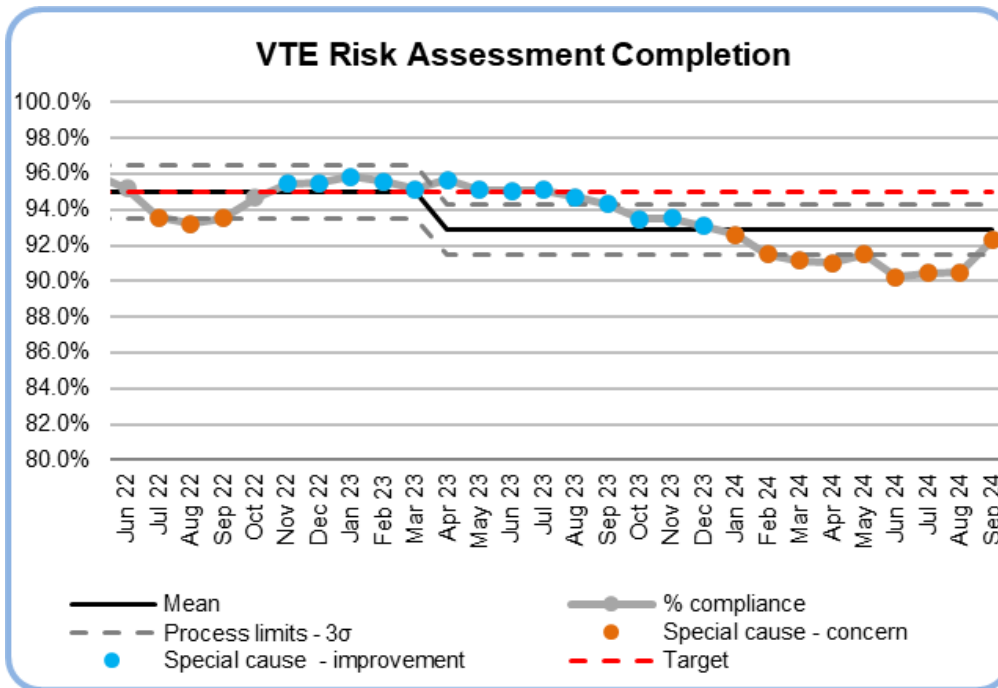
Medication Incidents Causing Moderate or Severe Harm or Death



## VTE Risk Assessment

### What does the data tell us?

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



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.

### Actions:

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

### Reason for the initial drop in compliance :

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

### An additional improvement plan is in place this year:

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

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

# Patient Experience

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

# Patient & Carer Experience – Strategy Delivery Overview

## October 2024

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

Patient & Carer Experience Strategy Commitment	Commitments	Progress Status
<b>Listening to what patients tell us</b>	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 is scheduled for Trust Board in November and Patient and Carer Experience Committee in December.
	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).	<b>This has been identified as a Quality Priority.</b> Patient Conversations year 1 evaluation has been completed (see details on next slide). We have begun our one-year feasibility study of PEP to review social listening and improve theming of our existing large narrative datasets. We will be focusing this work in key areas such as Cancer Services, Cardiology and BCE.
	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
<b>Working together to support and value the individual and promote inclusion</b>	We will aim to increase the diversity of our volunteer teams to reflect our local community and the patients we serve, with a particular focus on Outpatient areas.	New VS Strategic Plan is in development with a focus on this objective. First draft of the strategy has been shared for comment.
	We will meet the needs of patients with lived experience of Mental Health or Learning Disability and neurodivergent people in a person-centred way.	<b>This has been identified as a Quality Priority.</b> We have welcomed a new patient partner with lived experience of MH. We are also beginning a pilot of patient conversations targeted at LD patients.
	The voice and the involvement of carers will be respected and integral in all we do.	On 30 <sup>th</sup> October we welcomed 5 young carers to do the 15 step challenge in ED.
	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"	<b>This has been identified as a Quality Priority.</b> 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.	Ongoing- we've worked closely alongside partners this month. We attended the South Asian Health Event, presented to BNSSG Quality Group on the findings of our Healthwatch commissioned report on waiting and attended the Community Insights Group.
<b>Being responsive and striving for better</b>	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	Ongoing- The panel are due to meet in November. We have welcomed a new panel member and have two further individuals interested in joining the panel.
	We will continue to undertake the annual Patient Led Assessments of the Care Environment (PLACE) audits and respond to areas of improvement.	PLACE assessments have taken place in November with involvement from patient partners, our physical access steering group and a patient partner with LD.
	We will involve the volunteer voice within feedback to shape future volunteer roles and patient engagement opportunities.	New VS Strategic Plan is in development with a focus on this objective. First draft of the strategy has been shared for comment.
<b>Putting the spotlight on patient and carer experience</b>	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 scoped with L&D team through NHS Elect. The module is being tested.



## Patient Conversations- Year 1 Evaluation



We are pleased to be able to report on the first year of Patient Conversations at North Bristol NHS Trust (NBT).

We launched Patient Conversations twelve months ago, at the start of November 2023 as our 'real time' feedback approach.

We wanted to chat with our patients whilst they are under our care and hear about their experiences in their own words, reflecting on what matters most to them

We have spoken with **204 patients**



Across **59 areas**.

We have had **25 volunteers** complete conversations with patients. These volunteers were a mix of staff, feedback volunteers and Patient and Carer Partners.



We have identified quick, immediate actions that could be taken by the ward at the time, and a number of overarching themes that came up across the Trust in most conversations.

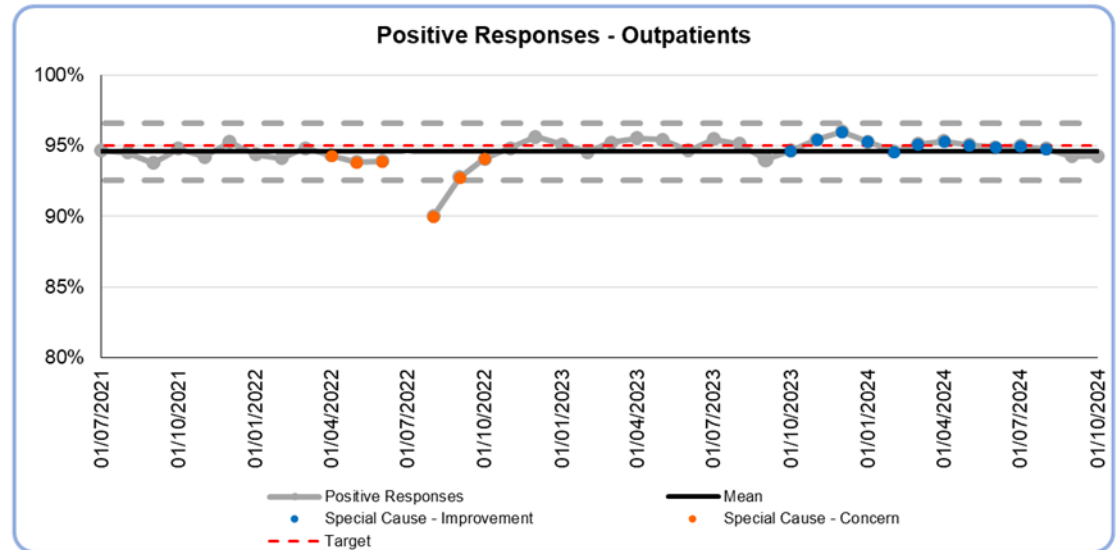
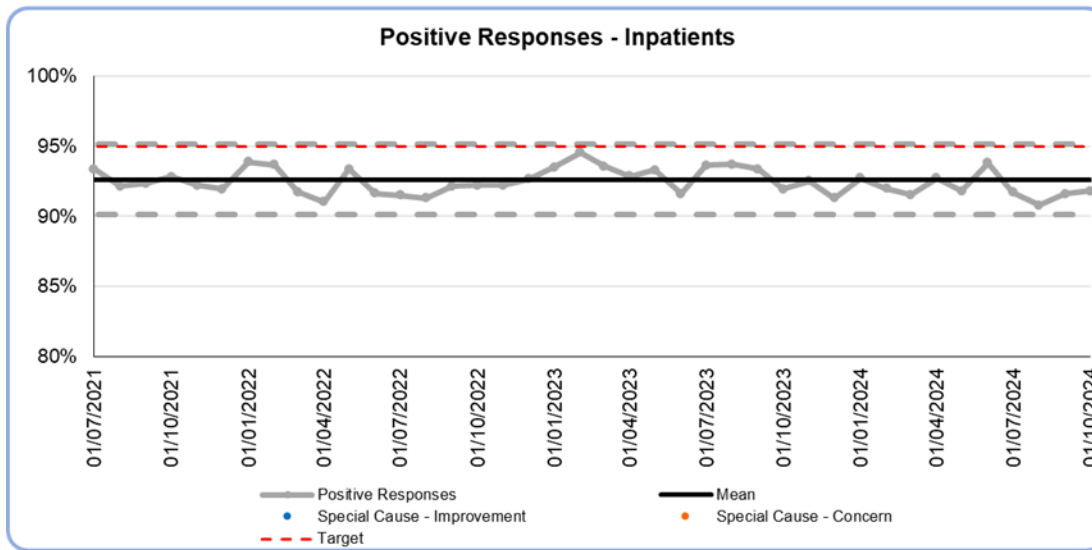
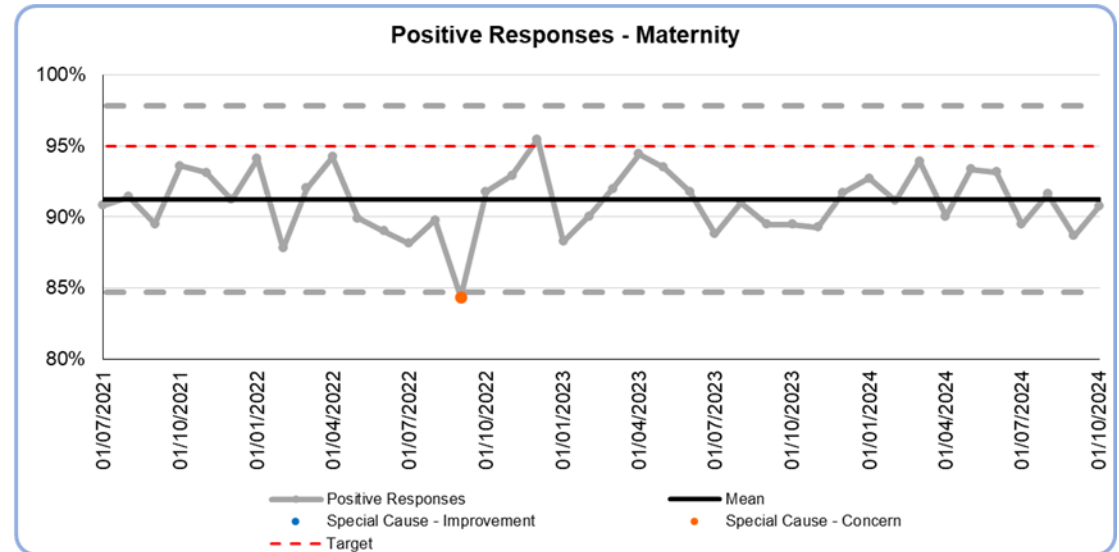
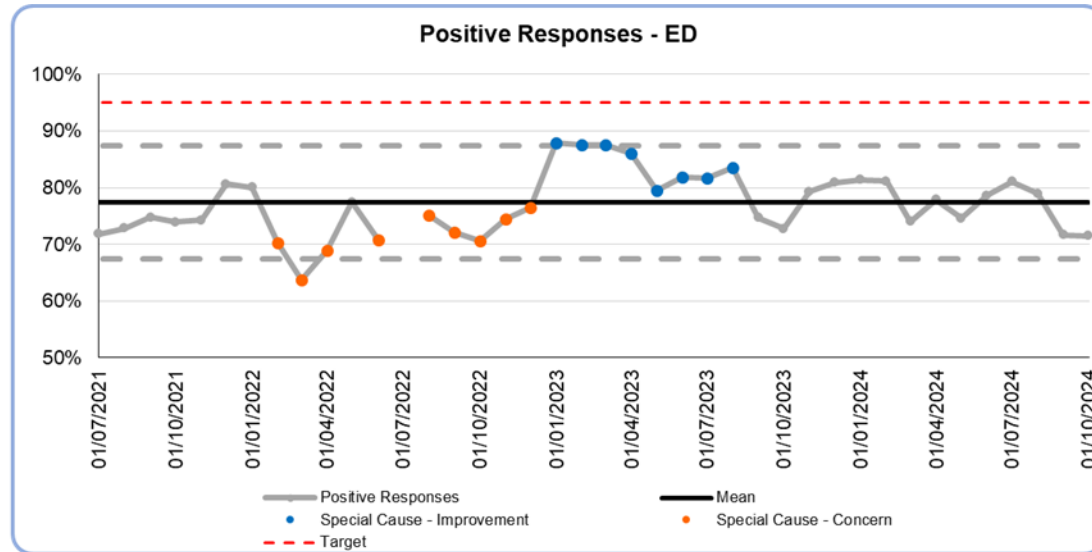
Food, Staff Attitude, Environment and Facilities and Communication about discharge arrangements are the topics that came up most.



Most feedback was extremely positive providing a welcome morale boost to staff. Patients have enjoyed having someone to speak with, and volunteers report feeling "humbled" and like "it makes a difference".

We've also seen an increase in the number of patients reporting they were asked to give views on the quality of care during their stay. This has increased from 8% to 31 in our National Inpatient Survey results.

We've got ambitions to refine and grow the model over the coming year and build on this success.



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 October 9,596 patients responded to the Friends and Family Test question. 6,8686 patients chose to leave a comment with their rating.
- We had a Trust-wide response rate of 12.9%, which is slightly down on the previous month 13.2%.
- 92.3% of patients gave the Trust a positive rating. This was up on the previous month 91.8%.
- The top positive themes from comments remain: staff, waiting time and clinical treatment.
- The top negative themes from comments remain: waiting time, communication and staff.

## What does this data tell us – Maternity?

- Positive responses across Maternity have increased 88.6% in September to 90.7% in October. Negative responses have decreased from 7% in September to 5.5% in October.
- The response rate across Maternity decreased from 17.5% in September to 14.7% in October.
- Top positive theme from comments remains staff.

*Everyone who supported me and my family during birthing experience and post birth were absolutely amazing, caring and just very understanding and supportive. Thank you!!*

## What does the data tell us - Emergency Department?

- Positive responses have decreased from 71.7% in September to 71.5% in October. Negative responses have increased from 16.8% in September to 19.2% in October.
- The response rate for ED decreased from 19% in September to 17.5% in October.
- The top positive theme remains staff.
- The top negative theme remains waiting time.

*The staff were lovely, i was there for 5 hours which was exhausting as most was spent in the waiting room*

## What does the data tell us - Inpatients?

- Positive responses have increased from 91.6% in September to 91.8% in October. Negative responses have decreased from 6.3% in September to 5.3% in October.
- The response rate for inpatients has decreased from 21.6% in September to 20.8% in October.
- Top positive themes from comments are staff, clinical treatment, and waiting time.
- Negative themes from comments are communication, staff and clinical treatment.

*Our son was diagnosed and treated with the speed and care that his condition required. The staff were kind, even though they were clearly working under pressure.*

## What does the data tell us – Outpatients?

- Positive responses remain the same in October, 94.2%. Negative responses decreased from 2.6% in September to 2.4% in October.
- The response rate for outpatients stayed the same in October, 11.5%.
- Top positive themes from comments remain staff, waiting time and clinical treatment.
- Negative themes from comments remain waiting time, communication and clinical treatment.

*Staff were very polite. Appointment completed on time. Very efficient and understanding*

## Complaints and Concerns

### What does the data tell us?

In October 2024, the Trust received 62 formal complaints. This is 1 less than the previous month and 4 more than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (47). A chart to break down the sub-subjects for 'Clinical Care and Treatment' is included.

Of the 62 complaints, the largest proportion was received by ASCR (25) followed by Medicine (17).

There were 4 re-opened complaints in September (2 ASCR, 1 CCS, 1 MED), which is 3 less than the previous month.

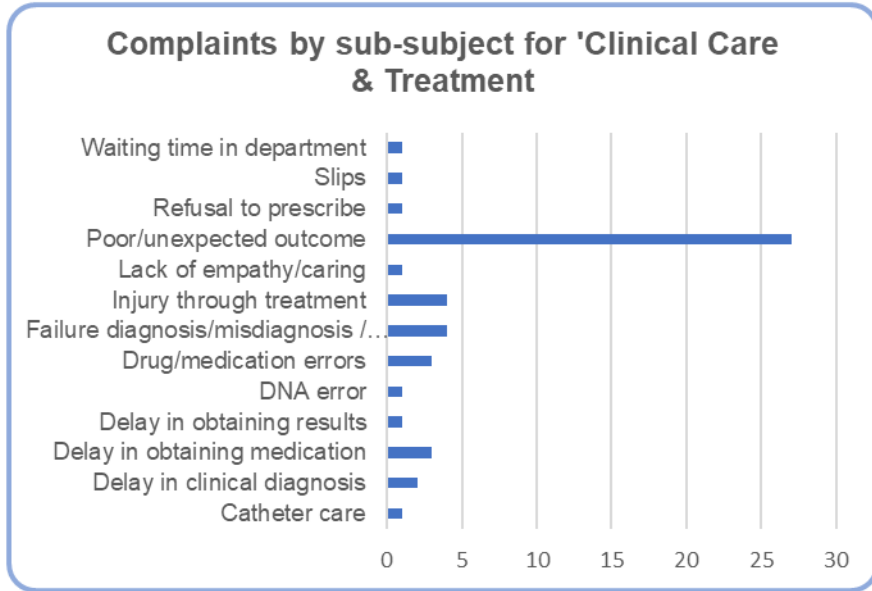
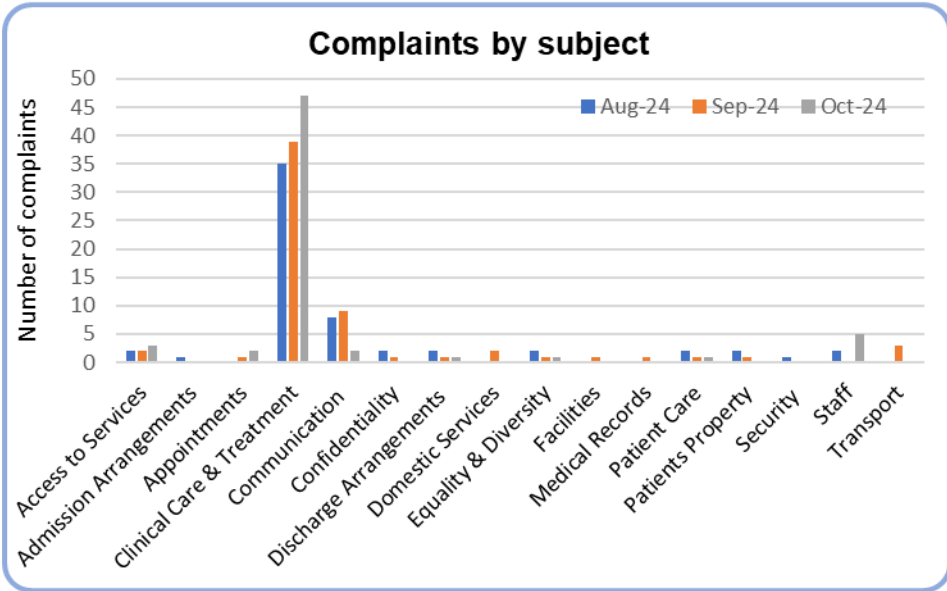
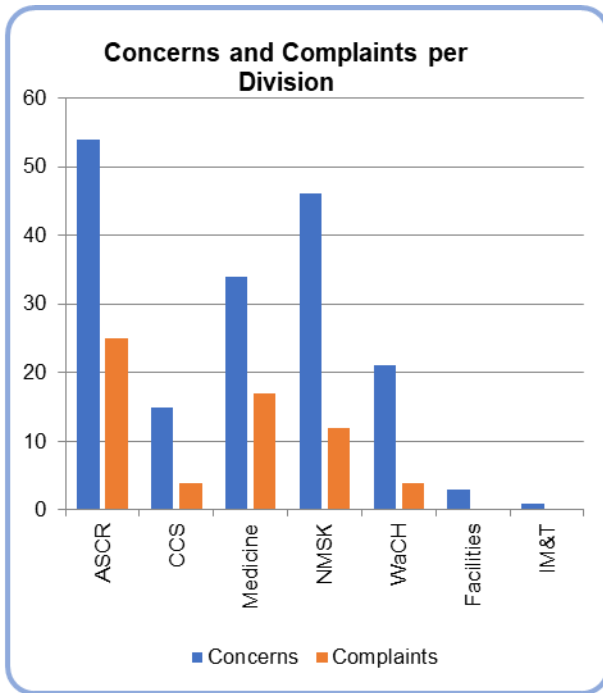
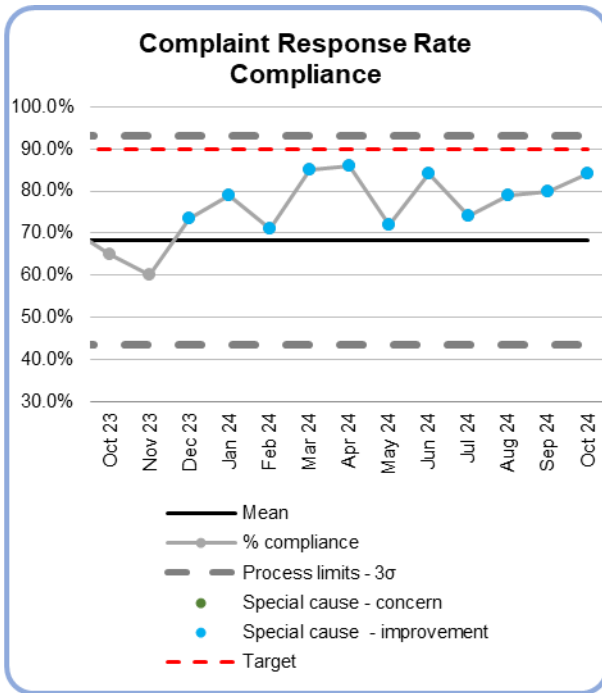
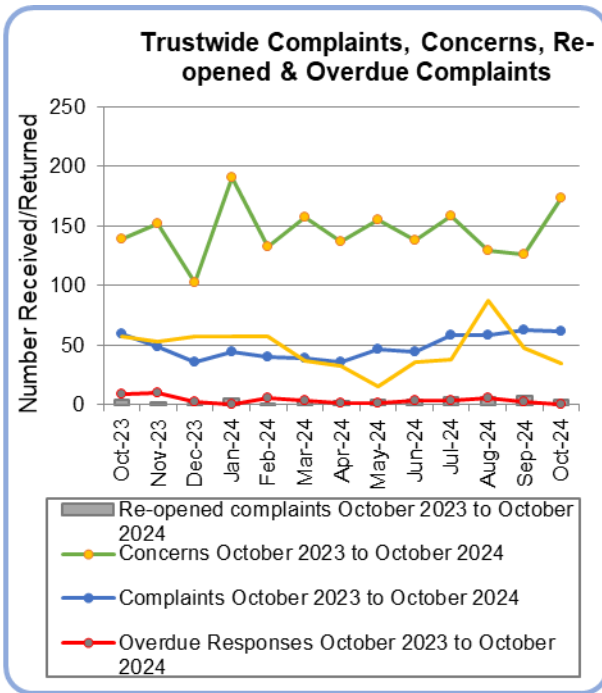
The number of overdue complaints at the time of reporting has decreased from 3 in September to 1 in October and is with WaCH.

The response rate compliance for complaints has increased slightly from 80% in September to 84% in October. A breakdown of compliance by clinical division is shown below:

ASCR – 69%    Medicine – 93%  
NMSK - 80%    WaCH – 100%

The number of PALS concerns received has significantly increased from 126 in September to 174 in October, which is 35 more than the same period last year.

In October 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 1832 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 over the coming year as our portfolio becomes more complex .

The NBT research portfolio remains strong, we have 200 NIHR Portfolio studies open to recruitment . We have opened 67 new studies year to date, as shown in graph 2 against a target of 70. 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. We are pleased to report that we have been able to secure some additional funding for Clinical Trials Pharmacy Capacity- From March 25 we are planning on opening 6 drug studies per month from our current position of 3.

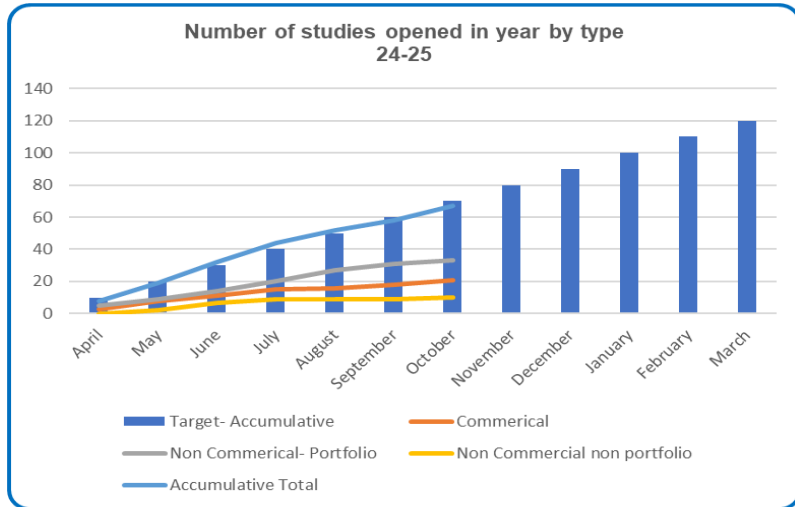
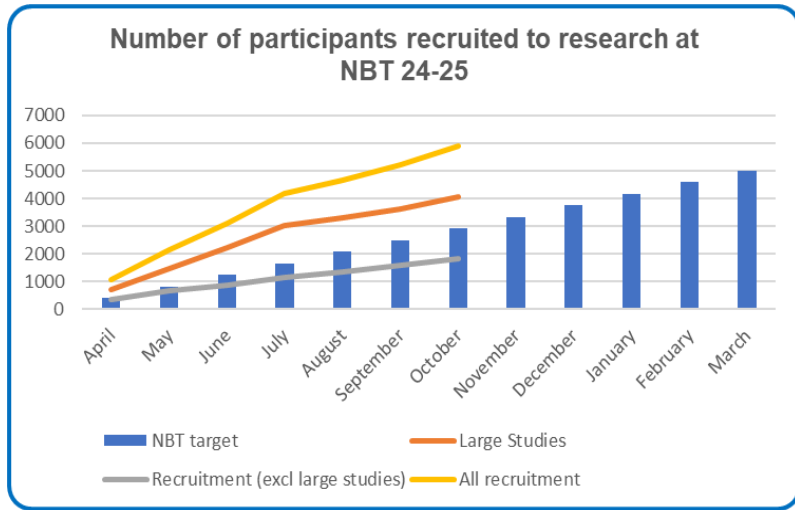
## Our grants

Congratulations to Sam Burr, Senior Research Fellow, Bristol Speech and Language Therapy Research Unit, who was recently awarded a prestigious NIHR Development and Skills Enhancement Award (£69.4k). The DSE is a post-doctoral level award aimed at supporting NIHR Academy Members to gain specific skills and experience to underpin the next phase of their research career. The active research grant portfolio at NBT has increased by almost £20m from Jan 2021 to a current total of £48m. NBT has been awarded £1.2m Research Capability Funding for 2024/25. This allocation puts NBT in 6th position, out of 248 NHS Trusts in England, our highest position to date. This is an amazing achievement and reflects the size of NBT's NIHR research grant portfolio; the level and quality of NIHR grants being submitted across NBT and the high success rates.

R&D has opened a trust-wide call for applications for Research Development Support Posts to help drive new pipelines of research in our clinical teams, departments and divisions, funded by RCF. The deadline for applications is 1<sup>st</sup> December, please contact [ResearchGrants@nbt.nhs.uk](mailto:ResearchGrants@nbt.nhs.uk) if interested in applying to this call, where you will receive dedicated support from our research development team.

R&D has a focus on supporting non-medics, including nurses, midwives and allied health professionals to develop research ideas, projects and academic careers. R&D operates a rolling call for applications from non-medics to receive mentorship and funding for early-stage research. [ResearchGrants@nbt.nhs.uk](mailto:ResearchGrants@nbt.nhs.uk)

NBT R&D was selected for NIHR Funding Review and Assurance (audit), due to the size of our NIHR grant portfolio. The audit reviewed R&D's processes for the financial management of NIHR grants as well as our organisational commitment to align with the principles of the Researcher Development Concordat. The full audit report has not yet been circulated, however the NIHR has informed NBT that three areas of non-compliance were found, for immediate remedial action: 1) NBT must have a Research Misconduct Policy, 2) NBT must a Research Ethics Policy, 3) The Trust's Fairness at Work, Safeguarding (Adults) and Safeguarding (Children) policies must be publicly accessible on NBT's website. These findings are being actioned.

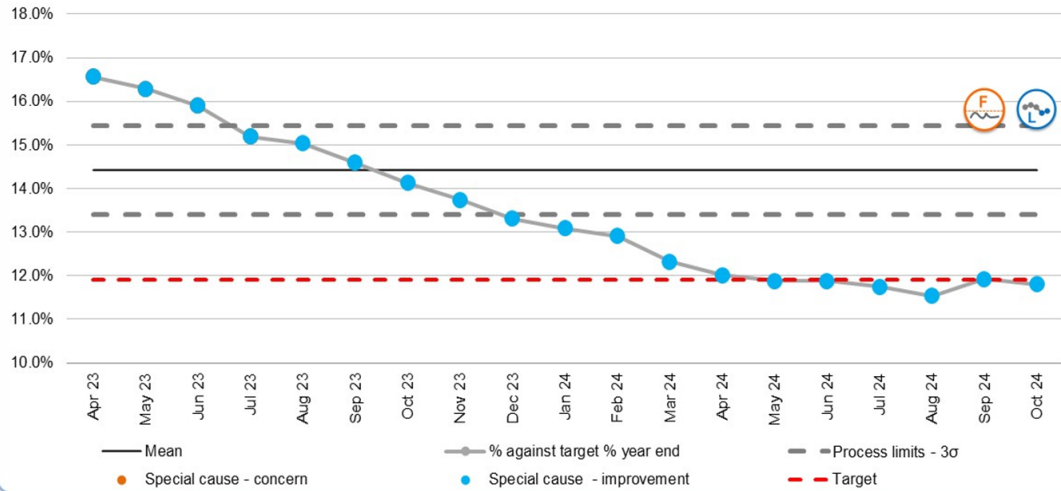


# Workforce

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

# Retention Patient First Priority People

Turnover Rolling 12 Month

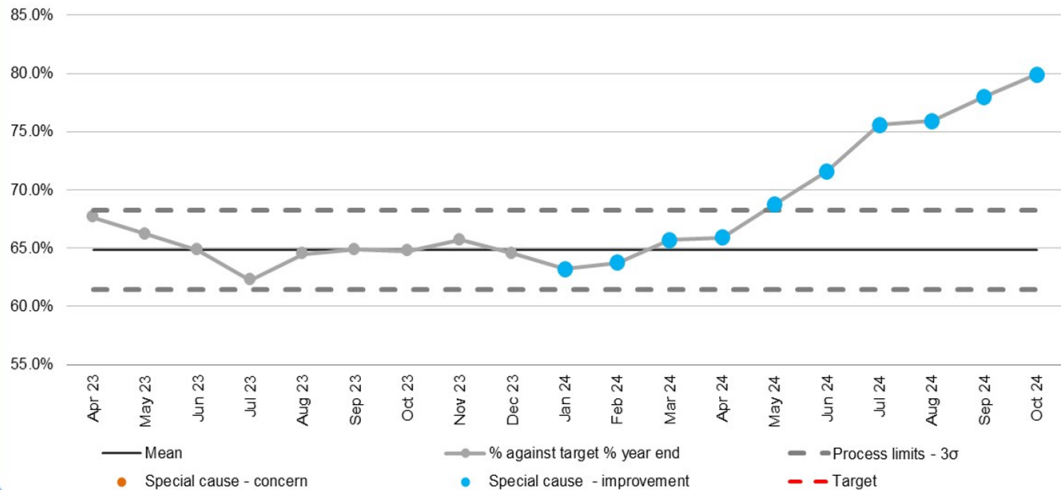


Turnover decreased from 11.92% for September to 11.80% in October, now below the target set for 2024/25. Following the review of retention data in the Patient First session at November's Senior Leadership Group a focus on turnover in non-clinical roles will begin, Estates and Ancillary staff turnover has increased and is higher now than at this point last year and Administrative and Clerical staff turnover is the highest of any staff group at 15.37%.

Healthcare Support Worker (HCSW) stability (% of staff in post with >12 months service) continues to follow a statistically significant improvement trend and is at 79.92% for October.

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

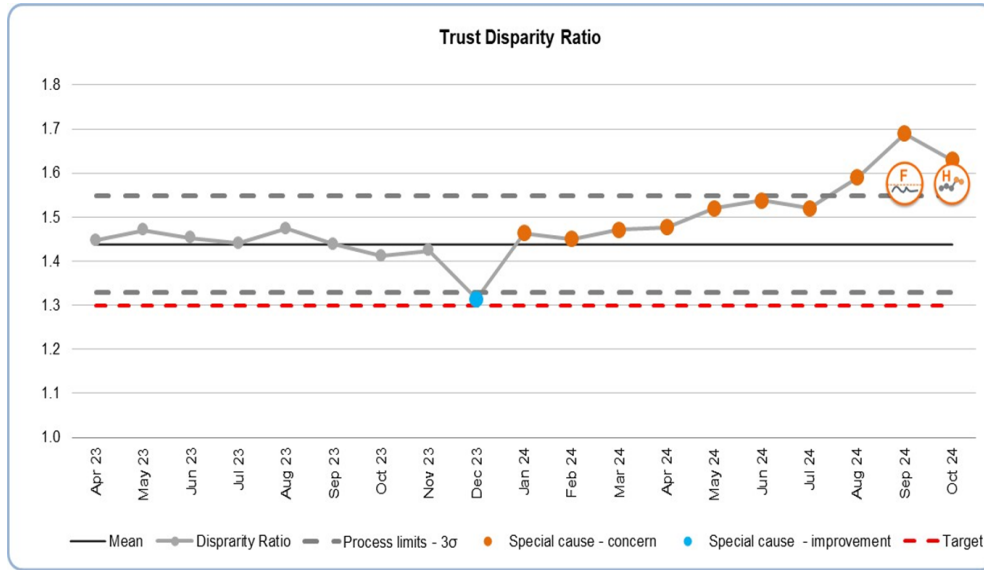
Healthcare Support Worker Stability



Driver	Action and Impact	Owner	Due
Reward and recognition	Bespoke pension awareness sessions being run with a third party to increase awareness of the NHS pension as an attraction and retention tool.	People Promise Manager	Nov-24
Work Life Balance	Develop further guidance to support staff considering taking a sabbatical to reduce the number of leavers who leave us due to wishing to take a break.	People Promise Manager	Dec-24
Work Life Balance	Transition work life balance week learning and leader flexible working workshop to business as usual to support teams to work in flexible ways and reduce leaver rates for work life balance	People Promise Manager	Nov-24
Culture	Launch a Civility and Respect framework under 'Living Our Values' teams can use to improve their culture and reduce incidents of incivility.	Associate Director of Culture	Dec 24



# Commitment to our Community Patient First Priority – Commitment to our Community



A deep dive into the Commitment to our Community metrics Disparity Ratio took place in November and was the focus of the November Senior Leadership Group (SLG).

**Disparity Ratio** – (likelihood of applicants from ethnic minority backgrounds being appointed over white applicants from shortlisting – Workforce Race Equality Standard metric). In November we worked with all clinical divisions and some corporate directorates (where high Disparity Ratios had been identified) to ensure there was a collective understanding of the metric and what the position looked like within their division/directorate, by staff group, cluster and band. At SLG divisions presented back their initial view of their data and intended actions and areas of focus ('top contributors'). Work will now take place to further enhance understanding of our data, develop actions and set realistic targets.

The October disparity ratio was 1.63 and the current target for the trust to achieve by March 2025 is 1.25.

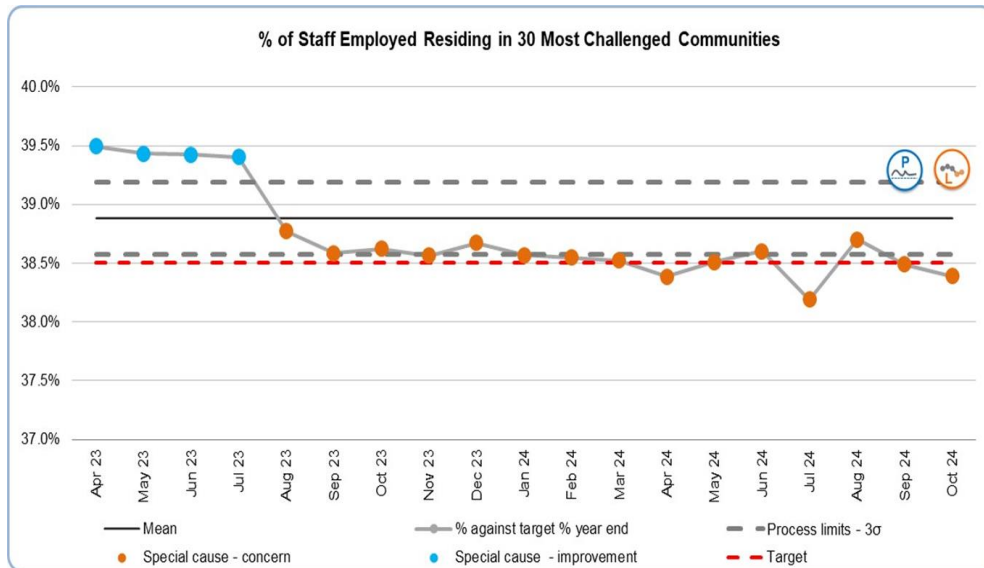
**% of Employed Staff from 30 Most Challenged Communities** – November's Patient First Steering group approved the change in metric we will use to measure the success of our work to increase our recruitment pipelines from our 30 most challenged communities. We will now measure the proportion of our starters from those communities into the target roles highlighted in the Commitment to our Community plan. Work is in progress via the Commitment to our Community working group to determine our target for this new metric and this will be agreed through the Patient First Steering group and be reported via the Integrated Performance Report.

## Activities

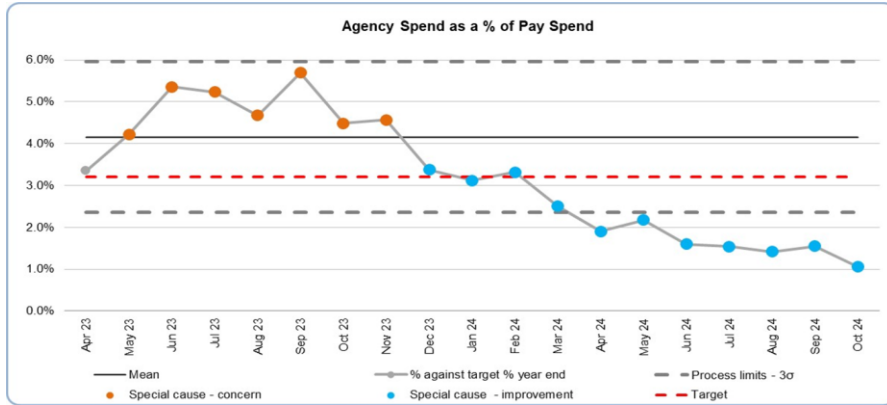
**Community Outreach** – Listening event booked for 21st Nov. Focus on creating long term connections with the community.

**Mentoring Programme** – Mentoring and support is being provided to around 110 people from our local area. Some are now seeing employment outcomes. Elective care centre is also on board to open these opportunities.

**Work Experience** – We have hosted 23 work placements this past 2 months for our community candidates. In some cases, this had led to employment, but has improved all participants' knowledge of the NHS, and given them vital learning to use for interviews.

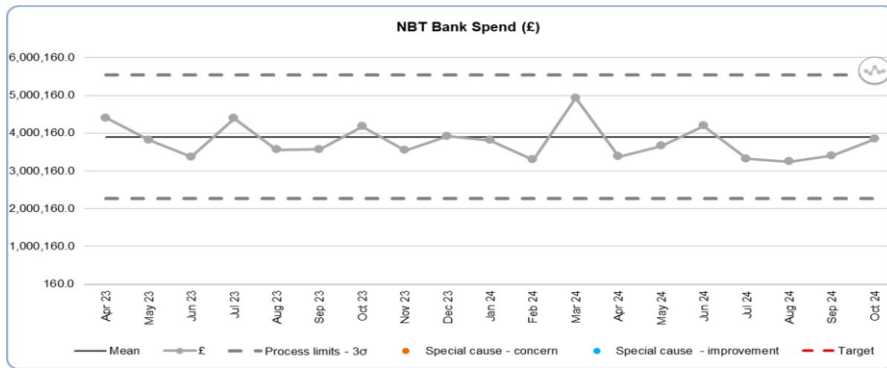
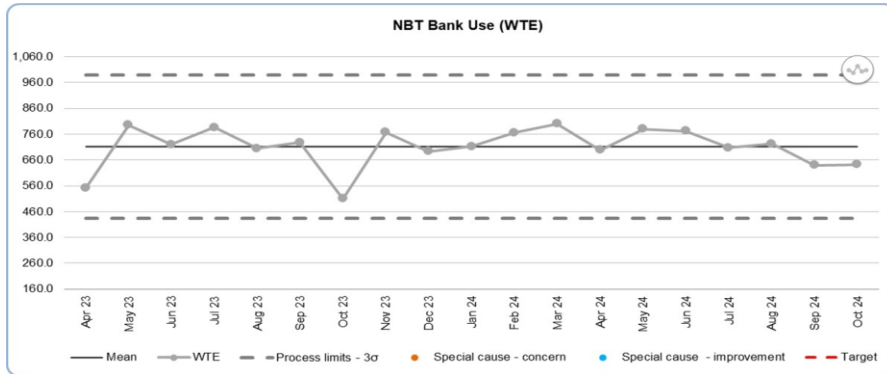


Driver	Action and Impact	Owner	Due
Community Outreach	Five candidates have been offered roles in decontamination after the open day	Community Team	Mar 25
Community Outreach	Supported work experience has seen an uptake in placements, and we have 11 signups for November's course.	Community Team	Dec 24

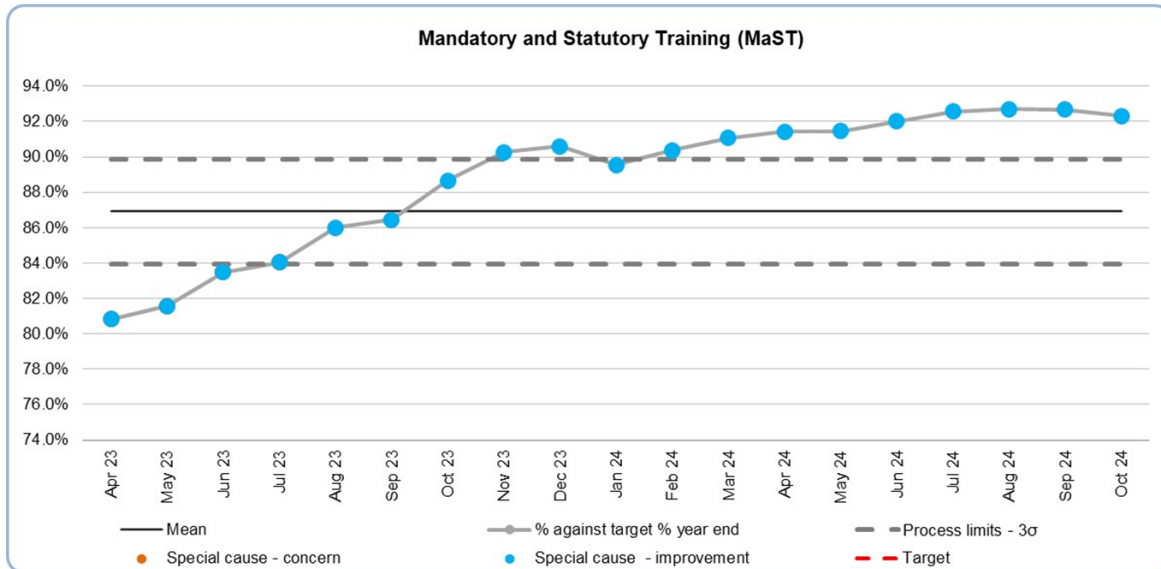
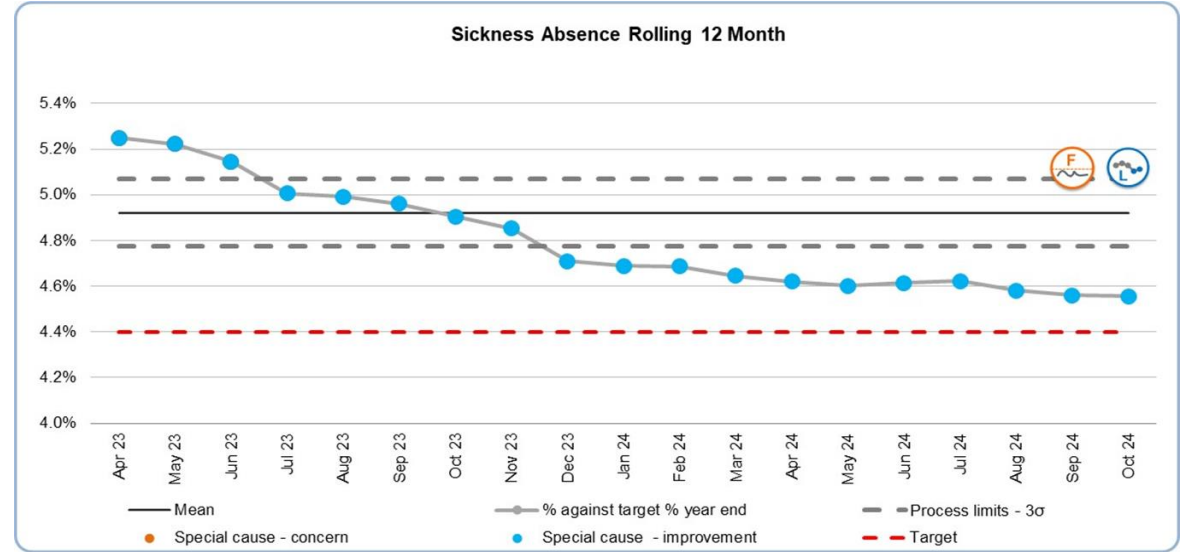
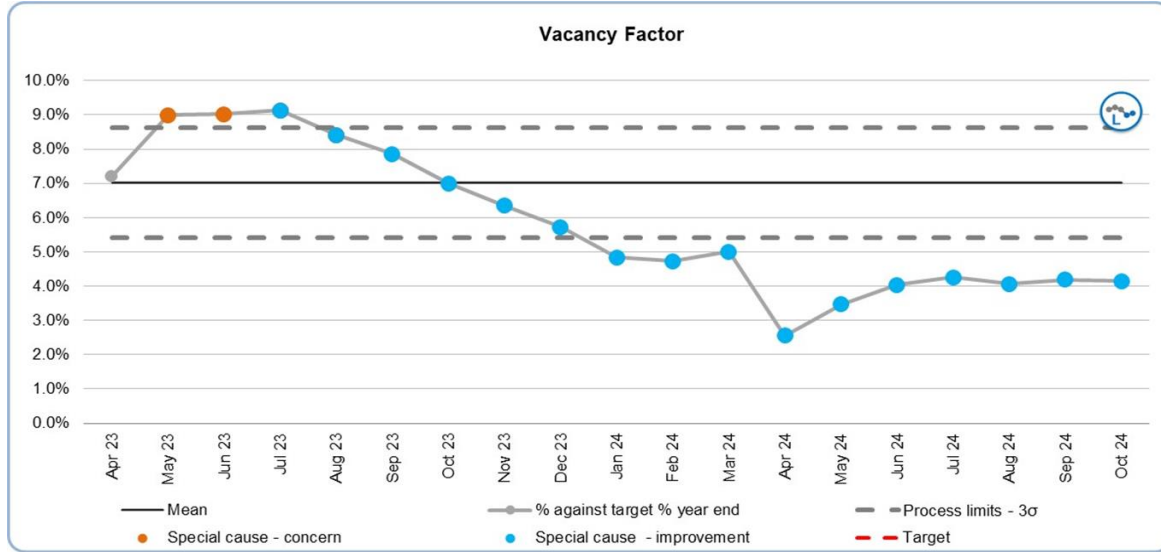


Agency use and spend continues to be significantly below the pay spend target of 3.2% of total pay spend at 1.06% in October.

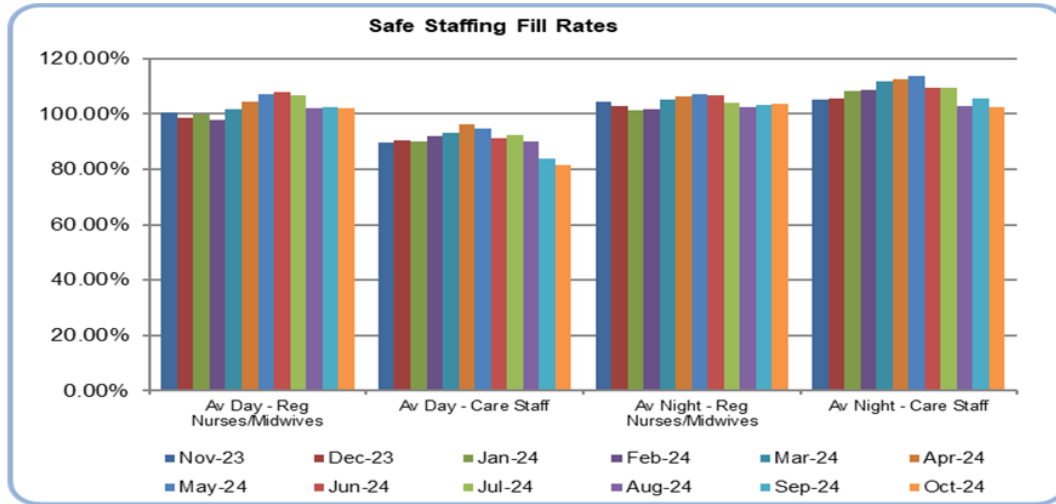
Bank use and spend has not shown any statistically significant deterioration or improvement compared to 2024/24 as a baseline, however reviewing weekly bank use and spend for in focus areas such as registered and unregistered nursing and resident doctor locums, there has been a positive step change in use in September and October.



Driver	Action and Impact	Owner	Due
<b>Medical Staffing</b>	Medical agency temp staffing reduction group now moved into the Recruitment and Temporary Staffing oversight Group (RaTSOG) – development of plans to convert long term agency workers to substantive, fixed term or Bank contracts are now monitored within this group.	Associate Director Medical Workforce	Ongoing
<b>Medical Staffing</b>	Pan-regional South-West Medical Agency rate card implementation begin on the 1st September for new and ad-hoc agency use with a flightpath to Aug 2025 for existing long-term agency use. Governance of rate reductions monitored within the new RaTSOG structure.	Associate Director Medical Workforce	Ongoing
<b>Medical Staffing</b>	Bank teams increasing engagement with agency suppliers to bring in line with SW rate cards, and further engagement required with departments to ensure all working towards rate reduction, or trajectory to reach agreed rate.	Head of Temporary Staffing Operations	Ongoing
<b>All Staff Groups</b>	The Agency Procurement Programme is entering its final stages of procurement and is on track to award the total temporary staffing (agency) Master Vendor contract in December 2024 ready to start April 2025	Associate Director Nursing Workforce Recovery	Dec 24
<b>Nursing &amp; Midwifery</b>	Collaborative Bank: ongoing work with NICU/ICU/ED across UHBW & NBT to align skills and enable collaborative working. HCSW Go-live Collaborative Bank scheduled 11 December 2024.	APC Programme group / Head of Temporary Staffing	Dec-24
<b>AHP / STT</b>	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	Associate Director Nursing Workforce Recovery and others	June 2025
<b>AFC Staffing groups</b>	Process now implemented for all other clinical and non-clinical staffing groups for requesting agency usage, and to ensure cap-compliance Ongoing communications and reinforcement of new process and supporting departments to transition agency workers to Bank positions as appropriate.	Head of Temporary Staffing Operations	Ongoing



- The Trust **rolling 12-month sickness absence** rate continues to show statistically significant improvement over the last six months and is at 4.56% for October. However, sickness absence remains an ongoing focus improvement, summary actions:
  - Staff Health and Well-being Strategy Group has identified potential areas of focus for staff health & wellbeing linked to trust sickness absence data and current utilisation of wellbeing services. Discussion and further scoping of project workstreams planned for November.
  - Employee Assistance Program recommendation approved at POG 7th November to extend current contract to September 2025 to enable joint Hospital Group procurement process.
  - Staff Health and Wellbeing Strategy Group TOR's and project plan approved at POG 7th November.
  - Health and Wellbeing Plan being developed with clear strategic priorities for the next 3-5 years.
- The **Vacancy Factor** for NBT decreased slightly to 4.19% in September to 4.14% in October, continuing to follow an improvement trend since July'23.



Oct-24	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
<b>Southmead</b>	102.17%	81.67%	103.41%	102.35%

Ward Name	Registered nurses/ midwives Day	Care staff day	Registered nurses/ midwives Night	Care staff Night
AMU 31 A&B 14031				
Cotswold Ward 01269				
Elgar Wards - Elgar 1 17003				
Theatre Medi-Rooms (Pre/Post Op Care)				
Ward 27B 14403				
Ward 28B 14520				
Ward 32A CAU 14103				
Ward 33A 14221				
Ward 33B 14222				
Ward 34A 14325				
Ward 7A 14302				
Ward 7B 14303				
Ward 8A 14410				
Ward 8B (Renal - 38 Bed) 14411				
Ward 9A 14503				
Ward 10a 14509				
		Below 80%		Over 120%

## Safe Staffing Shift Fill Rates:

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

### What does the data tell us?

For October 2024, the combined shift fill rates for days for Registered Nurses (RN)s across the 28 wards was 102.17% and 103.41% respectively for days and nights for RNs. The combined shift fill for HCSWs was 81.67% for the day and 102.35% for the night. Therefore, the Trust as a collective set of wards is within the safe limits for October.

### Current month *care staff* fill rates:

- 31.03% of wards had daytime fill rates of less than 80%
- 6.90% of wards had night-time fill rates of less than 80%
- 6.90% of wards had daytime fill rates of greater than 120%
- 17.24% of wards had night-time fill rates of greater than 120%

### Current month *registered nursing* fill rates:

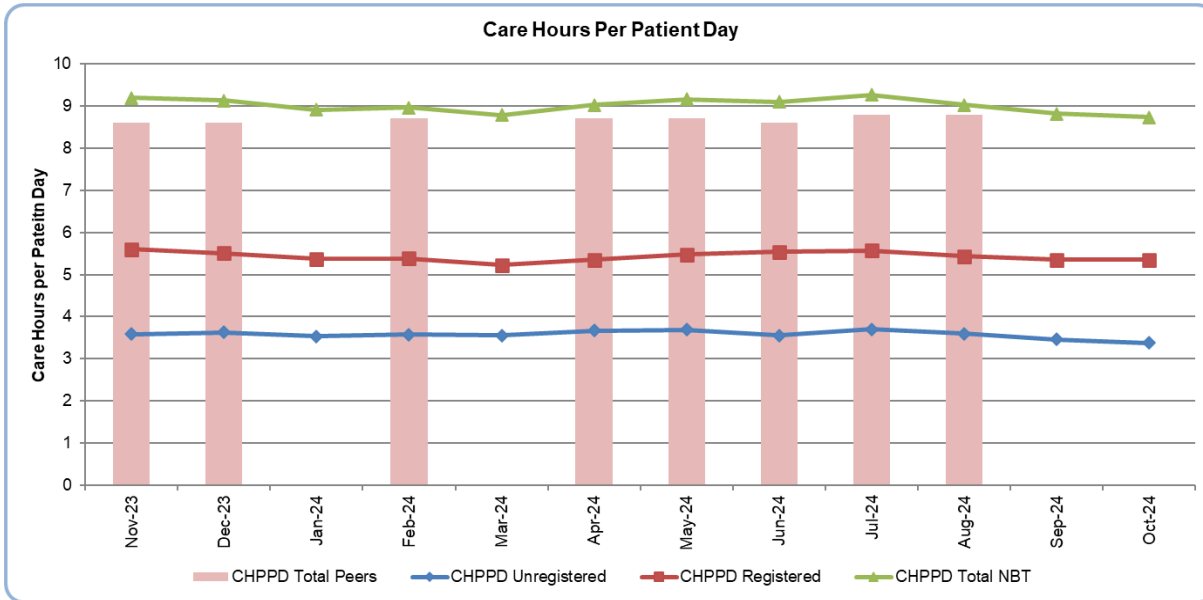
- 3.45% of wards had daytime fill rates of less than 80%
- 3.45% of wards had night-time fill rates of less than 80%
- 17.24% of wards had daytime fill rates of greater than 120%
- 17.24% of wards had night-time fill rates of greater than 120%

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.

There are currently a higher proportion of HCSW vacancies and active recruitment is currently in progress.

### Compliance:

The Safe Care Census regularity has been reduced to twice daily to more closely align with shift patterns. The average compliance for October has improved to 67.0% from 66.5% in September.



## Care Hours per Patient Day (CHPPD)

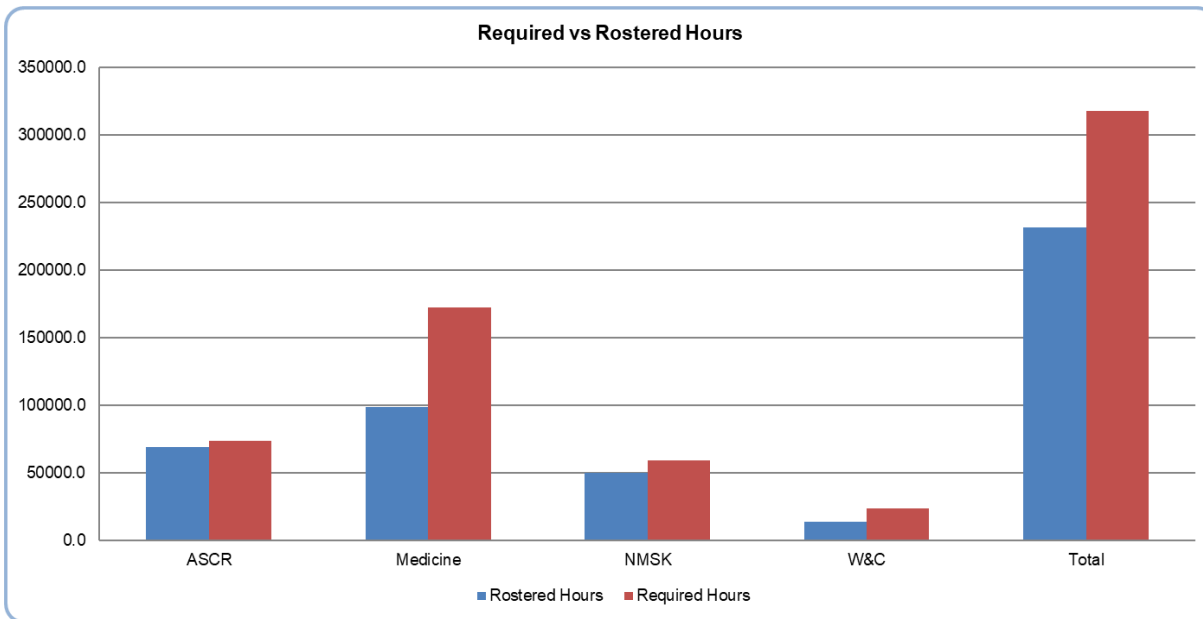
The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital). CHPPD data provides a picture of how staff are deployed and how productively. It provides a measure of total staff time spent on direct care and other activities such as preparing medications and patient records. This 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 7			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	81.4	84.3	2.9	492.5	501.8	9.3
Income	6.1	15.0	8.9	41.7	66.8	25.1
Pay	(58.9)	(62.3)	(3.4)	(335.6)	(349.3)	(13.8)
Non-pay	(28.6)	(36.6)	(8.0)	(201.1)	(225.2)	(24.1)
<b>Surplus/(Deficit)</b>	<b>0.0</b>	<b>0.3</b>	<b>0.3</b>	<b>(2.5)</b>	<b>(6.0)</b>	<b>(3.5)</b>

## Assurances

This month the Trust has delivered a financial position £0.3m above plan. The financial position for October 2024 shows the Trust has delivered a £6.0m deficit against a £2.5m planned deficit which results in a £3.5m adverse variance year to date.

Contract income is £9.3m better than plan. This is driven by additional pass-through income of £7.3m, and genomics income of £0.8m.

Other income is £25.1m better than plan. This is due to new funding adjustments and pass through items (£20.5m fav). The remaining £4.6m favourable variance is driven by delays in investments (£0.5m fav) and increased divisional income (£3.0m fav).

Pay expenditure is £13.8m adverse to plan. New funding adjustments, offset in income, have caused a £13.9m adverse variance. Undelivered CIP is £5.3m adverse with overspends on medical and nursing pay £3.5m adverse. The pay award is causing a £1.6m adverse variance but is offset by recurrent funding received from the ICB. This is offset by delayed investments and service developments of £6.0m and vacancies £3.9m favourable.

Non-pay expenditure is £24.1m adverse to plan. Of which £13.3m relates to pass through items. This adverse position is driven primarily by increased medical and surgical consumable spend to deliver activity (£9.0m adverse), and multiple smaller non-pay variances. In year delivery CIP is £1.3m adverse to plan.

# Statement of Financial Position at 31 October 2024

	23/24 Month 12	24/25 Month 06	24/25 Month 07	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
<b>Non-Current Assets</b>	<b>538.4</b>	<b>535.6</b>	<b>536.9</b>	<b>1.3</b>	<b>(1.4)</b>
<b>Current Assets</b>					
Inventories	11.7	12.0	11.8	(0.2)	0.1
Receivables	49.4	60.5	66.0	5.6	16.6
Cash and Cash Equivalents	62.7	35.0	44.3	9.3	(18.4)
<b>Total Current Assets</b>	<b>123.8</b>	<b>107.4</b>	<b>122.1</b>	<b>14.7</b>	<b>(1.7)</b>
<b>Current Liabilities (&lt; 1 Year)</b>					
Trade and Other Payables	(99.9)	(81.3)	(89.9)	(8.6)	(10.0)
Deferred Income	(14.4)	(19.2)	(27.7)	(8.5)	13.3
Financial Current Liabilities	(23.6)	(23.6)	(23.6)	0.0	(0.0)
<b>Total Current Liabilities</b>	<b>(138.0)</b>	<b>(124.1)</b>	<b>(141.2)</b>	<b>(17.1)</b>	<b>3.2</b>
<b>Non-Current Liabilities (&gt; 1 Year)</b>					
Trade Payables and Deferred Income	(6.2)	(6.6)	(6.6)	0.0	0.4
Financial Non-Current Liabilities	(571.8)	(588.3)	(586.6)	1.7	14.8
<b>Total Non-Current Liabilities</b>	<b>(578.0)</b>	<b>(594.9)</b>	<b>(593.2)</b>	<b>1.7</b>	<b>15.2</b>
<b>Total Net Assets</b>	<b>(53.7)</b>	<b>(76.0)</b>	<b>(75.3)</b>	<b>0.6</b>	<b>(21.6)</b>
<b>Capital and Reserves</b>					
Public Dividend Capital	485.2	492.5	492.5	0.0	7.3
Income and Expenditure Reserve	(541.8)	(610.8)	(610.8)	0.0	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(29.5)	(28.9)	0.6	40.1
Revaluation Reserve	71.9	71.9	71.9	0.0	0.0
<b>Total Capital and Reserves</b>	<b>(53.7)</b>	<b>(76.0)</b>	<b>(75.3)</b>	<b>0.6</b>	<b>(21.6)</b>

**Capital** spend is £12.9m year-to-date (excluding leases). This is driven by spend on the Elective Centre, and is below the forecasted spend for Month 7.

**Cash** is £44.3m at 31 October 2024, a £18.4m 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 £14m by Month 12.

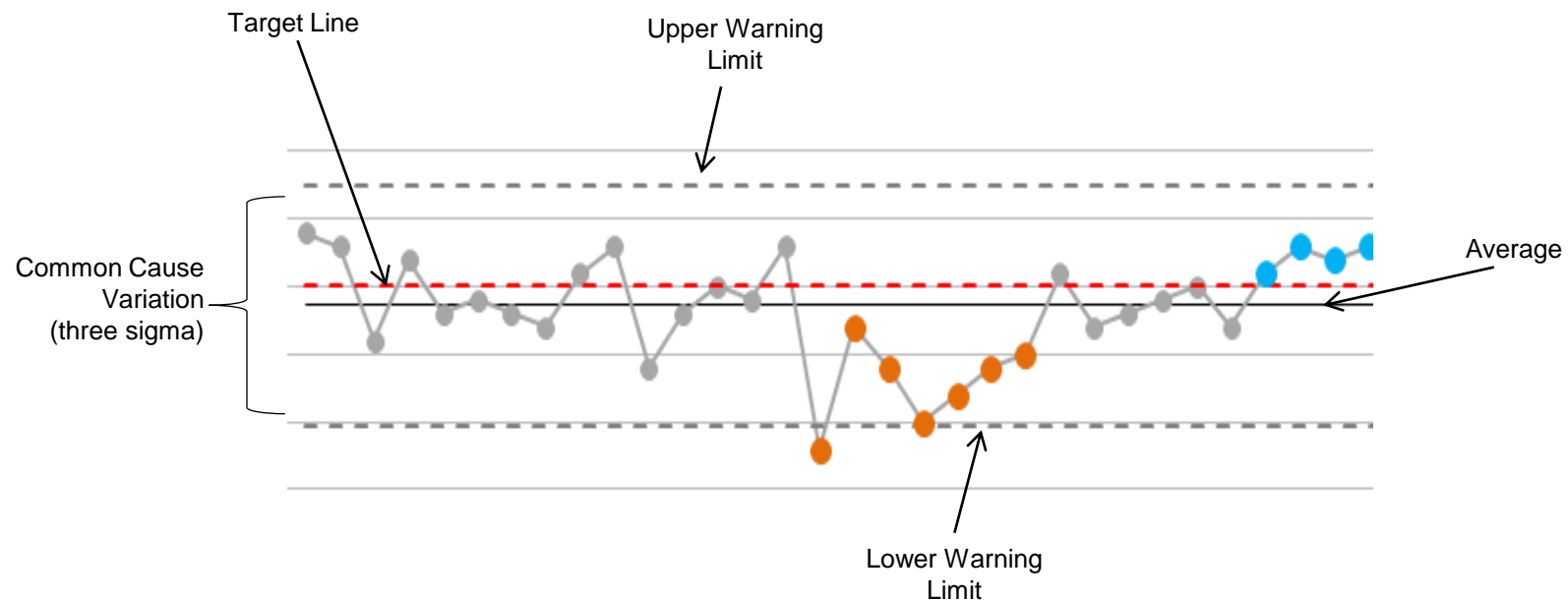
**Non-Current Liabilities** have decreased by £1.7m in Month 7 as a result of the national implementation of IFRS 16 on the PFI. This has changed the accounting treatment for the contingent rent element of the unitary charge which must now be shown as a liability. This change also accounts for the £69m 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.



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

All data included is correct at the time of publication.

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

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

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

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

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

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

**Further reading:**

- SPC Guidance: <https://improvement.nhs.uk/documents/2171/statistical-process-control.pdf>
- Managing Variation: <https://improvement.nhs.uk/documents/2179/managing-variation.pdf>
- Making Data Count: <https://improvement.nhs.uk/documents/5478/MAKING DATA COUNT PART 2 - FINAL 1.pdf>

## Appendix 2: NBT Strategy – Patient First

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

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

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

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

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

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

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



# Appendix 2: NBT Strategy – Patient First Improvement Priorities

Improvement Priorities	Descriptor	Vision	Strategic Goal	Current Target	Breakthrough Objective
<b>PATIENT</b> <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
<b>HIGH QUALITY CARE</b> <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"> <li>62-day cancer compliance</li> <li>&gt;15 min ambulance handover compliance</li> </ol>	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 29<sup>th</sup> Aug 2022)</i>
<b>INNOVATE TO IMPROVE</b> <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>
<b>SUSTAINABILITY</b> <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
<b>PEOPLE</b> <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
<b>COMMITMENT TO OUR COMMUNITY</b> <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