North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

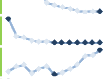
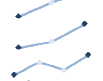
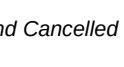
October 2024

(presenting September 2024 data)

Contents

North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	Trust Patient First Improvement Priority	National Standard	Current Month Trajectory (RAG)	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-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%	70.54%	64.33%	60.56%	63.37%	67.17%	63.30%	64.87%	63.77%	63.56%	61.83%	63.21%	69.31%	61.40%	58.25%		54.69%	4/11
	A&E 12 Hour Trolley Breaches	R		0	-	23	223	213	269	318	168	260	324	217	252	125	83	396		10-1995	5/11
	Ambulance Handover < 15 mins (%)		PF	65.00%	-	26.37%	25.78%	30.70%	28.97%	35.05%	39.35%	37.24%	39.99%	40.72%	42.19%	51.34%	41.75%	23.82%			
	Ambulance Handover < 30 mins (%)	R	PF	95.00%	-	65.25%	57.72%	66.27%	61.66%	64.52%	71.47%	68.13%	72.27%	75.47%	74.15%	82.25%	76.67%	55.01%			
	Ambulance Handover > 60 mins		PF	0	-	321	627	455	554	534	329	366	274	210	240	165	182	516			
	Average No. patients not meeting Criteria to Reside				138	195	218	228	243	245	233	211	233	216	218	210	204	192			
	Bed Occupancy Rate			93.00%	-	95.59%	97.12%	96.84%	96.28%	97.81%	97.40%	97.48%	97.86%	97.53%	97.37%	97.20%	97.22%	98.09%			
	Diagnostic 6 Week Wait Performance			5.00%	1.40%	12.50%	11.40%	9.81%	10.11%	12.28%	5.19%	4.22%	3.10%	2.47%	1.38%	0.85%	1.15%	0.81%		26.92%	1/10
	Diagnostic 13+ Week Breaches			0	0	59	17	14	7	4	5	0	0	0	0	0	0	0		0-2936	1/10
	RTT Incomplete 18 Week Performance			92.00%	-	60.53%	61.52%	61.94%	60.14%	61.11%	61.58%	59.75%	60.36%	60.96%	61.97%	63.71%	63.94%	65.04%		55.70%	8/10
	RTT 52+ Week Breaches	R		0	1114	2306	2124	1858	1685	1393	1383	1498	1609	1632	1649	1305	1108	909		36-14164	2/10
	RTT 65+ Week Breaches				20	582	545	420	388	249	193	146	191	226	218	156	105	9		0-4864	3/10
	RTT 78+ Week Breaches	R			45	48	55	49	50	45	39	27	18	14	6	13	4	1		0-641	2/7
	Total Waiting List	R			47549	48969	48595	47698	47245	46710	46394	46278	46441	46740	46252	45732	45478	45491			
	Cancer 31 Day First Treatment			96.00%	83.63%	87.76%	85.61%	88.14%	86.30%	77.12%	86.18%	83.07%	87.77%	84.83%	86.50%	80.45%	85.85%	-		90.89%	8/10
	Cancer 62 Day Combined	R	PF	85.00%	66.78%	57.96%	60.07%	61.59%	61.20%	53.33%	58.15%	59.14%	60.62%	59.32%	61.31%	58.16%	69.02%	-		66.69%	6/10
	Cancer 28 Day Faster Diagnosis	R		75.00%	75.29%	54.96%	59.46%	71.42%	74.89%	70.88%	74.80%	73.79%	57.28%	67.47%	78.05%	78.38%	79.04%	-		72.83%	4/10
	Cancelled Operations Not Re-booked Within 28 Days			0	-	1	6	3	9	5	5	5	6	3	2	5	2	-			
	Urgent Operations Cancelled ≥2 times			0	-	0	0	1	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.

North Bristol Integrated Performance Report

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Quality, Safety and Effectiveness	Trust Quality Metrics	Summary Hospital-Level Mortality Indicator (SHMI)					0.96	0.95	0.95	0.94	0.94	0.94	0.95	0.95	0.96	-	-	-	-	
		Never Event Occurrence by Month			0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	
		Commissioned Patient Safety Incident Investigations					2	2	1	1	2	0	1	1	1	1	1	2	0	
		Maternity and Newborn Safety Investigations					0	2	2	0	0	0	1	0	1	0	0	2	0	
		Total Incidents					1191	1468	1549	1207	1198	1329	1288	1123	1176	1128	1168	1071	1250	
		Total Incidents (Rate per 1000 Bed Days)					42	48	52	40	38	45	40	37	38	37	38	36	42	
		WHO Checklist Completion				95.00%	97.68%	99.08%	99.36%	99.43%	99.52%	99.82%	99.71%	99.89%	99.96%	99.73%	99.90%	99.37%	99.55%	
		VTE Risk Assessment Completion	R			95.00%	94.31%	93.49%	93.53%	93.06%	92.59%	91.51%	91.12%	91.00%	91.48%	90.20%	90.37%	90.28%	-	
		Pressure Injuries Grade 2					14	11	10	12	11	18	10	14	11	4	11	4	5	
		Pressure Injuries Grade 3				0	1	0	0	1	1	0	0	0	0	0	0	0	0	
		Pressure Injuries Grade 4				0	0	0	1	0	0	1	0	0	0	0	0	0	0	
		Pressure Injuries rate per 1,000 bed days					0.46	0.26	0.34	0.33	0.35	0.47	0.28	0.36	0.35	0.10	0.36	0.13	0.10	
		Falls per 1,000 bed days					4.96	6.45	6.56	6.38	5.58	5.72	5.66	5.18	5.20	5.56	5.80	5.01	6.53	
		MRSA	R		0	0	0	1	1	0	0	0	0	1	0	0	1	0	1	
		E. Coli	R			4	7	5	11	5	6	5	2	6	10	4	6	4	4	
		C. Difficile	R			5	5	4	3	2	2	9	8	6	2	4	8	2	6	
		MSSA				2	2	4	3	6	3	3	2	2	2	3	3	2	2	
		Observations Complete					96.48%	99.02%	98.83%	98.66%	98.73%	98.50%	98.60%	98.90%	98.93%	98.96%	98.90%	98.50%	98.48%	
		Observations On Time					69.58%	73.33%	75.00%	72.04%	72.85%	71.82%	72.94%	70.70%	71.10%	71.91%	73.81%	73.88%	72.98%	
		Observations Not Breached					80.83%	85.17%	88.39%	85.54%	85.57%	84.80%	84.52%	83.10%	83.96%	83.81%	86.04%	88.06%	87.05%	
	Maternity	5 minute Apgar 7 rate at term				0.90%	0.64%	0.68%	1.82%	0.78%	0.23%	1.22%	1.90%	1.00%	0.93%	0.93%	3.16%	0.98%	2.04%	
		Caesarean Section Rate					47.02%	42.89%	43.19%	41.26%	44.90%	47.50%	44.74%	45.88%	46.09%	46.07%	45.05%	46.40%	45.36%	
		Still Birth Rate				0.40%	0.29%	0.21%	0.21%	0.72%	0.43%	0.00%	0.22%	0.00%	0.22%	0.22%	0.00%	0.44%	0.42%	
		Induction of Labour Rate				32.10%	30.65%	34.31%	30.21%	36.65%	31.67%	31.36%	34.45%	32.71%	29.78%	29.91%	25.00%	28.83%	33.05%	
		PPH 1500 ml rate				8.60%	2.68%	3.97%	2.96%	2.42%	2.38%	4.04%	2.68%	3.52%	4.98%	4.78%	4.45%	4.94%	4.50%	
	Fragile Hip	Fragile Hip Best Practice Pass Rate					55.77%	79.17%	70.59%	61.40%	60.00%	67.92%	71.43%	68.57%	41.18%	59.57%	45.95%	65.63%	-	
		Admitted to Orthopaedic Ward within 4 Hours					36.54%	33.33%	25.49%	21.05%	28.57%	9.43%	14.29%	20.00%	19.61%	14.89%	32.43%	34.38%	-	
		Medically Fit to Have Surgery within 36 Hours					55.77%	81.25%	72.55%	68.42%	64.29%	71.70%	73.47%	68.57%	47.06%	65.95%	51.35%	75.00%	-	
		Assessed by Orthogeriatrician within 72 Hours					96.15%	97.92%	96.08%	91.23%	88.57%	90.57%	95.92%	91.43%	86.27%	91.48%	91.89%	100.00%	-	
	Stroke	Stroke - Patients Admitted					156	155	164	157	184	163	152	174	135	154	160	159	-	
		Stroke - 90% Stay on Stroke Ward				90.00%	84.62%	82.22%	71.95%	77.42%	75.22%	76.47%	78.13%	60.00%	70.73%	79.54%	51.32%	52.04%	-	
		Stroke - Thrombolysed <1 Hour				60.00%	52.38%	75.00%	56.25%	37.50%	85.71%	60.00%	78.13%	72.73%	60.00%	60.00%	62.50%	48.00%	-	
		Stroke - Directly Admitted to Stroke Unit <4 Hours				60.00%	56.19%	59.78%	61.45%	70.97%	58.62%	63.92%	61.54%	40.00%	60.61%	57.14%	38.16%	37.62%	-	
		Stroke - Seen by Stroke Consultant within 14 Hours				90.00%	87.93%	89.80%	85.71%	92.23%	86.47%	95.50%	84.21%	74.55%	81.37%	85.14%	84.71%	82.57%	-	

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Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity		PF			89.49%	89.49%	89.29%	91.73%	92.73%	91.16%	93.93%	90.05%	93.37%	93.17%	89.47%	91.62%	88.69%	
	Friends & Family Positive Responses - Emergency Department		PF			74.74%	72.80%	79.33%	80.94%	81.44%	81.12%	73.99%	77.89%	74.65%	78.64%	81.05%	78.96%	71.71%	
	Friends & Family Positive Responses - Inpatients		PF			93.37%	91.96%	92.53%	91.30%	92.71%	91.98%	91.55%	92.73%	91.81%	93.80%	91.72%	90.81%	91.60%	
	Friends & Family Positive Responses - Outpatients		PF			94.04%	94.65%	95.45%	96.01%	95.31%	94.58%	95.12%	95.33%	95.06%	94.90%	95.00%	94.79%	94.24%	
	PALS - Count of concerns					135	139	152	103	191	133	157	137	155	174	159	130	174	
	Complaints - % Overall Response Compliance				90.00%	71.11%	65.00%	60.00%	73.00%	79.00%	71.00%	84.62%	86.11%	72.22%	84.09%	73.68%	79.19%	80.43%	
	Complaints - Overdue					5	9	10	3	5	6	4	2	2	4	4	6	3	
	Complaints - Written complaints					49	60	49	36	44	40	39	36	47	45	59	59	63	
Workforce	Agency Expenditure ('000s)					2182	2093	2184	1610	1507	1592	1368	891	1037	765	725	657	724	
	Month End Vacancy Factor					7.16%	6.62%	6.42%	5.87%	4.87%	4.82%	5.02%	2.55%	3.46%	4.04%	4.26%	4.06%	4.17%	
	Turnover (Rolling 12 Months)	R	PF		-	14.59%	14.13%	13.74%	13.30%	13.09%	12.91%	12.32%	12.01%	11.88%	11.88%	11.75%	11.54%	11.92%	
	Sickness Absence (Rolling 12 month)	R			-	4.91%	4.89%	4.81%	4.70%	4.66%	4.67%	4.65%	4.62%	4.60%	4.61%	4.62%	4.58%	4.56%	
	Trust Mandatory Training Compliance					87.04%	89.39%	90.69%	91.06%	90.14%	89.44%	91.16%	91.50%	91.47%	92.02%	92.58%	92.71%	92.18%	

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Executive Summary – September 2024

Urgent Care

Four-hour performance reported at 58.25% in September. NBT ranked fourth out of 11 AMTC providers. There was an increase in 12-hour trolley breaches compared to the previous month (396 in September from 83 in August), and an increase in ambulance handover delays over one-hour (515 in September from 178 in August). 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 3.6% which equates to 1,900 additional presentations. At the same time, the NC2R position has remained stubbornly static. What is uncharacteristic, is the absence of any summer seasonal improvement this year. What is notable, is that bed occupancy has reached the highest level seen in a year – higher than the peak winter months.

These circumstances are creating a challenging operational and clinical environment – to the extent that the Trust initiating a 48-hour period of ICI measures at the start of October. While there was some reactive deployment of a limited number of community beds in response to this, 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

For the third year, the Trust has been successful in delivering its 65-week clearance operational plan. It was acknowledged that up to 20 very complex breast surgery procedures would be outstanding in September but, in the end the Trust delivered its 65-week RTT clearance down to nine patients – exceeding plan. In addition, the 52-week backlog has seen another significant reduction with it being fewer than 1,000 patients for the first time since COVID. The plan is to continue waiting time reductions towards 52-weeks ahead of anticipated national directives.

Diagnostics

Six-week breach performance in September continued to exceed the national requirements for 2024/25 against the 5% target, reporting at just 0.81%. The Trust is now delivering against the national constitutional standard and, for a second month, is performing best in England against like for like Trusts - from a position of the tenth worst approximately two years ago.

The Trust has sustained its zero 13-week wait diagnostic position – the only provider in the region to achieve this.

Executive Summary – September 2024

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 – both measures are now compliant with national expectations.

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%.

An improvement in 62-Day performance was seen in August – being compliant with trajectory. However, as prostatectomy backlog activity continues, the 62-Day position is expected to deteriorate in September, showing some stabilisation 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 5.1% against the national target of 5%. PMRT saw one case graded as C. 2 cases were referred to MNSI in August and 2 moderate harm incidents were reported Staffing levels remain positive, with midwifery recruited to vacancy and turnover. During September 24 NBT had a rate of 6.3 medication incidents per 1000 bed days, marginally below the mean point 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, with C-Difficile marginally above. Covid-19 and flu numbers remain low, with winter funding agreed for IPC 7 day working. There was one new MRSA case. NBT reported a rate of 6.53 falls incidents per 1000 bed days in September which is above the average of 6.33. 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 47% reduction. VTE risk assessment compliance has fluctuated over the past 2 years, but a declining recent trend has occurred. Clear mitigating actions have been established, with the primary 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, including the Inpatient survey. 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. A slight increase in complaint volumes was seen, countered by a slight decrease in PALS concerns. Too early for this to be considered a trend but this will be tracked. The response rate compliance for complaints increased slightly to 80%, sustaining the overall improved trend over the past 9 months. All complaints & PALS concerns are acknowledged within the agreed timeframes.

Executive Summary – September 2024

Workforce

Turnover increased from 11.54% in August, to 11.92% for September. 0.02% above the target set for 2024/25 and the first month turnover has increased since November 2022, however we continue to show a position of sustained improvement. We remain focussed on monitoring the impact of our actions from the one-year retention plan through delivery of our five-year retention plan, particularly the proportion of our Healthcare Support Workers leaving within the 1st 12 months of service; stability for this cohort has improved from 76.86% in August to 78.00% in September.

A deep dive into our Commitment to our Community metrics with divisions will be taken through the Patient First Steering Group (% of Employed Staff in 30 Most Challenged Communities) and Senior Leadership Group (Disparity Ratio) in November and to the People and EDI Committee in January.

Trust-wide agency spend increased from 1.42% of total pay spend in August to 1.55% in September, however this is 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 income to cover industrial action costs in previous months. Adjusting for the income related to industrial action, the position continues to be in line with plan. The financial plan for 2024/25 in Month 6 (September) was a surplus of £3.8m and in month the Trust has delivered a £4.5m surplus, which is £0.8m above plan. Year to date, the position is a £3.8m 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 6 is £35.0m, a reduction of £27.7m from Month 12. This is driven by the underlying deficit, capital spend, and outstanding debt. The Trust has delivered £12.3m of completed cost improvement programme (CIP) schemes at month 6, an increase of £3.2m from month 5. There are a further £5.0m of schemes in implementation and planning that need to be developed, and £12.0m in the pipeline.

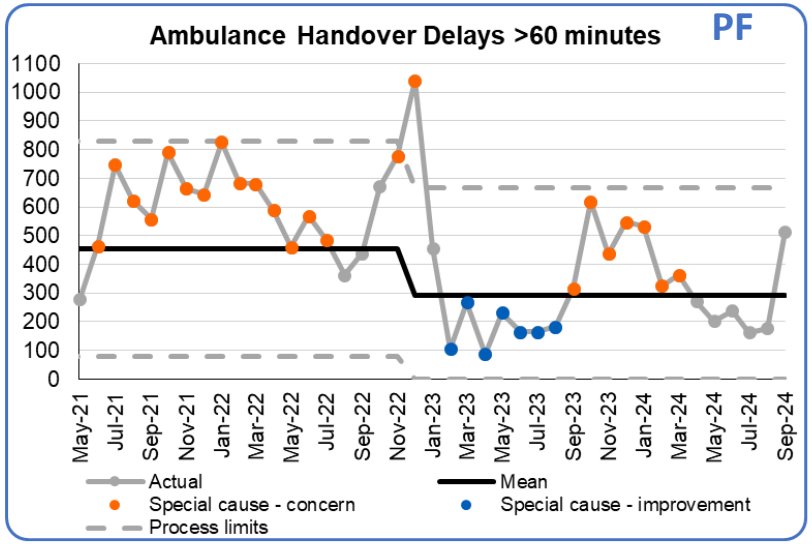
Responsiveness

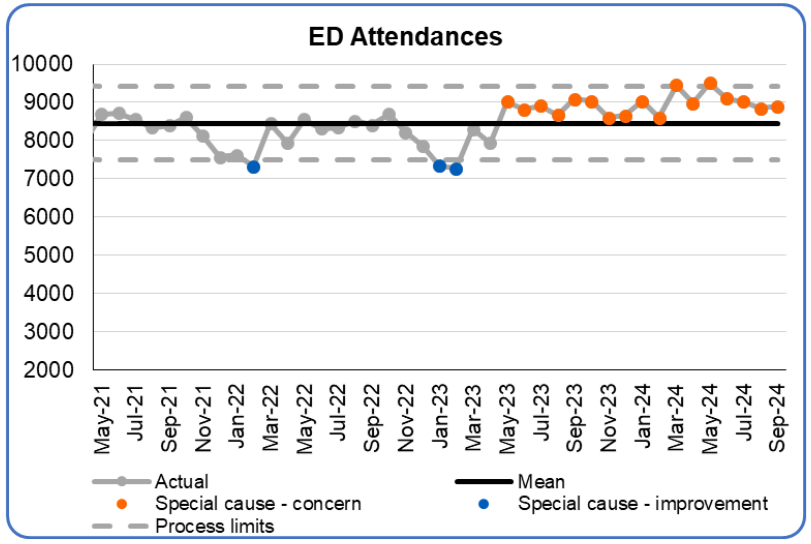
Board Sponsor: Chief Operating Officer
Steve Curry

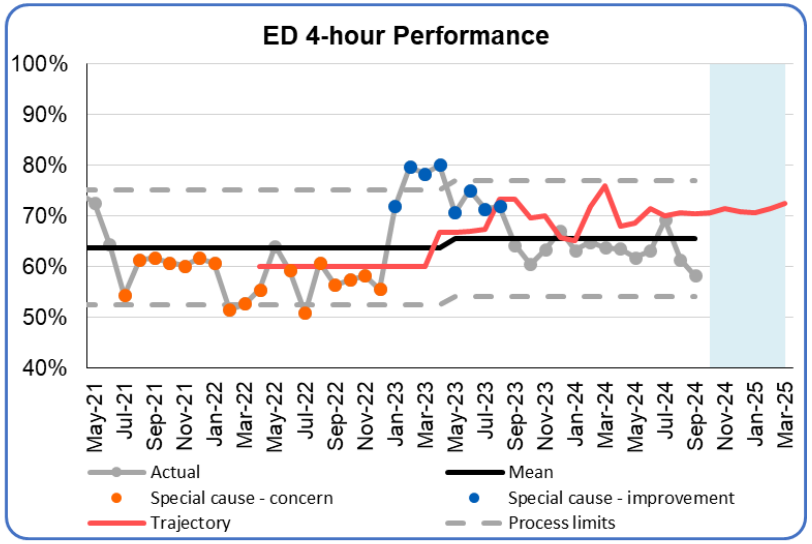
Responsiveness – Indicative Overview at August-2024

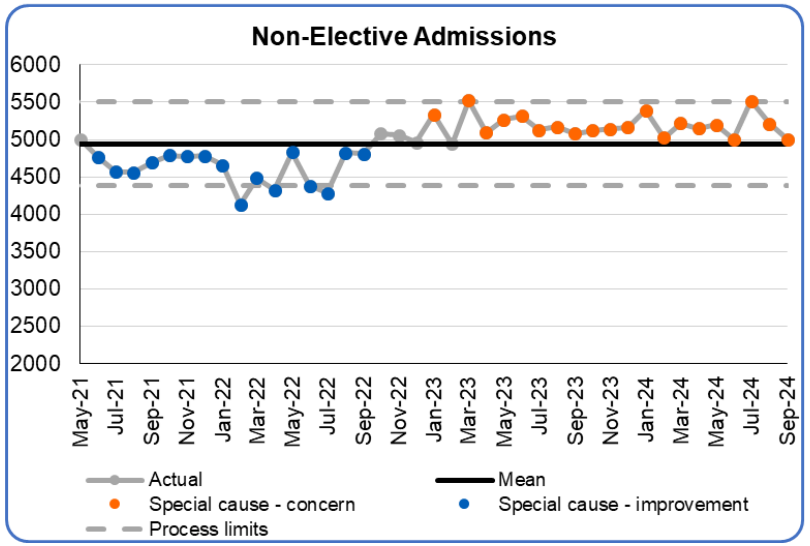
Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Internal and partnership actions continue – meanwhile, ED demand in the YTD is up 3.6%.
	NC2R/D2A	As yet, no evidence of progress – with bed occupancy reaching its highest point for more than a year.
RTT	65-week wait	Delivered. Exceeded operational plan.
Diagnostics	5% 6-week target	Delivered. Exceeded national requirement. Now constitutional standard compliant.
	CDC	Delivered. Operational.
Cancer	28-day FDS Standard	Delivered. Now compliant for more than three months.
	62-Day Combined Standard	Improved and in line with trajectory but expected variation as final backlogs are cleared. Expect to deliver against national target timeline.

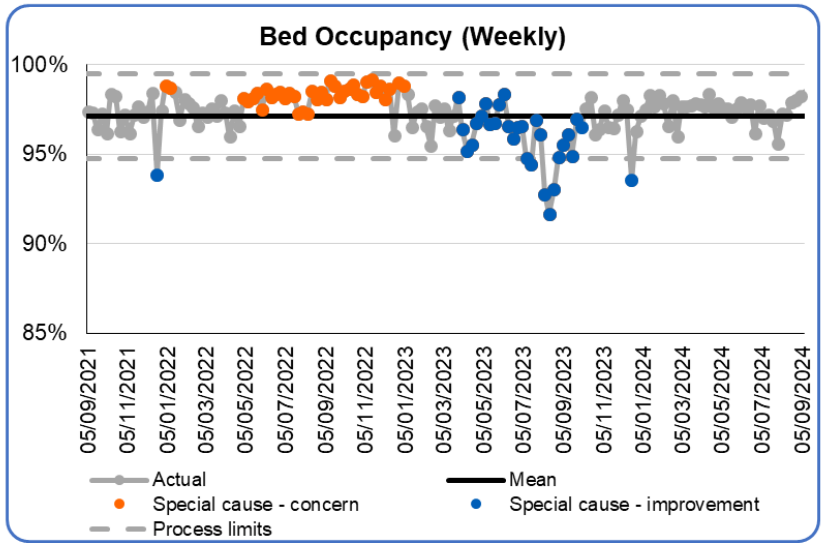
Urgent and Emergency Care

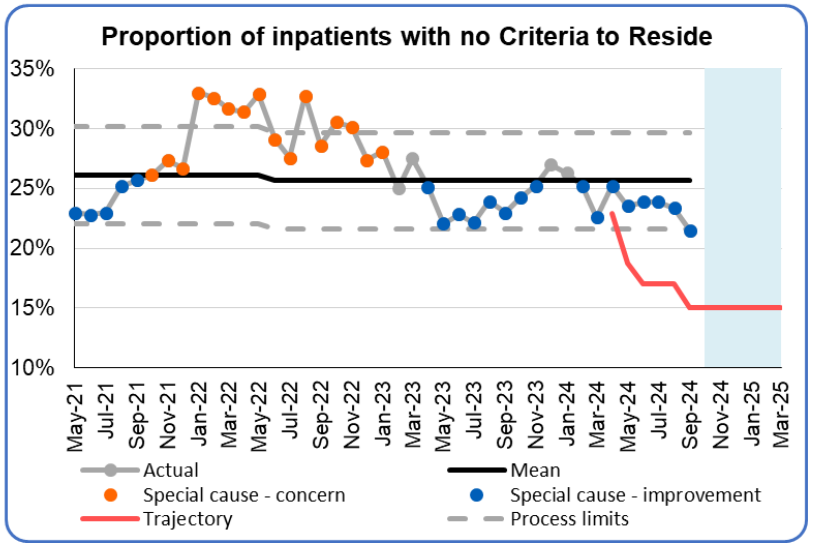












Urgent and Emergency Care

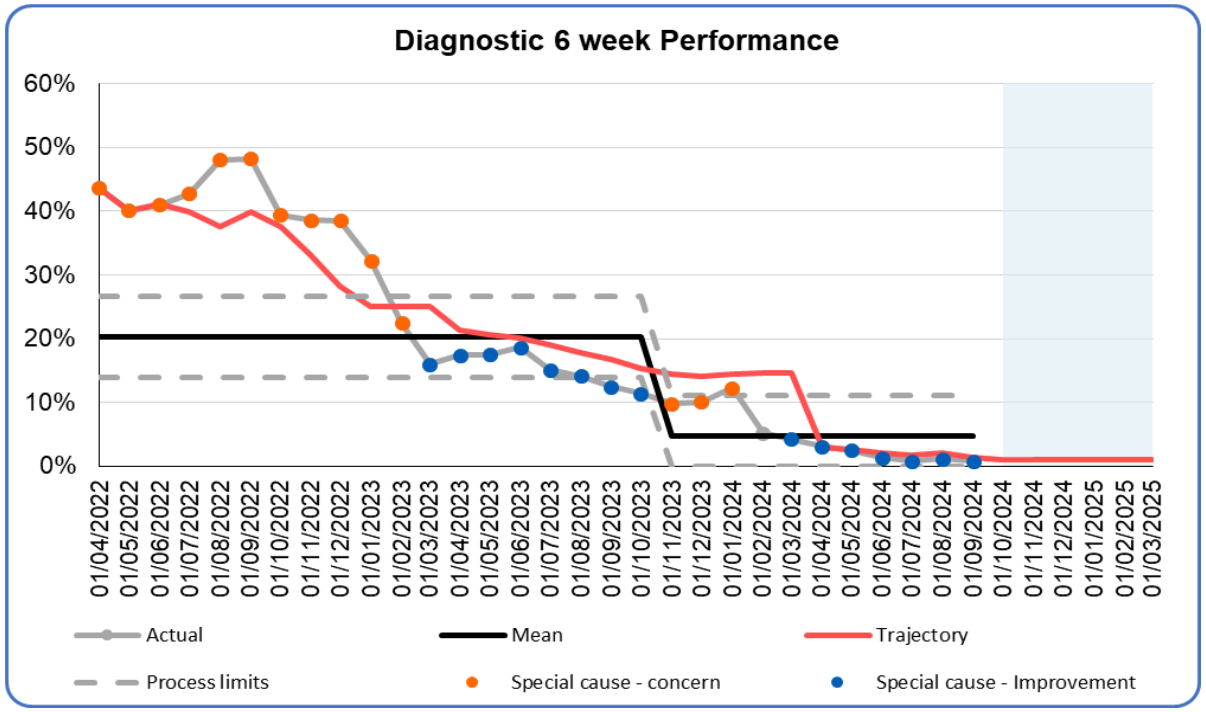
What are the main risks impacting performance?

- Year-on-year ED attendances have been increasing in previous months.
- 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 98.09%.

What actions are being taken to improve?

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

Diagnostic Wait Times



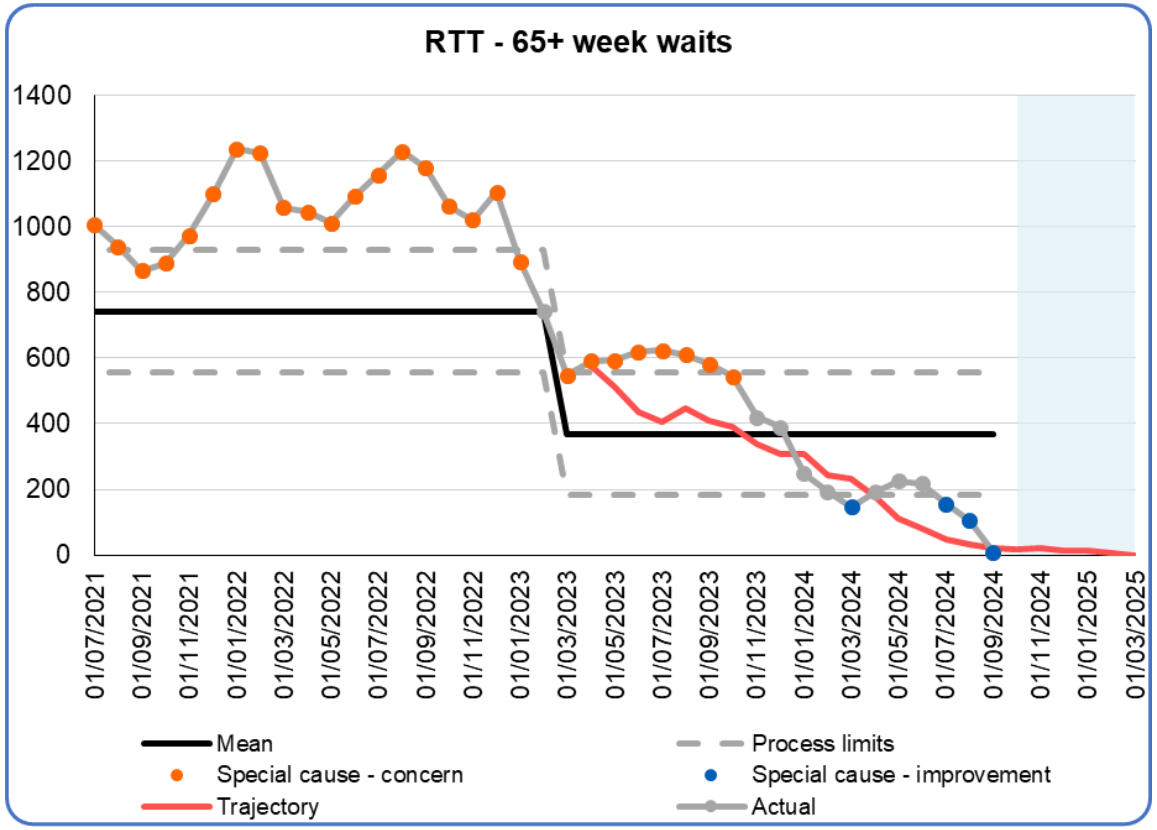
What are the main risks impacting performance?

- The Trust continues to exceed the target of no more than 5% patients waiting over 6-weeks, with performance reporting at 0.81% for September 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)



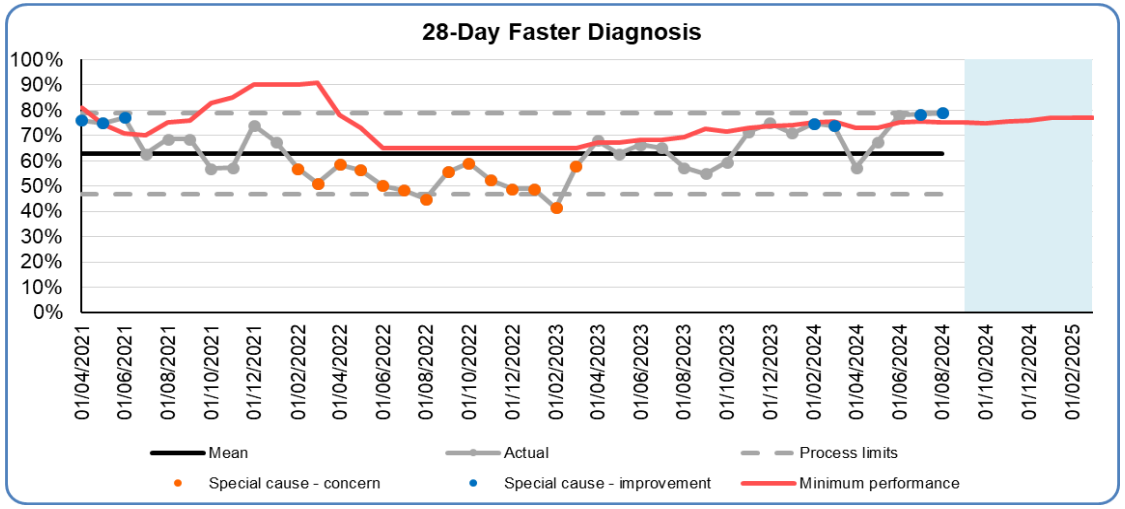
What are the main risks impacting performance?

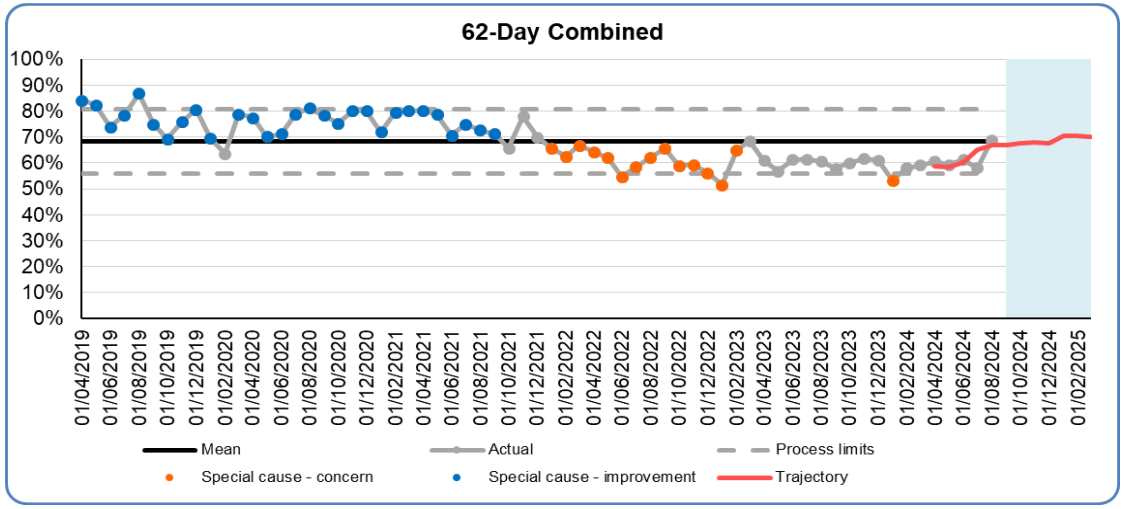
- Continued reliance on third party activity in a number of areas.
- The potential impact of UEC activity on elective care.
- Challenges remain in a small number of specialist procedures (DIEP).

What actions are being taken to improve?

- The Trust is committed to sustaining zero 65-week breaches.
- 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.

Cancer Performance





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).

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 August 24 data

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	TREND
Activity							
Number of women who gave birth, all gestations from 22+0 gestation	448	426	459	448	444	444	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	1	3	4	3	5	4	
Number of women who gave birth (>=24 weeks or <24 weeks live)	447	425	459	449	444	444	
Number of babies born (>=24 weeks or <24 weeks live)	449	429	463	456	451	453	
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)	24	27	33	34	36	40	
No of livebirths <24 weeks gestation	1	1	0	1	3	2	
Induction of Labour rate %	34.5%	32.7%	29.8%	30.1%	25.0%	28.8%	
Spontaneous vaginal birth rate %	43.6%	43.1%	45.3%	46.1%	45.5%	45.5%	
Assisted vaginal birth rate %	11.2%	10.8%	8.5%	9.6%	8.6%	7.9%	
Caesarean Birth rate (overall) %	44.7%	45.9%	46.2%	43.0%	45.0%	46.4%	
Planned Caesarean birth rate %	19.9%	18.8%	17.2%	18.3%	20.5%	23.2%	
Emergency Caesarean Birth rate %	24.8%	27.1%	29.0%	24.7%	24.5%	23.3%	
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	5.2%	5.0%	4.2%	4.8%	2.9%	5.1%	
BFI Activity							
% of babies where breastfeeding initiated within 48 hours	Not Available (DNA)		81%	82%	78%	78%	
% of babies breastfeeding on Day 10	Not Available (DNA)		75%	72%	72%	74%	
% of babies breastfeeding at transfer to community	Not Available (DNA)		82%	70%	68%	66%	
% of babies where skin to skin recorded within 1st hour of birth	Not Available (DNA)		91%	84%	80%	81%	
Perinatal Morbidity and Mortality inborn							
Total number of perinatal deaths (excluding late fetal losses)	3	1	2	4	1	4	
Number of stillbirths (>=24 weeks excl. TOP)	1	0	1	2	0	2	
Number of neonatal deaths : 0-6 Days	1	1	1	2	1	0	
Number of neonatal deaths : 7-28 Days	1	0	0	0	0	2	
PMRT grading C or D cases (themes in report)	1	0	1	3	2	1	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (MNSI)	0	1	0	0	0	0	
Maternal Morbidity and Mortality							
Number of maternal deaths (MBRRACE)	0	0	1	1	1	0	
Direct	0	0	0	0	0	0	
Indirect	0	0	1	1	1	0	
Number of women recieving enhanced care on CDS	26	29	37	46	41	37	
Number of women who received level 3 care (ITU)	0	2	1	3	2	0	

The term admission rate to NICU was 5.1% against a national target of 5%.

Perinatal services referred 2 new cases to MNSI in August (1x suspected hypoxic ischaemic brain injury and 1 x intrauterine death). There were no new commissioned cases for Patient Safety Incident Investigations (PSII).

PMRT saw 1 case being graded as C in August.

There were 2 moderate harm incidents in August which relate to a mental health patient plan of care not being followed and an incident of mismanaged bladder care on the postnatal ward.

Midwifery is currently recruited to vacancy and turnover.

Perinatal services received 4 formal complaints in August.

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

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

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

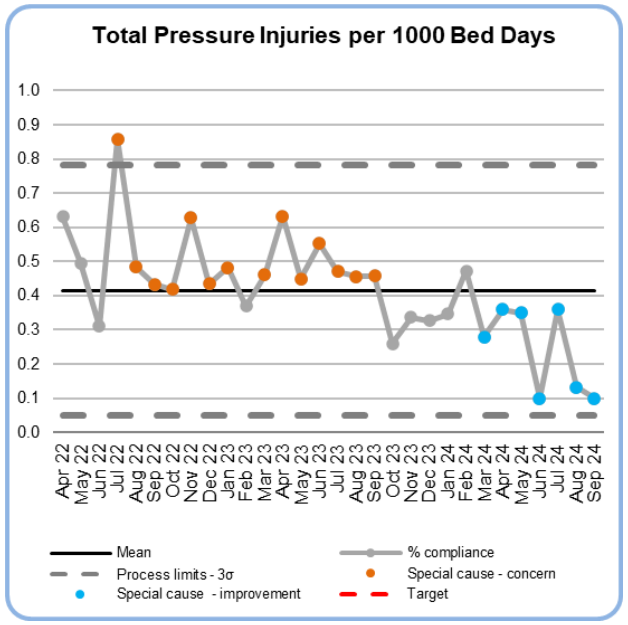
Maternity

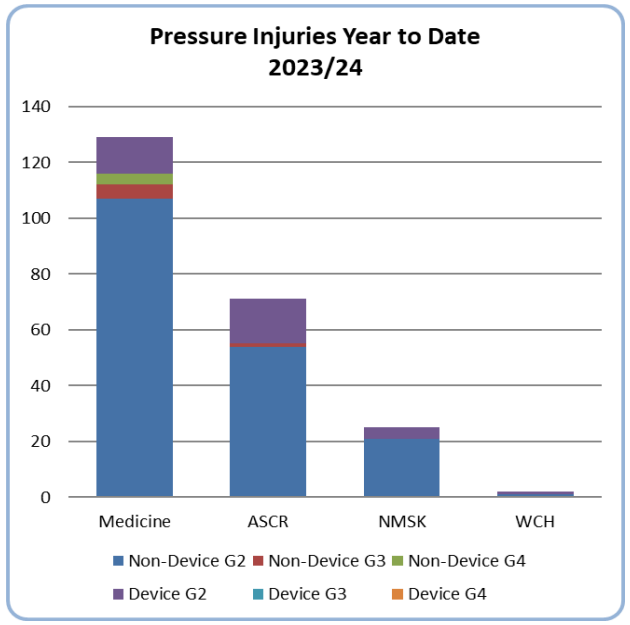
Perinatal Quality Surveillance Monitoring (PQSM) Tool
August 24 data

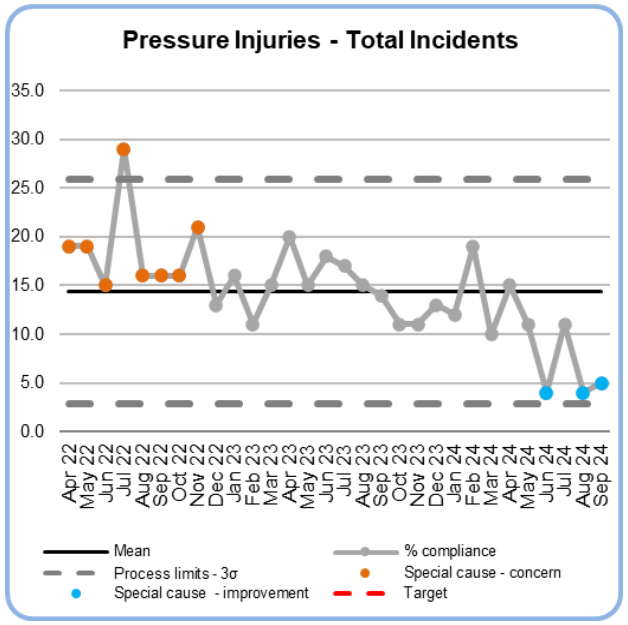
	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	TREND
Insight							
Number of datix incidents graded as moderate or above (total)	0	2	0	4	2	2	
Datix incident moderate harm (not SI, excludes MNSI)	0	2	0	4	1	2	
Datix incident PSII (excludes MNSI)	0	0	0	0	0	0	
New MNSI referrals accepted	0	1	0	1	0	2	
Outlier reports (eg: MNSI/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust)	0	0	0	0	0	0	
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	
Workforce							
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	0	0	0	2	2	0	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	2	2	2	2	1	0	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	0	0	0	0	0	0	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)	1	1	1	1	1	1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)	1	1	1	1	1	1	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).	27.6%	37.6%	38.9%	39.0%	42.3%	41.3%	
Vacancy rate for midwives	6.17%	3.06%	2.68%	1.43%	-1.25%	-2.19%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)	54%	59%	59%	59%	55%	55%	
Vacancy rate for NICU nurses	10	18%	11%	5%	7%	10%	
Datix related to workforce (service provision/staffing)	13	1	2	1	1	5	
Consultant led MDT ward rounds on CDS (Day to Night)	81%	90%	100%	100%	100%	100%	
Consultant led MDT ward rounds on CDS (Day)	97%	100%	100%	100%	100%	100%	
One to one care in labour (as a percentage)	97%	99%	98%	100%	100%	100%	
Compliance with supernumerary status for the labour ward coordinator	100%	100%	100%	100%	100%	100%	
Number of times maternity unit attempted to divert or on divert	0	0	0	1	1	1	
in-utero transfers							
in-utero transfers accepted	5	a Not Available (DNA)		4	3	2	
in-utero transfers declined	0	able (DNA)	4	4	5	5	
ex-utero transfers to NICU							
ex-utero transfers accepted	11	4	3	0	1	able (DNA)	
ex-utero transfers declined	2	able (DNA)	0	4	1	1	
NICU babies transferred to another unit due to capacity/staffing	0	able (DNA)	0	0	4	6	
Number of consultant non-attendance to 'must attend' clinical situations	0	0	0	0	0	0	

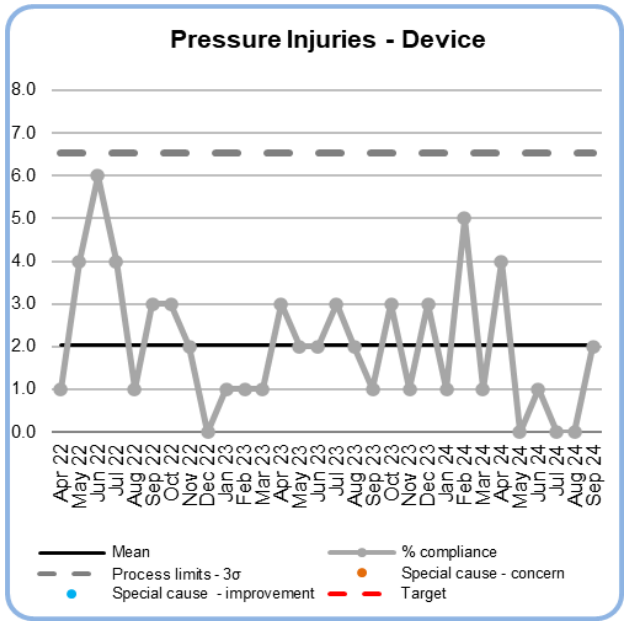
		Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	TREND
Involvement								
Service User feedback: Number of Compliments (formal)		110	106	61	96	93	36	
Service User feedback: Number of Complaints (formal)		3	1	1	6	3	4	
Friends and Family Test Score % (good/very good) NICU		100	100	100	100	100	100	
Friends and Family Test Score % (good/very good) Maternity		93	90	93	92	89	91	
Staff feedback from frontline champions and walk-abouts (number of themes)		0	0	10	0	0	8	
Improvement								
Progress in achievement of MIS /10		10	10	10	10	10	10	
Training compliance in annual local BNLS (NICU)		98%	90%	55%	60%	96%	98% nurses	
Training compliance in maternity emergencies and multi-professional training (PROMPT)	***Overall***	79%	75%	73%	72%	71%	77%	
	Obstetric Consultants	89%	94%	89%	89%	89%	94%	
	Other Obstetric	73%	75%	63%	51%	51%	66%	
	Anaesthetic Consultants	62%	59%	66%	79%	80%	83%	
	Other Anaesthetic Doctors	73%	60%	64%	40%	65%	70%	
	Midwives	73%	79%	82%	78%	79%	77%	
	Maternity Support	90%	80%	76%	75%	77%	77%	
	Theatre staff	Data Not Available (DNA)						
	Neonatologists	Data Not Available (DNA)						
	NICU Nurses	Data Not Available (DNA)						
Fetal Wellbeing and Surveillance * note: includes BNLS	***Overall***	85%	87%	72%	82%	83%	82%	
	Obstetric Consultants	89%	94%	72%	94%	94%	88%	
	Other Obstetric	72%	72%	69%	57%	57%	37%	
	Midwives	82%	87%	77%	84%	86%	85%	
Trust Level Risks		3	4	3	3	4	3	

Pressure Injuries









What does the data tell us?

In September there were 5 x grade 2 pressure ulcers, of which 2 were attributable to medical devices.

In September there were no unstageable, grade 3 or 4 reported pressure ulcers reported.

When bench-marking grade 2 pressure ulcers against the figures from 2023-2024 for the same 6-month period, NBT is at a 47% reduction in grade 2 pressure ulcer prevalence.

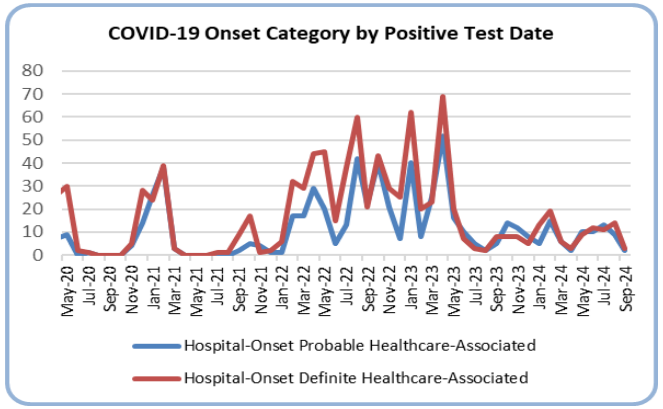
In September there was a decrease to 6 x DTIs reported. When benchmarked against the figures for 2023-2024 for the same 6-month period, NBT is at a 63% reduction in DTI prevalence.

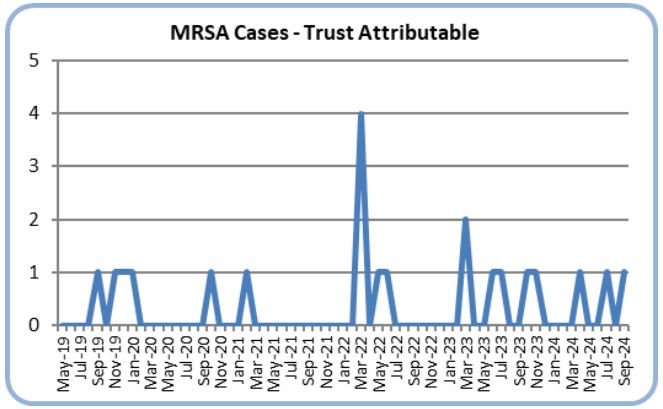
The target for pressure ulcer reduction will be a trajectory for the year based on the first-quarter figures. There will be zero tolerance for Grade 3 or 4 PUs, with a target for 50% reduction on last year's incidents.

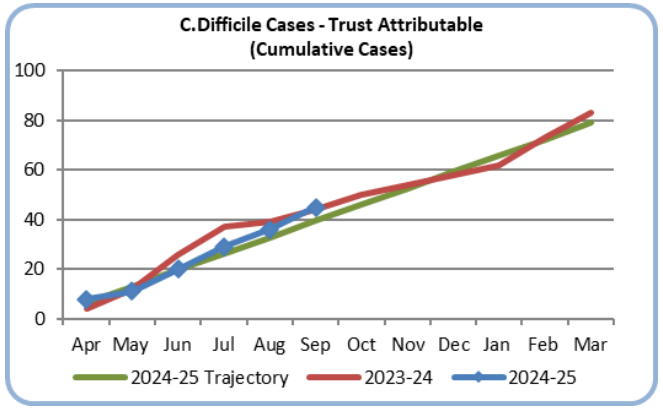
What actions are being taken to improve?

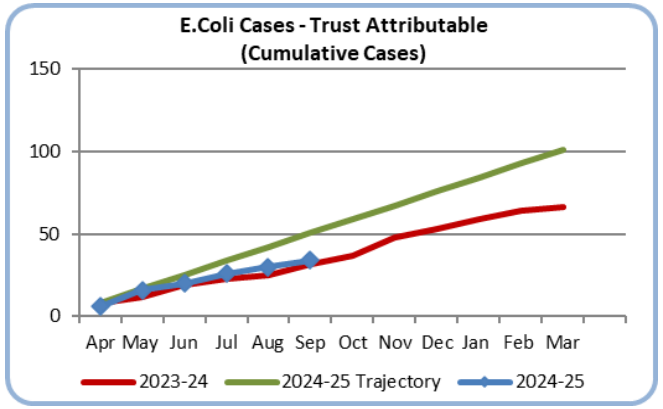
- The trial on using foam dressings prophylactically in pressure ulcer prevention on the sacrum in ICU has finished. The evaluation forms have been collected and the outcomes discussed at the NBT Pressure Ulcer Steering Group. This is due for discussion with the wider MDT and discharge team on creating a pathway for us as an adjunctive to normal PU prevention care.
- The TVNs continue to provide a weekly walk with the senior nursing team on ICU to promote best practice in PU prevention when using medical devices.
- 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.

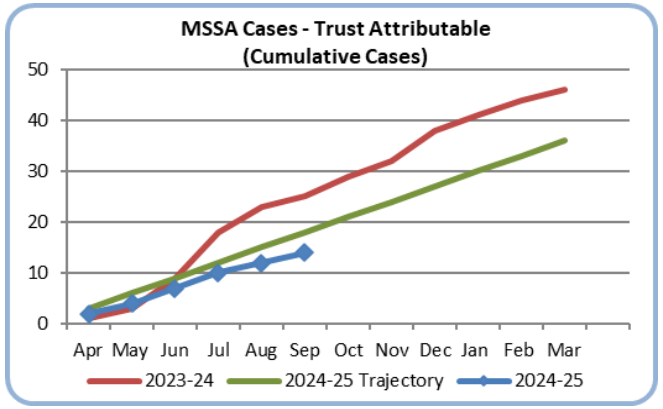
Infection Prevention and Control

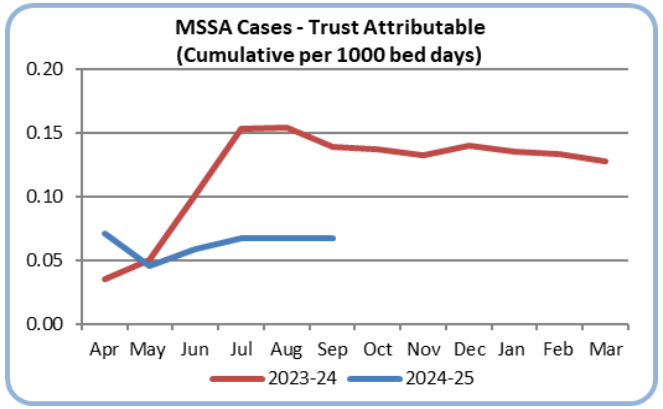












What does the data tell us?

COVID-19 (Coronavirus) / Influenza - numbers remain low not causing concern, IPC team has had winter funding approved for 7 day working in IPC .Changes are being made regarding the management of COVID Contacts from the 1st November so bays will not be closed due to this .

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 .

C. difficile – Cases have increased slightly above trajectory

Gram negative/ E.coli – .Cases remain within trajectory

What actions are being taken to improve?.

- IPC team has focused on prevention as part of winter planning teaching , commode audits and support of areas with increase rates continue. IPC and Microbiology devising a C Diff ward round as a targeted approach
- 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 on a lower trajectory, IPC teams continue collaboration within regional to drive reduction, focusses on main points of IV devises or chronic wound linked with tissue viability.

Other infections

MPOX – case management of a case in outpatients working with Occupational heath

Other projects

Glove reduction and sustainability – 60% reduction seen in use in ED

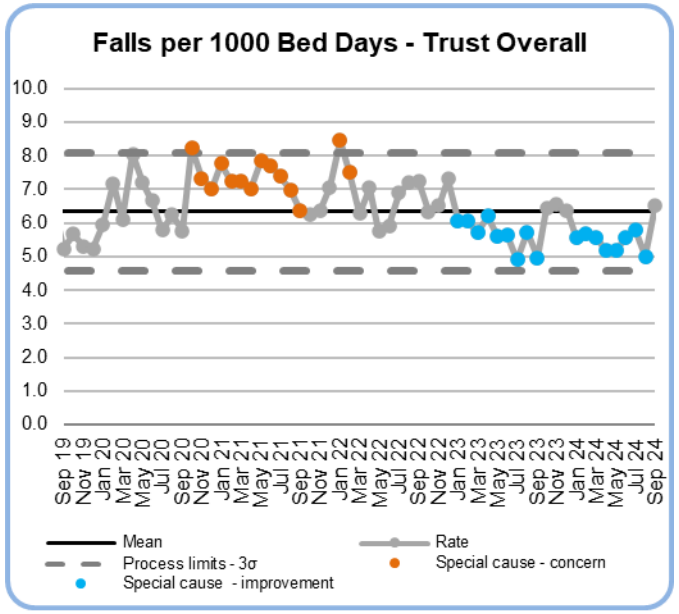
HCID – IPC working with Divisional teams to implement specifically supporting ventilation .

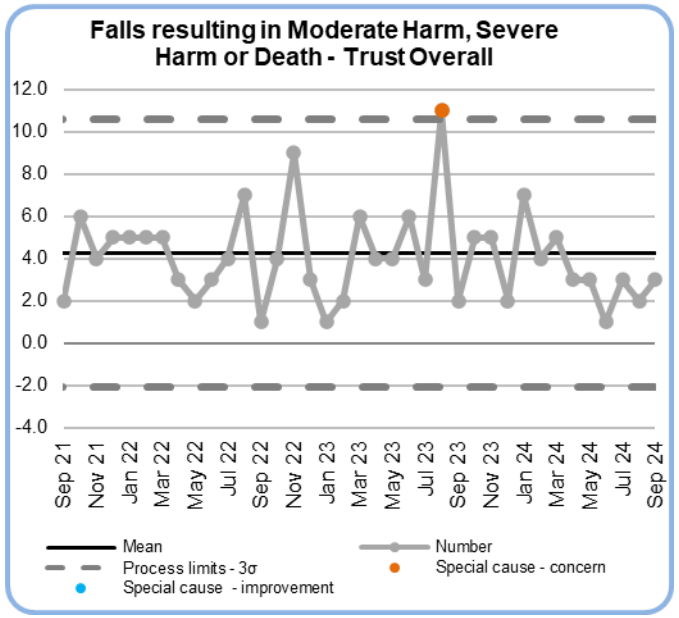
Alcohol free gel – Implementation of Spectrum X alcohol free gel that can be used with Norovirus and C Diff

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.

IPC WEEK – Working with other colleagues to raise awareness of needle stick injuries , bay risk assessments , safe placements of patients





Falls

Falls incidents per 1000 bed days

NBT reported a rate of 6.53 falls incidents per 1000 bed days in September which is above the average of 6.33.
There were 196 falls reported in September. 3 moderate level physical harm incidents. It is possible one may be upgraded to severe following further reviews.

One of the harmful falls resulted in multiple fractures including a fractured hip and the patient has now passed away. The remaining moderate level harmful falls have all resulted in different fractures.

Medicine division: 126 falls reported. This is their highest rate of falls since Dec 2022.
NMSK division: 39 falls reported. Above their average.
ASCR: 29 falls reported. This is above their average.

Multiple falls accounted for 32% of falls this month which is above average of a quarter. 28 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 74% of reports in the over 65's.

What actions are being taken to improve?

The falls team supported with providing a detailed response to a CQC query relating to falls safety on 32A.

The Falls team have been reviewing the incident reporting content for falls as part of the stakeholder consultation for the new incident reporting system Radar.

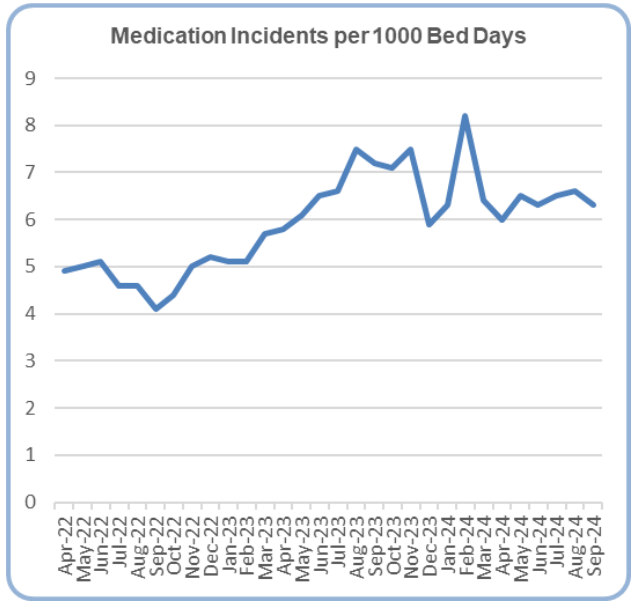
Work is nearly complete within complex care wards to rationalize hoist sling storage as part of a quality improvement piece of work to improve safe lifting following a fall. This aims to improve the ease with which staff can access hoisting equipment to move a patient following a fall. This should reduce unnecessary calls to the serious falls' response. This work has now started in ASCR and the health and safety team will be leading on the same work within NMSK.

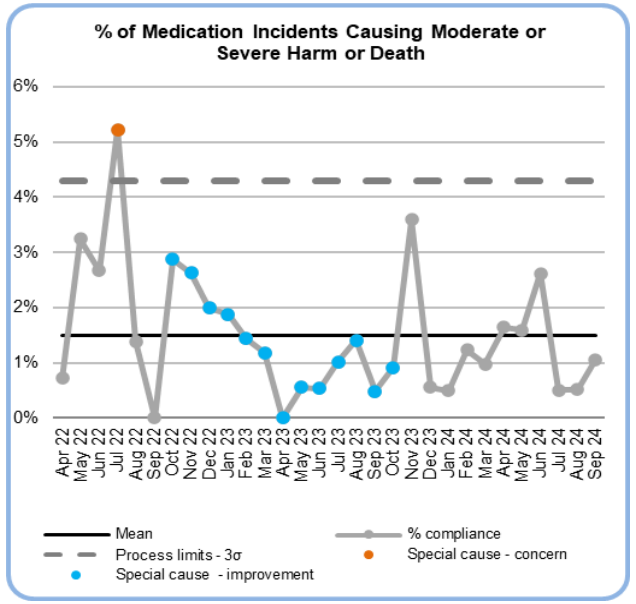
The falls team are supporting with efforts to improve the completion of neurological observations following a fall. The first step is to agree a standard approach for how we utilize our electronic Vitals system and to explore how the systems can support staff to complete neurological observations following a fall. This is pending feedback from System C providers about how we can utilize the existing CareFlow configuration.

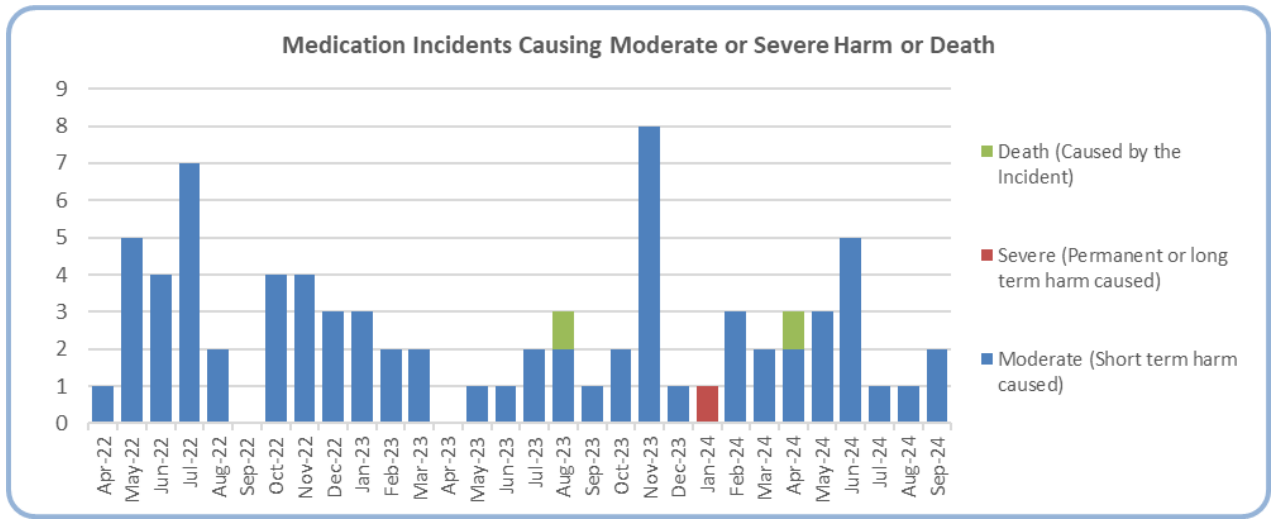
Training to junior doctors has commenced to outline the responsibilities and guidelines in place to support a patient following a fall in hospital. This will become an established aspect of the training schedule for future training programs.

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

Medicines Management Report







What does the data tell us?

Medication Incidents per 1000 bed days

During September 24 NBT had a rate of 6.3 medication incidents per 1000 bed days, which is slighty below the 6-month average of 6.4 for this measure.

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

The level of medication incidents causing moderate or severe harm or death was 1% this month with only 2 incidents falling into this category.

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

Overall comment

Incident numbers have remained relatively stable for the past few months and the impact of the change to the new national LFPSE reporting system appears to be subsiding.

What actions are being taken to improve?

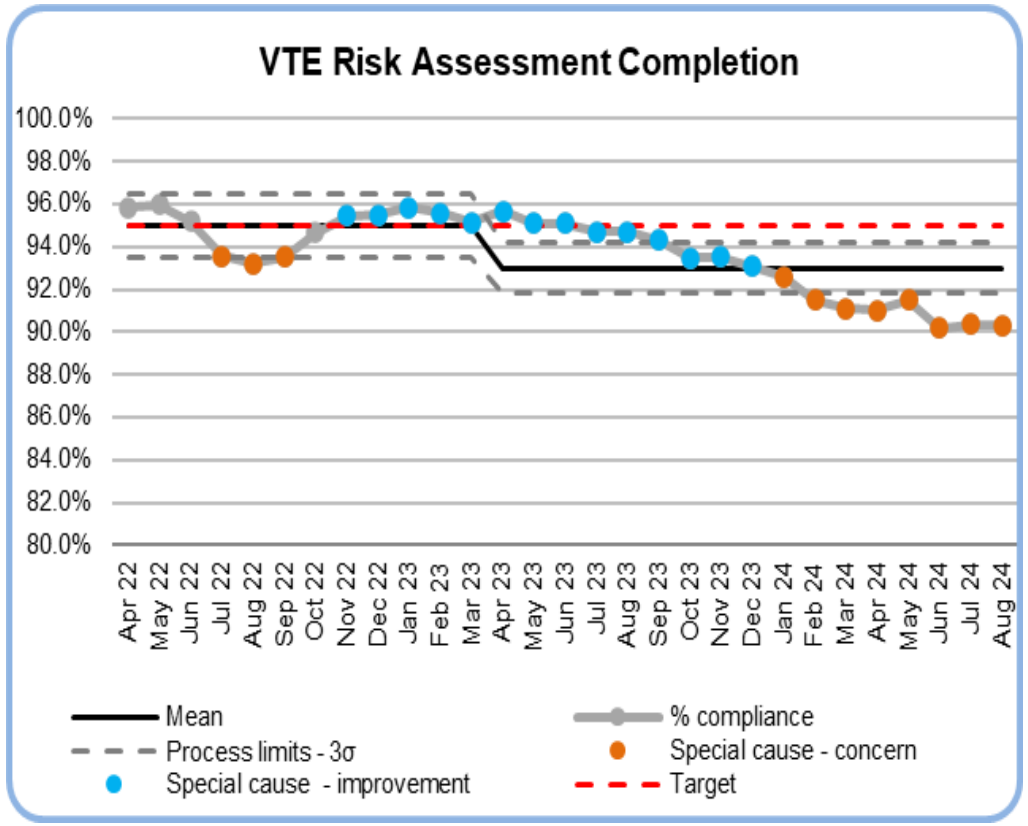
The work of the 'Medicines Safety Forum' continues – this is a multidisciplinary group whose aim is to focus on gaining a better understanding of medicines safety challenges and subsequently supporting staff to address these. This group is to meet monthly going forward. There has been a high level of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

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

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

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

VTE Risk Assessment



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

What does the data tell us?

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

Actions:

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

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

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

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

Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams

Patient & Carer Experience – Strategy Delivery Overview September 2024

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

NHS North Bristol NHS Trust

Patient & Carer Experience Strategy Commitment	Commitments	Progress Status
Listening to what patients tell us	We will continue to share patient experiences at Board and through other governance committees, to ensure the voice of the patient is heard.	Ongoing- a patient Story was shared with the Trust Board in September, and a patient story was shared at the Patient and Carer Experience Committee in September.
	We will build on our existing methods to collect patient feedback ensuring these are accessible to all. We will explore the use of new technologies to support this including how we capture social listening (social media comments).	**This has been identified as a Quality Priority.** Patient Conversations continue across the Trust with dedicated volunteers. We have begun 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
Working together to support and value the individual and promote inclusion	We will aim to increase the diversity of our volunteer teams to reflect our local community and the patients we serve, with a particular focus on Outpatient areas.	New VS Strategic Plan is in development with a focus on this objective. First draft 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.	**This has been identified as a Quality Priority.** MH Strategy has been signed off. We have a patient partner with LD who is actively involved in sharing her lived experience to improve services. We are in the process of onboarding a patient partner with lived experience of Mental Health.
	The voice and the involvement of carers will be respected and integral in all we do.	We have just updated our Carers Awareness Training, this is being signed off with support from Young Carers Voice. We are awaiting the arrival of 10 new carers chairs which will make a significant difference to the experience of carers supporting on the ward.
	Personalised care in various services by using tools such as 'This is Me' developed for patients with dementia, 'Shared Decision Making' and "Supported Decision Making"	**This has been identified as a Quality Priority**. 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 completed an outreach visit to BOSH, a Bristol-based charity supporting people experiencing homelessness. We also captured a patient story from a member of the Gypsy, Roma, Traveller community. We recently attended the Chinese Community Health Check Day.
Being responsive and striving for better	We will continue to sustain and grow our Complaints Lay Review Panel as part of our evaluation of the quality of our complaint investigations and responses	Ongoing- The panel met in August. 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.	Our physical access working group are assisting with a review of the hospital for PLACE in November.
	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.
Putting the spotlight on patient and carer experience	We will refresh the patient experience portal on our website and staff intranet	Completed
	We will develop a Patient Experience e-learning module to support the ongoing need of staff for easy access to busy frontline staff.	E-learning module scoped with L&D team through NHS Elect. The module is expected at the end of October.

Physical Access Steering Group visit to Bristol Centre for Enablement

At the start of September, the Bristol Centre for Enablement welcomed our Physical Access Steering Group for a visit.

The group is made up of five of our Patient and Carer Partners who have physical access needs and are helping us learn and improve the physical accessibility of our services.

The meeting was a great chance to discuss the items the group wanted to improve and get suggestions and ideas from the staff at BCE.

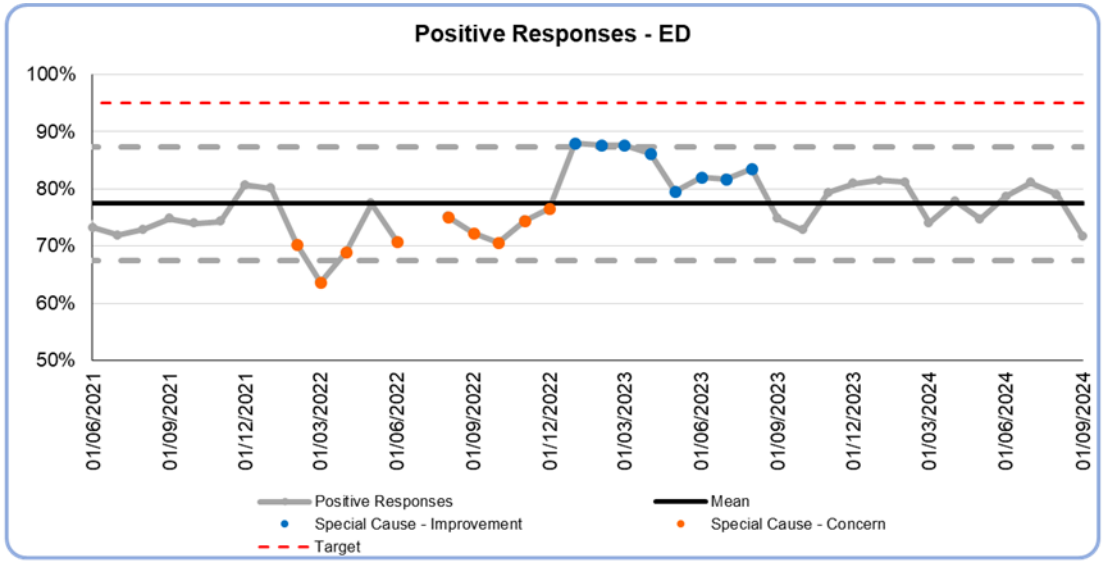
It was also a chance for the team at BCE to learn from our partners with lived experience.

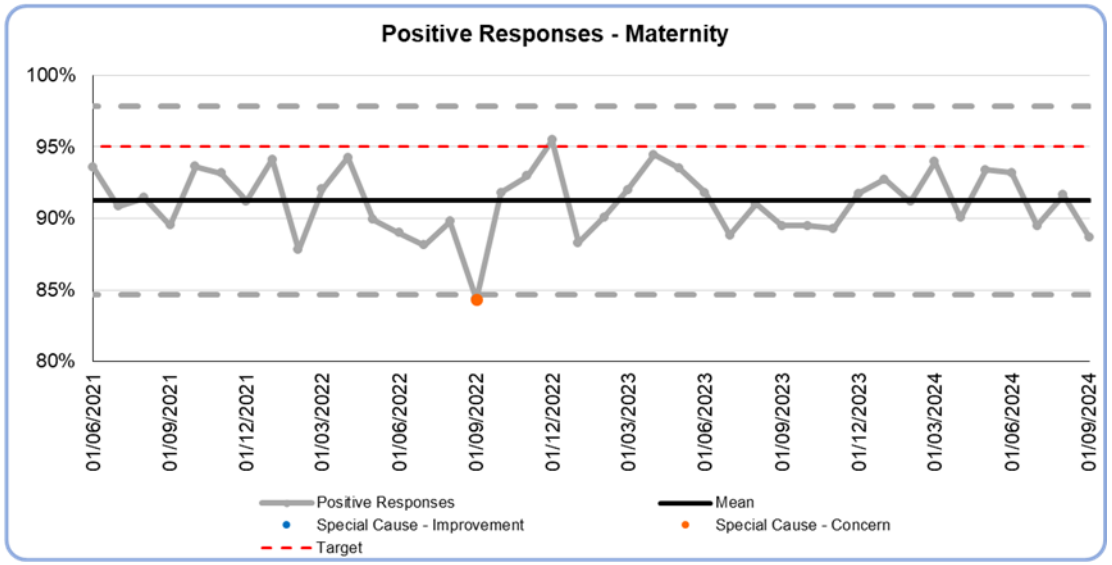
We had a great time sharing other great practices that we hope to look into, including some innovative ideas such as talking toilets!

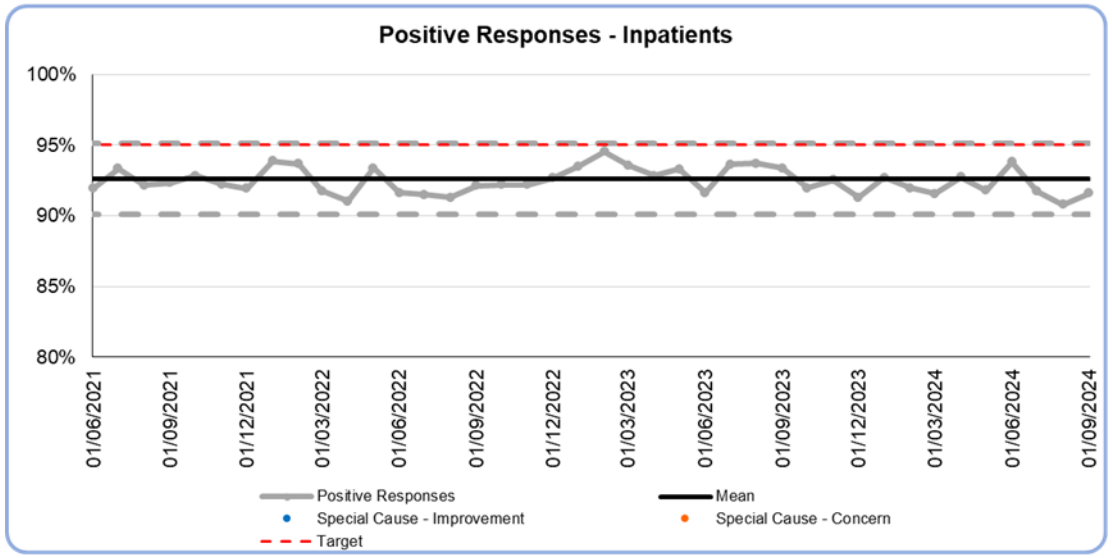
It was a hopeful meeting with many actions to work on to make NBT more accessible.

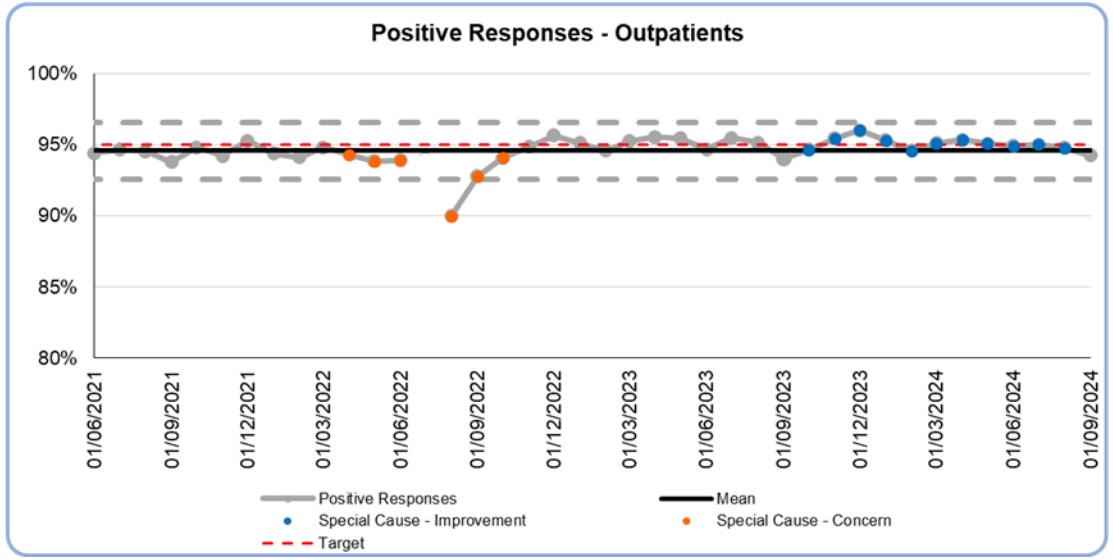
We hope will continue to move things forward, with the next step being the upcoming PLACE assessments with the addition of a shorter follow-up session, specifically on physical accessibility.

Patient Experience









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

Patient Experience

What does the data tell us – Trust wide?

- In September 8,831 patients responded to the Friends and Family Test question. 6,292 patients chose to leave a comment with their rating.
- We had a Trust-wide response rate of 13.2%, which is slightly down on the previous month (13.5%).
- 91.84% of patients gave the Trust a positive rating. This was down on the previous month (92.32%).
- The top positive themes from comments remain: staff, waiting time and clinical treatment.
- The top negative themes from comments remain: waiting time, communication and staff.

What does this data tell us – Maternity?

- Positive responses across Maternity have decreased from 91.6% in August to 88.6% in September. Negative responses have increased from 5.1% in August to 7% in September.
- The response rate across Maternity increased from16.6% in August to 17.5% in September.
- Top positive theme from comments remains staff.

The care I received from the beginning of being admitted into the hospital was fantastic, and it continued throughout. I felt supported emotionally, and the staff went over and beyond to what I needed even when they were stretched to their compacity. Absolutely fantastic midwives team!

What does the data tell us - Emergency Department?

- Positive responses have decreased from 78.9% in August to 71.7% in September. Negative responses have increased from 14.4% in August to 16.8 in September. The 4 hour ED wait performance dropped 4% from the previous month and 6% from the same period last year, indicating longer waiting time, and likely impacted the results.
- The response rate for ED decreased from 19.6% in August to 19% in September.
- The top positive theme remains staff.
- The top negative theme remains waiting time.

Waiting time was so long during the night that I was told to come back in the morning after. But when I was seen the doctors and nurses were incredible!

What does the data tell us - Inpatients?

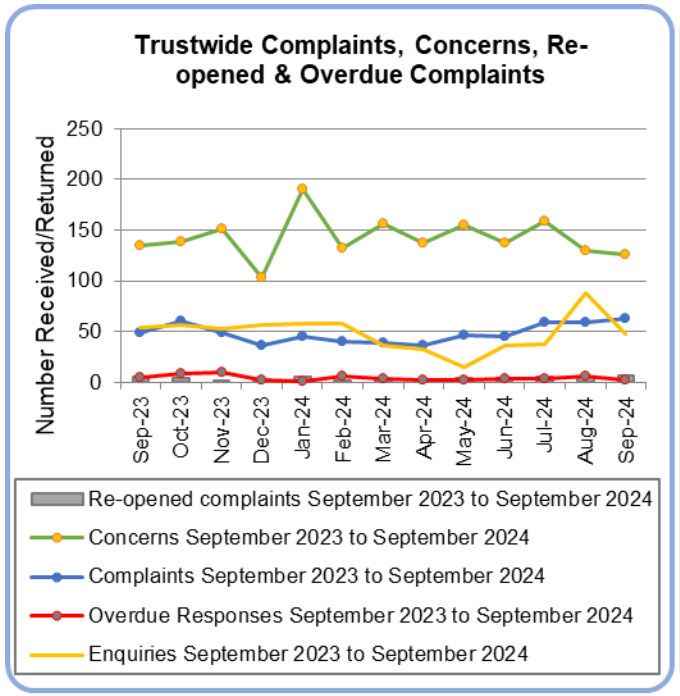
- Positive responses have decreased from 94.7% in August to 91.6% in September. Negative responses have increased from 5.1% in August to 6.3 in September.
- The response rate for inpatients has increased from 21.3% in August to 21.6 in September.
- Top positive themes from comments are staff, waiting time, and clinical treatment.
- Negative themes from comments are communication, staff and clinical treatment .

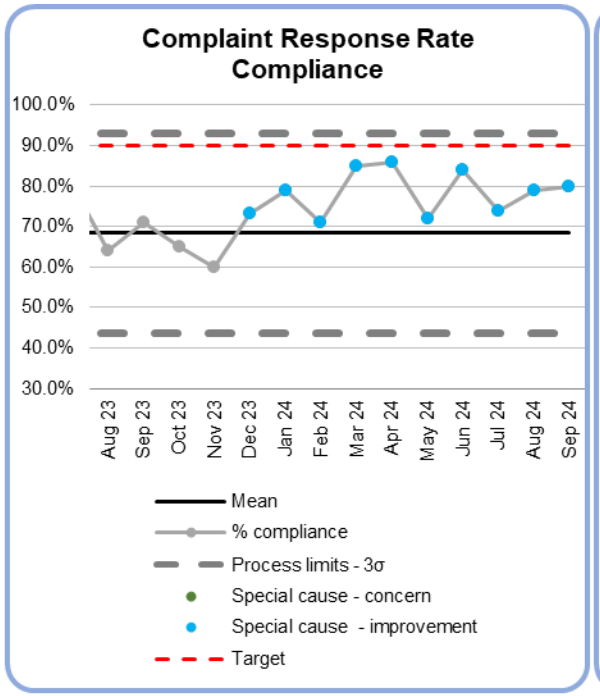
All the members of staff I encountered were polite, friendly and took time to explain everything that was happening to me. I was treated with kindness and respect.

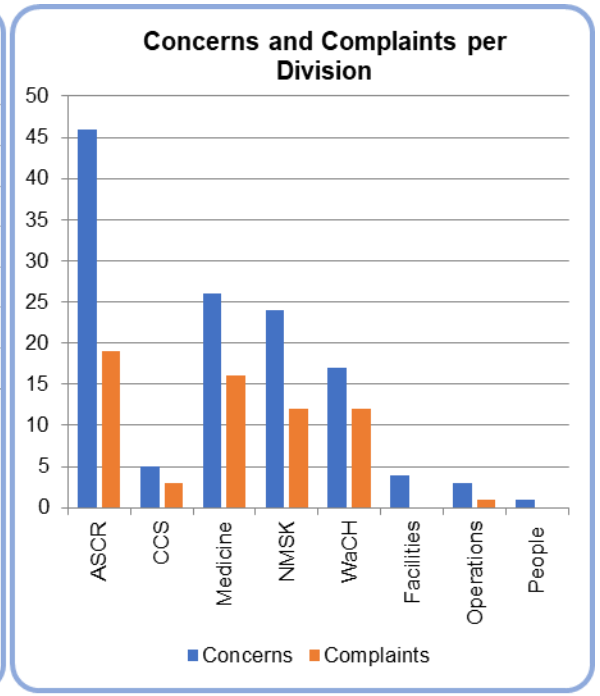
What does the data tell us – Outpatients?

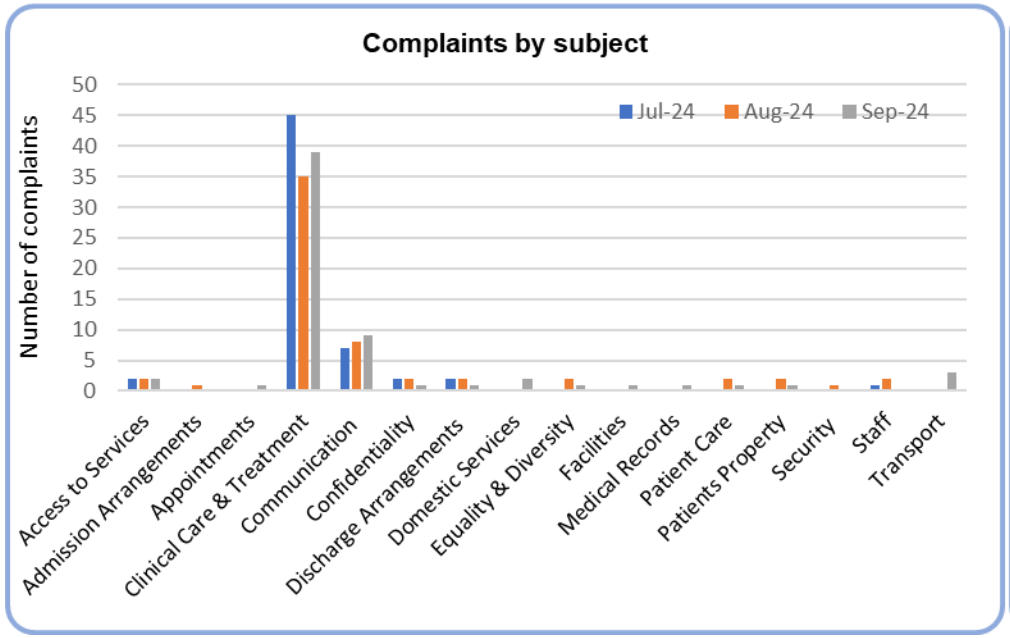
- Positive responses have decreased from 94.7% in August to 94.2% in September. Negative responses increased from 2.1% in August to 2.6 in September.
- The response rate for outpatients decreased from 11.8% in August to 11.5 in September.
- Top positive themes from comments remain staff, waiting time and clinical treatment.
- Negative themes from comments remain waiting time, communication and staff.

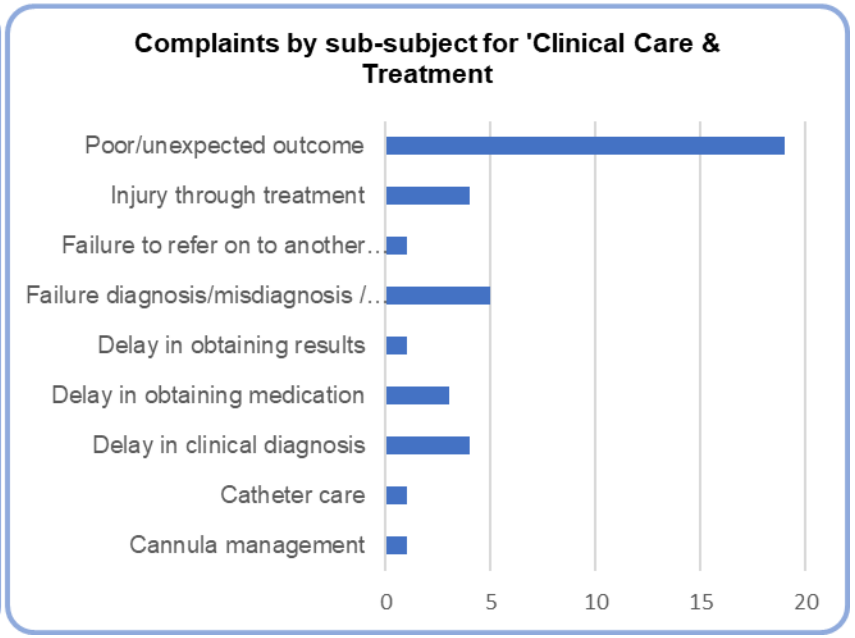
All the staff I saw were great. Very friendly and informative at a time when I was very nervous and worried. It was also wonderful to be seen so quickly and on a Sunday











NHS North Bristol NHS Trust

Complaints and Concerns

What does the data tell us?

In September 2024, the Trust received 63 formal complaints. This is 4 more than the previous month and 13 more than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (39). A chart to break down the sub-subjects for 'Clinical Care and Treatment' is included.

Of the 63 complaints, the largest proportion was received by ASCR (19) followed by Medicine (16).

There were 7 re-opened complaints in September (2 ASCR, 3 MED, 2 NMSK), which is one more than the previous month. There are no trends to the re-opened cases.

The number of overdue complaints at the time of reporting has decreased from 6 in August to 3 in September and are with NMSK (2) and WaCH (1)

The response rate compliance for complaints has increased slightly from 79% in August to 80% in September. A breakdown of compliance by clinical division is shown below:

ASCR – 69% CCS – 100% Medicine – 100% NMSK 70% WaCH –71%

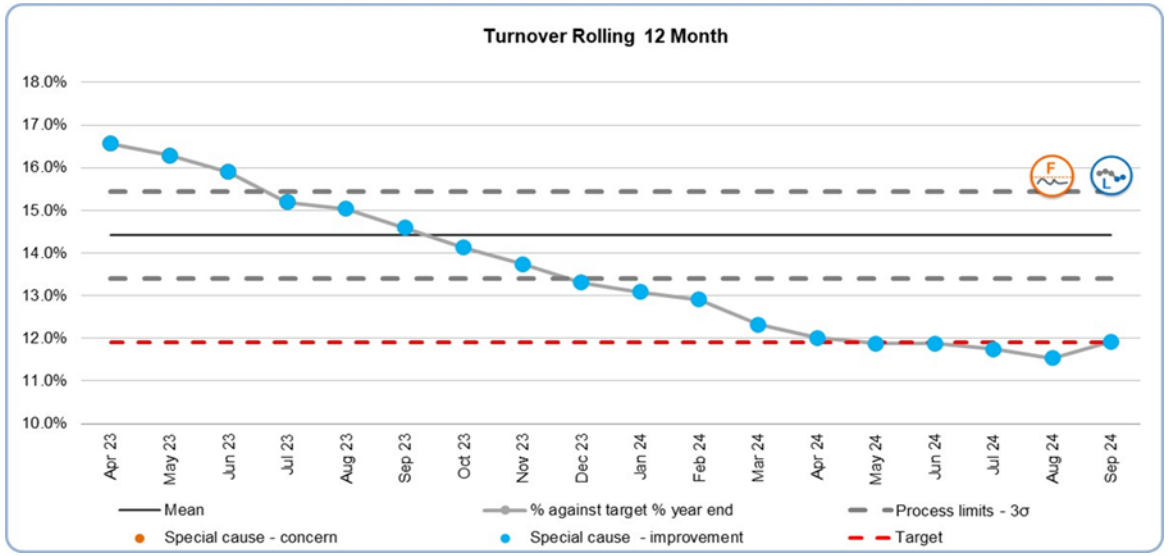
The number of PALS concerns received has decreased from 130 in August to 126 in September, which is 10 less than the same period last year.

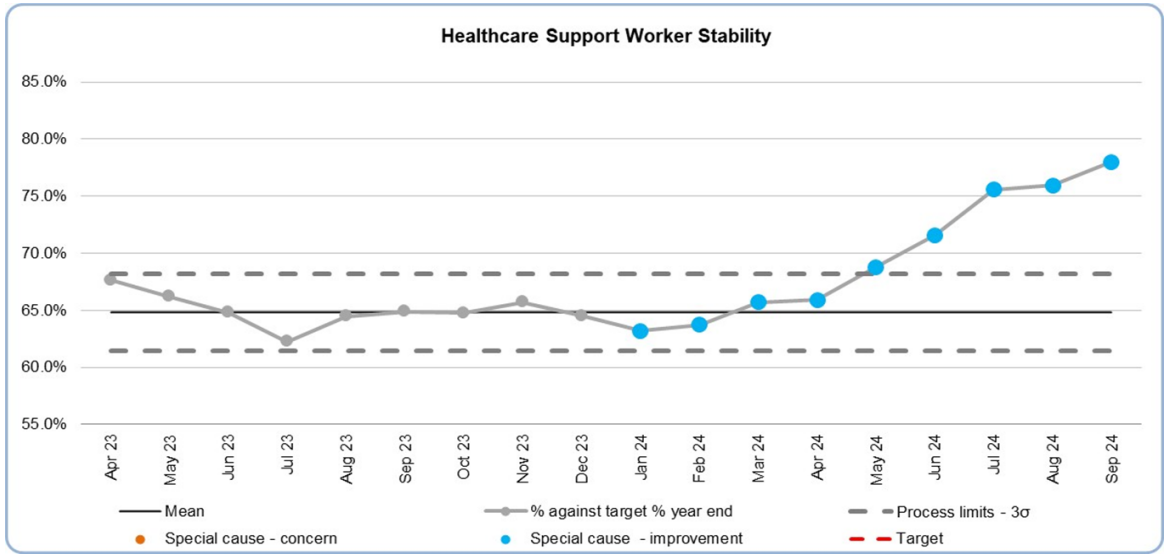
In September 100% of complaints were acknowledged within 3 working days and 100% of PALS concerns were acknowledged within 1 working day.

Workforce

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

Retention Patient First Priority People





Turnover increased from 11.54% in August, to 11.92% for September. 0.12% above the target set for 2024/25. Increases in leavers in band 2 - 4 clinical roles and administrative and clerical staff.

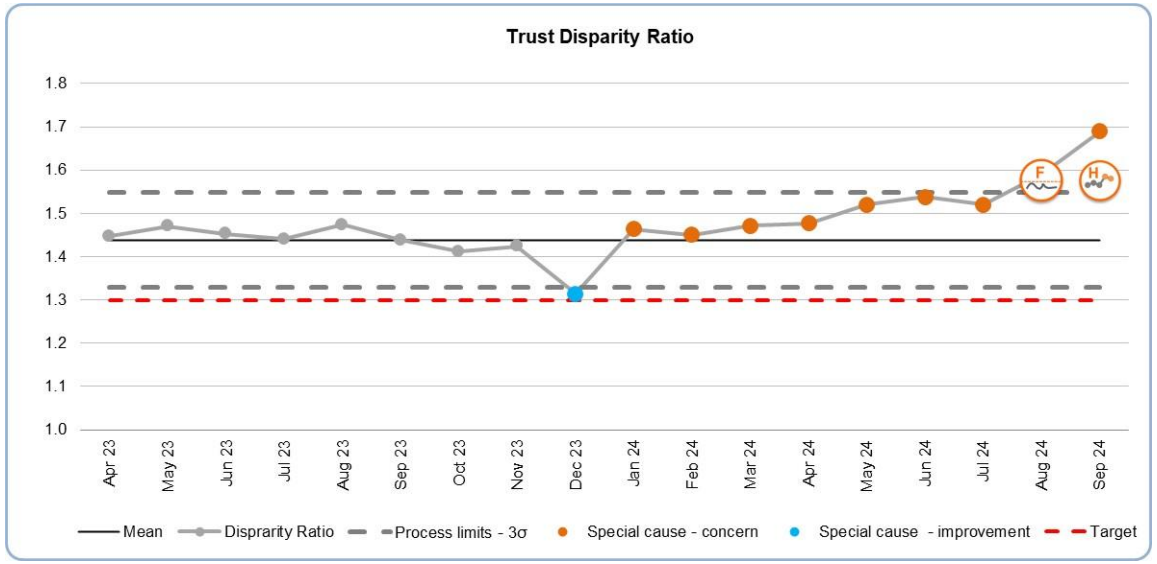
Healthcare Support Worker (HCSW) stability (% of staff in post with >12 months service) has improved and is now at 78.00% in September.

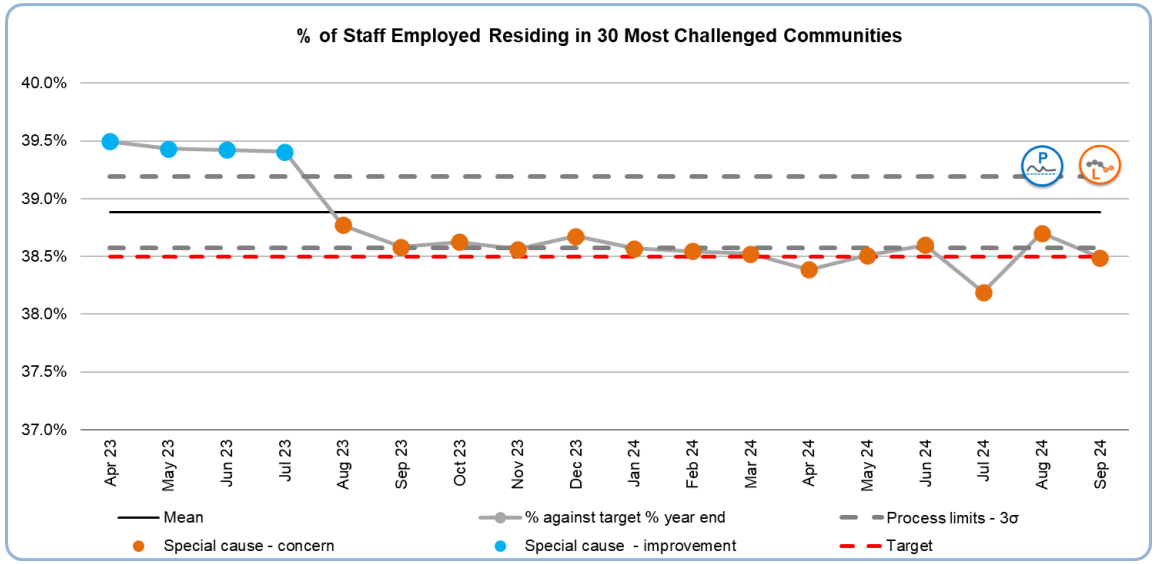
A Retention plan priority is 'Supporting New Starters' - specifically HCSWs where turnover in the first 12 months has been historically high. Enhanced Induction for these staff has been in place for 10 months and celebration events to recognise their achievements and progress within their first year,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

Driver	Action and Impact	Owner	Due
Induction	New My First 90 Days induction tool is being trialled with teams in CCS, ASCR and W&C. Pilot will run November – January with expected full launch from February 2025.	People Promise Manager Staff Induction Team/	Oct-24
Work Life Balance	New Flexible working workshop for leaders being run. With 20 managers already attending and another 35 booked on to attend future sessions. Evaluation mechanisms in place to understand impact on behaviour change	People Promise Manager	Oct-24
Culture	Civility and respect work continues to evolve and is being framed around 'living our values' and building on previous work such as the high profile We Do Not Accept Campaign. First workshops due to take place November and December	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 will take place in October using November SLG to provide a divisional focus and response, which will be presented to the People and EDI Committee in January.

Disparity Ratio – (likelihood of applicants from ethnic minority backgrounds being appointed over white applicants from shortlisting – Workforce Race Equality Standard metric). The September disparity ratio was 1.69, an increase from 1.59 in August.

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

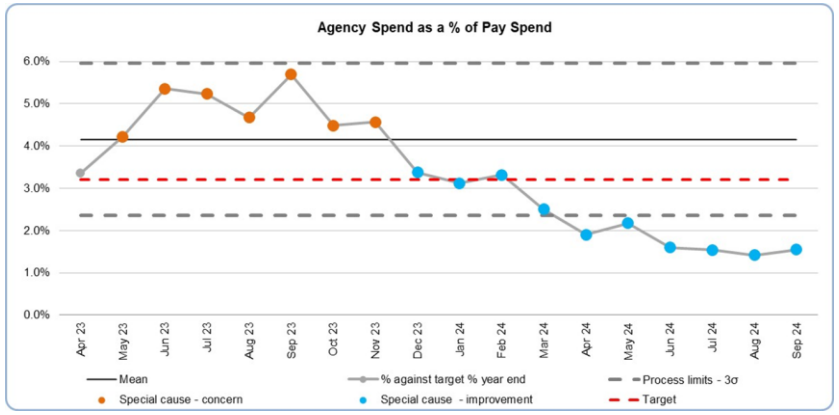
Community Outreach – Listening event booked for 12th Nov. Focus on creating long term connections with the community.

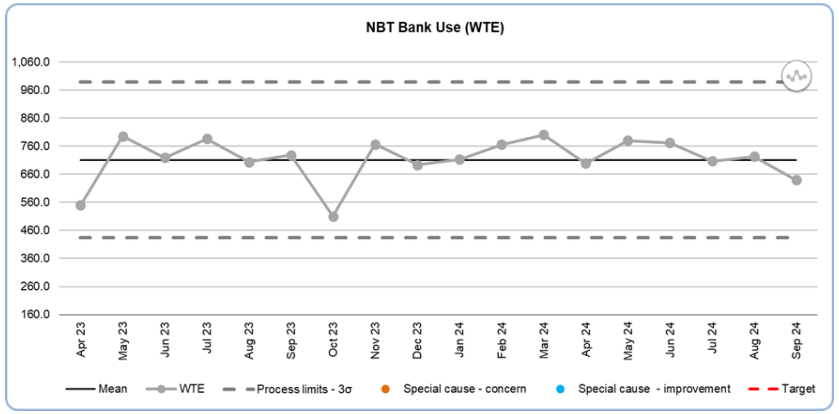
Mentoring Programme – Mentoring and support is being provided to around 90 people from our local area. Some are now seeing employment outcomes. 2 open days in Estates and Facilities have happened in September with guaranteed interviews being held for interested participant. Elective care centre is also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

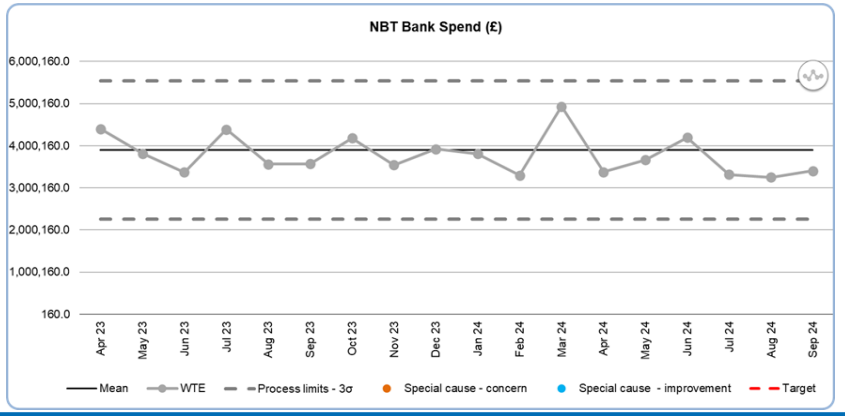
Work Experience – We have hosted in excess of 15 work placements this month for our community candidates. In some cases, this had led to employment, but has improved all participants' knowledge of the NHS, and given them vital learning to use for interviews.

Driver	Action and Impact	Owner	Due
Community Outreach	First career ambassadors have gone out to a school event in October.	Community Project Manager	Mar 25
Community Outreach	Elective Care Centre will recruit initially from community candidate pool before general public	Community Outreach officer	Nov 24

Temporary Staffing





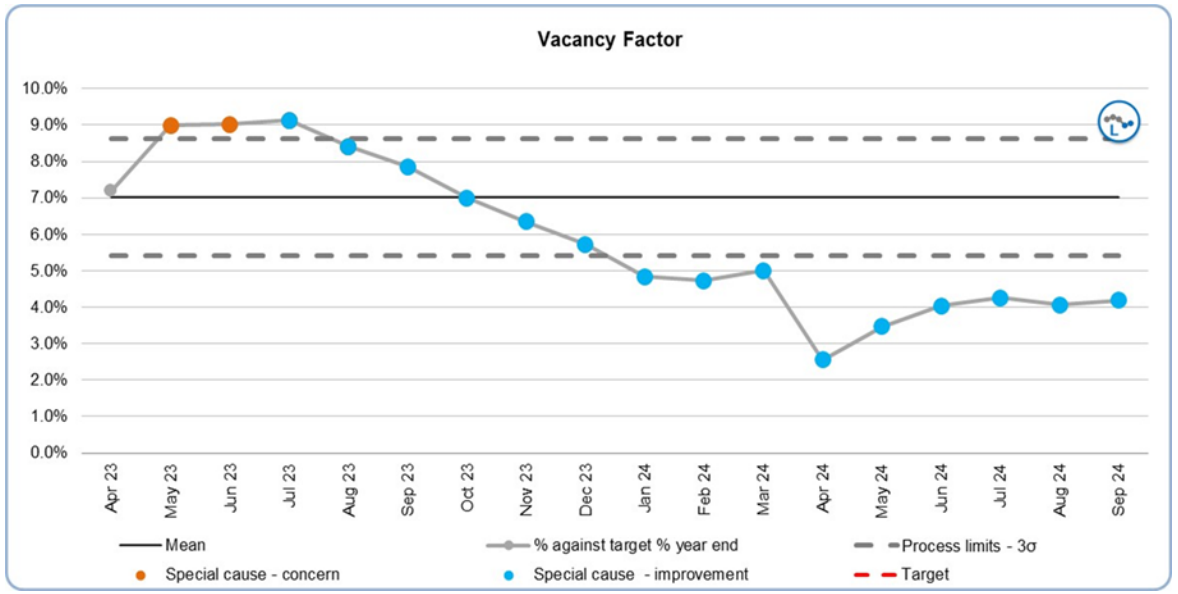


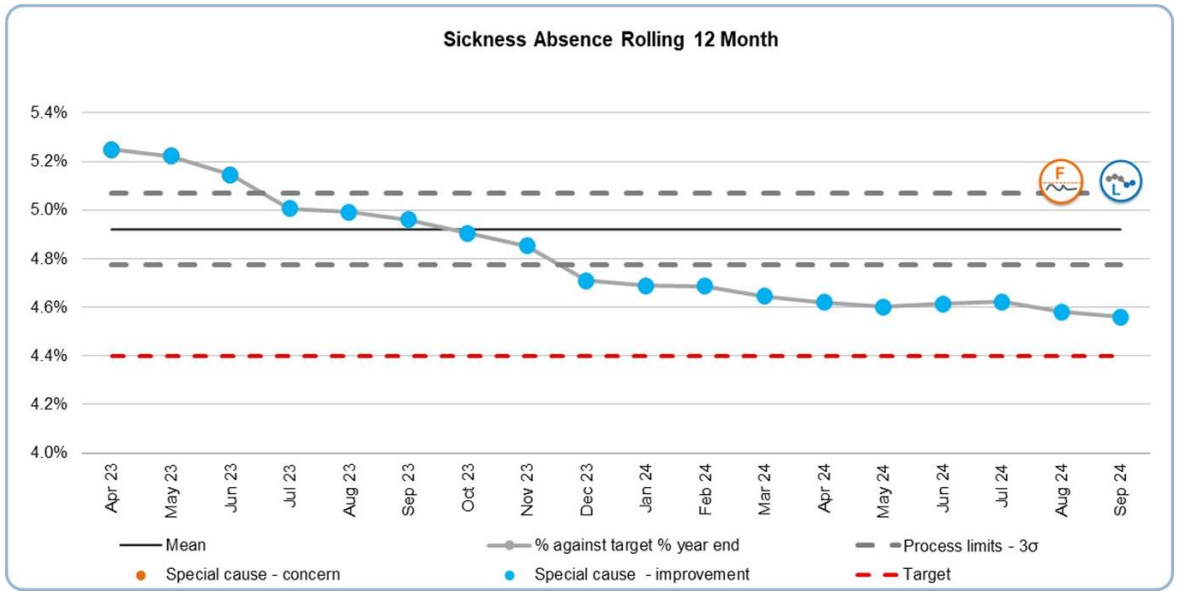
Agency use and spend continues to be significantly below the pay spend target of 3.2% of total pay spend at 1.55% in September.

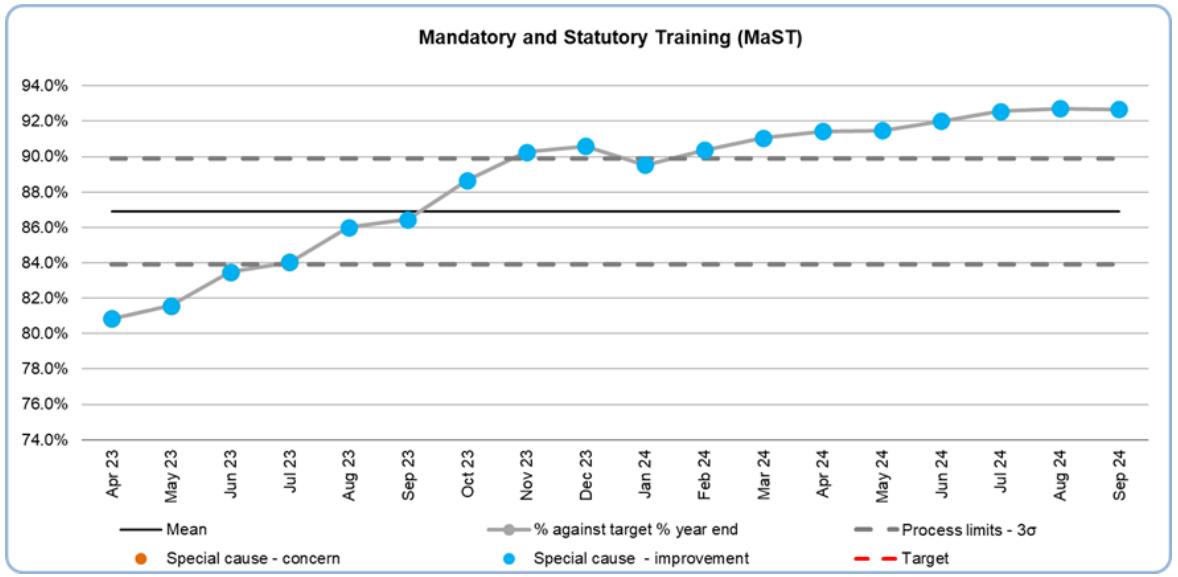
Bank use and spend has not shown any statistically significant deterioration or improvement compared to 2024/24 as a baseline, however reviewing weekly bank use and spend for in focus areas such as registered and unregistered nursing and resident doctor locums, there has been a positive step change in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

Driver	Action and Impact	Owner	Due
Medical Staffing	Medical agency temp staffing reduction group now moved into the Recruitment and Temporary Staffing oversight Group (RaTSOG) – development of plans to convert long term agency workers to substantive, fixed term or Bank contracts are now monitored within this group.	Associate Director Medical Workforce	Ongoing
Medical Staffing	Pan-regional South-West Medical Agency rate card implementation begin on the 1st September for new and ad-hoc agency use with a flightpath to Aug 2025 for existing long term agency use. Governance of rate reductions monitored within the new RaTSOG structure.	Associate Director Medical Workforce	Ongoing
Medical Staffing	Bank teams continuing to engage with agency suppliers to bring in line with 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	Nov-24
Nursing & Midwifery	Focus on reduction on reduction of Bank usage across Registered and Unregistered. Increased controls in place with oversight via the newly established Resourcing & Temporary Staffing Oversight Group	Associate Director Nursing Workforce Recovery & Deputy Chief Nurse	Ongoing
Nursing & Midwifery	Collaborative Bank: ongoing work with NICU/ICU/ED across UHB & NBT to align skills and enable collaborative working. Planning for HCSW to be onboarded to collaborative bank later this year	APC Programme group / Head of Temporary Staffing	Dec-24
AHP / STT	SW Regional group scoping work to bring AHP & STT staffing groups to NHSE agency capped rate. Target date for first reduction 1st January 2025 with full compliance achievement June 2025	Associate Director Nursing Workforce Recovery and others	June 2025
AFC Staffing groups	Process to be implemented for all other clinical and non-clinical staffing groups for requesting agency usage, and to support work to reach rate card compliance. Draft process written and awaiting sign off from CPO/DCPO.	Head of Temporary Staffing Operations	Nov-24

Watch Measures (CPO)

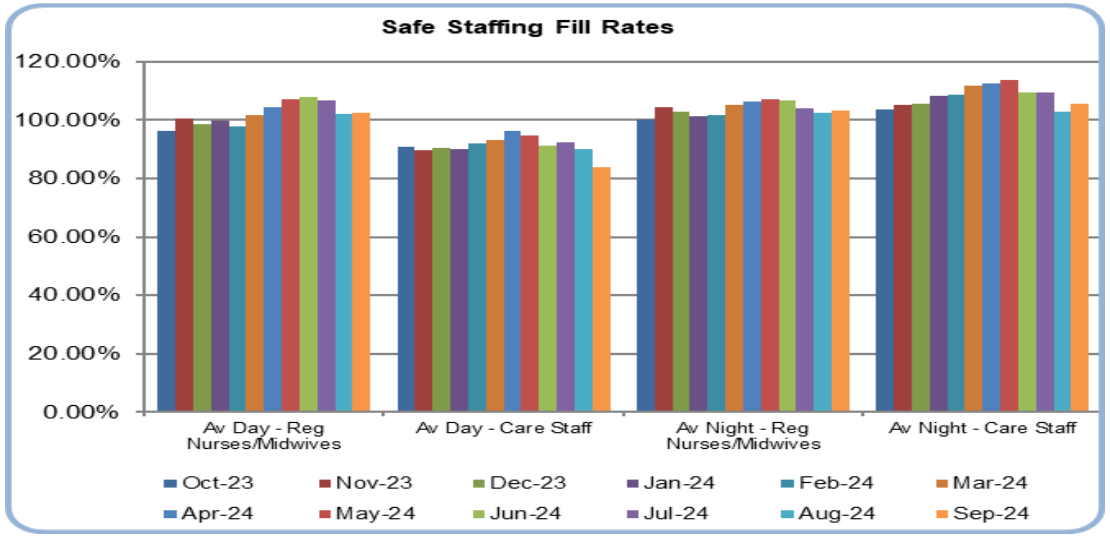






- The Trust **rolling 12-month sickness absence** rate continues to show statistically significant improvement over the last six months and is currently at 4.56% in September. However, sickness absence remains above the target of 4.40% and there remains an ongoing focus on improvement, summary actions:
  - Staff Health and Well-being Strategy Group has identified potential areas of focus for staff health & wellbeing linked to trust sickness absence data and current utilisation of wellbeing services. Discussion and further scoping of project workstreams planned for November.
  - NHSE Health and Wellbeing Diagnostic tool action plan to be shared with stakeholders for updates on actions agreed.
  - Review of Employee Assistance Program current provider Health Assured is underway with a range of options being considered for future staff mental health support options paper to People Oversight Group on 7th November.
  - Staff Health and Wellbeing Strategy Group TOR's and project plan to be ratified at POG 7th November
- The **Vacancy Factor** for NBT increased slightly from 4.06% in August, to 4.19%, however it continues to follow an improvement trend since July'23.

Safe Staffing



Sep-24	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	102.32%	83.80%	103.24%	105.65%

Ward Name	Registered nurses/ midwives Day	Care staff day	Registered nurses/ midwives Night	Care staff Night
AMU 31 A&B 14031				
Cotswold Ward 01269				
Elgar Wards - Elgar 1 17003				
Neuropsychiatry (Non Medical) 25000				
Theatre Medi-Rooms (Pre/Post Op Care) 14966				
Ward 26A 14311				
Ward 26B 14312				
Ward 32A CAU 14103				
Ward 32B SAU 14104				
Ward 33A 14221				
Ward 33B 14222				
Ward 34A 14325				
Ward 34B 14324				
Ward 7A 14302				
Ward 8A 14410				
Ward 8B (Renal - 38 Bed) 14411				
Ward 9B Flex Capacity 14501				
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.

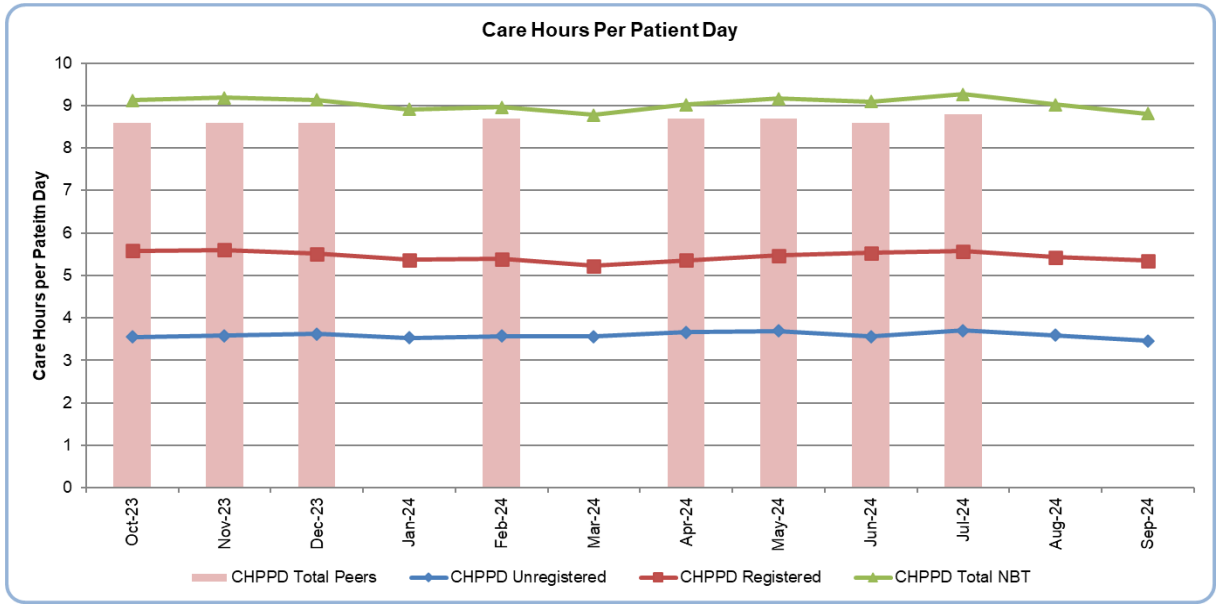
What does the data tell us?
For September 2024, the combined shift fill rates for days for Registered Nurses (RN)s across the 28 wards was 102.32% and 103.24% respectively for days and nights for RNs, an increase from last month. The combined shift fill for HCSWs was 83.80% for the day and 105.65% for the night. Therefore, the Trust as a collective set of wards is within the safe limits for September.

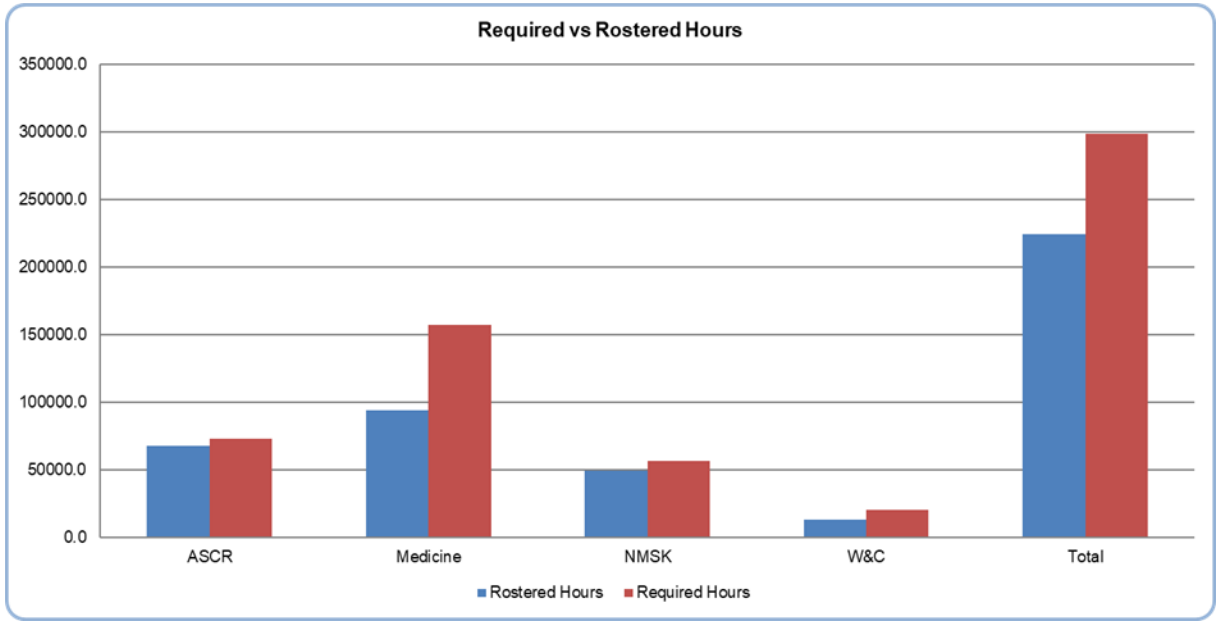
Current month *care staff* fill rates:
- 32.14% of wards had daytime fill rates of less than 80%
- 7.14% of wards had night-time fill rates of less than 80%
- 3.57% of wards had daytime fill rates of greater than 120%
- 28.57% of wards had night-time fill rates of greater than 120%

Current month *registered nursing* fill rates:
- 3.57% of wards had daytime fill rates of less than 80%
- 3.57% of wards had night-time fill rates of less than 80%
- 10.71% of wards had daytime fill rates of greater than 120%
- 21.43% of wards had night-time fill rates of greater than 120%

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

Care Hours





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

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

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

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

Finance

Board Sponsor: Chief Financial Officer
Glyn Howells

Statement of Comprehensive Income at 30 September 2024

	Month 6			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	69.3	70.3	1.0	411.1	417.5	6.4
Income	5.4	9.0	3.7	35.6	51.9	16.3
Pay	(45.7)	(46.7)	(1.1)	(276.6)	(287.0)	(10.4)
Non-pay	(25.2)	(28.1)	(2.9)	(172.5)	(188.7)	(16.1)
Surplus/(Deficit)	**3.8**	**4.5**	**0.8**	**(2.5)**	**(6.3)**	**(3.8)**

Assurances

This month the Trust has delivered a financial position above plan, driven by £0.8m income to cover industrial action costs, excepting that the position remains on plan it has the last two months. The financial position for September 2024 shows the Trust has delivered a £6.3m deficit against a £2.5m planned deficit which results in a £3.8m adverse variance year to date.

Contract income is £6.4m better than plan. This is driven by additional pass-through income of £2.5m, additional Service Development Funding of £1.8m, along with Welsh income of £0.6m, and funding for the consultant pay award of £1.0m. As well as £0.8m of income to cover the costs of industrial action.

Other income is £16.3m better than plan. The is due to new funding adjustments and pass through items (£13.5m fav). The remaining £2.8m favourable variance is driven by delays in investments (£0.6m fav) and increased divisional income (£1.9m fav).

Pay expenditure is £10.4m adverse to plan. New funding adjustments, offset in income, have caused an £8.2m adverse variance, undelivered CIP is £4.8m adverse with overspends on medical and nursing pay £3.3m adverse. The pay award, partially offset in income, is causing a £1.6m adverse variance. This is offset by delayed investments and service developments of £4.5m and vacancies £3.3m favourable.

Non-pay expenditure is £16.1m adverse to plan. Of which £8.1m relates to pass through items. This adverse position is driven primarily by increased medical and surgical consumable spend to deliver activity (£7.0m adverse), and multiple smaller non-pay variances. In year delivery CIP is £1.1m adverse to plan.

Statement of Financial Position at 30 September 2024

	23/24 Month 12 £m	24/25 Month 05 £m	24/25 Month 06 £m	In-Month Change £m	YTD Change £m
Non-Current Assets	**538.4**	**535.4**	**535.6**	**0.2**	**(2.8)**
Current Assets					
Inventories	11.7	11.8	12.0	0.2	0.2
Receivables	49.4	57.5	60.5	3.0	11.0
Cash and Cash Equivalents	62.7	39.2	35.0	(4.2)	(27.7)
Total Current Assets	**123.8**	**108.5**	**107.4**	**(1.1)**	**(16.4)**
Current Liabilities (< 1 Year)					
Trade and Other Payables	(99.9)	(86.1)	(81.3)	4.8	(18.6)
Deferred Income	(14.4)	(18.9)	(19.2)	(0.3)	4.8
Financial Current Liabilities	(23.6)	(23.6)	(23.6)	0.0	(0.0)
Total Current Liabilities	**(138.0)**	**(128.6)**	**(124.1)**	**4.5**	**(13.9)**
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.2)	(6.6)	(6.6)	0.0	0.4
Financial Non-Current Liabilties	(571.8)	(589.8)	(588.3)	1.5	16.4
total Non-Current Liabilities	**(578.0)**	**(596.4)**	**(594.9)**	**1.6**	**16.9**
Total Net Assets	**(53.7)**	**(81.1)**	**(76.0)**	**5.1**	**(22.2)**
Capital and Reserves					
Public Dividend Capital	485.2	492.5	492.5	0.0	7.3
Income and Expenditure Reserve	(541.8)	(610.8)	(610.8)	0.0	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(34.7)	(29.5)	5.2	39.5
Revaluation Reserve	71.9	71.9	71.9	0.0	0.0
Total Capital and Reserves	**(53.7)**	**(81.1)**	**(76.0)**	**5.1**	**(22.2)**

Capital spend is £9.5m year-to-date (excluding leases). This is driven by spend on the Elective Centre, and is below the forecasted spend for Month 6.

Cash is £35.0m at 30 September 2024, a £27.7m 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 £15m by Month 12.

Non-Current Liabilities have decreased by £1.5m in Month 6 as a result of the national implementation of IFRS 16 on the PFI. This has changed the accounting treatment for the contingent rent element of the unitary charge which must now be shown as a liability. This change also accounts for the £69m increase in the Income and Expenditure Reserve for the year.

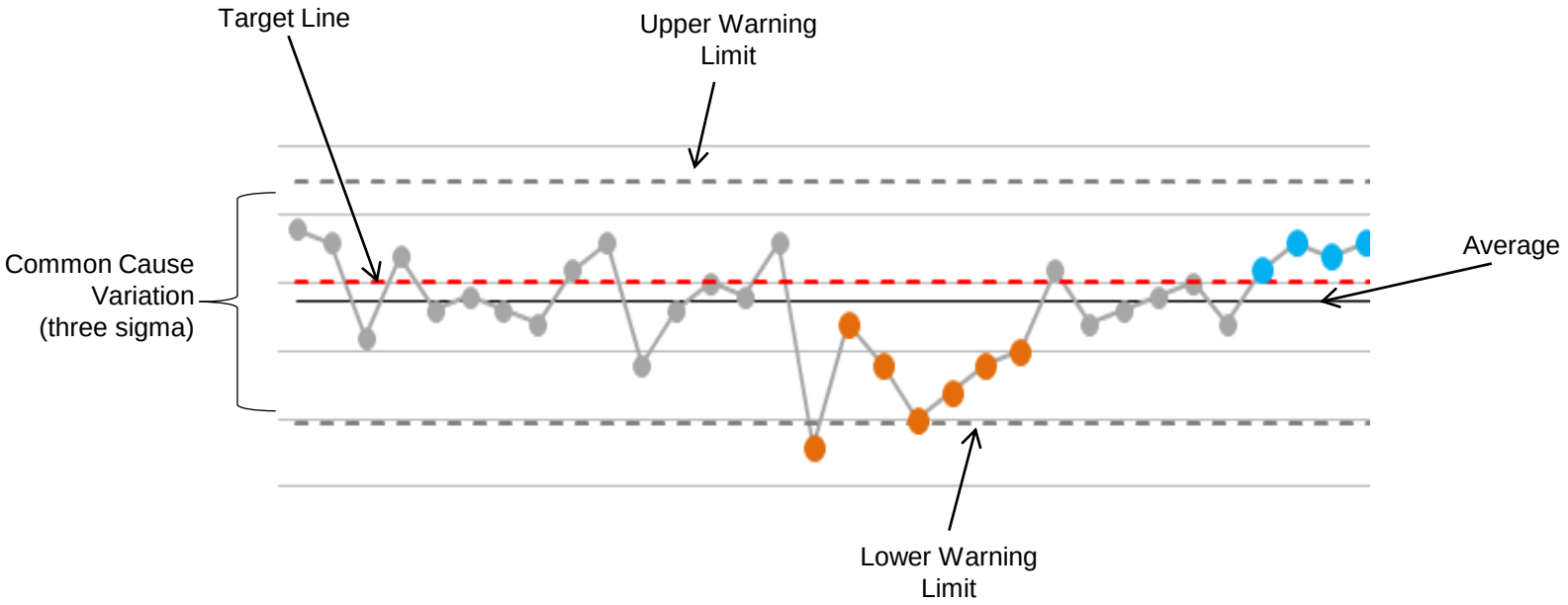
Regulatory

Board Sponsor: Chief Executive
Maria Kane

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

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

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



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

All data included is correct at the time of publication.

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

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

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

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

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

Appendix 2: NBT Strategy – Patient First

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

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

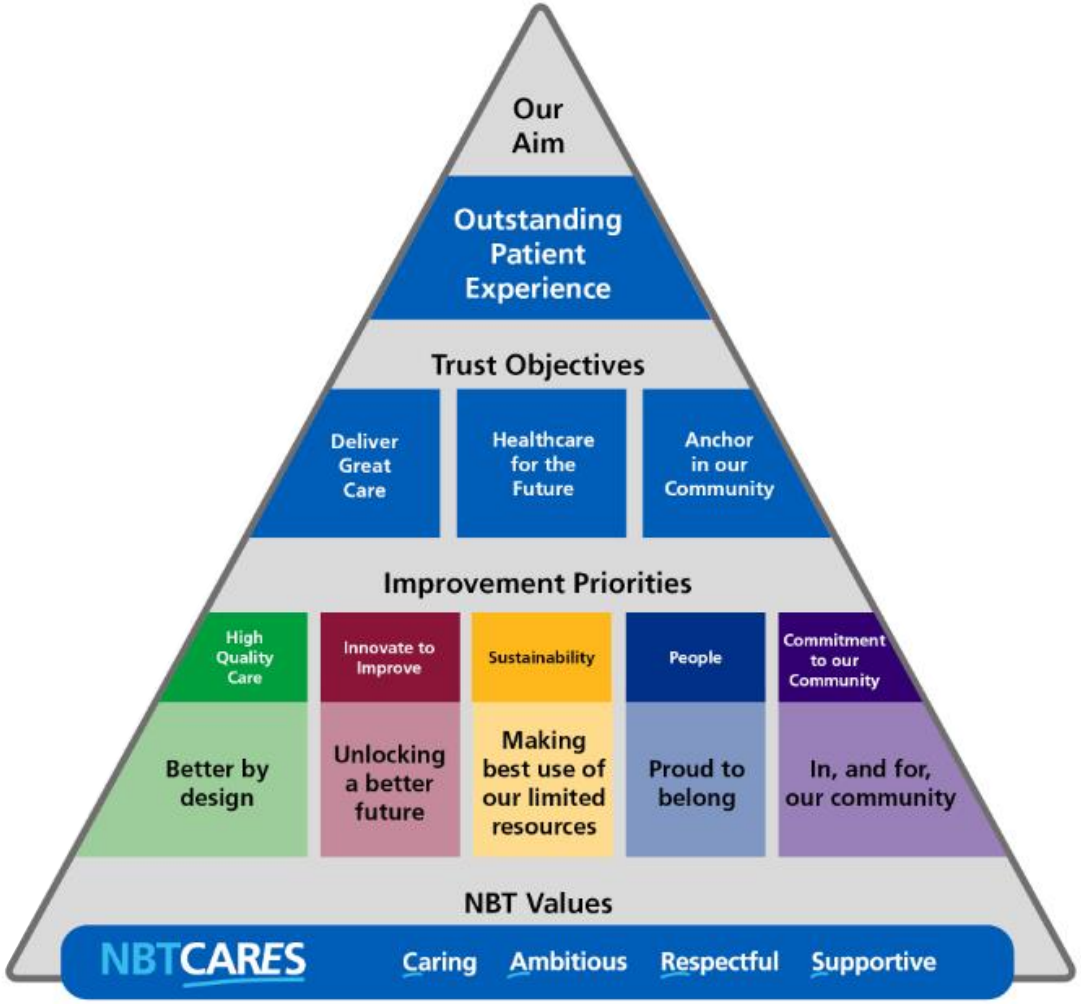
The Patient First approach is about what we do and how we do it and for it to be a success, we need you to join us on the journey.

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

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

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

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



Appendix 2: NBT Strategy – Patient First Improvement Priorities

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

Appendix 3: Abbreviation Glossary

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

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

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

Appendix 3: Abbreviation Glossary

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

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

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

Appendix 3: Abbreviation Glossary

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

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

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

Appendix 3: Abbreviation Glossary

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