

Due to the impact of Coronavirus COVID-19, the Trust Chair has taken the decision to suspend non-urgent and non-essential meetings until further notice. The Trust Board will meet virtually but is unable to invite people to attend the public session. Trust Board papers will be published on the website, and interested members of the public are invited to submit questions to trust.secretary@nbt.nhs.uk in line with the Trust's normal processes.

Trust Board Meeting – Public

Thursday 28 May 2020

10.00 – 11.45

Virtual Meeting

A G E N D A

No.	Item	Purpose	Lead	Paper	Time
OPENING BUSINESS					
1.	Welcome and Apologies for Absence: John Iredale	Information	Chair	Verbal	10:00
2.	Declarations of Interest	Information	Chair	Verbal	10:02
3.	Minutes of the Public Trust Board Meeting Held on 26 March 2020	Approval	Chair	Enc.	10:05
4.	Action Chart from Previous Meetings	Discussion	Trust Secretary	Enc.	10:08
5.	Matters Arising from Previous Meeting	Information	Chair	Verbal	10:12
6.	Chair's Business	Information	Chair	Verbal	10:15
7.	Chief Executive's Report <ul style="list-style-type: none"> Covid-19 Staff well-being 	Information	Chief Executive	Verbal	10:25
PERFORMANCE AND FINANCE					
8.	Integrated performance report	Discussion	Chief Executive	Enc.	10:45
People & IMT					
9.	Freedom to Speak-Up Report	Discussion	Director of Corporate Governance	Enc.	11:00
Governance & Assurance					
10.	Committee Upward reports: <ul style="list-style-type: none"> QRM 	Information	NED Chair	Enc.	11:20
CLOSING BUSINESS					
11.	Any Other Business	Information	Chair	Verbal	11:30
12.	Questions from the Public in Relation to Agenda Items	Information	Chair	Verbal	11:35
22.	Date of Next Meeting: Thursday 30 July 2020, 10.00 a.m. Venue TBC				11:45
	<i>Resolution: Exclusion of the Press and Public. It is recommended that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, Section 1(2), the press and members of the public be excluded from further items of business, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</i>				

Trust Board Declarations of Interest

Name	Role	Interest Declared
Ms Michele Romaine	Chair	<ul style="list-style-type: none"> Nothing to declare.
Mr Kelvin Blake	Non-Executive Director	<ul style="list-style-type: none"> Non-Executive Director of Weston Area Health Trust. Non-Executive Director of BRISDOC who provide GP services to North Bristol NHS Trust. Trustee, Second Step. Provide mental health services for the Bristol North Somerset and South Gloucestershire area. Trustee, West of England Centre for Integrated Living. Provide a range of services to disabled people living in the Bristol, North Somerset and South Gloucestershire area. Lay Member of the Avon & Somerset Advisory Committee. The Committee is responsible for forming interview panels for the appointment of magistrates. Director, Bristol Chamber of Commerce and Initiative. Member of the Labour Party.
Ms Jaki Davis	Non-Executive Director	<ul style="list-style-type: none"> Trustee of the Cheltenham Trust. Trustees of the Friends of the Wilson Museum and Art Gallery in Cheltenham.
Mr John Everitt	Non-Executive Director	<ul style="list-style-type: none"> Councillor, Newton St Loe Parish Council. Member of Bath Abbey Appeal Committee. Daughter works for NBT.
Professor John Iredale	Non-Executive Director	<ul style="list-style-type: none"> Pro-Vice Chancellor of University of Bristol. Advisor to Novartis on liver disease. Member of Medical Research Council. Trustee of: <ul style="list-style-type: none"> British Heart Foundation Children's Liver Disease Foundation Foundation for Liver Research Chair of the governing board, CRUK Beatson Institute.
Mr Tim Gregory	Non-Executive Director	<ul style="list-style-type: none"> Son-in-law works for NBT.

Name	Role	Interest Declared
Mr Richard Gaunt	Non-Executive Director	<ul style="list-style-type: none"> Non-Executive/Governor of City of Bristol College. Local Board Governor of Colston's Girls' School. Non-Executive Director of Alliance Homes, social housing and domiciliary care provider
Ms Kelly Macfarlane	Non-Executive Director	<ul style="list-style-type: none"> Managing Director of Thames Water Utilities Ltd. Vice President of The Institute of Customer Service. Sister is Centre Leader of Genesiscare Bristol – Private Oncology. Sister works for Pioneer Medical Group, Bristol.
Mr Ade Williams	Associate Non-Executive Director	<ul style="list-style-type: none"> Superintendent Pharmacist and Director of M J Williams Pharmacy Group – NHS community pharmacy contractor and private vaccination services provider. Practice Pharmacist, Broadmead Medical Centre Pharmacy Ambassador and Clinical Advisor, Pancreatic Cancer Action Charity.
Ms Andrea Young	Chief Executive	<ul style="list-style-type: none"> Nothing to declare.
Ms Evelyn Barker	Chief Operating Officer & Deputy Chief Executive	<ul style="list-style-type: none"> Nothing to declare.
Ms Helen Blanchard	Interim Director of Nursing and Quality (from 2 July 2018 to 7 November 2019) Director of Nursing and Quality (from 8 November 2019)	<ul style="list-style-type: none"> Nothing to declare.
Dr Chris Burton	Medical Director	<ul style="list-style-type: none"> Wife works for NBT.
Mr Neil Darvill	Director of Information Management and Technology (non-voting position)	<ul style="list-style-type: none"> Wife works as a senior manager for Avon and Wiltshire Partnership Mental Health Trust.

Name	Role	Interest Declared
Ms Jacqui Marshall	Director of People and Transformation (non-voting position)	<ul style="list-style-type: none"> Nothing to declare.
Mrs Catherine Phillips	Director of Finance	<ul style="list-style-type: none"> Nothing to declare.
Mr Simon Wood	Director of Estates, Facilities and Capital Planning (non-voting position)	<ul style="list-style-type: none"> Member of Bristol City Council's Bristol One City Environmental Sustainability Board.

DRAFT Minutes of the Public Trust Board Meeting held on
Thursday 26 March 2020 at 10.15am
Seminar Room 17, Learning & Research Building, Southmead Hospital

Present:

Michele Romaine	Chair	Andrea Young	Chief Executive
Kelvin Blake	Non-Executive Director	Evelyn Barker	Chief Operating Officer
John Everitt	Non-Executive Director	Helen Blanchard	Director of Nursing & Quality
Jaki Meekings-Davis	Non-Executive Director	Chris Burton	Medical Director
Rob Mould	Non-Executive Director	Neil Darvill	Director of Informatics
John Iredale	Non-Executive Director	Catherine Phillips	Director of Finance
		Jacqui Marshall	Director of People & Transformation

In Attendance:

Xavier Bell	Director of Corporate Governance & Trust Secretary	Kate Debley	Deputy Trust Secretary
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Observers: Due to the impact of Coronavirus COVID-19, the Trust Chair took the decision to suspend non-urgent and non-essential meetings until further notice. The Trust Board met virtually but was unable to invite people to attend the public session. Trust Board papers were published on the website, and interested members of the public were invited to submit questions in line with the Trust's normal processes.

TB/20/03/01	Welcome	Action
	The Chair welcomed everyone to the public meeting of the Board. Tim Gregory, Non-Executive Director, Jaki Meekings-Davis, Non-Executive Director, Kelvin Blake, Non-Executive Director, Rob Mould, Non-Executive Director, John Iredale, Non-Executive Director and John Everitt, Non-Executive Director, joined by teleconference.	
TB/20/03/02	Apologies For Absence and Welcome	
	The Board noted that apologies for absence had been received from Simon Wood, Director of Estates, Facilities & Capital Planning.	
TB/20/03/03	Declarations of Interest	
	There were no declarations of interest nor updates to the Trust Board register of interests as currently published on the NBT website and annexed to the Board papers.	
TB/20/03/04	Minutes of the previous Public Trust Board Meeting	

RESOLVED that the minutes of the public meeting held on 30 January 2020 be approved as a true and correct record other than the following amendment:

- In paragraph TB/20/01/06 the second sentence should now read 'Chris Burton, Medical Director, and Andrea Young, Chief Executive had met with the Junior Doctor Forum...'

TB/20/03/05 Action Log and Matters Arising from the Previous Meeting

All updates on the Action Log were noted.

There were no matters arising noted.

RESOLVED that the Action Log be noted.

TB/20/03/06 Chair's Business

The Chair advised that revised governance arrangements were being put in place to reflect Covid-19 planning and response.

Xavier Bell, Director of Corporate Governance and Trust Secretary, reported that the decision had been taken to stand all Board sub-committees down for the next three months, other than the statutory Audit, Charity and Remuneration Committees. Items from the stood down Committees' work plans would be added to Trust Board agendas as required.

The Chair then noted that this was the last meeting for Rob Mould, Non-Executive Director, before the end of his term of appointment. The Board noted their gratitude to Rob for his service and support over the past 10 years. Tim Gregory, Non-Executive Director, will deputise for the Trust Chair from 1 April 2020.

RESOLVED that the Chair's Briefing be noted.

TB/20/03/07 Chief Executive's Report

Andrea Young, Chief Executive, confirmed that in line with national guidance all non-Covid-19 planning work has been suspended. This includes operational planning, system planning and the financial recovery regime.

Andrea further reported that the Trust had mobilised quickly and effectively to change ways of working in response to Covid-19. E-observations have been rolled out across the Trust and will provide an overview of safety. All staff now have access to Microsoft Teams to help enable remote and socially distant working

RESOLVED that the Chief Executive's Report be noted.

TB/20/03/08 Integrated Performance Report

Evelyn Barker, Chief Operating Officer and Deputy Chief Executive, presented the Integrated Performance Report.

During the ensuing discussion the following points were noted:

- The data contained in the report is for February, reflecting a challenging winter month.
- Due to pressures a number of routine procedures had been cancelled, which had had an impact on RTT and 52 week waits.
- Cancer performance had also been challenged due to winter pressures.
- The Chair asked whether caesarean section rates were connected to increased rates of induction of labour. Helen Blanchard, Director of Nursing & Quality, advised that induction of labour tends to lead to a higher chance of caesarean section and other medicalisation. It was agreed that a deep dive is required to fully understand the position.

RESOLVED that the Integrated Performance Report be noted and that a deep dive on caesarean section rates be undertaken.

HB

TB/20/03/09 Annual Equality Diversity & Inclusion Update; Valuing You

Jacqui Marshall, Director of People & Transformation, presented the 'Valuing You' Update Report, inclusive of the Gender Pay Gap and Workforce Race Equality Standard (WRES) Aspirational Targets.

The Board noted their thanks to Jas Kaur, Head of Equality, Diversity & Inclusion, for all the work she has done on these reports.

RESOLVED that:

- **The Gender Pay Gap Report be approved for publication;**
- **The independent review of NBT Gender Pay Gap should continue;**
- **All other actions recommended in the Report should be suspended due to the impact of Covid-19, other than that BME staff should continue to be supported.**

TB/20/03/10 Any Other Business

No items of Other Business were noted.

TB/20/03/11 Questions from the Public in Relation to Agenda Items

None received.

TB/20/03/12 Date of Next Meeting

Trust Board Minutes

The next public meeting of the Board was scheduled to take place on Thursday 28 May 2020, 10.00 a.m. Seminar Room 4, Learning & Research Building, Southmead Hospital. The Board will meet virtually and will be unable to invite people to attend the public session. Trust Board papers will be published on the website, and interested members of the public invited to submit questions in line with the Trust's normal processes.

The meeting concluded at 10.50am

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North Bristol NHS Trust

Trust Board - Public Committee Action Log

Trust Board - Public ACTION LOG										
				Closed		Action completed and can be filtered out		Amber	Status not updated/completed and/or the deadline passed.	
				Blue		Completed and will be removed from chart for next iteration. A = On current meeting agenda.		Red	Status not updated/completed and/or deadline passed by more than one month.	
				Green		Status updated and on track within timescale				
Meeting Date	Agenda Item	Minute Ref	Action No.	Agreed Action	Owner	Deadline for completion of action	Item for Future Board Meeting?	Status/ RAG	Info/ Update	Date action was closed/ updated
30/01/2020	Patient Story / Staff Story	TBC/20/01/04	19	Patient story advance six month plan to be created for patient and staff stories with sufficient secondary options to ensure a staff/patient story is brought to the Board	Helen Blanchard Director of Nursing & Quality	Mar-20	No	Delayed	Patient stories have been deferred as per XB's 18/02 email due to COVID-19.	18/03/2020
30/01/2020	Chair's Business	TBC/20/01/07	20	Maternity Assessment Unit phone to be fixed	Simon Wood Director of Facilities/ Neil Darvill, IM&T Director	Mar-20	No	Closed	Antenatal now have a new phone	21/05/2020
30/01/2020	Chief Executive's Report	TBC/20/01/08	21	Chief Executive to explore the Trust's approach to commercialisation of data with David Wynn	Andrea Young, Chief Exec	May-20	Yes- matters arising	Open	Moved from March to May	18/03/2020
30/01/2020	Board member's walk-arounds	TBC/20/01/09	22	A Board workshop/ seminar to reach a shared decision on NED and Exec walk-arounds, including staff perspectives, to be organised	Xavier Bell, Director of Corporate Governance	Jun-20	Yes	Delayed	TBD	
30/01/2020	Quality & Risk Management Committee upward report	TBC/20/01/10	23	NHS patient safety strategy overview discussion to be scheduled for a Board work away-day in 2020 (May or October dates available)	Helen Blanchard Director of Nursing & Quality	May-20	Yes, work away-day	Open	May work away-day has been cancelled. TBD for October	18/03/2020
30/01/2020	Patient & Carer Experience Committee upward report	TBC/20/01/11	24	PALS process should explicitly confirm that complainants should expect a phone call	Helen Blanchard Director of Nursing & Quality	May-20	No	Open		
30/01/2020	North Bristol Trust Five Year Strategy 2019-2024	TBC/20/01/12	26	Board discussion on prioritisations of strategic goals to be planned (May or October dates available).	Xavier Bell, Director of Corporate Governance	Oct-20	Yes, seminar	Delayed	May work away-day has been cancelled. TBD for October	18/03/2020
30/01/2020	Any Other Business (AOB)	TBC/20/01/16	28	A manager to be identified to own the allotment programme in order to make the allotment efficient.	Simon Wood Director of Facilities	Jul-20	No	Open		
26/03/2020	Integrated performance report	TB/20/03/08	29	Deep dive into caesarean section rates to be undertaken	Helen Blanchard Director of Nursing & Quality	Jul-20	Yes	Open		

Report To:	Trust Board		
Date of Meeting:	28 May 2020		
Report Title:	Integrated Performance Report		
Report Author & Job Title	Lisa Whitlow, Associate Director of Performance		
Executive/Non-executive Sponsor (presenting)	Executive Team		
Purpose:	Approval	Discussion	To Receive for Information
		X	
Recommendation:	The Trust Board is asked to note the contents of the Integrated Performance Report.		
Report History:	The report is a standing item to the Trust Board Meeting.		
Next Steps:	This report is received at the Joint Consultancy and Negotiation Committee, Operational Management Board, Trust Management Team meeting, shared with Commissioners and the Quality section will be shared with the Quality and Risk Management Committee.		

Executive Summary	
Details of the Trust's performance against the domains of Urgent Care, Elective Care and Diagnostics, Cancer Wait Time Standards, Quality, Workforce and Finance are provided on page six of the Integrated Performance Report.	
Strategic Theme/Corporate Objective Links	<ol style="list-style-type: none"> 1. Provider of high quality patient care <ol style="list-style-type: none"> a. Experts in complex urgent & emergency care b. Work in partnership to deliver great local health services c. A Centre of Excellence for specialist healthcare d. A powerhouse for pathology & imaging 2. Developing Healthcare for the future <ol style="list-style-type: none"> a. Training, educating and developing our workforce b. Increase our capability to deliver research c. Support development & adoption of innovations d. Invest in digital technology 3. Employer of choice <ol style="list-style-type: none"> a. A great place to work that is diverse & inclusive b. Empowered clinically led teams c. Support our staff to continuously develop d. Support staff health & wellbeing

Board Assurance Framework/Trust Risk Register Links	The report links to the BAF risks relating to internal flow, staff retention, staff engagement, productivity and clinical complexity.
Other Standard Reference	CQC Standards.
Financial implications	Whilst there is a section referring to the Trust's financial position, there are no financial implications within this paper.
Other Resource Implications	Not applicable.
Legal Implications including Equality, Diversity and Inclusion Assessment	Not applicable.
Appendices:	Not applicable.

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

May 2020 (presenting April 2020 data)



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North Bristol Trust Integrated Performance Report Scorecard

Domain	Description	National Standard	Current Month Trajectory (RAG)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)		
																		National Performance	Rank	Quartile
Responsive	A&E 4 Hour - Type 1 Performance	95.00%	82.36%	69.73%	76.16%	72.53%	72.49%	87.89%	85.14%	80.04%	80.18%	74.64%	78.33%	72.43%	80.16%	96.00%		87.98%	11/118	
	A&E 12 Hour Trolley Breaches	0	0	0	0	1	0	0	0	4	9	2	38	48	2	0		0- 251	1/11	
	Ambulance Handover < 15 mins (%)	100%	90.99%	89.26%	93.93%	93.75%	94.02%	97.18%	97.29%	94.09%	94.34%	92.65%	92.71%	91.06%	95.41%	94.72%				
	Ambulance Handover < 30 mins (%)	100%	98.72%	98.27%	99.39%	98.91%	98.93%	99.78%	99.81%	99.19%	99.14%	99.22%	98.72%	98.15%	99.37%	99.53%				
	Ambulance Handover > 60 mins	0	0	12	0	4	0	0	0	0	1	0	2	2	1	0				
	Delayed Transfers of Care	3.50%	3.50%	4.92%	7.02%	6.06%	5.40%	7.75%	8.90%	7.28%	7.19%	6.88%	8.29%	7.96%	9.23%	7.02%				
	Stranded Patients (>21 days) - month end			160	133	131	135	276	156	138	128	129	163	158	124	63				
	Bed Occupancy Rate		95.00%	97.09%	96.06%	95.19%	95.51%	94.81%	95.18%	96.51%	96.29%	96.91%	98.95%	98.87%	82.25%	50.84%				
	Cancelled Operations (28 Day Rebooking)	0	3	1	1	2	1	1	1	0	1	0	5	1	2	0		0 - 114	2/43	
	Diagnostic 6 Week Wait Performance	1.00%	4.25%	4.27%	5.48%	6.84%	8.16%	9.39%	8.69%	9.09%	8.87%	12.56%	11.00%	5.60%	10.25%	61.25%		10.19%	303/400	
	Diagnostic 13+ Week Breaches	0	0	15	74	84	130	205	225	239	63	147	258	113	114	402				
	RTT Incomplete 18 Week Performance	92.00%	82.67%	85.18%	85.14%	85.03%	85.21%	83.39%	83.20%	83.28%	82.58%	82.43%	83.62%	82.95%	80.02%	71.82%		84.78%	185/364	
	RTT 52+ Week Breaches	0	75	19	16	17	14	14	16	13	14	14	9	17	43	130		0 - 3097	28/52	
	Total Waiting List		30896	27995	29179	28590	28740	28587	29313	29118	28351	28078	29672	29552	28516	25877				
	Cancer 2 Week Wait	93.00%	87.74%	84.89%	83.52%	78.40%	71.87%	66.06%	69.93%	87.23%	90.21%	81.94%	78.21%	89.94%	91.25%	-		91.95%	106/139	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	94.51%	89.74%	88.70%	76.83%	96.75%	94.64%	96.08%	98.61%	92.00%	81.08%	70.27%	89.63%	81.82%	-		86.13%	77/96	
	Cancer 31 Day First Treatment	96.00%	97.16%	93.07%	88.49%	88.03%	90.87%	89.67%	90.20%	85.76%	93.24%	96.80%	92.74%	95.36%	97.71%	-		96.75%	49/112	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	100%	100%	-		99.23%	1/29	
	Cancer 31 Day Subsequent - Surgery	94.00%	94.00%	80.00%	83.02%	77.88%	83.33%	82.56%	75.23%	69.09%	79.80%	81.54%	72.00%	70.89%	85.09%	-		92.60%	44/53	
	Cancer 62 Day Standard	85.00%	71.75%	83.84%	77.95%	76.99%	74.35%	88.59%	72.58%	66.98%	71.62%	75.53%	68.18%	61.31%	74.15%	-		78.86%	104/140	
	Cancer 62 Day Screening	90.00%	92.31%	93.33%	91.84%	84.31%	85.00%	92.59%	90.00%	77.50%	81.43%	81.13%	64.38%	67.27%	83.95%	-		85.08%	46/89	
	Mixed Sex Accomodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Electronic Discharge Summaries within 24 Hours	100%		80.79%	83.71%	83.53%	84.37%	83.03%	84.37%	84.19%	83.22%	83.21%	83.81%	82.97%	83.49%	83.34%				

North Bristol Trust Integrated Performance Report Scorecard

Domain	Description	National Standard	Current Month Trajectory (RAG)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term	0.90%		0.5%	0.7%	0.7%	0.2%	0.4%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%	
	Caesarean Section Rate	28%		35.0%	30.8%	30.4%	31.6%	34.0%	32.3%	32.8%	35.3%	33.9%	38.4%	34.0%	33.4%	31.5%	
	Still Birth rate	0.40%		0.5%	0.2%	0.4%	0.2%	0.4%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%	0.4%	0.2%	
	Induction of Labour Rate	32.10%		41.5%	36.1%	43.0%	36.5%	38.2%	36.5%	38.5%	35.3%	40.2%	41.4%	41.4%	40.8%	40.6%	
	PPH 1000 ml rate	8.60%		10.8%	13.8%	13.2%	15.3%	10.9%	14.9%	13.3%	13.3%	12.2%	10.7%	9.2%	9.7%	8.7%	
	Never Event Occurrence by month	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
	Serious Incidents			9	10	2	7	5	4	3	3	6	3	5	7	3	
	Total Incidents			1496	1511	1626	1648	1636	1472	1696	1723	1662	1807	1694	1359	940	
	Total Incidents (Rate per 1000 Bed Days)			59	59	66	64	64	60	65	69	64	68	68	62	71	
	WHO		95%	96.73%	96.41%	95.84%	95.80%	97.32%	97.56%	97.65%	97.78%	98.98%	99.72%	99.30%	99.30%	99.40%	
	Pressure Injuries Grade 2			43	27	31	24	34	46	43	43	32	34	17	29	24	
	Pressure Injuries Grade 3			1	0	0	1	0	0	0	0	1	0	1	1	0	
	Pressure Injuries Grade 4			0	0	0	0	0	0	0	0	0	0	0	0	0	
	Falls per 1,000 bed days			30	31	30	31	31	30	31	30	31	32	30	27	16	
	#NoF - Fragile Hip Best Practice Pass Rate			74.47%	75.00%	82.61%	85.37%	80.56%	70.18%	83.93%	87.23%	86.11%	65.63%	0.00%	-	-	
	Stroke - Patients Admitted			79	67	88	77	89	76	89	83	82	79	72	97	71	
	Stroke - 90% Stay on Stroke Ward		90%	97.01%	88.24%	75.00%	89.55%	89.06%	79.37%	93.15%	91.18%	70.97%	81.54%	87.10%	85.33%	-	
	Stroke - Thrombolysed <1 Hour		60%	33.33%	71.43%	62.50%	60.00%	77.78%	75.00%	50.00%	37.50%	41.67%	62.50%	66.67%	66.67%	60.00%	
	Stroke - Directly Admitted to Stroke Unit <4 Hours		60%	55.71%	58.18%	49.35%	64.29%	72.86%	50.00%	51.95%	62.16%	59.68%	42.65%	54.84%	58.44%	47.83%	
	Stroke - Seen by Stroke Consultant within 14 Hours		90%	74.65%	78.33%	70.00%	80.82%	74.07%	76.12%	84.34%	81.58%	73.53%	90.28%	80.60%	80.00%		
	MRSA	0	0	0	0	0	0	0	1	0	1	1	1	0	0	0	
	E. Coli		4	3	2	5	2	6	4	7	7	7	7	4	6	2	
	C. Difficile		5	3	5	6	8	3	6	5	2	3	5	4	4	1	
	MSSA		2	3	1	1	5	3	5	2	3	1	1	2	3	1	

North Bristol Trust Integrated Performance Report Scorecard

Domain	Description	National Standard	Current Month Trajectory (RAG)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Trend
Quality Caring & Experience	PALS - Count of concerns			76	82	93	126	118	81	119	104	90	107	108	104	45	
	Complaints - % Overall Response Compliance		90%	63.00%	33.00%	71.00%	89.00%	91.00%	92.00%	87.00%	90.00%	81.00%	82.61%	88.57%	88.89%	88.46%	
	Complaints - Overdue			34	25	20	9	1	4	1	2	3	0	2	0	2	
	Complaints - Written complaints			62	56	52	55	51	53	47	41	36	57	51	26	24	
Well Led	Agency Expenditure ('000s)						1179	1329	968	836	990	868	1081	869	1112	613	
	Month End Vacancy Factor						11.55%	11.58%	9.39%	8.75%	8.77%	9.21%	8.80%	7.56%	6.76%	4.60%	
	Turnover (Rolling 12 Months)		14.10%				15.10%	14.82%	14.75%	14.46%	14.44%	14.47%	14.08%	13.68%	13.25%	12.80%	
	Sickness Absence (Rolling 12 month -In arrears)		4.00%				4.31%	4.35%	4.36%	4.38%	4.43%	4.44%	4.45%	4.46%	4.46%		
	Trust Mandatory Training Compliance		84.78%				88.30%	90.01%	88.95%	88.89%	88.80%	88.97%	87.99%	87.95%	87.95%	87.40%	
Finance	Deficit (£m)			-£0.7	-£1.5	-£3.4	-£3.3	-£4.2	-£4.5	-£4.4	-£4.2	-£3.7	-£5.0	-£8.0	-£6.2	-	
	NHSI Trust Rating			3	3	3	3	3	3	3	3	3	3	3	3	3	

EXECUTIVE SUMMARY

April 2020

Urgent Care

The Trust achieved the four-hour performance trajectory of 82.36% with performance of 96.00% and reported nil 12 hour trolley breaches in month for the first time since September 2019. The ongoing COVID-19 pandemic saw ongoing reduced ED attendances and bed occupancy which impacted positively on four-hour performance. Trust performance continued to improve in April, ranking 1st out of 11 Adult Major Trauma Centres and ranking 11th out of 115 reported positions for Type 1 four-hour performance, nationally.

Elective Care and Diagnostics

The Trust has reported a reduction in overall wait list size in April due to a reduction in referrals resulting from the COVID-19 pandemic. There were 130 patients waiting greater than 52 weeks for their treatment in April against a trajectory of 75. This increase in breaches was due predominately to cancelled operations as part of the COVID-19 response. As a result of planned care cancellations, diagnostic performance deteriorated to 61.25% compared to a trajectory of 4.25%. The Trust had been on track to deliver significantly improved performance following a period of increased capacity in CT and Endoscopy in early March. Harm reviews are being conducted for all patients waiting greater than 13 weeks to ensure no harm to patients as a result of the extended wait.

Cancer wait time standards

The Trust saw 91.25% of patients on a TWW pathway within two weeks in March. This surpassed the recovery trajectory of 87.74%. The Trust achieved the national standard for treatment within 31 days of diagnosis in March resulting from an increase in robotic capacity in Urology. The Trust achieved the 62 day waiting time trajectory in March. All services have been adversely impacted by the Trust's response to the COVID-19 pandemic with an expectant performance deterioration in April. Any delays to treatment have been in line with national guidance to ensure safety for patients.

Quality

There were two overdue complaints at the end of April. In response to the COVID-19 pandemic, new complaints and concerns are being logged as enquiries. Complainants have been notified that if they wish to pursue the complaint they will need to contact the Trust again in four months time. 'No Harm' medication errors represented 93% of all medication errors in April 2020, demonstrating the continued strong safety culture within the Trust.

Workforce

Staff turnover continues to improve in 2020/21 with the annual position lower than the target set in the draft operating plan. Vacancy factor is reported as 4.60% in April, this is in part due to the funded establishment not yet having non-recurrent funding included for 2020/21. However, the Trust had a net gain of staff in April which would have had a positive impact on vacancies. Work to establish our vacancy trajectory post COVID-19 impact is in progress. Temporary staffing demand reduced significantly in April for COVID-19 related reasons with agency use in registered nursing reduced by two thirds.

Finance

NHSI/E has suspended the usual operational planning process and financial framework due to COVID-19 response preparations. The revised financial framework requires the Trust to breakeven against an NHSI/E calculated income level and to recover costs incurred in dealing with the COVID-19 pandemic in line with national guidance. The position for the end of April shows the Trust meeting this requirement and achieving a breakeven position. The financial risk rating of the trust on the NHSI/E scale remains at 3 out of 4.

RESPONSIVENESS

SRO: Chief Operating Officer Overview

Urgent Care

The Trust achieved the four-hour performance trajectory of 82.36% with performance of 96.00% and reported nil 12-hour trolley breaches for the first time since September 2019. Nationally, Trust performance continued to improve, ranking 1st out of 11 Adult Major Trauma Centres and ranking 11th out of 115 reported positions for Type 1, four-hour performance.

Bed occupancy averaged at 50.85% with less variation experienced in April, resulting from a full COVID-19 impact. Ongoing reduced ED attendances and bed occupancy impacted positively on four-hour performance. Walk-in attendances increased towards the end of the month, but remain considerably below pre-COVID-19 levels. Significant levels of DToC patients (7.02% vs. 3.5% target) continue to be experienced and would have released 17 beds to the Trust had the national target been achieved. Discharges were progressed improving the position in April, but delays for more complex patients remained.

Planned Care

Referral to Treatment (RTT) – The Trust has not achieved the RTT trajectory in month with performance of 71.82% against trajectory of 82.67%. The total RTT wait list size in month has further reduced as a result of a referral reduction, due to the COVID-19 pandemic. The number of patients exceeding 52 week waits in April was 130 against a trajectory of 75; the majority of breaches (103) being in Trauma and Orthopaedics. Elective activity cancellations as a result of the COVID-19 response have been a significant factor in the deterioration in the 52 week wait position and the 18 week RTT performance.

Cancelled Operations – As a result of the COVID-19 pandemic, the cancelled operations submission has been suspended nationally and is therefore not reported for April 2020.

Diagnostic Waiting Times – Trust performance for diagnostic waiting times has deteriorated significantly as a result of elective cancellations in response to the COVID-19 pandemic. As of April 2020, 61.25% of patients have waited more than 6 weeks for a diagnostic test compared to a planned trajectory of 4.25%. The Trust had been on track to deliver significantly improved performance following a period of increased capacity in CT and Endoscopy up until early March. There has also been reduced demand in April for imaging modalities in addition to the movement of routine patients to pending status for Imaging. This has reduced the wait list overall and further amplified the impact of breaches on performance. Harm reviews are being conducted for all patients waiting greater than 13 weeks to ensure no harm to patients as a result of the extended wait.

Cancer

The Trust has achieved one of the seven Cancer Wait Times standards in March and achieved trajectory for four of the standards. Achievement of the 31 day standard is as a result of the Urology robotic improvements in capacity as per their clearance plan. Active monitoring breaches have increased due to the diagnostic delay as a result of COVID-19 guidance. Referral rates are down across all specialties by c.65%.

Areas of Concern

The main risks identified to the delivery of national Responsiveness standards are as follows:

- Lack of community capacity and/or pathway delays fail to support bed occupancy requirements as per the Trust's response to the COVID-19 pandemic.
- The ongoing impact of COVID-19 Infection Prevention and Control guidance on the Trust's capacity and productivity and therefore, ability to deliver national wait times standards.

QUALITY PATIENT SAFETY AND EFFECTIVENESS

SRO: Medical Director and Director of Nursing & Quality Overview

Improvements

Infection control – Current effort is focussed on minimising COVID-19 transmission and supporting new design of the hospital for restoration. A board assurance document has been presented to QRMC.

Areas of Concern

Pressure Injuries - Despite the reduction in bed occupancy, there has been an increase in pressure injuries per 1000 bed days in April. In addition to the ongoing review of actions around learning from each incident the Divisional Heads of Nursing have introduced audits alongside senior nurses and peer reviews.

WELL LED

SRO: Director of People and Transformation and Medical Director Overview

Corporate Objective 4: Build effective teams empowered to lead

Continue to reduce reliance on agency and temporary staffing

Due to the Trust response to the COVID-19 pandemic and the reduction in some areas of clinical activity, demand for temporary staffing reduced significantly in April. This in turn meant a reduction in bank and agency use and expenditure and in unfilled shifts. The most significant reduction in agency was in registered nursing where booked shifts reduced by two thirds.

Vacancies

The Trust vacancy position as reported against funded establishment is significantly lower than March's position, we ended the year on 6.76% from a starting position of 10.06%.

April's vacancy factor is 4.60%, the significant drop is predominantly is due to non recurrent funded establishment ending in March and the new year's non recurrent establishment not due to be added in until May. However the Trust saw an overall the Trust saw a net gain of staff predominantly for medical and dental staff due to the intake of new F1s in April and unregistered nursing which would have led to a reduction in overall vacancies.

We are now focussing on establishing our vacancy trajectory for the year incorporating the impact of COVID-19 on our resourcing plans.

Turnover

The Trust turnover continues to improve with April's position at 12.82%, against a draft target for 2020/21 of 13.50%. April saw a reduction in leavers compared with March largely due to a reduction in fixed term contracts ending and retirements associated with financial year end.

Improving the sustainability and wellbeing of our workforce

The year end sickness absence position was 4.45%, 0.5% above the 2019/20 target of 4.00%. In 2020/21 the sickness absence target will continue to be 4.00%. Existing People and Transformation projects around work-related stress and effective return to work meetings are being re-commenced, along side some tailored work within the ASCR division.

During the COVID-19 pandemic period additional wellbeing support is being provided for staff including additional psychologist capacity (redeployed from clinical roles where demand reduced); new support programmes for managers and teams; guidance videos and leaflets; and a range of welfare support provided by the charity and others such as hampers, free meals.

FINANCE

SRO: Director of Finance

Overview

On 17th March 2020, the Trust received a letter from Simon Stevens and Amanda Pritchard which suspended the operational planning process for 2020/21 and gave details of an alternative financial framework that covers from April 2020 to July 2020.

During this four month period instead of being monitored in terms of delivering an agreed financial trajectory, the Trust; excluding any impacts of COVID-19, is being given income in line with historical expenditure adjusted for inflation and is required to manage its spend in line with this to effectively breakeven.

In addition, the Trust is able to recover any reasonable costs incurred responding to the COVID-19 pandemic as long as this is in line with national guidance.

Finally, the Trust has entered into an agreement with NHSE to host the Bristol NHS Nightingale Hospital against which it will be able to recover costs incurred in line with an agreed financial plan.

At the March Board meeting the Trust Board approved an annual plan which included financial elements that were consistent with discussions with commissioners at the point that the business planning was suspended. This has allowed the Trust to calculate budgets for operational managers so that they can operate within the Trust SFIs where they are authorised to spend within approved budgets.

For April and May, the Trust was operating under Control and Command SFIs as an overlay to normal financial controls.

The Trust is rated 3 against the Finance Risk Rating tool by NHS Improvement (NHSI) which is driven by the high levels of historical debt and is in line with plan.

RESPONSIVENESS

**Board Sponsor: Chief Operating Officer
Evelyn Barker**

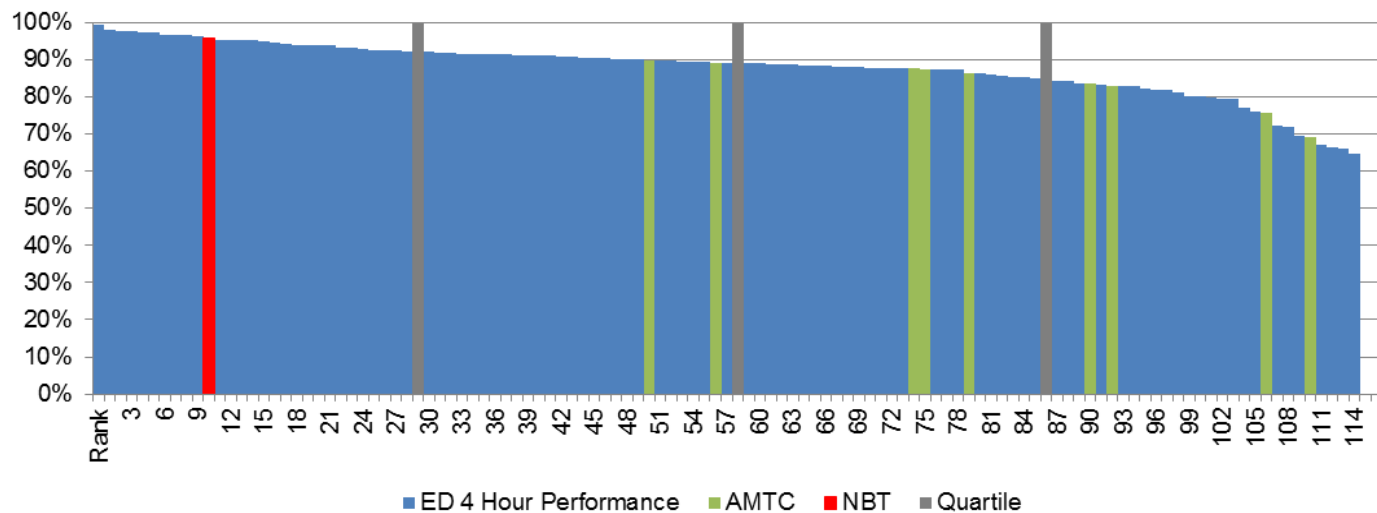
Urgent Care

The Trust achieved the four-hour performance trajectory of 82.36% with performance of 96.00%. The improved position for April has been positively impacted by reduced attendances and improved bed occupancy resulting from the COVID-19 pandemic. The Trust continues to perform well for Type 1 performance when compared nationally.

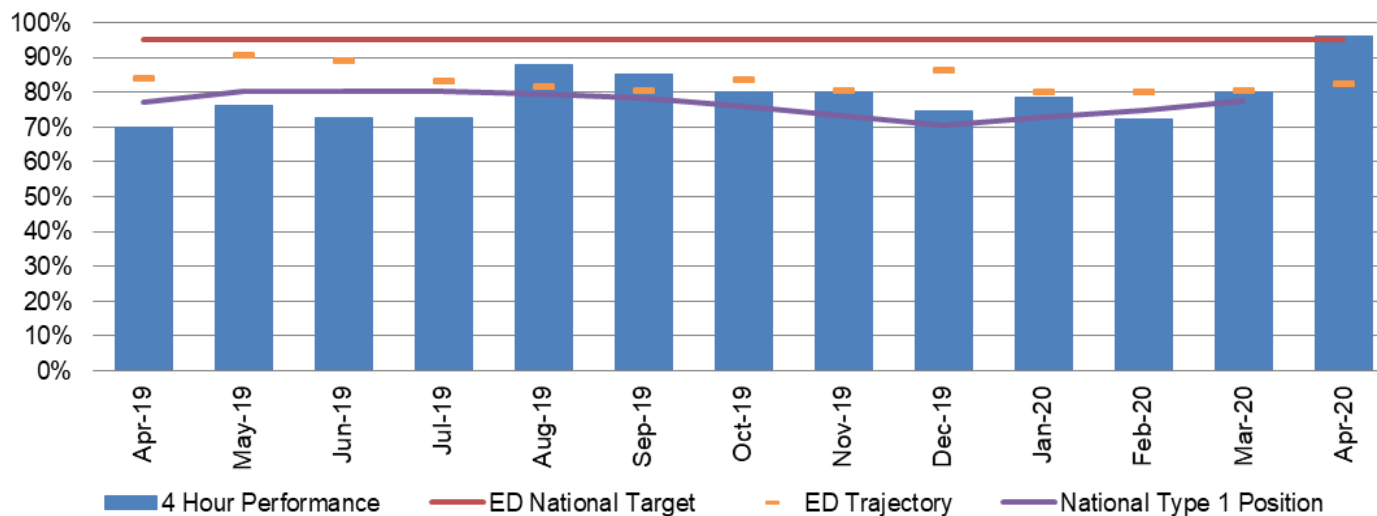
At 4127, there were 50.35% less attendances than SLA. This mirrors the national picture, with attendances being reported at around 50% of the normal level. Non-Elective admissions were down against plan for long-stay admissions (-45.35%) and short-stay admissions (-21.75%) demonstrating the full month impact of COVID-19. Overall, Non-Elective activity is down against plan by 39.26%.

ED performance for the NBT Footprint stands at 97.00% and the total STP performance was 95.15% for April.

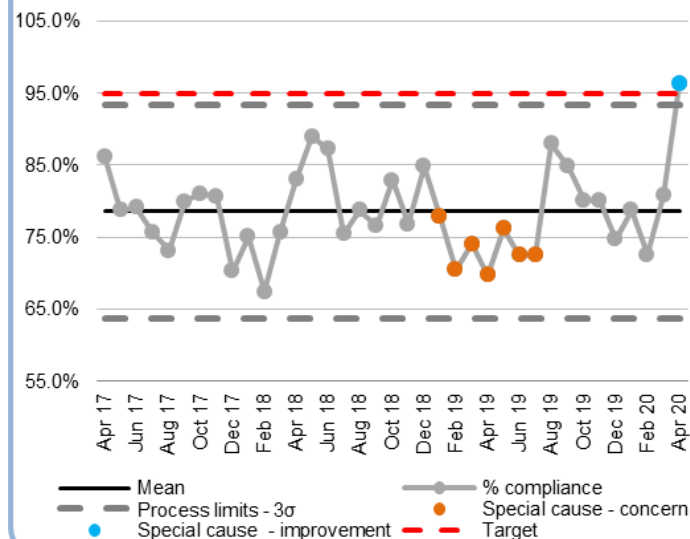
ED 4 Hour Performance - April 20



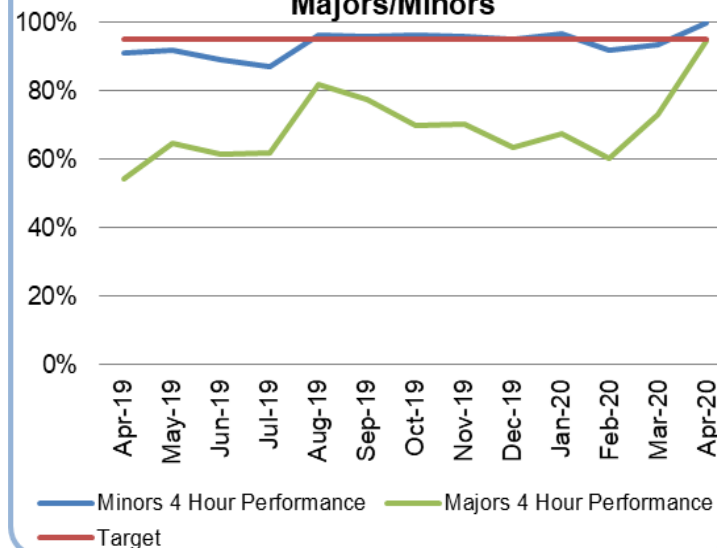
ED 4 Hour Performance



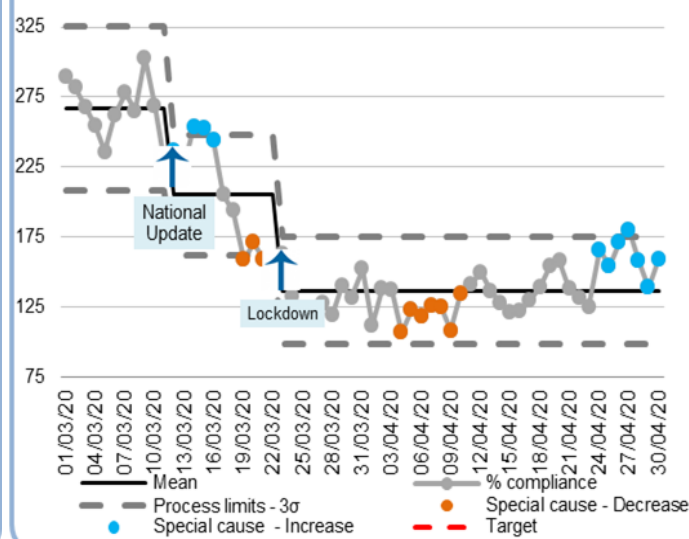
ED 4 Hour Performance- Monthly



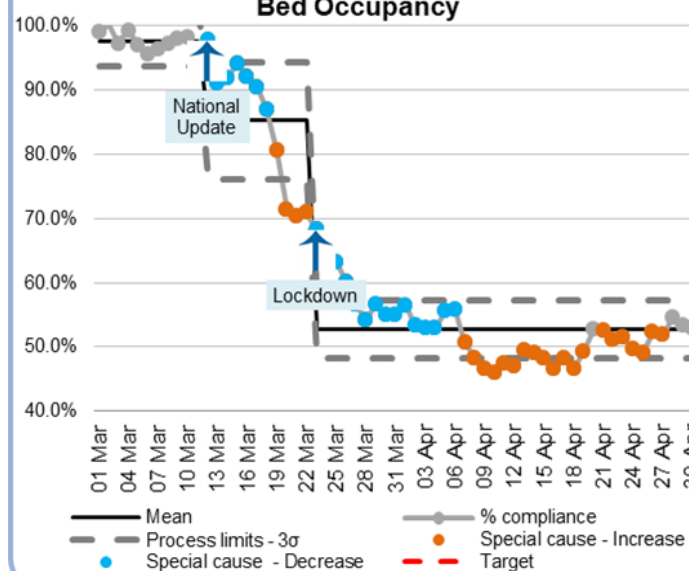
ED 4 Hour Performance by Majors/Minors



ED Attendances



Bed Occupancy



4 Hour Performance

Of the breaches in ED in April, 30.91% were a result of waits for specialist and 23.03% were a result of clinical delays. This represents a significant shift from waits for beds (16.36%) and ED delays (11.52%).

As a result of the COVID-19 pandemic, ED attendances have reduced significantly when compared to pre-COVID-19 levels. A slight increase in attendances has been seen more recently, driven by more walk-in attendances whilst ambulance attendances remain stable.

There was less variation in bed occupancy during April 2020, impacted by the full effect of COVID-19. Bed occupancy varied between 46.07% and 56.47% in month. In line with attendances, occupancy has seen a slight increase towards the end of April, but remains significantly below the levels experienced at the start of March 2020.

*ED Attendance Target: Annual 2019/20 ED attendance plan calculated as average per day

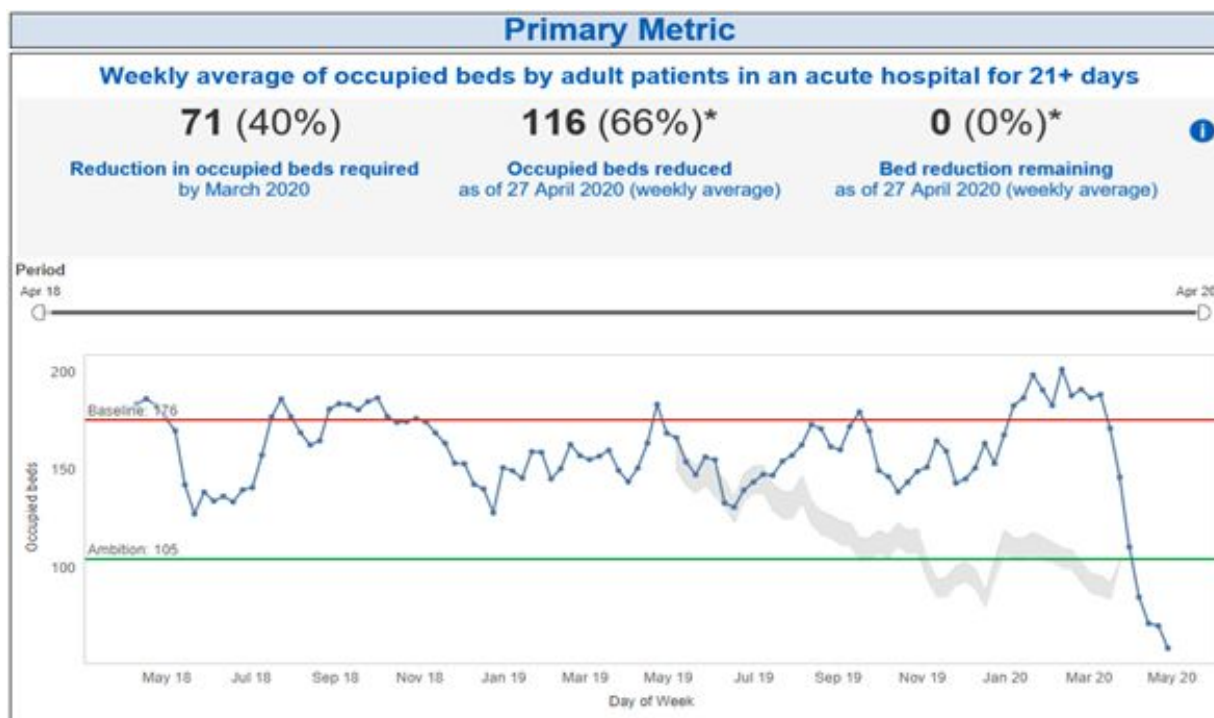
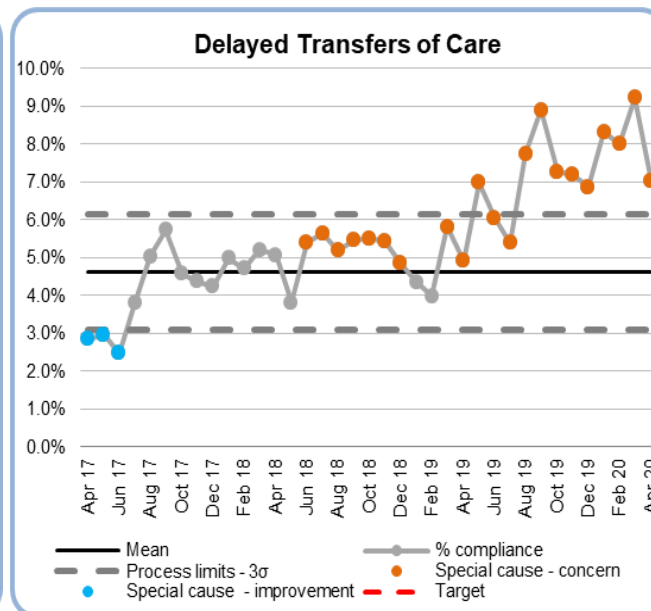
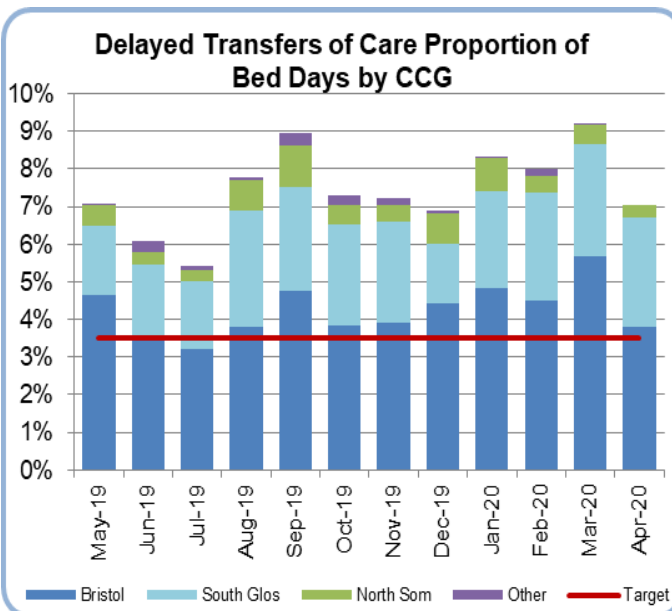
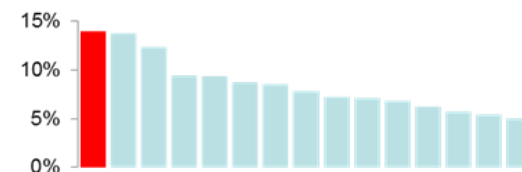
DToCs and Stranded Patients

Whilst DToCs formal reporting has been ceased following the implementation of the services response to COVID-19, the review process has been maintained in NBT. The average level of DToC has remained at c.6.5%. The average bed days accumulated by delayed patients is 227.25 equivalent to 7.5 beds.

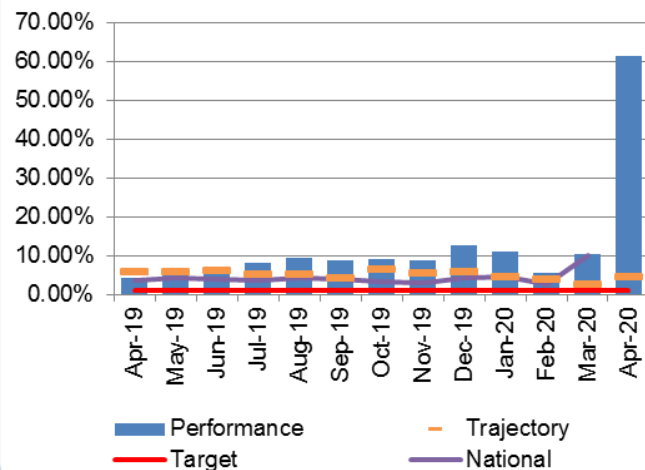
Main reasons for delay are linked to waiting for a complex assessment bed, waiting for rehab bed availability and fast track placements. The flow into these locations has also been impacted by providers concerns about managing COVID-19 positive patients.

The stranded patient levels have dropped vs. March as patients moved to extra capacity opened by the BNSSG system and as admissions reduced over the month. However, the stranded level reported for week of 27/04/2020 was 14%, the joint highest reported in the region.

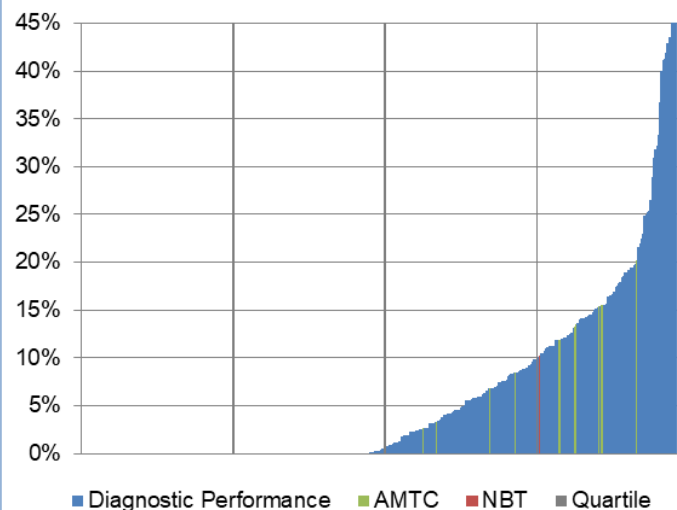
21+ LoS occupancy % in the South West



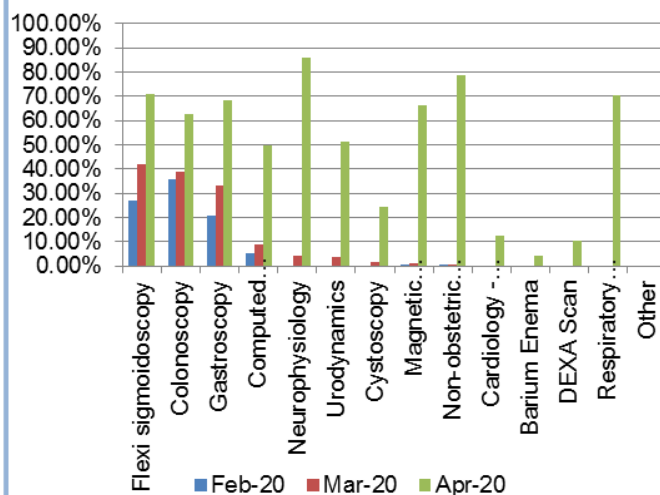
Diagnostic Waits Against Target (1% <6 Weeks)



Diagnostic Six Week Performance - March 2020



Diagnostic Performance by Test



Test Type	Total Wait List	Patients waiting >6-weeks	%Performance Mar-20	%Performance Apr-20
Neurophysiology	106	91	4.08%	85.85%
Non-obstetric ultrasound	2051	1611	0.56%	78.55%
Flexi sigmoidoscopy	375	265	41.89%	70.67%
Respiratory physiology - sleep studies	57	40	0.00%	70.18%
Gastroscopy	742	508	33.17%	68.46%
Magnetic Resonance Imaging	995	660	1.28%	66.33%
Colonoscopy	702	441	38.68%	62.82%
Urodynamics	218	112	3.95%	51.38%
Computed Tomography	939	465	8.73%	49.52%
Cystoscopy	472	115	1.85%	24.36%
Cardiology - echocardiography	185	23	0.00%	12.43%
DEXA Scan	249	26	0.00%	10.44%
Barium Enema	43922	1	0.00%	4.17%

Diagnostic Waiting Times

The Trust performance has greatly deteriorated to 61.25% in April versus a trajectory of 4.25%. This is the result of cancelled elective activity in response to COVID-19. Percentage performance has been impacted by both the reduction in overall wait list size and the substantial increase in the backlog.

All 13 test types have reported in month underperformance, a movement from eight in March.

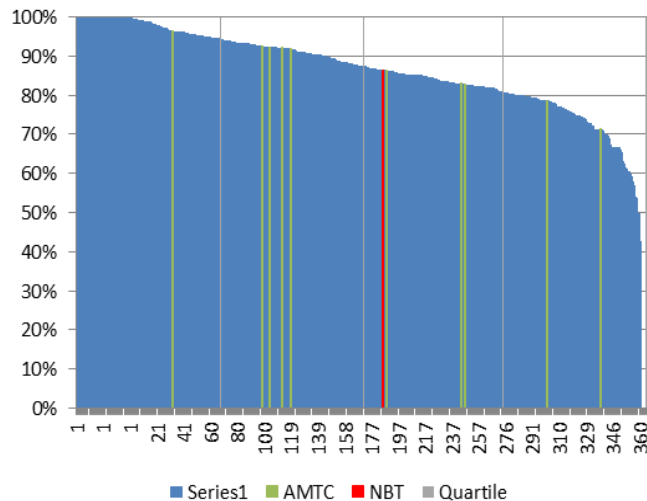
Reduced demand continued for most test types in April, primarily MRI, CT and non-obstetric ultrasound, following the suspension of routine referrals from the end of March in response to the COVID-19 pandemic.

There were 4358 patients in total waiting beyond 6 weeks for their test, of which 402 were waiting greater than 13 weeks.

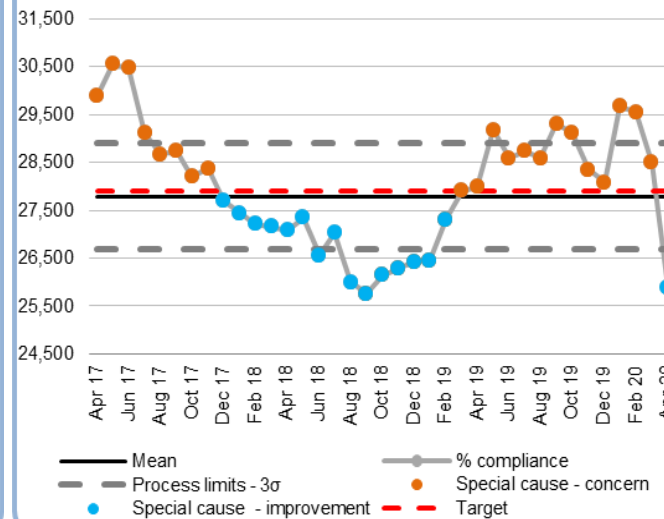
A harm review is undertaken for patients waiting greater than 13 weeks for their test to ensure there has been no harm as a result of the extended wait.

Prior to the COVID-19 pandemic there had been a successful bid for Elective Care funds to support delivery of the national diagnostics target, the Trust had been on track to deliver significantly improved performance, following a period of increased capacity in CT and Endoscopy up until early March.

RTT 18 Week Performance - March-2020



RTT Wait List



Referral to Treatment (RTT)

The Trust has not achieved the RTT trajectory in month with performance of 71.82% against trajectory of 82.67%.

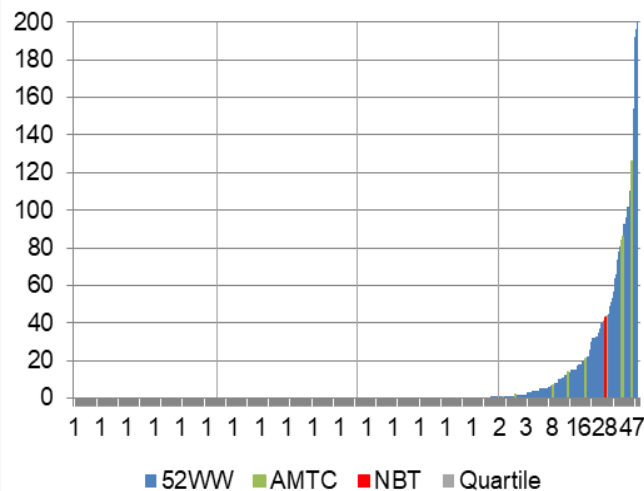
Due to the need to prepare our response to COVID-19, all elective surgery was cancelled apart from 'P1' urgent/life and limb surgery from Thursday 19 March. The Trust also postponed routine outpatient appointments from the end of March until 30 June. This affected the Trust performance and backlog position. On the 13 March the Trust had been predicting performance of 81.50% and a backlog of 5050 (actual backlog was 5697).

The continued reduction in the wait list size has been predominantly due to a referral reduction in April as a result of COVID-19.

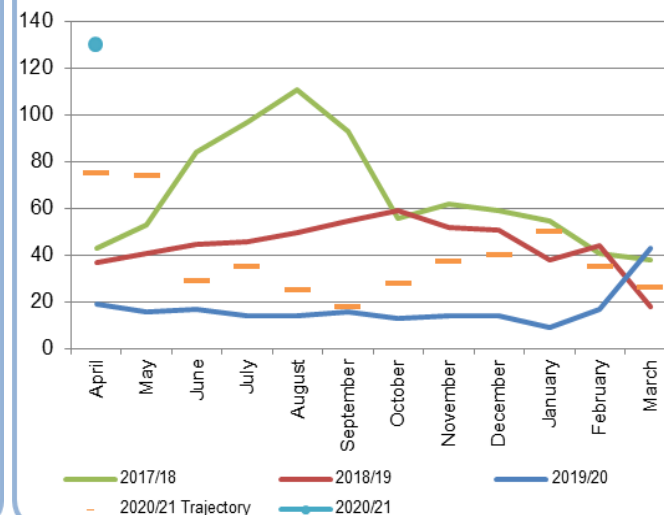
The Trust has reported 130 patients waiting more than 52 weeks from referral to treatment in April against a trajectory of 75. There were 103 patients under Trauma and Orthopaedics, 11 in Neurosurgery, five in Gynaecology, four in Spinal Surgery, two in Plastic Surgery, two in General Surgery, one in Neurology, Urology and Gastroenterology.

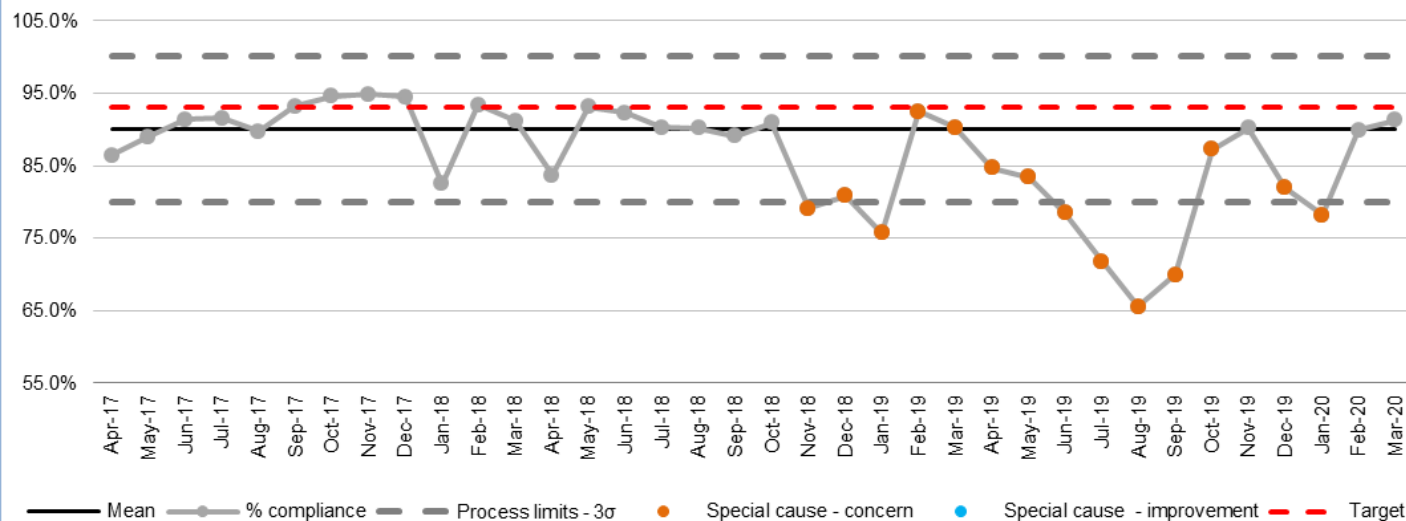
Remedial actions to reduce the number of breaches have been hampered by winter pressures during January, February and March and the COVID-19 pandemic.

RTT 52 Week Performance - March-2020



Trust Total 52 Week Waits



Patients Seen Within 2 Weeks of Urgent GP Referral

Cancer

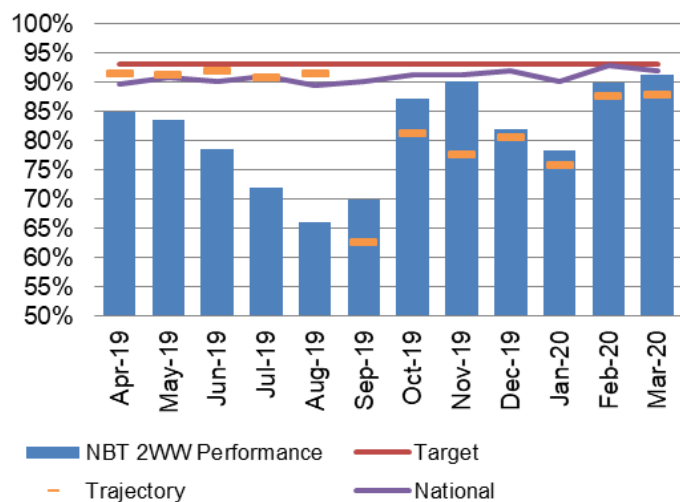
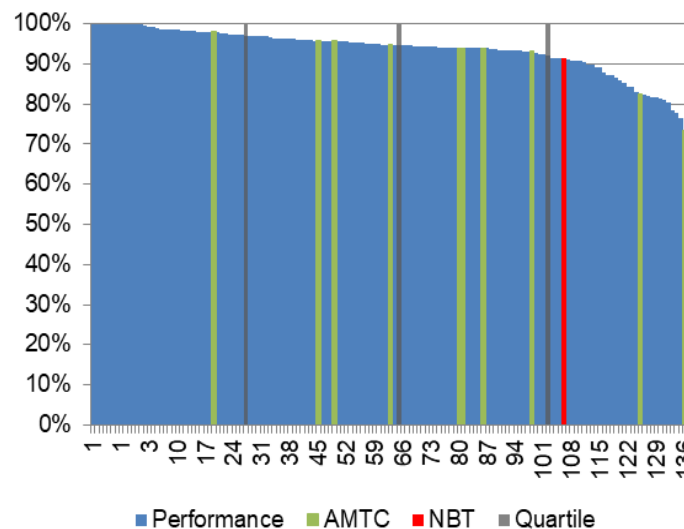
The Trust achieved the recovery trajectory of 87.74% with a performance position of 91.25% for the TWW standard in March.

The Infection control precautions required to manage Endoscopy saw straight to test pathways cease and patients already in the system delayed or postponed.

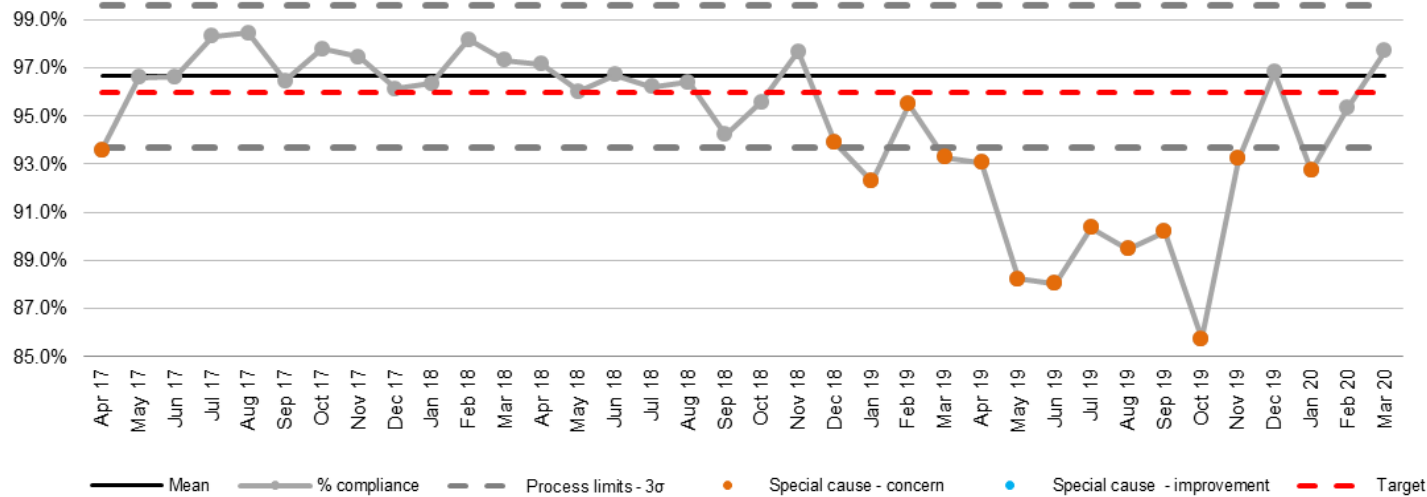
All TWW specialties were affected by patients who refused to attend appointments initially. This picked up once virtual clinics were set up and this is reflected in the performance overall.

The Trust experienced a c.65% drop in TWW referrals in March across all specialties as a result of COVID-19.

The Trust has set up two helplines, one for concerned patients on Cancer pathways and another to support General Practitioners in the community.

Patients Seen Within 2 Weeks of Urgent GP Referral**Cancer TWW Standard March-20**

Patients Receiving First Treatment Within 31 Days of Cancer Diagnosis

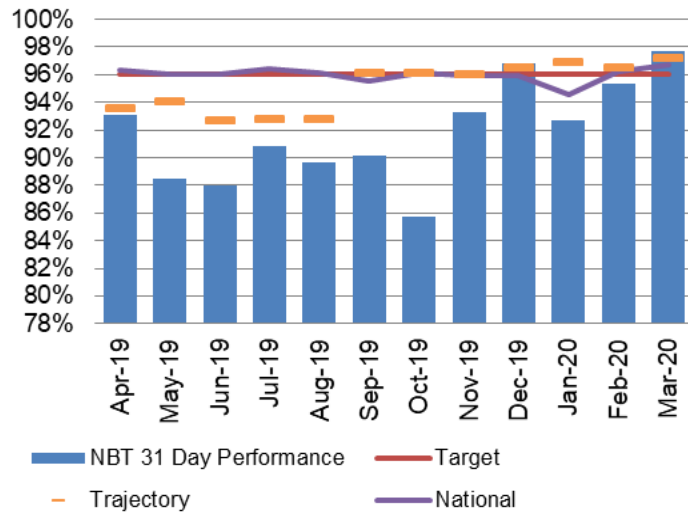


The Trust achieved the 31 day first treatment national standard of 96% with performance of 97.71% and exceeded Trajectory of 97.16%.

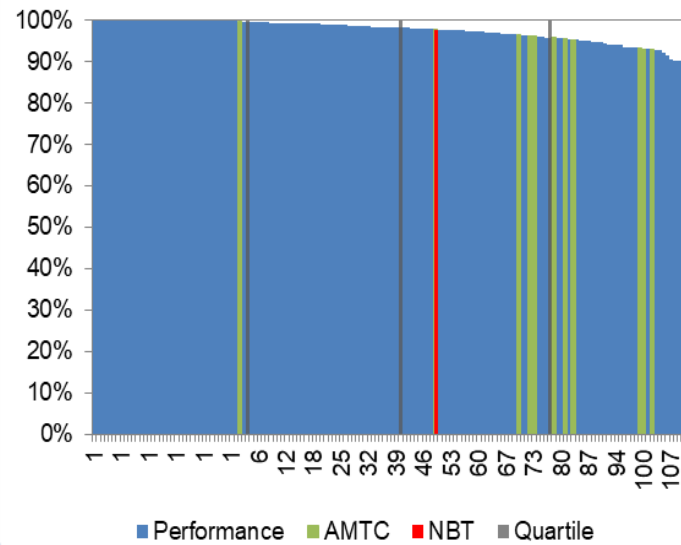
The improved position was due to increase in robotic capacity in Urology to enable backlog clearance.

The Trust achieved the 31 day subsequent surgery treatment standard. This was largely due to the COVID-19 impact. The majority of 31 day subsequent breaches are in Skin who stopped Sentinel-Node Biopsy (SNB) at the start of COVID-19 changes. Whilst this standard was achieved in March, this is going impact future performance as SNB come back on line. There were seven recorded breaches in March across all specialties.

Patients receiving First Treatment Within 31 Days of Cancer Diagnosis

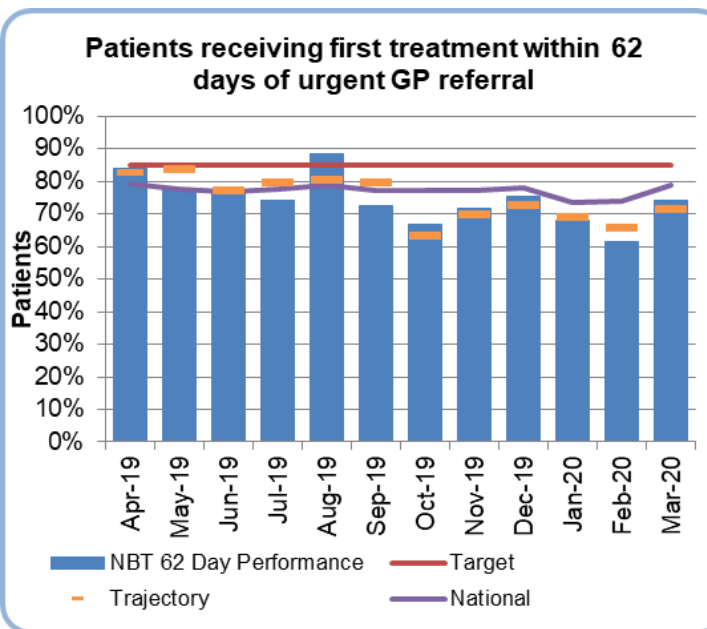
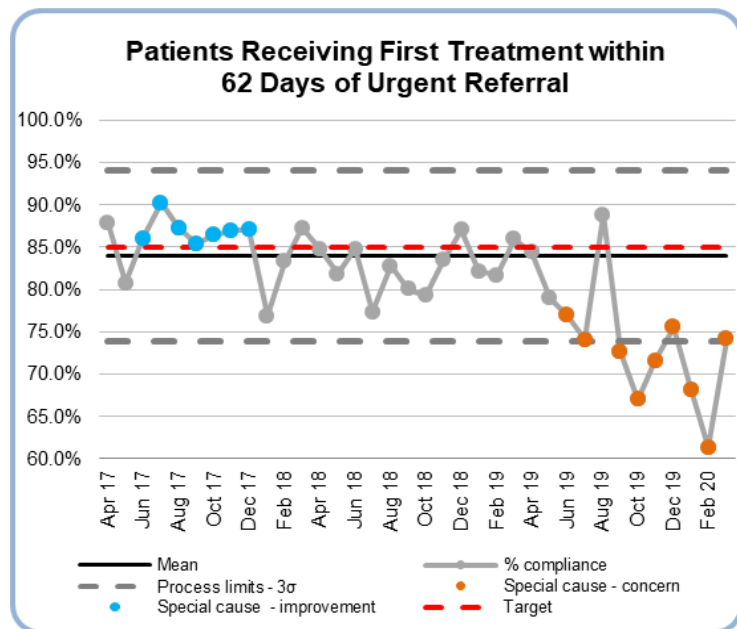


Cancer 31 Day Standard March-20



There are 10 over 104 day breaches in March, six within Urology, one in Gynaecology and three in Colorectal that required harm reviews. This is a major improvement on previous months.

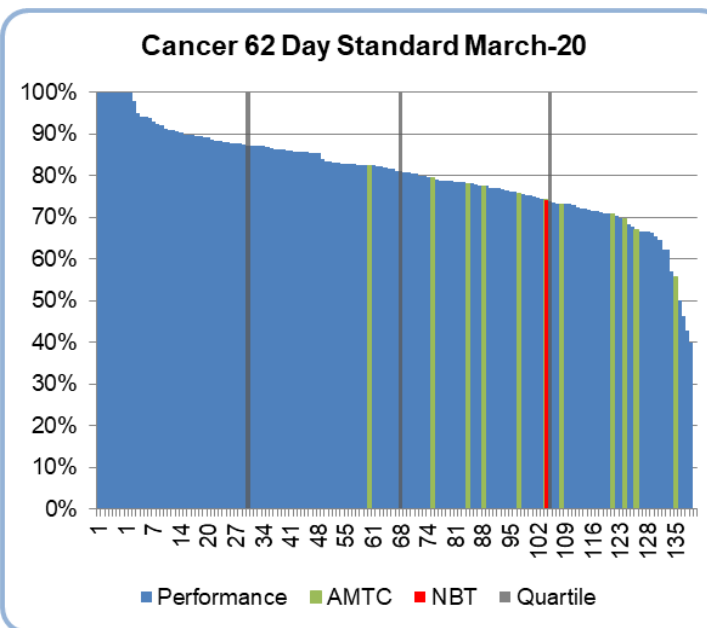
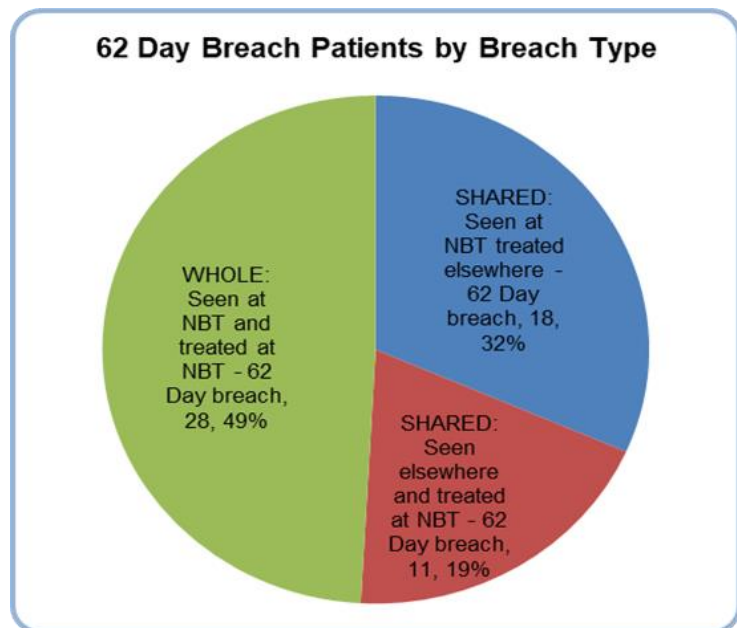
COVID-19 impact will see an increase in overall 104 day breaches as well as additional harm reviews due to changes in treatment and subsequent delays to pathways.



The Trust achieved the 62 day trajectory in March 2020, reporting a position of 74.15% against a trajectory of 71.75%.

Despite the COVID-19 impact the Trust was able to treat 191 patients in March compared to an annual average of 137 per month. There were 57 breaches of which 26 were in Urology, slightly higher than the annual average of 22 per month.

The ability to carry out surgery during the latter part of March was challenged due to COVID-19 and reluctance of patients choosing not to proceed with their treatment plan; this will have a more significant impact on performance in April. Treatment numbers for March were higher than normal; Breast treatments doubled to 40 in March compared with 22 in February and Urology treated 68 in March compared with 60 in February. This was before COVID-19 changes to priority plans were put in place. Breaches stayed consistent across previous months; this was due to Breast managing their breaches more effectively whilst increasing treatment numbers and Urology backlog clearance. Of the 57 breaches, 49.12% were for patients referred to and treated at NBT only.



NB: The breach types and breach **reasons** come from the internal reporting system and therefore, may not exactly match the overall numbers reported nationally.

Safety and Effectiveness

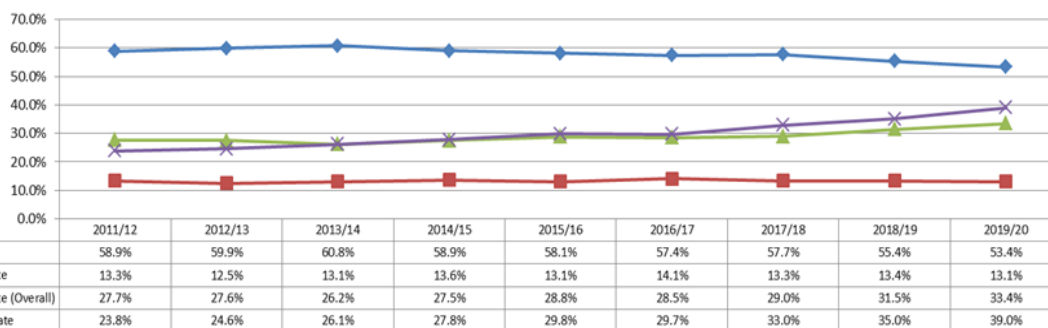
**Board Sponsors: Medical Director and Director of Nursing
and Quality**

Chris Burton and Helen Blanchard

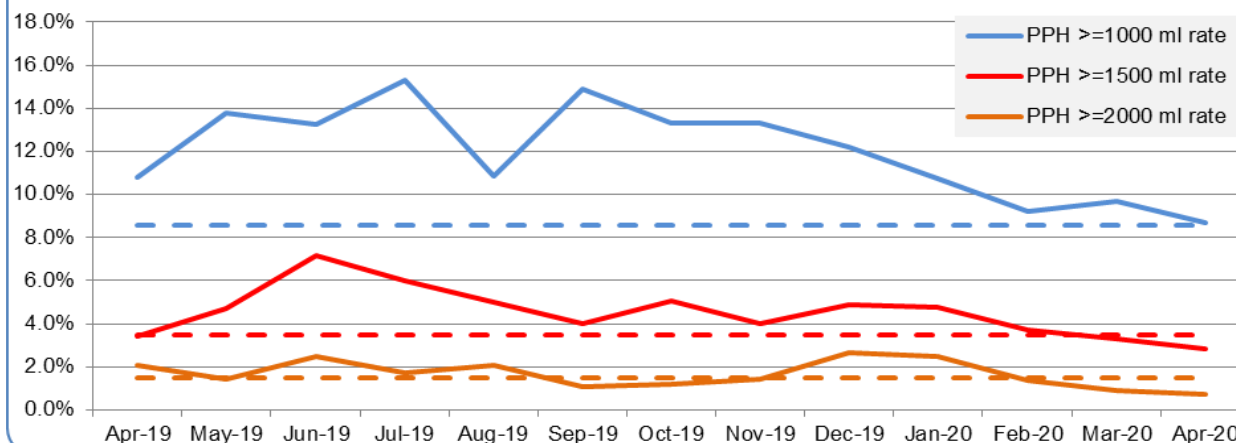
NBT Maternity Dashboard 2019 -2020

	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
<u>Caesarean section rate (overall)</u>	28.0%	35.0%	30.8%	30.4%	31.6%	34.0%	32.3%	32.8%	35.3%	33.9%	38.4%	34.0%	33.4%	31.5%
<u>Elective CS rate (as % of all birth episodes)</u>		12.7%	11.5%	9.2%	15.6%	14.0%	14.3%	16.6%	19.2%	13.7%	16.7%	14.4%	15.6%	12.0%
<u>Emergency CS rate (as % of all birth episodes)</u>		22.4%	19.3%	21.2%	16.0%	19.9%	18.0%	16.2%	16.1%	20.2%	21.7%	19.7%	17.8%	19.5%
<u>PPH >=1000 ml rate</u>	8.6%	10.8%	13.8%	13.2%	15.3%	10.9%	14.9%	13.3%	13.3%	12.2%	10.7%	9.2%	9.7%	8.7%
<u>PPH >=1500 ml rate</u>	3.5%	3.4%	4.7%	7.2%	6.0%	5.0%	4.0%	5.0%	4.0%	4.9%	4.8%	3.7%	3.3%	2.8%
<u>PPH >=2000 ml rate</u>	1.5%	2.1%	1.4%	2.5%	1.7%	2.1%	1.1%	1.2%	1.4%	2.7%	2.5%	1.4%	0.9%	0.7%
<u>5 minute apgar <7 rate at term</u>	0.9%	0.5%	0.7%	0.7%	0.2%	0.4%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%
<u>Stillbirth rate</u>	0.4%	0.5%	0.2%	0.4%	0.2%	0.4%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%	0.4%	0.2%
<u>Stillbirth rate at term</u>		0.2%	0.0%	0.0%	0.0%	0.0%	0.5%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
<u>Stillbirth rate <37 weeks</u>		2.6%	3.3%	5.3%	2.3%	5.4%	2.7%	8.3%	3.2%	8.3%	2.9%	0.0%	4.8%	0.0%

Activity Trends



Reduction in PPH with new IOL pathway



COVID-19 Maternity

Maternity pathways have been re-organised in line with RCOG guidance. NBT is in line with all clinical and operational recommendations and continues to review changes daily.

Safety quality assurance systems are in place to ensure no untoward outcomes, specifically in regard to reduction in antenatal face to face contacts and impact of post-natal changes.

Board maternity safety champions overview of the 10 maternity safety indicators during COVID-19 is in place

The maternity service has responded to the requirement to re-organise ward areas and divert care over the last few months. This has required changes in multi-professional working arrangements – with a number of positive reflections as services have become more efficient. Early discharge home and re-organised pathways have been encouraging examples of this.

Clinical quality outcomes

Whilst CNST indicator reporting has been stopped, the maternity service have continued with essential monitoring for the saving babies lives criteria.

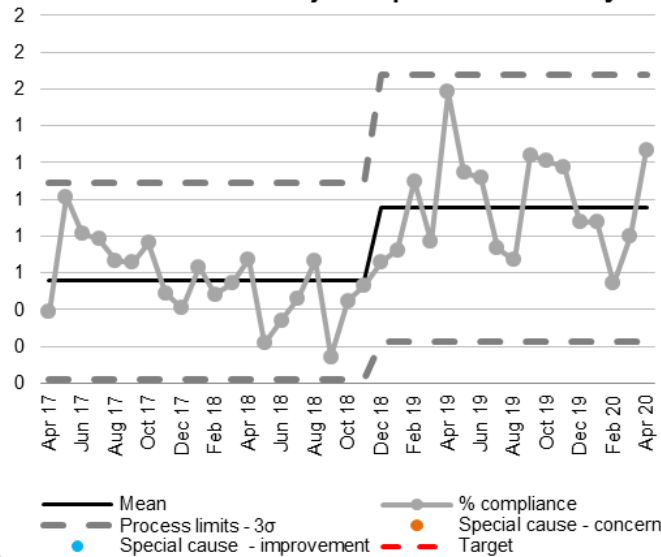
The induction of labour (IOL) rates continue to rise. However, the dedicated IOL process continues to show reduced delays in care and positive feedback from women. Importantly, there is also evidence that the change in care is demonstrating a continued reduction in the smaller volume PPH rate.

Safe staffing

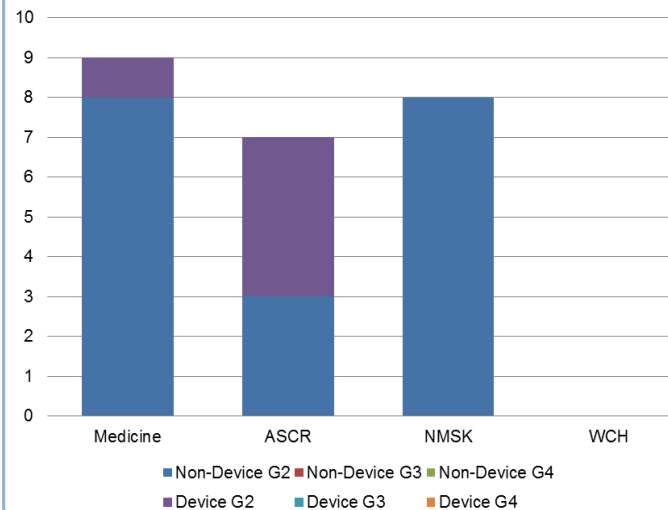
Maternity Theatre scrub nurse cover has been provided over 24/7 period – whilst this was initially operational due to COVID-19 it is subject to a business case for continued support in line with best practice.

Midwifery staffing levels are being managed through daily monitoring and re-deployment. Updating and training of staff for new models of care is a priority over the next 3-6 months.

Total Pressure Injuries per 1000 Bed Days



Pressure Injuries Year to Date 2020/21



Pressure Injuries (PIs)

The Trust ambition for 2020/21 is a

- Zero for both Grade 4 and 3 pressure injuries.
- 30% reduction of Grade 2 pressure injuries
- 30% reduction of device related pressure injuries, .

During April there were no reported Grade 3 or 4 pressure injuries.

In April, 24 Grade 2 pressure injuries were reported, on 18 patients. Device related injuries and those to buttocks continue to be of the highest incidence with the summary as follows:

Buttocks: 33 %

Natal Cleft/ Coccyx: 17%

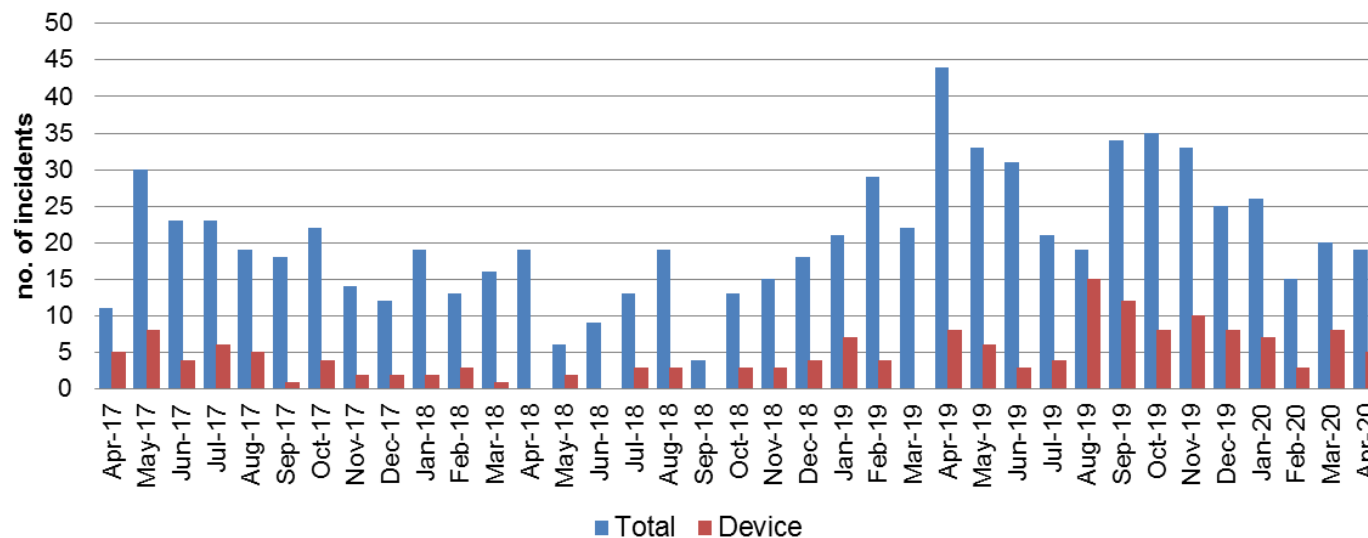
Heel: 8 %

Elbow: 13%

Shoulder/Hip: 8%

Medical device: 21 %

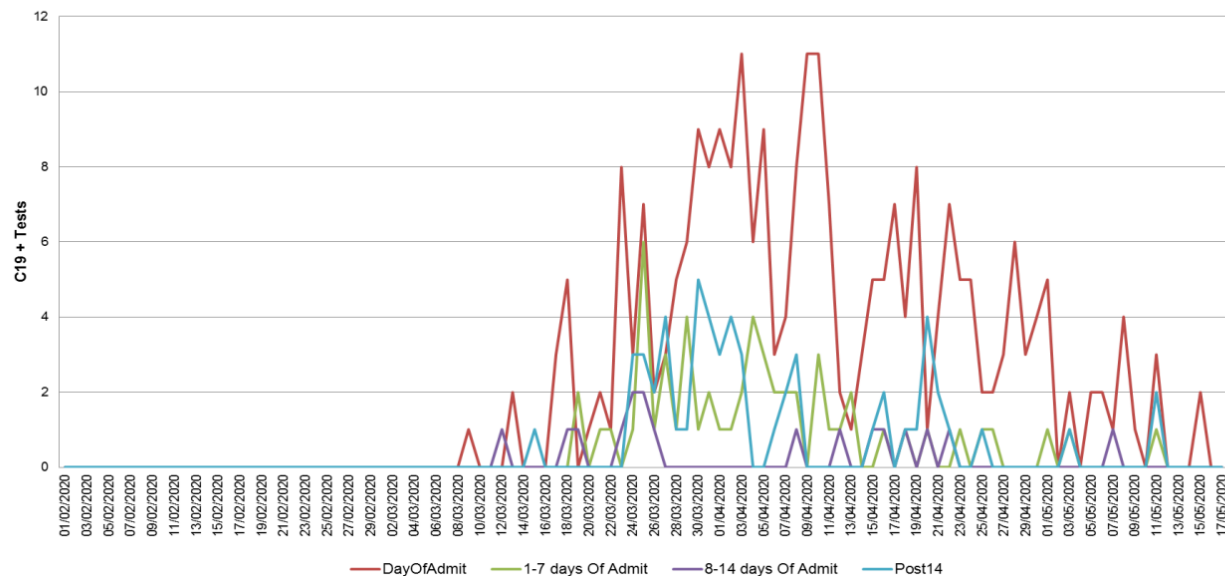
Pressure Ulcers - Total Incidents



Despite the reduction in bed occupancy, there has been an increase in pressure injuries per 1000 bed days. In addition to the ongoing review of actions around learning from each incident the Divisional Heads of Nursing are;

- undertaking patient facing audits with senior nurses during May/June
- conducting peer reviews of care across the organisation
- reinstating the Trust's pressure injury incident meeting and safety huddles which have paused during COVID-19.

C19 Positive Tests During IP Admission - 1st Feb - 14th May 2020
 * Time calculated from date of sample, not positive result returned



COVID- 19 (Coronavirus)

The Trusts infection control effort and resources are focussed on managing the COVID-19 epidemic and its impact on the Trust. Actions are in place to ensure compliance with national guidance as it develops. Quality and Risk Management committee will review the board level assurance of infection control practice.

There has been national concern about the risk of transmission of COVID-19 infection in hospital. An outbreak of infection has been experienced in Elgar Ward 1 in late March and April. Four infections of patients who has been in the hospital for more than 7 days have been found in the first two week of May. These will be investigated and it is the intention to investigate all cases beyond 7 days (pending a national definition of hospital acquired infection).

MRSA

There were no reported cases of MRSA bacteraemia in April.

C. Difficile

In April there was one Trust attributable case reported.

MSSA

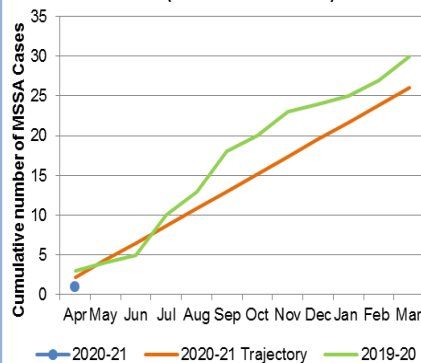
There was one reported cases of MSSA bacteraemia in April.

The Trust staphylococcus steering group continues to monitor and review cases.

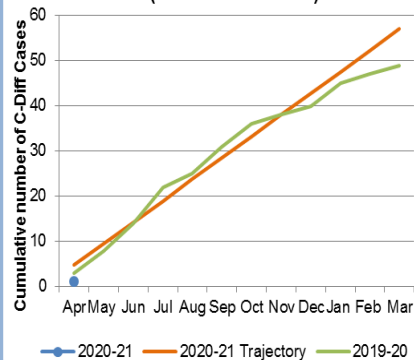
E. Coli.

The Trust target for 2019/20 was not achieved. Further community wide work to reduce these infections is planned for 2020/21, and we await revised thresholds.

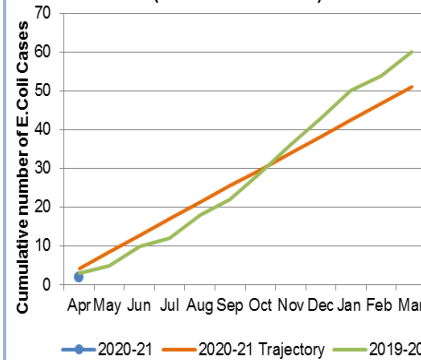
MSSA Cases - Trust Attributable (Cumulative Cases)

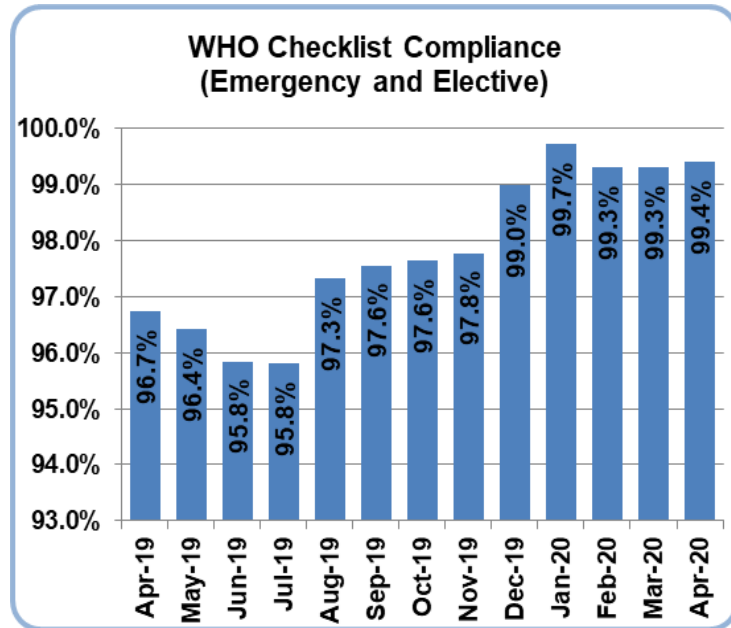


C.Difficile Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)



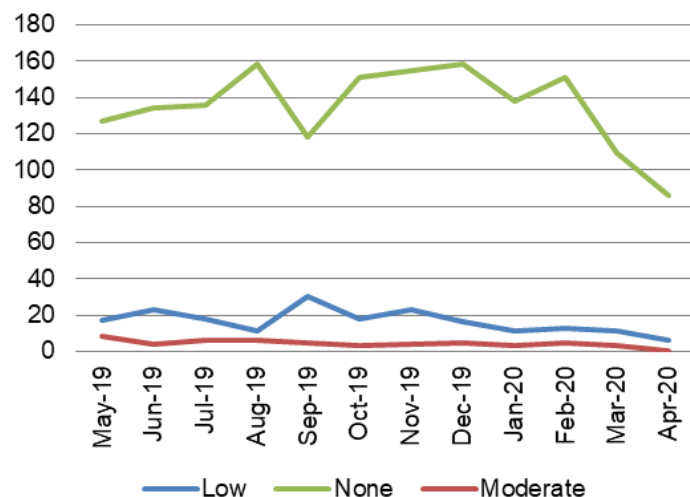


WHO Checklist Compliance

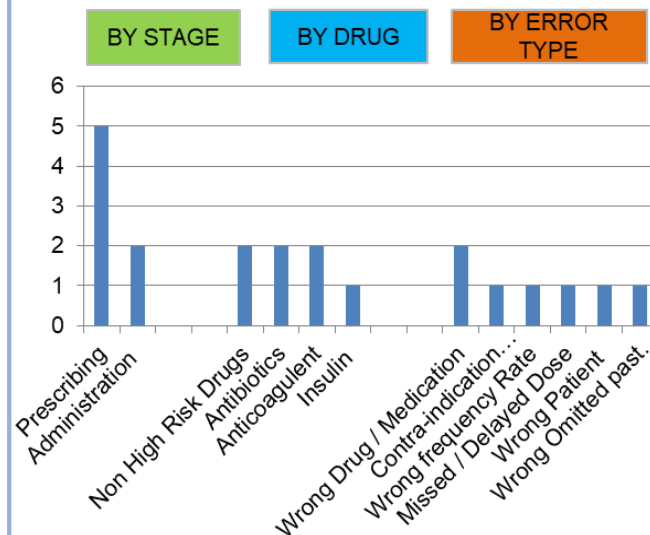
The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

The IPR report of less than 100% is due to issues with data capture. All cases where WHO was not recorded electronically are reviewed to ensure that checklist compliance was recorded in the paper medical records.

Severity of Medication Error (Last 12 Months)



LOW HARM Incidents - April 2020



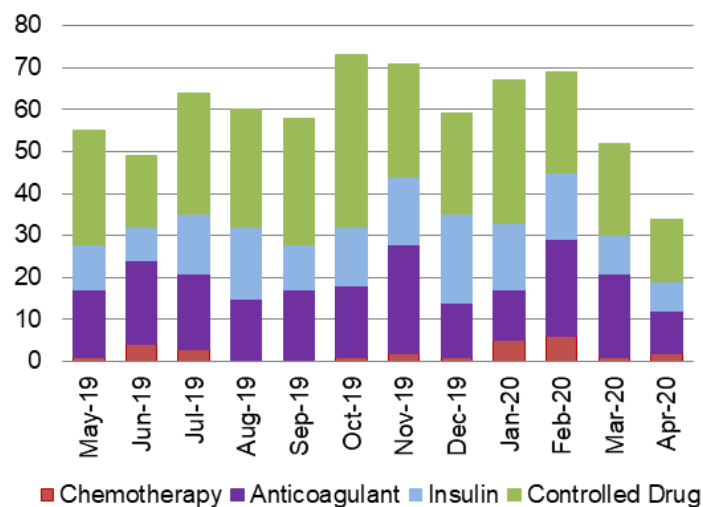
Medicines Management

Severity of Medication Error

During April 2020, the number of “No Harm” medication errors represented c.93% of all medication errors, demonstrating the continued strong safety culture within the Trust.

A comparison of the total number of incidents reported over a rolling 12 month period demonstrated that there was c. 3.3% reduction in the total number of reported incidents when comparing the periods (May 2019 to April 2020) to (April 2019 to March 2020).

Incidents Involving High Risk Drugs (Last 12 Months)



Low Harm Incidents

71% of low harm incidents occurred during the prescribing stage, with 71% involving a high risk medication and 14% as a result of a missed / delayed dose.

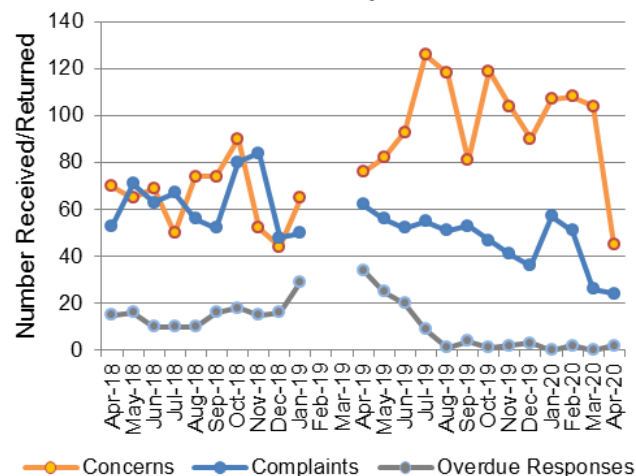
High Risk Drugs

The Medicines Governance Group is working to establish a collaborative working group across the local health population for insulin and anticoagulant incidents.

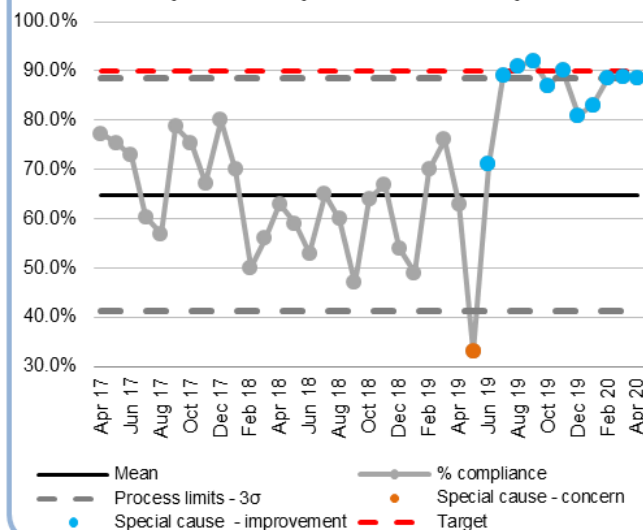
Patient Experience

**Board Sponsor: Director of Nursing and Quality
Helen Blanchard**

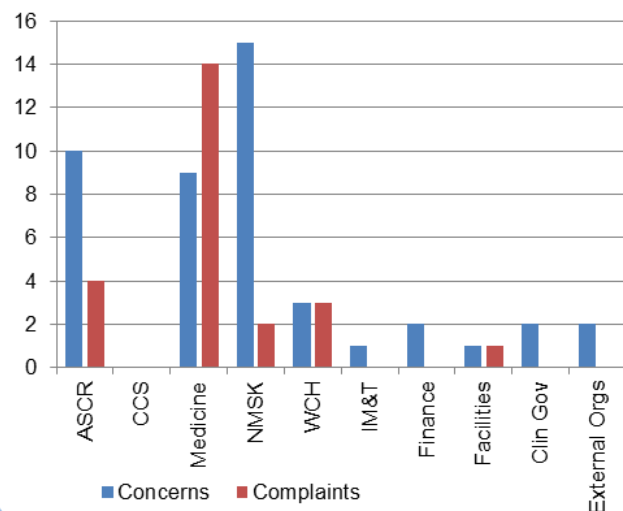
Trustwide Complaints, Concerns & Overdue Complaints



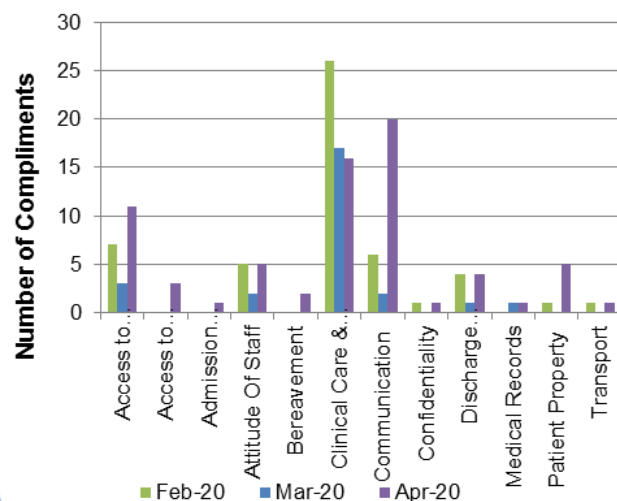
Complaint Response Rate Compliance



Concerns and Complaints per Division



Complaints By Subject



Complaints and Concerns

In April 2020, the Trust received 24 formal complaints.

This is consistent with March 2020 and reflects the impact of COVID-19. We have received fewer formal complaints which is expected given the Trust's decrease in activity and public perception of the NHS, meaning people may be reluctant to raise complaints at this time.

45 PALS concerns were received in April 2020 (this includes enquiries). This is a significant decrease on previous months. This is likely due to the reasons described above.

The 24 formal complaints can be broken down by division: (the previous month total and increase is shown in brackets)

ASCR	4 (7)	CCS	0 (2)
Medicine	14 (6)	NMSK	2 (6)
WACH	3 (4)	Facilities	1 (1)

Compliance Response Rate Compliance

The chart demonstrates sustained improvement in responding to complaints within agreed timescales. In April 88.46% complaints were closed on time. That is, 23 of 26 complaints due to be closed in April were responded to by the due date, the remaining three were also closed in April but beyond the due date.

Overdue complaints

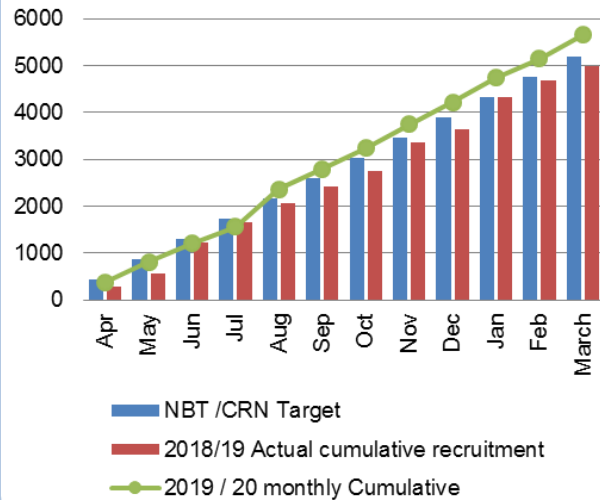
There are two overdue complaints, both in WCH. For both cases, the complaint is overdue as LRM meeting notes have not yet been provided to the complainant so they cannot be closed.

N.B. Feb-19 and Mar-19 data has been removed for complaints, concerns and overdue complaints owing to data quality issues.

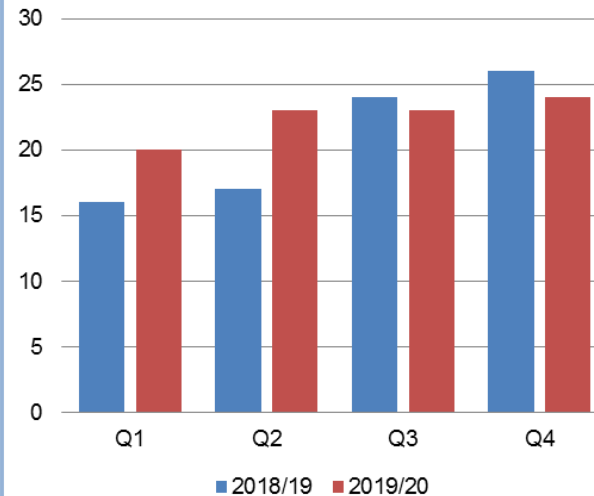
Research and Innovation

Board Sponsor: Medical Director

Patient recruitment vs Target



NIHR studies led by non-medics



NBT full year recruitment exceeded target, achieving 109% of an already ambitious target. The recruitment reflects the exceptional work of all the departments and teams across the Trust. The target for 2020/2021 which was set before the COVID-19 outbreak is equally challenging as NBT continues to capitalise on our previous achievements

Since the start of the COVID-19 outbreak NBT has opened 15 COVID-19 specific studies with a further 5 in set up. Since April NBT have recruited 443 participants across the studies.

R&I has worked with the management of the Nightingale Hospital to ensure our research readiness, ensuring the regulatory approvals, logistics and staffing were all in place to enable the Bristol Nightingale to be an active research hub if and when it is needed.

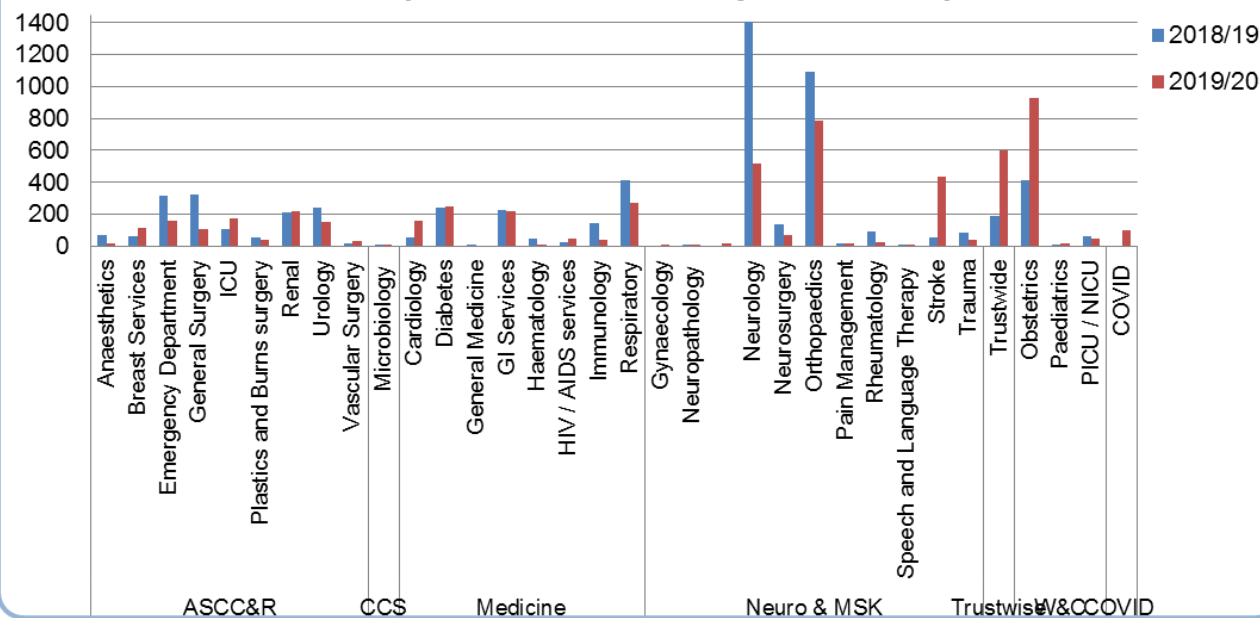
NBT has been awarded a prestigious NIHR research grant, Dr Katie Whale, £250,000, for the REST trial (sleep interventions for TKR).

NBT currently leads 54 research grants (NIHR, charity, industry and other) to a total value of £22.3m, and is a partner on 40 grants to a total value of £8.7m.

To help drive forward the COVID-19 research effort, NBT has developed 16 COVID-19 related research grant ideas (as lead (8) or as a major partner, (8)), to date we have been awarded £60k to fund the NBT led COVID-19 studies DICOVER and CERA.



Patient Participation in research by Clinical Department



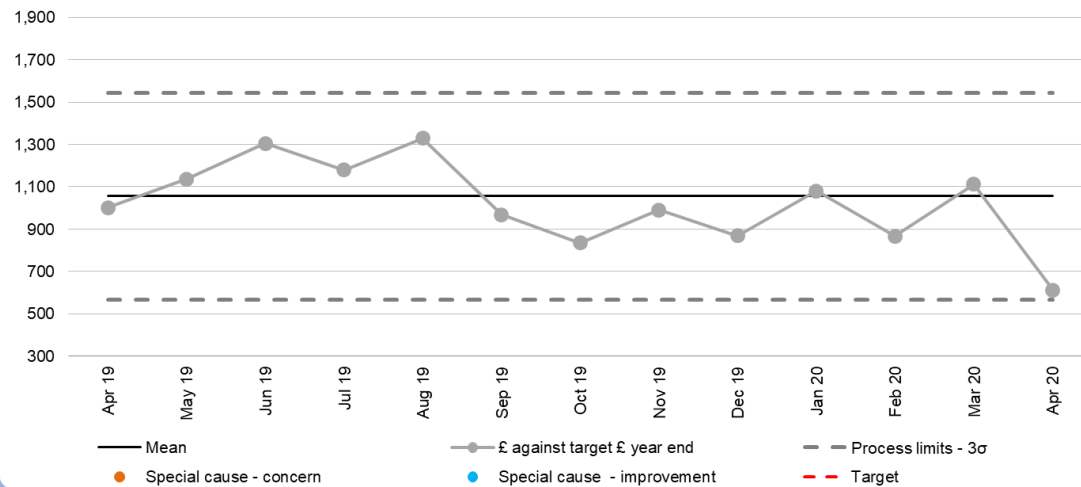
ASCC&R CCS Medicine Neuro & MSK Trustwide W&CCOVID

Well Led

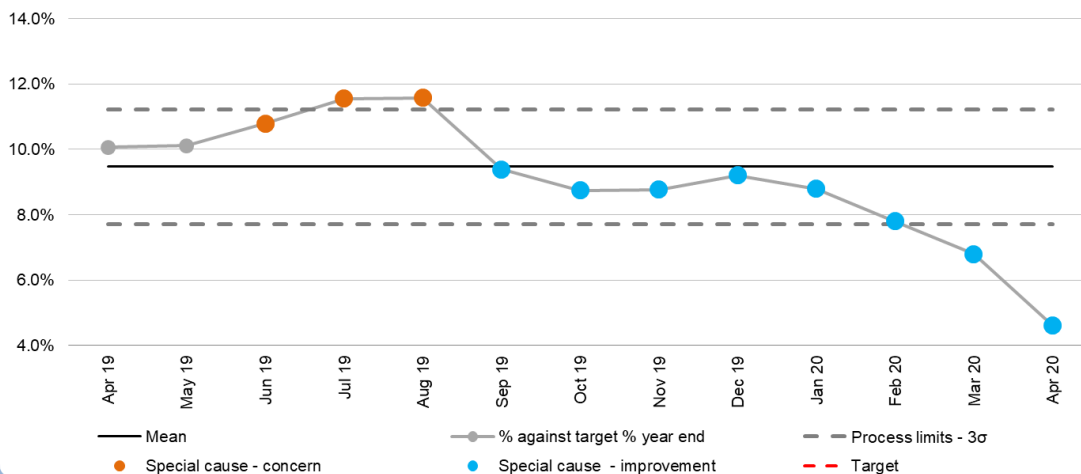
Board Sponsors: Medical Director, Director of People and Transformation
Chris Burton and Jacqui Marshall

Workforce

Agency Expenditure-Trust starting 01/04/19



Vacancy Factor-Trust starting 01/04/19



Pay

Overall pay and worked wte were lower in April than March, predominantly due to the reduction in temporary staffing demand.

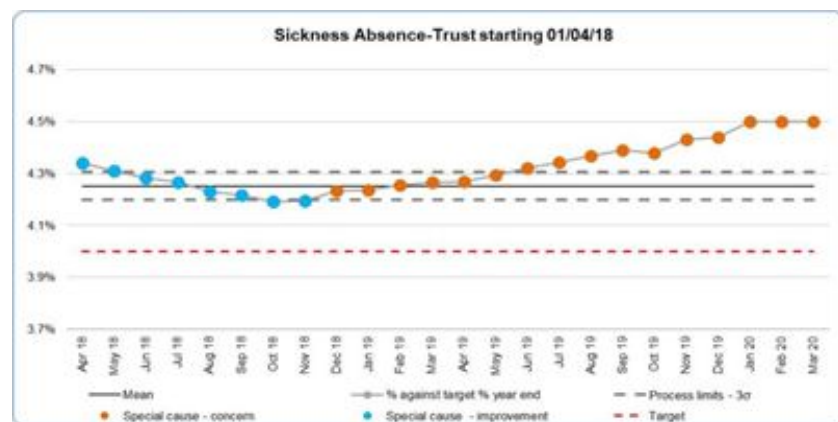
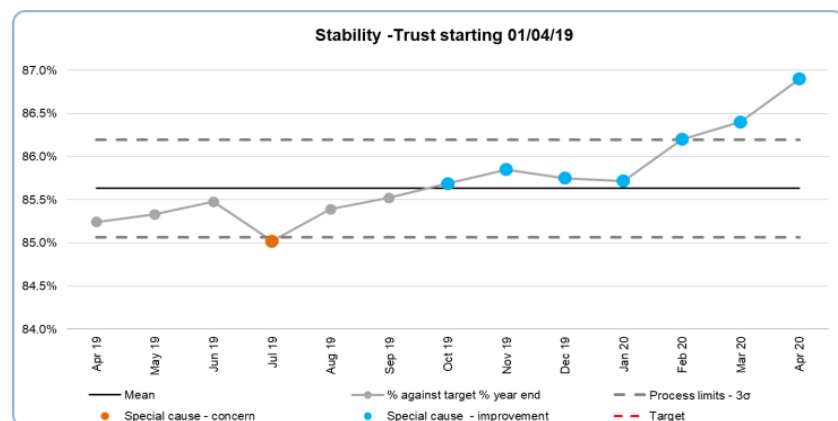
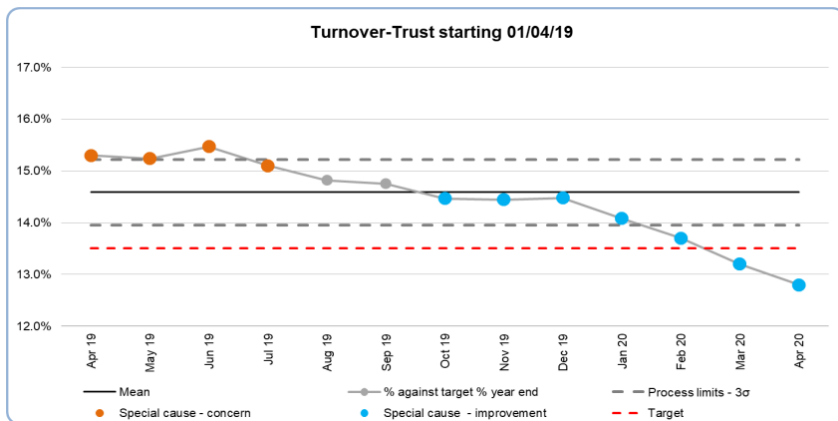
Vacancy Resourcing

Substantive recruitment continued throughout April utilising technology to ensure social distancing requirements as part of our COVID-19 response.

Significant activity to recruit additional temporary workers increased the overall Bank population by 200 new starters in the month. Agency usage decreased significantly in April due to service reductions, dropping from 233 bookings in the first week of the month, to 37 in the last week.

The funded establishment currently shows a false vacancy position until non-recurrent funding and business plans for the year are finalised.

Engagement and Wellbeing



Turnover and Stability Projects

Turnover is showing a consistent and significant fall since June 2019. The NHSI/NBT nursing retention action plan was implemented during February, seeking qualitative insights into main reasons for staff leaving/thinking of leaving. The plan was paused during the COVID-19 Period but is now being refreshed, as the Trust moves towards restoration, with new milestones; and will be resubmitted to NHSI.

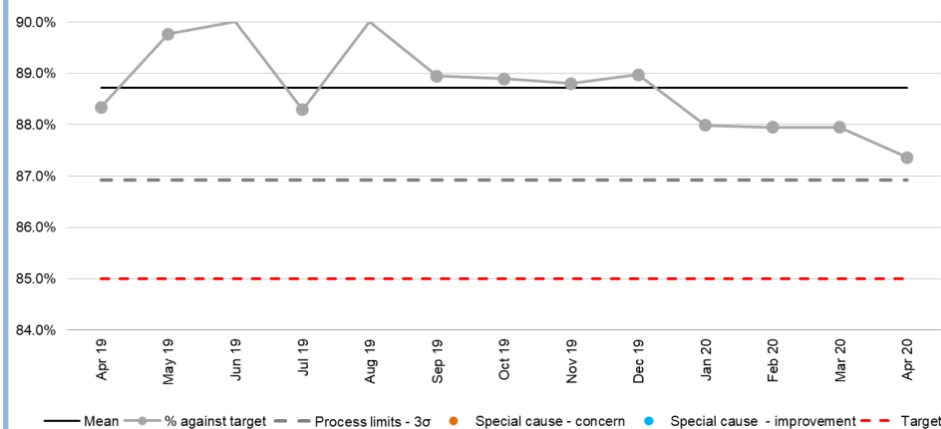
Sickness

Long-term sickness is an ongoing issue and has been driving the deterioration in our annual position. The investigations into this – in particular the recording process and the number of sickness absences showing as ‘unknown’ – were paused as we entered the COVID-19 period but will be reinstated over the coming weeks.

In addition the management of absence processes have been improved through the COVID-19 period due to the need to monitor and keep track of staff who were not only sick but shielding / self isolating. This includes the pilot of a single central phone line for medical staff to report absence, with recording being on the eRoster system and a simple process for staff to access COVID-19 testing.

The impact of COVID-19 sickness absence will be reviewed over the coming weeks.

Essential Training Top 8-Trust starting 01/04/19



Essential Training

There has been no significant change in compliance compared to last month. However, whilst compliance has remained the same overall, topics requiring face to face training (practical manual handling and Resuscitation have seen a fall in compliance).

Leadership & Management Development

Due to COVID-19 all leadership & management programmes were paused until the end of June. We are currently making plans to restart all programmes during the next few months and are reviewing our delivery methods to support the trust guidance on social distancing and ensure immediate development needs are met.

OneNBT Leadership Programme

The 2019 Leadership programme was paused until the end of June 2020. 253 staff remain enrolled which is 72% of the 350 target. We are now looking to restart the 2019 programme utilising new methods of delivery across both leadership & management modules. This will range from webinars, small group reflection sessions, online workshops and small group F2F delivery.

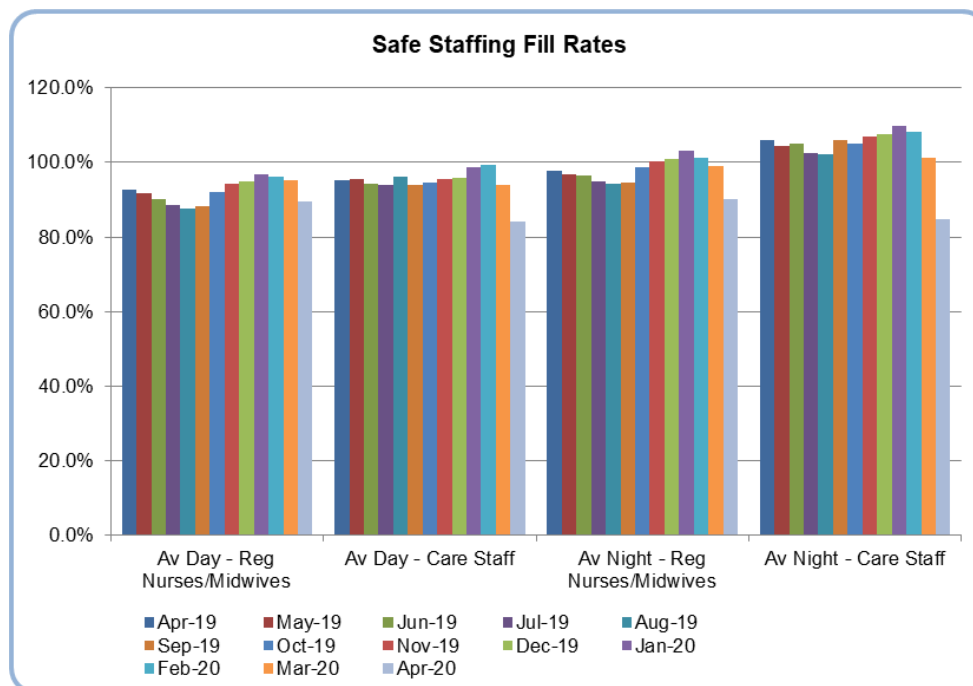
The 2020 application has remained open despite COVID-19 and has been extended to the end of September. We had 42 defer and have received 41 applications which gives us 83 participants for 2020 so far. The programme was due to start in June however this is now likely to be an October start and will be dependent on the COVID-19 situation at that time.

OneNBT L&M Apprenticeships

Our corporate apprenticeships were paused during the pandemic however we will now be restarting those who were close to their end-point assessment from 18th May. 12 managers are due to complete their end-point assessment and these will be the first in the Trust to achieve the qualification and complete the programme. We still have 28 managers enrolled in the Level 3 Leadership & Management Apprenticeship (qualification) seven of which have been promoted since joining the programme.

Our other two cohorts will resume from July 2020 and similar to the leadership programme will be utilising new delivery methods. We also postponed our April & July 2020 cohorts due to COVID-19 however we will now be aiming for an October 2020 cohort start.

Training Topic	Variance	Mar-20	Apr-20
Child Protection	3.8%	87.6%	91.4%
Equality & Diversity	-4.5%	91.2%	86.7%
Fire Safety	4.9%	86.3%	91.2%
Health & Safety	1.1%	92.4%	93.5%
Infection Control	-6.2%	90.2%	84.0%
Information Governance	-3.8%	83.1%	79.3%
Manual Handling	3.7%	82.3%	85.9%
Waste	-1.5%	88.6%	87.1%
Total	-0.6%	87.9%	87.4%



Apr-20	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	89.4%	84.1%	90.2%	84.7%

The numbers of hours Registered Nurses (RN) / Registered Midwives (RM) and Care Assistants (CA), planned and actual, on both day and night shifts are collated. CHPPD for Southmead Hospital includes ICU, NICU and the Birth Suite where 1:1 care is required. This data is uploaded on UNIFY for NHS Choices and also on our Website showing overall Trust position and each individual gate level. The breakdown for each of the ward areas is available on the external webpage.

The safe staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. The current version of the roster system is unable to break this down, however changes are anticipated and will be back reported as soon as it is possible.

In March the organisation in preparedness for COVID-19 phase, elective activity was reduced and capacity released for care pandemic response. During April 2020 In responding to the COVID-19 pandemic the organisation reconfigured our inpatient services and closed 3 inpatient wards 34b, 26b, 6b in addition to reconfiguring the provision of our Maternity services.

The organisations overall occupancy has been reduced and elective activity programme substantially reduced, where shifts have been unfilled a acuity assessment was carried out. Staff will be moved from areas of lower activity if and when needed and the overall CHPPD can be seen in the following slides showing an overall increase in March due to the current situation.

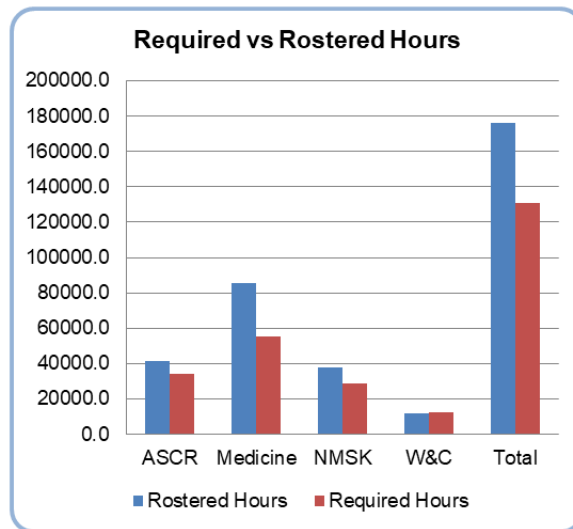
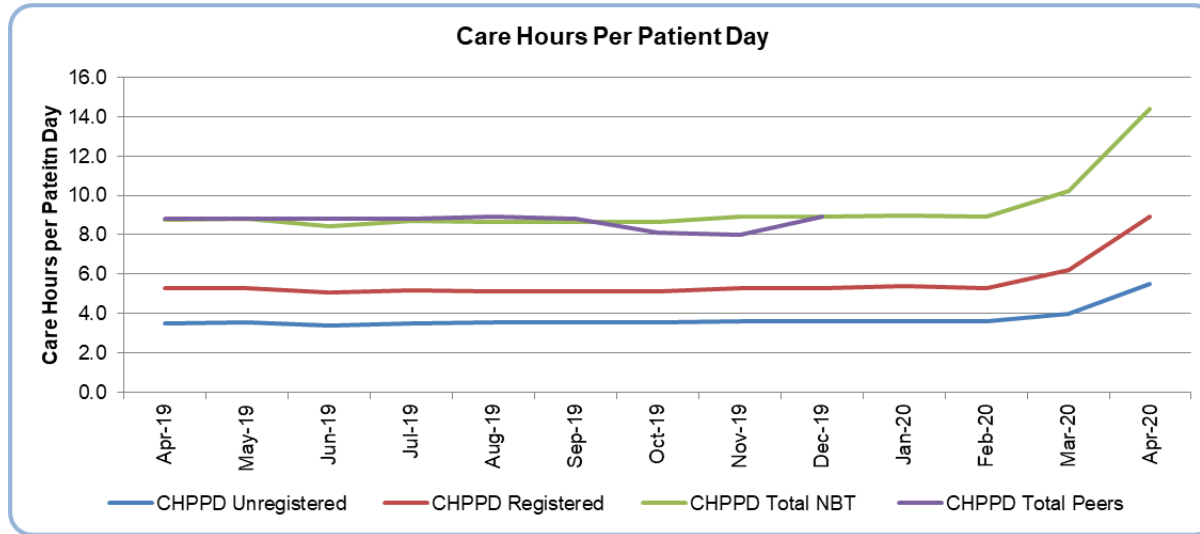
The nursing staff were reallocated to support other trust functions during this time to maintain safe staffing across the organisation.

Wards below 80% fill rate for Registered Staff

Cotswold (61.4% Day)
 Medirooms (77.4% day)
 Elgar 1 (77.7% Day)
 Elgar 2 (67% Day)
 Gate 7b (70.8% Night)

Wards below 80% fill rate for Care Staff

Elgar 2 (79.3% Day : 70% Night):
 Gate 31a (73.7% Day : 63.2% Night):
 Gate 37 (71.7% Night)
 Cotswold (24.6% day : 33.3% Night)
 Percy Phillips (67.9% Day)
 Gate 7b (66.3% Day : 63.1% Night)
 Gate 8b (73.3% Day)



Care Hours per Patient Day (CHPPD)

The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for our Model Hospital peers (all data from Model Hospital. Peer values are only available to Feb 2019).

During April 2020 the organisation was prepared and staff available to respond to a pandemic surge as is shown with CHPPD and rostered versus required hours. Staffing levels were maintained at levels to respond to short notice changes in demand.

Safe Care Live (Electronic Acuity Tool)

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 will be 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.

Finance

Board Sponsor: Director of Finance
Catherine Phillips

	Position as at 30 April 2020			
	Covid-19 £m	Nightingale £m	Core Trust £m	Trust Total £m
Contract Income	-	-	45.1	45.1
Other Income	2.5	16.0	7.3	25.8
Total Income	2.5	16.0	52.4	70.9
Pay	(1.5)	(0.1)	(32.7)	(34.3)
Non-pay	(1.0)	(15.9)	(13.7)	(30.7)
Financing	-	-	(5.9)	(5.9)
Total Expenditure	(2.5)	(16.0)	(52.3)	(70.9)
Surplus / (deficit)	(0.0)	(0.0)	0.0	0.0

Statement of Comprehensive Income

Assurances

The financial position at the end of April 2020 shows a breakeven position consistent with the new cost recovery regime that has been implemented to support service delivery under COVID-19.

Income in March includes £2.5m of retrospective true up for COVID-19 cost recoveries on the core trust and a further £16.0m of cost recovery for Nightingale which is mainly for setup cost.

Financial reviews and variance analyses have been performed on the April result reported above in comparison with both the Quarter 4 run rate for 2019/20 and also the trust level budget/plan (now suspended) that was agreed in March.

The resulting table and comments are included on the following page for assurance.

There are no key issues to report.

31 March 2020 £m		30th April 2020 £m
	Non Current Assets	
560	Property, Plant and Equipment	561.2
12	Intangible Assets	11.8
4	Non-current receivables	4
576	Total non-current assets	577
	Current Assets	
13.1	Inventories	13.2
50.4	Trade and other receivables NHS	48.7
22.2	Trade and other receivables Non-NHS	37.4
10.7	Cash and Cash equivalents	65.4
96.4	Total current assets	164.6
	Current Liabilities (< 1 Year)	
11	Trade and Other payables - NHS	8.9
57.6	Trade and Other payables - Non-NHS	92.8
3.7	Deferred income	41.8
13	PFI liability	13
173.6	DHSC loans (i)	173.7
2.4	Finance lease liabilities	2.2
261.4	Total current liabilities	332.3
	Liabilities (> 1 Year)	
7.2	Trade payables and deferred income	7.2
377.8	PFI liability	377.1
5.4	DHSC loans	5.4
5.3	Finance lease liabilities	4.4
395.7	Total Long Term liabilities	394.1
15.3	Total Net Assets	15.3
	Capital and Reserves	
248.5	Public Dividend Capital	248.5
-382.3	Income and expenditure reserve	-382.3
0	Income and expenditure account - current year	-0.1
149.1	Revaluation reserve	149.1
15.3	Total Capital and Reserves	15.3

Statement of Financial Position

Assurances

Total borrowing from DOH remain at the end of 2019/20 level of £178.5m. The Trust ended the month with a cash balance of £65.4m, compared with the March figure of £10.7m. The improved cash position is a result of the new financial regime with which paid over expected income for both April and May in the first month of the year.

Key Issues

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the month is 90.2% by value compared to an average of 85.5% for 2019/20.

Statement of Comprehensive Income, Further Assurance

NHSI/E calculated the expected cost base of the Trust using two methods to generate a monthly block contract amount and a monthly top-up amount. Any spend over / under this is adjusted in future months and so the Trust has effectively had its operational costs funded through a retrospective true-up process, though any significant variation from the NHSI/E calculated sums will be subject to review.

For the month of April the Trust has had to request additional true-up funding of £2.6m as due to the lower levels of elective activity there are significant underspends that offset the majority of the £2.6m under-funding off the Trust block and top up payments. The Trust has communicated to NHSI/E that these underspends are likely to reduce as the service restoration work increases the levels of elective activity.

The table below shows the April spend for the Core Trust compared to the Quarter 4 spend run rate and also compared to the Board approved annual plan.

	Position as at 30 April 2020						
	Actual	Q4 Avg (*)	Act. V Q4 Avg.		Budget	Act. V Budget	
	£m	£m	£m (Adv)/Fav	%	£m	£m (Adv)/Fav	%
Contract Income	45.1	44.4	0.7	1.5%	47.9	(2.8)	(5.9%)
Other Income	7.3	10.4	(3.1)	(30.1%)	6.3	1.0	15.4%
Total Income	52.4	54.8	(2.4)	(4.5%)	54.2	(1.8)	(3.4%)
Pay	(32.7)	(33.0)	0.3	(0.9%)	(33.6)	0.9	(2.7%)
Non-pay	(13.7)	(16.5)	2.8	(16.7%)	(16.9)	3.2	(18.7%)
Financing	(5.9)	(6.1)	0.2	(3.5%)	(6.1)	0.2	(3.5%)
Total Expenditure	(52.3)	(55.6)	3.3	(5.9%)	(56.6)	4.3	(7.6%)
Surplus / (deficit)	0.0	(0.8)	0.8	(104.4%)	(2.4)	2.4	(101.5%)
(*) Quarter 4 average has been adjusted for large one-off elements recognised in March as part of the year-end process which would skew the average							

Weighting	Metric	Year to date
0.2	Capital service cover rating	4
0.2	Liquidity rating	4
0.2	I&E margin rating	3
0.2	I&E margin: distance from financial plan	2
0.2	Agency rating	2
	Overall finance risk rating	3

Financial Risk Ratings , Capital Expenditure and Cash Forecast (4 months),

The capital expenditure for the month was minimal.

Financial Risk Rating

The Trust has a forecast rating of 3 out of 4 (a score of 1 is the best) in the overall finance risk rating metric.

Rolling Cash forecast

A high level cashflow forecast has been developed which shows that the Trust is able to manage its affairs without any external support. The forecast covering the four months of the new financial regime is shown below.

Cash £m	Opening Balance	April	May	June	July
Receipts		113.7	60.0	72.0	22.2
Outgoings		(59.0)	(65.4)	(68.8)	(59.3)
Net cashflow		54.7	(5.4)	3.2	(37.0)
Cum cash flow	10.7	65.4	60.0	63.2	26.1

Regulatory

**Board Sponsor: Chief Executive
Andrea Young**

Monitor Provider Licence Compliance Statements at April 2020

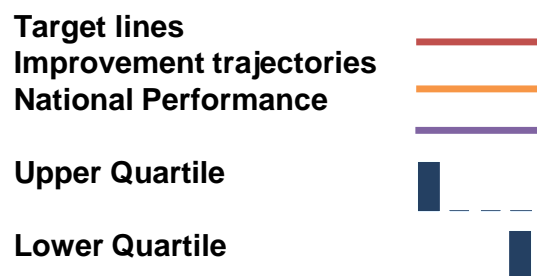
Self-assessed, for submission to NHSI

Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G4	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed a self assessment and no issues have been identified. Further external assurance checks have been completed on all Executive Directors and no issues have been identified.
G5	Having regard to monitor Guidance	Yes	The Trust Board has regard to NHS Improvement guidance where this is applicable.
G7	Registration with the Care Quality Commission	Yes	CQC registration in place. The Trust received a rating of Good from its inspection reported in September 2019. A number of mandatory actions were identified which are being addressed through an action plan. The Trust will receive updates on these actions via its Quality and Risk Management Committee.
G8	Patient eligibility and selection criteria	Yes	Trust Board has considered the assurances in place and considers them sufficient.
P1	Recording of information	Yes	A range of measures and controls are in place to provide internal assurance on data quality. Further developments to pull this together into an overall assurance framework are planned through strengthened Information Governance Assurance Group.
P2	Provision of information	Yes	The trust submits information to NHS Improvement as required.
P3	Assurance report on submissions to Monitor	Yes	Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit Committee and other Committee structures.
P4	Compliance with the National Tariff	Yes	NBT complies with national tariff prices. Scrutiny by CCGs, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly. It should be noted that NBT is currently receiving income via a block arrangement in line with national COVID-19 financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that NBT is currently receiving income via a block arrangement in line with national COVID-19 financial arrangements.
C1	The right of patients to make choices	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that the Trust is currently complying with national COVID-19 guidance which involves the standing down of significant elective and outpatient activity.
C2	Competition oversight	Yes	Trust Board has considered the assurances in place and considers them sufficient.
IC1	Provision of integrated care	Yes	Range of engagement internally and externally. No indication of any actions being taken detrimental to care integration for the delivery of Licence objectives.

Appendix 1: Glossary of Terms

Unless noted on each graph, all data shown is for period up to, and including, 30 April 2020.

All data included is correct at the time of publication.
Please note that subsequent validation by clinical teams can alter scores retrospectively.



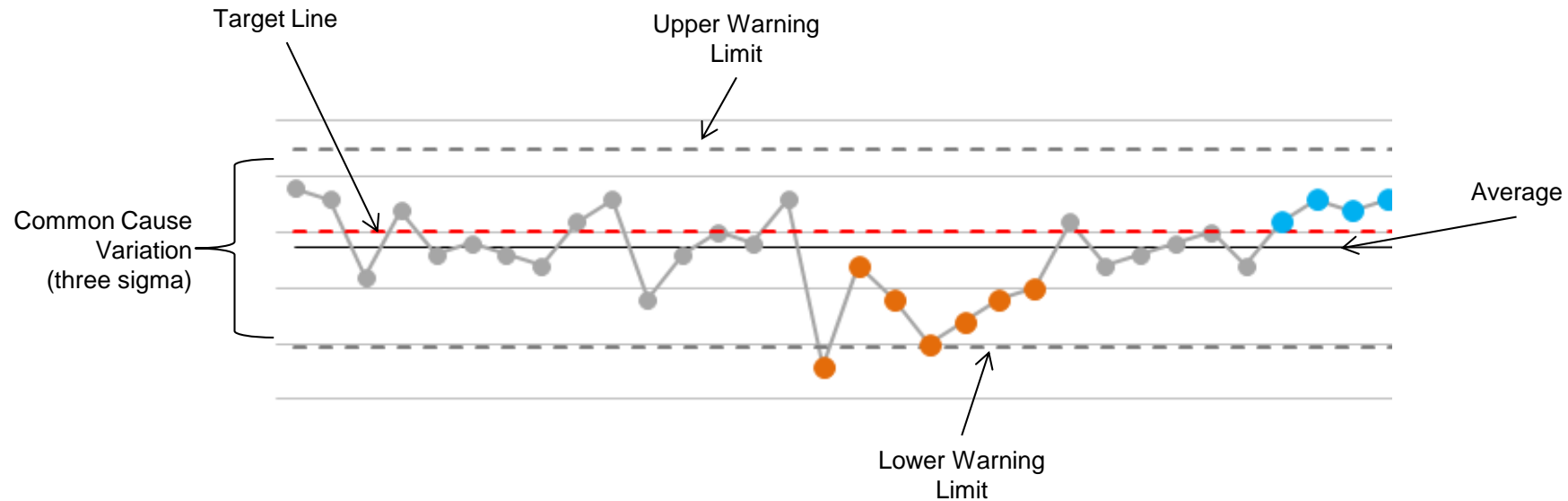
NBT Quality Priorities 2019/20

- QP1** Supporting patients to get better faster and more safely
- QP2** Meeting the identified needs of patients with Learning Disabilities /Autism
- QP3** Improving our response to deteriorating patients
- QP4** Learning & improving from Patient & Carer feedback (e.g. FFT, complaints, compliments, surveys)
- QP5** Learning & improving from statutory & regulatory quality systems (e.g. incidents, mortality reviews, inquests, legal claims, audits)

Abbreviation Glossary

ASCR	Anaesthetics, Surgery, Critical Care and Renal
ASI	Appointment Slot Issue
CCS	Core Clinical Services
CEO	Chief Executive
Clin Gov	Clinical Governance
CT	Computerised Tomography
DDoN	Deputy Director of Nursing
DTOC	Delayed Transfer of Care
ERS	E-Referral System
GRR	Governance Risk Rating
HoN	Head of Nursing
IMandT	Information Management
LoS	Length of Stay
MDT	Multi-disciplinary Team
Med	Medicine
MRI	Magnetic Resonance Imaging
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
Ops	Operations
P&T	People and Transformation
PTL	Patient Tracking List
RAP	Remedial Action Plan
RAS	Referral Assessment Service
RCA	Root Cause Analysis
SI	Serious Incident
TWW	Two Week Wait
WCH	Women and Children's Health
WTE	Whole Time Equivalent

Appendix 2: Statistical Process Charts (SPC) Guidance



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

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

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

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

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

Further reading:

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

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

Making Data Count: https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf

Report To:	Trust Board		
Date of Meeting:	28 May 2020		
Report Title:	Freedom to Speak Up Bi-Annual Report May 2020		
Report Author & Job Title	Millie Warrington, Staff Engagement & Wellbeing Consultant		
Executive/Non-executive Sponsor (presenting)	Xavier Bell, Director of Corporate Governance & Trust Secretary		
Purpose:	Approval/Decision	Discussion	To Receive for Information
		X	
Recommendation:	Board are asked to: <ul style="list-style-type: none"> Review the FTSU data triangulated against other information and discuss Review progress against the FTSU vision, strategy and action plan Identify a task and finish group of Executives and NEDs to complete the self-review toolkit Continue to champion FTSU and encourage a culture of speaking up at NBT 		
Report History:	<ul style="list-style-type: none"> Vision, Strategy and Action plan developed from Board session on 31 August 2018. Bi-annual Freedom to Speak Up Board report reviewed at Trust Board on 29 November 2018, 30 May 2019 and 28 November 2019 Gap analysis and future model proposal reviewed at Trust Board in February 2020. 		
Next Steps:	<ul style="list-style-type: none"> 		

Executive Summary
<p>Freedom To Speak Up (FTSU) Guardians have been in place at North Bristol NHS Trust (NBT) since November 2017 and the programme has been continually developing over time.</p> <p>North Bristol Trust now has 13 FTSU Guardians in place, with Guardians holding diverse substantive job roles across the Trust. Trust-wide and local communications are continuing in order to build and maintain awareness across the Trust and relationships between the FTSU Guardians and Trade Union (TU) representatives has been established and continues to</p>

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develop in line with recommendations in the latest CQC inspection. The Board have recently approved the restructuring of the FTSU Guardian Network to ensure that this mirrors structures in place nationally and will align NBT with best practice as highlighted in the NHS Improvement report published July 2019.¹

This report explores the most recent data around concerns being raised and compares this with the national average for all Medium Acute Trusts. Essentially, this data indicates that over time NBT have seen an increase in the total number of concerns raised in each quarter although these figures continue to fluctuate between each quarter, with a consistent drop during Q4 since 2017.

NBT has a higher rate of anonymous concerns being raised when compared nationally but otherwise the data is relatively aligned with the national picture in relation to categories, with more concerns being raised in relation to bullying and harassment than that of patient safety. Similarly, NBT has aligned itself more recently with the national data relating to concerns raised by staff group, with a higher proportion of Nurses speaking up and equally a lower figure of Doctors and Healthcare Assistants. NBT does see a higher proportion of concerns raised by staff within the Facilities division, which does not align with the national average.

This report also compares the 2019 NHS Staff Survey results, specifically looking at the questions relating to reporting incidents and errors, including physical violence and bullying and harassment. The report submitted to Board in May 2019 highlighted concerns linked to the significant decrease at NBT of staff speaking up when compared with previous years and the national picture. This report explores the latest data from the Staff Survey results and shows a strong increase in the number of people speaking up and reporting incidents and concerns, bringing NBT closer to the national benchmarking figures whilst also indicating that the workforce feel more secure in raising concerns and have greater trust that concerns will be addressed than previously reported.

The report also looks at different professional groups' responses to the 2019 NHS Staff Survey and triangulates this data against the internal data held around NBT's FTSU quarterly returns, indicating a continuing concern linked to the Medical workforce as well as Healthcare Assistants and Estates and Ancillary Staff.

The report highlights progress made against the FTSU action plan developed from the Board session in August 2018. The Board are asked to review the data in the report.

Strategic Theme/Corporate Objective Links	Strategic Themes: Be one of the safest trusts in the UK Create an exceptional workforce for the future
Board Assurance Framework/Trust Risk Register Links	Having robust and effective FTSU arrangements is likely to improve the attractiveness of NBT as an employer, and may mitigate against risks to retention and recruitment, both of which are identified as strategic risks on the Board Assurance Framework (SIR2 and SER6).
Other Standard Reference	Freedom to Speak Up arrangements form part of the CQC Well Led inspection.

¹ https://improvement.nhs.uk/documents/5597/FTSU_Supplementary_information.pdf

	July 2019 FTSU guidance: https://improvement.nhs.uk/resources/freedom-speak-guidance-nhs-trust-and-nhs-foundation-trust-boards/
Financial implications	N/A
Other Resource Implications	N/A
Legal Implications including Equality, Diversity and Inclusion Assessment	EDS2 Objective: Better Health Outcomes EDS2 Objective: Representative and Supported Workforce
Appendices:	N/A

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1. Purpose

- 1.1 The purpose of this report is to update the Board on Freedom To Speak Up (FTSU) activity at North Bristol NHS Trust (NBT) over the past 6 months; providing information on the nature of concerns raised; comparing this activity where possible to the national picture, relevant internal data and identifying progress made against our strategy and actions.

2. Background

- 2.1 Freedom to Speak Up Guardians have been in role since November 2017. The infrastructure is in place with the number of Freedom to Speak Up Guardians decreasing slightly in recent months down to 13, due to retirement. The Guardians continue to represent key employee groups and levels of seniority.
- 2.2 The Board undertook the NHS Improvement self-assessment review in August 2018, which led to the creation of a vision, strategy and action plan for FTSU at NBT, which was also discussed and endorsed at the FTSU Guardians' quarterly meeting in December 2018.
- 2.3 In February 2020 the Board approved the move to a revised structure for NBT's Guardian Network, aligning this with that recommended by the National Guardians Office. A recruitment campaign is being developed to identify a Lead FTSU Guardian with ring-fenced time.
- 2.4 In November 2019 the Board received a report triangulating internal FTSU data with available data from Happy App, this report indicated that there was still progress to be made in relation to embedding FTSU at NBT and the action plan updated.

3. How NBT Compares to the National Picture

- 3.1 At the time of writing this report, data for Q4 19/20 was unavailable from the National Guardian's Office for comparison. The data in this report includes national data up to Q3 19/20 and internal data up to Q4 19/20.
- 3.2 The number of concerns being raised at NBT does continue to fluctuate, as shown in Chart 1 below, however the number of cases raised at NBT overall since 2017 appear to be increasing over time, which does indicate that general awareness is increasing and suggests that progress is being made against the FTSU action plan.
- 3.3 The comparison with the national average for Medium Acute Trusts² can also be seen in the below chart. This indicates that whilst internal numbers are increasing with each year

² Medium Acute Trusts are all Acute Trusts with a workforce between 5,000 and 10,000

that FTSU has been in place, there is still a shortfall in actual figures when compared with the national average number of concerns being raised per quarter. Whilst NBT continues to see case numbers fluctuate per quarter, nationally the number of concerns appear to be increasing steadily and consistently with each quarter.

- 3.4 The data does indicate a possible pattern in the quarterly returns for NBT, in which Q4 consistently sees a reducing number of concerns being raised. Whilst this could be a result of natural fluctuations in the number of concerns being raised, it could indicate internal and operational influences or pressures which could be acting as a barrier to staff speaking up. However Q4 also coincides with an extraordinary period of the COVID 19 pandemic response which will likely have influenced the number of concerns being raised. Therefore it would be sensible to wait until the national average data for Q4 is available to compare before drawing conclusions on the pattern over 19/20.

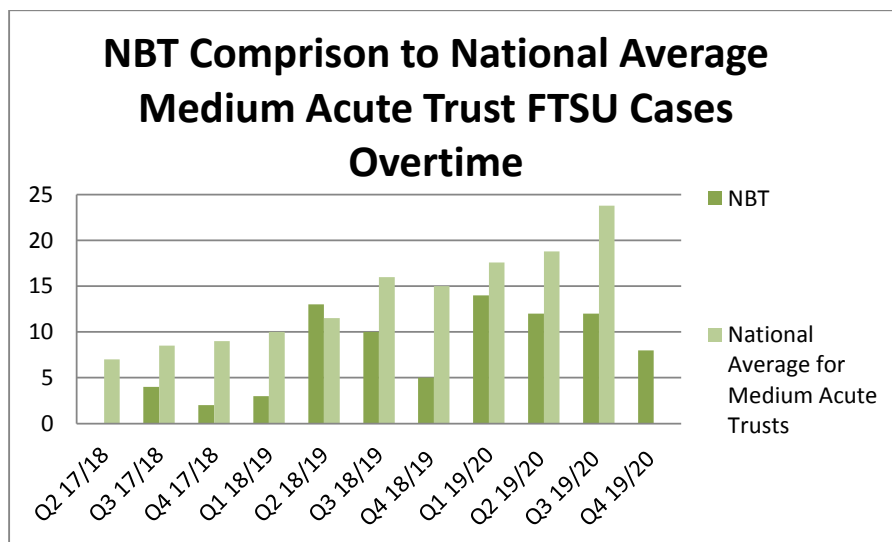


Chart 1: Number of FTSU Concerns raised at NBT in comparison to the National Average for Medium Acute Trusts (up to Q4 18/19)

- 3.5 The below charts (2 to 4) compare the reasons for concerns being raised at NBT in comparison to the returns made for all Medium Acute NHS Trusts between Q1 and Q3 19/20 (overpage):

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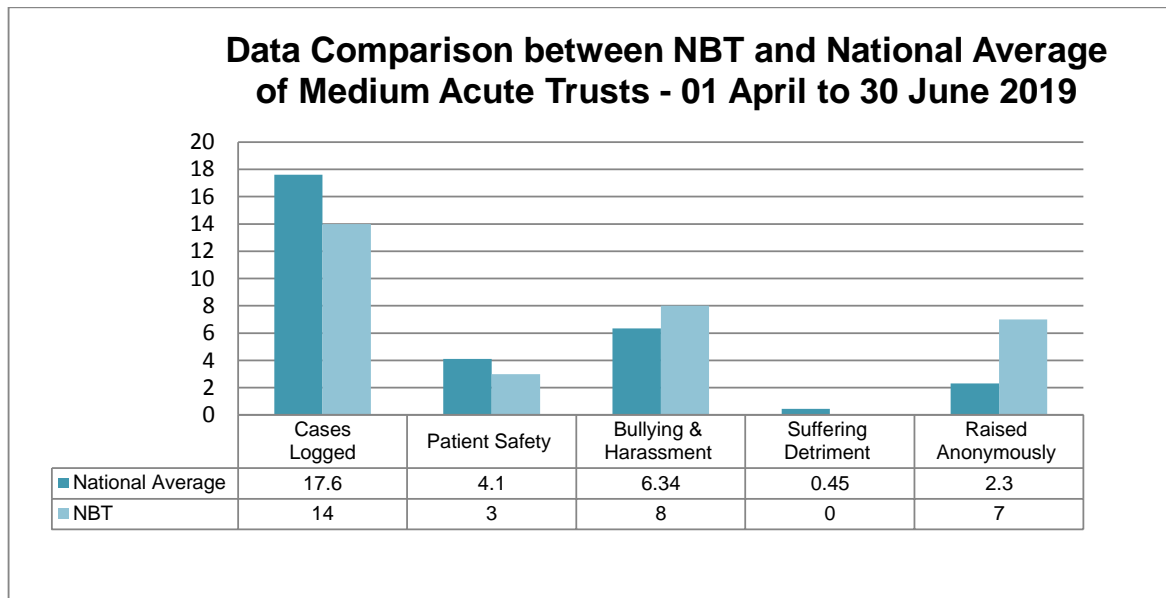


Chart 2: Number of concerns raised in Q1 at NBT compared with the national average, by category.

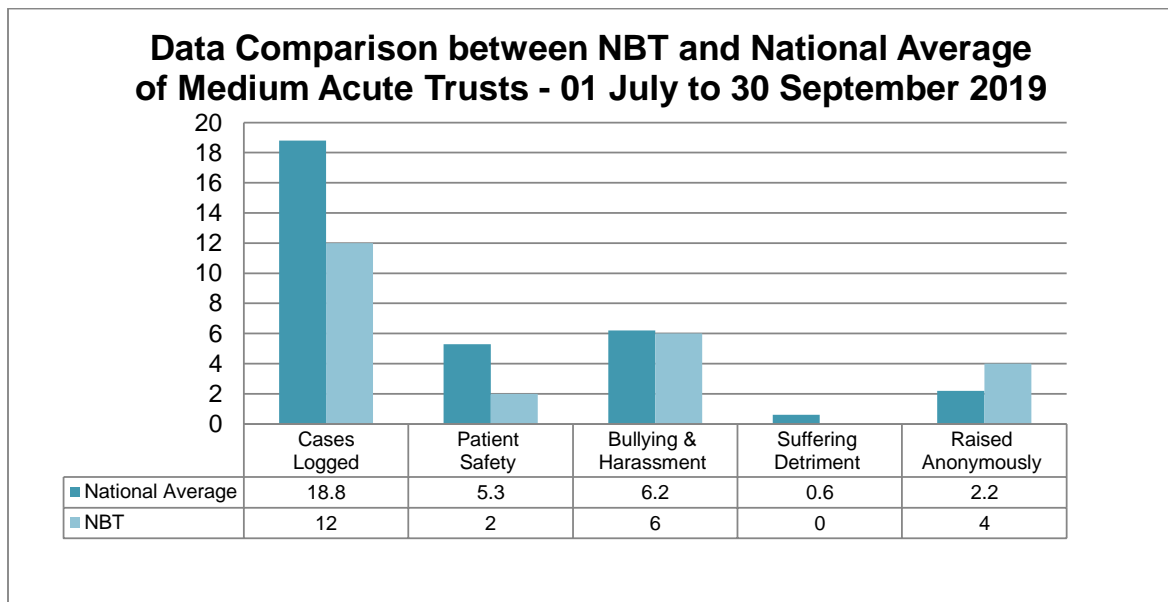


Chart 3: Number of concerns raised in Q2 at NBT compared with the national average, by category.

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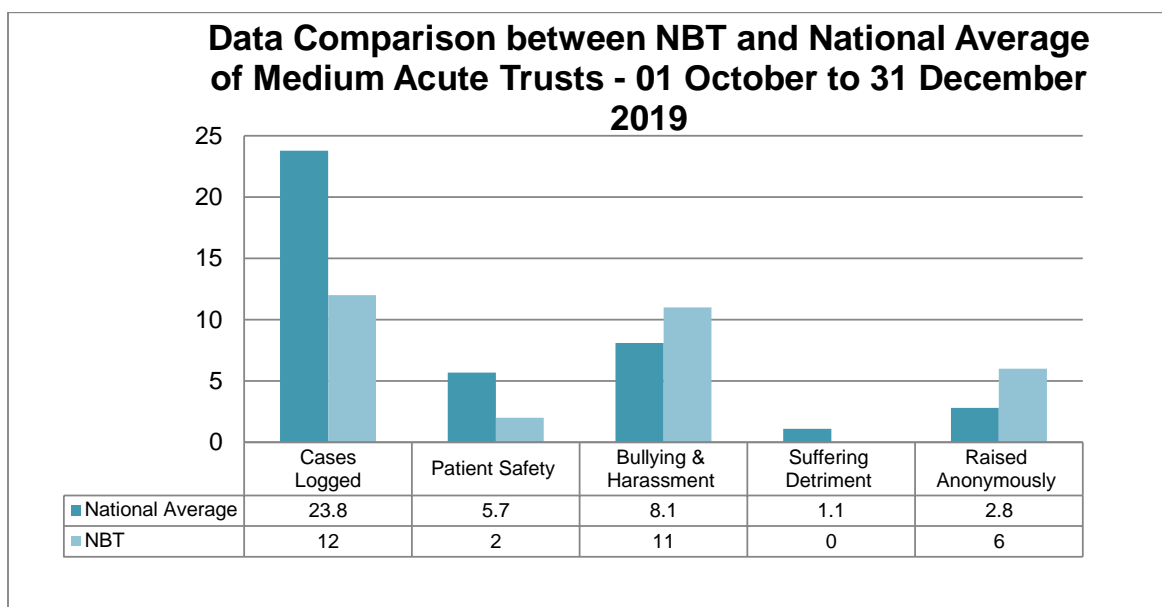


Chart 4: Number of concerns raised in Q3 at NBT compared with the national average, by category.

(NB. A concern may occupy more than one category at a time).

- 3.6 This data shows that over time, whilst the number of cases logged is slightly lower than that of the national average, the concerns raised continue to align with the pattern that is seen nationally, with more concerns being raised in relation to bullying and harassment than those linked to patient safety.
- 3.7 The data does indicate that at NBT the proportion of concerns being raised anonymously is considerably higher than that of the national average which could be indicative of concerns amongst the workforce around speaking up and could suggest a possible concern in detriment being suffered for speaking up. However, as the data highlights, there have been no reports of any individual suffering detriment through speaking up for any of the concerns raised in 19/20.
- 3.8 National reporting on staff groups remains available only for the period between Q1 and Q4 18/19. Chart 5 below details the national reporting figures for staff groups in comparison with NBT overtime, highlighting the aligning of staff groups with that of the national average.

Proportion of Concerns Raised by Professional Groups at NBT			
Group	NBT 2017 to March 2019	NBT April 2019 to March 2020	National Average*
Nurses	5%	29%	30%
Administrative	10%	20%	16%
Allied Healthcare	24%	5%	14%

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Other	5%	17%	11%
Healthcare Assistants	10%	0%	9%
Doctors	5%	5%	7%
Cleaning, Estates & Ancillary	5%	17%	4%
Corporate	14%	0%	5%
Midwives	19%	7%	2%
Dentists	0%	0%	0%
Board	0%	0%	0%

Chart 5: National Comparison for concerns logged by staff group
 *NB National Average data is only currently available up to Q4 2018/19

- 3.9 Chart 5 indicates that NBT's 19/20 figures are relatively aligned with the national picture in relation to staff groups raising concerns, with an exception to this being Cleaning, Estates and Ancillary through 19/20, where there are a considerably higher percentage of concerns at NBT raised by this staff group when compared with national data. This could indicate that there are higher levels of concern within estates, equally it could also indicate that the facilities workforce feel able to speak up and access the FTSU Guardians. A further deep dive into this would be needed to understand why these figures are so much higher than reported nationally.
- 3.10 When comparing the internal data from 19/20 with that previously recorded internally, this shows a drop in the number of concerns being raised at NBT by Healthcare Assistants, Midwives and AHPs which, when compared with the national picture, could indicate that these specific staff groups may be less aware of FTSU within the trust.
- 3.11 The National Guardian's Office have released updated guidance on reporting of professional groups which came into effect as of April 2020, from this date all concerns logged by FTSU Guardians will now record the professional level of individuals speaking up, in addition to revised professional groupings. From April 2020 NBT's recording process will incorporate the revised guidance and reporting will be available for future quarters on professional levels as well as professional groups. Full guidance can be found [here](https://www.nationalguardian.org.uk/wp-content/uploads/2020/04/20200402-guidance-on-professional-groups-data-collection.pdf)³
- 3.12 Following discussions with Guardians and the ED&I team, a change in the way in which concerns are recorded has been implemented, which ensures collection of some demographic data in a way which doesn't identify individuals. Whilst work is ongoing to collate relevant data linked to gender, ethnicity and age, the updated recording forms are now in place and for Q3 and Q4 19/20 all concerns raised hold data linked to Division and Job Role (where the Job Role does not identify an individual), this has been included in the

³ <https://www.nationalguardian.org.uk/wp-content/uploads/2020/04/20200402-guidance-on-professional-groups-data-collection.pdf>

below data, which indicates the number of FTSU concerns raised by Division and should allow for future reporting to be substantially more accurate than previously recorded.

- 3.13 Chart 6 indicates that Core Clinical Services have the highest level of concerns raised, with NMSK recording the lowest number. However, as above, not all concerns recorded hold divisional data prior to Q3 19/20 and therefore this picture may not be accurate.

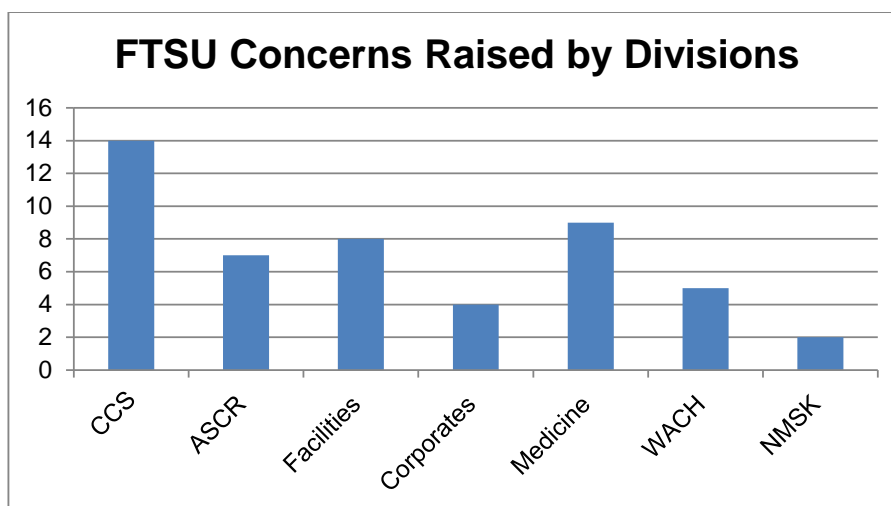


Chart 6: FTSU Concerns raised by Divisions, inclusive of all concerns raised at NBT for which data is held since 2017

4. Triangulation of Speaking Up Data Against Other Data

- 4.1 In May 2019 the Board report focused on the responses from the 2018 NHS Staff Survey and triangulated this against the FTSU data held at the time. This data highlighted a considerable concern in relation to the reporting of incidents, physical violence, errors, bullying and harassment. It also showed that the workforce felt less safe reporting and were less aware of how to report concerns than in 2017, as well as when comparing NBT to that of the national picture.
- 4.2 The 2019 NHS Staff Survey results are now available and have been analysed and triangulated against the data held on FTSU within the trust, in order to identify any trends or patterns in NBT's speaking culture, also allowing for identification of any areas of improvement that had been recorded from the actions put in place following the 2018 Staff Survey analysis.
- 4.3 The 2019 Staff Survey results show a significant improvement in the areas highlighted as a concern during the 2018 NHS Staff Survey. Progress has also been made in closing the gap between NBT and other trusts, as highlighted in the table below. This indicates that NBT is making considerable progress towards developing and enhancing the culture around speaking up within the trust.

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2019 NHS Staff Survey Question	Score	Compared to 2018	Compared to other trusts in 2019	Compared to other trusts in 2018
The last time you experienced physical violence at work, did you or a colleague report it?	72%	+12.1%	+4.8%	-7.58
The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	45.6%	3.6%	-0.4%	-3.35
The last time you saw an error, near miss or incident that could have hurt staff or patients / service users, did you or a colleague report it?	94.3%	1%	-0.7%	-1.80
If you were concerned about unsafe clinical practice, would you know how to report it?	93.4%	1%	-0.8%	-2.34
I would feel secure raising concerns about unsafe clinical practice.	70.7%	3.4%	0.3%	-1.07

Table 7: NHS Staff Survey response comparisons for 2018 questions linked to raising concerns

4.4 Whilst this data indicates that the culture around speaking up is improving at NBT it does also highlight that staff are less likely to report incidents of bullying and harassment than around incidents linked to patient safety and violence, which is in contrast to the FTSU data held on the type of concerns raised at NBT. To understand whether patient safety concerns are being raised through other channels, further investigation would need to be undertaken to include data from other sources, such as Datix.

4.5 Reassuringly a number of the responses to the 2019 Staff Survey also indicate that staff feel confident in the trust's response to concerns being raised, with the below table providing detail around specific questions, highlighting the progress made since 2018.

2018 NHS Staff Survey Question	Score	Compared to 2018	Compared to other trusts in 2019	Compared to other trusts in 2018
My organisation treats staff who are involved in an error, near miss or incident fairly.	60.6%	+3.7%	1%	0.31%
My organisation encourages us to report errors, near misses or incidents.	87.7%	2.3%	-0.5%	-2.04%
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	71.4%	6.2%	1.2%	-2.55%
We are given feedback about changes made in response to reported errors,	56.6%	3.5%	-3.5%	-3.7%

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near misses and incidents.				
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Table 8: NHS Staff Survey response comparisons for 2018 questions linked to speaking up

- 4.6 Both tables above include a column highlighting the benchmarking comparison from 2018 as well as 2019 to show the progress made by NBT in closing the gap between NBT's score and that of the national average benchmark for Acute Trusts. In all areas there has been an improvement, and in four areas NBT is better than the national average.
- 4.7 Whilst the improvements made indicate progress made against the FTSU action plan and suggest that the culture around speaking up at NBT is improving, Table 8 also indicates that a low proportion of staff feel they are given feedback around changes made in response to concerns raised about incidents, errors and near misses, and whilst improvement has been made against the figures for national benchmarking, NBT remains 3.5% below the national average in this area, suggesting that progress needs to continue to ensure that feedback is given to individuals who have spoken up.
- 4.8 The Staff Survey results allow for further breakdown of the responses based on various sub-categories including Division and Staff Group. The below table specifically looks at Divisional responses to the questions asked within the survey around reporting. This data shows that ASCR as a Division are consistently lower than the organisational response rate for each of the questions asked in relation to reporting of concerns; and Medicine are consistently above the NBT average.

Description	Organisation Overall	ASCR	CCS	Corporate	Facilities	Medicine	NMSK	W&C's
Last experience of physical violence reported	71%	59%	62%	81%	65%	75%	82%	67%
Last experience of harassment/bullying/abuse reported	45%	37%	35%	39%	60%	54%	51%	50%
Last error/near miss/incident seen that could hurt staff and/or patients/service users reported	94%	93%	96%	91%	86%	97%	92%	97%

Table 9: NHS Staff Survey response comparisons between Divisions at NBT

- 4.9 When this data is considered in comparison to the internal FTSU data held on divisional concerns being raised, it indicates that a lower number of concerns are being raised within ASCR than might be expected given the size of the workforce within ASCR however, it does not have the most concerning levels when compared with other divisions within NBT. It should also be noted that in Q4 19/20 ASCR had the highest number of concerns raised than other divisions within the trust.

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- 4.10 It is also possible to break NBT's Staff Survey responses down by staff group. Table 10 below indicates that for NBT the Medical workforce are less likely to report concerns of any nature, scoring considerably lower than the overall organisation, whereas Nursing and Midwifery responses indicate that they are more likely as a staff group to report concerns at work.

	Last experience of physical violence reported	Last experience of harassment/bullying/abuse reported	Last error/near miss/incident seen that could hurt staff and/or patients/service users reported
Organisation Overall	71%	45%	94%
Add Prof Scientific and Technic	*	21%	99%
Additional Clinical Services	75%	56%	94%
Administrative and Clerical	56%	47%	90%
Allied Health Professionals	70%	32%	94%
Estates and Ancillary	68%	59%	83%
Healthcare Scientists		37%	98%
Medical and Dental	41%	18%	92%
Nursing and Midwifery Registered	78%	51%	96%

Table 10: 2019 NHS Staff Survey Data for specific questions linked to reporting, by staff group

- 4.11 When comparing this with the data available from the FTSU concerns logged by staff group at NBT, this clearly correlates with the percentage of concerns being raised to the FTSU Guardians, with Nurses currently making up 29% of all concerns raised and Doctors only represented in 5% of those reported, based on the data that we have staff group detail available for.
- 4.12 The NHS Staff Survey results restrict results for staff groups with any less than 11 responses, it isn't possible to reliably explore which specific roles within the Medical workforce are least likely to raise concerns, but it is recommended that further investigation is conducted to understand why this particular area within the trust would be less likely to raise concerns, based on the data available.
- 4.13 Interestingly, the NHS Staff Survey responses for Estates and Ancillary also indicate that they are less likely as a staff group to report concerns when compared against the trust average response. Internal FTSU data at NBT indicates that a relatively high proportion of concerns are raised by staff within the Facilities directorate, which is somewhat in contrast to the national picture. When this is considered alongside the Staff Survey results, these

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numbers could indicate that a high number of facilities staff may not be reporting concerns in comparison to other divisions and therefore this may suggest that there are a high number of incidents within the division which should be being reported but are not.

- 4.14 It should be noted that whilst the 2019 NHS Staff Survey saw a record number of responses with 51% of NBT's workforce completing the survey, the survey is not completed by every member of staff and this should be considered when reviewing the data in this report.
- 4.15 In summary, when reviewing the triangulated data it is clear that progress has been made at NBT, especially when looking at the increase in the staff survey figures linked to raising concerns. It could be interpreted that this reflects the workforce's awareness of the FTSU Guardians and a possible shift in the culture relating to speaking up. There are still areas within the trust which stand out when reviewing the data available and could be indicative of a greater concern within pockets of professional groups, in particular within the medical workforce and the Facilities division at NBT and therefore there is additional work to be done to embed a culture of speaking up within these areas.

5. Summary of Data Analysis Findings

- 5.1 Overall, whilst the number of concerns being raised is steadily increasing over time at NBT, given the comparison to Medium Acute Trust's National Average, there is further progress to be made in encouraging staff to speak up and ensure a culture of speaking up is maintained at NBT across all divisions and professional groups.
- 5.2 Whilst the data recording continues to take place at NBT where possible, it is recommended that further demographic data is collected in a suitable format to allow for identifiable trends to be investigated.
- 5.3 In addition to the feedback which is currently being recorded at NBT by the FTSU Guardian's it is recommended that any concerns recorded which indicate the individual was unhappy with the process, or indicates they would not speak up again are investigated to ensure that the process remains accessible to all staff, the user experience is positive, and feedback is given to those speaking up.
- 5.4 Overall, the strategy and action plan for FTSU at NBT still looks appropriate, although an additional focus on communication, awareness raising and championing of speaking up is recommended.

6. Communications Update

- 6.1 A communications plan to promote FTSU throughout the trust is in place, which includes regular updates through internal communication channels. FTSU remains accessible via

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the intranet pages through one click, and this will be mirrored on LINK once this goes live to ensure that staff continue to have easy access to the FTSU resources and information.

- 6.2 FTSU continues to be included in the new starter induction and new starters are encouraged to speak up with any concerns and to tell their colleagues about speaking up.
- 6.3 It is recommended that a short update and reminder of FTSU is included in the daily coronavirus communications update, to ensure that staff are encouraged to speak up around any concerns they have and reiterate the value and importance of speaking up at NBT.

7. Care Quality Commission Feedback

- 7.1 NBT was inspected by the Care Quality Commission in June and July 2019. Whilst the feedback in relation to FTSU was positive and indicated an improvement since their last inspection, there were a few key areas highlighted by CQC for action. These actions were included in the update to the FTSU Action Plan in October 2019 and work continues around the adoption of these suggestions.

8. Vision, Strategy, Action Plan and Regulatory Guidance

- 8.1 A vision, strategy and action plan for FTSU at NBT was established from the Board development session on 31 August 2018. Part of the recommended strategy is for Board to be monitor progress against the strategy and action plan. An update on the progress of actions is shown below.

No	Action	Owner / Date	Progress
1	A 6 monthly report to be provided to Board, from November 2018	Guy Dickson / Rob Mould From Nov 2018	Complete Regular 6 monthly report being shared at Board meetings (Public).
2	Guardian meetings to cover the recommended items at least quarterly:	Guy Dickson From Dec 2018	Complete Guardian meetings have been held quarterly since November 2017. All items recommended by NHSI are now included as a standard agenda.
3	Recruit more FTSU Guardians from diverse / vulnerable groups eg BAME; and different levels of seniority and job types.	Guy Dickson	Re-opened Recent appointments have increased the diversity of the Guardian group to better reflect our staff demography. A proposal to change the structure of NBT's FTSU Network has been approved by Board and NBT will look to move to a structure where a Lead

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			Guardian is appointed and supported by a network of local guardians/champions. The local network will continue to be reviewed to ensure it is diverse and more local guardians/champions in junior roles are recruited. Messaging will continue to reinforce that staff can approach any local guardian/champion.
4	Non-Executive Director to instigate and lead an auditing approach of concerns raised.	Kelly Macfarlane Annually beginning 2019	Ongoing – consideration to be given to using internal audit or another independent party to assess FTSU processes in 2020/21.
5	Communication to the Trust as a whole about Freedom to Speak Up:	Guy Dickson / All FTSU Guardians / <i>Communications</i> Oct 2018 - ongoing	Ongoing Under review at each quarterly Guardian meeting. <i>Annual FTSU Roadshow in October. Particular focus on communications in Surgery and Pathology. Communications to focus on improving confidence in staff to raise concerns</i> <i>Specific engagement with Trade Unions around FTSU processes and policy, has been introduced.</i>
6	Leadership development framework and programme to be developed to support Freedom to Speak Up principles / behaviours . To be delivered and monitored through the Workforce Committee.	Harriet Attwood Nov 2018 onward	Ongoing This work will be taken forward as part of the OneNBT Leadership programme, ensuring that the leadership development aligns with FTSU behaviours.

8.2 The report received by Board in November 2019 highlighted the latest guidance released by NHS England and NHS Improvement for boards on FTSU.⁴ The regulatory guidance sets out an expectation that the board review and refresh its FTSU self-review tool every two years. The board last undertook this process in August 2018 and in the report received by Board in November 2019 it was recommended that a workshop session to review this document should be scheduled alongside the next six-monthly report.

9. Recommendations

Board are asked to:

⁴ <https://improvement.nhs.uk/resources/freedom-speak-guidance-nhs-trust-and-nhs-foundation-trust-boards/>

- Review the FTSU data triangulated against other information and discuss
- Review progress against the FTSU vision, strategy and action plan
- Identify a task and finish group of Executives and NEDs to complete the self-review toolkit
- Continue to champion FTSU and encourage a culture of speaking up at NBT

Report To:	Trust Board		
Date of Meeting:	28 May 2020		
Report Title:	Quality & Risk Management Committee Report		
Report Author & Job Title	Xavier Bell, Director of Corporate Governance & Trust Secretary		
Executive/Non-executive Sponsor (presenting)	Kelvin Blake, Non-Executive Director		
Purpose:	Approval/Decision	Discussion	To Receive for Information
		X for assurance	
Recommendation:	The Trust Board should receive the report for assurance and support QRMC and agree that the Committee meet bi-monthly after July 2020		
Report History:	The report is a standing item to the Trust Board following each Committee meeting.		
Next Steps:	The next report will be received at the Trust Board in June 2020.		

Executive Summary
The report provides a summary of the assurances received and items discussed and debated at the Quality and Risk Management Committee (QRMC) meeting held on 21 May 2020.

10.1

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Strategic Theme/Corporate Objective Links	<ul style="list-style-type: none"> • Be one of the safest trusts in the UK • Treat patients as partners in their care
Board Assurance Framework/Trust Risk Register Links	Link to BAF risk SIR14 relating to clinical complexity.
Other Standard Reference	CQC Standards.
Financial implications	No financial implications identified in the report.
Other Resource Implications	No other resource implications identified.
Legal Implications including Equality, Diversity and Inclusion Assessment	None identified.
Appendices:	None.

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1. Purpose

To provide a highlight of the key assurances received, items discussed, and items for the attention of Trust Board from the QRMC meetings held on 21 May 2020.

2. Background

The QRMC is a sub-committee of the Trust Board. It usually meets bi-monthly and reports to the Board after each meeting and was established to provide assurance to the Trust Board on the effective management of quality governance and risk management.

During the COVID-19 crisis the Committee it has been stood up to provide assurance on quality governance arrangements at the Nightingale Hospital, and will meet monthly to review quality and risk more widely across the hospital.

3. Meeting on 21 May 2020

3.1 Nightingale Update:

- The Committee received a further update on the clinical governance model for the Nightingale Hospital, including detail on the development of the Bedside Learning Coordinator role and the derogations and changes from standard NBT policies
- The Head of Governance at the Nightingale provided an overview of the Nightingale Risk Register, which incorporated the changes previously requested by the Committee.

3.2 Patient safety incident report:

The Committee reviewed a report on patient safety incidents. This showed a reduction in patient safety incidents, aligned to the reduction in general activity across the Trust. The Committee:

- Discussed the availability of PPE and the complexity of interpreting and implementing various national guidance on the topic;
- Queried whether incident and activity reporting during this period also covered any activity that took place at independent sector sites. It was agreed that this would be discussed further at Trust Board alongside the April integrated performance report;
- Received an update on the process for understanding the impact of Covid-19 on various patient groups, including non-Covid-19 patients.

3.3 LVMR update:

An update was received on the process to recall NBT patients who had undergone Laparoscopic Ventral Mesh Rectopexy. The Committee were assured that a proper and appropriate recall process was being undertaken. Additional resource is being committed to finalise engagement with the independent sector providers also involved. The

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Committee endorsed this approach, and noted that there was still further communication planned with some patients.

3.4 Risk Register & Board Assurance Framework:

The Committee reviewed the NBT Trust-level Risk register and relevant BAF risk, and noted that the Covid-19 risks were assessed and scored in the context of the pandemic and risk of a surge in activity. The scoring is under review in light of the changing situation. The risk report appears separately on the Trust Board agenda together with the full BAF.

3.5 CNST Maternity Standards Scheme:

The Committee received a comprehensive update on the Trust's compliance with the scheme, and endorsed its contents.

3.6 National Infection Prevention Control Assurance Framework:

The Medical Director presented the first draft of the national Infection Prevention Control Assurance Framework. It was noted that work was in progress to ensure that the full assurance framework could be completed, and that this was proceeding at pace. The Committee were assured that this was received proper attention. It was noted that there are real difficulties in managing infection prevention and control when some individuals do not show symptoms when suffering from Covid-19 and that an understanding of the impact on capacity was under review.

3.7 Other items:

The Committee also received updates on:

- The Trust's successful delivery of 2019/20 CQUIN schemes;
- The quality sections of the integrated performance report (March data);
- Serious Incident investigations and learning;
- Confirmation that NBT is involved in all major Covid-19 clinical trials and they are available to NBT's patients

4. **Identification of new risk & items for escalation**

No significant risks or issues were identified as requiring specific escalation to Trust Board other than those outlined above, save that the Committee recommends reverting to bi-monthly meetings after July 2020.

5. **Recommendations**

The Trust Board should receive the report for assurance and support QRMC and agree that the Committee meet bi-monthly after July 2020.

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