Due to the impact of Coronavirus COVID-19, 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. A recording of the meeting will be made available on the Trust's website.

Trust Board Meeting – Public

Thursday 24 September 2020
10.00 – 12.15
Nightingale Hospital Bristol

A G E N D A

No.	Item	Purpose	Lead	Paper	Time
OPENING BUSINESS					
1.	Welcome and Apologies for Absence: Kelly MacFarlane	Information	Chair	Verbal	10.00
2.	Declarations of Interest	Information	Chair	Verbal	10.02
3.	Minutes of the Public Trust Board Meeting Held on 30 July 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	Information	Chief Executive	Verbal	10.25
PERFORMANCE AND FINANCE					
8.	Integrated Performance Report	Discussion	Chief Executive	Enc.	10.35
PEOPLE					
9.	Medical Appraisal And Revalidation – Annual Report	Information/ Approval	Medical Director	Enc.	10.55
BREAK					11.00
10.	People Strategy	Approval	Director of People & Transformation	Enc.	11.15
GOVERNANCE & ASSURANCE					
11.	Patient & Carer Experience Committee Upward Report: 11.1. Complaints Annual Report 11.2. CQC Inpatient Survey Results (via short presentation) 11.3. New model for bringing patient stories to Board (action from July) 11.4. Results of the National Maternity Survey 2019 – *To Follow*	Information	NED Chair	Enc.	11.35
12.	Quality & Risk Management Committee Upward Report	Information	NED Chair	Enc.	11.45

No.	Item	Purpose	Lead	Paper	Time
13.	Audit Committee Upward Report	Information	NED Chair	Enc.	11.55
CLOSING BUSINESS					
	Any Other Business	Information	Chair	Verbal	12.05
	Questions from the Public in Relation to Agenda Items	Information	Chair	Verbal	12.10
	Date of Next Meeting: Thursday 26 November 2020, 10.00 a.m. Venue TBC				12.15
	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.				

TRUST BOARD DECLARATIONS OF INTEREST

Name	Role	Interest Declared
Ms Michele Romaine	Chair	• Nothing to declare.
Mr Kelvin Blake	Non-Executive Director	• 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	• Trustee of the Cheltenham Trust. • Trustees of the Friends of the Wilson Museum and Art Gallery in Cheltenham.
Mr John Everitt	Non-Executive Director	• Councillor, Newton St Loe Parish Council. • Member of Bath Abbey Appeal Committee. • Daughter works for NBT. • Trustee, Wellsway Multi Academy Trust – an education trust that manages approx. 20 schools.

Professor John Iredale	Non-Executive Director	• Pro-Vice Chancellor of University of Bristol.
		• Member of Medical Research Council.
		• Trustee of:
		  ○ British Heart Foundation
		  ○ Children's Liver Disease Foundation
		  ○ Foundation for Liver Research
		• Chair of the governing board, CRUK Beatson Institute.

Name	Role	Interest Declared
Mr Tim Gregory	Non-Executive Director	• Employed by Derbyshire County Council – Director of Environment, Economy and Transport, commencing 03/08/2020. Likely to be until January 2021.
Mr Richard Gaunt	Non-Executive Director	• 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	• 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	• 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 LaToyah McAllister-Jones	Associate Non-Executive Director	• Nothing to declare.
Ms Andrea Young	Chief Executive	• Member of the University of the West of England (UWE) Board of Governors. • Hospitality received from Royal College of Anaesthetists – dinner to the value of £40 on 26 February 2020. Invitation from Vice President of RCOA, who is employed by NBT as an anaesthetist.
Ms Evelyn Barker	Chief Operating Officer & Deputy Chief Executive	• Nothing to declare.

Name	Role	Interest Declared
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)	• Nothing to declare.
Dr Chris Burton	Medical Director	• Wife works for NBT. • Hospitality received from Royal College of Anaesthetists – dinner to the value of £40 on 26 February 2020. Invitation from Vice President of RCOA, who is employed by NBT as an anaesthetist.
Mr Neil Darvill	Director of Information Management and Technology (non-voting position)	• Wife works as a senior manager for Avon and Wiltshire Partnership Mental Health Trust.
Ms Jacqui Marshall	Director of People and Transformation (non-voting position)	• Nothing to declare.
Mrs Catherine Phillips	Director of Finance	• Hospitality received to the value of £735.68 for Patient Hotel Study tour of Denmark/Sweden hosted by St Monica's Trust. Hospitality included local transport and transfers, meals and tour guide/interpreter. NBT paid for flights and accommodation (February 2020).
Mr Simon Wood	Director of Estates, Facilities and Capital Planning (non-voting position)	• Member of Bristol City Council's Bristol One City Environmental Sustainability Board.

DRAFT Minutes of the Public Trust Board Meeting held on Thursday 30 July 2020 at 10.00am Nightingale Hospital Bristol and virtually via Microsoft Teams

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
Tim Gregory	Non-Executive Director	Neil Darvill	Director of Informatics
Kelly MacFarlane	Non-Executive Director	Catherine Phillips	Director of Finance
Richard Gaunt	Non-Executive Director	Jacqui Marshall	Director of People & Transformation
Ade Williams	Associate Non-Executive Director	Simon Wood	Director of Estates, Facilities & Capital Planning

In Attendance:

Xavier Bell	Director of Corporate Governance & Trust Secretary	Stephen Lightbown	Director of Communications
		Claire Thompson	Deputy Chief Operating Officer
Kate Debley	Deputy Trust Secretary	Glyn Howells	Director of Operational Finance

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 at the Nightingale Hospital Bristol (with social distancing) and virtually via MS Teams, 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. A recording of the meeting was published on the website.

Action

TB/20/07/01 Welcome and Apologies for Absence

The Chair welcomed everyone to the public meeting of the Board. No apologies were noted.

TB/20/07/02 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/20/07/03 Minutes of the previous Public Trust Board Meeting

RESOLVED that the minutes of the public meeting held on 28 May 2020 be approved as a true and correct record other than:

- **The bullet point under item TB/20/05/03 be amended to read 'Kelvin Blake, NED, was no longer a Board member for University Hospitals Bristol and Weston NHS Foundation Trust, formerly Weston Area Health Trust'.**

TB/20/07/04 Action Log and Matters Arising from the Previous Meeting

Updates were provided on the action log as follows:

- In relation to action no. 19, Helen Blanchard, Director of Nursing & Quality, reported that a proposal is being developed for a refreshed model to bring patient experiences to the Board. This proposal will go to the Patient Experience Group so that patients are able to provide input. It will then move on to the Patient & Carer Experience Committee in September before going to the Trust Board for final approval.

- Simon Wood, Director of Estates, Facilities & Capital Planning, provided an update on action no. 32 that work is continuing on plans for the additional 70 bed unit and that South Gloucestershire Council are keen to progress.

RESOLVED that updates on the Action Log be noted. No matters arising were raised.

TB/20/07/05 Chair's Business

The Chair provided an update on a recent meeting of the Healthier Together Partnership Board with key points noted as follows:

- It had been acknowledged that there is still an ambition to become an Integrated Care System (ICS) and it should be possible to go live with this in April 2021. A recruitment process for an independent Chair for the ICS will commence shortly.

- It had been agreed that a discovery programme should be set up to identify options for moving from an informal locality based way of working to a more formal Integrated Care Partnership. Joining up care and considering how community mental health forms a part of that system will be a key piece of work for the programme. The discovery work will come back to the Healthier Together Partnership Board in due course for a decision.

The Chair then updated the Board on an incident that had taken place outside Southmead Hospital the previous week involving a member of staff. The Trust has made it clear that it will be supporting the police in any way it can to make sure they deal with this incident and keep staff safe in general. The Board noted their best wishes to the member of staff involved and their family and asked that they should be supported in whichever way possible.

RESOLVED that the Chair's briefing be noted.

TB/20/07/06 Chief Executive's Report

Andrea Young, Chief Executive, further updated in relation to the incident outside the hospital, noting that she had a call booked with a member of the victim's family the following day. Andrea advised that a fundraising page was available and she would be checking with the family that they are content with this being in place. Andrea confirmed that the Trust was supporting, and in regular contact with, the family.

RESOLVED that the Chief Executive's Report be noted.

TB/20/07/07 Integrated Performance Report

Evelyn Barker, Chief Operating Officer and Deputy Chief Executive, presented the Integrated Performance Report with key points highlighted as follows:

- There had been a significant improvement in ED performance during June and the Trust had been the top performing major trauma centre nationally.
- Following the reduction in bed occupancy due to Covid-19, this is now around 85% and approaching normal levels.
- There is a challenge in relation to diagnostics waiting times, particularly in endoscopy, with delays caused by infection control restrictions due to Covid-19.
- Increased efforts are being put into alleviating any concerns that patients may have about attending the hospital due to Covid-19.
- In relation to cancer performance, the two week standard had been achieved against a reduction in referrals. The 62 day target has been more of a challenge due to isolation requirements before surgery which extend the pathway. Evelyn advised that the shielding guidance had changed that week and the Trust was working with partners across the system to implement this.
- There had been a rise in the number of complaints due to an extended wait for elective surgery.
- There had been an improvement in workforce turnover, resulting in better stability within the organisation.

During the ensuing discussion the following points were noted:

- John Everitt, Non-Executive Director, welcomed the information in the Report, noting that there have been some strong performances. John further noted that an area that stood out in relation to performance was diagnostics and asked about the measures being employed to improve this. Evelyn advised that the independent sector was being used to maximise the number of patients who are seen. In addition a bidding process is underway for mobile MRI/CT scanners.

- Tim Gregory, Non-Executive Director, asked about impact on productivity as a result of the segregation of wards and use of PPE due to Covid-19. Evelyn advised that the greatest impact has been on endoscopy and ultrasound due to infection prevention and control, as these procedures are very close contact. Andrea Young, Chief Executive, further advised that the South West as a region is under resourced on CT and MRI capacity. A meeting had taken place the previous week to look at how diagnostics might be scaled up in the community. A bid has been submitted that factors in increasing cleaning rotas to speed up productivity, improve the bookings process and uses independent sector staffing to increase operation over evenings and weekends; CTs and MRIs would be based at the Nightingale Hospital Bristol. This would increase activity in MRI and CT by 27,000 over the next six months and the expectation is that if the bid is approved the additional capacity will be in place at the beginning of September.

- Kelly Macfarlane, Non-Executive Director, asked about short-notice cancellations or did not attends (DNA) in diagnostics. Evelyn reported that the number of DNAs had doubled but that investment had been made into admin support for these areas to ensure that patients receive a personal phone call to confirm their appointments.

- The Chair asked about potential reasons for the increase in caesarean section (CS) rates and Helen Blanchard, Director of Nursing & Quality, advised that she had been in discussion with the Women & Children's Health Division about the acuity of patients and comorbidities of women presenting. Helen noted that the increasing levels of CS are in line with current national guidance and that the target for CS had been set some years ago. The Women's & Children's Health Division had committed to undertake a quality governance review for 2019/20 and the results of this will go to the Quality & Risk Management Committee in September.

RESOLVED that the Integrated Performance Report be noted.

TB/20/07/08 Quality Account

Helen Blanchard, Director of Nursing & Quality, presented the Account of the Quality of Clinical Services 2019/20.

Helen advised that the Account sets out progress against five quality priorities which were agreed for 19/20. Stakeholders were invited to comment and Helen noted her thanks to the organisations who had taken the time to respond, particularly given the pressures they were facing due to Covid-19.

John Iredale, Non-Executive Director, noted that the whole report and its component parts had been discussed in detail at Quality & Risk Management Committee.

The Board noted their thanks to Helen and her team who produced the report and welcomed the significant progress that it represents.

RESOLVED that the Account of the Quality of Clinical Services 2019/20 be approved.

TB/20/07/09 Quality Strategy

Helen Blanchard, Director of Nursing & Quality, presented the Quality Strategy on behalf of Chris Burton, Medical Director, and herself.

Helen noted that that the Strategy had been in development for a number of months and was a reflection of extensive engagement to ensure that staff and patients had an opportunity to provide input. Helen further noted that the Quality & Risk Management Committee had reviewed the draft Strategy a number of times.

Three themes had been identified:

- Exceptional personalised care
- Safe and harm free care
- Excellence in clinical outcomes.

Chris Burton, Medical Director, welcomed the document as lead for Trust overall strategy and asked the Board to note that this is a multidisciplinary document and its development had involved collaboration by a variety of groups and professions across the Trust.

RESOLVED that the Quality Strategy be approved.

TB/20/07/10 Quality & Risk Management Committee Report

John Iredale, Non-Executive Director, presented the Quality & Risk Management Committee Report.

John paid tribute to the Committee members who had worked hard during the last few months to provide assurance to the Board in relation

to Covid-19 and the set-up of the Nightingale Hospital Bristol, alongside business as usual.

John Everitt asked whether any action had been taken since the report had been drafted in relation to segregation screening for reception staff and issues around staff social distancing. Simon Wood, Director of Estates, Facilities & Capital Planning, reported that risk assessments had been carried out throughout the hospital, both in common areas and offices, and recommendations had been put in place. Screens for reception desks are on order and should be delivered and installed shortly; there had been issues with the supply of Perspex but these have now been resolved. Simon noted that social distancing for staff is a challenge as it is a behavioural issue. Markings have been applied to floors together with additional signage, and 50% of seating has either been removed or marked not for use. In addition the Trust has invested in 'The Pavilion' space which holds 200 staff socially distanced for breaks, as well as providing a food offering.

Chris Burton, Medical Director and Director of Infection Prevention & Control, noted his observation that progress is being made across the organisation in relation to behavioural change and that there is generally less frequent social contact. Chris reminded the Board that masks are required to be worn in all clinical areas as well as the majority of the rest of the hospital, and this reduces the infection risk. The recent focus has been on eating and drinking areas where masks cannot be worn.

RESOLVED that the Quality & Risk Management Committee be noted.

TB/20/07/11 Fit & Proper Person Requirements Report

Xavier Bell, Director of Corporate Governance & Trust Secretary, presented the Fit & Proper Person Requirements Report. Xavier noted that the Report provided assurance that all Directors have self-certified against the Fit & Proper Person Requirements and that a full suite of checks have been completed for all new Non-Executive Directors.

RESOLVED that the Fit & Proper Person Requirement Report be noted.

TB/20/07/12 Any Other Business

Kelvin Blake, Non-Executive Director, asked whether a 'lessons learned' report would be produced in relation to Covid-19. Andrea Young, Chief Executive, advised that a report will be developed to review the first phase, but it is likely that Covid-19 will remain a major factor for some time yet. Chris Burton, Medical Director, noted that Medical Director and Director of Nursing networks are sharing experiences and a great deal of thought is being given to what can be learned from the first wave, in case there is a second wave. Chris noted that there needs to be a continuous learning process.

TB/20/07/13 Questions from the public

Xavier Bell, Director of Corporate Governance & Trust Secretary, noted that one question from the public had been received via email as follows:

When does the Trust Board feel that they will have the performance data to make decisions on the approval or service expansion or new service business cases?

An answer had been provided via email as follows:

The process for making decisions on the approval of service expansions or new services has not changed. Any business cases for service expansion follow the approval process set out in the Trust's Standing Financial Instructions. Each case presented for approval will include all of the information required to support the decision-making process. Trust performance data is reviewed by the Trust Board monthly via the Integrated Performance Report, and this can be viewed on our website.

TB/20/07/14 Date of Next Meeting

The next public meeting of the Board is scheduled to take place on Thursday 27 August 2020, 10.00 a.m. The Board will meet virtually. Trust Board papers will be published on the website, and interested members of the public are invited to submit questions in line with the Trust's normal processes.

The meeting concluded at 11.00am

Trust Board - Public ACTION LOG

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**	Sep-20	Yes	**A**	New model for bring pts stories to Board considered at P&CEC and presented to TB September 2020	16/09/2020
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**	TBD	Yes	Delayed	Delayed until hospital restoration plan phase 2 & 3 complete	28/05/2020

Report To:	Trust Board		
Date of Meeting:	24 September 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.		

8

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	**1. Provider of high quality patient care** 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** 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** 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.

NHS North Bristol NHS Trust

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

September 2020 (presenting August 2020 data)

CONTENTS

North Bristol Trust Integrated Performance Report Scorecard

Domain	Description	National Standard	Current Month Trajectory (RAG)	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-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%	85.96%	87.89%	85.14%	80.04%	80.18%	74.64%	78.33%	72.43%	80.16%	96.00%	95.47%	94.74%	93.47%	86.90%		87.98%	50/114	
	A&E 12 Hour Trolley Breaches	0	0	0	0	4	9	2	38	48	2	0	0	0	0	0		0 - 68	1/14	
	Ambulance Handover < 15 mins (%)	100%	97.41%	97.18%	97.29%	94.09%	94.34%	92.65%	92.71%	91.06%	95.41%	94.72%	97.38%	98.50%	98.07%	98.01%				
	Ambulance Handover < 30 mins (%)	100%	99.80%	99.78%	99.81%	99.19%	99.14%	99.22%	98.72%	98.15%	99.37%	99.53%	99.56%	99.96%	99.76%	99.83%				
	Ambulance Handover > 60 mins	0	0	0	0	0	1	0	2	2	1	0	0	0	0	0				
	Stranded Patients (>21 days) - month end			278	159	138	128	127	160	156	120	58	57	72	84	98				
	Bed Occupancy Rate		85.00%	94.81%	95.18%	96.51%	96.29%	96.96%	98.96%	98.87%	82.25%	50.84%	58.18%	77.11%	82.97%	87.93%				
	Diagnostic 6 Week Wait Performance	1.00%	0.94%	9.39%	8.69%	9.09%	8.87%	12.56%	11.00%	5.60%	10.25%	61.24%	65.94%	46.56%	28.98%	32.36%		47.82%	79/240	
	Diagnostic 13+ Week Breaches	0	0	205	225	239	63	147	258	113	114	402	2292	3161	1886	1979			16/179	
	Diagnostic Backlog Clearance Time (in weeks)			0.2	0.2	0.2	0.2	0.3	0.3	0.1	0.2	1.2	2.7	2.0	1.0	1.0				
	RTT Incomplete 18 Week Performance	92.00%	83.92%	83.39%	83.20%	83.28%	82.58%	82.43%	83.62%	82.95%	80.02%	71.82%	64.51%	58.20%	58.48%	63.95%		46.80%	114/380	
	RTT 52+ Week Breaches	0	25	14	16	13	14	14	9	17	43	130	275	454	648	797		0	148/199	
	Total Waiting List		31205	28587	29313	29118	28351	28078	29672	29552	28516	25877	25518	25265	27512	28810				
	RTT Backlog Clearance Time (in weeks)			3.0	3.3	3.1	3.0	3.0	3.2	3.0	3.2	4.4	6.9	10.3	9.5	7.6				
	Cancer 2 Week Wait	93.00%	80.43%	66.06%	69.93%	87.23%	90.21%	81.94%	78.21%	89.94%	91.25%	76.35%	93.17%	97.30%	88.13%	-		90.38%	107/137	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	96.75%	94.64%	96.08%	98.61%	92.00%	81.08%	70.27%	89.63%	81.82%	76.47%	98.28%	96.62%	96.05%	-		86.43%	34/87	
	Cancer 31 Day First Treatment	96.00%	94.58%	89.67%	90.20%	85.76%	93.24%	96.80%	92.74%	95.36%	97.71%	93.66%	85.23%	95.35%	97.51%	-		95.06%	34/108	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	100%	100%	100%	-	100%	100%	100%	100%	100%	100%	-		99.31%	1/27	
	Cancer 31 Day Subsequent - Surgery	94.00%	86.00%	82.56%	75.23%	69.09%	79.80%	81.54%	72.00%	70.89%	85.09%	75.76%	79.73%	86.96%	92.13%	-		87.90%	25/74	
	Cancer 62 Day Standard	85.00%	87.32%	88.59%	72.58%	66.98%	71.62%	75.53%	68.18%	61.31%	74.15%	74.34%	69.52%	70.12%	75.31%	-		78.41%	84/133	
	Cancer 62 Day Screening	90.00%	86.67%	92.59%	90.00%	77.50%	81.43%	81.13%	64.38%	67.27%	83.95%	85.92%	46.67%	28.57%	44.44%	-		25.39%	19/50	
	Mixed Sex Accomodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Electronic Discharge Summaries within 24 Hou	100%		83.01%	84.37%	84.19%	83.21%	83.18%	83.79%	82.95%	83.44%	83.27%	84.11%	85.41%	83.15%	83.21%				

North Bristol Trust Integrated Performance Report Scorecard

Domain	Description	National Standard	Current Month Trajectory (RAG)	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.4%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%	0.2%
	Caesarean Section Rate			34.0%	32.3%	32.8%	35.3%	33.9%	38.4%	34.0%	33.4%	31.5%	33.9%	36.7%	34.6%	39.0%
	Still Birth rate			0.4%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%	0.4%	0.2%	0.0%	0.0%	0.4%	0.2%
	Induction of Labour Rate			38.2%	36.5%	38.5%	35.3%	40.2%	41.4%	41.4%	40.8%	40.6%	38.9%	34.9%	35.4%	38.6%
	PPH 1000 ml rate			10.9%	14.9%	13.3%	13.3%	12.2%	10.7%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%	10.7%
	Never Event Occurance by month	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	Serious Incidents			10	8	3	4	6	3	5	7	3	1	4	7	5
	Total Incidents			1108	954	1131	1121	1096	1150	1117	852	601	677	818	898	910
	Total Incidents (Rate per 1000 Bed Days)			44	39	44	45	42	43	45	39	45	43	45	44	43
	WHO		95%	97.32%	97.56%	97.65%	97.78%	98.98%	99.72%	99.30%	99.30%	99.50%	99.50%	99.60%	99.70%	99.20%
	Pressure Injuries Grade 2			34	46	43	43	32	34	17	29	24	16	13	8	14
	Pressure Injuries Grade 3			0	0	0	0	1	0	1	1	0	0	0	0	0
	Pressure Injuries Grade 4			0	0	0	0	0	0	0	0	0	0	0	0	0
	Falls per 1,000 bed days			31	30	31	30	31	32	30	27	16	18	21	24	25
	#NoF - Fragile Hip Best Practice Pass Rate			80.56%	69.64%	83.78%	87.23%	86.11%	68.18%	60.00%	70.91%	2.13%	10.42%	11.54%	40.78%	-
	Stroke - Patients Admitted			89	76	89	83	82	79	72	97	71	72	79	84	0
	Stroke - 90% Stay on Stroke Ward		90%	89.06%	79.37%	93.15%	91.18%	70.97%	81.54%	87.10%	86.67%	87.10%	81.50%	86.20%	78.60%	-
	Stroke - Thrombolysed <1 Hour		60%	77.78%	75.00%	50.00%	37.50%	41.67%	62.50%	66.67%	66.67%	50.00%	Nil	85.70%	50.00%	-
	Stroke - Directly Admitted to Stroke Unit <4 Hours		60%	72.86%	50.00%	51.95%	62.16%	59.68%	42.65%	54.84%	58.44%	74.19%	64.80%	88.10%	73.60%	-
	Stroke - Seen by Stroke Consultant within 14 Hours		90%	74.07%	76.12%	84.34%	81.58%	73.53%	90.28%	80.60%	80.00%	79.41%	94.34%	94.00%	91.00%	-
	MRSA	0	0	0	1	0	1	1	1	0	0	0	0	0	0	0
	E. Coli		4	6	4	7	7	7	7	4	6	2	3	2	5	7
	C. Difficile		5	3	6	5	2	3	5	4	4	1	4	3	6	6
	MSSA		2	3	5	2	3	1	1	2	3	1	2	1	4	2
Quality Caring & Experience	PALS - Count of concerns			118	81	119	104	90	107	108	104	45	105	49	75	51
	Complaints - % Overall Response Compliance		90%	91.00%	92.00%	87.00%	90.00%	81.00%	82.61%	88.57%	88.89%	88.46%	100.00%	98%	98.08%	97.06%
	Complaints - Overdue			1	4	1	2	3	0	2	0	2	1	0	0	0
	Complaints - Written complaints			51	53	47	41	36	57	51	26	24	27	40	59	53
Well Led	Agency Expenditure ('000s)			1329	968	836	990	868	1081	869	1112	613	386	364	555	822
	Month End Vacancy Factor			11.58%	9.39%	8.75%	8.77%	9.21%	8.80%	7.56%	6.76%	4.91%	4.93%	5.39%	6.05%	5.14%
	Turnover (Rolling 12 Months)		14.00%	14.82%	14.75%	14.46%	14.44%	14.47%	14.08%	13.68%	13.25%	12.80%	12.50%	12.30%	13.10%	13.40%
	Sickness Absence (Rolling 12 month -In arrears)		4.30%	4.35%	4.36%	4.38%	4.43%	4.44%	4.45%	4.46%	4.46%	4.53%	4.56%	4.53%	4.46%	-
	Trust Mandatory Training Compliance			90.01%	88.95%	88.89%	88.80%	88.97%	87.99%	87.95%	87.95%	87.42%	87.23%	87.07%	85.24%	86.77%

EXECUTIVE SUMMARY
August 2020

Urgent Care

The Trust achieved the four-hour performance trajectory of 85.96% with performance of 86.90% and reported nil 12-hour trolley breaches for the fifth month consecutively. ED attendances increased to 94.37% of 2019/20 levels in August. Greater levels of attendances, admissions and bed occupancy negatively impacted four-hour performance in-month. Despite performance becoming increasingly challenged, the Trust continues to perform well nationally, maintaining the ranking of 1st out of 10 Adult Major Trauma Centres and ranking 50th out of 114 reported positions for Type 1, four hour performance.

Elective Care and Diagnostics

The Trust has reported a continued increase in the overall wait list size, impacted by increased demand and reduced clock stops for patient waiting under 18 weeks. There were 797 patients waiting greater than 52 weeks for their treatment in August against a pre-pandemic trajectory of 25. The continued increase in breaches is due predominately to cancelled operations as part of the initial COVID-19 response and the impact of the application of the Royal College of Surgeons Clinical Prioritisation guidance. Diagnostic performance deteriorated to 32.36% with an 18.41% increase in the number of patients exceeding 13 weeks resulting from capacity challenges in Endoscopy. Compared to the national position, the Trust's RTT 18 week performance, diagnostic six week and 13 week performance improved in July with 52WW performance remaining static.

Cancer wait time standards

The TWW standard achieved the pre-pandemic trajectory of 80.43% with performance at 88.13%. The deterioration in performance from June relates to capacity constraints in Breast and Skin specialties. The Trust achieved the 31 day trajectory of 94.58% and the national standard of 96% with 31 day performance at 97.51%. The 62 day waiting time standard did not achieve trajectory of 87.32% in July with performance at 75.31%. Recovery of this standard is anticipated towards year end. The number of patients waiting more than 104 days due to COVID-19 have also significantly reduced in comparison with last month. Any delays to treatment have been in line with national guidance to ensure safety for patients and staff.

Quality

There has been a slight decrease in overall complaints in August, however the category of Access to Services remains high. These complaints are predominately a result of cancelled operations and delays to appointments. The Trust restoration programme is near completion with pathways in place for patients at low, medium and high risk of carrying COVID-19 infection. Lower levels than trajectory continue for C-Difficile, MSSA and E.coli, with no MRSA cases for the year to date and Trust attributable Grade 2 pressure injuries remain below 2019/20 levels.

Workforce

The Trust turnover continues to improve with August's position at 12% (excluding the impact of staff temporarily employed during the COVID-19 response) compared to 12.2% in July and 15% at the same time last year. Temporary staffing demand continues to grow in line with activity and occupancy with a 5% increase in August compared with July.

Finance

NHSI/E has suspended the usual operational planning process and financial framework due to COVID-19 response preparations. The revised financial framework will now apply until the end of August (and potentially the end of September); an update on the funding process for quarters 3 and 4 has been expected for some time but has not yet been received. The position for the end of August shows the Trust meeting the NHSI/E calculated income level and achieving a breakeven position.

RESPONSIVENESS
SRO: Chief Operating Officer
Overview

Urgent Care

The Trust achieved the four-hour performance trajectory of 85.96% with performance of 86.90% and reported nil 12-hour trolley breaches for the fifth consecutive month. Nationally, Trust performance maintained the ranking of 1st out of 10 Adult Major Trauma Centres and ranks 50th out of 114 reported positions for Type 1, four hour performance.

Bed occupancy averaged at 87.93% with increased variation in August, resulting from the increased level of attendances and resulting admissions. Four-hour performance is becoming increasingly challenged with increasing attendances, admissions and bed occupancy. Stranded patient levels continue to increase due to capacity constraints within the community. This has been highlighted as an area of concern to System leads. The recording of Delayed Transfers of Care (DToC) has now formally ceased. The Trust will now be required to review patients on a daily basis on all wards to define if they meet the right to reside criteria or are optimised for discharge.

Planned Care

Referral to Treatment (RTT) – 18 week RTT performance reported an improvement at 63.95% in August; the improvement is the result of increased demand and reduced under 18 week clock stops impacting the wait list. The number of patients exceeding 52 week waits in August was 797 against a pre-COVID-19 trajectory of 25; the majority of breaches (484; 60.73%) being in Trauma and Orthopaedics. Reduced elective activity as a result of the initial COVID-19 response and the application of the Royal College of Surgeons Clinical Prioritisation guidance, leading to some of the longest waiting patients having further extended waits, has been a significant factor in the deterioration in the 52 week wait position and the 18 week RTT performance. In addition, the Trust is still experiencing some patients choosing to defer their treatment due to concerns with regards to COVID-19.

Diagnostic Waiting Times – Trust performance for diagnostic waiting times deteriorated in August, predominantly impacted by reduced Endoscopy capacity resulting from staff annual leave, sickness and COVID-19 related absence. As of August, 32.36% of patients have waited more than 6 weeks for a diagnostic test compared to a pre-COVID-19 trajectory of 0.94%. Overall, August reported a static waiting list activity level and an 18.41% increase in the number of 13 week waits resulting from Endoscopy capacity constraints. Nationally, the Trust position continued to improve, significantly surpassing the national performance level for 6 week performance in July. A high level review is completed by modality for all patients waiting over 13 weeks for their diagnostic test to ensure no harm has come to the patients as a result of the extended wait times.

Cancer

The Trust achieved three of the seven Cancer Wait Times standards in July and achieved trajectory for five of the standards. All tumour sites are ensuring that cancer patients are prioritised, and are able to be treated in a safe and timely manner however, due to all the restrictions services are facing this has resulted in higher waiting list sizes than pre-pandemic levels. The number of patients waiting more than 104 days due to COVID-19 have significantly reduced. TWW demand is increasing but capacity remains challenging in Breast and Skin. The introduction of FIT testing in primary care will assist with reducing future demand in Colorectal pathways, but has had little effect on the management of the backlog created during the pandemic. The Trust achieved the 31 day standard in July and the Trust is predicting a recovery of the 62 day standard towards the end of this financial year.

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 and Clinical Prioritisation 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

PPH rates have improved in the last 2 months

Infection control: The Trust is at lower levels than trajectory for C-Difficile, MSSA and eColi, with no MRSA cases for the year to date. No hospital acquired COVID-19 cases since early June.

COVID-19 pathways: The hospital restoration programme is near completion with pathways in place for patients at low, medium and high risk of carrying COVID-19 infection.

Medical Examiner system: Implementation of the BNSSG Medical Examiner system is making good progress

Pressure Injuries: An increase in grade 2 pressure injuries was seen in August however compared to August 2019, August 2020 has seen a significant reduction in Trust attributable pressure injuries, including medical device pressure injuries.

Areas of Concern

Caesarean Section rate: The maternity service has seen a continued increase in caesarean section (CS) rates since May 2020. A deep dive into CS rates has been completed.

WELL LED
SRO: Director of People and Transformation and Medical Director Overview

Corporate Objective 4: Build effective teams empowered to lead

Expand leadership development programme for staff
A new matron leadership programme, aligned to the OneNBT leadership programme and led by the Director or Nursing and Quality, was launched in August with a virtual briefing for all matrons. The programme starts in September.

Prioritise the wellbeing of our staff
The rolling 12 month sickness absence rate remained stable at 4.5% in July. The sickness absence rate for the last three months was 3.9% lower than the same period last year where the sickness absence rate was 4.2% which should indicate an improvement in our annual absence rate. The difference is a lower level of short term sickness absence in the period this year. A deep dive into long term sickness begins in September 2020, which will further inform our health and wellbeing programme.

Continue to reduce reliance on agency and temporary staffing
Overall temporary staffing demand increased in August compared to July (+5%). Overall Bank use went down in August, predominantly due to a reduction in junior doctors bank use following the change of house in August. Other staff groups bank use remained at similar levels to July.

Registered nursing agency use increased in August compared with July and made up 90% of the overall increase in use. The increase was predominantly driven by ICU. ICU has seen a seasonal spike in acuity in August and unavailability levels and vacancies have driven the rise. ICU have nurses in the pipeline for the coming September intake which should improve the position once supernumerary periods have completed. Registered Mental Health Nurse agency use continues to make up 50% of nursing agency use.

Vacancies
The Trust vacancy factor continues to improve s and is 5.1% (426 wte) in August compared with 6.0% (495 wte) in July. The reduction of 69 wte vacancies is predominantly due to the change in house of junior doctors in August filling vacancies. There was also a reduction in registered nursing and midwifery vacancies, with the greatest reduction of 10 wte in band 5 nursing and midwifery.

Excluding the impact of the junior doctor change of house and staff leaving from COVID-19 cost centres the Trust saw a net gain of staff in all staff groups with the largest gain in administrative and clerical and unregistered nursing (international nurse recruits starting at band 4 awaiting their registration).

Turnover
Trust turnover also continues to improve and is 12% in August compared with 12.2% in July and 15% this time last year (this excludes the impact of staff leaving from COVID-19 cost centres – 13.4% including this impact).

Work continues on improving nurse retention and the NHSEI retention support programme is recommencing . NBT has also been confirmed as one of the new retention 'Pathfinder' sites in BNSSG for retention and our work is contributing to some national planning with the Department of Health and Social Care on nurse retention.

FINANCE
SRO: Director of Finance
Overview

On 17 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 covered the COVID-19 regime period from April 2020 to July 2020.

During this period (initially intended to be four months but now extended to six) , 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.

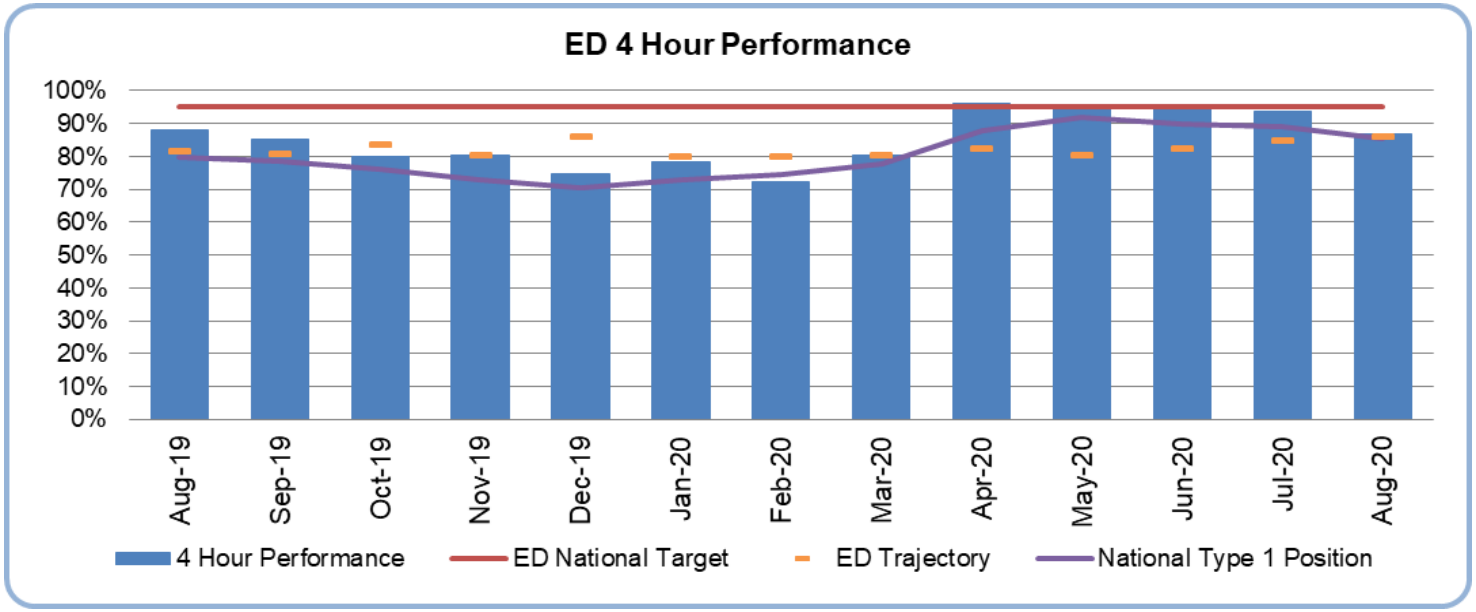
In addition, the Trust is able to recover any reasonable costs incurred responding to the COVID-19 pandemic while this is in line with national guidance and is approved by the regional team during their assurance work on the Trust after submission of month end returns.

An update on the funding process for quarters 3 and 4 has been expected for some time but has not yet been received.

The new framework requires the Trust to breakeven against an NHSI/E calculated income level and to recover any additional costs incurred in dealing with the COVID-19 pandemic (net of any savings from reduced or cancelled elective activity) in line with national guidance. The position for the end of August shows the Trust meeting this requirement and achieving a breakeven position.

Responsiveness

Board Sponsor: Chief Operating Officer and Deputy Chief Executive
Evelyn Barker



Urgent Care

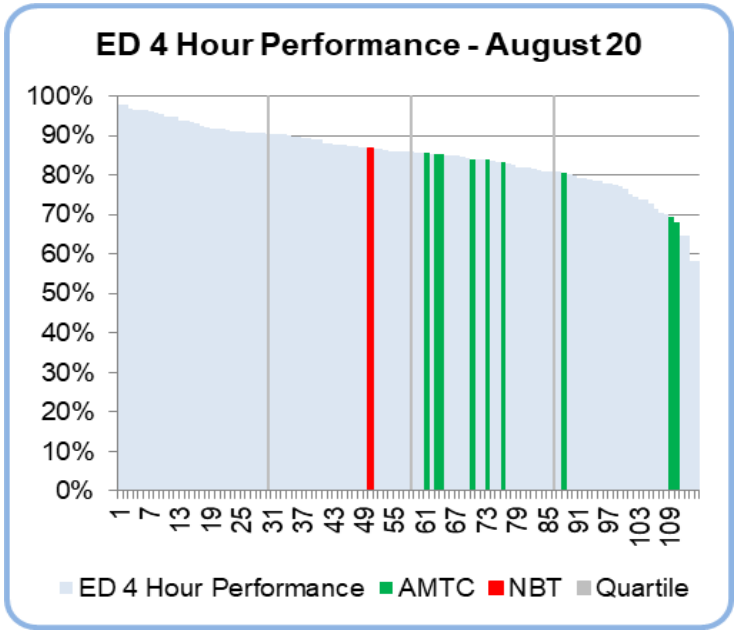
The Trust continued to exceed the four-hour performance trajectory of 85.96% in August with a performance of 86.90%.

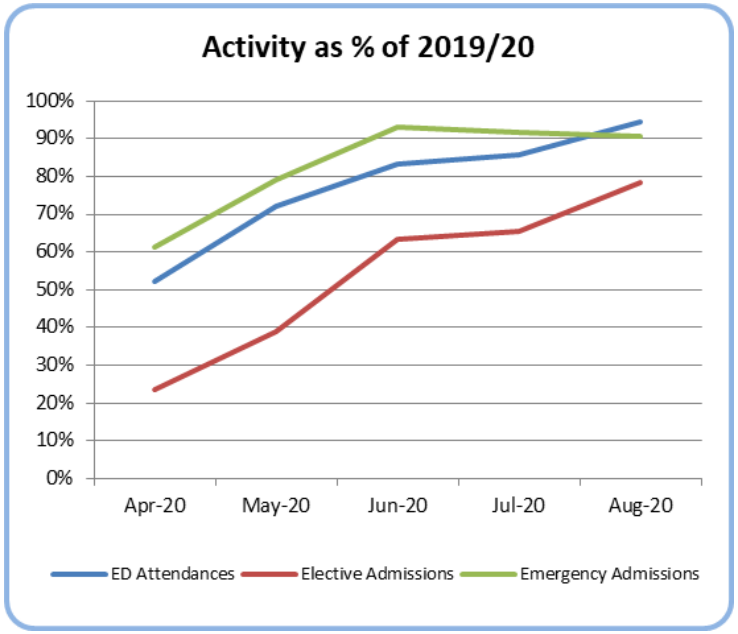
Performance remained challenged in August with greater levels of attendances, admissions and bed occupancy.

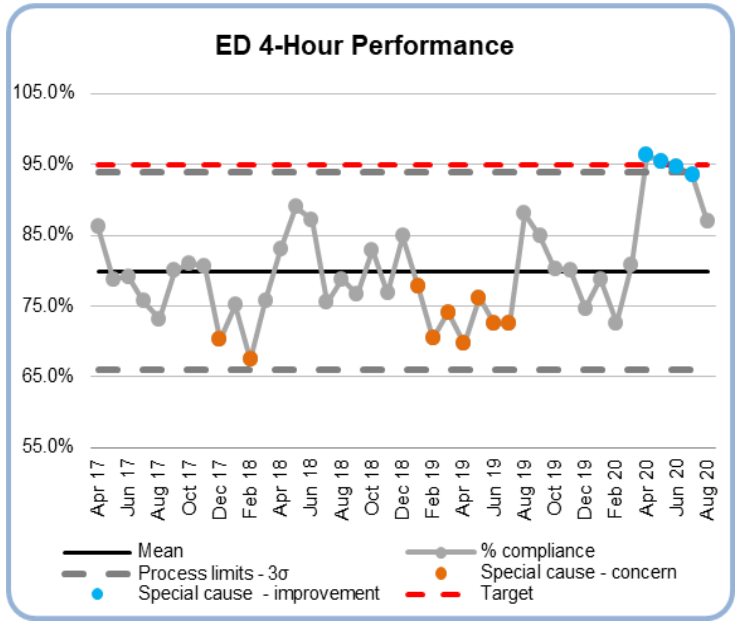
Despite a challenging month impacting four-hour performance in August, the Trust continues to perform well for Type 1 performance when compared nationally.

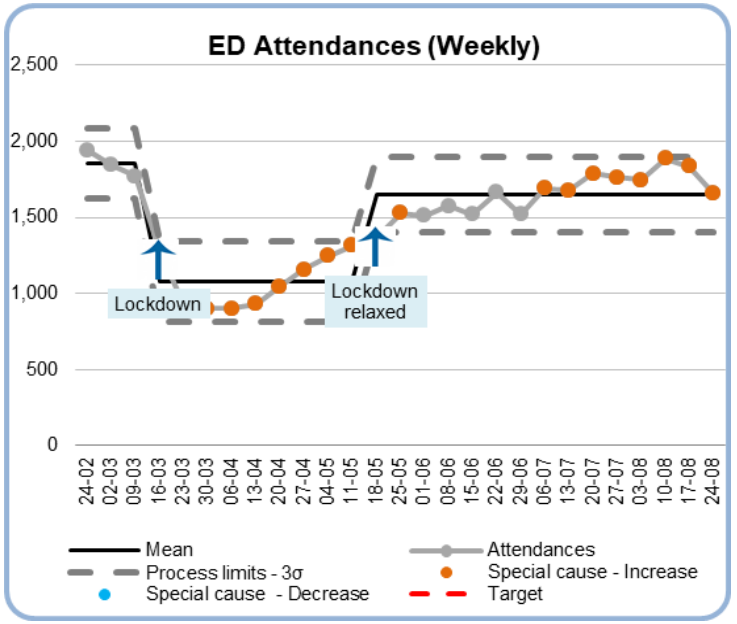
At 7934, ED attendances were at 94.37% of 2019/20 levels vs 85.79% in July. Emergency admissions were at 90.78% of 2019/20 levels and elective admissions were at 78.26% of 2019/20 levels.

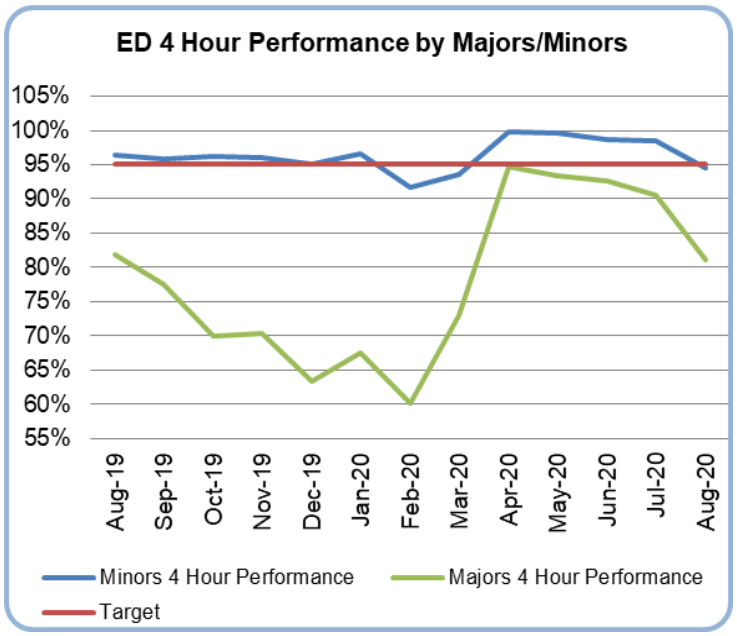
ED performance for the NBT Footprint stands at 89.65% and the total STP performance was 87.85% for August.

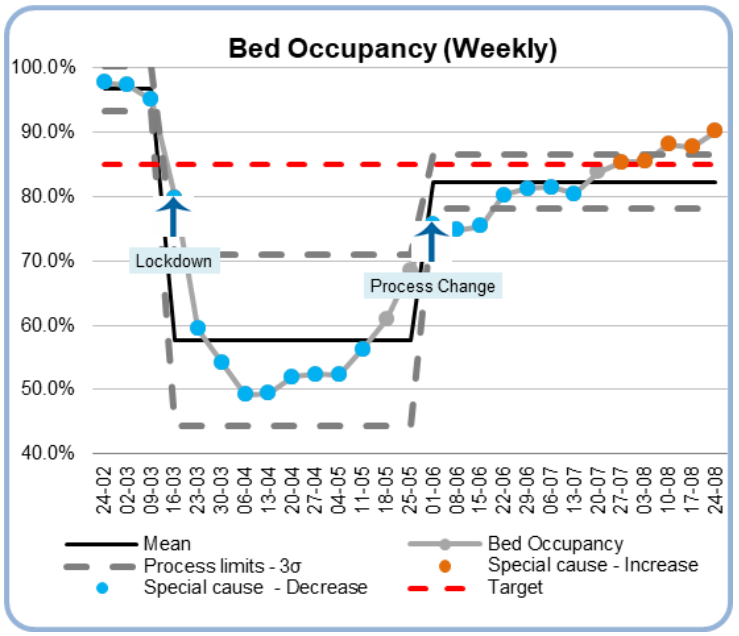












4 Hour Performance

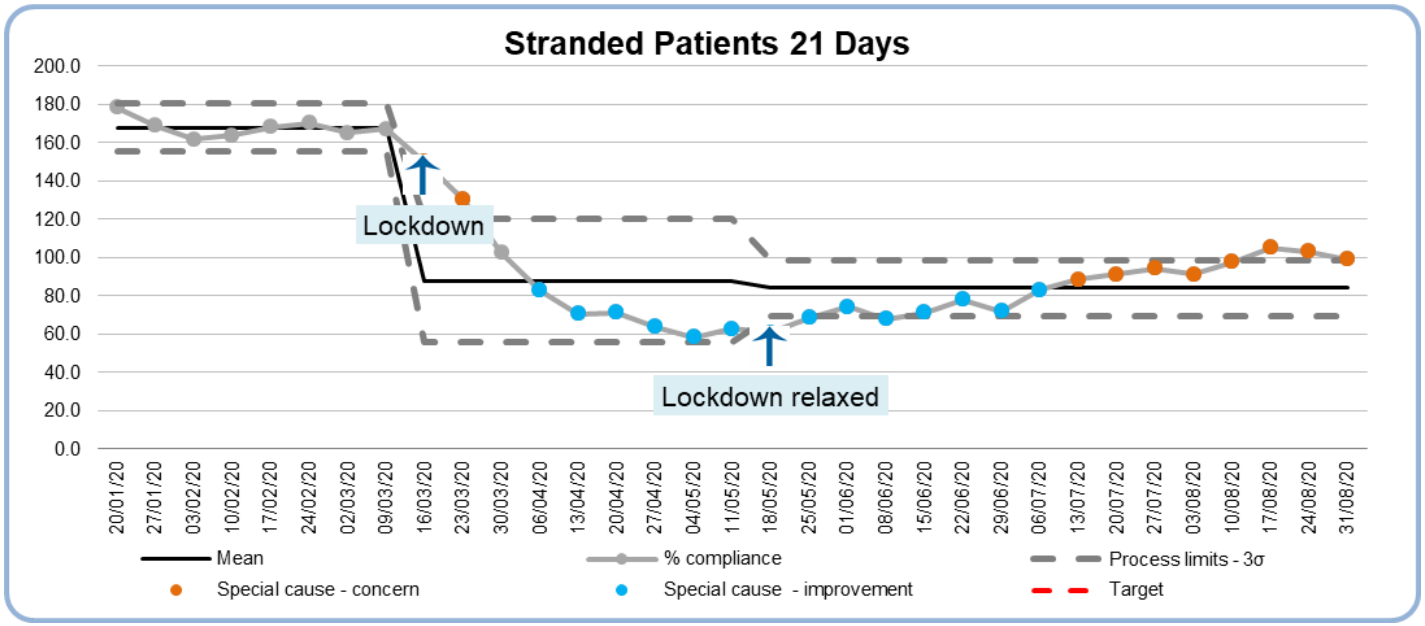
The performance deterioration has been impacted most notably by a decline in Majors performance in August, negatively impacted by an increasing bed occupancy position.

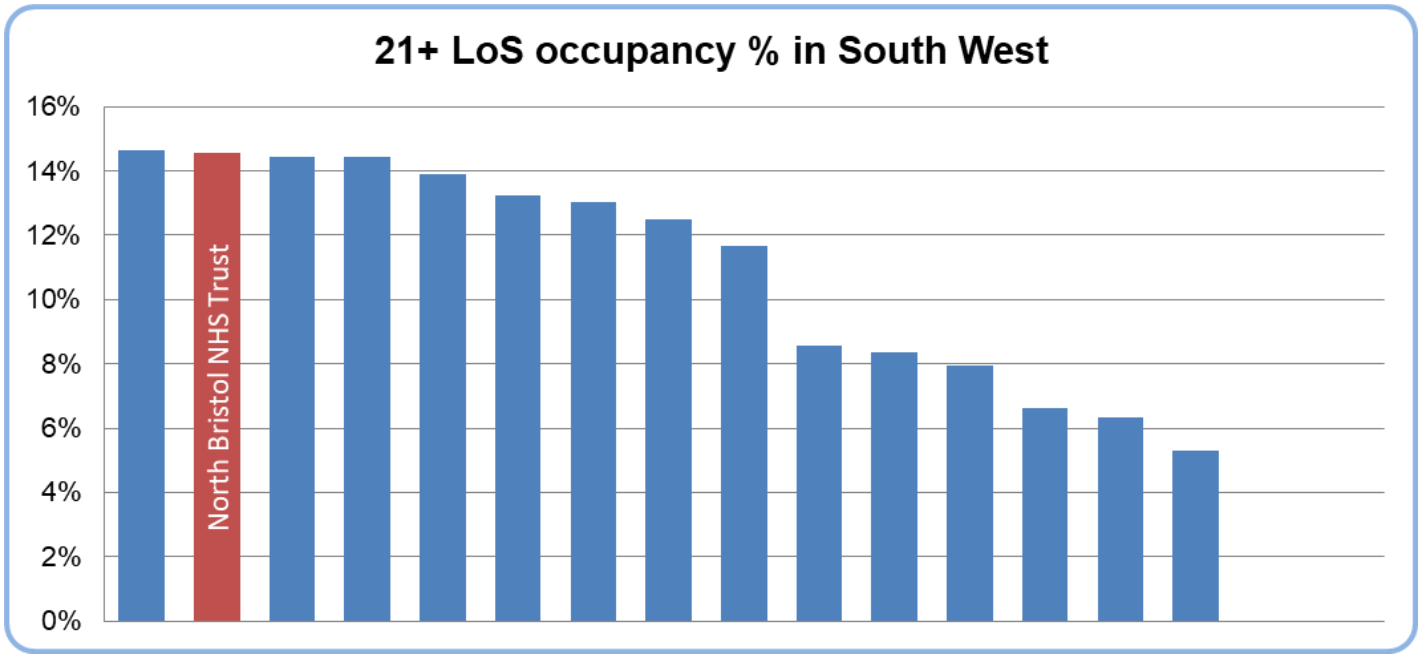
Of the breaches in ED in August, 39.17% were a result of waiting for assessment and 11.36% were due to waits for Medical beds, reflective of the bed pressures experienced in August.

The increased attendance level in July continued through to August, further impacted by the BRI needing to divert attendances to the Trust on the 19 August.

Variation in bed occupancy increased in August resulting from the increasing bed pressures. Bed occupancy varied between 75.72% and 92.73%, breaching the 85% target 27 days (90%) in the month. In July the Trust breached the 85% target eight times in month.

NB: The method for calculating bed occupancy changed in June due to a reduction in the overall bed base resulting from the implementation of IPC measures.



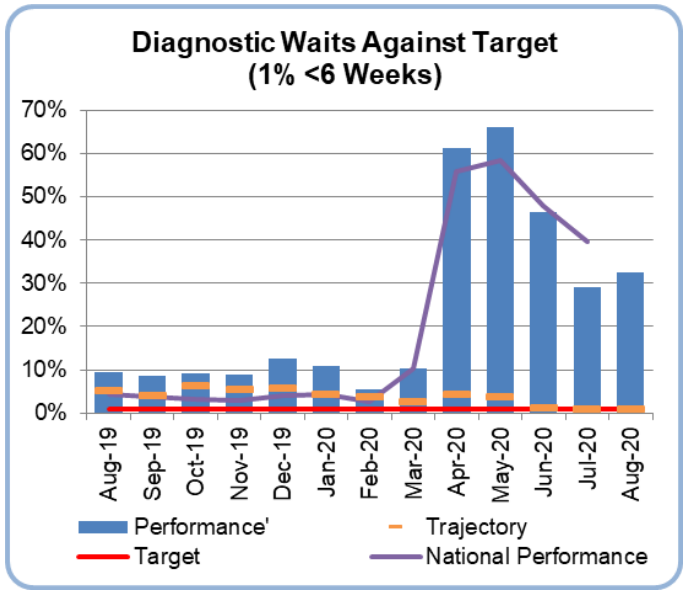


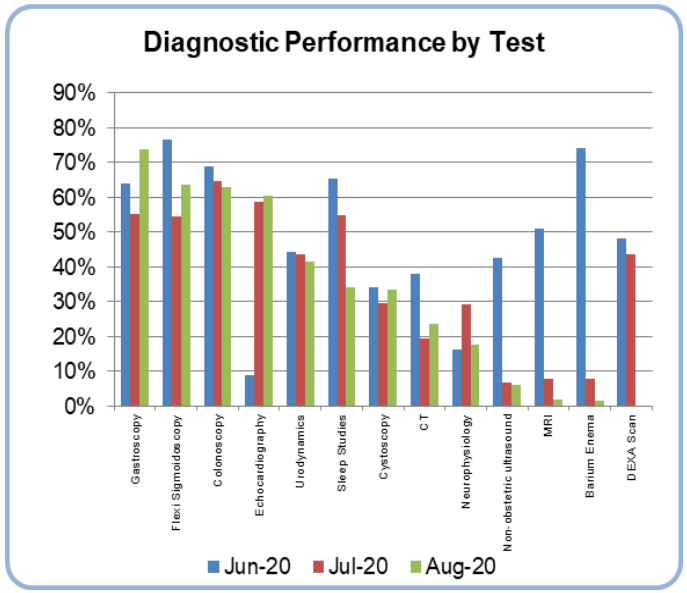
DToCs and Stranded Patients

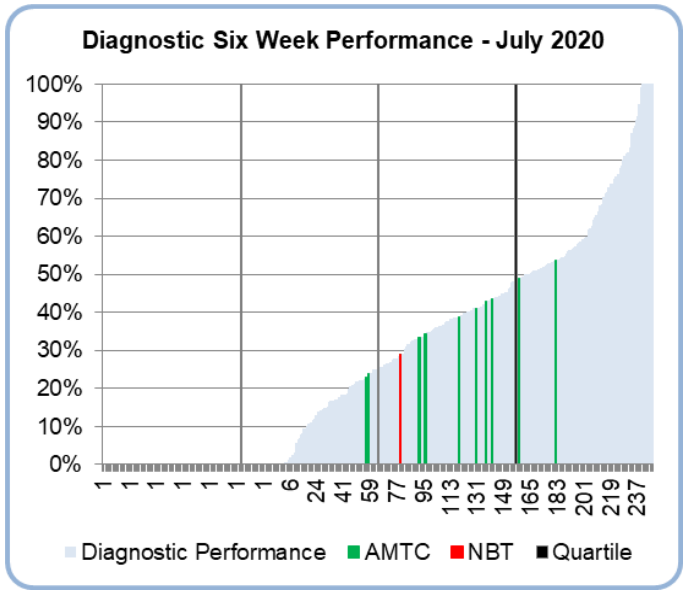
The levels of Stranded Patients over 21 days has been highlighted as an area of concern to system leads. This has been driven by increasing constraints in capacity in the community, linked to lack of flow in Pathway 3 beds and complex reablement packages not being available for Pathway 1. There have also been ongoing delays for Fast Track patients in all aspects.

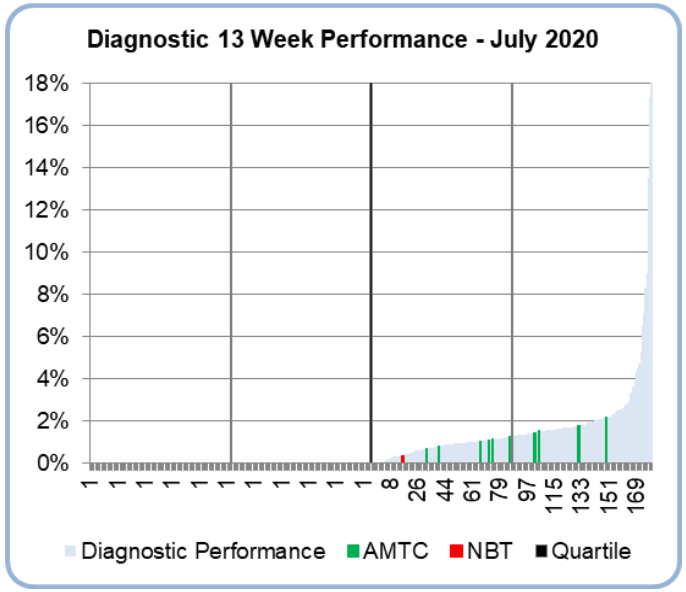
The recording of Delayed Transfers of Care (DToC) has now formally been ceased. The Trust will now be required to review patients on a daily basis on all wards to define if they meet the right to reside criteria or are optimised for discharge. In addition, there will be a weekly review of all stranded patients for those waiting for 14 days+ and 21 days+ that will be reported on a weekly basis to NHSE/I.

Business Intelligence and the IDS lead will be ensuring there will be a regular reporting structure in place once NHSE/I have confirmed the methodology.









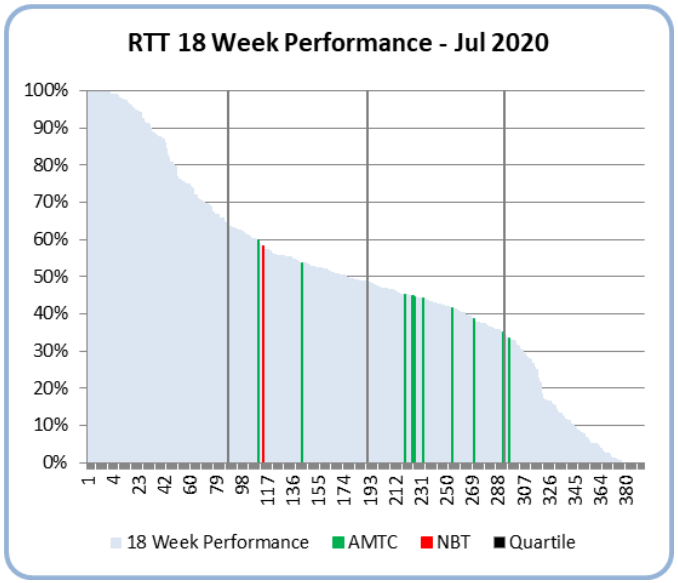
Diagnostic Waiting Times

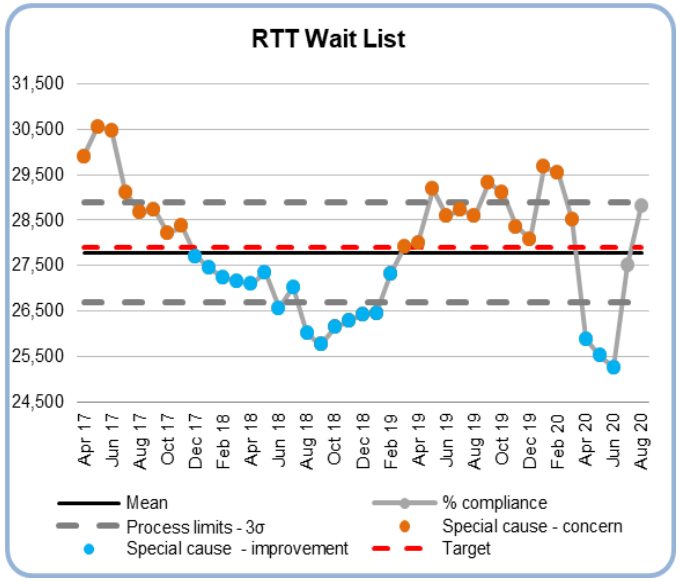
Diagnostic performance deteriorated to 32.36% in August. The deterioration in performance is predominantly the result of a 24.65% reduction in Endoscopy waiting list activity impacted by staff annual leave, sickness and COVID-19 related absence (self isolating).

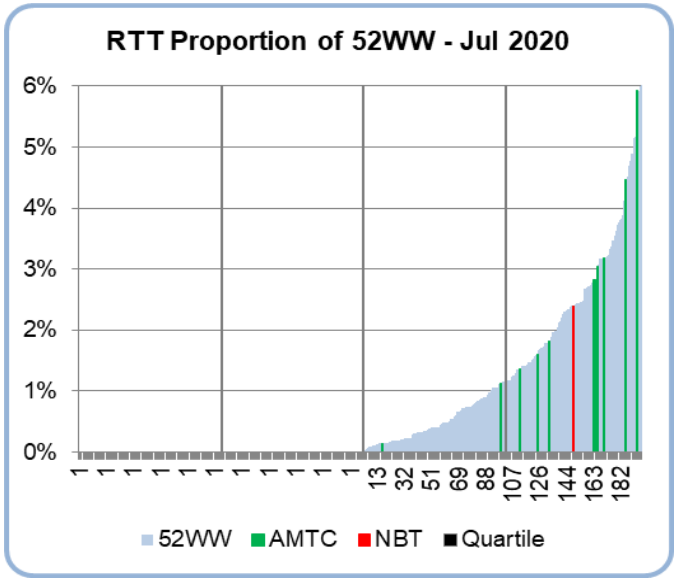
Echocardiogram and Computed Tomography (CT) have also deteriorated in August. Echocardiogram activity has remained stable, but has been negatively impacted by the correction in reporting of patients who were deferred during the response to the pandemic to return them to the active waiting list. The deterioration in CT is largely the result of backlog clearance, with more patients tipping into the six week backlog but reporting a 3.72% reduction in the overall wait list and a significant reduction (52.21%, 423 patients) in the number of patients waiting over 13 weeks.

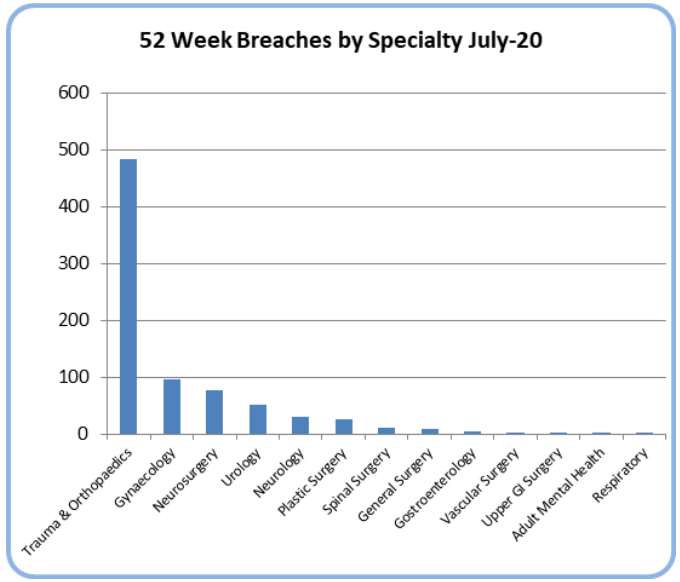
The overall wait list increased by 6.05% and the number of patients waiting over 13 weeks increased by 18.41%. The increase in long waits can be attributed to the Endoscopy deterioration, with an overall improvement of 31.04% when Endoscopy is excluded. A high level review continues to be completed for patients exceeding 13 weeks to ensure no harm has resulted from the extended wait times.

Nationally, the Trust positioning has improved month on month throughout the pandemic for both six week and 13 week performance. The positioning for the proportion of 13 week breaches improved from 111 out of 227 reported positions in June to 16 out of 179 reported positions in July. Performance for July was significantly improved when compared to the national position.









Referral to Treatment (RTT)

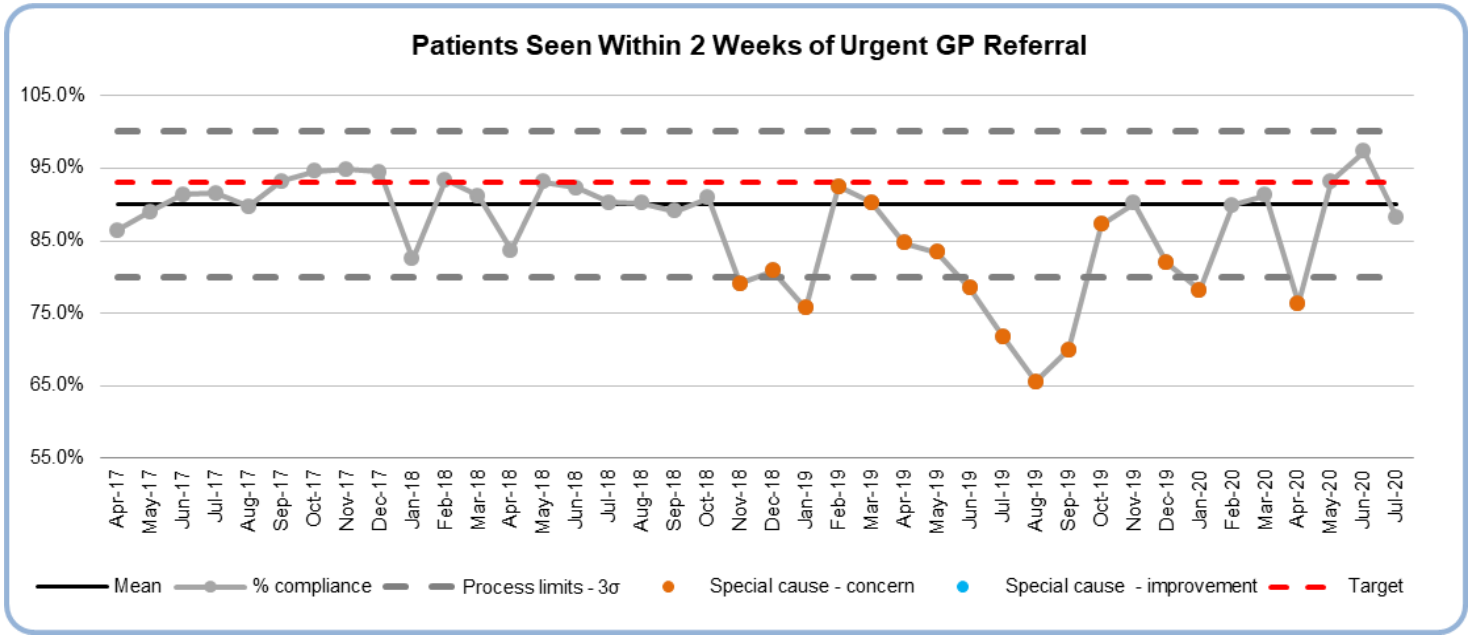
The Trust reports an improved RTT performance position in August at 63.95% resulting from an increasing wait list and a 9.08% improvement in the backlog.

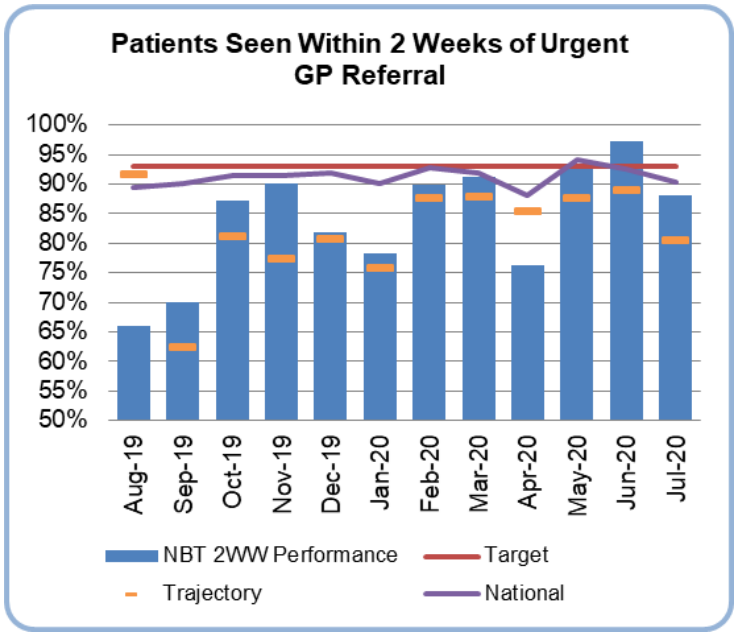
The wait list increase is the combined result of increased demand and fewer clock stops in-month, particularly for patients waiting less than 18 weeks. Clock stops for over 18 week pathways increased as a result of the application of the Royal College of Surgeons Clinical Prioritisation guidance favourably impacting the backlog. Outpatient clock stops are currently reporting at 82.02% of 2019/20 levels and Inpatient clock stops are at 61.56%.

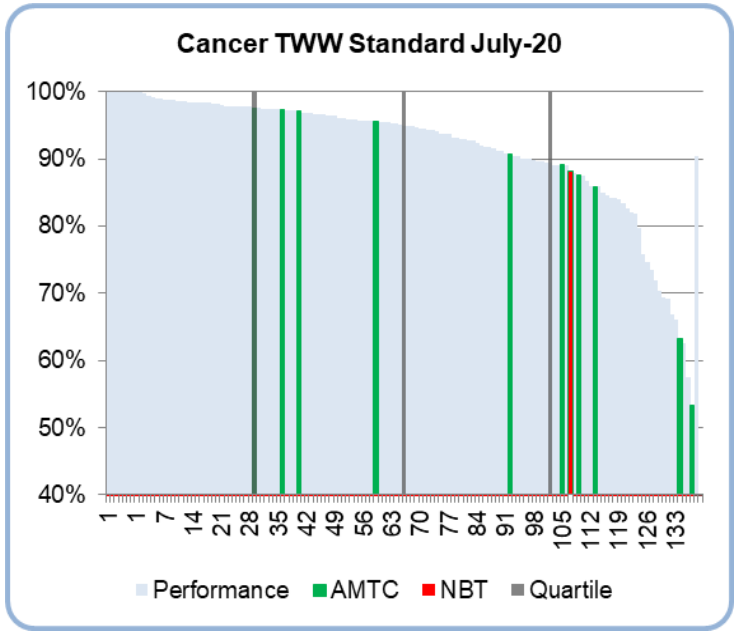
At month end, there were 797 patients waiting greater than 52 weeks for their treatment against a pre-COVID-19 trajectory of 25; the majority of breaches (484; 60.73%) being in Trauma and Orthopaedics. The continued increase in breaches is due predominately to cancelled operations as part of the initial COVID-19 response and the impact of the application of the Royal College of Surgeons Clinical Prioritisation guidance. In addition, the Trust is still experiencing some patients choosing to defer their treatment due to concerns with regards to COVID-19.

Despite the modest performance improvement in July, nationally the Trust's 18 week positioning continued to improve. The improvement demonstrates a lower level of deterioration for RTT performance when compared with other providers.

The positioning of the 52WW breaches as a proportion of the overall wait list has remained relatively static since February 2020, suggesting that the rate of deterioration is in line with other providers.







Cancer
Two Week Wait (TWW)

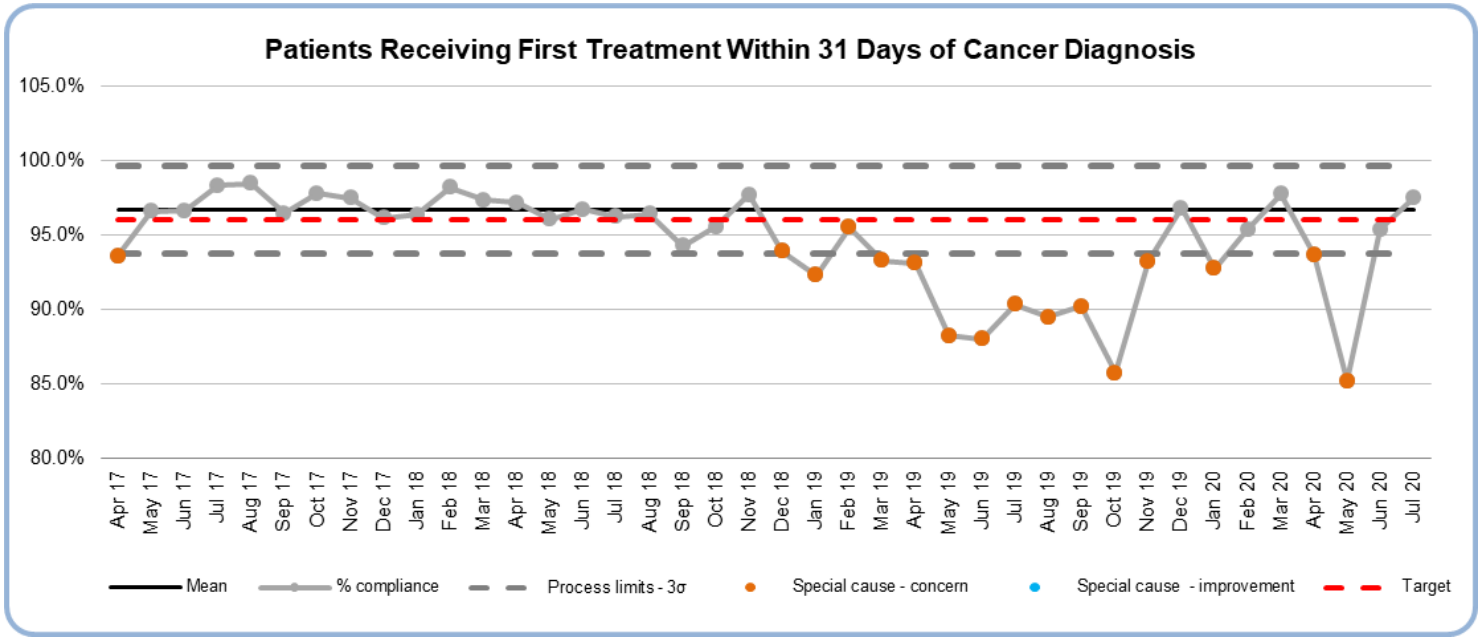
The Trust achieved the recovery trajectory but failed the national standard with a performance of 88.13% for the TWW standard in July. July saw a small increase of 117 referrals since June. Whilst referrals are starting to recover, they are still down by 19% compared to the same period last year.

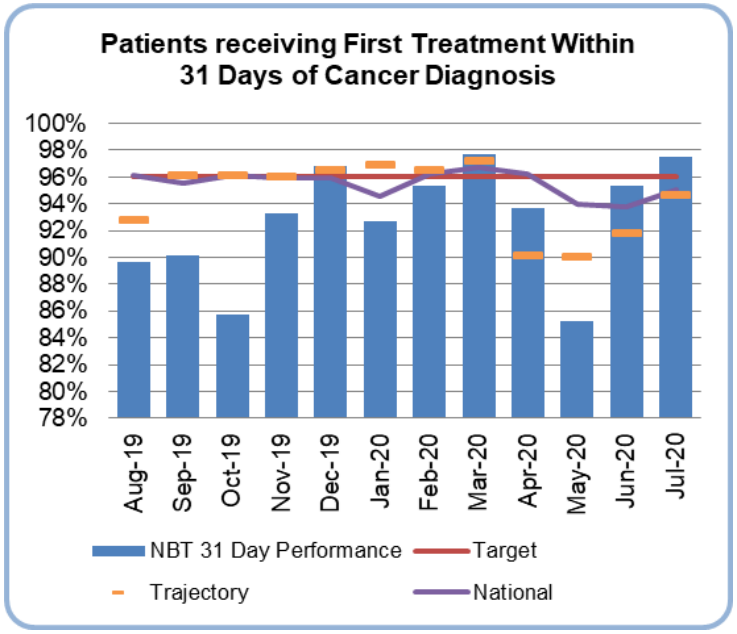
Out of the 1895 patients seen in July, 225 breached; 96 related to Colorectal, 41 in upper GI pathways and 35 in Skin.

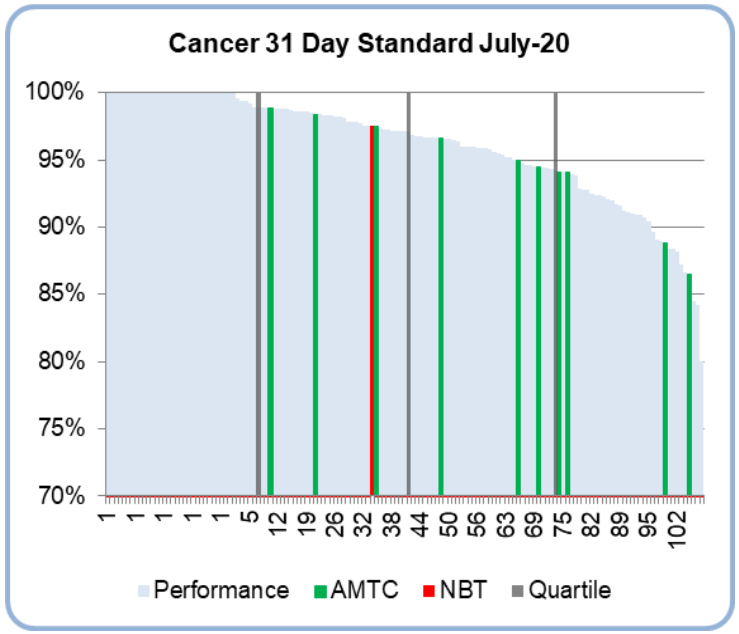
In reviewing the patient breach reasons,109 patients breached as a result of COVID-19/hospital delays following clinical review. Patient confidence is still a concern and shielding was still in place. 71 of the breaches related to patient choice. We do expect to see an increase in patient choice delays during July and August.

TWW capacity remains challenging in Breast, colorectal and skin specialties. Achievement of TWW Cancer Waiting Times standards is dependent largely on Breast achieving one stops and patient choice/confidence re COVID-19 returning to normal,

Quarantine and self-isolation rules are also starting to impact.







Cancer
31-Day Standard

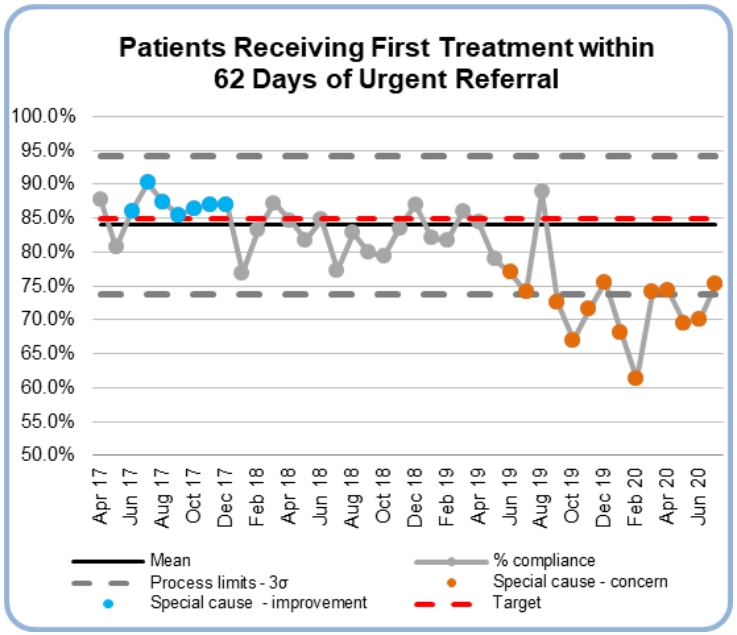
The Trust achieved the 31 day first treatment national standard of 96% with performance of 97.51% and achieved the trajectory of 87.22%.

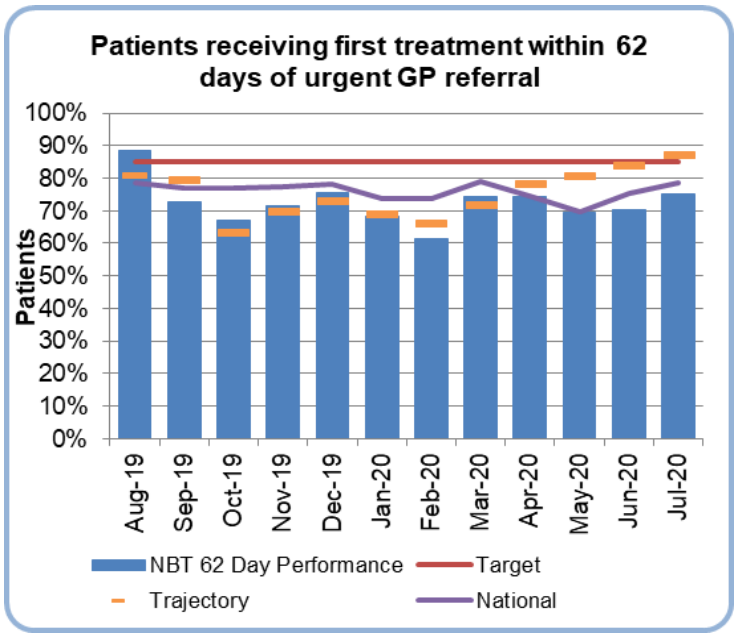
The Trust was able to treat 201 patients in July, 6 patients breached the 96% target. 3 patients were delayed due to COVID-19 decision to defer, and the remainder was patient choice. 2 of the delays were in skin and Urology, 1 in Breast and Colorectal.

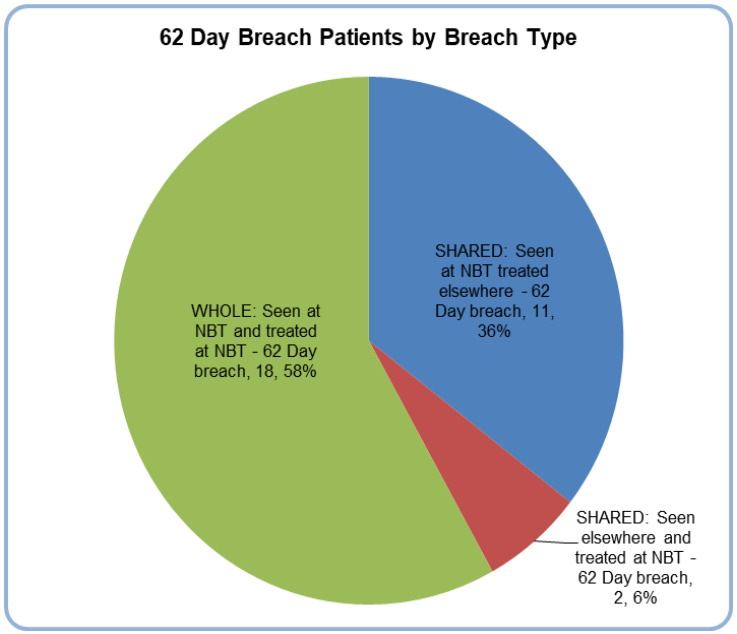
The Trust achieved the 31 day subsequent surgery treatment trajectory, but failed the standard with 93.20% (4 Urology breaches, 1 in Sarcoma and Breast). The majority being clinical decision to defer due to COVID-19.

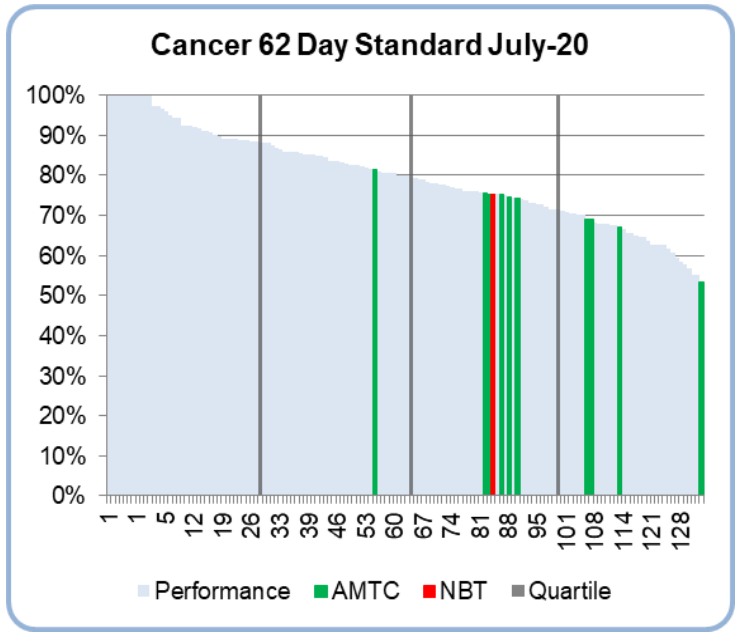
There were 9 104 day treated breaches in July that require Datix; 6 within Urology (3 did not require harm reviews due to active surveillance or treated elsewhere); 1 in Skin and 2 in Colorectal requires a harm review.

Out of the Datix reviews; 15 were related to COVID-19 clinical delays on the diagnostic and treatment pathways.









Cancer
62-Day Standard

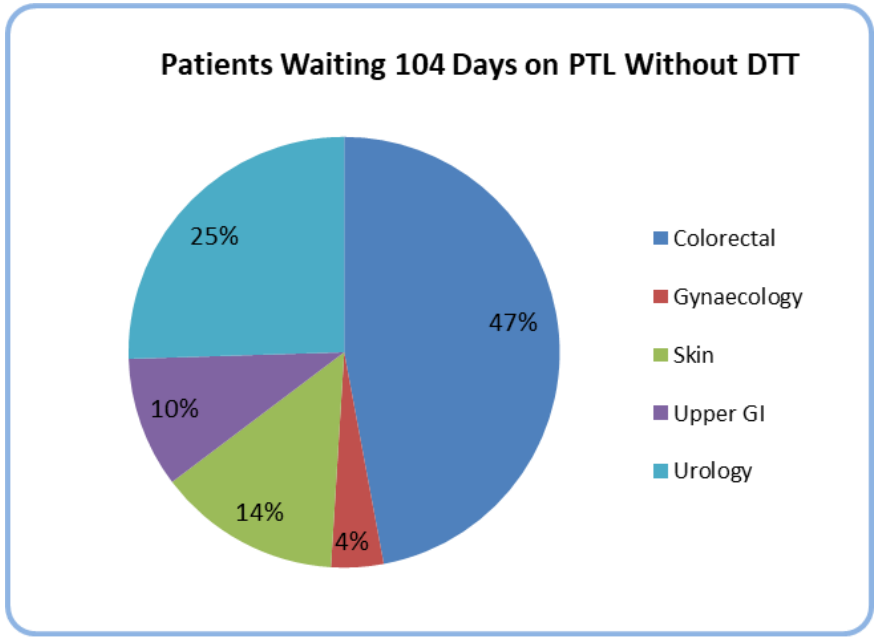
The Trust failed the 62 day cancer trajectory and the national standard in July 2020, reporting a position of 75.31% against a trajectory of 87.32%.

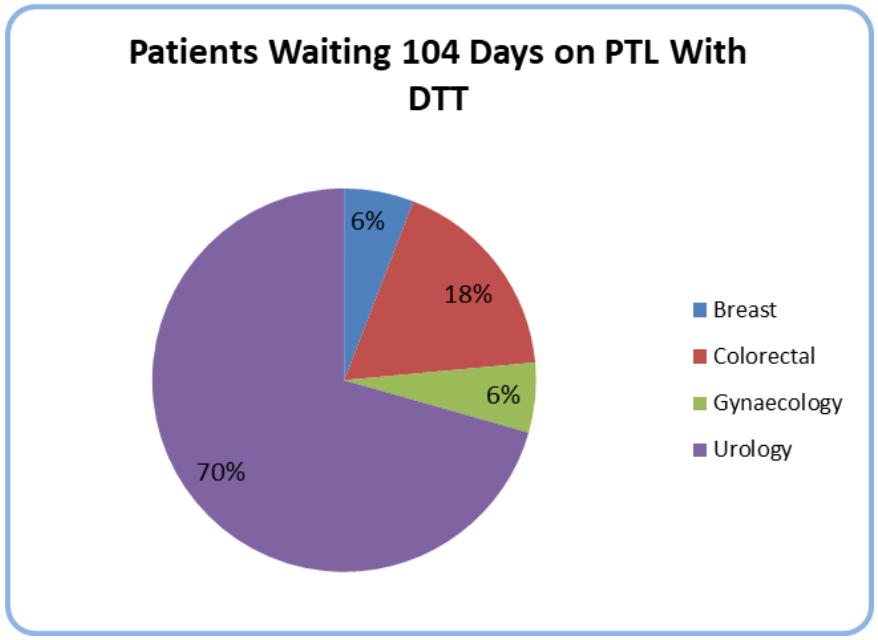
The trajectories for 62 day standards shows non-compliance to the end of this financial year but there is a risk to delivery should there be any further impact of COVID-19 factors.

The Trust treated 119.5 patients with 31 breaches of which 18 were in Urology. 12 of breaches were as a result of clinical deferral due to COVID-19 within the diagnostic and treatment pathway. 15 were complex pathways. The others were 1 patient choice and 3 due to patient unfit for treatment.

58% of the breaches were NBT delays, 6% were shared with referring organisations and 36% were NBT patients treated elsewhere.

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





Cancer
104-Day Patients Live PTL Snapshot

We have 68 patients on the live cancer PTL as of 15 September 2020. The report is split into two sections; patients with or without a Decision to Treat (DTT) for cancer treatment.

We have 51 patients waiting >104 days without a DTT. 24 of them are in colorectal
13 in Urology, 2 in Gynaecology, 7 in Skin and 5 in Upper GI.

Of the 51 patients, 7 are due to a clinical decision of safer to delay due to COVID-19 17 are due to Endoscopy service suspension and 9 are due to patient choice to defer due to COVID-19 as agreed with clinician.

Out of the 7 patients deferred for clinical reasons 6 patients are low risk prostate & 1 low risk bladder patient. All patient choice delays have recently been re-reviewed by clinical teams and contacted.

There were 17 patients with a DTT >104 days with a confirmed cancer diagnosis. 12 of these are Urology due to COVID-19 Cancer Treatment protocols, 1 in Breast and Gynaecology and 3 in colorectal. All have received clinical review.

There are now 17 of the 51 patients delayed due to Endoscopy suspension of the 17 currently 7 patients do not have a TCI/plan, all have been escalated to Endoscopy.

Safety and Effectiveness

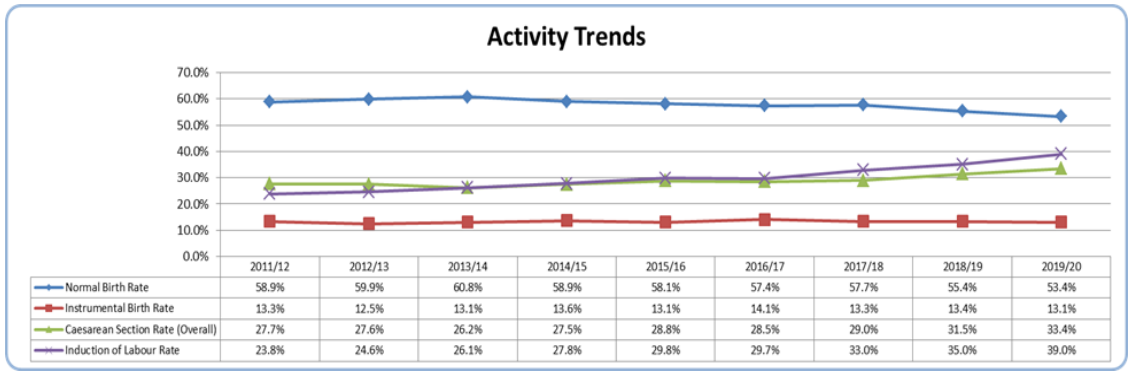
Board Sponsors: Medical Director and Director of Nursing and Quality
Chris Burton and Helen Blanchard

QP3

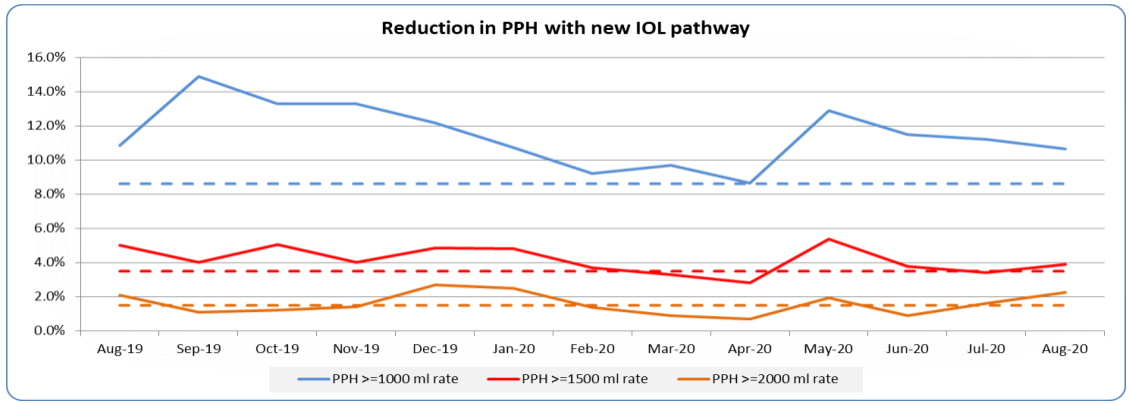
NBT Maternity Dashboard

	Target	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Caesarean section rate (overall)	28.0%	34.0%	32.3%	32.8%	35.3%	33.9%	38.3%	34.0%	33.4%	31.5%	33.9%	36.8%	34.6%	39.0%
Elective CS rate (as % of all birth episodes)		14.0%	14.3%	16.6%	19.2%	13.7%	16.5%	14.4%	15.6%	12.0%	14.0%	15.4%	15.4%	16.8%
Emergency CS rate (as % of all birth episodes)		19.9%	18.0%	16.2%	16.1%	20.2%	21.8%	19.7%	17.8%	19.5%	19.9%	21.4%	19.2%	22.2%
Induction of labour rate	32.1%	38.2%	36.5%	38.5%	35.3%	40.2%	41.5%	41.4%	40.8%	40.6%	38.9%	34.8%	35.4%	38.6%
PPH >=1000 ml rate	8.6%	10.9%	14.9%	13.3%	13.3%	12.2%	10.8%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%	10.7%
PPH >=1500 ml rate	3.5%	5.0%	4.0%	5.0%	4.0%	4.9%	4.8%	3.7%	3.3%	2.8%	5.4%	3.8%	3.4%	3.9%
PPH >=2000 ml rate	1.5%	2.1%	1.1%	1.2%	1.4%	2.7%	2.5%	1.4%	0.9%	0.7%	1.9%	0.9%	1.6%	2.3%
5 minute apgar <7 rate at term	0.9%	0.4%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%	0.2%
Stillbirth rate	0.4%	0.4%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%	0.4%	0.2%	0.0%	0.0%	0.4%	0.2%
Stillbirth rate at term		0.0%	0.5%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.2%	0.2%
Stillbirth rate <37 weeks		5.4%	2.7%	8.3%	3.2%	8.3%	2.9%	0.0%	4.8%	0.0%	0.0%	0.0%	2.6%	0.0%

**RAG is determined by a tolerance level set by the number of standard deviations away from the target a performance is.*



	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Normal Birth Rate	58.9%	59.9%	60.8%	58.9%	58.1%	57.4%	57.7%	55.4%	53.4%
Instrumental Birth Rate	13.3%	12.5%	13.1%	13.6%	13.1%	14.1%	13.3%	13.4%	13.1%
Caesarean Section Rate (Overall)	27.7%	27.6%	26.2%	27.5%	28.8%	28.5%	29.0%	31.5%	33.4%
Induction of Labour Rate	23.8%	24.6%	26.1%	27.8%	29.8%	29.7%	33.0%	35.0%	39.0%



COVID-19 Maternity

The reduction in maternity beds during service restoration continues to impact on service responsiveness. The service is exploring the use of Perspex screens to increase capacity in the service whilst maintaining social distancing and COVID-19.

Neonatal cots are now open to 32.

Clinical outcomes

PPH rates improved the last two months. In line with nationally benchmarked data – the PPH rate monitoring will be changing from end of Quarter 3 for rates of >1500mls only.
Emergency CS rates have continued to increase. The figures are being influenced by a rise in Category 3 CS related in part to women's choice – particularly in relation to increasing IOL rates and women selecting to stop the process and have an elective procedure. A review of CS rates has been completed and will be presented in the Maternity annual governance report to be published in September 2020.

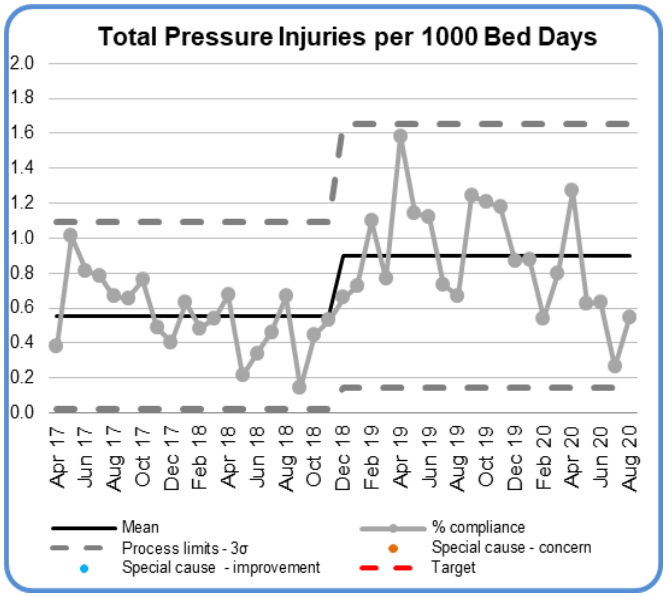
Safe staffing

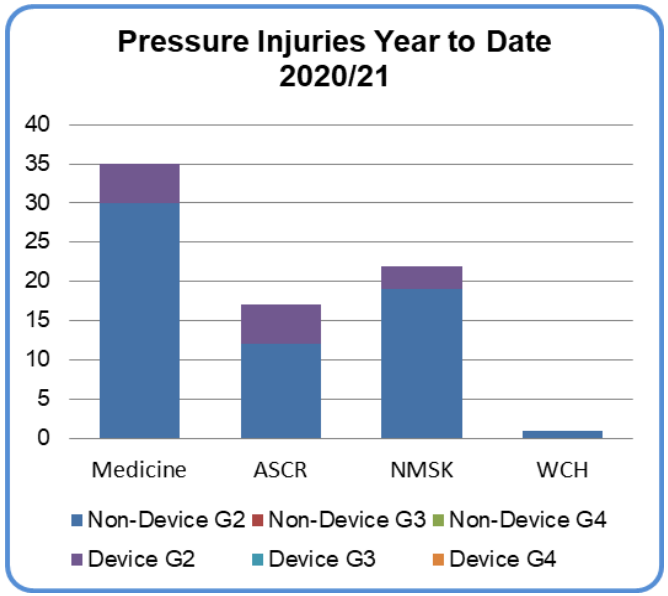
Births increased over the last three months and in line with complexity trends the acuity on CDS which have continued. Safe staffing is monitored and areas of concern highlighted with mitigations, including re-deployment of staff, as required. Safe staffing is monitored by the Director/Deputy Director of Midwifery.

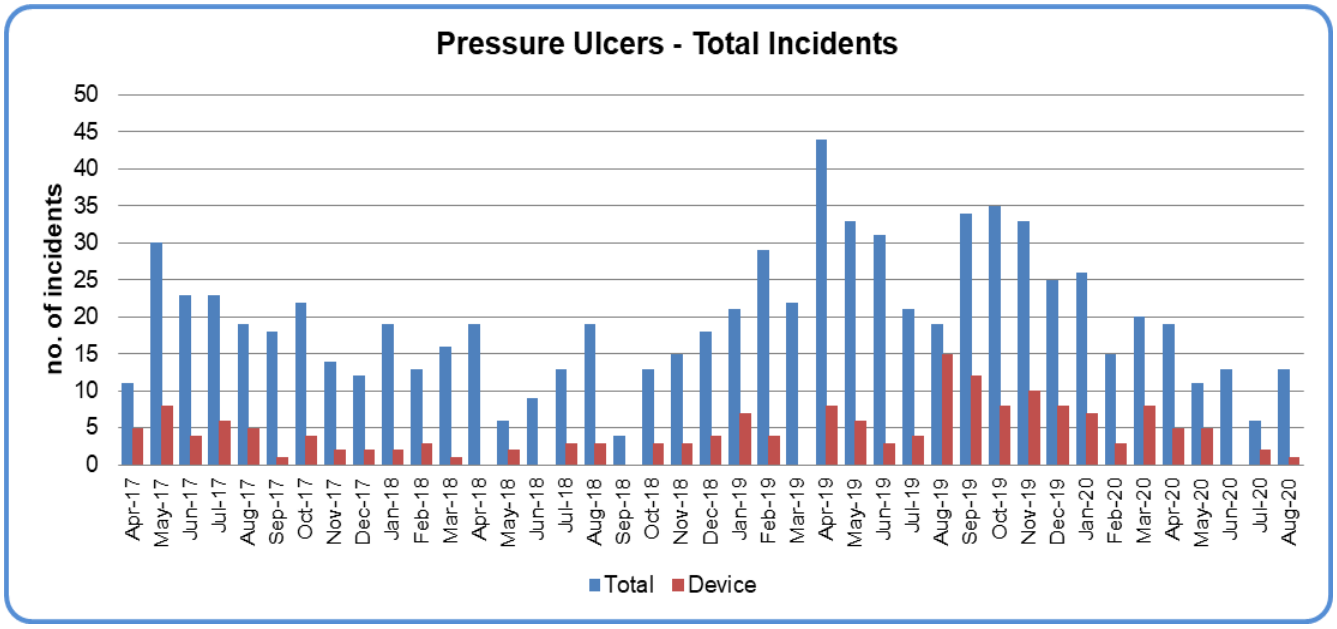
The safe staffing (BirthRate+ staffing tool) outputs are subject to Business plan agreement.

<u>Better Births (NHSE)</u>
In line with the national mandate to implement continuity of carer for women – providing a smaller team approach care along the maternity pathway; NBT plans to launch the first three teams from 07 September 2020.

QP2







Pressure Injuries (PIs)

The Trust ambition for 2020/21 is:

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

There have been no reported Grade 3 or 4 pressure injuries in August. 14 Grade 2 pressure injuries were reported. This included 1 device related injury. The incidence summary for August is as follows:

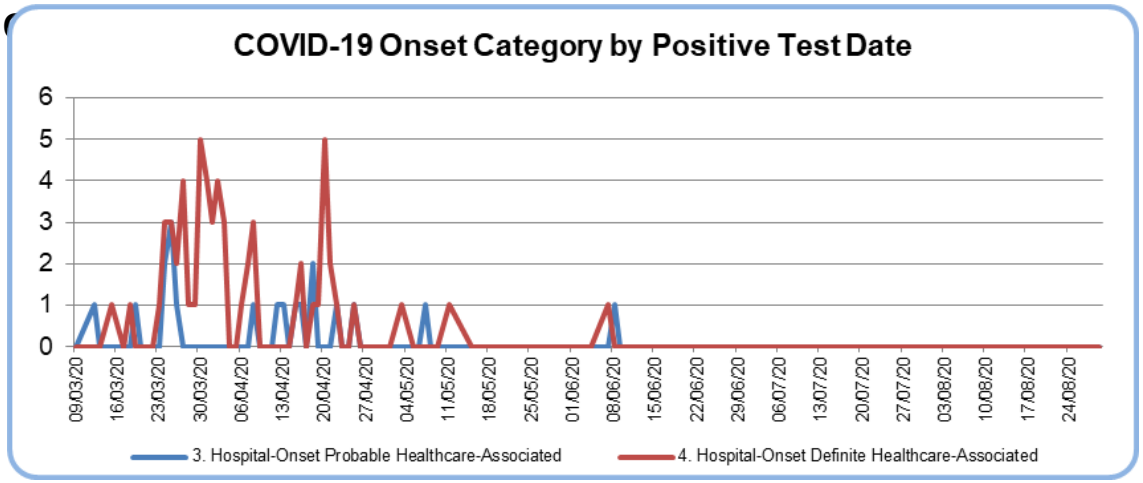
Medical Devices: 7%
Heels: 36%
Buttock/ Natal Cleft: 29%
Elbow/ Foot: 14%
Nose/ Cheek: 14%

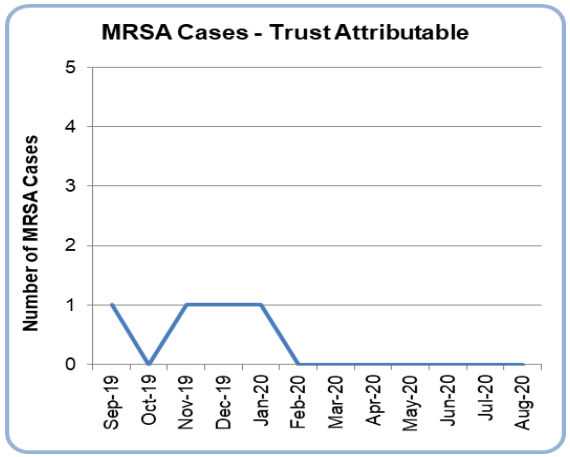
For August there has been an increase in grade 2 pressure injuries however there has been a sustained reduction in medical device related pressure injuries in 2020/21. Compared to August 2019, August 2020 has seen a significant reduction in NBT attributable pressure injuries including medical device PI's.

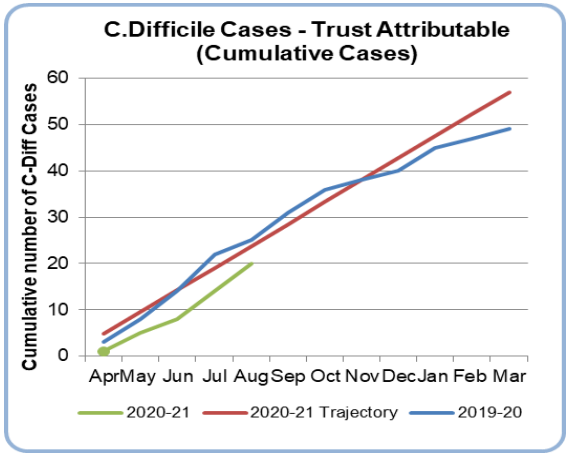
Clinical divisions continue to focus on pressure area care by:

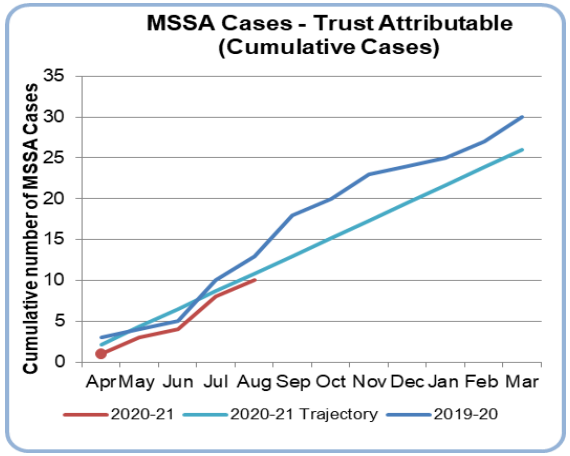
- Sharing learning outcomes and identifying key themes and trends for action at monthly Pressure Injury review group
- Seating related PI QI project to address pressure relieving equipment.
- SSKIN Competency for Allied Health Professionals PDSA in process

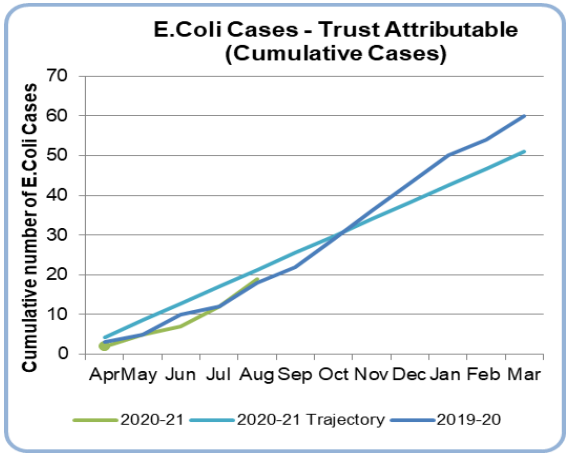
This year's reduction strategy will be reviewed and updated with the findings of the focused thematic review of 2019/20. The planned completion for this is September 2020.











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.

There have been no cases fulfilling the definition of hospital acquired COVID-19 infection since early June 2020.

The development of guidance to risk assess Covid-19 pathways within the Trust is an essential step towards restoration of core NHS services in line with national recommendations. Relevant NBT policies have now been ratified by the Trust's Control of Infection Committee with clear pathways established across the hospital for different patient areas according to level of transmission risk.

Work continues to support PPE champions and PPE audit and the Trust continues to provide a robust staff Coronavirus testing system.

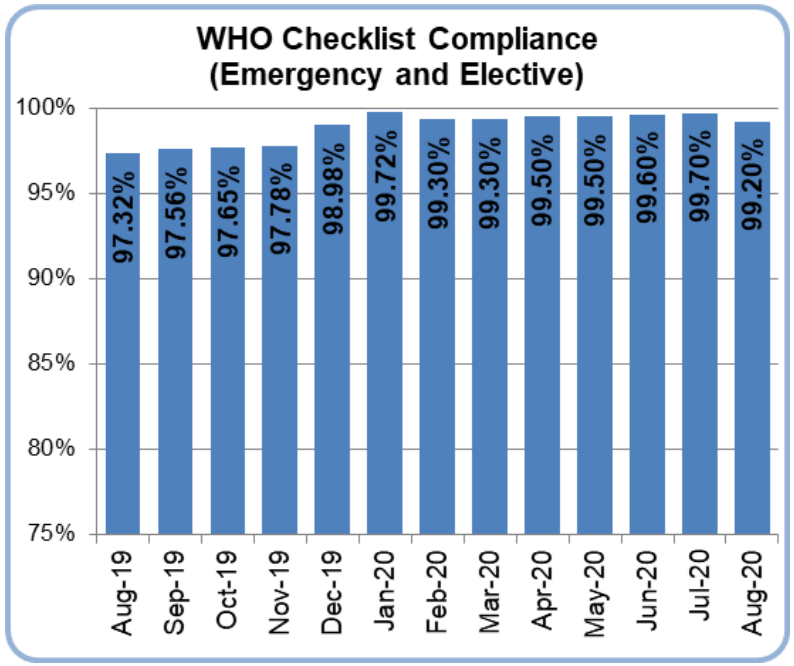
MRSA
There have been no reported cases of MRSA bacteraemia in 20/21.

C. Difficile
In July, there were three Trust attributable cases reported. Total for the year remains below trajectory.

MSSA
There were two cases of MSSA bacteraemia in August. The Trust staphylococcus steering group continues to monitor and review cases

E. Coli.
In August seven cases of E Coli were reported. Further Trust wide work for urinary related cases is planned for 2020/21 as part of the continence group

QP2

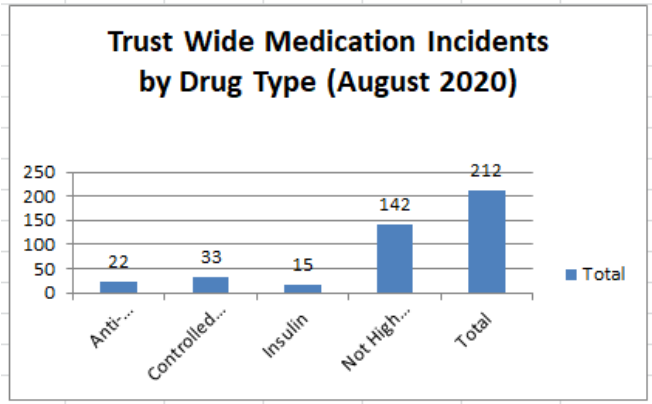


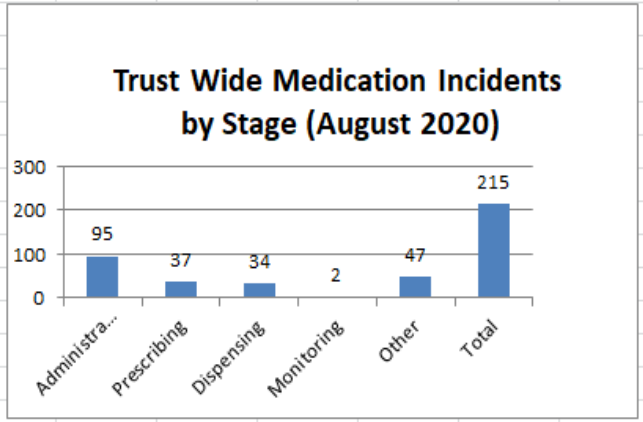
WHO Checklist Compliance

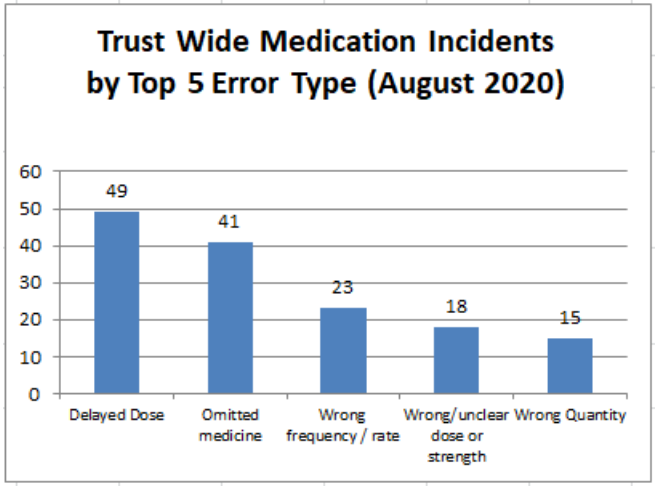
The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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.

QP2







Medicines Management

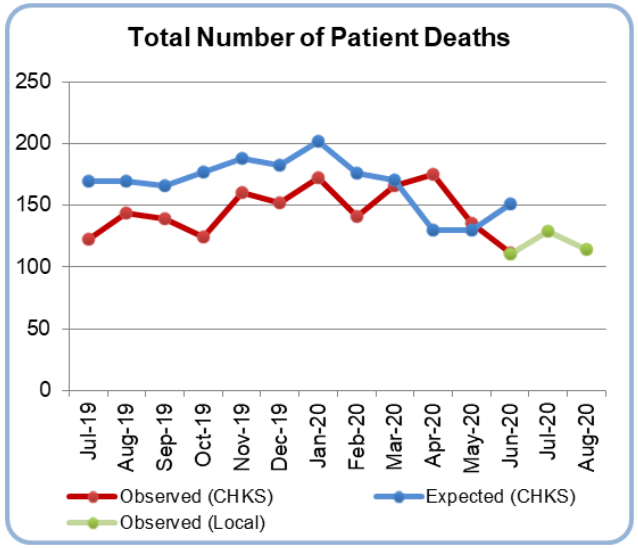
Severity of Incidents:
89% of incidents reported during August 20 were reported as 'no harm'; Low Harm incidents were 10% of all incidents reported in August 2020 and the trends / themes are highlighted below. The Moderate incidents are being investigated to identify the learning.

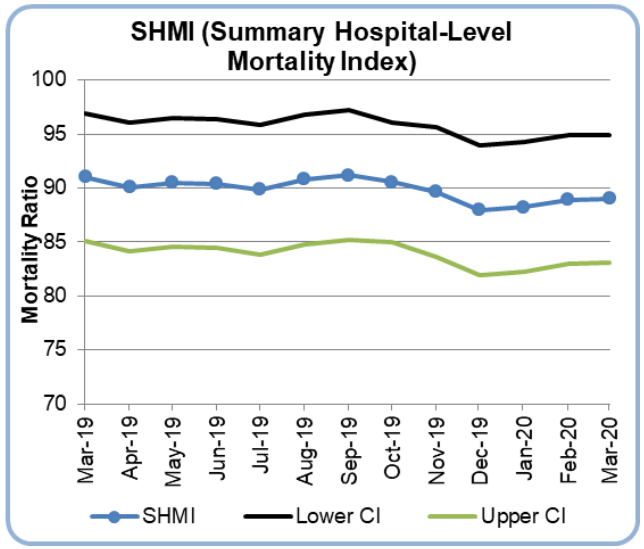
Top Type of Errors:
Omitted & Delayed Doses accounted for 46% of incidents reported during August 2020 and is consistently the most common error reported.

Incidents by Type of Medication:
33% of all Medication incidents involved a High Risk Medicine. A collaborative working group have been establish as part of the STP Medicines Optimisation Quality and Safety Committee to focus on a system wide approach to Insulin and Anticoagulant incidents.

Incidents by Stage:
Incidents occurring at the Administration stage accounted for 44% of all incidents; with prescribing (17%) and dispensing (16%) being the next two most common stages at which medication errors occur. The challenge of increasing the visibility and themes within "other Medication Incidents" remains a priority for the Medication Safety Team.

Mortality Outcome Data





Mortality Review Completion

Jul 19 – June 20	Completed	Required	% Complete
Screened and excluded	1154*		
High priority cases	249		
Other cases reviewed	210		
Total reviewed cases	1613	1814	88.9%

Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0.0%	3.1%	17.8%	49.5%	29.6%

The overall score percentages are derived from the score post review and does not include screened and excluded.

Date of Death	Jul 2019 – June 2020
In progress	2
Reviewed not SIRI	11
Reported as SIRI	1
Total score 1 or 2	**14**

*171 (non high priority) cases were excluded from any form of review between January and April 2020 to aid with clearing a backlog of cases worsened by the COVID-19 pandemic mortality review suspension.

All high priority cases are still being reviewed.

Overall Mortality

Mortality outcome data has remained within the expected statistical range. The COVID-19 pandemic impact on mortality data is likely to be complex and is not yet reflected in SHMI. The gap of actual over expected deaths in April 2020 occurred at the time of the Covid-19 surge.

Mortality Review Completion

The current data captures completed reviews from 01 July 2019 to 30 June 2020. In this time period 88.9% of all deaths had a completed review. Of all "High Priority" cases, 93.0% completed Mortality Case Reviews (MCR), including 22 of the 22 deceased patients with Learning Disability and 28 of the 29 patients with Serious Mental Illness.

Mortality Review Outcomes

The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 97.0% (score 3-5). Over 12 months there have been 14 reviews with a score of 1 or 2 indicating potentially poor, or very poor care. These are considered as potential Serious Incidents through Divisional governance processes and the Patient Safety Group.

Learning Disability Pandemic Mortality Review

The Trust is undertaking an in-depth review into deaths of patients with Learning Disabilities occurring between March and May (11 cases) at the peak of the pandemic period. The outcomes will be considered by QRMC.

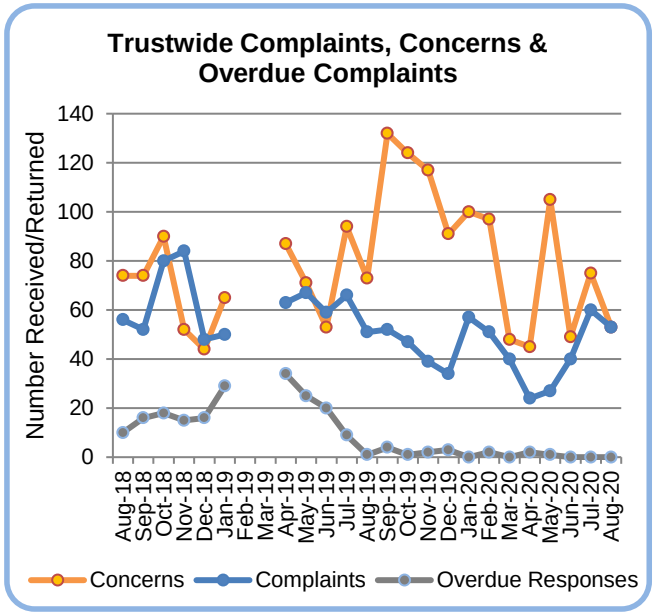
Medical Examiner system

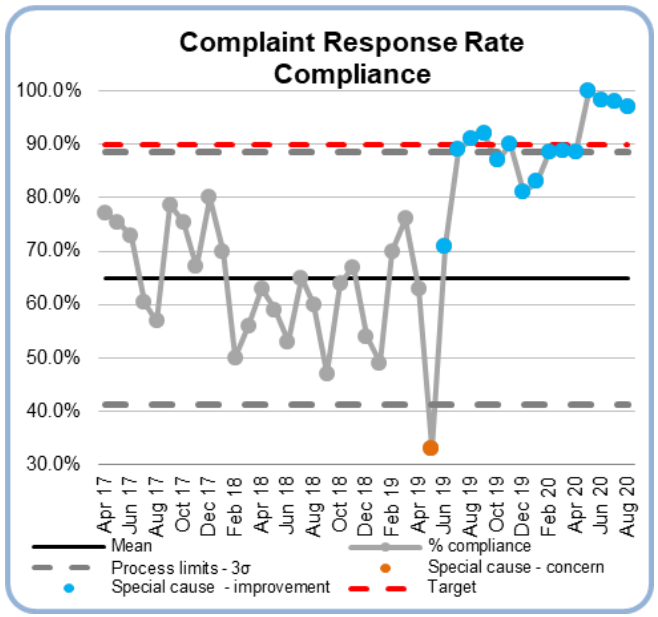
NBT is leading implementation of the ME system in BNSSG. The project is over seen by the Clinical Effectiveness and Audit committee and is on schedule to deliver to the required national time lines. Work is in progress to understand the impact on the established NBT system once all cases are reviewed through the ME process

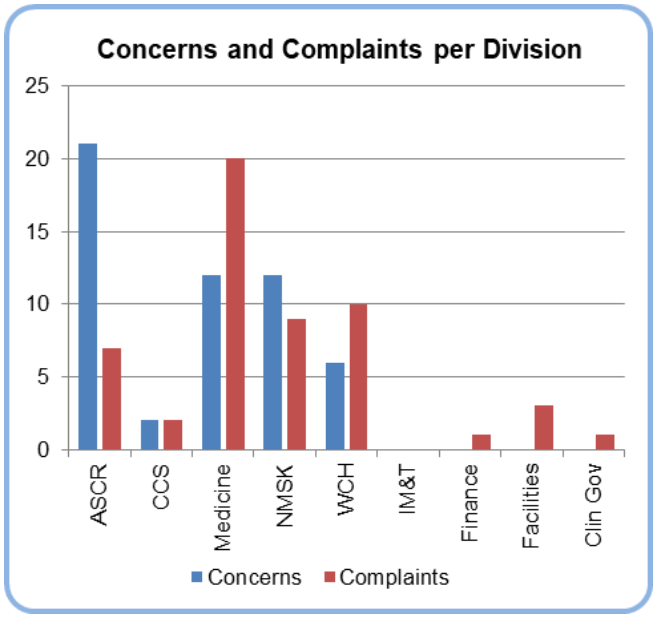
NHS North Bristol NHS Trust

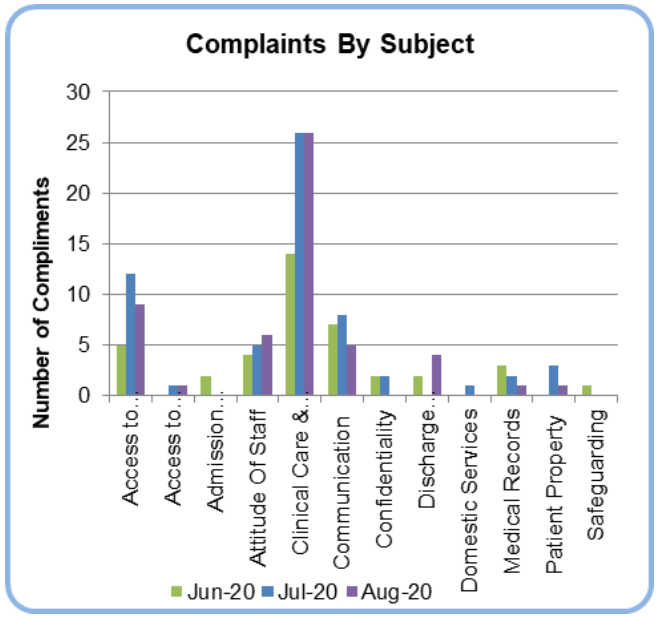
Patient Experience

Board Sponsor: Director of Nursing and Quality
Helen Blanchard









N.B. Feb-19 and Mar-19 data has been removed for complaints, concerns and overdue complaints owing to data quality issues. From June-19 Enquiries have **not** been included in the 'concerns' data.

Complaints and Concerns

In August 2020, the Trust received 53 formal complaints. This is a slight decrease on the previous month where 60 complaints were received.

Review of complaints by subject shows that for the second month in a row, the most common subject of complaints is Clinical Care and Treatment whilst complaints regarding Access to Services (which include complaints regarding delays to appointments and cancellations) also remains high.

The 53 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	7 (21)	CCS	2 (2)
Medicine	20 (20)	NMSK	9 (9)
WCH	10 (5)	Finance	1 (0)
Clinical Gov	1(1)	Facilities	3 (0)

WCH and Facilities have seen the biggest increase in the number of complaints received in August 2020. There are no specific trends in themes for these divisions.

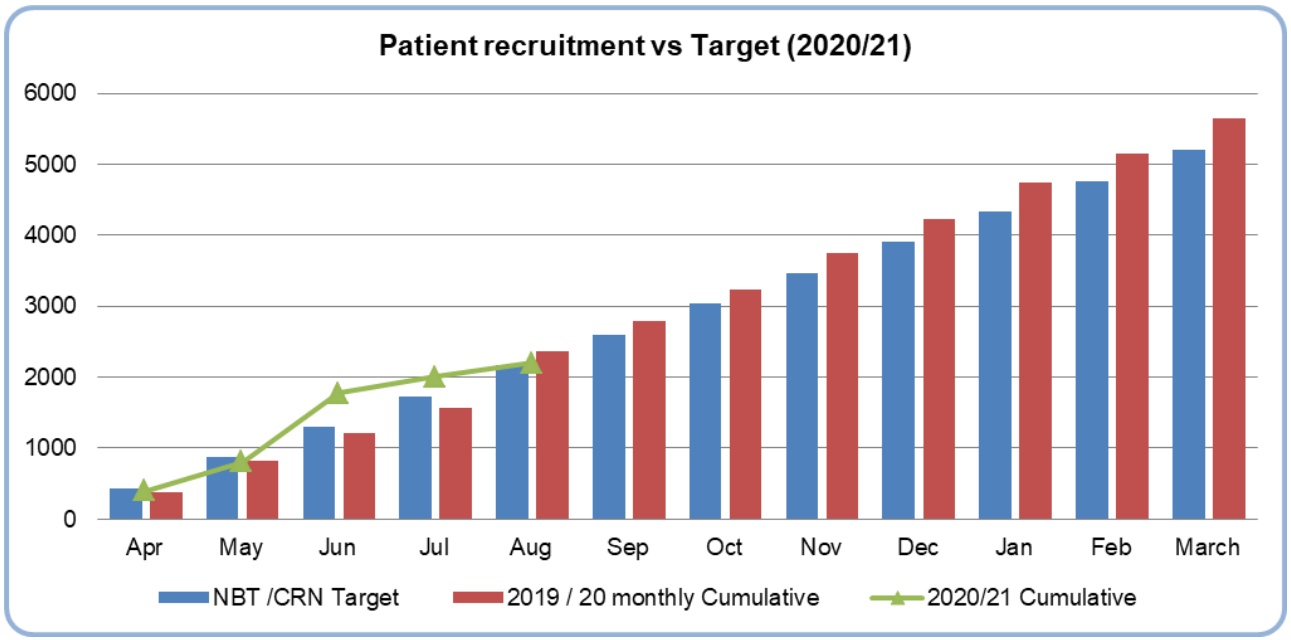
Enquiries and PALS concerns are recorded and reported separately. In August 2020, a total of 37 enquiries were received by the Patient Experience Team. This is a significant decrease on the previous month (-42%).This is often the case during school holidays.

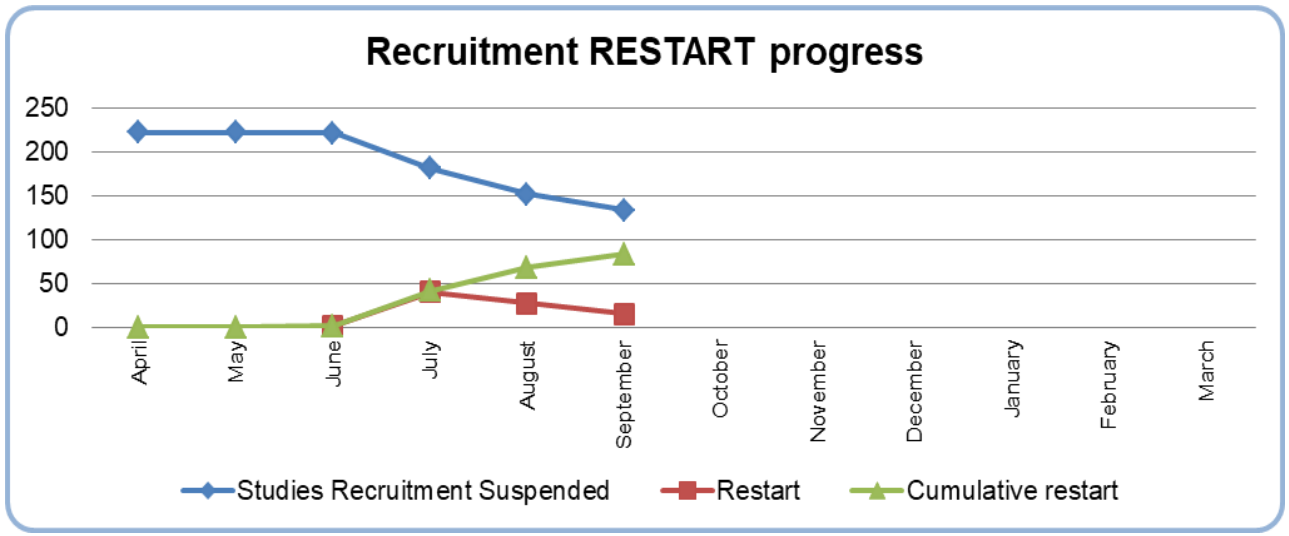
Compliance Response Rate Compliance

The chart demonstrates sustained improvement in responding to complaints within agreed timescales. In August 97.1% complaints were closed on time. That is of the 35 complaints due to be closed in August, 34 were responded to on or before the due date.

Overdue complaints

There are no overdue complaints.





The NBT recruitment target was set before the COVID-19 outbreak. However despite and because of epidemic, recruitment in Q1 20/21 has been strong. However recruitment through Q2-3 is anticipated to slow.

NBT suspended 221 studies during the epidemic and R&I is now working with researchers and radiology to identify studies which can be opened without creating additional burden for radiology

R&I is leading the regional logistics planning workstream for the delivery of future vaccine studies working with all the local partners.

NBT currently leads 55 research grants (NIHR, charity, industry and other) to a total value of £22.2m, and is a partner on 47 grants to a total value of £9m.

NBT's prestigious NIHR grant, AERATOR, led by Prof Nick Maskell, is due to start on 15th September, following an expedited set-up afforded by the award of Urgent Public Health Status by the DHSC. This study aims to explore the Aerosolisation And Transmission Of SARS-CoV-2 in Healthcare Settings (£432k),

The NBT-led study, DISCOVER, which found that 3 in 4 patients are still suffering from COVID symptoms months down the line (Long Covid) has received widespread national and local media coverage .

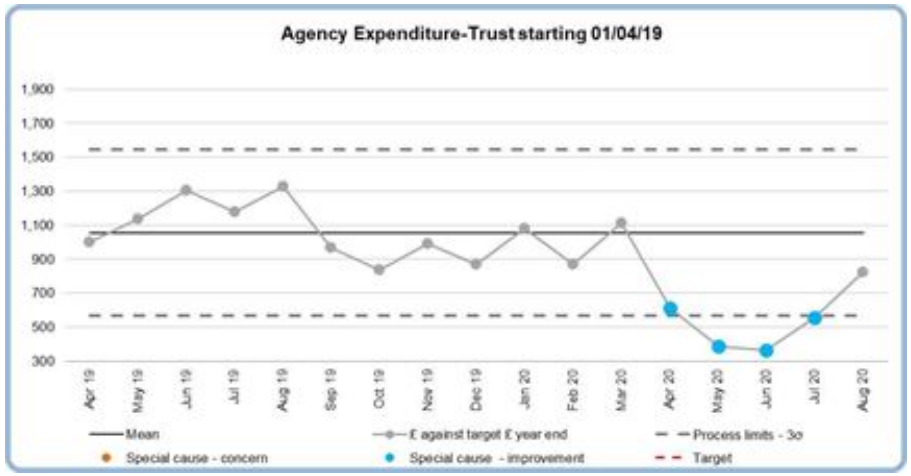
R&I has been selected for a Funding Assurance Review by DHSC in relation to our grant processes and is also currently being audited by the European Commission on two of our large EC grants.

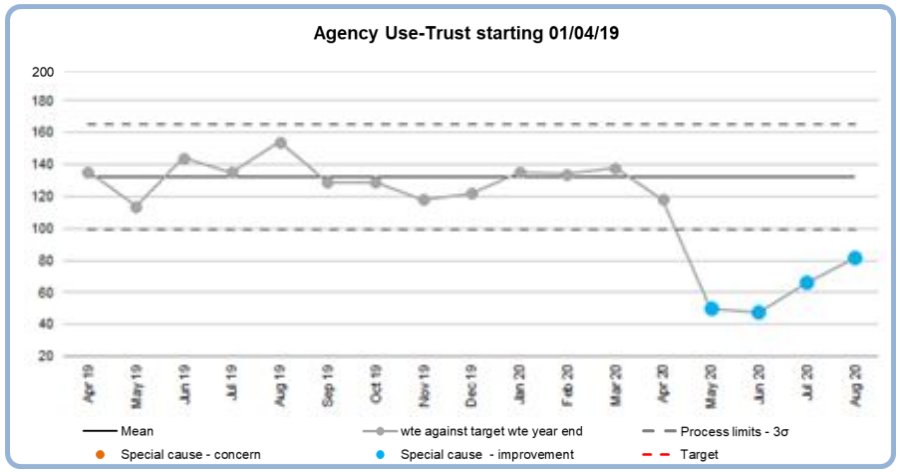
NHS North Bristol NHS Trust

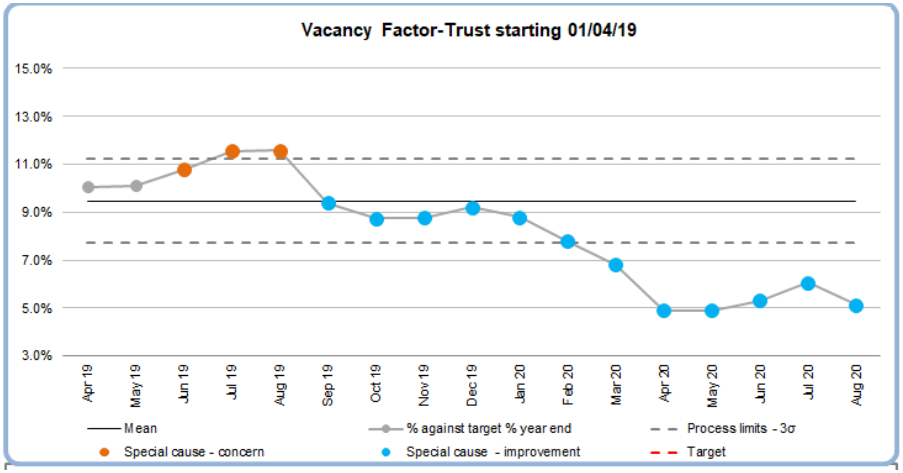
Well Led

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

Workforce





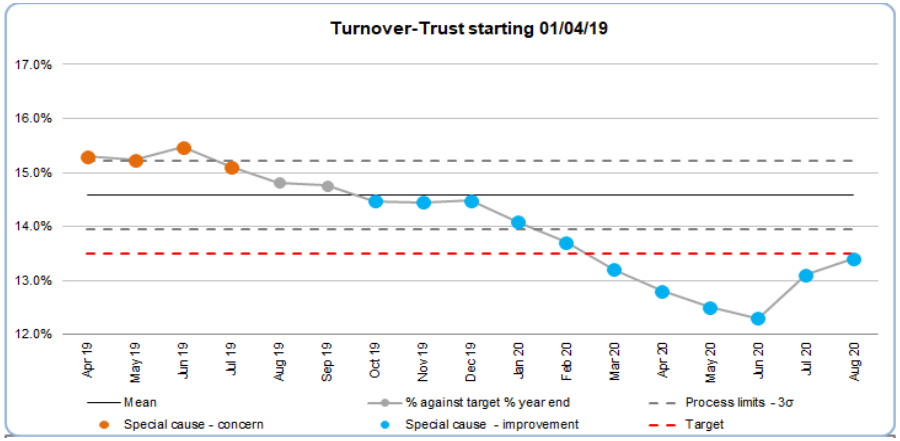


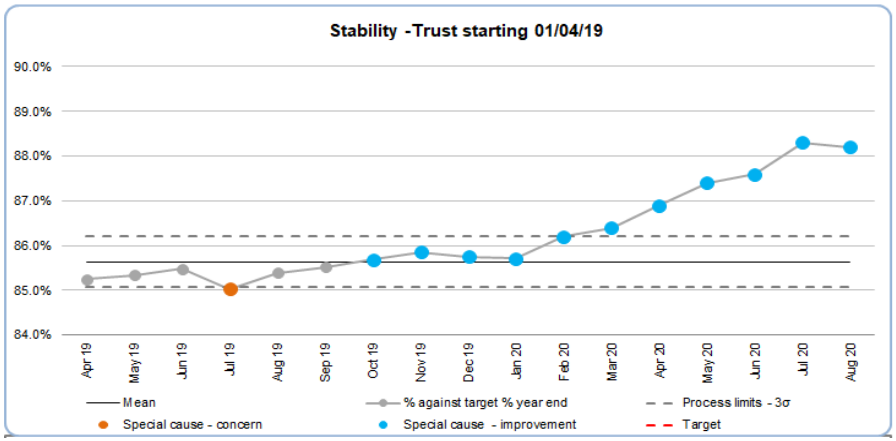
Resourcing

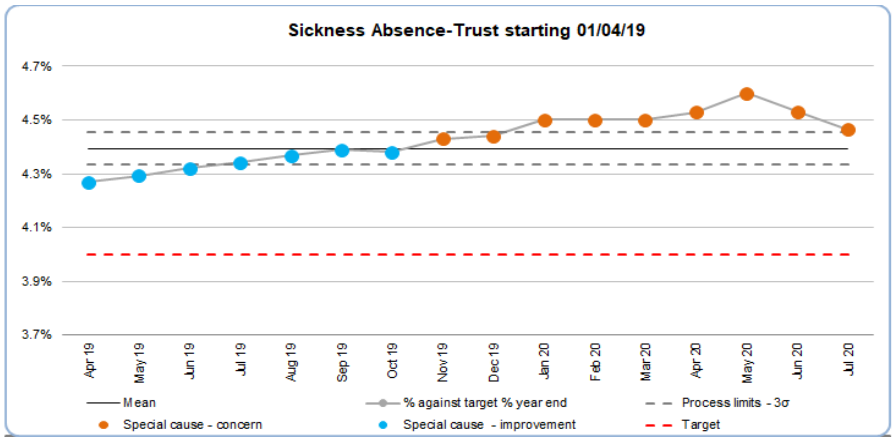
Agency spend increased in August due mainly to services coming back on line and an increase in short notice none framework ICU and RMN requirements. Work is underway to upskill existing workforce resources and work with extended framework agency booking to reduce the short notice non framework reliance and expenditure.

Substantive recruitment delivered 37 wte band 5 nurse and midwife starters which included the first post lockdown cohort of 10 international nurses. Their 14 day quarantine period has ended and the nurses have commenced induction. The pipeline is in place to deliver the planned 60 arrivals in the financial year, providing no further travel restrictions are implemented. The domestic pipeline remains strong, with continued virtual engagement and recruitment activity planned until year end.

Engagement and Wellbeing







Turnover and Stability

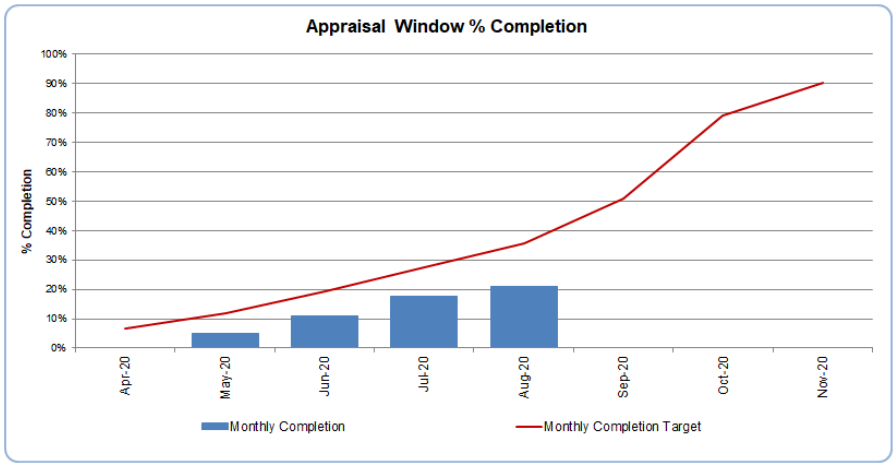
Work continues on improving nurse retention. Our current position on retention is performing better than the targets agreed with NHSEI. The NHSEI retention support programme is recommencing and, as part of BNSSG, NBT has also been confirmed as a one of the new retention 'Pathfinder' sites. Finally, we have been contributing to some national planning with DHSC on nurse retention.

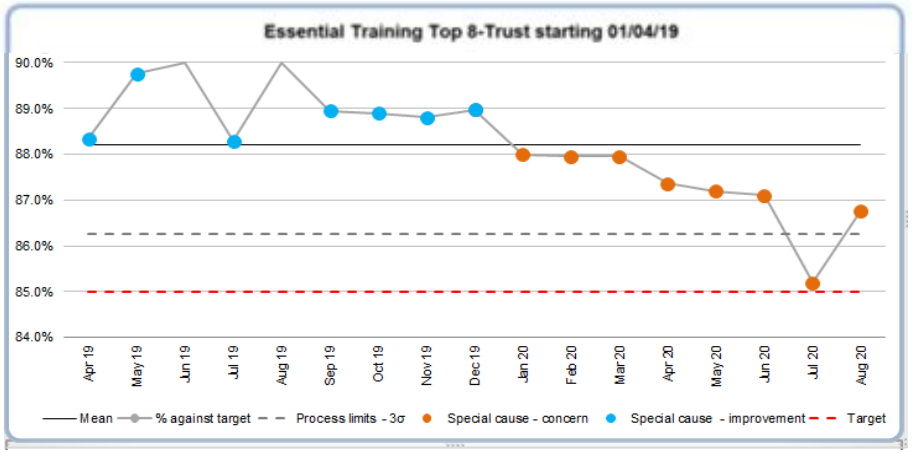
Sickness and Health and Wellbeing

Actions from the 'stress at work' project undertaken pre-COVID-19 are being finalised, and a 'Talking Toolkit' for managers linked to this is being developed, due for launch later this month.

Other work undertaken to help improve sickness absence includes:

- Continued support of the return of Shielding staff through the development and provision of tools and advice and guidance for staff and managers.
- Focussed work on holding effective return to work meetings, with Sisters in NMSK (occurring over the next 2 months).
- Continued development of guidance around COVID-19 related sickness absence.
- Further work on improving the health risk assessment process to support safe working at NBT for everyone, including new starters, bank workers and volunteers.
- Partnership working with the Psychology Team, People Team, Unions and People Partners to help understand better how to manage and support staff with high absence levels.
- A 'deep dive' into long term sickness (data analysis, best practice and next steps) is commencing this month, refreshing some of the work started pre-COVID-19.
- The staff survey launches on 23 September 2020.





Training Topic	Variance	Jul-20	Aug-20
Child Protection	1.5%	84.6%	86.1%
Adult Protection	1.7%	86.7%	88.4%
Equality & Diversity	1.5%	89.2%	90.6%
Fire Safety	0.6%	86.0%	86.6%
Health &Safety	1.5%	88.9%	90.3%
Infection Control	3.1%	88.3%	91.4%
Information Governance	1.1%	81.5%	82.6%
Manual Handling	1.2%	75.7%	76.9%
Waste	1.8%	86.2%	88.0%
Total	**1.5%**	**85.2%**	**86.8%**

Appraisal

Messaging around non-medical appraisal is continuing and numbers are steadily increasing. Appraisal training has recommenced and appraisal resources on LINK are receiving a large volume of 'hits'.

Essential Training

There has been an expected drop in compliance associated with the impact of COVID-19 and pausing essential training, topics requiring face to face training (practical manual handling and resuscitation) have seen the most significant drop. Essential training is being relaunched which is anticipated to have a positive impact on the compliance of individual subjects that have dropped during the COVID-19 period.

Leadership & Management Development

Matron Leadership Programme

A new matron leadership programme has been designed for the clinical matrons, aligned to the OneNBT Leadership Programme and led by the Director of Nursing & Quality. This launched in August with a virtual briefing for matrons and the programme starts in September.

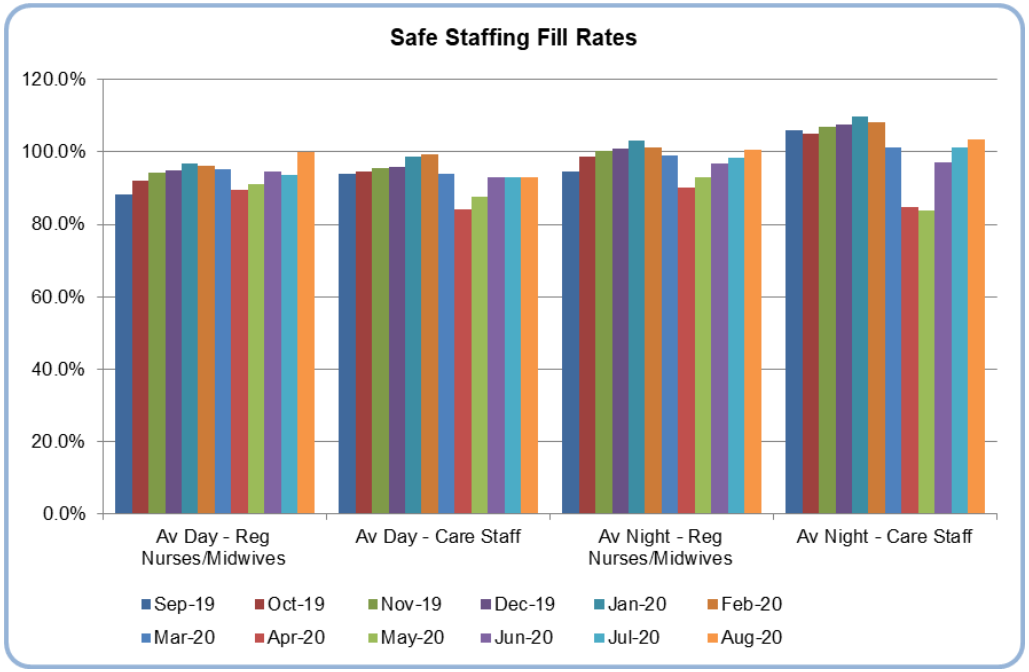
OneNBT Leadership Programme

The next intake is scheduled for March 2021 as the October 2020 intake remains full.

OneNBT L&M Apprenticeships

We have had six managers successfully complete their apprenticeship and five achieving a distinction which is fantastic news for the programme. A further six managers are due to complete this year.

There 15 managers enrolled in the Level 3 Leadership & Management Apprenticeship 10 of which have been promoted since joining the programme. The October 2020 cohort has 15 applicants and we have seen a significant increase in demand through word of mouth and department nominations as a result of the impact they have seen from previous learners on the programme.



Aug-20	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	100.1%	92.9%	100.7%	103.4%

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. There are however ongoing issues with the reporting and this has been escalated to Allocate the roster provider. We will be back reporting as soon as it is possible.
The organisation's overall occupancy remains reduced and the elective activity programme is in restoration phase with reduced elective care beds available. Elgar 1 & 2 staff was merged manually as this one team is providing patient care in the open Elgar ward. The other ward remains closed and the staff redeployed as in previous months.

Wards below 80% fill rate for Registered Staff:

7A (72.5% Days 59.7% Nights) This is a green ward which is running below full occupancy so planned staffing has been reduced accord to the dependency on the ward on a daily basis.

Wards below 80% fill rate for Care Staff:

Cotswold Ward: The is no change to the current plan for Cotswold Ward with no Care Assistants planned in staffing numbers

AMU: (78.7% Nights) Planned reduction due to change in dependency with the AFU direct admissions. Template change expected

ICU (12.9% days 28.4% nights) Unregistered staff vacancies

8b: (73.7% days) Unregistered staff vacancies

7A (49.1%% Days 62.4% Nights) This is a green ward which is running below full occupancy so planned staffing has been reduced accord to the dependency on the ward on a daily basis.

NICU (57.8% days 57.3% Nights) Unregistered staff vacant shifts, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.

Wards over 150% fill rate:

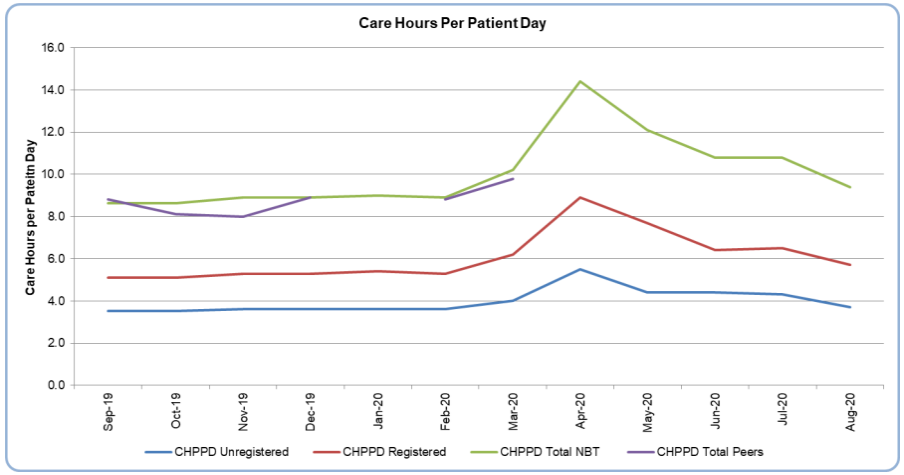
32a (173.7% Night) increase in establishment due to change to frailty admissions , awaiting reset of base template for planned staffing

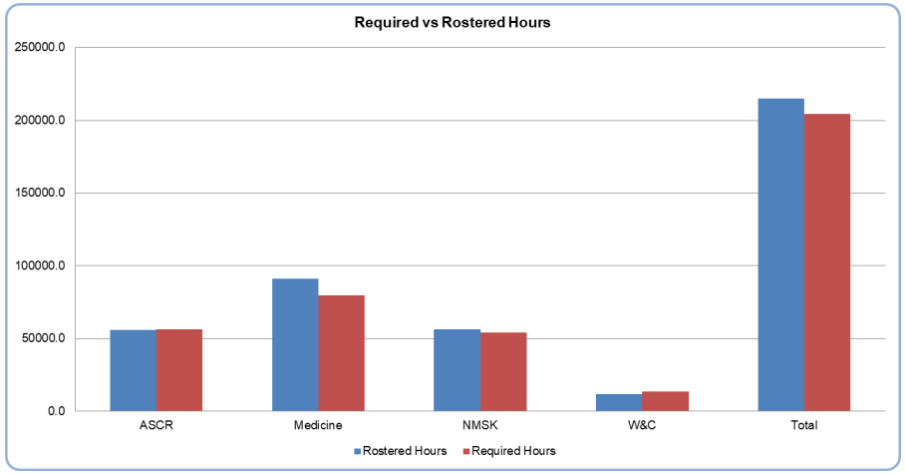
6b (205.1% night) additional patients requiring enhanced care and colocation of tracheostomy patients into this area.

RBC: (188.8%, days 179.9% night) Has taken several complex neurology patients requiring 1:1 care with some being sectioned. Enhanced care has been reviewed regularly and discharge planning is active.

33a (151.4% nights) changes in case mix of patients, due to COVID-19 pathway requirements requires increase in support staff

Quantock (155.6% days) ward reconfiguration as part of service restoration, Quantock ward staffing supporting maternity care within Cotswold Ward.





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 the Model Hospital peers (all data from Model Hospital).

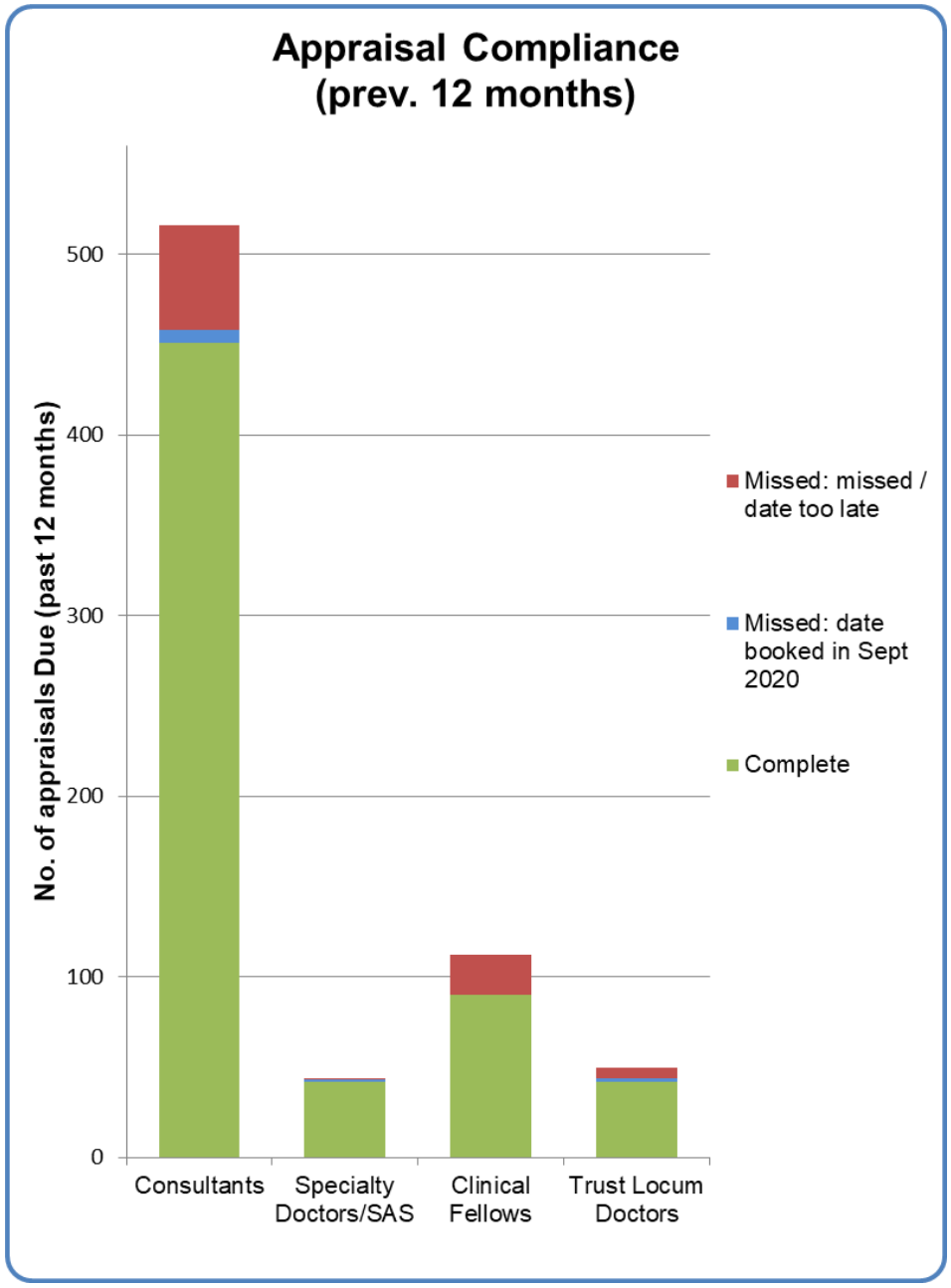
CHPPD are consistent with last month, rostered hours overall are above the required hours due to the decreased patient census and reduced lists.

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.



Medical Appraisal

In March 2020 the appraisal process was suspended due to COVID-19. The process resumed in June 2020. NHS England confirmed that appraisals suspended during this period could be considered cancelled and not postponed. This applied to 122 appraisals, (included as completed appraisals in this data). Any appraisals due before or after the period of suspension are expected to take place and will be considered as a missed appraisal if not completed.

Since restarting the appraisal process, the revalidation team have advised all doctors that appraisals can contain less CPD than normal if this has been impacted by COVID-19. Where possible, doctors with a cancelled appraisal have still been advised to hold an appraisal discussion with their appraiser to discuss the impact of COVID-19 and their wellbeing. The Fourteen Fish system remains the mandatory system for recording medical appraisals.

On 17 March 2020 all revalidations due prior to the end of September 2020 were automatically deferred for 12 months by the GMC due to COVID-19. In June 2020 the GMC automatically deferred all remaining revalidations due prior to 16 March 2021 for 12 months. The next revalidations due at NBT will be in March 2021. Due to these automatic deferrals, the number of revalidations due in 2021/22 has now risen. Where possible, the revalidation team will now be making revalidation recommendations for those doctors who were automatically deferred in advance of their new date in order to reduce the number that will be due in 2021/22.

NHS North Bristol NHS Trust

Finance

Board Sponsor: Director of Finance
Catherine Phillips

	Position as at 31 August 2020					
	Apr	May	Jun	Jul	Aug	YTD
	£m	£m	£m	£m	£m	£m
Contract Income	45.1	44.9	46.1	46.1	45.4	**227.6**
Other Income	25.8	9.6	10.7	9.3	13.9	**69.3**
Total Income	**70.9**	**54.4**	**56.9**	**55.4**	**59.3**	**296.9**
Pay	(34.3)	(34.5)	(34.1)	(33.1)	(34.1)	**(170.1)**
Non-Pay	(30.7)	(14.0)	(16.8)	(16.4)	(19.2)	**(97.0)**
Financing	(5.9)	(6.0)	(6.0)	(5.9)	(6.0)	**(29.8)**
Total Expenditure	**(70.9)**	**(54.4)**	**(56.9)**	**(55.4)**	**(59.3)**	**(296.9)**
Surplus/ (Deficit)	**0.0**	**0.0**	**0.0**	**(0.0)**	**(0.0)**	**(0.0)**

	31st March 2020 £m	31st August 2020 £m	Change £m
Non Current Assets			
Property, Plant and Equipment	560.0	561.9	1.9
Intangible Assets	12.0	10.8	(1.2)
Non-current receivables	4.0	4.0	0.0
Total non-current assets	**576.0**	**576.7**	**0.7**
Current Assets			
Inventories	13.1	12.5	(0.6)
Trade and other receivables NHS	50.5	25.9	(24.6)
Trade and other receivables Non-NHS	22.2	32.0	9.8
Cash and Cash equivalents	10.7	91.5	80.8
Total current assets	**96.4**	**161.9**	**65.4**
Total assets	**672.4**	**738.6**	**66.1**
Current Liabilities (< 1 Year)			
Trade and Other payables - NHS	11.1	8.5	(2.6)
Trade and Other payables - Non-NHS	57.6	81.1	23.6
Deferred income	3.7	52.0	48.2
PFI liability	13.0	15.0	2.0
DHSC loans	173.6	179.0	5.4
Finance lease liabilities	2.4	2.4	0.0
Total current liabilities	**261.4**	**338.0**	**76.6**
Net current assets/(liabilities)	**(165.0)**	**(176.1)**	**(11.2)**
Total assets less current liabilites	**411.0**	**400.6**	**(10.4)**
Trade payables and deferred income	7.2	6.4	(0.8)
PFI liability	377.8	373.6	(4.2)
DHSC loans	5.4	0.0	(5.4)
Finance lease liabilities	5.3	4.9	(0.4)
Total Net Assets	**15.3**	**15.6**	**0.3**
Capital and Reserves			
Public Dividend Capital	248.5	249.0	0.5
Income and expenditure reserve	(382.3)	(383.4)	(1.0)
Income and expenditure account - current year	0.0	(0.2)	(0.2)
Revaluation reserve	149.1	150.2	1.0
Total Capital and Reserves	**15.3**	**15.6**	**0.3**

Statement of Comprehensive Income

Assurances

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

Income for the month of August includes additional true-up funding of £7.6m which represents £1.2m funding for COVID-19 costs, £3.0m of Nightingale-related costs, and the underlying core trust deficit of £3.4m (under-funding in block of £3.9m mitigated partially by non pay savings of £1.0m due to reduced activity).

There are no further key issues to report.

Statement of Financial Position

Assurances

DHSC loans value excluding interest of £178.5m is to be replaced with PDC by the end of September 2020. The Trust ended the month with a cash balance of £91.5m, compared with the March figure of £10.7m. The improved cash position is a result of the current financial regime of advance payment arrangements presently in place for all NHS Trusts.

Key Issues

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year to date in 2020/21 of 89.8% by value compared to an average of 85.6% for 2019/20.

	Position as at 31 August 2020						
	Actual	Q4 Avg (*)	Act. V Q4 Avg.		Budget	Act. V Budget	
	£m	£m	£m (Adv)/Fav	%	£m	£m (Adv)/Fav	%
Contract Income	45.4	44.4	1.0	2.3%	46.2	(0.8)	(1.7%)
Other Income	9.7	10.4	(0.7)	(7.0%)	6.3	3.4	53.0%
Total Income	**55.1**	**54.8**	**0.3**	**0.5%**	**52.5**	**2.6**	**4.9%**
Pay	(33.5)	(33.0)	(0.5)	1.6%	(33.6)	0.1	(0.2%)
Non-pay	(15.6)	(16.5)	0.9	(5.8%)	(16.5)	1.0	(5.9%)
Financing	(6.0)	(6.1)	0.1	(1.7%)	(6.1)	0.1	(1.8%)
Total Expenditure	**(55.1)**	**(55.6)**	**0.5**	**(0.9%)**	**(56.2)**	**1.1**	**(2.0%)**
Surplus / (deficit)	**(0.0)**	**(0.8)**	**0.8**	**(100.0%)**	**(3.7)**	**3.7**	**(100.0%)**

(*) 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

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.

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

Retrospective top up Income	Apr	May	Jun	Jul	Aug	Total
Core Trust Underspend	(2.4)	(2.3)	(1.9)	(1.4)	(0.4)	**(8.5)**
Gap in block contract funding	2.4	2.4	2.4	2.4	3.9	**13.3**
Covid Costs	2.5	3.0	2.1	2.1	1.2	**10.9**
Nightingale Costs/ (credits)	16.0	(0.5)	1.0	(0.4)	3.0	**19.2**
Total	**18.5**	**2.6**	**3.5**	**2.7**	**7.6**	**34.9**

For the month of August the Trust has had to request additional true-up funding of £7.6m which is set out in the bottom table. The Trust has communicated to NHSI/E that while spend directly related to COVID-19 may reduce in coming months the underspends experienced in April and May are now falling away as service restoration work increases activity.

Financial Risk Ratings , Capital Expenditure and Cash Forecast

The capital expenditure for the first five months of the year is £11.4m which compares to a year to date plan of £9.5m.

Financial Risk Rating

The new financial framework means that a Financial risk rating is no longer calculated or reported to NHSI.

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 in the table.

Cash £m	Opening balance	Apr-20 (actual)	May-20 (actual)	Jun-20 (actual)	Jul-20 (actual)	Aug-20 (actual)	Sep-20 (forecast)
Receipts		115.5	71.8	70.2	60.0	59.5	55.3
Outgoings		(60.9)	(58.2)	(58.1)	(60.0)	(59.0)	(58.9)
Net cashflow		54.6	13.6	12.1	(0.0)	0.5	(3.6)
Cum cashflow	10.7	65.4	79.0	91.1	91.0	91.5	87.9

NHS North Bristol NHS Trust

Regulatory

Board Sponsor: Chief Executive
Andrea Young

Monitor Provider Licence Compliance Statements at August 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 implementing national COVID-19 restoration guidance which involves staged standing back up elements of activity previously reduced as part of the COVID-19 operational response.
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, 31 August 2020.

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

Target lines
Improvement trajectories
National Performance

Upper Quartile

Lower Quartile

NBT Quality Priorities 2020/21

QP1 Enhance the experience of patients with Learning Disabilities and / or Autism by making reasonable adjustments which are personal to the individual

QP2 Being outstanding for safety – at the forefront nationally of implementing the NHS Patient Safety Strategy within a 'just' safety culture.

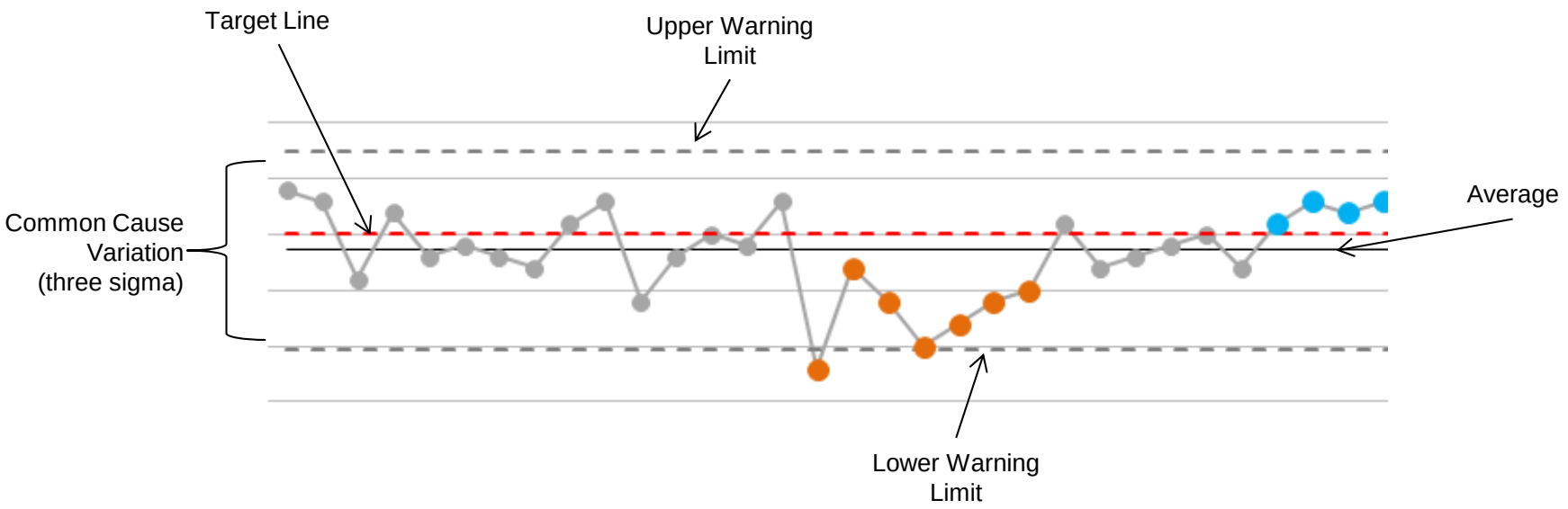
QP3 Ensuring excellence in our maternity services, delivering safer maternity care.

QP4 Ensuring excellence in Infection Prevention and Control to support delivery of safe care across all clinical services

Abbreviation Glossary

AMTC	Adult Major Trauma Centre
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

North Bristol NHS Trust

Report To:	**Trust Board Meeting - Public**		
Date of Meeting:	24th September 2020		
Report Title:	Annual Medical Revalidation and Appraisal Quality Report		
Report Author & Job Title	Nick Standen - Medical Revalidation Support Manager Dr James Calvert - Associate Medical Director		
Executive/Non-executive Sponsor (presenting)	Dr Chris Burton		
Purpose:	**Approval**	**Discussion**	**To Receive for Assurance/ Information**
	X		**X**
Recommendation:	The board are asked to review the content of the report for information and sign the statement of compliance in Appendix A		
Report History:	Annual report issued to the People & Digital Committee and Trust Board.		
Next Steps:	Approve & sign the statement of compliance in Appendix A		

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Executive Summary

North Bristol Trust is the designated body supporting the revalidation of 795 non-training grade doctors and the annual appraisal of 812 non-training grade doctors. Well established processes are in place to quality assure the appraisal process and to identify doctors who have missed their appraisals.

The medical appraisal year runs from April - March. This report refers to both the 2019/20 appraisal year which ended on the 31st March 2020 and the period of 1st April 2020 - 31st July 2020 during the Covid-19 pandemic.

The Trust's appraisal systems were last inspected by NHS England in September 2015 and received an "Excellent" rating in all domains. A shorter visit took place by NHS England in February 2017. The NHS England team were happy with the current progress with no recommendations made as a result. The next internal audit is due in December 2020.

Strategic Theme/Corporate Objective Links	**2. Developing Healthcare for the future** a. Training, educating and developing our workforce b. Increase our capability to deliver research c. Support development & adoption of innovations **3. Employer of choice** a. A great place to work that is diverse & inclusive

	b. Support our staff to continuously develop c. Support staff health & wellbeing
Board Assurance Framework/Trust Risk Register Links	Revalidation is a legal requirement for all GMC licenced doctors. Failure to comply with the revalidation requirements can put the doctor's licence to practice at risk and result in suspension from work. This paper describes the processes in place to support doctors at NBT in their revalidation.
Other Standard Reference	N/A
Financial implications	N/A
Other Resource Implications	Sufficient resource is available to fulfil the requirements of appraisal and revalidation at NBT
Legal Implications including Equality, Diversity and Inclusion Assessment	• Revalidation is a legal requirement for doctors registered with a GMC licence to practice. • Diversity information is not collected within the appraisal and revalidation system.

Appendices:	NHSE Statement of compliance – Appendix A

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Contents

1. Introduction

Legislation supporting the licencing of doctors (Revalidation) was introduced in April 2013.

At the 31st July 2020; 795 doctors had a prescribed GMC connection to North Bristol NHS Trust meaning that NBT is their designated body for the purposes of medical revalidation. Each year every doctor must complete an appraisal that meets the GMC requirements.

NBT supports appraisal and revalidation for consultants, academics, clinical fellows, specialty doctors, associate specialists and Trust locums. Doctors in training grades maintain a connection to Health Education England for revalidation.

In addition to the 795 mentioned above, there are a further 11 doctors who complete annual appraisals at NBT but maintain a connection to another designated body in line with GMC designated body rules. There are also a further 6 doctors who are registered for an appraisal at NBT but cannot be added to the Trusts designated body due to being granted temporary licences for covid support. These 6 doctors are not subject to GMC revalidation. In total, 812 doctors are registered for an annual appraisal with the Trust.

2. Purpose of the Paper

This paper is to inform the Trusts board that the processes in place for medical appraisal and revalidation are robust and that doctors are compliant with the GMC rules.

Under normal circumstances this report would be used to communicate the results of an annual organisational audit to enable the Trust Board to sign a statement of compliance that must be returned to NHS England. Due to Covid-19, the annual organisational audit was not required however appraisal numbers have still been provided within this paper. Although not mandatory this year NHSE have confirmed that they would still welcome receipt of the signed statement of compliance within Appendix A.

Section 1 – Medical Appraisals

2019/20 Appraisal Compliance

Medical appraisal compliance is captured on an annual basis with each appraisal year running from 1st April - 31st March. All doctors have an annual appraisal due date and must complete their appraisal by the due date to ensure that they complete an appraisal each year. Appraisals may be missed for circumstances such as maternity or long term sick leave.

On the 29th February 2020, 94% of all appraisals due so far in the 2019/20 year had been completed.

Grade	Appraisals Due Apr 19 - Feb 20	Compliant Appraisals	Missed Appraisals	% Appraisal Compliance Apr - Feb
Consultants	446	423	23	**95%**
Specialty Doctors/SAS	39	31	8	**79%**
Clinical Fellows	143	134	9	**94%**
Trust Locum Doctors	43	40	3	**93%**
Total	**671**	**628**	**43**	**94%**

In addition to the 617 appraisals above:

- 66 appraisals were due in March 2020.
- 3 doctors were not due an appraisal within the 2019/20 year
- 34 doctors were new to the Trust and we were awaiting confirmation of their last appraisals

Appraisals during Covid-19

On the 20th March 2020 the medical appraisal process was suspended due to Covid-19. NHS England confirmed that appraisals suspended during this period will be regarded as cancelled and not postponed. This applied to 163 appraisals by the time the process was restarted towards the end of June 2020.

Any appraisals that were due before or after the period of suspension are expected to still take place and will be considered as missed (not cancelled) appraisals if incomplete.

Appraisals resumed in June. Doctors were written to and given permission to undertake an appraisal without the usual range of supporting information e.g. CPD. Appraisers were asked to focus on wellbeing of their appraisees and are being offered training in this later in the year.. Doctors were advised to discuss any shortfalls in CPD and the impact that Covid has had on their individual practice. Where possible, doctors with cancelled appraisals have still been advised to hold an appraisal discussion with their appraiser.

12 month Appraisal Compliance

The below table represents appraisal compliance covering the past 12 months in which all doctors should have completed an appraisal. This information represents the status at the 31st July 2020.

		Compliant Appraisals		Non-Compliant	
Grade	**Appraisals due (Aug 19 - Jul 20)**	**Complete**	**Missed:** date booked in August 2020	**Missed:** missed / date too late	**% Compliant appraisals**
Consultants	513	461	5	47	91%
Specialty Doctors/SAS	45	40	0	5	89%
Clinical Fellows	181	136	1	44	76%
Trust Locum Doctors	57	41	2	14	75%
Total	**796**	**678**	**8**	**110**	**86%**

678 appraisals were completed in the past 12 months which includes 163 appraisals that were approved as cancelled appraisals during the covid postponement period between March 2020 – June 2020.

There is an additional 16 doctors not included in the above numbers:

- 10 doctors who were not due an appraisal in the past 12 months
- 6 doctors who are new to the Trust and we are awaiting confirmation of their last appraisal

Previous Appraisal Years

The below table presents the appraisal compliance from previous years. The number of doctors requiring an appraisal at NBT has risen each year and now stands at 812.

Appraisal Year	No. of doctors due an appraisal	% of appraisals completed
2018/19	707	92%
2017/18	667	92%
2016/17	636	89%
2015/16	636	88%
2014/15	575	87%
2013/14	519	87%

Section 2 – Quality Assurance

Revalidation Team / RO

The revalidation team at NBT consists of:

- Responsible Officer: Dr Chris Burton, Medical Director
- Associate Medical Director & Revalidation Lead: Dr James Calvert
- Revalidation Support Manager: Nick Standen

Dr Burton & Dr Calvert have received the appropriate training for the Responsible Officer Role

Within each division there is an appraiser lead that provides a link between the revalidation team, the divisional management team and the doctors within the division.

Due to the increased number of doctors connected to the Trusts designated body, the Trusts deputy medical directors Dr Monica Baird and Mr Tim Whittlestone will be involved in reviewing appraisal portfolios for doctor's revalidation. This is expected to start in August 2020.

Funding

Sufficient funding is provided from the Trusts Medical HR budget (B41768) to cover the cost of the electronic appraisal system (Fourteen Fish), CPD training for medical appraisers and the salary for the Revalidation Support Manager.

Designated Body Connection

To ensure that the list of doctors with a prescribed connection to North Bristol NHS Trust is accurate, the following processes are in place:

Doctors joining NBT:

The Medical Personnel team inform the Revalidation Support Manager each month of doctors joining the Trust. The Revalidation Support Manager assesses whether NBT should be the doctor's designated body as per the GMC guidelines. The doctor is then added to the Trusts designated body via an online database GMC-Connect.

When a doctor joins the Trust; the Revalidation Support Manager issues a request to the individual doctor's previous designated body to identify the date of the doctor's most recent appraisal and details of any concerns relating to the individual. Returned forms are inserted into the individuals NBT appraisal portfolio for the doctor to access and any details of concerns are shared with the Trusts RO. Where a doctor has come from a training post with Health Education England, a copy of the doctors recent ARCP is requested in place of a request to their previous designated body.

Doctors leaving NBT:

The Medical Personnel team inform the Revalidation Support Manager when a doctor leaves the Trust. The doctor's connection to NBT is removed via the online system GMC-Connect.

Policies

The NBT appraisal and revalidation policy and user guide was updated and signed off by the Joint Local Negotiating Committee (JLNC) in September 2016. The policy is now in the process of being reviewed. All other Trust policies that link with the medical appraisal process are monitored and updated on a regular basis as part of usual review process.

Processes Review

Audit South West completed an audit of the Trusts revalidation and appraisal processes in February 2015 which received an overall green assurance opinion rating and a low impact assessment rating.

NHS England also conducted a review (independent verification visit) of the Trusts appraisal and revalidation processes in September 2015. The review provided an 'Excellent' outcome which meets all core standards. Independent Verification Visits by NHS England will be carried out at least once per revalidation cycle (5 years). The next review at NBT is likely to take place around 2020 (possible delay during covid).

A shorter visit took place by NHS England in February 2017. The NHS England team were happy with the current progress with no recommendations made as a result. The Trust will be conducting an internal audit, supported by KPMG, of the revalidation and appraisal processes. This is expected to begin in December 2020.

Locum / Short Term Placements

Doctors employed in short term contracts or via the Trusts internal locum bank are provided with an appraisal portfolio and access to a medical appraiser if their employment status meets the GMC rules for access to the Trusts designated body. The appraisal is expected to meet the same standard as it does for substantive employees. The same applies to doctors working on fixed term contracts.

Appraisal Compliance

The Trusts appraisal system Fourteen Fish was procured in March 2019 following a lengthy tender process and replaces the previous system PReP. This system has been purchased along with University Hospitals Bristol NHS Foundation Trust (UHB) and Weston Area Health NHS Trust (now jointly UHBW) on a 5 year contract with a possibility to extend by a further 2 years.

The table below shows the Cash Releasing Savings (CRES) that will be delivered as result of the competitive tender process in the first year of the contract and over the full term of the contract (if the contract runs for 7 years):

Fourteen Fish Appraisal System		
Organisation	**CRES In-Year Savings** (Excl. VAT)	**CRES Full-Term Savings** (Excl. VAT)
NBT	£17,836	£124,852
UHBristol	£15,246	£106,722
WHAT	£27,099	£189,693
Total	**£60,181**	**£421,267**

Every doctor has an annual appraisal due date on the Trust's appraisal system. A doctors due date will remain the same each year regardless of when the individual last completed the appraisal to ensure that the required 5 annual appraisals take place over the 5 year revalidation cycle.

Two reports are produced each month by the Revalidation Support Manager:

1. Revalidation appraisal figures report

Issued to the Responsible Officer / Deputy Responsible Officer / Deputy Medical Director / Trust People Business Partners / Information Management Department.

The report highlights the following:

- Number of appraisals that were due by the current point in the appraisal year and % that have been completed
- Number of appraisals in the current appraisal year that are:
  - Completed
  - Missed
  - Due date not yet set (for doctors who joined NBT in the past month)
  - Due later in the year

The report also contains the following metrics for the Trusts Integrated Performance Report:

- Rolling % of doctors, by grade, who completed an appraisal within the past 12 months including any missed with a meeting date set in the following month.

- Total number of revalidation recommendations made in each of the past 12 months.

  a. No. of positive recommendations
  b. No. of deferrals
  c. No. of non-engagement recommendations

2. Missed appraisal report

This report is issued to Clinical Directors / Directorate Appraiser Leads / Trust HR Business Partners / General Managers

The report is presented by directorate and highlights all the individual doctors who have passed their appraisal due date without a completed appraisal and any reasons given for the delay.

Where an appraisal is missed and highlighted in the above report there is an escalation process in place as detailed below. This ensures that within any 15 month period all doctors will have either completed their appraisal or been referred to the GMC for a final deadline.

- 2 weeks after the appraisal due date – reminder sent from system
- 6 weeks after the appraisal due date – reminder sent from the Trusts Deputy Responsible Officer
- 8 weeks after the appraisal due date – REV6 form sent to GMC giving a 4 week final deadline

Failure to meet this GMC final deadline will result in a non-engagement recommendation being made which will put the doctor's license to practice at risk.

In the 2019/20 appraisal year, three doctors were issued with a final deadline by the GMC. All complied with this deadline.

Since the introduction of revalidation in 2013, two doctors have failed to meet the final GMC deadline, triggering the process to remove their licence to practice.

<u>Quality assurance of appraisals</u>

- Fourteen Fish allows the appraisal conversation to be summarised and captured electronically providing an audit trail of each individual step in the process
- An appraisee is required to make mandatory pre-appraisal probity statements in the system
- The appraisal inputs are required to be submitted to the appraiser prior to the date of appraisal. This provides the appraiser with sufficient time to review the content and return the form for editing if necessary.
- Information regarding closed complaints, audits, quality improvement projects, Trust MLE training and formal HR concerns are included into the appraisal for every doctor by the Revalidation Support Manager to ensure they are included for discussion with the appraiser. This provides assurance that all elements set out as needing discussion by the GMC during appraisal are included.

  This process is currently on hold following the appraisal restart from Covid. The process will resume when appraisals are aligned back to GMC standards. At present, appraisals are containing less supporting documents than usual to provide flexibility around covid pressures.

Reports on clinical incidents are currently not being added to the appraisal inputs by the Revalidation Support Manager as the Datix system is not yet able to generate them for the revalidation process. Work is currently underway to develop a method of identifying doctors in clinical incidents via Datix reporting. Doctors have a GMC defined obligation to add details of incidents to their portfolio themselves. NBT has added these details in the past as part of our QA processes.

- Information from private practice is expected to be included in an appraisal and everyone is provided with a form to complete for this. Appraisers are aware of the requirement for this and will not progress the appraisal until the information has been provided.
- Any information that the Responsible Officer deems appropriate for inclusion into a doctor's appraisal is also sent to the Revalidation Support Manager to upload to the system. This is placed in the system with mandatory reflection required. This may include letters of advice sent as a result of disciplinary processes etc.
- 360 feedback is collected through the Fourteen Fish system which provide anonymous reports meeting GMC guidance for feedback
- The Deputy RO reviews all appraisals before making a revalidation recommendation. Examples of good practice and opportunities for improvement are fed back to appraisers and appraisees.

For the appraisers:

- Appraisers are required to reflect on their performance as an appraiser during their own appraisal. As part of completing an appraisal, the appraisee is required to complete an online questionnaire about the performance of their appraiser.
- Appraisers will also attend the appraiser half day training days annually which will provide CPD and appraiser networking which will feed into their own appraisals.

For the organisation:

- User feedback on the systems in place is gathered during steering groups and through the appraiser training days.
- The monthly appraisal compliance reports provide a continuous audit of appraisal compliance. The revalidation team has also complied with every appraisal report required by NHS England to date which is requested four times per year.
- The Trust has processes outside of the appraisals to investigate and manage complaints and incidents as they occur. The outcomes from these are included in appraisals for doctors to reflect on and learn from.
- The Revalidation Support Manager contacts all specialty leads every year to identify any low level concerns for doctors that have not been picked up by the Trusts formal processes. Any concerns received are shared with the RO.
- Two key audits from Audit South West and the NHS England Independent Verification Visit

Appraisers

The number of appraisers required to support revalidation is monitored within each division based on the division's number of appraisees. It is based on an appraiser conducting a minimum of five appraisals per year for which they receive 0.25 SPA per week.

New appraiser training is provided where a drop in the number of appraisers in a division occurs or the number of appraisees rises. In February 2020 Dedici Ltd provided new appraiser training for 8 NBT doctors. The content of the training course had been reviewed by the revalidation support team to ensure they meet the GMC requirements and is nationally recognised for CPD.

Existing appraisers are expected to attend a half day update training session each year facilitated by an external trainer/coach. The training days are supported by the Deputy Responsible Officer and the Revalidation Support Manager. The 2019/20 sessions focused on coaching skills for medical appraisal. The next sessions have been postponed by covid and expected to start in late 2020. The NBT lead of medical wellbeing and Trust psychologists are currently in the process of creating a teaching plan that will focus on how to support doctors mental health and wellbeing.

Section 3 – Recommendations to the GMC

Revalidations during Covid

On the 17th March 2020 all revalidations due prior to the end of September 2020 were automatically deferred for 12 months by the GMC due to Covid-19. This was put in place to free up time for both doctors and the Trusts Responsible Officer and Revalidation lead. In June 2020 the GMC then automatically deferred all remaining revalidations due prior to the 16th March 2021 for 12 months.

The next revalidations due at NBT will now be in March 2021. Due to these automatic deferrals, the number of revalidations due in 2021/22 has now risen. Where possible, the revalidation team will now be making revalidation recommendations for those doctors who were automatically deferred in order to reduce the number that will be due in 2021/22. Any doctors who are not yet ready to revalidate will do so on their new date in 2021/22.

Timely Recommendations

In order to make timely recommendations to the GMC, the list of revalidation recommendations that are due are reviewed via the GMC Connect website and the Fourteen Fish system. The Revalidation Support Manager reviews each doctor's portfolio in advance and provides the Revalidation Lead with a suggested recommendation. The Revalidation Lead and Responsible Officer then make a final decision which is returned to the GMC online.

The number of revalidation recommendations due in the 2019/20 year prior to the covid automatic deferral on the 17th March is listed below in comparison to previous years.

Appraisal Year	Revalidations Due	Positive	Deferral	Non-Engagement	% Deferrals Made
2019/20	231	170	60	1	**26%**
2018/19	145	108	37	0	**26%**
2017/18	45	35	9	1	**20%**
2016/17	44	32	12	0	**27%**
2015/16	202	172	30	0	**15%**
2014/15	189	164	25	0	**13%**
2013/14	96	86	10	0	**10%**

The percentage of deferrals made in the 2019/20 year remained at 26%. The majority of deferrals are due to incomplete colleague and patient feedback. The revalidation support manger and Deputy RO have agreed a new method of engaging doctors with their feedback earlier in the revalidation cycle in order to reduce the number of deferrals due to lack of feedback.

From March 2019 the GMC have been collecting further information on the reasons for a deferral. This information will be provided to the GMC each time a deferral is submitted.

Communicating Recommendations

When a positive recommendation is made, the doctor is notified in writing by the Trusts Revalidation Lead. As a doctor's portfolio is reviewed in advance of their revalidation date, the individual is notified of any gaps in their portfolio which may result in a deferral. The doctor is notified by the Trusts revalidation lead once the deferral is made. In the case of a non-engagement recommendation, the Trusts revalidation team will exhaust all of their internal communications to the doctor before advising them of the decision. The GMC also send confirmation of a revalidation decision to the doctor once it has been made.

Section 4 – Medical Governance

Steering Group

The revalidation team, directorate appraiser leads and other identified individuals who support the revalidation and appraisal processes meet once a year at the revalidation steering group to discuss current processes and possible improvements.

Governance In Appraisals

For the purposes of revalidation, the following information is included in each doctor's appraisal portfolio. The doctor is expected to reflect on the content of all these reports within their appraisal and discuss any outcomes with their appraiser:

a. Complaints (run from the Trusts Datix system)

The advice and complaints team maintain a process by which doctors are informed of all incoming and outgoing correspondence concerning complaints with which they are involved. A retrospective report from the preceding 12 months is uploaded to the individual's e-portfolio eight weeks prior to their appraisal for reflection and discussion at appraisal.

b. Clinical audit (produced by the Clinical Audit department)

The Trust's Clinical Audit department produces a report of all completed, registered clinical audits for each doctor. A retrospective report from the preceding 12 months is uploaded to the individual's e-portfolio eight weeks prior to their appraisal for reflection and discussion at the appraisal.

c. Quality improvement projects (produced by the Quality & Safety Improvement Team)

The Trust's Quality Improvement department produces a report of all completed and ongoing registered quality improvement projects for each doctor. A retrospective report from the preceding 12 months is uploaded to the individual's e-portfolio eight weeks prior to their appraisal for reflection and discussion at the appraisal.

d. Formal fitness to practice concerns (produced by the HR department)

The Trust's HR department maintain records of all doctors who are going through a formal management process due to fitness to practice concerns. A retrospective report from the preceding 12 months is uploaded to the individual's e-portfolio eight weeks prior to their appraisal for reflection and discussion at appraisal. Concerns are only included into an e-portfolio when they are closed or when formal remedial actions have been agreed with the individual.

e. Formal HR concerns - Bristol University

The University of Bristol HR department maintains a record of all formal concerns for doctors employed with the university. Those with honorary contracts with NBT are appraised and revalidated through the Trusts Designated Body. A transfer of information request is sent to the university eight weeks prior to their appraisal and a retrospective report from the preceding 12 months is uploaded to the individual's e-portfolio for reflection and discussion at the appraisal.

f. Low level fitness to practice concerns; produced in an annual report from the individuals clinical manager

Specialty leads are provided with a list of all doctors within their specialty every year and are asked to make a statement, for each doctor, whether there are any low level fitness to practice concerns (not in a formal management process). Where a concern is identified an exception report is produced where more detail is provided and this is uploaded to the individual's e-portfolio for reflection and discussion at appraisal. Concerns are only included in an e-portfolio if the specialty lead is able to confirm that the individual has been made aware of the concern.

This process is currently on hold following the appraisal restart from Covid. The process will resume when appraisals are aligned back to GMC standards. At present, appraisals are containing less supporting documents than usual to provide flexibility around covid pressures.

System Access

The following levels of access have been provided to the users of Fourteen Fish to ensure security and effective governance:

- The e-portfolio is accessed by a unique user name and password for each user
- Responsible Officer, Deputy Responsible Officer and Deputy Medical Director has access to all e-portfolios through a user name and password
- The Revalidation Support Manager has access to all individual e-portfolios for the purpose of providing individual system support and to upload centrally produced supporting information
- Appraisers only have access to their own agreed appraisee portfolios to view appraisal forms and supporting information and to complete Output forms. Appraisees can change this at any time.

Fourteen Fish is ISO 27001 compliant for Information Security Management. Patient identifiable information is neither allowed nor required to be uploaded to individual's e-portfolios. The system met all the necessary I.T. requirements as part of the tender process.

Responding to Concerns

The NBT Medical Staff Remediation Policy and User Guide describes the approach of the Trust to the identification, classification and response to the performance issues of members of the medical staff for whom North Bristol Trust is the designated organisation.

Remediation programmes are designed to meet the needs of the individual doctors and as such are not formally laid out in the policy or user guide. The Trust also has methods of responding to complaints and incidents as they occur.

NBT has a Medical Staff Decision Making Group, Chaired by the Medical Director and attended by the Deputy Medical Director, Deputy RO, Head of Medical Workforce, Revalidation Support Manager, HRBPs and Divisional Directors. This group guides the informal and formal (MHPS) management of performance concerns about medical staff, whether on grounds of conduct or capability.

Doctors who are undergoing a process under MHPS have a nominated NED Board member to support and oversee and PPA is involved early in each case. A monthly Board report is submitted about the progress of MHPS for any excluded doctors.

Transferring Information

Information about a doctor's fitness to practice is requested from the previous designated body when a doctor joins the Trust. The NBT appraisal system expects that a doctor declares their whole scope of work as required by the GMC. This ensures that the appraiser, revalidation support team and Responsible Officer can identify other places where the doctor works for the purposes of sharing fitness to practice information.

During an appraisal doctors must include information from private practice including a statement of no concerns signed by the private employer. Appraisers do not proceed with the appraisal until this information has been included.

Section 5 – Employment Checks

Recruitment

All pre and post-employment checks at NBT comply with the NHS Employment Check standards which apply to all applications for NHS positions and staff in ongoing NHS employment. The NHS standards are regularly reviewed to ensure ongoing compliance. The relevant regulations with which NBT complies are described below.

The CQC's Essential Standards of Quality and Safety outline core standards which must be met, including robust recruitment practices in place. NHS providers should therefore provide evidence of compliance with the NHS Employment Check Standards as part of the CQC's regulatory framework. The NHS Employment Check Standards are also embedded in the *Crown Commercial Service,* National Agency Framework Agreement and there are annual audit checks of agencies, to assure compliance with the standards.

Section 6 – Summary of Comments and Overall Conclusion

Developments Over the 2019/20 year

- There has been a focus on the Fourteen Fish system with the development of various sections of the system to improve functionality and offer training to doctors.
- Improved reminders and engagement of appraisees with 360 colleague and patient feedback to reduce the deferral rate.

Developments for the 2020/21 year

- Clinical incidents still need to feed into the medical appraisal process from Datix. This will be reviewed over the course of the 2019/20 year.
- Review of divisional appraiser lead roles and responsibilities
- Develop the next internal appraiser update CPD session with the Trusts wellbeing leads. It is hoped that we will undertake joint training with UHBW

Appendix A

NHSE Statement of Compliance

The Board of North Bristol NHS Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Chief executive or Chairman

Official name of designated body: North Bristol NHS Trust

Name: _ _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _ _ _ _ _

NHS North Bristol NHS Trust

Report To:	Trust Board		
Date of Meeting:	24 September 2020		
Report Title:	Draft People Strategy		
Report Author & Job Title	Jacqui Marshall, Director of People & Transformation		
Executive/Non-executive Sponsor (presenting)	Jacqui Marshall, Director of People & Transformation		
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
	X		
Recommendation:	• Trust Board asked to note and ratify the final People Strategy		
Report History:	• Approved by the People & Digital Committee August 2020 • Considered by TMT September 2020		
Next Steps:	• Implementation and regular reporting of progress to People & Digital Committee		

Executive Summary

The People Strategy has been developed following extensive engagement with key stakeholders, including Clinical Divisions.

The launch was paused earlier this year due to the COVID pandemic and also because the NHS People Plan had also been delayed. This has now been published and our own People Strategy reviewed to ensure our own plan is aligned.

Additionally, we have identified through COVID some key priorities such as HR data, flexible working and BAME agenda - the People Strategy has again been reviewed to ensure they have the appropriate focus.

The People Strategy was approved by the People & Digital Committee at its August meeting and considered for information by TMT at its September meeting.

Strategic Theme/Corporate Objective Links	**Employer of choice** • A great place to work that is diverse & inclusive • Empowered clinically led teams • Support our staff to continuously develop • Support staff health & wellbeing
Board Assurance Framework/Trust Risk Register Links	
Other Standard Reference	CQC

10

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<tr><td>Financial implications</td><td>Insert financial implications if applicable:
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<tr><td>Other Resource Implications</td><td>N/A</td></tr>
<tr><td>Legal Implications including Equality, Diversity and Inclusion Assessment</td><td>Equality, diversity and inclusion is a fundamental part of the draft People Strategy and will underpin delivering statutory obligations and improvements in these areas e.g. WRES</td></tr>
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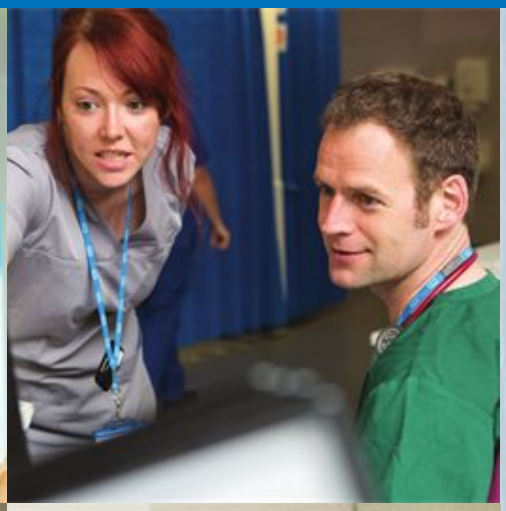
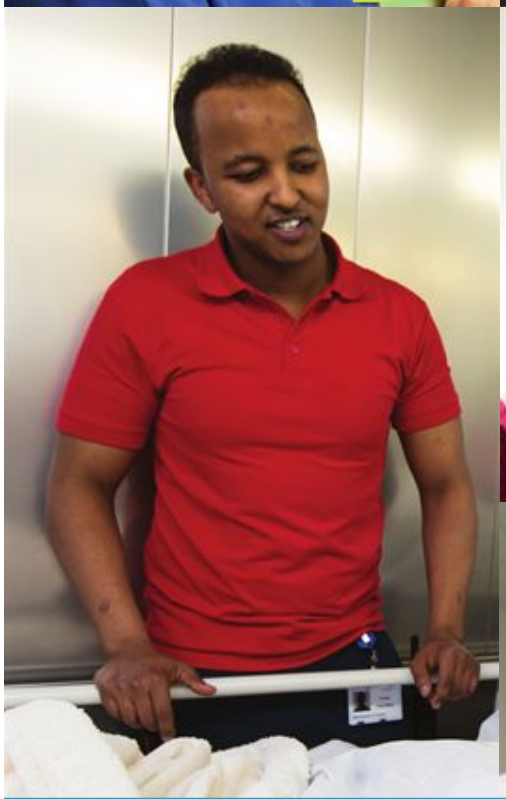
Appendices:	Appendix 1: Draft People Strategy

North Bristol NHS Trust People Strategy

NHS
North Bristol
NHS Trust



2020 – 2025

one NBT

Exceptional healthcare, personally delivered

10

Contents

People Strategy Foreword

I want to start this foreword by saying thank you. Thank you to you, the people who make NBT the place it is. A place I am proud to work and be alongside so many talented and inspiring people. We are nothing without you and I want you to know how much your contribution matters.

I write this during the midst of the Covid-19 pandemic and the recognition of the people, our staff, who make the NHS so special has never been more deserved. I hope you know how much you mean, not just to our patients and the local community that we serve, but to an entire nation.

That is why I am thrilled to introduce our new People Strategy. A strategy that I believe sets out how we intend to provide the greatest package of support to our staff that we have ever had. Our aim through this strategy is to make sure over the coming years you feel valued and are able to have fulfilling and rewarding careers and are able to influence the strategic direction of the Trust whilst being part of the decisions we take that affect you and our patients.

We launch this document at the same time as we look to transform our local health and social care system. We want Bristol, North Somerset and South Gloucestershire to be the place of choice to live, work and influence how health care for our population is delivered over the next five years and beyond. And we want to help you be part of that. That is why I am so passionate about ensuring our People Strategy is a pivotal enabler of achieving not just the Trust Five Year Strategy, which we launched in January, but our local System Plan and the NHS People Plan.

If 2020 has taught us anything it is that healthcare is facing an ever demanding agenda unlike anything we have seen before and with that pressure brings a range of significant workforce challenges. What we have seen during the pandemic is that staff are ready to embrace new ways of working, whether that be spending less time in an office or embracing new technology to enable us to do our jobs smarter, better and more flexibly. Returning to a rigid way of working is simply no longer an option.

It is no good just developing a workforce fit for the future we need one that is ready to meet today's demands. At the same time we must recognise that we need to support you to develop your career pathways in ways that are flexible, rewarding, and offer continuous development and professional satisfaction. To do this we must transform how we work as OneNBT, supporting all the advances in 21st Century healthcare whilst ensuring everyone is motivated and feels able to have their voice heard.

My promise to you is to have a people agenda that puts NBT at the forefront of innovative approaches, supported by easy to use, compassionate and inclusive people services and ways of working that strongly support each and every one of our personal development, lives and careers.

If we can do this, working together as one team, the energy, compassion, kindness, respect and professionalism we are known for will shine through every day.

Jacqui Marshall
Executive Director of People & Transformation
August 2020

Introduction

Our People Strategy puts our teams at the centre of all we do at NBT. Initially we intended for this document to support our people to help the Trust to deliver its key strategic and operational plans at every level, including as a leader of the BNSSG Integrated Care System (ICS). However, Covid-19 has changed the way we work for ever. Plans we developed before the pandemic struck have been re-thought and it will take time for us to understand the true impact on how we continue to deliver care to our patients. What has not changed though is our commitment to you, described below.

OUR NHS PEOPLE PROMISE

As part of a 1.3M strong NHS workforce, we achieve the extraordinary every day. That is why we sign up to the NHS 7 People Promises. This strategy not only underpins the NHS People Plan, but charts our journey, ambition and passions to provide high quality compassionate patient care. We will achieve this by striving to be the number one employer of choice and a great place to work and thrive.

You deserve the best and to meet our ambitions and manage existing and new demands we face we have set ourselves demanding objectives to create an inclusive, just and open culture across NBT and our ICS, maximising the privilege of being an anchor employer and taking seriously our obligation of being part of our community. We are keeping it focussed and have 3 key strategic themes:

- Great place to work
- Growing and developing our workforce
- Better people support

These commitments will tangibly be demonstrated by achievement of the following, through year on year clearly defined and published measurement targets:

- Sustained improved retention and a reduction in our substantive vacancies
- Improvements in the health and well-being of our staff
- Increases in the satisfaction and motivation of our staff
- Reduction in the imbalance in career progression that currently exists within the Trust, as reported in our WRES and other mechanisms

We recognise that it is essential we develop compassionate and engaging leaders who are committed to making NBT an agile, inclusive and forward-looking employer. We have the ambition to build a flexible workforce that respects established professional skill sets and education yet is innovative and modern, to deliver our agenda and address the gaps we face in our traditional supply routes. This is what you have told us you want and we will do all we can to make this happen.

We are committed to personal development with clear career pathways and research opportunities. The message from you, our staff, has been clear. You have told us that the focussing on the health and wellbeing of our staff is crucial if we are to continue to deliver high quality patient care. We have listened and that is why we will continue to expand the support and health and well-being of our staff and develop an agile workforce whose needs for personalised, flexible work-life balance arrangements are routinely met.

We will support this ambition by providing making it as easy as possible for you to access what you need whether that be People Services, easy to use Policies and Processes and HR Data which is clear, reliable and timely.

" Supporting our staff has never been more crucial. We face a range of challenges in how we continue to provide safe, high quality care and I am extremely proud of how our staff continue to rise to these challenges. I am delighted to see in this strategy a range of ways that we will further support, develop and empower our staff to ensure that all of us are focussed on patient care and improving services."

Helen Blanchard

Who we are

Our trust

2019/20 income was **£668 million**

9,269 staff
2,104 NBT extra staff

There are **19 acres** of green space on-site

Our hospital site covers **67 acres**

We have **25 robots**

In 2019/20 **£3.43 million** was raised for charity
Total COVID appeal value **£1.92 million**

Of our staff:
14% walk
15% bus and
7% car share

There were **165 ED arrivals via helicopter**

In 2019/20 there were **522,493 outpatient appointments - 139,532 new attenders and 382,961 follow up**

We provide **Circa 1 million meals per year**

We did **38,169 operations**

Over 700 trees are on site

In 2019/20 there were **97,001 ED arrivals 70,220 in patients - 10,933 elective, 59,287 non-elective**

In the last 90 days we made **507,000 chat messages, 22,000 virtual meetings and 24,000 1:1 calls**

Current value of research grants is **£33M**
In 2019/20 managed over **5,649** research participants 18 COVID studies with **1,201** participants

Our Trust's vision and values

Our Trust vision:
Enabling our teams to be the best that they can be, we will provide exceptional healthcare, personally delivered.

Our Trust values:
Our values represent the way we do things and what we stand for. By embedding these shared values in everything we do we will increase our staff voice, improve clinical outcomes and create a positive experience for our patients.

Putting the patient first

Working well together

Recognising the person

Striving for excellence

Strategic Context

Our People Strategy will underpin and support the strategic direction at the Trust, ICS and national initiatives. It will enact as an enabling strategy to the Trusts 5 Year Strategic Plan.

OneNBT People Strategy

- Leading and working with partners
- Educating, training and developing staff and teams of the future
- Enabling our staff to be the best they can be, making maximum use of the skills and capabilities and valuing the whole person
- Becoming an agile organisation enabling our staff to make the decisions they need on behalf of the Trust
- A large and established anchor employer
- Committed to an inclusive Just Culture

NBT Hero – Jayne Davies, Dementia Specialist Nurse

Jayne is a Dementia Specialist Nurse. Jayne was nominated as an NBT Hero for ensuring "patients and their families receive all the support and guidance they need".

How we connect into our Integrated Care System and NHS People Plan

NHS Long Term Plan

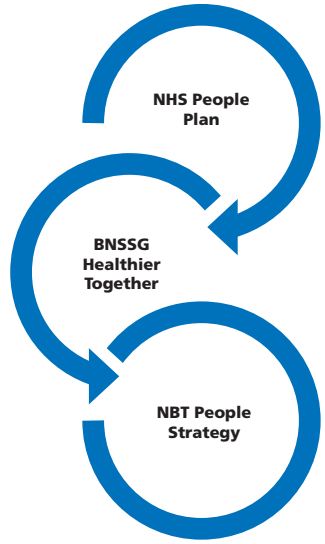
- Doing things differently
- Backing our workforce
- Making better use of digital technology
- Getting the most out of taxpayers' investment in the NHS

NHS People Plan

- Looking after our people
- Belonging to the NHS
- New ways of working and delivering care
- Growing for the future

BNSSG ICS Workforce Plan

- One system workforce approach making BNSSG a great place to have a role in healthcare
- Our workforce is healthy and fulfilled
- Our communities are healthy, safe, and positive places to live
- We have a Joint Learning Academy and Share Hubs for resourcing and deployment



The People Vision

Our vision at NBT is to create an empowered workforce that is fit for the future. This means we need to do things differently and evolve our offer to reflect the changes in society and the way we all live our lives. As individuals, we have a changing relationship with work and our home life. This is becoming less compartmentalised and more varied and fluid. We need to create a stronger emotional and personal connection between work and ourselves.

As individuals we need to strive to be the best version of ourselves. On the days we cannot, NBT as an employer will support you and recognise your unique contribution. It is only when we create the right environment that the magic happens. Core to this is creating a 'Just Culture', where we are open and fair and learn together when things go wrong. At NBT we want everyone to be able offer their view, influence decision making and speak up when things are not right and feel supported to focus on what has happened, without blame and with emphasis on learning and improvement. We want to be a beacon of inclusivity.

We are committed to continuing and maturing our Service Line Manager (SLM) model of delegated leadership, where decisions are clinically led and made at the most appropriate level. To further develop our service line management leaders we will provide support to:

- Develop line managers' skills in compassionate leadership.
- Ensure there is the right level of support between our services and our divisions and directorates aligning everyone to deliver great patient care.

ICS "Healthier Together" looks across care pathways and is a vital ingredient in this strategy. We will move from organisational working to system working by committing to work in collaboration and partnership wherever possible. For example:

- Developing our university pipelines.
- Creating training passports to help satisfy supply and demand particularly in scarce skills and complimentary terms and conditions to help staff more easily into roles across the region
- Shared hubs for resourcing and deploying staff across BNSSG
- Aspire to be a regional employer of choice for all roles in health

By 2025

We will have an inclusive, adaptive and motivated workforce within both the ICS and wider NHS and Health economy. A culture that supports development, career progression and provides an open, compassionate and inclusive environment where individuals and teams flourish.

NBT Hero – Omar Bah, Team Leader, Facilities

Omar is a Team Leader in Facilities. He was nominated as an NBT Hero for "his ongoing support and commitment he has shown over the years in supporting the domestic staff on their mandatory training courses".

NBT Hero – Robert Brown, Pharmacist

Robert was nominated because he has continually provided amazing leadership to his team, including during the pandemic. His nomination reads: "Through it all Robert has been a welcome source of encouragement, steady communication, and calm leadership".

Our 3 key strategic themes

1. Great Place to work

Thrive

- Building on our strong emphasis of staff wellbeing
- Growing our flexible working offers
- Vigorous approach to ED&I – diverse teams that reflect the population we serve and enhances the experience of our patients
- "Valuing You culture" as set out in our 2020 EDI Strategy

Just Culture – focus on fairness and accountability rather than blame and sanction

- Links to quality and safety
- Free from harm – not from error
- Encourages and supports speaking up, especially for those staff who are disproportionately represented/ implicated in formal cases
- Restorative actions/conversations where possible which aim to put things right (meeting hurt and harm with healing, not with more harm)
- Reduction in formal 'cases' – and those that occur are handled efficiently and limit harm

Voice

- Empowering staff to have their say, involved in decisions and lead through innovation
- Encouraging staff to speak up against issues such as bullying and issues relating to patient safety

A just culture is a culture of trust, learning and accountability. In the wake of an incident, a restorative just culture asks:

'Who is hurt, what do they need, and whose obligation is it to meet that need?'

It doesn't dwell on questions of rules and violations and consequences. The main question for a just culture is not about matching consequences with outcome. Instead it asks:

'Did the assessments and actions of the professionals at the time make sense, given their knowledge, their goals, their attentional demands, their organisational context?'

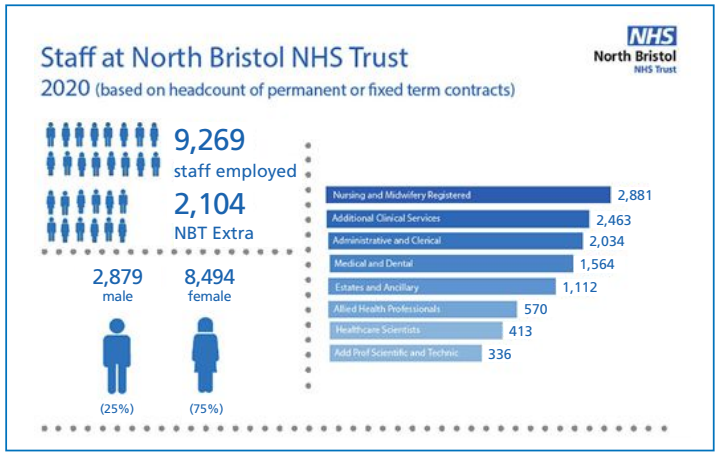
- Wellbeing conversations built into appraisals
- Regular listening events and pulse surveys

Summary of Measures of Success

- An increase in the reporting of adverse events/patient safety concerns / staff speaking up
- A reduction in sickness absence and staff turnover
- Reduction in Suspensions, Disciplinary cases and Employment Tribunals
- Increase in employee engagement
- Increase in number of BAME staff in senior roles
- A better WRES and WDES position year on year - indicating improved inclusivity
- CCQ Well Led assessment shows tangible progress on EDI agenda and its impact on staff
- Further improved well-being offer to include extended mental health, keep well and financial wellbeing support by the end of 2021/22
- From Sep 20 well being conversations will be built into all staff appraisals
- Introduce 'Just Culture' to be fully operational by 2021/22 reducing episodes of formal disciplinary action

2. Growing and Developing our Workforce

- A blended composite workforce with a broad variety of jobs and career pathways for all professions
- Self-directed e-Learning – upskilling and growing capability
- Multi Professional teams
- Developing managers and leaders to build a culture of compassion and inclusive leadership
- Clear supply routes for shortage specialties
- Focussed retention strategy
- Improved real time People data, analytics and People Score Card reports
- Growing our international staff pipelines
- Maintaining education to grow our future, expanding our offer for ACP roles
- Supporting Clinical Placements
- Improved approach to workforce planning and scenario planning
- Implementing e-Rostering Job Planning Line Manager and individual ESR Self Service
- Continue to expand our Apprenticeship portfolio



Summary of Measures of Success

- Comprehensive and easy to use People Balanced Scorecard, data and reports by 2021/22
- Career pathways are developed across professions and with our staff using them for development purposes by the end of 2024/25
- Trust wide retention plans in place by 2021/22 and reducing turnover, continuously monitored
- Staff survey assessments of managers show greater compassion and inclusivity year on year
- Trust wide workforce plans which address shortages and different scenarios
- International resourcing pipelines which fulfill workforce plans
- Increased flexible working in line with consistent BNSSG approach

3. Better People Support

- Providing single point of access to our services 'one stop shop' through intranet with easy to use intuitive new policy guidance
- Dedicated complex casework team with Employee Relations case tracker
- Streamlined digital enhanced recruitment and on boarding working alongside the community for hard to reach groups
- Flexible working arrangements
- HR balanced score card reports and workforce data, that is timey and reliable

Customer focused delivery of people services

Summary of Measures of Success

- Implement a new intranet People portal with easy access and navigation by November 2020 to coincide with Trust rollout of the new intranet
- All policies reviewed, streamlined and improved by end of 2020/21
- Review end to end recruitment process to identify a quicker, seamless intuitive system and process by 2021/22
- Suite of toolkits, guidance and development online and easily accessible for managers
- Implement ESR self-service by the end of 2022/23 with progress measured against numbers of staff that are users by the end of 2021and 2022
- By Jan 21 all roles will be considered for flexible working patterns with role modelling from the top

Governance and ways of working

Each year, in line with our Trust and the ICS business planning cycle we will publish our planned activity to support national, regional and Trust ambition. This will form part of our annual operational plan. Our activity will be developed locally in consultation with divisional People Partners focused on the priorities identified in the overall strategic direction of the Trust, Divisional and Transformation plans. We will assure the Trust Board of our progress through the People & Digital Committee. The Annual Plan will plot our progress to enable the ambition set out in the Trust 5 year Strategic Plan.

Working with our partners

We will continue to strengthen our relationship with ICS and South West Leadership Academy in 2020 through:

- A one system workforce approach, to enable an agile, system way of working across health and care
- Collaborative approach to inclusion, using our joint resources to deliver change
- Develop our hubs of resourcing and deployment and work together to recruit and retain more people into health and care and support all our services to be safe, resilient and supportive places to work
- Strongly commit to a joint Learning Academy, integrated with the Community and Primary Care Training Hub
- Extend and deepen our consistency of Terms and Conditions across BNSSG
- Develop our Employer Value Proposition – including working with schools and colleges to promote health and care as a place to work

NBT Hero – Michael Okocha, ST3 Doctor

Michael is a doctor in training. Michael was nominated as an NBT Hero for organising an event to celebrate junior doctors and their quality improvement work. This event was described as "an amazing day with lots of positive feedback".

NBT Hero – Linda Madge, Safeguarding Officer

Linda is a Safeguarding Officer. She recently won an NBT Hero Award after being nominated by a colleague.

Linda has been working with the bereavement service during COVID-19. She was nominated for supporting and contacting bereaved relatives with "compassion and class".

Her nomination also says that "She is not only one of the nicest people I've met, but she is also incredibly hard-working".

Our immediate priorities

Our activities will be delivered using a planned approach over the next 5 years. Our immediate priorities in 2020/21 are:

1. Digitalisation and benefits realisation of people systems and processes – including ESR, E-rostering, automation of processes, data and policy infrastructure
2. 'Just Culture' – continuing to develop our culture based on our values
3. Workforce planning - short and long term, with a defined focus on a composite workforce
4. Thrive, well-being and voice – our employee offer to include:
   a. Retention – lead a national NHS/I Pathfinder project to deliver and showcase best practice
   b. Health and wellbeing, physically and mentally – Psychological support offer for teams and individuals. Health and Wellbeing built into induction
   c. Agile ways of working – new flexible working offers
   d. "Listen Up" opportunities – regular listening events and pulse surveys
5. Improved, faster recruitment and "on boarding" process
6. Equality, Diversity and Inclusivity (ED&I)
   a. A vibrant BAME network with dedicated facility time off and development opportunities
   b. Wellbeing Guardian at NED Level; BAME Executive Champion
   c. Trust to join Stonewall and champion Allies Programme
   d. Expert led education seminars on health inequalities and racial injustice
7. Setting challenging objectives to address issues of inclusion, as indicated through our WRES / WDES
8. Aligning our People Service teams to matrix working, enabling self-service through our 'One Stop Shop' using the Trust intranet links

NBT Hero – Becca Smith, Deputy Director of Research and Head of Research & Innovation

Becca recently won an NBT Hero Award after being nominated by a colleague. Becca was nominated for her incredible work managing the Trust's PPE resources during the pandemic, which is one of "the most crucial roles required to support NBT in its COVID-19 response". Her nomination says, "I am absolutely in awe of the way in which she has seamlessly delivered this most challenging of tasks and always with a smile."

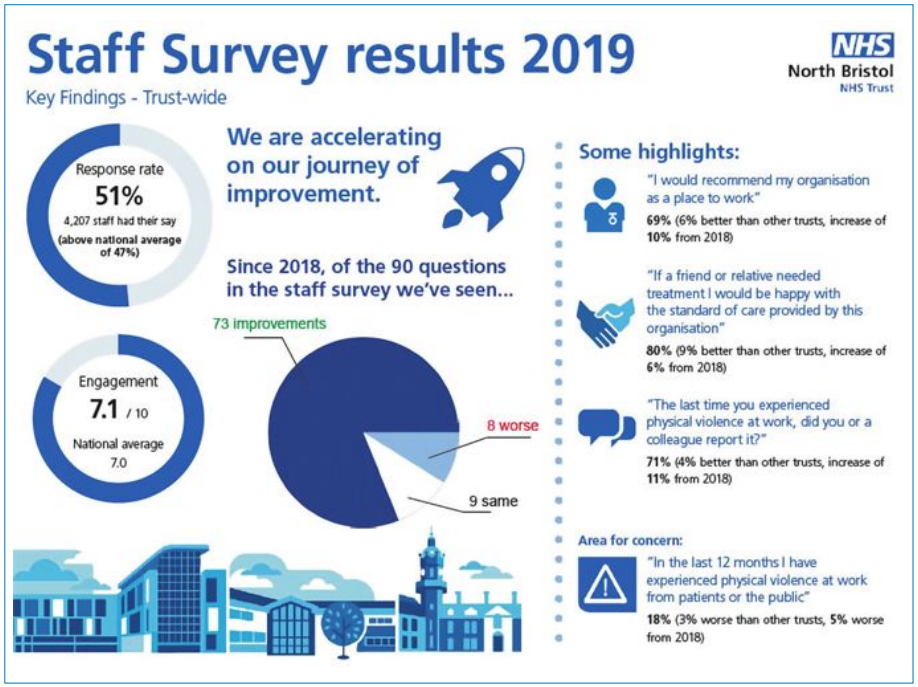
NBT Hero – Chinedu Nkole, Stroke Consultant

Chinedu is a Stroke Consultant. Chinedu was nominated for an NBT Hero award for showing "outstanding care and communication to all members of the team, patients and their relatives, despite the enormous amount of pressure the medical team are under".

Work already underway

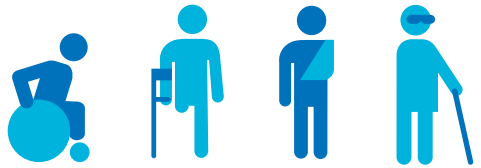
Our People Strategy builds on work already underway within the Trust and across BNSSG. We will develop this solid foundation to enhance our offer to staff and create an environment where we all can thrive.

- The development of our 'Valuing You' inclusivity approach underpins our aim for staff to feel valued and respected in their roles
- We have a comprehensive and multi award-winning wellbeing programme in place, including access to a 24/7 employee assistance programme, dedicated physiotherapy and psychology support for our staff. The programme is continuously being developed and improved
- Our wider offer to staff includes onsite childcare services, a comprehensive travel to work scheme, a salary sacrifice scheme, the opportunity to buy additional leave, onsite facilities for staff including catering, hospital art and sustainability programmes
- We have taken an active approach to engagement and retention, leading to a sustained improvement in staff turnover
- Our recently launched OneNBT leadership and management development programme is wide ranging and offers opportunities for all levels of staff. It was developed to support our service line management framework and aids our people to devolved decision making and empowers our frontline staff to lead
- Our talent acquisition approach to nurse recruitment leads to a tailored, candidate focused approach and is delivering a reducing vacancy position
- Our apprenticeship programmes are established and consistently exceed the 2.3% public sector target
- Implementation of our ER Case Tracker (Selenity) is almost complete, which will enable full benefit realisation in terms of better formal case data, better management of cases and proactive support for managers
- Just Culture pilot areas are in place and partnership working with Patient Safety and Unions is established



Summary

This document is only the start of our promise to you. We recognise that the impact of Covid-19 will be with us for some time and we do not yet fully know what this will mean for how we work in the future. What we can say is that this document sets out a foundation for how we intend to put our staff at the heart of all we do. You are what makes NBT what it is and our commitment to you is clear. We want you to work in an environment where you feel supported, where you know that we value your health and well-being and that we want you to be the best that you can be. We will not only support you in this journey but we want your voice to be heard and to have a clear say in everything we do. You have already told us we have to change and we have listened. The way we work, where we work, who we work with and the support we need cannot stay the same, that much is clear. But we have achieved much and will continue to achieve great things, not by working as individuals but as one team, as OneNBT.



If you have any questions or comments about this or any other guides please contact a member of the communications team by emailing

NBTCommunications@nbt.nhs.uk

Report To:	Trust Board		
Date of Meeting:	16 September 2020		
Report Title:	Patient & Carer Experience Committee Report		
Report Author & Job Title	Xavier Bell, Director of Corporate Governance & Trust Secretary		
Executive/Non-executive Sponsor (presenting)	Kelvin Blake, Non-Executive Director and Committee Chair		
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
			X
Recommendation:	The Trust Board is recommended to receive the report for assurance and to: • Note the Complaints Annual Report (Appendix 1); • Note and endorse the planned approach for Patient / Carer stories to Trust Board (Appendix 2); • Note the results of the CQC Inpatient Survey (Appendix 3); and • Note the results of the National Maternity Survey 2019 (Appendix 4).		
Report History:	The report is a standing item to each Trust Board meeting following a Patient & Carer Experience Committee meeting.		
Next Steps:	The next report to Trust Board will be to the November 2020 meeting.		

Executive Summary
The report provides a summary of the assurances received, issues to be escalated to the Trust Board and any new risks identified from the Patient & Carer Experience Committee Meeting held on 16 September 2020.

Strategic Theme/Corporate Objective Links	**1. Provider of high quality patient care** a. Work in partnership to deliver great local health services b. A Centre of Excellence for specialist healthcare **2. Developing Healthcare for the future** a. Training, educating and developing our workforce **3. Employer of choice** a. Empowered clinically led teams b. Support our staff to continuously develop **4. An anchor in our community**

	a. Create a healthy & accessible environment
Board Assurance Framework/Trust Risk Register Links	Reports received support the mitigation of the following BAF risks: N/A
Other Standard Reference	Care Quality Commission Standards.
Financial implications	No financial implications as a consequence of this report.
Other Resource Implications	No other resource implications as a result of this report.
Legal Implications including Equality, Diversity and Inclusion Assessment	No legal implications
Appendices:	*Appendix 1 – Patient Complaints Annual Report* *Appendix 2 – Patient stories to Trust Board* *Appendix 3 – CQC Inpatient Survey slides* *Appendix 4 – Maternity Survey slides*

1. Purpose

To provide a highlight of the key assurances, any escalations to the Board and identification of any new risks from the Patient & Carer Experience Committee meeting held on 16 September 2020.

2. Background

The Patient & Carer Committee is a sub-committee of the Trust Board. It meets bi-monthly and reports to the Board after each meeting. The Committee was established to:

- Raise the profile and visibility of patient experience at Trust Board level and provide assurance to the Board;
- Set the strategic direction for patient experience with the purpose of achieving the Trust's strategic aims, including to 'treat patients as partners in their care';
- Monitor development and delivery of a patient experience strategy and carer strategy;
- Be the conduit for effective change and improvement to patient experience, act on feedback to challenge, influence activities that deliver an improved patient experience.

3. Key Assurances & items discussed

3.1 Patient story:
The Committee heard about the experience of a 91 year old patient who was admitted with a non-Covid-19 related illness, and her experience of the revised and restricted visiting policy that was in place in April 2020, in line with national guidance.

The patient's family was unable to visit the patient during her stay at the hospital, and the Committee were apprised of the experience of the family, how it affected them and the patient, and how it led to a break-down in communication between the family and the ward. Following support to the ward and to the family, facilitated virtual visits were put in place. The Committee heard about the learning points identified, how the family concerns were dealt with and the updates to the visiting guidance that followed.

3.2 National Maternity Survey 2019
The Committee received an update on the most recent national maternity survey. Overall the results were felt to be quite positive, with a higher response rate at NBT than in other organisations on average, and a number of key improvements. The Committee reviewed the action plan for areas where improvement was needed, and were reassured that appropriate action was being taken. A short summary of the survey is included as *Appendix 3.*

3.3 CQC Inpatient Survey Results
The survey results were presented to the Committee for review. It was noted that the response rate at NBT remained higher than the national average, and that an improvement programme has been put in place from August 2020 to focus on areas needing further improvement. This will remain under the oversight of the Patient Experience Group and will come back to the Committee as the programme of improvement progresses. A short summary of the survey is included as *Appendix 4.*

3.4 Friends & Family Test Update
The Committee were advised that the anticipated changes to the FFT were paused due to the Covid-19 response, and the survey was briefly suspended at NBT, restarting in July. The Committee received an update on how the Trust is now approaching FFT, and the various opportunities to provide feedback, including via the website and cards. The Committee was reassured that the Trust was now focusing on how the FFT feedback can be used to improve patient experience. The action plan will be taken forward via the Patient Experience Group and divisions.

3.5 Patient Experience Annual Report
The Committee received the inaugural patient experience report, which summarised key elements of the work across the Trust focusing on patient experience. The Committee asked that the team consider adding more focus on the volunteer work at the Trust, which has a significant impact on patient experience.

3.6 Patient Complaints Annual Report
This annual report is included at *Appendix 1.* It is an important annual document needing Trust Board attention. The Committee were pleased to note that the total number of complaints had reduced in the past year.

3.7 Urology Complaints Deep-dive Report
The Committee heard how a deep-dive report into complaints in the urology specialty had provided a different perspective for the operations team in considering how this qualitative feedback could be better used. It was further noted that the exercise had provided an opportunity for the team to understand more about patient experience of complex pathways, and how particular complaint themes might be used as an additional driver for decisions made at a service level.

3.8 New Process for Patient/Carer Stories for Trust Board
The Director of Nursing & Quality provided an update to the Committee on how patient stories will be brought into the Trust Board room. The Committee welcomed the proposed range of methods for bringing this information to board and endorsed the proposed approach. The paper is included for Trust Board attention at *Appendix 2.*

3.9 Patient Experience Risk Report
A report was provided on Patient Experience Trust Level Risks, with no new risks being identified requiring the Trust Board's attention.

3.10 Additional updates received on:

- Patient Experience Group report
- Learning Disability & Autism Steering Group report
- IPR – patient experience section
- Healthwatch report – Elgar House
- PHSO complaint standards briefing

4. Escalations to the Board

4.1 No risks or items of concern were identified for escalation to Trust Board.

5. Recommendations

5.1 The Board is recommended to:

- Note the Complaints Annual Report (Appendix 1);
- Note and endorse the planned approach for Patient / Carer stories to Trust Board (Appendix 2);
- Note the results of the CQC Inpatient Survey; and
- Note the results of the National Maternity Survey 2019.

Report To:	Patient & Carer Experience Committee		
Date of Meeting:	16 September 2020		
Report Title:	Complaints and Concerns Annual Report 2019/20		
Report Author & Job Title	Emily Ayling, Patient Experience Manager		
Executive/Non-executive Sponsor (presenting)	Gill Brook, Head of Patient Experience Helen Blanchard, Head of Nursing and Quality		
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
	x		**X**
Recommendation:	Not Applicable		
Report History:	Annual Complaints and Concerns Report 2019 /10 . Received at the Patient Experience Group on 18 August 2020		
Next Steps:	To be received by Trust Board in September 2020		

Executive Summary
The number of complaints received by North Bristol NHS Trust fell in 2019/20. Whilst the number of complaints received fell, the number of concerns received increased. This likely reflects the further embedding and increased awareness of the Patient Advice and Liaison Service (PALS). Over the past year our responsiveness to complaints has improved. The number of overdue complaints has fallen to below 5 and remains consistently lower than last year. Compliance with the agreed response time frame has also improved to 80%. Whilst in 2019/20 the number of PHSO investigations that took place fell, the number of referrals to the PHSO remained high. Similarly, the number of re-opened complaints received by the Trust remains high, demonstrating the ongoing need to address quality of complaint investigations and responses to ensure a thorough response the first time around. The majority of complaints were regarding 'clinical care and treatment' whilst the majority of concerns were regarding 'access to service-clinical'. The majority of complaints are upheld or partially upheld which highlights the opportunity for learning and improvements from complaints. This report presents some learning and improvements that have occurred as a result of complaints received in 2019/20 but it is recognised that greater work needs to be done to create a robust, consistent process for this across the Trust.

Strategic Theme/Corporate Objective Links	**1. Provider of high quality patient care** **2. Developing Healthcare for the future** **3. An anchor in our community**

Board Assurance Framework/Trust Risk Register Links	BAF ref.SIR14 - Sustained demand and increased acuity of patients in hospital will impact on patient safety and outcomes, leading to harm in patients and poorer patient experience.(Current risk rating = 12)
Other Standard Reference	NICE Quality Standards 15 ;Patient Experience in Adult NHS Services 2012
Financial implications	None
Other Resource Implications	Not applicable
Legal Implications including Equality, Diversity and Inclusion Assessment	• The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 • Equality Duty Objective 2; Improve patient access and experience. • NHS Constitution 2019 review
Appendices:	None

1. Purpose

This report summarises the complaints received from patients, carers and patient representatives during the period 1st April 2019 to 31st March 2020. This report covers feedback from complaints and concerns received by North Bristol NHS Trust.

2. Background

The NHS constitution clearly sets out the rights of patients in relation to raising complaints and expectations on how these should be managed. As a Trust we take this duty very seriously. We want to know when someone is unhappy with the treatment or service they have received. This means we can put things right and learn from the experience of our service users.

3. Summary

3.1 Activity levels

Table 1 shows the activity level for each type of feedback received in 19/20.

Type	2016/17	2017/18	2018/19	2019/20
Complaints	654	592	723	626
Compliments	9,065	9,440	7,704	8,072
Concerns	1,394	800	744	1,087
Enquiries			280	188
Response Time (within timescale)	77%	67%	59%	80%

In 19/20, 626 formal complaints were received by North Bristol NHS Trust. The number of complaints received by the Trust has fallen by 13% between 18/19 and 19/20.

Whilst the number of formal complaints has fallen, the number of PALS concerns has increased significantly in 2019/20.

The fall in the number of formal complaints is likely to be due to the introduction and embedding of the Patient Advice and Liaison Service (PALS). PALS, which was introduced in February 2019, is able to help resolve concerns and issues informally. This is often the first port of call for complainants and issues may be resolved at this stage without need for escalation to a formal complaint.

The increase in concerns and respective decrease in the number of formal complaints has minimised the administrative burden for teams. Most importantly however, it has benefited complainants. The new approach ensures that complainant's concerns are responded to in the most responsive manner.

4. Complaints Overview

4.1 Complaints by Division

Chart 1 shows that the majority of complaints received in 2019/20 were received by ASCR (186), closely followed by Medicine (182) and NMSK (122). These are the three largest divisions and they see the largest number of patients so this is expected. This is also consistent with previous years.

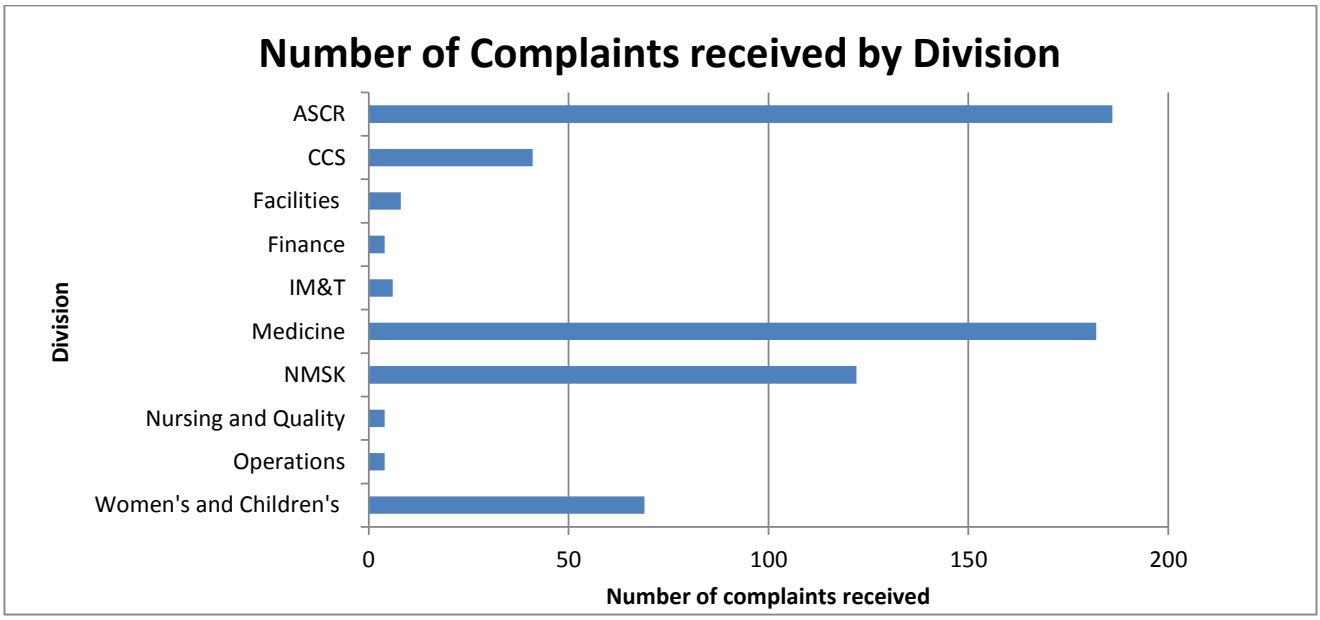


Chart 1

4.2 Complaints by Subject

Chart 2 shows that the majority of complaints received in 2019/20 were regarding 'Clinical Care and Treatment'. Over 50% of complaints received were regarding this subject. This is consistent with the previous reporting year 2018/19.

In February 2020, a deep dive was undertaken to review the type of complaints being logged under the subject 'Clinical Care and Treatment'. This identified that the Datix subjects were too broad with too many 'sub-subjects'. Recommendations were made to review and streamline the subjects and sub-subjects to reduce the number of options. This will enable us to have a better understanding of the key themes in complaints.

Currently this work is on pause as there is indication from NHSI within the new National Patient Safety Strategy document that they wish to '*align data on incidents, complaints and claims, supporting development of a shared taxonomy that will enable analysis across databases.*

https://improvement.nhs.uk/documents/5472/190708_Patient_Safety_Strategy_for_website_v4.pdf

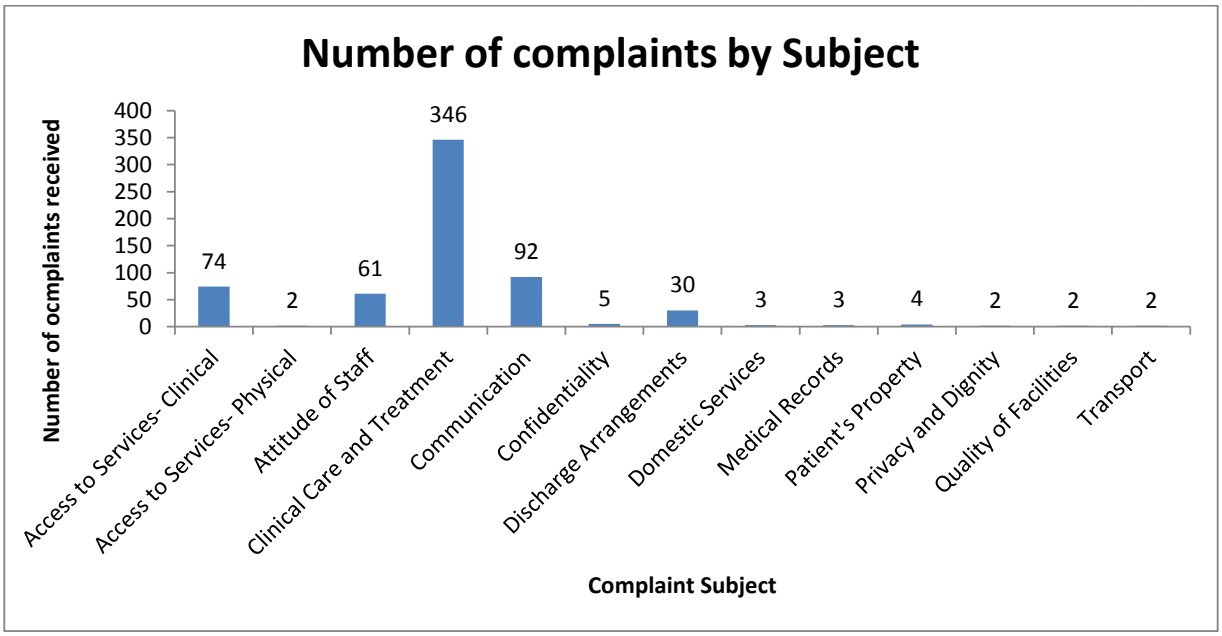


Chart 2

4.3 Complaint by Outcomes

Chart 3 shows that the majority of complaints (85%) received in 2019/20 were either upheld or partially upheld.

We are required to report on the status of complaint resolution to NHS Digital when reporting the KO41a. The definitions given by NHS Digital are included below. Please note the interpretation of these definitions will vary according to each person's judgment. This designation is made following the investigation.

Upheld: If substantive evidence is found to support the complaint, then the complaint should be recorded as upheld.

Not upheld: If there is no evidence to support any aspects of a complaint made, the complaint should be recorded as not upheld.

Partially upheld: If a complaint is made about several issues and one or more, but not all, are upheld then the complaint should be recorded as partially upheld.

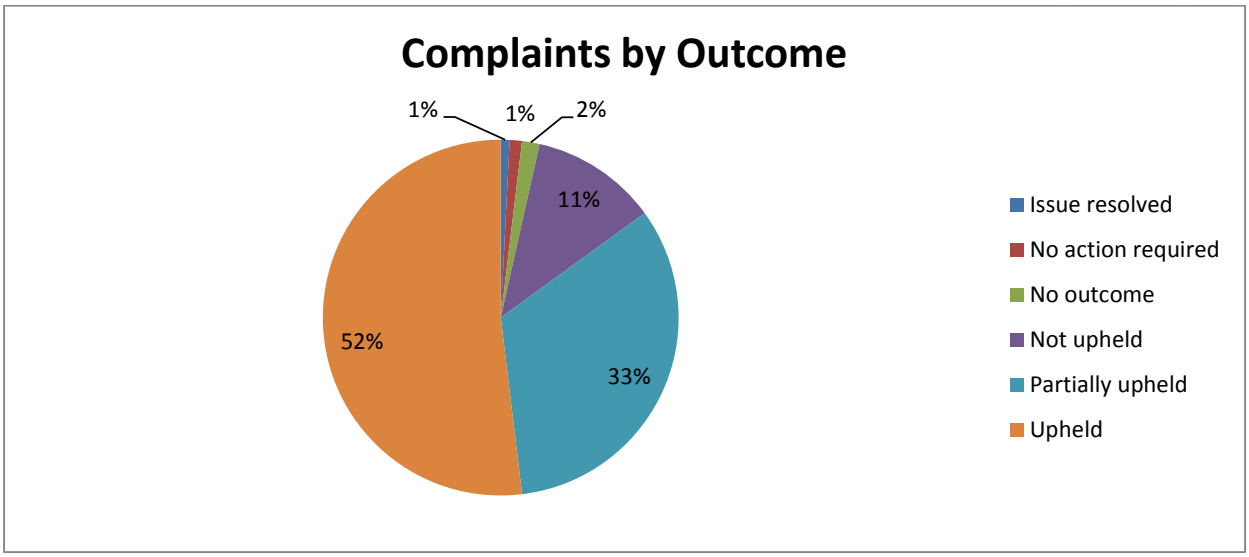


Chart 3

5. Complaints: monitoring and compliance

5.1 Reopened Complaints by Division

In total 90 re-opened complaints were received in 2019/20. Chart 4 shows how many re-opened complaints were received by division. A deep dive was undertaken is ASCR to understand the high number of reopened complaints which was largely due to outstanding questions or issues not answered.

One of the objectives for the Complaints team in 2020/21 is to improve the quality of complaint responses, as a result of this we expect to see the number if re-opened complaints fall next year.

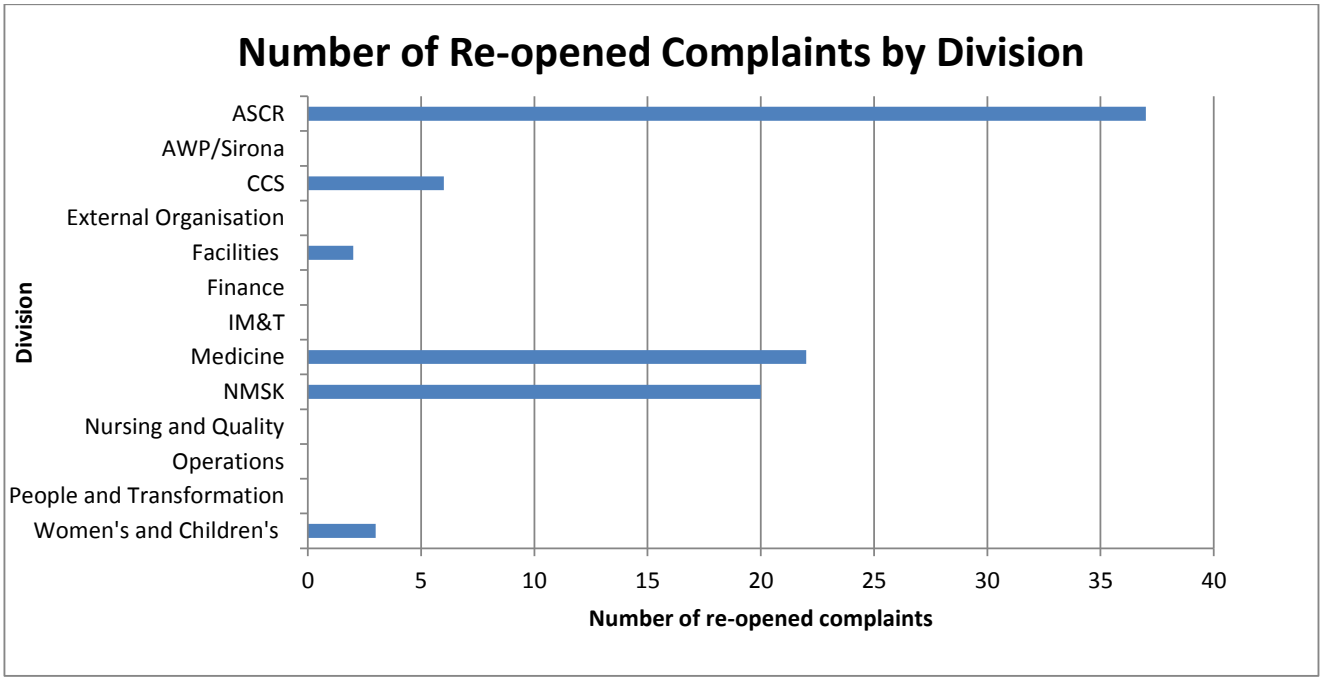


Chart 4

5.2 Overdue Complaints

Last year it was identified that the number of overdue complaints each month was high and action was required to address this.

A weekly tracking system was introduced and each division now receives a weekly overdue report which informs them on a RAG rating system (red, amber and green) when their complaints are due and whether these are at risk of becoming overdue. This should prompt the division to finalise their complaint response or to contact the complainant and agree an extension.

The reports have been well received and the impact has been that the number of overdue complaints has fallen considerably in each quarter as shown in chart 5 below.

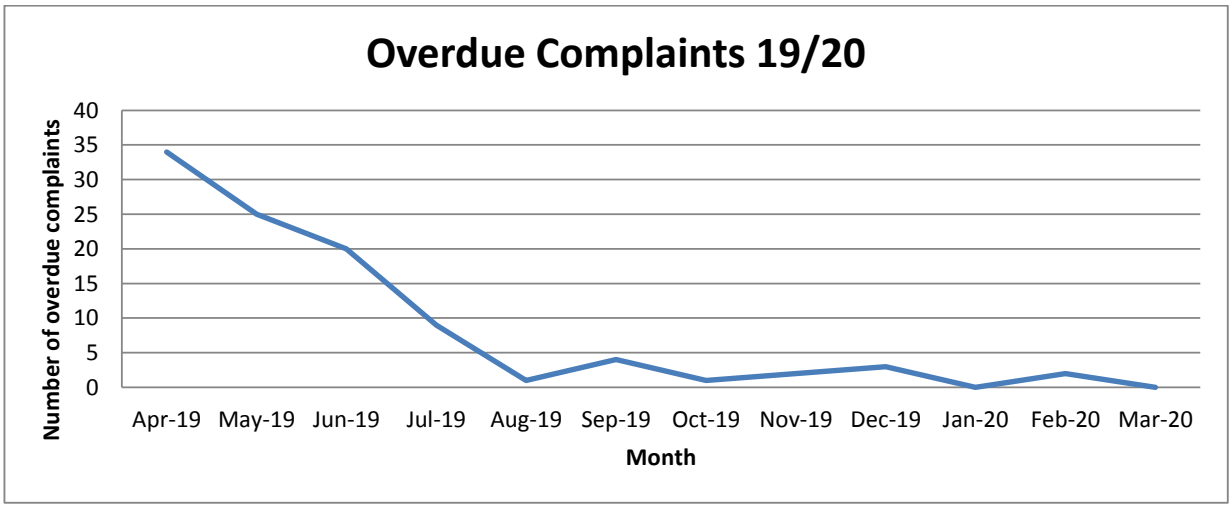


Chart 5

5.3 Response Rate Compliance

In Quarter 4, 2018/19 a key performance indicator was set that 85% of complaints are responded to within the agreed time frame. Chart 6 demonstrates sustained improvement in responding to complaints within agreed timescales.

Whilst this improvement is commendable, the average compliance rate has been 79.8% for 2019/20 so there is still work to be done to meet the 85% target consistently.

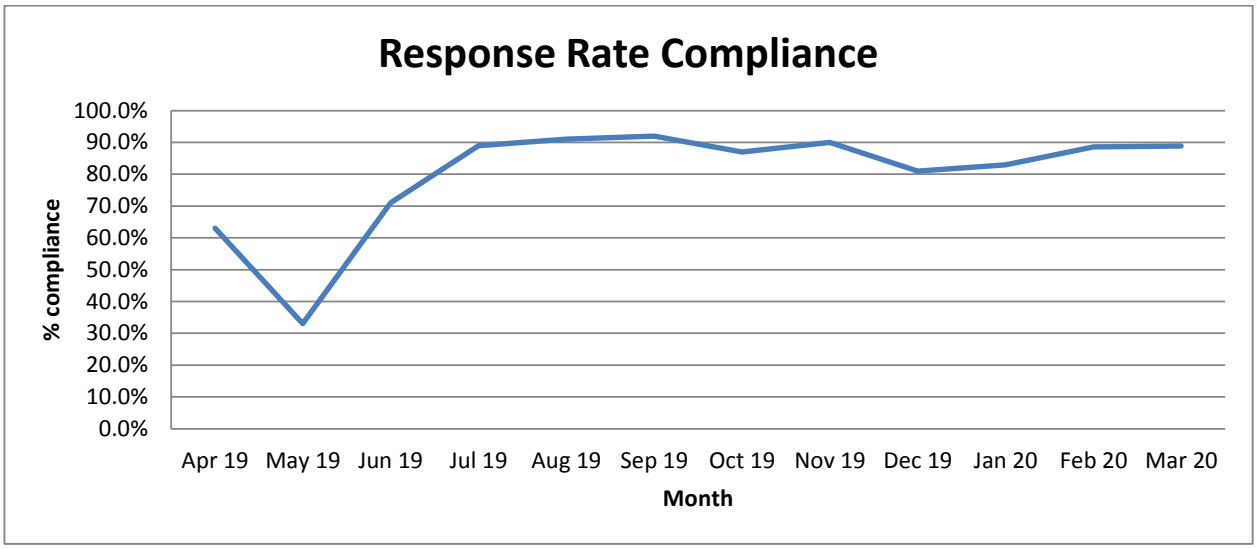


Chart 6

5.4 Acknowledgement of complaints

There is regulatory requirement that all NHS Complaints are acknowledged within three working days. In 2019/20 we have been 100% compliant with this standard.

5.5 Parliamentary and Health Service Ombudsman (PHSO) investigations

The table below shows the number of complaint cases that were investigated by the PHSO. The PHSO accepted 3 cases for investigation in 2019/20. Of these none of the cases were upheld or partly upheld. This demonstrates a continued improvement in the handling of complaint by North Bristol Trust.

Year	Number of cases accepted for investigation by the PHSO	Number of cases upheld or partly upheld
2016/17	18	7
2017/18	10	7
2018/19	5	2
2019/20	3	0

Table 2

6. Concerns

6.1 Concerns by division

Chart 7 shows the number of concerns received by each division in 2019/20. As is demonstrated in the breakdown of complaints by division, the largest three divisions received the most concerns. ASCR received 334 concerns, NMSK received 284 and Medicine received 210.

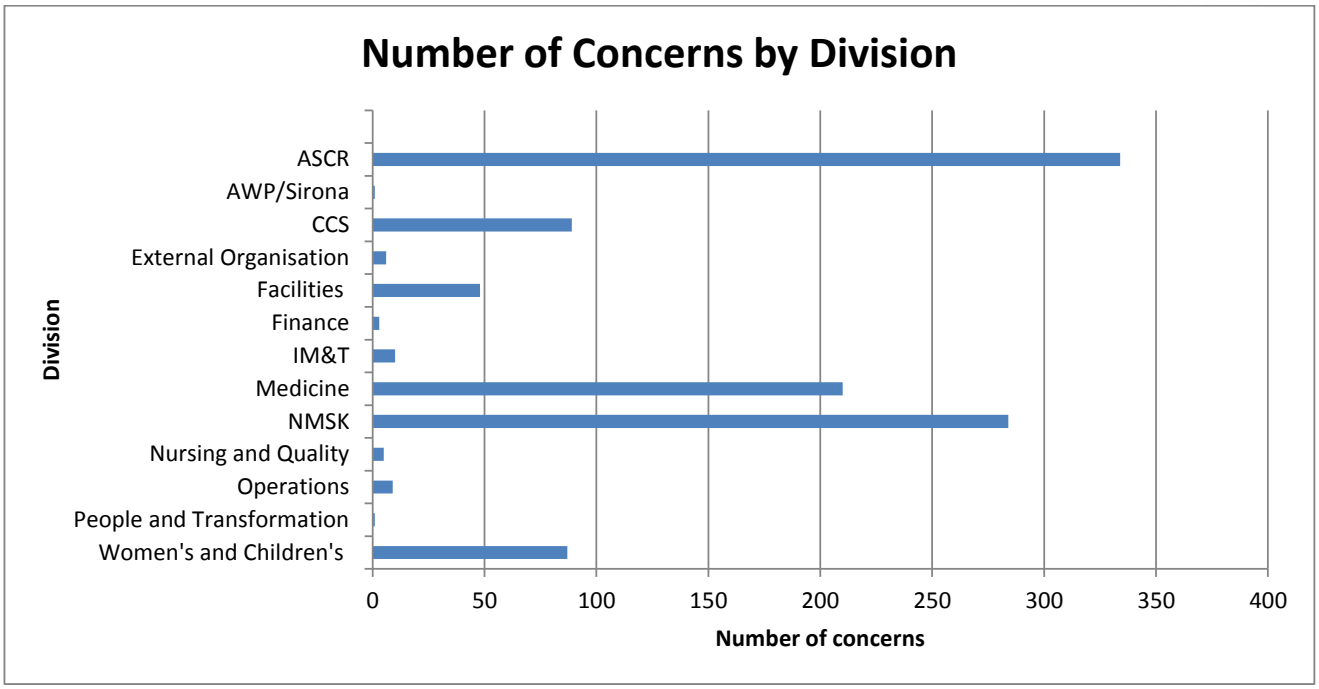


Chart 7

6.2 Concerns by subject

Chart 8 shows that the most common subject for concerns received in 2019/20 was 'Access to Services- Clinical'.

There is a difference in the most common subject for concerns when compared with the most common subject for complaints. This demonstrates the informal nature of concerns compared to complaints. Concerns can often be resolved quickly without the need for significant investigation for example cancelled appointments or wait times for surgery.

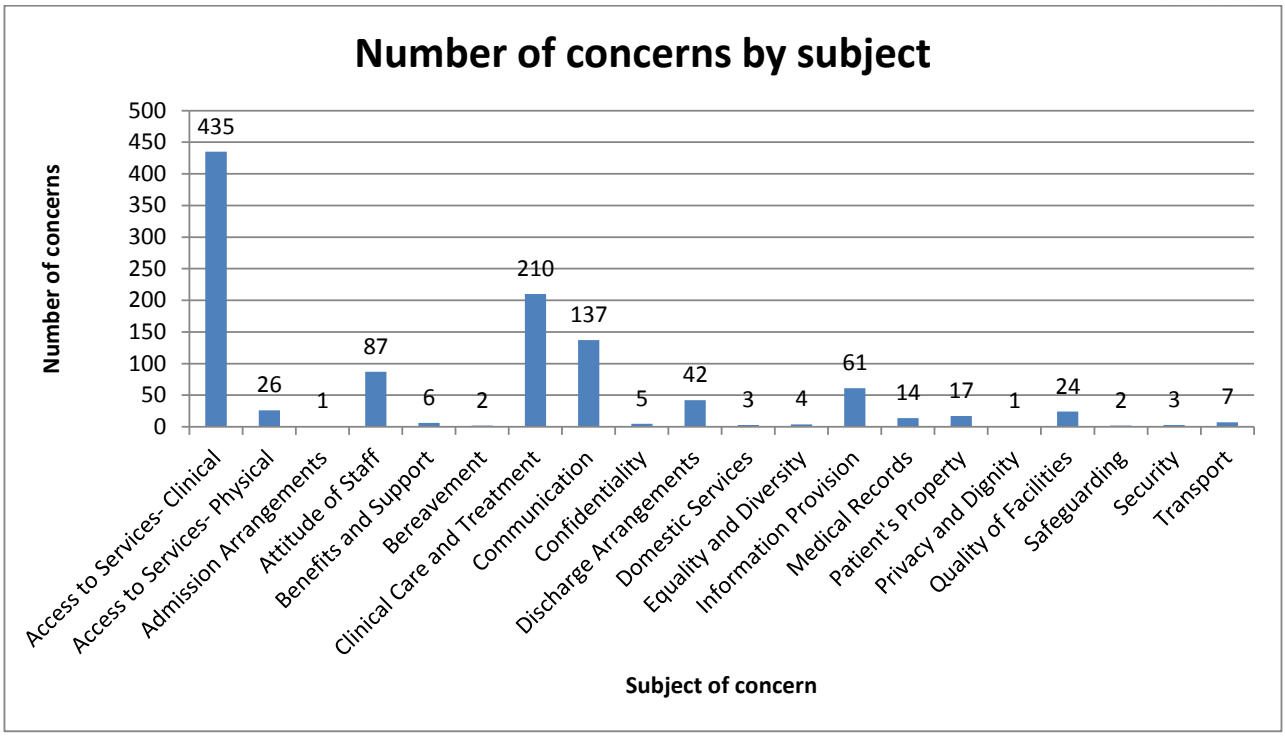


Chart 8

7. MP Enquiries

In 2019/20, 7 MP enquiries were received. These are triaged upon receipt to determine the most appropriate process for managing these. If the issues can be investigated quickly the PALS concerns process is likely to be followed in order to resolve these efficiently. On occasion it is more appropriate to manage these through the complaints process with a longer formal investigation.

8. Compliments

In 2019/20, 8,072 compliments were received. This is a 13% increase on the number of compliments received the previous year. Similarly to complaints and concerns, the majority of compliments were received by the largest three divisions. ASCR received 2,658, NMSK received 2,099 and Medicine received 1,914.

It was noted in last year's annual complaints report that the way in which compliments are recorded needed to be reviewed and improved. This work has been scheduled for Q1 of 2020/21.

9. Learning and Improvements

9.1 PALS

Throughout 2019/20, the service has continued to grow and has staff to support people with resolving their concerns and issues quickly. PALS has improved the accessibility of raising concerns in the hospital with a 'drop in' office where patients, carers or family members can

walk in and speak to someone about their experience. This has benefited complainants by providing a faster, less formal route to resolve their concerns.

Patient Story from PALS:

PALS were contacted by a patient's daughter (PD) regarding her mother's (M) treatment.

M was brought into Southmead via ambulance with suspected heart attack. M was assessed and informed it was not a heart attack but she had probable liver metastases, and needed an urgent CT scan to discover where the primary cancer was located. PD said M was sent home with no information or pain management plan, and told to wait for a phone call.

Time passed and PD called to chase a date for M's CT scan. She was told there was an IT problem which meant the request had not been received and M was not on the list. PD felt that whilst staff had been trying their best, communication was very poor and they were not given sufficient information.

PD asked PALS to help her and M navigate the hospital system to understand what was happening and the best way forward to get a speedy diagnosis for M and the pain relief she needed.

The PALS officer arranged for the speciality team to contact PD the same day. The PALS officer also contacted radiology and was able to book an appointment at a time and date convenient for M. It was confirmed that M would be contacted with the CT results to discuss how her treatment would be taken forward.

PD was grateful for the help from PALS who provided clarity, reassurance and positive action to support PD and M.

9.2 Complaints

You said;	We did;
'There is always a big queue at the payment machines and my disabled mum and I really struggled waiting in the cold corridor"	We introduced a new parking validation process. Blue badge holders can now approach a Move Maker in the main Brunel Building atrium and have their parking validated on an iPad. We also shut the main doors of the parking machine corridor to limit the amount of cold air flowing through. A short nearby diversion allows access to the car park instead.
"The waiting area for Gynaecology Emergency Clinic is uncomfortable and unwelcoming"	We introduced better seating and installed a whiteboard for staff to write a daily welcome message. We communicated this feedback to staff and it was

	agreed a more visible presence of staff engaging with patients in the waiting room was important. We also added a water dispenser and vending machine with hot drinks. More comfortable chairs and a television have been purchased through charitable funds.
"I was moved wards late at night. It was unpleasant"	We implemented new guidelines that patients are only moved during night time when absolutely necessary. We also advised staff to explain this to a patient if they are moved late at night to encourage understanding that it is necessary.

Other examples include:

- Improved signage for Cotswold Ward and Gynaecology Emergency Clinic.
- Within Urology, a weekly tracking meeting has been set-up to monitor all patients on a cancer pathway referred from another organisation.
- Refreshing manual handling training for ward staff with a focus on ensuring staff are compassionate and kind when moving and handling patients.
- Improved staff training on taking consent for clinical procedures, in particular where the nature of the procedure changes from that which was originally discussed or agreed by the patient.
- Reception staff to inform patients of any delays when they are checked in for appointments.
- Palliative Care team have reviewed the education they provide focusing on improving communication with patients and their relatives when patients gave a poor prognosis.

Whilst we are pleased to be able to demonstrate examples of learning and improvements from complaints and concerns we acknowledge that we have a lot more work to do in this area. We have identified this as a priority area for 2020/21, to ensure that we have a robust system in place to identify, log and monitor learning and improvements from complaints. We also want to explore how we can ensure transparency and feedback on changes made as a result of complaints. We have begun to address this by updating our webpages to include a 'Why does my feedback matter?' page. On this we hope to include regular examples of 'you said we did' and case studies demonstrating learning and improvements from complaints.

10. Looking ahead to 2020/21

We will build on the steps taken in 2019/20 to further develop the Complaints Service and PALS. In order to do this we have identified key areas of focus which reflect the

recommendations made in the Healthwatch report (Jan 2020) '*Shifting the mindset: a closer look at NHS complaints'* and wider Trust Strategy.

The 'Managing Complaints and Concerns Policy' will be updated in Q1, 2020/21. Datix will be updated accordingly to reflect the changes. The main objective of this updated policy is to streamline the process so it is much clearer for our staff and for patients wishing to raise concerns. This will help to clarify our reporting and enable improved monitoring against our key performance indicators.

Once this policy is successfully launched, a toolkit and training will be provided to help embed the processes and ensure quality and consistency across the Trust. We will also introduce a complaints and PALS feedback survey, seeking the views of complainants who have used our service to understand whether we are meeting expectations and where we need to improve.

In keeping with our commitment to improve quality we will continue to focus our attention on the number of overdue complaints ensuring that this remains low, and that the percentage of complaints responded to on time reaches and sustains at 90% and, that the quality of complaint responses improves and is maintained across all divisions. This will be done through re-introducing the Lay Complaints Review Panel where complaint responses will be randomly audited ensuring the quality of the response. We will also provide training and guidance on writing response letters.

Lastly, we are focussed on increasing the visibility and accessibility of the PALS and Complaints processes. This will be done by updating and improving information online, in leaflets and on the wards and departments. We will ensure this information is accessible to different communication needs. We will also begin to collect demographic information on the individuals accessing our services to ensure we are equally accessible and fair to all and everyone who wishes to knows how to raise their concerns. As part of this work we will continue to raise awareness of our services through networking with community and Voluntary, Community and Social Enterprise (VCSE) partners.

NHS North Bristol NHS Trust

Report To:	Patient and carer Experience Committee		
Date of Meeting:	16th September 2020		
Report Title:	Options for Patient Stories going to the Board meetings		
Report Author & Job Title	Helen Blanchard Director of Nursing and Quality.		
Executive/Non-executive Sponsor (presenting)	Helen Blanchard Director of Nursing and Quality.		
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
		X	
Recommendation:	The Committee is asked to: • Discuss the different options described above for hearing patient, family and staff stories at the Board. • Make a recommendation to the Trust Board. A single option could be taken forward, a combination of options or all the options.		
Report History:	Patient and Carer Experience Group, August 2020		
Next Steps:	Once considered by Patient and Carer Experience Committee, the options for hearing patient, family and staff stories at the Board, along with a recommendation, will be discussed by the wider Trust Board.		

Executive Summary
Patient stories are used widely across the NHS and different methodologies used in the past, have primarily been a verbal presentation from the patient and /or their family, a written presentation, or staff sharing the story. After the Board reflected on the approach taken with recent stories, the Director of Nursing and Quality was tasked to consider alternative or additional options for hearing future patient stories in the public Board. A number of different methodologies are described in the paper and anyone could be utilised to bring patient stories to the Board in an effort to triangulate the business of the Board with patient experience.

Strategic Theme/Corporate Objective Links	**1. Provider of high quality patient care** **2. Developing Healthcare for the future**
Board Assurance Framework/Trust Risk Register Links	
Other Standard Reference	CQC Regulation 9 Person-centred Care
Financial implications	Support may be required to introduce the 'immersion' engagement option. Southmead charity would be approached.
Other Resource Implications	Preparation of stories for the Board requires careful planning so that those sharing the story feel supported and understand the purpose. This preparation can take several hours before the Board and the support for patients and staff continues during and after the meeting. The Corporate and Divisional Patient Experience leads are committed to supporting different methodologies to capturing and sharing patient stories.
Legal Implications including Equality, Diversity and Inclusion Assessment	

11.2

1. Purpose

This paper provides an opportunity to discuss the approach to listening to patient stories about their experiences at the Trust's Public Board Meetings.

Patient stories are used widely across the NHS and different methodologies used in the past, have primarily been a verbal presentation from the patient and /or their family, a written presentation, or staff sharing the story. After the Board reflected on the approach taken with recent stories, the Director of Nursing and Quality was tasked to consider alternative or additional options for hearing future patient stories in the public Board. Initially the idea was to propose a very different approach to patient stories, and this was discussed at a recent Patient and Carer Experience group. This group and particularly the patient representatives gave a very clear steer that they would wish to see the Board receive and hear patients' and families experiences using a variety of methodologies.

2. Background

2.1 Patient stories really started to come to NHS Board meetings back in 2010 when the Patient Safety First campaign suggested that 'organisations working to improve patient safety should bring the patient's voice to the Board.'

2.2 The campaign recognised that starting each Board meeting with a patient story is a challenging goal that requires careful planning, consideration of a number of ethical issues and skilled presentation.

Patient stories are now used widely across the NHS as a methodology to drive change and improve the quality of care and have been presented to the Board at North Bristol NHS Trust for a number of years. Usually in the form of the patient and/or their family attending to share their stories, or patient letters being read. (Every third public Board meeting, the Board received a staff story, with the staff member in attendance).

2.3 The primary purpose of using patient stories in the Board meeting has been to assist members to see through the eyes of the patient as they approach the business of the meeting. Board members have used the material to triangulate the experience with reported metrics and other quality and safety information.

2.4 Board members have also questioned and sought assurance on how executives are addressing issues arising both for the individual patient and for the wider patient population. This focus has meant that learning from one person's experience is routinely being disseminated and addressed in order to drive improvement.

3 Different approaches to listening to patients, families and staff at the Board

In an effort to develop a different approach to hearing from patients and families about their experiences, Kelly McFarlane, a Non-Executive Director who has extensive experience in approaches to obtaining feedback from consumers, shared her experiences of bespoke immersion events at Thames Water. A description of this approach, used by Thames Water as a key part of its customer engagement strategy, was taken to the Executive Team and subsequently to the Patient and Carer Experience Group. The proposal centred on a number of Board members and senior managers, being able to explore issues and experiences with customers, with the opportunity to ask each other questions.

Whilst there was support for this new approach by the Patient and Carer Experience Group, a clear steer was given that they wished the Board to keep options open and utilise a variety of approaches to hearing patient and family stories.

Consequently after a review of available published references to using patient and family stories at NHS Board meetings, and conversations with colleagues in other Trusts, the committee is asked to discuss the options below. A single option could be taken forward, a combination of options or all the options.

Options:

3.1 Provide written patient stories for Trust Board

Patient stories can be written, and it would be possible to identify the key issues and pull out specific quotes or sound bites to identify the issue. This has the advantage of maintaining anonymity for the patient and enabling all Board members to read the same material. The use of a written media which is then relayed to the Board has the advantage of supporting patients who have cognitive impairment, learning disabilities and where English is not a first language but has the disadvantage of interpretation by the author of the paper.

3.2 Provide audio or video recordings of patient stories

A short video or audio recording of the patient story would be shared at the Board. This allows more time for preparation and can be more comfortable and acceptable for patients. Recordings can be done in the patient's home or within the Trust supported by the patient Experience leads. With the patient's permission, this method means the story can be shared widely and stored for future use.

3.3 Continue to invite patients to present where most helpful and appropriate

In some instances a patient / relative could be invited to present directly to the Board. This has the advantage that the Board would be able to hear directly from and engage with patients and/or their family. A difficulty can be enabling the Trust Board to obtain the richness of a particular patient experience because of the limited time frame; this approach can also be very intimidating, stressful and emotional for the patient and/or their family.

3.4 Present the feedback and leaning from an immersion event

This is an approach used by Thames Water as a key part of its customer engagement strategy. The proposal if taken forward by NBT, would involve inviting Board members and senior managers to a face to face, or online, session with selected patients to talk about a pre-agreed area of care or service. The pre-agreed area for discussion could be determined by the Board ahead of strategic or operational decision making. The outputs of this engagement would be shared with the full board. Examples of key objectives for the engagement would be to:

- Understand the patients' experiences
- Explore their perceptions and experience of care or a service
- Understand the patients' expectations of care or services.

This is a new approach to the Trust, is probably the most resource intensive, and support would be required from outside the Trust, certainly in the first instance to help introduce this.

3.5 Continue with a staff story, with a staff member or team presenting

A member of staff or team could be invited to present directly to the Board. As with patients who attend, this approach has the advantage that the Board would be able to hear directly from and engage with members of staff.

4. Conclusion

In summary, different methodologies could be utilised to bring patient stories to the Board in an effort to triangulate the business of the Board with patient experience and set the tone for Board members' decision making. Careful consideration of how to make this meaningful is required and a number or all of the above options could be adopted.

5. Recommendation

The Committee is asked to:

- Discuss the different options described above for hearing patient, family and staff stories at the Board.
- Make a recommendation to the Trust Board. A single option could be taken forward, a combination of options or all the options.

NHS
North Bristol
NHS Trust

National Inpatient Survey 2019: overview report and actions

Trust Board : 24th September 2020

Exceptional healthcare, personally delivered

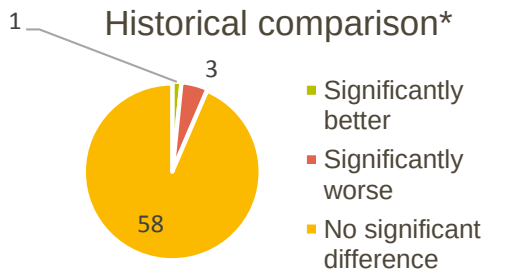
Summary

This document summarises the findings from the NHS Inpatient Survey 2019, carried out by Picker, on behalf of North Bristol NHS Trust. Picker was commissioned by 74 acute trusts. This report presents your organisation's results in comparison to the average for these trusts.

A total of 62 questions were asked in the 2018 and 2019 surveys, which have been used for historical and overall comparisons. The results include every question where NBT had the minimum required 30 respondents.

1250	1209	**47%**	44%	49%
Invited to complete the survey	Eligible at the end of the survey	Completed the survey (566)	Average response rate for similar trusts	Your previous response rate

87%	Q68+. Overall: rated experience as 7/10 or more
99%	Q67. Overall: treated with respect or dignity
98%	Q24. Doctors: had confidence and trust



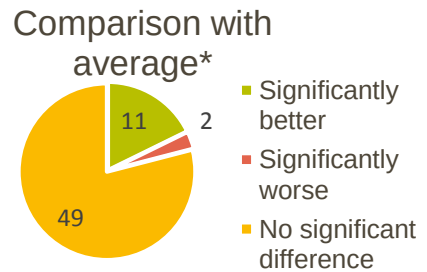
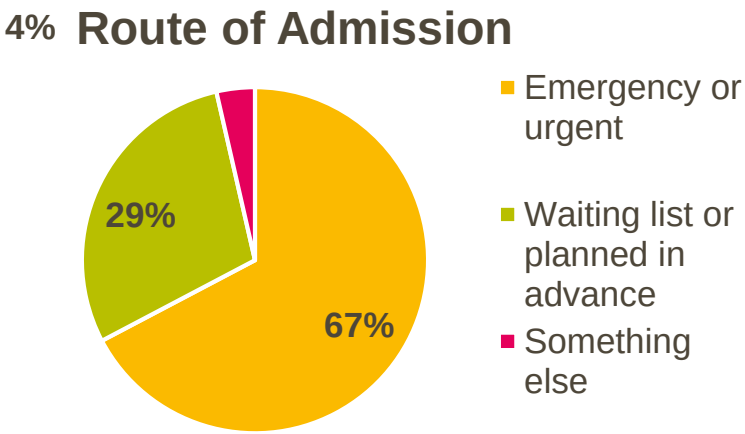
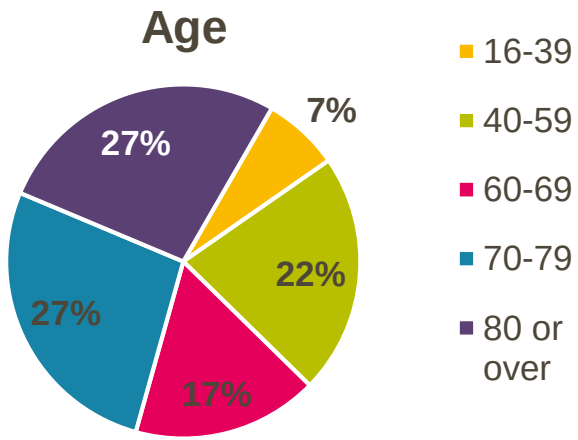


*Chart shows the number of questions that are better, worse, or show no significant difference

2019 Survey activity

- 566 eligible patients responded
- Trust response rate: 47% Picker average response rate: 44%
- 50% were male, 50% were female





Significant differences

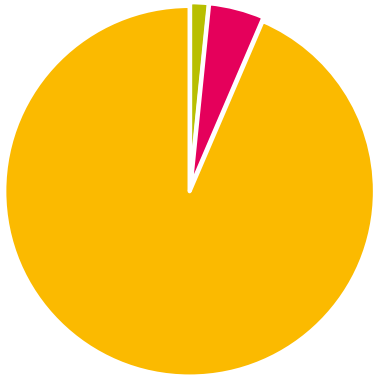
North Bristol NHS Trust

Historical trend

Similar to 2018 on 58

Better on 1

Worse on 3

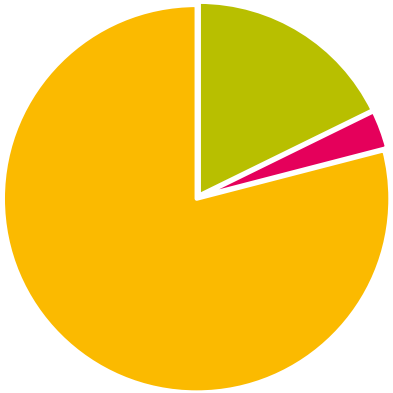


Similar organisations

Similar to Picker average on 49

Better on 11

Worse on 2



Identifying areas for improvement

Work shop March 2020 - staff and patient representatives

Reviewed all feedback;

- Complaint & concerns from patients and their families
- Friends and Family Test data
- National survey data and historical data

Identified particular areas to focus on for improvement;

- Discharge
- Increasing opportunity for patients to be able to give feedback

Leaving hospital (1)

		Historical					Organisation type	
		2015	2016	2017	2018	2019	Average	Organisation
Q60+	Discharge: told of danger signals to look for	62%	62%	62%	65%	64%	64%	64%
Q61+	Discharge: family or home situation considered	84%	85%	87%	86%	81%	82%	81%
Q62+	Discharge: family, friends or carers given enough information to help care	73%	72%	77%	78%	74%	76%	74%
Q63+	**Discharge: told who to contact if worried**	**75%**	**81%**	**78%**	**77%**	**76%**	**76%**	**76%**
Q64+	Discharge: staff discussed need for additional equipment or home adaptation	86%	85%	85%	91%	**81%**	79%	81%
Q65+	Discharge: staff discussed need for further health or social care services	79%	83%	84%	84%	84%	81%	84%
Q66+	Discharge: expected care and support were available when needed	-	-	-	89%	**82%**	81%	82%

A lot more information should be given on discharge. As soon as I left I had no aftercare at all and when I rang the ward for help they just told me to call my doctor on Monday. (It was a Saturday).

Leaving hospital (2)

		Historical					Organisation type	
		2015	2016	2017	2018	2019	Average	Organisation
Q49	Discharge: given enough notice about when discharge would be	86%	84%	88%	86%	86%	87%	86%
Q54+	Discharge: got enough support from health or social care professionals	78%	76%	79%	81%	73%	78%	73%
Q55+	Discharge: knew what would happen next with care after leaving hospital	70%	84%	81%	85%	84%	84%	84%
Q56	Discharge: patients given written/printed information about what they should or should not do after leaving hospital	64%	70%	64%	67%	63%	63%	63%

Action: Discharge Quality Improvement project

Purpose: to review, redesign and initiate identified changes to the management of discharge from NBT.

- Benefits will include; improved effective communication with the patient, family, carers and other care providers to ensure that all are involved in the planning process.

The project will take into account the work undertaken on other aspects of work relating to the discharge of patients for example the Single Referral Form.

The project plan was agreed at Patient Experience Group August 2020 and progress will be reported at each meeting.

Feedback

		Historical					Organisation type	
		2015	2016	2017	2018	2019	Average	Organisation
Q70+	Overall: asked to give views on quality of care	18%	15%	13%	9%	9%	14%	9%
Q71+	Overall: received information explaining how to complain	24%	22%	22%	17%	17%	19%	17%

Action: working with patient and staff -

Review and revise the information available for patients on how to give feedback including compliments, complaints and concerns, ensuring it is consistently accessible (e.g. website, wards, out patient and service departments, main reception areas etc.)

NHS
North Bristol
NHS Trust

Picker National Maternity Survey 2019
Overview Report

NHS North Bristol NHS Trust

Overview

A total of 39 questions were asked in the 2018 and 2019 surveys, which have been used for historical and overall comparisons.

The survey explored the experience of mothers across their maternity care pathway covering:

- Antenatal Care, labour and birth
- Care in hospital after birth
- Feeding their baby
- Care at home after the birth

Summary

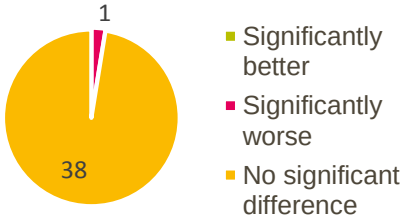
This document summarises the findings from the NHS Maternity Survey 2019, carried out by Picker, on behalf of North Bristol NHS Trust. Picker was commissioned by 63 acute trusts. This report presents your organisation's results in comparison to the average for these trusts.

A total of 39 questions were asked in the 2018 and 2019 surveys, which have been used for historical and overall comparisons. Your results include every question where your organisation had the minimum required 30 respondents.

449	445	**41%**	36%	45%
Invited to complete the survey	Eligible at the end of survey	Completed the survey (183)	Average response rate for similar trusts	Your previous response rate

100%	C20. Treated with respect and dignity
99%	C21. Had confidence and trust in staff (during labour and birth)
98%	C19. Involved enough in decisions about their care (during labour and birth)

Historical comparison*



Comparison with average*

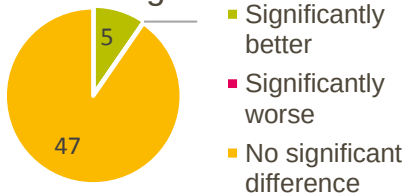


*Chart shows the number of questions that are better, worse, or show no significant difference

Summary

	Top 5 scores (compared to average)
82%	B12. Offered NHS antenatal classes or courses
95%	B4. Offered a choice of where to have baby
76%	F20. GP spent enough time talking about mental health
75%	F6. Saw the midwife as much as they wanted
93%	B6. Given enough information about where to have baby

	Bottom 5 scores (compared to average)
65%	F17. Received support or advice about feeding their baby during evenings, nights or weekends
40%	F1. Given a choice about where to have check-ups
85%	F15. Given enough information about their own physical recovery
72%	F7. Felt midwives aware of medical history (postnatal)
70%	D7. Found partner was able to stay with them as long as they wanted

	Most improved from last survey
60%	D2. Discharged without delay
98%	C12. Partner / companion involved
98%	B17. Involved enough in decisions about their care (antenatal)
99%	E2. Found decisions as to how to feed their baby were respected by midwives
95%	B4. Offered a choice of where to have baby

	Least improved from last survey
93%	B14. Had a telephone number for midwives (antenatal)
80%	B18. Provided with relevant information about feeding their baby
84%	C16. Felt concerns were taken seriously
75%	F6. Saw the midwife as much as they wanted
79%	C15. Not left alone when worried

Improvement in antenatal care

		Historical						Organisation type	
		2013	2015	2017	2018	2019		Average	Organisation
B14	Had a telephone number for midwives (antenatal)	100%	100%	98%	99%	**93%**		94%	93%
B18	Provided with relevant information about feeding their baby	-	-	-	85%	80%		84%	80%

- **B14** - *decrease in score due to changes within community*
- **B18** – *Maternity App. introduced in 2019 instead of leaflets – initial uptake limited*

Actions

- **B14** – The introduction of continuity of carer teams planned in 2020/21 **Status**: This has commenced and is on track
- **B18** – Improvement in discussion around use of app – also linked to action for B14. Use has greatly improved over past year through promotion to every parent **Status**: completed

Summary of your labour and the birth of your baby

		Historical						Organisation type	
		2013	2015	2017	2018	2019		Average	Organisation
C1	Felt that they were given appropriate advice and support at the start of labour	87%	81%	80%	87%	85%		87%	85%
C15	Not left alone when worried	70%	75%	73%	83%	79%		78%	79%
C16	Felt concerns were taken seriously	85%	81%	81%	89%	84%		84%	84%
C22	Able to ask questions afterwards about labour and birth	-	-	-	-	82%		81%	82%

Action: Introduction of an Induction to Labour Suite – start date 7th January 2020, Induction of labour pathway of care booklet and improved information on Maternity App **Status**: completed

Establish a designated area with appropriate review of women in early labour. Feedback more positive **Status**: completed

Summary of Postnatal care

		Historical						Organisation type	
		2013	2015	2017	2018	2019		Average	Organisation
D2	Discharged without delay	-	-	47%	55%	60%		55%	60%
D7	Found partner was able to stay with them as long as they wanted	-	47%	57%	70%	70%		74%	70%

Action:

D2 – Improvement poor over last 3 years despite being above average compared to other Trusts. Review currently of process for the Newborn & Infant Physical Examination(NIPE) and improved early senior midwife review of mothers on wards to improve discharge process. **Status** : completed

D7 – Recliners to be purchased **Status**: completed

Summary of Care at home after the birth

		Historical						Organisation type	
		2013	2015	2017	2018	2019		Average	Organisation
F1	Given a choice about where to have check-ups	-	-	32%	40%	**40%**		47%	40%
F6	Saw the midwife as much as they wanted	71%	72%	70%	79%	75%		70%	75%
F17	Received support or advice about feeding their baby during evenings, nights or weekends	-	62%	75%	63%	65%		75%	65%

Action:

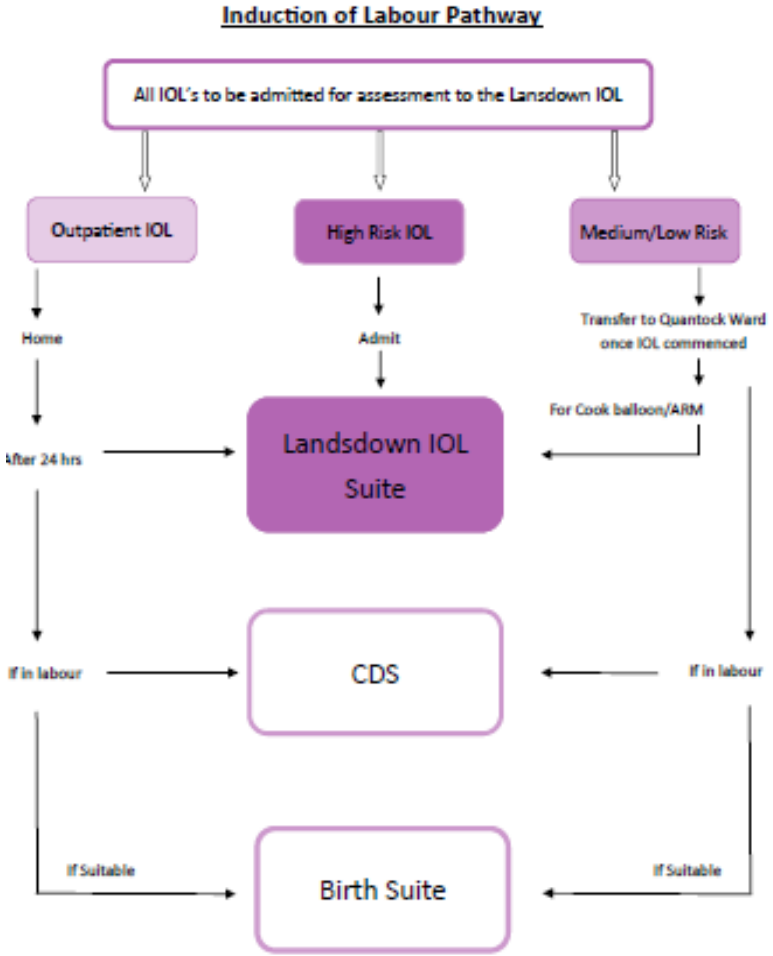
F1 – Review of postnatal pathway as part of Continuity of Carer work – 3rd day/5th day and subsequent postnatal reviews and where these should be – postnatal hubs etc. **Status** : Ongoing work

F6/F17 – These relate to changes in the community model of working in 2017 which has impacted on women's experiences and is being addressed within the Continuity of Care work ; **Status** : Ongoing work

F17 – as a Baby Friendly unit this is not acceptable and is being addressed as an integral part of the Continuity of Care work

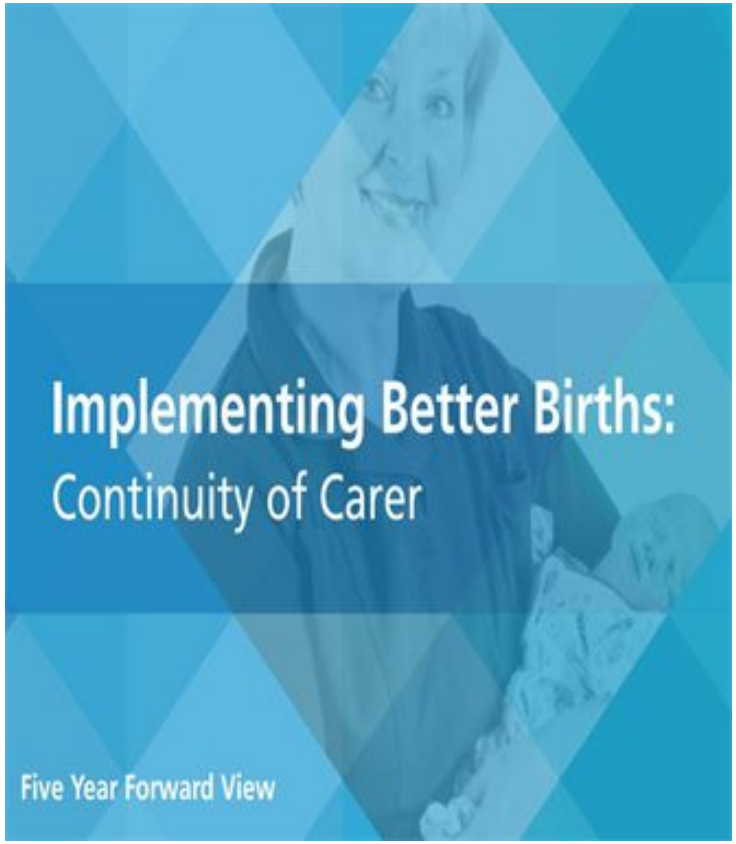
Linking improvement activity to ongoing work and resourcel

NHS North Bristol NHS Trust



NHS North Bristol NHS Trust

NHS MY pregnancy @ North Bristol NHS Trust



Report To:	Trust Board		
Date of Meeting:	24 September 2020		
Report Title:	Quality & Risk Management Committee Report		
Report Author & Job Title	Kate Debley, Deputy Trust Secretary		
Executive/Non-executive Sponsor (presenting)	John Iredale, Non-Executive Director and Chair of QRMC		
Purpose:	**Approval/Decision**	**Discussion**	**To Receive for Information**
			X
Recommendation:	The Trust Board should receive the report for assurance and note the activities QRMC has undertaken on behalf of the Board, in particular that QRMC has approved the Trust to be an early adopter of the Patient Safety Incident Response Framework and has reviewed the following annual reports: • Tissue Viability • Compliance with Human Tissue Authority regulations		
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 November 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 17 September 2020.

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Strategic Theme/Corporate Objective Links	• 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, risk COV 1 relating to waiting-list and backlogs of care, and risk COV 2 relating to overwhelming effects of Covid-19 locally.
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.

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 17 September 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.

3. Meeting on 17 September 2020

3.1 Tissue Viability Annual Report and Update:

The Committee received the Tissue Viability Annual Report 2019/20 and Update. Assurance was provided that key performance indicators for pressure injuries prevention are audited on a weekly basis and that the Tissue Viability Service continue to work closely with all safeguarding partners with regard to the protection and safeguarding of vulnerable patients. A further report will be brought to the November meeting of the Committee to include a review of progress against the improvement measures outlined in the annual report in the first six months of 2020/21.

3.2 Quality Governance Improvement Programme Highlight Report

The Committee received the first report on the Quality Governance Improvement Programme (QGIP), which follows on from the previous Clinical Governance Improvement Programme. It was noted that this work should be viewed as part of the Trust's wider transformation and organisational development work, and that the programme will be fully embedded at divisional level. The Committee were assured that progress against key deliverables is on track following a pause in the programme due to the Covid pandemic response, and that due consideration is being given to how key messages from the programme will be communicated in order to optimise engagement at all levels within the organisation; an update on this will provided at the Committee's November meeting.

3.3 NHS Patient Safety Incident Response Framework – opportunity to be an early adopter

The Committee approved a proposal that the Trust become an early adopter of the NHS Patient Safety Incident Response Framework (PSIRF). The framework sets out significant changes to the way that learning is gained from patient safety incidents, particularly investigations, in line with the NHS Patient Safety Strategy which was published in July 2019. The overarching aims of these changes are to simplify the approach by reducing bureaucracy and targets, whilst bringing a risk based approach to identifying patient safety priorities on which learning should be based on.

The Committee were assured that adoption of the Framework by the Trust would lead to local change rather than being simply an alternative reporting framework, and it was noted that a significant reduction in numbers of resource-heavy Serious Case Reviews would be anticipated. The Committee noted that whilst analysis of core themes rather than individual incidents will feed into improvement strategies under this framework, it was important that individual patients continue to receive feedback on incidents which have involved them. Assurance was provided that duty of candour requires that the Trust will continue to be open about the outcomes of review processes with patients.

3.4 Human Tissue Authority registration update

The Committee received an update on Human Tissue Authority registration and approved the proposal that ongoing assurance in relation to compliance will be through Divisional governance processes with an annual report to be provided to the Committee.

3.5 Other items:

The Committee also received updates on:

- Perinatal Morbidity (Perinatal Morbidity Review Toolkit) Quarterly Report and update on progress against the 10 standards.
- Drugs & Therapeutics Committee Highlight Report upward report.
- Safeguarding Committee Highlight Report upward report.
- Quality Performance Report.

4. Identification of new risk & items for escalation

No significant risks or issues were identified as requiring specific escalation to Trust Board.

5. Recommendations

The Trust Board should receive the report for assurance and note the activities QRMC has undertaken on behalf of the Board, in particular approval for the Trust to be an early adopter of the Patient Safety Incident Response Framework and review of the following annual reports:

- Tissue Viability
- Compliance with Human Tissue Authority regulations.

Report To:	Trust Board Meeting			
Date of Meeting:	24 September 2020			
Report Title:	Audit Committee Report			
Report Author & Job Title	Kate Debley, Deputy Trust Secretary			
Executive/Non-executive Sponsor (presenting)	Jaki Meekings-Davis, Chair of Audit Committee, Non-executive Director			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
			X	
Recommendation:	The Trust Board is recommended to receive the report for assurance.			
Report History:	The report is a standing item to each Trust Board meeting following an Audit Committee meeting.			
Next Steps:	The next report to Trust Board will be to its meeting in November 2020.			

Executive Summary	
The report provides assurances received, issues escalated to the Trust Board and any new risks identified from the Audit Committee Meeting held on 1 September 2020.	
Strategic Theme/Corporate Objective Links	**1. Provider of high quality patient care** 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** a. Training, educating and developing out workforce b. Increase our capability to deliver research c. Support development & adoption of innovations d. Invest in digital technology **3. Employer of choice** 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 **4. An anchor in our community** a. Create a health & accessible environment b. Expand charitable support & network of volunteers c. Developing in a sustainable way
Board Assurance Framework/Trust Risk Register Links	None identified.
Other Standard Reference	Links to the CQC Well Led domain and key lines of enquiry.
Financial implications	None within this report.
Other Resource Implications	No other resource implications associated with this report.
Legal Implications including Equality, Diversity and Inclusion Assessment	None identified.
Appendices:	N/A

1. Purpose

To provide a highlight of the key assurances, escalations to the Board and identification of any new risks from the Audit Committee meetings held on 1 September 2020.

2. Background

2.1. The Audit Committee is a sub-committee of the Trust Board. It meets five times a year and reports to the Board after each meeting. The Committee was established to receive assurance on the Trust's system of internal control by means of independent review of financial and corporate governance, risk management across the whole of the Trust's activities and compliance with law, guidance and regulations governing the NHS.

3. Meeting of 1 September 2020

3.1. Data Security Protection Toolkit and Data Protection Officer Update:
The Committee received an update from the Assistant Director of Informatics following the 'partial assurance with improvements required' finding in the Internal Audit Report which had been received by the Committee in June. The Committee were assured that the remaining recommendations will be aligned with the recommendations from the Information Commissioner's Office and Cyber Essentials audits from Q3 2019/20, with a full plan of work to be developed to provide assurance in relation to the appropriate handling and protection of the Trust's information.

3.2. Internal auditor update:
The Committee received a progress report and technical update from the internal audit team.

3.3. The following internal audit reports were received and reviewed by the Committee:

- Volunteer Checks
  A positive report on volunteer checks was presented to the Audit Committee, with a rating of significant assurance with minor improvement opportunities.

- Draft Nightingale Hospital Bristol Review
  The Committee received a positive draft report on the Nightingale Hospital Bristol with a current rating of significant assurance with minor improvement opportunities. The Committee heard that no substantial issues have been identified that are likely to change this rating prior to finalisation. The next step was for feedback to be sought from the Nightingale Hospital Bristol Senior Leadership Team.

3.4. External auditor update:
The Trust's external auditors provided an update on progress in delivery of their responsibilities. The Committee heard that pre-emptive work is currently in progress to ensure that qualification of the accounts next year due to issues around stock can be avoided. Assurance could not be provided this year as a result of Covid restrictions. An update on this will be provided at the Committee's next meeting.

3.5. DHSC debt to Public Dividend Capital Update:
The Committee received an update on the impact of the conversion of loan financing to PDC on NBT's Balance Sheet and I&E position for 2020/21 and were assured that this process is in hand.

3.6. Update on Welsh Health Specialised Services Commissioning Debt Issue:
An update was received on the Welsh Health Specialist Services Commissioning Debt issue. The Committee noted the level of outstanding debt had reduced considerably and were assured that appropriate actions were being taken to reduce the balance.

3.7. External Agency Visits Report:
The Committee received a report on External Agency Visits, noting that it has been challenging to update the register in the context of Covid. The Committee were assured that there was now clear Audit Committee sight of high risk external agency visits to the Trust.

3.8. Declarations of Interest Update:
The Committee received an update on the launch of the new Declarations of Interest policy and process. The Committee were assured that the new process is robust and that updates and a register of interests will be received at least biannually.

3.9. Annual Policies Update:
An update was received on the status of trust-wide policies, particularly within the context of the move to the new intranet (LINK) at the end of July 2020. The Committee noted that further work was required to ensure that all policies have been reviewed but were assured that regular updates would be provided.

3.10. Updates were received on:

- Losses and Salary Overpayments
- Single Tender Actions in the last quarter; and
- The Audit Committee work-plan.

The Committee did not identify any areas of concern.

4. New risks or items for escalation

4.1. No new risks were identified for Trust Board attention.

5. Recommendations

5.1. The Trust Board is recommended to receive the report for assurance.