NHS North Bristol NHS Trust

Trust Board Meeting in Public

Thursday 27 July 2023
10.00-13.15
Virtual/ L&R Room 4 & 5

A G E N D A

No.	Item	Purpose	Lead	Paper	Time
OPENING BUSINESS					
1.	Welcome, and Apologies for Absence:	Information	Chair	Verbal	10.00
2.	Declarations of Interest	Information	Chair	Enc.	-
STANDING ITEMS					
3.	Minutes from the previous meeting	Approval	Chair	Enc.	-
4.	Action Chart from Previous Meeting (No Open Actions)	Approval	Trust Secretary	Verbal	-
5.	Matters Arising from Previous Meeting	Discussion	All	Verbal	-
6.	Chair's Briefing	Information	Chair	Verbal	10.05
7.	Chief Executive's Briefing	Information	Chief Executive	Enc.	10.15
KEY ITEMS					
8.	Patient Story	Discussion	Chief Nursing Officer	Enc.	10.25
9.	Patient & Carer Experience Strategy	Information	Chief Nursing Officer	Enc.	10.50
QUALITY					
10.	Quality Committee Upward Report	Discussion	NED Chair	Enc.	10.55
11.	Learning from Deaths Annual Report 2022-23	Information	Chief Medical Officer	Enc.	11.05
PEOPLE					
12.	Guardians of Safe Junior Doctor Working	Discussion	Chief Medical Officer	Enc.	11.20
BREAK (10 minutes)					11.35
13.	Medical Revalidation & Appraisal Annual Report	Discussion	Chief Medical Officer	Enc.	11.45
14.	People Committee Upward Report	Discussion	NED Chair	Enc.	11.55
FINANCE, IM&T & PERFORMANCE					
15.	Integrated Performance Report	Discussion	Chief Operating Officer	Enc.	12.10
16.	Finance & Performance Committee Upward Report 16.1. Finance Report - Month 3	Discussion	NED Chair	Enc.	12.35
GOVERNANCE & ASSURANCE					
17.	Acute Provider Collaborative Upward report	Information	Trust Chair	Verbal	12.45

North Bristol
NHS Trust

CLOSING BUSINESS					
18.	Any Other Business	Information	Chair	Verbal	12.55
19.	Questions from the Public	Information	Chair	Verbal	13.00
20.	Date of Next Meeting: Thursday 28 September 2023				
END					13.05

North Bristol NHS Trust

2

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. • Director, Bristol Chamber of Commerce and Initiative. • Member of the Labour Party.
Mr Tim Gregory	Non-Executive Director	• Nothing to declare.
Mr Richard Gaunt	Non-Executive Director	• Non-Executive/Governor of City of Bristol College. • Non-Executive Director of Alliance Homes, social housing and domiciliary care provider
Ms Kelly Macfarlane	Non-Executive Director	• Sister is Centre Leader of Genesiscare Bristol (Private Oncology). • Sister works for Pioneer Medical Group, Bristol. • Managing Director, HWM-Water (manufacturing company). • Director, Radcom Technologies Limited (dormant company) • Director of ASL Holdings Limited (manufacturing of communications equipment) • Director of Invenio Systems Limited (engineering) • Non-Exec Director of Advanced Electronics Limited (manufacturing)
Professor Sarah Purdy	Non-Executive Director	• Professor Emeritus, University of Bristol • Fellow of the Royal College of General Practitioners

North Bristol NHS Trust

2

Name	Role	Interest Declared
		• Fellow of the Royal College of Physicians • Fellow of the Royal College of Physicians Edinburgh • Member of the British Medical Association • Member, Barts Charity Grants Committee • Shareholder (more than 25% but less than 50%) Talking Health Limited Indirect Interests (ie through association of another individual eg close family member or relative) via Graham Rich who is: - Chair, Armada Topco Limited - Director, Talking Health Ltd - Chair, EHC Holdings Topco Limited
Dr Jane Khawaja	Non-Executive Director	• Employee and Member of the Board of Trustees, University of Bristol. • Director of Gloucestershire Cricket Foundation. • Director of Bristol Future Talent Partnership. • Commissioner, Bristol Commission on Race Equality. • Member of Bristol City Funds, Investment Advisory Committee.
Mr Shawn Smith	Non-Executive Director	• Bluebells Consultancy Ltd (sole shareholder) • Raytheon Ltd (contractor) • Governor of City of Bristol College • Trustee of Frank Water • Elim Housing Association (co-opted committee member)
Mr Darren Roach	Associate Non-Executive Director	• His wife works as a nurse at the University Hospitals Bristol and Weston NHS Foundation Trust
Mr Omar Mashjari	Associate Non-Executive Director	• Employee of the University of the West of England (UWE) • Trustee of Human Appeal (charity) • Director of Alacrity Services Limited (London) (dormant company) • Director of Alacrity Group Limited (London) (dormant company)

NHS
North Bristol
NHS Trust

Name	Role	Interest Declared
Ms Maria Kane	Chief Executive	• Advisory Group Member of CHKS, a provider of healthcare intelligence and quality improvement services (remuneration donated to charity) • Visiting Professor to the University of the West of England (unremunerated)
Mr Steve Curry	Chief Operating Officer	• Nothing to declare.
Mr Tim Whittlestone	Chief Medical Officer	• Director of Bristol Urology Associates Ltd: undertakes occasional private practice (Urology Specialty) at company office, outside of NBT contracted hours. • Chair of the Wales and West Acute Transport for Children Service (WATCh). • Vice Chair of the South-West Genomic Medicine Service Alliance Board. • Wife is an employee of the Trust. • Director of 3RO Ltd (providing medical advice to international NGOs etc).
Mr Glyn Howells	Chief Financial Officer	• Governor and Vice Chair of Newbury College (voluntary).
Professor Steve Hams	Chief Nursing Officer	• Visiting Professor, University of Worcester • Director, Curhams Limited (dormant company) • Strategic Advisor, Liaison Group Limited • Independent Chair of Trustees, Infection Prevention Society • Strategic Advisory Board Member, Shiny Mind (Mental Health)
Mr Neil Darvill	Chief Digital Information Officer (non-voting position)	• Wife works as a senior manager for Avon and Wiltshire Partnership Mental Health Trust. • Stepbrother is an employee of the Trust, working in the Cancer Services Team.
Ms Jacqui Marshall	Chief People Officer (non-voting position)	• Nothing to declare.

North Bristol NHS Trust

2

Name	Role	Interest Declared
Ms Judith Gray	Interim Chief People Officer (non-voting position)	• Trustee of ICP Support (a charity supporting women and families who get a temporary liver condition in pregnancy which can result in stillbirth) • A Deputy Chief Medical Officer at NBT is her husband's Consultant • Her niece-in-law works for NBT

North Bristol NHS Trust

3

DRAFT Minutes of the Public Trust Board Meeting held virtually and in Learning & Research Building room 4 on Thursday 25 May 2023 at 10.00am

Present:

Michele Romaine	Trust Chair	**Maria Kane**	Chief Executive Officer
Tim Gregory	Non-Executive Director	**Glyn Howells**	Chief Finance Officer
Sarah Purdy	Non-Executive Director	**Tim Whittlestone**	Chief Medical Officer
Kelvin Blake	Non-Executive Director	**Steven Hams**	Chief Nursing Officer
Kelly Macfarlane	Non-Executive Director	**Steve Curry**	Chief Operating Officer
Richard Gaunt	Non-Executive Director	**Neil Darvill**	Chief Digital Information Officer
Jane Khawaja	Non-Executive Director	**Jude Gray**	Interim Chief People Officer
Omar Mashjari	Associate Non-Executive Director		
Darren Roach	Associate Non-Executive Director		

In Attendance:

Xavier Bell	Director of Corporate Governance & Trust Secretary	**Tomasz Pawlicki**	Corporate Governance Officer *(minutes)*

Presenters:

Paul Cresswell	Associate Director, Quality Governance *(Present for minute item TB/23/05/07)*	**Cathy Daffada**	Associate Director for Integrated Discharge *(Present for minute item TB/23/05/07)*
Emily Ayling	Head of Patient Experience *(Present for minute item TB/23/05/07)*	**Hilary Sawyer**	Lead Freedom to Speak Up Guardian *(Present for minute item TB/23/05/08)*
Kelly Spaven	Senior Sister for 10a *(Present for minute item TB/23/05/07)*		

TB/23/05/01 Welcome and Apologies for the Absence — **Action**

Michele Romaine, Trust Chair, welcomed everyone to NBT's Trust Board meeting in public, and reminded those in attendance that the meeting would be recorded.

No apologies were noted.

The Trust Chair welcomed Omar Mashjari and Darren Roach as the new Associate Non-Executive Directors on the Trust Board. She also welcomed members of staff and the public who were observing the meeting.

TB/23/05/02 Declarations of Interest

No Declarations of Interests were received relating to the agenda, nor were any updates required to the Trust Board register of interests as currently published on the NBT website and annexed to the Board papers.

TB/23/05/03 Minutes of the previous Public Trust Board Meeting

RESOLVED that the minutes of the Public Meeting held on Thursday 30 March 2023 were approved as a true and correct record.

TB/23/05/04 Action Log and Matters Arising from the Previous Meeting

Xavier Bell, Director of Corporate Governance & Trust Secretary, presented the action log and highlighted that action 77 regarding the Freedom to Speak Up e-learning had been closed.

RESOLVED that the updates to the Action Log was noted and no matters arising were raised.

TB/23/05/05 Chair's Business

The Trust Chair described her recent series of visits across the hospital and reflected on her visit to the transplant team where she had observed a kidney transplant. The Trust Chair noted that she felt welcomed by the team and praised how prepared and organised the transplant team was. She stated that it was a privilege to see the compassion and care shown and that the Trust should be proud of the team for their excellent work.

Tim Whittlestone, Chief Medical Officer thanked Trust Chair for her positive feedback and expressed the Board's gratitude to the team.

RESOLVED that the Chair's briefing was noted.

TB/23/05/06 Chief Executive's Briefing

Maria Kane, Chief Executive, presented the Chief Executive's Briefing. In addition to the content of the written report, the following was noted:

- The numbers of No Criteria to Reside (NC2R) patients remained high, and the pace of elective recovery continued to be challenging, impacted by industrial action, as well as the number of bank holidays in May.
- Industrial Action by the Junior Doctors and the RCN (Royal College of Nursing) had passed without any associated safety incidents.
- International Day of the Midwife was celebrated on 5 May 2023 and International Day of the Nurse was celebrated on 12 May 2023. Cakes and cards were delivered to wards, clinics, and theatres to recognise the amazing work of the staff and the positive impact they have on patients' lives.
- Invitations to the new Healthcare Excellence in Leadership and Management Programme (HELM) had been sent to 150 new managers and supervisors across the Trust to join the first sessions in June.

RESOLVED that the Chief Executive's briefing was noted.

Paul Cresswell, Emily Ailing, Kelly Spaven and Cathy Daffada joined the meeting.

TB/23/05/07 Patient Story

Steve Hams, Chief Nursing Officer, introduced the Patient Story. Paul Cresswell, Director of Quality Governance, Emily Ayling, Head of Patient Experience, Kelly Spaven, Senior Sister Gate 10a and Cathy Daffada, Associate Director for Integrated Discharge, detailed the process of responding to and implementing actions from a complaint submitted to the Trust regarding a patient discharge.

Kelly outlined the resulting learning opportunities. Cathy Daffada talked about the ongoing work to improve discharge overall, including the introduction of the NBT Transfer of Care Hub, the Quality Board Round, and the Criteria Led Discharge project. Cathy also noted the discharge challenges over the winter period and the positive impact of feedback from patients and relatives.

Emily Ayling concluded by describing the outcomes of the complaint and confirmed that work was ongoing with the community to improve the understanding of how the whole patient pathway works from the patient/family perspective.

- Kelvin Blake, Non-Executive Director, asked if similar themes occurred in other areas within the Trust. Cathy Daffada confirmed that the themes were reoccurring but advised that there had been a reduction in complaints relating to discharge as a result of the team's work.
- Neil Darvill, Chief Digital Information Officer, questioned how the Trust could be confident that complaints and concerns had the right impact. Kelly Spaven explained the learning opportunities as a result of the complaint and the impact it had on the team. It was highlighted that communication and positive patient interaction can help to reduce complaints.
- Sarah Purdy, Non-Executive Director, thanked the team for the in-depth analysis of a patient story and advised that she met the Gate 10 team and was impressed with how the team worked together. Sarah asked what specific changes were required to improve discharge summaries. Kelly Spaven explained the processes in place to discharge patients and challenges when patients were discharged by staff that had not been involved in their care. Kelly Spaven reiterated that communication and working together could improve discharge processes.
- Maria Kane, Chief Executive, thanked the team for the presentation and congratulated them on their hard work. She queried how the discharge checklists could be reviewed to ensure key aspects of discharge were not missed. Cathy explained that digitising the documents would allow for quick access to patient files and would improve discharge. In addition, Transfer of Care Hub would also help to build relationships with patients and relatives and partner organisation and help to improve patient flow in the hospital.

The Trust Chair thanked the team for the presentation and their transparency.

RESOLVED that the Board welcomed the Patient Story and thanked the team for their work.

Paul Cresswell, Emily Ailing, Kelly Spaven and Cathy Daffada left the meeting
Hilary Sawyer joined the meeting

TB/23/05/08 **Freedom to Speak Up Bi-Annual Report & Self-Reflection**

Xavier Bell, Director of Corporate Governance & Trust Secretary introduced Hilary Sawyer, Lead Freedom to Speak Up (FTSU) Guardian, and explained the context of the presentation.

Hilary presented the FTSU Bi-Annual Report and highlighted the number of concerns and proactive actions taken forward by the team. Hilary also provided updates on the themes arising from the concerns, including relationship and behaviour issues, work pressures, staff well-being and patient safety.

The Board then discussed the FTSU self-reflection questions, confirming their commitment to FTSU as an important element of patient safety and staff wellbeing at NBT.

DRAFT

Hilary highlighted the need to improve communication within teams, including sharing feedback with staff regarding actions taken as a result of a concern being raised. She emphasised that speaking up should be welcomed by managers and team leaders, and managers should be encouraged to take time to listen and give feedback to staff.

Steve Hams, Chief Nursing Officer, asked what could be done to improve in light of the staff survey responses which had shown a reduction in staff confidence to speak up about clinical concerns. Hilary advised that providing feedback to staff on the actions taken regarding the concern would help show the benefit of speaking up.

Steve Curry, Chief Operating Officer, noted the need to be clear with managers that responding to concerns and feeding back to staff was part of the role of a leader. Jane Khawaja, Non-Executive Director, agreed and noted the cultural aspects of raising an issue in some areas and the importance of staff feeling able to bring issues to managers. Xavier Bell confirmed that ideally, the first line of contact should be leaders and managers, with the FTSU Guardians only present as a safety net. Kelly Macfarlane, Non-Executive Director, agreed and noted that responsibility sat with the leadership team who were accountable for cultural improvement in their areas.

The Board noted the need to ensure staff felt safe to approach their managers and highlighted that the Board needed to support both staff and managers in this process. It was agreed that the responsibilities and benefits of speaking up should form part of the HELM programme.

Sarah Purdy queried if sexual misconduct issues were a theme raised in the in Trust. Xavier advised that this was not a theme coming through FTSU, but that they would be recorded via HR and safeguarding if relevant.

RESOLVED that the FTSU report and the self-reflection document were noted.

Hilary Sawyer left the meeting.

TB/23/05/09 **People Committee Upward Report**

Kelvin Blake, Non-Executive Director and Committee Chair, presented the People Committee Upward report and highlighted the following key areas:

- The launch of the Healthcare Excellence in Leadership & Management (HELM) programme.
- The update on the People priorities:
  - Developing a Long-Term Workforce Plan for the Trust
  - Developing a Retention Plan
  - Commitment to our Community
- The positive Apprenticeship Centre update

Tim Whittlestone, Chief Medical Officer, provided an update on the recent Industrial Action and advised that the Trust was developing strategies to ensure safe services during these periods of disruption. He praised the actions taken by local leaders within the organisation during the strikes. Tim Whittlestone also discussed the financial impact of the Industrial Action.

Jude Gray, Interim Chief People Officer, highlighted the great work of teams in preparations for industrial actions days.

RESOLVED that the Board noted People Committee Upward Report

{Break}

TB/23/05/10 **Quality Committee Upward Report**

Sarah Purdy, Non-Executive Director, and Committee Chair, presented the Quality Committee Upward Report and highlighted the following key areas:

- The Committee had undertaken a deep dive focused on Trust level risks around Urology capacity and the associated mitigations. She confirmed that the Committee had been assured that the Trust was taking appropriate action to mitigate the risks.
- The Committee had received an update on the causal factors behind the current performance of the NBT stroke service and the improvement work that was underway. She noted the anticipated impact of the new stroke pathway which could negatively impact performance, but welcomed the improvement work that was ongoing in that service.

RESOLVED that the Board noted the Quality Committee upward report and noted that the Quality Account Priorities for 2023/24 would come to the June Trust Board for approval.

TB/23/05/11 **Integrated Performance Report**

Steve Curry, Chief Information Officer, introduced the responsiveness section of the Integrated Performance Report (IPR) and presented a summary across four key domains of urgent and emergency care, elective care, diagnostics, and cancer performance.

Steve Curry outlined the challenges faced in transferring patients out of the Trust into other pathways and care locations as well as the impact of industrial action on the Trust being able to achieve its challenging stretch targets for the following year.

Safety and Effectiveness

Steve Hams provided an update on the Embrace report. a national confidential enquiry into perinatal mortality. He outlined the ongoing work to improve mandatory training compliance and prepare for the anticipated CQC inspection. Finally, he flagged the number of pressure injuries and falls within the Trust and confirmed that these areas were being explored in more detail.

Tim Whittlestone discussed the ongoing work on VTE risk assessments and maintaining the 95% target compliance.

Following a query from Kelly Macfarlane, Non-Executive Director, regarding incidents involving medicine errors and insulin, Tim Whittlestone advised that the Electronic Prescribing Medicines Administration system would help to monitor and reduce the number of incidents.

Patient Experience:

Steve Hams highlighted the Friends and Family Test response rates and how this was used to make improvements within the divisions. In addition, Steve Hams positively noted that Emily Ailing had been promoted to Interim Head of Patient Experience.

People

Jude Gray, Interim Chief People Officer, presented Well Led section of the IPR and highlighted the workforce challenges, the staff absence figures and the current numbers of vacancies in the Trust. Positively, Jude noted that mandatory training compliance had increased due to ongoing work with bank staff to allow staff time to complete the training.

DRAFT

Tim Gregory, Non-Executive Director, noted the midwifery staffing challenges and questioned how the impact was being mitigated. Steve Hams mentioned that the Trust had centralised resources from Cossham to Southmead, and flagged that the Trust had a plan to fill the vacancy gaps by September.

Richard Gaunt, Non-Executive Director, noted that Trust continued to rely heavily on international nursing recruitment to tackle nurse vacancies, and asked whether recruitment through this route remained strong. Jude, together with Steve Hams provided an update on the number of international nurses that would join the Trust by the end of the year.

RESOLVED that the Trust Board noted Integrated Performance Report

TB/23/05/12 Finance and Performance Committee Upward Report

Tim Gregory, Non-Executive Director & Committee Chair, and Glyn Howells, Chief Finance Officer, presented the Finance and Performance Committee Upward report and highlighted:

- The ongoing work to develop the Cost Improvement Plans (CIP), which was progressing well, and was more mature than it had been the previous year (although the overall targets remained challenging)
- The positive progress within IM&T, particularly with the provision of better IT support and connectivity for Midwifery community sites
- The financial impact of the industrial action
- The updated the Finance report

The Trust Chair questioned if there would be any external funding for the loss of Elective Recovery Funds due to industrial action. Glyn advised that discussions were underway with the national team to recognise and account for the financial impact.

RESOLVED that the Board noted the Finance and Performance Committee Upward Report.

TB/23/05/13 Healthier Together Green Plan

Glyn Howells, Chief Finance Officer presented the Green Plan. He reminded the Board that this was an important document which was developed via system collaboration and was an important part of the organisation achieving its social responsibilities as a large employer in the city of Bristol.

RESOLVED that the Board approved the updated Healthier Together ICS Green Plan.

TB/23/05/14 Audit & Risk Upward Report

Richard Gaunt, Non-Executive Director and Committee Chair, presented the Audit & Risk Committee's upward report. He highlighted that the External Auditors ahd confirmed that the Annual Accounts fieldwork was underway and would be presented to the next meeting on 22 June 2023.

Richard noted that the Internal Audits Reports had been very positive:

- Risk Management had received "significant assurance with minor improvement opportunities" rating.
- Data Quality received a green rating of "significant assurance".
- Data Security and Protection Toolkit also received "significant assurance with minor improvement opportunities" rating.

DRAFT

Xavier Bell presented the Board Assurance Framework (BAF) report. Steve Hams highlighted that the Covid 19 entry on the BAF had been removed from the report following official the de-escalation of the Covid 19 pandemic nationally.

RESOLVED that the Board noted the Audit & Risk Committee upward report and approved the removal of the Covid 19 BAF.

TB/23/05/15 Provider License Self-Certification

Xavier Bell, Director of Corporate Governance & Trust Secretary, presented the Provider License Self-Certification report and highlighted that it was an annual requirement.

Xavier advised that the guidance on self-certification and the new licence terms were no longer aligned, but he confirmed his recommendation that the Board certify compliance with the relevant sections of the licence.

RESOLVED that the Board approved the recommendations set out in the Provider Licence Self-Certification Report.

TB/23/05/16 Any Other Business

No other business was raised.

TB/23/05/17 Questions from the public

No questions were received.

TB/23/05/18 Date of Next Meeting

The next Board meeting in public was scheduled to take place on Thursday 27 July 2023, at 10.00 a.m. 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 12:26pm

DRAFT

NHS
North Bristol
NHS Trust

<table>
<tr><td>Report To:</td><td colspan="4">Public Trust Board</td></tr>
<tr><td>Date of Meeting:</td><td colspan="4">27 July 2023</td></tr>
<tr><td>Report Title:</td><td colspan="4">Chief Executive's Briefing</td></tr>
<tr><td>Report Author:</td><td colspan="4">Suzanne Priest, Executive Co-ordinator</td></tr>
<tr><td>Report Sponsor:</td><td colspan="4">Maria Kane, Chief Executive</td></tr>
<tr><td rowspan="2">Confidentiality (tick where relevant) *:</td><td>Patient identifiable information?</td><td>Staff identifiable information?</td><td>Commercially sensitive information?</td><td>Other exceptional circumstances</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="5">*If any boxes above are ticked, paper may need to be received in private.</td></tr>
<tr><td rowspan="2">Purpose of the report:</td><td>Approval</td><td>Discussion</td><td>Information</td><td>Assurance</td></tr>
<tr><td></td><td></td><td>X</td><td></td></tr>
<tr><td>Recommendations:</td><td colspan="4">The Trust Board is asked to receive and note the content of the briefing.</td></tr>
<tr><td>Report History:</td><td colspan="4">The Chief Executive's briefing is a standing agenda item on all Board agendas.</td></tr>
<tr><td>Next Steps:</td><td colspan="4">Next steps in relation to any of the issues highlighted in the Report are shown in the body of the report.</td></tr>
</table>

<table>
<tr><td colspan="3">Executive Summary</td></tr>
<tr><td colspan="3">The report sets out information on key items of interest to Trust Board, including engagement with system partners and regulators, events, and key staff appointments.</td></tr>
<tr><td rowspan="6">Implications for Trust Improvement Priorities: (tick those that apply and elaborate in the report)</td><td>Our Aim: Outstanding Patient Experience</td><td></td></tr>
<tr><td>High Quality Care – Better by design</td><td></td></tr>
<tr><td>Innovate to Improve – Unlocking a better future</td><td></td></tr>
<tr><td>Sustainability – Making best use of limited resources</td><td></td></tr>
<tr><td>People – Proud to belong</td><td></td></tr>
<tr><td>Commitment to our Community - In and for our community</td><td></td></tr>
<tr><td>Link to BAF or Trust Level Risks:</td><td colspan="2">No</td></tr>
<tr><td>Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?</td><td colspan="2">No</td></tr>
<tr><td>Appendices:</td><td colspan="2">None</td></tr>
</table>

7

North Bristol NHS Trust

1. Purpose

The report sets out information on key items of interest to Trust Board, including engagement with system partners and regulators, events, and key staff appointments during this month.

2. Background

The Trust Board receives a report from the Chief Executive to each meeting detailing important changes or issues within the organisation and the external environment over the past month.

3. Performance

There continues to be some sustained improvements against the four-hour emergency target with attendances to the Emergency Department continuing at levels around 6% higher than last year. Ambulance handovers greater than one-hour have decreased by 180 from the previous month; however, the Trust has recently seen some days of significant pressure linked to high demand.

The No Criteria to Reside (NC2R) patient numbers have seen a significant improvement with the current levels at around 24% with the Trust's bed occupancy averaging around 97%.

Cancer performance against the 62-day and faster diagnosis targets continues its improvement trend and the 28-day Faster Diagnosis Standard CQUIN target (Commissioning for Quality and Innovation) was achieved for Quarter 4. The pace of elective recovery continues to be challenging due to the effects of industrial action by the junior doctors and nurses, as well as the number of bank holidays in May, but work continues to ensure delivery against our trajectory.

4. NHS Long Term Workforce Plan

NHS England published the awaited Long Term Workforce Plan on 30 June. The plan focuses around three key elements –

1. Train – grow the workforce
   This includes doubling the number of medical school places, increase the number of GP places by 50%, increase dentistry training numbers by 40%, increasing adult nursing by 92%, expand the apprenticeship offer, including medical degree apprenticeship, and train more staff domestically, reducing the levels of international recruitment and temporary staff.

2. Retain – embed the right culture and improve retention

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS
North Bristol
NHS Trust

Improve the culture, leadership and wellbeing so that 130,00 fewer staff leave the NHS over the next 15 years. This will be done by increasing flexibility for staff to work, have access to health and wellbeing support and work in teams that are well led.

3. Reform – working and training differently
   Working differently using innovative ways of working and with new roles, including expansion of enhanced, advanced and associate roles. Expand the use of digital and technology including artificial intelligence (AI). Support medical schools to deliver medical degrees in four years.

The release of the plan will help to inform and guide the Trust's own Workforce Strategy which should be delivered to the Board in late Autumn

5. Opening of Level 6 Expansion

The last phase of the Level 6 conversion to a ward completed this month and the final bed spaces were handed over to our Gate 10a ward team complete with ribbon cutting ceremony. The space now has 32 beds. This is the culmination of many months of work and creates valuable capacity for both surgery and medicine. The space is pivotal for helping to support our Winter plans.

7

6. Speaker at Avon Federation of the Womens Institute (WI)

I was invited to speak at the July meeting of Avon Federation of the WI. My talk discussed women in leadership and was delivered to around to around 100 members. The time spent with them was very valuable and a number of the members approached me personally to comment on our services, ask about volunteer roles or enquire about re-joining the staff bank.

7. NHS 75th Birthday Celebrations

The Trust welcomed a number of performers, supporters and staff representatives to the hospital throughout the week in recognition of the 75th anniversary of the NHS on 5 July. A small selection of our staff were nominated to attend the national service at Westminster Abbey and another member was invited to 10 Downing Street to meet with the Prime Minister and senior officials. The media engagement was positive and the Trust featured in a number of good news stories associated with the event in local and national news.

8. Visit from Sir Jim Mackey, National Director for Elective Recovery and CEO of Northumbria Healthcare NHS Foundation Trust

I was able to welcome Sir Jim Mackey to the Trust last week. His visit was very timely as we are moving forwards with the final steps of approval of our Full Business Case for our Elective Centre. I had the opportunity to discuss with him our strategic intentions,

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS North Bristol NHS Trust

challenges and collaborative work. Our Executive team also had chance to meet with him, and he finished the visit with a short tour of the emergency zone.

9. Urgent and Emergency Care (UEC) Recovery Plan Delivery and Improvement Support

NHS England has launched and published the first of its NHS Improving Patient Care Together (NHS Impact) Programmes relating to the UEC Recovery Plan. NHS Impact is a national programme to support the use of evidence-based quality improvement in every system and provider. The universal offer as part of this programme presents an opportunity for systems and their providers to engage in a customised improvement programme aligned with implementing the UEC Recovery Plan. There are four components consisting of:

1. **Self-assessment:** This has been developed, working with local areas and building on identified clinical and operational best practice, a "maturity matrix" for nine of the ten high impact interventions. The tenth (care transfer hubs) has already been self-assessed recently.
2. **Delivering iUEC Improvement:** Having assessed and determined high impact actions, there will be an invitation to participate in the priority modules identified for your system. These modules will provide valuable resources such as showcasing good practice, instructional NHS Impact 'how to' guides and workforce solutions, and other essential tools to support improvement efforts including expert and peer support. Modules that work across the interface between health and social care will be jointly delivered by the NHS and social care colleagues.
3. **NHS Impact Website** - These resources will be developed and delivered by our clinical multidisciplinary team and operational improvement experts. Collectively these components will combine to provide an inclusive and tailored support offer that will assist wider iUEC recovery.
4. **Recovery Champions and building capability** will provide targeted assistance and support to people throughout the system who play a role in delivering improvement across iUEC Pathways.

8. Visit from Hugh Evans, Executive Director for Adults and Communities at Bristol City Council

I had a very useful meeting with Hugh Evans during his visit to the hospital. It was incredibly useful hearing about his plans for residential care homes and how they can support the discharge position across Bristol.

9. Engagement & Service Visits

I am continuing to spend time with as many services and teams across the hospital as I can, and I meet regularly with Clinical Consultant colleagues. This enables me to gain a better understanding of the challenges and opportunities faced in different specialties and services

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

across the Trust. This month I have met with consultant colleagues from Gastroenterology, Plastics, Psychiatry and Chemical Pathology.

In the last month I visited the following areas:

- Bristol Centre for Enablement
- Health and Safety Team
- Neuro Supported Discharge Team

10. Summary and Recommendations

The Trust Board is asked to note the content of this report and discuss as required.

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS North Bristol NHS Trust

Report To:	Public Trust Board			
Date of Meeting:	27 July 2023			
Report Title:	Patient Story: Boarding			
Report Author:	Emily Ayling, Head of Patient Experience Adele Sage, Senior Sister Acute Medical Unit Craig Flowers, Ward Manager 28a			
Report Sponsor:	Steve Hams, Chief Nursing Officer			
Confidentiality (tick where relevant) *:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**	**Other exceptional circumstances**
	X	X		
*If any boxes above are ticked, paper may need to be received in *private.*				
Purpose of the report:	**Approval**	**Discussion**	**Information**	**Assurance**
		X		
Recommendations:	For Board update and insight – a patient story highlighting the experience of boarding patients. The story provides a helpful patient perspective on boarding and the impact of this. It also includes wider insight from other patients surveyed between October 2022 to March 2023. The story provides an opportunity to consider the impact of boarding on patients and staff alongside wider operational considerations of patient flow and discharge.			
Report History:	N/A			
Next Steps:	Story to be shared with Operations team (including clinical site team) for learning.			

Executive Summary
Terry's story is from her inpatient admission in November 2022. The Medicine Patient Experience Team identified Terry when she was surveyed about her experience 'boarding.' <u>Context</u> In July 2022 the UK experienced one of the hottest heatwaves on record, with temperatures in excess of 40 degrees Celsius. In addition, NBT (like other NHS organisations in England) had experienced sustained challenges in ambulance handover delays, most days over 130 hours of crew time was lost, which corresponded to poor category 1 and 2 response times, with community harm. A pre-emptive flow (boarding) intervention was instigated following a careful assessment of risks across the entire urgent and emergency care pathway. Patients are risk assessed to be able to be nursed in a corridor and ward staff ensure that their needs are met while they are waiting for a bed to become available.

North Bristol NHS Trust

Understanding Patient Experience

In recognition of the significance of the pre-emptive flow approach, a patient survey was established by the CNO through the Patient Experience Team to capture the experience of boarding patients.

Terry's story is presented in the wider context of this feedback, which was obtained from 57 patients between October 2022 to March 2023.

This feedback showed a number of positive areas of care - patients were warm, able to go to the toilet and received food and drink.

The more challenging areas of feedback related to poor communication around the reasons for boarding and how long this situation might remain in place. We also reviewed our complaints for that period and there was only one formal complaint relating to boarding.

Terry's Story

Terry's story shows her understanding about the reasons for boarding and that this was not specifically negative. The key aspects of her experience which were negative related to food, cannula care, pain relief and attitude of staff.

Staff Experience

Staff from AMU and 27a will provide an insight into the experience of staff supporting boarding patients.

We recognise that balancing risk in this way between 'front' door and across the remainder of the hospital pathway is challenging.

As such, workforce remains a risk on the risk register as the wellbeing of our workforce is impacted by placing additional demands on ward teams.

Actions Taken

How can we reduce the need for boarding patients?

- Admitted flow work programme - increasing bed capacity.
- Earlier discharges (before midday to make way for activity peaks).

How can we improve the experience for boarding patients?

- Improvements have been made to the experience of boarding patients by providing screens, lockers, and tables whilst boarding remains 'business as usual' to support flow through the hospital.
- Encourage better communication with patients to support informed understanding of where their care is being delivered and the reasons why.
- Greater shared decision making around their care location (e.g. additional bed in a bay, or shared single room).
- Acknowledging staff and understanding their experience supporting patients boarding.

8

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

North Bristol NHS Trust

Implications for Trust Improvement Priorities: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	X
	High Quality Care – *Better by design*	X
	Innovate to Improve – *Unlocking a better future*	
	Sustainability – *Making best use of limited resources*	
	People – *Proud to belong*	
	Commitment to our Community - *In and for our community*	
Link to BAF or Trust Level Risks:	Risk assessments were undertaken and have been refreshed subsequently for the implementation of pre-emptive patient transfer, as outlined in the paper.	
Financial implications:	No financial implications related to the compilation of the patient story.	
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	*No, the subject of the story to not likely to impact on people from different groups.*	
Appendices:	Appendix 1: Terry's Story- Boarding	

8

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS
North Bristol
NHS Trust

Patient Story:
Preemptive flow and boarding

Trust Board
27 July 2023

8.1

NBTCARES

NHS
North Bristol
NHS Trust

Context

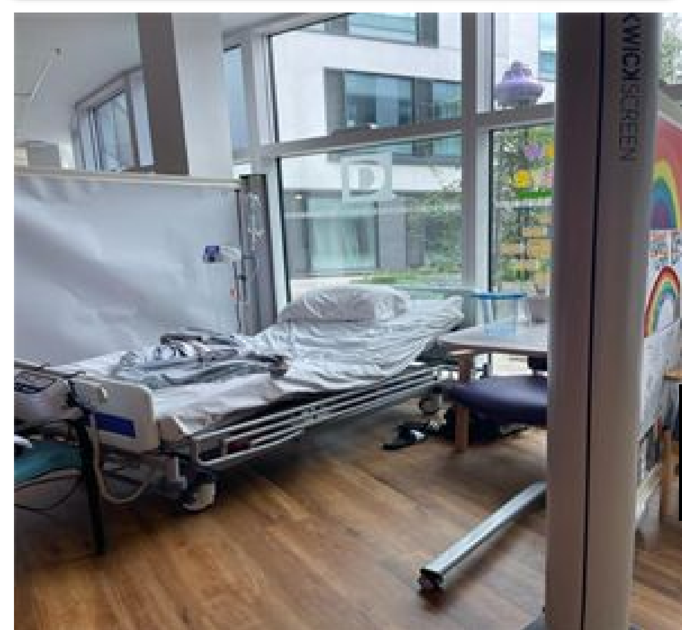
- In July 2022 the UK experienced one of the hottest heatwaves on record, with temperatures in excess of 40 degrees Celsius.
- In addition, NBT (like other NHS organisations in England) had experienced sustained challenges in ambulance handover delays, most days over 130 hours of crew time was lost, which corresponded to poor category 1 and 2 response times, with community harm.
- A pre-emptive flow (boarding) intervention was instigated following a careful assessment of risks across the entire urgent and emergency care pathway.
- Patients are risk assessed to be able to be nursed in a corridor and ward staff ensure that their needs are met while they are waiting for a bed to become available.
- A patient survey was developed to capture the experience of boarding patients.
- Workforce remains a risk on the risk register and the wellbeing of our workforce is impacted by placing additional demands on ward teams.

8.1

NBTCARES

Context – Escalation Areas

NHS
North Bristol
NHS Trust

ED Crossroads	Acute Frailty Unit	Acute Medical Unit
		

8.1

NBTCARES

NHS
North Bristol
NHS Trust

Intervention

- Ambulances must not queue for longer than 120 minutes.
- One patient will be moved from ED to AMU every hour and one patient to AFU every two hours continuously over the 24-hour period (irrespective of bed availability).
- Every hour between 0800 and 2000, 2 patients from AMU and 1 patient from AFU will be transferred to the wards.

Date……………………

Daily Transfer Tracker: Medical Patients from ED

One patient to AMU per hour. One patient to 32A every two hours.

Time Slot	AMU Patient Name	Actual Transfer Time	32A Patient Name	Actual Transfer Time
08				
09				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
00				
01				
02				
03				
04				
05				
06				
07				

8.1

NBTCARES

NHS
North Bristol
NHS Trust

North Bristol NHS Trust
Risk evaluation – urgent and emergency care
14th July 2022

Updated with additional SWAST Scores 22/8/22

Safety	Experience	Workforce	Regulation	The Risk 'The risk of...'	Setting
5x5 = 25	4x5 = 20	5x4 = 20	2 x 5 = 10	SWAST – 999 response	Prehospital
5x5 = 25	4x5 = 20	5 x 4 = 20	2 x 5 = 10	SWAST – NBT Queuing and handovers	
4x4 = 16	4x5 = 20	3x5 = 15	4x3 = 12	NBT – ED queuing and DTA delays	ED
3x3 = 9	3x4 = 12	4x3 = 12	3x3 = 9	NBT – Boarding to wards	Wards
2x3 = 6	3x4 = 12	3x4 = 12	4x3 = 12	NBT – Single side room 'double up'	
2x3 = 6	3x4 = 12	4x3 = 12	3x3 = 9	NBT – Escalation areas i.e., IR	
4x2 = 8	3x3 = 9	3x3 = 9	3x3 = 9	NBT Infection Control (outbreak)	Inpatient outcomes
4x4 = 16	2x5 = 10	3x4 = 12	1x3 = 3	NBT – No Criteria to Reside and deconditioning	
3x3 = 9	3x5 = 15	2x4 = 8	3x4 = 12	NBT – Elective care backlog	Responsive patient outcomes
4x3 = 12	4x4 = 16	2x4 = 8	3x4 = 12	NBT – Caner backlog	

8.1

Terry's Story

NHS
North Bristol
NHS Trust

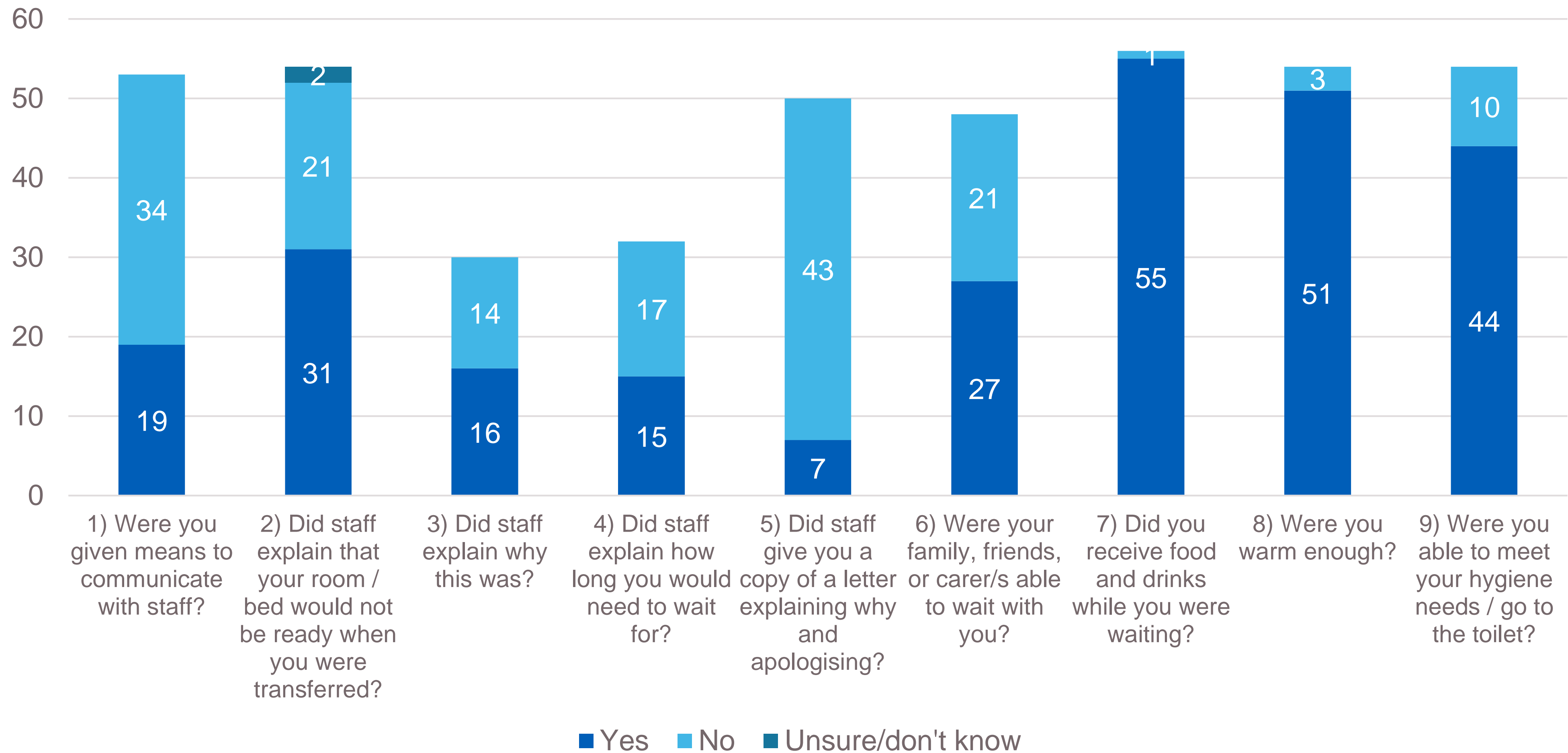
https://www.youtube.com/watch?v=W8tE1I2TrcM

NBTCARES

8.1

Wider insights – Experience of Care - Boarders Survey

NHS North Bristol NHS Trust



NBTCARES

8.1

Other insight – FFT, Complaint & Concerns

NHS
North Bristol
NHS Trust

I was taken off of Majors in A&E to be told I was going into the corridor of a ward and I was halfway to a bed. I was in the corridor for 19 hours! The lights in the corridor did not dim or turn off in the night, I was right next to the receipt desk, a stock room and the lifts. Everyone single person looked at me as they were walking past including visitors and patients being taken into the ward. I felt extremely vulnerable, no dignity, and it was dirty. I had no buzzer if I needed someone, I was sick and had to wait for a nurse to come by for help. No washing facilities apart from a public toilet.

Had to wait 6 hours on a chair in the hall on AMU. Not great when I have painful sciatica and needed to lie down and my morphine was wearing off! I didn't complain because far more ill people were next to me (in the corridor) who need a room first. But all I witnessed was hardworking Nursing Staff diligently working their patients problems.. long days.

Having to sleep out in a corridor for 2 nights of my admission with bright lights, lots of noise and limited privacy. I did not get any rest.

Absolutely excellent thanks.
The doctors and nurses were absolutely brilliant. They took time to explain everything to me and I felt that they genuinely cared. The hospital was incredibly busy, so much so the corridors were used as makeshift wards. Even sleeping on the corridor I felt respected, happy and very well looked after

8.1

NBTCARES

NHS
North Bristol
NHS Trust

Key considerations

How can we reduce the need for boarding patients?

- Admitted flow work programme - increased bed capacity
- Earlier discharges (before midday to make way for activity peaks)

How can we improve the experience for boarding patients?

- Encourage better communication with patients to support informed understanding of where their care is being delivered and the reasons why
- Greater shared decision making around their care location (e.g. additional bed in a bay, or shared single room)
- Acknowledging staff and understanding their experience supporting patients boarding

NBTCARES

NHS
North Bristol
NHS Trust

Report To:	Public Trust Board			
Date of Meeting:	27 July 2023			
Report Title:	Patient and Carer Experience Strategy 2023-2026			
Report Author:	Paul Cresswell, Director of Quality Governance Emily Ayling, Head of Patient Experience			
Report Sponsor:	Steve Hams, Chief Nursing Officer			
Confidentiality (tick where relevant) *:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**	**Other exceptional circumstances**
*If any boxes above are ticked, paper may need to be received in *private.*				
Purpose of the report:	**Approval**	**Discussion**	**Information**	**Assurance**
			X	
Recommendations:	The Board is requested to note the updated Patient Experience Strategy for 2023-26, following its detailed review and approval at the June Board			
Report History:	The strategy was presented and approved at the June Board. This report provides the final version following its design in accordance with NBT branding to make it more readable for all, alongside an Easy Read version.			
Next Steps:	Following review. 1. Finalise/prioritise Workplan to support strategy (currently in progress). 2. Wider communication and engagement plan for 2023-24, with comms support. 3. Alignment to our CQC assurance and Well Led preparations			

Executive Summary
The Patient and Carer Experience Strategy for 2023-2026 sets out where we are in terms of patient and carer Experience at North Bristol NHS Trust and our ambitions for the next three years. The strategy outlines how we have arrived at our four overarching commitments, through extensive consultation and with full alignment to other strategic documents such as the Trust Strategy and Clinical Strategy. It also considers national guidance and best practice. Within each commitment we have set out a number of areas that we need to 'sustain' alongside new areas where we aim to 'stretch' or challenge ourselves to be better. The need for sustainability recognises that these areas require continuous improvement and need ongoing prioritisation to maintain previous gains when they were the 'new' areas of stretch themselves. Equally we are keen to innovate and stretch into the 'new' key areas and recognise that this requires prioritisation, an openness to thinking and working differently and identification of the best ways of resourcing change.

9

NHS North Bristol NHS Trust

The Board approved the strategy at the June 2023 meeting, with the understanding that a 'publishable' version would be worked up and brought back in its final form at the July meeting.

This version has since been developed, as provided at *Appendix A*. It has passed a formal digital accessibility test, which has been reviewed by NBT subject matter experts to confirm its suitability. This will ensure publication on the Trust's website meets the Accessibility Information Standard to maximise inclusivity for those viewing the document.

We have also commissioned an Easy Read version, provided at *Appendix B* and re-presented the Equality Impact Assessment for this meeting (*Appendix C*) so it is openly available within the public board agenda.

There are some updates in the wording within the Strategy as presented to the June Board, these consist of;

1. A small number of typos being corrected
2. Within section 8, clarity in the 'How can we achieve it?' and 'How will we measure it?' sections – primarily within Commitment number 2.

No changes have been made in sections 1-7, 9 or 10 and no changes have been made to the commitments within the 'sustain' or 'stretch' sections

A detailed work plan for year 1 has been drafted, which will be concluded once the strategy is approved and with a steer on the potential priorities.

Implications for Trust Improvement Priorities: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	X
	High Quality Care – *Better by design*	X
	Innovate to Improve – *Unlocking a better future*	X
	Sustainability – *Making best use of limited resources*	
	People – *Proud to belong*	X
	Commitment to our Community - *In and for our community*	X
Link to BAF or Trust Level Risks:	N/A	
Financial implications:	The focus on 'sustain' and 'stretch' within the strategy signals where it is likely that additional capacity will be required – i.e. to deliver 'stretch' objectives. These will be prioritised and evaluated for existing and future resource requirements. The pace of intended improvement will be impacted by the level of resources available, which is likely to require additional investment.	
Does this paper require an EIA?	Yes – the Equality, Diversity and Inclusion Assessment has been completed. See Appendix C	
Appendices:	Appendix A - Patient & Carer Experience Strategy 2023-26 Appendix B - Patient & Carer Experience Strategy 2023-26 Easy Read version Appendix C – Equality Impact Assessment	

9

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS
North Bristol
NHS Trust

Patient and Carer Experience Strategy 2023–2026

Outstanding patient experience
ਬੇਮਿਸਾਲ ਮਰੀਜ਼ ਅਨੁਭਵ'
Bēmisāla marīza anubhava
'شاندار مریض کا تجربہ
Wyjątkowe doświadczenie pacjenta
Excelente experiência do paciente
Natitirang Karanasan ng Pasyente
Waayo-aragnimada Bukaanka ee aadka u wanaagsan
出色的患者体验
Chūsè de huànzhě tǐyàn
Uitstekende pasiëntervaring

9.1

Foreword

This strategy reflects our commitment to the NHS constitution (2012) which values working together for patients, respect and dignity, commitment to quality of care, compassion, improving lives and everyone counts.

These wider NHS values underpin what we do as a Trust and shape this strategy in the four core areas we have identified with our patients to focus on in the next 5 years.

This builds on our commitment to our NBT values and our Patient First approach. We know that every successful Healthcare organisation takes the experience of their patients and the public seriously. It is undeniable that positive patient experience leads to positive clinical outcomes including improved patient safety.

Our newly developed Clinical Strategy sets out our goals for 2023-2026 as we reshape clinical services to reflect the needs of our population within an integrated health and social care system. Patient experience provides the foundation for delivering those goals, with our strategic commitment being that; "We provide patients with an outstanding experience."

We value the approach of "nothing about me without me" which means we will strive to involve our patients at all levels in their care, we will build on involving and valuing the individual, promoting inclusion, communicating through listening, and responding to feedback.

Over the years, we have engaged and listened using the feedback received to identify learning and make service improvements. We now want to scale this up, increasing our ambition to improve our services, through co-production, collaboration, and participation. We know that when our patients, carers and public feel listened to, and involved in their care and decision-making, they feel valued and respond well to the care we offer them.

We know that patient experience and colleague experience are inextricably linked, caring for our colleagues, ensuring they are happy, safe, and supported in their roles is a priority for us and the Board, through the development of our People Strategy we will commit to attracting, developing, and supporting the very best people for our organisation.

We would like to offer our thanks to Gifty Markey, Emily Ayling, Kathryn Tudor, Paul Cresswell, the patient experience team, our patient and carer partners and the countless number of individuals and organisations who have supported the development of this strategy.

Finally, we are pleased to introduce this strategy which provides the framework for how we are committed to improving the experience of our patients, carers, families, and across the full diversity of the population we serve.

Professor Maria Kane
Chief Executive

Professor Steve Hams
Chief Nursing Officer

June 2023

9.1

Patient experience by numbers

Each year we have over **1.5 million** patient interactions

91% of our patients rated their care positivley

Over **5,500** babies are born in our care each year

We have **14** Patient and Carer Partners supporting our improvement

We recieve over **6,500** compliments each year

We receive over **5,000** pieces of feedback through FFT each month

We recieve approximately **50** complaints per month

14% of our patients have both a physical and mental health need

370 volunteers give over **8,000** hours per month

In 2019 Caring was rated **'Outstanding'** by the Care Quality Commission

'Waiting' is the feedback that most concerns our patients

75% of our 800 hospital beds are in designated ensuite side rooms

Our Learning Disability Team has been described as **'one of the best'** in England

In 2022 over **12,000** patients took part in research

We work with **two League of Friends**: Southmead and Cossham

We have **11 Purple Butterfly Volunteers**, supporting patients at the end of life

9.1

Our four commitments

Listening to what patients tell us

Working together to support and value the individual and promote inclusion

Being responsive and striving for better

Putting the spotlight on patient and carer experience

Contents

	Foreword	Page 2
1.	Introduction	Page 6
2.	Overview and purpose	Page 9
3.	What we want to achieve	Page 11
4.	Our organisation	Page 13
5.	National context	Page 17
6.	Where are we now?	Page 19
7.	What does good look like?	Page 23
8.	Our commitments 1: Listening to what patients tell us 2: Working together to support and value the individual and promote inclusion 3: Being responsive and striving for better 4: Putting the spotlight on patient and carer experience	Page 26
9.	Governance and reporting	Page 37
10.	How we developed our strategy	Page 39

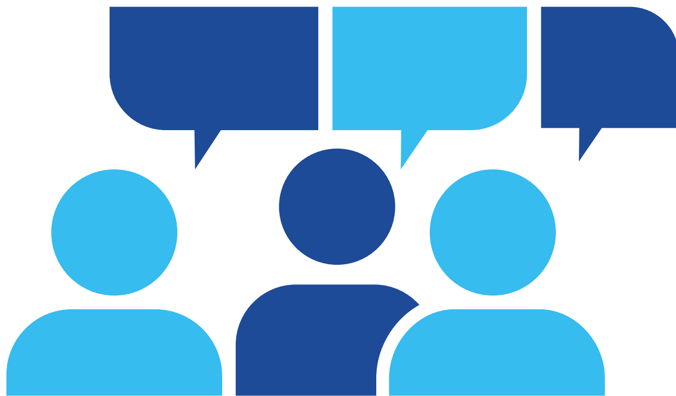
9.1

1. Introduction

1. Introduction

Healthcare is no longer solely measured by its outcomes, but also by the experience it provides to patients.

At North Bristol NHS Trust (NBT), we have developed this patient and carer experience strategy which outlines our goals and objectives for improving patient and carer experience between 2023-2026, and how we intend to achieve them.



The strategy was created in collaboration with patients, caregivers, the community, and colleagues throughout the Trust. It articulates how we will collaborate with patients and the public, understanding their lived experience of our services to provide the highest level of care possible.

It is implicit that whenever we refer to "patient experience" in this strategy, we are also including family members, significant others, and caregivers

In 2009, Professor Don Berwick expressed his concerns about becoming a patient, stating:

"Why I fear becoming a patient. To be made helpless before my time, to be ignorant when I want to know, to be made to sit when I wish to stand, to be alone when I need to hold my wife's hand, to eat what I do not wish to eat, to be named what I do not wish to be named, to be told when I wish to be asked, to be awoken when I wish to sleep."

1. Introduction

This quote emphasises the importance of placing the patient at the centre of care and striving to provide an experience that is sensitive to their needs and preferences, embodying the ethos of "nothing about us without us".

This strategy focuses on how the Trust hears and receives, and uses, the 'lived experiences' of patients and carers. In doing this, it supports the recently published Clinical Strategy and is informed by the Equality, Diversity, and Inclusion Strategy.

Patient experience is a crucial component of quality healthcare, alongside patient safety, and clinical effectiveness. Each interaction that patients have with us contributes to their overall care experience. Everyone involved in a patient's journey is responsible for their experience at NBT. By placing this strategy at the centre of our operations, we can drive sustainable change over time. While we have made significant progress in various areas, much more work remains to be done. This strategy will serve as a robust framework and contributes to a holistic care approach to ensure that a focus on patient experience is embedded in every aspect of our work tangibly and measurably.

The COVID–19 pandemic shone a spotlight on the wide health inequalities experienced by our communities, the disparity is not new but has been amplified by poor access to health services and how health services interact with those they care for. Tackling health inequalities is a central part of our approach to improving patient experience and has become an integral part of our Patient First Strategy and Clinical Strategy.

In seeking and obtaining the authentic experiences of patients and their carers, we will ensure we do this across the full diversity of the patients we serve. We will do this to ensure that no one accessing the Trust's services is excluded from yielding their story because they happen to be different in some way.

We will make sure we hear and learn from patients and carers who happen to have a different ethnicity, nationality or race, or experience living with a disability, or who are women or men, or gay or straight, or have a particular faith or none, or who are of differing ages, or who are married or in a civil partnership, or pregnant or experiencing maternity, or who are reassigning their gender. We will also do this for patients across the entirety of the geographical region and across social differences.

9.1

2. Overview and purpose

2. Overview and purpose

The purpose of this strategy is to set out the Trust's aims and strategic commitments for patient experience over the next three years.

This strategy details how we will listen to and use feedback from people who use our services to monitor our performance, share understanding and information, make improvements and redesign services. This patient experience strategy is a key enabling strategy to the Trust's corporate strategy, called Patient First.

The scope and framework of this strategy encompasses all services provided by North Bristol NHS Trust. The patient experience strategy does not include patient and public engagement which will be within a separate strategy led by our communications and engagement team. It is implicit that whenever "patient experience" is used within this strategy this also includes family members, significant others, and carers.

This strategy has been developed taking account key publications and legal duties as detailed in *The Health and Social Care Act 2012, The NHS Constitution* and regulatory, improvement frameworks e.g., *Care Quality Commission (CQC) and NHS England,* and the *NHS National Patient Safety Strategy.*

There is good evidence base that positive staff experience is essential to good patient experience and this strategy will be linked with the Trust's people strategy, which is due for publication in the summer of 2023.

9.1

3. What we want to achieve

3. What we want to achieve

During the three years we will track our progress regularly and take the opportunity at the end of each year to update the Board, our patients, and our communities on our progress, alongside developing the delivery plan for the forthcoming year.

We will track our progress with a small number of overarching indicators, alongside a small subset of indicators relevant for each of our commitments.

Our overarching ten indicators are:

CQC Adult inpatient survey (annually)

- ☑ To what extent did staff looking after you involve you in decisions about your care and treatment?
- ☑ Overall, did you feel you were treated with respect and dignity while you were in the hospital?
- ☑ During your hospital stay, were you ever asked to give your views on the quality of your care?
- ☑ Overall, how was your experience while you were in the hospital?

CQC Maternity survey (annually)

- ☑ Thinking about your care during labour and birth, were you involved in decisions about your care?

CQC Urgent and emergency care survey (annually)

- ☑ Were you involved as much as you wanted to be in decisions about your care and treatment?
- ☑ Overall, did you feel you were treated with respect and dignity while you were in A&E?

NHS Staff survey (annually)

- ☑ Care of patients/service users is my organisation's top priority.
- ☑ If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation.
- ☑ Recommend as a place to work.

4. Our organisation

4. Our organisation

NBT is one of two major hospital NHS organisations providing services to our patients from both the local area, in Bristol, South Gloucestershire and North Somerset (87% of our activity), and across the Southwest Region (13% of our activity).

We operate from two main hospitals sites (locally known as 'Southmead' and 'Cossham' Hospitals) with some services in South Bristol and North Somerset and spend £800m each year on services and, employ over 12,000 colleagues.

These services include:

Urgent and emergency care:
we provide expert emergency care and treatment 24 hours a day, 365 days a year for patients when they need us most. Most of these services are collocated on the Southmead hospital site in our Emergency Zone (EZ).

Local acute care:
we provide elective and urgent hospital services for a population of more than 500,000 people, primarily in South Gloucestershire and North Bristol.

Specialist services:
we continue to excel in the provision of tertiary services, providing great care for patients across the region and beyond. We provide both complex surgical interventions as well a suite of non-surgical specialist services that are a critical part of NHS care in the Southwest.

Diagnostic services:
NBT delivers both Pathology and Radiology across a wide network.

Maternity services:
Maternity Services at NBT provide a full range of maternity care. More than 6,000 babies are born with us every year.

4. Our organisation

Patient First

Our new Trust strategy was launched in February 2023. Patient First, is the approach we are adopting to implement this strategy.

Our reason for existing as an organisation is to put the **patient first** by delivering outstanding patient experience across the diversity of patients we serve – and that is the focal point of our strategy. Everything else supports this aspiration.

The fundamental principles of the Patient First approach are to:

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

But we will achieve these most quickly when we focus on our five Improvement Priorities. These have the potential to transform what we do as a Trust on behalf of our patients.

Our five Improvement Priorities are:

1. **high quality care –** we'll make our care better by design
2. **innovate to improve –** we'll unlock a better future
3. **sustainability –** we'll make best use of limited resources
4. **people –** you'll be proud to belong here
5. **commitment to our community –** we'll be in our community, for our community.

Clinical strategy

Our clinical strategy published in April 2023 places outstanding patient experience at the core of our future approach to service development and outlines our approach to how clinical services will be developed and configured over the coming years. The Strategy has five strategic themes, patients, people, population, partnership, and progress. At the core of this strategy are our patients, respecting their choice, decisions, and voice.

The strategy has six focus areas, cancer, planned care, mental health, urgent and emergency care, partners in health throughout your life and development of Bristol services.

The strategy has been published at **www.nbt.nhs.uk**

9.1

4. Our organisation

9.1

5. National context

5. National context

This strategy reflects our commitment to the NHS constitution (2012) which values working together for patients, respect and dignity, commitment to quality of care, compassion, improving lives and everyone counts.

These wider NHS values underpin what we do as a Trust and shape this strategy in the four core areas we have identified with our patients to focus on in the next 5 years.

The NHS Patient Experience Improvement Framework (2018) states the importance of good patient experience as an essential part of quality for all health and social care services. Good experience of care, treatment and support is as important as clinical effectiveness and safety. A person's experience starts from their very first contact with the health and care system, right through to their last, which may be years after their first treatment, and can include end-of-life care.

The new CQC Strategy, published in May 2021, sets out an ambition to focus on what's important to people and communities when they access, use, and move between services, making sure that the voice of every person is heard and acted upon, recognising the importance of developing services in partnership with people, and ensuring that inequalities are addressed, and people's human rights are protected.

To develop this strategy, we have also considered our legal responsibilities, such as The Health and Social Care Act 2012, and regulatory and improvement frameworks such as the NHS National Patient Safety Strategy. We have also referred to critical publications and considered emerging evidence that positive staff experience is essential to good patient experience. As a result of this, this strategy is linked with the Trust's people strategy.

6. Where are we now?

6. Where are we now?

Engagement with our patients and our communities is a central part of how we develop our services and improve.

Our engagement is undertaken with a wide range of NBT teams and services, much of our activity is monitored through our Patient and Carer Experience Group, Learning Disability and Autism Steering Group and the End-of-Life Steering Group, Dementia Steering Group.

We also engage in a range of groups across the Integrated Care System and work with several colleagues from Healthwatch to Bristol Sight Loss Council and the Bristol Deaf Health Partnership.

Our volunteers are an integral part of our approach to patient experience. Each of our volunteer roles makes a unique and valuable contribution to support our patients, carers, visitors, and staff. We have over 370 volunteers, who donated over 35,000 hours of their time last year.

We have been pleased to welcome a diverse range of ward-based volunteers to provide patients with companionship, mealtime help, signposting, and specialist end-of-life support through our Purple Butterfly role. Our peer support volunteers use their lived experience to support patients within specialist teams and patient workshops. Our Fresh Arts Musicians and Pets as Therapy volunteers bring joy, and comfort, and improve well-being. We have also been pleased to welcome back our Macmillan Wellbeing Centre Volunteers this year, as well as see the continued support from our Southmead Hospital Charity volunteer team and our League of Friends cafes.

Our award-winning Move Makers and their brightly coloured uniforms are often the first people our patients meet when coming to the hospital and there are countless examples through the compliments, we receive of how they have supported patients and carers in making reasonable adjustments to ensure that patients can access services. We have also launched a new Patient Experience Survey volunteer role who goes out onto the wards and collects feedback from our patients.

This year we are celebrating the 20th anniversary of our amazing Patient and Carer Partnership. Our Patient and Carer Partners contribute to a broad range of work using their lived experience and expertise to advise and guide us.

We are proud to have a Patient Safety Partner in our role, contributing to the patient safety agenda including attending Patient Safety Committee. Our partners continue to support many committees, groups and meetings including the Equality Diversity and Inclusion Committee and the Accessible Information Standard Steering Group. Our partners have also contributed to numerous projects including Digital Patient, Management of Patient's Property and RADAR project board. Aside from this, they continue to share valuable feedback on their experience accessing our services as patients, enabling us to make quick but significant changes.

9.1

6. Where are we now?

We have worked hard to ensure that our partners reflect our local community and have members of the LGBTQ+ community, the global majority community, working mothers, and individuals with learning disabilities and visual impairment. We now have fourteen partners and are ambitious to continue growing in numbers.

In 2019, NBT was Rated 'Good' overall by the Care Quality Commission (CQC), and 'Outstanding' in Caring and Well Led domains. We have appeared in the top 10 Trusts for research output in the National Institute for Health and Care Research (NIHR) rankings over the last five years and we were selected as an 'early adopter' trust for the National Patient Safety Incident Response Framework, recognising our commitment to improving safety.

In 2022, NBT revised and updated its values, through an extensive programme of engagement with colleagues, patients, and our communities. We agreed on the four values of Caring, Ambitious, Respectful and Supportive.

Each month we receive over 5,000 Friends and Family Test (FFT) responses from patients who have received care in either our urgent and emergency care service, outpatients' services, maternity services, or inpatient services. In 2022, our response rate was 16%, the area most praised by our patients is the kindness of our colleagues, and the area that most concern our patients is waiting.

Complaints and concerns provide us with an important opportunity to gain insight into where patient and carer experience fails to meet the expectation of those, we are providing services to. On average we receive fifty-four complaints per month and around 140 concerns raised through the Patient Advice and Liaison Service. The main themes of our complaints and concerns relate to clinical care and treatment and communication. We have a well-established Complaints Lay Review Panel which is chaired and attended by patient representatives. They review our complaints handling and hold us to account against national standards. Our panel have been recognised nationally as an exemplar.

NBT participates in the CQC annual patient survey programme, the adult inpatient survey, the urgent and emergency care survey, and the maternity survey. The most recent adult inpatient survey published in 2022 gave patients who were receiving inpatient care during October 2021 the opportunity to participate in the survey, question 46 asked "overall, how was your experience while you were in the hospital?", out of 134 hospitals participating in the survey, NBT scored 69th.

The most recent published surveys can be found in the links below:

- Adult inpatient survey **here**
- Maternity survey **here**
- Urgent and emergency care survey **here**

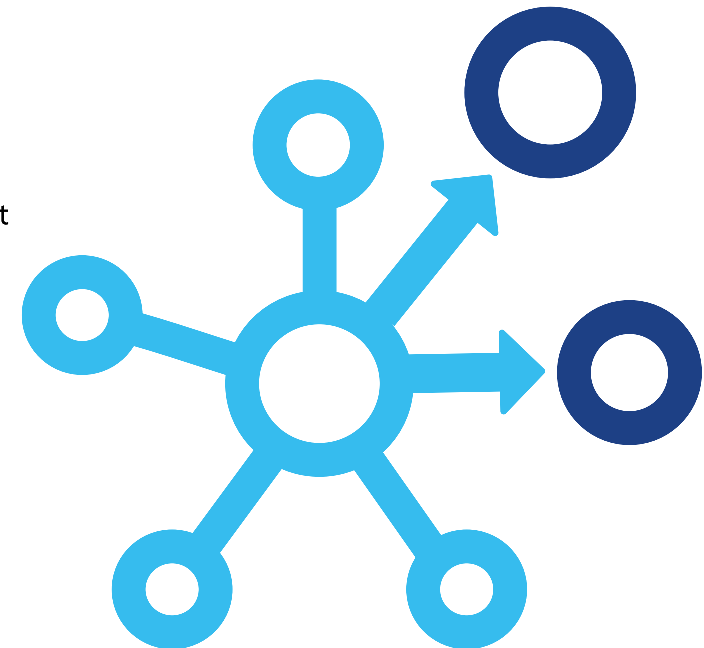
6. Where are we now?

Patient Experience 'Baseline' Review

Over the last 12 months, we have reviewed our performance against NHS England's Patient Experience Improvement Framework to identify where our services meet the standards or may fall short. This has been developed through proactive engagement with our Patient and Carer Partners, our Divisional Patient Experience Leads and other stakeholders including Healthwatch.

Gaps have been themed and have framed the development of this strategic plan. Areas under the Patient Experience Improvement Framework that have been reviewed are as follows:

- Leadership.
- Organisational culture.
- Collecting feedback: capacity and capability to effectively collect feedback.
- Analysis and triangulation.
- Reporting and publication: patient feedback to drive quality.
- Improvement and learning: the ability to use feedback effectively and systematically for quality improvement and organisational learning.



7. What does good look like?

7. What does good look like?

In 2012, the National Institute for Health and Care Excellence (NICE) published its clinical guideline (CG138) Patient Experience in Adult NHS Services: Improving the Experience of Care for people using adult NHS Services.

The Guideline, which was updated in 2021 used the best available evidence to define the aspects of a good patient experience, starting with knowing the patient as an individual. We have sought to reflect this guidance in our commitments.

The Guideline further identifies the 'Essential Requirements of Care,' these being:

- **Respect for the patient**
- **Patient concerns**
- **Nutrition, pain management and personal needs**
- **Patient independence**
- **Consent and capacity**

The NICE Quality Standard has six quality statements:

1. People using adult NHS services are treated with empathy, dignity, and respect.
2. People using adult NHS services understand the roles of healthcare professionals involved in their care and know how to contact them about their ongoing healthcare needs.
3. People using adult NHS services experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.
4. People using adult NHS services experience care and treatment that is tailored to their needs and preferences.
5. People using adult NHS services have their preferences for sharing information with their family members and carers established, respected, and reviewed throughout their care.
6. People using adult NHS services are supported in shared decision making.

7. What does good look like?

We have used these quality statements to 'road test' our commitments, which are outlined in the next section.

In addition, in preparation for this strategy, we held an engagement event in September 2022. We invited a range of stakeholders including staff, patients, volunteers, carer partners, Healthwatch, members of the Integrated Care System, the Bristol Sight Loss Council, and the Bristol Deaf Health Partnership.

We asked the group 'What does a good patient experience look like?'

The word cloud shows their responses which have helped form the basis of our commitments.

What does a good patient experience look like?

8. Our commitments

We have developed four commitments.

Within each of these, we have identified where we are sustaining our current good practices which takes time, energy, and resource, and where we want to 'stretch' ourselves with new ambitions.

Commitment 1:
Listening to what patients tell us

Commitment 2:
Working together to support and value the individual and promote inclusion

Commitment 3:
Being responsive and striving for better

Commitment 4:
Putting the spotlight on patient and carer experience

8. Commitment 1

Commitment 1: Listening to what patients tell us

We will collaborate with patients to improve the patient experience by listening to and acting on what patients and their friends and family tell us would improve their experience.

What do we want to achieve?

Sustain

1. We will ensure that the patient experience data given to front-line teams is reliable and reflective of their services.
2. More routine use of Patient and Carer Partners or condition-specific or demographic-specific patient focus groups and qualitative interviews to provide their expertise through lived experience in the redesign of services.
3. We will continue to share patient experiences at Board and through other governance committees, to ensure the voice of the patient is heard.
4. We will continue to work with, and strengthen the Bristol, North Somerset and South Gloucestershire Maternity and Neonatal Voices Partnership (MNVP) to ensure we listen to and act on feedback from women and their families.

Stretch

1. We will build on our existing methods to collect patient feedback ensuring these are accessible to all. We will explore the use of new technologies to support this including how we capture social listening (social media comments).
2. We will continue to develop the Integrated Performance Report, so that the Board and other leaders can have an oversight of the experience our patients receive.
3. We will explore the implementation of a single system which allows us to collate the different sources of patient experience data in one place to allow for automated reporting and effective analysis which will in turn support us in turning data into realisable actions.
4. A near real-time feedback offer to patients (for example 15 step challenge or observe and act)
5. We will upskill our divisional leadership teams and front-line staff in how best to engage with and involve patients and use their experience and feedback to influence how they develop their service.

8. Commitment 1

How can we achieve it?

1. By ensuring that staff can access reliable data and reports about their feedback confidently and easily from the Envoy system, ward/unit quality metrics and 'Observe and Act' sources.
2. By recruiting more Patient and Carer Partners and developing and delivering training to front-line staff on patient engagement and co-design (including working with patient and carer partners)
3. By ensuring this is built into the relevant committee/group workplans.
4. By building on our existing relationship with the MNVP and continuing to work closely with our Patient and Carer Partners in Maternity.
5. By introducing a diverse range of trained Patient Experience Volunteers to collect feedback from a range of patients representing the nine protected characteristics of the Equality Act as well as a range of conditions.
6. By continually seeking feedback from the Board on the content included in the IPR, and what other feedback they might like to hear.
7. By exploring what systems are available on the market or could be developed and bringing together as best we can the recording of compliments, social listening and friends and family test data etc in one place.
8. By exploring the introduction of a Patient Experience Survey that is conducted by volunteers and ward staff and/or a real time 'mechanism' such as 'Observe and Act' or 15 step challenge.
9. By developing and delivering training to front-line staff on the use of patient experience data for improvement.

How will we measure it?

1. An increase in the number of active users on Envoy and automated reports being sent from the system.
2. Evidence of patient partners and carers being involved in the redesign of services.
3. Committee/Group/Board minutes.
4. Strong working relationship with MNVP and evidence of continuous improvement from listening and responding to women's and families' feedback.
5. An increase in the volume of feedback received and the range of sources.
6. Feedback on the IPR
7. All sources of patient experience data held in a single system (including FFT, social listening, patient surveys, compliments)
8. Real-time feedback is being routinely collected in each clinical division.
9. Successful delivery of training to front-line staff on patient engagement and use of patient experience data for improvement.

8. Commitment 2

Commitment 2: Working together to support and value the individual and promote inclusion

We will value the individual by understanding what matters most to them and delivering on this. This means supporting personalised care approaches, understanding that people's experience goes beyond their physical treatment to include spiritual, religious, and pastoral, mental health care for example.

Also seeking to hear from all our patients, particularly those from seldom-heard groups. by listening to and acting on what patients and their friends and family tell us would improve their experience.

What do we want to achieve?

Sustain

1. We will deliver the Accessible Information Standard (AIS).
2. We will build upon existing volunteering roles such as purple butterfly volunteers, mealtime companions and patient feedback volunteers, and spiritual care volunteers, that support staff to understand and meet the individual needs of our patients.
3. We will aim to increase the diversity of our volunteer teams to reflect our local community and the patients we serve, with a particular focus on Outpatient areas.
4. We will continue to provide an inclusive person-centred holistic, spiritual, pastoral, and religious care (SPaRC) service.
5. We will develop wider representation within our Patient and Carer Partnership, reflecting a broader range of lived experiences and providing insights from specific conditions or demographic backgrounds.
6. We will meet the needs of patients with lived experience of Mental Health or Learning Disability and neurodivergent people in a person-centred way.
7. The voice and the involvement of carers will be respected and integral in all we do.

9.1

8. Commitment 2

Stretch

1. We want to understand what good patient experience means to all our patients those seldom-heard voices in our local community so we can act upon this.
2. Working with our Equality, Diversity, and Inclusion team and the VCSE sector we will develop a programme of community health activism, supporting communities to positively engage with hospital services.
3. Personalised care in various services by using tools such as 'This is Me' developed for patients with dementia, 'Shared Decision Making' and "Supported Decision Making".
4. We will improve our Cancer Patient Experience scores, learning from the insight this provides.
5. We will commit to co-design volunteer roles together with patients.
6. We will work together with health, care, and local authority partners to reduce health inequalities, by acting on the lived experiences of patients with a protected characteristic and/or who live in communities with a high health need.
7. We will ensure an Equality and Quality Impact Assessment (EQIA) is completed on significant decisions taken by the organisation.

8. Commitment 2

How can we achieve it?

1. By continuing to support and resource the existing AIS programme of work and monitor this through the AIS Steering Group.
2. By growing the number of volunteers in these roles and exploring the scope of these roles.
3. By working to understand the barriers to volunteering for specific demographic groups and seeking to overcome these.
4. By building links with faith communities to support the needs of our patients' spiritual and pastoral needs and ensuring person-centred holistic assessment, care planning, response, and recording of patients' spiritual, pastoral, and religious needs.
5. By identifying patients with specific health conditions (for example diabetes) and actively recruiting them to our Patient and Carer Partnership.
6. By improving the number of Learning Disability and Autistic People with Hospital Passports, and ensuring reasonable adjustments are in place when required to meet their needs. Using forums like Hospital User Group (HUG) for Autistic Patients to collect feedback to improve care.
7. By working closely with our Carers Liaison Team.
8. By working with Voluntary, Community and Social Enterprise (VCSE) organisations that already have links to seldom-heard groups, we will engage, gather feedback, and understand their needs and what matters most to their patient experience. And creating a programme of engagement activities and events that are accessible to all and take place in the community.
9. By increasing awareness of personalised care approaches through staff communications and developing an audit template for reviewing patient digital records and personalised care approaches.
10. By developing an action plan to focus on key areas for improvement and recruitment of Patient and Carer Partners with lived experience of cancer.
11. By speaking with patients to understand what roles would improve their experience of care.
12. By working with our colleagues to understand how we can work together to reduce health inequalities.
13. By working with our colleagues in the EDI team.

8. Commitment 2

How will we measure it?

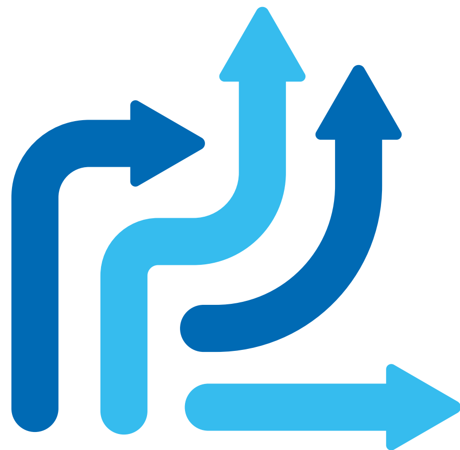
1. Achieving compliance with all aspects of the accessible information standards. Progress is monitored and measured by an annual audit.
2. An increase in the number of purple butterfly volunteers, mealtime companions and patient feedback volunteers and spiritual care volunteers.
3. Increased diversity among the volunteers at NBT, in particular in Outpatients.
4. Feedback from patients and families/ carers about the SPaRC support received.
5. Recruitment of at least four Patient and Carer partners each year representing specific health conditions or reflecting the local patient population demographics.
6. Audit the Patients with reasonable adjustments and Hospital Passports who have used our services and feedback from Patients with Mental Health diagnoses using our services.
7. Feedback from Carers using our services.
8. We can demonstrate a thorough understanding of what good patient experience means to different patient groups in our local population.
9. By undertaking a baseline review to understand the current use of personalised care approaches and introducing an audit process to continually evaluate the use of personalised care approaches going forwards. Ninety-five percent of audited records will show evidence of personalised care approaches ('This is me,' 'Shared Decision and Supported Decision).
10. We have a patient and carer partner with lived experience of cancer and have improved score in the CPES.
11. We can demonstrate at least two volunteering roles that have been developed jointly with patients.
12. Alongside our partners, we have been able to reduce health inequalities for patients with a protected characteristic and/or who live in communities with a high health need.
13. Evidence of an EQIA being completed consistently for significant decisions.

9.1

8. Commitment 3

Commitment 3: Being responsive and striving for better

We will be responsive to the feedback we receive, ensuring that we are using it to drive improvements.



What do we want to achieve?

Sustain

1. We will respond to 85% of our Patient Advice and Liaison Service (PALS) concerns within agreed timescales.
2. We will continue to sustain and grow our Complaints Lay Review Panel as part of our evaluation of the quality of our complaint investigations and responses.
3. We will consistently respond to 90% of complaints within agreed timescales.
4. Improved FFT scores, as set out within our Patient First priorities.
5. We will continue to undertake the annual Patient Led Assessments of the Care Environment (PLACE) audits and respond to areas of improvement.

Stretch

1. We will be better at sharing best practices and positive feedback across the Trust by systematically promoting this.
2. We will improve the collection and recording of compliments and positive feedback.
3. We will ensure our complaint process reflects the new PHSO NHS Complaints Standards.
4. We will optimise our reporting and management of PALS and Complaints through our new quality governance system (Radar).
5. We will be able to triangulate data from other sources (Claims, Patient Safety, Safeguarding, Risk, Audit) to enable divisions to know where they need to be responding and acting.
6. We will involve the volunteer voice within feedback to shape future volunteer roles and patient engagement opportunities.
7. We will promote the importance of patient experience and responding to feedback through the NBT Healthcare Excellence in Leadership and Management Programme (HELM).

8. Commitment 3

How can we achieve it?

1. By having a clear escalation for PALS concerns and complaints that are going overdue.
2. By promoting the opportunity to join the Complaints Lay Review Panel to those who may have experienced the complaint process, to volunteers and through our website.
3. By improving working across divisions with a cross-divisional complaints meeting and improving the use of initial phone calls to complainants and agreeing on achievable, reasonable timescales for complaints that reflect the specific complaint rather than a one-size fits all approach.
4. Through Patient First Improvement Projects.
5. Continuing to engage in the annual PLACE audits with the involvement of patient and carer partners/volunteers.
6. 'Feedback Friday' on Twitter and use of social media to promote positive feedback received.
7. By exploring the use of Radar to support the logging and monitoring of compliments
8. By auditing current complaints processes against the new standards and following an action plan to ensure any identified gaps are addressed.
9. By implementing Radar with improvements to process and reporting that reflect the needs of end-users.
10. Using Radar to assist in the triangulation of data from multiple sources (Incidents, PALS, Complaints, Safeguarding etc.)
11. By gathering routine feedback from volunteers.
12. By ensuring the HELM programme promotes the importance of patient experience and being responsive to the feedback received.

How will we measure it?

1. Monthly compliance reporting against internal standards for PALS timescales.
2. Increased membership to the Complaints Lay Review Panel and quarterly review of complaints cases. Audit of several returned cases.
3. Monthly compliance reporting against internal standards for complaints timescales. Audit data showing increased use of initial phone calls and bespoke timescales. Ongoing monitoring of PALS and complaints feedback and evidence of weekly cross-divisional complaints meetings taking place
4. Improved performance in patient's reported patient experience through FFT positive scores (as defined by Patient First).
5. Evidence of PLACE audits completed.
6. Feedback Friday and positive feedback visible on social media.
7. Improved monitoring of compliments and ability to analyse trends and themes.
8. Quarterly reporting on progress against PHSO standards at Divisional Patient Experience Group.
9. End user feedback and reporting outputs from Radar.
10. Single action plans held at the divisional level which capture themes arising from different sources of insight (complaints, PALS, Incidents).
11. Evidence of volunteers' feedback shaping roles.
12. Feedback from HELM delegates and evidenced in training materials.

8. Commitment 4

Commitment 4: Putting the spotlight on patient and carer experience

We will ensure the patient's voice is heard from the ward to the Board and that we have a vibrant Trust-wide vision of what a good patient experience looks like and how we can improve this.

What do we want to achieve?

Sustain

1. We will ensure that the patient's voice is heard from the ward to the Board through patient stories. We will not shy away from hearing stories where things have not gone well.
2. We will refresh the patient experience portal on our website and staff intranet.
3. We will introduce Patient Safety Partners (PSPs) in line with the Framework for Involving Patients in Patient Safety; this work is an integral part of our Patient Safety Strategy.
4. We will actively support patients to participate in clinical research.

Stretch

1. We will increase the visibility of patient experience across the Trust by working with our Communications team and agreeing on a plan for sharing progress and developments within Patient Experience.
2. We will collaborate with colleagues in our Learning Development to further embed patient experience training in leadership development
3. We will develop a Patient Experience e-learning module to support the ongoing need of staff for easy access to busy frontline staff.

8. Commitment 4

How can we achieve it?

1. Agreement of a Framework for enabling high-quality patient experience stories to be heard at the Trust Board, planned, and aligned to board strategic priorities, thus ensuring the patient voice is significant within those key areas.
2. By reviewing the LINK information to ensure the most up-to-date information and resources.
3. By ensuring that patients are actively involved in the new patient safety processes.
4. By linking with the Patient Involvement Lead for Research to understand existing methods to support patients to participate in clinical research and consider further opportunities.
5. By developing a patient experience communication and engagement plan, with our communications and engagement team, to ensure patient experience remains highly visible to colleagues. By creating our own Patient Experience social media handles with support from the Communication team. By introducing a quarterly newsletter
6. By ensuring patient experience training is being delivered where relevant, working in partnership with the Learning and Development team.
7. By working with the Learning and Development Team to create an e-learning module.

How will we measure it?

1. Feedback from the Board that they can hear the patient's voice.
2. Helpful, well-referenced patient experience intranet.
3. Evidence of patients actively and consistently contributing to the Patient Safety agenda.
4. Feedback from patients shows they are aware of the opportunity to be involved in research and feels supported to do so.
5. Patient experience is visible, and the voice of the patient is heard from the ward to the Board. Staff know what patients are saying about their services.
6. Increased visibility of patient experience content in training programmes. Increased knowledge and understanding of patient experience across the Trust
7. E-learning module on Patient Experience.

9.1

9. Governance and reporting

Having effective leadership is essential to successfully fulfilling the commitments outlined in this strategy. Our ambitions in this strategy will be achieved through the delivery of a detailed overarching action plan, which will identify clear markers and lines of accountability. This will support and establish a clear reporting and accountability framework for this strategy. Our progress will be monitored through various Trust governance structures.

A clear reporting and accountability framework is required to monitor progress and ensure delivery is on track and any associated risks identified. We will use the following methods to provide transparency of progress being made, co-ordinate activity and identify any emerging risks.

9.1

9. Governance and reporting

National data collection

This will measure performance and progress on patient experience

- National annual patient surveys – we will measure our progress on the previous year's results.
- National annual audits i.e., End of Life Care.
- Self-assessment against relevant frameworks e.g., CQC regulations and NHS England.
- Friends and family survey data.

Triangulation

Patient experience feedback will be reviewed/correlated with other performance measures

- Systematic analysis of patient experience feedback data and triangulation of this with patient safety metrics and staff experience metrics through Integrated Performance Review (IPR) and monthly reporting.
- The divisional leadership team will use patient experience data to support surveillance of areas for improvement and an early warning system to prompt further review.

Progress reports

- Monthly insight, performance, and quarterly progress reports to the Patient Experience and Carer Committee with upward reports to the Board. These will track progress against the annual patient and carer experience work plan, alongside a set of patient experience indicators.
- Monthly review of performance at the Divisional Performance Reviews.
- Regular reporting to our Patient Partner Group.
- Quarterly engagement meetings with the CQC.
- Trust annual Quality Accounts and Annual Complaints/ Report.

9.1

10. How we developed our strategy

We are strongly committed to engaging with and involving people in our work. This strategy has therefore been directly influenced by what our patients, carers, staff, and our wider communities' stakeholders have told us.

In the lead-up to writing this strategy, we engaged with our stakeholders, exploring what good patient and carer experience meant for them.

Following this, the groups listed opposite have been consulted to shape this strategy for NBT:

- Stakeholder Events in 2022
- Patient and Carer Partners Group
- Patient and Carer Experience Group
- Patient and Carer Experience Committee
- Divisional Directors of Nursing and Divisional Management Teams
- Chief Medical Officer's Team
- Chief Allied Health Professional and team
- Divisional Patient Experience Leads
- Volunteering Services and Spiritual and Pastoral Care Team
- Carer Strategy Group
- Dementia Steering Group
- Learning Disability and Autism Steering Group

The editorial team:

- Gifty Markey, Associate Chief Nursing Officer for Mental Health, Learning Disabilities & Neurodiversity
- Emily Ayling, Head of Patient Experience
- Paul Cresswell, Director of Quality Governance

North Bristol
NHS Trust

If you would like this document in an alternative format, please contact the Patient Experience Team at **pals@nbt.nhs.uk** or 0117 414 4569

Se desejar este documento em um formato alternativo, entre em contato com a Equipe de Experiência do Paciente em **pals@nbt.nhs.uk** ou 0117 414 4569

Jeśli chcesz otrzymać ten dokument w alternatywnym formacie, skontaktuj się z zespołem obsługi pacjenta pod adresem **pals@nbt.nhs.uk** lub pod numerem 0117 414 4569

ਜੇਕਰ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਕਿਸੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ **pals@nbt.nhs.uk** ਜਾਂ 0117 414 4569 'ਤੇ ਮਰੀਜ਼ ਅਨੁਭਵ ਟੀਮ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

ی pals@nbt.nhs.uk اگر آپ اس دستاویز کو متبادل فارمیٹ میں چاہتے ہیں، تو براہ کرم مریض کے تجربے کی ٹیم سے
پر رابطہ کریں۔ 0117 414 4569

如果您想要本文档的其他格式，请通过 pals@nbt.nhs.uk 或 0117 414 4569 联系患者体验团队

As jy hierdie dokument in 'n alternatiewe formaat wil hê, kontak asseblief die Pasiëntervaringspan by pals@nbt.nhs.uk of 0117 414 4569

Haddii aad rabto dukumeentigan oo qaab kale ah, fadlan kala xidhiidh Kooxda Khibrada Bukaanka ee pals@nbt.nhs.uk ama 0117 414 4569

Kung gusto mo ang dokumentong ito sa alternatibong format, mangyaring makipag-ugnayan sa Patient Experience Team sa pals@nbt.nhs.uk o 0117 414 4569

9.1

North Bristol

NHS Trust

How we plan to work with patients

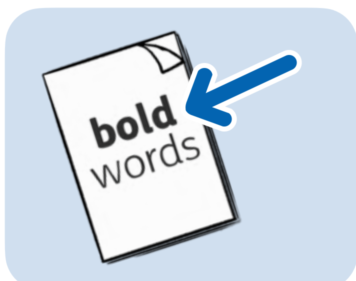
2023 to 2026

Easy Read

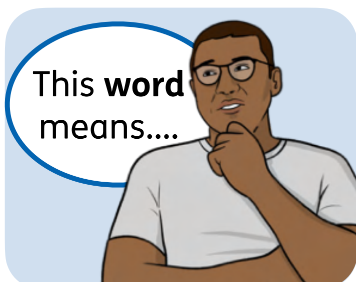
Easy Read

This is an Easy Read version of some information. It may not include all of the information but it will tell you about the important parts.

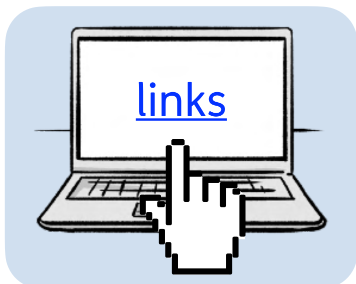
This Easy Read booklet uses easier words and pictures. You may still want help to read it.



Some words are in **bold** - this means the writing is thicker and darker.



These are words that some people will find hard. When you see a bold word, we will explain it in the next sentence.



Blue and underlined words show links to websites and email addresses. You can click on these links on a computer.

What is in this booklet

About this booklet..4

North Bristol NHS Trust..5

What we are doing now..8

Our 4 commitments 13

Find out more...18

About this booklet

North Bristol NHS Trust wants to improve how we work with our patients.

We have written these plans to explain how we will do this from 2023 to 2026.

These plans are not about the medical care and treatment that we give to patients.

These plans are about how we behave towards patients when they are getting care and treatment from us.

North Bristol NHS Trust

We provide hospital services to people in Bristol, South Gloucestershire and North Somerset.

We have 2 hospitals: Southmead and Cossham Hospitals.

We also provide some services at Weston General Hospital and the Bristol Centre for Enablement.

We provide:

- Urgent and emergency care, all day and night, every day of the year.

- Operations and treatments which are important, but not urgent.

- Other medical help for people who do not need an operation.

- Tests and checks that help doctors work out what illness someone has.

- Services for women who are having a baby.

Patient First

We plan to improve all of our services by thinking of what is best for our patients.

We plan to improve all of our services by:

- Giving our patients very good care.

- Looking for new and better ways to do things.

- Working with people who live in the local area.

What we are doing now

We are already improving how we work with patients.

Listening to patients

We are working with groups of patients who tell us what they think about our services.

These groups include:

- The Patient and Carer Experience Group.

- Learning Disability and Autism Steering Group.

These groups include:

- The End-of-Life Steering Group.

- The Dementia Steering Group.

Volunteers

Volunteers are people who help us and our patients without being paid. We have over 370 volunteers.

9.2

Volunteers help us and our patients in many different ways including:

- Being a friend to patients.

Volunteers help us and our patients in many different ways including:

- Helping at mealtimes.

- Helping people find where they need to go.

- Helping people get better by doing activities like playing music and playing with pets.

- Helping people at the end of their lives.

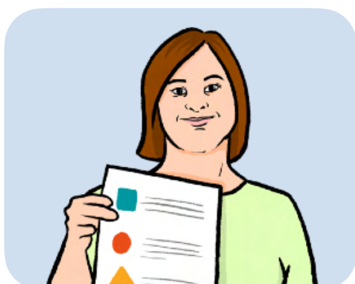
9.2

Patient Care Partners

Patient Carer Partners are people who are patients or carers. They work with us to improve how we work.

They have helped us to:

- Be fair to everyone.



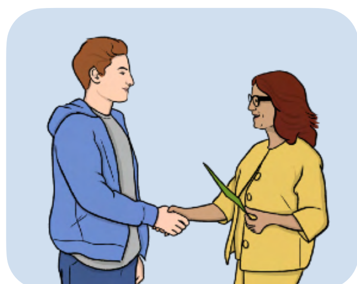
- Provide information that is easy for people to understand.

Our values

In 2022 we all agreed that we would work in a way that is:

- Caring.

- Ambitious - this means wanting the best for people.



- Respectful - this means treating people with respect.

- Supportive - this means helping people.

9.2

Our 4 commitments

We have made 4 commitments that will help us to improve how we work with patients.

The 4 commitments are:

1. We will listen to what patients tell us.

2. We will work together to treat patients as individual people.

3. We will always try to work in better ways.

4. We will check that patients and carers get a good service from us.

Listening to patients

We will collect information from patients in different ways.

We will write reports so our managers know what patients tell us.

We will tell our staff what patients are saying so they can improve how they work.

We will check that staff are listening to patients and improving the way they work with patients.

Working together to treat patients as individual people

All our different staff will listen to people from groups who often don't get a chance to say what they think.

We will treat people with a learning disability, people with mental health problems, and autistic people as individuals.

We will make sure that we provide good services to people from all different backgrounds.

We will check that we are giving the right service to all patients.

Working in better ways

We will get better at dealing with complaints.

We will get more people to join the group that looks at how we deal with complaints.

We will check that we are dealing with complaints in better ways.

Checking that patients and carers get a good service

We will make sure that all our staff and managers:

- Know that we are listening to patients and carers.

- Hear what patients and carers think about our services.

We will have a newsletter that tells staff about what patients and carers are saying.

We will give training to staff about working with patients and carers in better ways.

Find out more

You can look at our website here: www.nbt.nhs.uk

You can contact us by:

- Post:

  Trust Headquarters
  Southmead Hospital
  Southmead Road
  Westbury-on-Trym
  Bristol
  BS10 5NB

- Phone: 0117 9505050

This Easy Read booklet was produced by easy-read-online.co.uk

North Bristol NHS Trust

Equality Impact Assessment (EIA)

Other documents required to complete the Equality Impact Assessment:

- **Equality Impact Assessment Guidance**
- **Equality Impact Assessment Resources**

Please ensure you read the guidance and resources in full before attempting to complete this template

Title of Proposal: Patient and Carer Experience Strategy 2023 - 2026				**Date**: 09/06/2023
☐ Policy	☒ Strategy	☐ Service	☐ Function	☒ Other (Please State)
Has an EIA been previously undertaken?		Yes ☐ No ☒		
Stage of Service	Development ☒	Implementation ☐	Review ☐	
Lead Person(s) Completing This Assessment: Ceri Weston				
Lead Person Job Title(s) and Service Area: Patient Engagement Lead				

Step 1: Outline

1.1 Briefly Describe the Proposal

Give a brief description of the context, purpose, aims, and objectives of the proposal. Describe the intended outcomes and benefits and who these might impact. Include whether it is a new proposal or change to an existing one and the key decision that will be informed by the EIA (e.g. proceed with the policy / proposal or not, to publish the employee handbook etc).

A new Patient Experience strategy has been created to put outstanding patient experience at the core of how we operate. The strategy closely aligns with and underpins much of the work within the recently published Patient First strategy, renewed NBT values, and the Clinical Strategy for 2023-2026. It outlines the Trust's commitments, goals, and objectives for improving patient experience between 2023-2026, and how we intend to achieve them. The strategy was created in collaboration with patients, caregivers, the community, and colleagues throughout the Trust. It articulates how we will work together with patients and the public, understanding their lived experience of

9.3

NBTCARES

NHS North Bristol NHS Trust

our services to provide the highest level of care possible. Tackling health inequalities is a central part of our approach to improving patient experience. The goal to improve patient experience and the way we engage, as outlined in the strategy, could impact any patient or carer who receives care from the Trust. More directly, it will impact those who the Trust actively engage in providing feedback, patient stories, members of our Patient and Carer Partnership group, VSCE organisations we work with, and those recruited to Patient Partner roles. When referring to "patient experience" in the strategy and this impact assessment, we are also including family members, significant others, and caregivers. This strategy is new, and not replacing or proceeding a previous document. The Equality Impact Assessment will inform whether the considerations and actions that will need to be implemented into the development plan for the strategy, as a result of the findings and any actions identified by the EIA. The results and measures discovered through this Equality Impact Assessment will influence the Development Plan for the strategy. This will ensure that any negative impacts on protected characteristic groups, health inequality groups, and other relevant parties are addressed and resolved although it the direct intention of the strategy to great a positive impact on these groups.
Please give details of any evidence, research, or data used to support your work, e.g., workforce data, meeting papers, etc below:
The strategy reflects our commitment to the NHS constitution (2012) which values working together for patients, respect and dignity, commitment to quality of care, compassion, improving lives and everyone counts. These wider NHS values underpin what we do as a Trust and shape this strategy in the 3 core areas we have identified with our patients to focus on in the next 5 years. The NHS Patient Experience Improvement Framework (2018) states the importance of good patient experience as an essential part of quality for all health and social care services. Good experience of care, treatment and support is as important as clinical effectiveness and safety. A person's experience starts from their very first contact with the health and care system, right through to their last, which may be years after their first treatment, and can include end-of-life care. The new CQC Strategy, published in May 2021, sets out an ambition to focus on what's important to people and communities when they access, use, and move between services, making sure that the voice of every person is heard and acted upon, recognising the importance of developing services in partnership with people, and ensuring that inequalities are addressed, and people's human rights are protected. To develop this strategy, we have also considered our legal responsibilities, such as The Health and Social Care Act 2012, and regulatory and improvement frameworks such as the NHS National Patient Safety Strategy. We have also referred to critical publications and

9.3

NBTCARES

NHS North Bristol NHS Trust

considered emerging evidence that positive staff experience is essential to good patient experience. As a result of this, this strategy is inextricably linked with the Trust's people strategy. When developing this strategy, we considered: • existing national and internal strategic priorities • our local population and their health and care needs • service delivery, challenges, and pressures • complaints and concerns • CQC National Survey programme results • patient feedback sources, such as the Friends and Family Test and Healthwatch reports • external evidence and good practice • NBT held data • stakeholder feedback from VCSE groups, staff, and partner healthcare organisations Please find attached evidence, research and data sources used to inform the strategy: • Clinical Strategy 2023 – 2026 available here • People Strategy 2020 – 2025 available here • Equality and Diversity Policy available here • Trust Strategy available here • Volunteer Services Strategy Plan 2021 – 2024 available here • NBT Values and Positive Behaviours Framework available here • The Health and Social Care Act 2012 available here • CQC Strategy 2021 'A new strategy for the changing world of health and social care' available here • NHS National Patient Safety Strategy available here • NHS Constitution (2012) available here • Exploring the relationship between patients experiences of care and the influence of staff motivation, affect and wellbeing available here
Give details of any relevant patient experience data or engagement that supports your work and where there is significant impact and major change how have patients, carers or members of the public been involved in shaping the proposal.

9.3

NBTCARES

NHS
North Bristol
NHS Trust

The strategy was created in collaboration with patients, caregivers, the community, and colleagues throughout the Trust. It reflects our commitment to the NHS constitution (2012) which values working together for patients, respect and dignity, commitment to quality of care, compassion, improving lives and everyone counts. In the lead-up to writing this strategy, we engaged with our stakeholders, exploring what good patient experience meant for them. Following this, the groups listed below have been consulted to shape this strategy for NBT:

- Stakeholder Events in 2022
- Patient and Carer Partners Group (we have 14 patient and carer partners who reflect our local population and the nine protected characteristics)
- Patient and Carer Experience Group
- Patient and Carer Experience Committee
- Divisional Directors
- Divisional Patient Experience Leads
- Volunteering Services team
- Spiritual and Pastoral Care Team
- Carer Strategy Group
- Dementia Steering Group
- Learning Disability and Autism Steering Group
- Chief Nursing Officer's Senior Team
- Chief Medical Officer's Senior Team

Please find attached the minutes for relevant meetings, where available:

- Carer Strategy Group
- Patient and Carer Experience Group
- Patient and Carer Partnership Group
- Divisional Patient Experience Group

Please email Trust.Secretary@nbt.nhs.uk for the minutes of above meetings.

We will continue to build partnerships with the voluntary, community and social enterprise (VSCE) sector to achieve these ambitions. We will continue to engage with partners and communities through the creation of the delivery plan for the strategy, so that we can make sure we meet their needs.

NHS
North Bristol
NHS Trust

Step 2: Impact

2.1 Could the proposal have a positive or negative impact on any of the protected characteristic groups or other relevant groups?

Although some of your conclusions will be widely known and accepted (e.g. need for accessible information), your analysis should include evidence to support your statements to aid the decision-maker - references and links to documents can be listed in section 4.1. Evidence might include insights from your engagement, focus groups, stakeholder meeting notes, surveys, research paper, national directives, expert opinion etc. If there is insufficient evidence, state this and include an action to find out more in the action plan in Step 3.

Positive Impact				
☒ Sex	☒ Race	☒ Disability	☒ Religion & Belief	☒ Sexual Orientation
☒ Age	☒ Pregnancy & Maternity	☒ Marriage & Civil Partnership	☒ Gender Reassignment	☒ Other health inequality (please state below)

Implementing a strategy at NBT for Patient Engagement will have a positive impact on a number of protected characteristic and health inequalities groups. NHS England's definition succinctly sums up the goal of engagement in the NHS:

> "Patient and public engagement is the active participation of patients, carers, community representatives, community groups and the public in how services are planned, delivered and evaluated. It is broader and deeper than traditional consultation. It involves the ongoing process of developing and sustaining constructive relationships, building strong, active partnerships and holding a meaningful dialogue with stakeholders."

Having a strategy that clearly states the importance and commitment of the Trust to patient experience will be beneficial to all patients. That being said, we have still had to consider the ways that we plan to implement the strategy and engage with people to make sure that we are considering the diverse and varying needs of our patient population and reducing health inequalities by including key actions and outcomes which will directly support this.

There are some goals identified in the strategy which will improve experiences for patient populations, but by getting them right we will improve the experiences of our wider patient populations.

9.3

NBTCARES

NHS
North Bristol
NHS Trust

The commitment to the Accessible Information Standard will have a clear impact on patients with a disability (including severe mental illness), impairment or sensory loss. It will also impact experiences as more staff consider alternative communication methods as a standard when interacting with patients.

As the commitment to AIS extends to the ways that we engage with patients, as we build on our existing methods to collect patient feedback including exploring the use of new technologies to support this, we will be able to engage the Accessible Information Standard Steering Group in this process.

The strategy has goals that encourage us to be responsive to any emerging inequalities in experience. Improve recording of patient demographic data when collecting feedback will ensure that we know whether we are hearing voices from similar backgrounds or a diverse range of voices. We currently collect protected characteristic data for this work, but we will be adding Index of Multiple Deprivation and Learning Disability status. Making this data more robust will mean that we can monitor ourselves to check where patient experiences are poorer and adapt our focus to engage with particular groups and understand why. This will be beneficial to all patient groups. It will also help us to achieve our goal of seeking to hear from all patients, as we can approach local VSCE groups as appropriate to solicit more feedback and understand how we can engage better, where we identify that any feedback is not received proportionate to the population or is showing a significantly worse experience than the average for a service.

The strategy places an emphasis on valuing the individual and what matters most to them. Part of what makes up an individual will be the protected characteristics they share, so in valuing the individual we should understand their protected characteristics. A specific mention is made in the strategy to consider religion, pastoral care and mental health when valuing the individual, and for providing person centred care for people with a diagnosis of mental health, learning disability and autistic people.

In the strategy it is stated that Patient Experience includes the experiences of family members and carers, so in this way all the work that we do for Patient Experience also has carers at its core.

The strategy makes reference to a part of the Voluntary Services strategy, which aims to engage with our local trusts, networks, forums, faith and belief communities, and use these connections to embrace their knowledge, guidance and research, and to attend events to promote new role opportunities and widen our reach within our community. Doing so should introduce a diverse range of Patient Experience Volunteers to reflect our patients and our local community. There will be volunteer roles that are codesigned, to make sure they improve experience of care for patient demographics. By codesigning these, we

NHS North Bristol NHS Trust

The strategy considers the need to widen representation within our Patient and Carer Partnership, focusing on specific health conditions and continuing the promote opportunities to those in the protected characteristic groups				
Negative Impact				
☐ Sex	☐ Race	☐ Disability	☐ Religion & Belief	☐ Sexual Orientation
☐ Age	☐ Pregnancy & Maternity	☐ Marriage and Civil Partnership	☐ Gender Reassignment	☒ Other health inequality (please state below)
Provide a narrative about the negative impact for any of the protected characteristic groups plus health inequality groups (such as digital exclusion). Also include intersectional impact where possible here: As we are increasing our use of and engagement with digital platforms such as social media, SMS feedback and QR code feedback, it is important to recognize that this may inadvertently exclude certain individuals or communities who may not have access to or be comfortable with these technologies. Whilst we are working to meet the Accessible Information Standard as part of our strategy, this will not necessarily fully address all barriers that we must consider when people use technology to engage with us. To ensure we are not negatively impacting or excluding opportunities for those who are digitally excluded, we should consider what actions we can take through the development plan. Collecting demographic data for the Friends and Family Test is automatically linked to what demographic data we are gathering for clinical records. Whilst the Trust is addressing this, it is an ongoing challenge so, we have to be conscious that having poor quality or incomplete data can cause unequal outcomes in our use of the data. Whilst we would only use this data to support particular groups who are showing an unequal experience, we must ensure that we are hearing from protected characteristic groups through as many different sources as possible, to make sure that we are not inadvertently failing to attend to any active concerns because it is not represented in our dataset.				
No Effect				
Your policy might not have a positive or negative impact, or it might maintain a status quo - complete this section if ‘not applicable’				

9.3

NBTCARES

NHS
North Bristol
NHS Trust

2.2 Outline any negative impacts of the proposal on people based on their protected characteristic or other relevant characteristic. Consider how you might level the 'playing field' for all people.

Protected Characteristic(s)	Details of negative impact (e.g. access to service, health outcome, experience, workforce exclusion)	Identify any mitigations that would help to reduce or eliminate the negative impact
Health inequality - Digital exclusion	Increased use of social media to gather feedback about patient experiences may mean we do not hear from those who are digitally excluded.	To ensure we are not negatively impacting or excluding opportunities for those who are digitally excluded, we should consider what actions we can take through the development plan to mitigate this.
All	Collecting demographic data more routinely when we gather feedback will enable us to direct our engagement at groups with worse experiences. However, we may inadvertently miss the poor experiences of a particular group if they are not represented well within our dataset, and then not direct our effects to improve their experiences.	Whilst we will still use this to improve experiences of patients who hold a protected characteristic, we must be mindful that we are seeking feedback from protected characteristic groups through as many different sources as possible, to make sure that we are not inadvertently failing to attend to any active concerns because it is not represented in our dataset.

9.3

2.3 Outline any benefits of the proposal for people based on their protected or other relevant characteristics?

Outline potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our **Public Sector Equality Duty** to:

North Bristol NHS Trust

To eliminating discrimination, harassment, and victimisation	Positive ☒ Negative ☐ No effect ☐
Please describe: Our strategy includes several measures to actively support and encourage individuals with protected characteristics to engage with our organisation. By doing so, we aim to reduce the discrimination and health inequalities that these groups experience. Everyone should have equal opportunities to engage with the Trust and have their say in healthcare services. We are committed to creating an accessible and inclusive environment for people to do this. Our strategy outlines various initiatives to ensure we are committed to eliminating discrimination and promoting diversity through our engagement and broader patient experience work within the Trust.	

To advance equality of opportunity between people who share a protected characteristic and those who do not	Positive ☒ Negative ☐ No effect ☐
Please describe: We have decided to maintain our current recruitment methods for patient partners, as they have proven effective in recruiting to the role. However, we also recognise the importance of advancing equality of opportunity by actively implementing new strategies to engage and involve patients who hold protected characteristics. We have identified outcome measures in the strategy to highlight this commitment. This focused recruitment is intended to advance the equality of opportunity, and will help us create a more diverse and inclusive community of patient partners.	

To foster good relations between people who share a protected characteristic and those who do not	Positive ☒ Negative ☐

NHS
North Bristol
NHS Trust

	No effect ☐
Please describe: As we recruit more patient partners and engage with more groups with protected characteristics or experience particular health inequalities, we will bring together people who may not interact with each other in the community. The setting of the Patient Partner role could foster a good relationship and shared understanding, as they will share a common goal of improving the services of patient experiences and will use their lived experience or patient stories to do this. Highlighting stories of those with protected characteristics will highlight the shared experiences of care across different protected characteristics and those who do not hold these, which increase relatability and understanding.	

Step 3: Plan

3.1 What actions will you take to mitigate the negative impact outlined above?

Action	Timeframe	Success Measure	Lead
Ensure feedback can be given in a range of formats, including real time feedback on wards, through volunteers carrying out surveys, through use of IVM and paper FFT cards.	Ongoing	We receive a range of feedback from different sources	Head of Patient Experience/ Patient Experience Manager

9.3

NBTCARES

North Bristol NHS Trust

3.2 How and when will you review the action plan (include specific dates)?

The actions identified in the action plan are explicitly referenced as objectives/commitments in the Strategy and will be reviewed as part of the workplan for the strategy.

Step 4: Impact

4.1 What are the main conclusions of this Equality Impact Assessment?

Share a brief summary of the positive impact the project will make and any negative impact and mitigations, e.g. what steps you have taken to improve accessibility, and what recommendations you are making to the decision maker.

Explain how the EIA has informed, influenced, or changed the proposal and include a recommendation for the decision maker.

No potential for unlawful discrimination or adverse impact or breach of human rights articles has been identified that is not already being mitigated as part of the plan.

Select a recommended course of action:	
Outcome 1: Proceed - No potential for unlawful discrimination or adverse impact or breach of human rights articles has been identified.	☒
Outcome 2: Proceed with adjustments to remove barriers identified for discrimination, advancement of equality of opportunity, and fostering good relations or breach of human rights articles.	☐
	☐

NBTCARES

9.3

North Bristol NHS Trust

Outcome 3: Continue despite having identified some potential for adverse impact or missed opportunity to advance equality and human rights (justification to be clearly set out).	
Outcome 4: Stop and rethink as actual or potential unlawful discrimination or breach of human rights articles has been identified.	☐

Step 5: Review

All Equality Impact Assessments should be reviewed internally and obtain director level sign off to show an organisational commitment.

Reviewer's Feedback - This document should be reviewed by an Equality Officer. Send to Inclusion@nbt.nhs.uk	
Equality Officer Name:	**Director Name**:
Equality and Inclusion Team Signature:	**Director Signature**:
Date:	**Date**:

9.3

NBTCARES

NHS
North Bristol
NHS Trust

Report To:	Trust Board			
Date of Meeting:	27 July 2023			
Report Title:	Quality Committee Upward Report			
Report Author:	Aimee Jordan, Senior Corporate Governance Officer & Policy Manager Xavier Bell, Director of Corporate Governance & Trust Secretary			
Report Sponsor:	Sarah Purdy, Non-Executive Director and Chair of QC			
Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances
*If any boxes above are ticked, paper may need to be received in *private.*				
Purpose of the report:	Approval	Discussion	Information	Assurance
				X
Recommendations:	That the Trust Board: • Receive the report for assurance and note the activities Quality Committee has undertaken on behalf of the Board.			
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 Trust Board in September 2023.			

Executive Summary		
The report provides a summary of the assurances received and items discussed and debated at the Quality Committee (QC) meeting held on 11 July 2023.		
Implications for Trust Improvement Priorities: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	
	High Quality Care – *Better by design*	✓
	Innovate to Improve – *Unlocking a better future*	
	Sustainability – *Making best use of limited resources*	
	People – *Proud to belong*	
	Commitment to our Community - *In and for our community*	
Link to BAF or Trust Level Risks:	Link to BAF risks: • Patient Flow and Ambulance Handovers • Long Waits for Treatment	
Financial implications:	No financial implications identified in the report.	
Does this paper require an EIA?	No as this is not a strategy or policy or change proposal	
Appendices:	N/A	

10

NHS
North Bristol
NHS Trust

1. Purpose

1.1 To provide a highlight of the key assurances received, items discussed, and items for the attention of the Trust Board from the Quality Committee (QC) meeting held on 11 July 2023.

2. Background

2.1 The QC is a sub-committee of the Trust Board. It meets monthly with alternating deep-dive meetings and reports to the Board after each meeting. It was established to provide assurance to the Trust Board on the effective management of quality governance.

3. Meeting on 11 July 2023

3.1 Medical Examiner Service - Annual Report 2022/23 and Update
The Committee received this annual report and an update from David Crossley, Lead Medical Examiner for BNSSG. The Committee was assured by the report and noted that the service had continued to mature and now described itself being part of "business as usual" in terms of the scrutiny of adult deaths at University Hospitals Bristol and Weston NHS Trust (UHBW), and the North Bristol NHS Trust (NBT). This involved reliably scrutinising applicable cases (adult deaths in the two acute trusts), achieving 99.9% scrutiny of the 4146 applicable deaths in 2022/23.

The Committee noted that 9.7% of cases scrutinised by the Medical Examiner Service at NBT were referred to NBT's Trust governance for further investigation. The Committee sought additional assurance that NBT's processes robustly engaged with this 9.7%, and this was confirmed via the Learning from Deaths report.

3.2 Learning From Deaths/Mortality Report
The Committee received the annual report on Learning from Deaths. This report will also be separately presented to Trust Board in line with guidance from the National Quality Board.

The Committee was assured via the report that:

- the Trust has a robust system is in place to deliver the key requirements and support learning and continuous improvement
- NBT remains a safe hospital for patients, with SHMI data confirming that NBT ranks favourable with peer groups for overall low mortality

The report highlights areas and opportunities for learning, particularly the theme of "communication" arising from the case studies. The Committee expressed concern with a small number of cases involving individuals with learning difficulties where the process had taken a long time; however, reassurance was received that this issue had been remedied.

The Committee welcomed the close collaboration with the Medical Examiner Service.

3.3 Perinatal Quality Surveillance Monitoring
The Committee discussed the Perinatal Quality Surveillance Matrix dated March 2023 – May 2023. The Committee noted the improvements in the NICU staffing pipeline, which should see improvement in levels of staffing from September 2023.

10

NHS
North Bristol
NHS Trust

Discussion focused on two risks which were highlighted, both linked to the status of the retained estate: namely the impact of electricity interruptions, and the need for essential works in the NICU. The Committee requested a report providing additional assurance on these risks at its next meeting.

3.4 Inpatients Falls Report

The Committee received a report on the incidence and severity of inpatient falls within the Trust and the associated factors for the period April 2022 – March 2023.

The report highlighted:

- There was evidence of a positive reporting culture,
- Falls were generally well managed with a low incidence of severity following a fall,
- Patients at risk of multiple falls were demonstrated to be well-managed,
- The focus for 2023/24 included falls prevention and management in patients with reported dementia or delirium, as well as patients who sustain multiple falls.

The Committee were reassured that positive progress was being made and welcomed the establishment of a dedicated falls management and prevention team.

The Committee noted that the team would provide assurance reports of the Patient Safety group, undertake targeted quality improvement work and develop Trust-wide training and educational packages.

3.5 Assurance Update on CT-Scanner National Dose Reference Levels

The Committee received an update on the mitigation actions being taken to manage the dose reference levels from the aged CT-Scanners on Level 0 of the Hospital. The Committee were assured that the Trust was mitigating associated risks, but that replacement of the CT-Scanners would ultimately be required.

The Committee was also assured that the Trust was not breaching regulation, and that safe patient care was being provided; however, the Committee asked that this be escalated, and that sensible action be taken to position the Trust to take advantage of any capital funding made available later in the year, given the significant lead-times involved in securing new imaging equipment.

3.6 Assurance Update on the Neuropharmacology Service

The Committee received an update on the progress of transferring the Neuropsychopharmacology and Treatment-Resistant Depression service out of NBT, as the Trust does not have the clinical expertise to maintain the service.

The Committee were assured that there were interim arrangements in place with clinicians from Avon & Wiltshire Mental Health Partnership NHS Trust to provide an appropriate interim model of care. However, the Committee noted that the longer-term arrangements were subject to the finalisation of financial discussions at Executive-level, which had recently been escalated.

NHS
North Bristol
NHS Trust

3.7 **Other items:**

The Committee also received the following items for information:

- Sub-committee upward report(s):
    - Safeguarding Committee - The Committee received reassurance that the training compliance levels had significantly improved since the last update to the committee.
    - Drugs & Therapeutics Committee
    - Clinical Effectiveness & Audit Committee - The Committee welcomed the new and robust system for reviewing new interventions and received reassurance regarding the process.
- Quality Committee forward work-plan 2023/24

4. Identification of new risks & items for escalation

4.1 Note the two assurance updates on the patient safety risks (CT-Scanner National Dose Reference Levels and Neuropharmacology Service) and the mitigating actions in place.

5. Summary and Recommendations

5.1 The Trust Board is asked to receive the report for assurance and note the activities Quality Committee has undertaken on behalf of the Board.

10

NHS
North Bristol
NHS Trust

<table>
<tr><td>Report To:</td><td colspan="4">Public Trust Board</td></tr>
<tr><td>Date of Meeting:</td><td colspan="4">27 July 2023</td></tr>
<tr><td>Report Title:</td><td colspan="4">Learning from Deaths Annual Report 2022/23</td></tr>
<tr><td>Report Author:</td><td colspan="4">Sarah Waters, Clinical Audit & Effectiveness Manager
Paul Cresswell, Director of Quality Governance
Joydeep Grover, Deputy Medical Director</td></tr>
<tr><td>Report Sponsor:</td><td colspan="4">Tim Whittlestone, Chief Medical Officer</td></tr>
<tr><td rowspan="2">Confidentiality (tick where relevant) *:</td><td>Patient identifiable information?</td><td>Staff identifiable information?</td><td>Commercially sensitive information?</td><td>Other exceptional circumstances</td></tr>
<tr><td>N/A</td><td>N/A</td><td>N/A</td><td>N/A</td></tr>
<tr><td colspan="5">*If any boxes above are ticked, paper may need to be received in private.</td></tr>
<tr><td rowspan="2">Purpose of the report:</td><td>Approval</td><td>Discussion</td><td>Information</td><td>Assurance</td></tr>
<tr><td></td><td></td><td>X</td><td>X</td></tr>
<tr><td>Recommendations:</td><td colspan="4">The Trust Board is requested to consider the contents of the report noting the assurance provided that:
• the Trust has a robust system is in place to deliver the key requirements and support learning and continuous improvement
• NBT remains a safe hospital for patients, with SHMI data confirming that NBT ranks favourable with peer groups for overall low mortality</td></tr>
<tr><td>Report History:</td><td colspan="4">The Quality Committee receives periodic updates, via CEAC highlight reports, regarding the Trust’s approach to learning from deaths and its mortality data.
The Trust Board also routinely receives a mortality summary.
The annual Learning From Death’s report for 2022-23 was reviewed in detail at the Quality Committee on 11 July and approved for Board submission.</td></tr>
<tr><td>Next Steps:</td><td colspan="4">Ongoing delivery of mortality review activities and tacking of related data to sustain existing good governance.
Enhancing our internal approach to LFD and more widely across BNSSG, in conjunction with UHBW and the Medical Examiner Service, as outlined in section 5.3.1 of the report.</td></tr>
</table>

Executive Summary
Background The Learning from Deaths (LFD) national guidance was published in March 2017, by the National Quality Board (NQB). NBT has consistently achieved the key requirements. Following initial implementation it was subsequently agreed to delegate the report review to the Quality Committee, which has since been the accepted practice.

11

North Bristol
NHS Trust

National best practice strongly recommends that the Board should at least annually review mortality reports as an explicit agenda item, which this submission now enables.

Purpose

The purpose of the LFD Annual report for 2022-23 is to provide assurance that a robust system is in place to deliver the key requirements and support learning and continuous improvement as a consequence of these activities. This assurance reflects the detailed scrutiny and approval of the report at the Trust's Quality Committee on 11 July 2023.

Links with Medical Examiner Service

The Quality Committee also reviewed the Lead Medical Examiner's Annual Report for 22-23 at the July meeting given the clear alignment with the LFD report. The Medical Examiner service is co-hosted by NBT and whilst independently established in terms of its line management accountabilities and governance, it is supported operationally within NBT's corporate functions, and clinically through the joint service board established with UHBW.

It is one of the very few Medical Examiner Services established from the outset across separate NHS acute trusts covering an ICS footprint, which has been beneficial from a number of perspectives.

Key Highlights

NBT remains a safe hospital for patients, our SHMI data confirms that we compare very favourably with our peers ranking in the top quartile for overall low mortality. This does not however mean that we can be complacent. About 5% of our mortality reviews highlight some concerns, and it is our ambition to learn from these.

NBT has achieved consistent review of all in-hospital deaths, liaising and interacting in a clear and beneficial way with the BNSSG Medical Examiner Service to ensure that potential concerns are flagged into the right governance process and that learning is identified and acted upon when appropriate.

A robust review process is in place for all nationally mandated full mortality reviews (Structured Judgment Reviews) including those that are then fed into the BNSSG LeDeR review process for patients with a Learning Disability and/or Autism. LeDeR is the NHS England nationally mandated review programme "Learning from Lives and Deaths – People with a Learning Disability and Autistic People," which is co-ordinated locally through Integrated Care Boards.

These reviews are summarised in Sections 2 and 3 of the report. Care scores for these cases were judged adequate, good or excellent. No cases were awarded a poor or very poor care score. There were a small number of cases involving individuals with a learning disability where the process had taken a long time; however, this issue has now been remedied and will not recur.

Section 5 of the report highlights opportunities for learning, particularly the theme of "communication" arising from the case studies. This section also provides a number of examples at specialty level of how this learning has been turned into improvement action through specialty mortality and morbidity review mechanisms.

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS North Bristol NHS Trust

Forward Plan

We are ambitious to continue developing our approach and are regularly liaising with the Medical Examiner Service, UHBW Foundation Trust and with NHSE England regionally to take account of good practice elsewhere.

Oversight of the next steps if this development will be through the Clinical Effectiveness & Audit Committee, which reports into the Quality Committee and also within the quarterly joint BNSSG Medical Examiner Board to ensure ongoing co-ordination with that service.

Implications for Trust Improvement Priorities: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	
	High Quality Care – *Better by design*	X
	Innovate to Improve – *Unlocking a better future*	X
	Sustainability – *Making best use of limited resources*	X
	People – *Proud to belong*	X
	Commitment to our Community - *In and for our community*	X
Link to BAF or Trust Level Risks:	SIR 14: 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.	
Financial implications:	None specifically as a consequence of the activities set out within this report. The completion of mortality reviews is an embedded expectation within clinical specialties.	
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	Considered within individual mortality reviews as applicable to individual cases, for example the reviews for patients with Learning Disabilities or Autism are undertaken jointly by a consultant and one of the Learning Disability Liaison team to ensure care is considered holistically.	
Appendices:	**Appendix A:** Learning from Deaths Annual Report 2022/23	

11

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS
North Bristol
NHS Trust

Learning from Deaths Annual Report

2022/23

11.1

NHS
North Bristol
NHS Trust

Foreword

In the past year NBT's quality governance and patient safety teams have worked tirelessly to embed the Medical Examiner directed SJR process, and we have achieved consistent review of all in-hospital deaths. This is a significant milestone in a journey that started prior to COVID and reflects the ambition and commitment of our team to ensure good practice is established despite challenges.

Within the wider process, our teams have had special focus on subgroups – hospital acquired COVID mortality – which was a separate and large piece of work, patients with learning disabilities, Autism, serious mental illness, elective admissions, and cases screened as less than adequate care – to ensure that national requirements are met, and more importantly that learning is achieved. Consistent progress has been made across the board on completion rates and timeliness of completion compared to the previous years.

With Radar on the road to implementation, we expect to refine the process further to improve timeliness of such reviews as there remains room for improvement in speeding up our processes, and this will be one of the focus areas for the coming year.

NBT remains a safe hospital for patients, our SHMI data confirms that we compare very favourably with our peers ranking in the top quartile for overall low mortality. This does not however mean that we can be complacent. About 5% of our mortality reviews highlight some concerns, and it is our ambition to learn from these. To this purpose, we hope to focus on a programme to learn from deaths by utilising dedicated managerial and clinical resource to create a robust system of analysis and feedback to identify any thematic issues and provide depth of understanding from mortality.

We continue to work closely with the Medical Examiners office, and as the service expands to cover primary care, we hope to include and analyse data of mortality after discharge from hospital and identify issues specific to this which are currently unexplored. We recognise the importance of collaborative working and will continue to engage with primary care and UHBW in this area as previously.

I hope that you will find the report informative and illustrative of the progress we have made, areas where we continue to develop, and examples of learning we have achieved.

Joydeep Grover

Deputy Medical Director – Quality and Safety

July 2023

North Bristol NHS Trust

Contents

Section 1: Mortality Indicators 4
1.1 SHMI 4

Section 2: Mortality Review Activity and Outcomes 6
2.1 Mortality Review Completion Rate 6
2.2 Mortality Review Completion Rate – High Priority Cases 8
2.3 Structured Judgement Review Care Scores 9
2.4 Quality Account Reporting 11

Section3: Learning Disability and Autism Reviews 12
3.1 LD&A Mortality and Admission Rates 12
3.2 LD&A Mortality Review Completion Times 14
3.3 Structured Judgement Review Care Scores 15

Section 4: Medical Examiner Referrals and Actions 16
4.1 ME Referral Rates 16
4.2 ME Referrals by Category and Theme 17

Section 5: Learning and Continuous Improvement 19
5.1 System/Process Learning 19
5.1.1 Medical Examiner Referrals in Radar 19
5.1.2 Poor Care Score Reviews and Targeted Learning 19

5.2 Clinical/Case Level Learning 20
5.2.1 Learning within Specialties 20
5.2.2 Learning from Learning Disability Case Reviews 23
5.2.4 Learning from Medical Examiner Referrals 24

5.3 Continuous Improvement 27
5.3.1 Plan for the Coming Year 27

NHS
North Bristol
NHS Trust

Section 1: Mortality Indicators

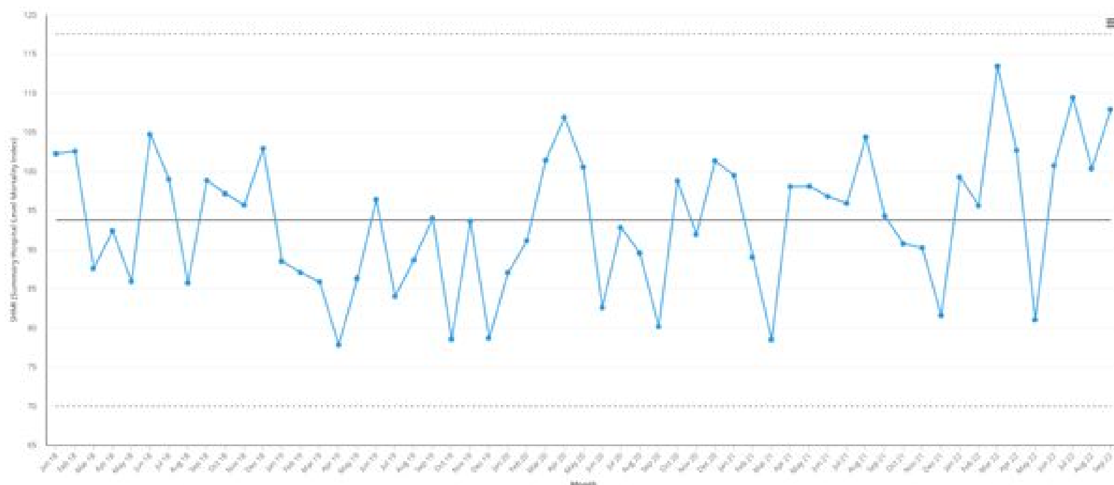
1.1 SHMI

The Standardised Hospital-level Mortality Indicator (SHMI) is the ratio between the actual number of patients who die following hospitalisation (up to 30 days post-discharge) at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated here. SHMI takes into account more variables than HSMR particularly co-morbidities and the emergency/elective split of admissions. **It is seen nationally as a more reliable mortality indicator than HSMR.**

The most up-to-date available data for SHMI covers the period January 2018 – September 2022. NBT's value for that full period is 93.34 and our peer value is 99.14 indicating that we are performing better than our peer organisations.

We have seen some normal variation in our in-month SHMI values, but this has not been outside the process limits; indicating statistical stability with no individual months outside of the control limits prompting concern.

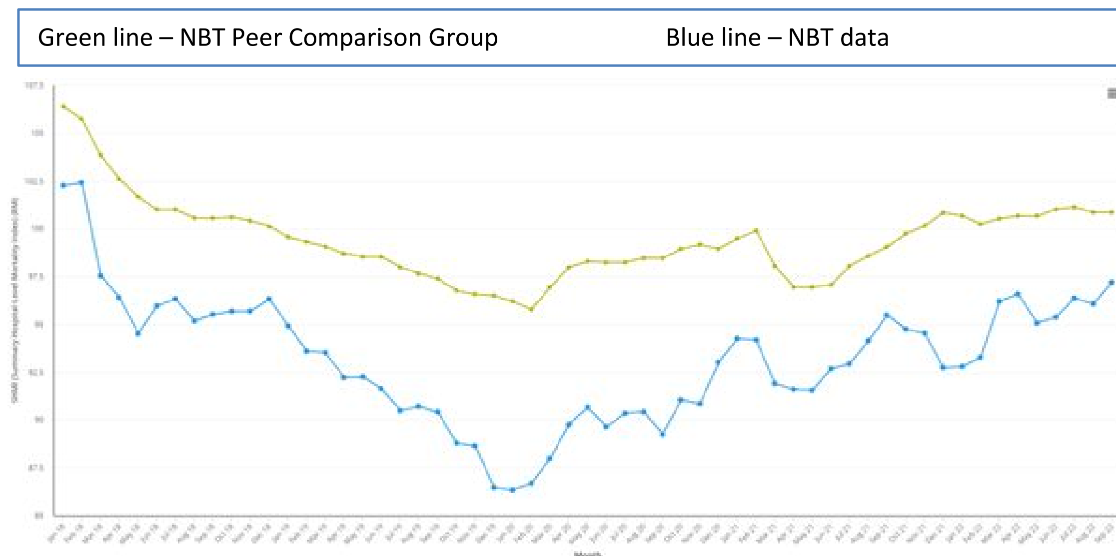
Fig 1| NBT SHMI SPC Chart January 2018 – September 2022 (Extracted from CHKS)



11.1

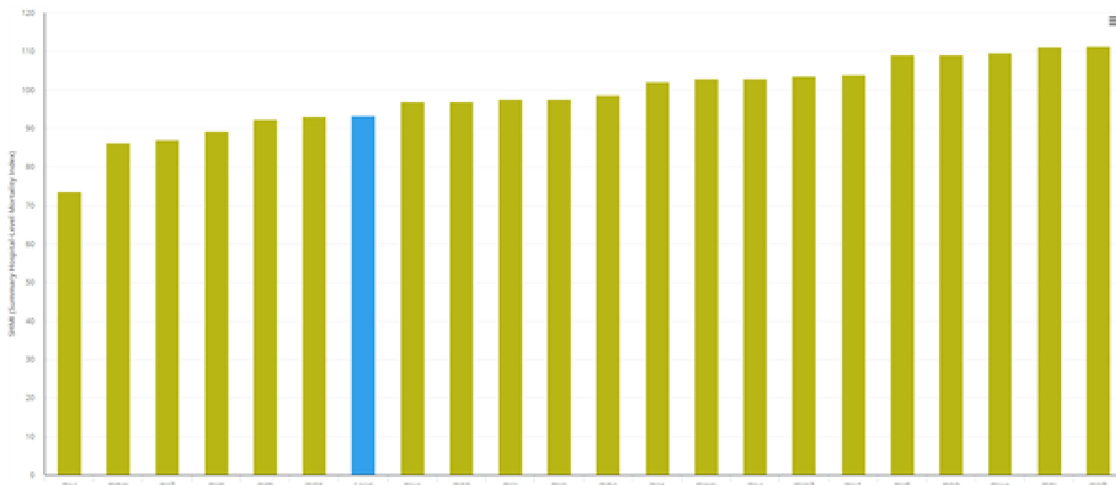
Our trajectory for SHMI follows that of our peer organisations but is lower on all occasions between January-18 and September-22.

FIG 2 | NBT SHMI TIME SERIES CHART (NBT IN BLUE) CHART JANUARY 2018 – SEPTEMBER 2022 (EXTRACTED FROM CHKS)



Our peer distribution shows that NBT is at the lower end of the scale.

FIG 3 | SHMI PEER DISTRIBUTION (JANUARY-18 – SEPTEMBER-22) – EXTRACTED FROM CHKS



North Bristol NHS Trust

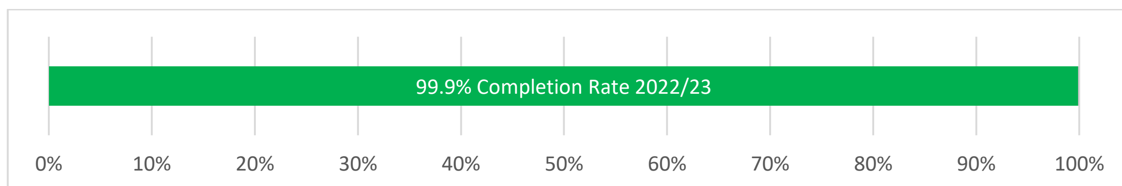
Section2: Mortality Review Activity and Outcomes

Some form of review should be undertaken on all deaths that happen at NBT. These generally are undertaken at two levels – a high level screening of the case undertaken either by the specialty or the medical examiner to identify if there are potential issues that might require further investigation, and a more in-depth case note review. Some categories of deaths require a full case note review regardless of whether concerns are indicated, these are cases where the patient was an elective admission, had a serious mental illness, had a learning disability or autism, where a significant care concern has been raised by bereaved families and carers or staff, all deaths in a service specialty where an 'alarm' has been raised, all deaths in areas where people are not expected to die and all deaths where learning will inform the provider's existing or planned improvement work. There have been no alarms raised during the 2022/23 reporting period.

2.1 Mortality Review Completion Rate

The following charts (Figs 4 & 5) indicate mortality review completion rate per 100 deaths. A review completion includes a screening review with no concerns flagged, or a medical examiner review, or a full mortality case note review (Structured Judgement Review). Monthly data is reported as the summation of the previous 12 months, **2 months in arrears** – this is to allow a completion window for the cases.

FIG 4| MORTALITY REVIEW COMPLETION RATE 2022/23

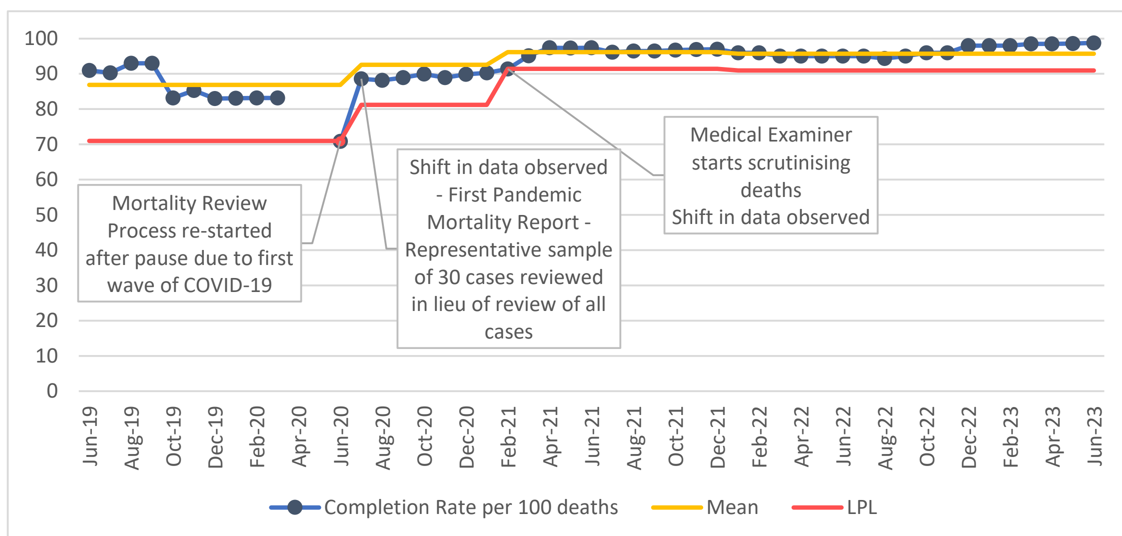


The data shows that NBT records a consistently high level of completion for mortality reviews.

11.1

NHS
North Bristol
NHS Trust

FIG 5| MORTALITY REVIEW COMPLETION OVER TIME JUN-19 – JUN-23 (DATE BY REPORTING MONTH)



The latest shift in the data from February 2021 onwards is further evidence of the impact of the Medical Examiner Service. During 2022/23 review completion has remained stable with a further shift in the data upwards expected from July 2023 due to 7 consecutive points sitting above the mean currently. If the next month's point is above 95.7 we will recalculate the mean.

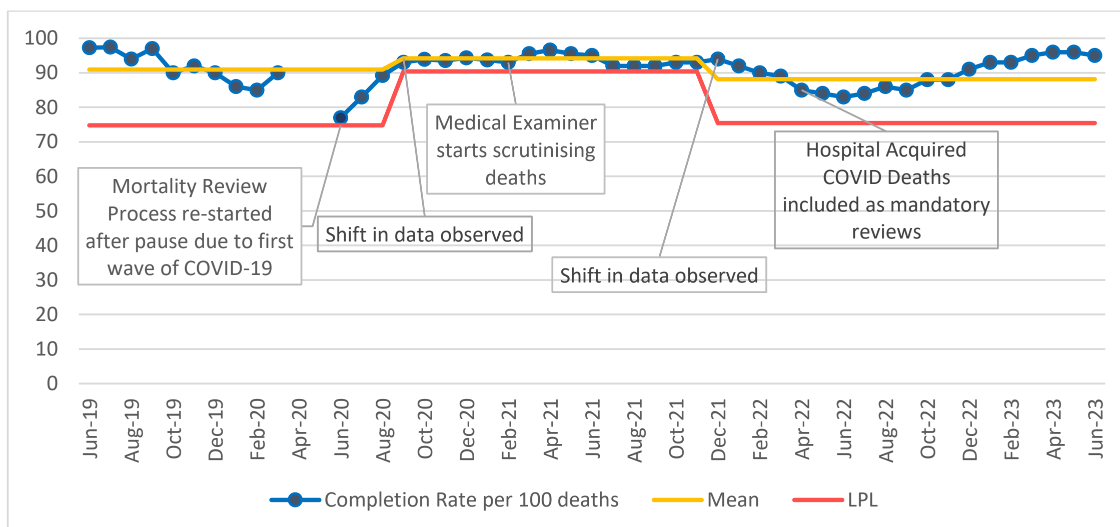
11.1

NHS North Bristol NHS Trust

2.2 Mortality Review Completion Rate – High Priority Cases

Mortality reviews labelled as high priority are those that fall into the mandatory review categories of patients with a learning disability or autism, patients with a serious mental illness, elective admissions, cases that have been screened for review either by the Medical Examiner or the Trust due to a care concern, or cases where the patient died with definite or probable hospital acquired COVID-19. The latter of these was added as a mandatory high priority review category in February 2022.

FIG 6| MORTALITY REVIEW COMPLETION RATE – HIGH PRIORITY CASES JUN-19 – JUN-23



There was a decline in the completion rate for high priority reviews during 2022. This could be due to the addition of COVID-19 reviews to the mandatory review category increasing the burden of reviews for specialties. This has since improved over the latter course of 2022 and into 2023 with an improvement shift in data expected in July 2023. Cases that are currently overdue for completion for patients that died within 2022/23 are as follows:

- Cases screened in for review by the specialty or medical examiner: 2
- Cases where the patient had a hospital acquired case of COVID-19: 2
- Cases where the patient had a serious mental illness: 1
- Cases where the patient was an elective admission: 1

Of these overdue cases the average time outstanding is 419 days. We are actively chasing completion of these cases to ensure they are completed as soon as possible.

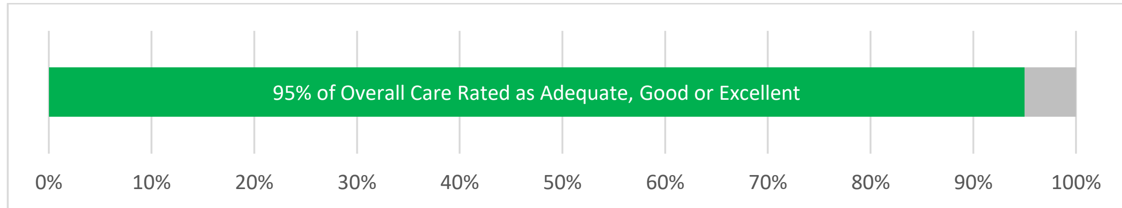
11.1

NHS North Bristol NHS Trust

2.3 Structured Judgement Review Care Scores

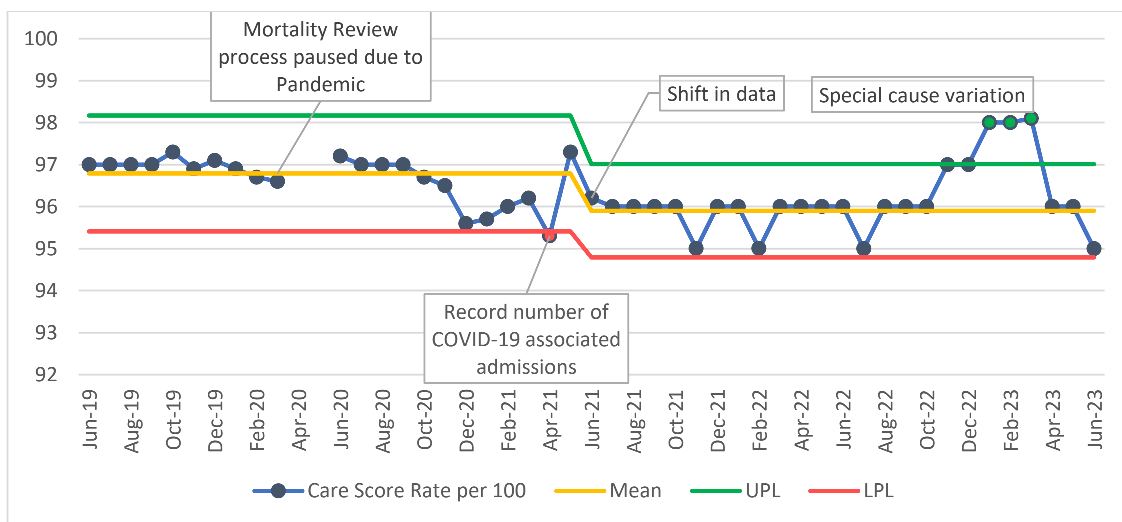
Overall care scores are included as part of Structured Judgement Reviews (SJRs). These are from 1 – Very poor care to 5 – Excellent care. The percentage of cases reviewed with an overall care score of adequate, good or excellent for 2022/23 was 96%.

FIG 7| STRUCTURED JUDGEMENT REVIEW OVERALL CARE SCORES RATED ADEQUATE, GOOD OR EXCELLENT 2022/23



The following chart shows the cases where the care was overall rated as 3 (adequate), 4 (good) and 5 (excellent) as a rate per 100.

FIG 8| STRUCTURED JUDGEMENT REVIEW CARE SCORES OVER TIME JUN-19 – JUN-23 (DATE BY REPORTING MONTH)



There were three instances of special cause variation above the upper control limit during the months of Jan-23 – Mar-23. Looking at other data from around the Trust at this time shows that there was a much lower than average bed occupancy and ED wait time during these months (Figs 9 & 10). Although it cannot be proved that this caused care scores to improve that this time it can be speculated that this may have had an impact. This figure has since returned to within the process limits.

11.1

NHS
North Bristol
NHS Trust

FIG 9 | ED 4-HOUR PERFORMANCE MAY-19 – MAR-23

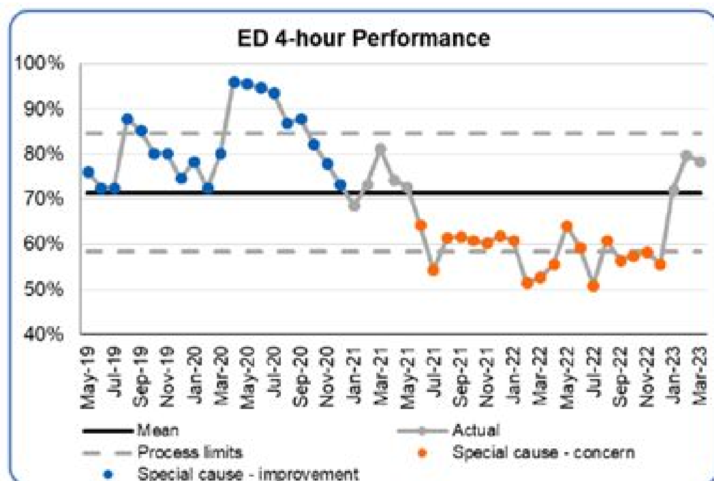
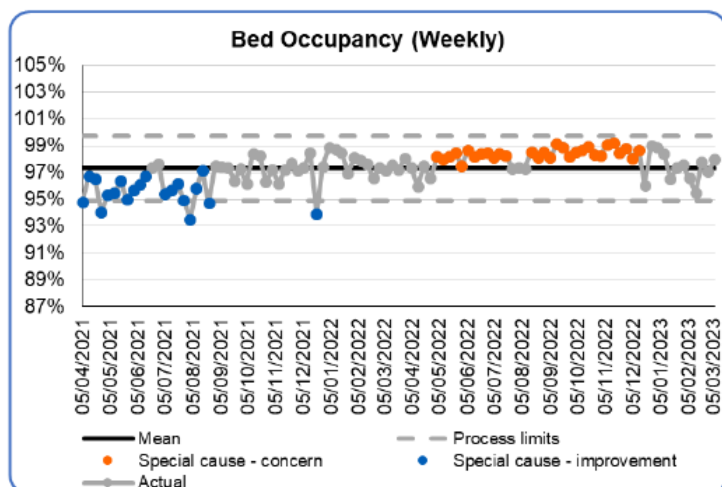


FIG 10 | BED OCCUPANCY (WEEKLY) APR-21 – MAR-23



Triangulating data with other sources in the Trust is helpful in trying to determine the effect services and performance have on the care given to patients.

11.1

NHS
North Bristol
NHS Trust

2.4 Quality Account Reporting

NBT is required to report the following data as part of the Trust Quality Account for 2022/23:

FIG 11| LEARNING FROM DEATHS QUALITY ACCOUNT REPORTING TABLE 2022/23

27.1	During 2022/23 2,078 of NBT's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 481 in the first quarter 518 in the second quarter 561 in the third quarter 518 in the fourth quarter
27.2	By 07/06/2023, 2,054 case record reviews and 6 investigations have been carried out in relation to 2,078 of the deaths included in item 27.1. In 0 cases a death was subjected to both a case record review and an investigation.* The number of deaths in each quarter for which a case record review or an investigation was carried out was: 474 in the first quarter 517 in the second quarter 550 in the third quarter 513 in the fourth quarter
27.3	0 representing 0% of the patient deaths during the reporting period is judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter this consisted of: 0 representing 0% for the first quarter 0 representing 0% for the second quarter 0 representing 0% for the third quarter 0 representing 0% for the fourth quarter
27.4	Recent learning from deaths identified in item 27.3: Not applicable
27.5	Recent actions undertaken as a result of the learning outlined in item 27.4: Not applicable
27.6	The impact of the actions undertaken in section 27.5 Not applicable
27.7	97 case record reviews and 0 investigations completed after 07/06/2022 which related to deaths which took place before the start of the reporting period.
27.8	0 representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated by counting those deaths that were subject to an investigation as a result of it being more likely than not that the death was due to problems in care.
27.9	0 representing 0% of the patient deaths during 2021/22 are judged to be more likely than not to have been due to problems in the care provided to the patient.

*This is because where a death is covered by another investigation the mortality review request is withdrawn from the system

11.1

NHS North Bristol NHS Trust

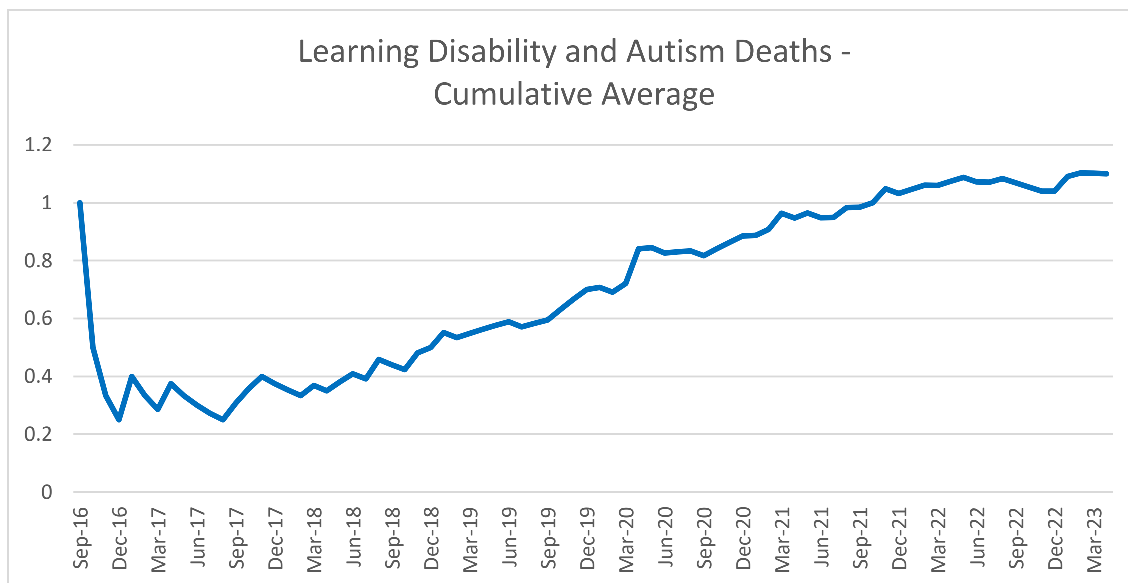
Section 3: Learning Disability and Autism (LD&A) Reviews

A full case note review is required for patients that have died at NBT with a learning disability or diagnosis of autism. During 2022/23 there were 14 deaths within NBT that met these requirements by admission date. National research has shown that on average, people with a learning disability and autistic people die earlier than the general public, and do not receive the same quality of care as people without a learning disability or who are not autistic. All deaths of people with a learning disability or who are autistic are required to be reported to the externally completed Learning from Lives and Deaths – People with a Learning Disability and autistic people (LeDeR) review programme where some are selected for case note review at a national level. Because if this external scrutiny, NBT ensures that all Learning Disability and Autism deaths are subject to an enhanced review process which involved input from the Learning Disability Liaison Team as well as the reviewing consultant. These reviews are then looked at in the Executive Review Group and learning and actions are scrutinised.

3.1 LD&A Mortality and Admission Rates

Mortality and admission rates for patients with a learning disability or autism have remained stable over the course of 2022/23. There have been no instances during this period of higher-than-expected deaths.

FIG 12| LEARNING DISABILITY DEATHS (CUMULATIVE AVERAGE) SEPTEMBER 2016 – MARCH 2023 (BASED ON ADMISSION DATE)

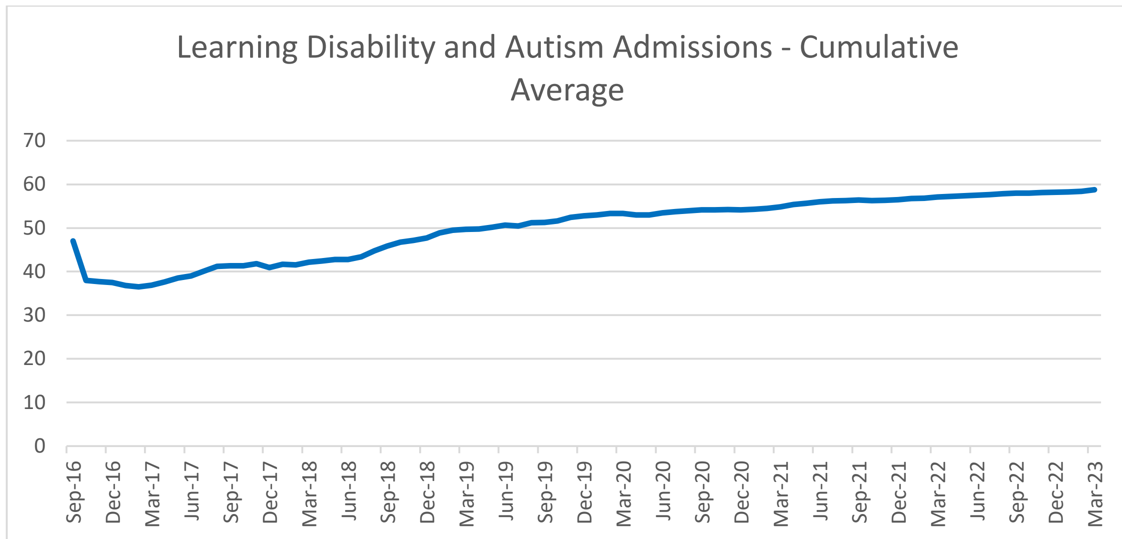


Learning Disability deaths are rising in the Trust, this is mirrored by the rise in admissions seen below (Fig 13).

11.1

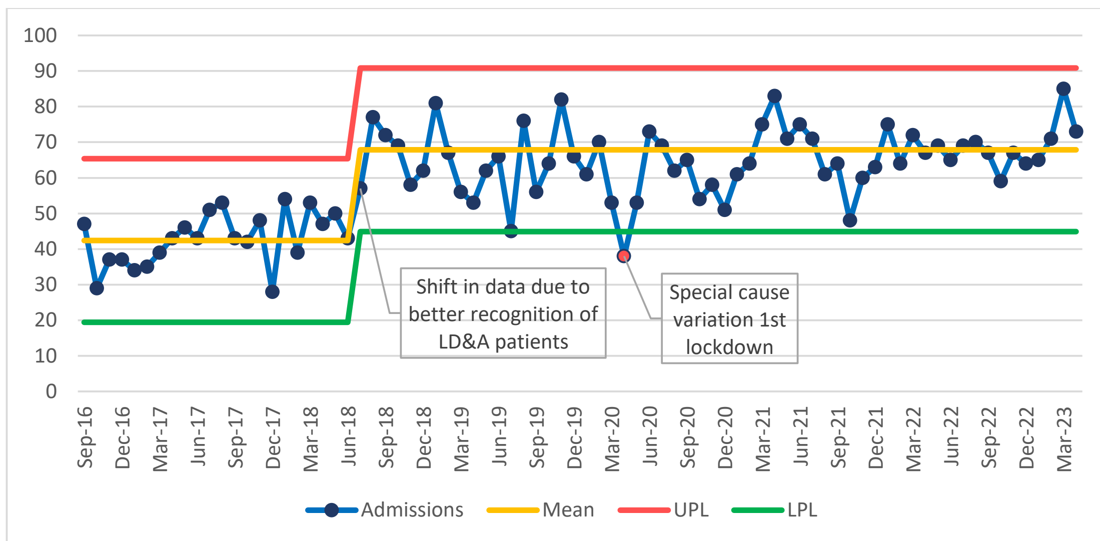
NHS North Bristol NHS Trust

FIG 13| LEARNING DISABILITY ADMISSIONS (CUMULATIVE AVERAGE) SEPTEMBER 2016 – MARCH 2023 (BASED ON ADMISSION DATE)



Looking at the SPC chart for admissions we can see that, although rising, admissions figures have not gone above the upper control limit.

FIG 14| LEARNING DISABILITY ADMISSIONS SEPTEMBER 2016 – MARCH 2023 (BASED ON ADMISSION DATE)



11.1

NHS North Bristol NHS Trust

3.2 LD&A Mortality Review Completion Times

Due to the enhanced review process completion of mortality reviews for patients with a learning disability or autism can take more time than other high priority review categories. It is our view that the added benefit of a more thorough review outweighs the lengthening of the review process.

Delays in the process can occur between patient death and SJR completion, and SJR completion and ERG sign-off. The average time to SJR completion sits at 50 days from patient death for all cases from February 2020 – May 2023. The average time from death to sign-off at ERG for all cases from February 2020 – May 2023 is 105 days.

FIG 15| LEARNING DISABILITY DAYS BETWEEN DATE OF DEATH AND SJR COMPLETION (DEATHS BETWEEN NOV-20 – MAR-22)

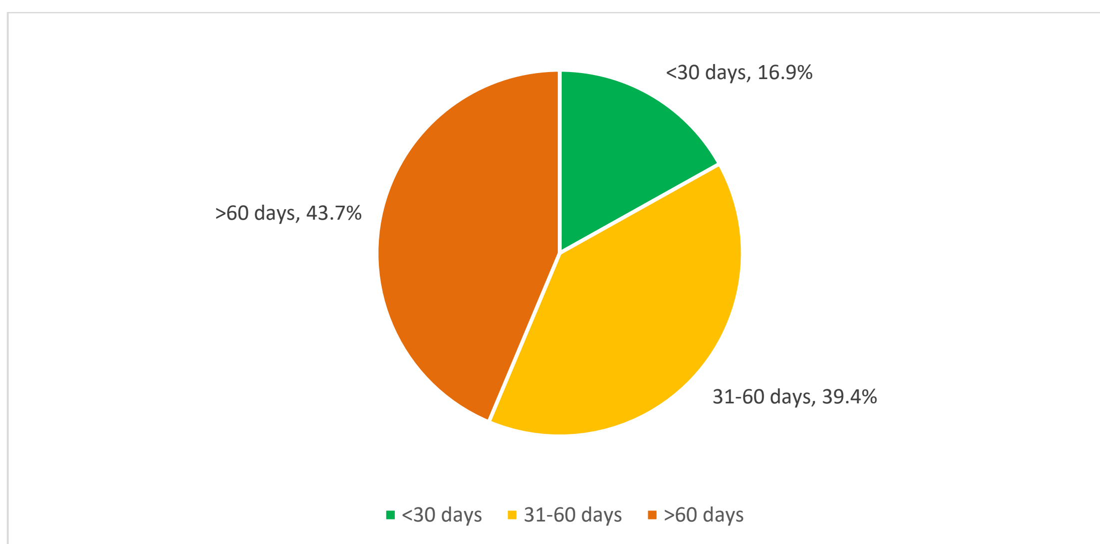
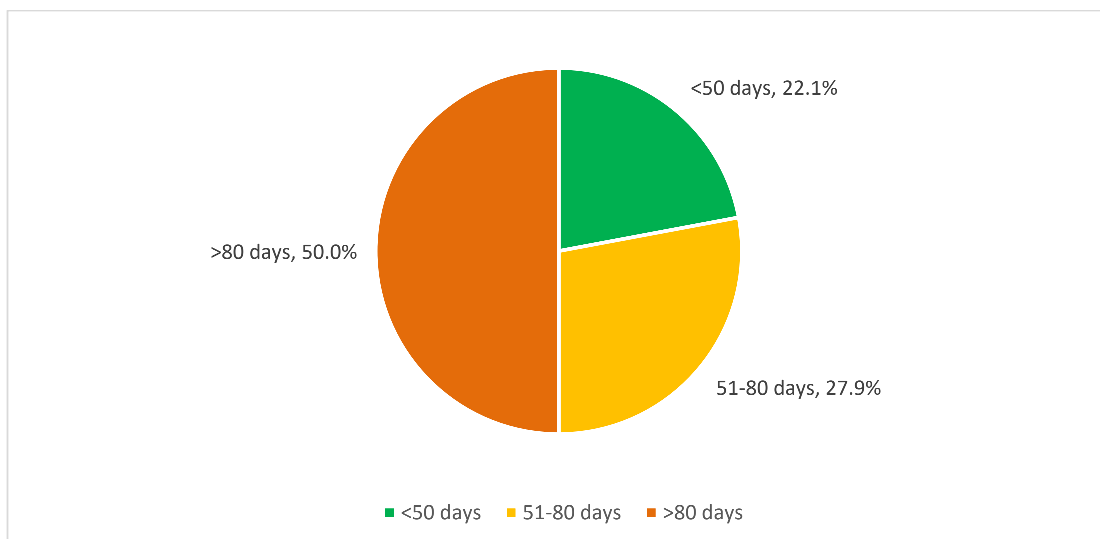


FIG 16| LEARNING DISABILITY DAYS BETWEEN DATE OF DEATH AND ERG SIGN-OFF (DEATHS BETWEEN NOV-20 – MAR-22)

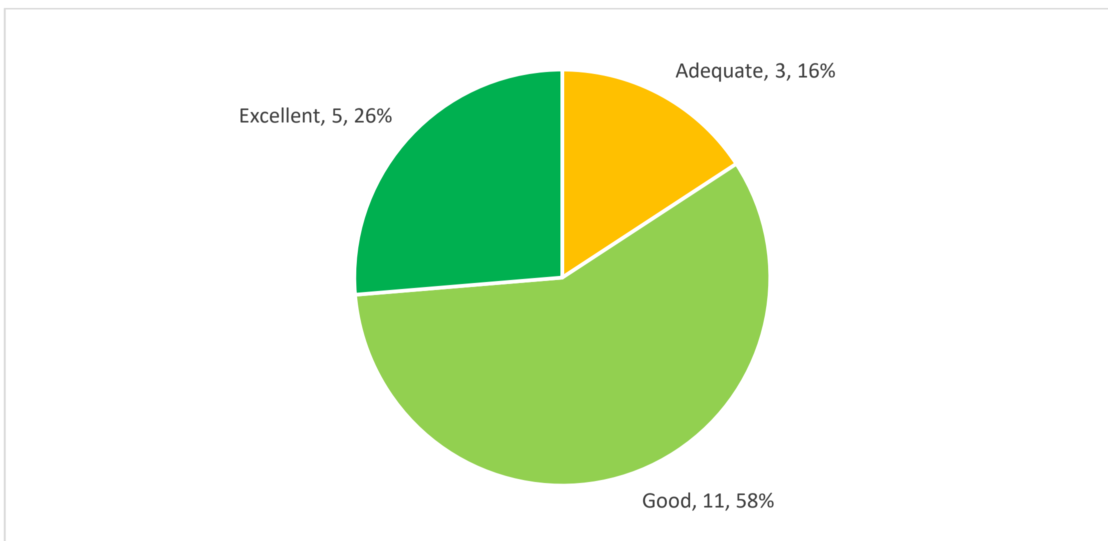


North Bristol NHS Trust

3.3 Structured Judgement Review Care Scores

During 2022/23 there were 19 reviews undertaken on deaths of patients with a learning disability or autism within this time period. Care scores for these cases were judged adequate, good or excellent. No cases were awarded a poor or very poor care score.

FIG 17| STRUCTURED JUDGEMENT REVIEW CARE SCORES FOR PATIENTS WITH A LEARNING DISABILITY OR AUTISM (2022/23)



Section 4: Medical Examiner Referrals and Actions

The Medical Examiner is an independent service that scrutinises all inpatient deaths in England. NBT and UHBW host a joint ME service for BNSSG. In November 2020 a process was developed to allow for the signposting of potential concerns referred by the medical examiner to NBT out to the relevant governance teams to identify learning, undertake further review and support families.

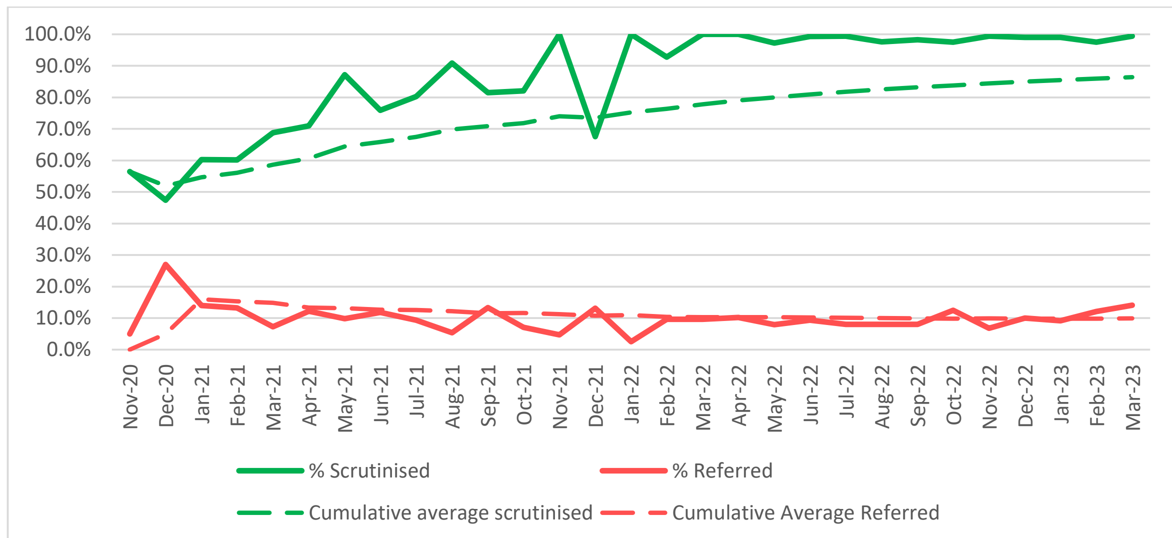
The medical examiner's office submits data to NHSE/I on a quarterly basis outlining the nature of referrals. Since the service's inception in November 2020 to end of March 2023 426 referrals have been made.

4.1 ME Referral Rates

The Medical Examiner service has been gradually increasing its scrutiny rate since November 2020. In March 2023 100% of deaths within the Trust were scrutinised by the Medical Examiner, with a referral rate of 8.8%.

During 2022/23 there were 202 referrals made to NBT. Referral rates from the Medical Examiner into the Trust have remained stable with a referral rate of 9.7% for the whole year. All of these concerns (100%) were signposted to a governance team within the Trust. Not all of these referrals constitute a serious concern raised by the medical examiner, and many of these concerns at the point of referral are already known to the Trust and being addressed appropriately.

FIG 18 | ME REFERRALS TO NBT SCRUTINY AND REFERRAL RATES (NOV-20 – MAR-23)



11.1

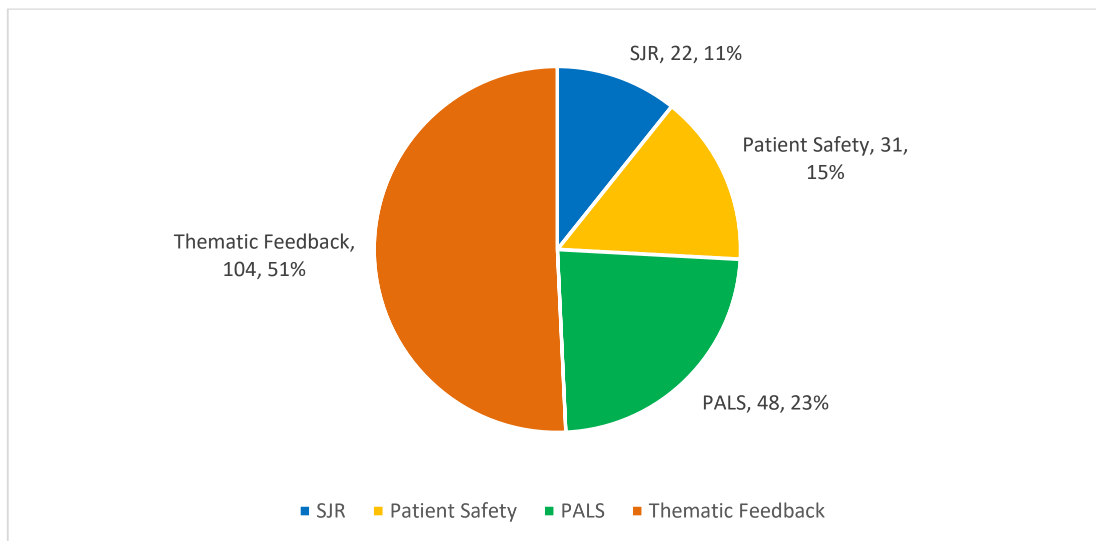
NHS
North Bristol
NHS Trust

4.2 ME Referrals by Category and Theme

The Medical Examiner refers cases to the Trust that present a clinical concern as well as those where the next of kin feeds back experiential concerns. Concerns can cover both the well-being of the patient and the family and therefore, encompass a large range of feedback. It is important to understand and categorise the types of feedback to better understand where improvements may be needed.

There has been a relatively even distribution of referrals of concerns from the Medical Examiner during 2022/23.

FIG 19 | DISTRIBUTION OF ME REFERRALS BY GOVERNANCE TYPE (APR-22 – MAR-23)



As expected, most concerns raised as a patient safety concern are to do with the quality of clinical care provided to the patient, and most concerns raised where the next of kin has indicated that they would like to contact PALS pertain to patient or family experiential concerns. Of the 22 concerns where an SJR was undertaken 18 (81.8%) were due to the patient falling into a pre-requisite SJR category (Learning Disability or Autism, Serious Mental Illness, Elective Admission) and weren't necessarily reflective of any concerns raised.

Of the 31 concerns that were referred as patient safety 14 (45.2%) were already known to the Trust and had been recorded as a patient safety incident on Datix, which provides positive indications of our safety reporting culture.

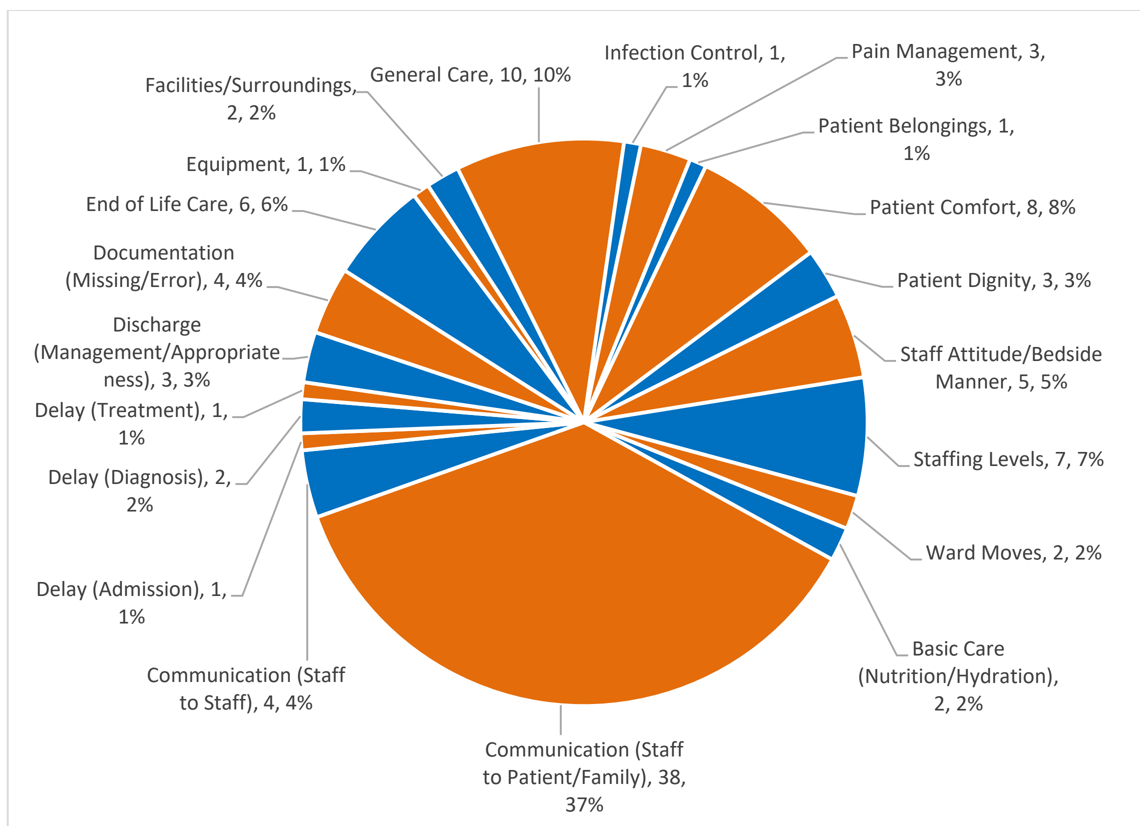
A new set of themes has been developed for mortality within NBT. These themes during 2022/23 were only assigned to those referrals where they were fed-back to divisions for thematic feedback. During 2023/24 these themes will be applied to all mortality referrals, and it is hoped that eventually they will be applied to all mortality reviews undertaken at NBT.

11.1

NHS
North Bristol
NHS Trust

Of the 104 referrals that were passed to the division to form thematic feedback, the following categories were recorded:

FIG 20 | DISTRIBUTION OF THEMATIC FEEDBACK (APR-22 – MAR-23)



37% of referrals for thematic feedback to divisions were communication concerns raised by the next of kin. Most often this was a lack of information from the ward regarding the condition of their relative. There were also concerns raised about the general care provided to their loved ones e.g. washing, moving the patient out of bed. Several families also raised concerns regarding the level of staffing on the ward acknowledging that this may reduce the level of care available to their relative.

11.1

NHS
North Bristol
NHS Trust

Section 5: Learning and Continuous Improvement

5.1 System/Process Learning

System and process learning is about identifying how we can improve our approach to learning from deaths in order to ensure that the time taken to complete these reviews is valuable. It is important that we are able to extract learning and tangible actions from these reviews in order for us to improve our practices. Furthermore, the inputs to the process need to be of quality to ensure that learning can be identified. We have undertaken the following work during 2022/23 to understand and improve our learning from deaths processes.

5.1.1 Medical Examiner Referrals in Radar

The new Quality Governance System *Radar* is being adopted by NBT as a platform to monitor, manage and engage with Clinical Governance processes across the Trust. During the course of 2022/23 the module for Medical Examiner Referrals has been developed within the system. The benefits of radar as a whole include easier accessibility and visibility of governance workstreams for the people that need to interact with these processes, more insight into data that is being collected as part of these workstreams, and better triangulation of data across workstreams within the system to facilitate more in-depth learning.

Specific benefits for incorporating Medical Examiner Referrals into the system are as follows:

- Reduction in the amount of administration time for Medical Examiners, Medical Examiner Officers and the central governance team in reporting and processing referrals
- Increases ability to collect and report positive feedback from relatives and carers
- Greater accessibility of information for divisional governance teams
- Easier thematic analysis
- Ability to clearly link to other governance processes (e.g. PALS and incidents) once incorporated into the system

5.1.2 Poor Care Score Reviews and Targeted Learning

Due to the scarcity of these events, the review, identification, and embedding of learning from poor care scores has not been overly formalised at NBT. During 2022/23 we have tried to change this. We are currently trialling a form to ensure that:

- Care scores attributed to a case are justified
- SMART learning objectives are identified as a result of the case review
- Learning can be embedded into team working
- Outcomes and learning is circulated between teams and areas where the information is relevant.

NHS North Bristol NHS Trust

5.2 Clinical/Case Level Learning

Although we understand that the outputs from mortality reviews need to be much more visible and accessible at every level we have been able to pinpoint some of the learning and actions for improvement that have resulted from specific case reviews. Much of this improvement work is down to individuals recognising when a case presents an opportunity for learning. We aim to make this much less of an individual responsibility with greater accessibility of outputs from mortality review over the coming year.

5.2.1 Learning within Specialties

Specialty Mortality Leads have access to the outputs of all reviews undertaken in their area and as such are in a unique position to be able to identify where actions need to be taken. Cases where learning is identified are often appropriate for further discussion as part of the specialty's mortality and morbidity meeting where specific actions can be identified and improvement work undertaken.

Below are examples of learning from each Division within the Trust where certain specialties have enacted changes as a result of mortality review.

Clinical Division: Anaesthetics, Surgery, Critical Care and Renal

ICU

There has been excellent learning and improvement work as a result of mortality meetings and reviews in ICU. In particular:

- We have had an external speaker talk to us about managing vasospasm in subarachnoid haemorrhage
- We have undertaken a significant amount of work around failed intubation, and in conjunction with ED are re-writing the emergency airway management guidelines and protocols
- Finally we are looking to develop a pathway for pancreatitis referrals.

Urology

Below are two examples where learning was actioned as a result of a mortality review:

- Allergic reaction to instillagel; patient was allergic to chlorhexidine
  - A Laser Alert was circulated to remind staff that instillagel contains chlorhexidine. After discussion with pharmacy, it was confirmed that instillagel is a 'P' classification medicine (can be sold by pharmacies without prescription) but is a pharmaceutical product and definitely requires prescription prior to use/administration (it was not being prescribed until that incident). An email was circulated that instillagel needs to be prescribed.
  - We are also organising a Grand Round to look into the evidence and compare the safety and efficacy of different products which may not contain chlorhexidine.
- There was a delay in actioning an MDT outcome for a patient with metastatic cancer

11.1

NHS
North Bristol
NHS Trust

- MDT outcomes are now monitored by the Urology Administration Team and also the Cancer Services Administration Team. The Team Liaisons meet each week to ensure patients discussed in MDTs have clear pathways to treatment. Cases are escalated to the management team after 14 days when delays in treatment are identified or the pathway is unclear. Immediate action will be taken to provide the best solution.

Clinical Division: Medicine

Acute Medicine

We have reviewed both our clinical processes for observations and job handover and will feedback to individual doctors as well as discussing at our next M&M so lessons can be learned as a whole team. We have also reviewed our processes in GPAU and now have task boxes for the nurses and doctors so the nursing staff can highlight patients who need earlier review/tasks needing doing to the medical staff. Our nursing seniors are also regularly reviewing our staffing levels in SPAU in order to avoid such long delays in observations being performed.

Care of the Elderly

The specialty reviewed a case on one of the complex care wards where a patient had died from a choking episode after being given the wrong meal in error. The ward implemented several changes including:

- The use of modified textured diet signs to go on the door of the rooms
- The implementation of serving breakfast from the kitchen to reduce the likelihood of the housekeepers serving food without a nurse or HCA present
- We have advertised for a nutritional assistant who will support patient, staff and family education around feeding and diets as well as supporting the ward with meal times.

Emergency Department

Sharing of learning from mortality reviews of patients with a learning disability has shown the importance of involving the learning disability team as soon as the patient arrives in hospital. Early referral allows the learning disability team to attend the department and help the ED team with the patient's care, including difficult decisions such as withdrawal of active treatment.

Gastroenterology

It was highlighted that there is an ongoing need for the team to deliver teaching of acute bundles for GI bleed, Liver, and ASUC to emergency teams. The impact of high bed numbers on the ward in delivering paracentesis within the bed space was also noted.

Haematology

A number of cases have been reviewed over the past year that have highlighted the below learning opportunities to the specialty:

NHS North Bristol NHS Trust

- GPs should perform serum free light chains as part of routine work-up
- Conversations around starting chemo in patients who've been deemed frail enough to warrant fast track discharge/access to care
- The MDT is to agree a clear pathway for whole node excision
- Avenues should be opened for the team to question the interpretation of radiology if it does not fit the clinical situation
- Need to make sure that reversal of anticoagulation is considered in the setting of critical bleeding
- An error was recognised in the follow-up system – a new clinical outcome form dedicated to haematology needs/patients was created and put in place
- An audit of the process for flagging abnormal samples for medical review was put in place
- Education for the junior medical team on how to interpret bloods in AML patients was started
- Improvements were made in the communication links between BHOC and Southmead

Infectious Diseases

Being a small department, there fortunately has not been many deaths, however we have picked up on two themes:

- Good communication with family when patients were deteriorating
    - One case was challenging as the patient was not that keen to let their family know of their clinical situation. When the patient did deteriorate quite rapidly the family was upset by this. As a result, we have learnt that we need to document more clearly when patients decline for the team to update their families.
- Communication between nurses and doctors when patients refuse medication
    - This has been discussed at our governance meetings and doctors need to be diligent in their review of the drug chart
    - Nurses will aim to update doctors at board rounds and when they see them to remind them which patients have been refusing medication.

11.1

Clinical Division: Neurological and Musculoskeletal Sciences

Neurosurgery

Mortality reviews in Neurosurgery:

- Mortality reviews of elective admissions have resulted in better alignment of our pre-op assessment with general pre-op assessment and, also, explicit ICU step-down criteria for brainstem patients.
- The specialty has worked reasonably closely with the Medical Examiner, inviting them to two meetings over the year for formal feedback from them on contentious cases.

NHS
North Bristol
NHS Trust

Stroke

The following improvement work has been generated as result of mortality reviews:

- Review of communication process with families
- Audit of prescription of PPI with high dose aspirin
- Close liaison with ICU when stroke cases are managed there
- Update to the PPI policy for patients who have NG in situ.

5.2.2 Learning from Learning Disability Case Reviews

Cases where it has been identified that the patient has a Learning Disability or Autism undergo an enhanced review process whereby input is taken not only from the specialty consultant but also the learning disability liaison team and the outputs are scrutinised by the Executive Review Group before being fed into the national review team and locally to the Trust Learning Disability Steering Group. Because of this, these reviews can provide much more insightful learning that feeds into tangible actions. Outputs from these reviews can also be used to support and highlight agreed improvement work for the steering group as part of their quality focus for the year.

From the last year's LeDeR Reports and SJRs we noted work needed to be undertaken on ReSPECT forms. As a result of this, following last year's audits, there has been a lot of training with junior doctors. Teaching has been undertaken with F1s, F2s and Medical and Surgical SHOs. We have highlighted on the ReSPECT form that Learning Disability and/or Autism is never a reason not to recommend CPR.

Secondly, in the last few months, we have found that a few of our patients' bowel charts were not completed or monitored by the teams. Constipation is a huge issue for people with LD, so in September of this year we will be organising a 'Poo Matters' week. We will have stalls in the atrium and around divisional areas on the importance of monitoring bowel movements for patients with LD and Autism.

Thirdly, Cancer Awareness is planned in July at the Breast Care Centre as a lot of people with Learning Disability and Autism may not know the symptoms before it is too late. In recognition of this, a lead screening practitioner for people with learning disability and autism has been funded who will work across BNSSG.

Lastly, training and awareness is one of the areas we identified as a challenge for staff. The Learning Disability Team have now successfully pulled together a training programme for LD, and soon Autism, to help train all staff, especially our champions. We have recently recruited a person with lived experience of Learning Disability to support the training and improvement work in a paid capacity. Having the lived experience voice is incredibly helpful and provides great insight into how we can adapt our working practices for the better.

NHS North Bristol NHS Trust

5.2.3 Learning from Medical Examiner Referrals

24 concerns were referred from the Medical Examiner which required a Structured Judgement Review during 2022/23. Of these 24, 6 (25%) were as a result of concerns being raised by the family or the medical examiner. The others were because of the patient being diagnosed with a learning disability, autism, or a serious mental illness. Of these 6, 5 have been completed (83%).

Medical examiner referrals provide an opportunity for the Trust to address care concerns either from the medical examiner team or from patients' family and carers. Outlined below are the cases studies:

Case Study 1

Medical Examiner Concern

The family believed that the patient was admitted to the hospital with a spontaneous bowel perforation, but that the symptoms were not detected by the ED team and therefore the patient did not receive the correct investigations or treatment. The family hopes that the medical staff in ED can learn from this case so that delays can be avoided for any future families.

Structured Judgement Review

From reviewing the notes the consultant believes that the care received by the patient was excellent from start to finish. The consultant would like the family to be reassured that there is no evidence that the patient had a bowel perforation on arrival. From the notes it is evident that the bowel perforation occurred some days into the patient's admission and it was recognised within good time.

Learning

It was appropriately recognised that the patient would not survive surgery and would not have wanted the operation. The patient's wishes with regards to informing the family at the right time were respected and they were given appropriate end of life care.

Case Study 2

Medical Examiner Concern

The Medical Examiner was concerned that there was a missed or delayed diagnosis of MI and subsequently the MI was left untreated.

Structured Judgement Review

There is clear documentation that an MI was considered and the risk/benefit of starting specific treatment for acute coronary syndrome was considered. Given the echocardiogram findings it is likely that that a myocardial infarction did precipitate decompensation of heart failure, but in light of severe

hyponatraemia, and the patient's preference to avoid invasive treatment, coronary angiography would have been unlikely to be appropriate.

Learning

Overall, the care was very good with daily senior reviews from the start of the admission. There was a recognition of critical illness and guarded prognosis was discussed with family. There was exploration of the patient's preferences and values at the start of admission with a ReSPECT form completed in accordance with this. There were multiple specialties involved including the cardiology and endocrinology teams. One point to consider was an echocardiogram earlier in the admission might have prompted earlier suspicion of acute myocardial infarction but it is suspected that this would have been unlikely to alter the outcome. This case was discussed at the departmental clinical governance meeting.

Case Study 3

Medical Examiner Concern

The family was concerned that short staffing may have impacted care due to a lack of resources. The family felt pushed to discharge the patient despite family concerns regarding instability and falls. The patient eventually ended up being readmitted and the family felt this was a waste of resources as if the patient had not been discharged in the first place there would have been no need for the Occupational Therapist, District Nurse of Ambulance Team.

Structured Judgement Review

The doctor discussed the discharge plan with the family referencing their concerns regarding two recent falls worrying the patient would not cope. The doctor accepted these concerns and referred the patient back to therapy. The patient was seen later that day by the therapy team, with the family present, and a plan to discharge with D2A therapy for falls assessment at home was agreed. After the patient's death, there was a well documented phone call from the doctor to the family.

Learning

Overall, the care during both admissions was excellent, with good communication with the family, thorough assessments and appropriate monitoring and response to deterioration. Assessments before the first discharge home were thorough and excellent, and although the family were upset they weren't listened to, notes demonstrate that their concerns around discharge were listened to and acted upon. The family was present during the therapy re-review. There were no concerns that the patient was confused at that stage, and the patient was keen to go home. Keeping the patient in hospital would not have altered the outcome.

NHS
North Bristol
NHS Trust

Case Study 4

Medical Examiner Concern

The patient was admitted via the oncology unit but the admitting ward had no communication that the patient was due-in. The family felt that overall there was no communication or sense of urgency by staff which was distressing to them as a family.

Structured Judgement Review

Consultant review of this case uncovered an issue with a delay in reporting of the CT and an error with the reporting of the CT. The incorrect report was human error. There is a small chance that if care had been different the patient might have survived but this would almost certainly be with a reduced quality of life for their remaining months. However, an accurate report would have given the family and patient the chance to be involved in treatment decisions, and would have avoided the shock of a sudden death.

Learning

The issue with reporting has been communicated to Medica and has since been addressed. The radiologist has been encouraged to reflect on their practice. This case has been presented at the departmental M&M meeting. There was a discussion around the importance of NG tubes and good documentation, especially regarding repeated attempts.

Case Study 5

Medical Examiner Concern

The family had multiple care concerns regarding their relative. These ranged from a lack of attention from staff regarding the patient's dressings to a near miss with insulin medication. The family felt the lack of attention from staff caused the patient to contract multiple infections which contributed to the death.

11.1

Structured Judgement Review

The consultant reviewer thoroughly addressed the family's concerns within the SJR document. The consultant felt that variable communication and care was a valid comment, especially given the error in insulin dosing and confusion around allergies. It is recognised that communication was poorer over the bank holiday weekend as staffing levels are inevitably lower, but it is also good to see that communication improved as the patient's health deteriorated and appropriate discussions took place in a timely manner. The water blisters experienced by the patient were not from the diabetes but rather, reflected heart failure. In the consultant's opinion these were unavoidable given kidney function and low blood pressure limited options for heart failure treatment. With regard to infections, the patient was on broad spectrum antibiotics throughout admission and there is no evidence of multiple infections apart from a potentially delayed diagnosis of cellulitis.

NHS
North Bristol
NHS Trust

Learning

Where errors have been identified patient safety incidents have been logged and learning reviews will be undertaken where appropriate. Findings will be fed-back to the consultants involved and PALS are involved to mitigate any feedback of complaint that may arise from the family.

5.3 Continuous Improvement

It is important that learning outcomes from mortality review are considered and acted upon throughout the year – not only regarding the clinical care but also about how we can improve our processes to ensure that we identify useful learning.

5.3.1 Plan for the Coming Year

Over the next year we will focus on incorporating the mortality review process (SJRs) into *Radar*. All of the benefits of included in bringing the Medical Examiner Referral process into the system will be applicable to the incorporation of mortality reviews. This will also mean that learning from these two mortality review processes will be joined-up, allowing better understanding from learning from deaths as a whole. The main barrier to overcome with this is ensuring that our PAS can 'talk' to radar to ensure that we have the patient information needed for consultant reviewers to undertake their role effectively is available in the system.

Whilst progressing the Radar work as referenced above, we are also developing a role to provide some programme leadership across NBT and working with the BNSSG Medical Examiner service across three overall areas of mortality related work;

1. Developing enhanced information through radar and wider contextual indicators gleaned from our clinical systems, including our CHKS system to support deeper insights into mortality outcomes and areas of potential learning
2. Working with clinicians who are keen to support targeted mortality-related quality improvement work, either withing the acute setting, or more widely within the community, facilitated through the Medical Examiner Service
3. Working with clinical divisions to develop a deeper understanding of links between specialty and divisional governance, for example in relation to the use of Mortality and Morbidity Review meetings and their learning and improvement actions.

We will liaise closely with University Hospital Bristol & Weston Foundation Trust as we develop this work programme and work collaboratively in conjunction with the Medical Examiner Service. This will seek to align our approach to mortality reviews, learning and wider quality improvement wherever possible.

North Bristol NHS Trust

Report To:	Public Trust Board			
Date of Meeting:	27 July 2023			
Report Title:	Guardians of Safe Junior Doctor Working (Report covering 1/03/23 – 30/7/23)			
Report Author:	Dr Lucy Kirkham, Trust Guardian for Safe Junior Doctor Working			
Report Sponsor:	Mr Tim Whittlestone, Chief Medical Officer			
Confidentiality (tick where relevant) *:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**	**Other exceptional circumstances**
*If any boxes above are ticked, paper may need to be received in *private.*				
Purpose of the report:	**Approval**	**Discussion**	**Information**	**Assurance**
			x	
Recommendations:	The Board of Directors to discuss current Junior Doctor contract issues and as a public authority must, in the exercise of its functions, have due regard to the need to: • All contractual obligations in place. • Be satisfied that the role of Trust Guardian is being fulfilled. • Exception Reports being acted upon. • Gaps on Junior Rotas being filled as a priority. • Risks to Trust considered – Guardian fines; accountability; staffing.			
Report History:	This paper sets outs the background and context around the introduction of the Guardian of Safe Working as part of the 2016 Terms and Conditions for Junior Doctors and implementation of that role in the Trust. It shows: • Gaps on rotas and plans to fill • Locum data • Exception Report data • Guardian's actions			
Next Steps:	• Promote and support exception reporting system to consultants and trainees • Continue to look at creative workforce and IT solutions to minimise gaps			

12

Executive Summary
The New Junior Doctors' Contract was introduced with effect from October 2016, subject to a phased implementation between October 2016 and August 2017. In 2019 there was a further contract refresh agreed to cover April 2019 - March 2023.

NHS
North Bristol
NHS Trust

Junior Doctor Contract Refresh - 2019
The BMA's Junior Doctors Committee endorsed an offer negotiated with NHS Employers which would see changes being made to, and additional investment in, the 2016 Junior Doctors contract alongside a multi-year pay deal. Changes included:

- Leave for life changing events – employers must allow leave for life changing events (it is for the doctor to decide what is a deemed life a changing event)
- Breaks for nights shifts – a nights shift of 12 hours or more will require a 3rd 30 - minute break.
- Facilities – where a non-resident on-call rota requires the trainee to be on site within a specified time or where the department specify the distance from the Trust when NROC then the department will meet the cost of overnight accommodation.
- Facilities – where a trainee has worked a night and is too tired to drive home the Trust must provide rest facilities (which we do anyway) or the department must meet the cost of travel home and reasonable expenses on the return to work.
- Exception reporting – extension of what can be exception reported i.e., missed supervisor meetings or no time provided for coming audits / e-portfolio.

The NBT Trust Guardian for Safe Junior Doctor Working will:

1. Interact with the Trust Board in a structured report covering rota gaps, gap management, locum usage exception reporting and the Postgraduate Doctors Forum (PDF).
2. Ensure Exception Reporting by junior doctors for breaches of contract are acted upon. These comprise exceptions for:
    - Safety reasons
    - Excess hours – Leading to TOIL (the preference) or Payment where TOIL is not possible.
    - Excess hours leading to work pattern reviews.
    - Missed education sessions.
3. Set up and attend a PDF – these forums harness the junior doctor's ideas and energy on better ways of working as well as offering a channel to discuss contract, education and rota issues. The DME, HR and exec attendance is desirable.
4. The Guardian may levy a fine if a breach of the following occurs:
    - The 48-hour average weekly working limit
    - Contractual limit on a maximum of 72 hours worked within any consecutive 7-day period.
    - Minimum 11-hour rest has been reduced to less than 8 hours.
    - Where meal breaks are missed on more than 25 per cent of occasions over a 4-week period.
    - The minimum 8 hours total rest per 24-hour non-resident on-call (NROC) shift
    - The minimum NROC overnight continuous rest of five hours between 22:00 & 07:00
    - The maximum 13-hour shift length
    - The minimum of 11 hours of rest between resident shifts.

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

North Bristol NHS Trust

Penalties will be levied against the department where the doctor works; the fine will be set at four times the basic or enhanced rate of pay applicable at the time of the breach. The doctor will receive 1.5 times the applicable locum rate, and the JDF will retain the remainder of the penalty amount.		
Implications for Trust Improvement Priorities: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	
	High Quality Care – *Better by design*	
	Innovate to Improve – *Unlocking a better future*	
	Sustainability – *Making best use of limited resources*	
	People – *Proud to belong*	
	Commitment to our Community - *In and for our community*	
Link to BAF or Trust Level Risks:	• eRostering to alert contract breaches and enable leave booking for trainees. • Exception's alert ISCs	
Financial implications:	Financial implications are set out in the report	
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	N/A	
Appendices:	N/A	

HIGH LEVEL DATA – ROTA GAPS, GAP MANAGMENT, LOCUM USAGE, EXCEPTION REPORTING & PDF

Division	Staff in Post 01/07/23
339 Anaesthesia, Surgery, Critical & Renal Division	227.4
339 Core Clinical Services Division	51.4
339 Medicine Division	171.8
339 Neurosciences & Musculoskeletal Division	133.1
339 Women and Childrens Division	55.1
339 Ring Fenced Funding	20.9
339 HR Division	13.0
Grand Total	**672.6**

Table 1: Total number of Postgraduate Doctors (PGDs) - Doctors in Training (DiT) and Clinical Fellows (CF); as of March 1st, 2023, for all divisions included HR and Ring-Fenced Funding (GP and Psychiatry foundation doctors)

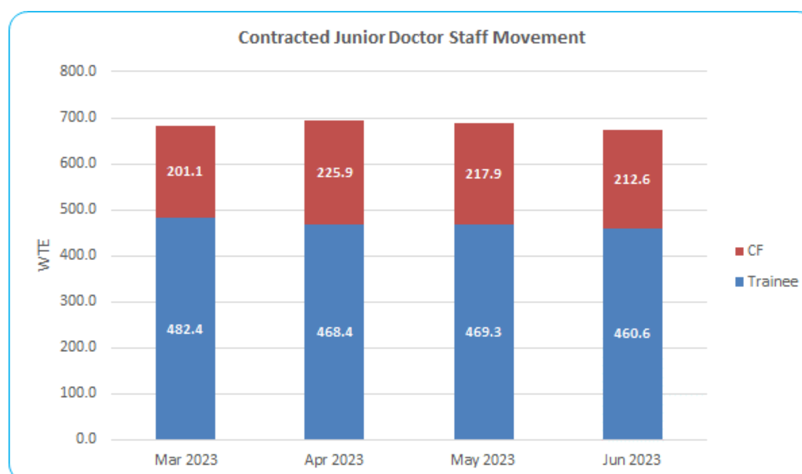
This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS
North Bristol
NHS Trust

1. ROTA GAPS - NBT rota designs have continued to meet the 2016 junior doctor contract requirements

- **FUNDING POSITION CHANGES** between March 2023 and June 2023
  A net reduction of 6.7 WTE PGDs
  - Physician Associates saw **growth of 4.5 WTE** (Mainly SDEC)
  - Doctors in Training saw a **reduction of 11.7 WTE** (top 3 areas: Microbiology, Stroke and Seasonal Pressures in Medicine)
  - Clinical fellows saw a **growth of 4.9 WTE** (top three areas – Stroke, Ageing Well and Microbiology)

- **STAFFING POSITION CHANGES** between March 2023 and June 2023
  A net reduction of 10.3 WTE PGDs
  - Physician Associates saw a **growth of 1.0 WTE** (reduction in Seasonal Pressures and growth in Acute Medicine and SDEC)
  - Doctors in Training saw a **reduction of 21.9 WTE** (top three areas Emergency Department, Care of the Elderly & Respiratory)
  - Clinical fellows saw a **growth of 11.5 WTE** (top three areas: Care of the Elderly, Neurology, Infectious Diseases & Cardiology)



Graph 1: The movement of PGDs contracted staff in post by month in the five clinical divisions.

Division	Cluster	Cost Centre	Mar-23	Jun-23	Variance
339 Anaesthesia, Surgery, Critical & Renal Division	Urology Services	339 01200 Urology Medical Staff	7.8	9.6	1.8
339 Neurosciences & Musculoskeletal Division	Cluster 2 - Trauma & Orthopaedics	339 01190 Sm Trauma & Ortho Med	9.0	12.0	3.0
339 Women and Childrens Division	Med Staff O & G Services	339 01140 Sm Obs/Gynae Medical	14.4	17.4	3.0

Division	Cluster	Cost Centre	Mar-23	Jun-23	Variance
339 Anaesthesia, Surgery, Critical & Renal Division	Anaesthetic Services	339 28104 NBT Anaesthetic - Medical Staff	16.8	14.9	-1.9
339 Anaesthesia, Surgery, Critical & Renal Division	Critical Care Services	339 28106 ICU Medical Staff	19.0	17.0	-2.0
339 Medicine Division	Medicine Cluster 1	339 01291 Emergency Dept Specialty	21.6	11.0	-10.6
339 Medicine Division	Medicine Cluster 1	339 01384 Seasonal Pressures	3.0	1.0	-2.0
339 Medicine Division	Medicine Cluster 2	339 05604 Care of the Elderly Specialty	20.4	17.0	-3.4

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS
North Bristol
NHS Trust

Table 2: Changes in funded establishment for PGDs in any Clinical Division if the change was **more than +/- 1 WTE** between November 2022 and February 2023.

Sickness absence - Over the last four months, recorded sickness absence rate across PGDs has been: **0.94%** (November 2022 – Feb 2023, it was 0.95%, July 2022 – Oct 2022 it was 0.76%)

Division	Specialty/Cluster	Cost Centre	Total
339 Anaesthesia, Surgery, Critical & Renal Division	Anaesthetic Services	339 28104 NBT Anaesthetic - Medical Staff	0.4%
339 Anaesthesia, Surgery, Critical & Renal Division	Breast	339 18003 Breast Care Screening	0.0%
339 Anaesthesia, Surgery, Critical & Renal Division	Critical Care Services	339 28106 ICU Medical Staff	0.4%
339 Anaesthesia, Surgery, Critical & Renal Division	Dermatology Services	339 05612 Dermatology	0.3%
339 Anaesthesia, Surgery, Critical & Renal Division	General Surgery Services	339 14978 Vascular Service Transfer	0.1%
339 Anaesthesia, Surgery, Critical & Renal Division	General Surgery Services	339 28122 General Surgery Med Staff	0.2%
339 Anaesthesia, Surgery, Critical & Renal Division	Plastic Surgery Services	339 28129 Plastic Surgery Med Staff	0.0%
339 Anaesthesia, Surgery, Critical & Renal Division	Renal Services	339 01152 Renal Medical Staff	0.0%
339 Anaesthesia, Surgery, Critical & Renal Division	Urology Services	339 01200 Urology Medical Staff	0.8%
339 Anaesthesia, Surgery, Critical & Renal Division	Urology Services	339 14158 Weston Urology Service	0.0%
339 Anaesthesia, Surgery, Critical & Renal Division Total			**0.3%**
339 Core Clinical Services Division	Imaging	339 28130 NBT Radiology Med Staff	0.0%
339 Core Clinical Services Division	Pathology Services	339 01402 NBT Biochemistry	0.0%
339 Core Clinical Services Division	Pathology Services	339 01404 NBT Microbiology	2.4%
339 Core Clinical Services Division	Pathology Services	339 01408 NBT PHE Contract	0.5%
339 Core Clinical Services Division Total			**1.1%**
339 Medicine Division	Medicine Cluster 1	339 01291 Emergency Dept Specialty	0.8%
339 Medicine Division	Medicine Cluster 1	339 01384 Seasonal Pressures	0.0%
339 Medicine Division	Medicine Cluster 1	339 05420 Acute Medicine Specialty	3.7%
339 Medicine Division	Medicine Cluster 2	339 01379 Oncologists	0.0%
339 Medicine Division	Medicine Cluster 2	339 05610 Oncology Specialty	0.0%
339 Medicine Division	Medicine Cluster 3	339 01310 Immunology Specialty	0.0%
339 Medicine Division	Medicine Cluster 3	339 05412 Infectious Diseases inc HIV Specialty	1.5%
339 Medicine Division	Medicine Cluster 3	339 05601 Diabetes Specialty	4.2%
339 Medicine Division	Medicine Cluster 3	339 05611 Gastro Specialty	0.5%
339 Medicine Division	Medicine Cluster 4	339 01113 Cardiology Specialty	1.5%
339 Medicine Division	Medicine Cluster 4	339 01116 Respiratory Specialty	1.5%
339 Medicine Division Total			**1.6%**
339 Neurosciences & Musculoskeletal Division	Cluster 1 - Neurosurgery, Spines & Pain	339 05262 Spinal Medical Staff	0.0%
339 Neurosciences & Musculoskeletal Division	Cluster 1 - Neurosurgery, Spines & Pain	339 28128 Neurosurgery Med Staff	1.1%
339 Neurosciences & Musculoskeletal Division	Cluster 2 - Trauma & Orthopaedics	339 01190 Sm Trauma & Ortho Med	1.4%
339 Neurosciences & Musculoskeletal Division	Cluster 3	339 07400 Sm Rheumatology Med Staff	0.0%
339 Neurosciences & Musculoskeletal Division	Cluster 3	339 28117 Neurology	0.4%
339 Neurosciences & Musculoskeletal Division	Cluster 3	339 28118 Neurophysiology Med Staff	0.0%
339 Neurosciences & Musculoskeletal Division	Cluster 3	339 28132 Neuropsychiatry Med Staff	0.0%
339 Neurosciences & Musculoskeletal Division	Cluster 4 - Stroke	339 05402 Stroke Specialty	0.6%
339 Neurosciences & Musculoskeletal Division	Major Trauma Centre	339 07307 Major Trauma	0.0%
339 Neurosciences & Musculoskeletal Division	Neuro MSK Management	339 09046 BIRU	0.0%
339 Neurosciences & Musculoskeletal Division	Research & Development	339 05502 Neurodegenerative Disease Budget	0.0%
339 Neurosciences & Musculoskeletal Division	Research & Development	339 05602 Cognitive Clinical Budget	0.0%
339 Neurosciences & Musculoskeletal Division Total			**0.9%**
339 Women and Childrens Division	Fertility Services	339 01243 Fertility	0.0%
339 Women and Childrens Division	Maternity Services	339 01127 PROMPT	0.0%
339 Women and Childrens Division	Med Staff O & G Services	339 01140 Sm Obs/Gynae Medical	0.0%
339 Women and Childrens Division	NICU Services	339 01178 N.I.C.U. Medical Staff	0.0%
339 Women and Childrens Division Total			**0.0%**
Grand Total			**0.8%**

Table two: Teams with PGD sickness in the last four months. Red highlighted team sickness is greater than average for PGDs overall. Those teams account for 79% of absences overall but only represent 37% of the PGD workforce.

Acute Medicine was highlighted in the PGD Forum as an area of high 'burnout' (particularly around the 5-week mark). A PGD led survey has led to a change from a 6 week 'Acute Block' to 3 x 2-week blocks to be implemented as of August 2023.

12

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

North Bristol NHS Trust

Absence Reason	Mar-23 to Jun-23		Nov-22 - Feb-23		Jun-22 - Oct-22	
	a WTE Days Lost to Absence	% of Total Days Lost to Absence	WTE Days Lost to Absence	% of Total Days Lost to Absence	WTE Days Lost to Absence	% of Total Days Lost to Absence
S27 Infectious diseases	135.1	20.6%	134.4	21.8%	123.4	21.9%
S12 Other musculoskeletal problems	90.0	13.7%	9.0	1.5%	0.0	0.0%
S10 Anxiety/stress/depression/other psychiatric illnesses	87.8	13.4%	29.0	4.7%	0.0	0.0%
S98 Other known causes - not elsewhere classified	87.4	13.4%	134.7	21.9%	189.5	33.6%
S28 Injury, fracture	69.0	10.5%	73.8	12.0%	68.0	12.0%
S25 Gastrointestinal problems	53.8	8.2%	37.3	6.1%	57.4	10.2%
S13 Cold, Cough, Flu - Influenza	46.2	7.0%	148.5	24.1%	49.0	8.7%
S14 Asthma	23.0	3.5%	0.0	0.0%	2.0	0.4%
S30 Pregnancy related disorders	20.7	3.2%	1.0	0.2%	0.0	0.0%
S11 Back Problems	12.8	2.0%	1.0	0.2%	0.8	0.1%
S22 Dental and oral problems	6.0	0.9%	12.6	2.0%	4.0	0.7%
S21 Ear, nose, throat (ENT)	6.0	0.9%	6.6	1.1%	2.8	0.5%
S20 Burns, poisoning, frostbite, hypothermia	4.0	0.6%	0.0	0.0%	0.0	0.0%
S31 Skin disorders	3.2	0.5%	0.0	0.0%	0.0	0.0%
S24 Endocrine / glandular problems	3.0	0.5%	4.0	0.6%	0.0	0.0%
S16 Headache / migraine	2.9	0.4%	13.3	2.2%	15.7	2.8%
S26 Genitourinary & gynaecological disorders	2.0	0.3%	0.0	0.0%	4.0	0.7%
S15 Chest & respiratory problems	1.0	0.2%	8.0	1.3%	3.0	0.5%
S99 Unknown causes / Not specified	1.0	0.2%	2.0	0.3%	31.0	5.5%
S23 Eye problems	0.0	0.0%	1.0	0.2%	0.0	0.0%
S29 Nervous system disorders	0.0	0.0%	0.0	0.0%	14.0	2.5%
Grand Total	**654.8**	**100.00%**	**616.3**	**100.00%**	**564.53**	**100.0%**

Table 3: Time lost by absence reason for PGD's sickness. The table shows significant reduction in *other known causes* and *cough/cold/influenza* for the latest four-months. However, a significant increase in *other musculoskeletal problems* and *Anxiety/Stress/Depression/Other Psychiatric illnesses.*

2. GAP MANAGEMENT

A. CF Adverts

- Recruitment into CF gaps is continuous and ongoing

B. Medical Support Workers – have been helpful on bolstering staffing

40 Clinical Fellow posts appointed within Medicine for August 2023; 12 individuals were MSWs either from cohort 1,2 or from another Trust.

There is unfortunately no further National funding planned to continue with this scheme. At best NHSEI may offer 6months but the MSWs would need to pass PLAB2 to make this short contract viable.

NBT Cohort 1: 29 Doctors, mostly from Myanmar started at NBT Nov 2021

NBT Cohort 2: 30 doctors from Myanmar started at NBT in Jul & August 2022 – Finished March 2023

- One had her contract extended whilst working toward **PLAB2**

12

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS
North Bristol
NHS Trust

- 20 of these MSWs will have commenced GMC registered jobs by the August changeover.
- 3 + have GMC registration and are seeking employment.
- 6 MSWs took up employment as Health Care Support Workers (HCSWs)
  - 2 of these will start GMC registered jobs in August
  - 1 is awaiting PLAB1 results
  - 1 awaiting PLAB 2 results
  - 1 awaiting language exam results (has passed MRCS)
  - 1 awaiting PLAB 2 resit.

Dr Woodcraft (MSW lead) is still lobbying NHSEI to continue the programme.

C. Optimising NBT locum reach

- Postgrad Doctors Forum suggestion of using ‘Locums Nest’ (LN) app taken up by NBT
- GRH, RUH, Great Western, and UHBW are now all signed up to the MOU to form the SWaG Collaboration
- A target of 85% fill rate is being reached through LN and in some specs the stretch target of 90% has been reached
- PGD end user anecdotal feedback on the app usability is good as is feedback from those posting ‘last minute’ sickness locums
- **Work to feed data from Locums Nest into the QLIK data warehouse will be happening later in the year when the resources are hired in**

D. Potential to decrease dependence on CFs by converting some CF posts into Physicians Associate (PA) posts

- 19 PAs employed by NBT
  - 2 new ED
  - 2 new NICU
- Lead PA role appointed to in April 2023
- Roles to be rotational – help with role development and retention
- New undergrad lead PA role – 8a part funded by UWE – training position
- GMC registration hopefully end 2024 that may lead to radiology requesting and prescribing rights.

12

E. Medical Workforce Resilience projects

- This project is within the Division of Medicine. It takes a root and branch approach looking at the roles and tasks completed by the MDT within the emergency department. The aim is to ensure optimal staffing for the delivery of high-quality patient care.
- Current project (based on PGD feedback on Acute block) 6 week ‘Acute block’ changing to 3 x 2-week blocks from August 2023 – this may reduce sickness, reported feelings of burnout (typically occur around 5 weeks) and address some PGDs work life balance needs.

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS North Bristol NHS Trust

3. LOCUM USAGE - BANK AND AGENCY

Locum requests were managed via NBT Extra and specialty email/call lists up until Sept 2022

Locums Nest (LN) – A locum app – has been rolled out across NBT specialties since Sept 2022.

The full roll out of LN to all specialties is now complete. All prospective locum requests now go out through LN.

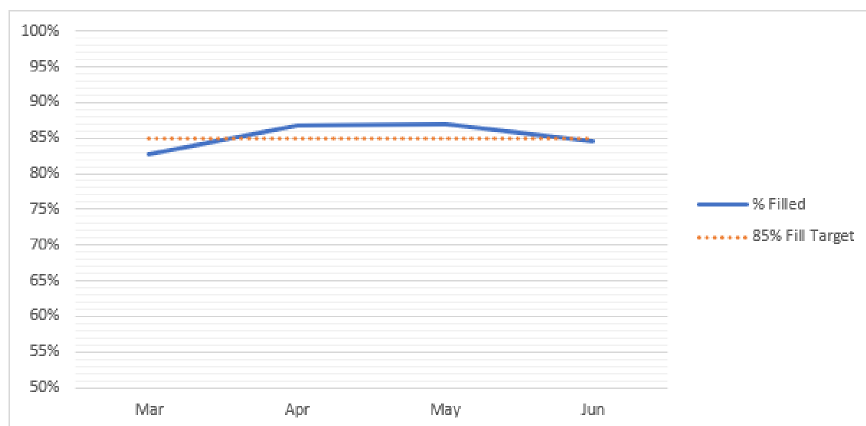
The data streams from NBT Extra and LN have not been fully aligned. The work to feed data from LN into the QLIK data warehouse will be happening later in the year when the resources are hired in. This makes presenting, interpreting, and comparing the data with previous GOSW locum reports tricky.

Last minute sick cover locum shifts that are covered by colleagues contacted by phone/already on site are currently NOT ALWAYS retrospectively put on LN. They have a time sheet completed for payment via NBT Extra so total locum shift request/spend may not be completely represented by the LN data.

LOCUMS NEST

A Memorandum of Understanding between NBT and GWH, RUH, UHBW and Gloucestershire Hospital NHS Foundation Trusts has meant easier on boarding for locums and a greater reach and potential fill rate

LN has a fill rate target of 85% and a stetch target of 90%



- Consistently meeting and often exceeding target fill rate of 85%
- Since April Emergency Division have hit or exceeded stretch target of 90% - ED are by far the biggest user requiring locums
- Consistently high numbers of applications from the MOU collaborative
    - Approximately 7% of shifts are filled by the collaborative (this has increased from 4% in April)
- Approximately 650 shifts posted on Locum's Nest in June

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS North Bristol NHS Trust

- Anaesthetics – consistently low shift numbers posted on Locum's Nest
- Urology and Plastics – no shifts to advertise but likely to change after August

NBT EXTRA historical data for comparison:

July - Oct – 32949 NBT Extra Bank hrs requested, 27984 filled = **85% FILL RATE**

Nov – March - 18245 NBT Extra Bank hrs requested, 16270 filled = **89% FILL RATE**

4. EXCEPTION REPORTS

Exception Reports (ER) over past 4 months		Number flagged as immediate safety concern (ISC)
Number relating to hours of working	130	6
Number relating to pattern of work		
Number relating to educational opportunities	2	
Number relating to service support available to the doctor	4	
TOTAL NUMBER OF EXCEPTION REPORTS	**136**	**6**

213 reports in previous 4-month period

EXCEPTIONS BY YEAR

	2021	2022	2023
JAN	37	29	56
FEB	33	28	64
MAR	16	27	28
APRIL	52	31	31
MAY	46	28	37
JUNE	61	24	40
JULY	51	44	
AUG	27	89	
SEPT	44	79	
OCT	47	74	
NOV	29	40	
DEC	21	52	

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS
North Bristol
NHS Trust

BREAKDOWN OF REPORTS

IMMEDIATE SAFETY CONCERNS – 6

ISC	Grade	Rota	Issues & actions
5	F1 x 1 CT1-2 x 4	Resp Medicine	Surge in exception reports around safe staffing levels on 28a&b ➔ Emailed spec leads and Divisional leads ➔ Met with PGDs ➔ concerns: • Staying late most nights • Not getting to clinics • Staffing level phone call not getting true picture of Resp staffing on shared ward with COTE • Concern discharges delayed and care compromised • 21 out of remaining 35 days staffing level 4 (red), only 1 day at 6 (green). Not seen locums Nest email to get to level 5 (amber) ➔ Meeting with Spec leads, Divisional lead and PGDs • Division has 4 locums most days and flexes them. • Need early comms to ward team if locum allocated • Assurance a locum for the has been found to take them 4 days a week to 5 and a locum looked for on the 5th day • Acknowledged new piece of work shows Resp needs 12 WTE to achieve green staffing, currently funded for 10 • Need to look at leave caps for each day
1	F2	Neurosciences	An F2 stayed late to clerk 2 patients rather than handing them over. She did not get 11 hrs rest before returning ➔ F2 met promptly with CS, instructed on handover to night team policies and getting home on time. Not recurred.

EDUCATIONAL EXCEPTION REPORTS - 2

Number of exceptions	Rota	Issues
1	Gen Med F1	Missed Foundation teaching due to ward commitment
1	T&O	Unable to take self-development time

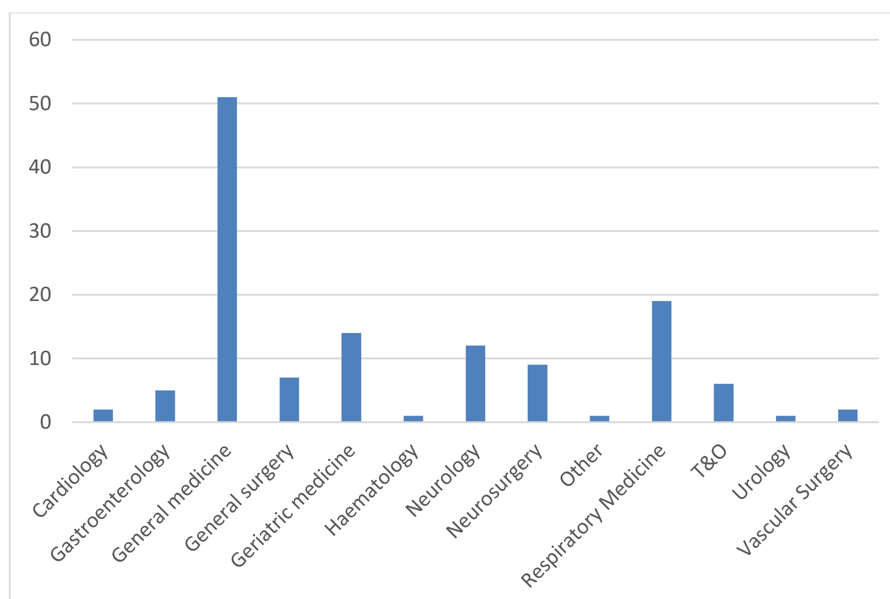
***All F1/2 mandatory teaching is available as a video recording and is sent out to doctors unable to attend**

12

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS
North Bristol
NHS Trust

'HOURS' EXCEPTION REPORTS BY SPECIALTY – 1st March – 30Th June



* General Medicine includes Acute Medicine

SERVICE SUPPORT REPORTS – 4
All in different specialties relating to low staffing level on the given day. No mention of lack of access to senior support.

5. **<u>POSTGRADUATE DOCTOR FORUM</u>** – Held in person and Teams in March, May, and July 2023
   - Improved engagement asked for by Trust Board:
     - Guest speakers trialled – No noticeable increase in PDF uptake as a result
     - Refreshed posters in Mess
     - Offer of £5 Vu voucher for all PDF attendees
     - Banner added to intranet and dates on LINK calendar
     - Re-recorded GOSW videos for Induction and Educational Supervisors
     - Continue to recruit new Reps via posters and monthly email – currently 23 reps across specialties
   - Ideas generated in PDF
     - App for locum contacts – Locums Nest
     - Lanyard to indicate at end of shift to encourage timely departure
     - Re-think of Acute block 6-week structure

Other issues arising:

1. **Allocate not very user friendly/does not 'encourage' exception reporting** – worth looking at other providers when contract is up.

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS North Bristol NHS Trust

Networking

- The Guardian is in contact by WhatsApp and Zoom with national and regional groups
- NHS-Employers remote meetings to network with them and other Guardians
- Webinar BMA GOSW conference

LNC – Guardian and junior BMA rep attends meetings or sends reports to each meeting. Increases awareness of current issues and interfaces with BMA.

SUMMARY

NBT is compliant with:

- BMA contract rules regarding rota construction
- Electronic reporting system in place (eAllocate)
- Postgraduate Doctor Forum – meetings being held as required by New Contract
- Exception Reporting Policy
- LNC involvement
- All national requirements as listed by NHS Employers

Concerns:

- Unfilled gaps in rotas remain a concern.
- Is Allocate the best system for encouraging exception reporting?

Recommendations:

1. The Board are asked to read and note this report from the Guardian of Safe Working
2. The Board are asked to note ongoing Junior Doctor Contract changes.
3. The Board are asked to consider the appointment of PA to previously held CF posts
4. The Board are asked to look competitively at other providers of exception reporting software when the current contract expires

Dr Lucy Kirkham, Trust Guardian for Safe Junior Doctor Working

12

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

North Bristol NHS Trust

Report To:	Public Trust Board			
Date of Meeting:	27 July 2023			
Report Title:	Annual Medical Revalidation and Appraisal Report			
Report Author:	Helen Booth, Medical Revalidation Manager			
Report Sponsor:	Dr Sanjoy Shah, Deputy Chief Medical Officer & Revalidation Lead			
Confidentiality (tick where relevant) *:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**	**Other exceptional circumstances**
*If any boxes above are ticked, paper may need to be received in *private.*				
Purpose of the report:	**Approval**	**Discussion**	**Information**	**Assurance**
			X	
Recommendations:	The board are asked to review the content of the report for information and sign the statement of compliance in Appendix A at the end of this report			
Report History:	Last report provided on 28th July 2022			
Next Steps:	Approve & sign the statement of compliance in Appendix A for return to NHS England			

Executive Summary

North Bristol Trust is the designated body supporting the revalidation of 896 non-training grade doctors and the annual appraisal of 862 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 which is set by NHS England. This report refers to the 2022/23 appraisal year which ended on the 31st March 2023.

The Trust's appraisal systems were last inspected by NHS England in October 2022.This follows the previous inspection in September 2015 which 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 and minor recommendations for improvement made as a result. KPMG audited the process in April 2022 and were satisfied overall with the current appraisal systems, with only minor recommendations for improvement (which have been subsequently brought into effect).

Implications for Trust Improvement Priorities: *(tick those that apply and*	**Our Aim: Outstanding Patient Experience**	
	High Quality Care – *Better by design*	✓
	Innovate to Improve – *Unlocking a better future*	
	Sustainability – *Making best use of limited resources*	

13

NHS
North Bristol
NHS Trust

elaborate in the report)	People – *Proud to belong*	
	Commitment to our Community - *In and for our community*	
Link to BAF or Trust Level Risks:	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.	
Financial implications:	No financial implications within the report.	
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	N/A	
Appendices:	Appendix A: NHSE Statement of compliance	

North Bristol NHS Trust

Contents

1. Introduction……………………………………………………………………………...3

2. Purpose of the Paper……………………………………………………………….3

3. Section 1 - Medical Appraisals……………………………….……….............4

4. Section 2 – General / Quality Assurance………..…………………………………7

5. Section 3 - Recommendations to the GMC……………………………………..13

6. Section 4 - Medical Governance…………………………………………………..15

7. Section 5 - Employment Checks…...…………………………………………….…18

8. Section 6 - Summary of Comments and Overall Conclusion………………….19

9. Appendix A – NHSE Statement of Compliance…………………………………20

1. Introduction

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

At the 31st March 2023; 890 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 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 890 mentioned above, there are a further 6 doctors who complete annual appraisals at NBT but maintain a connection to another designated body in line with GMC designated body rules.

2. Purpose of the Paper

This paper is to inform the Trust's Board that the processes in place for medical appraisal and revalidation are robust and that doctors are compliant with the GMC rules. NHS England have produced a *Framework of Quality Assurance for Responsible Officers and Revalidation*. This report provides assurance that the Trust meets these requirements.

NHS
North Bristol
NHS Trust

Section 1 – Medical Appraisals

The appraisal process

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 in a normal year, they must complete their appraisal by the due date to ensure that they complete an appraisal each year. Appraisals may be missed for reasonable mitigating circumstances, such as maternity or long term sick leave.

NHSE require that doctors in an organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. Where this does not occur, there is full understanding of the reasons why and suitable action is taken.

In September 2022, NBT introduced a new Appraisal template for doctors (via the Fourteen Fish platform) to use as discussion points as part of their appraisals. This template differs from the previous one used in that it will ask doctors in their appraisal to contribute to discloser of any significant events or complaints, as well as reconfirm their statutory obligations, i.e. to ensure that they have adequate professional indemnity for all professional roles, as well as the professional obligation to manage any declarations of interests appropriately.

Doctor's health and wellbeing has been a major focus for the Revalidation Team and the Chief Medical Director's office ensuring that a doctor's wellbeing is considered within the annual appraisal discussion. In this light if any issues with a doctor's health and wellbeing are made known to the Revalidation Team through reviewing appraisal and revalidation documentation for a doctor, they are raised to the Chief Medical Director's office and/or Clinical Directors to ensure that adequate follow-up is provided. This has occurred multiple times in the past 12 months, with the doctors in question reporting they have been grateful to the Trust in looking out for their wellbeing as a result.

2022/23 Appraisal Compliance

The table overleaf shows the medical appraisal rates at the 31st March 2023. These numbers cover the year April 2022 – March 2023.

North Bristol NHS Trust

13

Directorate	Nº of Doctors	Appraisals Due by 31 March 2023	Compliant Appraisals	Missed / Awaiting Completion	% Appraisal Compliance to date
ASCR	302	302	267	18	**88%**
Core Clinical Services	99	99	88	7	**89%**
Medical Education	14	14	12	0	**86%**
Medicine	262	262	220	25	**84%**
Neuro-MSK	167	167	141	16	**84%**
Womens and Childrens	52	52	41	10	**79%**
Total	**896**	**896**	**769**	**76**	**86%**

- 896 doctors were registered for an appraisal on the system at the 31st March 2023
- 862 doctors were due to have an appraisal within the year
- 769 doctors completed an appraisal either with NBT or with their previous employer prior to joining the Trust
- 76 appraisals remained incomplete at the end of the year. These doctors all expressed an interest to complete their appraisal within the year.
- There are a further 34 doctors not included within these numbers:
    - 22 doctors are not required to complete an appraisal due to long term leave (sickness or maternity) and new to UK doctors
    - 12 doctors are new employees and we await their previous appraisal information

NHS
North Bristol
NHS Trust

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 838.

Appraisal Year	No. of doctors due an appraisal	% of appraisals completed
2022/23	896	86%
2021/22	825	87%
*2019/20	617	94%
2018/19	707	92%
2017/18	667	92%
2016/17	636	89%
2015/16	636	88%
2014/15	575	87%

*Year incomplete due to the pandemic. 812 doctors were due for the whole year.

NHS North Bristol NHS Trust

Section 2 – Quality Assurance

Revalidation Team / RO

NHSE require that an appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

The revalidation team at NBT consists of:

- Responsible Officer: Dr Tim Whittlestone, Chief Medical Officer
- Deputy Chief Medical Officer & Revalidation Lead: Dr Sanjoy Shah
- Revalidation Support Manager: Helen Booth (part time)

Dr Whittlestone & Dr Shah have received attended 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.

Funding

NHSE require the designated body to provide sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

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

NHSE require that an accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

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 HR team inform the Revalidation Support Team 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 Trust's designated body via an online database GMC-Connect.

When a doctor joins the Trust, a request is sent 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

13

NHS
North Bristol
NHS Trust

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 Team when a doctor leaves the Trust. The doctor's connection to NBT is removed via the online system GMC-Connect.

Policies

NHSE require that all policies in place to support medical revalidation are actively monitored and regularly reviewed. That there is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

The NBT Appraisal and Revalidation policy and user guide was updated and signed off by the Joint Local Negotiating Committee (JLNC) in 10th May 2021. 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

NHSE require a peer review to be undertaken of this organisation's appraisal and revalidation processes. That the appraisal system in place for the doctors in the organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

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.

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.

NHS England conducted a Quality review visit of the Trusts appraisal and revalidation process in October 2022. NHS England were happy with the current progress and a small number of recommendations were made as a result.

The Trust conducted an internal audit, supported by KPMG, of the revalidation and appraisal processes in April 2022. The overall findings of this audit was of "significant assurance with minor improvement opportunities". In other words, the audit's findings were positive of the Trust's mechanisms for both appraisal and revalidation, with no concerns raised and only low-level, minimal adjustments advised to improve them. These included codifying the number of required patient and colleague feedback

NHS
North Bristol
NHS Trust

forms into the Trust's Appraisal and Revalidation policy, and a yearly audit of administrative access rights to the Fourteen Fish software. Both of these recommendations have been implemented.

Moreover, the Revalidation Support Manager meets fortnightly with the Deputy Chief Medical Officer to discuss any current issues with doctors, as well as how processes can be improved for doctors appraising and revalidating with the Trust. The emphasis in this regard has been on increased user-friendliness with appraisal and revalidation processes for doctors, in a bid to comprehensively make appraising and revalidating with the Trust a simpler and less daunting experience whenever possible.

Locum / Short Term Placements

NHSE require that a process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Doctors employed in short fixed 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.

Appraisal Compliance

The Trusts appraisal system Fourteen Fish was procured in March 2019 following a lengthy tender process. 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.

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. Medical Appraisal & Revalidation figures report

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:

NHS
North Bristol
NHS Trust

- 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, who completed an appraisal within the past 12 months including any missed appraisals

- Breakdown of the missed appraisals

- 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

The report details all the individual doctors who have passed their appraisal due date without a completed appraisal or 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.

Since the introduction of revalidation in 2013, four 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 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 provides 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 at this stage.
- All appraisees are required to complete a Declaration of Interest on the Trust's website.
- All appraisees are required to ensure that their Statutory and Mandatory learning are up to date.
- Consultants and SAS doctors are required to upload an up-to-date Job Plan into their appraisal.

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 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 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.

NHS North Bristol NHS Trust

- 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

NHSE require that the designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

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 and a maximum of 10 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. So far in 2023 new appraiser training has been provided for 1 NBT doctor, with 4 more doctors currently scheduled to attend new appraiser training later in the year. The training was provided by an external independent trainer approved for use by NHSE, and the content of the training course had been reviewed by the revalidation support team to ensure it met the expected requirements.

NHSE also require appraisers to participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements

Existing appraisers are expected to attend a half day update training session each year facilitated by an external trainer/coach or internally at NBT. The training days are supported by the Deputy Responsible Officer and the Revalidation Support Manager. Two training sessions have taken place (April 2023 and July 2023) with positive feedback received. The third session is booked for October 2023.

In-line with the NHSE Audit recommendations in October 2022, the Trust has appointed 2 Super-appraisers. Super-appraisers are required to hold 10-20 appraisals per year for which they receive 1 SPA per week.

NHS
North Bristol
NHS Trust

Section 3 – Recommendations to the GMC

Trust Requirements for a Positive Recommendation

In keeping with NHSE guidance, the Trust requires the following from a doctor in order to make a positive recommendation to the GMC for revalidation:

- Evidence of 5 completed annual appraisals/ARCPs over a five year period. This number can be lowered, providing there exist suitable mitigating circumstances that would have resulted in a doctor missing a year (such as maternity leave, sickness absence, the doctor practicing abroad, etc.). Appraisals were also made optional in the 2020/21 appraisal year and this is equally brought into account.
- Evidence of 12 completed feedback forms from colleagues commenting on the doctor's quality of practice.
- Evidence of 17 completed feedback forms from patients commenting on the doctor's quality of practice.

All of this required evidence is accumulated within a doctor's Fourteen Fish record for review by the Medical Director's office prior to making a decision on recommendation.

It is worth highlighting here that while other Trusts/employers of Medical staff may choose to require differing numbers of completed patient/colleague feedback forms North Bristol NHS Trust has chosen to require 12 and 17 accordingly based upon NHSE guidance. These numbers in turn have recently been included within the Trust's Medical Revalidation Policy (see previous).

Timely Recommendations

NHSE require that timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

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 Administrator & Manager reviews each doctor's portfolio in advance and provides the RO & Revalidation Lead with a suggested recommendation.

The RO and Revalidation Lead then make a final decision which is returned to the GMC online. The number of revalidation recommendations due each year is listed overleaf.

Appraisal Year	Revalidations Due	Positive	Deferral	Non-Engagement	% Deferrals Made

13

2023/24 (to date)	34	33	1	0	**0%**
2022/23	100	87	13	0	**13%**
2021/22	233	204	28	1	**12%**
2020/21	Postponed - Covid	N/A	N/A	N/A	**N/A**
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%**

The majority of deferrals are due to incomplete colleague and patient feedback. The revalidation support team are working with Fourteen Fish to develop a new method of engaging doctors with their feedback earlier in the revalidation cycle to reduce the number of deferrals due to lack of feedback.

Communicating Recommendations

NSHE require that revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

When a positive recommendation is made, the doctor is notified in writing by the Medical Director’s Office. 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 by the Medical Revalidation Team.. The doctor is also notified by the Trusts Revalidation Manager or the Medical Director’s Office in advance of making a deferral. 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.

North Bristol NHS Trust

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.

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 and Deputy Chief Medical Officer 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 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.

Appraisal supporting information

NHSE require that NBT have effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Where a doctor is involved in a formal concern or investigation, the RO may wish to ensure that information is included in the doctor's appraisal for discussion and reflection. In this circumstance, the RO will pass information to the Revalidation Support Manager to upload into the doctor's appraisal portfolio. The doctor will be notified of this.

The Revalidation Support Team no longer input the details of complaints and incidents into doctors' portfolios for appraisals, however this information is available to all doctors employed in the Trust. The Fourteen Fish system also requires statements from each doctor as mandatory before the appraisal can continue.

Responding to Concerns

NHSE require that there is a process established for responding to concerns about any licensed medical practitioner's fitness to practise, which is supported by an

North Bristol NHS Trust

approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise 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, 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.

NHSE require that system for responding to concerns about a doctor is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.

The Medical Decision Making group is guided by the Just Culture policy at NBT. The Board receives a regular report detailing all doctors who are in or have recently left an MHPS process.

NHSE require that safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor’s practice, are fair and free from bias and discrimination

Concerns raised about a doctor’s practice may be received through appraisal, revalidation, morbidity and mortality, and many other routes. The response to concerns will depend on the nature of the concerns. If serious these concerns may be managed through the DMG and an MHPS process as above although this is highly unusual.

Transferring Information

NHSE require that there is a process for transferring information and concerns quickly and effectively between the responsible officer and other responsible officers (or persons with appropriate governance responsibility) about doctors connected to NBT who also work in other places, doctors connected elsewhere but who also work in our organisation.

North Bristol NHS Trust

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.

North Bristol NHS Trust

Section 5 – Employment Checks

Recruitment

NHSE requires that NBT has a system in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

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.

13

NHS
North Bristol
NHS Trust

Section 6 – Summary of Comments and Overall Conclusion

Developments over the 2022/23 year

- Appraiser update sessions have taken place
- New appraisers continued to be trained in the role
- An appraiser number review has taken place and a small number of appraisers have stepped down
- The number of appraisals, per appraiser, has been identified
- New Revalidation Manager in post
- Various upgrades & improvements have been made to the Fourteen Fish system, which is now in its 5th year at NBT
- Internal Audit of the Appraisal and Revalidation process at NBT has been conducted, with the assistance of our partners at KPMG – this has shown the process works extremely well at present and meets all needed requirements.
- NHSE Quality Review Visit has been conducted with recommendations implemented.
- New appointment of 2 Super-appraisers, as per NHSE recommendation.

Developments for the 2023/24 year

- Run further appraiser update sessions, with sessions already taken place in April and July 2023. One further session is booked for October 2023.
- Endeavour to further utilise appraisers and Appraisal Leads to help encourage timely appraisals amongst medical staff across NBT.
- The appointment of one further Super-appraiser
- Review of current appraiser activity to ensure that appraisers continue to engage with training and minimum numbers of appraisals per year.

Overall conclusion

Sufficient processes, funding and support is in place to run the medical revalidation process to meet the required standards.

If the board are satisfied with this report, the statement of compliance in Appendix A will need to be signed and returned to NHSE.

13

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: _ _ _ _ _ _ _ _ _ _ _

13

North Bristol NHS Trust

Report To:	Public Trust Board			
Date of Meeting:	28 July 2023			
Report Title:	People Committee Upward Report			
Report Author:	Aimee Jordan, Senior Corporate Governance Officer & Policy Manager			
Report Sponsor:	Kelvin Blake, Non-Executive Director, and Chair of People Committee			
Confidentiality (tick where relevant) *:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**	**Other exceptional circumstances**
*If any boxes above are ticked, paper may need to be received in *private.*				
Purpose of the report:	**Approval**	**Discussion**	**Information**	**Assurance**
				X
Recommendations:	That the Trust Board receive the report for assurance and note the activities People Committee has undertaken on behalf of the Board.			
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 Trust Board in September 2023.			

Executive Summary		
The report provides a summary of the assurances received and items discussed and debated at the People Committee meeting held on 13 July 2023.		
Implications for Trust Improvement Priorities: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	
	High Quality Care – *Better by design*	
	Innovate to Improve – *Unlocking a better future*	
	Sustainability – *Making best use of limited resources*	
	People – *Proud to belong*	✓
	Commitment to our Community - *In and for our community*	✓
Link to BAF or Trust Level Risks:	Reports received support the mitigation of various BAF risks.	
Financial implications:	No financial implications as a consequence of this report.	
Does this paper require an EIA?	No, as this is not a strategy or policy or change proposal	
Appendices:	N/A	

North Bristol NHS Trust

1. Purpose

1.1 To provide a highlight of the key assurances received, items discussed, and items for the attention of the Trust Board from the People Committee (QC) meeting held on 13 July 2023.

2. Background

2.1 The People Committee is a sub-Committee of the Trust Board. It meets quarterly and reports to the Board after each meeting. The Committee was established to provide strategic direction and board assurance in relation to all workforce issues

3. Meeting on 13 July 2023

3.1 People Oversight Group Update
The Committee received an update on the matters being discussed and addressed through the (newly convened) People Oversight Group within the Trust. The Committee noted that the workforce priorities which included:

- The long term workforce plan
- The retention plan
- Commitment to the community

The Committee received assurance regarding the robust oversight and governance of the workforce priorities. The Committee were also reassured that the Trust was sufficiently highlighting and addressing the workforce risks and taking actions to appropriately address and mitigate them.

3.2 Workforce Data Quarterly Report
The Committee received the Workforce Data Quarterly Report which aimed to bring together quantitative and qualitative elements to provide insight at Trust, division, profession level and below against the following key areas:

- The progress and impact of people interventions associated with Patient First and with the people priorities currently being delivered by groups within the new people governance structure.
- The current risks and impact mitigating actions, people interventions and their impact.
- The delivery and impact of workforce plans.

The Committee discussed the data in depth and noted that it would be used to develop the understanding behind the data as part of the Patient First approach to implementing improvements. The Committee were assured that the workforce issues were known but recognised the importance of using the data to create clear action plans to drive improvement and have clarity on the required interventions.

The Committee requested to receive a detailed annual data report which focused on the ‘so what’ aspect of the data alongside the focused quarterly updates. The importance of focusing on staff retention was also raised, and assurance was given that this is part of a more detailed piece of work being undertaken as part of the Trust’s retention plan.

3.3 Workforce Transformation Update
The Committee were joined by the Interim Associate Director of Resourcing who provided an update on the range of measures that the Trust was taking to support the Trust’s temporary staffing needs including:

NHS North Bristol NHS Trust

- Enhancing the internal temporary staffing model and optimising the internal Bank.
- Developing a clear plan to reduce expenditure with external agencies across all staff groups to 3.7%.

The Committee welcomed the positive update and discussed the importance of engaging with the local community as areas of potential recruitment and increasing the messaging regarding shift flexibility. It was recognised that this would be a big part of the commitment to our community workforce priority.

The Committee were pleased to note that there was a clear plan in place for Registered Mental Health Nurses (RMN) and received reassurance that it would be in place by October 2023.

The Committee discussed the level of resourcing for the workforce transformation work and requested that any concerns be escalated if required.

3.4 Trust-Level Risks and BAF

The Committee received an update on the Trust Level Risk (TLRs) across its areas of responsibility, including the Health and Safety and Workforce risks, and reviewed the related workforce Board Assurance Framework (BAF) risks.

The Committee discussed the process of reviewing the TLRs and it was noted that the risks were 'checked and challenged' at the Risk Management Group (RMG). It was agreed that the Director of Corporate Governance would take the action to July's RMG to ensure risk type and scoring were appropriate and to educate staff on the risk register. It was also agreed that the TLRs would be reviewed and deep dives would be scheduled on the Committee workplan to receive assurance on the mitigating action plans.

3.5 Committee Self-Assessment Results

The Committee received results from the Quality Committee Self-Assessment that members had completed via Survey Monkey during the previous month. Areas of focus for the coming year were noted, including continuing efforts to improve the quality and conciseness of papers.

3.6 JCNC + LCNC Annual Update

The Committee received the annual update on the key activity of the Trust's two principal employment relations committees, the Joint Consultative & Negotiating Committee (JCNC) and the Joint Local Negotiating Committee (JLNC), over 2022-23.

The Committee received assurance regarding the Trust's collaboration process with the Trade Unions.

4. Other items:

The Committee also received the following items for information:

- Sub-committee upward report(s):
  - Equality, Diversity & Inclusion (EDI) Committee
  - Health & Safety Committee
- People Committee forward work-plan 2023/24

North Bristol NHS Trust

5. Identification of new risks & items for escalation

5.1 No specific new risks were identified.

6. Summary and Recommendations

6.1 The Trust Board is asked to receive the report for assurance and note the activities People Committee has undertaken on behalf of the Board.

NHS North Bristol NHS Trust

Report To:	Public Trust Board			
Date of Meeting:	27 July 2023			
Report Title:	Integrated Performance Report			
Report Author:	Lisa Whitlow, Associate Director of Performance			
Report Sponsor:	Executive Team			
Confidentiality (tick where relevant) *:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**	**Other exceptional circumstances**
	N/A	**N/A**	**N/A**	**N/A**
*If any boxes above are ticked, paper may need to be received in *private.*				
Purpose of the report:	**Approval**	**Discussion**	**Information**	**Assurance**
			✓	
Recommendations:	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 Committee.			

Executive Summary		
Details of the Trust's performance against the domains of Urgent Care, Elective Care and Diagnostics, Cancer Wait Time Standards, Quality, Workforce and Finance are provided in the Integrated Performance Report.		
Implications for Trust Improvement Priorities: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	✓
	High Quality Care – *Better by design*	✓
	Innovate to Improve – *Unlocking a better future*	✓
	Sustainability – *Making best use of limited resources*	
	People – *Proud to belong*	✓
	Commitment to our Community - *In and for our community*	
Link to BAF or Trust Level Risks:	The report links to the BAF risks relating to internal flow, staff retention, staff engagement, productivity, and clinical complexity.	
Financial implications:	Whilst there is a section referring to the Trust's financial position, there are no financial implications within this paper.	
Does this paper require an EIA?	N/A	
Appendices:	Appendix 1: IPR slide deck Appendix 2: Maternity PQSM July-23	

North Bristol NHS Trust

15.1

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

July 2023

(presenting June 2023 data)

NBTCARES

Contents

North Bristol NHS Trust

CQC Domain / Report Section	Sponsor(s)	Page
Performance Scorecard and Executive Summary	Chief Operating Officer Chief Medical Officer Chief Nursing Officer Director of People and Transformation Director of Finance	3
Responsiveness	Chief Operating Officer	7
Safety and Effectiveness	Chief Medical Officer Chief Nursing Officer	15
Patient Experience	Chief Nursing Officer	22
Research and Innovation	Chief Medical Officer	26
Well Led	Director of People and Transformation Chief Medical Officer Chief Nursing Officer	28
Finance	Director of Finance	42
Regulatory View	Chief Executive	45
Appendix		47

15.1

North Bristol Integrated Performance Report

15.1

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																			Peer Performance	Rank
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	66.96%	59.32%	50.99%	60.83%	56.43%	57.47%	58.29%	55.61%	71.94%	79.69%	78.35%	80.16%	70.74%	75.15%		58.63%	1/10
	A&E 12 Hour Trolley Breaches	R	0	-	297	304	57	261	482	433	786	312	9	135	2	39	10		1-1218	3/10
	Ambulance Handover < 15 mins (%)		65.00%	-	29.50%	26.70%	25.68%	27.12%	23.70%	16.88%	14.09%	24.15%	31.94%	28.00%	38.76%	33.96%	34.56%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	55.43%	54.11%	61.52%	58.63%	48.03%	41.40%	30.37%	56.74%	73.94%	70.60%	82.40%	73.03%	78.48%			
	Ambulance Handover > 60 mins		0	-	527	486	364	439	672	778	1041	457	105	267	87	231	164			
	Average No. patients not meeting Criteria to Reside			-	262	249	295	262	278	276	243	254	217	239	208	190	198			
	Bed Occupancy Rate			100.00%	98.32%	97.98%	97.86%	98.63%	98.57%	98.76%	98.22%	97.93%	96.77%	97.21%	96.08%	97.14%	96.99%			
	Diagnostic 6 Week Wait Performance		1.00%	15.00%	41.00%	42.75%	48.09%	48.27%	39.36%	38.62%	38.56%	32.21%	22.45%	16.03%	17.44%	17.48%	18.64%		27.40%	4/10
	Diagnostic 13+ Week Breaches		0	1129	4897	4718	4844	4971	4627	4204	3663	2459	1497	939	740	593	595		154-4184	5/10
	RTT Incomplete 18 Week Performance		92.00%	-	64.80%	65.78%	65.82%	66.30%	66.31%	65.58%	62.05%	63.87%	63.87%	63.37%	62.66%	63.23%	61.02%		54.41%	2/10
	RTT 52+ Week Breaches	R	0	2611	2675	2914	3131	3087	3062	2980	2984	2742	2556	2576	2684	2798	2831		80-12768	2/10
	RTT 65+ Week Breaches			435	1092	1159	1230	1180	1062	1021	1105	895	742	547	591	594	619		0-3422	2/10
	RTT 78+ Week Breaches	R		-	443	439	441	394	375	319	306	223	167	69	65	84	59		0-641	2/10
	Total Waiting List	R		45310	42326	46900	48766	49025	48871	47418	46523	46266	46327	47287	47861	47731	49899			
	Cancer 2 Week Wait	R	93.00%	81.08%	39.40%	41.51%	40.27%	35.87%	30.86%	47.53%	56.62%	55.01%	63.52%	56.84%	41.63%	39.10%	-		69.60%	10/10
	Cancer 31 Day First Treatment		96.00%	93.75%	85.53%	91.16%	87.31%	87.70%	90.39%	86.49%	87.16%	82.41%	89.90%	91.04%	79.58%	83.51%	-		89.33%	9/10
	Cancer 62 Day Standard	R	85.00%	68.27%	48.40%	44.91%	55.75%	59.08%	52.45%	48.86%	49.00%	41.54%	57.82%	61.62%	55.29%	50.00%	-		50.26%	7/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	67.39%	70.94%	58.27%	48.78%	35.15%	42.88%	55.74%	55.48%	62.66%	77.41%	78.17%	68.05%	62.72%	-		68.29%	9/10
	Cancer PTL >62 Days		242	174	555	667	858	529	328	329	328	335	191	140	178	207	171			
	Cancer PTL >104 Days		0	18	134	172	147	123	63	47	23	26	41	29	25	40	45			
	Urgent operations cancelled ≥2 times		0	-	1	1	2	0	1	0	0	0	0	1	0	0	-			

NBTCARES

North Bristol Integrated Performance Report

15.1

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	1.25%	0.49%	0.44%	0.93%	1.26%	0.49%	0.49%	0.48%	0.58%	0.45%	0.79%	0.00%	0.72%	
	Caesarean Section Rate				46.53%	45.12%	45.01%	42.86%	43.45%	41.74%	44.57%	44.27%	43.99%	42.03%	36.41%	42.80%	44.37%	
	Still Birth rate			0.40%	0.00%	0.22%	0.00%	0.42%	0.19%	0.22%	0.22%	0.00%	0.00%	0.21%	0.24%	0.21%	0.44%	
	Induction of Labour Rate			32.10%	39.35%	35.15%	31.57%	33.33%	28.97%	31.25%	34.62%	35.73%	38.52%	34.91%	36.89%	35.91%	33.55%	
	PPH 1500 ml rate			8.60%	4.86%	4.08%	2.65%	4.11%	3.77%	3.79%	1.81%	3.60%	3.83%	2.80%	3.16%	4.09%	2.87%	
	Summary Hospital-Level Mortality Indicator (SHMI)				0.96	0.97	0.98	0.98	0.96	0.96	0.98	0.96	0.97	0.98	0.98	0.99	0.99	
	Never Event Occurrence by month		0	0	0	0	0	0	0	2	1	1	0	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				1	1	1	0	0	7	1	3	3	3	2	4	0	
	Healthcare Safety Investigation Branch Investigations				1	1	1	0	0	4	0	1	0	0	0	0	0	
	Total Incidents				1196	1338	1282	1155	1259	1247	1319	1168	971	1182	1018	1075	1016	
	Total Incidents (Rate per 1000 Bed Days)				41	46	41	38	40	41	44	37	36	39	37	36	35	
	WHO checklist completion			95.00%	98.19%	98.40%	98.08%	97.58%	97.53%	97.95%	97.91%	97.43%	97.30%	97.76%	99.20%	96.94%	97.73%	
	VTE Risk Assessment completion	R		95.00%	94.50%	92.65%	92.51%	92.75%	93.98%	94.81%	94.72%	95.16%	94.93%	94.37%	94.17%	90.73%	-	
	Pressure Injuries Grade 2				14	25	16	17	14	19	11	16	9	13	20	15	18	
	Pressure Injuries Grade 3			0	1	0	0	0	2	2	1	0	0	1	0	0	0	
	Pressure Injuries Grade 4			0	0	0	0	0	0	0	1	0	2	1	0	0	0	
	PI per 1,000 bed days				0.31	0.86	0.48	0.43	0.41	0.62	0.43	0.48	0.37	0.46	0.61	0.44	0.55	
	Falls per 1,000 bed days				5.93	6.90	7.20	7.25	6.35	6.52	7.31	6.09	6.02	5.72	6.17	5.61	5.68	
	#NoF - Fragile Hip Best Practice Pass Rate				46.30%	24.24%	42.55%	18.64%	14.89%	0.00%	21.88%	47.06%	57.14%	60.34%	69.64%	55.00%	-	
	Admitted to Orthopaedic Ward within 4 Hours				22.22%	9.09%	19.57%	5.17%	17.02%	13.04%	9.09%	26.47%	38.78%	48.28%	48.21%	47.50%	-	
	Medically Fit to Have Surgery within 36 Hours				48.15%	27.27%	52.17%	22.41%	21.28%	0.00%	3.64%	44.12%	59.18%	65.52%	71.43%	67.50%	-	
	Assessed by Orthogeriatrician within 72 Hours				87.04%	75.76%	89.13%	54.24%	27.66%	2.17%	7.27%	67.65%	95.92%	94.83%	96.43%	85.00%	-	
	Stroke - Patients Admitted				40	85	68	72	65	102	89	111	64	115	94	121	72	
	Stroke - 90% Stay on Stroke Ward			90.00%	59.26%	65.45%	84.62%	68.75%	55.88%	54.29%	71.88%	68.12%	82.00%	80.95%	86.36%	87.01%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	100.00%	55.56%	70.00%	64.29%	83.33%	66.67%	35.29%	57.14%	62.50%	80.00%	56.25%	42.86%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	50.00%	39.29%	70.00%	46.88%	41.67%	36.99%	36.92%	43.84%	48.08%	55.68%	73.24%	58.97%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	96.43%	96.55%	93.18%	91.67%	92.31%	83.13%	89.04%	85.06%	94.23%	92.39%	93.59%	77.42%	-	
	MRSA	R	0	0	1	0	0	0	0	0	0	0	0	2	0	0	1	
	E. Coli	R		4	4	3	3	2	2	5	4	9	4	2	8	4	7	
	C. Difficile	R		5	4	3	3	4	1	4	2	1	2	6	1	4	11	
	MSSA			2	2	0	1	8	3	8	2	4	2	0	1	2	6	
Quality Caring & Experience	Friends & Family Positive Responses - Maternity				89.00%	88.13%	89.79%	84.36%	91.79%	92.94%	95.48%	88.29%	90.06%	91.98%	94.44%	93.50%	-	
	Friends & Family Positive Responses - Emergency Department				70.80%	-	75.12%	72.19%	70.56%	74.42%	76.52%	87.92%	87.59%	87.57%	86.07%	79.57%	-	
	Friends & Family Positive Responses - Inpatients				91.62%	91.50%	91.30%	92.14%	92.21%	92.21%	92.67%	93.51%	94.56%	93.58%	92.85%	93.29%	-	
	Friends & Family Positive Responses - Outpatients				93.90%	87.30%	90.00%	92.76%	94.07%	94.83%	95.64%	95.10%	94.57%	95.24%	95.53%	95.43%	-	
	PALS - Count of concerns				129	116	168	154	151	142	143	127	106	139	156	120	141	
	Complaints - % Overall Response Compliance			90.00%	73.47%	78.18%	76.27%	76.92%	75.76%	72.31%	71.76%	80.82%	82.14%	79.63%	73.17%	79.49%	80.00%	
	Complaints - Overdue				4	5	6	1	3	7	6	12	5	3	4	3	6	
	Complaints - Written complaints				48	53	46	62	64	77	69	51	62	41	41	38	44	
Well Led	Agency Expenditure ('000s)				1205	2111	1726	1292	2616	1992	1675	2030	1809	2485	2485	2485	2342	
	Month End Vacancy Factor				8.07%	8.66%	8.57%	8.65%	8.69%	8.61%	8.93%	8.64%	8.44%	7.88%	6.21%	7.96%	8.03%	
	Turnover (Rolling 12 Months)	R		-	17.41%	17.57%	17.04%	17.22%	17.17%	17.32%	17.10%	16.99%	16.77%	16.76%	16.56%	16.29%	15.90%	
	Sickness Absence (Rolling 12 month)	R		-	5.22%	5.44%	5.48%	5.42%	5.49%	5.49%	5.56%	5.49%	5.43%	5.30%	5.19%	5.08%	5.07%	
	Trust Mandatory Training Compliance				84.98%	82.80%	83.56%	84.40%	83.49%	83.56%	83.65%	86.34%	87.23%	88.71%	80.99%	82.00%	84.23%	

NBTCARES

Executive Summary – July 2023

NHS
North Bristol
NHS Trust

15.1

Urgent Care

Four-hour performance improved to 75.15% in June. NBT ranked first out of ten reporting AMTC peer providers for the sixth consecutive month.12-hour trolley breaches and ambulance handovers delays decreased in June, reporting at 10 and 164 respectively. The Trust continues to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals. However, the community-led D2A programme remains central to ongoing improvement. Work also progresses around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. In the meantime, internal hospital flow plans continue to be developed and implemented.

Elective Care and Diagnostics

Despite significant impacts from repeated periods of industrial action, the Trust has maintained zero capacity breaches for patients waiting >104-weeks for treatment and for 78-weeks. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostics performance in June was 18.64% - still ahead of in-year plans to deliver 15.00% by the year-end. Challenges remain in the >26-week waits for Endoscopy, impact of industrial action means Q1 clearance was not achieved. The teams are working to a revised plan to have cleared >26-week waits by the end of July-23. Non-Obstetric Ultrasound challenge due to significant workforce gaps, may impact overall diagnostic >6-week breach performance whilst sustainable plans are being develop. In-year RTT and Diagnostics target ambitions remain subject to the impact of ongoing industrial action.

Cancer Wait Time Standards

The Trust has made substantial and sustained improvement in the total cancer waiting list. Whilst there is some variation in the >62 Day this remains within expected tolerances however there has been an increase in the Trust >104 position. There has been, and is expected to be a significant impact from industrial action on the Trust total PTL size and waiting times. As this work is recovered, it is anticipated that headlined performance will show deterioration (as patients are seen and treated), before it recovers. The Cancer improvement plan presented to Board earlier in the year demonstrated a sequence of performance improvements expected to be delivered throughout the year. This started with reducing the >62-Day PTL, then reducing the 104-Day number to a national standard, followed by reducing the total PTL (this is TWW GP suspected cancer, upgrades and screening pathways). These measures have now been achieved. In the plan, the next key measure of focus is the FDS 28-Day standard. We were starting to see steady improvement in this measure with it increasing from 35.18% to 78.17% between September 2022 and March 2023, however the loss of activity in some high volume cancer areas (dermatology, breast services and urology), means there is likely to be a dip in performance as this work is recovered and patients are seen.

Executive Summary – July 2023

NHS
North Bristol
NHS Trust

15.1

Quality

Within Maternity, workforce pressures continue across all staff groups; this is reflected in the Divisions risk register, which has 6 approved Trust Level Risks and 2 awaiting approval. Bank incentives remain in place. Infection control data for June 2023 deteriorated, with one MRSA case occurrence and an increased incidence of C-Difficile and MSSA above trajectory. Targeted work in clinical areas driving these increases is being undertaken. The rates for falls, pressure injuries and medication errors remain within the existing 'normal range' within NBT's recent experience. A range of ongoing improvement actions are in place as set out in the detailed slide for each area. The rate of VTE Risk Assessments has improved over the past 6 months overall but remains below the national target of 95% compliance. Embedding of the novel digital VTE assessment and recording tool is now the primary focus following large scale deployment in June 2023. This continues to have direct oversight from the CMO as a priority area and through the Trust-wide Thrombosis Committee.

Workforce

Trust vacancy factor was 8.03% in June (735 wte) a small increase from 7.92% (721 wte) in May. Band 2 and 3 nursing and midwifery and registered nursing and midwifery saw a reduction in vacancies driven by growth in staff in post (23 wte and 11.5 wte respectively). Registered nursing and midwifery growth was driven by the latter driven by external recruitment at band 5, internationally educated nurses completing their OSCEs and moving into band 5 roles and growth in band 6 and 7 nursing and midwifery. Rolling 12-month staff turnover decreased from 16.29% in May to 15.90% in June. Comparing November 22 with June 23 all divisions (with the exception of IM&T, driven by project workforce movements) and all staff groups (with the exception of Medical Staff where a small increase in turnover was seen moving from November 22 to December 22 which has now stabilised) have seen an improvement. ASCR has seen greatest divisional improvement and the top three staff groups to see improvement are Additional Clinical Services, Administrative and Clerical and Nursing and Midwifery Registered staff – all identified through the People Patient First A3 as the most adverse areas. Data analysis is currently in progress reviewing the profile of our leavers by key characteristic, age, ethnicity and length of service to target interventions as part of our workforce retention programme, including focussed on how much more improvement can be delivered in 23/24.The Trust rolling 12 month sickness absence position decreased from 5.08% in May to 5.07% in May which represents the sixth month of continuous reduction in absence rates. The position remains stable and the absence reasons driving this positions remains unchanged form last month. Overall demand increased by 3.23% (35 wte) in June compared to May, with the greatest growth seen in Estates and Ancillary (+13 wte) Nursing and Midwifery Registered (+15 wte) and Additional Clinical Services (+ 8 wte). Bank hours worked decreased by 3.43% (23 wte) with a 20 wte reduction in Nursing and Midwifery Registered. Agency hours worked increased by 15.18% (29 wte) predominantly in Nursing and Midwifery Registered. Unfilled shifts increased by 13.00% (28 wte) with Estates and Ancillary and Additional Clinical Services both seeing the greatest increase at 10 wte in both groups. An agency reduction group has been established to identify opportunities to reduce agency use and a bank optimisation group has been established to focus on growing our active bank capacity in all areas of the Trust where there is need.

Finance

The financial plan for 2023/24 in Month 3 (June) was a deficit of £0.7m. The Trust has delivered a £2.3m deficit, which is £1.6m worse than plan. This is predominately driven by the impact of industrial action resulting in additional pay costs and lost elective activity. Year to date (YTD) the Trust has delivered an £8.1m deficit, which is a £3.1m adverse position against a planned £4.9m deficit. The main driver is the impact of industrial action in April, May and June with regards to costs and also the associated loss of income related to elective activity. There is no national reporting of Elective Recovery Funding (ERF) activity expected until after Month 4, however the Trust has made an assumption based on activity information that it has underperformed in Month 1 and Month 3 due to the industrial action. Once further information is available nationally on the delivery against targets this will be included in the position. The Month 3 CIP position shows £6.8m schemes fully completed. The Trust has a further £6.3m in implementation and planning creating an £11.1m shortfall against the Trustwide £24.2m target. There are a further £7.0m in pipeline. Cash at 30 June amounts to £83.5m, an in-month increase of £2.6m. Total capital spend year to date, excluding leases, was £9.6m compared to an original phased plan of £7.7m.

North Bristol NHS Trust

15.1

Responsiveness

Board Sponsor: Chief Operating Officer
Steve Curry

Responsiveness – Indicative Overview

North Bristol NHS Trust

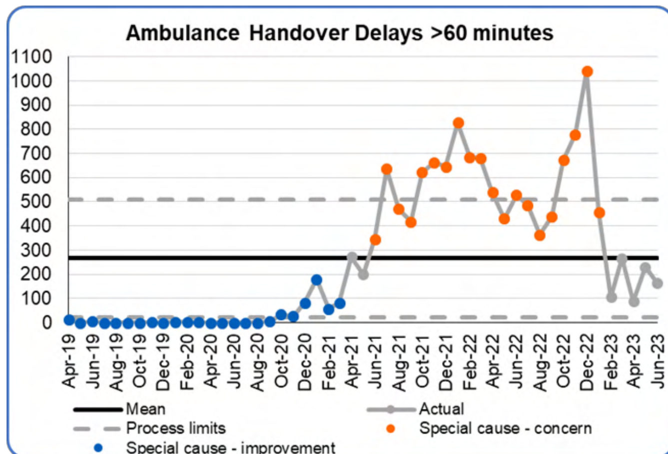
15.1

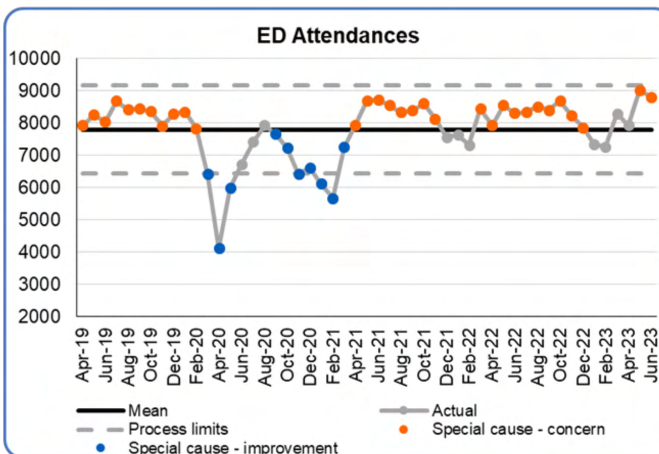
Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Revised plan underway – internal and partnership actions continue
	Transfer of Care Hub	Three phases, May-Dec. Phase 1 on track (System capital funding outstanding)
	NC2R/D2A	Reduction in NC2R - limited assurance on ability to sustain
RTT	65-week wait	Off track due to repeated periods of industrial action (IA).
Diagnostics	15% 6-week target	Plans broadly on track. Endoscopy >26-weeks now cleared apart from small number of general anaesthetic patients.
	13-week waits	Off track due to repeated periods of industrial action (IA).
	CDC	First phase (mobiles) - CDC by April 2024
Cancer PTL	28-day FDS standard	The re-work impact of IA is likely to result in performance deteriorating before it improves in Q3.

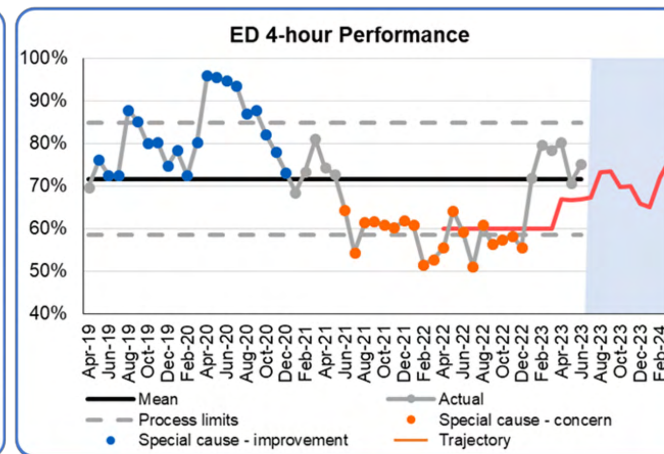
Urgent and Emergency Care

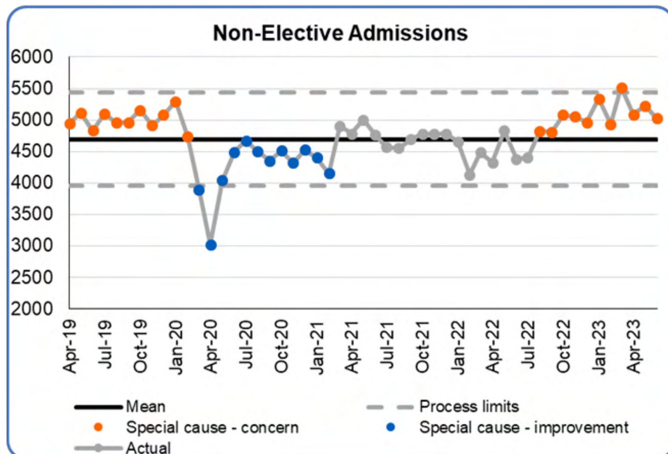
NHS
North Bristol
NHS Trust

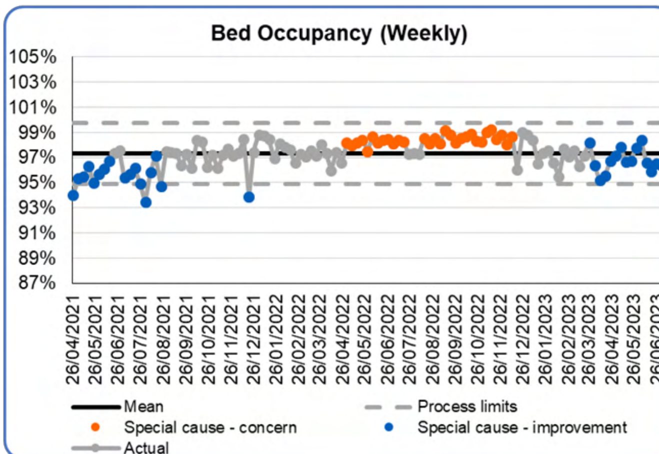
15.1

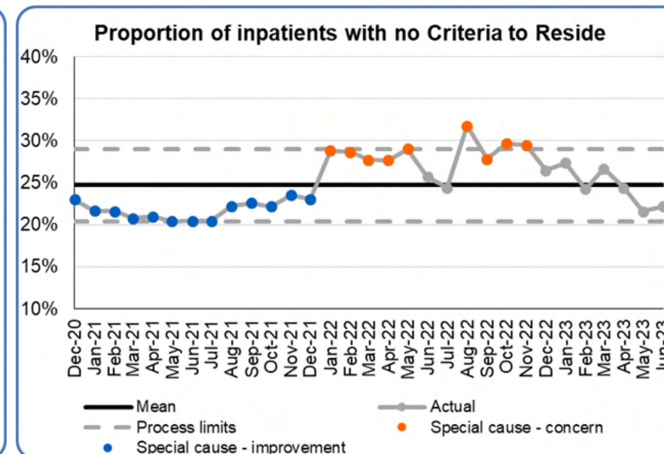












NBTCARES

Urgent and Emergency Care

North Bristol
NHS Trust

15.1

What are the main risks impacting performance?

- Underlying NC2R volumes improved but remain high by comparison
- High inpatient bed occupancy
- Additional demand driven by COVID backlogs and/or prolonged access to primary care
- Clinical cover and discharge activity impacted by industrial action, both during and for a period subsequent.
- Greater fluctuation in numbers of ED attendances month-to-month.
- Further industrial action during July-23 is expected to have an impact on performance.

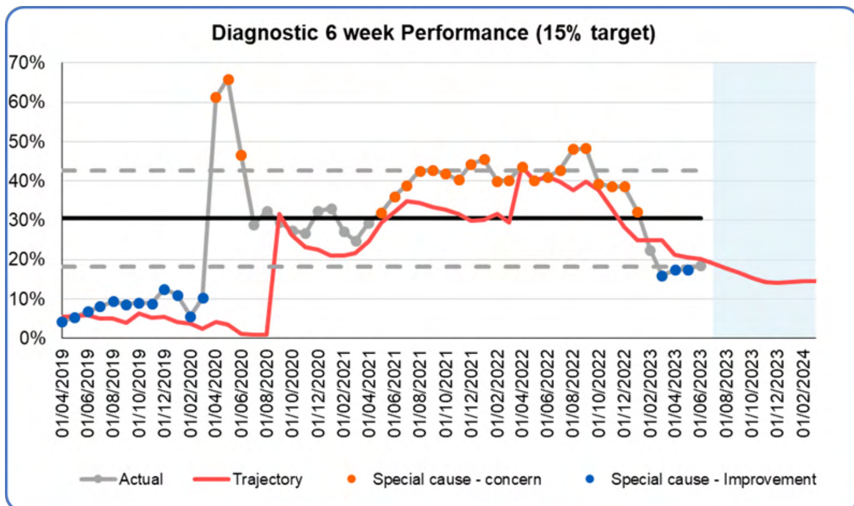
What actions are being taken to improve?

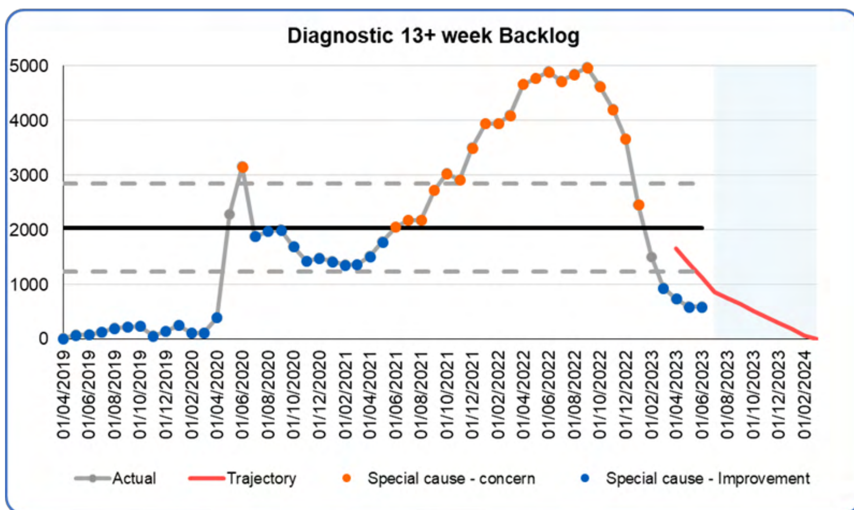
- Ambulance handovers – the Trust continues to implement the pre-emptive ED transfer process. Use of double occupancy and boarding on wards, and emphasis on early discharge of P0 patients all enacted on all Trust wards.
- The Trust continues to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals.
- Continued introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- Having deployed the sixth floor as bed additionality throughout the winter period, the operational plan for the summer period will change to maintain ringfencing of surgical beds, increase the surgical bed footprint to pre-COVID levels, and to downsize the medical bed footprint to drive discharge process improvement and allow for a subsequent re-expansion as part of the coming winter plan.
- The CEO has agreed new measures centred around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub.

Diagnostic Wait Times

NHS North Bristol NHS Trust

15.1





What are the main risks impacting performance?

- A number of outstanding >26-week breaches (all in Endoscopy) which was driven primarily by an increase in urgent referrals and loss of capacity due to industrial strike action. The last of the >26-week waits have been seen in June, apart from fewer than 10 patients who require a general anaesthetic for their endoscopy who are booked in August.
- The Trust is now working towards the national target of no more than 15% patients breaching 6-weeks at year-end and zero >13-week breaches.
- New staffing gaps within the Sonography service and a surge in urgent demand means that the NOUS position remains vulnerable. Given the volume of this work, any deterioration can have a material impact on overall performance.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector. Further industrial action and staff sickness remains the biggest risk to compliance.

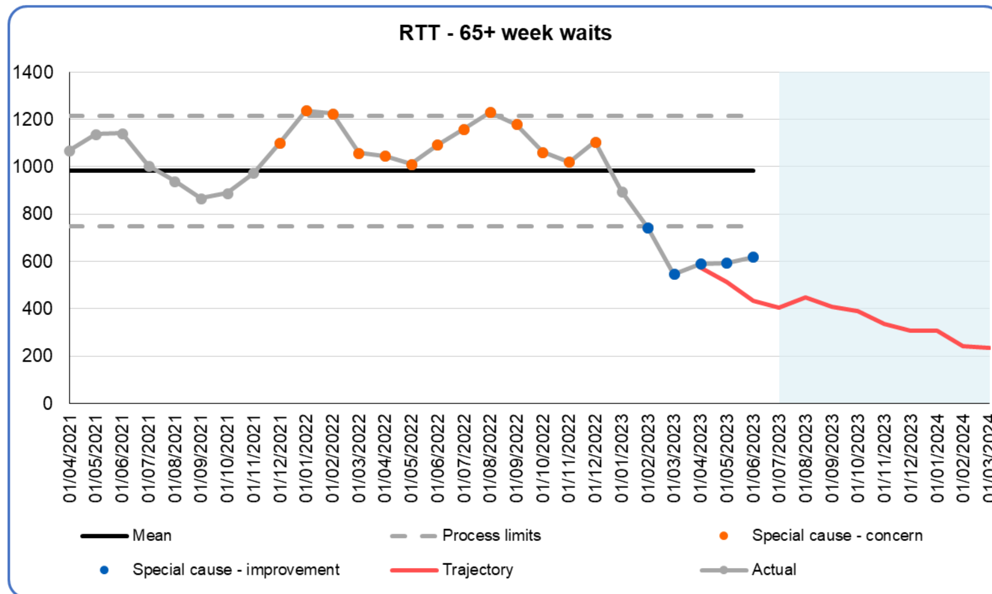
What actions are being taken to improve?

- The Trust remains committed to ongoing achievement of the national requirements.
- Endoscopy – Utilising capacity from a range of insourcing and outsourcing providers, transfers to the IS, WLIs and employment of a Locum. Work is ongoing across the system to produce a shared PTL and to provide mutual aid to equalise wait times across organisations.
- Non-Obstetric Ultrasound – The Trust continues to utilise capacity from Medicare Sonographers. In addition, substantive staff are delivering WLIs and outsourcing continues to PPG.
- New appointment times introduced increasing future capacity in CT and MRI. Weston CT capacity ongoing as well as MRI and CT at Nuffield.
- Echocardiography – Ongoing use of Xyla insourcing and capacity, and use of IMC agency commenced in Sept-22. Proactive workforce development and planning continuing to yield some positive results.
- WLIs are helping to mitigate impact of staffing shortfalls during the week.

Referral To Treatment (RTT)

NHS North Bristol NHS Trust

15.1



What are the main risks impacting performance?

- The compound impact of repeated periods of industrial action is material. At this point, and with the likelihood of further industrial action, the Trust is likely to remain off track for delivering it's 65-week waits.
- Rebooking of cancelled cancer and urgent patients is displacing the opportunity to book long-waiting patients.
- Continued reliance on third party activity in a number of areas.
- Staff shortages in some key areas e.g. operating theatres.
- The potential impact of UEC activity on elective care.

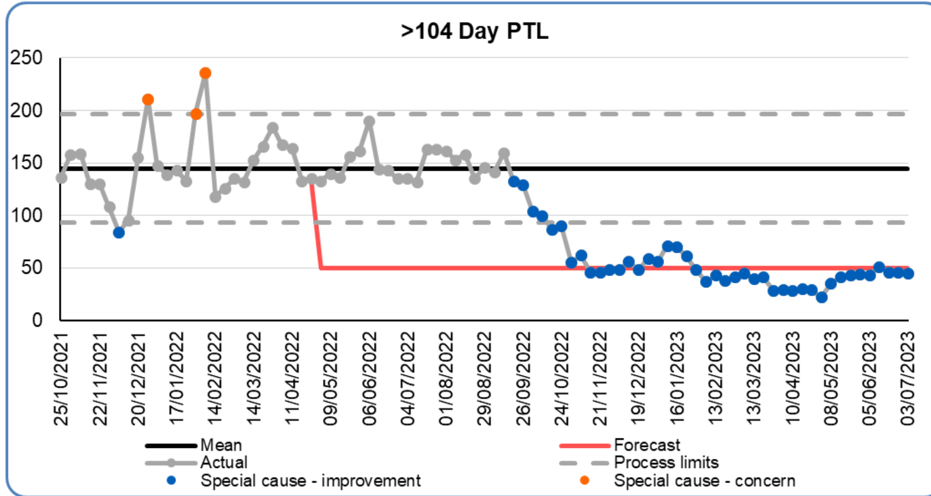
What actions are being taken to improve?

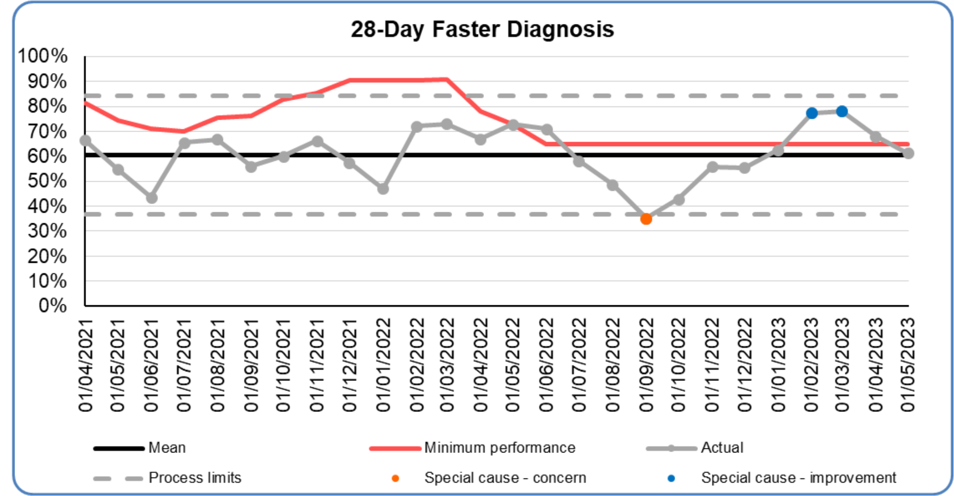
- Achievement of zero capacity related 104ww and 78ww positions maintained.
- Work is ongoing to eliminate the year end risk volume of 65-week wait potential breaches – working with clinical teams to agree a balance of clinical priority and long waits.
- Speciality level trajectories have been developed with targeted plans to deliver required capacity in most challenged areas; including outsourcing to the IS for a range of General Surgery procedures and smoothing the waits in T&O between Consultants.
- Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred all suitable patients into available capacity across local IS Providers.
- The Trust is actively engaged with the Getting It Right First Time (GIRFT) programme of work and working with specialists in theatre utilisation improvements to ensure use of available capacity is maximised.

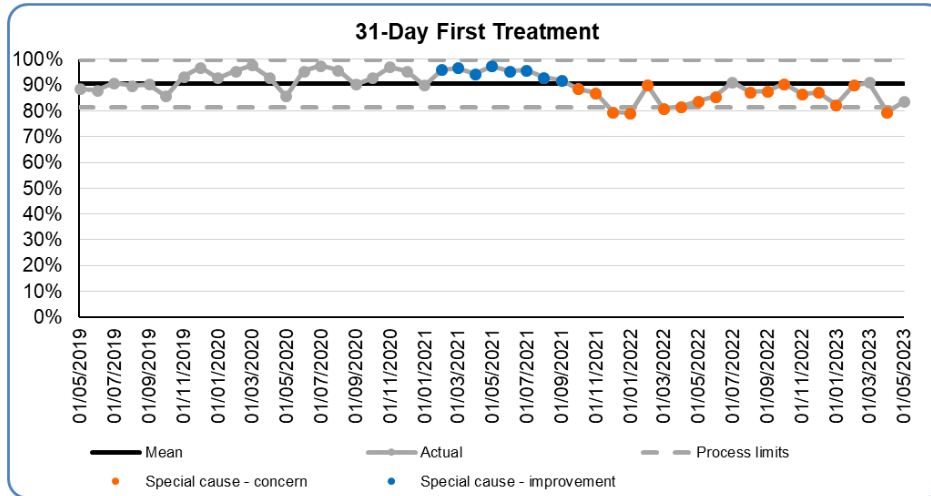
Cancer Performance

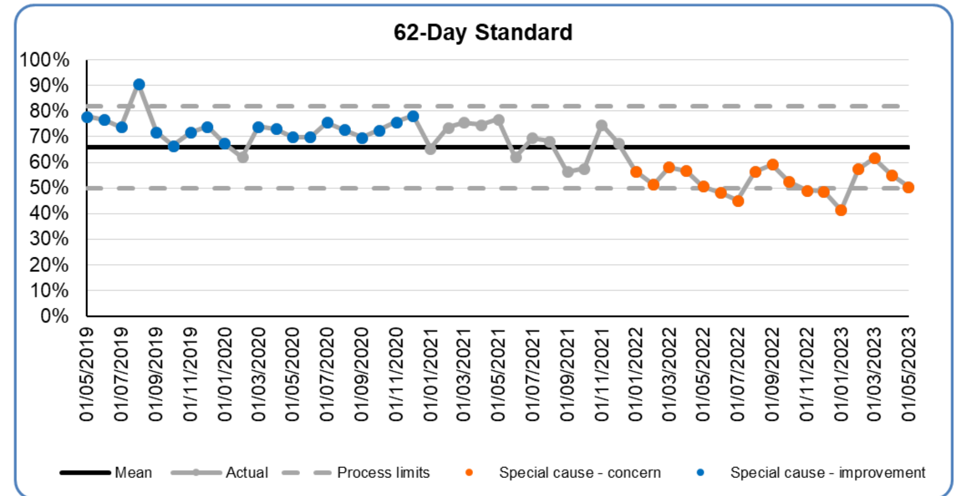
NHS North Bristol NHS Trust

15.1









NBTCARES

Cancer Performance

NHS
North Bristol
NHS Trust

15.1

What are the main risks impacting performance?

- Significant impact of industrial action resulting in escalation actions.
- Ongoing clinical pathway work reliant on system actions outstanding.
- Reliance on non-core capacity.
- Increase in demand for diagnostics – Endoscopy in particular.

What further actions are being taken to improve?

- Focus remains on sustaining the absolute >62-Day Cancer PTL volume and the percentage of >62-Day breaches as a proportion of the overall wait list.
- High volume Dermatology ‘poly-clinics’ enacted to recover cancer position.
- Having achieved the improved >62-Day cancer PTL target, the next phase will be to ensure the revised actions and processes are embedded to sustain this improvement. At the same time, design work has commenced to fundamentally improve patient pathways, which will improve overall Cancer wait time standards compliance. Trajectories have been revised across all tumour sites and has been submitted to the ICB in March 2023.
- Starting to see steady improvement in 28-Day FDS with it increasing from 35% to 75% between August 2022 and March 2023, with February and March reporting >75%. However, industrial action impact and recovery has resulted in a deterioration in performance as the backlog of patients are seen/ informed and treated, in April the Trust submitted a position of 67.14% and in May reported 31.3% FDS compliance.
- The 90-Day follow up visit was held in May 2023 with a focused on the Urology and Skin tumour sites. This was a positive visit with a follow up letter which endorsed the Trust’s approach and offered to continue to work in partnership with the regional team. The Trust accepted the support.

NHS
North Bristol
NHS Trust

15.1

Quality, Safety and Effectiveness

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

NBTCARES

Maternity

Perinatal Quality Surveillance Matrix (PQSM) Tool - May 2023 data

NHS
North Bristol
NHS Trust

15.1

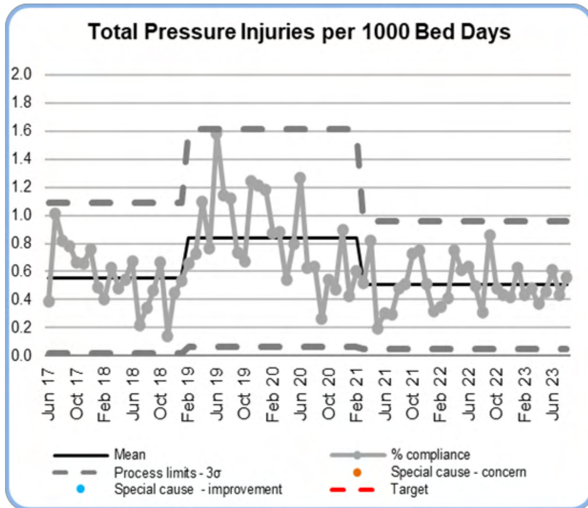
	Apr-23	May-23	Jun-23
Activity			
Number of women who gave birth, all gestations from 22+0 gestation	418	464	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	4	0	3
Number of women who gave birth (>=24 weeks or <24 weeks live)	412	465	453
Number of babies born (>=24 weeks or <24 weeks live)	420	470	459
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)	35	34	40
No of livebirths <24 weeks gestation	3	1	1
Induction of Labour rate %	36.9%	35.9%	33.6%
Spontaneous vaginal birth rate %	53.9%	48.4%	45.9%
Assisted vaginal birth rate %	9.7%	8.8%	9.7%
Caesarean Birth rate (overall) %	36.4%	42.8%	44.4%
Planned Caesarean birth rate %	18.2%	18.3%	19.9%
Emergency Caesarean Birth rate %	18.2%	24.5%	24.5%
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	2.60%	2.80%	3.60%
Perinatal Morbidity and Mortality inborn			
Total number of perinatal deaths (excluding late fetal losses)	4	3	8
Number of late fetal loses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)	2	1	4
Number of stillbirths (>=24 weeks excl. TOP)	1	1	2
Number of neonatal deaths : 0-6 Days	2	2	2
Number of neonatal deaths : 7-28 Days	1	0	0
PMRT grading C or D cases (themes in report)		1	0
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	0	0	
Maternal Morbidity and Mortality			
Number of maternal deaths (MBRRACE)	0	0	
Direct	0	0	
Indirect	0	0	
Number of women recieving enhanced care on CDS	12	27	
Number of women who received level 3 care (ITU)	0	0	
Insight			
Number of datix incidents graded as moderate or above (total)	2	3	1
Datix incident moderate harm (not SI, excludes HSIB)	2	2	1
Datix incident PSII (excludes HSIB)	0	1	0
New HSIB referrals accepted	0	0	0
Outlier reports (eg: HSIB/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust)	0	0	0
Coroner Reg 28 made directly to Trust	0	0	0
Workforce			
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	2	2	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	2	2	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	0	0	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)	2	2	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)	0		1

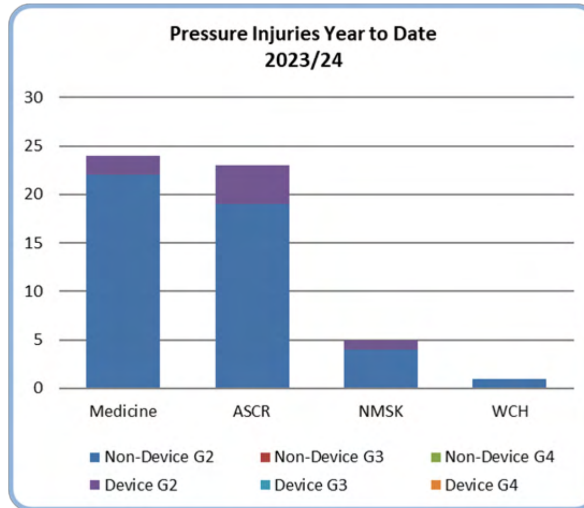
		Apr-23	May-23	Jun-23
Workforce				
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).		39%	10%	24%
Vacancy rate for midwives		11.60%	16.20%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)		40%	60%	60%
Vacancy rate for NICU nurses		27	30	31
Datix related to workforce (service provision/staffing)		3	6	5
Consultant led MDT ward rounds on CDS (Day to Night)		70%	90%	
Consultant led MDT ward rounds on CDS (Day)		83%	90%	
One to one care in labour (as a percentage)		100%	100%	99%
Compliance with supernumerary status for the labour ward coordinator		98%	100%	96%
Number of consultant non-attendance to 'must attend' clinical situations		0	0	0
Involvement				
Service User feedback: Number of Compliments (formal)		72	35	74
Service User feedback: Number of Complaints (formal)		5	4	3
Friends and Family Test Score % (good/very good) NICU		100	100	100
Friends and Family Test Score % (good/very good) Maternity		94	93	93
Staff feedback from frontline champions and walk-abouts (number of themes)		3	0	4
Improvement				
Progress in achievement of CNST /10		7	7	7
Training compliance in annual local BNLS (NICU)		100%	100%	100%
Training compliance in maternity emergencies and multi-professional training (PROMPT) * note: includes BNLS	***Overall***	65%	55%	76%
	Obstetric Consultants	69%	50%	72%
	Other Obstetric Doctors	59%	54%	75%
	Anaesthetic Consultants	81%	65%	81%
	Other Anaesthetic Doctors	54%	50%	74%
	Midwives	71%	61%	78%
	Maternity Support Workers	57%	51%	75%
Fetal Wellbeing and Surveillance	***Overall***	67%	64%	72%
	Obstetric Consultants	75%	61%	50%
	Other Obstetric Doctors	51%	64%	77%
	Midwives	74%	66%	90%
Trust Level Risks		9	4	6

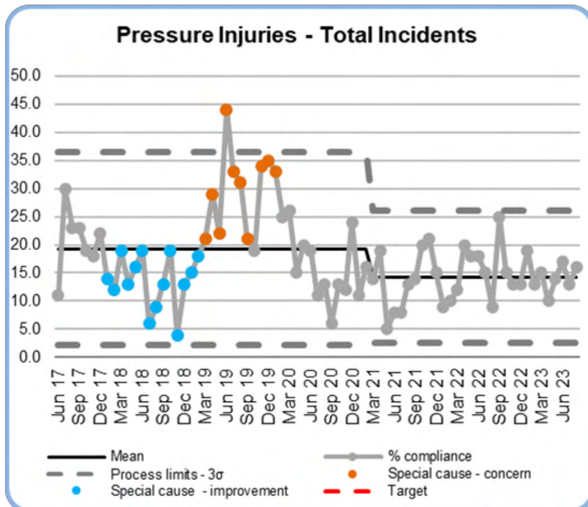
- The Perinatal Quality Surveillance Matrix report provides a platform for sharing perinatal safety intelligence monthly.
- There were three cases eligible for full PMRT review. One case was rated as C/D for some aspects of care.
- The ATAIN percentage in May was 2.8%. This is the second month in a row it has been below the national target.
- There was one PSII commissioned in May, relating to a retained foreign object. It did not meet Never Event criteria.
- Workforce pressures are being felt across all staff groups; this is reflected in the Divisions risk register. Bank incentives remain in place.
- There are 6 approved Trust Level Risks and 2 awaiting approval.

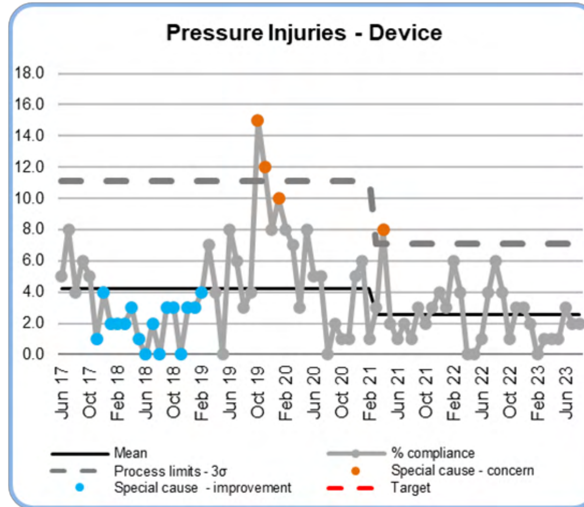
Please note that June-23 data is partial and provisional, pending validation by the Divisional Perinatal Quality Committee

NBTCARES









Pressure Injuries

NHS
North Bristol
NHS Trust

15.1

What does the data tell us?

In June there were 18 x grade 2 pressure ulcers, of which 2 attributable to medical devices to the nose.

There was 1 reported unstageable pressure ulcer to the heel attributed to 28b, which evolved from a hospital acquired DTI.

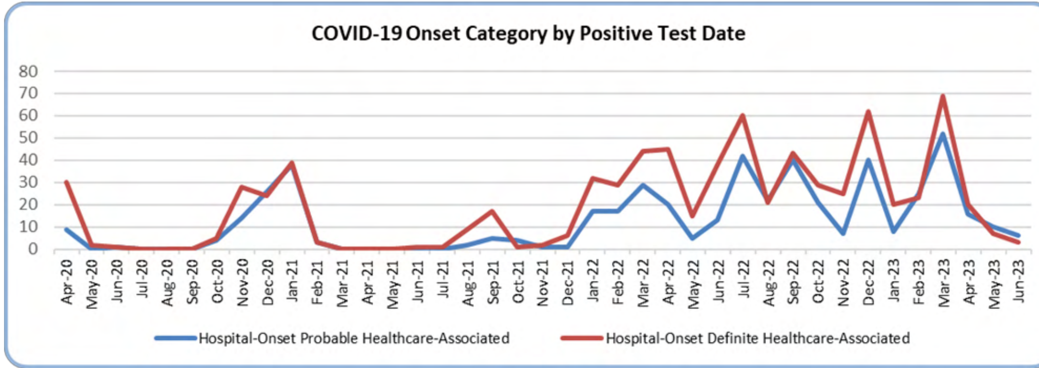
There was an increase to 25 DTI's from the previous month of which 17 were to the heel.

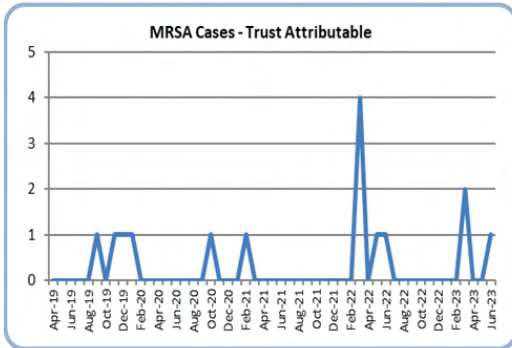
The targets for PU reduction in 2023/2024:

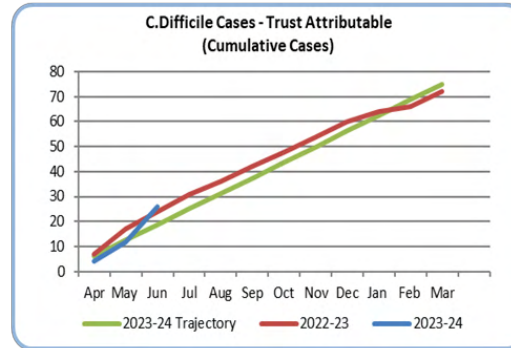
- 10% reduction on grade 2 pressure ulcers.
- Zero tolerance for grade 3 and grade 4 pressure ulcers with a 50% reduction from 2022/2023.

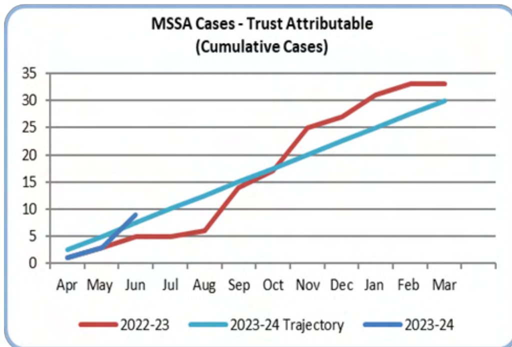
What actions are being taken to improve?

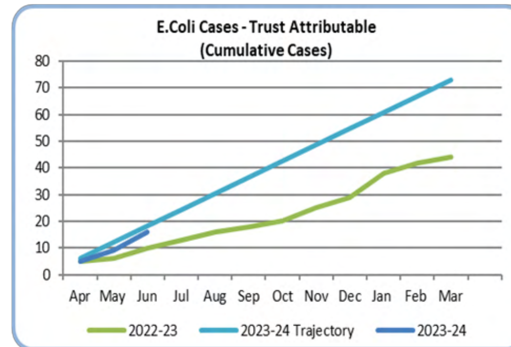
- The Tissue Viability (TV) team provide a responsive, supportive and effective pressure ulcer prevention and validation service work collaboratively within NBT and strategically across the health system to reduce harm and improve patient outcomes.
- Purpose-T is being developed in the EPR in anticipation for pilot in September and rollout in November during 'Stop the Pressure' week. TVS are currently writing clinical pathways, training and eLearning packages to support this implementation.
- TVS have developed a TVN strategy on a page to give reassurance to the Trust on the objectives to reduce PU prevalence this will be presented at the Patient Safety Group. This will also encompass a discussion the AAR PSIRF and SWARM process at the Trust.
- THE PUSG at their monthly meeting discussed ongoing strategic strategies to support wards to reduce patient harm. The emergent theme of increased DTI to the heels has been added to the agenda for the next meeting.











Infection Prevention and Control

NHS North Bristol NHS Trust

15.1

2023 – 24 Mandatory Surveillance Trajectories

MRSA BSI – trajectory 0
C *diff* – trajectory 75.
E coli – trajectory 73
Pseudomonas – trajectory 10 (equal to the 2022/23 year end position)
Klebsiella – 29 trajectory
MSSA BSI –30 trajectory, realistic reduction on previous years figures

What does the data tell us?

COVID-19 (Coronavirus) - Numbers remain very low including ICU admissions.

MRSA – One new case.

C. Difficile – A considerable concerning increase in one month, leading to above last year / trajectory position. All 11 cases are being reviewed and themes and trends collated.

MSSA – A significant increase in cases during the month. Our focus continues on proactive trust / divisional measures and vascular access team case reviews with an aim to bring a below year trajectory in sight.

Gram –ve – Currently maintaining an early below trajectory position.

Norovirus – No cases

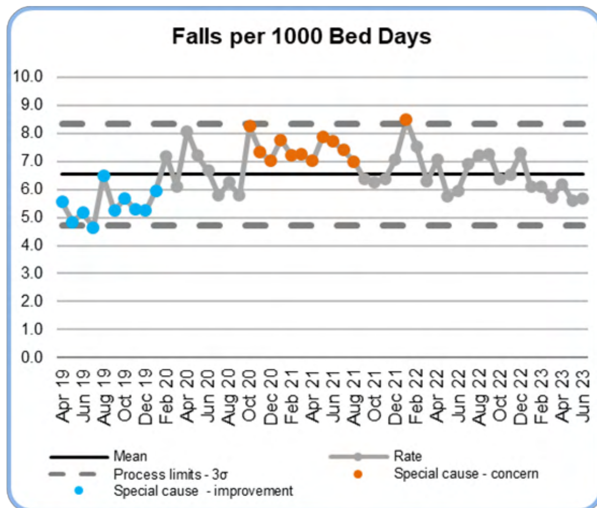
What actions are being taken to improve?

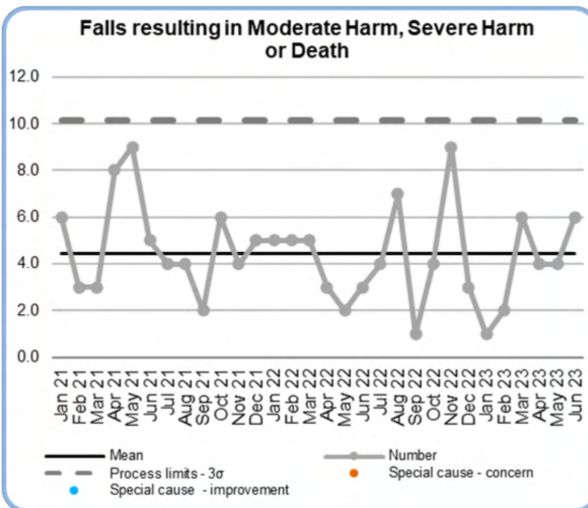
- Targeted work in clinical areas linked with case above (C *diff* and MSSA cases)
- National cleaning efficacy audits performed in Medicine / Women's & CH (4).
- Environmental / practice observations / ward visits undertaken.
- Early learning disseminated through IPC divisional links, mini COIC work to understand clinical reasoning / case management and specific training tailored to need.
- Realigned IPC resources continue to focus on the Medical division - admission areas , frailty and specialist areas. With several areas included in the work above.

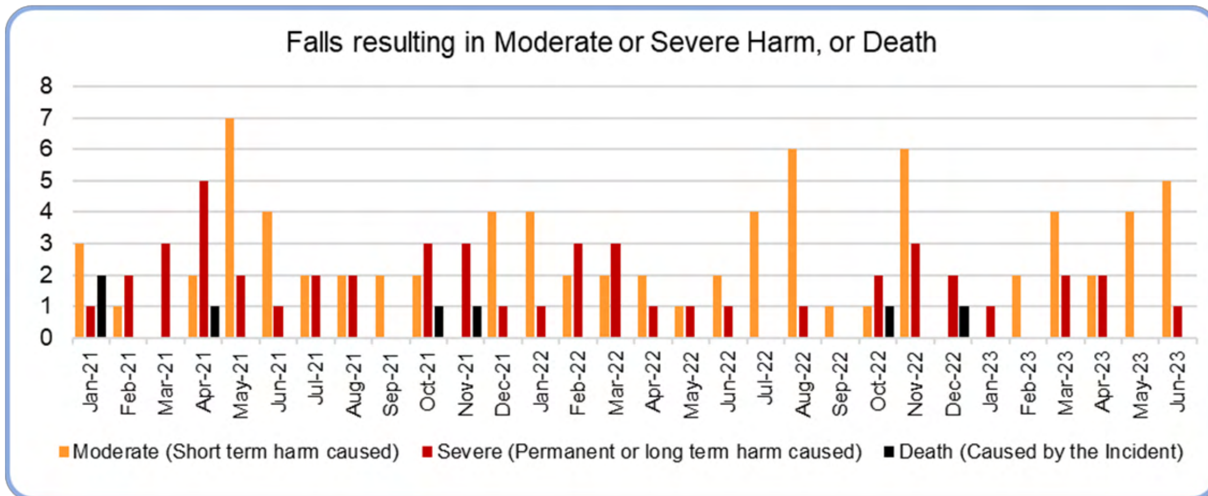
NBTCARES

NHS North Bristol NHS Trust

15.1







Falls

What does the data tell us?

Falls incidents per 1000 bed days

NBT reported a rate of 5.68 falls incidents per 1000 bed days in June 2023, remaining below the mean rate for NBT falls (including prior COVID-19 pandemic) which is 6.8 falls per 1000 bed days.

Falls harm rates

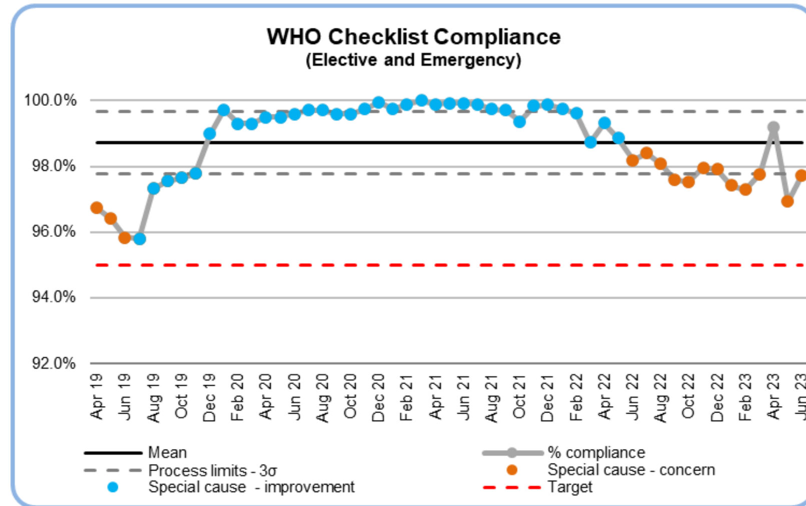
During June 2023, 5 falls were recorded and validated as causing moderate harm, whilst one fall caused severe harm. Falls remain one of the top 3 reported patient safety incidents, therefore there is confidence that the practice of appropriately reporting falls is well embedded at NBT.

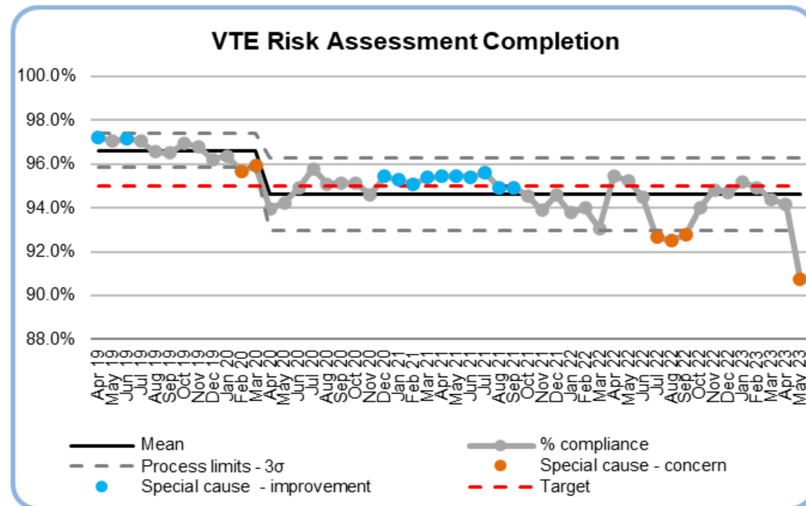
What actions are being taken to improve?

Inpatient falls is a patient safety priority under the patient safety incident response plan (PSIRP).

Leadership responsibility for Falls improvement work has now been delegated to the Trust's Chief AHP with some non recurrent improvement resource for 2023-24 identified. This will provide greater insights into current practice, identify potential areas for improvement and implement actions working with clinical teams.

This work will include relevant benchmarks from other similar organisations (e.g. with high proportion of single rooms within an acute setting) drawing upon relevant good practice.





N.B. VTE data is reported one month in arears because coding of assessment does not take place until after patient discharge.

NHS North Bristol NHS Trust

WHO Checklist Compliance

What does the data tell us?

In June, WHO checklist compliance was 97.73%. 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 and solely indicates a failure to 'sign out' on completion of the list. All cases where WHO was not recorded electronically are reviewed to ensure that checklist compliance was recorded in the paper medical records, therefore meaning that the correct checks were undertaken in practice. When a manual check confirms that the WHO check list was not completed a Datix is recorded.

VTE Risk Assessment

What does the data tell us?

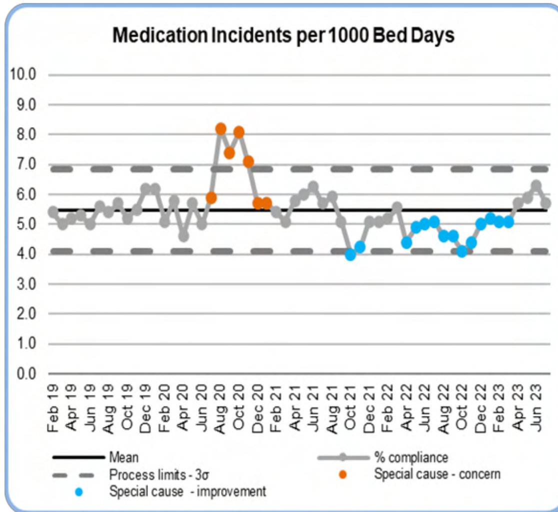
In May the rate of VTE Risk Assessments (RA) performed on admission was reported as 90.73%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. The decline in compliance seen from July-22 (exacerbated by the CareFlow changeover, though not the primary factor) has improved overall in recent months, however, there is still work to be done to ensure further improvement.

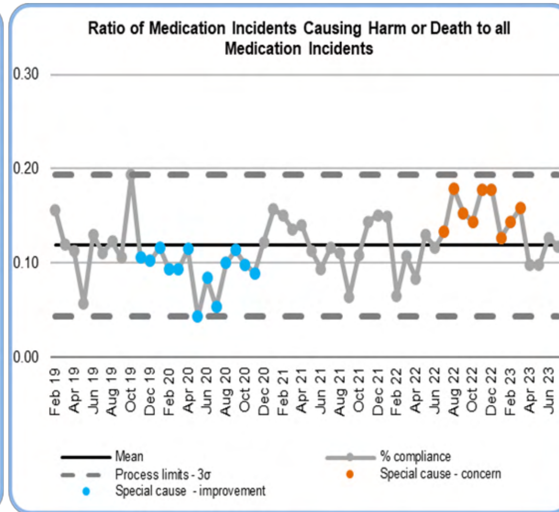
What actions are being taken to improve?

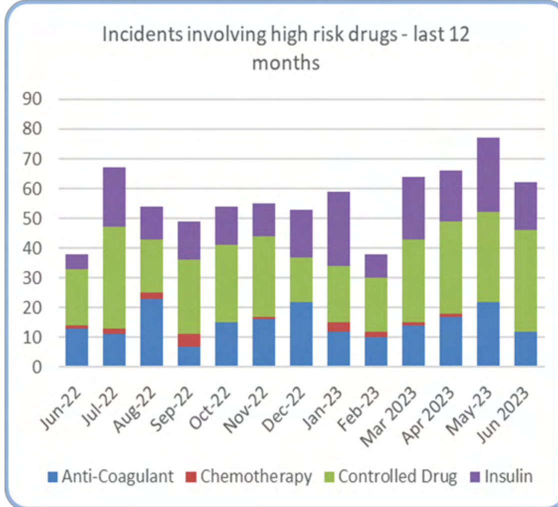
Clinical leadership responsibilities agreed with direct oversight of the CMO and the Thrombosis Committee which reconvened to engage and drive actions across the Trust.

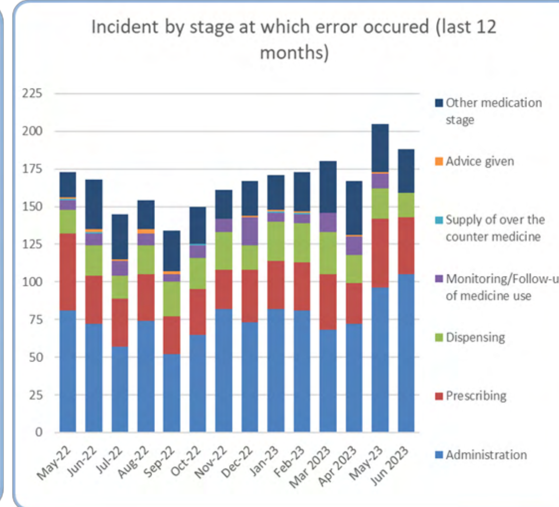
An improvement plan is in place this year. Central to that plan is the introduction of a novel digital VTE assessment and recording tool. This has been successfully implemented in 3 clinical areas and now moves to large scale deployment in June 2023. The current data is therefore unreliable and takes into account a combination of paper assessments and some digital assessments both of which are subject to delayed validation. During this time we rely on self assessments and audits from divisions for assurance.

15.1









Medicines Management Report

NHS North Bristol NHS Trust

What does the data tell us?

Medication Incidents per 1000 bed days
During June 2023, NBT had a rate of 6.4 medication incidents per 1000 bed days. This is slightly above the 6-month average of 5.7 for this measure.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents
During June 2023, c.8.1 % of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.081). This falls below the 6 month average of 11.8 %

Incidents by Stage
In keeping with the picture seen over the last 6 months most incidents are reported to occur during the 'administration' stage

High Risk Medicines
During June 2023, c.32% of all medication incidents involved a high risk medicine which is below the 6 month average of 36%.

General comment: It is of note that the number of incidents reported in June follows the trend seen in May of being markedly above the 6 month average (average approx. 166 reports per month and this month we have seen 186). This in turn affects the data seen in the graphs broken down by stage and involving high risk drugs. Whilst the peaks appear high - the variance in proportion of incidents involving high risk drugs is less marked and the distribution of stage at which error occurs remains similar. The team are looking into the rise in total reported incidents.

What actions are being taken to improve?

The Medicines Governance Team encourage reporting of all incidents to develop and maintain a strong safety culture across the Trust, and incidents involving medicines continue to be analysed for themes and trends.

The learning from incidents causing moderate and severe harm is to be presented to, and scrutinised by, the Medicines Governance Group on a bi-monthly basis in order to provide assurance of robust improvement processes across the Trust.

15.1

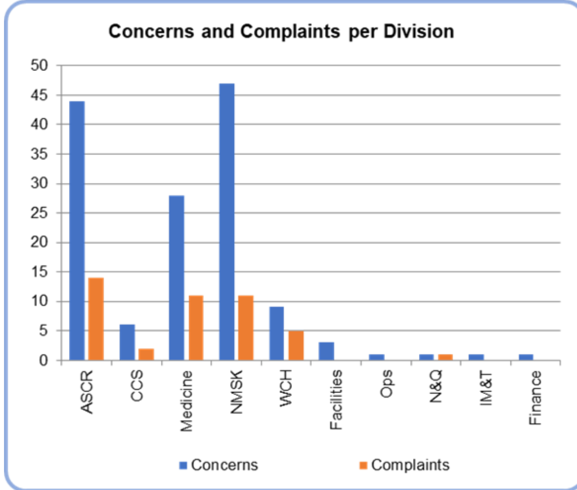
NBTCARES

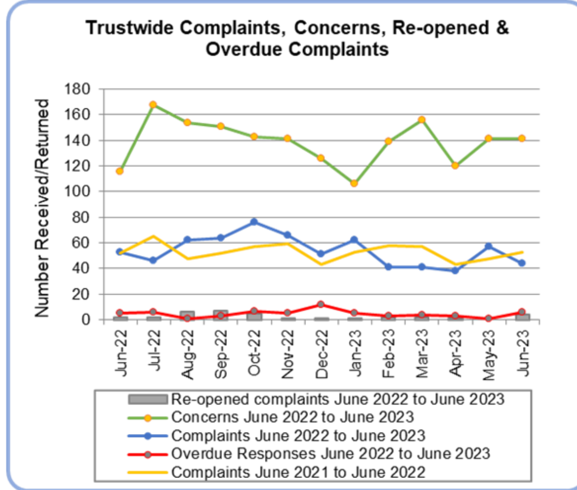
North Bristol NHS Trust

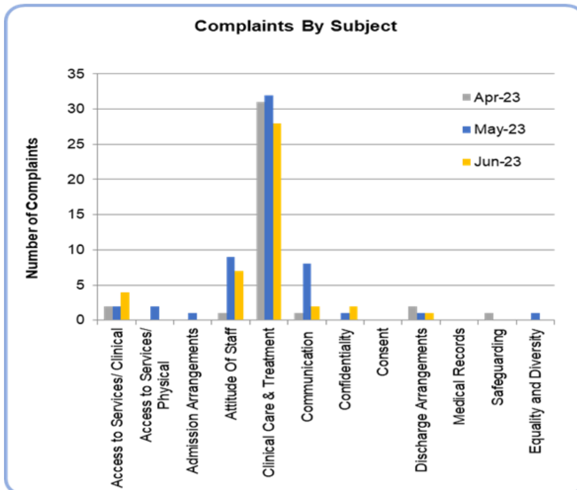
15.1

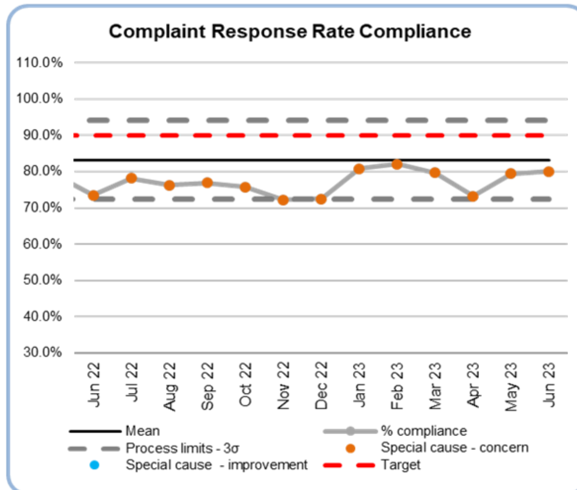
Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams









NHS North Bristol NHS Trust

Complaints and Concerns

15.1

What does the data tell us?

In June 2023, the Trust received 44 formal complaints. This is 13 fewer than in May and 9 fewer than the same period last year.

The most common subject for complaints is ‘Clinical Care and Treatment’.

There were 4 re-opened complaints in June- these were spread across all the clinical divisions. There were no patterns within the re-opened cases, and two were requests for Local Resolution Meetings.

Of the 44 complaints, the largest proportion was received by ASCR (14).

The overall number of PALS concerns received remained at 141 in June.

The response rate compliance for complaints improved to 80% in June. A breakdown of compliance by clinical division is below:

ASCR – 88% NMSK- 86% CCS – 100%

WaCH- 25% Medicine – 82%

The number of overdue complaints at the time of reporting has increased from 1 in May to 6 in June. The overdue complaints sit with WaCH (2), Medicine (2), NMSK (2).

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

The average response timeframe for PALS concerns in June is 9 days. This hasn’t changed since May.

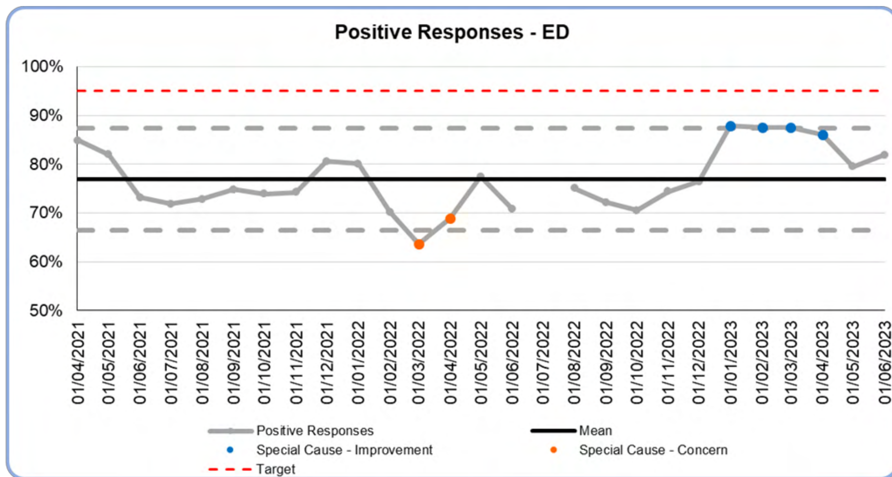
What actions are being taken to improve?

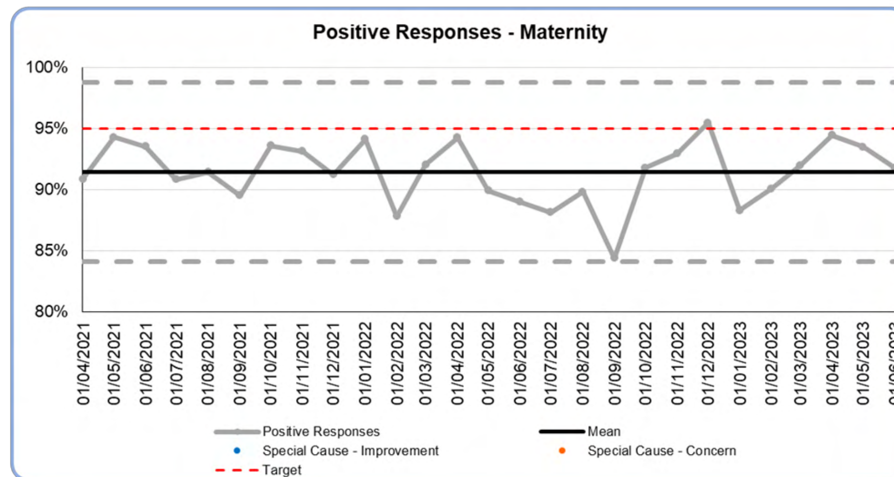
- Ongoing weekly validation/review of overdue complaints by the Complaints Manager.
- Weekly meetings with Medicine, ASCR, WaCH and NMSK Patient Experience Teams.
- Weekly Cross Divisional Complaint review (divisional complaints teams meet to discuss joint cases).
- PALS piloted ‘drop in’ session for staff on ward boomerang areas (ward 27a) to assist with resolving cases, providing support and guidance.

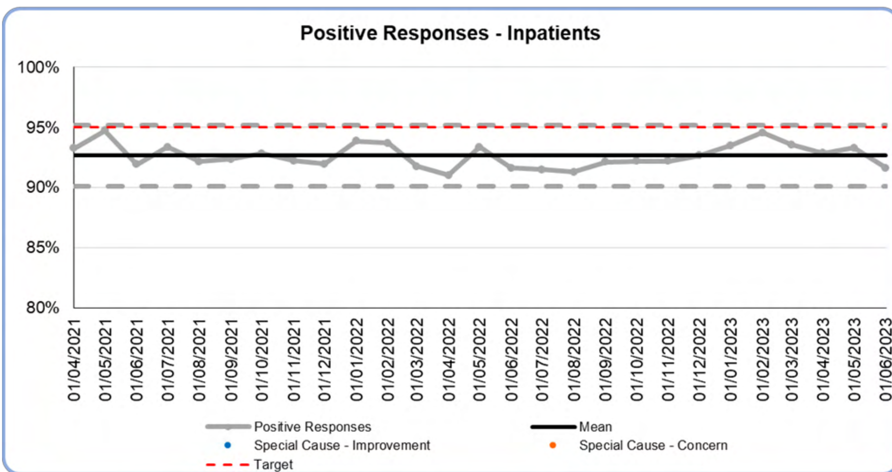
Patient Experience

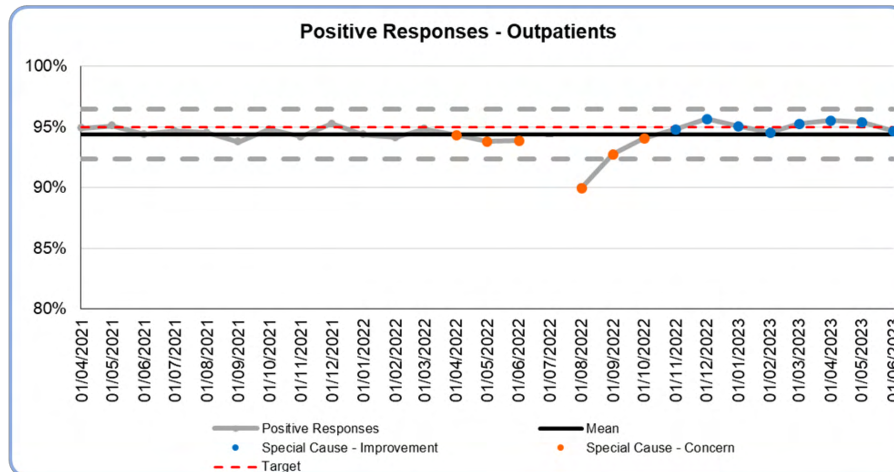
NHS North Bristol NHS Trust

15.1









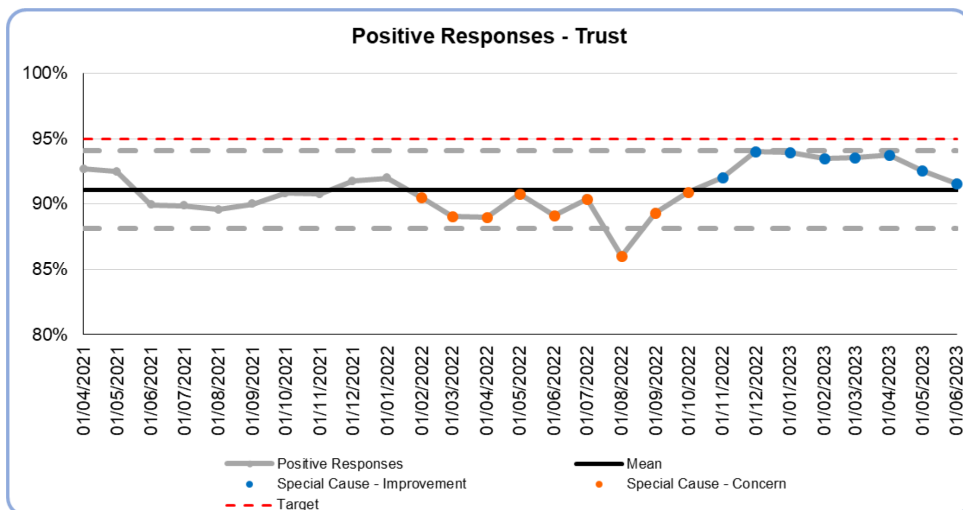
N.B. no data available for the month of July for ED and Outatients due to an issue with CareFlow implementation

NBTCARES

Patient Experience

NHS North Bristol NHS Trust

15.1



What does the data tell us - Overall?

- In June, 4957 patients chose to leave a comment with their rating.
- 91.6% of patients gave the Trust a positive rating. The results remain consistently high, though they no longer show special cause for improvement.
- A thematic review of these responses found that **an overwhelming majority of the positive comments were about staff.**

  "I felt the service was excellent. Getting to know the midwives before I had so much Trust in them already when they arrived. I felt fully respected and listened to, this meant when things got difficult I had full Trust in their call to go into hospital and then to have a quick [episiotomy] at home. Their work was very skilled and the rapport that was built with the home birth team was amazing when they arrived on the day."

What does the data tell us – Different areas?

- **Inpatients:** Inpatient Positive Responses indicate special cause for concern; they have dipped to 88% this month. Inpatient Negative Responses are 5.41%, which remains consistent. This suggests that people have not reported more negative experiences; instead, they are reporting less specifically positive and more mixed experiences. There was no apparent theme that explained the reduction in positive Inpatient ratings.
- **Outpatients:** Positive and Negative Responses and Response Rate all continue to show significant improvements.
- **Emergency Department:** Positive Responses continue to show special cause for improvement.

What actions are being taken to improve our FFT engagement?

- Ward-level data and themes in patient comments are being analysed in more depth to understand the change in Inpatient positive results and identify any low-scoring areas or deviations.
- Review of the improved Outpatient performance is being undertaken to seek further insight. For example to identify any correlation with improvement projects and also to share learning with other areas.
- Continued engagement with clinicians around using the Trust's digital system, 'Envoy' to access and utilise the FFT feedback comments to identify improvement opportunities. A sign-up drive for the Envoy system was recently held at the Staff Expo in the Brunel Building, resulting in over 40 new users, including staff groups who we often struggle to reach with FFT such as HCA.

NBTCARES

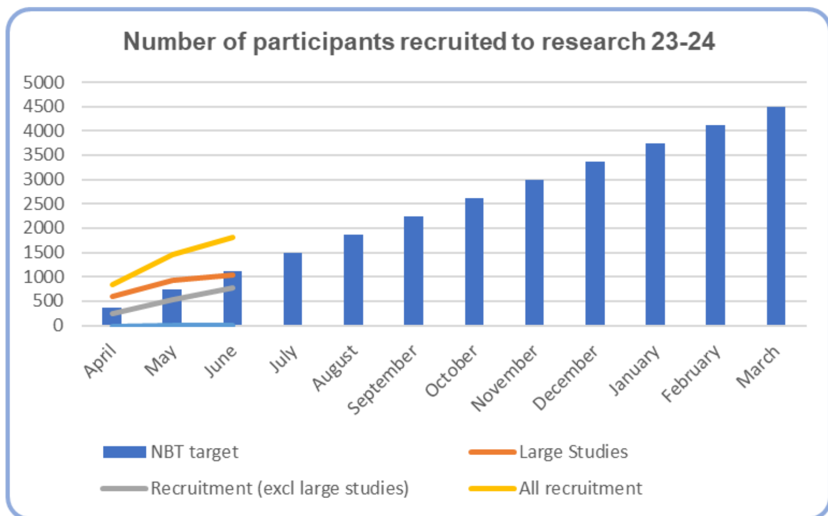
NHS
North Bristol
NHS Trust

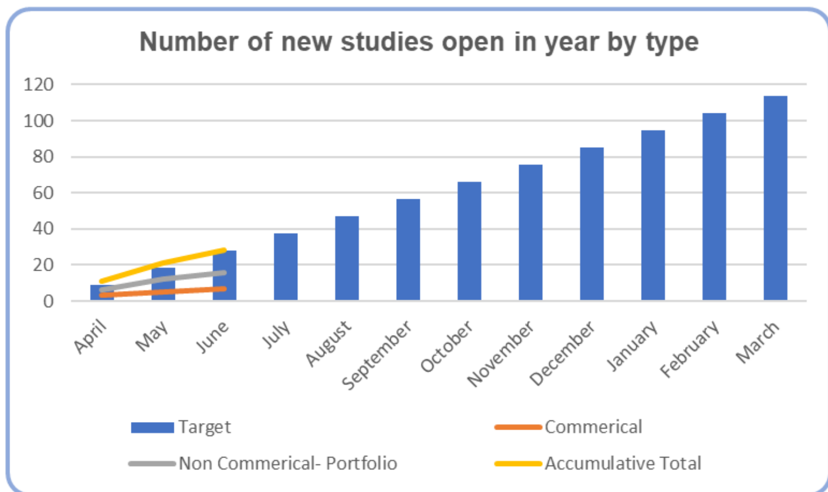
15.1

Research and Innovation

Board Sponsor: Chief Medical Officer
Tim Whittlestone

NBTCARES





Research and Innovation

NHS North Bristol NHS Trust

15.1

Our Research activity

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

Graph 1 shows our current 23-24 performance in relation to research participation. Year to date 1811 participants have enrolled in research. We are currently achieving 161% of our target, this performance is driven by ongoing recruitment to two large studies (AVONCAP and Prospects). When we exclude the large recruiting studies from this data then our %achieved drops to 70%. The NBT research portfolio remains strong, we have 289 studies open to recruitment . We have opened 28 new studies year to date. We are pleased to see a growth in the number of studies collaborating with commercial partners and a subsequent increase in recruitment to these studies; these collaborations enable us to offer our patients access to new clinical trial therapies and generate income to support reinvestment and growth in research.

We are currently establishing the metrics we would like to report over the coming year as there is a national shift to move away from a focus on the number of participants engaged in research to more diverse measures.

Our grants

NBT currently holds 65 externally funded research grants, to a total value of £34m. This includes 32 prestigious NIHR grants totalling £32m. For the 2023/24 financial year, NBT has received a record level Research Capability Funding (RCF), £1.1m, from the DHSC. This RCF allocation is a direct reflection of the size of NBT's NIHR grant portfolio and puts NBT at 9th in England (out of 248 NHS Trusts), a fantastic achievement and the first time NBT has been in the top 10 nationally. In addition, NBT is a partner on 72 externally-led research grants, to a total value of £10.6m to NBT.

The **SHC Research Fund** welcomes research applications from all NBT staff members to undertake small pump-priming research projects (up to a maximum of £20k) in any subject area. We are pleased to announce that we received 11 Expressions of Interest to our recent Round 14 Research Fund call, of which 6 were shortlisted and 4 of these have been recommended for funding..

In addition to the SHC Research Fund, R&D have introduced a new process for awarding mentorship and funding to NBT staff who are new to research but have a great idea for a research project '**Early-Stage Research Funding**'. The application form follows a simple SBAR structure and will not require any prior knowledge of, or expertise in, research. Staff can contact researchgrants@nbt.nhs.uk to discuss applying. The first award we made to Rachel Evans, Practice Educator in ICU, has resulted in Rachel successfully applying to the Southwest (ICA) Programme for a funded HEE/NIHR Internship with University of West England to develop her research ideas and academic career.

NBTCARES

North Bristol NHS Trust

15.1

Well Led

Board Sponsors: Chief Medical Officer, Director of People and Transformation
Tim Whittlestone and Jacqui Marshall

Well Led Introduction

North Bristol NHS Trust

15.1

Vacancies

Trust vacancy factor was 8.03% in June (735 wte) from 7.92% (721 wte) in May. By staff group band 2 and 3 unregistered nursing and midwifery and registered nursing and midwifery saw the greatest growth in staff in post (23 wte and 11.5 wte respectively). Registered nursing and midwifery growth was driven by the latter driven by external recruitment at band 5, internationally educated nurses completing their OSCEs and moving into band 5 roles and growth in band 6 and 7 nursing and midwifery. Increases in vacancies has predominantly been driven by medical staff where overall there has been an increase in establishment in Microbiology and Public Health, Infectious Diseases, Respiratory Medicine and Ageing Well.

Turnover

The Trust rolling 12-month staff turnover rate decreased from 16.29% in May to 15.90% in June. Comparing November 22 with June 23 all divisions (with the exception of IM&T driven by project workforce movements) and all staff groups (with the exception of Medical Staff where a small increase in turnover was seen moving from November 22 to December 22 which has now stabilised) have seen an improvement. ASCR has seen greatest divisional improvement and the top three staff groups to see improvement are Additional Clinical Services, Administrative and Clerical and Nursing and Midwifery Registered staff – all identified through the People Patient First A3 as the most adverse areas. Data analysis is currently in progress reviewing the profile of our leavers by key characteristic such as age, ethnicity and length of service to target interventions as part of our workforce retention programme focussed on how much more improvement can be delivered in 23/24.

Patient First target for 2023/24: 16.5% of below

Prioritise the wellbeing of our staff

The Trust rolling 12 month sickness absence position decreased from 5.08% in May to 5.07% in May which represents the sixth month of continuous reduction in absence rates. The position remains stable and the absence reasons driving this positions remains unchanged form last month.

Trust Target for 2023/24 (based on moving from 3rd to 2nd quartile of all national acutes): 5.2%

NBTCARES

Well Led Introduction – Actions

North Bristol NHS Trust

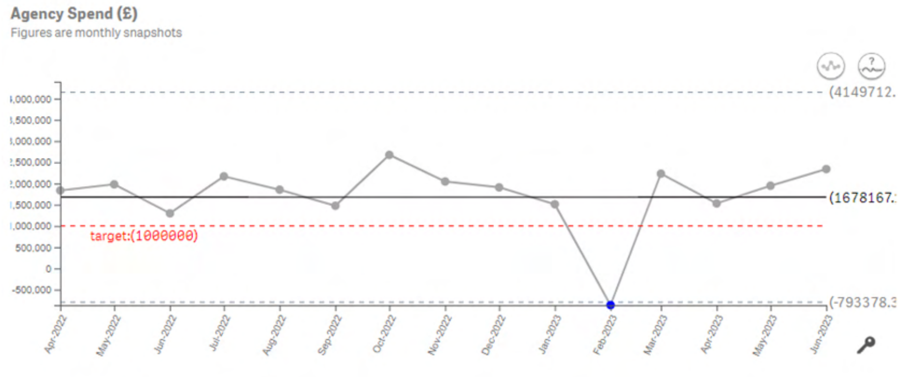
15.1

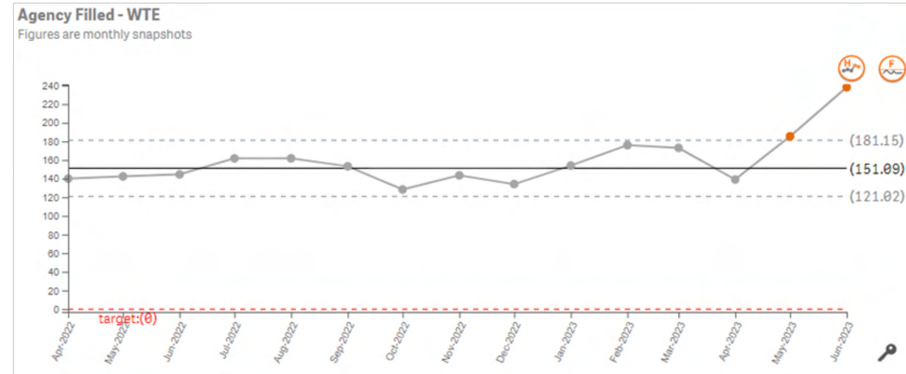
Theme	Action	Owner	By When
Vacancies	Initiated review of recruitment process which will use Patient First improvement methodology to deliver 'Faster, Fairer Recruitment'. Current focus on sustainable improvement through 30, 60 and 90 days performance management to identify improvements underpinned by data analysis	Deputy Chief People Officer	Ongoing
Turnover	Immediate retention actions commencing linked to HCA turnover in first 12 months of employment in hotspot areas (Medicine and Outpatients) with additional interventions being identified through ongoing data analysis	Associate Director Culture, Leadership & Development	Sep-23
Staff Development	Launch the first cohort of 'Mastering Management' delivered by University of West of England	Associate Director Culture, Leadership & Development	Jun-23
Wellbeing	Implementing financial wellbeing projects to support our staff including Citizens Advice Bureau 1:1 sessions for advice on debt, benefits, housing and consumer rights - data analysis on impact in progress to determine continuation of initiatives	Associate Director Culture, Leadership & Development	Sep-23
Temporary Staffing	Initiation of a weekly bank optimisation working group aimed at delivering sustainable bank incentives and agency reduction 2023/24. The first action is to deliver a bank rate increase (for a trial period of approximately 12 weeks) to the most challenged staffing areas	Deputy Chief People Officer	Jul-23

Temporary Staffing

NHS North Bristol NHS Trust

15.1





What Does the Data Tell Us

Agency use saw the greatest increase in Nursing and Midwifery Registered (+29 wte) with the following areas seeing greatest increase:

- ICU: demand +6 wte, agency + 7 wte, bank + 1 wte and unfilled -2 wte
- Ward 10a (Level 6): demand + 6 wte, agency + 3 wte, bank +2 wte, unfilled +1 wte
- Stroke Wards and Advanced Nursing: demand + 12 wte, agency +10 wte, bank -2 wte, unfilled + 4 wte
- Critical care dependency has been driving the increase in Break Glass and Agency – Temporary Staffing team is working with Critical Care to look at alternative solutions during periods of escalation
- Break Glass – saw an increase of 11 wte in June compared to May with 7 wte being in ICU (with ICU also seeing some of the greatest growth in agency + 7 wte, of which + 2wte was Tier 4)
- RMN use reduced by 3.5 wte in June compared to May with 1.5 wte being from Tier 4. Ward 8a remains the highest use of RMNs at 8.6 wte (from 6.1 wte in June) following by AMU (4.4 wte in June with reduction from 6.3 wte in May) and Ward 33b (3.6 wte in June increased from 1 wte in May).

Actions

The Trust has established and Agency Reduction group focussing currently on the following interventions:

1. Break Glass continuation; Bank RMN Proposal (aiming to take this to the People Oversight Group end of July); International Recruitment; Retinue Agency Neutral Vendor contract

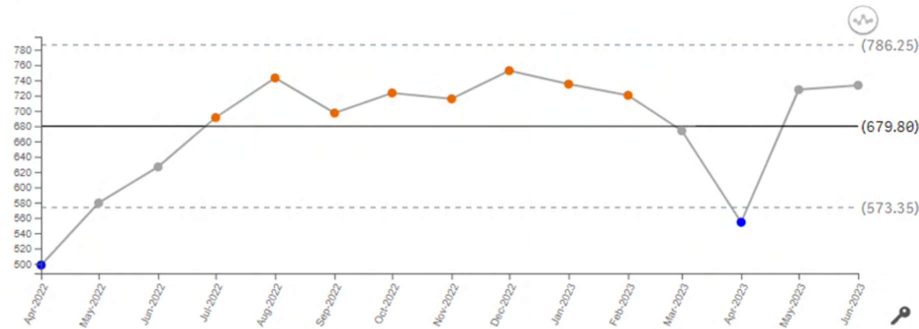
Agency Reduction: Targets and tracking of the impact of these interventions is currently being designed. Whilst the ICS has been set a target (by NHS England) for agency spend to not exceed 3.7% of total pay spend, this has not been translated into a Trust target. Work to understand the impact of other factors such as this years pay award and retrospective application are being reviewed to ensure that measurement of this metric internally at NBT is accurate before the measure is introduced for monitoring.

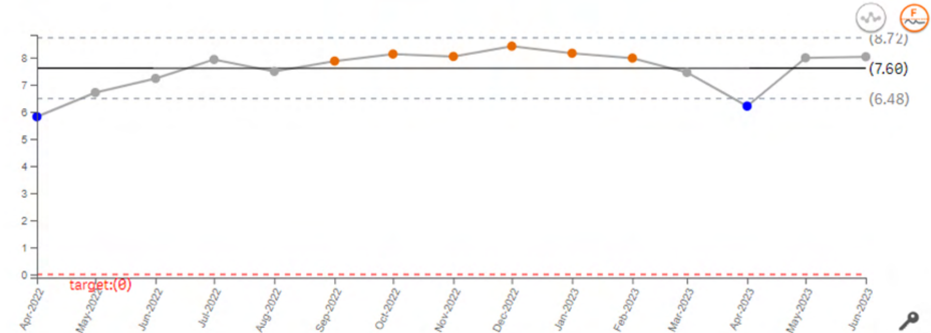
Bank Optimisation: workstream is being established with key focus on improving the experience of Bank Workers and how this can be used to encourage further uptake of Bank shifts across all staff groups. The dedicated Bank Worker staff survey outcomes will be used as a framework for structuring and prioritising this activity.

Vacancy Position

North Bristol NHS Trust

15.1





Actions

- Workforce summits with divisional and professional leaders have been held in July with all clinical divisions. A collective output including the focussed support required by divisions from People and other corporate functions will be produced and forma key input into both our actions now and our long term workforce plan

- Quarterly data reports representing a 'deep dive' into our workforce position was produced from the collective work of the People Governance groups shared with the People Committee for assurance. The report was received and in terms of identifying where our risk areas where it provided assurance the committee required. The next step will be to use the report to focus on data that underpins our improvement actions and monitoring actions impact.

Talent Acquisition Recruitment Activity

Unregistered Nursing and Midwifery (Band 2/3)

- **Offers:** 34.04 offers for HCSW roles ; 7.59 for band 2 and 26.45 for band 3 with
- **Pipeline**: 137 wte of candidates with offers being processed.

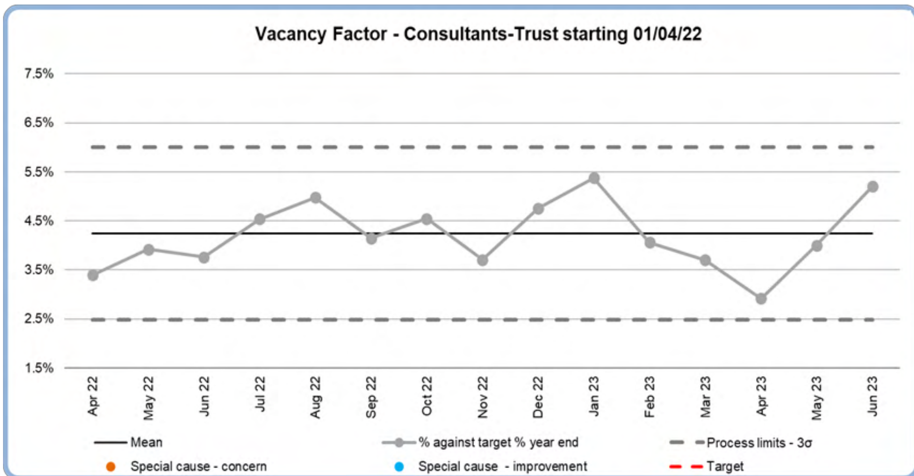
Registered Nursing and Midwifery

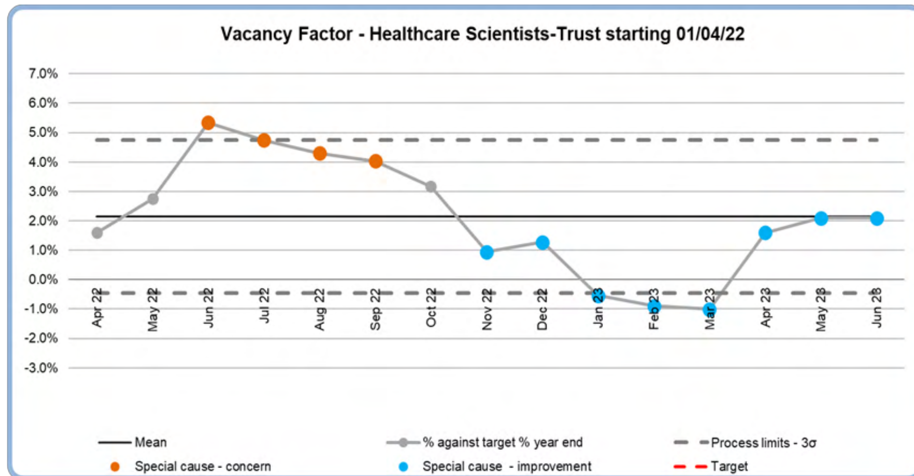
- **Offers**: 33.85wte of Band 5 offers for registered nurses and newly qualifying nurses across the Trust
- **Careers Events**: Healthcare Careers fair, Bristol, CTP Southwest employment fair, Shepton Mallett. RCNi Nursing and Careers fair, Bristol.
- **International Recruitment**: 19 Internationally Educated Nurses arrived in the Trust

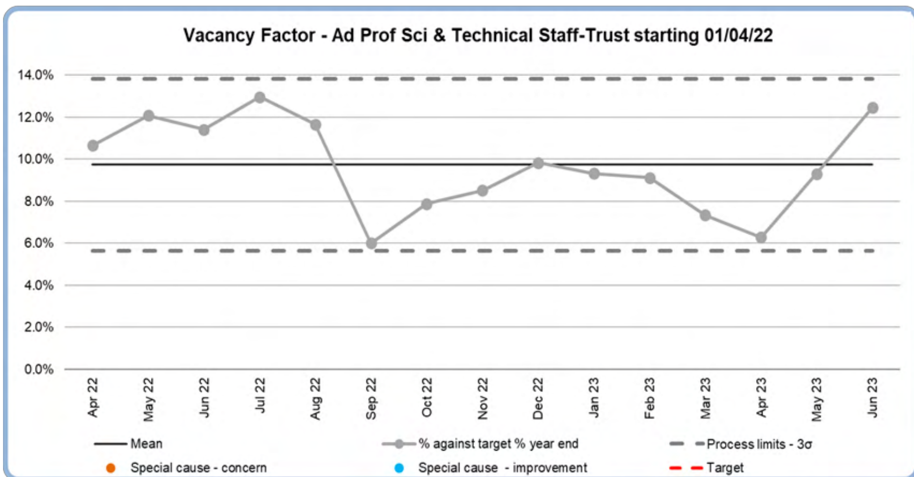
Vacancy

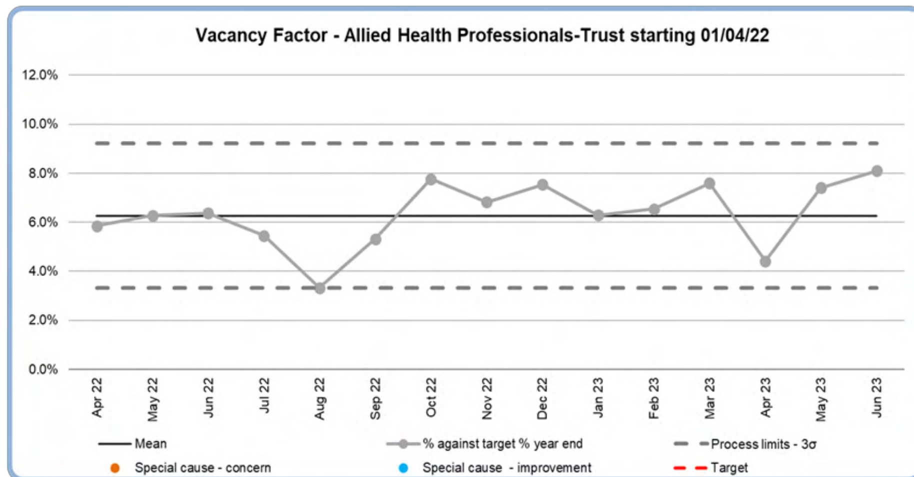
NHS North Bristol NHS Trust

15.1





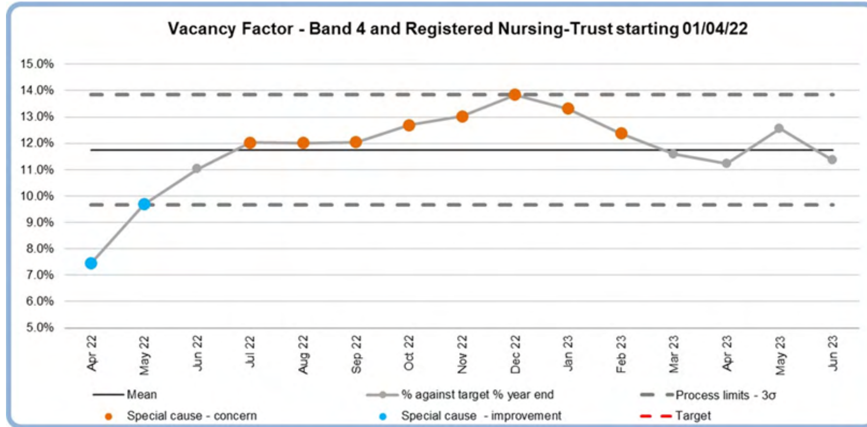


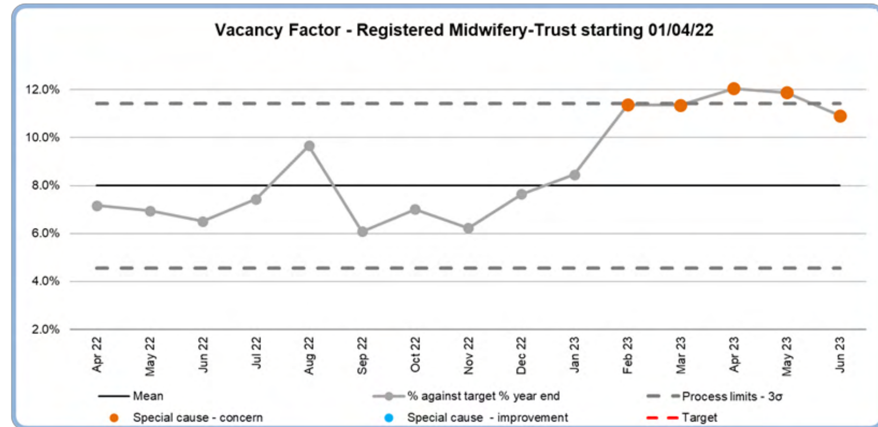


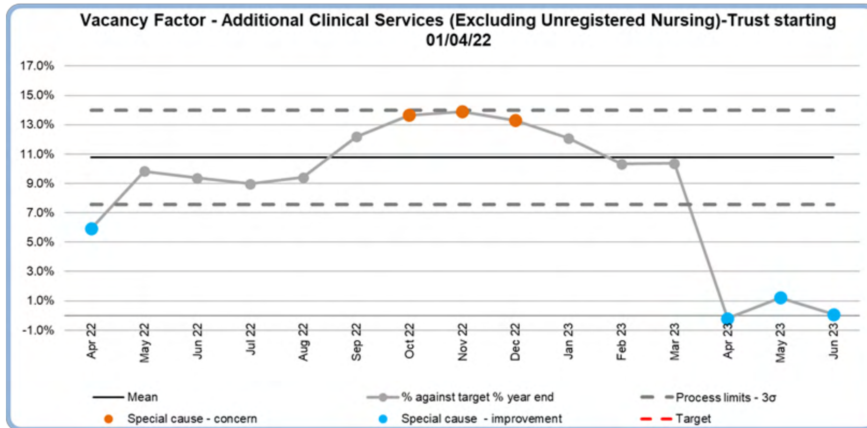
Vacancy

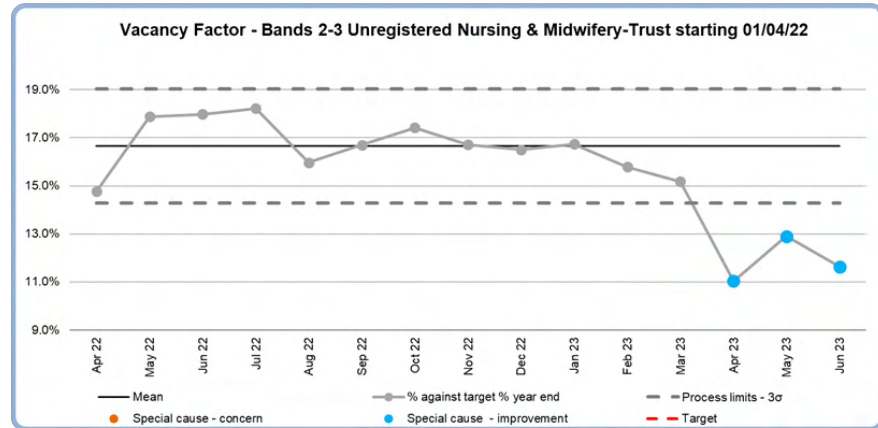
NHS North Bristol NHS Trust

15.1









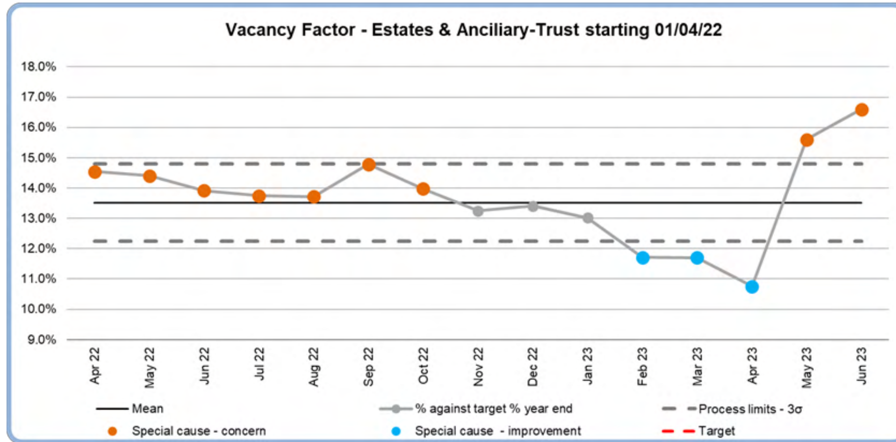
- Registered midwife vacancy factor has increased and shows as deterioration (series of orange markers above upper control) due to additional agreed funding being applied in January 2023
- Incentives remain in place in midwifery to attract more staff through recruitment and to reduce the drop out rate from the candidate pipeline

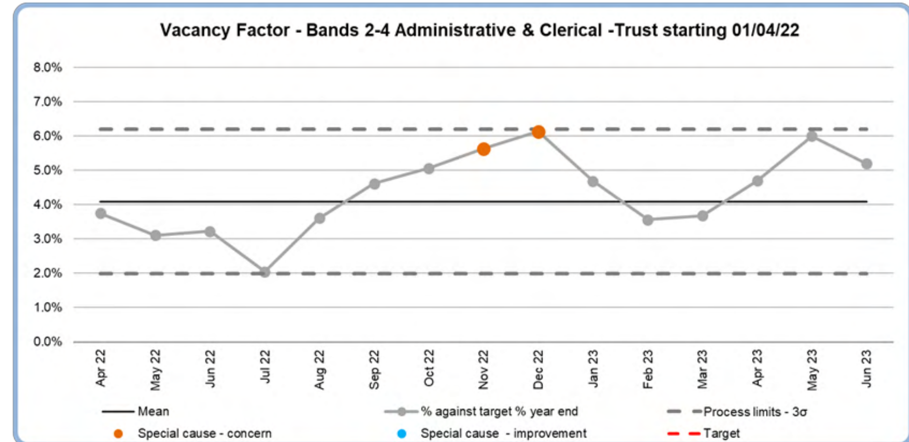
NBTCARES

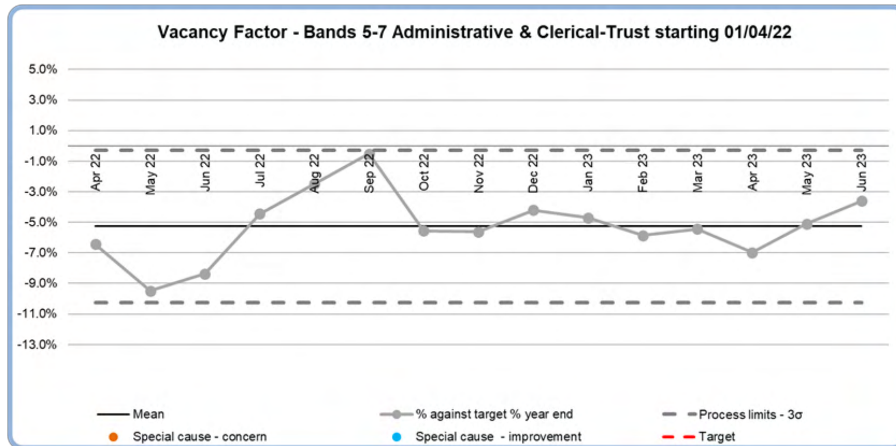
Vacancy

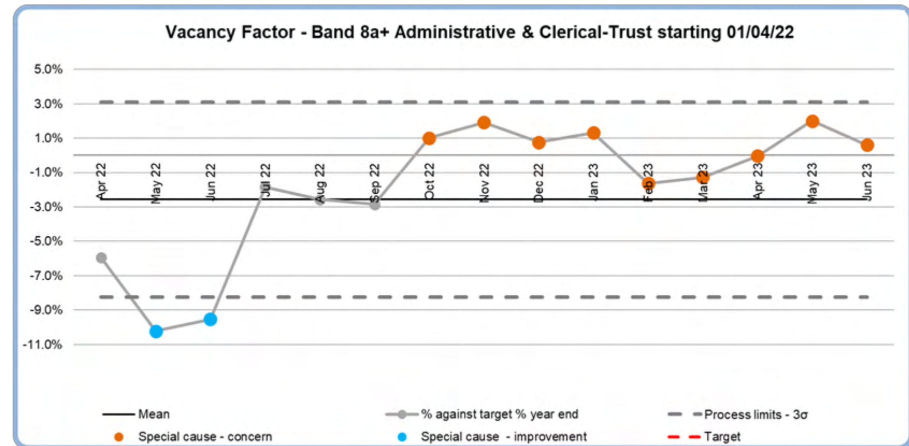
NHS North Bristol NHS Trust

15.1





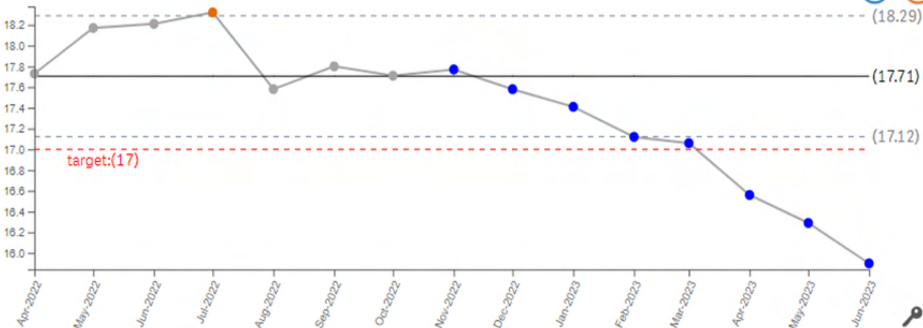


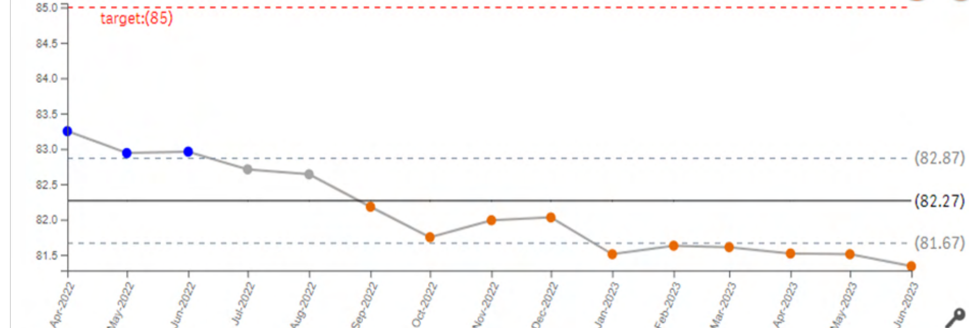


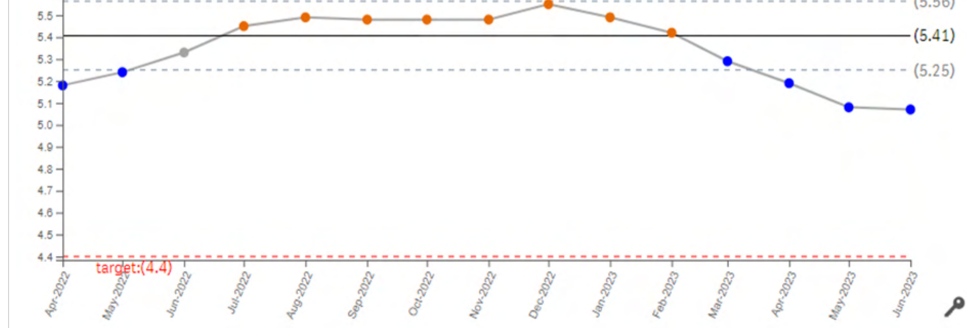
- Estates and Ancillary staff vacancy factor has deteriorated due to an increase in funded establishment of 26 wte in the Facilities domestics team. Staff in post in this group has also reduced over the last three months as turnover has increased.

NBTCARES

Engagement and Wellbeing







Engagement and Wellbeing

North Bristol NHS Trust

15.1

Retention - Actions

Actions delivered: (Associate Director of People)

- Policies agreed on media and social media, parental leave, professional registration, supporting colleagues with alcohol and drug addiction, equality, diversity and inclusion.
- Reinstated casework reviews, including application of restorative just culture principles
- Continued support of appraisal window, including training 100 managers in appraisals, delivering weekly updates on compliance, and providing senior leader assurance
- Participation in NHS75 celebrations, including promoting freedom to speak up and appraisal
- WhatsApp line manager advice service launched

Actions in Progress:

- Website with bitesize management training in development, providing just in time advice and support (**September**)
- All out of date policies being risk assessed to ensure compliance (**August**)
- Flexible working, fairness at work, reservists, mandatory training, relocation and buying and selling annual leave policies in review process **(August-September)**
- Trustwide absence management plan in development (**August**)

Health and Wellbeing - Actions

Actions Delivered: (Associate Director Culture, Leadership & Development)

- NHS 75 Staff Experience Expo successfully planned and delivered
- Occupational Health Strategy planning meeting with other system partners – Sirona and UHBW
- New Women's Staff Network set up – inaugural network meeting occurred on 5 July as part of NHS 75
- Further actions taken to better support the Cultural Ambassador voluntary role at NBT
- Menopause Café and Menopause teaching session

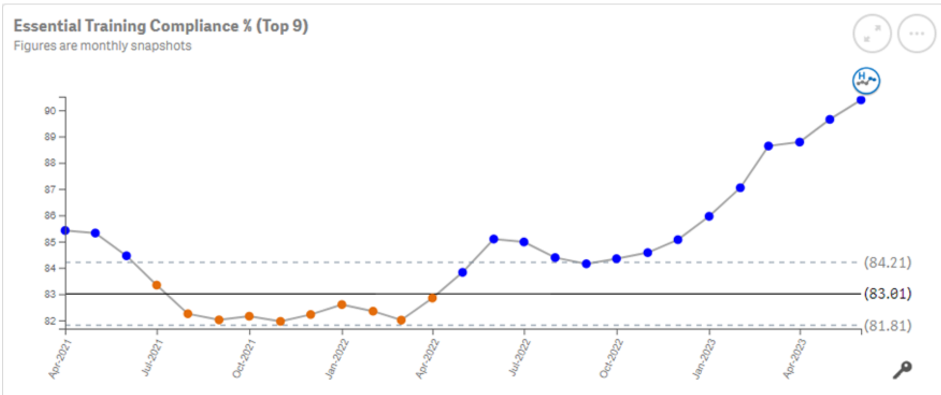
Actions in Progress: (Associate Director of Culture, Leadership & Development)/Associate Director of People)

- Further Citizens Advice sessions (4 x per week) for anyone seeking advice on debt, benefits, housing, consumer rights and other legal issues, available until the **end of September 2023**
- Actions from Gender Pay Gap, WRES and WDES reporting refreshed, and an EDI Plan being developed, structured around the NHSEI 6 high impact actions (to go to Trust Board **September 2023)**
- Trust retention working group to continue, developing and implementing retention plans building on the retention project charters **(April 2023 – Sept 2023)**
- Immediate retention actions continuing linked to HCA turnover in first 12 months of employment in hotspot areas **(April 2023 – September 2023)**
- Work underway with a multi-disciplinary group of people, including our ICS Retention Lead, to develop a Legacy Mentoring Programme at NBT **(May – September 2023)**
- Work underway to develop a coherent staff mental health strategy to support staff to stay well and provide support during times of distress or ill-health, with clear signposting and promotion of all new and existing tools, resources and sources of support

Essential Training

NHS North Bristol NHS Trust

15.1



Training Topic	Variance	May-23	Jun-23
Child Protection	1.2%	82.6%	83.8%
Adult Protection	0.9%	83.8%	84.7%
Equality and Diversity	1.1%	85.2%	86.3%
Fire Safety	1.4%	84.5%	85.9%
Health and Safety	1.4%	85.0%	86.4%
Infection Control	1.0%	84.7%	85.6%
Information Governance	0.3%	79.9%	80.2%
Manual Handling	1.1%	83.3%	84.4%
Waste	0.8%	84.6%	85.4%
Total	**2.2%**	**82.00%**	**84.23%**

What Does the Data Tell Us - Essential Training

- All staff – 84.75%, Permanent Staff 92.98%, Fixed Term Temp 82.85%, Other (inc. Bank) 52.5%.
- Need to encourage employees to complete the training and recommend that bank staff must have completed the training prior to starting their shifts.

Actions – Essential Training (Head of Learning and Development)

- Snr HR, People Partners, DivDons and Professions emailed weekly MaST reports, highlighting non-compliant staff in their divisions. Increased communication has been pivotal in increasing compliance across the Trust.
- Trust induction 5 embedded MaST modules: Information Governance, Health & Safety, EDI, Fire, and Waste.
- Induction team supporting the Bank to organise MaST training days.

Leadership & Management Learning

- Mastering Management cohort 1 underway. Dates confirmed for cohort 2-5, however, awaiting dates for Action Learning Sets (cohorts 3-5). Content being finalised for design underway with UWE for the Mastering Management programme (part of HELM) for new managers. First session of 'Accountable Leadership' will launch on 28th June.
- Excellence in Management programme - 19/25 people have signed up for Cohort 2. All divisions represented (except facilities); diverse group - 23% BAME; 13% disability; 13% LGBT+ community; 83% female, 17% male.
- Leading for Change (Exec speaker series) next speaker will be Dr Michael West on 29 Aug 23 "Compassionate Leadership for transforming healthcare".
- On 5 Jun 23 Oliver McGowan e-learning was launched across the BNSSG system. This learning is mandatory for all employees. In response to feedback (possibility of causing extreme emotional responses) the training description has been updated signposting support. 2,252 staff have completed the training out of a target of 13821 = 16% as of 11/07/2023
- DE&S and NBT Mentoring Scheme Cohort 3 underway. 20 Mentors/Mentees from NBT joining 20 Mentors/Mentees from DE&S MoD to begin mentoring relationships over the next 6 months.

Trust Apprenticeships and Widening Engagement

- £19K of expired levy funds for June, levy utilisation is 74% for the current 2324 FY
- New guidance has been communicated to all employees regarding work experience policy following safeguarding at an incident at local ICS
- Grant application successful for £145,600 of funding to support 14 HCS Apprentices, apprentices must start by the end of this FY.
- First cohort of T-level students has been welcomed to the Trust

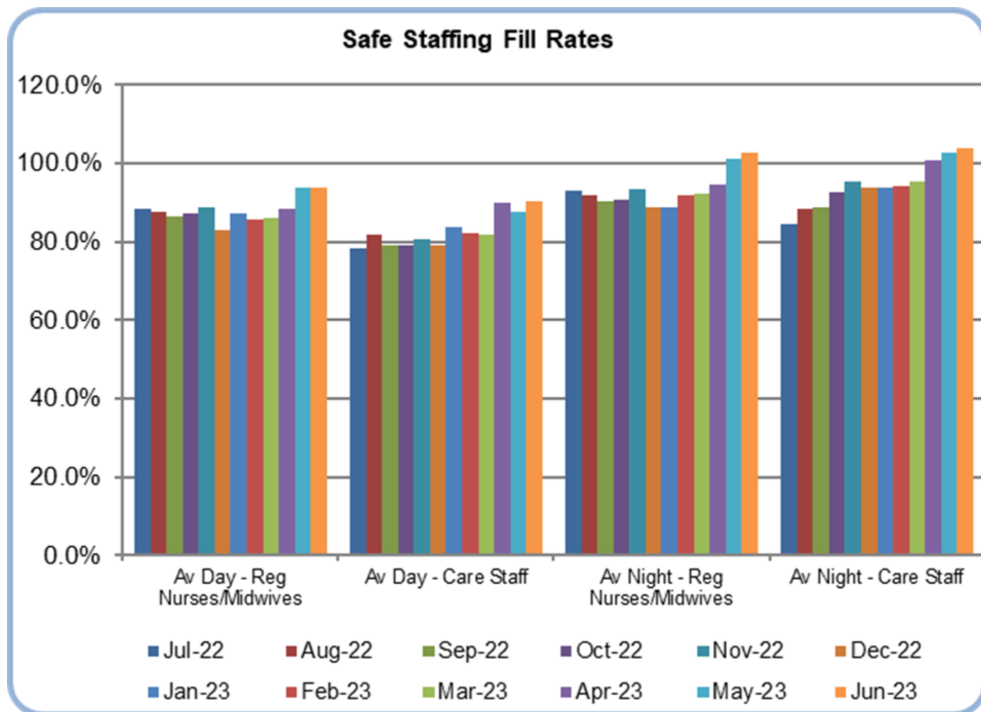
Apprenticeship Delivery Centre

- 3 nominations have been submitted for the national apprenticeship awards, including Employer Provider of the year.
- ESFA Audit has come to an end, actions have formed part of the department's quality improvement plan.
- Healthcare team is in the process of submitting a new proposal for healthcare support worker induction as well as a recruitment pathway. There have been several challenges that have been reflected on since the band's 2/3 uplift.

Safe Staffing

North Bristol NHS Trust

15.1



Jun-23	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	94.0%	90.2%	102.6%	103.8%

What Does the Data Tell Us

Of the 34 units reports safer staffing data with fill ates below 80%:

- 11.76% of units had a registered fill rate of less than 80% by day and 8.82% by night – both increased in June from the position in May
- June hotspots with day and night fill rates below 80% - Ward 26b
- June hotspots with day fill below 80% Cotswold and 7B (hotspots in May)
- June hotspots with night shift fill below 80% Birthing Centre

- 20.59% had an unregistered fill rate of less than 80% by day and 14.71% by night – both decreased in June from the position in May.
- June hotspots with day and night fill rates below 80% - **AMU**, Ward 26b and **NICU** (hotspots in May highlighted bold)
- June hotspots with day fill below 80% - Elgar, **34b**, Birthing Centre and **Cotswold** (hotspots in May highlighted bold)
- June hotspots with night shift fill below 80% - Medi-Rooms

Of the 34 units reports safer staffing data with fill ates above 150%:

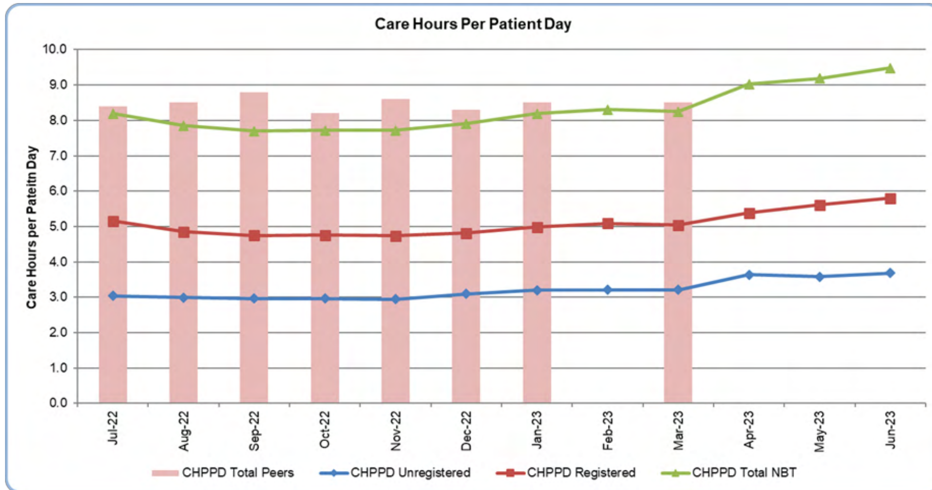
- 5.88% had registered fill rate of greater than 150% by day and 2.94% by night
- Elgar had greater than 150% day and night and Ward 8a during the day

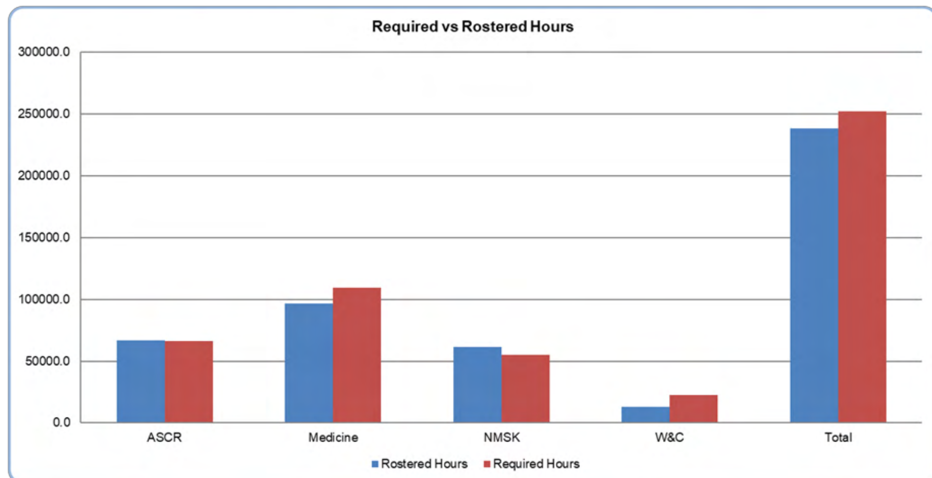
- 2.94% had an unregistered fill rate of greater than 150% by day and 17.65% at night
- Elgar had greater than 150% day and night
- 33a, 33b, ICU, Rosa Burden and 7b greater than 150% at night

NBTCARES

Care Hours

NHS North Bristol NHS Trust





What Does the Data Tell Us – 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).

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.

What does the data tell us

This month the required hours have been augmented using the completion rate for SafeCare patient census data. Where the census completion was less than 100% the required hours have been supplemented by an assumption that for the census periods not completed the patient mix would have been the same on average.

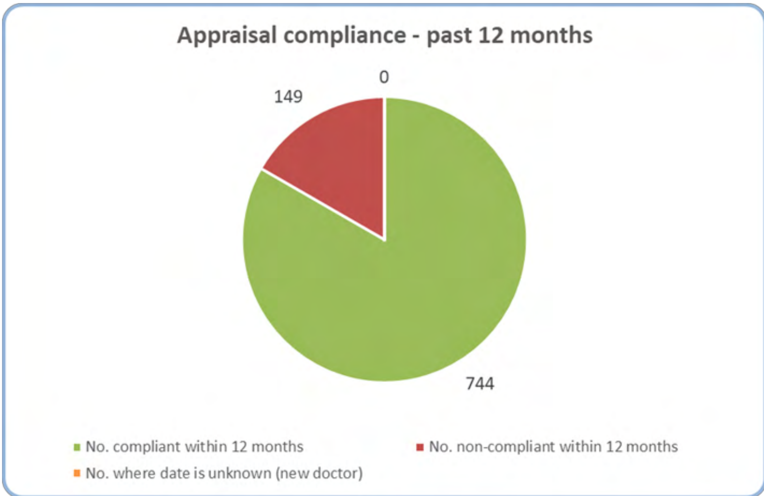
How CHPPD data is reported currently under review in consultation with the Deputy Chief Nursing Officer.

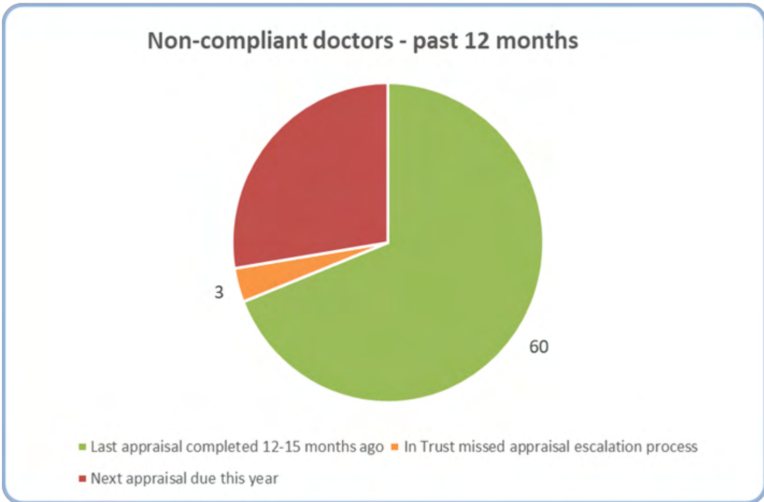
15.1

Medical Appraisal

NHS North Bristol NHS Trust

15.1





What does the data tell us?

Medical appraisals returned to a mandatory process for all doctors from the 1st April 2021 using a nationally agreed light touch approach. The Fourteen Fish system has been adapted for this process. Appraisals unable to be completed prior to April 2021 will be marked as an approved missed appraisal due to the pandemic.

The information in this page refers to appraisal compliance within the last 12 months. Doctors without an appraisal in the last 12 months includes doctors completing their last appraisal earlier than when it was due, doctors having missed an appraisal while being employed with another organisation, or doctors who are simply overdue their current appraisal (some of which have a meeting date set).

All revalidations prior to the 16th March 2021 were automatically deferred by the GMC for 12 months. The process restarted in full in March 2021.

What actions are being taken to improve?

Doctors who are overdue their appraisal from the last 12 months which should have taken place at NBT will fall under the Trusts missed appraisal escalation process. Doctors with an acceptable reason for not completing an appraisal in the last 12 months will have a new appraisal date set this year.

Where possible, the revalidation team are making revalidation recommendations early for those doctors who were automatically deferred in order to reduce the number that will be due in 2022/23.

NBTCARES

NHS
North Bristol
NHS Trust

15.1

Finance

Board Sponsor: Chief Financial Officer
Glyn Howells

NBTCARES

Statement of Comprehensive Income at 30th June 2023

NHS North Bristol NHS Trust

15.1

	Month 3			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	64.4	63.6	(0.8)	192.5	190.6	(1.9)
Other Income	5.6	7.5	1.9	17.2	20.5	3.3
Pay	(43.3)	(43.7)	(0.4)	(131.1)	(135.6)	(4.4)
Non-Pay	(27.4)	(29.7)	(2.3)	(83.5)	(83.6)	(0.2)
Surplus/(Deficit)	**(0.7)**	**(2.3)**	**(1.6)**	**(4.9)**	**(8.1)**	**(3.1)**

Assurances

The financial position for June 2023 shows the Trust has delivered a £2.3m deficit against a £0.7m planned deficit which results in a £1.6m adverse variance in month and £3.1m adverse variance year to date.

Contract income is £0.8m adverse to plan. The adverse variance is driven by delayed spend on Demand & Capacity and Service Developments with is offset in expenditure (£1.0m) as well as reduced ESRF income due to industrial strikes (£0.4m). This is offset by the recognition of the Pay Award of £0.9m (incremental 3%) which is matched with an increase in pay expenditure.

Other Income is £1.9m favourable to plan. The Trust has recognised new funding in the year-to-date position since the final plan was signed off in March. A monthly adjustment is undertaken to align this with the plan. This adjustment is net neutral on the Trust position and if removed shows other income to be £1.0m favourable to plan. The improvement in month is driven by prior year invoicing and overperformance in the Pathology in Core Clinical Services, and increased income from Stroke billing within NMSK.

Pay expenditure is £0.4m adverse to plan. There is a monthly adjustment offsetting the other income value above which creates a £0.7m adverse position in month. In month the Trust saw the impact of June industrial action with £0.5m adverse variance. In addition, there have been increased temporary staffing costs of £0.7m. In month the Trust has also incurred the costs associated with the 2023/24 Agenda for Change pay award creating a £0.7m adverse position in month which is offset within contract income. Further improvements offset the items above following a review of accounting estimates in the position.

Non-pay expenditure is £2.3m adverse to plan driven by high cost drugs and devices (offset in income) as well as a catch up of works orders within Facilities, increased stock purchases in month from clinical Divisions, increased in-tariff drugs costs and the impact of Community Diagnostic Centre (CDC) costs from the use of the mobile unit.

Statement of Financial Position at 30th June 2023

North Bristol NHS Trust

15.1

	22/23 M12 £m	23/24 M02 £m	23/24 M03 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	491.5	496.1	496.3	0.2	4.8
Intangible Assets	17.6	17.4	17.3	(0.1)	(0.3)
Non-current receivables	1.4	1.4	1.4	0.0	0.0
Total non-current assets	**510.6**	**514.9**	**515.0**	**0.1**	**4.4**
Current Assets					
Inventories	10.0	10.0	10.1	0.1	0.1
Trade and other receivables NHS	26.7	30.7	15.0	(15.7)	(11.7)
Trade and other receivables Non-NHS	30.5	34.9	33.2	(1.7)	2.7
Cash and Cash equivalents	104.0	80.9	83.5	2.6	(20.5)
Total current assets	**171.3**	**156.4**	**141.8**	**(14.6)**	**(29.5)**
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	4.3	5.5	7.4	1.9	3.1
Trade and Other payables - Non-NHS	120.9	113.3	99.1	(14.2)	(21.8)
Deferred income	17.2	20.1	21.1	1.1	4.0
PFI liability	15.7	16.3	16.3	0.0	0.6
Finance lease liabilities	1.4	1.2	1.0	(0.2)	(0.4)
Total current liabilities	**159.5**	**156.4**	**145.0**	**(11.4)**	**(14.4)**
Trade payables and deferred income	6.7	7.3	7.2	(0.0)	0.5
PFI liability	349.5	347.1	346.4	(0.8)	(3.1)
Finance lease liabilities	5.8	5.7	5.6	(0.1)	(0.2)
Total Net Assets	**160.4**	**154.9**	**152.5**	**(2.3)**	**(7.8)**
Capital and Reserves					
Public Dividend Capital	469.1	469.1	469.1	0.0	0.0
Income and expenditure reserve	(371.3)	(377.0)	(376.7)	0.3	(5.4)
Income and expenditure account - current year	(5.4)	(5.2)	(7.8)	(2.6)	(2.5)
Revaluation reserve	68.0	68.0	68.0	0.0	0.0
Total Capital and Reserves	**160.4**	**154.9**	**152.5**	**(2.3)**	**(7.8)**

Assurances and Key Risks

Property, Plant and Equipment and Intangibles – The year to date increase of £4.4m in Non-current assets is due to an increase in Assets Under Construction in line with the capital plan, offset with the depreciation charged against IT Assets, the PFI and Plant and Machinery.

Cash – The cash balance increased by £2.6m for the month. This increase is due to additional income received from commissioners. The year-to-date position remains a decrease of £20.5m year-to-date, which is mostly due to carried forward and in-year payments for capital projects and improved BPPC performance.

NBTCARES

NHS
North Bristol
NHS Trust

15.1

Regulatory

Board Sponsor: Chief Executive
Maria Kane

NBTCARES

NHS Provider Licence Compliance Statements at July 2023 - Self-assessed, for submission to NHS

NHS North Bristol NHS Trust

15.1

Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G3	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 as appropriate and no issues have been identified.
G4	Having regard to NHS England Guidance	Yes	The Trust Board has regard to NHS England guidance where this is applicable. The Organisation has been placed in segment 3 of the System Oversight Framework, receiving mandated support from NHS England & Improvement. This is largely driven be recognised issues relating to cancer wait time performance and reporting.
G6	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 Board receives updates on these actions via its Quality Committee.
G7	Patient eligibility and selection criteria	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C1	Submission of Costing Information	Yes	A range of measures and controls are in place to provide internal assurance on data quality, including an annual Internal Audit assessment.
C2	Provision of costing and costing related information	Yes	The trust submits information to NHS Improvement as required.
C3	Assuring the accuracy of pricing and costing information	Yes	Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit and Risk Committee and other Committee structures as required.
P1	Compliance with the NHS Payment Scheme	Yes	NBT complies with national tariff prices. Scrutiny by local commissioners, 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 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 financial arrangements.
IC1	Provision of Integrated Care	Yes	The Trust is actively engaged in the ICS, and leaders participate in a range of forums and workstreams. The Trust is a partner in the Acute Provider Collaborative.
IC2	Personalised Care and Patient Choice	Yes	Trust Board has considered the assurances in place and considers them sufficient.
WS1	Cooperation	Yes	The Trust is actively engaged in the ICS and cooperates with system partners in the development and delivery of system financial, people, and workforce plans.
NHS2	Governance Arrangements	Yes	The Trust has robust governance frameworks in place, which have been reviewed annually as part of the Licence self-certification process, and tested via the annual reporting and auditing processes

Appendix 1: General guidance and NBT Quality Priorities

NHS
North Bristol
NHS Trust

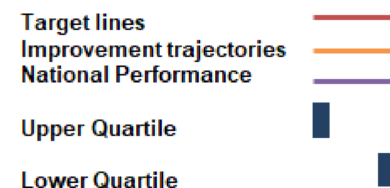
15.1

Unless noted on each graph, all data shown is for period up to, and including, 30 June 2023 unless otherwise stated.

All data included is correct at the time of publication.

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

NBT Quality Priorities 2023/24
Outstanding Patient Experience
We will put patients at the core of our services, respecting their choice, decisions and voice whilst becoming a partner in the management of conditions.
High Quality Care
We will support our patients to access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result.
We will minimise patient harm whilst experiencing care and treatment within NBT services.
We will demonstrate a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.
We will make Maternity and Neonatal care safer, more personalised, and more equitable



NBTCARES

Appendix 2: Abbreviation Glossary

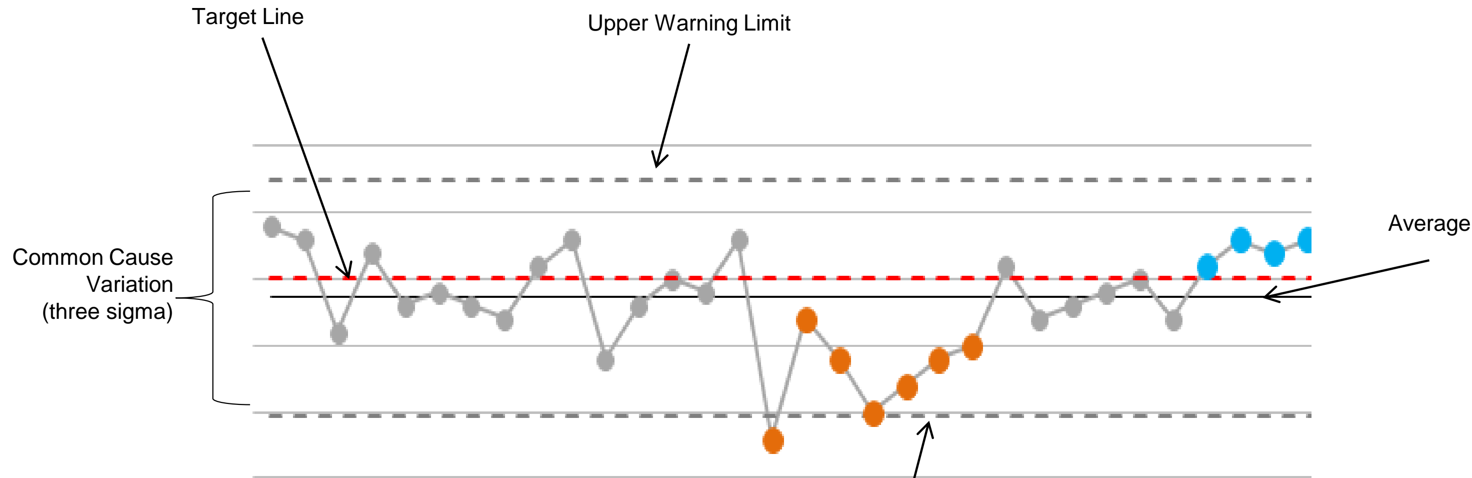
North Bristol NHS Trust

15.1

Abbreviation	Meaning
AMTC	Adult Major Trauma Centre
ASCR	Anaesthetics, Surgery, Critical Care and Renal
ASI	Appointment Slot Issue
CCS	Core Clinical Services
CEO	Chief Executive
CIP	Cost Improvement Programme
Clin Gov	Clinical Governance
CT	Computerised Tomography
CTR/NCTR	Criteria to Reside/No Criteria to Reside
CQUIN	Commissioning for Quality and Innovation
D2A	Discharge to Assess
DDoN	Deputy Director of Nursing
DTOC	Delayed Transfer of Care
EPR	Electronic Patient Record
ERS	E-Referral System
GRR	Governance Risk Rating
HSIB	Healthcare Safety Investigation Branch
HoN	Head of Nursing
IA	Industrial Action
ICS	Integrated Care System
IMandT	Information Management
IPC	Infection, Prevention Control
LoS	Length of Stay
MDT	Multi-disciplinary Team
Med	Medicine
MRI	Magnetic Resonance Imaging
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
Ops	Operations
PDC	Public Dividend Capital
P&T	People and Transformation
PTL	Patient Tracking List
qFIT	Faecal Immunochemical Test
RAP	Remedial Action Plan
RAS	Referral Assessment Service
RCA	Root Cause Analysis
SI	Serious Incident
TWW	Two Week Wait
UEC	Urgent and Emergency Care
VTE	Venous Thromboembolism
WCH	Women and Children's Health
WTE	Whole Time Equivalent

NBTCARES

Appendix 3: 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

		Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	TREND
Activity									
Number of women who gave birth, all gestations from 22+0 gestation			Data Not Available		465	418	464		
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)			Data Not Available (DNA)		2	4	0	3	
Number of women who gave birth (>=24 weeks or <24 weeks live)			444	366	463	412	465	453	
Number of babies born (>=24 weeks or <24 weeks live)			451	375	466	420	470	459	
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)			34	27	25	35	34	40	
No of livebirths <24 weeks gestation			1	1	2	3	1	1	
Induction of Labour rate %			36%	39%	35%	36.9%	35.9%	33.6%	
Spontaneous vaginal birth rate %			46%	45%	47%	53.9%	48.4%	45.9%	
Assisted vaginal birth rate %			10%	11%	11%	9.7%	8.8%	9.7%	
Caesarean Birth rate (overall) %			44%	44%	42%	36.4%	42.8%	44.4%	
Planned Caesarean birth rate %			19%	21%	21%	18.2%	18.3%	19.9%	
Emergency Caesarean Birth rate %			25%	23%	21%	18.2%	24.5%	24.5%	
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)			7%	6%	6%	2.60%	2.80%	3.60%	
Perinatal Morbidity and Mortality inborn									
Total number of perinatal deaths (excluding late fetal losses)			0	0	2	4	3	8	
Number of late fetal loses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)			3	1	2	2	1	4	
Number of stillbirths (>=24 weeks excl. TOP)			0	0	1	1	1	2	
Number of neonatal deaths : 0-6 Days			0	0	1	2	2	2	
Number of neonatal deaths : 7-28 Days			0	0	0	1	0	0	
PMRT grading C or D cases (themes in report)			Data Not	2	0		1	0	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)			0	0	0	0	0		
Maternal Morbidity and Mortality									
Number of maternal deaths (MBRRACE)			0	0	0	0	0		
Direct			0	0	0	0	0		
Indirect			0	0	0	0	0		
Number of women recieving enhanced care on CDS			17	12	14	12	27		
Number of women who received level 3 care (ITU)			0	0	1	0	0		
Insight									
Number of datix incidents graded as moderate or above (total)			1	0	5	2	3	1	
Datix incident moderate harm (not SI, excludes HSIB)			1	0	4	2	2	1	
Datix incident PSII (excludes HSIB)			0	0	1	0	1	0	
New HSIB referrals accepted			0	0	1	0	0	0	
Outlier reports (eg: HSIB/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust)			1	0	0	0	0	0	
Coroner Reg 28 made directly to Trust			0	0	0	0	0	0	
Workforce									
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite			83	83	83	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps			1	1	1	2	2		
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps			2.5	2.5	2	2	2		
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)			0	0	0	0	0		
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)			1	1	1	2	2		
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)			0	0	0	0		1	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).			13%	24%	33%	39%	10%	24%	
Vacancy rate for midwives			12.6%	18.2%	18.1%	11.60%	16.20%		
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)			41%	41%	40%	40%	60%	60%	
Vacancy rate for NICU nurses			25	25	27	27	30	31	
Datix related to workforce (service provision/staffing)			5	3	10	3	6	5	
Consultant led MDT ward rounds on CDS (Day to Night)			80%		70%	70%	90%		
Consultant led MDT ward rounds on CDS (Day)			55%	78%	83%	83%	90%		
One to one care in labour (as a percentage)			99%	99%	99%	100%	100%	99%	
Compliance with supernumerary status for the labour ward coordinator		100%	98%	99%	97%	98%	100%	96%	
Number of consultant non-attendance to 'must attend' clinical situations			0	0	0	0	0	0	
Involvement									
Service User feedback: Number of Compliments (formal)			84	101	128	72	35	74	
Service User feedback: Number of Complaints (formal)			12	4	4	5	4	3	
Friends and Family Test Score % (good/very good) NICU			Data Not Available (DNA)			100	100	100	
Friends and Family Test Score % (good/very good) Maternity			96	94	97	94	93	93	
Staff feedback from frontline champions and walk-abouts (number of themes)			4	2	2	3	0	4	
Improvement									
Progress in achievement of CNST /10			7	7	7	7	7	7	
Training compliance in annual local BNLS (NICU)			100%	100%	100%	100%	100%	100%	
Training compliance in maternity emergencies and multi-professional training (PROMPT) * note: includes BNLS	***Overall***	90%	77%	70%	72%	65%	55%	76%	
	Obstetric Consultants		65%	65%	75%	69%	50%	72%	
	Other Obstetric Doctors		66%	54%	61%	59%	54%	75%	
	Anaesthetic Consultants		82%	86%	82%	81%	65%	81%	
	Other Anaesthetic Doctors		80%	68%	76%	54%	50%	74%	
	Midwives		80%	78%	76%	71%	61%	78%	
	Maternity Support Workers		91%	66%	64%	57%	51%	75%	
Fetal Wellbeing and Surveillance	***Overall***	90%	60%	76%	64%	67%	64%	72%	
	Obstetric Consultants		65%	75%	69%	75%	61%	50%	
	Other Obstetric Doctors		38%	64%	46%	51%	64%	77%	
	Midwives		77%	89%	78%	74%	66%	90%	
Trust Level Risks			7	7	9	9	4	6	

15.2

North Bristol NHS Trust

Report To:	Public Trust Board			
Date of Meeting:	27 July 2023			
Report Title:	Finance & Performance Committee (F&PC) Upward Report			
Report Author:	Aimee Jordan, Senior Corporate Governance Officer and Policy Manager Xavier Bell, Director of Corporate Governance & Trust Secretary			
Report Sponsor:	Richard Gaunt, Non-Executive Director & Committee Chair			
Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances
*If any boxes above are ticked, paper may need to be received in *private.*				
Purpose of the report:	Approval	Discussion	Information	Assurance
				X
Recommendations:	The Trust Board is asked to receive the report for assurance and note the activities Finance & Performance Committee has undertaken on behalf of the Board.			
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 Trust Board in September 2023.			

Executive Summary		
The following report provides a summary of the assurances received, issues to be escalated to the Trust Board and any new risks identified from the 20 July 2023 F&PC.		
Implications for Trust Improvement Priorities: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	
	High Quality Care – *Better by design*	✓
	Innovate to Improve – *Unlocking a better future*	✓
	Sustainability – *Making best use of limited resources*	✓
	People – *Proud to belong*	
	Commitment to our Community - *In and for our community*	
Link to BAF or Trust Level Risks:	Reports received at the meeting support the mitigation of various BAF and Trust Level risks, particularly those relating to patient flow, access to elective care, finance and IMT/Cyber security risks.	
Financial implications:	Business cases approved by the Committee are within the delegated limits as set out in the Trust's Standing Financial Instructions and Scheme of Delegation.	
Does this paper require an EIA?	No as this is not a strategy or policy or change proposal	
Appendices:	Appendix 1: Finance Report – Month 3	

NHS
North Bristol
NHS Trust

1. Purpose

1.1 To provide a highlight of the key assurances, escalations to the Board and identification of any new risks from the Finance and Performance Committee meeting held on 20 July 2023

2. Background

2.1 The Finance and Performance 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 provide assurance to the Trust Board that there are robust and integrated systems in place overseeing the Trust's finance, IM&T, transformation, and performance and that they are in line with the organisation's objectives.

3. Key Assurances & matters for the attention of Trust Board

3.1 Operational performance summary

The Committee discussed the most recent performance data across unscheduled care and planned care, including diagnostics, referral to treatment (RTT), and cancer treatment:

- The challenges as a result of the industrial action were noted but the Committee were reassured that operational and clinical teams were deploying remedial actions to compensate for strike-related activity losses.
- The update noted that there had been positive improvements in unscheduled care performance, but recognised the increased pressures (including the increase in ED attendance by 6%). The Committee was assured that actions were being taken to mitigate the main risks impacting performance and received an update on the targeted recovery focus for Urgent and Emergency Care (UEC).
- With regards to Diagnostics, the Committee noted the ongoing work towards the national target of no more than 15% patients breaching 6-weeks at year-end and zero >13-week breaches. The challenges within Non-Obstetric Ultrasound and equipment downtime were discussed.
- With regards to planned care (RTT), the Committee positively noted that the 104-week and 78-week wait clearance had been held in the first quarter of 2023-24 despite significant disruption as a result of the industrial action.
- With regards to Cancer performance, the Committee noted the substantial and sustained improvement in the total cancer waiting list. It was also noted that the focus was on the faster diagnosis standard and improving patient pathways.

The Committee discussed the operational performance in depth and the need to drive improvements with clinical leadership alongside operational tactics for sustainable change.

3.2 Winter Plan

The Committee were joined by the Deputy Chief Operating Officer who presented the emerging Winter Plan for 2023/24 which will form part of the winder system plan for the BNSSG Integrated Care System.

The Committee were assured that the plan responded to the anticipated demands and expectations as they are currently understood, and welcomed the early planning which would allow time for implementation. It was acknowledged that early planning meant

that the plan would have to evolve as more information and detail becomes available ahead of winter.

The key risks to delivery of the plan are capacity (with bed occupancy levels being an ongoing issue) and workforce availability and fatigue. The Committee were assured that the Trust was recognising the relevant risks and recommended that the Trust identify early warning indicators to flag whether these risks were materialising.

The Committee endorsed the recommendation to proceed with a number of winter preparedness schemes “at risk” on the assumption there will be sufficient financial slippage in other schemes to cover the spend.

3.3 Prioritisation Of NBT’s Capital Spending Plans

The Committee received an update on progress against NBT’s capital plan. The Committee were advised that due to CDEL availability in 22/23, overspends and project slippage, the Trust had started the year with a much higher level of contractually committed spend than in previous years. As a result, the planned overprogramming of the capital plan had been reduced by approximately £5m to reduce any risk of the Trust breaching its Capital Department Expenditure Limit (CDEL).

The Committee noted that the Trust is actively seeking additional funding opportunities to cover the over-programming and requested further updates as the year progresses.

3.4 Month 3 - Finance Report

The Committee received the Month 3 finance report (see Appendix 1). It was noted that the Trust has delivered an £8.1m deficit, which is a £3.1m adverse position against a planned £4.9m deficit.

The main driver of this position was reported as the impact of industrial action in April, May, and June with regards to costs and also the associated loss of income related to elective activity. The Committee were advised that discussions were ongoing at a national level as to how the financial impacts of industrial action may be recognised.

The full Finance report is appended.

3.5 Digital Change Programme Delivery

The Committee received an update on the Digital Change Programme Delivery. The update focused on the reduction of risks associated with the Digital Maternity programme, the Theatre Trace Implant System which was on track to be delivered, the risks regarding Careflow Vitals and the new Digital Procurement system.

The Committee discussed the risks relating to the Digital Change Programme in depth and receive reassurance that mitigating actions were in place and the risks were being addressed.

The Committee welcomed the update and requested that a report on the benefits realisation of the digital programmes be brought to a future meeting.

3.6 Risk Report

The Committee discussed the Trust Level Risks and Board Assurance Framework (BAF) risks within its purview and noted the deep dives scheduled on the workplan to provide assurance on particular risks to the Committee.

North Bristol NHS Trust

The Committee discussed the need for Trust Board to review and reduce the risk threshold for cyber risks to a score of 15 to provide more visibility of the cyber security risks.

3.7 **Other items:**
The Committee also received the following items for information:

- An update from the Business Case Review Group
- Noted a Fire Remediation FBC and recommended it to Trust Board for approval.
- Noted a Cyber Security FBC and recommended it to Trust Board for approval.
- Finance and Performance Committee forward work-plan 2023/24

4. Identification of new risks & items for escalation

4.1 Trust Board to discuss the risk threshold for cyber risks with the recommendation to reduce them to a score of 15 to provide more visibility of the cyber security risks.

5. Summary and Recommendations

5.1 The Trust Board is asked to receive the report for assurance and note the activities Finance & Performance Committee has undertaken on behalf of the Board.

NHS North Bristol NHS Trust

<table>
<tr><td>Report To:</td><td colspan="4">Finance & Performance Committee</td></tr>
<tr><td>Date of Meeting:</td><td colspan="4">20 July 2023</td></tr>
<tr><td>Report Title:</td><td colspan="4">Finance Report for June 2023 (Month 3)</td></tr>
<tr><td>Report Author:</td><td colspan="4">Simon Jones, Assistant Director of Finance – Financial Management</td></tr>
<tr><td>Report Sponsor:</td><td colspan="4">Glyn Howells, Chief Financial Officer</td></tr>
<tr><td rowspan="2">Confidentiality (tick where relevant) *:</td><td>Patient identifiable information?</td><td>Staff identifiable information?</td><td>Commercially sensitive information?</td><td>Other exceptional circumstances</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="5">*If any boxes above are ticked, paper may need to be received in private.</td></tr>
<tr><td rowspan="2">Purpose of the report:</td><td>Approval</td><td>Discussion</td><td>Information</td><td>Assurance</td></tr>
<tr><td></td><td></td><td>X</td><td></td></tr>
<tr><td>Recommendations:</td><td colspan="4">The Finance & Performance Committee are asked to note:
the financial performance for the month and year to date position
the cash position and capital spend levels for the financial year
the delivery of Cost Improvement Plan savings</td></tr>
<tr><td>Report History:</td><td colspan="4">Finance Report is a standing agenda item for F&PC.</td></tr>
<tr><td>Next Steps:</td><td colspan="4">Trust Board – 27 July 2023</td></tr>
</table>

Executive Summary

The financial plan for 2023/24 in Month 3 (June) was a deficit of £0.7m. The Trust has delivered a £2.3m deficit, which is £1.6m worse than plan. This is predominately driven by the impact of industrial action resulting in additional pay costs and lost elective activity.

Year to date (YTD) the Trust has delivered an £8.1m deficit, which is a £3.1m adverse position against a planned £4.9m deficit. The main driver is the impact of industrial action in April, May and June with regards to costs and also the associated loss of income related to elective activity. There is no national reporting of Elective Recovery Funding (ERF) activity expected until after Month 4, however the Trust has made an assumption based on activity information that it has underperformed in Month 1 and Month 3 due to the industrial action. Once further information is available nationally on the delivery against targets this will be included in the position.

The Month 3 CIP position shows £6.8m schemes fully completed. The Trust has a further £6.3m in implementation and planning creating an £11.1m shortfall against the Trustwide £24.2m target. There are a further £7.0m in pipeline.

Cash at 30 June amounts to £83.5m, an in-month increase of £2.6m.

Total capital spend year to date, excluding leases, was £9.6m compared to an original phased plan of £7.7m.

NHS North Bristol NHS Trust

Implications for Trust Improvement Priorities: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	
	High Quality Care – *Better by design*	
	Innovate to Improve – *Unlocking a better future*	
	Sustainability – *Making best use of limited resources*	X
	People – *Proud to belong*	
	Commitment to our Community - *In and for our community*	
Link to BAF or Trust Level Risks:	N/A	
Financial implications:	The Financial implications are set out in the paper.	
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No	
Appendices:	N/A	

1. Purpose

This report is to inform Finance & Performance Committee on the financial position and performance for Month 3.

2. Financial Performance

2.1 Total Trust

Overall, the Trust delivered a deficit of £2.3m for Month 3 against a planned deficit of £0.7m, creating a £1.6m adverse variance to plan.

The table below summarises the Trust financial performance for Month 3 and year-to-date.

	Month 3			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	64.4	63.6	(0.8)	192.5	190.6	(1.9)
Other Income	5.6	7.5	1.9	17.2	20.5	3.3
Pay	(43.3)	(43.7)	(0.4)	(131.1)	(135.6)	(4.4)
Non-Pay	(27.4)	(29.7)	(2.3)	(83.5)	(83.6)	(0.2)
Surplus/(Deficit)	**(0.7)**	**(2.3)**	**(1.6)**	**(4.9)**	**(8.1)**	**(3.1)**

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

For Month 3, the Trust has seen increased payments to staff to cover gaps caused by industrial action, which has only partially been offset by pay reductions, and the impact on elective activity of the strike action. The Trust has seen an increase in non-pay costs across the Divisions driven by increased work orders in Facilities, increased clinical supplies purchases, and in-tariff drugs usage.

2.2 Core Trust

The table below summarises the Core Trust including ERF activity (excluding Mass Vaccination, Research and Education) financial performance for Month 3.

	Month 3			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	64.4	63.6	(0.8)	192.5	190.6	(1.9)
Other Income	4.3	6.4	2.1	13.7	18.0	4.3
Total Income	**68.7**	**70.0**	**1.3**	**206.2**	**208.7**	**2.5**
AHP's and STT's	(6.5)	(9.9)	(3.4)	(19.1)	(22.6)	(3.5)
Medical	(12.5)	(11.7)	0.8	(36.8)	(38.7)	(1.9)
Nursing	(15.7)	(7.8)	7.9	(47.8)	(39.6)	8.2
Other Non Clinical Pay	(7.6)	(13.6)	(6.0)	(24.3)	(32.6)	(8.3)
Total Pay	**(42.2)**	**(43.0)**	**(0.7)**	**(128.0)**	**(133.5)**	**(5.5)**
Drugs	(4.3)	(4.7)	(0.4)	(13.0)	(13.9)	(1.0)
Clinical Supplies (Incl Blood)	(5.2)	(5.9)	(0.7)	(15.5)	(16.8)	(1.2)
Supplies & Services	(6.4)	(6.9)	(0.5)	(19.1)	(19.1)	(0.0)
Premises Costs	(3.7)	(4.3)	(0.6)	(11.3)	(11.5)	(0.1)
Other Non-Pay	(7.6)	(7.7)	(0.1)	(24.2)	(22.0)	2.2
Total Non-Pay Costs	**(27.2)**	**(29.5)**	**(2.3)**	**(83.1)**	**(83.3)**	**(0.2)**
Surplus/(Deficit)	**(0.8)**	**(2.5)**	**(1.7)**	**(4.9)**	**(8.1)**	**(3.2)**

The Core Trust position in month is £1.7m adverse. This highlights the impact of industrial action during Month 3 and the impact on pay spend and elective activity. The Trust has seen an increase in non-pay across the Divisions driven by increased work orders in Facilities, increased clinical supplies purchases, and in-tariff drugs usage.

2.2.1 Core In Month

Trust wide Contract Income is £0.8m adverse to plan. The Trust has received funding relating to the Pay Award of £0.9m (incremental 3%) which is matched with an increase in pay expenditure. This is offset by reduced ERF income of £0.4m related to industrial action in June and delayed spend of £1.0m driven by Demand & Capacity and Service Development schemes, were there will be a favourable expenditure variance to offset. Also, reduced income relating to NHSE funding which, whilst we await final allocations, has not been realised in the Trust position.

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS North Bristol NHS Trust

Other income is £2.1m favourable to plan. The Trust has recognised new funding in the year-to-date position since the final plan was signed off in March. This is offset with additional pay and non-pay costs. A monthly adjustment is undertaken to align this with the plan. This adjustment is net neutral on the Trust position and if removed shows other income to be £1.0m favourable to plan. The improvement in month is driven by prior year invoicing and overperformance in the Pathology in Core Clinical Services, and increased income from Stroke billing within NMSK.

Pay expenditure is £0.7m adverse to plan. There is a monthly adjustment offsetting the other income value above which creates a £0.7m adverse position in month. If this is removed the pay position is breakeven. In Month 3 the Trust saw the impact of June industrial action with £0.5m adverse variance. In addition, there have been increased temporary staffing costs of £0.7m. These relate to a variety of sources, including enhanced rates to support Elective Recovery, including in theatres and Midwifery, as well as increased nursing and registered mental health nurses (RMN) to support safer staffing requirements. In Month 3 the Trust has also incurred the costs associated with the 2023/24 Agenda for Change pay award creating a £0.7m adverse position in month which is offset within contract income. Further improvements offset the items above following an accounting review of estimates included in the position.

Non-pay spend is £2.3m adverse to plan. High costs devices are £0.7m adverse. Further deterioration is due to a catch up of works orders within Facilities, increased stock purchases in month from clinical Divisions, increased in-tariff drugs costs and the impact of Community Diagnostic Centre (CDC) costs from the use of the mobile unit.

2.2.2 Core Full Year

The year-to-date position is £3.2m adverse to plan.

The year-to-date Trustwide Contract Income variance is £1.9m adverse to plan. £2.6m relating to the Pay Award has been included. This is offset by a £1.2m reduction in income to reflect the lower than anticipated levels of ERF income caused by industrial action in April and June. In addition, income for Demand & Capacity other service developments has not been included as schemes are yet to fully commence, this is driving £1.6m, and outstanding national funding from NHSE as referenced in the in-month commentary (£0.4m). Alongside this there is an underperformance against High-Cost Drugs and Devices chargeable to commissioners and a provision for Welsh income which may be challenged. Contracts have been adjusted for a central Microsoft licence change, however costs have not reduced for the Trust.

Pay expenditure is £5.5m adverse to plan driven by the pay award, premium pay costs and the impact of industrial action.

Non-pay spend is £0.2m adverse driven mainly by the benefit of reduced Public Dividend Capital dividend and inflationary impact, offset by increased spend within Divisions.

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS
North Bristol
NHS Trust

2.3 Mass Vaccination

The table below summarises the Mass Vaccination Programme income and expenditure for Month 3.

	Month 3			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Other Income	0.1	0.2	0.1	0.4	0.5	0.1
Total Income	**0.1**	**0.2**	**0.1**	**0.4**	**0.5**	**0.1**
Nursing	(0.1)	(0.0)	0.0	(0.1)	(0.2)	(0.0)
Other Non Clinical Pay	(0.1)	(0.1)	(0.1)	(0.2)	(0.3)	(0.0)
Total Pay	**(0.1)**	**(0.2)**	**(0.0)**	**(0.4)**	**(0.5)**	**(0.1)**
Total Non-Pay Costs	**(0.0)**	**(0.0)**	**(0.0)**	**(0.0)**	**(0.1)**	**(0.0)**
Surplus/(Deficit)	**(0.0)**	**0.0**	**0.0**	**(0.0)**	**(0.0)**	**(0.0)**

2.4 Research and Education

The table below shows the research and pass-through education positions. This has been excluded from the core position to remove the impact of variances that have minimal impact on the Trust bottom line position.

	Month 3			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Other Income	1.1	0.9	(0.2)	3.0	1.9	(1.1)
Total Income	**1.1**	**0.9**	**(0.2)**	**3.0**	**1.9**	**(1.1)**
Medical	(0.4)	(0.0)	0.4	(1.2)	(0.1)	1.1
Nursing	(0.3)	(0.3)	0.0	(0.8)	(0.8)	0.0
Other Non Clinical Pay	(0.2)	(0.2)	0.0	(0.7)	(0.6)	0.0
Total Pay	**(1.0)**	**(0.6)**	**0.4**	**(2.7)**	**(1.6)**	**1.1**
Other Non-Pay	(0.1)	(0.2)	(0.1)	(0.3)	(0.3)	0.1
Total Non-Pay Costs	**(0.1)**	**(0.2)**	**(0.1)**	**(0.3)**	**(0.3)**	**0.1**
Surplus/(Deficit)	**0.0**	**0.1**	**0.1**	**(0.0)**	**0.1**	**0.1**

The research position is underspent on pay, offset with income, due to delays with trials starting.

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS
North Bristol
NHS Trust

2.5 Industrial Action

Further industrial action is planned in Month 4 for both junior medical and consultant staff groups. To help manage the likely impact of the strikes the Trust has approved enhanced rates for both medical and agenda for change staff. This will have an increased adverse impact on the Trust position in Month 4, as there is no funding source for this or confirmation of a national approach to the strike impact.

3. Balance Sheet, Cash Flow, Capital, and Better Payment Practice Code ("BPPC")

	22/23 M12 £m	23/24 M02 £m	23/24 M03 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	491.5	496.1	496.3	0.2	4.8
Intangible Assets	17.6	17.4	17.3	(0.1)	(0.3)
Non-current receivables	1.4	1.4	1.4	0.0	0.0
Total non-current assets	**510.6**	**514.9**	**515.0**	**0.1**	**4.4**
Current Assets					
Inventories	10.0	10.0	10.1	0.1	0.1
Trade and other receivables NHS	26.7	30.7	15.0	(15.7)	(11.7)
Trade and other receivables Non-NHS	30.5	34.9	33.2	(1.7)	2.7
Cash and Cash equivalents	104.0	80.9	83.5	2.6	(20.5)
Total current assets	**171.3**	**156.4**	**141.8**	**(14.6)**	**(29.5)**
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	4.3	5.5	7.4	1.9	3.1
Trade and Other payables - Non-NHS	120.9	113.3	99.1	(14.2)	(21.8)
Deferred income	17.2	20.1	21.1	1.1	4.0
PFI liability	15.7	16.3	16.3	0.0	0.6
Finance lease liabilities	1.4	1.2	1.0	(0.2)	(0.4)
Total current liabilities	**159.5**	**156.4**	**145.0**	**(11.4)**	**(14.4)**
Trade payables and deferred income	6.7	7.3	7.2	(0.0)	0.5
PFI liability	349.5	347.1	346.4	(0.8)	(3.1)
Finance lease liabilities	5.8	5.7	5.6	(0.1)	(0.2)
Total Net Assets	**160.4**	**154.9**	**152.5**	**(2.3)**	**(7.8)**
Capital and Reserves					
Public Dividend Capital	469.1	469.1	469.1	0.0	0.0
Income and expenditure reserve	(371.3)	(377.0)	(376.7)	0.3	(5.4)
Income and expenditure account - current year	(5.4)	(5.2)	(7.8)	(2.6)	(2.5)
Revaluation reserve	68.0	68.0	68.0	0.0	0.0
Total Capital and Reserves	**160.4**	**154.9**	**152.5**	**(2.3)**	**(7.8)**

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS
North Bristol
NHS Trust

3.1 Property, Plant and Equipment and Intangibles

The year to date increase of £4.4m in Non-current assets is due to an increase in Assets Under Construction in line with the capital plan, offset with the depreciation charged against IT Assets, the PFI and Plant and Machinery.

3.2 Cash

The cash balance increased by £2.6m for the month. This increase is due to additional income received from commissioners, including settling a year-end receivables. The year-to-date position remains a decrease of £20.5m year-to-date, which is mostly due to carried forward and in-year payments for capital projects and improved BPPC performance.

It is expected that the trend will continue resulting in the overall reduction of cash position to around £62.1m, which is due to running a deficit net balance on both operating and capital cash flow during the year. This will be reviewed and monitored throughout the year.

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
B/fwd balance	**83.5**	**80.4**	**77.8**	**75.8**	**83.2**	**83.7**	**85.1**	**78.4**	**73.4**
Operating Cash Flow	(1.5)	(0.4)	(0.3)	3.8	3.0	(6.3)	0.6	1.6	(5.4)
Capital Cash Flow	(1.6)	(2.2	(1.7)	3.6	(2.6)	7.8	(7.3)	(6.7)	(5.8)
C/fwd balance	**80.4**	**77.8**	**75.8**	**83.2**	**83.7**	**85.1**	**78.4**	**73.4**	**62.1**

3.3 Capital Spend

The Trust has over-programmed its capital plan as agreed in the operating plan. The total planned spend for the year, excluding leases, is £30.1m against approved CDEL of £21.9m. CPG has identified mitigations to reduce the overprogramming to £5.4m between existing funds and expected expenditure but additional funding will be required to bridge the remaining gap. Work is ongoing to identify additional funding sources which can be utilised in year. The table below shows that almost half of available CDEL has already been spent in year-to-date.

2022/23 Capital Expenditure Internally Funded Spend	2023/24 plan £m	Year to date Plan £m	Year to date Actual £m	Year to date Variance from plan £m
Internally Funded	21.9	5.5	8.5	3.1
System Funded Elective Centre	7.5	1.9	0.7	(1.2)
Charity and grant funded	0.2	0.1	0.4	0.4
PFI lifecycle	1.2	0.3	0.0	(0.3)
Total Core Plan	**30.8**	**7.7**	**9.6**	**1.9**
Leases	**4.7**	**1.2**	**0.0**	**0.0**

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS North Bristol NHS Trust

3.4 BPPC

The BPPC achievement by volume of invoices has increased from 90.8% in March 2023 to 93.2% in June 2023.

4. Cost improvement Programme

The CIP plan for 2023/24 is for savings of £24.2m with £6m planned to be delivered by Month 3. At Month 3 the Trust has £6.8m of completed schemes on the tracker. There are a further £6.3m of schemes in implementation and planning, creating a £11.1m shortfall against the annual target of £24.2m, before pipeline. The Trust has a further £7.0m of schemes in pipeline. The shortfall on the tracker is £4.1m with pipeline included, with further schemes currently being worked up.

Summary Division	FYE Target	Completed Schemes	Schemes in Implementation	Schemes in Planning	Total FYE	Variance FYE	Schemes in Pipeline	Total FYE inc Pipeline
ASCR	4.8	0.9	0.0	0.8	1.7	(3.1)	2.4	4.0
CCS	3.9	0.7	0.5	1.2	2.3	(1.5)	0.1	2.4
MED	3.0	0.4	0.2	0.4	1.0	(2.0)	1.0	2.0
NMSK	3.8	0.2	0.2	2.2	2.5	(1.3)	0.0	2.5
WCH	1.1	0.5	0.0	0.2	0.7	(0.4)	0.5	1.2
FAC	1.8	0.4	0.0	0.3	0.7	(1.1)	1.2	1.9
Corp	0.8	0.1	0.1	0.2	0.3	(0.5)	0.4	0.6
Central	5.1	3.9	0.0	0.0	3.8	(1.2)	1.5	5.4
Total	**24.2**	**6.8**	**1.0**	**5.3**	**13.1**	**(11.1)**	**7.0**	**20.0**

5. Underlying Position

The underlying position for 2022/23 was a deficit of £20.5m. The submitted plan for 2023/24 showed an underlying position of £33.0m deficit. A full review of the underlying position will be made in light of the final 2022/23 position to update the drivers and how that will be covered in 2023/24 to get the Trust to a breakeven plan.

6. Risks and Mitigations

The risks and mitigations below do not include the impact of industrial action, both in terms of pay costs or undelivered Elective Recovery income. Whilst there is no internal funding available for these, until further national guidance is received on the treatment for forecasts, the Trust will continue to present a breakeven position.

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

NHS North Bristol NHS Trust

There are a number of risks emerging in year, these are detailed below at their full year impact, alongside mitigations for these.

Risks	£m	Mitigations	£m	Actions
Continuation at current levels of temporary staffing spend, including locums, agency, and RMN.	(2)	Introduce further controls and decrease spend.	2	Review of drivers to be completed by each division.
Reduction in income related to central national Microsoft licence spend.	(0.6)	Secure income offset or reduce costs if possible.	0.6	Close working with Regional NHSE team to understand the expectations.
NHSE income awaiting final confirmation of allocations	(1.6)	Secure income through finalisation of contracting and ensure spend is not committed ahead of this.	1.6	Close working with Regional NHSE team to closedown issues.
Total	**(4.2)**		**4.2**	

7. BNSSG Month 3 position

The BNSSG position for Month 3 is £7.0m adverse to plan. This is driven by £3.9m related to industrial action pay costs and lost activity, over-delivery of Independent Sector Elective activity which the ICB contracts directly, savings under-delivery of £0.8m and temporary staffing pressures of £0.5m across providers.

8. Recommendation

The Finance & Performance Committee are asked to note:

- the financial performance for the month and year to date position
- the cash position and capital spend levels for the financial year
- the delivery of Cost Improvement Plan savings

*This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.*