

Trust Board Meeting in Public
Thursday 25 January 2024, 10:00 – 13:00
Seminar Rooms 4 & 5, Learning & Research Building, Southmead Hospital

A G E N D A

No.	Item	Purpose	Lead	Paper	Time
OPENING BUSINESS					
1.	Welcomes and Apologies for Absence	Information	Chair	Verbal	10.00
2.	Declarations of Interest	Information	Chair	Enc.	10.01
STANDING ITEMS					
3.	Minutes: Public Board: 30 November 2023	Approval	Chair	Enc.	10.02
4.	Action Log	Approval	Trust Secretary	Verbal	10.03
5.	Matters Arising	Discussion	All	Verbal	10.04
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.	10.30
9.	Research & Innovation Annual Report	Discussion	Chief Medical Officer	Pres.	10.50
10.	Urgent & Emergency Care 2022 Survey	Discussion	Chief Nursing Officer	Enc.	11.10
QUALITY					
11.	Quality Committee Upward Report	Information	NED Chair	Enc.	11.25
BREAK (5 mins)					11.35
PEOPLE					
12.	People & EDI Committee Upward Report	Information	NED Chair	Enc.	11.40
FINANCE, IM&T & PERFORMANCE					
13.	Integrated Performance Report	Discussion	Chief Operating Officer	Enc.	11.50
14.	Finance and Performance Committee Upward Report	Discussion	NED Chair	Enc.	12.20
GOVERNANCE & ASSURANCE					
15.	Acute Provider Collaborative Upward Report	Information	Trust Chair	Verbal	12.30
16.	Emergency Planning, Resilience and Response Annual Report	Information	Chief Operating Officer	Enc.	12.40
CLOSING BUSINESS					
17.	Any Other Business	Information	Chair	Verbal	12.50
18.	Questions from the Public	Information	Chair	Verbal	-

19.	Date of Next Meeting: 28 March 2024	Information	Chair	Verbal	-
20.	Exclusion of the Press and Public	Approval	Chair	Verbal	-
END					13:00

TRUST BOARD DECLARATIONS OF INTEREST

Name	Role	Interest Declared
Ms Michele Romaine	Chair	<ul style="list-style-type: none"> Nothing to declare.
Mr Kelvin Blake	Non-Executive Director	<ul style="list-style-type: none"> Non-Executive Director of BRISDOC. Chair and Trustee of Second Step. Trustee of the SS Great Britain Trust. Trustee of the Robins Foundation. Member of the Labour Party.
Mr Richard Gaunt	Non-Executive Director	<ul style="list-style-type: none"> Non-Executive Director of Alliance Homes, social housing provider.
Ms Kelly Macfarlane	Non-Executive Director	<ul style="list-style-type: none"> Sister is Centre Leader of Genesiscare Bristol (Private Oncology). Sister works for Pioneer Medical Group, Bristol. Managing Director, HWM-Water (a Halma manufacturing company). Director, Radcom Technologies Limited (dormant company). Director of ASL Holdings Limited (a Halma company – IoT solutions). Director of Invenio Systems Limited (water loss consultancy). Non-Exec Director of Advanced Electronics Limited (a Halma fire safety company).
Professor Sarah Purdy	Non-Executive Director	<ul style="list-style-type: none"> Professor Emeritus, University of Bristol. Fellow of the Royal College of General Practitioners. 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. <p>Indirect Interests (ie through association of another individual eg close family member or relative) via Graham Rich who is:</p> <ul style="list-style-type: none"> Chair, Armada Topco Limited. Director, Talking Health Ltd.

Name	Role	Interest Declared
		<ul style="list-style-type: none"> - Chair, EHC Holdings Topco Limited.
Dr Jane Khawaja	Non-Executive Director	<ul style="list-style-type: none"> • Employee and Member of the Board of Trustees, University of Bristol. • Director of Gloucestershire Cricket Foundation. • Commissioner, Bristol Commission on Race Equality.
Mr Shawn Smith	Non-Executive Director	<ul style="list-style-type: none"> • Bluebells Consultancy Ltd (sole shareholder). • Governor of City of Bristol College. • Trustee of Frank Water. • Elim Housing Association (Board member).
Mr Darren Roach	Associate Non-Executive Director	<ul style="list-style-type: none"> • Wife works as a nurse at the University Hospitals Bristol and Weston NHS Foundation Trust. • Non-Executive Director, Seable Limited, a social enterprise supporting trips and holidays for visually impaired people.
Mr Omar Mashjari	Associate Non-Executive Director	<ul style="list-style-type: none"> • 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).
Ms Maria Kane	Chief Executive	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Nothing to declare.
Mr Tim Whittlestone	Chief Medical Officer	<ul style="list-style-type: none"> • Director of Bristol Urology Associates Ltd: undertakes occasional private practice (Urology Specialty) at company office, outside of NBT contracted hours.

Name	Role	Interest Declared
		<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Nothing to declare.
Professor Steve Hams	Chief Nursing Officer	<ul style="list-style-type: none"> • Visiting Professor, University of the West of England. • Director, Curhams Limited (dormant company). • Independent Trustee and Chair of the Infection Prevention Society. • Associate Non-Executive Director, Surrey Heartlands Integrated Care Board. • Husband is employed by Oxford University Hospitals NHS Foundation Trust. • Affiliate Member, Bristol and Avon St John Priory Group.
Mr Neil Darvill	Chief Digital Information Officer (non-voting position)	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Nothing to declare.

DRAFT Minutes of the Public Trust Board Meeting held virtually and in Learning & Research Building room 4 on Thursday 30 November 2023 at 10.00am

3

Present:

Michele Romaine	Trust Chair	Maria Kane	Chief Executive Officer
Sarah Purdy	Non-Executive Director	Glyn Howells	Chief Finance Officer
Kelvin Blake	Non-Executive Director	Tim Whittlestone	Chief Medical Officer
Kelly Macfarlane	Non-Executive Director	Steven Hams	Chief Nursing Officer
Richard Gaunt	Non-Executive Director	Neil Darvill	Chief Digital Information Officer
Jane Khawaja	Non-Executive Director	Nick Smith	Deputy Chief Operating Officer
Shawn Smith	Non-Executive Director	Sarah Margetts	Deputy Chief People Officer
Tim Gregory	Associate Non-Executive Director		
Darren Roach	Associate Non-Executive Director		

In Attendance:

Xavier Bell	Director of Corporate Governance & Trust Secretary	Aimee Jordan	Senior Corporate Governance Officer & Policy Manager <i>(minutes)</i>
Elliot Nichols	Director of Communications		

Presenters:

Paul Cresswell	Director of Quality Governance <i>(present for minute item TB/23/11/07)</i>	Ruth Gregory	Interim Continuous Improvement and Learning Team Lead <i>(present for minute item TB/23/11/07)</i>
Emily Ayling	Head of Patient Experience <i>(present for minute item TB/23/11/07)</i>	Ashley Windebank-Brooks	Head of Patient Safety <i>(present for minute item TB/23/11/07)</i>
Hayley Forbes	Service User Experience and Engagement Lead for Women and Children's Health <i>(present for minute item TB/23/11/07)</i>	Hilary Sawyer	Lead Freedom to Speak up Guardian <i>(present for minute item TB/23/11/07)</i>

TB/23/11/01 Welcome and Apologies for the Absence Action

Michele Romaine, Trust Chair, welcomed everyone to NBT's Trust Board meeting in public. The Trust Chair also welcomed members of the public and staff who were observing the meeting.

Apologies were noted from Jacqui Marshall, Chief People Officer, Steve Curry, Chief Operational Officer and Omar Mashjari, Associate Non-Executive Director.

TB/23/11/02 Declarations of Interest

No Declarations of Interest 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/23/11/03 Minutes of the previous Public Trust Board Meeting

RESOLVED that the minutes of the Public Meeting held on Thursday 28 September 2023 were approved as a true and correct record.

TB/23/11/04 Action Log and Matters Arising from the Previous Meeting

Xavier Bell, Director of Corporate Governance & Trust Secretary, presented the action log and advised of the updates to close the actions.

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

1

TB/23/11/05 Chair's Business

The Trust Chair update the Board on the following changes to the Non-Executive Director Champions:

- Kelly Macfarlane to become the Equality, Inclusion & Diversity (EDI) Champion
- Jane Khawaja to become the Freedom To Speak Up (FTSU) Champion

The Trust Chair also advised that the Committee membership would be reviewed for Trust Board members.

RESOLVED that the Chair's briefing was noted.

TB/23/11/06 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:

- That the informal feedback on the recent Maternity CQC inspection was positive with no immediate safety concerns. It was noted that the formal report was anticipated to be published after Christmas.
- The significant performance pressures linked to high demand and the ongoing work to reduce No Criteria to Reside (NC2R) patients.
- The achievement of Joint Advisory Group (JAG) accreditation for Endoscopy.
- The ongoing work to raise awareness and reduce youth violence.
- The continuing efforts to address problems with patient flow and review bed availability outside the hospital to address discrepancy concerns.

The Trust Chair welcomed the introduction of the staff health checks and discussed the positive benefits of the service. Tim Whittlestone, Chief Medical Officer, agreed and advised that over 420 staff had used the service and there was an ongoing ambition to develop the service.

RESOLVED that the Chief Executive's briefing was noted.

Paul Cresswell, Emily Ayling, Hayley Forbes and Ruth Gregory joined the meeting.

TB/23/11/07 Patient Story

Steve Hams, Chief Nursing Officer, introduced the Patient's Story and welcomed Paul Cresswell, Director of Quality Governance, Emily Ayling, Head of Patient Experience, Hayley Forbes, Service User Experience and Engagement Lead for Women and Children's Health and Ruth Gregory, Interim Continuous Improvement and Learning Team Lead to the meeting.

The Board watched a video on Esther's story which focused on person-centred, safe care in maternity. A series of slides were then presented to outline the key insights and learning, particularly the importance of good communication, supported decision making, understanding and respecting cultural biases and partnerships.

Darren Roach, Associate Non-Executive Director, thanked the team for the presentation and questioned if training was being offered to staff on service accessibility. Ruth Gregory confirmed that cultural awareness training was being provided at the next Maternity study day. Steve Hams added that the Trust had Equality, Diversity and Inclusion (EDI) training and discussed the ongoing work with system partners on the Black Maternity Matters project.

Shawn Smith, Non-Executive Director, noted the importance of communication and questioned if the five languages on the posters were sufficient. Steve Hams agreed and advised that the languages chosen were in line with the top five

languages of the population in Bristol, North Somerset and South Gloucestershire and aligned to the patients that use the service. Additionally, CardMedic was being implemented to allow clinicians access to over 100 different languages to communicate and deliver personalised care to women and combat health inequality challenges.

Jane Khawaja, Non-Executive Director, welcomed the positive work and recognised the importance of culture. Jane queried how improvements would be identified. Hayley Forbes advised that improvements would be shown through patient feedback. Emily Ayling added that the Maternity service survey has already shown that there had been an increase in respondents from different demographic background reporting a positive experience. Steve Hams explained the ongoing work to ensure that the workforce was representative of the community and to encourage members of global majority to choose midwifery as a profession, particularly through the recruitment of internationally educated nurses. Steve Hams further discussed the ongoing work in the divisions and recognised that the combined work would create improvements in the service and a personalised, person-centred women's care.

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

Paul Cresswell, Emily Ayling, Hayley Forbes and Ruth Gregory left the meeting.

TB/23/11/08 Madeline (Maddy) Lawrence Inquest - Actions and Progress Assurance

Tim Whittlestone presented the Madeline (Maddy) Lawrence Inquest - Actions and Progress Assurance report which focused on actions taken to prevent similar incidents in the future. It was recognised that the case revealed failings in care, particularly in recognizing and responding to deterioration.

Tim discussed the actions taken which included improving knowledge and training, enhancing recognition of deterioration, implementing processes to escalate and respond to deterioration, and governing and investigating when problems arise. Tim also highlighted:

- The introduction of NEWS (National Early Warning Score) and its electronic recording system.
- The proposed 24/7 rapid response team was under consideration and would extend the current hospital at night service. The team would handle medium-level deteriorations, ensuring appropriately trained staff respond promptly.
- Policies related to deteriorating patients had been reviewed and updated.

Kelvin Blake, Non-Executive Director, raised a question about the cultural change required for better patient care. Tim Whittlestone recognised the challenge but explained that the case was widely known throughout the organisation and that the development of a training package, with this important and impactful human story, would be an important part of changing the culture. Additionally, the importance of listening to patients and families was emphasised.

Sarah Purdy, Non-Executive Director, discussed comparing the training and interventions with other institutions practicing best standards and reflected on the risk of prioritising certain areas over others. Tim Whittlestone advised that there was not a mandated deteriorating patient training package and expressed confidence in implementing the proposed training and interventions throughout the organisation. Tim Whittlestone also recognised the prioritisation risk but provided reassurance that the training package was broad enough so that it would not negatively impact other important areas.

Jane Khawaja raised concerns about the impact on staff. Tim Whittlestone and Steve Ham acknowledged the emotional toll on staff and families, and advised of the support and wellbeing resources that were being provided. The plans for extending the training and lessons learned to other institutions in the future were also discussed.

The Trust Chair questioned the target for improving observation and time metrics. Steve Hams advised of the ambition to have 90% compliance following the improvement measures.

Following a query from the Trust Chair, Tim Whittlestone explained the ongoing CQC process, noting that the Coroner had appropriately issued the Regulation 28 to the CQC with the emphasis on tasking CQC to ensure NBT's staff were fully briefed and trained in the use of NEWS as a measure of deterioration. Tim also provided reassurance regarding the ongoing focus on learning from the incident.

The Board expressed condolences to Maddy's family.

RESOLVED the Board noted the Madeline (Maddy) Lawrence Inquest - Actions and Progress Assurance.

TB/23/11/09 Quality Committee Upward Report

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

- The Summarised Hospital-level Mortality Indicator (SHMI) review,
- That the Perinatal Mortality Review (PMRT) was fully compliant with the Maternity Incentive Scheme (MIS) requirements
- The positive annual reports for Infection Prevention & Control (IPC), Tissue Viability, C. Difficile and Organ & Transplant.

Sarah Purdy also thanked Dr Elizabeth Darley for all her work in IPC for the Trust and Simon Wood for his role in chairing the Organ Donation Committee. The Trust Chair questioned who the chair of the Organ Donation Committee would be going forward. Sarah Purdy confirmed that she had agree to chair the Committee.

Shawn Smith informed the Board of the discussion at the meeting re the challenges accessing the donor reimbursement funds. Tim Whittlestone provided further clarity and advised that it was being reviewed to ensure the small funds received were used to support education.

RESOLVED that the Board noted the Quality Committee Upward Report and the contents of the Tissue Viability Annual Report 22/23 and the Organ Donation Annual Report 22/23.

TB/23/11/10 Infection Prevention Control Annual Report 2022-23

Steve Hams presented the Infection Prevention Control (IPC) Annual Report which summarised the work undertaken at the Trust during the period 1 April 2022 to 31 March 2023. Steve provided assurance on the robust mechanisms in place for managing IPC.

The Board recognized the importance of IPC in safeguarding both patients and staff, expressing appreciation for the detailed report and the commitment to continuous improvement in IPC measures. The Board also thanked Dr Elizabeth Darley for all her work in supporting IPC for the Trust over the past 20 years and the phenomenal impact that she has had.

RESOLVED that the Board welcomed the Infection Prevention Control Annual Report 2022-23 and noted its contents.

TB/23/11/11 Patient Safety Incident Response Plan 2023-2025

Tim Whittlestone introduced the Patient Safety Incident Response Plan 2023-2025 and welcomed Ashley Windebank-Brooks, Head of Patient Safety, to the meeting. Ashley presented the plan which analysed the Trusts incident profile and identified priorities for the next two years that would inform the continuation and development of patient first improvement programs. The recommended safety priorities included:

- Inpatient falls
- Medication
- Responding well to clinically changing conditions
- Patient Flow (focussing on the clinical connections between different parts of a patients journey through NBT)

Ashley noted that divisional-level priorities for the women and children's division had been initiated and that the approach would also extend to all clinical divisions in subsequent iterations of the plan. Ashley added that the plan proposed a proactive approach to drive positive patient safety and early response to patient safety matters to prevent harm.

Tim Whittlestone expressed confidence in the alignment of priorities with the hospital's focus areas and acknowledged the ongoing tension between flexibility and oversight. Ashley highlighted the flexibility offered by the plan format which allowed tailored responses to the organization's needs. Steve Ham outlined the developments to the infrastructure and the progress towards a systematic and standardized process.

Following a query from Maria Kane re the culture, Ashley advised that of the ongoing work to shift from a blame culture to a system-thinking approach. Jane Khwaja questioned how this would be undertaken and Ashley explained the plans in place to embed the shift in safety culture across the organisation, particularly through staff wellbeing, psychological safety and just culture.

The Board discussed hazard observations, near misses, the role of the triangulation meeting, and the integration of health and safety with patient care.

Tim Whittlestone advised on the reporting structure, noting it would continue through the Patient Safety Committee to the Quality Committee. The Trust Chair requested that Quality Committee receive a quarterly report to measure the progress against the priorities.

RESOLVED that the Board:

- **Approved the draft Patient Safety Incident Response Plan and the associated safety priorities for 2023-2025.**
- **Supported the priorities as improvement programs under Patient First (where this does not already exist).**
- **Requested that Quality Committee receive a quarterly report to measure the progress against the priorities.**

TB/23/11/12 People Committee Upward Report

Xavier Bell presented the People Committee Upward Report and outlined the proposed changes to the governance structure. Xavier also highlighted the terms of reference for the new People and EDI Committee for Trust Board approval.

Sarah Margetts detailed the changes to the EDI plan and explained that it had been reviewed and refined, focusing on a 12-point plan with clear actions and deliverables. Sarah Margetts added that the plan addressed Trust-wide, leadership, and divisional actions and that the People Committee had approved the additional priorities in principle.

Maria Kane discussed the ongoing work related to Black History Month commitments and questioned the action for diversity representatives on interview panels. Sarah advised that recruitment efforts for panel members were underway, with a system-wide approach and specific work to engage individuals within the Trust.

Following discussion on the EDI plan, the Board acknowledged the challenge of measuring the elimination of discrimination, harassment, bullying, and abuse in 12 months, and it was suggested that the wording in the plan was revised from 'eliminate' to 'aspire to eliminate'. The Board agreed to receive an update on the EDI plan in six months' time.

Shawn Smith added that the Committee received assurance that the increased RIDDOR events were as a result of increased awareness and reporting of events.

RESOLVED that the Board:

- **Received the report for assurance and noted the activities People Committee had undertaken on behalf of the Board.**
- **Approved the Terms of Reference for the new People & EDI Committee and the EDI Group.**
- **Approved the EDI plan and requested to receive an update in six months' time.**

TB/23/11/13 Freedom To Speak Up Bi-Annual Report

Hilary Sawyer, Lead Freedom to Speak up Guardian, presented the Freedom To Speak Up (FTSU) Bi-Annual Report and highlighted the importance of having a culture where staff are able to speak up. The report focused on trends and themes of FTSU and the actions required to enhance the culture of speaking up. Additionally, updates regarding the organizational principles for the speak-up self-reflection review were highlighted, along with related guidance.

Hilary outlined the plans for updating the freedom to speak up strategy, welcoming more champions, and aligning strategies with patient safety initiatives.

Tim Gregory, Associate Non-Executive Director, raised concerns about the statistically insufficient number of cases reported and the need for triangulation with other data sources. Hilary recognised the concern and explained that the number of cases varied depending on the amount of FTSU awareness advertising. Hilary also discussed the challenges of balancing raising awareness with addressing the speaking up concerns.

Maria Kane questioned the adequacy of the existing channels for speaking up and the potential need for consolidation. The Board recognised the importance of staff being able to access FTSU and suggested consolidating information in an accessible format. Xavier emphasised the importance of leadership responsibility in fostering a culture of speaking up and commented that speaking up trends indicated a shift from patient safety to concerns about management and leadership.

Jane Khawaja raised concerns about the reluctance of some managers to handle issues internally, leading to increased dependence on the Freedom To Speak Up Guardian. Hilary and Xavier stressed the need for leadership development to focus on speaking up, listening, and following up on the concerns raised.

Steve Hams expressed curiosity about the lower numbers in the freedom to speak up reports, suggesting that it could indicate effective listening within the organisation. The role of engagement and listening in reducing formal reports

was considered, and concerns about the potential dilution of feedback channels were raised.

The Board discussed the importance of seeking feedback from individuals who have spoken up to ensure they felt heard and to understand the learning opportunities.

RESOLVED that the Board received the Freedom To Speak Up Bi-Annual Report for assurance and approved the FTSU self-reflection review tool.

TB/23/11/14 Integrated Performance Report

Nick Smith, Deputy Chief Operational 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.

Nick Smith reported that the level of No Criteria To Reside (NC2R) volumes had significantly increased, and the challenges were compounded by the increased Emergency Department attendances. Nick also highlighted that the in-year planned care target remained challenged due to due to the ongoing impact of industrial action. Positively, the Trust was delivering the national year-end target of fewer than 15% patients breaching six-weeks. It was noted that there was confidence in the cancer recovery trajectory as work was underway to sustainably improve the cancer backlog position particularly in Skin and Gynaecology, which will improve the overall cancer wait time standards compliance.

Questions were raised by the Board about the impact of spot purchasing, efforts to reduce NC2R, and the dynamics of the winter plan. Nick and Maria addressed concerns about capacity, bed utilization, and escalation procedures and noted that there was a focus on collaborative strategies with the ambulance service.

The Board also discussed:

- The challenges faced by the social care system, the status of the transfer of care hub, and ongoing efforts to streamline processes.
- The impact of external factors, such as COVID-19 and national trends, and the need for agile and effective solutions.
- The complexity of nurse recruitment, the promising pipeline, and the challenge of achieving a fully established workforce
- The exception for the implementation of a transparent live information system related to D2A capacity by the second week of December.
- The overall waiting list management strategy was examined, noting the focus on reducing the tail and addressing the complex patient pathway. The pressure on the hospital was highlighted, and the use of a bed buffer from the winter plan was explained.
- The ongoing work to manage resources through improvements in winter plan communication and the efforts to manage flow.

In conclusion, while acknowledging the existing challenges and pressures, the discussion emphasised the commitment to proactive management, continuous improvement, and collaboration to navigate the evolving healthcare landscape during the winter months.

Maria Kane advised that despite challenges, NBT was still performing well compared to national peers and acknowledged the nationwide problem in healthcare and the pressure felt by staff.

Safety and Effectiveness

Steve Hams, Chief Nursing Officer and Tim Whittlestone, Chief Medical Officer, highlighted the following key areas:

- The Perinatal Quality Surveillance Matrix (PQSM) data for September 2023 and the ongoing work to review the Avoiding Term Admissions Into Neonatal Units (ATAIN) to ensure it is below the national target of 5%.
- The improvements to the Maternity workforce.
- The ongoing work to be compliant with the Maternity Incentive Scheme (MIS) requirements.
- The WHO checklist compliance had increased to 99.08%.
- The ongoing work to recover the VTE risk assessment compliance.
- The work into Medicine incidents which detailed that despite an increase in incidents reported there was no increase in incidents resulting in harm.

Tim Gregory questioned if the workforce had been adjusted on a permanent basis to account for the consistent rise in c-sections. Steve Hams confirmed that the workforce had been realigned and Tim Whittlestone commented on the balance between planned and emergency c-sections.

Patient Experience

Steve Hams outlined the Friends and Family feedback and the ongoing work to improve the complaints response rate, particularly in the ASCR division.

Quality and Innovation

Steve Hams reported on the progress of the Commissioning for Quality and Innovation (CQUIN) Schemes for 2023/24. Steve advised that progress would be made for CQUIN08 (achievement of revascularisation standards) once equipment had been procured.

People

Sarah Margetts, Deputy Chief People Officer, highlighted the following key areas:

- The positive work to reduce vacancies and staff turnover and the improvements in training compliance.
- The overall reduction in agency dependency but the acknowledgment that further progress was required.
- The ongoing work to embed the long-term workforce plan and align it with operational planning to ensure a strategic approach to future workforce needs.
- The record-high response rate in the Staff Attitude Survey and the introduction of legacy mentors to support the training and development of new staff.

Maria Kane raised concerns regarding the increase in sickness absence in October and questioned if it was a seasonal trend and how it aligned with the productivity goals outlined in the workforce plan. Richard Gaunt, Non-Executive Director, added that hotspots in specific divisions with higher sickness rates needed to be examined, along with ongoing efforts to address long-term sickness cases. Sarah Margetts agreed that there was a need for continuous attention to areas like agency reduction and sickness absence management to ensure alignment with organizational goals and productivity targets. Sarah advised that business partners were working closely with divisions to identify any trends.

RESOLVED that the Board noted Integrated Performance Report approved the regulatory compliance statements.

{Break}

TB/23/11/15 Finance & Performance Committee Upward Report

Richard Gaunt, Non-Executive Director and Committee Chair, presented the Finance & Performance Committee Upward Report and highlighted the medical equipment deep dive, the fee paying programme and the green plan progress report. Richard also welcomed the Board to give direction on future operational

deep dives. Glyn Howells, Chief Finance Officer, updated the Board on the Finance Report (Month 7) report and outlined the agency usage concerns, the Elective Recovery Funding allocation and the supplementary forecast return.

The Board discussed the Green Plan in depth and the following key points were noted:

- The challenges in achieving carbon neutrality were examined, and it was recognised that it was primarily due to the capital-intensive nature of activities. Glyn advised that the new procurement system would help to accurately measure the carbon emissions.
- The efforts to secure grant support for green initiatives, with acknowledgment of system-wide challenges, were highlighted.
- Consideration of revising green plan timescales was explored, with an emphasis on maintaining focus and efforts.
- An update on the Green plan to be scheduled in summer at the Finance & Performance Committee.
- Procurement contracts and carbon contributions were examined, and Glyn advised of the ongoing efforts to hold key suppliers accountable for achieving carbon neutrality such as stipulating a 1% carbon contribution in procurement contracts.

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

TB/23/11/16 Trust Joint Modern Slavery Statement

Glyn Howells presented the Trust Joint Modern Slavery Statement. It was noted that the Trust was obligated to present an annual statement outlining actions taken to prevent modern slavery within the organization and its supply chain. The statement reflected retrospective efforts made in the past year, emphasizing the ongoing commitment and plans to incorporate anti-modern slavery requirements into major contract renewals to ensure suppliers certify compliance. The plan to extend the practice to all relevant contracts was recognised and it was noted that the Trust Board would receive an annual update on modern slavery prevention measures.

RESOLVED that the Board approved the Trust Joint Modern Slavery Statement.

TB/23/11/17 Audit and Risk Committee Upward Report

Shawn Smith, Non-Executive Director and Committee Chair, presented the Audit and Risk Committee Upward Report and highlighted the external audit process, the need for achievable dates and a realistic timeframe for the internal audit and the adjustment of priority levels in procurement.

Additionally Shawn commented on the internal cancer MDT audit, which was conducted by Dr. Martin Plummeridge, and highlighted the positive reception of the local approach.

RESOLVED that the Board noted the Audit and Risk Committee Upward Report and approved the reviewed Terms of Reference.

TB/23/11/18 Any Other Business

Glyn Howells reported on the successful completion of the relocation of Medicine colleagues from the temporary accommodation to the ground floor of THQ or back to the Brunel Building. It was noted that although the move initially caused some discontent among the affected individuals, the commitment was made to relocate them for only one winter, and colleagues were now content with their accommodations.

TB/23/11/19 Questions from the public

How many legal settlements have been paid by the Trust to patients in the last financial year as a result of claims for clinical negligence and what is the total sum paid in those settlements?

In the 2022/23 financial year a total of 41 legal settlements were paid by the Trust as a result of clinical negligence claims. The total sum paid for damages for that same period was £2,802,406.33.

As further context, there is limited benchmarking available, but based on the numbers of claims reported by NHS Resolution we are on par with other Trusts of similar size and acuity when it comes to the total number of claims. Additionally, the amount paid out in damages is quite low, given that a case involving brain damaged cerebral palsy can settle for in the region of £25m.

TB/23/11/20 Date of Next Meeting

The next Board meeting in public was scheduled to take place on Thursday 26 January 2024, 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 14:05pm

DRAFT

North Bristol NHS Trust

Trust Board - Public Committee Action Log

Trust Board - Public ACTION LOG										
Meeting Date	Agenda Item	Minute Ref	Action No.	Agreed Action	Owner	Deadline for completion of action	Item for Future Board Meeting?	Status/ RAG	Info/ Update	Date action was closed/ updated
28/9/23	Integrated Performance Report	TB/23/09/14	82	A patient story on a research study be scheduled for a future Board session to increase visibility of research studies.	Tim Whittlestone, Chief Medical Officer	Mar-24	Yes	Open	Work is ongoing and the patient story is scheduled to come to the Trust Board meeting in March 2024.	23/11/2023
30/11/23	Patient Safety Incident Response Plan 2023-2025	TB/23/11/11	84	Quality Committee to receive a quarterly report to measure the progress against the priorities.	Corporate Governance team	Jan-24	No	Closed	Scheduled on the Quality Committee workplan.	16/01/2024
30/11/23	People Committee Upward Report	TB/23/11/12	85	EDI plan to be brought back to Trust Board in 6 months time.	Corporate Governance team	Jan-24	No	Closed	Scheduled on the Trust Board workplan.	16/01/2024
30/11/23	Finance & Performance Committee Upward Report	TB/23/11/15	86	An update on the Green plan to be scheduled in summer at the Finance & Performance Committee	Corporate Governance team	Jan-24	No	Closed	Scheduled on the Finance & Performance Committee workplan.	16/01/2024

Report To:	Public Trust Board			
Date of Meeting:	25 January 2024			
Report Title:	Chief Executive's Briefing			
Report Author:	Xavier Bell, Director of Corporate Governance			
Report Sponsor:	Maria Kane, Chief Executive			
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 <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
			X	
Recommendations:	The Trust Board is asked to receive and note the content of the briefing.			
Report History:	The Chief Executive's briefing is a standing agenda item on all Board agendas.			
Next Steps:	Next steps in relation to any of the issues highlighted in the Report are shown in the body of the report.			

7

Executive Summary	
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.	
Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience
	High Quality Care – <i>Better by design</i>
	Innovate to Improve – <i>Unlocking a better future</i>
	Sustainability – <i>Making best use of limited resources</i>
	People – <i>Proud to belong</i>
	Commitment to our Community - <i>In and for our community</i>
Link to BAF or Trust Level Risks:	No
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No
Appendices:	None

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

The Trust is experiencing the impact of winter pressures, including increased numbers of patients with no criteria to reside (NC2R) which moved from 25.25% in November 2023 to a monthly average of approximately 27% in December. Coupled with high bed occupancy and high Emergency Department attendances throughout December, this has had an impact on patient flow.

Despite these challenges, and the impact of the longest period of Junior Doctor industrial action in late December 2023 and early January 2024, we have been able to maintain zero 104-week wait, and 78-week wait capacity clearance. The industrial action may materially impact the Trust's ability to achieve further improvement in these areas; however, the teams are planning to recover as much activity as possible through deploying extensive remedial actions.

Our teams are continuing to drive forward improvements in diagnostic performance, and NBT is currently ahead of the national target of no more than 15% patients breaching 6-weeks at year-end and working towards zero >13-week breaches. Further industrial action remains the biggest risk to compliance. Similarly, thanks to the extensive work of our clinical and operational colleagues, NBT continues to make inroads into the cancer performance improvement targets.

4. Integrated Care Partnership and Integrated Care Board Leadership Forum

On 11 January 2024 the Trust Chair and I attended the combined ICP and ICB Leadership Forum. This was a development session, where leaders from across BNSSG healthcare organisation and local authorities came together to discuss how the ICP could create cross-system value, and how the various responsibilities of the ICP and ICB could be defined and delivered most effectively.

5. 2024/25 Operational Planning Guidance

NHS England have not yet published the full planning guidance for 2024/25, and we expect it to be made available later in February or early March. This will not stop NBT and the wider ICS from progressing our operational plans, as we know that key requirements are likely to include maintaining the increase in core Urgent and Emergency Care capacity established in 2023/24, completing the agreed investment plans to increase diagnostic and elective activity

and reduce waiting times for patients, and maximise the gain from the investment in primary care in improving access for patients, including the new “pharmacy first” service.

On this basis we will still be working towards having clear organisational objectives and an operational plan for Trust Board sign-off in March 2024.

6. Elective Care Centre

On 16 January 2024 I attended a short “breaking ground” ceremony with Estates and Facilities staff and key contractors to signify the commencement of works on the new BNSSG Elective Care Centre. The build contract has now been signed and we expect to see this new system facility come online in 2025.

7. People Promise Exemplar Programme

The South West Regional NHS England team has invited NBT to take part in the second cohort of this exemplar programme. This will involve support and access to some additional interventions reflecting the NHS People Promise to improve staff experience and retention. The first cohort of NHS trusts have experienced improvements following their involvement, so this is an exciting opportunity for NBT.

8. Thank You Fortnight

NBT celebrated Thank You Fortnight between 10-24 January 2024. This encourages colleagues to send each other electronic or hand-written notes of appreciation. In a sector like the NHS where we all too often deal with one challenge and then move straight into the next one, it is essential to occasionally pause and recognise the effort, hard work, and sheer dedication that exists across our organisation. As Executives, we have all gone out to deliver messages in person.

I also invite the Board to join me in thanking all our staff for their continued efforts during what has been an incredibly busy start to the year.

9. New MRI Scanner

On 9 January 2024 I joined colleagues and external guests at Cossham Hospital to celebrate the opening of a new £1.5 million MRI scanner which was generously donated by the charity BUST. We were particularly honoured to have the Lord-Lieutenant of the County and City of Bristol, Peaches Golding, to officially inaugurate the scanner.

BUST stands for Breast Cancer Unit Support Trust and they give invaluable support to the work of the Bristol Breast Care Centre at Southmead Hospital. The scanner means that women waiting for scheduled and urgent breast scans in the Bristol area can be seen more quickly. It will also mean that patients who now, or in the future, develop prostate or gynaecological cancer symptoms will not need to wait as long for a cancer diagnosis or reassurance scan, and it will support our ambition to lead on national breast cancer research.

10. Sexual Safety Charter

In September 2023 NBT NHS England launched its first ever Sexual Safety Charter, which NBT has signed, signalling our intention to implement these ten commitments by July 2024:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

At our January 2024 Senior Leadership Group, we discussed our planning and progress, which includes the creation of a focused working group, a series of listening events scheduled for later in the month, the collation of best practice examples of training, resources, and policies from other NHS organisations, and consideration of how we might engage with expertise and stakeholders internally and externally within BNSSG.

This is an area that we remain committed to, and we will ensure that the Board's People and EDI Committee are kept informed of our progress.

11. Professor David Wynick

I would like the Board to join me in expressing our deepest thanks to Professor David Wynick, who retires from his post as Joint Director of Research at both NBT and UHBW after 14 years in post. David has overseen a significant increase in NBT's research activities and leaves the organisation in a strong position to leverage our growing expertise and influence in clinical research. We wish him all the best in his future endeavours.

12. Photography Exhibition

It was a great pleasure to attend an exhibition of photography by Anusha Edwards, Consultant Kidney Transplant & Endocrine Surgeon, on the evening of 16 January 2024.

The simple but profound images beautifully captured members of the surgery team at work and highlighted not only the intensity their profession but also the complete dedication they

have to it. As one other attendee pointed out it also allowed them to truly 'see' themselves at work how others do - something they found deeply empowering.

This is just another example of the power and importance of art in healthcare - something I am very proud that we support here at NBT.

13. Engagement & Service Visits

In January 2024 I visited the Speech and Language Therapy Team as well as several ward visits to the Medicine, Neurosurgery and Surgical areas.

Throughout December 2023 and January 2024, I have met with consultants from Trauma and Orthopaedics, Immunology, and the Colorectal specialties as part of my ongoing programme of engagement with our most senior medical staff group.

14. Summary and Recommendations

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

Report To:	Public Trust Board Meeting			
Date of Meeting:	25 January 2024			
Report Title:	Patient Story			
Report Author:	Emily Ayling, Head of Patient Experience			
Report Sponsor:	Paul Cresswell, Director of Quality Governance 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 <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
		X	X	
Recommendations:	The Board is asked to reflect on Aaron’s story which demonstrates our aim to deliver outstanding patient experience.			
Report History:	None			
Next Steps:	Share Aaron’s story with staff identified, wards and teams and at Patient and Carer Experience Group			

Executive Summary		
<p>Aaron’s story is a recent example of excellent patient care, coordinated across multiple teams within NBT. Aaron encountered a range of staff and teams; each exemplified the Trust’s CARES values in their approach leading to an outstanding patient experience.</p> <p>Aaron came into the care of the Urology service in August 2023 after an MRI scan identified an incidental pelvic mass. He underwent surgery to remove this in November 2023 and had a brief inpatient stay following this.</p> <p>Aaron’s story highlights some key areas of good practice which we can take as learning:</p> <ol style="list-style-type: none"> 1. Good communication 2. Attitude of Staff 3. Shared Decision Making <p>Whilst Aaron’s clinical pathway was seamless and the outcome was good, his story reinforces that it is often the way staff make patient’s feel that can make an experience outstanding.</p>		
Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience	/
	High Quality Care – <i>Better by design</i>	/
	Innovate to Improve – <i>Unlocking a better future</i>	
	Sustainability – <i>Making best use of limited resources</i>	
	People – <i>Proud to belong</i>	

	Commitment to our Community - <i>In and for our community</i>
Link to BAF or Trust Level Risks:	None
Financial implications:	N/A
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No, the subject of the story to not likely to impact people from other groups.
Appendices:	Appendix 1 - Aaron's Patient Story

Aaron's Patient Story



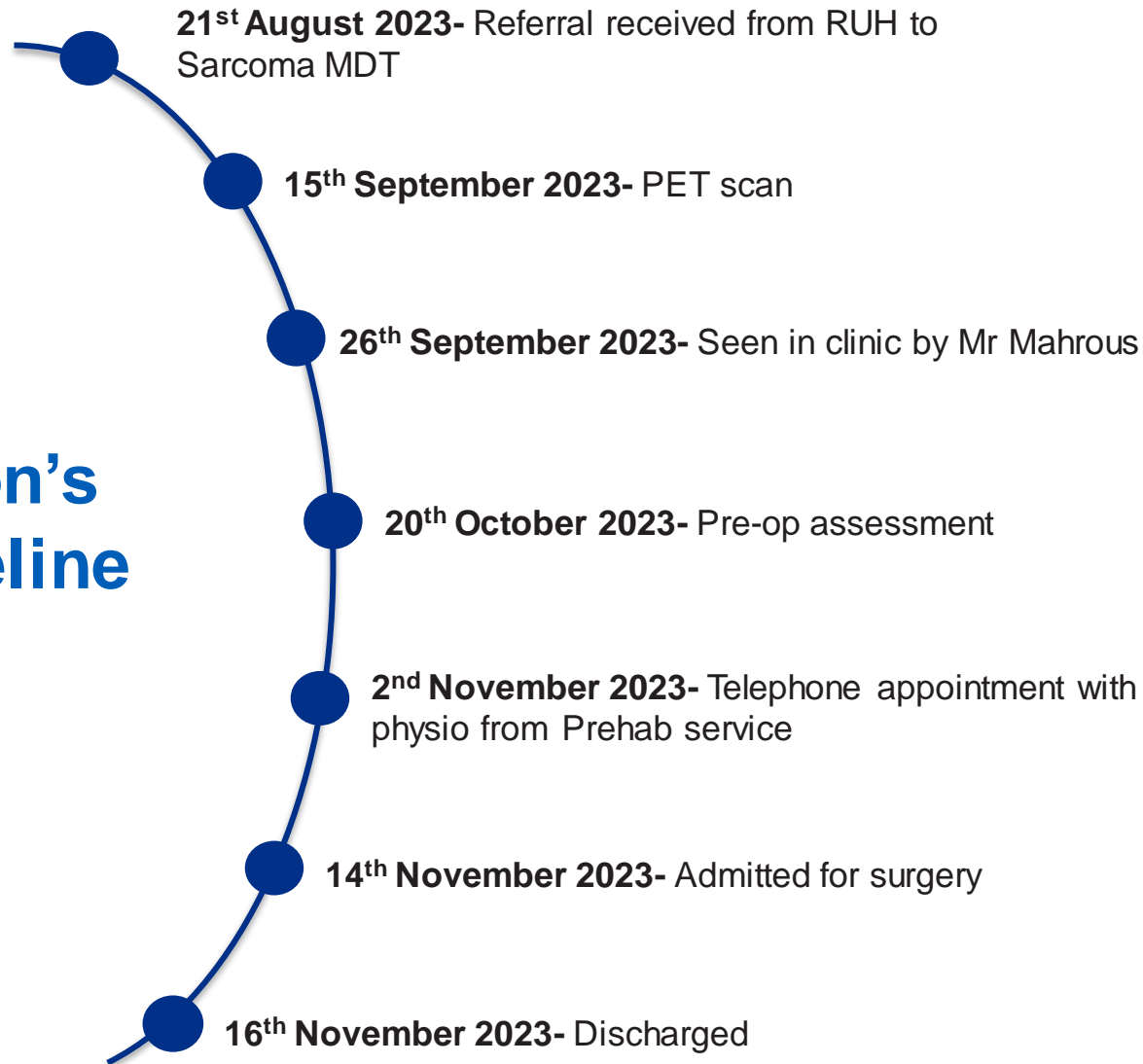
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NBTCARES

A patient story

Aaron

Aaron's Timeline



Learning

Good communication

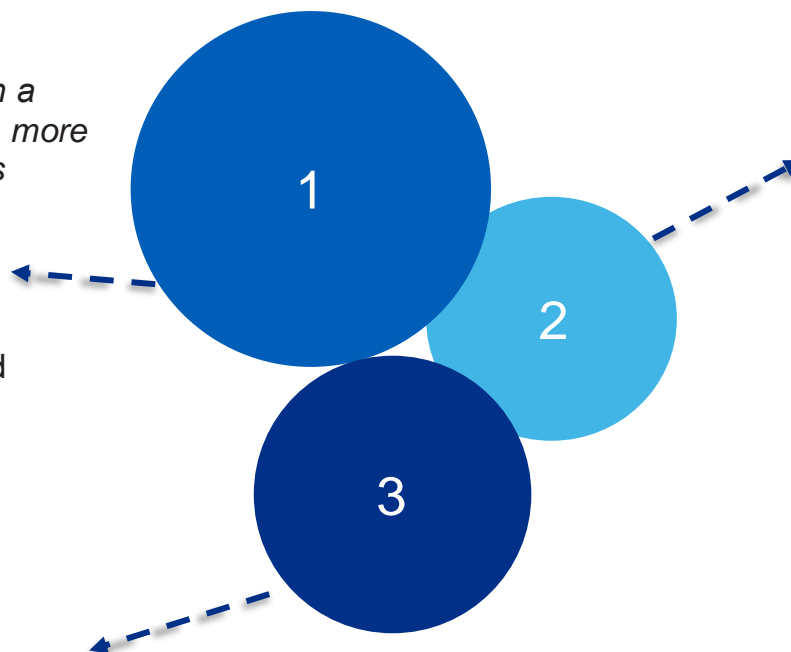
“Each one was explained to me in a language I could understand and, more importantly, the “why” was always explained to me which I really appreciated.”

- Explaining the ‘why’
- Language I could understand
- Asking & Listening
- Honesty

Shared Decision Making

“These options were explained with pros and cons and the decision was left completely in my hands”

- Time to go away and reflect
- What matters most to the patient?
- Able to ask further questions through Sarcoma CNS’s



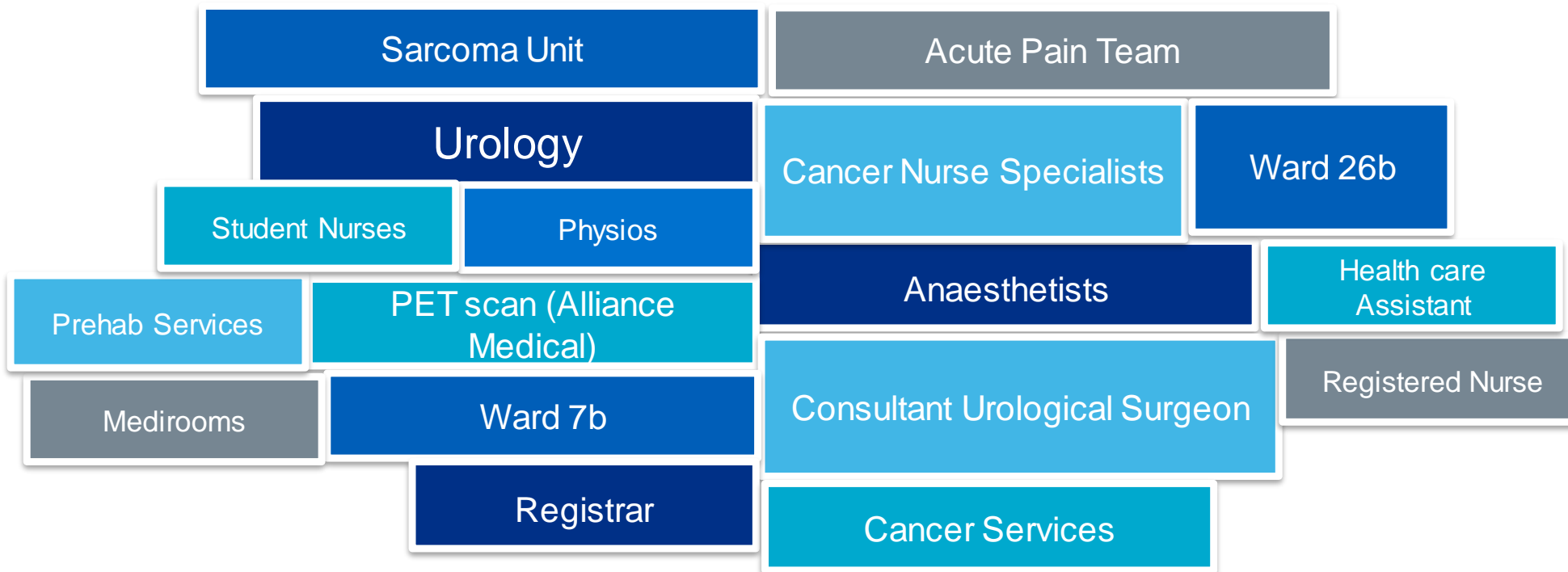
Attitude of Staff

“Each one of the staff were incredible. Although my stay on the Ward was due to having major surgery, my stay on Ward 7b was filled with opportunities to meet the amazing staff that work there. It was filled with good memories, despite the circumstances. This was all down to the staff, how they behaved, how they dealt with me and the professionalism in which they went about their work”.

- Reassuring
- Enthusiastic
- Personable
- Confident
- Listening
- Clear
- Calm
- Comforting
- Professional

Learning

Outstanding Patient Experience



8.1

Report To:	Public Trust Board			
Date of Meeting:	25 January 2024			
Report Title:	Research & Innovation Annual Report			
Report Author:	David Wynick, Director of Research NBT & UHBW Helen Lewis-White, Deputy Director of R&D			
Report Sponsor:	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 <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
			X	
Recommendations:	The Trust Board is asked to receive and note the report.			
Report History:	This is an annual update to the Trust Board.			
Next Steps:	N/A			

Executive Summary		
The presentation set out the Research & Innovation Annual Report, including the successes and challenges for 2023.		
Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience	✓
	High Quality Care – <i>Better by design</i>	
	Innovate to Improve – <i>Unlocking a better future</i>	
	Sustainability – <i>Making best use of limited resources</i>	
	People – <i>Proud to belong</i>	
	Commitment to our Community - <i>In and for our community</i>	
Link to BAF or Trust Level Risks:	N/a	
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	N/A	
Appendices:	Appendix 1: Research and Innovation annual update presentation	



Research – 2023 review

Helen Lewis-White – Deputy Director of R&D

Fergus Caskey – Associate Director of R&D*

David Wynick – Director of R&D*

*Joint NBT and UHBW posts

R&D Strategy – Year 1 Review

Empower patients

- NBT recruits and hosts over 330 NIHR studies, opening approximately 120 studies per year
- NBT has recruited over 13,000 participants across 206 studies in 2023,
- An additional ~5000 participants are being followed up in over 420 studies
- PPI Support for 45 research studies
- Incorporating research in antenatal classes and community services, normalizing research as a part of care.
- Oldest participant, over 100, youngest born yesterday.
- 68% ethnicity recorded for consented patients, (5% are non-white)

Nurture workforce

- Successfully implemented Early-Stage Researcher Program for NMAHPs
- Supported 10 RCF awards – time and mentoring to develop NIHR Grants
- NBT one of 30 Trusts hosting a NIHR Senior Research Leadership post – In Midwifery
- Provide bursaries for W&C and ED department in recognition of delivery
- Over 70% of the department attended non-mandatory training in 2023
- 60% RCF awarded to NMAHPs in 2023

Midwife's inspiration

- Doris Grace Twiggs – Bristol based midwife qualified in 1923
- Mary Alvarez – Lead Research Midwife and great niece to Doris



R&D Strategy – Year 1 Review

Embedding Research

- Embedding research in Trust onboarding
 - Trust Induction, medical and non-medical,
 - Preceptorship and Adapt programs
 - Graduate Trainee Program
- Embedding Research in Midwifery mandatory study program
- Establishing Ward Link roles
- Making strategic Investments in Rheumatology, Gastroenterology and Neurosurgery

Cross-System working

- Appointed Joint Commercial Research Manager with UHBW
- Working with UHBW and UoB to develop pan Bristol research SOPs and guidance
- Supporting BHP develop and review template agreements to improve efficiency of study set up
- Working with UHBW / BHOC to develop more seamless approaches to empowering patients to participate in cross organisational research

Patient story

[Will's Story: Taking part in Diabetes Research \(youtube.com\)](#)

Successes

- Ed Carlton – LoDED Study – Changes to CQIN; NICE and American Heart Association Guidelines
- The Fast MRI- Dyamond Journey from NBT Research Fund to NIHR EME
- Grant success -
 - In 2023 Submitted 16 Full stage NIHR grants and awarded 8 (value £4.85m)
 - Currently leading / managing 111 Grants (value £45m)
 - 9th /248 NHS Trusts in receipt of RCF

Challenges

- Junior Drs Strikes – impact on clinics and consultant time
- Trained workforce – fewer Jr Drs wanting to be involved in research
- Trained workforce – Recruiting challenges in a demand rich environment
- Space within the Clinical Research Centre,
- Closure of the research MRI at UHBW's CRF
- Addressing inequalities in research participant recruitment

Looking forward

- Continue to support our current strong translational research areas in Respiratory, MSK
- Support/strengthen developing areas: Urgent and emergency medicine; Vascular, Renal, Neurology and Perinatal medicine
- Develop new/emerging areas/specialities: Interventional radiology; Enablement Medicine
- Developing new/emerging research workforce leadership
- Creation of Associate Professor of Nursing post joint funded by NBT and UWE
- Supporting new Joint Director of Research – Prof Fergus Caskey

Research Review

- Post of Joint Director of Research created in 2010 with the aim of upscaling research activity, capacity and aspiration at both trusts
- NBT, with UHBW, now in top 3 research active NHS trusts measured by NIHR grant income
- At NBT NIHR grant income has increase 6-fold while the number of NIHR grants lead by NBT has seen a 10x growth (from 6 to 66 grants)
- Double the number of HRA approved studies active at NBT, doubled commercial income and trebled number of participants take part in research
- Regional anchor institutions and close mutually beneficial partnerships with UoB and UWE
- BHP founded 2012 and has focused on improving regional collaboration and cross system-working
- Provides the Research and Innovation Steering Group for our Integrated Care System. First region in England to formally integrate the AHSC with the work of the ICS/ICB

Report To:	Public Trust Board			
Date of Meeting:	25 January 2024			
Report Title:	Urgent and Emergency Care Patient Survey 2022			
Report Author:	Anna Bell, Matron for Emergency Care Charlotte Chylewski, Senior Sister			
Report Sponsor:	Prof. 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 <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
			X	
Recommendations:	The Board is asked to note the Urgent and Emergency Care Patient Survey 2022.			
Report History:	The report was published in September 2023 and shared with the patient and carer experience group and locally within the Emergency Department.			
Next Steps:	<ul style="list-style-type: none"> • Actions to continue in relation to urgent and emergency care flow, monitored by the Urgent and Emergency Care Board. • Friends and Family Test data is obtained in real time and local actions taken to improve patient experience. 			

Executive Summary

Urgent and emergency care services perform a critical role in keeping the population healthy and supporting millions of people every year. Anyone experiencing an urgent health problem can go to an urgent and emergency service with or without an appointment or referral. The number of people using these services is continually rising.

The Urgent and Emergency Care Patient Survey is commissioned every two years by the Care Quality Commission (CQC). All eligible Type 1 emergency departments (a consultant led 24-hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients), and Type 3 (other types of emergency/minor injury units (MIUs)/Walk-in Centres, primarily designed for the receiving of accident and emergency patients) are required to conduct the survey.

The 2022 Survey involved 122 NHS trusts in England with a Type 1 emergency department. Patients aged 16 and over were eligible for the survey if they attended an emergency department between 00:00 on the 1st of September 2022 and 23:59 on 30th September 2022. The results of the survey were published in August 2023. 272 patients participated in the survey, a 23% response rate.

Survey results for [North Bristol NHS Trust](#)

Nationally, the CQC reported *“People’s experiences of urgent and emergency care are worse than in previous years. This applies more so to results for Type 1 services, where results have declined for all questions evaluating care. For some aspects of care in Type 3 services, results have remained positive, such as being listened to by health professionals.”* They go on to add *“Younger people, people whose attendance lasted more than four hours, people identified as frail, disabled people and people who had recently visited the same A&E consistently reported poorer experiences of Type 1 services.”*

The Survey contains 47 questions divided into nine sections, reflecting the key pathway elements of urgent and emergency care:

1. Arrival at A&E
2. Waiting
3. Doctors and Nurses
4. Care and Treatment
5. Tests
6. Environment and Facilities
7. Leaving A&E
8. Respect and Dignity
9. Overall

Whilst there has been an overall decline in performance, we performed ‘about the same’ in all sections with the exception of environment and facilities where we performed ‘better than expected’.

No question was rated in the ‘worse than expected’ or the ‘much worse than expected’ categories.

To note, we performed ‘better than expected’ in questions relating to staff helping with communication needs, if this was needed and being able to access suitable food and drink while in A&E, if they wanted to. In relation to the ‘overall’ question, North Bristol NHS Trust was positioned 45 out of 122.

Questions where we have continued to improve:

- Able to get suitable food or drink.
- Staff helped with communication needs.
- Staff discussed transport arrangements before leaving A+E.
- Able to get help whilst waiting.
- Right amount of information given on condition or treatment.

Questions that require additional improvement:

- Told who to contact if worried.
- Enough privacy when discussing condition.
- Expected care and support available after leaving A+E.
- Enough time to discuss condition with doctor/nurse.
- Waited under four hours to be examined by a doctor/nurse.

The context of urgent and emergency care at the time of the survey is an important factor in understanding our performance relative to others, for example the number of 12-hour breaches in September 2020 was less than 10, whereas the number of 12-hour breaches in September 2022 was 750. Additionally, the average peak number of patients in the emergency department in September 2020 was 50, whereas the average peak number of patients in the emergency department in September 2022 was 80. Further, the average daily number of patients waiting to be admitted (decision to admit) in September 2020 was 10, whereas in September 2022 it was 30.

It is clear, both through this survey and our own monitoring of the Friends and Family Test, that the single biggest thing affecting experience is the perceived and actual delay in being seen, as a result, much of our improvement efforts have and continue to be on reducing delays throughout the urgent and emergency care pathway.

Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience	
	High Quality Care – <i>Better by design</i>	X
	Innovate to Improve – <i>Unlocking a better future</i>	
	Sustainability – <i>Making best use of limited resources</i>	
	People – <i>Proud to belong</i>	
	Commitment to our Community - <i>In and for our community</i>	
Link to BAF or Trust Level Risks:	Board Assurance Framework SIR1 – Patient Flow and Ambulance Handovers.	
Financial implications:		
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No, the contents of this paper are not likely to impact on people from different groups.	
Appendices:	1. Results for Urgent and Emergency Care Patient Survey 2022 2. Section rank with comparisons with University Hospitals Bristol and Weston 3. Appendix 3 - 2022 Urgent and Emergency Care Survey: 2022 Urgent and Emergency Care Survey	

10

PICKER REPORT 2022

Urgent and Emergency Care survey.



Anna Bell – ED Matron
Charlotte Chylewski - ED Ward Manager

NBTCARES

10.1

Background

- Urgent and Emergency Care Survey is commissioned by the Care Quality Commission.
- Surveys key performance indicators, considering the experiences of adults who received care from A&E departments.
- The Urgent and Emergency Care Survey is undertaken every 2 years.
- All eligible organisations in England are required to conduct the survey.
- Picker carried out surveys in 62 organisations with a Type 1 Department status.

The survey has undergone several changes over the last few years:

- Prior to 2016, the survey was run in the spring and covered Type 1 departments only
- In 2016, the survey moved to the autumn from spring.
- Since 2018, surveys on Type 1 and Type 3 departments have had separate questionnaires
- The Report uses 'Positive scores' as its primary unit of measurement. Respondent counts are also displayed, where relevant, this enables comparison of historical results so improvements and declines can be fully understood, whilst also enabling comparison to similar organisations on a question-by-question basis.

Why do we do it?

The Report from Picker highlights to Trust's areas for improvements, and areas of success. They suggest the Report is used in the following ways:

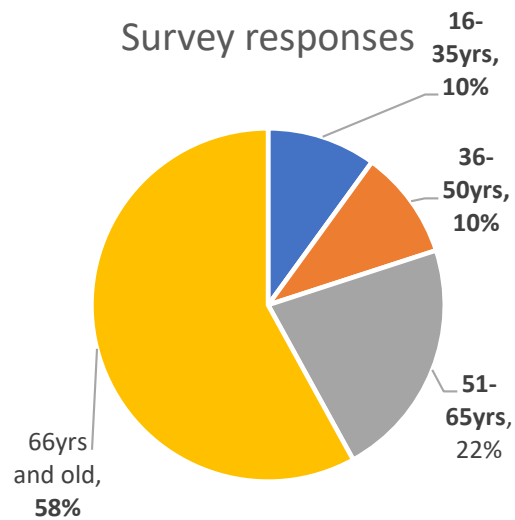
- To pick out any questions where the results are significantly different to the Picker Average.
- To review our organisation's performance over time.
- To compare our results to other organisations who took part in the survey.
- To compare areas within our organisation so good practice can be shared and we can see areas that may need attention.

What does it tell us?

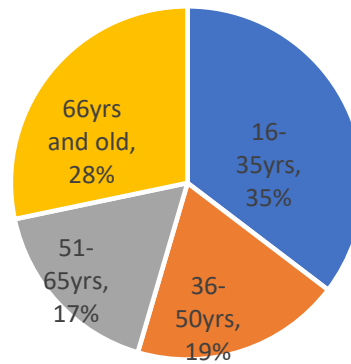
<p>1250 Invited to complete the survey</p>	<p>1198 Eligible at the end of survey</p>	<p>23% Completed the survey (272)</p>	<p>22% Average response rate for similar organisations</p>	<p>31% Your previous response rate</p>
<p>77% Q47. Rated experience as 7/10 or more</p> <p>96% Q46. Treated with respect and dignity</p> <p>96% Q17. Had confidence and trust in the doctors/nurses</p>	<p>Historical comparison*</p> <ul style="list-style-type: none"> Significantly better Significantly worse No significant difference 		<p>Comparison with average*</p> <ul style="list-style-type: none"> Significantly better Significantly worse No significant difference 	

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

Respondents- 23 %

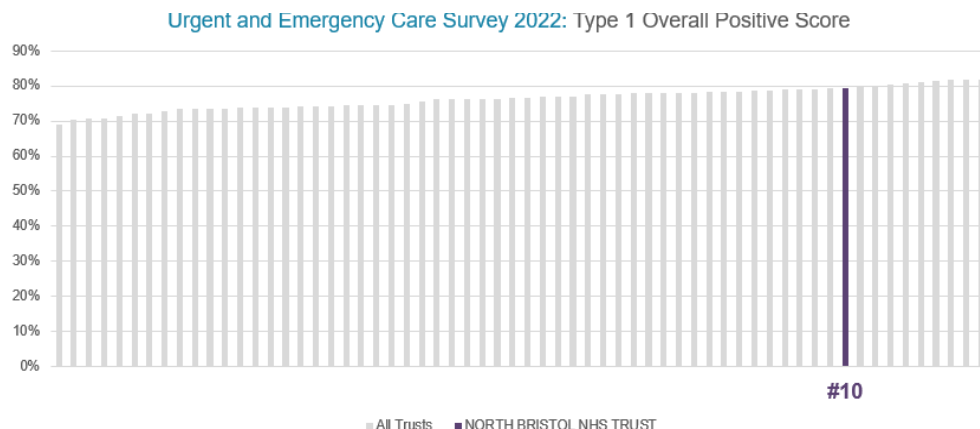


2022 Attendances



- 2% Asian/ Asian British
- 1% Black/ African/ Caribbean/ Black British
- 1% Mixed/ Multiple ethnic groups
- 0% Other ethnic groups
- 96% White

Headline results



We are rated 10th Best Type 1 Emergency Department for patient experience in the country.

Top 5 scores vs Picker Average	Trust	Picker Avg
Q33. Able to get suitable food or drink	80%	64%
Q21. Staff helped with communication needs	84%	73%
Q42. Staff discussed transport arrangements before leaving A&E	48%	39%
Q11. Able to get help whilst waiting	55%	46%
Q22. Right amount of information given on condition or treatment	79%	72%




These were the questions we scored best on when compared to others.

Room for Improvement.




Bottom 5 scores vs Picker Average	Trust	Picker Avg
Q40. Told who to contact if worried	73%	77%
Q6. Enough privacy when discussing condition	86%	87%
Q44. Expected care and support available after leaving A&E	67%	68%
Q13. Enough time to discuss condition with doctor/nurse	93%	94%
Q8. Waited under four hours to be examined by a doctor/nurse	85%	85%

Emergency Department Picker Patient Experience Action Plan – September 2023

ANS	Activity Not Yet Started	A	Amber - Activity/Progress on Track against Plan but known issues may impact on plan	C	Activity/Progress Complete
G	Green - Activity/Progress on Track against Plan with no issues	R	Red - Activity/Progress is off Track and requires immediate action	N	Activity/Progress Not yet reported

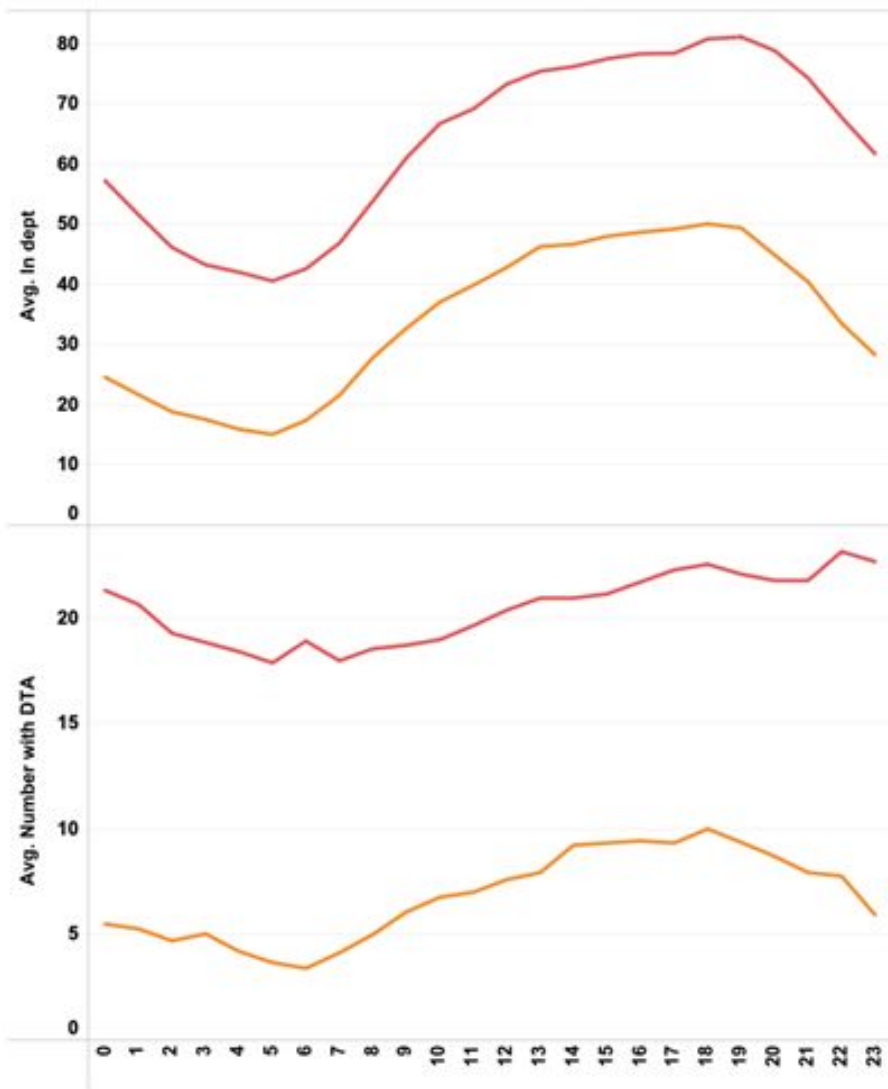
Theme	Picker Question	Key Areas of Action	Trust Lead	Due Date	Update on Progress	Perceived impact	RAG
The Picker Report	The Overall findings	<ul style="list-style-type: none"> Communication with the ED Team and Trust 	Anna Bell/charlotte Chylewski	August 2023	<ul style="list-style-type: none"> Communicate on Maria's midweek Message. Display window in ED 	Morale boost and engagement with improvements to be made	
Medications and Information	Q40 Told who to contact if worried.	<ul style="list-style-type: none"> Improving communication to patients Patient information leaflet on TTA analgesia Highlighting with clinicians need to advise patients of red flags and where to seek help if needed. Highlight to staff at inductions, appraisals and safety briefings the importance of listening and enabling patients to ask questions. Sign posting to appropriate resources. 	James Cameron/ Anna Bell	October 2023	<ul style="list-style-type: none"> Discussed at Dr's induction Messaging to all clinical staff 	Patient feeling in control and informed.	
Arrival and <u>Waiting</u>	Enough privacy when being examined or <u>treated</u>	<ul style="list-style-type: none"> Privacy booths in waiting room. Screens in reception to be removed if IPC happy. Initial assessment nurse cubicles Continue to highlight issues with privacy, dignity and safety with regard to corridor care back to the Trust, 	Amy Hudd, Zahra Dahnoun, Anna Bell	December 2023	<ul style="list-style-type: none"> Project underway looking into privacy booths. Issues with the supplier – due to start W/C <u>22.02.24</u> Screens have been removed from streaming nurse 	Increased privacy and dignity for all patients at the front desk	

Action Plan continued

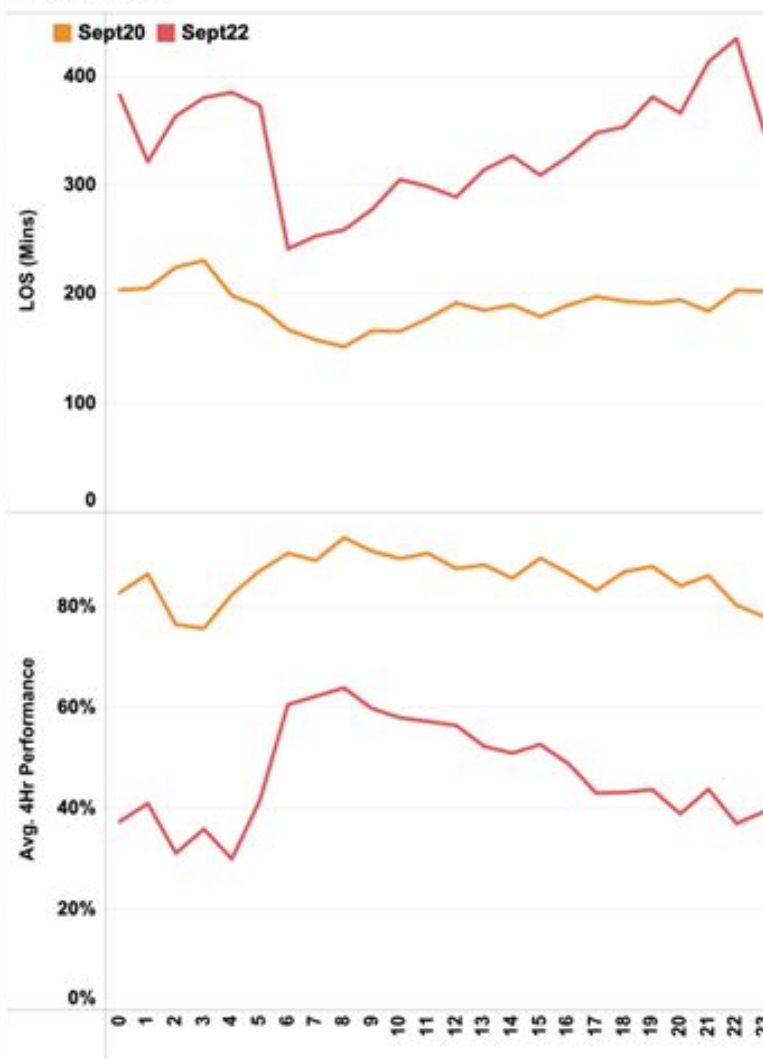
Arriving and Waiting	Expected care and support available after leaving A&E	Awaiting PICKER response	Charlotte Chylewski/Emily Ayling	December 2023	<ul style="list-style-type: none"> Repeatedly chases Picker for further information – no response. 	Patients feeling more in control of their illness and empowered to seek the appropriate help should they need it on discharge	
Doctors and Nurses, your care and treatment	Enough time to discuss condition with doctor/ nurse	<ul style="list-style-type: none"> Ensuring safe staffing of ED trained nurses and support from the Trust with increased staffing in times of pressure 	Anna Bell/Charlotte Chylewski/Amy Hudd/Helen Deval	Ongoing	<ul style="list-style-type: none"> AOA 30% uplift agreed for ED staff only, Breaking glass rates for ENP/ESP (at band 5 pay) Current vacancy of 10 across all bands. 	Skilled ED nurses delivering high quality care enabling positive patient experience.	
Arrival and Waiting	Waited under four hours to be examined by a doctor/ nurse	<ul style="list-style-type: none"> New streaming and redirection processes - right place first time. Increased pathway and access into medical/surgical SDEC Continue to highlight to the Trust need for increased staffing and support in times of extremis 	Rani Robson/Nicholas Adams/Anna Bell/James Cameron	Ongoing	<ul style="list-style-type: none"> Implemented in department. Departmental work on productivity Minors Focus and improvements 	Improvement in 4 hours performance and wait to see a clinical time.	

2020 VS 2022

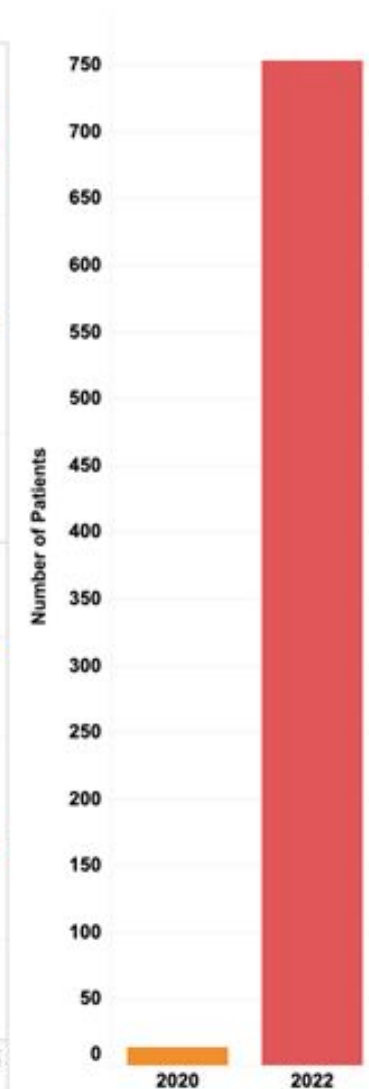
Average Number of Patients In Department By Hour Of Day



Average Length of Stay (Mins) and 4hr performance by hour of day



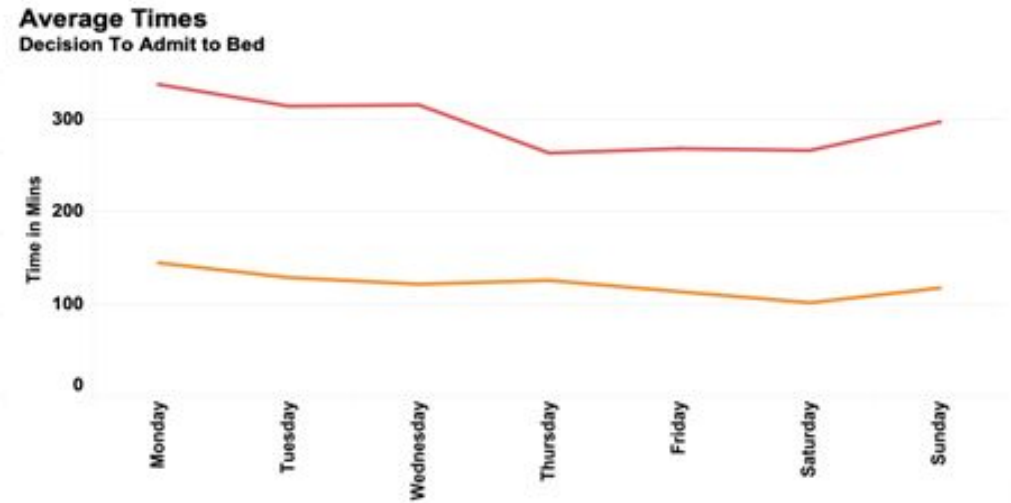
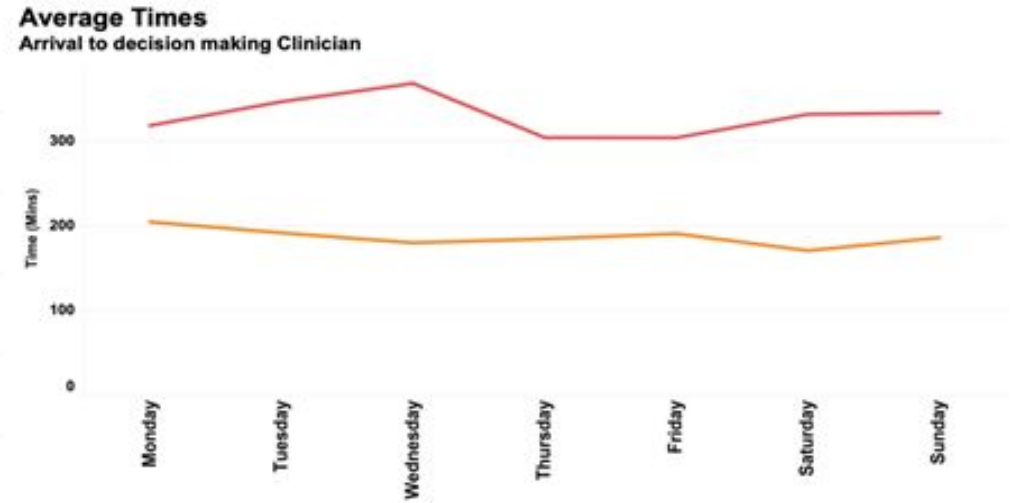
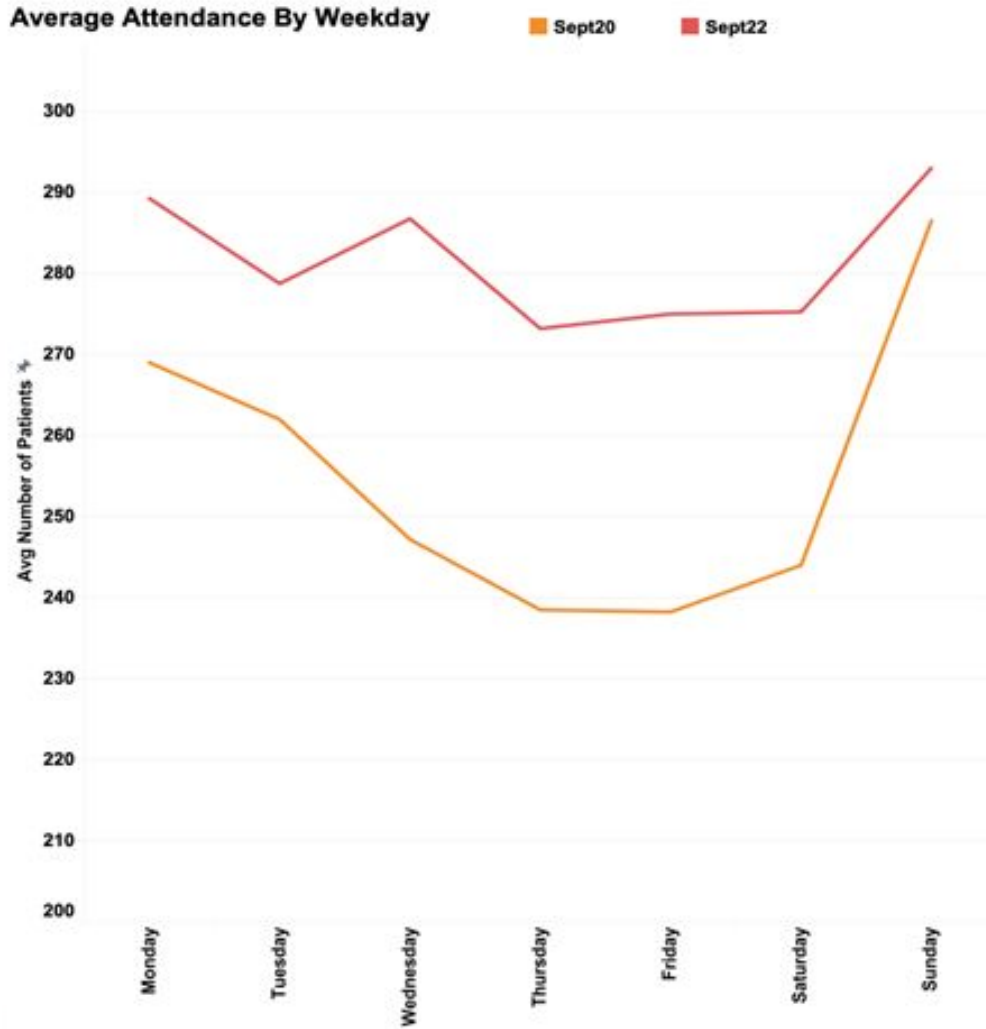
Number of 12 Hr Breaches



10.1

NBTCARES

2020 VS 2022



NBICARES

10.1

Maintaining – Important and doing well

Q	Question text	PS%
Q31	A&E department was very or fairly clean	97%
Q14	Understood explanation of condition and treatment	91%
Q20	Family/friend/carer able to talk to health professional	87%
Q16	Doctor or nurse discussed anxieties or fears about condition or treatment	84%
Q23	Enough privacy when being examined or treated	98%
Q33	Able to get suitable food or drink	80%
Q43	Staff discussed need for further health / social care after leaving A&E	74%
Q39	Told about symptoms to look for	74%

Q	Question text	PS%
Q46	Treated with respect and dignity	96%
Q17	Had confidence and trust in the doctors/nurses	96%
Q24	Enough attention from medical or nursing staff	91%
Q30	Staff helped control pain	84%
Q15	Doctors and nurses listened to patient	96%
Q41	Enough information to care for condition at home	83%
Q26	Involved in decisions about care and treatment	92%
Q22	Right amount of information given on condition or treatment	79%

Questions

Tab 10.2 Appendix 2 - Section rank with comparisons with University Hospitals Bristol and Weston

	Arrival at A&E	Waiting	Doctors and Nurses	Care and Treatment	Tests	Environment and facilities	Leaving A&E	Respect and Dignity	Overall	
	5.39	2.92	6.79	6.45	6.56	7.19	5.53	7.05	6.17	Best performing
	5.55	3.12	6.89	6.67	6.58	7.30	5.57	7.39	6.34	
	5.64	3.18	7.09	6.77	6.78	7.34	5.59	7.55	6.36	
	5.74	3.20	7.24	6.80	6.99	7.34	5.61	7.75	6.53	
	5.77	3.22	7.28	6.87	7.02	7.39	5.65	7.81	6.67	
	5.90	3.22	7.34	6.88	7.03	7.43	5.70	7.83	6.67	
	5.97	3.26	7.34	6.93	7.06	7.44	5.78	7.92	6.69	
	5.97	3.33	7.42	6.98	7.11	7.46	5.79	7.93	6.73	
	5.98	3.36	7.42	7.00	7.14	7.50	5.79	7.95	6.76	
	6.08	3.36	7.49	7.01	7.18	7.52	5.82	7.97	6.79	
	6.10	3.38	7.54	7.04	7.19	7.52	5.88	7.98	6.81	
	6.15	3.38	7.54	7.05	7.22	7.53	5.89	8.00	6.90	
	6.16	3.38	7.55	7.05	7.29	7.55	5.92	8.00	6.91	
	6.26	3.39	7.55	7.05	7.29	7.56	5.94	8.00	6.93	
	6.28	3.39	7.57	7.06	7.29	7.56	5.95	8.01	6.95	
	6.29	3.41	7.57	7.11	7.30	7.57	5.96	8.03	6.96	
	6.33	3.45	7.58	7.12	7.30	7.59	5.96	8.05	6.97	
	6.36	3.46	7.59	7.14	7.31	7.63	5.97	8.12	7.00	
	6.36	3.50	7.60	7.15	7.32	7.65	5.97	8.13	7.00	
	6.37	3.51	7.61	7.18	7.34	7.65	5.99	8.14	7.01	
	6.38	3.52	7.61	7.24	7.35	7.68	5.99	8.16	7.03	
	6.40	3.52	7.61	7.25	7.35	7.68	6.06	8.16	7.06	
	6.42	3.53	7.62	7.25	7.35	7.72	6.07	8.18	7.06	
	6.44	3.57	7.62	7.31	7.38	7.73	6.11	8.18	7.07	
	6.45	3.57	7.63	7.31	7.39	7.74	6.13	8.22	7.08	
	6.45	3.58	7.63	7.31	7.39	7.75	6.15	8.23	7.08	
	6.50	3.61	7.68	7.32	7.42	7.76	6.16	8.23	7.08	
	6.50	3.61	7.69	7.32	7.43	7.76	6.22	8.24	7.08	
	6.53	3.61	7.69	7.33	7.45	7.77	6.22	8.27	7.10	
	6.53	3.68	7.69	7.34	7.46	7.77	6.24	8.27	7.11	
	6.59	3.69	7.70	7.35	7.47	7.78	6.25	8.29	7.13	
	6.61	3.69	7.70	7.37	7.47	7.79	6.27	8.32	7.16	
	6.62	3.72	7.70	7.39	7.48	7.81	6.28	8.34	7.16	
	6.62	3.72	7.72	7.39	7.48	7.83	6.28	8.35	7.17	
	6.63	3.73	7.72	7.41	7.49	7.85	6.30	8.36	7.18	
	6.66	3.76	7.73	7.41	7.51	7.86	6.30	8.36	7.19	
	6.66	3.77	7.74	7.41	7.52	7.87	6.32	8.37	7.22	
	6.69	3.78	7.75	7.42	7.54	7.88	6.32	8.37	7.22	
	6.69	3.79	7.76	7.43	7.54	7.90	6.35	8.38	7.23	
	6.70	3.79	7.78	7.44	7.54	7.90	6.35	8.40	7.23	
	6.70	3.79	7.78	7.44	7.55	7.92	6.35	8.41	7.25	
	6.71	3.82	7.79	7.45	7.56	7.92	6.36	8.42	7.25	
	6.71	3.82	7.81	7.46	7.57	7.92	6.37	8.42	7.25	
	6.72	3.83	7.83	7.46	7.58	7.93	6.38	8.44	7.27	
	6.74	3.83	7.84	7.48	7.61	7.94	6.45	8.44	7.28	
	6.75	3.84	7.84	7.49	7.62	7.95	6.45	8.45	7.28	
	6.75	3.84	7.84	7.50	7.64	7.95	6.45	8.46	7.29	
	6.77	3.85	7.84	7.51	7.64	7.95	6.45	8.46	7.34	
	6.79	3.85	7.85	7.51	7.66	7.96	6.54	8.46	7.34	
	6.79	3.85	7.86	7.52	7.67	7.99	6.55	8.47	7.35	
	6.79	3.87	7.87	7.53	7.67	8.00	6.56	8.47	7.35	
	6.80	3.88	7.87	7.54	7.68	8.01	6.60	8.49	7.38	
	6.81	3.90	7.87	7.55	7.68	8.01	6.60	8.50	7.38	
	6.83	3.92	7.87	7.56	7.68	8.03	6.63	8.51	7.39	
	6.83	3.93	7.87	7.58	7.70	8.03	6.65	8.52	7.39	
	6.84	3.94	7.87	7.58	7.70	8.04	6.65	8.53	7.39	
	6.84	3.96	7.88	7.58	7.71	8.04	6.66	8.54	7.41	
	6.89	3.97	7.88	7.59	7.72	8.05	6.66	8.55	7.41	
	6.89	3.99	7.89	7.60	7.73	8.06	6.67	8.55	7.42	
	6.93	4.02	7.90	7.60	7.73	8.06	6.70	8.55	7.43	
	6.95	4.05	7.92	7.61	7.75	8.07	6.73	8.56	7.43	
	6.97	4.06	7.94	7.62	7.76	8.07	6.75	8.57	7.45	
	6.97	4.06	7.94	7.64	7.77	8.08	6.75	8.57	7.46	
	6.98	4.09	7.94	7.66	7.77	8.09	6.76	8.59	7.48	
	6.99	4.09	7.95	7.68	7.78	8.10	6.77	8.59	7.52	
	6.99	4.11	7.96	7.68	7.81	8.11	6.77	8.59	7.53	
	7.02	4.12	7.99	7.69	7.81	8.11	6.78	8.60	7.54	
	7.02	4.13	7.99	7.70	7.82	8.12	6.79	8.61	7.55	
	7.03	4.13	8.00	7.70	7.83	8.12	6.79	8.63	7.55	
	7.03	4.14	8.01	7.70	7.84	8.14	6.81	8.63	7.55	
	7.04	4.16	8.01	7.71	7.86	8.14	6.83	8.65	7.57	
	7.04	4.18	8.01	7.73	7.86	8.15	6.84	8.67	7.61	
	7.04	4.19	8.02	7.73	7.87	8.17	6.88	8.67	7.61	
	7.04	4.19	8.02	7.74	7.88	8.17	6.89	8.68	7.62	
	7.05	4.20	8.03	7.74	7.89	8.17	6.90	8.68	7.62	
	7.06	4.22	8.03	7.75	7.89	8.17	6.91	8.69	7.62	
	7.08	4.23	8.04	7.76	7.90	8.18	6.93	8.71	7.62	
	7.08	4.23	8.04	7.77	7.90	8.18	6.96	8.71	7.62	
	7.09	4.27	8.04	7.78	7.91	8.18	6.98	8.71	7.65	
	7.09	4.27	8.05	7.78	7.92	8.19	6.98	8.71	7.65	
	7.10	4.27	8.08	7.78	7.92	8.19	6.99	8.74	7.66	
	7.10	4.28	8.08	7.81	7.92	8.21	7.01	8.74	7.67	
	7.11	4.29	8.09	7.82	7.93	8.21	7.02	8.75	7.67	
	7.11	4.30	8.09	7.82	7.93	8.22	7.03	8.76	7.68	
	7.12	4.31	8.09	7.82	7.94	8.22	7.04	8.76	7.68	
	7.12	4.31	8.11	7.82	7.94	8.24	7.04	8.76	7.68	

10.2

Tab 10.2 Appendix 2 - Section rank with comparisons with University Hospitals Bristol and Weston

	7.12	4.32	8.12	7.82	7.95	8.26	7.07	8.76	7.68
	7.16	4.34	8.12	7.84	7.95	8.27	7.07	8.79	7.70
	7.16	4.34	8.14	7.85	7.95	8.28	7.10	8.81	7.70
	7.19	4.34	8.15	7.86	7.97	8.28	7.15	8.81	7.71
	7.19	4.37	8.15	7.88	7.99	8.28	7.17	8.82	7.71
	7.20	4.39	8.16	7.88	8.00	8.30	7.19	8.82	7.72
	7.21	4.41	8.16	7.88	8.03	8.31	7.22	8.83	7.73
	7.21	4.42	8.16	7.89	8.04	8.31	7.23	8.84	7.74
	7.23	4.43	8.16	7.90	8.04	8.31	7.31	8.86	7.74
	7.28	4.47	8.18	7.90	8.05	8.32	7.35	8.86	7.75
	7.29	4.47	8.19	7.91	8.05	8.34	7.42	8.87	7.79
	7.31	4.49	8.19	7.91	8.07	8.34		8.88	7.80
	7.33	4.52	8.20	7.92	8.10	8.35		8.88	7.80
	7.33	4.54	8.23	7.93	8.11	8.38		8.89	7.85
	7.34	4.56	8.24	7.94	8.12	8.43		8.89	7.85
	7.34	4.58	8.24	7.97	8.12	8.43		8.91	7.86
	7.37	4.61	8.25	7.97	8.13	8.45		8.96	7.88
	7.38	4.62	8.26	7.98	8.16	8.45		8.97	7.92
	7.42	4.63	8.30	7.99	8.15	8.46		8.98	7.92
	7.42	4.65	8.31	8.02	8.17	8.48		9.00	7.97
	7.43	4.65	8.32	8.03	8.18	8.49		9.00	7.98
	7.45	4.66	8.33	8.03	8.19	8.49		9.01	7.99
	7.46	4.69	8.33	8.04	8.20	8.50		9.02	8.01
	7.52	4.70	8.33	8.06	8.21	8.51		9.02	8.02
	7.52	4.72	8.34	8.06	8.22	8.51		9.03	8.03
	7.59	4.75	8.35	8.09	8.22	8.53		9.05	8.04
	7.61	4.76	8.36	8.12	8.24	8.54		9.05	8.05
	7.63	4.79	8.38	8.12	8.25	8.55		9.07	8.10
	7.64	4.83	8.38	8.14	8.27	8.62		9.09	8.10
	7.68	4.88	8.39	8.20	8.38	8.68		9.16	8.12
	7.68	4.97	8.40	8.22	8.38	8.69		9.18	8.14
	7.73	5.03	8.42	8.25	8.42	8.74		9.20	8.14
	7.79	5.04	8.44	8.25	8.46	8.74		9.20	8.19
	7.80	5.10	8.46	8.28	8.48	8.76		9.21	8.22
	7.86	5.10	8.47	8.29	8.55	8.80		9.24	8.29
	7.91	5.21	8.71	8.40	8.56	8.80		9.28	8.31
North Bristol NHS Trust position	37	78	87	108	105	118	53	82	78
University Hospitals Bristol and Weston position	110	107	109	122	97	102	48	120	114
Total	122	122	122	122	122	122	97	122	122

Best performing

Report To:	Public Trust Board			
Date of Meeting:	25 January 2024			
Report Title:	Quality Committee Upward Report			
Report Author:	Aimee Jordan, Senior Corporate Governance Officer & Policy Manager			
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 <i>private</i> .				
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 February 2024.			

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 January 2024.	
Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience
	High Quality Care – <i>Better by design</i>
	Innovate to Improve – <i>Unlocking a better future</i>
	Sustainability – <i>Making best use of limited resources</i>
	People – <i>Proud to belong</i>
	Commitment to our Community - <i>In and for our community</i>
Link to BAF or Trust Level Risks:	Link to BAF risks: <ul style="list-style-type: none"> • 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

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 January 2024.

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 January 2024

3.1 Twice Yearly Claims Report

The Committee received an update on the Trust's healthcare legal activity in Q4 2022/23 (January to March 2023) and Q1 and Q2 2023/24 (April to September 2023) including summarised lessons learned from claims and inquests. The report provided assurance that:

- The organisation benchmarks well, and is not an outlier for healthcare legal action,
- Learning from healthcare legal claims and inquests is identified and shared across the organisation.

Discussion focused on the benchmarking of information and the review of data. It was agreed that the next report to QC would include the group action data separately so that QC can scrutinise the non-skewed data.

The Committee also discussed the cost-savings of the inhouse legal team, and the ongoing support provided to divisions.

3.2 Waiting List Clinical Prioritization Process

The Committee received an update that set out the National Clinical Prioritisation process, including the context, the responsibility and the oversight of the process through the Clinical Surgical Prioritisation Group (CSPG).

The Committee discussed the process in depth, noting how patients were categorised and the clinical and operational process of reviewing, listing and managing patients.

The Committee received assurance that the Trust adhered to and implemented the National Clinical Prioritisation process.

3.3 Medication Errors and Mitigations

The Committee were joined by the Director of Pharmacy. It was outlined that whilst there has been a steady increase in the number of medication errors, the data has shown that the incidents occurred at the administration stage and were due to the omission of medication, rather than medicines being given in a harmful way.

The Committee noted that a Bristol-wide Medicine Management training package is currently being developed and would be implemented in the near future and that Safe and Secure Audits of medication storage around the wards are currently in progress.

The Committee received assurance that there has not been an increased level of harm to patients despite the increased level of incident reporting. Additionally the Committee were assured that there were multiple safety checks in place and that there are ongoing mitigations and actions to further address any issues identified.

The Committee welcomed the medicine safety risk register and the formation of a Medicines Safety Forum. The Committee discussed the future medicine safety reporting plan and noted the allergy update scheduled for March 2023.

3.4 Maternity Incentive Scheme – Sign Off.

The Committee were joined by representatives from the Women and Children's Health Division who presented the Maternity Incentive Scheme (MIS) Year 5 paper and outlined the compliance position against each of the ten safety actions and their sub requirements.

The Committee received reassurance that action plans were in place for all safety actions. The Committee were assured that a robust process had been followed to assess the data and challenge compliance levels.

The Committee endorsed the MIS Year 5 scheme for sign-off by Trust Board. The Committee noted that it would be presented as a separate agenda item and that the evidence underpinning the compliance statements would be available in the Trust Board Diligent Reading Room.

The Committee also expressed gratitude to everyone in the division for the positive progress that has been made.

3.5 An Evaluation of Nutrition as a Component of Patient's Improvement Plans

The Committee were joined by the Head of Dietetics who presented the paper and provided assurance of how patients' nutrition and hydration needs were being met in hospital specifically noting:

- National standards and compliance,
- Nutritional screening assessments,
- Training and education
- Quality improvement programmes.

The Committee noted the positive collaboration between the tissue viability and the nutrition and dietetics team but recognised the need for the ward staff to take increased shared responsibility for the nutritional needs of patients. The Committee supported the ambition to develop a nutrition nurse role to lead on the screening and quality improvement work and address the organisations non-compliance status with NICE guidelines. The Committee noted that this fell under the responsibility of the Chief Nursing Officer and work was already underway to develop the nutrition workforce.

The Committee received reassurance that nutritional advice for patients was included in discharge summaries if the patients were under a dietician.

The Committee discussed the link between pressure ulcers and nutrition and agreed that the Chief Nursing Officer would raise the issue with the Integrated Care Board and share the paper with colleagues across the system. The Committee agreed to receive an update in 12 months' time.

3.6 Learning From Deaths/Mortality Report

The Committee were joined by the Clinical Audit & Effectiveness Manager who presented the Learning From Deaths/Mortality Report which summarised the quarter three data for 2023-24 and the ongoing work to develop the mortality improvement programme.

The Committee received assurance that:

- the Trust has a robust system in place to deliver the key requirements and support learning and continuous improvement,
- That NBT remains a safe hospital for patients, with Summary Hospital-Level Mortality Index (SHMI) data confirming that NBT ranks favourable with peer groups for overall low mortality.

The Committee discussed the ongoing work to improve the SJR review rate and improve the divisional engagement with the Medical Examiner referrals. The Committee also discussed the opportunities for learning, particularly regarding the theme of “communication” arising from the case studies.

The Committee noted that a Board Development Session was scheduled for February to provide education on Learning from Deaths across the Trust to improve the understanding of the whole process.

3.7 CQC Assurance

The Committee received an update which covered:

- The CQC’s implementation of the new Single Assessment Framework and Quality Standards in the South Region,
- The Trust’s agreed approach to prepare for forthcoming inspections,
- The initial feedback from the Maternity Inspection on 2nd November 2023.

The Committee discussed the Maternity Inspection feedback and noted that the final report would be circulated once available.

3.8 Vaccination Programme Quality Update

The Committee received a report on the BNSSG system Vaccination Programme and welcomed the success of the programme and thanked the team for all their hard work.

3.9 Other items:

The Committee also received the following items for information:

- Sub-committee upward report(s):
 - Drugs & Therapeutics Committee
 - Safeguarding Committee
 - Patient Safety & Clinical Risk Committee
 - Clinical Effectiveness & Audit Committee
- Quality Committee forward work-plan 2023/24

4. Identification of new risks & items for escalation

4.1 None.

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.

Report To:	Public Trust Board			
Date of Meeting:	25 January 2024			
Report Title:	People Committee & EDI Upward Report			
Report Author:	Tomasz Pawlicki, Corporate Governance Officer			
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 <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
				X
Recommendations:	That the Trust Board receive the report for assurance and note the activities the People & EDI 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 the Trust Board in March 2024.			

Executive Summary		
The report provides a summary of the assurances received and items discussed and debated at the People Committee meeting held on 10 January 2024.		
Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience	
	High Quality Care – <i>Better by design</i>	
	Innovate to Improve – <i>Unlocking a better future</i>	
	Sustainability – <i>Making best use of limited resources</i>	
	People – <i>Proud to belong</i>	✓
	Commitment to our Community - <i>In and for our community</i>	✓
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:	None	

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 & EDI Committee meeting held on 10 January 2024.

2. Background

- 2.1 The People & EDI Committee is a sub-Committee of the Trust Board. It meets bimonthly 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 10 January 2024

3.1 Chief People Officer Update

The Committee received an update from the Chief People Officer, which focused on ongoing work in the following key areas:

- A successful first “Commitment to the Community” event that took place on 6 December 2023, alongside Babbasa Youth Empowerment Group. The Chief People Officer outlined high attendance and thanked the teams involved.
- Progress on the EDI plan and plan reviews. Actions include reviewing recruitment panels for higher bands and clinical vacancies to create more diverse recruitment panels.
- Two case studies from the work at NBT around EDI have been shared with NHSE, to be saved in their EDI national case study repository for use by other NHS organisations. This included the fantastic work done during Black History Month including the ‘Yes You Can’ Campaign, celebrating the diverse career journeys of Black, Asian, and Minority Ethnic (B.A.ME) staff within the Trust.
- The planned launch of the Zero Acceptance Policy following review by the Executive Management Team later in January, underpinned by a 3-month “We do not accept” campaign.

The Committee discussed the Improvements to the recruitment process, noting the actions in place to improve the recruitment panel diversity and for the Trust to have aligned processes on the recruitment of clinical and non-clinical staff. The Committee noted a huge amount of work and progress in the recruitment Plan.

3.2 Operational Workforce Update

The Committee received the update and acknowledged the continuing improvement on retention and staff vacancy fill. Progress on EDI plan was also noted. The Committee welcomed the detail, clarity and depth in the new format report.

The Committee was assured by the actions taken to maximise retention and reduce turnover of Health Care Assistants specifically in the clinical divisions, where HCA had previously been an outlier.

3.3 Workforce Plan Update

The Committee received the Workforce Plan Update, outlining the implementation of next iteration and how the plan would be used by organisation in business planning, from March 2024. A clear timeline with actions was presented to the Committee including progress on the intervention themes. The urgent need to grow apprenticeship opportunities to support the Divisional workforce plans, especially for the nursing workforce was noted. The Committee were assured by the update.

3.4 APC Recruitment Workstream update

The Committee received an update from the Deputy Chief People Officer on the Acute Provider Collaborative Recruitment Programme. The discussion focused heavily on the collaborative workforce highlighting the benefits of collaboration with the Communications team.

The Committee welcomed the Acute Provider Collaborative Recruitment Workforce update and thanked the team for the great progress.

3.5 Staff Attitude Survey (SAS) Initial Results and Timeline Update

The Committee received an update on the Staff Attitude Survey. Most of the data remained under embargo, with full results due to be released in March 2024. It was agreed it was a phenomenal improvement and when the full data sets are released we need to ensure we promote the improvement areas as well as areas for further action.

3.6 Health & Safety Committee Upward Report

The Committee received the Health & Safety Committee Upward Report which provided assurance on the oversight and management of Health and Safety compliance in the organisation. An update was provided on:

- The internal and external audits carried out across the Trust Estate and progress against the associated actions.
- The actions taken place to fix the door mechanism in the Learning & Research building and Pathology.
- The Health & Safety risks and the management of the mitigating actions.
- RIDDOR incidents and the work into reported incidents of violence and aggression.

The Committee noted the ongoing work to improve the quality of reporting for RIDDOR events. In addition, the Committee discussed improvements and training for Elgar staff on physical abuse to ensure the safety of patients and staff.

The Committee gained good assurance from the updated.

3.7 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 received assurance that the TLRs were being actively monitored and reviewed through the Risk Management Group.

4. Other items:

The Committee also received the following items for information:

- Update on Partnership Working and Strikes
- NHS England Self-Assessment for Placement Providers 2023

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.

Report To:	Public Trust Board			
Date of Meeting:	25 January 2024			
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 <i>private</i> .				
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 and Risk Management Committee.			

Executive Summary	
Details of the Trust's performance against the domains of Urgent Care, Elective Care and Diagnostics, Cancer Wait Time Standards, Quality, Workforce and Finance are provided in the Integrated Performance Report.	
Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience ✓
	High Quality Care – <i>Better by design</i> ✓
	Innovate to Improve – <i>Unlocking a better future</i> ✓
	Sustainability – <i>Making best use of limited resources</i>
	People – <i>Proud to belong</i> ✓
	Commitment to our Community - <i>In and for our community</i>
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 Equality, Diversity and Inclusion Assessment (EIA)?	N/A
Appendices:	Appendix 1: IPR Appendix 2: Maternity PQSM



North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT



January 2024
(presenting December 2023 data)

NBTCARES

Contents

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	8
Safety and Effectiveness	Chief Medical Officer Chief Nursing Officer	16
Patient Experience	Chief Nursing Officer	23
Research and Development	Chief Medical Officer	29
Well Led / Workforce	Director of People and Transformation Chief Medical Officer Chief Nursing Officer	31
Finance	Director of Finance	44
Regulatory View	Chief Executive	47
Appendix		49

North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																			Peer Performance	Rank
Responsiveness	A&E 4 Hour - Type 1 Performance	R	95.00%	65.83%	55.61%	71.94%	79.69%	78.35%	80.16%	70.74%	75.15%	71.49%	71.94%	64.33%	60.56%	63.37%	67.17%		51.11%	1/11
	A&E 12 Hour Trolley Breaches	R	0	-	786	312	9	135	2	39	10	12	17	23	223	213	269		6-1964	3/11
	Ambulance Handover < 15 mins (%)		65.00%	-	14.09%	24.15%	31.94%	28.00%	38.76%	33.96%	34.54%	32.21%	26.14%	25.74%	25.35%	30.54%	29.30%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	30.37%	56.74%	73.94%	70.60%	82.40%	73.03%	78.48%	74.86%	70.85%	64.84%	57.57%	66.56%	61.70%			
	Ambulance Handover > 60 mins		0	-	1041	457	105	267	87	231	164	165	182	317	620	438	548			
	Average No. patients not meeting Criteria to Reside			-	243	254	217	239	208	190	198	200	198	195	218	228	243			
	Bed Occupancy Rate			94.47%	98.22%	97.93%	96.77%	97.21%	96.08%	97.14%	96.99%	95.81%	93.63%	95.59%	97.12%	96.84%	96.28%			
	Diagnostic 6 Week Wait Performance		1.00%	15.00%	38.56%	32.21%	22.45%	16.03%	17.44%	17.48%	18.64%	15.10%	14.18%	12.50%	11.40%	9.81%	10.11%		26.18%	2/10
	Diagnostic 13+ Week Breaches		0	299	3663	2459	1497	939	740	593	595	300	124	59	17	14	7		14-4552	1/10
	RTT Incomplete 18 Week Performance		92.00%	-	62.05%	63.87%	63.87%	63.37%	62.66%	63.23%	61.02%	60.97%	60.50%	60.53%	61.52%	61.94%	60.14%		54.45%	8/10
	RTT 52+ Week Breaches	R	0	2437	2984	2742	2556	2576	2684	2798	2831	2689	2599	2306	2124	1858	1685		74-14436	2/10
	RTT 65+ Week Breaches			308	1105	895	742	547	591	594	619	624	606	582	545	420	389		3-4592	2/10
	RTT 78+ Week Breaches	R		50	306	223	167	69	65	84	59	44	48	48	55	49	50		0-660	4/10
	Total Waiting List	R		40409	46523	46266	46327	47287	47861	47731	49899	50119	50168	48969	48595	47698	47245			
	Cancer 2 Week Wait	R	93.00%	89.07%	56.62%	55.01%	63.52%	56.84%	41.63%	39.10%	42.67%	52.00%	52.22%	47.79%	49.00%	51.25%	-			
	Cancer 31 Day First Treatment		96.00%	95.04%	87.16%	82.41%	89.90%	91.04%	79.58%	83.51%	86.27%	90.77%	87.80%	81.59%	85.61%	88.14%	-		88.00%	7/10
	Cancer 62 Day Standard	R	85.00%	71.57%	49.00%	41.54%	57.82%	61.62%	55.29%	50.00%	53.20%	54.21%	52.15%	50.81%	55.43%	58.04%	-		55.43%	6/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	73.16%	55.48%	62.66%	77.41%	78.17%	68.05%	62.72%	66.43%	65.14%	57.36%	54.96%	59.46%	71.59%	-		59.46%	4/10
	Cancer PTL >62 Days		242	182	328	335	191	140	178	207	171	183	236	276	250	260	336			
	Cancer PTL >104 Days		0	18	23	26	41	29	25	40	45	46	41	47	49	53	64			
Urgent operations cancelled ≥2 times		0	-	0	0	0	0	1	0	0	0	0	0	0	1	1				

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

North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend	
Quality, Safety and Effectiveness	Summary Hospital-Level Mortality Indicator (SHMI)				0.98	0.96	0.97	0.98	0.98	0.99	0.99	0.98	-	-	-	-	-		
	Never Event Occurrence by month		0	0	1	1	0	0	0	0	0	0	0	1	1	0	0		
	Commissioned Patient Safety Incident Investigations				1	3	3	3	2	4	0	0	2	2	2	1	1		
	Healthcare Safety Investigation Branch Investigations				0	1	0	0	0	0	0	0	0	0	0	1	1		
	Total Incidents				1320	1173	973	1188	1027	1118	1110	1035	1120	1181	1454	1522	1106		
	Total Incidents (Rate per 1000 Bed Days)				44	38	36	39	37	38	38	35	39	42	47	51	36		
	WHO checklist completion			95.00%	97.91%	97.43%	97.30%	97.76%	99.20%	96.97%	97.77%	99.01%	98.58%	97.68%	99.08%	99.36%	99.43%		
	VTE Risk Assessment completion	R		95.00%	95.46%	95.83%	95.54%	95.09%	95.61%	95.06%	94.97%	94.72%	94.33%	93.85%	92.70%	91.15%	-		
	Pressure Injuries Grade 2				11	16	9	13	20	15	18	17	12	14	11	10	12		
	Pressure Injuries Grade 3			0	1	0	0	1	0	0	0	0	0	2	1	0	0	1	
	Pressure Injuries Grade 4			0	1	0	2	1	0	0	0	0	1	0	0	1	0	0	
	Pressure Injuries rate per 1,000 bed days				0.43	0.48	0.37	0.46	0.63	0.45	0.55	0.47	0.46	0.46	0.26	0.34	0.33		
	Falls per 1,000 bed days				6.52	7.31	6.29	6.25	5.92	6.39	5.66	4.91	5.73	4.96	6.45	6.56	6.38		
	MRSA	R	0	0	0	0	0	2	0	0	1	1	0	0	1	1	0		
	E. Coli	R		4	4	9	4	2	8	4	7	4	2	7	5	11	5		
	C. Difficile	R		5	2	1	2	6	1	4	11	6	2	5	4	3	2		
	MSSA			2	2	4	2	0	1	2	6	9	5	2	4	3	6		
	Observations Complete				98.75%	96.12%	95.84%	96.64%	99.14%	99.05%	98.89%	99.22%	97.56%	96.48%	99.02%	98.83%	98.66%		
	Observations On Time				55.83%	59.42%	60.67%	59.75%	41.65%	42.49%	45.38%	48.37%	61.62%	69.58%	73.33%	75.00%	72.04%		
	Observations Not Breached				66.98%	70.31%	71.20%	70.39%	52.73%	53.66%	57.47%	58.21%	73.78%	80.83%	85.17%	88.39%	85.54%		
	5 minute Apgar 7 rate at term			0.90%	0.49%	0.48%	0.58%	0.45%	0.79%	0.00%	0.72%	0.93%	0.45%	0.64%	0.68%	1.82%	0.78%		
	Caesarean Section Rate				44.57%	44.27%	43.99%	42.03%	36.41%	42.80%	44.37%	40.65%	46.33%	47.02%	42.89%	43.19%	41.26%		
	Still Birth rate			0.40%	0.22%	0.00%	0.00%	0.21%	0.24%	0.21%	0.44%	0.43%	0.21%	0.29%	0.21%	0.21%	0.72%		
	Induction of Labour Rate			32.10%	34.62%	35.73%	38.52%	34.91%	36.89%	35.91%	33.55%	38.04%	32.08%	30.65%	34.31%	30.21%	36.65%		
	PPH 1500 ml rate			8.60%	1.81%	3.60%	3.83%	2.80%	3.16%	4.09%	2.87%	4.13%	2.31%	2.68%	3.97%	2.96%	2.42%		
	Fragile Hip Best Practice Pass Rate				21.88%	47.06%	57.14%	60.34%	68.42%	55.00%	43.10%	62.00%	54.00%	51.92%	79.17%	68.63%	-		
	Admitted to Orthopaedic Ward within 4 Hours				9.09%	26.47%	38.78%	48.28%	47.37%	47.50%	27.59%	40.00%	48.00%	36.54%	33.33%	25.49%	-		
	Medically Fit to Have Surgery within 36 Hours				3.64%	44.12%	59.18%	65.52%	70.18%	67.50%	44.83%	62.00%	58.00%	55.77%	81.25%	72.55%	-		
	Assessed by Orthogeriatrician within 72 Hours				7.27%	67.65%	95.92%	94.83%	96.49%	85.00%	93.10%	96.00%	98.00%	96.15%	97.92%	96.08%	-		
	Stroke - Patients Admitted				89	111	64	115	94	121	181	132	187	162	154	158	96		
Stroke - 90% Stay on Stroke Ward			90.00%	71.88%	68.12%	82.00%	80.95%	86.36%	87.01%	85.71%	89.02%	80.91%	84.62%	82.22%	71.95%	-			
Stroke - Thrombolysed <1 Hour			60.00%	35.29%	57.14%	62.50%	80.00%	56.25%	42.86%	73.33%	44.44%	68.18%	52.38%	75.00%	56.25%	-			
Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	36.92%	43.84%	48.08%	55.68%	73.24%	58.97%	61.86%	66.67%	58.93%	56.19%	59.78%	61.45%	-			
Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	89.04%	85.06%	94.23%	92.39%	93.59%	77.42%	84.11%	80.00%	86.89%	87.93%	89.80%	85.71%	-			

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

North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend
Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity				95.48%	88.29%	90.06%	91.98%	94.44%	93.50%	91.79%	88.81%	91.00%	89.49%	89.49%	89.29%	91.73%	
	Friends & Family Positive Responses - Emergency Department				76.52%	87.92%	87.59%	87.57%	86.07%	79.57%	81.95%	81.75%	83.58%	74.74%	72.80%	79.33%	80.94%	
	Friends & Family Positive Responses - Inpatients				92.67%	93.51%	94.56%	93.58%	92.85%	93.29%	91.62%	93.65%	93.70%	93.37%	91.96%	92.53%	91.30%	
	Friends & Family Positive Responses - Outpatients				95.64%	95.10%	94.57%	95.24%	95.53%	95.43%	94.67%	95.46%	95.13%	94.04%	94.65%	95.45%	96.01%	
	PALS - Count of concerns				126	106	139	156	120	141	141	145	123	135	139	152	103	
	Complaints - % Overall Response Compliance			90.00%	72.43%	80.82%	82.14%	79.63%	73.17%	79.49%	80.00%	79.63%	64.10%	71.11%	65.00%	60.00%	73.00%	
	Complaints - Overdue				12	5	3	4	3	1	6	5	4	5	9	10	3	
Complaints - Written complaints				51	62	41	41	38	57	44	42	48	49	60	49	36		
Workforce	Agency Expenditure ('000s)				1675	2030	1809	2485	1533	1948	2342	2402	2242	2182	2093	2184	1610	
	Month End Vacancy Factor				8.93%	8.64%	8.44%	7.88%	6.21%	7.96%	8.03%	8.25%	7.69%	7.16%	6.62%	6.42%	5.87%	
	Turnover (Rolling 12 Months)	R		-	17.10%	16.99%	16.77%	16.76%	16.56%	16.29%	15.90%	15.19%	15.03%	14.59%	14.13%	13.74%	13.30%	
	Sickness Absence (Rolling 12 month)	R		-	5.56%	5.49%	5.43%	5.30%	5.19%	5.08%	5.07%	4.94%	4.92%	4.91%	4.89%	4.81%	4.70%	
	Trust Mandatory Training Compliance				83.65%	86.34%	87.23%	88.71%	80.99%	82.00%	84.23%	84.73%	86.69%	87.04%	89.39%	90.69%	91.06%	

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

Executive Summary – January 2024

Urgent Care

Four-hour performance improved to 67.17% in December. NBT ranked first out of 11 AMTC providers. 12-hour trolley breaches reported at 269 last month, whilst there were 548 ambulance handover delays over one-hour. UEC pressures were compounded by increasing NC2R numbers, year-on-year increase in ED attendances (saw just under a 10% increase of attendances in Dec-23 versus Dec-22), bed closures due to seasonal infection outbreaks of Norovirus and further Junior doctor industrial action. The trended increase in the overall NC2R numbers has continued since October; this is a primary driver of the current UEC difficulties and is following a reduction in community bed capacity as per the system plan. Executive-level escalation at system-level continues and we continue 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 over 104-weeks and over 78-weeks for treatment. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Following a period of respite from industrial action, the Trust is beginning to make progress in recovery of RTT activity losses from previous strike periods. While in-year RTT target ambitions remain challenged, contingency plans are underway. Confidence in delivery recently rose from ‘low’ to ‘reasonable’ in the absence of industrial action, however, junior doctor’s strikes in December and January have destabilised progress and will show a deterioration in the trajectory in the January data. Operational teams are currently working up further contingencies to compensate, but the limited time available before the end of the year means that this will be challenging. Diagnostics performance continues to excel – having delivered the year-end requirement of no more than 15% of patients waiting greater than six weeks. As a result, the Trust has set itself a further stretch target of reaching next year’s diagnostic waiting time target (5%) by the end of this year. The Trust is now 4.89 percentage points away from hitting next year’s 5% target.

Cancer Wait Time Standards

The Trust has been able to make substantial improvement in the total cancer waiting list, however, there has been a significant impact from industrial action on the Trust total PTL size and waiting times. A revised plan to recover the position is in place – focussing on two higher volume tumour sites i.e. Gynaecology and Skin cancer. Some of this work is starting to feed through to performance with the FDS moving back to planned trajectory – reporting 71.59% in November, a significant improvement on October and now less than 3.5 percentage points away from the 75% requirement at year-end. However, more work needs to be done to maintain this improvement and the impact of the most recent industrial action in December and January are likely to compromise the improvement trends next month.

Executive Summary – January 2024

Quality

Within Maternity, the NICU admission rate at term rose to 5.5% against a national target of 5%. There were 2 new MNSI cases accepted in November: One neonatal death and one baby that was cooled and went on to have normal MRI. All cases reviewed via PMRT had all elements of care scored as A or B (no issues with care that had an impact on the outcome). The draft report has been received for the national CQC Maternity Inspection visit in November and a Factual Accuracy review submitted on 19 January, as required. Infection control data for December showed a continued reduced incidence of C-Difficile, which is moving closer to the annual trajectory and E-Coli cases continue to track below trajectory albeit with a recent increase which is being acted upon. There are no new MRSA cases and ongoing work is progressing for the sustained increase in MSSA rates, which reflects regional trends and related actions. The overall improving trend in falls rates remains, although the past 3 months have seen an increased rate which is consistent with previous seasonal trends, reflecting winter challenges. The rate of for pressure injuries is stable within the normal statistical range. A marked reduction in medication incidents was seen in December, representing a significantly different picture to that reported over the past 8 months, with a similar shift downwards in those causing harm. A single month change is not necessarily indicative of future trends and will continue to be watched closely in the coming weeks. WHO Safety Checklist compliance is high, reflecting good safety practice within theatres. Progress in delivering the year-1 workplan for Patient & Carer Experience against each of the four Strategy commitments remains good. 93.37% of patients gave the Trust a Friends & Family Test positive rating. This was in keeping with the previous month and remains within the expected range of performance. The response rate compliance for complaints improved significantly from 60% in November to 73% in December, reflecting improved performance within the WaCH Division. ASCR remains the primary area of challenge. All complaints are acknowledged within 3 working days in line with expected national standards.

Workforce

The Trust vacancy factor was 5.87% (558.11wte) in December down from 6.42% (609.36wte) in November. The greatest reduction in vacancies continues to be seen in registered nursing and midwifery with the vacancy position falling by 35.20wte from November to December. Rolling 12-month staff turnover decreased from 13.74% in November to 13.30% in December continuing the improvement trend since November 2022. The Trust rolling 12-month sickness absence rate fell to 4.70% in December from 4.81% in November. Overall temporary staffing demand decreased by 6.74% (-62.93wte) from November to December. Both agency and bank use decreased by (-17.73%, -26.82wte) and (-8.77%, 57.50wte) respectively, resulting in an increase in unfilled shifts (+15.99%, +20.07wte), from November to December.

Finance

The financial plan for 2023/24 in Month 9 (December) was a deficit of £1.6m. The Trust has delivered a £1.4m deficit, which is £0.2m better than plan. The year-to-date position is a £4.3m adverse variance against a planned £3.6m deficit. In month, the Trust has recognised a benefit of £1.9m due to reduced public dividend capital. Temporary staffing costs in the year-to-date position is creating a £6.4m adverse variance to plan and unidentified savings are £9.1m adverse to plan, the impact of which is offset by delays in investments and vacancies. The Trust cash position at Month 9 is £59.3m, a reduction of £44.6m from Month 1. This is driven by the Trust underlying deficit and capital spend. The Trust is currently forecasting a £1.5m underspend on capital by Month 12. Hence, spend is expected to be within plan. The Trust has delivered £13.4m of completed cost improvement programme (CIP) schemes at month 9. There are a further £3.4m of schemes in implementation and planning that need to be developed, and £4.3m in the pipeline.

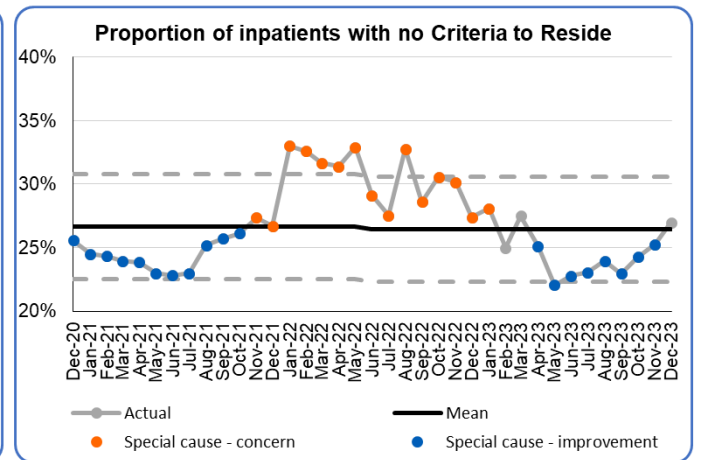
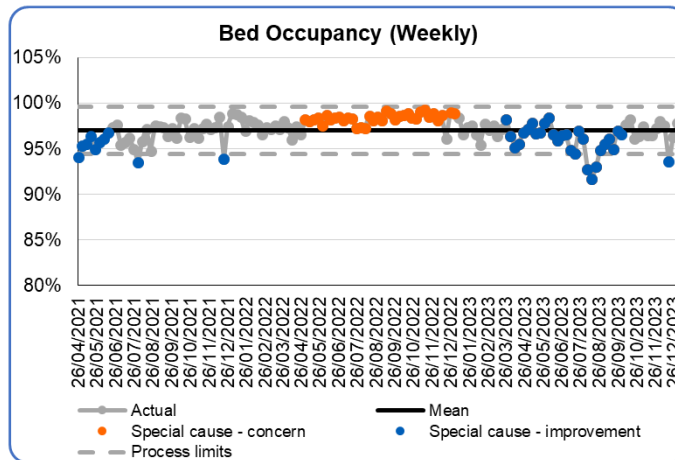
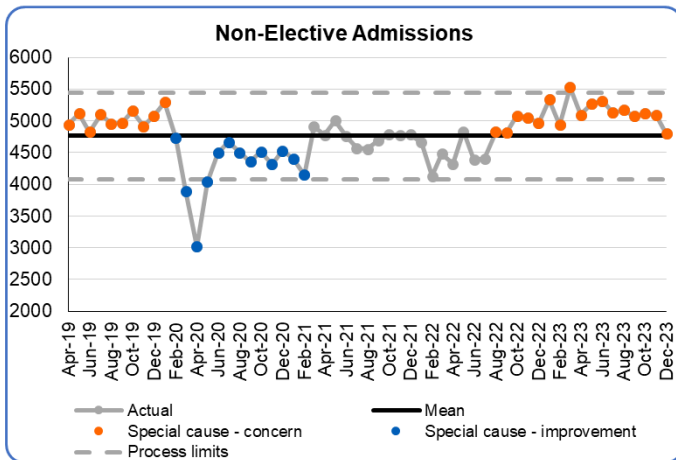
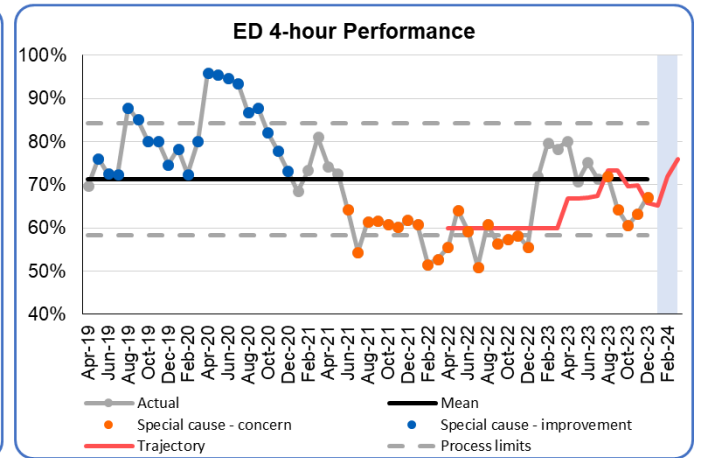
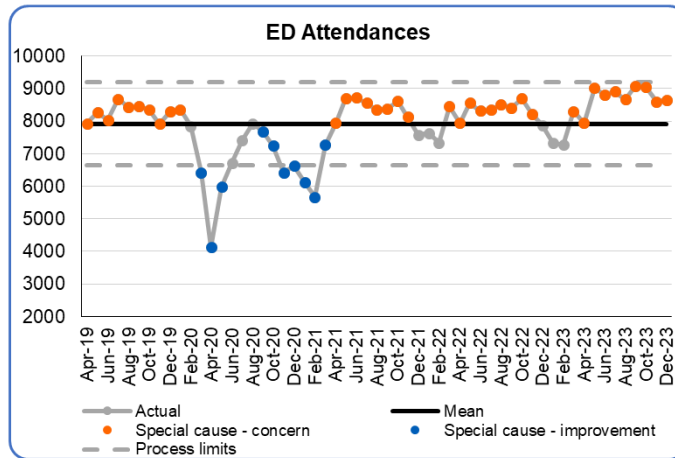
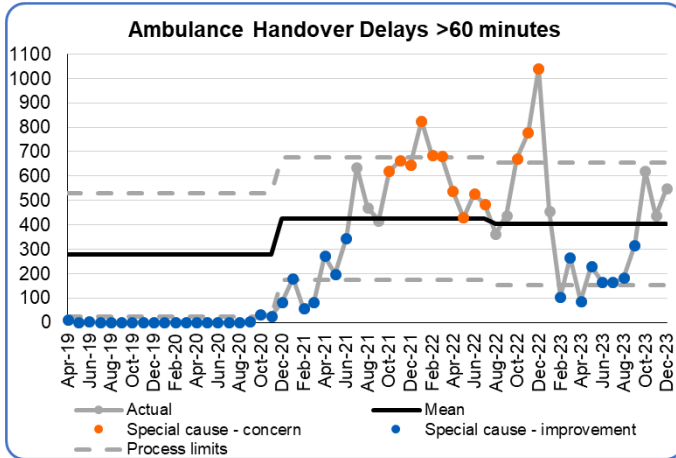
Responsiveness

**Board Sponsor: Chief Operating Officer
Steve Curry**

Responsiveness – Indicative Overview

Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Internal and partnership actions continue
	Transfer of Care Hub	Embed new ways of working to realise full benefits of co-located Trust & partner staff
	NC2R/D2A	Gradual increase in NC2R numbers with proposed reduction in community bed access.
RTT	65-week wait	Break in industrial action allowing recovery plans to reduce adverse variance – new recovery contingencies for the latest IA being worked through. Some risk.
Diagnostics	15% 6-week target	Achieved
	13-week waits	Now running ahead of trajectory – IA contingencies continue with good impact
	CDC	Agreement reached on Apr-24 provision through temporary capacity followed by permanent CDC capacity in Aug-24.
Cancer	28-day FDS standard	IA remedial actions taking effect – significant improvement in November. Impact of latest IA being assessed.

Urgent and Emergency Care



Urgent and Emergency Care

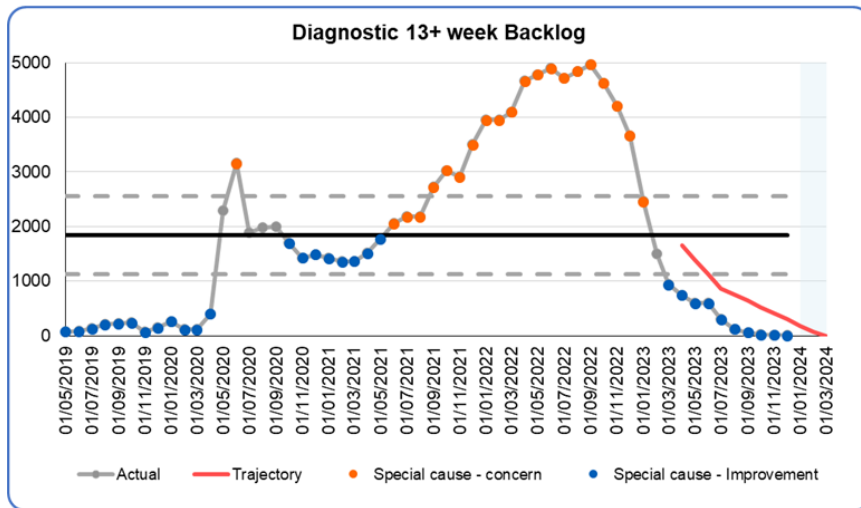
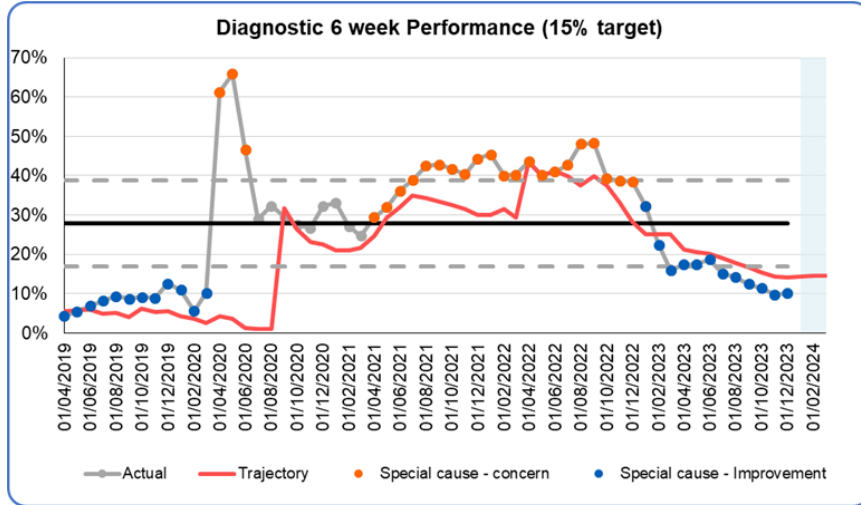
What are the main risks impacting performance?

- Increasing volumes of NC2R prior to December continued with further increase within December to compound an already pressured UEC hospital pathway. As previously noted, this increase coincided with a period of planned bed reductions within community beds. A position which has been challenged at the point of planning by NBT.
- Year-on-year ED attendances have been increasing in previous months, but there was a marked increase yet again in December showing attendances at almost 10% higher than the previous December.
- Junior doctor industrial action for December further challenged the UEC system with a direct impact over the three-day period and a lag to impact which will be reflected in the January report.
- December saw the beginnings of a material increase in seasonal infections, in terms of presentations. In particular, there were significant bed losses as a result of a Norovirus outbreak – on top of increases in COVID-19 and seasonal flu.
- Ambulance conveyances continued to rise with a peak seen on the 27th December where there were 125 conveyances to ED at NBT, this compared to approximately 80 at UHBW.

What actions are being taken to improve?

- The Trust has escalated concerns regarding community bed reductions with system partners and the impact this is having on hospital exit block and headline UEC performance.
- Ambulance handovers – the Chief Nursing Officer led a ‘refresh’ of the continuous flow model in response to December ambulance delays. Although the approach had continued over the summer, its scale of deployment was commensurate with a lower level of patient flow pressure. The approach has been reintroduced more rigorously with two-hourly monitoring in place. The normal risk mitigations which have been previously used continue to apply in using this ‘balance of overall risk’ approach.
- Ongoing introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- A revised bed plan for winter was designed, having used a previous summer reserve to compensate for community bed losses in the early autumn. The revised plan included the build-up of a new bed reserve based on higher levels of patient discharge in the pre-Christmas period. While the new reserve was significant, the pressures experienced in the post-Christmas period meant that much of this had been deployed earlier than planned.
- 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



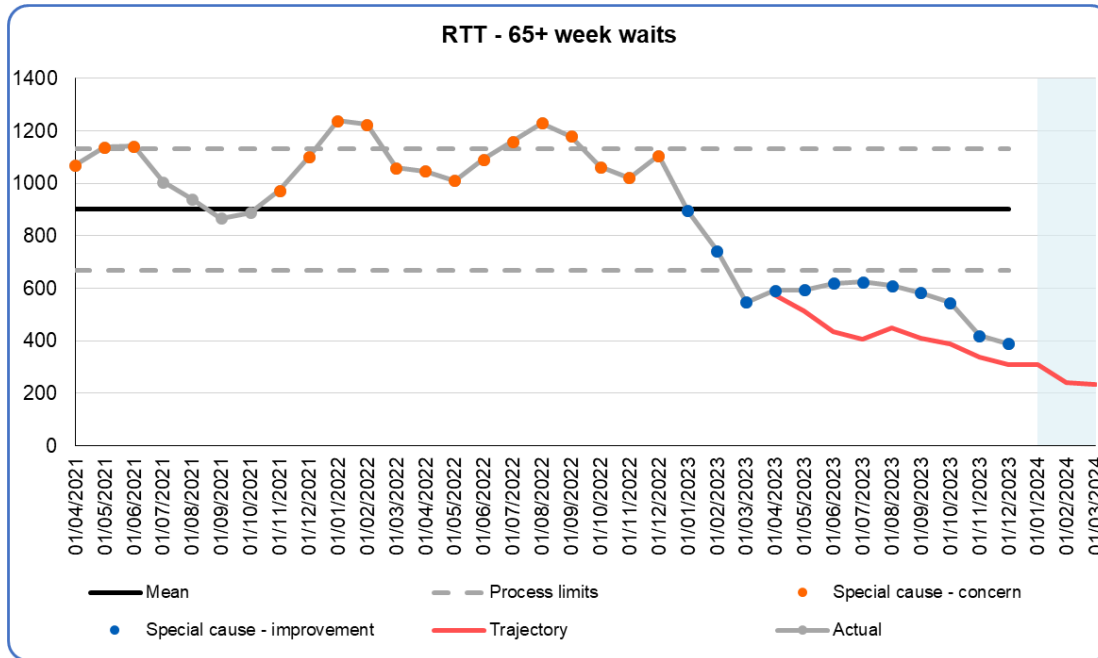
What are the main risks impacting performance?

- The Trust continues to achieve the objective of no more than 15% patients breaching 6-weeks. This was achieved 7 months ahead of the initial year-end target.
- The Trust continues to be on track to clear 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 remains the biggest risk to compliance.

What actions are being taken to improve?

- Work is underway to consolidate the current performance achievement and to re-profile the year-end achievement towards the anticipated target for 2024/25 i.e. 5%.
- Endoscopy – Utilising capacity from a range of insourcing and outsourcing providers, transfers to the IS, WLIs and employment of a Locum. The Endoscopy service transitioned from the Medicine Division to the CCS Division as of November 2023. this aligns the service with other diagnostic services as we transition to the development of CDCs. The CCS leadership team has a key role in the development of the CDCs and is best placed to transition Endoscopy services accordingly.
- 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)



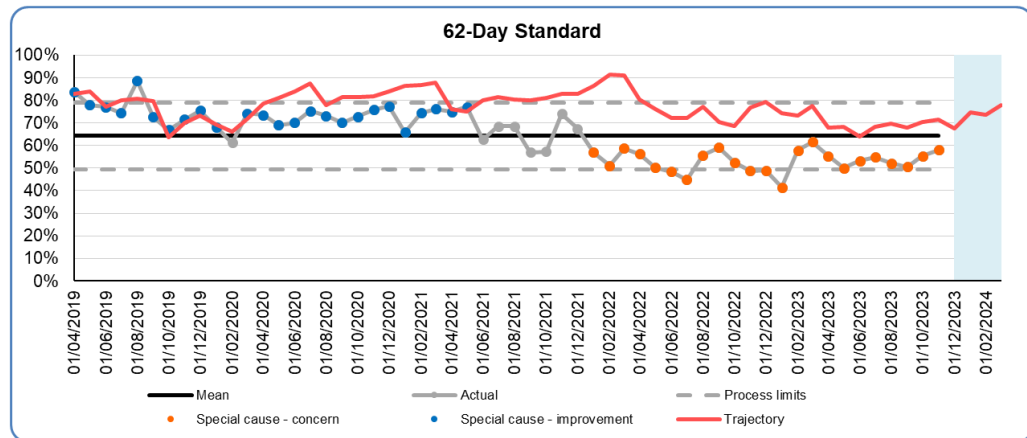
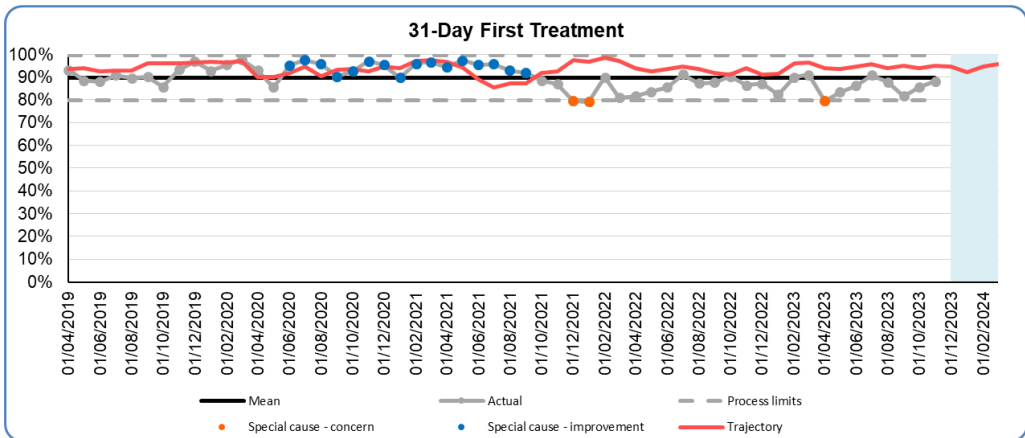
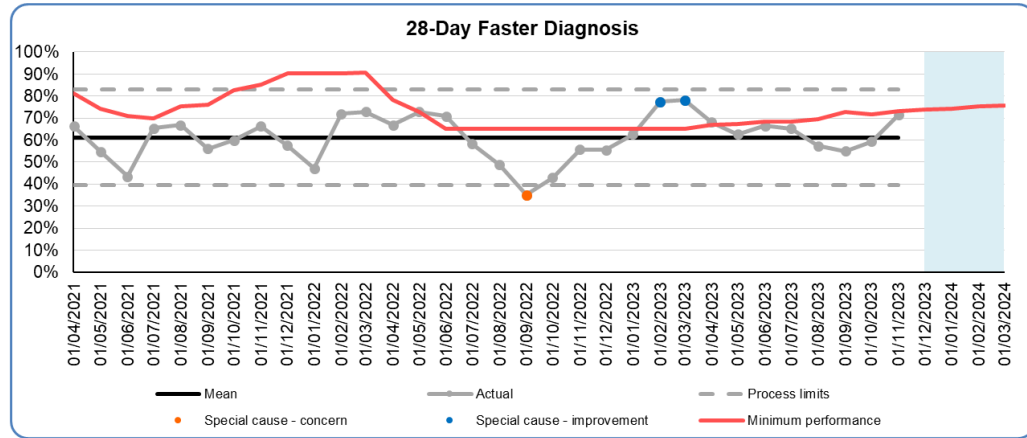
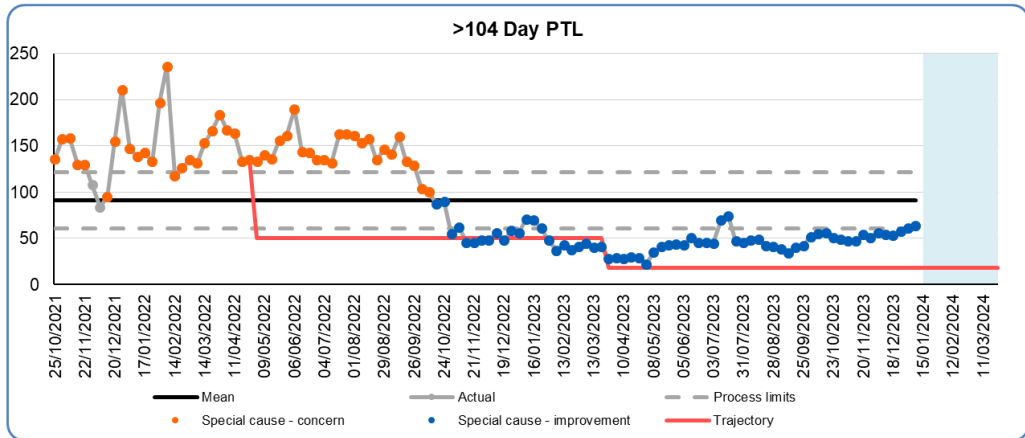
What are the main risks impacting performance?

- The continued impact of repeated periods of industrial action is having a material adverse impact on the position.
- 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.
- The potential impact of UEC activity on elective care.

What actions are being taken to improve?

- Focused work on maintaining 104ww and 78ww positions continues.
- 65-week wait potential breaches – contingency plans to recover industrial action losses underway with better confidence in delivery However, Junior Doctor’s strikes which occurred in December and January are likely to destabilise the current improvement trajectory. The Trust remains committed to delivering to plan.
- 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



Cancer Performance

What are the main risks impacting performance?

- Significant impact of industrial action resulting in escalation actions - deterioration in performance as activity continues to be lost and the backlog of patients are seen/informed and treated.
- Ongoing clinical pathway work reliant on system actions remains outstanding.
- Reliance on non-core capacity.
- Increased demand is now a significant driver – Skin referrals, Gynaecology referrals and Endoscopy referrals.

What further actions are being taken to improve?

- Significant additional activity has been commissioned to recover industrial action related deteriorations in Skin and Gynaecology.
- Recovery actions can only be made sustainable through wider system actions. The CMO is involved in System workshops looking to reform cancer referral processes at a primary care level.
- Focus remains on sustaining the absolute >62-Day Cancer PTL volume and the percentage of >62-Day breaches as a proportion of the overall wait list. This has been challenged by recent high volume activity losses (industrial action related) within areas such as Skin.
- High volume Skin '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.
- Moving from an operational improvement plan to a clinically-led pathway improvement plan for key tumour site pathways such as Skin and Urology (e.g. prostate pathway).

Quality, Safety and Effectiveness

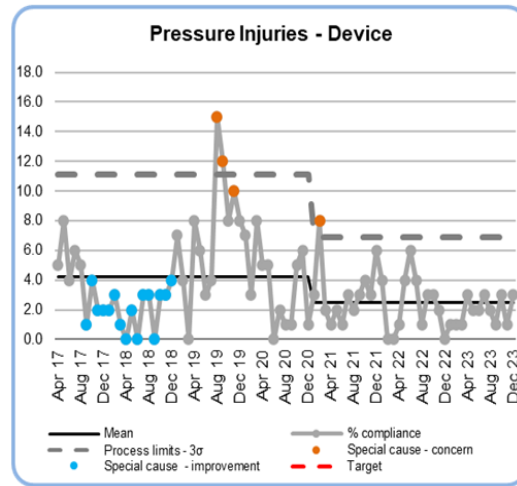
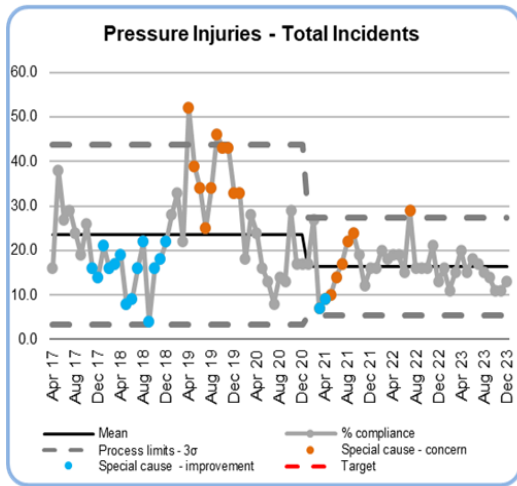
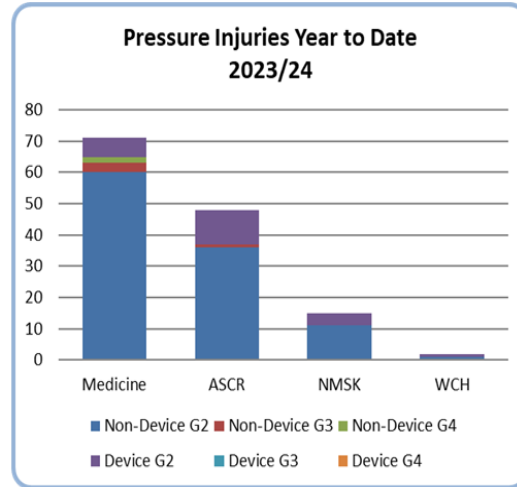
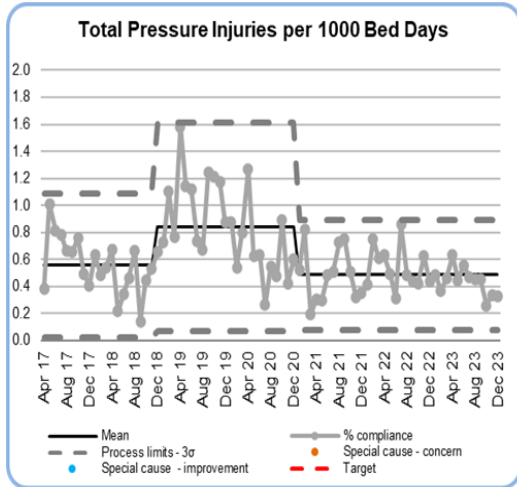
**Board Sponsors: Chief Medical Officer and Chief Nursing Officer
Tim Whittlestone and Steven Hams**

Maternity

Perinatal Quality Surveillance Monitoring (PQSM) Tool – Nov 23 data

NHS North Bristol NHS Trust					NHS North Bristol NHS Trust				
	Sep-23	Oct-23	Nov-23	TREND		Sep-23	Oct-23	Nov-23	TREND
Activity					Workforce				
Number of women who gave birth, all gestations from 22+0 gestation	425	479	473		Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	1	4	2		Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	1	1	3	
Number of women who gave birth (>=24 weeks or <24 weeks live)	424	478	470		Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	2	2	2	
Number of babies born (>=24 weeks or <24 weeks live)	435	484	476		Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	0	0	0	
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)	36	44	36		Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)	1	1	1	
No of livebirths <24 weeks gestation	1	0	0		Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)	0	0		
Induction of Labour rate %	28.5%	34.3%	30.2%		Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).	16.87%	11%	8%	
Spontaneous vaginal birth rate %	42.7%	45.8%	44.9%		Vacancy rate for midwives	11.91%	7.88%	6.14%	
Assisted vaginal birth rate %	10.4%	10.9%	11.7%		Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)		45%	40%	
Caesarean Birth rate (overall) %	46.9%	42.9%	43.2%		Vacancy rate for NICU nurses	24	12	16	
Planned Caesarean birth rate %	21.5%	21.8%	21.1%		Datix related to workforce (service provision/staffing)	4	7	3	
Emergency Caesarean Birth rate %	24.3%	21.1%	22.1%		Consultant led MDT ward rounds on CDS (Day to Night)	73%	65%	67%	
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	3.80%	5.20%	5.50%		Consultant led MDT ward rounds on CDS (Day)	100%	94%	67%	
Perinatal Morbidity and Mortality inborn					Compliance				
Total number of perinatal deaths (excluding late fetal losses)	3	2	2		One to one care in labour (as a percentage)	98%	98%	99%	
Number of late fetal losses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)	0	1	2		Compliance with supernumerary status for the labour ward coordinator	100%	100%	100%	
Number of stillbirths (>=24 weeks excl. TOP)	1	1	1		Number of times maternity unit attempted to divert or on divert		1		
Number of neonatal deaths : 0-6 Days	0	0	1		in-utero transfers				
Number of neonatal deaths : 7-28 Days	1	0	0		in-utero transfers accepted				
PMRT grading C or D cases (themes in report)	1	1	0		in-utero transfers declined		0		
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	0	0	0		ex-utero transfers				
Maternal Morbidity and Mortality					Improvement				
Number of maternal deaths (MBRRACE)	0	0	0		Service User feedback: Number of Compliments (formal)	37	38	35	
Direct	0	0	0		Service User feedback: Number of Complaints (formal)	4	1	7	
Indirect	0	0	0		Friends and Family Test Score % (good/very good) NICU	88	63	100	
Number of women receiving enhanced care on CDS	15				Friends and Family Test Score % (good/very good) Maternity	85	81	86	
Number of women who received level 3 care (ITU)	0	0	0		Staff feedback from frontline champions and walk-about (number of themes)	4	0	5	
Insight					Trust Level Risks				
Number of datix incidents graded as moderate or above (total)	0	0	3		Progress in achievement of CNST/10	7	7	7	
Datix incident moderate harm (not SI, excludes HSIB)	0	0	1		Trust Level Risks	6	6	7	
Datix incident PSII (excludes HSIB)	0	0	0						
New HSIB referrals accepted	0	0	2						
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						

- This report summarises the PQSM data for November 2023.
- The NICU admission rate at term rose to 5.5% against a national target of 5.0%. The quarterly report will be discussed in the February 2024 Quality Committee.
- There were 2 new MNSI cases accepted in November; one neonatal death and one baby that was cooled and went on to have normal MRI.
- The midwifery vacancy rate has dropped to 6.14%. The risk register entry has been rescored to reflect this.
- All cases reviewed via PMRT had all elements of care scored as A or B (no issues with care that had an impact on the outcome).



Pressure Injuries

What does the data tell us?

In December there was a slight increase in the number of grade 2 pressure ulcers. There were 12 grade 2 pressure ulcers, with three being attributable to medical devices.

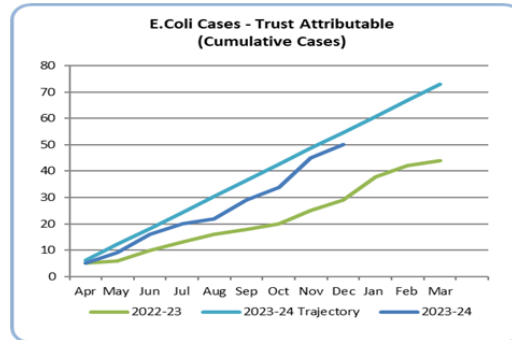
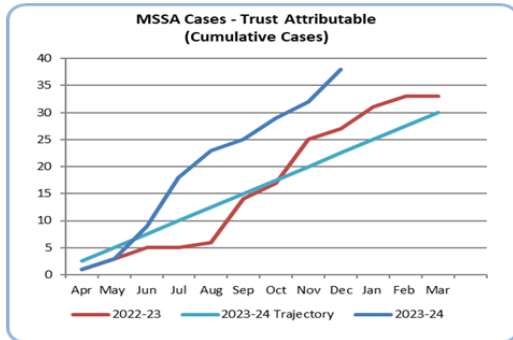
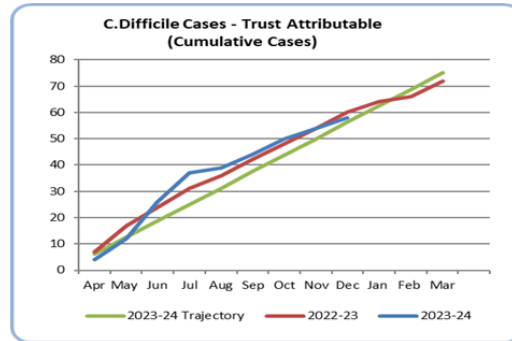
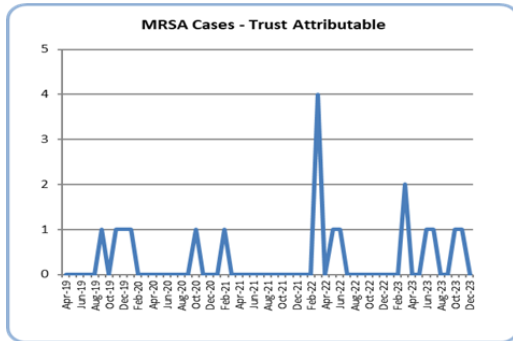
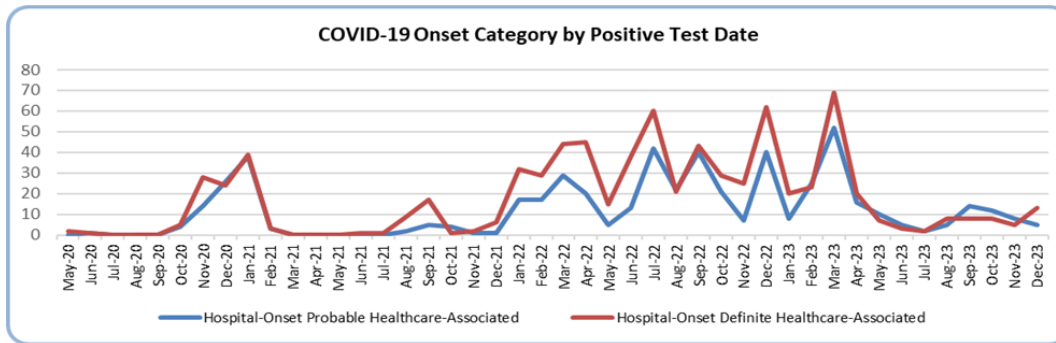
There was one grade 3 pressure ulcer that was attributed to 9b that was reported externally following a deterioration of grade 2 whilst an inpatient.

There was an increase in DTI incidents from the previous month to 22 DTI's, The targets for PU reduction in 2023/2024:

- 10% reduction on grade 2 pressure ulcers. We are on target to achieve this.
- Zero tolerance for grade 3 and grade 4 pressure ulcers with a 50% reduction from 2022/2023.

What actions are being taken to improve?

- TVN and Patient Safety worked collaboratively to propose a new framework for investigating pressure ulcer incidents at NBT. This was presented at the Patient Safety Group and discussed at the Pressure Ulcer Steering Group. This proposal is responsive to new and emerging trends for investigation, whilst working on established themes being
- The TVN strategy on a page was updated to version 2, with the revised strategic objectives of the TV team at NBT following implementation and delivery of several key projects late 2023 and acknowledging emerging themes. This was reviewed at the Pressure Ulcer Steering Group for agreement.
- The TVN senior team have been working with different admission streams and emergency department to understand the challenges in implementing Purpose-T within 6 hours interaction with a clinician. This has resulted in a supportive working relationship and adaption of the SHINE admission document.
- Following the launch of Purpose-T pressure ulcer prevention risk assessment, feedback was sought at the pressure ulcer steering group. The implementation has been successful with only a few tweaks to the form in the EPR system. The old Pressure Ulcer assessment will be retired 8th January 2024.
- In response to the PU heel damage theme a trail of the Repose wedge will commence early January 2024 on 9b.
- The TVN team continue to provide a supportive, educational and responsive service across NBT and seek to work in collaboration with the clinical teams.



Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus) / Influenza - Numbers of cases have been stable with POCT testing in acted for both Organisms .Virology epidemiological data is pointing towards a predicted influenza peak in late Jan 24

Winter D+V (Norovirus) -Late December saw a rapid increase of confirmed and symptomatic cases this resulted in closed beds and is a pattern that has been seen both regionally and nationally .

MRSA – 4 cases this year , this has promoted a review of vascular device selection and work around implementation of midlines as well as review of PICC service.

C. Difficile – Cases have further reduced to below trajectory . The team are starting a PIRSF approach to investigation and education in place from themes and trends

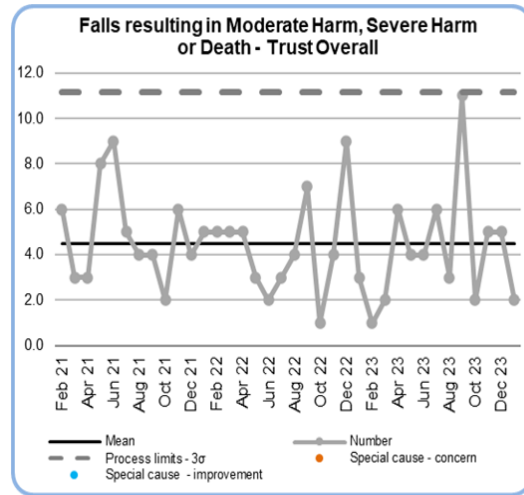
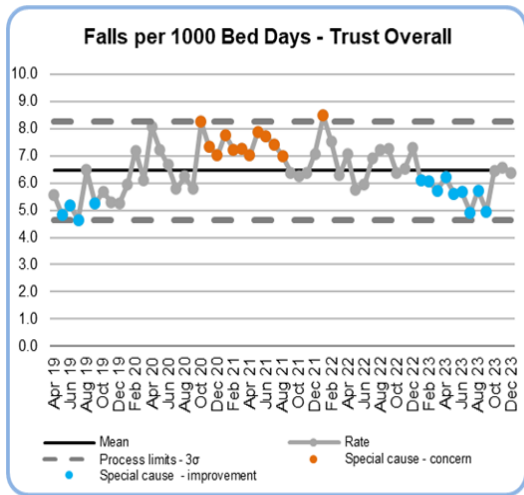
MSSA – Cases have continued to rise despite continue review and thematic analyses. Themes and trends are acted on swiftly with work on going to make reductions . This work has focused on education , communication of reduction plans from DRIPP (Device Related Infection Prevention Practices) and IPC team working alongside vascular access team to review cases and enact recommendations with correct device selection for patients and reinvigorating this programme and roll out along with vascular access passports.

NHSE independent review of NBT management of MSSA to follow.

Gram negative – E Coli cases have increased to higher-than-expected numbers , whilst still under trajectory. Continece group have been working with the nutrition assistance to deliver hydration projects and we have increased education related to catheter management

What actions are being taken to improve?

- IPC 7-day working has been key to maintain flow and continual assessment of pts and risk management
- QI project to work with Admission units and triage advise to correctly place pts , avoiding issues in multi occupancy areas such as 10a , Elgar
- Supporting new AMT unit - increasing patient flow
- Working with Regional / national improvement targeting MSSA / MRSA reduction
- Vascular access focus through DRIPP work and re looking at device selection and policy
- Winter education to teams with IPC national manual role out and new NBT IPC policy



Falls

Falls incidents per 1000 bed days

NBT reported a rate of 6.38 falls incidents per 1000 bed days in December which is slightly below the average of 6.46.

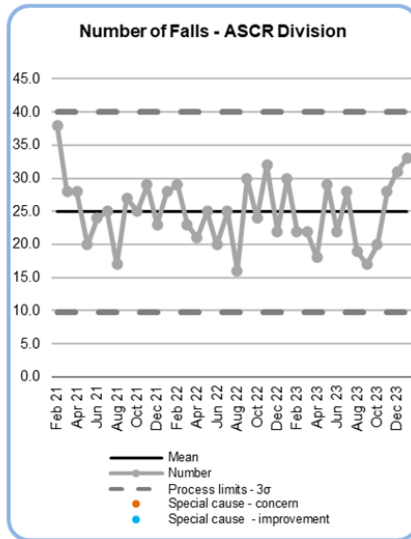
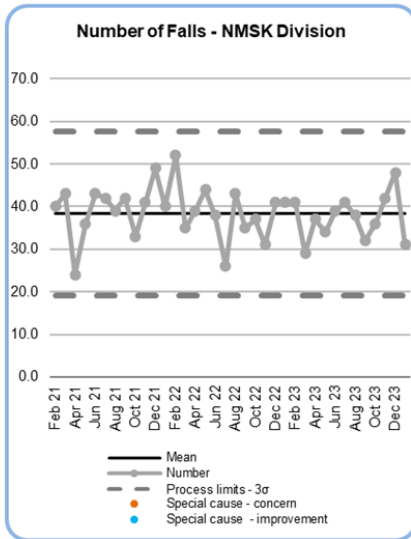
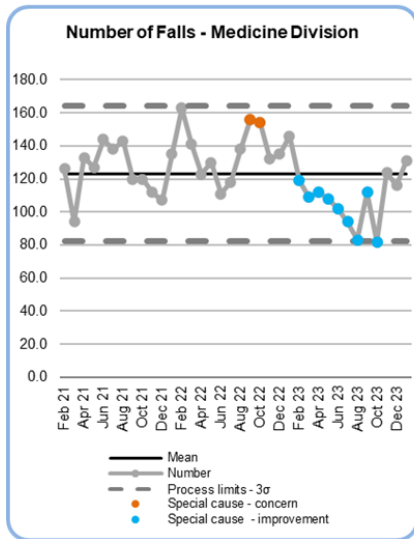
Falls review

There were 195 falls reported in December. 1 is allocated as moderate harm as it resulted in a fractured femur that required surgery. In one incident the person was found on the floor deceased. This case remains under review.

Multiple falls accounted for 48% of the total falls. This is a steep increase from previous months but shares a similar pattern of 42% in December 2022. The average for 2023 is 28%.

Nearly 2 thirds of the multiple falls were unwitnessed and 46% of reported multiple falls incidents had an element of cognitive impairment or confusion.

Medicine and ASCR reported higher than average falls whilst NMSK reported lower falls rates this month.



What actions are being taken to improve?

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

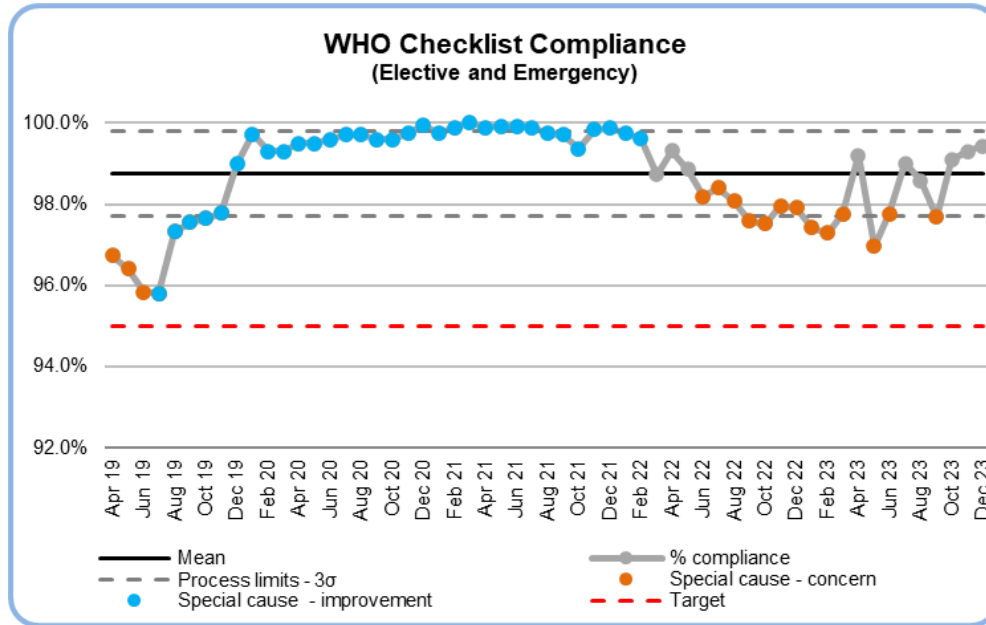
Medicine, NMSK and ASCR divisions have quality focus meetings to reflect and share learning following falls. These are now attended by the Falls prevention and management team to support shared approaches and cohesive learning.

The newly revised post falls action document has been approved at document review group and will be implemented into practice shortly.

The existing eLearning package has been reviewed and work is now underway to update the training in line with latest national guidelines and evidence base.

Development of a Falls and dementia dashboard is underway to support insights into falls rates within specific high risk patient groups such as advanced age and dementia.

The Falls prevention team will be working with the Patient First team in the coming months on targeted improvement works.

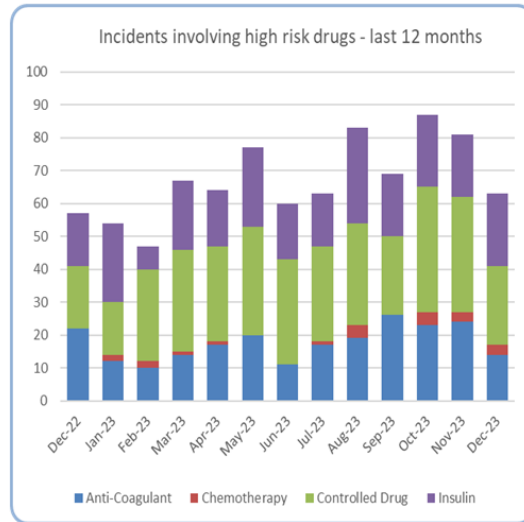
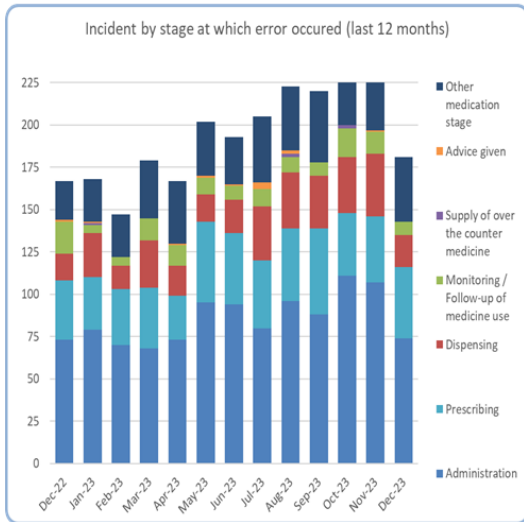
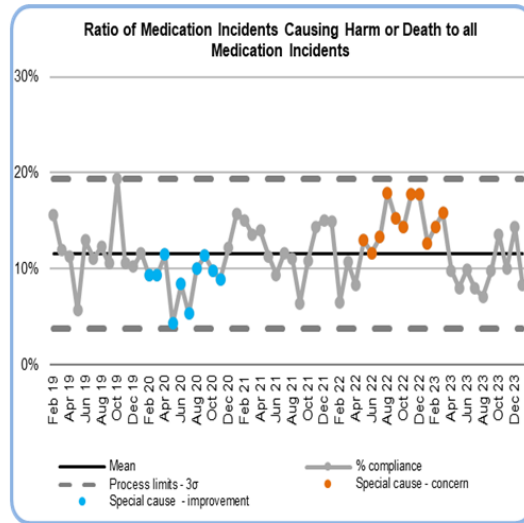
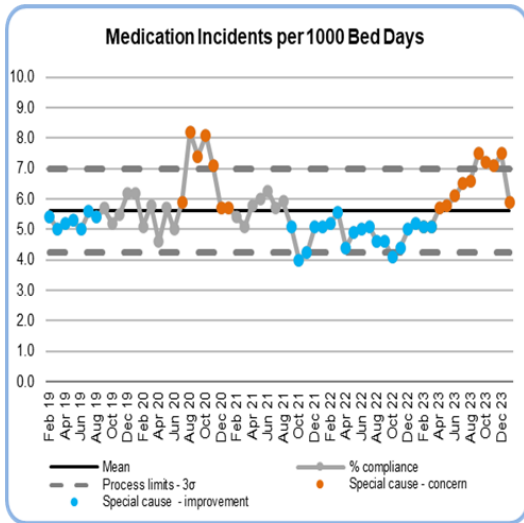


WHO Checklist Compliance

What does the data tell us?

In December, WHO checklist compliance reported at 99.43%. 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.



Medicines Management Report

What does the data tell us?

Medication Incidents per 1000 bed days - during December 2023, NBT had a rate of 5.9 medication incidents per 1000 bed days. This markedly below the 6-month average of 7.0 for this measure.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents - during December 2023, c 8.3 % of all medication incidents are reported to have caused a degree of harm. This is significantly below the 6-month average of 10.5 %. Breakdown of the 'harm' incidents seen in October is as follows; Low harm – 14, Moderate Harm – 1, Severe Harm/Death – 0

(This information has been included as an indicator of the composition of the 'harm' incidents. It is of note however that these categorisations are subject to change as incidents reviewed and closed. As an example, the October meeting data suggested there had been 4 moderate harm incidents but on looking at Datix information now all incidents have been processed this figure has been reduced to 1. Discussions currently in process with the Patient Safety Team regarding how we better manage this data issue going forward)

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 December 2023, c.35% of all medication incidents involved a high-risk medicine which is roughly in keeping with the 6-month average of 34%.

Comment on Overall Picture - this month there has been a marked drop in the number of medication incidents reported – with a total number of 181 in December compared to 232 in November. It is feasible that this is due to disruption caused by Christmas and perhaps the industrial action also affecting this period – the Medicines Governance Team will meet with the Patient Safety Team to discuss whether this picture of reduced reporting is mirrored in other areas to better understand the cause of this change.

What actions are being taken to improve?

The Patient Safety Team and Medicines Governance Team have produced a report which provides a 'deep dive' into medication safety data which confirmed that whilst figures between February and November 23 showed a month on month increase there has been no noticeable increase in incidents resulting in harm. This suggesting that reporters are recognising and responding to no harm incidents which is indicative of good practice and may be related to a positive upturn in staffing levels in clinical areas.

The Medicines Governance Team are working towards launching a 'Medicines Safety Forum' – the plan is for this to be multidisciplinary meeting where data is reviewed, issues such as the above are discussed, actions agreed and workstreams to address issues supported. A resource proposal detailing the Pharmacy staffing required to support medicines safety improvement work will be discussed at the DTC in February.

Patient Experience

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

Patient & Carer Experience – Strategy Delivery Overview January 2024

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

Patient & Carer Experience Strategy Commitment	Commitments	Key improvement/action
Listening to what patients tell us	We will ensure that the patient experience data given to front-line teams is reliable and reflective of their services.	<ul style="list-style-type: none"> Data is reliable. Due to Badgernet changeover in maternity there is limited data in December. FFT was switched back on at the end of December and backdated runs were made to collect feedback from women seen earlier in December. 'Patient Conversations' continue. In December there were 5 visits across WaCH, Medicine & ASCR.
	A near real-time feedback offer to patients (for example 15 step challenge or observe and act)	
Working together to support and value the individual and promote inclusion	We will deliver the Accessible Information Standard (AIS).	<ul style="list-style-type: none"> The next AIS Steering Group meeting is scheduled for January 2024. SPaRC Strategic Plan on track and being monitored through PCEG. Recruitment to the patient and carer partnership continues. We have welcomed another two new Patient and Carer Partners in December. We have begun a project with Healthwatch the understand the experience of specific patient groups (those with LD/A tag, from global majority backgrounds, or the most deprived areas of BNSSG) waiting for surgery on our elective lists. This will help us to understand whether the support, information, and communication we are providing these groups of patients whilst they wait is appropriate and helpful to them or how we could improve this.
	We will continue to provide an inclusive person-centred holistic, spiritual, pastoral, and religious care (SPaRC) service.	
	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.	
	We want to understand what good patient experience means to all our patients, in particular, those seldom-heard voices in our local community so we can act upon this.	
Being responsive and striving for better	We will consistently respond to 90% of complaints within agreed timescales.	<ul style="list-style-type: none"> Complaint response compliance rates have improved from 60% in November to 73% in December. We continue to build on this improvement with ongoing challenges in ASCR. FFT scores have improved in ED and Outpatients, and fallen slightly for Inpatients (but within expected range) PHSO NHS Complaints Standards action plan is on track and is monitored through DPEG. Timescales for Radar implementation have slipped in year due to the complexity of workflows. Revised timescale agreed and on track for Q1 2024.
	Improved FFT scores, as set out within our Patient First priorities.	
	We will ensure our complaint process reflects the new PHSO NHS Complaints Standards.	
	We will optimise our reporting and management of PALS and Complaints through our new quality governance system.	
Putting the spotlight on patient and carer experience	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.	<ul style="list-style-type: none"> New Patient Story Framework signed off at PCEC & stories delivered to the Board in line with the plan. 1 PSP in place, exploring further recruitment with the Head of PS. The second Patient Experience Newsletter has been shared internally with staff across the Trust and on the public-facing website to raise awareness about the work being completed in the team.
	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	
	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.	

Patient & Carer Experience - Overview January 2024

Patient Conversations Update

We launched our real-time feedback approach at the start of November.

At the time of writing this report we've held conversations on 10 wards across NMSK, ASCR, NMSK and WaCH.



8 different staff members have been involved and 2 volunteers. Conversations have taken place with 40 patients



The vast majority of feedback is positive, particularly about staff



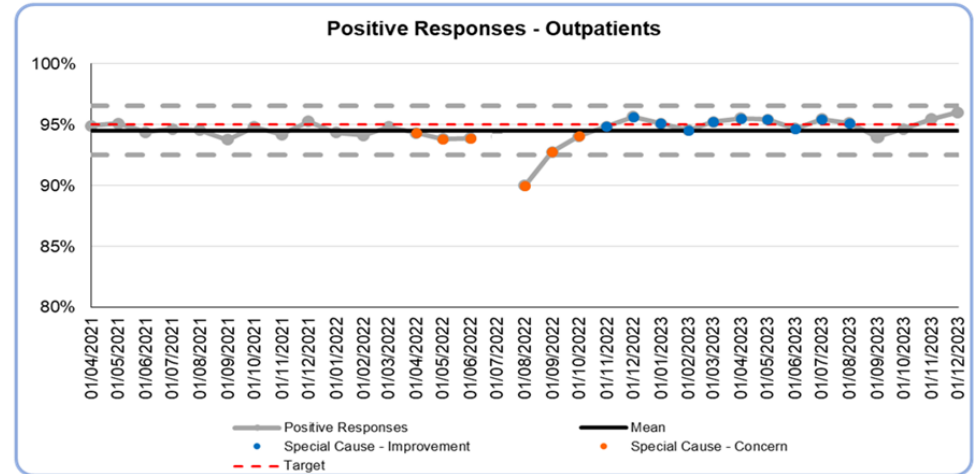
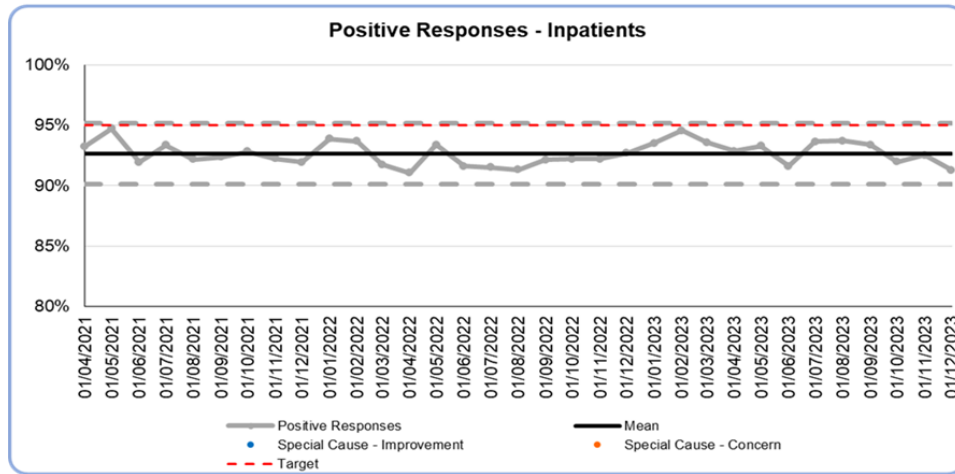
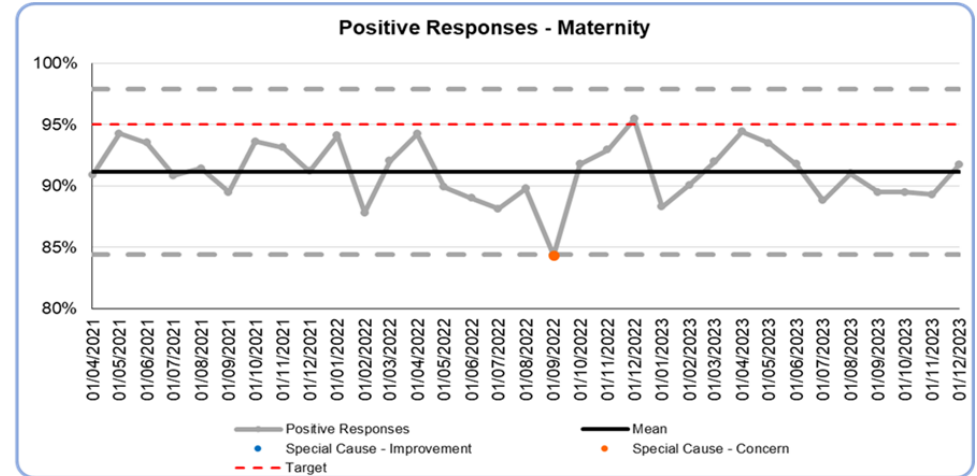
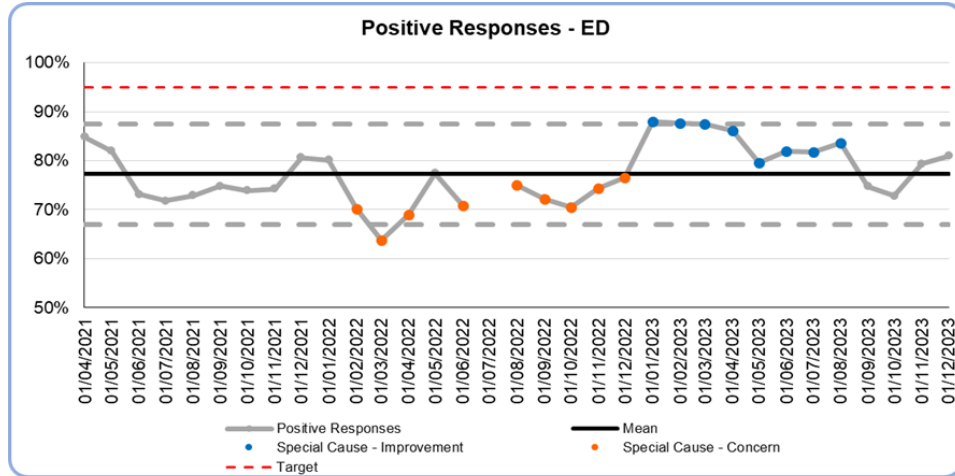
Despite this, there have been lots of opportunities to make small improvements and changes for our patients



Examples of learning and changes made:

- Patients confused about visiting rules on PPW. The website has been updated to clarify that one birth partner may stay overnight with the patient.
- On one of the large bays in Elgar, only beds on one side of the ward had TVs, and not all patients had bedside tables. Exploring possible charity funding for this.
- The patient on ward 26a had an issue with their air mattress showing faulty pressure and alarming. Feedback was shared with the ward and they sought a replacement mattress.
- A patient on 7a had concerns about their imminent discharge and how they would cope. Feedback was shared with the ward a member of staff went to speak with the patient directly and reassure them.
- An issue with a patient being sent incorrect information about the TCI date on a letter, and then receiving a call asking why they had not attended for the operation. This was investigated with the support manager for the relevant area and raised with the relevant team.
- Suggestions from patients that it would be nice to have TVs in Cotswold Ward. This is being explored by the WaCH Service User Experience Team and the Gynaecology Matron.

Patient Experience



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

Patient Experience

What does the data tell us - Trust?

- In December, 7,848 patients responded to the Friends and Family Test question. 5,633 patients chose to leave a comment with their rating.
- We had a Trust-wide response rate of 14%. This is 1% lower than the previous month but above our internal target of 10%.
- 93.37% of patients gave the Trust a positive rating. This was in keeping with the previous month and remains within the expected range of performance.
- The top positive themes from comments were: staff, waiting time and clinical treatment. This is the same as last month.
- The top negative themes from comments were: waiting time, communication and staff. This is the same as last month.

Maternity FFT data update

- Maternity FFT has remained paused for most of December due to the implementation of Badgernet.
- It was resumed from 20th December and the BI Team has arranged for FFT to be sent in arrears to those women seen in November and earlier in December, to ensure we continue to capture experiences of care, particularly during this crucial transition period to Badgernet.
- In the interim, we have continued to offer alternative means for giving feedback across all Maternity services. There have been posters advertising how people can leave their feedback using a QR code or paper forms.
- We have also had a Patient Survey Volunteer regularly attending Percy Phillips to collect feedback. The feedback collected by our Volunteer has shown that people are unsure about how long their partner can stay postnatally. The team are working with Comms to ensure that this information is added to our website, so this is clear when women are preparing for their birth.



What does the data tell us – Outpatients?

- Positive responses have increased further from 95.4% in November to 96.03% in December. The % of negative responses remains at 1.82%.
- Most of the positive feedback relates to staff and the care/treatment received. The negative feedback relates to waiting time and communication.
- This includes feedback about Cossham.



What does the data tell us - Inpatients?

- The % of inpatient positive responses has decreased slightly from 88.5% in November to 87.88% in December. The number of negative response has increased from 4.9% in November to 6%. Whilst this is a notable change, it is still within the expected statistical range.
- The response rate for inpatients was 20%, meaning 1 in 5 patients contacted chose to provide feedback, which is excellent.
- Positive themes from comments remain staff, clinical treatment and waiting time.

“Very thorough. All staff very friendly and reassuring. Even though they’re rushed off their feet they all had time to talk, explain things, etc. Very proud of all in the NHS. Thank you”

- Negative themes from comments are, communication, staff and waiting time. Many of the comments relating to communication were regarding delays and a lack of communication around these.

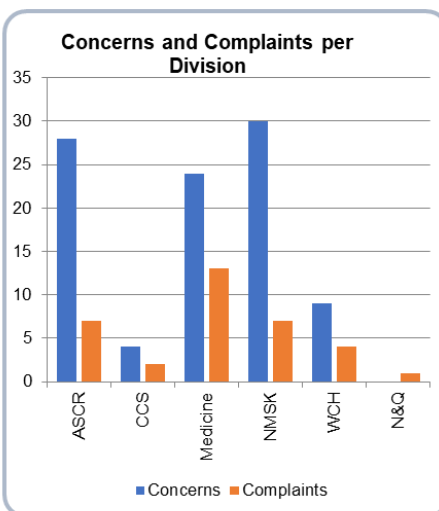
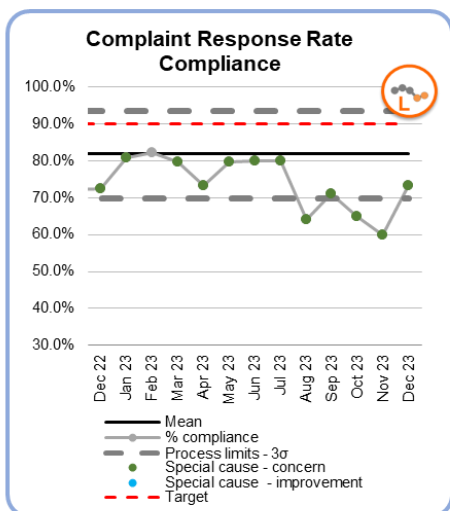
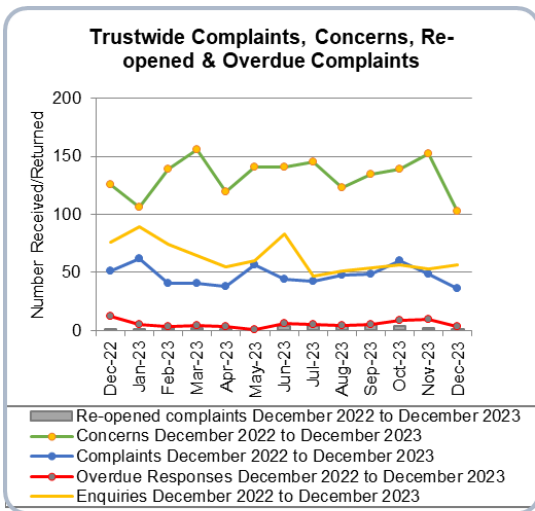
“Really long wait and no communication about the length of delay or why”

What does the data tell us - Emergency Department?

- The % of positive responses remains high at 80.94% for December. The % of negative responses has further decreased from 13.7% to 11.93%.
- The response rate for ED was 20% which is very good.
- The top negative theme remains waiting time, and the top positive theme remains staff suggesting that whilst patients are waiting a long time to be seen, staff remain kind and attentive.

“I just felt really guilty for being there as they were so busy ... They were fantastic. There was a long wait which certainly was not their fault..”

“The only thing detracting from scoring 1 was the age-old issue regarding the time it took to get through the system. Otherwise, I couldn’t fault it. Every member of staff I encountered was professional and friendly and should be congratulated on doing a great job.”



Complaints and Concerns

What does the data tell us?

In December 2023, the Trust received 36 formal complaints. This is 13 less than in November and 15 fewer than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (23). A chart to break down the sub-subjects for 'Clinical Care and Treatment' is included.

Of the 36 complaints, the largest proportion was received by Medicine (13).

There was only 1 re-opened complaint in December for Medicine.

The number of overdue complaints at the time of reporting has decreased from 10 in November to 3 in December. The overdue complaints are with ASCR (1), NMSK (1), Medicine (1).

The response rate compliance for complaints has improved significantly from 60% in November to 73% in December. The most notable improvement is in WaCH. A breakdown of compliance by clinical division is below:

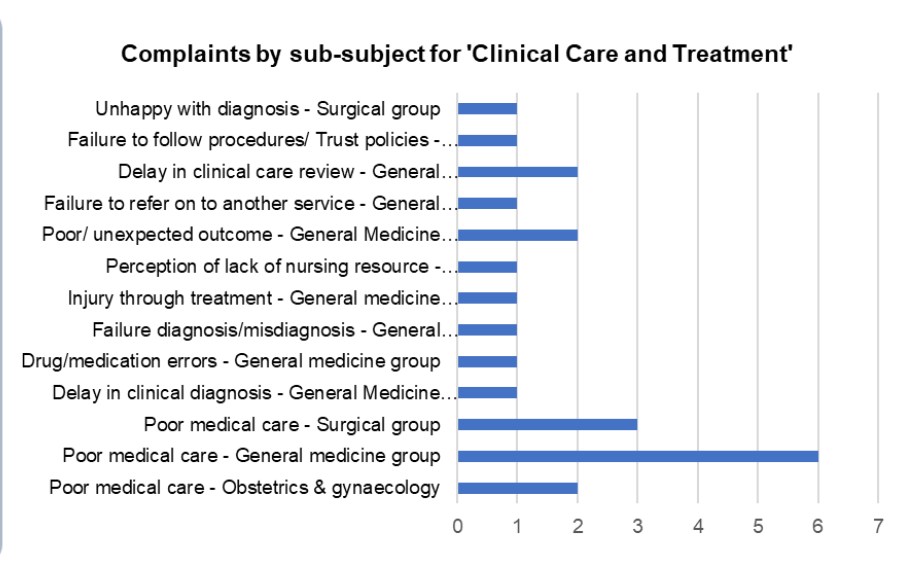
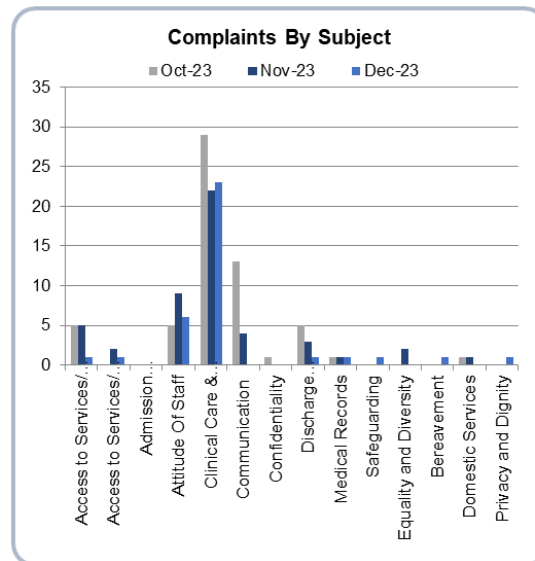
ASCR – 50% NMSK- 80%

WaCH - 91% Medicine – 78% CCS – 0%

Following previous lower performance levels, improvement plans remain in place in ASCR and WaCH. It is positive to see the impact of this in WaCH. There is further work to be done in ASCR to improve performance.

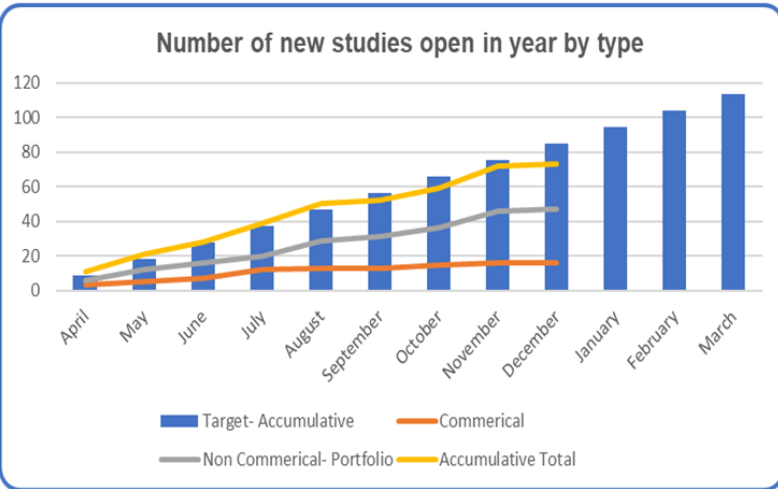
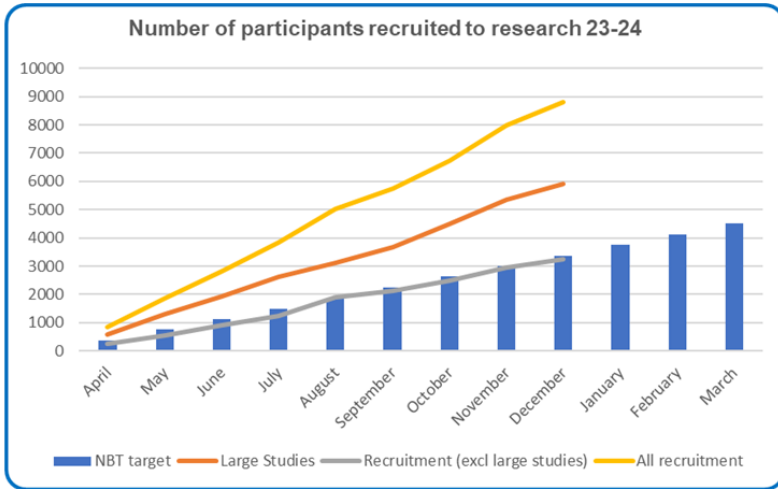
The overall number of PALS concerns received decreased significantly from 152 in November to 103 in December. Activity is down on last year too (126 in December 2022).

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



Research and Development

**Board Sponsor: Chief Medical Officer
Tim Whittlestone**



Research and Development

Our Research activity

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

Graph 1 shows our current 23-24 performance in relation to research participation. Year to date 8815 participants have enrolled in research. We are currently achieving 261% 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 96%. The NBT research portfolio remains strong, we have 308 studies(212 NIHR Portfolio) open to recruitment. We have opened 75 new portfolio studies year to date, as shown in graph 2. We are pleased to see steady 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 across the trust.

Our grants

The level of grant development activity across NBT remains high, with 71 research grant submissions grants, supported by R&D staff, so far this year. Congratulations to Shani Ackford, Rachel Evans and Kath Broomfield, who were recently awarded NIHR HEE ICA internships with UWE to support their clinical academic career development. Also, congratulations to Dr Pippa Bailey on her recent intent to fund for an NIHR RFPB grant, £278k, to optimize immunosuppression of older adult kidney transplant recipients and Dr David Arnold for his recent NIHR RFPB intent to fund, £398k, to investigate x-rays for detection of lung cancer in patients with pneumonia.

The active research grant portfolio at NBT has increased by £1.1m from this point last year due to both a high level of NIHR grant success in 2021 and 2022 as well as older grants, which were due to have closed by now, being extended due to Covid disruption. NBT has been awarded £1.1m Research Capability Funding for 2023/34, a 53% increase on last year's allocation. This allocation puts NBT in 9th position, out of 248 NHS Trusts in England, our first time in the top 10. This amazing achievement reflects the size of NBT's NIHR research grant portfolio; the level and quality of NIHR grants being submitted across NBT and the very high success rates.

R&D department has a focus on supporting non-medics, including nurses, midwives and allied health professionals to develop research ideas, projects and academic careers. In 2023, R&D opened a new application process for mentorship and funding for early-stage research, based on and SBAR form. This allows staff who have a great idea for a research project, but are completely new to research, to have targeted support and mentorship to take the first steps to develop their project and apply for their first research grant. Please contact ResearchGrants@nbt.nhs.uk for more information and to apply.



Workforce

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

Well Led Introduction

Vacancies

The Trust vacancy factor was 5.87% (558.11wte) in December down from 6.42% (609.36wte) in November. The greatest reduction in vacancies continues to be seen in registered nursing and midwifery with the vacancy position falling by 35.20wte from November to December, there were also improvements for additional clinical services (-17.23wte) and administrative and clerical staff (- 5.19wte).

Turnover

Rolling 12-month staff turnover decreased from 13.74% in November to 13.30% in December continuing the improvement trend since November 2022; with additional clinical services turnover falling from a highpoint of 25.06% in November 2022 to 16.77% in December 2023, and registered nursing and midwifery declining from a highpoint of 16.41% in September 2022, to 12.26% in December 2023. As the Trust has seen consistent improvement across most divisions and staff groups, the 2024/25 turnover target and longer-term turnover target of 13% by 2027/28 will be reviewed via the Retention and Staff Experience group and inform both the 2024/25 operational planning process and the next iteration of the Long-Term Workforce Plan scheduled for Mar-24.

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

Prioritise the wellbeing of our staff

The Trust rolling 12-month sickness absence rate fell to 4.70% in December from 4.81% in November.

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

Temporary Staffing

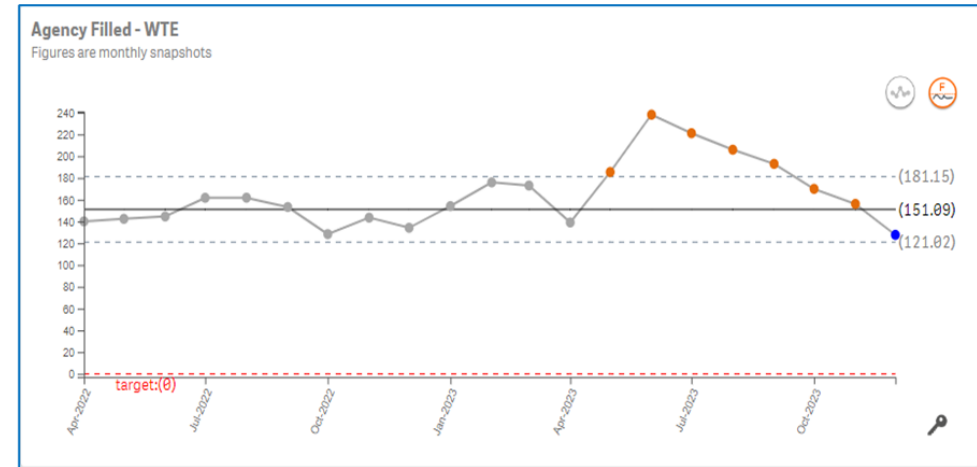
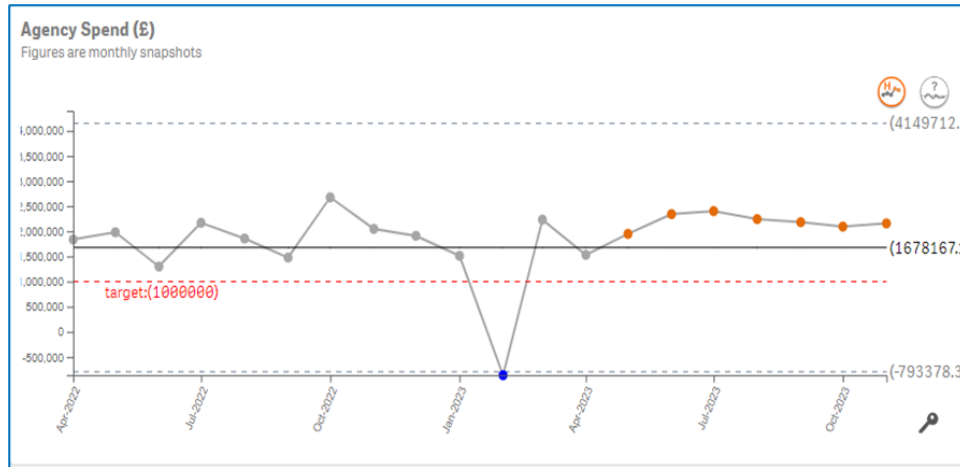
Overall temporary staffing demand decreased by 6.74% (-62.93wte) from November to December, driven by decreased demand for registered nursing and midwifery staff (-27.60wte, -7.89%). Both agency and bank use decreased by (-17.73%,-26.82wte) and (-8.77%, 57.50wte) respectively, resulting in an increase in unfilled shifts (+15.99%, +20.07wte), from November to December. The increase in unfilled shifts was mostly seen in registered nursing and midwifery (+15.99%, +20.07wte).

wte = whole time equivalent

Well Led Introduction – Actions

Theme	Action	Owner	By When
Vacancies	Recruitment Services Reconfiguration (RSR) (new programme that supersedes Faster Fairer Recruitment) extending digital forms for employment checks to medical recruitment with a go live of Jan 22nd. This will allow for a further streamlining of the recruitment service from conditional offer submitted through to start date confirmed. Current time to hire is 17 days for AfC. Medical time to hire is 23 days. Target TTH to be 16 days for all employment checks to be completed. The 'review of Trac vacancy authorisation process' is continuing and will conclude with recommendations in next submission.	Deputy Chief People Officer	Feb-24
Turnover	Immediate retention actions commenced linked to HCA turnover in first 12 months of employment in hotspot areas , with additional interventions being implemented aligned to NBT's 2023-24 Retention Plan	Associate Director Culture, Leadership & Development	Mar-24
Staff Development	Implementing the Kallidus Perform Online Appraisal system across the Trust	Associate Director Culture, Leadership & Development	Jun-24
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. Review of the role and scope of Wellbeing Champions underway	Associate Director Culture, Leadership & Development	Jan-24
Temporary Staffing	Agency charge rate reduction work for nursing, medical locums and mental health as part of a SW pan-regional collaboration is underway. First rate reductions in nursing to be applied February 24. Short life cycle task and finish group set up to review, refresh and publish clear guidance for the identifying, requesting and extending of medical locums via agency. Work underway to understand the use of non - clinical agency.	Deputy Chief People Officer	Apr-24

Temporary Staffing



What Does the Data Tell Us

Agency use saw a reduction of 26.82wte overall, with a reduction of 15.57wte in registered nursing and midwifery. This position was driven predominantly by a reduction in agency use in Critical Care (ICU) Emergency/ Vascular Theatre, Elective Ortho Theatres, Urology Theatres, and Ward 34B.

Emergency Department, EEU and Ward 27B all saw significant growth in agency use for registered nursing staff.

Agency registered mental health nurse (RMN) use increased by 12.08wte from November to December, driven by increased usage in AMU and Ward 27B.

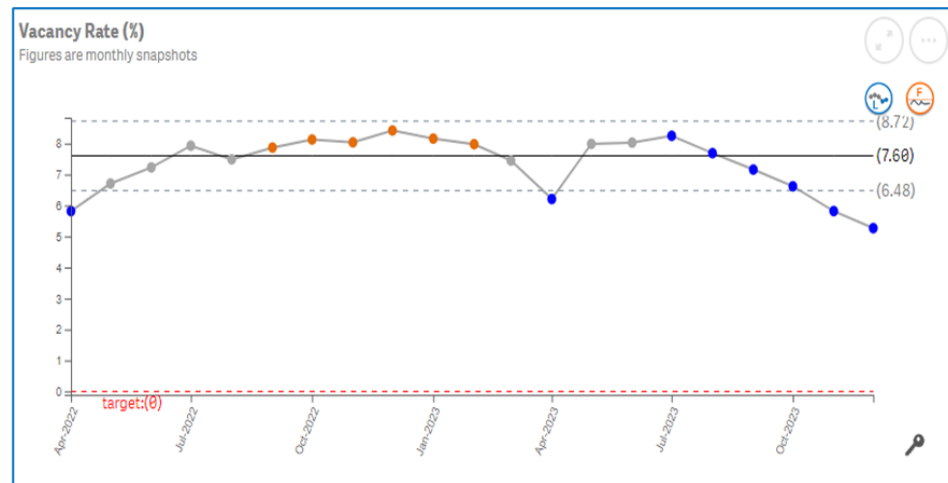
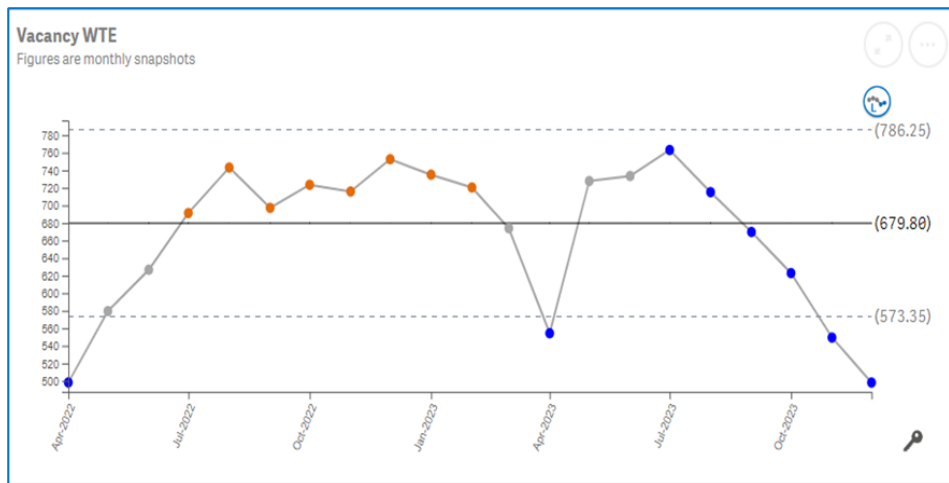
Actions

1. Removal of all automatic escalation to agency for nursing shifts. All agency escalation to be approved by the DDoN / Deputies prior to release
2. SW Pan-regional work to agree a standardised regional rate care for agency rates across nursing and medical locums underway
3. Task & Finish group set up to review and refresh systems, processes and opportunities for efficiencies with the use of medical locums
4. Continued focus on high cost, high use agency inc ODPs to include rate reduction (agency) and recruitment to vacancies
5. Review and update of NBT eXtra Standard Operating Procedures (SOP) and supporting guidance

Agency Reduction: Continued focus on demand management for Nursing and wider development and implementation of the pan-regional rate card for nursing. Short life cycle task and finish group set up to refresh and review of requesting and extending of agency medical locum bookings. Review of system and process relating to the use of non-clinical agency.

Bank Optimisation: Kick off meetings scheduled in January for first two workstreams. Triangulation of the outputs from the Bank focus groups held in Nov / Dec against the Bank Staff Survey results to ensure key themes for improvement are joined up.

Vacancy Position



Talent Acquisition Recruitment Activity Unregistered Nursing and Midwifery

- 1.Offers:** 9.21wte of offers for Health Care Support Worker (HCSW) roles were made in November: 2.0wte for band 2 and 7.21wte for band 3
- 2.Pipeline:** 73.37 wte of candidates with offers being processed. Current withdrawal rates have dropped to 7% of HCSW roles suggest that 68.23wte will join over next three months (between January and March) which is lower than last year where 81.49wte joined, there are 228.85 more staff in post this year compared with last year.

Registered Nursing and Midwifery

- 1.Offers:** 42.29wte of offers to band 5 experienced and newly qualifying nurses across the Trust
- 2.Pipeline: Domestic** 136.24wte band 5 candidates with offers being processed. Current withdrawal rate is at 7% - this has reduced from 9% in the past 3 months .
- 3.Pipeline International:** There are 20.00wte in the pipeline allocated to start in January which is higher than last year where 13.00wte joined. A further 20.00wte are booked to join in February

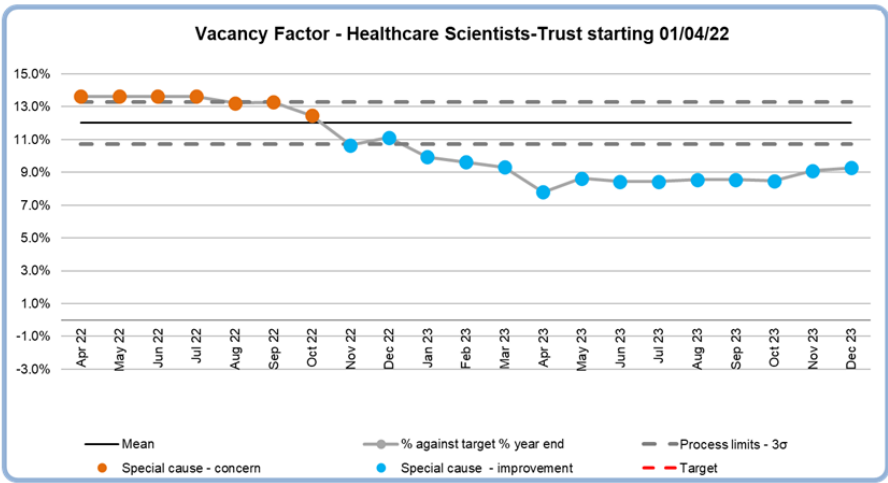
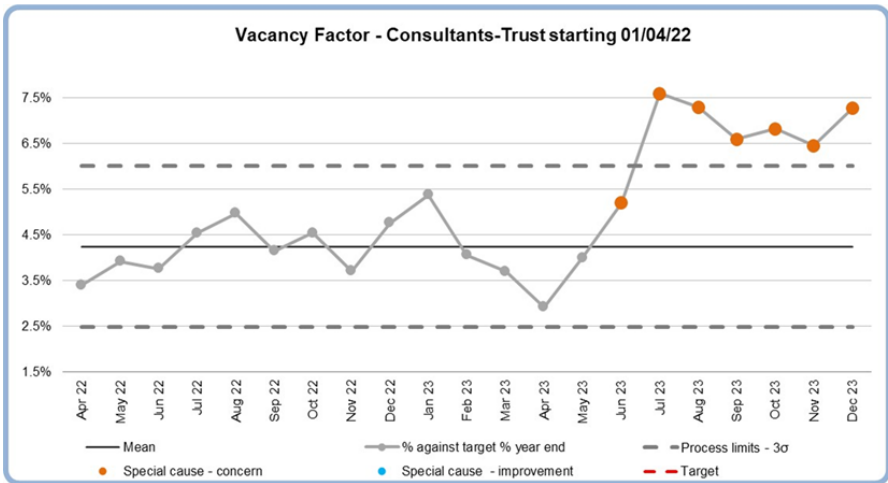
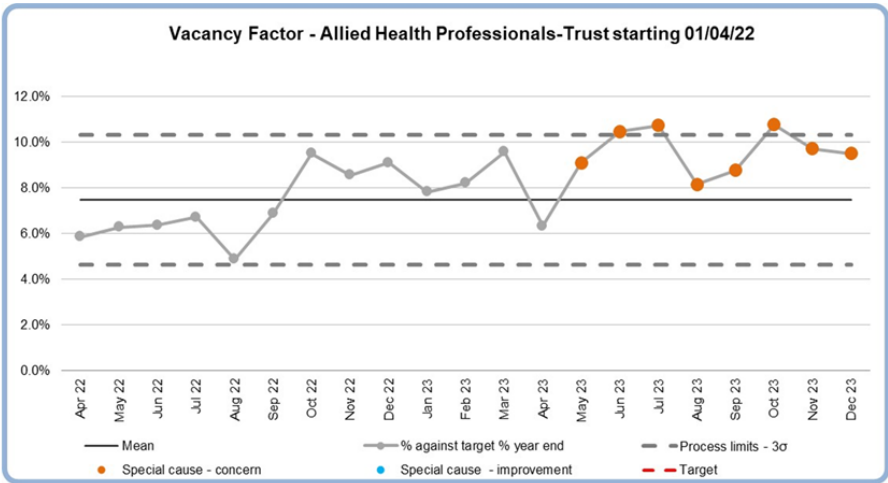
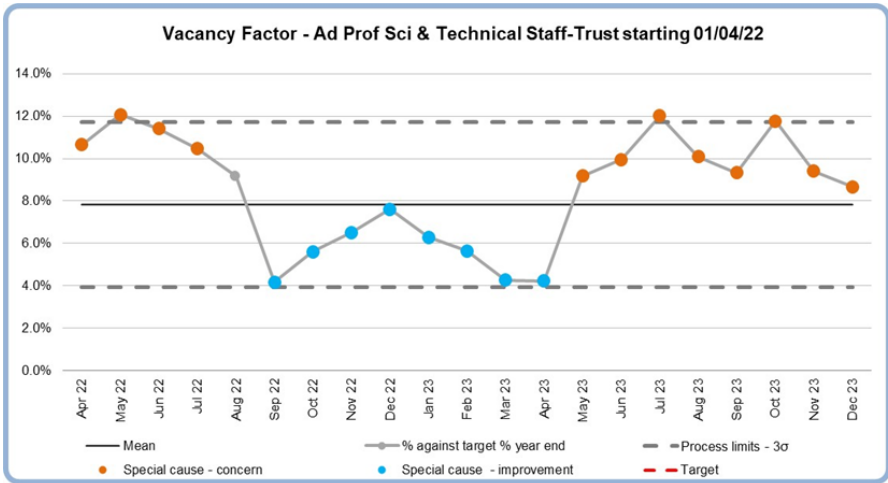
Recruitment Activity

- 1.**In December, the Trust ran in internal Virtual Nursing Open day – we had 51 attendees on the day log in and learn about our different specialities.
- 2.International Recruitment:** We welcomed 28 Internationally educated Nurses to the Trust in December

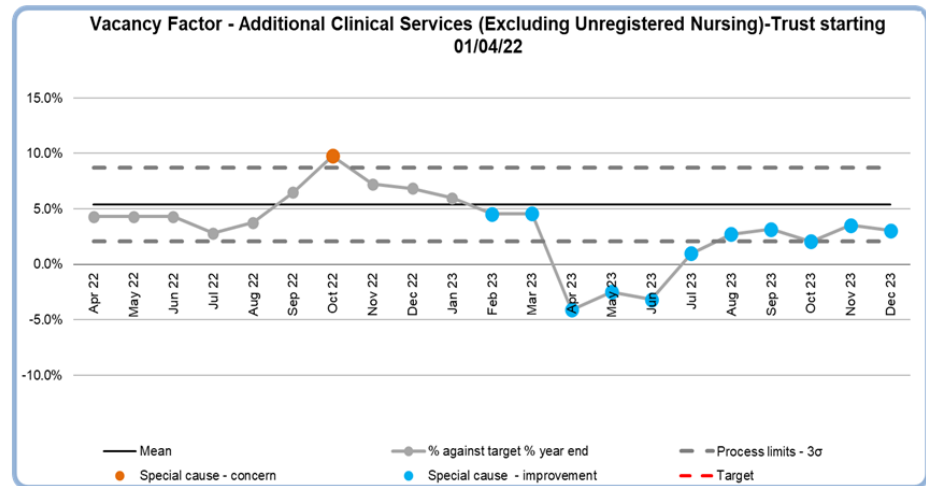
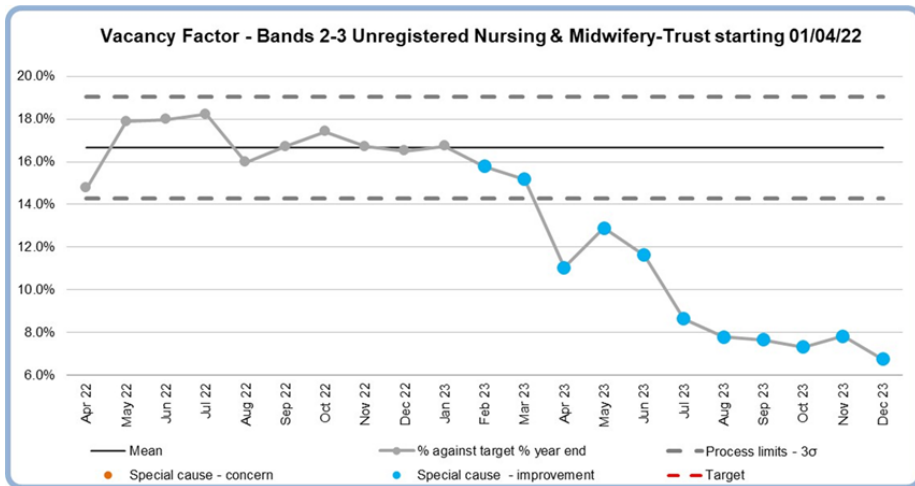
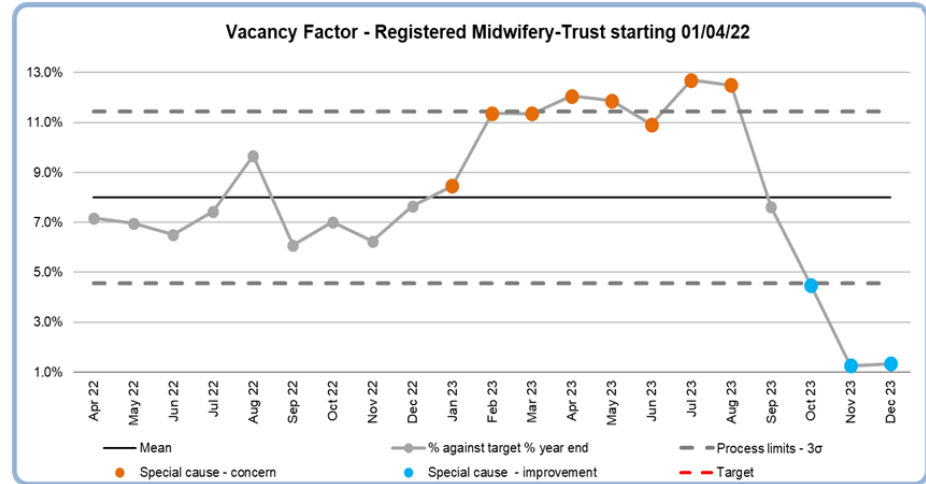
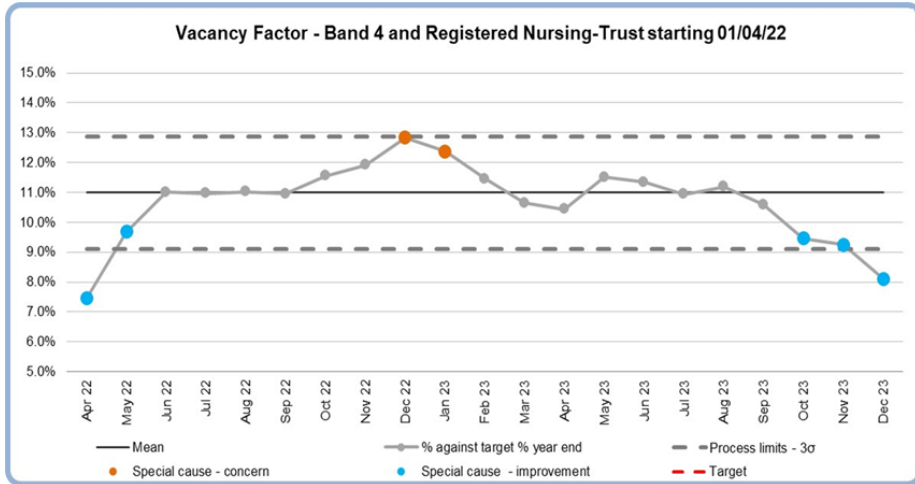
Current actions being taken to mitigate withdrawal rates:

- 1.Midwifery incentivisation programme in place – Withdrawal rates now at 5%
- 2.Pipeline Engagement Open Days now running monthly with attending candidates receiving site visit and tour with Divisional representation.

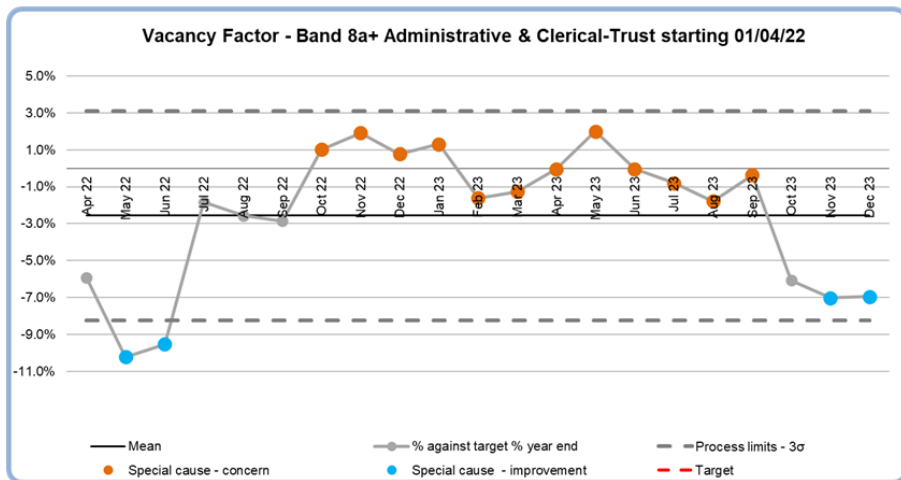
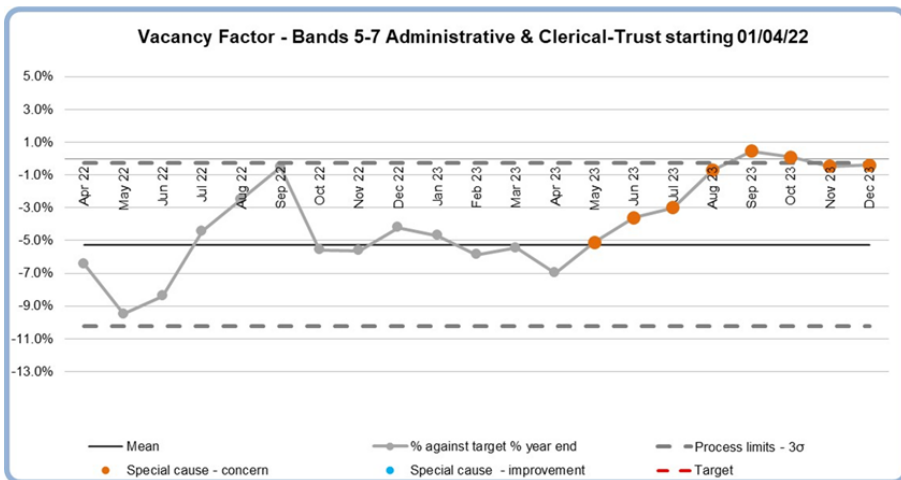
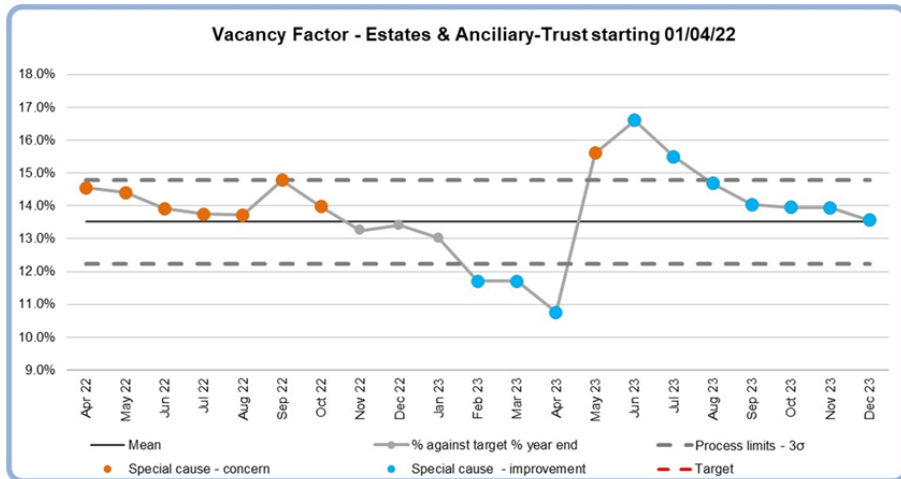
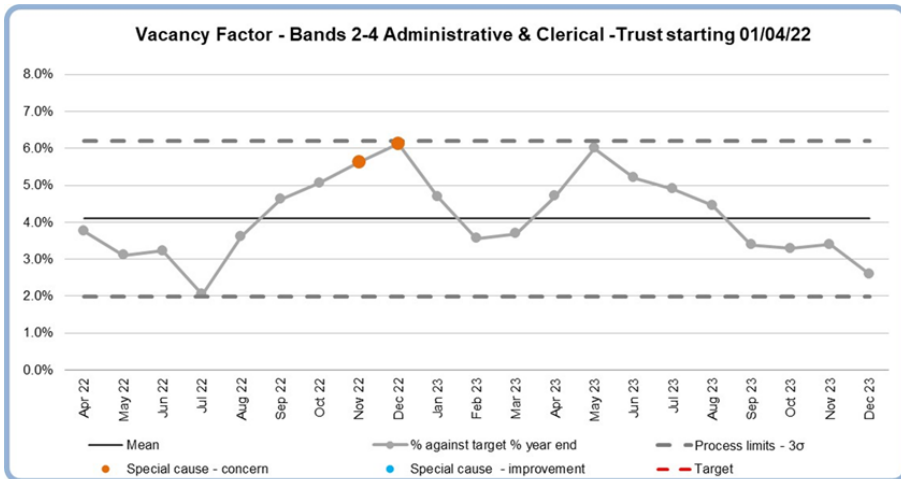
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Vacancy



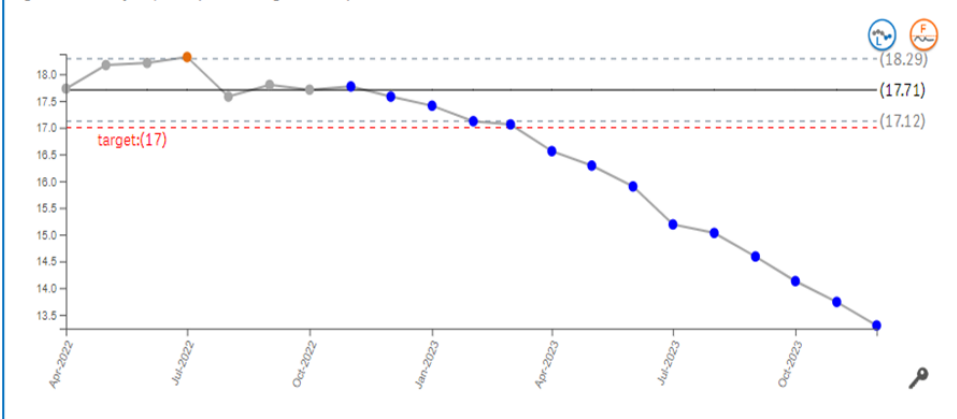
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Engagement and Wellbeing

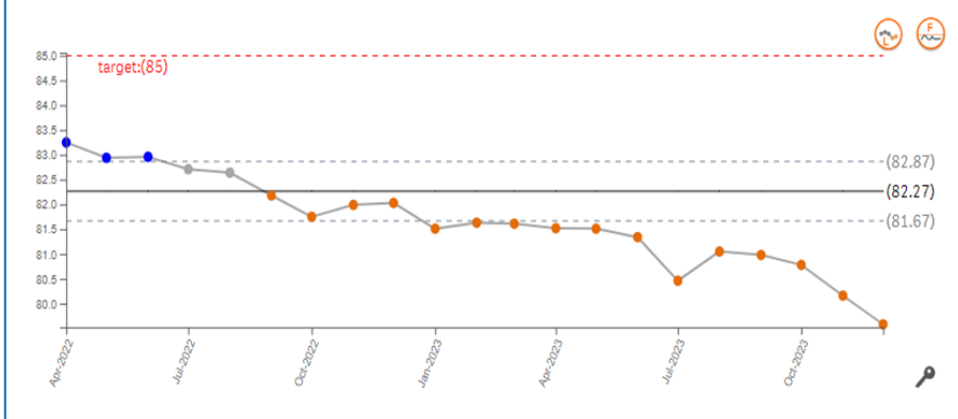
Turnover Rate (FTE) 12 Month Rolling (%)

Figures are monthly snapshots (Not including Junior Dr's)



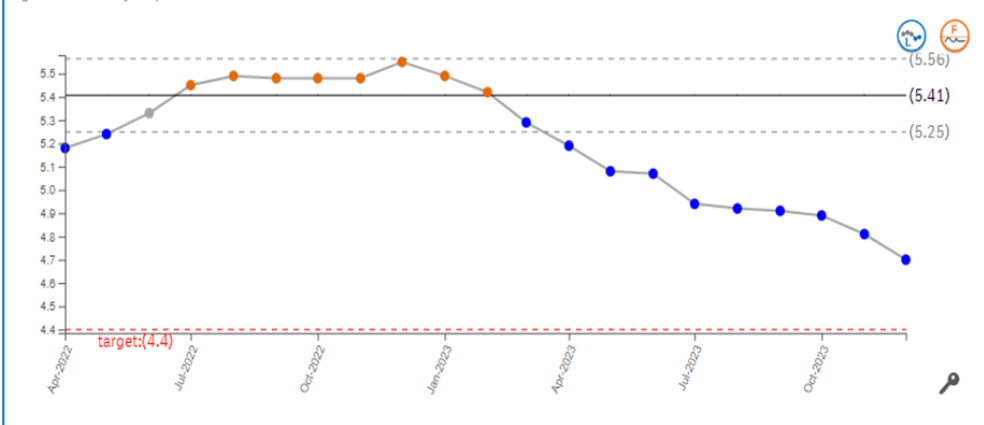
Stability Rate (%)

Figures are monthly snapshots



Sickness Rate 12 Month Rolling (%)

Figures are monthly snapshots



People support and engagement

Actions delivered: (Associate Director of People)

- Completed a website of bitesize training videos providing just in time learning for managers, comms being planned
- Developed a bite size training module in restorative just culture, to be delivered in Divisions
- Developed a framework on acceptable behaviours to support our zero-acceptance campaign
- Recruitment of team to full capacity
- Deep dive of long-term sickness absence, focus on 50 longest absences
- Continued work on partnership working, including agreeing a statement of intent and establishing workstreams

Actions in Progress:

- Working with Staff Experience team on a zero-acceptance campaign, including launching the new disciplinary policy (**January-April 2024**)
- Let's talk Flex – campaign on flexible working and consideration of revised Agenda for Change (AfC) conditions (**February**)
- Policies under development include disciplinary, car parking, partnership working and disputes, banding, relationships at work, recruitment, recruitment and retention premia, sexual safety at work (**March**)
- Developing our process for policy review and renewal (**April**)
- Internal bank of investigators in development (**February**)

Retention and Staff Experience (including Health and Wellbeing)

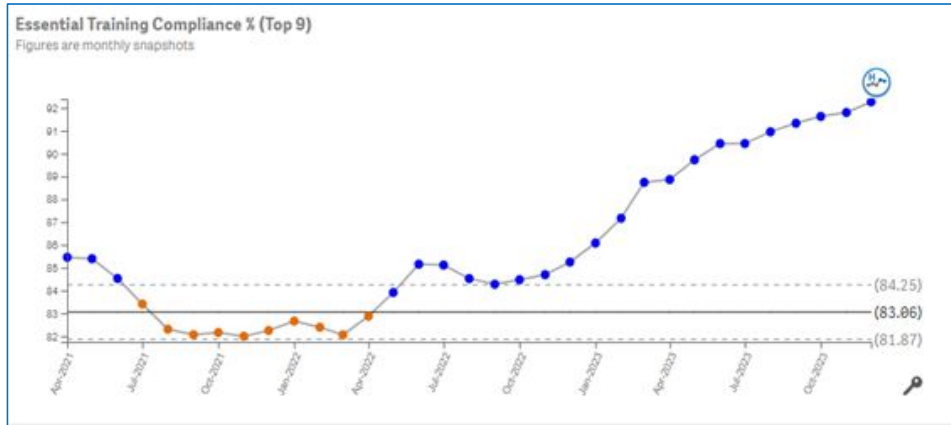
Actions Delivered: (Associate Director Culture, Leadership & Development)

- Staff Attitude Survey results received and initial analysis and headlines shared with key leaders (internally only as results still under embargo)
- Disability History month campaign delivered
- Presentation of NBT's 3- year EDI Plan continued across NBT
- 3 NBT EDI case studies drafted and submitted for NHSE EDI Improvement Plan central repository of good practice examples
- Recruitment for staff to join Diverse Recruitment Panels Campaign completed – training now occurring
- EDS22 NBT scoring for the 3 EDS domains completed and submitted to ICS for collation and aggregating into an ICS overall report

Actions in Progress: (Associate Director of Culture, Leadership & Development)/Associate Director of People)

- Implementation of EDI Plan (12- point plan) actions, and further socialisation and embedding of plan with Divisions (**November – March 2024**)
- Set up new, operational EDI Group to support and drive delivery of the 3-year EDI Plan, with divisional representation (**January 2024**)
- Culture Group to continue work on developing a clear culture framework to support and underpin delivery of our strategic priorities and work programmes (**January 2024**)
- Listening events, planning and actions linked to the new 'Sexual Safety in Healthcare' Group (**December 2023 – July 2024**)
- Analysis and roll out of 2023 National Staff Survey Results and follow-up actions (**January – May 2024**)
- Finalise long-term Retention Plan following workshops and engagement with divisions and professions leaders (**January – February 2024**)
- Planning for LGBT+ History month in February - theme is 'medicine and healthcare' (**January 2024**)
- Cultural Ambassador training with RCN (**January 2024**)

Essential Training



What Does the Data Tell Us - Essential Training (Head of Learning and Development)

- QLIK (15 Jan 24) shows compliance as **All staff 90.87%**, Permanent Staff 94.16%, Fixed Term Temp 87.36%, Other 78.67% (NBT eXtra 82.90%).
- Outliers in Training Compliance: Honorary staff at 41.13%, and Medical & Dental at 78.86%.
- Training Compliance By Training Title (Top 9) shows Information Governance is 88.04%, which is below the 95% trust compliance target.
- The largest number of training expirations in the next 3 months are Information Governance, Fire, and Health and Safety.
- Oliver McGowan's mandatory e-learning is at 67.94%. All staff must complete this. Oliver McGowan Mandatory Level 2 - Face to Face – no dates available.

Actions – Essential Training (Head of Learning and Development)

- Weekly Mandatory and Statutory Training (MaST) reports raising compliance visibility within divisions. Divisional Directors of Nursing and People Partners are acting on the data and working with their divisions to increase compliance.
- NBT eXtra have emailed all bank staff directly and have set up MaST sessions in the computer suites to increase compliance.
- Inclusion of 5 MaST subjects in corporate induction has helped to increase day 1 compliance.

Leadership & Management Learning (Leadership Development Manager)

- **Mastering Management:** Cohort 1, 2 and 3 are full and in progress. Cohort 4 is full 24/24 participants, starts on 6th February. Cohort 5 is almost full 22/24 participants and starts on 7th February. There are 240 participant places available in 2023/2025. To date, 120 staff have been allocated to a cohort, with 212 completed expressions of interest. Feedback from participants is excellent. Rating 4.44/5' (1 = Poor; 5 = Excellent) to the question 'Overall, how would you rate the learning impact from this module?' Contract review meeting with UWE 25.01.24.

Leadership & Management Learning (Leadership Development Manager) cont'd

- **Excellence in Management:** Programme now paused for winter pressures until February. Recruitment campaign for Cohort 3 closes 9th February - currently 18 applications for 25 places. Cohort 3 launches 27th March.
- **Leading for Change:** "*Kindness into Action*" with keynote speaker Tim Keogh will be hosted on the 20th of February 2024.
- **Accelerate update:** 23 applications for cohort 2- the focused advertising is working. 2 people from cohort 1 who couldn't attend due to sickness have automatically been offered and have accepted a place in cohort 2, bringing the total to 25. Applications officially close on Jan 26th; all applicants will hear in the week following application closure. Cohort 1 evaluation is complete. The whole team need to discuss the dissemination of evaluations. Caroline Hartley and I have put forward Accelerate as a case study for an NHS E/I repository for EDI-focused interventions. We used the cohort 1 evaluation to support this
- **ILM Leadership and Team Skills:** 38 applications received for Cohort 1 and we have 20 places available. Shortlisting on the week commencing the 15th Jan.
- **Coaching and Mentoring:** procuring PLD platform in partnership with UHBW. Implementation meeting with UHBW 17.01.24, target go-live date for the software is 29 February 2024.

(Head of Apprenticeships and Early Careers)

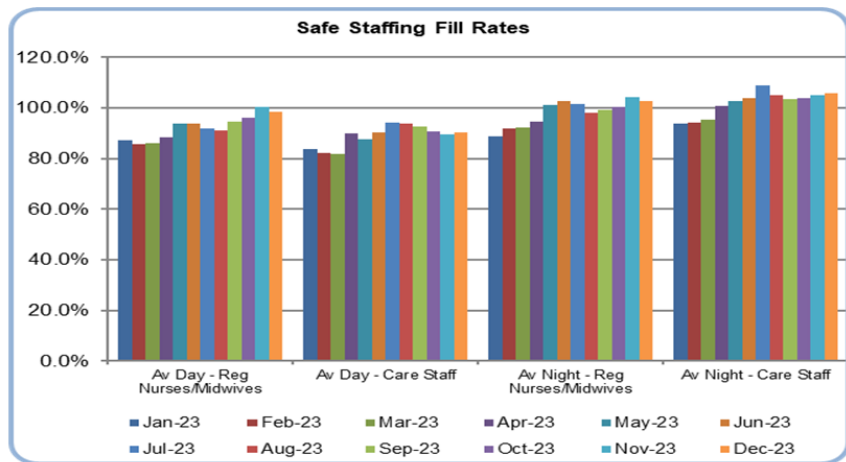
Trust Apprenticeships and Widening Engagement

- Expired Funds & Utilisation: Expired funds in December - £21,560 Transferred Levy funds - £10,316 to support community development, Levy utilisation – 89%.
- Workforce planning tools have been rolled out to People Partners to forecast apprenticeship utilisation for the next 5 years
- Apprenticeship mentor and Community Engagement Officer have been appointed using monies from the WECA funding.
- 60 work experience placements have occurred since September with over 100 already planned for the rest of the year.
- NBT have been asked to attend Orchard School's Community Employer board, meeting on 25th Jan.
- Digital apprenticeship Brochure launched on Link and shared with HR PP
- Plans underway for NAW 24 and Apprentice Mentor Role

Apprenticeship Centre

- Current number of learners enrolled: 64 direct (-2 last month) – 109 non-direct (-13 last month) – although there is a reduction in direct enrolments, 7 new Team Leader apprentices are due to start in January. The next start dates are planned for March for Business Admin & Customer Service. On average 2 non-direct apprentices every induction. Need to look at the growth of Healthcare Support Worker Apprenticeships.
- Number of completed apprenticeships last month: 2 direct & 6 non-direct
- Number due to be complete next Month: 7 direct & 6 non-direct
- Apprenticeship Accountability frameworks looks in a good position, however, break in learners for Team Leaders needs close monitoring. Mitigation is in place to continue to closely review the timely completion of apprenticeships.
- Ofsted visit pending, expected between Feb – September, focused training planned in the new year, currently procuring specialist to provide bespoke training for preparation.

Safe Staffing



Dec-23	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	98.38%	90.36%	102.93%	105.70%

Ward Name	Registered nurses/ midwives Day	Care staff day	Registered nurses/ midwives Night	Care staff Night
AMU 31 A&B 14031	Green	Red	Green	Red
Cotswold Ward 01269	Green	Green	Green	Green
Ward 25B 14242	Green	Green	Green	Green
Ward 26A 14311	Green	Green	Green	Green
Ward 26B 14312	Green	Green	Green	Green
Ward 27B 14403	Green	Green	Green	Green
Ward 32A CAU 14103	Green	Green	Green	Green
Ward 33A 14221	Green	Green	Green	Green
Ward 33B 14222	Green	Green	Green	Green
Ward 34A 14325	Green	Green	Green	Green
Ward 34B 14324	Green	Green	Green	Green
Ward 6B (mainly Neuro) 1421	Green	Green	Green	Green
		Over 120%		Below 80%

Safe Staffing Shift Fill Rates:

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

What does the data tell us?

For December 2023, the combined shift fill rates for days for RNs across the 29 wards was 98.38% and 102.93% respectively for nights for RNs. The combined shift fill for HCSWs was 90.36% for the day and 105.70% for the night. Therefore, the Trust as a collective set of wards is within the safe limits for December.

December registered nursing fill rates:

- 3.45% of wards had daytime fill rates of less than 80%
- 0.0 % of wards had night-time fill rates of less than 80%
- 0.00% of wards had daytime fill rates of greater than 120%
- 6.90 % of wards had night-time fill rates of greater than 120%

December care staff fill rates:

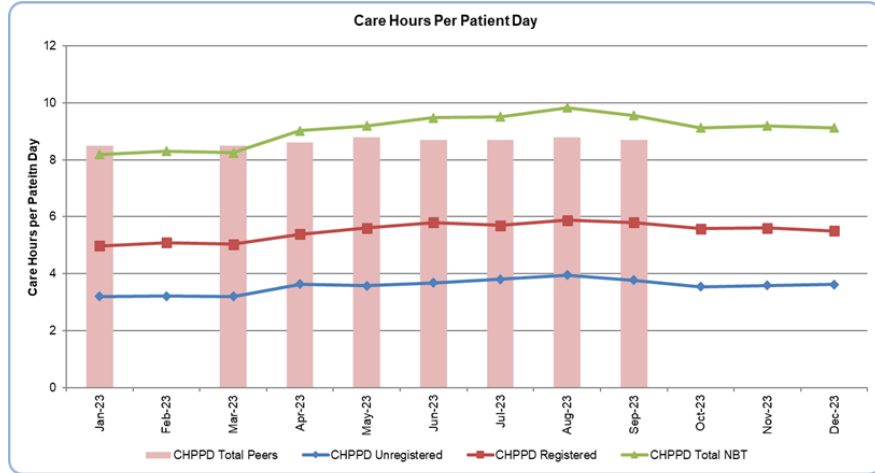
- 17.24% of wards had daytime fill rates of less than 80%
- 6.90% of wards had night-time fill rates of less than 80%
- 10.34% of wards had daytime fill rates of greater than 120%
- 24.14% of wards had night-time fill rates of greater than 120%

It is worth noting that no wards fell below 80% fill rate for registered nursing staff at night, this is reflective of the overall vacancy improvement for registered nursing and despite significant operational pressures in December. The “hot spots” as detailed on the heatmap which did not achieve the fill rate of 80% or >120% fill rate for both RNs and HCSWs have been reviewed. The increased fill rates for the percentage of RNs on Gate 32A reflects the corridor cover by a Registered Nurse. The decreased fill rate <80% on Cotswolds ward is due to winter funding for escalation which has not yet been required and respectively gate 26B for part of December required less care staff. The increased fill rates for the percentage of HCSWs at night reflects the deployment of additional staff in response to patient acuity and increased levels of therapeutic observation (enhanced care) in order to maintain patient safety. For December there was a higher level of enhanced care required.

Compliance:

Future Safe Care Census regularity will be reduced to twice daily to more closely align with shift patterns. This will form part of the transition to a more robust compliance monitoring system.

Care Hours



Care Hours per Patient Day (CHPPD)

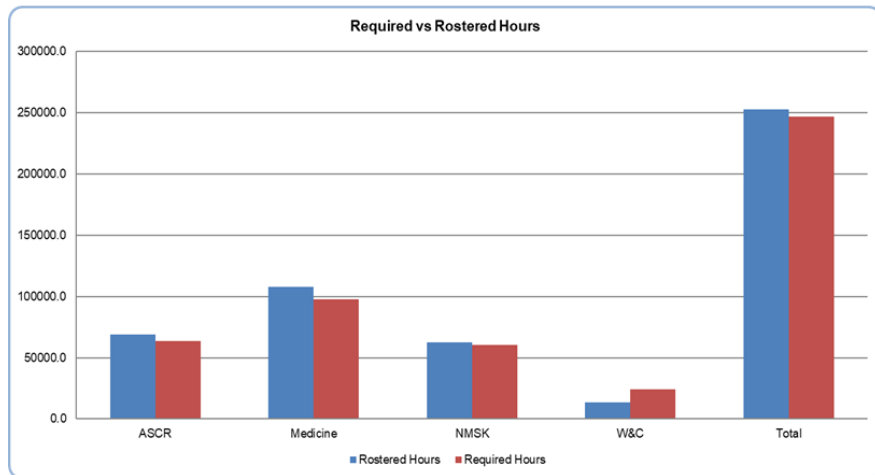
The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital). CHPPD data provides a picture of how staff are deployed and how productively. It provides a measure of total staff time spent on direct care and other activities such as preparing medications and patient records. This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

What does the data tell us?

Compared to national levels the acuity of patients at NBT has increased and exceeded the national position.

Required vs Roster Hours

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



What does the data tell us

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

Finance

**Board Sponsor: Chief Financial Officer
Glyn Howells**

Statement of Comprehensive Income at 31st December 2023

	Month 9			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	65.5	68.3	2.8	587.2	596.7	9.5
Income	5.4	7.9	2.5	50.2	69.9	19.7
Pay	(44.7)	(47.4)	(2.7)	(395.8)	(409.0)	(13.2)
Non-pay	(27.7)	(30.2)	(2.4)	(245.3)	(265.5)	(20.3)
Surplus/(Deficit)	(1.6)	(1.4)	0.2	(3.6)	(8.0)	(4.3)

Assurances

The financial position for December 2023 shows the Trust has delivered a £1.4m deficit against a £1.6m planned deficit which results in a £0.2m adverse variance in month and £4.3m adverse variance year to date.

Contract income is £2.8m favourable to plan. This is driven by additional high cost drugs income (£1.2m) which is offset in expenditure. As well as this, the position is £1.2m favourable due to improved performance against ERF Baselines.

Other income is £2.5m favourable to plan. This is driven by new funding adjustments where the Trust is receiving £2.5m of new funding since the plan was approved which is offset by costs.

Pay expenditure is £2.7m adverse to plan. New funding adjustments, offset in other income, have caused a £1.3m adverse variance. The remaining adverse variance is caused by the impact of increased temporary staffing costs and industrial action.

Non-pay expenditure is £2.4m adverse to plan. New funding adjustments, offset in other income, and pass-through drugs are £2.1m adverse. The remaining adverse variance is caused by in-tariff drugs and M&S spend.

Statement of Financial Position at 31st December 2023

	22/23 Month 12	23/24 Month 08	23/24 Month 09	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
Non-Current Assets	510.6	519.3	519.8	0.5	9.3
Current Assets					
Inventories	10.0	9.9	10.0	0.1	0.0
Receivables	57.2	60.4	59.3	(1.1)	2.0
Cash and Cash Equivalents	104.0	62.2	59.4	(2.8)	(44.6)
Total Current Assets	171.3	132.4	128.7	(3.8)	(42.6)
Current Liabilities (< 1 Year)					
Trade and Other Payables	(125.2)	(87.4)	(77.7)	9.7	47.5
Deferred Income	(17.2)	(32.2)	(38.1)	(6.0)	(21.0)
Financial Current Liabilities	(17.1)	(17.7)	(27.5)	(9.8)	(10.5)
Total Current Liabilities	(159.5)	(137.3)	(143.4)	(6.0)	16.1
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.7)	(7.1)	(7.1)	0.0	(0.3)
Financial Non-Current Liabilities	(355.2)	(350.4)	(576.1)	(225.7)	(220.9)
Total Non-Current Liabilities	(362.0)	(357.5)	(583.2)	(225.7)	(221.2)
Total Net Assets	160.4	156.9	(78.1)	(235.0)	(238.5)
Capital and Reserves					
Public Dividend Capital	469.1	472.0	472.0	0.0	2.9
Income and Expenditure Reserve	(371.3)	(376.7)	(541.8)	(165.1)	(170.5)
Income and Expenditure Account - Current Year	(5.4)	(6.4)	(76.3)	(69.9)	(70.9)
Revaluation Reserve	68.0	68.0	68.0	0.0	0.0
Total Capital and Reserves	160.4	156.9	(78.1)	(235.0)	(238.5)

Capital is £21.3m year-to-date (excluding leases).

Cash is £59.3m at 31st December 2023, a £2.8m decrease compared with the previous month. The decrease in month is mostly driven by movements in the working capital.

Non-Current Liabilities have increased by £220.9m at Month 9 as a result of the national implementation of IFRS 16 on the PFI. This has changed the accounting treatment for the contingent rent element of the unitary charge which must now be shown as a liability. This change also accounts for the £170.5m increase in the Income and Expenditure Reserve.

Regulatory

**Board Sponsor: Chief Executive
Maria Kane**

NHS Provider Licence Compliance Statements at January 2023 - Self-assessed, for submission to NHS

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 by 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

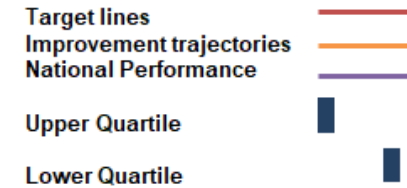
Appendix 1: General guidance and NBT Quality Priorities

Unless noted on each graph, all data shown is for period up to, and including, 31 December 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	



Appendix 2: Abbreviation Glossary

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

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

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

Appendix 2: Abbreviation Glossary

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

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

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

Appendix 2: Abbreviation Glossary

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

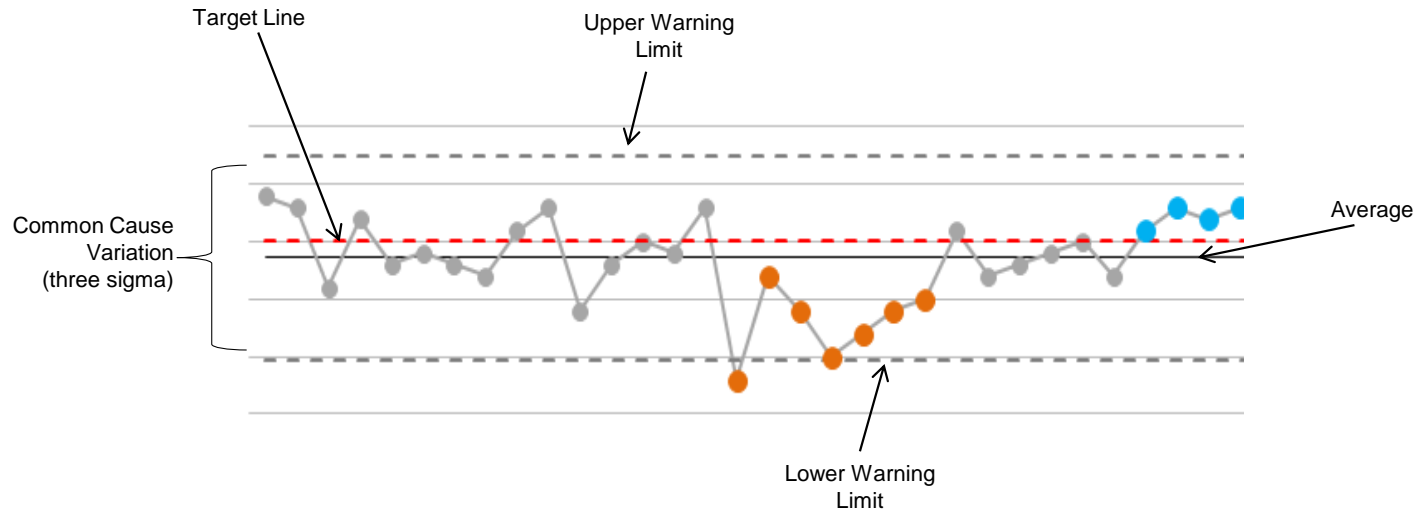
Abbreviation	Definition
PI	Pressure Injuries
PMRT	Perinatal Morality Review Tool
PPG	Patient Participation Group
PPH	Post-Partum Haemorrhage
PROMPT	PRactical Obstetric Multi-Professional Training
PSII	Patient Safety Incident Investigation
PTL	Patient Tracking List
PUSG	Pressure Ulcer Sore Group
QC	Quality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

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

Appendix 2: Abbreviation Glossary

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

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:




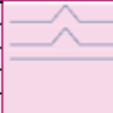


SPC Guidance: <https://improvement.nhs.uk/documents/2171/statistical-process-control.pdf>

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>

Maternity PQSM January 2024

December 2023 data is pending review and final approval

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	TREND
										
Activity										
Number of women who gave birth, all gestations from 22+0 gestation	418	464	459	467	477	425	479	473	411	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	4	0	3	1	4	1	4	2	3	
Number of women who gave birth (>=24 weeks or <24 weeks live)	412	465	453	460	477	424	478	470	412	
Number of babies born (>=24 weeks or <24 weeks live)	420	470	459	468	483	435	484	476	418	
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)	35	34	41	37	31	36	44	36	29	
No of livebirths <24 weeks gestation	3	1	1	1	3	1	0	0	1	
Induction of Labour rate %	36.9%	35.9%	33.6%	38.0%	32.1%	28.5%	34.3%	30.2%	36.7%	
Spontaneous vaginal birth rate %	53.9%	48.4%	46.9%	49.3%	45.9%	42.7%	45.8%	44.9%	45.6%	
Assisted vaginal birth rate %	9.7%	8.8%	9.7%	10.0%	7.8%	10.4%	10.9%	11.7%	10.2%	
Caesarean Birth rate (overall) %	36.4%	42.8%	44.4%	40.7%	46.3%	46.9%	42.9%	43.2%	41.3%	
Planned Caesarean birth rate %	18.2%	18.3%	19.9%	18.3%	20.8%	21.5%	21.8%	21.1%	18.9%	
Emergency Caesarean Birth rate %	18.2%	24.5%	24.5%	22.4%	25.6%	24.3%	21.1%	22.1%	22.3%	
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	2.6%	3.0%	3.9%	4.7%	2.9%	3.80%	5.20%	5.50%		
Perinatal Morbidity and Mortality inborn										
Total number of perinatal deaths (excluding late fetal losses)	4	3	4	3	2	3	2	2	3	
Number of late fetal losses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)	2	1	4	1	2	0	1	2	1	
Number of stillbirths (>=24 weeks excl. TOP)	1	1	2	2	1	1	1	1	2	
Number of neonatal deaths: 0-6 Days	1	2	2	0	1	0	0	1	0	
Number of neonatal deaths: 7-28 Days	1	0	0	0	0	1	0	0	0	
PMRT grading C or D cases (themes in report)	0	1	0	0	0	1	1	0		
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	0	0	0	0	0	0	0	0		
Maternal Morbidity and Mortality										
Number of maternal deaths (MBRRACE)	0	0	0	0	1	0	0	0	0	
Direct	0	0	0	0	1	0	0	0	0	
Indirect	0	0	0	0	0	0	0	0	0	
Number of women receiving enhanced care on CDS	12	27	17	19	14	15				
Number of women who received level 3 care (ITU)	0	0	0	0	1	0	0	0	2	
Insight										
Number of data incidents graded as moderate or above (total)	2	3	0	0	0	0	0	3	9	
Data incident moderate harm (not SI, excludes HSIB)	2	2	0	0	0	0	0	1		
Data incident PSII (excludes HSIB)	0	1	0	0	0	0	0	0		
New HSIB referrals accepted	0	0	0	0	0	0	0	2	1	
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	0	0	0	0	0		
Coroner Reg 28 made directly to Trust	0	0	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	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	2	2	2	2	1	1	1	3	2	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	2	2	2	2	2	2	2	2	2	

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	TREND
Minimum safe staffing in maternity services: anaesthetic, medical workforce (ota gaps)	0	0	0	1	0	0	0	0	0	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (ota gaps)	2	2	1	1	1	1	1	1		
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (ota gaps)	0	1	1	1	1	0	0			
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).	39%	31%	34%	38%	38%	16.87%	11%	8%	7%	
Vacancy rate for midwives	11.60%	16.20%	15.50%	18.45%	18.18%	11.91%	7.88%	6.14%		
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)	40%	60%	60%	60%	50%		45%	40%		
Vacancy rate for NICU nurses	27	30	31	31	23	24	12	16		
Datix related to workforce (service provision/staffing)	3	6	5	6	3	4	7	3		
Consultant led MDT ward rounds on CDS (Day to Night)	70%	90%	80%	84%	87%	73%	65%	67%	61%	
Consultant led MDT ward rounds on CDS (Day)	83%	90%	80%	77%	83%	100%	94%	67%	100%	
One to one care in labour (as a percentage)	100%	100%	100%	100%	100%	98%	98%	99%		
Compliance with supernumerary status for the labour ward coordinator	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Number of times maternity unit attempted to divert or on divert							1		1	
<i>in-utero transfers</i>										
<i>in-utero transfers accepted</i>										
<i>in-utero transfers declined</i>							0		0	
<i>ex-utero transfers</i>										
<i>ex-utero transfers accepted</i>										
<i>ex-utero transfers declined</i>							24			
<i>NICU babies transferred to another unit due to capacity/staffing</i>							3	2		
Number of consultant non-attendance to "must attend" clinical situations	0	0	0	0	0	0	0	0	0	
Involvement										
Service User feedback: Number of Compliments (formal)	72	35	74	64	48	37	38	35	23	
Service User feedback: Number of Complaints (formal)	5	4	3	2	7	4	1	7	5	
Friends and Family Test Score % (good/very good) NICU	100	100	100	100	100	88	63	100	100	
Friends and Family Test Score % (good/very good) Maternity	94	93	93	92	91	85	81	86	92	
Staff feedback from frontline champions and walk-about (number of themes)	3	0	4	0	3	4	0	5	5	
Improvement										
Progress in achievement of CNST /10	7	7	7	7	7	7	7	7		
Trust Level Risks	9	4	6	7	6	6	6	7	7	

Report To:	Public Trust Board			
Date of Meeting:	25 January 2024			
Report Title:	Finance & Performance Committee (F&PC) Upward Report			
Report Author:	Aimee Jordan, Senior Corporate Governance Officer and Policy Manager			
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 <i>private</i> .				
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 March 2024.			

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 18 January 2024 F&PC.	
Implications for Trust Improvement Priorities: (tick those that apply and elaborate in the report)	Our Aim: Outstanding Patient Experience
	High Quality Care – <i>Better by design</i>
	Innovate to Improve – <i>Unlocking a better future</i>
	Sustainability – <i>Making best use of limited resources</i>
	People – <i>Proud to belong</i>
	Commitment to our Community - <i>In and for our community</i>
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:	N/A

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 18 January 2024.

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:

- With regards to Unscheduled Care, it was noted that the level of No Criteria To Reside (NC2R) volumes had continued to increase, and the challenges were compounded by the multiple factors including:
 - The continued increased Emergency Department attendances,
 - The variation in ambulance conveyances
 - The increased Infection Prevention and Control (IP&C) presentations,
 - The impact of Industrial Action.
- With regards to Planned Care, the in-year target remained challenged due to the ongoing impact of industrial action, however the Trust has maintained zero capacity breaches for patients waiting over 104-weeks and over 78-weeks for treatment.
- With regards to Diagnostics, the Trust was delivering the national year-end target of fewer than 15% patients breaching 6-weeks and continued to be on track to deliver the internal to clear >13-week breaches. The Committee noted the ongoing work to understand the clinical behaviour changes behind the increased MRI referrals.
- With regards to Cancer performance, work was ongoing to continue recovering activity losses as a result of industrial action, particularly in Skin and Gynaecology, and to sustain the faster diagnosis standards.

The Committee discussed the operational performance in depth and the ability to achieve the year-end trajectories and were assured that actions were being taken to mitigate the main risks impacting performance.

The Committee also received reassurance on the engagement with the local authorities (Bristol and South Glos) and discussed the ongoing work with the system partners to focus on strategic ways of overcoming challenges.

3.2 Update on Winter Plans

The Committee received an update from the Chief Operating Officer on the Winter plan. The update outlined how the plan has developed, the changes to the plan and the ongoing work to refocus the plan through flow, discharges, capacity and system plans. The plan also set out the underlying drivers which included:

- Community bed reduction,
- Increase in IP&C presentations,
- High ambulance conveyances,
- NC2R position.

The Committee welcomed the update which used data to show the organisational complexities and differences across the system. The Committee supported the ambition to commence discussions to fundamentally review the process at system-level.

The Committee challenged the discharge process and received reassurance that the Transfer of Care Hub (TOCH) were responsible for validating patients care requirements and co-ordinating agencies to enable discharge.

3.3 Operational Plan Discussions 2024/25

The Committee received the report which outlined the latest planning position for 2024/25. It was noted the team were still awaiting the full national guidance, but that business planning had been initiated in order to deliver a signed-off plan and budget in March 2024.

The guidance received has indicated that the financial framework would be the same going into 2024/25, ensuring consistency in the evaluative criteria for the Trust. However, it was recognised that the financial position was strained and would continue to be in 2024/25. Ongoing deliberations are in progress with the Treasury and the Department of Health and Social Care concerning the finalisation of national guidance for budgets and targets for the 2024/25

The Director of Operational Finance highlighted the following key areas:

- that planning sessions have been scheduled throughout January with Divisions to formulate Divisional Plans.
- GooRoo was being used to model the activity.
- The financial position areas of challenge, including:
 - Cost Improvement Programme (CIP) requirement of at least 3.7%
 - Agency spend target to 3.2% in 2024/25.
 - Complete system-wide capital prioritisation process

The Committee noted that the financial plan was to breakeven and would use the BNSSG medium-term financial plan as the starting point for planning purposes. It was highlighted that the NHSE protocols would be triggered for all systems not achieving the breakeven position which would involve increased scrutiny of business cases and agency spend.

The Committee raised concerns regarding the system controls, anticipating potential delays in expenditure, and highlighted the capital challenges arising from its centralisation at the system level. It was noted that the full plan was anticipated to go to the next meeting in March 2024, with an update in February 2024.

3.4 Digital Change Programme Delivery

The Committee received a detailed update on the status of each digital programme including areas of challenge and improvement.

The Committee welcomed the success of the Standardisation of Clinical Outcome Letters project and noted the positive impact it would have on clinicians and patients.

The Committee recognised the funding challenges impacting the division but were reassured that work was progressing and would be able to be 'kickstarted' should further funding become available.

The Committee discussed the IM&T risks in depth, particularly the workforce risk, and received reassurance that mitigating actions were in place.

3.5 Risk Report

The Committee received and discussed the relevant Trust Level Risks (TLR) across Finance, Performance, Service Delivery and IM&T and Board Assurance Framework (BAF) risks within its purview.

The Committee were pleased to note the following changes to the TLR report:

- Datix risk 1211 re the connectivity access for Maternity Midwives had been downgraded due to the mitigation in place and no longer met the TLR threshold.
- Datix risk 1783 re the Saving Babies lives recommendation had been closed at the recent Risk Management Group meeting as the division had now achieved the required recommendations. Additionally, the division also had managed to reduce two workforce risks as a result of the staffing pipeline coming online.

The Committee discussed the risks impacts and received reassurance re the risk review process.

3.6 Other items:

The Committee also received the following items for information:

- An update from the Business Case Review Group
- An update on the Month 9 Finance Report.
- Noted a BWPC Contract Recommendation: Courier Services and recommended it to Trust Board for approval.
- Approved the Committee Self-Assessment Review proposal.
- Finance and Performance Committee forward work-plan 2023/24

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

4.1 None

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.

Report To:	Public Trust Board			
Date of Meeting:	25 January 2024			
Report Title:	Emergency Preparedness Resilience and Response (EPRR) Annual Report 2022/23			
Report Author:	Rob Presland, Operations Planning Director			
Report Sponsor:	Steve Curry, Deputy Chief Executive and Chief Operating Officer			
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 <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
			x	x
Recommendations:	The Trust Board is asked to note that the Trust is ‘substantially compliant’ with the NHS Core Standards for Emergency Preparedness Resilience and Response (EPRR).			
Report History:	Operations Management Board, 7 th December 2023			
Next Steps:	The Trust will be delivering its action plan to move from ‘substantially compliant’ to ‘fully compliant’.			

Executive Summary
<p>North Bristol NHS Trust is a “Category 1 Responder” under the Civil Contingencies Act (CCA) 2004 and has a responsibility to ensure local arrangements are in place should an emergency occur.</p> <p>The outcome of the 2021/22 Emergency Preparedness Resilience and Response (EPRR) Assurance process is “substantially compliant” with 3 “partially compliant” core standards listed below:</p> <p>CS12 – Duty to maintain plans – Infectious disease.</p> <p>Actions to improve arrangements for responding to an infectious disease outbreak (including high consequence infectious diseases) are underway which focus on improving compliance with FFP3 resilience principles in acute settings by 1st April 2024.</p> <p>CS13 - Duty to maintain plans – New and emerging pandemics.</p> <p>The Trust COVID-19 Pandemic Policy will be reviewed and developed by July 2024 in line with pandemic planning arrangements put in place by the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB).</p>

CS65 – Hazardous materials (Hazmat) and Chemical, Biological, Radiological and Nuclear (CBRN) material – Personal Protective Equipment (PPE Access).		
Actions to improve compliance with FFP3 principles in acute settings by 1 st April 2024 will include improvements to the maintenance of Fit testing schedules and records for all staff who may come into contact with confirmed respiratory contamination.		
Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience	X
	High Quality Care – <i>Better by design</i>	
	Innovate to Improve – <i>Unlocking a better future</i>	
	Sustainability – <i>Making best use of limited resources</i>	
	People – <i>Proud to belong</i>	
	Commitment to our Community - <i>In and for our community</i>	X
Link to BAF or Trust Level Risks:	Trust Level Risk 1702. <i>The Trust may be subject to regulatory and/or commissioning challenge if it fails to significantly improve provision and record keeping of Face Fit Testing for FFP3 masks, as required by COSHH and PPE regulations for unavoidable exposure to airborne hazards e.g. pathogens (COVID, tuberculosis, aspergillus) or harmful substances (silica dust).</i>	
Financial implications:	Not applicable	
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	<i>Not applicable. No changes proposed to service, function, strategy, or policy that could have an impact on people.</i>	
Freedom of Information	<i>This document can be made public under the Freedom of Information Act 2000.</i>	
Appendices:	Appendix 1 – NHSE to BNSSG ICB Assurance Outcome Letter 2023/24.	

1. Purpose

1.1 To provide the Trust Board with the Trust's Emergency Preparedness Resilience and Response (EPRR) Annual Report for 2022/23 for assurance.

2. Background

2.1 North Bristol NHS Trust is a "Category 1 Responder" under the Civil Contingencies Act (CCA) 2004 and has a responsibility to ensure local arrangements are in place should an emergency occur.

2.2 The NHS Core Standards for EPRR cover ten domains:

1. Governance
2. Duty to risk assess
3. Duty to maintain plans

Page 2 of 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.

4. Command and control
5. Training and exercising
6. Response
7. Warning and informing
8. Cooperation
9. Business continuity
10. Chemical Biological Radiological Nuclear (CBRN) and Hazardous Material (HAZMAT).

2.3 The applicability of each domain and core standard is dependent on the organisation's function and statutory requirements.

3. Annual Assurance Process

3.1 NHS Provider organisations are required to undertake an annual self-assessment covering 62 core standards as set out in the NHS Core Standards for Emergency Preparedness Resilience and Response (EPRR) Guidance and a series of deep dive questions which change on an annual basis.

3.2 The assurance process covers the previous year (2022/23) and recommendations are for the following year (2024/25).

3.3 A response to deep dive questions was requested regarding Training and Exercising however it should be noted these do not contribute towards the overall compliance rating.

4. 2022/23 Annual Report

4.1 The Trust has completed the annual self-assessment and has confirmed full compliance with 59 of the 62 core standards for an Acute setting. All partially compliant areas from 2021/22 have now been made "fully compliant", which reflects improvements to the business continuity management framework.

4.2 The Trust scored partially compliant for CS12 – Duty to maintain plans – Infectious disease; CS13 - Duty to maintain plans – New and emerging pandemics; and CS65 – Hazardous materials (Hazmat) and Chemical, Biological, Radiological and Nuclear (CBRN) material – Personal Protective Equipment (PPE Access).

4.3 With 3 core standards assessed as partially compliant, and overall compliance rating of 95%, the Trust remains 'substantially compliant'. This is an improved position from last year's compliance rating of 94%.

4.4 NHSE/I has reviewed the Trust's self-assessment and has provided formal written confirmation of the 'substantially compliant' status to BNSSG ICB following the Confirm and Challenge Meeting with NHSE/I in October 2023 (see **Appendix 1**).

4.5 The Trust expects to be fully compliant with CS12 – Duty to maintain plans – Infectious disease by the 1st April 2024. Actions to improve arrangements for responding to an infectious disease outbreak (including high consequence infectious diseases (HCID)) are

Page 3 of 4

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underway which focus on improving compliance with FFP3 resilience principles in acute settings by 1st April 2024. This forms part of the Trust plans to become a commissioned HCID centre by NHS England.

4.6 The Trust expects to be fully compliant with CS13 - Duty to maintain plans – New and emerging pandemics by the end of Quarter 1 in the financial year 2024/25. The Trust COVID-19 Pandemic Policy will be reviewed and developed in line with pandemic planning arrangements put in place by the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB).

4.7 The Trust expects to be fully compliant with CS65 – Hazardous materials (Hazmat) and Chemical, Biological, Radiological and Nuclear (CBRN) material – Personal Protective Equipment (PPE Access) by 1st April 2024. Actions to improve compliance with FFP3 principles in acute settings by 1st April 2024 will include improvements to the maintenance of Fit testing schedules and records for all staff who may come into contact with confirmed respiratory contamination. This will include a review of all Trust sites.

5. Summary and Recommendations

5.1 The Trust Board is asked to **note** that the Trust is 'substantially compliant' with the NHS Core Standards for Emergency Preparedness Resilience and Response (EPRR).



Our Reference: BNSSG/NOV23

To: Caroline Dawe, Deputy Director
Performance and Delivery, NHS BNSSG ICB

Keith Grimmett
NHS England
Head of EPRR

Copy: Janette Midda, EPRR Manager and
Jack Robison, EPRR Officer

Tel: 07783 816496
Email: k.grimmett@nhs.net

Sent by email

08 November 2023

Dear Caroline,

Emergency Preparedness, Resilience and Response (EPRR) annual assurance outcome for 2023/24.

Thank you for preparing and submitting your self-assessment, supporting evidence and your engagement prior to and during the review meeting held on October 30th, 2023. This letter summarises the outcome of this year’s process, capturing any agreed actions.

ICB Outcome Summary

Organisation	2021	2022	2023
NHS BNSSG ICB	Full	Substantial	Full

Your agreed organisational compliance level for 2023 is Full, with the assessment showing full compliance against 100% of applicable standards (47 of 47). See annex 1 for descriptors.

Throughout the 2023 process and as summarised during the confirm and challenge session, you demonstrated comprehensive EPRR and Business Continuity Management Systems alongside recognition of the need for continual review and further development opportunities.

Deep Dive review

The focus of the deep dive for 2023 was EPRR Responder Training. Whilst these additional standards are subject to the same assessment processes as the 47 Core Standards, they are not included directly in your overall outcome scoring.

Your agreed organisational compliance level for the deep dive review is Full, with the assessment showing full compliance against 100% of the standards (10 of 10). See annex 1 for descriptors.

Advisories

NHSE provided comments against several fully compliant standards to support maintenance, general development and to achieve good practice. These comments are broadly termed ‘advisories’ and apply to the following standards.

Core Standard:

- 2: EPRR Policy
- 6: Continuous Improvement

The detailed narrative outlining suggested actions for standards with advisory comments has been discussed with your EPRR leads. A plan to support these actions should now be developed and form part of the 2024 Core Standards monitoring and support programme beginning in January.

BNSSG System Outcome Summary

You provided a full and concise overview of the approach you have used to undertake the EPRR Core Standards confirm and challenge process for 2023, demonstrating a close working relationship with your providers.

NHSE South-West did not have any observations or advisories to raise in relation to the confirm and challenge process you adopted to assess your providers and acknowledge the high level of support provided to them by your EPRR practitioners. With regards to your partially compliant providers, we noted that progress had been made and that the areas requiring improvement were different to those identified in 2022.

Organisation	2021	2022	2023
AWP	Full	Full	Full
NBT	Substantial	Substantial	Substantial
Severnside (Brisdoc)	Full	Full	Substantial
Sirona	Substantial	Partial	Partial
UHBW	Substantial	Partial	Substantial

Additionally, you confirmed that providers operating in BNSSG but covering multiple geographies are assessed by an agreed lead ICB. You confirmed you were engaged in that process for input and have been sighted on both the submission and the outcome as outlined below.

Organisation	2021	2022	2023
Severnside (PPG)	Full	Substantial	Full
SWASFT	Full	Full	Full

Next Steps

The outcome of this assurance review will be included in the annual EPRR Regional assurance summary letter which is reviewed and endorsed by NHSE South West’s Senior Leadership Team before being presented to the NHSE National Team for wider scrutiny.

New ways of working were trialled for 2023 to complete the EPRR annual assurance process, NHSE will now conduct a regional review to capture successes and challenges. We welcome your local reflections on this and will provide feedback via your EPRR practitioners.

If you would like to discuss any elements of the confirm and challenge process and/or the contents of this letter, please do not hesitate to contact me directly.

Finally, thank you again for the hard work put into this year's assurance process while contending with significant system pressures, issues and incidents.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Keith Grimmett', written in a cursive style.

Keith Grimmett
Head of EPRR
NHS England South West

Annex 1: Compliance Levels

Organisational rating	Criteria
Full compliance	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantial compliance	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partial compliance	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-compliance	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards