

Trust Board Meeting in Public
Thursday 26 January 2023
10.00-13.15
Virtual / L&R Room 4 & 5
A G E N D A

No.	Item	Purpose	Lead	Paper	Time
OPENING BUSINESS					
1.	Welcome and Apologies for Absence: <i>Richard Gaunt, NED, apologies until 12:30</i> <i>Jacqui Marshall, Chief People Officer (Sarah Margetts deputising)</i>	Information	Chair	Verbal	10.00
2.	Declarations of Interest	Information	Chair	Enc.	-
STANDING ITEMS					
3.	Minutes from the previous meeting	Approval	Chair	Enc.	-
4.	Action Chart from Previous Meeting	Approval	Trust Secretary	Enc.	-
5.	Matters Arising from Previous Meeting	Discussion	All	Verbal	-
6.	Chair's Briefing	Information	Chair	Verbal	10.05
7.	Chief Executive's Briefing	Discussion	Chief Executive	Enc.	10.10
KEY DISCUSSION ITEMS					
8.	Patient Story	Discussion	Chief Nursing Officer	Pres.	10.30
9.	Mass Vaccination Programme Report	Discussion	Chief Medical Officer	Enc.	11.00
PEOPLE					
10.	People Committee Upward Report	Discussion	NED Chair	Enc.	11.20
QUALITY					
11.	Quality Committee Upward Report (including Maternity Incentive Scheme)	Approval	NED Chair	Enc.	11.30
BREAK (10 minutes)					11.45
FINANCE, IM&T & PERFORMANCE					
12.	Integrated Performance Report	Discussion	Chief Operating Officer	Enc.	11.55
13.	Finance and Performance Committee 24 January 2023 - Upward Report 13.1. Finance Report - Month 9 (to follow after meeting on 24 Jan 2023)	Discussion	NED Chair	Enc.	12.30
14.	Emergency Planning, Resilience and Response Annual Report	Information	Chief Operating Officer	Enc.	12.40

GOVERNANCE & ASSURANCE					
15.	Patient & Carer Committee Upward Report (including updated Terms of Reference)	Information	NED Chair	Enc.	12.50
16.	Acute Provider Collaboration Board Upward Report	Information	Trust Chair	Enc.	13.00
CLOSING BUSINESS					
17.	Any Other Business	Information	Chair	Verbal	13.10
18.	Questions from the Public	Information	Chair	Verbal	-
19.	Date of Next Meeting: <i>Thursday 30 March 2023</i>				
END					

LUNCH (35 minutes)	13:15-13:45
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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 who provide GP services to North Bristol NHS Trust. Trustee, Second Step. Provide mental health services for the Bristol North Somerset and South Gloucestershire area. Trustee, West of England Centre for Integrated Living. Provide a range of services to disabled people living in the Bristol, North Somerset and South Gloucestershire area. Director, Bristol Chamber of Commerce and Initiative. Member of the Labour Party.
Mr Tim Gregory	Non-Executive Director	<ul style="list-style-type: none"> Nothing to declare.
Mr Richard Gaunt	Non-Executive Director	<ul style="list-style-type: none"> Non-Executive/Governor of City of Bristol College. Non-Executive Director of Alliance Homes, social housing and domiciliary care provider
Ms Kelly Macfarlane	Non-Executive Director	<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 Limited, a Halma Company.
Professor Sarah Purdy	Non-Executive Director	<ul style="list-style-type: none"> Professor of Primary Care, University of Bristol Fellow of the Royal College of General Practitioners Member of the British Medical Association Vice-Chair, Board of Trustees, Venturers Trust, Bristol Member, Board of Trustees, Bristol Student Union Shareholder (more than 25% but less than 50%) Talking Health Limited

Name	Role	Interest Declared
		<ul style="list-style-type: none"> Member, Barts Charity Grants Committee <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, Helios Ltd Director, Talking Health Ltd 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. Director of Bristol Future Talent Partnership. Commissioner, Bristol Commission on Race Equality. Member of Bristol City Funds, Investment Advisory Committee.
Dr Ike Anya	Associate Non-Executive Director	<ul style="list-style-type: none"> Locum Consultant in Public Health Medicine: NHS Lothian, Berkshire East and Berkshire West Directorates of Public Health and Public Health of Scotland. Member of the British Medical Association Fellow of the Faculty of Public Health Honorary Senior Teaching Fellow, University of Bristol Teach sessions on ethics and global health, London School of Hygiene and Tropical Medicine Honorary Lecturer, Imperial College
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.

Name	Role	Interest Declared
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. This is undertaken outside of NBT contracted hours. • Chair of the Wales and West Acute Transport for Children Service (WATCH). • Vice Chair of the South West Genomic Medicine Service Alliance Board • Wife is an employee of the Trust.
Mr Glyn Howells	Chief Financial Officer	<ul style="list-style-type: none"> • Governor and Vice Chair of Newbury College (voluntary).
Professor Steve Hams	Chief Nursing Officer	<ul style="list-style-type: none"> • Visiting Professor, University of Worcester • Director, Curhams Limited (dormant company) • Strategic Advisor, Liaison Group Limited • Independent Chair of Trustees, Infection Prevention Society • Strategic Advisory Board Member, Shiny Mind (Mental Health)
Mr Neil Darvill	Chief Digital Information Officer (non-voting position)	<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 24 November 2022 at 10.00am

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Present:

Michele Romaine	Trust Chair	Maria Kane	Chief Executive Officer
Tim Gregory (until item TB/22/11/09)	Non-Executive Director	Glyn Howells	Chief Finance Officer
Sarah Purdy	Non-Executive Director	Tim Whittlestone	Chief Medical Officer
Richard Gaunt	Non-Executive Director	Jacqui Marshall	Chief People Officer
		Steven Hams	Chief Nursing Officer
Kelly Macfarlane	Non-Executive Director	Nick Smith	Deputy Chief Operating Officer (deputising for Steve Curry)
Sandra Harding	Associate Non-Executive Director	Neil Darvill	Chief Digital Information Officer

In Attendance:

Xavier Bell	Director of Corporate Governance & Trust Secretary	Richard Thomas	Director of Communications & Engagement
Kate Debley	Deputy Trust Secretary (<i>Minutes</i>)		

Presenters:

Gifty Markey	Patient Experience Lead (<i>present for minute item TB/22/11/07</i>)	Dr Lucy Kirkham	Guardian of Safe Junior Doctor Working (<i>present for minute item TB/22/11/08</i>)
Ben Ford	Mental Health Liaison Matron (<i>present for minute item TB/22/11/07</i>)		
Hilary Sawyer	Lead Freedom to Speak Up Guardian (<i>present for minute item TB/22/22/09</i>)		

Observers: Observers were invited to attend the public session. No observers attended, but a recording of the meeting was published on the Trust's website.

TB/22/11/01	Welcome and Apologies for Absence	Action
	Michele Romaine, Trust Chair, welcomed everyone to NBT's Trust Board meeting in public, for which a recording would also be made available on the Trust's website.	
	Apologies were noted from Kelvin Blake, Non-Executive Director, John Iredale, Non-Executive Director, Ike Anya, Associate Non-Executive Director, and Steve Curry, Chief Operating Officer. It was noted that Nick Smith, Deputy Chief Operating Officer, would be deputising for Steve Curry.	
TB/22/11/02	Declarations of Interest	
	No Declarations of Interests were noted 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/22/11/03	Minutes of the previous Public Trust Board Meeting	

RESOLVED that the minutes of the Public Meeting held on 29 September 2022 were approved as a true and correct record.

TB/22/11/04 Action Log and Matters Arising from the Previous Meeting

Xavier Bell, Director of Corporate Governance, presented the Action Log.

- Action 65: Xavier updated that the EPRR team are awaiting information from NHS England and a further assessment would now be undertaken in January 2023.
- Action 76: Neil Darvill, Chief Digital Information Officer, advised that an upgrade to GP practices' systems had now been implemented, and that this should mean anyone based in those practices could get the same quality internet connection as those who are employed by the practice. Neil further advised that the next piece of work would be to ensure that all staff had access to docking stations. It was agreed that this action could now be closed on the basis that the issue would be tracked via the Trust Level Risk Register.

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

TB/22/11/05 Chair's Business

The Trust Chair advised that she had visited the team from the Medicine division who had recently moved from the sixth floor of the Brunel Building to the new office at Avon Way. The Chair advised that she had been keen both to see the new accommodation and to thank the team for having moved at such short notice and for putting up with the associated disruption.

The Chair had been encouraged to hear acknowledgement from the staff that the relocation was needed to create additional clinical capacity, and awareness that the Trust had a role in looking after the people within the hospital but also in considering those who may be waiting for an ambulance. The Chair further noted that some further reflection may be required as to whether the current desk locations work in the context of the various relationships between colleagues and teams.

RESOLVED that the Chair's briefing was noted.

TB/22/11/06 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:

- It was likely that the four-hour standard Emergency Department (ED) target would continue, with increased focus on ambulance handover times
- Focus needed to remain on the ED, with an average of 59% meeting the four-hour standard currently. Maria confirmed that teams were working on this, and this included visiting other Trusts to share learning and experience.
- The Trust was meeting the trajectory for elective recovery and doing well on the Cancer trajectory. Maria expressed her thanks to Nick Smith, Deputy Chief Operating Officer, and his team for all the work they had done on this. Maria confirmed that the Trust was in the application queue to be taken out of Tier 1 Cancer under-performance.
- Maria asked Trust Board to note that the hospital was currently at 99.4% occupancy, which was the highest in the South West, and the Trust was the

highest in the country for numbers of patients with no criteria to reside. Maria advised that the Minister for Social Care, Helen Whately, had recently visited the Trust and this had included a roundtable with system partners. The Minister had asked insightful questions about how things were configured locally and understood that social care and capacity within the care home sector was something that needed to be addressed.

- Dr Sean O'Kelly, CQC Chief Inspector of Hospitals, had recently visited the Trust and had received a presentation on the dynamic risk assessment and ED continuous flow model. Maria noted that she was keen that regulators understand the context that acute Trusts are working in.

Steve Hams, Chief Nursing Officer, noted that David Harling, National Deputy Director for Learning Disability Nursing at NHS England had visited the system. Feedback from this visit had been very positive, with just a small number of minor recommendations in some areas. Steve noted that the Trust was doing some further work around the way that disagreements with families on treatment options were escalated.

Sarah Purdy, Non-Executive Director, congratulated Maria on her substantive appointment as Chair of the Academic Health Science Network.

RESOLVED that the Chief Executive's briefing was noted.

TB/22/11/07 Patient Story

Gifty Markey, Head of Patient Experience, and Ben Ford, Mental Health Liaison Matron, joined the meeting and presented a Patient Story about the experiences of young man called Ciaran who had experienced poor mental health for the last 10 years and had reached out to the Trust for the first time in February 2022.

The Trust Board heard that Ciaran had felt well supported by the Mental Health Liaison Team within the Emergency Department, particularly in comparison to other options he had explored.

Gifty noted that Ciaran's video story had been the shortest ever produced by the Trust and that this reflects the context that mental health is not easy to talk about. Gifty emphasised the Trust's commitment to providing excellent care to any patient that comes into its service.

Ben noted that first contact with mental health services for most people was via the Emergency Department and that this presents an opportunity to make a positive impact at first presentation. Ben advised that in Ciaran's case the team had taken time to listen to him, validate his concerns and then signpost him to the right places. Ben further noted that whilst this was a relatively straightforward case for the team, it was significant for Ciaran who had seen this as the last resort having already sought help from his GP and by financing private care.

Ben advised that the service based in the Emergency Department and Acute Medical Unit would be available until midnight during this winter. In addition, and to avoid significantly long waits in the Emergency Department, clinicians were able to refer patients to the Planned Assessment Clinic to be seen in Gloucester House for a face-to-face appointment within the next 24 to 48 hours. Ben noted that feedback on these clinics had been very positive, and there had been a 45% reduction in overnight stays over a three-month basis. This has meant a much better experience for patients as they were able to go home rather than waiting for hours and had also helped ease pressure in the hospital.

During the ensuing discussion the following key points were noted:

- Steve Hams, Chief Nursing Officer, noted the hard work of the Mental Health Liaison Team and that as a result the Trust was able to offer the right level of care to its patients. Steve further noted that the 'Core 24' model of care for mental health had been introduced by NHS England a couple of years ago to cover 24-hour care in the Emergency Department, but that the BNSSG system had chosen not to adopt this. Steve noted his view that this model has huge benefits and that if there were an opportunity for the Trust to raise the profile of mental health, in particularly in the ED, then the aim should be to move to Core 24.
- Maria Kane, Chief Executive, noted that high intensity users tend to keep returning to the ED and there was a question around whether it was possible to break this cycle. Maria further noted that there was an opportunity with the clinical strategy that as currently in development as well as a fundamental question for the Board about where the Trust saw itself on the spectrum of either accepting all mental health presentations or redirecting some of these cases elsewhere.
- Sarah Purdy, Non-Executive Director, commended the team for the work that they do, but noted that Ciaran's story also demonstrated a failure by the out of hospital services that should have been looking after him to provide timely care.
- Tim Whittlestone, Chief Medical Officer, noted that a very productive specialty meeting had taken place with the Mental Health Liaison Team as part of the clinical strategy development project. Ben and his team had been able to provide a very clear vision of the future of mental health, and it had been clear that the organisation, healthcare, and population had all changed, and that mental health needed to be embraced as part of the work that was provided at the Trust. Tim further noted that approximately 14% of patients in the hospital have both mental and physical health needs and if the mental health needs are ignored then this can delay physical recovery.
- Maria Kane drew the Board's attention to the heightened risk of high attendance of mental health patients in ED who may then leave without being seen. If something happened to these patients, then it was a very serious event and part of the hospital's responsibility. Maria noted that this needed to be always kept in the Trust's thinking.
- The Trust Chair asked Ben Ford to pass on thanks on behalf of the Board to his team for all the work they are doing.

Gifty Markey and Ben Ford left the meeting.

TB/22/11/08 Guardian of Safe Junior Doctor Working Hours

Lucy Kirkham, Guardian of Safe Junior Doctor Working Hours, and Hilary Sawyer, Lead Freedom to Speak Up Guardian joined the meeting.

Tim Whittlestone, Chief Medical Officer, then introduced a Report from the Guardian of Safe Junior Doctor Working Hours and noted that with 635 places for doctors in training plus additional medical support workers, the Trust was a very significant training organisation.

Lucy Kirkham then presented the Guardian of Safe Working (GOSW) Report, including a summary of Exception Reports and Guardian activity over the past four months.

Lucy noted two concerns in her Report. The first relating to rotas being sent out late, and the second that there is no mechanism currently for issuing GOSW fines for noncompliance.

Lucy advised that the Medical Workforce team had responded positively to concerns about rotas being sent out late and a new Standard Operating Procedure as being developed. Lucy noted that on this basis she was optimistic that there will be fewer issues going forward, but that it was also important that those producing rotas had the administrative support they need and were aware of the deadlines that must be met.

The Board discussed the Standard Operating Procedure for GOSW fines, noting that it was a statutory power of the GOSW to issue such fines. Discussion also focused on how to make the Junior Doctors' Forum a better attended event. Lucy confirmed that an agreed day and time had been identified, and that she was considering various incentives to encourage attendance.

Resolved: that the report was noted and the Standard Operating Procedure for GOSW fines was approved.

Lucy Kirkham left the meeting.

TB/22/11/09 Bi-Annual Freedom to Speak-Up (FTSU) Report

Xavier Bell, Director of Corporate Governance, introduced the report and recommended the new mandatory FTSU training to Board members.

Hilary Sawyer, Lead Freedom to Speak Up Guardian provided an overview of the report. She advised that increasingly, staff recognised and understood what FTSU was and the Trust's FTSU arrangements. This was reflected in the data and concern numbers, as well as anecdotally from walk arounds through the year. Engagement work would be ongoing.

Hilary drew the Board's attention to a correction in section 4.6 of the report which should have read "there were no concerns raised from facilities in quarter 1".

Hilary conveyed that the key message, both through the FTSU network and anecdotally, was that the Trust now needed to focus is communications less on awareness raising, and more on how it was tangibly responding to concerns, so that

momentum continued and the trust/engagement of staff speaking up was rewarded. This was key if people were to feel it was worth speaking up, and key to the organisation benefiting from a speaking up culture.

The Board acknowledged the need to communicate more effectively with staff in all parts of the organisation, and not just focus on email communication.

Tim Gregory, Non-Executive Director had to leave the meeting at this point.

Hilary explained that the types and themes of concerns had not changed significantly, and still focused on staffing levels, management and colleagues' behaviours, recruitment processes. These reflected the main risks faced by the Trust.

Hilary asked that trust leadership consider how to respond to themes most effectively, and that this be clearly communicated to staff, along with role modelling good listening. She also asked the Board to commit to completing the FTSU e-learning, and to consider how FTSU training could be built into wider leadership development. Finally, Hilary reminded the Board that a refreshed Board self-assessment and reflection tool would need to be completed in the new year, which might also flag other areas for improvement.

Michele Romaine, Trust Chair, thanked Hilary and her FTSU colleagues on behalf of the Board.

Kelly Macfarlane, Non-Executive Director, flagged concern with the average time to respond to concerns being 52 days. This was clarified as being the time to close the concern, not to respond to it.

Jacqui Marshall, Chief People Officer, noted that this might be the case because someone was on sick leave, or because the issue needed a long-term solution before the concern could be closed.

Michele agreed that there were issues that could be complex and time consuming to resolve. She was more concerned about cases where people raised a concern and where line managers were not responding/engaging at all. The Board agreed that the focus should be on encouraging all management levels to be much more attuned to listening and then actually responding and improving practice in light of concerns raised.

Xavier explained that there was a pilot in place for tracking management response timeframe from the point of escalation. There needed to be a balance between being effective and providing assurance, and not making the process too burdensome.

Board members discussed the need to have a well-resourced FTSU function, and Xavier confirmed that he was reviewing the current capacity of the NBT FTSU guardian. There was only 0.6 FTE of ring-fenced time which was probably not sufficient. This would also be picked up via the new Board self-assessment tool which included assessment of FTSU capacity. He acknowledged that NBT's FTSU capacity benchmarked a little below other organisation and that this had been flagged as an investment priority for 2023/24.

Michele thanked Hilary on behalf of the Board and asked whether her own wellbeing was being considered and supported as part of the role. Hilary confirmed that she received support from her line manager and additional support from the Staff Psychology Team.

Resolved:

- **That the report and FTSU themes were noted**
- **That all Trust Board members would complete the e-learning modules by the end of December 2023**

All

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TB/22/11/10 Quality Committee Upward Report

Sarah Purdy, Non-Executive Director, presented the upward report. In addition to the content of the report, she drew the Board's attention to:

- The good progress within Infection Prevention and Control, particularly in relation to C. diff. reduction. She noted that NBT was acknowledged nationally as having excellent performance.
- The assurance that the Committee received in relation to the Trust's response to the Paterson Inquiry, which was now closed.

Sarah also noted that it had been John Iredale's last attendance at this meeting as a Non-Executive Director. She acknowledged the significant contribution he had made by chairing this committee over several years.

Resolved: that the Board noted the report and assurance provided, and thanked John Iredale for his significant contribution to the work of the Quality Committee over several years.

TB/22/11/11 East Kent Maternity Report

Steve Hams, Chief Nursing Officer, presented the report. He advised that in the new year there would be a Board development session or seminar focused on pulling together the themes of the various external reports and reviews, with the aim of assisting the Board to consider how it should respond and approach its own Maternity service assurance.

Kelly Macfarlane, Non-Executive Director, flagged the Maternity Voices Partnership (MVP) as an area for concern, and queried whether the Trust received enough feedback and insight from women using the service about how safe they felt.

Steve Hams agreed and noted that the BNSSG MVP and Local Maternity System was more underdeveloped than he had experienced or seen elsewhere. This was an important part of the assurance mechanism and needed further attention. If it was weak, then the Trust needed to take particular care in this area.

Michele Romaine welcomed the proposal to pull together the overarching learning from the two reports into a seminar session. She challenged the Board to look at this vigorously in the new year in the context of whether significant safety/quality issues could happen at NBT.

Resolved: that the report was noted, and the proposal for a seminar or development session in the new year focused on the learning from the two reports was welcomed.

TB/22/11/12 Integrated Performance Report

Nick Smith, Deputy Chief Operating Officer introduced the Integrated Performance Report (IPR), and presented a summary across four key domains:

Urgent and Emergency Care: This remained pressured, relying on use of escalation capacity, and affected by the very high bed occupancy rates, which impacted patient flow out of the ED. The pre-emptive transfer model was still in place and performing but it was not as effective when occupancy was so high. There were some additional mitigations which were helping, such as the Care Hotel and the Virtual Wards.

The Board noted the need to focus on the four-hour standard as this had been highlighted as an ongoing national priority.

Elective Care: The planned trajectory to reduce the numbers of long-waiting patients was still on track. This was underpinned by a very strong and engaged improvement group.

Diagnostics: There had been a 5% improvement in recent weeks, and the hard work to achieve this needed to be recognised. There was still more work required to ensure it was sustained. Echocardiograms remained an area of concern. An improvement programme was in place that was delivering but there had been an increase in referrals resulting in additional pressure.

Cancer: There had been significant improvement within the Patient Tracker List (PTL). Nick explained that in August, NBT was the worst performing Trust in the country, but had significantly improved this position. In practice, this meant there had been a 12-week reduction in the PTL size. This improvement meant that the Trust would now set itself more challenging targets linked to some of the national standards. This would see some of the metrics move from green to red as the metrics were updated.

Discussion followed:

Richard Gaunt, Non-Executive Director, queried why the 28-day Cancer target was getting worse.

Nick explained that this target had two key drivers: namely, Breast and Skin specialty performance. Breast was improving but there would be a lag phase before that came through in the reporting. Skin was a system issue and improvement in that specialty was required before the Trust could be compliant with this standard.

Steve Hams, Chief Nursing Officer, referred to the ambulance handover data, which appeared to show a deterioration after three months of good performance.

Nick confirmed that the pre-emptive transfer model was still in place, but the benefits were less visible when there were such high numbers of patients with no criteria to reside within the hospital. The Care Hotel would help to reduce this pressure (by approximately 15-20 beds), which would come online in approximately a week, but more capacity was required. This was being progressed with system partners including the ICB and Sirona.

Safety and Effectiveness:

Steve Hams flagged that the report identified a maternal death as having taken place. He confirmed that NBT was involved in the investigation but that the individual had not received care at NBT.

Steve also flagged the improvements in the number of C.Difficile infections which was a good news story and testament to the hard work of clinical and cleaning teams.

Tim Whittlestone, Chief Medical Officer outlined the work being undertaken on VTE risk assessment completion. This involved a VTE risk assessment advocate on all wards to ensure all doctors were completing the paperwork. A digital solution was to be piloted in AMU January, and if successful would be rolled out. Compliance monitoring was via manual ward-based audits at this stage.

Tim also flagged:

- The increase in medication errors. This was a cause for concern, and was being monitored
- The organisation was still within the top quartile for summary mortality hospital indicator (SHMI)
- The number of Covid-19 cases was diminishing, but flu cases were increasing. In response to a question about lower vaccination update, Tim advised that approximately 62% of the workforce in NBT had received both vaccinations. Data collection was complicated and involved a number of national sources and an element of self-reporting. He felt that the overall number was probably higher.

Patient Experience:

Steve Hams advised that the total number complaints in October was the highest ever seen. This reflected the pressures within the organisation. Complaint response time was increasing due to reduced capacity in the central team, and he was working with colleagues to mitigate this. The number of complex complaints had also increase, resulting in a longer response time.

Well Led:

Jacqui Marshall, Chief People Officer, advised that there would be a developmental deep dive on workforce for Board members later in the day.

Resolved: that the Trust Board noted the IPR and approved the regulatory compliance statements.

TB/22/11/13 Finance & Performance Committee Upward Report

Glyn Howells, Chief Finance Officer presented this report in the absence of the Non-Executive Chair, Tim Gregory.

Glyn explained that the organisation was currently off plan by approximately £5m. This was driven by under delivery of CIP and overspending of budgets on agency and staff. He confirmed that the CIP Board had met twice and done some work around reduction of high-cost agency use. He reported that the Trust was starting to see some improvement against committed control totals at a Divisional level, which should move the Trust back to a break-even position.

Glyn briefly updated on capital spend, reminding Board members that the Trust had over programmed its capital plan in the anticipation that additional national money

would become available. This had proven correct, and the Trust was delivering to plan. This included some additional funding towards the development costs of the Full Business Case for the Elective Care Centre.

With regards to the work on Level Six of the Brunel Building, Glyn advised that lenders had now approved the variation so intrusive works could proceed. Additional bed capacity would come online in three phases - 11, 11 and 12 beds. The first phase would come online in the first week of January, with the others following shortly thereafter.

Maria Kane, Chief Executive, queried whether inflationary pressures would be funded centrally. Glyn advised that there had been informal communications that this would be funded recurrently, but formal guidance would not be released until just before Christmas.

Resolved: that the report was noted.

TB/22/11/14 Elective Recovery Self-Certification

This report was taken as read.

Resolved: that the report was noted, and the completed self-certification was endorsed.

TB/22/11/15 Audit Committee Upward Report

Richard Gaunt, Non-Executive Director presented the report. He advised that there were several policies and documents for approval by the Board: namely, the updated Standing Orders and Standing Financial Instructions, the Board Assurance Framework (BAF) updates and the updated Terms of Reference.

He advised that two internal audit reports had been received by the Committee. He flagged the report on the Patient Safety Incident Response Framework which had been positive overall but had flagged that there was a weakness around recording the Trust's compliance with duty of candour which needed to be considered through the Quality Committee.

Steve Hams, Chief Nursing Officer confirmed that his team would consider both this internal audit report and a recent regulation 28 report to inform a self-assessment against the new framework that's been published, and this would be reported through to Quality Committee.

Maria Kane, Chief Executive, queried how the Trust tested that it was compliant with relevant legislation in its procurement processes, such as the Modern Slavery Act.

Glyn Howells, Chief Finance Officer, confirmed that a lot of this was tested through procurements internal processes and checks.

Xavier Bell, Director of Corporate Governance, highlight that the BAF now contained risk around the underlying financial deficit. Glyn confirmed that this was timely, as NHS England had now issued a protocol which meant that if a Trust changed its forecast out-turn during the year, it lost the ability to oversee its investment decisions.

Resolved: that the Trust Board:

- **Noted the report and the assurances provided**

- **Approved the revised Standing Orders and Standing Financial Instructions**
- **Approved the revised Board Assurance Framework**
- **Approved the updated Terms of Reference for the Committee.**

TB/22/22/16 Acute Provider Collaboration Board (APCB) Upward Report

Michele Romaine, Trust Chair, provided an update on the recent meeting of the APCB. The APCB had confirmed its support for Elective Care Centre investment, which had already been signed off previously by both the BNSSG system and both Chief Executives. Michele explained that there was also a requirement for both organisations to look at future projects and a need to come together to take a strategic view of capital spend as there was limited funding following commitment and approval of the Elective Care Centre

There had also been an exciting conversation on the clinical strategy which highlighted the fantastic work being done and great engagement with clinical teams and some real clarity around the priority areas to work on between the two organisations. Tim Whittlestone, Chief Medical Officer, confirmed that work was progressing well, and was facilitating helpful and insightful discussions. Given the volume and complexity of the work, it was benefiting from some additional external support to ensure it was fast-tracked.

Michele outlined some of the other topics discussed, including the organisations' progress with Patient First, Winter planning and the use of the Care Hotel, and a system bid for a national innovation initiative.

Resolved: that the update was noted.

TB/22/09/17 Any Other Business

No items of other business were noted.

TB/22/09/18 Questions from the public

No questions from the public were received.

TB/22/09/19 Date of Next Meeting

The next Board meeting in public was scheduled to take place on Thursday 24 November 2022, 10.00 a.m. Trust Board papers will be published on the website and interested members of the public are invited to submit questions in line with the Trust's normal processes.

The meeting concluded at 12:50

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
27/1/22	Annual Emergency, Preparedness, Resilience & Response (EPRR)	TB/22/01/08	65	Board to be informed once NBT is fully compliant against the NHS Core Standards for Annual Emergency, Preparedness, Resilience & Response (EPRR)	Steve Curry, Chief Operating Officer	Jan-23	Yes	A	March update: Steve Curry noted that process were being put in place to achieve 100% compliancy and assurance would be given following a further assessment in October 2022. November update: Xavier advised that the EPRR team are awaiting information from NHS England and a further assessment would now be undertaken in January 2023. January Update: EPRR Annual Report to provide updated position	19/01/2022
24/11/22	Bi-Annual Freedom to Speak-Up (FTSU) Report	TB/22/11/09	77	All Trust Board members to complete the e-learning modules by the end of December 2023	All Trust Board Members	Dec-23	No	Open	Directors to provide verbal update.	

Report To:	Public Trust Board		
Date of Meeting:	26 January 2023		
Report Title:	Chief Executive's Briefing		
Report Author & Job Title	Suzanne Priest, Executive Co-ordinator		
Executive/Non-executive Sponsor (presenting)	Maria Kane, Chief Executive		
Does the paper contain:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?
*If any boxes above ticked, paper may be received at <i>private</i> meeting			
Purpose:	Approval	Discussion	To Receive for Information
			X
Recommendation:	The Trust Board is asked to: <ul style="list-style-type: none"> 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.		

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.	
Risks	Does not link to any specific risk.
Financial implications	None identified.
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	N/A
Appendices:	N/A

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 over the past month.

2. Background

The Trust Board receives a report from the Chief Executive to each meeting which details important changes or issues within the organisation and the external environment.

3. Performance

Urgent and emergency activity has continued at high levels over the festive period and into January, together with challenges in patient flow linked to the high number of patients with no criteria to reside. As a result, the system declared an "Critical Incident" on 30 December 2022. Thanks to an amazing and effective response from all staff across the organisation, we saw a meaningful improvement within 24 hours and the incident was stood down within NBT. Since that time, pressures have remained, but improvements against the four-hour emergency target have been seen over the month of January. The numbers of Covid patients in the hospital are reducing, but influenza case numbers have been significant.

The pace of elective recovery has been challenging due to a number of factors which include industrial action, staff sickness and high numbers of patients with no criteria to reside. We remain focused on meeting the trajectory for reducing the number of patients waiting longer than 78 weeks by the end of January.

4. Industrial Action Updates and Notifications

The industrial action by the Royal College of Nursing in January did not affect North Bristol Trust directly but the mental health trust which provides services at our Trust was affected. The recently notified strike days of 6 and 7 February will affect NBT. Further ambulance strike days of 6 February, 20 February, 6 March and 20 March have just been announced.

The ballot called by the Royal College of Midwives ended in December and did not meet the threshold to support action. The threshold was also not met by the Chartered Society of Physiotherapists at North Bristol.

The BMA is currently balloting the junior doctors (closing 20 February 2023).

Work is ongoing throughout the region, our system and within the organisation to help to mitigate the impact of these strikes on our patients, particularly with the ambulance strikes.

5. System Called Major Incident

On 17 January we were asked to support a system major incident following a double decker bus overturning in Bridgwater, Somerset. Around 70 people were travelling in the bus when it skidded on ice and turned over. Southmead Hospital, Musgrove Park Hospital in Taunton and Bridgwater Minor injury Unit all received injured parties from the incident. The incident was stepped down later in the day.

6. Community Diagnostic Centre (CDC)

The Trust took part in a regional procurement for an Independent Sector provider of diagnostic services in response to the national requirement to develop CDCs which resulted in the appointment of InHealth. The Trust is now in discussion with InHealth to develop a contract under the regional procurement process for the services required by the Trust. In parallel a business case is being developed laying out the contractual position, source of funding and risk / mitigations that will come to the Board for approval within the next two months. The planning guidance received has confirmed that CDC funding is going to be within the funding received by the Integrated Care System / Trust from April 2023.

7. Discharge Fund for Step Down Care

Last week the Government announced the £200m funding which is being released to local government and ICBs. The fund is designed to increase capacity in step-down care and support improved discharge performance, patient safety, experience and outcomes. Through use of this fund, integrated care boards (ICBs) are expected to deliver reductions in the number of patients who do not meet the criteria to reside, as well as improvements in patient flow which in turn help waiting times in emergency departments and handover delays. It is a short term intervention to support immediate improvements and reduce pressures across the UEC pathway, in response to increases in numbers of patients with no criteria to reside in acute beds.

This fund is separate to other sources of funding such as the Adult Social Care Discharge Fund £500m. It is to be used for purchasing capacity up to and including 31 March 2023.

8. Engagement & Service Visits

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

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*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.*

In the last month I visited the following areas:

- Catering
- Medical Engineering
- Corporate Services
- Wellbeing Bus.

This month I have met with consultant colleagues from Emergency Department, Vascular, Spinal, Research, and Trauma and Orthopaedics.

9. Summary and Recommendations

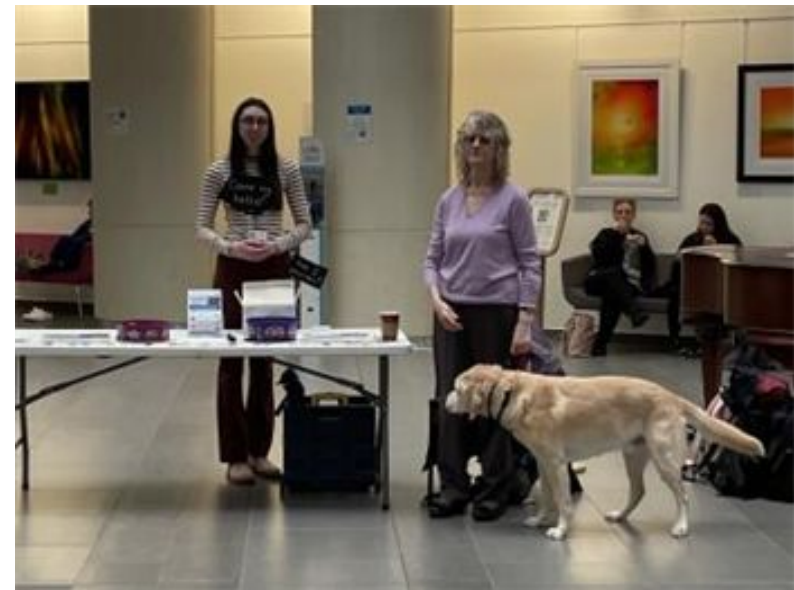
The Trust Board is asked to note the content of this report and discuss as required.

Improving Accessibility at NBT



Heather's Story

<https://youtu.be/EoXtCz5n4NA>



Feedback

- Many examples of poor accessibility at NBT; no interpreter, information in the wrong format and repeatedly having to inform staff of needs etc.
- Many complaints and concerns via PALs.

Plan

- November 2021 recruitment of two new roles to lead on AIS
- January 2022 AIS audit completed by KPMG

Key priorities:

1. Creation of an AIS Steering Group and Policy
2. Ensuring effectiveness through the new EPR system
3. Regular review of complaints
4. Streamlining communication outputs
5. Ensuring a thorough training programme for staff

Progress

- Created action plan
- Built (and continued building) relationships with patient partners including Bristol Sight Loss Council, Bristol Deaf Health Partnership, Bristol Disability Equality Forum
- Started patient information review with accessible formats
- Supported Learning Disability and Autism campaigns
- Created AIS Steering Group with Terms of Reference (met in March, August and December 2022)
- Draft AIS policy brought to Steering Group in December.

Progress

- Delivered in person visual loss training to over 100 members of staff and volunteers including two sessions for senior leaders
- Delivered deaf awareness training to 30+ members of staff
- Created E-Learning session for Visual Impairment Training
- Embedded NHS England AIS Training Sessions into Learn
- Held 3 AIS complaint review meetings, identifying issues and actions including recommendations for departments to attend training or promotion of clear face masks
- Worked on embedding first set of AIS alerts for the launch of the new EPR system which include needs and not just impairments

AIS Campaign

- Creation of video explaining how NBT can meet the 5 steps to AIS including how add alerts on careflow and where to go to find out how to meet adjustment requests
- Communications through many NBT comms channels, supported by staff in divisions
- AIS Roadshow of NBT staff and patient rep volunteers visited ED, Maternity, Atrium and several ward boomerangs



Going forward

- A lot of progress made however still working towards action plan
- Still a lot of staff who are unaware of AIS responsibility or departments that lack capacity or processes to ensure accessibility
- Working with others in system to ensure alerts are streamlined and we are collecting this data so we can deliver on needs
- Ensure E-learning available on Deaf Awareness and Digital Accessibility
- Continuing work towards the action plan and reviewing complaints and getting feedback from patient reps and their communities

Report To:	Public Trust Board		
Date of Meeting:	26 January 2023		
Report Title:	Vaccination Programme – Continuation of MCO (Management & Coordination Organisation) Role		
Report Author & Job Title	Hannah Bailey, Programme Director, BNSSG Integrated Vaccination Programme Anne Morris, Chief Nurse, BNSSG Integrated Vaccination Programme		
Executive/Non-executive Sponsor (presenting)	Tim Whittlestone, Chief Medical Officer		
Does the paper contain:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?
*If any boxes above ticked, paper may need to be received at <i>private</i> meeting			
Purpose:	Approval	Discussion	To Receive for Information
			X
Recommendation:	The Trust Board is asked to note : The progress being made within the vaccination programme and move to an integrated service. However, the work required to enable transfer of the MCO (Management & Coordination Organisation) responsibilities is not yet clear and therefore NBT will need to maintain this role across 2023.		
Report History:	Previous financial report received by the Board in October		
Next Steps:	Further update to be provided in June 2023.		

Executive Summary

NHSE are yet to communicate a clear plan about the future of the COVID 19 vaccination programme, formal JCVI guidance about further booster campaigns is expected shortly. The programme has been given some planning assumptions for 2023 which include likelihood of a spring and autumn booster programme and systems to maintain the ability to stand up surge capacity across 2023. The ability to maintain surge capacity requires the team to maintain the function at UWE vaccination centre.

BNSSG (Bristol, North Somerset & South Gloucestershire) are developing an integrated immunisation strategy with multi agency colleagues across the system widening the scope of the programme beyond COVID vaccination. Work is ongoing looking at areas where vaccination uptake needs to be improved, 'closing the gap', and will be data driven focussing on 2 or 3 pilot areas. BNSSG have been asked to be one of eight national demonstrator sites for testing this work and we are awaiting further information from NHSE about the planned scope of this pilot

project. However, as a system we continue to work on the basis that we will focus on areas of low uptake.

NHSE state that the MCO (Management & Coordination Organisation) role will need to be maintained within an acute Trust at present, due to the complexities of the lead employer role, whilst further work is undertaken to establish how other providers and/or ICBs (Integrated Care Board) could perform this function. NBT will need to maintain this role for the programme across 2023 whilst further guidance is awaited and planning undertaken.

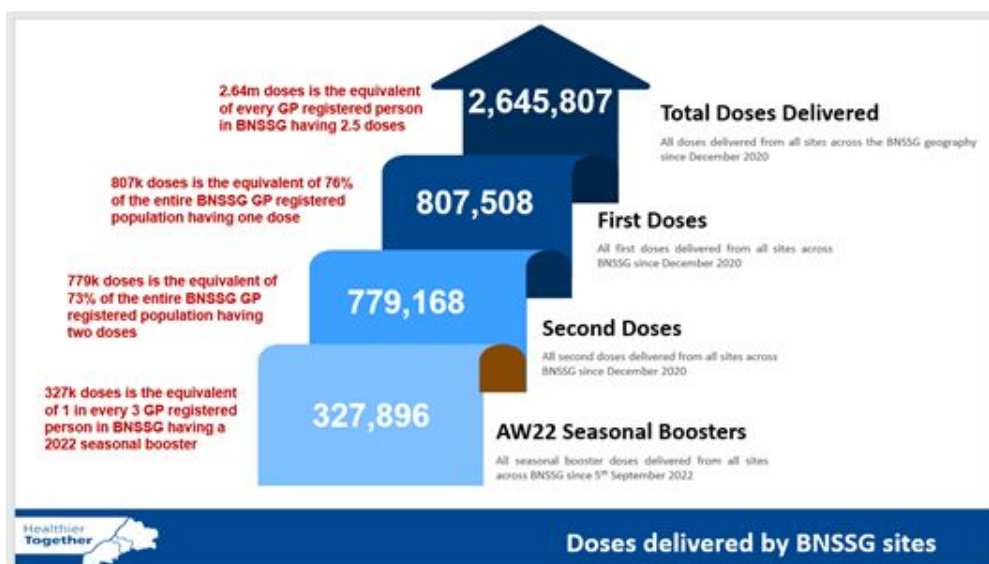
Risks	See below															
Financial implications	<p>A detailed finance paper was submitted to the Board in October 2022 outlining plans for December 2022-March 2023.</p> <p>The extension of the programme from December 2022- March 2023 will require additional expenditure of £2.9m. All expenditure will be funded via reimbursements from NHS England, with the financial risk for any overspend sitting with NHSE.</p> <p>It is expected approach will continue from March 2023-December 2023 although with a likely reduction in allocated funding. The programme team are working through costings post March 2023.</p> <p>Source of funding:</p> <table><tr><td>Option</td><td>[X]</td><td>Please provide additional information</td></tr><tr><td>Existing budget</td><td></td><td></td></tr><tr><td>Cost Pressure</td><td></td><td></td></tr><tr><td>External Funding</td><td>X</td><td>All expenditure is funded via reimbursements from NHSE</td></tr><tr><td>Other</td><td></td><td></td></tr></table>	Option	[X]	Please provide additional information	Existing budget			Cost Pressure			External Funding	X	All expenditure is funded via reimbursements from NHSE	Other		
Option	[X]	Please provide additional information														
Existing budget																
Cost Pressure																
External Funding	X	All expenditure is funded via reimbursements from NHSE														
Other																
Does this paper require an Equality, Diversity, and Inclusion Assessment (EIA)?	N/A															
Appendices:	None															

1. Purpose

- 1.1 This paper outlines the requirement for North Bristol Trust (NBT) to remain as the MCO (Management & Coordination Organisation) for the vaccination programme throughout 2023.

2. Background

- 2.1 NBT took on the responsibility as acting as the MCO (Management & Coordination Organisation) at the outset of the COVID-19 vaccination programme in November 2020. This enabled coordination of key elements of the programme but primarily finance, pharmacy, and workforce responsibilities. This has continued throughout the last 2 years with huge success in running 2 large scale vaccination centres initially at Ashton Gate stadium and more recently at UWE vaccination centre, alongside a developing community vaccination centre offer. In addition, the Executive support and oversight of the programme leadership which has been provided by NBT.
- 2.2 As the programme has become more established the support required from NBT has diminished in many areas with the programme operating with an increasing level of independence across 2022, with the System Executive SRO post transferred from Tim Whittlestone to Dr Geeta Iyer on 1st November 2022.
- 2.3 Since the start of the Covid vaccination programme, 2,647, 807 million Covid vaccines have been delivered across Bristol, North Somerset and South Gloucestershire. This includes 39,000 that have been delivered in our underserved populations through outreach clinics. This successful delivery has been achieved by working as an integrated system with all partners contributing to vaccination of our population.



- 2.4 A national integrated immunisation strategy has been drafted and systems asked to express interest in being part of the testing phase of this across 2023. This includes testing of workforce and leadership models alongside alternative commissioning and contracting models to support increasing uptake of all age vaccinations.

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Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.*

- 2.5 BNSSG has been selected as one of eight national sites to take this work forward. We have proposed to the national team a programme of work focused on 'Closing the Gap'. This will enable us to target areas of lower uptake in communities that need a different approach to that currently available, without destabilising current service provision through primary care and the school immunisation service and continuing to work with all partners as we have through the COVID-19 vaccination programme.
- 2.6 The BNSSG COVID-19 vaccination programme has always had a very strong focus on Health inequalities and supporting underserved communities. The programme won an HSJ Patient Safety award in 2022 recognising the ambitious and innovative work completed in this area and the team are excited to take this work forward with a wider health protection scope across immunisations.
- 2.7 The NBT Vaccination Programme acts under the management of the BNSSG Vaccination Programme, but operationally delivered independently by Tim Whittlestone and Claire Dudley.
- 2.8 The first stage of this work has been the appointment of an Executive SRO (Dr Geeta Iyer), formation of a programme leadership team and formation of an integrated immunisation group which commenced in January 2023.
- 2.9 Systems have expressed that an alternative to the MCO (Management & Coordination Organisation) model would be helpful to enable further development of the integrated vaccination service, currently NHSE are requesting information from systems about lead employer costings which would suggest that this is being explored. However, currently there is nothing in place to enable transfer of these responsibilities from NBT currently.

3. Risks

- 3.1. There is a risk that the national immunisation strategy does not keep pace with the progress being made within the system, however ICB (Integrated Care Board) and Local Authority support for the integrated immunisation is clear.
- 3.2. Not undertaking work to 'close the gap' in our communities will increase the risk of widening health inequalities and potential outbreaks of infection in these communities with the resulting risk to population health.

4. Summary and Recommendations

- 4.1. The Trust Board is asked to **note**: The progress being made within the vaccination programme and move to an integrated service. However, the work required to enable transfer of the MCO (Management & Coordination Organisation) responsibilities is not yet clear and therefore NBT will need to maintain this role across 2023.

Report To:	Public Trust Board		
Date of Meeting:	26 January 2023		
Report Title:	People Committee Upward Report		
Report Author & Job Title	Aimee Jordan, Senior Corporate Governance Officer & Policy Manager Xavier Bell, Director of Corporate Governance & Trust Secretary		
Executive/Non-executive Sponsor (presenting)	Kelvin Blake, Non-Executive Director, and Chair of People Committee		
Does the paper contain:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?
*If any boxes above ticked, paper may need to be received at <i>private</i> meeting			
Purpose:	Approval	Discussion	To Receive for Information
			X
Recommendation:	The Trust Board is asked to receive the upward report for assurance		
Report History:	The report is a standing item to each Trust Board meeting following a People Committee meeting.		
Next Steps:	The next report to Trust Board will be to the March 2023 meeting.		

Executive Summary	
The report provides a summary of the assurances received, issues to be escalated to the Trust Board and any new risks identified from the People Committee Meeting held on 10 January 2023.	
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 Equality, Diversity and Inclusion Assessment (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, any escalations to the Board and identification of any new risks from the People Committee meeting held on 10 January 2023.

2. Background

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

3. Key Assurances & matters for the attention of Trust Board

3.1. Chief People Officer Update

Industrial Action:

The Committee received an update from the Chief People Officer, which provided an update on the impact of the nursing and ambulance industrial action that took place over December. The Chief People Officer confirmed that the nursing industrial action scheduled for January 2023 would not directly affect NBT, although there may be some indirect impact through agency staff availability and displaced activity.

The Committee discussed the various actions taken by the Trust to mitigate the risks and pressures created by the industrial action, including the agreement that nursing staff would support key areas (derogations) staffing incentives to attract staff to undertake additional activity, and the pre-booking of agency staff.

The Committee noted the huge pressure faced by staff, exacerbated by high vacancy and turnover levels. It was also noted that the Quality Committee would be receiving an update on the quality and safety impact of these pressures.

The Committee were reassured by the Trade Union representative on the Committee that there was a strong and positive partnership working in place.

Recruitment & Retention:

The Chief People Officer outlined a project being taken forward focused on “faster, fairer recruitment”. This involved streamlining some of the administrative elements of recruitment such as references and DBS checking (suitably risk-assessed) and focused support for high-risk areas. The intention was to modernise and reduce the time taken to recruit new staff. It was agreed that a more detailed update would come to the Committee at its next meeting, along with a “People Dashboard” showing pressure areas.

3.2. Apprenticeships Update

The Committee received a report focused on the Trust’s plans to review and increase the pay arrangements for apprentices across the organisation. It was noted that there was no noticeable difference in how apprentices were deployed across the workplace compared to other employees, and that this proposal would play a key part in improving recruitment and retention.

The Committee expressed full support for the proposal and suggested that the Trust should continue to lobby at a regional and national level, as this was something that would benefit from change to national policy.

The Chief Finance Officer confirmed that the business case was supported by the Business Case Review Group, approved by the Executive Team, and would now be approved with Committee support.

3.3. Leadership Development Offer

The Committee received an update on the proposed new management skills programme and broader leadership development offer, which will include:

- Introduction of a new trust wide NBT management skills training programme to be provided externally,
- Procurement of an operational coaching tool to support the development of a coaching culture,
- Accessing the senior leadership programme, delivered by existing NHS arrangements.

There was also a brief update on the new and improved face-to-face induction programme for new staff.

The Committee welcomed the proposal and asked that care be taken to ensure that there was the ability to seek feedback from staff, and a focus on ensuring that real benefits and improvements were extracted from this programme.

Committee members also identified the possible risk around asking pressurised staff to free up the time to attend the training. This would rely on senior staff releasing the right staff to attend. It would also be a useful tool to support succession planning.

The Committee noted that the business case was currently in-train and expressed its support.

3.4. Freedom to Speak Up (FTSU) Policy

The updated FTSU Policy was presented for approval. It was noted that this was based on a national template, that there had been wide consultation, and that this had included staff-side colleagues.

The Committee approved the updated policy and recognised the need for diverse representation within the FTSU champion roles.

3.5. Trust-Level Risks and Board Assurance Framework

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 endorsed the rewording of the BAF workforce risk to:

High levels of turnover, coupled with national/system healthcare workforce shortages, exacerbated by cost-of-living crisis, means that demand is outstripping supply in key areas, including nursing.

Consequences include

- *Increased reliance on expensive agency staff*
- *increasing turnover, which result in dramatic increase in recruitment activity and associated costs*
- *Poor staff morale*
- *Poor patient safety & experience due to staff shortages.*

And endorsed the re-scoring of the risk to a 5x5=25, acknowledging that this was now effectively an ongoing issue.

The Committee noted that the risks around workforce availability/turnover, industrial action, and workforce wellbeing/burnout were the Trust's highest risks. It also noted that the Committee's agenda was focused on these areas.

The Committee requested a wider analysis and report of all workforce risk across the Trust at its next meeting, to allow a full assessment of the risks faced by the organisation.

3.6. NHS England Winter Preparedness Winter Response

The Chief Nursing Officer presented a report setting out NBT's response to the NHSE Winter Preparedness requirements. This summarised the Trust's approach to safe nursing and midwifery staffing during winter.

The report outlined some of the issues and challenges, including workload intensity, and the high number of patients with no criteria to reside.

The paper also set out for principal risks being managed throughout the winter period:

- Care left undone (leading to suboptimal experience and safety)
- Workload intensity (leading to workforce burnout and sickness)
- Poor training compliance (completion of mandatory training)
- High-cost temporary workers (leading to an increase in the pay bill)

The Committee agreed that the report provided assurance that the risks around staffing were understood and that actions were being taken to manage and mitigate these risks. It was noted that despite best endeavours, mitigation plans were largely reliant on temporary workforce (bank and agency) which were in high demand across the system, and the Trust was managing a significant vacancy level. This means that care outcomes and patient experience could still be adversely affected.

It was also noted that staff wellbeing/mental health and burnout were also a significant risk (see Trust Level Risk 1455 relating to nursing staff in Medicine Division).

The Committee agreed that a "winter pressures dashboard" for Trust Board would be useful moving forward and noted that the next safe staffing report would come to the People Committee in April/May 2023.

3.7. Health & Safety Committee Update

The Committee received an update on the Health & Safety Committee, providing assurance on the oversight and management of Health and Safety compliance in the organisation. This evidenced:

- Good progress against Fire Safety and Health and Safety audits from 2022,
- Improved position against overdue policies,
- Ongoing work to ensure that sub-groups were working effectively.

3.8. Other items:

The Committee also received updates on:

- Multi-professional Clinical Workforce Committee
- Medical Workforce - Committee Work Programme and Highlights Report
- Medical Revalidation Internal Audit – Update on Actions

4. **Escalations to the Board/New Risks**

4.1. While there were no issues identified which require Trust Board decision or discussion, Trust Board is asked to note:

- Approval of the updated FTSU policy
- The intention to create a “winter pressures staffing dashboard” to come to future Trust Board meetings
- The increase in the risk score for the Workforce Board Assurance Framework risk.

5. **Summary and Recommendations**

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

Report To:	Public Trust Board		
Date of Meeting:	26 January 2023		
Report Title:	Quality Committee Upward Report		
Report Author & Job Title	Aimee Jordan, Senior Corporate Governance Officer & Policy Manager Xavier Bell, Director of Corporate Governance & Trust Secretary		
Executive/Non-executive Sponsor (presenting)	Sarah Purdy, Non-Executive Director, and Chair of Quality Committee		
Does the paper contain:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?
*If any boxes above ticked, paper to be received at <i>private</i> meeting			
Purpose:	Approval	Discussion	To Receive for Information
			X
Recommendation:	The Trust Board should: <ul style="list-style-type: none"> • Receive the report for assurance, and • Endorse the approval of the Trust's Maternity Incentive Scheme compliance status (and authorise the Chief Executive to sign this on behalf of the organisation.) 		
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 2022.		

Executive Summary	
The report provides a summary of the assurances received and items discussed and debated at the Quality Committee (QC) meeting held on 12 January 2023.	
Risks	Link to BAF risks: Patient Flow and Ambulance Handovers Long Waits for Treatment Covid-19 Pandemic / Infectious Diseases
Financial implications	No financial implications identified in the report.
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No as this is not a strategy or policy or change proposal

Appendices:	<p>Appendix 1: Industrial Action QIA</p> <p>Further evidence on Maternity Incentive Scheme available in the Diligent Reading Room</p>
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1. Purpose

- 1.1 To provide a highlight of the key assurances received, items discussed, and items for the attention of Trust Board from the Quality Committee (QC) meeting held on 12 January 2023.

2. Background

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

3. Meeting on 12 January 2023

3.1 Integrating NHS Pharmacy and Medicines Optimisation (IPMO) Plan - Annual Update

The Committee received an update on Bristol, North Somerset and South Gloucestershire (BNSSG) IPMO Plan, which confirmed that NBT was engaged in relevant workstreams.

It was noted that the initial focus of the IPMO had been largely on financial benefits, but it was now moving into other areas, including capacity, safety, and quality elements. The Committee was advised that this may drive a review of NBT's internal drugs and therapeutics governance, to ensure that the benefits of system working, and collaboration were maximised.

Committee members expressed support for a system/collaborative approach (noting the need to be clear on final accountability) and asked that there be ongoing systematic evaluation of the progress and benefits of the IPMO Plan.

Overall, the Committee were assured that NBT was engaged in the IPMO Plan, and that it was progressing well.

3.2 Quality Impact of Industrial Action

The Committee received a Quality Impact Assessment (QIA) and summary presented by the Associate Chief Nursing Officer, using a number of metrics and information sources including incidents, risks and patient experience metrics.

The QIA did not identify a substantial deterioration of incident metrics on the days of the Royal College of Nursing (RCN) industrial action, but overall, it clearly showed a system under extreme pressure every day. The Committee were advised that there had been other obvious impacts, including cancelled activity, patients who did not attend on the

day, and slower discharge processes, not necessarily just on the days of the strikes, but in the following days.

The Committee suggested that the scoring of risk 1310: *There is a risk that delays in handing over patients arriving at NBT ED via ambulance may create immediate and ongoing risks for the patients in the ambulance* needed to be increased from a 16 to a 20 and that this risk was in fact a daily issue currently being managed.

The Committee were advised that NBT was not directly impacted by the next round of RCN strikes, but that there might be indirect impacts particularly from:

- Ambulance strikes (23 January), and
- Avon and Wiltshire Mental Health Partnership NHS Foundation Trust RCN strikes (18 & 19 January), although it was noted that the Acute Mental Health Liaison Service would continue.

A copy of the QIA is appended for Trust Board review.

3.3 Never Event Update

The Committee received an update on the analysis and review of Never Events across the Trust, which was being undertaken in light of the increase in Never Events in the past 12 months. The Committee were advised that the following actions had been initiated:

- Commissioned a Never Events Thematic review, this would be presented to the February 2023 Patient Safety Committee.
- Circulated internal safety alerts with immediate actions to take.
- All consultants have been contacted by the Chief Medical Officer to highlight the issue and risk.
- All doctors contacted by Chief Medical Officer and Deputy Medical Director to clarify all site marking procedures.
- Supporting policies being urgently reviewed and updated to ensure clarity
- Divisional “Never Event risk assessments” initiated
- Updated both the Integrated Care Board Chief Nursing Officer and the local inspection manager for the Care Quality Commission (CQC).

The outcomes of these actions would inform the ongoing management and governance of Never Event improvement, including cultural change.

The Committee was assured that the Trust had initiated a comprehensive review process and that it would receive a further update in March 2023.

3.4 Full Ockenden Summary Report

This report provided oversight of the progress of the Ockenden Implementation Programme, including compliance with the 15 recommendations of the Ockenden Report published in March 2022.

Four recommendations were identified where the Trust was not able to report full compliance, and the Committee received an update on the actions being taken and plans being developed to move the Trust to a compliant position.

The Committee noted that one of the key areas of non-compliance (also linked to the Trust's Maternity Incentive Scheme return) related to mandatory training levels.

Overall, the Committee was assured that the Trust had a robust process and approach for overseeing the recommendations of the Ockenden Report and asked for quarterly updates as the Trust improved its position.

3.5 Maternity Incentive Scheme

The Committee received a report setting out the Trust's position against the 10 Maternity Incentive Scheme Actions, building on a deep-dive session on 6 January 2023 with the Chair of the Quality Committee, Director of Corporate Governance, Chief Nursing Officer and Non-Executive Director Maternity Safety Champion.

The report confirmed compliance in seven areas, and three areas of non-compliance. For each Safety Action where NBT was not compliant the report provided a summary improvement plan, and an acknowledgement that service quality monitoring continued. Failure to submit a full compliance against the 10 Safety Actions would have an additional financial impact for the service as the NHS Resolution rebate will not be available. The divisional leadership team are submitting a request for £300,000 rebate to support improvement in the three Safety Actions which are non-compliant. These are:

- Safety Action 5 - Midwifery Workforce, non-compliance with supernumerary status of labour ward coordinator status as did not meet 100% threshold.
- Safety Action 6 – Saving Babies Lives, non-compliant as did not meet 80% threshold for carbon monoxide measurement at 36 weeks and 90% threshold for fetal monitoring training.
- Safety Action 8 – MDT skills drills training, non-compliant, as did not meet 90% threshold.

The Committee were assured that a robust process had been followed to assess the data and challenge compliance levels and confirmed its approval of the compliance status on behalf of Trust Board. As such, the Committee approved a recommendation that the Chief Executive could sign on behalf of the Trust Board the compliance statement.

The evidence underpinning the compliance statements is available in the Trust Board Diligent Reading Room should other Trust Board members wish to review it in detail.

3.6 Safeguarding Committee Upward Report (inc. update on training levels)

This report identified a downward trajectory of key safeguarding training levels across the Trust. The ongoing workforce pressures and reduction in training availability during Covid-19 were acknowledged as key drivers of these issues.

The Committee flagged this as a significant concern and requested a clear plan and trajectory for recovering the training levels to come to the next meeting (February 2023), as the workforce pressures driving these issues were not likely to reduce in the foreseeable future.

3.7 Drugs & Therapeutics Committee Upward Report

This report highlighted a number of workstreams that were not progressing effectively internally, and which the Chief Medical Officer flagged as needing to be moved into a collaborative forum and approached as an Integrated Care System. This included developing a Medicines Management Academy.

The Chief Medical Officer also flagged that a national patient safety alert had been received relating to the use of oxygen cylinders (10 January). He reassured the Committee that the Trust was preparing a risk assessment and response, which would be submitted by 20 January, overseen by the Trust's medical gasses governance group.

3.8 Other items:

The Committee also received the following items for information:

- Other sub-committee upward reports:
 - Patient Safety & Clinical Risk Committee
 - Clinical Effectiveness & Audit Committee – including an update on the Trust's digital VTE risk assessment pilot.
 - Control of Infection Committee – noting the increase in MSSA bacteraemia cases.
- Quality Committee forward work-plan 2022/23

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

Trust Board should specifically note the risks around Safeguarding Training Levels, and the request by the Committee for an improvement plan and trajectory.

5. **Recommendations**

5.1 The Trust Board should:

- Receive the report for assurance
- Endorse the approval of the Trust's Maternity Incentive Scheme compliance status (and authorise the Chief Executive to sign this on behalf of the organisation.)

APPENDIX 1 to Quality Committee Upward Report

Report To:	Quality Committee		
Date of Meeting:	12 January 2023		
Report Title:	Quality Impact Assessment (QIA) re. Industrial Action in December 2022		
Report Author & Job Title	Christopher Brooks-Daw, Associate Chief Nursing Officer		
Executive/Non-executive Sponsor (presenting)	Prof. Steve Hams, Chief Nursing Officer		
Does the paper contain: [enter an X in any box applicable box]	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?
*If any boxes above ticked, paper may need to be received at <i>private</i> meeting			
Purpose: [enter an X in the correct box]	Approval	Discussion	To Receive for Information
		X	X
Recommendation:	The committee is asked to receive as information and for assurance.		
Report History:	QIA prepared for the Quality Committee January 2023		
Next Steps:	Ongoing monitoring of quality metrics.		

Executive Summary

Quality Impact Assessment – Industrial Action Summary:

Between 12th and 31st of December there were three days of industrial action that impacted on patient safety and care provision within NBT. Two RCN strike days – the 15th and 20th of December and one Ambulance strike day – the 21st of December.

The paper considers the impact to quality as a result of these strike days using a variety of metrics and information sources. The committee is asked to note that due to the short period of time between the industrial actions and this assessment there may be indicators that will change (for example, harm assessments may change the harm levels reported in patient safety incidents) and it is unlikely that we would have received complaints relating to these dates as yet. There are also limitations in using available indicators. For example, whilst incident reporting is good at understanding an incident and immediate harm it is not good at understanding harm that develops over time, for example from delays, trolley breaches, etc where the harm is not immediate but may develop over time. However, what it is now generally accepted is that delays in receiving treatment have adverse impacts on mortality and recovery.

Whereas some impacts and deviations can be seen in quality markers on the days of industrial action, the changes across metrics are comparable with non-industrial action days. For example, December 12th shows numbers that are at least as high, if not higher, than the industrial action days. There are also impacts seen on days on either side of the industrial action. The QIA shows a system under extreme pressure across most days.

On two of the industrial action days (15th and 21st December) there is a distinct reduction in numbers across patient safety incidents and complaints. It is possible that this is linked to a known issue in that incident numbers decrease on very busy days/periods linked to the time taken to report them. However, both of these days also showed a decrease in ED attendances and increase in discharges, suggesting that the hospital was less pressured.

21 December in particular saw reductions across most indicators; however, the day before (which was both an RCN strike day and a day with a high degree of focus preparing for the Ambulance strike) saw increased numbers across the board.

Risks [if this is on a formal risk register please provide risk reference]

1310, 1497, 1455, 1596, 1609.

Details provided in the assessment.

Financial implications

Revenue	Total £'000	Rec £'000	Non Rec £'000
Income			
Expenditure			
Savings/benefits			
Capital			

Source of funding:

Option	[X]	Please provide additional information
Existing budget		[provide details of budget]
Cost Pressure		[indicate how cost pressure will be managed]
External Funding		[identify source of funding, and whether it has been secured]
Other		









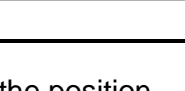
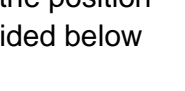



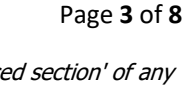
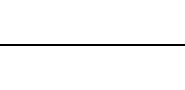

Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?

No [Delete as appropriate]

Appendices:	None
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Associated Supporting Figures

A number of supporting metrics were considered as part of the impact assessment and are displayed in the table below. Incident and feedback information was sourced via Datix, operational activity via Qlik. The table uses a colour scale functionality (based on percentiles) to provide a heatmap for each metric, allowing high and low values to be easily identified. There are no agreed national scales for the quality metrics used – for example, there is no “good” or “bad” number of patient safety incidents.

Date	12-Dec	13-Dec	14-Dec	15-Dec	16-Dec	17-Dec	18-Dec	19-Dec	20-Dec	21-Dec	22-Dec	23-Dec	24-Dec	25-Dec	
Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Patient Safety Incidents	58	42	45	33	43	39	28	39	56	27	50	36	34	21	
Inpatient Patient Safety Incidents	51	40	42	28	37	36	25	29	46	22	38	31	31	21	
Deteriorating/Responsive Incidents	5	4	6	1	1	5	4	0	4	4	4	2	6	1	
Inpatient Patient Falls	12	8	4	6	7	3	7	8	9	4	12	7	9	6	
Inpatient Medication Errors	4	8	5	5	7	6	2	3	6	4	8	2	8	6	
Duty of Candour Incidents	3	3	1	2	1	1	1	3	8	0	2	0	4	1	
Concerns - Outpatients	10	8	2	6	4			4	6	1	1	0			
Complaints - Outpatients	2	4	2	0	0			0	3	2	0	2			
Concerns - Inpatients	1	1	3	1	1			0	4	2	0	2			
Complaints - Inpatients	2	1	3	0	1			0	1	0	1	0			
ED Attendances	303	252	237	240	242	249	264	303	262	223	225	232	217	226	
Attendance via Ambulance	63	41	48	60	60	55	58	53	57	60	80	71	80	79	
Departure Stream Majors	173	131	130	147	137	146	177	168	172	155	168	158	160	150	
Departure Stream Minors	130	121	107	93	105	103	87	135	90	68	57	74	57	76	
Bed Occupancy %	78.8%	80.4%	81.7%	80.7%	79.1%	80.8%	80.7%	82.1%	81.7%	81.7%	82.8%	83.7%	79.4%	77.7%	
Escalation Beds Open	40	0	48	45	50	41	45	0	52	65	0	0	48	40	
Discharges	179	188	210	177	197	89	72	160	184	190	196	247	139	77	
Discharge Swing	-27	-4	-17	30	4	4	-19	-19	13	-24	-13	69	36	-5	
Discharge Prior to 12am	27	22	10	15	24	4	9	16	25	21	25	31	12	12	
Patients without right to reside	335	336	340	360	359	311	290	334	374	349	356	401	319	282	
Same Day Surgery Cancellation	9	6	4	3	7	1	0	7	2	5	2	0	0	0	
Theatre Sessions	57	65	68	17	47	19	15	67	22	46	65	32	15	13	
	RCN				RCN				Ambulance						

The Trust provided national sit rep figures on the two RCN strike days to confirm the position of workforce and planned cancellations as a result of industrial action, this is provided below and was considered within the impact assessment.

15th December			
	Absent	Headcount	% Absent
Scientific, Therapeutic and Technical Staff	15	773	1.9%
Nursing Staff and Midwives	238	1690	14.1%
Administration and Estates Staff	8	1871	0.4%

20th December			
	Absent	Headcount	% Absent
Scientific, Therapeutic and Technical Staff	11	788	1.4%
Nursing Staff and Midwives	238	2252	10.6%
Administration and Estates Staff	5	1940	0.3%

	15th December	20th December
Inpatient Elective Rescheduled	12	12
Inpatient Day Care Rescheduled	14	23
Outpatient New (Excl. week waits)	43	31
Outpatient New 2 week waits	0	3
Reviews	24	87
Total	93	156

Associated risks on risk register:

Risk 1310: There is a risk that delays in handing over patients arriving at NBT ED via ambulance may create immediate and ongoing risks for the patients in the ambulance. Score 20: <https://datix/datix/Live/index.php?action=risk&module=RAM&fromsearch=1&recordid=1310>

Risk 1497: There are risks to patient safety, experience, workforce and regulation as a result of the implementation of urgent mitigating actions to address delays in ambulance offloads to ED as described in risk 1310. Scored 20:

<https://datix/datix/Live/index.php?action=risk&module=RAM&fromsearch=1&recordid=1497>

Risk 1455 - There is a risk of low staff morale and a negative impact on their mental health wellbeing due to ongoing operational pressures and high levels of nursing staff vacancies. Scored 20:

<https://datix/datix/Live/index.php?action=risk&module=RAM&fromsearch=1&recordid=1455>

Risk 1596 - There is a risk that patient safety may be compromised due to planned RCN Nurse's strike action in December 2022. This may also cause anxiety and stress to staff and a poor patient experience. Scored 20:

<https://datix/datix/Live/index.php?action=risk&module=RAM&fromsearch=1&recordid=1596>

Risk 1609 - There are multiple risks to the Emergency Department posed by the planned Ambulance Strikes. The risk impact types are safety, experience, workforce, service delivery and regulation. Scored 25.

<https://datix/datix/Live/index.php?action=risk&module=RAM&fromsearch=1&recordid=1609>

Assessment

Quality Theme	Quality Sub Theme	Description	Considerations
Staffing	Staffing Levels	Workforce head count for the two strike days shows that for day one 14% of	Staff reported that for the first strike their morale was relatively high, but for the

Quality Theme	Quality Sub Theme	Description	Considerations
		nursing and midwifery staff group were absent for industrial action, and 10% for the second-strike day.	second staff felt that they could/would not leave wards low staffed due to their commitment – this meant that fewer staff were absent for industrial action.
	Staff Well-Being	Staff reported that it felt unsafe on the wards. However, this is similar to the current staffing levels and situation on non-strike days.	Ward and ED staffing is often on amber/red levels outside of strike action, the cumulative effect on staff well-being is likely not fully understood. This is reflected in risk
Patient Safety Activity	Incident Trends and Themes	<p>There was a slight reduction in the number of incidents reported on the first strike day (33 - where average over the period was 39), the second RCN strike day saw an above average number reported (56). These were not the lowest or highest reporting figures over the time period.</p> <p>Incidents of inpatient falls, medication and deterioration/responsiveness were within the normal range for the three strike days.</p>	<p>There has been no trend/theme identified as a result of the industrial action and no significant changes to the number of falls, medication or deterioration incidents reported. Incident reporting is reliant on staff having the time and space to report (a standard incident will take 10-15 minutes to report) incidents so in times of decreased staffing or high pressure, relying on patient safety incident reporting as a safety indicator should be treated with caution.</p> <p>There are individual incidents that describe the extreme pressures that clinical areas are under, frequently describing the combined impacts of staffing, high pressure and flow having a likely impact on the quality of care. There were examples of these incidents being reported on strike days; however, they are routinely reported on non-strike days – this is not a strike specific</p>
	Duty of Candour	There were 2 incidents meeting duty of candour criteria (\geq moderate harm) on the first RCN strike day, both relating to pressure injuries. Tissue viability account for the largest percentage of duty of candour incidents occurring within the Trust, 2 on one day is not an unexpected number. The second RCN strike day saw an increase in incidents	

Quality Theme	Quality Sub Theme	Description	Considerations
		<p>meeting duty of candour threshold (8). There was one tissue viability incident, one treatment/procedure and six relating to excessive waits and transfer issues.</p> <p>The transfer/excessive wait incidents reported relate to the #NOF pathway not being followed as expected in ED (patients returned to ambulance following scan and diagnosis), these incidents are as yet to be validated for harm.</p>	<p>issue but is an ongoing quality concern with related risks on the risk register representing some of the highest risks in NBT at present.</p> <p>The reporting culture within NBT shows that significant incidents (that is higher harm) are reported and prioritised – this has been the case throughout the entire pandemic period, where some reductions were seen in the no and low harm rates of incident reporting.</p>
Patient Experience	Experience and Feedback Received	There was a slight increase in the number of concerns received on the strike days, but this is well within expected numbers. There were two concerns that made reference to flow (one in relation to length of stay is SDEC and the second wait time in ambulance) but nonspecific to industrial action.	There were no trends and themes found within the formal patient experience mechanism. This was expected. Feedback from staff was that on the whole patients were supportive of the strike action, relatives who attended on the day to help patients were also very supportive.
	As experienced on day	<p>Lower numbers of visitors were observed on one ward which was unexpected as relatives were called the previous day. Those relatives that were present were very supportive.</p> <p>On the ambulance strike day similar numbers of ambulance conveyances and minor attendances in ED were managed, and the expectation that acutely unwell patients would self-present to ED did not materialise in the numbers expected.</p>	There does not appear to have been a measurable impact to patient experience beyond that expected of the ongoing operational pressure and short staffing.

Quality Theme	Quality Sub Theme	Description	Considerations
Operational	ED Attendances, handovers and DTAs	<p>On the Ambulance strike day, 21st December, SWAST followed a critical incident protocol whereby they offloaded their patients immediately upon arrival (within 15 minutes), regardless of ED capacity, and departed to respond to another call due to the limited supply of ambulances, call handlers, etc. The Trust lost the ability to hold patients in ambulances and therefore had limited control of the flow of what was coming into ED. A focus on pre-emptive flow (preparing and increasing capacity) on the preceding days helped further improve ambulance handover performance (+300 hours lost compared to +30 hours).</p> <p>Also, as previously noted, the expected self-presentation numbers of patients to ED was significantly less than predicted.</p>	<p>There was an impact to flow on the days of the strikes as well as planned activity. This was expected due to the nature of the strikes themselves.</p> <p>The ability to discharge from wards was impacted on the two RCN strike days, and the need for additional escalation beds to be open shown on the ambulance strike day. There was less than expected ED activity of the ambulance strike day which helped managing the impact of SWAST implementing the critical incident protocol.</p> <p>Although planned activity was cancelled, with the second RCN strike day showing the greatest cancellations the patients, Specialities have provided assurances that if patients were cancelled then they have been rebooked.</p>
	Ward discharges/Flow	<p>Both strike days saw an impact to the discharge/admission swing with the first strike day showing a position of plus 30 patients and the second plus 13.</p> <p>On Ambulance strike day an early bed management plan to share risk across divisions did not meet demand, there was a failure to recognise plan required amending earlier enough. Additional escalation beds were open</p>	

Quality Theme	Quality Sub Theme	Description	Considerations
		on the strike ambulance strike day (average over period of 33 compared with 65). Learning was identified through the strike to support front door discharges.	
	Cancellations of planned activity	<p>On the first RCN strike day there were 93 cancellations of planned activity in relation to the industrial action (67 relating to outpatients, 26 to inpatients). For the second RCN strike day there were 156 cancellations (35 inpatients, 121 outpatients).</p> <p>The second RCN strike day also saw 3 cancellations of outpatient appointments for new patients on two week wait pathways.</p> <p>Reductions in theatre sessions was seen on both strike days as well as for two days between.</p>	

Report To:	Public Trust Board		
Date of Meeting:	26 January 2023		
Report Title:	Integrated Performance Report		
Report Author & Job Title	Lisa Whitlow, Associate Director of Performance		
Does the paper contain	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?
	N/A	N/A	N/A
Executive/Non-executive Sponsor (presenting)	Executive Team		
Purpose:	Approval	Discussion	To Receive for Information
			X
Recommendation:	The Trust Board is asked to note the contents of the Integrated Performance Report.		
Report History:	The report is a standing item to the Trust Board Meeting.		
Next Steps:	This report is received at the Joint Consultancy and Negotiation Committee, Operational Management Board, Trust Management Team meeting, shared with Commissioners and the Quality section will be shared with the Quality and Risk Management Committee.		

Executive Summary	
Details of the Trust's performance against the domains of Urgent Care, Elective Care and Diagnostics, Cancer Wait Time Standards, Quality, Workforce and Finance are provided on in the Integrated Performance Report.	
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)?	Not applicable.
Appendices:	Not applicable.



North Bristol NHS Trust
**INTEGRATED
PERFORMANCE REPORT**
January 2023 (presenting December 2022 data)


























NBTCARES

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North Bristol Trust Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																			Peer Performance	Rank
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	60.00%	61.80%	60.78%	51.53%	52.74%	55.54%	64.14%	59.32%	50.99%	60.83%	56.43%	57.47%	58.29%	55.61%		44.74%	2/10
	A&E 12 Hour Trolley Breaches	R	0	-	20	295	367	449	360	176	297	304	57	261	482	433	786		75-1830	6/10
	Ambulance Handover < 15 mins (%)		65.00%	-	20.33%	22.25%	28.72%	31.90%	28.93%	30.54%	29.50%	26.70%	25.68%	27.12%	23.70%	16.88%	13.88%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	50.34%	47.71%	48.49%	51.53%	53.02%	61.09%	55.43%	54.11%	61.52%	58.63%	48.03%	41.40%	30.32%			
	Ambulance Handover > 60 mins		0	-	645	827	684	681	538	430	527	486	364	439	672	778	1043			
	Average No. patients not meeting Criteria to Reside			-	248	295	304	302	301	317	280	349	395	368	381	378	343			
	Bed Occupancy Rate			94.15%	96.92%	98.16%	97.51%	97.43%	96.94%	98.15%	98.32%	97.98%	97.86%	98.63%	98.57%	98.76%	98.22%			
	Diagnostic 6 Week Wait Performance		1.00%	25.00%	44.30%	45.45%	40.00%	40.25%	43.61%	40.13%	41.00%	42.75%	48.09%	48.27%	39.36%	38.62%	38.55%		30.79%	7/10
	Diagnostic 26+ Week Breaches		0	9	1341	1617	1767	2160	2498	2690	2761	2753	2842	3044	2755	2817	2424			
	RTT Incomplete 18 Week Performance		92.00%	-	66.67%	65.61%	65.17%	64.71%	64.23%	65.62%	64.80%	65.78%	65.82%	66.30%	66.31%	65.58%	62.06%		55.84%	2/10
	RTT 52+ Week Breaches	R	0	2892	2182	2284	2296	2242	2454	2424	2675	2914	3131	3087	3062	2980	2984		25-11116	2/10
	RTT 78+ Week Breaches	R		272	469	501	511	458	491	473	443	439	441	394	375	319	306		0-1449	2/10
	RTT 104+ Week Breaches	R		48	158	184	177	96	71	48	34	32	33	30	27	17	13		0-252	7/10
	Total Waiting List	R		37231	37264	37210	38498	39101	39819	40634	42326	46900	48766	49025	48871	47418	46544			
	Cancer 2 Week Wait	R	93.00%	57.26%	58.38%	41.42%	66.47%	69.78%	57.66%	46.16%	39.21%	40.99%	40.18%	35.85%	30.86%	47.53%	-		69.65%	10/10
	Cancer 31 Day First Treatment		96.00%	93.77%	79.59%	79.18%	89.91%	80.99%	81.82%	83.77%	85.53%	91.20%	87.36%	87.76%	90.39%	86.49%	-		91.99%	10/10
	Cancer 62 Day Standard	R	85.00%	76.62%	67.52%	56.88%	51.17%	58.66%	56.48%	50.15%	48.40%	45.10%	55.59%	58.90%	52.45%	48.86%	-		49.14%	9/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	72.70%	57.52%	47.10%	72.01%	72.93%	66.82%	72.83%	70.87%	58.29%	48.83%	35.18%	42.88%	55.74%	-		66.83%	10/10
	Cancer PTL >62 Days		242	345	899	781	528	472	641	689	555	667	858	529	328	329	328			
	Cancer PTL >104 Days		0	50	140	197	135	167	133	161	134	172	147	123	63	47	23			
	Urgent operations cancelled ≥2 times		0	-	2	0	0	0	1	1	1	1	1	2	0	0	-			



 RAG ratings 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.

Performance Scorecard

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	1.15%	0.73%	0.00%	1.02%	1.08%	0.26%	1.25%	0.49%	0.44%	0.93%	1.26%	0.49%	0.49%	
	Caesarean Section Rate				40.60%	39.15%	38.14%	42.08%	43.36%	42.82%	46.53%	45.12%	45.01%	42.86%	43.45%	41.74%	44.57%	
	Still Birth rate			0.40%	0.21%	0.22%	0.00%	0.23%	0.24%	0.24%	0.00%	0.22%	0.00%	0.42%	0.19%	0.22%	0.22%	
	Induction of Labour Rate			32.10%	35.21%	33.56%	38.39%	39.72%	34.09%	35.41%	39.35%	35.15%	31.57%	33.33%	28.97%	31.25%	34.62%	
	PPH 1500 ml rate			8.60%	3.02%	2.01%	2.44%	1.42%	2.26%	2.39%	4.86%	4.08%	2.65%	4.11%	3.77%	3.79%	1.81%	
	Never Event Occurrence by month		0	0	1	0	0	0	1	1	0	0	0	0	0	2	1	
	Commissioned Patient Safety Incident Investigations				1	5	1	3	4	3	1	1	1	-	-	7	1	
	Healthcare Safety Investigation Branch Investigations				-	1	-	1	1	-	1	1	1	-	-	4	-	
	Total Incidents				1016	1335	1172	1311	1210	1130	1189	1336	1278	1150	1259	1236	1269	
	Total Incidents (Rate per 1000 Bed Days)				35	46	44	44	42	37	41	46	41	38	40	40	42	
	WHO checklist completion			95.00%	99.87%	99.76%	99.61%	98.73%	99.31%	98.85%	98.19%	98.39%	98.08%	97.58%	97.53%	97.21%	96.83%	
	VTE Risk Assessment completion	R		95.00%	94.55%	93.80%	93.99%	92.63%	93.44%	93.43%	93.79%	90.83%	90.25%	90.44%	90.50%	90.87%	-	
	Pressure Injuries Grade 2				16	16	19	18	19	19	14	25	16	17	14	19	11	
	Pressure Injuries Grade 3			0	0	0	0	0	0	1	1	0	0	0	2	2	1	
	Pressure Injuries Grade 4			0	1	0	1	0	0	0	0	0	0	0	0	0	1	
	PI per 1,000 bed days				0.35	0.41	0.75	0.61	0.63	0.50	0.31	0.86	0.48	0.43	0.41	0.62	0.43	
	Falls per 1,000 bed days				7.10	8.43	7.57	6.22	6.96	5.63	5.93	6.90	7.20	7.25	6.35	6.52	7.31	
	#NoF - Fragile Hip Best Practice Pass Rate				61.90%	64.29%	54.17%	64.58%	40.00%	42.25%	46.30%	24.24%	42.55%	18.64%	14.89%	0.00%	-	
	Admitted to Orthopaedic Ward within 4 Hours				23.81%	21.43%	20.83%	14.58%	71.11%	19.72%	22.22%	9.09%	19.57%	5.17%	17.02%	13.04%	-	
	Medically Fit to Have Surgery within 36 Hours				80.95%	69.05%	62.50%	66.67%	48.89%	45.07%	48.15%	27.27%	52.17%	22.41%	21.28%	0.00%	-	
	Assessed by Orthogeriatrician within 72 Hours				90.48%	73.81%	66.67%	89.58%	91.11%	74.65%	87.04%	75.76%	89.13%	54.24%	27.66%	2.17%	-	
	Stroke - Patients Admitted				73	103	67	78	92	105	40	85	68	72	65	100	42	
	Stroke - 90% Stay on Stroke Ward			90.00%	75.00%	67.47%	72.73%	65.08%	77.14%	48.72%	59.26%	65.45%	84.62%	68.75%	55.88%	54.29%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	100.00%	84.62%	60.00%	44.44%	100.00%	60.00%	100.00%	55.56%	70.00%	64.29%	83.33%	66.67%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	30.16%	40.22%	32.73%	32.81%	23.08%	35.71%	50.00%	39.29%	70.00%	46.88%	41.67%	36.99%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	80.88%	81.44%	75.41%	91.30%	84.21%	90.91%	96.43%	96.55%	93.18%	91.67%	92.31%	83.13%	-	
Quality Care & Experience	MRSA	R	0	0	0	0	0	4	0	1	1	-	0	0	0	0	-	
	E. Coli	R	0	4	2	6	1	5	5	1	4	3	3	2	2	5	4	
	C. Difficile	R	0	5	6	6	1	6	7	5	3	3	3	4	1	4	2	
	MSSA			2	5	3	2	2	1	2	2	0	1	8	3	8	2	
	Friends & Family - Births - Proportion Very Good/Good				93.75%	93.85%	94.37%	94.81%	97.50%	91.14%	88.41%	-	88.57%	83.33%	92.98%	96.46%	98.08%	
	Friends & Family - IP - Proportion Very Good/Good				91.50%	93.28%	93.51%	91.18%	90.39%	92.72%	90.96%	90.79%	91.04%	91.52%	91.40%	91.68%	92.15%	
	Friends & Family - OP - Proportion Very Good/Good				95.26%	94.37%	94.11%	94.82%	94.32%	93.83%	93.90%	-	-	92.76%	94.07%	94.83%	95.64%	
	Friends & Family - ED - Proportion Very Good/Good				80.64%	80.10%	70.24%	63.70%	68.93%	77.44%	70.80%	-	75.12%	72.19%	70.56%	74.42%	76.52%	
	PALS - Count of concerns				100	102	111	150	150	129	116	168	154	151	142	143	127	
	Complaints - % Overall Response Compliance			90.00%	69.09%	69.23%	80.85%	78.33%	78.57%	78.69%	73.47%	78.18%	76.27%	76.92%	75.76%	72.31%	71.76%	
Well Led	Complaints - Overdue				4	5	10	5	10	4	5	6	1	3	7	6	12	
	Complaints - Written complaints				58	56	43	56	43	48	53	46	62	64	77	69	51	
	Agency Expenditure ('000s)				1314	1363	1147	1581	1838	1846	1205	2111	1726	1292	2616	1992	1675	
	Month End Vacancy Factor				7.71%	7.26%	7.41%	7.27%	6.64%	7.51%	8.07%	8.66%	8.57%	8.65%	8.69%	8.61%	8.93%	
	Turnover (Rolling 12 Months)	R		17.04%	15.50%	15.89%	16.51%	17.16%	16.71%	17.28%	17.41%	17.57%	17.04%	17.22%	17.17%	17.32%	17.10%	
	Sickness Absence (Rolling 12 month)	R		4.87%	4.64%	4.71%	4.81%	5.02%	5.17%	5.13%	5.22%	5.44%	5.48%	5.42%	5.49%	5.49%	5.56%	
	Trust Mandatory Training Compliance				82.13%	82.23%	82.27%	81.67%	82.38%	83.89%	84.98%	82.80%	83.56%	84.40%	83.49%	83.56%	83.65%	



 RAG ratings 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 2023

Urgent Care

Four-hour performance deteriorated in December, reporting at 55.21%; NBT ranked second out of ten reporting AMTC peer providers. There was an increase in the number of 12-hour trolley breaches and ambulance handovers delays, reporting at 786 and 1043 respectively. Four-hour performance and ambulance handover times continue to be impacted by high bed occupancy driven mainly by the high volume of patients with No Criteria to Reside. The Trust was also impacted by significant infection prevention and control restrictions, both for COVID-19 inpatients and Norovirus. Further to this, performance was impacted by industrial action taking place in December. UEC pressures peaked on the 30th December when the Trust declared a critical incident for a 24-hour period. There was a favourable response which has resulted in a period of reduced pressures since then. The Trust is working as part of the Acute Provider Collaborative to develop a joint view of the NC2R issue. Key drivers include increased volume of bed days for patients no longer meeting the Criteria to Reside awaiting discharge on D2A pathways. Trust-wide internal actions are focused on improving the timeliness of discharge, maximising SDEC pathways and best practice models for ward and board rounds to improve flow through the Hospital. The Trust is working closely with system partners to influence and support schemes which will reduce NC2R patient numbers including D2A.

Elective Care and Diagnostics

The Trust has been successful in continuing to maintain clearance of zero capacity breaches for patients waiting >104-weeks for treatment. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostic performance improved for a third consecutive month (albeit marginally) in December to 38.55% (5779 breaches); this improvement was due to both backlog and overall wait list reduction. It was not possible to report data for four of the nationally reportable modalities due to the transition to a new EPR system. The Trust is working towards achieving year-end NHS improvement targets across all modalities, but challenges remain in the >26-week waits for Endoscopy. This is driven by the size of the backlog from COVID-19, the rise in TWW urgent referrals taking precedence, and national rail strike action reducing insourcing activity. The in-year improvement target for diagnostics is that no more than 25% of patients will wait greater than 6-weeks for their procedure and no patient will wait greater than 26-weeks. The Trust is sourcing additional internal and external capacity for several test types to support recovery of diagnostic waiting times; it is anticipated that the improvement seen in diagnostics performance will continue and will be followed by a similar improvement trend for 26-week performance in the coming weeks.

Cancer Wait Time Standards

There were several movements in the November position for Cancer. There were improvements in the 2WW standard at 47.53% in November compared to 30.86% in October as well as the 28 days standard at 55.74% compared to 42.88% in October. The 62-Day Performance deteriorated to 48.86% compared to 52.45% in October and there was a decline in 31-day performance at 86.49% compared to 90.39% in October. Instances of wait-related clinical harm remain undetected month-on-month and the Trust has had no reports of harm in 12-months as a result of delays over 104-Days. The Trust is working closely with regional and national colleagues with a “deep-dive” visit carried out on the 31/10/22 – 01/11/22. The formal report highlighted 4 key themes for improvement: Governance, Pathways, Workforce and Space. The 30-day follow up visit took place in December with colleagues from the ICB; initial feedback is that they are satisfied that the action plan is progressing. The 60 day follow up visit is on the 23rd January. South West region and national team have confirmed that NBT has been removed from Tier 1 status.

Executive Summary | January 2023

Quality

Despite the inherent challenges of increased prevalence of COVID-19 and Influenza, the Trust has sustained effective Infection Prevention and Control measures. NBT remains below trajectory for C. Difficile and Gram negative cases and has not reported any MRSA cases reported in November. Within Maternity, staffing pressures are continually challenging although the pipeline of new starters is improving and staffing vacancies are on a decreasing trajectory into next year. Learning themes have been identified from staff and service user feedback, and improvement work is ongoing to address these with input from other areas of the Trust and external stakeholders (e.g. Maternity Voices Partnership). The reporting of and response to harm from pressure injuries, falls and medication incidents continues to reflect a positive safety culture within a challenged operational environment. NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts and has proactively reviewed one potential area of higher mortality, which has satisfactorily resolved the concern. The rate of VTE Risk Assessments performed on admission has marginally improved for November; an improvement trajectory has been agreed for the period Nov-22 – April-23. This remains below the national target of 95% compliance but does reflect the initial benefits of improvement work now underway. This continues to have direct oversight from the CMO as a priority area and the trust-wide Thrombosis Committee has been re-established with workstreams defined and responsibilities agreed.

Workforce

Trust vacancy factor increased from 8.61% in November to 8.93% in December, with current vacancies at 798.75wte. NBT's Rolling 12-month staff turnover decreased from 17.32% in November to 17.10% in December. The Rolling 12 month sickness absence position increased slightly from 5.49% in November to 5.56% in December, with additional clinical services and estates and ancillary staff groups continuing to be hotspots. Temporary staffing demand increased by 3.96% (45.47wte) from November to December. As both bank and agency use decreased (-3.35%, -21.53wte) and (-0.69%, -1.01wte), there was a resulting increase in unfilled shifts by 19.02% (-68.01wte).

Finance

The financial plan for 2022/23 at Month 9 (December) was a deficit of £6.7m. The Trust has delivered a £10.9m deficit, which is £4.2m worse than plan. This is predominately driven by the non-delivery of savings in the first nine months of the year and high levels of premium pay spend, including on agency and incentives, partially offset by slippage on service developments and investments. In month the Trust has recognised £0.7m of ESRF funding in addition to that assumed in the plan. Whilst the Trust has not reached the required activity levels to receive this, there has been a national approach of no clawback from commissioners in Months 1 to 9 for non-delivery. In BNSSG this has been recognised in provider positions in month. The Trust completed a detailed forecast in September. At month 9 the Trust is £1.0m better than forecast against the year-to-date position. The position in month is £1.1m improvement against the forecast. The Month 9 CIP position shows £5.2m schemes fully completed, with a further £2.1m schemes on track and £1.4m in pipeline. There is a £8.3m shortfall between the 2022/23 target of £15.6m and the schemes on the tracker. If pipeline schemes are included this reduces to a £6.9m shortfall. Given the position at Month 9, the Risks and Mitigations impacting on the delivery for the year end position have been reviewed. Cash at 31 December amounts to £103.3m an in-month increase of £2.8m which is linked with receipt of demand and capacity funding from the Integrated Care Board (ICB). Total capital spend year to date was £19.1m compared to a plan of £16.4m.

Responsiveness

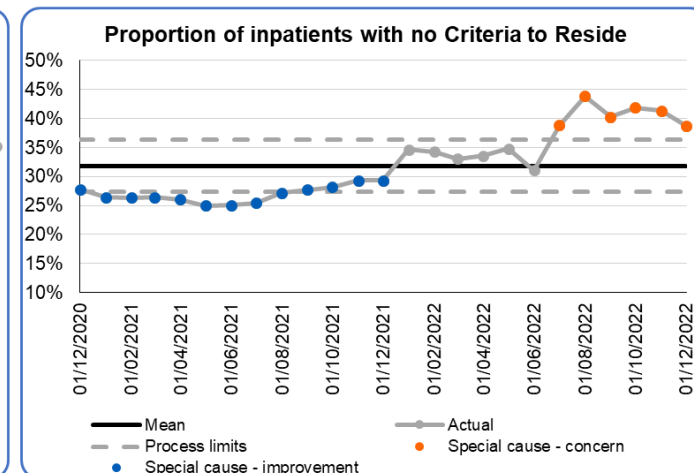
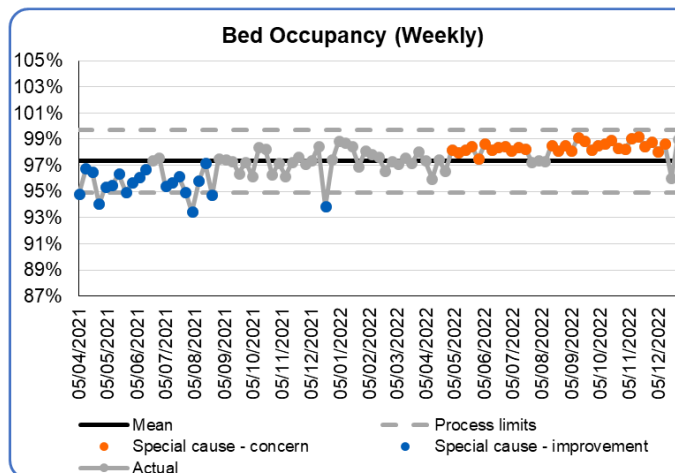
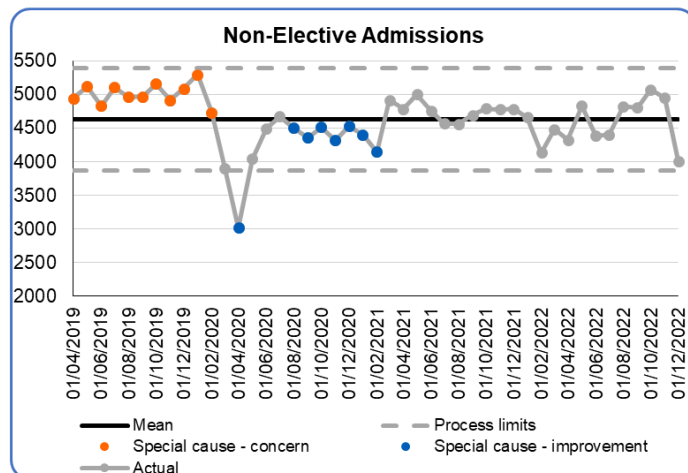
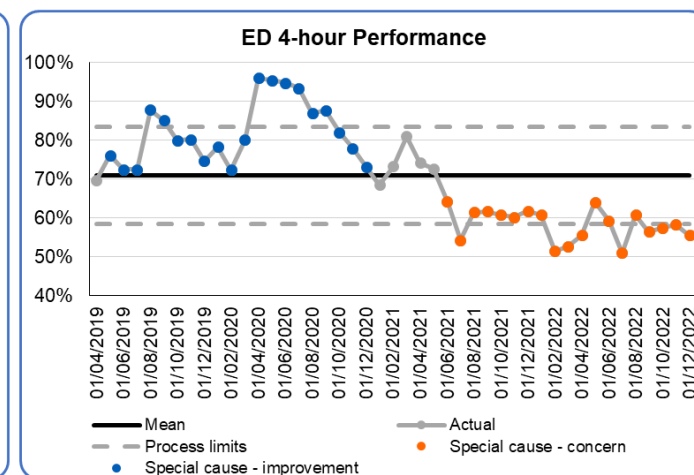
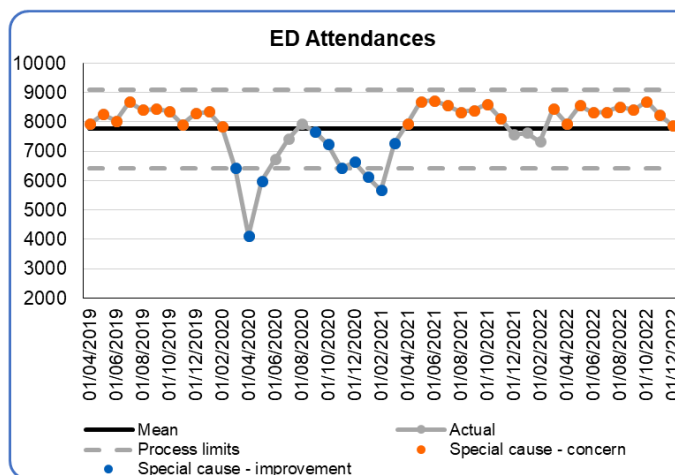
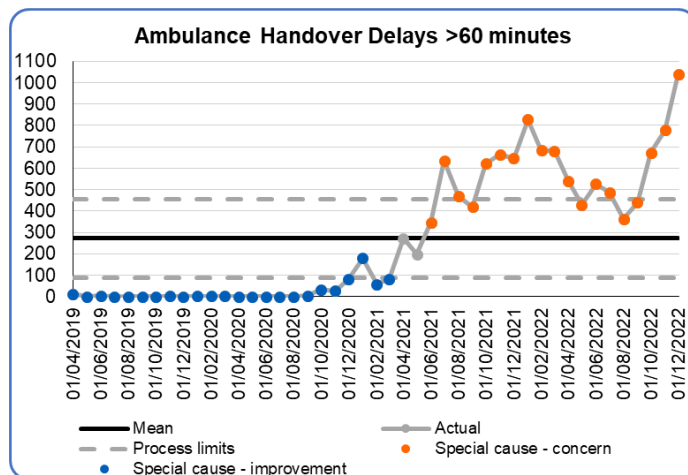
**Board Sponsor: Chief Operating Officer
Steve Curry**

Responsiveness - Indicative Overview

Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	Pre-Emptive Transfers	Out of hospital flow and IP&C restrictions compromising full functionality
	Level 6 Brunel Plan	Estates work and staffing on track to open 12 beds in January
	D2A	No material impact in NC2R, significant LoS increases in P2 and P3 pathways
RTT	104 week wait	On track
	78 week wait	On track – previous industrial actions mitigations deployed. Future action a concern
Diagnostics	25% 6-week target	Third month of improvement – pending industrial action a concern
	Zero 26-week waits	Good progress in all modalities, but Endoscopy rail strike- related losses a concern
Cancer PTL	>62-day PTL volume	Remains improved – embedding actions ongoing
	>62-day PTL %	On track to achieve in-year requirements

Rating reflects the reported period against in-year plan

Urgent and Emergency Care



The increase in proportion of inpatients with no Criteria to Reside has resulted from the EPR change which provides improved data capture for these patients.

Urgent and Emergency Care

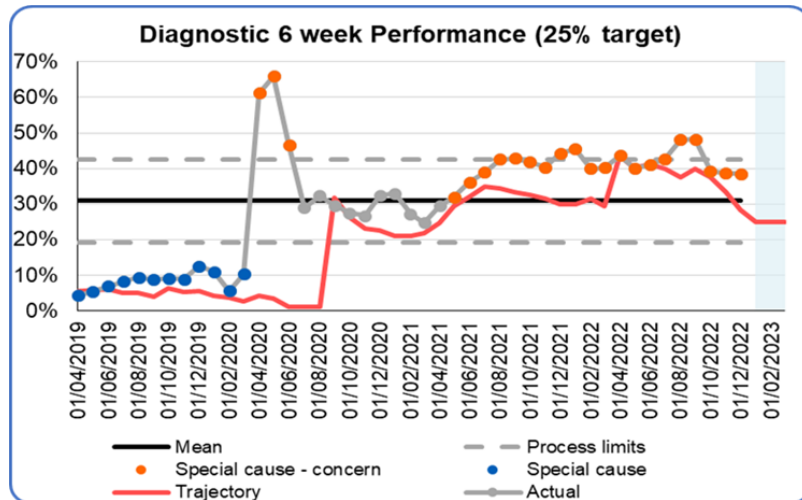
What are the main risks impacting performance?

- Four-hour performance 55.61% in Dec-22 - ranked 2nd out of 10 AMTC peer providers.
- ED attendances were 3.89% higher than the same period last year.
- 12-hour trolley breaches increased in December to 786 (compared to 433 in November).
- Ambulance handover delays over 1 hour increased to 1040 in December from 778 in November.
- High bed occupancy remains the fundamental driver for ED performance. Occupancy varied between 93.90% - 101.36% in December, averaging at 98.22%. However, there were a number of further confounding variables which drove the difficult December position, culminating in a 24 hour period of Critical Incident in response to UEC pressures at the end of December. These additional drivers included;
 - Further marker increase in respiratory illness admissions – Flu admissions and COVID-19 admissions in particular
 - A further increase in length of stay for P2 and P3 NC2R patients
 - Two nurses strikes – affecting discharge processes
 - An ambulance strike which, following a period of respite during the strike, resulted in a rebound surge in admissions

What actions are being taken to improve?

- Ambulance handovers – the Trust continues to implement the pre-emptive ED transfer process. However, rises in No Criteria to Reside patients means that its impact is adversely mitigated at times. Use of double occupancy and boarding on wards, emphasis on early discharge of P0 patients all enacted on all Trust wards.
- The Trust is working closely with system partners to influence and support contingencies for the delayed impact of D2A, these include provision of a care hotel, development of virtual wards and further spot purchasing of P3 capacity.
- Continued introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- Contingency plans for winter bed capacity are in place – sixth floor plan implementation has commenced with the first 12 beds available.
- The tactical bed deployment approach, shared through the winter planning update to Trust Board, has been enacted. The aim is to reduce the bed capacity footprint going into winter, to allow it to be deployed at the appropriate time.

Diagnostic Wait Times

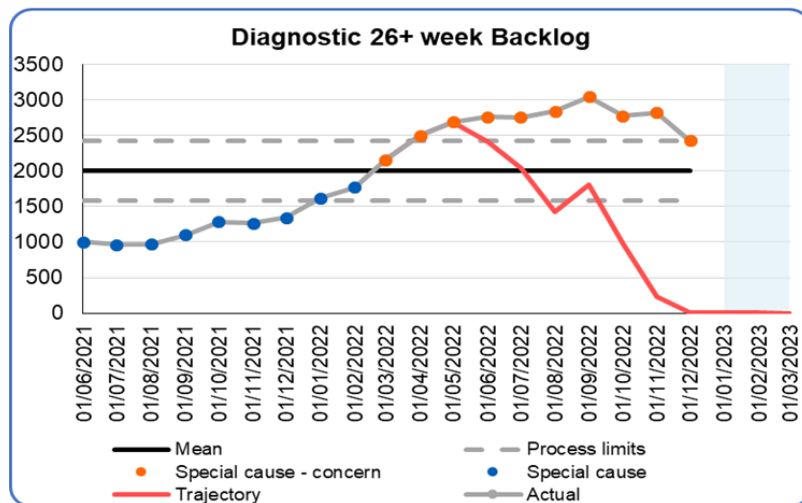


What are the main risks impacting performance?

- Mitigations have been developed and have been positively impacting the overall position.
- Compliant trajectories submitted to hit no more than 25% patients breaching 6-weeks at year-end and zero 26-week breaches. This is dependent on investment and significant reliance on non-core capacity across challenged modalities.
- The Endoscopy risk to the in-year 26-Week target has increased significantly. This is primarily driven by urgent referrals, increasing at a rate faster than anticipated and a loss of planned insourcing activity over a number of weekends due to national rail strikes. Compensatory actions are being deployed but are unlikely to mitigate the extent of loss incurred within year.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector.
- The Trust remains committed to achieving the national requirements in-year.

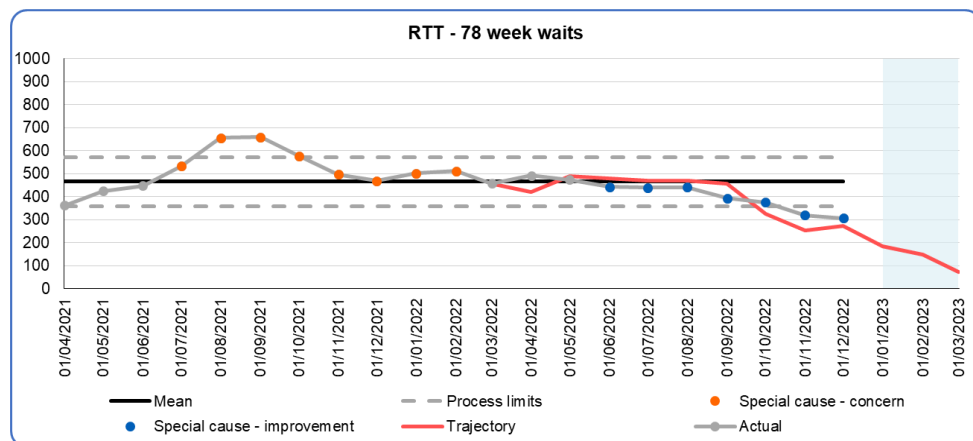
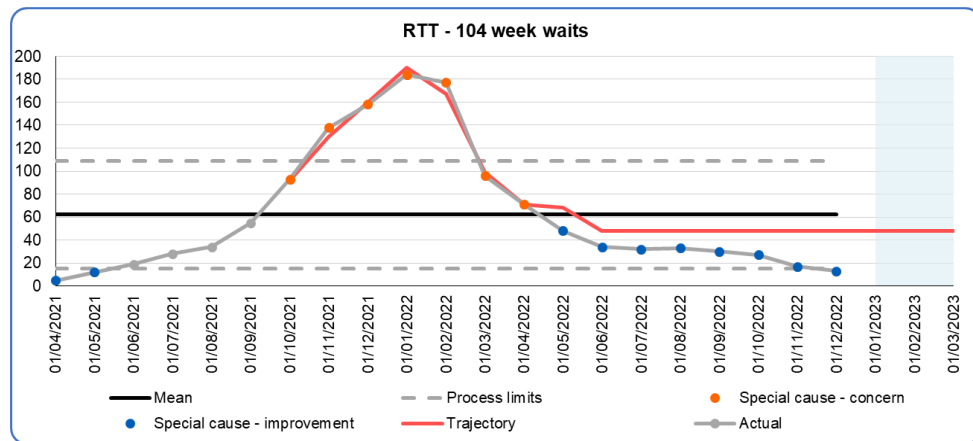
What actions are being taken to improve?

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



Please note due to configuration issues following implementation of the Trust's new EPR, four test types have been omitted since July-22.

Referral to Treatment (RTT)



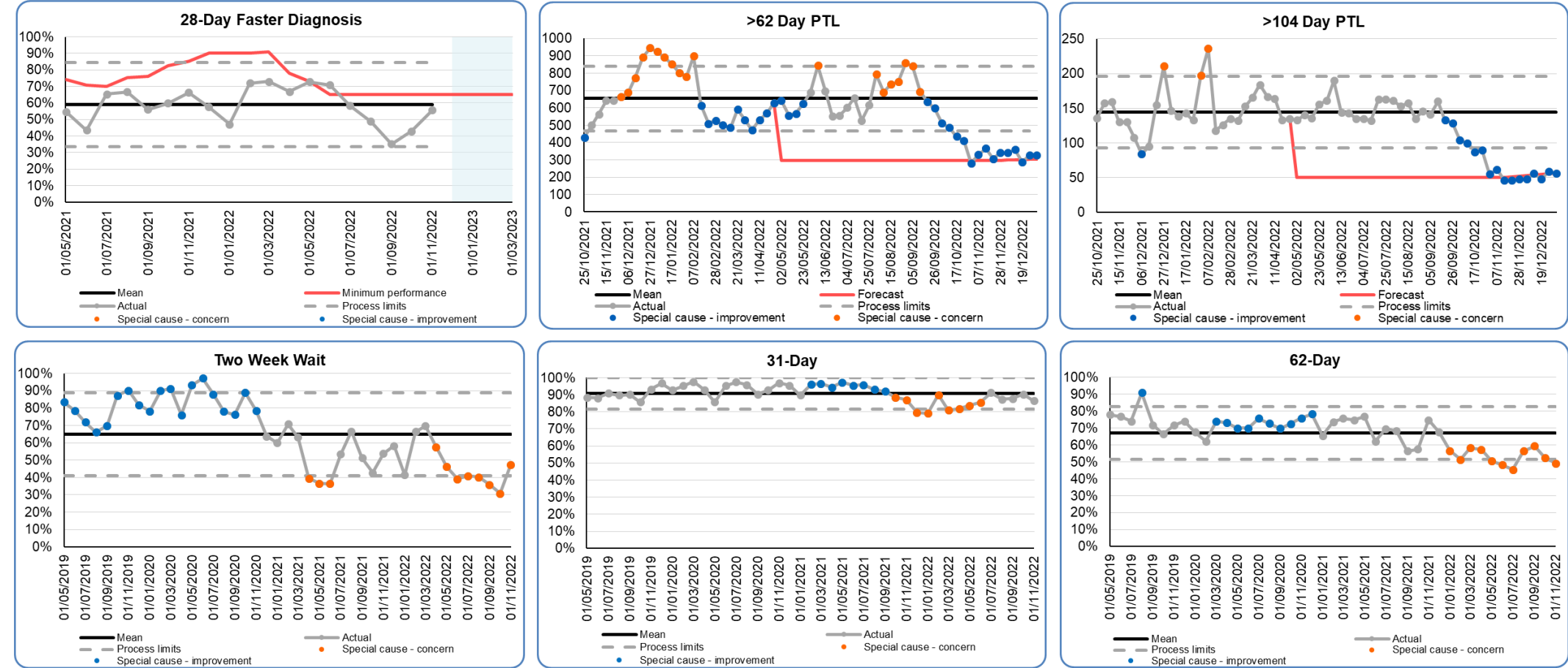
What are the main risks impacting performance?

- Significant challenges to performance due to operating theatre staff absences (including COVID-19) and intense bed pressures including the rise in COVID-19 positive inpatients.
- Impact of UEC activity on elective care.
- Surge in COVID-19 related admissions.
- There has been a material impact of nurse and rail strikes in terms of elective procedure cancellations, combined with reduced booking potential and further losses through the re-provision and displacement of activity.

What actions are being taken to improve?

- Continued achievement of zero capacity related 104ww position.
- Extensive planning by the Elective Recovery team has resulted in a revised 78ww capacity breach projection for NBT. As a result, the Trust has committed to a zero 78ww breach position at year-end for capacity related breaches.
- There is some risk within the revised offer including an assumption that the second Green ward will function continuously over winter, that the Brunel Building sixth floor UEC capacity plan will be delivered and that any potential COVID-19 impact can be mitigated in terms of bed capacity and staffing losses.
- 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?

- Loss of capacity over the Christmas period resulting in an increased >62 day position.
- Reliance on non-core capacity.
- Increase in demand for diagnostics – Endoscopy in particular.
- Q2 and Q3 CQUIN Delivery.

What has improved?

- Previously described bridging plans for the Cancer Services Team have been enacted and longer-term recruitment plans are in place.
- Significant improvement through Oct-22 and Nov-22 in reducing the >62-day Cancer PTL volume and percentage of >62-day breaches as a proportion of the overall wait list.
- Recognition from regional and national teams on improving trend in >62-day PTL and Tumour Site specific improvements in Breast.
- NBT has been removed from Tier 1 and Tier 2 escalation status. This has been confirmed through formal notification from the national team.

What further actions are being taken to improve?

- Focus remains on sustaining the absolute >62-day Cancer PTL volume and the percentage of >62-day breaches as a proportion of the overall wait list.
- Having achieved the improved >62-day cancer PTL target, the next phase will be to ensure the revised actions and processes are embedded to sustain this improvement. At the same time, design work has commenced to fundamentally improve patient pathways, which will improve overall cancer wait time standards compliance. Trajectories will be revised across all tumour sites in January / February 2023.
- The 30-day follow up visit has taken place and the regional teams are satisfied with the progress being made
- Additional work has now been initiated to manage down the total cancer PTL (including upgrades). This work is progressing at pace.

Safety and Effectiveness

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

Maternity

Perinatal Quality Surveillance Matrix (PQSM) Tool - November 2022 data

Activity	Target	Nov-22	TREND
Activity			
Number of women who gave birth (>=24 weeks or <24 weeks live births)		448	
Number of babies born (>=24 weeks or <24 weeks live births)		454	
Number of livebirths 24+0 to 36+6 weeks		37	
No of livebirths <24 weeks gestation		2	
Induction of Labour rate %	31%		
Unassisted Birth rate %	47%		
Assisted Birth rate %	11%		
Caesarean Section rate (overall) %	42%		
Elective Caesarean Section rate %	21%		
Emergency Caesarean Section rate %	21%		
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	3%		
Perinatal Morbidity and Mortality inborn			
Total number of perinatal deaths		3	
Number of late fetal losses from 16+0 to 23+6 weeks excl. TOP		2	
Number of stillbirths (>=24 weeks excl. TOP)		1	
Number of neonatal deaths : 0-6 Days		0	
Number of neonatal deaths : 7-28 Days		0	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)		0	
Maternal Morbidity and Mortality			
Number of maternal deaths (MBRRACE)		0	
Direct		0	
Indirect		0	
Number of women receiving enhanced care on CDS		22	
Number of women who received level 3 care (ITU)		0	
Insight			
Number of datix incidents graded as moderate or above (total)		0	
Datix incident moderate harm (not SI, excludes HSIB)		0	
Datix incident PSII (excludes HSIB)		0	
New HSIB referrals accepted		1	
HSIB/NHSR/ICC/NMPA or other organisation with a concern or request for action made directly with Trust		1	
Coroner Reg 28 made directly to Trust		0	
Workforce			
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite		83	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps		2	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)		0	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)		1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)		0	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).		12%	

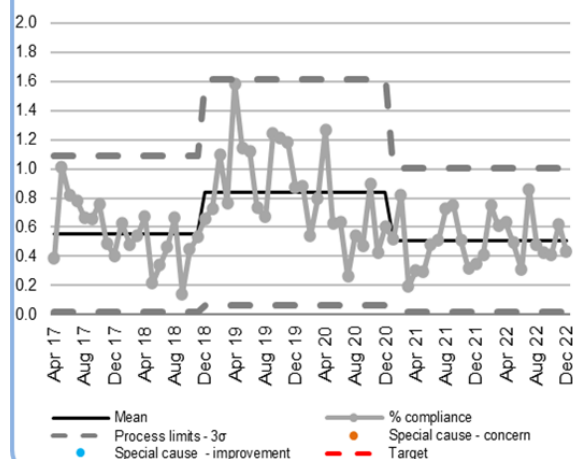
Activity	Target	Nov-22	TREND
Vacancy rate for midwives		10.2%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)		45%	
Vacancy rate for NICU nurses		21	
Datix related to workforce (service provision/staffing)		6	
Consultant led MDT ward rounds on CDS (Day to Night)		80%	
Consultant led MDT ward rounds on CDS (Day)		60%	
One to one care in labour (as a percentage)		98%	
Compliance with supernumerary status for the labour ward coordinator	100%	99%	
Number of times maternity unit attempted to divert or on divert		0	
In-utero transfers			
In-utero transfers accepted			
In-utero transfers declined			
Ex-utero transfers			
Ex-utero transfers accepted			
Ex-utero transfers declined			
NICU babies transferred to another unit due to capacity/staffing			
Number of consultant non-attendance to 'must attend' clinical situations		0	
Involvement			
Service User feedback: Number of Compliments (formal)		122	
Service User feedback: Number of Complaints (formal)		10	
Friends and Family Test Score % (good/very good) NICU		N/A	
Friends and Family Test Score % (good/very good) Maternity		93	
Staff feedback from frontline champions and walk-arounds (number of themes)		4	
Improvement			
Progress in achievement of CNST/10		7	
Training compliance in annual local BNLS (NICU)		100%	
Overall	90%	82%	
Obstetric Consultants		91%	
Other Obstetric Doctors		82%	
Anaesthetic Consultants		94%	
Other Anaesthetic Doctors		60%	
Midwives		79%	
Maternity Support Workers		88%	
Overall	90%	76%	
Obstetric Consultants		82%	
Other Obstetric Doctors		79%	
Midwives		67%	
Fetal Wellbeing and Surveillance			
Trust Level Risks		7	

Executive Summary

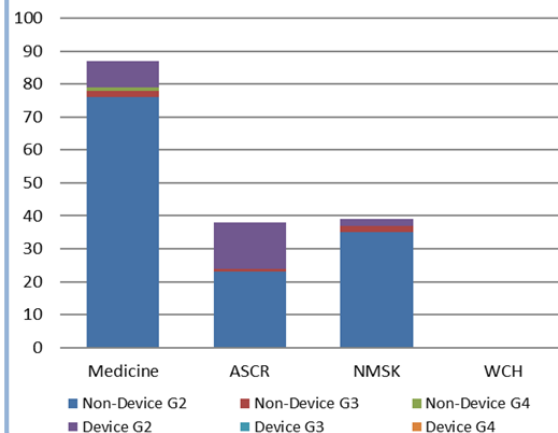
The Perinatal Quality Surveillance Matrix report provides a platform for sharing perinatal safety intelligence monthly.

- There were 0 admissions to ITU from Maternity during November with 22 women receiving HDU care on Central Delivery Suite.
- 3 cases eligible for full PMRT review (1 intrapartum stillbirth, 2 x late fetal losses)
- 2 x HSIB final reports received following full investigation. Total of 8 safety recommendations for NBT to action. Varying themes: language / interpretation, health inequalities, holistic assessments/personalised care.
- Workforce pressures across all staff groups.
- Themes have been identified from staff and service user feedback, and improvement work is ongoing to address these with input from other areas of the Trust and external stakeholders (eg Maternity Voices Partnership) as needed. Preliminary findings from the Picker Report 2022 to be formally shared with the Division, date TBC.
- NMPA newly released data shows NBT's 3rd/4th degree rate to be 4.8% from the last year on year assessment which is the highest percentage in the country. The Division recognise this is an issue and above the National average of 3% and is currently conducting an in-depth exploration into this with an action plan to address any areas for learning. The report will be shared with Trust Board and the LMNS once published.
- Maternity Incentive scheme submission date has been set at Thursday 2nd February 2023 and guidance updated. Following on from the updated guidance there remain 3 areas of concern; Safety Action 5, Safety Action 6 and Safety Action 8.
- Areas of excellence include the Kirkup Roadshows (with Ockenden update included) proving successful with multiple attendees from all staff groups. The Maternity Escalation Phrase Scheme is going live in December 2022 which was co-produced with the Maternity Voices Partnership (MVP). The re-launch of NBT's Homebirth service was a commendable success with a celebration event being held which was attended by varying clinicians, women and families who had utilised the service, along with the MVP and external bodies.
- There are 7 Trust Level Risks.

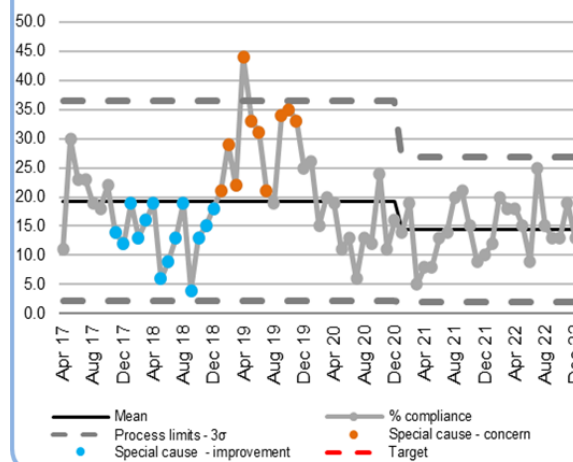
Total Pressure Injuries per 1000 Bed Days



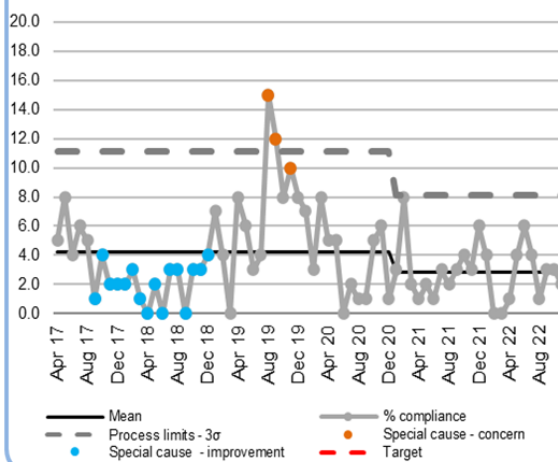
Pressure Injuries Year to Date 2022/23



Pressure Injuries - Total Incidents



Pressure Injuries - Device



Pressure Injuries

What does the data tell us?

In December there was a reduction in the number of Grade 2 pressure ulcer to 11 with none attributable to medical devices.

- 6 x heel/foot/ankle and 5 x coccyx/sacrum/buttocks/tuberosities

There was 1 x Grade 3 pressure ulcer attributable to right tuberosity attributable to the ASCR division and 1 x Grade 4 to the sacrum attributable to medicine division.

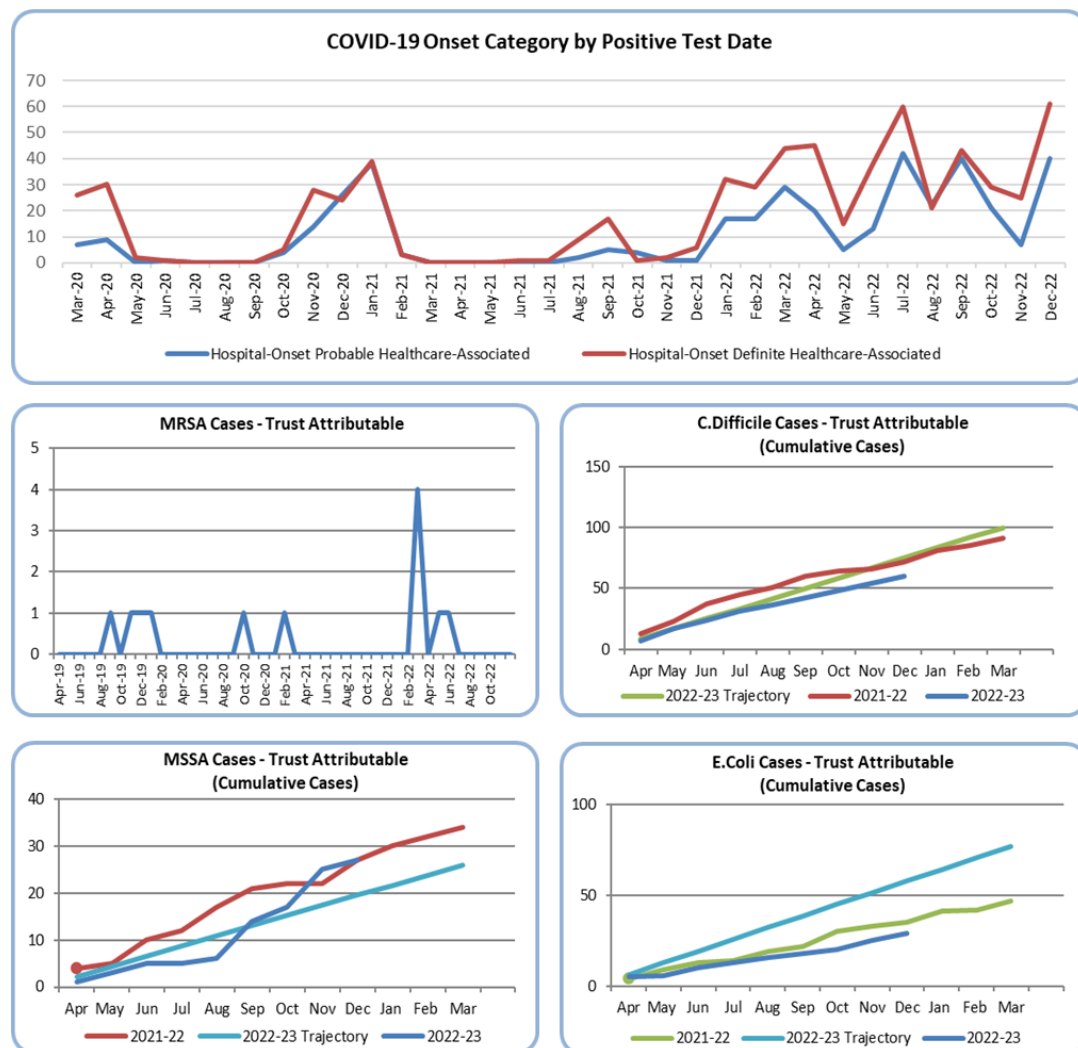
4 unstageable pressure ulcers were reported, 3 x medicine, 2 x ASCR and 1 x NMSK that has subsequently been validated January 2023 as a minimum of a Grade 2.

There was an increase to 26 DTI's from the previous month which is a second monthly increase.

- 8 x sacrum/buttocks, 1 x tuberosity, 9 x heels, 2 x spine, 1 x foot, 1 x ankle

What actions are being taken to improve?

- The Tissue Viability (TV) team continue to work collaboratively with divisions and wards to provide responsive, supportive and effective pressure ulcer prevention and validation.
- The Nurse study day was facilitated on management of wounds, with a specific focus on leg ulcers. There has been an increase in referrals of leg ulcers to the TVN team due to operational pressures across providers.
- The TVNP presented incident data on pressure ulcers following the Frailty Implementation at the Quality Board.
- SSKIN training was delivered on 34a on mattress selection. 27b had training following an outcome identified at an AAR the previous month. The TVS facilitated training at the apprenticeship programme on Wound Care.
- Strategic meetings attended with the ICB to discuss regional strategies to reduce pressure ulcer incident levels and reduce patient harm across providers.



Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)

December followed a national increase of COVID-19 cases with three associated ward outbreaks and multiple bay closures.

Influenza

Influenza A increase of cases peaking in Late December. One ward closure had joint pathogens of COVID / Influenza .

Control measures were maintained and updated public messaging on mask wearing and restricted visiting if symptomatic were released. Messaging on Infection Control risk assessments for multiple occupied areas continue to be our focus.

MRSA – No Further cases noted in December.

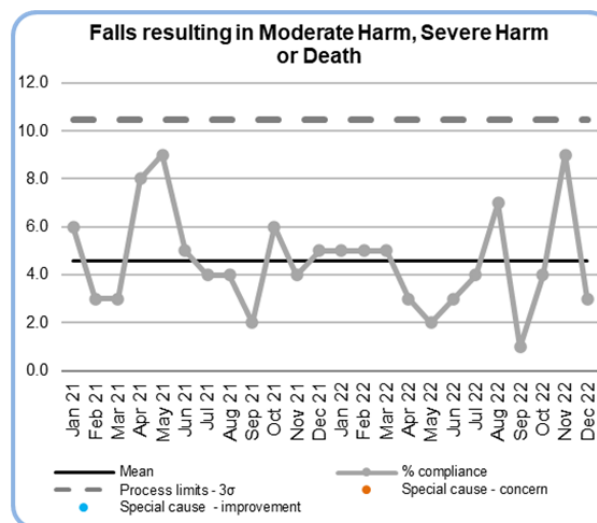
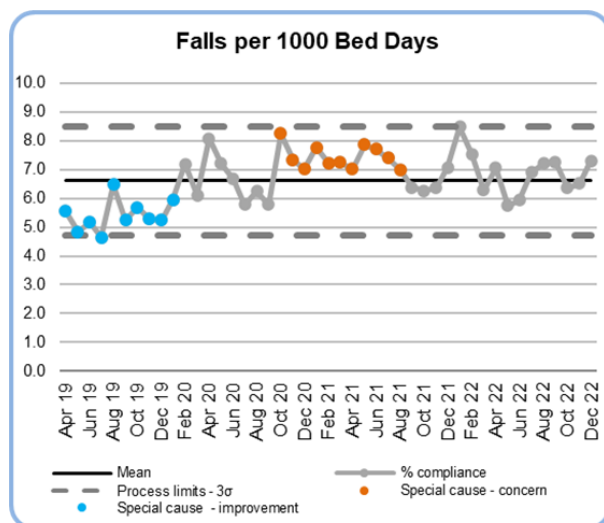
C. Difficile – NBT maintain a below trajectory position, the ICB are satisfied with progress to date, further learning and educational workstreams continue.

MSSA – A smaller incline brings us in line with 2021-22 rates, above for this year. An exceptional meeting held discussed cases – clinical / staffing pressures linked with suboptimal line / device care and audit results. NBT will be internally progressing share learning , actioning learning

Gram –ve - NBT is reporting a position below trajectory.

What actions are being taken to improve?

- Divisional work including Link Ambassador meetings , Drop in sessions for Medicine / NMSK were held. These followed back to basics and Winter planning messages.
- Support for divisional / ward continue to focus on early recognition of symptoms / sampling and isolation of winter organisms including Norovirus etc and Infection Control risk assessment for multiple occupied areas.



Falls

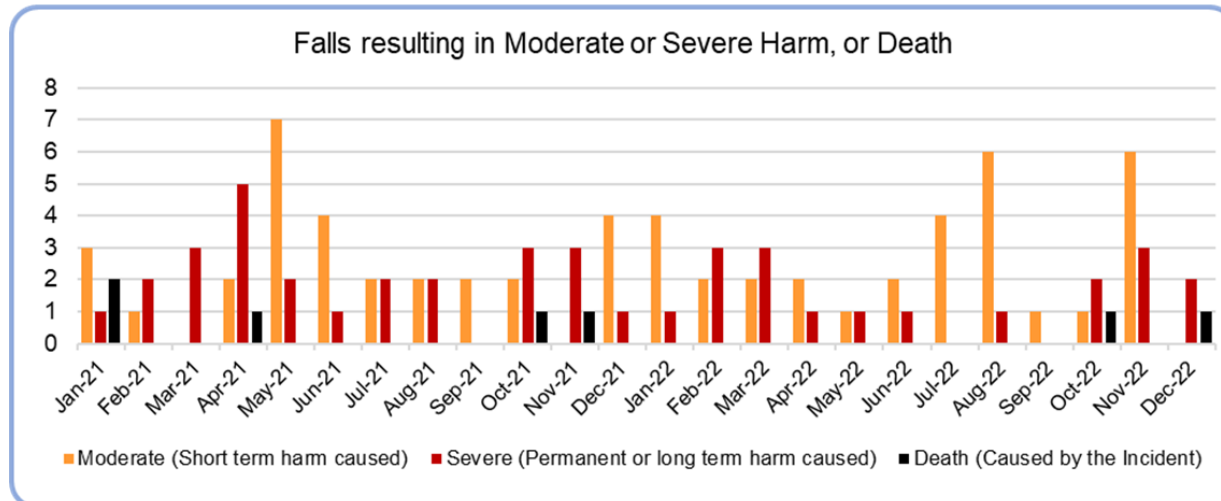
What does the data tell us?

Falls incidents per 1000 bed days

During December 2022, NBT had a rate of 7.31 falls incidents per 1000 bed days. This figure is a slight increase month on month (from 6.35), and above the mean rate for NBT falls (including prior COVID-19 pandemic) which is 6.8 falls per 1000 bed days.

Falls harm rates

During December 2022, 2 falls were recorded and validated as causing severe harm, and 1 incident causing a death. Falls remain one of the top 3 reported patient safety incidents, therefore there is confidence that the practice of appropriately reporting falls is well embedded at NBT.

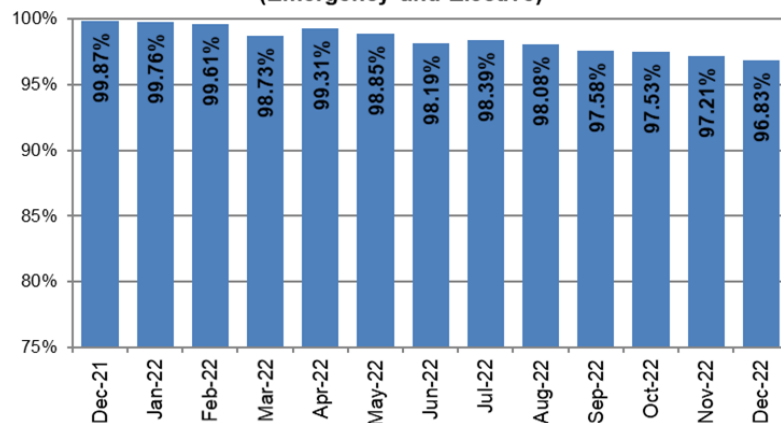


What actions are being taken to improve?

The Falls Academy was formed in September 2020 overseeing falls improvement at NBT. A monthly educational clinically led meeting disseminates learning to frontline staff through link nurses. The educational plan focuses on supporting staff with risk assessing patients whilst also being a supporting safe space to discuss emergent risks.

Inpatient falls is a patient safety priority under the patient safety incident response plan (PSIRP). The phase two implementation of PSIRP was launched last month, the focus of which is on strengthening the patient safety function to support the clinical divisions with the Trust's patient safety priorities.

WHO Checklist Compliance (Emergency and Elective)



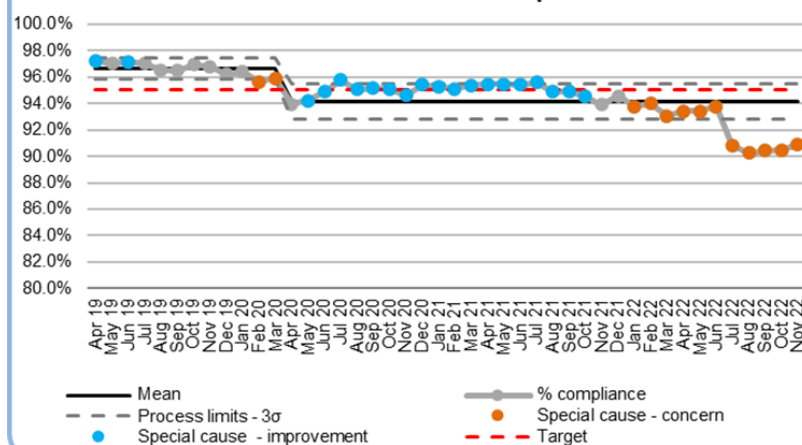
WHO Checklist Compliance

What does the data tell us?

In December, WHO checklist compliance was 96.83%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

The IPR report of less than 100% is due to issues with data capture and solely indicates a failure to 'sign out' on completion of the list. All cases where WHO was not recorded electronically are reviewed to ensure that checklist compliance was recorded in the paper medical records, therefore meaning that the correct checks were undertaken in practice. When a manual check confirms that the WHO check list was not completed a Datix is recorded.

VTE Risk Assessment Completion



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

VTE Risk Assessment

What does the data tell us?

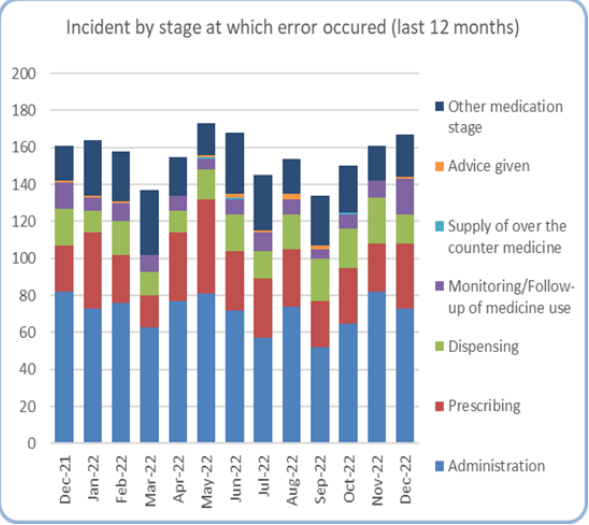
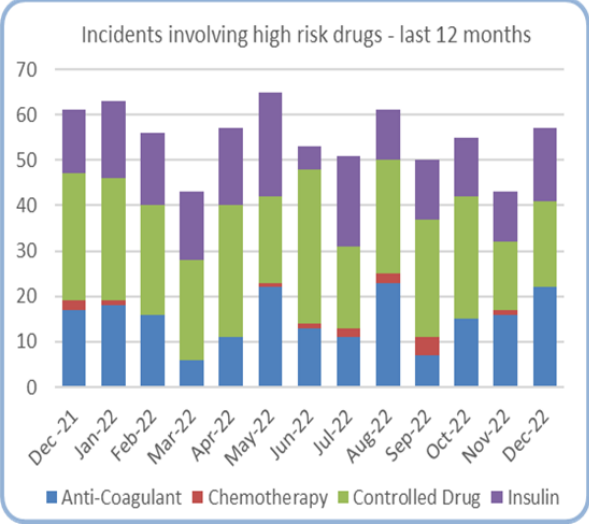
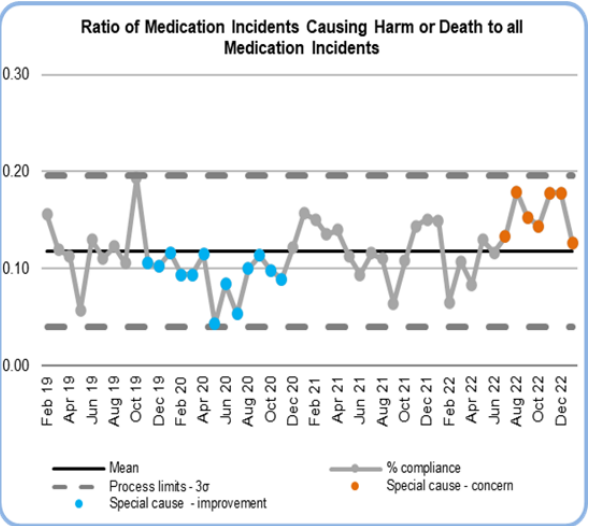
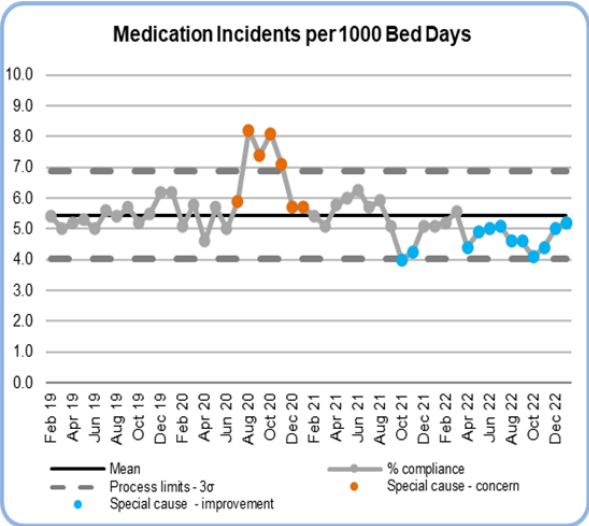
In November, the rate of VTE Risk Assessments (RA) performed on admission was reported as 90.87%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. This is a deteriorating trend over past few months, exacerbated by the CareFlow changeover but this is not the primary factor.

What actions are being taken to improve?

An overarching improvement plan has been developed, clinical leadership responsibilities agreed with direct oversight of the CMO and the Thrombosis Committee reconvened to engage and drive actions across the Trust. An improvement trajectory has been agreed for the period November-22 to April-23.

Specifically;

- Introduce VTE RA digitally on Acute Medical admission Unit, supported by digital team and VTE nurses
- Regular ward level audits are now in progress independent of each area
- Ward pharmacists review notes & locate VTE form when checking the thromboprophylaxis prescribed
- Recommence training for clinicians at induction, and FY1/2 protected days – starting next w/c 21 Nov.
- Recommence ad hoc training on the wards and VTE training in L&R
- Add new VTE modules to LEARN, to support OPD staff regarding signs and symptoms of VTE
- Arrange a study day regarding VTE
- Promotional table in the atrium regarding VTE prevention



Medicines Management Report

What does the data tell us?

Medication Incidents per 1000 bed days
During December 2022, NBT had a rate of 5.2 medication incidents per 1000 bed days. This is slightly above the 6-month average for this figure.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents
During December 2022, c.12.7 % of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.127). This is marked decrease when compared to the values for October and November and below the 6month average of 16.1%

High Risk Medicines
During December 2022, c.34% of all medication incidents involved a high risk medicine in keeping with the 6 month average of 35%.

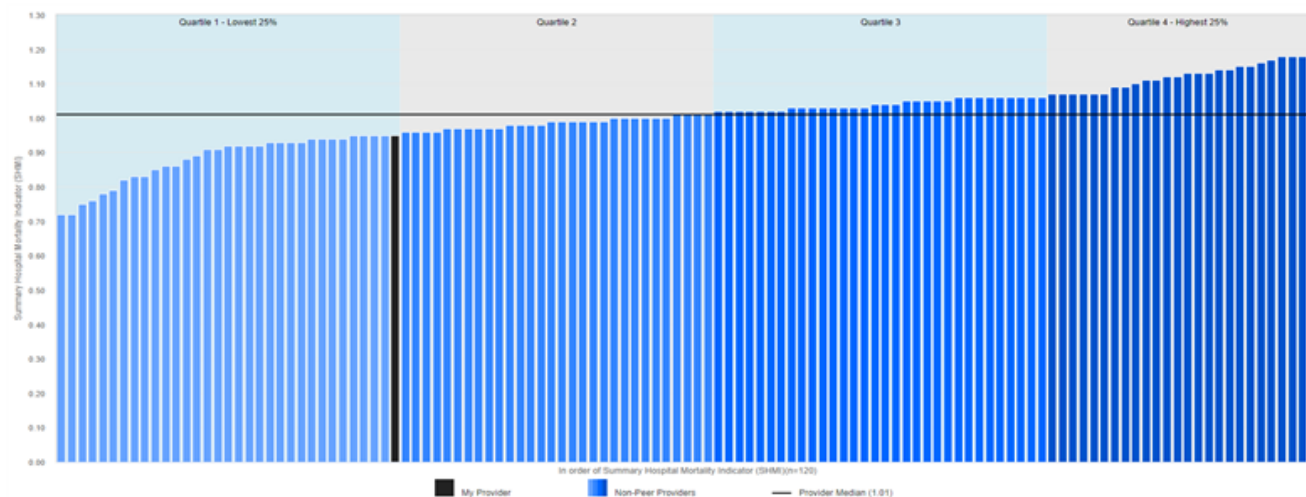
Incidents by Stage
In keeping with the picture seen over the last 6 months most incidents are reported to occur during the 'administration' stage. We have however been looking into the coding of incidents and this work has identified that in some cases nurses designate incidents as 'administration errors' even when the cause was unclear prescribing (this is likely to be in part due to the way the incident coding options are presented on Datix). More work on this subject will be undertaken as part of the 'Medicines Academy' project

What actions are being taken to improve?

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

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

Summary Hospital Mortality Indicator (SHMI), National Distribution

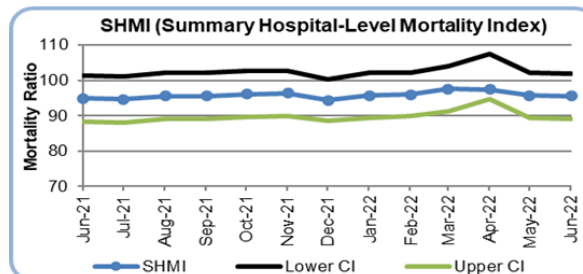
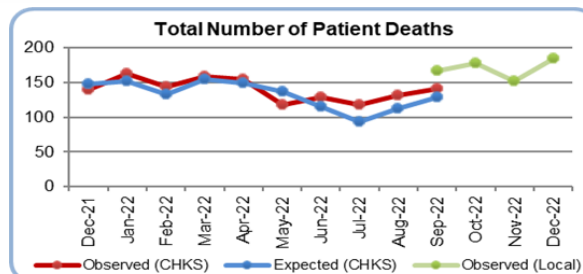


Mortality Review Completion

Nov 21 – Oct 22	Completed	Required	% Complete
Screened & excluded	179		
High priority cases	242		
Other cases reviewed	1667		
Total reviewed cases	2088	2127	98%

Overall Score	1 (very poor)	2	3	4	5 (excellent)
Care received	0%	2%	27%	43%	28%

Date of Death	Nov 21 – Oct 22
Scrutinised by Medical Examiner	175
Referral to Quality Governance Team	1989



Mortality Outcome Data

What does the data tell us?

Mortality Outcome Data

NBT remains in the lowest quartile for SHMI at 0.95 when compared to the national distribution indicating a lower mortality rate than most other Trusts.

Mortality Review Completion

The current data captures completed reviews from Nov 21 – Oct 22. In this time period 98% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system.

Of all “High Priority” cases, 93% completed Mortality Case Reviews (MCR), including 24 of the 24 deceased patients with Learning Disability and 25 of the 28 patients with Serious Mental Illness.

Mortality Review Outcomes

The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 98% (score 3-5). There have been 5 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which undergo a learning review through divisional governance processes.

What actions are being taken to improve?

Following an alert for higher mortality in Stroke patients during March 2022 case note reviews for all patients were undertaken. Results show that no poor care was indicated during that time period. Following from this we are looking at how we can better understand our specialty mortality data so that the appropriate level of investigation is undertaken to explain any changes in mortality. In this instance, the severity of patients admitted to the unit appears to have been the cause for the higher mortality and the alert is not present when compared to units with a similar patient risk portfolio.

COVID-19 Weekly Scorecard

Current COVID Status: Level 2

Input date: 26/12/22

Metric	07/11/2022	14/11/2022	21/11/2022	28/11/2022	05/12/2022	12/12/2022	19/12/2022	26/12/2022	Trend
New patients last 24 hours – admitted	1	1	1	1	2	2	3	3	
New Patients Diagnosed in last 24 hours	3	2	1	6	9	6	8	5	
Of these, in-patients diagnosed <48 hours after admission (Community Acquired)	2	1	1	1	1	3	3	2	
Of these, in-patients diagnosed 3-7 days after admission (Indeterminate)	0	0	0	1	1	1	1	1	
Of these, in-patients diagnosed 8-14 days after admission (Hospital Acquired)	0	0	0	1	2	1	2	1	
Of these, in-patients diagnosed 15+ days after admission (Hospital Acquired)	1	1	0	2	4	1	1	1	
Number of confirmed patients admitted from care or nursing home	0	0	0	0	0	0	1	0	
Blue discharges in past 24 hours	3	1	2	2	3	5	8	7	
Number of COVID positive patients as at 08:00	14	18	15	29	63	62	59	55	
Of these, patients admitted for primary COVID	9	13	12	22	43	31	35	37	
Of these, patients admitted with incidental COVID	5	5	3	7	20	31	24	18	
COVID positive patients in ICU	1	1	0	0	1	1	3	1	
COVID positive patients outside of ICU	13	17	15	29	63	61	56	53	
Query patients	0	0	3	0	0	0	0	0	
Closed and empty beds due to IPC	1	2	1	3	13	25	10	5	
NIV COVID	0	0	0	0	0	0	0	0	
Deaths	0	0	0	0	0	0	0	1	
Pathology lab positivity rate – rolling 7 day mean	0	0	0	0	0	0	0	0	
Patient Total positivity - detected - number	3	1	1	3	5	5	3	4	
Patient Total positivity - detected - %	0	0	0	0	0	0	0	0	

Metric	31/10/2022	07/11/2022	14/11/2022	21/11/2022	28/11/2022	05/12/2022	12/12/2022	19/12/2022	Trend
Bristol cases per 100,000 – 7 days	29	26	28	26	37	51	73	66	
South Gloucestershire cases per 100,000 – 7 days	47	42	46	43	60	83	118	108	
North Somerset cases per 100,000 – 7 days	29	26	28	26	37	51	73	66	

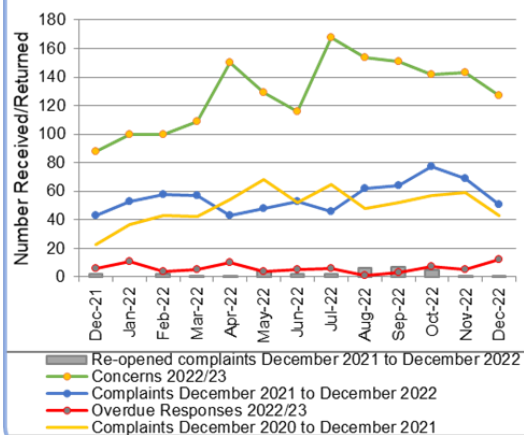
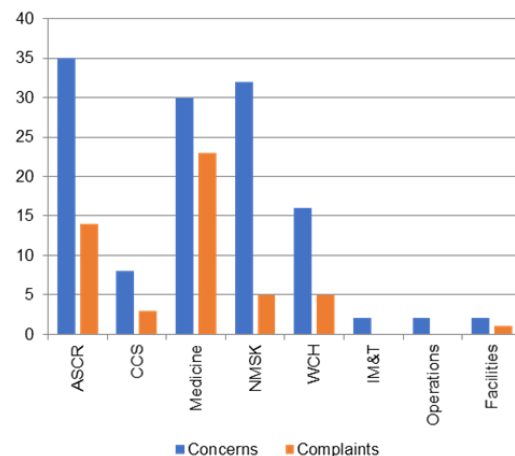
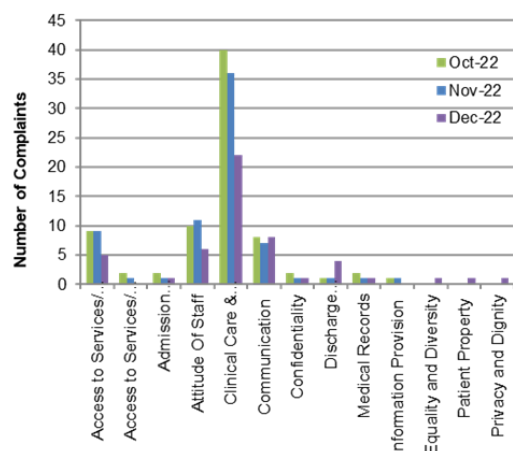
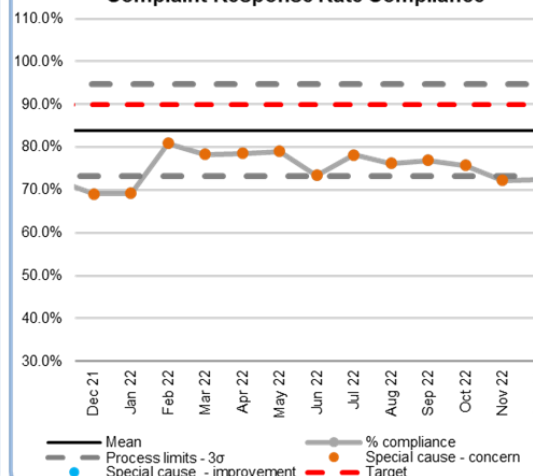
Key:

Decrease from previous day
Increase from previous day
Step down to 10 days

NBTCARES

Patient Experience

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

Trustwide Complaints, Concerns, Re-opened & Overdue Complaints**Concerns and Complaints per Division****Complaints By Subject****Complaint Response Rate Compliance**

Complaints and Concerns

What does the data tell us?

In December 2022, the Trust received 51 formal complaints. This is 18 fewer than the previous month but 8 more than the same period last year.

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

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

Of the 51 complaints, the largest proportion was received by Medicine (23), and by ASCR (14).

The overall number of PALS has fallen slightly from 143 in November to 127 in December.

The response rate compliance for complaints increased marginally from 72.2% in November to 72.43% in December. Compliance for each division is shown below:

ASCR – 75%	NMSK- 58%	Facilities- 100%
CCS – 67%	WaCH- 76%	Research and Strategy – 100%
Medicine – 85%	Operations- 0%	

The number of overdue complaints at the time of reporting has increased significantly from 5 in November to 12 in December. 7 of these are in ASCR, 4 in NMSK and 1 in CCS. We are aware that sickness absence in ASCR continues to have an impact on the division's capacity to respond to complaints.

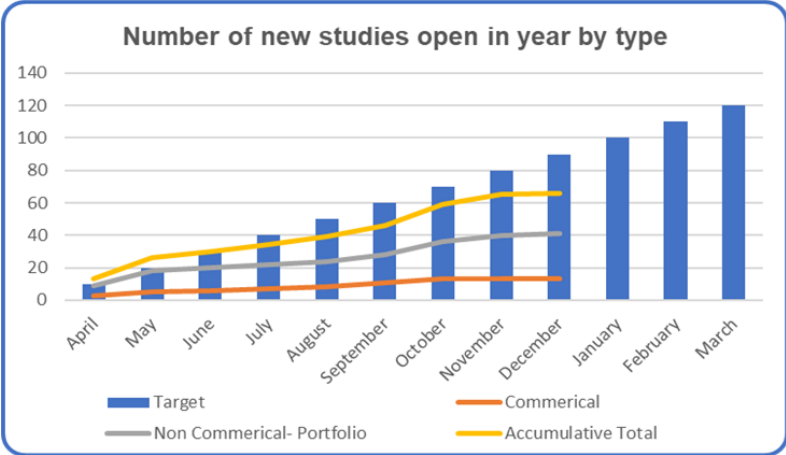
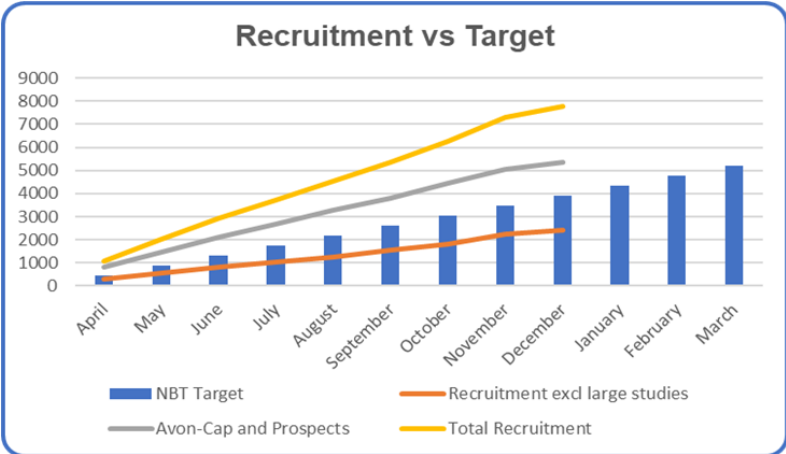
In December 100% of complaints were acknowledged in 3 working days and 100% of PALS concerns were acknowledged within 1 working day. The average response timeframe for PALS concerns in December was 12 working days. This has increased from 9 days in November. Only 23% of cases were not closed within agreed timescales, however, some of these have long timescales which are likely to have increased the average.

What actions are being taken to improve?

- Ongoing weekly validation/review of overdue complaints by the Patient Experience Manager and/or Complaints Manager.
- Weekly meetings with Medicine, ASCR, WaCH and NMSK Patient Experience Teams.
- We have agreed continuous improvement trajectories and the plans to achieve them within ASCR and Medicine. Due to continued sickness absence in the team, ASCR continues to struggle to meet its targets. Medicine are meeting their targets.
- Benchmarking against other similar Trusts to understand their performance. This shows that despite challenges and a decline in our responsiveness to complaints, we are performing better than the majority of our peers.
- Virtual visit to understand processes at Northumbria NHS Trust planned for 9th Feb as their performance is notably better than others in England.

Research and Innovation

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



Research and Innovation

What does the data tell us?

Our Research activity

In this financial year we will strive to offer as many research opportunities to our NBT patients and local communities as we can whilst continuing to provide the patients with a positive research experience and high-quality care.

We will aim to recruit 5200 participants to our research studies; this reflects our baseline pre COVID ambitions. At present 7773 participants have consented to our research. This exceeds our current YTD target (199%) however is reflective of 2 large studies we are involved in (AVONCAP and PROSPECTS). We are monitoring our activity with and without these studies- which is shown in graph 1.

The NBT portfolio of research remains strong; at present we have 221 studies open to new participants and have set up and opened 66 new studies since April (Graph 2), these are predominantly non-commercial studies. We pleased to see a small growth in the number of collaborations with commercial partners which enables us to offer our patients access to clinical trial therapies; this is something we intend to grow over the coming years.

We are really pleased to announce that NBT and UHBW have launched a Joint Commercial Research Function, building on our partnership working and providing a single service across the two acute NHS trusts to showcase Bristol as an attractive and competitive place for industry sponsored studies to conduct their research; supporting out intentions to grow our commercial research portfolio.

Our grants

NBT currently holds 72 externally funded research grants, to a total value of £33.2m. This includes 34 prestigious NIHR grants totalling £32m. In 2022, NBT received a record level of NIHR grant income (£4m compared £2.8m in 2021), due to NBT's exceptionally high success rates with NIHR grant applications (50% success at stage 1 and 90% stage 2). The NIHR income received by an NHS Trust in a calendar year drives the Research Capability Funding (RCF) allocation to that Trust in the next financial year. NBT is likely to receive £1.1m RCF in 2023/24 to invest in research development at NBT, and this record amount of RCF, is testament to the quality of the NIHR grants being submitted through NBT. In addition, NBT is a partner on 67 externally-led research grants, to a total value of £10.6m to NBT.

The Southmead Hospital Charity generously funds two SHC Research Fund calls per annum, run by R&I. The **SHC Research Fund** welcomes research applications from all NBT staff members to undertake small pump-priming research projects (up to a maximum of £20k) in any subject area. We are pleased to announce that we received 11 Expressions of Interest to our recent Round 14 Research Fund call, of which 6 have been shortlisted for Stage 2.

In addition to the SHC Research Fund, R&I is planning to introduce a new process for awarding mentorship and funding to NBT staff who are new to research but have a great idea for a research project '**Early-Stage Research Funding**'. The application form will follow a simple SBAR structure and will not require any prior knowledge of, or expertise in, research. R&I will launch this new funding stream across the Trust in due course.

Well Led

**Board Sponsors: Chief Medical Officer, Director of People
and Transformation**

Tim Whittlestone and Jacqui Marshall

Well Led Introduction

Vacancies

Trust vacancy factor increased from 8.61% in November to 8.93% in December, with current vacancies at 798.75wte. Vacancy rates increased in registered nursing and midwifery, estates and ancillary and administrative and clerical, driven by decreases in staff in post for estates and ancillary and administrative and clerical, and an increase in funded establishment for registered nursing and midwifery (across ASCR, CCS and Medicine).

Turnover

NBT's Rolling 12-month staff turnover decreased from 17.32% in November to 17.10% in December. Additional clinical services and administrative and clerical remain the staff groups with highest turnover position in trust, however they both saw small decreases from November to December. Allied health professional and healthcare scientists both saw increases in turnover in December, however remain under the trust average.

Prioritise the wellbeing of our staff

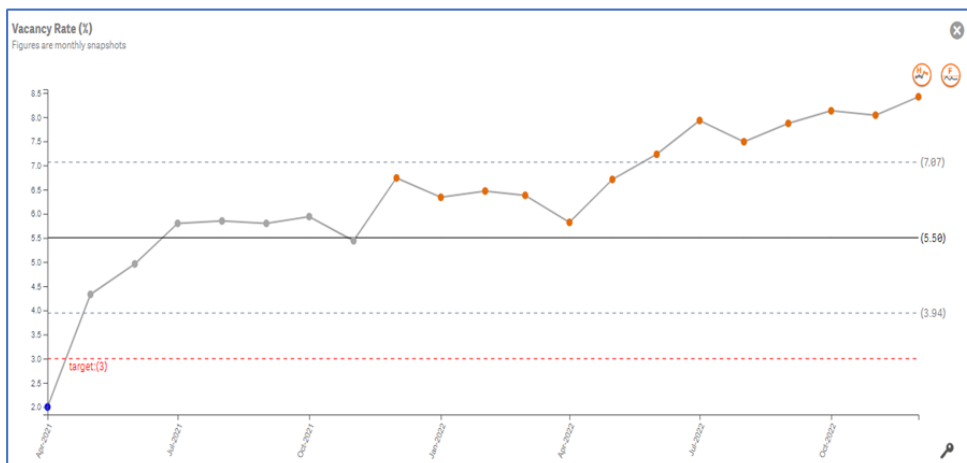
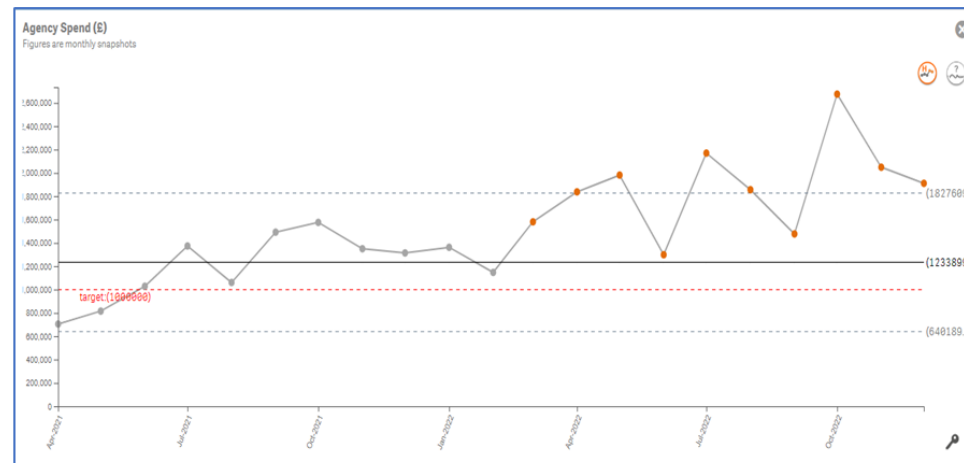
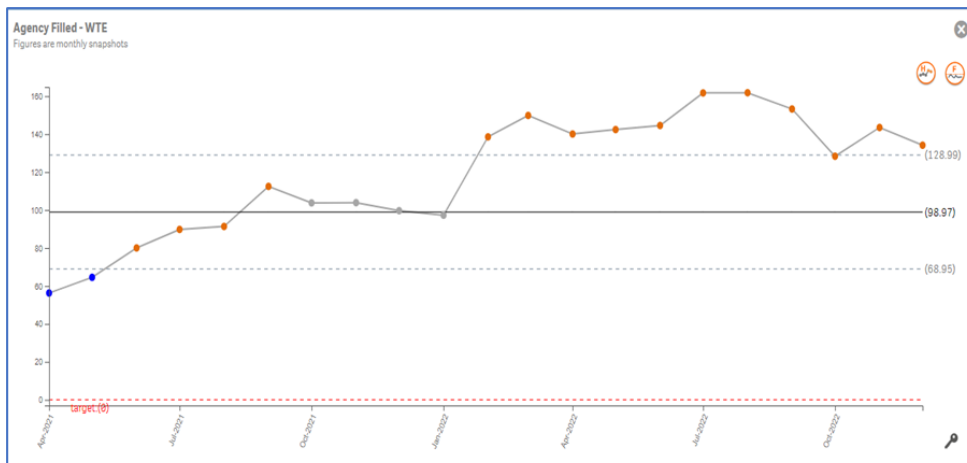
The Rolling 12 month sickness absence position increased slightly from 5.49% in November to 5.56% in December. The most affected staff groups were additional clinical services and estates and ancillary staff with absence rates of 8.46% and 10.35% respectively. *Cold, cough, flu – influenza (20.2%), infectious diseases (COVID) (17.0%) and stress/anxiety/depression/other psychiatric illness (14.5%)* were the leading causes of days lost to sickness absence, with *cold, cough, flu – influenza* seeing an increase in wte days lost from 1,544.0 in November to 3,289.9 in December.

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand increased by 3.96% (45.47wte) from November December. As both bank and agency use decreased (-3.35%, -21.53wte) and (-0.69%,-1.01wte), there was a resulting increase in unfilled shifts by 19.02% (-68.01wte). Total agency RMN Use decreased by 8.20% (-1.58wte), driven by decreased use in Medicine Division wards; tier 4 RMN use increased by 1.19wte (+34.55%).

Theme	Action	Owner	By When
Vacancies	Initiated review of recruitment process which will use Patient First improvement methodology to deliver 'Faster, Fairer Recruitment'	Associate Director for Strategic Workforce Planning and Resourcing	Ongoing
Turnover	Implementing the agreed agile working principles in a Trust-wide action plan and the developing a toolkit to support staff and managers to work in agile ways. Increasing flexible working across the Trust to improve work life balance and reduce turnover. Key support to hot spot areas of midwifery and theatres.	Associate Director of People	Jan-23
Wellbeing	Implementing financial wellbeing projects to support our staff including: instant payment mechanism for bank work/ salary draw downs; expansion of subsidised food offers; Trust-wide leadership development programme planned for early Spring 23 launch.	Associate Director Culture, Leadership & Development	Jan-23
Temporary Staffing	A short term raise in the Trust Bank rate has been applied from 17th December to 15th January across all staff groups to support fill via the Bank and to minimise agency escalation. A review of impact will be completed throughout the duration of the incentive. A longer term approach to Bank rates and incentives is currently under development, expected completion date end Jan-23.	Associate Director for Strategic Workforce Planning and Resourcing	Jan-23

Workforce



What Does the Data Tell Us – Vacancies Nursing and Midwifery

Unregistered Nursing

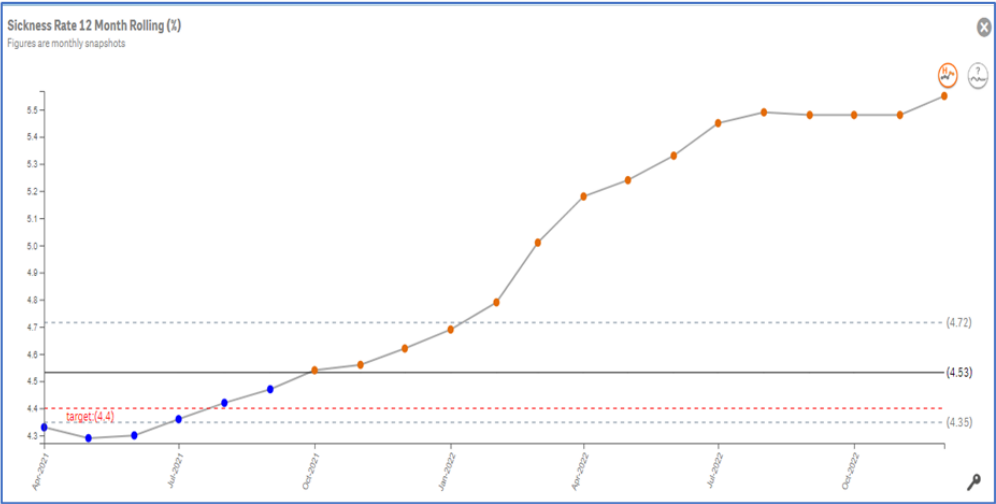
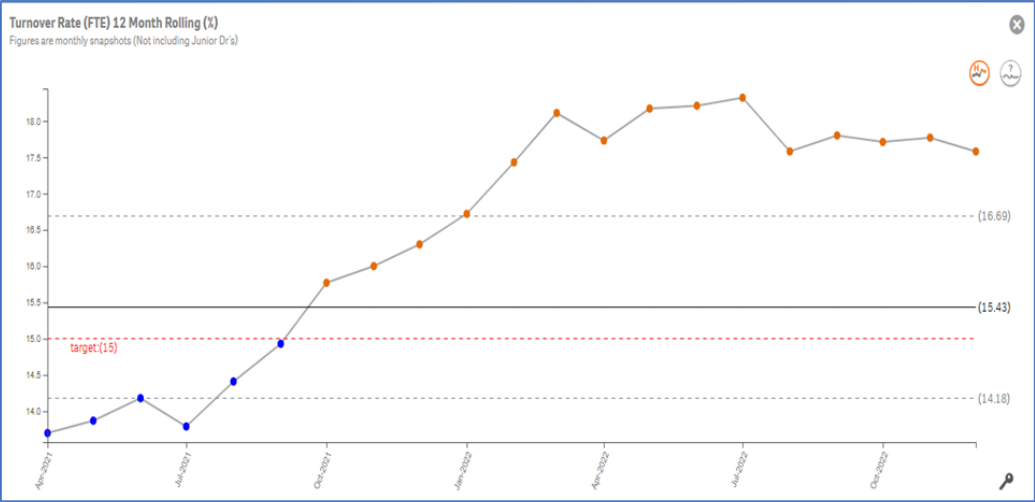
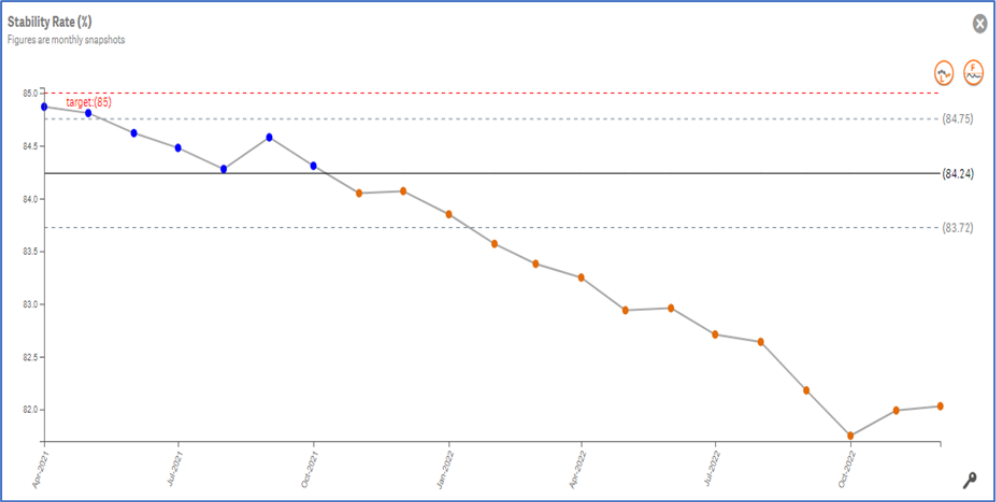
December saw recruitment slow a little which is normal for the season. We made 21.49 offers for healthcare support worker (HCSW) roles across the Trust. 10.88 for band 2 roles and 10.61 for band 3 roles

- December saw just 4.06 wte new band 2 starters, band 3 starters were much higher at 11.52 wte. This is predominately because of the change in recruitment around Band 2 and 3 roles
- Vacancies in December for unregistered nursing decreased slightly overall. Band 2 vacancies are now at 91.04 wte (up from 87.69 wte) and band 3 vacancies are currently 40.14 wte (Down from 45.92 wte)

Registered Nursing

- Applications before Christmas resulted in 32 offers being made for band 5 nursing and midwifery candidates in December.
- December saw just 11.33 wte band 5 starters in September and leavers were 16.49 wte. Our overall registered nursing and midwifery vacancies now stands at 311.55 wte
- We attended the Nursing Times digital UK careers event and held our own Nursing Careers Webinar which had 52 attendees
- 24 Internationally Educated Nurses arrived at NBT in December

Engagement and Wellbeing



Engagement and Wellbeing

What Does the Data Tell Us - Turnover and Stability

Turnover decreased to 17.10% in December.

Actions delivered: (Associate Director of People)

- Retention meeting between NBT Chief People Officer and NBTE/I. This meeting confirmed our retention focuses: Hygiene factors, pay and reward, recruitment and workforce planning.
- New Retention Group 2023 infographic and focuses created to socialize with organisation and stakeholders.
- A further 2 Restorative Just Culture training sessions have been delivered to managers and a new on-line version of the training was successfully piloted
- December Quarterly leaver's insight report produced for Divisions sharing exit feedback and trends. Detailed information gained on work life balance.
- Apprenticeship pay review concluded and Agenda for Change pay rates to replace apprenticeship pay from January 2023.

Actions in Progress:

- Further development of career coaching for all staff, with an initial focus on N&M, AHPs and admin staff in response to leaver's data which cites reasons for leaving linked to promotion and career progression (August 2022 – January 2023)
- Work ongoing to increase exit response rate. This month a reminder message being piloted.
- Targeted interventions in Theatres linked to helping improve staff retention, sickness and morale (December 2022- March 2023)
- Roll-out of Agile Working strategy and approach, via Divisions (December 2022 – April 2023)
- Continued roll out of Retention Action plan, around above 3 key actions and NHSEI suggested approaches (January 2023)
- Plans in place for People Team to attend Corporate Induction, and to staff a stand where we can share with all new staff and managers the resources and help that is available to them at NBT to support them in their employment journey/experience starting January 2023
- NHSEI have identified a 'buddy sites' for NBT of Warrington, Wigan and Leigh NHS FT on best practice in retention, and Mid-Cheshire on flexible working (meetings set for January 2023)

What Does the Data Tell Us - Health and Wellbeing

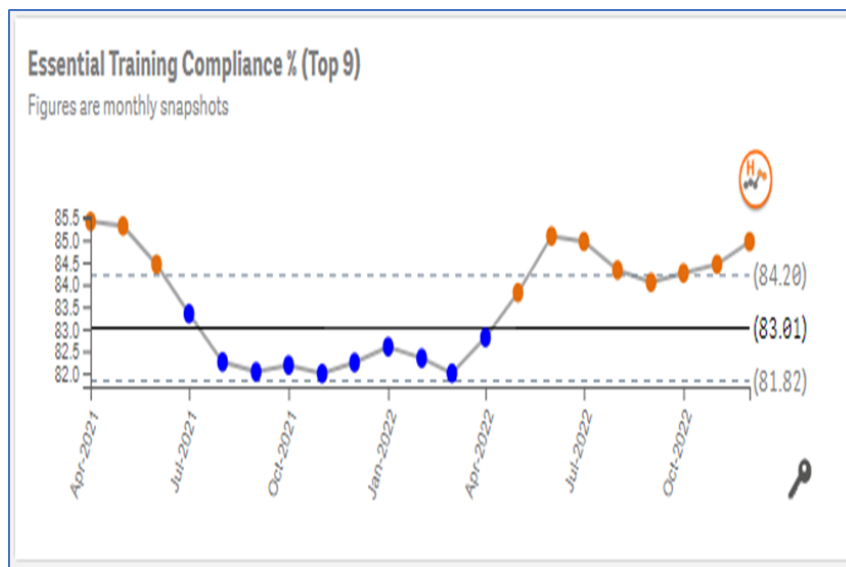
November saw an increase in sickness.

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

- Relaunched our staff wellbeing programme via new intranet site, posters and flyers, with external website for potential job applicants planned in January/February 2023.
- Subsidised staff food introduced across 3 staff sites introduced in November (£1 soup & roll) with a review of impact due in January 2023.
- New staff rest areas opened in WACH in December (Garden Room) and Brunel site in January (Cam Room). Feasibility study of other areas under way.
- Christmas presents for 1500 staff working on Christmas Day funded by Southmead Hospital Charity.
- Wellbeing events: Menopause Café launch (5th December), Disability awareness 'light up' event (8th December) Jolly Hog site visit (9th December), Wellbeing Bus (9th – 20th January), Dry January events supported by AA (25th January),

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

- Revised Trust-wide induction programme to launch 31st January 2023.
- Culture diagnostic work with Theatres Hotspot area in planning with DMT to address issues spanning sickness, turnover, morale and safety.
- Initial 2022 Staff Survey results shared with Divisions to inform 2023/24 business planning priorities and actions.
- New Trust-wide Leadership Development Programme proposal approved, procurement process commenced with view to launching in Spring 2023.
- Project underway to introduce life insurance offer for staff who opt-out of NHS staff pension.



Training Topic	Variance	Nov-22	Dec-22
Child Protection	0.6%	83.1%	83.8%
Adult Protection	0.6%	83.9%	84.4%
Equality and Diversity	0.6%	85.9%	86.6%
Fire Safety	0.0%	85.5%	85.5%
Health and Safety	0.5%	85.4%	85.8%
Infection Control	0.3%	86.5%	86.7%
Information Governance	0.0%	82.5%	82.5%
Manual Handling	1.1%	83.4%	84.4%
Waste	0.6%	85.7%	86.3%
Total	1.3%	82.38%	83.65%

What Does the Data Tell Us - Essential Training

- MaST compliance is trending upwards, meaning that more people are engaging with their MaST. Trust compliance is hovering around 85%.
- L&OD are working with divisions to encourage completion of outstanding training.

Actions – Essential Training (*Head of Learning and Development*)

- People Partners are sent weekly MaST reports to encourage completion for areas below the 85% target. These seem to be having a positive influence on the compliance figures.
- Targeting and communicating with staff who have not yet started their MaST or their training as this feature is not available automatically through LEARN.
- New Trust induction approved,. First new induction is scheduled for 30 Jan 23. Includes Executive presentation, 3 face-to-face (f2f) MaST modules (Information Governance, Health and Safety, and Fire Prevention), networking, and presentations from Wellbeing and Freedom to Speak Up.

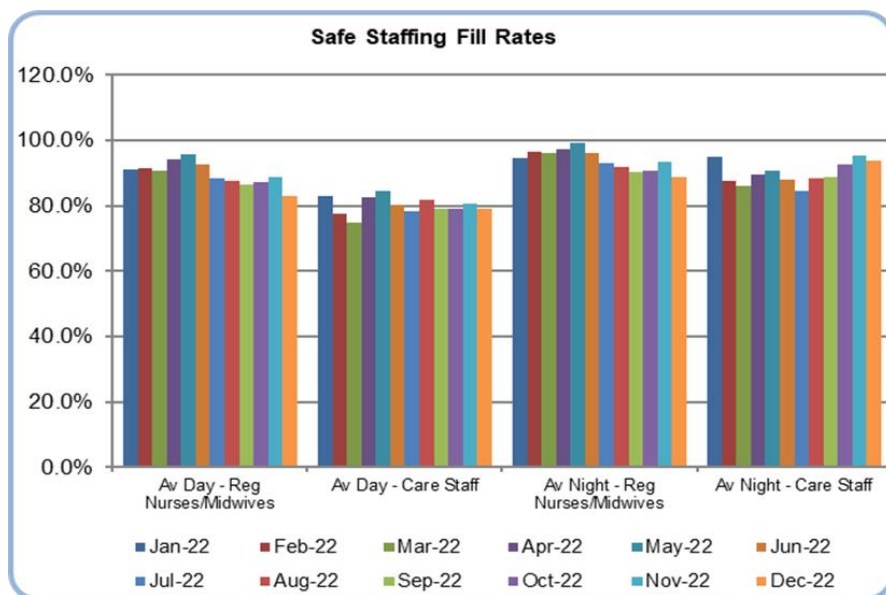
Other Wider Actions

Leadership & Management Learning

- Working up leadership programmes for new/aspiring managers, experienced managers and senior leaders. This will require investment as we will need to work with external training providers to deliver at scale.
- Six new 90 min Bitesize modules are now, plus refreshed f2f Management Skills Modules.
- Starting procurement for "OneNBT" Leadership Programme and working with NHS Elect on designing and delivering new content.
- Reviewing NBT coaching strategy to provide operational coaching and coaching skills for managers. Coaching relationships have increased and new 1 hr coaching sessions are due to be available for all staff..
- NBT / DE&S Mentoring Programme f2f workshop on 18 Jan 23, for 55 mentors and mentees at Abby Wood.
- Review and refresh of our Specialty Leads Programme. We hope to offer this in early 2023. It will be offered to additional roles including General Managers across the Trust.

Apprenticeships

- Annex 21 pay has now been removed for Apprentices across the trust – with effect from 1 Jan 23. the TUs are very supportive of this increase in apprentice pay and it will have a positive effect on recruitment and retention.
- Zero expired funds for December 2022, levy utilisation 93% from 1st April 2022 to date.
- We have enrolled employees on several new apprenticeship standards including a cohort of Level 2 facilities apprentices, Physiotherapy, Coaching, and Laboratory Scientist.
- The enrolment of healthcare apprentices has reduced; however, training pathways are currently being reviewed
- Apprenticeship centre currently recruiting for Team Leaders, Business Admin and Customer Service apprentices
- Standalone functional skills have started to be offered to all employees, a lot of interest so far, fantastic to be able to add this to the staff development offering
- Actively engaged with the local Job Centre, final traineeship cohort being planned for April, this is ceasing due to funding.
- New all-staff induction paper has been approved; first new inductions planned for 30th January



What Does the Data Tell Us

There is an organisational focus on recruiting to Care Staff (HCSW) vacancies with a successful BNSSG recruitment event supported by NHS England during May 2022 with 88.00 wte starting up to the end of December.

September's Nursing & Midwifery safe staffing summit has led to some key actions to review and improve the care assistant recruitment process.

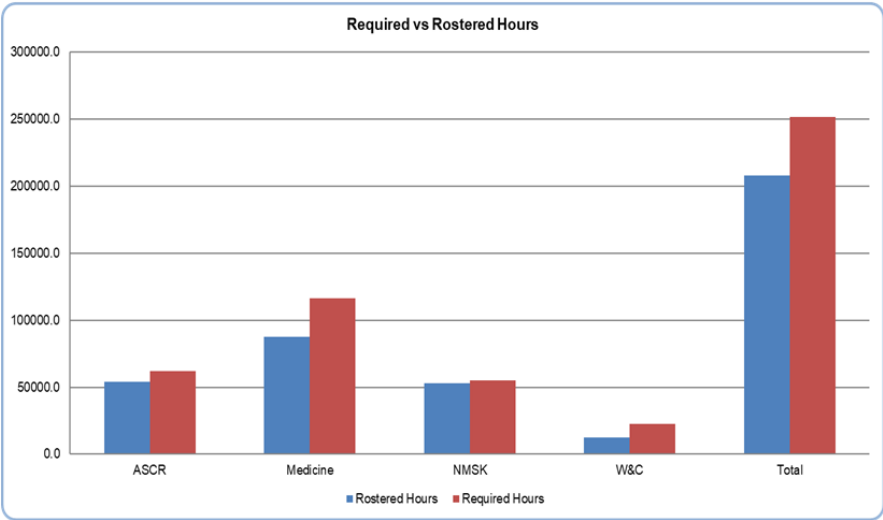
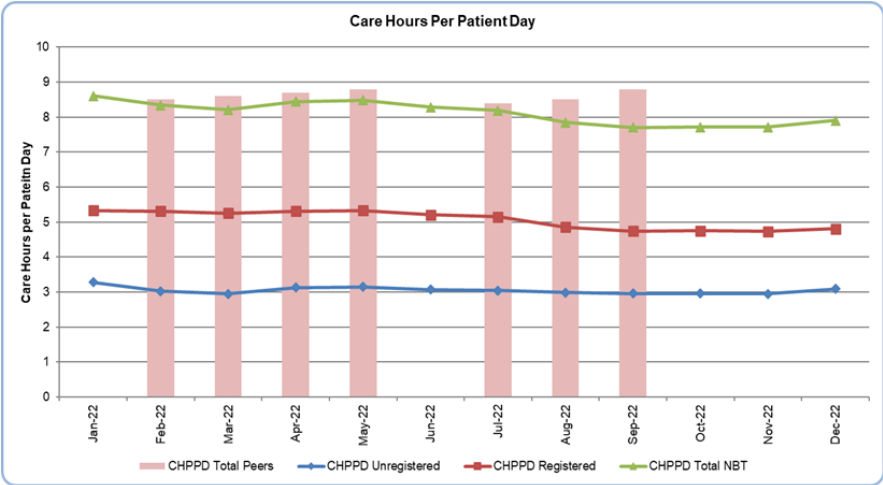
Safe staffing is maintained through daily staffing reviews and registered staff and unregistered staff are deployed as required to meet the needs of patients across the service. Where staffing fill rates exceed 100% this is predominantly related to caring for patients with enhanced care needs.

Of the 34 units reports safer staffing data:

- 32.35% of units had a registered fill rate of less than 80% by day and 17.65% by night with hotspots in maternity, ICU and Medi-rooms.
- 52.94% had an unregistered fill rate of less than 80% by day and 26.47% by night. Data shows high levels of unfilled rate across all divisions which is reflected in the daily overall staffing sitrep.

Dec-22	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	83.0%	79.3%	88.8%	93.8%

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



What Does the Data Tell Us – Care Hours per Patient Day (CHPPD)

The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital).

Safe Care Live (Electronic Acuity Tool)

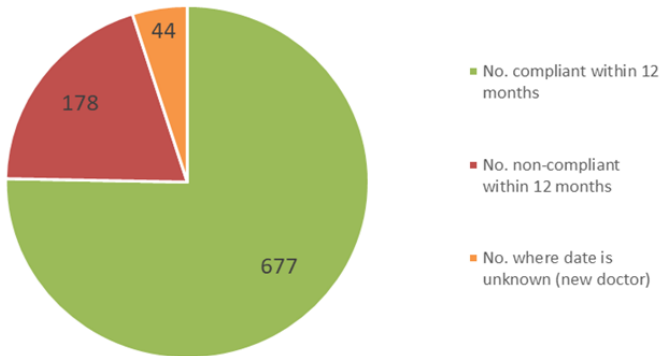
The acuity of patients is measured three times daily at ward level. The Safe Care data is triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available.

Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.

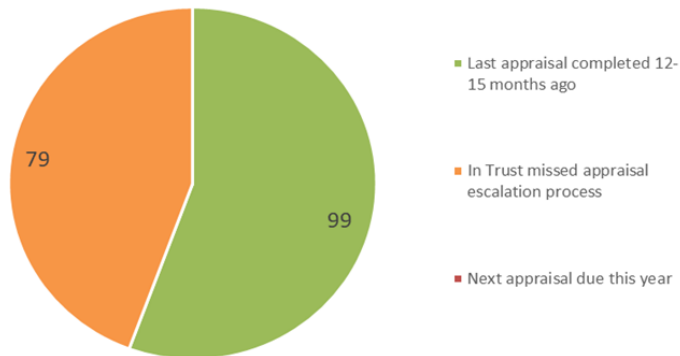
What does the data tell us

This month the required hours have been augmented using the completion rate for SafeCare patient census data. Where the census completion was less than 100% the required hours have been supplemented by an assumption that for the census periods not completed the patient mix would have been the same on average.

Appraisal compliance - past 12 months



Non-compliant doctors - past 12 months



Medical Appraisal

What does the data tell us?

Medical appraisals returned to a mandatory process for all doctors from the 1st April 2021 using a nationally agreed light touch approach. The Fourteen Fish system has been adapted for this process. Appraisals unable to be completed prior to April 2021 will be marked as an approved missed appraisal due to the pandemic.

The information in this page refers to appraisal compliance within the last 12 months. Doctors without an appraisal in the last 12 months includes doctors completing their last appraisal earlier than when it was due, doctors having missed an appraisal while being employed with another organisation, or doctors who are simply overdue their current appraisal (some of which have a meeting date set).

All revalidations prior to the 16th March 2021 were automatically deferred by the GMC for 12 months. The process restarted in full in March 2021.

What actions are being taken to improve?

Doctors who are overdue their appraisal from the last 12 months which should have taken place at NBT will fall under the Trusts missed appraisal escalation process. Doctors with an acceptable reason for not completing an appraisal in the last 12 months will have a new appraisal date set this year.

Where possible, the revalidation team are making revalidation recommendations early for those doctors who were automatically deferred in order to reduce the number that will be due in 2022/23.

Finance

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

Statement of Comprehensive Income at 31st December 2022

	Month 9			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	58.9	61.5	2.7	524.3	545.5	21.2
Other Income	4.7	7.5	2.8	52.7	63.4	10.8
Pay	(38.9)	(41.3)	(2.4)	(353.4)	(374.6)	(21.2)
Non-Pay	(25.2)	(27.3)	(2.1)	(230.2)	(245.2)	(14.9)
Surplus/(Deficit)	(0.5)	0.4	0.9	(6.7)	(10.9)	(4.2)

Assurances

The financial position for December 2022 shows the Trust has delivered a £0.4m actual surplus against a £0.5m planned deficit which results in a £0.9m favourable variance in month, with a £4.2m adverse variance year to date.

Contract income is £2.7m favourable in month and £21.2m favourable year to date. The in month position is driven by the additional income recognised relating to the pay award (£0.7m favourable), ESRF (£0.7m favourable) and additional funding relating to Demand and Capacity funding and Pathology Network funding (£1.0m favourable).

Other Income is £2.8m favourable in month and £10.8m favourable year to date. The Trust has recognised new income streams since the plan was signed off, the new income streams have a net-neutral impact on the financial position. When removed, Other Income is £1.0m favourable to plan which is driven by increased private patient income in finance offset by bad debt within non-pay, and additional charitable income received within Clinical Governance and Clinical Divisions

Pay expenditure is £2.4m adverse in month and £21.2m adverse year to date. There is a monthly adjustment offsetting the other income value above which creates a £1.9m adverse position in month. If this is removed, the pay position is £0.5m adverse to plan which is driven by unidentified CIP and pay award, offset by Consultant and Agenda for Change vacancies.

Non-pay expenditure is £2.1m adverse in month and £14.9m adverse year to date. The in month position is driven by increased spend on drugs and blood products (pass-through) in clinical divisions, unidentified CIP, and one-off charges in IM&T.

Statement of Financial Position at 31st December 2022

	21/22 M12 £m	22/23 Month 8 £m	22/23 Month 9 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	605.0	610.1	611.3	1.3	6.3
Intangible Assets	13.7	12.2	12.0	(0.2)	(1.8)
Non-current receivables	1.5	1.5	1.5	0.0	0.0
Total non-current assets	620.2	623.8	624.8	1.0	4.6
Current Assets		0.0			
Inventories	9.1	9.8	9.8	(0.0)	0.6
Trade and other receivables NHS	19.0	17.5	16.0	(1.4)	(2.9)
Trade and other receivables Non-NHS	20.5	26.0	27.1	1.1	6.5
Cash and Cash equivalents	116.2	100.5	103.3	2.8	(12.8)
Total current assets	164.8	153.8	156.2	2.4	(8.6)
Current Liabilities (< 1 Year)		0.0			
Trade and Other payables - NHS	10.6	7.3	7.7	0.4	(3.0)
Trade and Other payables - Non-NHS	102.6	100.0	101.5	1.6	(1.0)
Deferred income	16.4	26.6	28.7	2.1	12.3
PFI liability	15.2	15.7	15.7	0.0	0.4
Finance lease liabilities	2.1	0.8	1.7	0.9	(0.4)
Total current liabilities	147.0	150.3	155.3	5.0	8.3
Trade payables and deferred income	7.1	7.7	7.6	(0.1)	0.5
PFI liability	359.3	352.6	351.8	(0.8)	(7.5)
Finance lease liabilities	2.0	6.9	5.5	(1.4)	3.5
Total Net Assets	269.7	260.0	260.8	0.8	(8.9)
Capital and Reserves					
Public Dividend Capital	456.9	458.1	458.1	0.0	1.2
Income and expenditure reserve	(372.4)	(371.3)	(371.3)	0.0	1.1
Income and expenditure account - current year	1.1	(10.9)	(10.1)	0.8	(11.1)
Revaluation reserve	184.1	184.1	184.1	0.0	(0.0)
Total Capital and Reserves	269.7	260.0	260.8	0.8	(8.9)

Assurances and Key Risks

Capital – Total capital spend for the year to date was £19.1m, compared to an initial plan of £16.4m. The total planned spend for the year is £22.1m. An additional £19.5m of capital funding is expected to be available through national funding, grants and historic receipts. The Capital Planning Group (CPG) has reviewed the year to date position, together with the forecast for the remainder of the year and the associated risks and is content that plans were in place for the Trust to meet its planned expenditure.

Receivables - There was a net increase of £3.6m in receivables, which related to income from the commissioners.

Cash – The cash balance decreased by £12.8m for the year to date due to the in-year deficit and higher than average payments made during the period, including significant amounts of capital spend cash relating to the March 2022 capital creditor. This is offset by deferred commissioning and research income received to date. Despite the reducing cash balance, the Trust is still expected to be able to manage its affairs without any external support for the 2022/23 financial year.

Payables -Year to date NHS payables have reduced by £3.0m due to post year end payments. Non-NHS payables have decreased by £1.0m, of which £5.0m relates to the reduction of accrued capital expenditure because of post year end payments, offset by net increases of £4.0m across invoiced and accrued liabilities. The above payments patterns are reflected in the reduced cash balance.

Deferred income - There is a year to date increase of £12.3m in deferred income, of which £8.2m represents deferral of contract income for delayed service developments and non-recurrent programmes, such as Mass Vaccination, and the remainder is linked with timing of funding received from Health Education England, and research programmes and projects.

Regulatory

**Board Sponsor: Chief Executive
Maria Kane**

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

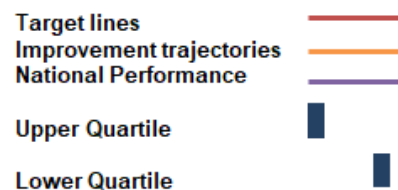
Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G4	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed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

Appendix 1: Glossary of Terms

Unless noted on each graph, all data shown is for period up to, and including, 31 December 2022 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.

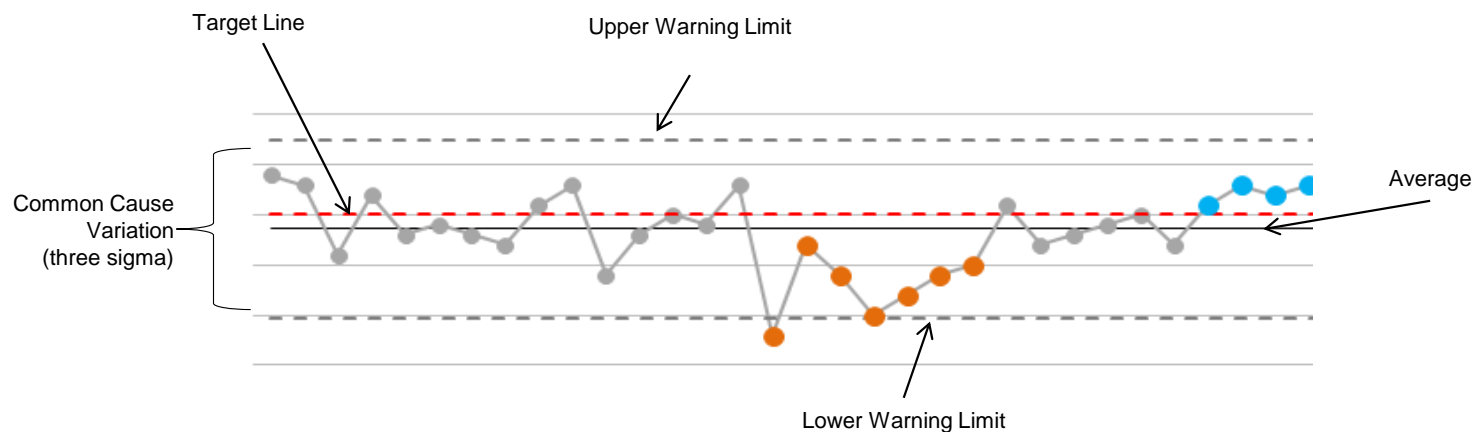


NBT Quality Priorities 2022/23

- QP1** Enabling Shared Decision Making & supporting patients' self-management
- QP2** Improving patient experience through reduced hospital stays ('right to reside') & personalised care
- QP3** Safe & excellent outcomes from emergency care
- QP4** Safe & excellent outcomes from maternity care
- QP5** Providing excellent cancer services with ongoing support for patients and their families
- QP6** Ensuring the right clinical priorities for patients awaiting planned care and ensuring their safety

Abbreviation Glossary	
AMTC	Adult Major Trauma Centre
ASCR	Anaesthetics, Surgery, Critical Care and Renal
ASI	Appointment Slot Issue
CCS	Core Clinical Services
CEO	Chief Executive
CIP	Cost Improvement Programme
Clin Gov	Clinical Governance
CT	Computerised Tomography
CTR/NCTR	Criteria to Reside/No Criteria to Reside
CQUIN	Commissioning for Quality and Innovation
D2A	Discharge to assess
DDoN	Deputy Director of Nursing
DTOC	Delayed Transfer of Care
EPR	Electronic Patient Record
ERS	E-Referral System
GRR	Governance Risk Rating
HSIB	Healthcare Safety Investigation Branch
HoN	Head of Nursing
ICS	Integrated Care System
IMandT	Information Management
IPC	Infection, Prevention Control
LoS	Length of Stay
MDT	Multi-disciplinary Team
Med	Medicine
MRI	Magnetic Resonance Imaging
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
Ops	Operations
PDC	Public Dividend Capital
P&T	People and Transformation
PTL	Patient Tracking List
qFIT	Faecal Immunochemical Test
RAP	Remedial Action Plan
RAS	Referral Assessment Service
RCA	Root Cause Analysis
SI	Serious Incident
TWW	Two Week Wait
UEC	Urgent and Emergency Care
VTE	Venous Thromboembolism
WCH	Women and Children's Health
WTE	Whole Time Equivalent

Appendix 2: Statistical Process Charts (SPC) Guidance



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

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

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

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

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

Further reading:

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

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

Making Data Count: <https://improvement.nhs.uk/documents/5478/MAKING DATA COUNT PART 2 - FINAL 1.pdf>

Report To:	Public Trust Board		
Date of Meeting:	26 January 2023		
Report Title:	Finance & Performance Committee Upward Report		
Report Author & Job Title	Aimee Jordan, Senior Corporate Governance Officer and Policy Manager Xavier Bell, Director of Corporate Governance & Trust Secretary		
Executive/Non-executive Sponsor	Tim Gregory, Non-Executive Director and Committee Chair		
Does the paper contain:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?
*If any boxes above ticked, paper may need to be received at <i>private</i> meeting			
Purpose:	Approval	Discussion	To Receive for Information
			X
Recommendation:	The Committee recommends that Trust Board receive the report for assurance, note its content and discuss the EPR stabilisation plan		
Report History:	The report is a standing item to each Trust Board meeting following a Finance and Performance Committee. The last report was received at the November 2022 Board meeting.		
Next Steps:	The next report to Trust Board will be to the March 2023 meeting.		

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 24 January 2023 F&PC.	
Risk	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 Equality, Diversity and Inclusion Assessment (EIA)?	No as this is not a strategy or policy or change proposal
Appendices:	Appendix 1: Finance Report Month 9

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 24 January 2023.

2. Background

- 2.1 The Finance and Performance Committee is a sub-committee of the Trust Board. It meets bi-monthly and reports to the Board after each meeting. The Committee was established to provide assurance to the Trust Board that there are robust and integrated systems in place overseeing the Trust's finance, IM&T, transformation, and performance and that they are in line with the organisation's objectives.

3. Key Assurances & matters for the attention of Trust Board

3.1. NBT Performance Report

The Committee received an update on the organisation's operational performance, focusing on performance and pressures over December and January. This update confirmed:

- Significant pressures in Urgent and Emergency Care (UEC) over December, driven by the high numbers of patients with no criteria to reside, rather than an increase in patient attendance (which had not increased when compared to December 2021). The Committee were advised that the South West, and NBT in particular, had a higher proportion of patients with no criteria to reside. The Committee were reassured that performance had improved in January, linked to a reduction in attendances.
- The recent industrial action had negatively impacted the Trust's trajectories for reducing the planned care backlog. On a positive note, it was clear that in January 2023, NBT had maintained significantly more planned care activity when compared to previous years (including pre-Covid), linked to the ring-fenced elective capacity and the dynamic risk-assessed approach to managing capacity. The Committee were advised that the Trust was still expecting to achieve its planned care targets, subject to the impact of further industrial action.
- There was a specific risk in Endoscopy, where the impacts of industrial action and increased complexity of cases meant that the Trust would not achieve its improvement target until June 2023. All other diagnostics modalities were on track to achieve.
- Cancer performance was reported as being on track.

The Committee sought assurance that the urgency of the issue around the high numbers of patients with no criteria to reside, linked to limited community capacity, were understood by the Integrated Care System. This was discussed, and the Committee were reassured that these issues were being raised within the system, but that further action and support was required.

The Committee welcomed the clear presentation of the issues and recognised the significant ongoing efforts of NBT's staff. The risk of further impacts from industrial action was also noted.

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*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.*

3.2. Theatres Productivity

This update outlined NBT's productivity compared to national benchmarks. It flagged a number of opportunities to improve capped theatre utilisation, but also the impact of high numbers of patients with no criteria to reside on patient length of stay, and workforce constraints.

The Committee were assured that the organisation had good data outlining the areas of opportunity, and had plans in place to improve productivity, but noted the ongoing constraints and risks.

3.3. Electronic Patient Record (EPR) Stabilisation Update

The Committee received an update on the current reporting and governance arrangements in place to allow the escalation and resolution of outstanding issues linked to the new EPR.

Key issues were identified as:

- Diagnostics (DM01) Reporting
- Clinic Outcoming backlog
- Waiting List Validation (Outpatients)

The report outlined the plans in place to resolve these issues and to mitigate the risks during the resolution phase, as well as the plans to have ongoing support in place to ensure ongoing effective use of the new EPR.

The Committee discussion focused on the impact on patients and the Committee was reassured that patient impact was a key consideration when managing these issues, rather than focusing entirely on performance improvement indicators. The Committee asked for a further update at the January Trust Board meeting following a further update at the Executive Management Team meeting.

3.4. Finance Report (Month 9) & CIP update

The Committee received the Month 9 finance report (see Appendix 1). The Director of Operational Finance took the committee through the steps being taken to achieve the planned break-even position at the end of the financial year, and the Committee welcomed this assurance.

3.5. Operational Plan 2023/24

An update was provided on the Trust's approach to business planning for 2023/24 in line with national guidance. The Committee were assured that a robust process was in place and that the intention was for a draft plan to be presented to Trust Board in February and the final plan to be presented to F&PC in March 2023, in line with the national deadline.

3.6. Capital Programme Review/Update

The Committee received a short update on the annual Capital Programme. This evidenced good delivery against the Trust's plans in the 2022/23 financial year and the

approach of over-programming the capital plan against available funds was complimented, this ensures that the Trust is in a position to make use of nationally allocated capital that is made available in year.

3.7. BCRG

The Committee received an update from the Business Case Review Group outlining business cases reviewed and approved since the last Committee meeting.

3.8. Operational Performance IM&T Update

The Committee received an update on IM&T operational performance. The Committee was assured that the function was being well managed, and that key risks were being mitigated, including risks around cyber security and the organisation's data centre.

3.9. Risk Report

The Committee noted the Trust Level Risks and Board Assurance Framework (BAF) risks within its purview. Discussion focused on the increased number of risks around the organisation's retained estate, and in particular the risk posed by the Pathology Chillers (Datix 1587 and 158), which were aging, and which were difficult to maintain due to physical access constraints. The Committee were advised that plans were in place to mitigate the risk but identified the risk as one requiring ongoing monitoring by the Committee and the Board.

3.10. Other Updates:

The Committee:

- Reviewed an EPMA business case
- Noted the F&PC Work Programme for 2022/23.
- Approved the Committee Self-Assessment Review proposal

4. Summary and Recommendations

- 4.1** The Committee recommends that Trust Board receive the report for assurance, note its content and discuss the EPR stabilisation plan.

Report To:	Finance and Performance Committee (F&PC)		
Date of Meeting:	24 January 2023		
Report Title:	Finance Report for December 2022		
Report Author & Job Title	Simon Jones, Assistant Director of Finance – Financial Management		
Executive/Non-executive Sponsor (presenting)	Glyn Howells, Chief Finance Officer		
Does the paper contain:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?
*If any boxes above ticked, paper may need to be received at <i>private</i> meeting			
Purpose:	Approval	Discussion	To Receive for Information
			X
Recommendation:	F&PC is asked to note: <ul style="list-style-type: none"> the revised financial framework that the Trust is operating in the financial performance for the month and year end position the spend on Mass Vaccinations and Covid-19 expenditure areas the delivery of Cost Improvement Plan (CIP) savings and how they compare with divisional targets the Cash position and Capital spend levels for the financial year the Risks and Mitigations for the forecast position, including the actions required to deliver breakeven 		
Report History:	N/A		
Next Steps:	N/A		

Executive Summary
<p>2022/23 has seen the end of the interim financial regime implemented by NHSE/I during the Covid-19 pandemic, which saw trusts deliver a break-even plan, with support from non-recurrent funds. Whilst the new regime is not a return to pre-pandemic Payment by Results, there is a mix of block and variable elements. The basis for funding is on 2019/20 levels of activity and spend, adjusted for inflation and savings over the period since then, as well as service developments and service transfers. There is also the ability to earn additional funds through Elective Services Recovery Funding (ESRF).</p> <p>The Trust submitted a phased plan for 2022/23 in June 2022 that requires it to deliver a breakeven position in the current financial year. This was consolidated into a system breakeven plan.</p>

This plan includes additional funding to cover some of the inflationary pressures recurrently, in addition to further non-recurrent support. Funding to cover the impact of Covid-19 pressures on Quarter 1 has now been removed and will be funded by the Trust.

The financial plan for 2022/23 at Month 9 (December) was a deficit of £6.7m. The Trust has delivered a £10.9m deficit, which is £4.2m worse than plan. This is predominately driven by the non-delivery of savings in the first nine months of the year and high levels of premium pay spend, including on agency and incentives, partially offset by slippage on service developments and investments.

In month the Trust has recognised £0.7m of ESRF funding in addition to that assumed in the plan. Whilst the Trust has not reached the required activity levels to receive this, there has been a national approach of no clawback from commissioners in Months 1 to 9 for non-delivery. In BNSSG this has been recognised in provider positions in month.

The Trust completed a detailed forecast in September. At month 9 the Trust is £1.0m better than forecast against the year-to-date position. The position in month is £1.1m improvement against the forecast.

The Month 9 CIP position shows £5.2m schemes fully completed, with a further £2.1m schemes on track and £1.4m in pipeline. There is a £8.3m shortfall between the 2022/23 target of £15.6m and the schemes on the tracker. If pipeline schemes are included this reduces to a £6.9m shortfall.

Given the position at Month 9, the Risks and Mitigations impacting on the delivery for the year end position have been reviewed and the Trust is still expected to achieve the planned breakeven position .

Cash at 31 December amounts to £103.3m an in-month increase of £2.8m which is linked with receipt of demand and capacity funding from the Integrated Care Board (ICB).

Total capital spend year to date was £19.1m compared to a plan of £16.4m and the Trust is forecasting to achieve is Capital plan including the additional funding received during the year..

Risks	N/A
Financial implications	N/A
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No
Appendices:	Appendix 1: BNSSG System Finance Report Month 8

1. Purpose

This report is to inform and give an update to Board on the financial position and performance for Month 9, the year-to-date position, and the year-end forecast outturn.

2. Financial Performance

2.1 Total Trust

Overall, the Trust delivered a £0.9m favourable position in Month 9, with a £4.2m adverse position to plan for the year-to-date for the 2022/23 financial year.

The table below summarises the Trust financial performance for Month 9 and the year-to-date.

	Month 9			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	58.9	61.5	2.7	524.3	545.5	21.2
Other Income	4.7	7.5	2.8	52.7	63.4	10.8
Pay	(38.9)	(41.3)	(2.4)	(353.4)	(374.6)	(21.2)
Non-Pay	(25.2)	(27.3)	(2.1)	(230.2)	(245.2)	(14.9)
Surplus/(Deficit)	(0.5)	0.4	0.9	(6.7)	(10.9)	(4.2)

For Month 9 the Trust has delivered a £0.9m favourable position against the £0.5m planned deficit. This is an improvement on previous monthly run rates. The Trust has seen improvements in contract income with additional monies received for Demand and Capacity, underspends on nursing and healthcare assistant (HCA) pay from continued reduction in RMN spend and challenges filling shifts over Christmas. Divisions have also reviewed accruals based on more recent information which has provided a non-recurrent benefit of £0.3m. These benefits are partially offset by underperformance on CIP, alongside overspends on pay for agency and bank against substantive vacancies (excluding nursing and HCA).

Nationally, there is no written confirmation that there will be no clawback of ESRF for non-delivery in 2022/23. However, the Trust and the System continue to work to the assumption that there will be no clawback for the remainder of the financial year as verbally instructed by NHSEI. The Trust recognised a total of £12.4m of ESRF income year-to-date at Month 9 and will continue to recognise an additional £0.7m per month in relation to this.

2.2 Core Trust

The table below summarises the Core Trust including ESRF activity (excluding Mass Vaccination, Research and Education) financial performance for Month 9.

	Month 9			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	58.9	61.5	2.7	524.3	545.5	21.2
Other Income	3.3	6.4	3.1	37.6	50.8	13.2
Total Income	62.1	67.9	5.8	561.9	596.3	34.4
AHP's and STT's	(6.1)	(5.9)	0.2	(54.3)	(51.6)	2.8
Medical	(12.2)	(12.0)	0.2	(106.1)	(107.2)	(1.1)
Nursing	(14.0)	(14.3)	(0.3)	(121.1)	(127.3)	(6.2)
Other Non Clinical Pay	(5.4)	(8.1)	(2.7)	(60.4)	(78.8)	(18.5)
Total Pay	(37.7)	(40.3)	(2.6)	(341.9)	(364.9)	(23.0)
Drugs	(4.4)	(4.6)	(0.2)	(38.2)	(42.7)	(4.5)
Clinical Supplies (Incl Blood)	(4.8)	(5.8)	(0.9)	(43.5)	(45.7)	(2.2)
Supplies & Services	(6.3)	(6.3)	0.1	(51.8)	(55.0)	(3.2)
Premises Costs	(3.4)	(3.3)	0.1	(28.7)	(30.8)	(2.1)
Other Non-Pay	(5.9)	(7.1)	(1.2)	(64.7)	(67.9)	(3.2)
Total Non-Pay Costs	(24.9)	(27.0)	(2.1)	(226.9)	(242.1)	(15.1)
Surplus/(Deficit)	(0.6)	0.6	1.1	(6.9)	(10.7)	(3.8)

The Core Trust position in month is £1.1m favourable. This highlights the impact of new monies received around Demand and Capacity funding, one-off non-recurrent benefits released by Divisions, and reduced spend on nursing and HCA staff. This is offset by under-achievement of CIP and overspends on agency and bank (excluding nursing and HCA).

2.2.1 Core In Month

The in month performance for Trustwide Contract Income shows a £2.7m favourable variance to plan. This is driven by the 1.66% pay uplift of £0.9m, which was not in the original budget, offset partially with a £0.2m deterioration for Employers NI which commenced from Month 8. In addition, £1.0m of unplanned funding has been received from Commissioners, including Demand and Capacity, Breast Recovery, Ageing Well, and Long Covid funding. Following the update in Month 4, with respect to additional ESRF funding per the revised guidance, £0.7m of incremental income has been recognised creating a further favourable variance.

Month 9 Contract Income for Divisions shows actual activity, whereas the Trust position has been set to the expected block amounts except for variable items (e.g. high-cost drugs). Any variances on high cost drugs and devices are countered by an increase/decrease in expenditure on drugs and devices in non-pay.

In terms of financial value at a Divisional level, Contract Income in December is £4.5m adverse as shown in the table below.

Divisional Contract Income by POD	Price Plan	Price Actual	Variance
AandE	1.7	1.5	(0.2)
Critical Care	3.5	3.7	0.2
Direct Access	1.3	1.3	(0.0)
Elective	7.7	7.8	0.1
High Cost Drugs & Devices	4.8	5.1	0.3
Non Elective	14.2	11.0	(3.1)
Outpatients	5.6	4.6	(1.0)
Rehab	1.0	0.5	(0.5)
Other	8.4	8.1	(0.2)
Total	48.2	43.6	(4.5)

Non-elective income and activity is down across all divisions, with most of the income variance (-56%) within Medicine, which can be explained by a reduction in the number of discharges, change in case-mix and an increase in the uncoded position. The drop in outpatient activity continues to be investigated with the lower levels of expected income being driven, at least in part, by delays in processing activity and subsequently recording it on the new electronic patient record system. Rehab income remains significantly below plan by £0.5m (-53%) and pre CareFlow Go-Live levels. Rehab reporting has changed as a result of the CareFlow implementation project and whilst assurances have been given by the EPR Project team over the accuracy of the CareFlow data feeds, a separate workstream has been created to validate this and the data will continue to be monitored.

Other income is £3.1m favourable to plan. The Trust has recognised new funding in the year-to-date position since the final plan was signed off in June due to new funding streams. A monthly adjustment is undertaken to align this with the plan. This adjustment is net neutral on the Trust position and if removed shows other income to be £1.0m adverse to plan. This is driven increase private patient income in finance offset by bad debt within non-pay, and additional charitable income received within Clinical Governance and Clinical Divisions.

Pay expenditure is £2.6m adverse to plan. There is a monthly adjustment offsetting the other income value above which creates a £1.9m adverse position in month. If this is removed the pay position is £0.7m adverse to plan.

In Month 6 the Trust has paid the backdated pay award to agenda for change and consultant employees. The additional 1.66% pay award announced in August was greater than the initial 2% included within the June plan. The costs have been offset by additional income to the Trust within the contract income position above. In month 9 the Trust is seeing a £0.8m impact of this.

The Trust has seen a £0.8m adverse position in month relating to unidentified CIP. This has been offset by favourable positions on consultants and vacancies within Agenda for Change staff. The Trust has seen a reduction in run-rate in month around nursing and healthcare assistant posts from reduced temporary staffing due to challenges filling shifts.

Non-pay spend is £2.1m adverse to plan from increased drug and blood product spend (pass-through), unidentified CIP, increased spend in clinical divisions, and increased Lorenzo charges in IM&T.

CIP under delivery is causing a £1.4m adverse variance to plan in month split between pay and non-pay.

2.2.2 Core Full Year

The year-to-date position is £3.8m adverse.

The year-to-date Trustwide Contract Income variance is £21.2m favourable to plan. This is principally driven by the 1.66% Pay Uplift (£8.1m), additional ESRF funding that the Trust had not planned to receive (£6.0m), an improved performance against pass-through high cost drugs and devices (£5.7m), along with £4.3m of additional commissioner funding not expected as referenced within the in month commentary above. The remaining value is driven by a reduction in income relating to the revised contract allocation for Public Health.

Pay expenditure is £23.0m adverse to plan driven by the pay award, premium pay costs and non-delivery of CIP.

Non-pay spend is £15.1m adverse driven mainly by pass-through drugs costs. The Trust has also seen underperformance on CIPs, increased medical supplies spend, and additional Pathology costs within Core Clinical.

CIP delivery year-to-date is driving a £7.5m adverse variance to plan split between pay and non-pay.

2.3 Mass Vaccination

The table below summarises the Mass Vaccination Programme income and expenditure for Month 9.

	Month 9			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Other Income	0.4	0.5	0.0	6.0	6.9	0.9
Total Income	0.4	0.5	0.0	6.0	6.9	0.9
AHP's and STT's	(0.0)	1.2	1.2	(0.3)	(0.5)	(0.2)
Medical	(0.0)	(0.2)	(0.2)	(0.1)	(0.3)	(0.2)
Nursing	(0.1)	(0.3)	(0.2)	(1.9)	(1.6)	0.2
Other Non Clinical Pay	(0.2)	(1.1)	(0.9)	(1.5)	(2.6)	(1.1)
Total Pay	(0.3)	(0.5)	(0.1)	(3.7)	(5.0)	(1.2)
Drugs	(0.0)	(0.0)	(0.0)	(0.1)	(0.2)	(0.1)
Premises Costs	(0.1)	0.1	0.2	(1.6)	(1.5)	0.1
Other Non-Pay	(0.0)	(0.1)	(0.0)	(0.7)	(0.1)	0.5
Total Non-Pay Costs	(0.1)	(0.0)	0.1	(2.3)	(1.9)	0.4
Surplus/(Deficit)	(0.0)	0.0	0.0	(0.1)	0.0	0.1

A plan was agreed and signed-off at Trust level for funding to support the Mass Vaccination programme up until September 2022. An extension of this plan was agreed at September Trust Board for the period to March 2023. The plan has been set based on 2021/22 activity and hence this has tailed off in 2022/23. The programme is pass-through so any correction in future months will not impact the Trust overall position.

2.4 Research and Education

The table below shows the research and pass-through education positions. This has been excluded from the core position to remove the impact of variances that have minimal impact on the Trust bottom line position.

	Month 9			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Other Income	1.1	0.6	(0.4)	8.8	5.8	(3.0)
Total Income	1.1	0.6	(0.4)	8.8	5.8	(3.0)
AHP's and STT's	(0.0)	(0.0)	(0.0)	(0.2)	(0.2)	(0.0)
Medical	(0.4)	(0.0)	0.4	(3.0)	(0.3)	2.7
Nursing	(0.3)	(0.3)	(0.0)	(2.2)	(2.3)	(0.1)
Other Non Clinical Pay	(0.2)	(0.2)	(0.0)	(1.9)	(1.9)	0.1
Total Pay	(0.9)	(0.6)	0.3	(7.4)	(4.7)	2.7
Other Non-Pay	(0.1)	(0.3)	(0.1)	(1.1)	(1.2)	(0.1)
Total Non-Pay Costs	(0.1)	(0.3)	(0.1)	(1.1)	(1.2)	(0.1)
Surplus/(Deficit)	0.0	(0.2)	(0.2)	0.2	(0.1)	(0.4)

The research position is underspent on pay, offset with income, due to delays with trials starting.

2.5 Trust Trends

The table below sets out the income, pay and non-pay trends for the Trust over the last 12 months. This position removes the impact of Mass Vaccination, Nightingale, and the impact of one-off items such as the pension and pay awards. Once these items have been removed, the position shown is relatively consistent over recent months.

Pay has seen a £0.3m decrease in actuals between November and December. This is driven by items discussed in the in month position – in particular a reduction in nursing temporary staffing spend.

£m	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Income	0.0	0.0	0.0	61.2	62.7	65.1	67.4	66.0	71.3	67.4	67.2	67.9
Pension				(18.1)								
Pay award									(5.0)	(0.8)	(0.8)	(0.8)
Net Income	0.0	0.0	0.0	43.1	62.7	65.1	67.4	66.0	66.3	66.6	66.4	67.1
Pay	59.0	56.4	78.7	(38.7)	(38.3)	(40.8)	(41.4)	(39.1)	(43.7)	(41.9)	(40.7)	(40.3)
Pension				18.1								
Pay award									5.0	0.8	0.8	0.8
Net Pay	59.0	56.4	78.7	(20.6)	(38.3)	(40.8)	(41.4)	(39.1)	(38.7)	(41.0)	(39.8)	(39.5)
Non-pay	5.8	4.8	6.9	(24.9)	(27.6)	(26.2)	(27.0)	(28.3)	(28.4)	(26.0)	(26.7)	(27.0)

2.6 Divisional Breakdown

		Month 9			Year to Date		
		Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
ASCR	Contract Income	12.0	12.7	0.6	113.3	108.1	(5.2)
	Other Income	0.5	0.5	(0.0)	4.3	4.1	(0.2)
	Pay	(9.9)	(10.0)	(0.1)	(88.1)	(90.9)	(2.7)
	Non-Pay	(3.3)	(2.6)	0.7	(22.4)	(23.6)	(1.2)
	Surplus/(Deficit)	(0.7)	0.5	1.2	7.1	(2.3)	(9.3)
CCS	Contract Income	5.4	6.0	0.6	48.9	51.5	2.6
	Other Income	1.4	1.4	(0.0)	12.5	12.1	(0.4)
	Pay	(7.3)	(6.8)	0.5	(63.7)	(60.5)	3.2
	Non-Pay	(3.6)	(4.4)	(0.8)	(32.5)	(36.0)	(3.4)
	Surplus/(Deficit)	(4.0)	(3.7)	0.2	(34.8)	(32.8)	2.0
MED	Contract Income	14.6	10.1	(4.6)	126.6	115.3	(11.3)
	Other Income	0.2	0.3	0.1	1.8	2.4	0.5
	Pay	(8.4)	(8.5)	(0.1)	(70.4)	(75.4)	(5.0)
	Non-Pay	(2.6)	(3.0)	(0.4)	(23.8)	(26.9)	(3.1)
	Surplus/(Deficit)	3.9	(1.1)	(5.0)	34.2	15.3	(18.9)
NMSK	Contract Income	11.3	10.2	(1.1)	105.5	103.4	(2.1)
	Other Income	0.3	0.3	0.1	2.2	2.6	0.3
	Pay	(5.4)	(5.3)	0.1	(48.3)	(47.7)	0.6
	Non-Pay	(4.0)	(3.9)	0.1	(35.7)	(38.2)	(2.5)
	Surplus/(Deficit)	2.2	1.3	(0.9)	23.7	20.0	(3.7)
W&CH	Contract Income	4.7	4.7	0.0	43.0	40.3	(2.7)
	Other Income	0.1	0.1	0.0	0.5	0.6	0.1
	Pay	(3.1)	(3.2)	(0.1)	(28.0)	(28.3)	(0.3)
	Non-Pay	(0.3)	(0.5)	(0.2)	(3.2)	(4.0)	(0.8)
	Surplus/(Deficit)	1.4	1.1	(0.2)	12.5	8.7	(3.8)
MASS VACCINATION	Contract Income	0.0	0.0	0.0	0.0	0.0	0.0
	Other Income	0.5	0.5	0.0	6.1	6.9	0.8
	Pay	(0.3)	(0.5)	(0.1)	(3.7)	(5.0)	(1.2)
	Non-Pay	(0.1)	(0.0)	0.1	(2.3)	(1.9)	0.4
	Surplus/(Deficit)	(0.0)	0.0	0.0	(0.0)	0.0	0.0
TOTAL CLINICAL DIVISIONS		2.8	(1.9)	(4.6)	42.7	8.9	(33.8)
NON-CLINICAL AREAS	Contract Income	10.7	17.9	7.1	87.0	126.9	39.9
	Other Income	1.8	4.4	2.6	25.1	34.8	9.7
	Pay	(4.6)	(7.1)	(2.5)	(51.1)	(66.8)	(15.7)
	Non-Pay	(11.3)	(12.9)	(1.7)	(110.4)	(114.6)	(4.3)
	Surplus/(Deficit)	(3.3)	2.3	5.6	(49.3)	(19.8)	29.6
TRUST TOTAL		(0.5)	0.4	0.9	(6.7)	(10.9)	(4.2)

13.1

Key Divisional variances have been discussed in the main narrative of this report. A brief commentary on the year-to-date position of the clinical divisions is shown below.

ASCR

Underperformance on contract income of £5.2m, largely due to lower levels of Outpatient activity than planned as well as due to lower levels of Non-elective activity. Pay is £2.7m overspent due to undelivered CIP, locum costs in Renal, RMN spend, enhanced rates and additional costs to cover junior doctor gaps in General Surgery. Non-Pay is £1.2m adverse due to CIP under delivery and various cost pressures in drugs and medical supplies.

CCS

Divisional pay is £3.2m underspent due to vacancies across consultants in Cellular Pathology and delayed recruitment to weekend working posts. Non-pay is £3.4m adverse driven by increased spend in Pathology due to external tests to support consultant vacancies in Cellular Pathology and increased non pay from activity related work. The Division has seen increased drug costs year-to-date which are offset within contract income.

Medicine

Contract income is £11.3m adverse due to reduced Respiratory Critical Care income following reduction in Covid-19 patients, Outpatient activity being behind plan due to reduced volumes and A&E attendances being behind plan due to uncoded activity, while Rehab activity continues to perform at levels above plan. Pay is £5.0m adverse due to RMN spend, increased agency nursing spend, agency consultant use to cover vacancies, and increased junior doctor spend to cover A&E mid-shifts and outliers. Non-pay is £3.1m overspent mainly driven by pass-through drugs and devices costs.

NMSK

The contract income position is £2.1m adverse to plan due to a reduction in Elective and Outpatient activity, countered by increased activity levels in Non-Elective and increased use of high cost drugs (offset with overspend on non-pay). Non-pay (including pass-through drugs) is £2.5m adverse driven by high cost drugs (offset in contract income) and backdated charges from suppliers being received in Month 5 and Month 6 for non pass through devices.

W&CH

Contract income is £2.7m adverse caused by a reduction in activity across NICU and Maternity. Non-pay is £0.8m adverse to plan from unidentified CIP and increased medical consumables and drugs spend.

Non-clinical Areas

Contract income is £39.9m favourable. This value brings the Divisional contract income positions back with the Trust block value. Pay is £15.7m adverse of which £8.5m is the impact of the pay award where the 1.66% additional funding has been provided to Divisions leaving a negative reserve within corporate finance. The Trust is receiving additional contract income to offset this.

Divisional level contract income is currently being reviewed and refined given the challenges around CareFlow implementation. This does not impact the Trustwide contract income due to the block contract.

2.7 Year-end forecast outturn

The Trust has completed a detailed forecast in Month 6 that shows a year end breakeven position. This position shows an improvement against the £15m potential deficit forecasted in Month 4, with improved Divisional (£5m) and central Trust (£10m) actions helping to deliver the breakeven position. Divisions have developed action plans to support recovery of the position. The table below shows the Core Trust position excluding Mass Vaccination, research and education.

	Month 9			Year to Date		
	Forecast £m	Actual £m	Variance £m	Forecast £m	Actuals £m	Variance £m
Contract Income	60.9	61.5	0.6	543.8	545.5	1.7
Other Income	6.8	7.5	0.7	60.4	63.4	3.0
Total Income	67.7	69.0	1.3	604.2	608.9	4.7
AHP's and STT's	(6.0)	(4.8)	1.3	(52.4)	(52.3)	0.2
Medical	(11.8)	(12.2)	(0.5)	(107.4)	(107.9)	(0.5)
Nursing	(14.7)	(14.8)	(0.1)	(131.1)	(131.2)	(0.1)
Other Non Clinical Pay	(9.1)	(9.5)	(0.4)	(80.8)	(83.3)	(2.4)
Total Pay	(41.5)	(41.3)	0.2	(371.8)	(374.6)	(2.8)
Drugs	(4.8)	(4.6)	0.2	(43.5)	(42.8)	0.7
Clinical Supplies (Incl Blood)	(5.0)	(5.7)	(0.8)	(44.4)	(45.8)	(1.4)
Supplies & Services	(6.0)	(6.3)	(0.3)	(53.9)	(55.2)	(1.3)
Premises Costs	(3.6)	(3.2)	0.4	(32.4)	(32.2)	0.2
Other Non-Pay	(7.5)	(7.4)	0.1	(70.0)	(69.1)	0.9
Total Non-Pay Costs	(26.9)	(27.3)	(0.4)	(244.2)	(245.2)	(0.9)
Surplus/(Deficit)	(0.7)	0.4	1.1	(11.8)	(10.9)	1.0

Year-to-date the Trust was forecast to deliver a £11.8m deficit, with the actual position being a £10.9m deficit, £1.0m better at Month 9.

Contract income is £1.7m better than forecast due to additional monies in relation to high cost drugs and devices, service developments not in the forecast and an improvement in Welsh non-commissioned activity. This is offset by a £0.2m reduction for employers NIC following the change in Government legislation in October.

Other income is £2.8m better than forecast due to increased income £1.3m in Mass Vaccination which is pass-through with expenditure. The remaining balance is driven by increased private patient income £0.8m and additional monies in clinical divisions from additional charitable funds in month 9 £0.5m.

Pay is £2.8m worse than forecast. Medicine is £0.7m worse due to the backdated nursing invoice received in Month 7 and other medical costs not reducing in line with expectations within the Emergency Department. Mass vaccination is £0.8m worse than forecast offset by income. Finally, £1.3m worse than forecast around delayed phasing of service development schemes.

Non-pay is £0.9m worse than forecast due to unexpected charges within IM&T in month relating to Lorenzo and increased spend in clinical divisions on medical supplies.

Delays in CIP identification account for £0.9m deterioration against the forecast - £0.1m in pay and £0.8m in non-pay.

3. Balance Sheet, Cash Flow, Capital, and Better Payment Practice Code ("BPPC")

	21/22 M12 £m	22/23 M08 £m	22/23 M09 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	605.0	610.1	611.3	1.3	6.3
Intangible Assets	13.7	12.2	12.0	(0.2)	(1.8)
Non-current receivables	1.5	1.5	1.5	0.0	0.0
Total non-current assets	620.2	623.8	624.8	1.0	4.6
Current Assets		0.0			
Inventories	9.1	9.8	9.8	(0.0)	0.6
Trade and other receivables NHS	19.0	17.5	16.0	(1.4)	(2.9)
Trade and other receivables Non-NHS	20.5	26.0	27.1	1.1	6.5
Cash and Cash equivalents	116.2	100.5	103.3	2.8	(12.8)
Total current assets	164.8	153.8	156.2	2.4	(8.6)
Current Liabilities (< 1 Year)		0.0			
Trade and Other payables - NHS	10.6	7.3	7.7	0.4	(3.0)
Trade and Other payables - Non-NHS	102.6	100.0	101.5	1.6	(1.0)
Deferred income	16.4	26.6	28.7	2.1	12.3
PFI liability	15.2	15.7	15.7	0.0	0.4
Finance lease liabilities	2.1	0.8	1.7	0.9	(0.4)
Total current liabilities	147.0	150.3	155.3	5.0	8.3
Trade payables and deferred income	7.1	7.7	7.6	(0.1)	0.5
PFI liability	359.3	352.6	351.8	(0.8)	(7.5)
Finance lease liabilities	2.0	6.9	5.5	(1.4)	3.5
Total Net Assets	269.7	260.0	260.8	0.8	(8.9)
Capital and Reserves		0.0			
Public Dividend Capital	456.9	458.1	458.1	0.0	1.2
Income and expenditure reserve	(372.4)	(371.3)	(371.3)	0.0	1.1
Income and expenditure account - current year	1.1	(10.9)	(10.1)	0.8	(11.1)
Revaluation reserve	184.1	184.1	184.1	0.0	(0.0)
Total Capital and Reserves	269.7	260.0	260.8	0.8	(8.9)

3.1 Property, Plant and Equipment and Intangibles

The year-to-date increase of £4.6m in Non-current assets includes capital spend additions of £19.2m, together with the £5.6m additions as a result of the IFRS 16 implementation, offset by depreciation and amortisation of £20.2m. The impact of implementation of IFRS 16 is also recognised in an increase in finance lease liabilities.

3.2 Receivables

Year to date there is a net increase of £3.6m in receivables, of which £2.7m relates to prepayments, £3.3m is for transactions with non-NHS organisation and £0.5m relates to a

reduction in bad-debt provisions. This is offset by £2.9m net reduction in NHS receivables (including year end accruals for Mass Vaccination and Nightingale Surge Ward).

The total value of invoiced debt outstanding is £18.1m, of this £6.2m relates to Non-NHS individuals and organisations and is over 365 days old. £3.8m of the non-NHS debt older than 365 days relates to private and overseas patients and has been fully provided for.

	Outstanding invoiced debtors	Total £m	Up to 30 days	30-60 days	60-90 days	90-180 days	180- 365 days	365 + days
Dec-22	NHS	5.3	2.3	0.1	0.2	0.8	1.1	0.8
	Non-NHS	12.8	3.4	0.8	0.5	0.9	1.0	6.2
	Total	18.1	5.7	0.9	0.7	1.7	2.1	7.0
Mar-22	NHS	6.4	4.8	0.0	0.3	0.6	0.6	0.1
	Non-NHS	12.0	1.8	0.7	0.4	0.9	1.5	6.7
	Total	18.4	6.6	0.7	0.7	1.5	2.1	6.8
Change	NHS	(1.1)	(2.5)	0.1	(0.0)	0.2	0.5	0.7
	Non-NHS	0.8	1.6	0.1	0.1	0.0	(0.4)	(0.5)
	Total	(0.3)	(0.9)	0.2	0.1	0.2	0.0	0.1

3.3 Payables

Year to date NHS payables have reduced by £3.0m due to post year end payments.

Non-NHS payables have decreased by £1.0m, of which £5.0m relates to the reduction of accrued capital expenditure because of post year end payments, offset by net increases of £4.0m across invoiced and accrued liabilities. The above payments patterns are reflected in the reduced cash balance.

3.4 Deferred Income

There is a year to date increase of £12.3m in deferred income, of which £8.2m represents deferral of contract income for delayed service developments and non-recurrent programmes, such as Mass Vaccination, and the remainder is linked with timing of funding received from Health Education England, and research programmes and projects.

3.5 Cash

The cash balance decreased by £12.8m for the year to date due to the in-year deficit and higher than average payments made during the period, including significant amounts of capital spend cash relating to the March 2022 capital creditor. This is offset by deferred commissioning and research income received to date. Despite the reducing cash balance, the Trust is still expected to be able to manage its affairs without any external support for the 2022/23 financial year.

The in-month cash balance has increased by £2.8m, which is mostly linked with £3.4m payment of Demand and Capacity funding by ICB, while other movements in the working capital mostly offset each other.

	Dec-22 £m	Jan-23 £m	Feb-23 £m	Mar-23 £m
Cash brought forward	100.5	103.3	110.7	107.5
Forecast in-month cash movement	2.8	7.4	(3.2)	(6.7)
Forecast cash balance	103.3	110.7	107.5	100.8

3.6 Capital Spend

Total capital spend for the year to date was £19.1m, compared to an initial plan of £16.4m. The total planned spend for the year is £22.1m.

In addition to this initial plan, £19.5m of capital funding is expected to be available through national funding sources and grants taking the potential total capital funding envelope to £40.6m. The Capital Planning Group (CPG) has reviewed the year to date position, together with the forecast for the remainder of the year and the associated risks.

The CPG was content that plans were in place to ensure that the Trust will meet its planned expenditure for the year up to the total £40.6m level. This will be reviewed again at Month 10 and any mitigations required will also be assessed. Final confirmation of the total level of national funding available is still outstanding and the CPG will manage the position to ensure the Trust delivers against the final target once it is known.

The plan was developed on a straight line basis, however, the IM&T spend relating to the EPR project has been higher at the start of the year, driving the overspend shown below. There are several sources of external funding expected which are reflected in the position once funding has been received.

New IFRS16 leases are now being captured in the capital expenditure following the work undertaken during August to recognise these, however, due to slower than anticipated introduction of new equipment under the Pathology Managed Equipment Service the impact has been minimal.

2022/23 Capital Expenditure	2022/23 plan	Year to date Plan	Year to date Actual	Year to date Variance from plan
Internally Funded Spend	£m	£m	£m	£m
Divisional Schemes	7.4	5.4	1.2	-4.2
CRISP	4.6	3.4	4.6	1.2
Medical equipment	4.6	3.4	2.2	-1.2
IM&T	4.2	3.1	4.5	1.3
Charity and grant funded	0.2	0.2	0.7	0.5
PFI lifecycle	1.1	0.8	0.4	-0.4
Total Core Plan	22.1	16.4	13.6	-2.8

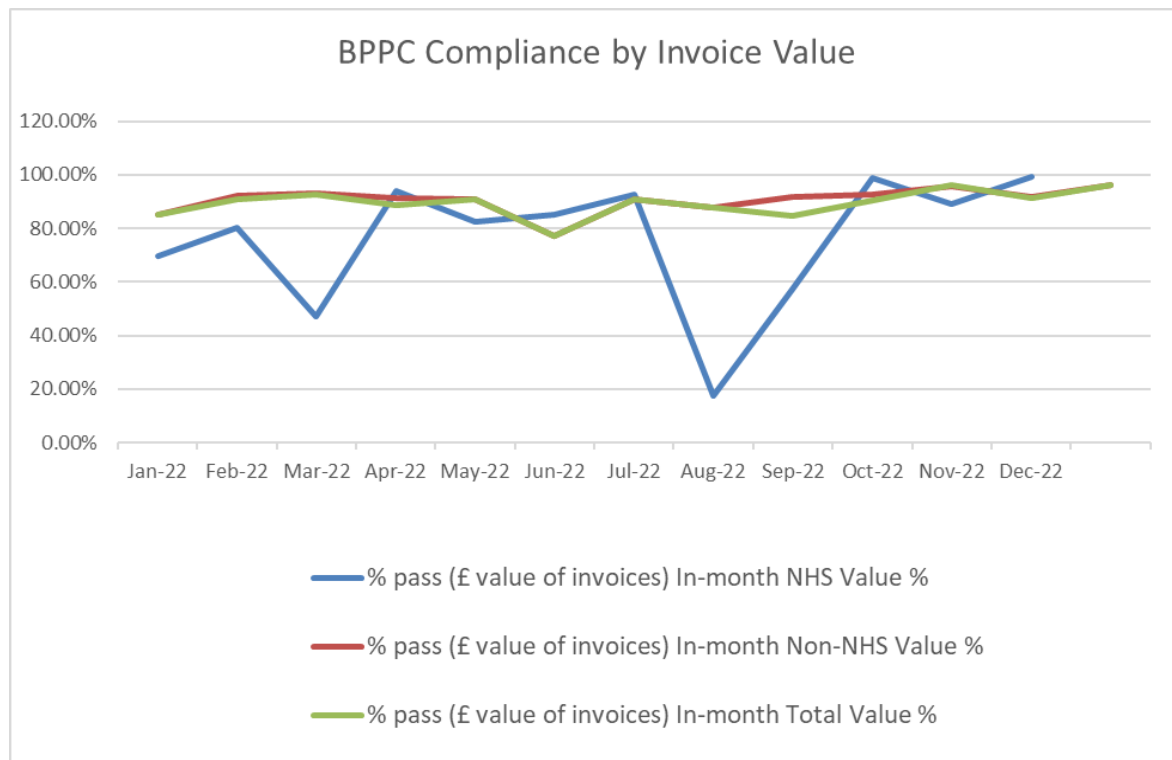
Additionally Funded	£m	Implied Phasing	Year to date Actual Expenditure	Year to date Variance to Funding
	£m	£m	£m	£m
Additional internal funding	2.6	2.0	0.0	-2.0
Expected National Funding	11.5	5.0	4.9	-0.1
PSDS Grant	4.4	3.3	0.6	-2.7
Total Additional Funding	18.5	10.3	5.5	-4.8

Total Available Funding	40.6	26.7	19.1	-7.6
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3.7 BPPC

The Better Payment Practice Code (BPPC) achievement of invoices paid within 30 days by value was 89.4% for the first nine months of 2022/23, compared to 87.8% for 2021/22. BPPC achievement by volume of invoices has increased from 83.7% in 2021/22 to 87.9% for the first nine months of 2022/23.

There was a deterioration in performance in August, which was caused by two factors – a cyber-attack on the company that host the Procurement system resulting in the lack of access to EROS (procurement system) for a short period of time, and delays in processing consolidated provider-to-provider (P2P) invoices. Work is ongoing within the Trust to improve the performance against BPPC metrics.



4. Cost improvement Programme

The CIP plan for 2022/23 is for savings of £15.6m. At Month 9 the Trust has £5.2m of completed schemes on the tracker. There are a further £2.1m of schemes in implementation and planning, creating a £8.3m shortfall against the annual target of £15.6m. The Trust has a further £1.4m of schemes in pipeline. Further schemes, including around agency reduction and procurement savings are currently being worked up.

Summary Division	FYE Target	Completed Schemes	Schemes in Implementation	Schemes in Planning	Total FYE	Variance FYE	Schemes in Pipeline	Total FYE inc Pipeline
	£m	£m	£m	£m	£m	£m	£m	£m
ASCR	3.7	0.4	0.0	0.2	0.6	(3.1)	0.3	0.8
CCS	3.2	1.6	0.2	0.1	1.8	(1.4)	0.0	1.8
FAC	1.0	0.8	0.6	0.0	1.4	0.4	0.2	1.6
MED	2.6	0.3	0.0	0.3	0.6	(2.0)	0.0	0.7
NMSK	2.6	1.2	0.1	0.3	1.5	(1.1)	0.1	1.6
WCH	1.1	0.5	0.0	0.0	0.5	(0.6)	0.3	0.8
CORP/ TRUSTWIDE	1.4	0.5	0.3	0.1	0.9	(0.5)	0.6	1.5
Total	15.6	5.2	1.1	1.0	7.3	(8.3)	1.4	8.7

The Trust is monitoring the CIP position on a weekly basis and meeting regularly with teams. Governance includes a monthly CIP review between finance and Divisions, a monthly Financial Sustainability Group (FSG), and a bi-monthly CIP Board with representation from Trust Executives.

5. System position

For Month 9, the System has delivered a breakeven position year-to-date. This has been driven by providers being £1.9m adverse to plan offset by a positive variance within the ICB. The themes underlying the providers adverse position across the System are the same as NBT – non delivery of savings and increased spend on agency to cover vacancies. The ICB is expecting to deliver a position on plan by the year end.

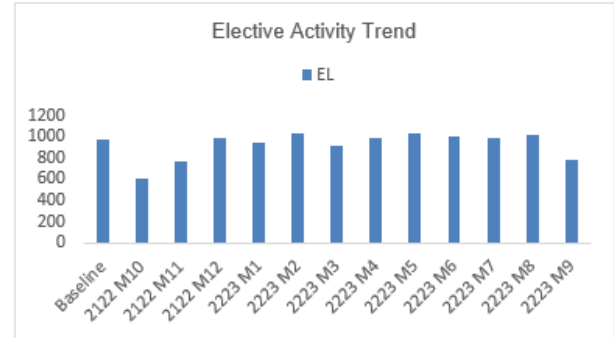
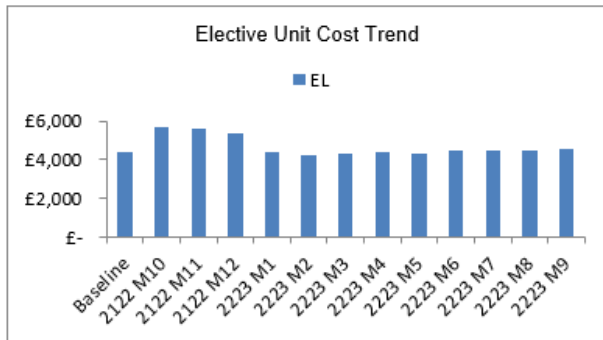
6. Productivity

The impact of Covid-19 has been felt differently by different organisations which has meant more traditional forms of benchmarking have become less useful when assessing the Trust's performance. As a result, starting in early 2021/22 a new measure of performance has been captured. The calculation of unit costs allows for productivity to be measured at a point of delivery (POD) / speciality level. Unit costs have been calculated going back to 2019/20 and so trends can then be analysed and compared to pre-pandemic levels.

While the hospital has been focusing on the response to the pandemic full analysis involving crucial Divisional input has not been carried out. Now, as part of the recovery process, productivity analysis is to be launched at a Divisional level.

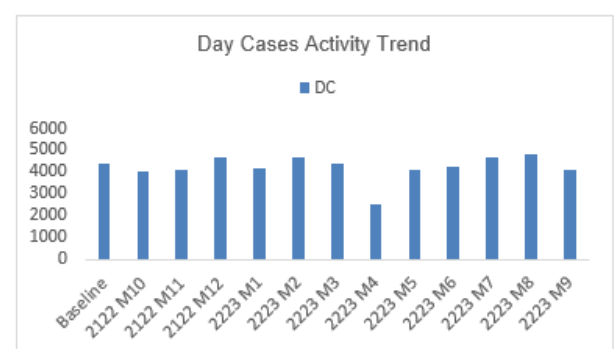
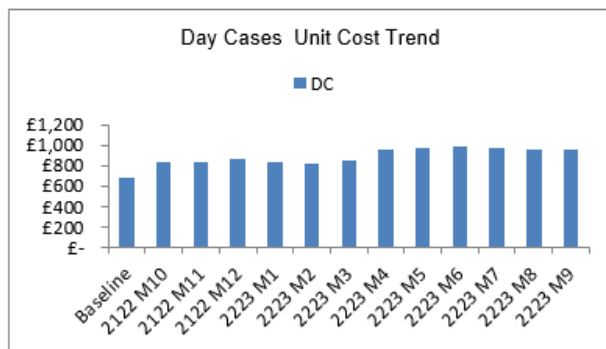
Productivity as shown in the below graphs sources cost data from service line reporting and activity data from patient access systems and aims to understand the relationship between activity and expenditure.

In areas where there is a high proportion of fixed costs movements in activity have a greater effect on unit costs. This can be seen in the elective unit costs below where low levels of activity during the Covid-19 pandemic greatly increased the unit cost and rising levels of activity in this financial year have seen the unit cost move closer to pre-pandemic levels.

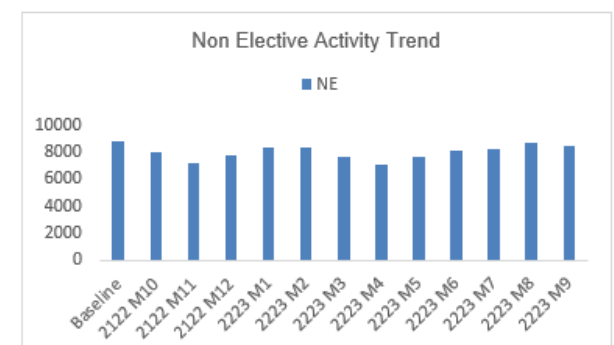
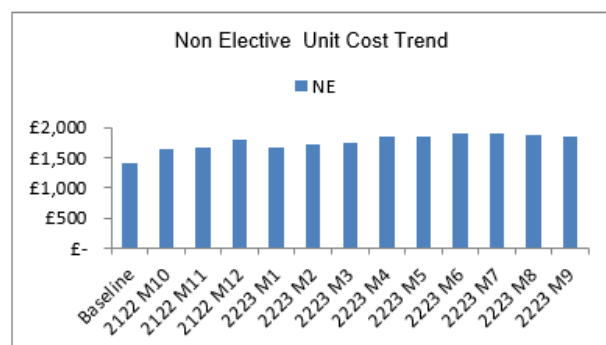


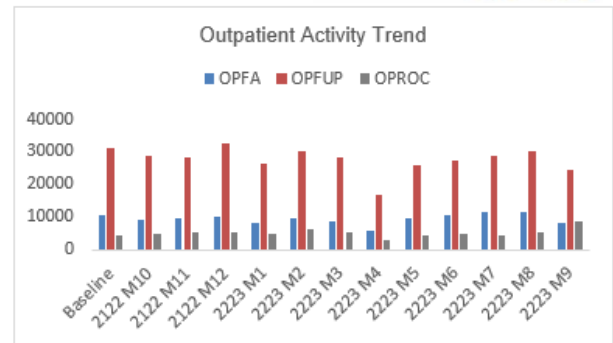
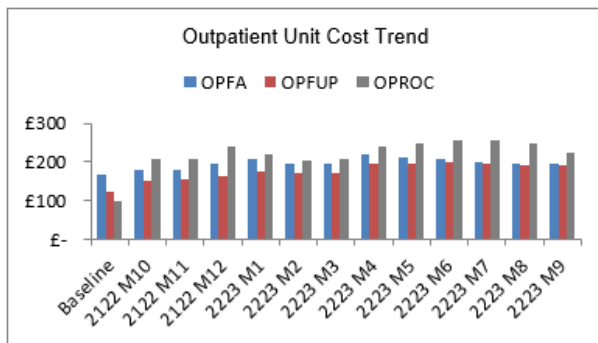
It should be noted that the 2019/20 baseline has not been adjusted for inflation. Tariff inflation when compared to 2019/20 is currently 7.9% however this includes the inflationary effect of overhead items such as utilities. As unit cost data does not include overheads applying this level of inflation is not appropriate. Detailed work is ongoing to calculate an appropriate level of inflation.

In terms of day cases, where activity has been very volatile recently, the unit cost is less correlated to activity.



Non-elective activity levels have remained reasonably stable, however, there is a clear trend of increased unit costs over the last twelve months. The same could be said for outpatients, particularly when looking at outpatient procedures.





Unlocking the real value of this data requires additional intelligence as a result of clinical engagement and Divisional input. For this reason, a Costing for Value steering group, which will be clinically chaired, is in the process of being setup and Divisions now have access to monthly productivity data which will be included as part of the Divisional review process.

7. Risk and mitigations to plan

The Month 9 forecast is being consolidated, however, the below table highlights the current risks and mitigations within the Trust position at Month 9.

Risks	£m	Mitigations	£m	Actions
Continuation at current levels of Registered Mental Health	(2)	Introduction of further control and decrease spend led	1	Work underway to reduce spend.
Nurse agency spend				
Continuation at current levels of non-RMN agency spend	(3)	Introduce further control and decrease spend led	1	New role looking at nursing agency under Chief Nurse.
Continuation at current levels of locum costs spend	(2)	Introduce further control and decrease spend led	1	'Root and branch' review in Medicine underway
		Delays in recruitment to investments	1	Divisions to review recruitment profile
		Non-recurrent savings	1	Finance Business Partners to identify opportunities with divisions
		ESRF Month 10-12	2	Distribution of expected ESRF clawback in H2
Total	(7)		7	

Whilst there are a number of actions underway to mitigate risks and deliver a financial balanced position, the continuing high level of spend on agency and locums, in addition to the gap in the delivery of savings is resulting in a significant risk.

Management actions are required to bring down the level of spend on Registered Mental Health nurse agency, other agency, and medical locums. Without these actions the Trust will not deliver a breakeven position and will result in a greater pressure for 2023/24.

8. Underlying Position

The key drivers of the underlying position are:

- Inflation for 2022/23 not funded recurrently of £7.1m
- Efficiencies not delivered in H2 2021/22 £5.3m
- Pressures including incremental drift above funded levels £6.1m
- Elective Recovery actions invested recurrently £2.0m

This is being covered in 2022/23 by:

- Non-recurrent income from ICB and NSHE £7.1m to cover inflation
- Non-recurrent actions from the Trust £11.4m
- Elective Recovery Funding £2.0m

This gives an underlying position of £20.5m off set by non-recurrent actions. As savings have not been delivered recurrently in 2022/23 and spend continues around agency at a higher level the underlying position has deteriorated to around £30m. This will have the impact of driving a higher efficiency target for 2023/24. Recent planning guidance has indicated that 22/23 inflation will now be funded recurrently, if this is confirmed in full in our contract discussions with the ICB this would reduce the recurrent deficit back to the £23m level. This will be finalised during the 23/24 planning discussions.

9. Recommendation

The Board are asked to note:

- the revised financial framework that the Trust is operating in
- the financial performance for the month and year to date position
- the spend on Mass Vaccination areas
- the Cash position and Capital spend levels for the financial year
- the delivery of Cost Improvement Plan savings and how they compare with divisional targets
- the Risks and Mitigations for the forecast position, including the actions required to deliver breakeven.

Report To:	Public Trust Board		
Date of Meeting:	26 January 2023		
Report Title:	Emergency Preparedness Resilience and Response (EPRR) Annual Report 2021/22		
Report Author & Job Title	Charlotte Horton, EPRR Manager		
Executive/Non-executive Sponsor (presenting)	Steve Curry, Chief Operating Officer		
Does the paper contain:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?
*If any boxes above ticked, paper may need to be received at <i>private</i> meeting			
Purpose:	Approval	Discussion	To Receive for Information
			X
Recommendation:	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:	Not applicable.		
Next Steps:	The Trust will be delivering its action plan to move from 'substantially compliant' to 'fully compliant'.		

Executive Summary

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.

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.

- CS14 - Duty to maintain plans: Countermeasures. Plan currently in draft format which will be formalised by the end of the first quarter of 2023/24.
- CS46- Business Continuity: Business Impact Analysis/Assessment (BIA). The Trust to identify prioritised activities by undertaking a strategic Business Impact Analysis/Assessment with Executive oversight and approval by end of Quarter 2 in 2023/24.
- CS53- Business Continuity Audit. An internal audit will be scheduled in 2023/24 to ensure the Trust is fully compliant.

Risks	N/A																																				
Financial implications	<table border="1"> <thead> <tr> <th>Revenue</th><th>Total £'000</th><th>Rec £'000</th><th>Non Rec £'000</th></tr> </thead> <tbody> <tr> <td>Income</td><td></td><td></td><td></td></tr> <tr> <td>Expenditure</td><td></td><td></td><td></td></tr> <tr> <td>Savings/benefits</td><td></td><td></td><td></td></tr> </tbody> </table> <table border="1"> <tr> <td>Capital</td><td></td></tr> </table> <p>Source of funding:</p> <table border="1"> <thead> <tr> <th>Option</th><th><input checked="" type="checkbox"/></th><th>Please provide additional information</th></tr> </thead> <tbody> <tr> <td>Existing budget</td><td></td><td>N/A</td></tr> <tr> <td>Cost Pressure</td><td></td><td>N/A</td></tr> <tr> <td>External Funding</td><td></td><td>N/A</td></tr> <tr> <td>Other</td><td></td><td>N/A</td></tr> </tbody> </table>				Revenue	Total £'000	Rec £'000	Non Rec £'000	Income				Expenditure				Savings/benefits				Capital		Option	<input checked="" type="checkbox"/>	Please provide additional information	Existing budget		N/A	Cost Pressure		N/A	External Funding		N/A	Other		N/A
Revenue	Total £'000	Rec £'000	Non Rec £'000																																		
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Option	<input checked="" type="checkbox"/>	Please provide additional information																																			
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Cost Pressure		N/A																																			
External Funding		N/A																																			
Other		N/A																																			
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No – paper is for information only regarding compliance rating																																				
Appendices:	Appendix 1: Confirmation Letter from NHSE/I																																				

1. Purpose

- 1.1 To provide the Trust Board with the Trust's Emergency Preparedness Resilience and Response (EPRR) Annual Report for 2021/22 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
 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 64 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 In the 2020/21 assurance process, there were several standards omitted from the review due to COVID impact on the tri-annual review of the NHS England Core Standards for EPRR which resulted in a review of a total 46 core standards against the usual 64. Within the current 2021/22 review, the standards have been reinstated to 64.
- 3.3 The assurance process covers the previous year (2021/22) and recommendations are for the following year (2023/24).
- 3.4 A response to deep dive questions was requested regarding Evacuation and Shelter Planning however it should be noted these do not contribute towards the overall compliance rating.

4. 2021/22 Annual Report

- 4.1 The Trust has completed the annual self-assessment and has confirmed full compliance with 61 of the 64 core standards for an Acute setting.
- 4.2 The Trust scored partially compliant with CS14 - Duty to maintain plans: Countermeasures, CS46- Business Continuity: Business Impact Analysis/Assessment (BIA) and CS53 – Business Continuity BC Audit
- 4.3 With 3 core standards assessed as partially compliant, and overall compliance rating of 94% the Trust remains 'substantially compliant'. This is an improved position from last year's compliance rating of 91%.
- 4.4 NHSE/I has reviewed the Trust's self-assessment and has provided formal written confirmation of the 'substantially compliant' status to BNSSG CCG following the Confirm and Challenge Meeting with NHSE/I in October 2022 (see Appendix 1).
- 4.5 The Trust will be fully compliant by the end of Quarter 1 of 2023/24 for the core standard; CS14 - Duty to maintain plans: Countermeasures.
- 4.6 In reference to standard CS53 – Business Continuity (BC) Audit, an internal or external audit of the Trust's current Business Continuity readiness is required by end of Quarter 2 of 2023/24 to be fully compliant by the next assurance process in October 2023.
- 4.7 In reference to standard CS46- Business Continuity: Business Impact Analysis/Assessment (BIA), an assessment will be carried out by the Emergency Planning team in collaboration with Divisional Leads by end of Quarter 2 of 2023/24 for Executive sign off.
- 4.8 Following the release of the updated NHS England Evacuation and Shelter guidance and recent National work driven by the heightened risk associated with reinforced autoclaved aerated concrete (RAAC), the 2022/23 EPRR annual deep dive focused on local evacuation and shelter arrangements.
- 4.9 The Trust has confirmed full compliance with 12 of the 13 deep dive standards for an Acute setting with reference to 1 standard DD12 – Evacuation and Shelter: Equality and Health Inequalities which requires an updated Equality Impact Assessment to be included in the Trust's policy.

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/NOV22

To: Lisa Manson, Director of Performance and Delivery (Accountable Emergency Officer) NHS BNSSG ICB

Leigh Clarke
NHS England and NHS Improvement
Head of EPRR

Copy: Janette Midda, EPRR Manager

Tel: 07736484395
Email: leigh.clarke2@nhs.net

Sent by email

16 November 2022

Dear Lisa,

NHS BNSSG Integrated Care Board (ICB) and System Emergency Preparedness, Resilience and Response core standard assurance confirm and challenge outcome.

Many thanks for preparing and submitting your self-assessment, supporting evidence and your engagement at the EPRR Core Standards assurance review meeting held on 11 November 2022. This letter summarises the outcome from the meeting, capturing agreed actions and points from our discussions.

ICB outcome from the 2022 EPRR Core Standards review

This year following a tri-annual review of the Core Standards a full assurance process took place. The table below summarises the outcomes of the assurance review and provides the overall compliance rating.

Organisation	2020	2021	2022
NHS BNSSG ICB	Substantial	Full	Substantial

ICB Compliance level (see annex 1 for descriptors): **Substantial Compliance**

Through the submission of a self-assessment, evidence and additional commentary provided prior to and during the confirm and challenge session, you were able to address the queries raised by NHSE. We support your self-assessed level of compliance and recognise EPRR systems, structures, processes and procedures within BNSSG ICB will continually improve and evolve as you continue your ICB transformation journey from a Clinical Commissioning Group.

ICB areas of partial compliance:

1. Core Standard 14: Countermeasures – BNSSG LHRP BMG planned activity to ensure a systemwide response capability by the end of Quarter 4.

NHS England ICB Observations:

Several areas were identified as requiring further explanation prior to the confirm and challenge session. These areas and responses were captured on [FuturesNHS](#) and are not cited here as clarification was provided.

During the meeting the following areas were discussed in more detail:

1. Core Standard 10: Incident Response – It was acknowledged that the process of overseeing readiness for ICB transition through an enhanced EPRR assurance process caused some issues as it felt discrete and separate from the wider

transition process. Part of the process called for an Incident Response Plan (IRP) to be validated. It was confirmed that BNSSG ICB would be participating in Exercise Artic Willow in which the plan in part of full would be validated. NHSE attended two days of Artic Willow (15 and 16 November) and are assured your IRP is effective.

2. Core Standard 12: Infectious disease – It was noted that the ICB does not have any direct responsibility for patient care and any system-based response would utilise current response and coordination systems and processes.
3. Core Standard 13: New and Emerging Pandemics – It was suggested that where several capabilities have been developed in response to COVID-19 and are likely to replace the need for a specific pandemic flu plan that it would be helpful to capture this in a visual in order to provide reassurance that current capabilities will meet requirements.
4. Core Standard 23: EPRR Exercising and Testing Programme – It was suggested that some additional columns on the exercise programme including e.g. the type of exercise (e.g. comms, live, table top etc) and/or rationale for an exercise being cancelled, would help to demonstrate compliance.
5. Core Standard 24: Responder Training – It was noted that strategic training had in recent years been modified (duration/content etc) but retained the same name of SLC. It was suggested that the training plan reflect this nuance.

ICB Outcome from the 2022 EPRR Core Standards Deep Dive review

The focus of the deep dive for 2022 was on Evacuation and Shelter and the ICB were assessed as **Fully Compliant**.

System outcomes from the 2022 EPRR Core Standards review

Organisation	Compliance 2020/21	Compliance 21/22
NBT	Substantial – 91%	Substantial – 94%
Sirona	Substantial – 92%	Partial – 80%
AWP	Fully – 100%	Fully – 100%
Severnside	Fully – 100%	Fully – 100%
UHBW	Substantial – 96%	Partial – 86%

You provided a full and concise overview of the approach you have used to undertake the EPRR Core Standards confirm and challenge process for 2022. You advised that two of your providers had several challenges which you were now monitoring and supporting. You identified that UHBW were outlier in the number of incidents they were reporting especially relating to infrastructure-based incidents which you were actively following up.

You cited several areas of good practice that you would look to highlight and share to support collective improvement.

NHSE South West did not have any observations or advisories to raise in relation to the confirm and challenge process adopted to assess your providers.

Good Practice and Innovation

1. ICB encouraging and supporting the development of system-based capabilities. Examples include countermeasures, Training and Evacuation and Shelter.
2. Ex Carnage (mass casualty)
3. Severnside adaption to Advanced Adastra Incident (prolonged cyber incident)
4. AWP system of Governance and control.
5. AWP utilising 'peer review' to assess BCM arrangements
6. AWP and Sirona partnership working – training and exercising
7. The utilisation of FuturesNHS for evidence collection and time saving in future rounds of assurance.

ICB areas identified as requiring further consideration by NHS England

NHS England confirmed that the following items will be further considered to support planning interfaces between the Region and Systems:

1. Infectious Diseases: Explore the architecture between Health and Public at Regional (NHSE and UKHSA) and System (ICB and Public Health) Level to ensure robust partnership working in the response and resolution of outbreaks.
2. Evacuation: Explore a Regional exercise looking at the issues, risks and response options to the evacuation of a large hospital setting.

Next Steps

The outcome of this assurance review will be included in the annual EPRR System assurance summary letter which is submitted to NHS England South West Senior Leadership Team before being submitted to the NHSE National Team.

Following further scrutiny and challenge by the BNSSG Local Health Resilience Partnership (LHRP) a summary will be requested at the inaugural Regional Health Resilience Partnership (RHRP) in December 2022.

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,



Leigh Clarke
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

Report To:	Public Trust Board		
Date of Meeting:	26 January 2023		
Report Title:	Patient and Carer Experience Committee Upward Report		
Report Author & Job Title	Richard Gwinnell, Deputy Trust Secretary		
Executive/Non-executive Sponsor (presenting)	Kelvin Blake, Non-Executive Director and Committee Chair		
Does the paper contain: [enter an X in any box applicable box]	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?
	No	No	No
*If any boxes above ticked, paper may need to be received at <i>private</i> meeting			
Purpose: [enter an X in the correct box]	Approval	Discussion	To Receive for Information
	X		X
Recommendation:	The Trust Board is recommended to receive the report for assurance and: <ul style="list-style-type: none"> • Note the business undertaken by the Committee on behalf of the Board and • Approve the Committee's updated terms of reference. 		
Report History:	The report is a standing item to each Trust Board meeting following a Patient and Carer Experience Committee meeting.		
Next Steps:	The next report to Trust Board will be to the March 2023 meeting.		

Executive Summary	
The report provides a summary of the assurances received, issues to be escalated to the Trust Board and any new risks identified from the Patient and Carer Experience Committee Meeting held on 19 December 2022.	
Risks	None arising directly from this report.
Financial implications	No financial implications identified in the report.
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No – it is an upward report from a committee.
Appendices:	Appendix 1: Committee terms of reference

1. Purpose

- 1.1 To provide a highlight of the key assurances, any escalations to the Board and identification of any new risks from the Patient and Carer Experience Committee meeting held on 19 December 2022.

2. Background

- 2.1 The Patient and Carer Experience Committee is a sub-committee of the Trust Board. It meets quarterly and reports to the Board after each meeting. The Committee was established to:
- Raise the profile and visibility of patient experience at Trust Board level and provide assurance to the Board;
 - Set the strategic direction for patient experience with the purpose of achieving the Trust's strategic aims, including to 'treat patients as partners in their care';
 - Monitor development and delivery of a patient experience strategy and carer strategy;
 - Be the conduit for effective change and improvement to patient experience, act on feedback to challenge, influence activities that deliver an improved patient experience.

3. Key Assurances and items discussed

3.1 Learning Disability and Autism Update

The Committee heard that David Harling (DH), NHS England's Deputy Director for Learning Disability Nursing, had recently visited NBT to see the work NBT was doing to improve healthcare services and outcomes for people with learning disabilities or Autism. DH was impressed with the work NBT was doing and had stated that the Learning Disability Team was delivering "gold standard" services. NBT was leading the way, as the only hospital trust in the UK now to have a 7-day-a-week Learning Disability and Autism Nursing Team. Huge credit was due to the staff and to the work done by the Patient and Carer Experience Team.

The Committee heard that only one area for improvement had been identified during DH's review and that NBT was developing a UK-first escalation process, so that, if a person with a learning disability or Autism or their family was unhappy with a clinician's treatment or treatment plan, a panel of other senior clinicians could consider those concerns and take a second look.

The Committee welcomed this work and suggested that the Autism Review of the Emergency Department and the review completed by the Quality Checkers be considered at a future Board seminar.

3.2 Patient and Staff Story – Ambleside Renal Unit

The Committee received a presentation and watched a video on the work being delivered at Ambleside Renal Unit, at Weston Hospital, to Deliver Holistic Care and work differently to improve patient and staff experience and wellbeing. This included: new signage; bright

painting schemes; an allotment garden where staff and patients could take breaks and recharge their batteries; team building days for staff; Start-Well-End-Well daily discussions amongst staff; an iPad and a tablet for patients, enabling them to access mindfulness sessions, music, games and other resources to help them cope with anxiety and other conditions; fresh herbs brought in from the garden to promote relaxation; and mindfulness sessions for staff. These initiatives had been introduced in line with an evidence-based approach to improving the quality of care for patients.

The Committee heard that feedback from patients was excellent; they were very grateful for the services they received and that the staff went above and beyond to improve their experience.

3.3 CQC Inpatient Survey 2021

The Committee received a report and presentation on the key findings from this survey, which highlighted many areas of good practice and improvement at NBT compared to the previous year, along with a small number of challenges. NBT was performing above the national average in many areas (significantly above the national average in some areas) and those areas where it was not were in line with expectations.

The Committee discussed the need always to ask; “what is it like to be a patient of NBT?”. Questions were asked about what the survey would show if it was done again today, and whether patients could be given an “estimated discharge time” when they first arrived at the hospital. The Committee considered that the decision about when someone was ready to leave should be made by staff in partnership with the patient.

The Committee was surprised at some of the results (where NBT scored lower than average) and questioned whether there may be a data recording issue.

The Committee heard that, if the survey was done again today, further improvement would be evident and the feedback from patients would be richer and deeper. Further work was ongoing on discharge feedback questions and data collection issues.

The Committee felt the areas where NBT was slight below average all revolved around communication with patients. The Committee noted the report and looked forward to further updates.

3.4 End of Life (EoL) Care Annual Report

The Committee received a presentation, informing them of the key findings of the EoL annual report, including the group’s work and progress over the previous year and its priorities for the year ahead. The Committee noted the significant progress which had been made over recent years in talking to patients about end-of-life issues, what they wanted and how staff could best care for them. The Committee welcomed the excellent work of the Purple Butterfly Volunteers in particular. Feedback from patients, families and staff was very good and the team was keen to develop feedback collection further. In the recent national audit of EoL care, NBT was above the national average.

The Committee was assured, and acknowledged, that EoL Care at NBT was very highly regarded. They recognised that EoL staff were doing excellent work. The staff and the

Purple Butterfly Volunteers involved were thanked and congratulated for their incredibly caring work. Good End of Life Care was crucial to families and the team at NBT were clearly doing an excellent job.

3.5 National Cancer Patient Experience Survey (NCPES)

The Committee received a presentation on the results of the NCPES, which was an annual survey commissioned by NHS England to measure progress in cancer care, identify gaps and drive improvement. At NBT, 470 surveys had been returned and 800+ free text comments had been received. Overall cancer patient experience of care at NBT was scored 9 out of 10 (NBT was in the top 30% of trusts), with NBT outperforming the national average in many other areas of cancer care too. NBT was below the national average in only two areas; one was around waiting times for tests and the other was that patients were not always told they could bring someone with them to the initial diagnosis results discussion (this was now happening more consistently and had been an issue during Covid, when family members could not accompany patients). Any areas where NBT scored below 60% had been analysed in depth to see if improvements could be made, but this was not always the case.

The Committee heard about the next steps planned, including further analysis of the results, celebrating and sharing good practice, assessing and acting on areas for improvement, action planning and reporting back to the Cancer Board in January.

The Committee questioned whether more analysis could be done of the results in relation to deprivation indices, as people from poorer backgrounds tended to present with symptoms at a later stage. The Committee heard that Somerset NHS Foundation Trust had done some work on this and NBT may be able to learn from that. Further work was also needed on why so few BAME people had responded.

The Committee suggested learning from other countries about gathering feedback from more diverse populations. This report showed clearly great results in cancer care at NBT and the Committee thanked and congratulated everyone involved in this work.

3.6 Waiting List Patient Experience

The Committee received a presentation, seeking guidance on the way forward in terms of trying to understand and find out the experiences of people on the waiting list and in the Emergency Department. The Committee heard about the complexities of this work, the need to understand patient feedback in context and the need to make sure, while people were on the waiting list, that their health condition was monitored.

The Committee was keen to make sure communication with patients improved, to check in and find out if their condition was worsening while they were waiting. Good work was taking place in many areas at NBT (e.g. cancer navigators, end of life care etc) and lessons were being learnt from what worked well.

The Committee was assured with the ongoing work to improve communication with patients while they were waiting and to look at evolving technology, successfully used in Coventry and Warwick (and at evolving policy being developed at UHBW). Further progress would be reported to the Committee in six months.

3.7 Accessible Information Standard (AIS) Update

The Committee received a presentation on the significant amount of work going on to meet the national NHS Accessible Information Standards and, as a result, to make reasonable adjustments and improve the accessibility of information and communication to better meet the needs of people with disabilities, impairments and sensory loss. This work involved cascading relevant information, training, guidance and resources to all NBT staff, meeting regularly with patient and divisional representatives to understand people's needs and improve ease of access for all patients, working with the Sight Loss Council and other organisations and working closely with colleagues across BNSSG to promote consistency of approach. More training packages were under development for next year, as were more resources and relevant policy. This work was being overseen by an AIS Steering Group.

The Committee was assured by the work outlined, commended that work, noted progress and thanked the team.

3.8 Patient Property Internal Audit Action Plan

The Committee heard that there had been a slow start to this work, but more progress was now being made. The patient property policy was being re-written and should be available for approval in February by the Patient Experience Group. The Committee asked for an update at its next meeting.

3.9 Committee Terms of Reference

The Committee received updated terms of reference. These were approved for recommendation to the Trust Board.

3.10 Additional updates were received on:

- Patient Experience Group Highlight Report: the Committee was assured that all relevant work was in progress and on track.
- Learning Disability and Autism Steering Group Highlight Report: the Committee was assured that all relevant work was in progress and on track.
- Patient Experience Risk Report: the Chief Nursing Officer reported that a new risk had been added, around the location and method in which patients were informed of cancer diagnoses. Work was underway to look for a solution. The Committee asked for an update at its next meeting.
- Integrated Performance Report – Complaints and Concerns (November data). The Committee noted that compliance against the complaints response target (of 85%) had remained fairly static at around 72% for some time. Staff were reviewing how complaints were dealt with; for example, perhaps “easy to answer” complaints should be sped up, potentially freeing up time for more complex complaints. In addition, involving the complainant in how long the response would or may take could be more helpful than being confined to a pre-determined time limit for every complaint. The Committee was assured that regular meetings with divisional staff were taking place, to help move complaints forward.

4. Escalations to the Board

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

5. Summary and Recommendations

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

- Note the business undertaken by the Committee on behalf of the Board and
- Approve the Committee's updated terms of reference (attached).

Terms of Reference of the Patient and Carer Experience Committee (P&CE Ctte)

Chair:	<p>Kelvin Blake, Non-Executive Director.</p> <p>In the absence of the appointed Committee Chair, another Non-Executive Director will chair the meeting.</p>
Other Members:	<p>Membership of the Patient and Carer Experience Committee shall include:</p> <ul style="list-style-type: none"> • Three Non-Executive Directors, of whom shall Chair the Committee • The Chief Nursing Officer • The Chief Medical Officer • Two Lay Members. <p>The officers set out above may appoint a named deputy to attend a particular meeting in their place, subject to the Chair's pre-approval. A deputy should be nominated only in exceptional circumstances, for a particular meeting.</p>
Other Attendance:	<p>The Patient and Carer Experience Committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate, at the discretion of the Chair.</p> <p>In addition to members of the Patient and Carer Experience Committee, the following officers (or their nominated substitutes where appropriate) shall normally attend all meetings and may contribute to discussions, but have no voting rights nor contribute to the quorum:</p> <ul style="list-style-type: none"> • Director of Corporate Governance/Trust Secretary • Head of Patient Experience • Head of Equality, Diversity and Inclusion. <p>The Committee can request the attendance of any other director or senior manager if an agenda item requires it.</p> <p>Attendance at meetings is essential. In exceptional circumstances when an Executive Director member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf.</p>
Quorum:	<p>The quorum necessary for the transaction of business for the Patient and Carer Experience Committee is at least two members, of whom one must be a Non-Executive Director and one an Executive Director (or nominated deputy).</p>

Declaration of Interests	<p>All members must declare any actual or potential conflicts of interest relevant to the work of the Patient and Carer Experience Committee, which shall be recorded in the minutes accordingly.</p> <p>Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair, with advice from the Secretary and reference to the Standing Orders, will decide whether a declared interest represents a material conflict.</p>
Frequency of Meetings:	<p>The Committee will meet quarterly. The dates will be set in advance as part of the Trust Board and Committees annual calendar of business. Further meetings may be called at the request of the Chair.</p>
Notice of Meetings:	<p>Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed and supporting papers, shall normally be forwarded to each member, and any other person required to attend, no later than five working days before the date of the meeting.</p>
Inputs:	<p>The Patient and Carer Experience Committee will receive reports on issues within the remit of the Committee, so as to ensure timely discussion and decision-making. This will include:</p> <ul style="list-style-type: none"> • Patient and Carer Stories • Patient Involvement Action Plan • Complaints and Patient Advice and Liaison Service (PALS) Annual Report • Quality Strategy: Patient Experience Priorities • Accessible Information Standards • National or Local Patient Surveys as relevant and timely • Patient Experience Risks • Patient Experience Group and other Steering Group Highlight or feedback reports. <p>Individual members may also raise concerns/risks/issues relevant to the Committee's remit on an ad hoc basis but will do so with sufficient notice to ensure that agendas can be set and managed effectively.</p> <p>The Patient and Carer Experience Committee can request a report on any subject or issue relevant to its terms of reference.</p>

Outputs:	<p>The Committee shall produce a set of minutes and a log of actions arising.</p> <p>Minutes will be sent in confidence to all members of the Committee and shall be made available on request to NHS England / NHS Improvement and the Trust's internal and external auditors.</p> <p>The Committee shall report to the Trust Board on its proceedings (with an "upward report") after each meeting to provide assurance and to escalate any issues to the Board as appropriate.</p> <p>The Committee will provide an annual report to the Board, setting out how it has discharged its responsibilities as set out in these terms of reference.</p>
Responsible for the following Strategies and Policies:	The Committee will ensure that an effective patient experience strategy is developed, delivered and embedded across the Trust.
Sub-Committees:	None
Committee Secretary:	<p>The Trust Secretary or his nominee is responsible for:</p> <ul style="list-style-type: none"> • Agreement of agenda and collation and distribution of papers. • Taking the minutes and keeping a record of actions arising and issues to be carried forward. • Preparing upward reports to the Board after each meeting.

1. Purpose

1.1 The Patient and Carer Experience Committee is established to:

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

2. Authority

2.1 The Patient and Carer Experience Committee is constituted as a Standing Committee of the Trust Board, from which it receives its authority. Its constitution and terms of reference are set out in this document, subject to amendment by the Trust Board.

2.2 The Committee is authorised to seek information it requires from any employee of the Trust. All members of staff are directed to co-operate with any request made by the Committee.

2.3 The Committee is authorised to obtain legal or other independent professional advice and to secure the attendance of advisors with such expertise that it considers necessary.

2.4 The Committee is authorised by the Board to make decisions within its terms of reference, including matters specifically referred to it by the Board.

3. Duties

Implementation:

3.1 The Committee will:

- Ensure a trust-wide approach to patient experience is maintained which continually reviews intelligence and drives outcome-based improvements.
- Work with the Patient Experience Group to identify areas of concerns and celebrate best practice.
- Ensure the Trust is sourcing inclusive feedback from all groups which are representative of the local population.
- Ensure the Trust has a patient engagement programme which also includes interaction with patient support groups and encourages involvement in the redesign of services.

Performance Monitoring

3.2 The Committee will:

- Review performance and associated outcomes against patient experience metrics and targets and ensure that action is taken to address issues arising.
- Identify good patient experience and ensure that this is shared throughout the Trust.
- Review examples of learning which have resulted from patient feedback
- Ensure that poor patient experience is understood and challenged effectively, resulting in plans to address it.

Review and Compliance

3.3 The Committee will:

- Have overview of the work of the Patient Experience Group and its sub-groups and will receive regular reports from that group setting out the business it has undertaken, decisions made and performance against that group's objectives.
- Receive and analyse patient, relative and carer feedback on services provided by the Trust.
- Review and identify issues/themes resulting from PALS, complaints, social media and all forms of patient feedback and associated improvement actions.
- Review results of all national patient surveys and ensure that appropriate action plans are developed and implemented to deliver effective outcomes. Compare and correlate with local surveys.
- Review and compare results of staff surveys to patient survey and adverse event data; support the process for joint improvements.

- Review information received from external sources such as Patient Opinion/NHS Choices, Healthwatch and ensure it is considered alongside other data to contribute to patient experience improvement activity.
- Review national guidance, initiatives and reports relating to patient experience; propose action in response.
- Review and monitor CQC Compliance Assessments relating to areas of patient experience.

Risk Management

- 3.4 The Committee will: review risks to providing a high standard of patient experience and seek assurance that appropriate action is being taken to mitigate.

Version:	2.2
Ratified by / responsible committee:	Ratified by P&CE Ctte 19 December 2022 (old format). To be ratified by Trust Board 26 January 2023.
Date ratified:	
Name of originator / author:	Trust Secretary
Lead for Executive Team Meeting:	Trust Secretary
Date issued:	January 2023 (in new terms of reference format)
Review date:	December 2023 (P&CE Ctte)

Report To:	Public Trust Board		
Date of Meeting:	26 January 2023		
Report Title:	Acute Provider Collaborative Board Upward Report		
Report Author & Job Title	Aimee Jordan, Senior Corporate Governance Officer & Policy Manager Xavier Bell, Director of Corporate Governance & Trust Secretary		
Executive/Non-executive Sponsor (presenting)	Michele Romaine, NBT Trust Chair and Co-Chair of APCB.		
Does the paper contain:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?
*If any boxes above ticked, paper may need to be received at <i>private</i> meeting			
Purpose:	Approval	Discussion	To Receive for Information
			X
Recommendation:	The Trust Board is asked to: <ul style="list-style-type: none"> Note the activity undertaken by the APCB, and Approve a minor change to the APCB terms of reference to allow the creation of sub-groups which include individuals who are not members of the APCB. 		
Report History:	This is a standing agenda item at Trust Board, following meetings of the APCB.		
Next Steps:	The next meeting of the APCB will take place in March 2023.		

Executive Summary	
The report provides a summary of the business undertaken by the APCB at its meeting held on Thursday 19 January 2023; hosted and administrated by NBT colleagues.	
Risks	N/A
Financial implications	No financial implications identified in the report.
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No as this is not a strategy or policy or change proposal.
Appendices:	N/A

1. Purpose

- 1.1 To provide a highlight report setting out the business undertaken at the meeting of the Acute Provider Collaborative Board (APCB) on 19 January 2023.

2. Background

- 2.1 The APCB is a committee in common of NBT and UHBW and is a formal sub-committee of the respective Trust Boards. It meets quarterly and reports to the Board following meetings.

3. Key business for the attention of Trust Board – from 19 January 2023 APCB.

3.1 Clinical Workstream Update

The Board received an update from the two organisations' Chief Medical Officers on the development of a Joint Clinical Strategy. This described the intended deliverables of this strategy as:

- A culture of collaboration
- Demonstrable benefits delivered for patients
- A focus on services that would benefit from a “single service” model
- Delivery of enabler workstreams, including diagnostics, digital, estates and corporate services
- A single acute voice into the Integrated Care Board

The report included an outline of the “ground up” work that had been undertaken with clinical and operational colleagues to identify priority areas, and set out the next stage, which would involve a feasibility study to identify what services must be delivered on both sites and where integration would be of most benefit to patients. This would include consideration of existing infrastructure and service interdependencies, the current and future health requirements of the population, workforce requirements, and the need to ensure robust services able to meet the needs of patients.

The APCB endorsed the ongoing work, approved the proposed feasibility study, and requested an update at the next APCB meeting.

3.2 Digital Convergence Roadmap

The Board received a presentation delivered by NBT's Chief Digital Information Officer on behalf of both organisations which covered the proposed approach to digital convergence and a shared Digital Strategy, focusing on the themes:

- Digital Workforce
- System Convergence
- Access & Security
- Governance

The Board approved the creation of a sub-group to be called the Digital Convergence Sub-group to progress this work. Because this sub-group would include members who were not formal members of the APCB, this approval was subject to both organisations' Board of Directors confirming their support and amending the APCB terms of reference (which currently only allow sub-groups to be created with existing members of the APCB).

3.3 Winter Update

The Board received an update from NBT's Chief Operating Officer on the operational performance and pressures during the Winter period. It was discussed that the current circumstances were challenging as hospital occupancy levels remained very high and the issue of high numbers of patients with No Criteria to Reside (NC2R) persisted.

The Board were informed that the short-term plan included:

- The ongoing impact of the Care Hotel
- The use of the additional monies (ringfenced for step-down activity) that has been released into the system
- Reviewing the Discharge to Assess (D2A) plans for next year

The long-term plans involved considering how the acute Trusts worked together more closely with Primary Care and how to reduce long waiting patients.

The Board discussed the availability of beds and identified the need for the system to undertake a bed requirement profiling exercise to ensure that beds match patients' needs so that there was intelligent commissioning for the right type of beds. The Board agreed that the Chief Executives would progress this with the Integrated Care System.

3.4 Corporate Services Update

The Board received an update on the Corporate Services Board which focused on the Shared Services Model proposal, the progress made with the single payroll function project and the benchmarking analysis exercise and an update on the outputs from the People Visioning Workshop

The Board approved the Shared Services Model proposal, supported the proposed next steps and welcomed the quality improvement ambition of the model.

The Board also approved the amendment to the Corporate Services Board Terms of Reference to include the wider HR collaboration work

3.5 Strategic Capital Update

The Board received an update from NBT's Chief Finance Officer on the progress of the strategic capital planning.

The Board discussed the importance of aligning the capital planning to the emerging joint clinical strategy and agreeing on the priorities for the provision of acute services as a system. It was agreed that an APCB meeting would be stood up in March 2023 to review the progress and sign off the strategic capital priorities as a partnership.

3.6 Additional Updates:

The Board also received:

- An update on the Innovator Scheme
- A dashboard overview of existing work programmes.

4. **Summary and Recommendations**

4.1 . The Trust Board is asked to note the activity undertaken by the APCB, and:

- Approve amendments to the APCB terms of reference, to allow the creation of sub-groups (such as the Digital Convergence Group) which include individuals who are not members of the APCB.