Due to the impact of Coronavirus COVID-19, the Trust Board will meet virtually but is unable to invite people to attend the public session. Trust Board papers will be published on the website and interested members of the public are invited to submit questions to trust.secretary@nbt.nhs.uk in line with the Trust's normal processes. A recording of the meeting will be made available on the Trust's website for two weeks following the meeting.

Trust Board Meeting – Public

Thursday 26 May 2022
10.00 – 13.05
Virtual via Microsoft Teams

A G E N D A

No.	Item	Purpose	Lead	Paper	Time
OPENING BUSINESS					
1.	Welcome and Apologies for Absence: *Sarah Purdy, NED*	Information	Chair	Verbal	10.00
2.	Declarations of Interest	Information	Chair	Verbal	10.02
3.	Minutes of the Public Trust Board Meeting Held on 31 March 2022	Approval	Chair	Enc.	10.05
4.	Action Chart from Previous Meetings	Discussion	Trust Secretary	Enc.	10.06
5.	Matters Arising from Previous Meeting	Information	Chair	Verbal	10.08
6.	Chair's Business	Information	Chair	Verbal	10.10
7.	Chief Executive's Report	Information	Chief Executive	Enc.	10.20
KEY DISCUSSION TOPIC(S)					
8.	Staff Story: Safeguarding *Susan Bourne, Head of Safeguarding, and Gayna Scott-Angell, Mental Health Liaison Specialist Practitioner, attending to present*	Discussion	Chief Nursing Officer	Pres.	10.30
9.	Research & Innovation 2021/22 Annual Update *Helen Lewis-White and David Wynick attending to present*	Information	Chief Medical Officer	Enc.	10.55
10.	Bi-annual Freedom to Speak Up Report *Hilary Sawyer, Lead FTSU Guardian, attending to present*	Discussion	Director of Corporate Governance	Enc.	11.25
BREAK (10 mins)					**11.40**
FINANCE, IM&T & PERFORMANCE					
11.	Integrated Performance Report	Discussion	Chief Operating Officer	Enc.	11:50
12.	Audit & Risk Committee Upward Report	Information	NED Chair	Enc.	12.10

No.	Item	Purpose	Lead	Paper	Time
QUALITY					
13.	Laparoscopic Ventral Mesh Rectoplasty Review – Closure Report	Information	Chief Medical Officer	Enc.	12.20
14.	Quality Committee Upward Report 14.1. Ockenden Update	Information	NED Chair	Enc.	12.35
GOVERNANCE					
15.	Board & Committee Effectiveness Review Proposal	Discussion	Director of Corporate Governance	Enc.	12.45
16.	Provider license self-certification	Approval	Director of Corporate Governance	Enc.	12.55
CLOSING BUSINESS					
17.	Any Other Business	Information	Chair	Verbal	13.00
18.	Questions from the Public in Relation to Agenda Items	Information	Chair	Verbal	13.05
19.	Date of Next Meeting: Thursday 28 July 2022, 10.00 a.m.				-
	Resolution: Exclusion of the Press and Public. It is recommended that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, Section 1(2), the press and members of the public be excluded from further items of business, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.				

NHS North Bristol NHS Trust

TRUST BOARD DECLARATIONS OF INTEREST

Name	Role	Interest Declared
Ms Michele Romaine	Chair	• Nothing to declare.
Mr Kelvin Blake	Non-Executive Director	• Non-Executive Director of BRISDOC who provide GP services to North Bristol NHS Trust. • Trustee, Second Step. Provide mental health services for the Bristol North Somerset and South Gloucestershire area. • Trustee, West of England Centre for Integrated Living. Provide a range of services to disabled people living in the Bristol, North Somerset and South Gloucestershire area. • Director, Bristol Chamber of Commerce and Initiative. • Member of the Labour Party.
Professor John Iredale	Non-Executive Director	• Professor of Medical Science, University of Bristol. • Interim Executive Chair of Medical Research Council. • Trustee of British Heart Foundation • Chair of the governing board, CRUK Beatson Institute. • Board member of The Francis Crick Institute
Mr Tim Gregory	Non-Executive Director	• Employed by Cornwall Council as Service Director – Regulatory Services.
Mr Richard Gaunt	Non-Executive Director	• Non-Executive/Governor of City of Bristol College. • Non-Executive Director of Alliance Homes, social housing and domiciliary care provider
Ms Kelly Macfarlane	Non-Executive Director	• Sister is Centre Leader of Genesiscare Bristol – Private Oncology. • Sister works for Pioneer Medical Group, Bristol. • Managing Director, HWM Limited, a Halma Company.

Name	Role	Interest Declared
Professor Sarah Purdy	Non-Executive Director	• Pro Vice-Chancellor and Professor of Primary Care, University of Bristol • Shareholder (more than 25% but less than 50%) Talking Health Limited • Fellow of the Royal College of Physicians • Fellow of the Royal College of General Practitioners • Fellow of the Royal College of Physicians Edinburgh • Member of the British Medical Association • National Institute for Health Research Health and Social Care Delivery Research Funding Panel Member – will cease 31.05.22 • Vice-Chair, Board of Trustees, Venturers Trust, Bristol • Member, Board of Trustees, Bristol Student Union Indirect Interests (ie through association of another individual eg close family member or relative) via Graham Rich who is: - Chair, Armada Topco Limited - Director, Helios Ltd - Director, Talking Health Ltd - Chair, EHC Holdings Topco Limited
Ms Sandra Harding	Associate Non-Executive Director	• Founder, HCPG Ltd • Board Trustee, POhWER • Vice Chair of Governors, Marksbury Primary School • Councillor, Marksbury Parish Council
Dr Ike Anya	Associate Non-Executive Director	• Locum Consultant in Public Health Medicine: NHS Lanarkshire, NHS Lothian, Berkshire East and Berkshire West Directorates of Public Health • 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

Name	Role	Interest Declared
Ms Maria Kane	Chief Executive	• Advisory Group Member of CHKS, a provider of healthcare intelligence and quality improvement services (remuneration donated to charity)
Mr Steve Curry	Chief Operating Officer	• Nothing to declare.
Mr Tim Whittlestone	Medical Director	• 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). • Wife is an employee of the Trust.
Mr Glyn Howells	Chief Financial Officer	• Governor and Vice Chair of Newbury College (voluntary). • £25 voucher received as a thank you gift for speaking at a Royal College of Surgeons/Society of British Neurosurgeons Leadership Development Course on 18 November 2021. Donated to Southmead Hospital Charity.
Professor Steve Hams	Chief Nursing Officer	• Independent Registered Nurse (Non-Executive Director), Surrey Heartlands Clinical Commissioning Group • 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	Director of Information Management and Technology (non-voting position)	• Wife works as a senior manager for Avon and Wiltshire Partnership Mental Health Trust.
Ms Jacqui Marshall	Director of People and Transformation (non-voting position)	• Nothing to declare.

DRAFT Minutes of the Public Trust Board Meeting held virtually on Thursday 31 March 2022 at 10.00am

Present:			
Michele Romaine	Trust Chair	**Maria Kane**	Chief Executive Officer
Tim Gregory	Non-Executive Director	**Steve Curry**	Chief Operating Officer
Kelly MacFarlane	Non-Executive Director	**Steven Hams**	Chief Nursing Officer
Richard Gaunt	Non-Executive Director	**Neil Darvill**	Chief Digital Information Officer
Sarah Purdy	Non-Executive Director	**Glyn Howells**	Chief Finance Officer
LaToyah McAllister-Jones	Associate Non-Executive Director	**Tim Whittlestone**	Chief Medical Officer
		Jacqui Marshall	Chief People Officer
In Attendance:			
Xavier Bell	Director of Corporate Governance & Trust Secretary	**Richard Thomas**	Director of Communications
Aimee Jordan	Corporate Governance Officer (*Minutes)*	**Gifty Markey**	Patient Experience Lead (*present up to and including minute item 07*)
Presenters:			
Dr Emma Mitchell	Consultant Geriatrician	**Liz Perry**	Deputy Director of People
Dr Heather Woodcraft	Consultant Geriatrician	**Dr Lucy Kirkham**	Guardian of Safe Junior Doctor Working

Observers: Due to the impact of Covid-19, the Trust Board met virtually via MS Teams, but was unable to invite people to attend the public session. Trust Board papers were published on the website and interested members of the public were invited to submit questions in line with the Trust's normal processes. A recording of the meeting was published on the Trust's website.

TB/22/03/01 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 had been received from John Iredale, Non-Executive Director, Sandra Harding, Associate Non-Executive Director, Kelvin Blake, Non-Executive Director and Ike Anya, Associate Non-Executive Director

The Trust Chair also welcomed Steven Hams as the new Chief Nursing Officer to the Board meeting.

TB/22/03/02 Declarations of Interest

There were no declarations of interest, nor updates to the Trust Board register of interests as currently published on the NBT website and annexed to the Board papers.

TB/22/03/03 Minutes of the previous Public Trust Board Meeting

RESOLVED that the minutes of the public meeting held on 27 January 2022 were approved as a true and correct record.

TB/22/03/04 Action Log and Matters Arising from the Previous Meeting

Xavier Bell, Director of Corporate Governance, presented the action log noting updates to the below:

- Action 65: Steve Curry, Chief Operating Officer, noted that process were being put in place to achieve 100% compliance. Assurance would be given following a further assessment in October 2022.
- Action 66: Glyn Howells, Chief Finance Officer, advised that a paper was scheduled for the Private Trust Board meeting.

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

TB/22/03/05 Chair's Business

The Trust Chair updated the Board on the positive progress the Acute Care Collaborative had made towards a strategic view of acute provision across the entire ICS footprint and the efforts to collectively work in the best interests of patients. It was noted that there was a commitment towards a shared clinical strategy and further information would be shared. A more detailed update paper was scheduled for the Private Trust Board meeting.

The publication of the Ockenden report was discussed and the Trust Chair noted that it served as a powerful reminder of the role the Board plays in providing ongoing oversight.

Steve Hams, Chief Nursing Officer, presented the headlines of the Ockenden report and highlighted the following:

- The Trust were reviewing the 60 specific local actions and the 15 wider NHS actions.
- The Women and Children's divisional leadership team were reviewing the internal approach to incorporate the actions and learnings.
- Recommended that the Continuity of Carer model be paused whilst further guidance was awaited as a result of the actions from the report.
- The report would be brought to Quality Committee for further discussion and reassurance would be provided to the Board.
- There would be continued collaboration with the BNSSG local maternity system.

RESOLVED that the Board:

- **Noted the Chair's update.**
- **Acknowledged the sensitive nature of the Ockenden report and the actions taken following its publication.**
- **Approved the action to pause Continuity of Carer.**

TB/22/03/06 Chief Executive's Report

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

- Current pressures: It was noted that the urgent and emergency care challenges included ambulance handover times and high bed occupancy

rates that were driven by a high number of NR2R (No right to reside patients).

- Concerns regarding the direct and indirect impact of the increased cost of living for staff and patients were discussed.
- The British Social Attitudes Survey showed confidence in the NHS was the lowest it had been in recent years. This was highlighted as a reminder of the context staff are working in currently.
- Emergency Zone Major Incident: Thanks were extended to the Executive team and all staff, patients and carers who dealt with a major security incident in ED in a calm, efficient and effective manner.
- Omicron: Despite the increase in Covid-19 patients in hospitals the patients in ICU with Covid-19 had not increased. The updated Infection Prevention and Control guidance required further interpretation and risk assessment prior to any changes being implemented.
- Acute Provider Collaborative: It was noted that a shared narrative had been agreed with the ambition to develop a joint clinical strategy.
- The encouraging response by staff re humanitarian crisis in Ukraine was noted.
- Free car parking for NBT staff would be extended by another two months.

RESOLVED that the Chief Executive's briefing was noted, and the Board extended appreciation and gratitude to everyone involved in the Major Incident.

Dr Emma Mitchell and Dr Heather Woodcraft joined the meeting

TB/22/03/07 Staff Story: Medical Support Worker (MSW) NHS England project at NBT

The Trust Chair welcomed Dr Emma Mitchell and Dr Heather Woodcraft, Consultant Geriatricians, and Dr Wai and Dr Su, Medical Support Workers, to the meeting.

Tim Whittlestone, Chief Medical Officer, presented the background and context of the MSW programme and introduced Dr Emma Mitchell and Dr Heather Woodcraft, who provided further information and an update on the Medical Support Worker programme.

Dr Emma Mitchell noted that overall, 450 MSW's had been appointed with 29 MSW's employed at NBT since November 2021. Dr Heather Woodcraft highlighted the opportunities, benefits, and positive feedback that the MSW programme provided to both the Trust and the international medical graduates/refugee doctors.

Dr Wai and Dr Su shared their personal experiences of the MSW programme with the Board and extended their appreciation to the Trust for supporting the programme. The learning opportunities that the programme provided through real life experience and stimulation training was discussed and the supportive and encouraging environment was highlighted.

During the ensuing discussion the following points were noted:

- Tim Gregory, NED, acknowledged the difficulties the MSWs faced and queried the timeline to receive GMC registration, what their long-term goals were and how their families had managed the process. Dr Wai advised of the long waiting times to obtain GMC registration due to the

lengthy process of waiting for seats to become available to take the exams. Dr Wai's long-term goal was to become a Haematologist and that his wife was in the UK, but his parents were not. Dr Su added that issues with contacting the university held up her GMC registration, but Dr Su was inspired by her experience and had planned to work as humanitarian doctor at the border. Additionally, despite her parents not being in the UK they were safe.

- Dr Emma Mitchell acknowledged the difficult process for GMC registration but noted the efforts made to secure GMC registration and protect visas to ensure medical workers were able take part in the programme.
- Tim Gregory further queried if there were any opportunities for the scheme to continue. Dr Emma Mitchell advised that a business case was being developed for longevity of the scheme with the aim to extend it to Ukraine doctors and medical workers.
- Sarah Purdy, NED, congratulated the MSWs on their clinical fellow appointments and recognised the instrumental role that Dr Emma Mitchell and Dr Heather Woodcraft had in the programme.
- Steve Hams noted the parallels with nursing workforce and queried how the MSW's were settling into Bristol life. Dr Wai and Dr Su answered that they enjoyed living in Bristol despite the weather.

Tim Whittlestone summarized that the actions going forward were as follows:

- Continued support to the current MSWs to become clinical fellows.
- A business case would be worked up to support funding and identify a funding source to continue the programme.
- Extend the programme to support Ukraine doctors and medical students.

RESOLVED that the Board noted the Medical Support Worker (MSW) NHS England project at NBT Staff Story and extended gratitude to Dr Emma Mitchell and Dr Heather Woodcraft for their hard work and involvement in the project.

Dr Emma Mitchell, Dr Heather Woodcraft and Gifty Markey left the meeting

Liz Perry joined the meeting

TB/22/03/08 Equality, Diversity & Inclusion Committee Proposal

Liz Perry, Deputy Director of People, presented the Equality, Diversity & Inclusion (EDI) Committee Proposal paper and highlighted the five strategic priorities, the bassline data and how progress would be measured.

During the ensuing discussing the following key points were noted:

- Sarah Purdy, NED, welcomed the approach but requested assurance regarding staff input into the Committee. Jacqui Marshall, Chief People Officer, acknowledged the importance of staff input and noted the ongoing work with staff networks across the Trust to empower staff to feedback into the Committee. Additionally, Jacqui advised that Kelvin Blake, NED, had agreed to co-chair the EDI Committee which would report up to the People Committee.
- LaToyah McAllister-Jones, Associate NED, highlighted the importance of delivering this at a sustainable pace and embedding it into Trust practise. Further clarity was requested on the staffing structure to deliver the work and the opportunity for community leadership to bring in different

perspectives. Jacqui noted the intention to ask LaToyah to be a community leader for the EDI Committee and advised that the conversation would be picked up offline. Liz Perry responded re staffing structure that the EDI was a small team, but the team had resources to help prioritise workload and were linked the wider people team and the BNSSG network. In addition, the short-term pieces of funding received for this area would be used to deliver packets of work and to draw in different resources.

- Maria Kane queried the balance of focus in regard to workforce and patient experience, and if there was a need for a clinical voice. Jacqui responded that clinical voice had been considered but would link with Patient and Carer Experience to ensure balance was correct.
- Kelly Macfarlane, NED, asked to what extent the how had been thought about in regard to doing things differently and gave the example of being less prescriptive on qualifications in job descriptions. Liz recognised the recruitment barriers and noted that there was funding in place, and scoping practice had begun, for a project lead to look at the recruitment pathway across all BNSSG to identify the barriers and actions to overcome them.
- The importance of the Committee's role as the governance framework for accountability against the priorities was discussed.
- The Trust Chair queried the process and timeline that this would be implemented to get all recruiters trained to improve the ability of the recruitment panel and the questions asked to candidates. Liz responded that there was not currently a timeline, but process were being defined to address issues.

RESOLVED that the Board:

- **Approved the establishment of an EDI Committee under the proposed Terms of Reference and the five Strategic Outcomes.**
- **Requested a paper be received at Board in due course to provide assurance re how EDI was being embedded across recruitment and the timeline.** **JM**

Liz Perry left the meeting

TB/22/03/09 Gender Pay Gap Reporting

Jacqui Marshall presented the Gender Pay Gap report and provided the context and background, recognising that the report was a legal requirement.

Through a deep dive into the data, it was noted that the most significant gender pay gap disparity lay within the clinical roles. This was as a result of a higher proportion of men being put forward for the Clinical Excellence Awards which increased their pay. To combat this there was ongoing work to encourage more women to be put forward for the awards and extend deadlines to allow more time to enter. In addition, the data also indicated that there were less men in lower banded jobs and how to attract more men into these roles would be considered in relation to recruitment. Examples of this included talent management and shared parental leave.

Sarah Purdy noted that the Clinical Excellence Awards scheme was changing and extended help to the team and queried the intersectionality status. Jacqui agreed that intersectionality was important and would contact Sarah outside of the meeting to discuss further.

RESOLVED that the Board noted the contents of the Gender Pay Gap Report and approved the publication of the data.

Dr Lucy Kirkham joined the meeting

TB/22/03/10 Guardian of Safe Working (Junior Doctors) – Board Update

The Trust Chair welcomed Lucy Kirkham, Guardian of Safe Junior Doctor Working Hours, who presented the Guardian of Safe Working (Junior Doctors) Board update report which covered the prior four month's exception reporting split by division, actions to optimise workforce and fill gaps, and the Guardian's work over the previous four months. The areas of focus included the Junior Doctor Forum, the use of bank and agency staff and addressing the gaps in the rota.

During the ensuing discussion the following points were noted:

- Jacqui Marshall recognised the benefits of optimising technology and suggested that the exception reporting software be reviewed to assess what could be procured as a system.
- Richard Gaunt, NED, queried if further action was required to combat the seasonal issues with clinical fellows. Lucy advised of the ongoing work to address this issue which included continued recruitment and converting Medicine Support Workers to the clinical fellow roles. It was noted that it couldn't be mitigated fully as training contracts commenced in August.
- Steve Curry, Chief Operating Officer, queried if there was a pattern to the use of bank and agency staff. Lucy answered that further data was required to identify a pattern.
- Maria Kane noted that the prescribing issues would need consideration if converting Clinical Fellow posts to Physicians Associate posts.
- Following a query from Tim Gregory re the predictability of gaps, Lucy advised that contracts were being reviewed and the notice period was three months, but gaps were not always predictable.
- Steve Hams suggested that learnings could be shared as there were parallels between how the junior doctor and nursing workforces were managed.

The Board expressed their appreciation to Lucy for all her efforts as the Trust Guardian and noted the benefits of digital platform data.

RESOLVED that the Board noted the Guardian of Safe Working (Junior Doctors) update paper and were satisfied that:

- **All contractual obligations were in place.**
- **The role of Trust Guardian was being fulfilled.**
- **Exception Reports were being acted upon.**
- **Gaps on Junior Rotas were being filled as a priority.**
- **The next update would include data showing if there was a pattern regarding the use of bank and agency staff.** **LK**

Dr Lucy Kirkham left the meeting

TB/22/03/11 Integrated Performance Report (IPR)

Steve Curry provided context to the Integrated Performance Report and noted the challenging operating environment which included Urgent and Emergency Care (UEC) activity back to pre-Covid-19 levels, the work to address the planned care activity backlog and the ongoing Covid-19 activity impact (operationally and on the workforce).

The achievement of the elective recovery team in reducing the 104 week wait patients from 511 patients to 99 patients was recognised.

It was noted that the UEC position was acting in an uncharacteristic/atypical way with an acute deterioration in some performance indicators that reflected what was happening in the system. Slides were presented that focused on data that showed the No Right To Reside (NR2R) patients and their impact on the acute bed base and the UEC performance. The following information was highlighted:

- A third of patients in the hospital had NR2R.
- The data showed a correlation between the proportion of NR2R patients and the deteriorating Emergency Department four-hour performance.
- The risks to the patients that had NR2R.
- The NR2R patients fell into two categories: internal (those that were waiting for an action within the Trust) and community (those that had no outstanding hospital actions and were waiting for an out of hospital service).
- There was a strong relationship between the bed days lost and the community NR2R service. In February and March 6% of bed days used were for patients waiting for an action within the Trust but 94% of bed days used were for patients waiting on a service out of hospital.
- The flow dynamics were detailed, and it was noted that the actions taken to address internal delays would not always result in discharge as patients would join the queue to wait to move into the system.
- Internal delay caused a loss of 3.5 days but in comparison community delay caused a 12-day loss.
- The operational impact was greater as patient flow was constrained through part of the bed base.
- The Trust was not in a positive position in comparison to other Trusts regionally and nationally.

The Trust Chair noted that the Chair and the Chief Executive of SWAST had been invited to April's private Board meeting to give external view of their challenges. It was noted that the Trust would continue to focus on improving internal actions, but major improvement would rely on system progress.

Discussion was held on what the Board and the organisation could do to secure system change and the queries and comments from the Board were as follows:

- Following a query from Richard Gaunt, NED, re the status of UHBW, Steve Curry noted that all providers were facing the same challenges, but work was ongoing with the system partners to resolve the issue. The

Trust Chair advised that the issues were raised at the Acute Care Collaborative Board and agreed that collaborative focus was key.

- Glyn Howells explained that UHBW had lost 70% of rooms due to Infection Prevention Control constraints of Covid-19 and so this was the reason that their NR2R numbers were lower.
- Tim Gregory raised concerns re the bed, recruitment and recovery issues and noted the importance of escalating the nature and scale of problem politically. The Trust Chair responded that there was oversight as Chairs of all the Trusts fed into the Healthier Together Partnership Board. It was suggested that the focus should be on collective collaboration to underpin the issues and find a resolution.
- The Trust Chair queried if UHBW had also undertaken this level of data analysis. Maria Kane responded that UHBW have been requested to provide this level of data, but the current information was brought to the Board to ensure full transparency of the data sitting behind the next stage actions.
- Glyn Howells noted that funding had recently ceased for the nationally funded hospital discharge system and so there would be tighter pressures on the budget.
- Tim Whittlestone reiterated that this was a health and quality risk as the patients were not receiving the care they should be.

IPR Report

The Trust Chair raised a query on behalf of Sandra Harding, Associate NED, regarding the VTE assessment position and Tim Whittlestone advised that the delay was due to changes in key personnel, but recovery was expected to be at 95% by June 2022.

Steve Hams positively noted that the complaint response time was steadily improving. It was acknowledged that since the publication of the IPR there had been MRSA cases reported but work was ongoing with the post infection review. The Trust Chair requested clarity regarding what the continued outbreaks noted in the report were and Steve Hams confirmed it was Covid-19 outbreaks.

Jacqui Marshall noted that vacancies and turnover continued to increase but international recruitment remained strong. Additionally, the 1/3/5-year workforce plan was being developed to improve recruitment and reduce turnover across the system.

RESOLVED that the Board:

- **Noted the contents and key points of March's IPR.**
- **Noted the context to the IPR and the internal and community challenges re NR2R patients.**

TB/22/03/12 Finance & Performance Committee Upward Report

Tim Gregory, NED and Committee Chair, presented the Finance & Performance Committee upward report and noted the comprised finance report, the digital programmes and the concern regarding the scale of the CIP and efficiency targets for the next financial year.

Glyn Howells added a brief overview of the year-end financial position noting that there was an underspend between £2-5 million which was in line with the guidance given to NHS England. Additionally, the capital plan delivered £2 million overspend as part of an agreed position with the region.

The Trust Chair acknowledged that the report requested the Board support a discussion regarding the Digital Maternity programme at the next Acute Provider Collaborative Board but noted that UHBW were due to chair the next meeting and requested that they were made aware. Neil Darvill requested that the collaborative digital projects (LMS sponsored digital maternity and the outpatient transformation) also be included for discussion.

RESOLVED that the Board noted the Finance and performance Committee upward report.

TB/22/03/13 Audit and Risk Committee Upward Report

Richard Gaunt, NED and Committee Chair, presented the Audit and Risk Committee upward report and noted the positive reports and reviews from the counter fraud and auditing teams, the Committee's support of the approach to Cyber Security and the review to the Covid-19 BAF risk.

The Committee reviewed the updated Standing Orders & SFIs and endorsed the changes for the Board to approve.

RESOLVED that the Board noted the Audit and Risk Upward report and approved the changes to the Standing Orders and SFI's.

TB/22/03/14 Quality Committee Upward Report including Quality Priorities

Kelly Macfarlane, NED, presented the Quality Committee (QC) Upward Report and recommended approval of Quality Priorities for 2022/23, noting the challenges back to the team regarding optimising benefits to staff and patients and operationalising the plans.

It was noted that the Committee received a presentation from the team leading the Falls Academy which detailed the improvement work undertaken and how it could continue and be embedded into practise.

The Foetal Wellbeing Training metrics were reviewed, and it was noted that the aim was to obtain 88% compliance by the end of May.

The Committee were assured with Trust's compliance with recommendations from the Ockenden Report and the progress being made but acknowledged that there may be further changes in light of the recent publication.

RESOLVED that the Board:

- **Noted the QC Upward Report.**
- **Approved the Quality priorities for 2022/23.**
- **Noted the compliancy and progress regarding the Ockenden report.**

TB/22/03/15 Patient & Carer Committee Upward Report

Steve Hams presented the Patient & Carer Committee upward report and recognised the condolences from the Committee regarding the sad passing of Christine Fowler.

The positive and progressive ongoing work regarding Accessible Information Standards, the Maternity patient survey report from Picker and the review of the patient experience risk report were also noted.

RESOLVED that the Board noted the Patient & Carer Committee Upward Report.

TB/22/03/16 **Any Other Business** – None raised.

TB/22/03/17 **Questions from the public** – None received**.**

TB/22/03/18 **Date of Next Meeting**

The next Board meeting in public was scheduled to take place on Thursday 26 May 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 12:36pm

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	Oct-22	Yes	Open	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.	31/03/2022
31/3/22	Equality, Diversity & Inclusion Committee Proposal	TB/22/03/ 08	67	A paper be received at Board in due course to provide assurance re how EDI was being embedded across recruitment and the timeline	Jacqui Marshall, Chief People Officer	Jul-22	Yes	Open		
31/3/22	Guardian of Safe Working (Junior Doctors) – Board Update	TB/22/03/ 10	68	The next update paper to include data showing if there was a pattern regarding the use of bank and agency staff.	Lucy Kirkham, Guardian of Safe Junior Doctor Working Hours	Jul-22	Yes	Propose close	Lucy Kirkham informed - next paper due at July Trust Board	19/05/2022

Report To:	Trust Board Meeting		
Date of Meeting:	26 May 2022		
Report Title:	Chief Executive's Briefing		
Report Author & Job Title	Xavier Bell, Director of Corporate Governance		
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 *private* meeting			
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
			X
Recommendation:	The Trust Board is asked to: • Receive and note the content of the briefing.		
Report History:	The Chief Executive's briefing is a standing agenda item on all Board agendas.		
Next Steps:	Next steps in relation to any of the issues highlighted in the Report are shown in the body of the report.		

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.

Board Assurance Framework/Trust Risk Register Links	Does not link to any specific risk.
Financial implications	None identified.
Equality, Diversity and Inclusion Assessment (EIA)	N/A
Appendices:	Appendix 1: Freedom to Speak Up Guardian Letter

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.

2. Background

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

3. Performance

Building on the successfully managed Easter Bank Holiday, we experienced another well-managed bank holiday in early May, where staff and patients benefited from additional forward planning, resourcing, and support. This is being replicated for the Platinum Jubilee bank holiday weekend with new and extended substantive and bank/locum staff incentive schemes in place, as well as advanced discharge planning.

The number of inpatients with Covid-19 continues to decrease, reducing some of the complexity in managing patient flow; however, we continue to manage performance pressures within the emergency department, including ambulance handover breaches. This will be helped by the new Same Day Emergency Care Unit (SDEC) which opened in Gate 36 on 27 April. This unit will ultimately lead to patients from multiple specialties being assessed on the same day wherever possible and avoiding unnecessary admissions, reducing pressure in our wider Emergency Zone.

Our elective and cancer improvement trajectories remains under constant review, and Trust Board will receive an up-to-date position during the May meeting.

4. Senior Leadership Away-day

On 17 May I hosted a senior leadership away-morning at Engineers House where we discussed our current operating environment, plans for the future, and discuss our Trust Values, ahead of a wider engagement exercise with staff across the organisation.

Dr Megan Joffe, Clinical Psychologist with Edgecumbe Consulting joined us for part of the morning and led a session on Personality and Leadership. This explored the difference between leading and managing, creating conditions for people and organisations to succeed, the challenges of leading professionals, and how to be more self-aware as leaders. This was an engaging session, leaving us with much food for thought and self-reflection.

5. Acute Provider Collaborative Board Meeting

The NBT and UHBW Acute Provider Collaborative Board took place on 25 April 2022. Discussion focused on the key operational priorities faced by both organisations, and how the most common challenges might be approached as a collaborative. These challenges were identified as emergency department delays, insufficient bed capacity and long waits for treatment. The discussion was informed by analysis of the impact of available bed base at both sites, identifying the scale and focus for actions that the two organisations could take, alongside the scale that could be improved by system partners primarily via the “Discharge to Assess” programme implementation.

6. Integrated Care Board (ICB) – Membership Nominations

With ICBs now becoming statutory bodies in July 2022, NBT has been invited to participate in the nominations process for the partner members of the new ICB.

The ICB will include eight partner members:

- Four Partner members - NHS and Foundation Trusts
- One Partner member - Primary medical services
- Three Partner members - Local Authorities

It will also comprise ICB executive members, five independent non-executive members and one "other" member (providing the perspective of Adult & Children's Community Health Services).

The four NHS Trusts across Bristol, North Somerset and South Gloucestershire are eligible under the Health and Care Act to nominate individuals to be one of the four NHS and Foundation Trust Partner Members. These individuals will provide the ICB Board with the perspectives of mental health, acute secondary care, acute tertiary care and ambulance services and ensure that insights and the perspectives of all parts of the geography of BNSSG area are provided. Partner members will not represent individual organisations.

As Chief Executive, it is expected that I will be NBT's nominated individual. The first meeting of the ICB will take place in "shadow" form on 9 June 2022.

7. ECMO Readiness Review

A new single joint Extra Corporeal Membrane Oxygenation (ECMO) and Severe Acute Respiratory Failure (SARF) service is being commissioned in Bristol. This is a nationally commissioned service via NHS England Specialised Commissioning. The service will be under the mentorship of an existing commissioned SARF centre, Guys and St Thomas' NHS Foundation Trust and will be a "joint service" between UHBW and NBT but on the UHBW site, with workforce provided by both NBT and UHBW, covered by a collaboration agreement and a joint programme board.

On 12 May 2022 there was a quality assurance visit with the national team. They were satisfied with, and commended the proposed model of care, quality and governance oversight although there is additional work required to provide assurance around some workforce elements prior to go-live. I would like to express my gratitude for the collective effort of staff across both NBT and UHBW and note that this service is a blueprint for effective commitment and collaboration across the two acute providers in BNSSG.

8. Professor Steve Hams, MBE

As Board members may already be aware from our internal communications, I am delighted that our Chief Nursing Officer, Prof. Steve Hams, received his MBE in this year's Queen's Honours. This is amazing recognition for Steve's services to nursing, and particularly his work on the vaccination programme in his previous role at Gloucestershire Hospitals. I am very proud to have Steve as part of the Executive Team here at NBT, having joined us in March 2022.

9. Healthcare Support Worker Recruitment Event

On 19 May NBT took part in a system-wide recruitment event focused on reducing the vacancy rate of Health Care Support Workers (HCSW) in the NHS. This was one event of many taking place across the country.

Reducing HCSW vacancy rates is essential to supporting the NHS's recovery from Covid-19 and the delivery of the NHS Long Term Plan. Addressing our own staffing challenges is a top priority for the Trust and I am pleased we took part in a great recruitment opportunity.

The event was aimed at candidates who are looking to start out in a healthcare career, return to work after a break or change career from another sector. The opportunities for healthcare support workers to progress are endless. Those who display the skills and core values essential to delivering high-quality, compassionate care could, and can, go on to become future nurses, nursing associates and midwives.

10. International Nurses Day

On 12 May we celebrated International Nurses' Day with our nursing colleagues here at NBT.

NBT employs more than 2,200 registered nurses and more than 1000 healthcare support workers and we recognise and appreciate all the hard work and commitment that they direct towards caring for our patients.

Steve Hams, our Chief Nursing Officer, hosted an International Nurses' Day Facebook live event for colleagues where he shared his own nursing background and set out his nursing priorities.

11. National Freedom to Speak Up Guardian Letter

The Chair and I have received a letter from the National Freedom to Speak Up Guardian, Dr Jayne Chidgey-Clark, notifying us of the publication of the fifth annual survey of Freedom to Speak Up Guardians and the launch of the third module of Health Education England/National Guardian's Office Freedom to Speak Up e-Learning package. I have appended a copy of the letter to this report.

I encourage all Board members to complete all three modules of the training, which is available on our NBT e-Learning platform and to review the letter and survey results. We will be receiving our own NBT bi-annual Freedom to speak up report at the May board meeting.

12. Healthier Together Away-day

On 18 May I attended a BNSSG Integrated Care System (ICS) strategic planning away-morning. This session focused on developing relationships across the leadership community, defining the strategic priorities and shared ambition of the ICS and consideration of the processes needed to progress the ICS agenda.

13. 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 with regularly with Clinical Consultant colleagues, gaining a

better understanding of the challenges and opportunities faced in different specialties and practices across the Trust. In May I visited the following areas:

- Bristol Centre for Reablement
- Intensive Care Unit
- Emergency Department
- Theatres

I also met with consultants from Critical Care, Radiology and colleagues from Patient Safety Team and the Renal Interventional Unit.

14. Consultant Appointments

Since I last reported on consultant recruitment in March 2022, the Trust has appointed the following consultants across several key specialiti**es:**

Consultant:	**Specialty:**
Helen McDill	Respiratory Medicine
Rhys Rhidian	Anaesthetics
David Agombar	Anaesthetics
Sophie MacDougall-Davis	Anaesthetics
Sarah Thomas	Anaesthetics
Diana Carolina Ochoa	Functional Urology
Hajeb Kamali	Gynaecology
Helen Burt	Breast Radiology
Paul Sellors	Stroke Medicine
Sarah McClelland	Stroke Medicine

15. Summary and Recommendations

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

National Guardian's Office
2nd Floor
2 Redman Place
Stratford
London E20 1JQ

12 May 2022

To: CEOs /Chairs of organisations with Freedom to Speak Up Guardians

Cc: Freedom to Speak Up Guardians via NGO fortnightly bulletin

Dear Colleague,

I am writing to you today to highlight two outputs from the National Guardian's Office - the publication of our fifth annual survey of Freedom to Speak Up Guardians, and the launch of the final module of our Freedom to Speak Up Elearning package.

The responses by Freedom to Speak Up Guardians to our annual survey reflect the continued pressures of the pandemic. I am especially grateful to the 45% of the guardian network who took part in the survey

Positively, many guardians who responded thought that the speaking up culture had improved in the healthcare sector (72.8%) and in the organisations they support (74.3%) in the last 12 months. Yet there has been a fall in the portion of respondents who said that their organisation had a positive culture of speaking up, a drop of five percentage points from 2020 to 62.8%.

This drop correlates with the findings of the 2021 NHS Staff Survey, where the proportion of staff who say they feel safe to speak up about anything which concerns them in their organisation has also fallen by more than three percentage points to 62%.

Freedom to Speak Up Guardians do not work in isolation. As leaders we are all responsible for setting the tone when it comes to fostering a healthy speak up, listen up, follow up culture. In 2020, 80% of Freedom to Speak Up guardians who responded to this survey said senior leaders supported workers to speak up. But in 2021 this has fallen to 71%. This reduction gives me cause for concern.

Also of concern is the indication from over 11% of respondents that their senior leaders did not understand the Freedom to Speak Up Guardian role and that there was a 6% drop in respondents saying that had direct access to the non-executive director (or equivalent) with speaking up in their portfolio.

I ask you to use the results of this survey as a conversation starter with your Freedom to Speak Up Guardian. Be curious about the themes they continue to share with you of what workers are speaking up about – whether those are patient safety concerns, ideas for improvement, or issues affecting their work or wellbeing, and how their role is being implemented and supported in your organisation.

It is only with your full support that Freedom to Speak Up Guardians can deliver the two elements of their role. One part is the reactive – listening to workers, thanking them and supporting them so that their voices can be heard and actions taken. The other part is the proactive element – supporting their organisation to learn from the opportunities which speaking up brings.

You will see from the responses to our annual survey, that Freedom to Speak Up Guardians who had ring-fenced time for carrying out their role, reported being better able to meet both the reactive and proactive elements of their role.

I ask you to take steps to satisfy yourself that your speaking up arrangements have the confidence of your workforce and that your Freedom to Speak Up Guardian has sufficient time, resources and well-being support to carry out their role effectively for you and your organisation.

The National Guardian's Office, in collaboration with Health Education England, has launched 'Follow Up', the final module in the Freedom to Speak Up e-learning package. Developed for senior leaders throughout healthcare - including executive and non-executive directors, lay members and governors – its aim is to provide an opportunity for you to pause and reflect on the influence you and your fellow leaders have in shaping the speaking up culture in your organisation.

The first module – Speak Up – is for all workers and covers what speaking up is and why it matters. The second module - Listen Up - for managers, focuses on listening and understanding the barriers to speaking up. Leaders are encouraged to complete the first two modules before engaging with the final Follow Up module.

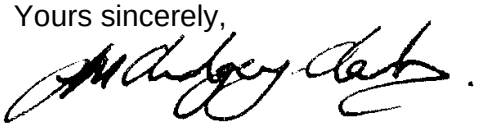
I ask that you, and your fellow leaders, commit to undertake this training and make a Speak Up Pledge to show how you will Speak Up, Listen Up and Follow Up and role model these behaviours in your organisation.

Please share this training offer with your learning and organisational development teams. It is freely available to anybody who would like to register. Freedom to Speak Up training should be considered on a par with other mandatory training.

I appreciate your taking the time to read the survey and undertake the elearning. Please use the training and the survey report to prompt conversations at your senior management meetings to support further improvements in your speak up culture. It is only with your support that speaking up can truly become business as usual.

With many thanks.

Yours sincerely,



Dr Jayne Chidgey-Clark
National Guardian for the NHS

Report To:	Trust Board - Public		
Date of Meeting:	26 May 2022		
Report Title:	Staff Story: Safeguarding		
Report Author & Job Title	Susan Bourne (Head of Integrated Safeguarding)		
Executive/Non-executive Sponsor	Steve Hams, Chief Nursing Officer		
Does the paper contain:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**
	X		
*If any boxes above ticked, paper may need to be received at *private* meeting			
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
		X	
Recommendation:	For Board update and insight - a staff story from safeguarding team activity, and to share the positive outcomes and learning opportunities from this scenario.		
Report History:	N/A		
Next Steps:	This story (alongside similar scenarios handled by the safeguarding team) will be used in training to share the learning and messages.		

Executive Summary

- Staff story from a safeguarding team perspective, highlighting the importance of the Think Family approach in safeguarding adults and families at risk.
- Highlights the importance of team working, good clear communication and co-ordination and effective assessments to prevent harm to families inside and outside the hospital.
- Demonstrates the importance of a holistic approach to care and support from a safeguarding perspective.
- Re-iterates that Safeguarding is everyone's business.
- PowerPoint presentation attached for details.

Does this paper require an Equality, Diversity, and Inclusion Assessment (EIA)?	No The subject of the presentation is a positive example of inclusion, recognition and respect of diversity and there are no barriers to equality. The paper has no identifiable protected characteristics that are not presented or demonstrated as inclusive.
Appendices:	Safeguarding Staff Story PowerPoint Slides

Safeguarding Team Case Learning through a Patients Journey in Hospital

- Our vision at NBT is to enable our teams to be the best they can be, we will provide Exceptional Healthcare, Personally Delivered.

Presented by the Safeguarding team(Gayna Scott- Angell,)

Objective of this Story

NHS North Bristol NHS Trust

To highlight the importance of the THINK FAMILY approach in safeguarding the vulnerable.

Highlight the importance of team working, good communication and effective assessments to prevent harm to families beyond the hospital.

Holistic approach to care.

Safeguarding as everyone's business.

Safeguarding THINK FAMILY

Background

- This case represents the story of a gentleman who was brought into the Emergency Department via ambulance with reduced mobility following a fall nine days earlier.
- He was assessed as being significantly malnourished and unkempt in appearance.
- He had several pressure injuries and was extremely frail for a man his age.
- Ambulance Crew reported to ED that they had completed a safeguarding referral raising concerns of self neglect.
- Patient reported living with his son who has a diagnosis of Autistic Spectrum Disorder.
- He reported being independent prior to the fall and as such did not have a package of care.
- ED staff promptly completed a Datix form to the Safeguarding Team, raising concerns of self neglect.
- During his three week admission, he was transferred from ED to AMU then on to a ward before returning home with a package of care.

Admission – Think Family

- On admission, the patient stated his son would be fine whilst he was in hospital and that he would not require any support. He reported that since his wife sadly passed several years ago, the two of them share the household chores, with son doing the grocery shopping, whilst he did the cooking and cleaning.

- Through assessment of his needs, the patient acknowledged to staff that he had been struggling with his mental health during the pandemic, reporting being fearful of leaving the house in case he caught Covid. He expressed noticing that his anxiety and depressed mood had impacted on his appetite, to the point that he felt physically sick at the thought of eating. He acknowledged losing a significant amount of weight and being physically frail. He also identified using alcohol as a coping mechanism.

- During a visit from his son and family friend, it was identified that the son was struggling to cope whilst his father was in hospital. The family friend shared with staff his concerns that both father and son were self- neglecting and would require support on discharge.

- A family friend reported taking the previous week off work to ‘look after’ the son but could not take any further time off.

- Son expressed not being able to cope at home and asked for help.

Joined up working

- The team completed a Datix form to raise concerns to Safeguarding team.
- Safeguarding team liaised with Local Authority (LA) for clarification on SWAST referral- checking that the ambulance crew had not raised concerns regarding Son (no concerns raised by SWAST).
- Safeguarding team accessed GP record through Connecting Care to see if any concerns had been documented by the GP with regards to both patient and son (nothing obvious was noted at this time).
- Safeguarding team liaised with relevant individuals and safeguarding concerns discussed with staff. Recommendations were made for team to liaise with LA Safeguarding as part of discharge planning
- Safeguarding team discussed recommendations surrounding management of unmet care needs verses self neglect with ward team.
- Staff discussed outcome of discussions with patient regarding care and support needs and Safeguarding team recommended that patient be referred to Mental Health Liaison and Alcohol Care Team.

What Happened Next

- Following appropriate medical investigations and assessments from alcohol and mental health teams, the patient was assessed as being cognitively impaired.
- From this, mental capacity assessments and best interest meetings took place alongside an application for Deprivation of Liberty Safeguards (DoLS).
- On receipt of the Datix form from one of the wards reporting concerns raised by family friend alongside sons request for help, an urgent LA safeguarding referral was completed by the Safeguarding Team.
- The same day, a social worker from the LA made contact with the Safeguarding Team and confirmed that they would be going out to see son on that day.
- Safeguarding team provided liaison between LA safeguarding and ward teams.

Outcome and Learning

- Social services feedback to NBT: The house was in an unhabitable state with urine and faecal stained carpets and mattresses, cluttered, no working oven, outdated food in fridge (dating back almost 10 years), and mould on walls.
- Son was reported as never having eaten hot food, living off cereal, milk and canned drinks.
- Since the death of his mother, none of the bedding in the house had been changed, Son had not bathed or washed, none of his clothes had been washed and his hair and nails had not been cut.
- Son's clothes were all threadbare and his shoes all broken.
- The social worker stated that he had never seen such a level of self neglect.
- Son was reported as being relieved and grateful to be getting support and help.

Outcome and Learning

NHS North Bristol NHS Trust

With assistance from family friend and social services, the house was cleared of clutter, cleaned and repaired, with new mattresses, bedding, washing machine, and oven.

Son was prompted to attend to his personal hygiene, taken to the barbers and shops for new clothes.

Son now has a support worker and enjoys going out for lunch, trying new foods and has expressed interest in going to college.

Details of Emergency Duty Social Worker and how family members/friends can also make referrals to Social Service provided to ward team for future reference.

Acknowledgement of Good Practice

- Staff in all areas showed good understanding of the THINK FAMILY approach to safeguarding and within this escalated their concerns appropriately.

- Safeguarding concerns were handed over accordingly from ward to ward and appropriately considered in terms of discharge planning.

Safeguarding
THINK FAMILY

NHS
North Bristol
NHS Trust

Thank you,

Any Questions?

Safeguarding
THINK FAMILY

Report To:	Trust Board Meeting		
Date of Meeting:	26 May 2022		
Report Title:	Research and Innovation annual update		
Report Author & Job Title	David Wynick – Director of Research NBT & UHBW Helen Lewis-White -Deputy Director of R&I		
Executive/Non-executive Sponsor (presenting)	Tim Whittlestone, R&I executive sponsor		
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 *private* meeting			
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
			X
Recommendation:	The Board to note the report		
Report History:	Annual report to the public board regarding progress and the strategic direction of NBT R&I and Bristol Health Partners		
Next Steps:			

Executive Summary	
This report provides an overview of R&I covering the period 2017-2022, the duration of the current NBT R&I Strategy, it also outlines the proposed aims for the new Research Strategy currently in development. The report also highlights for the board the work, aims and objectives of Bristol Health Partners AHSC as they relate to the BNSSG ICS	
Risks [if this is on a formal risk register please provide risk reference]	N/A
Financial implications	None identified
Does this paper require an Equality,	*N/A*

Diversity and Inclusion Assessment (EIA)?	This paper is for information and discussion equally applicable across all stakeholder groups
Appendices:	Appendix 1. Research: Five-year Review and Forward Plans

1. Purpose

The purpose is to inform and update the Board regarding the progress of research at NBT over the last 5 years, corresponding to the period of the current NBT Research Strategy and outline the proposed aims for the 2022-2027 Research Strategy, currently in development and consultation.

It also provides an opportunity for the Board to hear about the work, aims and objectives of the Bristol Health Partners AHSC

2. Background

Annually R&I provide the Board with a review of progress against the extant strategy and delivery plans. As 2022 coincides with the end of the five year NBT Research Strategy a review covering the full duration was deemed more appropriate. Specific achievements and studies are highlighted for the information of the Board

The opportunity is also used to discuss how the work, aims and objectives of the Bristol Health Partners aligns with NBT, the ICS and our partners across the region.

3. Summary and Recommendations

The Trust Board is asked to **note t**he successes within R&I and the Trust and the proposed future aims of the Strategy

Take Part
Be Involved
in research

NHS
North Bristol
NHS Trust

Research – 5 Year Review and forward plans

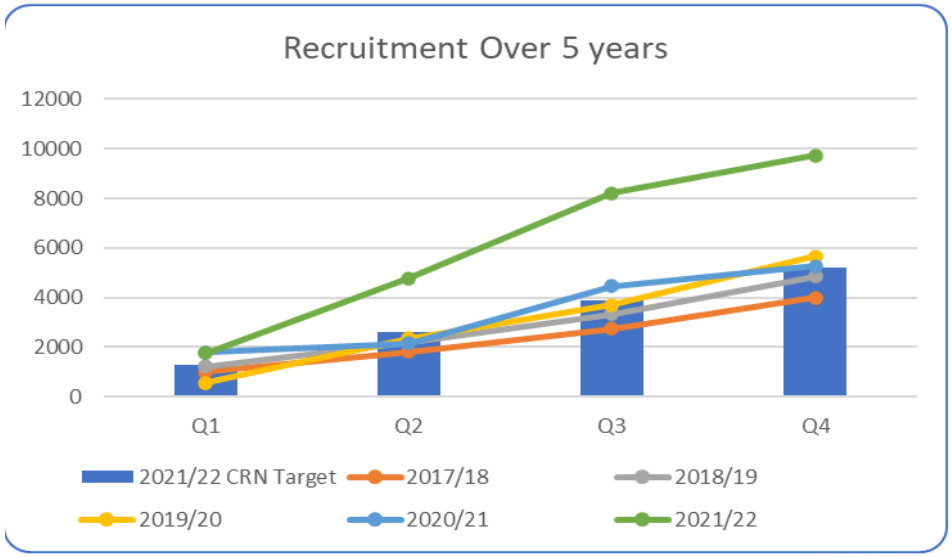
Helen Lewis-White – Deputy Director of R&I
David Wynick – Joint Director of R&I (NBT and UHBW)

www.nbt.nhs.uk/research

Five year review of R&I Strategy

Empower patients

- Consistent growth in number of participants recruited to research
- NIHR survey results show patients feel valued and want to be offered more research opportunities
- >95% research participants would consider participating in research again
- Supported >220 PPI groups to meet across ~ 20 different research



Nurture workforce

- NBT R&I awarded Investors in People - Silver accredited
- Research specific competencies developed and implemented
- 45 courses have been delivered offering over 450 people development opportunities
- Supported 11 NMAHPs apply for NIHR and national Fellowships
- Funded over £358,000 for NBT staff to develop research ideas
- Supported individuals through physical, emotional and psychological challenges of Covid, ensuring wellbeing was central to the leadership approach
- Investors in People Bronze and subsequently Silver award recipient

Five year review of R&I Strategy

Visible Research

- 42% increase in the number of clinical teams involved in clinical research over the last 5 years
- Pre-Covid audits had shown over 90% patients knew NBT was a research active
- Over 5 years NBT has seen the number of grants it led treble, and the value of those grants increase by 66% over the same period, now totaling £28.9M
- R&I has increased its social media presence to engage a wider community and
- Consistent growth in research participants year on year
- Visibly implemented research results

Regional Partner and Leader

- Developed regional research portfolio in reproductive health
- Leading the logistics of the COVID vaccine trial programme expanding outside Bristol to Bath, Swindon and Gloucester
- Set up a programme of work to look at delivery of stroke research across the wider region
- Co-leadership, with CRN, of the Network Rail lead QI review of the regional research : 2020-2021

Study Highlights

- Covid Vaccine Trials: AZ; Conflucov; Moderna Omicron
- Aerator
- Assist – First assisted birth device since the 1950s
- Star Trial Implementation

NBT Research Strategy 2022-2027 - Consultation

- Principle One: *In everything we do we will seek true equity and inclusivity*
- Principle Two: *In everything we do we will seek to minimise the environmental impact of our actions, and omissions*.

- Aim 1:*Engage and empower patients and public as partners in world class research*
- Aim 2 *Support our workforce develop and enhance their knowledge and skills to deliver world class research*
- Aim 3 *Research will be a core principle underpinning the day-to-day business of the Trust*
- Aim 4: *Further develop our expertise in design, management, and delivery to make NBT a national exemplar for cross system research and innovation*

www.nbt.nhs.uk/research

Strategic priorities

- EDI, environmental awareness and protection and research implementation into clinical pathways are all fully embedded as core components of R&I functions and outputs
- Ensure our teams and workforce are empowered, supported and their skills are optimised
- Work with Bristol Health Partners AHSC and Healthier Together to optimise health and care delivery across BNSSG

What is Bristol Health Partners?

A collaboration between eleven local health organisations working across Bristol, North Somerset and South Gloucestershire (BNSSG)

University of BRISTOL

UWE Bristol – University of the West of England

Bristol City Council

North Somerset Council

South Gloucestershire Council – Delivering for you

Sirona care & health

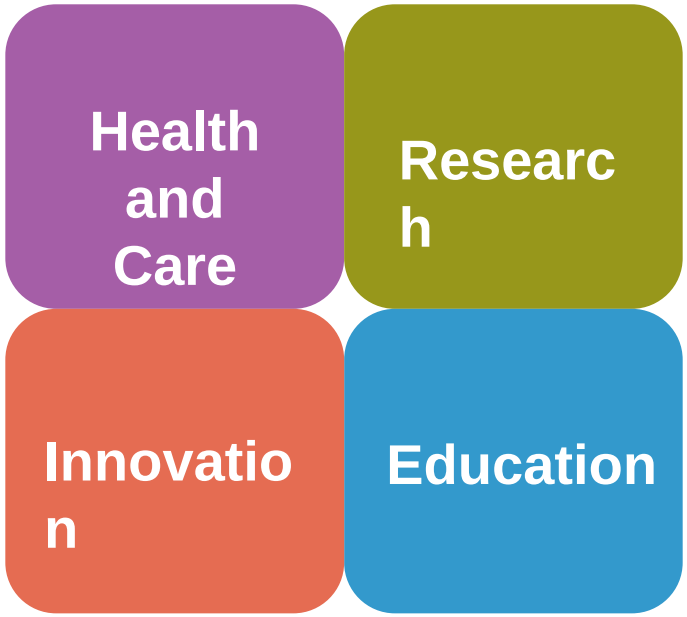
NHS

Avon and Wiltshire Mental Health Partnership NHS Trust
Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group
NHS Blood and Transplant
North Bristol NHS Trust
University Hospitals Bristol and Weston NHS Foundation Trust

www.nbt.nhs.uk/research

Why Bristol Health Partners exists

To generate significant health gains and improvements in service delivery for the 1.1M people who live in the Bristol, North Somerset and South Gloucestershire region.



Our partnership

One of only eight formally designated Academic Health Science Centres in

Priorities:

- **Mental health**
- **Health inequalities**
- **Children and young people**

HITs

Chronic health conditions

- Dementia
- Musculoskeletal disorders
- Movement disorders
- Chronic pain
- Kidney disease
- Stroke

Public health interventions

- Improving sexual health
- Immunisation and vaccines
- Active Lives
- Drug and alcohol
- Healthy Weight

Equitable, appropriate and sustainable health and healthcare

- Adversity and Trauma
- Supporting healthy neighbourhood environments
- Bladder & bowel confidence

Mental health

- Psychological therapies in primary care
- Psychosis
- Eating disorders
- Preventing self-harm and suicide
- Improving perinatal mental health

Our focus

- Improve outcomes for patients and the wider population
- Deliver and promote evidence-based care and interventions
- Support and facilitate translational research
- Create an integrated whole system approach
- Accelerate the adoption of research findings, new methodologies and technologies
- Focus on breaking down barriers and addressing inequalities
- Underpin all we do with patient and public involvement
- Convene all research infrastructure (NIHR at Bristol) under the AHSC umbrella

Research and Innovation Steering Group

We provide the Research and Innovation Steering Group for our Integrated Care System

First region in England to formally integrate the Academic Health Science Centre with the work of the ICS

The Research and Innovation Steering Group develops, leads and helps implement new and better ways of working that contribute towards delivery of our system aims to improve the health and wellbeing of people in Bristol, North Somerset and South Gloucestershire.

Innovation sub-group

Led by the West of England Academic Health Science Network, the new sub-group will:

- **Proactively collate and map adoption and spread innovation activities across BNSSG**
- **Work with the AHSN to implement new proven innovations at scale across the ICS**
- **Report on innovation activities to the ICS Board**
- **Provide a mechanism by which the AHSC and AHSN will jointly respond to requests from the ICS for innovation support**

Using Data Better

Priority theme to help improve the health of local people and the services they use by applying research methods to the data that is collected routinely.

We do this by…

- **Supporting ARC West, Biomedical Research Centre, Integrated Care System and others to develop a Trusted Research Environment from regional data sources**
- **Identifying and pursuing opportunities for researchers to support Population Health Management projects**
- **Community building and support for local health and care analysts**
- **Developed training with People in Health West of England in digital health and the use of data for public contributors**
- **Leading public engagement events**

NEW – Equality, Diversity and Inclusion in Research Working Group

A new sub-group is being formed comprising senior leaders from all relevant organisations across BNSSG, who will commit time and resources to moving the EDI agenda forward across all health and care research.

The group will focus on the diversity of:

- **The research workforce**
- **The people who participate in research**
- **Patient and public contributors who help design and shape research**

Report To:	Trust Board		
Date of Meeting:	26 May 2022		
Report Title:	Freedom to Speak Up Bi-Annual Report May 2022		
Report Author & Job Title	Hilary Sawyer, Lead Freedom to Speak Up Guardian		
Executive/Non-executive Sponsor	Xavier Bell, Director of Corporate Governance & Trust Secretary		
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 *private* meeting			
Purpose	**Approval**	**Discussion**	**To Receive for Information**
		x	
Recommendation:	Board is asked to: • Review and discuss the updated FTSU data, trends and themes triangulated against key themes from the staff survey, and patient safety/experience themes • Input to the updated Board Self-Assessment review document (Appendix 1; attached) • Commit to completing the HEE/NGO FTSU e-learning modules including the new 'Follow-up' module for leaders • Role-model and regularly communicate the value to NBT of workers speaking up, encouraging them to feel empowered and safe to do so. • Note headlines from the NGO National Survey of Guardians		
Report History:	This is a bi-annual report to Trust Board. The last report was in November 2021.		
Next Steps:	• See body of report		

Executive Summary
Effective speaking up arrangements help protect patients and improve the experience of NHS workers through empowered and valued worker voice. A (0.6WTE) Lead FTSU Guardian post was introduced on 18 January 2021, working with a small network of volunteer Guardians from various substantive roles across the Trust and from October 2021, the first NBT FTSU Champions. **Summary position on 2021/2022 data** A continued increased level of concerns since Q3 2020/21 appears to confirm a correlation with introduction of the Lead Guardian role, with more time available for proactive awareness raising and response, and staff feeling more trusting of the independent, impartial nature of the role.

This report: • explores the most recent data around concerns being raised and compares this with the available national average for Medium Acute Trusts • Triangulates the data with results from the 2021 national staff survey and NBT patient safety and experience information • Highlights progress, next steps, and suggested actions for NBT Leadership	
Board Assurance Framework/Trust Risk Register Links	Freedom to Speak Up supports the Trust's ambition to be an Employer of Choice and is an important mitigation for the Recruitment and Retention risk recorded on the Board Assurance Framework
Financial implications	N/A
Equality, Diversity and Inclusion Assessment (EIA)	Freedom to speak up relies upon a fair, inclusive and open culture that supports all staff, including those with protected characteristics to speak up and bring diversity of voice and experience. Demographic data of staff speaking up has not been collected robustly to date although are being improved with the aim to provide more detail in future. The Trust is gradually improving the diversity and representation of all staff groups within the FTSU network; see Strategy and Action Plan.
Appendices:	Appendix 1: updated Board FTSU Self-Assessment review (attached)

1. Purpose

1.1 The purpose of this report is to 1) update the Board on Freedom to Speak Up (FTSU) activity at North Bristol NHS Trust (NBT) over the past 6 months: including the number and types of concerns raised and analysis of trends, themes and learning; comparing this activity to the national picture and relevant internal data; 2) update on actions taken, and plans to further improve Speaking Up culture, 3) to provide assurance to, and recommend actions by, the Board.

2. Background

2.1 Freedom to Speak Up Guardians have been in role since November 2017. The number of voluntary Guardians has varied and has recently reduced to four. A (0.6WTE) substantive Lead role was introduced in mid-January 2021.

2.2 The Lead Guardian role brings ring-fenced time to support:

- all NBT workers to be able to speak up
- a positive speaking up culture of continuous learning
- the organisation in becoming a more open and transparent place to work, where staff are valued for speaking up
- training for managers in 'listening up'
- managers and leaders to 'follow up'
- identification and addressing any barriers to speaking up
- assessment of trends and responses to issues being raised

and hold the Board to account for taking appropriate action to create a positive speaking up culture across NBT.

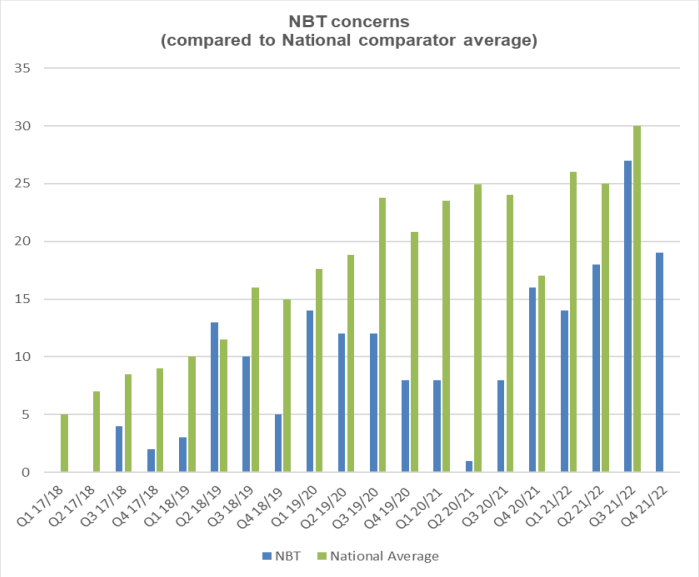
2.3 A refreshed Vision, Strategy (and Action Plan) aligned to Restorative Just Culture, based on Psychological Safety, was presented to Board in May 2021.

2.4 The first FTSU Champions were appointed in Autumn 2021 to increase presence, awareness, reach and diversity of representation (of role, seniority, workplace, work pattern, protected characteristic) and increase engagement, accessibility and visibility across the organisation.

3 How NBT Compares to the National Picture; An update of NBT FTSU data and themes vs. national benchmarking:

3.1 Chart 1 shows the comparison with the national average for Medium Acute Trusts. National data is only available currently to Q3 2021/22. The data show that the number of concerns raised at NBT increased from Q4 2020/21 likely through improved awareness due to the introduction of the Lead role. Concern numbers have consistently held at a higher rate since then, with concerns levels at the highest to date in Q3 2021/22 (as were concern numbers nationally).

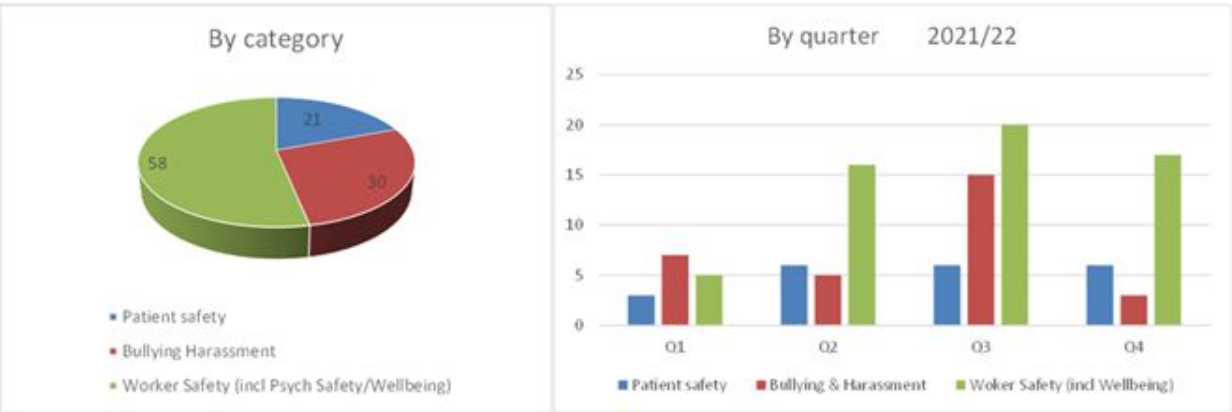
Chart 1: Number of concerns per quarter NBT v Mid-Acute National Average since Q2 17/18



3.2 Almost all workers speaking up to a Guardian at NBT have either already spoken to a line-manager beforehand but not felt listened to or responded to adequately, or due to the nature of the concern have not felt able to raise the matter openly with a manager. The number of cases is only one measure; cases can be complex and involve several colleagues and multiple interactions over an extended period.

4 A closer look at NBT's data:

Charts 2 and 3: 2021/22 data by type of concern:



4.1 **From April 2021 the NGO guidance included 'Worker Safety' as a category in addition to the 'patient safety/quality' and 'bullying and harassment' categories;**

the 'Worker Safety' category includes elements that may indicate a risk of adverse impact on wellbeing of the worker (including psychological safety) and should be interpreted broadly focussing on the perception of the person speaking up.

4.2 A case may include elements of patient safety/quality, bullying or harassment, and/or worker safety, as well as other matters. All categories that apply for each case must be recorded.

4.3 **Concern levels are currently highest in the newer 'Worker Safety' category** followed by 'Bullying and Harassment'; taken together this indicates that the vast number of concerns relate to behaviours and relationships. Some concerns have recorded the knock-on effect to patient safety of issues of worker safety/bullying and harassment.

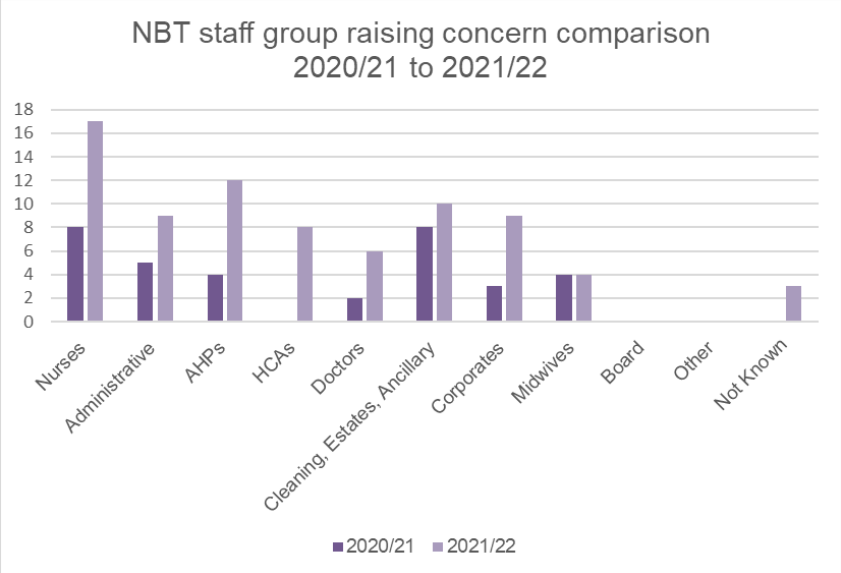
4.4 **The NGO has updated data reporting guidance from April 1, 2022;** this now includes:

- A **new category for inappropriate/unprofessional behaviours and attitudes**

4.5 **Anonymous cases:** three cases were raised anonymously to the Trust during 2021/22 (one via the CQC, one in writing to the Lead Guardian and one via phone call).

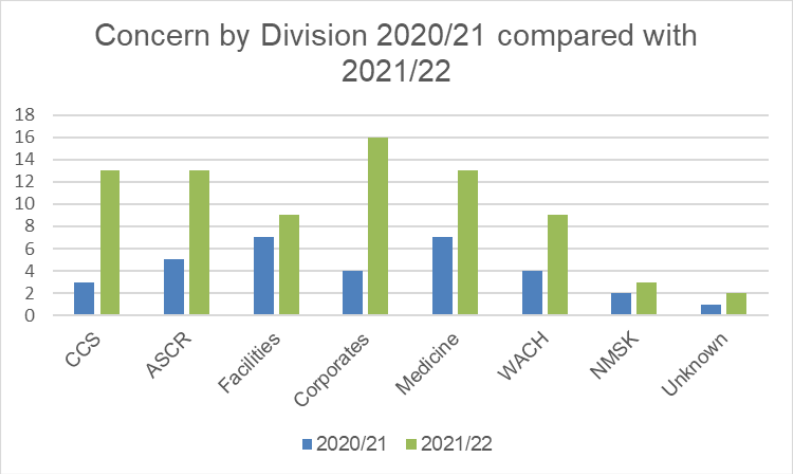
4.6 **A majority of concerns were raised confidentially**; approximately a third were openly reported. Concern resolution is more effective and efficient when these can be dealt with openly. It is recommended that this should be an area of organisational focus within NBT to ensure staff feel able to raise matters openly with no fear of any disadvantageous treatment. This should be strongly role modelled by NBT's leadership as an expectation of all managers.

4.7 **Chart 4: 2021/22 data by** worker **group raising concerns** (where recorded) including comparison to 2020/21:



4.8 Chart 5 illustrates that concerns have been raised from across NBT's Divisions, and in increasing numbers across all Divisions, in the last two financial years.

Chart 5: 2021/22 NBT Concerns raised by Division/Directorate:



4.9 **Case closure:** An action from the recent Internal Audit was to include monitoring of response times and concerns closure in the report to Board from Q4 onwards. Currently approx. half of concerns raised remain open. This is due to a combination of following up final resolution response, either from the manager involved or confirmation of closure from the staff member. This also reflects the complex relational nature of some concerns.

A manager response form (RAG rated) is being piloted over Q1 to support timely response, closure and recording of organisational learning.

4.10 Themes of FTSU Concerns in the last 6 months (and from anecdotal conversations):

- Staffing levels; concern for patient care and staff wellbeing (across several professions)
- Behavioural/relationships – colleagues/manager
- Fairness in treatment and management, including opportunities
- Process issues between teams
- Culture between teams
- Diversity aspects
- Parking (related to retention, staff safety)
- Employment issues

This appears to correlate with themes of issues raised with our Trade Union colleagues, and is similar to themes reported in November

Identified areas for improvement continue to include:

- Clear and timely, open communication on decision-making
- Clarity on timeframes for management/organisational actions
- Listening to, responding, and resolving issues

- Civility in interactions.

Feedback from concerns and from Guardian walk-arounds is that staff are continuing to reflect fatigue from ongoing pressure from increased activity and staffing level challenges, which has a knock-on to relationships and escalation of behaviours. Where areas are well-connected and supported, peer support currently provides mutual resilience.

In addition, clear and timely communication cascade (and FAQs) of work ongoing in the background (short, medium, and longer term) investment plans (e.g., around workforce plans and mitigations through retention and recruitment, safe staffing planning, costs of travel/living) will support staff feeling they have been heard, situations acknowledged, and actions taken, to support staff being able to continue to provide quality, safe service to our patients.

4.11 **Satisfaction levels with the FTSU Service 2021/22:** it has not been possible to obtain a response for all concerns, however of those that responded to the question: 'Given your experience, would you speak up again?' all responses were 'Yes' other than one 'Maybe' and one 'Don't Know'.

Recent feedback:

- 'It was fantastic to have a safe, impartial space. Thank you, it was great to feel listened to'
- 'It was excellent to have continued and sustained support in resolving matters'
- 'Having the support to raise and escalate matters was incredibly helpful'
- 'Thank you for FTSU Guardian support with this matter'
- 'It was really helpful to discuss the issue with an uninvolved person for an objective, unbiased view'
- 'I was really grateful to feel so supported and endorse FTSU to others'
- 'I have really appreciated support in resolving this issue'

4.13 Disadvantageous treatment (detriment):

To date there have been no incidences of disadvantageous treatment reported for concerns raised in 2021/22.

4.14 Key next FTSU action steps planned:

- Communication of successes and learning from workers speaking up either through NGO 100 Voice stories or through sensitive sharing of successes at NBT
- Strengthening connections with Divisional/Directorate Management teams to discuss triangulation of data, support speaking up arrangements within Divisions and celebrate success.
- Gap analysis against the NGO's case studies/reviews
- Update Raising concerns policy once national template received
- Further evolve the FTSU Champion network (including CPD development)
- Work with corporate and clinical education teams to embed blended FTSU training for workers and managers

- Consider use of Radar clinical governance system for FTSU to record and track concerns and support efficient and accurate concerns data recording and analysis

4.12 Against 2021 NHS Staff Survey results.

NBT staff survey results overall deteriorated in most areas for 'Staff Voice' however remain above national average. Staff Voice will remain a Trust-wide priority.

It should be noted that not every staff member completes the staff survey (approx. half the workforce); this should be considered when reviewing the data in this report. In addition, this analysis will only cover response to the questions specifically covering Raising of Concerns (as part of Staff Voice).

5.2 '**Raising concerns' sub-theme; NBT results**

These questions reflect speaking up about concerns generally in an organisation rather than specifically to the FTSU service.

Some questions previously forming the 'FTSU index' were dropped from 2021; hence the National Guardian Office no longer publishes this index. All organisations were invited to use two direct questions (21e and f) instead, in conjunction with two other questions:

Table 1: NBT Raising Concerns Sub-themes scores benchmarked to average and best showing change from 2020:

		NBT 2021 %	Average 2021 %	Best 2021 %	NBT Change %	Average Change %	Best Change %
17a	I would feel secure raising concerns about **unsafe clinical practice**	74.1	73.9	82.9	+2.4	+2.1	+5.2
17b	I am confident that my organisation would address my concern.	59.2	57.6	75.5	-1.1	-1.5	+1.6
21e	I feel safe to speak up about **anything that concerns me** in this organisation	64.2	60.7	75.3	-3.4	-4.3	-2.3
21f	If I spoke up about something that concerned me, I am confident my organisation would address my concern	50.3	47.9	67.2	New question	New question	New question

NBT's results have deteriorated for questions 17b and 21e, mirroring the national average trend, though this deterioration is less marked than that of the national average. It is noted however that the Best-scoring organisation score continued to improve for question 17b.

Although the NBT score improved in terms of security in raising concerns about **unsafe clinical practice** (this may reflect the Just Culture principle learning approach of PSIRF), there was a downturn in staff feeling safe to speak up about **anything** of concern.

The results suggest that more than a third of staff do not feel safe to speak up about anything of concern at NBT.

Key actions to support improvement:

1) Further senior level support through role-modelling, commitment and regular communication of the value and importance of staff speaking up
2) Board/Executive assurance that managers have the time and skills to respond well to staff speaking up
3) Communicating how the organisation responds positively to staff speaking up via any route/forum

5.3 **By Division**

Table 2: Raising Concerns Sub-themes scores by Division (compared to NBT average):

		NBT 2021 %	ASCR %	CCS %	Corporate %	Facilities %	Medicine %	NMSK %	WACH %
17a	I would feel secure raising concerns about unsafe **clinical practice**	74.1	+1	+3	-6	-12	+1	+7	0
17b	I am confident that my organisation would address my concern.	59.2	-2	+3	+1	+1	-3	+8	-7
21e	I feel safe to speak up about **anything that concerns me** in this organisation	64.2	-5	+2	+4	0	-1	+7	-6
21f	If I spoke up about something that concerned me, I am confident my organisation would address my concern	50.3	-3	-1	+4	+4	-3	+11	-9

The above suggests that compared to the rest of the organisation there is lack of confidence for staff in Corporates and Facilities to raise any **clinical** concerns they may have; this may reflect that this may feel less relevant. In table 3 below, an improvement in scores in Corporates, Facilities, CCS and NMSK, can be seen.

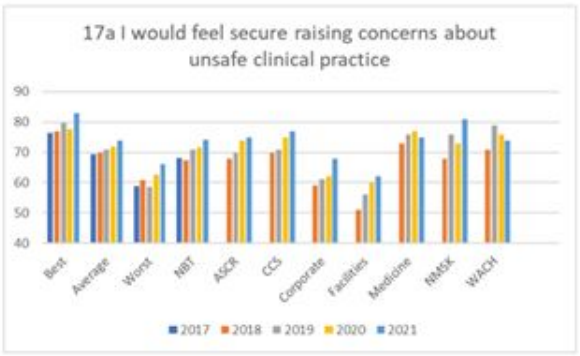
Table 2 above shows lower scores for staff in ASCR and WACH in feeling safe to speak up about **anything** of concern, and along with Medicine, lack of confidence that concerns would be addressed. In table 3 below, there has been a downturn in scores for feeling safe to speaking about **anything** of concern in most Divisions.

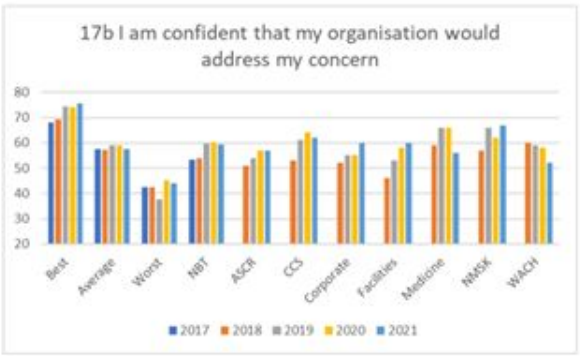
It is challenging to make any clear deductions triangulating these results with the levels of FTSU concerns data as per Chart 4 above, given that FTSU concerns have been raised across all Divisions. The results in Chart 4 and Tables 2 and 3 appear to confirm that there has been a lack of confidence in raising any type of concern (and these being addressed) in WACH; in contrast to confidence in NMSK (which also appears to correlate with fewer concerns being raised to FTSU).

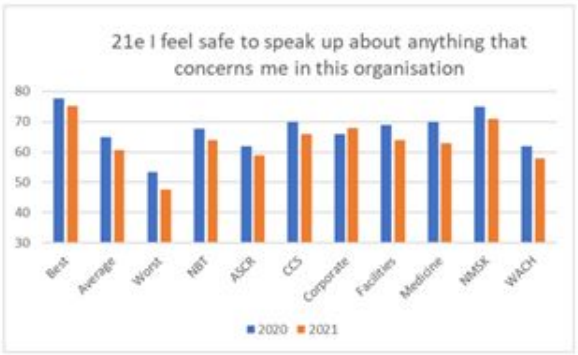
Table 3: Change in Raising Concerns scores by Division from 2020 to 2021:

		ASCR %	CCS %	Corporate %	Facilities %	Medicine %	NMSK %	WACH %
17a	I would feel secure raising concerns about unsafe clinical practice	-1	+2	+6	+2	-2	+8	-2
17b	I am confident that my organisation would address my concern.	0	-2	+5	+2	-10	+5	-6
21e	I feel safe to speak up about anything that concerns me in this organisation	-3	-21	+2	-5	-7	-4	-4
21f	If I spoke up about something that concerned me, I am confident my organisation would address my concern	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Chart 6: Trends by Year for the Four Questions above:
Data charts included to facilitate viewing of trends.







The above shows continued improvement in confidence at NBT in speaking up about unsafe clinical practice, an exception being a further small downward trend in WACH. There has also been a downturn in most Divisions in feeling safe to speak up about anything of concern.
NMSK continues to score best for staff feeling their concerns would be addressed.

The results for these four questions can be broken down in further detail via the NHS staff survey dashboard; it is recommended that the Board should encourage Divisions to explore this data in more detail and consider what action should be taken.

5.4 By Staff Occupation Group

Some staff groups had particularly negative scores for these questions and may benefit from targeted organisational work around confidence in raising concerns.

Table 4:

		NBT 2021	Highest **Negative** Score
17a	I would feel secure **raising concerns about unsafe clinical practice.**	8%	• Estates and Ancillary:13% (compared with 5-9% for other staff groups)
17b	I am confident that my organisation would address my concern	13%	• Nursing and Midwifery Registered: 18% (compared with 11-16% for other staff groups)
21e	I feel safe to speak up about **anything that concerns me** in this organisation	12%	• Additional Clinical (e.g., Nursing/Healthcare Assistants and AHP/scientist assistants) 15% • Estates and Ancillary 14% • Nursing and Midwifery Registered:14% (compared with 8-12% for other staff groups)
21f	If I spoke up about something that concerned me I am confident my organisation would address my concern	17%	• Additional Clinical: 20% • Nursing and Midwifery Registered:19% • Medical and Dental: 18% (compared with 14-16% for other staff groups)

From the data in table 4 above, despite FTSU concerns being raised by most broad staff groups, improvement in security in raising concerns and confidence in response is needed for specific professional groups (e.g., Nursing and Midwifery, Additional Clinical, Estates and Facilities (particularly Porters, Housekeepers), Physiotherapy, Pharmacy and Medical staff). Focussed and joined-up work should be planned and actioned with Professional and Divisional leads with support and input from the FTSU lead and network.

5.5 Protected group breakdown:

The survey results indicate less confidence for staff from 'Other ethnic groups' combined, compared to 'White staff', in terms of feeling secure about raising any concern (including clinical practice). Within this appears to lie specific differences between ethnic groups of staff, which could be interrogated further.

Staff with long-term conditions or illness continued to have lower scores for speaking up about anything, but an improved score speaking up about clinical practice.

This suggests there is more organisational work to do in supporting speaking up for these staff cohorts and for the FTSU lead and team to be resourced to support this. The Lead

Guardian continues to work with the Head of Equality, Diversity and Inclusion and Staff Networks to support staff voice as an ally. Although some staff from protected groups have come forward to FTSU, there appears to be some reluctance/lack of confidence in organisational response.

5.6 Further staff survey 'Raising Concerns' breakdown:

Data breakdown is available for each question in further detail including by occupation in detail (job title), age, ethnic background, religion, international recruitment, gender, sexual orientation, length of service, long term condition, caring responsibilities; information will be shared with the Divisional Leads, People team and People Partners to consider what action may be appropriate.

5.5 Triangulation with organisational patient safety/experience data to identify wider concerns or emerging issues:

The NBT PSIRP thematic review (February 2022) indicated a noticeable dip in patient safety incidents (the majority are reported by nurses) over the six-month period since the launch; largely explained by staffing and operational pressures on wards.

Staff are reporting when a significant incident occurs (including inpatient falls, medication errors and clinically changing conditions), despite challenging times, however reporting of low harm injuries, is less likely. The report suggests that ward staffing levels may detrimentally impact a proactive patient safety incident reporting culture, with data needing to be considered alongside the lived experience of staff and known operational pressures and other metrics to ensure services are safe. Patient complaints and concerns relating to discharge have increased year on year supporting safely discharging patients is proving increasingly more difficult.

Patient complaint levels and PALS use is increasing, although in part may correlate with general service activity level increase. The main themes are in clinical care and treatment (slips, trips, falls medication issues), access to service and attitude of staff. There has been some reflection of staff attitude and behaviours around communication between staff and with patients. Staffing level issues are also affecting response rates to the above, both in term of proactive frontline response to complaints and in terms of morale and sickness levels for Patient Experience Leads.

The above appears to correlate with themes brought to the FTSU team or shared as themes during walkarounds. Concerns being raised to the FTSU network at NBT increasingly support provision of a thermometer to the mood of the organisation, for triangulation.

Those raising concerns are increasingly reflecting that they are raising concerns as they want to feel they have done everything they can in speaking up about issues, but also express concern about the possibility of knock-back or other disadvantageous treatment.

There also continues to be reflection of concern around the current situation becoming normalised and managers and leaders not welcoming staff expressing concerns about patient safety and staff wellbeing.

A key message is that staff need to be able to speak up to managers and leaders, be listened to (suspending any defensiveness) and have a follow-up response as emphasised by the NGO.

6. National updates:

The Board's attention is drawn to the following:

- Delivery of the HEE/NGO third e-learning module for leaders 'Follow-Up' April 2022 (now available on NBT's LEARN)
- The NGO Report of the 2021 National Survey of FTSU Guardians, which indicated a drop in indicators of positive cultures of speaking up, correlating with findings of the 2021 NHS Staff Survey. The National Guardian suggests cause for concern in delivering high quality, safe services and highlights the support Guardians can be in reflecting staff voice.
- The Lead Guardian attended the virtual NGO conference on 29th March 2022

7. Summary and Recommendations

All NBT workers need to feel empowered to speak up in confidence that managers and leaders will listen, coming alongside with genuine curiosity, to learn and follow up well in an open, transparent, learning culture. For Speaking Up to be successfully embedded, leadership role-modelling our expected culture around psychologically safe honest, mutually supportive, compassionate conversations is key.

A supportive speaking up improvement culture can be underpinned by each of us being mindfully aware of our behaviours and communication, every day; truly listening, being curious, acknowledging each other's views, and through sometimes uncomfortable and co-creative, dialogue, working through defensiveness, learning and improving together, supporting all NBT workers being at their best to provide the excellent care they aspire to.

The Trust Board is asked to:

- Consider action the Trust leadership can take to support ongoing themes
- Commit to undertake the three FTSU e-learning modules
- Proactively role model consistent and demonstrable, clear communication of visible support in commitment to Speaking Up, especially at times of increased pressures. Leadership is asked to consider how they may convey this effectively, including through pledges to FTSU, and through walk arounds (including with FTSU team members)
- Input to the updated Board Self-Assessment review document (Appendix 1; attached)
- Note that the national FTSU standard policy template, and an accompanying toolkit, is imminently expected from NHSI. The NGO suggests that leadership engages with their Guardian to review the policy, reviews the recent NGO Guardian survey and completes the Follow-up training.

Freedom to Speak Up review tool for NHS trusts and foundation trusts

July 2019

NHS England and NHS Improvement

How to use this tool

This is a tool for the boards of NHS trusts and foundation trusts to accompany the *Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts* (cross referred with page numbers in the tool) *and the Supplementary information on Freedom to Speak Up in NHS trusts and NHS foundation trusts* (cross referred with section numbers).

We expect the executive lead for Freedom to Speak Up (FTSU) to use the guidance and this tool to help the board reflect on its current position and the improvement needed to meet the expectations of NHS England and NHS Improvement and the National Guardian's Office.

We hope boards will use this tool thoughtfully and not just as a tick box exercise. We also hope that it is done collaboratively among the board and also with key staff groups – why not ask people you know have spoken up in your organisation to share their thoughts on your assessment? Or your support staff who move around the trust most but can often be overlooked?

Ideally, the board should repeat this self-reflection exercise at regular intervals and in the spirit of transparency the review and any accompanying action plan should be discussed in the public part of the board meeting. The executive lead should take updates to the board at least every six months.

It is not appropriate for the FTSU Guardian to lead this work as the focus is on the behaviour of executives and the board as a whole. But getting the FTSU Guardian's views would be a useful way of testing the board's perception of itself. The board may also want to share the review and its accompanying action plan with wider interested stakeholders like its FTSU focus group (if it has one) or its various staff network groups.

We would love to see examples of FTSU strategies, communication plans, executive engagement plans, leadership programme content, innovative publicity ideas, board papers to add them to our Improvement Hub so that others can learn from them. Please send anything you would specifically like to flag to nhsi.ftsulearning@nhs.net

NHSI are happy to support trusts on any aspect of the review process or the improvement work it reveals. Please get in touch with NHSI's Whistleblowing support team via rachel.clarke31@nhs.net.

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		April 2022	Insert review date		
Behave in a way that encourages workers to speak up					
Individual executive and non-executive directors can evidence that they behave in a way that encourages workers to speak up. Evidence should demonstrate that they: • understand the impact their behaviour can have on a trust's culture • know what behaviours encourage and inhibit workers from speaking up • test their beliefs about their behaviours using a wide range of feedback • reflect on the feedback and make changes as necessary • constructively and compassionately challenge each other when appropriate behaviour is not displayed	Section 1 p5	~~Not~~ Partially ~~Fully~~	May '22	• Executive Team are visible throughout the Trust, via informal walk-arounds (additional focus on visibility in early 2022) and video communications • Chair provides regular video updates • Chief Executive and other Executives regularly meets Staff Network leaders • Chief Executive regular 1:1 meeting with consultants • FTSU Month (October 2021) – various Executives and NEDs provided FTSU pledges • Bystander to Upstander week, with Exec and NED visibility • Ongoing work on Restorative Just Culture, including updates to Executive Team, Trust Management Team, People Committee during 2021 • Peer facilitated workshops on Unconscious Bias For Executive and Senior managers in 2021/22 • Red Card to Racism & Abuse re-launched 2021	• Executive Team and Board development programmes planned for 2022/23 allowed constructive challenge amongst Board members on behaviours and expectations • Need to consider additional routes for testing our beliefs about our behaviours – e.g. 360 feedback, additional pulse surveys on culture and staff perceptions • Trust to continue to invest in Health and Wellbeing programme and Recruitment and Retention programme, and support for building effective Teams. • Trust Leaders to complete new National Guardian Office/Health Education England FTSU training due in 2021

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		April 2022	Insert review date		
Demonstrate commitment to FTSU					
The board can evidence their commitment to creating an open and honest culture by demonstrating: • there are a named executive and non-executive leads responsible for speaking up • speaking up and other cultural issues are included in the board development programme • they welcome workers to speak about their experiences in person at board meetings • the trust has a sustained and ongoing focus on the reduction of bullying, harassment and incivility • there is a plan to monitor possible detriment to those who have spoken up and a robust process to review claims of detriment if they are made • the trust continually invests in leadership development • the trust regularly evaluates how effective its FTSU Guardian and champion model is • the trust invests in a sustained, creative and engaging communication strategy to tell positive stories about speaking up.	p6 Section 1 Section 2 Section 3	~~Not~~ Partially ~~Fully~~	May '22	• There are named Executive and Non-Executive leads for speaking up • Bi-annual FTSU report to Trust Board and to Trust Management Team • Board staff/patient stories at Trust Board • Restorative Just Culture & Psychological Safety initiative, regular updates to Committees • Peer facilitated workshops on Unconscious Bias for Executive and Senior managers in 2021/22 • Red Card to Racism & Abuse re-launched 2021 • Peer facilitated workshops on Unconscious Bias For Executive and Senior managers in 2021/22 • Additional leadership development scheme approved in 2021/22 (focusing on divisional and specialty leadership) • October focus on FTSU walk-arounds and awareness raising • New FTSU Champions model agreed and launched in 2021	• Evaluation of FTSU model to become an annual event • Staff speaking up experience to Board meeting (in person where possible) as per NHSI guidance

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		April 2022	Insert review date		
Have a strategy to improve your FTSU culture					
The board can evidence it has a comprehensive and up-to-date strategy to improve its FTSU culture. Evidence should demonstrate: • as a minimum – the draft strategy was shared with key stakeholders • the strategy has been discussed and agreed by the board • the strategy is linked to or embedded within other relevant strategies • the board is regularly updated by the executive lead on the progress against the strategy as a whole • the executive lead oversees the regular evaluation of what the strategy has achieved using a range of qualitative and quantitative measures.	P7 Section 4	~~Not~~ ~~Partially~~ Fully	May '22	• Trust Board agreed an updated FTSU vision, strategy and action plan in May 2021, aligned to Restorative Just Culture approach • Engaged with stakeholders when developing this strategy • Annual update on strategy presented to People Committee in March 2022 • People Strategy launched in 2020 includes FTSU as part of its "Just Culture" and "Voice" focus within the "Great Place to Work theme • People Strategy involved wide engagement with stakeholders • FTSU reporting included as a measure of success in People Strategy • Total number of concerns raised approaching national average, indicating reach and awareness of FTSU improving	•
Support your FTSU Guardian					
The executive team can evidence they actively support their FTSU Guardian. Evidence should demonstrate: • they have carefully evaluated whether their Guardian/champions have enough ringfenced time to	p7 Section 1 Section 2 Section 5	~~Not~~ ~~Partially~~ Fully	May '22	• February 2020 board paper assessed suitability of current model. Trust Board agreed to move to Lead Guardian model with ring-fenced time • Lead Guardian employed at 0.6WTE from January 2020	• Monthly meetings planned with Lead NED and also with the Chair and CEO. Will also plan in with the Medical Director and Director of Nursing and Quality, and Chief Operating Officer

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		April 2022	Insert review date		
carry out all aspects of their role effectively • the Guardian has been given time and resource to complete training and development • there is support available to enable the Guardian to reflect on the emotional aspects of their role • there are regular meetings between the Guardian and key executives as well as the non-executive lead. • individual executives have enabled the Guardian to escalate patient safety matters and to ensure that speaking up cases are progressed in a timely manner • they have enabled the Guardian to have access to anonymised patient safety and employee relations data for triangulation purposes • the Guardian is enabled to develop external relationships and attend National Guardian related events				• All existing Guardians have received appropriate NGO training. Quarterly meetings include review of case-studies from NGO • Quarterly Guardian meetings allow reflection on emotional aspects of role • Director of Corporate Governance and FTSU NED Lead meet with Guardians quarterly. Lead Guardian meets separately with FTSU NED Lead. • Lead Guarding meets weekly with Executive Lead (Director of Corporate Governance) and regularly with Chief Executive & Chair • Executives have responded well when concerns raised within their Directorates, and supported the timely progression of cases • There is good access to patient safety and HR data (anonymised) for triangulation purposes (via wellbeing team) • FTSU Guardians in contact with regional colleagues and attend related events • New Lead Guardian supported to attend quarterly Regional Guardian meetings and regular check-ins and has connected with local UHBW FTSUG	• New Lead Guardian to attend Patient Safety Committee and Clinical Effectiveness & Audit Committee • Access to appropriate anonymised patient safety and employee relations data for triangulation to be arranged for Lead Guardian supported by Executive Lead • Gap analysis against NGO case-reviews underway – to be complete by May 2021 **Ring-fenced time:** 2021/22 FTSU Internal Audit and Case Review Gap Analysis to inform discussion around whether ring-fenced time (0.6 WTE) is sufficient (May Audit Committee & Trust Board)

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		April 2022	Insert review date		
Be assured your FTSU culture is healthy and effective					
Evidence that you have a speaking up policy that reflects the minimum standards set out by NHS Improvement. Evidence should demonstrate: • that the policy is up to date and has been reviewed at least every two years • reviews have been informed by feedback from workers who have spoken up, audits, quality assurance findings and gap analysis against recommendations from the National Guardian.	P8 Section 8 National policy	~~Not~~ Partially ~~Fully~~	May '22	• Current policy based on national template. • Ongoing discussions with Staff-side and HR colleagues. Awaiting refreshed national policy before undertaking review and refresh	• Awaiting refreshed national policy before undertaking review and refresh (to be published April/May 2022) • Policy update also to be informed by feedback to be obtained from workers that have spoken up and following an audit using the NHSI policy section 8 on the effectiveness of all the speaking up channels as well as the whole speaking up culture.
Evidence that you receive assurance to demonstrate that the speaking up culture is healthy and effective. Evidence should demonstrate: • you receive a variety of assurance • assurance in relation to FTSU is appropriately triangulated with assurance in relation to patient experience/safety and worker experience. • you map and assess your assurance to ensure there are no gaps and you flex the amount of assurance you require to suit your current circumstances	P8 Section 6	~~Not~~ Partially ~~Fully~~	May '22	• Bi-annual report includes triangulation with other data sources. This includes the staff survey, pulse surveys, happy app • Positive CQC feedback on format and content of reports • Feedback from individuals raising concerns is captured • Case studies are reviewed by Guardians on a quarterly basis • Champion model introduced in 2021/22 provides additional information and triangulation opportunities	• Future reports need to include more triangulation with specific patient safety data (e.g. Datix) • Gap analysis against NGO case-reviews underway – to be complete by May 2021

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		April 2022	Insert review date		
• you have gathered further assurance during times of change or when there has been a negative outcome of an investigation or inspection • you evaluate gaps in assurance and manage any risks identified, adding them to the trust's risk register where appropriate.					
The board can evidence the Guardian attends board meetings, at least every six months, and presents a comprehensive report.	P8 Section 7	~~Not~~ ~~Partially~~ Fully	May '22	• Lead Guardian presents paper to Trust Board. Other Guardians invited to attend.	
The board can evidence the FTSU Guardian role has been implemented using a fair recruitment process in accordance with the example job description (JD) and other guidance published by the National Guardian.	Section 1 NGO JD	~~Not~~ ~~Partially~~ Fully	N/A	• Job description drafted with reference to national example JD, and in line with other FTSU Lead Guardian JDs in the NHS • Open, competitive recruitment process (internally advertised), multiple candidates interviewed	
The board can evidence they receive gap analysis in relation to guidance and reports from the National Guardian.	Section 7	~~Not~~ Partially ~~Fully~~	May'22	• Outcomes of gap analysis reported to be reported to People Committee in Q2 2022/23	• Future Case studies from NGO to be incorporated into Trust Board paper to provide additional assurance
Be open and transparent					
The trust can evidence how it has been open and transparent in relation to concerns raised by its workers. Evidence should demonstrate:	P9	~~Not~~ Partially	May'22	• Bi-annual reports and Annual Report • Information and contact details on Intranet pages (regularly updated)	

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		April 2022	Insert review date		
• discussion with relevant oversight organisation • discussion within relevant peer networks • content in the trust's annual report • content on the trust's website • discussion at the public board • welcoming engagement with the National Guardian and her staff		Fully		• Discussions at Board on a 6-monthly basis • FTSU report published on website (as part of public Trust Board papers) • Engagement with other FTSU Guardians and the local and regional network • Advice and Guidance taken from Regional Lead on future FTSU structure arrangements • Best practice is shared locally between Guardians •	• Lead Guardian engaging at Regional level and will present any guidance to Board
Individual responsibilities					
The chair, chief executive, executive lead for FTSU, Non-executive lead for FTSU, HR/OD director, medical director and director of nursing should evidence that they have considered how they meet the various responsibilities associated with their role as part of their appraisal.	Section 1	~~Not~~ Partially ~~Fully~~	May'22	• Covered as part of Director of Corporate Governance appraisal (as Exec Lead) • Covered in NED FTSU Lead's appraisal	• Roles and responsibilities for FTSU in NHSI/NGO guidance to be discussed by Lead Guardian as part of 1:1s with Executive Team members

Report To:	Trust Board		
Date of Meeting:	26 May 2022		
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 page six of the Integrated Performance Report.
Strategic Theme/Corporate Objective Links **1. Provider of high quality patient care** a. Experts in complex urgent & emergency care b. Work in partnership to deliver great local health services c. A Centre of Excellence for specialist healthcare d. A powerhouse for pathology & imaging **2. Developing Healthcare for the future** a. Training, educating and developing our workforce b. Increase our capability to deliver research c. Support development & adoption of innovations d. Invest in digital technology **3. Employer of choice** a. A great place to work that is diverse & inclusive

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

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

May 2022 (presenting April 2022 data)

CONTENTS

North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)		
																			Peer Performance	Rank	Quartile
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	-	74.26%	72.71%	64.38%	54.36%	61.47%	61.75%	60.82%	60.18%	61.80%	60.78%	51.53%	52.74%	55.54%		50.73%	1/10	
	A&E 12 Hour Trolley Breaches	R	0	0	6	0	4	97	14	38	29	59	20	295	367	449	360		2-878	8/10	
	Ambulance Handover < 15 mins (%)		65.00%	-	50.28%	51.07%	48.46%	39.75%	37.84%	41.26%	36.19%	24.32%	20.33%	22.25%	28.72%	31.90%	29.62%				
	Ambulance Handover < 30 mins (%)	R	95.00%	-	79.42%	80.43%	73.44%	60.62%	66.21%	64.67%	56.62%	53.71%	50.34%	47.71%	48.49%	51.51%	53.23%				
	Ambulance Handover > 60 mins		0	-	272	199	346	636	471	418	621	664	645	827	684	681	589				
	Stranded Patients (>21 days) - month end				272	116	123	277	144	149	148	177	190	212	205	223	227				
	Right to Reside: Discharged by 5pm	R	50.00%		35.87%	31.83%	33.53%	33.25%	28.27%	29.57%	27.50%	24.49%	23.79%	23.89%	22.07%	23.67%	22.71%				
	Bed Occupancy Rate			93.00%	95.25%	95.23%	96.63%	95.96%	95.32%	97.20%	97.26%	97.12%	96.92%	98.16%	97.51%	97.43%	97.40%				
	Diagnostic Activity	R		-	19121	18944	21755	20625	19001	19953	19723	20869	18671	20510	20618	21954	19048				
	Diagnostic 6 Week Wait Performance		1.00%	-	29.45%	31.99%	36.13%	38.91%	42.55%	42.83%	41.80%	40.32%	44.30%	45.45%	40.00%	40.25%	43.61%		29.07%	8/10	
	Diagnostic 13+ Week Breaches		0	0	1513	1779	2054	2183	2180	2724	3029	2913	3501	3948	3951	4097	4664		174-4097	10/10	
	Diagnostic Backlog Clearance Time (in weeks)				0.9	1.1	1.3	1.3	1.4	1.6	1.5	1.5	1.7	1.8	1.6	1.5	1.6				
	RTT Incomplete 18 Week Performance		92.00%	-	73.59%	74.29%	74.98%	73.78%	73.16%	71.87%	70.37%	69.68%	66.67%	65.61%	65.17%	64.71%	64.23%		58.22%	4/10	
	RTT 52+ Week Breaches	R	0	2173	1827	1583	1473	1544	1770	1933	2068	2128	2182	2284	2296	2242	2454		30-9636	5/10	
	RTT 78+ Week Breaches	R		628	363	424	448	532	656	659	577	497	469	501	511	458	491		0-2844	5/10	
	RTT 104+ Week Breaches	R		84	5	12	19	28	34	55	93	138	158	184	177	96	71		0-806	6/10	
	Total Waiting List	R		39865	31143	31648	32946	34315	35794	36787	37268	37297	37264	37210	38498	39101	39819				
	RTT Backlog Clearance Time (in weeks)				2.7	3.3	2.6	1.8	1.5	1.7	1.7	1.8	1.9	2.0	2.2	2.1	2.1				
	Cancer 2 Week Wait	R	93.00%	95.77%	39.53%	36.58%	36.44%	53.40%	66.58%	51.22%	42.70%	53.75%	58.38%	41.42%	66.47%	69.78%	-		75.72%	7/10	
	Cancer 2 Week Wait - Breast Symptoms		93.00%	100.00%	6.18%	9.21%	17.19%	71.23%	84.35%	74.64%	28.13%	6.15%	11.54%	6.90%	14.55%	16.78%	-		45.42%	8/10	
	Cancer 31 Day First Treatment		96.00%	97.22%	94.40%	97.38%	95.48%	95.77%	93.00%	91.89%	88.51%	86.94%	79.59%	79.18%	89.91%	80.99%	-		93.22%	10/10	
	Cancer 31 Day Subsequent - Drug		98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.45%	96.30%	100.00%	100.00%	92.31%	100.00%	83.33%	-		98.54%	10/10	
	Cancer 31 Day Subsequent - Surgery		94.00%	98.12%	81.18%	86.73%	84.62%	90.80%	72.84%	80.90%	69.62%	65.77%	65.59%	55.66%	80.68%	65.49%	-		78.04%	9/10	
	Cancer 62 Day Standard	R	85.00%	91.10%	75.00%	77.11%	62.74%	68.59%	68.60%	56.98%	57.34%	74.07%	67.52%	56.88%	51.17%	58.66%	-		68.33%	8/10	
	Cancer 62 Day Screening		90.00%	87.50%	73.68%	54.72%	73.33%	86.36%	52.54%	75.00%	42.55%	68.75%	53.25%	50.00%	72.22%	70.59%	-		76.01%	8/10	
	Cancer 28 Day Faster Diagnosis	R	75.00%	90.76%	66.39%	54.73%	43.56%	65.46%	66.77%	56.07%	59.95%	66.29%	57.52%	47.10%	72.01%	72.93%	-		72.87%	7/10	
	Cancer PTL >62 Days			475	-	-	-	-	-	-	501	663	899	781	528	472	641				
	Cancer PTL >104 Days		0	50	64	64	100	162	139	170	158	108	140	197	135	167	133				
	Mixed Sex Accomodation		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Electronic Discharge Summaries within 24 Hours		100.00%		84.40%	82.51%	83.21%	82.87%	83.10%	81.52%	82.07%	82.87%	82.13%	81.13%	82.43%	81.59%	81.29%				

Please note Ambulance Handover data (<15 mins, <30 mins, >60 mins) for November 2021 onwards is provisional

North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.70%	0.95%	0.69%	1.51%	1.15%	0.62%	1.26%	0.22%	1.15%	0.73%	0.00%	1.02%	1.08%	
	Caesarean Section Rate			28.00%	37.44%	33.11%	40.09%	39.36%	34.88%	38.74%	37.35%	39.23%	40.60%	39.15%	38.14%	42.08%	43.36%	
	Still Birth rate			0.40%	0.43%	0.22%	0.00%	0.20%	0.00%	0.57%	0.39%	0.21%	0.21%	0.22%	0.00%	0.23%	0.24%	
	Induction of Labour Rate			32.10%	35.24%	37.14%	35.29%	37.35%	35.31%	33.40%	29.05%	34.12%	35.21%	33.56%	38.39%	39.72%	34.09%	
	PPH 1500 ml rate			8.60%	3.07%	4.03%	5.17%	2.00%	2.11%	2.10%	3.94%	3.59%	3.02%	2.01%	2.44%	1.42%	2.26%	
	Never Event Occurrence by month		0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				-	-	-	2	2	3	2	1	1	5	1	3	4	
	Healthcare Safety Investigation Branch Investigations				-	-	-	1	2	-	1	-	-	1	-	1	1	
	Total Incidents				1036	1071	1027	1173	984	1057	983	995	1004	1309	1157	1279	1155	
	Total Incidents (Rate per 1000 Bed Days)				46	44	43	48	40	43	39	42	41	53	51	50	108	
	WHO checklist completion			95.00%	99.88%	99.92%	99.93%	99.88%	99.74%	99.70%	99.36%	99.84%	99.87%	99.76%	99.61%	98.73%	99.27%	
	VTE Risk Assessment completion	R		95.00%	95.45%	95.45%	95.42%	95.59%	94.91%	94.90%	94.53%	93.84%	94.55%	93.80%	93.99%	92.63%	-	
	Pressure Injuries Grade 2				9	10	15	17	22	24	19	12	16	16	19	18	19	
	Pressure Injuries Grade 3			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Pressure Injuries Grade 4			0	0	0	0	0	0	0	0	0	1	0	1	0	0	
	PI per 1,000 bed days				0.30	0.29	0.48	0.51	0.72	0.75	0.51	0.32	0.35	0.41	0.75	0.61	0.63	
	Falls per 1,000 bed days				16.66	17.40	17.07	16.71	15.68	14.48	14.65	14.97	16.62	19.72	17.66	14.42	7.95	
	#NoF - Fragile Hip Best Practice Pass Rate				57.78%	53.49%	68.00%	68.18%	76.32%	34.62%	35.71%	100.00%	61.90%	64.29%	54.17%	64.58%	-	
	Admitted to Orthopaedic Ward within 4 Hours				71.11%	48.84%	44.00%	51.11%	28.95%	38.46%	28.57%	40.00%	23.81%	21.43%	20.83%	14.58%	-	
	Medically Fit to Have Surgery within 36 Hours				71.11%	65.12%	80.00%	71.11%	86.84%	42.31%	36.36%	100.00%	80.95%	69.05%	62.50%	66.67%	-	
	Assessed by Orthogeriatrician within 72 Hours				93.33%	81.40%	92.00%	93.33%	100.00%	84.00%	77.78%	100.00%	90.48%	73.81%	66.67%	89.58%	-	
	Stroke - Patients Admitted				91	100	91	75	92	83	90	85	103	67	78	101		
	Stroke - 90% Stay on Stroke Ward			90.00%	98.26%	86.76%	80.82%	87.30%	81.43%	77.94%	78.13%	68.06%	75.00%	67.47%	72.73%	65.08%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	100.00%	50.00%	70.00%	85.71%	90.91%	50.00%	27.27%	66.67%	100.00%	84.62%	60.00%	44.44%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	47.89%	52.00%	49.33%	46.20%	39.19%	34.29%	40.58%	45.95%	30.16%	40.22%	32.73%	32.81%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	85.14%	90.36%	92.11%	95.45%	88.00%	95.95%	97.18%	84.21%	80.88%	81.44%	75.41%	91.30%	-	
	MRSA	R	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	
	E. Coli	R		4	4	5	4	1	5	3	8	3	2	6	1	5	5	
	C. Difficile	R		5	10	6	10	6	2	5	4	1	6	6	1	6	7	
	MSSA			2	4	1	5	2	5	4	1	0	5	3	2	2	1	
Quality Caring & Experience	Friends & Family - Births - Proportion Very Good/Good				95.51%	95.51%	94.74%	92.68%	95.95%	91.30%	98.53%	91.53%	93.75%	93.85%	94.37%	94.81%	-	
	Friends & Family - IP - Proportion Very Good/Good				92.90%	94.52%	91.79%	92.85%	91.94%	92.16%	92.25%	92.52%	91.50%	93.28%	93.51%	91.18%	-	
	Friends & Family - OP - Proportion Very Good/Good				94.90%	95.09%	94.40%	94.65%	94.54%	93.77%	94.80%	94.21%	95.26%	94.37%	94.11%	94.82%	-	
	Friends & Family - ED - Proportion Very Good/Good				84.86%	82.00%	73.19%	71.84%	72.87%	74.81%	73.94%	74.24%	80.64%	80.10%	70.24%	63.70%	-	
	PALS - Count of concerns				108	88	127	127	123	123	100	93	86	100	102	111	150	
	Complaints - % Overall Response Compliance			90.00%	79.07%	83.33%	77.03%	85.71%	87.72%	77.36%	69.12%	72.13%	69.09%	69.23%	81%	78.33%	78.57%	
	Complaints - Overdue				0	0	0	2	1	8	10	10	6	11	4	5	10	
	Complaints - Written complaints				56	67	51	65	48	52	55	59	44	52	58	56	43	
Well Led	Agency Expenditure ('000s)				705	816	1029	1374	1061	1492	1576	1350	1314	1363	1147	1581	1838	
	Month End Vacancy Factor				2.66%	5.13%	5.75%	6.71%	6.95%	6.79%	6.87%	6.44%	7.71%	7.26%	7.41%	7.27%	6.64%	
	Turnover (Rolling 12 Months)	R		16.97%	13.37%	11.88%	12.45%	13.14%	14.05%	14.58%	15.21%	15.27%	15.50%	15.89%	16.51%	17.16%	16.71%	
	Sickness Absence (Rolling 12 month -In arrears)	R		4.00%	4.32%	4.51%	4.46%	4.49%	4.50%	4.52%	4.56%	4.58%	4.64%	4.71%	4.81%	5.02%	5.17%	
	Trust Mandatory Training Compliance				85.17%	84.95%	84.55%	82.82%	82.58%	82.32%	82.12%	81.97%	82.13%	82.23%	82.27%	81.67%	82.38%	

EXECUTIVE SUMMARY
May 2022

Urgent Care
Four-hour performance improved to 55.54% with the Trust ranking first out of ten reporting AMTC peer providers for the second consecutive month. National positioning also improved slightly, remaining in the third quartile. The Trust recorded 589 (provisional data) ambulance handover delays over one hour in month – a significant reduction from the previous month and the lowest level reported since September 2021. 12-hour trolley breaches were reported at 360 for April (a reduction from March); there were over 24,000 reported nationally. Four hour performance and ambulance handover times continue to be impacted by high bed occupancy at an average of 97.40% for the month. The COO has commissioned a deep dive into the high occupancy position as a primary driver of current UEC performance. The Trust is also 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 right to reside criteria, 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.

Elective Care and Diagnostics
The overall RTT waiting list was below trajectory at 39,819. There were 2,454 patients waiting greater than 52-weeks for their treatment in April, 491 of these were patients waiting longer than 78-weeks and 71 were waiting over 104-weeks – trajectories were met for both 78 and 104-weeks. When compared nationally, the Trust's positioning remained in the third quartile for 18-week performance, and the fourth quartiles for 52-week, 78-week and 104-week performance. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostic performance declined in April with performance of 43.61%. The Trust is sourcing additional internal and external capacity for several test types to support recovery of diagnostic waiting times.

Cancer Wait Time Standards
There were a number of movements in the March position for Cancer with TWW and 62 day improving to 69.78% and 58.66% respectively. The 31-Day First Treatment standard deteriorated to 80.99%. Instances of clinical harm remain low month-on-month and the Trust has only identified one moderate harm in the last 12-months as a result of delays over 104-Days. The Q1 PTL reduction is to be supported by a 're-set' for cancer services to ensure a more proactive joint tracking and escalation with specialty teams.

Quality
For Maternity, the Divisional response to Ockenden has been robust with excellent engagement from all staff groups and proactive reporting to and engagement with Trust Board and Quality Committee. Maternity recruitment initiatives are resulting in a successful pipeline which, by September, will see the Division over-recruited for the first time in several years. National guidance changed to focus on living with respiratory infections, including COVID-19. 4 new MRSA cases occurred in March. An internal investigation for all cases, identified different strain types and key improvement areas with a requirement to reset IPC practice to pre-COVID-19. The rate of VTE Risk Assessments performed on admission remains below the national target of 95% compliance (latest data for March 2022), reflecting the impact of ongoing operational challenges.

Workforce
Temporary staffing demand decreased by 22.59% and bank hours worked decreased at a greater rate, 33.59%. However due to incentivisation the Trust saw overtime increase by 183.9% in April compared with March, an increase of 66.90 wte. Trust vacancy factor decreased to 6.64% in April from 7.27% in March, the position in April is predominantly influenced by April funded establishment not reflecting the final budgeted position for the year (this is in line with previous years). Rolling 12-month staff turnover decreased from 17.16% in March to 16.71% in April and the Trust saw a net loss of staff (-7.48 wte) in all staff groups except medical and dental and unregistered nursing. Rolling 12 month sickness absence increased to 5.17% in April from 5.02% in March.

Finance

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. The Trust submitted a plan which shows a deficit of £14.5m driven by higher levels of inflation that was funded in the calculation of allocations and planned higher costs of COVID in Q1 than were assumed in the planning guidance. This was consolidated into a system deficit plan which showed a deficit of £39.2m. The System received feedback in May that the Plans had not been accepted as they were not compliant with planning guidance, Systems will be receiving more detail on what additional funding will be made available to cover inflation above planning assumptions and will be required to submit revised plans during June. All comparisons to Plan in this document are against the Plan as submitted during April 2022 which at this time is not accepted by NHSE.

RESPONSIVENESS
SRO: Chief Operating Officer
Overview

Urgent Care

The Trust reported four-hour performance of 55.54% in April. Ambulance handover delays reduced on the previous month with 589 handovers exceeding one hour reported (provisional data). The Trust also reported a reduction in 12-hour trolley breaches with 360 in month. Bed occupancy varied between 93.83% and 99.02% of the core bed base. Ambulance arrivals remain consistent with pre-pandemic levels and continued to be particularly challenged due to multifactorial issues including the impact of COVID-19 admissions on flow and capacity, low morning discharge rates and reduced discharges to post acute community and domiciliary care. The single Urgent and Emergency Care plan for 2022/23 concentrates on improving the timeliness of discharge, maximising SDEC pathways and best practice models for ward and board rounds to improve flow through the Hospital.

Planned Care

Referral to Treatment (RTT) – The Trust is on trajectory for both 78-week and 104-week waits. The number of patients exceeding 52-week waits in April was 2,454 with the majority of breaches (848; 34.56%) being in Trauma and Orthopaedics. The overall proportion of the wait list that is waiting longer than 52-weeks is 6.16%, which is slightly higher compared to the previous month.

Diagnostic Waiting Times – Diagnostic performance deteriorated in April with performance of 43.61%. The number of patients waiting longer than 13-weeks increased in April to 4,664 (4,097 in March). There has been a focus on reducing the longest waiting patients particularly in Endoscopy. A high level review continues to be completed for patients exceeding 13-weeks to ensure no harm has resulted from the extended wait times. In March, NBT ranked 8th amongst 10 peer providers for 6-week performance and 10th for 13-week performance, and remains in the fourth quartiles when compared nationally.

Cancer

The Trust continues to carry backlogs in Breast and Skin which is impacting on TWW and in Breast and Urology within the 62-Day pathways, however performance improvements were seen in both of these standards when comparing March to February. The 31-Day CWT standards and trajectories saw an overall decline in performance compared to last month. Breast services continue to run waiting list initiative sessions as part of the internal recovery plan. 62-Day PTL tracking is ongoing with the Q1 PTL reduction being supported by new tracking processes.

Areas of Concern

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

- NC2R patients occupying one third of the hospital's bed capacity.
- Lack of community capacity and/or pathway delays fail to support bed occupancy requirements.
- The ongoing impact of COVID-19 – peaking at 90 inpatients in March against an assumed volume of c.45 (5% of the core bed base). Infection Prevention and Control measures and Clinical Prioritisation guidance on the Trust's capacity and productivity and therefore, ability to deliver national wait times standards.
- The continued pressure of unfilled nursing shifts to safely manage escalation capacity in times of high bed demand.

QUALITY PATIENT SAFETY AND EFFECTIVENESS
SRO: Chief Medical Officer and Chief Nursing Officer
Overview

Improvements

Maternity: Divisional response to Ockenden has been robust with excellent engagement from all staff groups. An internal Ockenden Board has been established with responsibilities allocated across all Immediate & Essential Actions applying a similar programme approach to the successful divisional improvement programme that operated during 2021. Recruitment initiatives are resulting in a successful pipeline which, by September, will see the division over-recruited for the first time in several years.

Infection control: National guidance changed to focus on Living with respiratory infections, including COVID-19. This reset the testing programme focusing on respiratory virus symptoms / other COVID symptoms .This has resulted in a reduction in reported cases and outbreaks. The IPC team are refocusing education around the new symptomatic testing.

Mortality Rates/Alerts: NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts, with no current Mortality Outlier alerts. High completion rates of mortality reviews continue, with Medical Examiner reviews and referrals into Trust governance processes operating effectively to address family concerns and integrate with coronial procedures, including inquests. Information is currently being collated across clinical divisions and from centrally held records to compile an Annual Report analysing mortality data and case review learning themes for 2021-22, which will be submitted for review by the Quality Committee and then Trust Board.

Areas of Concern

Infection control: 4 new bacteraemia cases occurred in March. An internal investigation for all cases, identified different strain types and key improvement areas with a requirement to reset IP&C practice to pre COVID-19, examples include MRSA screening requirements and invasive devices care / documentation. C. Difficile year end position reflects in year trend above trajectory, regional work continues with NBT contributing to this and operationalising work from this, which will form a key function in the team with a IPC education role.

Maternity: 5 transfers out for Neonatal Cots to support NICU capacity. 4 Cossham diverts to centralise staff within the acute maternity unit. Pressures within ambulance services remain and women are informed of expected call out times for category 1 and 2. Delivery of compliance against the recently refreshed CNST Maternity Incentive Scheme (Year 4) remains challenging, with a forecast to achieve 7 out of 10 standards. Training non-compliance due to staff shortages, exacerbated during the COVID-19 waves drives two of the gaps, recovery trajectories now established.

VTE Risk Assessment: The rate of VTE Risk Assessments performed on admission remains below the national target of 95% compliance (latest data for March 2022). This reflects the impact of our ongoing operational challenges on education, training and related data capture to support compliance in this area. A review of performance and assessment of whether this reflects actual changes in clinical practice, or data capture issues is scheduled.

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

Please note the Trust has moved to using a suite of new reports in QLIK sense to report performance metrics in the IPR, for consistency the historic data reported back to April 2021 has been refreshed and will be the position in those months as reported now, rather than a snapshot taken at the time.

Vacancies

Trust vacancy factor decreased to 6.65% in April from 7.27% in March, the position in April is predominantly influenced by April funded establishment not reflecting the final budgeted position for the year (this is in line with previous years). The Trust also saw a net loss of staff in April, across all staff groups except for medical staff and unregistered nursing staff which saw small net gains.

Turnover

Rolling 12-month staff turnover decreased from 17.16% in March to 16.71% in April (the reduction in turnover rate was driven by April 22 in month position seeing fewer leavers than the same month in the previous year).

Please note that turnover reporting has been corrected from the previous position reported for March of 15.95%.

Prioritise the wellbeing of our staff

Rolling 12month sickness absence in April was 5.17%, an increase from the position in March, 5.02%. Other than COVID Sickness, stress *Anxiety/stress/depression/other psychiatric illnesses* saw the most days lost to absence Please note that sickness absence reporting no longer has a two-month lag in reporting due to the new reporting method

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand decreased by 25.29% (309.08 wte) from March to April, bank hours worked decreased by a greater percentage -33.59% (-196.08wte), The decrease in bank hours worked was predominantly seen in registered nursing and estates and ancillary staff. Fewer staff participated in bank work in April, however the April overtime incentive had a significant impact, the additional overtime hours offset the excess reduction in bank hours (e.g., in registered nursing where bank hours reduced at a greater rate than overall demand reduced). Total agency RMN use saw a decrease of 12.89% (-8.90wte), tier 4 RMN use decreased by 4.51wte, predominantly in wards 27B, 9B & 9A.

Theme	Action	Owner	By When
Vacancies	Healthcare support worker assessment centres to continue at an enhanced level and the Trust will participate in a system led recruitment event to achieve net zero vacancies.	Head of Resourcing	Jul-22
Temporary Staffing	Review of bank and overtime data to understand uptake of incentive offers in detail working with stakeholders including divisional directors or nursing and midwifery aimed at designing incentives to increase participation in a sustainable way	Director of People	Jun-22
Turnover	Collation of intelligence from staff record data, exit surveys and from contact with recent leavers to enhance understanding and action design	Head of People	Jul-22
Turnover	Focus groups with administrative and clerical staff to understand drivers of increased leaver rates in this area	Head of People	Jul-22
Staff Engagement	Staff survey results informed Trust wide areas of focus; Workload and Resources, Management Development, Staff Voice, Inclusion. Divisional action planning underway to identify key areas of focus for divisions in 22/23	Head of People Strategy	May-22

FINANCE
SRO: CFO
Overview

The Trust has submitted a phased plan for 2022/23 that requires it to deliver a £14.5m deficit in the current financial year. Funding for COVID-19 has been reduced significantly in 2022/23, with the Trust expected to reduce costs in line with this. The majority of the deficit is driven by the impact of inflation above funded levels, with further impact assumed on increased COVID-19 costs in the first quarter and a loss of Elective Services Recovery Funding as a result of the higher level of COVID-19 activity within the hospital.

The financial performance for 2022/23 at Month 1 (April) is a planned deficit of £2.4m. The Trust has delivered a £2.4m deficit, which is on plan.

Whilst the Month 1 CIP position shows no schemes fully completed, there are £3.8m schemes on tracker and £2.8m in pipeline.

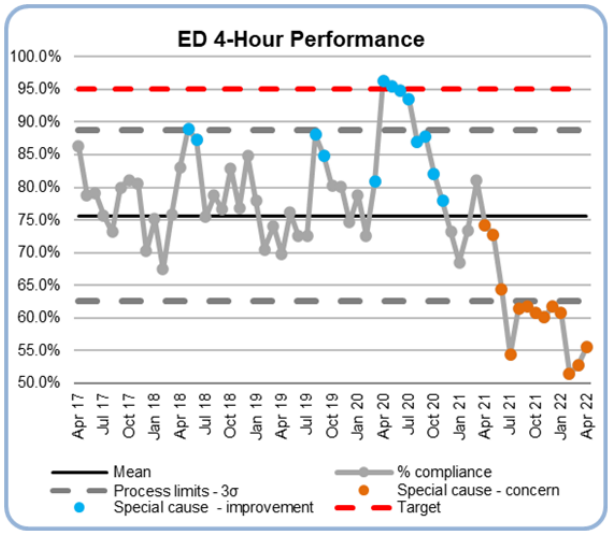
Cash at 30 April amounts to £107.1m, an in-month decrease of £9.0m due to higher than average payments made during the month specifically around capital relating to March 2022.

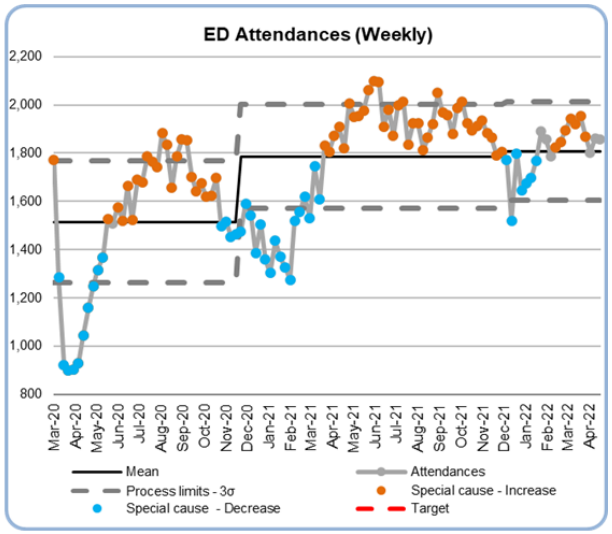
Total capital spend for Month 1 was £0.5m, compared to a plan of £1.9m.

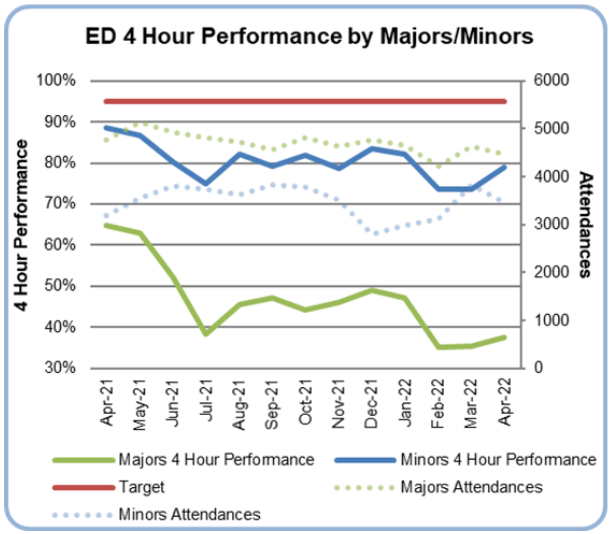
The income reported in Month 1 is based on notified allocations from Bristol, North Somerset, and South Gloucestershire (BNSSG) system for both normal operations.

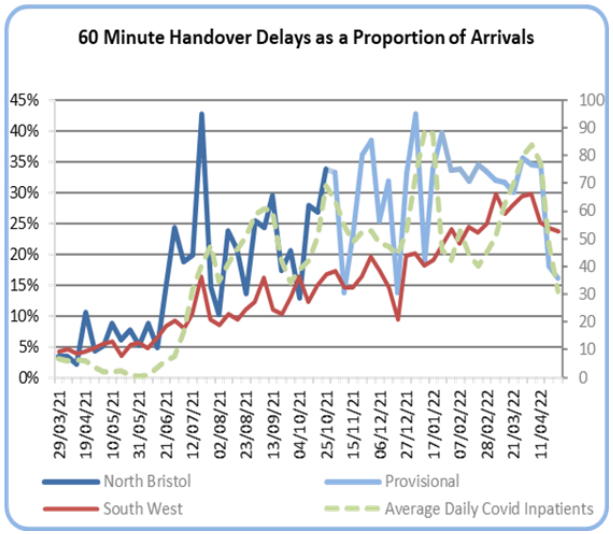
Responsiveness

Board Sponsor: Chief Operating Officer
Steve Curry









Unscheduled Care – Front Door

What does the data tell us?

Four-hour performance improved in April with performance of 55.54%. Compared to our AMTC peers, the Trust ranked first out of ten reporting centres. When compared nationally, Trust positioning improved on the previous month, though remains in the third quartile. ED performance for the NBT Footprint stands at 61.71% and the total ICS performance was 65.76% for April.

For April, overall ED attendances were 3.03% lower than the previous month (allowing for the shorter month). There was a significant decrease in 12-hour trolley breaches compared to the previous month, with the Trust recording 360 (449 in March); nationally there were over 24,000 with 58 trusts reporting over 100.

Ambulance handover times showed some improvements associated with actions in the Emergency pathways of the UEC plan. Provisional (unvalidated) data showing the Trust recorded 589 ambulance handover delays over one-hour in April.

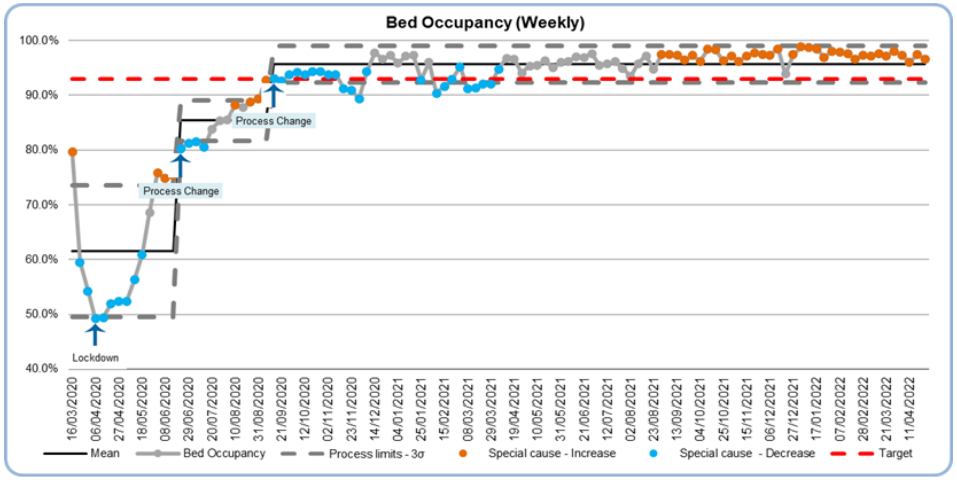
In April, numbers of COVID-19 inpatients began to steadily decrease from the middle of the month, reporting at 29 at month-end.

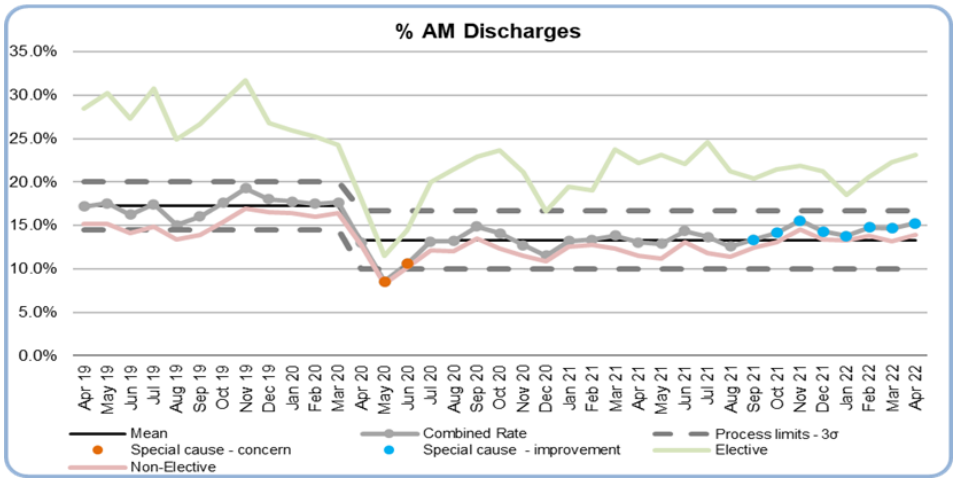
What actions are being taken to improve?

The Healthier Together Execs are re-focusing the D2A programme to address the NCTR issues.

The Emergency Flow Plan aims at improvements in three areas (front door, time in hospital, and discharge). Medical SDEC was successfully relocated in mid-April.

A combined BNSSG Ambulance improvement plan including Acute, Community and SWASFT actions has been presented to Region and plans to save 2000 handover hours over 2022/23, but in light of the high levels of occupancy performance remains challenged.





NB: The method for calculating bed occupancy changed in June and September 2020 due to reductions in the overall bed base resulting from the implementation of IPC measures.

Unscheduled Care - In Hospital

What does the data tell us?

Waiting for assessment in ED continued to be the predominant cause of breaches at 45.96%, with the second highest cause due to waits for a medical bed at 19.63%.

The vast majority of breaches of the admitted pathway is related to high levels of bed occupancy, which remains challenged. All days in April reported above the 93% target, varying between 93.83% and 99.02% against the core bed base.

In April, 15.27% of patients were discharged between 08:00-12:00; which was up on the previous month.

What actions are being taken to improve?

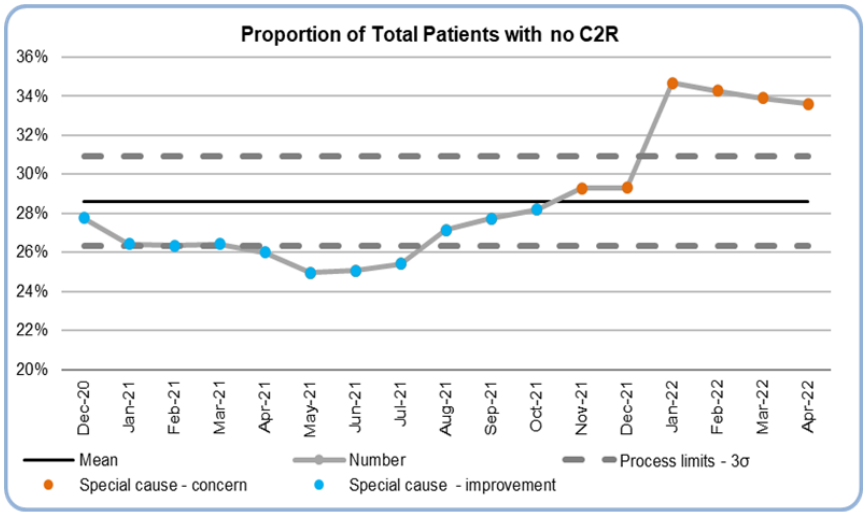
The Trust is actively working with system partners to achieve system solutions to the NC2R problem.

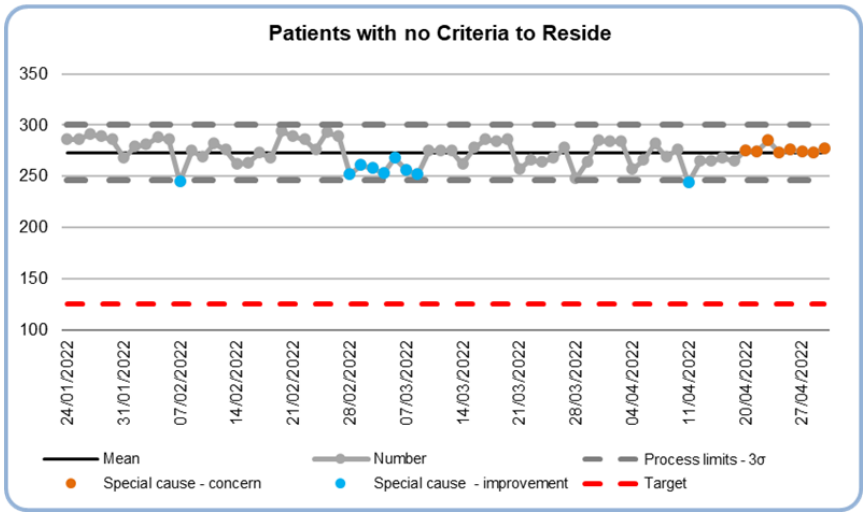
The Trust wide plan to improve emergency patient flow is made up of three components:

1. Admitted Flow – achieving timely patient reviews and reduced harm, including a focus on early decision making using nationally recognised Modern Ward Rounds, AM discharge and improved weekend discharge rates.

2. Emergency Flow – creating a clear pathway for patients to receive rapid assessment and treatment in the right setting, decompressing ED and increasing use of SDEC pathways.

3. Hospital Flow – optimising the use of beds in the hospital, including increases in direct admission pathways.





Unscheduled Care - No Criteria to Reside (No C2R)

What does the data tell us?

In April the delayed bed days associated with patients recorded as having no criteria to reside and awaiting D2A pathways 1, 2 and 3 rose to 7,481 compared to 6,754 in March. The number of delayed bed days for P1 have been increasing each month since January 2022 and increased last month by 489. The delayed bed days for P2 had been reducing month on month then spiked last month with an increase of 294. The associated bed days with P3 waits reduced slightly by 56 bed days.

P1 discharges remain impacted by insufficient staff capacity for Local Authority (LA) domiciliary care and Sirona D2A care worker capacity. Patients with an advanced dementia and perceived behavioural challenges waiting P3 wait a considerably long time and many homes, due to staffing constraints, request additional funding for one to one support. The available capacity for stroke patients with high care needs remains limited.

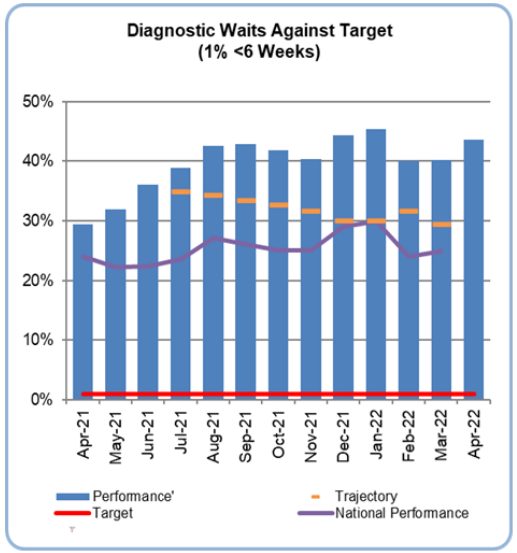
The top graph shows that at the end of April the overall month average of total patients with no criteria to reside and ready for discharge was 33.59% (33.89% in March). The bottom graph shows that at midnight on Friday 29th April, 251 patients had no criteria to reside; 228 were waiting other external discharge pathway start dates, mainly D2A P1 (72 patients), P2 (48 patients) and P3 (74 patients). 34 patients with no criteria to reside were waiting for internal reasons; 15 were waiting the completion of a single referral form (SRF). At least 20 new SRFs are expected to be generated each day, Monday – Friday and 10 on a Saturday and Sunday.

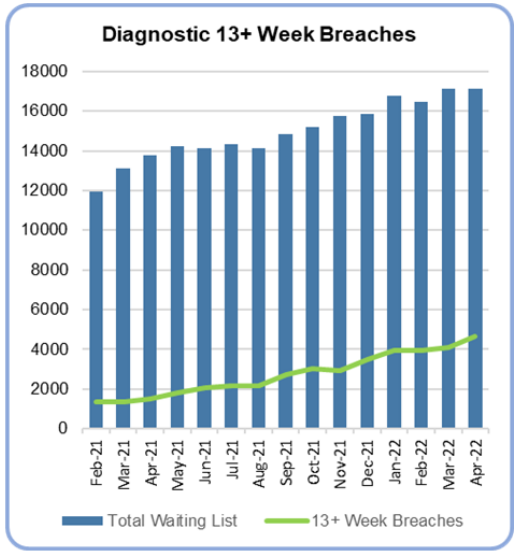
What actions are being taken to improve?

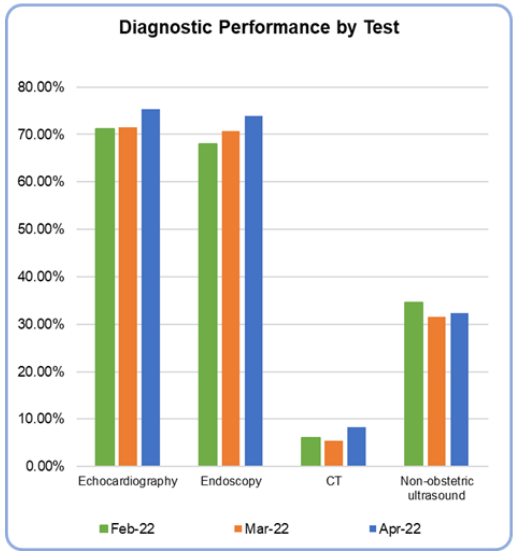
During early April, the Urgent and Emergency Care Board has refreshed the programme of work to include an admitted patient flow workstream for all Divisions to improve the recording of patient's criteria to reside; the management of timely SRF completion and acceptance; reducing unnecessary long length of stay and potential harm through patient deconditioning; and 'Home First' as the main discharge pathway.

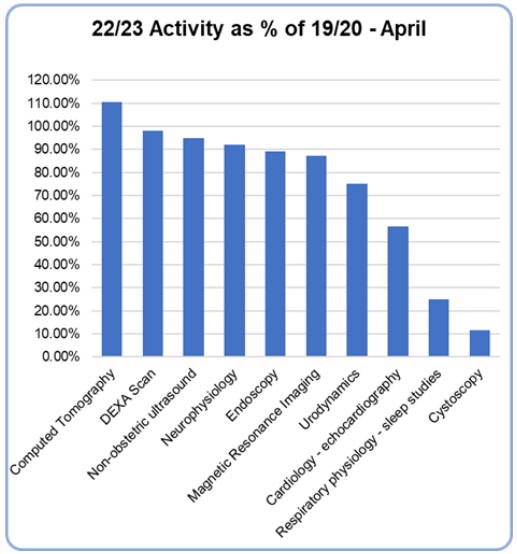
The rejection rate for SRF's was 4.3% in April, compared to the March rejection rate of 6.8%.
44 patients were discharged early during April, with family support bridging care at home, whilst awaiting P1 commencement, equating to 3 beds saved.

The whole system D2A programme workstreams P1-3 pathways improvement work is expected to generate bed savings for NBT of 57 beds in 2022/23. The D2A Programme Board has an agreed process for allocation of non-recurrent funding in support of this programme's work with the aim of doubling the number of beds saved by 31st March 2023.









Diagnostic Wait Times

What does the data tell us?

In April, diagnostic 6-week performance declined to 43.61%.13-week performance deteriorated with an increase of 13.84% in breaches on the previous month. The overall waiting list remained static in April, and when adjusting for number of working days, there was an increase of 3.76% in waiting list activity compared to March. Only one test type reported over 100% of its overall activity compared to the same month in 2019/20.

The decline in performance and backlog growth has been driven by Echocardiography, CT and Endoscopy. MRI has seen some improvement whilst Non Obstetric Ultrasound has continued to reduce their backlog.

What actions are being taken to improve?

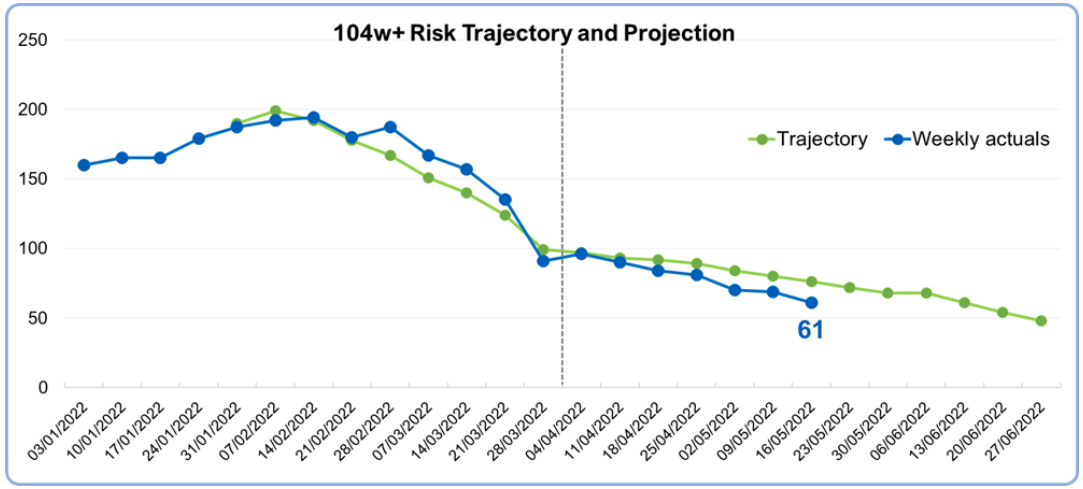
Endoscopy – Work is ongoing across the system to produce a shared PTL and to provide mutual aid to equalise wait times across organisations. Opportunities to introduce access to a fully staffed mobile unit are also being explored to support accelerated recovery.

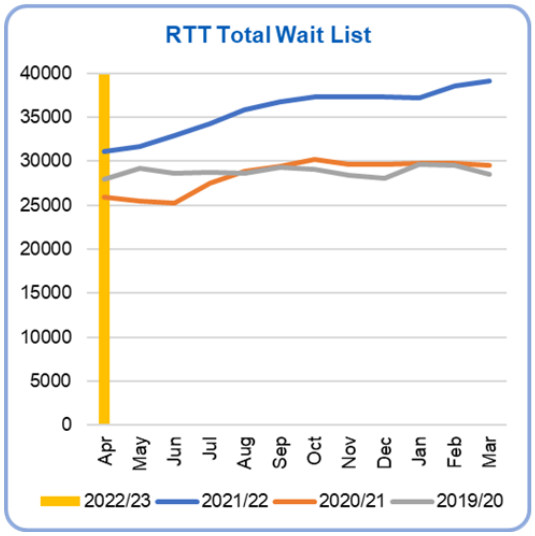
Non-Obstetric Ultrasound –The Trust is now seeing increased availability for lists from Medicare Sonographers with 3 staff offering regular lists. In addition, a review of Head and Neck ultrasound referrals and the skill-set of the specialist sonographers has resulted in a higher proportion of exams identified as suitable to be performed by a sonographer rather than a radiologist, which has helped to tackle some of the long-waiters in that area.

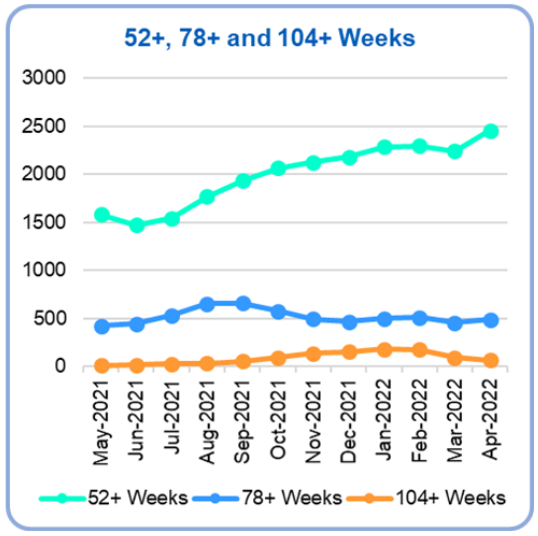
CT – Use of the demountable CT scanner based at Weston General Hospital continues until at least the end of June 2022. WLIs are being delivered every weekend to support backlog reduction.

MRI – The Trust has resumed use of IS capacity at Nuffield and is planning to extend the working day on Cossham Suite B scanner. In addition, capacity has increased following resumption of pre-COVID-19 IPC processes.

Echocardiography – Access to Xyla insourcing capacity continues to be limited. The Trust is seeking further opportunities to equalise wait times with neighbouring organisations and with the support of NHSE/I.







Referral to Treatment (RTT)

What does the data tell us?

April trajectories have been met for 104-weeks, 78 weeks and the overall wait list size.

The overall RTT waiting list increased to 39,819, representing an increase of 1.84% on the previous month.

The Trust has reported an increase in 52-week wait breaches with 2,454 patients waiting greater than 52-weeks for their treatment; 491 of these were patients waiting longer than 78-weeks, whilst 71 were waiting longer than 104 weeks. April has been the third consecutive month where a reduction in 104-week waits has been reported and the Trust trajectory for the month has been met.

The majority of 52-week breaches (848; 34.56%) are in Trauma and Orthopaedics (T&O) and typically have the lowest level of clinical prioritisation against the national guidance (P4).

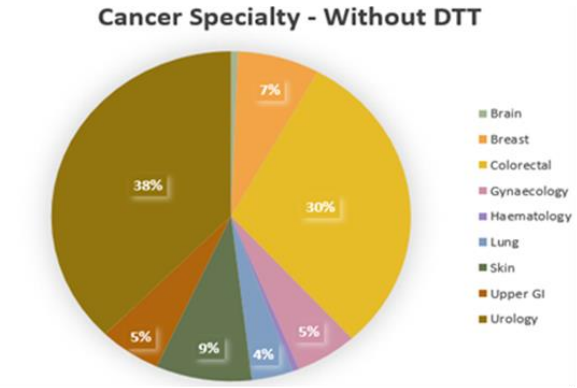
What actions are being taken to improve?

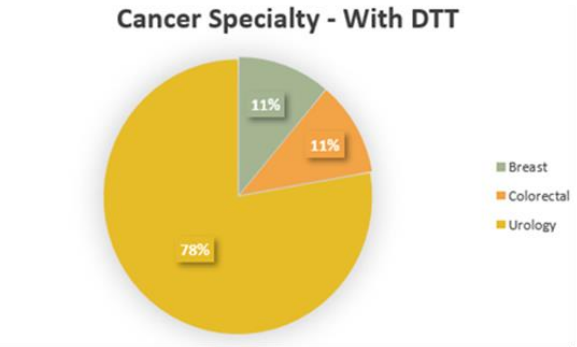
The Elective Care Recovery Board continues to deliver a comprehensive plan to manage the waiting list to required levels with positive delivery against actions to date.

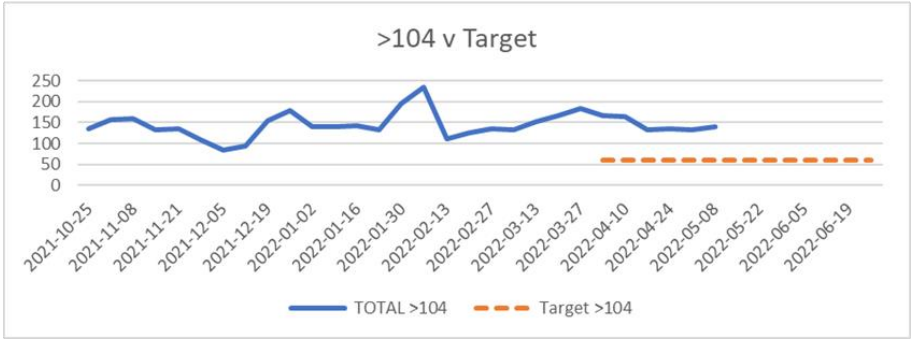
The Trust is undertaking regular patient level tracking and proactive management of long waiting patients and specific engagement with patients at risk of exceeding 104-week waits. The Trust is on track for clearing to zero the patients waiting >104-weeks for treatment by the end of Quarter 1 of 2022/23; this is with the exception of those patients choosing to wait longer.

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: 104-Day Patients

What does the data tell us?

March 2022 uploaded position

The Trust had 19 104-Day breaches this month that required a Datix, an increase from last month's 12. There has been 1 instance of moderate clinical harm due to 104-Day delay in the last 12-months. 6 patient breaches were due to late transfers into NBT, 2 were received >104 days into their pathway, 7 were due to capacity and 4 were a complex pathway.

Live PTL snapshot as of 08/05/2022
There has been a reduction in the 104-Day breach numbers from 218 to 180. The sites attributed to the to the overall 104-Day breaches are Breast, Skin, Colorectal and Urology. Colorectal and Urology account for 70% of the 104-Day breaches.

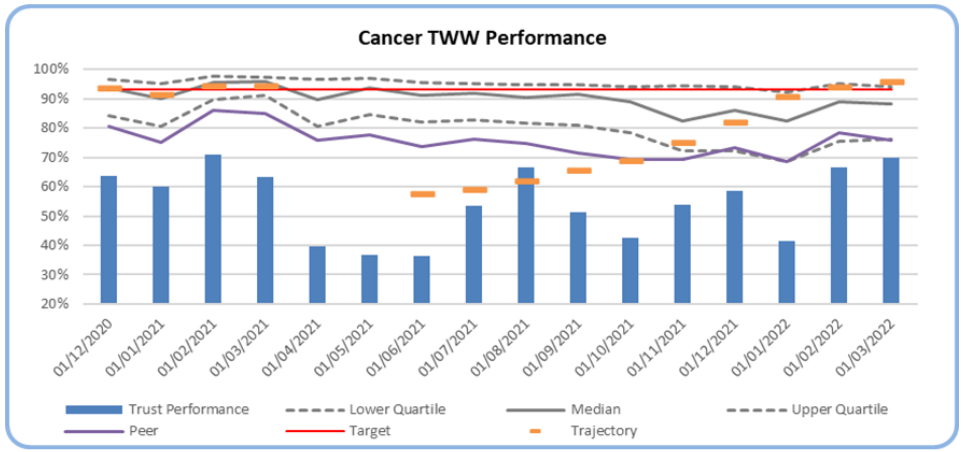
The 104-Day PTL has 30 patients with a confirmed Cancer diagnosis, but no treatment planned. There are 18 patients with a confirmed Cancer diagnosis and treatment planned in a breach position and 132 patients with no confirmed Cancer diagnosis (a reduction of 30 from last month); all have been escalated to the relevant specialties for review.

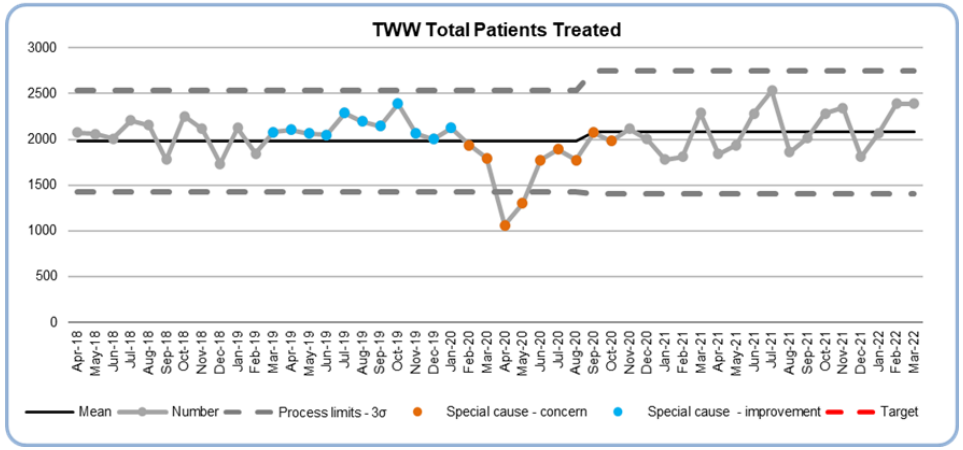
The patients without a diagnosis of Cancer or non-Cancer are accounting for approximately 73% of the patients over 104-Days on their pathway. Most of these patients are under Colorectal, Urology and Lung.

What actions are being taken to improve?

Delivery of the Q1 PTL reduction is to be supported by a "re-set" for cancer services with a more proactive joint tracking and escalation process for cancer and specialty teams. The PTL and 104 week tracking meetings have been reframed with a revised Terms of Reference for both meetings to ensure clarity on roles and responsibilities. Each specialty has its own trajectory for reduction across Q1 in line with the 50 target by end of June.

Cancer: Two Week Wait (TWW)





What does the data tell us?

The Trust reported a performance of 69.78% in March compared to 66.47% in February. The Trust saw 2389 patients in March compared to 2390 patients in February. Colorectal continues to see more patients this month with fewer breaches. This has been achieved with additional activity in TWW fast track slots. Gynae saw a deteriorated position from 96.69% in February to 80.08% in March following an increase of patients seen from 151 to 251 with an increase of breaches from 5 in February to 50 in March. Underperformance has been due to increases in referral volumes, workforce and capacity challenges.

Of the 2389 patients seen, 1666 patients were within the TWW target, which was 78 more than the previous month. 723 patients breached the TWW target. The Breast and Skin breaches account for 82.9% of the total breaches this month and delivery of the recovery trajectory remains high risk given reliance on external providers and waiting list initiatives, due to substantive workforce shortages.

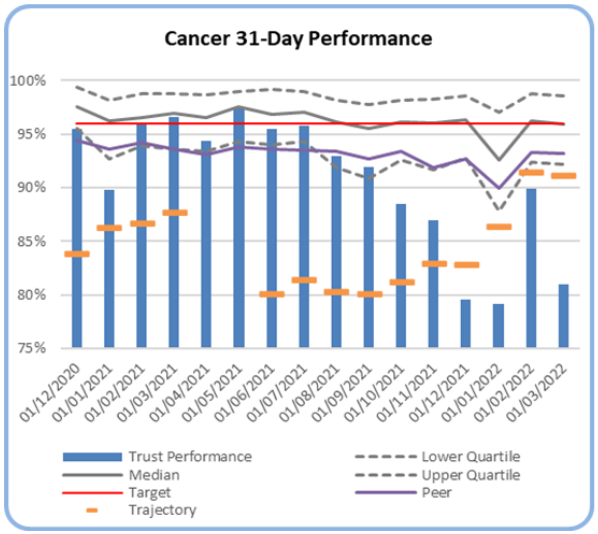
One specialties achieved the standard: Colorectal (96.71%)

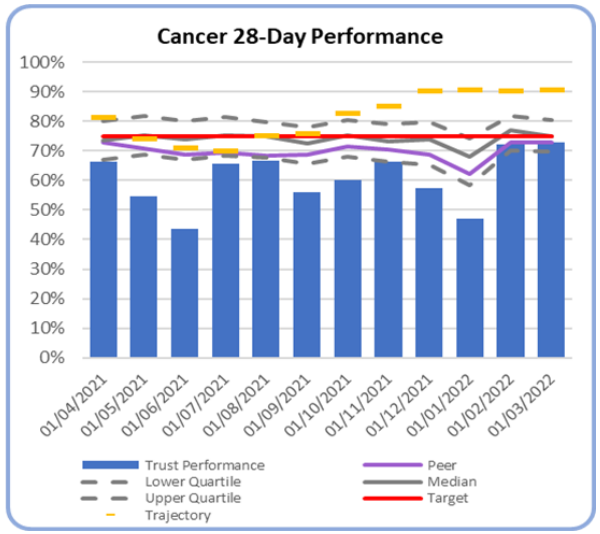
What actions are being taken to improve?

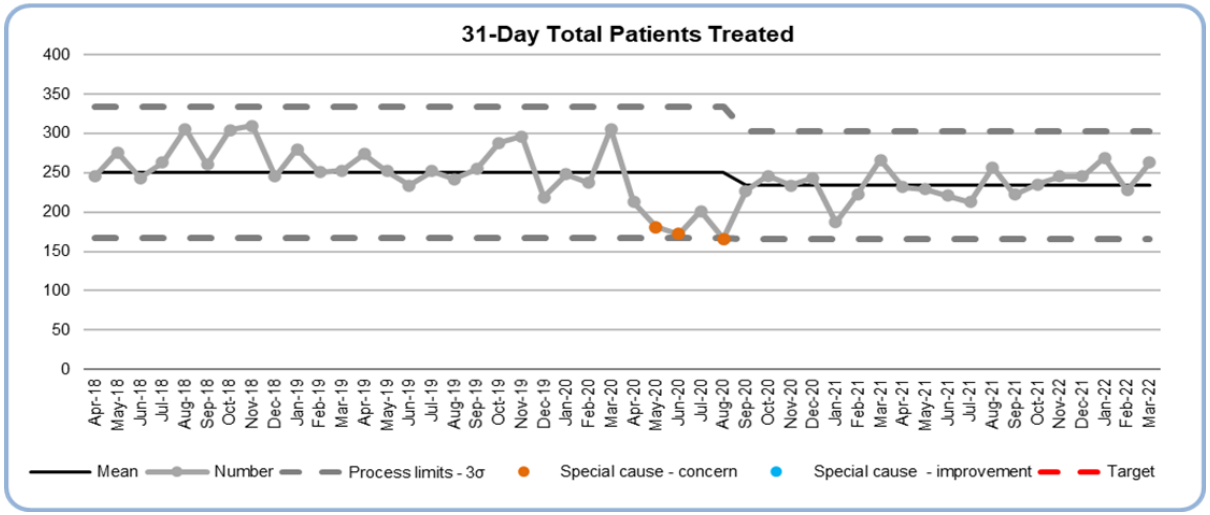
The Trust has signed off Cancer trajectories for 2022/23. Workforce gaps remain the primary driver to delivering the 2WW standard, each tumour site has workforce plans focused on increasing core substantive WTE and appropriate skill mixing, releasing time to care.

Fluctuations in referral volumes, especially in Gynaecology, Breast, Lung and Urology, continue to make performance against the Cancer Wait Times standards volatile.

SWAG investment has been secured to provide Skin and Gynaecology with additional kit and workforce to support the TWW pathway recovery plans.







Cancer: 31-Day Standard

What does the data tell us?

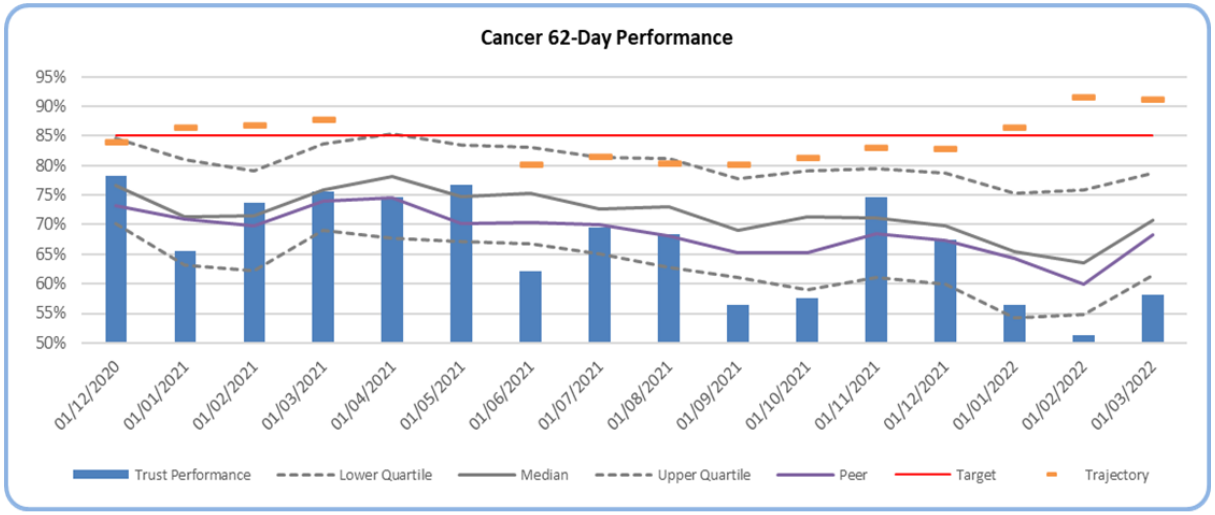
In March the Trust performance deteriorated, reporting 80.99% compared to 89.91% in February. The Trust continues to see improvements in the front end of the pathway and increased surgical activity including WLI activity. 263 patients were treated in March with 213 patients treated within the 31-Day target.

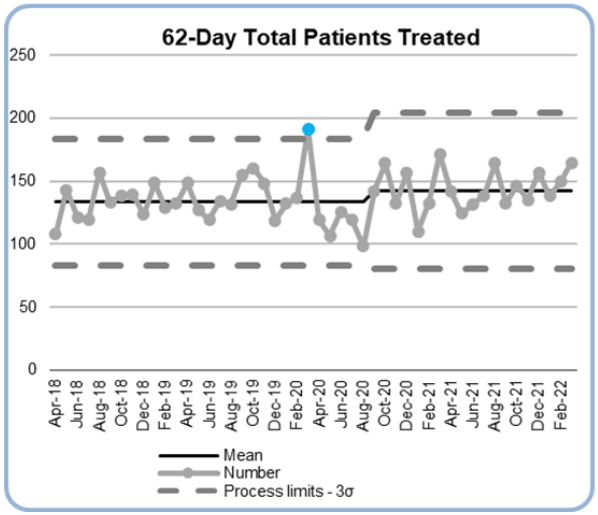
The specialties that failed the 31-Day first treatment standard were Breast, Colorectal, Sarcoma, Skin, and Urology. Skin accounted for 44% of the breaches. Skin performance deteriorated from 89.06% in February to 63.33% this month.

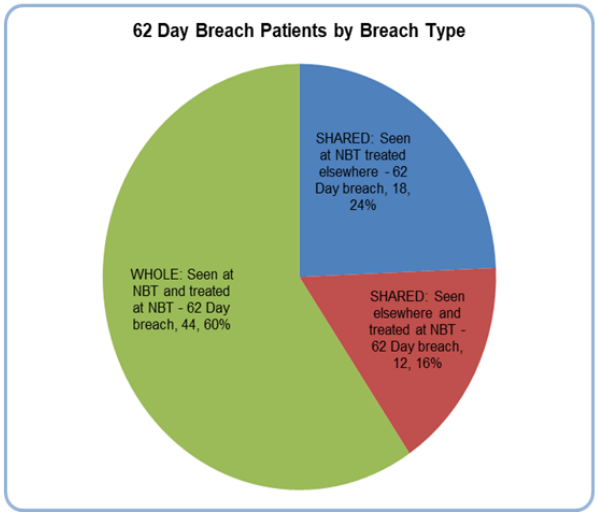
28-Day Performance
The Trust improved against the standard in March with a performance of 72.93%. There was an reduction in the total patients seen with less breaches. This was due to improvements in Breast who reported 180 breaches in February compared to 114 in March. Gynaecology had a challenged month in January and have recovered their performance of 7.59% to 35.92% in February, with further improvements in March at 39.13%.

What actions are being taken to improve?

Following additional SWAG funding the Trust has a new post focusing on the 28-Day standard; the FDS pathway improvement lead has been in post from April 2022. The focus of their attention in Q1 2022/23 will be Urology, UGI and Gynaecology. They will be supported by BNSSG employed forensic analyst to look at population demographics, deprivation and hard to reach groups alongside an internal analyst supporting the CWT data.







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

Cancer: 62-Day Standard

What does the data tell us?

The reported 62-Day performance improved in March to 58.66% from 51.17% in February. 164.5 patients were treated; 96.5 patients were treated on the 62-Day pathway; 68 patients were treated in a breach position.

Breast had the majority of breaches with, 29 breaches out of 41.5 patients treated in March. Urology reported 24.5 breaches; they were due to complex pathways and delays to the TWW pathway.

Urology had an increase in their performance from 42.74% in February to 53.77% in March. It should be noted that this includes the Weston Urology patients; the majority of the breaches in March were from Weston patients transferred in a breach position. There are significant pathway differences between NBT and Weston prostate pathways. This will continue to have an impact until we can realign both sites into one pathway.

What actions are being taken to improve?

A series of Task Force meetings have been established to manage the Cancer pathways and ensure plans for improvement are in place.

Most of the March breaches were caused by the known delays at the front end of the pathway within TWW, and complex pathways.

62-Day PTL reduction against the trajectory of 475 by the end of March 2022 was achieved. The new backlog target of 345 will be supported by new ways of working with specialty teams and cancer services to increase focus on proactive joint tracking and escalation to better manage the overall PTL.

New Trajectories are in place for 2022/23 and will be refreshed Quarterly.

Safety and Effectiveness

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

NBT - PQSM	Target	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	TREND
Activity									
NICU admission rate at term		5.6%	3.8%	2.3%	2.9%	4.5%	5.9%	4%	
Perinatal Morbidity and Mortality inborn									
Total number of perinatal deaths		3	4	2	2	5	6	4	
Number of stillbirths 16 to 23+6 weeks excl. TOP		2	1	1	0	3	3	1	
Number of stillbirths (>=24 weeks excl. TOP)		1	1	1	1	0	1	1	
Number of neonatal deaths : 0-6 Days		0	1	1	1	0	2	2	
Number of neonatal deaths : 7-28 Days		0	1	0	0	2	0	0	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)		1	0	1	0	0	1	0	
Maternal Morbidity and Mortality									
Number of maternal deaths (MBRRACE)		0	0	0	0	0	0	2	
Number of women who received level 3 care		0.2%	0.2%	0.2%	0.2%	0.0%	0.0%	0.4%	
Insight									
Number of datix incidents graded as moderate or above (total)		2	0	2	1	0	1	1	
Datix incident moderate harm (not SI, excludes HSIB)		2	0	1	0	0	1	1	
Datix incident SI (excludes HSIB)		0	0	0	1	0	0	0	
New HSIB SI referrals accepted		0	0	1	0	0	2	0	
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust		0	0	0	0	0	0	0	
Coroner Reg 28 made directly to Trust		0	0	0	0	0	0	0	
Workforce									
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite		83	83	83	83	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps		1	0.5	2	1	1.3	0.7	DNA	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps		1	1	1	1	1	0	0	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)		1	1	1	1	1	1	1	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)		1	2	2	2	1	1	1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)		1	0	0.5	1	0.5	0.5	0	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number		14%	12%	14%	11%	13%	18%	12%	
Vacancy rate for midwives		2.9%	2.0%	1.9%	1.9%	3.5%	3.6%	6.8%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)		42%	42%	42%	40%	42%	40%	43%	
Vacancy rate for NICU nurses		10	10	17.6	14	15	14	11	
Datix related to workforce (service provision/staffing)		8	2	5	7	9	1	3	
Consultant led MDT ward rounds on CDS (Day and Night)		71%	72%	58%	68%	57%	DNA	DNA	
One to one care in labour (as a percentage)		98.9%	100%	98%	100%	99%	98%	100%	
Compliance with supernumerary status for the labour ward coordinator	100%	95%	98%	96%	98%	96%	98%	97%	
Number of times maternity unit attempted to divert or on divert		4	2	2	0	2	11	4	
Number of consultant non-attendance to 'must attend' clinical situations		0	0	0	0	0	0	0	
Involvement									
Service User feedback: Number of Compliments (formal)		66	19	58	44	59	60	57	
Service User feedback: Number of Complaints (formal)		5	3	6	9	9	10	2	
Staff feedback from frontline champions and walk-abouts (number of themes)		3	2	3	4	4	4	4	
Improvement									
Progress in achievement of CNST /10		7	7	6	7	7	7	7	
Training compliance in maternity emergencies and multi-professional training (PROMPT)	90%	42%	39%	38%	33%	43%	42%	51%	
Fetal Wellbeing and Surveillance	90%	7%	14%	22%	9%	18%	27%	48%	
Trust Level Risks		DNA	DNA	DNA	2	5	5	7	

Maternity - Perinatal Quality Surveillance Monitoring (PQSM) Tool

Neonatal Morbidity and Mortality: 3 cases eligible for full PMRT review: 1 antenatal stillbirths and 2 early neonatal deaths (1 set of twins at 23+4 & 23+5/40); 1 case (16 – 23 weeks) not eligible for PMRT but data collected for PQSM and overall data collection accuracy); 16+3/40 spontaneous loss.

Maternal Morbidity and Mortality: 2 x maternal deaths identified and reported to MBRRACE. Both deaths occurred within our intensive care services.

Insight: 2 x new moderate harm incident (1 x maternity services and 1 x Neonatal Intensive Care Unit).

Workforce: Significant improvements have been made resulting in a healthy pipeline which, by September, will see the division over recruited for the first time in several years.

Midwifery: The Division has set up a Birthrate plus Data Task and Finish Group to increase confidence in the information collected by improving data quality. This will support meaningful analysis of the acuity and actions taken. The Division is currently reviewing the draft Brithrate plus report and will share the recommendations with the Division once finalised.

Obstetrics: Awaiting RCOG approval of 2 new consultant Obstetric posts, aim to interview in July and have in post by Sept/October. This will enable us to increase consultant presence in the unit from 83 hrs to 92 hrs.

NICU Nursing : External funding approved to recruit to BAPM and NCCR standards impacting vacancy factor to 20 WTE. Rolling recruitment in place.

Workforce - Diverts: 5 transfers out for Neonatal Cots to support NICU capacity. 4 Cossham diverts to centralise staff within the acute maternity unit. Currently low data quality. Pressures within ambulance services remain and women are informed of expected call out times for category 1 and category 2 calls.

Staff and Service user feedback themes: Staffing across perinatal service; Estates impacting on capacity; Civility Saves lives service development project in now in progress; Clinical Information – Inconsistencies with patient information.

Maternity Incentive Scheme, Year 4: Scheme relaunched 06/05/22 and Trust to report compliance by Thursday 5th January 2023. The CNST 3 weekly meetings will recommence from 27th May 2022. Taking into consideration the revised guidance, areas of concern identified are highly likely to impact successful delivery of all 10 Safety Actions:

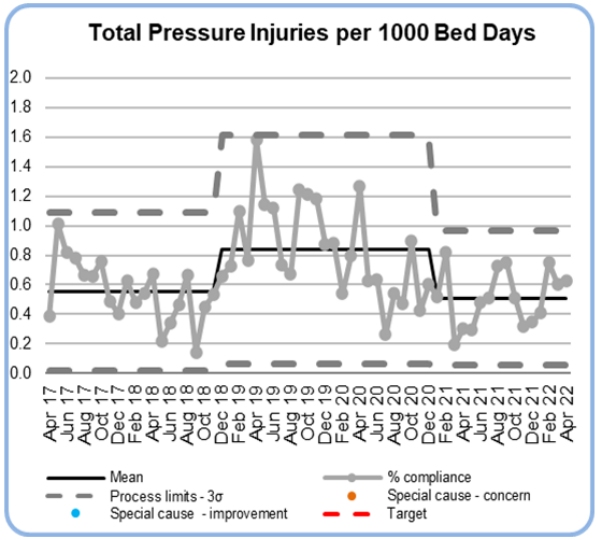
*i. **SA 2** – **Maternity Services Data Set:*** Data quality for Personalised Care and Support Plan metric needs to meet reporting threshold of 95%, currently 70%. It is highly likely that mitigations to ensure SA2 is achieved will require additional resources. Without which an impact will be seen on successful delivery of SA2.

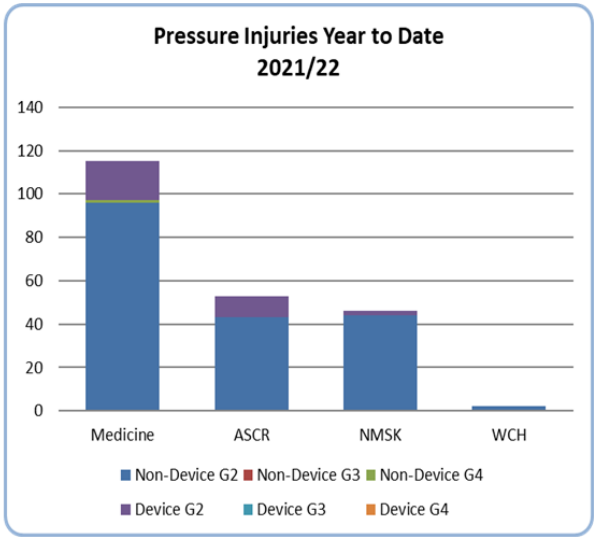
ii.SA 6 – Saving Babies Lives Element 1 Smoking: Trusts are at risk of failing this safety standard. Currently over 20% of women decline CO testing. To consider interventions to maintain adequate compliance.

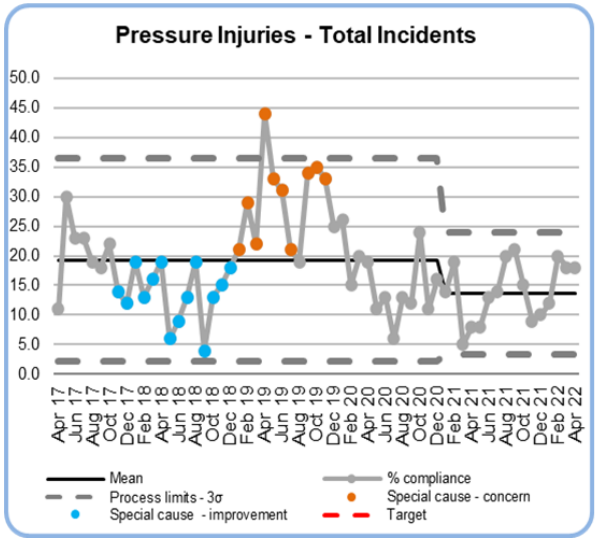
***iii.SA 6 and 8 – Training*:** Significant improvement made with training compliance. Continues to work towards the training recovery action plan. The temporary modifications detailed within the action plan will be shared with the Trust Board by 16 June 2022.The training trajectories for July 2022 are as follows: SA6 84% and SA8 84% but it should be noted the change to the training timeframe, from 12 month reporting period to 18 months, this is to acknowledge COVID-19 pressures.

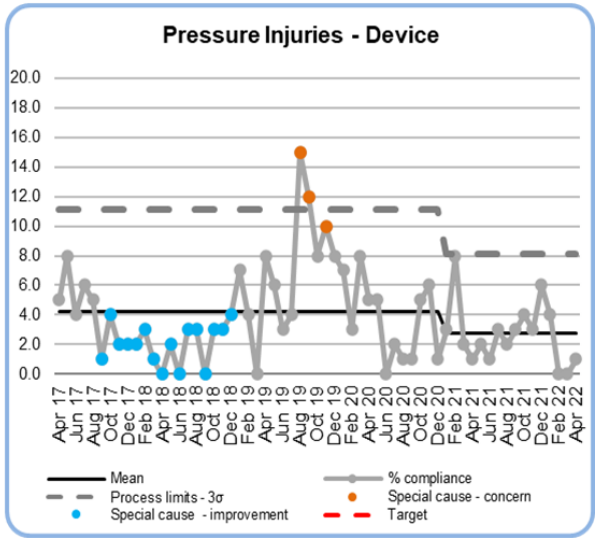
Continuity of Carer: Given the recent Ockenden publication this element is now removed from future PQSM reports. The Division will continue to work towards CoC being the default model of care offered to all women,

Areas of excellence: NBT have joined an exciting regional training pilot called Black Maternity Matters to reduce the inequitable maternity outcomes faced by Black mothers.









Pressure Injuries

What does the data tell us?

In April, there was an increase in the number of Grade 2 pressure injuries and DTI injuries remained the static. There was a decrease in unstageable pressure injuries.

18 Grade 2 pressure injuries were reported of which 1 was related to a medical device to the nose, 12 to the sacrum/buttock/coccyx/natal cleft, 6 to the heels.

There were 18 DTI injuries and 2 unstageable pressure injuries reported, 1 attributed to ASCR and 1 attributed to NMSK.
There were no reported Grade 3 or 4 injuries reported in April.

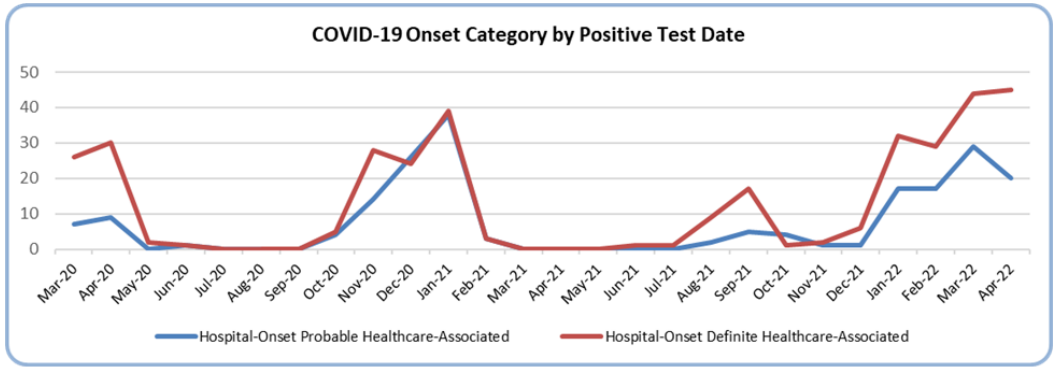
The Trust ambition for 2022/23 has yet to be confirmed for pressure injuries.

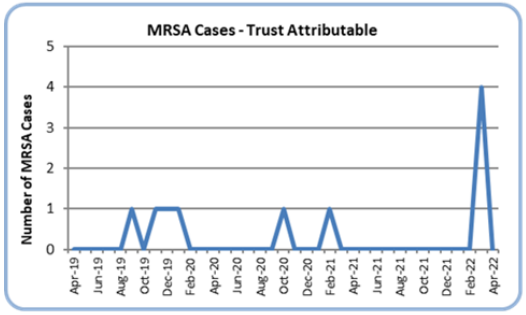
What actions are being taken to improve?

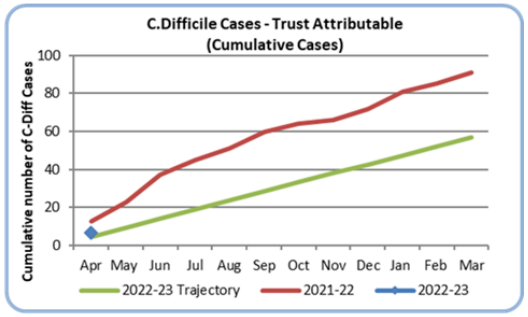
The Tissue Viability (TV) team continues to monitor and target support and engagement to clinical areas that have an increase in DTIs or Grade 2 pressure injuries.

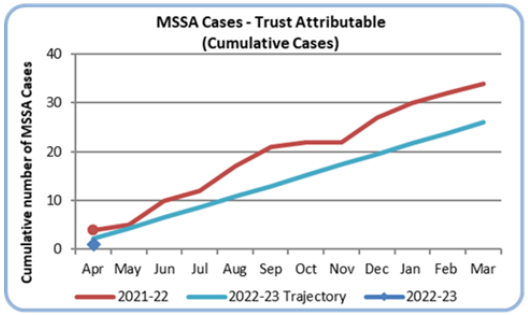
Collaborative work using the RAG rating support system continues to provide specific and targeted teaching.

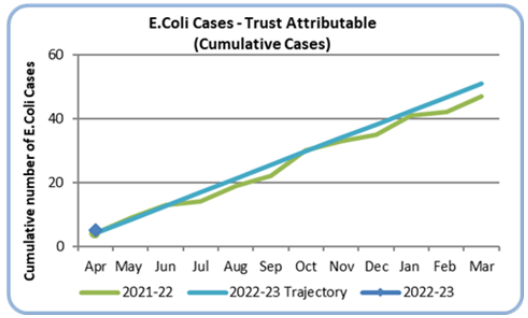
TV Nurses have been on the wards delivering focussed training and support with 'Work with a TVN'. This is yielding valuable insight to the operational challenges and enables training in micro sessions with staff in real time on the ward. Following the visit we are working with the ward sisters to put in place bespoke training and solutions.











Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)

National guidance changed to focus on Living with respiratory infections, including COVID-19. This reset the testing programme focusing on respiratory virus symptoms / other COVID symptoms .This has resulted in a reduction in reported cases and outbreaks.

The IPC team are refocusing education around the new symptomatic testing.

2022 -23 Mandatory surveillance trajectories are not yet confirmed.

MRSA 4 new bacteraemia cases occurred in March. An internal investigation for all cases, identified different strain types and key improvement areas with a requirement to reset IP&C practice to pre COVID-19, examples include MRSA screening requirements and invasive devices care / documentation.

C. Difficile
Year end (2021 – 22) Trajectory 52. 63 Hospital Onset Healthcare Acquired (HOHA) (24 lapses to date), 28 Community Onset Healthcare Acquired (COHA) 91 total cases year end.

MSSA
Year end (2021 – 22)Trajectory 26. 34 cases year end (7 Lapses to date).

Gram –ve
Trajectory set for a 5% reduction of cases for 21/22 based on 2019/20 figures.

What actions are being taken to improve?

Deep dive investigations into MRSA bacteraemia cases, actions / learning to be implemented within the trust alongside focusing on resetting practice after COVID-19. Continue to support staff to embed practice focusing infection management including Respiratory panel testing which includes COVID-19. Manage outbreak with Living with respiratory infections focus.

C Diff regional work continues with NBT contributing to this and operationalising work from this , this will form a key function in the team with a IPC education role.

COVID-19 SitRep

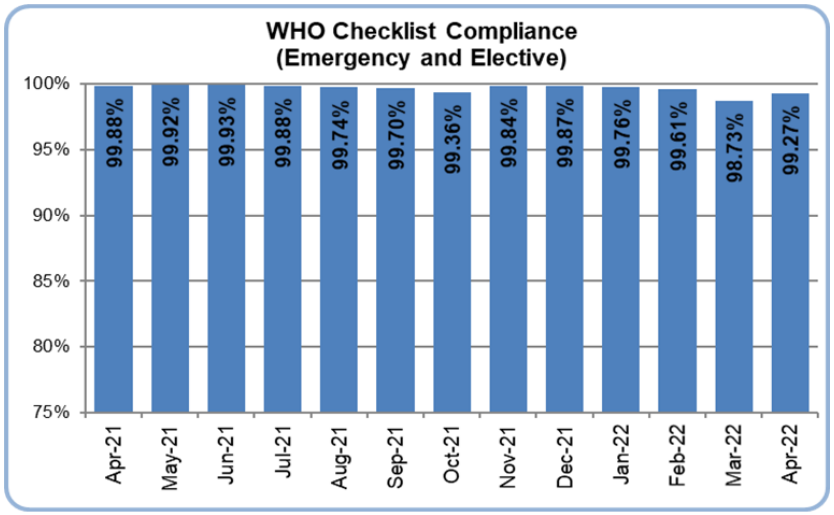
Current COVID Status: Level 2

Metric	14/02/2022	21/02/2022	28/02/2022	07/03/2022	14/03/2022	21/03/2022	28/03/2022	04/04/2022
New patients last 24 hours – admitted	4	4	5	6	7	8	9	5
New Patients Diagnosed in last 24 hours	**6**	**6**	**7**	**6**	**10**	**12**	**11**	**11**
Of these, in-patients diagnosed <48 hours after admission (Community Acquired)	4	5	3	4	7	9	7	6
Of these, in-patients diagnosed 3-7 days after admission (Indeterminate)	0	0	1	1	1	2	0	1
Of these, in-patients diagnosed 8-14 days after admission (Hospital Acquired)	0	1	1	1	0	0	2	1
Of these, in-patients diagnosed 15+ days after admission (Hospital Acquired)	1	0	3	0	2	1	2	2
Number of confirmed patients admitted from care or nursing home	1	0	0	0	1	1	1	1
Blue discharges in past 24 hours	8	5	8	8	13	13	16	10
Number of COVID positive patients as at 08:00	**44**	**40**	**45**	**50**	**62**	**70**	**80**	**84**
Of these, patients admitted for primary COVID	31	33	34	32	44	40	57	46
Of these, patients admitted with incidental COVID	13	8	11	19	19	30	23	38
COVID positive patients in ICU	1	2	2	2	3	3	3	3
COVID positive patients outside of ICU	44	38	43	48	59	67	77	81
Query patients	2	0	1	4	4	11	3	0
Closed and empty beds due to IPC	11	7	13	12	9	10	4	8
Positive patients outside of blue wards	2	3	2	2	4	11	3	
NIV COVID	1	2	1	1	0	0	0	1
Non COVID NIV (28a & AMU)	3	2	6	1	1	3	3	
Deaths	1	0	0	1	1	1	1	1
Pathology lab positivity rate – rolling 7 day mean	0	0	0	0	0	0	0	0
Patient Total positivity - detected - number	11	10	14	15	21	20	22	23
Patient Total positivity - detected - %	0	0	0	0	0	0	0	0
Staff Total positivity - detected - number	12	10	16	17	26	21	16	0
Staff Total positivity - detected - %	0	0	1	0	1	0	0	0

Metric	07/02/2022	14/02/2022	21/02/2022	28/02/2022	07/03/2022	14/03/2022	21/03/2022	28/03/2022
Bristol cases per 100,000 – 7 days	867	678	489	490	796	1114	1115	856
South Gloucestershire cases per 100,000 – 7 days	854	661	482	501	807	1259	1251	952
North Somerset cases per 100,000 – 7 days	867	678	489	490	796	1114	1115	856

Key:

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

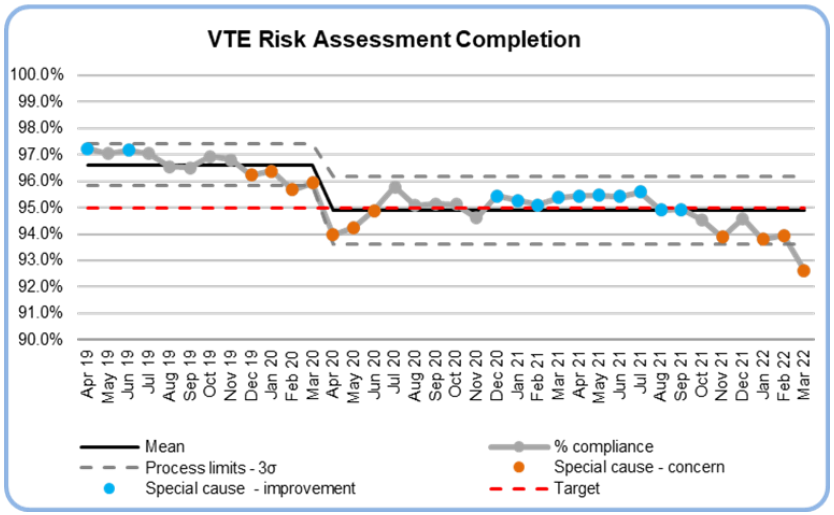


WHO Checklist Compliance

What does the data tell us?

In April, WHO checklist compliance was 99.27%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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

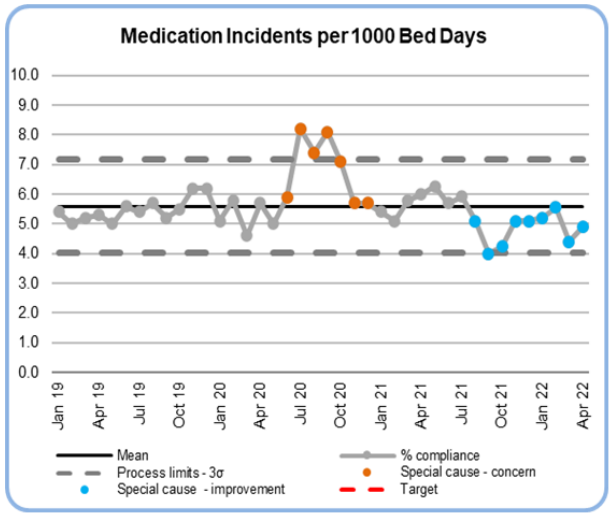


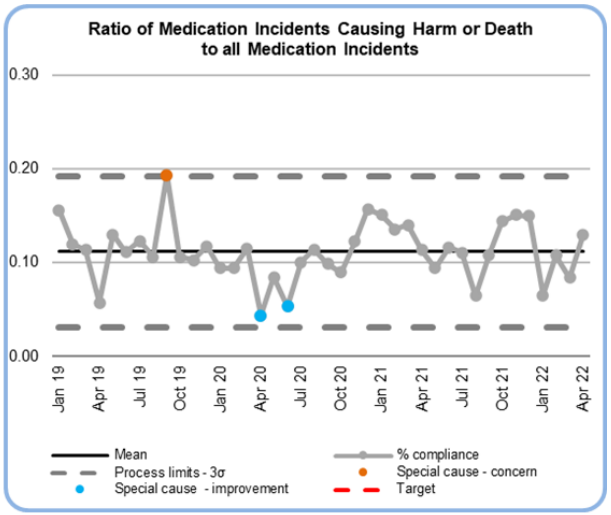
VTE Risk Assessment

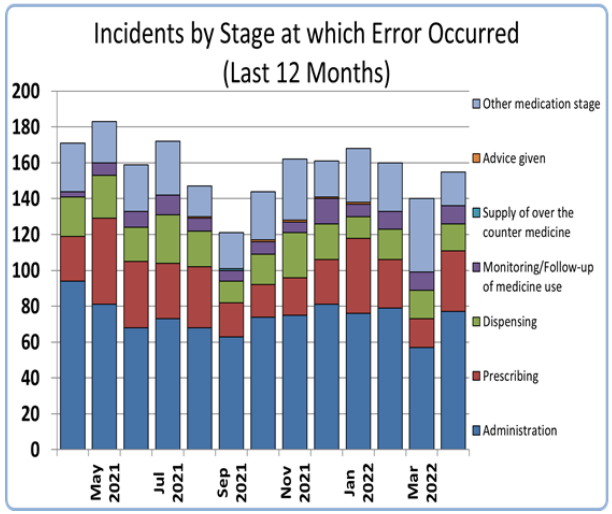
What does the data tell us?

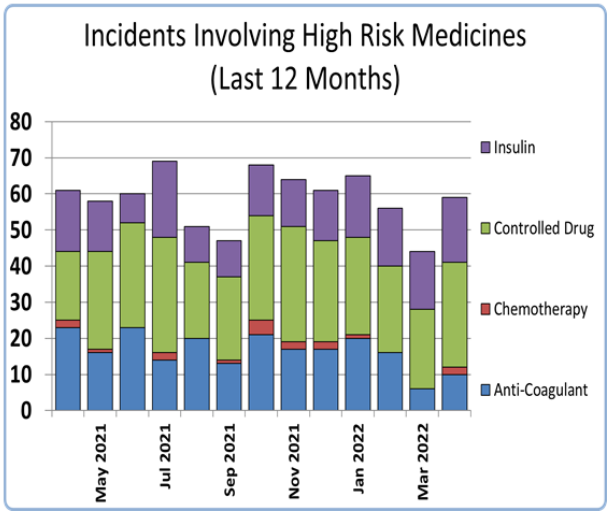
In March, the rate of VTE Risk Assessments performed on admission was 92.63%. VTE risk assessment compliance is targeted at 95% for all hospital admissions.

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









Medicines Management Report

What does the data tell us?
During April 2022, NBT had a rate of 4.9 medication incidents per 1000 bed days. This is very slightly below the 6 monthly average of 5.

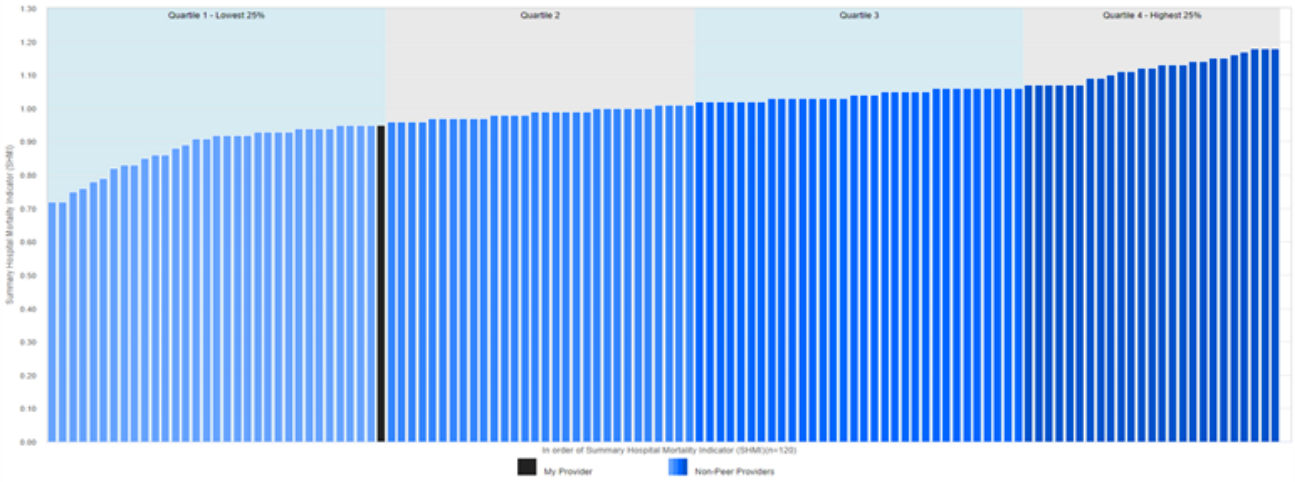
Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents
During April 2022, c.13% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.13). This is slightly above average seen over the last 6 months, with the average being c.11.5% but as seen from the graph there has been much fluctuation in this value. The actual number of incidents reported as causing any degree of harm is the highest it has been since Dec 21 and above the average seen over the last 6 months. This upward trend will require monitoring going forward. The incidents seen caused low/moderate harm, no severe incidents were reported this month.

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 will designate incidents as 'administration errors' even when the cause was unclear prescribing. More work on this subject will be undertaken as part of the 'Medicines Academy' project.

High Risk Medicines
During April 2022, c.37% of all medication incidents involved a high risk medicine a figure comparable with data for the last 6 months. Incidents involving Controlled Drugs made up c.48% of incidents involving high risk medicines; again – this is in keeping with figures for the year to date.

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

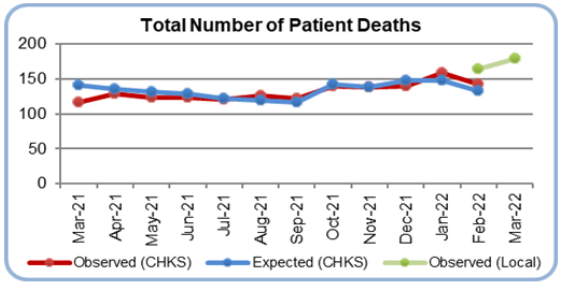


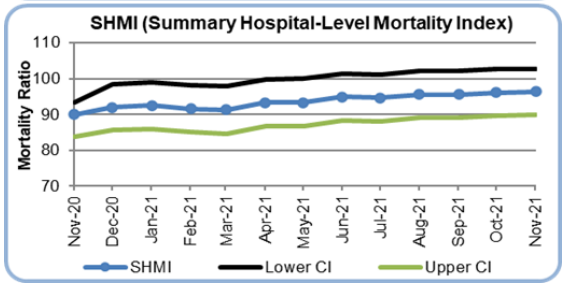
Mortality Review Completion

March 21 – Feb 22	Completed	Required	% Complete
Screened and excluded	335		
High priority cases	237		
Other cases reviewed	1313		
Total reviewed cases	1885	1980	95%

Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0	4.1%	28%	37%	30.9%

Date of Death	March 21 – Feb 22
Scrutinised by Medical Examiner	1572
Referral to Quality Governance team	139





Mortality Outcome Data

What does the data tell us?

Mortality Outcome Data
NBT is in the lowest quartile for SHMI at 0.95 when compared to the national distribution indicating a lower mortality rate than most other Trusts. Even though this has been rising throughout 2021 NBT is still presenting well below the national median.

Mortality Review Completion
The current data captures completed reviews from March 21 – Feb 22. In this time period 95% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system.

Of all "High Priority" cases, 84% completed Mortality Case Reviews (MCR), including 20 of the 24 deceased patients with Learning Disability and 16 of the 23 patients with Serious Mental Illness. The recent drop in completion rate is due to the requirement of all cases of probable and definite hospital associated COVID to be reviewed. These include historic cases that were not previously classified as 'high priority'.

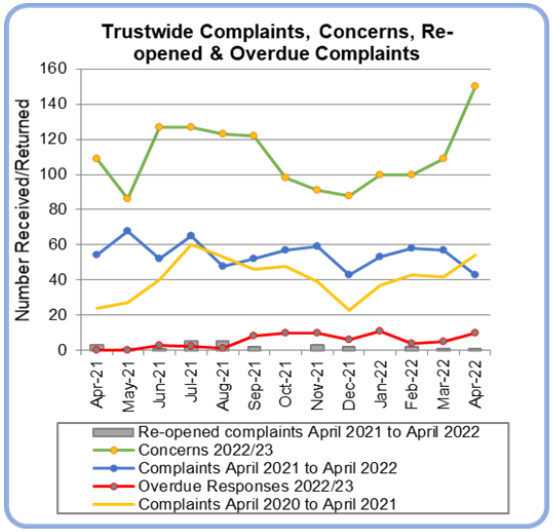
Mortality Review Outcomes
The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96% (score 3-5). There have been 10 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which undergo a learning review through divisional governance processes.

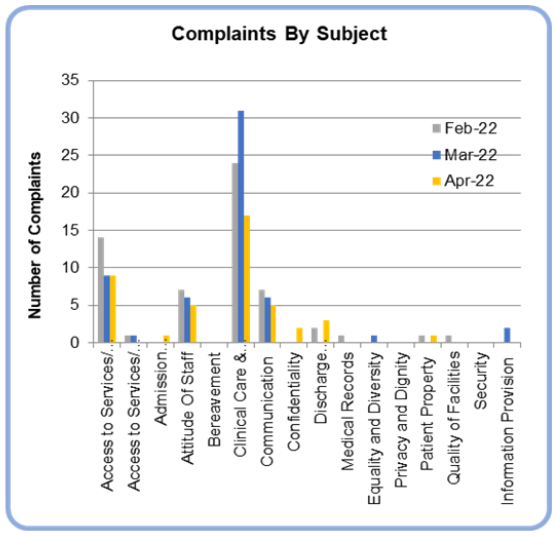
What actions are being taken to improve?

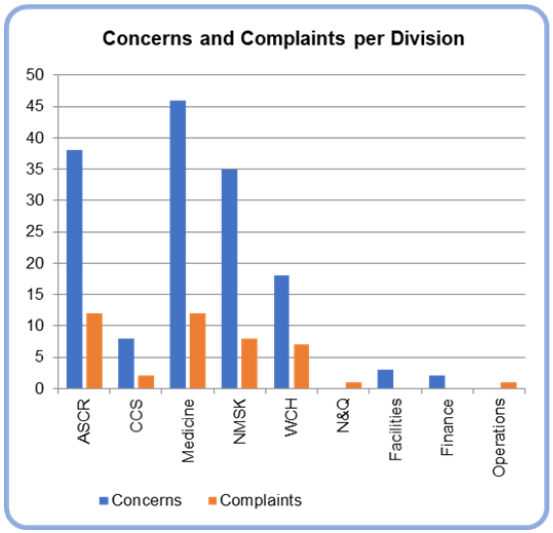
The first meeting between NBT, UHBW and the NHSE/I Better Tomorrow Programme took place on 04/05/2022. Areas of focus have been agreed building on the work undertaken in 2021 as part of the Learning from Deaths Development Programme.
We are chasing the completion of overdue high priority cases including hospital acquired COVID deaths, and cases of patients with a learning disability and serious mental illness.

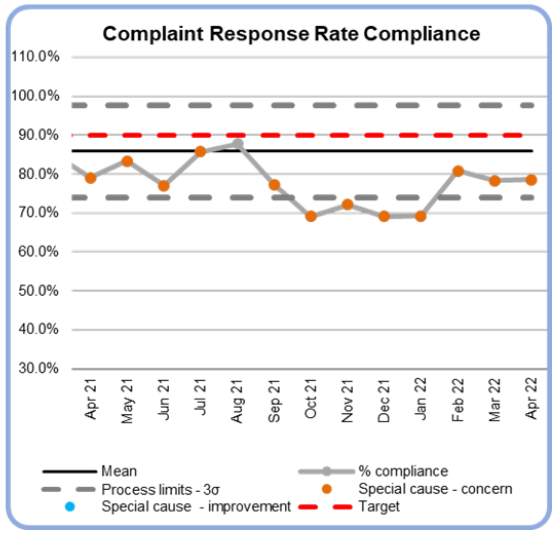
Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams









Complaints and Concerns

What does the data tell us?

In April 2022, the Trust received 43 formal complaints, this is considerably fewer than the previous month (57) and the same period last year (54)

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

There is 1 re-opened complaint in March for NMSK.

The 43 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	12 (10)	CCS	2 (4)
Medicine	12 (12)	NMSK	8 (16)
WCH	7 (12)	Operations	1 (1)
N&Q	1 (1)		

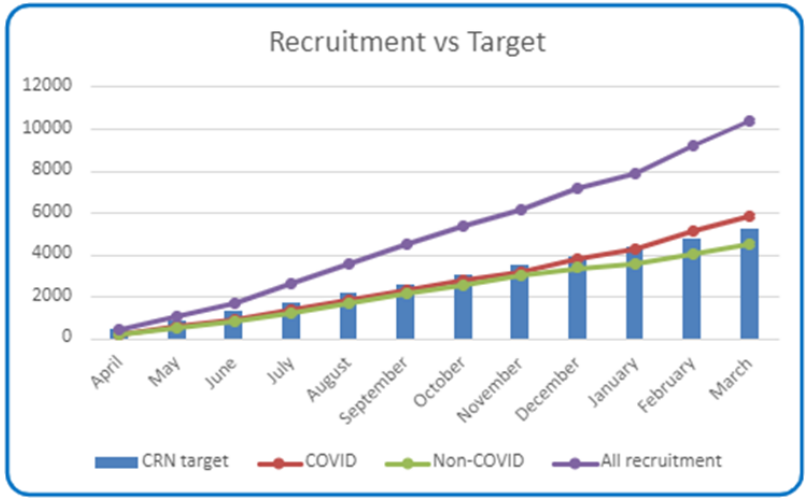
The number of PALS concerns received by the Trust has increased to 150 in March, this is the highest number recorded, 111 in March, and enquiries have increased slightly to 87.

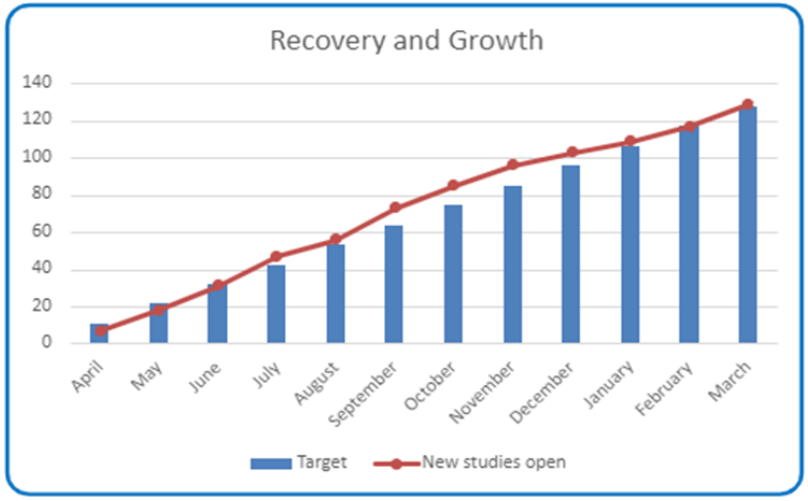
The response rate compliance for complaints has increased very slightly from 78.3% to 78.6% in April reflecting a gradual improvement when compared to the previous 5 months.

The number of overdue complaints has increased significantly in April to 10. At the time of reporting there are 5 in ASCR, 2 in Facilities, 1 in Medicine and 2 in WaCH.

What actions are being taken to improve?

- Ongoing weekly validation/review of overdue complaints by Patient Experience Manager and/or Complaints Manager.
- Weekly meetings with Medicine, ASCR and NMSK Patient Experience Teams.
- Recovery plans and a trajectory for improvement agreed with ASCR and Medicine. Medicine have met their targets for April but ASCR have seen a significant decline in performance. This will be addressed directly with the division.
- Complaints Training planned in WaCH (x2 sessions in May and June) and meeting with new Service User Engagement Lead regarding a possible improvement plan and trajectory in WaCH





Research and Innovation

What does the data tell us?

During a year of service restoration our NBT year-end performance for 21-22 has far exceeded our expectations. This year we achieved 199% of our annual target. We are very thankful to the 10,300 participants who enrolled in our research across a broad portfolio of interventional and observational studies supported by all divisions of the trust.

Our portfolio of research remains strong; we opened 129 new studies in 21-22, which is consistent with our pre COVID performance, showing a commitment to support new research to benefit patient care.

We continue to support the national efforts to develop effective vaccines and treatments in the management of current and future COVID variants.

NBT is leading on 70 externally funded research grants, to a total value of £31m. This includes 32 prestigious NIHR grants which total £29m. **Congratulations** to Dr Elsa Marques (Prof. Ashley Blom co-lead) who was recently awarded an NIHR PGAR, £2.9m, to complete the 'HIPPY' programme of work (Hip Implant Prosthesis Programme for the Younger total hip replacement patient) and Dr Alan Uren who was recently awarded an NHS England grant, £339k,to develop a Perinatal Pelvic Health Assessment tool.

In addition, NBT is a partner on 58 externally-led research grants, to a total value of £10.6m to NBT.

The Southmead Hospital Charity very kindly 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 a small pump-priming research project (up to a maximum of £20k) in any subject area. The awarding panel for Round 13 met in early May and agreed to fund 5 new projects (from a shortlist of 6) highlighting the quality of the applications received this year. The successful projects will be announced shortly.

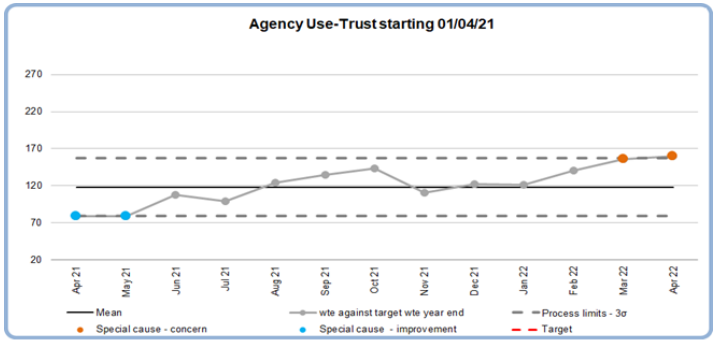
In addition, with support from Southmead Hospital Charity, R&I are piloting a **SHC Research Infrastructure** call; welcoming applications from across NBT, for research facilitator staff to be embedded within NBT teams, departments, divisions to develop research themes and pipelines of research grants applications.
The awarding panel met in late April, and we are very pleased to announce that four awards have been made. **Neurology & Neurosurgery, Vascular & Anaesthesia, Neonatology and Renal** have each been awarded a Research Facilitator (0.5wte) for 12 months.

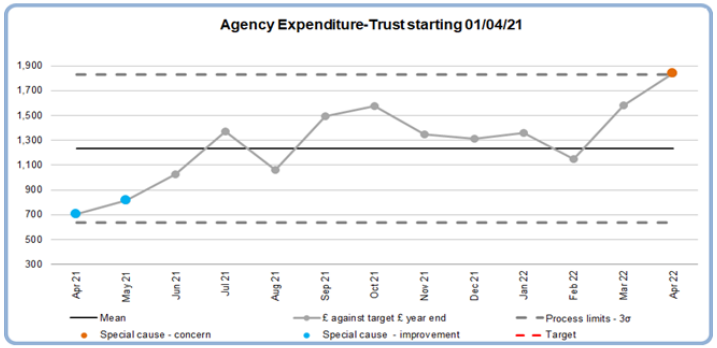
After a programme of staff and stakeholder engagement, the NBT Research Strategy for 2022-2027, which sets out our ambitions for the next 5 years, has been drafted and we look forward to sharing this more broadly over the coming months.

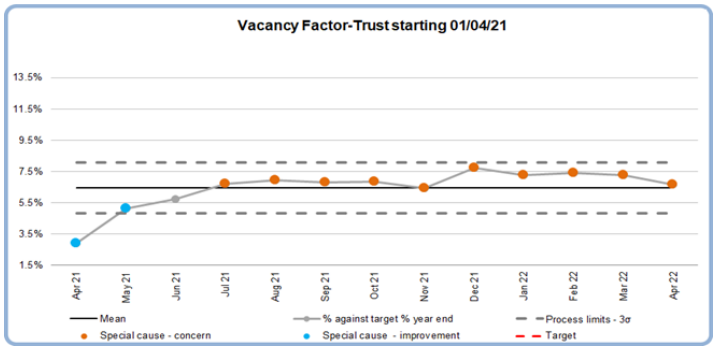
Well Led

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

Workforce







What Does the Data Tell Us – Vacancies Nursing and Midwifery

Unregistered Nursing

- Band 2 vacancies reduced further to 88.00 wte in April with 11.61 wte starting in the Trust in the month (compared with leavers of 7.97 wte)
- Band 3 vacancies increased this month to 59.90 wte in April with 5.34 wte starting in the month (compared with 7.85 wte leavers)
- 17 band 2 and 13 band 3 candidates were offered roles in April and will start in the coming months
- In addition to NBT assessment centre activity, planning has also taken for a BNSSG wide collaborative volume Health Care Support worker recruitment event across the region has been completed

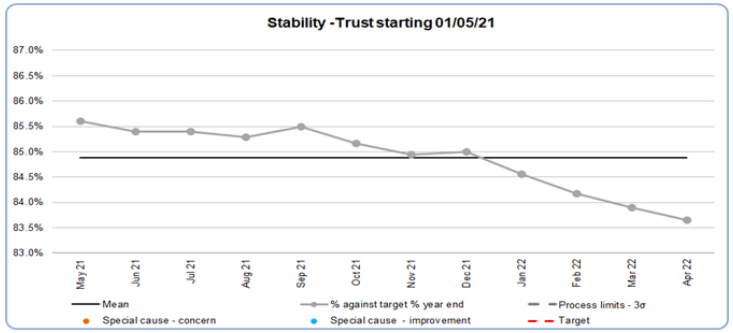
Registered Nursing

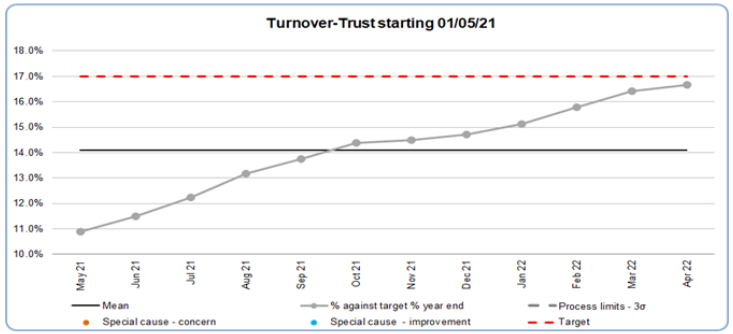
- The band 5 vacancy position for April is 171.00 wte, the month saw 13.76 wte new starters (compared with 20.82 wte leavers)
- 31 offers for new Band 5 staff in April who will start in the coming months
- We attended the Nursing Times recruitment fair in Bristol where we spoke with over 100 nurses in the Bristol area and have arranged three interviews from candidates on the day which has resulted in two offers so far

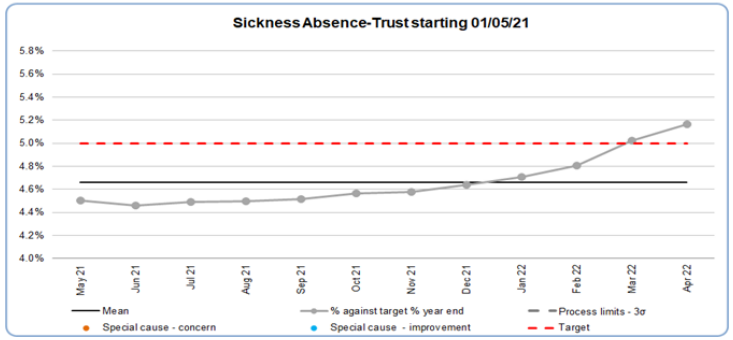
Temporary Staffing

- Internal Bank and Teir 1 agency fulfilment remained volatile during April despite the drop in overall demand due to the overtime incentives. Tier 4 usage increased, particularly over the easter period which drove up overall spend.
- Overall unfilled shifts remained high, with an increase over the Easter period
- Implementation of new BNSSG+B Neutral Vendor for the management of registered Nursing supply continued with go live achieved on 1st April 2022 as planned and a review of Tier 1 agency rates in taking place

Engagement and Wellbeing







What Does the Data Tell Us - Turnover and Stability

April saw a reduction in turnover from March's position as leavers in April 22 were fewer than April 21. However, the Trust still saw an overall net loss of staff, particularly in staff groups where retention activity in 22/23 will focus such as registered nursing and midwifery who saw a net loss of 12 wte in April and admin and clerical staff who saw a net loss of 4 wte in April and have seen a net loss each month for the last three.

Actions - Turnover and Stability (*Head of People)*

The Retention Task and Finish has re-established itself and is meeting again. Key actions;

- Add more categories under 'work-life balance' on the NBT exit survey to understand this issue in more detail
- Follow up on specific themes around those leaving for a higher salary – where are they going (data available from termination forms and ESR data) by **mid-June 2022**
- People Team – plan to phone sample of leavers and/or text leavers – **Jun-22**
- Correlate ESR data above to verify exit survey data – **end May 2022**
- Admin & Clerical a hot spot; experiencing an increase in turnover. Greater competition from local employers who can provide higher salary / greater flexibility in terms of working hours / core hours
- Action – focus groups with admin staff **June/July 2022**
- A review of relocation expenses, as a way of attracting and retaining staff at NBT is underway. Local VRP process agreed in principle **(to be finalised by end May 2022)**

What Does the Data Tell Us - Sickness and Health and Wellbeing

April saw an increase in sickness absence as the April 22 position saw more days lost than April 21. *Anxiety/stress/depression/other psychiatric illnesses* remains the predominant driver of time lost to absence alongside COVID sickness.

Actions Delivered – Health and Wellbeing *(Head of People Strategy)*

- Women's and Children's wellbeing festival delivered with input from the Joint Unions, Employee Assistance Programme, Physio Direct, FTSU, HPMA and Sustainability team. An event providing bespoke wellbeing attention to the division in support of the Women & Childrens Improvement Programme. Event format will yield proof of concept for delivery to other areas – **May-22**

Actions in Progress - Sickness and Health and Wellbeing (*Head of People and Head of People Strategy)*

- Resources to enable Wellbeing conversations available via LINK, intent to include Wellbeing Conversation element in the revised 1:1 proforma being developed and to be published on LINK – **end of May 22**
- Establishing the Wellbeing Taskforce – inaugural meeting **8 Jun 22**
- Financial Wellbeing and Reducing Cost of Employment work ongoing with proposals to address being tabled through Wellbeing Taskforce – **Jun-22**

Training Topic	Variance	Mar-22	Apr-22
Child Protection	0.2%	82.9%	83.1%
Adult Protection	-5.0%	84.5%	79.5%
Equality & Diversity	0.0%	84.9%	84.8%
Fire Safety	-0.2%	80.0%	79.8%
Health &Safety	-0.6%	84.3%	83.7%
Infection Control	8.2%	84.8%	93.0%
Information Governance	0.2%	75.7%	75.9%
Manual Handling	4.3%	75.4%	79.7%
Waste	0.0%	82.6%	82.6%
Total	**0.7%**	**81.67%**	**82.38%**

What Does the Data Tell Us - Essential Training

Throughout the pandemic, essential training compliance has shown a downward trend across the Trust and has been below the minimum threshold of 85% since March-21. This is a trend being seen by other NHS Trusts although we are now starting to see small month on month improvements in the compliance data.

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

In May, we continue to explore different mechanisms to help improve Stat Man compliance. These include:

- Helping the organisation to embed the new learning platform Kallidus LEARN, which went live on 11th April. LEARN uses Single Sign On (SSO) making forgotten passwords a thing of the past
- Initial learner feedback is suggesting that users are finding LEARN much easier to use and having the icon on the desktop coupled with SSO has made it much quicker to access
- New functionality in LEARN makes it easier for Managers to more easily check the Stat Man compliance for their teams
- Continuing to promote completion of StatMan through Operational Communication channels and agenda items on Executive Management meetings

Other Wider Actions

Leadership & Management Learning

- May marks the launch of the new Specialty Leads development programme. The inaugural Specialty Leads Development Community event takes place on 18 May and a range of eight workshops, commencing June, are now available for Specialty Leads and Aspiring Speciality Leads to book onto (examples of topics covered include; Compassionate Leadership, Recruiting for Cultural Change, Managing Attendance & Wellbeing and Digital Leadership)

Apprenticeships

- The Trust continues to maintain the delivery of its Apprenticeship programmes. This will ensure Apprentices are able to receive development core to their role, allowing them to progress to the next pay band level within the agreed timelines. This progression also allows Apprentices (eg. HCSW) to apply their skills to a wider variety of tasks in the workplace.
- Apprenticeship Levy Spend = 68%

Apr-22	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	94.2%	82.4%	97.3%	89.6%

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

The safe staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. There are however ongoing issues with the reporting, and this has been escalated to Allocate the roster provider. We will be back reporting as soon as it is possible.
Staff absence related to COVID self-isolation impact experienced during March as can be seen below. There is an organisational focus on recruiting to Care Staff (HCSW) vacancies with an additional BNSSG recruitment event supported by NHS England planned during May 2022.
All areas safe staffing maintained through daily staffing monitoring and supplementing with Registered and unregistered staff as equired

Wards below 80% fill rate for Registered Staff:

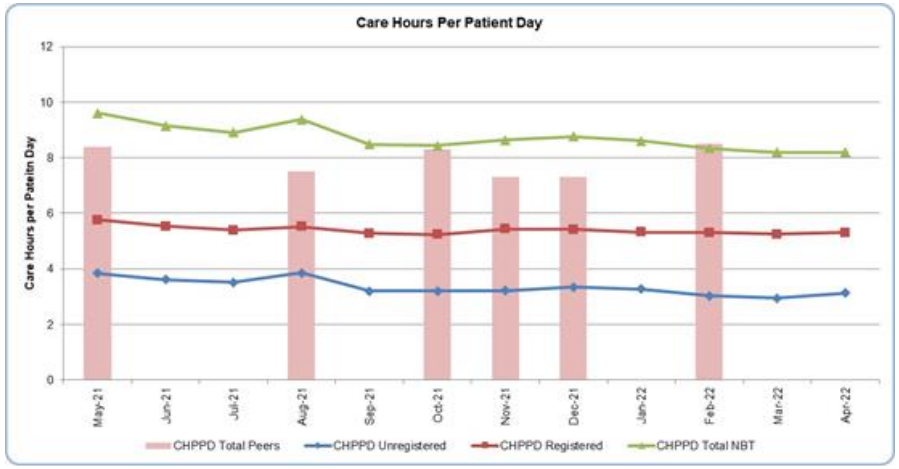
- 33a (79.1% Day) staffing supplemented with redeployed HCSW
- 7b (72.9% Day) staffing supplemented with redeployed RNs and HCSW
- 6b (79.9% Night) staffing supplemented with redeployed HCSW
- Cotswold (75.3% Day) Registered staff vacancies, reduced occupancy staffing deployed as required to meet patient needs across the service
- Gate 37 ICU (79.9% Day) Registered staff vacancies and absence, staffing deployed as required to meet patient acuity.
- Mendip Ward (74.2% Night) vacancies, staffing deployed as required to meet patient needs across the service

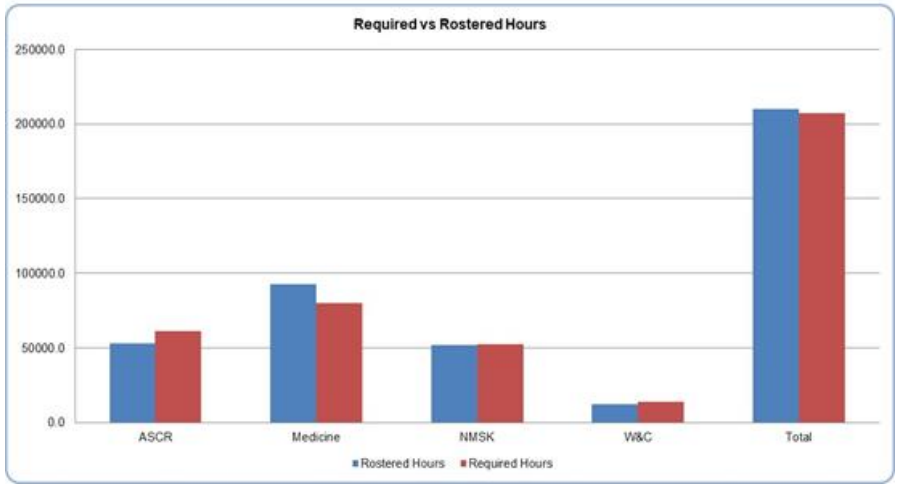
Wards below 80% fill rate for Care Staff:

- 32a (78.1% Day) Unregistered staff vacancies and absence
- EEU (64.5% Day) Unregistered staff vacancies and absence , supported with redeployed RN resource
- 9b (69.7% Day) Unregistered staff vacancies and absence
- Gate 31 AMU (72.7% Day / 61.4% Night) Unregistered staff vacancies and absence
- 27a (75.7% Day) Unregistered staff vacancies and absence
- 27b (72.3% Day / 75.6% Night) Unregistered staff vacancies and absence
- 34b (63.6% Day / 71.7 Night) Unregistered staff vacancies and absence
- Medirooms (79.7% Night) Unregistered staff vacancies
- 8b (70.5 Day) Unregistered staff vacancies staffing supplemented with redeployed RNs
- 26b (75.5% Day) Unregistered staff vacancies and absence
- 7a (77.9% Day) Unregistered staff vacancies and absence
- NICU (32.6% Day / 31.7% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required
- Quantock (76% Day) vacancies, staffing deployed as required to meet patient needs across the service.
- Percy Phillips Ward (77.7% Night) vacancies, staffing deployed as required to meet patient needs across the service
- **Wards over 150% fill rate for Registered Staff:**
- EEU (154.5% Night) RMN enhanced supervision for patients

Wards over 150% fill rate for Care Staff:

- 33a (173.5% Night) enhanced supervision for patients
- 25a (123.9% Night) enhanced supervision for patients





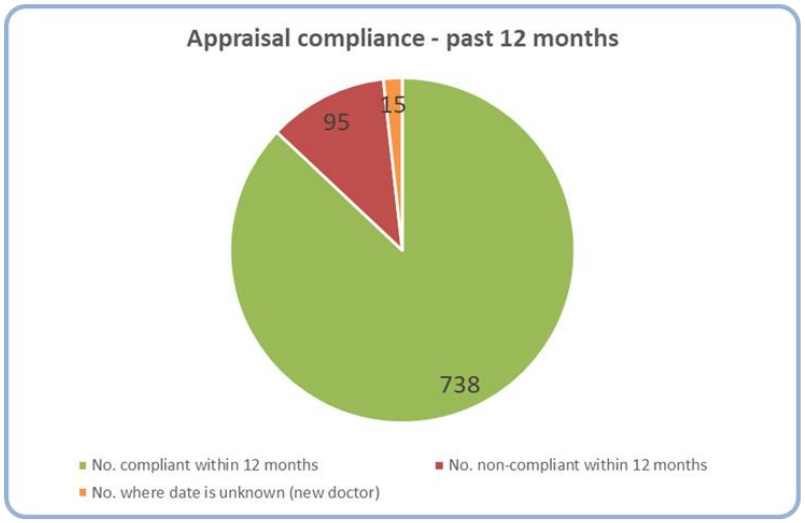
What Does the Data Tell Us – Care Hours per Patient Day (CHPPD)

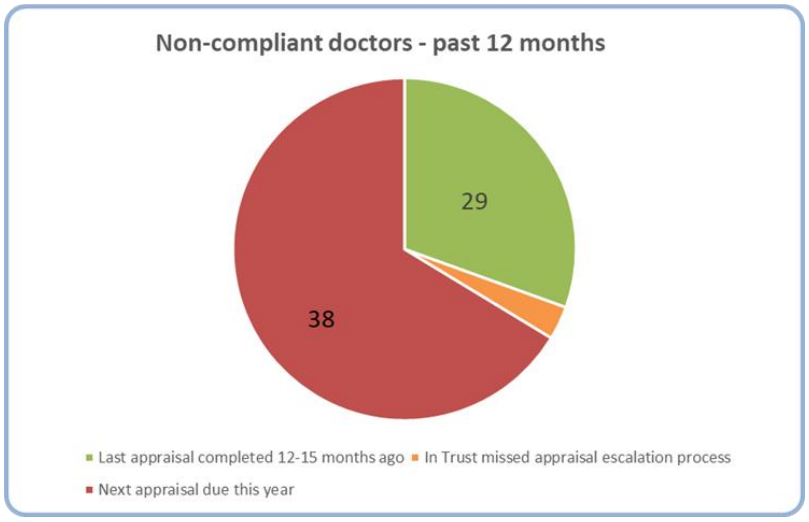
The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital).

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.





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 30 April 2022

	Month 1			Full Year		
	Budget	Actual	Variance	Budget	Actuals	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	56.8	56.0	(0.7)	56.8	56.0	(0.7)
Other Income	6.7	6.5	(0.2)	6.7	6.5	(0.2)
Pay	(39.9)	(39.7)	0.2	(39.9)	(39.7)	0.2
Non-Pay	(25.9)	(25.2)	0.7	(25.9)	(25.2)	0.7
Surplus/(Deficit)	**(2.4)**	**(2.4)**	**(0.0)**	**(2.4)**	**(2.4)**	**(0.0)**

Assurances

The financial position to the end of April 2022 shows the Trust has delivered on plan against the £2.4m deficit.

Contract income is £0.7m adverse to plan in April. Income has been aligned with the plan excluding high cost drugs and devices. The adverse variance is driven by drugs and devices. Other income is adverse to plan due to the Trust's delay in implementing staff car parking charges.

Pay expenditure in April is £0.2m favourable. The Trust has seen overspends on pay for bank and agency against substantive vacancies and underperformance on CIP, but this is offset by delays in the delivery of recurrent and non-recurrent service developments and investments.

Non-pay expenditure in April is £0.7m favourable. This driven by underspends on drugs and medical supplies due to reduced activity, and unspent reserves offset by unidentified CIP delivery.

Statement of Financial Position at 30 April 2022

	21/22 M12 £m	22/23 M01 £m	YTD Change £m
Non Current Assets			
Property, Plant and Equipment	605.0	610.2	5.2
Intangible Assets	13.7	13.6	(0.1)
Non-current receivables	1.5	1.5	0.0
Total non-current assets	**620.2**	**625.3**	**5.1**
Current Assets			
Inventories	9.1	9.1	(0.0)
Trade and other receivables NHS	18.4	20.1	1.7
Trade and other receivables Non-NHS	21.1	22.2	1.1
Cash and Cash equivalents	116.2	107.1	(9.0)
Total current assets	**164.8**	**158.6**	**(6.2)**
Current Liabilities (< 1 Year)			
Trade and Other payables - NHS	10.6	7.7	(2.9)
Trade and Other payables - Non-NHS	102.6	94.8	(7.8)
Deferred income	16.4	20.2	3.7
PFI liability	15.2	15.2	0.0
Finance lease liabilities	2.1	1.6	(0.5)
Total current liabilities	**147.0**	**139.5**	**(7.5)**
Trade payables and deferred income	7.1	7.7	0.7
PFI liability	359.3	358.5	(0.8)
Finance lease liabilities	2.0	10.9	8.9
Total Net Assets	**269.7**	**267.3**	**(2.4)**
Capital and Reserves			
Public Dividend Capital	456.9	456.9	(0.0)
Income and expenditure reserve	(372.4)	(371.3)	1.1
Income and expenditure account - current year	1.1	(2.4)	(3.5)
Revaluation reserve	184.1	184.1	(0.0)
Total Capital and Reserves	**269.7**	**267.3**	**(2.4)**

Assurances and Key Risks

Capital – Total capital spend for the year to date was £0.5m, compared to plan of £1.9m. The total planned spend for the year is £32.5m.

Receivables - The total value of invoiced debt outstanding is £17.4m, of this £6.9m 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.

Payables - Year to date NHS payables have reduced by £2.9m as a result of clearing invoiced creditors post year end. Non-NHS payables have decreased by £7.8m for the year to date, of which £4.3m relates to the reduction of accrued capital expenditure as a result of post year end payments, along with £3.5m of other net decreases.

Cash – The cash balance decreased by £9.0m in-month due to higher than average payments made during the month, including significant amounts of capital spend cash relating to the March 2022 year end capital creditor.

The high cash balance of £107.1m means that the Trust is expected to be able to manage its affairs without any external support for the 2022/23 financial year.

Regulatory

Board Sponsor: Chief Executive
Maria Kane

Monitor Provider Licence Compliance Statements at May 2022
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 be 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, 30 April 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.

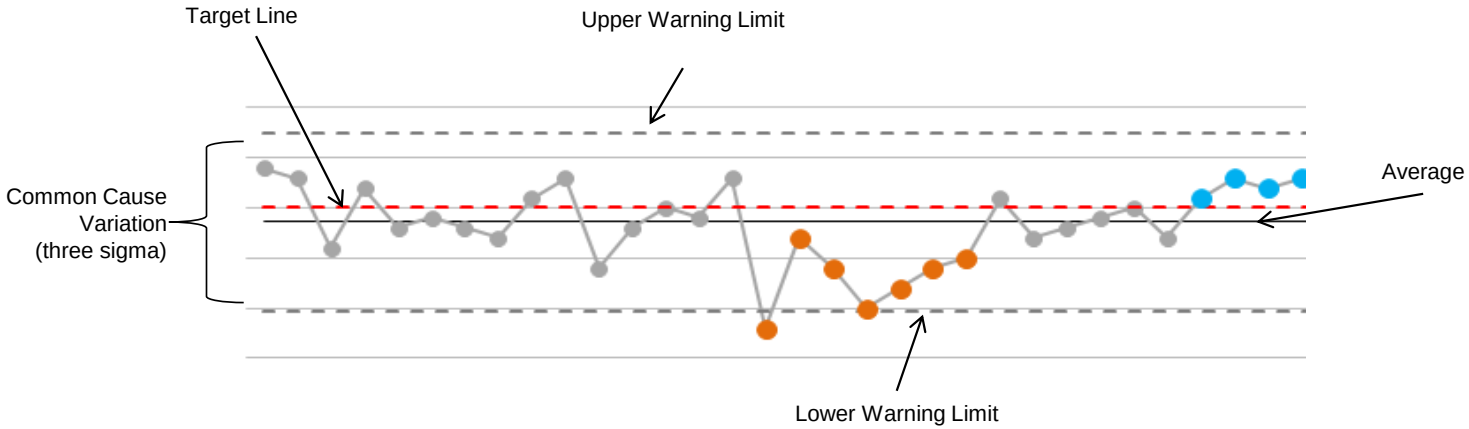
NBT Quality Priorities 2022/23

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
C2R	Criteria to Reside
CCS	Core Clinical Services
CEO	Chief Executive
Clin Gov	Clinical Governance
CT	Computerised Tomography
D2A	Discharge to assess
DDoN	Deputy Director of Nursing
DTOC	Delayed Transfer of Care
ERS	E-Referral System
GRR	Governance Risk Rating
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
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
WCH	Women and Children's Health
WTE	Whole Time Equivalent

Appendix 2: Statistical Process Charts (SPC) Guidance



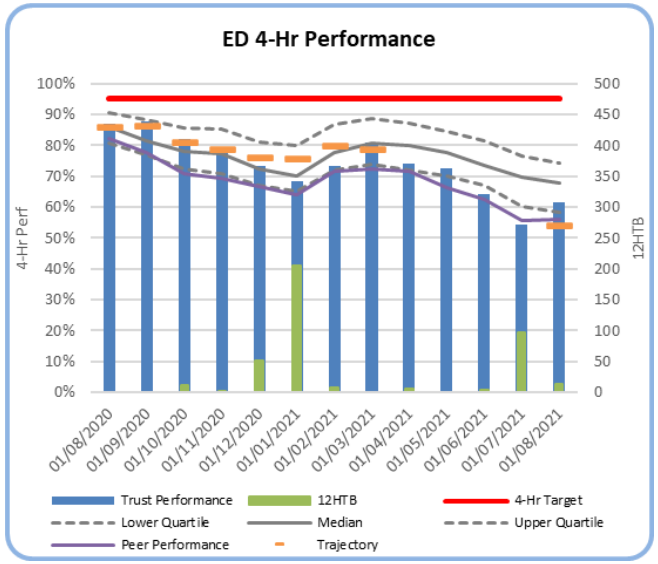
Orange dots signify a statistical cause for concern. A data point will highlight orange if it:
A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
B) Runs for 7 consecutive points below 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

Appendix 3: Benchmarking Chart Guidance



Month	Quartile
Aug-20	2nd
Sep-20	2nd
Oct-20	2nd
Nov-20	2nd
Dec-20	2nd
Jan-21	3rd
Feb-21	3rd
Mar-21	2nd
Apr-21	3rd
May-21	3rd
Jun-21	4th
Jul-21	4th
Aug-21	3rd

Grey lines reflect the monthly quartile positions based on the Trusts positioning in comparison to other Trusts. If higher performance is better, then Trust performance beneath the lower dotted line would reflect being in the lower quartile (4th), among the worst performing Trusts. If low performance is good then this would reflect being in the upper quartile (1st), among the best performing Trusts. The table to the right of the chart lists the quartile positions for each month based on the Trust Performance placement within the graph for guidance.

Purple lines reflect combined peer performance. Urgent Care metrics use Adult Major Trauma centres to compare against whilst planned care metrics use those identified by Model Hospital as similar to NBT.

Quartiles are calculated using main NHS Trusts only.

North Bristol NHS Trust

Report To:	Public Trust Board Meeting			
Date of Meeting:	26 May 2022			
Report Title:	Audit & Risk Committee Report			
Report Author & Job Title	Kate Debley, Deputy Trust Secretary			
Executive/Non-executive Sponsor (presenting)	Richard Gaunt, Non-Executive Director (Committee Chair)			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
			X	
Recommendation:	The Trust Board is recommended to receive the report for assurance and approve the revised Standing Orders and SFIs.			
Report History:	The report is a standing item to each Trust Board meeting following an Audit & Risk Committee meeting.			
Next Steps:	The next report to Trust Board will be to its meeting in August 2022.			

Executive Summary	
The report provides assurances received, issues escalated to the Trust Board and any new risks identified from the Audit and Risk Committee Meeting held on 5 May 2022.	
Board Assurance Framework/Trust Risk Register Links	The Committee is now the Audit & Risk Committee, with oversight of the Trust's overall risk management systems and processes.
Financial implications	None within this report.
Legal Implications including Equality, Diversity, and Inclusion Assessment	None identified.
Appendices:	N/A

1. Purpose

To provide a highlight of the key assurances, escalations to the Board and identification of any new risks from the Audit & Risk Committee meeting held on 5 May 2022.

2. Background

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

3. Meeting of 5 May 2022

3.1. External Audit Progress Plan

The Committee received the External Audit Progress Plan for 2021/22, and it was noted that the draft Accounts had been submitted to the External Auditors by the Trust within national timeframes and work was now underway and on track. It was confirmed that the Auditor's Report would be presented to the next meeting of the Committee in June, along with the final Annual Report and Accounts.

3.2. Internal Audit Progress Report

An Internal Audit Progress Report was received by the Committee, and it was confirmed that the four Internal Audit reports presented were the final reports for the 2021/22 Audit Programme. It was further noted that there remained only four outstanding actions on the overall recommendation tracker.

The Committee noted that the Head of Internal Audit Opinion for 2021/22 had been confirmed as 'significant assurance with minor improvement opportunities', on the basis that there is generally a sound system of internal control which is designed to meet the Trust's objectives and that controls in place are being consistently applied in all key areas reviewed.

Internal Audit Reports were received as follows:

Freedom to Speak Up

The Committee heard that the Trust had performed well against a sample that had been provided for benchmarking and it was noted that the Report had been given a rating of significant assurance with minor improvement opportunities.

Data Security & Protection Toolkit

The Committee welcomed the rating of significant assurance and commended the team for their hard work in achieving this outcome. It was noted that this review had been conducted by specialists in advance of the Data Security & Protection Toolkit self-assessment that will be submitted to NHS Digital in June.

Risk Management
The Committee noted the rating of significant assurance with minor improvement opportunities and were reassured by a verbal update from management that plans are in place to address all the recommendations and issues highlighted.

Medical Revalidation
A rating of significant assurance with minor improvement opportunities was noted.

3.3. Local Counter Fraud Annual Report 2021/22
The Committee received the Local Counter Fraud Annual Report which represents the culmination of Local Counter Fraud Specialist reporting throughout the year and summarises the work undertaken in 2021/22.

The Committee noted that work had continued to raise fraud awareness within the Trust through a variety of methods and that numbers of referrals had been consistent with the prior year. During 21/22 risk based reviews had been completed for Ambulances, Patient Expenses and Managing Conflicts of Interest. A review of Procurement & Contract Management is currently with management for comment and has therefore not yet been reviewed by the Committee.

The Committee welcomed an overall green rating for the Trust against the NHS requirements for applying the Counter Fraud Functional Standard on Counter Fraud.

3.4. Draft Annual Governance Statement
The Committee reviewed the draft Annual Governance Statement and some minor amendments were noted. Trust Board are recommended to approve the final draft Annual Governance Statement at its May meeting, incorporated into the Annual Report.

3.5. Risk Report
The Committee reviewed a Risk Report incorporating the Trust Level Risk Report and Board Assurance Framework. It was noted that of the 47 risks on the register, two of them were new.

The Committee heard that ongoing work is required to ensure that actions are properly updated against risks, as well as increased clarity where actions required to close gaps in controls are outside the control of the Trust. It was noted that a key area of focus for risk management will be to work with risk owners and divisional management teams to enhance understanding in relation to how risks are mitigated and any controls that need to be introduced.

The Committee discussed a preference for the Risk Report to focus on emerging risks rather than on operational issues for which there is generally already a good level of awareness.

3.6. Declarations of Interest Report
The Committee received a biannual Report on Declarations of Interest, including all interests and nil returns that have been declared by decision making staff since the

previous Report in November 2021. It was noted that there were no interests on the current register which cause concern or prompt further investigation.

In addition the Committee received an update on progress against outstanding actions following the Local Counter Fraud Specialist Review in November 2021 and were pleased to note that Conflicts of Interest had been allocated green status in the Counter Fraud Functional Standard Return.

3.7. Single Tender Actions

The Committee received a report from the Director of Procurement on Single Tender Actions (STA) for the period January 2022 to March 2022 inclusive and it was noted that historically Q4 always sees an increase in the number and value of STAs as a result of the regular end of year cycle. However, it was further noted that in taking Q4 of the 2020/21 financial year as the reference point there had actually been a material overall improvement on the part of the Trust in its compliance. The Committee were further reassured that the Procurement team are focused on understanding the drivers behind the number of non-compliant and retrospective orders being raised by the Trust.

3.8. Losses And Salary Overpayments

The Committee received a report providing an overview of the losses incurred, actions being taken by the Trust and salary overpayments made and recovered to 31 March 2022.

The Committee noted that overpayments relating to the 2020/21 Local Clinical Excellence Awards had mostly been corrected following payment of this year's award in line with the process previously outlined to Trust Board. Following additional repayments received from individuals with outstanding debts following the 2021/22 award there are now only ten individuals with outstanding debts related to the 2020/21 overpayment with a total value of £9,545; these continue to be chased.

3.9. National Cost Collection 2022 Pre-submission report

The Committee reviewed a report setting out six key elements of the Trust's National Cost Collection submission plan to meet expected requirements noted in the Approved Costing Guidance. The Committee were assured that for each element there was either sufficient evidence or an appropriate action plan to address, and on this basis the costing plan was approved.

3.10. Additional updates received on:

- An updated Patient Expenses Policy, which was approved by the Committee.
- A Report on the Data Quality team's response to the Data Quality Annual Audit for 2021/22, including the response to the prior year's audit recommendations.

4. New risks or items for escalation

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

5. Recommendations

5.1. The Trust Board is recommended to receive the Audit & Risk Committee Upward report for assurance.

Report To:	Trust Board			
Date of Meeting:	26 May 2022			
Report Title:	Conclusion of the review and recall of Laparoscopic Ventral Mesh Rectopexy (LVMR) patients			
Report Author & Job Title	Matthew Bazeley-Bell, Project Director			
Executive/Non-executive Sponsor (presenting)	Tim Whittlestone, Medical Director			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
			X	
Recommendation:	The Board is asked to note the conclusion of the review and recall of patients who have undergone LVMR surgery since 2007 under the care of Mr Dixon.			

Executive Summary

- In 2019 North Bristol NHS Trust (NBT) dismissed colorectal surgeon ARD following investigations into aspects of his clinical practice whilst employed by NBT.
- The Trust commenced investigations into Mr Dixon's practice following patient complaints, resulting in a number of patients' care being independently reviewed. The focus of concern related to patients who had undergone a laparoscopic ventral mesh rectopexy (LVMR). Patients involved in these investigations, have been contacted and advised of findings relevant to their care.
- Following this, NBT decided that, in order to achieve assurance in relation to LVMR patients treated by Mr Dixon, a review process would be completed. The process was designed to review all patients who underwent an LVMR procedure as NBT patients, between 2007 and 2017. A helpline was also established, to provide an additional route of access for patients with concerns to come forward. The NBT patients reviewed either received their procedure at Southmead Hospital or at the Spire Hospital in Bristol (under NHS waiting list arrangements). 387 patients were reviewed.
- Following a thorough process, which included a combination of records reviews, patient consultations, independent clinical input and finally a clinical panel, this review process has now been completed.
- As a result of the review, the Trust has written to each patient with the individual outcome of the review of their care.
- The Trust has notified 203 NHS patients that, although their LVMR operation was carried out satisfactorily, they should have been offered alternative treatments before proceeding to surgery. We have defined these patients as suffering 'harm' as a result.
- The review has concluded that 175 of the patients reviewed, have received appropriate care, and therefore come to 'no harm'.
- We are confident that our review has identified all relevant patients, that we have undertaken a full, thorough and detailed investigation process and that we have

communicated directly with all patients identified as potentially 'harmed'. However, our helpline remains open (01174140844) following this report becoming public.

- The Trust continues to co-operate with and appropriately update any regulators who have an interest in this review and recall.

1. Introduction – review/recall process

1.1 This report is intended to assure the Board about the patient review and recall process undertaken as a response to the recommendations made about the care of ARD, a former NBT colorectal surgeon.

1.2 Since 2017 we have been carrying out a review of patients who have undergone Laparoscopic Ventral Mesh Rectopexy (LVMR) surgery at Spire Bristol Hospital on behalf of North Bristol NHS Trust. The review included patients whose colorectal surgery was an LVMR performed between 2007 and 2017. This review process included:

- Records reviews
- Patients being invited to attend consultations with an independent surgeon; and
- each patient's care being reviewed by the Clinical Advisory Group (CAG) to identify whether a patient has come to harm.

1.3 The CAG had two key purposes:- 1) to give assurance to patients, patient groups, the public, commissioners, the Trust Board and regulators as to whether any patients have been harmed as a result of LVMR surgery performed at North Bristol NHS Trust and 2) to identify the outcomes of patients who have undergone LVMR at North Bristol NHS Trust and, as part of the Trust's completion of its duty of candour obligations, to provide an opinion on each patient's care in terms of harm.

1.4 For the CAG process, the CAG panel determined whether each patient could be regarded as having received appropriate treatment. Harm is defined as undergoing an operation that may not have been required, where other less invasive options could have been offered first, even where the LVMR procedure was performed to the appropriate clinical standard. In cases where the treatment offered was appropriate, and provided to the necessary clinical standard, this was regarded as a 'no harm' outcome.

2. Review processes

2.1 In scope were all patients where NBT are responsible for the surgery irrespective of location (including at the Spire Hospital) and over a 10-year period before ARD's practice was restricted. This paper describes how we have identified relevant patients

2.2 At all times, our review has been an 'open' rather than a closed process meaning that patients and clinicians are able to refer in (and have done so).

2.3 There was a targeted approach to identifying all patients and adopted wide inclusion principles from a base list of 2,696 records of all Mr Dixon's recorded surgery. This targeted approach aimed to identify patients from information which included operation title, coding and free text as well as a clinical identification of all the data and this resulted in a long list of 266 patients for further clinical consideration whether they were in scope or not.

2.4 For NBT patients, we have retrospectively audited our approach and we are confident we have done everything possible to identify all relevant patients and they have been part of the CAG review. We have reviewed 387 patients in total.

NBT CAG reviews

2.5 We are confident that, whilst no single electronic process could identify all the right procedures, a systematic approach has been taken to produce a long list of potential patients/procedures and that, at all stages, there was clinical oversight of this including with support from specialist colorectal surgeons both within and outside the hospital.

2.6 As with any recall process, there are lessons to be learned, not just locally but across the NHS, for how we might conduct recall or review exercises in future, and this may be able to play into a national review There is an ongoing national review process due to report in 2022 with best practice for recalls nationally.

2.7 A summary of the NBT CAG outcomes are: -

Patients reviewed	218
HARM outcome	110
NO HARM outcome	104
Unable to reach a conclusion	4

2.8 In terms of outstanding actions in relation to NBT patients, we will continue to respond to helpline calls from patients and clinicians.

NHS@Spire reviews (patients of NBT who underwent LVMR surgery at Spire)

2.9 NBT led the review for all NHS LVMR patients funded by NBT, irrespective of where the surgery took place. The review of NHS patients of Mr Dixon who received LVMR surgery (including preoperative consultations) at Spire, identified a further 169 patients whose LVMR operations were also then reviewed by the NBT CAG.

2.10 A summary of the NHS@Spire CAG outcomes are:-

Patients reviewed	169
HARM outcome	93
NO HARM outcome	71
Unable to reach a conclusion	5

Communicating with patients – duty of candour

2.11 Following the above investigations and review processes, we have sent letters to all living patients whose care was subject to review via these processes.

2.12 It is sadly inevitable, given the time period the look back exercise has covered, a small number of the patients reviewed through the CAG process are no longer alive. Where

a patient whose care was reviewed has died, we are attempting to communicate with families/executors where we have concluded a 'harm' CAG outcome for a deceased patient. We have concluded if there is a conclusion of 'no harm' then there is no incident to be communicated with a patient's executors.

2.13 We are confident that our review has identified all relevant patients, that we have undertaken a full, thorough, and detailed investigation process and that there has been a robust process around communication with affected patients. However, our helpline remains open (Tel:- 01174140844) following this report becoming public.

3. Forward Looking

3.1 NBT has conducted a large-scale recall of patients and has learned lessons that will be valuable to this Trust and other organisations looking to undertake such a process in future. These include:

- There have been a number of systematic changes, including our approach to clinical governance (including substantive investment into governance teams in divisions), consent, chaperoning and the approval of new procedures
- We have captured the key learning and are establishing a set of requirements in principle that we would apply in the short term to any future recall process, pending the development of the much-anticipated National Standard Operating Procedure (SOP) for recall and review processes
- The importance of a consistent approach to coding and ongoing importance of accurate and timely record keeping
- Ongoing work to enable our electronic systems and clinical records to be more readily able to identify all patients who have had a particular procedure, and the recording of prosthetic and implemented devices
- Resource is a key consideration in any future processes and, with that, an understanding of what is likely to be needed in terms of administration, senior leadership and working with external partners
- It has obviously taken a longer time than expected to conclude communicating with every affected patient; this is partly because of the complexity of this particular case but also due to the impact of the pandemic and all our resource being focussed on front-line clinical services. A key principle for any future exercise would be the need to promote good communication with patients and stakeholders.

3.2 In learning from this process, the Trust has had regard to the much-anticipated National Quality Board Framework for recall processes. In the meantime, pending the National SOP the Trust will ensure the key principles and learning from this recall would be applied in future processes.

3.3 In addition to LVMR, the Trust has considered whether there are other pelvic floor procedures that require investigation, and we remain satisfied that at this time other investigations are not required.

Report To:	Trust Board - Public		
Date of Meeting:	26 May 2022		
Report Title:	Quality Committee Upward Report		
Report Author & Job Title	Xavier Bell, Director of Corporate Governance & Trust Secretary		
Executive/Non-executive Sponsor (presenting)	John Iredale, Non-Executive Director and Chair of QC		
Does the paper contain:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**
*If any boxes above ticked, paper to be received at *private* meeting			
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
			X
Recommendation:	The Trust Board should receive the report for assurance and note the activities Quality Committee has undertaken on behalf of the Board.		
Report History:	The report is a standing item to the Trust Board following each Committee meeting.		
Next Steps:	The next report will be received at Trust Board in June 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 10 May 2022.	
Risks	Link to BAF risks: SIR1 relating to effective demand management and community capacity; SIR 1.1 re risk to access for cancer, diagnostics and planned care; SIR14 re sustained demand and increased acuity impact on patient safety; and COV2 re Covid-19.
Financial implications	No financial implications identified in the report.
Does this paper require an EIA?	*No* as this is not a strategy or policy or change proposal
Appendices:	Appendix 1 - Ockenden Report – NBT slides

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 10 May 2022.

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 10 May 2022

3.1 Diagnostics Update (following previous deep dive)

Dr Rommel Ravanan, Sarah Robinson and Dr Ana Terlevich attended to present

The Committee received updates on diagnostics across Cellular Pathology, Imaging, and Endoscopy.

Cellular Pathology: The Committee were assured that appropriate action was being taken to manage diagnostic related risks, both during the Covid-19 pandemic and in the recovery phase, including appropriate clinical prioritisation of resources for urgent and cancer requests. It was noted that:

- Cellular Pathology was very rarely a factor in delaying diagnostics for urgent and cancer patients
- There were national workforce shortages within Pathology, with some gaps in the NBT team being managed in the short term via agency. NBT's "grow our own" approach to training pathologists was noted as an ongoing success.

Imaging: It was noted that activity levels were close to returning to 2019/20 levels. Positively, the Committee was advised that NBT's position of having no vacancies in consultant radiologist roles was unusual in the UK, where vacancies and ongoing reliance on expensive outsourcing was the norm.

Radiographer/staff shortages and hardware limitations meant that NBT was unlikely to achieve the 120% activity stretch targets, but that through "discretionary effort" of staff the Trust was using its assets to provide a 7-day service for Imaging.

The Committee was reassured that UKAS quality endorsement was in place, and actions were in place to achieve a Quality Standard for Imaging (QSI) badge in 2022/23.

The Committee briefly discussed the higher number of imaging complaints in March 2022. It was agreed that additional detail would be shared outside the meeting.

Endoscopy: The Committee were reassured around 2WW performance, noting that even when patients were not seen within 2 weeks, the appointment took place shortly after 2 weeks, or was booked later due to patient choice.

Capacity within the booking team was noted as a limiting factor, but the Committee was reassured that the booking team was now fully staffed, as well as additional consultant endoscopist capacity coming online shortly.

3.2 C.Difficile – status and actions

Dr Jason Biswas & Sarah Wheatley attended to present

The Committee received an update on the number of C. Difficile infections in the Trust. It was noted that numbers of infections were higher than the Trust's planned trajectory.

The update focused on actions being taken to improve the position, specifically through shared and collaborative learning within the organisation and between the hospital and community partners.

The Committee felt that this topic needed some additional attention, and a better understanding of why BNSSG/NBT was an outlier. This should be monitored via the data in the Integrated Performance Report, and annual updates to Quality Committee.

3.3 Emergency Zone: Patient Safety & Quality of Care

Annie Langford and Anna Bell attended

The Committee received a report focusing on safety and quality and the management of risks within the Emergency Zone. It was noted that delays in the Emergency Zone by-definition meant there was a risk of lower quality care, but that the Committee was seeking assurance that this did not impact patient safety.

The report identified that there was no increase in incidents resulting in harm seen, but that delays could lead to harm further along the pathway (although no incident reports have reflected this). It was noted that the Emergency Zone has mechanisms in place to respond to and manage safety on a daily basis.

Committee discussion focused on whether staff had sufficient time and space to care for patients. It was felt that the Urgent & Emergency Care Improvement Plan, recent changes to the Minor Injury Pathway, and the Same Day Emergency Care pathway were helping to improve this situation.

3.4 Ockenden Final Report

Dr Paul Mannix, Juliette Hughes, and Claire Weatherall attended to present

The Women's and Children's Health Divisional Leadership Team updated on the actions being taken within NBT in response to the final Ockenden Report, including:

- a detailed review of the report and recommendations
- leads identified for Immediate & Essential Actions (IEAs)
- Creation of an Ockenden Implementation Board, and
- Staff engagement roadshows underway.

The Committee noted that the learning points within the report could apply across the Trust, not just within the Maternity Service.

It was agreed that progress against the IEAs would be reported from the Ockenden Implementation Report through to Quality Committee and to Divisional Review Meetings.

The Ockenden slides are attached as Appendix 1 to this report.

3.5 Other items:

The Committee also received the following items for information:

- Sub-committee upward reports:
  - Drugs & Therapeutics Committee
  - Control of Infection Committee
    - The Committee noted the cluster of MRSA infections in late March 2022. Review had not found any links between them, but the Committee was advised that this was being taken very seriously and kept under review.
  - Clinical Effectiveness & Audit Committee
  - Patient Safety & Clinical Risk Committee
- Quality Committee forward work-plan 2022/23

4. Identification of new risk & items for escalation

None

5. Recommendations

The Trust Board should receive the report for assurance and note the activities Quality Committee has undertaken on behalf of the Board.

NHS
North Bristol
NHS Trust

Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust

Update 27/04/22

Exceptional healthcare, personally delivered

Background

- "Emerging findings…" of the review of the maternity care at Shrewsbury and Telford Hospital NHS Trust (SaTH) was published in December 2020. NBT was compliant with 87% of the evidence submission criteria in July 2021
  - Insight visit from SW Regional Team to provide assurance against these IEAs planned for 17/08/22
- The full report "Findings, Conclusions and Essential Actions from the Independent Review..." was published on 30th March 2022

Learning Points

- The full report contains 15 Immediate and Essential Actions (IEAs) broken down into 92 'questions', and 64 Local Actions for Learning (LALs)
- The IEAs are written to "improve care and safety…across England" so will be initial focus of learning
- The LALs are "designed to assist SaTH with…improvements" – discussions are ongoing with the LMS regarding the required immediacy of compliance reporting

Proposed Assurance Structure

- Each IEA has been assigned a Lead. In some cases, a deputy has also been assigned and, where there have been expressions of interest, clinical staff have been highlighted to be part of their team
- IEA Leads have been encouraged to read the appropriate section of the full report and the LALs and IEA, in order to digest potential learning and identify actions
- Outstanding actions from the “Emerging findings…” report have been reallocated to the 15 new IEAs from the full report so progress can be monitored as part of ongoing assurance
- IEA Leads will report to an Ockenden Board within W&CH

IEA Leads and Deputies I

	Immediate and Essential Action	Lead	Deputy
1	**Workforce Planning and Sustainability (financing and training)**	Julie Northrop	*To be allocated by lead as needed*
2	**Safe Staffing**	Juliette Hughes	*To be allocated by lead as needed*
3	**Escalation and Accountability**	Jo Crofts	*To be allocated by lead as needed*
4	**Clinical Governance – Leadership**	Jodie da Rosa	Sonia Barnfield
5	**Clinical Governance – Incident Investigation and Complaints**	Christopher Brooks-Daw	Ailish Edwards
6	**Learning from Maternal Deaths**	Jodie Clement	*To be allocated by lead as needed*
7	**Multidisciplinary Training**	Maria Wallen	*To be allocated by lead as needed*

IEA Leads and Deputies II

	Immediate and Essential Action	Lead	Deputy
8	**Complex Antenatal Care**	Christy Burden	Caroline Lacy
9	**Preterm Birth**	Stephen O'Brien	*To be allocated by lead as needed*
10	**Labour and Birth**	Jo Crofts	Nicola Chinnock
11	**Obstetric Anaesthesia**	Ben Ballisat	*To be allocated by lead as needed*
12	**Postnatal Care**	Fiona Day	*To be allocated by lead as needed*
13	**Bereavement Care**	Lisa Kirk	Sarah Brooks/Lauren Cole
14	**Neonatal Care**	Faith Emery	Amy Purnell
15	**Supporting Families**	Naomi Jobson	Sasha Barber

Proposed Ockenden Board

Monthly meetings commencing w/c 6th June 2022

1. IEA Leads report bimonthly
   - Report progress on actions with particular focus on areas where support is needed
   - Provide evidence of completed actions for ratification and recording
2. Board discusses compliance against 92 questions (separate from actions) to be reported internally and externally
   - Continuous Improvement and Learning Team will be responsible for coordinating the evidence for these

North Bristol NHS Trust

Staff Engagement

"Ockenden Roadshows" to inform staff of…

- Areas of focus of the report and how they relate to NBT
- IEA Leads and to encourage participation in identifying and completing actions/improvements
- How current ongoing projects relate to learning
- Wellbeing support available with W&CH and NBT

- Southmead Maternity Unit 11/05/22
- Cossham Birth Centre and community teams 19/05/22

Report To:	Trust Board		
Date of Meeting:	26 May 2022		
Report Title:	Board & Committee Effectiveness Review Proposal		
Report Author & Job Title	Xavier Bell, Director of Corporate Governance		
Executive/Non-executive Sponsor (presenting)	Xavier Bell, Director of Corporate Governance Michele Romaine, Trust 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 *private* meeting			
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
	X		
Recommendation:	That Trust Board consider the proposal for reviewing our effectiveness as a Trust Board and agree an approach.		
Report History:	N/A		
Next Steps:	Initiate questionnaire and report back to future meeting.		

Executive Summary

NHS best practice guidance states that the Board should undertake a formal and rigorous evaluation of its own performance and that of its committees and individual directors. This feeds into the organisation's annual report, and also supports delivery/achievement against the CQC's well-led framework. The Boards' Committees have already completed effectiveness reviews in 2021/22.

It is proposed that Trust Board evaluate its own effectiveness through:

- A self-evaluation questionnaire
- A brief review/analysis of how the Board has spent its time in 2021/22 (value of the agenda) and its forward work plan

This will inform a future Board discussion around effectiveness and any pertinent feedback, and the outputs can be considered alongside the Board's committee self-assessments.

The outputs will also help inform the Board's future focus, development programme, and may

feed in to our internal CQC “well-led” self-assessment and any future external/independent developmental well-led review. Appendix 1 sets out the proposed evaluation questionnaire, which would be circulated via “survey monkey”. The Director of Corporate Governance will undertake the analysis of how the Board has spent its time in 2021/22 under the direction of the Trust Chair. Results will be reported back to the July Trust Board meeting.	
Risks	N/A
Financial implications	No specific financial implications
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No – this is not a strategy, policy or change proposal.
Appendices:	Appendix 1 – proposed evaluation questions

NHS North Bristol NHS Trust

Appendix 1 – Board Self-evaluation questionnaire

Support & Infrastructure	Does the board receive timely information? Is it of the right quality? Is it sufficiently concise? Is information in the right form to enable the board to make sound decisions? Are there any areas where the Board feels ill-informed?
Structure	Does the board have the right balance of skills, knowledge, and experience to deal with current and anticipated challenges? Is a succession plan in place?
Leadership	Does the board periodically review organisational culture and plan to maintain a positive culture? Does the board collectively and individually model behaviours consistent with organisational values and culture? Is the agenda set by the chair sufficient to allow the board to carry out its functions? Does the agenda prioritise the right issues? Is the board satisfied that sufficient time is spent on each agenda item? Does the time spent on strategy result in defined proposals to be incorporated into the business plan? Is the board satisfied that sufficient time is spent on each agenda item? Does the chair ensure that there is sufficient challenge on each issue on the board's agenda?
Effectiveness	Is the board satisfied that it has identified the strategic risks facing the organisation, and that it has the controls to manage them? What is the evidence? Is the board assurance framework effective?
Policy Development	To what extent do policies adopted by the board reflect the views of the membership? How does the board monitor this?
Stakeholder Engagement	How does the board inform and involve key stakeholders in its work? How does it check their views?
System working	Is the board having sufficient regard to the need for system working, and the impact/implications of ICS/ICBs?

Report To:	Trust Board		
Date of Meeting:	26 May 2022		
Report Title:	Provider Licence – Self-Certification		
Report Author & Job Title	Kate Debley, Deputy Trust Secretary		
Executive/Non-executive Sponsor (presenting)	Xavier Bell, Director of Corporate Governance		
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 *private* meeting			
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
	X		
Recommendation:	That the Trust Board: • Approve self-certification for licence condition G6; and Approve self-certification for licence condition FT4.		
Report History:	Self-certification against various sections of the provider licence is an annual process. This was last carried out in April 2021.		
Next Steps:	The final self-certification response must be published on the Trust's website no later than 30 June 2022.		

Executive Summary

Although NHS Trusts do not need to hold a provider licence, they are required to comply with conditions equivalent to those in the provider licence, which is published by NHS Improvement.

All NHS Trusts are required to self-certify on an annual basis whether or not they have complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution). Specifically, the licence requires NHS providers to self-certify as to whether they have:

a. effective systems to ensure compliance with the conditions of the NHS provider licence, NHS legislation and the duty to have regard to the NHS Constitution (condition G6);
b. complied with governance arrangements (condition FT4); and
c. for NHS foundation trusts only, the required resources available if providing commissioner requested services (CRS) (condition CoS7) – not relevant to NBT.

The report recommends that the Board certify “confirmed” against condition G6 and FT4.	
Board Assurance Framework/Trust Risk Register Links	Failure to meet the range of conditions of the NHS Provider Licence (or equivalent conditions for a non-FT NHS Trust) can lead to NHSI imposing compliance and restoration requirements or monetary penalties. The greatest impact is most likely to be on reputation and the impact that has on patient choice and stakeholders’ confidence in the NBT as a provider of NHS services.
Financial implications	N/A
Equality, Diversity and Inclusion Assessment (EIA)	Not required
Appendices:	Appendix 1 – Evidence to support G6 compliance Appendix 2 – Evidence to support Condition FT4 compliance

1. Purpose

This report provides evidence and recommendations to support the Board's self-certification against the Provider Licence, as required by NHS Improvement.

2. Background

2.1. NHS Trusts are required to self-certify that they can meet the obligations set out in the NHS Provider Licence. Although NHS trusts are exempt from needing the provider licence, directions from the Secretary of State require NHS Improvement to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate.

2.2. NHS trusts are therefore required to self-certify that they can meet the obligations set out in the NHS Provider Licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution) and that they have complied with governance requirements.

3. Self-Certification Requirements

3.1. Providers need to self-certify the following after the financial year-end:

NHS provider licence condition
The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3))
The provider has complied with required governance arrangements (Condition FT4(8))

3.2. Providers must publish their self-certification against condition G6(3) no later than 30 June 2022.

3.3. NHS Improvement may contact a select number of trusts to ask for evidence that they have self-certified. This can be through providing the completed templates or relevant board minutes and papers recording sign-off.

4. Proposed Outcome

<u>Condition G6:</u>

4.1. This licence condition requires providers to have processes and systems that:

- Identify risks to compliance with the licence; and
- Take reasonable mitigating actions to prevent those risks and failure to comply from occurring.

4.2. Providers must annually review whether these processes and systems are effective.

4.3. Providers must self-certify by answering "confirmed" or "not confirmed to the following statement:

"*Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under NHS Acts and have had regard to the NHS Constitution*".

4.4. As Trust Board is aware, in NHSI enforcement undertakings (agreed in April 2019) were lifted in January 2022. On this basis Trust Board should be reassured that regulators no longer consider the Trust to be non-compliant with its licence.

4.5. The Trust's governance and assurance processes represent sufficient precautions in order to comply with the conditions of the licence as set out at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/285009/Annex_NHS_provider_licence_conditions_-_20120207.pdf

4.6. **Recommendation:** as such, the recommendation to the Board is that the 'Condition G6' Self Certification is formally signed-off as "Confirmed" with respect to 2021/22.

4.7. **Appendix 1** sets out the systems and processes the Trust has in place to identify risks to compliance with the Provider Licence and associated statutory duties, and guard against their occurrence and describes their effectiveness.

Condition FT4

4.8. This licence condition sets out the expected governance arrangements for providers, including having regard to regulatory guidance, effective board and committee structures, clear reporting and accountability, and systems and processes which ensure compliance with the board's various statutory and regulatory duties. A copy of the licence condition can be found at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/285009/Annex_NHS_provider_licence_conditions_-_20120207.pdf**.**

4.9. NHS providers are required to self-certify against condition FT4(8):

"…confirming compliance with this Condition [FT4] as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks."

4.10. Providers should review whether their governance systems meet the standards and objectives in the condition. There is no set standard or model to follow; instead in reaching the conclusion the Trust is compliant, the Trust should assess effective board and committee structures, reporting lines and performance and risk management systems.

4.11. The Board is required to self-certificate “Confirmed” or “Not confirmed” to a number of governance-related statements (see **Appendix 3**) and set-out any risks and mitigating actions planned for each one.

4.12. This certification should be based on the circumstances as at the date the certification is made, and anticipated compliance for the following year, rather than looking retrospectively.

4.13. **Recommendation:** based on the evidence highlighted in **Appendix 3**, it is recommended to the Board that each of the six governance-related statements from ‘Condition FT4’ Self Certification are formally signed-off as “Confirmed”.

North Bristol NHS Trust

Appendix 1 – Evidence to support Condition G6 compliance

G6 - Systems for Compliance with Licence Conditions and related obligations

The Licensee shall take all reasonable precautions against the risk of failure to comply with:

a) **the Conditions of this Licence;**
b) **any requirements imposed on it under the NHS Acts; and**
c) **the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.**

The steps that the Licensee must take pursuant to that paragraph shall include:

a) **the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and**
b) **regular review of whether those processes and systems have been implemented and of their effectiveness.**

The Trust Board is assured of compliance because:

- Annual Governance Statement – An Annual Governance statement for 2021/22 has been approved by Audit & Risk Committee. This statement includes a description of the Trust's system of internal control and assurance frameworks. It is reviewed by the Trust's external auditors;

- The Annual Head of Internal Audit Opinion for 2021/22 concluded "Significant assurance with minor improvement opportunities";

- The 2021/22 Internal Audit review of Risk Management concluded "Significant assurance with minor improvement opportunities";

- Risk Registers – The Trust has a Board Assurance Framework which is reviewed by the Board on a quarterly basis, and a Trust risk register with Board-level oversight of Trust Level Risks via the Audit & Risk Committee, other Committees and the Trust Board on a quarterly basis;

- The Board has well established sub-committees, chaired by Non-Executive Directors and with appropriate Executive Director membership. The Trust Chair and Trust Secretary undertake annual reviews of the Board's committee structure.

- In 2021/22 the Board's Committees have undertaken deep dives into areas of concern or risk, including performance against key constitutional and operational targets, patient waiting lists and patient harm review;

- An Integrated Performance Report is received by the Board each month, which sets out performance against various operational, quality and financial targets, and provides an opportunity for discussion and challenge;

- The Trust has a robust internal audit programme in place, informed by its risk registers, Executive Team and with input from Audit & Risk Committee and Board Committee Chairs. Reports are reviewed by the Audit Committee and other Trust Board committees, with actions overseen by Executive leads.

North Bristol NHS Trust

Appendix 2 - Evidence to support Condition FT4 compliance

Condition FT4 – NHS foundation trust governance arrangements

Statement 1: The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

Recommend that this statement is **CONFIRMED**

The Board is satisfied because:

- Annual Governance Statement – An Annual Governance statement for 2021/22 has been approved by Audit & Risk Committee. This statement includes a description of the Trust's risk management and assurance frameworks. It is reviewed by the Trust's external auditors;
- The Annual Head of Internal Audit Opinion for 2021/22 concluded "Significant assurance with minor improvement opportunities";
- A Board Assurance Framework is in place, and is regularly updated by Executive leads, and is reported to the Board quarterly. A internal audit review of risk management in 2021/22 provided an opinion of "significant assurance with minor improvement opportunities identified".
- The Trust has up-to-date Standing Orders and Standing Financial Instructions in place.
- The Trust has a robust internal audit programme in place, informed by its risk registers, Executive Team and with input from Audit & Risk Committee and Board Committee Chairs. Reports are reviewed by the Audit Committee and other Trust Board committees, with actions overseen by Executive leads.

Statement 2: The Board has regard to such guidance on good corporate governance as may be issued by NHSI from time to time.

Recommend that this statement is **CONFIRMED**

Examples of compliance:

- The Trust has had regard to all guidance issued by regulators relating to Covid-19 operational response and restoration and recovery during 2021/22 and into 2022/23.
- External Auditors provide sector guidance in their regular reports to Audit Committee;
- The Chief Executive's report to Trust Board identifies new or revised regulatory guidance where appropriate.
- Performance Reports to Trust Board are aligned to the System Oversight Framework.

Statement 3: The Board is satisfied the Licensee implements:

- **Effective board and committee structures;**
- **Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and**
- **Clear reporting lines and accountabilities throughout its organisation.**

Recommend that this statement is **CONFIRMED**

The Board is satisfied because:

- There are clear Terms of Reference for Board sub-committees, including clear requirements for membership and description of the group's purpose and business;
- The Trust was subject to a CQC inspection in June/July 2019, and achieved an overall rating of "Good", with "Outstanding" for the Well-Led domain, which incorporates governance arrangements and structures. The Trust Secretary maintains an internal well-led self assessment document;
- The Board's sub-committees provide assurance to the Board on topics within their remit;
- Annual review of the Board and its sub committees performance and effectiveness is carried out;
- Sub-committees and groups provide upward reports and assurance, and the Board receives regular and detailed reports from its key sub-committees;
- Divisional reviews take place on a monthly basis and an accountability framework is in place.
- Standing Orders and Standing Financial Instructions are up-to-date and reviewed annually.
- Clear divisional structure charts are available on the trust website, and governance structures and policy documents are available to staff on the intranet.

Statement 4: The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:

- **To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;**
- **For timely and effective scrutiny and oversight by the Board of the Licensee's operations;**
- **To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the**

Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;

- **For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);**
- **To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;**
- **To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;**
- **To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and**
- **To ensure compliance with all applicable legal requirements.**

Recommend that this statement is **CONFIRMED**

<u>The Board is satisfied because:</u>

- The Trust has achieved a break-even position in 2021/22;
- The Trust has a comprehensive annual operational/business planning process aligned to national planning and contracting timeframes which is assured via Board Committee/sub-committee and NHSI submission;
- The annual operational plan is received and approved by the Board;
- The Board is kept up-to-date via its sub-committee on systems, processes and governance in place within the Trust to meet the requirements of the Workforce Race Equality Standard, Equality Act 2010 and the Public Sector Equality Duty;
- An accountability framework and divisional performance review meetings provide assurance on the operational and financial performance of the Trust's clinical divisions;
- Regular Health and Safety reports are received by the Board's People Committee;
- Quality Committee has oversight of quality and CQC regulatory compliance including CQC Action Plan.
- The Trust also:
  - Undertakes benchmarking against peers;
  - Produces a monthly Integrated Performance Report;
  - Undertakes committee deep dives;
  - Has an external audit of the Trust Annual Accounts;
  - Has an up-to-date Risk Management Policy;
  - Regularly reviews risk registers across the organisation;
  - Has a strong internal legal function, and effective relationships with national law firms; and
  - Is implementing the Patient First improvement programme.

Statement 5: The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:

- **That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;**
- **That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;**
- **The collection of accurate, comprehensive, timely and up to date information on quality of care;**
- **That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;**
- **That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and**
- **That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.**

Recommend that this statement is **CONFIRMED**

<u>The Board is satisfied because:</u>

- The Board development programme has now re-started having been paused in 2020/21 due to the Covid-19 pandemic. The Executive Team have continued to undertake development and team-building activities;
- Recruitment to vacant Non-Executive and Executive Posts include a consideration of skills and experience required by the Board;
- There are currently no vacancies in the Executive Team, and all posts are filled substantively.
- The Trust is actively engaged with the local Health Scrutiny Committee, Health and Wellbeing Board and Healthwatch;
- The monthly IPR includes a quality section and is reviewed by the Board;
- Quality reports are reviewed by the Quality Committee, which also undertakes deep dives where appropriate.
- Various regulaytory annual reports are received by Committees/the Board, including Quality Accounts and Children's and Adult Safeguarding Annual Reports
- The Board has a Patient & Carer Experience Committee to expand focus on this area;

- Freedom to Speak-up (FTSU) Guardian reports are received by Board. The Trust has also invested in a FTSU Guardian with ring-fenced time;
- The Executive Team, Trust Chair and Non-Executive Directors undertake walk-arounds across the Trust.
- The Board receives regular patient or staff stories at the beginning of each public meeting;
- Quality Impact Assessments are undertaken in relation to relevant decision-making.

Statement 6: The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.

<u>The Board is satisfied because:</u>

- There are currently no vacancies in the Executive Team, and all posts are filled substantively.
- The Board receives regular Safer Nurse Staffing reports;
- A doctor revalidation process is in place, and the Board receives an annual report from the Medical Director in this regard;
- The Trust has a Fit & Proper persons policy, and carries out checks on Board members to ensure they comply with the requirements of the regulation;
- All decision-making staff make an annual declaration of interest, and the Trust maintains a register of interests including gifts and hospitality. This is reported regularly to Audit & Risk Committee;
- The Trust has invested significantly in staff health and wellbeing to support the resilience of the workforce, and invests in leadership development at all levels in the organisation;
- The Trust has an Associate Non-Executive Director programme to support the talent pipeline for Non-Executive Directors within the NHS;
- The Trust has a robust appraisal process, and Executive and Non-Executive Directors undertake annual appraisals.