

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](mailto: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 28 January 2021**  
**10.00 – 12.00**

**A G E N D A**

No.	Item	Purpose	Lead	Paper	Time
<b>OPENING BUSINESS</b>					
1.	Welcome and Apologies for Absence:	Information	Chair	Verbal	10.00
2.	Declarations of Interest	Information	Chair	Verbal	10.02
3.	Minutes of the Public Trust Board Meeting Held on 26 November 2020	Approval	Chair	Enc.	10.05
4.	Action Chart from Previous Meetings	Discussion	Trust Secretary	Enc.	10.08
5.	Matters Arising from Previous Meeting	Information	Chair	Verbal	10.12
6.	Chair's Business - Board Committee meetings 2021/22 Q1	Information Approval	Chair	Verbal	10.15
7.	Chief Executive's Report	Information	Chief Executive	Verbal	10.20
<b>KEY DISCUSSION TOPIC</b>					
8.	Staff Story <i>Juliette Hughes, Div. Dir. Nursing for Medicine attending</i>	Discussion	Director of Nursing & Quality	Enc.	10.30
9.	Green Plan (2019/20)	Approval	Director of Estate and Facilities	Enc.	10.55
10.	Annual EPRR Report/ EPRR assurance report	Discussion	Chief Operating Officer	Enc.	11.05
<b>PERFORMANCE AND FINANCE</b>					
11.	Integrated Performance Report	Discussion	Chief Executive	Enc.	11.20
<b>GOVERNANCE &amp; ASSURANCE</b>					
12.	Quality & Risk Management Committee Upward Report 12.1. CQC Gynaecology inspection letter 12.2. QRMC Terms of Reference	Information Approval	NED Chair	Enc.	11.50
<b>CLOSING BUSINESS</b>					
	Any Other Business	Information	Chair	Verbal	12.00
	Questions from the Public in Relation to Agenda Items	Information	Chair	Verbal	12.00

No.	Item	Purpose	Lead	Paper	Time
	Date of Next Meeting: Thursday 25 March 2021, 10.00 a.m. Virtual				
	<i>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.</i>				

## TRUST BOARD DECLARATIONS OF INTEREST

Name	Role	Interest Declared
Ms Michele Romaine	Chair	<ul style="list-style-type: none"> <li>Nothing to declare.</li> </ul>
Mr Kelvin Blake	Non-Executive Director	<ul style="list-style-type: none"> <li>Non-Executive Director of BRISDOC who provide GP services to North Bristol NHS Trust.</li> <li>Trustee, Second Step. Provide mental health services for the Bristol North Somerset and South Gloucestershire area.</li> <li>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.</li> <li>Lay Member of the Avon &amp; Somerset Advisory Committee. The Committee is responsible for forming interview panels for the appointment of magistrates.</li> <li>Director, Bristol Chamber of Commerce and Initiative.</li> <li>Member of the Labour Party.</li> </ul>
Mr John Everitt	Non-Executive Director	<ul style="list-style-type: none"> <li>Councillor, Newton St Loe Parish Council.</li> <li>Member of Bath Abbey Appeal Committee.</li> <li>Daughter works for NBT.</li> <li>Trustee, Wellsway Multi Academy Trust – an education trust that manages approx. 20 schools.</li> </ul>
Professor John Iredale	Non-Executive Director	<ul style="list-style-type: none"> <li>Pro-Vice Chancellor of University of Bristol.</li> <li>Member of Medical Research Council.</li> <li>Trustee of:               <ul style="list-style-type: none"> <li>British Heart Foundation</li> <li>Foundation for Liver Research</li> </ul> </li> <li>Chair of the governing board, CRUK Beatson Institute.</li> </ul>
Mr Tim Gregory	Non-Executive Director	<ul style="list-style-type: none"> <li>Employed by Derbyshire County Council – Director of Environment, Economy and Transport, commencing 03/08/2020. Likely to be until January 2021.</li> </ul>

Name	Role	Interest Declared
Mr Richard Gaunt	Non-Executive Director	<ul style="list-style-type: none"> <li>• Non-Executive/Governor of City of Bristol College.</li> <li>• Local Board Governor of Colston's Girls' School.</li> <li>• Non-Executive Director of Alliance Homes, social housing and domiciliary care provider</li> </ul>
Ms Kelly Macfarlane	Non-Executive Director	<ul style="list-style-type: none"> <li>• Managing Director of Thames Water Utilities Ltd.</li> <li>• Vice President of The Institute of Customer Service.</li> <li>• Sister is Centre Leader of Genesiscare Bristol – Private Oncology.</li> <li>• Sister works for Pioneer Medical Group, Bristol.</li> </ul>
Mr Ade Williams	Associate Non-Executive Director	<ul style="list-style-type: none"> <li>• Superintendent Pharmacist and Director of M J Williams Pharmacy Group – NHS community pharmacy contractor and private vaccination services provider.</li> <li>• Practice Pharmacist, Broadmead Medical Centre.</li> <li>• Pharmacy Ambassador and Clinical Advisor, Pancreatic Cancer Action Charity.</li> <li>• Non-Executive Director Southern Health NHS Foundation Trust.</li> <li>• Trustee of the Self Care Forum Charity.</li> </ul>
Ms LaToyah McAllister-Jones	Associate Non-Executive Director	<ul style="list-style-type: none"> <li>• Board member of Bristol Festivals</li> <li>• Executive Director St Pauls Carnival CIC</li> <li>• Board Trustee of United Communities</li> </ul>
Ms Evelyn Barker	Chief Executive	<ul style="list-style-type: none"> <li>• Nothing to declare.</li> </ul>
Ms Karen Brown	Chief Operating Officer	<ul style="list-style-type: none"> <li>• Nothing to declare.</li> </ul>
Dr Chris Burton	Medical Director and Deputy Chief Executive	<ul style="list-style-type: none"> <li>• Wife works for NBT.</li> </ul>
Ms Helen Blanchard	Director of Nursing and Quality	<ul style="list-style-type: none"> <li>• Nothing to declare.</li> </ul>

Name	Role	Interest Declared
Mr Neil Darvill	Director of Information Management and Technology (non-voting position)	<ul style="list-style-type: none"> <li>Wife works as a senior manager for Avon and Wiltshire Partnership Mental Health Trust.</li> </ul>
Ms Jacqui Marshall	Director of People and Transformation (non-voting position)	<ul style="list-style-type: none"> <li>Nothing to declare.</li> </ul>
Ms Catherine Phillips	Director of Finance	<ul style="list-style-type: none"> <li>Nothing to declare.</li> </ul>
Mr Simon Wood	Director of Estates, Facilities and Capital Planning (non-voting position)	<ul style="list-style-type: none"> <li>Member of Bristol City Council's Bristol One City Environmental Sustainability Board.</li> </ul>



**DRAFT Minutes of the Public Trust Board Meeting held on  
Thursday 26 November 2020 at 10.00am  
Held Virtually via Microsoft Teams**

**Present:**

Michele Romaine	Chair	Andrea Young	Chief Executive
Tim Gregory	Non-Executive Director	Evelyn Barker	Chief Operating Officer
Kelvin Blake	Non-Executive Director	Helen Blanchard	Director of Nursing & Quality
John Everitt	Non-Executive Director (present up to an including minute item 10)	Chris Burton	Medical Director
Kelly MacFarlane	Non-Executive Director	Neil Darvill	Director of Informatics
Richard Gaunt	Non-Executive Director	Catherine Phillips	Director of Finance
Ade Williams	Associate Non-Executive Director	Jacqui Marshall	Director of People & Transformation
LaToyah McAllister- Jones	Associate Non-Executive Director	Simon Wood	Director of Estates, Facilities & Capital Planning

**In Attendance:**

Xavier Bell	Director of Corporate Governance & Trust Secretary	Pete Bramwell	Acting Director of Communications
Karen Brown	Interim Chief Operating Officer	Isobel Clements	Corporate Governance Officer

**Observer:**

Georgina Angel      Public Health Registrar (ST4), Strategy & Research Team

**Presenters:**

Charlie Molden	Patient Experience & Involvement Lead, Medicine (present up to and including minute item 7)	Joydeep Grover	Clinical Governance Lead, Medicine (present up to and including minute item 7)
David Wynick	Research Director, NBT and UHBW (present for minute item 10)	Rebecca Smith	Deputy Director of Research, NBT (present for minute item 10)

**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 website for two weeks following the meeting.

<b>TB/20/11/01</b>	<b>Welcome and Apologies for Absence</b>	<b>Action</b>
	Michele Romaine, Trust Chair, welcomed everyone to NBT's Trust Board meeting in public. No apologies had been received.	
<b>TB/20/11/02</b>	<b>Declarations of Interest</b>	
	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.

Ade Williams, Associate Non-Executive Director (NED), was congratulated on his appointment as NED for Southern Health NHS Foundation Trust. It was noted that the Trust's footprint of care did not overlap with NBT's.

**TB/20/11/03 Minutes of the previous Public Trust Board Meeting**

**RESOLVED that the minutes of the public meeting held on 29 September 2020 be approved as a true and correct record.**

**TB/20/11/04 Action Log and Matters Arising from the Previous Meeting**

It was noted that NED walk-around discussions would be delayed until after the pandemic due to Infection Prevention Control requirements.

A patient story was on the agenda in the form of Family and Friends Test feedback and Helen Blanchard, Director of Nursing and Quality was in the process of creating a forward plan for patient stories at Board.

No matters arising were raised.

**RESOLVED that updates on the Action Log were noted.**

**TB/20/11/05 Chair's Business**

Michele Romaine, NBT Chair, noted that she continued to reach out to thank teams in the hospital through attendance of virtual team huddles.

**RESOLVED that the Chair's briefing be noted.**

**TB/20/11/06 Chief Executive's Report**

Andrea Young, Chief Executive, provided an update on the following:

- Trust staff who had reached the Parliamentary Award Nominations' final round were congratulated: Care Connect implementation team; Mental Health Liaison Team; and Dr Scott Grier, lead consultant responsible for the rapid development and launch of Retrieve, a new Adult Critical Care Transfer Service. It was noted that this was the second year Darren Jones - NBT's local MP – had nominated NBT staff for Parliamentary Awards;
- £6bn Health and Social Care funding had been announced by the Government. However, it was reported that £3bn of this was committed as part of the Long Term Plan and the remaining £3bn was non-recurrent. It was likely some funding would be used to reduce the elective backlog and some be given to social care and community services. The Board would be updated on details of funding when received;
- NHSE/I had published their plans and consultation for Integrated Care Systems (ICS). BNSSG was on-track to become a shadow ICS in January 2021.

**RESOLVED that the Chief Executive's briefing be noted.**

**TB/20/11/07**

**Patient Story: Presentation from Medicine Division regarding use of insight from improved qualitative Family & Friends Test data**

Charlie Molden, Patient Experience & Involvement Lead for Medicine Division, and Joydeep Grover, Clinical Governance Lead for Medicine Division, presented ways in which the Division and Trust was using and sharing the Family and Friend Test (FFT) improved qualitative feedback for learning; how the Division was increasing and improving engagement; and what the next steps for further improvement and use were, including roll-out to ward level feedback. The Board also heard examples of FFT voice note feedback.

During the ensuing discussion the following points were noted:

- Kelvin Blake, NED, queried how themes from feedback and complaints were used to improve services. Charlie Molden responded that thematic reviews of data had been completed and the most prominent Trust-wide theme was regarding the discharge process. The theme was also triangulated with data from Picker survey feedback and formal complaints. Collation of evidence had been fed-back to Helen Mee, Integrated Discharge Service Manager, who was leading on NBT's discharge improvement projects;
- Kelly MacFarlane, NED, queried how feedback was categorised into being within a team's control or outside of a team's control i.e. due to system issues. It was confirmed that the 'You Said, We Did' evidenced what the Trust could control but that the next steps to roll-out to ward level would further facilitate real-time feedback and improvements and allow clearer categorisation;
- Michele Romaine noted that there should be a Trust-Wide feedback process from FFT for all divisions to ensure a consistent approach across the Trust. For example, regular reports to Patient & Carer Experience Committee and groups;
- Latoyah McAllister-Jones, Associate NED, queried if there was a process for tracking interventions stemming from FFT feedback in the short, medium and long-term. Charlie Molden responded that he was tracking all interventions and ensuring standards were kept high. The continued aim was to ensure FFT was embedded in the culture of NBT and that the Trust could evidence it was listening to patients.

**RESOLVED that the Board:**

- **Congratulated Medicine for leading the way with FFT insight and commended their improvement work;**
- **Requested that the FFT feedback and engagement process be standardised across the Trust;**



- **Agreed on the importance of listening to patients and responding aptly to feedback.**

**TB/20/11/08 Freedom to Speak-Up report**

Xavier Bell, Director of Corporate Governance and Trust Secretary, presented the Freedom To Speak Up (FTSU) Report. It was reported that Hilary Sawyer - currently a Healthcare Scientist and Quality Assurance Lead at NBT - would undertake the new FTSU lead role. Visibility, accessibility and inclusion would be prioritised in the coming year and plans would be reported to Board in an interim FTSU update at February Board after Hilary's appointment in January.

Kelly MacFarlane, NED and FTSU NED lead, highlighted four areas for the Board to note: that there had been a drop in FTSU reports in 2020/21; that the Trust was a significant outlier in the number of bullying and harassment reports (though this was a small concrete number); that engagement was varied across areas (for example no reports were received from Maternity Healthcare Assistants but other areas were active such as Catering); and finally, that no reports had been received regarding concern for patient safety in the last period. Kelly encouraged the Executive and Senior Team to continue walk-arounds in a safe way and reinforce speaking up, and promotion of Just Culture and psychological safety at NBT.

An error was noted regarding paragraph 3.12: the reported 'suffering detriment' figure had been followed up and was a data submission error. The figure for 'suffering detriment' was corrected to 0.

During the ensuing discussion the following points were noted:

- Jacqui Marshall, Director of People & Transformation, noted that the FTSU report had been triangulated with Just Culture work and NBT was ensuring all line managers received training on these elements. The importance of informal feedback was also highlighted for increasing staff engagement;
- After a query from Kelvin Blake, it was confirmed that FTSU was included in staff inductions, and linked to Trade Union feedback through Trade Union representatives at quarterly FTSU catch-ups. Xavier Bell also attended JCNC subgroup meetings regularly to ensure Unions were aware of FTSU feedback;
- National comparison data had not yet been received due to the pandemic and changes in data submission requirements. The Medical Director and Director of Corporate Governance would ensure the correct, most useful comparator data for national comparison would be investigated and provided to Board in future.

**RESOLVED that the Board:**

- **Commended the FTSU bi-annual report and the continued improvement of the FTSU process;**
- **Expected an interim report to February Board;**

- Reviewed the FTSU data triangulated against other information, including the 2020 Pulse Surveys undertaken throughout Covid-19; and
- Reviewed progress against the FTSU action plan and noted the plans to update the document.

#### TB/20/11/09 Integrated Performance Report

Evelyn Barker, Chief Operating Officer, presented the Integrated Performance Report (IPR) for discussion. Key elements were highlighted to the Board including:

- Unusually high numbers of ambulance delays and 12 hour trolley waits. This was due to national challenges and issues with ability to discharge medically fit patients into the community. The Trust had been in Internal Critical Incident for 11 days in October;
- Elective care long-wait P4 patient numbers had grown to over 1000 though this figure was lower than trajectories had predicted and improvements were seen in a number of diagnostic modalities;
- Concern had been raised regarding cancer performance in September due to capacity constraints and patients choosing to delay. More referrals were being received for breast pain at NBT as GPs had reduced face to face appointments. This would be closely tracked and reported to Finance & Performance Committee (FPC);
- Pressure Injury numbers in October were disappointing with no clear determining reason but it was reported that numbers of PIs had reduced in November;
- The Trust had managed a number of Covid-19 outbreaks (defined as two positive Covid-19 cases that were linked) mainly due to asymptomatic staff infected in the community. Actions to control outbreaks had been effective and Covid-19 self-tests had just been received for distribution to staff which would continue to reduce outbreaks. A report had been submitted to the regional NHS team and no issues had been raised;
- Funding for the second half of 2020/21 would be considerably different to the first half and the Trust would likely finish the financial year with a £24m deficit largely due to low non-NHS income. Other specific issues would be worked through with local, regional and national colleagues and oversight given by FPC;
- Jacqui Marshall noted that the Trust's vacancy level was at its lowest rate for many years (3.8%) and work continued to ensure retention of staff during the pandemic. After a positive first half of the financial year, spend on agency staff was beginning to increase due to Covid-19 sickness rates.

During the ensuing discussion the following points and queries were noted:

- Michele Romaine queried the community position. Karen Brown, incoming Interim Chief Operating Officer, highlighted twice weekly BNSSG silver meetings focused on key actions to improve flow. More community beds had opened and NBT physiotherapists were assisting Sirona which meant flow was starting to improve. However, 170 medically fit patients were in NBT which was hindering the Trust's ability to keep up with elective demand;
- John Everitt raised concern regarding increasing numbers of stranded patients. He queried if there was any further actions the Trust could take to reduce the numbers and what the future plan was. Andrea Young confirmed that the system now recognised BNSSG had a gap of 200 beds and Local Authority and Healthcare leaders were aligned in their efforts to increase community capacity. 50 beds had come on stream in the preceding week however care homes continued to close due to staffing shortages and outbreaks;
- In addition, a Pulse Auxiliary Service had been set-up with Sirona to identify patients at risk of deteriorating and an IV Hospital At Home facilitated by NBT and Sirona combined resources to keep people at home wherever possible. However, it was noted that non-recurrent government funding hindered the system's ability to grow the care home workforce especially as BNSSG region relied heavily on the care home sector due to its small NHS community bed base;
- Ade Williams, Associate NED, queried how NBT and the system managed inappropriate presentations at ED. Ade noted initiatives to increase Primary Care capacity but was unsure how this reflected in attendance figures and if a process was available for NBT to report inappropriate attendances to the system. Evelyn Barker responded that a new 111-First scheme was being launched in Bristol and would hopefully affect attendances soon. In addition, November minors attendances had reduced from 300 to 220 per day;
- John Everitt requested assurance regarding mitigation of harm for delayed ambulance hand-over and trolley breaches. It was highlighted that a new, secure ambulance lobby had been created to manage handovers and the clinical modular unit installed would decompress ED to avoid overcrowding. Furthermore, each trolley breach was reviewed to ensure patients had not come to harm and it was noted NBT had significantly less delays than comparators;
- Tim Gregory, NED, queried if the Trust was maximising pressure on the Government to continue use of the Independent Sector (IS) for 52 week waits and diagnostic pressures to reduce long-term impact. It was confirmed that the Trust continued to use Emerson's Green and negotiations were ongoing to continue use past the national IS contract end on 25 December 2020. In addition, PRIME in Central Bristol was running endoscopy services for NBT under a separate contract which would continue;
- Richard Gaunt, NED, requested assurance regarding mandatory training. Jacqui Marshall confirmed that the majority of training was

online and would continue but the numbers would be closely monitored. Simon Wood, Director of Facilities, highlighted that a risk-based piece of work was ongoing to plan how to improve manual handling training numbers.

**RESOLVED that the Board:**

- **Approved the Provider Licence Compliance Statements;**
- **Noted the IPR report and that the content evidenced that the Trust was challenged in a number of areas but was performing comparatively well. Staff were thanked for their continued hard work.**

**TB/20/11/10**

**Research & Innovation Update**

David Wynick, Research Director, NBT and UHBW, and Becca Smith, Deputy Director of Research, NBT, presented the Research and Innovation update which covered a highly successful year despite difficulties of the pandemic. Priorities for the upcoming year were also outlined. Key points to note included the following:

- The Trust's research portfolio reached £22m and combined with UHBW, Bristol was fifth nationally;
- Bristol was the largest recruiter for the Oxford Covid-19 Vaccine trials, was running 29 separate Covid-19 trials and was leading on long-Covid-19 studies;
- Cross-partnership working had dramatically increased; and
- Bristol had become an Academic Health Sciences Centre which meant increased chances of achieving funding and becoming a player on the international research stage.

It was noted that during the upcoming year, the Research and Innovation Department would focus on restarting all portfolios that had been paused due to the pandemic. An issue was also highlighted to the Board that upcoming trials on alternative new covid-19 vaccines may have difficulties with recruitment once the majority of population have received a validated vaccine.

Key points from the Board were as follows:

- John Iredale, NED, reiterated the importance of prioritising non-Covid-19 studies. David Wynick agreed and reassured the Board that NBT and UHBW's focus was on restarting all non-Covid-19 research as soon as possible;
- The Board commended the outstanding Research team and its leadership that had enabled rapid change to the Trust's research portfolio. In particular, Becca Smith was thanked for leading Research in addition to leading the PPE Bronze cell in the first wave of the pandemic;
- Kelvin Blake queried potential areas for improvement. David Wynick responded that there were always opportunities for improvement

and the Academic Health Sciences Centre would focus particularly on reducing health inequalities through targeted interventions based on population health management data.

**RESOLVED that the Research and Innovation annual update was noted and the team were thanked and commended for their continued inspiring, flexible and interdisciplinary work.**

*John Everitt left the meeting*

**TB/20/11/11 Patient & Carer Experience Committee (P&CE) Upward Report**

Kelvin Blake, NED and P&CE Committee Chair, presented the P&CE Upward Report including the Trust's annual Learning Disability report. It was also noted that two projects to facilitate communication between patients and loved ones during the pandemic were ongoing.

**RESOLVED that:**

- **The P&CE upward report and LD report were noted and the importance of LD work was reiterated;**
- **The amended P&CE Terms of Reference were approved.**

**TB/20/11/12 Quality & Risk Management Committee Upward Report**

John Iredale, NED and QRMC Chair, presented the Quality & Risk Management Committee Report for assurance on a number of areas as detailed in the report.

**RESOLVED that the Quality & Risk Management Committee Upward Report was noted and the Board assured.**

**TB/20/11/13 Audit Committee Upward Report**

Richard Gaunt, NED and Chair of Audit Committee, presented the Audit Committee Upward Report for assurance. It was noted that a number of internal audit reviews had been paused during the pandemic with work ongoing to assess which reviews could be postponed until 2021/22.

**RESOLVED that:**

- **The Audit Committee Upward Report was noted;**
- **The Standing Orders and SFIs and Covid-19 appendix were approved for publication to the Trust's website and intranet.**

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**TB/20/11/14 Any Other Business**

- Michele Romaine described the Trust's heartfelt thankyou to Andrea Young who was due to retire before the next Board meeting. Andrea's extensive contribution to the Trust and the BNSSG system was commended. Andrea was noted as a powerful voice for NBT and the wider population and was thanked for staying on longer than planned to support throughout the pandemic;
- In response, Andrea thanked the Board and the Chair for working so

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hard through challenging times. She noted the support she had felt and the respect that she had for her colleagues. Andrea noted that the Trust's upcoming large projects (such as leading Covid-19 Mass Vaccination) were recognition of the high regard the system had for the Trust and its abilities.

**TB/20/11/15 Questions from the public – None received**

**TB/20/11/16 Date of Next Meeting**

The next public meeting of the Board is scheduled to take place on Thursday 28 January 2020, 10.00 a.m. The Board will meet virtually and recording of the meeting will be available for two weeks following the meeting. 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 12.10pm

DRAFT

Trust Board - Public ACTION LOG										
Meeting Date	Agenda Item	Minute Ref	Action No.	Agreed Action	Owner	Deadline for completion of action	Item for Future Board Meeting?	Status/ RAG	Info/ Update	Date action was closed/ updated
30/01/2020	Patient Story / Staff Story	TBC/20/01/04	19	Patient story advance six month plan to be created for patient and staff stories with sufficient secondary options to ensure a staff/patient story is brought to the Board	<b>Helen Blanchard Director of Nursing &amp; Quality</b>	Nov-20	Yes, regular item	<b>Open</b>	Patient story received at Nov Trust Board. Forward work-plan TBC, in progress (focus to be on W&CH, Outpatients and ICU as CQC focus areas)	26/11/2020
30/01/2020	Board member's walk-arounds	TBC/20/01/09	22	A Board workshop/ seminar to reach a shared decision on NED and Exec walk-arounds, including staff perspectives, to be organised	<b>Xavier Bell, Director of Corporate Governance</b>	TBD	Yes	<b>Delayed</b>	Delayed until hospital restoration plan phase 2 & 3 complete	28/05/2020
26/11/2020	Audit Committee Upward Report	TB/20/11/13	41	Approved revised SFIs, SOs and Covid appendix to be uploaded to NBT website and intranet	<b>Isobel Clements, Corporate Governance Officer</b>	Dec-20	No	<b>Closed</b>	SO&SFIs uploaded to website, SO&SFIs and Covid appendix uploaded to intranet (LINK).	30/11/2020



<b>Report To:</b>	Trust Board		
<b>Date of Meeting:</b>	28 January 2021		
<b>Report Title:</b>	Green Plan (ex-Sustainable Development Management Plan) 2019-20		
<b>Report Author &amp; Job Title</b>	Esther Coffin-Smith, Sustainable Development Manager		
<b>Executive/Non-executive Sponsor (presenting)</b>	Simon Wood, Director of Estates, Facilities and Capital Planning		
<b>Purpose:</b>	<b>Approval</b>	<b>Discussion</b>	<b>To Receive for Information</b>
	x		
<b>Recommendation:</b>	<ul style="list-style-type: none"> <li>Trust Board is asked to approve the draft annual Green Plan</li> </ul>		
<b>Report History:</b>	<ul style="list-style-type: none"> <li>NBT Sustainable Development Steering Group</li> <li>Trust Management Team January 2021 – Approved with minor amendments to dates and executive summary to include national work, this has been completed</li> </ul>		
<b>Next Steps:</b>	<ul style="list-style-type: none"> <li>The Green Plan will be published online</li> </ul>		

<b>Executive Summary</b>
<p>The newly named ‘Green Plan’ reports progress on NBT’s aspiration to be a leader in the field of sustainable healthcare and sets out plans for the year ahead. This plan replaces the Sustainable Development Management Plan 2018/19.</p> <p>NBT is assessed on progress towards sustainable development by;</p> <ul style="list-style-type: none"> <li><b>The Care Quality Commission</b> within the “Use of Resources” and “Well Led” reviews</li> <li><b>The Clinical Commissioning Group</b> within the requirements of the NHS Standard Contract</li> <li><b>NHS England</b> within the new requirements of the NHS Long Term Plan which focus on carbon reduction and emissions from NHS fleet vehicles.</li> <li><b>National Sustainable Development Assessment Tool (SDAT)</b> for which NBT has achieved 63% (increased from 58% last year)</li> </ul> <p>Highlights from 2019/20 include; Embedded Sustainable Development within the Trust Strategy, declared and Ecological Emergency with our Civic partners, established a Business Assurance Framework risk for our Carbon 2030 Goal, launched the Southmead Explorer Map, Green Gym and Allotment and ran our successful staff engagement scheme, Green Impact for the 5<sup>th</sup> year.</p> <p>Plans for 2020/21 include; commissioning the production of a Carbon Routemap to set out the path to being carbon neutral by 2030, adopting the BNSSG Climate Change Adaptation Plan and completing a climate change risk assessment for the Trust, delivering year two of the NBT Travel Plan and delivering year two of the Biodiversity Management Plan.</p> <p>TMT have agreed to support the request for Sustainability Advocates from each Division/Directorate to</p>



be nominated to act as a point of contact for progressing Carbon 2030 efforts throughout the organisation.

New national guidance for the production of Green Plans will be introduced in March 2021 and future NBT Plans will be drawn up in line with this. A new summary of proposed action for the year ahead will now be brought to TMT & Trust Board in March each year for approval.

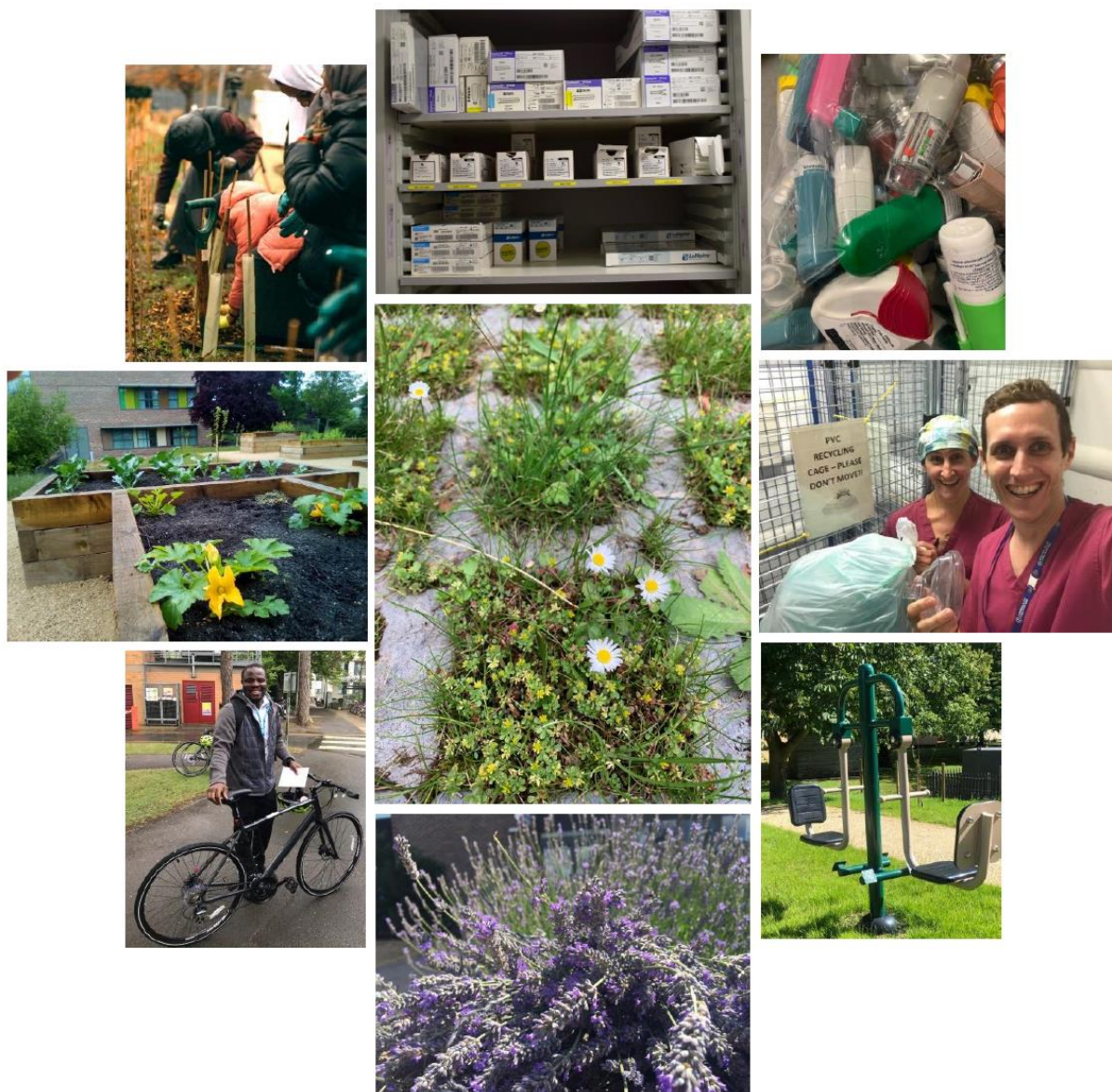
The Green Plan report will next be brought to TMT and Trust Board in September 2021 (setting out progress from 2020/21, half year progress for 2021/22 and any objective modifications driven by the part-year progress). A change to the current arrangement.

<b>Strategic Theme/Corporate Objective Links</b>	<ul style="list-style-type: none"> <li>• Change how we deliver services to generate affordable capacity to meet the demands of the future</li> <li>• Play our part in delivering a successful health and care system</li> <li>• Create an exceptional workforce for the future</li> <li>• Be one of the safest trusts in the UK</li> </ul>
<b>Board Assurance Framework/Trust Risk Register Links</b>	<ul style="list-style-type: none"> <li>• Risk of non-compliance with the NHS Standard Contract which requires a Trust Board approved Green Plan</li> </ul>
<b>Other Standard Reference</b>	<ul style="list-style-type: none"> <li>• Compliance with NHS Long Term Plan (2019-2029)</li> <li>• Compliance with the National Sustainability Strategy (2014-2020)</li> <li>• Compliance with the National Climate Change Adaptation Programme (2018-2023)</li> <li>• Compliance with Health Technical Memoranda 00-07</li> <li>• Compliance with NHSI guidance on Green Plan reporting (2020)</li> </ul>
<b>Financial implications</b>	<ul style="list-style-type: none"> <li>• Costs associated with the delivery of the Green Plan will be addressed within separate business cases going forward.</li> <li>• Potential penalties for noncompliance with NHS Standard Contract</li> </ul>
<b>Other Resource Implications</b>	<ul style="list-style-type: none"> <li>• The Sustainable Development Unit is resourced to manage the delivery of the Green Plan</li> <li>• Additional resources required for specific work programmes within the Plan will be addressed within separate business cases going forward</li> </ul>
<b>Legal Implications including Equality, Diversity and Inclusion Assessment</b>	<ul style="list-style-type: none"> <li>• Compliance with legal obligations which include but are not limited to; Climate Change Act (2008), Environmental Protection Act (1990), Civil Contingencies Act (2004) and Public Services (Social value) Act 2012.</li> <li>• The Green Plan has been prepared in consultation with the Sustainable Development Steering Group which includes a wide range of stakeholders (staff, contractors, specialist advisors, stakeholders, trade unions and local community interest groups).</li> <li>• The Green Plan supports better health outcomes (for patients and staff) and improved patient access and experience through various work streams and individual projects outlined within the Plan.</li> </ul>

<b>Appendices:</b>	<ul style="list-style-type: none"> <li>• Green Plan 2019-20 report</li> </ul>
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# Green Plan

## 2020-2021



9



## Foreword

The last year has been significant for North Bristol NHS Trust as we continue to pursue our ambition to be a leader in the field of sustainable healthcare. We were the one of the first NHS organisations in the country to declare a Climate Emergency and we joined our civic partners in setting an ambitious and stretching goal of being carbon neutral by 2030.

We recognise that we urgently need to take action to halt the decline in biodiversity, so we also declared an Ecological Emergency, the first NHS Trust to do this. This builds on our existing efforts to protect and enhance biodiversity on our sites.

We have further embedded our commitment to sustainable development with a clear strategic focus on being an anchor in the community which is outlined in the Trust Strategy 2019-24. We know that delivering sustainable healthcare involves working across the health system and with partners to deliver a health system that is financially sound, supports social and environmental ambitions and ensures value for money.

We are immensely proud of the part our staff play in supporting our push towards sustainability. It has been our most successful Green Impact cycle to date with 38 teams celebrating this award and the Staff Travel Survey this year showed the highest numbers of staff walking, cycling and catching the bus to work.

Finally, as we begin the 2020-21 financial year the Trust is responding to a new healthcare challenge in the form of the Covid-19 pandemic. This is already having an impact from a sustainability perspective, in terms of additional waste being generated and air quality improvements as fewer people travel. We will continue to monitor these and other impacts as they arise and develop approaches to manage them sustainably.



Evelyn Barker  
Interim Chief Executive



Michele Romaine  
Trust Chair



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## 1. Introduction

The NHS has a responsibility to provide high quality health care whilst protecting human health and minimising negative impacts on the environment. A Green Plan (previously named the Sustainable Development Management Plan) is a mechanism for organisations to take a coordinated, strategic and action-orientated approach to sustainability. Green Plans form a key part of sustainable healthcare delivery to ensure services remain fit for purpose today and for the future.

The North Bristol NHS Trust (NBT) Green Plan will help us to:

- Deliver on the NHS Long-Term plan
- Improve the health of the local community
- Achieve our financial goals
- Meet our legislative requirements

We are in the process of creating a Sustainable Development Strategy and Our Green Plan annual report in the future will be a summary of progress against this strategy and plans for the year ahead. Future Green Plans will also report on progress against the upcoming Net Zero Plan for the NHS.

Sustainable development is based on 3 core factors:

**Environmental impact;** the impact NBT activities have on the environment – this means focusing on activities which reduce or eliminate any negative impact.

**Social impact;** the impact NBT activities have on our local communities, and society or more broadly, how we can positively utilise our influence to address health and social inequalities.

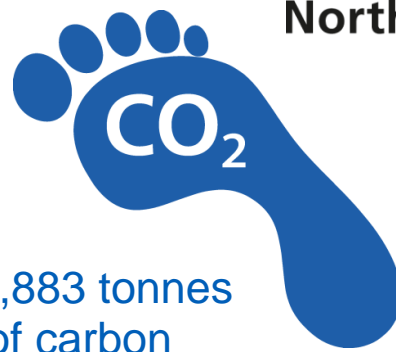
**Financial impact;** the impact NBT has on how it controls and spends its money; from the contribution sustainable development activities have on our short, medium and long term financial position, to the impact we have on actively improving the local socio-economics of our communities through the way you direct our expenditure.

This document represents a transition from our previous reporting style to a new format in 2021 that will more clearly link our longer term Sustainable Development Strategy and Carbon 2030 goals through to in-year progress.





of solar power generated

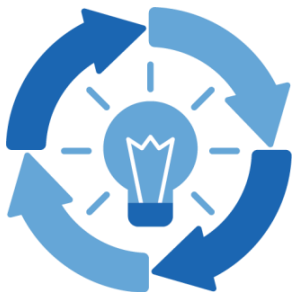


117,883 tonnes  
of carbon



28 patients  
referred to  
Warmer Homes  
Advice and  
Money service

## 2019/2020 at a glance...



674 actions taken  
by our Green  
Impact Teams



6,831kg  
of wasted furniture  
diverted from  
landfill through  
using Warp It

Climate and  
Sustainability  
YouTube videos



28 trees planted



60% of staff commute by active or  
sustainable modes of travel



## 2. Drivers for change

Sustainable healthcare in the NHS is predominantly driven through local and national policy, legislative and mandated requirements and healthcare specific specifications from the Department of Health and NHS England.

The NHS Long Term Plan requirements introduced in 2019 have been incorporated into the contractual obligations of the NHS Standard Contract, substantially increasing the obligations on the NHS for the year ahead (2020-21.)

These include:

- By March 2021:
  - take action to reduce air pollution from fleet vehicles, use of coal/oil, through promotion of more sustainable travel choices and restricting lease vehicle choices to ultra-low emission vehicles
  - take action on climate change by reducing greenhouse gas emissions, reducing the use of fluorinated gases used in anaesthetic gases and inhaler propellants and adapting services and premises to mitigate risks associated with climate change and severe weather
- Reduce waste and water usage through best practice and innovation, reduce the use of single-use plastics and maximize the rate of return of walking aids for reuse/recycling.
- Give due regard to the potential to secure wider social, economic and environmental benefits for the local community and population through purchase and specification of products and services.

The NHS Operational Planning and Contracting Guidance echoes the Standard Contract obligations but with additional recommendations that all NHS organisations:

- Purchase 100% renewable energy
- Replace lighting with LED alternatives during routine maintenance
- Ensure all new builds and refurbishment projects are delivered to net zero carbon standards
- Implement the Estates and Facilities Management Stretch programme (key activity's organisations can take to reduce the environmental impact of their estates.)

Other requirements on the NHS include:

- The National Adaptation Programme (2018) outlines key requirements and associated actions for the NHS to ensure climate change adaptation and mitigation measures are addressed.
- In June 2019 the UK Government committed to reduce its greenhouse gas emissions to net Zero by 2050 under the terms of a new government plan to tackle climate change, stating that cutting emissions would benefit public health and cut NHS costs.
- The Bristol One City Plan (2019-2050) plan aspires to deliver a sustainable city, with a low impact on our planet and a healthy environment for all by 2050. The plan sets out a series of objectives across the backdrop of the United Nations Global Goals for Sustainable Development with key commitments for Bristol which include carbon neutral status by 2030.

### 3. Our Vision

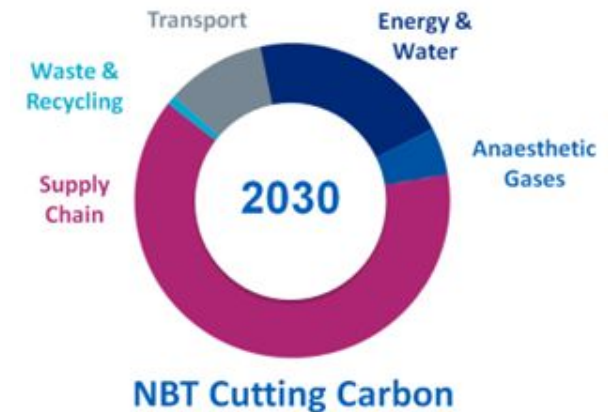
Our Sustainable Development Policy sets out our aspiration to be a leader in the field of sustainable healthcare through committed leadership, innovation, culture change and system wide engagement and development.

We are committed to embedding sustainable development across our sites and services and will deliver our Policy commitments through our Green Plan by;

- Maximising the environmental, financial and health opportunities associated with sustainable development and the co-benefits to our staff, patients and the local community.
- Valuing the importance of protecting our natural environment for the benefit of the physical and mental health and well-being of our community, now and in the future.
- Striving to improve staff and patient experience by moving towards more sustainable models of care and workplace practices.

#### 3.1 Climate Emergency Declaration

In October 2019, North Bristol NHS Trust joined University Hospitals Bristol and Weston NHS Foundation Trust, alongside our civic partners, Bristol City Council, North Somerset Council, South Gloucestershire Council and the West of England Combined Authority to declare a Climate Emergency. By making such a declaration, we hope to lead the healthcare sector in collective action to ensure the future health and wellbeing of our city. As part of the declaration we committed to the ambitious Bristol One City Plan goal of Carbon Net Zero by 2030.



#### 3.2 Trust Strategy 2019-2024

This year the Trust updated its strategy. One of the 4 areas of focus is *Being an Anchor in Our Community*. This element of the strategy includes developing in a sustainable way. The strategy also includes a commitment to: *Working with our civic partners to reduce carbon emissions as part of Bristol's One City Plan.*





## 4. Governance

Our Green Plan is approved by Trust Board on an annual basis, with a six monthly progress report submitted half way through the year.

Sustainable development is championed by the Trust's Chair Michele Romaine and the Director of Estates, Facilities and Capital Planning, Simon Wood.

Simon Wood chairs the Sustainable Development Steering Group which meets quarterly. The steering group consists of our Trust Chair, specialist Public Health Advisers, Senior Management, our PFI partner and representatives from the local community and Trade Unions.

The group drives forward the sustainable development agenda at the Trust by setting objectives, reviewing progress and delivering assurance on a regular basis. The group promotes collaborative working with external partners to bring external benefits to the trust and support the local community.

The Sustainable Development Unit (SDU) is a small team of specialists providing advice and support across the Trust to assist in the delivery of sustainable development.

To further support the delivery of the policy commitments, the Trust has an active network of Environmental Awareness Reps (EARs) and Green Impact teams spread throughout the organisation to raise awareness, engage and enthuse the wider workforce.

In 2020-21 we will establish a new group, comprising staff representation from across the Trust, to drive action and increase engagement on our Carbon 2030 goal.

NBT is also a member of the Bristol, North Somerset and South Gloucestershire Sustainability Transformation Partnership (STP) "Healthier Together," along with other major health and care providers in the region. The STP has developed a Climate Change and Sustainability work stream into which all organisations are expected to contribute.



## 5. Communications and Engagement

Our vision to be a leader in the field of sustainable healthcare requires system-wide engagement and development through simple and effective communication.

In 2019/20, we published our Communication and Engagement Plan which sets out how the Trust engages with its audience to raise awareness, understanding and bring about behaviour change to promote sustainable healthcare now and for generations to come.

We communicate with our stakeholders using various channels and means to get our messages out to our staff, patients and wider community, notably through our website and social media outlets, annual reports and numerous, innovative engagement events and opportunities throughout the year.



### Engagement Activities 2019-20

- Gardens for Health Week (May)
- Staff insect hotel building (Jun 2019)
- NHS Sustainable Health and Care Week (June 2019)
- Clean Air Day (June 2019)
- 30 Days Wild (June 2019)
- Southmead Festival (July 2019)
- Cycle to Work day (Aug 2019)
- Southmead Hospital Lavender Project events (June – Dec 2019)
- Apple pressing in partnership with The National Trust (Oct 2019)
- Green Impact Awards (Dec 2019)
- Community Hedge & Tree-Planting (Dec 2019)
- Junior Doctor Wellbeing Wednesday (February 2020)
- Travel to Work Survey (Mar 2020)
- NHS Sustainability Day (Mar 2020)
- The Community Farm weekly fruit and veg stall
- Attended 24 Corporate Inductions
- 12 monthly SDUpdate e-newsletters
- 248 Tweets
- 2,170 visits to our Twitter profile

## 6. Sustainable Development Assessment Tool (SDAT)

The Sustainable Development Assessment Tool (SDAT) is the national benchmark used by Public Health England and NHS England to measure improvement across the health and care system.

The assessment determines progress against the implementation and delivery of sustainable development across the health and care system and is designed to help the NHS and other healthcare organisations understand their work, measure progress and create the focus of and action plans for their Green Plans. Each benchmark undertaken reports how the Trust is contributing to the 17 UN Sustainable Development Goals.

SDAT consists of ten areas which are assessed against four cross-cutting themes; governance and policy, core responsibilities, procurement and supply chain and working with staff. During 2019-20, North Bristol NHS Trust achieved an overall score of 63%, which is a 5% improvement from 2018-19.

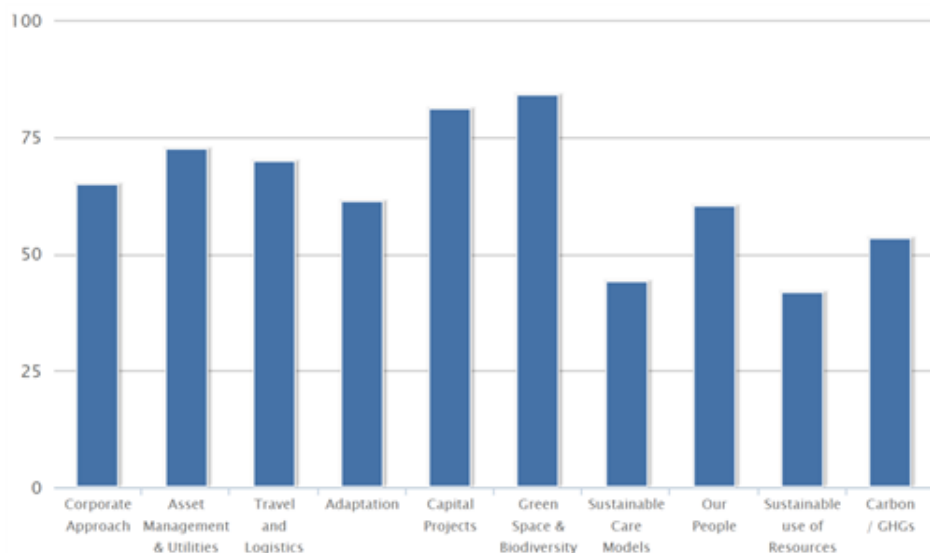
### United Nations Sustainable Development Goals

The 17 Sustainable Development Goals (SDGs) were adopted by all United Nations Members States in 2015 and represent an urgent call for action by all countries in a global partnership. The Trust is starting to contribute to 16 of the 17 SDGs at a local level.



Figure 1: North Bristol SDAT Assessment 2019-20

**NORTH BRISTOL NHS TRUST**  
**63%**



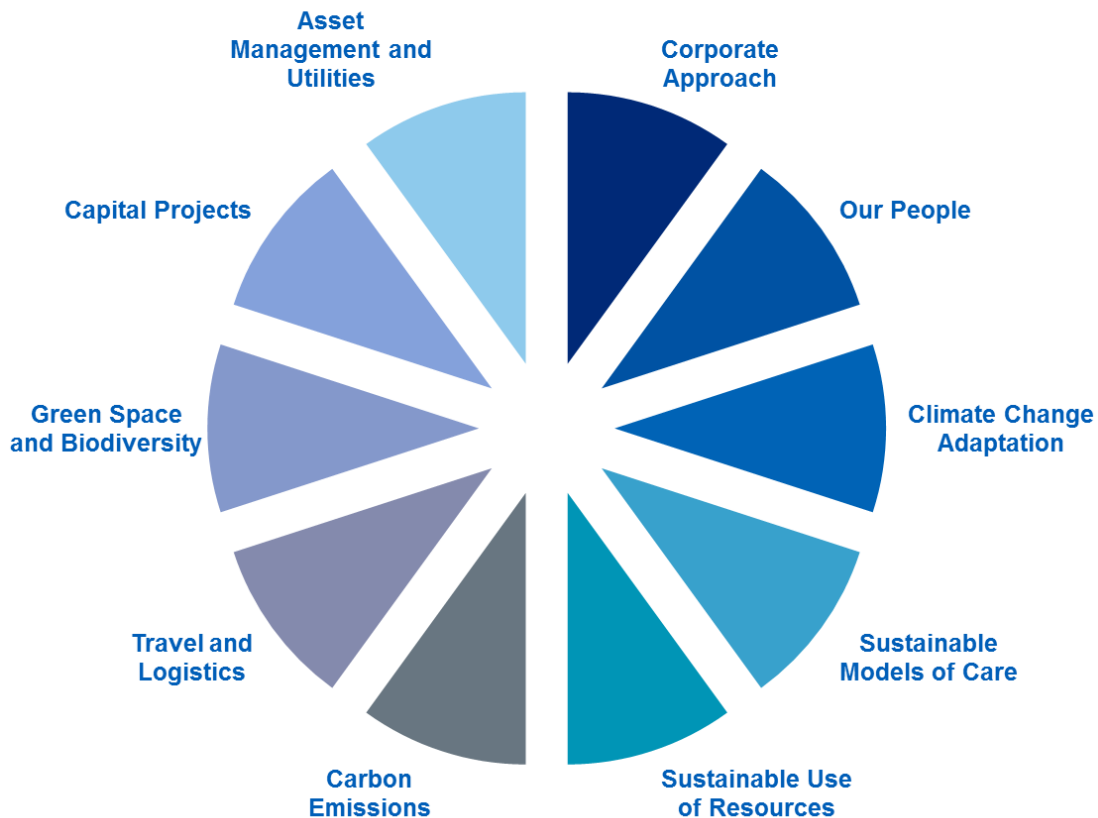
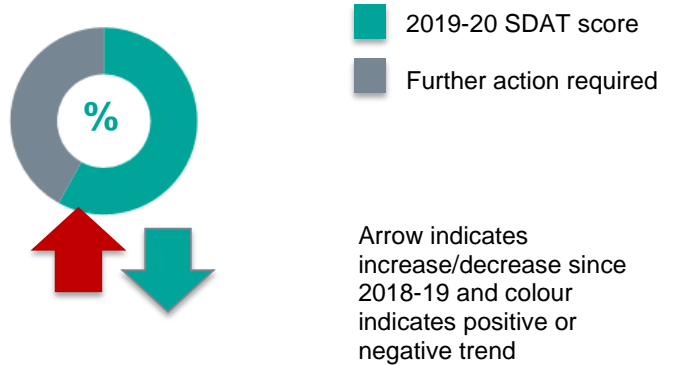
## 7. Corporate Objectives

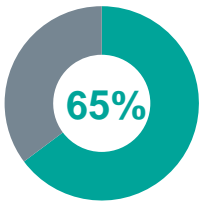
North Bristol NHS Trust has developed ten key objectives in line with the SDAT themes laid out in the diagram below.

Each objective has a set of actions set for the year ahead to drive forward sustainable development at NBT.

The following pages outline the Trust's progress against each theme undertaken in 2019-20 and our plans for the year ahead.

At the top of each page, we have reported our SDAT progress score against each theme.





## 7.1 Corporate Approach

The best health and care is not the work of an individual, a single team or even one organisation. Partnership and collaboration is fundamental. The Trust strategy recognises the opportunity we have to make the best use of NHS resources for patient care and to develop sustainable services for the long term. Through our position as a large and established organisation acting as an anchor in our local community we accept our responsibilities for sustainable development, local product sourcing, and population health and illness prevention.

Our Sustainable Development Policy underpins our decision making process, which now includes Sustainability Impact Assessments for all key decisions and a Carbon Assessment Tool for use during the completion of annual business plans.



We continue to work with local community organisations and wider civic partners via our Sustainable Development Steering Group, through engagement events and by collaborating at neighbourhood, city-wide and regional levels. North Bristol NHS Trust represents health on the Bristol One City Environmental Strategy Board and has contributed to the Bristol One City Climate Strategy in recognition of the many ways in which healthcare both contributes to and can provide solutions to mitigate and adapt to the impacts of climate change.

### OBJECTIVE 1

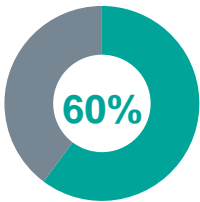
**The Trust aspires to be a leader in sustainable healthcare**

**We have:**

- Declared a Climate Emergency
- Set a goal of Carbon Net Zero by 2030
- Included the climate change emergency on our Business Assurance Framework
- Embedded sustainable development within the Trust's updated Strategy.
- Introduced a Carbon Assessment Tool to the business planning process
- Declared an Ecological Emergency with Bristol partners

**We will:**

- Develop a Carbon 2030 Routemap
- Continue to work collaboratively to deliver the Bristol One City obligations
- Introduce sustainability considerations for business cases under £100K.
- Engage with our suppliers, contractors and commissioned services to reduce the impacts of the goods and services we buy



## 7.2 Our People

The Trust recognises that a healthy, happy and resilient workforce is key to ensuring we operate sustainably, and as such, every single member of staff has an important role to play in helping us achieve this.

The updated Trust Strategy recognises the importance of providing staff with a means of engaging on sustainability whilst at work. This is achieved through the provision of a sustainability programme and our travel to work offer which supports our staff to make sustainable and active travel choices.

The Trust's Sustainable Development Policy outlines individual staff responsibilities to ensure efficient resource use through simple, everyday actions.

The Sustainable Development Unit encourages staff to get involved through regular events and the Green Impact Engagement scheme. During 2019/20 we completed our fourth year of taking part in Green Impact, with 38 teams achieving an award. The scheme provides innovative ways for staff to get involved in sustainability in the workplace and celebrates those that did, with an awards ceremony hosted in the Brunel Atrium in December.



### OBJECTIVE 2

**Engage our staff, patients, visitors, stakeholders and our wider community on sustainable development**

#### We have

- Launched our staff Green Impact engagement scheme for the fifth consecutive year
- Jointly with the Fresh Arts team launched the Pathway to Well-being programme and produced the *Southmead Explorer* map for the Southmead Hospital site
- Delivered the Green Gym and Allotment
- Completed Lime Walk Park

#### We will

- Continue to run a staff engagement scheme
- Hold at least 6 sustainable healthcare engagement events
- Ensure greater engagement with the local community on sustainability activities at the Trust and the use of our green spaces for health and wellbeing



**Our People Case Studies**



**Southmead Explorer Map**

Working with Fresh Arts and Wellbeing teams, The Site Lines Explorer Map was launched to support and encourage staff and patients to spend time outdoors.

The map identifies various walking routes, bench locations, the Sculpture Trail and biodiversity points of interest such as our bug hotels and the new Allotment site. Part of the walking routes are known as *Routes to Recovery*, to be used by patients in their rehabilitation and help them get active again.



**Green Gym Equipment Launched**

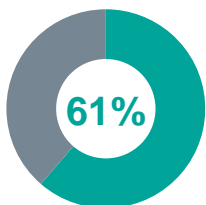
To further encourage health and wellbeing through being active and spending time outside, the Green Gym equipment installed in December provides a perfect opportunity for staff, patients and the local community to enjoy our green spaces whilst doing physical exercise.

It is conveniently located adjacent to the new staff and patient allotment, together with new seating, so that multiple forms of exercise and relaxation can take place in the same space.



**Green Impact – Respiratory Medicine**

The respiratory green impact team live and ‘breathe’ sustainability and have worked hard (despite ward moves!) to ensure lights are turned off in unused rooms, paper waste is reduced, faulty electricals changed and more of the respiratory team travel in a sustainable way. Their enthusiasm for sustainability is infectious – they have used the Green Impact programme to encourage behaviour change throughout the team and are set to achieve the silver award this year.



### 7.3 Climate Change Adaptation

The Trust is committed to adapting to the impacts of climate change by working to deliver a healthy, resilient and sustainable healthcare system ready for changing times and climates.

The Trust has been working across the region with Sustainability and Transformation Partnership (STP) partners to finalise the Bristol, North Somerset and South Gloucestershire (BNSSG) Climate Change Adaptation Plan. The plan identifies the shared risks and opportunities in our region, including the anticipated health impacts and serves to prioritise actions and deliver shared opportunities to achieve regional benefits going forward. The plan sits within the wider Bristol, South Gloucestershire and North Somerset STP Estates Group and aims to reduce our combined impact on the environment, reduce our organisational running costs, ensure our business continuity plans are in place and reduce health inequalities.

North Bristol NHS Trust has already implemented a number of schemes on site to promote adaptation through sustainable design and infrastructure, notably through the development of the Brunel Building which includes sustainable urban drainage and energy efficient design.

The Trust has also been working to promote patient and staff resilience through health and wellbeing via the provision of access to high quality green space and the natural environment. Consideration is also given to the secondary impacts of climate change, such as the effects of severe weather on our infrastructure, supply chain and vital resources such as medical equipment, water, energy, fuel and food to ensure continuity of service in times of scarcity.



#### OBJECTIVE 3

**We will adapt our sites and services ready for a changing climate**

#### We have

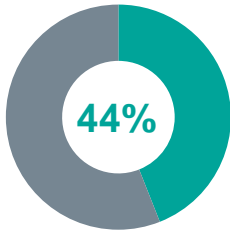
- Added a Carbon Assessment Tool (which includes consideration of adaptation to climate change) within the corporate business planning process
- Included the risk from failing to meet our Carbon 2030 goal to our Board Assurance Framework
- Submitted the Healthier Together Climate Change Adaptation Plan to the Partnership Executive group for ratification and subsequently made amendments
- Contributed to the Sustainability chapter of the Healthier Together Five Year Plan

#### We will

- Seek adoption of the Healthier Together Climate Change Adaptation Plan across the BNSSG region together with recruiting climate change leads for each member
- We will create a Board Assurance Framework entry for Climate Change Adaptation to ensure that risks to NBT are identified and sufficiently mitigated.







## 7.4 Sustainable Models of Care

The Trust seeks to make the best use of NHS resources for patient care and develop sustainable services for the long term.

During 2019-20 the Trust has been identifying good examples of where care pathways, care models and the delivery of healthcare in general have been and can be made more sustainable. One such project involved the switch to pre-filled saline syringes. This project involved replacing several items (individually purchased saline ampoules, syringes, chlorhexidine wipes) with one pre-filled saline syringe. This saved on staff time and cost and avoided emissions from multiple deliveries, packaging waste and also contributed to reduced infection risk.



### OBJECTIVE 4

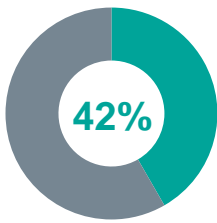
**We will adopt sustainable models of care across our services**

#### We have

- Worked with citywide partners and successfully bid to appoint a hospital-based Fuel Poverty Advisor to help identify patients being discharged to a cold home and to provide the support they need to ensure their homes are warm and to prevent readmission.
- Continued to reduce the use of volatile anaesthetic gases used in theatres.

#### We will

- Co-ordinate the delivery of a SusQI workshop with the Academic Health Science Network for the Bristol, South Gloucestershire and North Somerset Sustainability Transformation Partnership.
- Use the Carbon Assessment Tool in our business planning to help identify opportunities for more sustainable care pathways.



## 7.5 Sustainable Use of Resources

We will seek to make the best use of NHS resources for patient care and develop sustainable services for the long term.

A more sustainable use can include:

- Using a product with a smaller carbon footprint (e.g. less waste generated, energy/water used, fewer transport emissions, less packaging etc.)
- Using less of a product
- Choosing products with fewer or no hazardous chemicals
- Using locally-sourced, fresh, organic and Fair Trade ingredients
- Reducing waste
- Maximising repair and reuse
- Influencing our supply chains and partners to play their part

Over the last year we have made significant steps in improving the sustainability of our catering operations through both replacing all takeaway containers with an alternative product with a smaller carbon footprint and through signing up to the NHS Plastic Pledge and further committing to reduce single-use plastic consumables.



### OBJECTIVE 5

**We will manage our resources sustainably, reducing our direct environmental impacts across our healthcare services in energy, waste, water, food and anaesthetic gases**

#### We have

- Signed up to a project with Healthcare Without Harm Europe which will look at the plastics used in healthcare and how to reduce them, find more sustainable alternatives and increase recycled content where plastics are the only option.
- We have employed an external consultant to undertake a comprehensive waste review to identify further opportunities to reduce our carbon emissions
- Launched a clinical waste campaign to raise awareness and enable staff to make informed decisions when disposing of their waste, including the production of a new suite of posters.
- Successfully reduced contamination of our dry mixed recycling stream resulting in its diversion from energy-to-waste disposal back to recycling.
- Launched Vegware as a replacement for plastic-based take-away containers.
- Signed up to the NHS Plastic Pledge

#### We will

- Measure the carbon emission reduction potential of waste disposal methods as part of the commissioning of the Carbon Routemap
- Create a Sustainable Use of Resources action plan
- Investigate more sustainable alternatives to metered dose inhalers

### 7.5.1 Energy Consumption

Total energy consumption has increased slightly since last year, by 568,966 kWh. Both electricity and gas demand have increased whilst oil usage has decreased.

Despite a rise in emissions, the carbon footprint associated with this consumption has reduced due to decarbonisation of the national electricity grid (meaning a greater percentage of renewable energy is being generated nationally and fed into the supply that NBT then uses.)

The Trust will appoint an Energy and Carbon Manager in 2020 to drive forward progress on improving our energy efficiency. The Carbon Routemap which we plan to commission will also highlight the key priorities to help us reach our Carbon 2030 net zero goal.

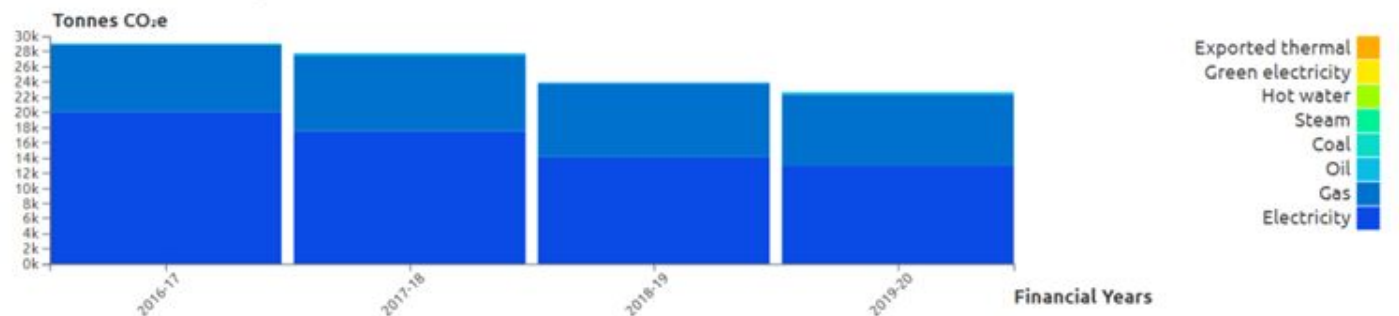
The generation of renewable energy from the solar panel arrays onsite has reduced by 11,263 kWh over the past year due to a technical problem which is being addressed.

#### Energy used

Energy consumption in kWh

	2016-17	2017-18	2018-19	2019-20
Electricity Consumed	38,828,428	39,295,816	40,147,116	40,860,494
Gas Consumed	42,115,642	46,759,825	45,390,730	45,472,381
Oil Consumed	543,381	892,324	765,375	583,708
Coal Consumed	0	0	0	0
Steam Consumed	0	0	0	0
Hot Water Consumed	0	0	0	0
Green electricity	39,717	36,057	44,396	33,133
<b>Total</b>	<b>81,527,168</b>	<b>86,984,022</b>	<b>86,347,617</b>	<b>86,949,716</b>

#### Carbon emissions resulting



### 7.5.2 Waste and Recycling

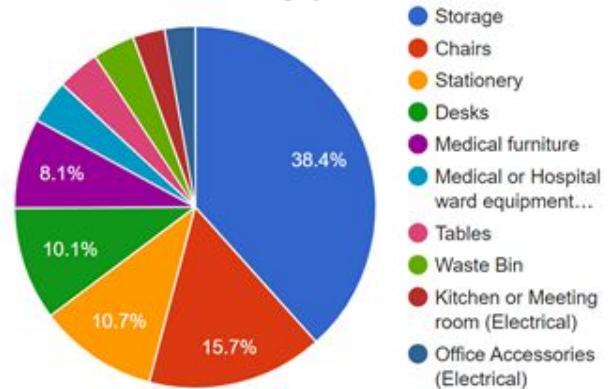
This year we are pleased to report that the contamination issues experienced in 2018-19 have been resolved and all our dry mixed recycling has been diverted back to this route instead of being disposed via the energy-to-waste route.

All waste streams are showing positive trends with recycling increasing and recovery streams (incineration with energy recovery and autoclaving) decreasing. Waste which had been going to landfill (offensive hygiene waste) is now being incinerated with energy recovery so NBT is no longer sending any waste to landfill. Our carbon footprint is reduced as a result of this and greater levels of recycling.

Overall the Trust generated 23 more tonnes of waste than last year so more effort is required to identify areas where waste can be reduced.

The Trust saved £58K over the past year through our internal reuse scheme Warp-It. Through avoiding disposal of usable furniture and the purchase of new, we have also saved 30 tonnes of CO<sub>2</sub>. The table below shows the most common items our staff seek to reuse.

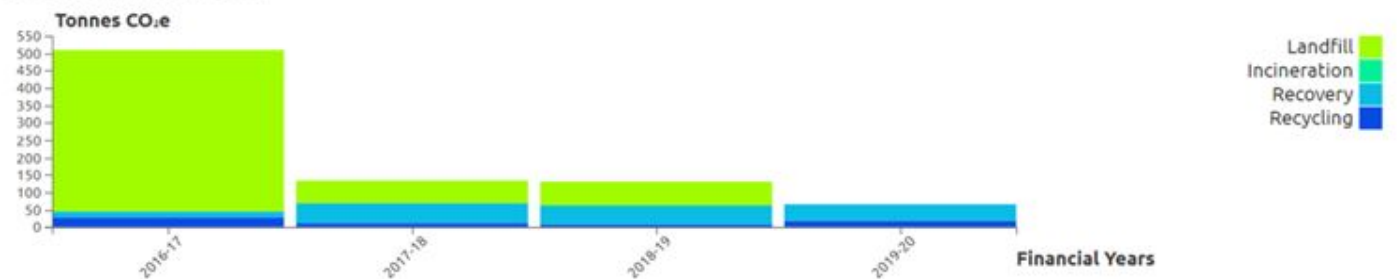
Most Items Claimed Per Category



Waste in tonnes

	2016-17	2017-18	2018-19	2019-20
Waste recycling weight	1,266	518	386	883
Other recovery weight	952	2,672	2,441	2,171
Incineration disposal weight	0	0	0	0
Landfill disposal weight	1,487	191	204	0
<b>Total</b>	<b>3,705</b>	<b>3,381</b>	<b>3,031</b>	<b>3,054</b>

Carbon emissions resulting



### 7.5.3 Anaesthetic Gases, Pharmaceuticals and Medical Devices

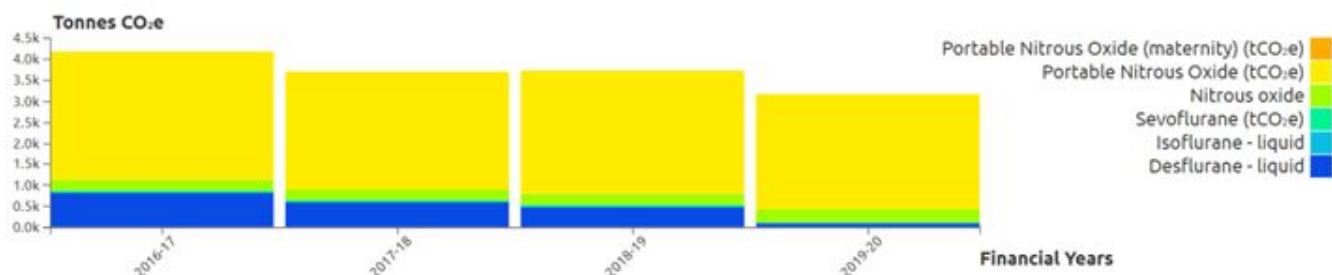
The consumption of anaesthetic gases, pharmaceuticals and medical devices varies in line with patient contact, the more patients we treat the more products we use.

During 2019-20 the good practice started in the previous year has continued with ongoing movement away from using volatile anaesthetic gas such as sevoflurane and desflurane to using intravenous anaesthesia as an alternative for some patients. Intravenous anaesthetic has a considerably lower carbon footprint.

As a result of the work undertaken by staff, we have seen a continued reduction in the use of these gases. Future work includes awareness-raising with patients in certain areas so informed decisions about the optional use of gases such as nitrous oxide can be made. The Trust can only influence these areas as the decision rests with the patient.

The Trust's spend on both pharmaceutical and medical devices have increased by 2.6% and 3.4% respectively. The greenhouse gases (measured as carbon dioxide equivalent or CO<sub>2</sub>e) associated with the production and distribution of both these product areas are one of the most intensive in the NHS. At NBT the footprint of pharmaceuticals last year was 6,095 tonnes CO<sub>2</sub>e with medical equipment and instrumentation contributing 18,801 tonnes CO<sub>2</sub>e. Anaesthetic gases contribute 3,151 tonnes CO<sub>2</sub>e as seen in the table below.

Much of the work to reduce the impact in these areas lies with the manufacturers and suppliers whom we will seek to influence however our biggest opportunity to reduce the carbon footprint lies in reducing use and wastage within the Trust.



CO<sub>2</sub> Emissions (tCO<sub>2</sub>e)

	2016-17	2017-18	2018-19	2019-20
Desflurane - liquid	804	592	473	78.1
Isoflurane - liquid	9.16	8.39	5.34	1.53
Sevoflurane (tCO <sub>2</sub> e)	54	58.2	54	51.2
Nitrous oxide	267	241	250	302
Portable Nitrous Oxide (tCO <sub>2</sub> e)	3,024	2,802	2,944	2,718
Portable Nitrous Oxide (maternity) (tCO <sub>2</sub> e)	0	0	0	0
<b>Total</b>	<b>4,158</b>	<b>3,701</b>	<b>3,725</b>	<b>3,151</b>

### 7.5.4 Water consumption

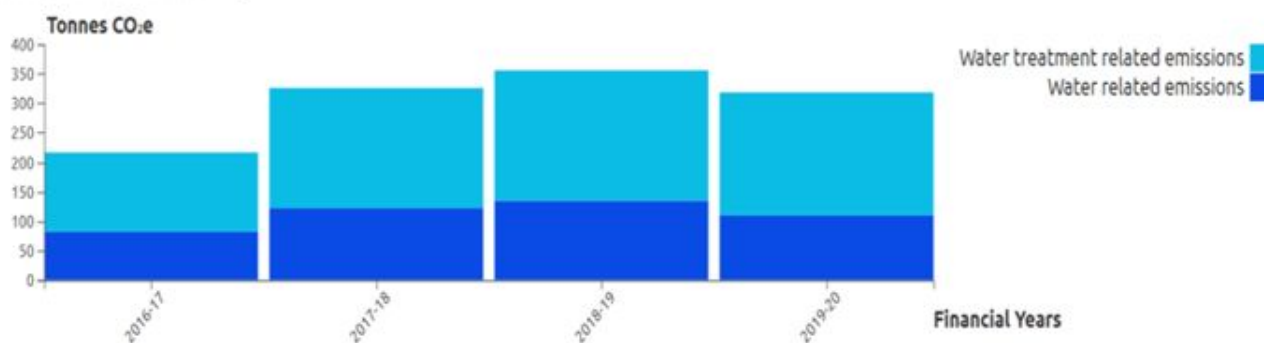
During 2019-20 our water use has decreased. Some of this reduction will be due to having had no major water leaks (e.g. burst pipes) over the past year. Work has also taken place to identify continually flushing toilets within our main building Brunel which is believed to have successfully reduced consumption.



#### Finite resource use - Water

	2016-17	2017-18	2018-19	2019-20
Water volume (m <sup>3</sup> )	237,418	357,389	389,225	316,732 ↓
Waste water volume (m <sup>3</sup> )	189,934	285,911	311,380	294,135 ↓
Water and sewage cost (£)	493,081	665,091	751,408	681,179

Carbon emissions resulting



### 7.5.5 Fuel Consumption

Data for 2019-20 shows a decrease in grey fleet mileage (staff using their own vehicles for business use). Efforts have been made over the last year to encourage greater use of public transport, our pool cars or the Trust’s pool bicycles to reach business destinations. Bicycle mileage has increased by 793 miles in the last year. Mileage undertaken by Trust fleet vehicles has also decreased however the overall ‘business travel and fleet’ miles have increased due to a significant increase in business miles undertaken by rail and air. This is likely due to a lift on travel restrictions following the Trust no longer being in special financial measures.



We have also seen decreases in staff commuting mileage and those undertaken by patients and visitors. We discovered an error in calculating the mileage associated with staff commuting in previous years and have been able to rectify this for last years’ data but not earlier years, which explains the sudden increase in mileage between 2017-18 and 2018-19.

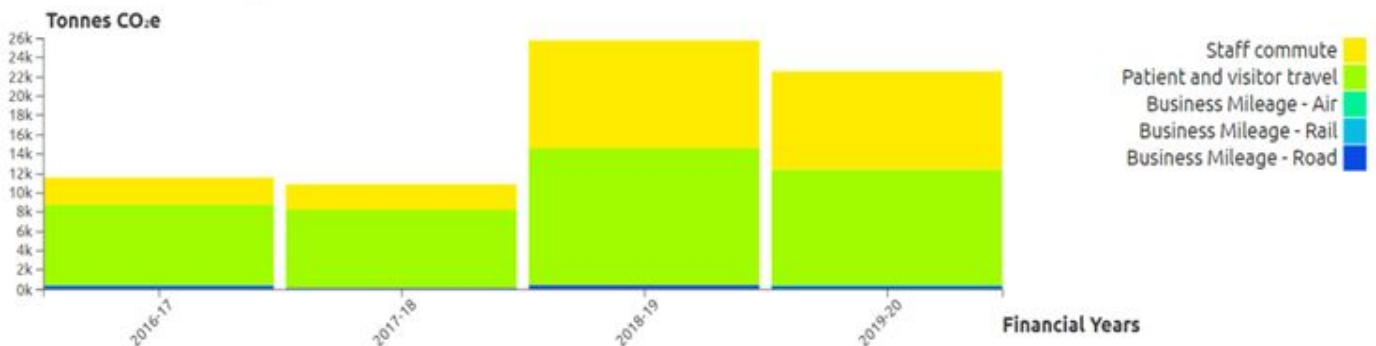
#### Travel undertaken

All travel is shown in miles.

	2016-17	2017-18	2018-19	2019-20
Patient and visitor travel	22,926,176	22,570,481	38,615,782	34,562,091
Business travel and fleet	1,253,299	490,140	1,208,090	1,396,767
Staff commute	7,589,017	7,557,304	30,054,300	29,267,018
Total	31,768,492	30,617,925	69,878,172	65,225,876

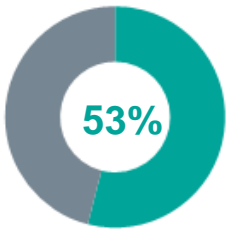


#### Carbon emissions resulting



### 7.5.6. Paper Consumption

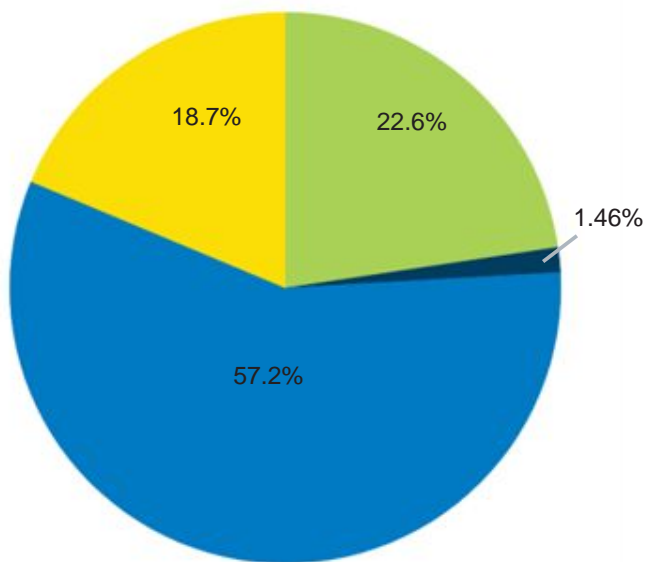
Following the further roll-out of digital solutions the Trust’s spend on paper reduced by £27k in 2019-20.



## 7.6 Carbon and Greenhouse Gases

The Trust is committed to reducing our carbon emissions.

During 2019, NBT declared a Climate Emergency with University Hospitals Bristol NHS Foundation Trust and signed up to the Bristol One City goal to be zero carbon by 2030.



### OBJECTIVE 6

**We will manage our carbon emissions in line with the NHS Long Term Plan**

#### We have

- Declared a Climate Emergency and signed up to be carbon net zero by 2030 across all 3 scopes.
- Written to all our suppliers to ask for their support in our journey to carbon net zero.

#### We will

- Commission the production of a plan to identify the route we need to take to reach our 2030 goal, the priorities, opportunities and risks.
- Appoint an Energy and Carbon manager to address emissions from this significant area.

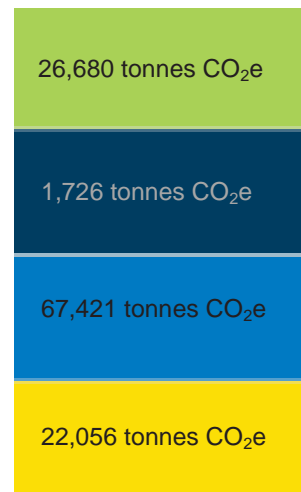
### NBT Total Carbon Footprint 2019-20

**Core emissions:** Scope 1, 2, 3 and emissions from energy, waste, water, business travel and transport and anaesthetic gases

**Commissioning:** Scope 3 emissions

**Supply chain:** All scope 3 emissions (goods, services and buildings procured)

**Community:** All emissions (Scope 1, 2, 3 from staff commute, patient and visitor travel).





**Carbon emissions progress**

Goal: Carbon Net Zero by 2030



Our scope 1 emissions have reduced in the past year thanks to reduced gas and oil consumption. A reduction in anaesthetic gas use has also been a strong contributor to this decrease in emissions, contributing a 589 tonne CO<sub>2</sub>e reduction.

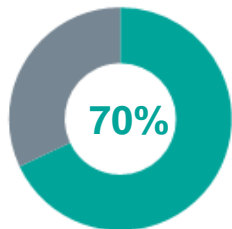
Our scope 2 emissions have also reduced, primarily due to the decarbonisation of the grid which means that each unit of electricity we consume has less inherent carbon associated with it (through increased efficiencies and generation via renewable sources). So even though our consumption has increased, this has been offset by a more sustainable national energy generation picture.

The Trust's scope 3 emissions have also reduced in 2019-20. This is due to a reduction in emissions across multiple areas including: patient, visitor and staff travel, capital spend, water and electricity, waste and manufactured goods.

Trends in emissions across all these areas can be seen in the adjacent table.

Carbon emissions (tonnes CO <sub>2</sub> e)	2016-17	2017-18	2018-19	2019-20
Patient & visitor travel	8,286	8,042	14,238	11,943
Staff commute	2,743	2,693	11,081	10,113
Business services	7,653	8,100	7,895	8,011
Capital spending	6,325	4,946	5,640	2,954
Construction	229	244	193	216
Food and catering	157	175	201	204
Freight transport	418	268	17.6	19
Information & communication technologies	1,064	1,304	1,419	1,447
Manufactured fuels, chemicals & gases	12,989	12,856	15,329	15,945
Medical instruments / equipment	14,221	14,727	17,911	18,801
Other manufactured goods	15,532	16,452	15,094	13,695
Paper products	2,579	46.6	50.8	34.5
Pharmaceuticals	6,340	6,152	5,954	6,095
Coal	0	0	0	0
Electricity (net of any exports)	20,067	17,515	14,162	12,911
Gas	8,802	9,914	9,511	9,447
Oil	172	292	244	186
Thermal energy (net of any exports)	0	0	0	0
Leased Assets Energy Use (Upstream - Gas, Coal & Electricity)	0	0	0	0
Business travel & fleet	435	158	595	602
Anaesthetic Gases	4,158	3,701	3,725	3,151
Waste & Water	724	461	485	382
Commissioning	0	2,030	1,853	1,726
<b>Total</b>	<b>112,893</b>	<b>110,076</b>	<b>125,598</b>	<b>117,883</b>





## 7.7 Travel and Logistics

The Trust is committed to reducing the impacts of our travel and transport.

Active travel plays a significant part in both reducing traffic on the roads whilst also promoting health and wellbeing through exercise and improving local air quality.

The Trust runs the TravelSmart scheme aimed at encouraging staff, patients and visitors to travel sustainably where they can. TravelSmart promotes cycling, walking, running, public transport and lift-sharing as alternative ways to travel to work and ensure facilities are fit for these choices to be made.

During 2019-2020, the Trust raised the cap on the Cyclescheme to allow the purchase of e-bikes, introduced Motorcycle and Bike Buddy schemes to pair new and experienced riders together, signed the Lifecycle Women Cycling in Bristol Charter and contributed to the Sustrans Bike Life Report 2019 report.

At the TravelWest Sustainable Business Awards 2019, the Trust was highly commended in both the Long Term Commitment and Innovative Measure categories alongside being awarded Gold Accreditation for the Travel Plan 2019-2023.



### OBJECTIVE 7

**We will reduce the impacts from our travel and transport services**

- We have**
- Received Gold Accreditation for our Travel Plan
  - Offered 98 staff free bike safety checks
  - Loaned 71 bicycles to staff
  - Commenced a scoping study for fleet and business rationalisation
  - Responded to local transport consultations to ensure the journeys of our staff and patients are considered.
  - Hosted two bike register events
- We will**
- Continue to implement our travel plan action plan
  - Assess progress using the national Sustainable Development Unit's HOTT Tool
  - Commit to embedding the Clean Air Hospital Framework to reduce air pollution from our services
  - Present a Fleet and Business Travel Report suggesting actions for consideration and implementation

**Travel Smart Case Studies**



**Car share competition**

To encourage registrations to our care share matching website, a monthly prize draw was organised in which staff could be in with the chance of winning an Argos voucher if they signed up to the NBT Liftshare website.

Throughout the six months of running the competition, the number of members signing up increased by an average of 120% each month.



**Motorbike and Bike Buddy Scheme**

In 2019, we launched two 'Buddy Schemes'; one for staff who ride motorbikes and one for those cycling to work. The purpose of the schemes is to match new riders, with experienced staff travelling to work from a similar area.

The schemes allow those who don't feel confident with their route to work, to gather first-hand information and advice from a member of staff who undertakes the route regularly.

Over 50 staff members have volunteered to be a Motorbike or Bike Buddy.



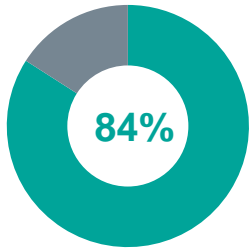
**Discount on Day Tickets**

In February, the Trust partnered with First Bus West of England to trial a new discount for bus tickets.

The trial was successful and staff can now receive 10% discount on packs of 10 Day mTickets alongside the original 10% discount on Monthly mTickets.

This is a great opportunity for making public transport viable and more attractive for part-time staff members.





## 7.8 Green Space and Biodiversity

The Trust is committed to protecting and enhancing the natural environment, including the prevention of pollution.

The Trust recognises the value of the natural environment which plays a key role in our health, improving patient recovery rates and patient experience. As a result, the inclusion of green infrastructure across the hospital estate is vital as a resource going forward. These green spaces also provide an important habitat for wildlife which contributes to Bristol’s wider biodiversity network.

Managing our green spaces effectively can lead to improved biodiversity, improved air quality, noise reduction, provide essential shading during times of extreme heat and also reduce local surface water flooding.

During 2019/2020, we finalised our Biodiversity Management Plan and Action Plan which gives us direction for protecting and enhancing the green spaces on site. In July, we opened Lime Tree Park which later in the year was planted with trees as part of a city-wide 1000 Trees campaign.



### OBJECTIVE 8

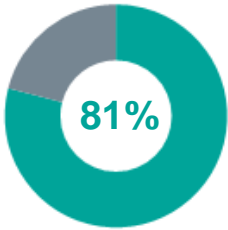
**We will protect and enhance the environment and prevent pollution**

#### We have

- We finalised the Biodiversity Management Plan which was approved by Trust Board.
- Officially opened Lime Tree Park
- Installed bird boxes created by students at SGS college using wood donated by Robins Timber
- Ran a fruit pressing event in partnership with the National Trust; using site-grown and donated apples and pears
- Installed a Bee Hotel by the staff and patient allotment
- Planted 28 trees and 70m of native hedging in partnership with Plastic Pollution Awareness & Actions Projects, One Tree Per Child and the Woodland Trust.
- Declared an Ecological Emergency

#### We will

- Implement actions in our Biodiversity Management Action Plan
- Undertake an ecological survey across the whole Southmead Site
- Plant drought tolerant plants with an additional interpretation panel to educate the public on the impacts of a warmer climate.

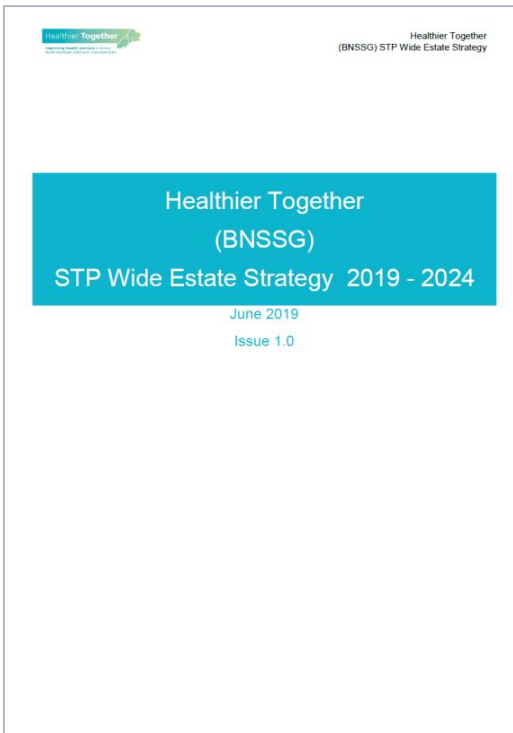


## 7.9 Capital Projects

The Trust is committed to reducing the environmental impacts from our buildings, critical infrastructure and equipment essential for the smooth running of the hospital.

The Trust's Capital Programme ensures the delivery of services and enables resources to be managed more effectively through critical infrastructure and material improvement works across our Estates.

The programme ranges from major demolition and construction works through to refurbishment projects as well as energy efficiency projects and the purchase of critical medical equipment.



### OBJECTIVE 9

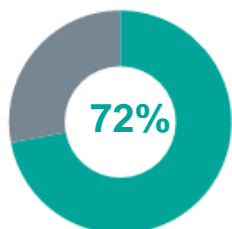
**We will embed sustainable design and construction within our capital projects**

#### We have

- Included sustainable development requirements in all capital project tenders for construction works
- Continued to require Sustainability Impact assessments for all projects over £100K
- Together with others across the region our sustainability team have written the sustainability chapter and prepared sustainable development objectives for the STP Estates Strategy

#### We will

- Include sustainable development in all new tenancy leases
- Continue to require that the sustainability impacts of our capital projects are assessed and mitigated



## 7.10 Asset Management and Utilities

The Trust is committed to reducing the sustainability impacts from our operational assets and buildings.

The Trust's Critical Retained Infrastructure Scheme Programme (CRISP) oversees the replacement of these assets and equipment. Once installed, these assets are maintained through the Planned Preventive Maintenance schedule (PPM). This is a cyclic schedule used to manage maintenance activity with the objective of maintaining safety, efficiency and keeping loss of service through break-downs or emergency maintenance activity to a minimum.

The Planned Preventive Maintenance schedule should be able to focus on maintaining new energy efficient equipment, rather than trying to maintain ageing assets which are no longer sustainable to run and at higher risk of failure.

### OBJECTIVE 10

**We will manage our operational assets and critical infrastructure to promote longevity and efficiency of use**

#### We have

- Delivered 94% of the Planned Preventive Maintenance (PPM) works within the Retained Estate and PFI
- Ensured the PFI Building is maintained to the NHS Estates Code B Condition
- Ensured the replacement of equipment in the PFI considers whole lifecycle costs

#### We will

- Develop a clear policy and process for our Estates Strategy that demonstrates our commitment to sustainability.
- Undertake a contractor compliance review, ensuring all our contractors are vetted against environmental compliance as part of the tender process.
- Appoint an Energy and Carbon manager to address emissions from energy use and buildings.
- Investigate the BMS and determine opportunities for savings through improved control.
- Produce a zero carbon plan for each building
- Run pilot projects upgrading gas boilers to electric heat pumps
- Continue roll out of LED
- Investigate opportunities for PV
- Carry out an infrastructure review to determine requirements for electrical service upgrade

## 8. Finance

This table below highlights some of the costs relating to key areas of resource use during 2019-20 and the trend over recent years. We have seen an increase in energy and waste spend but a reduction in water and business mileage costs.

Our internal re-use scheme Warp-It has also delivered the highest annual amount of savings to date through the repair and internal re-distribution of unwanted equipment and furniture.

Financial Data (Spend)	2016/17	2017/18	2018/19	2019/20
Total Energy Cost	£5,472,343	£6,192,969	£7,201,048	£7,839,267
Water & Sewage Cost	£493,081	£665,091	£751,408	£681,179
Waste Cost	£746,916	£735,185	£758,181	£808,343
Business Mileage - Grey Fleet	£298,337	£239,417	£242,576	£188,764
Internal re-use of equipment	£39,892	£43,539	£43,000	£57,831

9

### 8.1 Charitable Funds

To further support innovative sustainable healthcare projects, Southmead Hospital Charity's Sustainable Healthcare fund delivers a range of sustainability and health and wellbeing projects for the benefit of patients, visitors and staff.

The fund aims to promote social cohesion and personal resilience through the prevention of avoidable illness through access to green space.

This year we have used the fund to finalise the staff and patient allotment. We have raised funds through lavender bag and cake sales and through external donations.



## 9. Reporting

North Bristol NHS Trust has an obligation to report progress on sustainable development in line with national reporting requirements.

The NHS Standard Contract requires the Trust to take all reasonable steps to minimise adverse impacts on the environment. The contract specifies that North Bristol NHS Trust must demonstrate progress on climate change adaptation, mitigation and sustainable development and must provide a summary of that progress in the annual report.

In addition to the Standard Contract requirements, NHS Trusts have an obligation to complete the HM Treasury sustainability reporting template on behalf of NHS England and Public Health England.

The Department of Health requires Trusts to report ERIC (Estates Return Information Collection) data. ERIC data comprises essential statistics on waste, energy and water from Estates and Facilities.

The national Sustainability Strategy also requires Trusts to report on progress against sustainable development in a Trust Board approved SDMP. Progress against the SDMP is reported to the Steering Group quarterly and Trust Board 6 monthly, before final approval and publication in September each year. North Bristol NHS Trust's annual SDMP report is available on the Trust website:

[www.nbt.nhu.uk/sustainablehealthcare](http://www.nbt.nhu.uk/sustainablehealthcare)

## 10. Risks and Opportunities

Risks and opportunities related to sustainable development are managed by the Sustainable Health and Capital Planning service through the Environmental Management System within the Directorate of Estates, Facilities and Capital Planning.

Significant risks and opportunities associated with compliance obligations, objectives, targets and project delivery are reported directly to the Director of Estates Facilities and Capital Planning and FM Board through the management review process.

These risks and opportunities are also communicated to the Sustainable Development Steering Group and to Trust Board twice a year. Significant sustainability risks are recorded on the Trust's risk register and managed accordingly.



## 11. Sustainable Development Indicators

Theme	Indicator	Metric	2015/16	2016/17	2017/18	2018/19	2019/20	Trend
<b>Carbon Emissions</b>	Scope 1 (gas, oil, fleet, anaesthetic gases)	(tCO <sub>2</sub> e)	13,820	13,132	13,907	13,724	12,844	
	Scope 2 (electricity)	(tCO <sub>2</sub> e)	21,236	20,067	17,515	14,162	12,911	
	Scope 3 (procurement, waste, staff/public travel etc.)	(tCO <sub>2</sub> e)	70,665	79,694	81,207	100,277	92,187	
	Total Carbon Emissions	(tCO <sub>2</sub> e)	105,721	112,893	112,628	128,163	117,942	
<b>Energy</b>	Electricity Consumed - Utility	kWh	36,937,547	38,828,428	39,295,816	40,147,116	40,860,494	
	Gas Consumed - Utility	kWh	42,548,780	42,115,642	46,759,825	45,390,730	45,472,381	
	Oil Consumed - Utility	kWh	865,098	543,381	892,324	765,375	583,708	
<b>Onsite Renewable Energy Generation</b>	Solar	kWh	23,813	39,717	36,057	44,396	33,133	
<b>Water</b>	Water Volume	m <sup>3</sup>	261,961	241,944	351,561	389,225	316,732	
<b>Waste</b>	Internal re-use of equipment	£	-	39,892	43,539	43,000	57,831	
	Other Recovery	tonnes	196	227	1,972	1,779	1,585	
	Autoclave	tonnes	710	725	700	662	586	
	Landfill (Offensive waste)	tonnes	1,231	1,487	191	204	0	
	Total Recycling	tonnes	1,561	1,266	518	386	883	
<b>Travel</b>	Business Mileage - Grey Fleet	miles	1,072,470	532,744	409,137	461,973	348,182	
	NBT Fleet	miles				540,792	508,437	
	NBT electric/hybrid vehicles	miles	-	14,473	18,094	16,163	22,545	
	Staff choosing sustainable travel modes	%	55	56	63	57	60	
<b>Anaesthetic Gas</b>	Desflurane - anaesthetic liquid	litres	338	216	159	131	21	
	Isoflurane - anaesthetic liquid	litres	53	12	11	8	2	
	Sevoflurane - anaesthetic liquid	litres	214	273	294	279	259	
	Nitrous oxide - anaesthetic gas	litres	613,800	477,900	432,000	442,800	540,000	
	Nitrous oxide with oxygen 50/50 split	litres	10,629,500	10,877,700	10,078,200	10,588,800	9,777,300	

## Contact Us

### We welcome your views....

We are continually striving to improve sustainable development here at North Bristol NHS Trust and would welcome your views on how we can do this.

Please send any comments, ideas, suggestions or feedback you may have to:

Sustainable Development Unit  
Strategic Estate Development & Sustainable Health  
Princess Campbell Office  
North Bristol NHS Trust  
Southmead Hospital  
Bristol, BS10 5NB



@NBTSustHealth



0117 4148523



sustainabledevelopment@nbt.nhs.uk

### Find out more...

Visit our website below or Intranet page to find out more.



[www.nbt.nhs.uk/sustainablehealthcare](http://www.nbt.nhs.uk/sustainablehealthcare)

<b>Report To:</b>	Trust Board – Public Session		
<b>Date of Meeting:</b>	28 January 2021		
<b>Report Title:</b>	Emergency Preparedness Resilience and Response (EPRR) Annual Report 2019/20		
<b>Report Author &amp; Job Title</b>	Lisa Whitlow, Associate Director of Performance Judith French, Assistant Director of Operations Rosanna James, Deputy Chief Operating Officer		
<b>Executive/Non-executive Sponsor (presenting)</b>	Karen Brown, Acting Chief Operating Officer		
<b>Purpose:</b>	<b>Approval</b>	<b>Discussion</b>	<b>To Receive for Information</b>
			<b>X</b>
<b>Recommendation:</b>	The Trust Board is asked to note that the Trust is 'substantially compliant' with the NHS Core Standards for Emergency Preparedness Resilience and Response (EPRR).		
<b>Report History:</b>	Not applicable.		
<b>Next Steps:</b>	The Trust will be delivering its action plan to move from 'substantially compliant' to 'fully compliant'.		

<b>Executive Summary</b>	
<p>North Bristol NHS Trust is a "Category 1 Responder" under the Civil Contingencies Act (CCA) 2004 and has a responsibility to ensure local arrangements are in place should an emergency occur.</p> <p>The outcome of the 2019/20 Emergency Preparedness Resilience and Response (EPRR) Assurance process is "substantially compliant" with 1 partially compliant core standard with regards to the training and availability of Loggists.</p> <p>The Trust will be accessing the NHSE/I modular training for Loggists once this is available, moving the Trust to full compliance. In the meantime, 'on the job' training has been provided to Loggists supporting the Silver/Gold incident meetings as part of the COVID-19 Command and Control structure.</p>	
<b>Strategic Theme/Corporate Objective Links</b>	Not applicable.
<b>Board Assurance Framework/Trust Risk Register Links</b>	Not applicable.
<b>Other Standard Reference</b>	The Civil Contingencies Act (CCA) 2004 and the NHS Act 2006, as amended by the Health and Social Care Act 2012, underpin EPRR within health. Both Acts place EPRR duties on NHS England and

	<p>the NHS in England.</p> <p>Additionally, the NHS Standard Contract Service Conditions (SC30) requires providers of NHS funded services to comply with the EPRR Framework and other NHS England guidance.</p>
<b>Financial implications</b>	Not applicable.
<b>Other Resource Implications</b>	Not applicable.
<b>Legal Implications including Equality, Diversity and Inclusion Assessment</b>	Not applicable.
<b>Appendices:</b>	Appendix 1: Confirmation Letter from NHSE/I

## **1. Purpose**

- 1.1 To provide the Trust Board with the Trust's Emergency Preparedness Resilience and Response (EPRR) Annual Report for 2019/20 for assurance.

## **2. Background**

- 2.1 North Bristol NHS Trust is a "Category 1 Responder" under the Civil Contingencies Act (CCA) 2004 and has a responsibility to ensure local arrangements are in place should an emergency occur.
- 2.2 The NHS Core Standards for EPRR cover ten domains:
1. Governance
  2. Duty to risk assess
  3. Duty to maintain plans
  4. Command and control
  5. Training and exercising
  6. Response
  7. Warning and informing
  8. Cooperation
  9. Business continuity
  10. Chemical Biological Radiological Nuclear (CBRN) and Hazardous Material (HAZMAT).
- 2.3 The applicability of each domain and core standard is dependent on the organisation's function and statutory requirements.

## **3. Annual Assurance Process**

- 3.1 NHS Provider organisations are required to undertake an annual self-assessment covering 64 core standards as set out in the NHS Core Standards for Emergency Preparedness Resilience and Response (EPRR) Guidance and a series of deep dive questions which change on an annual basis.
- 3.2 The assurance process covers the previous year (2019/20) and recommendations are for the following year (2020/21).
- 3.3 Due to the need to respond to the COVID-19 pandemic, a national light touch approach has been agreed for 2020/21 and a response to deep dive questions has not been required.

## **4. 2019/20 Annual Report**

- 4.1 The Trust has completed the annual self-assessment and has confirmed full compliance with 63 of the 64 core standards and partially compliant with Domain 6: Response; Standard 33: trained Loggists availability, as no formal training has taken place. However, there has been 'on the job' training, with a full administrative rota supporting Silver/Gold incident meetings as part of the COVID-19 Command and Control structure.
- 4.2 Modular training for Loggists is under development within the NHSE/I Regional Team, which the Trust will be able to access, moving the Trust to full compliance.

- 4.3 With only 1 core standard assessed as partially compliant, and overall compliance rating of 98% the Trust remains 'substantially compliant'. This is a static position from last year's compliance rating.
- 4.4 NHSE/I has reviewed the Trust's self-assessment and has provided formal written confirmation of the 'substantially compliant' status to BNSSG CCG following the Confirm and Challenge Meeting with NHSE/I in November 2020 (see **Appendix 1**).

## **5. Recommendations**

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



Our Reference: 20201207-BNSSG

Lisa Manson, Director of Commissioning and EPRR AEO, BNSSG Clinical Commissioning Group

Leigh Clarke, Head of EPRR NHS England and NHS Improvement, South West

Email: leigh.clarke2@nhs.net

By email

07 December 2020

Dear Lisa and Janette,

**Reference: BNSSG System Emergency Preparedness, Resilience and Response (EPRR) confirm and challenge review meeting 26 November 2020.**

Thank you for the time and effort you have taken in preparing for this year’s light touch EPRR Core Standard Assurance process under what are really challenging times.

In August 2020 NHS England and NHS Improvement cascaded a letter outlining the Emergency Preparedness, Resilience and Response (EPRR) annual assurance process to be used this year. In response to the light touch assurance approach, BNSSG CCG submitted provider summaries and a system overview report on the 05 November 2020 covering the core areas requested.

This letter summarises our EPRR assurance confirm and challenge meeting held virtually on MS Teams on the 26 November 2020. In our meeting we reviewed and questioned you on your statement of assurance which focused on:

1. Progress made by organisations that were reported as partially or non-compliant in the 2019/20 assurance process
2. The process you have adopted to capture and embed learning from the first wave of COVID-19, and
3. Inclusion of progress and learning in winter planning preparations.

You outlined the method you had adopted to assess your own organisation and that of your system, summarising current levels of assurance as follows:

Organisation	2019	2020
BNSSG Clinical Commissioning Group	Full	Substantial
Avon and Wiltshire Partnership NHS Foundation Trust (AWP)	Partial	Substantial
North Bristol NHS Trust (NBT)	Substantial	Substantial



Organisation	2019	2020
University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)	Substantial	Substantial
Sevenside	Partial	Substantial
Sirona care and Health	Substantial	Substantial

Organisations providing services to BNSSG but assessed by a lead CCG on your behalf include;

Organisation	Assessed by	2019	2020
E-Zec	BSW CCG	Full	Full
SWAST	Dorset CCG	Full	Full
Care UK (111)	NHSEI National	Non-Compliant	TBC <sup>1</sup>

**Confirm and Challenge Outcome:**

Through the submission of your report and additional commentary provided during the confirm and challenge process, you were able to address the queries raised by NHSEI. We support your self-assessment assurance level and those of your system providers with no changes required.

**NHSEI observations and reflections:**

The BNSSG System under the leadership of BNSSG CCG has supported its partners in improving and sustaining high levels of assurance across its providers.

It is clear to see that system partners have worked collaboratively, learning from one another to maintain a flexible and adaptable posture in response to the demands of the COVID-19 as you head into winter and the end of the EU Transition period.

**Areas requiring further monitoring:**

North Bristol NHS Trust: EPRR Resource – A newly recruited EPRR manager had to withdraw their application leaving NBT without a full time EPRR Manager. Other internal resources have been identified to maintain the current COVID-19 response with mutual aid support being provided by BNSSG CCG. NHSEI SW would request that you continue to monitor this situation and escalate any concerns until a longer-term solution is found.

<sup>1</sup> Please note that the NHSEI National Team have not yet released their report on Care UKs assurance this year. As soon as it is available it will be emailed to you.





Listed within your submission was a series of short to medium term concerns associated with the non-delivery of some business-as-usual activities e.g., LHRP work programme, training programmes and LRF/LHRP community risk assessment. In line with a decision by the LHRP Executive Group on the 20 November 2020 to reduce activity, NHSEI SW would request that you monitor and escalate any concerns/issues through current response structures and/or the NHSEI SW EPRR Team as appropriate.

**Areas of concern:**

None identified.

**Next steps:**

The outcome of the confirm and challenge assurance process will be communicated to Local Health Resilience Partnership Executive members and submitted to the NHS England and Improvement National Team as part of the South West's EPRR Core Standards assurance process.

**Actions:**

1. NHSEI SW to support BNSSG CCGs request to re-categorise Mental Health and Community Providers as Category 1 responders under the Civil Contingencies Act 2004.
2. BNSSG CCG to work with NHSEI SW to support the use of modular training packages via NHS Futures and to discuss wider training support as appropriate.
3. BNSSG CCG to confirm in response to this letter whether you would like to challenge any elements of the confirm and challenge process.

Thank you again for your time and openness in undertaking the annual EPRR confirm and challenge process especially considering the current pressures and challenges faced by your system and the wider NHS.

Yours sincerely,

Mr Leigh Clarke, Head of EPRR, NHS England and NHS Improvement, South West

<b>Report To:</b>	Trust Board		
<b>Date of Meeting:</b>	28 January 2021		
<b>Report Title:</b>	Integrated Performance Report		
<b>Report Author &amp; Job Title</b>	Lisa Whitlow, Associate Director of Performance		
<b>Executive/Non-executive Sponsor (presenting)</b>	Executive Team		
<b>Purpose:</b>	<b>Approval</b>	<b>Discussion</b>	<b>To Receive for Information</b>
		<b>X</b>	
<b>Recommendation:</b>	The Trust Board is asked to note the contents of the Integrated Performance Report.		
<b>Report History:</b>	The report is a standing item to the Trust Board Meeting.		
<b>Next Steps:</b>	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.		

<b>Executive Summary</b>	
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.	
<b>Strategic Theme/Corporate Objective Links</b>	<ol style="list-style-type: none"> <li><b>1. Provider of high quality patient care</b> <ol style="list-style-type: none"> <li>a. Experts in complex urgent &amp; emergency care</li> <li>b. Work in partnership to deliver great local health services</li> <li>c. A Centre of Excellence for specialist healthcare</li> <li>d. A powerhouse for pathology &amp; imaging</li> </ol> </li> <li><b>2. Developing Healthcare for the future</b> <ol style="list-style-type: none"> <li>a. Training, educating and developing our workforce</li> <li>b. Increase our capability to deliver research</li> <li>c. Support development &amp; adoption of innovations</li> <li>d. Invest in digital technology</li> </ol> </li> <li><b>3. Employer of choice</b> <ol style="list-style-type: none"> <li>a. A great place to work that is diverse &amp; inclusive</li> <li>b. Empowered clinically led teams</li> <li>c. Support our staff to continuously develop</li> <li>d. Support staff health &amp; wellbeing</li> </ol> </li> </ol>

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

North Bristol NHS Trust

# INTEGRATED PERFORMANCE REPORT

January 2021 (presenting December 2020 data)



# CONTENTS

CQC Domain / Report Section	Sponsor / s	Page Number
<b>Performance Scorecard and Summaries</b>	Chief Operating Officer Medical Director and Deputy Chief Executive Director of Nursing Director of People and Transformation Director of Finance	3
<b>Responsiveness</b>	Chief Operating Officer	10
<b>Safety and Effectiveness</b>	Medical Director and Deputy Chief Executive Director of Nursing	24
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# North Bristol Integrated Performance Report

Domain	Description	National Standard	Current Month Trajectory (RAG)	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Tier	Benchmarking (increase except A&E&Genas per reporting month)		
				Performance	Rank	Quar tile														
Responsive	A&E 4 Hour - Type 1 Performance	95.0 0%	76.1 4%	74.6 4%	78.3 3%	72.4 3%	80.1 6%	96.0 0%	95.4 7%	94.7 4%	93.4 7%	86.9 0%	87.7 6%	82.0 7%	77.9 5%	87.1 7%	53/113			
	A&E 12 Hour Trolley Breaches	0	0	2	38	48	2	0	0	0	0	0	0	12	3	0-61	29/44			
	Ambulance Handover < 15 mins (%)	100 %	93.4 4%	92.6 5%	92.7 1%	91.0 6%	95.4 1%	94.7 2%	97.3 8%	98.5 0%	98.0 7%	98.0 1%	76.6 9%	68.0 6%	67.6 7%					
	Ambulance Handover < 30 mins (%)	100 %	99.2 4%	99.2 2%	98.7 2%	98.1 5%	99.3 7%	99.5 3%	99.5 6%	99.9 6%	99.7 6%	99.8 3%	96.0 4%	93.4 9%	93.7 5%					
	Ambulance Handover > 60 mins	0	0	0	2	2	1	0	0	0	0	0	4	33	26					
	Stranded Patients (>21 days) - month end			127	160	156	120	58	57	72	82	95	115	249	143	146				
	Bed Occupancy Rate		93.0 0%	96.9 6%	98.9 6%	98.8 7%	82.2 5%	50.8 4%	58.1 8%	77.1 1%	82.9 7%	87.5 1%	92.3 0%	94.1 9%	92.3 8%					
	Diagnostic 6 Week Wait Performance	1.00 %	22.4 8%	12.5 6%	11.0 0%	5.60 %	10.2 5%	61.2 4%	65.9 4%	46.5 6%	28.9 8%	32.3 6%	29.5 8%	27.4 7%	26.7 3%	27.5 2%	139/246			
	Diagnostic 13+ Week Breaches	0	0	147	258	113	114	402	229	316	188	197	199	169	142	148	121/219			
	Diagnostic Backlog Clearance Time (in weeks)			0.3	0.3	0.1	0.2	1.2	2.7	2.0	1.0	1.0	0.9	0.9	0.8	1.0				
	RTT Incomplete 18 Week Performance	92.0 0%	65.0 0%	82.4 3%	83.6 2%	82.9 5%	80.0 2%	71.8 2%	64.5 1%	58.2 0%	58.4 8%	63.9 5%	70.4 6%	74.0 0%	74.3 5%	73.1 8%	148/383		03	

# North Bristol Integrated Performance Report

Domain	Description	National Standard	Current Month Trajectory (RAG)	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Trend	
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term		0.90%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%	0.2%	0.2%	0.6%	0.7%	0.7%		
	Caesarean Section Rate		28.00%	33.9%	38.4%	34.0%	33.4%	31.5%	33.9%	36.7%	34.6%	39.0%	35.0%	36.4%	31.2%	41.9%		
	Still Birth rate		0.40%	0.7%	0.2%	0.0%	0.4%	0.2%	0.0%	0.0%	0.4%	0.4%	0.2%	0.4%	0.0%	0.2%	0.6%	
	Induction of Labour Rate		32.10%	40.2%	41.4%	41.4%	40.8%	40.6%	38.9%	34.9%	35.4%	38.6%	38.9%	36.6%	39.8%	37.6%		
	PPH 1000 ml rate		8.60%	12.2%	10.7%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%	10.7%	8.0%	10.4%	14.2%	8.9%		
	Never Event Occurance by month	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents			11	7	4	7	2	1	4	7	5	4	5	6	0		
	Total Incidents			1096	1150	1118	853	597	679	833	948	1028	1055	1199	1018	959		
	Total Incidents (Rate per 1000 Bed Days)			42	43	45	39	45	43	46	47	49	47	50	45	41		
	WHO		95%	98.98%	99.72%	99.30%	99.30%	99.50%	99.50%	99.60%	99.70%	99.70%	99.60%	99.60%	99.40%	100.00%		
	VTE		95%	95.80%	95.87%	94.96%	95.35%	93.45%	93.89%	94.52%	95.40%	94.58%	94.64%	94.66%	95.00%	93.57%		
	Pressure Injuries Grade 2			32	34	17	29	24	16	13	8	14	13	28	17	17		
	Pressure Injuries Grade 3		0	1	0	1	1	0	0	0	0	0	1	1	0	0		
	Pressure Injuries Grade 4		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Falls per 1,000 bed days			6.11	7.04	8.54	7.34	10.14	8.84	8.09	7.10	7.71	6.69	9.56	8.93	8.35		
	#NoF - Fragile Hip Best Practice Pass Rate			86.11%	68.18%	60.00%	70.91%	2.13%	10.20%	9.43%	47.46%	63.64%	54.17%	76.74%	75.61%	-		
	Admitted to Orthopaedic Ward within 4 Hours			69.44%	53.57%	54.72%	55.36%	85.11%	87.76%	83.02%	86.44%	66.67%	79.17%	67.44%	53.66%	-		
	Medically Fit to Have Surgery within 36 Hours			88.89%	66.07%	71.70%	83.93%	85.11%	67.35%	79.25%	74.58%	72.73%	68.75%	86.05%	80.49%	-		
	Assessed by Orthogeriatrician within 72 Hours			94.44%	92.86%	92.45%	100.00%	95.74%	97.96%	98.11%	98.31%	90.91%	87.50%	93.02%	95.12%	-		
	Stroke - Patients Admitted			82	79	72	97	71	72	79	84	63	83	86	79	45		
	Stroke - 90% Stay on Stroke Ward		90%	70.97%	81.54%	87.10%	86.67%	87.10%	81.50%	86.20%	80.00%	93.20%	88.00%	84.62%	79.66%	-		
	Stroke - Thrombolysed <1 Hour		60%	41.67%	62.50%	66.67%	66.67%	50.00%	Nil	85.70%	50.00%	60.00%	69.00%	72.73%	50.00%	-		
	Stroke - Directly Admitted to Stroke Unit <4 Hours		60%	59.68%	42.65%	54.84%	58.44%	74.19%	64.80%	88.10%	73.60%	63.30%	69.10%	61.73%	64.06%	-		
	Stroke - Seen by Stroke Consultant within 14 Hours		90%	73.53%	90.28%	80.60%	80.00%	79.41%	94.34%	94.00%	91.00%	89.00%	80.00%	86.00%	90.77%	-		
	MRSA		0	1	1	0	0	0	0	0	0	0	0	1	0	0		
	E. Coli		4	7	7	4	6	2	3	2	5	7	8	4	5	3		
	C. Difficile		5	3	5	4	4	1	4	3	6	6	6	8	8	13		
	MSSA		2	1	1	2	3	1	2	1	4	2	1	4	6	2		
Quality Caring & Experience	Friends & Family - IP - Proportion Very Good/Good			-	-	-	-	-	-	-	-	-	-	-	-	93.24%		
	Friends & Family - OP - Proportion Very Good/Good			-	-	-	-	-	-	-	-	-	-	-	-	95.60%		
	Friends & Family - ED - Proportion Very Good/Good			-	-	-	-	-	-	-	-	-	-	-	-	90.96%		
	PALS - Count of concerns			90	107	108	104	45	105	49	75	51	95	73	99	66		
	Complaints - % Overall Response Compliance		90%	81.00%	82.61%	88.57%	88.89%	88.46%	100.00%	98.30%	98.08%	97.06%	98.04%	94%	92.68%	94.64%		
Well Led	Complaints - Overdue			3	0	2	0	2	1	0	0	0	0	2	2	0		
	Complaints - Written complaints			36	57	51	26	24	27	40	59	53	46	48	39	23		
	Agency Expenditure ('000s)			868	1081	869	1112	613	386	364	555	822	687	874.7	900	1043		
	Month End Vacancy Factor			9.21%	8.80%	7.56%	6.76%	4.91%	4.93%	5.39%	6.05%	5.14%	3.82%	3.83%	3.38%	4.59%		
	Turnover (Rolling 12 Months)		13.70%	14.47%	14.08%	13.68%	13.25%	12.82%	12.53%	12.35%	13.10%	13.41%	13.25%	12.78%	12.74%	12.20%		
Sickness Absence (Rolling 12 month -In arrears)		4.20%	4.44%	4.45%	4.46%	4.46%	4.53%	4.56%	4.53%	4.46%	4.46%	4.44%	4.41%	4.44%	-			
Trust Mandatory Training Compliance			88.97%	87.99%	87.95%	87.95%	87.42%	87.23%	87.07%	85.24%	86.77%	86.26%	86.45%	86.07%	85.79%			

10.00am, (Public) Virtual via Microsoft Teams-28/01/21



# EXECUTIVE SUMMARY

## December 2020

### Urgent Care

The Trust did not achieve the four-hour performance trajectory of 76.14% with performance of 73.21% in December. The Trust conceded 52, 12-hour trolley breaches and 82 ambulance handover delays. The highest number of ambulance handover delays occurring in a single day (29) coincided with the Trust being in an escalation status of Internal Critical Incident. Performance continued to be challenged by COVID-19 admissions and levels of COVID-19 related staff absence with the Trust declaring a Level 3 COVID-19 response for the majority of the month. ED waiting times are expected to further deteriorate in January due to an increased COVID-19 community positivity rate and rising admissions.

### Elective Care and Diagnostics

The RTT waiting list remained static in December with a reduction in activity offset by reduced demand. There were 1418 patients waiting greater than 52 weeks for their treatment in December against a revised trajectory of 1981. The continued increase in breaches is due predominately to reduced elective activity as part of the ongoing COVID-19 response and the impact of the application of the Royal College of Surgeons Clinical Prioritisation guidance. Despite the ongoing increase in long waits, nationally, the Trust moved into the third quartile in November. The Trust has written to all undated patients awaiting surgery who have breached 18 weeks to better understand their future treatment wishes; this is part of a national clinical validation programme. To date the Trust has received 68.06% responses out of 3566 letters sent; comments from patients have been extremely positive and the letters have provided reassurance that they have not been forgotten. Diagnostic performance failed the recovery trajectory in December due to a demand and activity reduction over the festive period resulting in an adverse shift in the wait list. The deterioration remains in line with historic trends with the impact expected to be sufficiently diminished by February.

### Cancer wait time standards

Despite a 6.69% increase in activity, the TWW standard has deteriorated in November and has not achieved the national standard and revised recovery trajectory. Performance remains challenged by increased demand for Breast, surpassing pre-pandemic levels. The 31-Day standard has improved, achieving both the national target and internal recovery trajectory in November; positively impacted by significant backlog reduction in Skin. The Trust now ranks more favourably for the standard, moving from the lower to the second quartile. The 62-Day standard has also improved, but has not improved sufficiently to achieve the recovery trajectory for November. Despite not achieving trajectory, the Trust also benchmarks more favourably for this standard, moving from the third to second quartile and surpassing the national performance position for the first time since August 2019.

### Quality

The infection control effort and resources are focused on managing the COVID-19 pandemic and its impact on the Trust. The number of Hospital onset cases and continued at a greater level and a number of Staff groups have been affected. Lateral flow testing has been rolled out to all ward staff which provides for twice weekly home testing. The successful implementation of lateral flow testing for partners of women on post natal wards has meant the Trust has been able to reintroduce visiting for partners.

### Workforce

The Trust turnover has improved with December's position at 10.55% (excluding the impact of staff temporarily employed during the COVID-19 response); whilst the position continues to improve it will be closely monitored in the context of risk of deterioration as COVID-19 restrictions ease and the vaccination programme continues. The Trust vacancy factor increased to 4.59% as divisional winter pressure funding was reflected in December's budgets. Temporary staffing demand reduced in December in line with a reduction in COVID-19 related staff absence, it is anticipated that demand will grow in January in line with increasing community positivity rates.

### Finance

NHS/E suspended the usual operational planning process in March 2020 and financial framework due to COVID-19 response preparations with a revised financial framework applied until the end of September. The position for the end of September showed the Trust meeting this requirement and achieving a breakeven position. From 1 October a new financial framework has been implemented.



# RESPONSIVENESS

## SRO: Chief Operating Officer

### Overview

#### Urgent Care

The Trust reported a four-hour performance of 73.21% in December, not meeting the performance trajectory of 76.14%. There were 52, 12-hour trolley breaches, and Ambulance handover delays were reported in-month with 82 handovers exceeding one hour; the highest number reported in a day occurring whilst the Trust was in an escalation status of Internal Critical Incident. Despite the increasing number of ambulance handover delays, the Trust compares favourably with regional levels, highlighting the increasing pressures experienced within the region. In December, sustained acuity and demand for beds coupled with ongoing COVID-19 pressures and inflexibility of the bed base adversely impacted ED waiting times in-month. Stranded patient levels reduced further in December as anticipated, but began to increase towards the end of the month, impacting the worsening bed position. These levels have continued to rise into early January.

#### Planned Care

**Referral to Treatment (RTT) –** 18 week RTT performance reported a marginal deterioration in December, but continues to achieve the trajectory of 65.00%. The number of patients exceeding 52 week waits in December was 1418 against a revised trajectory of 1981; the majority of breaches (848; 59.80%) being in Trauma and Orthopaedics. Reduced elective activity as a result of the ongoing COVID-19 response and the application of the Royal College of Surgeons Clinical Prioritisation guidance, leading to some of the longest waiting patients having further extended waits, has been a significant factor in the deterioration in the 52 week wait position and the 18 week RTT performance. In addition, the Trust is still experiencing some patients choosing to defer their treatment due to concerns with regards to COVID-19 or wishing to wait until they have received the COVID-19 vaccine. The Trust has written to all undated patients awaiting surgery who have breached 18 weeks to better understand their future treatment wishes; this is part of a national clinical validation programme. To date the Trust has received 68.06% responses out of 3566 letters sent; comments from patients have been extremely positive and the letters have provided reassurance that they have not been forgotten.

**Diagnostic Waiting Times –** Diagnostic performance deteriorated to 32.37% in December, failing to achieve the revised trajectory of 22.48%. Trust performance has been negatively impacted by a demand and activity reduction over the festive period; resulting in an adverse shift in the wait list. Non-Obstetric Ultrasound, Computed Tomography (CT) and Colonoscopy reports the largest contribution to the decline in performance. Nationally, Trust positioning remained unmoved for both 6 Week and 13 Week performance in November.

#### Cancer

The Trust failed five of the seven Cancer Wait Times (CWT) standards in November and achieved the revised recovery trajectory for the three of the standards. TWW Breast demand continues to impact the standard with October's demand increase negatively impacting the November position. Despite challenges in TWW performance, both 31-Day and 62-Day has improved and compares more favourably with the national position in November. The recovery of the 62 day trajectory remains challenging for January 2021; the third wave of COVID-19 has put this at risk.

#### Areas of Concern

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

- Lack of community capacity and/or pathway delays fail to support bed occupancy requirements as per the Trust's response to the COVID-19 pandemic.
- The ongoing impact of COVID-19 Infection Prevention and Control guidance and Clinical Prioritisation guidance on the Trust's capacity and productivity and therefore, ability to deliver national wait times standards.

## QUALITY PATIENT SAFETY AND EFFECTIVENESS SRO: Medical Director and Director of Nursing & Quality Overview

### Improvements

**Maternity PPH rates:** All aspects of reducing PPH project have been maintained. Although in 20/21 the rates of 1.5l PPH have fluctuated, comparing to previous years there has been an improvement.

**Maternity visiting** - Partner visiting on the postnatal wards has been reintroduced following the introduction of partner lateral flow testing.

**Maternity Perinatal Quality Surveillance board level reporting** – a new slide has been added to provide an overview of key measures, which provides assurance across a range of areas and explains actions to address concerns where identified.

**Pressure Injuries:** There has been a continued decrease in the number of medical device related pressure injuries.

**Medication Incidents:** 9.7% of all medication incidents reported from NBT have caused harm which is below the median for its peers (10.4%) and below the National median (10.8%). A lower number demonstrates safer medication practice.

**Mortality Reviews / Medical Examiner service** – the Trust continues to closely review deaths in hospital with a 90% completion rate. Of the cases reviewed in more detail (using the Structured Judgement review (SJR) approach) 95.7% assess care as between adequate and excellent. The Medical Examiner service, established across the BNSSG acute trust system is now fully recruited to and reviewing an increasing number of cases.

### Areas of Concern

**Infection control:** We have seen a continued increase in the number of Hospital onset cases, and a number of Staff groups have been affected. All events are the subject of Outbreak meetings with appropriate PHE input. Transmission within ward bay areas has been a common theme. We have also re-issued the most up to date guidance regarding eye protection. Lateral flow testing has been rolled out to all ward staff which provides for twice weekly home testing. C.difficile cases are reported above the expected trajectory. There is some suggestion that patients with COVID-19 may be more likely to be diagnosed with C.diff infection and this is being investigated.

**Pressure Injuries:** There was 1 unstageable pressure injury to the head validated in December (and subsequently in January assessed as a grade 4), which evolved from a deep tissue injury. Consequently the NIST project has been reinstated on to address themes and subsequent actions identified through the SWARM and 72 hour report.

# WELL LED

## SRO: Director of People and Transformation and Medical Director Overview

### Corporate Objective 4: Build effective teams empowered to lead

#### Vacancies

The Trust vacancy factor increased to 4.59% in December, a reported increase of 100 wte vacancies. This was driven by an increase in funded establishment of 75 wte and a net reduction of 25 wte staff in post. The increase in establishment predominantly relates to winter pressure funding for substantive posts across ASCR, NMSK and Facilities (Medicine and Women and Children's winter pressure funding assigned to anticipated increased bank and agency use). The reduction in staff in post was predominantly in band 5 and band 6 registered nursing and midwifery. A particularly hotspot ICU net loss of 8.5 wte. Currently ICU have a pipeline of 14 staff anticipated to start throughout between January and April with further engagements events are anticipated to attract additional starters in this period. There is a usual trend of an overall net loss of staff in December which has been the case for the last five years relating to reduced recruitment activity in December and seasonal trend in turnover.

#### Turnover

The Trust turnover is reported as 12.20% in December. Excluding the impact of staff leaving who were on temporary contracts during the COVID-19 response the Trust turnover is 10.55%, compared to 14.58% in December 2019. All staff groups saw a reduction in their annual turnover position in December, despite an overall net loss of staff in month. Turnover is being monitored in the context of the COVID-19 vaccination programme and national COVID-19 related restrictions to determine if these impact adversely on staff turnover.

#### Prioritise the wellbeing of our staff

The rolling 12 month sickness absence was 4.46% in November with limited movement across all staff groups compared with October's position (overall 4.41%). The year to date sickness absence position remains in line with the same period in 19/20, with this year seeing a smaller proportion of short term and greater proportion of long term sickness. Whilst not formally reported, COVID-19 contributes 1.21% to the overall in month sickness absence of 5.02% for November. In addition the other absence related to COVID-19 (self-isolation, test and trace contact, shielding/vulnerable, emergency leave) was 4.02%. In December these figures dropped to 1.02% and 2.55% respectively which is concordant with reduced levels of COVID-19 related staff absence following the 2<sup>nd</sup> national lockdown. It is anticipated that absence rates in January will increase in line with growth rate trends in the community.

#### Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand decreased in December compared with November (-5.4%) and a large contributor was the reduction in COVID-19 related staff absence in December. Temporary staffing requests for reasons 'Vacancy', 'Sickness' and 'COVID-19' all decreased. The Trust trend has been driven by nursing and midwifery teams, with known hotspots areas for nursing such as critical care and theatres seeing the same trend. Ward nursing teams also saw a reduction in bank fill but a slight increase in agency use which was associated with RMN use in both tier 1 and tier 4. Estates and ancillary staff did not follow this same trend in December with temporary staffing demand increasing by 10% due to COVID-19 related staff absence and additional winter pressures. Overall the amount of bank hours worked remained at the same level as November driving up the unfilled shift rate. The Facilities management team were able to redeploy staff to mitigate impacts on the service.

## FINANCE

### SRO: Director of Finance Overview

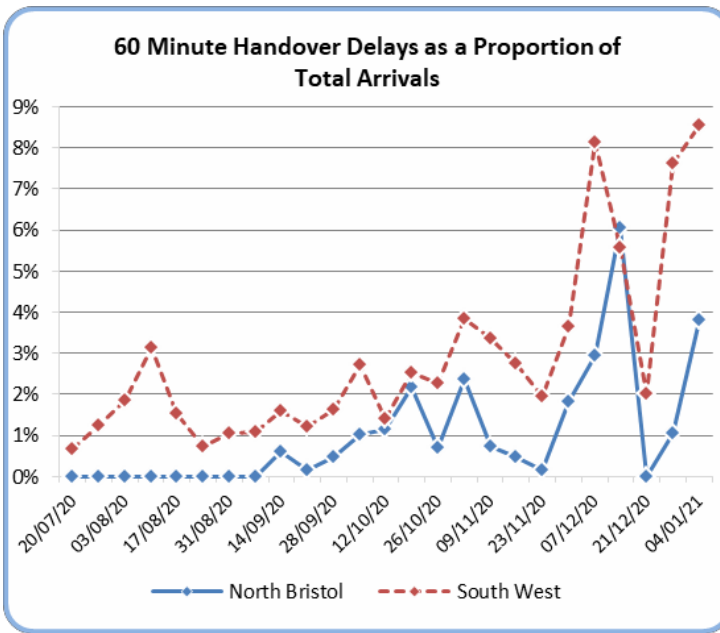
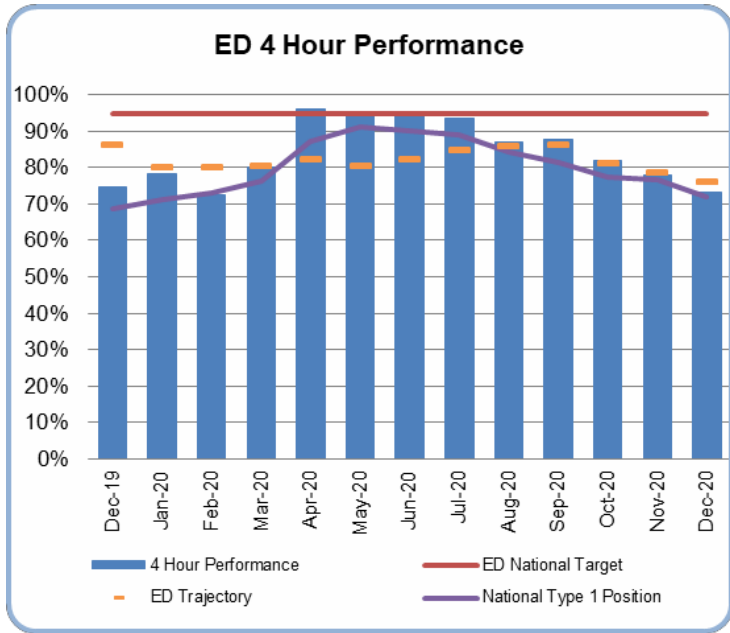
On 17 March 2020, the Trust received a letter from Simon Stevens and Amanda Pritchard which suspended the operational planning process for 2020/21 and gave details of an alternative financial framework initially for the first four months of the year that was then extended to cover the first half of the year. This first half year framework required the Trust to breakeven against an NHSI/E calculated income level and to recover any additional costs incurred in dealing with the COVID-19 pandemic; net of any savings from reduced or cancelled elective activity, in line with national guidance. The position for the end of September shows the Trust meeting this requirement and achieving a breakeven position (top ups due to the trust for April to August have been finalised and agreed while the £7.6m due for September is still to be audited and confirmed).

From 1 October a new financial framework has been implemented where Providers are funded under a block arrangement to cover historical contract income and allowed to bill for other income in line with previous years. Separately each System (either Sustainability and Transformation Partnership [STP] or Integrated Care System [ICS]) has received an allocation to cover the required top-up income, COVID-19 costs and growth that has been calculated as being needed to bring the System into an overall breakeven position.

Due to errors in calculating the levels of achievable Other income NBT and the System are currently forecasting deficit positions for the full year. This gap in funding is being discussed with Regional and National teams to identify the reasons for the gaps and identify potential routes to secure funding. In the event that the additional funding is not received the Trust is still forecasting maintaining a cash balance throughout the year that will enable it to operate effectively including the full delivery of its capital plan.

## Responsiveness

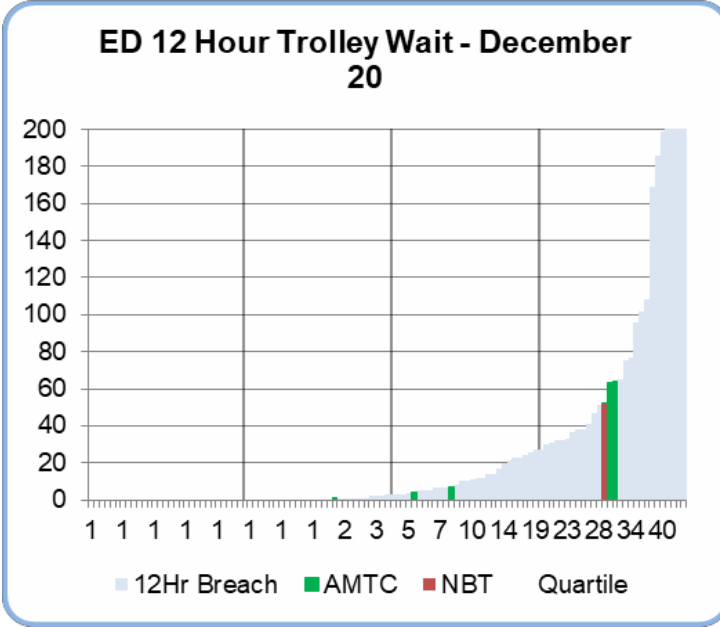
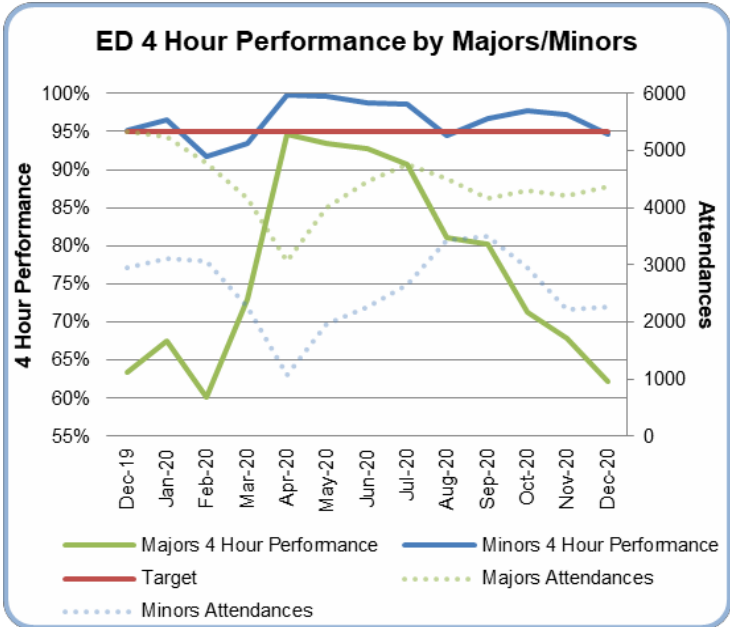
**Board Sponsor: Chief Operating Officer  
Karen Brown**



## Urgent Care

The Trust did not achieve the four-hour performance trajectory of 76.14% in December with performance of 73.21%. The Trust conceded 82 ambulance delays exceeding one hour in December and 52 12-hour trolley breaches.

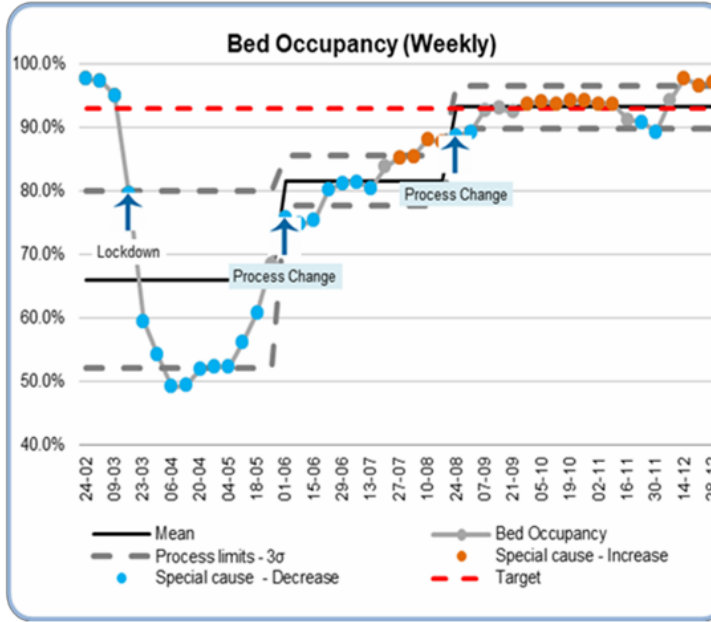
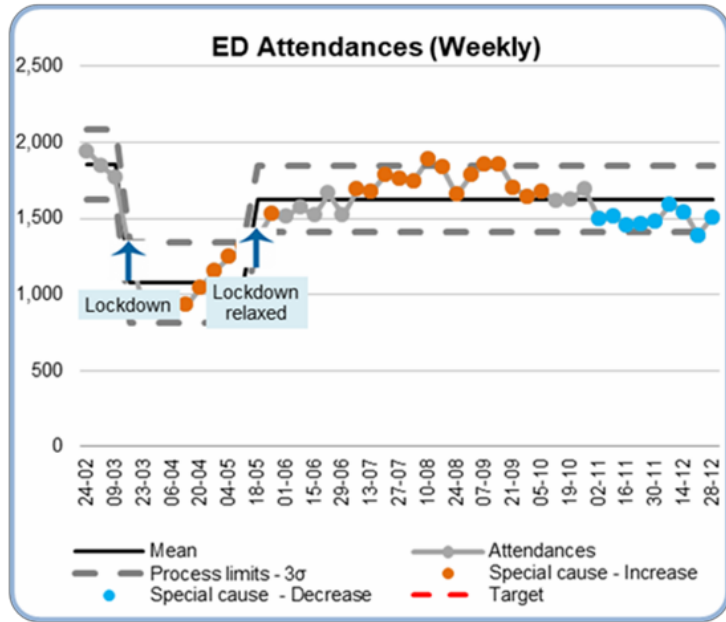
The highest number of ambulance handover delays occurring in a single day (29) coincided with the Trust being in an escalation status of Internal Critical Incident. Despite the increasing number of ambulance handover delays, the Trust compares favourably with regional levels, highlighting the increasing pressures experienced within the region.



Performance continued to be challenged by COVID-19 admissions and levels COVID-19 related staff absence with the Trust declaring a Level 3 COVID-19 response for the majority of the month. Staffing absence was further impacted by a reduction in temporary staffing availability whilst segregated care, ward closures and enhanced IPC measures continued to negatively impact flow.

Majors performance was most notably impacted (62.12%), whilst Minors performance was 94.69%

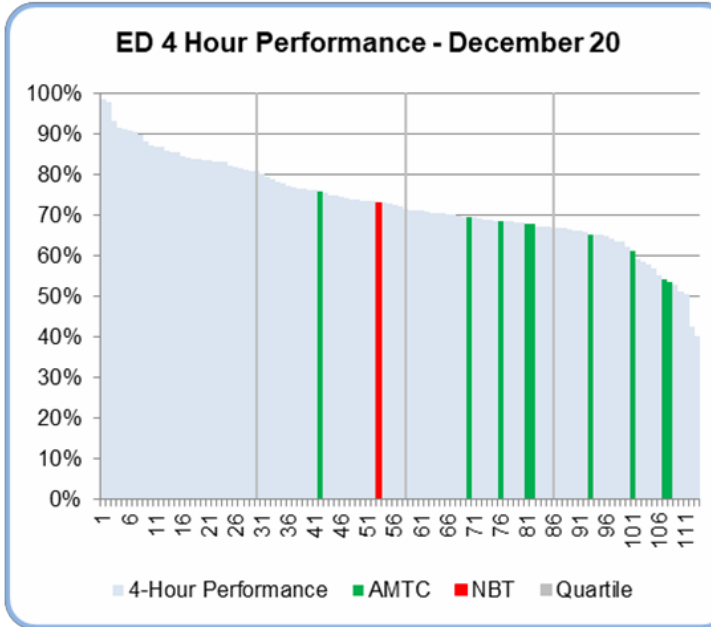
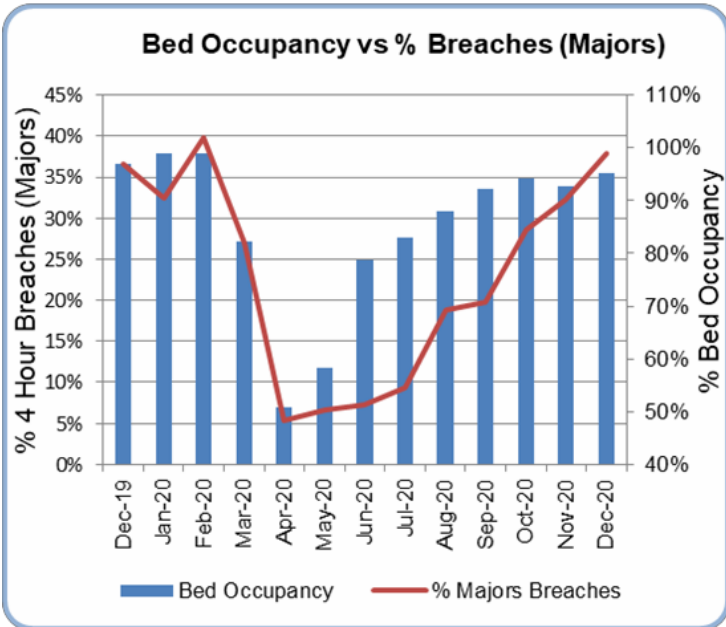




**4-Hour Performance**

Of the breaches in ED in December, 42.60% were a result of waiting for a medical bed and 20.09% of delays resulted from waits for assessment. Medicine bed capacity has been the predominant cause of breaches for the fourth consecutive month.

Despite a continued reduction in ED attendances, ambulance arrivals remained consistent with November 2020 levels, demonstrating sustained acuity and demand for beds. This continued demand coupled with increasing COVID-19 pressures and inflexibility of the bed base adversely impacted ED waiting times in-month.



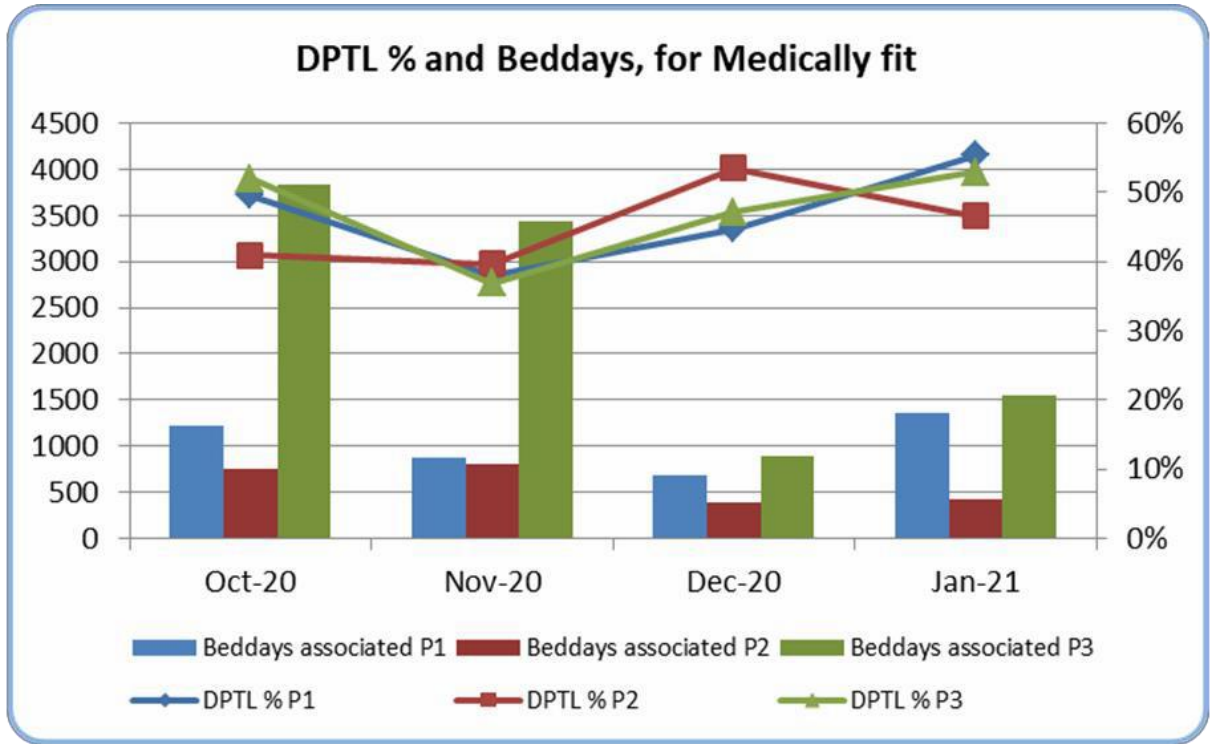
Bed occupancy varied between 87.99% and 102.66% in December against the core bed base; with bed pressures increasing throughout the month. Increased bed occupancy in the latter weeks was negatively impacted by COVID-19 related ward closures.

The Trust remains in the second quartile when compared nationally, and ranked second amongst AMTCs for ED performance in December. This position is unmoved from last month.

Performance is expected to further deteriorate in January as the Trust continues to respond to increasing COVID-19 admissions.

ED performance for the NBT Footprint stands at 78.03% and the total STP performance was 79.34% for December.

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



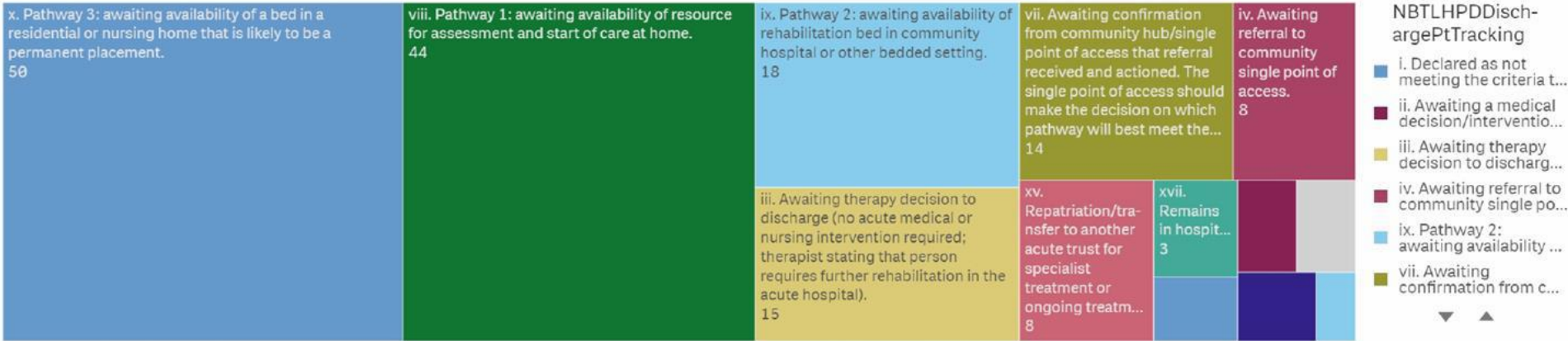
### Right to Reside Report

The Trust is required to report the levels of patients who do and do not meet the right to reside criteria on a daily basis, captured through an electronic iFORM.

As of midnight 18/01/21 (snapshot), 164 patients (22% of all patients) no longer meet the right to reside criteria. Issues preventing discharge remain the waits for P1/P3 pathways with extensive delays noted, particularly relating to the most complex individuals who may require large packages of care in their own home, or a care home that can manage multiple needs.

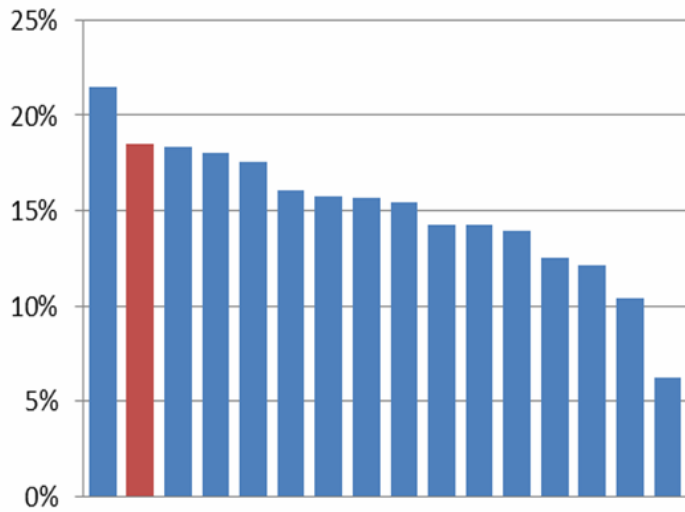
Of the numbers that do not meet the right to reside, 68% are waiting for discharge to assess capacity. The focus on reviewing internal reasons for delay in discharge has been effective with a decrease in levels of people waiting for therapy or medical review reported at 15%.

### DPTL Reasons

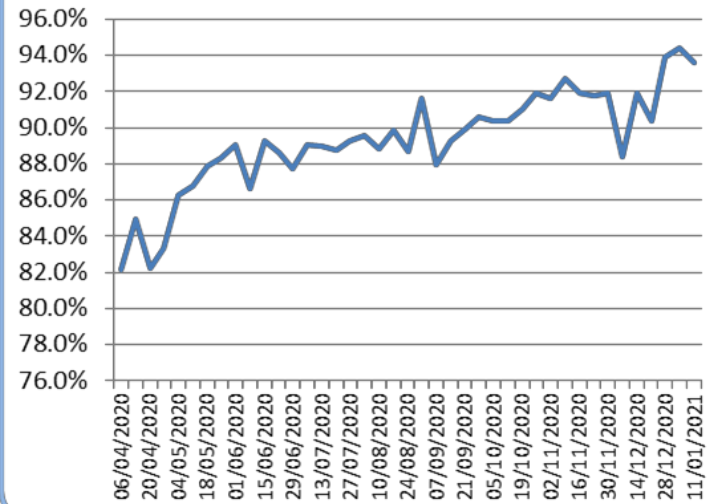




**SW 21+ LoS occupancy %**



**% Discharges P0 and P1 (EL & NEL, All Ages, All LoS)**



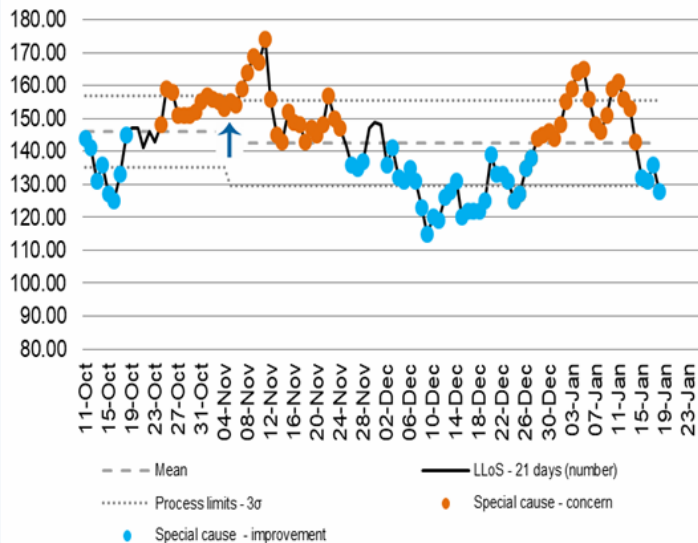
**Stranded Reporting**

Patients with a LoS over 21 days increased towards the end of December with increased levels being reported into January, coinciding with the Trust's third COVID-19 wave. This declining position is represented in the Trusts regional ranking for January; deteriorating to second in the South West. Local providers are also reporting within the upper quartile. Patients with a shorter LoS remain stable.

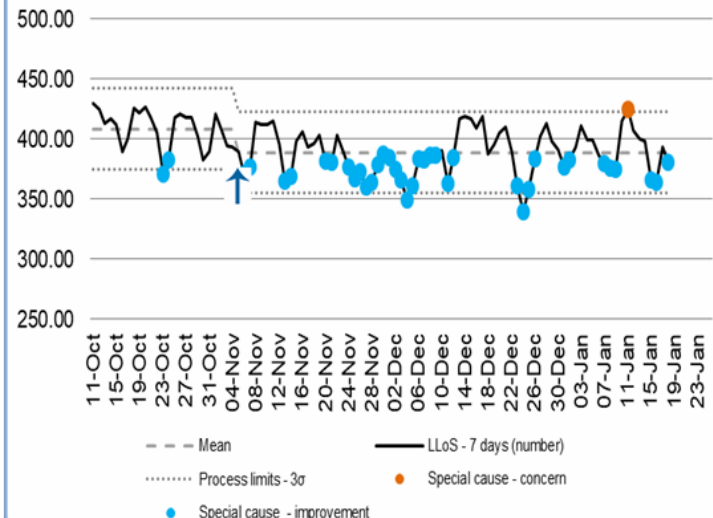
There has been an ongoing improvement in the levels of patients being discharged home on P1 or P0 pathways to just below 94%.

For those who are not requiring a referral to community healthcare (P0) the Red Cross are now providing follow up calls and we will be reviewing the data to highlight where there are areas for development.

**SPC chart for LoS - 21 days (number)**



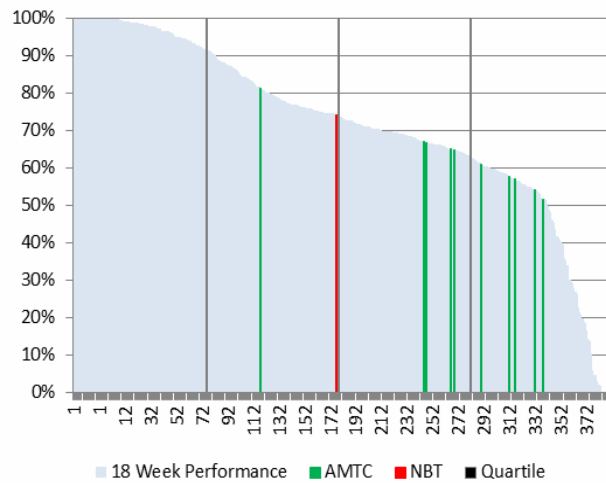
**SPC chart for LOS - 7 days (number)**



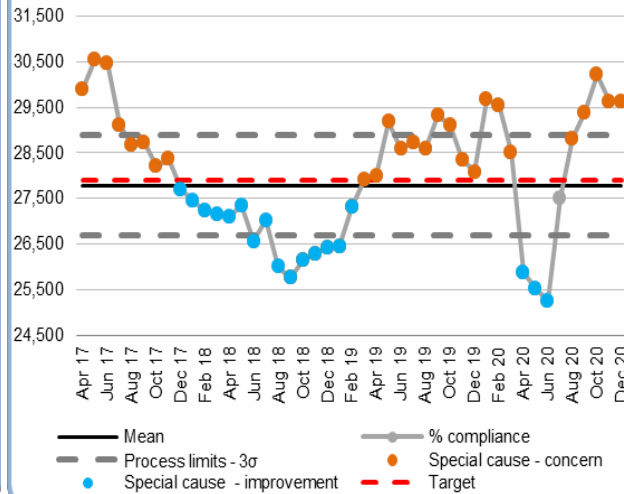
Data Source: South region NHSI UEC dashboard, we 12<sup>th</sup> Jan



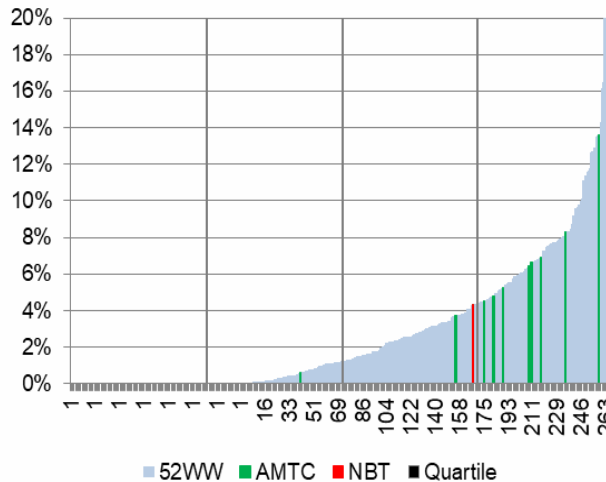
**RTT 18 Week Performance - Nov 2020**



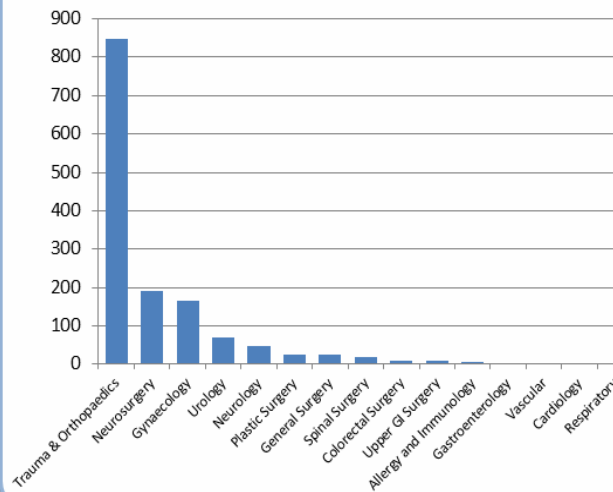
**RTT Wait List**



**RTT Proportion of 52WW - Nov 2020**



**52 Week Breaches by Specialty - December-20**



**Referral to Treatment (RTT)**

In December, the Trust reported a RTT performance of 73.18%, exceeding the trajectory of 65.00%. The waiting list remained static at 29611 in December, reporting under the new trajectory of 32718. Demand growth following the onset of the pandemic has been less than anticipated with elective activity delivering largely above plan, resulting in a lower waiting list than predicted.

Similarly to the Diagnostic wait list, 18 week performance has been impacted by a shift in the RTT wait list. Overall, admitted and non-admitted clock stops reduced in December but has been offset by reduced demand resulting in a static wait list.

At month end, there were 1418 patients waiting greater than 52 weeks for their treatment against a trajectory of 1981; the majority of breaches (848; 59.80%) being in Trauma and Orthopaedics. In December, the Trust has supported another Trust in the reduction of their long waiting patients by accepting a 52WW breach.

The continued increase in breaches is due predominately to reduced elective activity as part of the ongoing COVID-19 response and the impact of the application of the Royal College of Surgeons Clinical Prioritisation guidance. In addition, the Trust is still experiencing some patients choosing to defer their treatment due to concerns with regards to COVID-19.

Nationally the Trust's 18 week positioning deteriorated, but just remains within the second quartile. The positioning of the 52WW breaches as a proportion of the overall wait list has improved, moving the Trust from the fourth quartile in October to the third quartile in November.

**Cancer: Two Week Wait (TWW)**

The Trust failed to achieve the recovery trajectory and the national TWW standard with performance of 78.65% in November. The Trust received 732 Breast referrals in November which was an increase of 43 on the previous month. Capacity remains an issue in both breast and skin services.

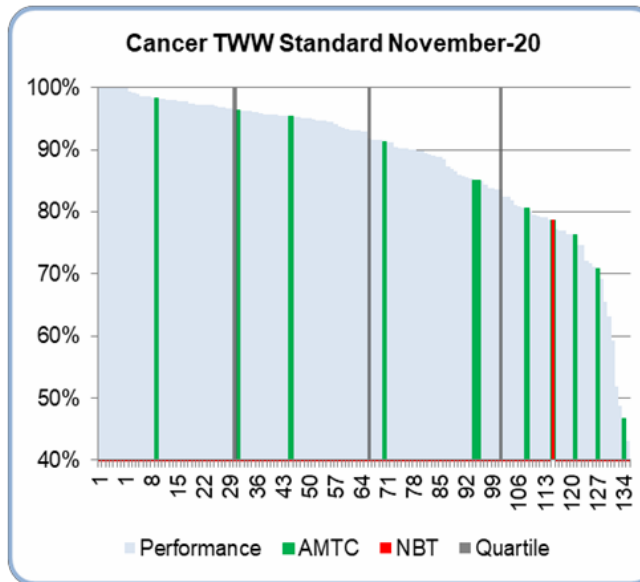
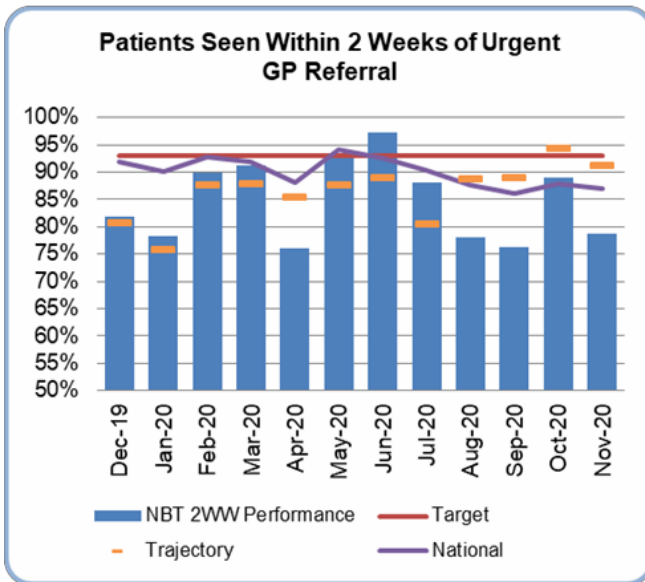
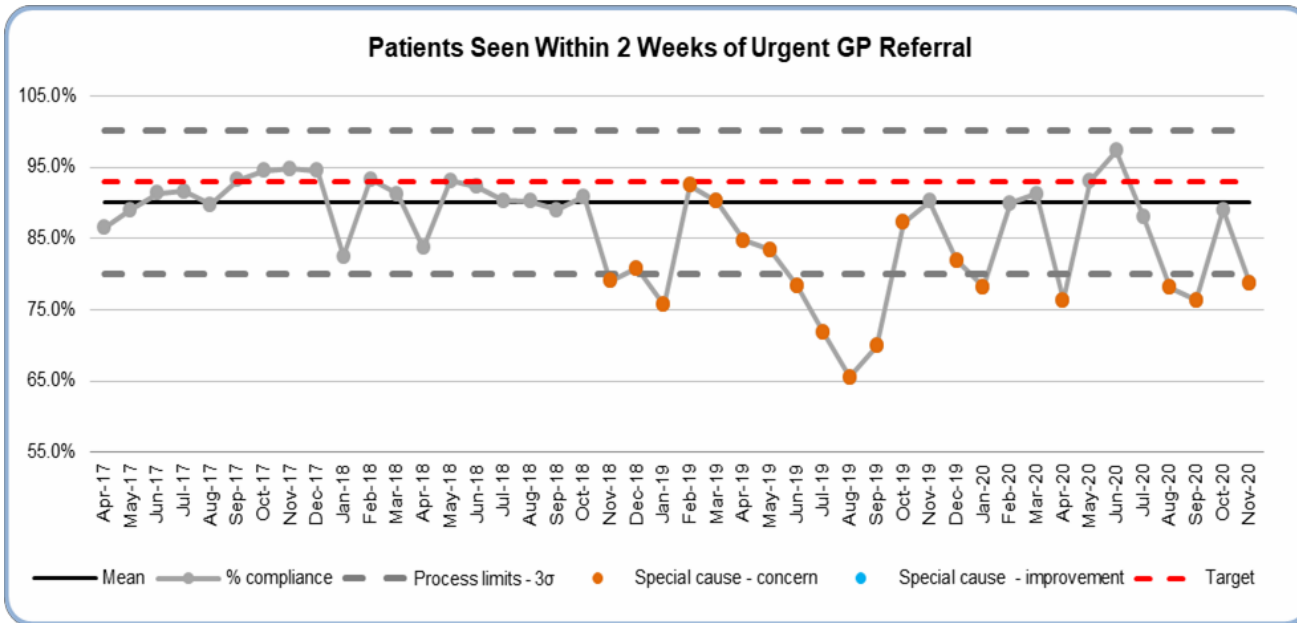
Out of the 2117 TWW patients seen in November 452 breached; 41 related to Colorectal, 41 in colorectal pathways, and 244 in Breast.

Colorectal services failed the standard for November; they had 41 breaches with a performance of 77.35%. Out of the 41 breaches, 34 were due to endoscopy delays and patient choice.

Urology saw 280 patients compared to 261 in October and they had 25 breaches. They failed to achieve a CWT position of 91.07% but achieved trajectory of 67.20%. 16 of the breaches were due to capacity and 9 due to patient choice.

The Breast service continues to see a higher volume of referrals compared to the same time last year. The increase of Breast breaches and volume of patients seen in November is due to a roll over of referrals waiting to be seen at the end of October, 64 of the 244 breaches were referred into the Trust during the first three weeks of October.

Gynaecology failed the national standard achieving 90.27% which is a decrease on last month. The saw 185 patients and had 18 breaches which is an increase of 5 on previous month



### Cancer: 31-Day Standard

The Trust achieved the 31 day first treatment national standard of 96.00% with performance of 97.01%.

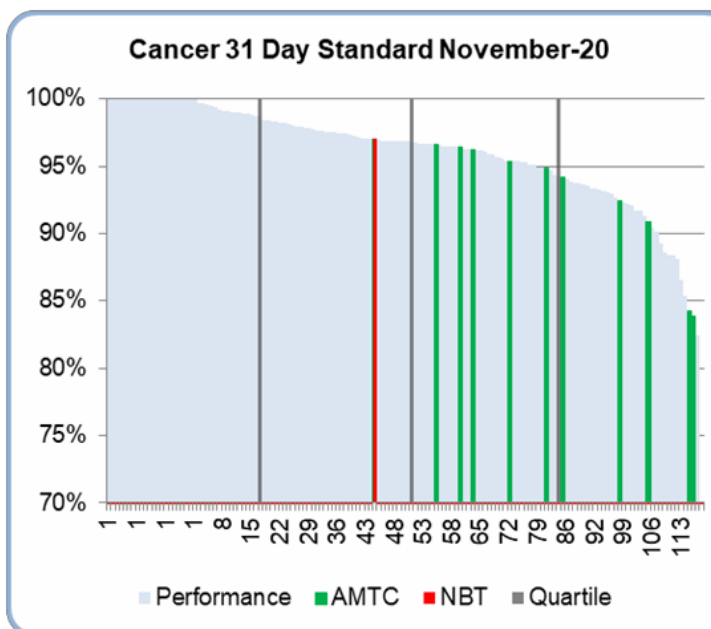
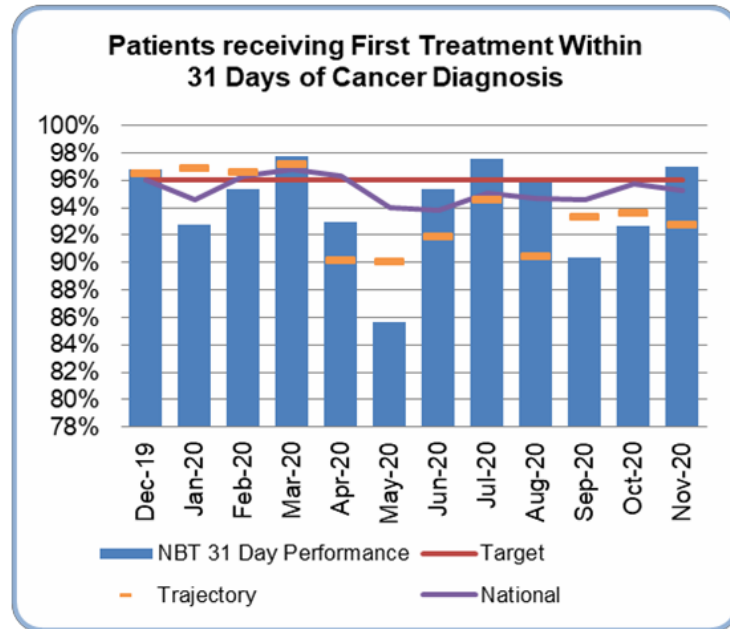
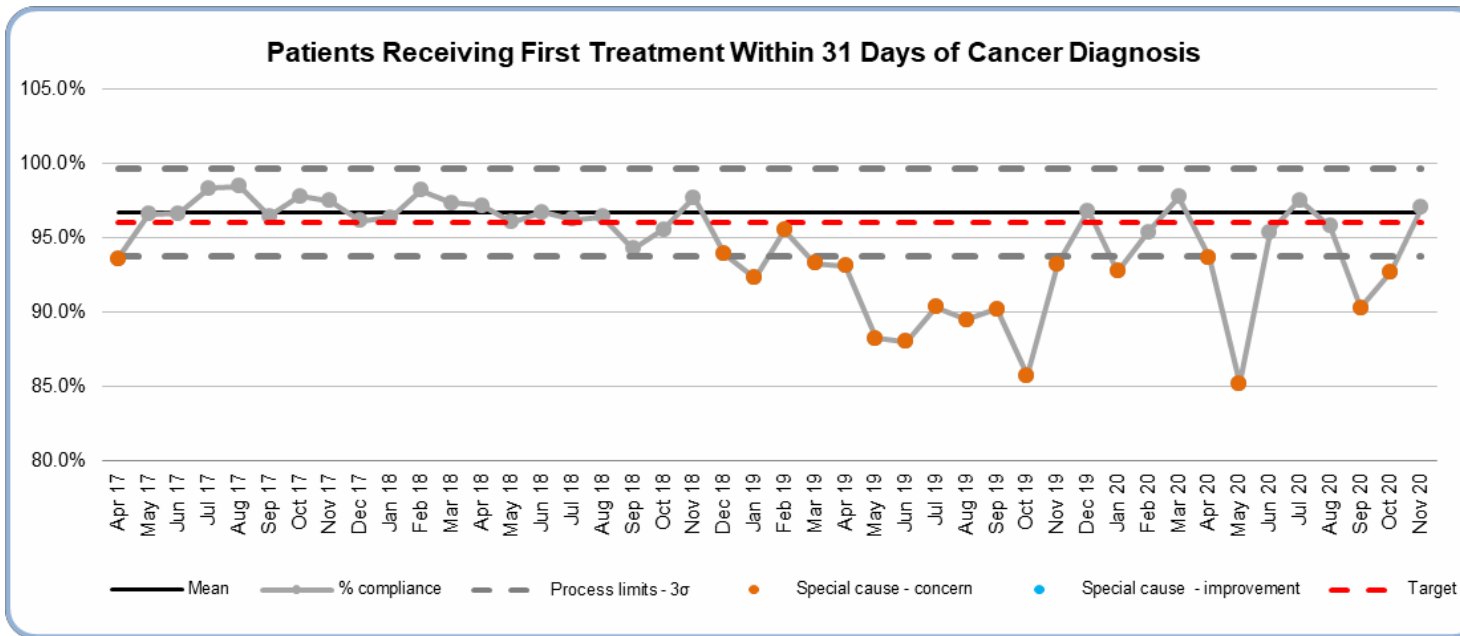
The Trust was able to treat 236 patients in November, with seven breaches.

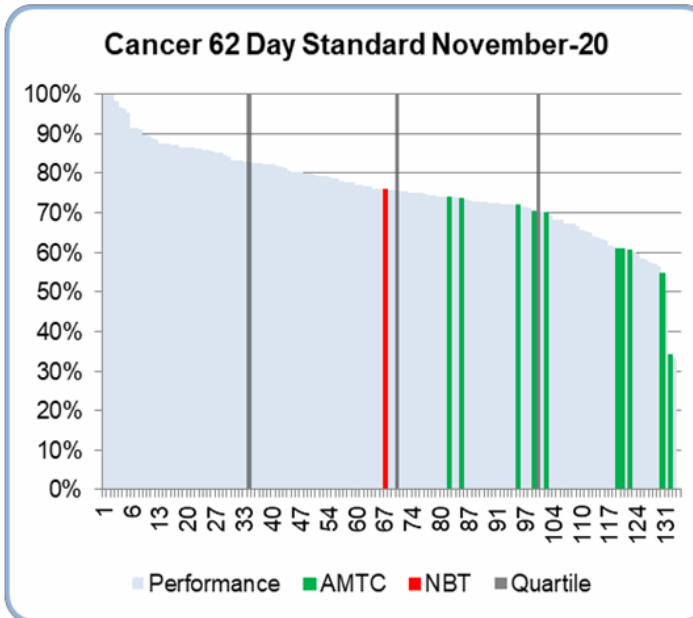
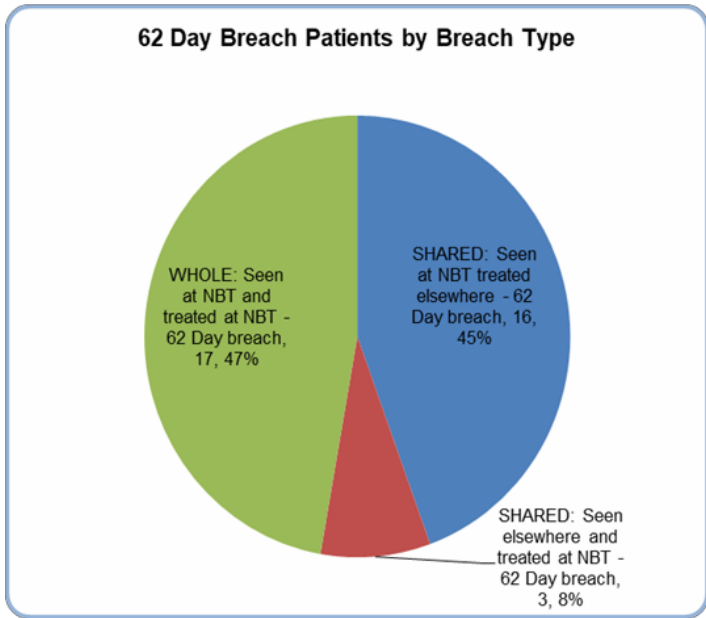
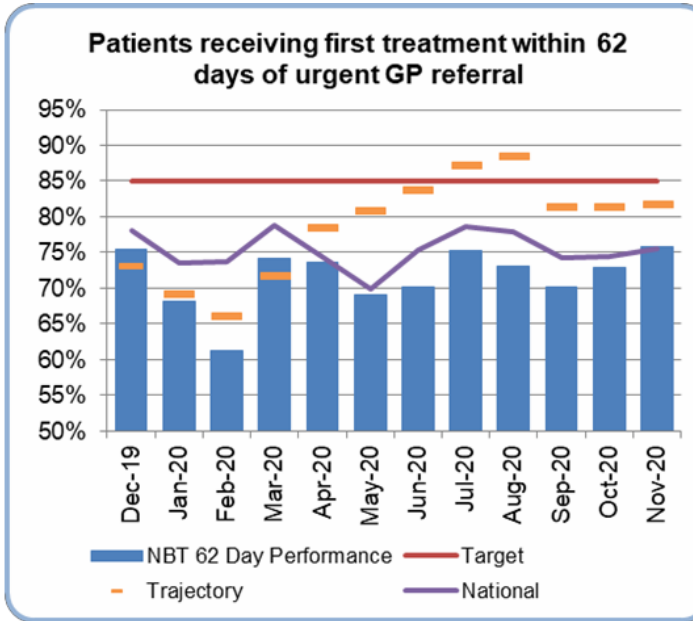
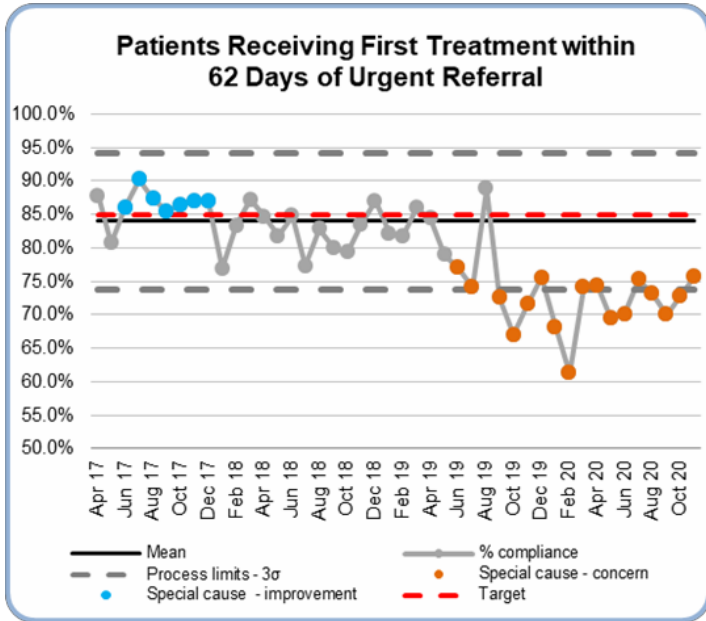
The breach breakdown is one in Skin, Breast, Sarcoma, Urology and Colorectal, two in Brain. The specialties that achieved CWT target were Breast, Gynaecology, Haematology, Lung, Skin, Upper GI and Urology.

Skins performance for November was 98.28%, a significant improvement on October's performance of 84.60% both in terms of treated and reduction in breaches.

The Trust failed the 31 day subsequent surgery standard performing at 92.93%. The Trust treated 99 patients with seven breaches in Breast and Urology.

There were two 104 day treated breaches in November that required Datix harm reviews; one for Urology and one for Breast. The Breast delay was due to medical deferral as a result of patient fitness and the Urology was a late transfer for treatment on Day 108 from an external Trust. No harm has been identified as a result of the delay.





### Cancer: 62-Day Standard

The Trust failed the 62 day cancer trajectory and the national standard in November, reporting a position of 75.76% against a revised trajectory of 80.91%. The Trust treated 132 patients with 32 breaches.

Urology's performance of 79.45% (validated) with 7.5 breaches failed to achieve CWT standards 85%. They achieved post COVID-19 revised trajectory of 67.20%. This is an improvement on October's position of 58.62%.

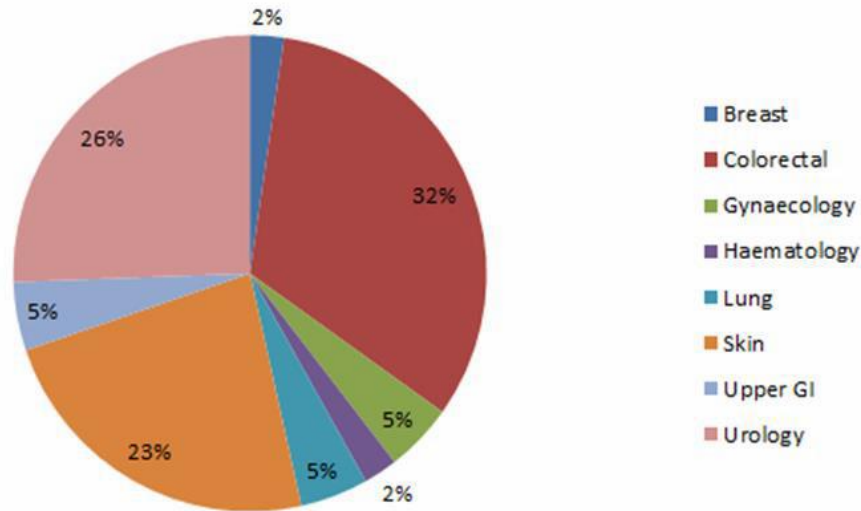
There was a marked improvement in the waits for template biopsy which had contributed to the majority of the breaches in the previous month. The majority of the 7.5 Urology breaches were due to provider delays, 3 patients have been escalated to radiology, 4.5 were as a result of delayed oncology appointments and individual diagnostic test delays.

Colorectal failed to achieve the standard with 30.77%, and saw a decline from October's position of 75.01%, they treated 6.5 patients with 4.5 breaches in November compared to 1.5 breaches in October.

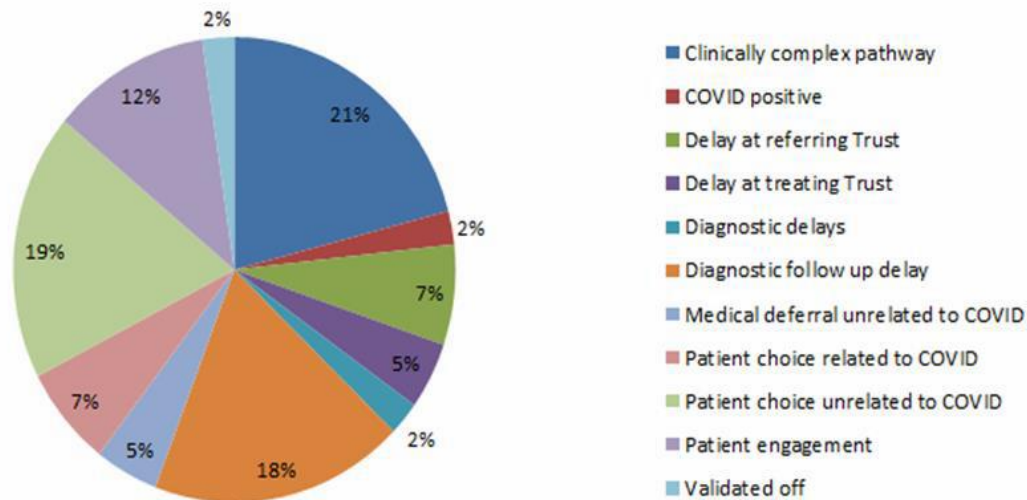
Breast 62 day performance was 79.49%, they had 8 breaches this month, 4 due to complex pathways or a treatment being delayed for a genuine medical reason. The breast pathway is being reviewed and a triage process is being introduced which will have a positive impact on the 62 day pathway going forward

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

### 104 Day Without DTT



### Delay Reasons - Without DTT



### Cancer

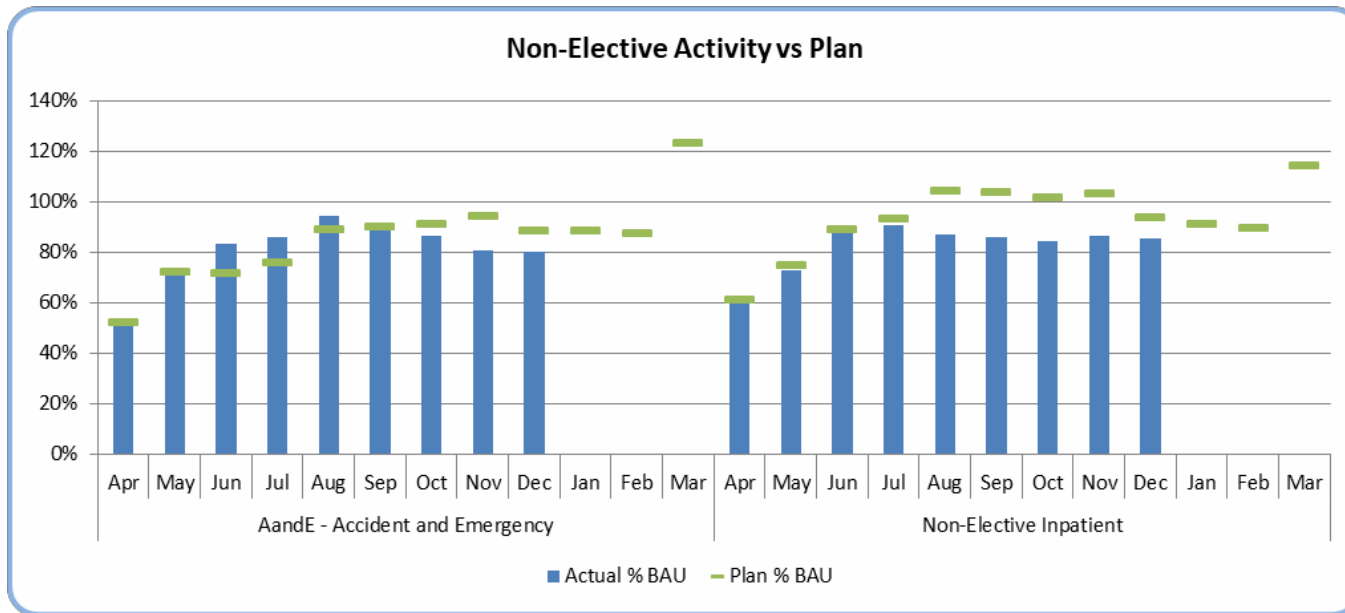
#### 104 Day Patients Live PTL Snapshot as of January 2021

The Trust had 50 patients on the live cancer PTL as of 11<sup>th</sup> January waiting over 104 days. The report is split into two sections; patients with or without a Decision to Treat (DTT) for cancer treatment.

The Trust had 43 patients waiting >104 days without a DTT. One in Breast, two in Gynaecology, fourteen in colorectal, ten in Skin, two in Upper GI, one in Haematology, two in Lung and 11 in Urology.

There were seven patients with a DTT >104 days with a confirmed cancer diagnosis.

Significant work has been carried out by the specialties to ensure all patients waiting over 104 days are clinically reviewed and treatment plans are in place. There has been an overall reduction in the number of 104 day breaches since August's highest position of 106 patients.

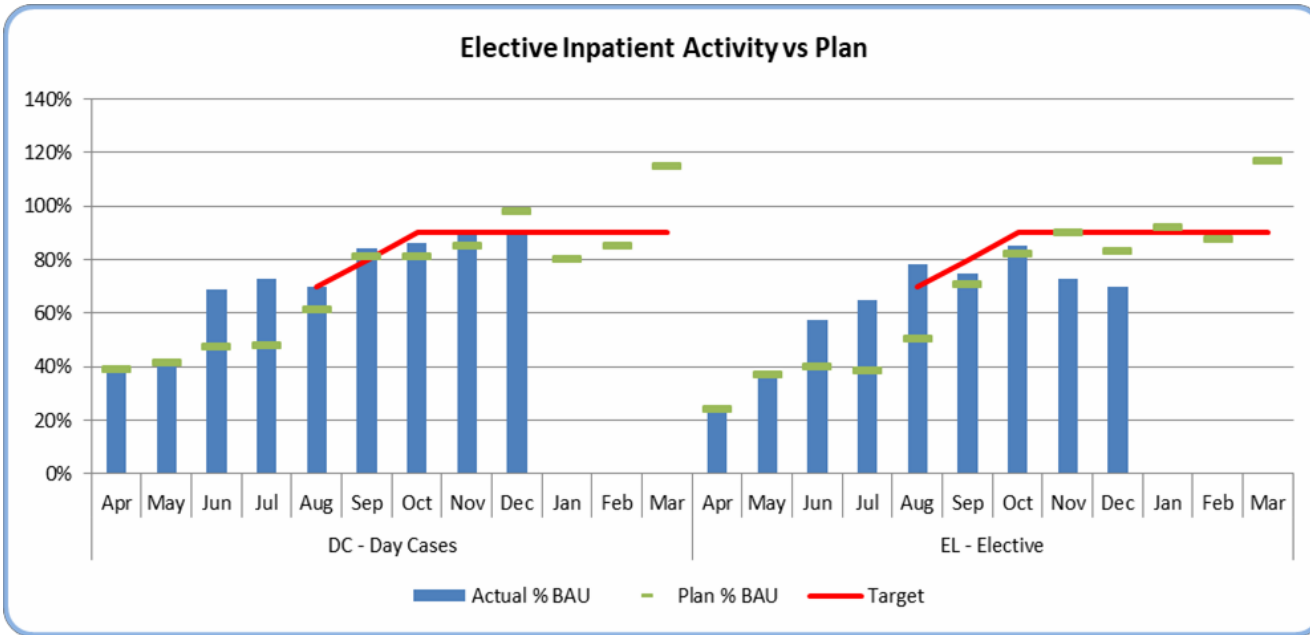


### Non-Elective Activity vs Plan

- **ED attendances** have been above plan in every period with the exception of October, November and December in concordance with national lockdown rules and reduction in minors activity.
- **Non-Elective** activity reports below plan for December, reporting at an average of 85.75% of 2019/20 levels since September 2020.

*NB: March 2021 plan is above 100% due to March 2020 actuals being partially impacted by COVID-19. Activity vs Plan information includes only Specific Acute specialties.*

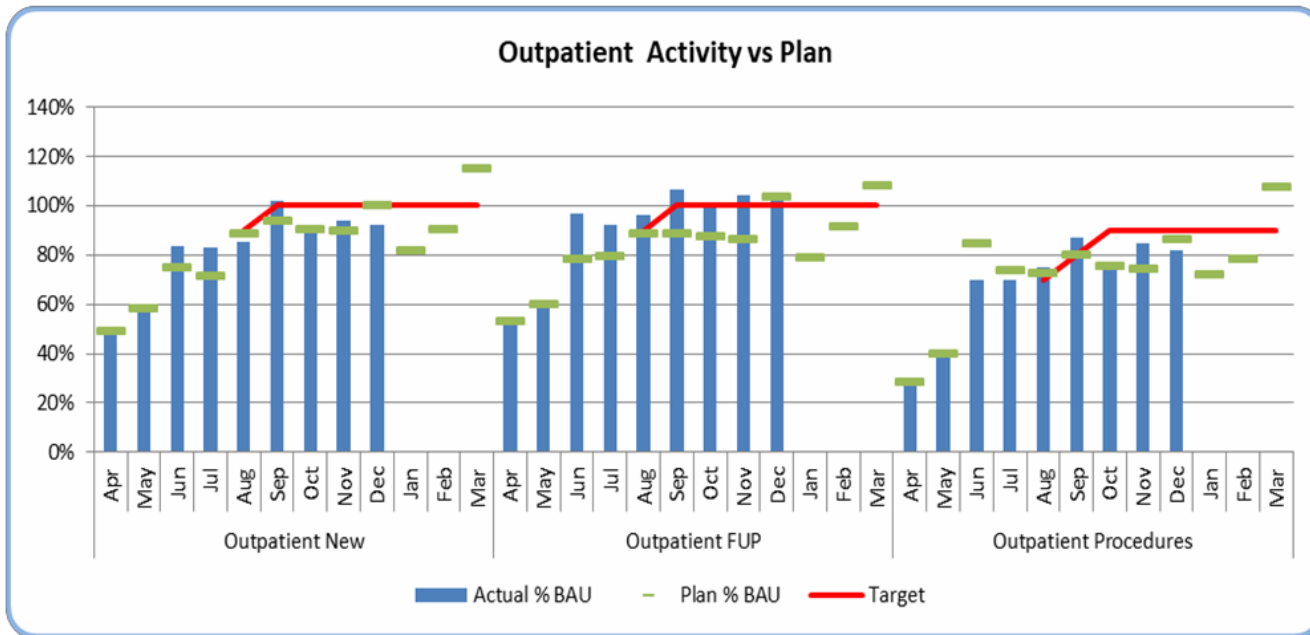




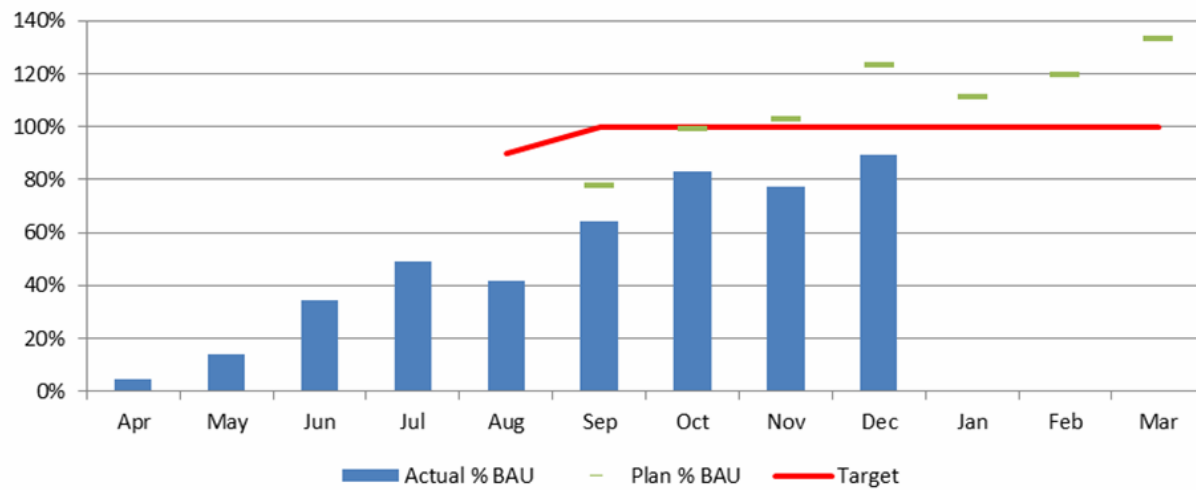
### Elective Activity vs Plan

- **Day case** activity reduced in December, in line with seasonal trend and achieved the national target of 90%.
- **Overnight admissions** have achieved plan in every period with the exception of November and December. November and December has been impacted by elective cancellations in response to the second and third wave of COVID-19.
- **Outpatient first attendances** have been above plan in most periods. December activity reduced in line with historical trends.
- **Outpatient follow up** attendances have been above plan for every period.
- **Outpatient procedures** have been above plan in most periods. Reduction in December activity is in line with historic trends.

*NB: March 2021 plan is above 100% due to March 2020 actuals being partially impacted by COVID-19. Data includes activity undertaken in the Independent Sector on behalf of the Trust. Activity vs Plan information includes only Specific Acute specialties.*



### Endoscopy Activity vs Plan

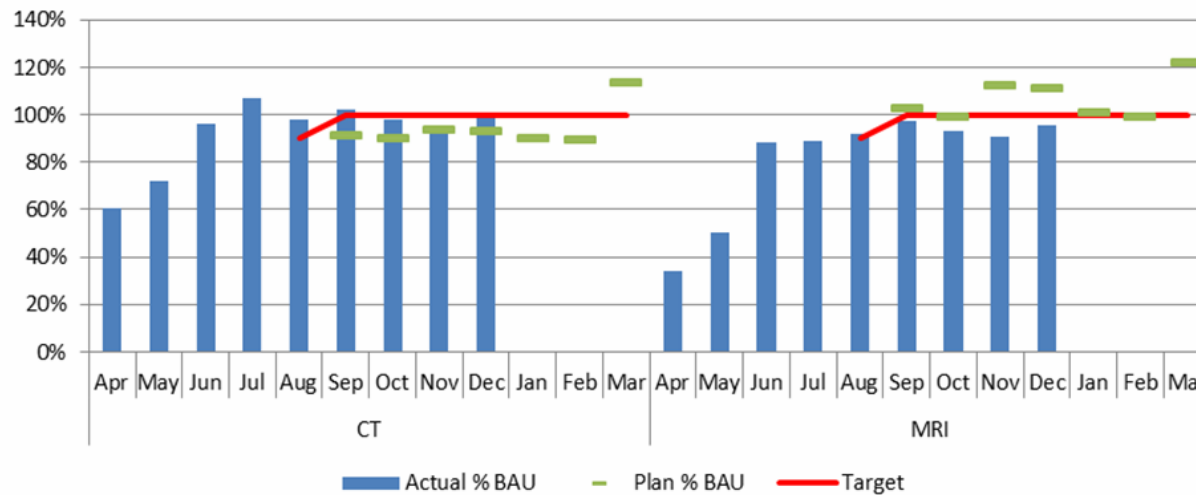


### Diagnostic Activity vs Plan

- **Endoscopy activity** reports below plan and target from September. At test level, Colonoscopy is achieving plan and Flexi-Sigmoidoscopy and Gastroscopy is reporting below plan. This relates to the under-reporting of activity due to a coding lag.
- **CT activity** has achieved plan since September and hit the national target of 100% of 2019/20 levels in December.
- **MRI activity** did not achieve the target or plan in December. National 6 week wait performance improved to 0.98% in December, achieving the national standard of 1%.

*NB: March 2021 plan is above 100% due to March 2020 actuals being partially impacted by COVID-19. Activity vs Plan information includes only Specific Acute specialties.*

### CT & MRI Activity vs Plan



## Safety and Effectiveness

**Board Sponsors: Medical Director and Deputy Chief Executive  
and Director of Nursing and Quality  
Chris Burton and Helen Blanchard**

## NBT Maternity Dashboard

	Target	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total	Trend
Caesarean section rate (overall)	28.0%	33.9%	38.3%	34.0%	33.4%	31.5%	33.9%	36.8%	34.6%	39.0%	38.7%	36.4%	31.2%	41.9%	35.7%	
Elective CS rate (as % of all birth episodes)		13.7%	16.5%	14.4%	15.6%	12.0%	14.0%	15.4%	15.4%	16.8%	17.2%	16.1%	14.9%	16.6%	15.3%	
Emergency CS rate (as % of all birth episodes)		20.2%	21.8%	19.7%	17.8%	19.5%	19.9%	21.4%	19.2%	22.2%	21.4%	20.3%	16.3%	25.3%	20.4%	
Induction of labour rate	32.1%	40.2%	41.5%	41.4%	40.8%	40.6%	38.9%	34.8%	35.4%	38.6%	38.9%	36.6%	39.8%	37.6%	38.8%	
PPH >=1000 ml rate	8.6%	12.2%	10.8%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%	10.7%	8.0%	10.4%	14.2%	8.9%	10.6%	
PPH >=1500 ml rate	3.5%	4.9%	4.8%	3.7%	3.3%	2.8%	5.4%	3.8%	3.4%	3.9%	2.1%	3.4%	4.4%	2.8%	3.7%	
PPH >=2000 ml rate	1.5%	2.7%	2.5%	1.4%	0.9%	0.7%	1.9%	0.9%	1.6%	2.3%	0.8%	2.0%	1.6%	1.1%	1.6%	
5 minute apgar <7 rate at term	0.9%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%	0.2%	0.2%	0.6%	0.7%	0.7%	0.7%	
Stillbirth rate	0.4%	0.7%	0.2%	0.0%	0.4%	0.2%	0.0%	0.0%	0.4%	0.2%	0.4%	0.0%	0.2%	0.6%	0.3%	
Stillbirth rate at term		0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.2%	0.2%	0.0%	0.0%	0.0%	0.2%	0.1%	
Stillbirth rate <37 weeks		8.3%	2.9%	0.0%	4.8%	0.0%	0.0%	0.0%	2.6%	0.0%	5.3%	0.0%	5.3%	5.7%	2.6%	

### COVID-19 Maternity

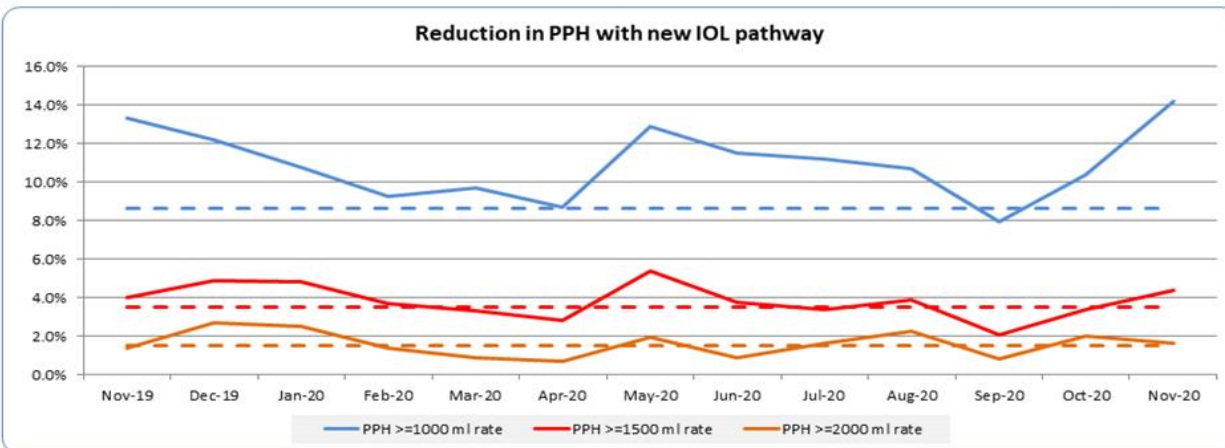
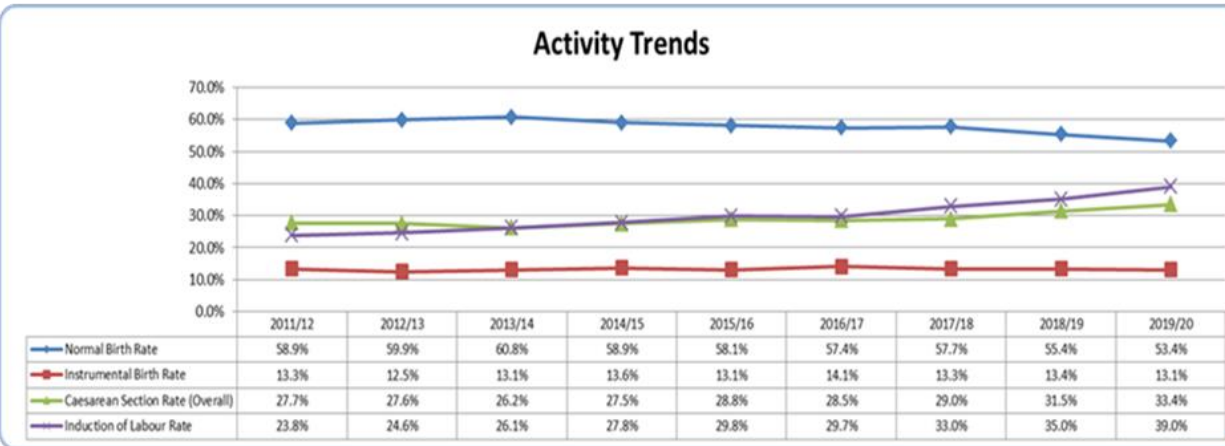
Visiting arrangements within maternity have been reviewed following further nationwide discussion on 14<sup>th</sup> December. Our current restrictions are informed by national guidance and in place to protect women, babies and the staff in the face of an ongoing rise in COVID-19 cases across BNSSG. Partner visiting on the postnatal wards has been reintroduced following the introduction of partner lateral flow testing.

### Clinical

Births in December was 566 up by 36 births from November 2020. Birth rate year to date 4240. Expected birth rate end of financial year 5653 which is a potential increase on last year of approximately 36 births. Over the past 5 years (April 2015 – April 2020)

Both Elective and Emergency CS rates remain high at 41.9% with an average for the last 6 months at 39%. Births have increased over the last three months and in line with complexity trends the acuity on CDS remains high. There has been a slight drop in month of the induction rate to 37.6% in line with this complexity.

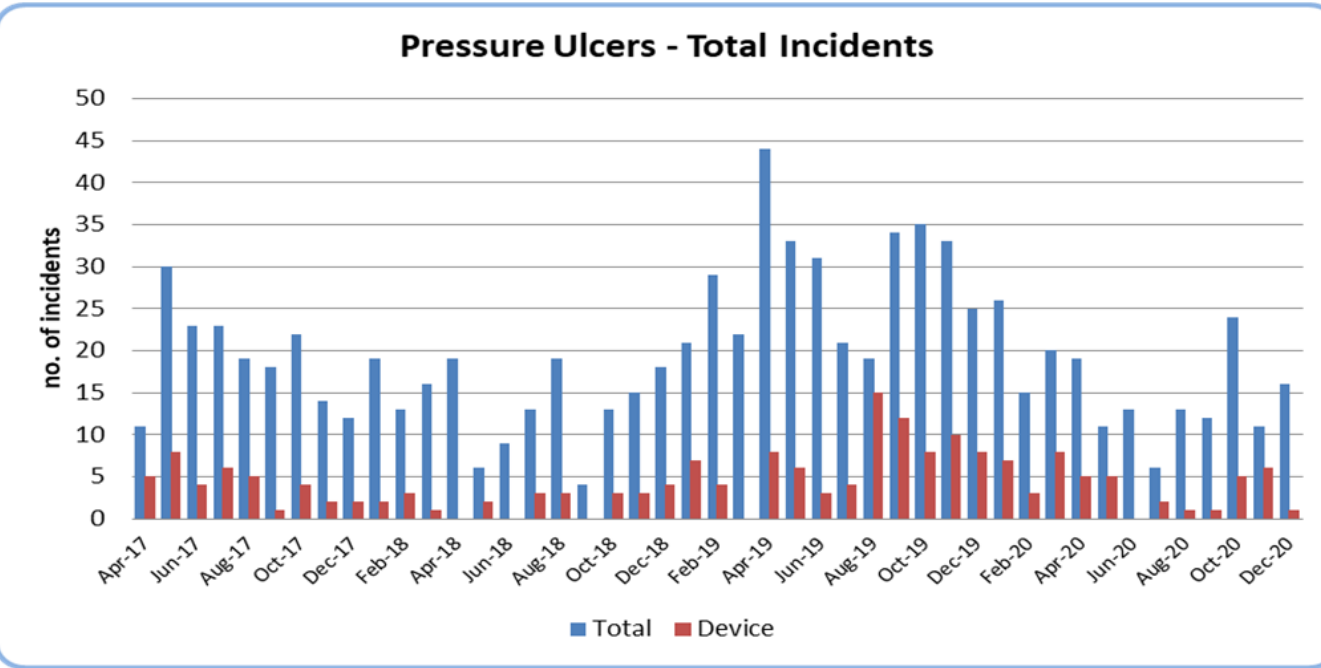
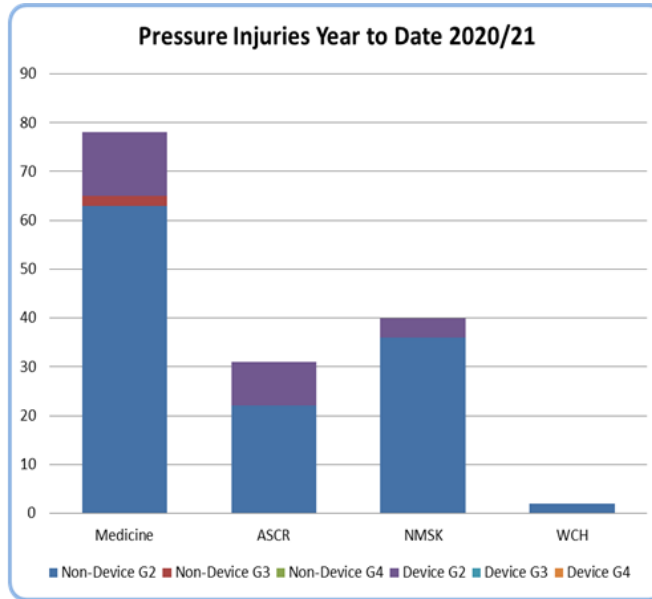
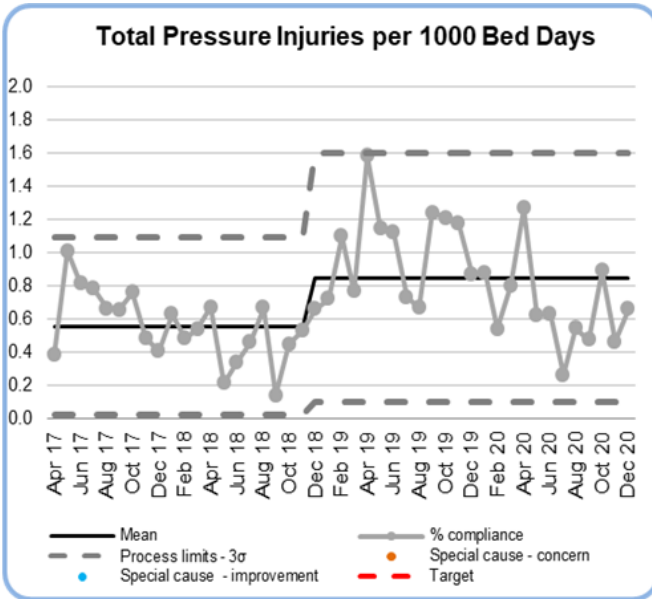
All aspects of reducing PPH project have been maintained. Although in 20/21 the rates of 1.5l PPH have fluctuated, comparing to previous years there has been an improvement. Over the past 5 years (April 2015—March 2020), the rate dropped from 5.5% to 4.7% with an average for the past 3 years of 5.3%. However, so far this financial year, the rate is 3.7% - a drop of about a third.



## Perinatal Quality Surveillance Tool recommended Maternity board level measures

Measures	Comments
CQC ratings	Overall Good Safe requires improvement
Referrals and findings of HSIB reports	1 new referral (Dec), declined as not currently meeting criteria 1 completed report (2007-2307) presented at PSCRC 8/1/21
Datix: No. of incidences graded moderate or above and actions taken	1 x SI 7/12/20, INC-54942 (see SI report). Reported to StEIS. 1 x moderate, INC-55690,
Training compliance	All training now moved on line during COVID-19, monitored as per CNST. To review 8 priority areas for training in core competencies for 2021-2022
Obstetric consultant resident cover on Delivery suite	Currently 77hrs per week, increasing to 83hrs per week from January 2021. National average for units greater than 6000 births is 84hrs
Service user feedback	Monthly thematic report submitted to speciality and divisional governance.
Coroner's Regulation 28	Nil
Concerns or requests for actions from national bodies	No concerns, assurance report required for Ockenden report (submission 15/2/21)
CNST 10 Maternity standards (NHSR)	Submission due: 15/7/21 Current score: 7/10 (Concerns: CoC, Training compliance, SBLV2 implementation)
Staff feedback from frontline	Discussed at monthly Maternity Safety Champion meeting, summarised as "you said, we did"

### QP2



### Pressure Injuries (PIs)

The Trust ambition for 2020/21 is:

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

There have been no reported Grade 3 or 4 pressure injuries in December. 17 Grade 2 pressure injuries were reported of which 1 was related to a medical device.

There was 1 unstageable pressure injury to the head validated in December which evolved from a deep tissue injury- attributable to Gate 28a. This was reported to STEIS.

The incidence summary for the month is as follows:

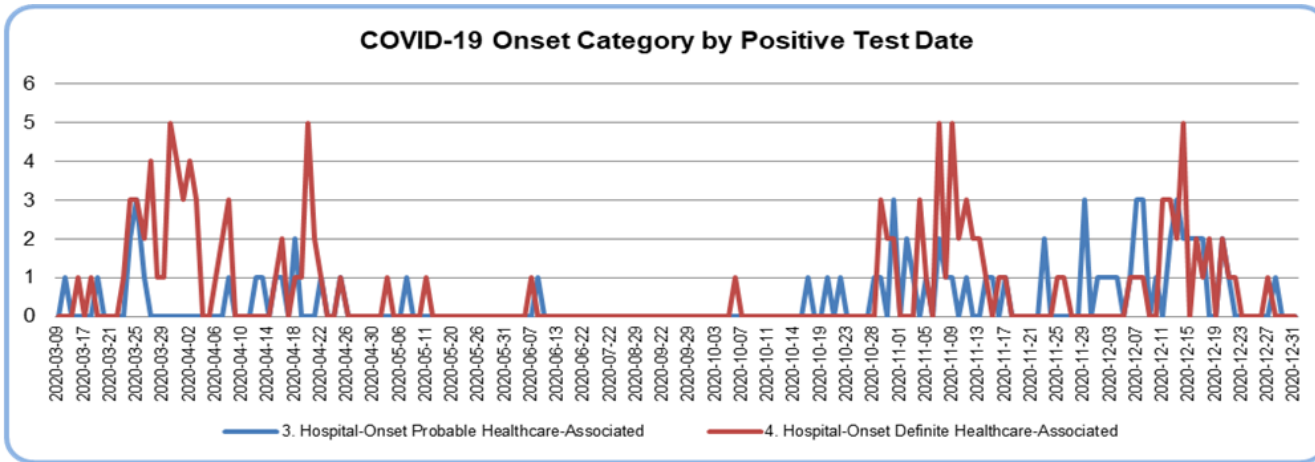
- Coccyx/ Natal Cleft/ Sacrum: 36%
- Buttock: 29%
- Heels: 29%
- Medical Devices: 6%

Following validation of the unstageable pressure injury, the NIST project has been reinstated on Gate 28a to address themes and subsequent actions which were identified through the SWARM and 72 hour report.

The Divisions continue to share learning and actions from SWARMS each month. Each clinical area within the Medicine Division has a Pressure Injury Visual Management Board which is updated and presented at the Medicine Pressure Injury Quality and Safety meeting. This allows teams to share learning, celebrate successes and identify areas for improvement.

For December there has been a continued decrease in the number of medical device related pressure injuries. Compared to 2019/20, there has been a sustained reduction in the number of grade 2 pressure injuries, although no reduction was seen this month.

## QP4



### COVID-19 (Coronavirus)

The infection control effort and resources are focused on managing the COVID-19 pandemic and its impact on the Trust. The impact of the beginning of the third wave of COVID-19 infection was felt in December, aligned with a rise in community transmission of the virus.

We have seen a continued increase in the number of Hospital onset cases, and a number of Staff groups have been affected. All events are the subject of Outbreak meetings with appropriate PHE input. There is a daily infection control huddle lead by the DIPC or deputy DIPC to ensure appropriate actions are taken promptly.

Transmission within ward bay areas has been a common theme. We have also re-issued the most up to date guidance regarding eye protection.

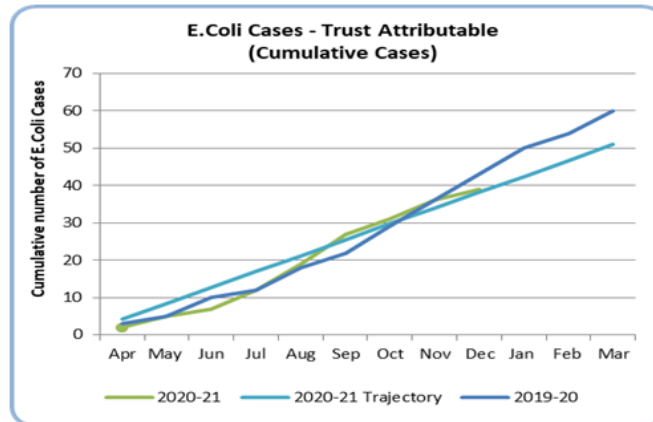
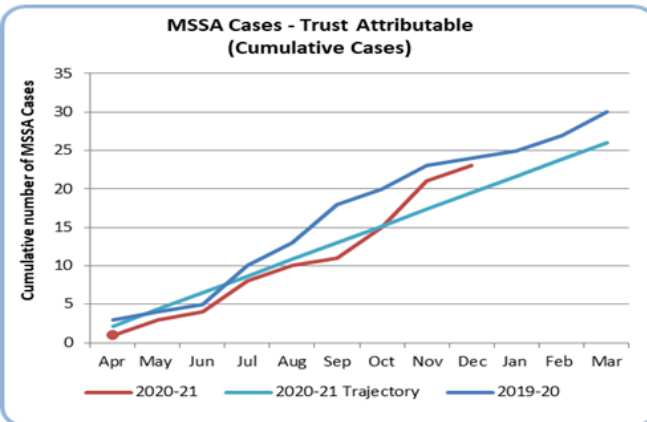
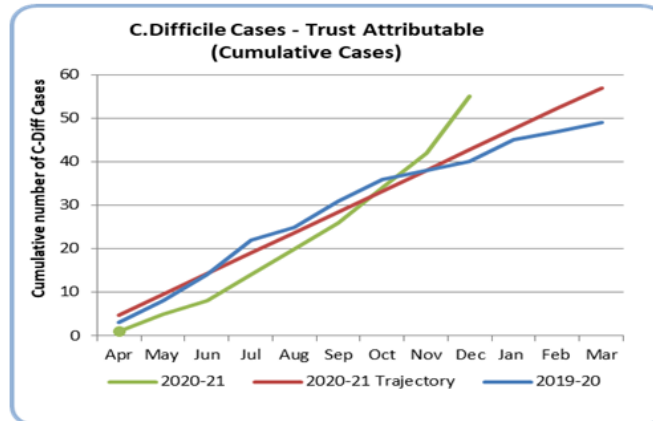
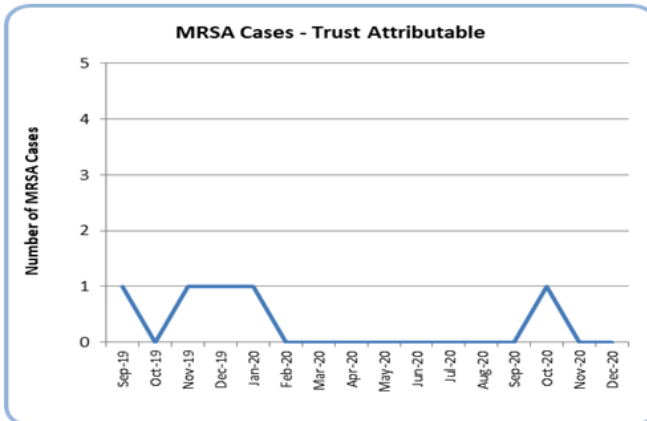
Lateral flow testing has been rolled out to all ward staff which provides for twice weekly home testing.

### MRSA

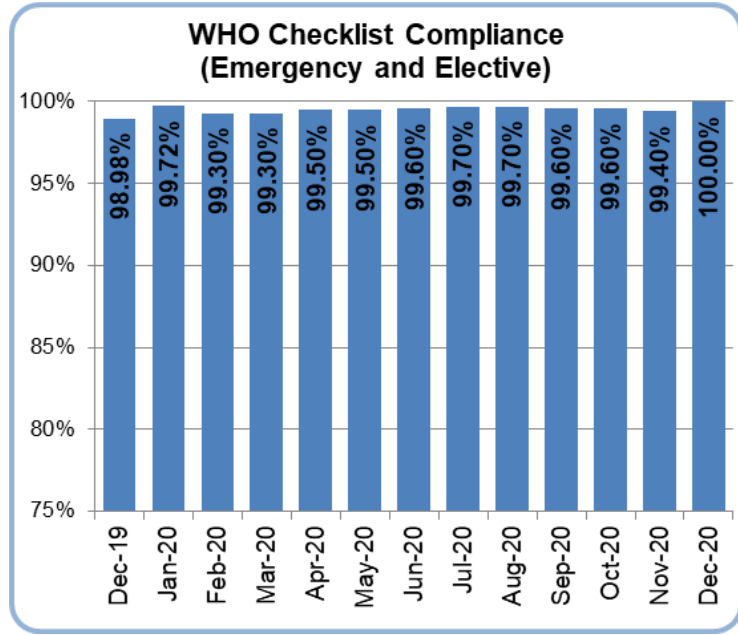
MRSA bacteraemia = 0 hospital attributable

### C. difficile

Total of 13 (7 Hospital onset healthcare associated; 6 Community onset healthcare associated) cases have been reported which is higher than the expected trajectory. There is some suggestion that patients with COVID-19 may be more likely to be diagnosed with C.diff infection and this is being investigated.



# QP2



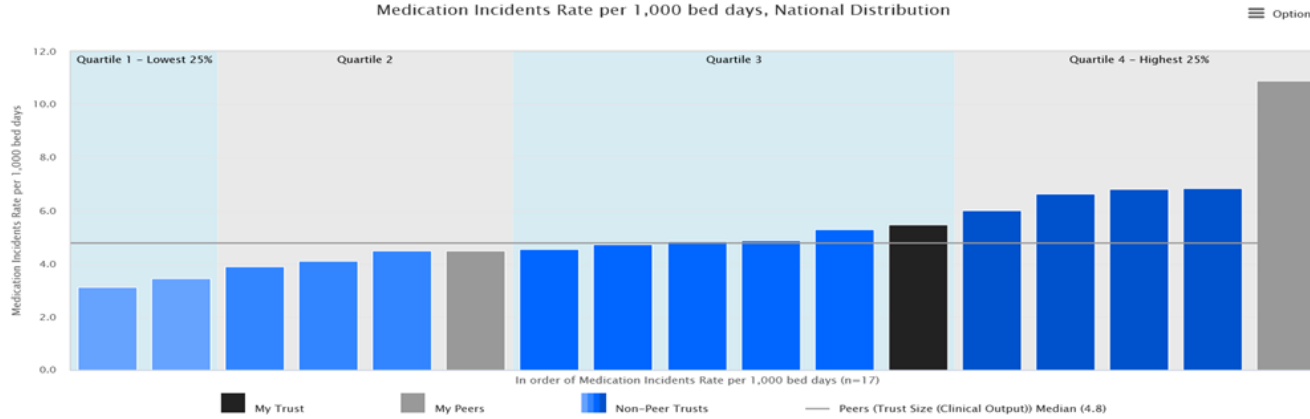
## WHO Checklist Compliance

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

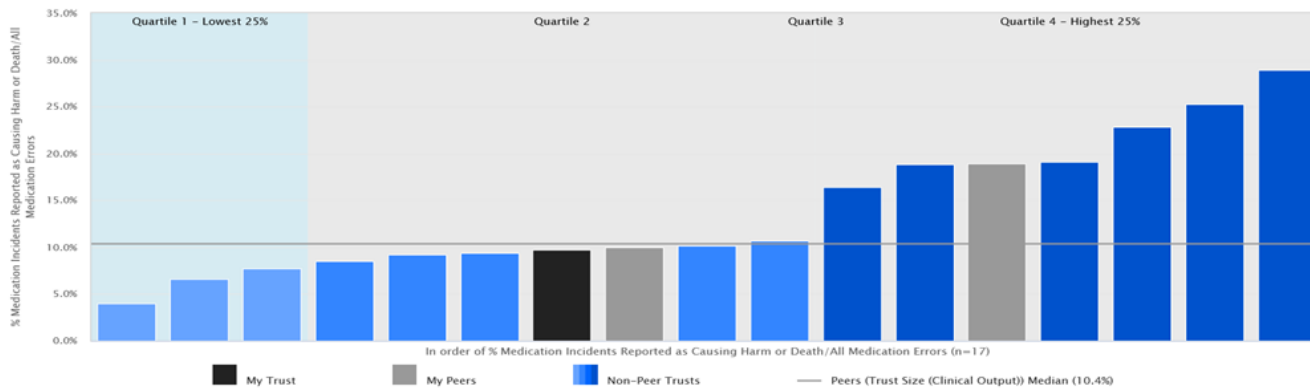
The IPR report of less than 100% is due to issues with data capture. All cases where WHO was not recorded electronically are reviewed to ensure that checklist compliance was recorded in the paper medical records.



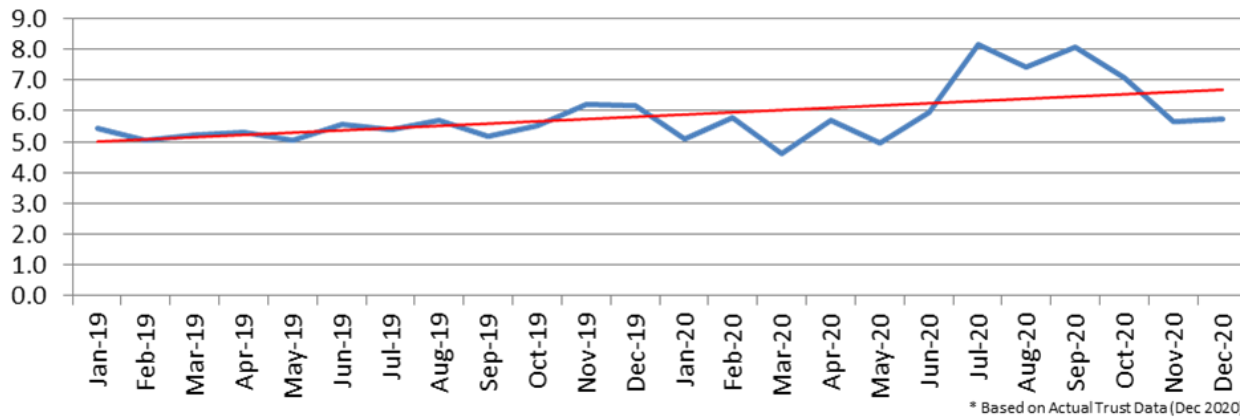
Medication Incidents Rate per 1,000 bed days, National Distribution



% Medication Incidents Reported as Causing Harm or Death/All Medication Errors, National Distribution



North Bristol Trust Medication Incidents per 1000 Bed Days\*



## Medicines Management Report

### Regional Benchmarking

These metrics are a measure of medicines safety and governance. *Data source: National Reporting & Learning System (NRLS) October 2020.*

### Medication Incident Rate

North Bristol Trust (NBT) has a rate of 5.5 medication incidents per 1000 bed days. NBT is in the third quartile for the South West region and remains above the median for both its peer group (4.8) and national (4.5). High levels of reporting are considered an indicator of a strong safety culture.

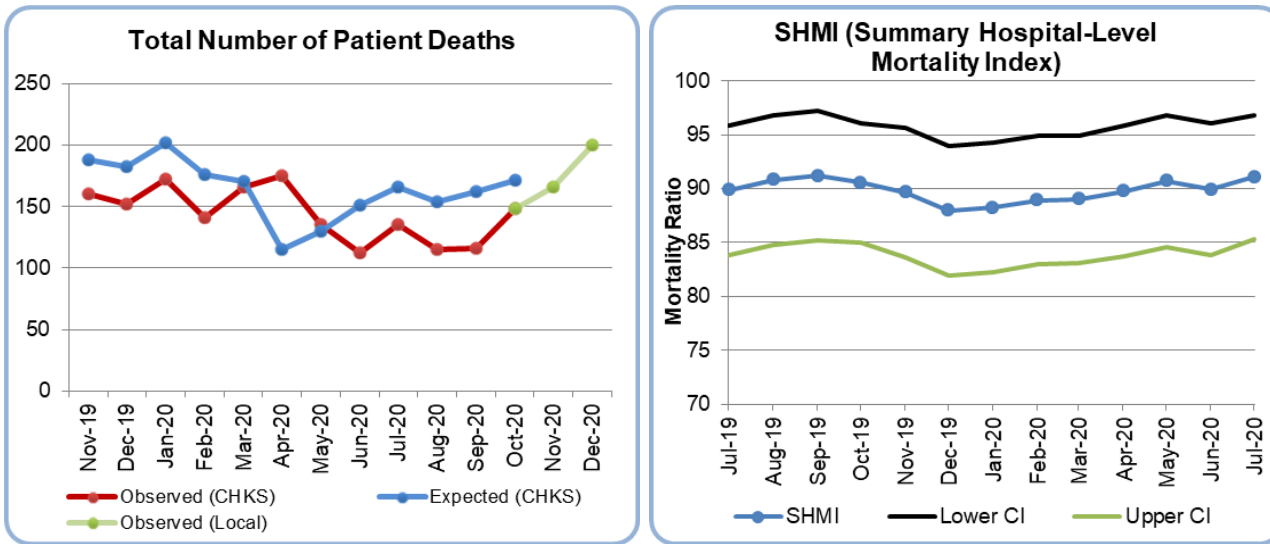
**Percentage of Medication incidents reported as causing Harm or Death. 9.7%** of all medication incidents reported from NBT have caused harm. NBT is in the second quartile for the South West region which is below the median for both its peers (10.4%) and national (10.8%). A lower percentage of harm is indicative of safer medication practice.

### NBT Medication Incident Reporting (December 2020).

Organisations where staff believe reporting incidents is worthwhile are likely to report a higher proportion of "no harm" incidents. No harm incidents account for 84% of NBT reported incidents and the number of medication incidents per 1000 bed days continues to climb over time.

NBT has a medicines governance process overseen by the Drugs and Therapeutics committee which reports to Quality and Risk Management Committee.

### Mortality Outcome Data



### Mortality Outcome Data

An increase in deaths was seen in December which is likely to have been the result of increasing Covid-19 infections.

### Mortality Review Completion

The current data captures completed reviews from 01 Nov 19 to 31 Oct 20. In this time period 90.3% of all deaths had a completed review. Of all “High Priority” cases, 93.7% completed Mortality Case Reviews (MCR), including 21 of the 21 deceased patients with Learning Disability and 35 of the 36 patients with Serious Mental Illness.

### Mortality Review Outcomes

The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 95.7% (score 3-5). There have been 19 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which are reviewed as possible Serious Incidents through Divisional governance processes. 1 confirmed as SIRI (Feb. 20).

### Mortality Review Completion

Nov 19 – Oct 20	Completed	Required	% Complete
Screened and excluded	1180*		
High priority cases	284		
Other cases reviewed	153		
<b>Total reviewed cases</b>	<b>1617</b>	<b>1790</b>	<b>90.3%</b>

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

Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0.0%	4.3%	20.6%	48.2%	26.9%

Date of Death	Jun 20 – December 20
Scrutinised by ME	107
Referral to governance department	34 (31.8%)

### Medical Examiner (M.E.) Service

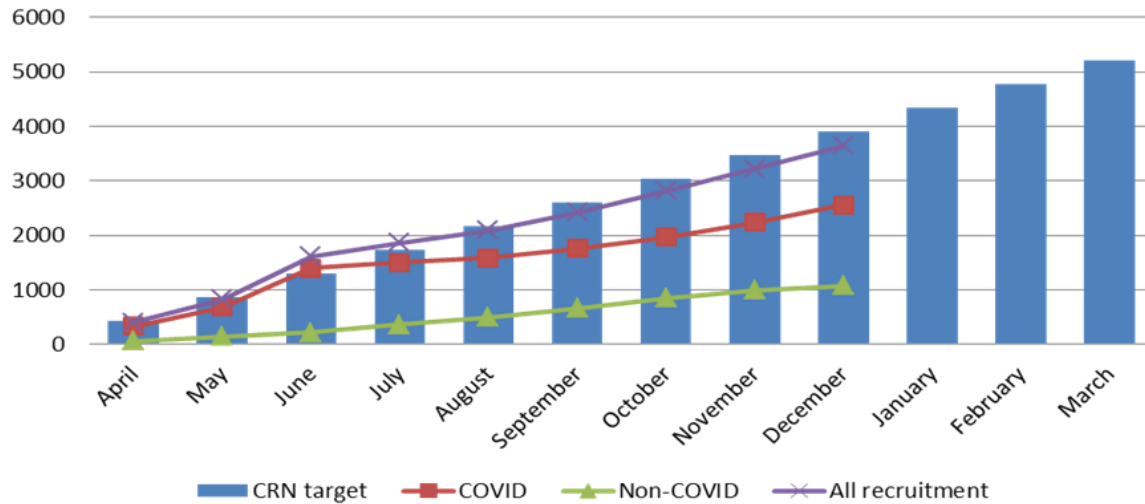
From June to December 2020 107 cases have been scrutinised by the medical examiner. The percentage of deaths scrutinised by the M.E. continues to increase as the service develops. The Medical Examiner has flagged potential concerns in 34 cases – these have all been sign-posted to the relevant governance department to be actioned in accordance with their processes. Quarter 3 data has been submitted to NHSE/ reporting activity. The Quality Governance Team is continuing to work to refine this process and ensure accurate reporting for assurance and learning.

### QRMC Assurance

QRMC is reviewing progress with the Trust’s mortality reviews and the Medical Examiner Service implementation at its January meeting.

All high priority cases are still being reviewed.

### Patient recruitment vs target



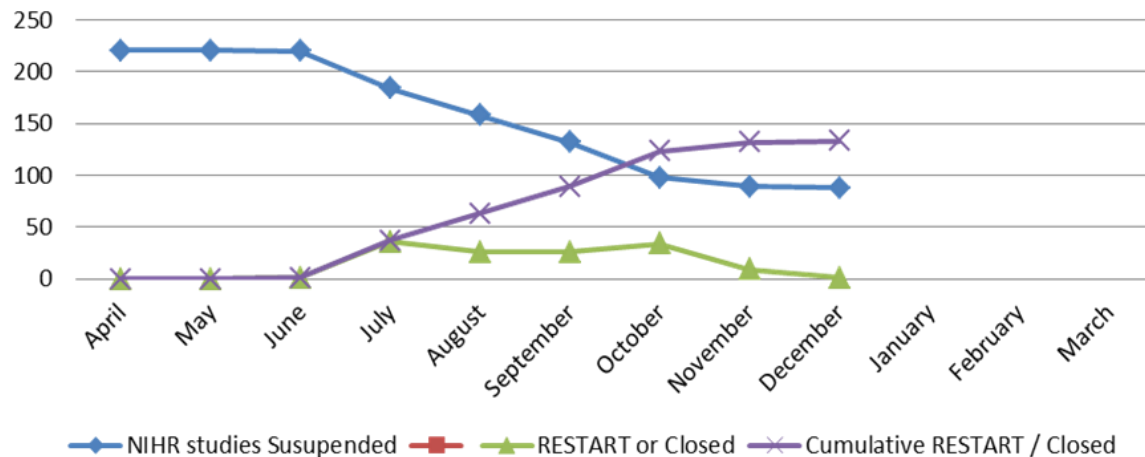
The NBT recruitment target was set before the COVID-19 outbreak. Recruitment through 2020-21 has remained on target as RESTART offered recruitment opportunities between COVID-19 waves. In addition to the two COVID-19 Vaccine studies NBT has recruited over 800 participants already.

NBT suspended 221 studies during the epidemic. 140 studies have been re-started/closed. Due to the second wave restart slowed during November and December.

Imaging have been able to identify additional MRI capacity allowing some studies to restart on a case by case basis. In addition NBT has been able to open a small number of new Non-COVID-19 studies.

NBT currently leads 52 research grants (NIHR, charity, industry and other) to a total value of £22.4m, and is a partner on 48 grants to a total value of £9m. This includes the recently awarded NIHR Programme Development Grant (PDG) for Prof. Rachael Gooberman-Hill (£150k) to do an implementation project for support and treatment after joint replacement(STAR).

### RESTART Progress

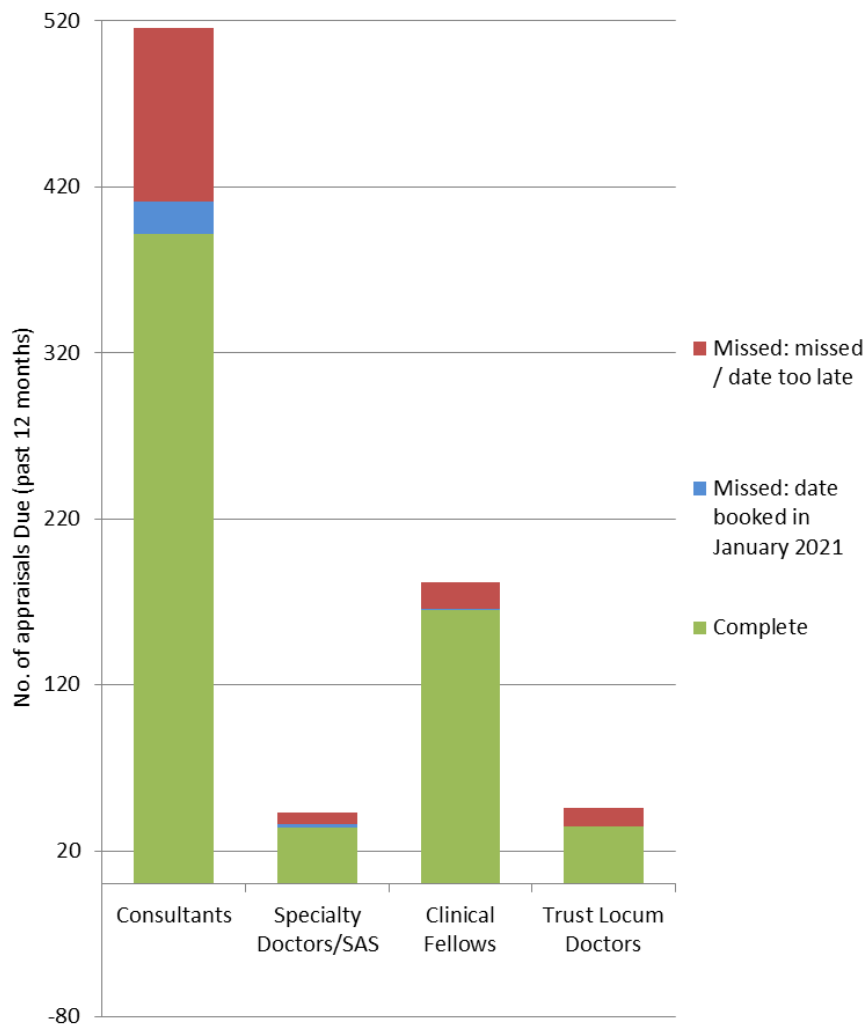


R&I are accepting applications from NBT staff to undertake COVID-19 focused research projects, up to £20k per project, funded by the SHC Research Fund. Applications are reviewed each month by a funding panel, comprising R&I Senior Team, SHC representative, Research Design Service and members of the public.

In addition, R&I has just opened a general call for applications to the SHC Research Fund (2020/21) and welcomes any NBT staff member wishing to undertake a research project (up to £20k) in any subject area to apply. The deadline for stage 1 applications is end of March 21, application forms and guidance can be obtained from the R&I office.



## Appraisal Compliance (prev. 12 months)



## Medical Appraisal

In March 2020 the appraisal process was suspended due to COVID-19. The process resumed in June 2020. NHS England confirmed that appraisals suspended during this period could be considered cancelled and not postponed. This applied to 108 appraisals, (included as complete appraisals in this data). The revalidation team have advised all doctors that appraisals can now take a 'light touch' approach to appraisal preparation. This means that appraisal portfolios can contain minimal evidence of CPD, QIA and written reflection. These things will now be captured in the appraisal discussion and the focus of the appraisal should be on doctors wellbeing and personal development. The Fourteen Fish system remains the mandatory system for medical appraisals.

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

## Patient Experience

**Board Sponsor: Director of Nursing and Quality  
Helen Blanchard**

### Complaints and Concerns

In December 2020, the Trust received 23 formal complaints. This is considerably fewer than the previous month where 39 formal complaints were received.

For the sixth consecutive month the most common subject of complaints is 'Clinical Care and Treatment'. In December there was a notable increase in the number of complaints regarding 'Attitude of Staff'. This will be monitored.

The 23 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	7 (9)	CCS	0 (2)
Medicine	7 (8)	NMSK	3 (13)
WCH	4 (3)	Facilities	2 (1)
Nursing & Quality	0 (3)		

Enquiries and PALS concerns are recorded and reported separately. In December 2020, a total of 46 enquiries were received by the Patient Experience Team. This is consistent with previous months.

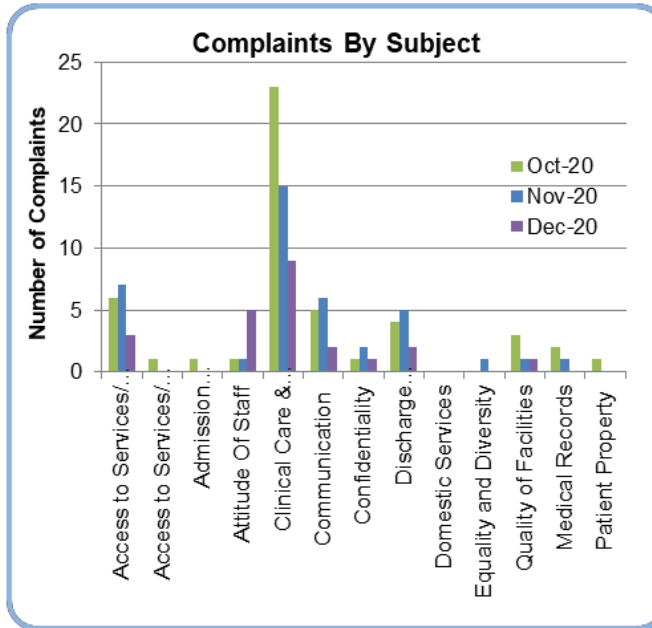
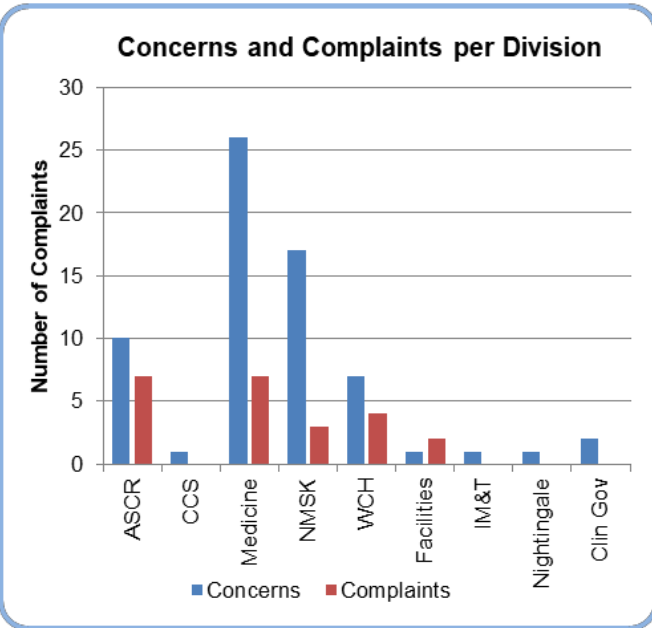
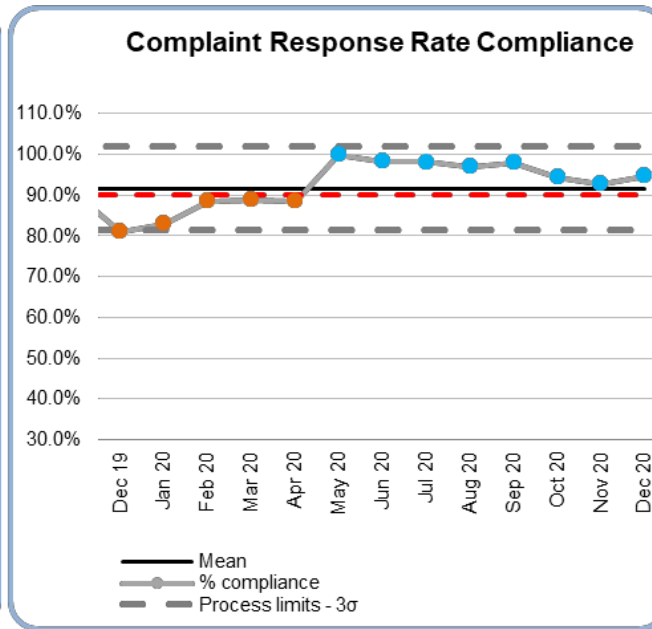
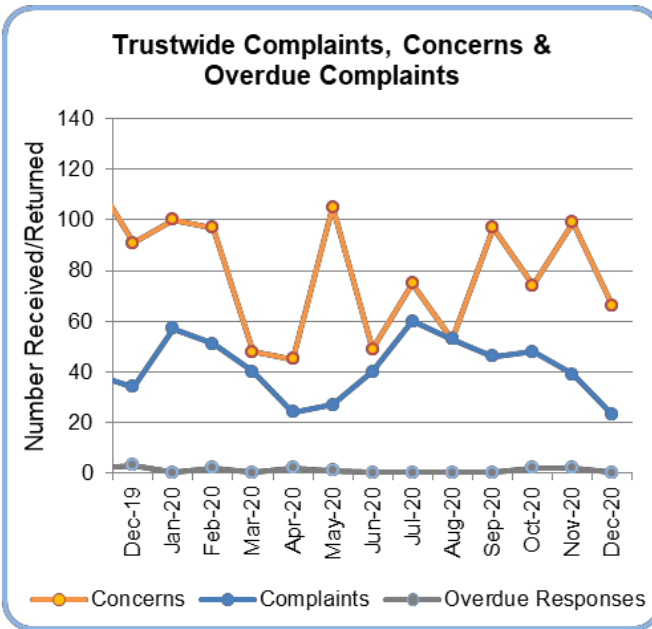
66 PALS concerns were received. This is an decrease of activity from November.

#### Compliance Response Rate Compliance

The chart demonstrates the % of complaints responded to within agreed timescales. The target is 90%. In December 95% of complaints were closed within the agreed timeframe. Of the 56 complaints due to be closed in December, 53 were responded to on or before the due date. The 3 complaints that were responded to after the due date were: 1 for Facilities, 1 for Finance and 1 for Women's and Children's.

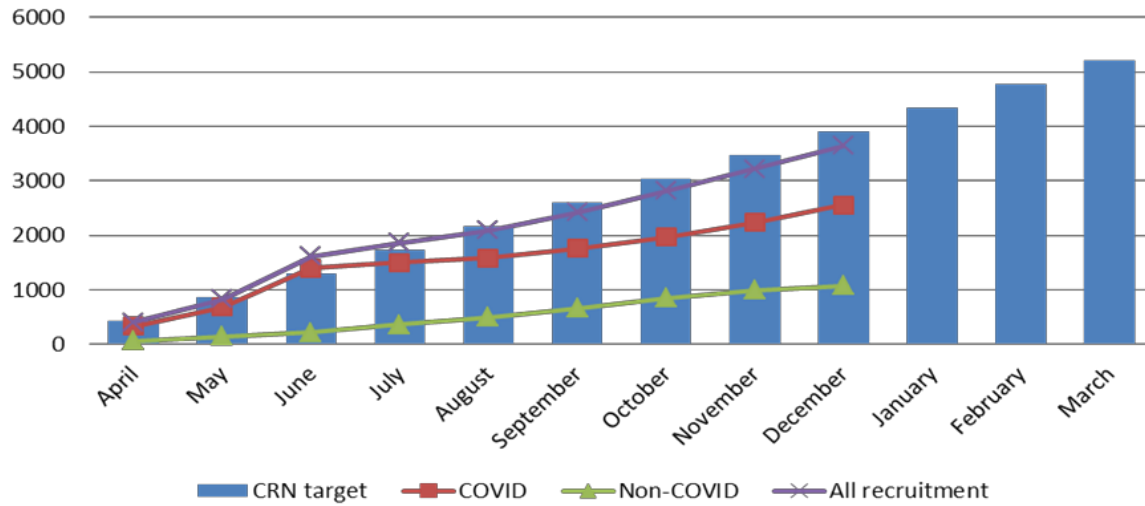
#### Overdue complaints

There are no overdue complaints.



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

### Patient recruitment vs target



The NBT recruitment target was set before the COVID-19 outbreak. Recruitment through 2020-21 has remained on target as RESTART offered recruitment opportunities between COVID-19 waves. In addition to the two COVID-19 Vaccine studies NBT has recruiting over 800 participants already.

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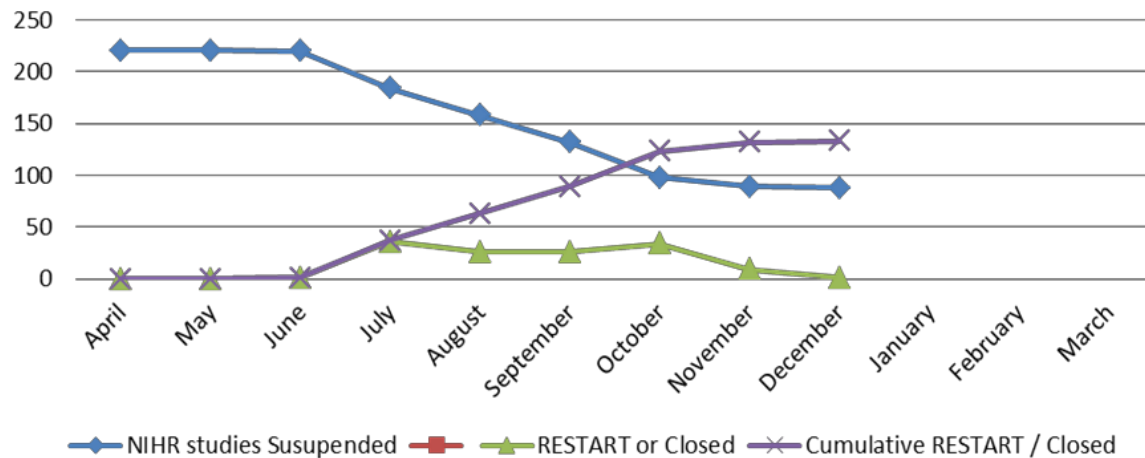
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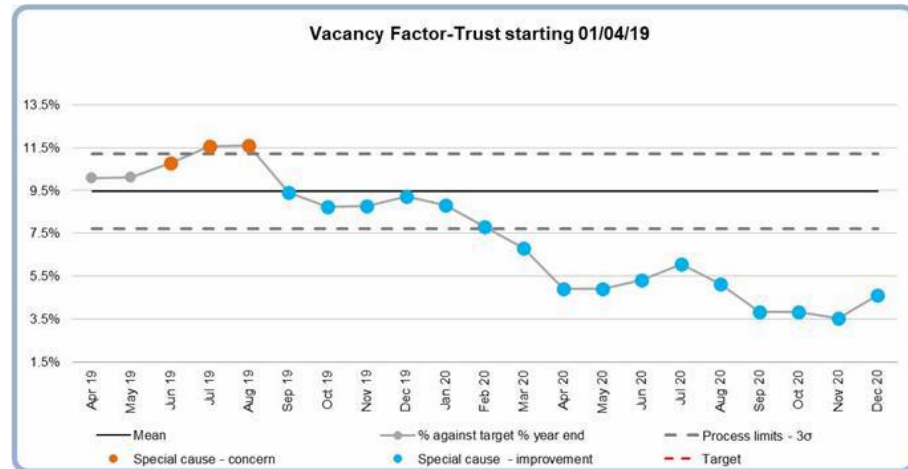
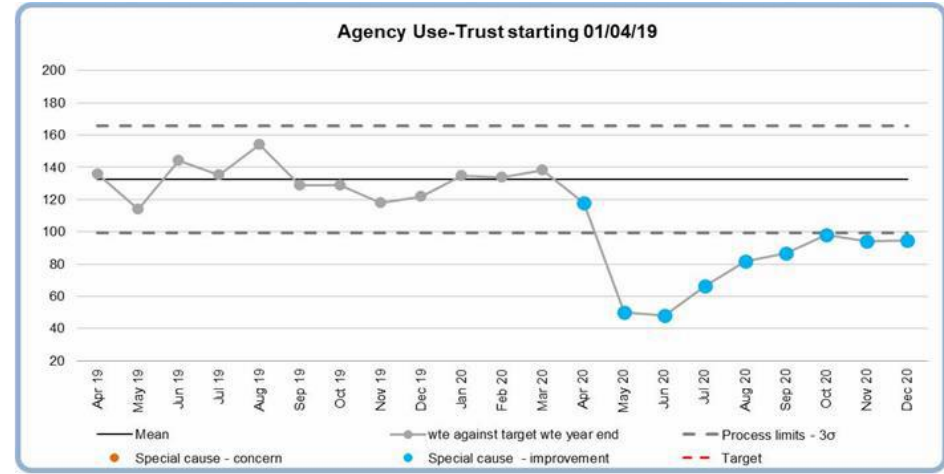
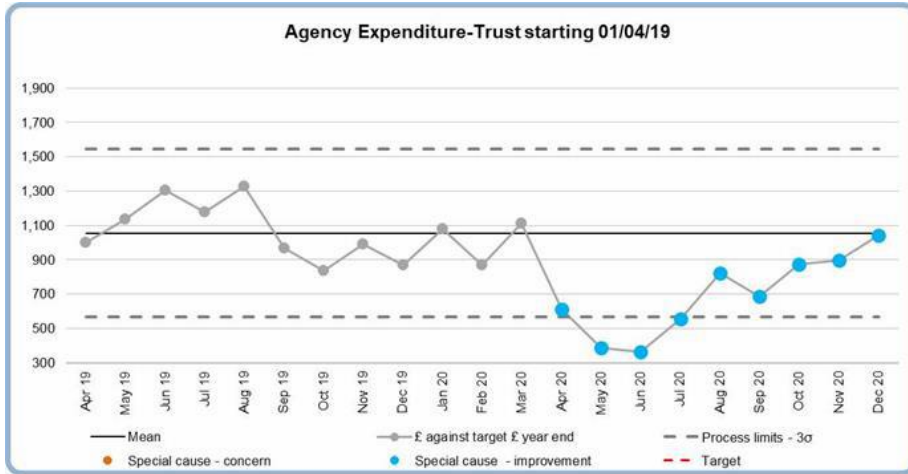


## Well Led

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



# Workforce



## Resourcing

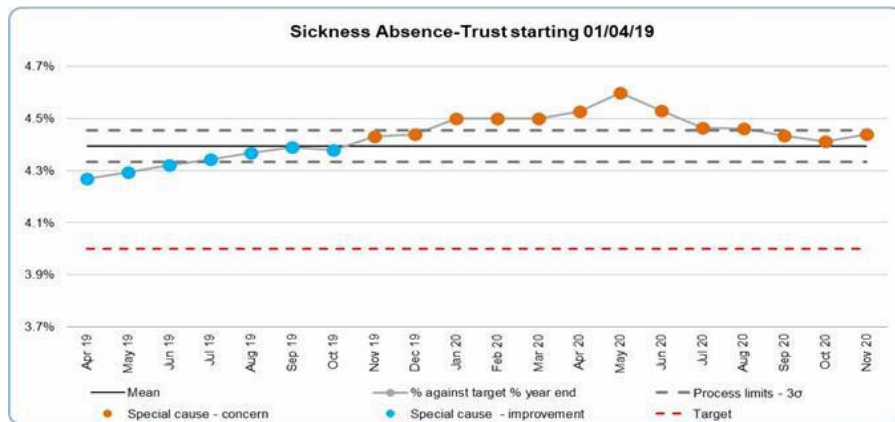
December agency expenditure increased in relation to usage due to reduced availability of framework supply across the Trust.

Substantive recruitment in December saw eight band 5 starters and 15 band 2 and 3 HCA's. Both these numbers are low compared to other months, a trend usually seen in December. Overall the band 2 and 3 winter HCA plan to deliver 25 starters (headcount) per month from November is at 38 starters in November and December with the January to March period anticipated to catch up the slight shortfall to date.

December's on line Digital Nursing Engagement event had 27 attendees and resulted in 12 offers and the Trust also attended the Nursing Times digital event and had over 200 new nurse contacts.

The resourcing teams are continuing in their work supporting the initiation of COVID-19 vaccination recruitment across the BNSSG, whilst dedicated resource was being brought in and 145 interviews took place in December.

# Engagement and Wellbeing



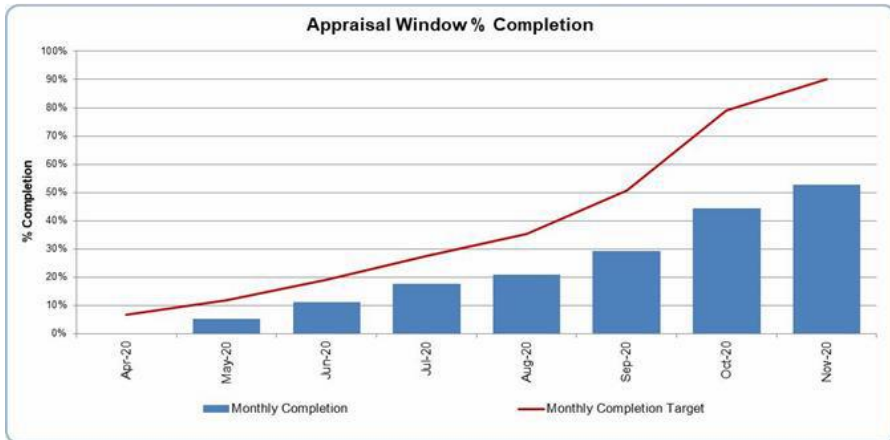
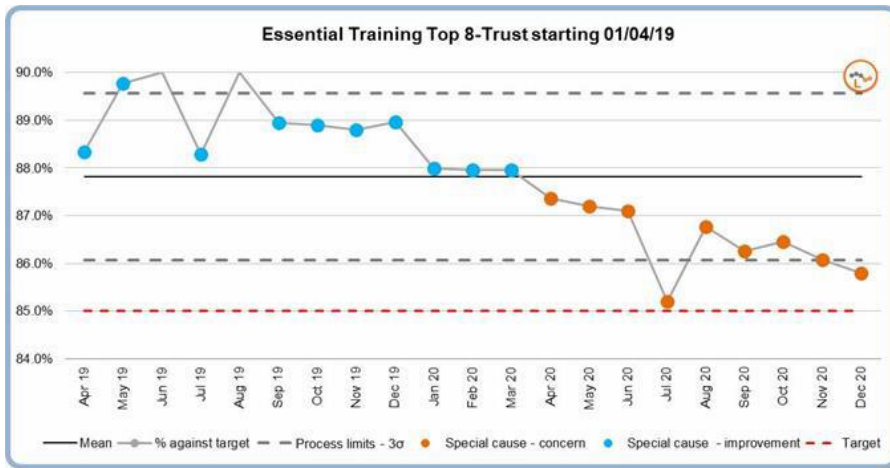
## Turnover and Stability

NBT is now part of the Healthier Together Retention Task and Finish group (part of the Pathfinder project). The early focus is on the development of system-wide 'Itchy Feet' and 'Stay' Conversations. NBT is taking a lead on this as these are initiatives which are already up and running in our organisation. The Itchy Feet campaign and 'Leaving the Trust' resources are also currently being refreshed by the People Team within NBT.

## Sickness and Health and Wellbeing

Work undertaken to help improve sickness absence includes:

- Absence project in ASCR targeting absence hot spot areas (on-going);
- Continued development of guidance and support for staff off sick with COVID-19 related sickness absence and the development (on a system-wide basis) of new guidance and support linked to the management of 'long' COVID;
- A COVID-19 Health risk assessment review process is now underway, with over 550 risk assessment review conversations having occurred since December;
- The second tranche of high level case reviews for the 'top 30' LTS cases have taken place this month, with People Business Partners and senior HR representatives. Partners have found these sessions helpful in supporting the effective management of the Trust's longest sickness cases. A number of the longest cases have now been resolved;



Training Topic	Variance	Nov-20	Dec-20
Child Protection	-0.1%	85.7%	85.6%
Adult Protection	-0.8%	87.6%	86.8%
Equality & Diversity	0.1%	90.7%	90.8%
Fire Safety	0.1%	85.7%	85.9%
Health & Safety	-1.2%	88.4%	87.2%
Infection Control	-0.1%	91.2%	91.1%
Information Governance	0.4%	81.6%	82.0%
Manual Handling	-0.7%	76.3%	75.5%
Waste	-0.2%	87.3%	87.1%
<b>Total</b>	<b>-0.3%</b>	<b>86.07%</b>	<b>85.79%</b>

### Appraisal

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

### Essential Training

Despite challenging staffing conditions, compliance continues to remain inline with the 85% threshold, with eLearning being the main access route. Clinical sessions requiring a practical element remain at a reduced attendance ratio due to social distancing requirements, wherever possible additional session have been added to compensate for this.

### Leadership & Management Development

A reduced programme of offerings will be in place until March 2021 (although content directly related to staff wellbeing or use of eRostering is still available).

### Apprenticeship Centre

Resources continue to focus on the recruitment drive for Band 2 Healthcare Assistants (HCA). Process redesign is underway for HCA Induction to improve on boarding efficiency whilst maintaining quality standards.



Dec-20	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
<b>Southmead</b>	97.4%	87.7%	95.9%	95.7%

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

The safe staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. There are however ongoing issues with the reporting and this has been escalated to Allocate the roster provider. We will be back reporting as soon as it is possible.

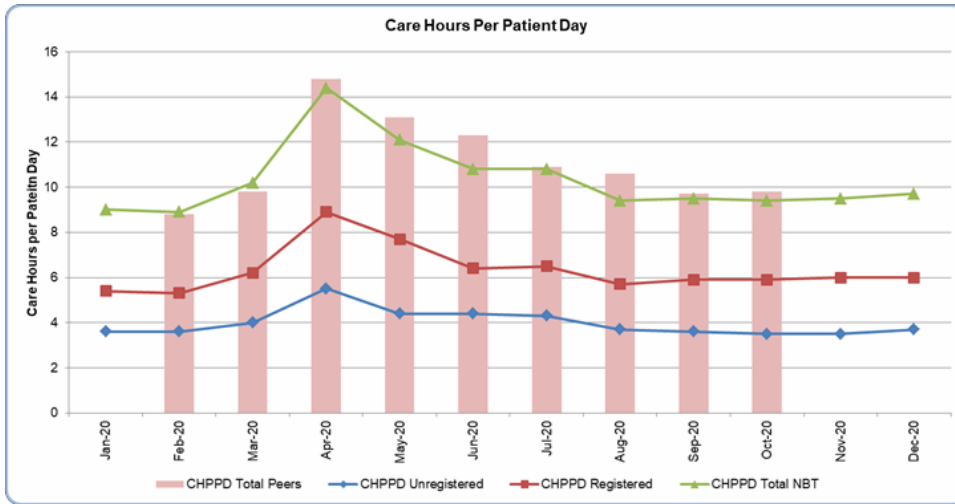
**Wards below 80% fill rate for Registered Staff:**  
**for all areas safe staffing maintained through daily staffing monitoring and supplementing with unregistered staff as required**

- 34b** (77.3 %) Ward closed for period of time in month
- 7b** (76.2%) This was a green ward which is intermittently running below full occupancy.
- Cotswold** (72.8%) Reduced occupancy

**Wards below 80% fill rate for Care Staff:**  
**for all areas safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required**

- Cotswold Ward** (48.2% day & 45.6% nights) : There is no change to the current plan for Cotswold Ward with no Care Assistants planned in staffing numbers
- AMU** 79.3% nights) Unregistered staff vacancies
- 8b**: (59.2% days) Unregistered staff vacancies safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required
- 7a** (61.9% day & 67% nights) Unregistered staff vacancies
- 7b** (79.6% Days) This was a green ward which is intermittently running below full occupancy.
- NICU** (50.6% Days 60.5% Nights) Unregistered staff vacancies
- 28b** (73.7% day & 77.3% night) Ward has been a blue COVID-19 ward and has had reduced occupancy
- 9b** (75.5%) Ward has been a blue COVID-19 ward and has had reduced occupancy
- 26a** (74.6%) Unregistered staff vacancies
- 26b** (79.4% nights) Unregistered staff vacancies
- Medirooms** (69.2% day & 61.3 % nights) Unregistered staff vacancies
- ICU** (75.8% day & 72.6% nights) Unregistered staff vacancies

- Wards over 150% fill rate:**
- 6b** (189.1% night) additional patients requiring enhanced care support with RMN and colocation of tracheostomy patients into this area.
  - 25a** (154.8% Nights) additional patients requiring enhanced care RMN/HCA support
  - 33a** (174.2% nights) RMN requirement



### Care Hours per Patient Day (CHPPD)

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

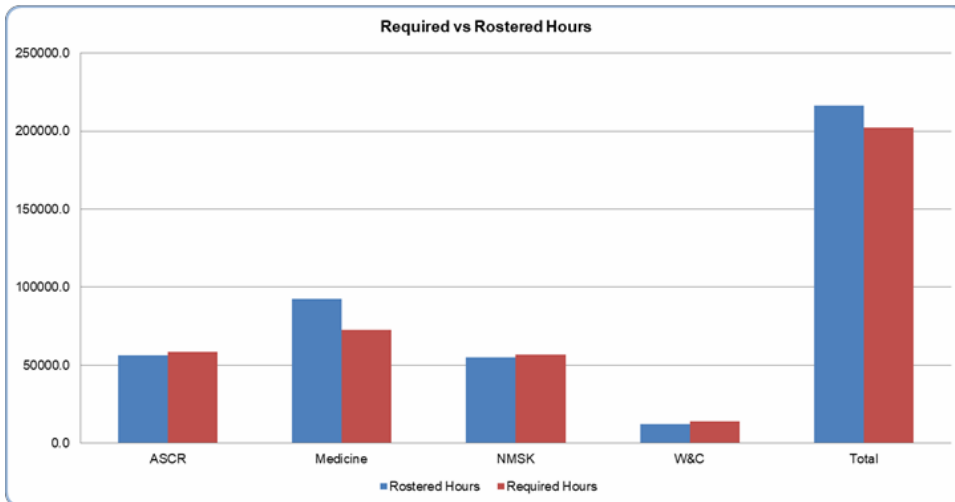
CHPPD are consistent with last month, rostered hours overall are above the required hours due to the decreased patient census and reduced lists.

### Safe Care Live (Electronic Acuity Tool)

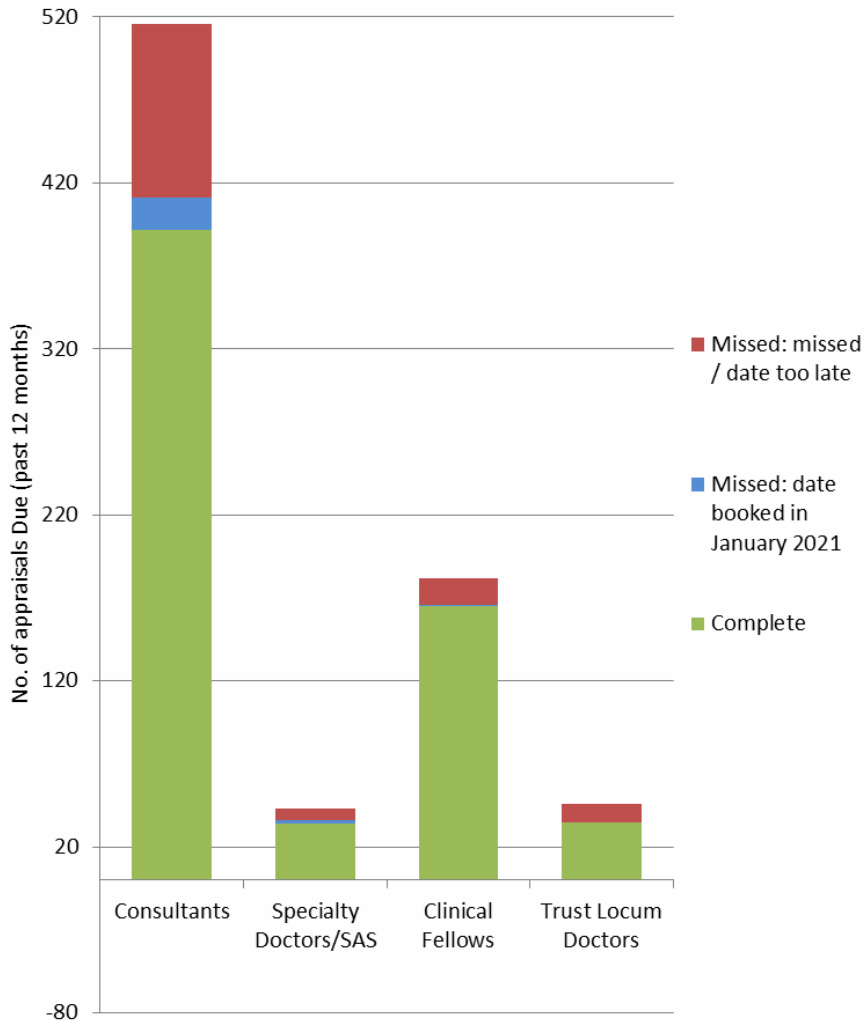
The Safe Care census completion this month was 86.70% which means that required hours are under represented in this view.

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.



### Appraisal Compliance (prev. 12 months)



### Medical Appraisal

In March 2020 the appraisal process was suspended due to COVID-19. The process resumed in June 2020. NHS England confirmed that appraisals suspended during this period could be considered cancelled and not postponed. This applied to 108 appraisals, (included as complete appraisals in this data). The revalidation team have advised all doctors that appraisals can now take a 'light touch' approach to appraisal preparation. This means that appraisal portfolios can contain minimal evidence of CPD, QIA and written reflection. These things will now be captured in the appraisal discussion and the focus of the appraisal should be on doctors wellbeing and personal development. The Fourteen Fish system remains the mandatory system for medical appraisals.

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

# Finance

**Board Sponsor: Director of Finance  
Catherine Phillips**

## Position as at 31 December 2020

	Dec Forecast	Dec Actuals	Variance to Forecast	YTD Forecast	YTD Actuals	Variance to Forecast
	£m	£m	£m	£m	£m	£m
Contract Income	52.6	53.4	0.8	431.1	433.0	1.9
Other Income	4.4	6.8	2.4	96.1	100.3	4.2
<b>Total Income</b>	<b>57.0</b>	<b>60.2</b>	<b>3.3</b>	<b>527.2</b>	<b>533.3</b>	<b>6.1</b>
Pay	(36.0)	(37.0)	(1.0)	(312.2)	(312.3)	(0.1)
Non-Pay	(19.1)	(17.6)	1.5	(170.0)	(169.4)	0.6
Financing	(5.8)	(5.8)	(0.0)	(53.1)	(53.3)	(0.2)
<b>Total Expenditure</b>	<b>(60.9)</b>	<b>(60.4)</b>	<b>0.5</b>	<b>(535.3)</b>	<b>(535.0)</b>	<b>0.3</b>
<b>Surplus/ (Deficit)</b>	<b>(3.9)</b>	<b>(0.2)</b>	<b>3.7</b>	<b>(8.1)</b>	<b>(1.7)</b>	<b>6.4</b>

## Statement of Comprehensive Income

### Assurances

The financial position at the end of November shows a year to date deficit of £1.7m compared to a forecast of £8.1m

The trust achieved breakeven in months 1 to 6 under the cost recovery regime implemented to support service delivery under COVID-19 and a deficit of £1.3m when operating within the new financial envelope.

Income for the month includes a retrospective claim of £0.1m for Nightingale Hospital costs and a further 0.7m for mass vaccination services.

There are no further key issues to report.

	19/20 M12	20/21 M8	20/21 M9	In-month change	YTD Change
	£m	£m	£m	£m	£m
<b>Non Current Assets</b>					
Property, Plant and Equipment	560.0	560.7	559.4	(1.3)	(0.6)
Intangible Assets	12.0	10.3	9.9	(0.4)	(2.0)
Non-current receivables	4.0	4.0	4.0	0.0	0.0
<b>Total non-current assets</b>	<b>576.0</b>	<b>575.0</b>	<b>573.4</b>	<b>(1.6)</b>	<b>(2.6)</b>
<b>Current Assets</b>					
Inventories	13.1	12.3	12.3	0.0	(0.8)
Trade and other receivables NHS	50.5	22.7	16.5	(6.2)	(34.0)
Trade and other receivables Non-NHS	22.2	29.1	30.1	1.0	7.9
Cash and Cash equivalents	10.7	111.9	112.0	0.1	101.2
<b>Total current assets</b>	<b>96.4</b>	<b>176.0</b>	<b>170.9</b>	<b>(5.1)</b>	<b>74.5</b>
<b>Current Liabilities (&lt; 1 Year)</b>					
Trade and Other payables - NHS	11.1	12.1	8.6	(3.5)	(2.4)
Trade and Other payables - Non-NHS	57.6	77.2	75.2	(2.0)	17.6
Deferred income	3.7	65.9	66.0	0.1	62.3
PFI liability	13.0	15.0	15.0	0.0	2.0
DHSC loans	173.6	0.0	0.0	0.0	(173.6)
Finance lease liabilities	2.4	2.6	2.6	0.0	0.2
<b>Total current liabilities</b>	<b>261.4</b>	<b>172.9</b>	<b>167.4</b>	<b>(5.4)</b>	<b>(94.0)</b>
Trade payables and deferred income	7.2	7.5	7.3	(0.1)	0.1
PFI liability	377.8	371.5	370.8	(0.7)	(7.0)
DHSC loans	5.4	0.0	0.0	0.0	(5.4)
Finance lease liabilities	5.3	6.1	5.9	(0.1)	0.6
<b>Total Net Assets</b>	<b>15.3</b>	<b>193.1</b>	<b>192.8</b>	<b>(0.3)</b>	<b>177.5</b>
<b>Capital and Reserves</b>					
Public Dividend Capital	248.5	427.5	427.5	0.0	178.9
Income and expenditure reserve	(382.3)	(383.4)	(383.4)	0.0	(1.0)
Income and expenditure account - current year	0.0	(1.1)	(1.5)	(0.4)	(1.5)
Revaluation reserve	149.1	150.2	150.2	0.0	1.0
<b>Total Capital and Reserves</b>	<b>15.3</b>	<b>193.1</b>	<b>192.8</b>	<b>(0.4)</b>	<b>177.5</b>

## Statement of Financial Position

### Assurances

The improved cash position of £112.0m (£101.2m up since March) is a result of the current financial regime of advance payment arrangements presently in place for all NHS Trusts.

### Key Issues

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year to date in 2020/21 of 86.6% by value compared to an average of 85.8% for financial year 2019/20.



## Financial Risk Ratings , Capital Expenditure and Cash Forecast

Capital expenditure for the first 9 months of the year is £17.0m which compares to a year to date plan of £19.8m.

### Financial Risk Rating

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

### Rolling Cash forecast

The high level cash flow below is in line with NBT's element of the forecast submitted to NHSI on 22nd October. This shows that the Trust has will end the year with a circa. £51m cash balance after the unwinding of the month in hand advance payment in March 2021.

	<b>Jan-21 (Forecast) £m</b>	<b>Feb-21 (Forecast) £m</b>	<b>Mar-21 (Forecast) £m</b>
<b>Cash brought forward</b>	<b>112.0</b>	<b>105.6</b>	<b>102.4</b>
Total I&E cash flows	(1.9)	(1.8)	(6.8)
Total Other cash flows	(4.6)	(1.3)	(44.6)
<b>Total in-month cash movement</b>	<b>(6.4)</b>	<b>(3.1)</b>	<b>(51.4)</b>
<b>Cumulative cash balance</b>	<b>105.6</b>	<b>102.4</b>	<b>51.0</b>

## Regulatory

**Board Sponsor: Interim Chief Executive  
Evelyn Barker**

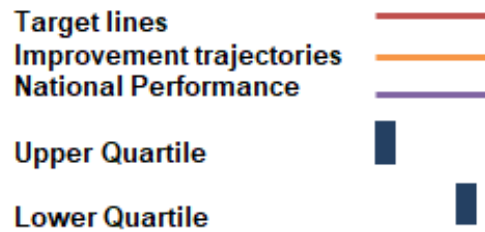
## Monitor Provider Licence Compliance Statements at December 2020 Self-assessed, for submission to NHSI

Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G4	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed a self assessment and no issues have been identified. Further external assurance checks have been completed on all Executive Directors and no issues have been identified.
G5	Having regard to monitor Guidance	Yes	The Trust Board has regard to NHS Improvement guidance where this is applicable.
G7	Registration with the Care Quality Commission	Yes	CQC registration in place. The Trust received a rating of Good from its inspection reported in September 2019. A number of mandatory actions were identified which are being addressed through an action plan. The Trust will receive updates on these actions via its Quality and Risk Management Committee.
G8	Patient eligibility and selection criteria	Yes	Trust Board has considered the assurances in place and considers them sufficient.
P1	Recording of information	Yes	A range of measures and controls are in place to provide internal assurance on data quality. Further developments to pull this together into an overall assurance framework are planned through strengthened Information Governance Assurance Group.
P2	Provision of information	Yes	The trust submits information to NHS Improvement as required.
P3	Assurance report on submissions to Monitor	Yes	Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit Committee and other Committee structures.
P4	Compliance with the National Tariff	Yes	NBT complies with national tariff prices. Scrutiny by CCGs, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly. It should be noted that NBT is currently receiving income via a block arrangement in line with national COVID-19 financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that NBT is currently receiving income via a block arrangement in line with national COVID-19 financial arrangements.
C1	The right of patients to make choices	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that the Trust is currently implementing national COVID-19 guidance on service restoration.
C2	Competition oversight	Yes	Trust Board has considered the assurances in place and considers them sufficient.
IC1	Provision of integrated care	Yes	Range of engagement internally and externally. No indication of any actions being taken detrimental to care integration for the delivery of Licence objectives.

# Appendix 1: Glossary of Terms

Unless noted on each graph, all data shown is for period up to, and including, 31 December 2020.

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

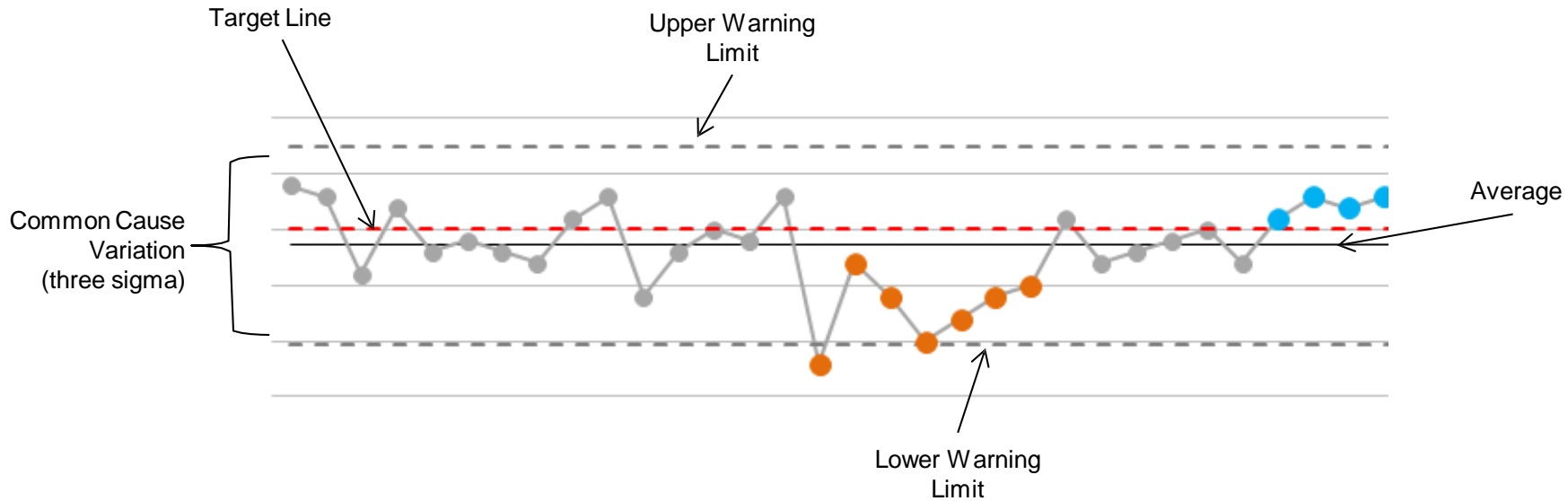


## NBT Quality Priorities 2020/21

- QP1** Enhance the experience of patients with Learning Disabilities and / or Autism by making reasonable adjustments which are personal to the individual
- QP2** Being outstanding for safety – at the forefront nationally of implementing the NHS Patient Safety Strategy within a ‘just’ safety culture.
- QP3** Ensuring excellence in our maternity services, delivering safer maternity care.
- QP4** Ensuring excellence in Infection Prevention and Control to support delivery of safe care across all clinical services

Abbreviation Glossary	
<b>AMTC</b>	Adult Major Trauma Centre
<b>ASCR</b>	Anaesthetics, Surgery, Critical Care and Renal
<b>ASI</b>	Appointment Slot Issue
<b>CCS</b>	Core Clinical Services
<b>CEO</b>	Chief Executive
<b>Clin Gov</b>	Clinical Governance
<b>CT</b>	Computerised Tomography
<b>DDoN</b>	Deputy Director of Nursing
<b>DTOC</b>	Delayed Transfer of Care
<b>ERS</b>	E-Referral System
<b>GRR</b>	Governance Risk Rating
<b>HoN</b>	Head of Nursing
<b>IMandT</b>	Information Management
<b>IPC</b>	Infection, Prevention Control
<b>LoS</b>	Length of Stay
<b>MDT</b>	Multi-disciplinary Team
<b>Med</b>	Medicine
<b>MRI</b>	Magnetic Resonance Imaging
<b>NMSK</b>	Neurosciences and Musculoskeletal
<b>Non-Cons</b>	Non-Consultant
<b>Ops</b>	Operations
<b>P&amp;T</b>	People and Transformation
<b>PTL</b>	Patient Tracking List
<b>RAP</b>	Remedial Action Plan
<b>RAS</b>	Referral Assessment Service
<b>RCA</b>	Root Cause Analysis
<b>SI</b>	Serious Incident
<b>TWW</b>	Two Week Wait
<b>WCH</b>	Women and Children's Health
<b>WTE</b>	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](https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf)



<b>Report To:</b>	Trust Board - Public		
<b>Date of Meeting:</b>	28 January 2021		
<b>Report Title:</b>	Quality & Risk Management Committee Report		
<b>Report Author &amp; Job Title</b>	Xavier Bell, Director of Corporate Governance & Trust Secretary Isobel Clements, Corporate Governance Officer		
<b>Executive/Non-executive Sponsor (presenting)</b>	John Iredale, Non-Executive Director and Chair of QRMC		
<b>Purpose:</b>	<b>Approval/Decision</b>	<b>Discussion</b>	<b>To Receive for Information</b>
			X
<b>Recommendation:</b>	The Trust Board should receive the report for assurance and note the activities QRMC has undertaken on behalf of the Board. It is requested that Trust Board approve the QRMC Terms of Reference.		
<b>Report History:</b>	The report is a standing item to the Trust Board following each Committee meeting.		
<b>Next Steps:</b>	The next report will be received at the Trust Board in March 2021.		

<b>Executive Summary</b>	
The report provides a summary of the assurances received and items discussed and debated at the Quality and Risk Management Committee (QRMC) meeting held on 21 January 2021.	

<b>Strategic Theme/Corporate Objective Links</b>	<ul style="list-style-type: none"> <li>• Be one of the safest trusts in the UK</li> <li>• Treat patients as partners in their care</li> </ul>
<b>Board Assurance Framework/Trust Risk Register Links</b>	Link to BAF risk SIR14 relating to clinical complexity, risk COV 2 relating to overwhelming effects of Covid-19 locally and risk SIR1 relating to lack of capacity affecting performance and patient safety.
<b>Other Standard Reference</b>	CQC Standards.

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<b>Financial implications</b>	No financial implications identified in the report.
<b>Other Resource Implications</b>	No other resource implications identified.
<b>Legal Implications including Equality, Diversity and Inclusion Assessment</b>	None identified.
<b>Appendices:</b>	Appendix 1 - CQC Gynaecology Inspection Feedback Letter Appendix 2 – QRMC Terms of Reference

**1. Purpose**

To provide a highlight of the key assurances received, items discussed, and items for the attention of Trust Board from the QRMC meetings held on 21 January 2021.

**2. Background**

The QRMC is a sub-committee of the Trust Board. It usually meets bi-monthly and reports to the Board after each meeting and was established to provide assurance to the Trust Board on the effective management of quality governance and risk management.

**3. Meeting on 21 January 2020**

**3.1 Ockenden Review Report – Actions**

Dr Sonia Barnfield, Speciality Lead for Obstetrics and Maternity Governance Lead, Women & Children’s’ Division (W&CH) and Alison Pike, Acting Clinical Director, W&CH presented to the Committee a report setting out the Trust’s response to the recent publication of the first Ockenden report following an independent review of the maternity services at Shrewsbury & Telford Hospital NHS Trust. It was noted the Trust had responded to NHSE/I about compliance with 12 specific clinical priorities that had been drawn from the immediate and essential actions (IEAs) identified in the report.

The Committee were assured the Trust was proceeding to implement the full set IEAs applicable to providers of maternity services. Completion of the new assurance assessment tool was one of the actions requiring specific attention and has been developed nationally. A minimum maternity data-set is being developed for future Trust Board meetings.

Next steps identified:

- The finalised assurance assessment tool will be submitted by 15 February 2021;

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- Additional sharing of assurances across the Local Maternity System (LMS) and regional teams;
- The assurances will be reviewed at the next public Trust Board (March 2021)
- The minimum data set, under development, will become a regular report to Trust Board

Discussion under this item also explored assurances that NBT's service provided a kind/empathetic and patient focused service. The team in attendance were able to describe to the committee that feedback from women was received via the Maternity Voices Partnership, patient advocates and patient feedback through surveys and complaints. The Committee were reassured that this would remain under review and that the team were not complacent.

It was noted that moving forward Maternity Service assurance will form a significant element of QRMC's work-plan.

### 3.2 Maternity Serious Incident Report

Alongside the Ockenden assurance update, the Committee received an update on two Serious Incidents within Maternity. The recommendations and learning opportunities from the incidents was presented, alongside the work being undertaken to improve in light of the learning.

Moving forward, all incidents requiring referral to the Healthcare Safety Investigation Branch (HSIB) will be reported as a Serious Incident (SI). This ensures consistency of approach across the country, and will result in a higher number of SIs being reported through the Trust's process.

As required under the Ockenden recommendations, the Committee can expect all SIs in maternity to be reported to QRMC and the Board.

The Committee asked that the voices of families was reflected in future SI reports presented to QRMC.

### 3.3 Thematic review of the intrapartum still births

The Women's and Children's division had proactively taken the opportunity to complete a thematic review of intrapartum stillbirths over a five year period. The Committee reviewed the report on the above, covering 11 cases where similar themes had been identified during investigation. The Committee were assured by the service's commitment towards continuous improvement of the provision of high quality maternity care. The Committee sought, and received, additional assurance on the engagement and involvement of families in the incident review process.

### 3.4 Perinatal Morbidity Review Tool (PMRT) – Quarterly Update

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The Committee received a quarterly report for information that included details of all eligible perinatal deaths reviewed and the consequent action plans. The report evidenced that the PMRT had been used to review eligible perinatal deaths and that the required standards a), b) and c) had been met as per Safety Action 1, CNST Maternity Incentive Scheme.

### 3.5 Learning disabilities Mortality Review (LeDeR): Report on Recommendations and Actions

Helen Blanchard, Director of Nursing & Quality, provided an update and overview of the second LeDeR review into the death of Mr Oliver McGowan who died while in Trust care in 2016.

The Committee noted the specific recommendations for Transition, Emergency Department care and environment, hospital passports, care for people with Autism, training for staff and medication reviews. A system response has been agreed across BNSSG to ensure both internal and external review of action delivery.

The Committee were reassured that since the sad death of Mr McGowan there had been significant changes within the Trust around the care of patients with Learning disabilities and/or Autism, and were assured that the recommendations from the LeDeR were being appropriately progressed.

An update will be received by the Committee in six months.

### 3.6 Covid-19 Update

The Committee received an update on the operational response to the Covid-19 pandemic within the hospital. It was noted that NBT has been taking a leading role in supporting the system, taking patients from Weston General Hospital, surgical diverts, and regional transfer of ICU patients. The Committee noted that the organisation has had to be extremely agile in its operational response, given the need to manage both Covid-positive and non-Covid patients within the building. It is anticipated that pressures will continue throughout January.

The Committee were pleased to hear that the delivery of cancer surgical activity was being prioritised as much as possible.

### 3.7 Mass Vaccination Quality Governance Framework

Tim Whittlestone, Deputy Medical Director and NBT's medical lead for the Mass Vaccination Programme, outlined the Quality Governance Framework to the Committee and provided a brief update on the operational response and vaccination progress within BNSSG.

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The Committee thanked Mr Whittlestone and his colleagues for the incredible response to the challenging vaccination requirements, and endorsed the Mass Vaccination Quality Governance Framework.

### 3.8 Infection Prevention Control Board Assurance Framework (IPC BAF)

Su Monk attended the Committee meeting in her capacity as Deputy Director of IPC and presented the Trust's completed NHSEI IPC Board Assurance Framework.

The Committee noted ongoing work around providing space for staff to take breaks in a socially distanced manner, and the ongoing work to encourage behaviour change amongst staff to ensure social distancing at all times.

### 3.9 Business planning: Quality objectives for 2021/22 and Draft paper on risks to the 2021/22 plan

The Committee reviewed and discussed the emerging quality priorities for the 2021/22 business plan. These arise from the Trust's 2020 Quality Strategy priority areas and will be agreed and finalised via the Trust Management Team and the Executive-led Quality sub-committees and will come to Trust Board in due course for sign-off.

The Committee also reviewed the emerging risks associated with the 2021/22 business plan.

### 3.10 Medical Examiner and Learning from Deaths (6 monthly)

The Committee heard from the Lead Medical Examiner for the service established across NBT and University Hospitals Bristol & Weston that had been implemented as a joint service. The Medical Examiner (ME) requirements are currently mandated by NHSE England and anticipated to become statutory from April 2022. He outlined the primary benefits this service was designed to deliver in supporting bereaved families, improving the accuracy and effectiveness of referrals into the coronial process and enhancing learning and improvement activities. He reported the service was now fully recruited to and reviewing an increasing percentage of cases, despite the challenges the pandemic has presented.

The Trust has an ongoing responsibility for reviewing deaths in hospital and QRMC received an update on the current position, which reflected that 90.3% of cases have been reviewed. For those scrutinised in more depth using the Structured Judgment review 95.7% of overall care scores were rated as 'adequate or better' and 4.3% as 'poor' – these cases are then reviewed in more detail. The trust has also undertaken two focused thematic reviews during the pandemic and progressed key learning with specific actions, as explained to the committee. Next steps are to ensure a clear and effective interface with the Medical Examiner service to further enhance this work.

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### 3.11 Serious Incident Thematic Report

The Committee reviewed the thematic report, which will be used to inform the Trust's patient safety plan for 21/22. This will come back to the Committee as a formal proposal in due course.

The report identified two specific Serious Incidents:

- A Never Event relating to a wrong implant. The investigation is at an early stage and is ongoing and will be reported in more detail through the Trust's usual processes. No immediate patient harm has been identified, but this is being kept under review.
- A Serious Incident relating to the discharge of an asymptomatic Covid-19-positive patient to a local nursing home. The investigation is nearing completion and a further update will come to the Committee in due course.

### 3.12 CQC Assurance Update

The Committee received the most up to date CQC Insight data, and the interim CQC letter which provided general feedback from the recent inspection in gynaecology. The committee discussed the feedback and noted that a formal report was still to be received, please see letter attached at Appendix 1.

### 3.13 QRMC Terms of Reference

The QRMC endorsed the Terms of Reference with no changes and the Committee self-review was deferred to later in 2021 due to the current response to Covid-19. Terms of Reference are attached at Appendix 2 for approval at Trust Board.

### 3.14 Internal Audit Reports: Volunteer Checks

The Committee received significant assurance with minor improvement opportunities regarding the Trust's volunteer services from the Volunteer Checks Internal Audit Report. Kat Tudor, Volunteer Service Manager, was commended for the huge difference made since starting the role.

### 3.15 Other items:

The Committee also received updates on:

- QRMC relevant BAF Risks
- Internal Audit Reports: Volunteer Checks
- Risk Reports - Trust (including Covid-19), the Nightingale Hospital and NBT Vaccination
- Sub-committee upward report(s):
  - Drugs & Therapeutics
  - Safeguarding Committee
- Quality Performance Report

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

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

**5. Recommendations**

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

It is requested that Trust Board approve the QRMC Terms of Reference.

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Via Email

Our reference: INS2-9906294291

Evelyn Barker  
Chief Executive Officer  
North Bristol NHS Trust  
Southmead Hospital  
Southmead Road  
Bristol  
BS10 5NB

Care Quality Commission  
Citygate  
Gallowgate  
Newcastle Upon Tyne  
NE1 4PA

Telephone: 03000 616161  
Fax: 03000 616171

[www.cqc.org.uk](http://www.cqc.org.uk)

Date: 15 December 2020

CQC Reference Number: RVJ

Dear Evelyn,

**Re: CQC focused inspection of Gynaecology Services at Southmead Hospital**

Following the feedback meeting with Rachel Wemyss and myself at the end of the focused inspection on 10<sup>th</sup> December 2020, I thought it would be helpful to give you written feedback as highlighted at the inspection and given to your team at the feedback meeting.

This letter does not replace the draft report and evidence appendix we will send to you, but simply confirms what we fed-back on 10<sup>th</sup> December 2020 and provides you with a basis to start considering any action that is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence appendix, this correspondence should be used to inform discussions with the board.

**An overview of our feedback**

[Gynaecology Leadership Presentation](#)

The presentation given to us at the beginning of the day, hit the brief very well and was a real learning opportunity for us with regards services offered at North Bristol Trust. This was by no means overloading at all, despite the breadth of information contained and provided a different way for us to ascertain information usually requested through an interview format. We would encourage you to keep the presentation as a tool; it was clear how much time and effort had been put into

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putting it together and it would make sense to use it again. The presentation provided us with the information we had asked particularly around how the service has evolved and learned in the last couple of years. Thank you in particular for what we don't underestimate to have been a pretty epic task.

### General Feedback

The purpose of this inspection was as you know, to try and corroborate the information shared with us about the gynaecology service with how it operates in practice. Generally, what we saw was a clear representation of how changes have been implemented and the service developed. We were given clear examples of improvements, and everyone that we spoke with was able to articulate these.

We heard many examples of joined up multi disciplinary working across disciplines – pathology, radiology and with the Cancer Centre at UHBW. This was a consistent message across the day. It was clear that this was an area the service excelled in.

We asked to look at the gynaecology risk register which contained four risks. The majority of these risks spoke of a lack of consultants having an impact on the desired delivery of the service. We learned that the lack of consultants was not a recruitment issue, but a service planning issue borne out of a drive to improve services. We recognise that extra consultants had been recruited through the pandemic to address spit site working and this was seen very positively. However, we will be asking for further data regarding the make up of the consultant body in gynaecology because we want to have a look at whether this impacts on the delivery of the cancer pathway.

We reviewed 15 sets of patient records during our time on site and we will report in more detail on our findings with regards to these in the report as you would expect. We were looking to identify how women were managed on the two week wait pathway and how decisions were taken to remove them. We didn't find any areas of concern in our review of these records.

We told the team during the feedback session that we did not envisage the need for any immediate enforcement action and that still remains. You will appreciate that we need to follow due process subsequently to the inspection to evaluate the information we hold in detail. We will of course keep you updated with this, and any outcomes we feel you need to be aware of. You will be familiar with the structure of the report in that any requirement notices, or "should do" actions will be detailed at the end of the report.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to Liz Mearns and Trudi Piggot at NHS Improvement

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely



Marie Cox  
Inspection Manager

**c.c Amanda Williams** - Head of Hospitals Inspection

**Michelle Romain** – Chair, NBT

**Liz Mearns** - Medical Director (System Improvement) NHS England and NHS Improvement – South West

**Trudi Piggot** - Deputy Clinical Quality Director, NHS England & NHS Improvement South West

**John Scott** - Regional Engagement Manager, CQC

## Quality and Risk Management Committee Terms of Reference

<b>Date Approved and Adopted</b>	21 January 2021
<b>Frequency Review</b>	Annual
<b>Next Review</b>	January 2022 or when self-assessment is completed
<b>Terms of Reference Drafting</b>	Trust Secretary
<b>Review</b>	Quality & Risk Management Committee
<b>Approval and Adoption</b>	Trust Board
<b>Version Number</b>	1.1

### 1. Constitution

- 1.1. The Trust Board hereby resolves to establish a Committee to be known as the Quality and Risk Management Committee.
- 1.2. The Committee is constituted as a standing committee of the Trust Board. Its constitution and terms of reference shall be as set out below; and will be subject to amendments approved by the Trust Board.

### 2. Authority

- 2.1. The Committee is authorised to seek information it requires from any employee of the Trust. All members of staff are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain legal or other independent professional advice and to secure the attendance of advisors with such expertise that it considers necessary.
- 2.2. The Committee is authorised by the Board to make decisions within its terms of reference, including matters specifically referred to it by the Board.

### 3. Membership

- 3.1. The Committee shall comprise:
  - Three Non-Executive Directors one of whom will chair the Committee.
  - Director of Nursing and Quality
  - Medical Director
  - Chief Operating Officer
- 3.2. In the absence of the appointed Committee Chair, another Non-Executive Director will chair the meeting.
- 3.3. Attendance at meetings is essential. When an Executive Director member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf.



#### 4. Attendance at Meetings

- 4.1. The following officers may also be required to attend meetings but are not members:
- Director of Facilities
  - Director of People and Transformation
  - Director of IM&T
  - Associate Director of Quality Governance
  - Director of Corporate Governance/Trust Secretary
- 4.2. These individuals are encouraged to send deputies in their stead where they feel this is appropriate.
- 4.3. The Committee can request the attendance of any other director or senior manager if an agenda item requires it.

#### 5. Quorum

- 5.1. The quorum necessary for the transaction of business shall be three members of whom two must be Non-Executive Directors (including the chair of the committee) and one of either the Medical Director or the Director of Nursing and Quality.

#### 6. Frequency of Meetings and Conduct

- 6.1. The Committee will meet bi-monthly and will be set in advance as part of the planning of the Trust Board and Committee meetings annual calendar of business.
- 6.2. Further meetings can be called at the request of the Committee Chair.
- 6.3. An agenda of items to be discussed and supporting papers will be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting.
- 6.4. Decisions may be taken by written resolution upon the agreement of the majority of members of the Committee in attendance, subject to the rules on quorum.

#### 7. Responsibilities

The Committee shall hold the safety of patients, public and staff, as well as the reputation of the Trust, as a core value in assessing assurance, quality governance and risk.

The responsibilities of the Committee can be categorised as follows:

##### 7.1. Assurance

The Committee shall ensure that the Trust Board is adequately assured in relation to all quality, clinical governance and research matters which will include, but is not limited to:

- Infection control
- Clinical outcomes by specialty and consultant, including review and response to national clinical audits, national registries etc.

- Mortality rates & Learning From Deaths
- Regulatory compliance
- Safeguarding Children's and Adults
- Quality assessment of CIP projects
- CQUIN delivery
- Incident reporting
- Risk management
- Medical records
- Clinical claims management

## 7.2. *Quality Strategy and delivery of the quality agenda*

7.2.1. The Committee shall maintain oversight of the business of the Quality Strategy Delivery Committee and any associated committee sub-structure through the receipt of regular update reports, and shall ensure that the Board is adequately assured in relation to the delivery of the Trust's quality strategy;

7.2.2. The Committee shall maintain oversight of the business of the Drugs and Therapeutics Committee, the Clinical Effectiveness & Audit Committee, the Patient Safety and Clinical Risk Committee and the Safeguarding Committee through the receipt of regular reports. This shall ensure that the Committee maintains oversight of:

- Management systems and structures to ensure that sufficient analysis of incidents, complaints, claims, clinical audits, service reviews etc. is undertaken to reflect, learn and make recommendations for required changes to improve quality of care provided to patients;
- Concerns raised by the Patient Safety & Clinical Risk Committee, in regard to issues of patient safety which require attention and resolution at Executive level;
- the quality work programme and the support required for quality improvement given by Quality & Patient Safety work streams, Clinical Audit, Learning and Development, and Information Management & Technology. This includes the quality improvements relating to national CQUINs.

## 7.3. *Regulatory Compliance*

7.3.1. The Committee shall assure itself that all regulatory requirements are complied with, with proven and demonstrable assurance, and immediate and effective action is taken where this is identified as deficient.

7.3.2. The Committee shall monitor and assure itself that it can with confidence, and evidence, assure the Trust Board, patients, public, and other stakeholders (e.g.: Care Quality Commission (CQC), NHS Improvement, Department of Health, commissioners) that the Trust is complying with its regulatory requirements and can evidence this. The Committee shall seek

to embed the culture of compliance within the organisation, so that it happens as part of normal business, and not as a separate activity, contributing directly to a well-run organisation and the quality of patient care.

- 7.3.3. The Committee shall ensure compliance with the CQC registration requirements and standards and shall oversee the detailed work plan arising from inspections, alerts or other highlighted concerns raised by the CQC. The Committee shall also monitor key areas of compliance, such as NHS insurance (NHS Resolution General Risk Management Schemes and Clinical Negligence Scheme for Trusts), the NHS Constitution, and other key areas of compliance as they arise.

**7.4. Risk Management**

- 7.4.1. The Committee shall ensure the Trust has robust clinical and Health & Safety risk management systems and processes in place. Appropriate risk management systems and processes will remove, reduce, avoid, prevent or manage risks, whilst enabling innovation, to ensure the best possible patient care.

- 7.4.2. In particular, the Committee will:
  - ensure that an up to date risk register is maintained, and that relevant staff are able to access the risk register to raise concerns and know that concerns will be reviewed and addressed.
  - act as the forum for risk to be discussed, and ensure that where serious concerns are raised, action is taken, and that action plans are carried through to completion, and the reporting loops closed. In doing so, ensuring that there are robust links with clinical and non-clinical directorates to ensure a culture of quality and risk management is present throughout the organisation.
  - Act in accordance with Board approved risk appetite and risk tolerance levels when reviewing risks.

**7.5. Sub-committees and Groups reporting to, or responsible to the Committee:**



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**8. Reporting**

- 8.1. Formal minutes of Committee meetings will be recorded.

- 8.2. Full minutes will be sent in confidence to all members of the Committee and shall be made available on request to NHS Improvement and the Trust's internal and external auditors.
- 8.3. The Committee shall report to the Trust Board on its proceedings after each meeting to provide assurance and to escalate issues as appropriate.
- 8.4. The Committee will provide an annual report to the Board setting out how it has discharged its responsibilities as set out in these terms of reference.

## **9. Monitoring and Effectiveness**

- 9.1. The Committee shall have access to sufficient resources to carry out its duties, including access to company secretarial assistance as required.
- 9.2. It shall be provided with appropriate and timely training, both in the form of an induction programme for new members and an on-going basis for all members.
- 9.3. It will review its own performance, at least annually, review its constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Trust Board for approval.

## **10. Administrative Support**

- 10.1. Meetings will be supported by the Director of Corporate Governance/Trust Secretary's office, whose duties in this respect will include:
  - Agreement of agendas with the Chair and Members.
  - Collation and distribution of papers.
  - Minute taking.
  - Keeping a record of matters arising and issues to be carried forward within an action log.
  - Advising the Committee on pertinent issues/areas.
  - Provision of a highlight report of the key business undertaken to the Trust Board following each meeting.