

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

Trust Board Meeting – Public
Thursday 27 January 2022
10.00 – 13.10
Virtual via Microsoft Teams

A G E N D A

| No. | Item | Purpose | Lead | Paper | Time |
|--------------------------------|--|-------------|----------------------------------|--------|-------|
| OPENING BUSINESS | | | | | |
| 1. | Welcome and Apologies for Absence: Tim Gregory, NED | Information | Chair | Verbal | 10.00 |
| 2. | Declarations of Interest | Information | Chair | Verbal | 10.02 |
| 3. | Minutes of the Public Trust Board Meeting Held on 25 November 2021 | Approval | Chair | Enc. | 10.05 |
| 4. | Action Chart from Previous Meetings | Discussion | Trust Secretary | Enc. | 10.06 |
| 5. | Matters Arising from Previous Meeting | Information | Chair | Verbal | 10.08 |
| 6. | Chair's Business | Information | Chair | Verbal | 10.10 |
| 7. | Chief Executive's Report | Information | Chief Executive | Enc. | 10.20 |
| KEY DISCUSSION TOPIC(S) | | | | | |
| 8. | Patient Story | Discussion | Director of Nursing & Quality | Pres. | 10.30 |
| 9. | Annual Emergency, Preparedness, Resilience & Response (EPRR) Report | Information | Chief Operating Officer | Enc. | 10.55 |
| PERFORMANCE | | | | | |
| 10. | Integrated Performance Report <i>(to include a discussion on workforce)</i> | Discussion | Chief Operating Officer | Enc. | 11.05 |
| FINANCE & PLANNING | | | | | |
| 11. | Finance Month 9 Report | Information | Chief Finance Officer | Enc. | 11.35 |
| QUALITY | | | | | |
| 12. | Continuity of Carer <i>Juliette Hughes, Div. Dir. Nursing, attending</i> | Information | Director of Nursing & Quality | Enc. | 11.45 |
| 13. | Quality Committee Upward Report <i>Maternity Assurance Tool and minimum data set (Ockenden action) is included in the IPR</i> | Information | NED Chair | Enc. | 11.55 |

| No. | Item | Purpose | Lead | Paper | Time |
|-------------------------|--|-------------|-------|--------|-------|
| CLOSING BUSINESS | | | | | |
| 14. | Any Other Business | Information | Chair | Verbal | 12.00 |
| 15. | Questions from the Public in Relation to Agenda Items | Information | Chair | Verbal | 12.02 |
| 16. | Date of Next Meeting: Thursday 31 March 2022, 10.00 a.m. | | | | - |
| | <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"> Nothing to declare. |
| Mr Kelvin Blake | Non-Executive Director | <ul style="list-style-type: none"> Non-Executive Director of BRISDOC who provide GP services to North Bristol NHS Trust. Trustee, Second Step. Provide mental health services for the Bristol North Somerset and South Gloucestershire area. Trustee, West of England Centre for Integrated Living. Provide a range of services to disabled people living in the Bristol, North Somerset and South Gloucestershire area. Director, Bristol Chamber of Commerce and Initiative. Member of the Labour Party. |
| Professor John Iredale | Non-Executive Director | <ul style="list-style-type: none"> Pro Vice-Chancellor of University of Bristol. Member of Medical Research Council. Trustee of: <ul style="list-style-type: none"> British Heart Foundation Foundation for Liver Research Chair of the governing board, CRUK Beatson Institute. |
| Mr Tim Gregory | Non-Executive Director | <ul style="list-style-type: none"> Employed by Derbyshire County Council – Director of Environment, Economy and Transport, commencing 03/08/2020. Likely to be until May 2021. |
| Mr Richard Gaunt | Non-Executive Director | <ul style="list-style-type: none"> Non-Executive/Governor of City of Bristol College. Non-Executive Director of Alliance Homes, social housing and domiciliary care provider |
| Ms Kelly Macfarlane | Non-Executive Director | <ul style="list-style-type: none"> Sister is Centre Leader of Genesiscare Bristol – Private Oncology. Sister works for Pioneer Medical Group, Bristol. Managing Director, HWM Limited, a Halma Company. |

| Name | Role | Interest Declared |
|--------------------------|----------------------------------|---|
| Professor Sarah Purdy | Non-Executive Director | <ul style="list-style-type: none"> • Pro Vice-Chancellor and Professor of Primary Care, University of Bristol • Salaried GP, Sea Mills Surgery, Bristol • Shareholder (more than 25% but less than 50%) Talking Health Limited • Fellow of the Royal College of Physicians • Fellow of the Royal College of General Practitioners • Fellow of the Royal College of Physicians Edinburgh • Member of the British Medical Association • National Institute for Health Research Health and Social Care Delivery Research Funding Panel Member • Vice-Chair, Board of Trustees, Venturers Trust, Bristol • Member, Board of Trustees, Bristol Student Union <p>Indirect Interests (ie through association of another individual eg close family member or relative) via Graham Rich who is:</p> <ul style="list-style-type: none"> - Chair, Armada Topco Limited - Director, Helios Ltd - Director, Datapharm Limited - Director, I4Health Limited - Director, Talking Health Ltd - Chair, EHC Holdings Topco Limited |
| LaToyah McAllister-Jones | Associate Non-Executive Director | <ul style="list-style-type: none"> • Board member of Bristol Festivals • Executive Director St Pauls Carnival CIC • Board Trustee of United Communities |
| Ms Sandra Harding | Associate Non-Executive Director | <ul style="list-style-type: none"> • Founder, HCPG Ltd • Board Trustee, POhWER • Vice Chair of Governors, Marksbury Primary School • Councillor, Marksbury Parish Council |
| Ms Maria Kane | Chief Executive | <ul style="list-style-type: none"> • Advisory Group Member of CHKS, a provider of healthcare intelligence and quality improvement services (remuneration donated to charity) |

| Name | Role | Interest Declared |
|---------------------|---|--|
| Mr Steve Curry | Chief Operating Officer | <ul style="list-style-type: none"> Nothing to declare. |
| Mr Tim Whittlestone | Medical Director | <ul style="list-style-type: none"> Director of Bristol Urology Associates Ltd. Undertakes occasional private practice (Urology Specialty) at company office. This is undertaken outside of NBT contracted hours. |
| Mr Glyn Howells | Chief Financial Officer | <ul style="list-style-type: none"> Governor and Vice Chair of Newbury College (voluntary). £25 voucher received as a thank you gift for speaking at a Royal College of Surgeons/Society of British Neurosurgeons Leadership Development Course on 18 November 2021. Donated to Southmead Hospital Charity. |
| Ms Helen Blanchard | Director of Nursing and Quality | <ul style="list-style-type: none"> Nothing to declare. |
| Mr Neil Darvill | Director of Information Management and Technology (non-voting position) | <ul style="list-style-type: none"> Wife works as a senior manager for Avon and Wiltshire Partnership Mental Health Trust. |
| Ms Jacqui Marshall | Director of People and Transformation (non-voting position) | <ul style="list-style-type: none"> Nothing to declare. |

**DRAFT Minutes of the Public Trust Board Meeting held virtually on
Thursday 25 November 2021 at 10.00am**

Present:

| | | | |
|--------------------------------|---|-------------------------|---|
| Michele Romaine | Trust Chair | Maria Kane | Chief Executive |
| Tim Gregory | Non-Executive Director | Jon Scott | Chief Operating Officer |
| John Everitt | Non-Executive Director | | |
| John Iredale | Non-Executive Director (present from minute item 10) | Helen Blanchard | Director of Nursing & Quality |
| Kelly MacFarlane | Non-Executive Director | Neil Darvill | Director of Informatics |
| Richard Gaunt | Non-Executive Director | Glyn Howells | Chief Financial Officer |
| Kelvin Blake | Non-Executive Director | Jacqui Marshall | Director of People & Transformation |
| LaToyah | Associate Non-Executive Director | Tim Whittlestone | Medical Director |
| McAllister-Jones | Director | Simon Wood | Director of Estates, Facilities & Capital Planning |
| Ade Williams | Associate Non-Executive Director | | |
| <u>In Attendance:</u> | | | |
| Xavier Bell | Director of Corporate Governance & Trust Secretary | Isobel Clements | Senior Corporate Governance Officer & Policy Manager (<i>Minutes</i>) |
| | | Richard Thomas | Director of Communications |
| <u>Presenters:</u> | | | |
| Chrissie Thirlwell | Clinical Director, South West GMSA | Jonathan Miller | South West GMSA Programme Director |
| Rommel Ravanan | Clinical Director for CCS | | |
| <u>For other items:</u> | | | |
| Hilary Sawyer | Freedom to Speak Up Lead (present for minute item 09) | Gifty Markey | Patient Experience Lead (present up to and including minute item 07) |
| | | Lucy Kirkham | Guardian of Safe Junior Doctor Working Hours (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 Trust's website.

TB/21/11/01 Welcome and Apologies for Absence**Action**

The Trust Chair welcomed everyone to NBT's Trust Board meeting in public, for which a recording would also be made available on the Trust's website.

Apologies had been received from John Iredale, Non-Executive Director, for the first part of the meeting.

TB/21/11/02 Declarations of Interest

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

TB/21/11/03 Minutes of the previous Public Trust Board Meeting

RESOLVED that the minutes of the public meeting held on 30 September 2021 were approved as a true and correct record.

TB/21/11/04 Action Log and Matters Arising from the Previous Meeting

RESOLVED that all actions on the log were closed. No matters arising were raised.

TB/21/11/05 Chair's Business

The Trust Chair updated the Board on the appointment of Shane Devlin as the Integrated Care System (ICS) Chief Executive. Shane had reached out to the Trust Chair and expressed his excitement for starting the role in early 2022.

TB/21/11/06 Chief Executive's Report

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

- **Urgent & Emergency Care (U&EC), elective recovery and reducing those waiting 104weeks:** Work was ongoing - within NBT and assisted by the CCG and data companies - to expand capacity, develop ways to incentivise workforce, improve efficiency and staffing mix, and to validate waiting lists. Internal Clinical Standards had also been developed and launched, which had been well received by staff.
- The elective recovery plan relied on having two green wards which was challenging due to fluctuating Covid-19 numbers in the hospital.
- Staff anxiety and stress was increasing due to continuation of the pandemic.
- **Vaccines:** Staff uptake of the Covid-19 booster was currently 68% and communications should the vaccine become mandatory for NHS staff was being developed. Influenza vaccine uptake was 63%. Following a query, Tim Whittlestone, Medical Director, confirmed NHSE's 'end of winter' was the end of February.
- TMT leadership away-day also included a **Patient First** session. A Readiness Assessment would be carried out in December and January, to be launched in 2022 alongside UHBW.

From the ensuing discussion, the following key points were noted:

- The Trust Chair queried if NBT's System Oversight designation was tied directly to the System's position. Maria responded that it was not, though NBT was awaiting clarification of how Trusts and Systems would be able to move up the levels. It was also suggested being in level 3 and requiring regional support could potentially bring funding.
- John Everitt, NED, stated he was unclear what the System oversight designation meant for NBT and what the Trust should be doing to improve. Maria responded that the framework was new and NBT had

not yet discussed with the CCG or System leadership what the designation meant or remedial actions. However, it was noted that Glyn Howells, Chief Finance Officer, was involved with development of a long-term financial System strategy to define drivers of the System deficit, which funding during the pandemic had not helped to understand.

- Kelvin Blake commended staff for the NBT vaccination hub, noting all staff were professional and friendly and the hub was well organised. Maria added commendations to all staff involved including Tim Whittlestone and other Executive Directors who continued to support the vaccination programme. It was highlighted that NBT had also contributed to ensuring Covid-19 boosters appeared on the NHS app.
- Kelvin also enquired about the learning from the TMT away-day and suggested that maintaining internal clinical standards and compassionate leadership across the Trust needed to be a focus during the current times of operational pressures. Maria responded that staff and leaders were working with a set of finite staff in a highly pressured environment at all points of the system. Maria agreed that compassionate leadership was very important in such a situation and Patient First would help embed this and ensure as a principle that staff across the organisation felt empowered for continuous improvement. It was emphasised that Patient First was not a quick fix and would be a six- or seven-year turnover with the aim to ensure the organisation was focussed on learning and investing in staff to in turn improve patient care.

RESOLVED that the Chief Executive's briefing and above discussion was noted.

TB/21/11/07 Patient Story: Anela's Story

The Trust Chair welcomed Gifty Markey, Patient Experience Lead, who delivered a presentation describing Anela's experience at NBT as a patient who is registered blind. The Board heard a voice recording from Anela who recounted both good and difficult elements of her care. Overall, Anela's medical care was excellent but soft-skill aspects were found wanting such as having no guide from the entrance and staff not having time to provide additional assistance.

It was noted that improvements were required and Anela had made some helpful suggestions such as pre- visits to allow orientation of the space for partially sighted patients if they have planned care scheduled. Gifty was meeting with the Divisional Directors of Nursing to discuss this.

The presentation also outlined learning and actions including enhanced training, incoming digital solutions which would allow appropriate flagging of patients with additional needs, and work with Bristol Sight Council. Helen Blanchard, Director of Nursing & Quality, explained that learning had been shared with divisions and Gifty Markey furthered that the Patient

Experience Team were exploring examples of good practice and learning from complaints.

During the ensuing discussion the following points were noted:

- Kelvin Blake queried how learning would be disseminated across NBT to ensure improved experience of care for those with sight impairments. Gifty Markey responded that Anela's story would be taken to Patient Experience Group on 14 December, and the plan was to distil specific actions, test changes on a pilot ward, then broaden out training and changes across the organisation once tested. Training would also be embedded in the roll-out of the new Electronic Patient Record (EPR).
- Ade Williams, Associate NED, noted NBT should not rely solely on technology for prompting discussions about access needs, as conversations should be embedded in clinical practice. Gifty agreed that the human aspect of care was important, and the Learning Disabilities (LD) team were excellent at supporting staff to provide person-centred care which should be translated to all patients. Training was also required to raise awareness of access needs and solutions.
- LaToyah McAllister-Jones, Associate NED, agreed that NBT should be a learning organisation which included acceptance of failures as well as celebrations of success.
- Neil Darvill, Director of Informatics, highlighted that 2022's EPR plans had a clear accessibility ambition, with new flags to be introduced and a move to electronic communication (including larger font size and read-out options) which would improve accessibility for patients such as Anela.
- The Trust Chair highlighted that ideally NBT's volunteers (Move Makers) would be ready and waiting to greet those with accessibility needs at the front door and escort them to appointments; regardless of whether appointments were in the Brunel or other buildings. Gifty responded that this was being developed.
- Simon Wood, Director of Estates, Facilities, and Capital Planning stated that patients with additional accessibility requirements needed to be flagged at the start of their healthcare journey i.e., by GPs, to avoid patients having to repeat themselves multiple times. Simon also noted there were numerous good practice examples of when a patient had been met at the front door and escorted to their appointment.
- Helen Blanchard agreed the team's aspiration was right and the patient story reflected genuine ambition. Technology would enable a flagging system, but human behaviours also required improving re understanding of accessibility issues. Maria Kane reiterated that accessibility solutions were discussed in a multitude of ways at NBT including through Patient & Carer Experience Committee (P&CEC); and the Trust was attempting to be as responsive as possible to patient's needs.

RESOLVED that the Board noted the Patient Story, thanked Anela for sharing her story, and reiterated that the Board was listening and would follow through with improvements.

Gifty Markey left the meeting

TB/21/11/08 Genomic Medicines Alliance program

The Trust Chair welcomed Professor Chrissie Thirlwell, Clinical Director of South West (SW) Genomic Medicine Service Alliance (GMSA), Rommel Ramanan, CCS Clinical Director and Genomics lead, and Jonathan Miller, SW GMSA Programme Director to the meeting.

Tim Whittlestone introduced Genomics as part of today's reality in healthcare, which touched on cancer, Covid-19, and inherited illnesses.

Chrissie Thirlwell presented a slideshow covering the formation and background of GMSA's nationwide and the SW GMSA's numbers, core team, governance, risks, and key partners, projects, and outputs.

The largest piece of work for the SW GMSA was to empower clinicians to use genomics in their working life and normalise the use of genomics to benefit patients. It was noted that the SW performed very well re delivering results back to clinicians, and covered 5million people and 11 acute providers. All SW GMSA roles were now filled including pharmacy leads, Primary Care colleagues and Directors of Nursing.

During the ensuing discussion the following points were noted:

- The Trust Chair noted the GMSA had been on the Board's agenda for a number of years and was gratified to see it operational as genomics' benefits to patients was an exciting area of development.
- Tim Gregory, NED, noted genomics provided a strong opportunity to deliver excellent benefits to patients and improvements to healthcare provision and he queried resources required to deliver benefits. Chrissie Thirlwell responded that in the immediate 12-18 months activity would be focussed on mapping pathways to understand the need, numbers, people, and opportunities. Genomics was high on the agenda nationally and locally and assessment re where best to focus resource was ongoing. Jon Miller furthered that the cost-benefit analysis of ongoing work would need to be clarified across numerous national and regional projects and services.
- Ade Williams queried equitability of access for genomics and how this would be monitored going forward. Chrissie Thirlwell responded that equity of access was a key area of focus that would be reviewed quarterly. It was highlighted that the 10,000 Genomes project had good equity of access, but ethnic minority data gaps were apparent in UK BioBank data which was being proactively resolved. Jon Miller furthered that ethnicity data was often poorly communicated to laboratories which would require remedying.
- Jacqui Marshall queried if the GMSA was being supported by NHS charities. Chrissie responded that GMSA worked closely with national

charities on specific transformational projects e.g., British Heart Foundation, but would be interested in increasing Charity support.

RESOLVED that the Board noted the SW GMSA update, thanked the visitors for their attendance, and requested an annual genomics update.

IC to schedule

3

Chrissie Thirlwell, Rommel Ramanan and Jonathan Miller left the meeting

Hilary Sawyer joined the meeting

TB/21/11/09 Bi- Annual Freedom to Speak-Up report

Hilary Sawyer, Freedom to Speak Up (FTSU) Lead, presented the Bi-Annual FTSU Report. Key points included an increase in numbers of concerns raised compared to May 2021. It was noted this was considered positive as more staff were speaking up and NBT was now in-line with peers re numbers of concerns raised. It was suggested the increase was due to the proactive approach made possible by introduction of the FTSU Lead, increased awareness of FTSU across the Trust, and the enhanced FTSU Champion network. Positively, there were no reports that raising a concern was viewed as disadvantageous.

However, the increase in concerns raised questions about whether managers have the skill to deal with concerns appropriately. Work was being done to assess if concerns were reported to managers prior to FTSU champions to assess if this was an issue.

Key next steps were outlined including future training, policy refreshments and development of governance processes. Xavier Bell, Director of Corporate Governance, noted that an update to the FTSU policy was expected following new guidance and would provide an opportunity to work with the Trust's Staff Unions, who are already engaged with the quarterly FTSU catch-ups. FTSU also had a close relationship with the formal HR processes such as grievances.

During the ensuing discussion the following points were noted:

- The Trust Chair thanked Hilary on behalf of the Board and commended her excellent work as FTSU Lead.
- Jacqui Marshall brought the Board's attention to themes from concerns (section 4.12) which reflected the recent TMT away-day re compassionate leadership and active listening not being felt as the organisation and individuals were under high pressure. Jacqui also highlighted that staff were anxious due to constant movement of wards/responsibilities and increased patient need as families were unable to support patients inside the hospital during the pandemic.
- The Trust Chair reiterated that staff were passionate but fatigued and the Board should be reminded of the knock-on effect on interpersonal behaviours as negative behaviours often stemmed from feeling stressed and anxious.

- LaToyah McAllister-Jones requested reflections re recruiting a diverse spectrum of FTSU champions and what additional work was required to ensure this going forward. Hilary Sawyer responded that a small group of champions had been recruited but it remained to be seen how represented staff felt. However, recruitment of BAME staff to FTSU champion roles had been lower than anticipated as staff withdrew due to clinical / workload pressures. It was hoped the recruitment in Spring would improve diversity of FTSU Champions.
- Jon Scott queried if the themes of the concerns had been triangulated via staff groups. Hilary responded that concerns were categorised by staff role such as nurses and concerns varied across staff groups.

RESOLVED that the Board:

- Reviewed the FTSU data and themes triangulated against key themes from the People, Staff Wellbeing Psychology and Communication teams.
- Discussed the report, findings, and recommendations and agreed to lead regarding active listening-up.
- Suggested a FTSU Board session and self-review in March.

IC to
schedule

John Iredale and Lucy Kirkham joined the meeting

TB/21/11/10 Guardian of Safe Working (Junior Doctors) – Board Update

The Trust Chair welcomed Lucy Kirkham, Guardian of Safe Junior Doctor Working Hours, who presented the Board update report which covered the prior four month's exception reporting split by division, actions to optimise workforce and fill gaps, and the Guardian's work over the previous four months. The latter included increasing numbers of Junior Doctor reps, establishing monthly emails to junior doctors and also monthly summaries to educational and divisional leads. Overall, the Trust continued to meet the Junior Doctor contract.

Following anecdotal reports discussed previously, it had been confirmed that Junior Doctors should be able to take leave for life changing events.

Following a request at the previous presentation to Board, NBT had positively benchmarked against Plymouth as similar levels of exception reporting were found and Plymouth had 100 fewer Junior Doctors.

During the ensuing discussion the following points were noted:

- John Everitt queried who was taking ownership of filling workforce and rota gaps as any gap could have a detrimental effect on patients. Tim Whittlestone responded that gaps were monitored by various routes; particularly monthly interactions with divisional management teams who have a one-to-three month forward look on rotas.
- Helen Blanchard raised concern that bi-annual Safe Staffing Reports were provided at People Committee which detailed projections for nursing and midwifery staff, but the same forward-look was not apparent for medical staff.

- Jacqui Marshall responded that medical staff were beginning to complete forward-looks and composite models to deliver care were gaining momentum.
- Tim Gregory queried if NBT's current number of clinical fellows would continue in the same proportion in long-term workforce modelling. Lucy responded that NBT had done well to bolster its workforce with clinical fellows but as a third of the workforce, there was opportunity to stabilise rotas by reducing the proportion of clinical fellows in future.
- Tim also queried how 24 doctors from Myanmar had been attained, noting it was positive. Lucy responded that a member of staff had an interpersonal link in Myanmar which NBT had successfully developed. NBT would provide training and once registered with the General Medical Council, the doctors would be able to practice at suitable levels to bolster NBT's workforce.
- Michele Romaine queried if Junior Doctors felt NBT was a good place to work. Lucy responded that NBT was experiencing the same national operational pressures and if a shift was short by a staff member, all those working would feel it. However, overall NBT was deemed a well-staffed Trust that successfully trained and supported staff and had a good atmosphere.

RESOLVED that the Board discussed current pandemic Junior Doctor contract issues and was satisfied that:

- **All contractual obligations were in place**
- **The role of Trust Guardian was being fulfilled**
- **Exception Reports were being acted upon**
- **Gaps on Junior Rotas were being filled as a priority**
- **Risks to the Trust were considered**

Lucy Kirkham left the meeting

TB/21/11/11 People Committee Upward Report: Safe Staffing Reports

Helen Blanchard presented the Safe Staffing Reports for maternity and nursing, as presented to October's People Committee.

Regarding nursing, overall NBT was in a good position, though the challenge was to keep recruitment at a level that outweighed the number of leavers. It was noted that safe staffing was a day-to-day challenge and NBT was under significant pressure due to demand on services and Covid-19 sickness and absence. It was stated that divisions were good at moving resource as required and the Trust had established good investment in nursing over the years.

Maternity safe staffing had been more challenged, though funding had been achieved for 22 additional midwives (10 from Ockenden, 12 from NBT internal investment). The Finance team was assisting the W&CH division to clarify and better understand their workforce as a number of unfunded roles had been introduced over previous years including

specialist roles, which would all be subject to review. A better position was expected at the next scheduled update in six months.

Helen Blanchard noted that latest guidance stated that if W&CH were staffed to level of BirthRate+, the Trust should be able to work under Continuity of Carer. However, BirthRate+ figures had not been clarified for this year and from March 2023 Continuity of Carer would be predicated on meeting safe staffing requirements first. It was reiterated that NBT had taken the decision to focus Continuity of Carer resource on vulnerable women. Following a query, it was confirmed that there was clear evidence for benefits of Continuity of Carer.

RESOLVED that the Board received the bi-annual Safe Staffing (nursing and midwifery) reports. It was noted Continuity of Carer updates would be provided to Quality Committee as appropriate.

TB/21/11/12 Integrated Performance Report (IPR)

Jon Scott described the key operational performance elements of the IPR:

- Nationally ED performance was worsening and NBT's had fallen to 60.82%. However, out of the 10 equivalent acute major trauma centres, NBT was first and NBT's performance had improved compared to other Trusts in the local area. Also, out of 108 acute Trusts, NBT had improved by five places in the last month.
- NBT had 803 beds usable for flow, but 963 were required including 40 planned Covid-19 beds. The winter plan identified strategies to close the gap of 160-beds though it was now expected that more than 40 Covid-19 beds would be required, leaving a gap of 178 beds. Several options to mitigate this were being planned such as increasing planned occupancy from 92 to 98%. The bed gap also meant there was a risk to achieving two green wards over winter which would impact the elective recovery plan. Currently there were no cases of flu.
- A new governance structure had been created for recovery with an overarching H2 Recovery Board and three work streams: U&EC including winter plan, Workforce, and Elective Care including Cancer. This was similar to the tactical Covid-19 response and would ensure appropriate efficiency of decision making.
- NBT was being supported by regional colleagues to improve Cancer performance. Additional resource was being applied to assure validation and administration pathways.

Queries and comments from the Board were as follows:

- John Everitt recognised the vast information presented in the IPR was good for transparency but noted it was difficult to access key information for managing the organisation. In addition, the IPR did not provide opportunity to monitor main priorities and progress in relation to H2 Recovery workstreams detailed above. Due to this, John

requested assurance that the organisation was clear on its priorities. Jon Scott responded that Trust operational priorities had been defined and were reflected in the three workstreams described above: U&EC, Elective recovery, and workforce. Certain teams had been redeployed to focus on those areas such as the Perform team though it was emphasised that the success of the workstreams was also dependent on system partners, particularly re medically fit patients. It was confirmed that trajectories would be monitored by F&PC.

- Richard Gaunt queried if worsening trends in the IPR should be of concern such as Stroke metrics which had deteriorated. Jon Scott responded a Stroke Improvement meeting was scheduled for later in the day. Richard Gaunt reiterated that if data was included in IPR, it was assumed the metrics were important, but the excess of data presented made it difficult to focus on key metrics.
- Kelly Macfarlane queried why fetal monitoring training performance had decreased dramatically from 42.9 to 7% and why MDT training compliance had not progressed. Helen Blanchard responded that there was now a trajectory to improve fetal monitoring but she would need to confirm the reason for the month's training deterioration and feedback to Kelly directly.
- The Trust Chair clarified that the IPR was a statutory requirement, but current reporting of performance was disjointed, and the Board required collective understanding of progress against the plan, specifically against the three or four priorities.
- John Iredale and LaToyah McAllister-Jones added that a back-to-back report focussed on priorities with the IPR attached would be beneficial as it would enable a focussed discussion around strategic priorities.
- The Trust Chair requested that for the next four months a report to Board via F&PC look specifically at NBT's three or four operational priorities and progress against trajectories. The IPR could then be used for triangulation.
- Tim Gregory noted a report would be received in the Board's afternoon session which would provide opportunity to discuss how trajectories be monitored effectively.
- It was noted that the Board may need to accept some elements of performance were not as high a priority at the current time.

HB

Jacqui Marshall reported on the IPR's key People elements:

- NBT's vacancy rate was being held steady by large amounts of work but increased vacancies were seen in Estates and Ancillary staff.
- Fewer applications were being received for job adverts and the quality of applications was also decreasing, which was a concern nationally.
- There had been positive work with Trade Unions re Agenda for Change pay rates and standardisation across the system.
- Short-term focus was on well-being of staff through soft-touch initiatives. A long-term priority was to develop a one, three and five-year plan for workforce.

Glyn Howells noted that NBT was managing a break-even position in month 7 and forecasting break-even at year end as required. Funding was available for additional schemes behind H2 Recovery and NBT was attempting to align non-recurrent funding and realign the capital plan to deliver priorities for recovery. An additional F&PC was scheduled for December for business case approvals.

The Trust Chair noted that work was required re how NBT sat within the system oversight framework moving forwards, with a change to provider compliance expected.

RESOLVED that the Board:

- **Noted the contents and key points of November's IPR as described.**
- **Approved the Provider Licence Compliance Statements.**
- **Agreed to prioritise it's time to focus on performance against priorities.**
- **Requested that a report focussed on progress against priorities (including clear understanding of actions against cancer wait standards) be received at Board with the IPR as an appendix.**

JS

TB/21/11/13 Finance & Performance Committee Upward Report

Tim Gregory presented the F&PC Upward report including the Month 7 finance report. It was emphasised that concern had been raised regarding the Trust's reliance on non-recurrent funding and Glyn Howells had reassured F&PC that resource had been identified to focus on this for NBT and the system. This resource would also look at developing a long-term CIP/ cost saving plan and identifying drivers and owners of the system's recurrent deficit. This would be reported to F&PC when appropriate.

Richard Gaunt queried the unexplained £3.2m old debt. Glyn Howells agreed to send a detailed note describing this.

GH

RESOLVED that the Board noted the F&PC Upward Report.

TB/21/11/14 Quality Committee Upward Report

RESOLVED that the Board noted the QC Upward Report, in particular that the South West was an outlier in C. Difficile infections which was being investigated at national, regional, and Trust-level.

TB/21/11/15 Audit Committee Upward Report

Richard Gaunt, NED and Chair of Audit, presented the paper, with several items for approval.

The Trust Chair queried why there were no ACSR division Trust-Level risks. Xavier Bell responded that this was reviewed in the Executive Assurance forum the previous day and there were overarching risks re performance linked to ACSR.

The Trust Chair also observed that loss of patient property was partly a Covid-19 issue due to family and friends not being in the hospital due to Infection Prevention Control rules. Helen Blanchard confirmed this issue had been discussed at P&CEC.

RESOLVED that the Board:

- **Approved removal of capital from the Board Assurance Framework.**
- **Approved Audit Committee's amended Terms of Reference to become Audit & Risk Committee.**
- **Approved the Trust's amended Standing Financial Instructions (SFIs) and Standing Orders, specifically changes to delegation levels.**

TB/21/11/16 Patient & Carer Experience Upward Report

RESOLVED that the Board noted the Patient & Carer Experience Upward report and in particular the exceptional Patient Story.

TB/21/11/17 Fit & Proper Person Requirements – Annual Report

RESOLVED that the Board received the Fit & Proper Person Requirements Annual Update for assurance particularly given the changes in Board membership. This would be a significant part of evidence for the CQC well-led assessment.

TB/21/11/18 Any Other Business

Simon Wood updated the Board on the Exceptional Healthcare Awards: Its format had been changed from one big event to taking awards directly to recipient's place of work, which had been positive as colleagues in ward/ corporate areas could join in with the presentation. All information on the awards was on LINK.

The Trust Chair publicly thanked John Everitt on behalf of the Board at his last Trust Board meeting. John was thanked for his focus, candour and consistent challenge, and his dedicated work for the NHS.

TB/21/11/19 Questions from the public – None received

TB/21/11/20 Date of Next Meeting

The next Board meeting in public was scheduled to take place on Thursday 27 January 2022, 10.00 a.m. Trust Board papers will be published on the website and interested members of the public are invited to submit questions in line with the Trust's normal processes.

The meeting concluded at 13.05pm

| 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 |
| 25/11/21 | Integrated Performance Report (IPR) | TB/21/11/12 | 60 | Helen Blanchard to confirm the reason for the month's fetal monitoring training deterioration and feedback to Kelly Macfarlane directly | Helen Blanchard Director of Nursing & Quality | Jan-22 | No | Propose close | Increase from 7% in October to 22% in December. Divisional Dir of Nursing emailing Kelly and Helen directly with status and trajectory. | 21/01/2022 |
| 25/11/21 | Integrated Performance Report (IPR) | TB/21/11/12 | 61 | A report focussed on progress against priorities (including clear understanding of actions against cancer wait standards) be received at Board with the IPR as an appendix | Jon Scott/ Steve Curry, Chief Operating Officer | Jan-22 | Yes | Closed | First iteration received at Private Board in December. COO confirmed IPR would continue to be provided to public Board with Ops paper to private where required. | 20/01/2022 |
| 25/11/21 | Finance & Performance Committee Upward Report | TB/21/11/13 | 62 | Richard Gaunt queried the unexplained £3.2m old debt. Glyn Howells agreed to send a detailed note describing this. | Glyn Howells, Chief Finance Officer | Jan-22 | No | Closed | Dec F&PC: Glyn had met with Richard to discuss and assure. Glyn to distribute slides to rest of NEDs. 12/01: IC distributed debt presentation to NEDs on behalf of Glyn | 12/01/2021 |

| | | | |
|---|--|--|--|
| Report To: | Trust Board Meeting | | |
| Date of Meeting: | 27 January 2022 | | |
| Report Title: | Chief Executive's Briefing | | |
| Report Author & Job Title | Xavier Bell, Director of Corporate Governance | | |
| Executive/Non-executive Sponsor (presenting) | Maria Kane, Chief Executive | | |
| Does the paper contain: | Patient identifiable information? | Staff identifiable information? | Commercially sensitive information? |
| | | | |
| *If any boxes above ticked, paper may be received at <i>private</i> meeting | | | |
| Purpose: | Approval | Discussion | To Receive for Information |
| | | | X |
| Recommendation: | The Trust Board is asked to: <ul style="list-style-type: none"> Receive and note the content of the briefing. | | |
| Report History: | The Chief Executive's briefing is a standing agenda item on all Board agendas. | | |
| Next Steps: | Next steps in relation to any of the issues highlighted in the Report are shown in the body of the report. | | |

| Executive Summary | |
|--|---|
| The report sets out information on key items of interest to Trust Board, including engagement with system partners and regulators, events, and key staff appointments. | |
| Strategic Theme/Corporate Objective Links | <ol style="list-style-type: none"> 1. Provider of high-quality patient care 2. Developing Healthcare for the future 3. Employer of choice 4. An anchor in our community |
| Board Assurance Framework/Trust Risk Register Links | Does not link to any specific risk. |
| Other Standards Reference | N/A |
| Financial implications | None identified. |

| | |
|---|--|
| Other Resource Implications | No other resource implications associated with this report. |
| Legal Implications | None noted. |
| Equality, Diversity and Inclusion Assessment (EIA) | N/A |
| Appendices: | Appendix 1 – IQUILS Accreditation Report Appendix 2 – Clinical Leadership Development |

1. Purpose

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

2. Background

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

3. Current Pressures

Over December and January, we had seen a steady increase in the number of staff absent from work due to sickness or isolating due to Covid-19, as well as a significant rise in the number of patients we were treating with Covid-19.

This had been driven by the highly infectious Omicron variant, alongside intense winter pressures.

As a result of these ongoing pressures, the organisation remained in Internal Critical Incident for a number of weeks. Escalation plans have been stood up to prioritise care for those who need it most, and to manage the flow of patients through the Hospital.

Our Covid-19 escalation status is currently at Level 4, which includes plans for:

- stepping up our Clinical Prioritisation Group to ensure that our most critical surgery goes ahead
- cancelling some non-urgent out-patient appointments
- keeping patient visiting arrangements under close review.

We are acutely aware that the decisions we take in these circumstances will have implications for our patients and their families, be it a delay in an out-patient appointment or limited opportunities to visit a family member in hospital. We continue to focus on maintaining the safety of our patients, visitors, and staff.

4. Bristol Nightingale Surge Hub

NBT has been asked by NHS England and Improvement to host the new Nightingale Surge Hub, which is rapidly taking shape on the Southmead hospital site. This is a facility that is being built on a 'just in case' basis and it is hoped that we won't need to use it. We will ensure our existing, comprehensive surge plans and mutual aid are utilised in the first instance.

5. NHS 10 Priorities for 2022/23

Planning Guidance for 2022/23 was released on Christmas Eve 2021, and identifies 10 Priorities for the NHS to deliver over the coming year:

- Investing in the workforce and strengthening a compassionate and inclusive culture
- Delivering the NHS COVID-19 vaccination programme
- Tackling the elective backlog

- Improving the responsiveness of urgent and emergency care and community care
- Improving timely access to primary care
- Improving mental health services and services for people with a learning disability and/or autistic people
- Developing approach to population health management, prevent ill-health, and address health inequalities
- Exploiting the potential of digital technologies
- Moving back to and beyond pre-pandemic levels of productivity
- Establishing ICBs and enabling collaborative system working

Together, these priorities represent a significant challenge for the healthcare sector, as we start to exit the Omicron surge and winter pressures. At NBT we are working with system partners and have secured external consultancy support to plan our recovery efforts. We will work to understand regional and system context to then describe our own priorities to inform our 2022/23 plan and budget setting process.

6. Mandatory Vaccinations for NHS Staff

From 1 April 2022 new Department of Health & Social Care (DHSC) regulations will come into effect, requiring healthcare staff to be fully vaccinated (i.e., first two doses) against Covid-19 as a condition of deployment into any CQC regulated activity. This is a strict requirement, with NHS providers legally required to implement policies in line with the regulations.

NBT is adopting a joined-up approach with UHBW and other system partners to ensure consistent interpretation and implementation of national guidance, which was issued in early December 2021. Guidance indicates that virtually all NHS staff will fall within the scope of the requirement to be fully vaccinated, with only a few exceptions. This extends to contractors, medical and nursing students and volunteers.

Over the coming weeks we will work with divisional teams to ensure that staff are fully aware of the implications of the new guidance and encourage any staff who are not yet vaccinated to get their first dose of the vaccine before the 3 February 2022 deadline.

A more detailed briefing will be provided to the People Committee in February.

7. Thanks to NBT staff

I would like Trust Board members to join me in saying a huge "Thank You" to all our staff for their work throughout 2021, caring for our patients and keeping NBT running. I would like to particularly thank those staff who worked over the Christmas and New Year holiday period. Their efforts are hugely appreciated – by our patients, by colleagues and by the Trust Board.

"Thank You" week took place earlier this month at NBT, where we encouraged staff and members of the public to share messages of thanks. It was great to see messages being shared in MS teams calls, meetings, and across social media.

There will continue to be 'Letters of Appreciation' boxes across our sites (Brunel atrium, Women & Children's quarter, Cossham, Bristol Centre for Enablement and Frenchay), and a rainbow selfie board in the Brunel atrium. Photos will be shared together with some of the thank you messages on all our channels, including a display in the Vu.

8. Chief Operating Officer

I would like to ask Trust Board members to join me in welcoming our new Chief Operating Officer, Steve Curry, who commenced in post at the beginning of January 2022. Steve joins us with extensive managerial and operational experience, most recently from Cardiff and Vale University Health Board, and will be taking over from Jon Scott over the coming weeks.

I would also like to thank Jon Scott for his work in the interim role over the last few months. Jon will complete a handover to Steve in the next few weeks and transition to a system role within BNSSG CCG.

9. Chief Nursing Officer

I am delighted to announce that we have appointed Professor Steve Hams to the role of Chief Nursing Officer. Steve has also been recognised in the Queen's New Year's Honours with an MBE for services to nursing, as Gloucestershire Hospitals' chief nurse, where he led the vaccine programme for Gloucestershire. Steve will join us in his role at NBT at the beginning of March 2022.

10. Leadership Development Opportunities for Clinical Leaders

At the Trust Management Team meeting in January we discussed a coordinated refresh of the development available to our senior leadership community, including Clinical Directors and Speciality Leads and wider Divisional Leadership Teams and Senior Corporate Managers. A set of slides is appended, including more detail, but in summary the offering will include:

- Introduction of a new development pathway for Clinical Leaders to ensure they are provided with timely tools for the people management aspect of their roles whilst also strengthening our internal talent pipelines for future Clinical Director opportunities.
- Ensuring Specialty Leads are given flexibility in their schedules to participate in leadership development activities.
- A continuation of the quarterly development events that bring together our Executive Team, Divisional Leadership Teams and Corporate Deputies. Ensuring that themes are supporting the Patient First ethos and where relevant, tie in with any planned Board Development activities.
- During 2022/23, each Divisional Leadership team to be allocated a named OD partner who will offer bespoke support for their own development as a leadership team.
- Improved data and analysis of the wider development programme to ensure offerings are being accessed by and benefitting a diverse audience.

Page 5 of 8

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

11. IQILS Accreditation

Following an assessment on 25 November 2021, NBT's Liver Service, within the Department of Hepatology and Gastroenterology, has been awarded IQILS (Improving Quality in Liver Services) Accreditation.

The IQILS accreditation programme works with liver services across the UK to improve the quality of care provided to patients. Accreditation is awarded to services which have demonstrated that they meet best practice quality standards covering all aspects of liver service, including person-centred care, clinical care and workforce. A copy of the IQILS report is annexed for information.

I would like to congratulate the Liver Service team on their success and extend our thanks for their dedication to the highest quality patient care.

12. Enforcement Undertakings

In 2019, NBT signed regulatory enforcement undertakings with NHS Improvement, undertaking to:

- Create a robust long-term financial plan
- Improve its Accident & Emergency 4-hour target performance
- Improve its performance against the Referral to Treatment (RTT) 52 weeks target

In early January 2022 we were advised that these undertakings would be lifted. NBT is now felt to be compliant with the financial undertaking, and the remaining two have been discontinued due to the passage of time and changes in the Trust's circumstances. We have subsequently received the relevant compliance certificate and discontinuation notice.

This means that NBT will now move to Segment Two (Finance) of the System Oversight Framework. It will remain in Segment Three overall and will continue to receive support from NHS Improvement as appropriate.

13. New Year's Honours

A number of NBT colleagues were recognised in the Queen's New Year's Honours:

Marion Copeland, Infant Feeding Specialist Midwife, received a British Empire Medal in recognition of her passion and support for mothers and babies. She runs dedicated feeding clinics and helped set up the milk bank at Southmead Hospital.

Ade Williams, who has just stepped down as an Associate Non-Executive Director on our Board, was made an MBE for his services to the NHS and community of South Bristol, particularly during COVID-19. A superintendent pharmacist at Bedminster Pharmacy, Ade and his team have delivered 50,000 COVID-19 jabs since the start of the vaccination roll-out. He has been a hugely valued member of our Board and it is so satisfying to see that all his hard work supporting the health of our community has been honoured.

Jonathan Turner, who was formerly Head of Laboratory Operations at Severn Pathology, has also been announced as an MBE for his services in the pandemic. It is great to see his work in partnership being honoured and acknowledges the lab's heroic efforts to step-up the testing response to the pandemic.

I would like us to record the Board's congratulations to these colleagues for their achievements and services to patients and the public.

14. NBT Robots in the Media

NBT's use of robotic technology has featured in the BBC in January. This focused on the use of robots to improve efficiency in "behind the scenes" roles, and the opportunities to expand this to robots interacting with patients. It was great to see our hospital on display, with robots in pharmacy, logistics and surgery all featuring. The video can be viewed on the BBC website at <https://www.bbc.co.uk/news/av/health-57756988>, and features Tim Whittlestone, Medical Director, describing some of the potential opportunities and challenges of using robotics in healthcare.

15. Engagement & Service Visits

I am continuing to spend time with as many services and teams across the hospital as I can and have recently met with the Palliative Care Team and the Care of the Elderly & Frailty Team and visited our Mortuary Services.

I have gained helpful insight into the priorities and concerns of our organisation's staff, including through ongoing 1:1 meetings with consultant colleagues. Most recently I have met with consultants from Obstetrics & Gynaecology, General Surgery, and Trauma & Orthopaedics specialties.

16. Consultant Recruitment

Since I last reported on consultant recruitment in November 2021, the Trust has substantively appointed the following consultants across several key specialities:

| Name: | Appointment date: | Specialty: |
|--------------------|-------------------|-----------------------|
| Mr David Dikerson | 01/12/2021 | Urology Services |
| Mr Hsing Goh | 01/12/2021 | Urology Services |
| Mr John Probert | 01/12/2021 | Urology Services |
| Dr Fang En Sin | 02/12/2021 | Rheumatology |
| Dr Deborah Harris | 06/12/2021 | Anaesthetics |
| Dr Richard Ibitoye | 13/12/2021 | Neurology |
| Dr Morgan Williams | 27/12/2021 | Medicine (Admissions) |

| | | |
|---------------------|------------|------------------------|
| Dr Oliver Sawyer | 03/01/2022 | Plastic Surgery |
| Dr Skylar Paulich | 04/01/2022 | Critical Care Services |
| Dr Katherine Thomas | 04/01/2022 | A&E Medicine |
| Dr Jayne McKinlay | 10/01/2022 | A&E Medicine |

17. Use of the Trust Seal

Trust Board should note that the following contracts have been executed on behalf of the Trust under seal, in accordance with the Standing Orders and Scheme of Delegated Authority:

| Contract | Date sealed |
|---|-------------|
| Extension of Pathology Managed Equipment Service Contract | 28/07/2021 |
| Gynaecology/Maternity Theatres Works | - |
| Siemens Angiography Systems Replacement | 06/10/2021 |
| Lease Renewal (Amigo) | 26/10/2021 |
| Five Individual Construction Works Contracts (Brunel) | 29/11/2021 |
| ICU Terrace Construction Contract | 15/12/2021 |
| Settlement Agreement No4 (PFI) | 16/12/2021 |
| Decontamination Washer Replacement Contract | 16/12/2021 |
| Pathology Laboratory Services | 21/12/2021 |

18. Summary and Recommendations

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



**Royal College
of Physicians**

Improving Quality
in Liver Services

Improving Quality in Liver Services accreditation programme Assessment report

North Bristol NHS Trust - Department of
Hepatology and Gastroenterology
North Bristol NHS Trust

Date of assessment:
25 November 2021

Date of report:
26 November 2021

The IQILS accreditation programme works with liver services across the UK to improve the quality of care. Accreditation is awarded to services which have demonstrated they meet best practice quality standards covering all aspects of a liver service, including person-centred care, clinical care and the workforce. This report provides details and the outcome of the accreditation assessment.

Assessment outcome

Following the assessment on 25/11/2021 at North Bristol NHS Trust - Department of Hepatology and Gastroenterology, the service has met the accreditation standards and has been awarded accreditation.

Assessment summary

Thank you for inviting us to visit and review your liver service. It was obvious to the assessors that the whole multi-professional team were invested in the assessment and committed to the success of the department. The team have grown and expanded in recent years, and now offer a safe, effective and responsive service to patients with liver disease. This modern hepatology department has a firm focus on research, innovation, and the delivery of enhanced services not only for local, but regional patients. The development of the service needs to be supported with ongoing investment in specialists, particularly in CNS and ANP roles and in the appropriate infrastructure to continue their programme of improvement. During the patient interviews, they were asked if any aspect of their patient journey could have been improved. The consensus was that they received "brilliant care". Patients commented that the team really cared about the quality and standard of the service. Patients felt they were treated as an individual and everyone was very understanding, kind and caring. All felt they were in excellent hands. Some commented that they couldn't think of anywhere where they would be receiving better care.

Assessment findings

Congratulations

The service has demonstrated excellent achievement in the following areas:

- 1.3** We would like to commend your strong leadership team. Following feedback from staff interviews we would congratulate the Clinical Lead, IQILS lead, Liver Manager,

Directorate Lead, Matron and Ward Manager. The whole team, especially the triumvirate are accessible, supportive and responsive to the needs of the service and the patients. There is a focus on staff welfare and retention which has greatly strengthened the service.

- 1.4 We would like to congratulate you on your provision of an accessible and responsive service. There are clear access pathways from primary and secondary care and patients find the CNS team approachable, responsive and informative.
- 2.1 All patients were able to confirm that the initial consultation, and subsequent investigation about their condition was very thorough and were able to make a fully informed decision about consent for the programme of treatment.
- 2.3 The service has developed a 'Liver Patient Focus Group' which meets quarterly with an agenda and minutes. The actions show that feedback had been listened to and acted upon, and members of the group invited take part in mentoring potential liver transplant patients. This is best practice, and it is recommended that at some point the activity of group be evaluated to ensure that the topics discussed continue to be relevant
- 2.4 Patients are provided with access to a mailbox and direct phone contacts and felt confident that they were able to access support if they had any concerns or queries.
- 2.7 Where patients were under different consultants for a number of conditions, or had been referred from different hospitals, they said they felt there was a 'seamless' transition and flow of information between them and felt the service was part of a fully integrated hospital team.
- 2.1 All patients interviewed referred to the physical environment, which was comfortable, calm, friendly and welcoming. All felt they were treated as an individual and there was a real atmosphere of kindness and meeting the needs of the patient. All felt very safe and were receiving the best possible care.
- 5.4 There is a comprehensive and effective induction programme for both medical and nursing staff which is regularly reviewed and updated to reflect changes in care delivery and learning from incidents.
- 5.3 The department has a focus on education. There is a well-received nurse education programme run by the ward manager which increased skills and confidence in the management of liver disease and received excellent feedback from staff. There are appropriate opportunities for supported leadership experiences (for example leading ward rounds) for doctors in training and delivery of workplace based assessment for junior doctors. One junior doctor commented that this was the best place they had worked as a trainee.

Recommendations

The service has met the standards and could show further improvement in the following areas. The service will be asked to provide an update on these areas in their annual renewal.

- 1.2 The Hospital website is excellent, but patient information is difficult to find, it being listed under 'Gastroenterology and Hepatology' and then 'Cirrhosis.' It is recommended that a separate sub heading of liver is created with links to hepatology.
- 1.1 The service is clearly successful and expanding with plans to offer further services both to local and regional patients. The business plan needs to keep up with this expansion in particular with recognition of the need for further clinic space. This includes rooms for the multi-professional clinic, development of regional services for portal hypertension (such as TIPS) and expanded investment in CNS and ANP roles which the patients clearly value.
- 2.2 Some patients who were interviewed said that they could not recall being provided with satisfaction questionnaires. Other patients said that they had either received regular texts after each consultation or review when diagnosed or initially commencing treatment, or after a subsequent visit. It is recommended that all patients are provided with the opportunity to provide regular feedback throughout their treatment journey.
- 3.3 The service has a strong governance structure and reviews and learns from both harm and potential-harm incidents. The governance meeting is inclusive and well attended. We would recommend focusing on ways to feedback good practice and learning to the whole team and safety messages at the daily huddle would be a good way to achieve this.
- 4.1 The service has evolved a mature, safe and effective service for patients with liver disease. The conflicting priorities between the delivery of liver care and the management of emergency admissions in medicine will place pressures on all inpatient teams in every trust. The service is currently providing clinical care to outliers on non-medical wards and is not providing their traditional in reach service to acute admissions. The previous performance in care-bundle audits, including 24-hour consultant review after admission were very good, this should be monitored in future audits and the provision of in-reach services reviewed and re-established when possible. .

Assessment information

| | |
|--------------------|--|
| Service | North Bristol NHS Trust - Department of Hepatology and Gastroenterology |
| Organisation | North Bristol NHS Trust |
| Service address | Southmead Road, Bristol, BS10 5NB |
| Date of assessment | 25 November 2021 |
| Date of report | 26 November 2021 |
| Assessors | Brian Hogan (Clinical Lead) James Ferguson (Clinical Lead) Andrew Hudson (Lay) Sandra Walsh (Nurse Lead) |
| Additional areas | In addition to the mandatory standards, the service was also assessed against the standards relevant to the following additional areas: No additional services provided |



Standards

Leadership and operational delivery

- 1.1 The service has an operating plan which is reviewed annually.
- 1.2 There is a comprehensive service description available on the organisation's website.
- 1.3 The service has a leadership team that is visible, approachable and communicates regularly with all staff members.
- 1.4 The service works collaboratively across health and social care boundaries.

Person centred care

- 2.1 The service embeds principles of shared decision-making with patients.
- 2.2 Patients/carers are encouraged to feedback on their experience.
- 2.3 The service strives to improve as a result of feedback, complaints and concerns.
- 2.4 The service supports person-centred care.
- 2.5 The service has a documented procedure for patient scheduling.
- 2.6 The service reviews and acts on did not attend (DNA) rates.
- 2.7 The service has a procedure for managing patients being transferred in/out from other services.

Risk and patient safety

- 3.1 The service sets and monitors safety improvement targets.
- 3.2 The service has a procedure and reporting system for recording and investigating incidents, adverse events or near misses.
- 3.3 The service uses incidents, adverse events and near misses to improve care.
- 3.4 The service has a risk management policy and communicates this to staff members.

Clinical effectiveness

- 4.1 The service monitors clinical performance.
- 4.2 The service has a quality improvement plan based on the clinical metrics.
- 4.3 The service has a research register.
- 4.4 The service participates in local and national audit programmes.

Workforce

- 5.1 A workforce skillmix review is undertaken a minimum of once a year, or whenever there is a significant change in the service.
- 5.2 The service has an appraisal process for staff members.
- 5.3 The service has training plans and development opportunities in place for staff.
- 5.4 There is a service-specific orientation and induction programme.

Systems to support clinical service delivery

- 6.1 The service assesses its facilities and equipment.
- 6.2 There is a process for document management and control.

Further information regarding this report may be obtained from the QPIDS office at the Royal College of Physicians.

IQILS Office
Accreditation Unit
Royal College of Physicians
11 St Andrews Place
London
NW1 4LE
0203 075 1508
askiqils@rcp.ac.uk
www.iqils.org

Challenging times call for a different approach to support our Clinical Leaders



Exceptional healthcare, personally delivered

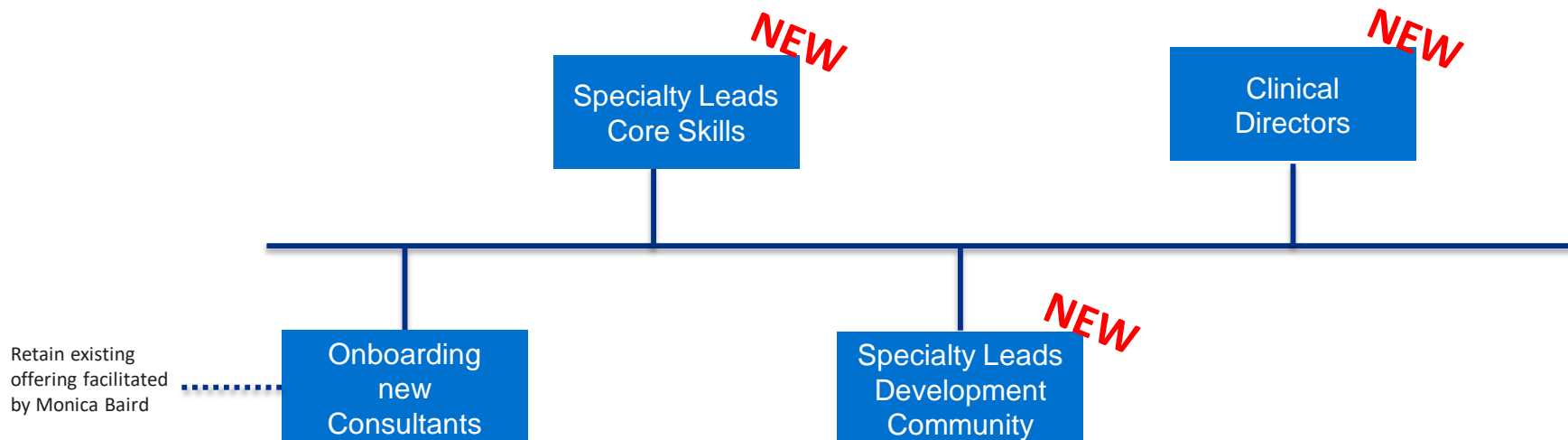
These challenging times highlight the importance of leadership

- How to have honest, timely **conversations** with Execs, Peers and Teams
- Leading in a crisis – the importance of **flexing leadership style** and demonstrating **compassion**
- **Motivating** individuals and teams – the importance of authentic praise
- **Creative thinking** – creating conditions that encourage innovative thinking/solution development
- **Core business skills** – planning resources, managing a budget, managing staff absence and sickness
- **Patient First** launching in the next FY, will require authentic, aligned leadership

Leadership is more than being the person who knows how to do all the jobs on the team

We need to develop a more robust talent pipeline for Clinical Leadership roles

- We do not always have a 'ready now' talent pool to feed CD vacancies and some have taken considerable time to fill
- Development opportunities for our Clinical Leadership roles have tended to be ad-hoc and driven more by the individual
- The Specialty Lead role profile had become very transactional, this has now undergone a complete refresh with a JD review supported by CDs
- A structured development programme covering the key progression stages for our Clinical Leaders will help us to grow a more inclusive clinical leadership talent pipeline



New Leadership Development Modules for Specialty Leads

With modules scheduled from April 2022, a rolling programme of short Masterclass sessions available to all Specialty Leads and aspiring Specialty Leads:

1. Understanding self
2. Compassionate Leadership
3. Having clear conversations
4. Managing a resource plan
5. Managing sickness absence/wellbeing
6. Budget like you mean it
7. Interview skills

All sessions will deliver practical, effective tools

At least, two dates to choose from for each module across the FY

Remotely delivered with groups mixed across all Divisions

Modules can be completed in any order

Data monitoring to review take up of places including diversity check

New Specialty Leads Development Community established in FY22



- Half-day event hosted by an Exec, providing our c43 Specialty Leads with an opportunity to work with colleagues across all Specialties along with exposure to Trust Execs
- Convening three times a year
- The initial session would focus on the revised Specialty Lead role profile and would engage the community in helping to shape the content of the development programme for the year ahead
- After the initial session, dates for the remaining two sessions would be published well in advance (once topics defined and facilitators contracted for delivery)
- Attendance tracking to monitor which Specialties are engaging with the offering, including diversity data and will be reviewed after each event
- Begin data tracking to look at what % of Specialty Leads progress into CD roles and where we have aspirational CDs in this population, data should also track diversity of pipeline
- Providing support to aspirant CDs to help them develop Personal Development Plans

Exceptional healthcare, personally delivered

New focus on Clinical Directors Development



Further support for Clinical Directors available on request to help them have good quality personal development conversations with the Specialty Leads



Clinical Directors and Aspiring Clinical Directors, helping to identify individual leadership development opportunities that are right for them and building a community of knowledge to share experiences of these programmes (e.g. Top Manager Programme – Kings Fund v Executive MBA)



CDs would continue to be invited to the quarterly Leadership Development events for the Divisional Leadership teams, providing wider Trust exposure and access to relevant development content



The quarterly development calendar for Senior Leaders

In addition to supporting our Specialty leads, we continue to offer quarterly development modules for Divisional Leadership Teams, Corporate Deputies and Execs.

Suggestions for future topics include:

- Valuing difference; Consciously inclusive leadership (dates booked for March 2022 and May 2022)
- Patient First; the Leaders guide to embedding cultural change
- Compassionate Leadership
- The vital role leadership plays in growing and sustaining a just culture
- Boost Your Bounce (team resilience)
- The Leader as a Developer of Talent (improving succession planning)

Whilst previous events have been well-received by attendees, there is an opportunity to improve engagement with Execs to ensure content is delivering ROI

| | | | |
|---|---|--|--|
| Report To: | Trust Board – Public Session | | |
| Date of Meeting: | 18 January 2022 | | |
| Report Title: | Emergency Preparedness Resilience and Response (EPRR) Annual Report 2021 | | |
| Report Author & Job Title | Charlotte Horton, EPRR Manager | | |
| Does the paper contain | Patient identifiable information? | Staff identifiable information? | Commercially sensitive information? |
| | N/A | N/A | N/A |
| Executive/Non-executive Sponsor (presenting) | Steve Curry, Chief Operating Officer | | |
| Purpose: | Approval | Discussion | To Receive for Information |
| | | | X |
| Recommendation: | <ul style="list-style-type: none"> The Trust Board is asked to note that the Trust is 'substantially compliant' with the NHS Core Standards for Emergency Preparedness Resilience and Response (EPRR). | | |
| Report History: | Not applicable. | | |
| Next Steps: | The Trust will be delivering its action plan to move from 'substantially compliant' to 'fully compliant'. | | |

| Executive Summary | |
|---|-----------------|
| <p>North Bristol NHS Trust is a "Category 1 Responder" under the Civil Contingencies Act (CCA) 2004 and has a responsibility to ensure local arrangements are in place should an emergency occur.</p> <p>The outcome of the 2021 Emergency Preparedness Resilience and Response (EPRR) Assurance process is "substantially compliant" with 3 partially compliant core standards listed below.</p> <ul style="list-style-type: none"> CS12- Duty to maintain plans: Major Incident. Through EMERGO learning, the Trust will be fully compliant by the end of the financial year. CS18- Duty to maintain plans: Mass Casualty. Through EMERGO learning, the Trust will be fully compliant by the end of the financial year. CS53- Business Continuity Audit. An internal audit will be scheduled for 2022/23 to ensure the Trust is fully compliant. | |
| Strategic Theme/Corporate Objective Links | Not applicable. |

| | |
|--|---|
| Board Assurance Framework/Trust Risk Register Links | Not applicable. |
| Other Standard Reference | <p>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 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> |
| Financial implications | Not applicable. |
| Other Resource Implications | Not applicable. |
| Legal Implications including Equality, Diversity and Inclusion Assessment | Not applicable. |
| Appendices: | |

1. Purpose

- 1.1 To provide the Trust Board with the Trust's Emergency Preparedness Resilience and Response (EPRR) Annual Report for 2021 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 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 For 2021 this relates to 46 Core Standards and recommendations are for the coming year.
- 3.3 NHS England also required a deep dive into Oxygen Supply Medical Gasses Planning however it should be noted these are not EPRR Standards and should be considered under Estates Standards.

4. 2021 Annual Report

- 4.1 The Trust has completed the annual self-assessment and has confirmed full compliance with 43 of the 46 core standards for an Acute setting.
- 4.2 The Trust scored partially compliant with CS12- Duty to maintain plans Major Incident, CS18- Duty to maintain plans Mass Casualty and CS53 – Business Continuity BC Audit
- 4.3 With 3 core standards assessed as partially compliant, and overall compliance rating of 91% 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 2021.

- 4.5 Through the EMERGO exercise, the Trust will be fully compliant by Quarter 1 2022/23; CS12- Duty to maintain plans Major Incident and CS18- Duty to maintain plans Mass Casualty.
- 4.6 In reference to standard CS53 – Business Continuity (BC) Audit, a refresh of the Trust's Business Continuity process has been signed off by Operational Management Board which ensures better accessibility to all Business Continuity supportive documents, establishment of the BC Forum and that an up-to-date internal audit is scheduled for 2022/23. These actions will allow the Trust to self-assess as fully compliant.
- 4.7 As a result of the COVID-19 Pandemic, one factor identified by NHS England and NHS Improvement that may impact ability to increase inpatient capacity was internal piped oxygen system capacity. In order to understand the resilience of these systems, the deep dive focused on this area.
- 4.8 The Trust has been able to describe the significant amount of testing for Oxygen plans, medical devices and gasses and are therefore self-assessing as fully compliant. As mentioned, this is not an EPRR standard and has subsequently been reviewed again by the Trust and NHS E/I and is now fully compliant.

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).

| | | | |
|---|---|--|--|
| Report To: | Trust Board | | |
| Date of Meeting: | 27 January 2022 | | |
| Report Title: | Integrated Performance Report | | |
| Report Author & Job Title | Lisa Whitlow, Associate Director of Performance | | |
| Does the paper contain | Patient identifiable information? | Staff identifiable information? | Commercially sensitive information? |
| | N/A | N/A | N/A |
| Executive/Non-executive Sponsor (presenting) | Executive Team | | |
| Purpose: | Approval | Discussion | To Receive for Information |
| | | | X |
| Recommendation: | The Trust Board is asked to note the contents of the Integrated Performance Report. | | |
| Report History: | The report is a standing item to the Trust Board Meeting. | | |
| Next Steps: | This report is received at the Joint Consultancy and Negotiation Committee, Operational Management Board, Trust Management Team meeting, shared with Commissioners and the Quality section will be shared with the Quality and Risk Management Committee. | | |

| Executive Summary | |
|---|---|
| Details of the Trust's performance against the domains of Urgent Care, Elective Care and Diagnostics, Cancer Wait Time Standards, Quality, Workforce and Finance are provided on page six of the Integrated Performance Report. | |
| Strategic Theme/Corporate Objective Links | <ol style="list-style-type: none"> 1. Provider of high quality patient care <ol style="list-style-type: none"> a. Experts in complex urgent & emergency care b. Work in partnership to deliver great local health services c. A Centre of Excellence for specialist healthcare d. A powerhouse for pathology & imaging 2. Developing Healthcare for the future <ol style="list-style-type: none"> a. Training, educating and developing our workforce b. Increase our capability to deliver research c. Support development & adoption of innovations d. Invest in digital technology 3. Employer of choice <ol style="list-style-type: none"> a. A great place to work that is diverse & inclusive |

| | |
|--|--|
| | <ul style="list-style-type: none"> b. Empowered clinically led teams c. Support our staff to continuously develop d. Support staff health & wellbeing |
| Board Assurance Framework/Trust Risk Register Links | The report links to the BAF risks relating to internal flow, staff retention, staff engagement, productivity and clinical complexity. |
| Other Standard Reference | CQC Standards. |
| Financial implications | Whilst there is a section referring to the Trust's financial position, there are no financial implications within this paper. |
| Other Resource Implications | Not applicable. |
| Legal Implications including Equality, Diversity and Inclusion Assessment | Not applicable. |
| Appendices: | Not applicable. |

North Bristol NHS Trust
INTEGRATED
PERFORMANCE REPORT
January 2022 (presenting December 2021 data)



Exceptional healthcare, personally delivered

CONTENTS

| CQC Domain / Report Section | Sponsor / s | Page Number |
|--|---|-------------|
| Performance Scorecard and Summaries | Chief Operating Officer Medical Director and Deputy Chief Executive Director of Nursing Director of People and Transformation Director of Finance | 3 |
| Responsiveness | Chief Operating Officer | 10 |
| Safety and Effectiveness | Medical Director and Deputy Chief Executive Director of Nursing | 21 |
| Patient Experience | Director of Nursing | 28 |
| Research and Innovation | Medical Director | 30 |
| Well Led | Director of People and Transformation Medical Director and Deputy Chief Executive Director of Nursing | 31 |
| Finance | Director of Finance | 38 |
| Regulatory View | Chief Executive | 42 |
| Appendix | | 44 |

North Bristol Integrated Performance Report

| Domain | Description | Regulatory | National Standard | Current Month Trajectory (RAG) | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Trend | Benchmarking (in arrears except A&E & Cancer as per reporting month) | | |
|------------|--|------------|-------------------|--------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|--------|---------|--------|-------|---|-------|----------|
| | | | | | | | | | | | | | | | | | | | Peer Performance | Rank | Quartile |
| Responsive | A&E 4 Hour - Type 1 Performance | R | 95.00% | 65.00% | 73.21% | 68.51% | 73.33% | 81.05% | 74.26% | 72.71% | 64.38% | 54.36% | 61.47% | 61.75% | 60.82% | 60.18% | 61.80% | | 54.28% | 1/10 | |
| | A&E 12 Hour Trolley Breaches | R | 0 | 0 | 52 | 206 | 7 | 0 | 6 | 0 | 4 | 97 | 14 | 38 | 29 | 59 | 20 | | 0-609 | 5/10 | |
| | Ambulance Handover < 15 mins (%) | | 100.00% | - | 57.77% | 54.95% | 60.97% | 58.17% | 50.28% | 51.07% | 48.46% | 39.75% | 37.84% | 41.26% | 36.19% | 24.29% | 20.33% | | | | |
| | Ambulance Handover < 30 mins (%) | R | 100.00% | - | 88.44% | 83.80% | 92.75% | 89.36% | 79.42% | 80.43% | 73.44% | 60.62% | 66.21% | 64.67% | 56.62% | 53.92% | 50.75% | | | | |
| | Ambulance Handover > 60 mins | | 0 | - | 82 | 180 | 57 | 83 | 272 | 199 | 346 | 636 | 471 | 418 | 621 | 664 | 645 | | | | |
| | Stranded Patients (>21 days) - month end | | | | 145 | 124 | 129 | 136 | 272 | 116 | 123 | 277 | 144 | 149 | 149 | 178 | 189 | | | | |
| | Right to Reside: Discharged by 5pm | R | 50.00% | | 28.52% | 30.53% | 29.43% | 30.89% | 35.87% | 31.83% | 33.53% | 33.25% | 28.27% | 29.57% | 27.50% | 24.52% | 24.22% | | | | |
| | Bed Occupancy Rate | | | 93.00% | 95.10% | 95.86% | 92.74% | 92.49% | 95.25% | 95.23% | 96.63% | 95.96% | 95.32% | 97.20% | 97.26% | 97.12% | 97.86% | | | | |
| | Diagnostic 6 Week Wait Performance | | 1.00% | 29.99% | 32.37% | 33.04% | 27.20% | 24.72% | 29.45% | 31.99% | 36.13% | 38.91% | 42.55% | 42.83% | 41.80% | 40.32% | 44.30% | | 28.84% | 9/10 | |
| | Diagnostic 13+ Week Breaches | | 0 | 0 | 1487 | 1420 | 1358 | 1364 | 1513 | 1779 | 2054 | 2183 | 2180 | 2724 | 3029 | 2913 | 3501 | | 12-2913 | 10/10 | |
| | Diagnostic Backlog Clearance Time (in weeks) | | | | 1.0 | 1.0 | 0.8 | 0.8 | 0.9 | 1.1 | 1.3 | 1.3 | 1.4 | 1.6 | 1.5 | 1.5 | 1.7 | | | | |
| | RTT Incomplete 18 Week Performance | | 92.00% | - | 73.18% | 71.62% | 70.65% | 71.64% | 73.59% | 74.29% | 74.98% | 73.78% | 73.16% | 71.87% | 70.37% | 69.68% | 66.67% | | 60.70% | 3/10 | |
| | RTT 52+ Week Breaches | R | 0 | 2402 | 1418 | 1817 | 2108 | 2088 | 1827 | 1583 | 1473 | 1544 | 1770 | 1933 | 2068 | 2128 | 2182 | | 46-12066 | 5/10 | |
| | RTT 78+ Week Breaches | R | - | - | - | - | - | - | 363 | 424 | 448 | 532 | 656 | 659 | 577 | 497 | 469 | | 0-4376 | 5/10 | |
| | RTT 104+ Week Breaches | R | 69 | - | - | - | - | - | 5 | 12 | 19 | 28 | 34 | 55 | 93 | 138 | 158 | | 0-1368 | 5/10 | |
| | Total Waiting List | R | | 39777 | 29611 | 29759 | 29716 | 29580 | 31143 | 31648 | 32946 | 34315 | 35794 | 36787 | 37268 | 37297 | 37264 | | | | |
| | RTT Backlog Clearance Time (in weeks) | | | | 2.2 | 2.3 | 2.5 | 2.5 | 2.7 | 3.3 | 2.6 | 1.8 | 1.5 | 1.7 | 1.7 | 1.8 | 1.9 | | | | |
| | Cancer 2 Week Wait | R | 93.00% | 75.04% | 63.72% | 60.03% | 70.87% | 63.24% | 39.53% | 36.58% | 36.44% | 53.40% | 66.58% | 51.22% | 42.70% | 53.75% | - | | 69.40% | 10/10 | |
| | Cancer 2 Week Wait - Breast Symptoms | | 93.00% | 56.03% | 33.77% | 49.64% | 36.17% | 15.20% | 6.18% | 9.21% | 17.19% | 71.23% | 84.35% | 74.64% | 28.13% | 6.15% | - | | 19.34% | 7/10 | |
| | Cancer 31 Day First Treatment | | 96.00% | 92.44% | 95.47% | 89.84% | 95.96% | 96.62% | 94.40% | 97.38% | 95.48% | 95.77% | 93.00% | 91.89% | 88.51% | 86.94% | - | | 91.86% | 9/10 | |
| | Cancer 31 Day Subsequent - Drug | | 98.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 95.45% | 96.30% | 100.00% | - | | 97.52% | 1/10 | |
| | Cancer 31 Day Subsequent - Surgery | | 94.00% | 89.85% | 92.22% | 77.66% | 84.44% | 85.48% | 81.18% | 86.73% | 84.62% | 90.80% | 72.84% | 80.90% | 69.62% | 65.77% | - | | 80.33% | 10/10 | |
| | Cancer 62 Day Standard | R | 85.00% | 82.89% | 77.39% | 65.91% | 74.34% | 76.09% | 75.00% | 77.11% | 62.74% | 68.59% | 68.60% | 56.98% | 57.34% | 74.07% | - | | 68.53% | 4/10 | |
| | Cancer 62 Day Screening | | 90.00% | 78.18% | 86.36% | 78.57% | 86.79% | 68.18% | 73.68% | 54.72% | 73.33% | 86.36% | 52.54% | 75.00% | 42.55% | 68.75% | - | | 65.14% | 6/10 | |
| | Cancer 28 Day Faster Diagnosis | R | 75.00% | 85.18% | - | - | - | - | 66.39% | 54.73% | 43.56% | 65.46% | 66.77% | 56.07% | 59.95% | 66.29% | - | | 70.34% | 8/10 | |
| | Cancer PTL >62 Days | | | 355 | - | - | - | - | - | - | - | - | - | - | 501 | 663 | 759 | | | | |
| | Cancer PTL >104 Days | | 0 | - | 44 | 49 | 57 | 67 | 64 | 64 | 100 | 162 | 139 | 170 | 158 | 108 | 140 | | | | |
| | Mixed Sex Accommodation | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| | Electronic Discharge Summaries within 24 Hours | | 100.00% | | 82.92% | 81.50% | 83.60% | 84.72% | 84.44% | 82.54% | 83.27% | 82.93% | 83.13% | 81.63% | 82.08% | 83.11% | 81.79% | | | | |

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

Exceptional healthcare, personally delivered

03

North Bristol Integrated Performance Report

| Domain | Description | Regulatory | National Standard | Current Month Trajectory (RAG) | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Trend |
|--|---|------------|-------------------|--------------------------------|--------|--------|--------|---------|---------|--------|--------|--------|---------|--------|--------|--------|--------|-------|
| Quality Patient Safety & Effectiveness | 5 minute apgar 7 rate at term | | | 0.90% | 0.70% | 0.50% | 0.51% | 0.43% | 0.70% | 0.95% | 0.69% | 1.51% | 1.15% | 0.62% | 1.26% | 0.22% | 1.15% | |
| | Caesarean Section Rate | | | 28.00% | 41.92% | 35.13% | 38.69% | 40.28% | 37.44% | 33.11% | 40.09% | 39.36% | 34.88% | 38.74% | 37.35% | 39.23% | 40.60% | |
| | Still Birth rate | | | 0.40% | 0.64% | 0.46% | 0.23% | 0.00% | 0.43% | 0.22% | 0.00% | 0.20% | 0.00% | 0.57% | 0.39% | 0.21% | 0.21% | |
| | Induction of Labour Rate | | | 32.10% | 37.55% | 39.81% | 33.80% | 33.81% | 35.24% | 37.14% | 35.29% | 37.35% | 35.31% | 33.40% | 29.05% | 34.12% | 35.21% | |
| | PPH 1500 ml rate | | | 8.60% | 2.83% | 3.26% | 3.94% | 3.23% | 3.07% | 4.03% | 5.17% | 2.00% | 2.11% | 2.10% | 3.94% | 3.59% | 3.02% | |
| | Never Event Occurrence by month | | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Commissioned Patient Safety Incident Investigations | | | | - | - | - | - | - | - | - | 2 | 2 | 3 | 2 | 1 | 1 | |
| | Healthcare Safety Investigation Branch Investigations | | | | - | - | - | - | - | - | - | 1 | 2 | - | 1 | - | 0 | |
| | Total Incidents | | | | 1062 | 1241 | 877 | 1005 | 1034 | 1069 | 1027 | 1070 | 969 | 1016 | 974 | 904 | 944 | |
| | Total Incidents (Rate per 1000 Bed Days) | | | | 49 | 57 | 45 | 46 | 46 | 44 | 43 | 44 | 40 | 41 | 39 | 44 | 67 | |
| | WHO checklist completion | | | 95.00% | 99.95% | 99.69% | 99.84% | 100.00% | 99.84% | 99.84% | 99.93% | 99.80% | 99.70% | 99.79% | 99.41% | 99.84% | 99.87% | |
| | VTE Risk Assessment completion | R | | 95.00% | 95.44% | 95.28% | 95.10% | 95.38% | 95.46% | 95.46% | 95.38% | 95.52% | 94.83% | 94.85% | 94.44% | 93.19% | - | |
| | Pressure Injuries Grade 2 | | | | 17 | 17 | 27 | 7 | 9 | 10 | 15 | 17 | 22 | 24 | 19 | 12 | 16 | |
| | Pressure Injuries Grade 3 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Pressure Injuries Grade 4 | | | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |
| | PI per 1,000 bed days | | | | 0.60 | 0.52 | 0.82 | 0.19 | 0.30 | 0.29 | 0.48 | 0.51 | 0.72 | 0.75 | 0.51 | 0.32 | 0.35 | |
| | Falls per 1,000 bed days | | | | 8.55 | 9.54 | 8.63 | 8.44 | 8.33 | 8.70 | 8.53 | 8.36 | 7.84 | 7.24 | 7.28 | 7.43 | 8.13 | |
| | #NoF - Fragile Hip Best Practice Pass Rate | | | | 63.64% | 42.86% | 69.05% | 78.38% | 57.78% | 53.49% | 68.00% | 68.18% | 76.32% | 36.00% | 44.44% | - | - | |
| | Admitted to Orthopaedic Ward within 4 Hours | | | | 57.14% | 39.68% | 54.76% | 44.68% | 71.11% | 48.84% | 44.00% | 51.11% | 28.95% | 40.00% | 22.22% | - | - | |
| | Medically Fit to Have Surgery within 36 Hours | | | | 79.59% | 58.73% | 80.95% | 89.36% | 71.11% | 65.12% | 80.00% | 71.11% | 86.84% | 44.00% | 44.44% | - | - | |
| | Assessed by Orthogeriatrician within 72 Hours | | | | 79.59% | 80.95% | 97.62% | 97.87% | 93.33% | 81.40% | 92.00% | 93.33% | 100.00% | 84.00% | 77.78% | - | - | |
| | Stroke - Patients Admitted | | | | 80 | 70 | 61 | 96 | 91 | 100 | 91 | 75 | 92 | 83 | 90 | 85 | 34 | |
| | Stroke - 90% Stay on Stroke Ward | | | 90.00% | 80.88% | 58.18% | 83.33% | 81.08% | 98.26% | 86.76% | 80.82% | 87.30% | 80.00% | 77.94% | 78.13% | 73.13% | - | |
| | Stroke - Thrombolysed <1 Hour | | | 60.00% | 33.33% | 50.00% | 44.00% | 78.00% | 100.00% | 50.00% | 70.00% | 85.71% | 90.91% | 50.00% | 27.27% | 66.67% | - | |
| | Stroke - Directly Admitted to Stroke Unit <4 Hours | | | 60.00% | 47.83% | 35.59% | 60.00% | 48.68% | 47.89% | 52.00% | 49.33% | 46.20% | 39.73% | 32.00% | 40.58% | 48.53% | - | |
| | Stroke - Seen by Stroke Consultant within 14 Hours | | | 90.00% | 85.92% | 87.30% | 91.55% | 90.00% | 85.14% | 90.36% | 92.11% | 95.45% | 89.19% | 95.95% | 97.18% | 88.57% | - | |
| Quality Patient Safety & Effectiveness | MRSA | R | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | E. Coli | R | 4 | 3 | 3 | 1 | 6 | 4 | 5 | 4 | 4 | 1 | 5 | 3 | 8 | 3 | 2 | |
| | C. Difficile | R | 5 | 7 | 4 | 9 | 4 | 10 | 6 | 10 | 6 | 2 | 5 | 4 | 1 | 0 | 0 | |
| | MSSA | | | 2 | 2 | 3 | 3 | 0 | 4 | 1 | 5 | 2 | 5 | 4 | 1 | 0 | 5 | |
| Quality Patient Safety & Effectiveness | Friends & Family - Births - Proportion Very Good/Good | | | | - | - | - | 94.26% | 95.51% | 95.51% | 94.74% | 92.68% | 95.95% | 91.30% | 98.53% | 91.53% | 93.75% | |
| | Friends & Family - IP - Proportion Very Good/Good | | | | 93.24% | 94.06% | 95.72% | 93.68% | 92.90% | 94.52% | 91.79% | 92.85% | 91.94% | 92.16% | 92.25% | 92.52% | 91.50% | |
| | Friends & Family - OP - Proportion Very Good/Good | | | | 95.60% | 95.71% | 95.29% | 94.63% | 94.90% | 95.09% | 94.40% | 94.65% | 94.54% | 93.77% | 94.80% | 94.21% | 95.26% | |
| | Friends & Family - ED - Proportion Very Good/Good | | | | 90.96% | 87.49% | 89.21% | 87.24% | 84.86% | 82.00% | 73.19% | 71.84% | 72.87% | 74.81% | 73.94% | 74.24% | 80.64% | |
| | PALS - Count of concerns | | | | 66 | 62 | 71 | 79 | 108 | 88 | 127 | 127 | 123 | 123 | 100 | 93 | 86 | |
| | Complaints - % Overall Response Compliance | | | 90.00% | 94.64% | 81.48% | 84.38% | 85.11% | 79.07% | 83.33% | 77.03% | 85.71% | 87.72% | 77.36% | 69% | 72.13% | 69.09% | |
| | Complaints - Overdue | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 8 | 10 | 10 | 6 | |
| Well Led | Complaints - Written complaints | | | | 23 | 37 | 43 | 42 | 56 | 67 | 51 | 65 | 48 | 52 | 55 | 59 | 44 | |
| | Agency Expenditure ('000s) | | | | 1043 | 1234 | 544 | 1042 | #N/A | 816 | 1029 | 1374 | 1061 | 1492 | 1576 | 1350 | 1321 | |
| | Month End Vacancy Factor | | | | 4.59% | 3.80% | 3.65% | 3.62% | #N/A | 4.81% | 5.53% | 6.52% | 6.55% | 6.28% | 6.53% | 6.13% | 7.55% | |
| | Turnover (Rolling 12 Months) | R | | 12.00% | 12.73% | 12.89% | 12.56% | 12.36% | 13.37% | 13.60% | 13.81% | 12.97% | 14.21% | 13.92% | 15.35% | 15.57% | 15.80% | |
| | Sickness Absence (Rolling 12 month -In arrears) | R | | - | 4.38% | 4.47% | 4.48% | 4.42% | 4.32% | 4.31% | 4.31% | 4.36% | 4.42% | 4.46% | 4.53% | 4.55% | - | |
| Well Led | Trust Mandatory Training Compliance | | | | 85.79% | 85.90% | 85.91% | 85.40% | 85.17% | 84.95% | 84.55% | 82.82% | 82.58% | 82.32% | 82.12% | 81.97% | 82.13% | |

Exceptional healthcare, personally delivered

EXECUTIVE SUMMARY

December 2021

Urgent Care

Four-hour performance deteriorated marginally in December with performance of 61.80%; the Trust ranked first amongst 9 reporting AMTC peer providers. The Trust recorded 645 (provisional data) ambulance handover delays over one hour and 20 12-hour trolley breaches in month, with nearly 13,000 reported nationally. Four hour performance and Ambulance handover times were impacted by high bed occupancy at an average of 97.86% for the month as a result of COVID-19 admissions and increased LoS. Key drivers include increased volume of bed days for medically fit patients awaiting discharge on D2A pathways. Trust-wide internal actions are focused on improving the timeliness of discharge, a relaunch of internal professional standards, maximising SDEC pathways and weekend discharge rate improvements. The low level of complex discharges for the next quarter remains a risk, but is subject to a new national reduction target. In response to the COVID-19 surge and increased staff absence, further cancellation of the elective programme was required with all P3 surgery cancelled, limiting activity to P1 and P2 inpatients and day case only.

Elective Care and Diagnostics

The overall RTT waiting list was static in December. Long waiting times are resulting from reduced elective capacity due to earlier COVID-19 waves and operational pressures on the bed base, but continues to compare favourably with combined national Acute provider growth. There were 2,182 patients waiting greater than 52-weeks for their treatment in November, 469 of these were patients waiting longer than 78-weeks and 158 were waiting over 104-weeks. This was the sixth consecutive month that the Trust has reported an increase in long waiting patients, with 52-week breaches exceeding the peak seen previously in February 2021. When compared nationally, the Trust's 52-week and 104-week positioning were static in November and remain in the fourth quartiles, though the Trust compares reasonably with model hospital peers. The Trust continues to treat patients based on their clinical priority first followed by length of wait. Diagnostic performance deteriorated in December with performance of 44.30%. The Trust is sourcing additional internal and external capacity for several test types to support recovery of diagnostic waiting times.

Cancer Wait Time Standards

Performance for the TWW standard improved in November at 53.75% compared to the previous month (42.70%) though performance continues to be impacted by issues in Breast and Colorectal. The 31-Day standard deteriorated slightly to 86.94%. The reported 62-Day performance for November improved when compared to the previous month with performance of 54.07%. Due to the level of performance against the CWT targets, the Trust has been supported by National and Regional colleagues with an internal Task Force established to focus on delivery of remedial actions. On the live PTL (13/01/22) there were 183 patients waiting over 104-Days. Instances of clinical harm remain low month-on-month and the Trust has only identified one moderate harm in the last 12-months as a result of delays over 104-Days.

Quality

In maternity, workforce gaps across specialities continue to be challenging, exacerbated by staff absence related to COVID-19. In December, the Trust COVID-19 level was elevated due to the Omicron variant of the virus; there have been some ward outbreaks and staff positive rates have risen. One Grade 4 pressure injury was reported in December and there was an increase in Grade 2 pressure injuries. There have been no MRSA cases reported since February 2021, though MSSA and C Difficile cases remain above targeted trajectories. The rate of VTE Risk Assessments performed on admission fell for the third month in a row and is below the national target of 95% compliance. For mortality rates, NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts, with no current Mortality Outlier alerts.

Workforce

Temporary staffing demand increased by 14.84 wte in December, combined with a reduction in bank hours worked, predominantly in registered nursing and midwifery (-25.11 wte), drove an increase in unfilled shifts by 40.67 wte. The vacancy factor increased to 7.55% in December from 6.13% in November driven by increases in funded establishment in AHP teams and the Urology Transfer and a reduction in staff in post driven predominantly by band 2 and band 5 nursing. Sickness absence increased to 4.55% in November from 4.53% in October in line with seasonal trends and an initial view of December's absence shows a further increase in line with the COVID-19 surge. The People and Transformation Team have provided support to the mass vaccination programme, responding to Vaccination as a Condition of Deployment, COVID-19 surge response and staff mobilisation and H2 Recovery, all of which are ongoing actions.

Finance

The financial framework for 2021/22 requires the Trust to deliver core operations within an agreed financial envelope and, manage costs incurred in dealing with the COVID-19 pandemic in line with COVID-19 funding provided. The financial performance for the year 2021/22 remains to breakeven as set out in the Trust Board approved budget paper. The Half 2 financial plan has been developed and shows a plan to breakeven, this plan includes non-recurrent income and expenditure. The actual result for Month 9 is a breakeven position and for year to date is also breakeven. The forecast outcome is that the Trust will achieve the breakeven plan at year end, as well as delivering the capital plan.

RESPONSIVENESS

SRO: Chief Operating Officer Overview

Urgent Care

The Trust reported four-hour performance of 61.80% in December. Ambulance handover delays were similar to the previous month with 645 handovers exceeding one hour reported (provisional data); the Trust had 20 12-hour trolley breaches. Bed occupancy varied between 89.16% and 100.77% of the core bed base. Ambulance arrivals remain consistent with pre-pandemic levels and continued to be particularly challenged due to multifactorial issues including the impact of COVID-19 admissions on flow and capacity, low morning discharge rates and reduced discharges to post acute community and domiciliary care. There is a Trust-wide plan in place to improve emergency flow which focusses on the actions that can be taken within the Trust and includes increased use of SDEC pathways, focus on early discharges and improvement in weekend discharging.

Planned Care

Referral to Treatment (RTT) – The number of patients exceeding 52-week waits in December was 2,182, the majority of breaches (1,117; 51.59%) being in Trauma and Orthopaedics. For the sixth consecutive month, the Trust has reported an increase in 52-week wait breaches; the overall proportion of the wait list that is waiting longer than 52-weeks is 5.86% which is relatively static compared to the previous month. The Trust is focussing on the treatment of patients who are waiting over 104-weeks or are at risk of waiting that long for their treatment; this is whilst maintaining timely access to treatment for those with the greatest clinical need.

Diagnostic Waiting Times – Diagnostic performance deteriorated in December with performance of 44.30% and failed to meet the improvement trajectory of 29.99%. The number of patients waiting longer than 13-weeks increased to 3,501 compared to 2,913 in November. Challenges remain in Echocardiography, Endoscopy and Non-obstetric Ultrasound. Modalities of significant underperformance have action plans in place to provide additional capacity through a combination of insourcing and outsourcing of activity. A high level review continues to be completed for patients exceeding 13-weeks to ensure no harm has resulted from the extended wait times. In November, NBT ranked 9th amongst 10 peer providers for 6-week performance and 10th for 13-week performance.

Cancer

The TWW and 62-Day CWT standards and trajectories saw a improvement on last month's performance. The Trust continues to carry backlogs in Breast and Colorectal which is impacting on TWW and 62-Day pathways. Breast services continue to struggle to maintain activity; internal recovery plans are in place to support the front-end and the surgical element of the pathway. Recruitment within Cancer Services has been successful and agency support has been secured to improve patient tracking activity. Following a National and Regional review of the Trust's compliance with Cancer High Impact Actions the Trust obtained positive feedback with regards to governance procedures and performance management but there are areas for improvement especially in the Faster Diagnosis pathway compliance. The Trust continues to be supported by Regional colleagues for the remainder of this quarter.

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.
- The ongoing impact of COVID-19 Infection Prevention and Control measures and Clinical Prioritisation guidance on the Trust's capacity and productivity and therefore, ability to deliver national wait times standards.
- The continued pressure of unfilled nursing shifts to safely manage escalation capacity in times of high bed demand.

QUALITY PATIENT SAFETY AND EFFECTIVENESS

SRO: Medical Director and Director of Nursing & Quality Overview

Improvements

Infection control: There were no cases of MRSA bacteraemia reported in December 2021 (last one for Trust reported in February 2021).

Mortality Rates/Alerts: NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts, with no current Mortality Outlier alerts. High completion rates of mortality reviews continue, with Medical Examiner reviews and referrals into Trust governance processes operating effectively to address family concerns and integrate with coronial cases.

Areas of Concern

Infection control: In December the COVID Trust level was elevated due to the Omicron variant of the virus, additional ward areas were allocated to provide care for COVID patients and more demand was placed on other areas such as Women's and Children's than in previous waves. There have been some ward Outbreaks and staff positive rates have risen. MSSA and C Difficile cases remain above targeted trajectories. The IPC team supporting the trust with the increased demand from a COVID perspective, in both education and practical support and operational solutions.

Maternity: Workforce gaps across all specialities continue to be challenging, exacerbated by staff absence related to COVID. A range of actions are underway for Midwifery and medical staff recruitment. A consequence of the staffing pressures and SWASFT's ambulance transfer time pressures, has been the need to temporarily suspend intrapartum care at Cossham.

Pressure Injuries: One Grade 4 pressure injury was reported in December in NMSK. The Tissue Viability team have facilitated and supported the After Action Reviews (AAR) to investigate and understand the circumstances and ensure learning from the event is acted upon to avoid recurrence. In December, there was also an increase in both the number of Grade 2 pressure injuries and medical device related Grade 2 pressure injuries.

VTE Risk Assessment: In November, the rate of VTE Risk Assessments performed on admission fell for the third month in a row and is below the national target of 95% compliance. This reflects the impact of our ongoing operational challenges on education, training and related data capture to support compliance in this area. A review of performance and assessment of whether this reflects actual changes in clinical practice, or data capture issues is planned.

WELL LED

SRO: Director of People and Transformation and Medical Director Overview

Corporate Objective 4: Build effective teams empowered to lead

Vacancies

The vacancy factor increased to 7.55% in December from 6.13% in November. This was driven by an increase in funded establishment (+52.10wte), this has predominantly been driven by additional establishment associated with Weston Urology transfer and increases in funding in radiography, occupational therapy and physiotherapy. There was also a decrease in staff in post (-68.37wte), with notable net loss in ASCR and Medicine of nurse band 2 (-10.1 wte) and nurse band 5 (-17.1 wte) across wards, the emergency zone and ICU.

Turnover

Staff turnover increased to 15.80% in December from 15.57% in November. Excluding the COVID-19 and mass vaccination workforce, the turnover rate increased slightly from 15.02% in November to 15.22% in December). This is higher than the pre-pandemic figure of 14.58% in December 2019.

Prioritise the wellbeing of our staff

Sickness absence increased to 4.55% in November from 4.53% in October. *Stress/anxiety/depression/other psychiatric illness* continue to be the leading cause of absence, the initial view of the December absence position shows a 1.3% increase in days lost compared with November and we recognise the effects of the pandemic and chronic pressure in the hospital are cumulative and long lasting. There was also large increases in days lost from November to December for *Infectious Diseases* (which includes COVID sickness) in line with the COVID surge beginning in December (+42.83%).

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand increased by 14.84 wte in December, combined with a reduction in bank hours worked, predominantly in registered nursing and midwifery (-25.11 wte), drove an increase in unfilled shifts by 40.67 wte. Agency RMN use saw an increase of 10.52 wte (of which 5.70 wte was tier 4 predominantly in NMSK Wards and EEU).

Actions

*Actions removed from the table below from last month have been delivered

In addition to the actions described in the table below, Health and Wellbeing actions have been described in detail in the accompanying Performance Report and the People and Transformation Team have provided support to the mass vaccination programme, responding to Vaccination as a Condition of Deployment, COVID surge response and staff mobilisation and H2 Recovery, all of which are ongoing actions.

| Theme | Action | Owner | By When |
|--------------------|---|---------------------------------------|--------------------------|
| Vacancies | Health care support worker assessment centres have increased for the remainder of the year and to May-22 in line with NHSi funding to reach 0 vacancies underpinning H2 Recovery – including wider, paid for advertising to counter labour market challenges for band 2 and band 3 roles (Dec-21 to Feb-22) | Head of Resourcing | May-22 |
| Turnover | Nursing & Midwifery Demand and Supply group agreed retention interventions and will monitor progress. Next key action aimed at morale; 'patient and relative videos; recognition and thanks' | Head of People | Jan-22 – Mar-22 |
| Temporary Staffing | Delivering campaign to encourage inactive workers to participate and contacting staff who have left within the last 12 months to register on our bank | Head of Resourcing | Jan-21 (original Nov-21) |
| Temporary Staffing | System wide review of Waiting List Initiative Rates to support capacity management across system | Director of People and Transformation | Dec-21 |

FINANCE SRO: CFO Overview

The actual result for the Month 9 and year to date is a breakeven position.

The Trust continues to deliver break-even position as per plan and updated forecast despite under-delivery of CIP targets, which is offset by delay in implementation of recurrent and non-recurrent service developments and changes.

The financial performance for the year 2021/22 remains to breakeven as set out in the Board approved budget paper.

A phased plan was developed and submitted to NHS England & Improvement (NHSEI) in Month 2, with a further H2 update submitted in Month 8. The actual result for Month 9 (December) is a breakeven position.

The forecast outturn shows that the Trust will achieve the breakeven position at year end, as well as delivering the capital plan.

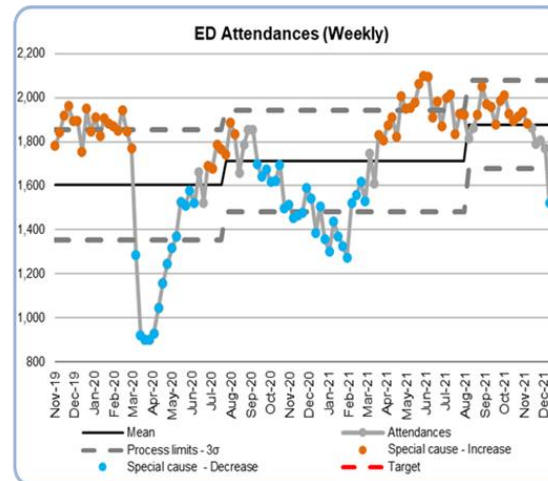
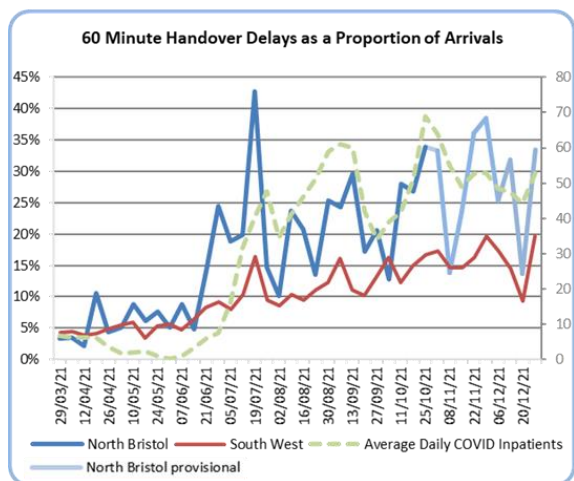
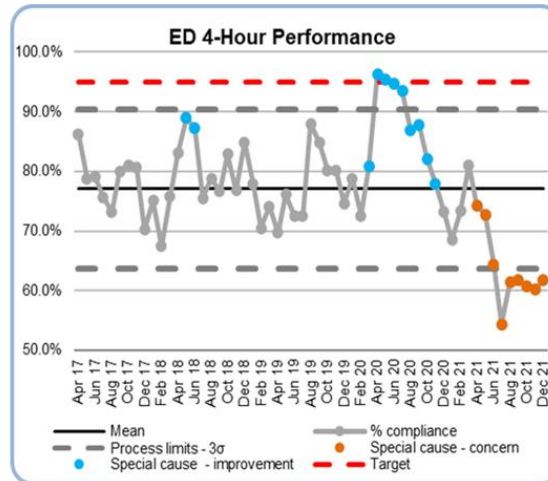
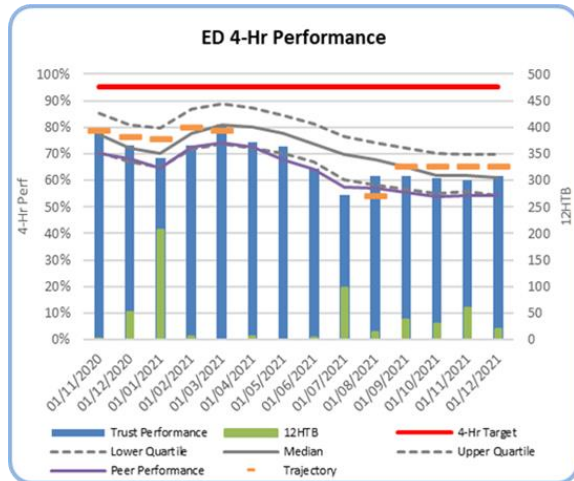
The income reported in Month 9 is based on notified allocations from BNSSG system and it was £64.4m (£56.0m Contract and £8.4m other) and the year to date figure is £567.1m (£504.6 Contract and £62.5m other)

Cash at 31 December amounts to £104.9m.

Total capital spend to date is £14.1m, compared to a plan of £16.3m for the first nine months of the year.

Responsiveness

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



Urgent Care

What does the data tell us?

Four-hour performance improved slightly in December with performance of 61.80%. Compared to our AMTC peers, the Trust ranked first out of nine reporting centres. When compared nationally, Trust positioning improved, moving into the second quartile from the third. ED performance for the NBT Footprint stands at 68.82% and the total STP performance was 70.55% for December.

ED attendances were lower when compared to 2019/20 levels. There was a decrease in 12-hour trolley breaches in December compared to November with the Trust recording 20 in month; nationally there were 12,986 with 38 Trusts reporting over 100.

Ambulance handover times continued to be challenged with provisional (unvalidated) data showing the Trust recorded 645 ambulance handover delays over one-hour in December.

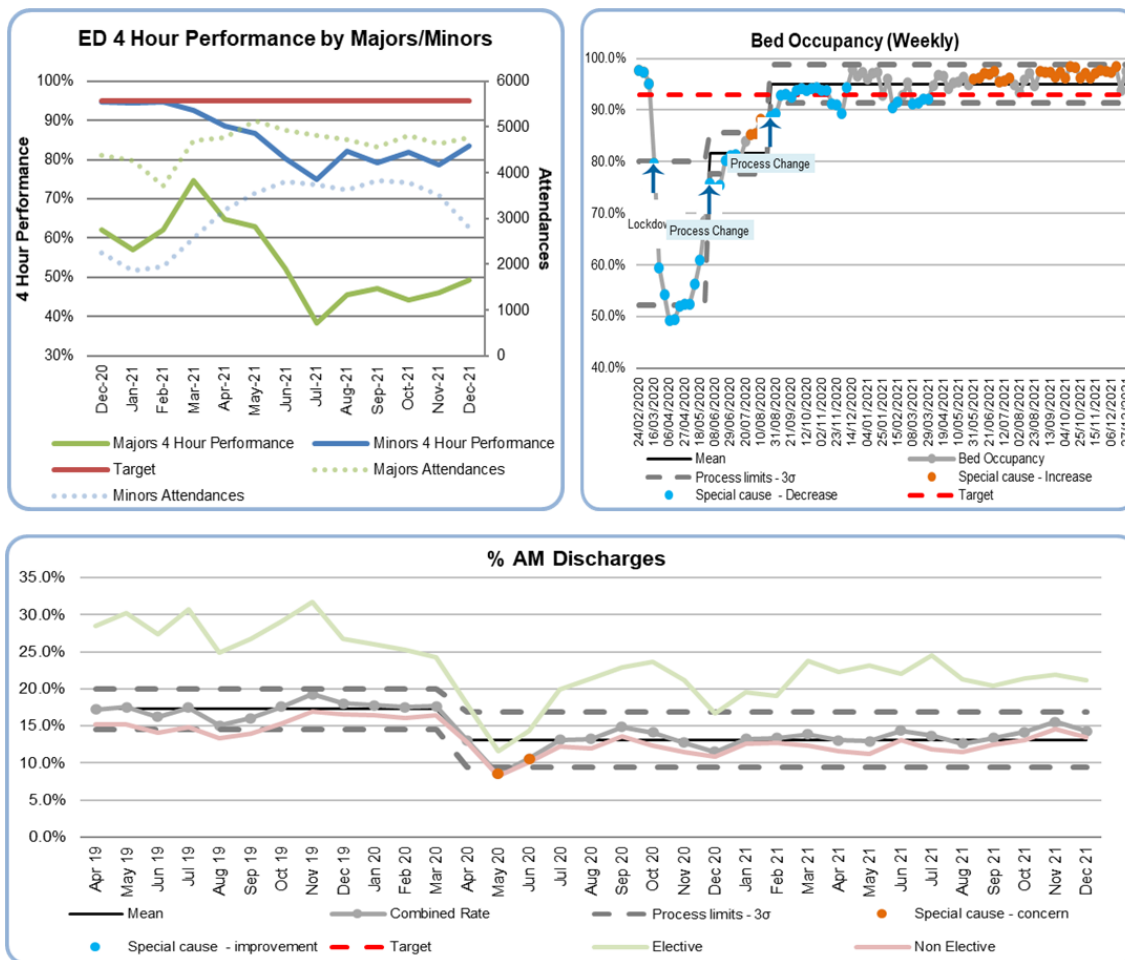
Numbers of COVID-19 inpatients continues to be higher than plan and remained largely static in December when compared to November levels.

What actions are being taken to improve?

A Trust Ambulance improvement plan including BNSSG and SWASFT actions for out of hospital care has been presented to Region, but in light of the high levels of occupancy performance remains challenged.

The Emergency Flow Plan aimed at improvements in three areas (emergency portals, time in hospital, and discharge) has not impacted significantly in December, with AM discharge levels declining month on month. Attempts to relocate medical SDEC to increase core capacity has been delayed until March 2022 due to workforce and space constraints, but 5 key pathways have been targeted for improvement from January 2022.

The system-wide project to provide reduction of 20% of ED minors patients through enhanced streaming is underway; although there has been slippage due to workforce availability and plans are limited to Monday to Friday only.



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

4-Hour Performance

What does the data tell us?

In December, Minors performance improved to 83.40%, whilst Majors performance improved to 49.16%.

Waiting for assessment in ED continued to be the predominant cause of breaches at 41.17%, with the second highest cause due to waits for a medical bed at 25.82%.

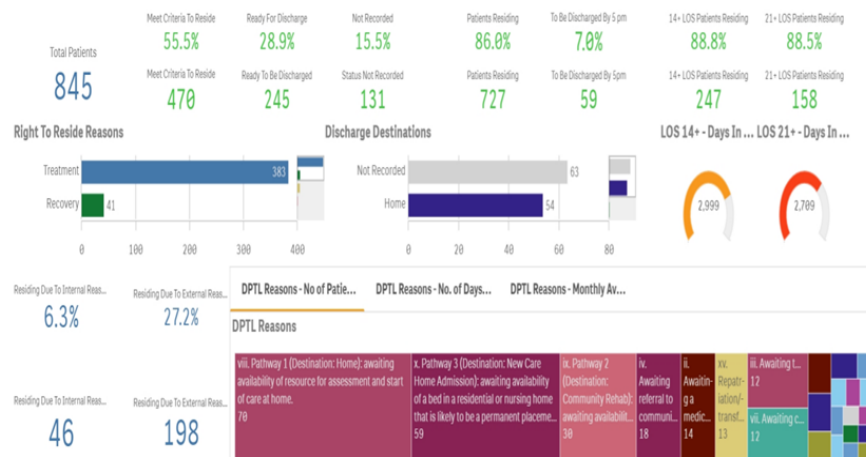
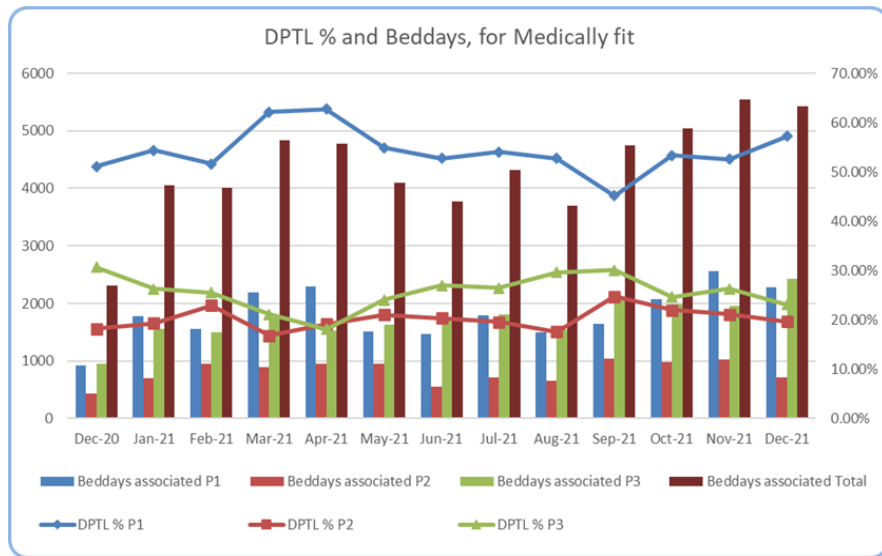
The vast majority of breaches of the admitted pathway is related to bed occupancy which remained challenged, varying between 81.16% and 100.77% in December against the core bed base. There were high levels of bed occupancy throughout the month, with 29 days out of 31 above the 93% target.

In December, 15.31% of patients were discharged between 08:00-12:00; which was down on the previous month.

What actions are being taken to improve?

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

- 1. Emergency Portals** (incl. Ambulance Turnaround Plan), decompressing ED and increasing use of SDEC pathways. The Trust has engaged Alamac to process map Emergency Zone pathways and identify improvement actions.
- 2. Time in Hospital** including a focus on early decision making using nationally recognised Modern Ward Rounds, AM discharge, improved weekend discharge rates, implementing Internal Professional Standards and Improved PDD and Discharge Summary completion. As a result of continued challenges the Division of Medicine is receiving executive intensive support.
- 3. Discharges** including implementation of the "Hospital Discharge and Community Support policy and operating model" and addressing BNSSG shortfalls in complex discharge rates (especially in P1 Home First capacity) through alternative models including Care Hotel and Family and Voluntary Sector supported discharge.



Criteria to Reside

What does the data tell us?

In December, the number of delayed bed days for medically fit patients awaiting Pathway 1 and 2 decreased slightly from November 2021 whilst the P3 waits increased. The delayed bed days for Pathway 3 rose by 472 bed days on last month. Overall the delayed bed days fell by 110 compared to November 2021.

P1 discharges remain impacted by insufficient staff capacity for Local Authority (LA) domiciliary care. Patients are delayed in Sirona P1 Discharge to Assess (D2A) waiting discharge for long term packages of care meaning they cannot pull patients from NBT. In particular, patients waiting discharge to the north Bristol locality wait much longer than patients to other localities. There continues to be insufficient community beds for patients with dementia and perceived behavioural challenges, also stroke patients with high care needs.

At the point of reporting, 244 patients were ready for discharge on a complex pathway of which 198 were waiting for external reasons (70 patients waiting Pathway 1: domiciliary care, 34 patients waiting Pathway 2: short term community beds and 62 patients waiting Pathway 3: long term care home beds). 13 patients were awaiting repatriation and 12 patients referred to the community were awaiting a pathway decision; 3 patients were homeless.

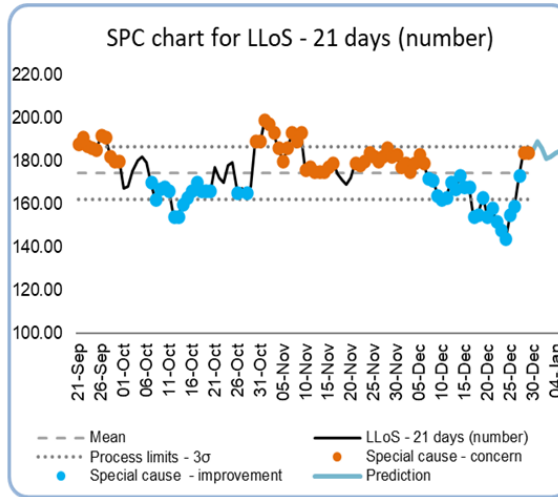
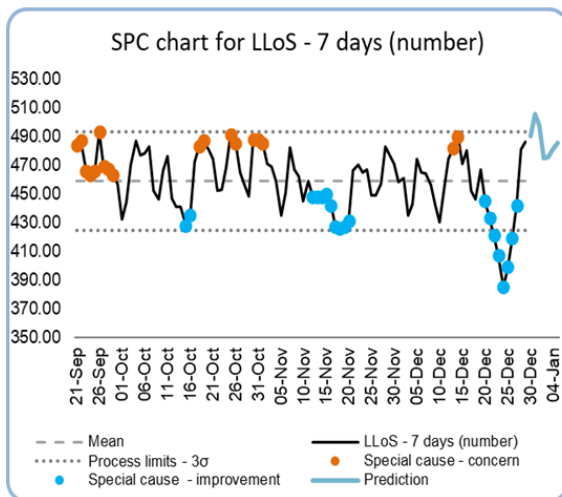
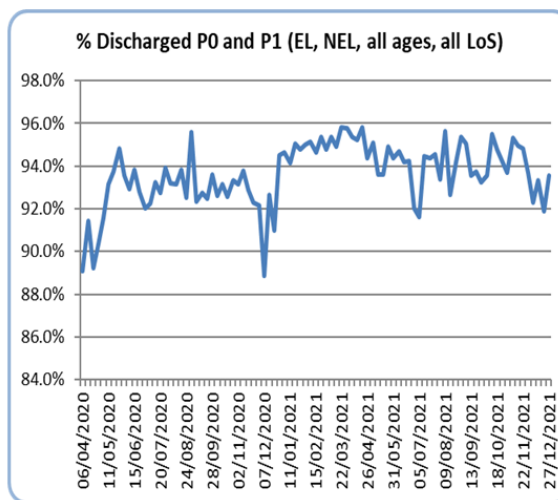
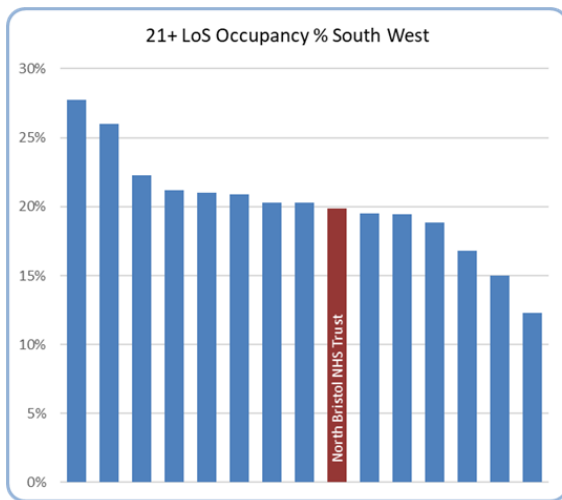
During December, an increased number of care homes closed to admission due to COVID-19 and rehab bedded units added to delayed discharge bed days. 46 patients were recorded as waiting internal actions including 12 waiting therapy decision, 18 waiting referral submission, 14 a medical decision and 2 due to COVID-19.

What actions are being taken to improve?

Transitional bed capacity for S. Glos continues to be commissioned by BNSSG; the 30 bedded Care Hotel opened 22nd December as a further interim step for patients on discharge Pathway 1 and will close 31st March 2022.

The Single Referral Form (SRF) improvement project, overseen by the Urgent Care Delivery Group, commenced in early October and has now been rolled out to all wards. The aim is to gain 21 bed capacity per month (as per 2021/22 bed model). Key enablers include introduction of 11 qualified discharge trackers and better IT infrastructure for the referring wards, earlier social assessments and closer working with community referral hubs to address outstanding queries. Whilst P1 and P2 time to referral targets were largely met in December time to referrals for P3 pathways negated these gains. Staffing pressures due to the COVID-19 surge in January mean the target reduction is at risk for January 2022.

With the increasing wait for Pathway 1, engaging family support with care at home whilst awaiting pathway commencement continues to be a focus and saved 4 beds in December.



Stranded Patients

What does the data tell us?

Both 7+ and 21+ day LoS patients reduced up to 25th December, but a mix of patient acuity and increasing P1 delays, plus a high number of care homes closed due to COVID-19 resulted in growth into January.

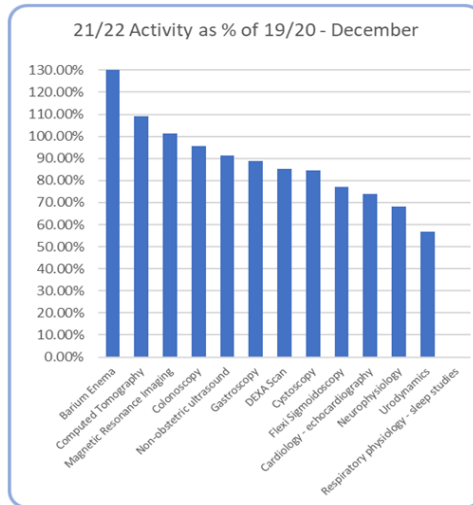
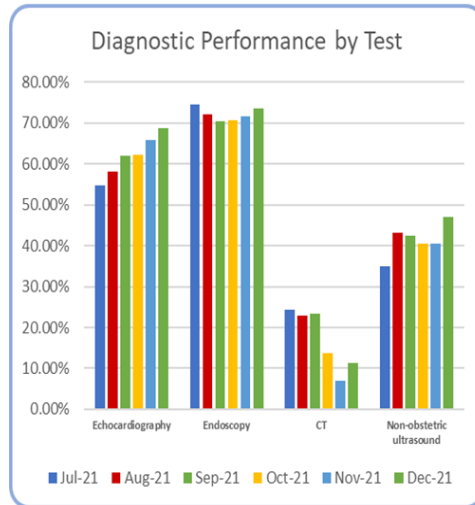
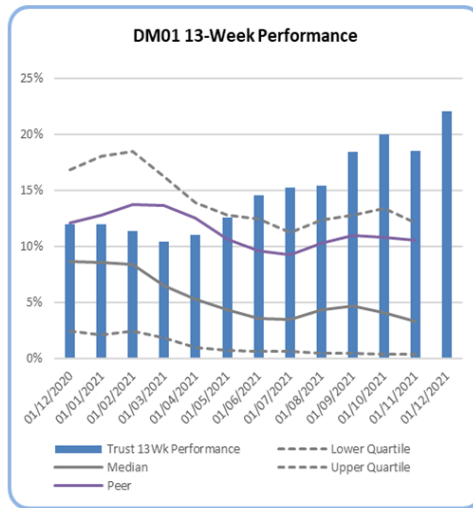
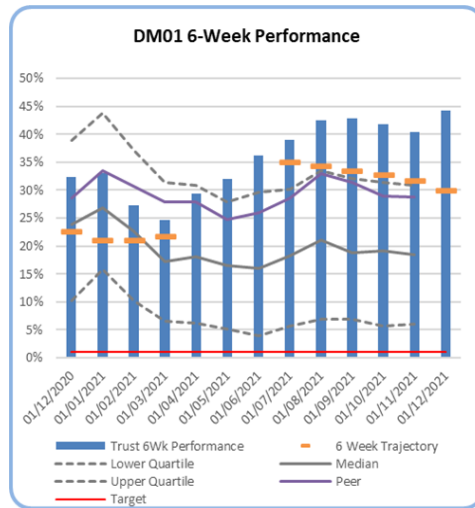
The Trust's positioning for 21+ days in the South West Region improved significantly in December to 9th highest with 19.89% 21+ day bed occupancy (21% in November). UHBW performance deteriorated to 21.16% and 4th highest in the Region. NBT continued the focus on reducing 21+ stay patients throughout the month.

In December, 433 patients were discharged on the complex P1 to 3 pathways (40 more than November) against a target of 484 discharges; 89% of expected discharges. P0 non-complex discharge is the main pathway from hospital and the highest volume of monthly discharges and totalled 4734 in December.

What actions are being taken to improve?

Following agreement of BNSSG Discharge to Assess (D2A) business case in November an implementation Board is being established. The risk associated with workforce and increasing staffing for delivery still remains.

Data Source: South region NHSI UEC dashboard, w/e 29th December 2021



Diagnostic Wait Times

What does the data tell us?

In December, diagnostic 6-week performance deteriorated to 44.30%, and failed to meet the improvement trajectory of 29.99%. 13-week performance also deteriorated with an increase of 20.19% on the previous month. There was a small increase of 0.66% in the overall wait list in December. Activity levels for the majority of test types were lower in December compared to the previous month; adjusting for working days there was an overall reduction in activity of 7.83%. Most test types reported over 80% of their activity compared to the same month in 2019/20.

Challenges remain in Echocardiography which has seen declining performance along with Endoscopy and Non-Obstetric Ultrasound. Although CT had reported improvement in previous months, their position deteriorated in December as expected, due the bank holiday impact, reduced capacity as a result of scanner downtime, and COVID-19 impact on staffing/WLI uptake.

In November, NBT ranked 9th amongst 10 peer providers for 6-week performance and 10th for 13-week performance. Nationally, Trust positioning was static for both 6-week and 13-week performance, remaining in the 4th quartile.

What actions are being taken to improve?

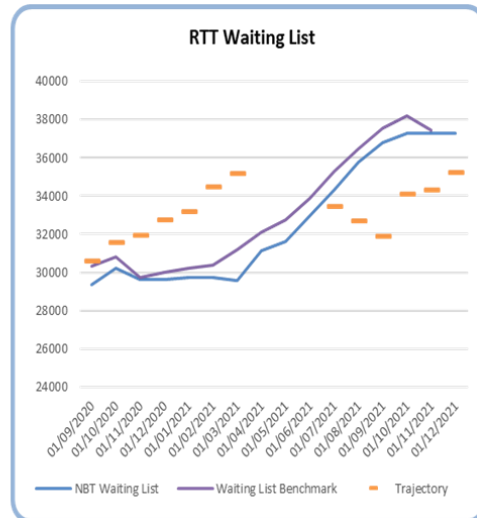
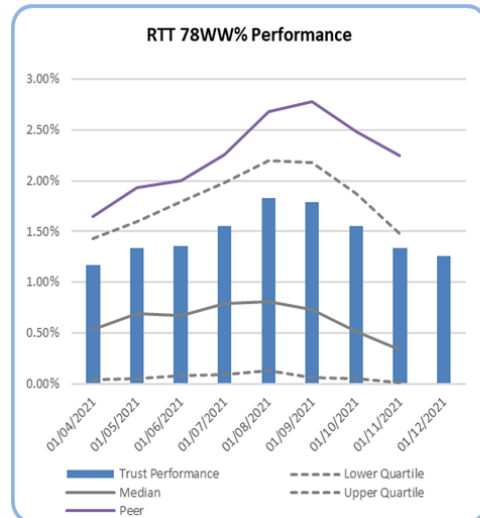
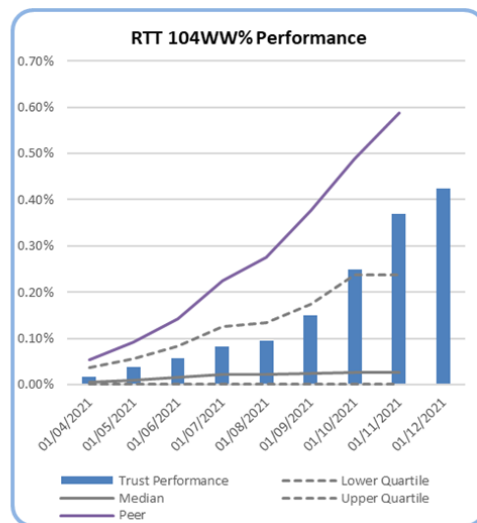
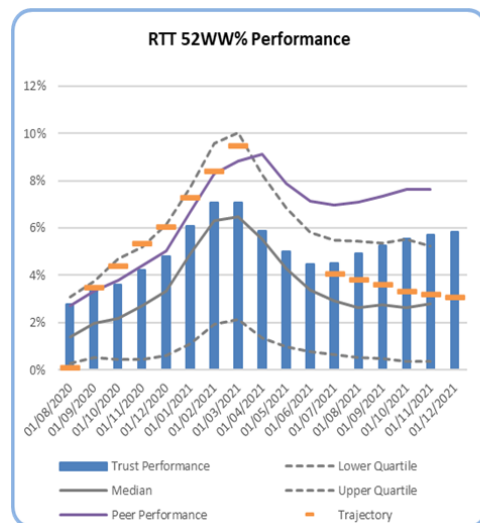
Endoscopy – There has been a significant focus on re-establishing both insourcing and outsourcing of activity, which has been delivered, although staffing shortages have impacted the effectiveness of this mitigation. Focus continues on the internal capacity gap with a Locum Endoscopist who started in December providing 3 lists per week increasing to 5 lists per week by February. In addition, interviews for 3 Consultant Gastroenterologists are planned for March 2022. There will be a net increase of 1 new admin staff in February, which will improve the service's ability to book patients and make effective use of capacity; this will increase further with the return of staff on long-term sickness expected in the next couple of months. Work is ongoing across the system to produce a shared PTL.

Non-Obstetric Ultrasound – Insourced capacity commenced in December (82 patients), but is not expected to have a noticeable impact until February owing to staff availability. The revised booking schedule commenced in December. In addition, the Trust continues to send 45 patients every other week to Emersons Green Treatment Centre.

CT – Use of the demountable CT scanner based at Weston General Hospital continues.

MRI – The Trust continues to use the BioBank MRI research facility for additional MRI capacity until Easter. There are plans to resume use of IS capacity at Nuffield from April, plus potential to extend the working day on Cossham Suite B scanner. Revised booking schedule (appointment times) have been implemented from 1st January.

Echocardiography – The insourcing plan to increase Echocardiogram capacity has been delayed due to staffing issues. It was originally planned that Xyla would deliver 1440 slots between October and December. The revised plan is for c.250 slots per month up to March and a further 60 slots per month April to September. Booking for January is starting from w/c 24th January and backlog reduction should start to be seen by end of February.



Referral to Treatment (RTT)

What does the data tell us?

In December, the Trust reported a static waiting list at 37,264. The Trust has reported an increase in 52-week wait breaches for the sixth consecutive month with 2,182 patients waiting greater than 52-weeks for their treatment; 469 of these were patients waiting longer than 78-weeks and 158 were waiting over 104-weeks. The majority of 52 and 104-week breaches (1,117; 51.59%) are in Trauma and Orthopaedics (T&O) and typically have the lowest level of clinical prioritisation against the national guidance (P4).

Cancellations resulting from increasing COVID-19 admissions, non-elective demand and bed pressures has resulted in challenged elective inpatient capacity. Coupled with consistent demand at pre-pandemic levels since March 2021, this has resulted in wait list growth and longer waiting times. The residual risk of 104-week breaches at the end of March 2022, is now 249 patients awaiting treatment predominately in T&O including 38 patients choosing to defer their treatment. Work is ongoing to further mitigate this risk.

When compared nationally, Trust waiting list growth continues to compare favourably to national waiting list growth for Acute providers. In November, Trust positioning for long waiting patients was similar to the previous month, remaining in the third quartile for the 78-week cohort, and the fourth quartiles for the 52 and 104-week cohorts.

What actions are being taken to improve?

An Elective Care Recovery Board has been established and has developed a comprehensive plan to manage the waiting list to required levels.

The Trust is undertaking regular patient level tracking and proactive management of long waiting patients and specific engagement with patients at risk of exceeding 104-week waits.

Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred suitable patients into available capacity within an IS Provider in a neighbouring system.

Continued application of review recommendations from Get It Right First Time (GIRFT) reports, Model Hospitals and the British Association of Day Surgery (BADS) are undertaken to ensure efficient use of the available capacity is maximised.

The Trust is exploring a number of further actions both internally and across the BNSSG system to increase capacity including engagement of further external staffing resource, specialists in theatre utilisation improvements and shared resources with UHBW.

Clinical validation of the longest waiting T&O patients has commenced and a review of patients suitable for transfer to the IS has taken place. Treatment of T&O patients across the weekend utilising a new supported discharge pathway has commenced, which has enabled extra activity to be delivered during December.

Cancer: Two Week Wait (TWW)

What does the data tell us?

The Trust reported a performance of 53.75% in November compared to 42.70% in October which is a 25% increase in performance. The Trust saw 2344 patients in November compared to 2280 patients in October. Of the 2344 patients seen, 1085 patients breached the TWW target, with the average day to first appointment in November at 28-days. This is largely due to the capacity issues in Breast and Skin.

Urology held their position this month from 97.87% in October to 97.13% in November, Gynaecology and Skull Base also achieved above the 93% TWW target.

Breast had a poor performance of 5.79% compared to the 7.22% in October. This was due to the backlog clearance work undertaken by Breast. They saw 847 patients in November; 798 of those were seen in a breach position.

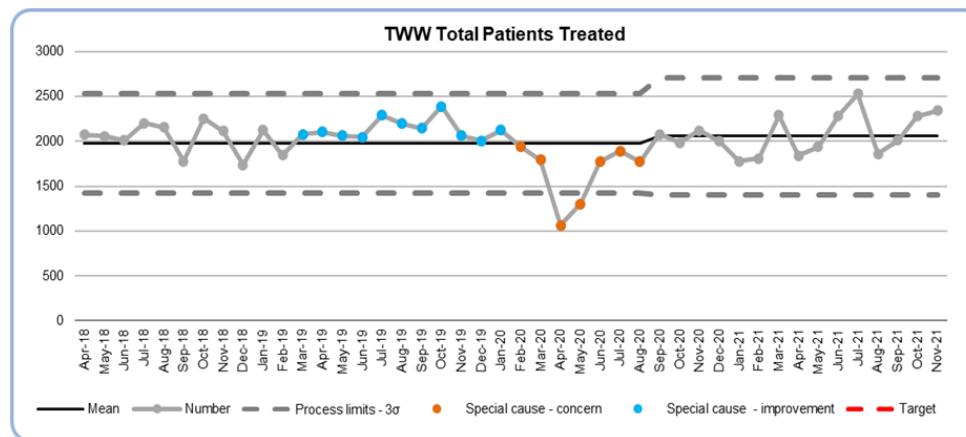
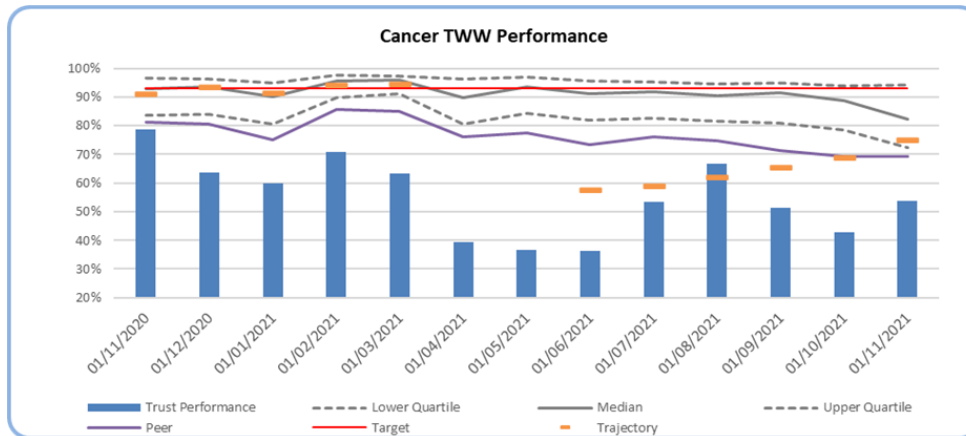
Skin significantly improved their position again this month from 30.28% in October to 83.75% in November. The skin service saw 541 patients in November; 10 were seen in a breach position.

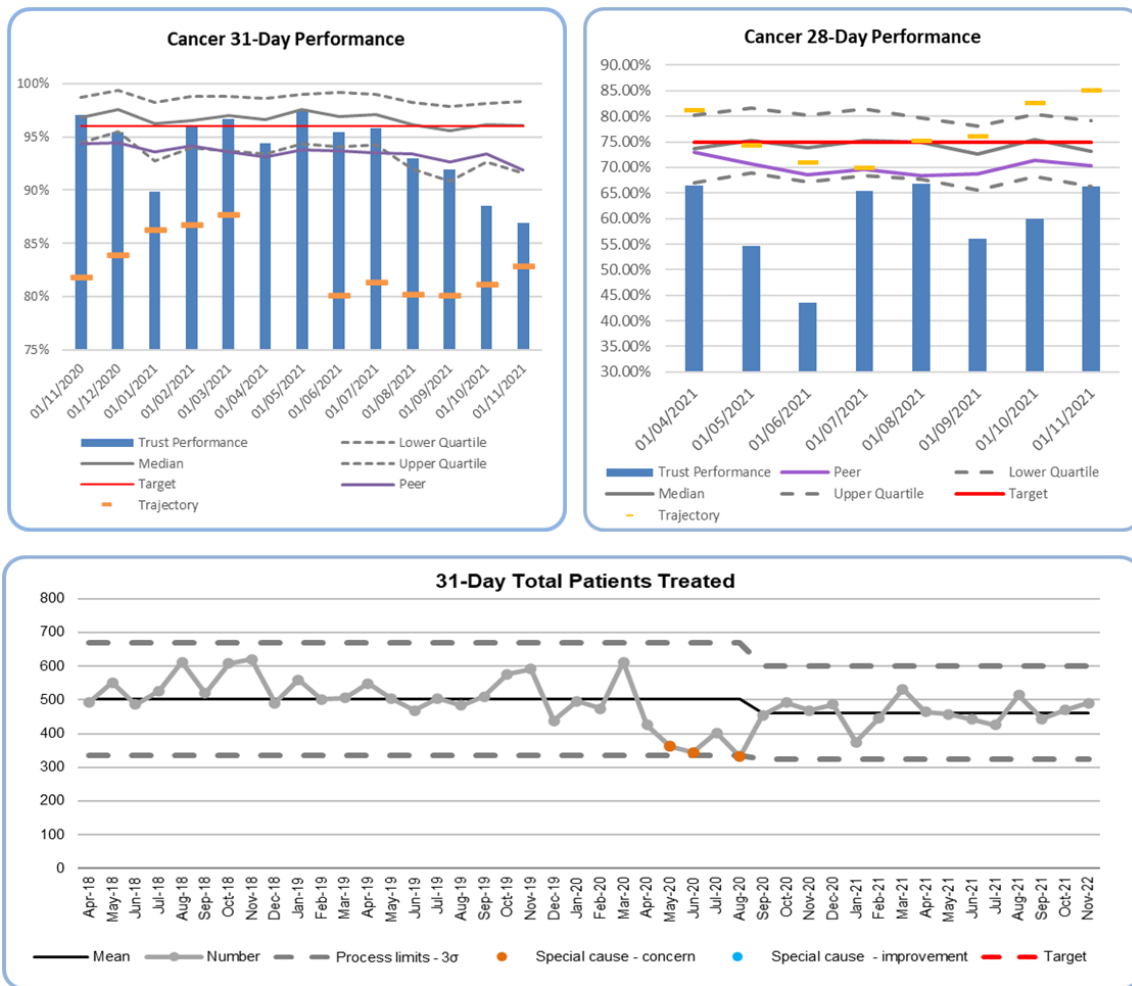
What actions are being taken to improve?

The Cancer Task Force meetings have been established and now include Colorectal and Gynaecology. The Trust continues to work with the Regional Cancer Team on assurance and improvement plans.

Substantive capacity remains unable to meet referral demand within Breast. Internal recovery plans based on additional hours are now established with support from Radiology and Pathology through to March. In Skin, additional capacity is being secured to support the surgical element of the pathway.

Additional Cancer admin staff have been engaged and are working to improve the waiting list information to ensure accuracy of data.





Cancer: 31-Day Standard

What does the data tell us?

In November, the Trust missed the first treatment standard of 96.00% with a performance of 86.94%, which is a deterioration on the 88.51% achieved in October. 241 patients were treated this month; 32 of them within a breach position.

The Trust continues to report in the third quartile for this standard when compared nationally.

All specialties except for Skin achieved above 90% this month. Skin were clearing their TWW backlog which created a bulge in the surgical pathway. Skin treated 57 patients; 16 in a breach position.

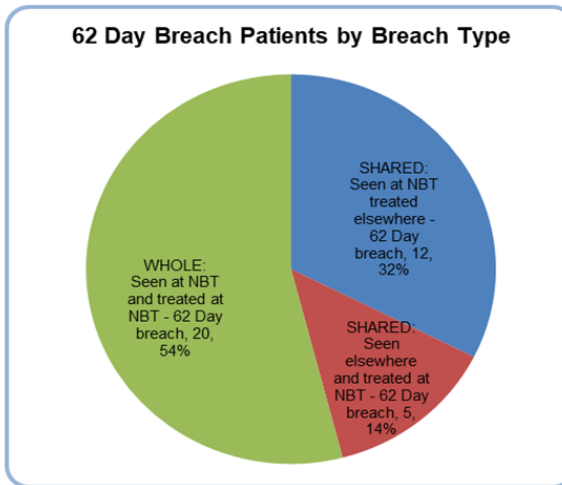
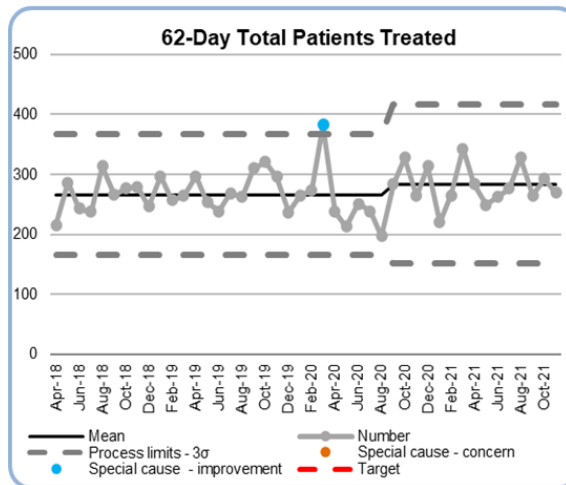
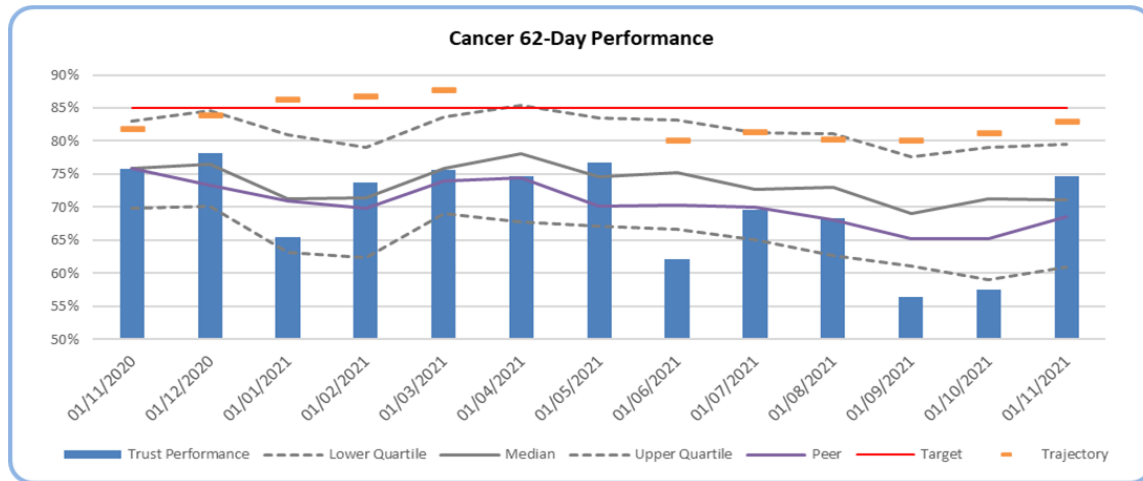
28-Day Performance

The Trust continues to see an improvement in this standard. The performance in November was of 66.29% compared to 59.95% in October. 1827 patients had their diagnosis discussion; of those 639 breached the 28-Day standard. Recovery of this standard will only be possible once the TWW challenges are reliably resolved into 2022/23.

What actions are being taken to improve?

One of the factors adversely affecting performance against this standard is the reduction in tracking staff within Cancer Services. The recruitment programme has been completed and new staff on site with an extensive training programme in place.

Pathway review and recovery action plan work is underway with all the specialties that have failed this standard for the last two-months to ensure all delay issues are identified and improvement actions put in place to address the issues.



Cancer: 62-Day Standard

What does the data tell us?

The reported 62-Day performance for November was 74.07%, which was an improvement on the October position of 57.34%. In November, of the 137.5 patients treated, 101 patients were treated within the standard with 36.5 breaches.

Urology had the majority of the breaches, 14.5, most of them were complex pathways and delays to the TWW pathway. Colorectal performance was 48.28% and Upper GI 33.33%, who had more complex pathway issues this month.

The Regional team continue to support the surgical specialties recovery and action plans are reviewed weekly through the Task Force.

Urology improved their performance from 62.28% in October to 71.29% in November. The service treated 50 patients with 14.5 breaches. Most of the delays were due to complex pathways. The service continues to have delays in the pathway due to oncology capacity prior to decision to treat.

What actions are being taken to improve?

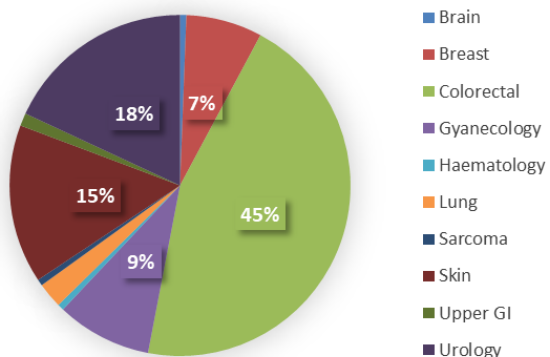
A series of Task Force meetings have been established to manage the Cancer pathways and ensure plans for improvement are in place. Tracking volumes are improving which helps with the overall data quality issues affecting CWT pathways.

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

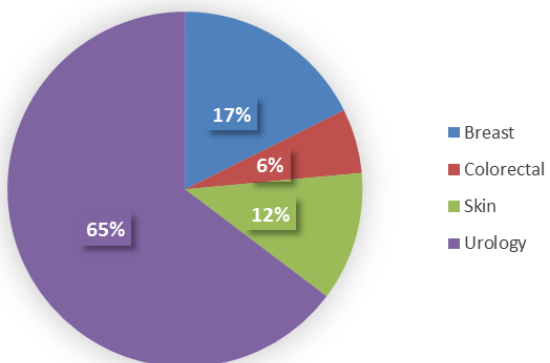
Progress against the H2 PTL trajectory is being tracked via the H2 Recovery Board and is high risk to achieve a PTL size of 242 by 31 March 2022.

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

Cancer Specialty - Without DTT



Cancer Specialty - With DTT



Cancer: 104-Day Patients

What does the data tell us?

November uploaded position

The Trust had Seven 104-Day breaches this month that required Datix compared to the 10 last month.

Live PTL snapshot as of 13/01/2022

There are 183 patients waiting over 104-Days; an increase of 52. There has been an increase in the Colorectal 104-Day PTL numbers from 28 last month to 76,;this accounts for approximately 42% of the overall 104-Day numbers largely due to the lack of tracking which is being addressed.

The 104-Day PTL has 16 patients with a confirmed Cancer diagnosis, but no treatment planned. There are 17 patients with a confirmed Cancer diagnosis and treatment planned in a breach position and 150 patients with no confirmed Cancer diagnosis (an increase from 102 last month); all have been escalated to the relevant specialties. The patients without a diagnosis of Cancer or non-Cancer are accounting for approximately 82% of the patients over 104-Days on their pathway

There have been no reported Instances of clinical harm this month and the Trust has only identified one moderate harm in the last 12-months as a result of delays over 104-Days.

What actions are being taken to improve?

A series of Task Force meetings have been established to manage the Cancer pathways and ensure plans for improvement are in place, which will also help to reduce the 104-Day delays.

Safety and Effectiveness

**Board Sponsors: Medical Director and Deputy Chief Executive
and Director of Nursing and Quality
Tim Whittlestone and Helen Blanchard**

Maternity - Perinatal Quality Surveillance Monitoring (PQSM) Tool

| NBT - PQSM | | | | TREND |
|---|--------|--------|--------|-------|
| | Oct-21 | Nov-21 | Dec-21 | |
| Perinatal Morbidity and Mortality Inborn | | | | |
| Total number of perinatal deaths | 3 | 4 | 2 | |
| Number of stillbirths 16 to 23+6 weeks excl. TOP | 2 | 1 | 1 | |
| Number of stillbirths (>=24 weeks excl. TOP) | 1 | 1 | 1 | |
| Number of neonatal deaths : 0-6 Days | 0 | 1 | 1 | |
| Number of neonatal deaths : 7-28 Days | 0 | 1 | 0 | |
| Suspected brain injuries in Inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB) | 1 | 0 | 1 | |
| Maternal Morbidity and Mortality | | | | |
| Number of maternal deaths (MBRRACE) | 0 | 0 | 0 | |
| Number of women who received level 3 care | 0.2% | 0.2% | 0.2% | |
| Insight | | | | |
| Number of datix incidents graded as moderate or above (total) | 2 | 0 | 2 | |
| Datix incident moderate harm (not SI, excludes HSIB) | 2 | 0 | 1 | |
| Datix incident SI (excludes HSIB) | 0 | 0 | 0 | |
| New HSIB SI referrals accepted | 0 | 0 | 1 | |
| HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust | 0 | 0 | 0 | |
| Coroner Reg 28 made directly to Trust | 0 | 0 | 0 | |
| Workforce | | | | |
| Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite | 83 | 83 | 83 | |
| Minimum safe staffing in maternity services: Obstetric middle grade rota gaps | 1 | 0.5 | 2 | |
| Minimum safe staffing in maternity services: Obstetric Consultant rota gaps | 1 | 1 | 1 | |
| Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps) | 1 | 1 | 1 | |
| Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps) | 1 | 2 | 2 | |
| Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps) | 1 | 0 | 0.5 | |
| Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts). | 14% | 12% | 14% | |
| Vacancy rate for midwives (black = over establishment, red = under establishment) | 2.9% | 2.0% | 1.9% | |
| Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained) | 42% | 42% | 42% | |
| Vacancy rate for NICU nurses | 10 | 10 | 17.6 | |
| Datix related to workforce (service provision/staffing) | 8 | 2 | 5 | |
| Consultant led MDT ward rounds on CDS (Day and Night) | 71% | 72% | 58% | |
| One to one care in labour (as a percentage) | 98.9% | 100% | 98% | |
| Compliance with supernumerary status for the labour ward coordinator | 95% | 98% | 96% | |
| Number of times maternity unit attempted to divert or on divert | 4 | 2 | 2 | |
| Number of consultant non-attendance to 'must attend' clinical situations | 0 | 0 | 0 | |
| Involvement | | | | |
| Service User feedback: Number of Compliments (formal) | 66 | 19 | 58 | |
| Service User feedback: Number of Complaints (formal) | 5 | 3 | 6 | |
| Staff feedback from frontline champions and walk-arounds (number of themes) | 3 | 2 | 3 | |
| Improvement | | | | |
| Progress in achievement of CNST /10 | 7 | 7 | 6 | |
| Training compliance in maternity emergencies and multi-professional training (PROMPT) | 42% | 39% | 38% | |
| Fetal Wellbeing and Surveillance | 7% | 14% | 22% | |
| training compliance core competency 4. personalised care | DNA | DNA | DNA | |
| Continuity of Carer (overall percentage) | 16% | 15% | 16% | |

What does the data tell us?

1 x ITU admission; 2 x moderate harm or above incidents (1 x HSIB referral, severe harm incident, HIE grade 3).

Workforce Workforce gaps across the specialities continue to be challenging. The challenges have been exacerbated by COVID related absences. The introduction of enhanced bank payments introduced in late Dec. 2021 through to end of January has made a noticeable positive impact on the uptake of bank shifts.

Mitigations include:

- review of existing job plans and business case to be completed for further uplift for Consultant PA's, and successful recruitment of x 2 clinical fellows.
- Ongoing work within Division; including Birth Rate plus reassessment and development of business cases
- open midwifery job adverts with successful recruitment of 7 RM's.

Workforce - Diverts: Since 27th Dec. 2021, decision made to temporarily suspend intrapartum care at Cossham due to ongoing and anticipated workforce pressures and pressures within SWASFT's category 2 transfer times. The redistribution of staff from Cossham to the acute maternity service provided more flexibility to continue to provide midwifery led births.

Staff and Service user feedback: Staffing across the perinatal service continues to be the most frequently raised safety concern by staff. This is a system wide concern, Team to monitor, track and provide mutual aid support where available.

Maternity Incentive Scheme (MIS), Year 4 For December, NBTs compliance confidence forecast remains at 7 out 10.

The Board should note the planned pause for MIS, Year 4 for 3 months due to the pandemic with clear priorities set out by NHSR. 3 areas of concern identified highly likely to impact successful delivery of all 10 Safety Actions:

1) Safety Action 2 – Maternity Services Data Set

Challenges with IT connectivity impacting on successful delivery of Safety Action 2. Ongoing improvement with the Division and Estates. National funding secured to address issues within systems relating to digital maturity. NBT working with UHBW to develop digital maturity plan including procurement of new Electronic Patient Record Maternity System.

Continuing correspondence with Euroking regarding **SA 2 (4)** how complex social factor indicator information is collected.

Personalised care plans is also an area of focus.

2) Safety Action 6 - Saving Babies lives

Element 1: Compliance for CO2 recoding at booking and at 36/40 significantly improving. Rate at booking has been consistently above target (80%) for 4 consecutive weeks. The rate at 36 weeks remains below target due to a significant proportion of women declining monitoring. Discussed at speciality governance and decision made to include these women as this will result in full compliance with MIS evidence. LMS agreed funding for project lead role for tobacco dependency specialist midwife in each trust.

3) Safety Action 7 - Maternity Voices Partnership (MVP)

Plan for meeting with MVP and UHBW to prioritise work across the LMS in line with MIS and Ockenden requirements. Plan to focus on COVID-19 vaccinations within vulnerable groups. Previously planned for January rescheduled for February '22.

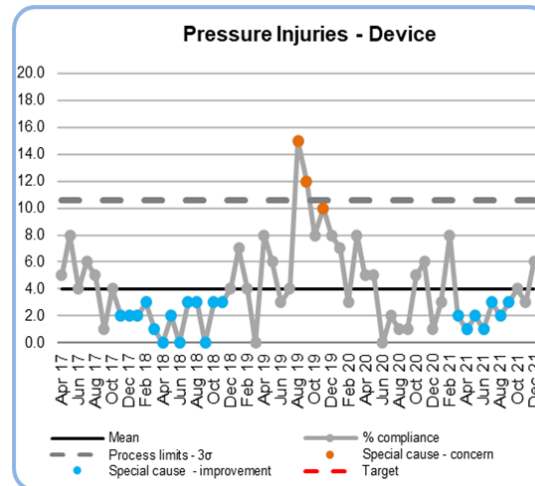
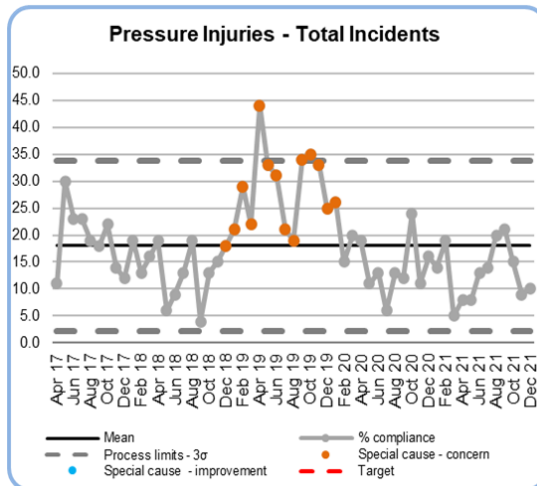
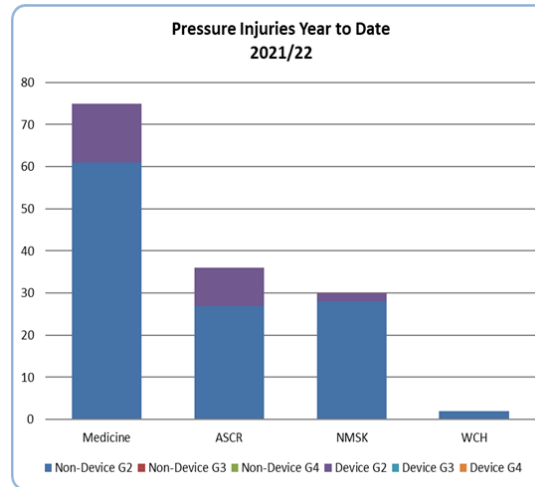
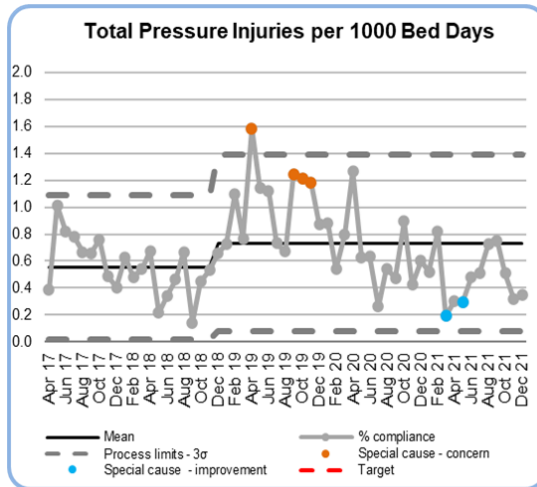
Continuity of Carer: New national technical guidance published October 2021. Service strategy in response being developed. LMS midwife now in post and leading on NBT's strategy.

Training: Some progress has been made on Safety Action 6 (fetal wellbeing and surveillance training). An action has been developed to mitigate potential risks and a forecast prediction of compliance has been completed.

Areas of excellence:

Exceptional team working is being demonstrated across all areas of perinatal services during these challenging times. Good progress with all the priority work areas of the Improvement board.

QP2



Pressure Injuries

What does the data tell us?

In December, there was an increase in both the number of Grade 2 pressure injuries and medical device related Grade 2 pressure injuries. The mean rate for medical device related pressure injuries have increased.

The Trust ambition for 2021/22 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 pressure injuries in December. 1 Grade 4 pressure injury was reported in December in NMSK.

16 Grade 2 pressure injuries were reported of which 6 were related to a medical device. There were 4 unstageable pressure injuries reported in December; 3 in ASCR and 1 in Medicine. Supported incident reviews have taken place and the final grades unknown presently.

The incidence summary for December is as follows:

Medical Devices: 35%

Buttock: 41%

Heel: 18%

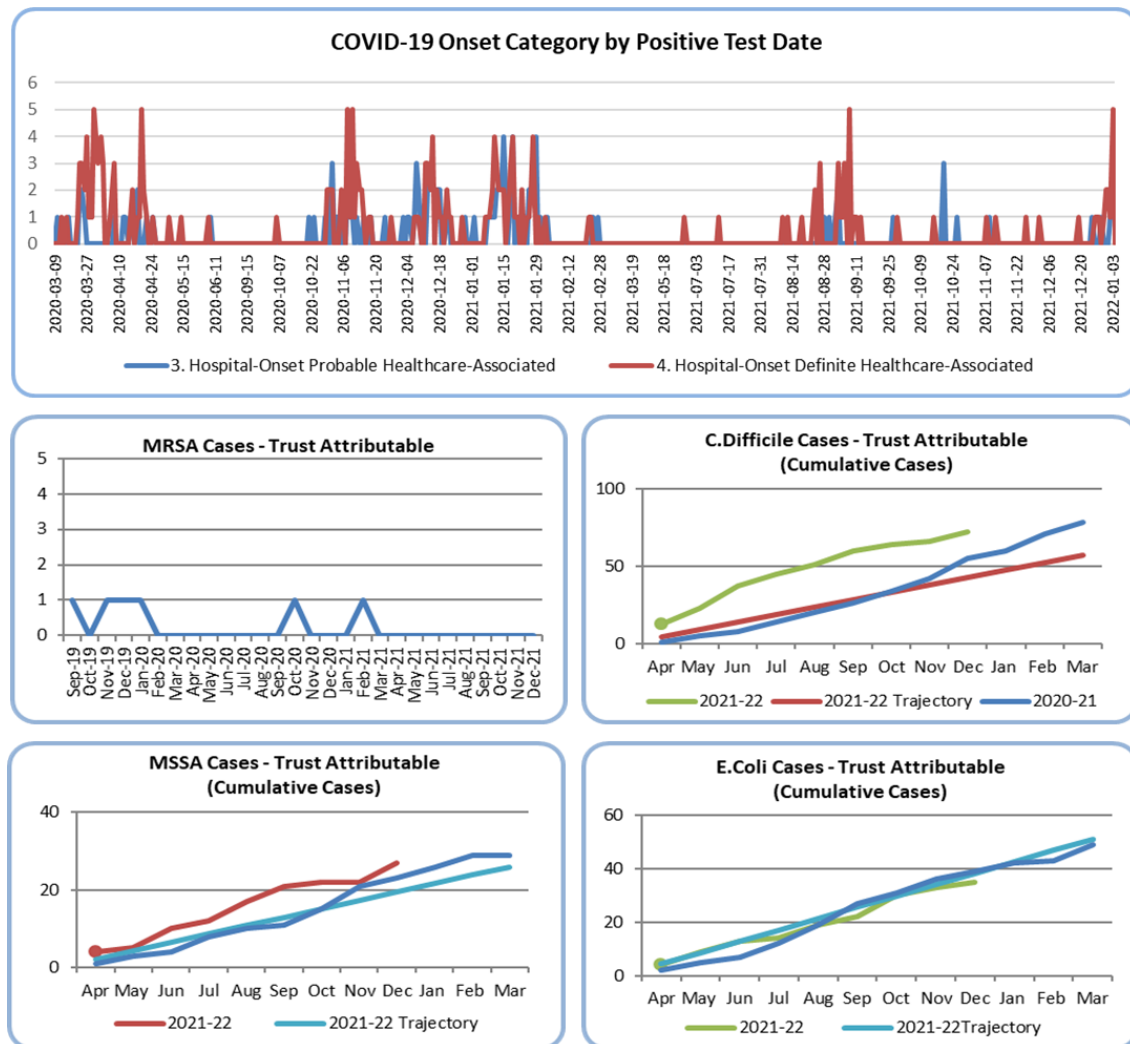
Natal Cleft: 6%

What actions are being taken to improve?

The Tissue Viability team have facilitated and supported the After Action Reviews (AAR) for the patient with a hospital acquired grade 4 pressure injury in NMSK as well as the patients with unstageable pressure injuries in Medicine and ASCR.

By using the RAG rating support system, thematic specific teaching and support can be provided to the areas and subsequently shared across the organisation. Examples of this include teaching prevention of heel related pressure injuries and organising simulation sessions with the Sim Team to explore learning across the wider MDT for pressure injury prevention.

QP4



Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)

In December the COVID trust level was elevated due to the Omicron Variant of the virus, additional ward areas were allocated to provide care for COVID patients and more demand was placed on other areas such as Women's and Children's than in previous waves.

There have been some ward Outbreaks and staff positive rates have risen.

MRSA

Last bacteraemia was reported in Feb 2021.

C. difficile

The rate remains higher than trajectory, however we have noted a slight reduction in the rate of cases.

MSSA

MSSA cases continue to be higher than trajectory,

Gram -ve

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

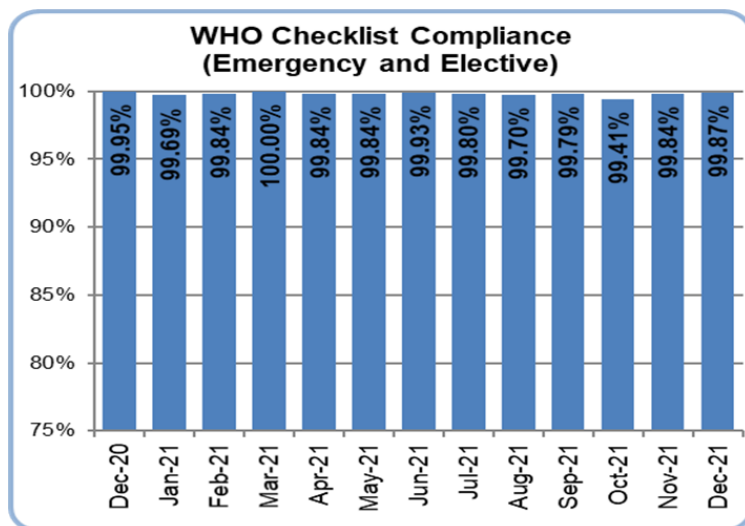
IPC teams have continued to support and educate teams.

The team continued supported the staff vaccination tent for December along with colleagues from Tissue Viability.

What actions are being taken to improve?

Supporting the trust with the increased demand from a COVID perspective, in both education and practical support and operational solutions.

QP2

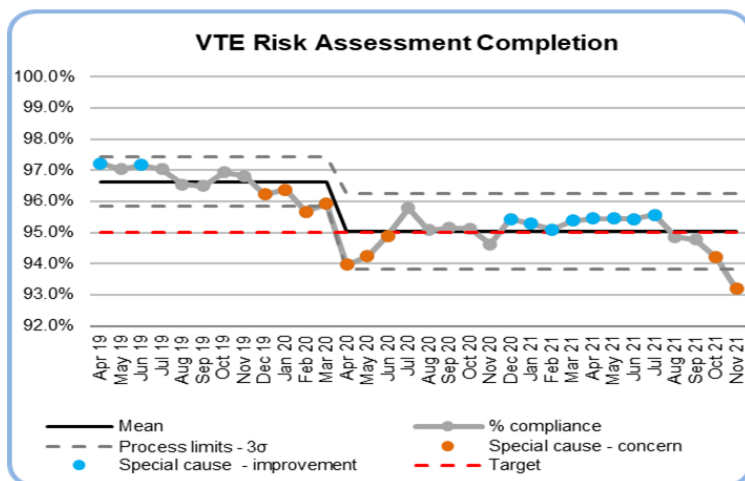


WHO Checklist Compliance

What does the data tell us?

In December, WHO checklist compliance was 99.87%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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

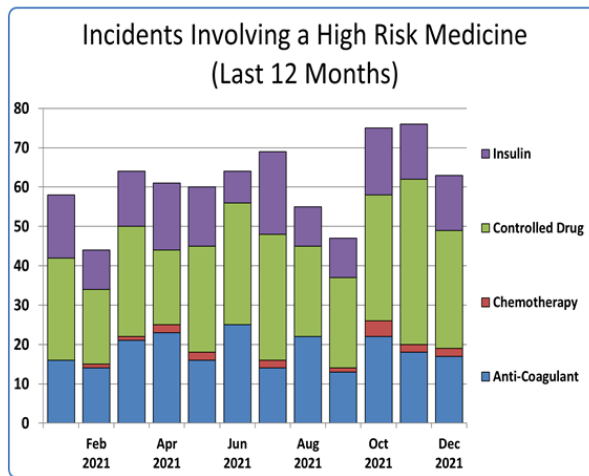
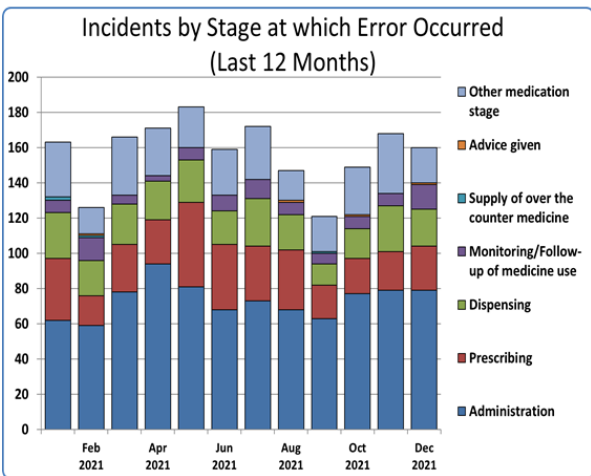
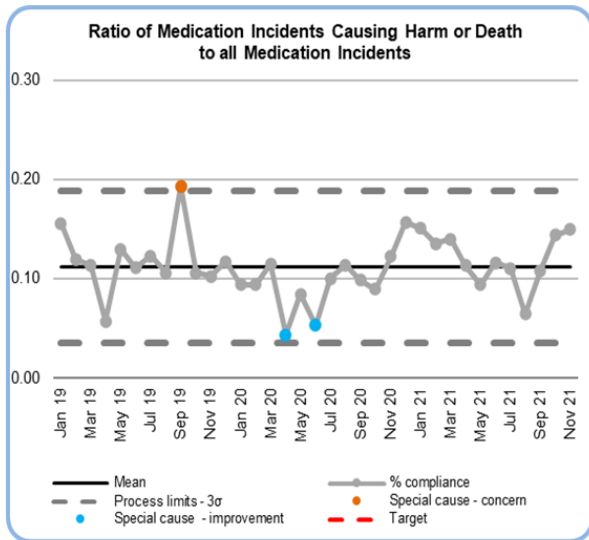
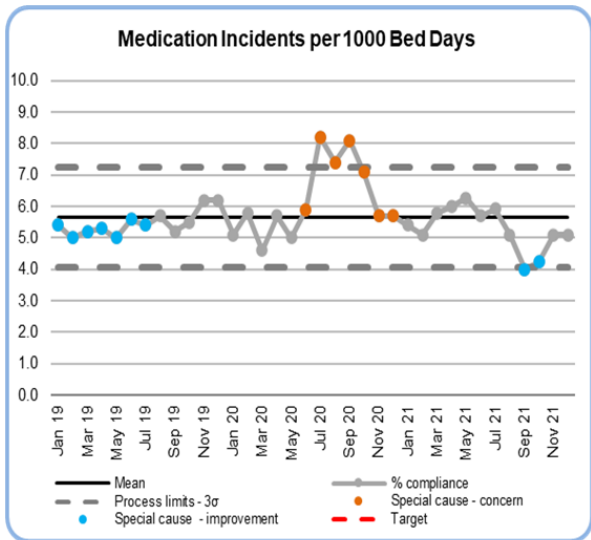


VTE Risk Assessment

What does the data tell us?

In November, the rate of VTE Risk Assessments performed on admission was 93.19%. VTE risk assessment compliance is targeted at 95% for all hospital admissions.

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



Medicines Management Report

What does the data tell us?

During December 2021, NBT had a rate of 5.1 medication incidents per 1000 bed days. This reflects November 2021 figures, but is an increase on September and October.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents

During December 2021, c.15% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.15). This is reflective of November 2021, with this statistic last demonstrated in January 2021. The actual number of incidents reported as causing any degree of harm is consistent with November 2021, which has been the highest since January 2021. 'No harm' incidents accounted for 85% of all NBT reported medication incidents.

Incidents by Stage

Incidents occurring at the 'administration' stage accounted for c.54% of all medication incidents in December 2021, with the next most frequent stage being 'prescribing', where c.14% of incidents occurred. This is consistent with trends over the last 6 months.

High Risk Drugs

During December 2021, c.38% of all medication incidents involved a high risk drug. The actual number of incidents involving a high risk drug was lower compared to October and November, demonstrating that these incidents occurred less frequently. Incidents involving Controlled Drugs made up c.47% of incidents involving high risk drugs, which is around the mean average for the last 6 months.

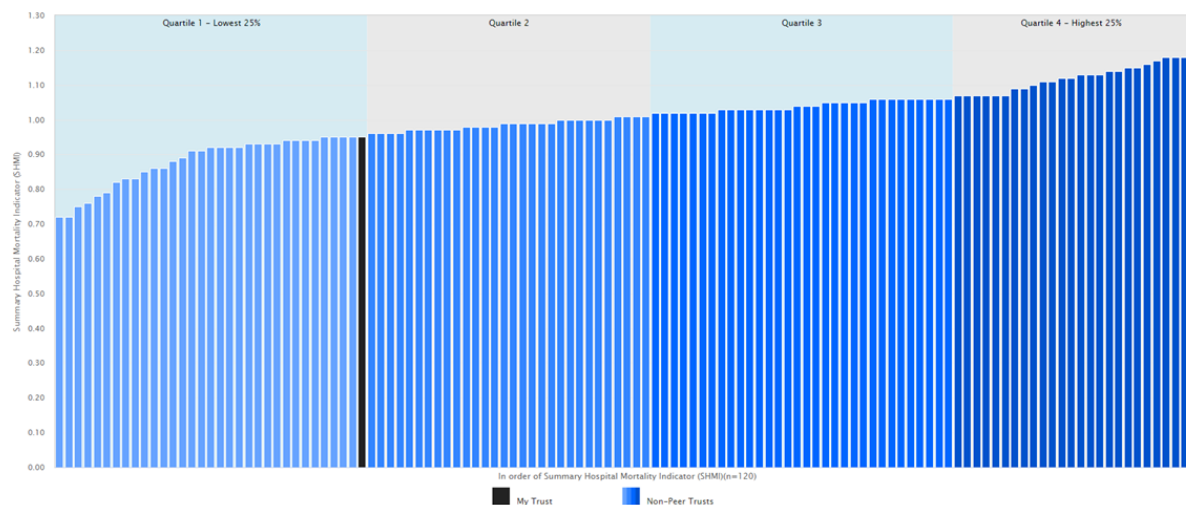
What actions are being taken to improve?

The Medicines Governance Team continue to encourage reporting of all incidents via divisional channels.

Ongoing thematic analysis on incidents causing harm directs work streams, to include missed doses training, and Controlled Drug incidents continue to be actively managed. Individual feedback is provided to wards involved and support is offered where required, facilitating safe handling of these medicines.

Validation of categorisation of incidents is ongoing in collaboration with wards and the Patient Safety Team.

Summary Hospital Mortality Indicator (SHMI), National Distribution

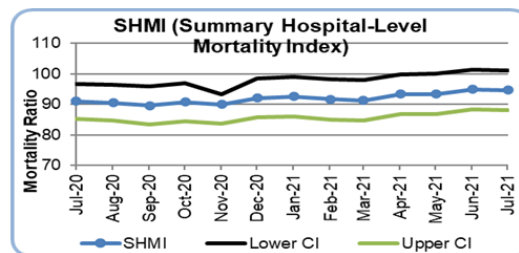
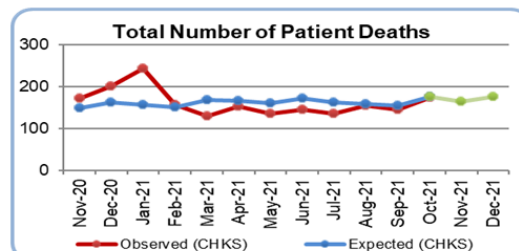


Mortality Review Completion

| Nov 20 – Oct 21 | Completed | Required | % Complete |
|-----------------------------|-------------|-------------|------------|
| Screened and excluded | 802 | | |
| High priority cases | 269 | | |
| Other cases reviewed | 895 | | |
| Total reviewed cases | 1966 | 2046 | 96% |

| Overall Score | 1=very poor | 2 | 3 | 4 | 5=Excellent |
|---------------|-------------|------|-------|-----|-------------|
| Care received | 0 | 4.4% | 26.3% | 41% | 28.3% |

| Date of Death | Nov 20-Oct 21 |
|-------------------------------------|---------------|
| Scrutinised by Medical Examiner | 1390 |
| Referral to Quality Governance team | 160 |



Mortality Outcome Data

What does the data tell us?

Mortality Outcome Data

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

Mortality Review Completion

The current data captures completed reviews from Nov 20 – Oct 21. In this time period 96% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system.

Of all “High Priority” cases, 92% completed Mortality Case Reviews (MCR), including 22 of the 23 deceased patients with Learning Disability and 22 of the 26 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 96% (score 3-5). There have been 13 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which undergo a learning review through divisional governance processes.

What actions are being taken to improve?

We have recently participated in a NHSE/I webinar under the national Better Tomorrow Programme to discuss learning from deaths and looking at how we can better obtain insight to inform future learning from structured judgement reviews.

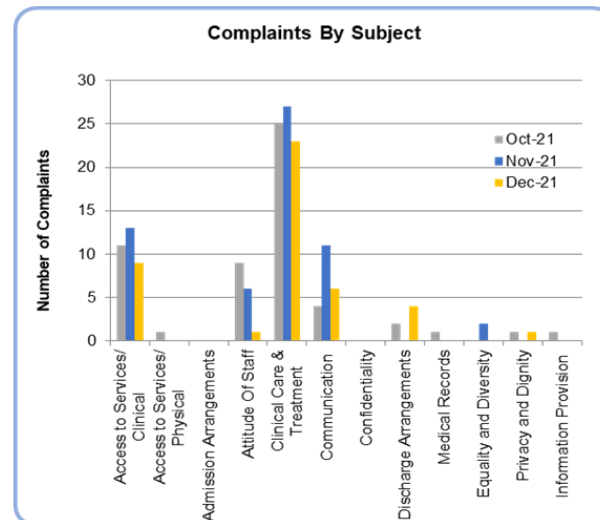
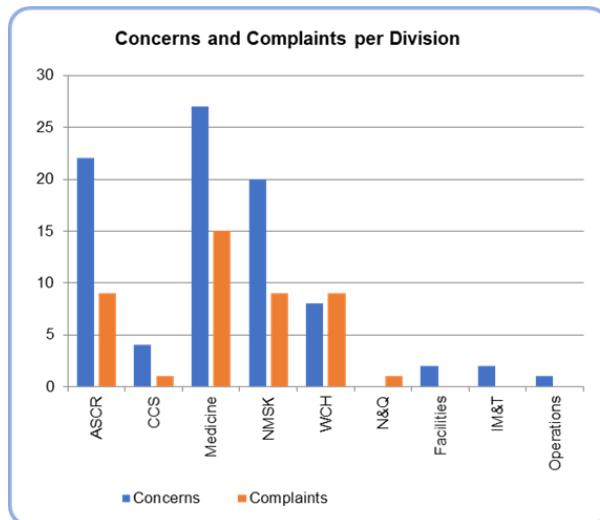
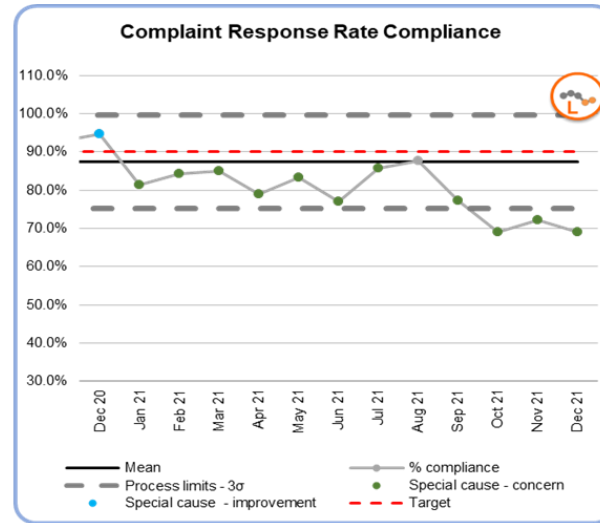
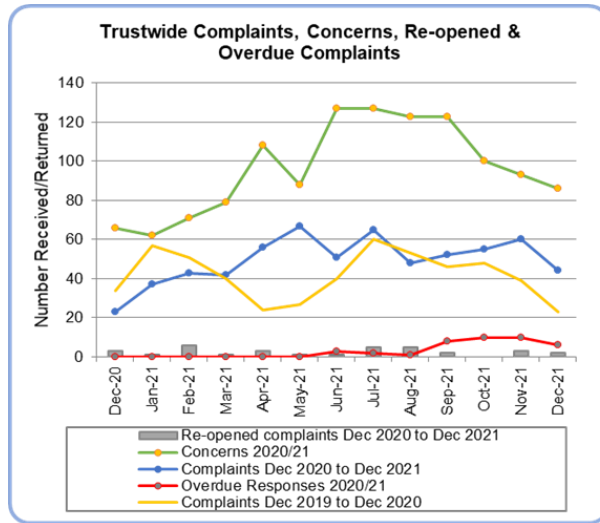
We will be developing these ideas, aiming to work directly with the national team to identify how we can apply these into our practice.

We will also continue to work collaboratively with UHBW to join-up our approach to learning from deaths alongside our joint Medical Examiner Service.



Patient Experience

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



Complaints and Concerns

What does the data tell us?

In December 2021, the Trust received 44 formal complaints, this is a notable decrease on the previous month and is consistent with the trend seen last year. The most common subject for complaints is 'Clinical Care and Treatment'.

A closer look at the re-opened complaints received over the previous few months shows there have been an equal number across ASCR, Medicine and NMSK. The main reason for these re-opened cases is discrepancy between our response and the complainant's recollection of events.

The 44 formal complaints can be broken down by division: (the previous month total is shown in brackets)

| | | | |
|----------|---------|------|--------|
| ASCR | 9 (13) | CCS | 1 (4) |
| Medicine | 15 (22) | NMSK | 9 (11) |
| WCH | 9 (9) | N&Q | 1 (0) |

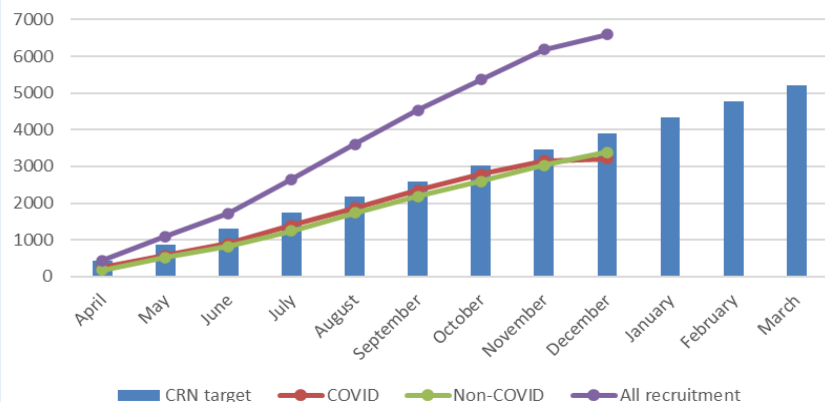
The number of PALS concerns received by the Trust has fallen again slightly in December to 86.

The response rate compliance for complaints has decreased to 69% in December. This is below the Trust target of 90%. Despite actions taken to improve this, operational pressures on teams have lead to delays in responses being sent on time. The number of overdue complaints has fallen this month. At the time of reporting there are 6 overdue complaints. 2 for ASCR, 2 for Medicine and 2 for WaCH (Gynaecology).

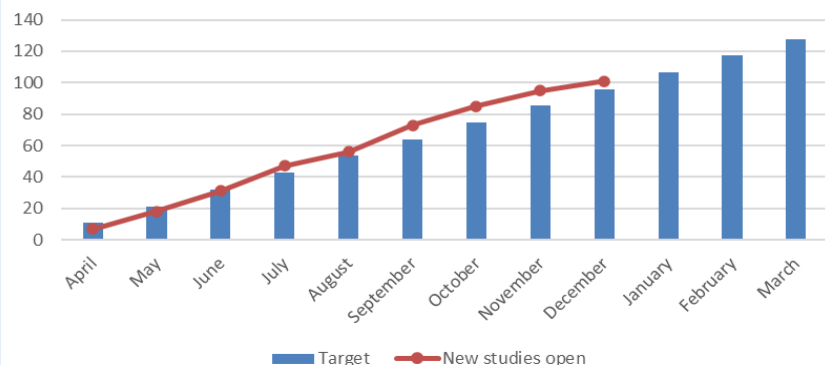
What actions are being taken to improve?

- Weekly validation/review of overdue complaints by Patient Experience Manager
- Vacant posts with Medicine now recruited to.
- Central complaints team assisting with administrating LRMs.
- Complaints training workshops planned in Medicine and Facilities

Recruitment vs Target



Recovery and Growth



Research and Innovation

What does the data tell us?

NBT performance continues to exceed our expectations; recruitment of new patients is currently 169% of our year to date target with 6500 participants enrolled in research so far this year. Our portfolio of research remains strong and we have opened 101 studies this year, which exceeds our pre COVID performance.

Our teams have been supporting the vaccination HUB with the national booster programme and are currently releasing staff on an ad hoc basis to provide resilience during periods of increased staff absence across the trust.

NBT Research Strategy is due to be updated in 2022; a programme of staff and wider stakeholder engagement is progressing to ensure that our strategy for 2022-2027 reflects the needs and aspirations of the trust and our local communities.

NBT currently leads 62 externally funded research grants, to a total value of £27.3m. This includes 31 prestigious NIHR grants, across a range of specialities, which total £26m, the most recently awarded being an NIHR RfPB grant for Dr Christy Burden (£259k) to lead the RECOGNISE study (targeted intermittent glucose monitoring for gestational diabetes mellitus)

NBT's NIHR funding success rate for 2021 was 83% (far higher than the ~25% national average). In addition NBT is a partner on 55 externally-led research grants, to a total value of £10.3m to NBT.

The Southmead Hospital Charity has very kindly agreed to provide additional funding to permit NBT to run two SHC Research Funding calls per annum. The SHC Research Fund welcomes research applications from all NBT staff members to undertake a small pump-priming research project (up to a maximum of £20k) in any subject area. Round 13 is currently at shortlisting stage and Round 14 will open for new applications in April 2022.

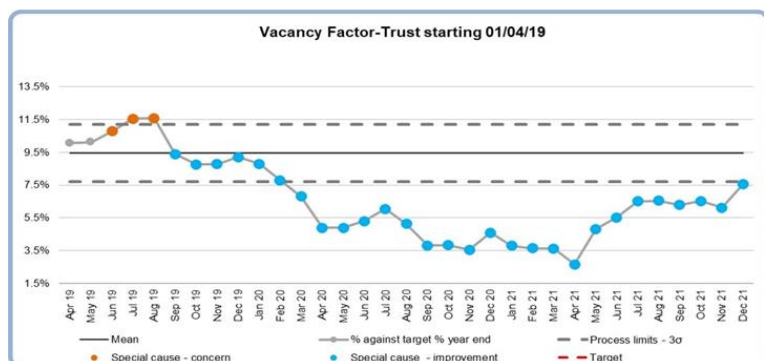
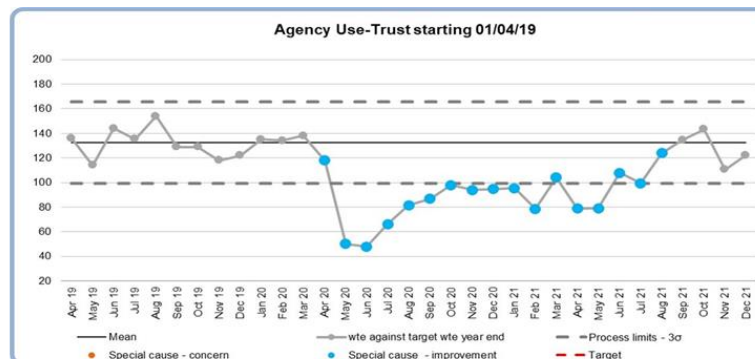
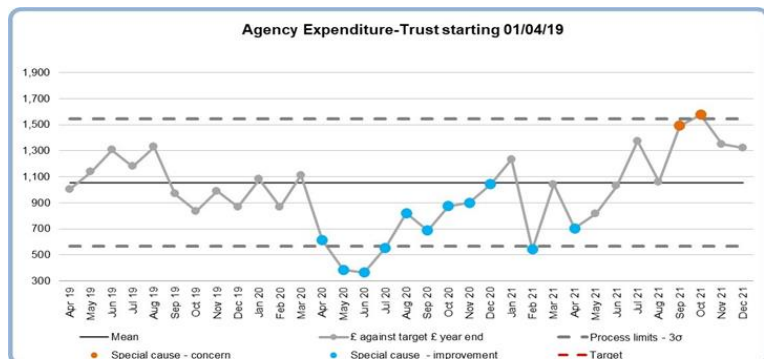
In addition, with support from Southmead Hospital Charity, R&I are piloting a SHC Infrastructure call this year; welcoming applications from across NBT, for research facilitator staff to be embedded within NBT teams, departments, divisions to develop research themes and pipelines of research grants applications (up to £100k). The deadline for applications is 19th January 2022 and R&I has received a lot of interest from teams across the Trust.



Well Led

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

Workforce



What Does the Data Tell Us – Vacancies Nursing and Midwifery

Unregistered Nursing

Band 2 vacancies rose by 32.92 wte in December which includes a rise in Funded Establishment of 14.15 wte. December's vacancy position is 92.34 wte. There are currently 34 candidates in the band 2 pipeline and nine have already booked start dates in January. Band 3 vacancies fell by 7.68 wte in December with the vacancy position at 48.05 wte. There are currently 25 candidates in the Band 3 pipeline and 6.72 have already booked start dates in January. Further into the future the pipeline for HCAs is anticipated to be strong with a consistent volume of high quality new starters anticipated for band 2 and 3.

Registered Nursing

Band 5 vacancies have risen by 11.56 wte to 158.60 wte this month. There are now 101 Nurses in the band 5 pipeline and we have added 37.60 wte of these in December despite not running an open day. There are currently 25.52 wte candidates with start dates booked for January. No international nurses arrived in month, as planned, as December is not optimal for onboarding and commencing training.

Temporary Staffing

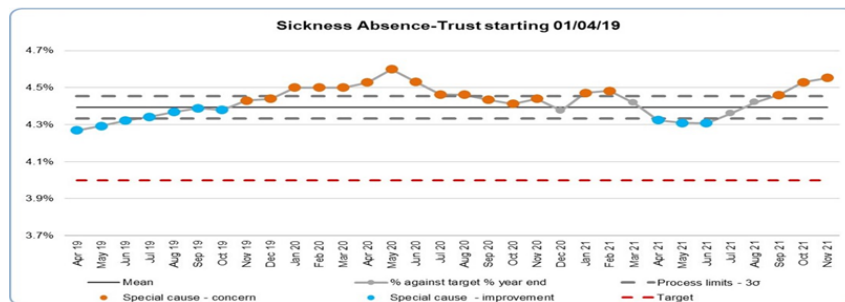
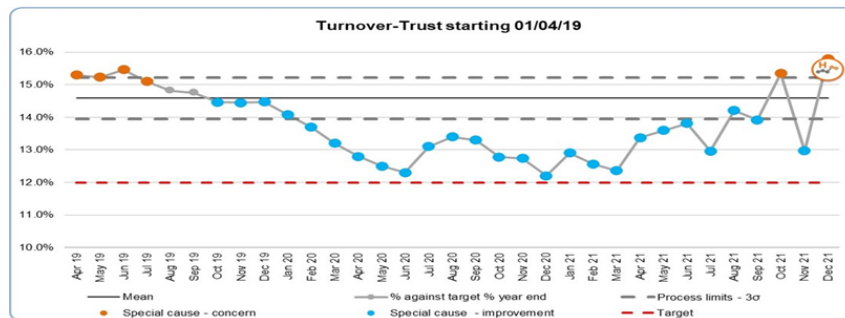
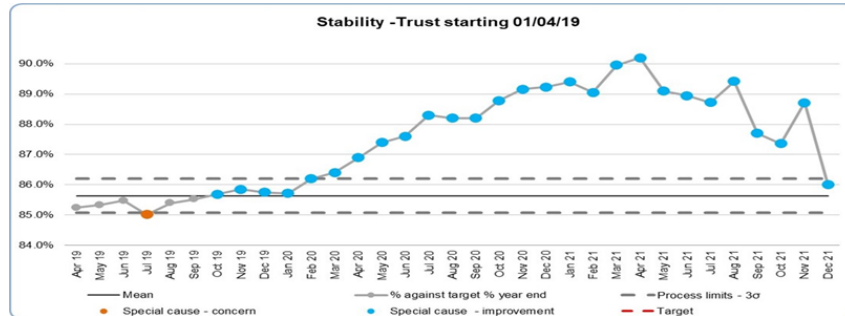
Agency fulfilment rose in December, with more framework supply which produced a net reduction in overall spend. Bank fill rates remained volatile with an average unfilled rate of 43% across registered nursing shifts.

Actions – Vacancies and Temporary Staffing

Head of Resourcing

- Additional resource for the recruitment team being sourced for the remainder of H2 - **ongoing**
- Bank recruitment activity has been increased in all staff groups – Ongoing and to support Vaccination Hub

Engagement and Wellbeing



What Does the Data Tell Us - Turnover and Stability

Turnover increased in December due to a greater number of leavers in month than in Dec-20. For the first time turnover has reached a higher level than the pre-pandemic position for the same month.

A key risk between now and 1st April 22 is the potential to lose more staff due to the compulsory requirement for NHS staff to be COVID vaccinated.

Actions - Turnover and Stability

Head of People

- Supportive actions planned to encourage unvaccinated staff to get vaccinated – 2 x pop-up, one-stop shop-style events planned in mid- late January 22 where staff can get 1:1 support and be vaccinated on-site
- Promotion of vaccination information, tools and resources shares via Comms and on LINK – Jan-22 to Mar-22
- Retention Task and Finish group ongoing priorities:

- Relationship with manager/peers
- Morale: Fatigue and resilience
- Lack of promotion opportunities
- Flexible working/work-life balance

- An immediate focus on morale, (fatigue and resilience) is anticipated to have the biggest impact in the current climate on turnover, and actions linked to this include:

- 'Thank you' week – w/c 17/1/22 (Comms led)
- Phone line below, which allows people to record messages of thanks and love for NHS staff, or for staff to ring and listen to the messages. <https://www.frontline19.com/hopeline19/>
- Above to be promoted late January onwards
- Mobilisation of corporate/admin/non-clinical staff to temporarily provide support to front-line services during COVID surge – Jan/Feb 2022
- Promotion of Bullying and Harassment phone-line and Advisors during January, linked to re-launch of Red Card to Racism

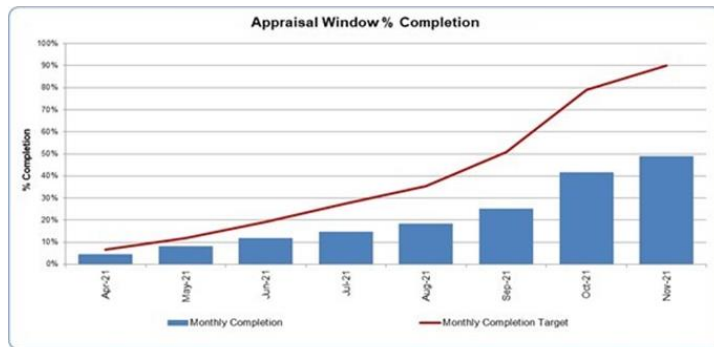
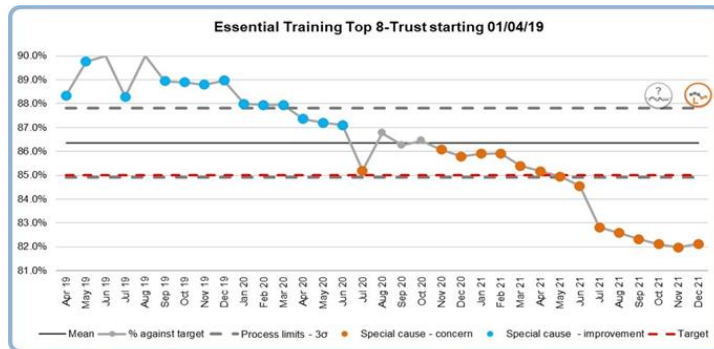
What Does the Data Tell Us - Sickness and Health and Wellbeing

Stress/anxiety/depression/other psychiatric illness, remains the greatest cause of sickness absence with a small increase in time lost in December compared with November. For both clinical and non-clinical staff this type of absence has seen an upward trend throughout the pandemic response period

Actions - Sickness and Health and Wellbeing

Head of People and Head of People Strategy

- Our new sickness policy (more supportive, simpler in style and more practical in application); has been discussed and agreed at JUC. Implementation plan scheduled for **Jan-22 – Mar-22**
- Business case approved to permanently fund the Staff Psychological Wellbeing team – **Dec-21**



| Training Topic | Variance | Nov-21 | Dec-21 |
|------------------------|-------------|---------------|---------------|
| Child Protection | 0.1% | 82.2% | 82.3% |
| Adult Protection | 0.2% | 83.4% | 83.6% |
| Equality & Diversity | 0.1% | 85.2% | 85.2% |
| Fire Safety | -0.1% | 82.1% | 82.0% |
| Health & Safety | 0.2% | 83.9% | 84.1% |
| Infection Control | -0.7% | 88.6% | 87.8% |
| Information Governance | -0.1% | 78.3% | 78.2% |
| Manual Handling | 1.7% | 71.3% | 73.0% |
| Waste | -0.1% | 83.1% | 83.0% |
| Total | 0.2% | 81.97% | 82.13% |

What Does the Data Tell Us - Essential Training

Throughout the pandemic, essential training compliance has shown a downward trend across the Trust and has been below the minimum threshold of 85% since March-21. This is a trend being seen by other NHS Trusts.

Actions – Essential Training

Head of Learning and Organisational Development

- In January, we continue to explore different mechanisms to help improve Stat Man compliance. These include:
 - A new process modification that allows new joiners the chance to complete their StatMan e-learning as part of their onboarding journey (completely at the discretion of the individual)
 - Promoting completion of StatMan through Operational Communication channels
 - Building a StatMan compliance check into sign-off gateway for staff redeployment activities
 - Working with our technical teams to look at deployment of Single Sign On (SSO) for our Learning Management System which will take away the barrier of forgotten user ids and passwords

Other Wider Actions

Supporting re-deployment of resources to onsite Mass Vaccination hub

- In support of December's national booster drive, a workstream was stood up to ensure that an adequate pipeline of appropriately trained staff were available to fill the extended shift pattern
- Staff in non-frontline roles volunteered to be redeployed from their substantive hours which enabled the speedy expansion of the vaccination programme.

Apprenticeships

- Whilst some non-essential learning activities have been postponed, the Trust has maintained the delivery of its Apprenticeship programmes. This will ensure Apprentices are able to receive development core to their role, allowing them to progress to the next pay band level within the agreed timelines. This progression also allows Apprentices (e.g. HCSW) to apply their skills to a wider variety of tasks in the workplace.
- NBT Apprenticeship Levy Utilisation for December -21 = 64%



| Dec-21 | Day shift | | Night Shift | |
|-----------|-----------|---------|-------------|---------|
| | RN/RM | CA Fill | RN/RM | CA Fill |
| Southmead | 92.0% | 85.2% | 94.1% | 94.8% |

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

What Does the Data Tell Us

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

Staff absence related to COVID self-isolation impact experienced during November as can be seen below. There is an organisational focus on recruiting to Care Staff (HCSW) vacancies.

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

- 27b (77.8% Day) staffing supplemented with redeployed RNs and HCSW
- 7b (76.5% Day) staffing supplemented with redeployed RNs and HCSW.
- 7a (74.7% Night) staffing supplemented with redeployed RNs and HCSW
- Mendip (75.6% Day / 78.6% Night) vacancies, staffing deployed as required to meet patient needs across the service.
- Cotswold (48% Day) reduced occupancy, staffing deployed as required to meet patient needs across the service

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

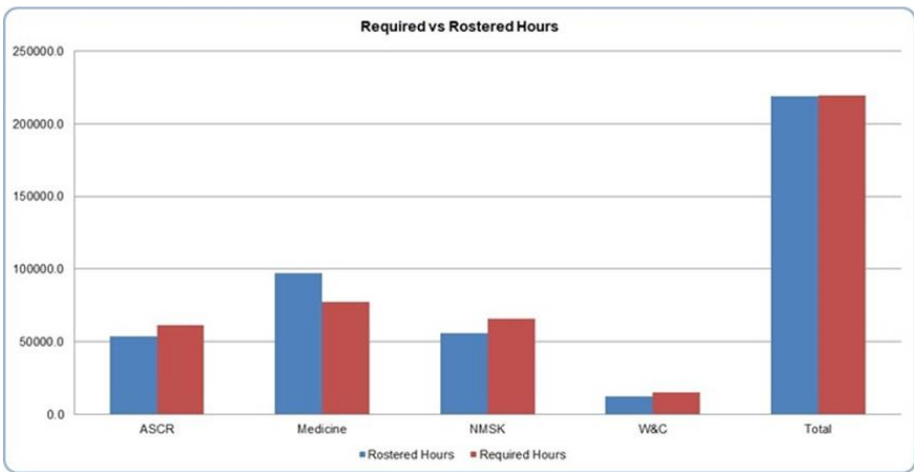
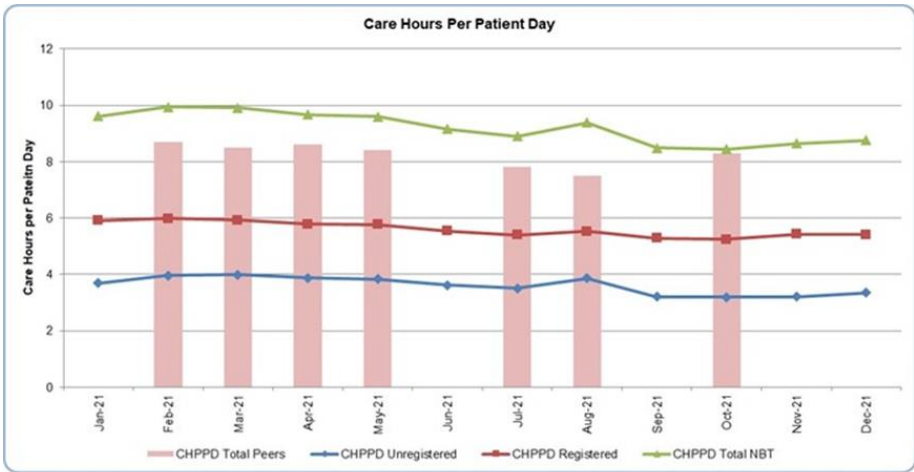
- EEU (76.7% Day) Unregistered staff vacancies and absence
- 9b (64.4% Day) Unregistered staff vacancies and absence
- AMU (73.4% Night) Unregistered staff vacancies and absence
- 32b (78% Day) staffing supplemented with redeployed RNs
- 34b (71.9% Day / 77.3% Night) Unregistered staff vacancies
- Medirooms (61.1% Day / 78.9% Night) Unregistered staff vacancies
- 26b (77.2% Day) staffing supplemented with redeployed RNs
- 7a (71.8% Day / 77.3% Night) Unregistered staff vacancies and absence
- NICU (30.2% Day / 37.1% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.
- Quantock (55.2% Day / 55.1% Night) vacancies, staffing deployed as required to meet patient needs across the service.
- Percy Phillips (78.9% Night) vacancies, staffing deployed as required to meet patient needs across the service.

Wards over 150% fill rate for Registered Staff:

None

Wards over 150% fill rate for Care Staff:

- 33a (182.1% Night) patients requiring enhanced care support
- 6b (153.5% Night) patients requiring enhanced care support
- 25a (158.3% Night) patients requiring enhanced care support
- 7b(152.2% Night) patients requiring enhanced care support



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

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

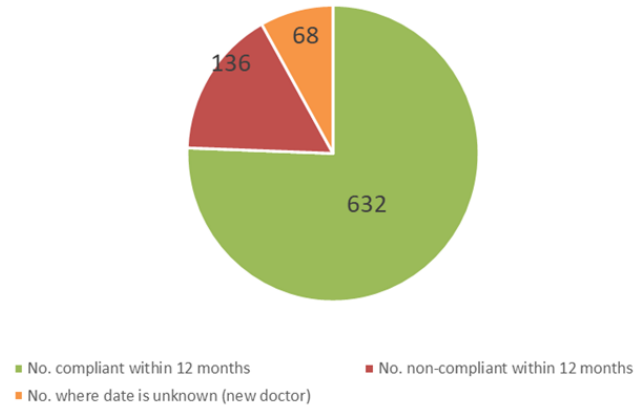
CHPPD are consistent with last month, rostered hours overall are above the required hours due to the decreased patient census and reduced lists.

Safe Care Live (Electronic Acuity Tool)

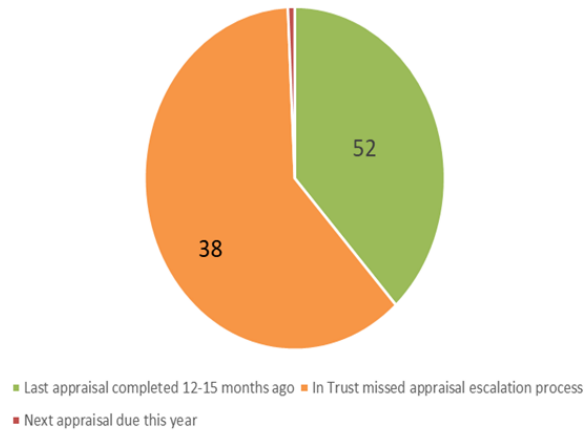
The acuity of patients is measured three times daily at ward level. The Safe Care data is triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available.

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 - past 12 months



Non-compliant doctors - past 12 months



Medical Appraisal

What does the data tell us?

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

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

All revalidations prior to the 16th March 2021 were automatically deferred by the GMC for 12 months. The process restarted in full in March 2021. Due to these automatic deferrals, the number of revalidations due in 2021/22 has now risen.

What actions are being taken to improve?

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

Where possible, the revalidation team are making revalidation recommendations early for those doctors who were automatically deferred in order to reduce the number that will be due in 2021/22.



Finance

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

Statement of Comprehensive Income at 31 December 2021

| | Month 9 | | | Year To Date | | |
|--------------------------|--------------|--------------|----------------|--------------|---------------|----------------|
| | Budget £m | Actual £m | Variance £m | Budget £m | Actuals £m | Variance £m |
| Contract Income | 56.9 | 56.0 | (0.9) | 505.5 | 504.6 | (0.9) |
| Other Income | 6.2 | 8.4 | 2.2 | 54.0 | 62.5 | 8.5 |
| Pay | (38.6) | (39.1) | (0.5) | (343.8) | (338.7) | 5.1 |
| Non-Pay | (24.5) | (25.3) | (0.8) | (215.7) | (228.4) | (12.7) |
| Surplus/(Deficit) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

Assurances

The year to date financial position to the end of December 2021 shows a breakeven position which is in line with Plan.

Pay expenditure year to date is £5.1m favourable to plan due to unfilled vacancies across all clinical divisions.

Non-pay spend year to date is £12.7m adverse driven by underperformance on savings, actual and estimated accelerator costs, and a central accrual for service restoration.

The Trust has made no changes to its forecast outturn of a breakeven position for the year and is formally reviewing the position on a monthly basis.

Statement of Financial Position at 31 December 2021

| | 20/21 M12 £m | 21/22 M08 £m | 21/22 M09 £m | In-Month Change £m | YTD Change £m |
|---|--------------------|--------------------|--------------------|--------------------------|---------------------|
| Non Current Assets | | | | | |
| Property, Plant and Equipment | 579.3 | 576.4 | 574.5 | (1.8) | (4.8) |
| Intangible Assets | 14.7 | 11.8 | 12.3 | 0.5 | (2.4) |
| Non-current receivables | 1.7 | 1.7 | 1.7 | 0.0 | 0.0 |
| Total non-current assets | 595.8 | 589.9 | 588.6 | (1.3) | (7.2) |
| Current Assets | | | | | |
| Inventories | 8.5 | 8.6 | 8.9 | 0.2 | 0.3 |
| Trade and other receivables NHS | 10.2 | 15.4 | 17.3 | 1.8 | 7.0 |
| Trade and other receivables Non-NHS | 26.3 | 28.0 | 28.1 | 0.1 | 1.8 |
| Cash and Cash equivalents | 121.5 | 107.6 | 104.9 | (2.7) | (16.5) |
| Total current assets | 166.5 | 159.7 | 159.1 | (0.6) | (7.3) |
| Current Liabilities (< 1 Year) | | | | | |
| Trade and Other payables - NHS | 26.9 | 7.2 | 5.7 | (1.5) | (21.2) |
| Trade and Other payables - Non-NHS | 98.7 | 99.9 | 96.4 | (3.5) | (2.3) |
| Deferred income | 8.5 | 17.8 | 22.1 | 4.3 | 13.6 |
| PFI liability | 12.3 | 15.2 | 15.2 | 0.0 | 3.0 |
| Finance lease liabilities | 2.8 | 2.3 | 2.3 | (0.1) | (0.5) |
| Total current liabilities | 149.2 | 142.5 | 141.7 | (0.8) | (7.5) |
| Trade payables and deferred income | 7.8 | 8.2 | 8.1 | (0.1) | 0.3 |
| PFI liability | 368.7 | 362.3 | 361.6 | (0.8) | (7.1) |
| Finance lease liabilities | 3.9 | 2.6 | 2.5 | (0.1) | (1.5) |
| Total Net Assets | 232.6 | 234.0 | 233.9 | (0.1) | 1.2 |
| Capital and Reserves | | | | | |
| Public Dividend Capital | 448.7 | 448.7 | 448.7 | 0.0 | (0.0) |
| Income and expenditure reserve | (381.6) | (378.1) | (378.1) | 0.0 | 3.5 |
| Income and expenditure account - current year | 3.5 | (0.1) | (0.3) | (0.1) | (3.8) |
| Revaluation reserve | 162.0 | 163.5 | 163.5 | 0.0 | 1.5 |
| Total Capital and Reserves | 232.6 | 234.0 | 233.9 | (0.1) | 1.2 |

Assurances and Key Risks

Capital – Plan Year to date £16.3m, with actual spend of £14.1m. Plans are in place to ensure that capital funding is fully utilised by year end.

Receivables - Of the £7.0m year to date increase in NHS receivables, £4.6m relates to accrued Mass Vaccination Service income and £2.4m relates to increased accrued income across Divisions.

Payables - Year to date NHS payables have reduced by £21.2m, of which £14.0m is a result of the monies paid in advance by NHS England relating to 2020/21, along with the settlement of a £7.9m credit note that was due to BNSSG CCG at 31 March 2021 and £0.7m net other increases.

Cash – as at 31 December amounts to £104.9m; the £2.7m in month reduction is due the value of creditors paid in the month, offset by an increase in cash receipts.

The cash balance has decreased by £16.5m in-year due to the settlement of a £7.9m credit note (BNSSG CCG March 2021), the £14.0m return of cash paid in advance in M5 by NHSE of COVID-19 revenue costs for 2020/21 and lost income and £3.8m payment of PDC dividend. This has been offset by the receipt of the SA4 settlement £6m and £1.9m of cash in advance from Health Education England and £1.3m of other working capital movements.

Forecast Outturn Position

The Forecast Outturn Position for the end of the financial year is still expected to be breakeven as per table below.

| | H1 | H2 | 2021/22 | 2021/22 |
|-----------------|----------|----------------|----------|----------|
| | Actual | Financial Plan | Forecast | Budget |
| | £m | £m | £m | £m |
| Contract Income | 337.5 | 338.1 | 675.7 | 662.3 |
| Other Income | 39.0 | 38.4 | 77.4 | 71.6 |
| Pay | (223.7) | (233.1) | (456.8) | (442.2) |
| Non-Pay | (152.8) | (143.4) | (296.3) | (291.7) |
| Total | 0 | 0 | 0 | 0 |

Risk and Mitigations

Each month an assessment of the Risks and Mitigations is completed and included in the monthly Finance Report.

The Trust is developing schemes that will contribute to improving performance and / or investing in schemes that will deliver financial benefits in the 2022/23 financial year.

An increase in non-recurrent income in Half 2 to support recovery actions will be managed through Recovery Boards to support workstreams.



Regulatory

**Board Sponsor: Chief Executive
Maria Kane**

Monitor Provider Licence Compliance Statements at December 2021

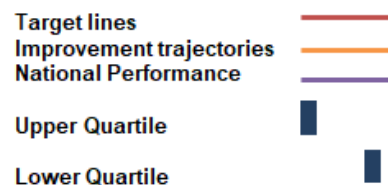
Self-assessed, for submission to NHSI

| Ref | Criteria | Comp (Y/N) | Comments where non compliant or at risk of non-compliance |
|-----|---|------------|---|
| G4 | Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions) | Yes | A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed a self assessment and no issues have been identified. Further external assurance checks have been completed as appropriate and no issues have been identified. |
| G5 | Having regard to monitor Guidance | Yes | The Trust Board has regard to NHS Improvement guidance where this is applicable. The Organisation has been placed in segment 3 of the System Oversight Framework, receiving mandated support from NHS England & Improvement. This is largely driven by recognised issues relating to cancer wait time performance and reporting. |
| G7 | Registration with the Care Quality Commission | Yes | CQC registration in place. The Trust received a rating of Good from its inspection reported in September 2019. A number of mandatory actions were identified which are being addressed through an action plan. The Trust Board receives updates on these actions via its Quality Committee. |
| G8 | Patient eligibility and selection criteria | Yes | Trust Board has considered the assurances in place and considers them sufficient. |
| P1 | Recording of information | Yes | A range of measures and controls are in place to provide internal assurance on data quality, including an annual Internal Audit assessment. |
| P2 | Provision of information | Yes | The trust submits information to NHS Improvement as required. |
| P3 | Assurance report on submissions to Monitor | Yes | Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit Committee and other Committee structures as required. |
| P4 | Compliance with the National Tariff | Yes | NBT complies with national tariff prices. Scrutiny by CCGs, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements. |
| P5 | Constructive engagement concerning local tariff modifications | Yes | Trust Board has considered the assurances in place and considers them sufficient. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements. |
| C1 | The right of patients to make choices | Yes | Trust Board has considered the assurances in place and considers them sufficient. |
| C2 | Competition oversight | Yes | Trust Board has considered the assurances in place and considers them sufficient. |
| IC1 | Provision of integrated care | Yes | Range of engagement internally and externally. No indication of any actions being taken detrimental to care integration for the delivery of Licence objectives. |

Appendix 1: Glossary of Terms

Unless noted on each graph, all data shown is for period up to, and including, 31 December 2021 unless otherwise stated.

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



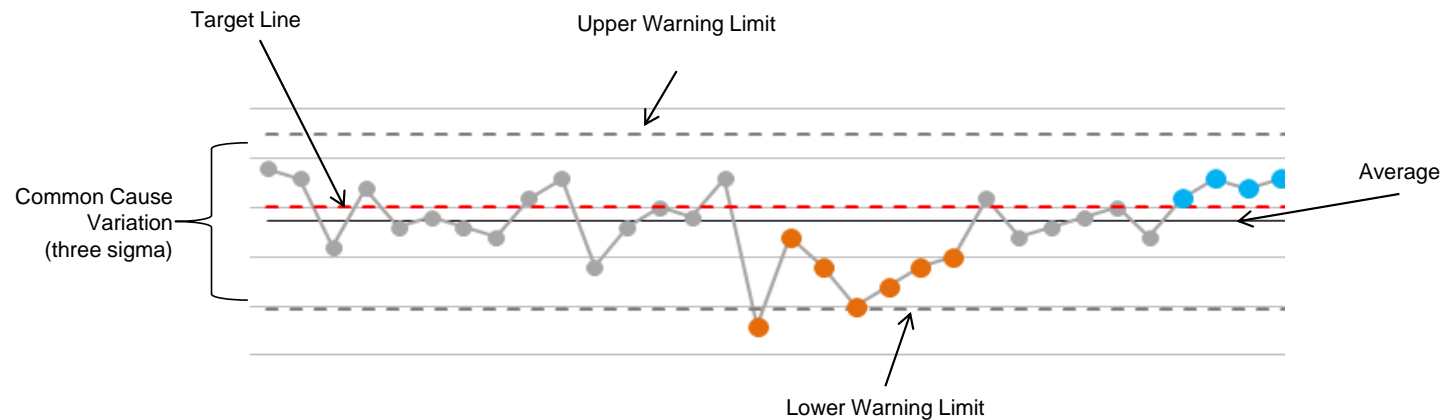
NBT Quality Priorities 2020/21

- 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

| | |
|-----------------|--|
| AMTC | Adult Major Trauma Centre |
| ASCR | Anaesthetics, Surgery, Critical Care and Renal |
| ASI | Appointment Slot Issue |
| CCS | Core Clinical Services |
| CEO | Chief Executive |
| Clin Gov | Clinical Governance |
| CT | Computerised Tomography |
| D2A | Discharge to assess |
| DDoN | Deputy Director of Nursing |
| DTOC | Delayed Transfer of Care |
| ERS | E-Referral System |
| GRR | Governance Risk Rating |
| HoN | Head of Nursing |
| IMandT | Information Management |
| IPC | Infection, Prevention Control |
| LoS | Length of Stay |
| MDT | Multi-disciplinary Team |
| Med | Medicine |
| MRI | Magnetic Resonance Imaging |
| NMSK | Neurosciences and Musculoskeletal |
| Non-Cons | Non-Consultant |
| Ops | Operations |
| P&T | People and Transformation |
| PTL | Patient Tracking List |
| qFIT | Faecal Immunochemical Test |
| RAP | Remedial Action Plan |
| RAS | Referral Assessment Service |
| RCA | Root Cause Analysis |
| SI | Serious Incident |
| TWW | Two Week Wait |
| WCH | Women and Children's Health |
| WTE | Whole Time Equivalent |

Appendix 2: Statistical Process Charts (SPC) Guidance



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

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

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

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

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

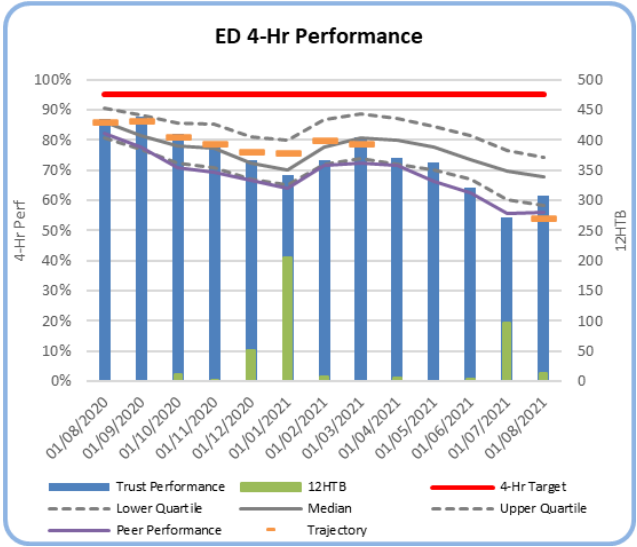
Further reading:

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

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

Making Data Count: https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf

Appendix 3: Benchmarking Chart Guidance



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



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



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

Quartiles are calculated using main NHS Trusts only.

| | | | |
|---|---|---------------------|-----------------------------------|
| Report To: | Trust Board | Agenda Item: | |
| Date of Meeting: | January 2022 | | |
| Report Title: | Finance Report for December 2021 | | |
| Report Author & Job Title | Simon Jones, Assistant Director of Finance – Financial Management | | |
| Executive/Non-executive Sponsor (presenting) | Glyn Howells, Chief Financial Officer | | |
| Purpose: | Approval/Decision | Review | To Receive for Assurance |
| | | | To Receive for Information |
| | | | X |
| Recommendation: | The Trust Board is asked to note: <ul style="list-style-type: none"> the revised financial framework that the Trust is operating in the financial performance for the month and year to date the associated assumptions, opportunities, risks, and mitigations the forecast outturn for both revenue and capital the spend on Mass Vaccinations and Covid-19 expenditure areas the delivery of Cost Improvement Plan savings and how they compare with divisional targets the Cash position and Capital spend levels | | |
| Report History: | N/A | | |
| Next Steps: | N/A | | |

| Executive Summary |
|--|
| <p>The financial framework for 2021/22 requires the Trust to deliver core operations within an agreed financial envelope and, manage costs incurred in dealing with the Covid-19 pandemic in line with Covid-19 funding provided.</p> <p>The financial performance for the year 2021/22 remains to breakeven as set out in the Board approved budget paper. A phased plan was developed and submitted to NHS England & Improvement (NHSEI) in Month 2, with a further H2 update submitted in Month 8. The actual result for Month 9 (December) is a breakeven position. The forecast outturn shows that the Trust will achieve the breakeven position at year end, as well as delivering the capital plan.</p> |

Where non-recurrent income has been received in year, there is a risk that we will not be able to deliver recovery actions fully, which could lead to an underspend, this will be managed through H2 Recovery Board to support the workstreams, system-wide discussions, and a review of actions to mitigate through Balance Sheet flexibility. Whilst the Trust is forecasting a breakeven position, the management of this is dependent upon the ability to maximise opportunities for non-recurrent delivery in 2021/22 which will allow for recurrent benefits in 2022/23.

The Trust continues to deliver a break-even position as per the plan and the updated forecast despite under delivery of CIP targets, which is offset by the delay in the implementation of recurrent and non-recurrent service developments.

Cash at 31 December amounts to £104.9m; the £2.7m in month reduction is due the level and value of creditors paid in the month, offset by increased cash receipts.

Total capital spend to date is £14.1m, compared to a plan of £16.3m for the first nine months of the year. £10.2m has been delivered against the core plan of £16.3m, which is Expenditure to date on the core plan is £6.1m below plan but this is offset by an additional £3.9m of capital expenditure on the Accelerator capital programme not planned at the start of the year.

An updated plan for H2 was submitted to NHSEI at the end of November. This continues to reflect a breakeven plan and is in line with a System breakeven plan.

The income reported in Month 9 is based on notified allocations from Bristol, North Somerset, and South Gloucestershire (BNSSG) system for both normal operation and covid pandemic response.

| | |
|---|--|
| Strategic Theme/Corporate Objective Links | Change how we deliver services to generate affordable capacity to meet the demands of the future |
| Board Assurance Framework/Trust Risk Register Links | |
| Other Standard Reference | N/A |
| Financial implications | N/A |
| Other Resource Implications | N/A |
| Legal Implications including Equality, Diversity, and Inclusion Assessment | Delivery of Trust statutory financial responsibilities and Obligations |

1. Purpose

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

2. Summary

The financial framework for 2021/22 requires the Trust to deliver core operations within an agreed financial envelope and manage costs incurred in dealing with the Covid-19 pandemic in line with Covid-19 funding received.

The financial performance for the year 2021/22 remains to breakeven as set out in the Board approved budget paper. A phased plan was developed and submitted to NHSEI in Month 2, with a further H2 update submitted in Month 8.

The Trust has reported a breakeven position for Month 9. The forecast outturn shows that the Trust will achieve the breakeven plan at year end as well as delivering the capital plan.

Where non-recurrent income has been received in year, there is a risk that we will not be able to deliver recovery actions fully, which could lead to an underspend, this will be managed through H2 Recovery Board to support the workstreams, system-wide discussions, and a review of actions to mitigate through Balance Sheet flexibility. Whilst the Trust is forecasting a breakeven position, the management of this is dependent upon the ability to maximise opportunities for non-recurrent delivery in 2021/22 which will allow for recurrent benefits in 2022/23.

The Trust continues to deliver a break-even position as per the plan and the updated forecast despite under delivery of CIP targets, which is offset by the delay in the implementation of recurrent and non-recurrent service developments.

Cash at 31 December amounts to £104.9m; the £2.7m in month reduction is due the level and value of creditors paid in the month, offset by increased cash receipts.

Total capital spend to date is £14.1m, compared to a plan of £16.3m for the first nine months of the year. £10.2m has been delivered against the core plan of £16.3m, which is Expenditure to date on the core plan is £6.1m below plan but this is offset by an additional £3.9m of capital expenditure on the Accelerator capital programme not planned at the start of the year.

An updated plan for H2 was submitted to NHSEI at the end of Month 8. This continues to reflect a breakeven plan and is in line with a System breakeven plan.

The contract income position reported in Month 9 is based on notified allocations from BNSSG system for both normal operation and covid pandemic response.

3. Financial Performance

3.1. Total Trust

Overall, the Trust delivered a breakeven position for the year to date.

The tables and commentary in section 3 below provide the financial performance in month and year to date across North Bristol NHS Trust for the Core Trust, Covid-19, and Mass Vaccination programme, and an analysis of the whole time equivalent (WTE) position across the organisation.

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

| | Month 9 | | | Year To Date | | |
|--------------------------|--------------|--------------|----------------|--------------|---------------|----------------|
| | Budget £m | Actual £m | Variance £m | Budget £m | Actuals £m | Variance £m |
| Contract Income | 56.9 | 56.0 | (0.9) | 505.5 | 504.6 | (0.9) |
| Other Income | 6.2 | 8.4 | 2.2 | 54.0 | 62.5 | 8.5 |
| Pay | (38.6) | (39.1) | (0.5) | (343.8) | (338.7) | 5.1 |
| Non-Pay | (24.5) | (25.3) | (0.8) | (215.7) | (228.4) | (12.7) |
| Surplus/(Deficit) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

For Month 9 the Trust has delivered a breakeven position in line with plan. While the Trust continues to meet the overall financial target, there are issues in under performance against CIP targets and delivery of recurrent and non-recurrent service developments.

The Trust has made no changes to its forecast outturn of a breakeven position for the year. A full review of the forecast has been undertaken in advance of Month 9, in addition to a System-wide review, to ensure alignment of approach and understanding.

3.2 Core Trust

The table below summarises the Core Trust including Accelerator activity (excluding Covid-19, Mass Vaccination and Nightingale) financial performance for Month 9 and year to date.

| | Month 9 | | | Year To Date | | |
|--------------------------------|---------------|---------------|----------------|----------------|----------------|----------------|
| | Budget £m | Actual £m | Variance £m | Budget £m | Actuals £m | Variance £m |
| Contract Income | 55.9 | 55.0 | (0.9) | 497.5 | 495.6 | (1.9) |
| Other Income | 6.1 | 5.6 | (0.5) | 53.6 | 53.1 | (0.5) |
| Total Income | 62.0 | 60.6 | (1.4) | 551.1 | 548.7 | (2.4) |
| AHP's and STT's | (5.9) | (5.2) | 0.6 | (50.2) | (46.7) | 3.5 |
| Medical | (11.3) | (11.1) | 0.2 | (96.8) | (96.7) | 0.1 |
| Nursing | (13.3) | (12.6) | 0.7 | (115.3) | (116.2) | (0.9) |
| Other Non Clinical Pay | (7.1) | (7.6) | (0.5) | (73.2) | (67.9) | 5.4 |
| Total Pay | (37.6) | (36.5) | 1.1 | (335.6) | (327.5) | 8.1 |
| Drugs | (4.0) | (4.5) | (0.5) | (34.8) | (37.9) | (3.1) |
| Clinical Supplies (Incl Blood) | (7.3) | (7.5) | (0.2) | (64.5) | (62.0) | 2.5 |
| Supplies & Services | (2.8) | (2.9) | (0.1) | (24.6) | (25.2) | (0.6) |
| Premises Costs | (2.8) | (3.1) | (0.3) | (25.0) | (26.8) | (1.8) |
| Other Non-Pay | (7.5) | (6.7) | 0.8 | (66.6) | (72.9) | (6.3) |
| Total Non-Pay Costs | (24.4) | (24.7) | (0.3) | (215.5) | (224.8) | (9.3) |
| Surplus/(Deficit) | 0.0 | (0.7) | (0.7) | 0.0 | (3.6) | (3.6) |

The core Trust position in month is £0.7m adverse, and £3.6m adverse year-to-date. This highlights that non-recurrent items from Covid-19 income being utilised to provide the breakeven position.

3.2.1 Core In Month

The contract income variance is £0.9m adverse. The drivers of this underperformance are pass-through drugs and devices income and delays in delivery of service developments. The former is offset by corresponding underperformance on non-pay costs.

Other Income is £0.5m adverse to plan mostly due to an in month underperformance on private and overseas patient income, reduced volume of activity within Pathology, and underperformance on both public and staff car park.

Pay expenditure is £1.1m favourable due to the inability to fill vacancies across all divisions which is partially offset by unbudgeted Accelerator spend and underdelivery of CIPs.

Non-pay spend is £0.3m adverse which is driven by a catch up in spend on drugs, clinical consumables and clinical equipment, including non-recurrent investments, offset by underspend on capital charges, such as depreciation due to delays in Capital Programme delivery.

3.2.2 Core Year to Date

The year to date position is £3.6m adverse.

Pay expenditure is £8.1m favourable to plan due to vacancies across all clinical divisions and unclaimed reserves, which both represent delays in delivery of recurrent and non-recurrent service developments. This is partially adversely offset by unbudgeted Accelerator costs, particularly enhanced bank rates, increased spend on mental health agency nurses in Medicine and underdelivery of CIPs.

Non-pay spend is £9.4m adverse driven by underperformance on CIPs, actual and estimated Accelerator costs (matched with ERF income YTD), and a central accrual for service restoration, which corresponds with year to date increase in payables. Non-pay variances on clinical consumables (drugs and clinical supplies) offset each other, which is linked with underperformance on elective activity and overperformance on non-elective and outpatient activity.

3.3 Covid-19 Trust

The table below summarises the Covid-19 financial performance for Month 9 and year to date.

| | Month 9 | | | Year To Date | | |
|--------------------------------|--------------|--------------|----------------|--------------|---------------|----------------|
| | Budget £m | Actual £m | Variance £m | Budget £m | Actuals £m | Variance £m |
| Contract Income | 1.0 | 1.0 | 0.0 | 9.0 | 9.0 | 0.0 |
| Other Income | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total Income | 1.0 | 1.0 | 0.0 | 9.0 | 9.0 | 0.0 |
| AHP's and STT's | 0.0 | 0.0 | 0.0 | 0.0 | (0.1) | (0.1) |
| Medical | 0.0 | 0.0 | 0.0 | 0.0 | (0.2) | (0.2) |
| Nursing | 0.0 | (0.3) | (0.3) | 0.0 | (2.9) | (2.9) |
| Other Non Clinical Pay | (1.0) | 0.0 | 1.0 | (9.0) | (0.8) | 8.2 |
| Total Pay | (1.0) | (0.3) | 0.7 | (9.0) | (4.0) | 5.0 |
| Drugs | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Clinical Supplies (Incl Blood) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Supplies & Services | 0.0 | 0.0 | 0.0 | 0.0 | (0.5) | (0.5) |
| Premises Costs | 0.0 | 0.0 | 0.0 | 0.0 | (0.9) | (0.9) |
| Other Non-Pay | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total Non-Pay Costs | 0.0 | 0.0 | 0.0 | 0.0 | (1.4) | (1.4) |
| Surplus/(Deficit) | 0.0 | 0.7 | 0.7 | 0.0 | 3.6 | 3.6 |

3.3.1 Covid-19 In month

In Month 9, the position is £0.7m favourable to plan.

The Trust has seen £0.3m spent in month on pay; £0.2m to cover additional sickness and Covid-19 related absences along with an additional £0.1m of pay costs related to ward reconfiguration, additional cleaning, and additional pre-op assessments. Non-pay costs (cleaning, security costs and social distancing measures) are marginal in Month 9.

The hospital has been designated as one of the sites for a Nightingale Hub and work has started in January 2022 on this project.

3.3.2 Covid-19 Year to Date

The year-to-date position is £3.6m favourable to plan.

The pay position is £5.0m favourable which includes £2.2m to cover additional sickness and Covid-19 related absences. The remaining £1.8m of pays costs relate to ward reconfigurations, additional pre-op assessments and additional cleaning. Non-pay is £1.4m adverse and includes £1.4m from additional premises costs linked with cleaning, security, and social distancing measures as well as additional clinical and non-clinical consumables (such as PPE).

3.4 Mass Vaccination

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

| | Month 9 | | | Year to Date | | |
|--------------------------------|--------------|--------------|----------------|--------------|---------------|----------------|
| | Budget £m | Actual £m | Variance £m | Budget £m | Actuals £m | Variance £m |
| Contract Income | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other Income | 0.0 | 2.8 | 2.8 | 0.0 | 9.4 | 9.4 |
| Total Income | 0.0 | 2.8 | 2.8 | 0.0 | 9.4 | 9.4 |
| AHP's and STT's | 0.0 | (0.1) | (0.1) | 0.0 | (0.5) | (0.5) |
| Medical | 0.0 | (0.1) | (0.1) | 0.0 | (0.2) | (0.2) |
| Nursing | 0.0 | (1.2) | (1.2) | 0.0 | (4.2) | (4.2) |
| Other Non Clinical Pay | 0.0 | (0.9) | (0.9) | 0.0 | (2.3) | (2.3) |
| Total Pay | 0.0 | (2.3) | (2.3) | 0.0 | (7.2) | (7.2) |
| Drugs | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Clinical Supplies (Incl Blood) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Supplies & Services | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Premises Costs | 0.0 | (0.4) | (0.4) | 0.0 | (1.8) | (1.8) |
| Other Non-Pay | 0.0 | (0.1) | (0.1) | 0.0 | (0.4) | (0.4) |
| Total Non-Pay Costs | 0.0 | (0.5) | (0.5) | 0.0 | (2.2) | (2.2) |
| Surplus/(Deficit) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

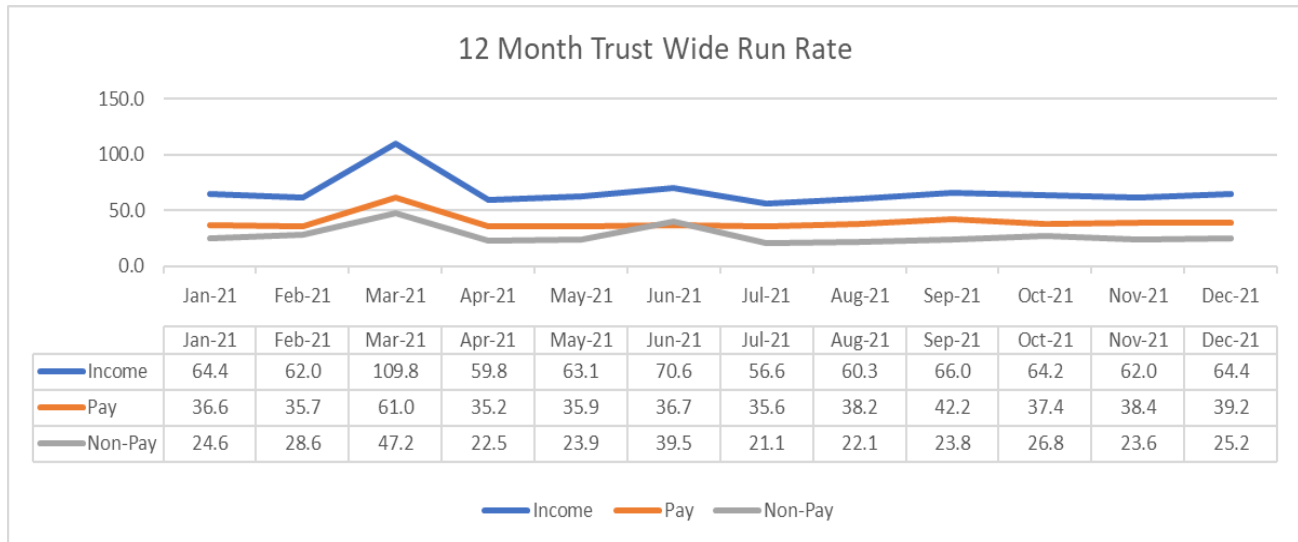
During Month 9 the Trust has continued delivery of Covid-19 Mass Vaccination programme, which resulted in additional Pay Costs of £2.3m and additional non-pay costs of £0.5m. These are offset by the income the Trust receives for this service. Most costs incurred are staff related as consumables, such as drugs costs, are being met with nationally supplied stock. The significant increase in costs in month is linked with increasing spend due to a drive to deliver vaccination booster in December. Where full pay has been unavailable due to the timing of pay dates, estimates have been made which will need to be reassessed in upcoming months.

Income in line with expenditure was recorded and a breakeven position for Month 9 and year to date is reported. All the figures in the table are in line with the current forecast.

3.5 Trust Trends

The chart below sets out the income, pay and non-pay trends for the Trust over the last 12 months.

The March 2021 position shows the impact of the annual leave accrual, the impact of the employer's contribution to pensions, PPE costs and the income to offset these.



3.6 Winter Costs

The Trust has allocated £2.9m in reserves for Winter Pressures. A paper was presented to October Finance and Performance Committee (FPC) and Trust Board highlighting the proposed winter costs. This paper was approved subject to the projected spend being within the £2.9m allocation.

As of Month 9, £0.5m was spent against the plan of £1.2m. The majority of spend (£0.4m) was within Medicine Division to support pressures caused by increased non-elective activity.

4. Balance Sheet, Cash Flow, Capital, and Better Payment Practice Code (“BPPC”)

| | 20/21 M12 £m | 21/22 M08 £m | 21/22 M09 £m | In-Month Change £m | YTD Change £m |
|---|--------------------|--------------------|--------------------|--------------------------|---------------------|
| Non Current Assets | | | | | |
| Property, Plant and Equipment | 579.3 | 576.4 | 574.5 | (1.8) | (4.8) |
| Intangible Assets | 14.7 | 11.8 | 12.3 | 0.5 | (2.4) |
| Non-current receivables | 1.7 | 1.7 | 1.7 | 0.0 | 0.0 |
| Total non-current assets | 595.8 | 589.9 | 588.6 | (1.3) | (7.2) |
| Current Assets | | | | | |
| Inventories | 8.5 | 8.6 | 8.9 | 0.2 | 0.3 |
| Trade and other receivables NHS | 10.2 | 15.4 | 17.3 | 1.8 | 7.0 |
| Trade and other receivables Non-NHS | 26.3 | 28.0 | 28.1 | 0.1 | 1.8 |
| Cash and Cash equivalents | 121.5 | 107.6 | 104.9 | (2.7) | (16.5) |
| Total current assets | 166.5 | 159.7 | 159.1 | (0.6) | (7.3) |
| Current Liabilities (< 1 Year) | | | | | |
| Trade and Other payables - NHS | 26.9 | 7.2 | 5.7 | (1.5) | (21.2) |
| Trade and Other payables - Non-NHS | 98.7 | 99.9 | 96.4 | (3.5) | (2.3) |
| Deferred income | 8.5 | 17.8 | 22.1 | 4.3 | 13.6 |
| PFI liability | 12.3 | 15.2 | 15.2 | 0.0 | 3.0 |
| Finance lease liabilities | 2.8 | 2.3 | 2.3 | (0.1) | (0.5) |
| Total current liabilities | 149.2 | 142.5 | 141.7 | (0.8) | (7.5) |
| Trade payables and deferred income | 7.8 | 8.2 | 8.1 | (0.1) | 0.3 |
| PFI liability | 368.7 | 362.3 | 361.6 | (0.8) | (7.1) |
| Finance lease liabilities | 3.9 | 2.6 | 2.5 | (0.1) | (1.5) |
| Total Net Assets | 232.6 | 234.0 | 233.9 | (0.1) | 1.2 |
| Capital and Reserves | | | | | |
| Public Dividend Capital | 448.7 | 448.7 | 448.7 | 0.0 | (0.0) |
| Income and expenditure reserve | (381.6) | (378.1) | (378.1) | 0.0 | 3.5 |
| Income and expenditure account - current year | 3.5 | (0.1) | (0.3) | (0.1) | (3.8) |
| Revaluation reserve | 162.0 | 163.5 | 163.5 | 0.0 | 1.5 |
| Total Capital and Reserves | 232.6 | 234.0 | 233.9 | (0.1) | 1.2 |

4.1 Receivables

Of the £7.0m year to date increase in NHS receivables, £4.6m relates to accrued Mass Vaccination Service income and £2.4m relates to other increased accrued income across Divisions.

The value of total invoiced debt is £17.1m, which is the lowest in this financial year. Of this, £7.3m relates to Non-NHS individuals and organisations and is over 365 days old. £3.7m of the non-NHS debt older than 365 days relates to private and overseas patients and has been fully provided for.

The Financial Services team have introduced a new credit pathway for overseas patients to reduce the level of aged non-NHS debt. They have also reviewed all debt >365 days with a view to

significantly reducing the balance at year end through a combination of further debt collection and identifying uncollectable debt for write off.

4.2 Payables

Year to date NHS payables have reduced by £21.2m, of which £14.0m is a result of the monies paid in advance by NHS England relating to 2020/21, along with the settlement of a £7.9m credit note that was due to BNSSG CCG at 31 March 2021 plus £0.7m of net other increases.

4.3 Cash

The cash balance has decreased by £16.5m in-year due to the settlement of a £7.9m credit note raised to BNSSG CCG in March 2021, the £14.0m return of cash paid in advance in Month 5 by NHS England of monies paid to NBT during 2020/21 for reimbursement of Covid-19 revenue costs and lost income and £3.8m payment of PDC dividend. This has been offset by the receipt of a £6m advance payment against costs to be incurred in future years, and £1.9m of cash in advance from Health Education England (HEE) and £1.3m of other working capital movements.

The cash balance reduced by £2.7m in-month, largely a result of an increase in payments which is partially offset by cash receipts in advance against costs to be incurred in future years.

A high-level cash flow forecast has been developed which shows that the Trust is able to manage its affairs without any external support for the 2021/22 financial year.

| | Jan-22 (Forecast) £m | Feb-22 (Forecast) £m | Mar-22 (Forecast) £m |
|-------------------------------------|----------------------------|----------------------------|----------------------------|
| Cash brought forward | 104.9 | 98.0 | 92.8 |
| Total in-month cash movement | (6.9) | (5.2) | 1.2 |
| Cumulative cash balance | 98.0 | 92.8 | 94.0 |

The cash balance of £104.9m continues to remain high, there is no significant reduction in cash resulting from the known 2021/22 financial framework and the cash forecast assumes a breakeven I&E position at year end.

4.4 Capital

Total capital spend to date is £14.1m, compared to a plan of £16.3m for the first 9 months of the year. £10.2m has been delivered against the core plan of £16.3m, which is £6.1m below plan but this is offset by an additional £3.9m of capital expenditure on the Accelerator capital programme not planned at the start of the year.

The Capital Planning Group is to review the forecast outturn position at Month 9 to assess whether further activity is required to ensure delivery of the plan.

| 2021/22 Capital Expenditure | 2021/22 plan £m | Year to date Plan £m | Year to date Actual £m | Year to date Variance from plan £m |
|-----------------------------|--------------------|-------------------------|---------------------------|---------------------------------------|
| Divisional Schemes | 3.5 | 2.5 | 0.5 | (2.0) |
| CRISP | 6.0 | 5.0 | 1.6 | (3.4) |
| Medical equipment | 5.5 | 3.8 | 2.2 | (1.5) |
| IM&T | 5.5 | 4.1 | 5.2 | 1.1 |
| Charity and grant funded | 0.6 | 0.5 | 0.3 | (0.2) |
| PFI lifecycle | 0.6 | 0.4 | 0.4 | 0.0 |
| Total Core Plan | 21.7 | 16.3 | 10.2 | (6.1) |
| Accelerator programme | 0.0 | 0.0 | 3.9 | 3.9 |
| Total | 21.7 | 16.3 | 14.1 | (2.2) |

4.5 BPPC

The Better Payment Practice Code (BPPC) achievement of invoices paid within 30 days, by value, is 86.8% for the year to date in 2021/22, compared to 86.6% for 2020/21. BPPC achievement by volume of invoices has fallen from 86.4% in 2020/21 to 84.0% for the year to date. However the BPPC by volume for the month of December was 87.9%. Supplier terms changes have occurred to ensure coherence with NHS standard 30-day terms. Additionally, the Financial Services team have implemented specific supplier opportunities which has helped with the improvement of the BPPC by volume performance.

5. Cost Improvement Programme

The table below outlines the CIP breakdown year to date by Division and then by type – Cash Releasing or Productivity.

The budget reduction targets set for each division and the amounts delivered to date are as below.

| Cash Releasing or Productivity | Summary Division | FYE Target | Completed Schemes | Schemes In Implementation | Schemes in Planning | Total FYE | Variance FYE | Pipeline FYE |
|--------------------------------|------------------|-------------|-------------------|---------------------------|---------------------|------------|--------------|--------------|
| Cash Releasing | ASCR | 2.2 | 0.2 | 0.2 | 0.4 | 0.8 | (1.5) | 0.7 |
| | CCS | 2.0 | 0.7 | 0.0 | 0.3 | 1.0 | (1.0) | 0.3 |
| | CORP | 0.8 | 0.5 | 0.1 | 0.0 | 0.7 | (0.1) | 0.1 |
| | FAC | 1.0 | 1.0 | 0.0 | 0.0 | 1.0 | 0.0 | 0.1 |
| | MED | 1.6 | 0.1 | 0.5 | 0.0 | 0.6 | (1.0) | 0.2 |
| | NMSK | 1.7 | 0.1 | 0.0 | 0.4 | 0.5 | (1.2) | 0.0 |
| | WCH | 0.7 | 0.0 | 0.0 | 0.1 | 0.1 | (0.6) | 0.1 |
| Cash Releasing | Total | 10.0 | 2.6 | 0.9 | 1.2 | 4.7 | (5.3) | 1.5 |
| Productivity | ASCR | 0.0 | 0.2 | 0.0 | 0.0 | 0.2 | 0.2 | 0.0 |
| | CCS | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| | MED | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Productivity | Total | 0.0 | 0.2 | 0.0 | 0.0 | 0.2 | 0.2 | 0.0 |
| Total CIP Delivery | | 10.0 | 2.8 | 0.9 | 1.2 | 4.9 | (5.1) | 1.5 |

The Trust had an original Cost Improvement Plan (CIP) target for 2021/22 of £20m full year effect savings, from Month 6 onwards £10m of the CIP target is included and recorded in Divisional budgets.

The current identified CIP position is £4.9m - £4.7m Cash Releasing and £0.2m Productivity. Within this number completed schemes amount to £2.8m: £2.6m Cash Releasing and £0.2m Productivity, this is an increase of £0.2m from Month 8. The schemes in implementation have reduced by £0.2m from Month 8 to £0.9m and schemes in planning are £1.2m,.

At Month 9 schemes in development (pipeline) are £1.5m which includes £0.3m of income (local tariff reviews and coding) and £0.3m productivity improvements. The remaining £0.9m are cash releasing schemes.

Departments are working on strategies to develop and provide an outline plan for 2022/23 CIP savings.

6. Assumptions, opportunities, and risks

The Trust has assumed that any surplus Covid-19 cost funding from the System can be retained.

There is a risk that non-recurrent funding is currently being used to cover recurrent costs as block contracts are being rolled over based on 2019/20 costs whilst inflation and other cost pressures are increasing the recurrent cost base of the Trust.

Further recurrent investments in quality and safety have been approved in advance of confirmation of potential commissioner funding. Mechanisms for allocating recurrent funding across the system are not yet fully developed and agreed.

Potential risks to the delivery of the Trust cost improvement programme may arise, as highlighted by the position described in Section 5.

Increased pressure on the hospital over the Winter risks a reduction in elective activity resulting in further underspends against clinical non-pay items.

7. Forecast

The Forecast Outturn Position for the end of the financial year is expected to be breakeven. The table below shows the H1 actual delivery, the plan for H2 and what the resultant forecast is against the originally approved budget.

| | H1 | H2 | 2021/22 | 2021/22 |
|-----------------|----------|----------------|----------|----------|
| | Actual | Financial Plan | Forecast | Budget |
| | £m | £m | £m | £m |
| Contract Income | 337.5 | 338.1 | 675.7 | 662.3 |
| Other Income | 39.0 | 38.4 | 77.4 | 71.6 |
| Pay | (223.7) | (233.1) | (456.8) | (442.2) |
| Non-Pay | (152.8) | (143.4) | (296.3) | (291.7) |
| Total | 0 | 0 | 0 | 0 |

Risk and Mitigations as of 31 December are set out below. The table shows a breakeven position as the most likely year end forecast. The Trust is developing schemes that will contribute to improving performance and / or investing in schemes that will deliver financial benefits in the 2022/23 financial year.

| | £m | Commentary |
|--|-------|---|
| | | |
| Risks | | |
| Other Risks | | |
| Non delivery of efficiency benefits | (1.0) | Increasing costs in line with year to date run rates |
| Increase in agency and locum costs, including Registered Mental Health Nurses | (2.5) | |
| Non-recurrent investment in elective and urgent care activity beyond current plans | (0.5) | |
| Total | (4.0) | |
| Opportunities | | |
| Mitigating Actions | | |
| Balance sheet review | 1.5 | Review to be undertaken |
| Delays in recruitment | 0.5 | Recognition of rebates Lower capital charges due to delays in capital expenditure programmes |
| Rates rebates | 0.5 | |
| Depreciation / PDC benefit from delays in investment | 1.5 | |
| Total | 4.0 | |
| Most likely outturn | 0.0 | |

Where non-recurrent income has been received in year, there is a risk that we will not be able deliver recovery actions fully, which could lead to an underspend, this will be managed through Recovery Boards to support the workstreams, system-wide discussions and review of actions to mitigate through Balance Sheet flexibility. Whilst the Trust is forecasting a breakeven position, the management of this is dependent upon the ability to maximise opportunities for non-recurrent delivery in 2021/22 which will allow for recurrent benefits in 2022/23.

A full review of the forecast will be undertaken in advance of Month 10, in addition to a System-wide review to ensure alignment of approach and understanding.

8. Recommendation

Board are asked to note:

- the revised financial framework that the Trust is operating in
- the financial performance for the month and year to date
- the associated assumptions, opportunities, risks, and mitigations
- the forecast outturn for both revenue and capital
- the spend on Mass Vaccinations and Covid-19 expenditure area
- the delivery of Cost Improvement Plan savings and how they compare with divisional targets
- the Cash position and Capital spend levels

| | | | |
|---|--|--|--|
| Report To: | Trust Board | | |
| Date of Meeting: | 27 January 2022 | | |
| Report Title: | Plan for Midwifery Continuity of Carer (MCoC) NBT | | |
| Report Author & Job Title | Lila Wright, Programme Manager | | |
| Executive/Non-executive Sponsor (presenting) | Helen Blanchard, Director of Nursing & Quality | | |
| Does the paper contain: | Patient identifiable information? | Staff identifiable information? | Commercially sensitive information? |
| | | | |
| *If any boxes above ticked, paper may need to be received at <i>private</i> meeting | | | |
| Purpose: | Approval | Discussion | To Receive for Information |
| | | | X |
| Recommendation: | <p>The Trust Board is asked to note:</p> <p>The national requirement for NBT to provide a plan to demonstrate how we are putting the building blocks in place to work towards MCoC being the default model of care for our women.</p> <p>The initial investment which would be required to launch the first wave and where this is placed in terms of a Trust and system priority.</p> <p>The guide on next steps for this programme of work.</p> | | |
| Report History: | Submitted to LMS Board for 27 th January | | |
| Next Steps: | Pending Trust level support, for this workstream to transition from the Improvement Programme returning to Divisional oversight with a new Continuity of Carer Programme established to support the governance of the planning and implementation of proposed plan. | | |

Executive Summary

Maternity care provision at NBT must align with the national vision to provide safer more personalised care through adopting 'Midwifery Continuity of Carer (MCoC)' as the default model of care.

There is a national ask for all NHS Trusts to submit a plan to their Local Maternity Services (LMS) Board by the end of Jan '22 to provide an update to demonstrate their plan for MCoC being the default model of care by March 2023.

The purpose of this paper is to inform Trust Board of the proposed plan and to consider the options presented to put in place the 'building blocks' for sustainable models of MCoC.

This will require a significant initial investment and would have to align with both Trust and integrated care system (ICS) strategic, financial, and clinical priorities.

Strategic Theme/Corporate Objective Links

1. Provider of high-quality patient care

- a. Experts in complex urgent & emergency care
- b. Work in partnership to deliver great local health services
- c. A Centre of Excellence for specialist healthcare
- d. A powerhouse for pathology & imaging

2. Developing Healthcare for the future

- a. Training, educating and developing our workforce
- b. Increase our capability to deliver research
- c. Support development & adoption of innovations
- d. Invest in digital technology

3. Employer of choice

- a. A great place to work that is diverse & inclusive
- b. Empowered clinically led teams
- c. Support our staff to continuously develop
- d. Support staff health & wellbeing

4. An anchor in our community

- a. Create a healthy & accessible environment
- b. Expand charitable support & network of volunteers
- c. Developing in a sustainable way

Board Assurance Framework/Trust Risk Register Links

N/A

Other Standards Reference

N/A

Financial implications

This is a proposal of which there are two options for consideration.

| Maternity Continuity of Carer Investment Wave 1 | | | | | | | |
|---|--|-----------------|----------|-----------------|----------|-----------------|----------|
| Option | Area | Current Funding | | Proposed Wave 1 | | Increase Wave 1 | |
| | | Wte | £ | Wte | £ | Wte | £ |
| 1 | Stabalise Lilac team & Yellow team | 13.3 | 633188.7 | 17.3 | 844094.8 | 4 | 210906.1 |
| 2 | Stabalise Lilac team & Yellow team, Pearl MCoC | 20.3 | 966445.9 | 36.3 | 1790876 | 16 | 824430.3 |
| | Other community | 46.09467 | 2194483 | 46.09467 | 2194483 | 0 | 0 |

12

| | | |
|---|---|---|
| | Source of funding: | |
| | Option | [X] Please provide additional information |
| | Existing budget | |
| | Cost Pressure | X Funding will need to be identified and approved by Director of Finance to support required uplift of Midwifery workforce. |
| | External Funding | |
| | Other | |
| Other Resource Implications | Equipment costs required for teams in the community will be covered by LMS funds. Bid for additional equipment submitted 20 th Jan '22. | |
| Legal Implications | N/A | |
| Equality, Diversity and Inclusion Assessment (EIA) | Please refer to the 'Equality Impact Assessment Form' at the following link: https://link.nbt.nhs.uk/Interact/Pages/Content/Document.aspx?id=9760 Required for services changes, policies and strategies. | |
| Appendices: | N/A | |

Plan for Midwifery Continuity of Carer (MCoC) NBT

1. Purpose

- 1.1 Maternity care provision at NBT must align with the national vision to provide safer more personalised care through adopting 'Midwifery Continuity of Carer (MCoC)' as the default model of care.
 - 1.1.1 MCoC is provided by midwives organised into teams of eight or fewer (headcount). Each midwife aims to provide antenatal, intrapartum and postnatal midwifery care to a caseload of approximately 36 women, with support from the wider team for out-of-hours care. Each team has a linked obstetrician.
- 1.2 As of January 2022, NBT has 2 teams that were initiated as continuity teams, however, they have not been successful at achieving all the elements required for continuity and therefore not compliant with the standards required to deliver continuity.
- 1.3 There is a national ask for all NHS Trusts to submit a plan to their Local Maternity Services (LMS) Board to provide an update to demonstrate their plan for MCoC being the default model of care by March 2023. The BNSSG LMS Board is being held on 27th January 2022. Board members are aware this is the same date as our Trust Board and will accept necessary updates post presentation.
- 1.4 The purpose of this paper is to inform Trust Board of the proposed plan to mobilise our position from not delivering MCoC to delivering ~24% of MCoC by March 2023.

2. Considerations

- 2.1 There is an acute awareness that this will require a significant initial investment and would have to align with both Trust and integrated care system (ICS) strategic, financial, and clinical priorities.
- 2.2 Whilst investment funding may be limited both within NBT and across the system, it is understood that system has recognised the need to prioritise investments in maternity and addressing health inequalities of which this incentive addresses both.
- 2.3 Evidence from other Trusts have shown that whilst there is a significant initial investment to start up the first MCoC teams, as the implementation is rolled out in waves, investment reduces considerably due to staff resource being drawn from other areas, primarily Central Delivery Suite (CDS).
- 2.4 To note, UHBW have already commenced roll out of MCoC. In their first year they achieved 39% compliance with an ambition to meet 52% at the end of this financial year (March '22) in line with national targets. Investment at this stage for NBT is not comparable to UHBW.

2.5 This is in addition to the safer staffing request from the Division. The next iteration of Birth rate plus will become available in March '22 which is likely to show investments required of which this will be a part of as MCoC is included in the modelling.

2.6 The ability for the Division to manage this transformative system wide change will need to be strongly considered and will dictate the pace of this plan.

3. Background

3.1 Midwifery Continuity of Carer has been proven to deliver safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long Term Plan, the ambition for the NHS in England is for Continuity of Carer to be the default model of care for maternity services, and available to all pregnant women in England. Fulfilling the vision that:

3.1.1 'Women will have continuity of the person looking after them during their maternity journey, before, during and after the birth.'

3.2 The 2016 Cochrane review concluded that MCoC models save babies' lives, prevent preterm birth, reduce interventions and improve women's experiences and clinical outcomes. The 2018 and 2020 Cochrane reviews concluded that MCoC prevents stillbirth and preterm birth. This is most evident for Black, Asian and Ethnic Minority women (BAME) and women from social and financial deprivation.

3.3 Working in this way facilitates good, personalised care and supports planning and continuous risk assessment. Evidence has shown that relational care improves women's experience and perceptions of quality of care. Workforce literature suggests this model of teamworking benefits healthcare professionals too.

3.4 Where safe staffing allows, and the building blocks are in place this should be achieved by March 2023 – with rollout prioritised to those most likely to experience poorer outcomes first; women from Black, Asian and Mixed Ethnicity (BAME) backgrounds and women who reside in the lowest decile of social/ financial deprivation.

3.5 Note, all women will not be able to receive continuity of carer, through choosing to receive some of their care at another maternity service. In a small number of cases, women will be offered a transfer of care to a specialist service for maternal / fetal medicine reasons.

3.6 Providing Continuity of Carer by default at NBT therefore means:

- Offering all women Midwifery Continuity of Carer as early as possible antenatally
- Putting in place clinical capacity to provide Continuity of Carer to all those receiving antenatal, intrapartum, and postnatal care at the provider.

3.7 The Local Maternity System (LMS) in Bristol has developed a city-wide strategy of Continuity of Carer, however, the pace so far at NBT has been slow based on limited support locally and key requirements within the workforce not in place.

3.8 NBT implemented phase one of Continuity of Carer in September 2020. Since then, significant changes to the Senior management team and an inconsistent approach to the implementation of Continuity of Carer, together with workforce pressures that predated the COVID-19 pandemic, resulted in the Continuity teams not consistently running within the required parameters of Continuity of Carer.

3.9 As of January 2022, there are 2 Continuity of Carer Teams. Although initiated as continuity teams, they have not remained compliant. To meet the benchmark for Continuity of Carer as described in the Report, each team establishment should be 6-8 WTE with a caseload of no greater than 1:36.

4. Plan

4.1 Evidence from other Trusts suggest that rolling out MCoC in waves, through incrementing the number of teams, provides a stable solution to implementation both financially and clinically resulting in high success and maintaining safety.

4.2 North Bristol NHS Trust aims to provide MCoC to 4,878 out of 7,337 women. The remainder of the women receive care from other maternity services and are unlikely to change their position due to tertiary referral/geography etc.

4.3 Midwifery Continuity of Carer teams will be given geographical locations and will be prioritised for roll out in the highest areas of Black, Asian and Mixed ethnicity populations and the postcodes of the lowest deciles as mapped in our Perinatal Equity and Equality Analysis. This ensures that we target women who are most likely to experience adverse outcomes first and would see the most benefit from being on a MCoC pathway.

4.2 Wave One

4.2.1 Over 12 months, wave 1 would focus on stabilising the two current teams, Lilac and Yellow, to meet the standards required for MCoC. As the pilot teams for the first launch Sep 2020 these teams already have contracts to support this model of care, would require little investment and are good advocates for this way of working. Our third and fourth proposed teams for wave one would be our current Pearl team. This would enable us to deliver MCoC to a geographical location where our greatest number of BAME women reside, also a high percentage of those from social deprivation. This would meet national requirements.

4.2.3 Whilst the launch of four MCoC teams would be the preferred option taking us to ~24% compliance, acknowledging our previous considerations, we propose two options:

Page 6 of 7

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

Option 1: Stabilise the current teams, Lilac and Yellow who are currently partially complaint, to regain compliance with MCoC. This would require an *additional* 4 WTE midwives on top of their current establishment to ensure a caseload of 1:36.

This would result in 2 eligible teams delivering ~12% of MCoC.

Option 2: Option 1 in addition to full implementation of MCoC across the geographical location 'Pearl'. This option would require a total of 16WTE additional midwives. Pearl would require an *additional* 12 WTE to support two teams (Pearl a and b) to be able to cover the entire MCoC caseload in this high-risk geographical area; as well as a traditional team to cover those women who are not eligible.

This would result in 4 eligible teams delivering ~24% of MCoC.

5. Programme Costs

Table shows the investment required for each of the options detailed above.

Table 1: Financial investment required to implement wave one; two options appraised.

| Maternity Continuity of Carer Investment Wave 1 | | | | | | |
|---|--|-----------------|----------|-----------------|----------|-----------------|
| Option | Area | Current Funding | | Proposed Wave 1 | | Increase Wave 1 |
| | | Wte | £ | Wte | £ | Wte £ |
| 1 | Stabalise Lilac team & Yellow team | 13.3 | 633188.7 | 17.3 | 844094.8 | 4 210906.1 |
| 2 | Stabalise Lilac team & Yellow team, Pearl MCoC | 20.3 | 966445.9 | 36.3 | 1790876 | 16 824430.3 |
| | Other community | 46.09467 | 2194483 | 46.09467 | 2194483 | 0 0 |

5.1 Evidence from other Trusts have shown that whilst there is a significant initial investment to start up the first MCoC teams, as the implementation is rolled out in waves, investment reduces considerably due to staff resource being drawn from other areas, primarily Central Delivery Suite (CDS).

5.2 Anecdotally, evidence from other Trusts demonstrates that the initial uplift of staff reduces to 2/3 WTE for subsequent years through wave 2, 3, and so on. With an eligible population of 4,878 women this would require approximately 17 MCoC teams implemented over a 3 to 5-year plan.

6. Recommendations

6.1 The Trust Board is asked to **note**:

6.1.1 The national requirement for NBT to provide a plan to demonstrate how we are putting the building blocks in place to work towards MCoC being the default model of care for our women.

6.1.2 The initial investment which would be required to launch the first wave and where this is placed in terms of a Trust and system priority.

6.1.3 The guide on next steps for this programme of work.

Page 7 of 7

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

| | | | |
|--|---|--|--|
| Report To: | Trust Board - Public | | |
| Date of Meeting: | 27 January 2022 | | |
| Report Title: | Quality Committee Upward Report | | |
| Report Author & Job Title | Xavier Bell, Director of Corporate Governance & Trust Secretary Isobel Clements, Senior Corporate Governance Officer & Policy Manager | | |
| Executive/Non-executive Sponsor (presenting) | John Iredale, Non-Executive Director and Chair of QC | | |
| Does the paper contain: | Patient identifiable information? | Staff identifiable information? | Commercially sensitive information? |
| | | | |
| *If any boxes above ticked, paper to be received at <i>private</i> meeting | | | |
| Purpose: | Approval | Discussion | To Receive for Information |
| | | | X |
| Recommendation: | The Trust Board should receive the report for assurance and note the activities Quality Committee (QC) has undertaken on behalf of the Board. | | |
| Report History: | The report is a standing item to the Trust Board following each Committee meeting. | | |
| Next Steps: | The next report will be received at Trust Board in February 2022. | | |

| Executive Summary | |
|---|--|
| The report provides a summary of the assurances received and items discussed and debated at the deep-dive Quality Committee (QC) meeting held on 13 January 2022. | |
| Strategic Theme/Corporate Objective Links | Provider of high-quality patient care Employer of choice |
| Board Assurance Framework/Trust Risk Register Links | 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. |
| Other Standards Reference | CQC Standards. |

| | |
|---|---|
| Financial implications | No financial implications identified in the report. |
| Other Resource Implications | No other resource implications identified. |
| Legal Implications | None identified. |
| Equality, Diversity and Inclusion Assessment (EIA) | Process TBC |
| Appendices: | None |

1. Purpose

- 1.1 To provide a highlight of the key assurances received, items discussed, and items for the attention/ approval of Trust Board from the Quality Committee (QC) meeting held on 13 January 2022.

2. Background

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

3. Meeting on 13 January 2022

3.1 Maternity

Juliette Hughes, Divisional Director of Nursing, Claire Weatherall, Divisional Operations Director, and Julie Northrop, the new Interim Head of Midwifery, attended to present:

Ockenden Update

The Committee received a paper outlining the Trust's compliance with recommendations from the Ockenden Report. The Trust remains at 87% compliance (which benchmarks very well nationally), with work ongoing to improve.

It was noted that the Maternity Voices Partnership was an area of weakness, largely due to capacity constraints. This was recognised as a BNSSG system weakness, and NBT was attempting to mitigate this risk through some additional resource in the divisional patient experience function, and further discussions with system leaders.

The Committee also noted some of the ongoing workforce pressures within the Division. It was noted that nationally, staff in maternity had a higher level of Covid-19 vaccination hesitancy, and that this reflected a further risk. The Committee was advised NBT was

awaiting data to determine whether this national trend was also specifically taking place in NBT, but that there were targeted communications planned ahead of the mandatory vaccination deadline.

Perinatal Quality Surveillance Matrix (PQSM Data Dashboards)

The Committee received a report updating on the PQSM. This report indicated that most metrics were moving in the right direction.

Progress update on actions following the appreciative enquiry into the screening programme

The Committee received a verbal update on the appreciate enquiry into the screening programme report which had been amended following regional scrutiny. It was agreed a full paper would be brought for discussion at March's deep-dive QC meeting.

Staffing Gaps (Action 88)

The Committee receive a verbal update on staffing, with the following key points:

- 28 additional midwifery posts were now funded and being recruited to
- NICU nurse staffing was a current hot-spot, with vacancies as well as shortages largely driven by maternity leave and Covid-19 absences. This was being mitigated by plans to over-recruit once fully staffed, anticipating there would always be high rates of maternity leave within the division.
- A lead sonographer has been appointed, initially on a temporary basis, but with the aim of making the role permanent. This was adding strength to the sonography function, but more support staff were required to make the function secure longer-term

The Committee felt able to re-assure Board that there were robust plans in place around staffing and noted that a series of business cases were being developed for April 2022 for critical positions.

The Committee asked for a written action plan on staffing at the March Meeting.

W&CH Improvement Programme Update

The Committee received a brief update on the Programme, as received at December Trust Board. It was agreed that an item would be scheduled for the March Committee meeting, which would incorporate a review of the Improvement Programme actions, some further detail on staffing, where the Committee could feed into the decision around moving the improvement programme into Divisional "business as usual" and make recommendations on what elements, if any, should remain under review via the Committee moving forward.

3.2 Hospital Pharmacy Transformation Programme (Annual Update)

The Committee received the Hospital Pharmacy Transformation Programme (HPTP) Annual Update presented by Matthew Kaye, Director of Pharmacy, NBT and Debbie Campbell, System Lead Pharmacist, CCG. The Committee noted that the HPTP had become business as usual as part of the ICS Integrating NHS Pharmacy and Medicines Optimisation (IPMO) Implementation Plan.

The Committee praised the Programme and its accomplishments and supported the IPMO Plan as the recognised strategy document for pharmacy and medicines across the BNSSG system. It was requested that an annual update be provided to Quality Committee on progress against the IPMO Plan.

3.3 Other items:

The Committee also received the following items:

- Sub-committee upward report(s):
 - Drugs & Therapeutics Committee
 - Control of Infection Committee
 - Safeguarding Committee QC forward work-plan 2021/22

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

None identified.

5. **Recommendations**

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