North Bristol NHS Trust

Trust Board Meeting in Public

Thursday 30 January 2024, 10:00 – 13:05

Seminar Rooms 4 & 5, Learning & Research Building, Southmead Hospital

A G E N D A

No.	Item	Purpose	Lead	Paper	Time
OPENING BUSINESS					
1.	Welcomes and Apologies for Absence: *Apologies: None*	Information	Joint Chair	Verbal	10.00
2.	Declarations of Interest	Information	Joint Chair	Enc.	10.01
3.	Patient Story	Discussion	Chief Nursing Officer	Enc.	10.02
4.	Questions from the Public	Discussion	Joint Chair	Verbal	10.20
STANDING ITEMS					
5.	Minutes: Public Board: 28 November 2024	Approval	Joint Chair	Enc.	10.30
6.	Action Log	Approval	Trust Secretary	Enc.	10.31
7.	Matters Arising	Discussion	All	Verbal	10.32
8.	Joint Chair's Report	Information	Joint Chair	Enc.	10.33
9.	Joint Chief Executive's Report	Information	Joint Chief Executive	Enc.	10.45
KEY DISCUSSION ITEMS					
10.	Madeline (Maddy) Lawrence Improvement Plan	Discussion	Chief Medical Officer	Enc.	11.00
BREAK (10 mins)					11.30
QUALITY					
11.	Quality Committee Upward Report 11.1 Maternity Incentive Scheme Year 6	Information Approval	NED Chair + Chief Nursing Officer	Enc.	11.40
12.	Patient & Carer Experience Committee Upward Report	Information	NED Chair	Enc.	11.50
PEOPLE					
13.	People & EDI Committee Upward Report 13.1 Long Term Workforce Plan Update	Information	NED Chair	Enc.	12.00
FINANCE, IM&T & PERFORMANCE					
14.	Integrated Performance Report	Discussion	Chief Operating Officer	Enc.	12.10
15.	Annual EPRR Report	Information	Chief Operating Officer	Enc.	12.40
16.	Finance, Digital & Performance Committee Upward Report 16.1. Finance Report Month 9	Information	NED Chair	Enc.	12.45
CLOSING BUSINESS					
17.	Any Other Business	Information	Chair	Verbal	13.00

18.	Date of Next Meeting: 27 March 2025	Information	Chair	Verbal	-
19.	Exclusion of the Press and Public	Approval	Chair	Verbal	-
END					**13.05**

Lunch	**13.05 - 13:40**

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TRUST BOARD DECLARATIONS OF INTEREST

Name	Role	Interest Declared
Ingrid Barker	Joint Chair	• Governor, University of Gloucestershire • Member of the Faculty of TPC Health – a coaching company working predominantly in the NHS and Social Care (since January 2024) • Deputy Lieutenant of Gloucestershire
Mr Kelvin Blake	Non-Executive Director	• Non-Executive Director of BRISDOC. • Chair and Trustee of Second Step. • Trustee of the SS Great Britain Trust. • Trustee of the Robins Foundation. • Member of the Labour Party • Elected Member of Bristol City Council.
Mr Richard Gaunt	Non-Executive Director	• Non-Executive Director of Alliance Homes, social housing provider.
Ms Kelly Macfarlane	Non-Executive Director	• Sister is Centre Leader of Genesiscare Bristol (Private Oncology). • Sister works for Pioneer Medical Group, Bristol. • Managing Director, HWM-Water (a Halma manufacturing company). • Director, Radcom Technologies Limited (dormant company). • Director of ASL Holdings Limited (a Halma company – IoT solutions). • Director of Invenio Systems Limited (water loss consultancy). • Non-Exec Director of Advanced Electronics Limited (a Halma fire safety company).
Professor Sarah Purdy	Non-Executive Director	• Professor Emeritus, University of Bristol. • Fellow of the Royal College of General Practitioners. • Fellow of the Royal College of Physicians. • Trustee, Barts Charity. • Shareholder (more than 25% but less than 50%) Talking Health Limited. Indirect Interests (ie through association of another individual eg close family member or relative) via Graham Rich who is:

Name	Role	Interest Declared
		- Chair, Armada Topco Limited. - Director, Talking Health Ltd. - Chair, EHC Holdings Topco Limited.
Dr Jane Khawaja	Non-Executive Director	• Employee and Member of the Board of Trustees, University of Bristol. • Director of Gloucestershire Cricket Foundation. • Commissioner, Bristol Commission on Race Equality.
Mr Shawn Smith	Non-Executive Director	• Bluebells Consultancy Ltd (sole shareholder). • Governor of City of Bristol College. • Trustee of Frank Water. • Elim Housing Association (Board member).
Ms Maria Kane	Chief Executive	• Advisory Group Member of CHKS, a provider of healthcare intelligence and quality improvement services (remuneration donated to Southmead Hospital Charity). • Visiting Professor to the University of the West of England (unremunerated). • Trustee of Help to Create Hope Charity.
Mr Steve Curry	Chief Operating Officer	• Nothing to declare.
Mr Tim Whittlestone	Chief Medical Officer	• Director of Bristol Urology Associates Ltd: undertakes occasional private practice (Urology Specialty) at company office, outside of NBT contracted hours. • Chair of the Wales and West Acute Transport for Children Service (WATCh). • Vice Chair of the South-West Genomic Medicine Service Alliance Board. • Wife is an employee of the Trust. • Director of 3RO Ltd (providing medical advice to international NGOs etc).
Mr Glyn Howells	Chief Financial Officer	• Nothing to declare.

Name	Role	Interest Declared
Professor Steve Hams	Chief Nursing Officer	• Visiting Professor, University of the West of England. • Director, Curhams Limited (dormant company). • Independent Trustee and Chair of the Infection Prevention Society. • Associate Non-Executive Director, Surrey Heartlands Integrated Care Board. • Husband is employed by Oxford University Hospitals NHS Foundation Trust. • Affiliate Member, Bristol and Avon St John Priory Group. • External Examiner – School of Nursing BPP University
Mr Neil Darvill	Chief Digital Information Officer (to NBT and UHBW) (non-voting position)	• Wife works as a senior manager for the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB). • Stepbrother is an employee of the Trust, working in the Cancer Services Team.
Mr Peter Mitchell	Interim Chief People Officer (non-voting position)	• Nothing to declare.

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Report To:	Public Trust Board		
Date of Meeting:	30 January 2025		
Report Title:	Patient Story		
Report Author:	Emily Ayling, Head of Patient Experience Ann O'Malley, Patient Access and Inclusion Lead Paul Cresswell, Director of Quality Governance		
Report Sponsor:	Steve Hams, Chief Nursing Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
		X	
	To provide insight into the experience of patients from the Gypsy, Roma and Traveller (GRT) community accessing our services.		

Key Points to Note *(Including any previous decisions taken)*

- Diane's story provides some insight into the health inequalities faced by the GRT community including the prevalence of long term conditions, and reduced life expectancy.
- Diane's story highlights the fear the GRT community have of attending hospitals.
- Diane's recent experience of Southmead Hospital was in our Emergency Department with her daughter. She describes key themes: long waits, pain, discrimination, and attitude of staff.
- Diane talks about how we can improve the experience for the GRT community including more accessible language and communication, holistic care and cultural awareness.

Strategic and Group Model Alignment

The item directly links to our Trust aim to provide outstanding patient experience by helping us to better understand and learn from the experience of our patients. It also supports our trust objective to be an anchor in our community by building relationships with our local communities who are accessing our services but may be less likely to feedback about their care through traditional methods.

Risks and Opportunities

There are no risks identified from this story.

There are opportunities for us to feed into wider system level conversations about how we support the GRT community in Bristol. These are being led by the council.

There is also an opportunity for us to continue working collaboratively with partners such as Southern Brooks, the VCSE sector and UHBW to build trusting long-term relationships with key patient groups such as the GRT community, have an ongoing dialogue of feedback and learning, and respond to their needs in a consistent, coordinated manner.

Recommendation

This report is for Discussion and Information

The Board is asked to discuss Diane's story and reflect on the learning we have gained from this. The Board is asked to note the existing work already taking place to support the GRT community and the wider insights for health inequalities.

History of the paper (details of where paper has <u>previously</u> been received)	
None	N/A
Appendices:	Appendix 1: Diane's Story

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Diane's Story

Gypsy, Roma, Traveller community in Bristol:

- 44% of people in the UK express openly negative feelings towards Gypsies, Roma and Travellers
- 91 per cent of 199 respondents had experienced discrimination and 77 per cent had experienced hate speech or a hate crime (Traveller Movement, 2017)
- 4,600 ethnic Romany Gypsies and Irish Travellers in Bristol, with approximately the same number of Eastern European Roma
- 250+ GRT families living in South Glos, approximately 1000 people

Gypsy, Roma, Traveller health:

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- Lack of accessible information – 47% have low or no literacy
- GP registration – 74 out of 100 GP surgeries in England breach NHS guidance by refusing registration
- Waiting lists – reset progress when moving
- Discrimination, fear and mistrust
- Levels of Domestic Abuse nearly twice as high (65% as opposed to 33%).
- The suicide rates are 7 x higher
- Deaths from respiratory diseases and cardiovascular diseases increased in GRT communities

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Work with the Gypsy, Roma, Traveller community so far:

- Outreach – relationship building, trust and feedback
- Education/prevention – following on from feedback bringing in certain services e.g. Asthma – UHBW
- Training – 18 staff across NBT and UHBW, high number from maternity
- Collaboration – working with both Councils and local VCSE organisations – Southern Brooks and Learning Partnership West

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Going forward:

Our next steps:

- Partnership working
- Engagement and voice
- Awareness, recognition & training
- ED - Making every contact count
- Maternity

Insights for health inequalities:

- Digital inclusion
- Health literacy
- Reasonable adjustments
- Prevention
- Ethnicity recording

DRAFT Minutes of the Public Trust Board meeting held on Thursday 28 November 2024 at 10.00am held in Seminar Room 4, Learning and Research Building, Southmead Hospital and virtually via Microsoft Teams

Present:			
Ingrid Barker	Joint Chair and Non-Executive Director (NED)	Maria Kane	Joint Chief Executive
		Glyn Howells	Hospital Managing Director
		Tim Whittlestone	Chief Medical Officer
Sarah Purdy	Vice Chair and Non-Executive Director	Steve Hams	Chief Nursing Officer
		Nick Smith	Deputy Chief Operating Officer
Richard Gaunt	Non-Executive Director	Neil Darvill	Joint Chief Digital Information Officer
Jane Khawaja	Non-Executive Director	Peter Mitchell	Interim Chief People Officer
Kelly Macfarlane	Non-Executive Director	Elizabeth Poskitt	Interim Chief Finance Officer
Shawn Smith	Non-Executive Director		
Kelvin Blake	Non-Executive Director		
Attendees:			
Elliot Nichols	Director of Communications	Aimee Jordan-Nash	Senior Corporate Governance Officer & Policy Manager *(minutes)*
Xavier Bell	Director of Corporate Governance and Trust Secretary		
Presenters:			
Emily Ayling	Head of Patient Experience *(present for minute item TB/24/11/03)*	Lucy Kirkham	Trust Guardian for Safe Working Hours *(present for minute item TB/24/11/12)*
Hilary Sawyer	Lead Freedom to Speak Up Guardian *(present for minute item TB/24/11/10)*		

TB/24/11/01	**Welcome and apologies for absence**	**ACTION**
	Ingrid Barker, Joint Chair of North Bristol NHS Trust (NBT) and University Hospitals Bristol & Weston NHS Foundation Trust (UHBW), welcomed everyone to the meeting. Ingrid also welcomed members of the public and staff who were observing the meeting. She reminded everyone that the meeting would be recorded, and the recording placed on the Trust's website for others to view, after the meeting. Apologies for absence were received from Steve Curry, Deputy Chief Executive and Chief Operating Officer.	
TB/24/11/02	**Declarations of Interest**	
	No declarations of Interest were received relating to the agenda, nor were any updates required to the Trust Board register of interests as currently published on the NBT website and annexed to the Board papers. *Emily Ayling joined the meeting.*	
TB/24/11/03	**Patient Story**	
	Tim Whittlestone, Chief Medical Officer, introduced Emily Ayling, Head of Patient Experience, to the meeting to present the Patient Story. Tim also thanked Dr Jack Galliford, Renal & Transplant Consultant Nephrologist and Transplant Lead, for all his work.	

	A series of slides were presented which set out an overview of the transplant service at NBT. It was recognised that NBT was a major transplant centre, marking 70 years since the first kidney transplant. The ongoing work to improve donor transplantation and pre-emptive transplantation to reduce reliance on dialysis was highlighted, noting that the Trust exceled in utilising available kidneys and increasing living-related and unrelated donations. The Board watched a video on Neil's story which provided insight into his kidney transplant experience at NBT last year. Alongside the Annual Transplant report Neil's story illustrated the importance of organ donation and the transplant service and the impact the transplant services have on patients. Ingrid requested clarity on pre-emptive transplantation and Tim explained that it enabled organ transplant before complications developed. Sarah Purdy, Vice Chair and Non-Executive Director, welcomed the story and noted that it would help to raise public awareness of organ donation. Jane Khawaja, Non-Executive Director, agreed and discussed the benefits of raising awareness especially within diverse communities. Tim discussed the inequity of accessing transplantation and highlighted the importance of addressing organ donation misconceptions. Maria Kane, Joint Chief Executive, discussed the opportunity to collaborate with the kidney association, community leaders and the media to promote organ donation and highlighted donation success. Ingrid summarised the Board discussion, noting the emotional and transformative impact of living kidney donation and the ambition to collaborate with local organisations to increase awareness within underrepresented communities. **RESOLVED that the Board welcomed Neil's story.** *Emily Ayling left the meeting.*	
TB/24/11/04	**Questions from the Public**	
	No questions.	
TB/24/11/05	**Minutes of the previous Public Trust Board Meeting**	
	RESOLVED the minutes of the Public Meeting held on 26 September 2024 were approved as a true and correct record of proceedings.	
TB/24/11/06	**Action Log**	
	Xavier Bell, Director of Corporate Governance & Trust Secretary, presented the action log and provided the following updates: • Action 91 and action 92 had been closed. • Action 93 would be closed once the reporting for actions 91 and 92 had been completed. • Action 94 would be scheduled on the People and EDI agenda. • Action 95 work was ongoing to increase Board engagement with patient and staff group. **RESOLVED that the updates to the Action Log were noted.**	
TB/24/11/07	**Matters arising from the previous meeting**	
	No matters were raised.	
TB/24/11/08	**Joint Chair's Update**	

	Ingrid Barker presented the Chair's Briefing and highlighted the following key points: • The appointment of Sarah Purdy as the Vice Chair for NBT. • Visits to third-sector organisations, political partners, and the Integrated Care Board (ICB). • Attendance at the NHS Providers National Conference, which included speeches from prominent leaders. **RESOLVED that the Chair's briefing was noted.**	
TB/24/11/09	**Joint Chief Executive's Report**	
	Maria Kane presented the Joint Chief Executive's Briefing. In addition to the content of the written report, Maria commented on: • The government budget announcement and the funds committed to healthcare to deliver performance and productivity improvements. • The operational context, particularly the ongoing pressures as a result of increased flu and COVID rates and the continued Emergency Department (ED) pressures. It was noted that NBT had been in OPEL 4 status several times recently. • The formal opening of the Community Diagnostic Centre. • The appointment of Professor Sanjoy Shah as the Joint Green Champion for UHBW and NBT. • NBT's removal from Tier 1 scrutiny for elective care, reflecting improved performance. • The positive national ranking for both NBT and UHBW for patient experience in emergency departments. • The ongoing work with system partners to ensure mitigations were in place for the GP collective action. • The new staff training related to NEWS2 and deteriorating patient reporting had been well received, with high uptake. Board members were encouraged to review training videos. **RESOLVED that the Chief Executive's briefing was noted.** *Hilary Sawyer joined the meeting.*	
TB/24/11/10	**Freedom to Speak Up Bi-annual Report**	
	Hilary Sawyer, Lead Freedom to Speak Up Guardian, presented the Freedom to Speak Up (FTSU) Bi-annual Report which provided an update on FTSU activity and themes of issues raised by colleagues at NBT over the past six months and provided information on the work carried out to help workers speak up and feel valued for doing so. Hilary highlighted the following key points: • The data trends which showed consistent levels of concerns raised, predominantly around behaviours, staff well-being, team dynamics, and communication. • The challenges regarding organisational culture and the learning opportunities for improvement • The need for Board members to role-model proactive speaking-up behaviours, including intentional listening and informal staff engagement. • The appointment of an Associate Freedom to Speak Up Guardian to enhance capacity and visibility. • The ongoing work to triangulate FTSU themes with broader cultural work, including anti-racism initiatives and the actions taken to improve FTSU culture. Richard Gaunt, Non-Executive Director, raised concerns re the discrepancies in reporting rates between corporate and clinical divisions. Glyn Howells, Hospital	

	Managing Director, explained that there were more routes/other methods for clinical divisions for raising concerns and recognised the need for tailored approaches to foster psychological safety. Maria Kane highlighted the importance of triangulation between FTSU data and other sources like patient safety, staff feedback, and complaints. It was also discussed that embedding FTSU principles into manager training programs such as HELM and Patient First would be beneficial. Jane Khawaja acknowledged the critical importance of visible leadership and informal interactions to build trust and encourage openness across the organisation to create a positive environment for people to speak up. Steve Hams, Chief Nursing Officer, noted the unique challenges faced by internationally educated staff in speaking up and the importance of culturally competent support mechanisms. Following a query from Ingrid re diversity in FTSU Champions, Hilary advised that work was ongoing to continue expanding the diversity of Champions to reflect the workforce. The Board also discussed supporting managers to address concerns effectively at an earlier stage. Hilary added that the increase in speaking up was seen as both a reflection of cultural openness and an opportunity to enhance early resolution mechanisms. Hilary finished by encouraging Board members and senior leaders to participate in informal visits and engage with staff to foster a culture of openness and listening. **RESOLVED that the Board:** • **Noted the actions taken by FTSU to improve speaking up culture (linking with key cultural work) and key FTSU next steps.** • **Reviewed the update to FTSU data, themes and actions taken in the last six months (Q1 and Q2 2024/2025), and FTSU service actions taken and planned next key steps.** • **Considered the themes from the Triangulation Group** • **Discussed how to support Senior Leaders to role-model and disseminate to managers an intentional and visible listening and following up environment to support routine speaking up for safety, learning and improvement.** • **Discussed how communication of the value to NBT of colleagues speaking up and the learning and changes made as a result can best be supported.** *Hilary Sawyer left the meeting.*	
	The Board adjourned at this point for a brief comfort break.	
TB/24/11/11	**Quality Committee Upward Report**	
	Sarah Purdy, Vice Chair and Committee Chair, and Shawn Smith, Non-Executive Director, presented the Quality Committee Upward Reports for October and November. Sarah presented October's report and highlighted: • The delays in the mortuary building works due to the updated regulations. It was noted that since the meeting in October the Human Tissue Authority (HTA) have acknowledged the communications regarding the delay. • That positively, the Trust had been revalidated as a baby-friendly Trust in maternity services. Steve Hams added that NICU was the next service due to be revalidated. • The in-depth discussion on two Trust Level Risks and the mitigations in place.	

	Shawn presented November's report and highlighted: • The kidney transplant annual report and commended the improvements in the transplant team's culture and performance. • The effectiveness of training related to Maddie's case, with plans to bring the training to the Board in January. • The Committee was conducting deep dives on high-scoring, long-term risks to ensure appropriate mitigation. Richard Gaunt noted the importance of the mitigations in place for risks and for the Committee members to understand them. Xavier Bell explained that the risk owners had also found the risk snorkel dives positive and noted the proposal for this approach to be adopted across all committees. **RESOLVED that Board:** • **Received the reports for assurance and noted the activities the Quality Committee have undertaken on behalf of the Board.** • **Noted the Annual Reports received by the Committee:** o **Kidney Transplant Report** o **Infection Prevention Control Report** o **Tissue Viability Report** • **Noted the CQC inspection Report** *Lucy Kirkham joined the meeting*	
TB/24/11/12	**Guardian of Resident Doctor Working Hours**	
	Dr Lucy Kirkham, Trust Guardian for Safe Working Hours, presented the Guardian of Safe Working Hours report which focused on compliance with the 2016 Junior Doctor Contract, rotas, exception reporting, gaps in staffing, and initiatives to support resident doctors. Lucy presented a series of slides that set out: • An update on contract requirements which included information on the scheduling and rota timeline and the finable contract breaches. • Ongoing challenges with rotas, particularly for less-than-full-time (LTFT) doctors and excessive overtime on certain rotas. • Positive progress in reducing reliance on locums through better planning and recruitment of clinical fellows and locally employed doctors. • Exception reporting had increased, reflecting improved awareness and accessibility. The Board discussed the adequacy of self-rostering platforms for doctors in relation to current and future IT commitments; to fully utilise NBT LTFT workforce and minimise gaps and locum spend. Lucy explained to the Board that NBT currently used Allocate which did not support self-rostering and summarised other options the Trust could consider. Peter Mitchell, Interim Chief People Officer, suggested to engage with UHBW to explore collaborative solutions for rostering improvements. Neil Darvill, chief Digital Information Officer, noted the need for systematic analysis of rostering challenges and potential solutions, with a focus on evidence-based decision-making. Tim Whittlestone agreed that this would be further discussed at the Medical Workforce Group forum. **RESOLVED that the Board noted the content of the report and discussed the current contract issues and acknowledged that as a public authority it must, in the exercise of its functions, have due regard to the need:** • **All contractual obligations in place** • **Be satisfied that the role of Trust Guardian was being fulfilled.** • **Exception Reports being acted upon** • **Gaps on rotas being filled as a priority.** • **Risks to Trust considered – Guardian fines; accountability; staffing.**	

	Lucy Kirkham left the meeting	
TB/24/11/13	**People & EDI Committee Upward Report**	
	Kelvin Blake, Non-Executive Director and Committee Chair, presented the People & EDI Committee Upward Report and highlighted the following key areas: • The Committee reviewed the safer staffing reports which showed that the current figures were satisfactory, but discussions were ongoing regarding the methodology and tools used for assessment. • The discussion regarding the new parking policy. • The implementation of the anti-racism training pilot, which had received favourable feedback. • The positive progress toward achieving the staff survey target of a 62% completion rate. • The positive outcome of the recently published Maternity CQC report. Kelly Macfarlane, Non-Executive Director, noted the challenges re the increase in cases of birthing outside guidance and the resulting impact on staff in terms of managing the consequences. Steve Hams explained that higher-risk women were opting for lower-risk settings due to a lack of trust in national healthcare processes. The erosion of trust, combined with higher-risk pregnancies due to maternal age and complexity, was impacting staff well-being. Steve noted that continued efforts were needed to rebuild trust through community engagement and improved communication about the safety of services. Ingrid positively noted that both trusts were performing well and so could promote services confidently. **RESOLVED that Board received the reports for assurance and noted the activities the People & EDI Committee has undertaken on behalf of the Board and noted the safer staffing reports.**	
TB/24/11/14	**Audit & Risk Committee Upward Report**	
	Shawn Smith, Non-Executive Director and Committee Chair, presented the Audit & Risk Committee Upward Report. Shawn highlighted the positive feedback from staff and the Internal Audit report on Badgernet and the changes to the Audit & Risk Committee terms of reference for approval by Board. Xavier Bell added that the Board Assurance Framework (BAF) had been appended to the report for Board attention and summarised the changes to SIR 2 strategic risk to reflect the improved workforce position. Xavier also advised that the trust level risk re Badgernet had been closed. Glyn Howells, Hospital Managing Director, provided an update on the mortuary building works, noting that it was a compliance matter and that the Trust was not carrying an operational risk. **RESOLVED that Board:** • **Received the reports for assurance and noted the activities the Audit & Risk Committee had undertaken on behalf of the Board.** • **Reviewed and noted the Board Assurance Framework.** • **Approved the revised Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority proposed by the Committee.** • **Approved the revised terms of reference for the Audit & Risk Committee.**	
TB/24/11/15	**Joint Trust Modern Slavery Statement**	
	Elizabeth Poskitt, Chief Finance Officer, presented the Joint Trust Modern Slavery Statement report which proposed the Trust's update for a Modern Slavery Statement covering the 2023/24 time period.	

	RESOLVED that the Board approved the publication of the Trust's Joint Modern Slavery Statement with UHBW.	
TB/24/11/16	**Integrated Performance Report**	

	Nick Smith, Deputy Chief Operational Officer, introduced the responsiveness section of the Integrated Performance Report (IPR) and presented a summary across four key domains of urgent and emergency care, elective care, diagnostics, and cancer performance:
	• **Urgent and Emergency Care (UEC):** achieving the year-end target of 78% remained challenged, as a result of the increased Emergency Department attendances and challenges with the No Criteria To Reside (NC2R) position. The NC2R position contributed to a >98% average bed occupancy. The main focus was on the system response to the NC2R challenge and awaiting the additional capacity required to enable patient flow out of the organisation.
	• **Diagnostics:** the Trust continued to deliver a zero >13-week breach backstop and was compliant with the constitutional standard for the third month in a row. Additionally, it was noted that the Community Diagnostic Centre was now fully operational. Maria Kane inquired about the impact on the elective list, and Nick reported a reduction in the waiting list due to earlier diagnoses.
	• **Elective care:** the Trust was achieving the target for zero capacity breaches for patients waiting over 65-weeks for treatment. In addition, the 52-week backlog had seen another significant reduction with it being fewer than 1,000 patients for the first time since COVID.
	• **Cancer**: there had been continued improvement in the Faster Diagnosis Standard (FDS) compliance position and work was ongoing to focus on sustainable improvement for the 62 day Patient Tracking List (PTL).
	
	The Board discussed the NC2R challenges in depth, noting that work was ongoing to engage with system partners (including the ICB and Sirona) to improve patient flow through system-wide collaboration, enhanced community capacity, and address challenges in stroke care, emergency demand, and resource constraints.
	
	<u>Safety and Effectiveness</u>
	Steve Hams and Tim Whittlestone highlighted the following key areas:
	• The downward trajectory of pressure ulcers.
	• The Infection Prevention and Control data which showed:
	  ○ C. difficile surgence
	  ○ Improvements in MSSA
	  ○ Increased number of measles (adult) cases
	• Improvements in medication errors. The launch of the electronic prescribing system (EPMA) in 2025 was expected to be transformative.
	• VTE compliance had improved to 93-94%, with a target of 95% to regain exemplar status. Cultural and digital processing issues were being addressed to ensure consistent progress.
	• The Maternity Perinatal Quality Surveillance Monitoring (PQSM) Tool for September showed two missed opportunities in bereavement investigations. Following a query from Jane Khawaja re the impact of bias, Steve explained the plans for bias training in stillbirth cases which aim to improve compassionate care.
	
	Kelvin Blake and Tim Whittlestone discussed medication management and noted that it was continually being reviewed by the Drug and Therapeutic Committee.
	
	<u>Patient Experience</u>
	Steve Hams outlined the outcomes from the Patient Conversations year 1 evaluation, the increased patient feedback in the National Survey and real-time issue resolution implemented. Steve summarised that the Friends and Family	

	Test feedback continued to evolve, with options expanding for diverse patient groups. In addition, there was a trend of timely completion and improved quality for complaint response time. Jane Khawaja underlined the importance of having diverse feedback options. Neil Darvill noted the improvements in electronic communication to patients and the advantages of it. Ingrid agreed and recognised the importance of information being accessible to everyone. <u>Research and Innovation</u> Tim Whittlestone reported on the research success including: • Clinical trial studies and the ambition to undertake more complex and high value studies. • Additional funding had been secured for Clinical Trials Pharmacy Capacity. • NBT was awarded £1.2m Research Capability Funding for 2024/25 which put the Trust in 6th position, out of 248 NHS Trusts in England. Jane Khawaja welcomed the update and noted that the research capacity fund reflected the Trust's inclusive and innovative research culture. Jane thanked and congratulated the staff. <u>People</u> Peter Mitchell highlighted the following key areas: • Turnover had plateaued to 11.8%. • Continued improvement in the Healthcare Support Worker stability trend (79.92%). • Agency spend had decreased to 1.06%, which was below the 3.2% target. • Temporary staffing rates showed the positive picture of using internal resource. • Vacancy rates showed a continued improvement alongside sickness absence reductions. sickness absence remained an ongoing focus for improvement and work was ongoing to provide review patterns and support managers. • There had been a deterioration in the disparity ratio to 1.63, prompting focused review and action planning through the Patient First lens. • Attendance at graduation ceremonies for apprenticeships and long service awards to staff. **RESOLVED that the Board noted the Integrated Performance Report and approved the regulatory compliance statements.**	
TB/24/11/17	**Finance, Digital & Performance Committee Upward Report**	
	Richard Gaunt, Non-Executive Director and Committee Chair, presented the Finance, Digital & Performance Committee Upward Report and highlighted: • The Urology cancer performance update and the key areas for continued recovery and sustainability (including surgeon availability, access to the robotic equipment, clinical priority and patient choice). It was noted that this would be reviewed quarterly. • The Gynae Cancer performance deep dive at the next meeting. • The 2025/26 business planning process timeline for approval by Board. • The concerns regarding the mitigations in place for Trust Level Risks. • The challenges to secure additional bed capacity in the system to address the NC2R challenges and the resulting implications of the high bed occupancy levels. • The infrastructure strategy and the assurance re the Trust's input. • The report on productivity and how it linked to the Cost Improvement Plan (CIP) programme.	

	Elizabeth Poskitt, Interim Chief Finance Officer, updated the Board on the Finance Report (Month 7) report and outlined: • The financial plan for 2024/25 in Month 7 was a breakeven position. The in-month improvement (£0.3m surplus) had been driven by non-recurrent commissioner funding recognised in month. • Year to date the Trust has delivered a £3.5m adverse overall variance. This has been driven by in year CIP non-delivery and overspends on temporary staffing from April to July. • The Month 7 CIP position showed £13.5m schemes fully completed with a further £4.4m in implementation and planning, and a further £11.0m of schemes identified in the pipeline. • Cash at Month 7 amounted to £44.3m, a reduction of £18.4m from Month 12 which was driven by the Trust underlying deficit and capital spend. Richard Gaunt discussed the ongoing work with CIP schemes and the importance of having a continuous programme. Ingrid and Elizabeth discussed how this linked to the peer review recommendations and business planning. Shawn Smith raised concerns re overspend on the procurement project. Elizabeth explained that it was the result of the delay to the project due to the delayed go-live. Following a query from Shawn re overspend, Elizabeth provided reassurance that cashflow and capital projects were being monitored closely to avoid overspending, and that projects would be brought forward where possible to maximise spend. **RESOLVED that the Board:** • **Received the report for assurance and noted the activities the Finance, Digital & Performance Committee has undertaken on behalf of the Board.** • **Noted the Month 7 Finance Report** • **Approved the 2025/26 Business Planning Process Timeline and delegation of powers to CFO and CEO for any changes.**	
TB/24/11/18	**Any Other Business**	
	No other business was raised.	
TB/24/11/19	**Date of Next Meeting**	
	The next Board meeting in public was scheduled to take place on Thursday 30 January 2025, at 10.00 a.m. Trust Board papers will be published on the website and interested members of the public are invited to submit questions in line with the Trust's normal processes.	
TB/24/11/20	**Exclusion of the Press and Public** **The Board RESOLVED:** that representatives of the press and other members of the public be excluded from the Trust Board meeting, having regard to the confidential nature of the business to be transacted at the Private Board meeting later in the day, publicity on which would be prejudicial to other public interest (section (2) Public Bodies (Admission to Meetings) Act 1960).	

The meeting ended at 13:20

North Bristol NHS Trust **Trust Board - Public Committee Action Log**

Trust Board - Public ACTION LOG

Closed	Action completed and can be filtered out.	Amber	Status not updated/completed and/or the deadline passed.
Blue	Completed and will be removed from chart for next iteration. A = On current meeting agenda.	Red	Status not updated/completed and/or deadline passed by more than one month.
Green	Status updated and on track within timescale.		

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
26/9/24	Quality Committee Upward Report	TB/24/09/12	91	The Board delegated detailed oversight of the mortuary building works issue to the Audit and Risk Committee	Tony Hudgell/Liz Varian	Not specified	No	Closed	Considered by Audit and Risk Committee on 7 November 2024	21/01/2025
26/9/24	Quality Committee Upward Report	TB/24/09/12	92	That a further report be submitted to the relevant Board committee on the topic of DBS check renewals	Sarah Margetts	Not specified	No	Closed	Considered by People and EDI Committee on 16 January 2025	21/01/2025
26/9/24	Quality Committee Upward Report	TB/24/09/12	93	That the Quality Committee receive confirmation (closing the loop) when both the above reports have been completed	Richard Gwinnell	Not specified	No	Closed	**Jan 25 update:** Actions 91 and 92 completed. QC Chair updated via email. QC to be updated verbally at its February meeting.	21/01/2025
26/9/24	People & EDI Committee Upward Report	TB/24/09/15	94	That more data be presented to the People & EDI Committee on violence and aggression issues, including sexual safety at work	Peter Mitchell	Not specified	No	Open	**Jan 25 update**: Audit delayed. Due to start in January but awaiting further information from auditors. To be scheduled for People & EDI Committee.	20/01/2025
26/9/24	Board Insight Visits	TB/24/09/17	95	That pre-visit communication and feedback forms be reviewed to take account of NED requests to speak to more patients and staff	Xavier Bell	Not specified	No	Open	Templates under review, and refreshed documents to be launched in January 2025	21/11/2024

North Bristol NHS Trust

Report To:	Trust Board in Public		
Date of Meeting:	30 January 2025		
Report Title:	Joint Chair's Report		
Report Author:	Ingrid Barker, Joint Chair of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)		
Report Sponsor:	Ingrid Barker, Joint Chair of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)		
Purpose of the report:	**Approval**	**Discussion**	**Information**
		√	√
	To inform the Board of key items of interest to the Trust Board, including relevant activities of the Joint Chair during the period since the last Joint Chair's report, engagement with System partners and regulators and the Joint Chair's visits and events.		
Key Points to Note *(Including any previous decisions taken)*			
The Joint Chair reports to every Public Board meeting with updates relevant to the period in question.			
Strategic and Group Model Alignment			
The Joint Chair's report identifies her activities, along with key developments at the Trust and further afield, including those of a strategic nature.			
Risks and Opportunities			
Not applicable			
Recommendation			
This report is for discussion and information. The Board is asked to note the activities and key developments detailed by the Joint Chair.			
History of the paper (details of where paper has <u>previously</u> been received)			
Not applicable			
Appendices:	Not applicable		

1. Purpose

The report sets out information on key items of interest to the Trust Board, including the Joint Chair's attendance at events and visits as well as details of the Joint Chair's engagement with Trust colleagues, system partners, national partners and others during the reporting period.

2. Background

The Trust Board receives a report from the Joint Chair to each meeting of the Board, detailing relevant engagements she has undertaken and important changes or issues affecting NBT (and UHBW) and the external environment during the preceding months.

3. Appointments at UHBW

Following an election, Ben Argo has been appointed to the position of Lead Governor for the next 12 months. Martin Rose will continue in his role as Deputy Lead Governor. I would like to thank colleagues who played a part in this election process, and I know the Board will want to join me in congratulating Ben.

I would like to thank Mo Phillips who was our Lead Governor for 6 years for her huge contribution and commitment whilst in the role.

4. Connecting with our Trust Colleagues at University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

The Joint Chair undertook a variety of visits and meetings during November and December 2024, including:

- Meeting of Council of Governors
- Monthly meetings with Non-Executive Directors (NEDs)
- Monthly meetings with Vice-Chair
- Reciprocal Tour with Non-Executive and Executive Directors from both Trusts to UHBW. Locations included in the visit: BHOC, St Michael's, Bristol Heart Institute, Division of Surgery and Bristol Royal Hospital for Children
- Visit to South Bristol Community Hospital with representatives from the Division of Medicine, Surgery, Women's and Children's and Sirona Health Care's Inpatient and Urgent Treatment Centre services
- Visit to Unity Sexual Health Services at Central Health Clinic, supported with Megan Crofts, Consultant Sexual Health, Sarah Stockwell, Consultant Sexual Health, Emma Painter, Modern Matron and John Millshines
- Meeting with newly appointed Lead Governor, Ben Argo
- Attended the Bristol and Weston Hospital Charity Christmas Star Concert
- A NED site visit training session
- Visit to Transfer of Care Hub supported with Emilie Perry, Deputy Chief Operating Officer and Caroline Daley, Assistant Director of Operations, Integrated Discharge Service
- Visit to General medicine supported by Divisional Director of Nursing, Hayley Long
- Governor/Non-Executive Director engagement session.

5. Connecting with our Trust Colleagues at North Bristol NHS Trust (NBT)

The Joint Chair undertook a variety of visits and meetings during November and December 2024, including:

- Monthly meetings with Non-Executive Directors
- Monthly meetings with Vice-Chair
- Visit to Neurology supported by Ellicia Sulway, Justin Pearson, Consultant, Mark Cossburn, Stroke Neurologist, Rachael Cromley, Clinical Matron and Harsha Gunawardena, Clinical Director
- Visit to Burns and Plastics supported with George Wheble, Consultant and Christopher Wearn, Consultant
- Visit to Bristol Centre of Enablement, celebrating its 10 year anniversary, supported by David Rowland, Assistant General Manager

- Visit to Acute Oncology supported by Aless Bartlett, Lead Acute Oncology & Haematology Lead Nurse.

6. Communications

The Communications teams of both Trusts have been very helpful in making the above visits more visible to all colleagues and to UHBW Governors. For UHBW this has been through its platform Viva Connect and a newsletter to Governors. I would like to thank both teams for their support in this.

7. Group Development

Discussions between the Trusts are continuing with regards to the development of the group model, with the primary focus being on the design of the group governance arrangements and operating model. These discussions have been in progress through a range of groups and meetings including the following:

- Fortnightly Group Design Futures Working Group
- Joint Executive Group meetings
- Teneo Governance Working Group
- Board to Board UHBW and NBT workshops on 3 December 2024 and 9 January 2025
- Remuneration committees held in common
- Monthly joint NED meetings.

8. Connecting with our Partners

The Joint Chair undertook introductory and follow-up meetings with a number of partners during November and December as follows:

- Meeting with Huda Hajinur, Chief Executive Officer of Caafi Health
- Introductory meeting with Paul Miller, Chair, Avon and Wiltshire Mental Health Partnership NHS Trust
- Meeting with Chrissie Thirlwell, Head of Bristol Medical School and Professor of Cancer Genomics at University of Bristol
- Attendance at the fortnightly City Partners Conference Call
- Attendance at the Bristol City Partners Breakfast meeting
- Leader of Bristol City Council, Tony Dyer, alongside our Joint CEO
- BNSSG ICP Board, attended by Marc Griffiths on my behalf
- Alongside our Joint CEO, hosted a visit by Rt Hon Darren Jones, Chief Secretary to the Treasury to the Community Diagnostic Centre at Cribbs Causeway
- Alongside our Joint CEO and UHBW Managing Director, met the CEO of Maggie's Centre to discuss plans for a centre for Bristol to support people undergoing a cancer journey
- Meeting with Barbara Brown, Chair, Sirona Care Health
- Monthly meetings with Jeff Farrar, Chair, BNSSG Integrated Care Board.

9. National and Regional Engagement

The Joint Chair has also attended:

- The monthly National NHS Confederation Chairs' Group. The second of these was to contribute to the presentation by former NHS CEO Paul Roberts on his recent report on Groups: 'Greater than the sum of its parts?'
- The NHS Providers Chair and Chief Executive Network event
- Call with Saffron Cordery, Acting Chief Executive Officer, NHS Providers
- Regular one to one 'touch points' with Elizabeth O'Mahony, NHSE South West Regional Director
- NHS Providers Annual Conference in Liverpool hearing from Secretary of State Wes Streeting and NHS England CEO Amanda Pritchard amongst others
- Attended South West Regional 10 Year Plan Engagement Workshop for system senior leaders
- Webinar with Secretary of State and Amanda Pritchard to discuss winter preparedness
- Meetings with fellow Trust Chairs to share learning on the development of groups, Mehboob Khan from Barking, Havering and Redbridge (Barts hospital collaborative) and Charles Alexander, Guys and St Thomas's
- Alongside Becca Dunn, met with Professor Alf Collins of TPC Health, former NHSE national lead for Personalisation, to discuss the Trust's approach to 'What Matters to You?'
- Attended a Good Governance Institute seminar on 'The White Paper on Local Government Reform'.

10. Summary and Recommendations

The Trust Board is asked to note the content of this report.

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Report To:	North Bristol Trust Board Public		
Date of Meeting:	30 January 2025		
Report Title:	Joint Chief Executive's Report		
Report Author:	Suzanne Priest, Executive Co-ordinator		
Report Sponsor:	Maria Kane, Joint Chief Executive		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	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.		

Key Points to Note *(Including any previous decisions taken)*

The report seeks to highlight key issues not covered in other reports in the Board pack and which the Board should be aware of. These are structured into four sections:

- National Topics of Interest
- Integrated Care System Update
- Strategy and Culture
- Operational Delivery
- Engagement & Service Visits

Strategic Alignment

This report highlights work that aligns with the Trust's strategic priorities.

Risks and Opportunities

N/A

Recommendation

This report is for Information. The Trust Board is asked to note the contents of this report.

History of the paper (details of where paper has <u>previously</u> been received)

N/A	
Appendices:	N/A

Chief Executive's Report

Background

This report sets out briefing information for Board members on national and local topics of interest.

1. National Topics of Interest

1.1 Reforming Elective Care for Patients

The Government has recently published its plan to help to reduce elective waiting lists which have built up since the beginning of the pandemic. Despite the level of activity being greater now than ever before, the hiatus caused by the cessation of many routine procedures during Covid-19 means that the waiting lists remain, with a significant number of patients still waiting over a year for treatment.

The plan intends to increase the use of community diagnostic centres, letting patients access care such as scans, tests, and checks closer to home. It will also roll out a wave of new surgical hubs in a bid to help protect planned procedures from being impacted by seasonal and other pressures on the NHS. It forms part of the new Government's manifesto commitment to create two million additional appointments in its first year in power – the equivalent of 40,000 every week.

The first steps are a number of actions which will be completed before the end of 2024-25 and ahead of the new financial year, where ICB and Acute Trusts are being asked to:

- Provide the name of an existing director who will be responsible for improving the experience of care and the experience of those waiting for care,
- Review and improve operational processes that affect how patients, and their carers receive correspondence and information on waiting times,
- Make customer care training available for all staff in patient-facing roles.

The Government also included some details around Planning for 2025/26 within the same publication and these include:

- 65% of patients waiting less than 18 weeks for elective treatment, and
- every Trust delivering a minimum of 5% improvement by March 2026.

The funding for this will need to be found within the total system allocations. Work on publishing the Operational and Financial Priorities and Planning Guidance for 2025/26 will continue with the aim of sharing these as soon as possible.

To support this, NHS England will support systems by:

- Helping to optimise the use of Advice and Guidance, including by implementing changes to the payment scheme to support GP practices to manage in the community those who do not need secondary care,
- continue to roll out patient-initiated follow-up (PIFU) and remote monitoring where appropriate,
- extend adoption of the Federated Data Platform to 85% of all secondary care trusts
- support more consistent use of the independent sector to increase capacity and choice for patients,
- continue working towards greater connectivity between the e-Referral System, patient engagement portals and the NHS App,
- continue to support the delivery of new community diagnostic centres and surgical hubs.

1.2 Leading the NHS: Proposals to regulate NHS managers

Over the past two decades, a number of high-profile public reviews have identified failures in NHS leadership which have impacted upon patient safety, care and experience.

A substantial amount of work has taken place in response to the Francis inquiry into the failings of Mid Staffs NHSFT (2013) which included the introduction of the fit and proper persons test (FPPT).

Tom Kark QC undertook a review of the FPPT process in 2019 and identified a perception that poor managers were moving around the NHS from one high profile job to the next. As a consequence, new protocols for FPPT were added. Despite these improvements some patients affected by poor care and experience perceive NHS leaders as not being properly held to account. The Infected Blood inquiry and the ongoing Thirlwall inquiry have highlighted the devastating impacts of a lack of senior leadership accountability.

Regulatory oversight of managers to ensure patient safety is a key priority for the NHS and with this in mind the government has launched consultation on:

- The type of regulatory system most appropriate for managers;
- Which managers should be in scope for any future regulatory system;
- What kind of body should exercise such a regulatory function;
- What types of standards managers should be required to demonstrate as a part of a future system of regulation.

The consultation closes on the 18 February 2025 and the draft response from the Trust has just been to the Executive meeting for discussion before submitting before the deadline.

2. Integrated Care System Update

2.1 The Joint Forward Plan Refresh

The Bristol, North Somerset and South Gloucestershire ICS Joint Forward Plan 2024 to 2029 was published in May 2024. The plan sets out how the Integrated Care Board (ICB) intends to deliver on the national vision to ensure delivery of high-quality healthcare for all, through equitable access, excellent experience and optimal outcomes. It connects our immediate System, operational response to the challenges faced in our system with our longer-term strategic aims.

There is a process underway, being led by the ICB to refresh the document, with the aim of resubmitting against a national deadline at the end of March 2025. UHBW and NBT are working together, as part of our joint planning approach to provide input into this.

As a reminder, the four aims of the Integrated Care System remain:

- Improve outcomes in population health and health care
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

2.2 Locality Partnership Review

The Integrated Care Partnership Board (ICP) commissioned an independent review of Localities in September 2024 and the final report was presented to the ICP on 28 November making a number of recommendations on:

- Strategy
- Culture
- Resources
- Management
- Governance

The overall recommended direction is to strengthen the role of the six Localities within system governance, increase resource delegation to Localities and clarify the role of Localities and health and wellbeing boards. Several of these recommendations have direct impacts on the acute trusts and more generally are intended to impact how the ICS operates. All partners have been offered the opportunity to provide a structured response to the review which will be fed back to the ICP by the end of January. The two Trusts are submitting a joint response to this review.

2.3 Reducing Serious Youth Violence Board

This Board meeting is coordinated by Bristol City Council and includes partners from the NHS, Police, Public Health, care sector and community / voluntary organisations continues its monthly meetings. The work which has been done internally through the NBT Reducing Youth Violence Roundtable and its working groups has been able to feed into the longer-term plans being drafted as the current Home Office funding for Violence Reduction Units is due to finish in 2025. Our Emergency Department and Major Trauma colleagues are producing some better data from our systems to help to provide more details to the Board. This work will be critical towards understanding the effects of serious violence across the city and help to determine where support may need to be focused.

The work that has been done at the Trust in relation to this issue was originally set up in response to the death of Eddie King Muthemba Kinuthia in July 2023. Eddie's mother and aunt both work at the Trust, and this very sad incident was keenly felt across the whole of NBT. The three people who have been charged with his murder have now been remanded into custody and a trial date set for October.

A local children's playpark has been renamed in honour of Eddie and is now known as Eddie King Park, formerly Winkworth Place Playground. The play area was somewhere where Eddie and his brothers played as children so is a wonderful tribute to him. A ribbon-cutting ceremony was held to celebrate the park's new name, as well as a commemorative bench inscribed with a plaque dedicated to Eddie.

3. Strategy and Culture

3.1 Joint meeting with Tony Dyer, Leader of Bristol City Council

The Joint Chair and I welcomed a visit from the new Bristol City Council leader, Councillor Tony Dyer. Discussions during the meeting centred around health and social care, No-criteria-to-reside numbers and collaborative opportunities. A reciprocal visit is being scheduled for the Chair and I to visit Councillor Dyer at City Hall later in 2025.

3.2 Visit to North Bristol Community Diagnostic Centre with Darren Jones, MP

The Joint Chair and I were pleased to be able to welcome Darren Jones, MP for North West Bristol to a personal tour of the North Bristol Community Diagnostic Centre. We were also joined by the CEO for InHealth the company which runs the centre on behalf of the NHS and have already provided over 23,000 appointments for our patients in the past nine months of operating. Darren found the visit to be very useful and particularly relevant following the Government's plans for elective reform earlier that same week which named Community Diagnostic Centres and surgical hubs as pivotal tools for delivering the capacity needed to reduce backlogs.

3.3 South-West NHS 10 Year Plan (10YP) leadership workshop

The NHS England South-West office led a full day workshop which brought together NHS and Local Authority leaders from ICBs, NHS trusts, and senior system partners to gather insights, feedback, and ideas on the 10 Year Plan for Health (10YP) which is due to be published in Spring 2025. The event was a first of a number of sessions to facilitate local leaders being able feed into the development of the 10 Year Plan.

This event was co-hosted by the Regional Director and NHSE / DHSC 10YP Senior Team and was intended to capture the challenges and opportunities facing the health system today, but also to generate innovative solutions that will help shape its future.

3.4 Joint Senior Leadership Away Day and UHBW visit

Dr Navina Evans, Chief Workforce, Training and Education Officer for NHS England visited in December to present at a senior leader's strategy away day and visit services. Navina was the CEO of the former Health Education England before joining NHS England in her current role. During the morning of her visit, she provided her insight and updates from the central team in the run-up to the 10 Year Plan. In the afternoon, Navina joined Associate Medical Director for Workforce, Dr Ali Johnstone, for a tour at UHBW.

4. Operational Delivery

4.1 GP Government offer

The Government has now issued an increased offer of funding uplift to the General Practitioners Committee of England (GPC) which would provide an increase of 7.2% cash growth which will equate to around 4.8% in real terms for GP contracts for 2025-26. This will be a precursor to support the shift of care to community as unveiled as part of the new Government's plan for the NHS.

4.2 Heightened Operational Pressure

The system is continuing to see sustained operational pressure across all hospital sites and providers. Increased attendance to the Emergency Department, combined with high levels of infectious diseases, are driving exceptionally high bed occupancy levels. The number of patients with No Criteria to Reside also remains high, with established discharge pathways and volumes off-set by increased non-elective admission demand. This includes high numbers of community acquired Flu in line with the national picture, forecast to further peak towards the end of the month. Trust and system-wide 'winter' resilience plans have been fully mobilised, and further measures including additional community and admission avoidance schemes also underway to strengthen our collective system response.

4.3 Anti-Racism Training

The first cohort for the senior leaders' programme as part of the recently commissioned pilot Anti-Racism training is part way through its delivery. The programme has delivers courses aimed at three levels and dates have been planned across the next few months. A full review will be carried out at the end of this pilot and any future commissioning will be drawn from the outcomes of this training offer.

Recommendation
The Board is asked to note the report.

Maria Kane
Joint Chief Executive

NHS North Bristol NHS Trust

Report To:	Public Trust Board		
Date of Meeting:	30 January 2025		
Report Title:	Madeline (Maddy) Lawrence Improvement Plan		
Report Author:	Dominique Duma, Deputy Chief Nursing Officer Dr Joydeep Grover, Medical Director (Safety and Quality) Paul Cresswell, Director of Quality Governance		
Report Sponsor:	Prof Tim Whittlestone, Chief Medical Officer Prof Steve Hams, Chief Nursing Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
		X	**X**

Key Points to Note *(Including any previous decisions taken)*

Following the death of Maddy Lawrence at NBT in March 2022 due to unrecognised deterioration and sepsis, the Trust committed to learning and improvement. The Trust's response to the investigation has been extensive and multi-faceted. Recommendations were made in the initial Patient Safety Investigation and then further commitments in advance of the Coroner's Inquest.

The case was subject to HM Coroner issuing a Regulation 28 report directed to the Care Quality Commission (CQC). This report provides an update to the Board on the learning and improvements that have been implemented in response to the issues highlighted following Maddy's death. This contains the regulatory outcomes from the CQC investigation into Southmead Hospital, which included an onsite inspection in January 2024. Following receipt of the final inspection report in November 2024, formal closure of the CQC's regulatory enquiries was received on 12 November 2024.

The key improvements and actions have continued to evolve as detailed in previous Trust Board reports. This paper aims to offer a further update into the deliverable actions from the initial recommendations and are themed as follows:

1) Knowledge and Training
2) Recognition of Deterioration & Escalation
3) Quality Governance & Regulatory Assurance

This paper seeks to provide assurance to the NBT Board that we remain committed and focused on the key improvements in response to the sad death of Maddy Lawrence. Oversight of the improvement plan is governed through the Quality Committee.

Strategic and Group Model Alignment		
The deteriorating patient actions which resulted due to Maddy Lawrence's death are aligned to the Patient First improvement priorities **High Quality Care: Better by design**. It is supported by the Joint Clinical Strategy vision of **seamless, high quality, equitable and sustainable care.**		
Risks and Opportunities		
1762 – Risk Score – 12 Risk of delays recognising deterioration of patients condition due to instability of Careflow Vitals digital system.		
Recommendation		
This report is for Discussion and Information • The Trust Board is asked to receive and note the content of the report. • Note the improvements made and that the improvement plan is being delivered.		
History of the paper (details of where paper has <u>previously</u> been received)		
Private Trust Board	28 September 2023	
Quality Committee	10 October 2023	
Public Trust Board	30 November 2023	
Quality Committee	07 May 2024	
Quality Committee	10 October 2024	
Appendices:	N/A	

1. Purpose

1.1 This paper serves to inform and further update the NBT Board with regards to the actions the Trust has taken in relation to the deteriorating patient themes as detailed above.

1.2 This paper seeks to provide assurance to the NBT Board that we have delivered key actions as learning following the sad death of Maddy Lawrence.

1.3 Actions that addressed the specific concerns raised by HM Coroner to the CQC are also summarised.

2. Background

2.1 The detail of this tragic case has been presented previously to Board and the clinical details and background are known.

2.2 The governance arrangements for deteriorating patients are well established – The Deteriorating Patient Group reports to the Quality Committee.

2.3 There is a Trust Lead Consultant for Deteriorating Patients who chairs and leads the programme, focusing specifically on **recognition, escalation and response**.

3. Knowledge and Training

Clinical Policies and Guidelines

3.1 There are three new/updated clinical policies in use which underpin our response to deterioration – Sepsis, Acute Kidney Injury and NEWS2.

3.2 Links to the policies are detailed in the Maddy's Training package and staff are signposted to the relevant links.

3.3 There are future plans to incorporate the associated clinical policies into an App, but this work stream is currently postponed due to the launch of Martha's Rule in line with national NHS requirements.

Training

3.4 Training is a fundamental component of the Deteriorating Patient project as one of the bedrocks upon which improved performance will be built. One key element has been the development of detailed, targeted training for clinical staff based around Maddy Lawrence's experiences within NBT. This was a commitment we made to Maddy's parents, and a requirement specifically mentioned by the coroner (*the* key requirement highlighted in the Preventing Future Deaths report).

3.5 Maddy's Training is mandatory for all front-line clinical staff and compliance is monitored in line with the Trust MaST compliance reports.

3.6 The training was launched October 2024.

3.7 Latest compliance data, in December 2024, demonstrates compliance of 40% and there are plans to drive compliance at the Divisional Reviews.

3.8 We continue to work with Mr & Mrs Lawrence and the next step is to produce a public facing training programme which will be launched on their charity webpage, 'Maddy's Mark'.

3.9 All new Senior Health Care Support Workers have face to face training on physiological measurement (observations) and caring for the deteriorating patient as part of their induction.

3.10 The Orthopaedic Team have a bespoke training for all new doctors which focuses on Maddy's specific case. This is undertaken during every Resident doctor rotation onto Orthopaedics and is Consultant led training.

3.11 We have presented nationally to share our learning which has led to NHSE support for NBT to become an early adopter for Martha's Rule.

3.12 Maddy's case has wide awareness in resident doctor teaching and part of resident doctor induction.

4. Recognition of Deterioration & Escalation

4.1 The Deteriorating Patient Forum, which was set up in late 2022, was reconfigured to becoming the Deteriorating Patient Group, with its first meeting in February 2023. This

brought together clinical and project teams to define the problem, datasets, analyse gaps, and come up with a solution. The project was supported by the Patient First team.

4.2 The group benchmarked the trust's performance to the national standards and agreed an ambitious goal of progressing to becoming one of the safest trusts. The principles of this would be based on 'Assessment, Recognition and Escalation' of deterioration.

4.3 'Assessment' is based on regular checking of vital signs, among other examinations. To this effect the 'Vitals' platform for observations was implemented across the trust, and compliance with regular observations and NEWS scoring was instituted. Our rate of completing observations within 30% of accepted timeframe was 58.1% in July 2023, with a mean delay of 327 minutes (nearly 5.5 hours). In December 2024 this had increased to 91.2% with a mean delay of 60 minutes. The compliance range across the four clinical divisions is consistent, being between 88.5% and 93.9%. This, and other metrics, are monitored to ensure observations are completed and recorded on time. Likewise, the metric for completing observations within 10% of target time has improved from 45.5% to 75.1%.

4.4 A Consultant Clinical Lead was appointed in December 2023 to lead and manage the project to provide consistency of reporting and oversight to all the various sub-projects – policies, dashboards, reports, and governance. The group meets fortnightly to evaluate progress, dashboards, review national steer and guidance, and engage with clinical leaders across the trust to share learning and set goals.

4.5 At the same time, a business plan was submitted to implement a consistent 24/7 'Response' element. This included the development and deployment of a 'Rapid Team' incorporating elements of critical care outreach, as well as ward based senior trained nurses who would monitor and respond to deterioration of patients in the hospital. This was a significant enhancement from our existing 'Hospital at Night' team which only worked overnight, and in restricted areas, and were also expected to do 'routine' tasks. This team would encompass the functions of rapid response, and a traditional critical care outreach service, thus providing the Brunel building with a single integrated response to deterioration. The top clinical cover for this role will be provided 24/7 by an ITU consultant.

4.6 After the approval of the business plan in 2024, and a round of mandatory consultation with the Hospital at Night team, the interviews and recruitment process concluded in December 2024. The first appointments to the Rapid Team are due in post February 2025, with the last appointees taking post in mid-March. With this in mind, and after completing the necessary training, we are expecting to go live with the Rapid Team in end March/early April 2025.

4.7 The scope of the Rapid Team will also cover the implementation of Martha's Rule at NBT on the Southmead site, along with focus areas on Sepsis, Acute Kidney Injury (AKI), and deterioration.

4.8 The focus from April 2025 onwards will be on establishing the 'Escalation' and 'Response' elements of the within the system, quality check these by nationally accepted data, and link the outcomes to the Trust's Clinical Outcomes and Effectiveness dashboards. The key metrics will be linked to 4.7 above.

4.9 The expectation is that in one year – by March 2026, this will be 'Business As Usual' at NBT, with divisional reporting through ward / location governance and within Divisional Reviews for executive oversight. Trustwide governance will continue through DPG reporting to Patient Safety Group/Clinical Effectiveness and Outcomes Group on a regular basis, with upward reporting to the Quality Committee

5. Quality Governance & Regulatory Assurance

5.1 The Trust's oversight of the outcomes of the Coroner's Inquest and subsequent learning and improvement actions was first reviewed at Trust Board in September 2023, at which delegated responsibility was passed to the Quality Committee to seek assurance on delivery of improvement actions and the ongoing investigation by the CQC. A further update to Trust Board was then provided in November 2023

5.2 The Patient Safety Group (which reports to Quality Committee) has been the primary executive level group overseeing the more detailed delivery of actions, facilitated through a 'Deteriorating Patient' steering group convened to drive the multiple workstreams this entailed.

5.3 Regular reports into Quality Committee have continued since that time.

5.4 Following the conclusion of the Maddy Lawrence Inquest HM Coroner issued a Regulation 28 Prevention of Future Deaths Notice to the CQC on 06 November 2023. In response, the CQC South-West Regional Team conducted enquiries to determine whether that had been failings in respect of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Key activities were as follows:

Date/Activity	NBT Response
14/09/23 – Detailed Information request received from CQC, 28 days to respond.	Response compiled as required. Letter and supporting evidence submitted on 24/10/23.
27/10/23 – CQC follow up queries received in respect of the above.	Response provided with further explanatory evidence on 15/11/23. Supplementary response provided (as previously agreed with CQC) on 21/11/23.
06/11/23 – Coroner's formal issue of Regulation 28 PFD notice to CQC.	Review of notice and confirmation it included all aspects as previously advised verbally at inquest conclusion. This was the case.
22/11/23 – CQC follow up queries received in respect of the responses provided 15/11 and 21/11/23.	Initial response provided 28/11/23, with further information to clarify. Finalised response provided 08/12/23.

05/01/24 – CQC follow up queries and wider information request in respect of the response provided 28/11 and 8/12/23.	Initial response provided 05/01/24.
22/1/24 – CQC Onsite unannounced inspection (c7am-14:30)	Inspectors were hosted by NBT effectively and staff made available for all enquiries
25/1/24 – CQC call to provide feedback re above.	MS Teams online meeting to receive feedback and clarify final evidence request made 05/01/24.
26/1/24 – NBT further information request submitted as clarified / agreed with CQC in the above meeting.	Queries addressed and no subsequent information was requested. Ongoing updates on the improvements provide at quarterly CQC/NBT Engagement meetings.

5.5 With respect to the formal inspection: on 22nd January 2024 the CQC carried out an unannounced inspection of the following Quality Statements within the Safe domain in Surgery and Medicine:

- Learning culture
- Safe and effective staffing.

5.6 The CQC's aim was to provide assurance of actions taken by the Trust in relation to the Maddy Lawrence Inquest. Following conclusion of the inspection the CQC issued a Feedback Letter to NBT's CEO, dated 31 January 2024, which reflected on the approach taken to their inspection, the good examples of learning and action to improve care and the ongoing need to embed enhanced training approaches that were under development. It also praised the sharing of knowledge within and beyond the trust.

5.7 The CQC's new inspection report mechanism is via their new Portal which has suffered from ongoing national technical issues with access and reporting. The initial draft report was finally accessed by the Trust in July 2024 but contained incorrect ratings and reporting.

5.8 Following proactive discussions with the Trust's CQC Inspection Manager, Yogi Ragoo, the draft report was received on 10th September which retained a Good rating and did not include any 'must do' actions or 'should do' recommendations.

5.9 The draft report was reviewed internally via NBT's factual accuracy process and a number of minor typos and amendment requests were submitted to the CQC's reporting Portal. The final report was then published in November 2024.

5.10 On 12 November 2024, a letter was received from the CQC nationally (signed by their Enforcement manager) stating that:

"Having reviewed all the evidence gathered so far and completed a thorough assessment, I am writing to you to confirm the outcome of our decision.

CQC has decided that in this case there will be no further action at this time in relation to this this matter."

This provided formally concluded the CQC's regulatory review process.

Martha's Rule

Martha Mills and Martha's Rule

Martha Mills died in 2021 after developing sepsis whilst being treated at King's College Hospital, where she had been admitted with a pancreatic injury after falling off her bike. During her stay, Martha's family's concerns about her deteriorating condition were not responded to, and in 2023 a coroner ruled that Martha would probably have survived had she been moved to intensive care earlier.

In response to this, campaigning from Martha's parents, and other cases related to the management of deterioration, the Department of Health and Social Care and NHS England agreed to implement 'Martha's Rule', which is designed to ensure the vitally important concerns of patients, and those who know the patient best, are listened to and acted upon.

Implementing Martha's Rule

We are currently working towards implementing Martha's Rule, which is a national patient safety initiative designed to ensure the vitally important concerns of patients, and those who know the patient best, are listened to and acted upon.

The 3 components of Martha's Rule are as follows:

1. Patients will be asked, at least daily, about how they are feeling, and if they are getting better or worse, and this information will be acted on in a structured way.
2. All staff will be able, at any time, to ask for a review from an Acute Response Team if they are concerned that a patient is deteriorating, and they are not being responded to.
3. This escalation route will also always be available to patients themselves, their families and carers and advertised across the hospital.

We will soon be piloting a new Patient Wellness Questionnaire, where we will ask each patient two simple questions each day:

1. How are you feeling?
2. Do you feel better or worse than yesterday?

The pilot will be undertaken on wards 33a & b, 34a & b, 10a and Cotswolds, in order to gather feedback to make sure it is working well for everyone, before we roll this out to the rest of the Trust by end March-early April.

A daily Patient Wellness Questionnaire will be used to record digitally how each patient is feeling each day, and how this compares to how they felt the previous day. The responses to

the questionnaire, as well as regular observations and interactions with the health care team, will help to trigger an appropriate response to any early signs of deterioration.

Inpatients, their loved ones and/or members of staff can call the Acute Response Team 24/7 for immediate help and advice if they are worried the inpatient's condition is getting worse.

When the acute response team receive a call, they will need to know:

- inpatient's name
- name of the ward
- a brief description of the concern
- the relationship to the inpatient and contact details

Responding to the call:

All telephone calls will be assessed and, where appropriate, a specialist nurse from the Acute Response Team will visit the patient on the ward to ensure they are receiving the suitable treatment and support.

The team will liaise with the patient and their loved ones, as well as the patient's medical team and other healthcare professionals as needed, to discuss further treatment options.

This service will be available 24 hours a day, seven days a week, and applies to all adult inpatients at North Bristol NHS Trust.

Who are the Acute Response Team?

The Acute Response Team are a team of specialist nurses, specialising in the care of very unwell patients, and patients recovering from critical illness. The team are available 24 hours a day, seven days a week.

When to make a call if one is concerned?

We encourage the patient and/ or the next of kin (family, friends,..) first speak with the ward nurse or doctor. If, following this, they remained concerned, then they should contact the Acute Response Team.

Inpatients and their families and friends should call the Acute Response Team if:

- a noticeable change occurs in the patient condition, and you feel that the health care team is not recognising the change/ concern or
- there is confusion over what needs to be done for the patient and/ or you need clear information about what is happening or
- ongoing concerns after you have spoken to the ward nurse or doctor

Contacting the Acute Response Team will not negatively affect the patient's care in any way.

6. Summary

6.1 This report seeks to provide assurance to the Board on the improvement actions taken in response to the sad death of Maddy Lawrence.

6.2 The Trust Board is asked to **note** that the improvement priorities remain ongoing and assurance arrangements are established through the Trust Deteriorating Patient Group to the Quality Committee.

6.3 The Trust Board is asked to **note** the conclusion of the CQC regulatory review process in response to the Reg.28 by the Coroner to the CQC.

North Bristol NHS Trust

Meeting of the Board on 30 January 2025 in Public

Reporting Committee	**Quality Committee – 14 January 2025**
Chaired By	**Sarah Purdy, Non-Executive Director**
Executive Lead	**Steve Hams, Chief Nursing Officer** **Tim Whittlestone, Chief Medical Officer**

For Information

The Committee met on 14 January 2025 and received the following reports:

1. **Allergy Incidents in Medication** – providing an overview of current data trends and themes in relation to allergy-related medication incidents. There were no new emerging themes or trends beyond those identified previously, and there had been no notable increase or decrease in allergy-related incidents. The findings from different specialities would be shared with the recently-formed Allergy Working Group, which was exploring what further actions could be taken to minimise allergy incidents, and the implementation and contribution of electronic prescribing and medication administration (EPMA) would further improve the strength and consistency of safety barriers. The Committee heard that, with 6 or 7 allergy-related incidents on average per month (less than 1% of the total number of incidents), NBT compared well with other Trusts, and that the use of red wrist bands remained in abeyance pending the implementation of the new EPMA system (ePrescribe). The Committee was assured by the report and systems in place and asked for a further report in February, tying EPMA, red wrist bands, the Patient Safety Incident Response Framework and various other patient safety initiatives and systems together, to give a broader overview of how NBT was addressing the risk to patients from allergies to medication (risk 1800).

2. **Care Quality Commission (CQC) Assurance Report** – the Committee received an overview of the Trust's actions to be "CQC ready" in line with the new CQC regulatory inspection regime and Single Assessment Framework. The Committee heard that NBT was engaging with CQC representatives regularly, attended quarterly CQC Executive Engagement meetings (the last of which was held in December 2024 at Southmead Hospital) and was part of a CQC Engagement Pilot, and a Provider Network, with several other Trusts. An NBT Well-Led self-assessment was also ongoing and would be presented to the Board in March 2025. The Committee was assured by and noted the report.

3. **Maternity Incentive Scheme (MIS) Year 6** – the Committee received the MIS Year 6 report, providing data and information about compliance and performance against ten required safety actions and sub-actions. The report provided assurance that perinatal services at NBT were compliant with the ten safety actions and sub-actions set out within the NHS Resolution MIS, ahead of sign-off of the declaration of compliance by the Trust Board. The Committee heard details of each of the safety actions and relevant action plans in place (e.g. in relation to neonatal nursing workforce numbers). The Committee was assured that compliance had been achieved against all the safety actions and that everything possible was being done to implement necessary mitigations (e.g. on staffing). The Committee commended the report (attached at **appendix A**) to the Board for approval of the compliance statements listed in the report.

4. **Perinatal Quality Surveillance Matrix (PQSM) Report, September and October 2024** – the Committee received the PQSM report and associated safety intelligence data for September and October 2024, providing assurance about the quality of maternity and neonatal services. The Committee also heard from the NED Maternity Safety Champion, who continued with monthly meetings and quarterly safety walk-arounds to seek further assurance. Estates and resourcing continued to be themes, as did the high level of demand for maternity and neonatal services. The Committee was assured by and noted the report.

The Committee also received updates on:

- Learning from Deaths – Quarters 1 and 2 Reports – providing assurance that robust systems are in place to deliver key requirements and support learning and continuous improvement, and information about the strong progress being made on the Mortality Improvement Programme. NBT was leading the way nationally on this work.
- Quality and Patient Experience Trust Level Risks – the Committee noted the data: discussion took place around patient safety risk 1704 (NMSK) (full wording in italics below) and the risk that stroke patients do not receive optimum care in accordance with national guidance, due to poor flow of stroke patients out of the acute hospital and into designated ongoing rehabilitation units, resulting in Stroke No Criteria to Reside (whilst recognising that clinical teams are compensating for this through managing stroke patients in non-stroke beds).
- Upward reports from the Drugs and Therapeutics Committee, Patient Safety Group, Control of Infection Committee, and Clinical Effectiveness and Outcomes Group.

For Board Awareness, Action or Response (including risks)

The Committee asked the Board to approve the MIS Year 6 report attached at Appendix A and the compliance declaration statements contained in the report.

The Committee decided to escalate patient safety risk 1704 (NMSK) to the Board for consideration:

> *there is a risk that patients receive sub-optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks including "time to admission onto stroke unit, proportion of stay spent on stroke unit and amount of therapy provided"*.

Key Decisions and Actions

Not applicable.

Additional Chair Comments

The committee particularly noted the work that has contributed to compliance with the MIS scheme.

Date of next meeting:	Tuesday 11 February 2025

This report was reviewed by the Quality Committee on 14 January 2025, prior to its submission to the Board on 30 January 2025

NHS North Bristol NHS Trust

Report To:	Public Trust Board		
Date of Meeting:	30 January 2025		
Report Title:	Maternity Incentive Scheme Year 6		
Report Author:	Julie Northrop, Divisional Director of Midwifery and Nursing Jane Mears, Clinical Director Claire Weatherall, Divisional Operations Director		
Report Sponsor:	Steve Hams, Chief Nursing Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
	X		
	The purpose of this report is to provide assurance that perinatal services are compliant with each of the ten safety actions within the NHS Resolution Maternity Incentive Scheme Year 6 ahead of receiving Trust Board sign off.		

Key Points to Note *(Including any previous decisions taken)*

The Maternity Incentive Scheme Year 6 includes requirements for the Trust Board, where there are still outstanding requirements these are noted within the recommendation section of the report.

An Executive and Non-Executive Director review of the evidence, alongside a proposed position of compliance with the Maternity Incentive Scheme took place on 5th December 2023. The position of compliance and supporting evidence was approved.

Strategic and Group Model Alignment

The NHS Resolution Maternity Incentive Scheme is part of the Clinical Negligence Scheme for Trusts (CNST) and now in Year 6 of publication. The scheme incentivises ten maternity safety actions, Trusts that can demonstrate they have achieved all ten of the safety actions will recover the element of their contribution to the CNST maternity incentive fund and will also receive a share of any unallocated funds.

Risks and Opportunities

There are no financial implications associated with this paper.

There are no Trust Level Risks associated with this paper.

Recommendation

This report and the recommendations for Trust Board within the report are for approval.

The Women and Children's Health Division are submitting a position of compliance against each of the ten safety actions and their sub requirements within the Maternity Incentive Scheme Year 6.

The evidence has been subject to review and scrutiny at Divisional Management Quality Governance, and a Non-Executive Director and Executive Director (including Board Level Executive and Non-Executive Safety Champions) in-depth review session ahead of consideration by Trust Board and Quality Committee in January 2025.

Trust Board are asked to approve and sign off the requirements as outlined below (all recommendations below to be captured in the Trust Board minutes) in relation to the Safety Actions:

- An audit of 6 months of activity for meeting the Royal College of Obstetricians and Gynaecologists (RCOG) criteria of employing short term locums was undertaken from February to August 2024. At least one of the RCOG criteria requirements were met by all employed short term locums.
- Compliance for consultant attendance for clinical situations listed in the RCOG workforce document is monitored, there have been no episodes of non-attendance throughout the MIS year 6 reporting period.
- The neonatal medical workforce is in line with the British Association of Perinatal Medicine (BAPM) national standards of medical staffing.
- The neonatal unit does not currently meet the BAPM national standards of nursing staff. The action plan (Appendix 3) to be received and signed off by Trust Board to demonstrate working towards a position of compliance with BAPM standards for neonatal nursing. Progress can be evidenced through increased number of Qualified in Speciality (QIS) trained staff and a reduction in the neonatal nursing workforce vacancy rate.
- Board Safety Champions have met with the Perinatal Leadership team monthly to discuss any support required from the Trust and implementation of this.
- The Trust Board have sight of Healthcare Safety Investigation Branch / Maternity and Newborn Safety Investigations (HSIB/MNSI) incidents and the number of cases reported to HSIB/MNSI and NHS Resolution (NHSR), families have received information on the role of HSIB/MNSI and the NHSR Early Notification Scheme and evidence of compliance with the statutory duty of candour.

Trust Board are asked to approve the proposed declaration of compliance with the Maternity Incentive Scheme Year 6 in view of considering the supporting evidence.

History of the paper (details of where paper has <u>previously</u> been received)	
Quality Committee	14 January 2025
Appendices:	Appendix 1: NHSR MIS Declaration Form FINAL (to be signed by NBT CEO and ICB AO) Appendix 2: MIS Evidence Review Pack Appendix 3: Neonatal Nursing workforce action plan

1. Purpose

1.1 The purpose of this paper is to share the requirements and evidence for the Maternity Incentive Scheme Year 6 with the Trust Board for review and approval.

1.2 The paper will inform Trust Board of the declaration of compliance against each of the safety actions and their sub requirements complete with the supporting evidence (Appendix 2).

2. Background

2.1 The Maternity Incentive Scheme is part of the Clinical Negligence Scheme for Trusts (CNST) that is now in Year 6. The scheme incentivises ten maternity safety actions, Trusts that can demonstrate they have achieved all ten of the safety actions will recover the element of their contribution to the CNST maternity incentive fund and will also receive a share of any unallocated funds.

2.2 Trusts that do not meet the ten out of ten threshold will not recover their contribution to the CNST maternity incentive fund, but may be eligible for a small discretionary payment from the scheme to help make progress against actions they have not achieved.

2.3 The scheme uses a self-assessment declaration form that must be signed off by the Trusts Chief Executive Officer to confirm the Trust Board are satisfied with the evidence provided to demonstrate achievement of meeting each safety action.

2.4 The Trust is also responsible for ensuring the Accountable Officer for the ICB is appraised of the MIS safety action' evidence.

2.5 The relevant reporting period for MIS year 6 is 8th December 2023 to 30th November 2024. The Board declaration form must be sent to NHSR before 12 noon on 3rd March 2025.

3. Declaration of Compliance

3.1 The Women and Children's Health Division is declaring compliance with each of the ten safety actions and their sub requirements. This position is supported following an in-depth review of the evidence by the Divisional Management Quality Governance meeting, and Executive and Non-Executive Directors.

SA no.	Safety Action Title	Compliance status
1	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	Compliant
2	Are you submitting data to the Maternity Services Data Set to the required standard?	Achieved
3	Can you demonstrate that you have transitional care (TC) services in place and undertaking quality improvement to minimise separation of parents and their babies?	Compliant
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?	Compliant
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Compliant
6	Can you demonstrate that you are on track to compliance with all elements of the saving babies lives version three?	Compliant
7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users	Compliant
8	Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training	Compliant
9	Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal, safety and quality issues?	Compliant
10	Have you reported 100% of qualifying cases to Maternity and Newborn Safety Investigations (MNSI) programme and to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 to 30 November 2024?	Compliant

4. Safety Action 1: Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths from 8 December 2023 to 30 November 2024 to the required standard?

4.1 The Division is compliant and there is sufficient data to evidence the position against the required timeframes and standards. This is demonstrated within the Quarterly PMRT reports and the PMRT CNST standards dashboard available on the PMRT website. The

Quarterly PMRT reports are shared with the Safety Champions, Trust Executive Board (via the Quarterly PQSM reports) and the Local Maternity and Neonatal System (LMNS).

5. Safety Action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

5.1 The division has achieved safety action 2. NBT have received confirmation of compliance from NHS Digital with data quality on the Maternity Services Data Set scorecard.

6. Safety Action 3: Can you demonstrate that you have transitional care (TC) services in place and undertaking quality improvement to minimise separation of parents and their babies?

6.1 The Neonatal Unit is compliant with the British Association of Perinatal Medicine Transitional Care Framework for practice (babies born 34+0 to 36+6).

6.2 Quarterly audits to ensure adherence with the Transitional Care (TC) Guideline (including daily neonatal review) have been undertaken as per the requirements outlined within the MIS.

6.3 A Quality Improvement was identified via Avoiding Term Admission to NICU themes and registered with the Trust. A progress update was presented to the LMNS in September 2024 and Safety Champions in June and November 2024.

7. Safety Action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?

7.1 The division is compliant with all clinical workforce requirements across Safety Action 4 for the obstetric, anaesthetic medical, neonatal medical and neonatal nursing workforce.

7.2 An audit of short-term locums was undertaken from February to August 2024 to ensure that all short-term locums employed by the unit met the Royal College of Obstetricians and Gynaecologists (RCOG) criteria (middle grade employed or 2 weeks or less). The audit demonstrates all short-term locums employed met at least one of the three criteria;

7.2.1.1 Currently work in the unit on the tier 2 or 3 rota or,

7.2.1.2 Have worked in their unit within the last 5 years on the tier 2 or 3 (middle grade) rota as a postgraduate doctor in training and remain in the training programme with satisfactory Annual Review of Competency Progressions (ARCP) or,

7.2.1.3 Hold a certificate of eligibility (CEL) to undertake short term locums.

7.3 There are no long-term locums working within the unit however processes are in place to ensure RCOG criteria would be followed should a long-term locum be employed.

7.4 Trusts are required to monitor their compliance of consultant attendance for the clinical situations listed within the RCOG workforce document ‘roles of responsibilities of the consultant providing acute care in obstetrics and gynaecology into their service’. This has been monitored via Datix on call rota and doctor feedback.

7.5 The Anaesthetic Medical workforce meets the required Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1.

7.6 The Neonatal Medical Staffing is in line with the British Association of Perinatal Medicine (BAPM) standards.

7.7 The Neonatal Nursing Workforce is not in line with the BAPM standards however the unit remains compliant with MIS as there is an associated action plan demonstrating progress from MIS Year 5 in working towards a position of compliance with BAPM standards. This includes reducing the vacancy rate and an increase in the number of Qualified in Speciality (QiS) trained nurses.

8. Safety Action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?

8.1 The Division is compliant with Safety Action 5, the funded establishment is line with the most recent Birthrate Plus recommended funded establishment (Birthrate Plus Report July 2022).

8.2 Supernumerary status of the labour ward co-ordinator and one to one care of all women in active labour has remained at 100% each month throughout the MIS relevant reporting period.

8.3 The six-monthly midwifery staffing oversight report covering staffing and safety issues was shared with People and EDI Committee in November 2024.

9. Safety Action 6: Can you demonstrate that you are on track to achieve compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?

9.1 The Division is compliant with safety action 6 evidenced using the Saving Babies Lives NHSE Implementation Tool and quarterly required improvement discussions with the ICB have been held.

9.2 The Maternity Incentive Scheme Year 6 requires the ICB to confirm it is assured that all best endeavours and sufficient progress have been made towards full implementation, in line with the locally agreed improvement trajectory.

9.3 The ICB have confirmed that 73% of all interventions have been fully implemented as of December 2024. By January 2025, 80% of interventions will have been fully implemented.

9.4 Progress can be demonstrated through a more robust monitoring programme using digital audits, an increase in the number of interventions fully implemented, and the full implementation of 8 interventions that were not implemented in 2023 (MIS Year 5).

10. Safety Action 7: Listen to women, parents and families using maternity and neonatal services and coproduce services with users.

10.1 The Division is compliant with Safety Action 7, a funded, user led Maternity and Neonatal Voices Partnership (MNVP) is in place in line with the Three-Year Delivery Plan for Maternity and Neonatal services and the November 2023 MNVP guidance.

10.2 The annual CQC action plan continues to be coproduced, reviewed and updated with the MNVP with progress being shared at Safety Champions and LMNS meetings.

11. Safety Action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?

11.1 The Division is compliant with Safety Action 8, all groups of staff as outlined in MIS have achieved at least 90% for fetal monitoring and surveillance, maternity emergencies and multiprofessional training, and neonatal basic life support training.

12. Safety Action 9: Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal, safety and quality issues?

12.1 The Division is compliant with Safety Action 9, the Perinatal Quality Surveillance Model (PQSM) is embedded and presented at Quality Committee each month by the Director of Midwifery and Nursing. The Trust has a Patient Safety Incident Response Plan (PSIRP) in place. The Maternity and Neonatal Board Safety Champions work closely with and support the perinatal quadrumvirate via both formal and informal routes.

12.2 There is evidence of collaboration with the local maternity and neonatal system including shared learning and trust level intelligence, this takes place via multiple Local Maternity and Neonatal System forums.

12.3 The Trust's claims scorecard is reviewed alongside incident and complaint data and discussed at Safety Champions and Divisional Quality Governance meetings on a quarterly basis.

12.4 A progress update on the Perinatal Culture and Leadership Programme was shared with the Trust Board in May 2024 with a further update scheduled.

13. Safety Action 10: Have you reported 100% of qualifying cases to Maternity and Newborn Safety Investigations (MNSI) programme and to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 to 30 November 2024?

13.1 The Division is compliant with safety action 10, all qualifying cases have been reported to HSIB/MNSI and the NHSR EN Scheme. Duty of candour letters are sent to families covering the required information. Trust Board have oversight of HSIB/MNSI and EN incidents and sight of compliance with the statutory duty of candour.

14. Summary

14.1 The Women and Children's Health Division is proposing that a position of compliance is declared against each of the 10 safety actions for the Maternity Incentive Scheme Year 6.

14.2 The proposed position of compliance follows an in-depth review of the evidence by the divisional management team, Trust Executive Director and Trust Non-Executive Director (including Board level Safety Champions).

15. Recommendations

15.1 Trust Board are asked to consider and approve the remaining Maternity Incentive Scheme Year 6 requirements (noted within the Executive summary of this report).

15.2 Trust Board are asked to approve the proposed declaration of compliance with the Maternity Incentive Scheme Year 6.

Maternity incentive scheme - Year 6 Guidance

Trust Name	**North Bristol NHS Trust**
Trust Code	**T492**

This document must be used to submit your trust self-certification for the year 6 Maternity Incentive Scheme safety actions.
A completed action plan must also be submitted for any safety actions which have not been met (tab C).

Please select your trust name from the drop-down menu above. The trust code will automatically be added below. Your trust name will populate each page. If the trust name box above is coloured pink please update it.

Tabs A - safety actions entry sheets (1 to 10) - Please select 'Yes', 'No' or 'N/A' to demonstrate compliance as detailed each element of the safety action. Please complete these entries starting at the top.
'N/A' (not applicable) is available only for set questions and may only be visible following a response to a previous question.
The information which is added on these pages, will automatically populate onto tabs B & D which is the board declaration form.

Tab B - safety action summary sheet - This will provide you with a detailed overview of the information entered so far on the board declaration form and will outline on how many Yes/No/N/A and unfilled assessments you have. Please review any pages that show there are responses that require checking, or are showing as not filled in.
This will feed into the board declaration sheet - tab D.

Tab C - action plan entry sheet – If you are declaring non-compliance with any safety actions, this sheet will enable your Trust to insert action plan details and bid for discretionary funding. If you are declaring full compliance, you do not need to complete this tab.
All action plans for non-compliant safety actions must be:
•Submitted on the action plan template in the Board declaration form.
•Specific to the safety action(s) not achieved by the Trust (these do not need to be added in numerical order).
•Details of each action should be SMART (specific, measurable, achievable, realistic and timely) and should include details of the funding requested (please enter 0 if no funding is required).
•Any new roles to be introduced as part of an action plan must include detail regarding banding and Whole Time Equivalent (WTE) with associated costs.
•Action plans must be sustainable - Funding is for one year only, so Trusts must demonstrate how future funding will be secured.
•Action plans should not be submitted for achieved safety actions.
If you require any support with this process, please contact **nhsr.mis@nhs.net**

Tab D - Board declaration form - This is where you can view your overall reported compliance with all of the maternity incentive scheme safety actions. This sheet will be protected and compliance fields cannot be altered manually.
If there are anomalies with the data entered, then comments will appear in the validations column (column I) this will support you in checking and verifying data before it is discussed with the Trust Board, ICB and before submission to NHS Resolution.

Upon completion of your submission please add electronic signatures into the allocated spaces within this page. Signatures of both the Trust's Chief Executive Officer (CEO) and Accountable Officer (AO) of the Integrated Care System (ICS) will be required in Tab D in order to confirm compliance as stated in the board declaration form with the safety actions and their sub-requirements. Both signatures will show that they are 'for and on behalf of' the trust name, rather than the ICS. The signatories will be signing to confirm that they are in agreement with the submission, the declaration form has been submitted to Trust Board and that there are no external or internal reports covering either 2023/24 financial year or 2024/25 that relate to the provision of maternity services that may subsequently provide conflicting information to your Trust's declaration. Any such reports should be brought to the MIS team's attention before 3 March 2025

Any queries regarding the maternity incentive scheme and or action plans should be directed to **nhsr.mis@nhs.net**

Technical guidance and frequently asked questions can be accessed in the year 6 MIS document:
MIS-Year-6-v1.1-20240716.pdf (resolution.nhs.uk)

The Board declaration form must be sent to NHS Resolution via **nhsr.mis@nhs.net** between 17 February 2025 and 3 March 2025 at 12 noon. An electronic acknowledgement of Trust submissions will be provided within 48 hours from 3 March 2025.

Submissions and any comments/corrections received after 12 noon on 3 March 2025 will not be considered.
This document will not be accepted if it is not completed in full, signed appropriately and dated.
Please do not send evidence to NHS Resolution unless requested to do so.

Version Name: MIS_SafetyAction_2025

Safety Action No 1

Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths to the required standard?

Reporting period: 8 December 2023 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes / No / N/A)	Evidence to be submitted	Comments/Actions	Action for Trust Board	Action for LMNS
1	Have all eligible perinatal deaths from 2 April 2024 onwards been notified to MBRRACE-UK within seven working days?	Yes	MBRRACE externally validated by NHSR & Confirmed by Bereavement Team			
2	For at least 95% of all deaths of babies who died in your Trust from 8 December 2023, were parents' perspectives of care sought and were they given the opportunity to raise questions?	Yes	SA1.01. PMRT Q3 (Oct 23 - Dec 23) Report SA1.02. PMRT Q4 (Jan 24 - Mar 24) Report SA1.03. PMRT Q1 (Apr 24 - Jun 24) Report SA1.04. PMRT Q2 (Jul 24 - Sep 24) Report SA1.05. PMRT Q3 (Oct 24 - Dec 24) Report (available Jan 25)			
3	Has a review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 2 April 2024 been started within two months of each death? This includes deaths after home births where care was provided by your Trust.	Yes	SA1.01. PMRT Q3 (Oct 23 - Dec 23) Report SA1.02. PMRT Q4 (Jan 24 - Mar 24) Report SA1.03. PMRT Q1 (Apr 24 - Jun 24) Report SA1.04. PMRT Q2 (Jul 24 - Sep 24) Report SA1.05. PMRT Q3 (Oct 24 - Dec 24) Report (available Jan 25)	**To highlight RUH baby within letter declaring compiance**		
4	Were 60% of the reports published within 6 months of death?	Yes	SA1.01. PMRT Q3 (Oct 23 - Dec 23) Report SA1.02. PMRT Q4 (Jan 24 - Mar 24) Report SA1.03. PMRT Q1 (Apr 24 - Jun 24) Report SA1.04. PMRT Q2 (Jul 24 - Sep 24) Report SA1.05. PMRT Q3 (Oct 24 - Dec 24) Report (available Jan 25)			
5	Have you submitted quarterly reports to the Trust Executive Board on an ongoing basis? These must include details of all deaths from 8 December 2023 including reviews and consequent action plans.	Yes	SA1.06. PQSM Q3 23-24 (inc. PMRT Q3 23-24) SA1.07. QC upward report to Trust Board - Feb 2024 (inc. PMRT Q3 23-24 as part of PQSM) SA1.08. PQSM Q4 23-24 (inc. PMRT Q4 23-24) SA1.09. QC upward report to Trust Board - May 2024 (inc. PMRT Q4 23-24 as part of PQSM) SA1.10. PQSM June 24 (inc. PMRT Q1 24-25) SA1.11. QC upward report to Trust Board - Sep 2024 (inc. PMRT Q1 24-25 as part of PQSM) SA1.12. PQSM Sept 24 (inc. PMRT Q2 24-25) SA1.13. QC upward report to Trust Board - ?Jan 2025 (inc. PMRT Q4 24-25 as part of PQSM)	Quarterly PMRT reports are shared to Trust Board via the PQSM which is included within the Quality Committee escalation. PMRT is an appendix to the Quarterly PQSM.		
6	Were quarterly reports discussed with the Trust maternity safety and Board level safety champions?	Yes	SA1.14. QC Minutes Feb 2024 (inc. PMRT Q3 23-24) SA1.15. QC Minutes May 2024 (inc. PMRT Q4 23-24) SA1.16. QC Minutes Sep 2024 (inc. PMRT Q1 24-25) SA1.17. Perinatal Safety Champions Minutes Jul 24 SA1.18. Perinatal Safety Champions Minutes Nov SA1.19. Perinatal Safety Champions Poster			

Safety action No. 2

Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

Reporting period: 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes / No / N/A)	Evidence to be submitted	Comments / actions	Action for Trust Board	Action for LMNS
1	Was your Trust compliant with at least 10 out of 11 MSDS-only Clinical Quality Improvement Metrics (CQIMs) by passing the associated data quality criteria in the "Clinical Negligence Scheme for Trusts: Scorecard" in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2024?	Yes	SA2.01. NHS Digital Scorecard Evidence 2024			
2	Did July's 2024 data contain a valid ethnic category (Mother) for at least 90% of women booked in the month? Not stated, missing and not known are not included as valid records for this assessment as they are only expected to be used in exceptional circumstances. (MSD001)	Yes	SA2.01. NHS Digital Scorecard Evidence 2024			

Safety action No. 3

Can you demonstrate that you have transitional care (TC) services in place and undertaking quality improvement to minimise separation of parents and their babies?

Reporting period: 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes / No / N/A)	Evidence to be submitted	Comments / actions	Action for Trust Board	Action for LMNS
1	Was the pathway(s) of care into transitional care which includes babies between 34+0 and 36+6 in alignment with the BAPM Transitional Care Framework for Practice jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies? **Evidence should include:** - Neonatal involvement in care planning - Admission criteria meets a minimum of at least one element of HRG XA04 - There is an explicit staffing model - The policy is signed by maternity/neonatal clinical leads and should have auditable standards. - The policy has been fully implemented and quarterly audits of compliance with the policy are conducted.	Yes	SA3.01. Transitional Care Guideline SA3.02. TC Audits - Q1 and Q2 2024	Neonatal involvement in care planning - GL Admission criteria meets a minimum of at least one element of HRG XA04 - GL There is an explicit staffing model - shared care model 1 midwife, 1 NN/nicu nurse and MSW per shift. The policy is signed by maternity/neonatal clinical leads and should have auditable standards - GL The policy has been fully implemented and quarterly audits of compliance with the policy are conducted. - Badgernet		
2	**Or** Is there an action plan signed off by Trust and LMNS Board for a move towards the TC pathway (as above) based on BAPM framework for babies from 34+0 with clear timescales for implementation and progress from MIS Year 5.	N/A		Compliant with the 34+0 element of the BAPM TC framwork		
Drawing on insights from themes identified from any term admissions to the NNU, undertake at least one quality improvement initiative to decrease admissions and/or length of stay.						
3	By 6 months into MIS year 6, register the QI project with local Trust quality/service improvement team.	Yes	SA3.03. W&CH Registered Quality Improvement Projects Database			
4	By the end of the reporting period, present an update to the LMNS and safety champions regarding development and any progress.	Yes	SA3.04. Perinatal Safety Champions July Agenda SA3.05. PEEP Project Presentation SA3.06. BNSSG Response Group Slides Sept 24 SA3.07. Perinatal Safety Champions Nov Minutes			

Safety action No. 4

Can you demonstrate an effective system of clinical workforce planning to the required standard?

Reporting period: 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes / No / N/A)	Evidence to be submitted	Comments/Actions	Action for Trust Board	Action for LMNS
a) Obstetric medical workforce						
1	Has the Trust ensured that the following criteria are met for employing short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas following an audit of 6 months activity : Locum currently works in their unit on the tier 2 or 3 rota? OR They have worked in their unit within the last 5 years on the tier 2 or 3 (middle grade) rota as a postgraduate doctor in training and remain in the training programme with satisfactory Annual review of Competency Progrssion (ARCP)? OR They hold a Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums?	Yes	SA4.a.01. Locum shifts monthly report 2024 - MIS SA4 data Feb2024-August2024		Trust Board to minute that an audit of 6 months of activity has been undertaken and all short term locums met RCOG standards.	
2	Has the Trust implemented the RCOG guidance on engagement of long-term locums and provided assurance that they have evidence of compliance?	N/A	SA4.a.02. SOP - Advertising, Booking and Local Induction Programme for Long Term Locums (Medical Staff)		Trust Board to minute that NBT do not use long term locums but SOP in place and compliant with RCOG guidance for if this did occur.	
3	Has the Trust monitored their compliance of consultant attendance for the clinical situations listed in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service when a consultant is required to attend in person?	Yes	SA4.a.03. Obstetrics Consultant Support on Call Report (including feedback) SA4.a.04. Obstetrics Consultant Support on Call Data SA4.a.05. PQSM - 02.04.2024 - 31.08.2024 SA4.a.06. PQSM - 01.09.2024 - 30.11.2024 (Nov data available end of Dec)		Trust Board to minute that compliance with consultant non attendance for clinical situations listed within the RCOG workforce document has been met.	
4	Were the episodes when attendance has not been possible reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance?	N/A			Trust board to minute no cases of non-attendance within reporting period	
Do you have evidence that the Trust position regarding question 3 & 4 has been shared:						
5	At Trust Board?	Yes	SA4.a-d.01. Trust Board Minutes			
6	With Board level Safety Champions?	Yes	SA4.a-d.01. Trust Board Minutes			
7	With the LMNS?	Yes	SA4.a-d.02. Extraordinary LMNS meeting			
b) Anaesthetic workforce						

8	Is there evidence that the duty anaesthetist is immediately available for the obstetric unit 24 hours a day and they have clear lines of communication to the supervising anaesthetic consultant at all times? In order to declare compliance, where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients. (Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1) - Representative month rota acceptable.	Yes	SA4.b.01. Obs On-Call Rota Feb-May 2024 - Anaesthetics SA4.b.02. Obs On-Call Rota May-aug 2024 - Anaesthetics SA4.b.03. Obs On-Call Rota Aug-Nov 2024 - Anaesthetics SA4.b.04. Obs On-Call Rota Nov 24-Feb 25 - Anaesthetics			
c) Neonatal medical workforce						
9	Does the neonatal unit meet the British Association of Perinatal Medicine (BAPM) national standards of medical staffing? And is this formally recorded in Trust Board minutes?	Yes	SA4.c.01. NICU Consultant Rotas SA4.c.02. NICU ST1-3 Rota Template SA4.c.03. NICU ST6-8 Rota Template SA4.a-d.01. Trust Board Minutes		Trust Board to minute that the BAPM national standards of medical staffing are met for the neonatal medical workforce.	
10	If the requirement above has not been met in previous years of MIS, Trust Board should evidence progress against the previously agreed action plan and also include new relevant actions to address deficiencies. If the requirements had been met previously but they are not met in year 5, Trust Board should develop and agree an action plan in year 5 of MIS to address deficiencies. Does the Trust have evidence of this?	N/A		No action plan required		
11	Was the above action plan shared with the LMNS?	N/A		No action plan to share		
12	Was the above action plan shared with the ODN?	N/A		No action plan to share		
d) Neonatal nursing workforce						
13	Does the neonatal unit meet the British Association of Perinatal Medicine (BAPM) national standards of nursing staffing? And is this formally recorded in Trust Board minutes?	No	SA4.d.01. Neonatal Nursing Staffing Tool SA4.a-d.01. Trust Board Minutes		Trust Board to minute that BAPM standards are not met for the neonatal nursing workforce. As a result an action plan is in place (continued from MIS Yr5) to work towards a position of compliance with BAPM standards.	
14	If the requirements are not met, Trust Board should agree an action plan and evidence progress against any action plan developed previously to address deficiencies.	Yes	SA4.d.02. Neonatal Nursing Workforce Action Plan 2024 SA4.a-d.01. Trust Board Minutes		As above.	
15	Was the above action plan shared with the LMNS?	Yes	SA4.a-d.02. Extraordinary LMNS meeting			Share NN BAPM action plan with LMNS
16	Was the above action plan shared with the ODN?	Yes	SA4.d.03. Communication to ODN (available after Trust Board).			Share NN BAPM action plan with ODN

Safety action No. 5
Can you demonstrate an effective system of midwifery workforce planning to the required standard?
Reporting period: 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes / No / N/A)	Evidence to be submitted	Actions / comments	Action for Trust Board	Action for LMNS
1	Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months (in line with NICE midwifery staffing guidance), during the maternity incentive scheme year six reporting period. It should also include an update on all of the points below.	Yes	SA5.01. Safe Staffing Report Feb-Jul 24 data			
2	Has a systematic, evidence-based process to calculate midwifery staffing establishment been completed in the last three years? Evidence should include: A clear breakdown of BirthRate+ or equivalent calculations to demonstrate how the required establishment has been calculated. If this process has not been completed due to measures outside the Trust's control, evidence of communication with the BirthRate+ organisation (or equivalent) should demonstrate this.	Yes	SA5.02. Birthrate Plus Final Report July 2022 SA5.03. Birthrate+ Business Case			
3	Can the Trust Board evidence midwifery staffing budget reflects establishment as calculated? Evidence should include: ● Midwifery staffing recommendations from Ockenden and of funded establishment being compliant with outcomes of BirthRate+ or equivalent calculations. ● Where Trusts are not compliant with a funded establishment based on the above, Trust Board minutes must show the agreed plan, including timescale for achieving the appropriate uplift in funded establishment. The plan must include mitigation to cover any shortfalls. ● Where deficits in staffing levels have been identified must be shared with the local commissioners. ● Details of planned versus actual midwifery staffing levels to include evidence of mitigation/escalation for managing a shortfall. ● The midwife to birth ratio ● The percentage of specialist midwives employed and mitigation to cover any inconsistencies. BirthRate+ accounts for 8-10% of the establishment, which are not included in clinical numbers. This includes those in management positions and specialist midwives.	Yes	SA5.01. Safe Staffing Report Feb-Jul 24 data SA5.03. Birthrate+ Business Case SA5.04. People and EDI committee minutes Nov24 (available Jan 25)			
4	Evidence from an acuity tool (may be locally developed), local audit, and/or local dashBoard figures demonstrating 100% compliance with supernumerary labour ward co-ordinator on duty **at the start of every shift**. An escalation plan should be available and must include the process for providing a substitute co-ordinator in situations where there is no co-ordinator available at the start of a shift.	Yes	SA5.05. PQSM - 02.04.2024-31.08.2024 SA5.06. PQSM - 01.09.2024-30.11.2024 (Nov data available end of Dec) SA5.07. CDS Staffing Guideline SA5.08. OPEL Maternity Framework			
5	A workforce action plan should be produced detailing how the maternity service intends to achieve 100% supernumerary status for the labour ward coordinator which has been signed off by the Trust Board and includes a timeline for when this will be acheived. **Completion of the workforce action plan with NOT enable the Trust to declare compliance with this sub-requirement.**	N/A				
6	Evidence from an acuity tool (may be locally developed), local audit, and/or local dashBoard figures demonstrating 100% compliance with the provision of one-to-one care in active labour	Yes	SA5.05. PQSM - 02.04.2024-31.08.2024 SA5.06. PQSM - 01.09.2024-30.11.2024 (Nov data available end of Dec) SA5.09. NBT 2024 PICKER Management Report	PICKER report evidencing quality care in labour		
7	A workforce action plan should be produced detailing how the maternity service intends to achieve 100% compliance with 1:1 care in active labour has been signed off by the Trust Board and includes a timeline for when this will be acheived. **Completion of the workforce action plan with NOT enable the Trust to declare compliance with this sub-requirement.**	N/A				

Safety action No. 6

Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?

Reporting period: 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes / No / N/A)	Evidence to be submitted	Actions / comments	Action for Trust Board	Action for LMNS
1	Have you agreed with the ICB that Saving Babies' Lives Care Bundle, Version 3 is fully in place or will be in place, and can you evidence that the Trust Board have oversight of this assessment? (where full implementation is not in place, compliance can still be achieved if the ICB confirms it is assured that all best endeavours – and sufficient progress – have been made towards full implementation, in line with the locally agreed improvement trajectory.)	Yes	SA6.01. Confirmation Email from LMNS SA6.02. SBL Implementation Tool 09.12.24			
2	Have you continued the quarterly QI discussions between the Trust and the LMNS/ICB (as commissioner) from Year 5, and more specifically be able to demonstrate that at least two quarterly discussions have been held in Year 6 to track compliance with the care bundle? **These meetings must include agreement of a local improvement trajectory against these metrics for 24/25, and subsequently reviews of progress against the trajectory.**	Yes	SA6.01. Confirmation Email from LMNS SA6.02. SBL Implementation Tool 09.12.24 SA6.03. BNSSG Response Group Slides June 24 SA6.04. BNSSG Response Group Slides Sept 24 SA6.05. BNSSG Response Group Slides Nov 24 SA6.06. LMNS Quality & Safety June 24 SA6.07. LMNS Quality & Safety Sept 24 SA6.08. LMNS Quality & Safety Dec 24			
3	Have these quarterly meetings included details of element specific improvement work being undertaken including evidence of generating and using the process and outcome metrics for each element.	Yes	SA6.01. Confirmation Email from LMNS SA6.02. SBL Implementation Tool 09.12.24 SA6.03. BNSSG Response Group Slides June 24 SA6.04. BNSSG Response Group Slides Sept 24 SA6.05. BNSSG Response Group Slides Nov 24 SA6.06. LMNS Quality & Safety June 24 SA6.07. LMNS Quality & Safety Sept 24 SA6.08. LMNS Quality & Safety Dec 25			
4	Is there a regular review of local themes and trends with regard to potential harms in each of the six elements.	Yes	SA6.01. Confirmation Email from LMNS SA6.02. SBL Implementation Tool 09.12.24 SA6.03. BNSSG Response Group Slides June 24 SA6.04. BNSSG Response Group Slides Sept 24 SA6.05. BNSSG Response Group Slides Nov 24 SA6.06. LMNS Quality & Safety June 24 SA6.07. LMNS Quality & Safety Sept 24 SA6.08. LMNS Quality & Safety Dec 25			
5	**Following these meetings, has the LMNS determined that sufficient progress have been made towards implementing SBLCBv3, in line with a locally agreed improvement trajectory?**	Yes	SA6.01. Confirmation Email from LMNS SA6.02. SBL Implementation Tool 09.12.24 SA6.03. BNSSG Response Group Slides June 24 SA6.04. BNSSG Response Group Slides Sept 24 SA6.05. BNSSG Response Group Slides Nov 24 SA6.06. LMNS Quality & Safety June 24 SA6.07. LMNS Quality & Safety Sept 24 SA6.08. LMNS Quality & Safety Dec 25			
6	Is there evidence of sharing of examples and evidence of continuous learning by individual Trusts with their local ICB, neighbouring Trusts and NHS Futures where appropriate?	Yes	SA6.01. Confirmation Email from LMNS SA6.02. SBL Implementation Tool 09.12.24 SA6.03. BNSSG Response Group Slides June 24 SA6.04. BNSSG Response Group Slides Sept 24 SA6.05. BNSSG Response Group Slides Nov 24 SA6.06. LMNS Quality & Safety June 24 SA6.07. LMNS Quality & Safety Sept 24 SA6.08. LMNS Quality & Safety Dec 25			

Safety action No. 7
Listen to women, parents and families using maternity and neonatal services and coproduce services with users
Reporting period: 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes / No / N/A)	Evidence to be submitted	Actions / comments	Action for Trust Board	Action for LMNS
1	Evidence of MNVP engagement with local community groups and charities prioritising hearing from those experiencing the worst outcomes, as per the LMNS Equity & Equality plan.	Yes	SA7.01. Local Engagement SA7.02. Race and Preeclampsia Stakeholder Event Poster SA7.03. NBT Petals Review - Apr-Sep 2024 SA7.04. Post Birth Contraception Poster SA7.05. Antenatal Parent Education SA7.06. Birth Spacing Poster SA7.07. Feedback QR Code SA7.08. Postnatal Ward Cards SA7.09. Postnatal Parent Education SA7.10. Pain Relief in Labour Poster SA7.11. Welcome to the UK Poster SA7.12. RHO Project Poster SA7.13. RHO Project Presentation SA7.14. NBT BMM Attendees SA7.15. LMNS Response Group Minutes Sep 24			
2	Terms of Reference for Trust safety and governance meetings, showing the MNVP Lead as a member (Trusts should work towards the MNVP Lead being a quorate member), **such as**: •Safety champion meetings •Maternity business and governance •Neonatal business and governance •PMRT review meeting •Patient safety meeting •Guideline committee	Yes	SA7.16. Divisional Quality Governance ToR SA7.17. Insight ToR SA7.18. Perinatal Safety Champions ToR SA7.19. Maternity Guideline Group ToR SA7.20. MNVP meetings SA7.21. LMNS PMRT and MNVP Letter			
3	Evidence of MNVP infrastructure being in place from your LMNS/ICB, such as: •Job description for MNVP Lead •Contracts for service or grant agreements •Budget with allocated funds for IT, comms, engagement, training and administrative support •Local service user volunteer expenses policy including out of pocket expenses and childcare cost	Yes	SA7.22. DRAFT MNVP Programme Delivery Plan 2024 SA7.23. BNSSG MNVP Workplan 2023 Final			
4	**If evidence of funding support at expected level (as above) is not obtainable, there should be evidence that this has been formally raised via the Perinatal Quality Surveillance Model (PQSM) at Trust and LMNS level, and discussed at ICB Quality Committee as a safety concern due to the importance of hearing the voices of women and families, including the plan for how it will be addressed in response to that escalation is required.**	N/A				
5	Show evidence of a review of annual CQC Maternity Survey data, such as documentation of actions arising from CQC survey and free text analysis, such as an action plan.	Yes	SA7.24. NBT 2023 PICKER Management Report SA7.25. Action Plan for Improvement for CQC PICKER Survey 2023 SA7.26. Inpatient Survey 2023 PICKER Patient Experience Action Plan SA7.27. Patient Experience Deep Dive and PICKER Survey Action Plan Update SA7.28. NBT 2024 PICKER Management Report			

6	Has progress on the coproduced action above been shared with Safety Champions?	Yes	SA7.27. Patient Experience Deep Dive and PICKER Survey Action Plan Update SA7.29. Perinatal Safety Champions June 2024 Minutes SA7.30. Patient Experience Report to Trust Board			
7	Has progress on the coproduced action above been shared with the LMNS?	Yes	SA7.31. LMNS meeting minutes			

Safety action No. 8

Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?

Reporting period: 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes / No / N/A)	Evidence to be submitted	Comments / actions	Action for Trust Board	Action for LMNS
Can you demonstrate the following at the end of 12 consecutive months ending 30th November 2024:						
Fetal monitoring and surveillance (in the antenatal and intrapartum period) training						
1	90% of obstetric consultants	Yes	SA8.01. PROMPT and FW Compliance Dec 24 SA8.02. Maternity and Obstetrics Staff Training Database	To be updated on the day due to limited number of days between MIS relevant reporting period ending and MIS Exec Evidence Review		
2	90% of all other obstetric doctors (commencing with the organisation prior to 1 July 2024) contributing to the obstetric rota (without the continuous presence of an additional resident tier obstetric doctor)	Yes	SA8.01. PROMPT and FW Compliance Dec 24 SA8.02. Maternity and Obstetrics Staff Training Database			
3	For rotational medical staff that commenced work in obstetrics on or after 1 July 2024 a lower compliance will be accepted. Can you confirm that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust?	Yes	SA8.01. PROMPT and FW Compliance Dec 24 SA8.03. Mitigating Rotational Doctors	All rotational resident doctors are booked to attend mandatory training by the end of Jan 2025.		
4	90% of midwives (including midwifery managers and matrons), community midwives, birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives) and maternity theatre midwives who also work outside of theatres?	Yes	SA8.01. PROMPT and FW Compliance Dec 24 SA8.02. Maternity and Obstetrics Staff Training Database			
Maternity emergencies and multiprofessional training						
5	90% of Obstetric consultants	Yes	SA8.01. PROMPT and FW Compliance Dec 24 SA8.02. Maternity and Obstetrics Staff Training Database			
6	90% of all other obstetric doctors (commencing with the organisation prior to 1 July 2024) including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows, foundation year doctors and GP trainees contributing to the obstetric rota	Yes	SA8.01. PROMPT and FW Compliance Dec 24 SA8.02. Maternity and Obstetrics Staff Training Database			
7	For rotational medical staff that commenced work in obstetrics on or after 1 July 2024 a lower compliance will be accepted. Can you confirm that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust?	Yes	SA8.01. PROMPT and FW Compliance Dec 24 SA8.03. Mitigating Rotational Doctors	All rotational resident doctors are booked to attend mandatory training by the end of Jan 2025.		
8	90% of midwives (including midwifery managers and matrons), community midwives, birth centre midwives (working in co-located and standalone birth centres) and bank/agency midwives	Yes	SA8.01. PROMPT and FW Compliance Dec 24 SA8.02. Maternity and Obstetrics Staff Training Database			
9	90% of maternity support workers and health care assistants (to be included in the maternity skill drills as a minimum).	Yes	SA8.01. PROMPT and FW Compliance Dec 24 SA8.02. Maternity and Obstetrics Staff Training Database			
10	90% of obstetric anaesthetic consultants and autonomously practising obstetric anaesthetic doctors	Yes	SA8.01. PROMPT and FW Compliance Dec 24 SA8.02. Maternity and Obstetrics Staff Training Database			
11	90% of all other obstetric anaesthetic doctors (commencing with the organisation prior to 1 July 2024) including anaesthetists in training, SAS and LED doctors who contribute to the obstetric anaesthetic on-call rota. This updated requirement is supported by the RCoA and OAA.	Yes	SA8.01. PROMPT and FW Compliance Dec 24 SA8.02. Maternity and Obstetrics Staff Training Database			
12	For rotational anaesthetic staff that commenced work in obstetrics on or after 1 July 2024 a lower compliance will be accepted. Can you confirm that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust?	N/A		90% target has been met		

13	At least one emergency scenario is to be conducted in the clinical area, ensuring full attendance from the relevant wider professional team, including theatre staff and neonatal staff	Yes	SA8.04. MDT Simulation CG 21.03.2024 SA8.05. MDT Simulation CG 21.03.2024 Partipants SA8.06. MDT Simulation CG 21.03.2024 Learning			
Neonatal basic life support						
14	90% of neonatal Consultants or Paediatric consultants covering neonatal units	Yes	SA8.07. PQSM - 02.04.2024-31.08.2024 SA8.08. PQSM - 01.09.2024-30.11.2024 (Nov data available end of Dec)			
15	90% of neonatal junior doctors (commencing with the organisation prior to 1 July 2024) who attend any births	Yes	SA8.07. PQSM - 02.04.2024-31.08.2024 SA8.08. PQSM - 01.09.2024-30.11.2024 (Nov data available end of Dec)			
16	For rotational medical staff that commenced work in obstetrics on or after 1 July 2024 a lower compliance will be accepted. Can you confirm that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust?	N/A		90% target has been met		
17	90% of neonatal nurses (Band 5 and above)	Yes	SA8.07. PQSM - 02.04.2024-31.08.2024 SA8.08. PQSM - 01.09.2024-30.11.2024 (Nov data available end of Dec)			
18	90% of advanced Neonatal Nurse Practitioner (ANNP)	Yes	SA8.07. PQSM - 02.04.2024-31.08.2024 SA8.08. PQSM - 01.09.2024-30.11.2024 (Nov data available end of Dec)			
19	90% of midwives (including midwifery managers and matrons, community midwives, birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives)	Yes	SA8.01. PROMPT and FW Compliance Dec 24 SA8.02. Maternity and Obstetrics Staff Training Database			

Safety action No. 9

Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal, safety and quality issues?

Reporting period: 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes / No / N/A)	Evidence to be submitted	Actions/ comments	Action for Trust Board	Action for LMNS
1	Are all Trust requirements of the Perinatal Quality Surveillance Model (PQSM) fully embedded?	Yes	SA9.01. PQSM - 02.04.2024-31.08.2024 SA9.02. PQSM - 01.09.2024-30.11.2024 (Nov data available end of Dec)			
2	Has a non-executive director (NED) has been appointed and is visibly working with the Board safety champion (BSC)?	Yes	SA9.03. Perinatal Safety Champions Minutes June SA9.04. Perinatal Safety Champions Minutes July SA9.05. Perinatal Safety Champions Minutes November SA9.06. Perinatal Safety Champions Terms of Reference SA9.07. Perinatal Safety Champions Poster			
3	Is a review of maternity and neonatal quality and safety undertaken by the Trust Board (or an appropriate trust committee with delegated responsibility) at every meeting using a minimum data set, and presented by a member of the perinatal leadership team to provide supporting context.	Yes	SA9.08. QC Minutes May 2024 SA9.09. QC Minutes Jun 2024 SA9.10. QC Minutes Jul 2024 SA9.11. QC Minutes Sep 2024 SA9.12. QC Minutes Oct 2024 SA9.13. QC Minutes Nov 2024 (available mid january)			
4	Does the regular review include a review of thematic learning informed by PSIRF, themes and progress with plans following cultural surveys or equivalent, training compliance, minimum staffing in maternity and neonatal units, and service user voice feedback.	Yes	SA9.14. QC PQSM Paper May 2024 SA9.15. QC PQSM Paper Jun 2024 SA9.16. QC PQSM Paper Jul 2024 SA9.17. QC PQSM Paper Sep 2024 SA9.18. QC PQSM Paper Oct 2024 SA9.19. QC PQSM Paper Nov 2024 SA9.20. Perinatal Culture Leadership Programme Update			
5	Do you have evidence of collaboration with the local maternity and neonatal system (LMNS)/ICB lead, showing evidence of shared learning and how Trust-level intelligence is being escalated to ensure early action and support for areas of concern or need, in line with the PQSM.	Yes	SA9.21. BNSSG Response Group Slides June 24 SA9.22. BNSSG Response Group Slides Sept 24 SA9.23. BNSSG Response Group Slides Nov 24 SA9.24. LMNS Quality & Safety June 24 SA9.25. LMNS Quality & Safety Sept 24 SA9.26. LMNS Quality & Safety Dec 24			
6	Ongoing engagement sessions with staff as per year 5 of the scheme. Progress with actioning named concerns from staff engagement sessions are visible to both maternity and neonatal staff and reflects action and progress made on identified concerns raised by staff and service users from no later than 1 July 2024.	Yes	SA9.27. Staff Survey Results 2023 SA9.28. Staff Survey Results 2023 Breakdown SA9.29. You Said We Listened - CDS SA9.30. You Said We Listened - Community SA9.31. You Said We Listened - Mendip SA9.32. You Said We Listened - Antenatal SA9.33. You Said We Listened - Quantock SA9.34. You Said We Listened - NICU SA9.35. Shift Pattern Engagement SA9.36. Shift Pattern Engagement Response SA9.37. Community Walkaround Response			
7	Is the Trust's claims scorecard is reviewed alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level Safety Champions at a Trust level (Board or directorate) meeting quarterly (at least twice in the MIS reporting period)?	Yes	SA9.38. DQG Agenda Aug 2024 SA9.39. Q1 2024 Scorecard Review SA9.40. DQG Agenda Nov 2024 SA9.41. Q2 2024 Scorecard Review			

8	Evidence in the Trust Board minutes that Board Safety Champion(s) are meeting with the Perinatal leadership team at a minimum of bi-monthly (a minimum of three in the reporting period) and that any support required of the Trust Board has been identified and is being implemented.	Yes	SA9.03. Perinatal Safety Champions Minutes June SA9.04. Perinatal Safety Champions Minutes July SA9.05. Perinatal Safety Champions Minutes November SA9.42. WCH Divisional Review Apr 2024 SA9.43. WCH Divisional Review May 2024 SA9.44. WCH Divisional Review Jun 2024 SA9.45. WCH Divisional Review Jul 2024 SA9.46. WCH Divisional Review Aug 2024 SA9.47. WCH Divisional Review Sep 2024 SA9.48. WCH Divisional Review Oct 2024 SA9.49. WCH Divisional Review Nov 2024 SA9.50. Trust Board Minutes		Trust Board to minute that Board Safety Champions are meeting with the Perinatal leadership team at a minimum of bi-monthly and that any support required of the Trust Board has been identified and is being implemented.	
9	Evidence in the Trust Board (or an appropriate Trust committee with delegated responsibility) minutes that progress with the maternity and neonatal culture improvement plan is being monitored and any identified support being considered and implemented.	Yes	SA9.20. Perinatal Culture Leadership Programme Trust Board Update			

Safety action No. 10
Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) (known as Maternity and Newborn Safety Investigations Special Health Authority (MNSI) from October 2023) and to NHS Resolution's Early Notification (EN) Scheme?
Reporting period: 8 December 2023 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes / No / N/A)	Evidence to be submitted	Actions / comments	Action for Trust Board	Action for LMNS
1	Have you reported of all qualifying cases to MNSI from 8 December 2023 to 30 November 2024.	Yes	SA10.01. MNSI Cases			
2	Have you reported of all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 until 30 November 2024.	Yes	SA10.02. Awaiting confirmation from Legal (NS)			
3	Have all eligible families received information on the role of MNSI and NHS Resolution's EN scheme	Yes	SA10.03. MI-036757 DoC Letter SA10.04. MI-036623 DoC Letter SA10.05. MI-037466 DoC Letter SA10.06. MI-037538 DoC Letter SA10.07. MI-037833 DoC Letter SA10.08. MI-038137 DoC Letter SA10.09. MI-038895 DoC Letter SA10.10. MI-039093 DOC Letter SA10.11. MI-038599 DOC Letter - English SA10.12. MI-038599 DOC Letter - Somali			
4	Has there has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour?	Yes	SA10.03. MI-036757 DoC Letter SA10.04. MI-036623 DoC Letter SA10.05. MI-037466 DoC Letter SA10.06. MI-037538 DoC Letter SA10.07. MI-037833 DoC Letter SA10.08. MI-038137 DoC Letter SA10.09. MI-038895 DoC Letter SA10.10. MI-039093 DOC Letter SA10.11. MI-038599 DOC Letter - English SA10.12. MI-038599 DOC Letter - Somali			
5	Has Trust Board had sight of Trust legal services and maternity clinical governance records of qualifying MNSI/ EN incidents and numbers reported to MNSI and NHS Resolution.	Yes	SA10.13. WCH Divisional Review Apr 2024 SA10.14. WCH Divisional Review May 2024 SA10.15. WCH Divisional Review Jun 2024 SA10.16. WCH Divisional Review Jul 2024 SA10.17. WCH Divisional Review Aug 2024 SA10.18. WCH Divisional Review Sep 2024 SA10.19. WCH Divisional Review Oct 2024 SA10.20. WCH Divisional Review Nov 2024		Trust Board to minute that they have had sight of Trust legal services and maternity clinical governance records of qualifying MNSI/ EN incidents and numbers reported to MNSI and NHS Resolution.	
6	Has Trust Board had sight of evidence that the families have received information on the role of MNSI and NHS Resolution's EN scheme?	Yes	SA10.21. Trust Board Minutes		Trust Board to minute that they have received sight of evidence families have received information on the role of MNSI and NHS Resolution EN scheme	
7	Has Trust Board had sight of evidence of compliance with the statutory duty of candour?	Yes	SA10.21. Trust Board Minutes		Trust Board to minute compliance with the statutory duty of candour	
8	Have you completed the field on the Claims reporting wizard (CMS), whether families have been informed of NHS Resolution's involvement, completion of this will also be monitored, and externally validated.	Yes	SA10.2. Awaiting confirmation from Legal (NS)			

Neonatal Nursing Workforce Action Plan 2024								
Action Plan Owner:								
Date / MIS Yr	**Objective to be met:**	**No.**	**Action**	**Owner**	**Last updated**	**Update**	**Due Date**	**Status**
2022 MIS Yr 3	1. NBT NICU to meet BAPM service specification: 70% of NICU nursing staff trained in QIS.	1	Continue to send nursing staff on QiS training course, ambition to send 12 staff per year.	AP and CB	07/11/2024	07/11/2024 - 11 additional staff members completed the QiS training course throughout 2024. Number of QiS trained staff is increasing although not reflected in percentage due to vacancies filled by newly qualified nurses.	Jan-26	In progress
2023 MIS Yr 5 & 6		2	MIS Year 5 - development of local QiS programme MIS Year 6 - Local QIS Course starting January 2025 at Bridgewater	SW ODN/AP	07/11/2024	07/11/2024 - 4 staff signed up to the local QiS course and 8 enrolled on Birmingham course (total of 12 nurses attending QiS course throughout 2025)	Jan-26	Open
2023 MIS Yr 5 & 6		3	Business case funding for QIS training course and backfill (if required).	CB	07/11/2024	07/11/2024 - backfill for bank provided by ODN	Jan-26	
2023 MIS Yr 5	2. NBT NICU to develop a robust recruitment strategy in order to meet the service specification requirements for nursing workforce.	3	Establish working party to complete trajectory for 23/24 and 24/25	AP/JDR		03/01/2024 - complete, working party estabished with regular meetings set up to continue review and development of trajetory	Dec-23	Complete
2023 MIS Yr 5		4	Appoint NICU General Manager	JDR	03/01/2024	03/01/2024 - appointed and in post	Dec-23	Complete
2023 MIS Yr 5	3. NBT NICU to meet BAPM service specification: 1:1 care in ITU. (Currently 2:1)	5	Incentive for new starters "golden hello" approved for all Band 5 in the pipeline, July 2023, review impact after 12 months, July 2024, by DMT.	DMT	03/01/2024	03/01/2024 - to be reviewed July 2024 for further decision	Jul-24	Complete
2023 MIS Yr 5		6	September 2023: 9 Band 5 commenced October 2023: 6 Band 5 commenced Further Band 5 due to start Jan 2024 (15 in pipeline between January and March 2024 including oversees)	AP	03/01/2024		Ongoing	Complete
2023 MIS Yr 5 & 6		7	Exploring alternative roles to support the clinical team and to improve the attractivity of NBT NICU with unique development opportunities. Nursing Associates roles JD approved, 1 in post and 2 due to start (January and February 2024). Pilot of 2 IENs to start on NICU Feb 24, evaluation to take place Sept 24	AP		07/11/2024 - 3 specialist roles due to go out to advert Dec 2024	Mar-25	In progress
2023 MIS Yr 5 & 6		8	Pilot of 2 IENs to start on NICU Feb 24, evaluation to be available for new entry route approx Sept 24	AP	02/02/2024	07/11-2024 - not currently applicable as no vacancy for nurses, would be considered in the future if needed.		Complete
2023 MIS Yr 5		9	Double time bank incentive in place until October 2023 Bank incentive to be extended until March 2024	AP	03/01/2024	07/11/2024 - complete and in line with Trust policy for specialist services	Mar-24	Complete
2023 MIS Yr 5		10	Ongoing recruitment drive, keep warm actions in place for pipeline staff, relocation package as per Trust Policy and engagement in local and national recruitment fayre	AP	03/01/2024	07/11/2024 - whatsapp group for new starters, welcome gifts etc.	Ongoing	Ongoing
MIS Yr 6			Explore funding options to meet band 5 BAPM requirements.	AP	07/11/2024	Quarter 2 return sent to ODN that shows shortfall in WTE to meet BAPM	Dec-25	In progress
2023 MIS Yr 5		11	Exit interviews to capture data around reasons for leaving, this will inform improvement work	NM	01/02/2024			Ongoing

2023 MIS Yr 5		12	Focus groups for new starters (within the last 12 months) to support wellbeing and retention. Will expand to existing staff if success.	NM and AP	01/03/2024			

North Bristol NHS Trust

Meeting of the Trust Board on 30 January 2025

Reporting Committee	**Patient and Carer Experience Committee**
Chaired By	**Kelvin Blake, Non-Executive Director**
Executive Lead	**Steven Hams, Chief Nursing Officer**

For Information

The Committee met on 9 December 2024 and received the following reports:

- **Patient Stories**: the Committee heard the feedback of four patients, when asked about their experiences at North Bristol NHS Trust (NBT), as part of the Patient Conversations initiative. Patients spoke of positive improvements in communication, the food provided in hospital, good cleanliness, issues with car parking, the professionalism of nurses and consultants and the impression they had that everyone wanted to help, the faultless care they experienced, staffing shortages at night and weekends, and the strong accents of some staff. The Committee heard that patient feedback was shared with the relevant service areas quickly, so that any issues could be dealt with while the patient remained in hospital, and about the links being made with other feedback, gathered from complaints or the Patient Advice and Liaison Service (PALS) for example. The Committee welcomed the positive improvements in communication with patients and discussed the importance of training and support for all staff in how and what they communicated, and of responding well to patients' individual communication needs.

- **Urgent and Emergency Care (UEC): 2023 National Patient Experience Survey**: the Committee heard about significant improvements achieved at NBT in terms of UEC patient experience, areas where the most improvement had been made, and areas where further improvement was needed (e.g. communication about patient discharge and communication with patients by partners such as GPs and the 111 service). The survey response rate had improved significantly compared to the previous survey and NBT was rated 82% positively overall, placing NBT 12th out of 55 Trusts who took part in the survey. UHBW was also in the top 15 Trusts. NBT performed significantly better than the average in almost every area. The Committee welcomed the results and asked how NBT could be the best performing Trust. They heard that NBT had been the best, during Covid, when NBT had not been overwhelmed with patients, and that the key success factor was staff having time to talk to patients, as well as to provide the healthcare the patient needed. The Committee looked forward to even better results in the next survey and thanked all UEC staff for their hard work.

- **End of Life Care (EoLC) Annual Report**: the Committee heard about the many initiatives and improvements being made in End-of-Life Care at NBT and about the positive results of benchmarking against other Trusts. 85% of patients who were expected to die at NBT were seen by the Specialist Palliative Care Team, compared to 60% of patients in the national average, the overall rating of care given by NBT staff to the dying person reported as

good or excellent by the next of kin was 85% at NBT (compared to the 76% national average), more funding had been achieved for the Ageing Well Project and good results had also been achieved in the EoLC staff survey, as well as other successes. The Committee welcomed the significant successes and achievements of the EoLC service at NBT and asked how EoLC services at NBT could be even better. The need to spend time talking to dying patients, about what was most important to them, was emphasised, as was training for all clinical staff in good end-of-life-care. The Committee thanked all the staff involved for their hard work, recognised that there may be some "quick wins" to various challenges, for example, emergency parking spaces for the loved ones of dying patients and asked for a report back with an action plan.

- **Patient Conversations: Annual Evaluation:** the Committee heard about this positive real-time feedback initiative (linked to the earlier patient stories) and about 50 visits completed in the last 12 months, with over 200 patients spoken to, mostly by volunteers. What-matters-most themes (e.g. communication about care plans and discharge arrangements, staff attitude, food, and environment and facilities) were triangulated with other patient feedback, but the key to this initiative was to gain immediate feedback from patients, and to do something (often small but impactful) about that feedback, while the patient was still in hospital. Further work was ongoing, e.g. to seek feedback from more patients whose first language was not English and from more patients with learning disabilities. The Committee welcomed the initiative, emphasised its importance in improving the listening culture of the Trust, as well as the importance of triangulating this feedback with other patient feedback, and supported the expansion of the Patient Conversations initiative.

- **Learning Disabilities Mortality Review Programme (LeDeR) Annual Report and reducing health inequalities for people with learning disabilities or Autistic people:** the Committee heard about the multi-disciplinary work taking place across the Bristol, North Somerset and South Gloucestershire (BNSSG) healthcare system to challenge health inequalities, improve access to healthcare and strive to improve health outcomes for people with learning disabilities or Autism, with the aim to prevent people with learning disabilities or Autism from dying prematurely. The Committee heard relevant data, including numbers and causes of deaths, as well as details of the work ongoing, such as annual health checks, cancer screening, training for primary care staff, resource packs for care and residential homes and missed appointments monitoring. The Committee welcomed this vital work and looked forward to further updates.

- A highlight report from the **Patient and Carer Experience Group**, where all workstreams were rated green.

- A highlight report from the **Learning Disability and Autism Steering Group**, where all workstreams were rated green.

For Board Awareness, Action or Response (including risks)
None of the items above require specific Board action or response. This report informs the Board of the activities undertaken by the Committee on its behalf.
Key Decisions and Actions
The Committee did not determine any specific actions but looked forward to future updates. They asked for an End-of-Life Care action plan to be submitted in due course and for more work to be done to ensure an even more diverse range of patient voices was heard, e.g. through the Patient Conversations initiative.
Additional Chair Comments
None.

Date of next meeting:	10 March 2025

North Bristol NHS Trust

Meeting of the Board on 30 January 2025 in Public

Reporting Committee	**People and Equality, Diversity and Inclusion (EDI) Committee**
Chaired By	**Kelvin Blake, Non-Executive Director**
Executive Lead	**Peter Mitchell, Interim Chief People Officer**

For Information

The Committee met on 16 January 2025 and received the following reports:

1. **Chief People Officer Update -** this was a verbal update which focused on:

    - the positive people metrics and trends generally at NBT, with work taking place in specific areas including the admin and clerical turnover rate, which was higher than expected, the Trust's commitment to the community targets, and the disparity ratio, which would be subject to further reports in due course
    - the collaborative work taking place across NBT and UHBW, and with Teneo, to advance the Hospital Group, including the first single managed service (cardiology), which was due to go live in April
    - potential changes to committees and Executive management structures associated with the Hospital Group, as well as other staffing changes in the Executive management team
    - the appointment of a Joint Director of Learning and Development for NBT and UHBW (Jean Scrace)
    - work which was progressing on a Hospital Group Workforce Strategy
    - changes in trade union representatives, with Shawn Fleming leaving NBT recently and Fiona King taking over from Shawn as Joint Union Committee and Staff Side Chair; trade union relations remained strong and work was ongoing to back-fill and evaluate relevant roles
    - external developments including the nationally-proposed removal of agency staff usage for Agenda for Change Bands 2 and 3, which would impact the agency market, along with patient flow and care homes, and the national consultation on the regulation of NHS senior managers
    - ongoing financial pressures and Cost Improvement Programme (CIP) targets, with additional recruitment controls extended to April at least
    - work ongoing to bring together existing policies and procedures under the banner of "Living our Values"; to help ambition become reality
    - the excellent engagement of NBT staff in the latest national staff survey, with the 62% response rate target exceeded and more good news to be reported later in the meeting.

    Discussion focused on:

    - the interesting times facing the Trust, with massive service demands, significant changes at committee and senior management levels, and the potential for anxiety and instability, making the need to keep people informed more important than ever
    - the importance of ongoing positive relations with trade union representatives.

2. **Trust Health and Safety Committee Update -** this report provided assurance on the effectiveness of the oversight and management of Health and Safety in the Trust. Updates were provided on:

    - internal and external audits carried out or planned across the Trust Estate
    - major incidents that had occurred over the past three months (none)
    - health and safety risks (which were reducing due to actions in progress)
    - recent RIDDOR Incidents (with numbers reducing) and
    - violence and aggression incidents (where numbers were static).

3. **Operational Workforce Update -** The report provided assurance in relation to the delivery of operational workforce priorities. The following key areas were highlighted:

    - staff turnover rates were on target generally, with the previous focus on healthcare support workers being very successful
    - admin and clerical turnover rates had reduced recently but remained higher than expected; work was ongoing around improving efficiency
    - sickness absence at NBT was in line with national benchmarking and trends, with some recent increase in admin and clerical sickness rates
    - ongoing work on Commitment to the Community targets, specifically the disparity ratio and the percentage of staff employed from the 30 most socio-economically challenged (in focus) communities
    - significant numbers of vacancies in band 2 and 3 nursing and midwifery roles (compared to the pipeline of staff potentially available), which were the focus of extensive recruitment and other work (e.g. apprenticeships)
    - the significant reduction in time to hire (the gap between an offer being made and all checks being completed, or between advert creation and checks completion) across the Trust, with more investment in greater automation and efficiency measures planned in the near future
    - discussions continuing on the medical eRostering system, in the context of the Hospital Group.

    The Committee welcomed the report and the positive progress. Discussion focused on the eRostering system and on the importance of keeping a close eye on the data, e.g. short and long term sickness rates, which were increasing across the UK as a whole.

4. **NBT Long Term Workforce Plan update -** this report updated the Committee on the modelling work and actions undertaken as part of the Long-Term Workforce Plan, using the Carnall Farrar (CF) modelling tool. The report proposed the stepping down of the six-monthly refresh of the CF model, and six-monthly reports to the Board, whilst acknowledging that long-term workforce planning would not cease as a result, but workforce demand and supply modelling would continue as part of the Hospital Group "Our People" benefits realisation work and as part of NBT's business-as-usual operational planning and people governance. The Committee supported and welcomed the work undertaken, supported the stepping-down of six-monthly refreshes and updates to the Board and supported the proposal for annual updates to this Committee.

5. **National Staff Survey Initial Results and Timeline –** this report provided initial, high-level results from the national staff survey, along with information on when

the results would be released from their current embargo and could be analysed and publicised further. Due to the embargo, this report does not include detail on the results, but the Committee was informed in summary that NBT had its highest ever response rate and had improving scores across all People Promise themes. The Committee welcomed the initial results and discussed how well NBT was performing in terms of staff satisfaction generally, given the very challenging context over the last year, of rising service demand, doctors' strikes, violence and riots on the streets of many cities, car parking changes and other factors. The Committee also emphasised the importance of delving further into the detail in areas where staff satisfaction was not so positive (e.g. burnout, exhaustion, discrimination, maternity services and others). The Committee noted the high-level results and timeline for wider dissemination of the results.

6. **EDI Update and Living our Values –** this report informed the Committee of key EDI developments and themes, including: recent and ongoing anti-racism training being carried out with senior managers in the Trust, which was challenging the way everyone thought and would impact on future EDI work plans; a new sexual safety policy which had been signed off at the Joint Consultative and Negotiating Committee (JCNC); a new anonymous and confidential sexual misconduct reporting tool; the appraisal window opening again in April; further work on quality of appraisals for all staff; and work on the quality and consistency of equality impact assessments. The Committee was also informed of "Living our Values", which was a programme of work aimed at embedding the positive behaviours underpinning the Trust's values into employees' working lives. The Committee noted and welcomed the update.

7. **Allied Healthcare Professional (AHP) Development Plan Update –** this report informed the Committee on the progress and impact of the AHP Workforce Development Plan 2023-2026, following the completion of the third AHP Workforce Engagement Questionnaire in December 2024. Key achievements were highlighted, comparing performance with previous years and identifying future aspirations for the development and optimisation of the AHP workforce at NBT. The Committee heard details of the improved survey response rate, as well as steadily increasing rates of staff satisfaction over the last three years, improved scores for learning and development, improved satisfaction with communication effectiveness, and falling sickness absence and vacancy rates. The Committee noted and welcomed the update.

8. **Disclosure and Barring Service (DBS) Process and re-checks –** this report informed the Committee of the People Oversight Group's (POG's) consideration of the Trust's policy on DBS checks (and re-checks) for NBT staff, following reports to the Board and the Quality Committee in the aftermath of the David Fuller case and public inquiry. Relevant staff already had a DBS check at the beginning of their employment with NBT where necessary, but, in line with the vast majority of NHS Trusts, re-checking staff after a period of years was not done. The POG had analysed the costs and benefits of various approaches and had decided (in line with other Trusts including UHBW) not to introduce 3-yearly re-checks for all roles across the Trust, but to introduce 3-yearly re-checks for roles where there is a regulatory requirement or recommendation and /or for specific high-risk roles identified through close working with Divisions. This was in addition to renewing the DBS Policy, asking a DBS-related question in annual staff appraisals and exploring the most cost-effective way of completing checks. The Committee welcomed the new approach.

9. **eRostering Audit and Levels of Attainment -** this report informed the Committee of NHS England's Levels of Attainment for eRostering and eJob Planning, which was a national tool to assess Trusts' progress, and of progress against the eRostering Audit and subsequent improvement actions. Further data would be submitted to the POG in April and to this Committee after April and actions to improve would be included in future operational workforce updates. The Committee noted the report, emphasising the importance of ensuring staff rostering systems were robust, and ensuring staff pay was correct.

10. **Risk Management** - this report updated the Committee on Trust Level Risks (TLRs) across its areas of responsibility, including health and safety and workforce risks, and reviewed relevant Board Assurance Framework (BAF) risks. It was noted that Internal Audit was in the process of auditing risk management processes across NBT and that a review of the longest-standing risks had recently been commissioned, with a view to these being closed where possible or otherwise reviewed and reported to relevant committees in February-March. The Committee discussed the risk of demands on the workforce due to staffing shortages and looked forward to further reports to future meetings.

The Committee also received an update on the deliberations and decisions of the People Oversight Group, which was a monthly Executive level group chaired by the Chief People Officer with senior level membership from across clinical, medical, operational, finance, digital, facilities, other corporate services and people teams. The Committee noted and welcomed the update.

For Board Awareness, Action or Response (including risks)

The Board should note the:

1. Committee's consideration of the Long-Term Workforce Plan and its support of the proposal to step down six-monthly refreshes and reports to the Board, with annual reports to be submitted instead to the People and EDI Committee outlined at paragraph 4 above and the
2. Committee's consideration and support of the DBS checks and re-checks process and decisions of the POG outlined at paragraph 8 above.

Key Decisions and Actions

None

Additional Chair Comments

None

Date of next meeting:	Tuesday 11 March 2025

NHS North Bristol NHS Trust

Report To:	Public Trust Board		
Date of Meeting:	30 January 2025		
Report Title:	Long-Term Workforce Plan Update		
Report Author:	Ben Pope, Associate Director for Workforce Planning, People Systems and Data		
Report Sponsor:	Peter Mitchell, Interim Chief People Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
	X	**X**	
	Trust Board is asked to discuss the paper and support the recommendations and next steps.		

Key Points to Note *(Including any previous decisions taken)*

Following the development of the NBT Long-Term Workforce Plan in partnership with Carnall Farrar presented to Trust Board in October 2023, it was agreed that six monthly reports would be presented to Trust Board including the refreshed forecast model and associated intervention theme actions. This update proposes stepping these reports down and the rationale for doing so.

Modelling. This update provides a summary of the Carnall Farrar modelling tool, benefits, challenges and how lessons learnt, and ongoing use of the model will be progressed.

Interventions (Actions). This update provides a high-level summary of the actions associated with each intervention theme, progress, any actions stood down with the rationale, and any ongoing actions and associated governance arrangements.

Long-Term Workforce Plan Modelling Tool

In partnership with Carnall Farrar the Trust developed a long-term workforce planning modelling tool that could be used to carry out high level whole organisation workforce demand and supply forecasting. The model covers the whole organisation, creating a baseline forecast, using population-based demand modelling translating clinical activity growth into workforce demand growth, and supply assumptions based on historic trends. Refreshing the data that informs the baseline and model takes approximately three days and is delivered within the Workforce Planning and Data team.

Adjustments can then be made to the baseline through a series of structured input 'lever' templates, these adjustments reflect the impact of the six intervention themes developed during the phase of work with Carnall Farrar. The model applies growth rates to demand and supply at a high level, division, and profession, due to the statistical challenges of applying more detailed growth rates.

Developing the interventions and their impact requires stakeholder engagement, separate analysis outside of the modelling tool and then the outputs of the analysis to be translated into the structured 'lever' input template to inform the model. The forecast outputs then need to be analysed and tested to ensure the interventions have had the anticipated impact. This aspect of using the model requires the level of stakeholder input and modelling resource stood up to deliver the 1st iteration of the model.

Benefits and Challenges

The benefit of using a single modelling tool across the whole organisation is that it creates standardisation and a tool to become 'recognised' which enables consistently structured, data driven conversations. In developing the 1st iteration, over 70 stakeholders contributed to discussions that led to the baseline data and interventions that were analysed and built into the model. This was a fundamental step forward for the Trust in demonstrating the value and the complexity of workforce demand and supply modelling across an organisation.

The Carnall Farrar model was built to be used at a high level across the whole organisation and this provided challenges when trying to embed the model in divisions and professions, engaging multiple stakeholders in the detail led to requests to build more detail and variation into both the baseline and interventions. In some instances, building in detail is possible, the challenge is around the capacity to analyse, model and maintain governance over the variation, in other instances variation would require changes to the core function of the model, an action only Carnall Farrar could carry out, at a cost to the Trust. In all instances adjustments could be made to either the baseline or the interventions, but this often led to spurious results that were time consuming to diagnose and correct or could not be explained. NHS England have stepped away from Carnall Farrar model used in long-term workforce plan for these reasons.

The capacity required to deploy the model organsiation wide and facilitate its use refreshing every six months by engaging stakeholders across the organsiation to identify, develop and model interventions is significant. Currently this is beyond the capacity the Trust currently has available to facilitate use of the model for long-term workforce planning. This high-level organisation wide approach is also incongruous with our Patient First methodology and ethos of an inch wide and a mile deep and with the approach of our Hospital Group partner.

Next Steps – Modelling

This update recommends stepping down the six-monthly refresh of the model, acknowledging that long-term workforce planning activity will not cease as a result. Workforce demand and supply modelling will continue to be carried out as part of the Hospital Group 'Our People' benefits realisation work or as part of NBT activity commissioned through Operational Planning or People Governance, e.g., current long-term demand and supply planning for nursing which requires a more tailored approach to modelling. To make the best use of capacity and to identify and use the best tool, planning activity must be targeted to areas of greatest need.

Hospital Group Work

Agreeing future use of the Carnall Farrar model will form part of the Hospital Group benefits realisation work currently in development. The 'Our People' theme includes a project stream focussing on strategic workforce planning, aimed at aligning our approach across NBT and UHBW, including tools and models, and focus on delivery of a strategic workforce plan for the medical workforce. The latter point recognising NBT's Trust Level Risk and UHBW's Patient First project, 'Optimising the Medical Workforce'. Workforce planning and information capacity will also need to be available for supporting the Single Managed Service development and implementation work. Where capacity is limited targeting the areas of greatest need, using the right approach and the most appropriate tool is essential.

ICB

Long-Term Workforce Planning will be an integral part of Healthier Together 2040, the impact of the work within the ICB will be incorporated into the planning round for 2026/27, anticipated to start in November 2025.

Ongoing NBT Long-Term Workforce Planning

Long-Term workforce planning will also continue using bespoke tools built for purpose and through engaging NHS England with tools they have available. Long-Term workforce demand and supply forecasts are currently being built to support nursing in developing their supply pipelines including apprenticeship development for 2025/26 onwards. This will be a combination of models built by the Trust Workforce Planning and Data team and NHS England supporting with their 'Optioneering' tool, the latter anticipated to be a joint exercise with UHBW.

Long-Term Workforce Plan Actions (Intervention Themes)

During the development of the 1st iteration of the NBT Long-Term Workforce Plan a series of actions were agreed through stakeholder development sessions, aligned to six intervention themes.

The actions were to be managed as a programme of work due to their broad, complex, and often interdependent nature. This was not possible as programme support was not available due to savings requirements; however, actions have continued to be monitored at regular check points and are predominantly aligned with existing work and governance in the Trust. A summary of the actions that have been completed, are ongoing and are no longer required are summarised below:

Enhance Recruitment. Focussed on improving our recruitment processes, including Robotic Process Automation (RPA), and developing our Employer Value Proposition, work which continues through the Acute Provide Collaborative recruitment services collaboration with UHBW. Robotic Process Automation remains the outstanding action area identified in the Long-Term Workforce Plan, with potential implementation being scoped in partnership with digital colleagues. This theme also included actions associated with broadening our recruitment pools, work which continues through our Trust Patient First Strategic priority, Commitment to our Community.

Grow Apprenticeships. Focussed on expanding apprenticeships to be 6% of our headcount by 2028/29, deliver the expansion through low level-apprenticeships and use apprenticeships as an attraction mechanism to deliver greater volumes of recruitment. Given the positive vacancy position in the Trust the need to drive additional recruitment through attraction into apprenticeships is less in focus, however growing apprentices in the Trust remains an aspiration and work is in progress through professions, divisions, and our Patient First Commitment to our Community strategi priority to support this. Funding arrangements including for backfill of clinical apprentices remains a rate limiting step and actions to a complete cost-benefit analysis of apprenticeships remain in progress as a result.

The agreement to consolidate all learning, development and education functions within the People Directorate and the appointment of a joint lead for learning and development functions across NBT and UHBW will support this work moving forward. Updated funding arrangements for apprenticeships associated with publishing the refreshed NHS Long-Term Workforce Plan, now due in Summary 2025 have also impacted on progress.

Improve Retention. Focussed on delivering the one-year retention plan actions, which have now been completed and implementing and delivering the five-year retention plan actions. The five-year retention plan has been signed off and is in delivery. Refreshed turnover targets, assumptions, and actions are currently in review via the operational planning process and the Retention and Staff Experience Group which provides the People Governance oversight for our retention plan. There are no actions identified in the 1st iteration of the long-term workforce plan which have been stood down before completion.

Productivity. Focussed on determining impact of NHS England Long-Term Workforce Plan medium case improvement of a 0.8% reduction in demand growth across all clinical staff groups year on year. Next steps focussed on mapping the impact of existing Trust productivity programmes on workforce and

tailoring productivity assumptions by profession. A summary of all the productivity activity in the Trust was taken to Finance, Digital and Performance Committee in November 2024, outlining the service line productivity opportunities in Trauma and Orthopaedics, Urology and Geriatric Medicine and the operational productivity work in Theatres, Outpatients and Length of Stay (SDEC and Transfer of Care Hub programmes). Independently of this work the Trust has also engaged with an ICB programme to implement the use of an NHS England Workforce Productivity diagnostic tool, a 1st draft of the tool was completed in December 2024 and the next steps are being planned with the ICB, UHBW are also participating in this work. The next steps include how the ICB will use the tool across all providers in BNSSG and monitor improvement plans through the ICB People Programme governance, and how NBT progresses the use of the tool internally ensuring its use is value adding in the context of the other existing productivity streams coordinated through the Trust Long-Term Sustainability programme.

New and Extended Roles and Transform Teams. Focussed was on skill mix in nursing and Allied Health Professional (AHP) teams, ensuring new and extended roles could be accurately identified in our people systems and mapping the medical workforce skill set to identify opportunities for new and extended roles. During the development of the 1st iteration of the plan stakeholder groups of clinical and operational staff could not reach agreement on principles and opportunities for a systematic approach to implementing new and extended roles**.** The following three areas were identified:

Skill mix. Original focus was to carry out a targeted piece of work using band 5 vacancies to drive skill mix actions. The Trust band 5 vacancy position has significantly improved, and this driver is no longer in focus for a targeted skill mix exercise. Nursing skill mix review continues via the business-as-usual six-monthly establishment review process which has oversight through People Governance, and via operational planning and work on longer term planning for nursing supply. In the same way, the AHP skill mix review has been stood down as original vacancy drivers no longer relevant, confirmed by Chief AHP

People systems. Identifying and consistently coding new and extended roles in our people systems to enable workforce planning. Work continues in business as usual to improve our data and since the 1st iteration of the plan we have implemented consistent and detailed coding for Advanced Practice and Enhanced Practice roles in partnership with the Trust Advanced Practice lead. Additional work with deputy chief AHP, senior Healthcare Scientists and Pharmacy to do the same is in progress. 2025 will see a People Digital group established who will have responsibility for people system data and data quality which will provide the governance and oversight for this work. This work also underpins one of 1st activities proposed for the Strategic Workforce Planning stream in the 'Our People' Hospital Group benefits realisation work which is to set our baseline of data to underpin the development of a strategic workforce plan for the medical workforce.

Mapping medical workforce skill set. Focussed on identifying opportunities for implementing new and extended roles. Following the 1st iteration of the workforce plan a group of clinical stakeholders convened to discuss a methodology for a systematic opportunity identification process, however other priorities meant this work could not move forward. The aim of this work is now incorporated into the draft project scope for the Strategic Workforce Planning stream in the 'Our People' Hospital Group benefits realisation work.

Next Steps – Interventions (Actions)

Intervention themes and associated actions developed through the 1st iteration of the plan continue to be progressed either through People or Professional governance groups with responsibility for continuing to deliver on the actions.

Next Steps – Overall

In stepping down the six-monthly updates to Trust Board focusing on the Carnall Farrar tool and acknowledging that long-term workforce planning and delivery of interventions will continue their remains a gap provision of a coordinated view and assurance of the overall impact of workforce planning activity in the Trust. The recommendation of this update is to implement an annual workforce planning update to be presented to People and EDI committee. The update will encompass modelling and forecasting activity completed and interventions and actions progressed that impact on workforce demand and supply. The update would then provide the ability to communicate out key messages to the wider Trust on workforce planning activity completed, in progress and planned in line with a key management action associated with the 2024 workforce planning audit. Acknowledging operational planning delays experience in recent years it is proposed that the update would be presented to the People and EDI Committee at the 1st meeting in quarter two of the year which will ensure operational planning as completed and set the scene for the next operational planning round.

Strategic Alignment

NBT Long-Term Workforce planning activity be developed alongside strategic activity, our work to realise the benefits of becoming a Hospital Group. It will also continue to include the impact of our strategic priorities, particularly our Patient First priorities, People and Commitment to our Community.

Risks and Opportunities

Opportunity: Learning from work with Carnall Farrar and use of the modelling tool co-developed with them will provide insight into our Hospital Group work and our response to the refreshed NHS England Long-Term Workforce Plan over the course of 2025.

Risk: The Carnall Farrar tool does not serve a functional purpose as we move towards aligned and targeted strategic workforce planning activity and the tool becomes mothballed.

Recommendation

The Board is asked to acknowledge this paper and to approve the recommendations and next steps throughout. The People and EDI Committee has approved this paper to be submitted to Trust Board and support the recommendation.

North Bristol NHS Trust

Report To:	Public Trust Board		
Date of Meeting:	30 January 2025		
Report Title:	Integrated Performance Report		
Report Author:	Lisa Whitlow, Associate Director of Performance		
Report Sponsor:	Executive Team		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			✓
	To provide the Trust Board with the Integrated Performance Report for NBT.		
Key Points to Note *(Including any previous decisions taken)*			
The report is a standing item to the Trust Board Meeting.			
Strategic Alignment			
N/A			
Risks and Opportunities			
N/A			
Recommendation			
This report is for **Information** The Trust Board is asked to note the contents of the Integrated Performance Report.			
History of the paper (details of where paper has <u>previously</u> been received)			
Trust Board	Submitted every month for Trust Board.		
Appendices:	Slide deck - IPR January 2025 PDF - PQSM Jan 2025 v4		

North Bristol NHS Trust

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

January 2025

(presenting December 2024 data)

Contents

North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	Trust Patient First Improvement Priority	National Standard	Current Month Trajectory (RAG)	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																				Peer Performance	Rank
Responsiveness	A&E 4 Hour - Type 1 Performance	R		95.00%	70.98%	67.17%	63.30%	64.87%	63.77%	63.56%	61.83%	63.21%	69.31%	61.40%	58.25%	58.70%	55.20%	58.35%		51.44%	2/11
	A&E 12 Hour Trolley Breaches	R		0	-	269	318	168	260	324	217	252	125	83	396	419	526	352		14-1894	3/11
	Ambulance Handover < 15 mins (%)		PF	65.00%	-	28.97%	35.05%	39.35%	37.24%	39.99%	40.70%	42.19%	51.34%	41.78%	23.82%	26.56%	16.42%	30.47%			
	Ambulance Handover < 30 mins (%)	R	PF	95.00%	-	61.66%	64.52%	71.47%	68.13%	72.27%	75.46%	74.15%	82.25%	76.63%	55.01%	58.35%	41.41%	59.10%			
	Ambulance Handover > 60 mins		PF	0	-	554	534	329	366	274	210	240	165	182	516	551	810	584			
	Average No. patients not meeting Criteria to Reside				132	243	245	233	211	233	216	218	210	204	192	205	202	183			
	Bed Occupancy Rate			93.00%	-	96.28%	97.81%	97.40%	97.48%	97.86%	97.53%	97.37%	97.20%	97.22%	98.09%	98.17%	97.86%	95.48%			
	Diagnostic 6 Week Wait Performance			5.00%	0.98%	10.11%	12.28%	5.19%	4.22%	3.10%	2.47%	1.38%	0.85%	1.15%	0.81%	0.80%	0.84%	0.75%		18.27%	1/10
	Diagnostic 13+ Week Breaches			0	0	7	4	5	0	0	0	0	0	0	0	0	0	0		0-2372	1/10
	RTT Incomplete 18 Week Performance			92.00%	-	60.14%	61.11%	61.58%	59.75%	60.36%	60.96%	61.97%	63.71%	63.94%	65.04%	66.33%	66.73%	66.11%		55.83%	8/10
	RTT 52+ Week Breaches	R		0	922	1685	1393	1383	1498	1609	1632	1649	1305	1108	909	774	606	416		43-16939	4/10
	RTT 65+ Week Breaches				14	388	249	193	146	191	226	218	156	105	9	12	7	6		0-5245	3/10
	RTT 78+ Week Breaches	R			44	50	45	39	27	18	14	6	13	4	1	0	0	0		0-553	2/7
	Total Waiting List	R			45548	47245	46710	46394	46278	46441	46740	46252	45732	45478	45491	44755	43935	43727			
	Cancer 31 Day First Treatment			96.00%	89.12%	86.30%	77.12%	86.18%	83.07%	87.77%	84.83%	86.50%	80.45%	85.85%	80.97%	85.22%	88.71%	-		76.45%	7/10
	Cancer 62 Day Combined	R	PF	85.00%	67.96%	61.20%	53.33%	58.15%	59.14%	60.62%	59.32%	61.31%	58.16%	69.02%	60.70%	68.01%	70.18%	-		89.76%	6/10
	Cancer 28 Day Faster Diagnosis	R		75.00%	75.76%	74.89%	70.88%	74.80%	73.79%	57.28%	67.47%	78.05%	78.38%	79.04%	78.19%	77.10%	81.60%	-		69.45%	4/10
	Cancelled Operations Not Re-booked Within 28 Days			0	-	9	5	5	5	6	3	2	5	2	2	6	5	5			
	Urgent Operations Cancelled ≥2 times			0	-	0	0	0	0	0	0	0	0	0	0	0	0	2			

RAG ratings (Red/Green) are against Current Month Trajectory. For metrics with no trajectory, RAG rating is according to comparison with previous month, except for Bed Occupancy, Diagnostic 6 Week Wait Performance and Cancelled Operations metrics which are RAG rated against National Standard.

North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

Domain		Description	Regulatory	Trust Patient First Improvement Priority	National Standard	Current Month Trajectory (RAG)	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Trend
Quality, Safety and Effectiveness	Trust Quality Metrics	Summary Hospital-Level Mortality Indicator (SHMI)					0.94	0.94	0.94	0.95	0.95	0.96	0.95	0.96	0.96	-	-	-	-	
		Never Event Occurrence by Month			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		Commissioned Patient Safety Incident Investigations					1	2	0	1	1	1	1	1	2	0	0	1	2	
		Maternity and Newborn Safety Investigations					1	0	1	0	0	0	0	0	2	0	0	0	-	
		Total Incidents					1208	1199	1329	1289	1127	1182	1133	1174	1083	1296	1326	1265	1014	
		Total Incidents (Rate per 1000 Bed Days)					40	38	45	40	37	38	37	38	36	43	42	41	33	
		WHO Checklist Completion				95.00%	99.43%	99.52%	99.82%	99.71%	99.89%	99.92%	99.73%	99.90%	99.37%	99.55%	98.49%	98.31%	98.91%	
		VTE Risk Assessment Completion	R			95.00%	93.05%	92.60%	91.51%	91.17%	91.02%	91.49%	90.22%	90.43%	90.47%	92.34%	92.49%	91.55%	-	
		Pressure Injuries Grade 2					12	11	18	10	14	11	4	11	4	5	10	8	14	
		Pressure Injuries Grade 3				0	1	1	0	0	0	0	0	0	0	0	0	0	0	
		Pressure Injuries Grade 4				0	0	0	1	0	0	0	0	0	0	0	0	0	0	
		Pressure Injuries rate per 1,000 bed days					0.33	0.35	0.47	0.28	0.36	0.35	0.10	0.36	0.13	0.10	0.25	0.20	0.39	
		Falls per 1,000 bed days					6.38	5.58	5.72	5.66	5.18	5.20	5.56	5.80	5.01	6.53	5.32	5.90	5.50	
		MRSA	R		0	0	0	0	0	0	1	0	0	1	0	1	1	1	0	
		E. Coli	R			4	5	6	5	2	6	10	4	6	4	4	12	4	2	
		C. Difficile	R			5	2	2	9	8	6	2	4	8	2	6	7	7	9	
		MSSA				2	6	3	3	2	2	2	3	3	2	2	5	1	4	
		Observations Complete					98.66%	98.73%	98.50%	98.59%	98.59%	98.68%	98.65%	98.66%	98.50%	98.48%	98.43%	98.39%	98.45%	
		Observations On Time					72.46%	73.33%	72.13%	72.32%	71.45%	71.74%	72.63%	74.59%	73.88%	72.98%	72.44%	71.12%	71.61%	
		Observations Not Breached					88.70%	88.67%	87.62%	87.09%	86.25%	86.10%	86.88%	88.32%	88.06%	87.05%	86.87%	86.05%	86.44%	
	Maternity	5 minute Apgar 7 rate at term				0.90%	0.78%	0.23%	1.22%	1.90%	1.00%	0.93%	0.93%	3.16%	0.98%	2.04%	1.56%	1.36%	1.44%	
		Caesarean Section Rate					41.26%	44.90%	47.50%	44.74%	45.88%	46.09%	46.07%	45.05%	46.40%	45.36%	48.44%	45.71%	44.93%	
		Still Birth Rate				0.40%	0.72%	0.43%	0.00%	0.22%	0.00%	0.22%	0.22%	0.00%	0.44%	0.42%	0.00%	0.25%	0.22%	
		Induction of Labour Rate				32.10%	36.65%	31.67%	31.36%	34.45%	32.71%	29.78%	29.91%	25.00%	28.83%	33.05%	30.98%	28.28%	30.40%	
		PPH 1500 ml rate				8.60%	2.42%	2.38%	4.04%	2.68%	3.52%	4.98%	4.78%	4.45%	4.94%	4.50%	3.51%	5.25%	3.28%	
	Fragile Hip	Fragile Hip Best Practice Pass Rate					61.40%	60.00%	67.92%	71.43%	68.57%	41.18%	59.57%	45.95%	65.63%	50.00%	30.65%	52.94%	-	
		Admitted to Orthopaedic Ward within 4 Hours					21.05%	28.17%	9.43%	14.29%	25.76%	19.61%	14.89%	32.43%	34.38%	16.67%	6.45%	5.88%	-	
		Medically Fit to Have Surgery within 36 Hours					68.42%	64.79%	71.70%	73.47%	65.15%	47.06%	65.96%	51.35%	75.00%	57.41%	29.03%	64.71%	-	
		Assessed by Orthogeriatrician within 72 Hours					91.23%	88.73%	90.57%	95.92%	92.42%	86.27%	91.49%	91.89%	100.00%	92.59%	96.77%	82.35%	-	
	Stroke	Stroke - Patients Admitted					157	185	163	155	177	160	155	160	167	156	149	163	-	
		Stroke - 90% Stay on Stroke Ward				90.00%	78.49%	75.22%	76.47%	75.00%	74.36%	69.47%	76.84%	53.33%	50.48%	64.29%	64.71%	100.00%	-	
		Stroke - Thrombolysed <1 Hour				60.00%	35.29%	85.71%	60.00%	70.00%	82.35%	60.00%	63.64%	61.90%	48.00%	56.00%	50.00%	-	-	
		Stroke - Directly Admitted to Stroke Unit <4 Hours				60.00%	70.97%	58.62%	62.14%	75.79%	40.00%	56.70%	41.41%	47.17%	43.52%	43.43%	37.14%	33.33%	-	
		Stroke - Seen by Stroke Consultant within 14 Hours				90.00%	91.35%	85.82%	94.92%	97.27%	90.08%	80.00%	83.78%	91.87%	86.32%	84.62%	82.86%	75.00%	-	

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North Bristol Integrated Performance Report

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Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity		PF			91.73%	92.73%	91.16%	93.93%	90.05%	93.37%	93.17%	89.47%	91.62%	88.69%	90.76%	90.70%	89.42%	
	Friends & Family Positive Responses - Emergency Department		PF			80.94%	81.44%	81.12%	73.99%	77.89%	74.65%	78.64%	81.05%	78.96%	71.71%	71.52%	69.63%	75.49%	
	Friends & Family Positive Responses - Inpatients		PF			91.30%	92.71%	91.98%	91.55%	92.73%	91.81%	93.80%	91.72%	90.81%	91.60%	91.81%	91.89%	91.85%	
	Friends & Family Positive Responses - Outpatients		PF			96.01%	95.31%	94.58%	95.12%	95.33%	95.06%	94.90%	95.00%	94.79%	94.24%	94.29%	95.13%	95.06%	
	PALS - Count of concerns					103	191	133	157	137	155	174	159	130	174	174	142	177	
	Complaints - % Overall Response Compliance				90.00%	73.00%	79.00%	71.00%	84.62%	86.11%	72.22%	84.09%	73.68%	79.19%	80.43%	84.00%	68.97%	64.62%	
	Complaints - Overdue					3	5	6	4	2	2	4	4	6	3	1	3	3	
	Complaints - Written complaints					36	44	40	39	36	47	45	59	59	63	62	47	49	
Workforce	Agency Expenditure ('000s)					1610	1507	1592	1368	891	1037	765	725	657	724	645	825	581	
	Month End Vacancy Factor					5.87%	4.87%	4.82%	5.02%	2.55%	3.46%	4.04%	4.26%	4.06%	4.17%	4.14%	4.29%	4.66%	
	Turnover (Rolling 12 Months)	R	PF		-	13.30%	13.09%	12.91%	12.32%	12.01%	11.88%	11.88%	11.75%	11.54%	11.92%	11.80%	11.79%	11.82%	
	Sickness Absence (Rolling 12 month)	R			-	4.70%	4.66%	4.67%	4.65%	4.62%	4.60%	4.61%	4.62%	4.58%	4.56%	4.56%	4.55%	4.58%	
	Trust Mandatory Training Compliance					91.06%	90.14%	89.44%	91.16%	91.50%	91.47%	92.02%	92.58%	92.71%	92.18%	92.33%	92.54%	92.71%	

RAG ratings (Red/Green) are against Current Month Trajectory. For metrics with no trajectory, RAG rating is according to comparison with previous month, except for Bed Occupancy, Diagnostic 6 Week Wait Performance and Urgent Operations Cancelled ≥ 2 times which are RAG rated against National Standard.

Executive Summary

Urgent Care

Four-hour performance reported at 58.35% in December. NBT ranked second out of 11 AMTC providers. There was a decrease in 12-hour trolley breaches compared to the previous month (352 in December from 526 in November), and a decrease in ambulance handover delays over one-hour (579 in December from 804 in November). The UEC position continues to be driven by a combination of increasing demand and reduced patients flow out of the hospital. In the year-to-date, ED attendances are up by 3.41% which equates to over 2,600 additional presentations. These circumstances are creating a challenging clinical, operational and performance environment. The System ambition to reduce the NC2R percentage within NBT to 15% remains unachieved. This ambition was central to the Trust being able to deliver the 78% ED 4-hour performance requirement for March 2025. As yet, there is no evidence this ambition will be realised. Community-led D2A programme remains central to ongoing improvement. Work also progresses around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. In the meantime, internal hospital flow plans continue to be developed and implemented.

Elective Care

The Trust was successful in delivering its 65-week RTT commitments against the national September-2024 requirements. The overall waiting list is also now reducing, having decreased by approximately 7% over the last year. Having reached the milestone of reducing 52-week waits to below 1,000 in September, there has been another significant reduction during December, taking the position to just over 400. The Trust has now set its own ambition to reduce 52-week wait breach volumes to less than 1% by the end of this year. This ambition is beyond national target requirements and is on track to deliver.

Diagnostics

For the sixth consecutive month, the Trust’s diagnostic performance has achieved the national constitutional standard – going beyond the target of no more than 5% breaching six-week waits. The actual breach rate in December was less than 1%. Benchmarking against Trusts with similar waiting lists across England, NBT has ranked first for the fifth consecutive month. The Trust also remains compliant with the maximum 13-week wait with no patients waiting beyond 13 weeks.

Cancer Wait Time Standards

For the first time in a number of years Trust is now reporting a controlled PTL, a compliant FDS-28 Day position and a compliant 62-Day Combined position against targets. NBT is currently compliant with the national requirements. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumour sites. To achieve the overall 62-Day breach standard this year, the Trust will now focus on improvements in some of the most challenging pathways/backlogs - including the high volume and high-complexity Urology pathway (in particular, robotic prostatectomy). As reported previously, due to the Urology backlog activity, the 62-Day position was expected to show a deterioration in overall 62-day performance in September, before recovering into October and November. This is shown in the reported position with November reporting at 70.18% – as expected. As the backlog clearance work concludes, plans for sustaining the position will be enacted which will require slightly lower levels of additional activity. On this basis, the Trust is expecting to meet its commitments to secure its PTL, FDS and the 62-Day target ahead of March 2025, as per the national requirement.

Executive Summary

Quality

Midwifery is currently recruited to vacancy and turnover. The term admission rate to NICU was 2.7% against the national target of 5%, the lowest rate in 11 months. PMRT saw four cases being reviewed with no elements of care graded as C or D in November.

There has been an increase in complaints with a communication theme and improvement actions are being taken. There was one new case referred to MNSI and no new Patient Safety Incident Investigations.

During December 2024 NBT had a rate of 5.4 medication incidents per 1000 bed days, which is below the mean point of 5.9 for the past 6 months. The work of the 'Medicines Safety Forum' continues, with a focus on Controlled Drug management, review of competence assessments and efficiency of drug round tasks.

Infection control data for MSSA and *E.coli* remains below 2024-25 trajectory, however *C.difficile* is increasingly above, which reflects the national picture and NBT is instigating *C.diff* ward rounds to combat this. Flu cases are rising rapidly in line with national picture, with mask wearing in the emergency zone mandated as a key mitigation. Covid-19 numbers remain stable and there were no new MRSA cases.

NBT reported a rate of 5.5 falls incidents per 1000 bed days in December which is below the average of 6.30. A focus on individual cases continues, with 1 severe and 2 moderate level harm falls reported. Continued improvement actions are outlined in the main report.

The overall trend in Pressure Injury reduction continues, which includes those relating to devices, when benchmarked against 2023-24 figures for the same 9-month period there's a 34% reduction. VTE risk assessment compliance has fluctuated over the past 2 years but remains below the national standard. A range of actions have been implemented but the primary sustainable solution remains the implementation of the Trust's new Electronic Prescribing system.

In September 2025, completion of the VTE Risk Assessment will become a forcing measure when the digital prescribing module is initiated, which will dramatically improve compliance. Delivery of the Year 2 workplan for Patient & Carer Experience remains positive, with actions to improve patient experience aligned to the national patient surveys.

We continue to enhance our focus on seeking feedback and insight linked to areas of health inequality and have shaped the January Trust Board Patient Story around the experience of the Gypsy Roma Traveller community as one key example. 92.3% of patients gave the Trust a FFT positive rating, consistent with the previous month. Complaints increased slightly in comparison to previous month and same period last year and PALS concerns were in line with usual volumes. The response rate compliance for complaints decreased to 65% in month, although there were none overdue at the time of month end reporting. All complaints & PALS concerns continue to be acknowledged within the agreed timeframes

Executive Summary

Workforce

Turnover is 11.83% in December, remaining below the Trust target of 11.9% for 2024/25. Work is in progress to review and refresh our assumptions, areas of focus and interventions underpinning our Long-Term Retention Plan and actions and target for 2025/26.

For both disparity ratio and the newly agreed metric, % of Recruitment into Target Roles from our 30 Most Challenged Communities, analysis, interventions and Trust targets for 2025/26 will be presented to the Patient First Steering group in February.

Trust-wide agency spend is 1.2% of total pay spend in December significantly below the target of 3.2%, however focus is ongoing on areas of agency use to establish exit plans. Bank use remained at the same level in December as November but increased use of Break Glass in December has meant expenditure increased. The fortnightly Resourcing and Temporary Staffing Oversight group continues to focus on actions to reduce bank use and expenditure.

Our watch metrics (sickness absence and vacancy rate) have followed a trend of statistically significant improvement over the past 12 months.

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Finance

The financial plan for 2024/25 in Month 9 (December) was to break even and in month the Trust has delivered a £0.1m surplus, which is £0.1m better than plan. Year to date, the position is a £3.6m adverse variance against a planned £2.4m deficit driven primarily by the impact of in year CIP delivery across pay and non-pay, and various non-pay pressures within Divisions.

The Trust cash position at Month 9 is £33.4m, a reduction of £29.3m from Month 12. This is driven by the underlying deficit and capital spend. The Trust has delivered £16.4m of completed cost improvement programme (CIP) schemes at month 9, an increase of £1.7m from month 8. There are a further £3.1m of schemes in implementation and planning that need to be developed, and £7.1m in the pipeline.

High Quality Care

NHS North Bristol NHS Trust

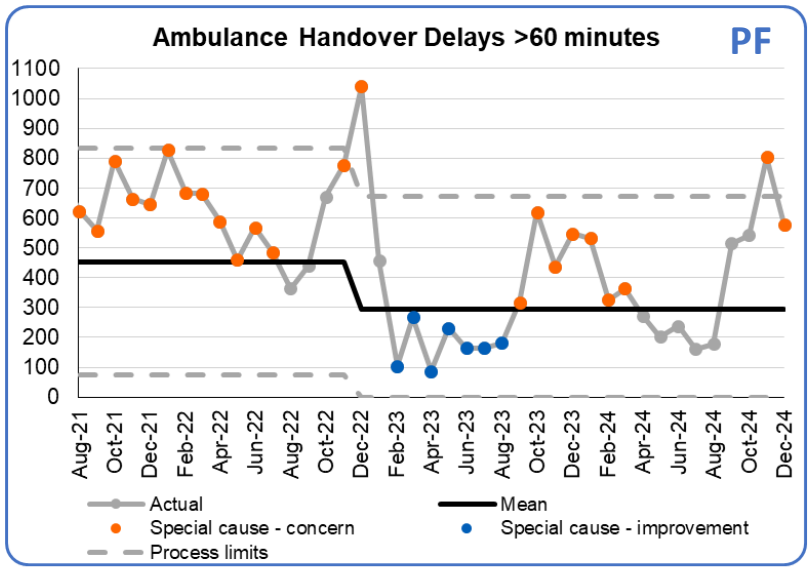
Responsiveness

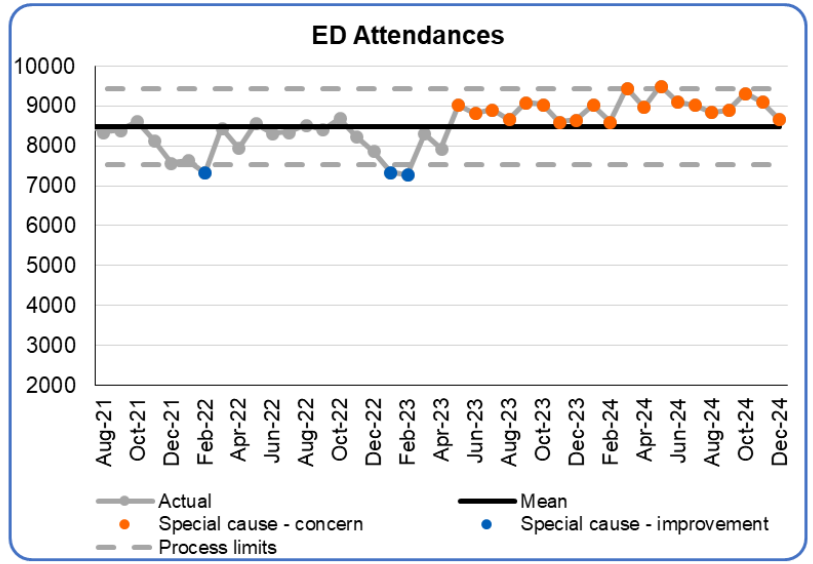
Board Sponsor: Chief Operating Officer
Steve Curry

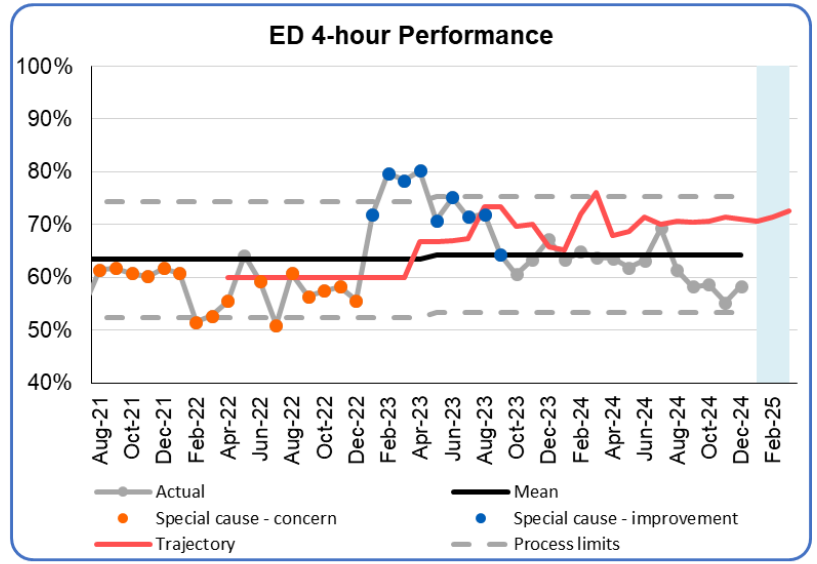
Responsiveness – Indicative Overview

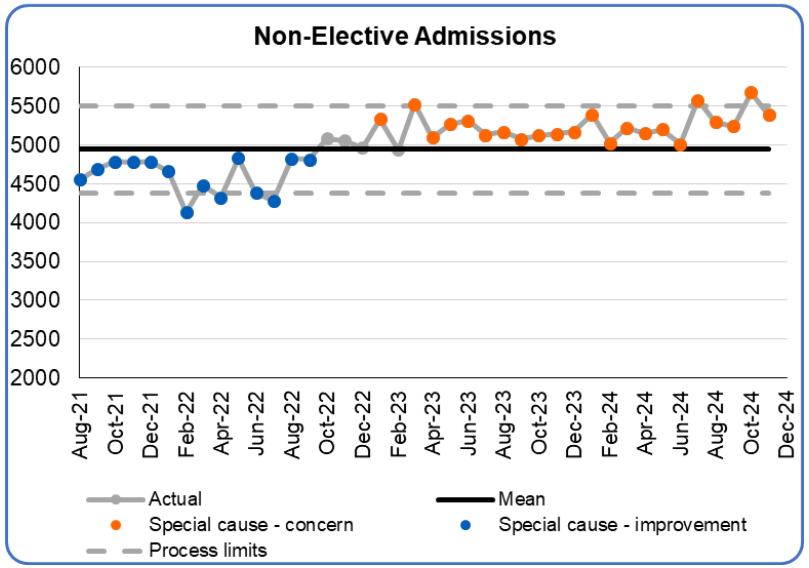
Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Internal and partnership actions continue – meanwhile, ED demand in the YTD is up 3.41%.
	NC2R/D2A	As yet, no evidence of progress – with bed occupancy reaching its highest point in October for more than a year.
RTT	65-week wait	Delivered. Exceeded operational plan – final complex clearance underway and new internal ambition to reduce 52-week waits to less than 1% underway and on plan. The 52-week clearance trajectory is ahead of plan.
Diagnostics	5% 6-week target	Delivered. Exceeded national requirement. Now constitutional standard compliant.
	CDC	Delivered. Operational. Now including Endoscopy.
Cancer	28-day FDS Standard	Delivered. Now compliant for more than four months.
	62-Day Combined Standard	As predicted, after a recovery period of backlog clearance in September and October, the Trust has now reached the in-year target for 62-Day cancer compliance – 5 months ahead of the March-25 deadline.

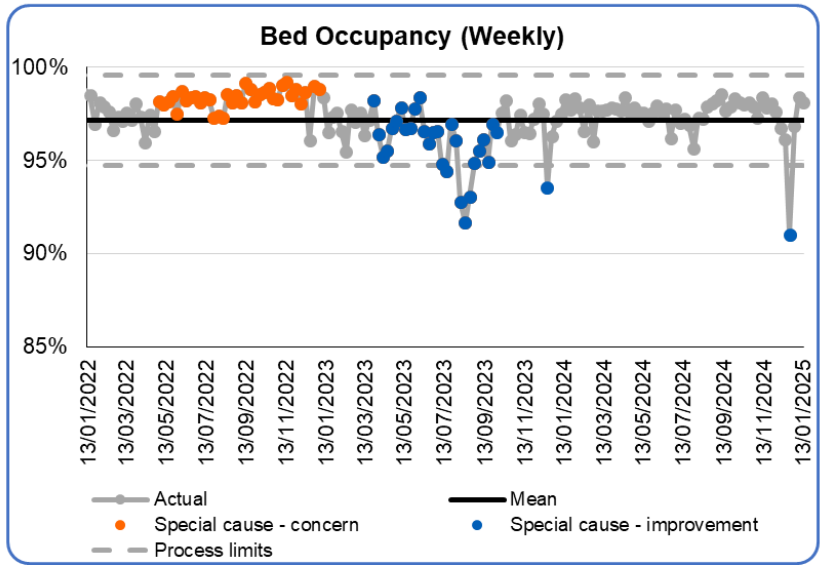
Urgent and Emergency Care

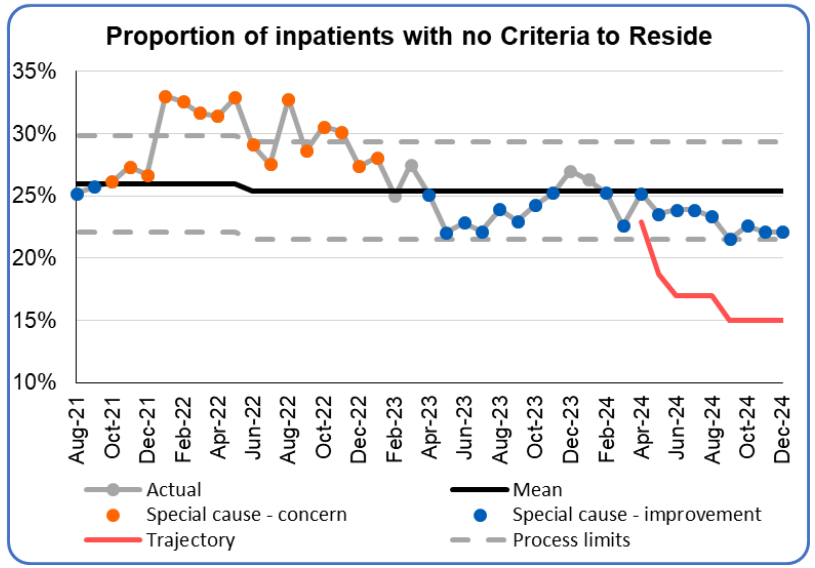












Urgent and Emergency Care

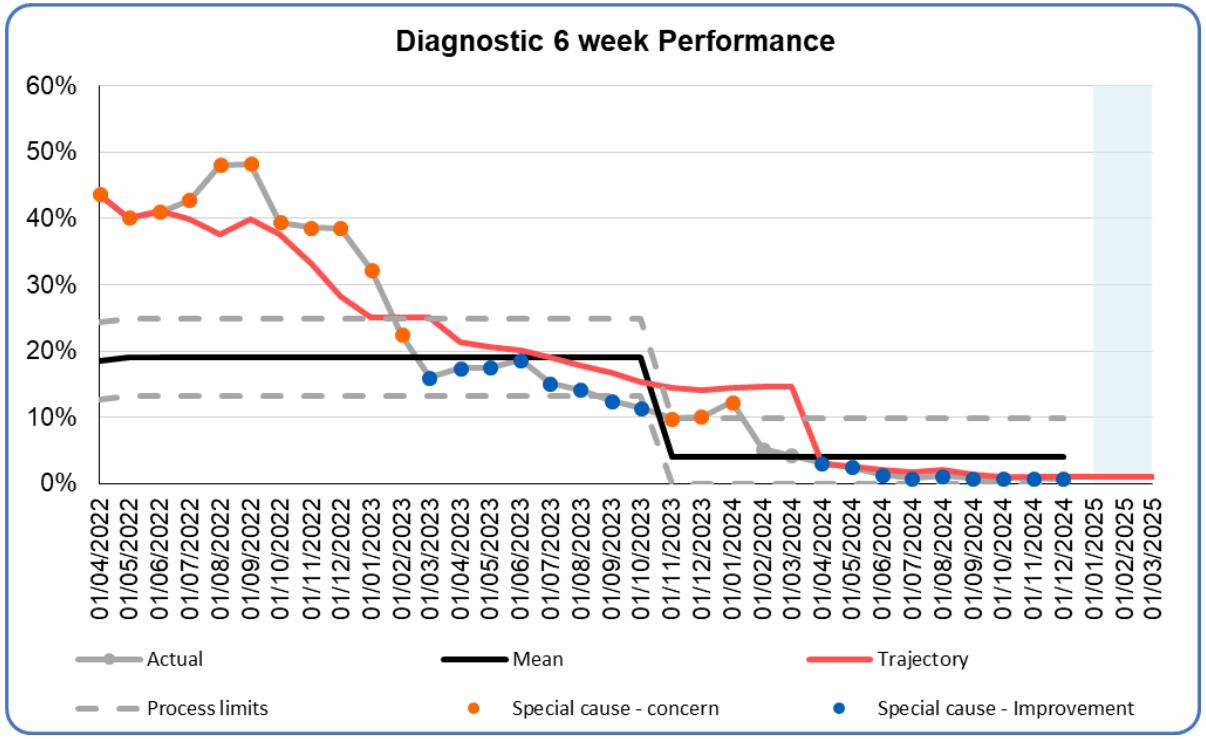
What are the main risks impacting performance?

- Year-on-year ED attendances have been increasing; for 2024/25 to-date, attendances have been 3.41% higher than the same period last year.
- In the month of December, significant rise in Flu and respiratory infection presentations, with over 70 Flu inpatients at its peak.
- As yet, no significant progress in reducing NC2R problems against System ambition.
- Unusually, we did not see any seasonal variation in NC2R numbers throughout the summer months.

What actions are being taken to improve?

- Executive and CEO-level escalation regarding NC2R impact - commitment secured from system partners to focussed work with revised reduction ambition. Additional capacity requirements developed by COOs across the System with CEO funding agreement reached in the last week. Awaiting capacity provision.
- Ambulance handovers – significant year-on-year improvement in lost ambulance handover time – but previous months have proved more challenging. Internal UEC programme actions on handover processes, together with the 'continuous flow' model led by the Chief Nursing Officer has delivered further improvement.
- Ongoing introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- Development of a "Transfer Of Care" Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub.
- New demand and capacity work being undertaken by system partners to refresh D2A model to support NC2R reduction ambition – see first bullet point.
- COO escalating Stroke NC2R. Further escalation arranged with System partners. Two further BIRU beds secured in BIRU following the initial four already agreed.

Diagnostic Wait Times



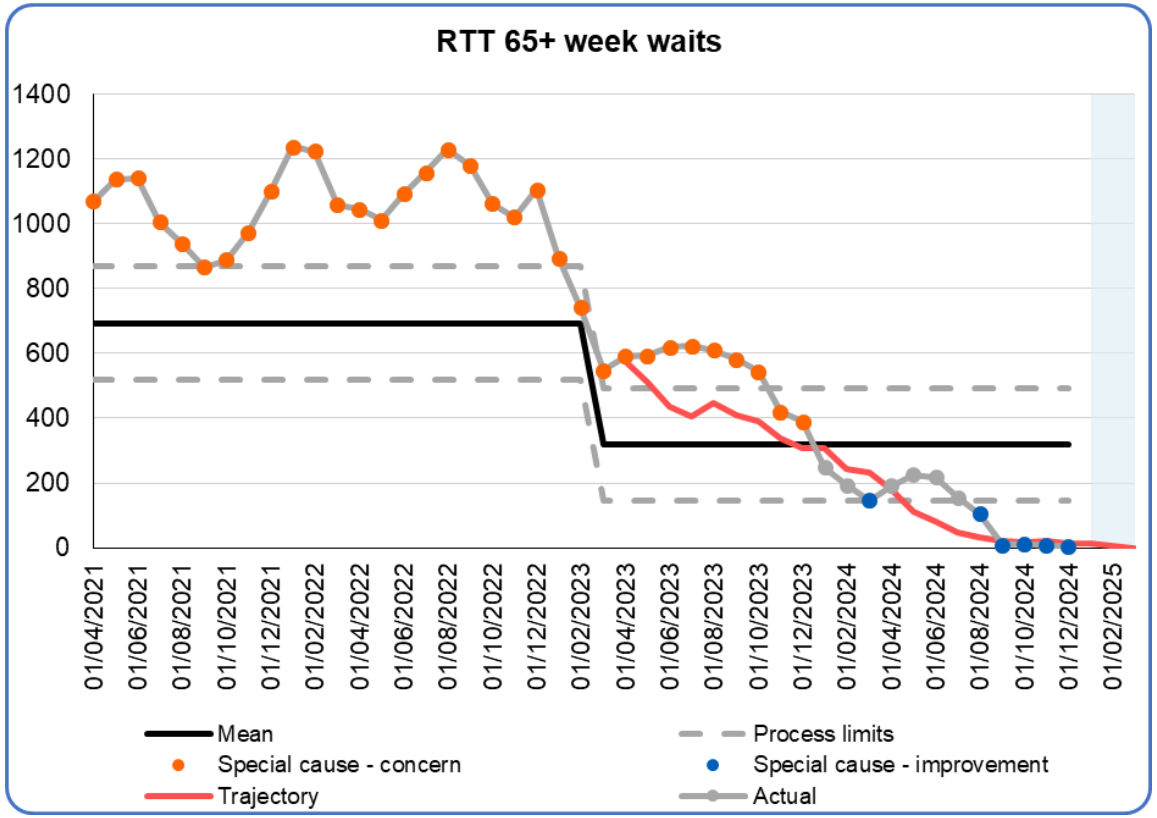
What are the main risks impacting performance?

- The Trust continues to exceed the target of no more than 5% patients waiting over 6-weeks, with performance reporting at 0.75% for December 2024.
- Cross-sectional imaging upgrades may result in some capacity losses in the next six weeks.
- Staffing gaps within the Sonography service and a surge in urgent demand means that the NOUS position remains vulnerable. Given the volume of this work, any deterioration can have a material impact on overall performance.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector. Further industrial action remains the biggest risk to compliance.

What actions are being taken to improve?

- The Trust has committed to actions that deliver the national constitutional standard of 1% in 2024/25.
- The Trust is maintaining clearance of all >13-week breaches. NBT is the only trust in our region to have zero >13-week breaches.
- CDC is now operational.

Referral To Treatment (RTT)



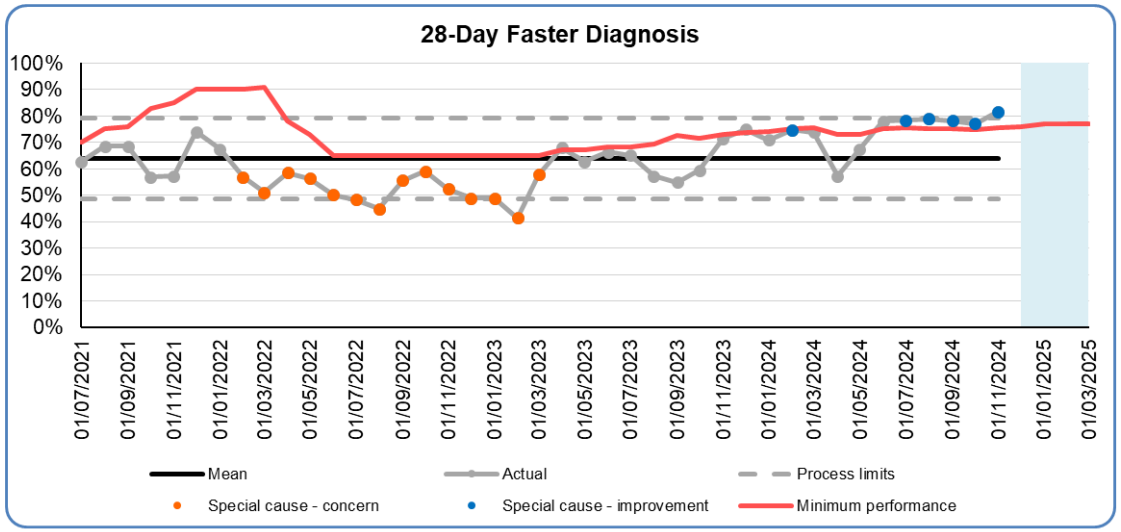
What are the main risks impacting performance?

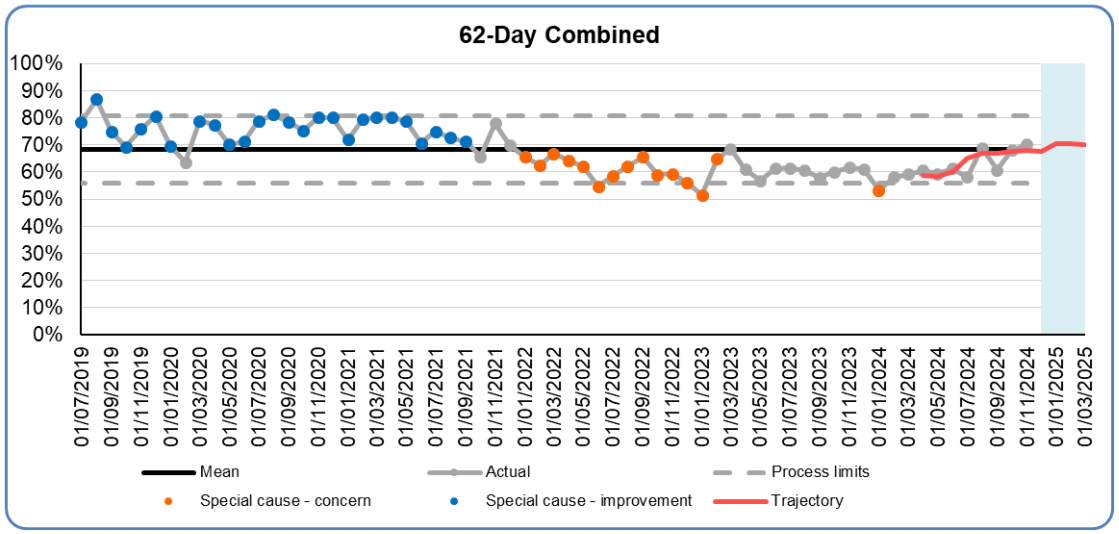
- Continued reliance on third party activity in a number of areas.
- The potential impact of UEC activity on elective care.
- Challenges remain in a small number of specialist procedures (DIEP).

What actions are being taken to improve?

- The Trust is committed to sustaining 65-week breach clearance.
- Work is underway to progress to a 52-week wait clearance.
- Speciality level trajectories have been developed with targeted plans to deliver required capacity in most challenged areas; including outsourcing to the IS for a range of General Surgery procedures and smoothing the waits in T&O between Consultants.
- Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred all suitable patients into available capacity across local IS Providers.
- The Trust is actively engaged with the Getting It Right First Time (GIRFT) programme of work and working with specialists in theatre utilisation improvements to ensure use of available capacity is maximised.

Cancer Performance





What are the main risks impacting performance?

- The reduction in performance September has, as predicted, reversed in the current reported month as backlogs are cleared.
- Ongoing clinical pathway work reliant on system actions remains outstanding.
- Reliance on non-core capacity.
- Increased demand is now a significant driver – Skin referrals, Gynaecology referrals and Endoscopy referrals.
- Volume and complexity of Urology pathway remains challenging.

What further actions are being taken to improve?

- Increased Urology activity through to the end of the calendar year to clear backlogs for robotic surgery.
- Recovery actions can only be made sustainable through wider system actions. The CMO is involved in System workshops looking to reform cancer referral processes at a primary care level.
- Focus remains on sustaining the absolute >62-Day Cancer PTL volume and the percentage of >62-Day breaches as a proportion of the overall wait list. This has been challenged by recent high volume activity losses (industrial action related) within areas such as Skin.
- Having secured a reduced PTL, and a FDS position compliant with trajectory, focus will now be on improving performance in the high-volume, high-complex area of Urology. Additional capacity is being secured and a new D&C model being developed.
- Moving from an operational improvement plan to a clinically-led pathway improvement plan for key tumour site pathways such as Skin and Urology (e.g. prostate pathway and implementation of Primary Care Tele-dermatology for the Skin care pathway).

Patient

Commitment to our Community

NHS North Bristol NHS Trust

Quality, Safety and Effectiveness

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

Maternity

Perinatal Quality Surveillance Monitoring (PQSM) Tool

November 24 data

The term admission rate to NICU in November was 2.7%. This is a decrease from October (4.2%) and is the lowest rate in the previous 11 months.

Perinatal services at NBT referred one new case to MNSI in November, at time of writing this case has not been confirmed as accepted. MNSI awaiting initial family discussion. There were no new commissioned cases for Patient Safety Incident Investigations (PSII).

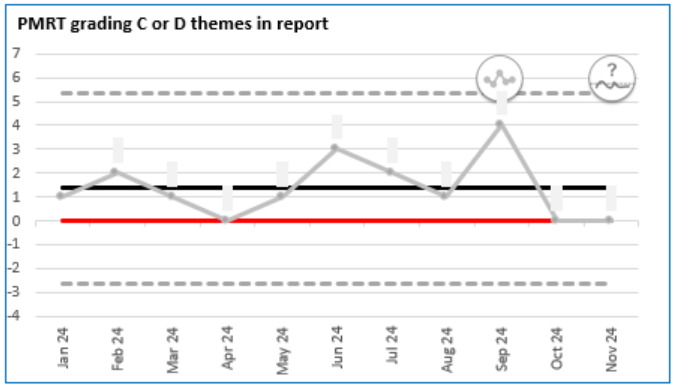
PMRT saw four cases being reviewed with no elements of care graded as C or D in November.

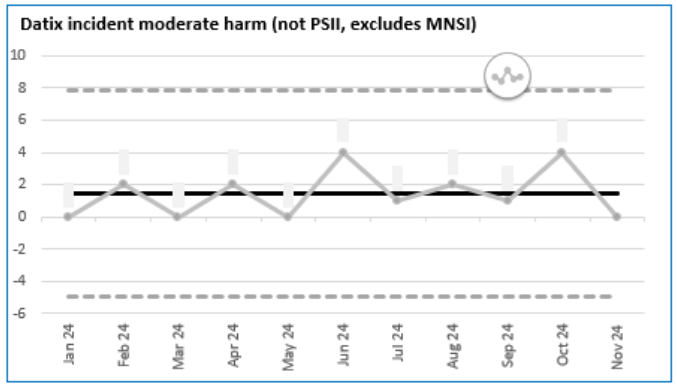
There were no moderate harm incidents in November.

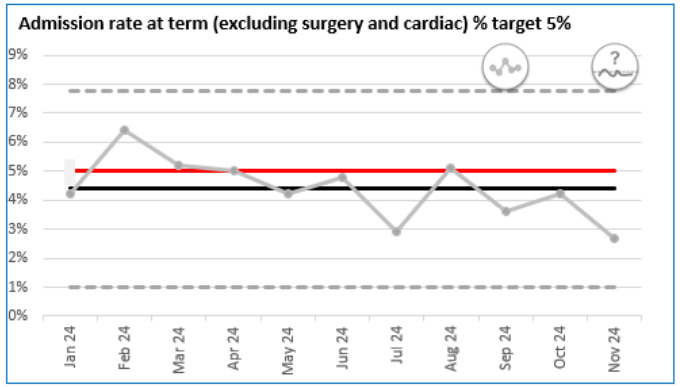
Midwifery is currently recruited to vacancy and turnover.

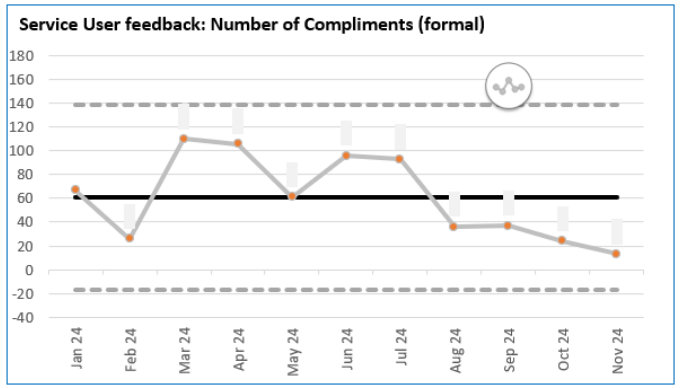
Perinatal services received four formal complaints in November.

Our services have been ranked second and third nationally for women's experiences during labour/birth and staff care respectively. In comparison to last year's results for North Bristol Trust we were significantly worse in only one element (discharged without delay), and when benchmarked against other trusts across England we were ranked significantly worse in only one of 57 elements (again discharged without delay), there was no significant difference in 34 elements, and we were ranked significantly better on 24 elements.



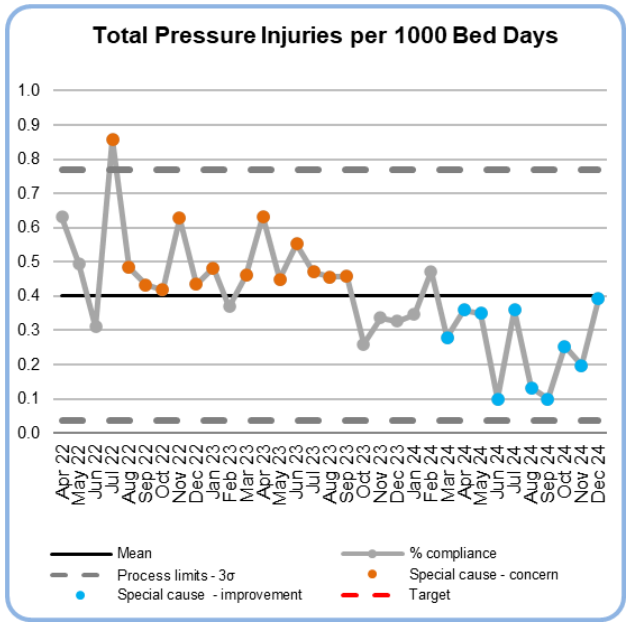


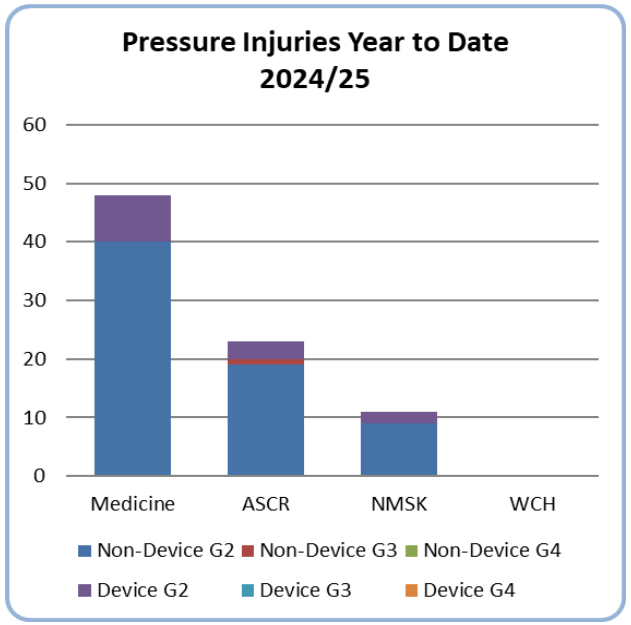


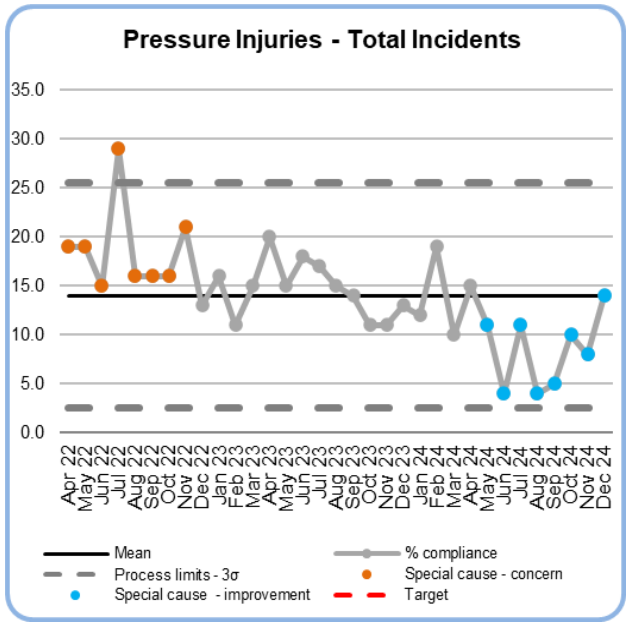


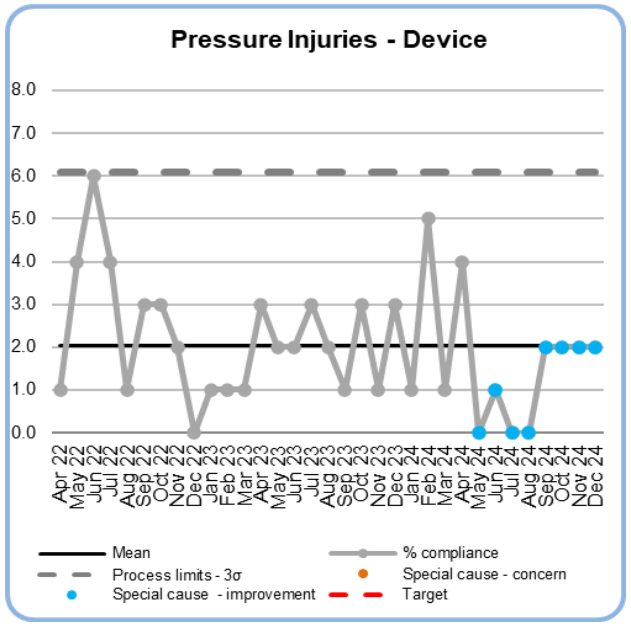
What actions are being taken to improve?

There are ongoing streams of work to support the rising complaints regarding communication. As part of multi-disciplinary training days launched for 2024-2025 there is specific education on the patient voice. Alongside this, the patient experience team are working in collaboration with the birth choices team to consider alternate language to communicate levels of risk and concerns with families. There is a trust wide working group focusing on communicating allergies between clinicians.









Pressure Injuries

What does the data tell us?

In December there were 14 x grade 2 pressure ulcers, of which 2 were attributable to medical devices.

In November there were 1 unstageable reported pressure ulcers reported. There was 0 x grade 3 pressure ulcer or grade 4 pressure ulcers.

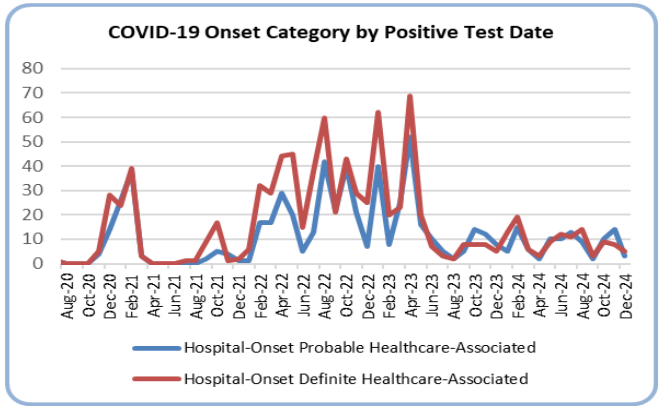
When bench-marking grade 2 pressure ulcers against the figures from 2023-2024 for the same 9-month period, NBT is at a 34% reduction in grade 2 pressure ulcer prevalence.

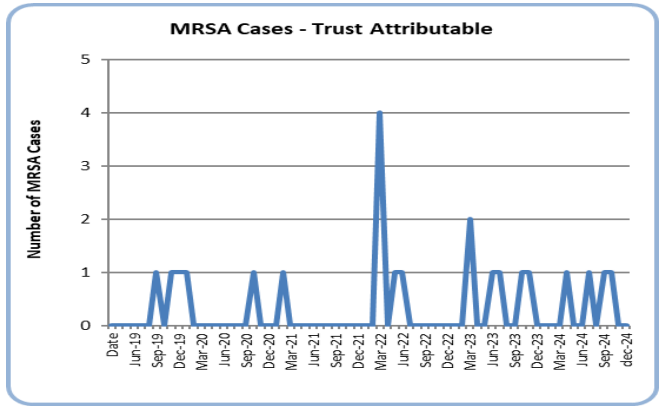
In December there was an increase to 12 x DTIs reported. When benchmarked against the figures for 2023-2024 for the same 9-month period, NBT is at a 62% reduction in DTI prevalence.

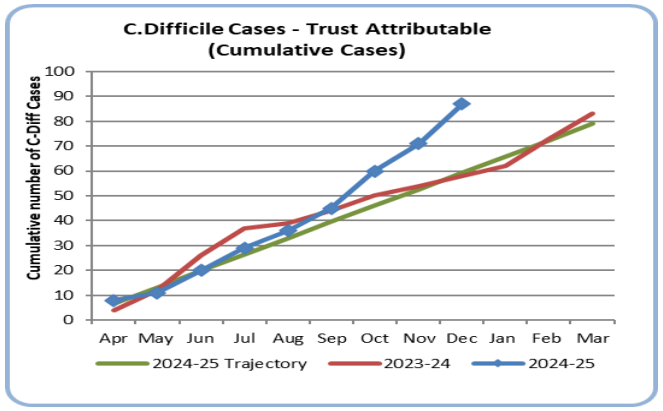
The target for pressure ulcer reduction will be a trajectory for the year based on the first-quarter figures. There will be zero tolerance for Grade 3 or 4 PUs, with a target for 50% reduction on last year's incidents.

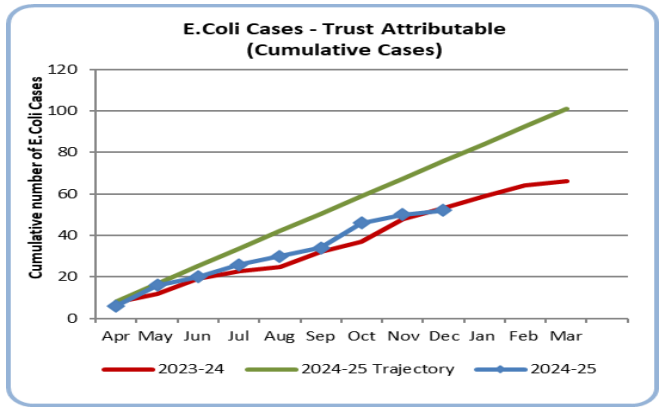
What actions are being taken to improve?

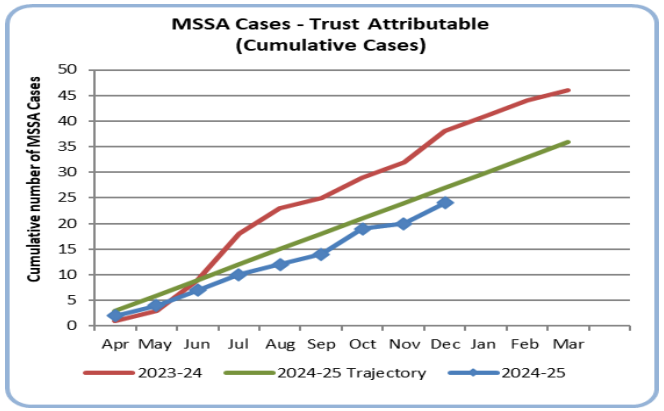
- The TVN team continues to work in collaboration with patients, clinical teams, and other stakeholders to reduce patient harm and improve patient journeys and outcomes. The team provides a responsive, supportive, and educational wound care service across NBT and works collaboratively and strategically within the ICB across the BNSSG system.
- There is ongoing learning from PU incidents using the PSIRF methodology from stakeholders. This is being reviewed strategically by the Pressure Ulcer Steering Group to respond to emerging themes and trends. Additionally, there is ongoing work around risk management during periods of escalation at the hospital.
- The BNSSG Pressure Ulcer Categorisation tool has been updated to reflect the changes to the National Wound Care Strategy recommendations following discussion with the NBT and UHBW senior nursing team, and agreement by organisations at the BNSSG Wound Strategy Group.

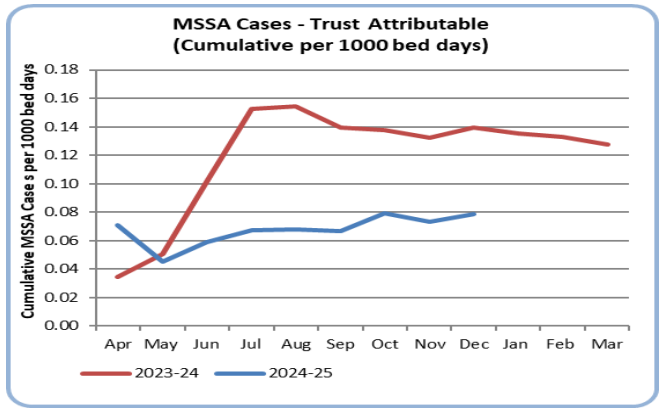












Infection Prevention and Control

What does the data tell us?

SARS – CoV- 2 (Coronavirus) / Influenza - Cases have risen in line with national increase of influenza A prolonged period and large case numbers have been seen (second highest in 10 years) – NBT took the decision in early January to adopt mask wearing in the Emergency zone and re-looked at staff Vaccination as part of control measures.

MSSA – Case rates continue to trend lower than the trust trajectory a clear reflection of work done in this field in all clinical areas.

C. difficile – Cases have exceeded set trajectory, C Diff ward round to commence to reduce incidence of cases.

IPC to continue to provide focus education, especially targeted in areas of repeat infection.

Gram negative/ E.coli – Cases remain within trajectory, with ongoing work looking at catheter management and hydration.

What actions are being taken to improve?.

- C Diff targeted plans in place specifically looking at adoption of a targeted C Diff ward round , this will commence end of January.
- Patient hydration continues a focus to embed learning from regional/national programmes and initiatives. The continence group remains unfunded. Plans with BD medical to look at catheter audits.
- MSSA cases remain below trajectory, although improvements continue in wound management and Line care. This signifies a vast improvement on case rates last year.

Other infections

Measles

BNSSG cases for this outbreak have now totalled over 65 cases, some cases are presenting to NBT that require contact tracing from a patient and staff perspective.

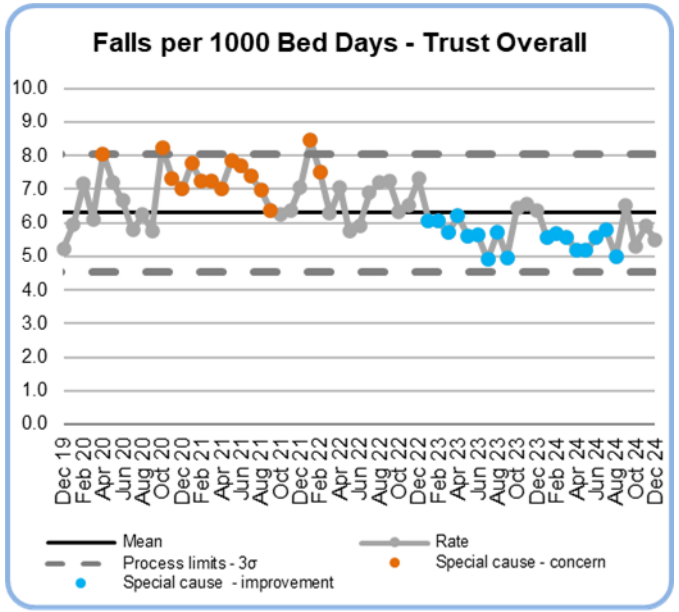
Other projects

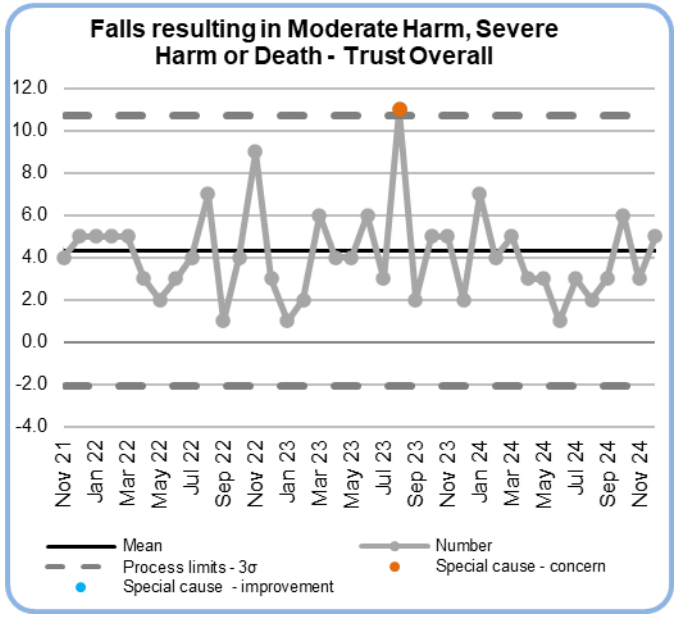
HCID – IPC working with Divisional team's implementation expected early 2025.

Alcohol free gel – Implementation of Spectrum X alcohol free gel that can be used with Norovirus and C Diff. - this product to be rolled out trust wide.

IPC winter training – Various sessions across all divisions as part of winter preparation.

Mandatory IPC training – Tier 3 bespoke training collaborative work between NBT and UHBW continues.





Falls

Falls incidents per 1000 bed days

NBT reported a rate of 5.5 falls incidents per 1000 bed days in December which is below the average of 6.30.
There were 169 falls reported in December. 2 falls resulted in fatalities. There was a further 1 severe incident and 2 moderate physical harm falls. No incidents had associated psychological harm above low.

The 2 fatalities were both as a result of intercranial bleeds following the falls. The other harmful incidents were a combination of facial fractures, intercranial bleeds and a fractured hip.

Medicine division: 102 falls reported. This is below average for the third month.
NMSK division: 40 falls reported. This is slightly above average.
ASCR: 26 falls reported. This is around average.

Multiple falls accounted for 27% of falls this month which is around average of a quarter. 19 patients experienced more than 1 fall. With 7 patients having 3 or more falls. No patient experienced more than 4 falls this month.
Older patients continue to be the highest proportion of patients who fall, with 75% of reports in the over 65's.

What actions are being taken to improve?

The falls team staffing resource continues at the reduced 0.9 WTE.

The Falls team have continued to be engaged with the stakeholder consultation for the new incident reporting system Radar.

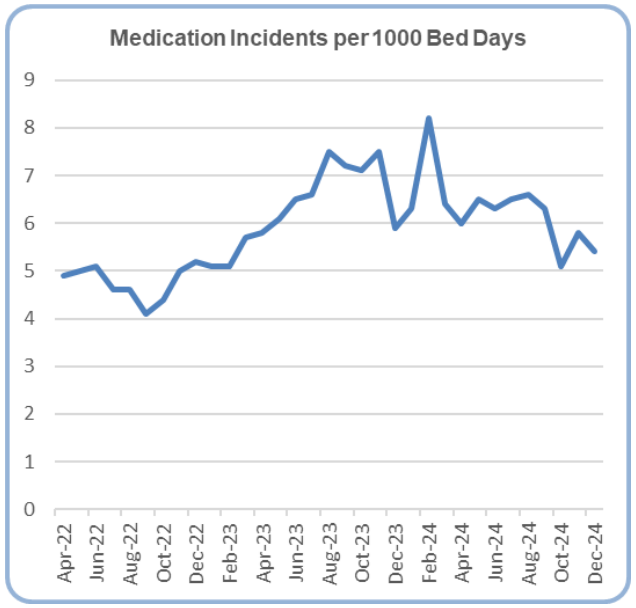
The expansion of the National Audit of in-patient falls has started on January 1st. An interim plan has been created to allow us to identify and report on some cases but is unlikely to be able to meet full compliance. Further consideration needs to be given to how we progress to full identification of cases and whether the additional cases requiring completion of audit data collection will be possible with ward-based staff.

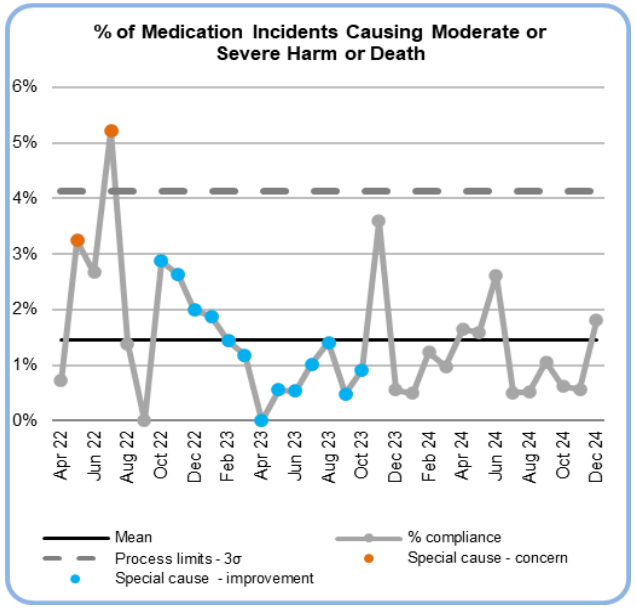
32A have commenced the pilot of the new ways of using Vitals Neuro NEWS2 to complete post falls neurological observations at the required intensity. This has been supported with a 'how to' guide, access to a recorded presentation about neurological observations and with ward presence and infographics. Feedback from this pilot will inform the roll out process across other areas.

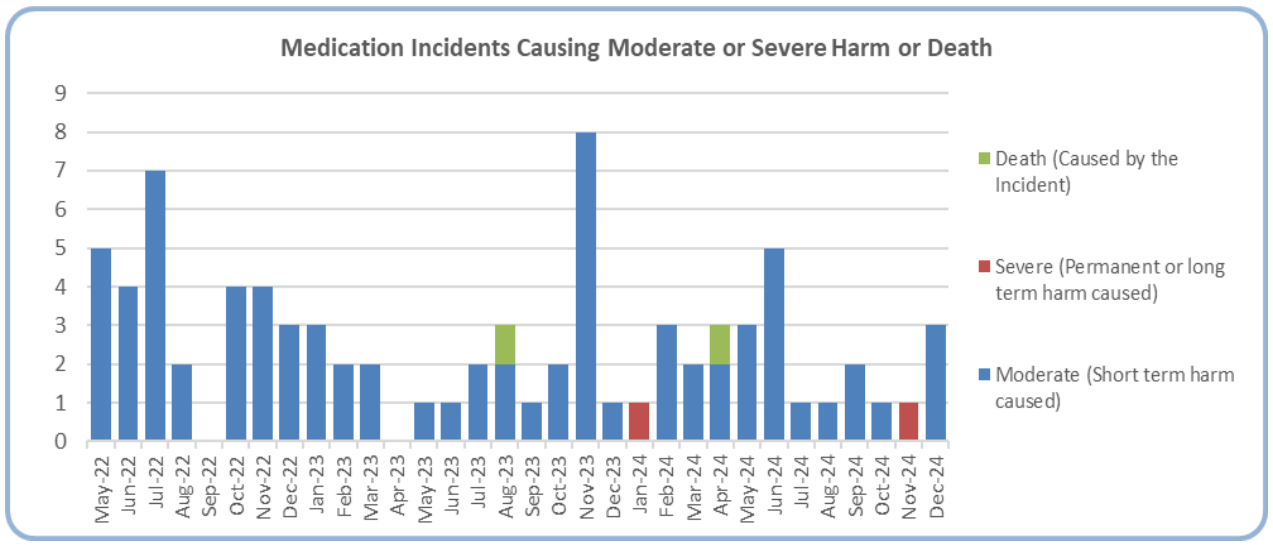
Working with business intelligence/data analysts to have improved visibility on our completion of lying-standing blood pressure measures for higher risk patients. The completion of lying and standing blood pressure continues to be an area for improvement.

N.B. The data presented only presents inpatient falls and does not include falls from hoist, stairs or in outpatient areas.

Medicines Management Report







What does the data tell us?

Medication Incidents per 1000 bed days

During December 24 NBT had a rate of 5.4 medication incidents per 1000 bed days, which is below the 6-month average of 5.9 for this measure.

Percentage of Medication Incidents Reported as Causing Moderate or Severe Harm or Death to all Medication incidents

The level of medication incidents causing moderate or severe harm or death was 1.8% this month with 3 incidents falling into this category.

Overall comment

The total number of incidents per 1000 bed days remains lower than usual but there was a slight increase in the number of incidents which were reported as causing harm. We will be closely monitoring this latter measure as we move forward.

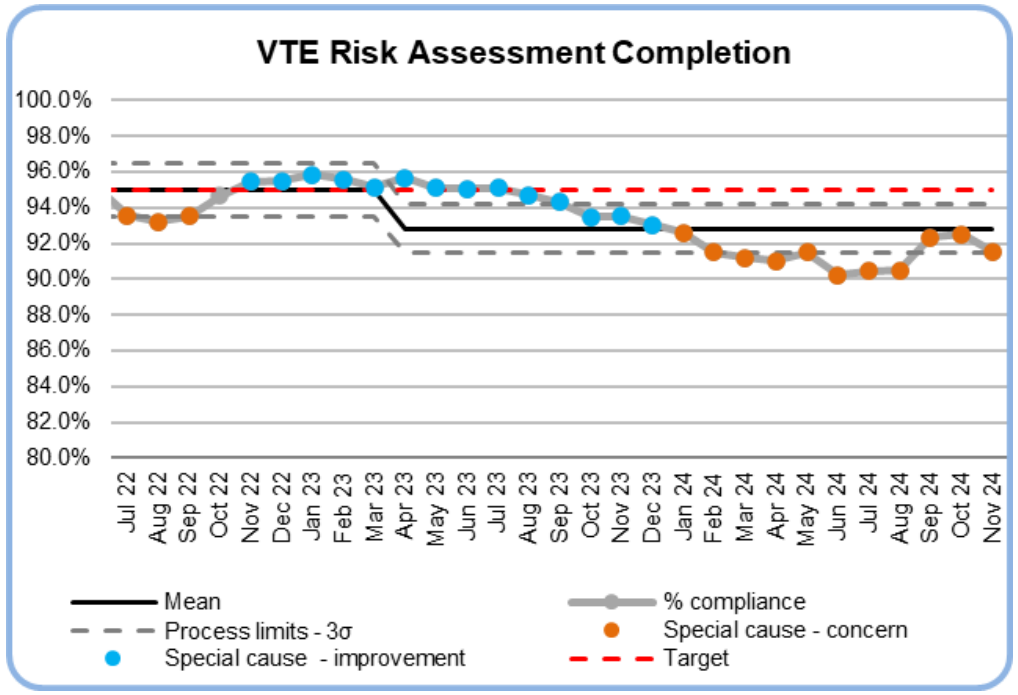
What actions are being taken to improve?

The work of the 'Medicines Safety Forum' continues – this is a multidisciplinary group whose aim is to focus on gaining a better understanding of medicines safety challenges and subsequently supporting staff to address these. This group meets monthly, with a high level of engagement with the groups and its activities from all Divisions and staff groups.

At the last meeting it was agreed that the group would initially focus on:

- Analysing practices around Controlled Drug management to assess whether any process changes could reduce workload for nursing staff and risk of errors
- Consideration of implementation of measures to reduce the task loading for nurses undertaking drug rounds.
- Reviewing the competence assessment process for nursing staff ensuring it is practical, fit for purpose and consistent.

A resource proposal detailing the Pharmacy staffing required to support medicines safety improvement work going forward will be discussed at the DTC in due course.



Please Note: some VTE data is reported one month in arrears because the coding of the admission, and data collection for VTE RA, does not take place until after the patient is discharged.

VTE Risk Assessment

What does the data tell us?

In June 2022 there was a noticeable dip in VTE RA compliance (see graph), and action was taken to improve the situation.
An audit of patient notes revealed that VTE forms were not consistently completed.

Actions:

1. All clinicians were reminded of the importance of completing VTE RA for all patients, with regular audit and feedback to the teams – this resulted in an overall improvement in VTE RA compliance.
2. In February 2023, a pilot of a **VTE digital assessment** took place; this was successful and thus rolled out across the Trust:
    I. The digital form allows for real data collection.
    II. There is a visual reminder of the patient's VTE RA status on the Ward Flow Board (VTE status is colour-coded)
3. Clinicians are reminded daily, at the Board Rounds, if the VTE RA form has not been completed.
4. Reinstatement of face-to-face training for all HCPs in the Trust, at induction.
5. Clinical leadership responsibilities agreed with direct oversight of the CMO and the Thrombosis Committee which reconvened to engage and drive actions across the Trust.
6. The compliance with completing the digital VTE is improving; however – lack of hardware to enable completion of the form is significant – and the use of Tablets, in theatre particularly, and for general clerking, is being discussed at senior level.

Reason for the initial drop in compliance (following mandating the digital VTE form) :
Completing the digital VTE form is a manual deviation from the human ergonomic flow of clerking a patient, so it can be missed on admission. Much work has occurred with the clinicians to increase compliance and understand the barriers to completion.

An additional improvement plan is in place this year:
In September 2025, completion of the VTE RA will become a **forcing measure** when the digital prescribing module is initiated, which will dramatically improve compliance.

In the meantime, the VTE team are constantly reviewing the requirement for a VTE RA for individual patients, identifying cohorts of patients who do NOT require a VTE RA, and ensuring that the data collection is accurate.

Patient

Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams

Patient & Carer Experience – Strategy Delivery Overview December 2024

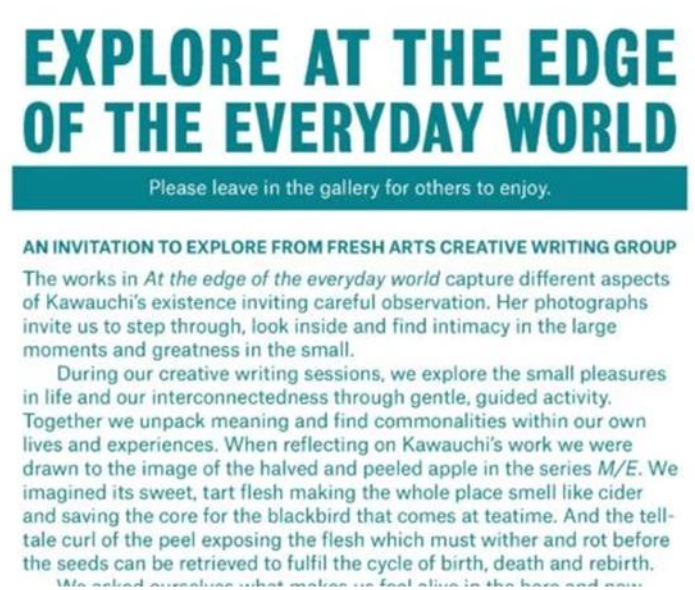
A	Amber - Progress on Track but known issues may impact on plan	C	Complete
G	Green - Progress on Track with no issues	R	Red - Progress is off Track and requires immediate action

NHS North Bristol NHS Trust

Patient & Carer Experience Strategy Commitment	Commitments	Progress Status
Listening to what patients tell us	We will continue to share patient experiences at Board and through other governance committees, to ensure the voice of the patient is heard.	Ongoing- A Patient story was presented to the Patient and Carer Experience Committee in December. There is a further patient story planned for Trust Board in January.
	We will build on our existing methods to collect patient feedback ensuring these are accessible to all. We will explore the use of new technologies to support this including how we capture social listening (social media comments).	**This has been identified as a Quality Priority.** Ongoing- Patient Conversations year 1 evaluation has been completed and was shared with PCEC in December. We have also begun our one-year feasibility study of PEP.
	We will continue to develop the Integrated Performance Report, so that the Board and other leaders can have oversight of the experience our patients receive.	Complete
Working together to support and value the individual and promote inclusion	We will aim to increase the diversity of our volunteer teams to reflect our local community and the patients we serve, with a particular focus on Outpatient areas.	Wording for the new VS Strategic Plan draft is completed. Graphics/format and design are currently being worked on.
	We will meet the needs of patients with lived experience of Mental Health or Learning Disability and neurodivergent people in a person-centred way.	**This has been identified as a Quality Priority.** We completed our first patient conversation with patients with LD in December, chatting to 4 patients. From this we were able to arrange a volunteer befriender to visit one of the patients whilst they were on the ward, to play card games and spend time with the patient.
	The voice and the involvement of carers will be respected and integral in all we do.	Ongoing- Carers Awareness Training has been re launched with dates being offered in Jan & Feb.
	Personalised care in various services by using tools such as 'This is Me' developed for patients with dementia, 'Shared Decision Making' and "Supported Decision Making"	**This has been identified as a Quality Priority**. Focus on embedding SDM as BAU in 7 specialties where this is in place. Patient comms for 'Its ok to ask' has is being worked on.
	We will work together with health, care, and local authority partners to reduce health inequalities, by acting on the lived experiences of patients with a protected characteristic and/or who live in communities with a high health need.	Our Patient Story to Board in January will provide insight into the lived experience of the Gypsy, Roma Traveller community accessing our services and highlight some of the Trust work, and wider system work underway to help reduce the health inequalities experienced by this group.
Being responsive and striving for better	We will continue to sustain and grow our Complaints Lay Review Panel as part of our evaluation of the quality of our complaint investigations and responses	Complete. The panel met in November with two new members.
	We will continue to undertake the annual Patient Led Assessments of the Care Environment (PLACE) audits and respond to areas of improvement.	Complete. PLACE assessments have taken place in November with involvement from patient partners, our physical access steering group and a patient partner with LD. We are awaiting the results.
	We will involve the volunteer voice within feedback to shape future volunteer roles and patient engagement opportunities.	Wording for the new VS Strategic Plan draft is completed. Graphics/format and design are currently being worked on.
Putting the spotlight on patient and carer experience	We will refresh the patient experience portal on our website and staff intranet	Completed
	We will develop a Patient Experience e-learning module to support the ongoing need of staff for easy access to busy frontline staff.	E-learning module developed by NHS Elect. Currently undergoing testing. Due to finish end of Jan will any edits and roll out by March.

Patient & Carer Experience – Overview December 2024

- Fresh Arts creative writing group for patients living with cancer follows on from 6 week social prescribing programmes.
- Established 2018; 40+ participants with 185 engagements in 23/24 & 44 hours+ of activity
- Our patients contributed words to the sculpture outside maternity reception; have exhibited twice in the Brunel building; and regularly write & produce for Flourish magazine Flourish Magazine – Artlift (7 of our patients contributed to the Balance and Body editions in 2024)
- Through established partnerships with local cultural organisations we have visited exhibitions and events in the city.
- In September 2024, Arnolfini invited our patients to write the public gallery guide for Rinko Kawauchi's exhibition; At the edge of the everyday world.
- The group had an online introduction to the exhibition and created written responses to the work; this was used to write both the public gallery guide (bottom right) and produce a booklet of poems and thoughts inspired by her work (top right) and here Fresh Arts Creative Writing Group: thoughts inspired by Rinko Kawauchi's photographs – Arnolfini
- When the exhibition opened, the group had an online tour and visited in person on 19 December hosted by Head of Engagement
- The exhibition is open until 16 February 2025.
- *"Thank you for seeing me as more than just my next treatment, for knowing I would need more than just physical treatment; treatment and healing for my soul. I feel very privileged to have done this creative writing course and sad for anyone who isn't offered this opportunity. This has helped heal me. It's like 'write your own therapy'."*


EXPLORE AT THE EDGE OF THE EVERYDAY WORLD

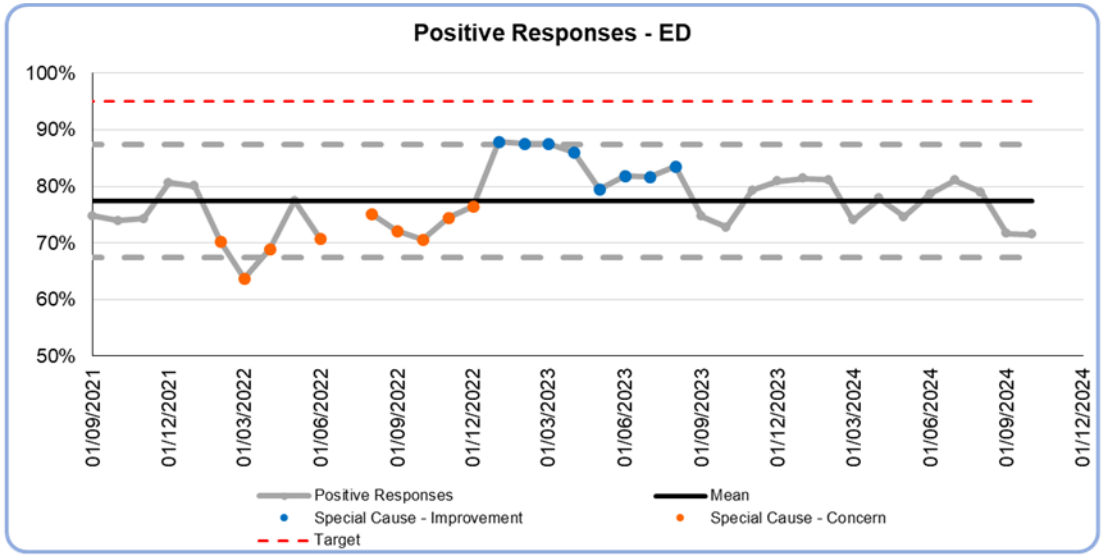
Please leave in the gallery for others to enjoy.

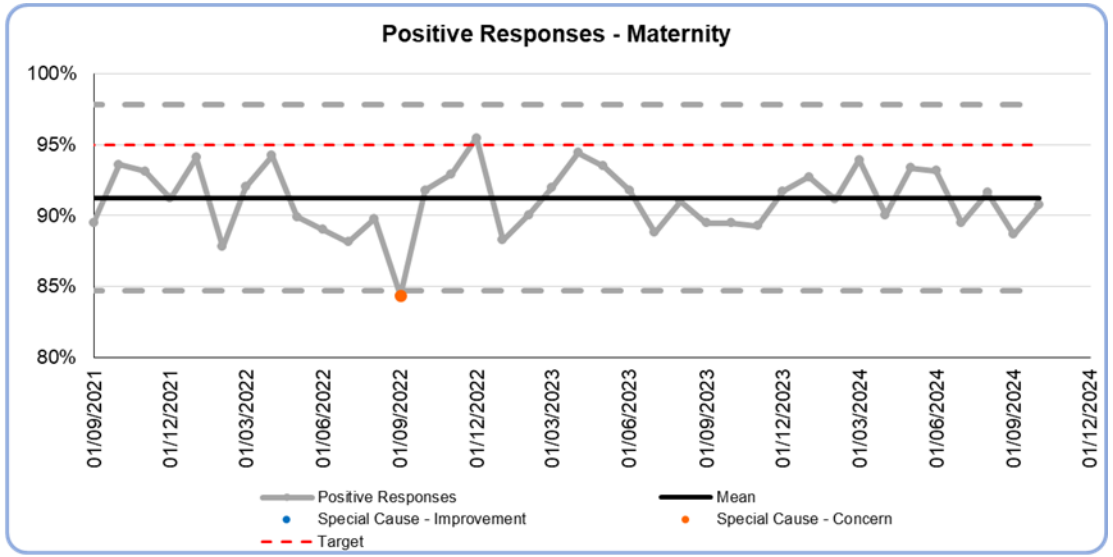
AN INVITATION TO EXPLORE FROM FRESH ARTS CREATIVE WRITING GROUP

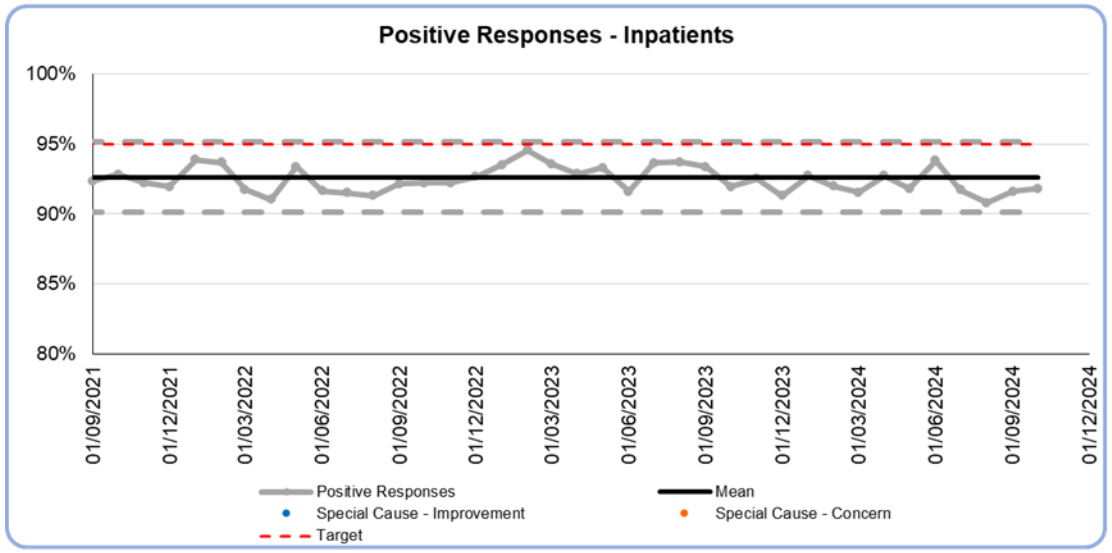
The works in *At the edge of the everyday world* capture different aspects of Kawauchi's existence inviting careful observation. Her photographs invite us to step through, look inside and find intimacy in the large moments and greatness in the small.

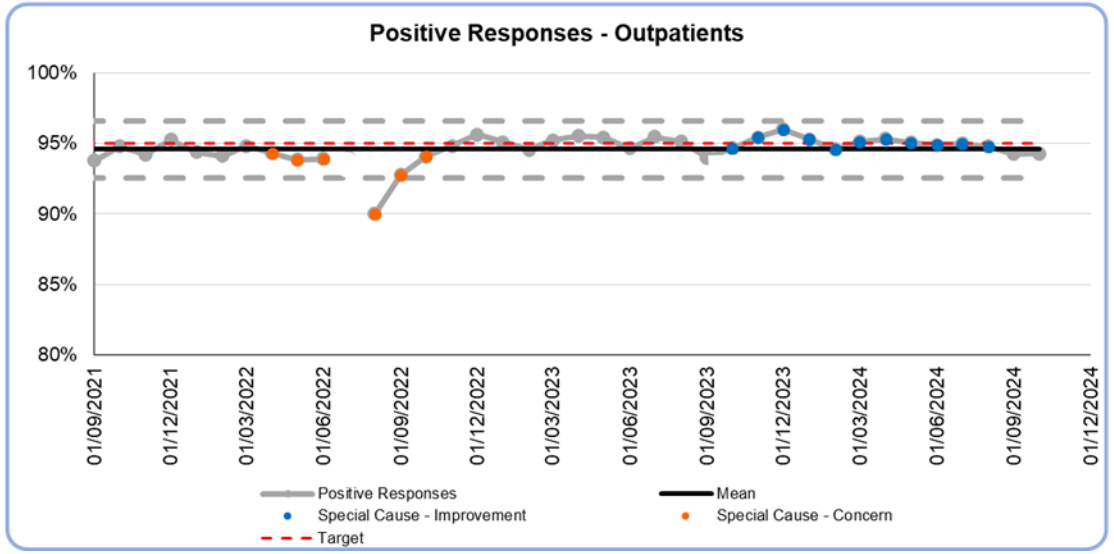
During our creative writing sessions, we explore the small pleasures in life and our interconnectedness through gentle, guided activity. Together we unpack meaning and find commonalities within our own lives and experiences. When reflecting on Kawauchi's work we were drawn to the image of the halved and peeled apple in the series *M/E*. We imagined its sweet, tart flesh making the whole place smell like cider and saving the core for the blackbird that comes at teatime. And the tell-tale curl of the peel exposing the flesh which must wither and rot before the seeds can be retrieved to fulfil the cycle of birth, death and rebirth.

Patient Experience









N.B. no data available for the month of July-22 for ED and Outpatients due to an issue with CareFlow implementation

Patient Experience

What does the data tell us – Trust wide?

- In December 7,958 patients responded to the Friends and Family Test question. 5,642 of those patients chose to leave a comment with their rating.
- We had a Trust-wide response rate of 12.6%, which is a slight decrease on the previous month.
- 92.3% of patients gave the Trust a positive rating, which is the same as the previous month.
- The top positive themes from comments remain: staff, waiting time and clinical treatment.
- The top negative themes from comments remain: waiting time, communication and staff.

What does this data tell us – Maternity?

- Positive responses across Maternity have decreased from 90.7% in November to 89.4% in December. The Negative response rate across maternity was 8.7%
- The response rate across Maternity decreased from 17.6% in November to 15% in December.
- Top positive theme from comments remains staff.

> Everything and everyone was brilliant. It was the most intense experience of my life but I felt so cared for, I genuinely felt everyone was there for me. From the consultants, to the midwives and the catering team. I am so thankful

What does the data tell us - Emergency Department?

- Positive responses have increased from 69.6% in November to 75.4% in December. Negative responses have decreased from 20.5% in November to 14.1% in December.
- The response rate for ED increased from 18.5% in November to 19.2% in December.
- The top positive and negative themes remain staff and waiting time.

> When arriving I was guided to the right reception desk. I was triaged quickly. Staff were all lovely. I was assessed quickly and with a smile. Even though I had to wait quite a while for blood test results, it was clear everyone was doing all they could for me. And the Doctor was really reassuring and keen to get to the bottom of my problem.

What does the data tell us - Inpatients?

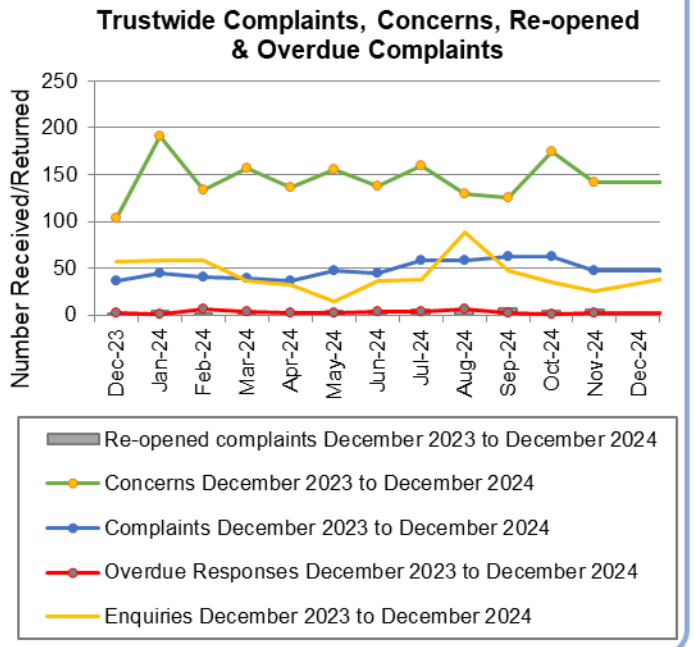
- Positive responses have decreased slightly from 91.9% in November to 91.8 December. Negative responses have decreased from 5.3% in November to 5.08%.
- The response rate for inpatients has decreased from 22.1% in November to 20.1% in December.
- Top positive themes from comments are staff, clinical treatment and waiting time.
- Negative themes from comments are staff, communication and clinical treatment.

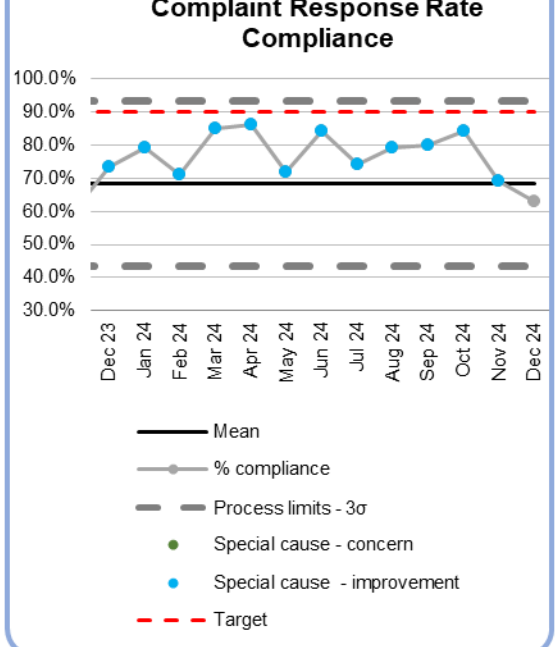
> Staff were working so hard, the kept me updated at all times with what was happening and next stages, even though they were under extreme pressure in a very busy department.

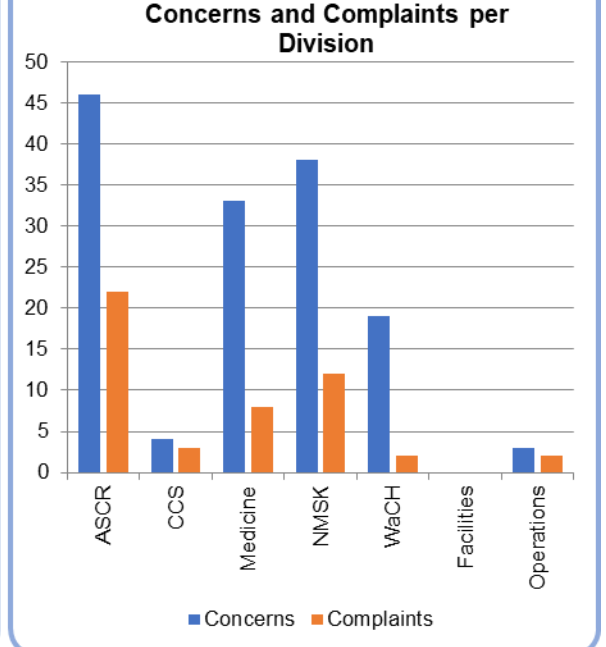
What does the data tell us – Outpatients?

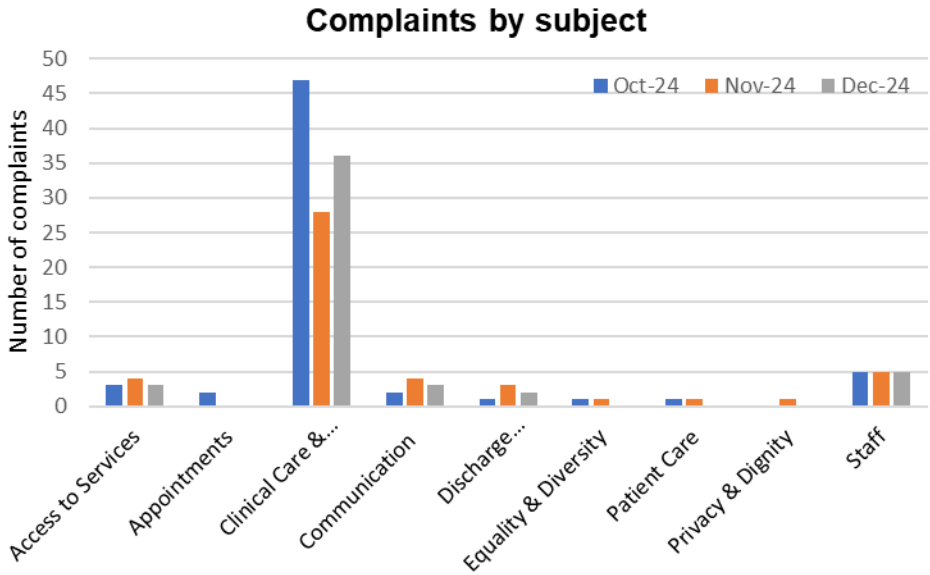
- Positive responses have increased from 95.1% in November to 95.6% in December. Negative responses remained the same in December (2%) .
- The response rate for outpatients decreased from 11.2% in November to 10.8% in December.
- Top positive themes from comments remain staff, waiting time and clinical treatment.
- Negative themes from comments remain waiting time, communication and Staff.

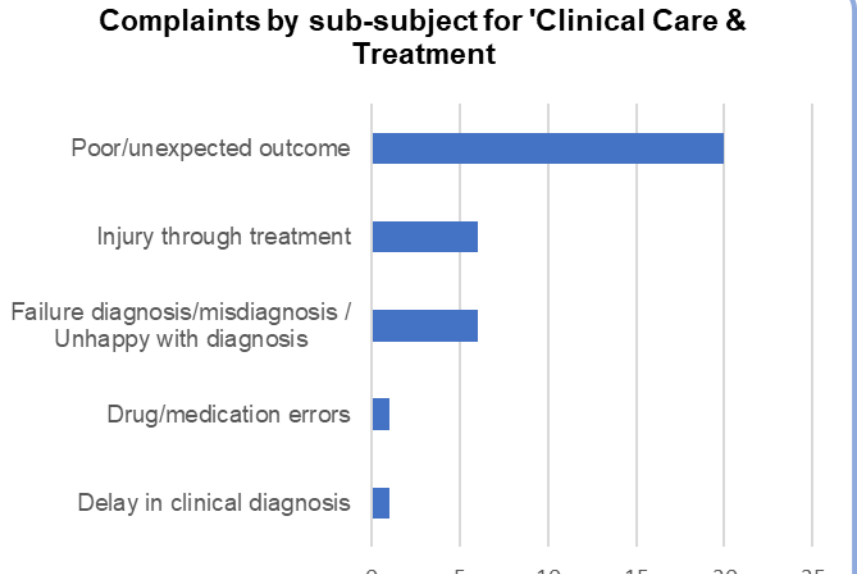
> Appointment was on time and the nurse and doctor that seen to me were exceptional as was all the treatment I received whilst an inpatient for the 3 weeks that I was in hospital











Complaints and Concerns

NHS North Bristol NHS Trust

What does the data tell us?

In December 2024, the Trust received 49 formal complaints. This is 2 more than the previous month and 4 more than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (36). A chart to break down the sub-subjects for 'Clinical Care and Treatment' is included.

Of the 49 complaints, the largest proportion was received by ASCR (22) followed by NMSK (12).

There were 3 re-opened complaints in December, which is 3 less than the previous month, and are with ASCR.

The number of overdue complaints at the time of reporting was 0, which is a decrease of 3 cases compared to November.

The response rate compliance for complaints has decreased from 69% in November to 65% in December. Mainly due to a reduction in ASCR performance, however, ASCR did receive significantly more complaints, we will continue to monitor. A breakdown of compliance by clinical division is shown below:

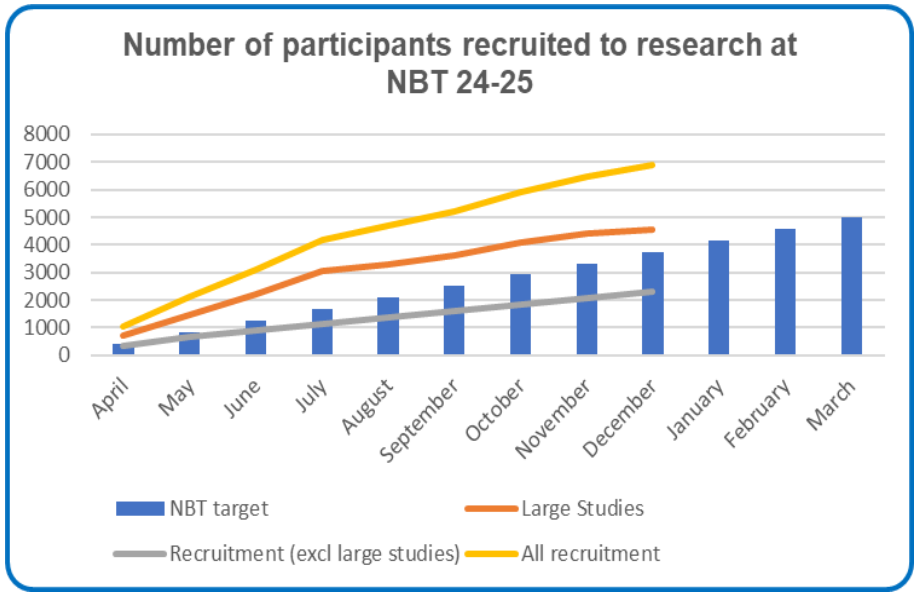
ASCR – 39% CCS – 80% Medicine – 80%
NMSK - 79% WaCH –71%

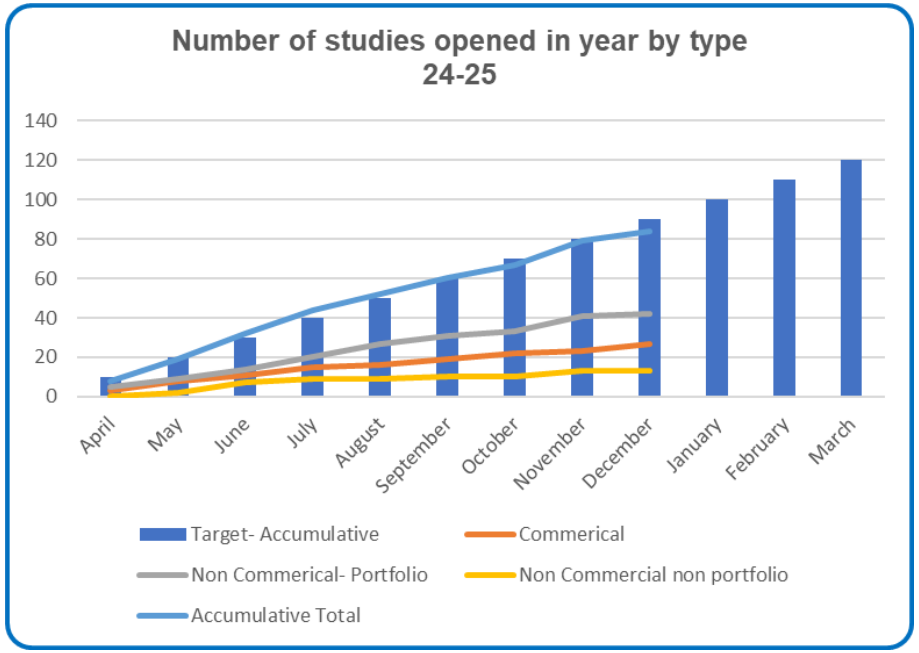
The number of PALS concerns has increased by 1 to 143 in December compared to last month, which is more in keeping with the usual monthly average.

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

Research and Development

Board Sponsor: Chief Medical Officer
Tim Whittlestone





Research and Development

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

Graph 1 shows our activities in relation to research participation. Year to date 2322 participants have enrolled in research @NBT with an annual stretch target of 5000 (excluding our 2 large studies)- we are currently achieving 63% of the target. We are likely to see a lower number of participants recruited to research this year as our portfolio becomes more complex .

The NBT research portfolio remains strong, we have 209 NIHR Portfolio studies open to recruitment . We have opened 84 new studies year to date, as shown in graph 2 against a target of 90. We are seeing a steady growth in the number of studies we are opening that are collaborations with commercial partners and a subsequent increase in recruitment to these studies; these collaborations enable us to offer our patients access to new clinical trial therapies and generate income to support reinvestment and growth in research across the trust.
In November, our renal team were recognised for their efforts in recruiting to a Chronic Kidney disease study; they are the highest UK recruiting site and joint top globally.

NBT and UHBW R&D departments are currently in the process of developing a joint R&D strategy, this is currently going through a stakeholder consultation process.

Our grants
Congratulations to Prof. Edd Carlton, who was recently awarded a prestigious NIHR Health Technology Assessment grant (£2.8m), to undertake a Randomised trial of the clinical and cost effectiveness of small bore, Seldinger, versus large bore, surgical, chest drains for the treatment of traumatic haemo/pneumothoraces (CoMiT-ED 2).

R&D recently ran a call for applications to our SHC Research Fund, which awards small research grants through a competitive process. We congratulate the four awardees:

- David Woodstoke: Developing a holistic support program for people with Mild Cognitive Impairment to reduce dementia risk and improve brain health (“MCI-Active”) - £24k
- Dr Joanna Crofts: Cell Salvage at Assisted Vaginal birth Evaluation study - £25k
- Dr Kitty Wong: Effectiveness of intensive care for patients undergoing carotid surgery, lower limb bypass, or major lower limb amputation - £25k
- Laura Hanley: Exploring differences in the clinical presentation of dementia in men and women and the potential role of inflammation (£25k)

The active research grant portfolio at NBT has increased by over £20m from Jan 2021 to a current total of £51m in Q4 2024. NBT was awarded £1.2m Research Capability Funding for 2024/25. This allocation put NBT in 6th position, out of 248 NHS Trusts in England, our highest position to date. It is expected that NBT will exceed this allocation in 2025/26. This is an amazing achievement and reflects the size of NBT’s NIHR research grant portfolio; the level and quality of NIHR grants being submitted across NBT and the high success rates.

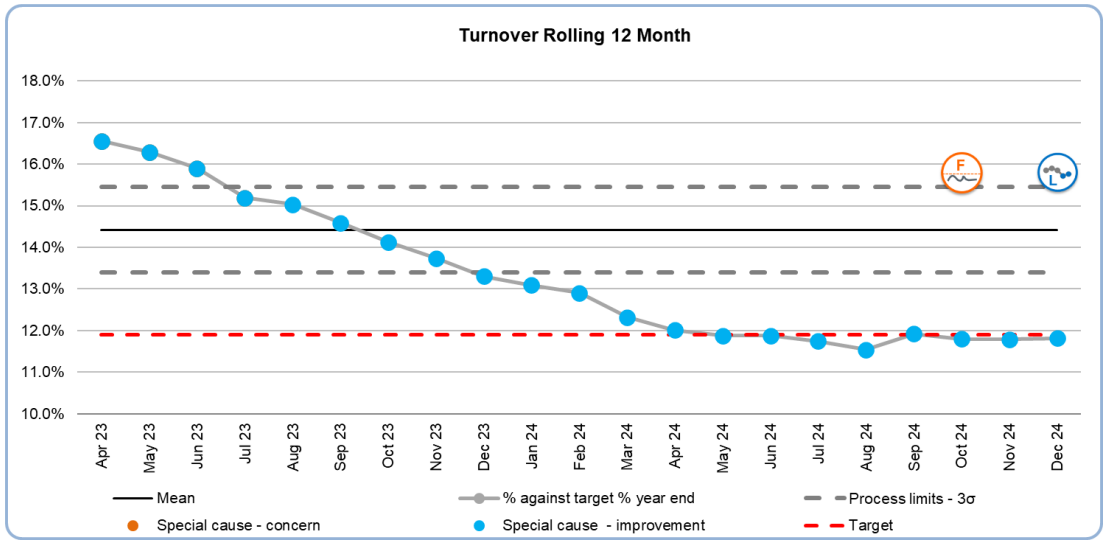
Innovate to Improve | People | Commitment to our Community

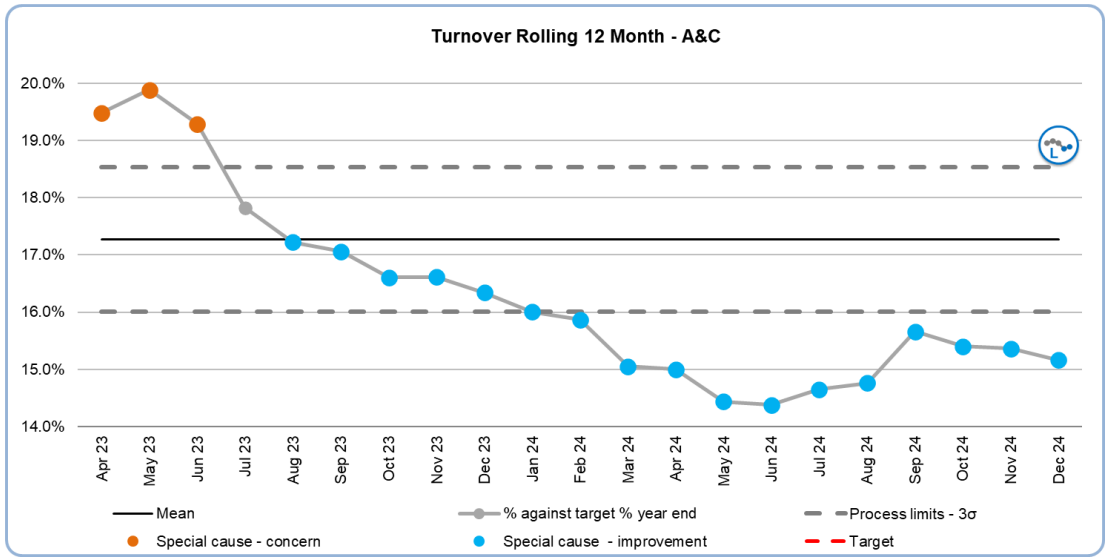
NHS North Bristol NHS Trust

Workforce

Board Sponsors: Chief Medical Officer, Chief People Officer
Tim Whittlestone and Peter Mitchell

Retention Patient First Priority People





Turnover is 11.83% in December remaining below the Trust target set for 2024/25 (11.90%).

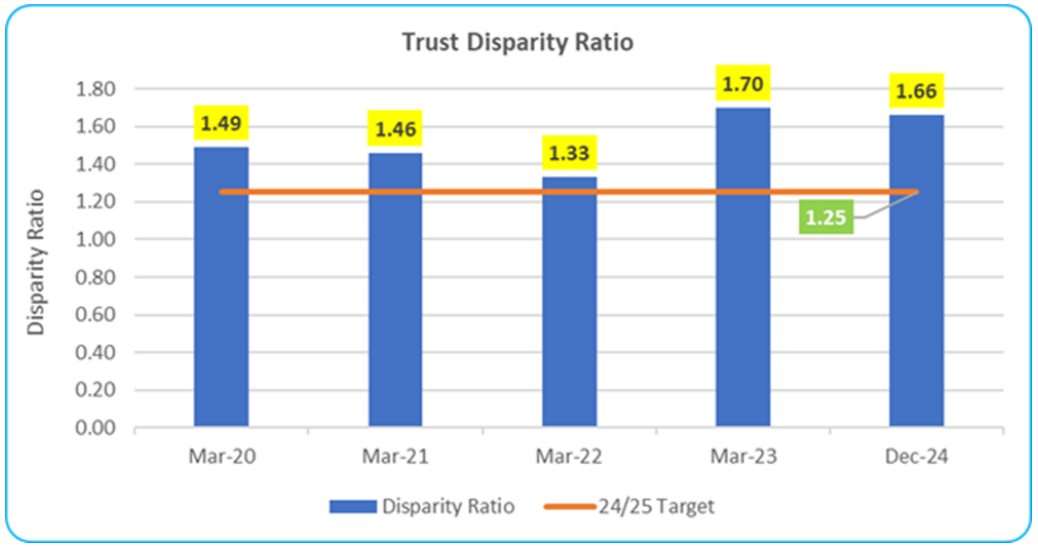
Facilities (12.95%) and Corporates Divisions (17.95%) turnover remains higher than clinical divisions who are all below the Trust turnover rate.

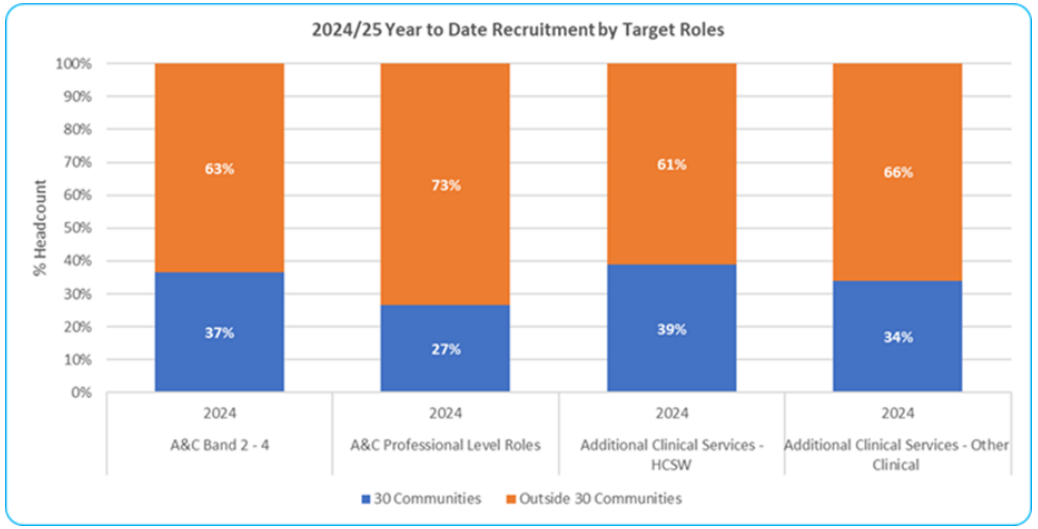
Turnover for admin and clerical staff remains higher than the Trust at 15.2% for December. A deep dive into the data is in progress to understand the drivers, e.g. Fixed term contracts ending makes up a greater proportion of turnover for Administrative and Clerical staff compared to other staff groups. This data will be triangulated with other data, e.g., exit questionnaires and itchy feet intelligence to design interventions to improve retention in this group.

Driver	Action and Impact	Owner	Due
Admin and Clerical leavers	Further workforce data being produced to support an admin and clerical turnover 'deep dive'.	People Promise Manager/ Workforce Information Team	Feb-25
Reward and recognition	Building on the successful November pension awareness session we have now agreed with MoneyHelper to repeat these sessions to continue to communicate the NHS Pension as an attraction and retention tool to staff on an ongoing basis.	People Promise Manager	Feb-25
Flexible Working	Work Life Balance continues to be our number one reason for staff leaving. We have transitioned our managers flexible working workshop to business as usual and will be working with the People Business Partners to identify areas of the business that would benefit from a more targeted approach.	People Promise Manager	Mar-25
New starter experience	Evaluate feedback from the My First 90 Day induction tool pilot. Incorporate stakeholder feedback and roll out the final version to reduce new starters who leave in first 12 months	People Promise Manager/ Induction Team	Feb-25
Culture	Formally launch the 'Living Our Values' work programme aimed at building a positive workplace culture; progress the 2 workstreams linked to this, engaging with stakeholders and then the wider workforce.	Associate Director of Culture, Leadership and Development	Mar-25

Commitment to our Community

Patient First Priority – Commitment to our Community





Disparity Ratio – (likelihood of applicants from ethnic minority backgrounds being appointed over white applicants from shortlisting – Workforce Race Equality Standard metric). December's Commitment to our Community working group has agreed a further piece of analysis to respond to the key lines of enquiry highlighted vis the deep dive at the Senior Leadership Group in November. This work will enable the Trust to review and refresh the current target and timeline in the context of the insight gained and interventions planned as a result. The Trust target for 2025/26 will be presented to the Patient First Steering Group in February.

The December disparity ratio was 1.66 (1.65 in November) and the current target for the trust to achieve by March 2025 is 1.25.

% of Recruitment into Target Roles from our 30 Most Challenged Communities – the new metrics is shown in the bar chart showing the year-to-date proportion for recruitment from our 30 most challenged communities into our target roles. These are the proportions that will be targeted to improve as we design continue to deliver interventions and develop and deliver additional ones. The Trust target for 2025/26 will be presented to the Patient First Steering Group in February.

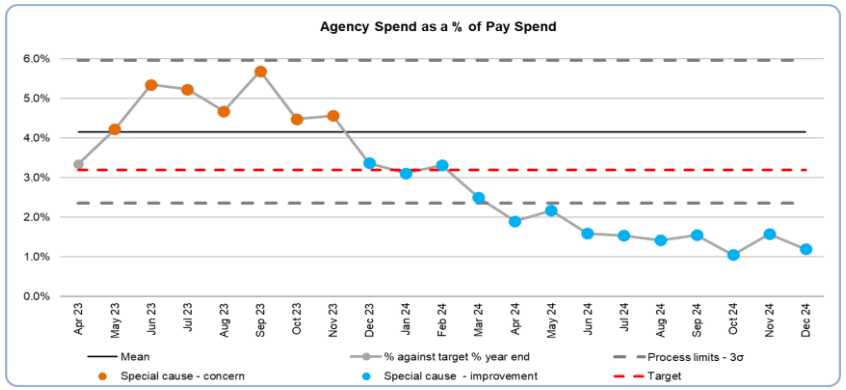
Activities

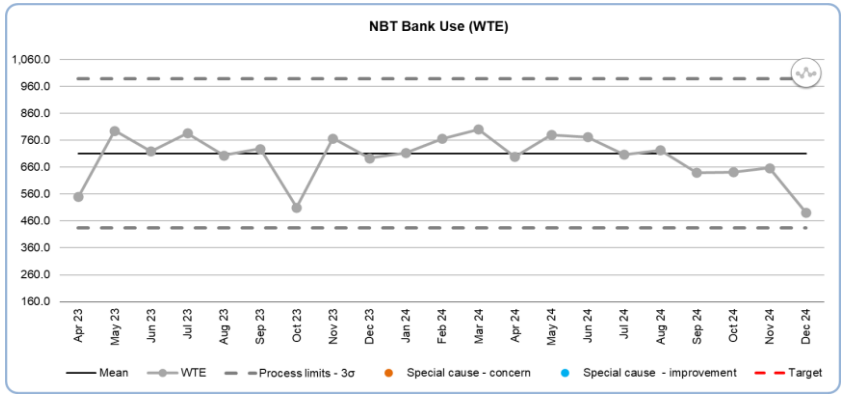
Fairer Recruitment – An A3 problem solving project has been started to look at underlying causes for the disparity ratio across the Trust within different pay grades and staff groups. The resulting information will shape the creation of a manager's toolkit which will help to reduce our disparity ratio.

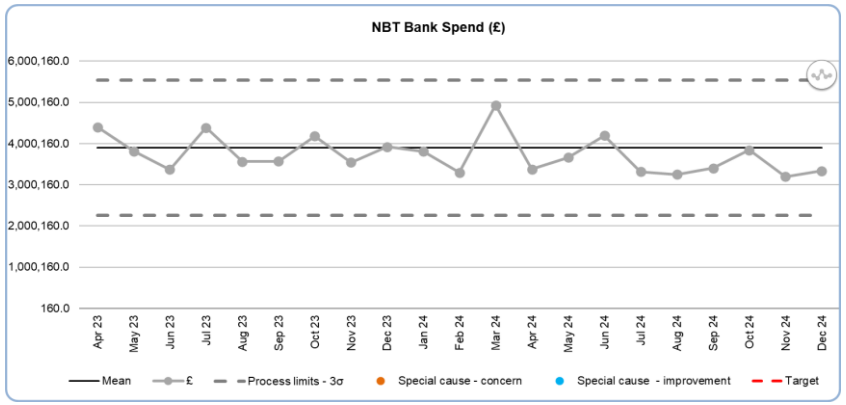
Mentoring Programme – Mentoring and support is being provided to around 130 people from our local area. Employment outcomes are gaining momentum with more and more candidates being successfully appointed.

Driver	Action and Impact	Owner	Due
Community Outreach	We have had approximately 10 job offers/starts in the past 6 weeks for community mentoring candidates.	Community Team	Mar 25
Community Outreach	Supported work experience has seen an uptake in enrolments. Comms has gone out to try and increase placement opportunities for these candidates.	Community Team	Jan 25

Temporary Staffing







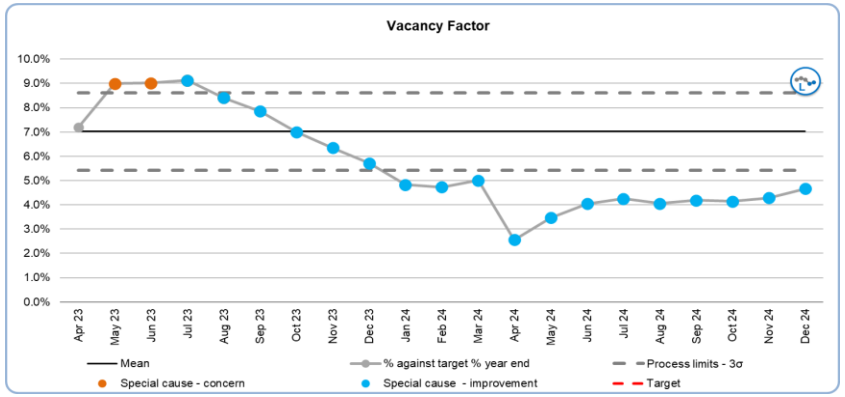
Agency use continues to be under the target for pay spend – however there remains ongoing focus through the fortnightly Resourcing and Temporary Staffing Oversight Group on areas of agency, e.g., including exit plans for medical agency staff.

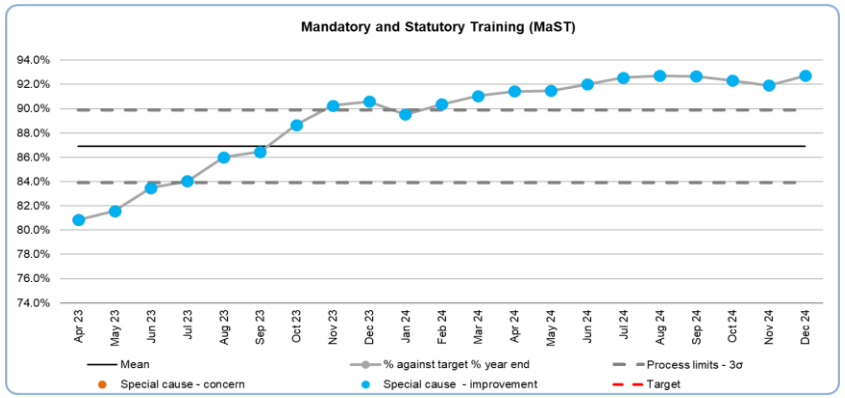
Bank use and spend has not shown any statistically significant deterioration or improvement compared to 2023/24 as a baseline. Usage was significantly lower in December, but no improvement in spend - driven by increased use of break glass or enhanced rates.

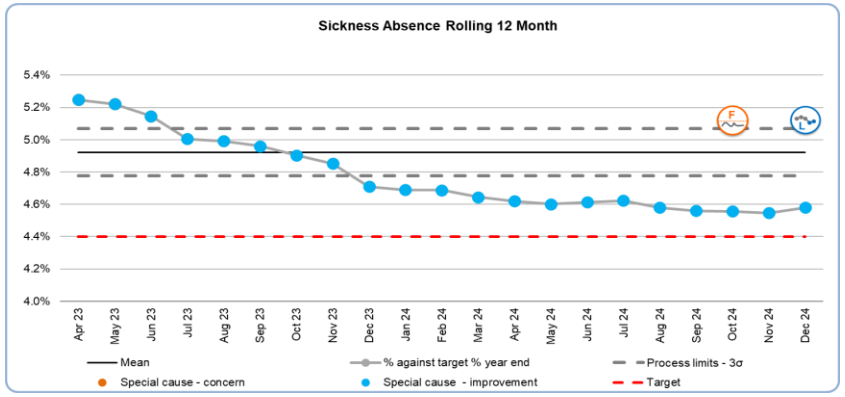
Operational pressures remain with escalation areas in use driving nursing bank use. Continued increased demand within Critical Care driving increased Bank at enhanced rates and off framework agency however at reduced rates to previously seen. Allocate on Arrival at enhanced rate for HCSW in use to good effect with view to reduce and step down as new recruits come through. Demand remains high to support patients with enhanced care needs predominantly for HCSW however, ongoing requirement for RMN cover continues.

Driver	Action and Impact	Owner	Due
All Staff Groups	The Agency Procurement Programme is entering its final stages of procurement; contract signed Jan 25, and implementation planning ready to start April 2025.	Associate Director Nursing Workforce Recovery	Apr-25
All Staff Groups	Seeking to establish Direct Engagement Payment model (pay agency worker via Trusts Payroll) from implementation of new contract – which will enable 20% VAT saving across some groups of Agency workers (Medics/AHP's/Scientists)	Head of Temporary Staffing Operations	Apr-25
Nursing & Midwifery	Ongoing challenges with ICU usage which is driving increased spend across both bank and agency use. Engaging directly with external agencies to address fill rates, as neutral vendor unable to meet demand.	Head of Temporary Staffing Operations	Mar-25
AHP / STT	SW Regional group scoping work to bring AHP & STT staffing groups to NHSE agency capped rate. Target date for first reduction 1st January 2025 with full compliance achievement June 2025, data analysis being undertaken to identify specialist areas, and agree glide path to cap compliance.	Head of Resourcing / Head of Temporary Staffing Operations	Jun-25

Watch Measures (CPO)







The Trust **rolling 12-month sickness absence** rate has shown statistically significant improvement but have plateaued at 4.6% against a target for 24/25 of 4.4%. Sickness absence levels in December were the same as in December 2023 which has mean there has been no improvement in our rolling 12-month position from November to December. Senior People Advisors based in Divisions have been leading work on absence management, including:

- Identifying long-term and high-risk cases, and developing action plans,
- Attending cluster and Divisional meetings to review long term cases,
- Highlighting and communicating staff support, including mental health support and staff psychology.
- Deep dives into high-risk areas, including stress, anxiety and depression.
- Line manager development including communicating training videos and scheduling additional training sessions via LEARN.

Staff Experience Team delivering winter wellbeing drop ins taking staff experience offer to teams, these can be booked via LINK 10 bookings taken for next 4 weeks will cover approximately 200 staff. Staff Health and Wellbeing draft plan to be shared at EMT 30th January 2025

Safe Staffing

Dec-24	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	100.01%	81.83%	101.18%	99.77%

Ward Name	Registered nurses/ midwives Day	Care staff day	Registered nurses/ midwives Night	Care staff Night
AMU 31 A&B 14031				
Cotswold Ward 01269				
Elgar Wards - Elgar 1 17003				
Neuropsychiatry (Non Medical) 25000				
Theatre Medi-Rooms (Pre/Post Op Care) 14966				
Ward 27A 14402				
Ward 32A CAU 14103				
Ward 33A 14221				
Ward 33B 14222				
Ward 34A 14325				
Ward 7A 14302				
Ward 7B 14303				
Ward 8A 14410				
Ward 10a 14509				

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

What does the data tell us?
For December 2024, the combined shift fill rates for Registered Nurses (RN)s across the 28 wards was 100.01% and 101.18% respectively for days and nights. The combined shift fill for HCSWs was 81.83% and 99.77% respectively for days and nights. Therefore, the Trust as a collective set of wards is within the safe limits for November.

Current month *care staff* fill rates:
- 27.59% of wards had daytime fill rates of less than 80%
- 6.50% of wards had night-time fill rates of less than 80%
- 10.43% of wards had daytime fill rates of greater than 120%
- 13.79% of wards had night-time fill rates of greater than 120%

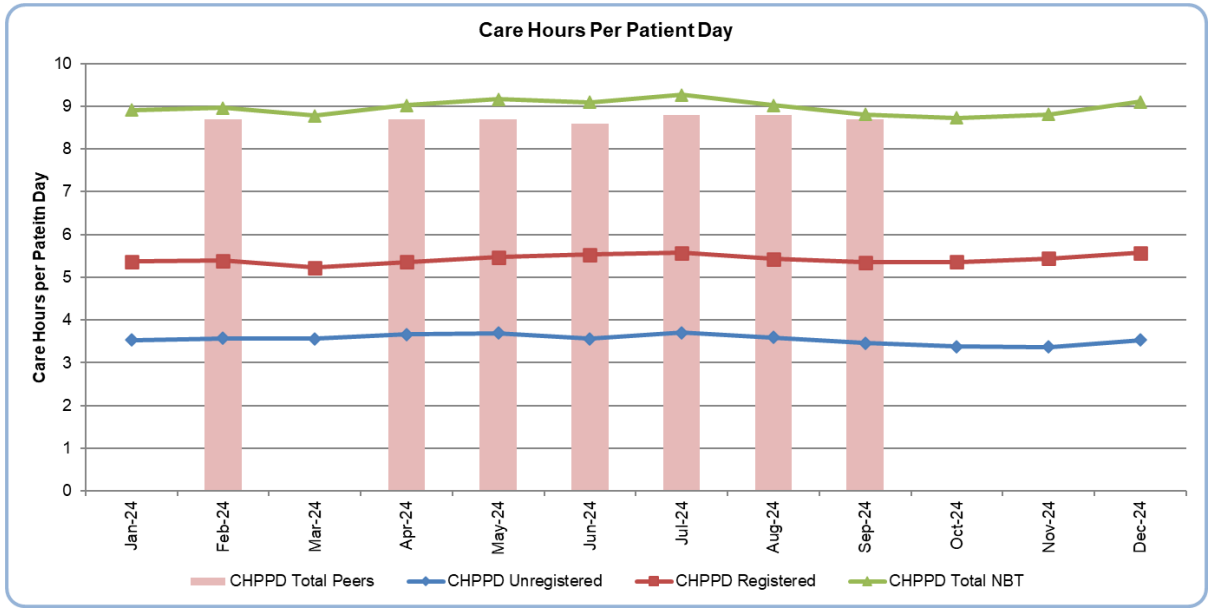
Current month *registered nursing* fill rates:
- 3.45% of wards had daytime fill rates of less than 80%
- 3.45% of wards had night-time fill rates of less than 80%
- 6.90% of wards had daytime fill rates of greater than 120%
- 10.34% of wards had night-time fill rates of greater than 120%

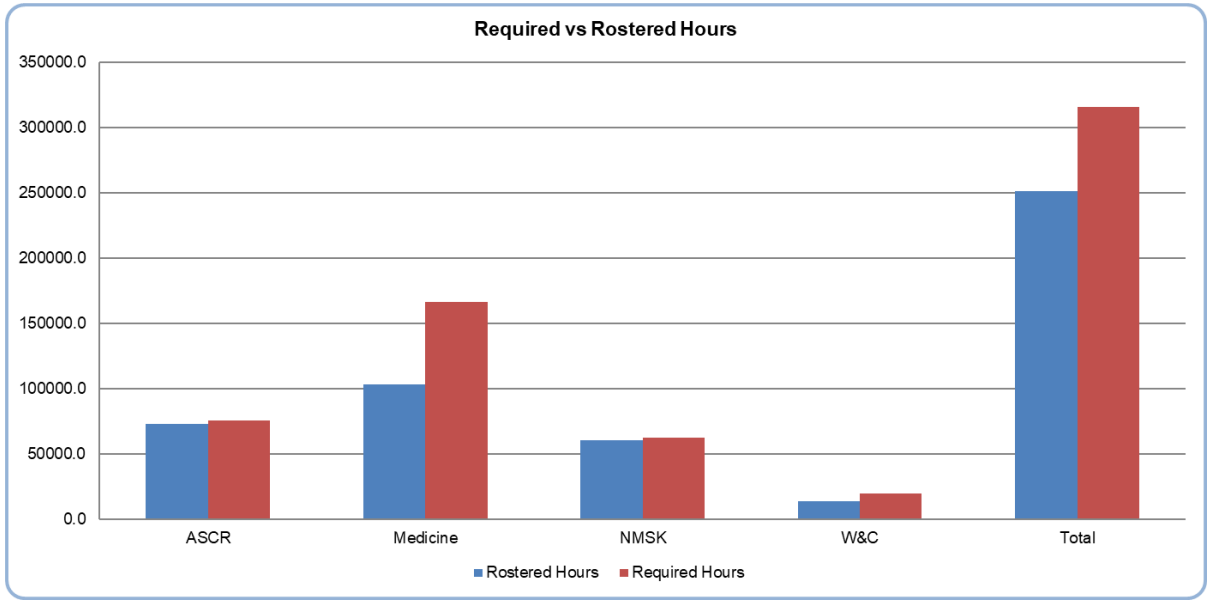
The “hot spots” as detailed on the heatmap which were less than 80% or greater than 120% fill rate for both RNs and HCSWs have been reviewed. As within prior months we continue to see a number of patients who require increased interventions, on this month's review these patients accounts for a significant proportion were fill rate sits above the 100%.

The requirement to staff additional beds is a noted factor to the increased demand we have seen within our HCSW mobilisation this monitored contentiously by divisions to maintain patient safety.

Compliance:
The Safe Care Census regularity has been reduced to twice daily to more closely align with shift patterns. The average compliance for December is 77% which includes predicted completion. Currently there is a review with our clinical teams to understand what impacts on the completion and where appropriate changes to practice will be made.

Care Hours





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

What does the data tell us?
Compared to national levels the acuity of patients at NBT has increased and exceeded the national position.

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

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

Finance

Board Sponsor: Chief Financial Officer
Elizabeth Poskitt

Statement of Comprehensive Income at 31 December 2024

	Month 9			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	75.6	78.1	2.5	645.8	656.1	10.3
Income	1.2	5.5	4.3	45.0	78.8	33.8
Pay	(48.1)	(49.8)	(1.7)	(434.8)	(448.0)	(13.2)
Non-pay	(28.7)	(33.7)	(5.0)	(258.4)	(292.9)	(34.5)
Surplus/(Deficit)	**0.0**	**0.1**	**0.1**	**(2.4)**	**(6.0)**	**(3.6)**

Assurances

This month the Trust has delivered a financial position £0.1m surplus above plan. The financial position for December 2024 shows the Trust has delivered a £6.0m deficit against a £2.4m planned deficit which results in a £3.6m adverse variance year to date.

Contract income is £10.3m better than plan. This is driven by additional pass-through income of £5.0m, and agreement of the associate contracts has delivered a £3.4m benefit.

Other income is £33.8m better than plan. The is due to new funding adjustments and pass through items, £30.0m favourable. The remaining £3.8m favourable variance is driven by prior period invoicing and additional activity, £2.2m favourable, and medical education funding, £2.7m favourable.

Pay expenditure is £13.2m adverse to plan. New funding adjustments, offset in income, have caused a £16.0m adverse variance. Undelivered CIP is £6.2m adverse and there are overspends on medical and nursing pay, £2.6m adverse. This is offset by AfC vacancies, £6.5m favourable, and delays in investments, £7.2m favourable.

Non-pay expenditure is £34.5m adverse to plan. Of which £18.5m relates to pass through items. This adverse position is driven primarily by increased medical and surgical consumable spend to deliver activity, £8.4m adverse, and in tariff drugs, £1.9m adverse, which is supporting increased elective and non elective activity.

Statement of Financial Position at 31 December 2024

	23/24 Month 12 £m	24/25 Month 08 £m	24/25 Month 09 £m	In-Month Change £m	YTD Change £m
Non-Current Assets	**538.4**	**542.4**	**542.1**	**(0.2)**	**3.8**
Current Assets					
Inventories	11.7	11.9	11.9	0.0	0.2
Receivables	49.4	62.1	57.9	(4.2)	8.5
Cash and Cash Equivalents	62.7	34.8	33.4	(1.4)	(29.3)
Total Current Assets	**123.8**	**108.7**	**103.2**	**(5.5)**	**(20.6)**
Current Liabilities (< 1 Year)					
Trade and Other Payables	(99.9)	(81.7)	(76.6)	5.2	(23.4)
Deferred Income	(14.4)	(24.6)	(24.7)	(0.0)	10.2
Financial Current Liabilities	(23.6)	(23.6)	(23.6)	0.0	(0.0)
Total Current Liabilities	**(138.0)**	**(130.0)**	**(124.8)**	**5.2**	**(13.2)**
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.2)	(6.6)	(6.5)	0.0	0.4
Financial Non-Current Liabilties	(571.8)	(584.9)	(583.3)	1.7	11.5
Total Non-Current Liabilities	**(578.0)**	**(591.5)**	**(589.8)**	**1.7**	**11.8**
Total Net Assets	**(53.7)**	**(70.4)**	**(69.3)**	**1.1**	**(15.6)**
Capital and Reserves					
Public Dividend Capital	485.2	497.1	497.5	0.5	12.4
Income and Expenditure Reserve	(541.8)	(610.8)	(610.8)	0.0	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(28.6)	(27.9)	0.6	41.1
Revaluation Reserve	71.9	71.9	71.9	0.0	0.0
Total Capital and Reserves	**(53.7)**	**(70.4)**	**(69.3)**	**1.1**	**(15.6)**

Capital spend is £24.8m year-to-date (excluding leases). This is driven by spend on the Elective Centre, and is below the forecasted spend for Month 9.

Cash is £33.4m at 31 December 2024, a £29.3m decrease compared with M12. The decrease is driven by the I&E deficit, capital spend, and delays in payment of invoices related to 2023/24. It is expected the cash position will continue to reduce, resulting in the overall reduction of cash position to approximately £14.0m by Month 12.

Non-Current Liabilities have decreased by £1.7m in Month 9 as a result of the national implementation of IFRS 16 on the PFI. This has changed the accounting treatment for the contingent rent element of the unitary charge which must now be shown as a liability. This change also accounts for the £69m increase in the Income and Expenditure Reserve for the year.

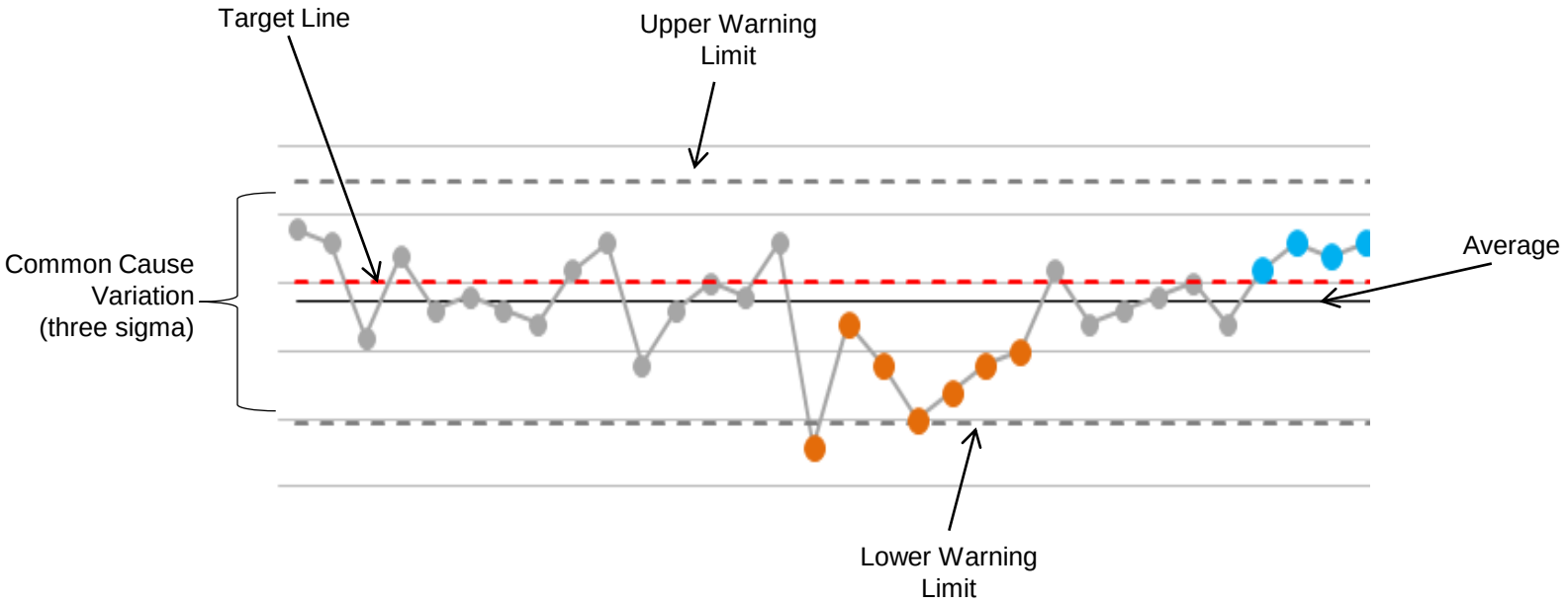
Regulatory

Board Sponsor: Chief Executive
Maria Kane

NHS Provider Licence Compliance Statements at January 2025 - Self-assessed, for submission to NHS

Ref	Criteria:	Comp (Y/N)	Comments where non complaint or at risk of non-compliance
G3	Fit and proper persons	Y	A Fit and Proper Persons Policy is in place. Annual checks have been undertaken and no areas of non-compliance have been identified.
G4	Having regard to NHS England Guidance	Y	Trust Board has regard to NHS England guidance where this is applicable.
G6	Registration with the CQC	Y	CQC registration is in place. The Quality Committee receives regular assurance on CQC compliance on behalf of the Board.
G7	Patient eligibility and selection criteria	Y	Trust Board has considered the assurances in place and considers them to be sufficient.
C1	Submission of costing information	Y	A rang od measures and controls are in place to provide internal assurance on data quality, including an annual internal audit assessment.
C2	Provision of costing and costing related information	Y	The Trust submits information nationally as required.
C3	Assuring the accuracy of pricing and costing information	Y	Scrutiny and oversight of assurance reports to regulators is provided by the Board's Committees as required.
P1	Compliance with NHS Payment Scheme	Y	NBT complies with national and local arrangements. It should be noted that NBT is currently receiving elements of income via a block arrangement in line with national financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Y	NBT complies with national and local arrangements. It should be noted that NBT is currently receiving elements of income via a block arrangement in line with national financial arrangements.
IC1	Provision of Integrated Care	Y	The Trust is actively engaged in the ICS and within a provider collaborative.
IC2	Personalised Care and Patient Choice	Y	Trust Board has considered the assurances in place and considers them to be sufficient.
WS1	Cooperation	Y	The Trust is actively engaged in the ICS and within a provider collaborative.
NHS2	Governance Arrangements	Y	The Trust has robust governance arrangements in place, which have been reviewed annual as part of the licence self-certification process and tested via annual reporting and internal/external audit.

Appendix 1: General guidance and Statistical Process Charts (SPC)



Unless noted on each graph, all data shown is for period up to, and including, 31st of Dec 2024 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.

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 2: NBT Strategy – Patient First

Patient First is the approach we are adopting to implement our Trust strategy.

The fundamental principles of the Patient First approach are to have a clear strategy that is easy to understand at all levels of NBT reduce our improvement expectation at NBT to a small number of critical priorities develop our leaders to know, run and improve their business become a Trust where everybody contributes to delivering improvements for our patients.

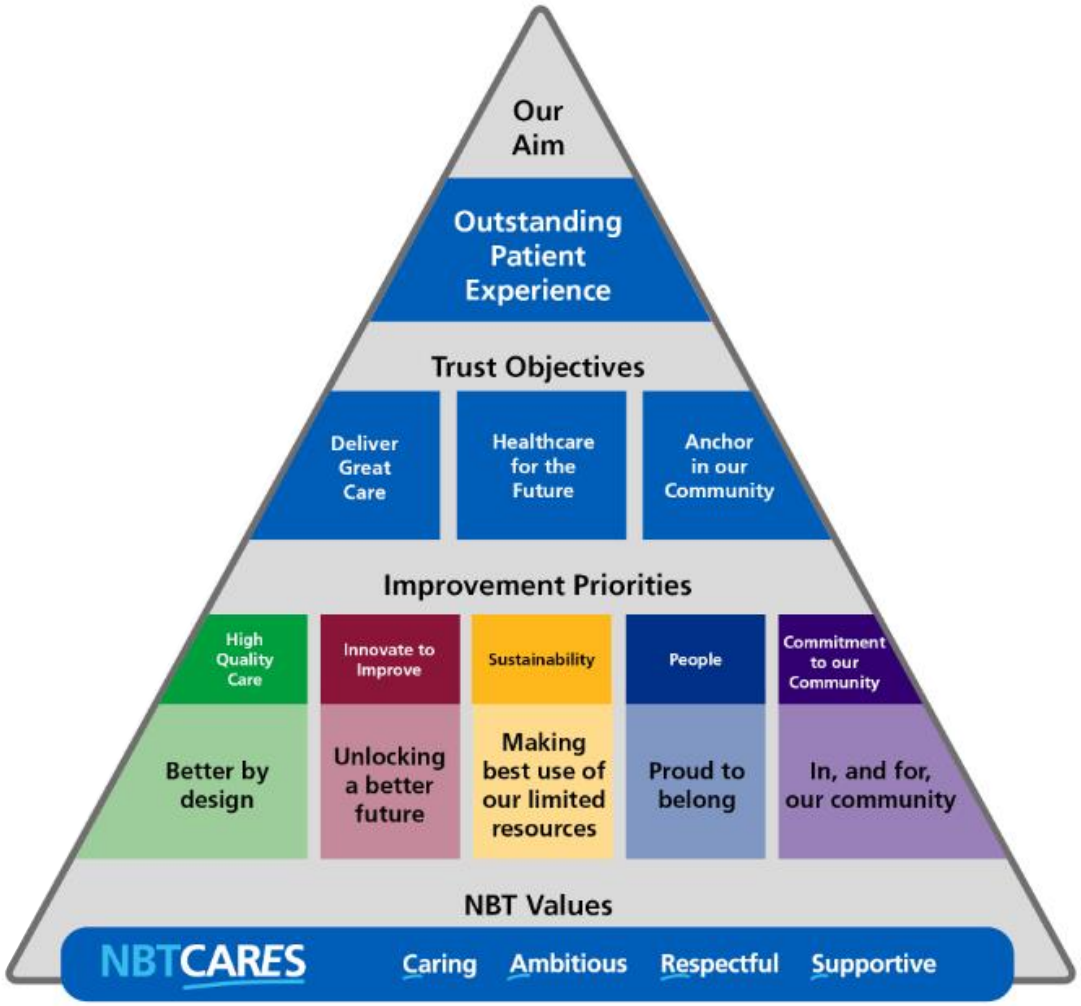
The Patient First approach is about what we do and how we do it and for it to be a success, we need you to join us on the journey.

Our reason for existing as an organisation is to put the patient first by delivering outstanding patient experience – and that's the focal point of our strategy, Our Aim. Everything else supports this aspiration.

Our Improvement Priorities which will help us to deliver our ultimate aim of delivering outstanding patient experience are:

1. **High quality care** – *we'll make our care better by design*
2. **Innovate to improve** – *we'll unlock a better future*
3. **Sustainability** – *we'll make best use of limited resources*
4. **People** – *you'll be proud to belong here*
5. **Commitment to our community** – *we'll be in our community, for our community.*

We have indicated areas of the IPR which are connected to the Trust Patient First improvement priorities with the icons below and initials **PF** on graphs.



Appendix 2: NBT Strategy – Patient First Improvement Priorities

Improvement Priorities	Descriptor	Vision	Strategic Goal	Current Target	Breakthrough Objective
PATIENT *Steve Hams*	Outstanding Patient experience	We consistently deliver person centred care & ensure we make every contact and interaction count. We get it right first time so that we reduce unwarranted variation in experience, whilst respecting the value of patient time	We have the highest % of patients recommending us as a place to be treated among non-specialist acute hospitals with a response rate of at least 10% in England	Upper decile performance against non-specialist acute hospitals with a response rate of at least 10% *(based on June 2022 baseline)*	Improving FFT 'positive' percentage
HIGH QUALITY CARE *Steve Curry*	Better by design	Our patients access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result	1. 62-day cancer compliance 2. >15 min ambulance handover compliance	85% of patients will receive treatment for cancer in 62 days Sustain/maintain <70 weekly hrs lost	70% of patients will receive treatment for cancer in 62 days Maintain best weekly delivered position between April 2021 and August 2022 – 141 hours (w/c 29th Aug 2022)
INNOVATE TO IMPROVE *Tim Whittlestone*	Unlocking a better future	We are driven by curiosity; undertake research and implement innovative solutions to improve patient care by enabling all our people and patients to make positive changes	Increase number of staff able to make improvements in their areas to 75% of respondents by 2028	Increase number of staff able to make improvements in their areas to 63% of respondents by 2026/2027	Increase number of staff able to make improvements in their areas to be 1% point above the benchmark average in 2024/25 (57% based on 2023 staff survey results)
SUSTAINABILITY *Glyn Howells*	Making best use of our limited resources	Through delivering outstanding healthcare sustainably we will release resources to invest in improving patient care.	To eliminate the underlying deficit by 2026/2027	To deliver at least 1% higher CIP than the national efficiency target	Deliver the planned levels of recurrent savings in 2024/25
PEOPLE *Interim CPO – Peter Mitchell*	Proud to belong	Our exceptional people deliver outstanding patient care and experience	Staff turnover sustained at 10% or below by 2029	Staff Turnover sustained at 10.7% or below by Mar 2027	Staff Turnover Sustained at 11.9% or below
COMMITMENT TO OUR COMMUNITY *Interim CPO – Peter Mitchell*	In, and for, our community	We will improve opportunities that help reduce inequalities and improve health outcomes	Increase NBT employment offers in our most deprived communities and amongst under-represented groups	Increase recruitment within NBT catchment to reflect the same proportion of our community in the most economically deprived wards – increase from 32% to 37% of starters equating to an additional 70 starters per year at current recruitment levels.	Reduce disparity ratio To 1.25 or better 38% employment from our most challenged communities

Appendix 3: Abbreviation Glossary

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

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

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

Appendix 3: Abbreviation Glossary

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

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

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

Appendix 3: Abbreviation Glossary

Abbreviation	Definition
NHSR	NHS Resolution
NICU	Neonatal intensive care unit
NMPA	National Maternity and Perinatal Audit
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
NOUS	Non-Obstetric Ultrasound Survey
OOF	Out Of Funding
Ops	Operations
P&T	People and Transformation
PALS	Patient Advisory & Liaison Service
PCEG	Primary Care Executive Group
PDC	Public Dividend Capital
PE	Pulmonary Embolism
PI	Pressure Injuries
PMRT	Perinatal Morality Review Tool
PPG	Patient Participation Group
PPH	Post-Partum Haemorrhage
PROMPT	PRactical Obstetric Multi-Professional Training
PSII	Patient Safety Incident Investigation
PTL	Patient Tracking List
PUSG	Pressure Ulcer Sore Group
QC	Quality Care
qFIT	Faecal Immunochemical Test
QI	Quality improvement
RAP	Remedial Action Plan
RAS	Referral Assessment Service
RCA	Root Cause Analysis
RJC	Restorative Just Culture
RMN	Registered Mental Nurse
RTT	Referral To Treatment
SBLCBV2	Saving Babies Lives Care Bundle Version 2
SDEC	Same Day Emergency Care
SEM	Sport and Exercise Medicine
SI	Serious Incident
T&O	Trauma and Orthopaedic
TNA	Trainee Nursing Associates
TOP	Treatment Outcomes Profile
TVN	Tissue Viability Nurses
TWW	Two Week Wait

Appendix 3: Abbreviation Glossary

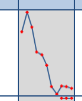
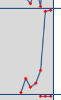
Abbreviation	Definition
UEC	Urgent and Emergency Care
UWE	University of West England
VSM	Very Senior Manager
VTE	Venous Thromboembolism
WCH	Women and Children's Health
WHO	World Health Organisation
WLIs	Waiting List Initiative
WTE	Whole Time Equivalent

Perinatal Quality Surveillance Matrix (PQSM)

Latest data as at 21/01/2025

Activity	Target	Local Threshold G	Local Threshold A	Local Threshold R	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Year to date	Trend	SPC Variation	SPC Assurance	Comment	Countermeasure / Action
Number of women who gave birth (>=24 weeks or <24 weeks live)					461	440	447	425	459	449	444	444	463	481	397	446					
Number of women who gave birth (>=22 weeks)					463	442	448	426	459	448	444	444	463	482	397	447					
Number of babies born (>=24 weeks or <24 weeks live)					466	446	449	429	463	456	451	453	472	486	401	452					
Number of livebirths 22+0 to 26+6 weeks					0	3	1	3	4	3	5	4	0	2	4	3					
Number of live births 24+0 to 36+6 weeks					36	36	24	27	33	34	36	40	28	37	28	33					
Number of livebirths <24 weeks					0	1	1	1	0	1	3	2	0	1	3	1					
Induction of labour rate %					31.7%	31.4%	34.5%	32.7%	29.8%	30.1%	25.0%	28.8%	33.0%	31.0%	28.2%	30.6%					
Unassisted birth rate %					45.6%	43.2%	43.6%	43.1%	45.3%	46.1%	45.5%	45.5%	46.7%	42.2%	45.8%	44.8%					
Assisted birth rate %					9.1%	8.9%	11.2%	10.8%	8.5%	9.6%	8.6%	7.9%	8.0%	9.4%	8.3%	9.1%					
Caesarean section rate (overall) %					44.9%	47.5%	44.7%	45.9%	46.2%	43.0%	45.0%	46.4%	45.4%	48.4%	45.6%	45.7%					
Elective caesarean section rate %					20.6%	21.6%	19.9%	18.8%	17.2%	18.3%	20.5%	23.2%	19.7%	23.1%	21.4%	20.4%					
Emergency caesarean section rate %					24.3%	25.9%	24.8%	27.1%	29.0%	24.7%	24.5%	23.3%	25.7%	25.4%	24.2%	25.4%					

Safe - Maternity Workforce	Target	Local Threshold G	Local Threshold A	Local Threshold R	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Year to date	Trend	SPC Variation	SPC Assurance	Comment	Countermeasure / Action
One to one care in labour (as a percentage)* excludes BBAs	SBLV3 100%	100%		≤99%	99%	100%	99.7%	100%	100%	100%	100%	100%	100.0%	100%	100%	99.9%					
Compliance with supernumerary status for labour ward coordinator	SBLV3 100%	100%		≤99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.9%					
Number of times maternity unit attempted to divert or on divert	Local	0		≥2	0	1	0	0	0	1	1	1	0	1	1	0.5					
Number of obstetric consultant non-attendance to 'must attend' clinical situations	Local	0		≥2	0	0	0	0	0	0	0	0	0	0	0	0					
Consultant Led MDT ward rounds on CDS day	SBLV3 100%	100%		≤90%	100%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	99.7%					
Consultant Led MDT ward rounds on CDS evening/night	SBLV3 100%	100%		≤90%	93.0%	96.0%	81%	90%	100%	100%	100%	100%	100%	100%	100%	96.4%					
Percentage of 'staff meets acuity' - CDS	Birthrate+ 100%	≥90%		≤70%	69%	51%	67%	70%	71%	44%	62%	61%	62%	51%	64%	61.1%					
Confidence factor in Birthrate+ (data recording on CDS)	Birthrate+ 60%	≥55%		≤45%	83.3%	89.7%	81.2%	85.0%	80.7%	81.7%	76.9%	78.5%	83.9%	75.8%	81.1%	81.6%					

Safe - Maternity Workforce	Target	Local Threshold G	A	R	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Year to date	Trend	SPC Variation	SPC Assurance	Comment	Countermeasure / Action
Band 5/6/7 Midwifery Vacancy Rate (inclusive of maternity leave) WTEs	0%	≤5%		≥10%	5.59%	8.04%	6.17%	3.06%	2.68%	1.43%	-1.25%	-2.19%	-1.17%	-1.23%	-1.45%	1.8%					
Obstetric Consultant Vacancy Rate (inclusive of maternity leave) WTEs	0%	≤5%		≥10%									4.76%	4.76%	4.76%					Calculated using current obs PAs in job plans (154.26, excluding external PAs) / current + FMU post (162) currently being recruited. WTE is shared O&G. Vacancy is the FMU post, start date 27/01/2025.	
Obstetric Resident Doctor Vacancy Rate (inclusive of maternity leave) WTEs	0%	≤5%		≥10%									0%	0%	0%					Locum shifts worked to cover sickness & pregnancy-related on-call changes, not vacancy.	
Anaesthetic (Obstetric) Doctor Vacancy Rate (inclusive of maternity leave) WTEs	0%	≤5%		≥10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%						
Midwifery Shift Fill Rate (%) - acute services* day	100%	≥97.5%		≤95%					60.1%	55.3%	52.7%	60.4%	51.4%	89.7%	90.3%	65.7%					
Midwifery Shift Fill Rate (%) - acute services* night	100%	≥97.5%		≤95%					46.9%	55.8%	50.0%	52.8%	61.0%	98.2%	99.0%	66.2%					
Obstetric Shift Fill Rate - acute services* day	100%	≥97.5%		≤95%									100%	100%	100%					On-call shifts only.	
Obstetric Shift Fill Rate - acute services* night	100%	≥97.5%		≤95%									100%	100%	100%					No consultant acting down required in Nov 24.	

Safe - Neonatal Workforce	Target	Local Threshold			Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Year to date	Trend	SPC		Comment	Countermeasure / Action
		G	A	R														Variation	Assurance		
Number of NICU consultant non-attendance to 'must attend' clinical situations	0	0		≥2	0	0	0	0	0	0	0	0	0	0	0	0					
Band 5/6/7 Neonatal Nursing Vacancy Rate (inclusive of maternity leave) WTEs	0%	≤5%		≥10%				18.00%	10.81%	4.58%	6.69%	9.62%	2.77%	3.23%	2.59%	7.29%					
Neonatal Nurse Qualified in Speciality establishment rate	BAPM 70%	≥70%		≤60%	35%	52%	54%	59%	59%	59%	55%	55%	43%	56%	56%	53%					
Neonatal Consultant Vacancy Rate (inclusive of maternity leave) WTEs	0%	≤5%		≥10%									0%	0%	0%					Ongoing long-term sickness.	
Neonatal Resident Doctor Vacancy Rate (inclusive of maternity leave) WTEs	0%	≤5%		≥10%									0%	0%	0%					Includes ANNP & PA from as part of the tier 1 rota. 26 WTE for tier 1 & tier 2 rota. No vacancy, there is long term sickness. Vacancy expected in Dec 24.	
Neonatal Nursing Fill Rate (%) - acute services* using BAPM acuity tool	100%	≥97.5%		≤95%									100.0%	96.7%	98.2%						
Neonatal Nursing QIS Fill Rate (%) - acute services using BAPM acuity tool	70%	≥70%		≤60%									54.2%	49.2%	63.6%						
Neonatal Nursing QIS Fill Rate (%) - acute services* night using BAPM acuity tool	100%	≥70%		≤60%																	
Neonatal (Medical) Shift Fill Rate (%) - acute services* day using BAPM acuity tool	100%	≥97.5%		≤95%									100%	100%	100%					No unsafe shifts – possible gaps tbc.	
Neonatal (Medical) Shift Fill Rate (%) - acute services* Night using BAPM acuity tool	100%	≥97.5%		≤95%									100%	100%	100%					No unsafe shifts – possible gaps tbc.	

Training	Target	Local Threshold G	Local Threshold A	Local Threshold R	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Year to date	Trend	SPC Variation	SPC Assurance	Comment	Countermeasure / Action
Training compliance fetal wellbeing day - Obstetric Consultants	MIS Y6 90%	≥90%		≤80%	89%	89%	89%	94%	72%	94%	94%	88%	55%	57%	90%	83%					
Training compliance fetal wellbeing day - Other Obstetric Doctors	MIS Y6 90%	≥90%		≤80%	70%	71%	72%	72%	69%	57%	57%	37%	74%	79%	86%	68%					
Training compliance fetal wellbeing day - Midwives (ALL)	MIS Y6 90%	≥90%		≤80%	86%	91%	82%	87%	77%	84%	86%	85%	81%	85%	95%	85%					
Training compliance in maternity emergencies and multi-professional training - Obstetric Consultants	MIS Y6 90%	≥90%		≤80%	95%	95%	89%	94%	89%	89%	89%	94%	60%	60%	100%	87%					
Training compliance in maternity emergencies and multi-professional training - Other Obstetric Doctors	MIS Y6 90%	≥90%		≤80%	97%	69%	73%	75%	63%	51%	51%	66%	66%	73%	88%	70%					
Training compliance in maternity emergencies and multi-professional training (includes NBLS) - Midwives (ALL)	MIS Y6 90%	≥90%		≤80%	80%	89%	73%	79%	82%	78%	80%	83%	69%	72%	94%	80%					
Training compliance in maternity emergencies and multi-professional training - Anaesthetic Consultants	MIS Y6 70%	≥70%		≤60%	75%	72%	62%	59%	66%	79%	65%	70%	78%	81%	93%	73%					
Training compliance in maternity emergencies and multi-professional training - Other Anaesthetic Doctors	MIS Y6 70%	≥70%		≤60%	100%	74%	73%	60%	64%	40%	79%	77%	62%	74%	100%	73%					
Training compliance in maternity emergencies and multi-professional training - Maternity care assistants - ALL	MIS Y6 90%	≥90%		≤80%	71%	95%	90%	80%	76%	75%	77%	77%	63%	69%	94%	79%					
Training compliance annual local NBLS - NICU Consultants	MIS Y6 90%	≥90%		≤80%								50%	74%	92%		72%					
Training compliance annual local NBLS - NICU Resident doctors (who attend any births)	MIS Y6 90%	≥90%		≤80%								100%	100%	100%		100%					
Training compliance annual local NBLS NICU ANNPs (ALL)	MIS Y6 90%	≥90%		≤80%								80%	82%	100%		87%					
Training compliance annual local NBLS NICU Nurses (Band 5 and above)	MIS Y6 90%	≥90%		≤80%								97%	92%	96%		95%					
Training compliance annual local NBLS MSWs, HCAs and nursery nurses (dependant on their roles within the service - for local policy to determine)	MIS Y6 90%	≥90%		≤80%								80%	81%	91%		84%					

Safe - Delivery Metrics	Target	Local Threshold G	A	R	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Year to date average	Trend	SPC Variation	SPC Assurance	Comment	Countermeasure / Action
Number of shoulder dystocias recorded (vaginal births)					11	5	9	7	8	9	8	9	8	8	9	8					
% of women with a high degree (3rd and 4th) tear recorded					2.8%	3.9%	3.6%	4.3%	5.3%	7.1%	5.7%	3.8%	3.6%	6.5%	7.4%	4.8%					
Number of women with a retained placenta following birth requiring MROP					6	9	4	8	12	8	11	6	12	13	3	8					
Number of babies with an Apgar Score <7 at 5 mins (all gestations)					3	6	11	6	6	11	17	5	10	9	8	8					

Infant Feeding & Skin to Skin	Target	Local Threshold G	A	R	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Year to date average	Trend	SPC Variation	SPC Assurance	Comment	Countermeasure / Action
% of babies where breastfeeding initiated within 48 hours	80%	≥80%		≤70%	84.0%	78.9%	82.3%	78.3%	80.9%	81.5%	77.6%	78.0%	84.5%	80.0%	82.5%	80.6%			?		
% of babies breastfeeding on Day 10	80%	≥80%		≤70%	76.6%	74.0%	76.6%	76.4%	75.0%	72.3%	72.4%	72.8%	74.5%	76.7%	81.2%	75.2%		H	?		
% of babies breastfeeding at transfer to community	80%	≥80%		≤70%	74.1%	67.8%	65.6%	70.9%	82.0%	69.5%	67.6%	65.9%	68.2%	69.5%	71.2%	69.9%			?		
% of babies where skin to skin recorded within 1st hour of birth	80%	≥80%		≤70%	84.0%	83.8%	81.8%	82.8%	91.0%	83.7%	80.2%	81.4%	83.4%	81.1%	85.0%	83.3%			?		

Perinatal Morbidity and Mortality inborn	Target	Local Threshold G	A	R	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Year to date average	Trend	SPC Variation	SPC Assurance	Comment	Countermeasure / Action
Total number of perinatal deaths (excluding late fetal losses)					2	1	3	1	2	4	1	4	4	0	3	2					
Number of late fetal losses 16+0 to 23+6 weeks excl TOP					1	4	0	1	0	0	5	0	3	2	4	2					
Number of stillbirths (>=24 weeks excl TOP)					1	0	1	0	1	2	0	2	2	0	1	1					
Stillbirths per 1000 live births	2.6	≤2.6		≥3	2.15	0.00	2.23	0.00	2.16	4.41	0.00	4.42	4.24	0.00	2.49	2.01			?		
Number of neonatal deaths : 0-6 Days					1	0	1	1	1	2	1	0	1	0	1	1					
Number of neonatal deaths : 7-28 Days					0	1	1	0	0	0	0	2	1	0	0	0					
Neonatal Deaths before 28 days per 1000 live births (ALL)	1.5	≤1.5		≥2	2.15	2.24	4.45	2.33	2.16	4.39	2.22	4.42	4.28	0.00	2.49	3			?		
* NND before 28 days per 1000 live births (Inborn babies only)	1.5	≤1.5		≥2	2.15	0.00	2.23	2.33	2.16	4.39	2.22	4.42	4.28	0.00	2.49	2			?		
PMRT grading C or D themes in report	0	≤0		≥2	1	2	1	0	1	3	2	1	4	0	0	1			?		
Suspected brain injuries in term (37+0) inborn neonates (no structural abnormalities) (MNSI referral)	0	≤0		≥2	0	0	0	1	0	0	0	0	0	0	0	0		L	?		

Maternal Morbidity and Mortality	Target	Local Threshold			Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Year to date average	Trend	SPC		Comment	Countermeasure / Action
		G	A	R														Variation	Assurance		
Number of maternal deaths (MBRRACE)	TBC				0	0	0	0	1	1	1	1	0	0	0	0					
Direct causes	TBC				0	0	0	0	0	0	0	0	0	0	0	0					
Indirect causes	TBC				0	0	0	0	1	1	1	1	0	0	0	0					
Number of women who received enhanced care on CDS (HDU)					22	33	26	29	37	46	41	37	29	36	40	34					
Number of women who received level 3 care (ICU)					0	0	0	2	1	3	2	0	0	3	3	1					

Insight	Target	Local Threshold			Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Year to date average	Trend	SPC		Comment	Countermeasure / Action
		G	A	R														Variation	Assurance		
Number of datix incident reported					100	130	144	95	117	104	125	124	107	110	79	111					
Number of datix incidents graded as moderate or above (total) (Physical Harm)					0	2	0	2	0	4	2	3	1	4	0	2					
Datix incident moderate harm (not PSII, excludes MNSI)					0	2	0	2	0	4	1	2	1	1	0	1					
Datix incident PSII (excludes MNSI)					0	0	0	0	0	0	0	0	0	0	0	0					
New MNSI referrals accepted					0	0	0	1	0	1	0	2	0	1	0	0					
Outlier reports (eg. MNSI/NHSR/CQC) or other organisation with a concern or request for action made directly with Trust	0	≤0		≥1	0	0	0	0	0	0	0	0	0	0	0	0					
Coroner Reg 28 made directly to Trust	0	≤0		≥1	0	0	0	0	0	0	0	0	0	0	0	0					
Trust Level Risks (number shared with LMNS)* score 12 or >					7	4	3	4	3	3	4	3	3	3	2	4					

NICU Data	Target	Local Threshold			Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Year to date average	Trend	SPC		Comment	Countermeasure / Action
		G	A	R														Variation	Assurance		
Neonatal Admission to NICU					52	57	51	42	45	42	38	45	48	50	33	46					
of which Inborn Babies booked with NBT					37	43	32	32	31	35	26	32	29	32	20	32					
of which Inborn Babies -booked elsewhere					1	3	2	6	6	0	4	5	2	2	4	3					
of which readmission					4	4	6	0	2	3	5	3	11	8	2	4					
of which ex-utero admission					8	7	11	4	3	4	3	3	3	8	6	5					
of which source of admission cannot be derived					1	0	0	0	3	0	0	2	3	0	1	1					
Neonatal Admission to Transitional Care					42	35	24	31	29	28	37	38	29	32	26	32					
Admission rate at term	ATAIN <5%	≤4%		≥5%	4.2%	6.4%	5.2%	5.0%	4.2%	4.8%	2.9%	5.1%	3.6%	4.2%	2.7%	4.4%					
NICU babies transferred to another unit for higher/specialist care					5	9	6	4	5	4	6	4	6	0	2	4.6					
NICU babies transferred to another unit due to a lack of available resources	0	≤0		≥1	0	0	0	0	0	0	4	6	1	1	0	1.1					
NICU babies transferred to another unit due to insufficient staffing	0	≤0		≥1	0	0	0	0	0	0	0	0	0	0	0	0					
Attempted baby abduction	0	≤0		≥1	0	0	0	0	0	0	0	0	0	0	0	0					

Involvement	Target	Local Threshold			Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Year to date average	Trend	SPC		Comment	Countermeasure / Action
		G	A	R														Variation	Assurance		
Friends and family Test score (response rate % who rated 'very good' or 'good') NICU	90%	≥90%		≤80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%					
Friends and family Test score (response rate % who rated 'very good' or 'good') maternity	90%	≥90%		≤80%	92%	91%	93%	90%	93%	92%	89%	91%	89%	92%	91%	91%					
Service User feedback: Number of Compliments (formal)					67	26	110	106	61	96	93	36	37	24	13	61					
Service User feedback: Number of Complaints (formal)					5	4	3	1	1	6	3	4	9	3	4	4					
Staff feedback from frontline champions and walk-abouts (number of themes)					4	5	0	0	10	0	0	8	0	7	0	3					

NHS North Bristol NHS Trust

Report To:	Trust Board - Public Session		
Date of Meeting:	30th January 2025		
Report Title:	Emergency Preparedness Resilience and Response (EPRR) Annual Report 2024		
Report Author:	Charlotte Horton EPRR Manager		
Report Sponsor:	Steve Curry, Deputy Chief Executive and Chief Operating Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			x

Key Points to Note *(Including any previous decisions taken)*

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

The outcome of the Emergency Preparedness Resilience and Response (EPRR) Assurance process is that North Bristol Trust's compliance level for 2024 is **Full**, with the assessment showing full compliance against 100% of applicable standards (47 of 47). It should be acknowledged that this is the first time the Trust has achieved a fully compliant rating.

Strategic and Group Model Alignment

This report aligns with the Trust's Patient First priorities of Innovate to Improve through effective debriefing after exercises and incidents. This helps to identify areas for improvement to our processes which benefit patient care and outcomes throughout the Trust during an incident.

This report also aligns with delivering High Quality Care through ensuring that our emergency planning arrangements and learning from incidents has patient experience as the core purpose whilst ensuring safe and effective response plans.

One of the underpinning principles for EPRR within the NHS is cooperation and integration. This requires organisations to adopt a positive relationship through mutual trust and information sharing. This will be a key 2025/26 priority for EPRR to continue to strengthen the existing collaboration with University Hospitals Bristol and Weston (UHBW) across training, emergency response plans, business continuity and shared learning.

Risks and Opportunities

There is a risk to NBT's 2025 compliance rating due to a decrease in resource within the EPRR team. This decrease is following a period of a temporary Band 7 EPRR officer role which is unable to currently be made substantive. The substantive resource is a Band 8a and Band 4.

Recommendation

This report is for **Information.**

The Trust Board is asked to note that the Trust is 'fully compliant' with the NHS Core Standards for EPRR.

History of the paper (details of where paper has <u>previously</u> been received)	
Emergency Preparedness, Resilience and Response Group	21st January 2025
Appendices:	Appendix 1. Confirmation letter from NHSE: Emergency Preparedness, Resilience and Response (EPRR) annual assurance outcome for 2024

1. Purpose

1.1 To provide the Trust Board with the Trust's Emergency Preparedness Resilience and Response (EPRR) Annual Report for 2024 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 NHS England Assurance Process

3.1 NHS Provider organisations are required to undertake an annual self-assessment covering 47 core standards as set out in the NHS Core Standards for EPRR Guidance and a series of deep dive questions which change on an annual basis.

3.2 A response to deep dive questions was requested regarding Cyber Security and IT related incident response however it should be noted these do not contribute towards the overall compliance rating.

4. 2024 Annual Report

4.1 The Trust has completed the annual self-assessment and has confirmed full compliance against 47 of the 47 applicable core standards of an Acute NHS organisation.

4.2 The overall assessment of the Deep Dive review shows full compliance against 11 of the 11 deep dive standards.

4.3 NHSE/I has reviewed the Trust's self-assessment and has provided formal written confirmation of the 'fully compliant' status to BNSSG ICB following the Confirm and Challenge Meeting with NHSE/I in October 2024 (see **Appendix 1**).

4.4 The overall compliancy rating of 100% is an improved position compared with last year's rating of 95% 'substantially compliant'.

5. Summary and Recommendations

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

Our Reference: BNSSG/Nov24

To: David Jarrett, Chief Delivery Officer (Accountable Emergency Officer), NHS BNSSG ICB

Copy: Janette Midda, EPRR Manager
Ian Phillips, Dep. Director Resilience

Keith Grimmett
NHS England South West
Head of EPRR

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

11 November 2024

Sent by email

Dear David,

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

Thank you for preparing and submitting your self-assessment and supporting evidence. This letter summarises the outcome from the confirm and challenge meeting held on 28 October 2024, capturing any agreed actions and points from our discussions.

ICB Outcome Summary

Organisation	2022	2023	2024
NHS BNSSG ICB	Substantial	Full	Full

Your organisational compliance level for 2024 is Full, with the assessment showing full compliance against 100% of applicable standards (47 of 47). See annex 1 for descriptors.

ICB Good Practice and Innovation

1. Strong EPRR governance processes that include engagement with senior colleagues and the wider organisation
2. Maintaining a consistent and robust EPRR programme for the ICB and wider BNSSG System alongside concurrent challenges
3. Sharing good practice within the System and an emphasis on continual improvement

NHS England Observations

The governance arrangements and senior leadership engagement continues to support your management systems. These foundations have enabled the ICB to maintain a stable and progressive programme alongside disruptive challenges such as organisational change and incident response.

Deep Dive Review

The focus of the deep dive for 2024 was Cyber Security and IT related incident response. Whilst these additional standards are subject to the same assessment processes as the 47 Core Standards, they are not included directly in your overall outcome scoring.

Your overall assessment shows compliance against 91% of the standards (10 of 11).

System Outcome Summary

You provided a full and concise overview of the approach you have used to undertake the EPRR Core Standards confirm and challenge process for 2024.

Organisation	2022	2023	2024
AWP	Full	Full	Full
NBT	Substantial	Substantial	Full
Severnside (Brisdoc)	Full	Substantial	Full
Severnside (PPG)	Substantial	Full	Full
Sirona	Partial	Substantial	Substantial
UHBW	Partial	Substantial	Substantial
South West Ambulance Service NHS Foundation Trust	Full	Full	Full

NHS England System Observations

System partners prioritise support to the LHRP which continues to mature with close working relationships across health and social care. Examples of good practice and high standards are evident both in the work programming and the outcomes of the assurance process. Achieving and maintaining this within a System containing a greater degree of complexity than some regional counterparts is a notable achievement.

Next Steps

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

We welcome any reflections you may have on this year's assurance process and invite your feedback via your EPRR practitioners.

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

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

Yours Sincerely,

Keith Grimmett, Head of EPRR

NHS England South West

Annex 1: Compliance Levels

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

North Bristol NHS Trust

Meeting of the Board on 30 January 2025 held in Public.

Reporting Committee	**Finance, Digital & Performance Committee**
Chaired By	**Richard Gaunt, Non-Executive Director**
Executive Lead	**Elizabeth Poskitt, Chief Finance Officer** **Steve Curry, Chief Operating Officer**

For Information

The Committee met on 23 January 2025 and received the following reports:

1. **Performance Report** - The Committee received an update on the latest Trust performance position against a range of key national metrics and discussed the most recent performance data:
    - With regards to Planned Care, the Trust was achieving the target capacity breaches for patients waiting over 65-weeks for treatment, and there have been significant improvement in clearing the 52-week backlog well ahead of anticipated national directives.
    - With regards to Diagnostics, the Trust continued to meet the constitutional 6 week standard and deliver a zero >13-week breach backstop.
    - With regards to Cancer performance, the Trust was now compliant with the 2024/2025 targets and was reporting a controlled Patient Tracking List (PTL), a compliant Faster Diagnosis Standard (FDS)-28 Day position and a compliant 62-Day Combined position against targets.
    - With regards to Unscheduled Care (UEC), achieving the year-end target of 78% remained challenged, as a result of:
        - the continued increased Emergency Department attendances
        - the continued challenges with the No Criteria To Reside (NC2R) position
        - the significant rise in Flu and infection presentations.

    Discussion focused on making the improvements in planned care, diagnostics and cancer performance sustainable and the Committee received reassurance that work was already ongoing to ensure sustained and continued improvements in performance.

    The Committee also discussed the ongoing work with the system to address the capacity issues and release additional capacity to enable patient flow out of the organisation. It was recognised that winter and the increased infection prevention and control requirements would exacerbate the UEC challenges.

2. **Gynaecology Deep Dive** – The Committee received the report which provided a deep dive into the Gynaecology Cancer performance. It detailed the progress that gynaecology was making towards the FDS target of 77% and the improvement in cancer provision for patients. It was identified that the key areas for continued recovery and sustainability included pathway change, continued insourcing and maintaining outpatient appointment and outpatient hysteroscopy capacity to demand planning.

    The Committee received reassurance that controls were in place to manage pathway changes and discussed the financial implications.

3. **Elective Centre** (now to be referred as the Bristol Surgical Centre) – The Committee received an update on the progress on construction, staffing and operationalisation of the Bristol Surgical Centre, a new standalone Elective Centre on the Southmead Hospital site.
   The Committee welcomed the update and discussed the risks to the go-live date and the resulting implications, but received assurance that any financial risk would not impact planning assumptions and would be considered through the business planning process.

4. **Business Planning 2025/26** - The Committee received the report which outlined the latest planning position for 2025/26. It was noted the team were still awaiting the full national guidance, but that business planning had been initiated in order to deliver a headline plan in February 2025 and a signed-off plan and budget in March 2025. The Committee noted that the financial plan was to breakeven and would use the BNSSG medium-term financial plan as the starting point for planning purposes. It was highlighted that the NHSE protocols would be triggered for all systems not achieving the breakeven position which would involve increased scrutiny.
   Planning sessions had commenced with divisions to support the setting of deliverable plans. It was recognised that the financial position was strained and would continue to be in 2025/26.
   The Committee discussed the performance targets and the drivers for the underlying position deterioration.

5. **Capital Programme Update –** The Committee received the report which detailed the risks and mitigations identified within the 2024/25 capital programme. The Committee observed with confidence that the Trust was on track to spend all capital this year and discussed the prioritisation process and the plans for next year.

6. **Finance Update -** The Committee received the Month 9 finance report which outlined:
   - The financial plan for 2024/25 in Month 9 was a breakeven position.
   - Year to date the Trust has delivered a £3.6m adverse overall variance. This has been driven by in year Cost Improvement Plan (CIP) non-delivery, non-pay pressures and overspends on temporary staffing from April to July.
   - The Month 9 CIP position showed £16.4m schemes fully completed with a further £3.1m in implementation and planning, and a further £7.1m of schemes identified in the pipeline.
   - Cash at Month 9 amounted to £33.4m, a reduction of £29.3m from Month 12 which was driven by the Trust underlying deficit and capital spend.

   The full report is appended (see **Appendix 1**).

7. **Operational Performance IM&T Update**- The Committee received an overall report on performance and priorities within the digital directorate. A detailed update on the status of each digital programme was provided, recognising areas of challenge and improvement. An update was provided on the digital risks and the mitigations in place to either downgrade or close them. The Committee received assurance about the Trust's cyber security measures, with a specific focus on the safeguards implemented for remote workers.

8. **Risk Report –** The Committee received the report which included the Reputation, Performance, Finance, IM&T and Service Delivery Trust Level Risks (TLR) and Board Assurance Framework (BAF) risks within the Committee's purview.

   Discussion emphasised the importance of understanding and contextualising risks, particularly regarding the effectiveness of mitigations and their alignment with the Trust's risk appetite. The Committee sought further clarity and requested that additional information be given in the following categories: risk resolution and timeline, mitigations and the contingencies in place should the risk be realised. The Committee also recognised the importance of having contingency plans and testing those plans to ensure they were robust.

9. The Committee received and reviewed an update from the Business Case Review Group.

For Board Awareness, Action or Response (including risks)
Board should note the Finance Report (Appendix 1).
Key Decisions and Actions
The Committee requested to receive further information on the risks within its purview. The Committee also agreed to meet in February to review the headline Business Planning 2025/26 submission.
Additional Chair Comments
N/A

Date of next meeting:	Thursday 20 February 2025.

North Bristol NHS Trust

Report To:	Finance, Digital and Performance Committee		
Date of Meeting:	23 January 2025		
Report Title:	Finance Report for December 2024 (Month 9)		
Report Author:	Simon Jones, Assistant Director of Finance – Financial Management		
Report Sponsor:	Elizabeth Poskitt, Chief Financial Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			x
	The purpose of the report is to inform the Finance, Digital and Performance Committee of the Month 9 financial report.		

Key Points to Note *(Including any previous decisions taken)*

The financial plan for 2024/25 in Month 9 (December) was a breakeven position. The Trust has delivered a £0.1m surplus. The in-month position has been driven by vacancies offset by undelivered savings and non-pay overspends.

Year to date the Trust has seen a £3.6m adverse overall variance. This has been driven by in year CIP non-delivery, non-pay pressures and overspends on temporary staffing from April to July.

The Trust undertook a detailed update to the forecast outturn in October. Divisions have been provided with targets to achieve and by enacting additional non-recurrent mitigations. The Trust is currently forecasting a £3.0m deficit. Further work is being undertaken to identify mitigations required to deliver a breakeven position at year end.

The Trust cash position at Month 9 is £33.4m, a reduction of £29.3m from Month 12. This is driven by the Trust's underlying deficit and capital spend.

The Trust has delivered £16.4m of completed Cost Improvement Programme (CIP) schemes at Month 9. There are a further £3.1m of schemes in implementation and planning, and £7.1m in the pipeline. CIP non-delivery within the year-to-date position relates to the in-year impact of schemes delivering on a recurrent basis.

The Trust is forecasting to deliver a capital expenditure outturn at year end equal to the level of funding available through the Trust's core capital envelope and by national funding.

Strategic Alignment

This report aims for outstanding patient experience and links with priorities and projects within Patient First, particularly the improvement priority for Sustainability – making best use of our limited resources.

Risks and Opportunities

Key risks:

- At Month 9 the cash balance is £1.8m above planned levels. Assuming a breakeven position at year end, the Trust expects to end the year with a cash balance of £14.0m.
- In year, whilst pay costs year to date exceed plan, new controls introduced in August showed a promising reduction in agency and bank spend from August to November.
- Continued under-delivery of CIP will put a breakeven outturn at risk.
- Divisional non-pay costs are £8.4m adverse year to date, the Trust is analysing this to understand what further mitigations are required.

Recommendation	
This report is for Information. FDPC are asked to note the report.	
History of the paper (details of where paper has <u>previously</u> been received)	
Senior Leadership Group	21 January 25
Finance, Digital & Performance committee	N/A
Appendices:	*Appendix 1 – Finance Report Month 9*

NHS North Bristol NHS Trust

Finance Performance Report

Trust Board: Month 9 2024/25

Author: Simon Jones (Assistant Director of Finance)

Sponsor: Elizabeth Poskitt (Chief Finance Officer)

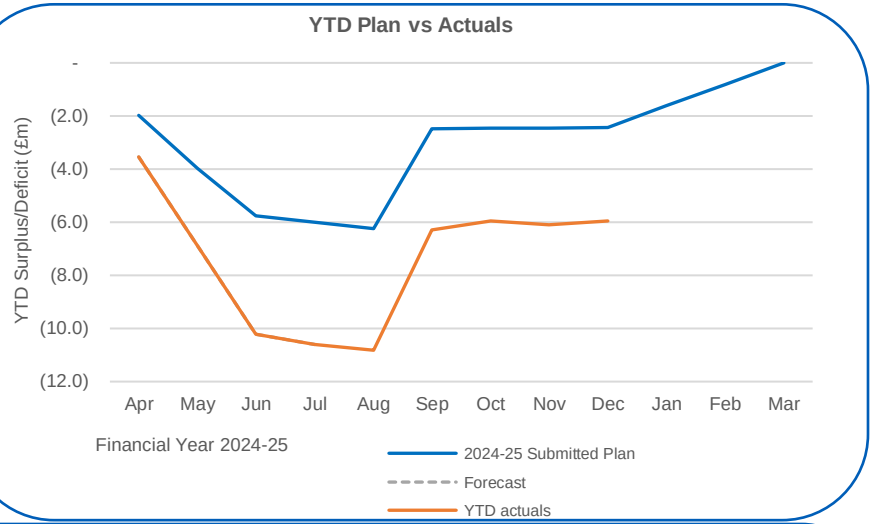
Finance Performance Report

Month 9 (December 2024)

North Bristol NHS Trust

Finance Summary

	Month 9			Year to date		
	Budget	Actual	Variance	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	75.6	78.1	2.5	645.8	656.1	10.3
Income	1.2	5.5	4.3	45.0	78.8	33.8
Pay	(48.1)	(49.8)	(1.7)	(434.8)	(448.0)	(13.2)
Non-pay	(28.7)	(33.7)	(5.0)	(258.4)	(292.9)	(34.5)
Surplus/(Deficit)	**0.0**	**0.1**	**0.1**	**(2.4)**	**(6.0)**	**(3.6)**



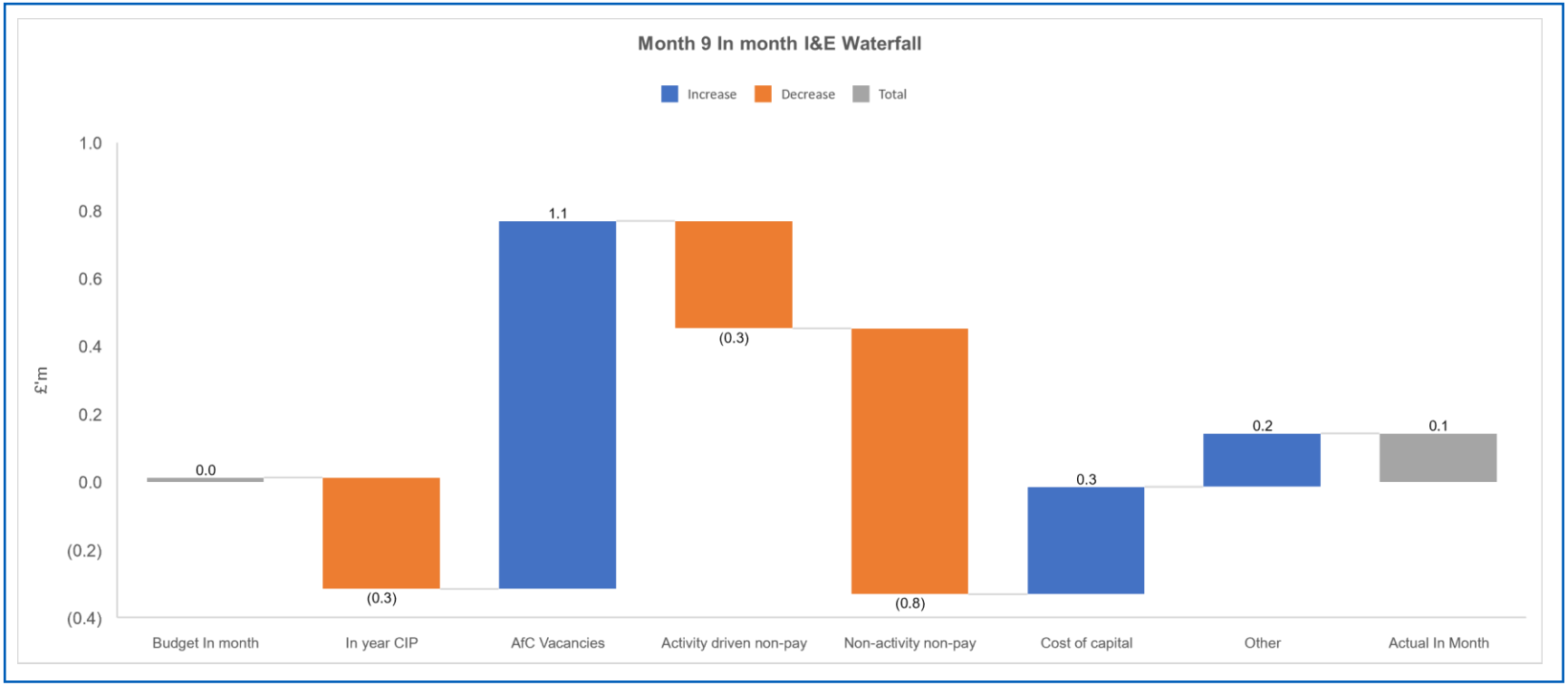
Key messages:

- The financial plan for 2024/25 in Month 9 (December) was a breakeven position. The Trust has delivered a £0.1m surplus. The in-month position has been driven by vacancies offset by undelivered savings and non-pay overspends.
- Year to date the Trust has seen a £3.6m adverse overall variance. This has been driven by in year CIP non-delivery, non-pay pressures and overspends on temporary staffing from April to July.
- The Trust undertook a detailed update to the forecast outturn in October. Divisions have been provided with targets to achieve and by enacting additional non-recurrent mitigations. The Trust is currently forecasting a £3.0m deficit. Further work is being undertaken to identify mitigations required to deliver a breakeven position at year end.
- The Trust cash position at Month 9 is £33.4m, a reduction of £29.3m from Month 12. This is driven by the Trust's underlying deficit and capital spend.
- The Trust has delivered £16.4m of completed Cost Improvement Programme (CIP) schemes at Month 9. There are a further £3.1m of schemes in implementation and planning, and £7.1m in the pipeline. CIP non-delivery within the year-to-date position relates to the in-year impact of schemes delivering on a recurrent basis.
- The Trust is forecasting to deliver a capital expenditure outturn at year end equal to the level of funding available through the Trust's core capital envelope and by national funding.

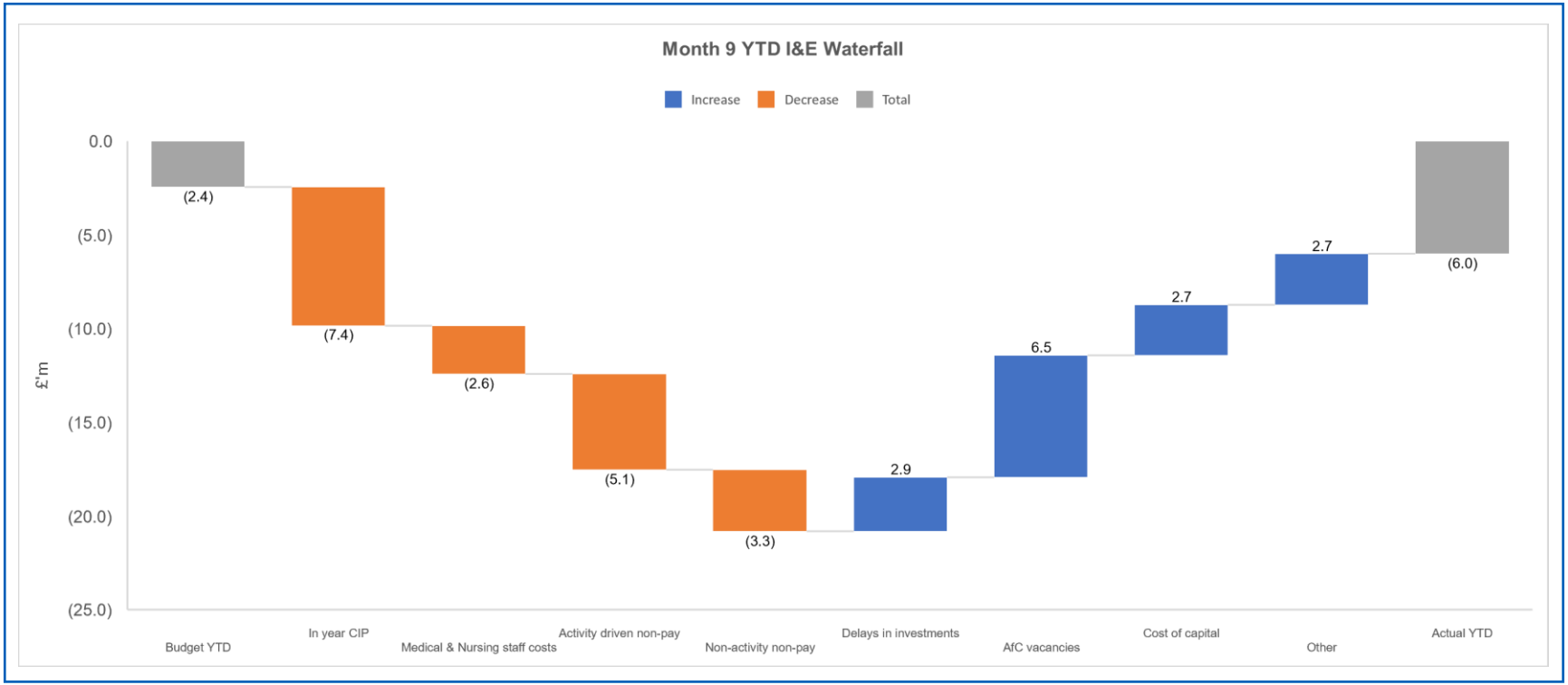
Key risks:

- At Month 9 the cash balance is £1.8m above planned levels. Assuming a breakeven position at year end, the Trust expects to end the year with a cash balance of £14.0m.
- In year, whilst pay costs year to date exceed plan, new controls introduced in August showed a promising reduction in agency and bank spend from August to December.
- Continued under-delivery of CIP will put a breakeven outturn at risk.
- Divisional non-pay costs are £8.4m adverse year to date, the Trust is analysing this to understand what further mitigations are required.

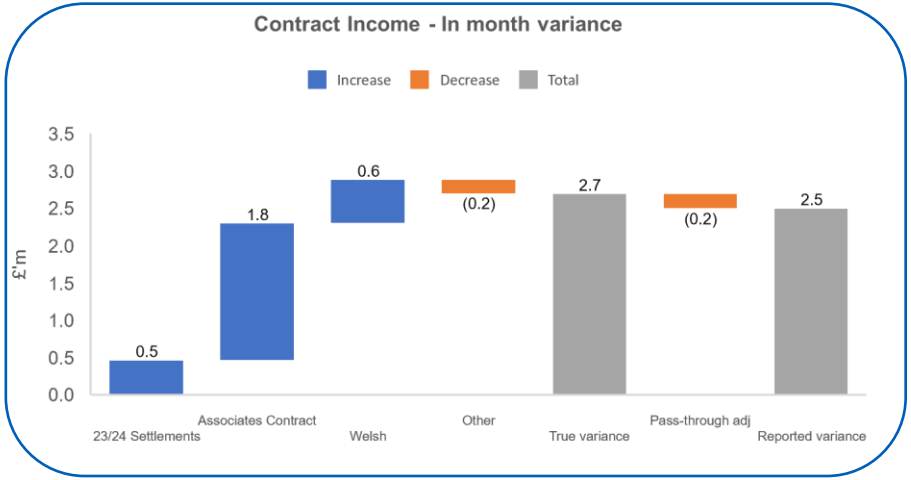
Income and Expenditure: In month I&E waterfall

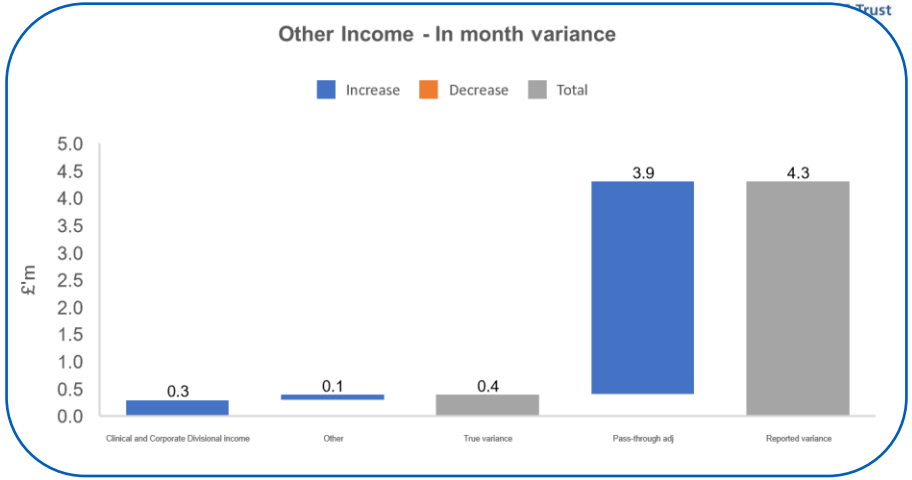


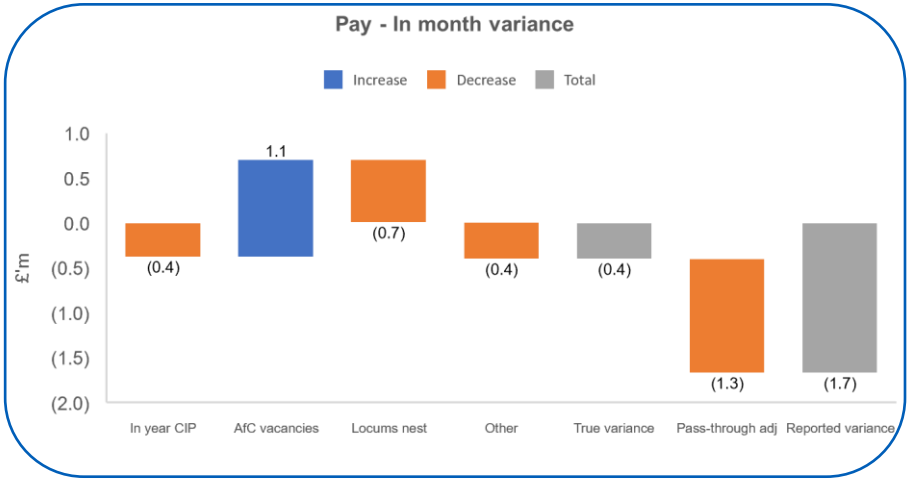
Income and Expenditure: Year to date I&E waterfall

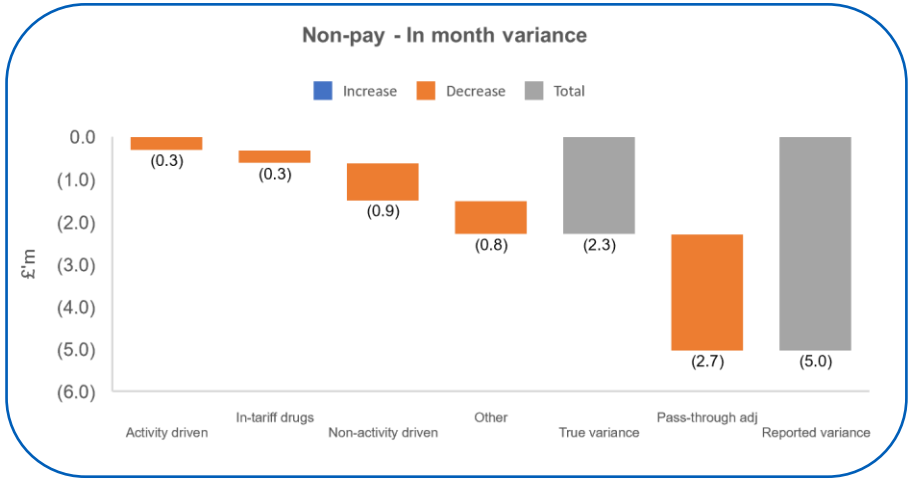


Finance Summary – In Month



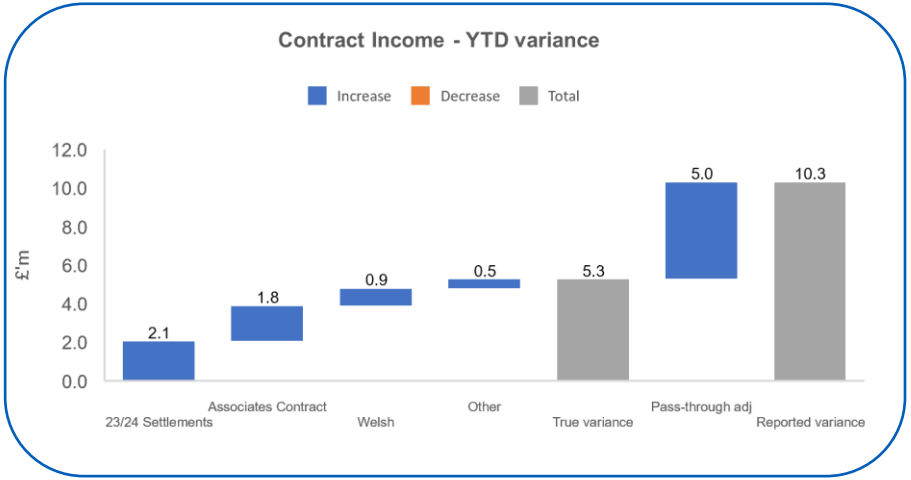


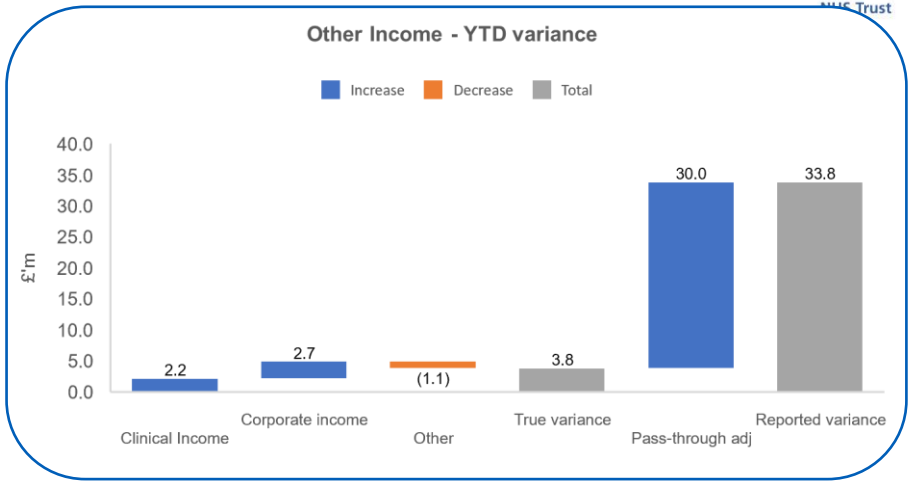


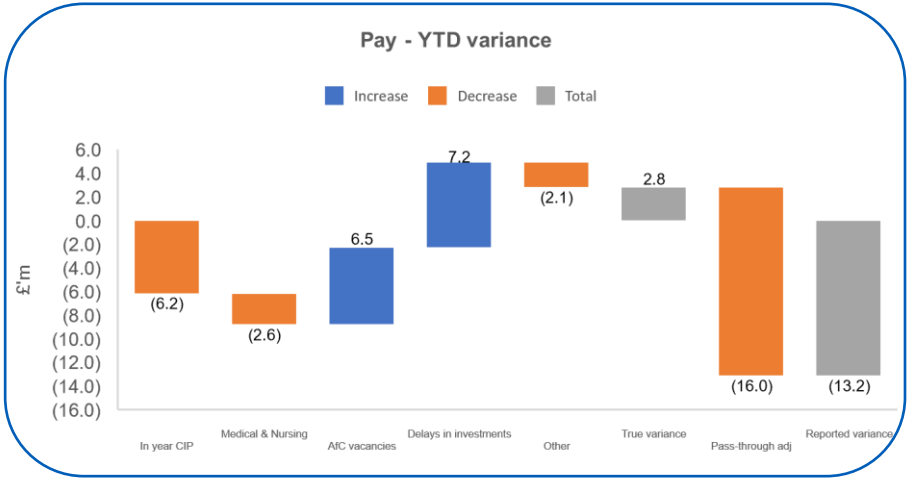


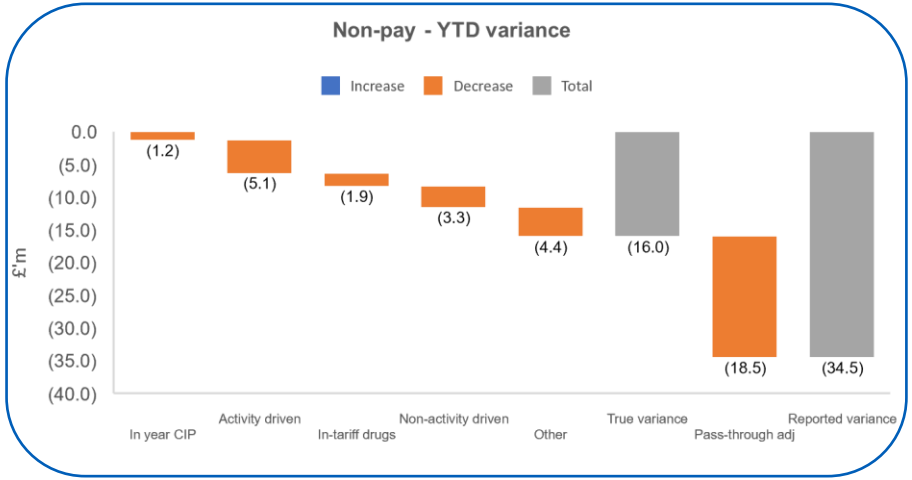
*Note: Further explanation of variances are provided on slides 8-11

Finance Summary – Year to date









*Note: Further explanation of variances are provided on slides 8-11

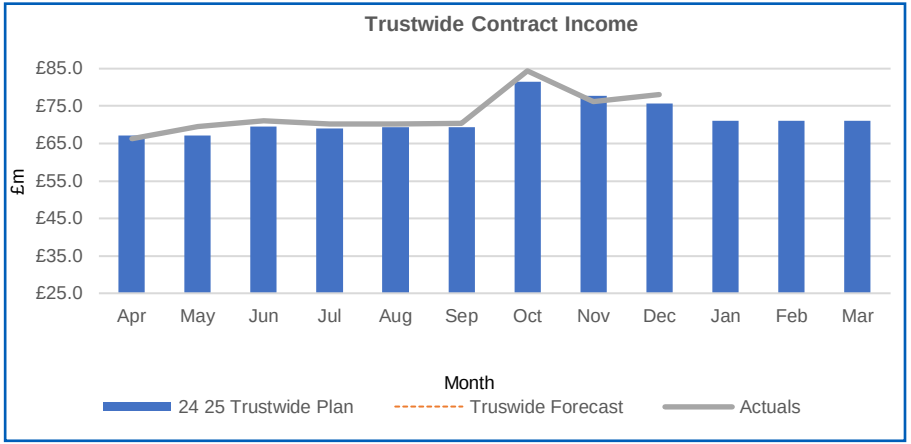
Finance Summary – Pass-through adjustments to reported variance

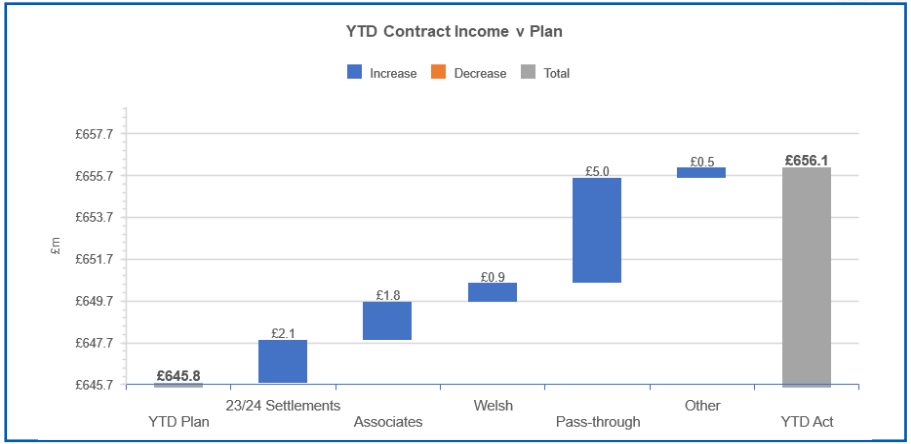
	In month				
	Contract Income	Income	Pay	Non-pay	Total
	£m	£m	£m	£m	£m
Reported variance	**2.5**	**4.3**	**(1.7)**	**(5.0)**	**0.1**
Adjustments to remove:					
NHS Plan adjustments	0.0	3.1	(2.0)	(1.1)	(0.1)
Research & Education funding	0.0	(0.2)	0.0	0.2	0.0
High cost drugs	0.3	0.0	0.0	(0.3)	0.0
HCTED	(0.3)	0.0	0.0	0.3	0.0
Pay award	(0.1)	0.0	0.0	0.0	(0.1)
Other (<£0.5m)	0.0	1.1	0.7	(1.9)	(0.0)
True variance	**2.7**	**0.4**	**(0.4)**	**(2.3)**	**0.4**

	Year to date				
	Contract Income	Income	Pay	Non-pay	Total
	£m	£m	£m	£m	£m
Reported variance	**10.3**	**33.8**	**(13.2)**	**(34.5)**	**(3.6)**
Adjustments to remove:					
NHS Plan adjustments	0.0	24.2	(13.5)	(10.1)	0.5
Research & Education funding	0.0	(1.6)	0.1	1.5	0.0
High cost drugs	2.9	0.0	0.0	(2.9)	0.0
HCTED	1.0	0.0	0.0	(1.0)	0.0
Pay award	0.4	1.4	(1.7)	0.0	(0.0)
Other (<£0.5m)	0.8	6.1	(0.8)	(6.1)	0.0
True variance	**5.3**	**3.8**	**2.8**	**(16.0)**	**(4.1)**

- The tables above highlight items within the position that have an equal and offsetting impact within income and expenditure or are removed to make the explanation of the variances easier to understand.
- As these have minimal effect on the position they are removed when explaining the in month and year to date variances.
- These values reconcile to the 'pass-through' items on the waterfall graphs in the preceding two slides.

Contract Income Overview





Contract Income

In month: £2.5m fav

YTD: £10.3m fav

In month

- In month Trustwide Contract Income is £2.5m favourable to plan.
- Agreement of the Associates contracts has resulted in a favourable variance of £1.8m, along with £0.5m relating to the prior year. In addition, there is a favourable variance for Welsh income which relates to overperformance against the Thrombectomy contract in quarter 2.

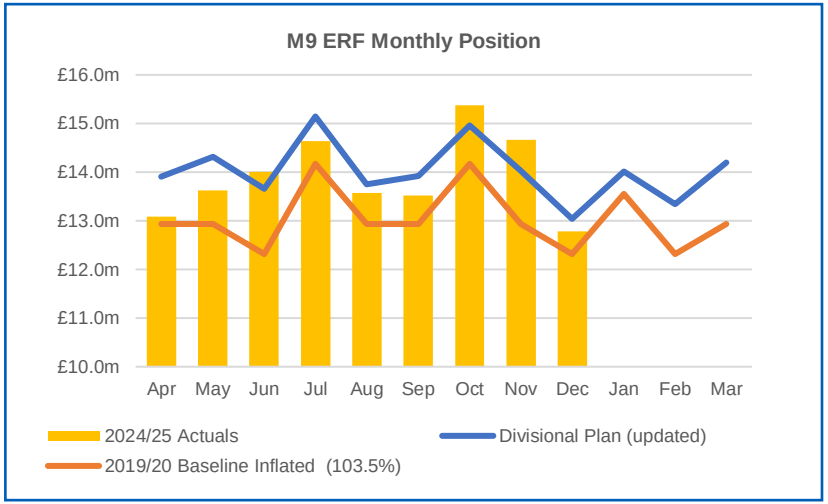
Year to date

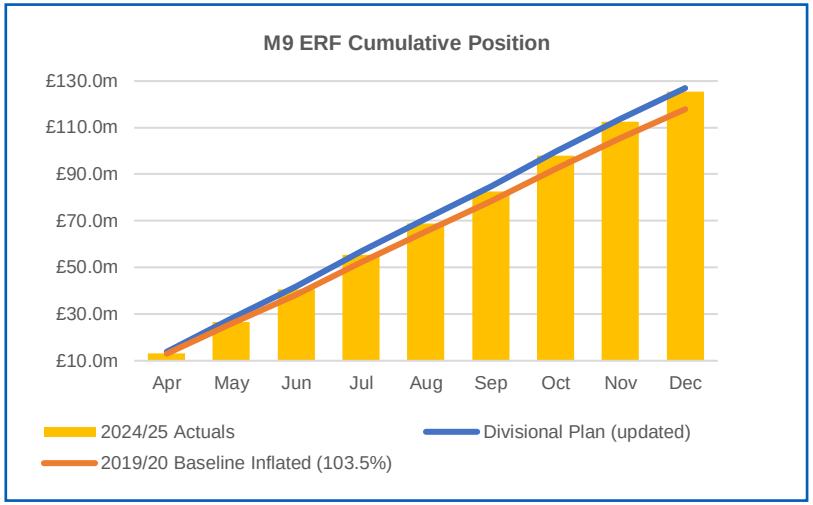
- Year to date the Trustwide Contract Income position is £10.3m favourable to plan.
- This is driven by additional pass-through income of £5.0m, which relates to high cost drugs and devices, HCTED and industrial action funding. Agreement of the Associates contracts has resulted an additional £1.8m along with £1.6m relating to prior year. The remaining upside is largely driven by additional Welsh income and service development funding received from the ICB.

Trend Analysis

- The contract Income trend shows that Month 9 is £1.9m favourable to prior month and £5.9m ahead of the YTD average.
- The positive variance to prior month and year to date average is driven by additional income recognised in month 9 in relation to final settlements related to prior years along with the agreement of Associates contracts.

Elective Recovery Fund Performance





Elective Recovery Funding

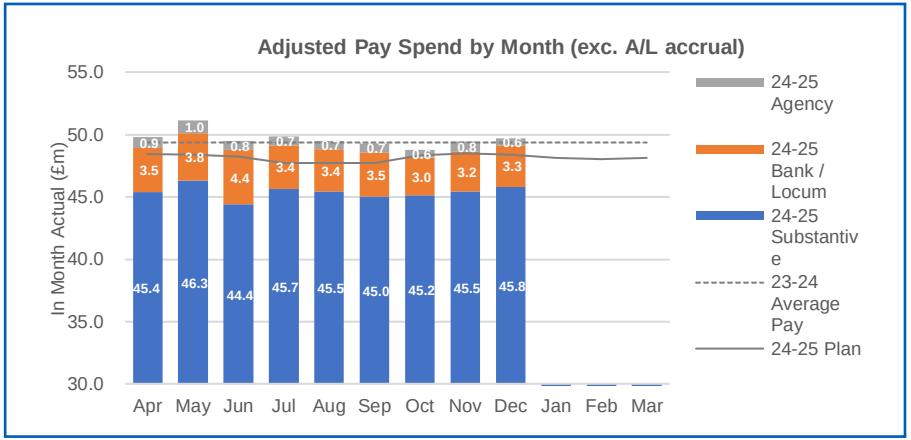
In month

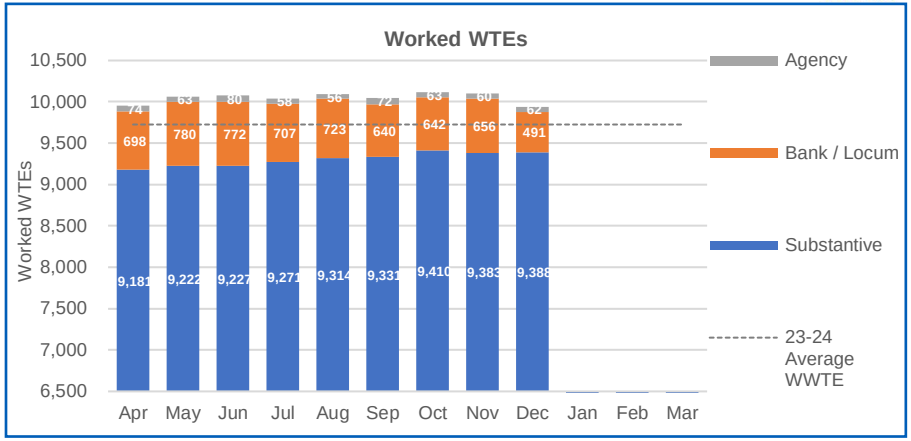
- ERF performance in December was 105.7% against 2019/20 activity.
- ERF is £0.5m greater than the agreed baselines in month.
- In December, against divisional plans which exceed baselines, the position underperformed by £0.3m driven by activity variances against plan in NMSK and W&C.

Year to date

- Year to date ERF performance is 108.1%.
- ERF Published performance for months 1-6 is in line with estimated calculations.
- Overall ERF performance is £3.1m below divisional plans.
- NMSK continue as the driver of under-delivery on divisional performance in T&O, Spinal Surgery and Neurosurgery. Further measures are expected in the coming periods in line with forecasts previously agreed.

Pay Overview





*Note: Average 23-24 pay has been inflated for the pay awards recognised in this year and adjusted for one-offs. 24-25 Pay has been normalised for in year pay awards and adjusted for one-offs.

Pay

In month spend: £49.8m

In month: £1.7m adv

YTD: £13.2m adv

The analysis below represents spend excluding the pay award impacts.

In month

- Trustwide pay spend is £1.7m adverse in month, when adjusted for the pay award and new funding adjustments, the revised pay variance is £0.4m adverse to plan. This is driven by a £0.4m adverse variance driven by under delivery against in year CIP and late receipt of locum invoices from other trusts of £0.7m. A process is being developed to correctly capture this in future months. This is offset by agenda for change vacancies of £1.1m, predominantly in CCS.
- In month agency spend is £0.6m and bank/locum spend is £3.3m. Slides 22 and 23 in the appendix have a more detailed breakdown.

Year to date

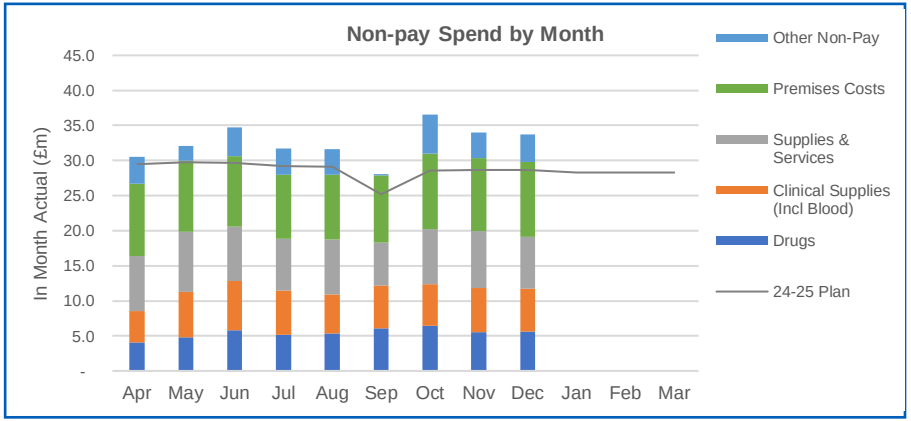
- Year to date Trust wide pay is £448.0m which is £13.2m adverse to plan. Excluding the adjustment for pass-through items, the revised position is £2.8m favourable to plan. This is driven by AfC vacancies (£6.5m favourable), predominantly within CCS, and delays on investments £7.2m favourable. This is offset by Medical and Nursing overspends driven by pressures within the hospital (£2.6m overspend) and under delivery against in year CIP (£6.2m adverse). The remaining £2.1m adverse variance is driven by smaller variances.

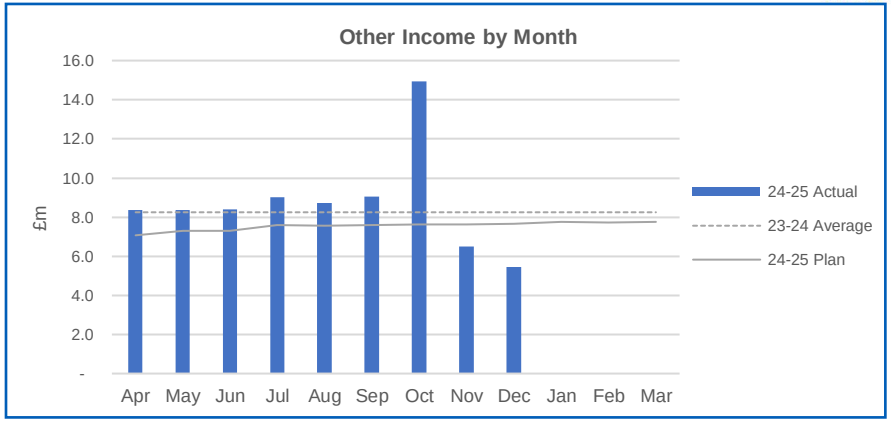
Trend Analysis

(further analysis shown in the Appendix)

- In December, pay spend was £49.8m, which is an increase of £0.3m in comparison to November. The increase has been seen predominantly in locums due to invoices received relating to prior periods as mentioned above. WTE's in December were 9,941 compared to 10,110 in November which is driven by reduced unavailability over the Christmas period as well as vacancy controls.

Non-pay & Non-commissioned Income Overview





*Note: Average 23-24 non-pay has been inflated by 0.8% for non-pay inflation, and adjusted for one-offs (Apprentice Levy and Stock)

Non-pay

In month spend: £33.7m

In month: £5.0m adv

YTD: £34.5m adv

In month

- Trustwide non-pay spend was £5.0m adverse. Pass-through items are causing an adverse variance of £2.7m. The revised variance is therefore £2.3m adverse. This is driven by overspends on medical and surgical consumables of £1.2m (£0.3m driven by activity and the remaining £0.8m is predominantly inflation). In-tariff drugs are £0.3m adverse due to volume increases with activity. The remaining £0.7m is driven by smaller non pay items such as VAT charges.

Year to date

- Year to date Trustwide non-pay is £292.9m, £34.5m adverse to plan. Excluding pass-through items, the revised position is £16.0m adverse. This adverse position is driven primarily by medical and surgical consumables which is £8.4m adverse (£5.1m activity driven and £3.3m driven predominantly by inflation). In tariff drugs are £1.9m adverse to deliver increased elective and non elective activity. The remaining variances are driven by CIP and smaller overspends within the Corporates division, including inflation on IT contracts.

Non-NHS Income

In month income: £5.5m

In month: £4.3m fav

YTD: £33.8m fav

In month

- In month, non-commissioned income was £5.5m creating a £4.3m favourable variance. The favourable position was driven primarily by £3.9m new funding adjustments, including items relating to the pay award. The remaining £0.4m favourable variance is driven by additional activity in CCS.

Year to date

- Year to date non-commissioned income is £78.8m creating a £33.8m favourable variance. This is due to new funding in the year-to-date position since the final plan was signed off in May and pass through items (£30.0m). The remaining £3.8m favourable variance is driven by increased income across the clinical divisions due to catch-up of prior period invoicing and additional activity (£2.2m favourable) and the remainder is driven by medical education income within corporates (£2.7m favourable).

Savings

NHS North Bristol NHS Trust

Summary Division (£'m)	FYE Target	Completed Schemes	Schemes in Implementation	Schemes in Planning	Total FYE	Variance FYE	Schemes in Pipeline	Total FYE inc Pipeline
ASCR	5.8	3.3	0.0	0.1	3.5	(2.3)	1.2	4.6
CCS	4.8	3.4	0.1	0.1	3.6	(1.3)	0.0	3.6
MED	4.1	2.0	0.2	0.4	2.6	(1.5)	0.1	2.8
NMSK	3.7	1.9	0.2	0.4	2.5	(1.2)	0.6	3.1
WCH	1.6	1.1	0.0	0.2	1.3	(0.4)	0.2	1.5
FAC	2.5	0.9	0.3	0.4	1.6	(0.9)	0.0	1.6
Corp	5.9	3.5	0.6	0.1	4.2	(1.7)	5.0	9.2
Central	0.3	0.2	0.0	0.0	0.2	(0.0)	0.0	0.2
Total	**28.7**	**16.4**	**1.4**	**1.7**	**19.5**	**(9.2)**	**7.1**	**26.6**

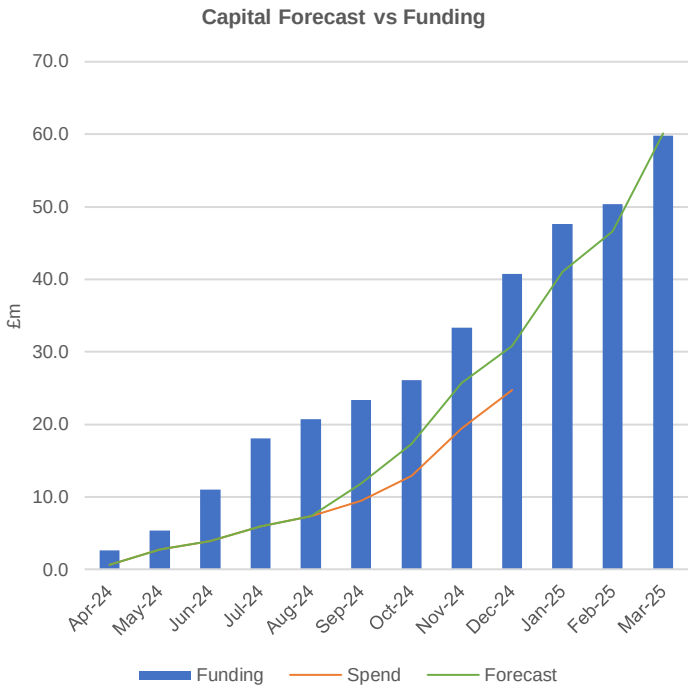
Saving Phasing £'m	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Plan phasing	1.5	1.5	1.7	2.5	2.5	2.5	2.5	2.5	2.5	3.0	3.0	3.0	28.7
Delivery	0.6	0.7	2.7	1.5	3.6	3.2	1.1	1.3	1.7				16.4
Cumulative Plan	1.5	3.0	4.7	7.2	9.7	12.2	14.7	17.2	19.7	22.7	25.7	28.7	28.7
Cumulative Delivery	0.6	1.3	4.0	5.5	9.1	12.3	13.5	14.7	16.4				12.3

- The CIP plan for 2024/25 is for savings of £28.7m with £19.7m planned to be delivered by Month 9.
- At Month 9 the Trust has £16.4m of completed schemes on the tracker. There are a further £3.1m of schemes in implementation and planning, leaving a remaining £9.2m of schemes to be developed, against this we have £7.1m of schemes identified in the pipeline.
- The total identified CIP schemes on the tracker, with pipeline included, would deliver £2.1m less that the target.
- The table above reflects the delivery to date of £16.4m of savings in 2024/25. This is the full year effect figure that will be delivered recurrently. Due to the start date of CIP schemes this creates a mis-match between the 2024/25 impact and the recurrent full year impact.
- At Month 9 the Trust is showing a £7.4m adverse variance for delays due to in year delivery of CIP, which reflects the fact that schemes delivered by Month 9 are not currently impacting the year-to-date position. The I&E impact of this is being managed through vacancy factors in funded budgets and delays on implementing investments.

£'m	Plan	Delivery	Variance
Recurrent Impact	19.7	16.4	(3.3)
Year to Date Impact	19.7	12.3	(7.4)

Capital

Expenditure	FY Funding (£m)	FY Forecast (£m)	FY Forecast Variance (£m)	YTD Spend (£m)
Divisional Schemes	3.8	3.9	0.1	2.1
CRISP Schemes	3.7	3.0	(0.7)	0.4
IM&T Schemes	2.7	2.7	0.0	1.4
Medical Equipment	3.2	5.8	2.6	1.2
Sustainability Schemes	1.9	1.9	(0.0)	0.0
Core Spend	**15.3**	**17.3**	**2.0**	**5.2**
HCID Doors PDC	0.1	0.1	0.0	0.0
Digital Pathology PDC	1.0	0.7	(0.2)	0.1
Digital Imaging PDC	0.2	0.4	0.2	0.0
IR Lab 4 Replacement Bi Plane PDC	1.6	1.6	0.0	0.0
Critical Infrastructure Risk PDC	4.5	2.5	(2.0)	1.3
Cyber Security PDC	0.2	0.2	0.0	0.2
IMS PDC	0.1	0.1	0.0	0.0
Subtotal	**22.8**	**22.8**	**0.0**	**6.8**
Elective Centre	37.3	37.3	0.0	18.0
Total	**60.1**	**60.1**	**0.0**	**24.8**
Charity & Grant Funded	0.5	0.5	0.0	0.4
Leases	6.8	6.8	0.0	0.1
PFI Lifecycle	1.5	1.5	0.0	1.1
Grand Total	**68.8**	**68.8**	**0.0**	**26.3**



- The capital plan is currently forecast to match spend to funding available through the Trust's core capital envelope and by national funding.
- Due to the significant level of spend currently forecast for March 2025, mitigations have been identified to ensure the Trust has the flexibility required to ensure there will be no in-year under or overspend against the capital envelope. These mitigations include a number of critical items which would be brought forward from the capital plan for 2025/26.
- The spend year-to-date is driven by the Elective Centre project, £18.0m, with spend on Gate 18 MRI Scanner £1.6m, Fire Integrity £1.3m and EPMA £0.7m the other projects of note.
- Medical Equipment of £1.2m has been delivered so far this year, of which £0.4m relates to the Mobile Brain Lab equipment.
- The in-year variance to forecast is driven by reduced construction cost spend on the Elective Centre. Overall spend on the Elective Centre project is currently £28.5m, of which £23.9m relates to the main construction contract. Year to date spend is £18.0m, of which £16.9m is on the main construction contract.

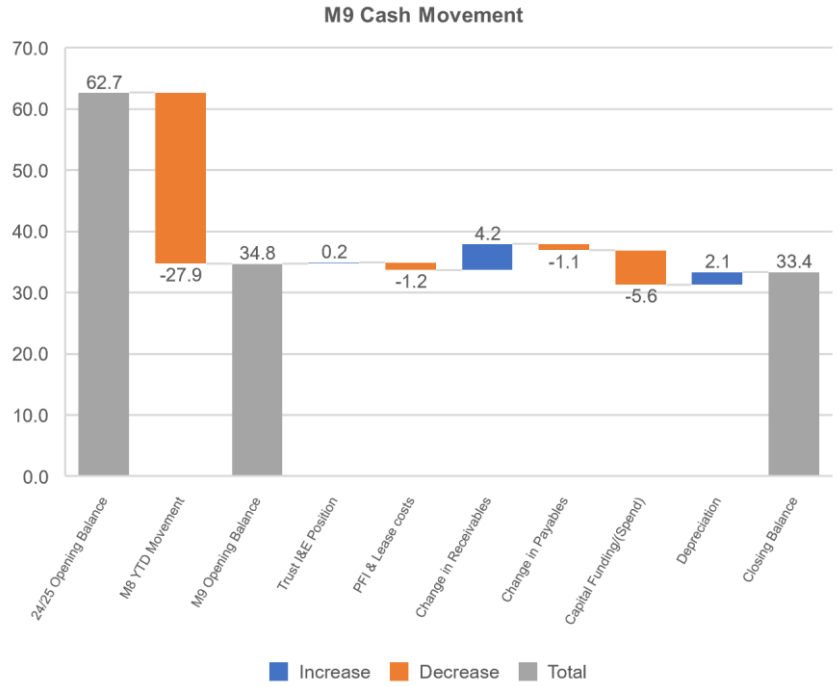
Capital – Large Project Update

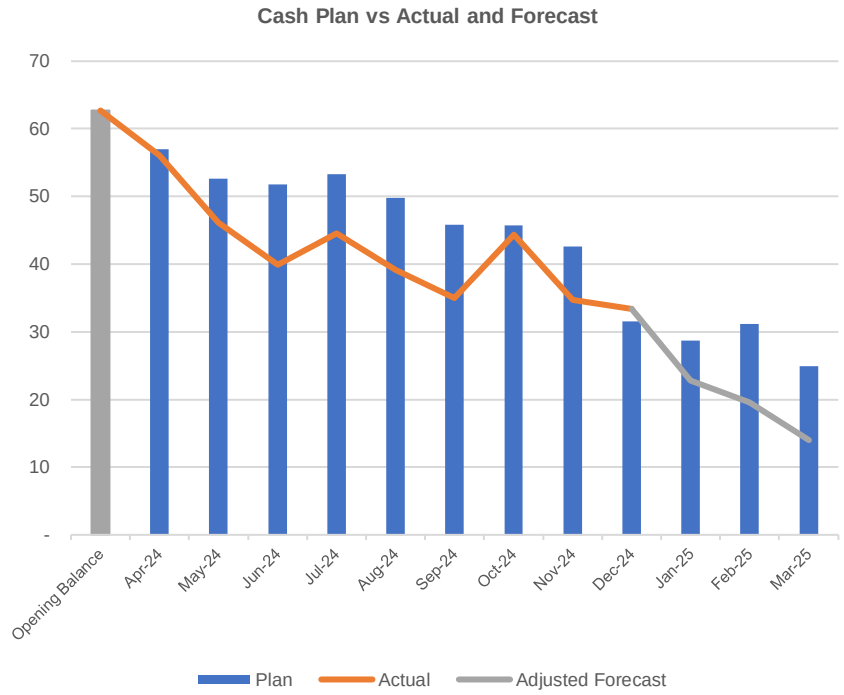
NHS North Bristol NHS Trust

Capital Project	£m					
	Approved Budget	Pre 24/25 Spend	Forecast 24/25 Spend	Forecast Future Year Spend	Forecast Total Project Spend	Variance
Southmead Elective Centre	49.9	10.5	37.3	2.1	49.9	0.0
CT Scanner	1.6	1.4	0.3	0.0	1.7	(0.1)
MRI Scanner	2.0	0.0	1.9	0.0	1.9	0.1
IR3 Biplane	1.8	1.5	0.3	0.0	1.8	(0.1)
Fire Integrity	3.3	2.9	2.2	0.0	5.1	(1.9)
Mortuary Extension	2.3	0.2	2.1	0.0	2.3	0.0
Level 0 CT Scanners	2.2	0.0	2.0	0.2	2.2	0.0
PSDS Wave 3c	8.3	0.0	1.0	7.3	8.3	0.0
SSD Washer Replacement	1.4	0.0	1.4	0.0	1.4	0.0
EPMA	2.6	0.4	1.8	0.5	2.7	(0.1)

- The above table presents the current capital projects with the budget of over £1.0m.
- Adverse variances on the projects to install new the CT scanners and the IR3 Biplane are likely to reduce when final invoice values are confirmed. These projects are in their final stages they are expected to deliver within budget.
- Additional national funding has been secured this year to support the Fire Integrity project, as well as additional capital that has been identified in year to mitigate estates risk across various sites. A business case is expected to be brought to cover the full cost of the case by February 2025.
- The EPMA project is in the process of confirming equipment quotes needed to finalise the project and this has identified further cost pressures. The project team are currently in the process of confirming forecast costs of equipment linked to the project. An updated case will be presented this quarter if required.

Cash Position

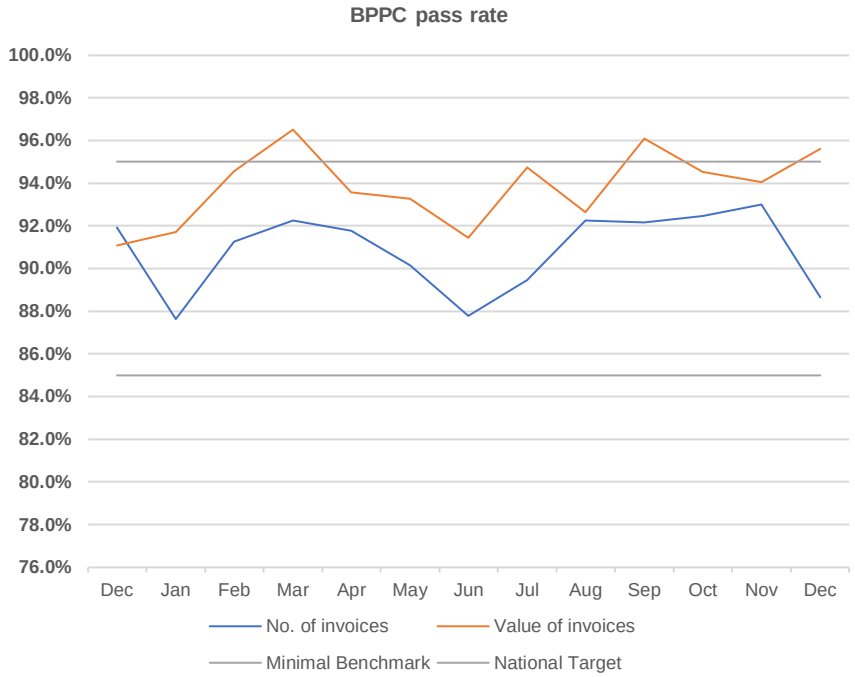


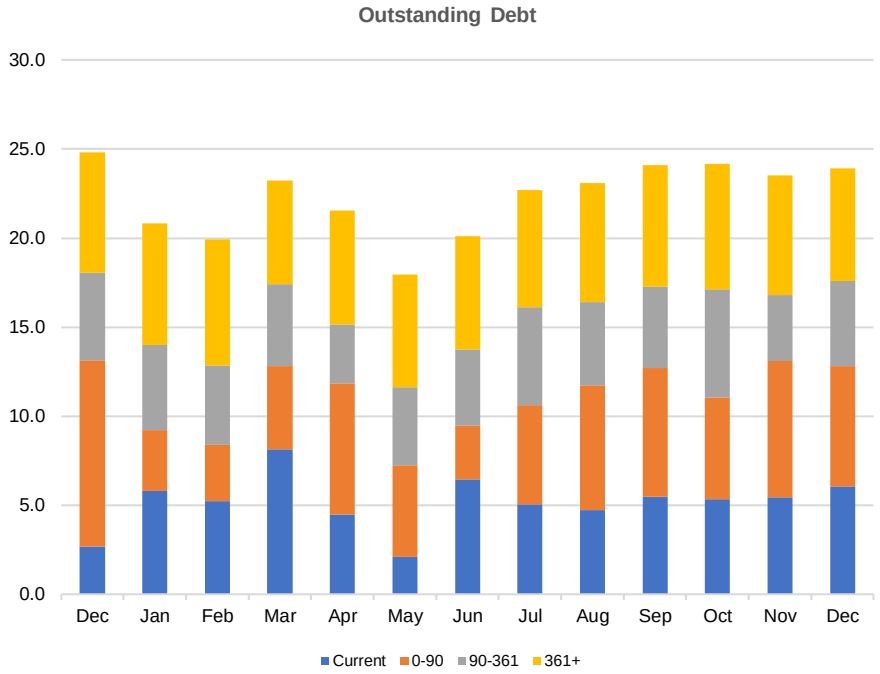


- In month cash is £33.4m, which is a £1.4m decrease from Month 8 driven by in month capital expenditure.
- The cash balance has decreased by £29.3m year to date which is driven by the I&E deficit, capital expenditure and delays in payment of invoices relating to 2023/24.
- The cash position is forecast to reduce to approximately £14.0m at year end. This is a reduction of £11.0m from plan due to the increased capital expenditure approved in July's CPG based on the additional non-cash backed funding allocation.

N.B. Change in payables includes deferred income but does not include change in capital payables as this is included in capital spend. Change in Receivables also includes movements in inventories.

BPPC and Debt position





- BPPC pass rates continues to outperform minimum benchmark of 85%.
- The increase in debt in month is a result of additional invoices raised for Welsh Commissioners.
- 62% of the debt over 361 days (£3.9m) relates to Overseas patients and is fully provided for.

Forecast

Forecast

- As a result of the adverse positions within the BNSSG acute providers in the first quarter of the year, the ICS has enacted the local forecast outturn protocol.
- In NBT, a detailed forecast was undertaken at Month 3, with further reviews at Month 4 and Month 5, indicating actions were required to reduce current run rates in order to achieve the breakeven plan.
- In accordance with the forecast outturn protocol, NBT has undertaken a series of actions to improve the forecast position in year:

    - **External Review**
        - External peer review completed in September.
        - Internal Audit of workforce controls completed in September – which reported to Audit and Risk Committee in October.
    - **Internal Review of Financial Controls**
        - Financial Sustainability Board continues to monitor progress against CIP targets and meet monthly.
        - Grip and Control checklist assessed and actions underway as reported to Audit and Risk Committee in August and November.
    - **Internal escalation measures**
        - In June, two divisions were put into financial escalation (Medicine and ASCR); in July, a third was added (NMSK) and in September the Facilities division also went into escalation.
        - Recruitment controls have been implemented across the Trust with all recruitment reviewed at an Executive Director or Deputy Director level depending on banding.

- These actions have allowed the Trust to mitigate an initial forecast deficit of £28.8m in June to a forecast deficit of £11.1m in September. Further additional income mitigations identified through the ICS forecast review process would bring the forecast deficit down to £6.6m.
- Following Month 6 a detailed forecast was completed to ensure this reflected the anticipated £6.6m deficit. Initial review highlighted that the outturn reflected was £12.9m driven by pay and non-pay run rate reductions being less than anticipated. Divisions have been given additional targets to ensure the £6.6m is achievable. The Trust is monitoring Divisional performance on a monthly basis and further corrective actions will be implemented if any deterioration is seen. At Month 9 the run rate across the Trust is in line with the forecast to deliver the £6.6m deficit position.
- During Month 9 the Trust has identified a further £3.6m of mitigations, including confirmed receipt of additional income, to support reduction of the forecast outturn to a £3.0m deficit.
- A £2.3m risk has been identified regarding depreciation funding which could impact the Trust and ICS's ability to deliver a breakeven position. This is currently not included in the £3.0m deficit as discussions are still being held at an ICS level to understand the impact.
- The Trust is currently reviewing other opportunities to further close the gap from £3.0m deficit to a breakeven position.
- Due to the sustained delivery of ASCR, NMSK and Medicine against their revised forecasts, they have been removed from Financial Escalation.

Risks & Mitigations

NHS North Bristol NHS Trust

Issue	YTD Position £m	FOT £m	Risk	FOT £m	Mitigations	FOT £m	Actions
Under delivery of in year savings	(7.1)	(9.6)	Continued under delivery of CIP	(1.6)	Delivery of pipeline items, with CIP Board holding divisions account.	1.6	Continued organisational focus on CIP identification and delivery
Non-recurrent Income (planning assumption)	0.0	4.5	Trust unable to identify source of income	(2.0)	Continued engagement with commissioners	2.0	Continued engagement with commissioners to identify additional income opportunities
In year surplus on pay	1.6	5.0	In year pressures continue	(3.6)	Divisional pay targets introduced	3.6	Monitor the impact of controls
In year pressures on non-pay	(6.0)	(9.9)	In year pressures continue	(2.0)	Divisional run-rate reduces	2.0	Monitor the impact of controls
Delays in investments	2.9	(1.7)					
Contract and Other Income	2.8	4.8					
Non-recurrent mitigations	0.5	4.7					
Other	1.8	(0.8)					
Further actions to be developed						3.0	
Total	**(3.6)**	**(3.0)**		**(9.2)**		**12.2**	

- There is a risk that the cost pressures which have arisen or increased in 2023/24, and which have not been funded externally will risk the Trust's ability to breakeven in 2024/25 if action is not taken to reduce them. TLR 1896.
- There is a risk that the savings requirement of a 3.7% recurrent delivery is not achieved in 2024/25. This is due to an insufficient level of cost releasing and productivity savings being delivered. TLR 1887.
- There is a risk that the Trust will not receive the full £10m of non-recurrent income assumed in the 2024/25 plan, currently with unidentified sources. Risk ID 1924.
- The Trust is actively working to mitigate the risks to delivery of a breakeven position through the escalation process and the introduction of enhanced controls and will consider further actions where necessary.

- As noted in the previous slide the Trust has a current forecast £3.0m deficit position for 2024/25.
- The table above highlights that there are a further £9.2m of risks within this position which are currently offset by £12.2m of mitigations.
- Within this a further £3.0m of actions need to be identified.
- The table does not reflect the current £2.3m risk around depreciation as discussions are still ongoing at System level to understand the year end impact.

NHS North Bristol NHS Trust

Appendix – Financial Statements

Income and Expenditure: Main Heading

North Bristol NHS Trust

	Month 9			Year to Date		
	Budget	Actual	Variance	Budget	Actuals	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	75.6	78.1	2.5	645.8	656.1	10.3
Other Income	1.2	5.5	4.3	45.0	78.8	33.8
Total Income	**76.7**	**83.6**	**6.8**	**690.7**	**734.9**	**44.1**
AHP's and STT's	(7.7)	(7.2)	0.6	(66.7)	(64.5)	2.2
Medical	(14.8)	(15.6)	(0.8)	(133.6)	(136.6)	(2.9)
Nursing	(18.2)	(17.2)	1.0	(162.1)	(158.1)	4.0
Other Non Clinical Pay	(7.3)	(9.8)	(2.4)	(72.3)	(88.8)	(16.4)
Total Pay	**(48.1)**	**(49.7)**	**(1.7)**	**(434.8)**	**(448.0)**	**(13.2)**
Drugs	(5.0)	(5.7)	(0.7)	(44.6)	(48.9)	(4.3)
Clinical Supplies (Incl Blood)	(5.6)	(6.0)	(0.4)	(47.9)	(54.4)	(6.4)
Supplies & Services	(6.4)	(7.4)	(1.0)	(58.2)	(68.7)	(10.5)
Premises Costs	(9.6)	(10.7)	(1.0)	(84.6)	(90.1)	(5.5)
Other Non-Pay	(2.0)	(3.9)	(1.9)	(23.0)	(30.8)	(7.8)
Total Non-Pay Costs	**(28.6)**	**(33.7)**	**(5.0)**	**(258.4)**	**(292.9)**	**(34.5)**
Surplus/(Deficit)	**0.0**	**0.1**	**0.1**	**(2.4)**	**(6.0)**	**(3.6)**

- Detailed Trustwide in month and year to date position shown by key headings. This shows further detail from the table shown on slide 2.

Statement of Financial Position

NHS North Bristol NHS Trust

	23/24 Month 12 £m	24/25 Month 08 £m	24/25 Month 09 £m	In-Month Change £m	YTD Change £m
Non-Current Assets	**538.4**	**542.4**	**542.1**	**(0.2)**	**3.8**
Current Assets					
Inventories	11.7	11.9	11.9	0.0	0.2
Receivables	49.4	62.1	57.9	(4.2)	8.5
Cash and Cash Equivalents	62.7	34.8	33.4	(1.4)	(29.3)
Total Current Assets	**123.8**	**108.7**	**103.2**	**(5.5)**	**(20.6)**
Current Liabilities (< 1 Year)					
Trade and Other Payables	(99.9)	(81.7)	(76.6)	5.2	(23.4)
Deferred Income	(14.4)	(24.6)	(24.7)	(0.0)	10.2
Financial Current Liabilities	(23.6)	(23.6)	(23.6)	0.0	(0.0)
Total Current Liabilities	**(138.0)**	**(130.0)**	**(124.8)**	**5.2**	**(13.2)**
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.2)	(6.6)	(6.5)	0.0	0.4
Financial Non-Current Liabilties	(571.8)	(584.9)	(583.3)	1.7	11.5
Total Non-Current Liabilities	**(578.0)**	**(591.5)**	**(589.8)**	**1.7**	**11.8**
Total Net Assets	**(53.7)**	**(70.4)**	**(69.3)**	**1.1**	**(15.6)**
Capital and Reserves					
Public Dividend Capital	485.2	497.1	497.5	0.5	12.4
Income and Expenditure Reserve	(541.8)	(610.8)	(610.8)	0.0	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(28.6)	(27.9)	0.6	41.1
Revaluation Reserve	71.9	71.9	71.9	0.0	0.0
Total Capital and Reserves	**(53.7)**	**(70.4)**	**(69.3)**	**1.1**	**(15.6)**

Items to note:

Non Current Assets: Movements driven by capital expenditure are offset by in-year depreciation and amortisation.

Inventories: Minimal year-to-date movement driven by Pharmacy.

Receivables: The year-to-date movement is driven by the prepayment of large value invoices for Clinical Negligence Scheme contribution and the maintenance contracts, which are expected to reduce over the year.

Cash and Cash equivalents: Please refer to the detailed analysis of key movements on Slide 15.

Trade and Other Payables: The year-to-date movement is driven by paying major year-end balances, such as business rates and capital project invoices.

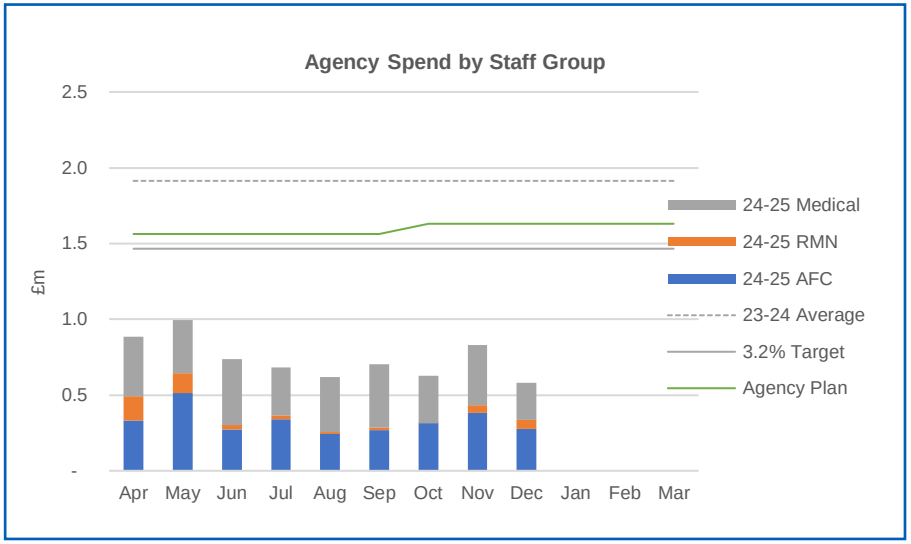
Deferred income: The year-to-date and in-month movements follow a regular cycle of payments in advance from Health Education England, Research Grants and Commissioners.

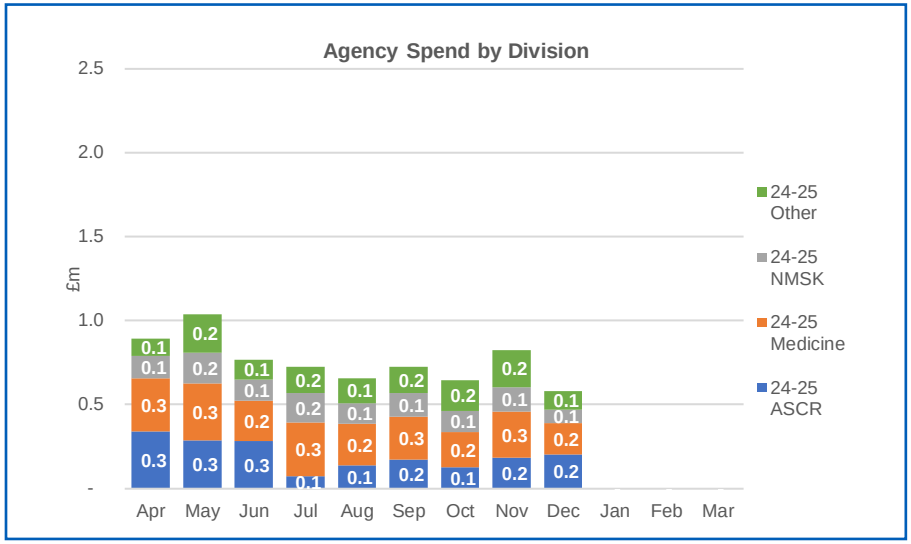
Financial Liabilities: The year-to-date movement relates to recognition of annual PFI liability remeasurement of £26.3m based on the applicable inflation rate largely offset by the year-to-date repayments £12.6m.

Income and expenditure reserve: The year-to-date movement represents a rollover of the final I&E balance from the prior year.

Income and expenditure account - current year: The year-to-date movement represents the cumulative year-to-date I&E position including below control total items, such as annual PFI liability remeasurement of £26m.

Pay: Temporary Staffing - Agency





Note: 3.2% target is calculated based on 2024-25 budgeted pay expenditure. The final figure is based on 3.2% of 2024-25 outturn, which will not be known until Month 12.

Agency analysis

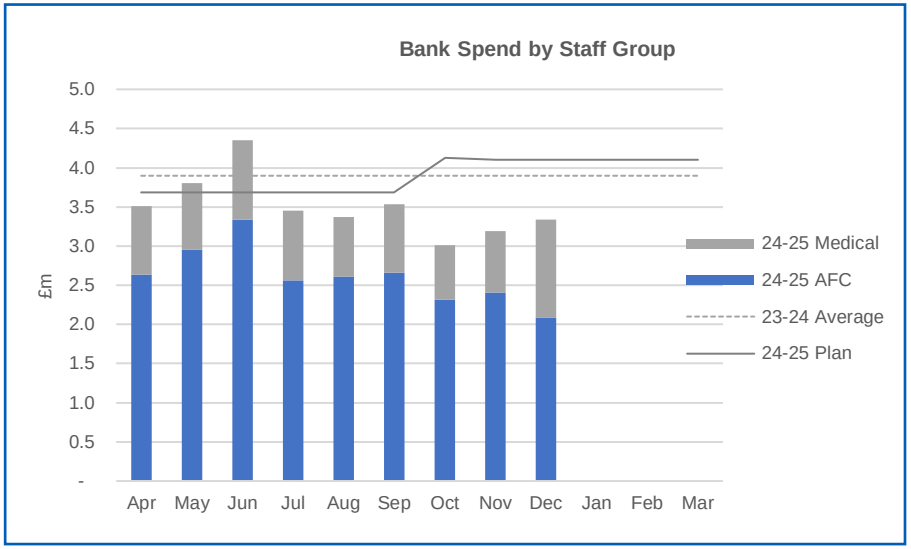
Monthly Trend

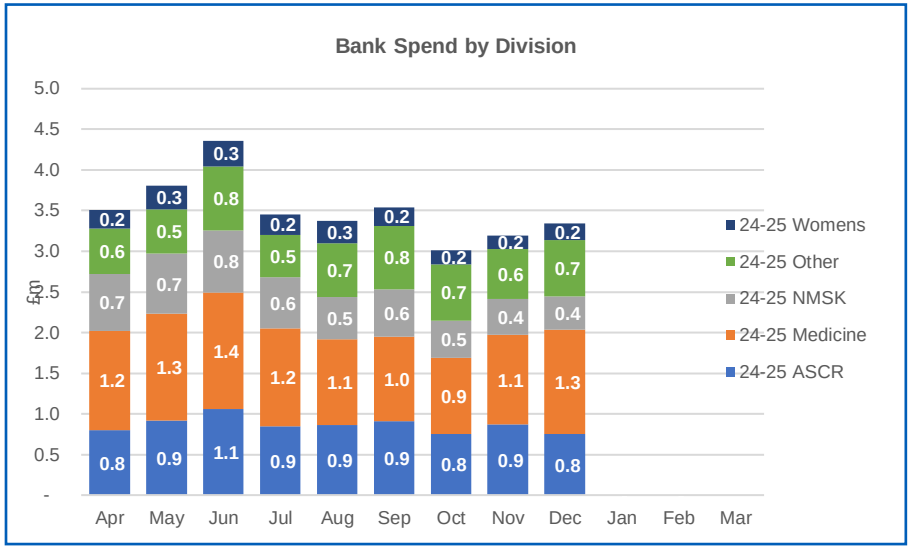
- Agency spend in December has seen a small reduction caused by the reduced escalation status of the Trust over the festive period, overall is much reduced from 2023/24 driven by the additional controls put in place. Higher tier 4 agency was seen in Intensive Care during December due to the acuity and operational pressures.
- Against the 3.2% Agency target the Trust is at 1.2% in month and cumulatively the Trust is at 1.5%
- Overall spend in month is driven by consultant agency usage in NMSK, ASCR, and Medicine covering vacancies.

In Month vs Prior Year

- Trustwide agency spend in December is significantly below 2023/24 spend. This is due to increased controls being implemented across divisions as well as the introduction of the agency rate card across the region.

Pay: Temporary Staffing - Bank





Bank analysis

Monthly Trend

- In December, the reduction in bank spend trend against the first quarter of the year has been maintained, following the implementation of additional Trustwide controls. This has been seen across ASCR, Medicine and NMSK. Bank spend has continued to maintain its lower trajectory, however in month there was an increase in Medical Bank for delayed invoicing for Locum's Nest shifts worked at NBT. A process is being developed to correctly capture this in future months.
- AfC temporary staffing in December was reduced compared to November driven by reduced escalation and also reduced registered nursing unavailability during the Christmas period.
- Included in Other is the impact of Locums Nest arrangements, where the Trust's doctors work shifts for other local providers. These costs are recharged and so do not represent additional cost to the Trust.

In Month vs Prior Year

- Bank spend in month is lower than 2023/24 spend. This is driven by decreases in escalation across the clinical divisions, and the application of additional Trustwide controls.