

Due to the impact of Coronavirus COVID-19, the Trust Chair has taken the decision to suspend non-urgent and non-essential meetings until further notice. The Trust Board will meet virtually but is unable to invite people to attend the public session. Trust Board papers will be published on the website, and interested members of the public are invited to submit questions to trust.secretary@nbt.nhs.uk in line with the Trust's normal processes.

Trust Board Meeting – Public

Thursday 26 March 2020

10.15 – 11.40

Seminar Room 5, Learning and Research Centre, Southmead Hospital

A G E N D A

No.	Item	Purpose	Lead	Paper	Time
OPENING BUSINESS					
1.	Welcome and Apologies for Absence: John Iredale Jacqui Marshall – Liz Perry to deputise Simon Wood	Information	Chair	Verbal	10:15
2.	Declarations of Interest	Information	Chair	Verbal	10:17
3.	Minutes of the Public Trust Board Meeting Held on 30 January 2020	Approval	Chair	Enc.	10:20
4.	Action Chart from Previous Meetings	Discussion	Trust Secretary	Enc.	10:25
5.	Matters Arising from Previous Meeting	Information	Chair	Verbal	10:30
6.	Chair's Business	Information	Chair	Verbal	10:35
7.	Chief Executive's Report	Information	Chief Executive	Verbal	10:45
PERFORMANCE AND FINANCE					
8.	Integrated performance report	Discussion	Chief Executive	Enc.	10:55
PEOPLE & IMT					
9.	Annual Equality Diversity & Inclusion Update; Valuing You: 09.1 Public Sector Equality Data 09.2 Gender Pay Gap reporting	Discussion	Director of People	Enc.	11.10
CLOSING BUSINESS					
10.	Any Other Business	Information	Chair	Verbal	11.30
11.	Questions from the Public in Relation to Agenda Items	Information	Chair	Verbal	11.40
22.	Date of Next Meeting: Thursday 28 May 2020, 10.00 a.m. Seminar Room 4, Learning & Research Building, Southmead Hospital				
	<i>Resolution: Exclusion of the Press and Public. It is recommended that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, Section 1(2), the press and members of the public be excluded from further items of business, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</i>				

Trust Board Declarations of Interest

Name	Role	Interest Declared
Ms Michele Romaine	Chair (from 1 July 2018)	<ul style="list-style-type: none"> Nothing to declare.
Mr Kelvin Blake	Non-Executive Director (from 1 February 2019)	<ul style="list-style-type: none"> Non-Executive Director of Weston Area Health Trust. Non-Executive Director of BRISDOC who provide GP services to North Bristol NHS Trust. Trustee, Second Step. Provide mental health services for the Bristol North Somerset and South Gloucestershire area. Trustee, West of England Centre for Integrated Living. Provide a range of services to disabled people living in the Bristol, North Somerset and South Gloucestershire area. Lay Member of the Avon & Somerset Advisory Committee. The Committee is responsible for forming interview panels for the appointment of magistrates. Director, Bristol Chamber of Commerce and Initiative. Member of the Labour Party.
Ms Jaki Davis	Non-Executive Director	<ul style="list-style-type: none"> Trustee of the Cheltenham Trust. Trustees of the Friends of the Wilson Museum and Art Gallery in Cheltenham.
Mr John Everitt	Non-Executive Director	<ul style="list-style-type: none"> Councillor, Newton St Loe Parish Council. Member of Bath Abbey Appeal Committee. Daughter works for NBT.
Professor John Iredale	Non-Executive Director	<ul style="list-style-type: none"> Pro-Vice Chancellor of University of Bristol. Advisor to Novartis on liver disease. Member of Medical Research Council. Trustee of: <ul style="list-style-type: none"> British Heart Foundation Children's Liver Disease Foundation Foundation for Liver Research Chair of the governing board, CRUK Beatson Institute.
Mr Tim Gregory	Non-Executive Director	<ul style="list-style-type: none"> Son-in-law works for NBT.

Name	Role	Interest Declared
Mr Robert Mould	Non-Executive Director	<ul style="list-style-type: none"> Non-Executive Director of Weston Area Health Trust. Member of Bristol Mediation. Daughter works for NBT.
Ms Andrea Young	Chief Executive	<ul style="list-style-type: none"> Nothing to declare.
Ms Evelyn Barker	Chief Operating Officer & Deputy Chief Executive	<ul style="list-style-type: none"> Nothing to declare.
Ms Helen Blanchard	Interim Director of Nursing and Quality (from 2 July 2018 to 7 November 2019) Director of Nursing and Quality (from 8 November 2019)	<ul style="list-style-type: none"> Nothing to declare.
Dr Chris Burton	Medical Director	<ul style="list-style-type: none"> Wife works for NBT.
Mr Neil Darvill	Director of Information Management and Technology (non-voting position)	<ul style="list-style-type: none"> Wife works as a senior manager for Avon and Wiltshire Partnership Mental Health Trust.
Ms Jacqui Marshall	Director of People and Transformation (non-voting position)	<ul style="list-style-type: none"> Nothing to declare.
Mrs Catherine Phillips	Director of Finance	<ul style="list-style-type: none"> Nothing to declare.
Mr Simon Wood	Director of Estates, Facilities and Capital Planning (non-voting position)	<ul style="list-style-type: none"> Member of Bristol City Council's Bristol One City Environmental Sustainability Board.

DRAFT Minutes of the Public Trust Board Meeting held on
Thursday 30 January 2020 at 10.00am
Seminar Room 5, Learning & Research Building, Southmead Hospital

Present:

Michele Romaine	Chair	Andrea Young	Chief Executive
Kelvin Blake	Non-Executive Director	Evelyn Barker	Chief Operating Officer
John Everitt	Non-Executive Director	Helen Blanchard	Director of Nursing & Quality
Jaki Meekings-Davis	Non-Executive Director	Chris Burton	Medical Director
John Iredale	Non-Executive Director	Neil Darvill	Director of Informatics
Rob Mould	Non-Executive Director	Catherine Phillips	Director of Finance
		Jacqui Marshall	Director of People & Transformation
		Simon Wood	Director of Estates, Facilities & Capital Planning

In Attendance:

Xavier Bell	Director of Corporate Governance & Trust Secretary	Isobel Clements	Corporate Governance Officer
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Observers: One member of staff / public attended.

TBC/20/01/01 Welcome Action

The Chair welcomed everyone to the public meeting of the Board and noted Andrea Young, Chief Executive, would leave at 11.20pm when Evelyn Barker, Chief Operating Officer and Deputy Chief Executive would step in as deputy.

TBC/20/01/02 Apologies For Absence and Welcome

The Board noted that apologies for absence had been received from: Tim Gregory, Non-Executive Director and Stephen Lightbown, Director of Communications.

TBC/20/01/03 Declarations of Interest

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

TBC/20/01/04 Patient Story / Staff Story

Helen Blanchard, Director of Nursing and Quality explained that no patient story was presented at the meeting due to a number of plans falling through. The Board wanted to highlight that this did not undermine the importance the Trust placed on hearing staff and patient feedback.

John Everitt, Non-Executive Director (NED), requested a clear mechanism to capture learning from patient/staff stories and to feedback into Board to evidence value added.

RESOLVED:

- **Agreed the patient story process should include an advance six month plan for scheduled patient and staff stories with sufficient secondary options to ensure a**

HB/GB

staff/patient story is brought to the Board, even if attendance is not possible.

TBC/20/01/05 Minutes of the previous Public Trust Board Meeting

RESOLVED that the minutes of the public meeting held on 28 November 2019 be approved as a true and correct record subject to amendment on page three of Academic Health Sciences 'Network' to 'Centre'.

TBC/20/01/06 Action Log and Matters Arising from the Previous Meeting

Regarding action 14, Evelyn Barker confirmed that contact had been made with University of Bristol regarding use of their CT Scanner but it was confirmed that the University could only offer use of the MRI machine due to a lack of radiographers available. John Iredale, NED, further noted that the University often had capacity for sleep studies if the Trust required this service. Andrew Pearce was the University contact for flagging capacity issues that had potential to be alleviated by University-owned equipment.

Aside from the action log, it was separately noted that actions had progressed regarding out of hours food for junior doctors and other staff as discussed at the previous Board meeting. Catherine Phillips, Director of Finance and Andrea Young had met with the junior doctor forum and Andy Jeanes, Director of Operational Facilities, had identified £30k national funding for overnight food supplies and additional pods for resting over-night. The forum meeting was positive with pronounced support from the corporate team.

RESOLVED that the updates to the Action Log be received and approved.

TBC/20/01/07 Chair's Business

The Chair provided an update on the following:

- Two fascinating Back to the Floor exercises had been carried out by the Chair since Christmas:
- One visit was to Orthopaedic Theatres including meetings with surgeons and attending an MDT. The Chair witnessed a positive, supportive mentoring environment between consultants and staff with interesting discussions around Medirooms and winter pressures;
- The other visit was to the Maternity Assessment Unit (MAU) and the Chair felt this was best described as the ED for maternity, with staff working in difficult conditions regarding space especially in the assessment rooms and the waiting room which doubled as a day room for admitted patients. Additionally, when triaging patients, the phone cord had to be stretched out in order for it to work properly. The Chair wanted these things noted and raised awareness to the Board of the difficulties experienced by the MAU. Simon Wood, Director of Estates, noted the building

was due to be replaced in approximately five years and that potential facilities improvements for Women & Children's in the next five years were being looked at.

Key comments from the Board:

- It was noted that the MAU department needed to be given louder voices around their issues as there was a lack of self-reporting of estate issues;
- Neil Darvill, Director of IM&T, noted that in terms of technology, the Women & Children's division would have the same phone system as the rest of the Trust soon and that TVs would also be installed;
- John Iredale, NED, noted that the above discussion and actions from IM&T and Estates reflected a good culture in the team regarding hearing concerns and taking actions to tackle issues;
- Chris Burton, Medical Director, was gratified to hear the positive regard the Chair viewed the Orthopaedic surgery team in with respect to teaching/mentoring. This was especially positive in light of the corporate effort put into the team to improve on the poorer teaching seen a number of years ago. This evidenced a positive outcome from improvement actions;
- Jaki Meekings-Davis, NED, stated her MAU walk-around reflected similar issues and noted that Southmead Charity had improvements to the department as one of its potential strategic intentions. These intentions will be received by Board in April.

RESOLVED:

- **The Chair's verbal update was noted;**
- **The value the Back to the Floor exercises bring was noted;**
- **The Maternity Assessment Unit phone to be fixed.**

SW

TBC/20/01/08 Chief Executive's Report

The Board considered the Chief Executive's report, presented by Andrea Young. No further comments to the report were added aside from noting that an Appendix was missing from the report and was uploaded to Diligent during the meeting.

Key comments discussion from the Board:

- It was noted that the bold 'Transforming health through innovation: Integrating the NHS and academia' report was a long time in the making. The perception that the NHS was not making best use of opportunities to fulfil its role in working with Universities and other bodies such as industry to drive changes in infrastructure and research was highlighted;
- However, NBT itself was further down this pathway than others and the main point of the paper and following discussion was that the Bristol Healthcare Research economy was already

good;

- The benefits of medical research were discussed such as improvement in patient outcomes and improving atmosphere and culture. It was highlighted that there was an appetite for Bristol's healthcare partners to grasp this in the local area;
- John Iredale, NED, also noted the appetite in Bristol citizens as the biggest per capita donors for British Heart Foundation and with Bristol as a community-driven city with an established culture and citizens already involved and interested;
- It was described that since 2014 across the Trust, at least 100 consultants had Research & Development as part of their job plans. Furthermore, consultants that were applicants or co-applicants on research studies brought in excess of £60m across health Trusts;
- The contribution of staff outside of consultants (such as nurses) was also noted;
- The amazing trajectories for research careers with in the Trust was celebrated;
- It was suggested that any lack of engagement reflected a capacity and investment problem rather than a lack-of-will problem;
- Kelvin Blake, NED, requested clarity regarding IM&T's involvement in research. Neil Darvill explained that IM&T's current focus was on rectifying legacy issues in order to get to a point where horizon scanning and investment in AI and robotics etc was possible. However, for the next few years all resources were deployed to ensure levelling up business;
- Chris Burton pointed out that the Board had sight of Research & Innovation (R&I) work from the quarterly R&I group that he attended, the IPR data and the Board visits from R&I directors. However, he also agreed that visibility of benefits from R&I could be increased;
- Discussion was had around if organisations should be bounded geographically or institutionally. Bristol constituted of one CCG, three acute hospitals, two universities, one mental health service provider, soon to be one community provider, many GPs and discussion situated around how these organisations inter-play and work as drivers and part of one system. It was agreed that research should not be limited to NBT's boundary;
- NBT wanted the Trust and Bristol to be a sector leader for this, with support from the CCG and Peter Brindle, Medical Director.
- Rob Mould, NED, wanted clarification on NBT's position (potentially through David Wynick) on use of the NHS' generation of big data set, and links to big pharma and industry especially regarding commercialisation of our data to sponsor research. John Iredale, NED, confirmed that the paper was not

about commercialisation of data but instead about creating structure to allow those who want to do research to drive it forward. Andrea Young confirmed that the level of commercially-funded research was known;

- How to progress this work at speed and cross-organisationally was discussed with the UCL model highlighted as learning potential;
- It was confirmed that an inventory of research and data across Bristol was available and that the Trust was driven by the National Institute of Health Research to meet targets.

RESOLVED that the Chief Executive's report be noted and Chief Executive to explore the Trust's approach to commercialisation of data with David Wynick. **AY**

TBC/20/01/09 Board member's walk-arounds

Xavier Bell, Director of Corporate Governance and Trust Secretary, asked the Trust Board to discuss and approve the proposed approach to Board Director walk-arounds. The current process for walk-arounds was described and it was noted that a re-think was required to ensure best use of time for all and to ensure information and themes from walk-arounds had an efficient process behind capture and follow-up. A year-forward plan of visits was proposed to avoid frustration from wards and administrators when visits are cancelled last-minute.

Key discussion points and comments from the Board:

- The purpose of walk-arounds was debated and established that it was not to record actions and 'rescue' departments but to triangulate staff experience;
- It was agreed that a shared decision across the Board was required, with input from staff who would potentially be visited to highlight what would be most beneficial for them;
- The importance of following-up on discussions during previous visits was highlighted to ensure staff were satisfied and to avoid de-valuation of visits. A mechanism for this process was required;
- The benefits of flexibility and informality of visits was also noted and agreed;
- Management of expectations was essential;
- It was acknowledged that walk-arounds were one mechanism for staff feedback and connection to the Board. This was an additional process to include NEDs further and not aimed at replacing the regular visits Execs make to areas in the hospital. It was also noted that Execs have a large amount of contact with their relevant areas e.g. Medical Director with doctors;
- Agreed visits should be to areas outside of clinical areas too;
- The walk-around template presented was agreed to in theory, but the Board felt a further in-depth discussion was required to

bottom-out the process.

RESOLVED:

- **A Board workshop/ seminar including to-be-visited staff perspectives to be organised for April to reach a shared decision on NED and Exec walk-arounds.**

XB

TBC/20/01/10 Quality & Risk Management Committee (QRMC) upward report

John Iredale, NED and Chair of QRMC, presented the upward report from January's QRMC meeting which encompassed a number of large discussion items including the NHS patient safety strategy overview. This was highlighted as a good subject for a Board away-day discussion; preferably in 2020.

The report on Safety Culture was also emphasised as a key agenda item at January's QRMC which provided a large amount of information and reassurance. QRMC members deliberated how best to pull numerous patient safety projects and outcomes together across the Trust.

The QRMC self-evaluation results were brought to the attention of the Board. The self-assessment provided reassurance that QRMC was functioning well with vibrant and appropriate discussions. A suggested improvement was to increase specificity of and time spent on the deep-dives to improve learning.

Finally, QRMC were reassured that the review on cancer waits found no one had come to 'harm' as defined by NHS parameters. However, QRMC did clarify that this result was not a reason for complacency in efforts to reduce wait times as waits could elicit other harm such as psychological harm, not currently measured by NHS parameters.

RESOLVED:

- **NHS patient safety strategy overview discussion to be scheduled for a Board work away-day in 2020 (May or October dates available)**

HB

TBC/20/01/11 Patient & Carer Experience Committee (P&CEC) upward report

Rob Mould, NED and Chair of P&CEC highlighted a number of key discussion topics from January's P&CEC. It was noted that there had been a reduction in complaints and improved performance of the PALS system. The committee was not convinced that the PALS system had completely replaced the complaints system, but the report suggested good engagement in PALS as a way to manage complaints.

The P&CEC received a disability confidence paper and it was decided that Jas Kaur, Head of Equality, Diversity & Inclusion alongside Kelvin Blake, NED, would take this on as a project with other committee members to be brought back to P&CEC.

The P&CEC noted and supported the Trust's Learning Disability & Autism Strategy.

Key comments from the Board were as follows:

- Andrea Young highlighted that the review of the PALS showed an impressive willingness and speed of staff to address concerns raised. However, it was suggested that the process should ensure the person who made the complaint was aware that they should expect a call as occasionally a consultant had phoned a patient when they were not prepared. It was noted that consent for phone calls was given by the complainant;
- It was noted that the LD paper as an appendix did not fully reflect the huge amount of work and engagement taking place in this area by clinicians to improve the service for LD patients and relatives. The next desired step was to see outcomes improve;
- Kelvin Blake and Rob Mould attended a patient experience away-day attended by many patients and public involved in service improvement. A willingness by the Board to improve was noted;
- Helen Blanchard emphasised that investment regarding quality governance, safety and risk was paying dividends with divisions who were now much closer to the patient interface;
- Jaki Meekings-Davis, NED, questioned if management of the transition from child LD services to adult LD services was in the Trust's work-plan. Helen Blanchard confirmed that it was on the long-term view and plan and that the Trust was working with UHB in terms of transition generally.

RESOLVED:

- **Trust Board formally noted the LD and autism paper and embraced its content as a plan to deliver;**
- **The PALS process should explicitly confirm that complainants should expect a phone call;**
- **An annual review of PALS service to be taken to P&CEC;**
- **Disability confidence paper to be brought to P&CEC in future once project had developed.**

HB

TBC/20/01/12 North Bristol Trust Five Year Strategy 2019- 2024

Chris Burton, Medical Director, requested formal public approval of the NBT Five-Year Trust Strategy that had previously been approved at Private Board in October 2019. It was noted that the Strategy had planned to launch in November 2019 but the General Election had prevented this. Attention was brought to the Strategy on a page that had been created for ease of access. It was noted that all actions should go towards delivering the vision statement declared at the top of the strategy.

The next steps were for a video to be communicated the following week and letters sent to external stakeholders. The

communication plan was described in the paper.

Key comments from the Board were as follows:

- All NEDs offered praise for the Strategy and its optimism and ambition. Jaki Meekings-Davis, NED and chair of audit committee also noted that the internal auditors offered their praise especially reflecting NBT as setting the pace for the STP;
- Nervousness around timings of publication and communication of the strategy in relation to ongoing inquests was raised;
- Catherine Phillips noted that strategic themes appeared in the Operational Planning for 2020/21 which evidenced planning was backing-up the strategy;
- NEDs requested assurance regarding monitoring of delivery. Chris Burton clarified that the Board would monitor the strategy through development of Operational Planning, Business Planning and Operational objectives set within. A twice-yearly review to ensure all bases were covered was suggested. In addition, delivery of the strategy would be mapped in an action-log format to clarify when, by who and through involvement of which sub-committee elements of the strategy would be achieved. Lastly, at operational level, enabling strategies were being advanced and the business planning team would ensure a mechanism was developed to track this with proper governance;
- The Chair expressed that committees should own the strategy day-to-day with Board to assess if the Trust was doing the things it said it would do in the five year strategy plan. Board would also be required to decide on aspects to focus on and be responsible for ongoing refinement of priorities.

RESOLVED:

- **The North Bristol Trust Five Year Strategy 2019- 2024 strategy was approved;**
- **Agreed a twice yearly reflection on progress of strategy achievement to be planned for Board.**
- **Board discussion on prioritisations of strategic goals to be planned (May or October dates available).**

XB

Andrea Young left the meeting.

TBC/20/01/13 Integrated performance report

Evelyn Barker presented the new-format Integrated Performance Report (IPR) on behalf of the Chief Executive. The new format had been road-tested at JCNC whose members found it easier to navigate. Key overview of the IPR was as follows:

- Fifth month in a row exceeded position, highly commended by regional NHSI colleagues, first among 11 major trauma centres;
- December had been a challenging month with the Trust in OPEL 4 critical incident for a significant amount of time, leading to two

- 12 hour trolley breeches;
- However, the IPR was fairly positive for a challenging month: 52 ww diagnostics had reduced as predicted, with additional endoscopy capacity due and extra CT and endoscopy funding to bring trajectory back on track; December's safer surgery compliance achieved a remarkable 99.9%; and the deficit had been reduced.

Key discussion points and comments from the Board were as follows:

John Everitt, NED, noted that committees were doing the 'heavy lifting' regarding IPR analysis but that the trajectory, trend and quartile position were important at Board level and regarding those measures, the Trust's performance was improving.

Discussion was had regarding how IPR information could be used to identify areas that required support and resources as opposed to being used to monitor target achievement. The Chair noted this could be done once out of the regulatory radar, and that resource distribution would also be informed by the strategy and what matters to the Trust. It was agreed that the NHS was target-focussed but that targets should be achieved when also in pursuit of own goals. On the other hand, Catherine Phillips highlighted that targets were set for patients as well as performance and that the Trust had a limited amount of resource.

Regarding the WHO compliance data, Chris Burton noted that a huge amount of work was completed in the theatres leadership team and the Trust was assured that a WHO checklist was completed for every patient that required one in theatre but the data did not reflect this as the denominator number included patients who did not require one.

Helen Blanchard wanted the Board to acknowledge that though the IPR was deemed positive, December had been an extremely difficult month especially for staff on the front line. The IPR did not have targets for care in corridors and for extra beds on wards. A potential need for further urgent care indicators that fall between responsive and quality IPR element was highlighted. These would help to accurately indicate the strain the Trust was under and the significant impact on staff and patient experience.

John Iredale queried if Trust staff were aware of the extraordinary feat they pulled off in achieving the top of local Trusts under such strain. It was agreed this message should be distributed to staff.

It was noted that the reconfiguration of the IPR was a vast improvement, avoiding unsurmountable amounts of data and providing a rounded picture complimented by Executive Director's interpretations and highlights of relevant areas for Board discussion and awareness.

Chris Burton described infection control issues not included in the IPR:

- The Neonatal Intensive Care Unit (NICU) within the Trust that housed very vulnerable patients was experiencing a persistent MRSA infection outbreak. It was noted there had been no blood

stream infection and no babies had come to harm and NHSE were aware of issues. The Trust had increased infection control and scrutiny and the infection control team was working closely with the NICU team;

- Covid-19 was a fast moving national concern. It was confirmed that the Trust was following all national guidance and was prepared in so far as plans following the guidance had been completed. One person had come to the Trust for testing, and was too well to be admitted but this trail-run highlighted the process did not work correctly hence immediate discussions and meetings took place to facilitate learning. It was shared that a laboratory within the Trust had been designated as one of the national Covid-19 testing sites with NHSE looking at NBT as a potential place to send people if the four national centres became overwhelmed. It was noted Urgent Care would be impacted if the spread of Covid-19 worsened.

RESOLVED that:

- **Trust staff to be made aware of the extraordinary accomplishment in achieving top of local Trusts during a high-pressured month;**
- **Urgent care specific deep dive to be taken to QRMC to include OPEL status, stranded patients, corridor waits, extra beds on wards etc. and to be linked to quality.**
- **Urgent Care metrics such as extra beds on wards and corridor numbers to be included in IPR to indicate patient and staff context to Board.**

EB

TBC/20/01/14 Audit Committee Upward report

Jaki Meekings-Davis, NED and chair of audit committee clarified that the new Declarations of Interest (DOI) Policy was agreed by Trust Board via Audit Committee and that the Standing Financial Instructions (SFIs) and Standing Orders (SOs) attached showed routine amendments agreed by the Audit committee.

RESOLVED:

- **The amended DOI policy, SFIs and SOs were approved;**
- **Agreed that P&D committee would review staff training regarding overseas visitors identified by the counter-fraud review.**

CP/GH

TBC/20/01/15 People & Digital Committee (P&DC) Upward Report

The attached paper followed the verbal update given by Tim Gregory, NED, in the previous Board meeting. The report included the reasoning behind changes to the BAF and it was noted that the Board will receive a BAF that fits with the strategy and operational plan in due course.

RESOLVED the P&DC upward report was received and noted.

Trust Board Minutes

TBC/20/01/16 Any Other Business (AOB)

Simon Wood announced that the outside gym had launched and the patient and staff allotment would be launching in Spring. The Chair highlighted the need for someone to own the programme in order to make the allotment efficient.

SW

TBC/20/01/17 Questions from the Public in Relation to Agenda Items

None received

TBC/20/01/19 Date of Next Meeting

The next public meeting of the Board was scheduled to take place on Thursday 29 March 2020, 10.00 a.m. Seminar Room 5, Learning & Research Building, Southmead Hospital.

The meeting concluded at 11.55am

North Bristol NHS Trust

Trust Board - Public Committee Action Log

Trust Board - Public ACTION LOG										
Meeting Date	Agenda Item	Minute Ref	Action No.	Agreed Action	Owner	Deadline for completion of action	Item for Future Board Meeting?	Status /RAG	Info/ Update	Date action was closed/ updated
30/01/2020	Patient Story / Staff Story	TBC/20/01/04	19	Patient story advance six month plan to be created for patient and staff stories with sufficient secondary options to ensure a staff/patient story is brought to the Board	Helen Blanchard Director of Nursing & Quality	Mar-20	No	Open	Patient stories have been deferred as per XB's 18/02 email due to COVID-19.	18/03/2020
30/01/2020	Chair's Business	TBC/20/01/07	20	Maternity Assessment Unit phone to be fixed	Simon Wood Director of Facilities/ Neil Darvill, IM&T Director	Mar-20	No	Open		
30/01/2020	Chief Executive's Report	TBC/20/01/08	21	Chief Executive to explore the Trust's approach to commercialisation of data with David Wynick	Andrea Young, Chief Exec	May-20	Yes- matters arising	Open	Moved from March to May	18/03/2020
30/01/2020	Board member's walk-arounds	TBC/20/01/09	22	A Board workshop/ seminar to reach a shared decision on NED and Exec walk-arounds, including staff perspectives, to be organised	Xavier Bell, Director of Corporate Governance	Apr-20	Yes	Open	TBD	
30/01/2020	Quality & Risk Management Committee upward report	TBC/20/01/10	23	NHS patient safety strategy overview discussion to be scheduled for a Board work away-day in 2020 (May or October dates available)	Helen Blanchard Director of Nursing & Quality	May-20	Yes, work away-day	Open	May work away-day has been cancelled. TBD for October	18/03/2020
30/01/2020	Patient & Carer Experience Committee upward report	TBC/20/01/11	24	PALS process should explicitly confirm that complainants should expect a phone call	Helen Blanchard Director of Nursing & Quality	May-20	No	Open		
30/01/2020	North Bristol Trust Five Year Strategy 2019-2024	TBC/20/01/12	26	Board discussion on prioritisations of strategic goals to be planned (May or October dates available).	Xavier Bell, Director of Corporate Governance	May-20	Yes, seminar	Open	May work away-day has been cancelled. TBD for October	18/03/2020
30/01/2020	Integrated performance report	TBC/20/01/13	27	Urgent Care metrics such as extra beds on wards and corridor numbers to be included in IPR to indicate patient and staff context to Board.	Evelyn Barker, COO	Mar-20	Yes	Closed	Included in this month's analysis.	20/03/2020
30/01/2020	Any Other Business (AOB)	TBC/20/01/16	28	A manager to be identified to own the allotment programme in order to make the allotment efficient.	Simon Wood Director of Facilities	Jun-20	No	Open		

Report To:	Trust Board			Agenda Item:	08.
Date of Meeting:	Circulation via Email on 19 March 2020				
Report Title:	Integrated Performance Report				
Report Author & Job Title	Lisa Whitlow, Associate Director of Performance				
Executive/Non-executive Sponsor (presenting)	Executive Team				
Purpose:	Approval/Decision	Review	To Receive for Assurance	To Receive for Information	
			X		
Recommendation:	The Trust Board is asked to note the contents of the Integrated Performance Report via email for December.				
Report History:	The report is a standing item to the Trust Board Meeting.				
Next Steps:	This report is received at the Joint Consultancy and Negotiation Committee, Operational Management Board, Trust Management Team meeting, shared with Commissioners and the Quality section will be shared with the Quality and Risk Management Committee.				

Executive Summary
Details of the Trust's performance against the domains of Access, Safety, Patient Experience, Workforce and Finance are provided on page three of the Integrated Performance Report.

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

Strategic Theme/Corporate Objective Links	This report covers all Strategic Themes with the exception of Maximise the use of technology – right information for the right decisions.			
Board Assurance Framework/Trust Risk Register Links	The report links to the BAF risks relating to internal flow, staff retention, staff engagement, productivity and clinical complexity.			
Other Standard Reference	CQC Standards.			
Financial implications	Whilst there is a section referring to the Trust's financial position, there are no financial implications within this paper.			
	Revenue	Total £'000	Rec £'000	Non Rec £'000
	Income			
	Expenditure			
	Savings/benefits			
	Capital			
Other Resource Implications	Not applicable.			
Legal Implications including Equality, Diversity and Inclusion Assessment	Not applicable.			
Appendices:	Not applicable.			

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

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

March 2020 (presenting February 2020 data)



























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North Bristol Trust Integrated Performance Report Scorecard




























Domain	Description	National Standard	Current Month Trajectory (RAG)	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)		
																		National Performance	Rank	Quartile
Responsive	A&E 4 Hour - Type 1 Performance	95.00%	80.01%	70.47%	74.10%	69.73%	76.16%	72.53%	72.49%	87.89%	85.14%	80.04%	80.18%	74.64%	78.33%	72.43%		74.61%	68/118	
	A&E 12 Hour Trolley Breaches	0	0	21	0	0	0	1	0	0	0	4	9	2	38	48		0 - 187	26/35	
	Ambulance Handover < 15 mins (%)	100%	93.27%	92.36%	92.66%	89.26%	93.93%	93.75%	94.02%	97.18%	97.29%	94.09%	94.34%	92.65%	92.71%	91.06%				
	Ambulance Handover < 30 mins (%)	100%	99.10%	99.10%	99.27%	98.27%	99.39%	98.91%	98.93%	99.78%	99.81%	99.19%	99.14%	99.22%	98.72%	98.15%				
	Ambulance Handover > 60 mins	0	0	0	2	12	0	4	0	0	0	0	1	0	2	2				
	Delayed Transfers of Care	3.50%	3.50%	3.99%	5.82%	4.92%	7.02%	6.06%	5.40%	7.75%	8.90%	7.28%	7.19%	6.88%	8.29%	8.01%				
	Stranded Patients (>21 days) - month end			138	133	160	133	131	135	276	156	138	128	129	163	158				
	Bed Occupancy Rate		95.00%	98.01%	96.65%	97.09%	96.06%	95.19%	95.51%	94.81%	95.18%	96.51%	96.29%	96.91%	98.86%	98.75%				
	Cancelled Operations (Same day - non-clinical)	0.80%		1.45%	0.89%	1.35%	1.33%	0.78%	0.71%	0.94%	0.94%	1.30%	1.10%	1.25%	1.21%	1.13%		1.57%	70/149	
	Cancelled Operations (28 Day Rebooking)	0	3	3	1	1	1	2	1	1	1	0	1	0	5	1		0 - 114	2/43	
	Diagnostic 6 Week Wait Performance	1.00%	3.66%	2.32%	3.10%	4.27%	5.48%	6.84%	8.16%	9.39%	8.69%	9.09%	8.87%	12.56%	11.00%	5.60%		4.42%	366/400	
	Diagnostic 13+ Week Breaches	0	0	8	10	15	74	84	130	205	225	239	63	147	258	113				
	RTT Incomplete 18 Week Performance	92.00%	88.22%	86.95%	86.71%	85.18%	85.14%	85.03%	85.21%	83.39%	83.20%	83.28%	82.58%	82.43%	83.62%	82.95%		83.64%	313/379	
	RTT 52+ Week Breaches	0	10	44	18	19	16	17	14	14	16	13	14	14	9	17		0 - 188	14/36	
	Total Waiting List		28145	27304	27910	27995	29179	28590	28740	28587	29313	29118	28351	28078	29672	29552				
	Cancer 2 Week Wait	93.00%	75.61%	92.44%	90.27%	84.70%	83.44%	78.44%	71.79%	65.54%	69.92%	87.23%	90.21%	81.94%	78.21%	-		90.09%	131/145	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	93.44%	82.20%	82.69%	89.83%	88.83%	76.97%	96.75%	94.64%	96.08%	98.61%	92.00%	81.08%	70.27%	-		83.61%	89/108	
	Cancer 31 Day First Treatment	96.00%	96.83%	95.49%	93.28%	93.08%	88.24%	88.03%	90.35%	89.47%	90.20%	85.76%	93.24%	96.80%	92.74%	-		94.54%	93/123	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	-		97.99%	-	
	Cancer 31 Day Subsequent - Surgery	94.00%	94.44%	80.87%	79.17%	80.77%	82.52%	77.88%	83.33%	82.56%	75.23%	69.09%	79.80%	81.54%	72.00%	-		89.24%	63/66	
	Cancer 62 Day Standard	85.00%	69.19%	81.67%	85.98%	84.40%	78.95%	76.99%	74.10%	88.84%	72.58%	66.98%	71.62%	75.53%	68.18%	-		73.58%	100/142	
	Cancer 62 Day Screening	90.00%	90.24%	91.07%	91.84%	93.33%	91.84%	84.31%	85.00%	92.59%	90.00%	77.50%	81.43%	81.13%	64.38%	-		78.91%	67/88	
	Mixed Sex Accommodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Electronic Discharge Summaries within 24 Hours	100%		82.65%	83.55%	80.77%	83.71%	83.52%	84.39%	83.01%	84.33%	84.19%	83.23%	83.35%	83.75%	82.99%				

North Bristol Trust Integrated Performance Report Scorecard

Domain	Description	National Standard	Current Month Trajectory (RAG)	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)		
																		National Performance	Rank	Quartile
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term	0.90%		0.7%	0.5%	0.5%	0.7%	0.7%	0.2%	0.4%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%				
	Caesarean Section Rate	28%		37.9%	32.0%	35.0%	30.8%	30.4%	31.6%	34.0%	32.3%	32.8%	35.3%	33.9%	38.4%	34.0%				
	Still Birth rate	0.40%		0.6%	1.1%	0.5%	0.2%	0.4%	0.2%	0.4%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%				
	Induction of Labour Rate	32.10%		37.7%	38.3%	41.5%	36.1%	43.0%	36.5%	38.2%	36.5%	38.5%	35.3%	40.2%	41.4%	41.4%				
	PPH 1000 ml rate	8.60%		10.0%	12.3%	10.8%	13.8%	13.2%	15.3%	10.9%	14.9%	13.3%	13.3%	12.2%	10.7%	9.2%				
	Never Event Occurance by month	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0				
	Serious Incidents			6	8	4	7	2	6	5	4	3	3	6	3	5				
	Total Incidents			1552	1537	1496	1511	1628	1647	1637	1469	1694	1723	1656	1758	1590				
	Total Incidents (Rate per 1000 Bed Days)			65	59	59	59	66	64	64	59	65	69	64	66	64				
	WHO		95%	96.76%	96.59%	96.73%	96.41%	95.84%	95.80%	97.32%	97.56%	97.62%	97.78%	98.98%	99.72%	99.39%				
	Pressure Injuries Grade 2			29	21	43	27	31	24	34	46	43	43	32	34	17				
	Pressure Injuries Grade 3			0	3	1	0	0	1	0	0	0	0	1	0	1				
	Pressure Injuries Grade 4			0	0	0	0	0	0	0	0	0	0	0	0	0				
	Falls per 1,000 bed days			29	31	30	31	30	31	31	30	31	30	31	32	30				
	#NoF - Fragile Hip Best Practice Pass Rate			93.62%	83.02%	74.47%	75.00%	82.61%	85.37%	80.56%	70.18%	83.93%	87.23%	86.11%	65.63%	-				
	Stroke - 90% Stay on Stroke Ward		90%	95.65%	92.42%	97.01%	88.24%	75.00%	89.55%	89.06%	79.37%	93.15%	91.18%	70.97%	81.54%	-				
	Stroke - Thrombolysed <1 Hour		60%	81.82%	40.00%	33.33%	71.43%	62.50%	60.00%	77.78%	75.00%	50.00%	37.50%	41.67%	62.50%	-				
	Stroke - Directly Admitted to Stroke Unit <4 Hours		60%	72.92%	67.14%	55.71%	58.18%	49.35%	64.29%	72.86%	50.00%	51.95%	62.16%	59.68%	42.65%	-				
	Stroke - Seen by Stroke Consultant within 14 Hours		90%	82.69%	79.45%	74.65%	78.33%	70.00%	80.82%	74.07%	76.12%	84.34%	81.58%	73.53%	90.28%	-				
	MRSA	0	0	1	0	0	0	0	0	0	1	0	1	1	1	0				
	E. Coli		4	6	3	3	2	5	2	6	4	7	7	7	7	4				
	C. Difficile		5	2	4	3	5	6	8	3	6	5	2	3	5	4				
	MSSA		2	3	2	3	1	1	5	3	5	2	3	1	1	2				
	VTE	95%	95%	96.56%	96.60%	96.42%	96.64%	96.39%	96.30%	95.92%	95.64%	96.06%	95.89%	95.19%	95.02%	-				

North Bristol Trust Integrated Performance Report Scorecard

North Bristol 
NHS Trust

Domain	Description	National Standard	Current Month Trajectory (RAG)	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)		
																		National Performance	Rank	Quartile
Quality Caring & Experience	FFT A&E (Recommend)			88.77%	88.03%	85.32%	88.26%	88.01%	84.03%	91.00%	91.22%	92.97%	91.52%	91.48%	91.15%	89.55%		85.48%	110/130	
	FFT A&E (Response Rate)		15.00%	21.49%	20.03%	16.51%	19.39%	20.56%	19.57%	19.05%	18.74%	20.00%	22.49%	21.07%	21.28%	21.08%		11.70%	18/135	
	FFT Inpatients (Recommend)			92.19%	93.24%	93.30%	92.64%	92.82%	93.95%	93.23%	93.72%	93.52%	93.68%	93.59%	94.86%	93.19%		95.79%	114/159	
	FFT Inpatients (Response Rate)		30.00%	19.16%	19.04%	11.47%	17.58%	17.40%	18.50%	16.54%	17.88%	16.83%	18.38%	17.70%	17.58%	18.07%		23.98%	119/159	
	FFT Outpatients (Recommend)			95.30%	95.94%	95.03%	95.44%	95.63%	95.16%	94.96%	95.36%	95.31%	95.59%	95.76%	95.45%	95.13%		93.84%	90/185	
	FFT Outpatients (Response Rate)		6.00%	14.66%	18.05%	12.35%	18.54%	17.73%	17.69%	15.10%	17.16%	18.95%	14.04%	11.17%	13.96%	12.09%				
	FFT Maternity (Recommend)			97.59%	94.69%	97.87%	97.94%	96.74%	96.67%	93.90%	95.60%	93.26%	94.68%	90.80%	97.37%	97.78%		96.97%	32/73	
	FFT Maternity (Response Rate)		15.00%	18.32%	25.80%	22.38%	20.17%	21.05%	18.11%	17.19%	20.92%	18.39%	18.80%	21.75%	18.10%	20.41%		18.62%	62/127	
	PALS - Count of concerns			35	26	76	82	93	126	118	81	119	104	90	107	108				
	Complaints - % Overall Response Compliance		90%	70.00%	76.00%	63.00%	33.00%	71.00%	89.00%	91.00%	92.00%	87.00%	90.00%	81.00%	82.61%	88.57%				
Well Led	Complaints - Overdue			41	10	34	25	20	9	1	4	1	2	3	0	2				
	Complaints - Written complaints			48	51	62	56	52	55	51	53	47	41	36	57	51		42/144		
	Agency Expenditure ('000s)		594					1305	1179	1329	968	836	990	868	1081	869				
	Month End Vacancy Factor		6.80%					10.79%	11.55%	11.58%	9.39%	8.75%	8.77%	9.21%	8.80%	7.75%				
	Turnover (Rolling 12 Months)		14.80%					15.47%	15.10%	14.82%	14.75%	14.46%	14.44%	14.47%	14.08%	13.00%				
Finance	Sickness Absence (Rolling 12 month -In arrears)		4.00%					4.30%	4.31%	4.35%	4.36%	4.38%	4.43%	4.44%	4.45%					
	Trust Mandatory Training Compliance		84.78%					90.00%	88.30%	90.01%	88.95%	88.89%	88.97%	87.99%	87.95%					
	Deficit (£m)		-£4.8	-£19.9	-£21.4	-£0.7	-£1.5	-£3.4	-£3.3	-£4.2	-£4.5	-£4.4	-£4.2	-£3.7	-£5.0	-£8.0				
	NHSI Trust Rating			3	3	3	3	3	3	3	3	3	3	3	3	3				

EXECUTIVE SUMMARY

February 2020

Urgent Care

The Trust failed the four hour performance trajectory of 80.01% with performance of 72.43% and reported 48 12 hour trolley breaches in month, during a period of extreme system-wide pressure. Nationally, Trust performance deteriorated, ranking 3rd out of 11 Adult Major Trauma Centres and ranking 68th out of 118 reported positions for 4 hour performance. The Trust ranked 26th out of 35 reporting positions for 12-hour trolley breaches in February.

Elective Care and Diagnostics

The Trust has reported a decrease in overall wait list size in February but continues to be higher as a result of including all patients with an active RTT clock reporting in eRS in the national RTT submission. In comparison with historic methods of reporting the wait list continues to decrease. There were 17 patients waiting greater than 52 weeks for their treatment in February against a trajectory of 10, expected due to winter pressures leading to cancelled operations, which will also continue into March and into 2020/21. Overall diagnostics performance was 5.60% in month, which is the best performance since May 2019. A successful bid for centrally held Elective Care funds for additional CT and Endoscopy capacity should result in improved performance by year-end. There were no urgent operation cancelled for a subsequent time and one breach of the 28 day re-booking target as a result of the bed pressures experienced in February.

Cancer wait time standards

The Trust did not achieve the 62 day waiting time trajectory in January, with Performance of 74.06%. Backlog clearance plans are in place with additional capacity sought for clearance through January and February 2020. The recovery trajectory for the Two Week Wait standard was achieved in January. An overall return to TWW standard is not expected until the end of 2020/21, as we develop and implement longer-term plans to close the remaining demand and capacity gap.

Quality

There were two overdue complaints at the end of February. In order to ensure compliance, weekly divisional meetings take place with a revised escalation process. WHO checklist is now reporting at 99.39% as a result of improved accuracy in data capture, validation and reporting.

Workforce

Staff turnover continues to improve with February's annual position at 13.7% with the biggest improvements in registered and unregistered nursing and midwifery. Vacancy factor also decreased to 7.6% in February, with a net gain of registered nursing staff, including 8 international nurses being the biggest contributor to the ongoing improvement. Agency expenditure decreased in February predominantly in consultant agency and registered nursing relating to a reduction in agency use. Temporary staffing demand and fill rates remained at the same levels as January and work is still ongoing to design initiatives to improve bank capacity.

Finance

The Trust has a planned deficit of £4.9m for the year in line with the agreed control total with NHS Improvement (NHSI). At the end of February, the Trust reported a deficit of £8m which is £3.2m adverse to the planned deficit including Provider Sustainability Fund and Financial Recovery Fund. The Trust has a 2019/20 savings target of £25m of which £16.6m was achieved at the end of February. The Trust financial risk rating on the NHSI scale is 3 out of 4.

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

The Trust failed the four hour performance trajectory of 80.01% with performance of 72.43% and reported 48 12-hour trolley breaches in month, during a period of extreme system-wide pressure. Nationally, Trust performance deteriorated ranking 3rd out of 11 Adult Major Trauma Centres and ranking 68th out of 118 reported positions for 4 hour performance. The Trust ranked 26th out of 35 reporting positions for 12-hour trolley breaches in February.

Bed occupancy averaged at 98.75%, however higher levels of bed occupancy across the month and a lack of traction in delivering the system stranded action plan has led to continued pressure in February. High levels of DToC patients (7.9% vs. 3.5% target) continue to be experienced and would have released 41 beds to the Trust had the national target been achieved. Social care delays and pathway 2 rehabilitation beds are driving the largest proportion of stranded bed days.

Planned Care

Referral to Treatment (RTT) - The Trust has not achieved the RTT trajectory in month with performance of 82.95% against trajectory of 88.22%. The total RTT wait list size in month has reduced from last month but continues to be higher overall as a result of adding eRS patients to the wait list. In comparison with historic methods of reporting the wait list (28126) and backlog (5075) would have met trajectory (28145). The 2020/21 trajectory has been set to reflect the inclusion of these patients going forwards. The number of patients exceeding 52 week waits in February was 17 against a trajectory of 10; the majority of breaches (11) being in Trauma and Orthopaedics. Cancellations due to bed pressures experienced in January and February have impacted the deterioration in the 52 week wait position.

Cancelled Operations - In month, there were no urgent operations cancelled for a subsequent time and one breach of the 28 day re-booking target.

Diagnostic Waiting Times - The Trust has had the best performance since May 2019 with a recovery trajectory for diagnostic performance in February 2020 with actual performance at 5.60% versus a trajectory of 3.66%. At a test level, underperformance is in CT and Endoscopy. The MRI position again improved in February, as anticipated, and has returned to national standard. A bid for Elective Care funds has been successful; providing additional Endoscopy and CT activity prior to year-end.

Cancer

The Trust has not achieved any of the seven Cancer Wait Times standards in January but did achieve trajectory for Two Week Wait. Decline of the 31 Day standard is as a result of patients choosing to delay surgery until after the festive period. This largely affected the Urology backlog clearance plan. Additional capacity has been sought to help with the increased demand in January and February, but high levels of breaches are now occurring as a result of further backlog clearance. Urology remains the only specialty with 104 day breaches (8). Since the introduction of the harm review process, no instances of physical harm have been identified.

Areas of Concern

The system continues to monitor the effectiveness of all actions being undertaken, with daily and weekly reviews. The main risks identified to the delivery of the Urgent Care Improvement Plan (UCIP) are as follows:

- UCIP Risk: Lack of community capacity and/or pathway delays fail to meet bed savings plans as per the bed model.
- UCIP Risk: Length of Stay reductions and bed occupancy targets in the bed model are not met leading to performance issues.

QUALITY PATIENT SAFETY AND EFFECTIVENESS

SRO: Medical Director and Director of Nursing & Quality Overview

Improvements

Mortality data - SHMI remains within the expected range

Maternity Services – Improvements in Post Partum Haemorrhage (PPH) rates over past 12 months and the introduction of the Induction Of Labour suite in January 2020 is showing reductions in delay of care and positive feedback for patient experience.

Pressure Injuries - This month has seen a continued reduction in Grade 2 pressure injuries, with one Grade 3 and no Grade 4s.

Medication Safety - The percentage of patients with missed doses during February 2020 continued a reducing trend from November 2019.

Areas of Concern

Maternity Services - The overall Caesarean Section rate continues to rise – whether planned or emergency and work is being undertaken to understand the reasons and actions required.

WELL LED

SRO: Director of People and Transformation and Medical Director Overview

Corporate Objective 4: Build effective teams empowered to lead

Continue to reduce reliance on agency and temporary staffing

Overall temporary staffing demand and fill rates in February (bank, agency, unfilled) remained at the same level as January and this was also reflected in registered nursing and midwifery. There is an ongoing piece of work to review our bank fill rates for registered nursing and midwifery, in the first instance, reviewing how our bank only staff and substantive staff who are registered on the bank work shifts and how we can increase the uptake of bank work and improve our fill rates.

Vacancies

The Trust vacancy factor reduced from 8.8% in January to 7.6% in February. The improvement was predominantly in registered nursing and midwifery with a reduction of 22.6 wte vacancies, 21.6 of which were band 5 nurses. There was a small amount of movement in other staff groups compared to January.

Turnover

The Trust turnover decreased to 13.7% in February, below the target set for 2019/20 of 14.5%. Trust turnover peaked at 16.7% in April 2018, the highest point since the move in 2014. The difference between 16.7% and 13.7% in terms of numbers of leavers equates to 170 wte fewer staff leaving each year.

Improving the sustainability and wellbeing of our workforce

The rolling 12 month sickness remains static at 4.4%, 0.4% above the target the Trust set for 19/20. With short term sickness remaining stable over the winter months and without the spike seen in January 2019 the increase in the overall sickness absence position is being driven predominantly by long term sickness. There is ongoing work to review and improve long term sickness rates and the overall process to capture and understand staff absence.

Currently we are reviewing sickness absence as well as absence due to COVID-19 through the Silver command structure. Our wellbeing and sickness absence management interventions such as Occupational Health and the wellbeing programme are being refocussed to provide specific tailored support in the context of COVID-19.

FINANCE

SRO: Director of Finance Overview

At the end of February, the Trust reported a deficit of £8m (including Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) and excluding gains on disposal, which was £3.2m adverse to the planned deficit and £1.4m adverse to when compared to the year to date forecast. This variance to forecast reflects the £1.4m loss on disposal relating to the replacement of the Trust's IT network which was recognised in January but had been forecast to take place in March.

There are a number of risks to delivery of the planned year end deficit, the greatest of which are the ability of the Trust to recover Elective activity in the final month of the year and the full delivery of savings schemes. The Trust has identified a number of mitigating actions to counter these risks in order for the Trust's planned deficit to be met.

The Trust has repaid a net £7.5m year to date to the end of February which brings the total Department of Health borrowing to £170.8m, which is lower than planned due to the higher cash balance held as a result of slippage of capital expenditure and higher receipts from commissioners.

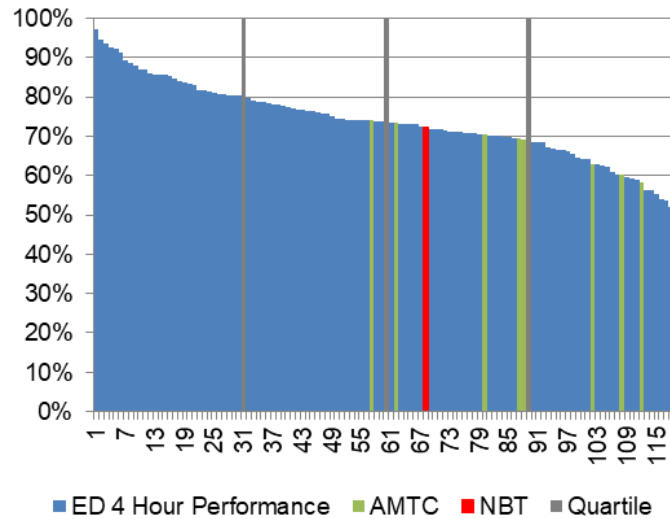
The Trust has a savings target of £25m for the year, of which £16.6m was achieved at the end of February against a plan of £22.3m.

The Trust is rated 3 against the Finance Risk Rating tool by NHS Improvement (NHSI) which is driven by the high levels of historical debt and is inline with plan.

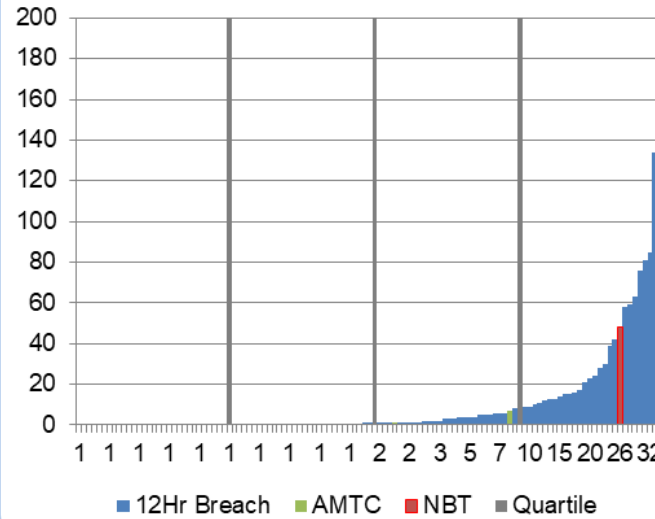
RESPONSIVENESS

**Board Sponsor: Chief Operating Officer
Evelyn Barker**

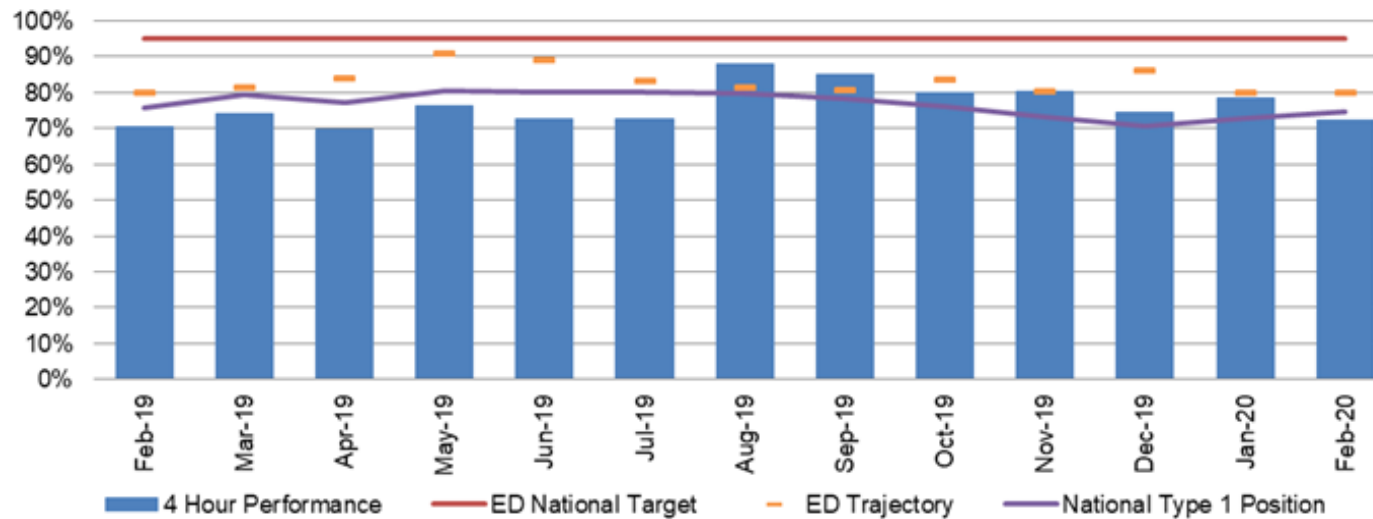
ED 4 Hour Performance - February 20



ED 12 Hour Trolley Wait - February 20



ED 4 Hour Performance



Urgent Care

The Trust failed the 4 hour performance trajectory of 80.01% with performance of 72.43% and reported 48 12-hour trolley breaches in month. The breaches occurred following specific days of high levels of ED attendances, above the month average emergency admissions and long waits for beds. During this period, regular two-hourly huddles, hourly safety checks both in ED and AMU (including corridors) were undertaken. Corridor care increased by 12% in February when compared to the 12 month average, with a 51% increase in escalation use from January.

At 7848, there were 8.52% more attendances than SLA. Non-elective admissions were down against plan for long-stay admissions (-14.45%), but were up against plan for short-stay admissions (65.04%), which follows the trend of increased short-stay versus long-stay activity in 2019/20 year to date. Overall Non-Elective activity is up against plan by 2.65%. This profile of admissions continues to adversely impact income, but reflects the national direction of travel to introduce more same-day emergency care.

ED performance for the NBT Footprint stands at 80.14% and the total STP performance was 81.23% for February.

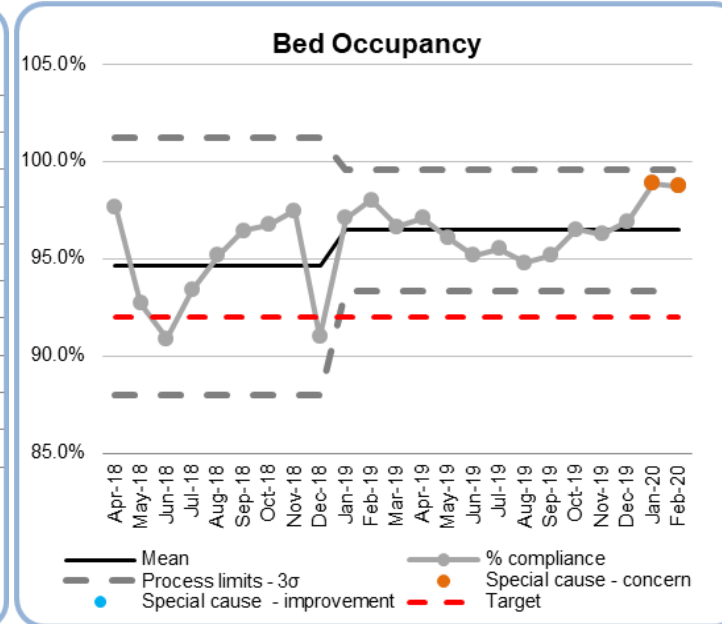
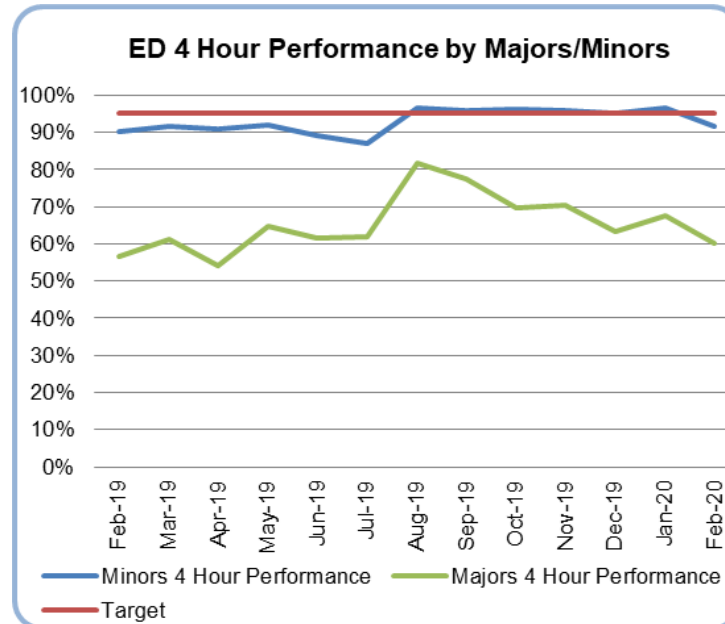
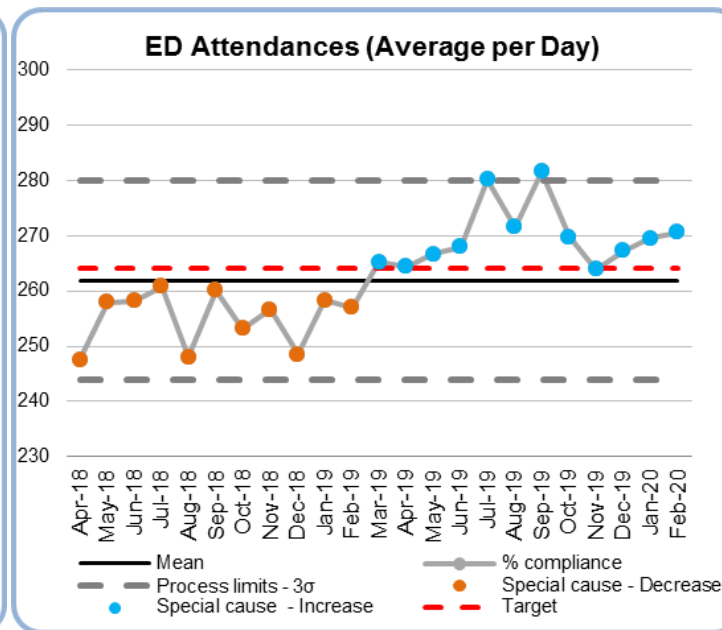
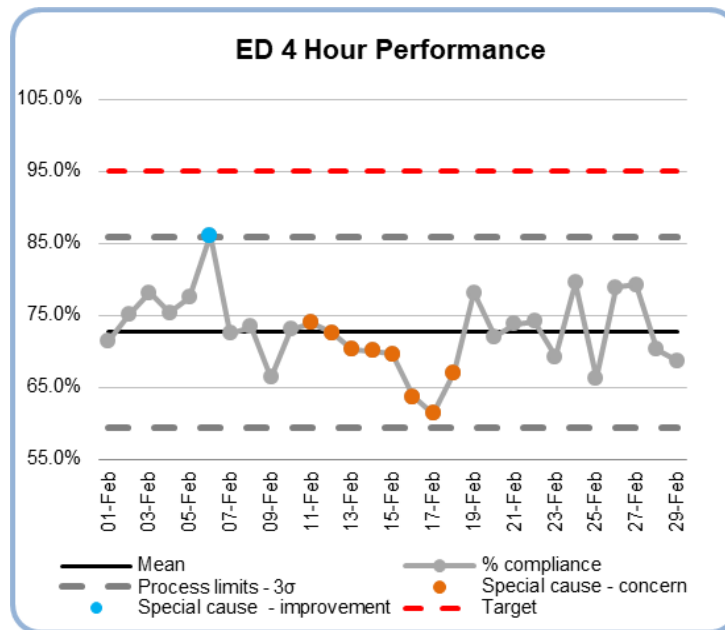
4 Hour Performance

Of the breaches in ED in February, 44.69% were a result of waits for a bed and 39.33% were a result of ED delays. In hours, staffing has remained stable from September, however implementation of the new junior doctor contract has impacted staffing at weekends from February. ED is enacting mitigations to minimise the impact of the contract e.g. monthly staffing reviews, moving all locum spend to weekends and continuing with the substantive recruitment drive.

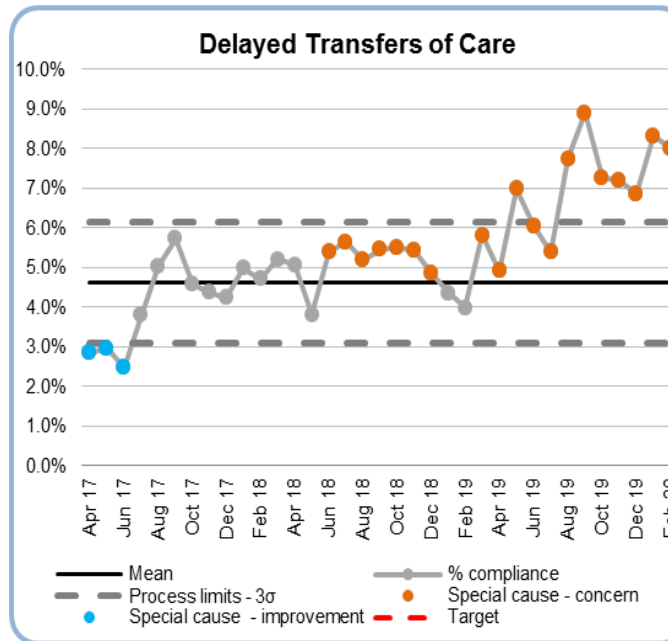
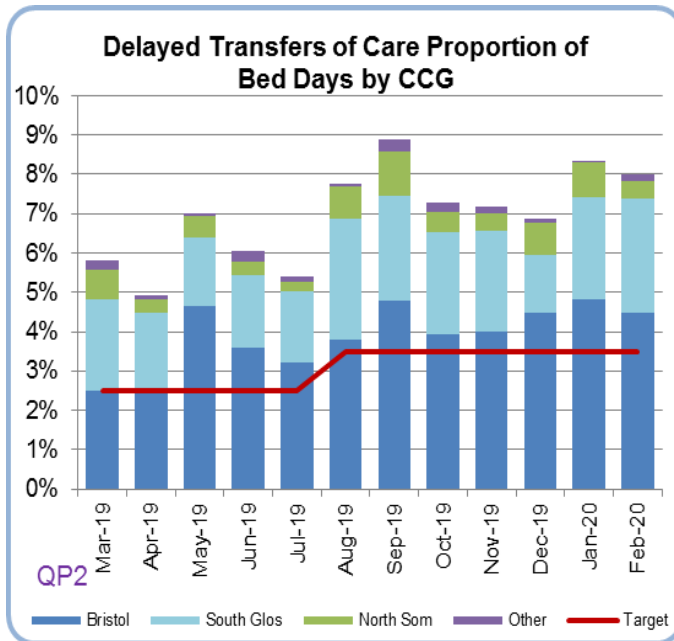
There was wider variation in bed occupancy during February, varying between 93.30% and 102.31% in month. Maximum occupancy exceeded that in January. Occupancy levels remained high with an occupancy at over 100% for 8 days of the month.

To provide assurance of patient safety during this period of high occupancy, quality walk-arounds were implemented in inpatient wards and escalation areas by the DDoN. The Trust pre-emptively transferred patients from the ED in line with the Trust policy and with Executive approval. At the current time there is no reported adverse patient experience reports during this period.

In response to heightened demand for beds, an additional escalation area was opened in January attached to the Elgar bed base. The ongoing use of this area is under continual review.



*ED Attendance Target: Annual 2019/20 ED attendance plan calculated as average per day



DToCs and Stranded Patients

The DToC rate for February did show some improvement but still remained high and of concern at 8.01%. The levels of patients on LHPD also remained high with an average of 217.5 across the month.

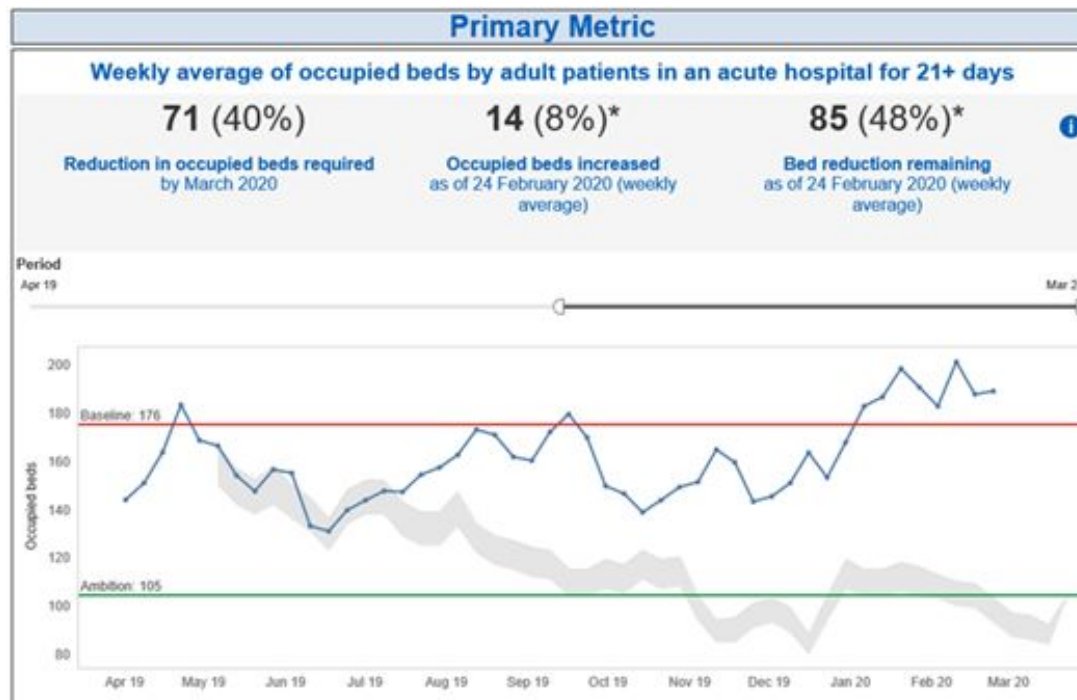
The main drivers of delay were:

- patients waiting for a pathway 2 rehabilitation beds (averaged 32.25 per week),
- patients waiting for social work allocation (averaged at 40 patients per week) . In both instances, the largest delays were reported for Bristol,
- patients waiting for CHC Fast Track placement or complex packages of care.

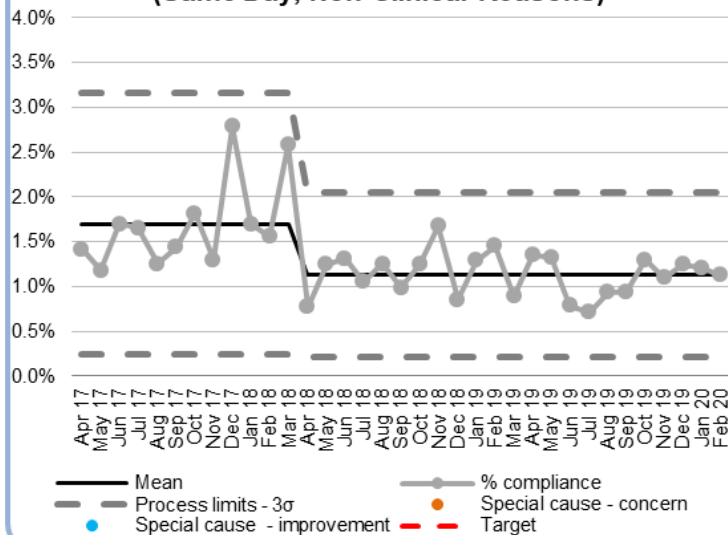
Additional Social Work capacity is just coming into post and community teams have been drafted in to provide additional capacity to get the cases moving forward.

The Stranded improvement trajectory has not been achieved and the levels of patients reported as staying beyond 21 days remains significantly above required levels – in line with national trends. The Trust continues to report high levels of cases attributed to external provision with an average over the month of 60% external and 40% internal.

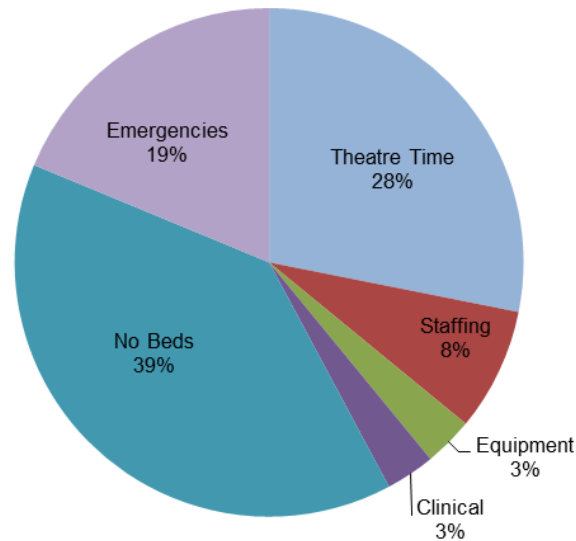
Demand in February has remained consistent with January levels, but there has been a significant improvement in the level of SRF rejection, now below 10% following training and development of teams. This improvement has been further improved through March.



**Cancelled Operations
(Same Day, Non-Clinical Reasons)**



Cancelled Operations by Reason - February 2020



Cancellations

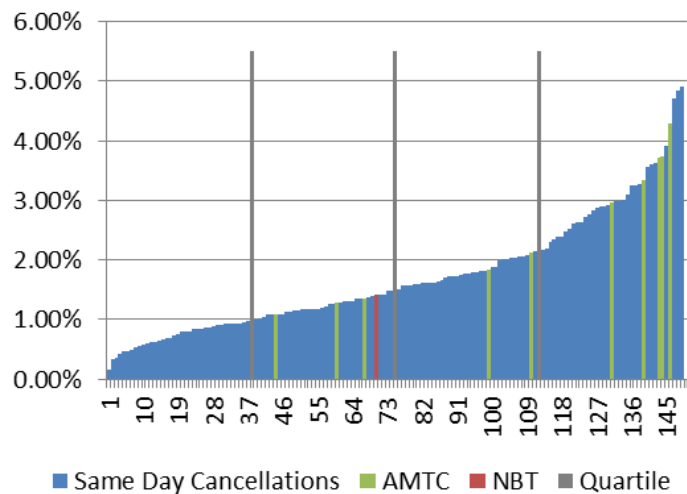
The proportion of cancellations due to a lack of beds in February has reduced from 44% but is an increase when compared with the average over the last 13 months (25%) and to the same period last year (28%).

Decreased cancellations due to bed capacity have been offset by an increase in cancellations for emergencies in February, which has resulted in a stable trend for cancellations overall.

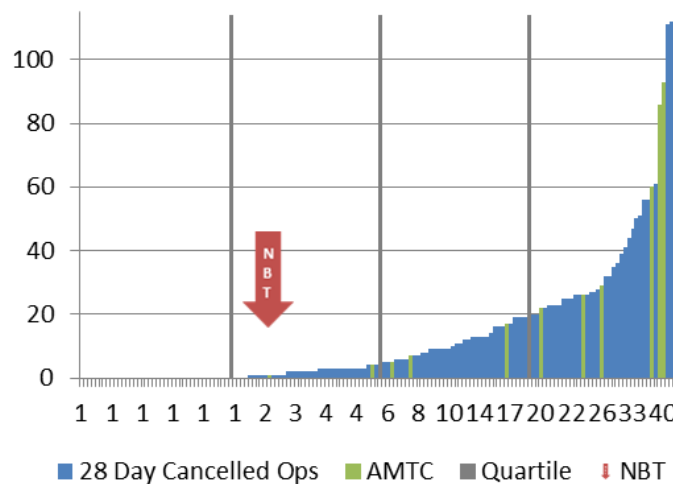
There were no urgent operations cancelled for a second time in February.

There was one operation that could not be rebooked within 28 days of cancellation in February 2020 resulting from bed pressures.

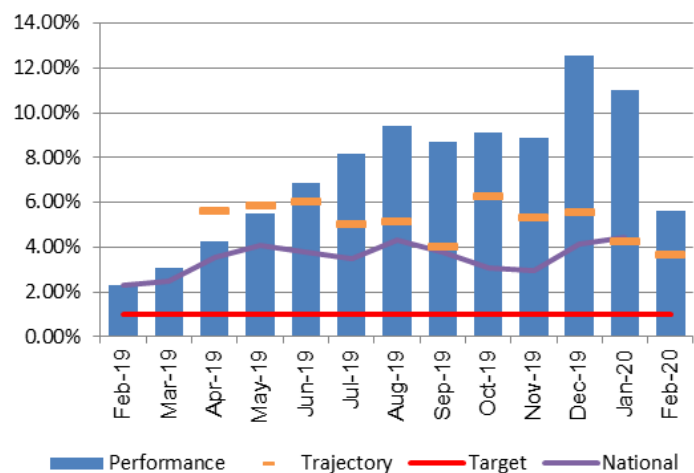
Cancelled Operations (Same Day Non-Clinical Reasons) - Quarter 3 2019/20



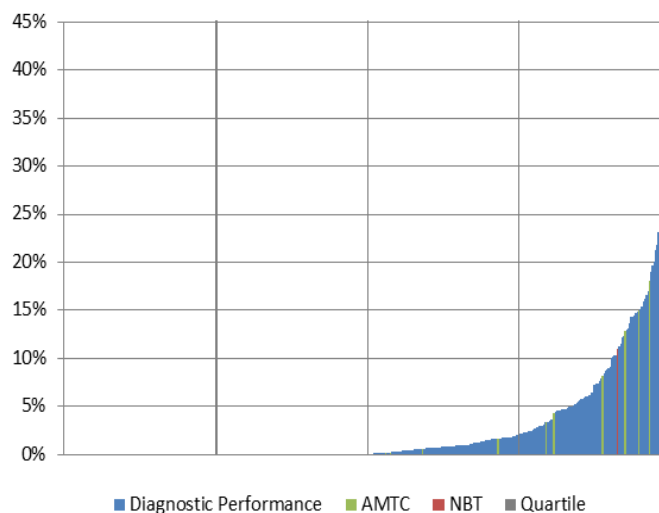
Cancelled Operations not Rebooked Within 28 Days - Q3 2019/20



**Diagnostic Waits Against Target
(1% <6 Weeks)**



Diagnostic Six Week Performance - January 2020



Diagnostic Waiting Times

The Trust has had the best performance since May 2019 in February 2020 with actual performance at 5.60% versus a trajectory of 3.66%.

Four test types have reported in month underperformance: Colonoscopy; CT; Flexi-Sigmoidoscopy; and Gastroscopy. MRI maintained national standard as predicted.

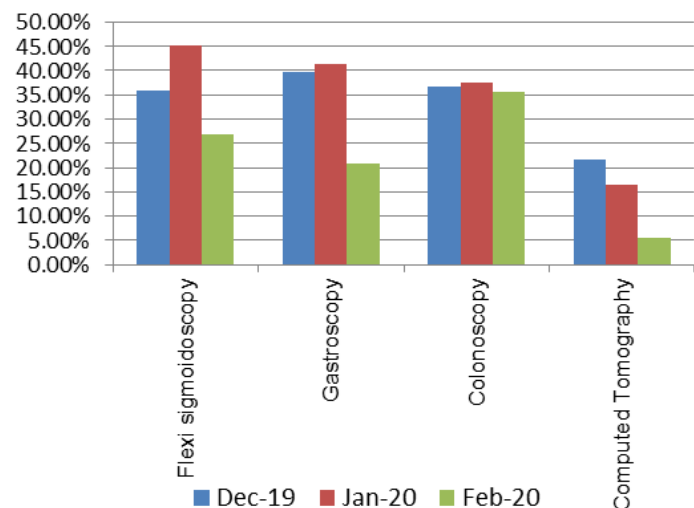
There were 596 patients in total waiting beyond 6 weeks for their test of which 113 were waiting greater than 13 weeks.

A harm review is undertaken for patients waiting greater than 13 weeks for their test to ensure there has been no harm as a result of the extended wait.

A bid for Elective Care funds to support delivery of the national diagnostics target has been successful, enabling the provision of additional CT and Endoscopy capacity. This has included a Locum in Endoscopy and weekend CT lists in January, improving the performance from the peak of underachievement in December.

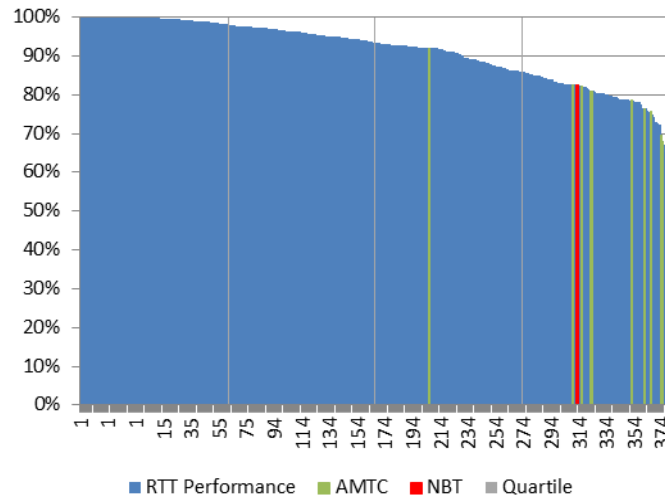
Outsourcing of Endoscopy capacity commenced at the beginning of February 2020. The CT outsourcing contract is in the process of being finalised.

Diagnostic Performance by Test

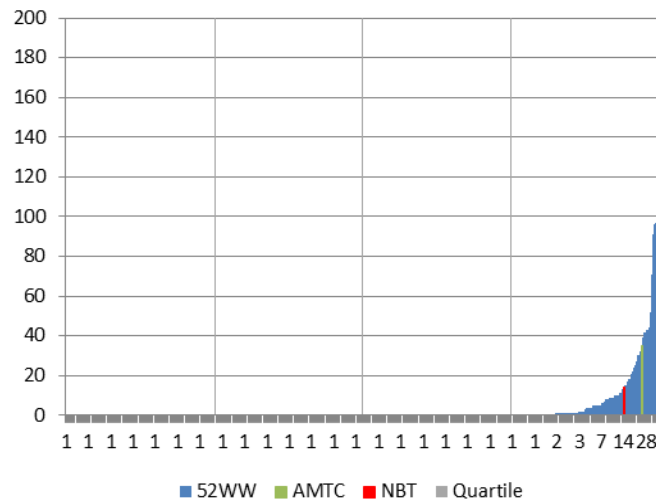


Test Type	Total Wait List	Patients waiting >6-weeks	% Performance Jan-20	% Performance Feb-20
Computed Tomography	778	120	16.51%	5.40%
Gastroscopy	623	129	41.40%	20.71%
Colonoscopy	639	228	37.55%	35.68%
Flexi sigmoidoscopy	341	92	45.21%	26.98%

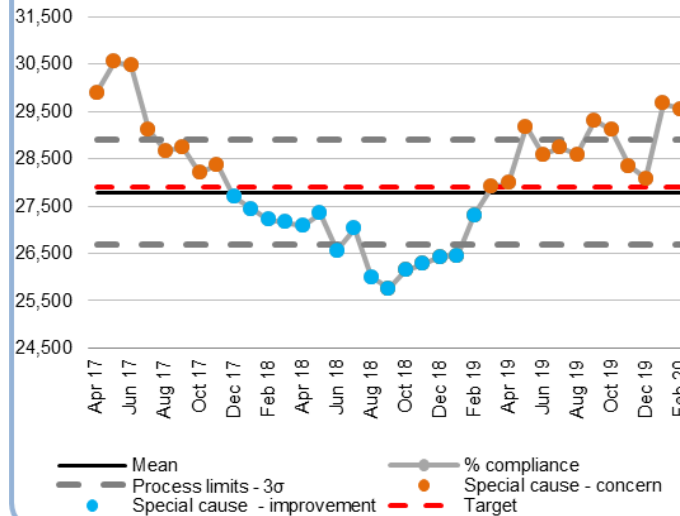
RTT 18 Week Performance - January 2020



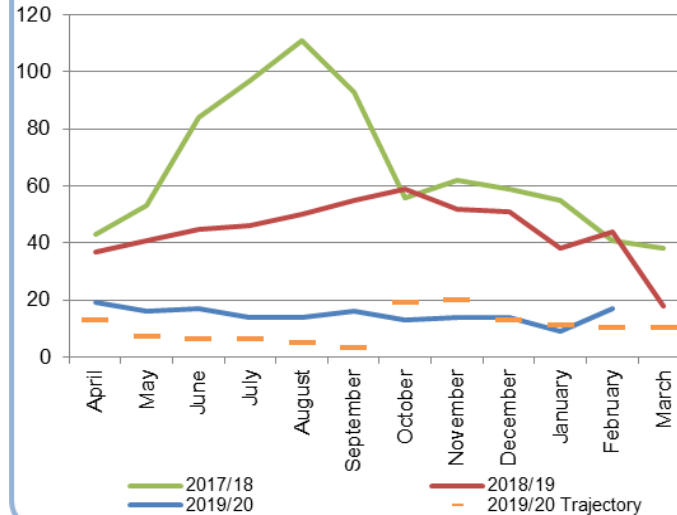
RTT 52 Week Performance - January 2020



RTT Wait List



Trust Total 52 Week Waits



Referral to Treatment (RTT)

The Trust has not achieved the RTT trajectory in month with performance of 82.95% against trajectory of 88.22%.

The total RTT wait list size in month has reduced, but continues to be higher overall as a result of adding eRS patients to the wait list, reporting in eRS in the national RTT submission (29552). In comparison with historic methods of reporting the wait list (28126) and backlog (5075) would have met trajectory (28145).

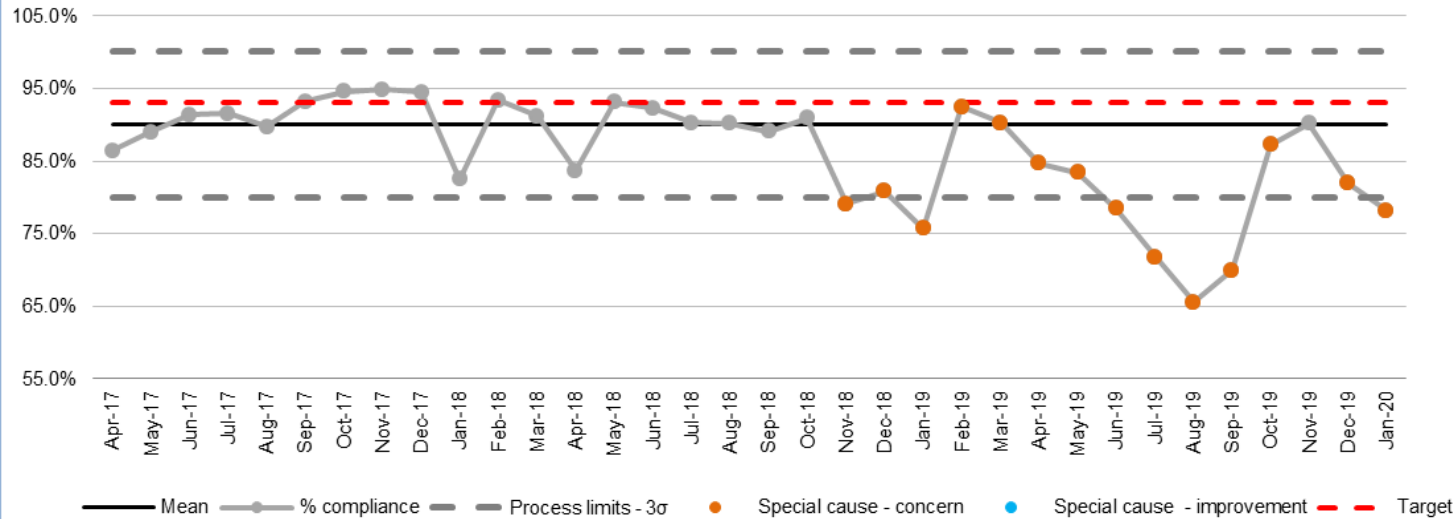
The 2020/21 trajectory is being set to reflect the inclusion of these patients going forwards, with the January 2020 position providing the baseline position.

The Trust has reported 17 patients waiting more than 52 weeks from referral to treatment in February against a trajectory of 10. There were 11 patients under Trauma and Orthopaedics, four in Neurosurgery, one in Spinal surgery and one in General surgery.

Remedial actions to reduce the number of breaches continue to be delivered, but progress has been hampered by winter pressures during January and February to date. This will impact on the number of anticipated breaches in February, March and into 2020/21.

The current year-end forecast is 39 patients waiting >52 weeks; 32 of these are for Trauma and Orthopaedics, 7 for Neurosurgery and 1 patient waiting for Spinal surgery.

Patients Seen Within 2 Weeks of Urgent GP Referral



Cancer

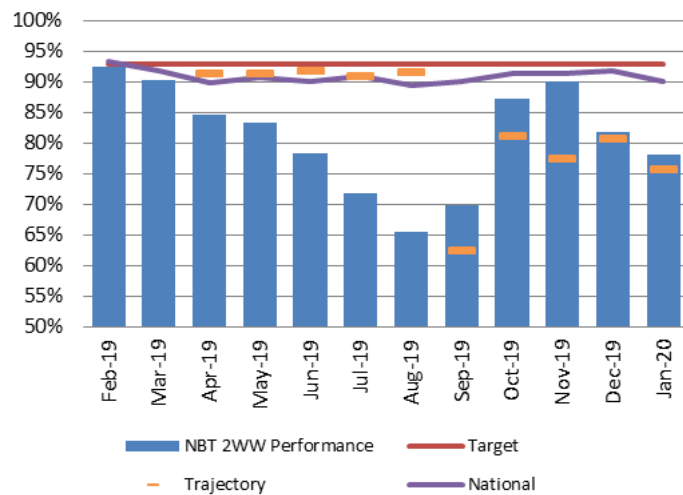
The nationally reported cancer position for January 2020 shows the Trust failed to achieve all of the cancer waiting times standards.

The Trust achieved the recovery trajectory for the TWW standard at 78.21%.

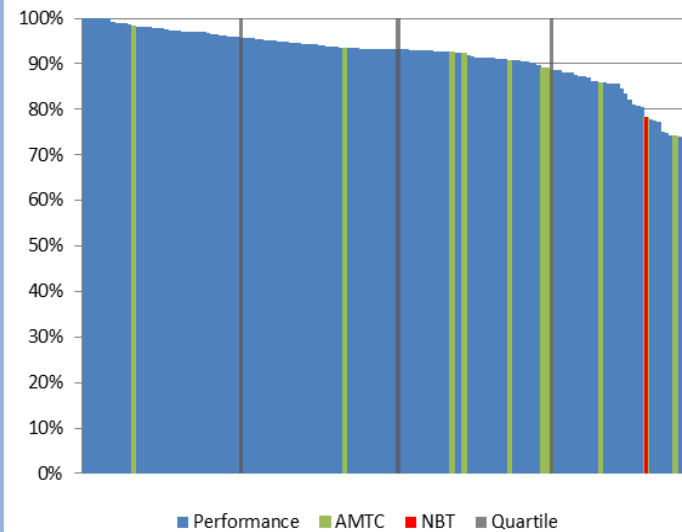
The main issues remain in Lower GI, and Breast, accounting for 302 of the 463 breaches.

The Prime contract for Endoscopy should improve the Upper GI position from March onwards.

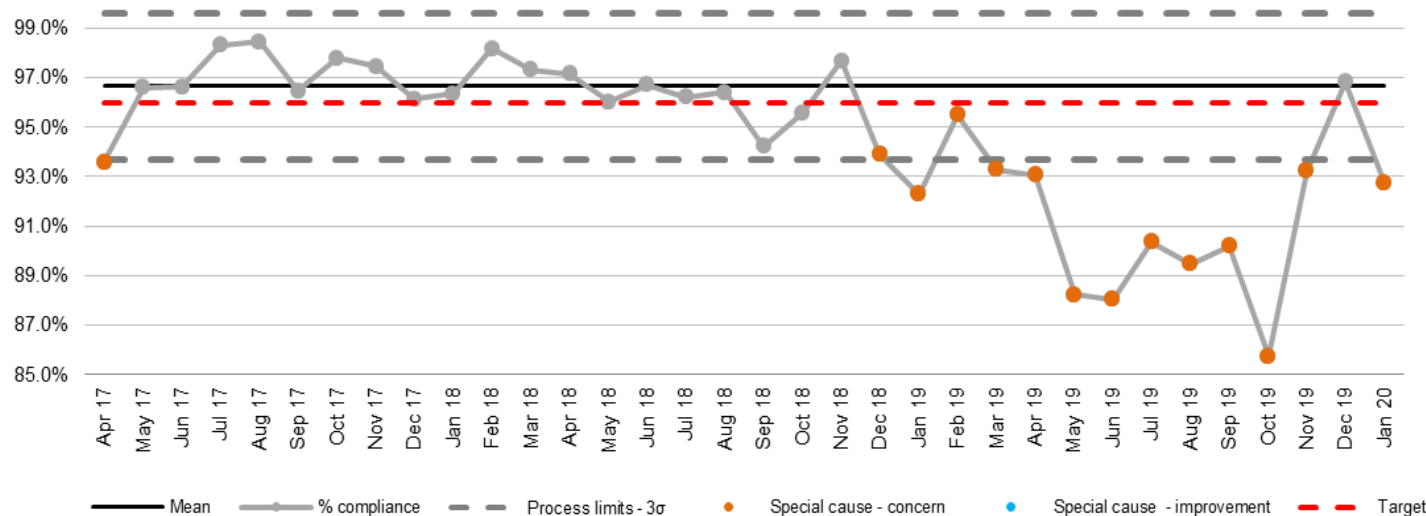
Patients Seen Within 2 Weeks of Urgent GP Referral



Cancer TWW Standard January-20



Patients Receiving First Treatment Within 31 Days of Cancer Diagnosis



The Trust failed the 31 day first treatment standard in January reporting 92.74%.

The reason for this was due to Urology backlog patients choosing to delay their surgery until January.

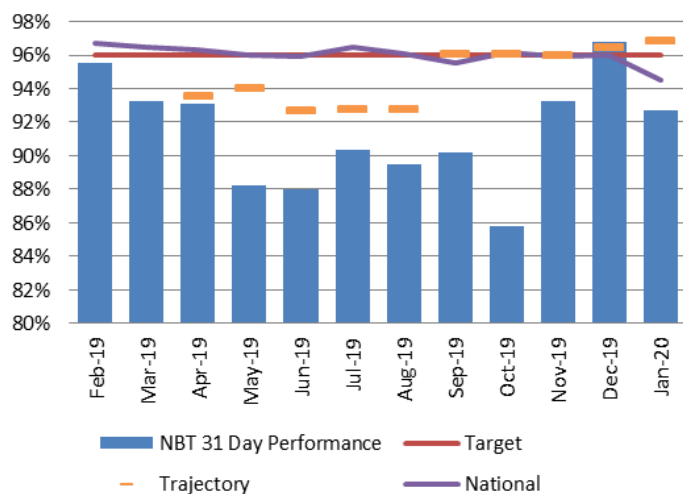
The Trust also failed the 31 day subsequent surgery treatment standard.

14 of the 18 breaches were in Urology.

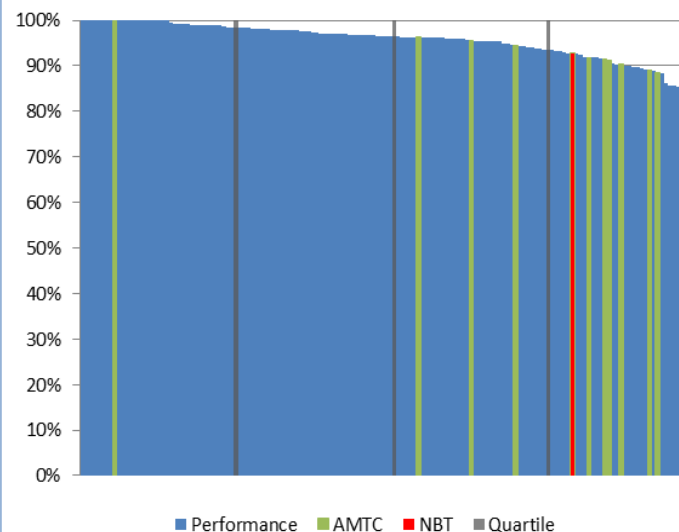
There were eight over 104 day breaches in January all within Urology that required a harm review. Five were due to late IPT transfers.

Since the harm review process started for patients waiting over 104 days was introduced in 2019, no instances of physical harm have been found.

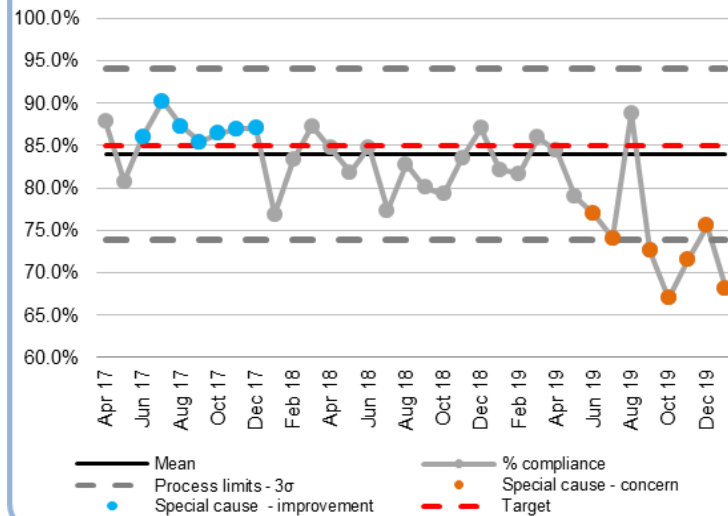
Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



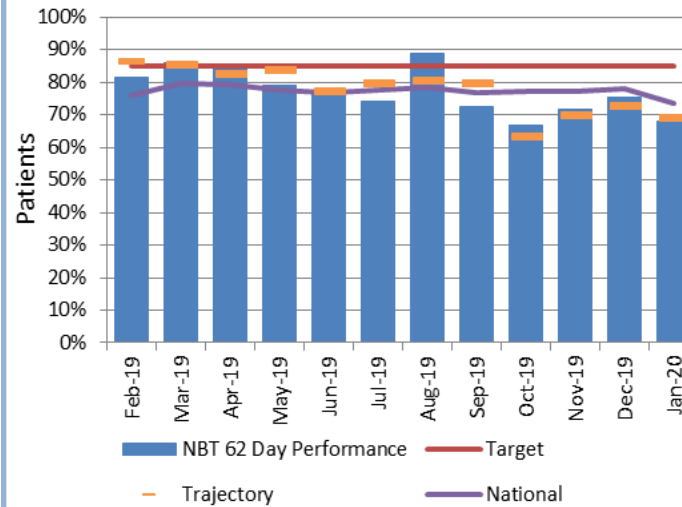
Cancer 31 Day Standard January-20



Patients Receiving First Treatment within 62 Days of Urgent Referral



Patients receiving first treatment within 62 days of urgent GP referral



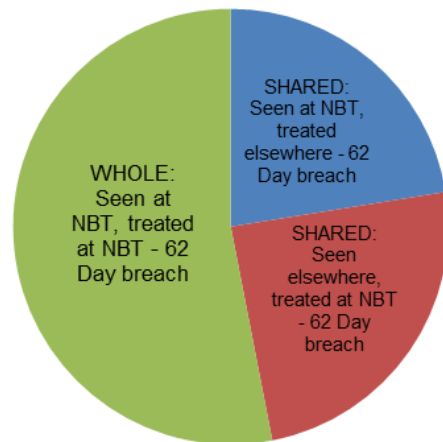
The Trust failed the 62 Day trajectory and standard in January 2020.

The majority of the issues remain in Urology and Breast

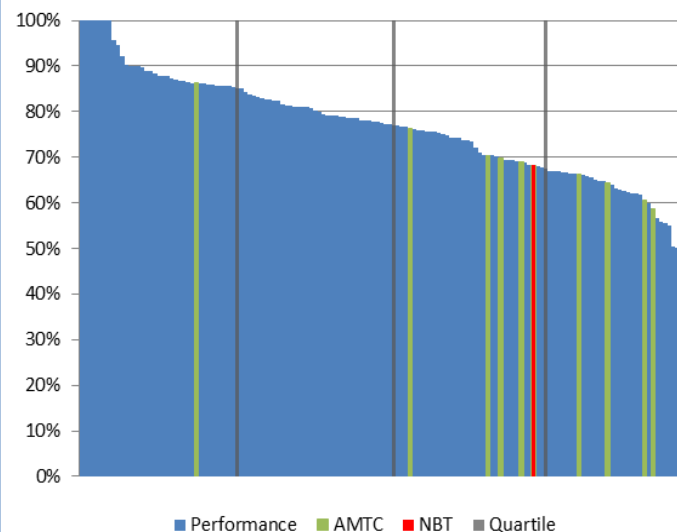
Urology's backlog clearance plans are ongoing and the forward look performance is improving as a result.

In January, 42 patients breached the 62 day standard, 32 were as a result of hospital and system issues. 59% (24) of the breaches were in Urology.

62 Day Breach Patients by Breach Type



Cancer 62 Day Standard January-20



26 of the 42 breaches were for patients referred to and treated at NBT only.

As part of performance improvements the Trust has been monitoring its internal performance against the 62 day standard. The Trust treated 74.06% of all patients who were initially referred to and treated at NBT within the national standard.

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

Safety and Effectiveness

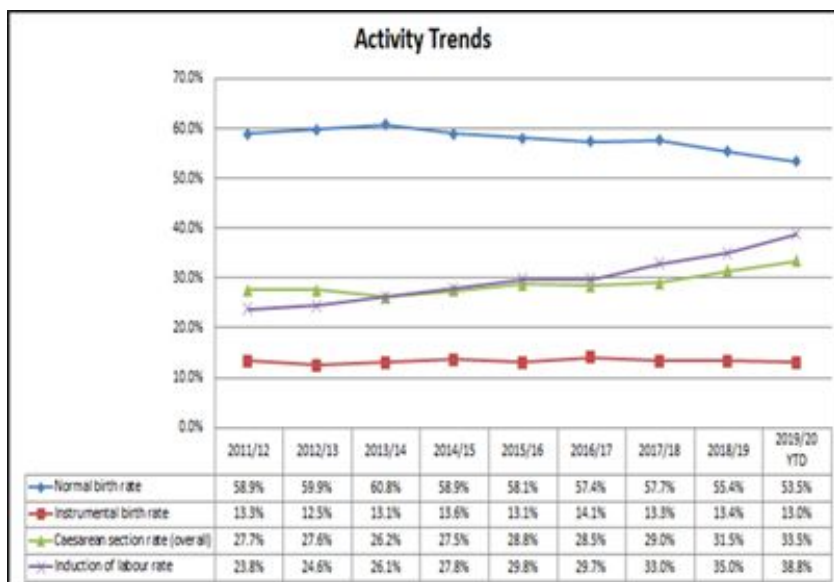
**Board Sponsors: Medical Director and Director of Nursing
and Quality**

Chris Burton and Helen Blanchard

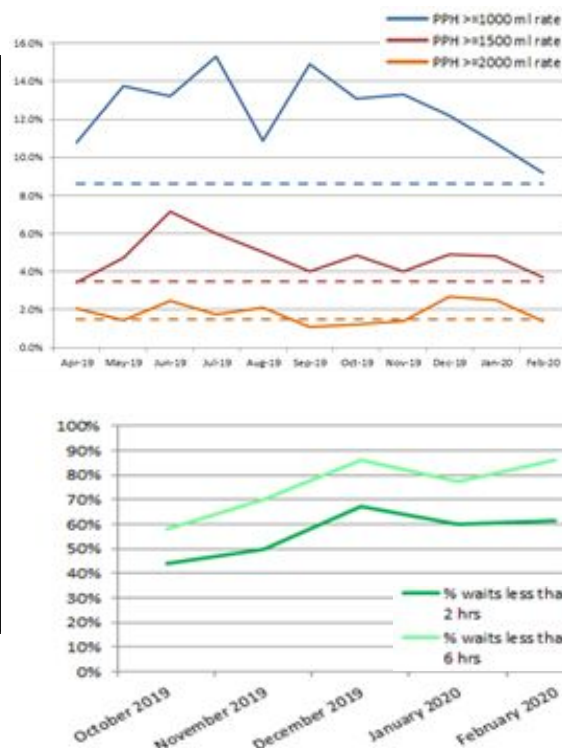
NBT Maternity Dashboard 2019 -2020

		Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Mode of birth	Caesarean section rate (overall)	28.0%	35.0%	30.8%	30.4%	31.6%	34.0%	32.3%	32.8%	35.3%	33.9%	38.4%	34.0%
	Elective CS rate (as % of all birth episodes)		12.7%	11.5%	9.2%	15.6%	14.0%	14.3%	16.6%	19.2%	13.7%	16.7%	14.4%
	Emergency CS rate (as % of all birth episodes)		22.4%	19.3%	21.2%	16.0%	19.9%	18.0%	16.2%	16.1%	20.2%	21.7%	19.7%
	Induction of labour rate	32.1%	41.5%	36.1%	43.0%	36.5%	38.2%	36.5%	38.5%	35.3%	40.2%	41.4%	41.4%
Maternal indicators	PPH >=1000 ml rate	8.6%	10.8%	13.8%	13.2%	15.3%	10.9%	14.9%	13.3%	13.3%	12.2%	10.7%	9.2%
	PPH >=1500 ml rate	3.5%	3.4%	4.7%	7.2%	6.0%	5.0%	4.0%	5.0%	4.0%	4.9%	4.8%	3.7%
	PPH >=2000 ml rate	1.5%	2.1%	1.4%	2.5%	1.7%	2.1%	1.1%	1.2%	1.4%	2.7%	2.5%	1.4%
	5 minute apgar <7 rate at term	0.9%	0.5%	0.7%	0.7%	0.2%	0.4%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%
Neonatal indicators	Stillbirth rate	0.4%	0.5%	0.2%	0.4%	0.2%	0.4%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%
	Stillbirth rate at term		0.2%	0.0%	0.0%	0.0%	0.0%	0.5%	0.2%	0.0%	0.0%	0.0%	0.0%
	Stillbirth rate <37 weeks		2.6%	3.3%	5.3%	2.3%	5.4%	2.7%	8.3%	3.2%	8.3%	2.9%	0.0%

North Bristol Trust Maternity Acuity/ Activity trends



Reduction in PPH with new IOL pathway



Clinical quality outcomes

The changes in NICE guidelines for induction of labour (IOL) continue to impact with the % being over 40% for the last three months.

The implementation of a dedicated area for IOL from January 2020 is having a very positive impact with

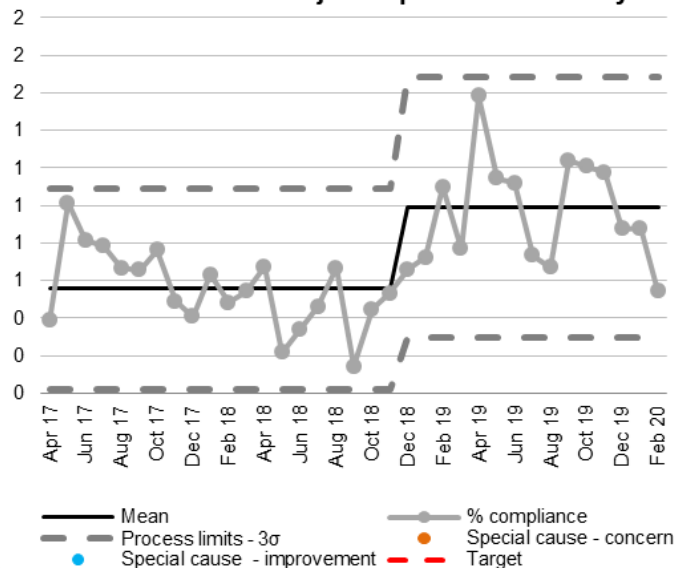
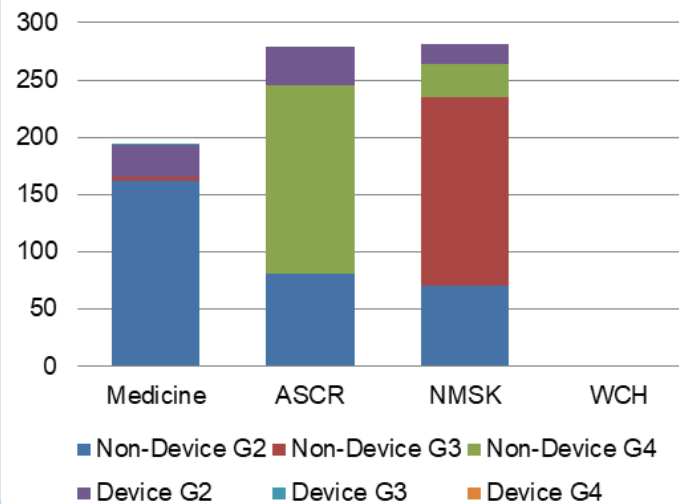
- ↑ feedback in positive patient experience
- ↓ waits for transfer to labour ward clearly evidenced in QI work in progress
- Better staff support and multi-professional working

Furthermore there is early information that the change in delay in care has reduced the PPH rate (see chart)

Birth-rate plus assessment

Business plan submitted based on extra staffing requirements for clinical and non-clinical posts: Divisional priority being given to funding for:

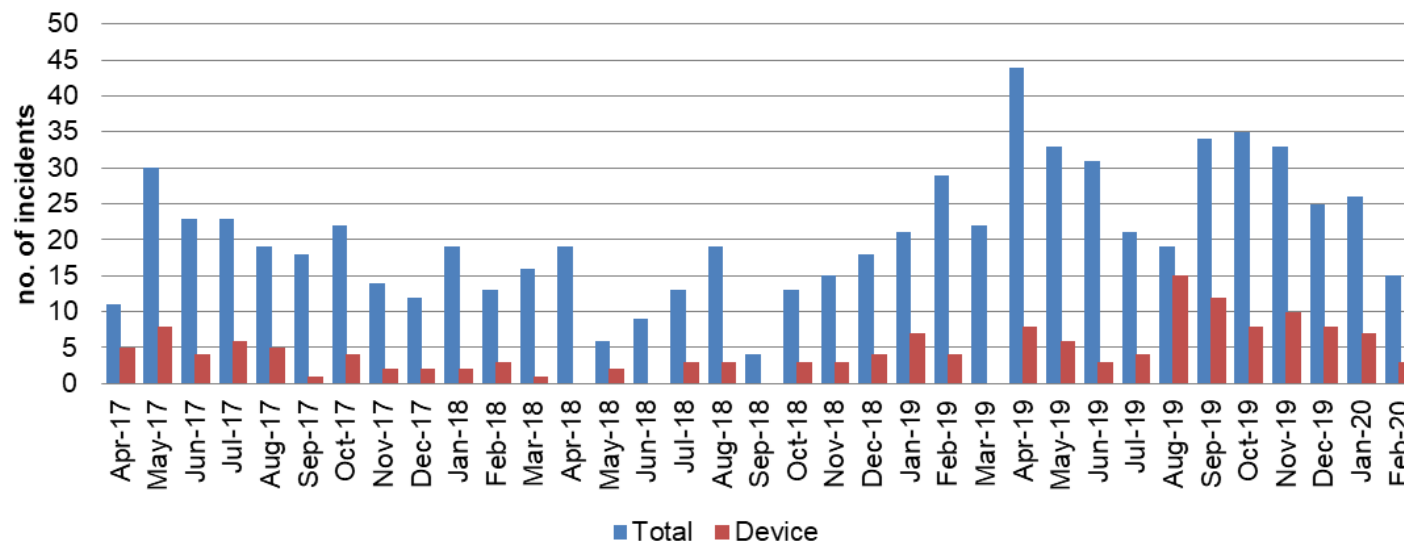
- Maternity Theatre scrub nurse cover a 24/7 period
- Meeting the safe staffing requirement to meet minimal recommended clinical staffing levels
- Meeting the Continuity of Carer (CoC) plans as identified in CNST and commissioner contracts for all women to be on a CoC pathway by March 2021

Total Pressure Injuries per 1000 Bed Days**Pressure Injuries Year to Date 2019/20****Pressure Injuries (PIs)**

The Trust ambition for 2019/20 is a

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

During February there was one reported Grade 3 PI, within Medicine. The investigation found the cause to be prolonged direct pressure to vulnerable skin. Actions from learning centred on increasing awareness on the assessment required for pressure relief when considering specialist seating.

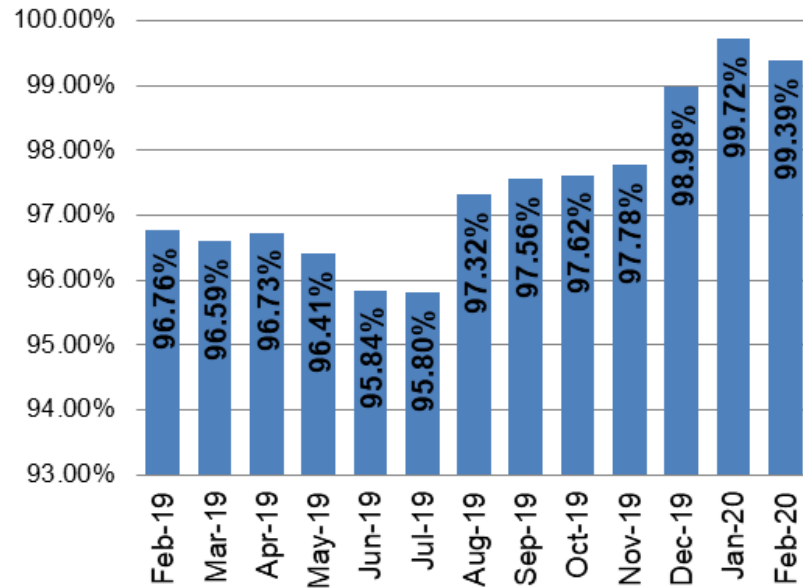
Pressure Ulcers - Total Incidents

This month has seen a continued reduction in Grade 2 pressure injuries with 17 cases reported on 17 patients, with the summary as follows:

Buttocks / Natal cleft : 33 %
 Heel: 17 %
 Coccyx: 17%
 Elbow: 17%
 Medical device: 16 %

Nursing intensive support teams continue for three clinical areas within Medicine and ASCR. The objective is to work collaboratively with the clinical teams using quality improvement methodology to mitigate the risk of pressure injuries within these areas with the emphasis on learning and actions to improve.

WHO Checklist Compliance (Emergency and Elective)

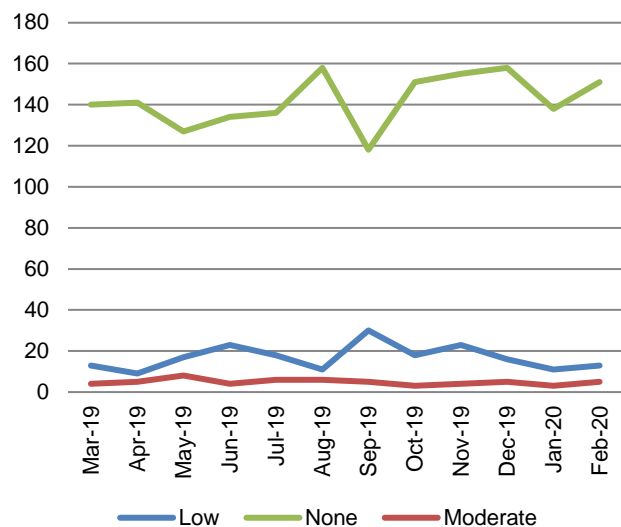


WHO Checklist Compliance

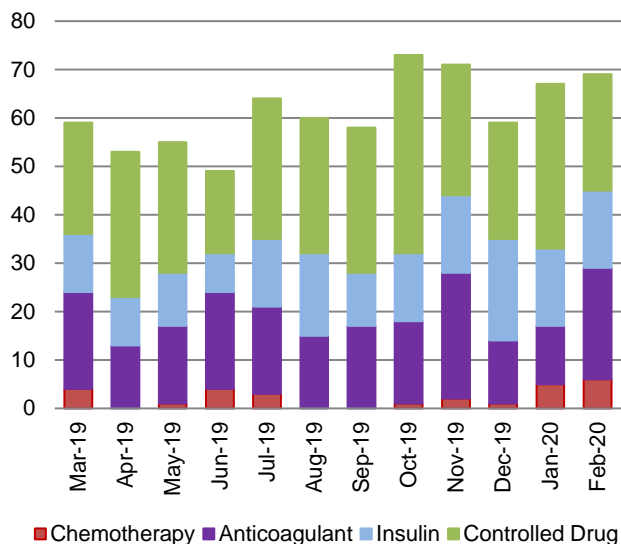
The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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

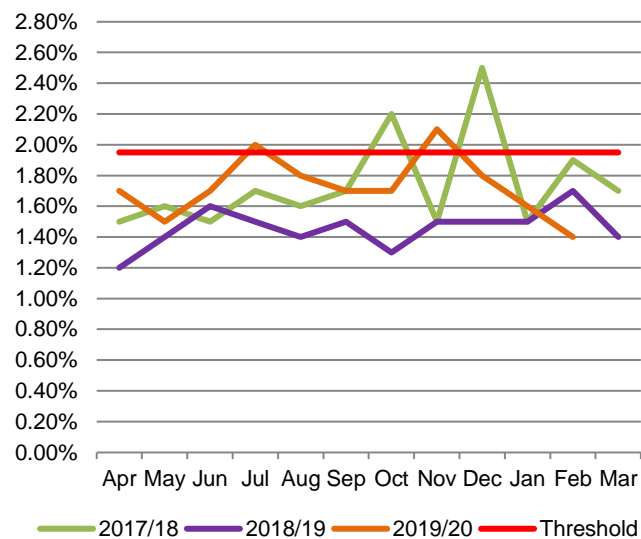
Severity of Medication Error (Last 12 Months)



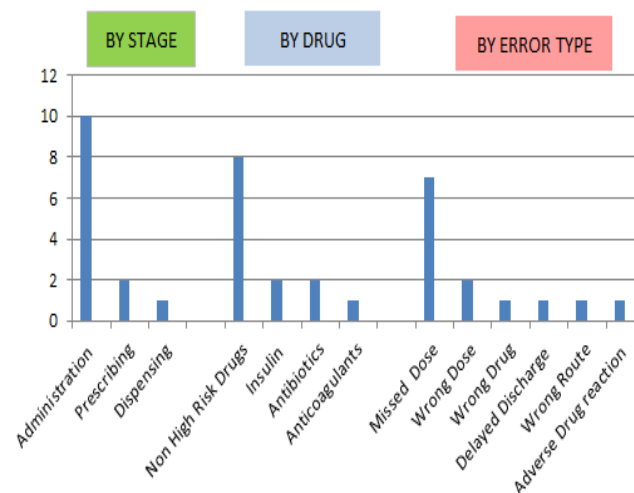
Incidents Involving High Risk Drugs (Last 12 Months)



Percentage of Patients with One or More Missed Doses



LOW HARM Incidents - Feb 2020



Medicines Management

Severity of Medication Error

During February 2020, the number of "No Harm" medication errors represented c.89% of all medication errors, demonstrating the strong safety culture within the Trust.

Low Harm Incidents

77% of low harm incidents occurred during the administration stage, with 38% involving a high risk medication and 54% were as a result of a missed dose.

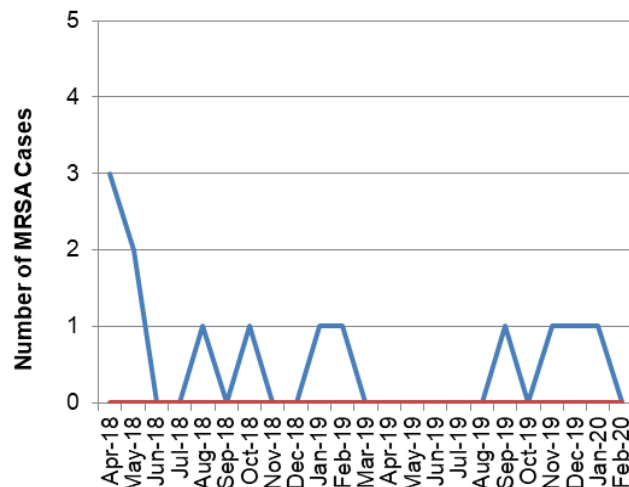
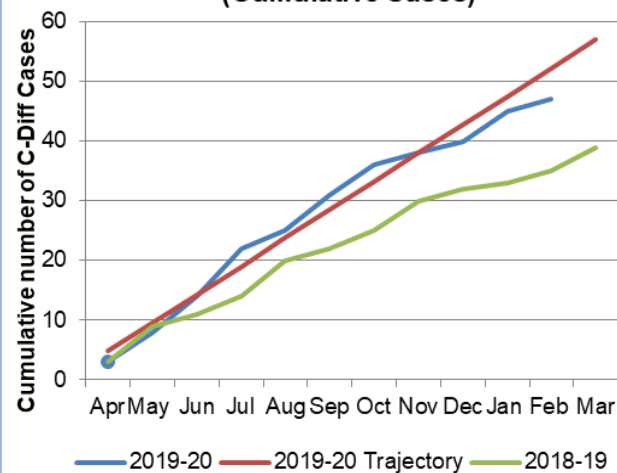
High Risk Drugs

The Medicines Governance Group is working to establish a collaborative working group across the local health population for insulin and anticoagulant incidents.

Missed Doses

During February 2020, the percentage of patients with one or more missed doses was 1.4%.

The clinical pharmacy team closely monitors the KPI's associated with all missed doses. Any ward(s) that breaches the missed dose target of <1.95% on two consecutive months undertake an intensive 2-week "missed dose audit".

MRSA Cases - Trust Attributable**C.Difficile Cases - Trust Attributable (Cumulative Cases)****MRSA**

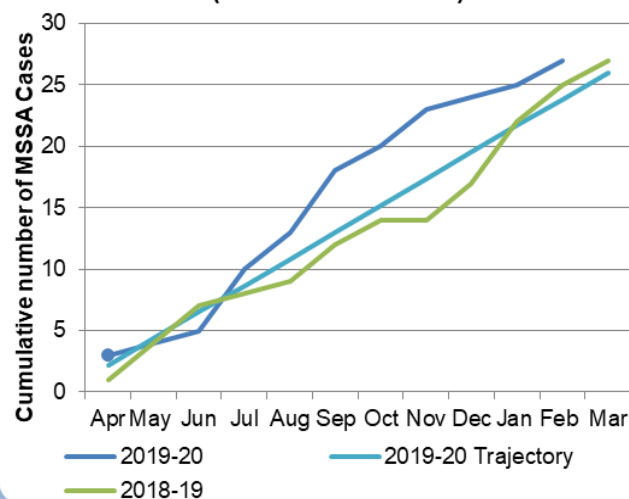
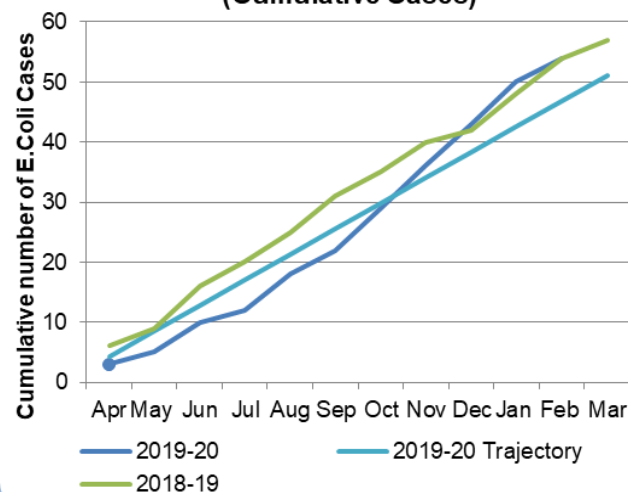
There have been no reported cases of MRSA bacteraemia in February. Year to date there have been four reported cases for the organisation.

C. Difficile

In February there were four cases reported against the trajectory and the Trust is on course to meet the required year end performance.

MSSA

There were two reported case of MSSA bacteraemia in February. We remain above trajectory in 2019/20 but the rate is comparable to regional and national benchmarks. The Trust staphylococcus steering group continues to monitor and review cases.

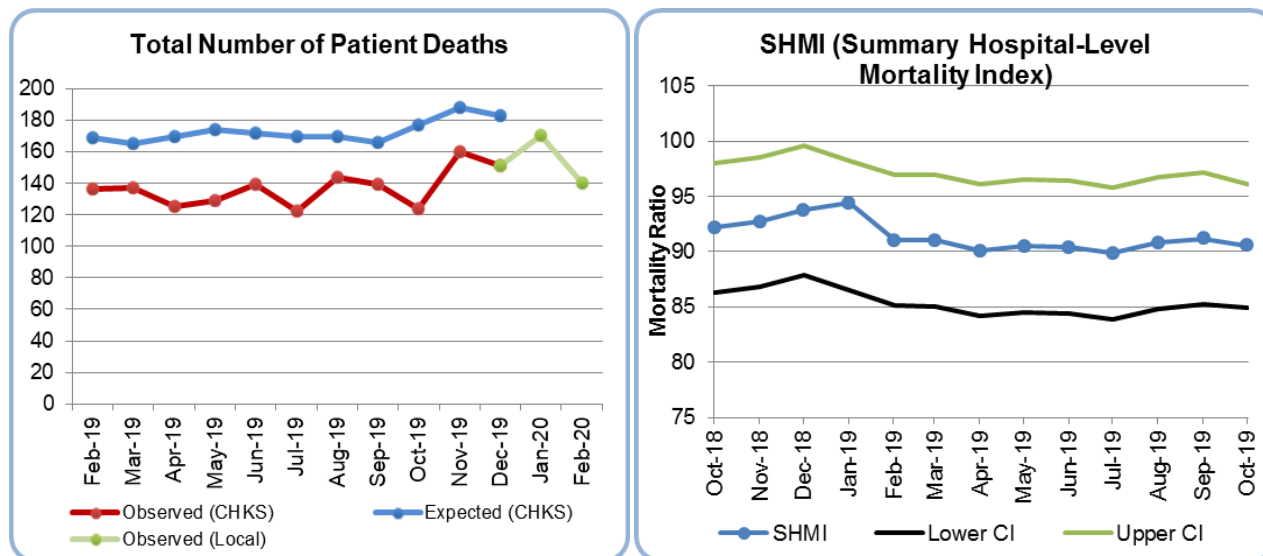
MSSA Cases - Trust Attributable (Cumulative Cases)**E.Coli Cases - Trust Attributable (Cumulative Cases)****E. Coli.**

The Trust target for 2019/20 is a 10% reduction on the previous year but it is unlikely that this will be achieved. Further community wide work to reduce these infections is planned for 20/21.

COVID- 19 (Coronavirus)

The Trusts infection control effort and resources are focussed on managing the Covid-19 epidemic and its impact on the Trust. Actions are in place to ensure compliance with national guidance as it develops.

Mortality Outcome Data



Overall Mortality

Mortality data has remained within the expected range.

Mortality Review Completion

The current data captures completed reviews from 01 Jan 19 to 31 Dec 2019. In this time period (this is now reported as a 12 month rolling time frame), 83.2% of all deaths had a completed review. Of all "High Priority" cases, 90% completed Mortality Case Reviews (MCR), including seventeen of the eighteen deceased patients with Learning Disability and thirteen of the fourteen patients with Serious Mental Illness.

Mortality Review Outcomes

The number of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96.6% (score 3-5). There have been thirteen mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which are reviewed through Divisional governance processes.

All of these cases will be reviewed through the Clinical Risk Operational Group.

Medical Examiner Service

The Trust is working with UH Bristol & Weston to implement a joint Medical Examiner Service from 1/4/2020. This is being progressed on a phased basis and adverts for Medical Examiner and Medical Examiner's Officers have been issued in line with the project plan. Ongoing review of the project progression and risks in light of the COVID-19 impact is being maintained.

Mortality Review Completion

Jan 19 to Dec 19	Completed	Required	% Complete
Screened and Excluded	1022		
High Priority Cases	167		
Other Reviewed Cases	282		
Total Reviewed Cases	1471	1769	83.2%

Overall Score	1	2	3	4	5
Care Received	0.0%	3.4%	17.1%	55.0%	24.5%

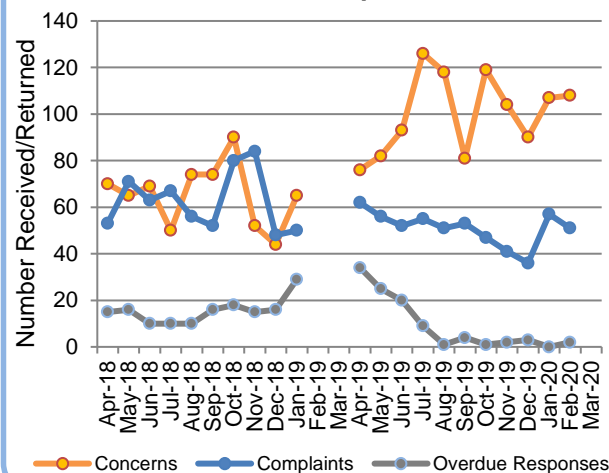
The overall score percentages are derived from the score post review and does not include screened and excluded.

Date of Death	Jan 19 to Dec 19
In Progress	4
Reviewed Not SIRI	9
Reported as SIRI	0
Total Score 1 or 2	13

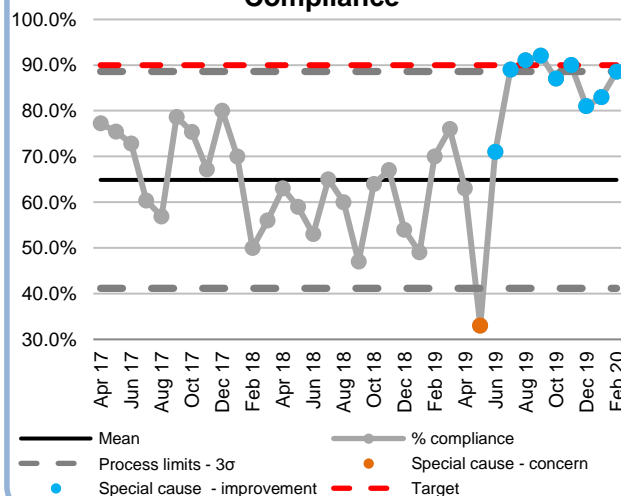
Patient Experience

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

Trustwide Complaints, Concerns & Overdue Complaints



Complaint Response Rate Compliance



Complaints and Concerns

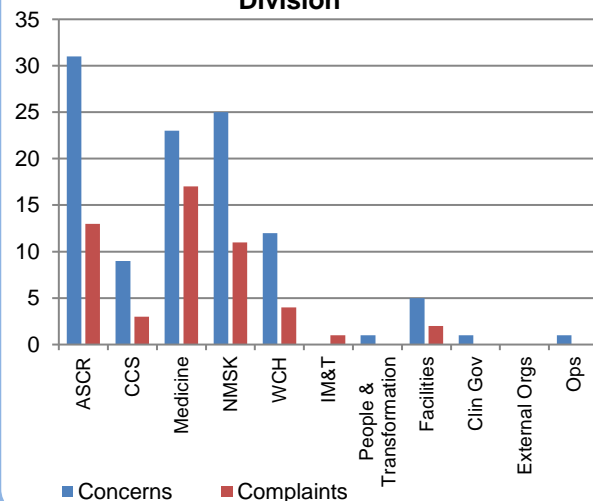
In February 2020, the Trust received 51 formal complaints. This is a decrease on January 2020. 108 PALS concerns were received (this includes enquiries). This is consistent with the number received in January 2020.

The 51 formal complaints can be broken down by division: (the previous month total and increase / decrease shown in brackets)

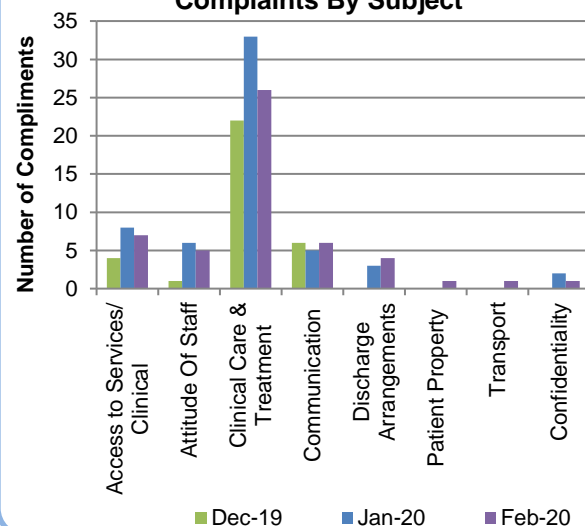
ASCR	13 (18/ -28%)	CCS	3 (3/ 0%)
Medicine	17 (13/ +31%)	NMSK	11 (11/ 0%)
WACH	4 (11/ -64%)	IM&T	1 (1/0%)
Facilities	2		

Medicine and Facilities are the only Divisions which have seen an increase in complaints.

Concerns and Complaints per Division



Complaints By Subject



Compliance Response Rate Compliance

The chart demonstrates statistically significant performance improvement (the result of a process change and not natural variation).

In February, 88.57% of complaints were closed within the initial agreed time frame.

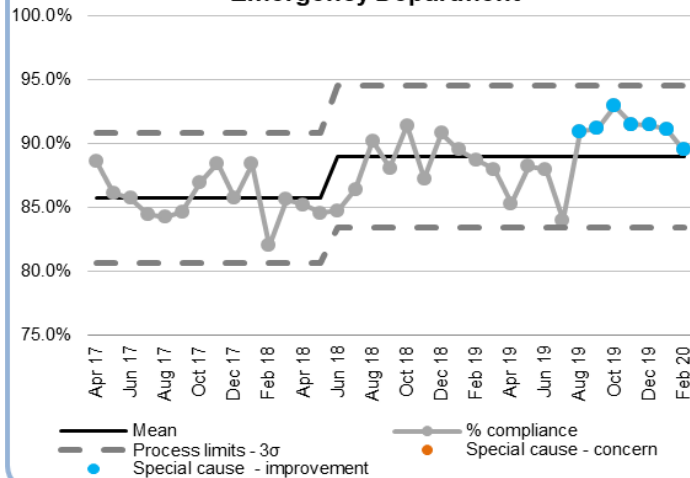
That is, 31 of the 35 complaints due to be closed in the month were responded to on time.

Overdue complaints

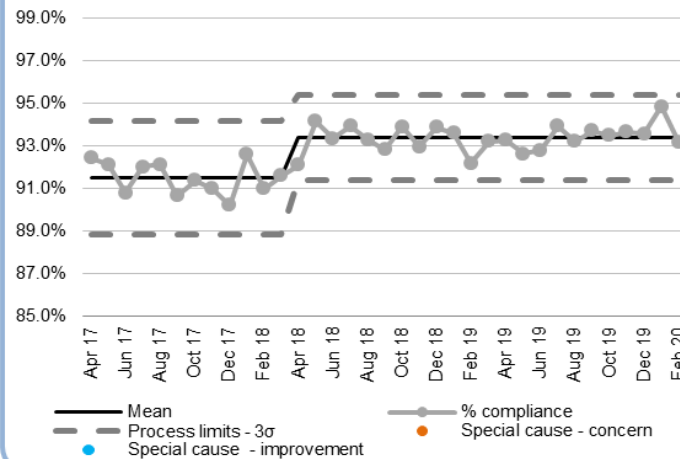
There were two overdue complaints as of 29/02/2020. This does not include those complaints on hold (due to LRMs, Serious Incident Investigations & legal proceedings). These are all recorded and monitored on weekly tracker reports which are sent to each division. This has now been extended to corporate divisions. Both overdue complaints sit within corporate divisions (Ops and Clinical Governance). These are being completed and closed. Overdue complaints are discussed at weekly meetings.

N.B. Feb-19 and Mar-19 data has been removed for complaints, concerns and overdue complaints owing to data quality issues.

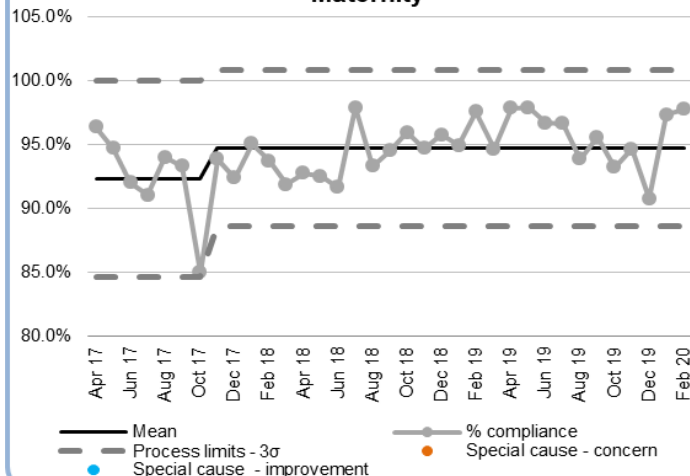
**Friends and Family %Would Recommend -
Emergency Department**



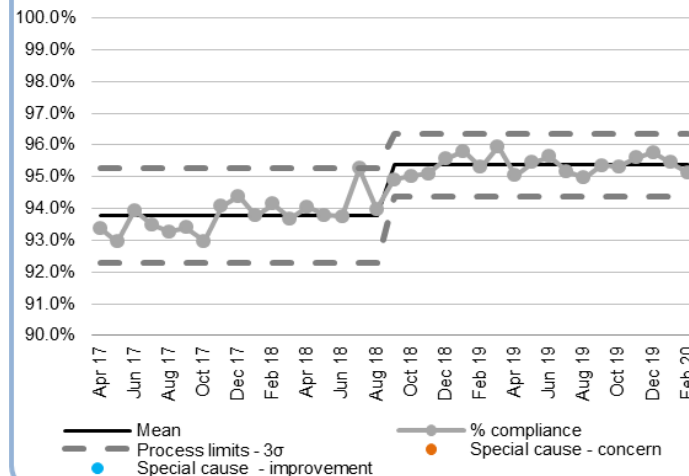
**Friends and Family %Would Recommend -
Inpatients**



**Friends and Family %Would Recommend -
Maternity**



**Friends and Family %Would Recommend -
Outpatients**



FFT Recommend Rate	Target	NBT Actual
ED	90%	89.55%
Inpatients	95%	93.19%
Outpatients	95%	95.13%
Maternity (Birth)	95%	97.78%

The statistically significant improvement in recent months remains in the percentage of patient recommending the service in the Emergency Department.

The new national FFT approach will be implemented from April 2020 and will focus on using the qualitative information to celebrate good practice and identify areas of improvement.

The questions asked have been changed as follows:

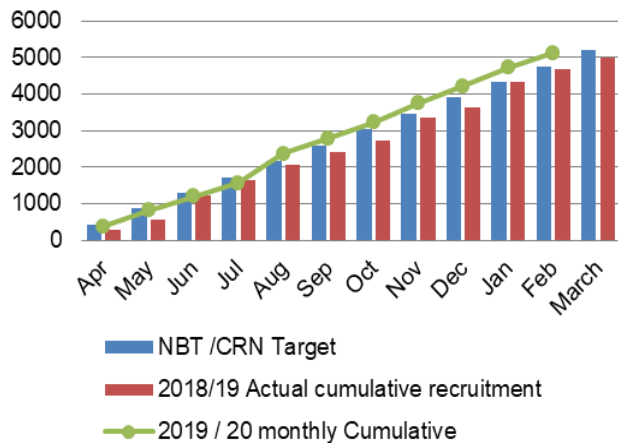
1. Overall how was your experience of our service?
(Ratings of Very good, Good; Neither good nor poor; Poor, Very poor; Don't know)
2. Please tell us why you gave your answer? (free text)

At the time of writing, this is still proceeding but we will keep this under review in light of national guidance connected to COVID-19.

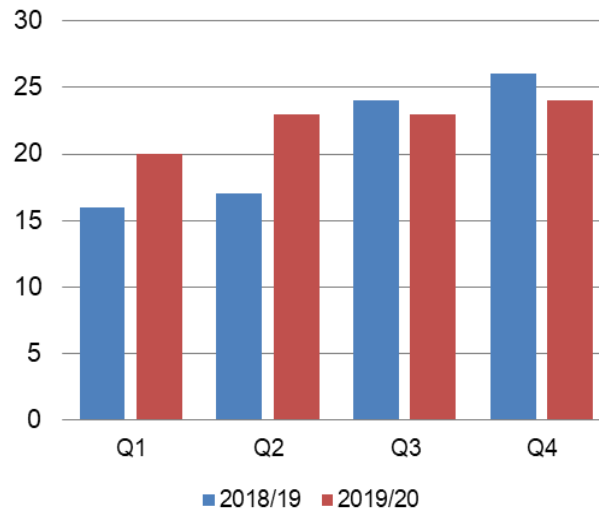
Research and Innovation

Board Sponsor: Medical Director

Patient recruitment vs Target



NIHR studies led by non-medics



NBT has now recruited over 100% target to date and are confident of achieving our full year target.

The number of non-medical PIs has been maintained throughout 2019/20 but in addition we are beginning to see a modest growth in non-medical Chief investigators leading multi-centre NIHR project.

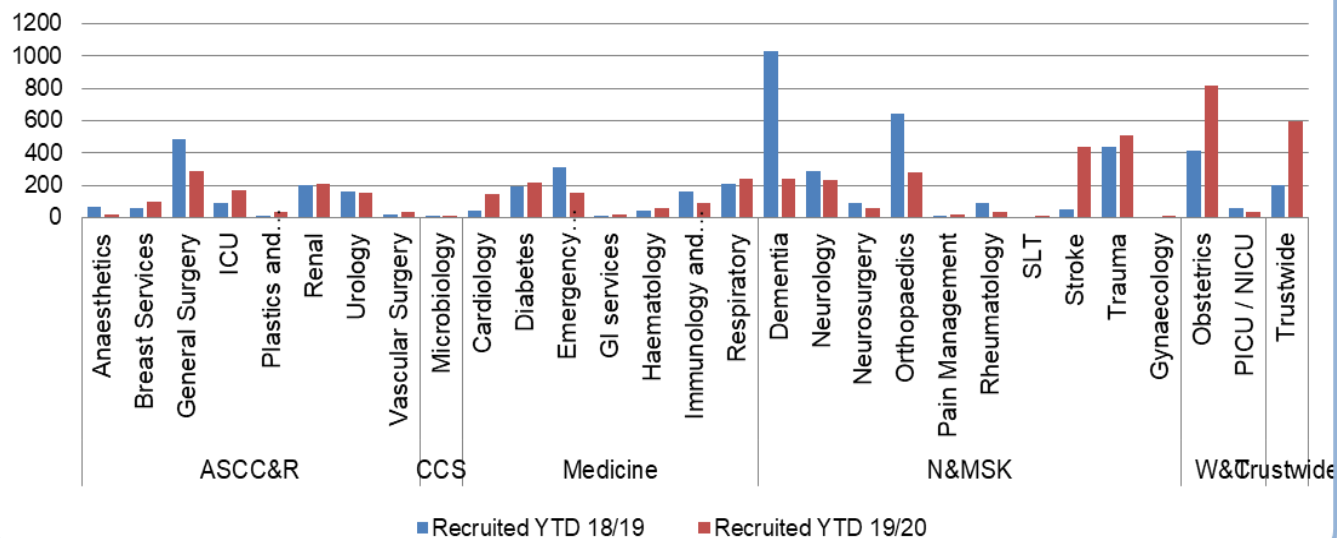
NBT has led two large regional studies this year in Stroke and Healthcare management which have supported both the performance recruitment performance of both NBT but also contributed significantly to the performance of the West of England Network.

Due to a generous charitable donation to the NBT Research Fund, R&I opened a Trust-wide open call for applications to fund research projects up to £20k each. We were delighted to have received 28 applications, of which six have been awarded, with members of the public playing a key role in deciding which projects to fund:

- Dr Anna Bibby (Respiratory) £19,979
- Dr David Arnold (Respiratory) £5,000
- Dr Matt Thomas (ICU) £19,689
- Shona MacIntosh (Vascular) £19,986
- Dr Jo Daniels (Psychology) £13,805
- Katherine Gale (Gynaecology) £19,992

NBT currently leads 46 research grants (NIHR, charity, industry and other) to a total value of £22m, and is a partner on 38 grants to a total value of £8.5m.

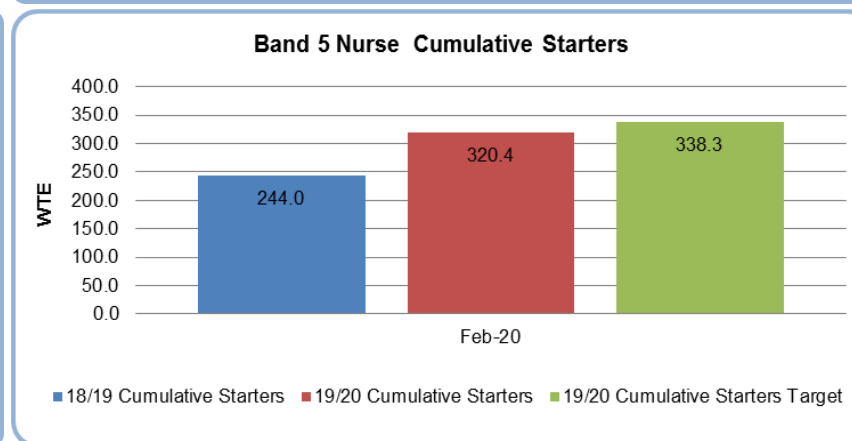
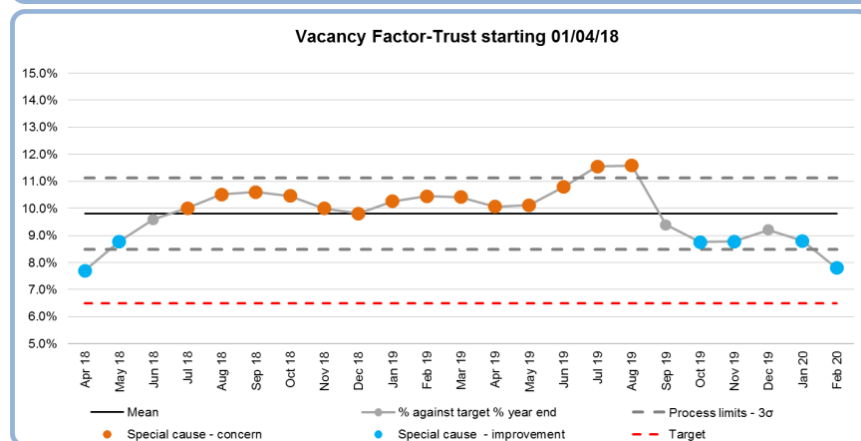
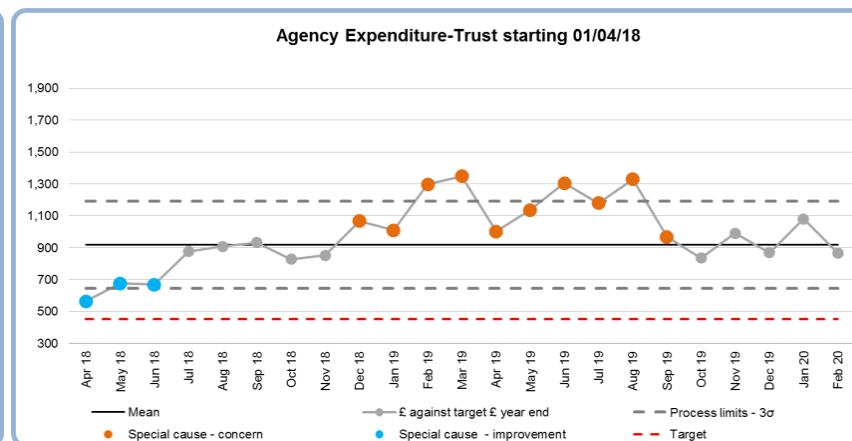
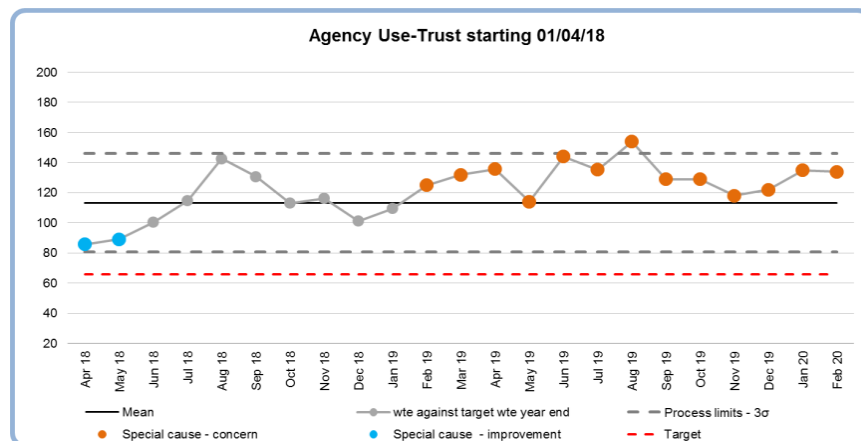
Participants in research by clinical department



Well Led

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

Workforce



Pay

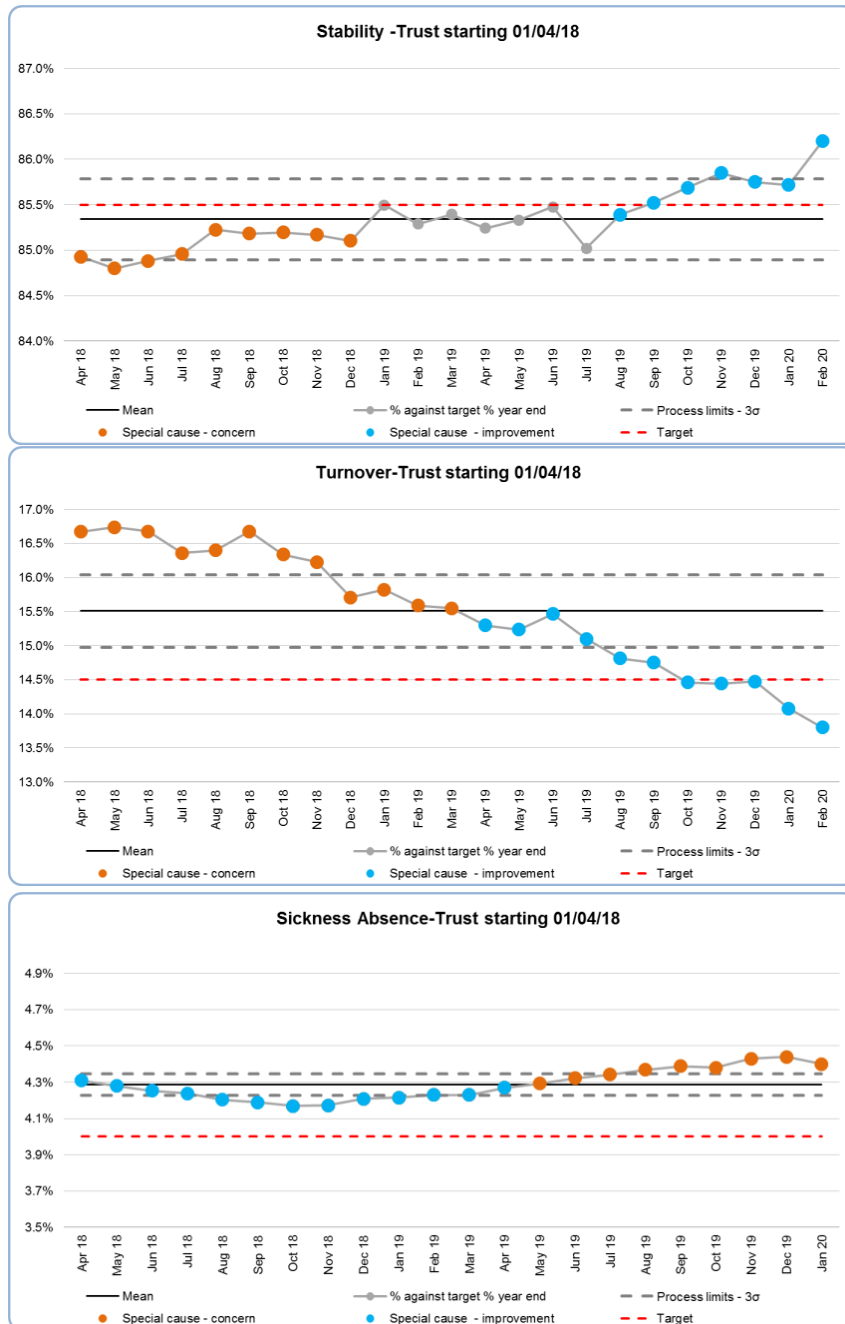
Pay has exceeded budget for 2019/20 year to date with largest variance in registered nursing and midwifery and junior doctors. However nursing and midwifery pay is favourable when reserves are considered. Worked wte continues to exceed funded wte. This is predominantly in unregistered nursing and non-consultant grade medical staff and more recently registered nursing and midwifery accounting for high volumes of new starters, newly qualified and international and ongoing supernumerary periods/.

Nursing and Midwifery Resourcing

There were 20 wte band 5 nurse starters and 8 international nurse starters in February. Overall starters year to date is slightly behind the year to date target, but with a strong pipeline in March we anticipate 350 wte starters for band 5 nursing in 19/20 (international and domestic). Business planning has approved the International Business case for 120 nurses for 20/21, but current uncertainties around the impacts of travel may result in a delay in the arrivals.

The bank fill rate for registered nursing continues as an area of focus, as it is behind the same period in 18/19. Detailed analysis our bank staff is still in progress aimed at improving our understanding the reasons why staff are not active on the bank and enabling targeted work to encourage those groups of staff to pick up bank work. Tier 1 agency usage continues to improve since the start of the year as part of the overall high cost agency project and currently a stabilised 78% of agency requests are being filled by tier 1 agencies at the end of February. Plans are underway within the STP for additional activities to increase Tier 1 fill further.

Engagement and Wellbeing



Turnover and Stability

Overall Trust turnover and stability continues to improve with registered and unregistered nursing and midwifery and administrative and clerical staff seeing the biggest change from January to February. Band 5 nursing also saw an improvement following driven by the large increase in staff in post over the last six months and a reduction in the number of leavers.

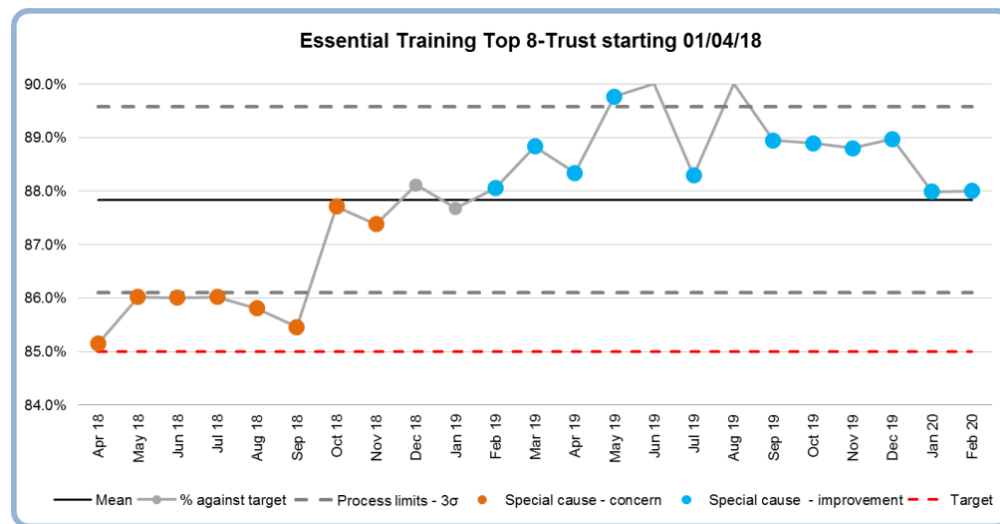
Projects

The NHSI/NBT retention action plan was implemented during February, seeking qualitative insights into main reasons for staff leaving/thinking of leaving. Contact with leavers and leavers/returners is continuing through March. Analysis on the feedback to date is showing some clear themes starting to emerge.

Sickness

Overall in month sickness is lower in January 2020 than January 2019 which saw a significant spike in short term sickness and over the winter period (Nov-Dec) 19/20 has seen lower rates of short term sickness. However There remains an issue with long term sickness which is driving the deterioration in our annual position. We have identified some key areas for investigation in terms of the sickness recorded process which when improved will provide greater insight into driver of sickness absence.

The P&T team is undertaking work with key areas, reviewing the effectiveness of return to work meetings. They will also be starting some work with the Facilities team around the management of long-term sickness. Linked to this are plans to investigate areas where absence reasons recorded as 'unknown' are disproportionately high, to identify opportunities to improve our understanding of the drivers for this absence and allowing us to target our health and wellbeing interventions accordingly.



Training Topic	Variance	Jan-20	Feb-20
Child Protection	-0.3%	87.9%	87.6%
Equality & Diversity	0.3%	90.3%	90.7%
Fire Safety	-0.3%	87.0%	86.7%
Health & Safety	0.3%	92.0%	92.3%
Infection Control	-1.5%	92.0%	90.6%
Information Governance	-0.2%	84.3%	84.1%
Manual Handling	-0.1%	83.4%	83.3%
Waste	1.4%	86.5%	87.9%
Total	0.0%	87.99%	87.95%

Essential Training

There has been an overall compliance reduction of 1 % which is in line with planned predictions however we continue to remain above our 85% compliance target. We however have seen an increase in the number of eLearning activities undertaken.

Leadership & Management Development OneNBT Leadership Programme

253 staff are enrolled on the 2019 OneNBT Leadership programme which is 72% of the 350 target. Those who did not engage were withdrawn automatically at the end of February and a report will be produced to summarise reasons for non-engagement.

In addition to the key process improvements we have highlighted over the last few months, we issued a survey to learners and managers of the 2019 programme. We have received 60 responses from learners and 38 responses from managers. The survey will close shortly and feedback will inform both 2020 planning and provide divisions with strengths and areas for improvement if required.

The 2020 application window has now opened as of 2nd March until 29th May. We had 42 defer and have received 24 applications which gives us 66 participants for 2020 so far.

OneNBT L&M Apprenticeships

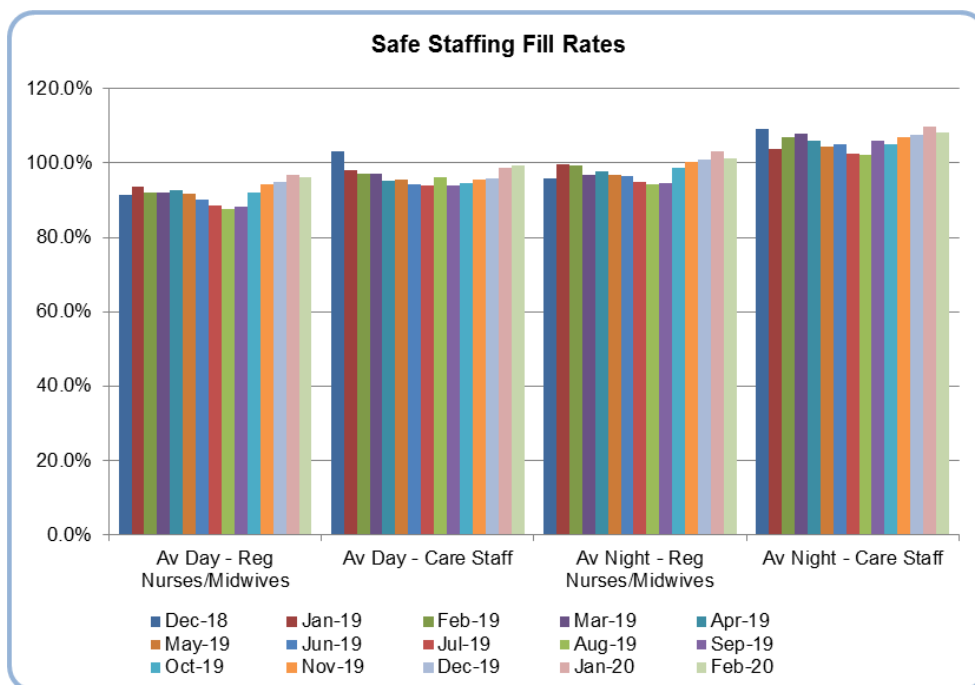
28 managers enrolled in the Level 3 Leadership & Management Apprenticeship (qualification). 7 of those have been promoted since joining the programme.

6 managers due to complete their end-point assessment in April 2020. These will be the first in the Trust to achieve the qualification and complete the programme.

April 2020 cohort on track to start (further 10 managers from across the Trust).

Covid19 training update:

All non-medical training will be deferred until the end of March with the exception of apprenticeship programmes, external CPD modules, preceptorship and induction programmes, non-invasive ventilation and blood track training. This approach will be regularly reviewed and updated.



Feb-20	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	96.2%	99.2%	101.3%	108.0%

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

The safe staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. The current version of the roster system is unable to break this down, however changes are anticipated and will be back reported as soon as it is possible.

Wards below 80% fill rate for Care Staff

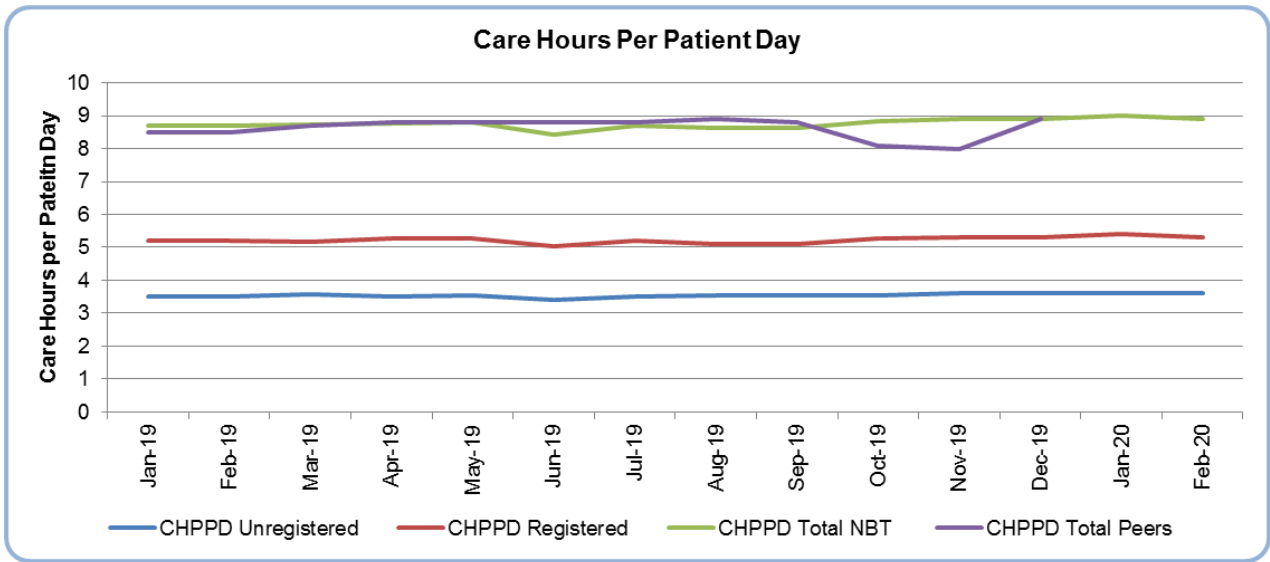
NICU (68.8% day, 60.8% Night): Where shifts have been unfilled a acuity assessment was carried out. Staff will be moved from areas of lower activity if and when needed.

ICU (63.8% Night): Where shifts have been unfilled a acuity assessment was carried out. Staff will be moved from areas of lower activity if and when needed.

Ward over 150% fill rate for Care Staff

Ward 6b (156.2% night): Average of six patients requiring enhanced care, when enhanced care shifts could not be filled RMNs were used. There were also two patients in side rooms due to infection and one patient requiring 2:1 care.

Cotswold (196.1% night): Cotswold ward is currently open to escalation beds and extra staff requested as needed. If shifts are unfilled a member of staff may be moved from another area to support maintaining safe staffing.



Care Hours per Patient Day (CHPPD)

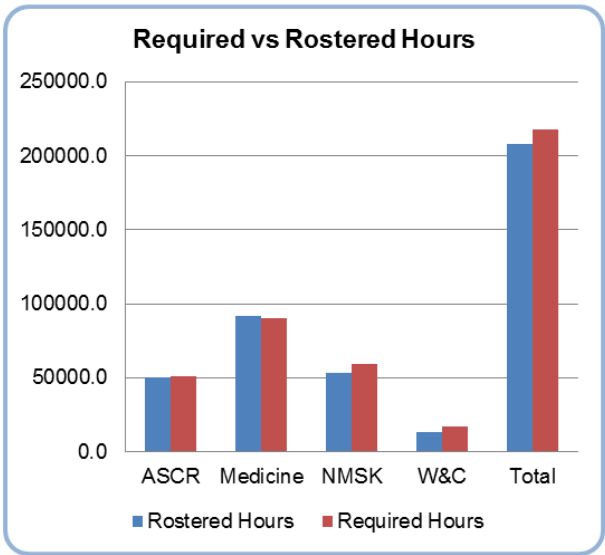
The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for our Model Hospital peers (all data from Model Hospital. Peer values are only available to Feb 2019).

Safe Care Live (Electronic Acuity Tool)

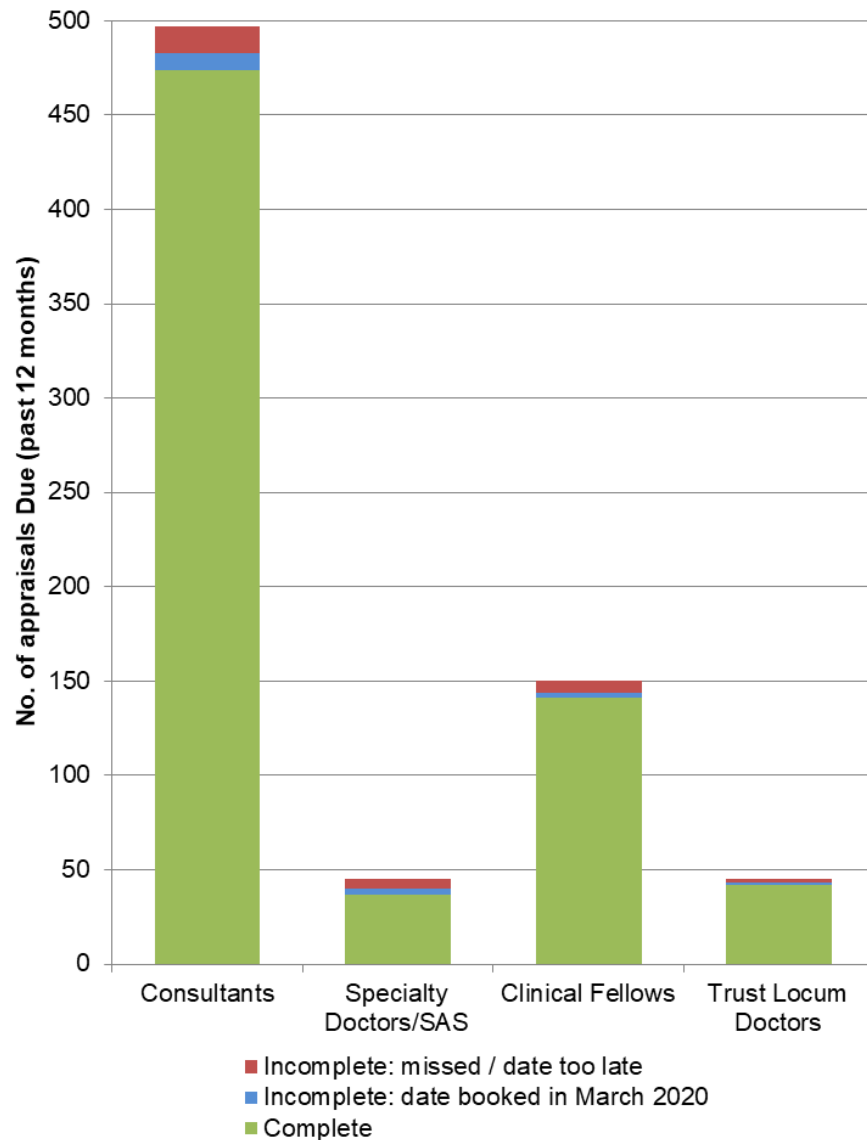
The acuity of patients is measured three times daily at ward level.

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

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



Appraisal Compliance (prev. 12 months)



Medical Appraisal

The current appraisal year runs between 1st April 2019 - 31st March 2020. Of appraisals due, 96% over the course of the past 12 months have either been completed (at NBT or with the doctors previous employer) or have a meeting date set within the next month.

26% of revalidation recommendations to the GMC in the past 12 months have been deferrals. The revalidation team have identified that the majority of these deferrals are due to incomplete feedback from colleagues and/or patients. The team aim to reduce this figure to 20% within the 2020/21 year by focussing on the processes used to engage medics with the colleague and patient feedback. The first step of this will be started in April 2020.

Eight consultants have been trained as new medical appraisers in February 2020.

The GMC has announced that all revalidations before the end of September 2020 will be deferred for one year in view of the Covid19 response.

Finance

Board Sponsor: Director of Finance
Catherine Phillips

	Position as at 29 February 2020		Full Year Forecast (as at December 2019)	
	Actual £m	Variance (Adverse) / Favourable £m	Full year Forecast £m	Variance (Adverse) / Favourable £m
Contract Income	480.1	(3.9)	525.1	(4.2)
Other Income	79.1	1.7	88.9	4.4
Total Income	559.2	(2.2)	614.0	0.2
Pay	(352.8)	1.4	(385.1)	1.2
Non-Pay	(171.0)	(1.2)	(187.7)	(2.2)
Depreciation	(23.8)	(1.4)	(24.2)	0.3
PFI Operating Costs	(5.6)	0.2	(6.3)	0.0
PFI Interest	(31.4)	(0.1)	(34.0)	0.2
Other Financing costs	(4.5)	0.3	(5.0)	0.3
Loss on Disposal	(0.2)	(0.2)	(2.1)	0.0
Adjusted surplus / deficit for NHS accountability (exc PSF)	(30.1)	(3.2)	(30.4)	0.0
FRF	22.1	0.0	25.0	0.0
Adjusted surplus / deficit for NHS accountability (inc PSF)	(8.0)	(3.2)	(5.4)	0.0
Gain on disposal	0.6	0.6	0.6	0.1
Control total	(7.4)	(2.6)	(4.8)	0.1

Statement of Comprehensive Income

Assurances

The financial position at the end of February shows a deficit of £8m which is £3.2m adverse to plan. Of this, £1.4m relates to a timing difference of the loss on disposal relating to the replacement of the Trust's IT network which had been planned to happen in March.

Contract income is £3.9m adverse to plan largely due to under-performance in elective and the mix of long / short stay non-elective inpatient activity. The Trust continues to forecast that it will achieve the planned deficit. This reflects anticipated improvements in both non-elective activity and case-mix. Under-performance of income and under achievement of savings represent risks to the delivery of the Trust's planned deficit and potential mitigations are being developed to ensure that the position is achieved which will allow the Trust to receive PSF and FRF funds from the regulator.

31 March 2019 £m	Statement of Financial Position as at 29th February 2020	Plan £m	Actual £m	Variance above / (below) plan £m
558.1	Non Current Assets			
17.0	Property, Plant and Equipment	554.6	547.5	(7.2)
8.5	Intangible Assets	14.4	14.4	0.0
	Non-current receivables	8.5	4.0	(4.5)
583.6	Total non-current assets	577.5	565.9	(11.7)
12.8	Current Assets			
35.5	Inventories	11.2	11.6	0.4
37.1	Trade and other receivables NHS	52.9	33.1	(19.8)
10.2	Trade and other receivables Non-NHS	17.4	30.6	13.3
	Cash and Cash equivalents	8.0	19.6	11.6
95.7	Total current assets	89.5	95.0	5.5
0.0	Non-current assets held for sale	0.0	0.0	0.0
679.3	Total assets	667.1	660.9	(6.2)
	Current Liabilities (< 1 Year)			
9.4	Trade and Other payables - NHS	9.4	6.7	(2.7)
64.8	Trade and Other payables - Non-NHS	59.9	67.7	7.7
70.8	Borrowings	70.1	140.5	70.4
145.0	Total current liabilities	139.4	214.9	75.5
(49.3)	Net current assets/(liabilities)	(49.9)	(119.9)	(70.0)
534.3	Total assets less current liabilities	527.6	446.0	81.7
7.8	Trade payables and deferred income	7.5	6.9	(0.6)
517.8	Borrowings	514.8	430.8	(84.0)
8.7	Total Net Assets	5.4	8.3	3.0
	Capital and Reserves			
243.9	Public Dividend Capital	245.5	248.0	2.5
(375.2)	Income and expenditure reserve	(381.6)	(381.6)	0.0
(6.4)	Income and expenditure account - current year	(5.0)	(4.5)	0.5
146.5	Revaluation reserve	146.5	146.5	0.0
8.7	Total Capital and Reserves	5.4	8.3	3.0

Statement of Financial Position

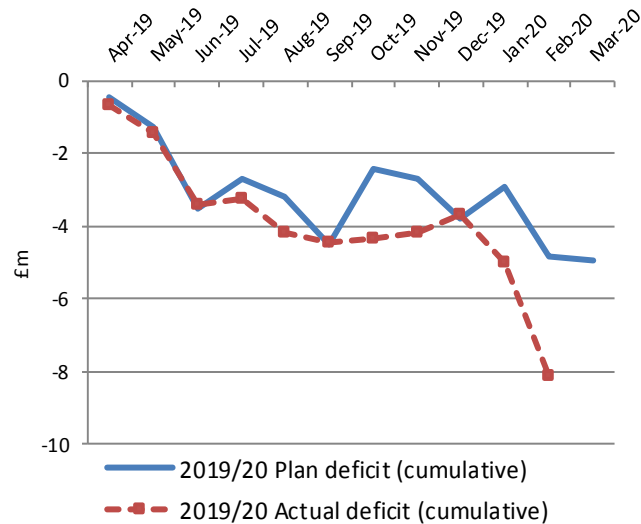
Assurances

The Trust has repaid net loan financing for the year to date of £7.5m in line with plan. This brings total borrowing from the DOH to £170.8m. The Trust ended the month with a cash balance of £19.6m, compared with a plan of £8.0m. This higher balance is partly due to £1.5m of year to date slippage on the capital expenditure plan, along with 2018/19 over performance monies received in year.

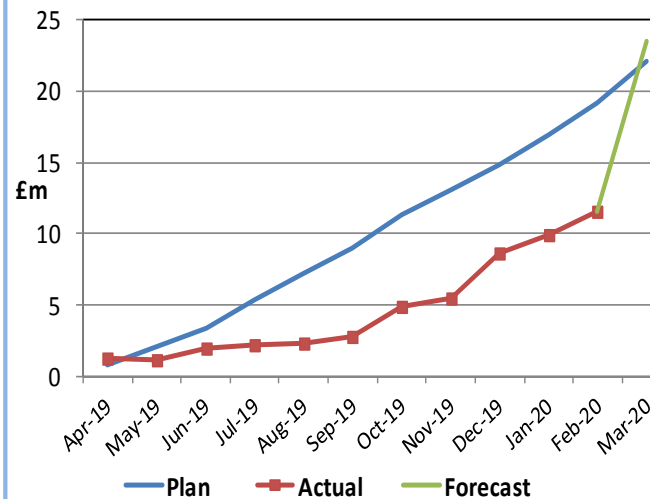
Key Issues

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year which is 80% by volume of payments made within 30 days against the target of 95%. By value the performance is 85% (87% excluding NHS). The focus going into 2019/20 continues to be on improving payments to achieve the BPPC, achieving the remaining capital plan, reducing the level of outstanding debts and ensuring cash financing is available to achieve the Trusts' objectives.

Cumulative Plan vs Actual Deficit (inc PSF)



2019/20 Capital expenditure vs. Plan

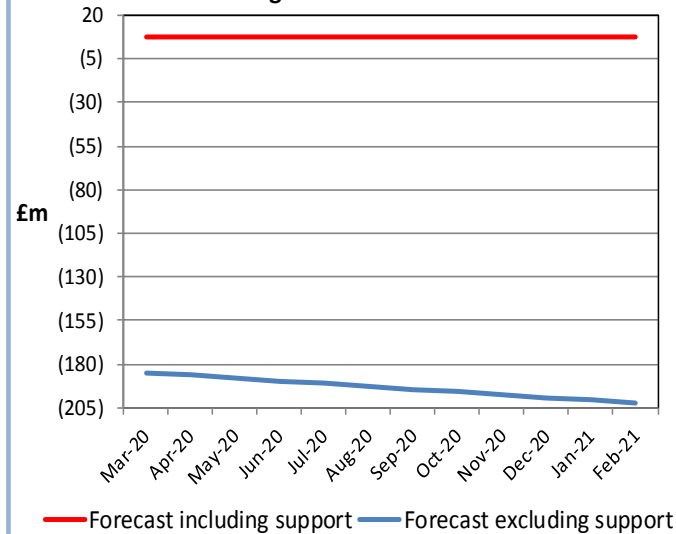


Rolling Cash Forecast, In-year Surplus/Deficit, Capital Programme Expenditure and Financial Risk Ratings

The overall financial position shows a £8m deficit, £3.2m adverse to plan.

The capital expenditure for the year to date is £11.6m. Whilst there is currently slippage of capital spend there work is underway to ensure that the plan is delivered. The revised capital expenditure forecast for 2019/20 is £23.5m.

Rolling cash flow forecast



Weighting	Metric	Year to date	Forecast
0.2	Capital service cover rating	4	4
0.2	Liquidity rating	4	4
0.2	I&E margin rating	3	3
0.2	I&E margin: distance from financial plan	2	1
0.2	Agency rating	2	2
	Overall finance risk rating	3	3

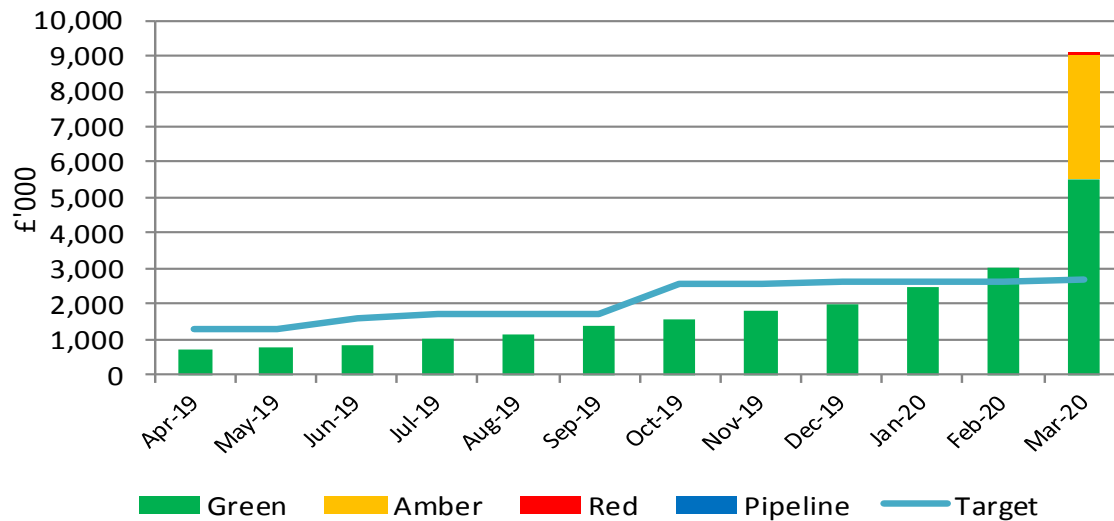
Assurances and Actions

- Ongoing monitoring of capital expenditure with project leads.
- Cash for our planned deficit for the year to date has been made available to the Trust via DH borrowing.

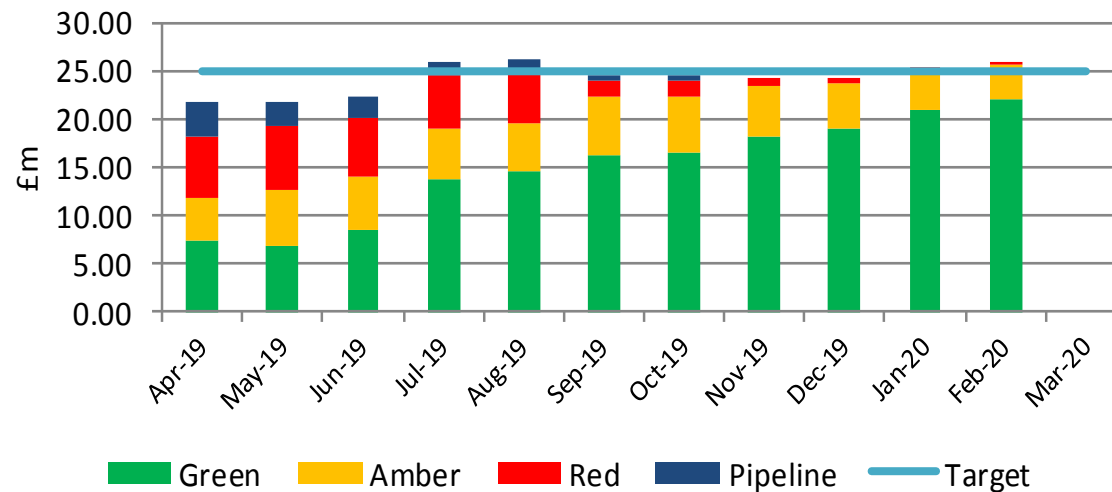
Concerns & Gaps

The Trust has a forecast rating of 3 out of 4 (a score of 1 is the best) in the overall finance risk rating metric.

2019/20 Monthly CIP Position



2019/20 Annual CIP Position



Savings

Assurances

The savings target for 2019/20 is £25m against which £25.7m has been identified as at the end of February.

Concerns & Gaps

The graph shows the phased forecast in-year delivery of the £25.7m identified schemes. £25m of these are rated as green or amber.

Savings delivery is £16.6m as at the end of February, £5.7m adverse against a plan of £22.3m.

Of the £25.7m identified savings in 2019/20, £15.7m is recurrent with a full year effect of £19.8m.

Actions Planned

Maintain focus on identifying opportunities and improving the rate at which ideas and opportunities are turned into full plans for delivery.

Continued monitoring of actions required to deliver identified savings for 2019/20.

Regulatory

**Board Sponsor: Chief Executive
Andrea Young**

Monitor Provider Licence Compliance Statements at February 2020

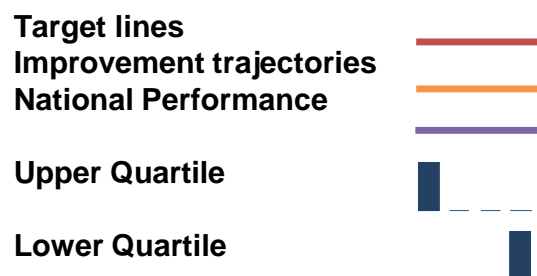
Self-assessed, for submission to NHSI

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

Appendix 1: Glossary of Terms

Unless noted on each graph, all data shown is for period up to, and including, 29 February 2020.

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



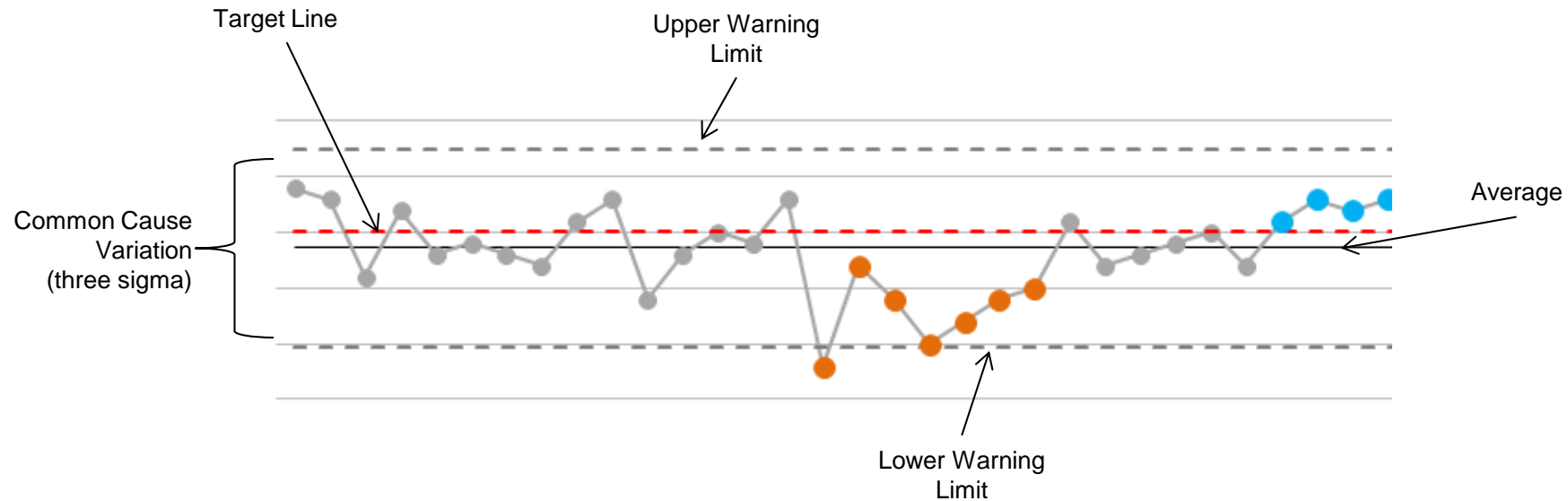
NBT Quality Priorities 2019/20

- QP1** Supporting patients to get better faster and more safely
- QP2** Meeting the identified needs of patients with Learning Disabilities /Autism
- QP3** Improving our response to deteriorating patients
- QP4** Learning & improving from Patient & Carer feedback (e.g. FFT, complaints, compliments, surveys)
- QP5** Learning & improving from statutory & regulatory quality systems (e.g. incidents, mortality reviews, inquests, legal claims, audits)

Abbreviation Glossary

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

Appendix 2: Statistical Process Charts (SPC) Guidance



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

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

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

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

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

Further reading:

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

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

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

Report To:	Trust Board	Agenda Item:	09.	
Date of Meeting:	26 th March 2020			
Report Title:	Valuing You Update inclusive of the Gender Pay Gap & WRES Aspirational targets			
Report Author & Job Title	Jas Kaur, Head of Equality, Diversity & Inclusion			
Executive/Non-executive Sponsor (presenting)	Jacqui Marshall, Director of People & Transformation			
Purpose:	Approval/Decision	Review	To Receive for Assurance	To Receive for Information
	x			
Recommendation:	<ul style="list-style-type: none">• Approve the full Gender Pay Gap report for publication.• Note activity update against One NBT's <i>Valuing You</i> approach.• Approve additional proposed activity as outlined in table 6 to advance the One NBT <i>Valuing You</i> approach, including activity to progress the Model employer aspirational targets.• Note current position against Model employer activity.• Approve future activity.			
Report History:	<ul style="list-style-type: none">• Valuing You Approach approved 21st August 2019• 2019 Gender Pay Gap Approved 19th February 2019			
Next Steps:	<ul style="list-style-type: none">• Corporate and Divisional action planning			
Executive Summary				
<p>This paper sets out the Trusts position in response to the Public Sector Equality Duty (PSED) data collect, the Gender Pay Gap and NHSE/I's Aspirational Targets Model Employer document.</p> <p>In setting out this position an update is provided against the previously agreed strategic priorities as set out in the One NBT Valuing You approach. Further actions have been identified and seek approval. In summary this paper recommends we :</p> <p>Start – GPG deep dive pay review including pensions impacts Continue – Empowering Inclusive leadership; a focus on fair and transparent talent interventions; to focus on robust data collection Stop - unintended biases affecting our people and patient processes through better awareness.</p>				

Strategic Theme/Corporate Objective Links	Strategic themes: <ul style="list-style-type: none"> • Providing High quality patient care • Employer of choice • Anchor in the community
Board Assurance Framework/Trust Risk Register Links	
Other Standard Reference	Workforce Race Equality Standard Workforce Disability Equality Standard Sexual Orientation Monitoring Standard
Financial implications	.N/A
Other Resource Implications	N/A
Legal Implications including Equality, Diversity and Inclusion Assessment	EDS Objectives: <ul style="list-style-type: none"> • Improved patient access and experience • Empowered, engaged and included staff • Inclusive leadership

Appendices:	<ol style="list-style-type: none"> 1. Model Employer: WRES Aspirational Targets 2. PSED data 3. Full Gender Pay Gap Report
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**Valuing You to provide exceptional healthcare, personally delivered
2019/2020 Annual Update
including Gender Pay Gap and Model employer update**

1. Purpose

1.1 This paper sets out to inform the People and Digital committee of the progress against the priority areas set up in the Valuing You approach as agreed in 2019. This approach is an attempt at redressing the balance, and working towards Inclusion for both NBT staff and patients.

1.2 Following the National reporting requirements of the Gender Pay Gap (<https://www.gov.uk/guidance/gender-pay-gap-reporting-overview>) and Model Employer Aspirational targets requested by NHSI/E (Appendix 1, the purpose of this report is to:

- Provide patient and staff demographic data required to satisfy the Public Sector Equality Duty Reporting requirements under ‘*who we are*’
- Report against the National Gender Pay Gap requirements.
- Provide a response to the Model Employer targets set by NHSI/E Appendix 1)
- Update against the One NBT *Valuing You* approach.

2. Our Ambition

2.1 By enabling our teams to be the best they can be we will provide exceptional healthcare, personally delivered.

2.2 In this paper, “*Valuing You*” is the agreed approach where all staff and patients are valued for who they are, holistically. It is proposed that NBT build in key drivers such as the Model Employer targets set by NHSE/I and the outcomes of the gender pay gap report to inform and progress the priority areas identified through the Valuing You approach Through this approach we are setting out the ambition to become a truly inclusive organisation, where people feel belonging and a sense of identity through *One NBT*. Equality, Diversity and Inclusion (EDI) is not exclusive, it’s for everyone.

2.3 In *Valuing You*, the staff, we hope to celebrate difference and empower our colleagues to deliver the exceptional healthcare we aspire to, linking this to key drivers such as the Model employer and Gender Pay gap that will be reported within this update. It is recommended future updates in our Valuing You approach also include the WRES and WDES.

2.4 In “*Valuing You, the patient*” we hope to understand our patient’s needs and backgrounds enabling us to deliver the right care at the right time, this paper will include the patient data we hold within our current clinical system Lorenzo.

3. Who we are-Public Sector Equality Duty

As part of NBT's Public Sector Equality Duty data snapshot we observe our staff and patient data on an annual basis, this can be viewed in (Appendix 2):

3.1 What the data tells us

3.1.1 Positives:

- In both staff and patient categories cis gender categories are well recorded
- Age is well documented in both staff and patient data sets

3.1.2 Where more needs to be done;

- No transgender identification declared in either data set.
- Disability declaration rates for staff are extremely low with no patient data currently available at organisational level
- Religious declaration is low for both patients and staff

3.1.3 Actions identified to improve datasets;

- Launch of patient focussed LGBTQ pin badge campaign will reinforce importance of gender identity for patients and staff.
- Increased focus on the NHS England Sexual orientation monitoring standard (SOMS)
- Procurement of new patient facing data collection system will make demographic data easier to collect and extract at organisational level.
- Successful bid from NHS England has secured NBT with an additional £5k funding to initiate a 'declare campaign' whereby organisation wide declaration campaign will be initiated with the hope of improving declaration rates within staffing populations

4 Gender Pay Gap

4.1 Gender Pay Gap summery

A summary of the key point as taken from the full Gender Pay Gap report (Appendix 3):

	2017/18	2018/19
Mean gender pay gap	£4.63 23.2%	£4.85 23.5%
Median gender Pay gap	£3.71 21.4%	£0.98 6.5%
Mean bonus gender pay gap	£6651.52 43.7%	£4213.74 £31.7%
Median bonus gender pay gap	£2890 32.4%	£3013 33.3%

	2017/18		2018/19	
	Female	Male	Female	Male
Proportion of male and females receiving bonus pay	19% (25 from 131)	20.5% (43 from 210)	22.4% (29 from 129)	12.3% (27 from 219)

Quartile distribution	Female quartile % 17/18	Male quartile % 17/18	Female quartile % 18/19	Male quartile % 18/19
1 Quartile	76.3%	23.7%	77.6%	22.4%
2 Quartile	78.2%	21.8%	76.7%	23.3%
3 Quartile	83.6	16.4%	83.2%	16.8%
4 Quartile	65.2%	34.8%	64.2%	35.8%

4.2 Gender Pay gap recommendations:

- Commission an independent review of NBT Gender Pay Gap and implement appropriate recommendations; this is to identify where the imbalance is occurring and what actions can be taken to begin reducing the gap.
- Consider Medical staff and AfC staff in two parts as both sets of pay are governed by different terms and condition and therefore may have different cause and effect factors to consider.
- Consider monitoring the data at more frequent points in time and feed into Divisional/Directorate workforce and business plans. This is to ensure that the business understands and owns changes in the workforce and any impact local pay agreements pay have on the overall gender pay gap.
- Continue the development of the Trust's talent management programme to support all employees to progress, with consideration given to supporting all staff in protected characteristic groups, focussing on gender and ethnicity.
- Continue to take into account gender in the development and delivery of the Trust leadership programme
- Continue to offer workshop sessions to Consultants to encourage CEA applications from across the workforce.

5. Model Employer

5.1 Model Employer Overview

The Model Employer document sets out the ambitious challenge of ensuring black and minority ethnic (BME) representation at all levels of the workforce. This includes leadership being representative of the overall BME workforce by 2028. The document outlines both the aspirational goals for your organisations as well as a comprehensive and holistic set of objectives to support the NHS, as part of the existing Workforce Race Equality Standard (WRES) programme of work.

The aspirational targets set for NBT are:

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Band 8a	7	9	12	14	16	18	21	23	25	28	30
Band 8b	2	3	4	5	6	7	8	9	10	11	12
Band 8c	1	1	2	2	2	3	3	3	4	4	4
Band 8d	0	0	1	1	1	2	2	2	3	3	3
Band 9	0	0	0	0	1	1	1	1	1	1	1
VSM	0	0	0	1	1	1	1	2	2	2	2

5.2 Current Position:

Band	BAME	Undisclosed	White	Grand Total
Band 8A	10	15	204	229
Band 8B	2	1	83	86
Band 8C	1	2	36	39
Band 8D	0	1	20	21
Band 9	0	0	13	13

From comparing the current position to our aspirational targets there is still more work to be done. The activity highlighted below and that proposed is planned with the intention to attract and grow diverse talent, making NBT the employer of choice.

5.3 Key areas of focus

To make improvements in enhancing visible diversity in the work place with the intention of driving thought diversity and high performance within NBT, it is suggested by the WRES team that organisations should focus on key areas:

1. Leadership and cultural transformation
2. Positive action and practical support
3. Accountability and assurance
4. Monitoring progress and benchmarking

5.4 Activity Underway

As a Trust NBT have invested a considerable amount of resource and focus on increasing equality of opportunity and diversity awareness across the organisation. These initiatives include:

- Focussed Positive Action activity open to all BAME colleagues across the organisation
- Aspirational targets set for the comprehensive One NBT Leadership Programme
- Cultural Ambassadors have been trained across the organisation to make a contribution towards addressing the disproportionality in disciplinary and grievances
- The WRES data is analysed at Board level annually
- Reverse mentoring at Exec and HoN level currently being initiated
- Unconscious Bias awareness and Retest at SLM level
- Research based remodelling of staff network

5.5 Additional suggested activity:

- WRES activity to be observed at Divisional level
- Reverse mentoring to be evaluated and then facilitated across SLM
- Focussed activity to enhance on boarding experience making NBT place of choice, activity to include:
 - Application hints & tips (online)
 - Interview hints & tips (online)

- Extend internal interview coaching offer to external BAME applicants
- Increase NBT Positive Action Leadership development offer to extend across STP
- Conduct a success planning/talent management pilot with visible diversity as a foundation principle with the intention of driving Inclusion, within one division.

6. Plan on a page-bringing it altogether;

Strategic theme	Proposed objective outcome 2019-2021	Update 2019/2020	Additional activity proposed
Voice	<ul style="list-style-type: none"> *Staff networks are equipped and engage to advance equality of opportunity across the organisation *All colleagues are enabled and empowered to share their experience *Embed Adjustment Passport to encourage colleagues to talk about adjustments in the work place and enable positive working *F2SU Guardians are representative and accessible 	<ul style="list-style-type: none"> *Review of staff networks complete, new ways of working to being March 2020 *Reasonable adjustments Passport is now embedded across HR 	<ul style="list-style-type: none"> *'Declare campaign' addressing Disability declaration.
Leadership development	<ul style="list-style-type: none"> All Senior Managers to understand and own their local Equality, Diversity & Inclusion business case and Equality Impacts *Targeted Unconscious Bias awareness *Reverse mentoring for Band 7 + and staff with disabilities *Development & uptake of Positive Action offer for BAME staff, improving equality of experience 	<ul style="list-style-type: none"> *Targeted Unconscious Bias session have been advertised with 5 places available per Division-full evaluation by UWE. *Reverse mentoring is currently being piloted with Exec team. *18 BAME colleagues have currently completed the PA programme-currently being evaluated. 	<ul style="list-style-type: none"> *Reverse mentoring to be evaluated and then facilitated across SLM *Increase NBT Positive Action Leadership development offer to extend across STP *Conduct a success planning/talent management pilot with visible diversity as a foundation principle with the intention of driving Inclusion, within one division.
Cultural Ambassadors & Just Culture	<ul style="list-style-type: none"> *1% of BAME workforce to be trained as Cultural Ambassadors (CA) *CA's to be included in all disciplinary cases including BAME staff *Just Culture way of working to be piloted *Representative pool of 'Just Culture' advocates 	<ul style="list-style-type: none"> *18 Cultural Ambassadors currently trained and piloted with 2 cases. This is now being integrated into policy and process along with Just Culture 	
Accessible Careers	<ul style="list-style-type: none"> *Accessible career pathways with a focus on socio economic factors & neuro diversity 	<ul style="list-style-type: none"> *Community engagement has begun to scope supporting external organisations 	<ul style="list-style-type: none"> *Focussed activity to enhance on boarding experience making NBT place of choice, activity to include: *Application hints & tips (online) *Interview hints & tips (online) *Extend internal interview coaching offer to external BAME applicants
Accessible Services for all	<ul style="list-style-type: none"> *We understand the demographic makeup of our patients *We understand and proactively accommodate the communication needs of our patients throughout their patient journey 	<ul style="list-style-type: none"> *Business case has been submitted to support accessible information standard requirements 	<ul style="list-style-type: none"> *Demographic & accessible information need to be built into reporting requirements from new patient data recording system *LGBTQ pin badge campaign *Focus on SOMS

NB. Gender Pay Gap Actions to be considered in addition to the above

7. Action Summary:

Start – GPG deep dive pay review including pensions impacts.

Continue – Empowering Inclusive leadership; a focus on fair and transparent talent interventions; to focus on robust data collection.

Stop - unintended biases affecting our people and patient processes through better awareness.

7. Recommendations

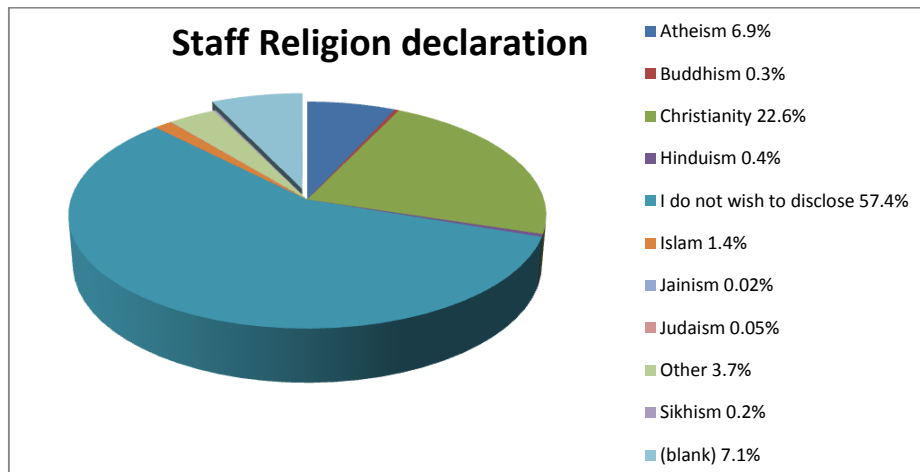
- Approve the full Gender Pay Gap report for publication.
- Note activity update against One NBT's *Valuing You* approach.
- Approve additional proposed activity as outlined in table 6 to advance the One NBT *Valuing You* approach, including activity to progress the Model employer aspirational targets.
- Note current position against Model employer activity.
- Approve future activity.

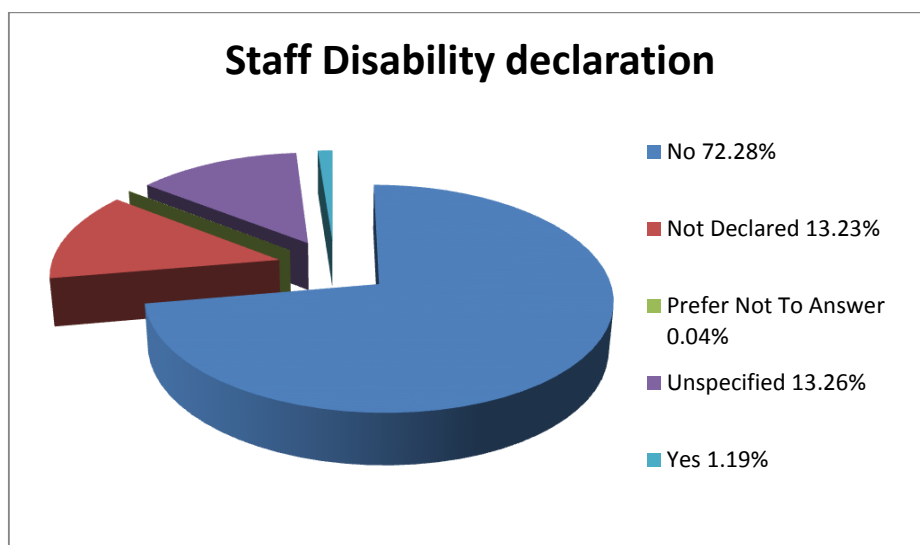
Appendix 2

Public Sector Equality Duty data:

2.1 Staff demographic:

	BAME			Undis closed			White			Grand Total
Age group	Female	Male	all	Female	Male	all	Female	Male	all	
<=20 Years	21	8	29	2	1	3	115	25	140	172
21-25	121	51	172	6	5	11	715	133	848	1031
26-30	138	89	227	34	12	46	1017	332	1349	1622
31-35	132	76	208	34	26	60	889	316	1205	1473
36-40	161	92	253	25	20	45	724	232	956	1254
41-45	234	116	350	23	13	36	615	179	794	1180
46-50	155	91	246	12	16	28	606	194	800	1074
51-55	113	53	166	21	16	37	806	184	990	1193
56-60	83	48	131	15	12	27	632	151	783	941
61-65	41	13	54	14	5	19	382	98	480	553
66-70	12	3	15		1	1	87	28	115	131
>=71 Years	1		1		1	1	40	9	49	51
Grand Total	1212	640	1852	186	128	314	6628	1881	8509	10675



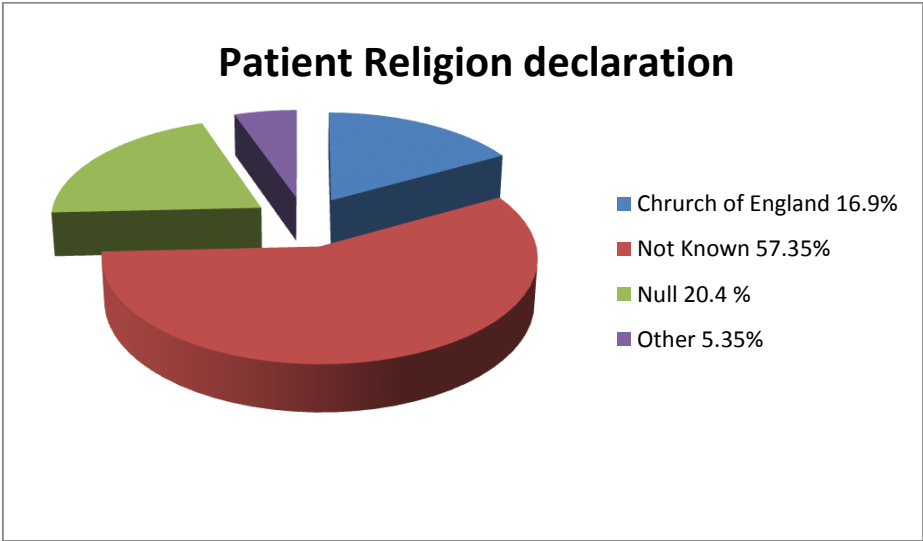


2.2 Who we are Our Patients:

Sum of Patients	Column Labels				Grand Total	Total as %
Row Labels	Female	Male	(blank)			
0-9	4936	5678	2	10616	4.41%	
10-19	5334	5286	9	10629	4.42%	
20-29	19287	12959	21	32267	13.41%	
30-39	24418	12856	2	37276	15.50%	
40-49	17157	12273	5	29435	12.24%	
50-59	19131	15943	2	35076	14.58%	
60-69	15547	15325	3	30875	12.84%	
70-79	15591	15860	3	31454	13.08%	
80-89	12336	10381		22717	9.44%	
90+	104	76	8	188	0.08%	
Grand Total	133841	106637	55	240533	100.00%	

Number of Patients				
Age group	Female	Male	(blank)	Grand Total
0-9	4936	5678	2	10616
10-19	5334	5286	9	10629
20-29	19287	12959	21	32267
30-39	24418	12856	2	37276
40-49	17157	12273	5	29435
50-59	19131	15943	2	35076
60-69	15547	15325	3	30875
70-79	15591	15860	3	31454
80-89	12336	10381		22717
90+	104	76	8	188
Total	133841	106637	55	240533

Sum of Patients		Column Labels			Grand Total	Total as %
Row Labels		Female	Male	(blank)		
(blank)		5358	5538	10	10906	4.53%
Not known		10206	14008	18	24232	10.07%
British		61627	43620	10	105257	43.76%
Irish		406	275		681	0.28%
Any other white background		4149	2124	1	6274	0.02%
White and black caribbean		1054	578		1632	0.68%
White and black african		318	220	2	540	0.22%
White and asian		406	336	2	744	0.31%
Any other mixed background		348	217		565	0.23%
Indian		1696	792		2488	1.03%
Pakistani		1122	538		1660	0.69%
Bangladeshi		370	198		568	0.24%
Any other asian background		1126	560		1686	0.70%
Caribbean		1088	692		1780	0.74%
African		2004	762		2766	1.15%
Any other black background		476	378	2	856	0.36%
Chinese		282	82		364	0.15%
Any other ethnic group		1340	1225	1	2566	1.07%
Not stated		40465	34494	9	74968	31.17%
Grand Total		133841	106637	55	240533	100%





A Model Employer: Increasing black and minority ethnic representation at senior levels across North Bristol NHS Trust

9.1

Implementing the NHS Workforce Race Equality
Standard (WRES) leadership strategy

Background

There exists a huge reservoir of talent which is not being tapped into by the barriers that are often placed in the way of staff development and opportunities. Greater diversity and inclusion improves opportunities to tap into that diverse talent pool. The NHS is at its best when it reflects the diversity of the country and where the leadership of organisations reflects its workforce.

Research shows that organisations that have diverse leadership are more successful and innovative than those that do not. Employees who feel valued are more likely to be engaged with their work, and diversity at senior levels increases productivity and efficiency in the workplace. Such organisations are better placed to reduce health inequalities of our diverse communities and leads to better patient care, satisfaction and outcomes.

This document sets out the ambitious challenge of ensuring black and minority ethnic (BME) representation at all levels of the workforce. This includes leadership being representative of the overall BME workforce by 2028. The document outlines both the aspirational goals for your organisations as well as a comprehensive and holistic set of objectives to support the NHS, as part of the existing Workforce Race Equality Standard (WRES) programme of work.

This content of this document presents an example of a commitment to meet the aspirations on improving BME representation across the workforce and at leadership positions in the NHS, as set-out in the in both the NHS Long Term Plan¹ and within the WRES 'Model Employer' leadership representation strategy².

NHS trusts are encouraged to work with the national WRES Implementation team to agree and finalise the detail of the aspirational goals and action plans.

1. The need for accelerated improvement

Since its introduction in 2015, NHS England's WRES programme has been providing direction and tailored support to the NHS, enabling organisations to continuously improve their performance in this area.

The WRES has required NHS trusts to annually self-assess against nine indicators of workplace experience and opportunity, and to develop and implement robust action planning for improvement.

WRES data for the last three years shows year-on-year improvement for BME staff on a range of indicators. Increasing the representation of BME staff at senior and leadership levels across the NHS is an area that requires further accelerated support.

The overall BME workforce in the NHS is increasing, however this is not reflected at senior positions where there is an acute under-representation of BME staff. Aspirational goals to increase BME representation at leadership levels, and across the pipeline, will reinforce the existing WRES programme of work.

¹ <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

² <https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf>

2. The 10-year ambition modelling

Table 1. North Bristol NHS Trust workforce by ethnicity: March 2018

	Total headcount	Overall %	% known ethnicity
BME workforce	1305	15.7%	15.8%
White workforce	6929	83.5%	84.2%
Unknown workforce	68	0.8%	
Total	8302		

The table above shows organisation staff breakdown by ethnicity for North Bristol NHS Trust as at 31 March 2018. The staff are split into three broad ethnic categories: 'BME' (Black and Minority Ethnic), 'white' and 'unknown'. The ethnic categorisation follows the national reporting requirements of Ethnic Category as outlined in the NHS Data Model and Dictionary, and as used in NHS Digital data.

Table 2. Goal setting for bands 8a-VSM BME recruitment for North Bristol NHS Trust

	Proportion of BME workforce (n)	Additional BME recruitment over the next 10 years to reach equity ¹	Total BME staff in AfC band by 2028 to reach equity ¹
Band 8a	3.7% (7)	23	30
Band 8b	2.7% (2)	10	12
Band 8c	3.7% (1)	3	4
Band 8d	0.0% (0)	3	3
Band 9	0.0% (0)	1	1
VSM	0.0% (0)	2	2

¹ Reaching the value in column "Proportion of BME workforce" (note: by 2028 this may have changed)

The table above shows the additional recruitment of BME staff required, in Agenda for Change (AfC) bands 8a to VSM, to achieve equity of representation at North Bristol NHS Trust by 2028.

Table 3. Goal setting trajectory for bands 8a-VSM BME recruitment for North Bristol NHS Trust

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Band 8a	7	9	12	14	16	18	21	23	25	28	30
Band 8b	2	3	4	5	6	7	8	9	10	11	12
Band 8c	1	1	2	2	2	3	3	3	4	4	4
Band 8d	0	0	1	1	1	2	2	2	3	3	3
Band 9	0	0	0	0	1	1	1	1	1	1	1
VSM	0	0	0	1	1	1	1	2	2	2	2

The table above shows the 10-year trajectory to reach equality by 2028 for AfC bands 8a to VSM. The numbers show the required staff in post for each year.

Progress against the data in the above table will be looked at by the WRES team and national regulators, and therefore should also be focussed upon by the respective organisation, on an annual basis.

3. Current performance: 2019 update

Table 4. 2019 staff in post compared to 2019 trajectory ambition for North Bristol NHS Trust

	2018 actual	2019 actual	2019 ambition	Gap
Band 8a	7	8	9	-1
Band 8b	2	2	3	-1
Band 8c	1	1	1	0
Band 8d	0	0	0	0
Band 9	0	0	0	0
VSM	0	0	0	0

There has been an increase in the number of BME staff in AfC bands 8a. For AfC band 8a and 8b, the trust is behind schedule to deliver equity by 2028 across all AfC bands.

As the proportion of BME staff in the trust changes, the 10-year trajectory will change as well. It is strongly recommended that the trust regularly monitors its progress against its respective aspirational targets. The WRES team will work with the trust to review the aspirational targets and trajectories every three years.

4. Key points of consideration

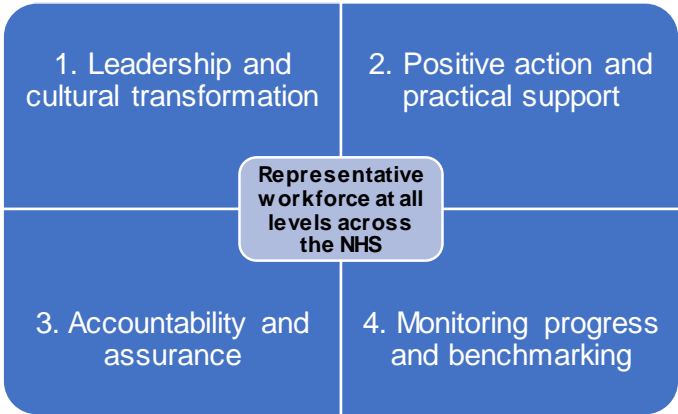
- The data source for the above modelling is the trust workforce data 2018 WRES submission.
- Modelling assumptions:
 - Assumes no change in the number of staff in the organisation over the next ten years.
 - Assumes constant number of employees and leavers per year based on data between March 2017 and March 2018.
 - The model considers the number of BME recruits to replace leavers and increase representation up to equality by 2028.
 - BME proportions are recorded as a total of known ethnicities.
- The above model presents the aspirational goals relating to managerial staff on the agenda for change pay scale. The trust will need to replicate this approach for its **medical** workforce.
- Staff and staff-side within the trust, and other key stakeholders, should be engaged in a meaningful way regarding the strategic direction of travel.
- Commitment and accountability regarding the aspirational goals and supporting plans should lay with the trust board.

5. Supporting delivery of the ambition

The WRES team will support the wider system to focus on driving improvements in BME representation at senior levels across the NHS – building a sustainable talent pipeline for the future. A clear focus will be upon both growing and supporting existing BME talent from within the NHS, as well as attracting talent from outside of the NHS.

To help meet the aspirations set-out above, dedicated support to individual organisations, and parts of the NHS, will be provide by the WRES Implementation team. This support is presented under four broad headings, as outlined below.

Figure: WRES model of support for improving BME representation across the NHS workforce



5.1 Leadership and cultural transformation

- Demonstrate commitment to becoming an inclusive and representative employer - role modelling on race equality – **work will be carried out to transform deep-rooted cultures of workforce inequality via organisational leadership strategies** – a focus here will be upon NHS Improvement's Culture and Leadership Programme; engage supporters and including stakeholders in the planning process and in helping to share messaging, rationale and process.
- Require VSMs and board members to mentor/reverse mentor and sponsor at least one talented ethnic minority staff at AfC band 8d or below – coaching skills and structured support will be made available to senior staff to carry this out. **Mentoring, reverse mentoring and sponsoring will be part of the senior leader's performance objectives** that will be monitored and appraised against.
- Recruitment drive on BME non-executive directors (NEDs) – as a starting point, **a drive to appoint BME NEDs will be encouraged**. Existing NEDs will be encouraged to play an active role in mentoring and sponsoring BME staff that have the potential to get to an executive role within three years.

5.2 Positive action and practical support

- Talent management – to meet set aspiration, concrete measures to remove barriers to our most talented ethnic minority staff succeeding, will be put in place. To enable this to happen, there needs to be a consistent narrative within organisations, based on a **fit-for-purpose national approach to effective talent management across the NHS**.
- Diverse shortlisting and interviewing panels – **recruiting managers will be held accountable for institutionalising diverse shortlisting and interview panels**. There would seldom, if ever, be acceptable exceptions for not having a BME member on shortlisting and interview panels; this is firmly within the organisation's control. Where BME interviewees are not appointed, justification should be sent to the organisation's chair setting out, clearly, the process followed and the reasons for not appointing the BME candidate.
- Batch interviews should be considered where appropriate – panel interviews of single applicants may not always provide the optimum assessment of a candidate's skills and capabilities, and can contribute towards creating conditions for bias. **Organisations will be encouraged to examine the merits of interviewing a batch of candidates** for a number of different roles/positions.
- Technical WRES expertise at regional levels – the WRES Experts Programme aims to develop cohorts of race equality experts from across the NHS to support the implementation of the WRES within their organisation. Participants become part of a **network of professionals across the NHS that advocate, oversee and champion the implementation of the WRES** at regional and local level. The work on meeting leadership aspirations at local level will be built into the existing WRES Experts Programme.

- Promote success and share replicable good practice – **identification and dissemination of models of good practice, evidence based interventions** and processes from across the NHS – from the wider public, private, voluntary and charitable sectors – will help support NHS organisations to achieve the required outcomes.

5.3 Accountability and assurance

- Build assurance and accountability for progress – NHS organisations across the country will be supported to **develop workforce race equality strategies and robust action plans that are reflective of their WRES data**. These action plans provide an ideal vehicle to continuously improve on the issues that, the data show, are of key concern for the organisation. Progress against the aspirations will form part of an organisation's action planning for the WRES. This work will be included in the Single Oversight Framework; Care Quality Commission (CQC) inspection; and the CCG Assurance and Improvement Framework.
- Senior leaders and board members will have performance objectives on workforce race equality built into their appraisal process – senior leaders should be held accountable for the level of progress on this agenda. Working with national healthcare bodies, **progress on workforce race equality will be embedded within performance reviews of chairs and chief executives** – including emphasis on WRES implementation and on progress in meeting the set goals for their respective organisation.
- Building the capability and capacity of BME staff networks across the NHS – to play a key part of the accountability and transparency approach will play a key role. There will be a concerted effort towards **supporting leaders of BME staff networks and trade union representatives, across the NHS to raise the visibility of their work**, and to provide a source of meaningful and sustained engagement with the WRES programme of work.

5.4 Monitoring progress and benchmarking

- Benchmarking progress – **benchmarking and progress will be established and published as part of NHS Improvement's Model Hospital hub and WRES annual data reporting**, through which the monitoring of progress against set aspirations over time will be undertaken, and good practice shared.
- Periodic update – due to the changing nature of BME workforce composition across the NHS, the right approach will be to **periodically update the assessment of the overall progress that has been made on meeting the aspirations** – starting at the end of 2020, and local organisations will be supported via the national WRES team to do the same.
- Oversight – the lack of BME leadership is a system-wide issue that requires a system-wide response. CEOs within a regional healthcare footprint are encouraged to come together on this agenda regularly. **Collaborative working between healthcare organisations at local level, and with key partners, will be essential**. This will require all relevant organisations to focus resource on workforce race equality in a more intentional manner.

6. Further information

Further information and support will be available from the NHS England WRES Implementation team.

Email: england.wres@nhs.net



Introduction

This report presents the gender pay gap for North Bristol NHS Trust and provides information to inform the Trust's ongoing commitment to equality and diversity and inclusion. In calculating the gender pay gap the Trust has had the opportunity to consider how the gap at organisation level differs from that seen in certain staff groups or within individual pay band's which has supported the identification of areas for improvement. The gender pay gap is the difference in average hourly earnings between men and women. This is different to pay inequality, which compares the wages of men and women doing the same job. This year the Trust has taken the decision to calculate the pay gap using ESR default parameters so that this report can be compared across the system.

Summary

Overall the average hourly rate that North Bristol NHS Trust pays its' male employees is 23.5% higher than the average hourly rate it pays its female employees. This is an increase since last year's pay gap reported at NBT. However, this gender pay gap is largely because far more of the Trust's highly-paid doctors and other medical staff are men, as is the case across the NHS.

Report Content

Gender Pay Gap legislation now requires all employers of 250 or more employees to publish their gender pay gap as at 31st March on an annual basis. The statutory requirements are set out in the tables in Sections 1 – 3. The Trust has also provided additional information in Section 4 and in the narrative to highlight the understanding gained from looking at the gender pay gap in more detail. Section 4 contains information on the pay gap set out by the national NHS Agenda for Change pay bands and for medical staff as an individual group.

NHS Context – Terms and Conditions

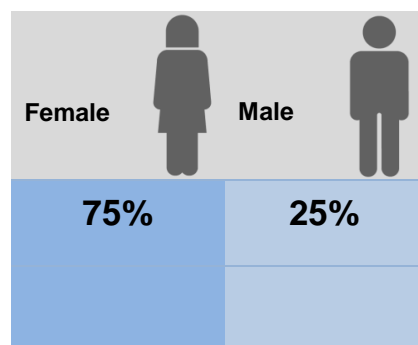
The Trust uses the national job evaluation framework for Agenda for Change staff to determine appropriate pay bandings; this provides a clear process of paying employees equally for the same or equivalent work. Each grade has a set of pay points for annual progression, the longer period of time that someone has been in a grade the higher their salary is likely to be irrespective of their gender. It is important to recognise that the gender pay gap differs to equal pay. Equal pay is in relation to pay differences





between men and women who carry out the same job for different pay, which is unlawful. The gender pay gap shows the difference in average pay of all men and the average pay of all women employed by the Trust. It is therefore possible to have genuine pay equality but still have a significant gender pay gap

Gender Profile



1. Gender Split and Pay Gap by Quartiles

All staff irrespective of gender have been ordered based on average hourly rate of pay and then separated into four quartiles. The lower quartile represents the lowest salaries in the Trust and the upper quartile represents the highest salaries.

The table below shows the split of males and females in each quartile with medical staff excluded.

All staff:

Quartile	Female	Male
1	77.4%	22.6%
2	76.7%	23.3 %
3	83.2%	16.8%
4	64.2%	35.8%

The above shows the impact of medical staff on the overall Trust profile as there are significantly more men in the 4th quartile. If the medical and dental workforces are excluded, this changes to the bottom two quartiles as seen below, evidencing a clear impact of our overall gender pay gap.

Staff with Medical & Dental excluded:

Quartile	Female	Male
1	75.8%	24.2%
2	77.9%	22.1%
3	83.0%	17%
4	82.4%	17.6%













Gender Pay Gap (ordinary pay)

The gender pay gap shown in the table below is for staff including medical staff in the Trust. The medical workforce has a higher proportion of senior male staff which leads to the positive % gap. It is recommended that the Trust begin to publish medical staff in a separate category for years going forward as this is the second year where the figures are skewed by a small number of staff.

Gender Pay gap all staff





	Female	Male	Pay Gap	% Gap
Mean	£15.83 	£20.68 	£4.85	23.5%
Median	£14.09 	£15.07 	£0.98	6.5%

Gender Pay Gap medical & dental staff excluded:



	Female	Male	Pay Gap	% Gap
Mean	£14.62 	£14.38 	£0.24	-1.7%
Median	£13.48 	£12.21 	£1.27	-10.4%

From the above table it is clear that when medical and dental staff are excluded the gap begins to close, however leans in favour of women.

2. Clinical Excellence Awards (CEA) 2019

	Female	Male	Pay Gap	% Gap
Mean	£9091.18 	£15218.24 	£6127.06	31.7%
Median	£6,032 	£8922 	£2890	32.3%

Eligibility data for CEA:

	 Female	 Male
% of Eligible Consultants with CEA	22.4% (29 out of 129)	12.33% (27 out of 219)

Under the national Medical & Dental terms and conditions medical consultants are eligible to apply for CEAs. This recognises and rewards individuals who demonstrate achievements in developing and delivering high quality patient care over and above the standard expected of their role, with a commitment to the continuous improvement of the NHS. The calculations above include both local and national CEA's. The Local CEA's are administered within the Trust on an annual basis. In the 2018 round 38.5% of female applicants received an award and 29.5% of male applicants received an award. Although a higher percentage of women have received CEA since last year considerably fewer CEA applications were made.





Recap on activity:

To advance equality of opportunity and pay we have taken a number of actions to try and reduce the pay gap over the last 12 months, some of these include:

- Use of Textio application in job adverts to reduce gender bias in the advertising of job roles at all levels across the organisation, especially senior appointments.
- To encourage female applications in the CEA process letters were sent out to actively encourage female and BAME applications
- The medical staffing group also ran two workshops on how to complete and good application and offer peer support.

Recommendations:

- Commission an independent review of NBT Gender Pay Gap and implement appropriate recommendations; this is to identify where the imbalance is occurring and what actions can be taken to begin reducing the gap.
- Consider Medical staff and AfC staff in two parts as both sets of pay are governed by different terms and condition and therefore may have different cause and effect factors to consider.
- Consider monitoring the data at more frequent points in time and feed into Divisional/Directorate workforce and business plans. This is to ensure that the business understands and owns changes in the workforce and any impact local pay agreements pay have on the overall gender pay gap.
- Continue the development of the Trust's talent management programme to support all employees to progress, with consideration given to supporting all staff in protected characteristic groups, focussing on gender and ethnicity.
- Continue to take into account gender in the development and delivery of the Trust leadership programme
- Continue to offer workshop sessions to Consultants to encourage CEA applications from across the workforce.

Further investigation into data and recommended ways forward on any proposed actions that may reduce the gap to be considered through the People and Digital Committee.

