

Trust Board Meeting in Public
Thursday 28 March 2024, 10:00 – 13:20
Seminar Rooms 4 & 5, Learning & Research Building, Southmead Hospital

A G E N D A

No.	Item	Purpose	Lead	Paper	Time
OPENING BUSINESS					
1.	Welcomes and Apologies for Absence	Information	Chair	Verbal	10.00
2.	Declarations of Interest	Information	Chair	Enc.	-
STANDING ITEMS					
3.	Minutes: Public Board: 25 January 2024	Approval	Chair	Enc.	-
4.	Action Log	Approval	Trust Secretary	Verbal	-
5.	Matters Arising	Discussion	All	Verbal	-
6.	Chair's Briefing	Information	Chair	Verbal	10.05
7.	Chief Executive's Briefing	Information	Chief Executive	Enc.	10.10
KEY ITEMS					
8.	Patient Story	Discussion	Chief Nursing Officer	Enc.	10.25
9.	Joint Clinical Strategy	Discussion	Chief Medical Officer	Enc.	10.45
10.	People Strategy	Discussion	Chief People Officer	Enc.	10.55
QUALITY					
11.	Quality Committee Upward Report	Information	NED Chair	Enc.	11.15
12.	Patient & Carer Committee Upward Report	Information	NED Chair	Enc.	11.25
PEOPLE					
13.	People & EDI Committee Upward Report 13.1 Staff Attitude Survey Results	Information	NED Chair	Enc.	11.35
BREAK (5 mins)					11.50
14.	Guardians of Safe Junior Doctor Working	Discussion	Chief Medical Officer	Enc.	11.55
FINANCE, IM&T & PERFORMANCE					
15.	Integrated Performance Report	Discussion	Chief Operating Officer	Enc.	12.05
16.	Finance Committee Upward Report: 16.1. Finance Report (Month 11) 16.2. Terms of Reference	Information	NED Chair	Enc.	12.30
GOVERNANCE & ASSURANCE					
17.	Audit & Risk Committee Upward Report	Information	NED Chair	Enc.	12.40

18.	Developmental Well-Led Review	Information	Trust Secretary	Enc.	12.50
CLOSING BUSINESS					
19.	Any Other Business	Information	Chair	Verbal	13.00
20.	Questions from the Public	Information	Chair	Verbal	13.15
21.	Date of Next Meeting: 30 May 2024	Information	Chair	Verbal	-
22.	Exclusion of the Press and Public	Approval	Chair	Verbal	-
END					13.20

TRUST BOARD DECLARATIONS OF INTEREST

Name	Role	Interest Declared
Ms Michele Romaine	Chair	<ul style="list-style-type: none"> Nothing to declare.
Mr Kelvin Blake	Non-Executive Director	<ul style="list-style-type: none"> Non-Executive Director of BRISDOC. Chair and Trustee of Second Step. Trustee of the SS Great Britain Trust. Trustee of the Robins Foundation. Member of the Labour Party.
Mr Richard Gaunt	Non-Executive Director	<ul style="list-style-type: none"> Non-Executive Director of Alliance Homes, social housing provider.
Ms Kelly Macfarlane	Non-Executive Director	<ul style="list-style-type: none"> Sister is Centre Leader of Genesiscare Bristol (Private Oncology). Sister works for Pioneer Medical Group, Bristol. Managing Director, HWM-Water (a Halma manufacturing company). Director, Radcom Technologies Limited (dormant company). Director of ASL Holdings Limited (a Halma company – IoT solutions). Director of Invenio Systems Limited (water loss consultancy). Non-Exec Director of Advanced Electronics Limited (a Halma fire safety company).
Professor Sarah Purdy	Non-Executive Director	<ul style="list-style-type: none"> Professor Emeritus, University of Bristol. Fellow of the Royal College of General Practitioners. Fellow of the Royal College of Physicians. Fellow of the Royal College of Physicians Edinburgh. Member of the British Medical Association. Member, Barts Charity Grants Committee. Shareholder (more than 25% but less than 50%) Talking Health Limited. <p>Indirect Interests (ie through association of another individual eg close family member or relative) via Graham Rich who is:</p> <ul style="list-style-type: none"> Chair, Armada Topco Limited. Director, Talking Health Ltd.

Name	Role	Interest Declared
		<ul style="list-style-type: none"> - Chair, EHC Holdings Topco Limited.
Dr Jane Khawaja	Non-Executive Director	<ul style="list-style-type: none"> • Employee and Member of the Board of Trustees, University of Bristol. • Director of Gloucestershire Cricket Foundation. • Commissioner, Bristol Commission on Race Equality.
Mr Shawn Smith	Non-Executive Director	<ul style="list-style-type: none"> • Bluebells Consultancy Ltd (sole shareholder). • Governor of City of Bristol College. • Trustee of Frank Water. • Elim Housing Association (Board member).
Mr Darren Roach	Associate Non-Executive Director	<ul style="list-style-type: none"> • Wife works as a nurse at the University Hospitals Bristol and Weston NHS Foundation Trust. • Non-Executive Director, Seable Limited, a social enterprise supporting trips and holidays for visually impaired people.
Mr Omar Mashjari	Associate Non-Executive Director	<ul style="list-style-type: none"> • Employee of the University of the West of England (UWE). • Trustee of Human Appeal (charity). • Director of Alacrity Services Limited (London) (dormant company). • Director of Alacrity Group Limited (London) (dormant company).
Ms Maria Kane	Chief Executive	<ul style="list-style-type: none"> • Advisory Group Member of CHKS, a provider of healthcare intelligence and quality improvement services (remuneration donated to charity). • Visiting Professor to the University of the West of England (unremunerated).
Mr Steve Curry	Chief Operating Officer	<ul style="list-style-type: none"> • Nothing to declare.
Mr Tim Whittlestone	Chief Medical Officer	<ul style="list-style-type: none"> • Director of Bristol Urology Associates Ltd: undertakes occasional private practice (Urology Specialty) at company office, outside of NBT contracted hours.

Name	Role	Interest Declared
		<ul style="list-style-type: none"> • Chair of the Wales and West Acute Transport for Children Service (WATCH). • Vice Chair of the South-West Genomic Medicine Service Alliance Board. • Wife is an employee of the Trust. • Director of 3RO Ltd (providing medical advice to international NGOs etc).
Mr Glyn Howells	Chief Financial Officer	<ul style="list-style-type: none"> • Nothing to declare.
Professor Steve Hams	Chief Nursing Officer	<ul style="list-style-type: none"> • Visiting Professor, University of the West of England. • Director, Curhams Limited (dormant company). • Independent Trustee and Chair of the Infection Prevention Society. • Associate Non-Executive Director, Surrey Heartlands Integrated Care Board. • Husband is employed by Oxford University Hospitals NHS Foundation Trust. • Affiliate Member, Bristol and Avon St John Priory Group.
Mr Neil Darvill	Chief Digital Information Officer (non-voting position)	<ul style="list-style-type: none"> • Wife works as a senior manager for Avon and Wiltshire Partnership Mental Health Trust. • Stepbrother is an employee of the Trust, working in the Cancer Services Team.
Ms Jacqui Marshall	Chief People Officer (non-voting position)	<ul style="list-style-type: none"> • Nothing to declare.

DRAFT Minutes of the Public Trust Board Meeting held virtually and in Learning & Research Building, Seminar Room 4 on Thursday 25 January 2024 at 10.00am

Present:

Michele Romaine	Trust Chair	Maria Kane	Chief Executive Officer
Sarah Purdy	Non-Executive Director	Glyn Howells	Chief Finance Officer
Kelly Macfarlane	Non-Executive Director	Steven Hams	Chief Nursing Officer
Richard Gaunt	Non-Executive Director	Neil Darvill	Chief Digital Information Officer
Jane Khawaja	Non-Executive Director	Steve Curry	Deputy Chief Executive & Chief Operating Officer (<i>present for minute item TB/24/01/14</i>)
Shawn Smith	Non-Executive Director	Tim Whittlestone	Chief Medical Officer
Omar Mashjari	Associate Non-Executive Director	Jacqui Marshall	Chief People Officer
Darren Roach	Associate Non-Executive Director		

In Attendance:

Xavier Bell	Director of Corporate Governance & Trust Secretary	Elliot Nichols	Director of Communications
Tomasz Pawlicki	Corporate Governance Officer (<i>minutes</i>)		

Presenters:

Paul Cresswell	Director of Quality Governance (<i>present for minute item TB/24/01/07</i>)	Della Hopkins	Quality Governance Programme Manager (<i>present for minute item TB/24/01/07</i>)
Emily Ayling	Head of Patient Experience (<i>present for minute item TB/24/01/07</i>)	David Wynick	Director of Research NBT & UHBW (<i>present for minute item TB/24/01/08</i>)
Helen Lewis-White	Deputy Director of R&D (<i>Present for minute item TB/24/01/08</i>)		

NB Southmead Hospital had declared an Internal Critical Incident prior to this meeting. The Board noted that the Deputy Chief Executive & Chief Operating Officer would arrive late and need to leave the meeting early.

TB/24/01/01 Welcome and Apologies for the Absence Action

Michele Romaine, Trust Chair, welcomed everyone to the North Bristol Trust (NBT) Trust Board meeting in public. The Trust Chair also welcomed members of the public and staff who were observing the meeting.

Apologies were noted from Kelvin Blake, Non-Executive Director.

TB/24/01/02 Declarations of Interest

No Declarations of Interest were received relating to the agenda, nor were any updates required to the Trust Board register of interests as currently published on the NBT website and annexed to the Board papers.

TB/24/01/03 Minutes of the previous Public Trust Board Meeting

RESOLVED that the minutes of the Public Meeting held on were approved as a true and correct record subject to the following amendments:

- The spelling of the Equality Diversity & Inclusion acronym on page seven.

TB/24/01/04 Action Log and Matters Arising from the Previous Meeting

Xavier Bell, Director of Corporate Governance & Trust Secretary, presented the action log, noting that all actions had been closed.

RESOLVED that the updates to the Action Log were noted and no matters arising were raised.

TB/24/01/05 Chair's Business

The Trust Chair provided an update on the Acute Provider Collaborative Board (APCB) meeting that took place on 11 January 2024. She particularly noted the comprehensive and positive Digital Alignment presentation that was delivered by Neil Darvill, Joint Chief Digital and Information Officer, outlining the work needed to bring the two organisations together from a Digital perspective. Maria Kane, Chief Executive, and the Trust Chair reflected on the continued positive collaborative work of the ACPB.

RESOLVED that the Chair's briefing was noted.

TB/24/01/06 Chief Executive's Briefing

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

- An Internal Critical Incident (ICI) was announced on Wednesday 24 January 2024 and was ongoing. This was due to winter pressures compounded by high Emergency Department (ED) attendance and increasing numbers of No Criteria to Reside (NC2R) patients which caused severe pressure on hospital services.
- Despite the impact of the longest period of Junior Doctor industrial action in late December 2023 and early January 2024, the Trust had managed to maintain zero 104-week wait and 78-week wait capacity clearance.
- Operational planning for 2024/25 was underway despite awaiting the full planning guidance from NHS England (NHSE). This was not likely to be available until March or April 2024.
- Work had commenced on 16 January 2024 on the Bristol North Somerset and South Gloucestershire (BNSSG) Elective Care Centre. Maria had attended the "breaking ground" ceremony and she welcomed the positive impact the centre would bring to the community.
- NBT celebrated the "Thank You Fortnight" between 10-24 January 2024. Maria encouraged Board members to thank staff for their achievements and hard work.
- The new Magnetic Resonance Imaging (MRI) Scanner, which was donated to the Trust by the Charity team, opened on 9 January 2024 at Cossham Hospital.
- Welcomed the launch of the Sexual Safety Charter.

In addition, Maria expressed her deepest thanks to Professor David Wynick, Joint Director of Research at NBT and UHBW who would be retiring after 14 years in post. The Board formally noted their thanks and congratulated David on his numerous achievements and positive work within Research for NBT. It was noted that David would join the meeting later and could be thanked in person.

RESOLVED that the Chief Executive's briefing was noted.

Paul Cresswell, Emily Ayling and Della Hopkins joined the meeting.

TB/24/01/07 Patient Story

Steve Hams, Chief Nursing Officer, introduced the Patient Story and welcomed Paul Cresswell, Director of Quality Governance, Emily Ayling, Head of Patient

Experience, and Della Hopkins, Quality Governance Programme Manager, to the meeting.

The Board watched a video on Aron's story which focused on his positive hospital experience and demonstrated the Trust's ambition to deliver outstanding patient experience. Emily Ayling highlighted the teams involved in Aron's hospital journey and advised that the care provided exemplified the core values of NBT. Emily Ayling also highlighted Aron's positive experience in Urology, despite that service facing a number of capacity challenges.

A series of slides were then presented which outlined the impact of effective communication and key areas of good practice that could be used as learning opportunities throughout the Trust.

Della Hopkins provided an overview of the Shared Decision-Making project which was part of a larger programme of work aiming to improve patient experience and understanding of their care. It was noted that the project had developed new methodologies resulting in a stronger approach to shared decision-making for patients consenting to surgical procedures in the Trust. It involved real-time feedback from patients around the quality of consent and decision-making, and interventions to provide further support when necessary.

Darren Roach, Associate Non-Executive Director, thanked the team for the presentation and asked how the team were gathering feedback from challenging patients or patients with disabilities. Paul Cresswell advised that multiple feedback channels had been implemented, such as the Friends & Family (F&F) test, to collate feedback from patients and relatives. The ongoing work to improve patient feedback, particularly from patients with protected characteristics, was noted.

Jane Khawaja, Non-Executive Director, queried if good practices were shared with other teams throughout the Trust and how errors in care were managed. Della Hopkins explained that the Patient Experience team were working to embed good practices throughout the Trust and make positive improvements to patient care. Della Hopkins also noted the importance of feedback and how it was used to guide the approach to error management.

RESOLVED that the Board welcomed and noted the Patient's Story and thanked the team for all their work.

Paul Cresswell, Emily Ayling and Della Hopkins left the meeting.

TB/24/01/08 Research & Innovation Annual (R&I) Report

Helen Lewis-White, Deputy Director of R&I, and David Wynick, Director of Research at NBT and UHBW, presented the Research & Innovation Annual Report. Helen Lewis-White highlighted the successful community outreach research that was organised by the Midwifery team and the positive reception from the community.

Helen Lewis-White presented the inspirational story of Doris Grace Twiggs, a Bristol-based Midwife who qualified in 1923 and her great niece Mary Alvarez, Lead Research Midwife. She highlighted differences in how care was provided between their years of service and the important part that research had played in improving and changing care over that period of time.

In addition to the content in the series of slides presented, the following key points were noted:

- The appointment of the Joint Commercial Research Manager with University Hospital Bristol & Weston (UHBW).

- The ongoing cross-system work to:
 - Develop a system-specific Research Standard Operating Procedures and guidance.
 - Develop a seamless approach to empower patients to participate in cross-organisational research.
- The ongoing work to support Bristol Health Partners (BHP) to develop and review template agreements to improve the efficiency of clinical study set-up.
- The establishment of a regional grant development group to mentor and support the research knowledge base of all acute Trusts across the system.

David Wynick summarised the successes within the R&I team and specifically noted the improvement within the research processes and the increased number of research programme participants within NBT. It was reported that NBT performed very well in research activities nationally especially when in collaboration with UHBW.

The Trust Chair inquired about what challenges David believes Trust would be left with. David Wynick recognised that there would be challenges in merging the clinical services and research teams across the two Trusts, but noted that the Research function was already working collaboratively and there was a good foundation to work from.

Jane Khawaja thanked the team for the presentation and congratulated David for all the improvements within the research department. Jane Khawaja commented on the junior doctors' involvement in the research studies and questioned whether there was likely to be a persistent reduction in their involvement in research. Helen Lewis-White and David Wynick recognised that the recent industrial action had impacted involvement and noted that a large number of junior doctors were looking for more job opportunities abroad, and therefore they were not taking on additional research cases. However, they felt that there would always be a strong group of junior doctors who would be interested in research as a part of their career pathway.

The Trust Chair reflected on the data presented, especially the limited ethnicity data recorded for consented patients (with 5% being non-white) and inquired how the organisation could improve this. Helen Lewis-White explained the ongoing improvement work with the community, such as focusing on building long-term relationships to encourage greater participation in research.

The Board thanked David Wynick for all his work in R&I over the past 14 years and the phenomenal impact of his leadership on collaborative working for the benefit of patients. The Board wished him all the best in his future endeavours. David Wynick expressed his gratitude for the support from the Board and staff he worked with through the years of being in the post.

RESOLVED the Board noted the Research & Innovation Annual Report.

Helen Lewis-White and David Winick left the meeting

TB/24/01/09 Urgent & Emergency Care 2022 Survey

Steve Hams, Chief Nursing Officer, presented the Urgent & Emergency Care (UEC) 2022 Survey results and explained that the questions in the survey reflected the key pathway elements of UEC.

Steve Hams noted the high survey scores in elements of care such as maintaining patient privacy and the quality of the food, and highlighted

improvement areas including communication and transport arrangements when discharging patients.

Shawn Smith, Non-Executive Director, noted the drop in responses from the 2021 survey and asked why responses to the survey were lower in 2022. Steve Hams advised that the high demand of the service in 2022 was a contributing factor to the lower response rate but reported that work was ongoing to improve the response rate and raise awareness of the surveys on a day-to-day basis.

The Board discussed the response rates to the survey from patients over 50 years old and the Trust Chair inquired on the most effective ways to obtain responses from younger patients. Steve Hams explained that the F&F test obtained responses through phone text messages and so was effective in encouraging responses from younger patients.

RESOLVED that the Board noted the Urgent and Emergency Care Patient Survey 2022.

TB/24/01/10 Quality Committee Upward Report

Sarah Purdy, Non-Executive Director, and Committee Chair, presented the Quality Committee upward report and highlighted the following key areas:

- The National Clinical Prioritisation process for waiting lists and the assurance received on the implementation at NBT.
- The ongoing work within medicines management and the development of a Bristol-wide medicine management training package.
- The presentation on the Evaluation of Nutrition as a Component of Patient Improvement Plans and the positive collaboration between the tissue viability and the nutrition and dietetics team.
- The Learning From Deaths/Mortality report and the ongoing work to provide support and deliver improvements.

RESOLVED that the Board welcomed the Quality Committee Upward Report and received assurance on the activities the Committee had undertaken on behalf of the Board.

{Break}

TB/24/01/12 People & Equality, Diversity, and Inclusion (EDI) Committee Upward Report

Shawn Smith, Non-Executive Director, presented the People & EDI Committee Upward Report and noted the discussion on:

- the Operational Workforce plan,
- the Staff Attitude Survey (SAS) initial results,
- the Health & Safety Committee's upward report, which provided assurance that actions and improvements were being progressed,
- the Trust Level Risk (TLRs) across the Committee's areas of responsibility.

RESOLVED that the Board noted the People Committee Upward Report and received assurance on the activities the Committee had undertaken on behalf of the Board.

Steve Curry joined the meeting.

TB/24/01/14 Integrated Performance Report

Steve Curry, Deputy Chief Executive & Chief Operating Officer, introduced the responsiveness section of the Integrated Performance Report (IPR) and presented a summary across four key domains of urgent and emergency care, elective care, diagnostics, and cancer performance. Steve Curry outlined the Referral To Treatment (RTT) challenges in December 2023 and January 2024

as a result of industrial action and the potential impact on the ability to achieve the year-end trajectories. In addition, the UEC challenges, such as the continued increased Emergency Department attendances, the variation in ambulance conveyances and the bed capacity, were noted.

The Board discussed the Internal Critical Incident (ICI) that was declared on 24 January 2024 and noted the actions taken, particularly that an additional discharge hub was created on-site to provide faster discharge for patients. In addition, the challenging position, the organisation's bed capacity and the patient flow processes were also discussed.

Steve Curry left the meeting.

Quality, Safety and Effectiveness

Steve Hams, Chief Nursing Officer, and Tim Whittlestone, Chief Medical Officer, highlighted the following key areas:

- The two new Maternity and Newborn Safety Investigation (MNSI) cases in November
- The midwifery vacancy rate which had decreased to 6.14%.
- The increase in the number of grade 2 pressure ulcers.

The Trust Chair inquired about the vacancy improvements within the Women And Children (WACH) division. Steve Hams advised that the positive fill rate of nurse and midwifery vacancies was as a result of improvements within the organisation such as the Freedom To Speak Up (FTSU) culture and the pay review.

Shawn Smith queried the number of falls within the Medicine and Anaesthesia, Surgery, Critical Care and Renal (ASCR) divisions in the report. Steve Hams detailed that the harm rates and trends were continually reviewed and explained the ongoing work in Elgar Ward on creating a positive falls prevention culture and encouraging patients to be active.

Patient Experience

Steve Hams outlined the following key areas:

- The ongoing work to improve the complaint response compliance rate to reach the 90% target.
- The ongoing work on the delivery of the Patient & Carer Experience strategy. The positive work on "Patient Conversations" was noted.

Workforce

Jacqui Marshall, Chief People Officer, highlighted the following key areas:

- The ongoing improvements to the staff vacancy rate.
- The updates to the recruitment process, particularly on minimising the time from employment offer to start date.
- The 12-month sickness absence rate had fell from 4.81% in November 2023 to 4.70% in December 2023.
- The decreased use of both agency, bank, and temporary staffing.
- The ongoing work on a zero-acceptance campaign, including the launch of a new disciplinary policy (January-April 2024).

Richard Gaunt, Non-Executive Director, questioned if there had been any consultant vacancy challenges. Jacqui Marshall explained the successful fill rate of consultant vacancies and noted that there had not been any current challenges. However, the rising cost of living in Bristol and the resulting impact on the Trust was noted as having an impact on the Trust's ability to attract staff at all levels.

Finance

Glyn Howells, Chief Financial Officer, outlined the following key areas:

- The ongoing work on reduced agency spending within the divisions.
- An update on the building of the Elective Care Centre and the expenditure.

RESOLVED that the Board noted Integrated Performance Report approved the regulatory compliance statements.

TB/24/01/15 Finance & Performance Committee Upward Report

Richard Gaunt, Non-Executive Director and Committee Chair, presented the Finance & Performance Committee Upward Report and highlighted the impact of industrial action, the scheduled deep-dive reports and the latest planning position for 2024/25. It was noted that the full 2024/25 operational plan was anticipated in March 2024.

RESOLVED that the Board noted the Finance & Performance Committee Upward Report.

TB/24/01/16 Acute Provider Collaborative Upward Report

The Trust Chair provided a verbal update on the Acute Provider Collaborative Board that took place on 11 January 2024. It was noted that monthly Executive to Executive meetings with UHBW would be set up and a Strategic Oversight Group (SOG) would be established. Additionally, the recruitment process for a joint Chair was discussed.

RESOLVED that the Board noted the Acute Provider Collaborative Upward update.

TB/24/01/17 Emergency Planning, Resilience and Response Annual Report

Xavier Bell, Director of Governance & Trust Secretary, presented the Emergency Planning, Resilience and Response Annual Report on behalf of Steve Curry, Deputy Chief Executive & Chief Operating Officer.

RESOLVED that the Board noted that the Trust was ‘substantially compliant’ with the NHS Core Standards for Emergency Preparedness Resilience and Response (EPRR).

TB/24/01/18 Any Other Business

No business declared.

TB/24/01/19 Questions from the public

None Received

TB/24/01/20 Date of Next Meeting

The next Board meeting in public was scheduled to take place on Thursday 28 March 2024, at 10.00 a.m. Trust Board papers will be published on the website and interested members of the public are invited to submit questions in line with the Trust’s normal processes.

The meeting concluded at 12:18 pm

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
28/9/23	Integrated Performance Report	TB/23/09/14	82	A patient story on a research study be scheduled for a future Board session to increase visibility of research studies.	Tim Whittlestone, Chief Medical Officer	Mar-24	Yes	Closed	21/03/2024 - A patient story focusing on research participation was included in the research update at the January Trust Board meeting. Additional research focused stories will be included in the future workplan 25/01/2024 - Work is ongoing and the patient story is scheduled to come to the Trust Board meeting in	21/03/2024



Report To:	Public Trust Board			
Date of Meeting:	28 March 2024			
Report Title:	Chief Executive's Briefing			
Report Author:	Suzanne Priest, Executive Co-ordinator			
Report Sponsor:	Maria Kane, Chief Executive			
Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances
*If any boxes above are ticked, paper may need to be received in <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
			X	
Recommendations:	The Trust Board is asked to receive and note the content of the briefing.			
Report History:	The Chief Executive's briefing is a standing agenda item on all Board agendas.			
Next Steps:	Next steps in relation to any of the issues highlighted in the Report are shown in the body of the report.			

7

Executive Summary	
The report sets out information on key items of interest to Trust Board, including engagement with system partners and regulators, events, and key staff appointments.	
Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience
	High Quality Care – <i>Better by design</i>
	Innovate to Improve – <i>Unlocking a better future</i>
	Sustainability – <i>Making best use of limited resources</i>
	People – <i>Proud to belong</i>
	Commitment to our Community - <i>In and for our community</i>
Link to BAF or Trust Level Risks:	No
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No
Appendices:	None

1. Purpose

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

2. Background

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

3. Performance

The Trust continues to experience a number of impacts from winter pressures, including increased numbers of patients with no criteria to reside (NC2R) sitting at an average of around 25%, along with high numbers accessing urgent care, has had a significant impact on flow through the hospital. The teams are working very hard to reduce the number of 4 hour breaches and meet the new 76% target.

Improvements in diagnostic performance are ongoing having already met and exceeded the national target of no more than 15% of tests being booked beyond six weeks. Further industrial action remains the biggest risk to compliance. Similarly, thanks to the extensive work of our clinical and operational colleagues, NBT continues to make inroads into the cancer performance improvement targets.

4. Publication of the Joint Clinical Strategy

The Joint Clinical Strategy, which has been a year long journey led by our clinical teams and those at UHBW, has been published this month. The plan is a three-phase delivery which commences with a concept idea focusing on single managed services for maternity and cardiology. The work from this Strategy will help to underpin how we engage to form the Group over the next two years.

5. NHS Genomics Board

I joined the national NHS Genomics Board for their meeting earlier this month, where I presented an update around the work being done in the South West. The presentation focused on the roll out of the Generation Study and the clinical genetics work being done.

6. Black Maternity Matters Training Day

I was fortunate to be accepted onto the Black Maternity Matters programme Senior Leaders Cohort. The first full day training session took place this month, which was a very thought provoking and informative one. There are two more full day sessions and three shorter virtual meets which make up the full programme.

7. Bristol City Council's City Gathering

I was invited by the Mayor to be a key note speaker at the recent City Gathering in Bristol. I led the section on Health in the City and talked about the range of healthcare provided across the city. I highlighted some of the opportunities such as the introduction of Artificial Intelligence (AI) and the way that digital improvement and innovations can remove barriers, but also touched upon the significant challenges we face such as health inequalities, patients living longer with multiple long-term conditions and knife crime in the city.

8. Bristol City Council Serious Youth Violence Roundtable

I joined the Bristol Mayor and other leaders from across the city at the second of their Serious Youth Violence roundtable events. The meeting focused on where the data was providing some insight into where there needed to be supplementary public services offered. The information did highlight the current 'hot' areas for violence and it was reassuring that there was not any further widespread for the moment. I also continue to work with our clinical teams and community partners to look at how the Trust can provide support for our communities and we have a number of projects which we are working towards delivering.

9. Engagement & Service Visits

During March I was invited to observe a living donor kidney transplant surgery, meeting the brother and sister taking part and watching the amazing team of surgeons, nursing and theatre staff working so cohesively to save the life of one of these very grateful siblings. The visit brought some very positive highlights on our transplant services as we were able to celebrate World Kidney Day in the days following. I also visited our Transfer of Care Hub and the Adult Inherited Metabolic Disorders team.

Throughout the month, I have met with consultants from Trauma and Orthopaedics, Acute Medicine, Care of the Elderly and the Major Trauma Network as part of my ongoing programme of engagement with our most senior medical staff group.

10. Thank you and welcome

I just want to formally thank our Chief People Officer, Jacqui Marshall for her committed service to the Trust over the past six years. As we say farewell to Jacqui, I would also like to welcome Peter Mitchell, who is joining us as our new Interim Chief People Officer.

11. Summary and Recommendations

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



Report To:	Trust Board Meeting			
Date of Meeting:	28 th March 2024			
Report Title:	Patient Story			
Report Author:	Emily Ayling, Head of Patient Experience Shelley Thomas, Divisional Director of Nursing for ASCR Hannah Little, Assistant Chief Nursing Officer – Cancer Services Paul Cresswell, Director of Quality Governance			
Report Sponsor:	Steve Hams, Chief Nursing Officer			
Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances
	X	X		
*If any boxes above are ticked, paper may need to be received in <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
		X	X	
Recommendations:	The Board is asked to reflect on John’s story and the learning from this.			
Report History:	None			
Next Steps:				

8

Executive Summary	
<p>With support from his niece Sarah, in this story, John shares his experience of being told he had bone cancer over the telephone.</p> <p>John describes how he was told this significant news whilst eating his dinner, and the subsequent confusion this caused as he was unsure what he was being told and who had called him.</p> <p>This led to his family raising concerns to the Trust to:</p> <ol style="list-style-type: none"> 1. Clarify John’s diagnosis. 2. Understand why John was informed of this significant news over the phone and without the support of his family around him. <p>Initially, John’s story appeared to be an issue with not having appropriate clinical space to deliver this news. We know this is an issue as highlighted in Trust-Level Risk 1509. However, further discussions have led us to wider learning and the initiation of a Trust-wide project to look at how we deliver significant news to our patients.</p> <p>John has sadly passed away since filming this story.</p>	
	<p>Our Aim: Outstanding Patient Experience /</p>

Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	High Quality Care – <i>Better by design</i>	/
	Innovate to Improve – <i>Unlocking a better future</i>	
	Sustainability – <i>Making best use of limited resources</i>	
	People – <i>Proud to belong</i>	
	Commitment to our Community - <i>In and for our community</i>	
Link to BAF or Trust Level Risks:	1509	
Financial implications:	N/A	
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No, the subject of the story to not likely to impact people from other groups.	
Appendices:	Appendix 1 - John's Story	

John's Patient Story



8.1

NBTCARES

NBT Patient Stories Framework

Purpose



Principles

Perception: A story communicates an individual's experience of a particular series of events.

Insight: Listening to a number of stories can help build a picture of what it is like to be in receipt of our services and how care can be improved.

Openness: A story should be a true picture of our services and we will not shy away from hearing negative experiences

Value: The story has inherent value in its presentation – but will not always come with a 'ready-made solution at the time of hearing it.

8.1

John's Timeline

May 2023

John attended BRI with a swollen left leg. Tests showed high PSA levels and a diagnosis of prostate cancer was made

31st May 2023

John is referred to Urology at NBT and case discussed at MDT. The outcome was for a CNS telephone appointment to ensure he'd been started on hormones as planned

31st May 2023

John has a bone scan at the BRI

5th June 2023

John has an appointment with the Urology CNS and a nurse from his care home is present

26th June 2023

John has another telephone appointment with the Urology CNS. During this appointment, findings of the bone scan were confirmed.

Our response

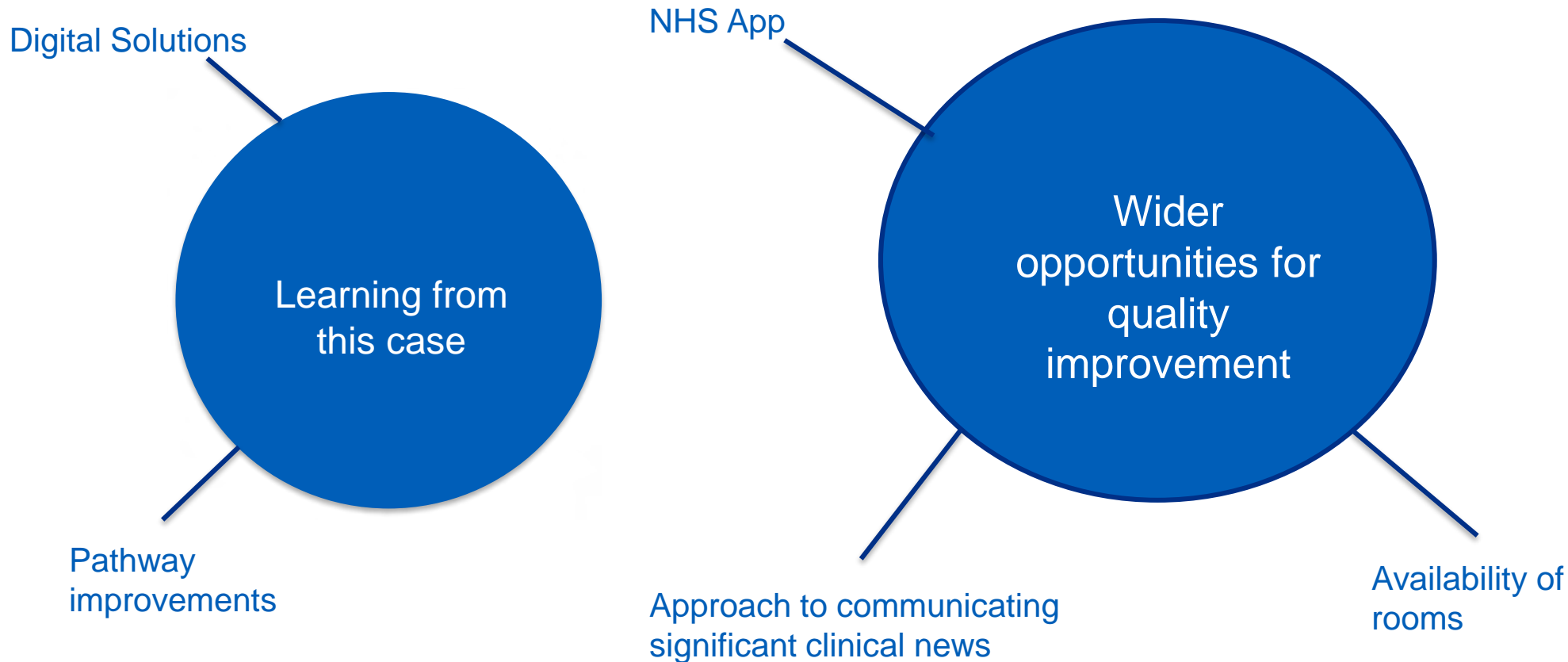
Formal Complaint

- Letter of response issued in September
- Team not aware of John's memory issues and therefore the need for someone else to be present for the telephone call.
- Alert added to patient's record.
- Team believed patient had been told by BRI that they had prostate cancer and was already aware of their diagnosis.

PALS Concern

- To address the patient and family's questions quickly
- Face to face appointment was arranged for 19th July (8 days after concern was raised)
- Clarified John has prostate and bone cancer and provided an opportunity for the patient and their family to ask questions

Learning



8.1

Learning from this case: Improving the Pathway

What we
will do
differently
in Urology

1. For indirect referrals we will call the patient to confirm their needs and ask their preference for first appointment with us;
 - virtual +/- family/carer
 - face to face +/- family/carer (potential delay in appointment date with Face to face, as limited)
2. Where appropriate establish patient's understanding of current condition +/- call from CNS if clinically challenging
3. If speaking with care home staff ensure awareness of face-to-face option

8.1

Wider opportunities for quality improvement: Delivering Significant News

Wider opportunity to improve

Progress

1. 40 clinical places allocated on an intensive Advanced Communications course
2. Clinical teams working hard day-to-day to prioritise delivering significant news in a person-centred way
3. Senior leaders committed to understanding this issue in more depth to establish potential improvement actions

Next steps

1. Plans in progress to codesign an NBT charter for delivering significant news with patient and carer partners, alongside staff
2. Patient First team engaged and supporting this work
3. Will be a key Quality priority for NBT in 24/25
4. Work underway with Patient Experience Team and patient and carer partners to finalise the design for a survey to send to all patients with cancer, including question on delivery of diagnosis.



Report To:	Public Trust Board			
Date of Meeting:	28 March 2024			
Report Title:	Joint Clinical Strategy			
Report Author:	Tim Whittlestone, Chief Medical Officer Valerie Clarke, APC Programme Director			
Report Sponsor:	Tim Whittlestone, Chief Medical Officer			
Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances
*If any boxes above are ticked, paper may need to be received in <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
		x		
Recommendations:	That the Board formally note the Joint Clinical Strategy, which was approved by both NBT and UHBW Boards earlier in March, and was jointly launched on 13 March 2023.			
Report History:	N/A			
Next Steps:	N/A			

Executive Summary
<p>A draft Joint Clinical Strategy was developed during February-May 2023, overseen by the Joint Clinical Sponsorship Board, co-chaired by both Chief Medical Officers. This draft was shared widely in June 2023, requesting feedback, internally (mainly SLT/SLG membership) and externally with system colleagues (ICB Professional Healthcare Executive, ICB Executive Team, and BNSSG Strategy Network). The draft was amended to incorporate their feedback and then shared with and supported by the APC Board and both Trust Boards in July 2023. The development of this document has therefore been taking place for over a year with the support of the Joint Clinical Sponsorship Board.</p> <p>This strategy represents a step-change in our ambition to work closer together for our patients and populations. Building on what we have already achieved, it seizes the opportunities of our stated strategic intent to form a Hospital Group. We have deliberately chosen to be ambitious and set our aspirations high. It builds on the work we are doing with front-line clinical teams and the previous iteration, which helped to shape much of our recent activity.</p> <p>This document outlines the approach our organisations will take to work together to pursue our shared vision of ‘seamless, high quality, equitable and sustainable care’. This will also give all our teams, including ‘enabling’ services like digital, workforce, finance and estates, clarity about our joint clinical ambition.</p>

Following approval, detailed service by service plans will be developed. However, we are clear that there will need to be a commitment to our Joint Clinical Strategy at every level before this can occur and we will need resource its delivery.

Also, we want this strategy to inspire our people and teams to work in a different way. Changing emphasis and language in a single document is relatively straightforward but supporting and enabling clinical teams to work in a more collaborative way while still ensuring they can deliver current activity is key to our success.

The Joint Clinical Strategy includes:

- Our vision of ‘seamless, high quality, equitable and sustainable care’.
- An introduction from the Chief Medical Officers builds on this vision.
- Putting patients at the heart describes how patients’ experiences will shape our future services.
- A Joint Clinical Strategy summary on a page our vision, why we must change, our principles, our commitments and the phases of delivery.
- In ‘why this is essential’ we set out our high-level case for change and detail the main challenges facing us including rising demand, limited resource and persistent healthcare inequalities.
- How we will deliver our Joint Clinical Strategy sets out three phases:
 1. Phase one will outline collaboration for all duplicated services as ‘single managed services’ (and further defines this because ‘single managed service’ doesn’t mean mandating a particular form on our clinical teams).
 2. Phase two will ask every clinical service to consider how the Hospital Group model and closer collaboration can drive improved care.
 3. Phase three will be an opportunity, working with patients and partners, to consider how we organise (or ‘cluster’) clinical specialities on each of our sites to bring the maximum benefit to the acute care we provide.
- How our collaboration is not only important but also already working for patients and populations through some practical examples of success such as Healthy Weston 2, the new diagnostic and elective centres as well as a joint improvement methodology in Patient First.
- Our ‘pathfinder’ services, why they are important and how they are leading the way.
- Finally, how we will implement the Joint Clinical Strategy.

Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience	X
	High Quality Care – <i>Better by design</i>	X
	Innovate to Improve – <i>Unlocking a better future</i>	X
	Sustainability – <i>Making best use of limited resources</i>	X
	People – <i>Proud to belong</i>	X
	Commitment to our Community - <i>In and for our community</i>	X
Link to BAF or Trust Level Risks:	The risks to delivery include; <ul style="list-style-type: none"> • Ensuring leadership capacity to deliver alongside existing priorities. 	

	<ul style="list-style-type: none"> • Ability of enabler services such as finance, HR, digital and estates to respond to the strategy requirements. • Engagement and capacity of the wider clinical teams to participate in the work programme. • Constraints around financial consequences, both revenue and capital that have not been quantified. <p>Opportunities exist to build on previous partnership work with NBT and to contribute to the ICB over-arching aims:</p> <ul style="list-style-type: none"> • Reducing unwarranted variation and tackling unequal access, experience, and health outcomes. • Improving resilience by mutual aid. • Ensuring specialisation and consolidation occur where this will provide better outcomes, productivity, and value for money. • Supporting broader social and economic development. <p>The decision to move to a Hospital Group will help accelerate implementation of this strategy.</p>
Financial implications:	N/A
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	N/A
Appendices:	Joint Clinical Strategy



NHS
North Bristol
NHS Trust

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Our Joint Clinical Strategy

Seamless, high quality, equitable
and sustainable care

2024 – 2027

9.1

Delivering seamless, high quality, equitable and sustainable care

Seamless

Care is consistent and seamless.

No gaps, no barriers, no boundaries.

High Quality

High quality care means the best outcomes, experience and safety for every patient.

Our combined knowledge, skills and experience realises our potential to be world-class for innovative and modern healthcare.

Equitable

Care is based on the needs of our patients and populations.

We strive to eliminate inequalities in access to services, options for treatment, opportunities to participate in research and outcomes.

Sustainable

Care is sustainable now and for future generations.

Building on the strengths of each Trust, we achieve greater sustainability working together and at scale to provide comprehensive healthcare in Bristol and Weston, the wider South West region and beyond.

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1. INTRODUCTION

Patients rightly expect healthcare to be organised around them and not NHS structures, and this strategy takes a significant step forward in putting their expectations first. Building on what our teams have achieved to date, it outlines our aspiration for seamless, high quality, equitable and sustainable care. This is an aspiration which can only be achieved by working together and combining our knowledge, skills and experience.

The strategic intent of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) to form a Hospital Group provides a unique opportunity. As such, we are asking every service, large or small, to re-imagine its future around the needs of patients, populations and place, and not the limitations of serving separate NHS organisations.

Thankfully this is not the start. There is a long and successful history of collaboration between our organisations to build on. Recent examples include, but are not limited to NHS at Home, a new pathway for Stroke patients, and the advanced heart and lung therapy Extracorporeal Membrane Oxygenation (ECMO). Our Acute Provider Collaborative (APC), formed in September 2021, was yet another step on our collaborative journey.

It is the springboard for this strategy and for forming a Hospital Group model which will enable our closer collaboration to flourish.

Transforming care will require more than just our clinical services working together. The Hospital Group model will help us to go much further with important enabling services in digital, people, finance and estates, improving services and driving a relentless focus on the needs of patients and populations, while removing the organisational and administrative constraints that have previously separated clinical teams.

This strategy treats assets and resources as serving patients and not organisations. We will remove the obstacles that can sometimes make things confusing for patients, carers and even ourselves. In this way we will ensure that we deliver the best outcome for everyone irrespective of the team, site or organisation that treats them.

This Joint Clinical Strategy sets out our high-level case for change and the principles we have adopted to deliver it. In a world of increasing demand, rising complexity and limited resource, there are clear benefits to be gained by working together. Benefits which will ensure we can provide our patients and

populations seamless and comprehensive acute care now and into the future. Where services are duplicated, we'll support teams to work together. Of course, none of this is possible without the talented people who work with us and for patients. So, we will make our hospitals great places to study, learn and work.

For all our services, even if they are specialised or provided out of a single site, we'll support them to consider the opportunities that come from harnessing the combined assets of the Hospital Group. As new models of care emerge, we will consider how services can work collaboratively to respond to these changes, respecting the unique needs that exist across Bristol, North Somerset and South Gloucestershire (BNSSG) and the wider populations we serve. We'll need clinical leadership, the experiences of our patients and the expertise of our partners to design the new landscape for acute services.

We would like to acknowledge our two pathfinder clinical services: Cardiology and Perinatal Medicine. These services, chosen with, and by, our clinical leaders, are designing their services for the whole population and our Trusts together. We'll learn from and share their experience as we think about the successes, the challenges and the resources required to do this with others.

We don't have all the answers at this stage and very much look forward to your help in shaping them. However, we do know that everything we do will be shaped by our vision and shared values. Our commitment is to put patients at the centre of everything we do, including involving them on our journey.

We hope you will join us in making this transformation happen and turn this vision into reality.



Stuart Walker
Chief Medical
Officer UHBW



Tim Whittlestone
Chief Medical
Officer NBT



Our Joint Clinical Strategy | Seamless, high quality, equitable and sustainable care

2. PUTTING PATIENTS AT THE HEART



Healthcare is no longer solely measured by its outcomes. This strategy sets out an ambition for high quality care measured by outcomes, experience and safety. It will adopt the principles and commitments outlined in our patient and carer experience strategies, themselves created in collaboration with patients, caregivers, the community and colleagues. It articulates how we will collaborate with patients and the public, understanding their lived experience of our services to provide the highest level of care possible. In this context, we understand that patients' family members, significant others and caregivers also have a role to play.

As we implement our Joint Clinical Strategy, we intend to fully reflect the NHS Constitution (2012) which values working together for patients, respect and dignity, commitment to quality of care, compassion and improving lives. These wider NHS values underpin what we do and will shape our Joint Clinical Strategy through four core commitments we have identified.



Our four core commitments



We know that every successful healthcare organisation takes the experience of their patients and the public seriously. It is undeniable that positive patient experience leads to positive clinical outcomes including improved patient safety. This Joint Clinical Strategy sets out our goals as we reshape clinical services to reflect the needs of our population within an integrated health and social care system.

We know that patient experience and colleague experience are inextricably linked. Caring for our colleagues, ensuring they are happy, safe and supported in their roles is a priority, as set out in our People Strategies. We value the approach of 'no decision about me, without me' and we will strive to involve our patients in all aspects of their care and through every phase of delivering this strategy. We will build on involving and valuing the individual, promoting inclusion, communicating through listening and responding to feedback.

Over the years, we have engaged and listened using the feedback received to identify learning and make service improvements. We want to scale this up, increasing our ambition to improve our services, through co-production, collaboration and participation.

3. OUR JOINT CLINICAL STRATEGY SUMMARY

Our vision

Seamless, high quality, equitable and sustainable care

Why we must change

- High and increasing demand for care: we must improve access to services, reduce waiting times and enhance patient experience.
- Limited resources: we must create more sustainable services – clinical and corporate – and seamless patient care.
- Healthcare inequalities: we must support population health management, moving to more proactive models of care and address inequalities.
- When patient pathways span our organisations there can be delay, confusion and risk.
- Some of our services are fragile and new technologies are rapidly advancing: we must take advantage of economies of scale to ensure sustainable use of resources.
- We are good at teaching and at conducting research with some exceptional successes, but we could be consistently world class: we want to become national and international leaders in the delivery of research and early adopters of innovation.
- We want to place ourselves at the heart of communities – investing in places and people to benefit the local economy and community.

Our Joint Clinical Strategy principles

- To create services that eliminate barriers, gaps and delays in patient care.
- To focus on making our services the highest quality with the best outcomes for everyone.
- To remove ambiguity for patients – one service, one team.
- To listen to, learn from and involve patients in how we shape future services.
- To acknowledge that demand is rising, the population is growing, technology is advancing and resources are limited.
- To respect our people: harness their expertise, experience and leadership when designing services.
- To use all our collective assets.
- To ensure that our combined teaching and research potential is harnessed.

Our Joint Clinical Strategy commitments

- We will organise clinical services around our collective local and regional populations.
- We will respect our teams as experts in the design of high quality clinical services.
- We will ensure patient experience and patient voice is central, collaborating and co-designing clinical pathways and services.
- We will re-design services that make the best use of our collective resources, be they buildings, equipment, knowledge or people.
- We will eliminate inequalities in access to services and ensure outcomes are equitable.
- We will make our services sustainable and fit to face increasing demand and complexity.
- We will ensure that our resources are used wisely and eliminate waste.
- We will make Bristol and Weston great places to train clinicians, explore new healthcare horizons and trial innovation.

We will deliver this through

1. Supporting all duplicated services to work together as single managed services (SMSs). The form these might take are described in more detail in section 5.
2. Supporting all other services, including specialised and single site services, to consider the opportunities that come from the combined assets of a Hospital Group.
3. Supporting all services to consider how we organise (or cluster) specialties on each of our sites to bring the maximum benefit to the acute care we provide and respecting the unique needs that exist across BNSSG.

4. WHY THIS IS ESSENTIAL: OUR SUMMARY CASE FOR CHANGE

Both NBT and UHBW face the same challenges. These challenges are not unique to our area, and they are certainly not new. They have been made worse by the impact of COVID-19 and economic challenges. Clinical services are better equipped to respond by working together for the whole population, where it makes sense to do so, and we demonstrated our ability to do this at the height of the global pandemic. Together, we have an opportunity to optimise our existing resources to provide seamless, high quality, equitable and sustainable care for everyone.

The challenges

High and increasing demand for care: Planned and emergency services are increasingly busy. The complexities of disease and treatments are also rising. The population of BNSSG is increasing.

Limited resources: Despite increasing demand, we know that our most valued resources – staff, space and equipment – are limited and opportunities to invest are becoming more challenging.

Health inequalities: Some people get better access to healthcare than others. This is not only dependent on where people live but also because we have huge variations in access across services, sites and organisations. Inequality is also intrinsically linked to deprivation, ethnicity and education as well as other important factors.

Technology is advancing rapidly: Healthcare technology is growing at an exponential rate. Harnessing these benefits requires organisations to work together to deploy them efficiently and at scale.

When patient pathways span our organisations there can be delay, confusion and risk: We see this not only within but also across clinical services. This proves that healthcare can't always be neatly confined to individual hospitals, sites or even services. This is a factor of how health services have been organised rather than the people trying hard to make them work. Examples of this are the potential for changes as children transition to adult services, as well as complex cancer care clinical pathways which require strong multi-disciplinary involvement beyond single clinicians, teams and even organisations.

Some of our services are fragile: One example of this is that, in recent years, we have faced the reality that clinical services can't easily recruit all the people we need or we are not able to provide all the necessary supporting services. We must take advantage of economies of scale to ensure the sustainable use of resources.

We are good at teaching and at conducting research, with some exceptional successes, but we could be consistently world class: Whilst NBT and UHBW are proud of their teaching and research, there are advantages in combining our resources to include attracting more talent, funding and improving patient care.



5. HOW WE WILL DELIVER OUR JOINT CLINICAL STRATEGY

Our vision

Seamless, high quality, equitable and sustainable care.

The strategy sets out three phases of transformation and our approach to service design. Phases one and two will commence in March 2024 and run in parallel. Phase three will begin once the previous phases have been completed and will be informed by learning from our earlier work. More detail on each of these phases is on the following pages.

Phase one

Our duplicated services work together forming a single managed service for Bristol and Weston.

Phase two

Every clinical service, including specialised and single site services, will consider the way it delivers care to patients reflecting the combined assets of both NBT and UHBW – a Joint Asset Framework.

Phase three

We will progress through a clinically led process to organise, cluster or reconfigure at each of our sites to recognise interdependency, patient access, staff requirements and opportunities for excellence, and bring the maximum benefit to the acute care we provide, respecting the unique needs that exist across BNSSG.



Phase one | Supporting duplicated services to work together as SMSs

SMSs bring together the clinical and operational teams that deliver the same or similar disease-specific services. One size does not fit all, so these services, considering patient and population need, will determine the appropriate form for their service. This may be a single team operating across multiple sites, networked services adopting a single way of working, single teams operating predominantly from one site or a fully bespoke model. This work will be clinically led.

Single Managed Services

There are different models of collaboration:

<p>Single team service</p> <p>A single team operating across multiple sites</p>	<p>Networked service</p> <p>Services on multiple sites adopting a single way of working and model of care</p>	<p>Single site services</p> <p>A single team operating predominantly from one site</p>
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The time it takes to deliver the change will be dependent on the model of collaboration the clinical teams pursue as well as the resources, especially clinical leadership and engagement, dedicated to the strategy.

We are supporting our pathfinder specialities of Cardiology and Perinatal Medicine to move towards SMSs in 2024 and we are working with our clinical teams to identify the next services that could begin that journey.

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At its core, each SMS will have and ensure:

- We listen to patients and engage colleagues.
- One set of policies and procedures.
- A single governance structure.
- A single point of entry even if there is more than one geographical location and irrespective of how and where patients are referred.
- It strives for high quality and equitable outcomes for the entire population of BNSSG.
- It does not experience internal organisational or administrative boundaries.
- It delivers its service based on clinical need, not traditional site-based models.

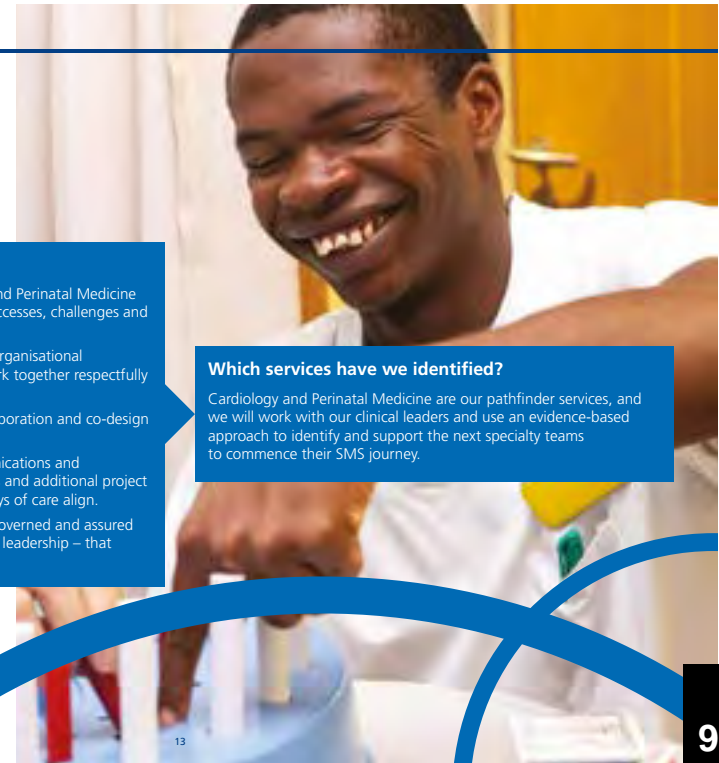
How will we develop SMSs?

- Our pathfinder specialities of Cardiology and Perinatal Medicine are leading the way and will share their successes, challenges and learning.
- We will invest in meaningful cultural and organisational development to ensure that teams can work together respectfully and based on trust.
- We will support patient participation, collaboration and co-design in clinical pathway and service change.
- We will provide high quality data, communications and engagement support, wider support teams and additional project management to help identify how pathways of care align.
- We will ensure that SMSs are supported, governed and assured by teams – and particularly Hospital Group leadership – that speak with a single voice.

13

Which services have we identified?

Cardiology and Perinatal Medicine are our pathfinder services, and we will work with our clinical leaders and use an evidence-based approach to identify and support the next specialty teams to commence their SMS journey.



Phase two | Supporting all services, including specialised and single site services, to consider the opportunities that come from the combined assets of a Hospital Group. This phase will also be an opportunity for enabling service strategies – digital, people, finance and estates – to support the clinical change we want to see. Realising the benefits of these strategies will increasingly help us share assets and enable us to further reimagine how we deliver care.

Every clinical service hosted by NBT and UHBW considers the benefits of our Hospital Group model for patients and staff.

- Joint leadership and working as a Hospital Group will enable shared governance arrangements and support services to review how they deliver care without the constraints of organisational boundaries.
- Based on what is possible rather than what's happened in the past with clinical services able to access any of the Group's sites, equipment and infrastructure.
- A single transformation and improvement methodology in Patient First.
- Teaching and research infrastructure to consider the benefits of collaboration to offer better clinical access, advice and resources.
- The group will unlock potential in our enabling support services including digital compatibility, recruitment and training, investment in our buildings, working across sites, transport and the transfer of patients between our facilities.
- We move increasingly towards patients being everyone's responsibility irrespective of service, site or organisation.
- We have one voice when working with others.

14

How will we develop the Joint Asset Framework?

- Our work to date has identified our joint assets and the barriers that prevent us from using them collectively.
- We will look to review and standardise joint enabling strategies in:
 - o Digital
 - o People
 - o Finance
 - o Estates
- We will provide project and management support that allows clinical teams to realise the full potential of our joint assets.
- We will use the learning from our pathfinder specialties to help shape the work of the enabling strategies.
- We will engage with patients to ensure that the Group's assets are being used to improve care and experience for the whole population.
- We will provide high quality demographic data to allow services to plan effectively and efficiently.

Which clinical services have we identified?

All services, including specialised and single site services, will have an opportunity to reimagine their service provision.



"With this joint clinical strategy, we are making a clear commitment to use our resources wisely, to meet the needs of our population and to provide outstanding care across all our communities."

Maria Kane,
Chief Executive, NBT.

"By aligning our policies, practices and processes across clinical and support services we will be able to improve the efficiency and quality of care we provide to our patients."

Emma Wood,
Chief People Officer and Deputy Chief Executive, UHBW.

Phase three | Supporting all services to consider how we organise (or cluster and reconfigure) clinical specialties on each of our sites to bring the maximum benefit to the acute care we provide and respecting the unique needs that exist across BNSSG. This phase will inevitably require careful thought, including with other provider partners. Following phases one and two, and when we have achieved some of the benefits of SMSs, we will review if clinical services are appropriately clustered together on our sites.

- This work will be led by clinical teams and will bring all relevant internal and external expertise and experience to inform our decisions about clustering services, taking into account important co-dependencies between specialties.
- We will involve patients in meaningful engagement and co-production.
- We will continue to involve system partners in our work especially where there are implications for pathways of care which start or end outside our hospitals. As we cluster or reconfigure services, the role of other clinical leaders in other care settings including primary care, community care and social care will be key and we will shape new pathways of care together.
- We know that some of these changes might need significant investment.

How will we undertake clustering and reconfiguration?

- We'll do this only when we have progressed sufficiently through phases one and two.
- We'll do this respecting the interconnectivity and co-dependencies of many of our services.
- We will work hard to do this with the support of patients, populations and our partners.
- We will work up detailed resource plans when we have a better idea of how our services could cluster in the future.

Which clinical services will be affected?

Every clinical service provided at UHBW and NBT will contribute, building on previous phases.



"It's our ambition to better coordinate clinical activity at a larger scale, building on formal and informal collaboration already taking place between our services, enabling both Trusts to build on each other's strengths."

Rebecca Maxwell,
Interim Chief Medical Officer, UHBW.

6. COLLABORATION BENEFITING PATIENTS AND POPULATIONS

Collaboration isn't just a buzzword. It is the key to our future success.

We have a history of working together including recently on the redesigned Stroke Pathway.

We also brought significant benefits through centralising Pathology services.

We didn't just help each other during COVID-19 but came together as one to rise to the unprecedented challenge of a global pandemic.

Expanding on this, in the last 24 months we have made even more progress, including:

Healthy Weston

The Healthy Weston programme is making great progress in achieving the vision of Weston General Hospital as a strong and dynamic hospital at the heart of the community. We're working together with other healthcare providers to further improve urgent care services at the hospital. We are strengthening our inpatient pathways to ensure equitable access to specialist care is available across UHBW. This means more people will get the treatment they need quickly, spend less time in the hospital, and receive better overall care thanks to closer collaboration between hospital and community teams.

New diagnostic centres for Bristol and Weston

We have collaborated to create two new facilities called Community Diagnostic Centres (CDCs). These centres, one located at Cribbs Causeway and another in Weston-super-Mare, will focus on speeding up diagnoses and treatments, ultimately reducing wait times for patients. By bringing these services closer to where people live, the CDCs will make it easier to access the care people need without having to travel to a hospital.

A new elective centre for Bristol

A new shared surgery centre at Southmead Hospital will allow for 6,500 more operations each year. This helps both NBT and UHBW catch up on planned operations and provide sustainable solutions for elective care.

A joint improvement methodology: Patient First

Both NBT and UHBW have adopted the same transformation and improvement methodology – Patient First. Many of our clinical leaders and teams have started to benefit from this approach to drive improvement, and to focus on the things that really matter. We have seen teams from both Trusts working together on Patient First projects.

We have also been working together as an Acute Provider Collaborative and this will continue to be the way we develop and deliver this Joint Clinical Strategy. Our strategic intent to move to a Hospital Group will build on this work and enable us to realise our clinical vision of seamless, high quality, equitable and sustainable care.

Acute Provider Collaborative

This Joint Clinical Strategy is a result of the work of the Joint Clinical Sponsorship Board, overseen by the Acute Provider Collaborative (APC) Board, a formal Committee in Common reporting to both Trust Boards. Established in September 2021, we are already supporting the integration of clinical services for our population through three priority workstreams: clinical services, corporate services and digital integration.

Developing a Hospital Group model

Our strategic intent to form a Hospital Group will help NBT and UHBW realise the clinical opportunities we've described. In a Group model, the Trusts have shared strategic goals delivered through an aligned leadership team, to unlock significant opportunities to deliver benefits to both our organisations, our staff and the populations we serve.



7. SUPPORTING PATHFINDER SPECIALITIES

Previous sections describe how SMSs offer an effective way for both organisations to deliver outstanding care and sustainable services. The exact form our services take will not be one size fits all and can vary according to clinical need and local conditions. The case for collaboration between services starts from the premise that any new arrangements would be an extension of good practice, help formalise shared Patient First approaches and enable both providers to respond flexibly and future-proof services.

We will approach this through reviewing qualitative and quantitative information to help us focus on having the greatest impact for patients and populations. We have started this work through structured workshops, interviews and data analysis.

"We need to focus on areas where there is a disparity between what is offered at NBT and what can be accessed at UHBW. Patients should receive the same service provision regardless of where they access our services."
Steve Curry,
Chief Operating Officer, NBT.

"Reducing variation in delivery of care through the sharing of best practice is a critical tool in improving patient safety."
Ann Reader
Head of Quality (Patient Safety), UHBW.

"Services should be and feel seamless to patients and staff alike."
Jacqui Marshall,
Chief People Officer, NBT.

Why Cardiology and Perinatal Medicine?

Our Joint Clinical Sponsorship Board, representing clinical leaders across all services and both organisations, reviewed all duplicate services – we have around 60 such services – comparing key clinical indicators such as:

- Outcomes for patients.
- National audits and reviews such as Getting It Right First Time (GIRFT), the national programme helping to improve the quality of care by bringing improvements.
- Demand and capacity for services.
- Strengths and weaknesses of services.
- Capacity of services to grow.
- The potential of services to become world-class.
- Waiting times for appointments and treatments.
- Travel time for patients accessing services.

Duplicated services broadly fall into one of two groups – ones which are balanced between sites and others that are predominantly based at single sites. Cardiology is an example of a service where the biggest volume of activity is at UHBW. Perinatal Medicine is balanced with both NBT and UHBW services supporting a similar number of births each year.

We also supported both Cardiology and Perinatal Medicine teams through workshops allowing them time together to get to know each other's services and share strengths and weaknesses.

Cardiology services

UHBW and NBT serve a combined population of over 950,000 people in BNSSG and beyond, with a high demand for cardiology services. UHBW hosts the Bristol Heart Institute (BHI), a renowned cardiovascular research centre. NBT operates one of two Major Trauma Centres in the South West, emphasising the region's cardiological need. For the catchment population of both Trusts, Cardiovascular Disease (CVD) is a significant health challenge, with UHBW and NBT playing essential roles in treating CVD patients. The case for change for a SMS hinges on equitable access to high-quality Cardiology care in BNSSG, regardless of the treatment location:

- There is a need to balance the provision of specialised and more generalist services to meet rising demand.
- There is an opportunity to improve the access to high quality Cardiology services by drawing on existing best practice in each Trust.
- The services can work more closely with community and wider system partners to manage demand more effectively and address inequalities.
- The workforce would benefit from shared training and progression opportunities to attract more talent, whilst developing a more flexible, resilient workforce.
- There is the potential for Cardiology in Bristol and Weston to become a world class service with an expanded research, innovation and teaching portfolio.
- Both services at UHBW and NBT are likely to need expansion and investment.

"By breaking down organisational barriers we will realise significant benefits for our patients, our people and our communities."
Deirdre Fowler,
Chief Nurse and Midwife, UHBW.

"We need to avoid duplication of services where patients would be better served by closer collaboration. Even where two of the same service are required, they will achieve more by working together than they can apart."
Steve Hams,
Chief Nursing Officer, NBT.

"Working together we can unlock many opportunities to reduce health inequalities and serve population needs, improve access to services, reduce waiting times and improve the experience of those we care for and our colleagues."
Stuart Walker,
Interim Chief Executive, UHBW.



Our vision for Cardiology services is to create one service for BNSSG. That service will need to provide Cardiology care in the Bristol Royal Infirmary, Southmead Hospital and Weston General Hospital. The service will need to accommodate rising demand and increasingly advanced technological intervention to provide the best treatments and outcomes for our population. The service will have a single management team responsible for ensuring that:

- There is a common access policy and procedure for patients.
- Accessing diagnostics and treatment is fair and equitable regardless of a patient's postcode, ethnicity, economic status or ability.

- Emergency access to Cardiology opinions and treatments are equally timely and efficient irrespective of the hospital that the patient attends.
- Staff can move freely and unhindered between facilities.
- Access to patient records is simple for all staff regardless of where they work or wherever the patient is admitted.
- Investments in new facilities and equipment are considered on behalf of the whole service.
- Joint staff appointments become routine.
- All clinical governance policies and procedures are shared.
- Clinical teams are integrated, working together with trust and respect.
- There are no gaps in the service.
- A single Cardiology service is represented at interactions with our partners.
- There is no ambiguity for GPs when referring to and consulting with Cardiology.
- Research and teaching grow.



Perinatal Medicine

Perinatal Medicine is a complex service that includes antenatal and postnatal care for women and babies as well as neonatal high dependency and intensive care. A huge number of interactions with pregnant women happen in our community midwifery service and both our Trusts care for complex pregnancies from across the South West.

Within BNSSG, Perinatal services are split across the two providers who cover overlapping catchment areas. Recent Care Quality Commission (CQC) inspections demonstrate many areas of existing collaboration, from mothers receiving care from both Trusts to shared staff arrangements. Approximately 4,500 babies are delivered each year at UHBW and 5,300 at NBT. The landscape of Perinatal care is evolving, and it is imperative that healthcare providers adapt to meet the changing needs of the population. The case for change for a single managed Perinatal service is built on important themes:

- The population needs regarding Perinatal care are changing, with numbers of births remaining relatively static, but the proportion of complex births is increasing.

- There are inequalities in outcomes across different sectors of the population and different ethnicities.
- There is unwarranted variation in guidelines and policies between the two services which risks propagating inequalities.
- We need a sustainable neonatal service with more capacity.
- A shared workforce model across the area would help mitigate recruitment and retention challenges and improve staff satisfaction.
- Addressing the Perinatal estate challenges in both Trusts is vital if they are to be fit for the future.
- Combining the research expertise of both units would make them world class and attract important research funding and trials to Bristol and Weston.



Our vision for Perinatal Medicine is to create a SMS that delivers antenatal, postnatal and neonatal care at Southmead Hospital, St Michael's Hospital and Weston General Hospital. The service will need to accommodate rising complexity, patient expectations, workforce challenges and regulatory scrutiny. The single Perinatal Medicine management team will ensure that:

- Pre-pregnancy, antenatal and postnatal care is equitable and accessible for every woman and baby irrespective of where they live, their background and their belief.
- There is a comprehensive plan for the expansion of our neonatal intensive care services in Bristol.
- Staff can work across the entirety of the service.
- Mothers with complex specific medical needs are cared for in the most appropriate hospital.
- Perinatal services have joint clinical governance policies and procedures.
- Research in Perinatal Medicine is promoted.
- We train more midwives and retain their expertise.
- Our community services operate as a single team supporting our whole community.
- The transfer of mothers and babies across our Hospital Group is seamless.
- We work with our partners together.

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"We need to make sure that everyone has the best possible access to care and that they share an equal experience of receiving it."
 Dominique Duma,
 Deputy Chief Nursing Officer, NBT.

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8. HOW WE WILL IMPLEMENT THE JOINT CLINICAL STRATEGY

We are ambitious about shaping and improving clinical services and pathways around patients, our populations and our communities. We encourage everyone – clinical and non-clinical – to think about how we make seamless, high quality, equitable and sustainable care a reality.

This section outlines some of the steps we will take to do this without duplicating how we work. Recognising the challenges that come from both delivering services today and re-designing them for tomorrow, we will do everything we can to support, empower and resource clinical leaders and their teams to make this happen.

Transforming services takes time, energy, resource and commitment. We know that running services and meeting the demands of busy hospitals will always take priority. We acknowledge that there are commitments that NBT and UHBW will need to make to provide our teams with the tools and support they need and enable a culture which makes change possible.



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“Services should be seamless and feel seamless and consistent for patients. People should only have to tell us their story once – it’s confusing and frustrating to have to keep repeating yourself.”

Vimal Sriram,
Director of Allied Health Professionals, UHBW.

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An organisational model that delivers collaboration

Group Hospital Model

Ensure decisions benefit the entire patient population.

Aligned Executive Teams

Support seamless, high quality, equitable and sustainable services.

Single Managed Services

Review duplication of services and oversee enabling strategies.

Joint Approach to Specialist Commissioned Services

Provide tertiary-level complex services for the region.

Enabling strategies that remove barriers to seamless services

Digital

Create single digital platforms for staff across hospitals and community.

Estates

Adopt a joint approach for efficient infrastructure use.

People

Implement unified policies, procedures and standards.

Research

Combine research, innovation and teaching.

Improvement

A single improvement strategy that uses our Patient First principles.

Communications and Engagement

Develop a joint communications and engagement plan.

Practical resources that give teams the capacity to transform

Dedicated Team

Support clinical strategy delivery.

High Quality Accessible Data

Inform decision-making.

Organisational Development Plan

Address cultural differences over time.

Additional Resources

Free up clinical time for service redesign.

Listening Sessions

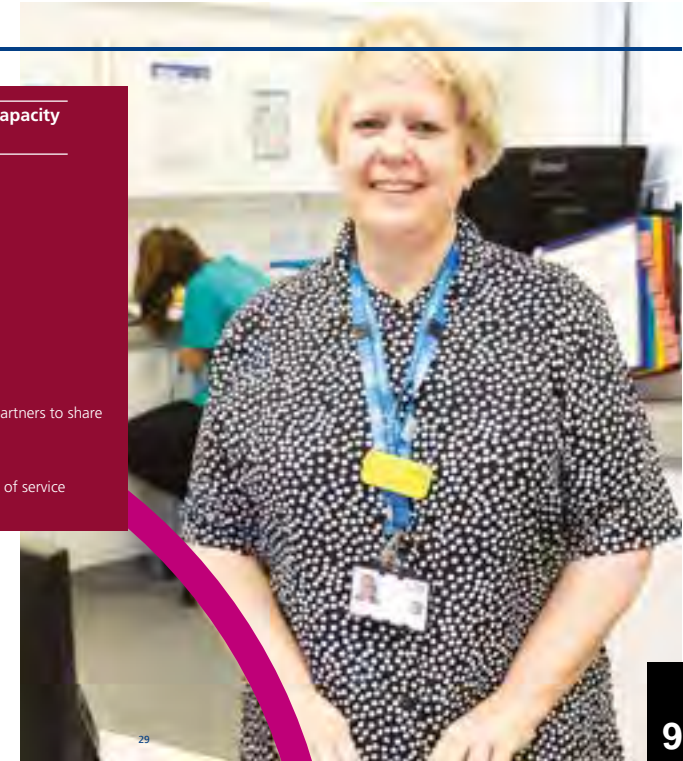
Provide opportunities for colleagues, patients and partners to share their ideas, concerns or issues.

Evaluation

Support to monitor the benefits and emerging risks of service transformation.



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We want to hear from you

We hope you agree with us that this Joint Clinical Strategy represents a step-change in our clinical ambitions. Building on what we have already achieved, it seizes the opportunities of our strategic intent to form a Hospital Group and to work collaboratively for patients and populations. We want everyone to share our high ambitions and aspirations for BNSSG, its patients and populations.

We know this document alone won't deliver the change we want to see. You will hear from us regularly as we begin implementing a phased approach. Any steps we take will be tailored to the needs of patients and the clinical teams that provide them. However, we do want our Joint Clinical Strategy to inspire people and services, to enable and to empower actions that support our vision.

We don't want this work to be confined to a single team or small number of staff; the implementation team comprises 25,000 people – everyone in our combined workforce. We will continue conversations and can only deliver our Joint Clinical Strategy through engaging, involving, listening and working with patients and staff. Practical support will be available to make it happen.

Our vision is seamless, high quality, equitable and sustainable care and we hope you will join us in making this happen through every patient contact, in every clinical service and through consistent pathways of care for our populations.

Please contact us with your ideas, requests or questions to help make it a reality. You can email us at:

acuteprovidercollaborative@uhbw.nhs.uk

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9.1



9.1



Report To:	Public Trust Board			
Date of Meeting:	28 th March 2024			
Report Title:	People Strategy Refresh			
Report Author:	Sarah Margetts, Deputy Chief People Officer			
Report Sponsor:	Jacqui Marshall, Chief People Officer			
Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances
*If any boxes above are ticked, paper may need to be received in <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
	X	X		
Recommendations:	It is recommended that the Board review and approve the enclosed 'refreshed' version of the Trust's People Strategy.			
Report History:	The Trust's People Strategy was written in 2020, and since then there has been significant work undertaken to update our overall Trust strategy, implement a new set of Trust values (NBT CARES), and new improvement priorities in line with the Putting Patients' First approach. Therefore, the People Strategy has been 'refreshed' to reflect this and ensure that it remains current and can be operationalised to the end of the strategy period 2025. Appendix 1 is a refreshed version of the strategy, incorporating the information from 2020, with an updated set of priorities aligned to the Trust's overall strategy. Appendix 2 is the Commitment to our Community Plan and Appendix 3 is the Long-Term Retention Plan. Both plans are referenced in the strategy and will be published as appendices.			
Next Steps:	An overview of the refreshed strategy was shared with the Executive Management Team (EMT) on 13 th March 2024 and People & EDI Committee on 12 th March 2024. Following Board approval, the document will be published (as an updated version) on the NBT website at the end of March 2024.			
Executive Summary				
<p>Since the creation of the People Strategy for the Trust back in 2020, significant work has been undertaken to update the Trust's values with the introduction of NBT CARES, and a new Trust strategy has been launched in line with the Putting Patients First approach. The People Strategy has therefore been refreshed to reflect this and ensure that people understand clearly our current people priorities and that there is alignment between this and our aim of providing outstanding patient experience. This includes reference to the new Clinical Strategy, the work of the Acute Provider Collaborative, and our key strategic workforce priorities under the following areas:</p> <ul style="list-style-type: none"> • Acute Provider Collaborative – Recruitment • Long Term Workforce Plan 				

- Equality, Diversity & Inclusion Plan
- Commitment to our Community
- Long Term Retention Plan
- Enhancing People Services

The refreshed strategy provides an update of our progress since 2020, an updated position around our key staff metrics and staff survey data. It then describes our strategic workforce priorities and the detailed plans that sit alongside the strategy.

Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience	
	High Quality Care – <i>Better by design</i>	
	Innovate to Improve – <i>Unlocking a better future</i>	
	Sustainability – <i>Making best use of limited resources</i>	
	People – <i>Proud to belong</i>	X
	Commitment to our Community - <i>In and for our community</i>	X
Link to BAF or Trust Level Risks:	Trust Level workforce risk associated with workforce capacity ref: 763. All other Trust, profession, and division level risks where workforce is a contributing factor, either to the risk or mitigating actions	
Financial implications:	There are no financial implications in delivering this report.	
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No – this is a refreshed document in line with our strategic priorities, and is not a significant change.	
Appendices:	Appendix 1 – Refreshed People Strategy Appendix 2 – Commitment to our Community Plan Appendix 3 – Long Term Retention Plan	



NORTH BRISTOL NHS TRUST PEOPLE STRATEGY

*Supporting everyone in NBT to
feel proud to belong*



10.1

2020 – 2025
(Refreshed March 2024)

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PEOPLE STRATEGY FOREWORD

I want to start this foreword by saying thank you. Thank you to you, the people who make NBT the place it is. A place I am proud to work and be alongside so many talented and inspiring people. We are nothing without you and I want you to know how much your contribution matters.

I wrote this strategy during the midst of the Covid-19 pandemic. This was a time that the recognition of the people, our staff, who make the NHS so special had never been more deserved.

Four years into our five-year strategy, we are refreshing it to reflect the progress we have made, and the continued work that is happening to ensure that everyone feels proud to belong here at NBT. We were delighted to hear from our staff survey this year that more than 70% of staff would *recommend NBT as a great place to work* - the highest score in the South West.

Demand and profile for NHS Services continues to grow, and that comes with increased levels of scrutiny and expectations of our services. This puts additional pressure on our dedicated, highly skilled, and caring colleagues.

As NBT Trust moves into a group model alongside University Hospitals Bristol & Weston (UHBW), this is a key time for our People Services to enable and deliver highly skilled and motivated staff in support of our strategic delivery ambitions.

In a post pandemic world, with cost of living challenges, people are more reflective on what is important to them and how they wish to engage in the workplace. We now need to put our people front and forward of everything we do. Our values, our offer, our work/life balance opportunities and our staff wellbeing are all critical enablers. But the key to everything is for us to create kindness in the workplace underpinning our values.

If 2020 taught us anything it was that healthcare faces an ever demanding agenda unlike anything we had seen before, and with that pressure we have seen a range of significant workforce challenges.

It is no good just developing a workforce fit for the future - we need one that is ready to meet today's demands. At the same time we must recognise that we need to support people to develop their career pathways in ways that are flexible, rewarding, and offer continuous development and professional satisfaction.

My promise has always been to have a people agenda that puts NBT at the forefront of innovative approaches, supported by easy to use, compassionate and inclusive people services and ways of working that strongly support each and every one of our personal development, lives and careers.

If we can do this, working together as one team, the energy, compassion, kindness, respect and professionalism we are known for will shine through every day.



Jacqui Marshall
Chief People Officer

WHO WE ARE

OUR TRUST



2022/23 income was **£869 million**



Our hospital site covers **67 acres**


10,696 staff
1,824 NBT extra staff



There are **19 acres** of green space on-site




We have **25 robots**



In 2022/23 **£1.7 million** was raised for charity



In 2022/23 there were **519,858 outpatient appointments - 141,232 new attenders and 378,626 follow up**



In 2022/23 there were **135 ED arrivals via helicopter**



We did **35,454 operations**




We provide circa **1 million meals per year**



In 2022/23, over **530 trees** planted on site and in the local community



In 2019/20 there were **97,001 ED arrivals 70,220 in patients - 10,933 elective, 59,287 non-elective**



Current value of research grants is **£45M**
In 2022/23 managed over **12,000** research participants



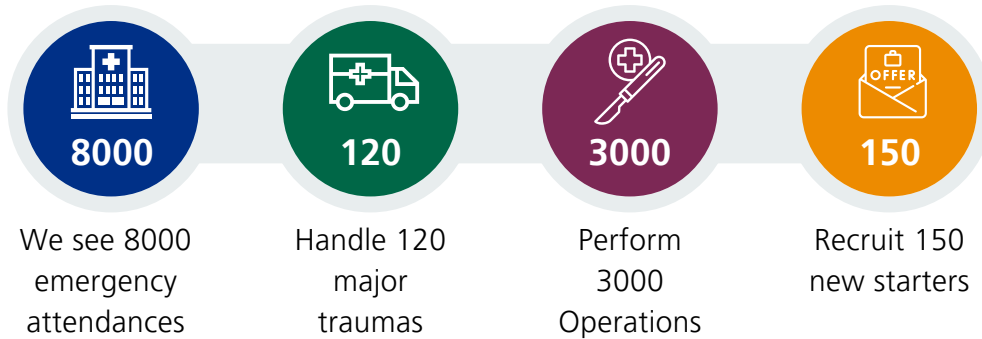
Of our staff: **14% walk 15% bus and 7% car share**



10.1

NORTH BRISTOL NHS TRUST – THE CONTEXT IN 2024

EVERY MONTH WE:



OUR VALUES



Our values were co-created with staff from across the Trust. Cares stands for **Caring, Ambitious, Respectful and Supportive** – four key values we hope everyone remembers and understands:

- **Caring** – because it underpins everything we do for our patients and the way we care for one another.
- **Ambitious** – because it signals that we always want to improve what we do on behalf of our patients and one another.
- **Respectful** – because every individual has an important role to play.
- **Supportive** – because we’re a team and deliver together.

Our new Trust strategy was launched in February 2023, and Patient First is the approach we are adopting to implement this strategy.

The fundamental principles of the Putting Patient First approach is to have a clear strategy that is easy to understand at all levels of NBT and that we focus on a small number of critical priorities, develop our leaders to know, run and improve their business and become a Trust where everybody contributes to delivering improvements for our patients. The Patient First approach is about what we do and how we do it and for it to be a success we need everyone to join us on the journey.

OUR STRATEGY



BNSSG Integrated Care System (ICS)

As well as bringing a range of partner organisations together to help people stay happy, healthy and well for longer; Integrated Care Systems are designed to ensure that health and care services join up around individual needs – breaking down the boundaries between physical health, mental health and social care services.

We are part of the ICS that serves the areas of Bristol, North Somerset and South Gloucestershire. It is comprised of 10 partner organisations, including the three Local Authorities in our area, the two NHS Trusts, the new Integrated Care Board and community and General Practice providers. It is also known as the Healthier Together Partnership.



Acute Provider Collaborative Working

The Acute Provider Collaborative (APC) builds on the long and successful history of collaboration between NBT and UHBW. This is focused on delivering better, more equitable outcomes for patients, delivering efficiency and innovation and ensuring the very best opportunities for staff.

Joint Clinical Strategy

A key focus of the APC has been developing a Joint Clinical Strategy (JCS). Our JCS sets a clear direction for our work together. It outlines our clinical vision for services that are seamless, high quality and equitable.

Our JCS sets out a fully joined-up approach between us and UHBW that will unlock significant benefits for our patients, our people and our communities. The JCS builds on and complements the strategies and visions of both organisations - it doesn't replace them.

Both NBT and UHBW have committed to formally create the right environment which allows deeper collaboration to flourish and enable delivery of our Joint Clinical Strategy.

A Hospital Group model

To enable us to deliver our Joint Clinical Strategy, at the end of 2023 both Trusts confirmed that we will form a Hospital Group. It is our strategic intent to form a Hospital Group within the next two years to help remove barriers that can sometimes get in the way of providing seamless patient care between our organisations. NHS Trusts nationwide are working together at scale to benefit their populations. This is a fundamental shift in the way the health and care system is organised, moving from an emphasis on organisational autonomy and competition to collaboration and partnership working.



10.1

THE NHS PEOPLE PROMISE

Our People Strategy puts our teams at the centre of all we do at NBT.



OUR NHS PEOPLE PROMISE

As part of a 1.3M strong NHS workforce, we achieve the extraordinary every day. That is why we sign up to the NHS People Promise. This strategy not only underpins the NHS People Plan, but charts our journey, ambition and passion to provide high quality compassionate patient care. We will achieve this by striving to be an employer where everyone feels proud to belong.

We believe that our staff deserve the best and to meet our ambitions and manage existing and new demands we face we have set ourselves demanding objectives to create an inclusive, just and open culture across NBT and our ICS, maximising the privilege of being an anchor in our community.

These commitments will tangibly be demonstrated by achievement of the following, through year on year clearly defined and published measurement targets:

- Sustained improved retention and a reduction in our substantive vacancies
- Improvements in the health and well-being of our staff
- Increases in the satisfaction and motivation of our staff
- Reduction in the imbalance in career progression that currently exists within the Trust, as reported in our WRES and other mechanisms.

We recognise that it is essential we develop compassionate and engaging leaders who are committed to making NBT an agile, inclusive and forward-looking employer. We have the ambition to build a flexible workforce that respects established professional skill sets and education yet is innovative and modern, to deliver our agenda and address the gaps we face in our traditional supply routes.

This is what you have told us you want and we will do all we can to make this happen.



10.1

THE FUTURE OF HR & OD IN THE NHS

There are 16,000 members of the people profession across the NHS and the 'Future of HR & OD in the NHS' report was co-created by NHS staff and their representatives, leaders and members of the people profession. The report sets out the vision for "how the people profession will continue to maximise our collective contribution to the NHS and meet the needs of staff, patients and local communities over the coming decade and beyond – building a brighter future for all."

The future of NHS human resources and organisational development report outlines a vision and actions that support the delivery of the four pillars of the NHS People Plan and embeds the seven elements of the NHS People Promise. The future of NHS human resources and organisational development vision for 2030 has eight themes as outlined below.

NHS PEOPLE PLAN



NHS PEOPLE PROMISE



THE FUTURE OF HR & OD



“People professionals – those who lead on all aspects of the people agenda – play a huge part in making the NHS the vibrant, resourceful organisation it is today, and will continue to influence how it will develop in the future.”

10.1

HOW ARE WE DOING?




10.1

WORK DELIVERED SO FAR

We’ve been working hard to continue to ensure that everyone at NBT feels proud to belong. We are delighted that in 2023 more than 70% of staff would recommend NBT as a great place to work. Here are some of the great examples of what we have been doing between 2020-2024.

- The development of our ‘Valuing You’ inclusivity approach underpins our aim for staff to feel valued and respected in their roles
- We have a comprehensive and multi award-winning wellbeing programme in place, including access to a 24/7 employee assistance programme, dedicated physiotherapy and psychology support for our staff, and staff health checks on site. The programme is continuously being developed and improved
- Our wider offer to staff includes onsite childcare services, a comprehensive travel to work scheme, a salary sacrifice scheme, the opportunity to buy additional leave, onsite facilities for staff including catering, hospital art and sustainability programmes
- We have taken an active approach to engagement and retention, leading to a sustained improvement in staff turnover.
- We have invested in our workforce systems and have a comprehensive workforce data set, and we are implementing e-Rostering and e-Job Planning for all.
- Our Healthcare Excellence in Leadership & Management programme supports our service line management framework, aids our people in devolved decision-making, and empowers our frontline staff to lead.
- Our talent acquisition approach leads to a tailored, candidate focused approach and is delivering a significantly reducing vacancy position.
- Our apprenticeship programmes are well-planned and effective, and we consistently exceed the public sector targets. Learners develop new skills and produce high-quality work, increasing their confidence and impact in the workplace
- We have embedded a restorative Just Culture approach into the way we manage issues, and we have launched a Zero Acceptance policy and ‘we do not accept campaign’ to address discrimination, racism, bullying, harassment, violence, aggression and abuse.

10.1

NBT Hero – Robert Brown, Pharmacist
Robert was nominated because he has continually provided amazing leadership to his team, including during the pandemic. His nomination reads: “Through it all Robert has been a welcome source of encouragement, steady communication, and calm leadership”.



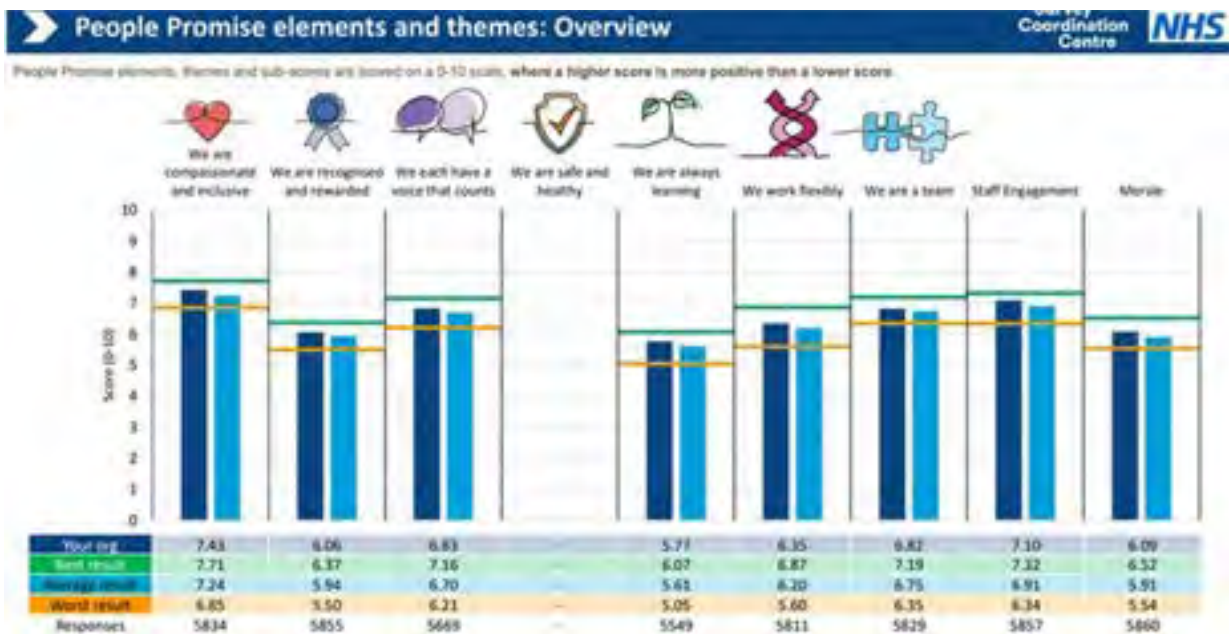

NBT Hero Omar Bah, Team Leader, Facilities
Omar is a Team Leader in Facilities. He was nominated as an NBT Hero for “his ongoing support and commitment he has shown over the years in supporting the domestic staff on their mandatory training courses”.

2024 - WHERE ARE WE NOW?

Over the last 4 years, we have increased our overall staff numbers, began to really transform how we attract and recruit new joiners but most importantly worked on our offer to staff and focus on what makes them happy and high performing and want to stay with us. In the 2023 NHS Staff Survey we were rated above average for all areas of the NHS People Promise.

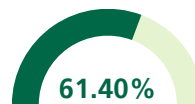
How we Perform

(Results from the 2023 NHS Staff Attitude Survey)



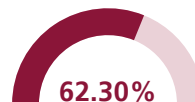
Positives

Q24b There are opportunities for me to develop my career in this organisation. (Agree/Strongly agree)

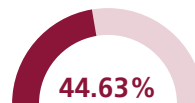


Areas for Improvement

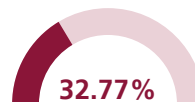
Q9b My immediate manager gives me clear feedback on my work. (Agree/Strongly agree)



Q12e How often, if at all, do you feel worn out at the end of your working day/shift. (Often/Always)



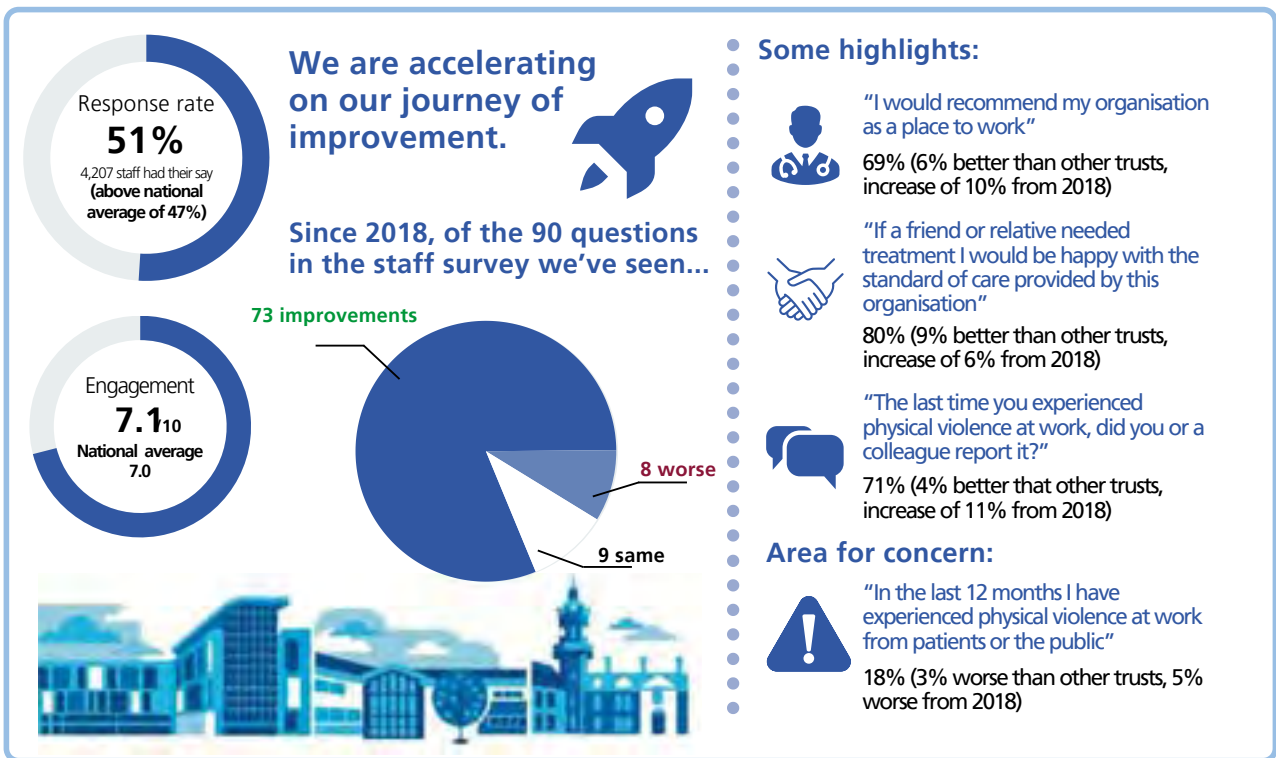
Q23d It (Appraisal) left me feeling that my work is valued by my organisation (Yes definitely)



We can see the positive difference we have made to staff experience at NBT over the past 4 years:

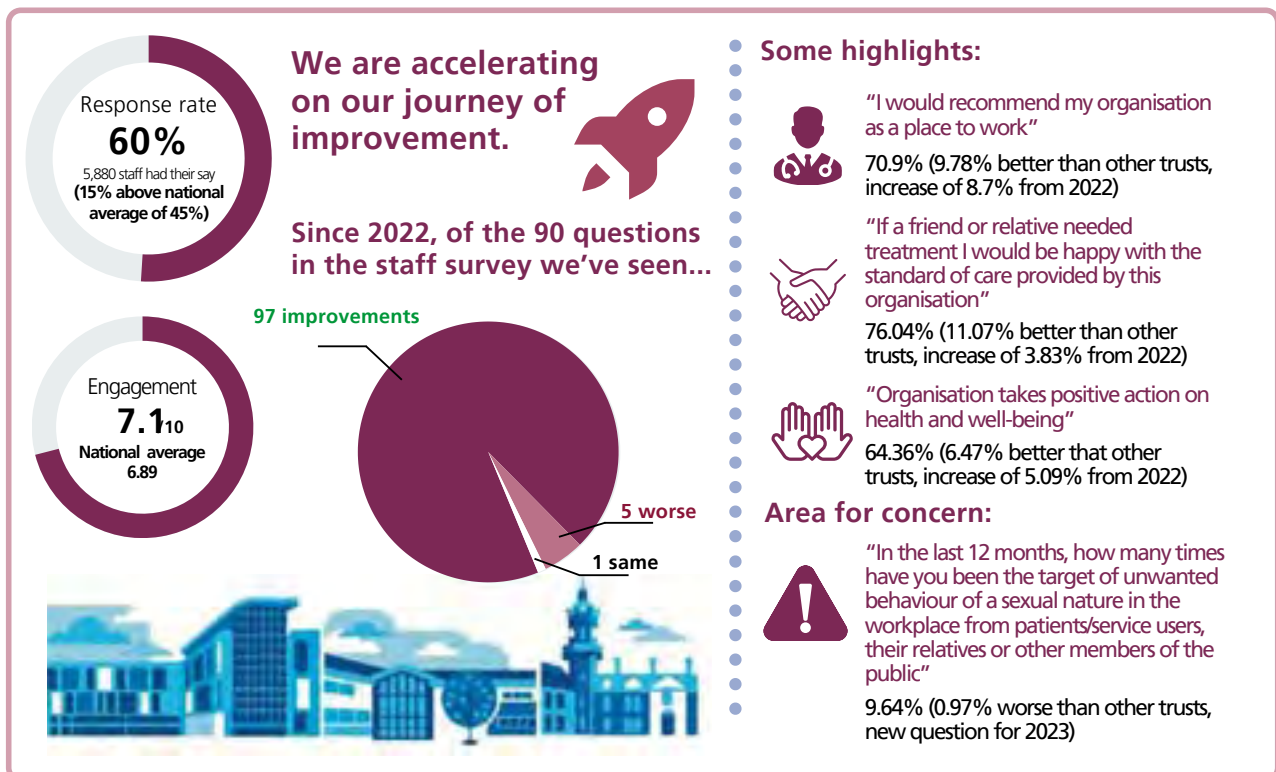
STAFF SURVEY RESULTS 2019

Key Findings - Trust-wide Our headlines from the NHS Staff Survey when this strategy was created:



STAFF SURVEY RESULTS 2023

Key Findings - Trust-wide Our headlines from the NHS Staff Survey in 2023:



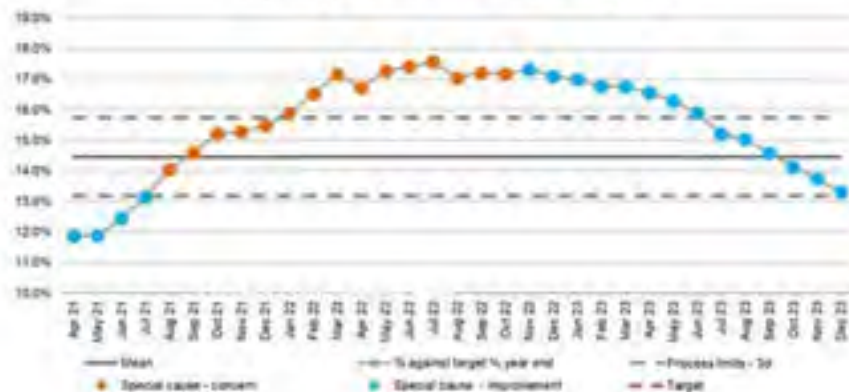
2024 - WHERE ARE WE NOW?

Our workforce metrics indicate reduced vacancy levels and staff turnover, as well as increased bank fill rates, vacancy rates and mandatory training compliance:

VACANCY RATE 4.8% (JAN 2024)	BANK FILL RATE 70% (JAN 2024)
APPRAISAL COMPLETION RATES: 83% (JAN 2024)	STAFF TURNOVER 13.1% (JAN 2024)
DISPARITY RATIO (B.A.ME) 2002/23 1.70	MANDATED TRAINING COMPLIANCE: 90% (JAN 2024)

Graph 1

Trust Rolling 12 Month Turnover-Trust starting 01/04/21



We are pleased to see that our staff turnover has been reducing every month since November 2022.



Division	Rolling 12 Month Turnover	
	Jan-23	Jan-24
339 Anaesthesia, Surgery, Critical & Renal Division	15.6%	11.3%
339 Core Clinical Services Division	17.3%	11.8%
339 Corporates	25.6%	17.6%
339 Facilities Division	13.7%	11.0%
339 Medicine Division	18.1%	16.4%
339 Neurosciences & Musculoskeletal Division	15.7%	11.9%
339 Women & Childrens Division	15.1%	11.6%
Grand Total	17.4%	13.1%



We set a target of 16.5% staff turnover by the end of 2023/24 and we are now exceeding this in the majority of our Divisions/ Services



10.1

OUR STRATEGIC PEOPLE PRIORITIES

NBTCARES

OUR STRATEGIC PEOPLE PRIORITIES

We have **six key areas of focus** as part of our People Strategy, and these underpin the Trust’s Putting Patients First Strategy and our Clinical Strategy, with the overall aim of providing outstanding patient experience.



PUTTING PATIENTS FIRST TRUST STRATEGY

CLINICAL STRATEGY

STRATEGIC PRIORITIES

ACUTE PROVIDER COLLABORATIVE

LONG TERM WORKFORCE PLAN

EQUALITY, DIVERSITY & INCLUSION PLAN

COMMITMENT TO OUR COMMUNITY

LONG TERM RETENTION PLAN

ENHANCING PEOPLE SERVICES



Each of these priorities are underpinned by a detailed plan, with key targets and deliverables.

10.1

OUR CULTURE AND NBT CARES VALUES

Our plans are monitored through our People Oversight Group with assurance provided to our Board through our People & EDI Committee.



ACUTE PROVIDER COLLABORATIVE



The NHS Long-Term Workforce Plan published in June 2023 sets out plans to grow apprenticeships to 22% of the workforce, an increase of Nursing Associates by 110%, 64% more people in education and training, 100% more newly qualified Medical and Dental staff and 80% more newly qualified Nurses and midwives. In addition, there is an ambition to recruit 8.6% of staff from the wider labour market, growth of our domestic recruitment pipeline, as well as developing and growing new roles.



Underpinning all of this is ensuring that we can provide an attractive, modern, seamless, and efficient recruitment and employment offer. We know that Bristol is a highly desirable place to live and work, but the Southwest has the third highest house prices and the third lowest salaries in the country, and in Bristol the lowest house prices are ten times higher than the annual earnings of lower income households.

With a collective workforce of more than 24,000 staff, we are committed to working across UHBW and NBT to tackle these challenges together, working in collaboration to attract staff, ensuring that we truly make Bristol a great place to work, and that

we offer opportunities for people to grow and develop their careers across the breadth of our health and care system. We know that working together will enable us to improve quality, efficiency, resilience and offer greater opportunities for the growth and development of our collective workforce, contributing to outstanding patient care.

Our aim is to create a 'centre of excellence and recruitment expertise' across our two Trusts. We believe that in doing so, we will enable opportunities for people to flourish and develop, and for them to have fulfilled roles and meaningful careers with us now and in the future.

Within NBT we have an ambition that everyone feels proud to belong, and in UHBW we strive to be the best place to work. We intend to bring together these ambitions as part of a shared vision. We will create a joint recruitment centre of expertise, a shared international recruitment offer, and a collaborative bank between our Trust's by the end of March 2025. We are excited about the opportunity to work together and are committed to making this a success for the benefit of our teams, staff, and patients.





LONG TERM WORKFORCE PLAN

The overall aim of our Long-Term Workforce Plan to ensure we have the right people with the right skills at the right time and at the right cost.

- It will also help us to align with the national and regional context and direction of travel.
- We have developed a new workforce modelling approach for NBT to underpin our thinking which is guided by the principles, best practice and methodology that underpins the national NHS Long-Term Workforce Plan.
- This will help us to move from retrospective data to workforce data literacy to ensure we plan for the right workforce against activity for the future and mitigate supply shortages.
- We have already put the groundwork in to support this plan (for example our move to e-rostering and engagement with divisions through our in-year workforce planning process)
- We now aim to move to this strategic plan for our future workforce supply to address our workforce gap.

Strategic interventions

Interventions to Close the Gap
 We have determined a set of interventions that we will take to address our workforce challenges – these align with the priorities of the national Long-Term Workforce Plan
 Through engagement, we have described a set of interventions that will either increase workforce supply or decrease demand:

- ENHANCE RECRUITMENT
- GROW APPRENTICESHIPS
- INCREASE RETENTION
- TRANSFORM TEAMS
- IMPLEMENT NEW & EXTENDED ROLES
- INCREASE PRODUCTIVITY

NHS North Bristol
 NBT CARES

10.1

Our Aims:

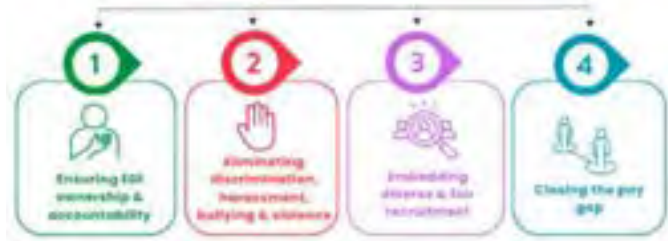
- We will put together our workforce supply and demand projections together for the first time to make calculated forecasts about the size and shape of our workforce over the next 5 years.
- We will give a combined and complete picture of our whole workforce position across the whole organisation in one place.
- This will enable us to profile the recruitment requirement by year, factoring in commitments such as the Elective Care Centre, and determining the ongoing need for international recruitment in the short to medium term.
- We will shine a light on areas where we need to focus our attention to improve data quality.
- This will provide a longer-term view of challenges and opportunities, enabling us to be on the front-foot through a more proactive, forward-thinking and systematic approach to workforce planning.
- We will put ourselves in a position to more easily make intelligent, data-driven decisions about what we should do to address our workforce challenges, future proof our workforce and mitigate risks to our Trust operations.
- We will provide a tool to prioritise and define our action plans each year. This will be an iterative process.



EQUALITY, DIVERSITY & INCLUSION (EDI) PLAN

NHS England developed an EDI Improvement Plan for the NHS in June 2023. This outlines where NHS organisations can make the greatest difference by focusing on 6 key areas (known as ‘High Impact Actions’).

Here at NBT we have reviewed these actions alongside our existing programmes of work and against where our own EDI data tells us that we need to improve. This has led us to develop **4 priority areas**, and these form our EDI Plan.



“Our Equality, Diversity and Inclusion (EDI) Plan sets out our priorities over the next 3 years and includes some very clear actions that we will take in 2023/24. We aim to refresh these actions each year to check that we are truly making a difference.”



We know that change will not happen overnight, but our ambition over the next few years is to ensure that everyone starts to take ownership and accountability for EDI, that we take steps forward towards the elimination of discrimination, harassment, bullying & violence, that we embed diverse & fair recruitment practice and take actions that close the pay gap that currently exists.

10.1

NBT HERO

NBT Hero – Jayne Davies, Dementia Specialist Nurse

Jayne is a Dementia Specialist Nurse. Jayne was nominated as an NBT Hero for ensuring “patients and their families receive all the support and guidance they need”.

NBT HERO

NBT Hero – Chinedu Nkole, Stroke Consultant

Chinedu is a Stroke Consultant. Chinedu was nominated for an NBT Hero award for showing “outstanding care and communication to all members of the team, patients and their relatives, despite the enormous amount of pressure the medical team are under”.



COMMITMENT TO OUR COMMUNITY

As one of the largest employers here in Bristol, we want to ensure that we have a truly diverse workforce that is representative of our local communities because we know that this enables us to deliver our aim of outstanding patient experience.

We aim to tackle this as a key improvement priority. Our commitment is to increase employment opportunities for those who live locally, with a focus on ethnically diverse groups and in particular areas which are impacted by socio-economic disadvantage and experiencing inequalities. We know this will help increase the diversity of our workforce and provide valuable employment opportunities to help people with increased financial stability, encouraging them to develop and thrive.

We have set ourselves some clear objectives to increase the number of people we recruit from the most socio-economically challenged areas in and around Bristol, and we'll be taking positive and proactive action within our local communities to make sure we achieve this. We also aim to address the disparity that exists when people apply for jobs from Black, Asian, and other minority groups, as sadly we know from data across the country that people from these groups are less likely to be shortlisted or appointed, and this is simply not right. We want to address this here at NBT and understand more about what we need to do to tackle this issue and reduce the disparity that exists.

We want people to feel proud to belong in NBT and are striving to make a real difference in and for our local communities, enabling an outstanding staff and patient experience for all. We have set ourselves some clear actions under the following themes:

COMMUNITY EMPLOYMENT THEMES

We have identified 9 key themes that we will focus on as part of our plan. These themes are based on feedback from our community partners, and focus on the areas that will enable us to make the greatest difference.

- C** Career Pathways
- O** Outreach
- M** Marketing
- M** Mentoring
- U** Understanding
- N** Networking
- I** Inclusion
- T** Training & Support
- Y** Young People

DISPARITY RATIO

We have identified 9 key themes to help reduce our disparity ratio across the Trust. These actions aim to support our divisions and services within the Trust to focus on this at a local level, and we will work to target specific areas where disparity exists.

- D** Diverse Interview Panels
- I** Interview Feedback
- S** Selection Techniques
- P** Policy Review
- A** Alternative Interview Techniques
- R** Review of our Recruitment Processes
- I** Information & Guidance
- T** Training
- Y** Yielding Results

Our target is to employ **38.5%** of our workforce from the most socio-economically challenged local communities by the end of March 2025.

Our target is to reduce our B.A.ME disparity ratio from 1.70 in 2022/23 to **1.25** by the end of March 2025.

10.1



LONG TERM RETENTION PLAN

We are pleased that staff turnover in NBT has been improving month-on-month since November 2022, and that more people are choosing to stay with us. However, we still have work to do to ensure that this improvement continues.

We know that maintaining a healthy recruitment pipeline of staff is critical, but it is equally as important for us to continue to focus on improving retention and embedding a culture where people truly do feel proud to belong here. As part of our Trust Strategy, the creation of a Long-Term Retention Plan is one of our 'Putting Patients First' strategic priorities, and we have worked with colleagues from across the Trust to develop a plan that has some targeted actions that matter to people the most, so that we can track and measure our progress against this. In 2022 2,900 substantive staff left NBT, and in 2023 this reduced to 1810. In December 2022 we had a workforce gap of 798.75 wte, and in December 2023 this reduced to 558.11 wte. In 2022, our Leaver's Insight Report found the most common reasons people left us was work-life balance, pay and reward, progression and continuing professional development (CPD), relocation and health and wellbeing. Our exit data shows that reasons for leaving vary by professional group and job role and are influenced by factors such as an individual's age and life events.

Our Long Term Retention Plan aims to build on our 1-year Retention Plan for 2023/24 and the seven elements of the NHS People Promise and Plan. We are focusing on 4 key strategic priorities:

1. Ensure a good work life balance
2. Build a culture of kindness and belonging
3. Supporting our managers and leaders
4. Supporting career development and progression



We have set ourselves a turnover target of 10.2% by 2028. Our plan details the key interventions which will be undertaken each year, which will have impact Trust-wide or at staff group or service level. We have incorporated the key retention actions which our Divisions have committed to undertaking or supporting, accepting that some other divisionally led retention work will form part of their 'business as usual'.

NBT RETENTION PRIORITIES

From analysis of our workforce data and following engagement with leaders across NBT, we have identified 4 retention priority areas. These have been mapped to the NHS People Promise and our CARES values.

- 1 ENSURE A GOOD WORK LIFE BALANCE**
 Supportive, We are safe and healthy, We work flexibly, Healthy
- 2 BUILD A CULTURE OF KINDNESS AND BELONGING**
 Caring, We are compassionate and inclusive, We are a team, NHS
- 3 SUPPORTING OUR MANAGERS AND LEADERS**
 Empowered, We are safe and healthy, We are always learning, Inspiring
- 4 SUPPORTING CAREER DEVELOPMENT AND PROGRESSION**
 Ambitious, We are recognised and rewarded, We are always learning, Inspiring

10.1



ENHANCING PEOPLE SERVICES

Whether it is ensuring we attract the highest quality candidates, embedding equality, diversity and inclusion, providing seamless candidate experience and induction, offering outstanding HR advice, staff wellbeing & support, and first class learning & career development opportunities, our People Team is crucial in ensuring that people can truly feel proud to belong here at NBT. In 2020 we set ourselves an objective to provide 'Better People Support' to staff and managers at NBT.

Our aim is to create a seamless service that is easy for NBT staff and managers to access and navigate. We will provide the following services:



Workforce Planning, Data & Systems

'Single source of expertise for all workforce systems & data, providing planning oversight, and insightful analysis to inform decisions relating to workforce.'



People Advice

'Shaping HR policy, providing expert end-to-end operational HR advice and guidance to line managers and signposting for staff.'



Workforce Programmes

'Agile resource deployed to deliver key strategic workforce priorities for the Trust.'



Strategic People Business Partnering

'Developing and delivering a portfolio of strategic business solutions to deliver the Trust's strategy and workforce plans'



Resourcing

'Delivering the full-spectrum of resourcing transformation as part of the Acute Provider Collaborative'



Strategic Medical Workforce

'Developing and delivering a portfolio of strategic medical workforce development solutions, and a centre of excellence for Junior Doctor rotations'



Learning & Development

"Driving a culture of learning, research, education and organisation development to support provision of outstanding patient care"



Staff Experience, Wellbeing & EDI

"Centring inclusion, staff experience, wellbeing and engagement as a means of developing organisational culture"

Our Team Commitment:

We will embed a 'one team' approach with a seamless service and joined up communication between our teams, customers and system partners, continually seeking ways to learn and develop ourselves and others.

- We are caring and customer focused in everything we do
- We are ambitious, innovative and high performing
- We are positive, inclusive and respectful
- We are visible, supportive and accessible

Our Team objectives:

- Supporting & developing the people profession
- Leading improvement change and innovation
- Embedding digitally enabled solutions
- Prioritising the health and wellbeing of all our people
- Ensuring inclusion and belonging for all
- Creating a great employee experience
- Harnessing the talents of all our people
- Enabling new ways of working and planning for the future



SUMMARY



This document outlines our promise to our staff here at NBT. When this strategy was created in 2020, we recognised that the impact of Covid-19 would be with us for some time and we did not know what this will mean for how we work in the future. We set out a foundation for how we intended to put our staff at the heart of all we do, and 4 years later we can start to see the positive results of our actions. We still have some way to go, but we are incredibly proud of everything we have achieved and will continue to invest in our staff to ensure that everyone in NBT feels proud to belong.

A message to our staff: You are what makes NBT what it is and our commitment to you is clear.

We want you to work in an environment where you feel supported, where you know that we value your health and well-being and that we want you to be the best that you can be. We will not tolerate discrimination, racism, bullying, harassment, violence, aggression and abuse. We will support you in your career development with us and want your voice to be heard and for you to have a clear say in everything we do. We have achieved so much and will continue to achieve great things and strive to ensure that everyone in NBT feels proud to belong.



COMMITMENT TO OUR COMMUNITY

In and for our community
Representing the communities we serve



Photo by Martyna Bober on Unsplash



10.2

Developed January 2024

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FOREWORD

Beyond healthcare - Placing ourselves at the heart of our community

It is both a privilege and a pleasure to introduce North Bristol NHS Trust's (NBT) 'Commitment to our Community' plan. This is our pledge to you, and to our staff, that we will play an active role on issues that matter - fully representing the people and places we serve and supporting them in good times and bad.



As one of the area's largest employers, we are part of the community. Not only do our staff live in cities, towns and villages across Bristol, North Somerset and South Gloucestershire, but the Trust is also supplied and supported by hundreds of local businesses, partners, charities and volunteer organisations. This deep connection and daily engagement is vital to our being able to deliver our central aim of outstanding patient care and experience for all.

Central to this plan will be our renewed efforts to encourage local people from all walks of life to consider one of over 350 careers available at NBT. In particular, this will be focused on areas and demographics which, to date, we have struggled to recruit from. We are missing out and we know it - after all, the NHS is stronger, more effective and more innovative when it is able to attract brilliant and passionate people.

In this way, we not only benefit from the incredible talents which exist across our communities but we also offer a pathway forward to those who often, through no fault of their own, find themselves without one. The costs of not doing so have rarely been more obvious, or more tragic, than in the first months of this (2024) year.

At NBT, diversity is one of our most important assets and our people our greatest strength - but we know we must and need to do more. In the coming months and years, I look forward to continuing to work with schools, colleges, charities, clubs, faith groups, councils and community forums (to name but a few!) to make this into a reality.

Best wishes,

Maria

Maria Kane
Chief Executive

10.2



INTRODUCTION

Why this matters to us

As one of the largest employers here in Bristol, we want to ensure that we have a truly diverse workforce that is representative of our local communities because we know that this enables us to deliver our aim of outstanding patient experience.

We are tackling this as a key improvement priority under our patient first approach. Our commitment is to increase employment opportunities for those who live locally, with a focus on ethnically diverse groups and in particular areas which are impacted by socio-economic disadvantage and experiencing inequalities. We know this will help increase the diversity of our workforce and provide valuable employment opportunities to help people with increased financial stability, encouraging them to develop and thrive.

We have set ourselves some clear objectives to increase the number of people we recruit from the most socio-economically challenged areas in and around Bristol, and we'll be taking positive and proactive action within our local communities to make sure we achieve this.

We also aim to address the disparity that exists when people apply for jobs from Black, Asian, and other minority groups, as sadly we know from data across the country that people from these groups are less likely to be shortlisted or appointed, and this is simply not right.

We want to address this here at NBT and understand more about what we need to do to tackle this issue and reduce the disparity that exists. We've set ourselves some clear objectives and will be taking the actions outlined in this plan.

We want people to feel proud to belong in NBT and are striving to make a real difference in and for our local communities, enabling an outstanding staff and patient experience for all.

Jacqui
Jacqui Marshall
Chief People Officer

Sarah
Sarah Margetts
Deputy Chief People Officer



BENEFITS OF A LOCAL EMPLOYMENT PIPELINE

There are a number of benefits to increasing employment from our local communities. We aim to improve equality, diversity and inclusion and to enhance the sense of belonging to the NHS and here at NBT.

Increasing our focus on enhanced opportunities for employment of local people at NBT will aim to ensure our workforce reflects the diversity of our local communities and supports their ambitions and aspirations.

The key employment and service improvements this work will deliver are:

CULTURAL UNDERSTANDING



- Local employees often have a better understanding of the community's cultural nuances, which can be crucial in healthcare. This understanding can enhance communication and trust between healthcare providers and patients.
- Cultural awareness is essential in gaining a rich understanding of the perspectives, needs, and concerns of our local communities and prospective future employees.

LANGUAGE PROFICIENCY



- In the pursuit of equality, diversity and inclusion, language is powerful and can help to shift attitudes and behaviours.
- Recruiting more ethnically diverse local employees can contribute to reducing language barriers and improving communication with patients, leading to improved patient experiences, outcomes, and satisfaction.

COMMUNITY ENGAGEMENT:



- Ensuring NBT vacancies are advertised throughout our local community helps to increase applications from a wide range of our local population.
- Messages from trusted sources within communities are valuable to increase confidence, trust, knowledge, and acceptance of NHS services.
- Recruiting local staff can support the trust to connect more effectively with the community, facilitating community connections, engagement and outreach programmes.
- We have an opportunity to let our local community know that NBT are committed to hiring local talent.
- This demonstrates our commitment to NBT being an anchor institution in our community.

REDUCED TURNOVER:



- An inclusive culture can improve overall retention which supports us in developing and growing our workforce.



IMPROVED ACCESSIBILITY:



- Local employees residing in the vicinity of the hospital can lead to improved accessibility in short term scenarios, such as short notice overtime needs, flexible working, and Bank availability. This would also potentially increase workforce resilience in demand surge or emergency situations.
- Reviewing our job descriptions and person specifications can help to ensure there are no equality or cultural barriers.

ENHANCED PATIENT TRUST:



- Building trust requires consistency in our values as an organisation and demonstrates our commitment to equality of health outcomes.
- Building trust requires identification of barriers and biases and this work will ensure focused action to overcome specific inequalities, discrimination and marginalisation potentially experienced by certain groups and individuals.

TAILORED SERVICES:



- Local employees may have insights into the specific health needs and challenges of the community. This knowledge could support in tailoring healthcare services to better meet the needs and preferences of the local population, and in turn efficient, productive, and safe patient care.

DIVERSITY OF SKILLS AND PERSPECTIVES:



- By opening routes to local people who may not have previously considered or been aware of the variety of roles and careers available in the NHS, we can ensure our workforce reflects the diversity of our local community and supports the ambitions and aspirations of local people.
- A diverse workforce, including local employees, brings a variety of skills, experiences, and perspectives. This cultural diversity can foster innovation, problem-solving, and a more comprehensive approach to patient care, creating cultures that value and sustain a diverse workforce.

COST SAVINGS:



- Employing local staff will lead to some medium to longer term cost savings, as the need for international recruitment relocation costs, domestic relocation packages and other associated expenses will be reduced.
- NBT can offer opportunities and economic security recruiting local staff, especially in areas where there has been a reduction in economic opportunity.
- Offering investment in our local community can be achieved through training and skills opportunities.
- Local people can access our vacancies and help to build sustainable careers in the NHS.

OUR 2 KEY TARGETS



Target 1 - Increasing Employment from our Local Communities

To increase the employment from our 30 most socio-economically challenged communities year on year. As the data will show we are almost at equal representation of those key areas of focus with a variance of -0.3% therefore we are setting a target of 38.5% of our employees to reside in these areas by the end of March 2025. Our aim is to target specific areas where underrepresentation exists.

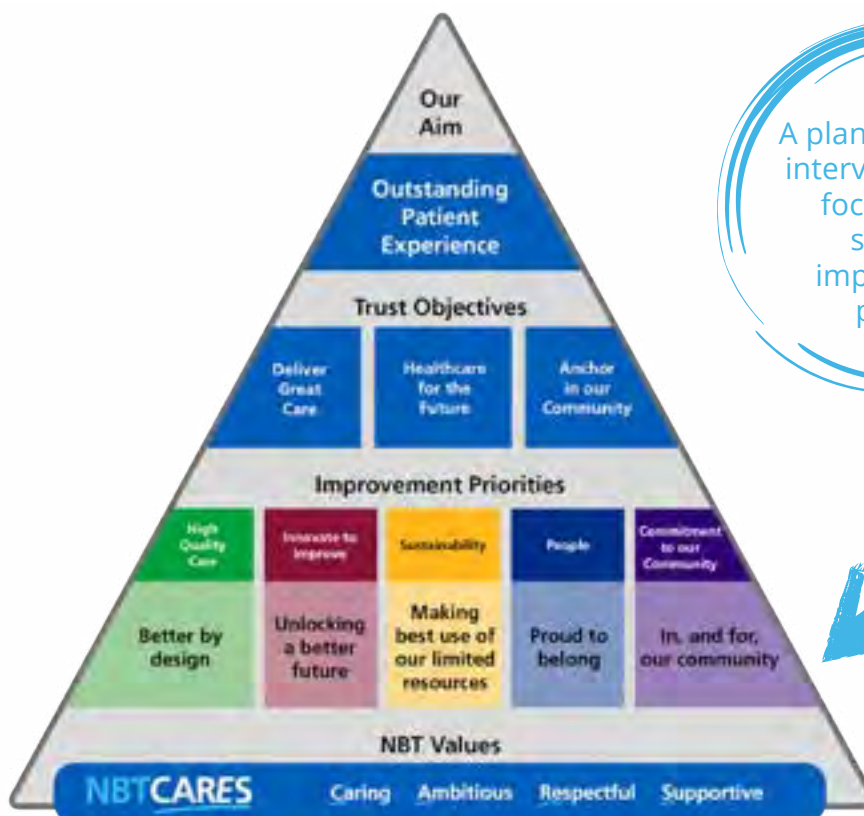


Target 2 - Reducing our Disparity Ratio

To increase the conversion rate of job applications from black Asian and minority ethnic (B.A.ME) candidates year on year measured by a disparity ratio* with a trust target of 1.25 by the end of March 2025.

* Defined as the relative likelihood of B.A.ME applicants being appointed from shortlisting compared with White applicants.

Our Strategic Aims, Objectives and Improvement Priorities





HOW WE HAVE DEVELOPED OUR PLAN



10.2





10.2

WHAT IS THE DATA TELLING US?

WHAT IS THE DATA TELLING US?

TARGET 1

Increasing Employment from our Local Communities



Of our total NBT workforce, we see that 18.1% live outside the area altogether, 44.7% live within the remaining areas of the BNSSG footprint and 37.2% reside within the identified socio-economically disadvantaged 30 areas.



This means that our workforce residing in the 30 socio-economically disadvantaged areas is currently 0.3% below the total BNSSG population figure.

Of our new hires in the last 12 months we know that we are recruiting approximately 50% from within our local communities. However, proportionately a larger number of these are in our lower banded roles and are in particular areas of the Trust.

Over the course of this plan we have ambition to increase hires from our local communities by an additional 100 people (i.e. 100 more than we typically recruit), which means by the end of March 2025 the number of employees residing in our communities would increase to *38.5%.

We anticipate specifically targeting 50 roles from outreach activity and a further 50 from the other community engagement and employment related activity as outlined in this plan.

**We recognise that there are other factors that influence where individuals reside, and that staff turnover, internal moves and the types of vacancies we have available will all impact on the achievement of this figure.*



10.2

WHAT IS THE DATA TELLING US?



TARGET 1

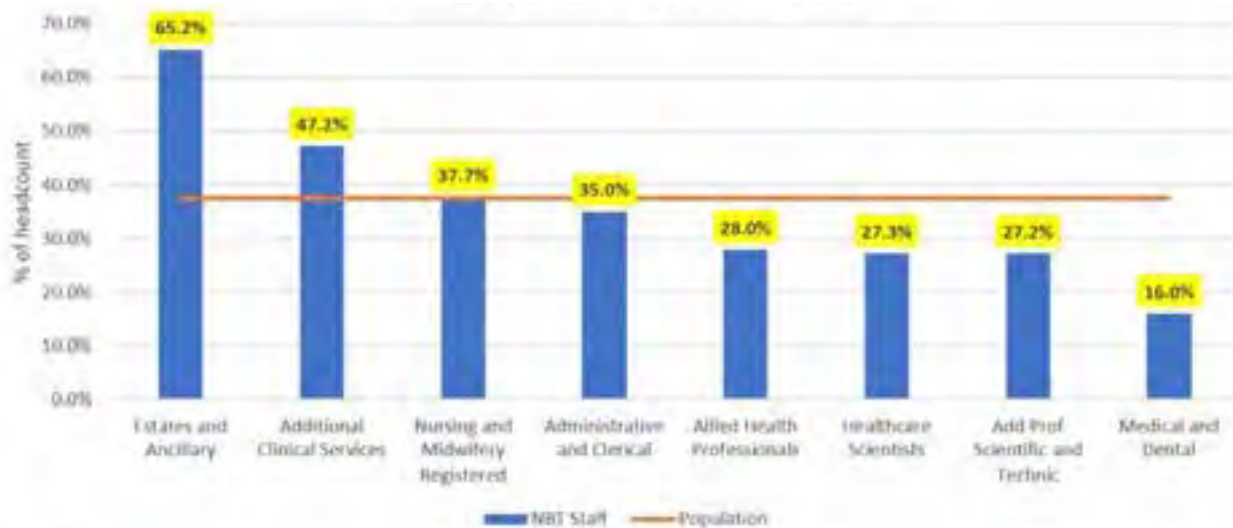


Analysis by staff group, division and banding

If we analyse this data by staff group, division and banding this gives greater clarity on the gaps identified when noting outliers above and below the BNSSG 37.5% population figure.

STAFF AND POPULATION BY STAFF GROUP

% Residing in 30 Areas of Focus by Staff Group



Estates and Ancillary, Additional Clinical services (which includes unregistered Nursing) and Nursing and Midwifery Registered are positive outliers, with all other staff groups showing below the 37.5% population figure.



10.2

WHAT IS THE DATA TELLING US?

TARGET 1



STAFF AND POPULATION BY DIVISION

% Residing in 30 Areas of Focus by Division



Other than Facilities, Medicine and Anaesthesia, Surgery, Critical Care and Renal (ASCR), all divisions are showing below the 37.5% population figure.

STAFF AND POPULATION BY BAND

% Residing in 30 Areas of Focus by Band



Bands 2 to 5 are over representative of the population in these areas, with all other bands showing under representation.

10.2



WHAT IS THE DATA TELLING US?

TARGET 1



OVERVIEW OF THIS DATA

STAFF GROUP/DIVISION/BANDING

Non-Nursing registered clinical roles are the least represented in the 30 areas of focus, along with medical staff who also have the highest population outside of BNSSG. There is also lower levels of representation in our admin/clerical and corporate professions.

As our biggest staff group, registered nursing and midwifery mirrors the population, although one of the main factors contributing to this is the combination of internationally recruited nurses and newly qualified staff locating themselves around the hospital area and the University of West of England (UWE).

Estates and Ancillary and unregistered clinical staff in Additional Clinical Services are overrepresented and this is also reflected in an over representation in bands 2 to 4 across the facilities division and in clinical divisions where we have high numbers of Healthcare Support Workers.

From this summary, we aim to focus our employment activity on the specific areas of underrepresentation, which will include a range of corporate, admin and clerical professions as well as a focus on apprenticeships and entry levels into the key staffing groups across the organisation. We believe that offering these pathways to progression will also help to focus on an increase in median level salaries for people from these communities in the longer term.

Our key focus will be;

- ✔ Administration and Clerical - both clinical and corporate – professional level roles at higher bands, where appropriate previous experience and transferable skills exist.
- ✔ Administration and Clerical - both clinical and corporate – Bands 2-4, including established Apprenticeship opportunities that can offer future career progression opportunities into higher banded roles.
- ✔ Additional Clinical Services – Healthcare Support Worker roles - whilst not currently underrepresented in the data sets, we aim to increase more local employment into our registered professions, achieving this through growth of our professional progression pathways into AHP and Nursing careers.
- ✔ Additional Clinical Services - Therapy Support Workers, Research roles, Pharmacy and Pathology entry level roles, supported by established Apprenticeships and progression pathways.



WHAT IS THE DATA TELLING US?

TARGET 1



Analysis by geographical location

If we analyse this data by geographical location this gives greater clarity on the gaps identified when noting outliers above and below the 37.5% population figure.

STAFF AND POPULATION BY GEOGRAPHICAL LOCATION

30 Areas of Focus Staff vs Population



Geographical areas in focus are from "Avonmouth & Lawrence Weston" to "Clevedon East"

Our workforce is over-representative of the population of our communities in 4 clear geographical areas with the majority of other areas showing under representation.

From this group we have selected 8 geographical areas for our initial focus.

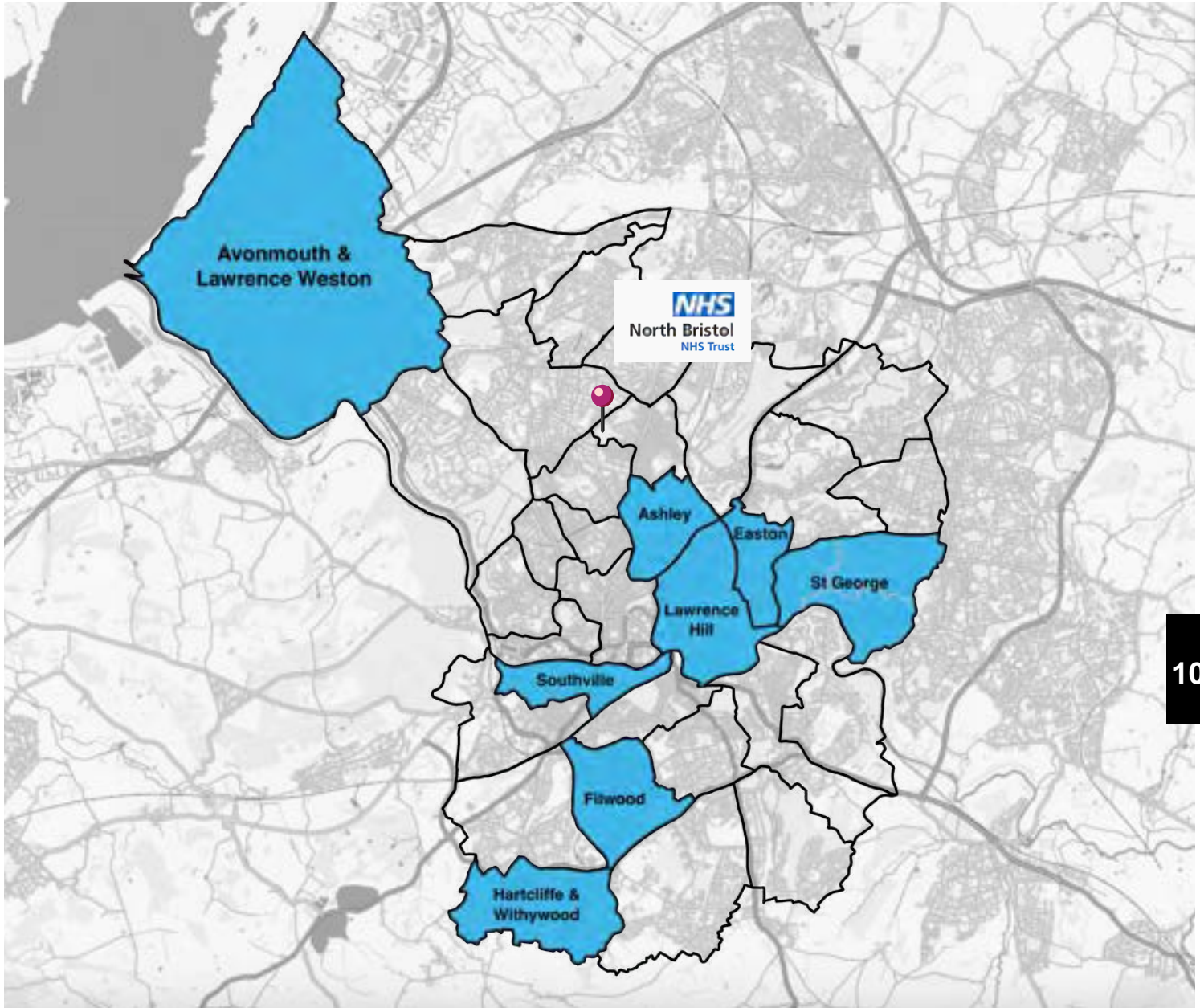


WHAT IS THE DATA TELLING US?

TARGET 1



THE 8 AREAS WE ARE GOING TO FOCUS ON.



10.2

BRISTOL WARDS

- 📍 Ashley
- 📍 Avonmouth and Lawrence Weston
- 📍 Easton
- 📍 Filwood
- 📍 Hartcliffe and Withywood
- 📍 Lawrence Hill
- 📍 Southville
- 📍 St George

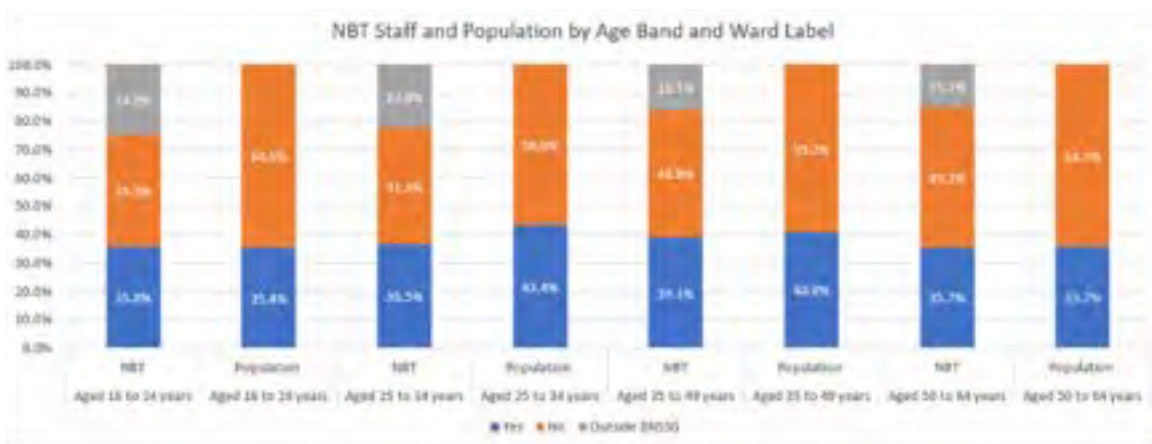
WHAT IS THE DATA TELLING US?

TARGET 1



Analysis by age and ethnicity

If we analyse the data by age and ethnicity it gives greater clarity on the gaps identified when noting outliers above and below the 37.5% population figure.



The age profile of our workforce is broadly equal to our population whilst showing under representation in the age group 25 to 34 years.

Whilst including all age groups in this work, as opportunities will exist across the whole population, we will have a focus on younger age groups and working with local schools, colleges and education establishments to grow our local workforce of the future and promote early careers into health and care within our communities.

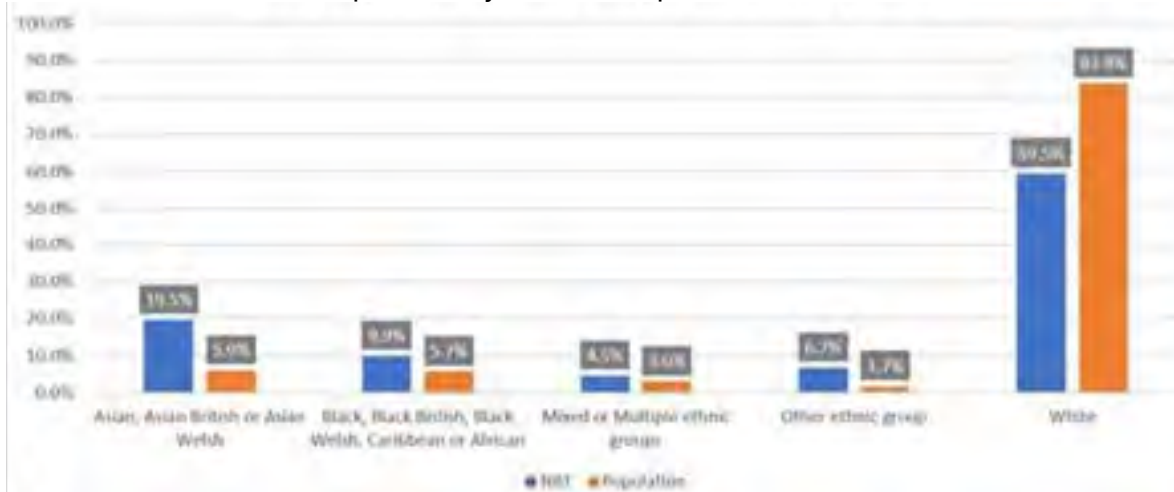
WHAT IS THE DATA TELLING US?

TARGET 1



STAFF AND POPULATION BY ETHNICITY

SiP vs Population by Ethnic Group in the 30 Areas of Focus



Other than the white group, the Trust is marginally over-represented in all minority groups, although we have already seen evidence this varies by pay band.

The Asian, Asian British/Welsh group over representation is influenced by our internationally educated Nurse population.

Our aspiration as an anchor organisation is to maintain over representation in all black, Asian and minority ethnic groups and to work towards a more even distribution across staff groups and salary bands, and this will therefore be a specific focus of our work.

10.2



WHAT IS THE DATA TELLING US?

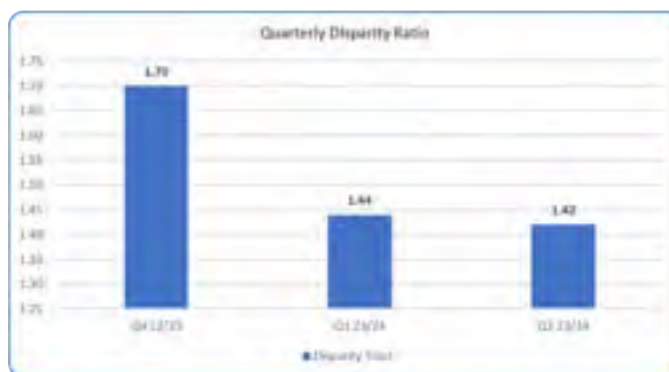
TARGET 2

Reducing our Disparity Ratio



Our second target is to reduce our disparity ratio. This is the relative likelihood of B.A.ME applicants being appointed from shortlisting compared with White applicants.

	Trust Wide
FY 2022/2023 - whole year	1.70
FY 2023/2024 - Q1	1.44
FY 2023/2024 - Q2	1.42



- Data is reported at Trust level aligned to Workforce Race Equality Standard Reporting requirements and we produce this at a Trust wide (table above) and divisional level (table below).
- In 2022/23 the rolling disparity ratio was 1.70 at the end of the financial year. This was due to a particular spike in Q1 of 2022 (in the Information Management Division). At the end of Q2 of the current year we can see an improved picture of 1.42.
- The actions in this plan aim to reduce the disparity ratio to our target of 1.25 by the end of 2025.

10.2

Division	Q4 22/23	Q1 23/24	Q2 23/24	Variance Q4 22/23 and Q2 23/24
Anaesthesia, Surgery, Critical & Renal Division	1.60	1.30	1.29	-0.32
Core Clinical Services Division	1.72	1.70	1.81	0.09
Medicine Division	1.97	1.16	1.22	-0.75
Neurosciences & Musculoskeletal Division	1.32	1.09	1.14	-0.18
Women and Childrens Division	1.55	1.69	1.51	-0.04
Facilities Division	1.45	1.41	1.59	0.15
Information Management Division	4.67	3.74	4.25	-0.42
Other Corporates	1.70	1.68	1.55	-0.15
Trust	1.70	1.44	1.45	-0.25



WHAT ACTIONS WILL WE TAKE?

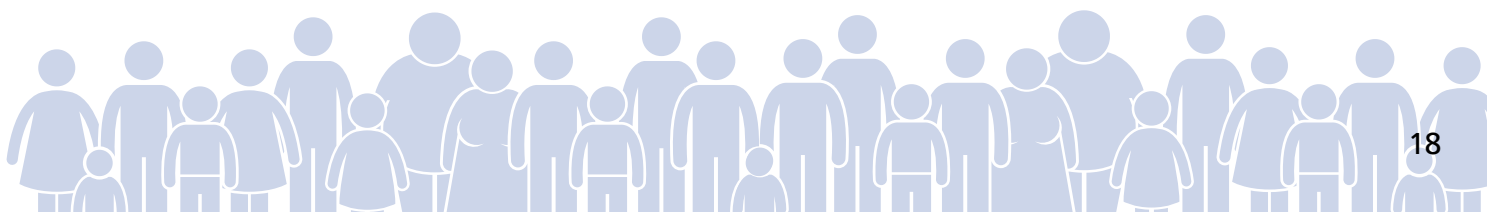
10.2

COMMUNITY EMPLOYMENT THEMES

We have identified **9 key themes** that we will focus on as part of our plan. These themes are based on feedback from our community partners, and views on the areas that will enable us to make the greatest difference.

C	Career Pathways	
O	Outreach	
M	Marketing	
M	Mentoring	
U	Understanding	
N	Networking	
I	Inclusion	
T	Training & Support	
Y	Young People	

10.2



WE WILL:

Develop and launch a suite of clear and accessible materials showing career pathways available within NBT, initially prioritising 1) Admin & Clerical, 2) Professional Corporate Careers, and 3) Entry to Nursing and Midwifery.



OUTREACH
 Recruit a dedicated full-time role for one year with a specific focus on engagement and outreach into our local communities.
By end of February 2024
 Engage in meaningful employment related activity with a minimum of 170 people from our local underrepresented communities, of which we will hire and support 50 people into employment with us.
By end of March 2025

MARKETING
 As part of work to develop our NBT Employer Value Proposition (EVP) we will undertake a piece of work to understand the current employer brand perception of NBT within our local communities, and how this can be enhanced.
By end of April 2024
 Review and relaunch our recruitment materials and communication channels for advertising roles within our local communities.
By end of June 2024



Launch a new mentoring scheme to support people from our local communities to become work ready and improve and enrich their employability skills.

Undertake a specific piece of work that focuses on building relationships within the key 8 communities where we are currently underrepresented, to further understand, identify and overcome the barriers to employment with us.
 Launch a new NBT Community Forum with partners from the voluntary sector, schools, colleges, and local community groups, and host a bi-annual networking event to hear what is working well and any further improvements we can make.



Launch a new monthly community engagement newsletter to share news, updates, courses, events, job vacancies and apprenticeship opportunities with our NBT Community Forum partners.
 Introduce NBT clinical and professional Career Ambassadors with representation from across all divisions, professions, and services to help us to promote careers, offer mentorship, and deliver work experience and career engagement activity within our communities.
 Introduce a single point of contact and careers inbox dedicated to help support enquiries about careers within NBT from our local communities and partner organisations.



WE WILL:

I

Commission the delivery of training and support to help leaders, managers and frontline workers recognise both personal and institutional bias, understand young and minority communities and develop the intercultural communication skills needed to develop an inclusive environment.

Reach out to voluntary sector partners and organisations that specifically support B.A.M.E, disabled and younger people (24 years and under) and work with them to ensure our work experience and career development programmes are particularly accessible and available to these groups.

Introduce a mechanism in our recruitment process at the point of advertising a vacancy, for the hiring manager to consider an alternative approach such as an alternative career development, work experience or apprenticeship opportunity from within our local communities.



Y

Offer at least 400 work experiences for young people from our local schools and colleges

With a stretch target to increase this to 500 during the following academic year (2024/25).

Pro-actively identify and approach the schools in the specific 8 areas of under-representation, with the aim of undertaking targeted careers engagement activity with students from these communities.



T

Introduce a new supported work experience programme running 3-4 times per year, for a total of 30 people of all ages, with a guaranteed interview at the end of the programme.

Develop and deliver a range of functional skills-based training to support people from our communities with maths, English, ESOL (English for speakers of other languages), digital skills, employability, introduction to healthcare/business admin, CV, application, and interview tips.

Re-brand the Job Shop and launch a new 'Careers Centre' at the entrance to the atrium in the Brunel Building, where we will offer hands-on support, advice, and guidance to people from our local communities and practical support to apply for roles with us.

Develop and deliver a suite of careers information, advice, and guidance sessions within our Careers Hub, and deliver this on an outreach basis within community settings.

10.2





DISPARITY RATIO

We have identified **9 key themes** to help reduce our disparity ratio across the Trust. These actions aim to support our divisions and services within the Trust to focus on this at a local level, and we will work to target specific areas where disparity exists.

D	Diverse Interview Panels	
I	Interview Feedback	
S	Selection Techniques	
P	Policy Review	
A	Alternative Interview Techniques	
R	Review of our Recruitment Processes	
I	Information & Guidance	
T	Training	
Y	Yielding Results	

10.2



WE WILL:

Work with the services/divisions/professions where an improvement in the disparity ratio is required and implement diverse interview panels for roles recruited into these areas.

..... **D**

SELECTION TECHNIQUES
Eliminate the use of CV's and expressions of interest for all roles and provide consistent guidance around any exceptional use of 'hidden vacancies', ensuring that all vacancies are advertised and logged appropriately.
By end of June 2024

..... **S**

Design/deliver a pilot scheme for Band 6+ Nursing roles with multiple means of assessment, situational judgement testing, assessment-based interviews and interview questions provided in advance.

..... **A**

Launch a fairer recruitment toolkit with advice, guidance and support for all hiring managers.

..... **I**

Track the progress of our disparity ratio on a quarterly basis, reporting KPIs for all divisions and services within Divisional Performance Review meetings and through data to our People & EDI Committee, ensuring that our actions are yielding positive results.

..... **Y**

Pilot a standardised approach to interview feedback for all B.A.ME internal and external candidates.

..... **I**

Commission an external/impartial review of our Recruitment Policy and re-launch this with associated guidance.

..... **P**

Commission a piece of work and use intelligence from our work with local communities, to review our current recruitment processes sample job descriptions and person specifications, to minimise bias and increase objectivity and cultural parity in decision-making processes.

..... **R**

Refresh and relaunch our recruitment training to include training on fairer recruitment, and unconscious bias training for all hiring managers.

..... **T**

10.2

WORKING IN PARTNERSHIP



We are delighted to have dedicated resource within NBT to drive forward this plan and help ensure that we can successfully achieve our aims and objectives – making our ambition a reality.

Our plan can only be achieved through effective partnership working with a wide range of voluntary sector organisations, local schools, colleges, education establishments and community groups.

This is a snapshot of some of the organisations we are working in partnership with. This list is not exhaustive, and we aim to work with as many organisations as possible to help us deliver this plan and make a real difference in and for our communities.



Curo are a housing association based in Bath. They provide support to resettled residents in the Baths and Bristol areas.



The Princess Trust supports young people across the UK to build confidence and pursue careers.



Seetec Plus works with people in the local areas to build the confidence to secure a career, as well a working with businesses to create more inclusive employment opportunities.

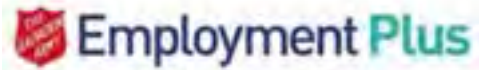


Future Bright is a local authority scheme set up to support residents to develop in their careers through coaching and funding.





We Work for Everyone is a local authority function supporting disabled residents to access and sustain meaningful employment.



Employment Plus is a function of The Salvation Army that works with residents who are unemployed, or at risk of unemployment, to deliver back-to-work support and provide computers and internet facilities to assist job searches



Ashley Community housing works in the local area to empower refugees and migrants who reside in the UK to lead self-sufficient and ambitious lives.



1625 Independent People works with young people aged 16 to 25 to prevent youth homelessness



Southmead Development Trust are a charity made up of staff, volunteers and residents who work together to help to release power in our community. By working alongside residents in North Bristol our expert teams support communities to be strong, vibrant and resourceful through building health, wellbeing, learning, employment and pride of place.





Babbasa's primary focus lies in addressing the multifaceted challenges faced by black, asian and minority ethnic young people residing primarily in Easton, Ashley, and Lawrence Hill. This is where "60% of the city's ethnic minority population lives in areas of economic disadvantage (Bristol City Council Ward Data, 2018)." Furthermore, those from ethnic minority backgrounds are more likely to be employed in low-skilled jobs (Indices of Deprivation: 2020–2021).

Babbasa's programmes cater to a wide spectrum of young people, including care leavers, ESOL, those at risk of becoming NEET (Not in Education, Employment, or Training), pre-NEET, and individuals close to exclusion. These programmes are designed to engage those who encounter barriers preventing them from accessing mainstream training and employability services. With a particular emphasis on individualised support and collaborative partnerships within the community, they facilitate progress toward positive skills/training, enterprise, and employability outcomes.

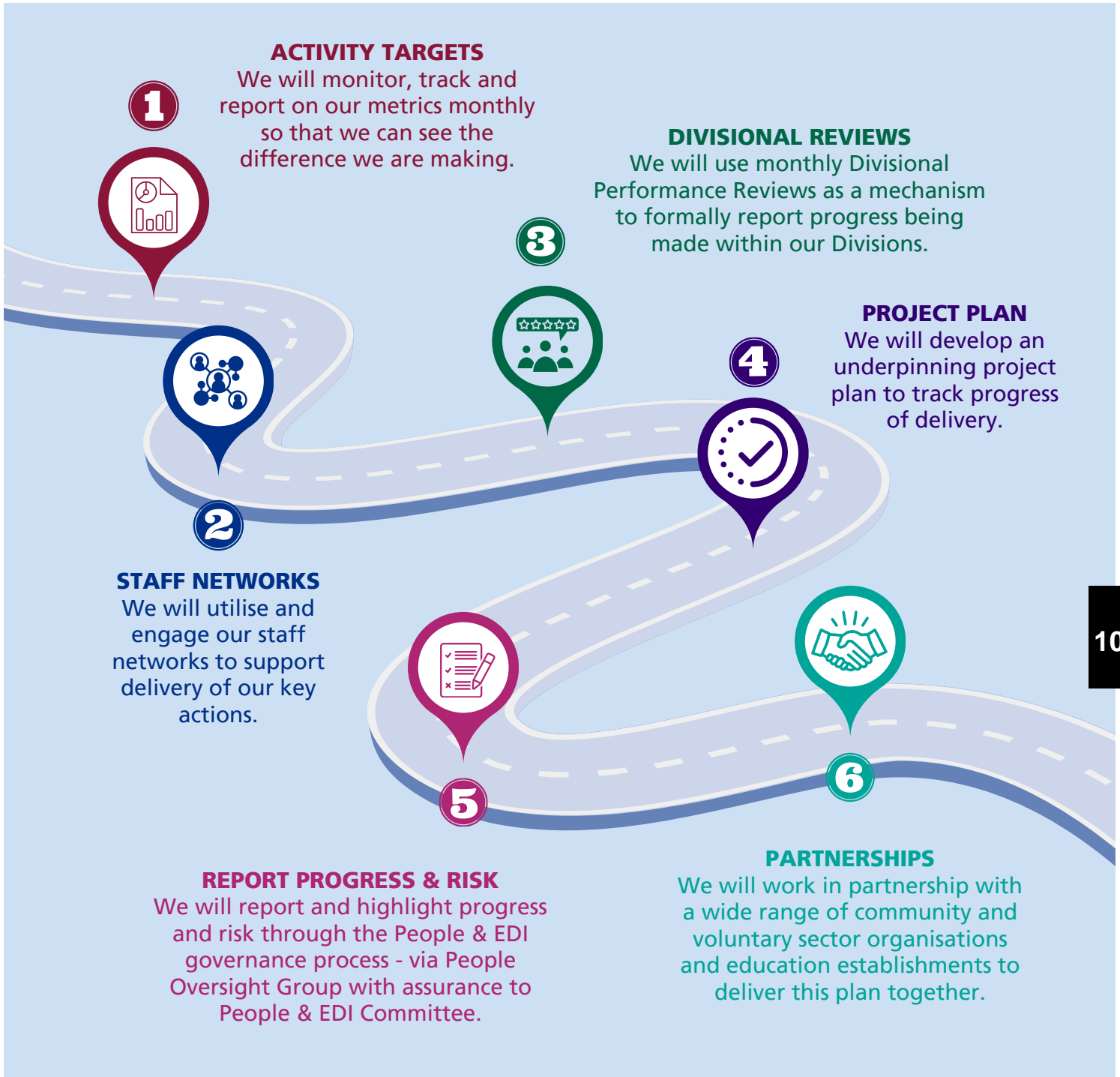


Babbasa in partnership with the One City Office and partners, have launched OurCity2030 - which aims to support young people from low income households, starting from inner city Bristol, to secure a median salary role by 2030.

The campaign will nurture the next generation of coders, creatives, activists, architects, engineers and social scientists - who are diverse in race, faith, culture and class. It aims to lift individuals out of poverty, increase representation in the workplace and create a new generation of role models for society.

ENSURING DELIVERY

We will ensure that there is effective delivery of our plans, and track, monitor and report our progress in the following ways:



10.2





OUR LONG TERM RETENTION PLAN

North Bristol NHS Trust
2024-2028



10.3

Developed January 2024

NBTCARES



CONTENTS

Aim of the Long-Term Retention plan	01
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AIM OF OUR LONG-TERM RETENTION PLAN

Our workforce is our greatest asset, and we want everyone here at NBT to feel proud to belong. We are pleased that staff turnover has been improving month-on-month since November 2022, and that more people are choosing to stay with us. However, we still have work to do to ensure that this improvement continues. We know that maintaining a healthy recruitment pipeline of staff is critical, but it is equally as important for us to continue to focus on improving retention and embedding a culture where people truly do feel proud to belong here.

As part of our Trust strategy, the creation of a long-term retention plan is one of our 'Putting Patients First' strategic priorities, and we have worked with colleagues from across the Trust to develop a plan that has some targeted actions that matter to people the most, so that we can track and measure our progress against this.

- In 2022 2,900 substantive staff left NBT, and in 2023 this reduced to 1810.
- In December 2022 we had a workforce gap of 798.75 wte, and in December 2023 this reduced to 558.11 wte.
- In 2022, our Leaver's Insight Report found the most common reasons people left us was work-life balance, pay and reward, progression and continuing professional development (CPD), relocation and health and wellbeing.
- Our exit data shows that reasons for leaving vary by professional group and job role and are influenced by factors such as an individual's age and life events.

This Plan builds on our 1-year Retention Plan for 2023/24 and the seven elements of the NHS People Promise and Plan. It recognises the interdependencies of other key plans and reports including the NHS and NBT's Long Term Workforce Plan, NBT's Clinical Strategy and increased collaboration with UHBW, NBT's Equality, Diversity and Inclusion Plan and Commitment to our Community work. It sets a turnover target of **10.2% by 2028**.

Our plan details the key interventions which will be undertaken each year, which will have impact Trust-wide or at staff group or service level.

We have incorporated the **key retention actions** which our Divisions have committed to undertaking or supporting, accepting that some other divisionally led retention work will form part of their 'business as usual'.

We are excited about the opportunities that this plan brings, and with a clear and targeted focus on retention we believe that we can continue to ensure that people stay with us, enabling us to achieve our aim of outstanding patient experience.



CONTEXT

Our retention plan recognises the interdependency with our Trust Strategy, and the link to our Long Term Workforce Plan and Clinical Strategy.

The infographic consists of six cards arranged in two rows of three. Each card has a distinct color and an icon at the top.

- Card 1 (Green):** Icon: Checkmark in a circle. Text: "Our aim is to deliver **outstanding patient experience.**"
- Card 2 (Maroon):** Icon: House with a heart. Text: "We are committed to be a **great place to work** where staff feel **proud to belong.**"
- Card 3 (Orange):** Icon: Group of people. Text: "In **2023, 1,800 staff left NBT** and in December 2023 we had 558 WTE vacancies."
- Card 4 (Dark Blue):** Icon: Document with checkmark. Text: "Supporting the wellbeing of our staff so they **want to stay and grow their careers** at NBT is an aim of our Clinical Strategy"
- Card 5 (Light Blue):** Icon: Handshake. Text: "We are part of the People Promise **NHSE Retention Exemplar Programme**"
- Card 6 (Yellow):** Icon: Lightbulb. Text: "We have **opportunities to do things differently and better.**"

NBT's Long-Term Workforce Plan 2023 –2028 will **'ensure we have the right people with the right skills at the right time and at the right cost'**. It offers a view of workforce challenges and opportunities over the next 5 years and includes plans around the establishment of the new Elective Care Centre.

10.3

EXTERNAL DRIVERS AND INFLUENCES

There are a range of external drivers and influences that impact on retention across the NHS and within NBT.

POLITICAL

- UK General Election due 2024
- Political demand to offer greater patient choice and improve performance is likely to continue
- Geopolitical events in Ukraine and the Middle East

ECONOMIC

- Cost of living crisis impacting on people's financial wellbeing and disposable income having a downstream impact on people's health
- A worsening economy could lead to lower levels of job growth and unemployment, though this could increase talent pools
- Long term funding of the NHS

SOCIAL

- Demographic changes with people living longer increasing pressure on the NHS and an ageing workforce
- Bristol local population expected to grow 12% by 2043
- Changes in immigration and the impact on available talent
- Multiple generations in our workforce with different expectations
- Social justice and COVID shining a light on health inequalities

TECHNOLOGY

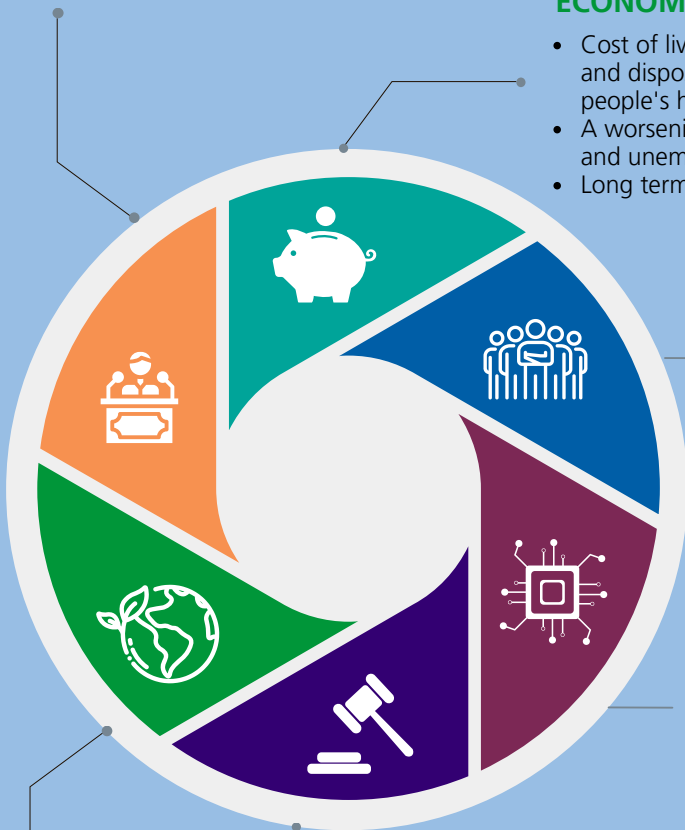
- Advances in AI, increased automation and the impact on work and skills; Bio- tech and genetics advances likely to continue

LEGAL

- Cost of living crisis impacting on people's financial wellbeing and disposable income having a downstream impact on people's health
- A worsening economy could lead to lower levels of job growth and unemployment, though this could increase talent pools
- Long term funding of the NHS

ENVIRONMENT

- 2030 Net zero commitment, ageing retained estate and restricted space for new staff parking.
- Availability of new, local and affordable housing in Bristol for a growing workforce





10.3

WHAT IS THE DATA TELLING US?

TRUST-WIDE DATA

Headlines from analysis of our workforce data shows that overall our staff turnover has seen a **statistically significant improvement** with month-on-month reduction since November 2022 shown in **Graph 1**. Improvements in turnover can be seen in **all Divisions** as shown in **Graph 2**.

Graph 1



Graph 2



10.3

TRUST-WIDE DATA

Although we have seen an overall reduction in turnover, we have **higher turnover levels in Corporate Services** (mainly due to fixed term contracts in IM&T), Health Care Support Workers (Additional Clinical Services) and Admin & Clerical as shown in **Graph 3**. We have also seen an **increase in turnover in Medical staff**, driven by increases in leavers in ASCR and Medicine

Graph 3



We have not yet seen a statistically significant deterioration or improvement in 2023/24 for the Health Care Support Worker group (a focus area in our 1-year retention plan) as shown in **Graph 4**.

Graph 4

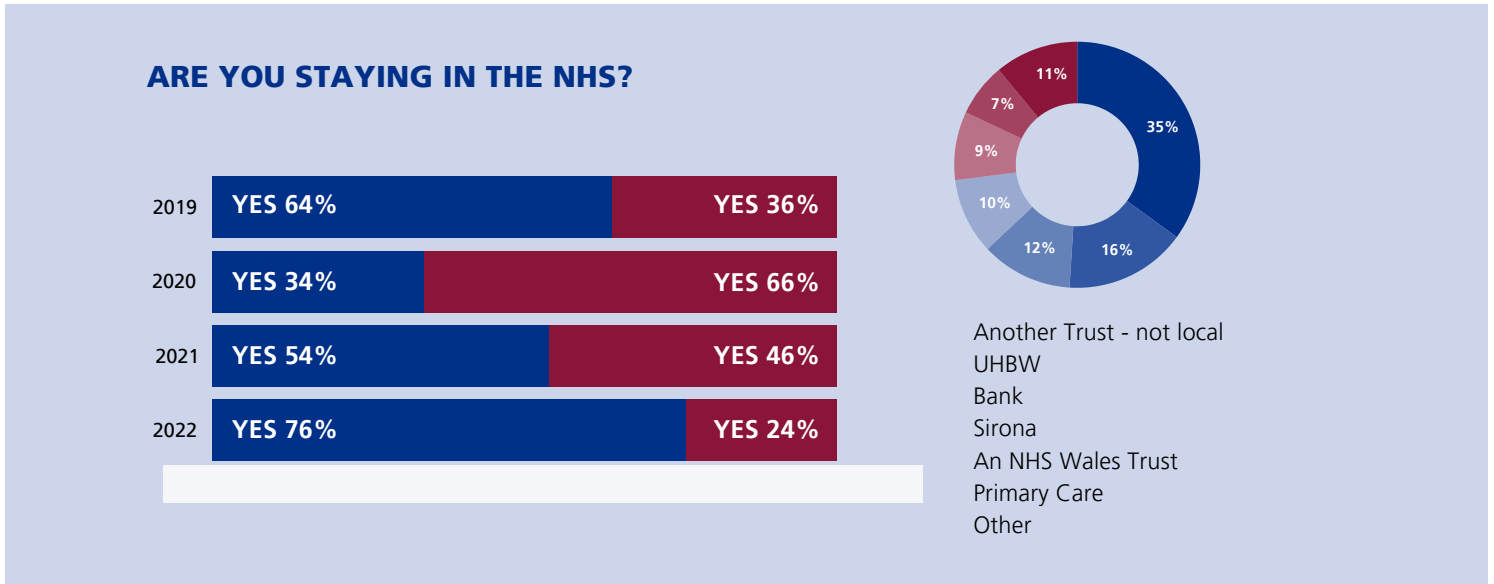


10.3

TRUST-WIDE DATA

Around **60% of staff remain in the NHS** as shown in **Graph 5**, with the most common destination after leaving being UHBW, the Bank or Sirona. Popular reasons for leaving include: work life balance, higher salary, changing career and relocation

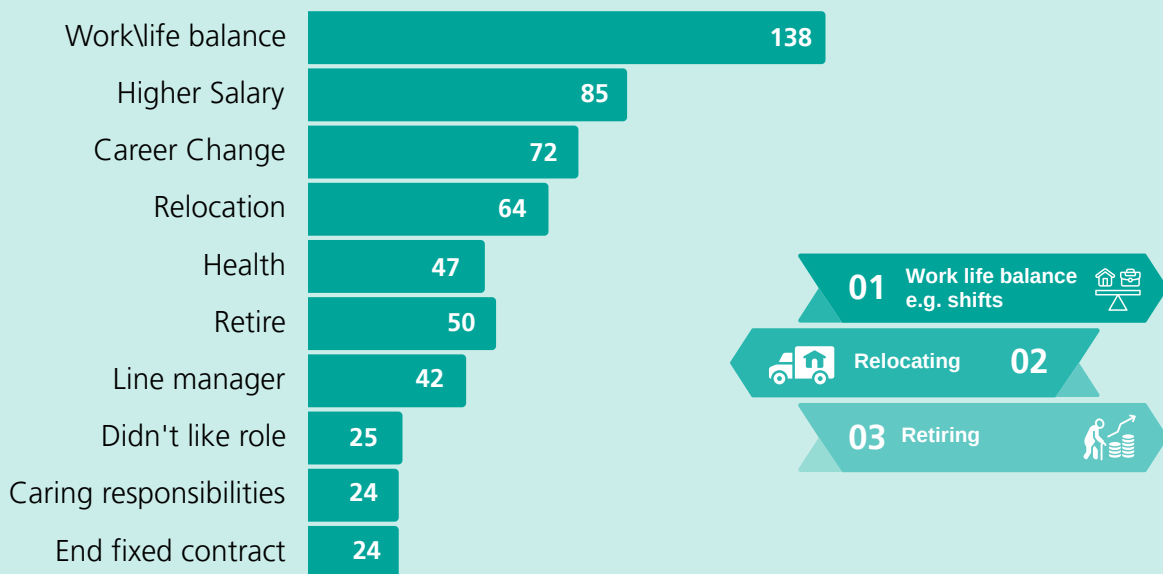
Graph 5



When asked for the top leaving reason the top 3 leaving are:

1. Work life balance e.g. shifts, 2. Relocating and 3. Retiring.

Graph 5





10.3

**WHAT WE'VE
DONE SO FAR**

WHAT WE'VE DONE SO FAR...

As part of NBT's 1-year Retention Plan we have achieved the following actions:

We launched a new flexible working policy, case studies and toolkit, resulting in formal flexible working requests increasing by 52% in 2023 compared to 2022.

We introduced 'New starter conversations' to ensure we check in with our new starters along their induction and onboarding experience.

We held a flexible working engagement week in February 2024.

We designed and delivered a new and improved extended Health Care Support Worker induction from September 2023.

We engaged 89 different teams in the 'Time to Talk' campaign which promoted wellbeing conversations.

We increased our financial wellbeing support offer.

We focused on an improved appraisal experience for all staff in NBT, and 83% of staff had an appraisal in 2023, and in our staff survey we saw an increase of 4% in the question of staff 'feeling valued by the organisation'.

We grew our 'Itchy Feet' campaign, offering conversations to those people thinking about leaving, and finding was to retain them. We spoke to 500% more people in 2023 than 2022.



10.3

NHS EMPLOYERS: EVIDENCE-BASED REVIEW AND IMPACT

In December 2023 NHS Employers reviewed the evidence base on retention and gathered intelligence from a range of employers that have reduced turnover. This review has identified that by improving staff experience, in areas such as flexible working and health and wellbeing support, turnover levels can be reduced. Within NBT, we are taking steps against these key actions in the following ways:

NATIONAL KEY ACTIONS AND WHAT WE ARE DOING ABOUT THEM



Have a strategic approach to retention

We have 1- and 5-year strategic retention plans developed as part of the Trust's strategy. A Retention and Staff Experience Group has been established reporting into our People Oversight Group.



Take an evidence-based response using data

Our 1- and 5-year retention plans have been developed through our Patient First A3 methodology, using evidence-based workforce data to inform our plans and interventions.



Explore issues leading people to actively consider leaving

We enhanced our Itchy Feet campaign, offering more conversations with people thinking of leaving - helping them to stay. We also introduced local stay conversations and have undertaken detailed analysis on our leavers' data, and regularly review this.



Support for line managers to make improvements to organisational culture at team level

We have dedicated culture improvement work in Theatres and our Women and Children's Division. We also introduced a new Healthcare – Excellence in Leadership & Management (HELM) leadership and management development programme for our managers and senior leaders.



Deploy impactful interventions to improve staff experience particularly around health and wellbeing and flexible working

We have built a suite of business-as-usual high impact health and wellbeing interventions. We launched a flexible working campaign in February 2024.



Tackle issues of discrimination, bullying and harassment

We have launched a new Zero Acceptance Policy and a high profile 3-month 'We Do Not Accept' campaign tackling discrimination, racism, bullying, harassment, violence, aggression and abuse. We have designed, and launched our 3 Year Equality, Diversity and Inclusion (EDI) plan.



Increase learning and development opportunities and enhance induction

We are developing our Learning and Development Strategy with enhanced induction and onboarding as a core element of this plan.

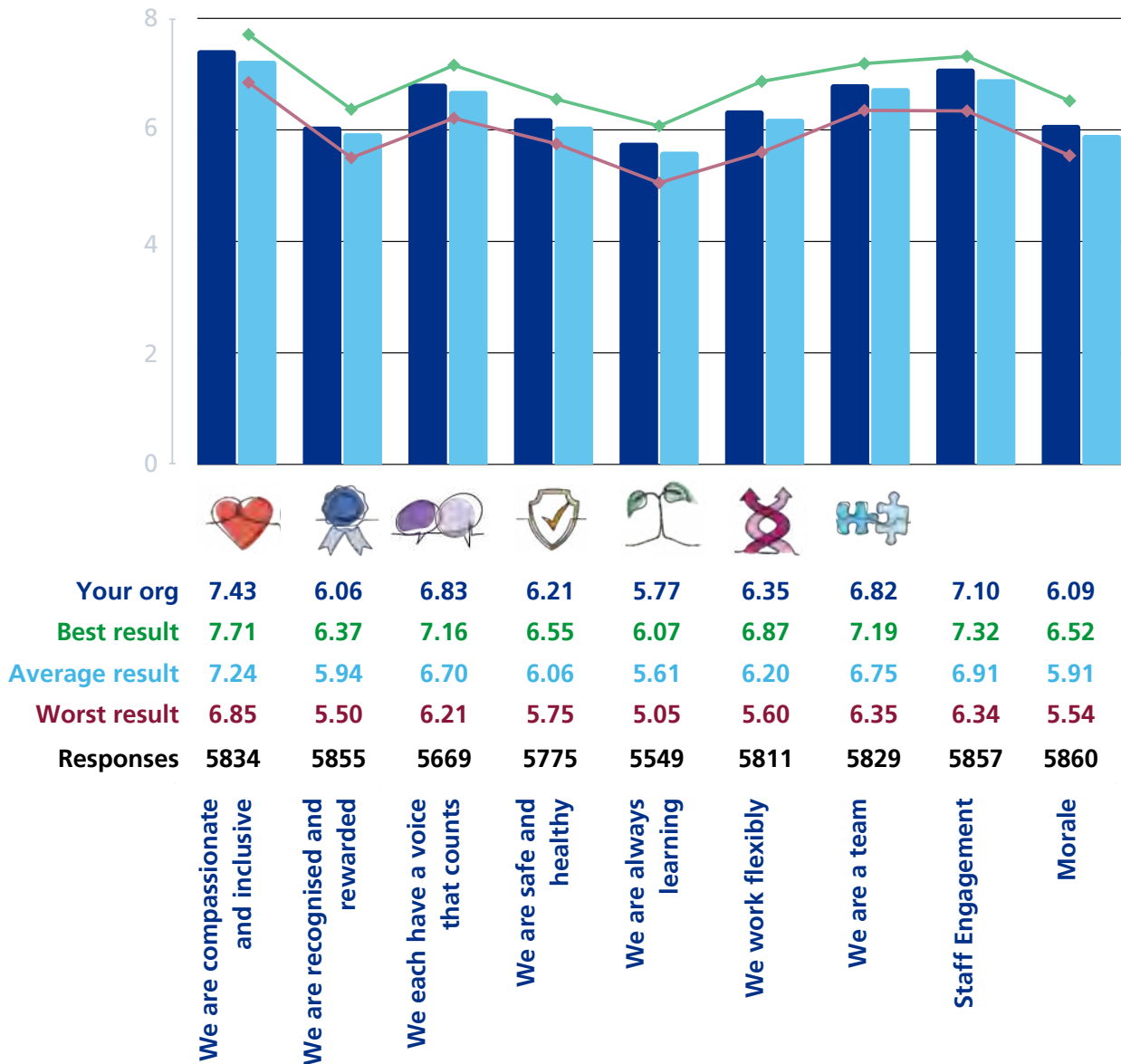
HOW ARE WE DOING?

In our 2023 staff survey we **saw improvements in staff indicating 'I often think about leaving this organisation'** dropping from 31% in 2022 to 25.6% and below comparator average of 28.6%

Staff indicating, they will be looking for another job in the next 12 months reduced from 23.5% in 2022 to 18.6%, better than the comparator average of 20.9%

A key measure of staff experience can be seen in staff recommending our organisation as a place to work. **70.3% answered positively** to this in 2023 compared to 62.5 in 2022 against the comparator average of 61.2%.

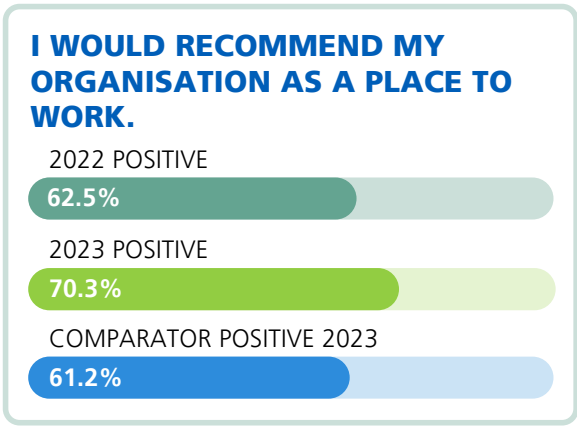
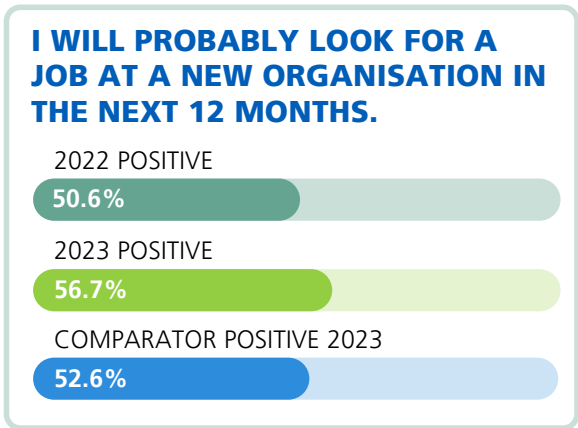
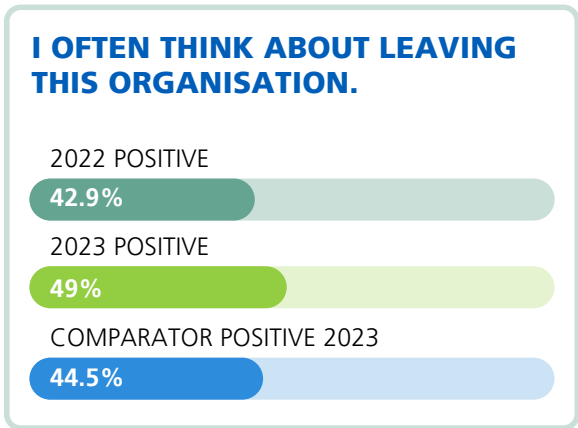
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



10.3

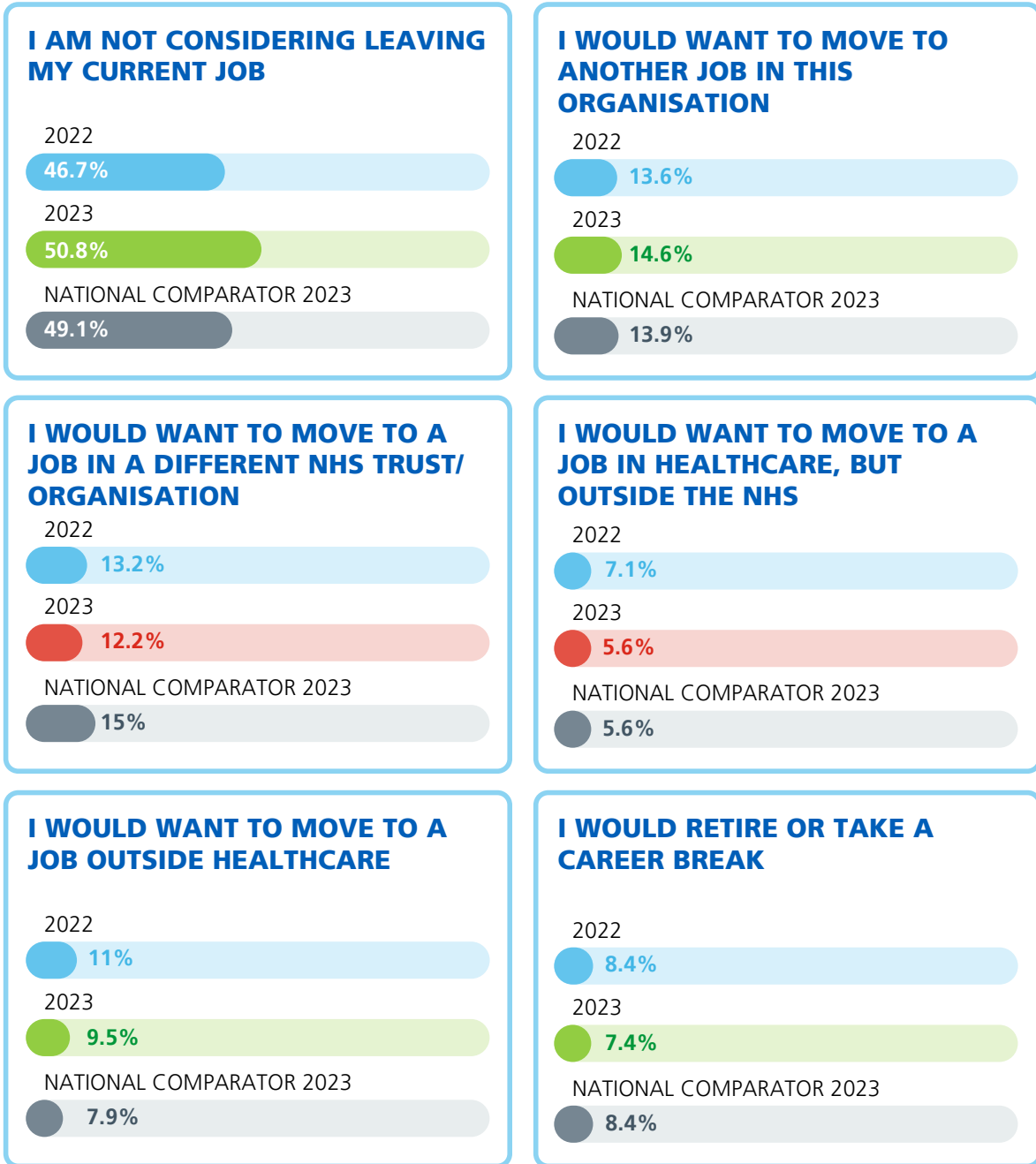
NATIONAL STAFF SURVEY RESULTS

The National Staff Survey provides useful insights of staff intention to stay or leave NBT and shows an improvement on last year’s data on staff intention to leave, and against comparator organisations.



NATIONAL STAFF SURVEY RESULTS

It then asks: If you are considering leaving your current job, what would be your most likely destination?



10.3





10.3

OUR RETENTION PRIORITIES

NBT RETENTION PRIORITIES

From analysis of our workforce data and following engagement with leaders across NBT, we have identified **4 retention priority areas**. These have been mapped to the NHS People Promises and our CARES values:



ENSURE A GOOD WORK LIFE BALANCE



We are **safe** and **healthy**



We work **flexibly**



BUILD A CULTURE OF KINDNESS AND BELONGING



We are **compassionate** and **inclusive**



We are **a team**



SUPPORTING OUR MANAGERS AND LEADERS



We are **safe** and **healthy**



We are **always learning**



SUPPORTING CAREER DEVELOPMENT AND PROGRESSION



We are **recognised** and **rewarded**



We are **always learning**



WHY CHOOSE THESE PRIORITIES?...

These priorities are driven by what the data is telling us, and we aim to ensure that by addressing these priorities we have the greatest chance of continuing to reduce staff turnover and improve retention within NBT.



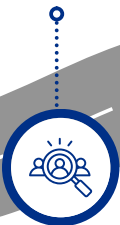
10.3

OUR EMPLOYEE JOURNEY

We have mapped our 4 key priorities against our employee journey and risk points for turnover

1. ATTRACTION

Employer Value proposition and Talent acquisition
(Long-term workforce plan)



2. ONBOARDING AND SETTLING IN

(meeting essential needs eg pay, accommodation, travel)



4. DEVELOPMENT

Supporting peoples' career plans



3. INDUCTION

Including early career support
(flight risk first 12-24 months)



5. TEMPORARY SEPARATION

Career breaks & sabbaticals



7. OFFBOARDING

Having a good leaving experience



6. SUPPORTING

Staff in later careers - retire and return



8. Developing an Alumni



10.3

NBT RETENTION PRIORITIES

-  BUILD A CULTURE OF KINDNESS AND BELONGING
-  ENSURE A GOOD WORK LIFE BALANCE
-  SUPPORTING OUR LEADERS AND MANAGERS
-  SUPPORTING CAREER DEVELOPMENT AND PROGRESSION



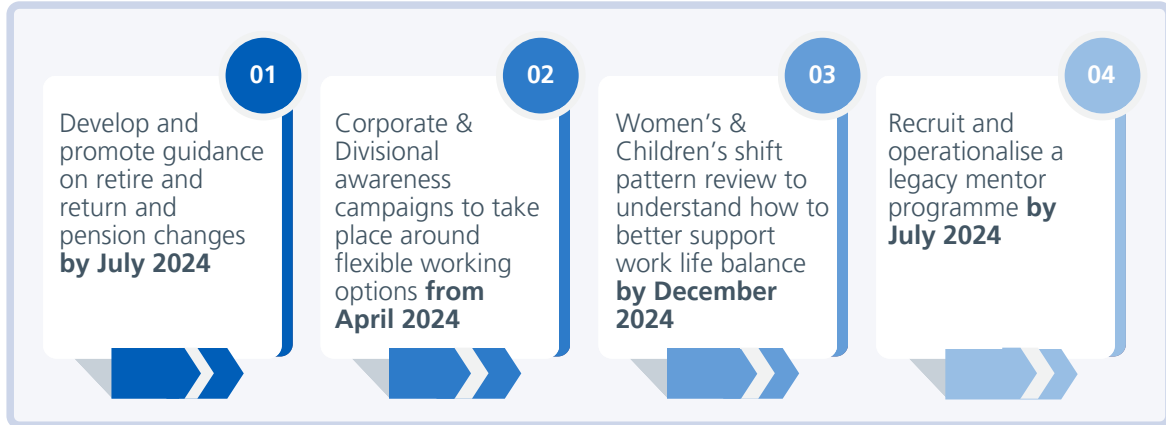
10.3

**WHAT ACTIONS
WILL WE TAKE?**



THEME 1 ACTIONS: ENSURE A GOOD WORK LIFE BALANCE

2024 IMMEDIATE ACTIONS



MEASURES



Reduction of leavers selecting work life balance from 30% (2023) to 28.6% by March 2025 measured in Staff Exit Questionnaire reasons for leaving.

Increase in staff taking sabbaticals/career from 60 (0.6% of the workforce) in 2023 to 110 (1% of the workforce) by March 2026.

50% increase in retire & returns applications by December 2025.

10.3

LONGER TERM ACTIONS - WE WILL:



Develop and fully implement a flexible Job Planning policy **by May 2025**



Undertake a review of shift patterns and potential for flexible/self-rostering in specific teams **by March 2025**



Develop new support mechanisms targeting the health and wellbeing of an ageing workforce **by February 2025**



Develop new guidance and policy on career breaks and sabbaticals **by February 2025**



THEME 2 ACTIONS: BUILD A CULTURE OF KINDNESS AND BELONGING

2024 IMMEDIATE ACTIONS



MEASURES



Improvement in staff engagement scores and metrics. From 7.10, in 2023 staff survey to **7.15 in 2024**

Improvement in the 'We are compassionate and inclusive' People Promise theme from 7.43 in the 2023 staff survey to **7.6 in 2024**

Reduction in staff reporting bullying and harassment measured in the staff survey from 19.24% in 2023 to **15% in 2024**

LONGER TERM ACTIONS - WE WILL:



Establish a social/communities groups framework linked to staffs' shared/common interests
March 2025



Develop new mechanisms to ensure that staffs' essential needs (financial, accommodation, mental health) are met and that they are supported when they need it most
February 2025



Develop and implement a new 'Culture of Kindness' Framework
February 2025

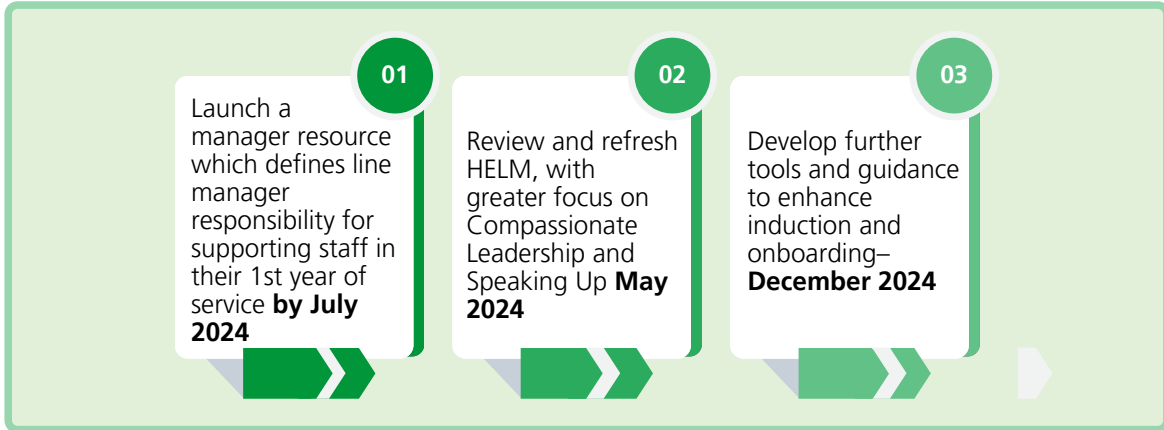


Expand the roll out of the Start Well – End Well check in March 2025
by March 2025

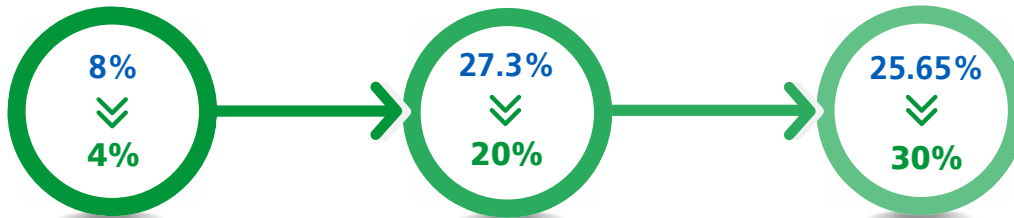


THEME 3 ACTIONS: SUPPORTING OUR LEADERS AND MANAGERS

2024 IMMEDIATE ACTIONS



MEASURES



Reduction of staff citing relationship with their line manager in their leaving decision from 8% in 23/24 to **4% in 2024/25** measured in staff exit questionnaire

Year on year reduction in staff leaving in their first 12 months will show us we are making improvements in new starter experience from 27.3% of leavers in 2023 to **20% of leavers by March 2025**

% of staff selecting 'never or rarely' to time pressures from 25.65% in 2023 staff survey to **30% in 2024**

10.3

LONGER TERM ACTIONS - WE WILL:



Re-promote and expand the 'Me and My Team' support programme for teams by **June 2025**



Develop a suite of bite size learning modules and launch to the organisation by **March 2025**



Conduct a review of our systems and processes that support our leaders with appraisal and general HR support by **January 2025**



Undertake an audit of managers' spans of control to ensure they are reasonable and reduce work pressures from **March 2025**

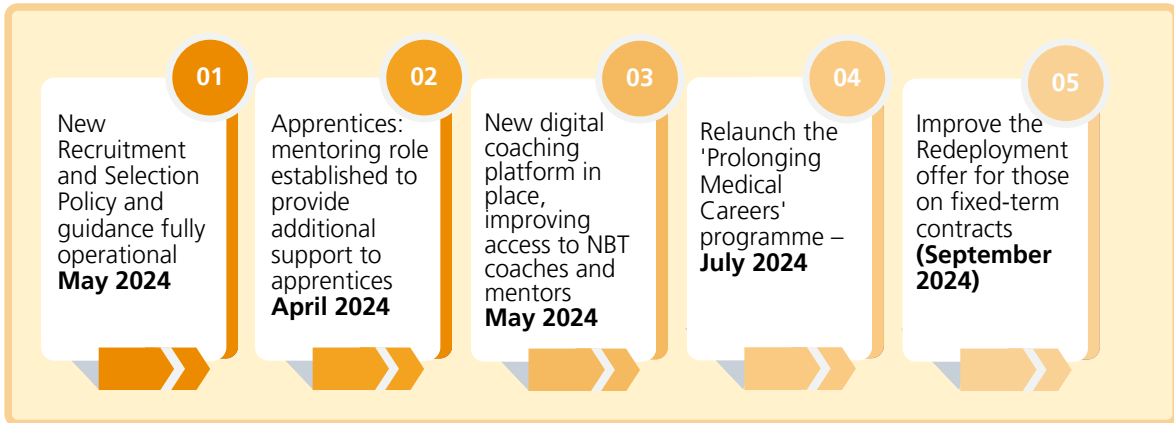


Benchmark, review and standardise Admin & Clerical job descriptions Trust wide from **March 2025 onwards**

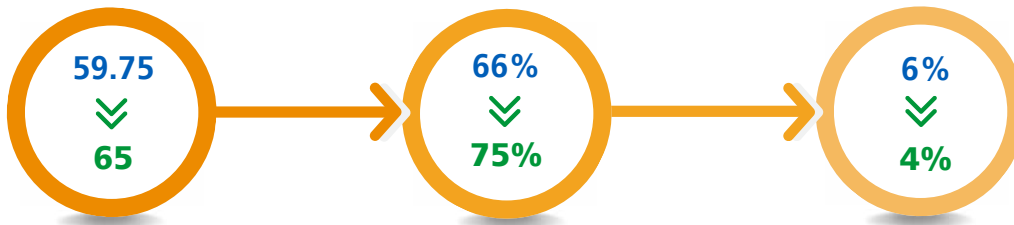


THEME 4 ACTIONS: SUPPORTING CAREER DEVELOPMENT AND PROGRESSION

2024 IMMEDIATE ACTIONS



MEASURES



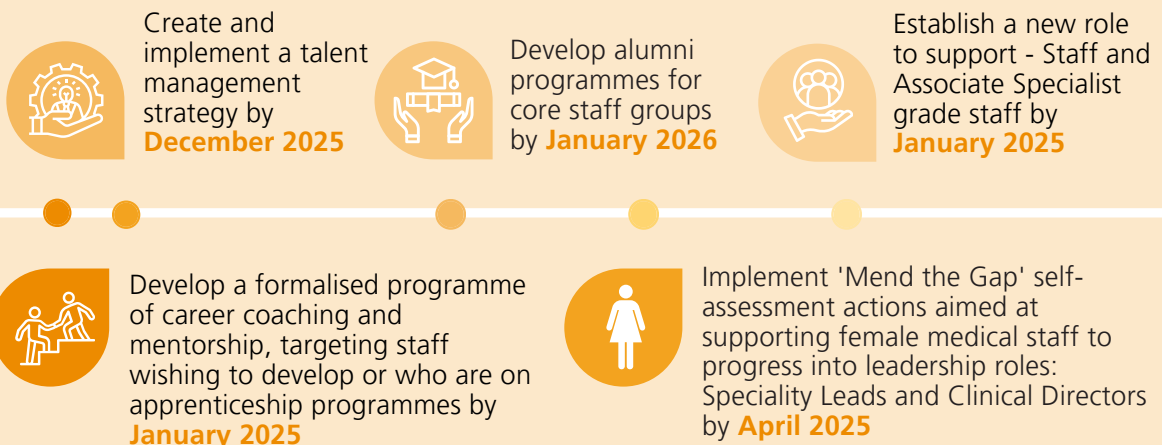
Staff answering positively to 'I feel supported to develop my potential' from 59.75 2023 NSS to **65%** measured in **2024 NSS**

Increase in staff completing their apprenticeships from 66% in 2023 to **75% by December 2025**

Reduction in leavers on a fixed term contract from 6% of all leavers reported in ESR 2023/2024 to **4% by March 2025**

10.3

LONGER TERM ACTIONS - WE WILL:



NURSING AND MIDWIFERY

The following strategic priorities will be our focus for Nursing & Midwifery staff, and the associated actions are incorporated into our plans. We will set ourselves year on year targets as outlined below.

CURRENT POSITION

Registered Nursing

- Registered Nurses have the 2nd highest vacancy rate in the Trust (currently 367 WTE).
- High levels of turnover in registered Nursing due to 'work life balance' reasons.
- Exit data showing a greater dissatisfaction with work-life balance than other staff groups.

Unregistered Nursing

- High levels of turnover in Health Care Support Worker roles in their first 12 months.

Midwifery

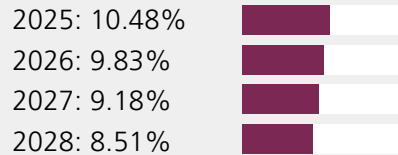
- We are seeing high levels of band 5 Neonatal Nurse turnover (currently 15.65%).

IMPACT

REGISTERED NURSING AND MIDWIFERY

Current turnover: 12.06%

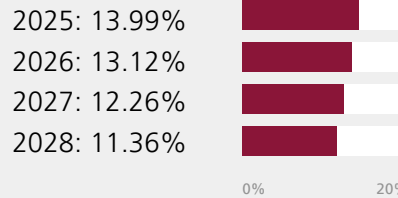
Target turnover



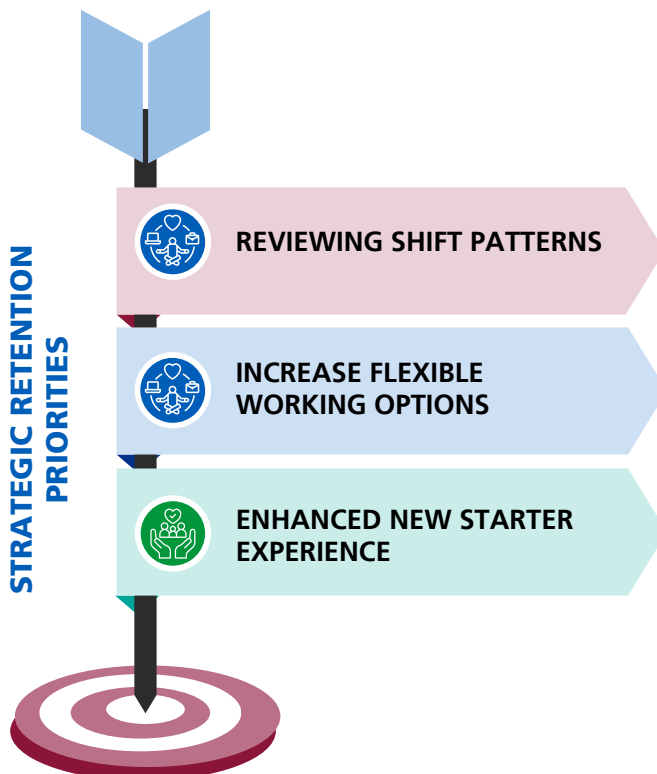
UNREGISTERED NURSING

Current turnover: 16.32%

Target turnover



STRATEGIC RETENTION PRIORITIES



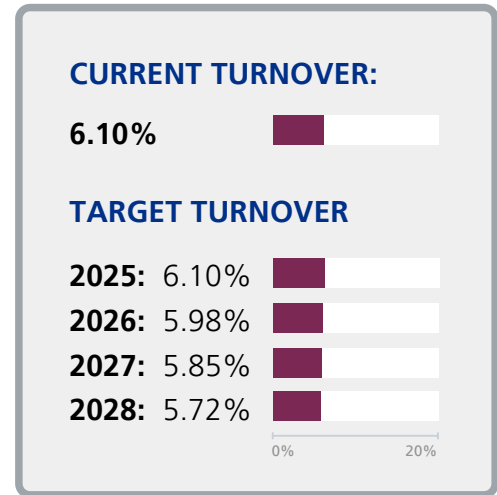
MEDICAL PROFESSIONALS

The following strategic priorities will be our focus for Medical professionals, and the associated actions are incorporated into our plans. We will set ourselves year on year targets as outlined below.

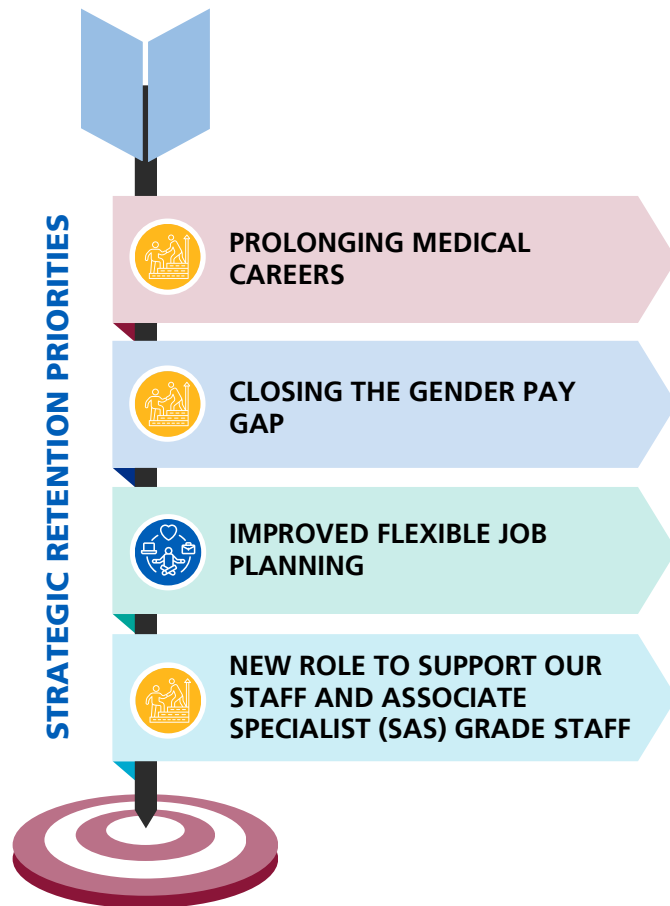
CURRENT POSITION

- Age/retirement profiles are a risk in certain specialties, e.g., Anaesthesia.
- Possible national changes in Consultant contract could lead to increased opportunities to work more flexibly.
- Increases in less than full time trainees makes rota management and service delivery challenging.
- Early resignations for postgraduate doctors means there are seasonal fluctuations in how we resource our services.
- Plans to participate in medical apprenticeship pilot from 2024/25.

IMPACT



STRATEGIC RETENTION PRIORITIES



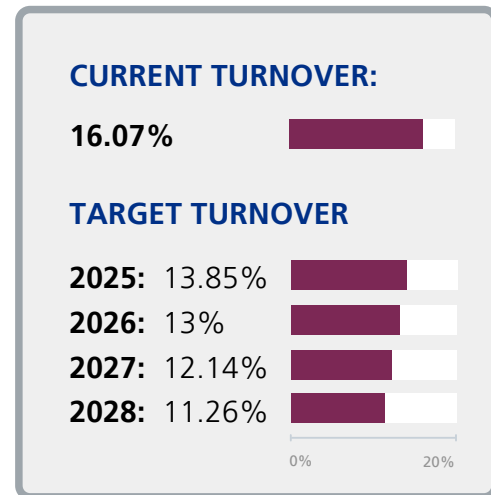
ADMINISTRATIVE & CLERICAL

The following strategic priorities will be our focus for Administrative & Clerical staff, and the associated actions are incorporated into our plans. We will set ourselves year on year targets as outlined below.

CURRENT POSITION

- Admin & clerical staff are one of the staff groups with the highest levels of turnover in the Trust with all Divisions identifying this group as a concern.
- Our exit data shows higher levels of admin & clerical staff leaving the Trust citing 'higher pay' than other staff groups, reflecting the competitive labour market.
- High levels of admin and clerical leavers working on fixed term contracts is adversely affecting retention. We are not currently effectively engaging fixed term workers with redeployment opportunities.

IMPACT



STRATEGIC RETENTION PRIORITIES



10.3



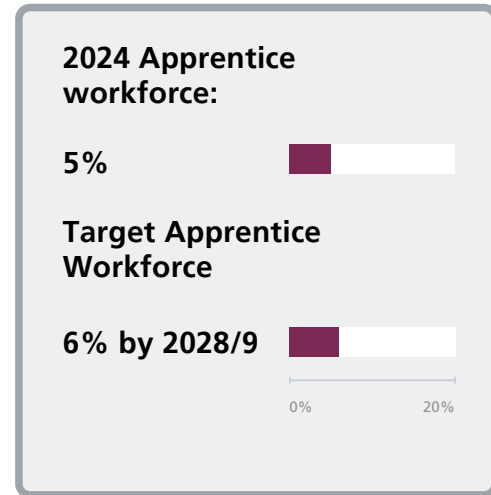
APPRENTICES

The following strategic priorities will be our focus for those staff undertaking apprenticeships with us, and the associated actions are incorporated into our plans. We will set ourselves year on year targets as outlined below.

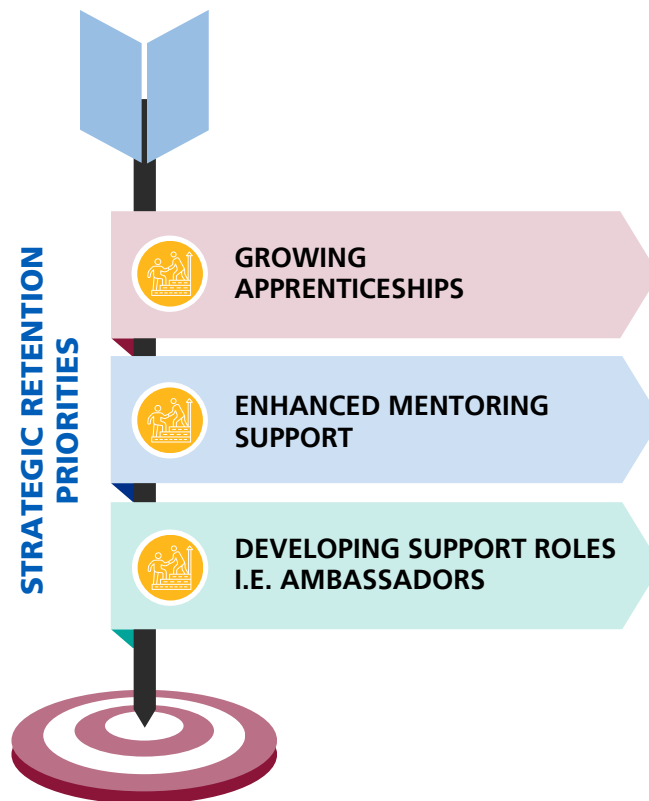
CURRENT POSITION

- We have a strong established apprenticeship programme with 368 staff currently on an apprenticeship at NBT.
- Long term demand forecasting for apprenticeships has been implemented to ensure levy used optimally.
- NHS Long Term Workforce plan focuses on the quality of apprenticeship experience and how apprenticeships can be expanded.
- NHSE Educator Workforce strategy sets out actions that will lead to sufficient capacity and quality of educators.

IMPACT



STRATEGIC RETENTION PRIORITIES



WOMEN & CHILDRENS HEALTH

The following strategic priorities will be our focus for those staff working in Women & Children’s Health, and the associated actions are incorporated into our plans. We will set ourselves year on year targets as outlined below.

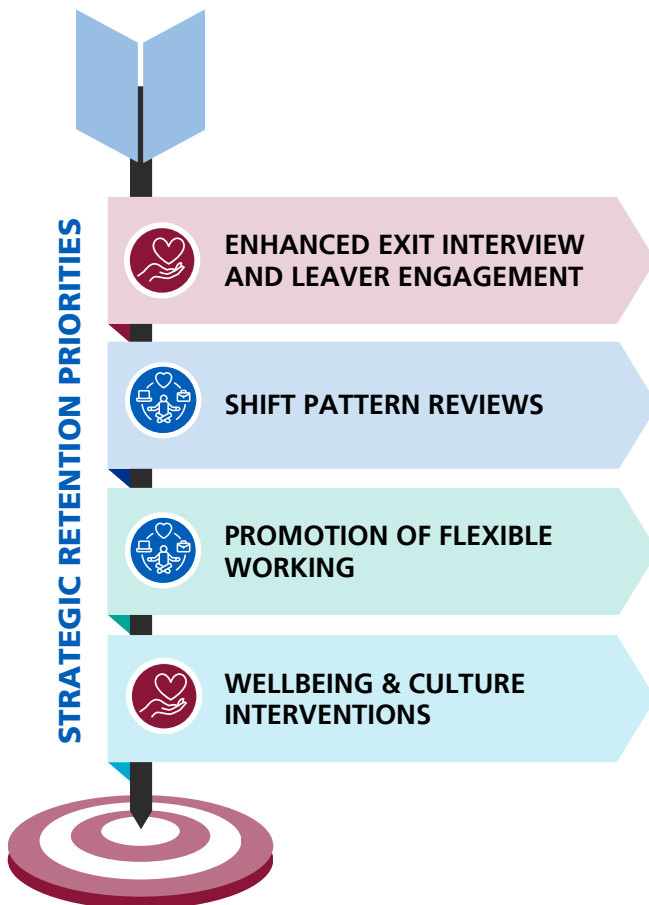
CURRENT POSITION

- High levels of Maternity Support Worker turnover (currently 14.46%).
- High levels of band 5 Neonatal Nurse turnover (currently 15.65%).
- High levels of admin & clerical staff turnover (Currently 16.93%).
- Higher levels of sickness impacting other staff and risk of burnout in small/ specialised teams.
- Lower levels of engagement shown in 2023 Staff Survey Results.
- Review of Band 6 incentive taking place.

IMPACT



STRATEGIC RETENTION PRIORITIES



10.3



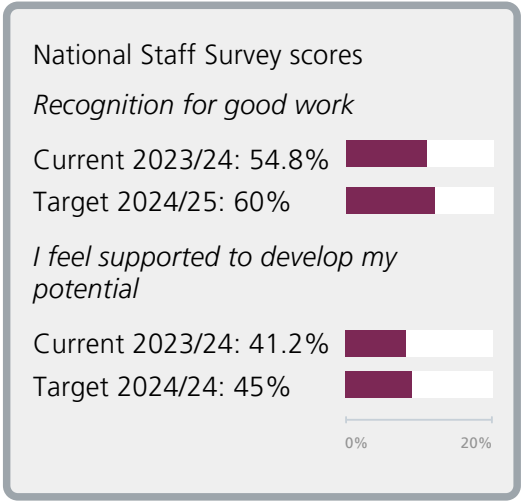
BANK-ONLY WORKERS

The following strategic priorities will be our focus for Bank-only Workers, and the associated actions are incorporated into our plans. We will set ourselves year on year targets as outlined below.

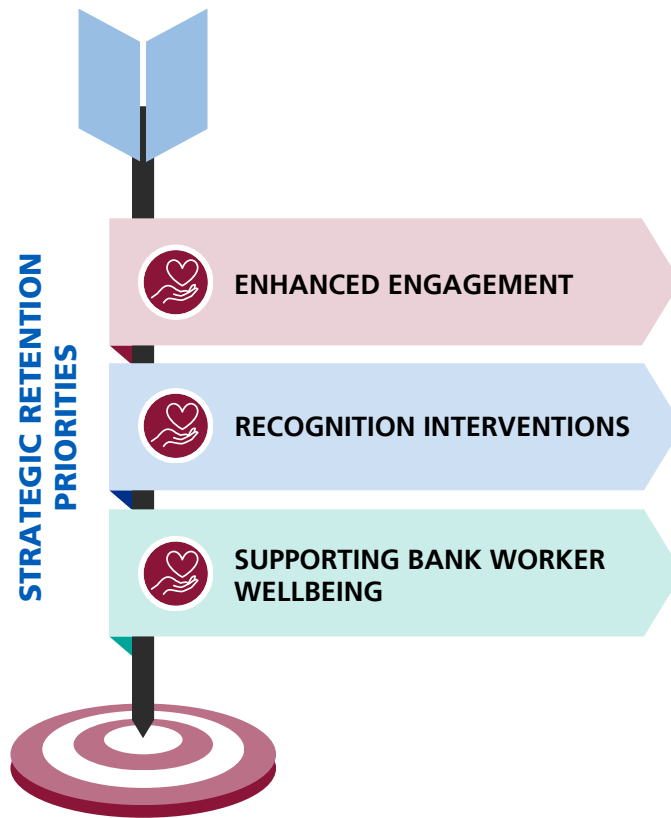
CURRENT POSITION

- We have 2000 Bank-only workers covering a range of staff groups.
- They are a critical part of our workforce who enable us to provide excellent patient care.
- The main reason they choose to work on the Bank is for reasons of work-life balance.
- Our staff survey indicates that Bank-only workers feel less engaged and less valued by NBT than substantive staff.
- They are keen to develop in their role, receive feedback and have a voice.

IMPACT



STRATEGIC RETENTION PRIORITIES



ALLIED HEALTH PROFESSIONALS (AHPS)

The following strategic priorities will be our focus for Allied Health Professionals, and the associated actions are incorporated into our plans. We will set ourselves year on year targets as outlined below.

CURRENT POSITION

- High vacancies and turnover, shortage in national supply in key staff groups (Occupational Therapy, Dietetics, Operating Department Practitioners).
- High use of agency and temporary staff.
- Workforce gaps in supply of trained staff, retention of staff and disparities in their deployment and development.
- Pressures likely to grow. National AHP growth figures suggest growth of over 25k AHPs required to deliver the NHS Long Term Plan in England (2020-2025).
- Black, Asian & Minority Ethnic (BAME) staff are under-represented in senior AHP roles at NBT.

IMPACT



STRATEGIC RETENTION PRIORITIES



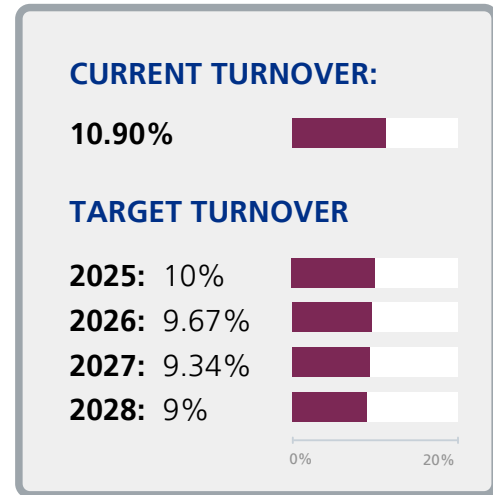
ESTATES AND FACILITIES

The following strategic priorities will be our focus for Estates & Facilities staff, and the associated actions are incorporated into our plans. We will set ourselves year on year targets as outlined below.

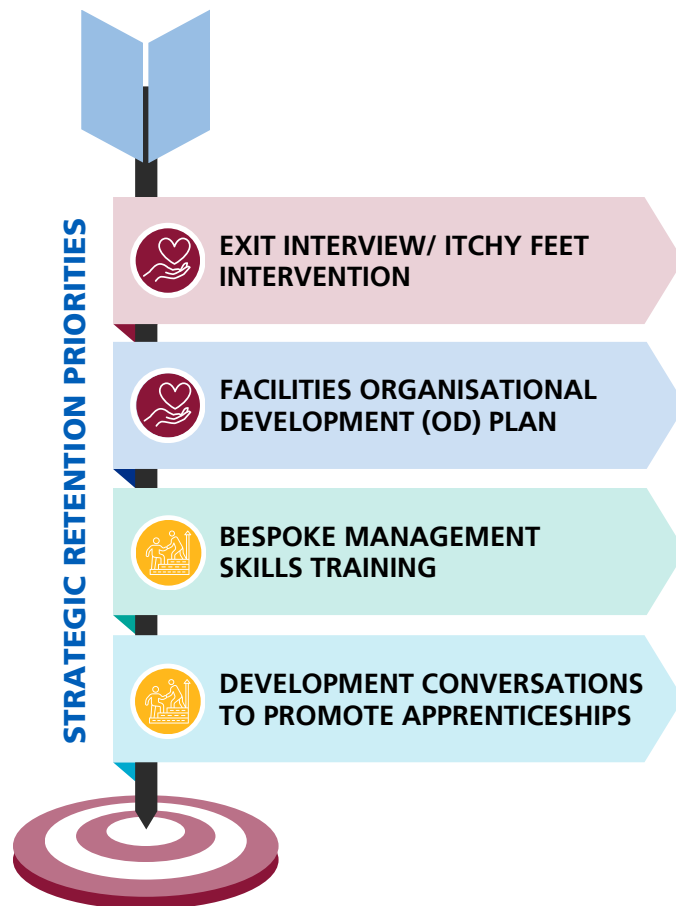
CURRENT POSITION

- Work ongoing to reduce Bank spend and improve control of working time to support staff wellbeing.
- Low levels of take up of the Trust’s Exit Interview Age/retirement profiles are a risk in certain small and specialised teams.
- Higher numbers of staff in lower banded roles transferring to other areas of the Trust for career development.
- High number of leavers not understanding what the role entails.

IMPACT



STRATEGIC RETENTION PRIORITIES



BREAKDOWN OF DIVISIONAL TARGETS



10.3

TRUST TURNOVER TARGETS

Table 1 shows the Trust Turnover targets by Division. We will monitor and track these on a quarterly basis.

Assumptions made for this modelling:

- Staff In post held stable From a January 2024 position.
- Turnover is calculated as an aggregation of the leavers and staff in post across the divisions and is based on divisions meeting the targets they have set.
- Corporate Divisions Turnover Target not set and so has been held at a projected March 2024 figure.

TABLE 1

	Jan 2024 Actuals	Mar 2025	Mar 2026	Mar 2027	Mar 2028	Mar 2029
Original Trust Target	12.99%	16.00%	15.00%	14.00%	13.00%	13.00%
ASCR	11.11%	10.00%	9.34%	8.68%	8.00%	8.00%
Core Clinical Services	11.64%	11.00%	9.85%	8.69%	7.50%	7.50%
Facilities	10.90%	10.00%	9.67%	9.34%	9.00%	9.00%
NMSK	11.93%	12.50%	12.17%	11.84%	11.50%	11.50%
WaCHs	11.27%	10.00%	9.67%	9.34%	9.00%	9.00%
Medicine	16.31%	13.50%	13.01%	12.51%	12.00%	12.00%
Corporate	17.64%	16.38%	16.38%	16.38%	16.38%	16.38%
New Updated Trust Target	13.00%	11.90%	11.30%	10.70%	10.20%	10.00%

10.3

GRAPH 1

Graph 1 shows benchmarking and Health Education England eProduct Dashboard and is the position for all Acute trusts nationally. This shows national improvement and the rationale for our 10% target 28/29



SUMMARY PLAN 2024-25 (PAGE 1 OF 2)

Our plan is summarised below showing the key actions we will take over the next 2 years. We will track and monitor progress against these actions via our People governance structure.

Intervention	2024	2025
1. Good work life balance		
Develop and promote new guidance on Retire and Return and pension changes	✓	
Nursing: Corporate & Divisional work to take place to increase awareness of flex working options	✓	
W&CH shift pattern review to understand how to better support work life balance	✓	
Recruit and operationalise a legacy mentor programme	✓	
Develop new guidance and policy on career breaks and sabbaticals		✓
Develop new support mechanisms targeting the health and wellbeing of an ageing workforce		✓
Undertake a review of shift patterns and potential for flexible/self-rostering in specific teams		✓
Develop and fully implement a flexible Job Planning policy		✓
2. Kindness & belonging		
Formally launch Civility and Respect workshops across the Trust	✓	
HCSW enhanced induction and onboarding plan (begun in 1 year retention plan)	✓	
Begin theatres & W&CH civility & respect culture work to target high turnover & culture concerns	✓	
Develop formal engagement, communication and feedback mechanisms for Bank-only workers	✓	
Develop and implement a new 'Culture of Kindness' Framework		✓
Develop new mechanisms to ensure that staffs' essential needs		✓
Expand the roll out the Start Well – End Well check in		✓
Turnover Target	13%	11.9%

10.3

SUMMARY PLAN 2024-25 (PAGE 2 OF 2)

Intervention	2024	2025
3. Support leaders & managers		
Launch a manager resource which defines line manager responsibility for supporting staff in 1st year	✓	
Review and refresh HELM, with greater focus on Compassionate Leadership and Speaking Up	✓	
Develop further tools and guidance to enhance induction and onboarding	✓	
Re-promote and expand the 'Me and My Team' support programme for teams		✓
Conduct a review of our systems and processes that support our leaders with appraisal & general HR		✓
Undertake an audit of managers' spans of control to ensure they are reasonable		✓
Develop a suite of bite size learning modules and launch to the organisation		✓
Develop a suite of bite size learning modules and launch to the organisation		✓
Benchmark, review and standardise Admin & Clerical job descriptions Trust wide		✓
4. Support Career progression		
New Recruitment and Selection Policy and guidance fully operational	✓	
Apprentices: mentoring role established to provide additional support to apprentices	✓	
New digital coaching platform in place, improving access to NBT coaches and mentors	✓	
Relaunch the 'Prolonging Medical Careers' programme	✓	
Improve the Redeployment offer for those on fixed-term contracts	✓	
Develop a programme of career coaching and mentorship, targeting staff wishing to develop		✓
Implement 'Mend the Gap' actions aimed at supporting female medical leaders progression		✓
Turnover Target	13%	11.9%

10.3

NEXT STEPS:

- 
01 Link this Long-Term Retention Plan with the Long-Term Workforce Plan and workforce modelling/re-modelling.
- 
02 Engage further within the Trust to share this Long-Term Retention Plan and ensure stakeholders understand its implications for their area of the organisations and the actions they committed to delivering.
- 
03 Monitor and review progress of this plan within the staff experience and Retention Group, reporting on a monthly basis to People Oversight Group.
- 
04 Monthly retention metrics to be reported as part of quarterly Operational Workforce Report to track our progress - reportable to People & EDI Committee.
- 
05 Keep actions under review so that we respond swiftly and intentionally to any changes in our turnover position and data.
- 
06 Refine actions as required, based upon the work as part of the NHS Retention Exemplar programme.

10.3



Report To:	Public Trust Board			
Date of Meeting:	28 March 2024			
Report Title:	Quality Committee Upward Report			
Report Author:	Aimee Jordan-Nash, Senior Corporate Governance Officer & Policy Manager			
Report Sponsor:	Sarah Purdy, Non-Executive Director and Chair of QC			
Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances
*If any boxes above are ticked, paper may need to be received in <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
				X
Recommendations:	That the Trust Board: <ul style="list-style-type: none"> • Receive the report for assurance and note the activities Quality Committee has undertaken on behalf of the Board. • Note that Quality Committee agreed for the WHO Surgical Checklist compliance to become a 'watch metric'. 			
Report History:	The report is a standing item to the Trust Board following each Committee meeting.			
Next Steps:	The next report will be received at Trust Board in April 2024.			

Executive Summary		
The report provides a summary of the assurances received and items discussed and debated at the Quality Committee (QC) meeting held on 7 March 2024.		
Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience	
	High Quality Care – <i>Better by design</i>	✓
	Innovate to Improve – <i>Unlocking a better future</i>	
	Sustainability – <i>Making best use of limited resources</i>	
	People – <i>Proud to belong</i>	
	Commitment to our Community - <i>In and for our community</i>	
Link to BAF or Trust Level Risks:	Link to BAF risks: <ul style="list-style-type: none"> • Patient Flow and Ambulance Handovers • Long Waits for Treatment 	
Financial implications:	No financial implications identified in the report.	
Does this paper require an EIA?	No as this is not a strategy or policy or change proposal	
Appendices:	N/A	

1. Purpose

- 1.1 To provide a highlight of the key assurances received, items discussed, and items for the attention of the Trust Board from the Quality Committee (QC) meeting held on 7 March 2024.

2. Background

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

3. Meeting on 7 March 2024

3.1 WHO Checklist Compliance

The Committee received the WHO Checklist Compliance report, following the request of NBT Board to review the WHO surgical checklist compliance variance.

The Committee welcomed the ongoing work to improve compliance and received assurance that the trends had been reviewed and that the deviations could be explained. The Committee also received assurance that the Trust performed well and had never fallen below the minimum standard.

Discussion focused on how a review would be triggered, should it become a watch metric, and it was noted that compliance levels would need to fall below the internal target of 95% compliance to trigger a review. The Committee received reassurance that an analysis would be undertaken and reported to the Committee if a review was triggered. The Committee also received clarity on the 'watch metric' area, noting that the WHO checklist was surgical specific. Additionally it was noted that the Local Safety Standards for Invasive Procedures (LocSSIPs) continued to be rolled out across the Trust.

The Committee received assurance that the WHO Surgical Checklist Compliance was monitored, and the variance was acted upon and agreed for it to become a 'watch metric' to enable focus on other patient safety indicators.

3.2 NHS Digital Regulation 28 & Allergy Improvement Update

The Committee received an update on the digital allergy improvement following the Regulation 28 notice in October that was received from the Coroner. This required North Bristol Trust (NBT) and NHS England (Digital) to find a solution to make available Summary Care Records alerts and information to clinical staff in a digitally integrated manner.

The Committee received assurance on the ongoing work within Information Management & Technology (IM&T) team to address and improve the digital aspects of the Regulation 28 and the collaborative efforts underway with NHS England (NHSE) and System C (the provider of CareFlow) to facilitate access to the national care record service.

Discussion focused heavily on the risks associated with digital programmes and it was agreed that a report would be brought to April's QC meeting to seek further assurance on patient safety and digital programs. The Committee also agreed to receive a final update on the improvement work in six months' time.

3.3 Deteriorating Patient Update

The Committee were joined by the Deputy Chief Medical Officer who provided a verbal update on the ongoing work on the Deteriorating Patient workstream. The Committee discussed in depth the work with divisions, the appointment of a dedicated clinical lead, the launch a training package and the progress of the RAPID business case.

The Committee received reassurance that the rapid recognition of deterioration (using VITALS and the appropriate use of NEWS) had improved but it was recognised that further work was required to continue and sustain improvement.

The Committee raised concerns regarding the external funding challenges for the RAPID business case and it was agreed that the Chief Medical Officer and the Committee Chair would investigate the issue and escalate, if required. The Committee also challenged the timescale to deliver the business case, recognising the challenges with funding and the cultural aspect of the work.

The Committee agreed to receive an update on the Deteriorating Patient work in two months' time.

3.4 CQC Assurance

The Committee received an update which covered:

- The publication of the CQC Maternity Inspection report conducted onsite on 2nd November 2023 and the positive achievement to sustain our 'good' rating.
- The current position with the CQC review of the Coroner's Regulation 28 in respect of the Maddy Lawrence Inquest conclusion and the onsite unannounced visit on 22nd January 2024.
- The CQC's publication of the Maternity Survey 2023 results. The feedback was positive with "better than expected" achieved in two out of three domains.
- The recent CQC Engagement Meeting carried out virtually and the ongoing internal assurance activity that reflects the emergent ratings approach the CQC will take under the new Single Assessment Framework.

The Committee discussed the CQC Assurance report which showed that the Trust was in a good space on regulatory perspective and recognised the work of the staff throughout the Trust.

3.5 Other items:

The Committee also received the following items for information:

- HTA/Mortuary Update - The Committee received a verbal update from the Chief Medical Officer on the Mortuary, the interaction with the Human Tissue Authority (HTA) and the David Fuller Inquiry.
- Sub-Committee upward reports from:
 - Patient Safety & Clinical Risk – The Committee discussed the human factor of handover challenges and noted that it would be considered as part of the Quality Priorities work.
 - Clinical Effectiveness & Audit – The Committee noted the future restructure plans with the aim to broaden clinical attendance and enhance data governance processes to improve connectivity.

- Drugs & Therapeutics– The Committee received assurance regarding the proactive management of business affairs and that the key risks concerning good governance in medicine management were being appropriately addressed. The Committee also welcomed the reformation of the Medicines Management Group
- Control of Infection– The Committee welcomed the cross-system working to reduce MSSA Bacteraemia and noted the multifactorial approach to address measles.
- Quality Committee forward work-plan 2024/25.

4. Identification of new risks & items for escalation

4.1 None.

5. Summary and Recommendations

5.1 The Trust Board is asked to:

- Receive the report for assurance and note the activities Quality Committee has undertaken on behalf of the Board.
- Note that Quality Committee agreed for the WHO Surgical Checklist compliance to become a 'watch metric'.



Report To:	Public Trust Board			
Date of Meeting:	28 March 2024			
Report Title:	Patient and Carer Experience Committee Upward Report			
Report Author:	Tomasz Pawlicki, Corporate Governance Officer			
Report Sponsor:	Kelvin Blake, Non-Executive Director and Committee Chair			
Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances
*If any boxes above are ticked, paper may need to be received in <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
				√
Recommendations:	The Trust Board is recommended to receive the report for assurance and note the business undertaken by the Committee on behalf of the Board.			
Report History:	The report is a standing item to each Trust Board meeting following a Patient and Carer Experience Committee meeting.			
Next Steps:	The next Patient and Carer Experience Committee Upward Report will be to the June 2024 Trust Board meeting.			

Executive Summary		
The report provides a summary of the assurances received, issues to be escalated to the Trust Board and any new risks identified from the Patient and Carer Experience Committee meeting held on 11 March 2024.		
Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience	√
	High Quality Care – <i>Better by design</i>	
	Innovate to Improve – <i>Unlocking a better future</i>	
	Sustainability – <i>Making best use of limited resources</i>	
	People – <i>Proud to belong</i>	
	Commitment to our Community - <i>In and for our community</i>	
Link to BAF or Trust Level Risks:	None arise directly from this report.	
Financial implications:	None arise directly from this report.	
Does this paper require an Equality, Diversity and	No	

Inclusion Assessment (EIA)?	
Appendices:	Appendix 1 - Staff Attitude Survey Results

1. Purpose

1.1 To provide a highlight of the key assurances, any escalations to the Board and identification of any new risks from the Patient and Carer Experience Committee meeting held on 11 March 2024.

2. Background

2.1 The Patient and Carer Experience Committee is a sub-committee of the Trust Board. It meets quarterly and reports to the Board after each meeting. The Committee was established to:

- Raise the profile and visibility of patient experience at Trust Board level and provide assurance to the Board;
- Set the strategic direction for patient experience with the purpose of achieving the Trust’s strategic aims, including to ‘treat patients as partners in their care’;
- Monitor development and delivery of a patient experience strategy and carer strategy;
- Be the conduit for effective change and improvement to patient experience, act on feedback to challenge, influence activities that deliver an improved patient experience.

3. Key Assurances and items discussed

3.1 Patient Story (Poem)

The Head of Patient Experience presented the poem written by Anne who is a carer for a patient visiting the hospital. While waiting for the patient who was undergoing an appointment, Anne was touched by the Christmas Carol that was being played on the piano, and as such the poem reflected the impact of music. The Committee recognised that the poem highlighted the Trust’s Fresh Arts programme, that provides a range of activities throughout the Trust, including music, which has a significant often unseen impact on the experience of our patients and carers.

The Committee welcomed the poem and congratulated the patient experience team on an innovative approach to the Patient Story. The Committee reflected on the incredible impact that volunteers and the Fresh Arts programme have on patient and carer experience across the Trust.

3.2 Learning Disability and Autism Annual Report 2023-24

The Committee received an update from the Associate Chief Nursing Officer for Mental Health, Learning Disability and Neurodiversity on meeting the needs of patients with learning disabilities and autism, as well as the ongoing work of the Learning Disability

and Autism (LDA) Steering Group. The report highlighted the achievements and challenges throughout 2023-24, including:

- The ongoing work from the Learning Disability and Autism Liaison Team (LD&ALT) to improve the experience of people with learning disabilities, autism, or both. Improvements include the recruitment of more LDA champions, the ongoing work with clinical staff to improve awareness, and the creation of action plans for the Emergency Department.
- The report from David Harling, NHS England's Deputy Director for Learning Disability Nursing, which recognised the good practice and excellent work within the LDA areas at NBT.
- The Oliver McGowan Tier One training compliance was at 71% for NBT.
- The successful recruitment of LDA staff within the LD&ALT who are supporting the Oliver McGowan training as a peer specialist. The ambition to increase LDA recruitment was welcomed by the Committee.

The Committee also received an update on the ongoing work on the Emergency Department Audit by Autistic Patients, the funding plans for Magic Tables, the Dusty Walker Award for Quality Improvement, and the future actions for 2024-25.

The Committee noted the positive progress made in the last year and the action plans to continue to progress improvements for the care and experience of patients with LDA.

3.3 NHSE Learning Disability Improvement Standards - Action Plan Update

The Committee received an update on the 2022 NHSE Learning Disability Benchmarking Standard Improvement Action Plan. The self-assessment benchmarking exercise was against three priorities:

- Respecting and protecting rights
- Inclusion and engagement
- Workforce.

The 2022 report identified five improvement actions and over the last six months, the team have worked to progress these. The Committee discussed the action plan in depth and congratulated the progress made in raising awareness of LDA within the organization.

The Committee welcomed the update and noted that four out of five actions have been completed.

3.4 Emergency Department Audit by Autistic Patients - Action Plan Update

The Committee received the update on the audit completed by Autism Experts by Excellence which took place between October 2021 and September 2022 and reviewed the autism accessibility across the Emergency Departments.

The audit focused on the following five key areas of experience:

- Overall environment this includes the entire emergency department footprint.
- Smell.

- Hearing/auditory.
- Body/spatial awareness.
- Interviews with hospital staff.

The Committee discussed the reflections and recommendations of the audit, particularly the need to raise awareness of autism throughout the Emergency Department. Part of this work would include improving information on the equipment provided as a part of the “bag of calm” for LDA patients and updating signs and posters to enable comprehensive information.

Additionally, the Committee reviewed outcomes from staff interviews and the results of smell and hearing/auditory checks.

The Committee received assurance on the progress of the audit action plan and noted that four out of the seven identified actions have been achieved, while three actions are still in progress. The Committee were reassured on the collaborative work with the LDA champion and the patient experience team to progress the improvement work.

3.5 Patient Experience Risk Report

The Head of Patient Experience and the Chief Nursing Officer provided an update on the Trust level patient experience risks and the mitigating actions.

The Committee discussed the patient experience risks in depth particularly:

- The mitigations in place for the risk regarding availability of clinical space to break bad news/cancer diagnosis and the ambition to utilise space at the Cossham Hospital.
- The demand for the Acute Dialysis unit and the risk of exceeding the service capacity and impact on patient experience.

The Chief Nursing Officer recognised the need to ensure a positive patient experience for all patients and suggested that further focus was required on the Urology Cancer services.

The Committee received assurance on the risk review process and supported the mitigating actions in place to manage the risks.

3.6 Veterans: Getting it Right First Time

The Committee received a verbal update from the Chief Medical Officer on ongoing collaborative work with the veterans’ group and the criteria required to achieve the veterans care award for the Trust.

The Committee raised concerns regarding the criteria for veterans having priority for the diagnostics and treatment and highlighted the possible consequences that may come with the approach.

The Committee were reassured that the criteria was to ensure veterans received timely appropriate treatment, as opposed to special treatment. In addition, it was noted that a

Page 4 of 6

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.

veteran champion would be appointed to provide appropriate guidance to veterans using services within NBT.

3.7 Young Carers at NBT:

The Committee received a verbal update from the Head of Patient Experience on the Young Carers Programme at NBT and the upcoming launch of the Young Carers Covenant. The Young Carers Covenant has been designed based on the views and experiences of more than 500 young carers and young adult carers. The Patient Experience team recently hosted five young carers and three support workers from the Carers Support Centre who visited NBT wards and had a Q&A with the Director of Nursing for NMSK. The Committee noted the next steps and received assurance on ongoing work within the young carers programme and safeguarding for the young carers.

The Committee endorsed the request for NBT to sign up to the Covenant, pending executive approval. The Young Carer Covenant slides have been appended to the report.

3.8 Additional updates were received on:

- National Cancer Patient Experience Survey 2022 – Update on Actions:
The Committee received an update on the progress since the latest National Cancer Patient Experience Survey results were published. Additionally, the Committee were briefed on the next steps taken regarding the work on the Cancer Transformation Programme and the ongoing work of the Patient Experience Team to develop a patient survey to provide live data showing areas for improvement.
- Volunteer Services Recruitment Audit Report:
The Committee received the report and reviewed the findings that had been pulled into an action plan with target dates and owners.
- Patient & Carer Experience Group Highlight Report:
The Committee received updates on the Patient & Carer Experience Group trajectory and achievements. The Committee were reassured on the sub-groups meeting their objectives and approval of the Rapid Escalation Panel.
- Learning Disability and Autism Steering Group Highlight Report:
The Committee received assurance on the progress of the Learning Disability and Autism Steering Group and noted that nine identified actions were now rated green (providing positive assurance that the Trust is meeting its objectives). The Committee particularly welcomed progress with the rollout of the Oliver McGowan online training to 7,436 staff (71% of all staff) to date.
- Patient Property Project Update:
The Committee received an update on the patient property project from the Divisional Director of Nursing in Core Clinical Services (CCS), and reviewed the improvements made since the last review in March 2022.
- Committee self-assessment proposal and Committee terms of reference: :
The Committee agreed
- The Committee's work programme (which the Committee noted).



4. Escalations to the Board

- 4.1 No specific risks or items of concern were identified for escalation to the Trust Board.
- 4.2 On the contrary, the Committee welcomed the positive work happening in many areas of the Trust in relation to patient and carer experience and thanked everyone involved.

5. Summary and Recommendations

The Trust Board is recommended to receive the report for assurance and note the business undertaken by the Committee on behalf of the Board.



Report To:	Public Trust Board			
Date of Meeting:	28 March 2024			
Report Title:	People & EDI Committee Upward Report			
Report Author:	Tomasz Pawlicki, Corporate Governance Officer			
Report Sponsor:	Kelvin Blake, Non-Executive Director, and Chair of People Committee			
Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances
*If any boxes above are ticked, paper may need to be received in <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
				X
Recommendations:	That the Trust Board receive the report for assurance and note the activities the People & EDI Committee has undertaken on behalf of the Board.			
Report History:	The report is a standing item to the Trust Board following each Committee meeting.			
Next Steps:	The next report will be received at the Trust Board in May 2024.			

Executive Summary		
The report provides a summary of the assurances received and items discussed and debated at the People Committee meeting held on 12 March 2024.		
Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience	
	High Quality Care – <i>Better by design</i>	
	Innovate to Improve – <i>Unlocking a better future</i>	
	Sustainability – <i>Making best use of limited resources</i>	
	People – <i>Proud to belong</i>	✓
	Commitment to our Community - <i>In and for our community</i>	✓
Link to BAF or Trust Level Risks:	Reports received support the mitigation of various BAF risks.	
Financial implications:	No financial implications as a consequence of this report.	
Does this paper require an EIA?	No, as this is not a strategy or policy or change proposal	
Appendices:	Appendix 1 – Staff Attitude Survey Results Appendix 2 – Regional Comparison Update	



1. Purpose

- 1.1 To provide a highlight of the key assurances received, items discussed, and items for the attention of the Trust Board from the People & EDI Committee meeting held on 12 March 2024.

2. Background

- 2.1 The People & EDI Committee is a sub-Committee of the Trust Board. It meets bimonthly and reports to the Board after each meeting. The Committee was established to provide strategic direction and board assurance in relation to all workforce issues.

3. Meeting on 12 March 2024

Chief People Officer Update

The Committee received an update from the Chief People Officer, which focused on ongoing work in the following key areas:

- The launching of the “Commitment to the Community Plan”
- The successful first Apprenticeship Partnership Forum meeting with the City of Bristol College and Cabot Learning Federation.
- The third Sexual Safety Working Group and listening events and the ongoing work to create trust-wide workshops.
- The “We Do Not Accept” campaign was launched in February 2024 and was positively received by staff.
- The Violence & Aggression workshop with the Health & Safety Team and the ongoing work with divisions to increase violence awareness.
- The launch of the Retention Strategy, and the acknowledgement that the data from the staff attitude survey results would be critical to support the Retention Strategy.
- The focus on the delivery of four key areas:
 - Long Term Workforce (LTW) Plan
 - Equality Diversity & Inclusion (EDI) Plan
 - Retention Strategy
 - Commitment to Community
- The HR Transformation Programme, particularly the work to align the digital processes with University Hospital Bristol & Weston (UHBW) NHS Foundation Trust (UHBW).

The Committee welcomed the positive progress and thanked the People team for all their hard work.

3.1 Draft Retention Plan

The Committee received the Long-Term Retention Plan which had been developed in response to the ‘Proud to Belong’ People Improvement priority on reducing staff turnover as part of NBT’s Patent First Strategy. The plan identified key retention priorities which would enable an initial improvement in Trust-wide staff turnover by April 2024 and a longer-term improvement in turnover to 10.28% by April 2028.

The plan detailed the key drivers for staff turnover at NBT, informed by workforce data and local intelligence, and sets out an action against them. The 4 key retention themes, with actions linked to them include:

1. Ensuring a good work-life balance
2. Building a culture of kindness and belonging
3. Supporting our managers and leaders
4. Supporting career development and progression

The Committee discussed the plan and actions (such as improvement in the recruitment processes and staff turnover) in-depth and welcomed the ongoing improvement work, including the banding review and accuracy of job descriptions across the clinical workforce.

The Committee received reassurance that the gender and ethnicity pay gap had been included within the improvement work.

The Committee also discussed the ongoing work to improve car parking for staff.

3.2 Commitment to Our Community Plan

The Deputy Chief People Officer presented the Commitment to Our Community plan which focused on the following nine key themes:

- Career Pathways
- Outreach
- Marketing
- Understanding
- Networking
- Mentoring
- Inclusion
- Training & Support
- Young People

The Committee discussed the ongoing work to reduce the disparity ratio, fill vacancies and increase employment from the local communities. Timescales have been condensed into 12 months to mirror the national funding we have received to support this work. The Committee noted the continuous collaboration work with schools and colleges to encourage consideration of jobs within healthcare and the increasing apprenticeship opportunities within the Trust.

Additionally, the Committee received assurance on the ongoing work on diversity within the organisation.

The Committee raised concerns regarding the timescale of the plan but received reassurance regarding the actions in place to meet the timescales. The involvement of the staff networks and groups (including the EDI Group) in creating the plan was welcomed by the Committee.

3.3 Operational Workforce Update

The Committee received the update on the operational workforce which detailed the continuing improvement in retention and staff turnover. The Committee positively noted:

- the increase in job applications (over 700 applications) across the Trust for January 2024 in comparison to December 2023.
- the decrease in the Health Care Support Workers turnover across the Trust,
- that time to hire (from offer to checks completed) had increased due to the increased processing time of Disclosure and Barring Service (DBS) checks.

The Committee discussed the time to hire changes in depth and received assurance on the improvements in DBS checks, noting that they were now mostly processed online which helps to accelerate the recruitment time.

3.4 EDI Plan Targets Update

The Committee received an update on the EDI Plan that was developed during 2023 and established key areas of focus that were based on current EDI data and aligned to NHSE's EDI Improvement Plan.

The key themes against which actions were developed are as follows:

- Ensuring EDI ownership and accountability
- Eliminating discrimination, harassment, bullying and violence
- Embedding diverse and fair recruitment
- Closing the pay gap.

The Committee discussed the actions against the key themes, specifically the "We Do Not Accept" campaign, the Women's Network groups and the support provided by the EDI team to progress the action plan.

3.5 Workforce Plan Update

The Committee received a verbal update on the Workforce Plan from the Head of Strategic Workforce Planning. The update outlined the internal operational planning guidance which aimed to:

- improve retention,
- increase educational places for Nursing Associates, Advanced Clinical Practitioners and Physicians
- Align workforce numbers with financial resources.
- The timeline for the 2024/2025 planning (inclusive of operational plan actions and the Long-Term Workforce Plan).

The Committee received assurance from the update and recognised the positive work in creating the plan without NHSE guidance.

3.6 Staff Attitude Survey (SAS) Initial Results and Timeline Update

The Committee received the Staff Attitude Survey initial results which highlighted:

- The Trust-wide response rate was 60%, This was our highest response rate ever, and an increase of 9% from 2022.
- Overall, the majority of results have improved since last year with 102 out of 106 questions showing improvement from 2022.
- NBT's areas of strengths included:
 - The Staff Engagement, Morale and all 7 People Promise scores have significantly improved since last year.

- Staff Engagement, Morale and all 7 People Promise elements scored higher than the National Acute Community Comparator Group (ACCG) scores.
- The results suggest an effective working environment where people are respectful and kind to one another.
- Areas of focus for 2024/25 include:
 - Ethnicity-related Discrimination
 - Improving the quality and outcomes of appraisal process
 - Sexual safety at work

The Committee received assurance that overall the Trust scored positively, when compared against other Trusts in the South-West region. The Committee welcomed the results and thanked the People Team for all their hard work.

3.7 Draft People Strategy

The Committee received an update from the Chief People Officer on the refreshed People Strategy and the objectives achieved since the strategy was created in 2020.

The Committee noted that this would be presented to the Trust Board as a separate agenda item.

3.8 Health & Safety Committee Upward Report

The Committee received the Health & Safety Committee Upward Report which provided assurance on the oversight and management of Health and Safety compliance within the organisation. An update was provided on:

- The launch of the new security contracts.
- The Health and Safety risks and ongoing mitigating actions, particularly regarding the fire doors and ventilation.
- The creation of a Violence and Aggression Group and ongoing engagement with staff.
- Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents.
- The plumbing incident at the Souths Bristol Dialysis building and the funding plan in place to fix the pipes.

The Committee welcomed the update and thanked the Health & Safety team for all their hard work.

3.9 Trust-Level Risks and BAF

The Committee received an update on the Trust Level Risk (TLRs) across its areas of responsibility, including the Health and Safety and Workforce risks, and reviewed the related workforce Board Assurance Framework (BAF) risks.

The Committee received assurance that the TLRs were being actively monitored and reviewed through the Risk Management Group. In addition, the Committee discussed the risk regarding the need for body alarms for patients in Elgar House.

4. Other items:



The Committee also received the following items for information:

- Update on the Equality Delivery Scheme 22 (EDS 22)
- Approved the Committee Self-assessment proposal questions which would be circulated to Committee members via Survey Monkey to complete.
- The People Oversight Group (POG) sub-committee upward report

5. Identification of new risks & items for escalation

5.1 No specific new risks were identified.

6. Summary and Recommendations

6.1 The Trust Board is asked to receive the report for assurance and note the activities People Committee has undertaken on behalf of the Board.



National NHS Staff Survey 2023

National Staff Survey Co-ordination Centre Benchmarking

Jacqui Marshall
Chief People Officer

28 February 2024



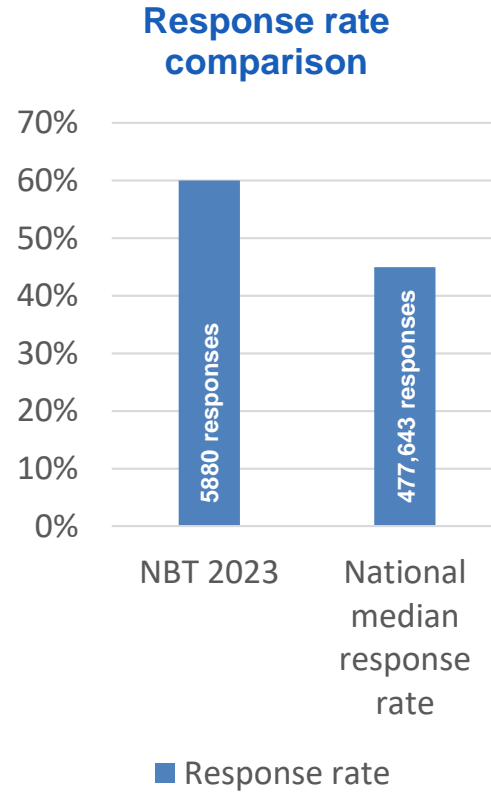
NBTCARES

Headline results

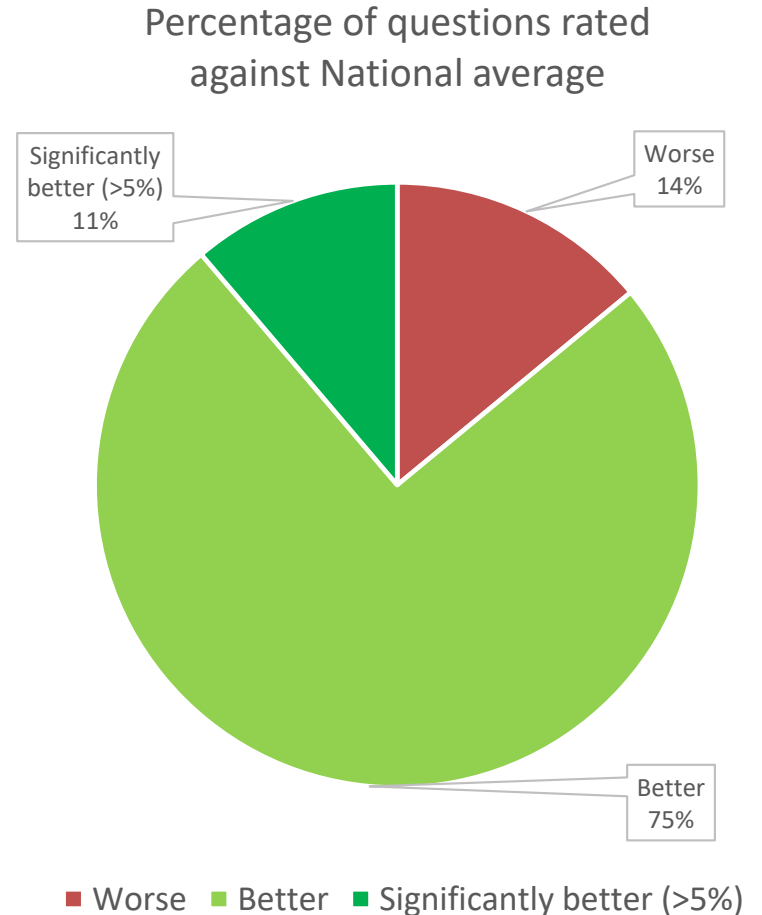
N.B. All results in this presentation are substantive only



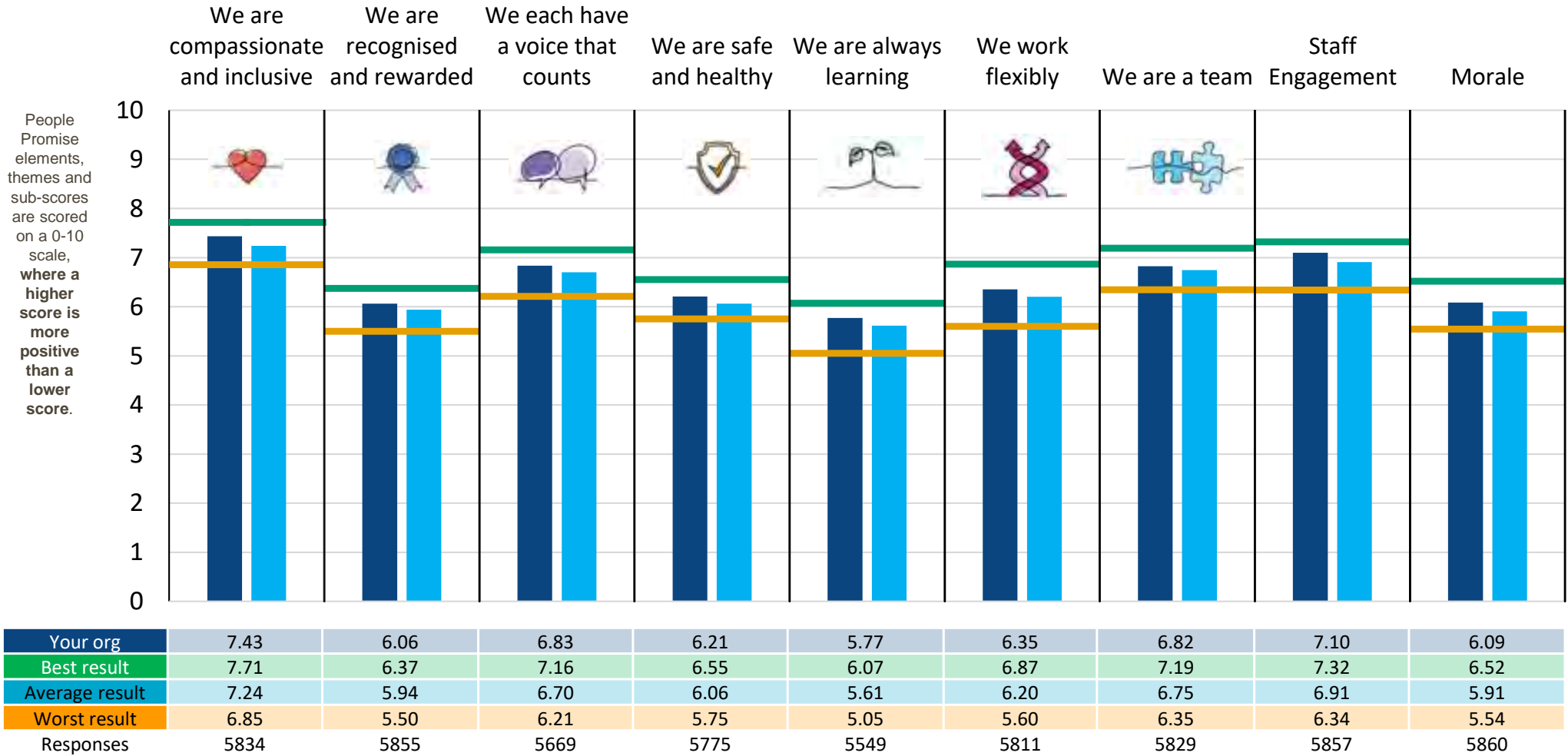
- Updated benchmarking results provided by **National Staff Survey Co-ordination Centre**.
- Embargo lifted & results published – 9.30am **7 March 2024**.
- Comparator average based on **122 Acute & Acute and Community Trust** organisations.
- **£58** spend per % response rate which is 10 times less than other comparable trust's estimated costs.
- Overall, a positive set of results for NBT.
- Majority of staff survey results have shown YOY improvement.
- **86%** of staff survey results are above National comparator average.



15% higher than National average



People Promise Scores



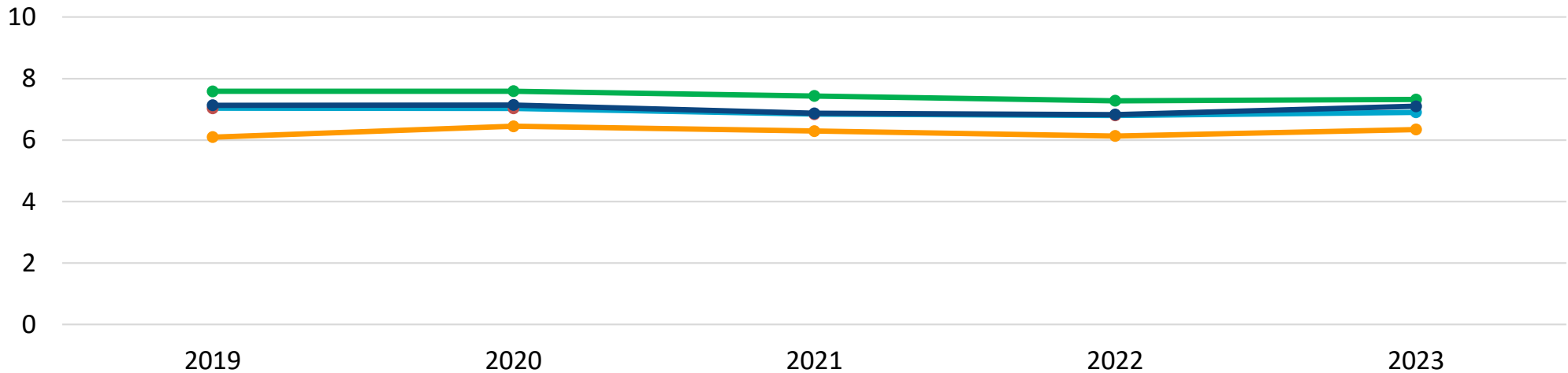
People Promise Scores and Key Points

- NBT People Promise scores are slightly improved due to larger weighting of National comparator compared to IQVIA comparator scores initially received a few weeks ago.
- All People Promise themes, morale and engagement are slightly above National comparator average.
- All People Promise scores are statistically classed as **'significantly improved'** in comparison to NBT's 2022 results.
- 3 People Promise areas show a slight **0.1** improvement on scores:
 - **We are Recognised and Rewarded**
 - **We are Learning**
 - **We Work Flexibly**
- **We are compassionate and inclusive** - highest scoring PP theme 7.43. Close to comparator best of 7.71 and above average of 7.24.
- **We are always learning** – lowest scoring PP theme 5.8. Close to comparator best of 6.07 and above average of 5.61.
- *'There are enough staff for me to do my job properly'* improved by 9%, above 2019 level (30.34%) however, only just above comparator average – 31.75%.
- *'How satisfied are you with Pay'* improved 5%, still 5% below NBT 2019 level.
- Autonomy and control improved by 0.19 to 7.07 from 2022 (above average).
- Staff saying they are trusted to do their job is 92.27% (best in group is 93.56%).
- Burnout - All questions improved apart from Q12e staff, selecting 'often/always' for feeling worn out at the end of the working day/shift which scored worse than the comparator average. 43.17% vs NBT 44.63%. 1.46% variation. 6 out of 7 scores are less than 5% away from the best scores the only exception is 12e.
- Q5a 'Unrealistic Time pressures' - 25.65% above comparator average 25.08%.

Staff engagement

Staff Engagement has improved 7.10 highest since 2020 (7.14).

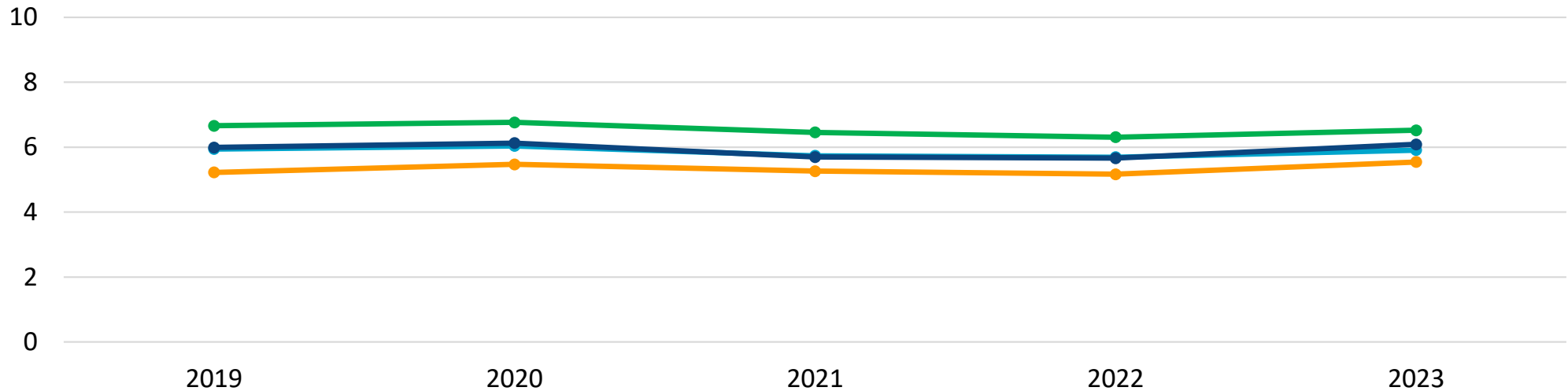
Staff Engagement



	2019	2020	2021	2022	2023
Your org	7.13	7.14	6.87	6.83	7.10
Best result	7.58	7.59	7.44	7.28	7.32
Average result	7.04	7.03	6.84	6.80	6.91
Worst result	6.10	6.45	6.30	6.13	6.34
Responses	4188	4508	4480	4752	5857

Morale

- Morale has improved to 6.09 - highest since 2020 (6.13).
- NB. Question on conflicting demands improved by 5% but is below the National comparator average.



	2019	2020	2021	2022	2023
Your org	5.99	6.13	5.70	5.66	6.09
Best result	6.66	6.76	6.46	6.31	6.52
Average result	5.95	6.04	5.74	5.69	5.91
Worst result	5.23	5.47	5.26	5.17	5.54
Responses	4149	4503	4476	4749	5860

Divisional People Promise Comparison



Key:

Highest scoring
Lowest scoring

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
ASCR	7.34	5.86	6.79	6.13	5.77	6.24	6.70	7.12	6.12
CCS	7.40	5.94	6.74	6.18	5.58	6.04	6.67	6.89	5.91
Corporates	7.48	6.51	6.86	6.66	5.89	6.96	7.10	7.15	6.21
Facilities	7.15	6.02	6.62	6.73	5.57	6.17	6.45	6.96	6.33
Medicine	7.41	6.02	6.88	5.91	5.85	6.34	6.85	7.15	6.05
NMSK	7.67	6.27	7.07	6.26	6.10	6.77	7.06	7.34	6.27
W&C	7.41	5.64	6.68	5.52	5.09	5.57	6.62	6.88	5.50
NBT Trust Wide	7.41	6.04	6.81	6.22	5.73	6.32	6.78	7.07	6.08

- **NMSK** – scored highest in 4 out of 9 themes
- **Corporates** – scored second highest in 3 out of 9 themes
- **Facilities** – scored third highest in 2 out of 9 themes
- **W&C** – scored lowest in 6 out of 9 themes
- **Facilities** – scored lowest in 3 out of 9 themes
- **Corporates, NMSK and Medicine** equal to or higher than Trust total
- **Corporates, NMSK**, scored higher than Trust in all themes.
- **W&C** scored equal or lower than Trust in all themes.

Division	Response Rate	Total People Promise Score (out of 90)	Ranking
Corporates	76%	60.82	1st
NMSK	59%	60.81	2nd
Medicine	49%	58.46	3rd
ASCR	54%	58.07	4th
Facilities	78%	58.00	5th
CCS	64%	57.35	6th
W&C	50%	54.91	7th
NBT	60%	58.46	

Occupational Group People Promise Comparison



Key:

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
Admin Clerical	7.48	6.25	6.83	6.63	5.6	6.8	6.92	7.08	6.25
Medical & Dental	7.47	6.13	6.78	5.96	6.08	5.82	6.74	7.12	6.11
Additional Clinical services	7.4	5.85	6.76	6.29	5.66	6.33	6.74	7.03	6.14
Estates Ancillary	7.15	6.06	6.64	6.76	5.37	6.33	6.46	6.9	6.4
Nursing Midwifery Registered	7.38	5.88	6.89	5.79	5.96	6.18	6.83	7.18	5.88
Healthcare scientists	7.35	6.07	6.78	6.05	5.32	6	6.57	6.86	5.75
AHP	7.21	6.08	6.71	5.79	5.55	5.76	6.53	7	5.64
NBT Trust Wide	7.41	6.04	6.81	6.22	5.73	6.32	6.78	7.07	6.08

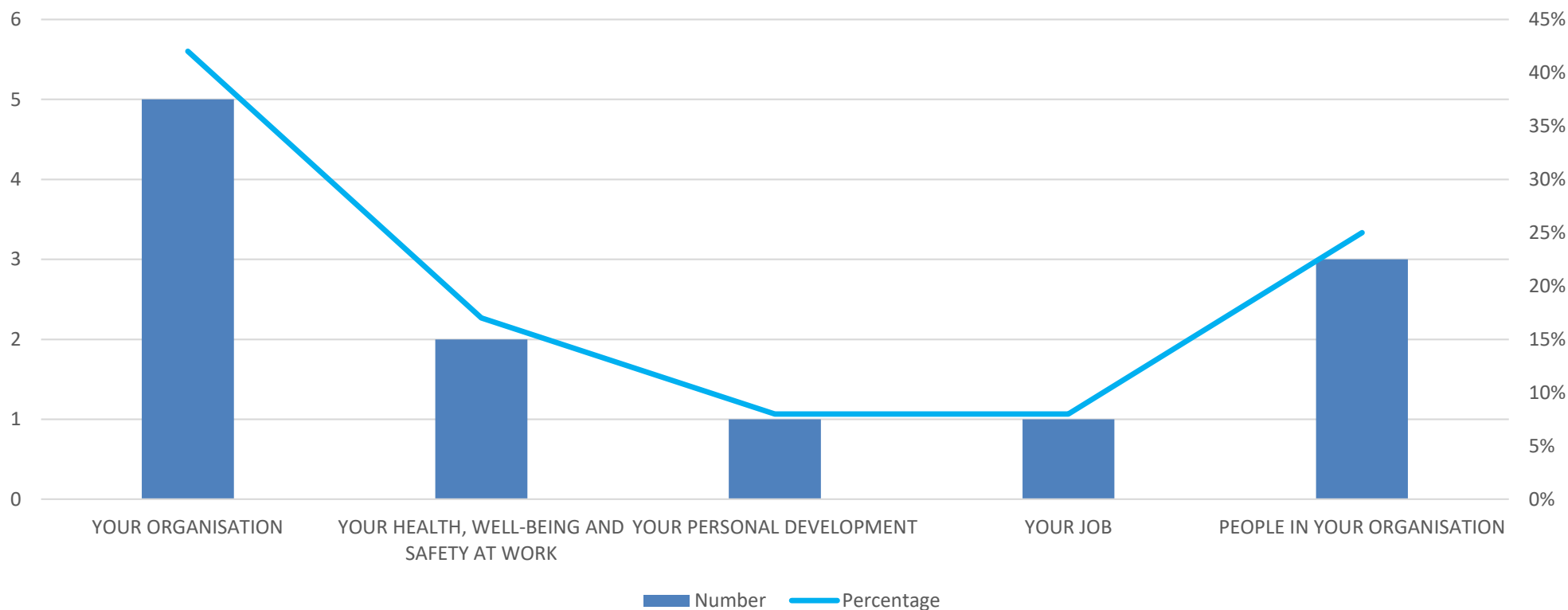
- **Admin Clerical** – scored highest in 4 out of 9 themes.
- **Estates Ancillary & Nursing Midwifery Registered** – jointly scored second highest in 2 out of 9 themes each.
- **Medical & Dental** – scored third highest in 1 out of 9 themes.
- **Estates Ancillary & AHP** – jointly scored lowest in 3 out of 9 themes each.
- **Healthcare Scientists** – scored second lowest in 2 out of 9 themes.
- **Additional Clinical Services** – scored lowest in 1 out of 9 themes.
- **Admin Clerical** - only staff group higher than Trust total

Staff Group	Response rate	Total People Promise Score (out of 90)	Ranking
Administrative & Clerical	73.8%	59.84	1st
Medical & Dental	40.2%	58.21	2nd
Additional Clinical Services	53.5%	58.2	3rd
Estates & Ancillary	62.4%	58.07	4th
Nursing & Midwifery Registered	58.1%	57.97	5th
Healthcare Scientists	70.3%	56.75	6th
AHP	63.4%	56.27	7th
NBT	60%	58.46	



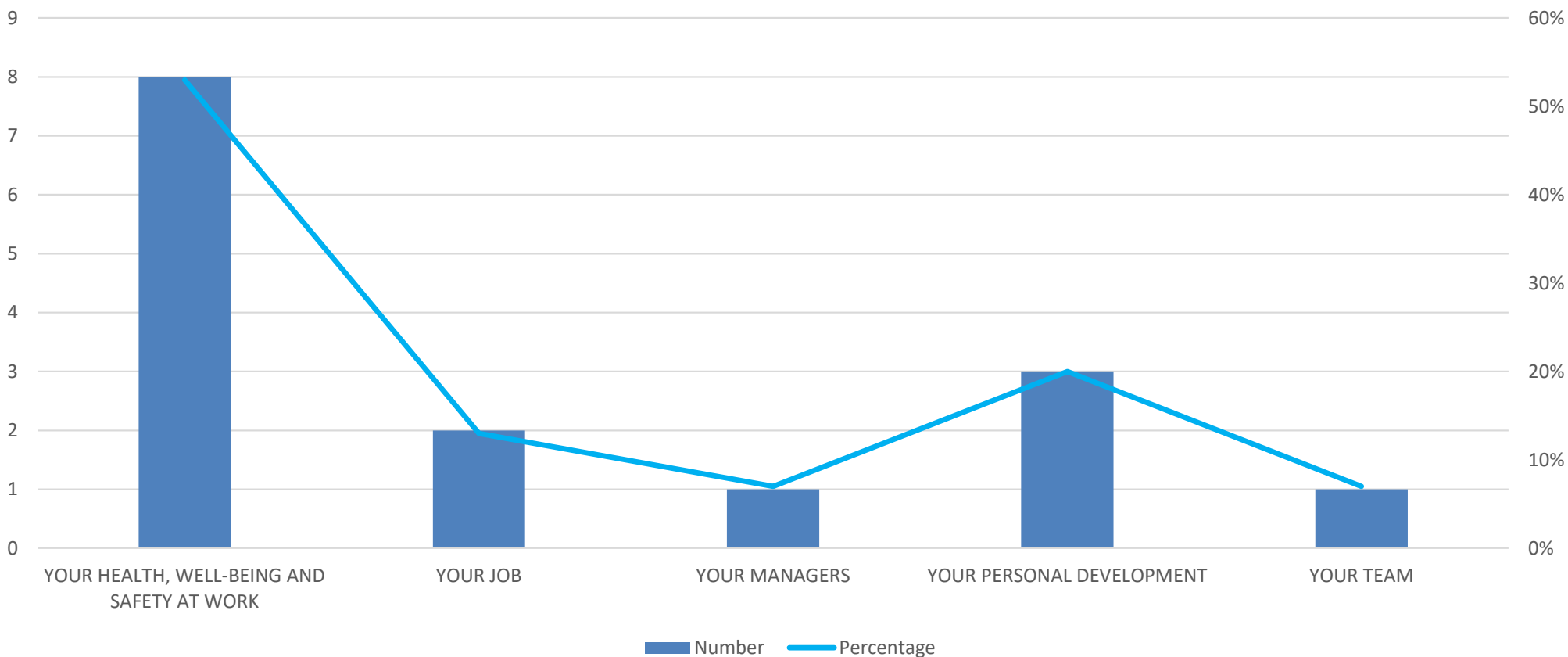
Questions scoring significantly higher (>5%) than National comparator average

Questions scoring significantly better (>5%) than National comparator average by Questionnaire Section



Questions scoring worse than National comparator average

Questions scoring worse than National comparator average by Questionnaire Section

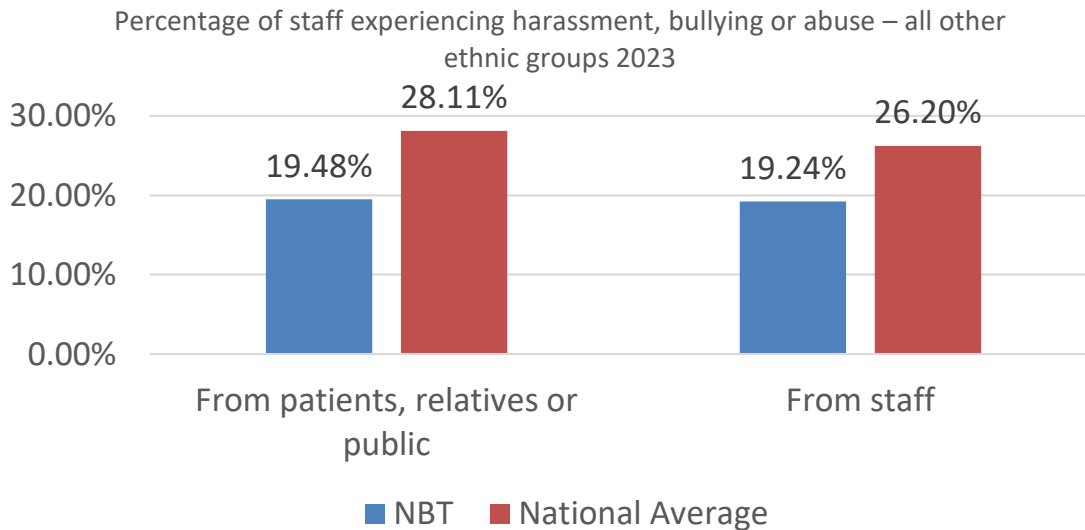


Workforce Race Equality Standards (WRES)

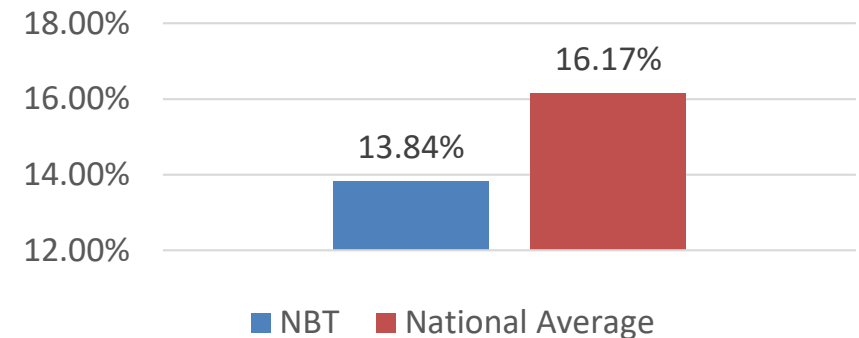
All scores have improved compared to 2022, against Trust results and National Comparator average.

Results for all other ethnic groups at NBT:

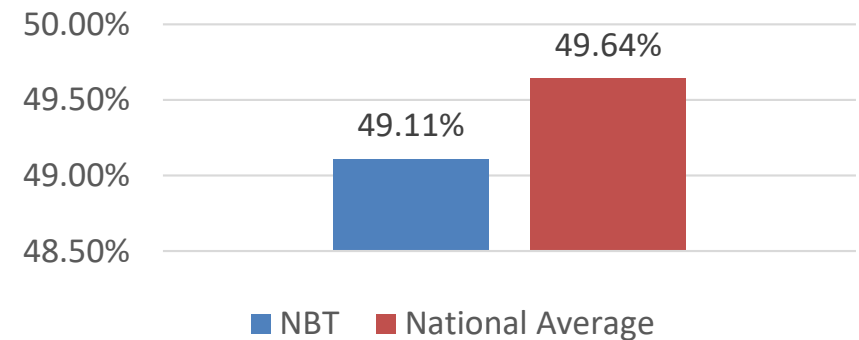
- 6% decline in bullying and harassment from patients since 2022 and NBT is 9% below National comparator average, which is positive.
- 4% decline in Bullying & Harassment from staff since 2022 and NBT is 7% below National comparator average, which is positive.
- Career progression: 7% improvement since 2022 and NBT is 0.5% below National comparator average, which is positive.
- Discrimination from staff – 3% improvement since 2022 and NBT is 2% below National comparator average, which is positive.



Percentage of staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months – all other ethnic groups 2023



Percentage of staff believing that organisation provides equal opportunities for career progression or promotion – all other ethnic groups 2023



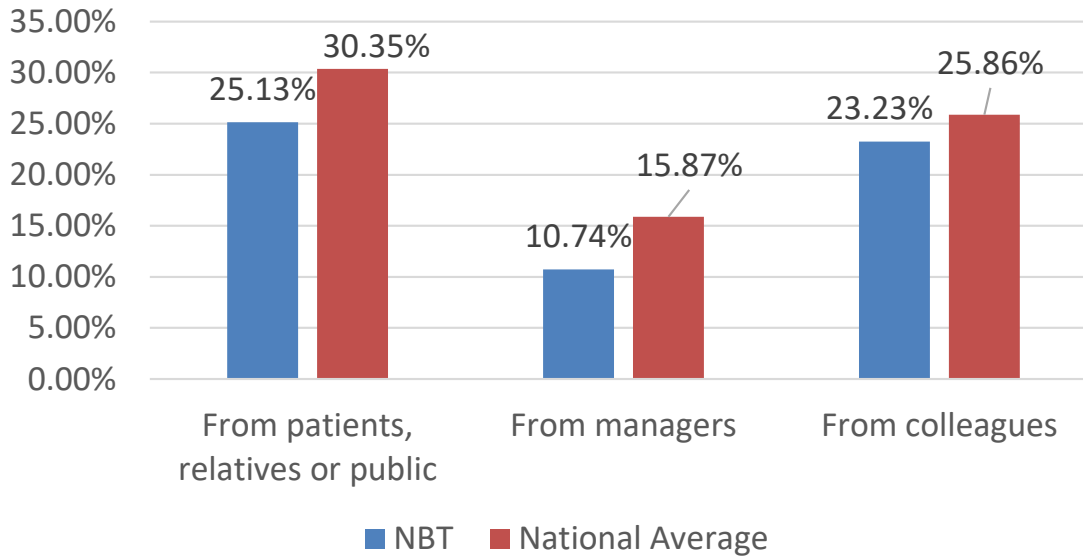
Workforce Disability Equality Standards (WDES)

All but 1 question has improved compared to 2022.

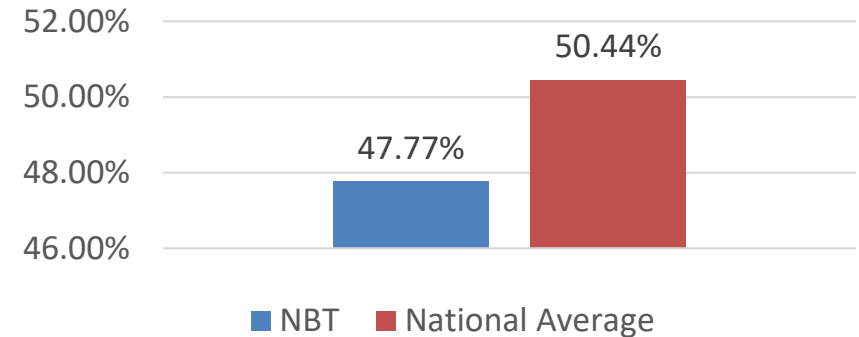
Results for staff with LTC or illness:

- Discrimination from service users, managers and colleagues is below average in all areas, which is positive and has been decreasing YOY.
- Reporting on bullying and harassment improved but still below comparator average
- Question on career progression declined 1% from 52% to 51% and is slightly below comparator average by 0.3%.

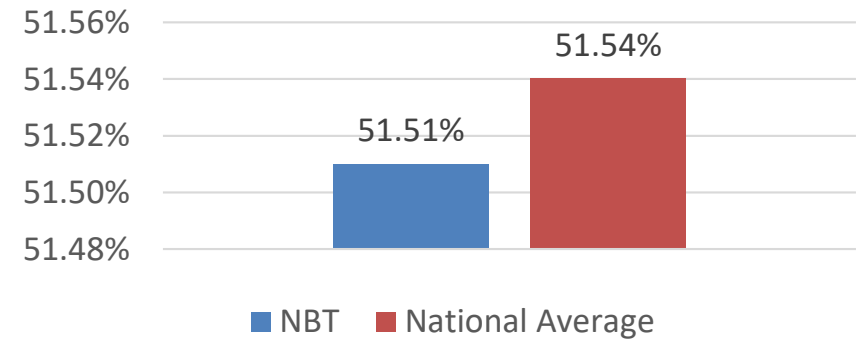
Percentage of staff with a LTC or illness experiencing harassment, bullying or abuse – 2023



Percentage of staff with LTC or illness experiencing harassment, bullying or abuse at work, they or a colleague reported it – 2023



Percentage of staff with a LTC or illness believing that organisation provides equal opportunities for career progression or promotion - 2023



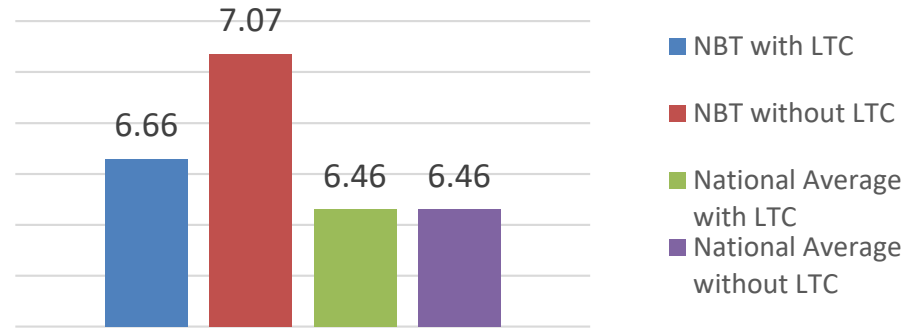


Workforce Disability Equality Standards (WDES)

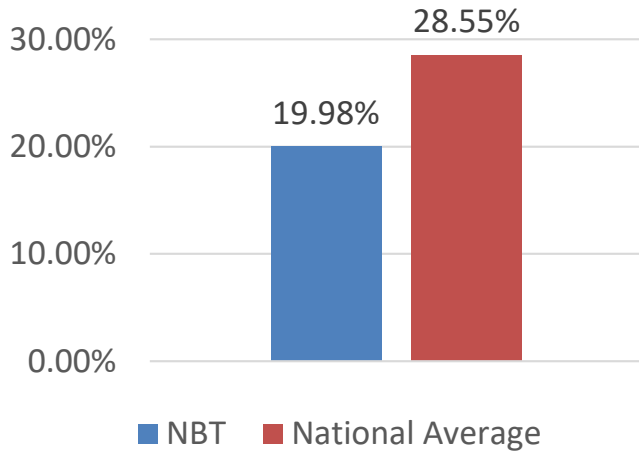
Results for staff with LTC or Illness, continued:

- Presenteeism has improved - down 6% from 2022 and is 9% below average, which is positive.
- Feeling valued by organisation has improved by 6% since 2022 and is 1% higher than National comparator average.
- Reasonable adjustments improved by 5% since 2022 and 4% above National comparator average.
- Employee engagement has improved slightly to 6.66, above comparator average 6.46 but still below trust average 7.07.

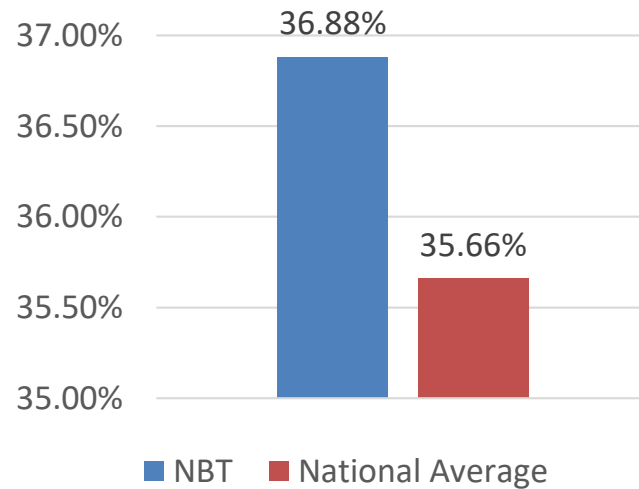
Staff engagement score comparisons



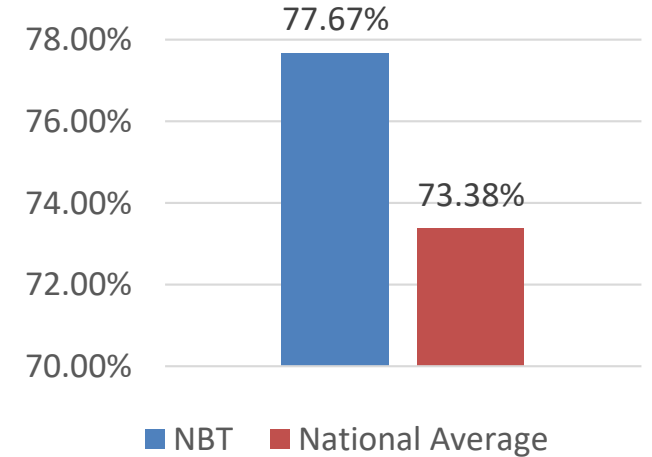
Percentage of staff with LTC or illness who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties - 2023



Percentage of staff with LTC or illness satisfied with the extent to which their organisation values their work - 2023



Percentage of staff with LTC or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work - 2023



2023 Focus Areas - Appraisals



Number of appraisals in past 12 months improved to **87.36%**, up 6% higher than 2019 - 81.37% (previous highest score).

All appraisal questions showed improvement compared to 2022, however, we are still below Comparator average on the quality of appraisals:

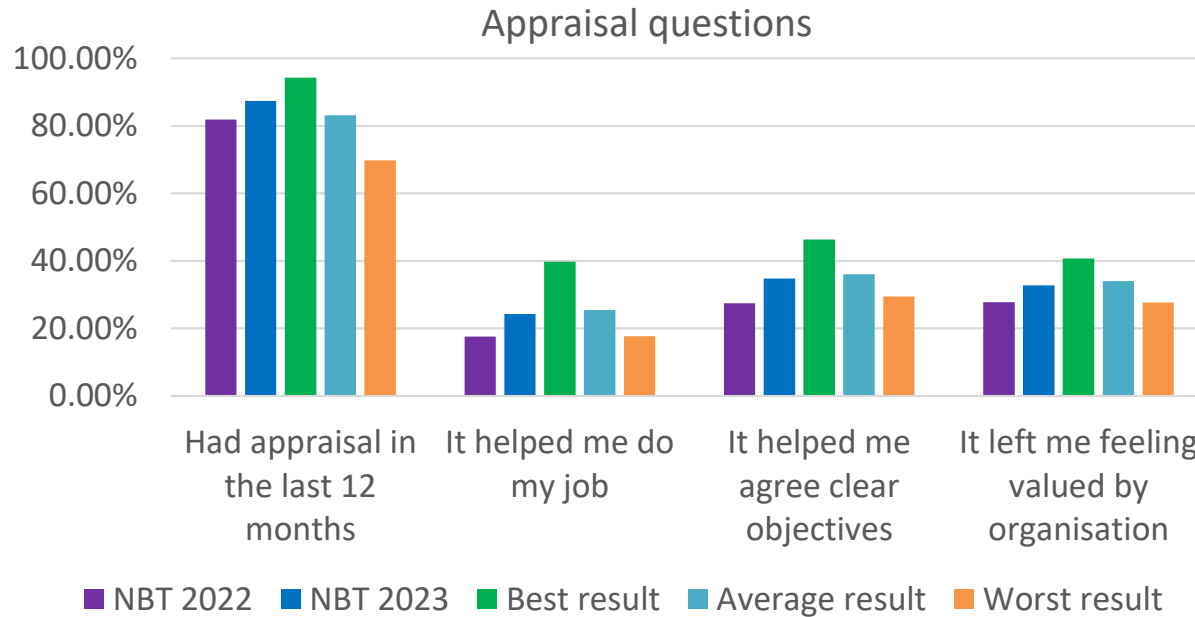
- It helped me to improve how I do my job.
- Helped to agree objectives.
- Left me feeling valued.

We are always learning People Promise sub-score – Appraisals 2023



■ NBT 2022 ■ NBT 2023
■ Best result ■ Average result
■ Worst result

Your org	4.90
Best result	5.39
Average result	4.74
Worst result	3.99
Responses	5570

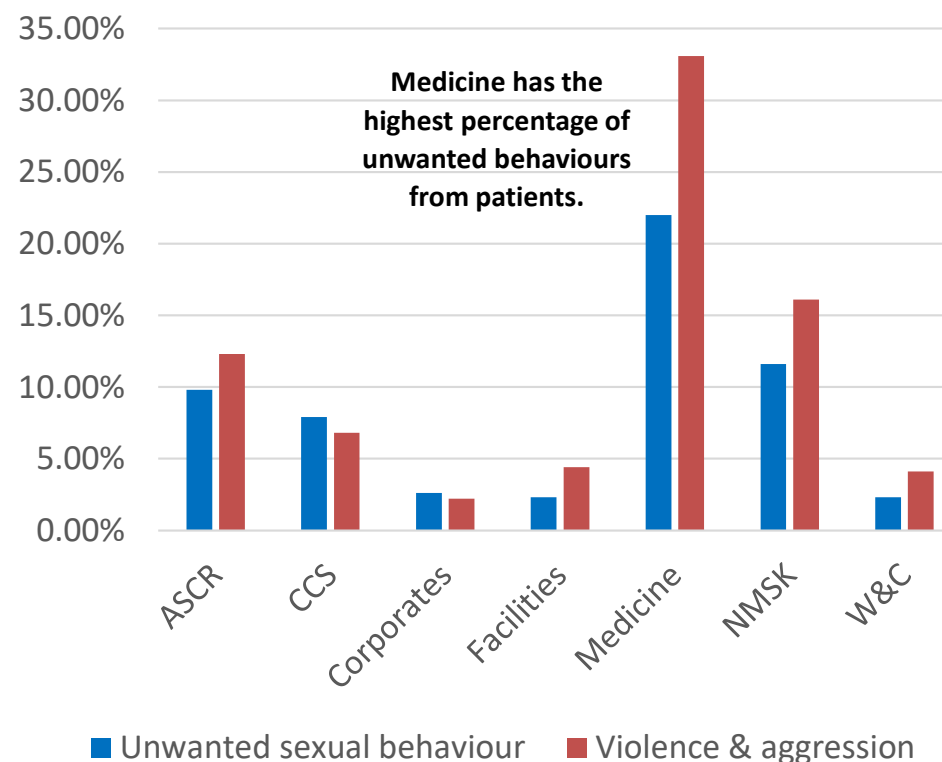


2023 Focus Areas – Staff safety

All questions relating to experiencing unwanted sexual behaviour or physical violence **from staff** were better than the National comparator average, however, these areas scored lower in relation to unacceptable behaviours **from patients**.

- Q13a – In the last 12 months NBT staff experiencing physical violence from service users, their families or members of the public reduced by 2.7% since 2022 but was 0.6% higher than the National comparator average.
- Q17a - In the last 12 months NBT staff feeling they were the target of unwanted sexual behaviour from service users, their families or members of the public was 9.64%. **Although a new question, NBT but was almost 2% higher than the National comparator average and 10 times the best in group score of 0.93%.**
- Staff group with highest percentage of physical violence from patients - Nursing & midwifery 24.5% and Additional clinical services 20.7%.
- Staff group with highest percentage of unwanted sexual behaviours from patients - Allied Health Professionals 16%, Nursing & midwifery 15.2% and Additional clinical services 13.1%.
- Unwanted sexual behaviour from staff to staff was within a 3% variance to Trust average for all divisions and staff groups.

Divisional breakdown for unacceptable behaviours by patients



Comparison highlights



- **National:** South-West region currently ranked 2nd for People Promise scores.
- **Regional ICS:** BNSSG currently ranked 2nd for People Promise scores.
- NBT is number one in the South-West for people recommending the Trust as a place to work. NBT was previously ranked 4th - **See the HSJ Report below.**

NBT is highest scoring trust among those compared on the following questions:

- 25c I would recommend my organisation as a place to work. (Agree/Strongly agree) - NBT score **70.87%**
- Q24b there are opportunities for me to develop my career in this organisation. (Agree/Strongly agree) - NBT score **61.40%**
- 25a Care of patients / service users is my organisation's top priority. (Agree/Strongly agree) - NBT score **80.59%**
- Q23a In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review? (Yes) - NBT score **87.36%**

All South West - ranked in order of staff "agreeing" or "strongly agreeing" they would recommend it as a place to work

Trust	2019	2020	2021	2022	2023	Change 2022 to 2023 (p. points)	Change 2019 to 2023 (p. points)
North Bristol Trust	69.0%	72.3%	62.6%	62.2%	70.9%	8.7%	1.9%
Somerset FT					69.3%	-	-
Royal United Hospitals Bath FT	64.4%	73.5%	65.4%	62.6%	67.9%	5.3%	3.5%
University Hospitals Bristol and Weston FT		72.4%	63.2%	60.1%	67.4%	7.3%	-
Dorset County Hospital FT	69.9%	71.8%	66.3%	60.9%	66.3%	5.4%	-3.5%
Royal Devon University Healthcare FT				59.6%	63.7%	4.1%	-
University Hospitals Dorset FT			61.9%	56.2%	63.4%	7.2%	-
Salisbury FT	68.2%	69.8%	56.4%	50.3%	60.1%	9.8%	-8.1%
Great Western Hospitals FT	57.8%	64.6%	53.4%	53.3%	59.6%	6.3%	1.8%
University Hospitals Plymouth Trust	61.5%	65.7%	54.9%	51.5%	57.6%	6.3%	-3.7%
Torbay and South Devon FT					57.3%	-	-
Royal Cornwall Hospitals Trust	57.6%	62.7%	33.3%	47.9%	56.9%	9.0%	-0.7%
Gloucestershire Hospitals FT	59.5%	64.3%	52.5%	43.0%	46.4%	3.4%	-13.1%

NBTCARES

NBT / UHBW comparison



Key:



Highest scoring									
Lowest scoring									
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
UHBW	7.52	6.17	6.87	TBC.	5.54	6.36	6.98	7.09	6.06
NBT	7.43	6.06	6.83		5.77	6.35	6.82	7.10	6.09

NBT Top 5 questions above comparator average

Question	NBT ranking against National comparator	NBT	UHBW
25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. (Agree/Strongly agree)	Significantly better (>5%)	76.04%	74.16%
25c I would recommend my organisation as a place to work. (Agree/Strongly agree)	Significantly better (>5%)	70.87%	67.40%
Q11a Organisation takes positive action on health and well-being. (Agree/Strongly agree)	Significantly better (>5%)	64.36%	61.80%
Q24b there are opportunities for me to develop my career in this organisation. (Agree/Strongly agree)	Significantly better (>5%)	61.40%	60.65%
Q5c relationships at work are strained. (Agree/Strongly agree)	Significantly better (>5%)	52.17%	53.41%

NBT bottom 5 questions below comparator average

Question	NBT ranking against National comparator	NBT	UHBW
Q16c01 On what grounds have you experienced discrimination - Ethnic background (On this basis)	Worse	55.88%	52.37%
Q9b My immediate manager gives me clear feedback on my work. (Agree/Strongly agree)	Worse	62.30%	66.84%
Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public. (At least once)	Worse	9.64%	7.79%
Q12e How often, if at all, do you feel worn out at the end of your working day/shift (Often/Always).	Worse	44.63%	42.27%
Q23d It (Appraisal) left me feeling that my work is valued by my organisation (Yes, definitely).	Worse	32.77%	33.87%
26b I will probably look for a job at a new organisation in the next 12 months. (Agree/Strongly agree)	Significantly better (>5%)	18.71%	19.65%
Q26c As soon as I can find another job I will leave this organisation. (Agree/Strongly agree)	Better	12.36%	13.52%

- UHBW were ranked higher by total People Promise scores compared to NBT.
- UHBW scored higher in 5 out of 8 themes.
- NBT scored lower than UHBW on the quality of appraisals, but not quantity.
- NBT scored lower on question relating to whether organisation acts fairly with regard to career progression, regardless of ethnic background, gender, religion, sexual orientation, disability or age. (55.29% v 59.18%)

- NBT scored than UHBW on 2 retention questions:





Report To:	Trust Board Meeting			
Date of Meeting:	28 March 2024			
Report Title:	Trust Guardian for Safe Junior Doctor Working			
Report Author:	Dr Lucy Kirkham, Trust Guardian for Safe Junior Doctor Working			
Report Sponsor:	Mr Tim Whittlestone, Chief Medical Officer			
Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances
*If any boxes above are ticked, paper may need to be received in <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
			x	
Recommendations:	<p>The Board of Directors will discuss current Junior Doctor contract issues and as a public authority must, in the exercise of its functions, have due regard to the need to:</p> <ul style="list-style-type: none"> • All contractual obligations in place • Be satisfied that the role of Trust Guardian is being fulfilled. • Exception Reports being acted upon • Gaps on Junior Rotas being filled as a priority. • Risks to Trust considered – Guardian fines; accountability; staffing 			
Report History:	<p>This paper sets out the background and context around the introduction of the Guardian of Safe Working as part of the 2016 Terms and Conditions for Junior Doctors and implementation of that role in the Trust. It shows:</p> <ul style="list-style-type: none"> • Gaps on rotas and plans to fill. • Locum data • Exception Report data • Guardian’s actions 			
Next Steps:	<ul style="list-style-type: none"> • Promote and support exception reporting system to consultants and trainees. • Continue to look at creative workforce and IT solutions to minimise gaps 			

Executive Summary

The New Junior Doctors' Contract was introduced with effect from October 2016, subject to a phased implementation between October 2016 and August 2017. In 2019 there was a further contract refresh agreed covering April 2019 - March 2023.

Junior Doctor Contract Refresh - 2019

The BMA's Junior Doctors Committee endorsed an offer negotiated with NHS Employers which would see changes being made to, and additional investment in, the 2016 Junior Doctors contract alongside a multi-year pay deal. Changes included:

- Leave for life changing events – employers must allow leave for life changing events (it is for the doctor to decide what is a deemed life a changing event)
- Breaks for nights shifts – a nights shift of 12 hours or more will require a 3rd 30 - minute break.
- Facilities – where a non-resident on-call rota requires the trainee to be on site within a specified time or where the department specify the distance from the Trust when NROC then the department will meet the cost of overnight accommodation.
- Facilities – where a trainee has worked a night and is too tired to drive home the Trust must provide rest facilities (which we do anyway) or the department must meet the cost of travel home and reasonable expenses on the return to work.
- Exception reporting – extension of what can be exception reported i.e., missed supervisor meetings or no time provided for coming audits / e-portfolio.

The NBT Trust Guardian for Safe Junior Doctor Working will:

1. Interact with the Trust Board in a structured report covering rota gaps, gap management, locum usage exception reporting and the Postgraduate Doctors Forum (PGDF)
2. Ensure Exception Reporting by junior doctors for breaches of contract are acted upon. These comprise exceptions for:
 - Safety reasons
 - Excess hours – Leading to TOIL (the preference) or Payment where TOIL is not possible.
 - Excess hours leading to work pattern reviews.
 - Missed education sessions.
3. Set up and attend a PGDF – these forums harness the junior doctor's ideas and energy on better ways of working as well as offering a channel to discuss contract, education and rota issues. The DME, HR and exec attendance is desirable.
4. The Guardian may levy a fine if a breach of the following occurs:
 - The 48-hour average weekly working limit
 - Contractual limit on maximum of 72 hours worked within any consecutive 7-day period.
 - Minimum 11-hour rest has been reduced to less than 8 hours.

- Where meal breaks are missed on more than 25 per cent of occasions over a 4-week period.
- The minimum 8 hours total rest per 24-hour non-resident on-call (NROC) shift
- The minimum NROC overnight continuous rest of five hours between 22:00 & 07:00
- The maximum 13-hour shift length
- The minimum 11 hours rest between resident shifts.

Penalties will be levied against the department where the doctor works; the fine will be set at four times the basic or enhanced rate of pay applicable at the time of the breach. The doctor will receive 1.5 times the applicable locum rate, and the JDF will retain the remainder of the penalty amount.

Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience	
	High Quality Care – <i>Better by design</i>	
	Innovate to Improve – <i>Unlocking a better future</i>	
	Sustainability – <i>Making best use of limited resources</i>	
	People – <i>Proud to belong</i>	
	Commitment to our Community - <i>In and for our community</i>	
Link to BAF or Trust Level Risks:	<ul style="list-style-type: none"> • eRostering to alert contract breaches and enable leave booking for trainees. • Exception’s alert ISCs 	
Financial implications:	NA	
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	NA	
Appendices:	NA	

HIGH-LEVEL DATA – ROTA GAPS, GAP MANAGEMENT, LOCUM USAGE, EXCEPTION REPORTING & PDF

NBT rota designs have continued to meet the 2016 junior doctor contract requirements.

1. ROTA GAPS

1a – Vacancy – excluding sickness, maternity and posts paid for by other Trusts.

DIVISIONS	Clinical Fellows WTE		Doctors in Training WTE		PGD WTE	
	Staff In Post	Vacancy	Staff In Post	Vacancy	Total staff In Post	TOTAL Vacancy
ASCR						
Nov 2023	67.92	-3.87	159.63	6.96	227.55	3.09



Dec 2023	69.20	-5.15	161.00	5.59	230.20	0.44
Jan 2024	69.00	-4.95	158.90	7.69	227.90	2.74
Core Clinical						
Nov 2023	5.44	-1.24	29.71	30.19	35.15	28.95
Dec 2023	4.44	-1.04	29.71	30.99	34.15	29.95
Jan 2024	3.44	1.16	30.71	31.29	34.15	32.45
Medicine						
Nov 2023	51.11	-2.88	128.99	-4.66	180.10	-7.54
Dec 2023	51.20	-2.97	123.35	0.98	174.55	-1.99
Jan 2024	51.28	-2.90	123.50	0.83	174.78	-2.07
NMSK						
Nov 2023	46.46	-29.16	70.03	35.79	116.49	6.63
Dec 2023	46.55	-29.25	70.89	34.93	117.44	5.68
Jan 2024	44.55	-27.25	70.89	34.93	115.44	7.68
W&C						
Nov 2023	11.47	-10.32	36.89	2.24	48.36	-8.08
Dec 2023	10.37	-9.22	39.21	-0.08	49.58	-9.30
Jan 2024	12.37	-11.22	36.71	2.42	49.08	-8.80

Table 1. Shows PGD WTEs lost due to vacancy in each Division over a three-month period (Nov - Jan).

Excludes sickness and maternity leave.

** VACANCY → Negative number indicates over establishment i.e., not a gap
Positive number is the actual deficit i.e., a gap.

Last Board report: ASCR and Core clinical had by far the largest vacancy rates. ASCR has dropped total vacancy from 44WTE to 3 WTE over the 7-month period. Core Clinical has remained at around 30 WTE vacancy throughout the 7-month period.

1b – PGD Sickness Absence

‘NHS Digital’ sickness data for PGDs for same period 2022-2023 (lag in publication) in last column for benchmarking.

	ASCR	Core Clinical	Medicine	NMSK	W&C	NBT average	NHS Digital 2022-2023
Nov 2023	0.9%	1.0%	2.7%	1.5%	0.1%	1.24%	2.06%
Dec 2023	1.2%	0.6%	1.9%	1.0%	0.6%	1.06%	2.55%
Jan 2024	1.3%	0.4%	1.7%	0.9%	0.7%	1.00%	2.11%
3-month average	1.1%	0.7%	2.1%	1.1%	0.5%		

Table 2. Absence rate – Broken down by Division.

Sickness at NBT is well below the NHS Digital figures for the same time last year.

Nov 2023 Board report - Medicine sickness averaged 1.5% – so has increased but is trending back down.

Absence Reason	Nov	Dec	Jan
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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.

Anxiety/stress/depression/psych illnesses	11.7%	13.1%	13.2%
Other musculoskeletal problems	10.0%	12.0%	11.9%
Cold, Cough, Flu - Influenza	10.4%	9.1%	10.0%
Infectious diseases	11.7%	10.0%	8.84%
Other known causes - not elsewhere classified	37.0%	37.8%	39.5%

Table 3. % Days lost by reason in **all Divisions**: Top 5 reasons (>25% highlighted in red)

Large data hole as 1/3 of all sickness days lost are not classified/unknown.
 Are NBT sickness recording policies being followed?

2. GAP MANAGEMENT

A. CF Adverts

- Recruitment into CF gaps is continuous and on-going.

B. Medical Support Workers – have been helpful on bolstering staffing.

40 Clinical Fellow posts appointed within Medicine for August 2023; 12 individuals were MSWs either from cohort 1,2 or from another Trust.

There is unfortunately no further National funding planned to continue with this scheme.

C. Optimising NBT locum reach

- Postgrad Doctors Forum suggestion of using ‘Locums Nest’ (LN) app taken up by NBT.
- GRH, RUH, Great Western, and UHBW are now all signed up to the MOU to form the SWaG Collaboration
- PGD end user anecdotal feedback on the app usability is good as is feedback from those posting ‘last minute’ sickness locums.
- Work to feed data from Locums Nest into the QLIK data warehouse yet to happen.
- **Planned meeting for next month with HR and PGD representation to discuss locum pay for breaks, rates and optimal use of the EBE policy (Exceptions to budgeted establishment – escalation of PGD locum rates policy)**

D. NBT is in a good position in the future (2024-2025) to potentially diversify and stabilise some parts of the PGD workforce by expansion of Physicians Associate (PA) posts.

- An Extraordinary General Meeting took place on March 13th by the Royal College of Physicians to address national concerns regarding PA scope of practice, supervision and regulation. An initial RCP PGD membership survey was shared indicating significantly more positive attitudes to PAs by those who have worked with them:
 1. Of those who have worked with PAs, 66% were neutral or positive regarding PAs working as part of the MDT.

2. 53% of those currently working with PAs were neutral or positive about their understanding of the PA role.
 3. On whether PAs were appropriately supervised, 56% of those currently working with PAs were neutral or positive compared with only 9% of those with no experience.
- GMC registration hopefully by end of 2024 - may lead to radiology requesting and prescribing rights.
 - PAs currently work less hours than PGDs and do not cover on call.
 - NBT trains ~20 PAs a year.
 - Currently 19 PAs employed by NBT.
 - Lead PA role appointed to in April 2023 – Emma Page
 - Roles to be rotational – help with role development and retention.
 - as work less hours and not on call

E. Medical Workforce Resilience projects

- Ben Pope is leading on a large piece of work looking at the MDT with increased use of PAs, AAs and other allied health professionals.
- Accepting the increase in demand for LTFT positions a working group has been formed with LTFT PGDs, HR and the PGME department. The aims of the group are:
 - Improve schedule and rota accuracy and timely dissemination.
 - Ensure all stake holders are aware of the implications of the 2020 contract refresh:
 - LTFT PGDs cannot be rotaed to work a night on a non-working day without their agreement.
 - Rotas still need to be safely staffed.
 - This new understanding may lead to less of the popular non-working days e.g., Mon and Fri being able to be authorised as non-working days if no LTFT doctors are able to work one night going into or coming out of non-working days.
- Current project (based on PGD feedback on Acute block) 6 week 'Acute block' changed to 3 x 2-week blocks from August 2023 – this may reduce sickness, feelings of burnout (typically occur around 5 weeks) and address some PGDs work life balance needs. A repeat survey is being planned but anecdotal observation is that the pattern is an improvement

3. LOCUM USAGE – BANK AND AGENCY

Locum requests were managed via NBT Extra and specialty email/call lists up until Sept 2022

Locums Nest (LN) – A locum app – has been rolled out across NBT specialties since Sept 2022.

The full roll out of LN to all specialties is now complete. All prospective locum requests now go out through LN.

The data streams from NBT Extra and LN have not been fully aligned. The work to feed data from LN into the QLIK data warehouse will be happening later in the year when the resources

are hired in. This makes presenting, interpreting, and comparing the data with previous GOSW locum reports tricky.

Last minute sick cover locum shifts that are covered by colleagues contacted by phone/already on site are currently NOT ALWAYS retrospectively put on LN. They have a time sheet completed for payment via NBT Extra so total locum shift request/spend may not be completely represented by the LN data.

LOCUMS NEST

A Memorandum of Understanding between NBT and GWH, RUH, UHBW and Gloucestershire Hospital NHS Foundation Trusts has meant easier on boarding for locums and a greater reach and potential fill rate

LN has a fill rate target of 85% and a stretch target of 90%

Division	Nov 2023	Dec 2023	Jan 2024
339 Anaesthesia, Surgery, Critical & Renal Division	173	116	212
Filled	162	97	182
Unfilled	11	19	30
339 Core Clinical Services Division			1
Filled			1
339 Medicine Division	729	653	766
Filled	599	564	580
Unfilled	130	89	186
339 Medics	9	31	25
Filled	9	27	19
Unfilled		4	6
339 Neurosciences & Musculoskeletal Division	100	99	116
Filled	99	89	95
Unfilled	1	10	21
339 Women and Childrens Division	31	38	52
Filled	20	18	39
Unfilled	11	20	13
Grand Total Shifts requested	1042	937	1172
Grand total requested in WTEs	55.29	50.58	62.38
Fill rate %	85%	84%	78%

Previous 4 months fill rates were: July 73%, Aug 76%, Sept 84% and Oct 84%

This is a preliminary table compiled with data supplied from NBT extra and Locums Nest.

Fill rate is at or below the Trust target of 85%. Not hitting the stretch target of 90%

Medicine Division uses the most locums. Division broken down into clusters:

Medicine Cluster 1	435	470	538
Filled	369	423	400
Unfilled	66	47	138
Medicine Cluster 2	59	58	52
Filled	39	36	29
Unfilled	20	22	23
Medicine Cluster 3	59	5	?
Filled	45	5	
Unfilled	14		
Medicine Cluster 4	48	26	16
Filled	44	25	16
Unfilled	4	1	
Medicine Management	128	94	160
Filled	102	75	135
Unfilled	26	19	25

Medicine cluster 1: ED, Acute Medicine

Medicine cluster 2: Oncology, Haematology, COTE, Medical day care, 32A, 9B, 9A, 10A, 28B, EEU

Medicine cluster 3: Immunology, Infectious diseases, gastro, endocrine, 8A

Medicine cluster 4: Cardiology, Resp, 27A/B

ED biggest user of locums

Fill rate of 84%, 90% and 74% Nov to Jan

If 400 shifts are requested a month this would equate to around 20 WTEs a month.

4. EXCEPTION REPORTS

Exception Reports (ER) over past 3 months		Number flagged as immediate safety concern (ISC)
Number relating to hours of working	106	
Number relating to pattern of work	4	
Number relating to educational opportunities	1	1
Number relating to service support available to the doctor	1	1
TOTAL NUMBER OF EXCEPTION REPORTS	112	2

~180 reports in previous 3-month period

	EXCEPTIONS BY YEAR			
	2021	2022	2023	2024
JAN	37	29	56	28
FEB	33	28	64	45
MAR	16	27	28	
APRIL	52	31	31	
MAY	46	28	37	
JUNE	61	24	40	
JULY	51	44	48	
AUG	27	89	54	
SEPT	44	79	73	
OCT	47	74	67	
NOV	29	40	53	
DEC	21	52	30	

BREAKDOWN OF REPORTS

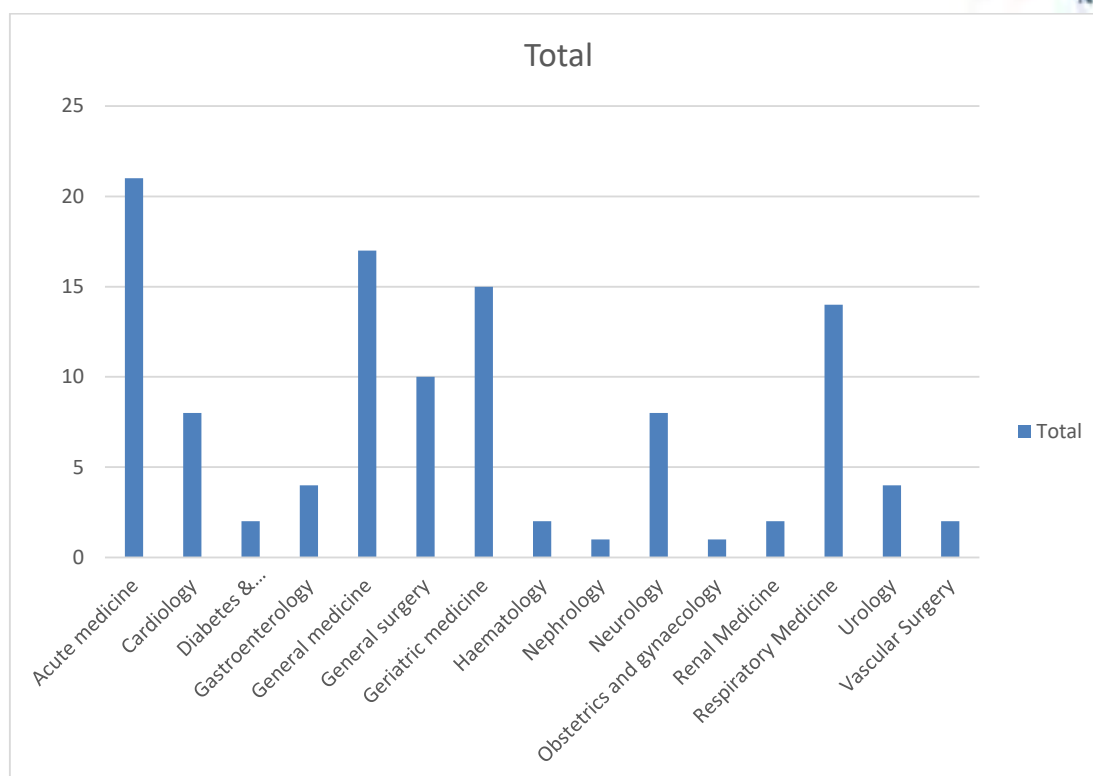
IMMEDIATE SAFETY CONCERNS –

ISC	Rota	Issues & actions
2	F2 Neurosurgery	FY2 covered both Neurosurgery, Neurology and Stroke over night over 2 nights of a weekend. Steps taken at time: Locum shifts were put out and rates were escalated but no cover was found.

EDUCATIONAL EXCEPTION REPORTS -

Number of exceptions	Rota	Issues
1	F2 Urology	Not given SDT time allocation 2 'Pattern of work' exceptions also related to this from another F2 in urology → Established all F2s missed SDT time in urology due to a department misunderstanding of requirements. Foundation programme clarified. Urology department now clear. F2 doctors that missed SDT time paid for missed SDT time after discussion with HR/Divisional lead and spec lead as to suitable outcome. Should not recur.

'HOURS' EXCEPTION REPORTS BY SPECIALTY (Nov-Jan) –



1. POSTGRADUATE DOCTOR FORUM – Held in person and Teams in Dec 2023 and Feb 2024

- Improved engagement asked for by Trust Board:
 - **Large increase in Rep numbers and engagement – now 35 Reps across most specialties**
 - Achieved through posters and asking the lead Educational supervisors to promote the role.
 - Offer of £5 Vu voucher for all PDF attendees
 - Banner added to intranet and dates on LINK calendar
 - GOSW videos for Induction and Educational Supervisors
 - Continue to recruit new Reps via posters and monthly email – currently 23 reps across specialties
- PGDF useful outcomes:
 - **LTFT working group – very positively received by HR.**
 - **Useful feedback generated on strike day communication on minimum staffing.**
 - **Useful feedback on SOP around escalation of locum rates**
 - App for locum contacts – Locums Nest
 - Re-think of Acute block 6-week structure - - due to for re-survey

Other issues arising:

1. Allocate functionality.

- All other Trusts in the Deanery use Allocate for exception reporting. It is therefore beneficial to PGDs rotating through the region to stick with one system i.e., Allocate.
- NBT has renewed the Allocate contract for a further 2 years.
- I have met with Guardians OSW for UHBW – Improved understanding of Allocate adaptability possible
- Worked with HR to set up automatic reminders from Allocate and record all overtime to enable calculations of whether average hours are breached for a PGD over the term of their placement – this would then trigger a fine
- This brings us in line with UHBW processes.
- Plan to add location lists into Allocate to better identify hot spots of exception reporting.

2. LTFT schedules and rotas were late and inaccurate within Medicine last August.

- It is a contractual requirement that work schedules be issued 8 weeks prior to commencing duties and an accurate bespoke work rota be available to them at 5 weeks prior to commencing duties.
- Medicine is unique in that they have specialty level rotas and a Divisional level rota for the Acute block – this adds complexity.
- A provisional meeting in September revealed issues with templates for LTFT schedules within Allocate, and issues with prompt communications around non-working days.
- A working group has been formed with the PGDs, HR and rota writers to streamline communication.
- Timeline is to implement these changes for the August intake.

3. What is the appropriate time frame for escalating locum rates?

- Last minute sickness can leave out of hours shifts uncovered. Patient care is potentially compromised, and stress and workload are increased for colleagues.
- In the first instance doctors on the rota are usually asked to cover the gap
 - The Junior Doctor's contracts states: "A doctor will be prepared to perform duties in occasional emergencies and unforeseen circumstances (for example short-term sickness cover), if they are able and safe to do so, where the employer has had less than 48 hours' notice, and the duty is for less than 48 hours' duration of cover".
- In many sickness cases, notice will be <12 hrs for a night shift and so many PGDs will have plans or childcare needs that would need re-arranging.
- Exceptions to Budgeted Establishment (EBE) is a policy for requesting escalation of locum rates for last minute gaps on rotas. [Report to: on: \(nbt.nhs.uk\)](http://nbt.nhs.uk).
- Oct PGDF – A PGD Rep highlighted instances where locum rates were possibly not escalated in a timely manner thus leaving shifts uncovered. Questions raised:
 - How widely is the EBE policy shared → EBE re-shared with spec leads, managers and all PGDs.

- After sharing the EBE concerns have been raised that have necessitated a plan to review the EBE again with HR and PGDs. Those concerns:
 - Medicine Divisional lead – High locum use areas could have 2 different rates being paid for the same shift which is divisive and rewards brinkmanship.
 - ITU consultant – concerned laying responsibility of requesting escalation of rate at senior clinicians' feet for last minute out of hour cover causes discord between junior and senior clinicians.
 - HR concerns that there has been an increase in cancellation of locum shift followed by subsequent re-booking at higher rate.

Networking

- The Guardian is in contact by WhatsApp and Zoom with national and regional groups.
- NHS-Employers remote meetings to network with them and other Guardians.
- Webinar BMA GOSW conference was delayed due to consultant strike days – await reschedule.

LNC – Guardian and junior BMA rep attends meetings or sends reports to each meeting. Increases awareness of current issues and interfaces with BMA.

SUMMARY

NBT is compliant with:

- BMA contract rules regarding rota construction
- Electronic reporting system in place (eAllocate)
- Postgraduate Doctor Forum – meetings being held as required by New Contract
- Exception Reporting Policy
- LNC involvement
- All national requirements as listed by NHS Employers

Concerns:

- Unfilled gaps in rotas remain a concern.
- Vacancy within Core Clinical
- Trust target of 85% fill rate for locum shifts is not being reached.
- Lack of data on cause of 1/3 of all recorded sickness
- Continued large locum use. Particularly ED. Fill rate on data supplied below Trust target.
- Timely issuing of schedules and rotas to LTFT PGDs – project to address this on-going.
- Use of EBE – does the EBE effectively incentivise locum uptake?

Recommendations:

1. The Board are asked to read and note this report from the Guardian of Safe Working
2. The Board are asked to note ongoing Junior Doctor Contract changes.

Dr Lucy Kirkham, Trust Guardian for Safe Junior Doctor Working

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



Report To:	Trust Board			
Date of Meeting:	28 March 2024			
Report Title:	Integrated Performance Report			
Report Author:	Executive Team			
Report Sponsor:	Steve Curry, Deputy Chief Exec & Chief Operating Officer			
Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances
	N/A	N/A	N/A	N/A
*If any boxes above are ticked, paper may need to be received in <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
			✓	
Recommendations:	The Trust Board is asked to note the contents of the Integrated Performance Report.			
Report History:	The report is a standing item to the Trust Board Meeting.			
Next Steps:	This report is received at the Joint Consultancy and Negotiation Committee, Operational Management Board, Trust Management Team meeting, shared with Commissioners and the Quality section will be shared with the Quality and Risk Management Committee.			

Executive Summary		
Details of the Trust’s performance against the domains of Urgent Care, Elective Care and Diagnostics, Cancer Wait Time Standards, Quality, Workforce and Finance are provided in the Integrated Performance Report.		
Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience	✓
	High Quality Care – <i>Better by design</i>	✓
	Innovate to Improve – <i>Unlocking a better future</i>	✓
	Sustainability – <i>Making best use of limited resources</i>	
	People – <i>Proud to belong</i>	✓
	Commitment to our Community - <i>In and for our community</i>	
Link to BAF or Trust Level Risks:	This report links to the following BAF risks: <ul style="list-style-type: none"> • BAF Significant Internal Risk (SIR) 1 “Patient Flow & Ambulance Handovers” • BAF Significant Internal Risk (SIR) 1.1 “Long Waits for Treatment” • BAF Significant Internal Risk (SIR) 2 “ Workforce” • BAF Significant Internal Risk (SIR) 17 “Underlying Financial Position” 	



Financial implications:	Whilst there is a section referring to the Trust's financial position, there are no financial implications within this paper.
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	N/A
Appendices:	Appendix 1 – Integrated Performance Report

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North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT



March 2024
(presenting February 2024 data)

NBTCARES

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15.1

North Bristol Integrated Performance Report



15.1

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																			Peer Performance	Rank
Responsiveness	A&E 4 Hour - Type 1 Performance	R	95.00%	71.93%	79.69%	78.35%	80.16%	70.74%	75.15%	71.49%	71.94%	64.33%	60.56%	63.37%	67.17%	63.30%	64.87%		51.61%	1/11
	A&E 12 Hour Trolley Breaches	R	0	-	9	135	2	39	10	12	17	23	223	213	269	318	168		8-1792	3/11
	Ambulance Handover < 15 mins (%)		65.00%	-	31.94%	28.00%	38.76%	33.96%	34.54%	32.21%	26.14%	25.74%	25.35%	30.54%	29.30%	34.33%	39.53%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	73.94%	70.60%	82.40%	73.03%	78.48%	74.86%	70.85%	64.84%	57.57%	66.56%	61.70%	64.15%	71.52%			
	Ambulance Handover > 60 mins		0	-	105	267	87	231	164	165	182	317	620	438	548	532	326			
	Average No. patients not meeting Criteria to Reside			-	217	239	208	190	198	200	198	195	218	228	243	245	233			
	Bed Occupancy Rate			92.89%	96.77%	97.21%	96.08%	97.14%	96.99%	95.81%	93.63%	95.59%	97.12%	96.84%	96.28%	97.81%	97.40%			
	Diagnostic 6 Week Wait Performance		1.00%	15.00%	22.45%	16.03%	17.44%	17.48%	18.64%	15.10%	14.18%	12.50%	11.40%	9.81%	10.11%	12.28%	5.19%		28.66%	2/10
	Diagnostic 13+ Week Breaches		0	73	1497	939	740	593	595	300	124	59	17	14	7	4	5		4-3778	1/10
	RTT Incomplete 18 Week Performance		92.00%	-	63.87%	63.37%	62.66%	63.23%	61.02%	60.97%	60.50%	60.53%	61.52%	61.94%	60.14%	61.11%	61.58%		53.96%	8/10
	RTT 52+ Week Breaches	R	0	2400	2556	2576	2684	2798	2831	2689	2599	2306	2124	1858	1685	1393	1383		68-13790	2/10
	RTT 65+ Week Breaches			242	742	547	591	594	619	624	606	582	545	420	388	249	193		1-4434	2/10
	RTT 78+ Week Breaches	R		39	167	69	65	84	59	44	48	48	55	49	50	45	39		0-865	4/10
	Total Waiting List	R		40494	46327	47287	47861	47731	49899	50119	50168	48969	48595	47698	47245	46710	46394			
	Cancer 2 Week Wait	R	93.00%	91.04%	63.52%	56.84%	41.63%	39.10%	42.67%	52.00%	52.22%	47.79%	49.00%	51.25%	62.89%	56.22%	-			
	Cancer 31 Day First Treatment		96.00%	92.09%	89.90%	91.04%	79.58%	83.51%	86.27%	90.77%	87.80%	81.59%	85.61%	88.14%	86.30%	77.12%	-		88.00%	9/10
	Cancer 62 Day Standard	R	85.00%	74.71%	57.82%	61.62%	55.29%	50.00%	53.20%	54.21%	52.15%	50.81%	55.74%	58.04%	55.74%	48.42%	-		55.43%	6/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	74.15%	77.41%	78.17%	68.05%	62.72%	66.43%	65.14%	57.36%	54.96%	59.46%	71.42%	74.89%	70.88%	-		59.46%	5/10
	Cancer PTL >62 Days		242	195	191	140	178	207	171	183	236	276	250	260	336	317	197			
	Cancer PTL >104 Days		0	18	41	29	25	40	45	46	41	47	49	53	64	85	74			
Urgent operations cancelled ≥2 times		0	-	0	0	0	0	0	0	0	0	0	0	1	1	0	-			

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

North Bristol Integrated Performance Report



Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Trend	
Quality, Safety and Effectiveness	Summary Hospital-Level Mortality Indicator (SHMI)				0.97	0.98	0.98	0.99	0.99	0.98	0.98	0.99	-	-	-	-	-		
	Never Event Occurrence by month		0	0	0	0	0	0	0	0	0	1	1	0	0	0	0		
	Commissioned Patient Safety Incident Investigations				3	3	2	4	0	0	2	2	2	1	1	2	0		
	Healthcare Safety Investigation Branch Investigations				0	0	0	0	0	0	0	0	0	1	1	2	0		
	Total Incidents				979	1190	1030	1124	1111	1038	1128	1188	1464	1544	1200	1172	1263		
	Total Incidents (Rate per 1000 Bed Days)				36	39	37	38	38	35	40	42	47	52	39	37	43		
	WHO checklist completion				95.00%	97.30%	97.76%	99.20%	96.97%	97.77%	99.01%	98.58%	97.68%	99.08%	99.36%	99.43%	99.52%	99.67%	
	VTE Risk Assessment completion	R			95.00%	95.54%	95.09%	95.61%	95.03%	94.97%	94.72%	94.33%	93.88%	92.95%	92.80%	91.54%	86.08%	-	
	Pressure Injuries Grade 2				9	13	20	15	18	17	12	14	11	10	12	11	18		
	Pressure Injuries Grade 3			0	0	1	0	0	0	0	2	1	0	0	1	1	0		
	Pressure Injuries Grade 4			0	2	1	0	0	0	0	1	0	0	1	0	0	1		
	Pressure Injuries rate per 1,000 bed days				0.37	0.46	0.63	0.45	0.55	0.47	0.46	0.46	0.26	0.34	0.33	0.35	0.47		
	Falls per 1,000 bed days				6.29	6.25	5.92	6.39	5.66	4.91	5.73	4.96	6.45	6.56	6.38	5.58	5.72		
	MRSA	R	0	0	0	2	0	0	1	1	0	0	1	1	0	0	0		
	E. Coli	R		4	4	2	8	4	7	4	2	7	5	11	5	6	5		
	C. Difficile	R		5	2	6	1	4	11	6	2	5	4	3	2	2	9		
	MSSA			2	2	0	1	2	6	9	5	2	4	3	6	3	3		
	Observations Complete				95.84%	96.64%	99.14%	99.05%	98.89%	99.22%	97.56%	96.48%	99.02%	98.83%	98.66%	98.73%	98.50%		
	Observations On Time				60.67%	59.75%	41.65%	42.49%	45.38%	48.37%	61.62%	69.58%	73.33%	75.00%	72.04%	72.85%	71.82%		
	Observations Not Breached				71.20%	70.39%	52.73%	53.66%	57.47%	58.21%	73.78%	80.83%	85.17%	88.39%	85.54%	85.57%	84.80%		
	5 minute Apgar 7 rate at term			0.90%	0.58%	0.45%	0.79%	0.00%	0.72%	0.93%	0.45%	0.64%	0.68%	1.82%	0.78%	0.23%	1.22%		
	Caesarean Section Rate				43.99%	42.03%	36.41%	42.80%	44.37%	40.65%	46.33%	47.02%	42.89%	43.19%	41.26%	44.90%	47.50%		
	Still Birth rate			0.40%	0.00%	0.21%	0.24%	0.21%	0.44%	0.43%	0.21%	0.29%	0.21%	0.21%	0.72%	0.43%	0.00%		
	Induction of Labour Rate			32.10%	38.52%	34.91%	36.89%	35.91%	33.55%	38.04%	32.08%	30.65%	34.31%	30.21%	36.65%	31.67%	31.36%		
	PPH 1500 ml rate			8.60%	3.83%	2.80%	3.16%	4.09%	2.87%	4.13%	2.31%	2.68%	3.97%	2.96%	2.42%	2.38%	4.04%		
	Fragile Hip Best Practice Pass Rate				57.14%	60.34%	68.42%	55.00%	43.10%	62.00%	58.00%	55.77%	79.17%	70.59%	61.40%	60.00%	-		
	Admitted to Orthopaedic Ward within 4 Hours				38.78%	48.28%	47.37%	47.50%	27.59%	40.00%	48.00%	36.54%	33.33%	25.49%	21.05%	28.57%	-		
	Medically Fit to Have Surgery within 36 Hours				59.18%	65.52%	70.18%	67.50%	44.83%	62.00%	58.00%	55.77%	81.25%	72.55%	68.42%	64.29%	-		
	Assessed by Orthogeriatrician within 72 Hours				95.92%	94.83%	96.49%	85.00%	93.10%	96.00%	98.00%	96.15%	97.92%	96.08%	91.23%	88.57%	-		
	Stroke - Patients Admitted				64	115	94	121	181	132	187	162	154	158	152	174	78		
	Stroke - 90% Stay on Stroke Ward			90.00%	82.00%	80.95%	86.36%	87.01%	85.71%	89.02%	80.91%	84.62%	82.22%	71.95%	77.53%	74.74%	-		
	Stroke - Thrombolysed <1 Hour			60.00%	62.50%	80.00%	56.25%	42.86%	73.33%	44.44%	68.18%	52.38%	75.00%	56.25%	37.50%	83.33%	-		
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	48.08%	55.68%	73.24%	58.97%	61.86%	66.67%	58.93%	56.19%	59.78%	61.45%	73.30%	60.82%	-		
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	94.23%	92.39%	93.59%	77.42%	84.11%	80.00%	86.89%	87.93%	89.80%	85.71%	91.92%	89.09%	-		

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North Bristol Integrated Performance Report



15.1

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Trend
Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity				90.06%	91.98%	94.44%	93.50%	91.79%	88.81%	91.00%	89.49%	89.49%	89.29%	91.73%	92.73%	91.16%	
	Friends & Family Positive Responses - Emergency Department				87.59%	87.57%	86.07%	79.57%	81.95%	81.75%	83.58%	74.74%	72.80%	79.33%	80.94%	81.44%	81.12%	
	Friends & Family Positive Responses - Inpatients				94.56%	93.58%	92.85%	93.29%	91.62%	93.65%	93.70%	93.37%	91.96%	92.53%	91.30%	92.71%	91.98%	
	Friends & Family Positive Responses - Outpatients				94.57%	95.24%	95.53%	95.43%	94.67%	95.46%	95.13%	94.04%	94.65%	95.45%	96.01%	95.31%	94.58%	
	PALS - Count of concerns				139	156	120	141	141	145	123	135	139	152	103	191	133	
	Complaints - % Overall Response Compliance			90.00%	82.14%	79.63%	73.17%	79.49%	80.00%	79.63%	64.10%	71.11%	65.00%	60.00%	73.00%	79.00%	71.00%	
	Complaints - Overdue				3	4	3	1	6	5	4	5	9	10	3	5	6	
	Complaints - Written complaints				41	41	38	57	44	42	48	49	60	49	36	44	40	
Workforce	Agency Expenditure ('000s)				1809	2485	1533	1948	2342	2402	2242	2182	2093	2184	1610	1507	1592	
	Month End Vacancy Factor				8.44%	7.88%	6.21%	7.96%	8.03%	8.25%	7.69%	7.16%	6.62%	6.42%	5.87%	4.87%	4.82%	
	Turnover (Rolling 12 Months)	R		-	16.77%	16.76%	16.56%	16.29%	15.90%	15.19%	15.03%	14.59%	14.13%	13.74%	13.30%	13.09%	12.91%	
	Sickness Absence (Rolling 12 month)	R		-	5.43%	5.30%	5.19%	5.08%	5.07%	4.94%	4.92%	4.91%	4.89%	4.81%	4.70%	4.66%	4.67%	
	Trust Mandatory Training Compliance				87.23%	88.71%	80.99%	82.00%	84.23%	84.73%	86.69%	87.04%	89.39%	90.69%	91.06%	90.14%	89.44%	

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NBTCARES

Executive Summary – March 2024

15.1

Urgent Care

Four-hour performance reported at 64.87% in February. NBT ranked first out of 11 AMTC providers. 12-hour trolley breaches reported at 168 last month, whilst there were 326 ambulance handover delays over one-hour. ED attendances for February 2024 were 4.76% lower than the previous month however were 18.25% higher than February 2023. Overall NC2R numbers is a primary driver of the current UEC difficulties and is following a reduction in community bed capacity as per the system plan. Executive-level escalation at system-level continues and we continue to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals. However, the community-led D2A programme remains central to ongoing improvement. Work also progresses around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. In the meantime, internal hospital flow plans continue to be developed and implemented.

Elective Care and Diagnostics

Following activity losses as a result of industrial action throughout the year, the Trust has initiated repeated recovery plans in an effort to maintain its commitment to achieving zero >65 week wait capacity waits at the end of this financial year. Despite a recent period of industrial action, these plans have now brought the RTT improvement trajectory back on plan. The Trust has recovered its >65 week wait breach trajectory to allow it to meet its year-end RTT commitments. Diagnostics performance continues to exceed national requirements – having delivered the year-end requirement of no more than 15% of patients waiting greater than six weeks, the Trust has got close to delivering next year's target of 5% - reporting at 5.19% as at February 2024. Once again, the intention is to consolidate next year's performance requirement early in the year and push on to restore the constitutional standard of 1%. This would constitute diagnostic performance recovery – in COVID terms. The ongoing challenge will be to sustain this high level of performance.

Cancer Wait Time Standards

The Trust has been able to make substantial improvement in the total cancer waiting list, however, there has been a significant impact from industrial action on the Trust total PTL size and waiting times. A revised plan to recover the position has resulted in the FDS target trajectory coming back into line. The national requirement is that FDS would reach 75% by the end of March-2024. The Trust reported a position of 70.88% against this requirement in January-2024. There is reasonable confidence that FDS recovery plans will allow the Trust to be compliant with the 75% target in March 2024.

Executive Summary – March 2024

Quality

Within Maternity, the term admission rate to NICU dropped to 4.2% against a national target of 5%. 1 PMRT case rated the care following the death of a baby as D. Feedback from the mother will be used to inform cultural improvement work on the postnatal ward. There were 19 WTE NICU nursing vacancies in January 2024, with ongoing recruitment and retention initiatives. Obstetric workforce gaps remain, with consultants acting down to cover industrial action and gaps in the registrar rota. There were no moderate harm incidents and no new referrals to MNSI. Medication incidents have increased this financial year, with a sizeable jump in February and corresponding increase in those with harm. The Medicines Governance Team have launched the 'Medicines Safety Forum' which is multidisciplinary meeting to review data and agree actions. Infection control data for February showed a marginal increase in C-Difficile, E-Coli cases continue to track below trajectory and there were no new MRSA cases. Improvement work continues for the sustained increase in MSSA rates, which reflects regional/national trends. The positive trend in falls rates continued, with ongoing improvement work in collaboration with UHBW Foundation Trust. In February the number of grade 2 pressure ulcers increased. WHO Safety Checklist compliance improved further, reflecting good safety practice within theatres. Progress in delivering the year-1 workplan for Patient & Carer Experience remains strong, with a profile this month on the impact of our Volunteer musicians who greatly contribute to an outstanding patient, carer and public experience. FFT scores have decreased slightly but within statistical 'normal variation' limits, which are therefore not concerning. Complaint response compliance has fallen from 79% in January to 71% in February. Action plans to improve performance in ASCR and WaCH have had a positive impact however performance in Facilities and CCS has reduced compliance. All complaints are acknowledged within 3 working days as required.

15.1

Workforce

The Trust vacancy factor was 4.82% (459.66wte) down from 4.87% (461.83) in January. The greatest reduction in vacancies was seen in additional clinical services which fell by 28.63wte and registered nursing and midwifery which fell by 12.30wte. NBT's Rolling 12-month staff turnover decreased from 13.09% in January to 12.91% in February continuing the improvement trend since November 2022. The Trust rolling 12-month sickness absence rate increased slightly to 4.67% in February from 4.66% in January. Overall temporary staffing demand decreased by 1.09% (-10.75wte) from January to February, driven by decreased demand for additional clinical services staff (-12.86wte, -4.27%). There was an increase in unfilled shifts (+11.76%, +18.wte), driven by a decrease in bank shifts (-3.63%, -24.97wte), February also saw a small increase in agency usage (+2.25%, 2.20wte).

Finance

The financial plan for 2023/24 in Month 11 (February) was a surplus of £1.5m. The Trust has delivered a £1.6m surplus, which is £0.1m better than plan. The year-to-date position is a £2.7m adverse variance against a planned £3.7m deficit. In month the Trust has recognised a benefit of £2.8m around funding to support the impact of industrial action (December to February). Temporary staffing costs in the year-to-date position are creating a £7.6m adverse variance to plan. Unidentified savings within the in year position are creating a £9.6m adverse variance, the impact of which is offset by delays in investments and vacancies. In February, the Trust saw the impact of industrial action with £0.7m additional costs and £0.2m lost income. The Trust cash position at Month 11 is £72.2m, a reduction of £31.8m from Month 1. This is driven by the Trust underlying deficit and capital spend. The Trust is currently forecasting a £0.5m underspend on core capital. The Trust has delivered £15.9m of completed cost improvement programme (CIP) schemes at month 11. There are a further £1.1m of schemes in implementation and planning that need to be developed, and £1.1m in the pipeline.

Responsiveness

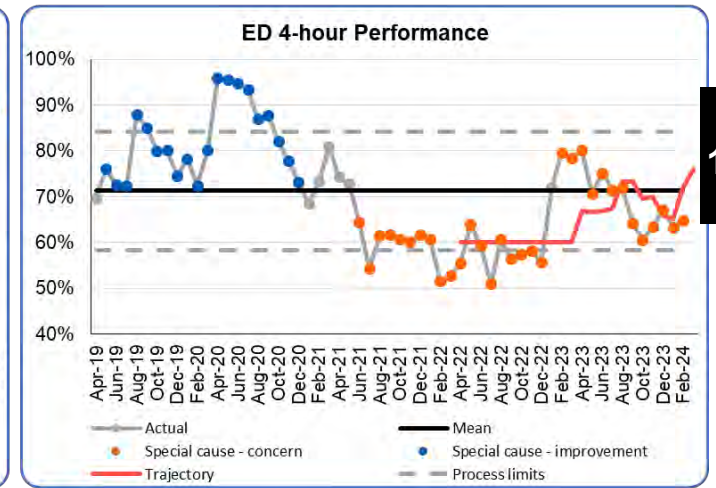
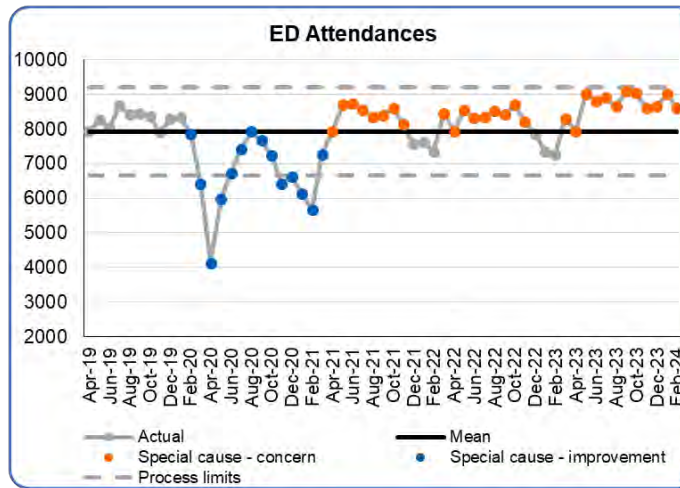
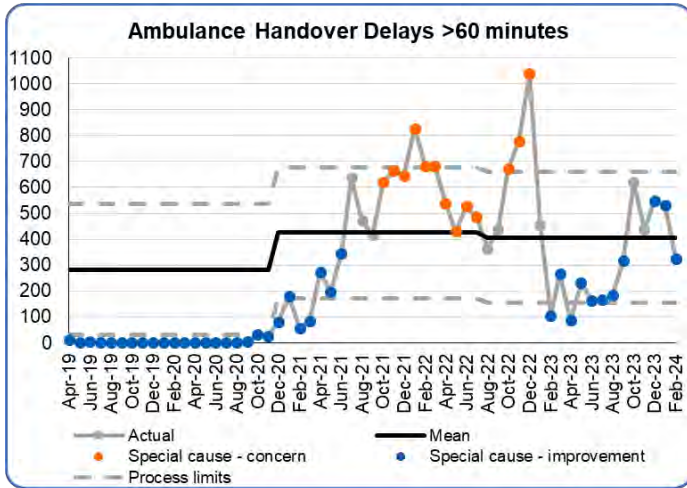
**Board Sponsor: Chief Operating Officer
Steve Curry**

Responsiveness – Indicative Overview

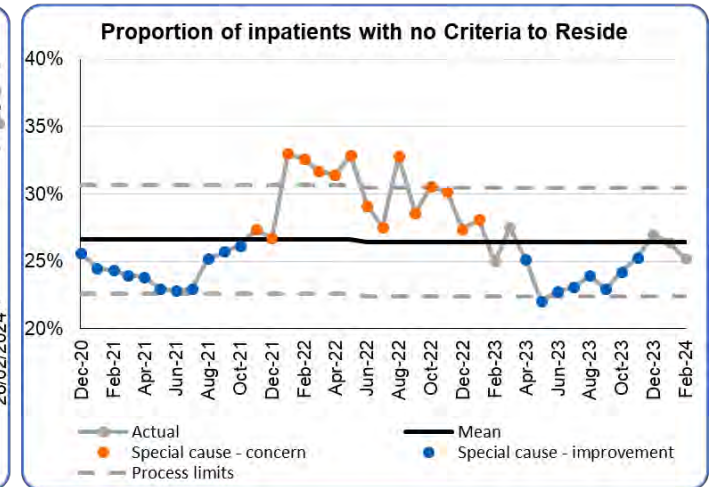
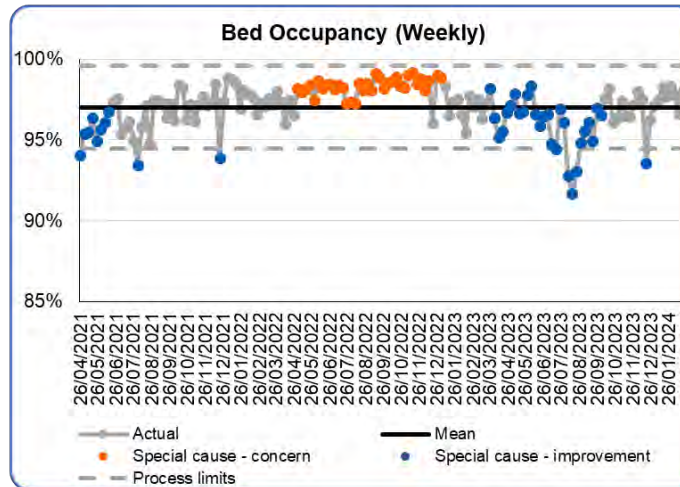
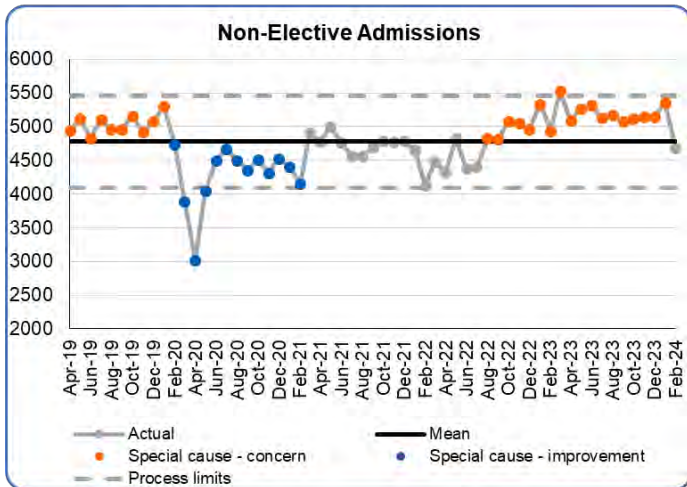
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Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Internal and partnership actions continue
	Transfer of Care Hub	Hub now in place and fully recruited – ongoing work to embed and secure benefits.
	NC2R/D2A	Gradual increase in NC2R numbers with proposed reduction in community bed access.
RTT	65-week wait	Achieved.
Diagnostics	15% 6-week target	Achieved.
	13-week waits	Achieved.
	CDC	Agreement reached on Apr-24 provision through temporary capacity followed by permanent CDC capacity in Aug-24.
Cancer	28-day FDS standard	On plan.

Urgent and Emergency Care



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Urgent and Emergency Care

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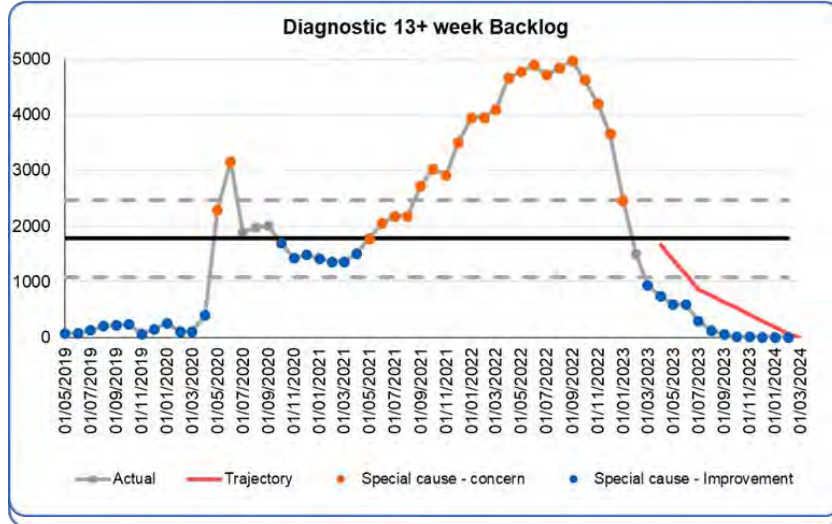
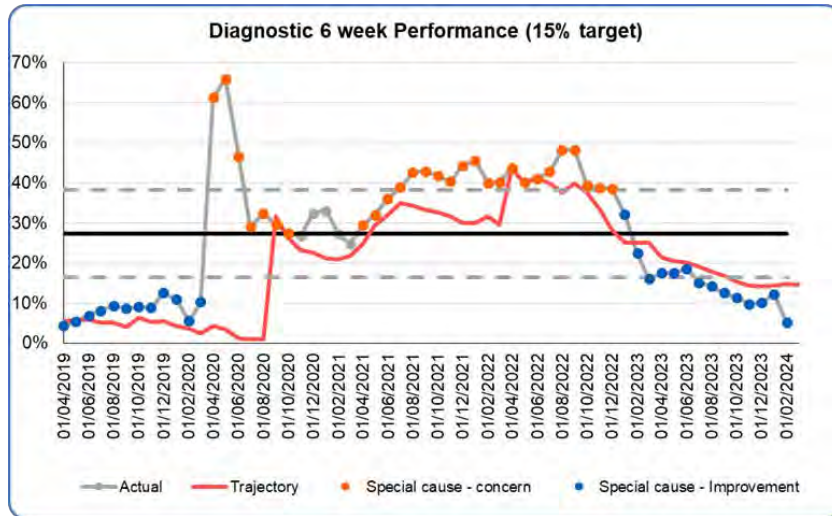
What are the main risks impacting performance?

- High volumes of NC2R continue to compound an already pressured UEC hospital pathway. As previously noted, the increase between October - December 2023 coincided with a period of planned bed reductions within community beds; a position which has been challenged at the point of planning by NBT.
- Year-on-year ED attendances have been increasing in previous months, but there was a marked increase yet again in February, showing attendances at 18.25% higher than February 2023.
- Junior doctor industrial action in February further challenged the UEC system with a direct impact over the five-day period and a lag to impact which will be reflected in the March report.

What actions are being taken to improve?

- Executive and CEO-level escalation regarding NC2R impact - commitment secured from system partners to focussed work with revised reduction ambition.
- Ambulance handovers – the Chief Nursing Officer led a ‘refresh’ of the continuous flow model in response to December ambulance delays. Although the approach had continued over the summer, its scale of deployment was commensurate with a lower level of patient flow pressure. The approach has been reintroduced more rigorously with two-hourly monitoring in place. The normal risk mitigations which have been previously used continue to apply in using this ‘balance of overall risk’ approach.
- Ongoing introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- A revised bed plan for winter was designed, having used a previous summer reserve to compensate for community bed losses in the early autumn. The revised plan included the build-up of a new bed reserve based on higher levels of patient discharge in the pre-Christmas period. While the new reserve was significant, the pressures experienced in the post-Christmas period meant that much of this had been deployed earlier than planned.
- Development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub.

Diagnostic Wait Times



What are the main risks impacting performance?

- The Trust continues to achieve the objective of no more than 15% patients breaching 6-weeks. This was achieved 7 months ahead of the initial year-end target.
- The Trust continues to be on track to clear zero >13-week breaches.
- Staffing gaps within the Sonography service and a surge in urgent demand means that the NOUS position remains vulnerable. Given the volume of this work, any deterioration can have a material impact on overall performance.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector. Further industrial action remains the biggest risk to compliance.

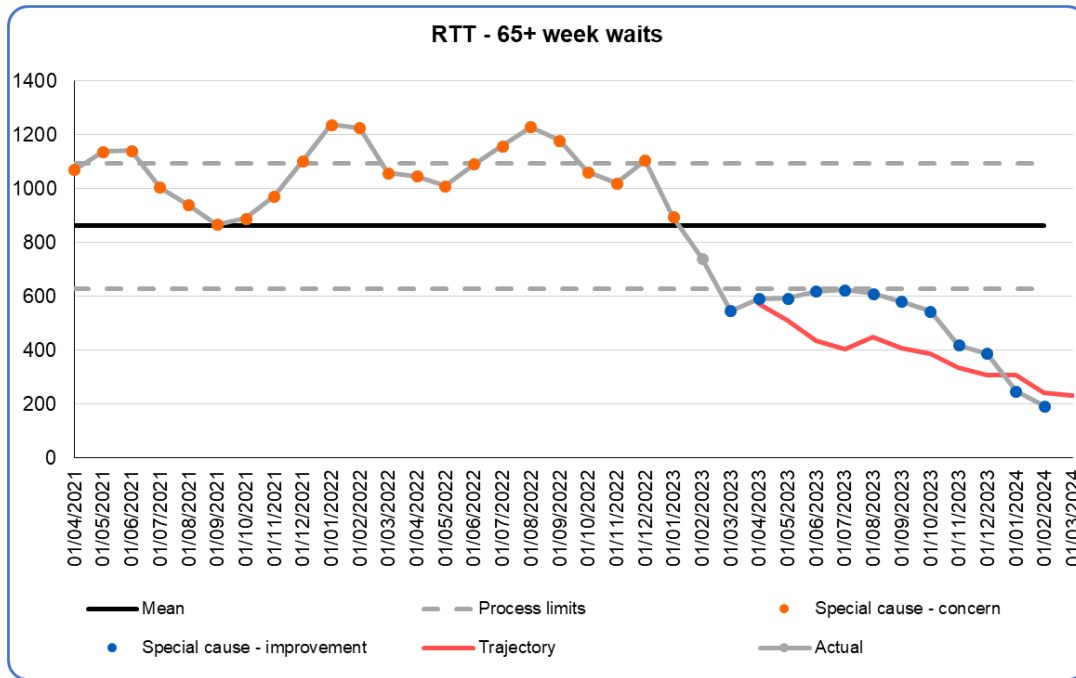
What actions are being taken to improve?

- Work is underway to consolidate the current performance achievement and to re-profile the year-end achievement towards the anticipated target for 2024/25 i.e. 5%.
- Endoscopy – Utilising capacity from a range of insourcing and outsourcing providers, transfers to the IS, WLIs and employment of a Locum. The Endoscopy service transitioned from the Medicine Division to the CCS Division as of November 2023. This aligns the service with other diagnostic services as we transition to the development of CDCs. The CCS leadership team has a key role in the development of the CDCs and is best placed to transition Endoscopy services accordingly.
- New appointment times introduced increasing future capacity in CT and MRI. Weston CT capacity ongoing as well as MRI and CT at Nuffield.
- Echocardiography – Ongoing use of Xyla insourcing and capacity, and use of IMC agency commenced in Sept-22. Proactive workforce development and planning continuing to yield some positive results.
- WLIs are helping to mitigate impact of staffing shortfalls during the week.

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Referral To Treatment (RTT)

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What are the main risks impacting performance?

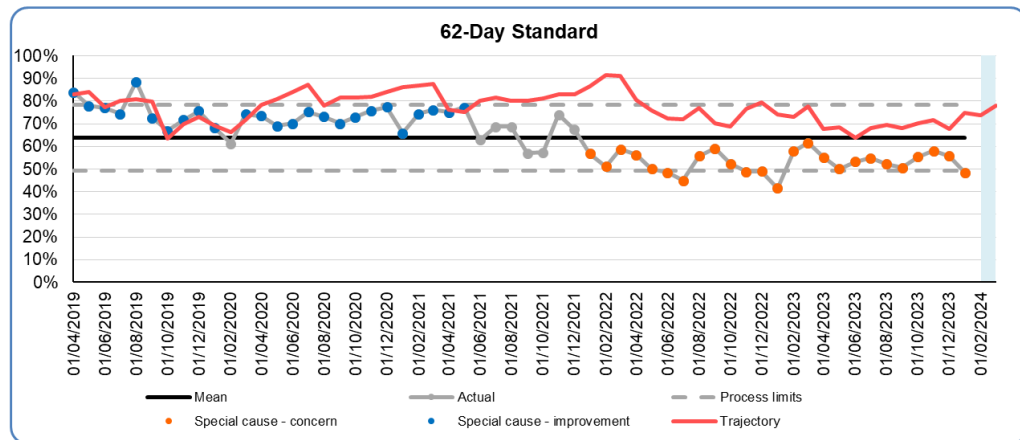
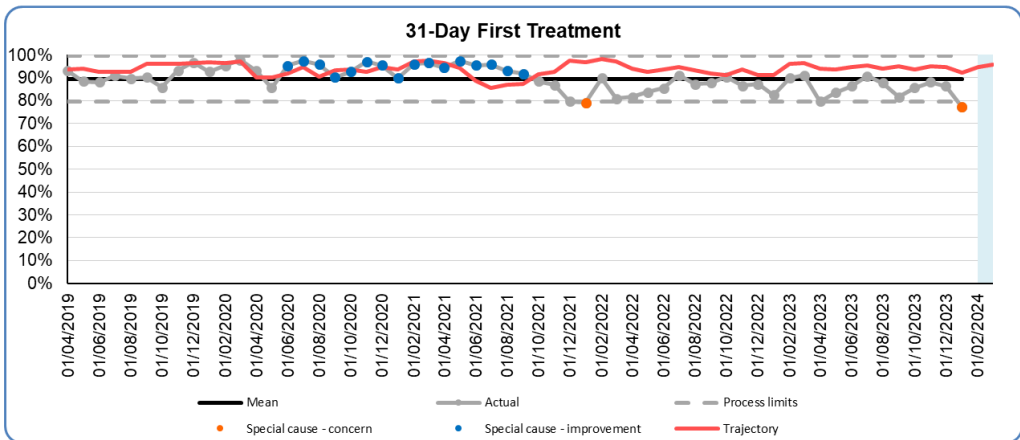
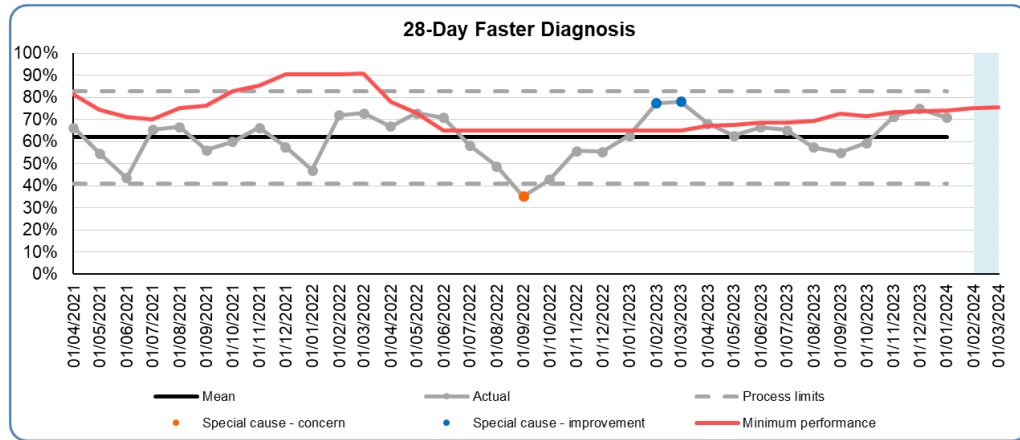
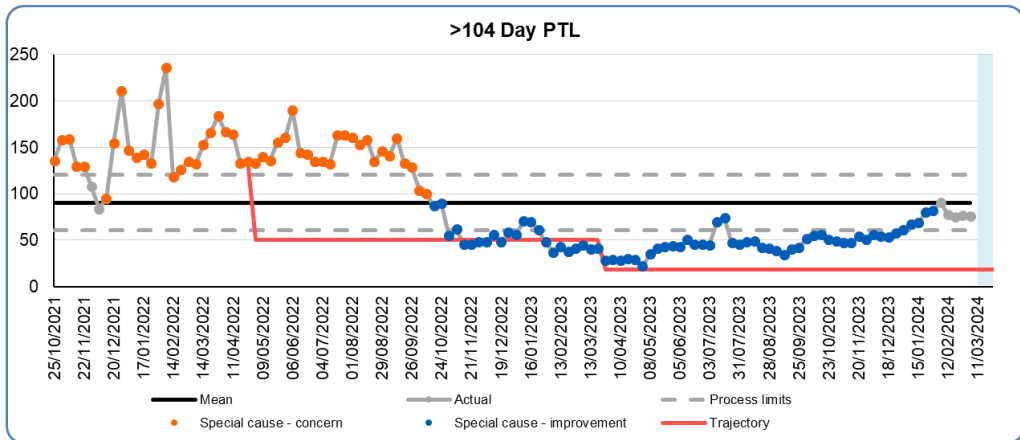
- Continued impact of repeated periods of industrial action.
- Rebooking of cancelled cancer and urgent patients is displacing the opportunity to book long-waiting patients.
- Continued reliance on third party activity in a number of areas.
- The potential impact of UEC activity on elective care.

What actions are being taken to improve?

- Focused work on maintaining 104ww and 78ww positions continues.
- 65-week wait potential breaches – contingency plans to recover industrial action losses underway with better confidence in delivery However, Junior Doctor’s strikes which occurred during December to February are likely to destabilise the current improvement trajectory. The Trust remains committed to delivering to plan.
- Speciality level trajectories have been developed with targeted plans to deliver required capacity in most challenged areas; including outsourcing to the IS for a range of General Surgery procedures and smoothing the waits in T&O between Consultants.
- Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred all suitable patients into available capacity across local IS Providers.
- The Trust is actively engaged with the Getting It Right First Time (GIRFT) programme of work and working with specialists in theatre utilisation improvements to ensure use of available capacity is maximised.

Cancer Performance

15.1



Cancer Performance

15.1

What are the main risks impacting performance?

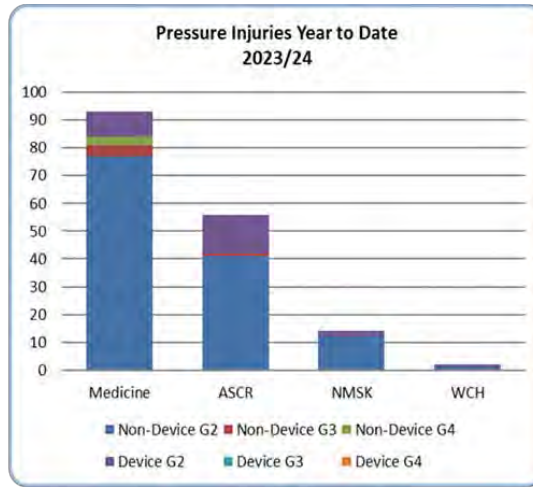
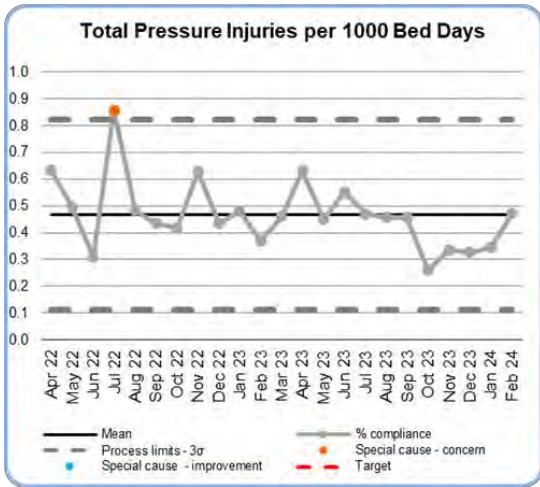
- Significant impact of industrial action resulting in escalation actions - deterioration in performance as activity continues to be lost and the backlog of patients are seen/informed and treated.
- Ongoing clinical pathway work reliant on system actions remains outstanding.
- Reliance on non-core capacity.
- Increased demand is now a significant driver – Skin referrals, Gynaecology referrals and Endoscopy referrals.

What further actions are being taken to improve?

- Significant additional activity has been commissioned to recover industrial action related deteriorations in Skin and Gynaecology.
- Recovery actions can only be made sustainable through wider system actions. The CMO is involved in System workshops looking to reform cancer referral processes at a primary care level.
- Focus remains on sustaining the absolute >62-Day Cancer PTL volume and the percentage of >62-Day breaches as a proportion of the overall wait list. This has been challenged by recent high volume activity losses (industrial action related) within areas such as Skin.
- High volume Skin 'poly-clinics' enacted to recover cancer position. Having achieved the improved >62-Day cancer PTL target, the next phase will be to ensure the revised actions and processes are embedded to sustain this improvement. At the same time, design work has commenced to fundamentally improve patient pathways, which will improve overall Cancer wait time standards compliance.
- Moving from an operational improvement plan to a clinically-led pathway improvement plan for key tumour site pathways such as Skin and Urology (e.g. prostate pathway).

Quality, Safety and Effectiveness

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



Pressure Injuries

What does the data tell us?

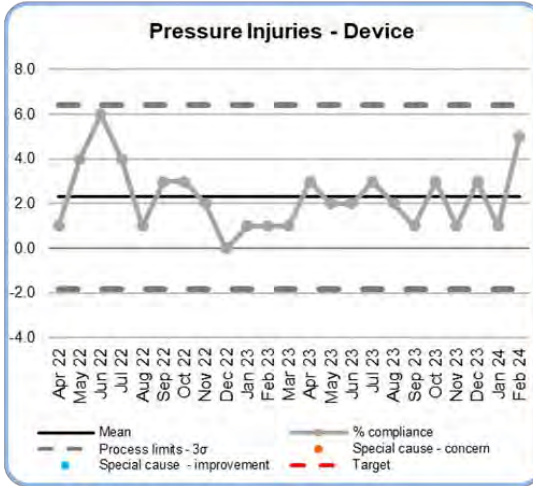
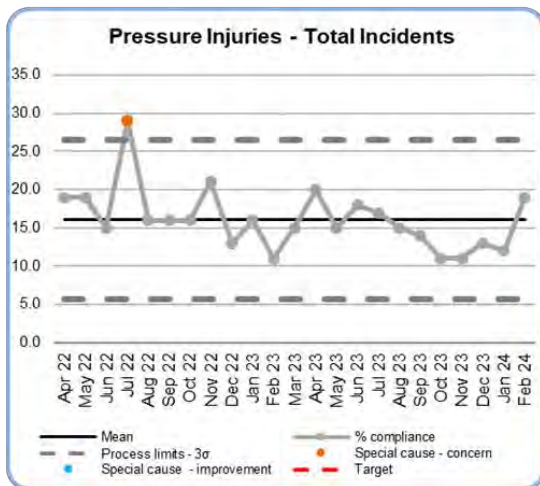
In February there was an increase in the number of grade 2 pressure ulcers. There were 18 grade 2 pressure ulcers, to 17 patients of which 5 were attributable to a medical device.

There was one grade 4 pressure ulcer to the spine attributable to Elgar 1 that deteriorated from a present on admission grade 2, to and unstageable and then validated as a grade 4 from diagnosis by MRI scan of osteomyelitis.

There were 2 unstageable pressure injuries.

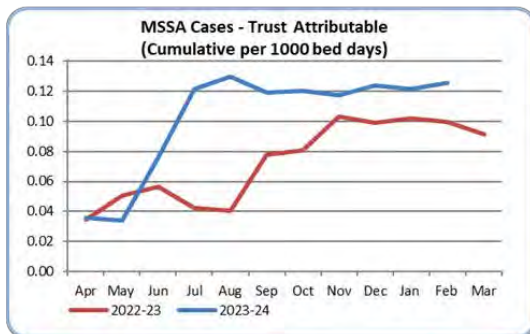
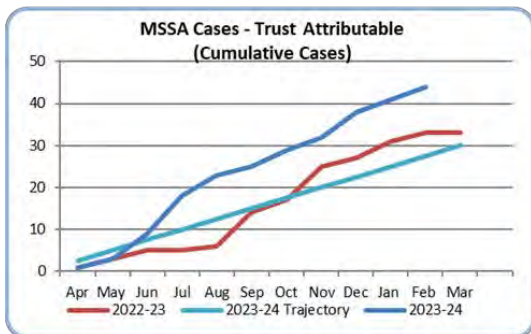
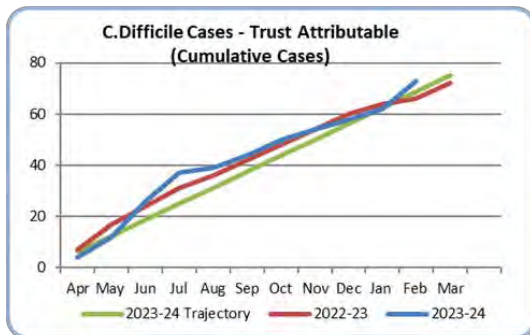
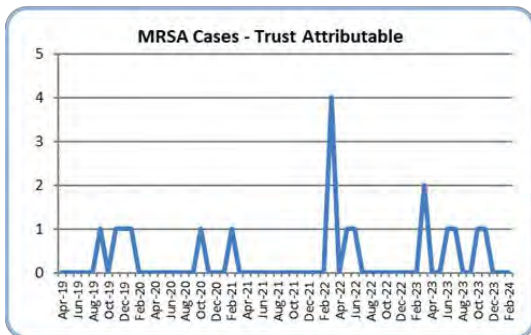
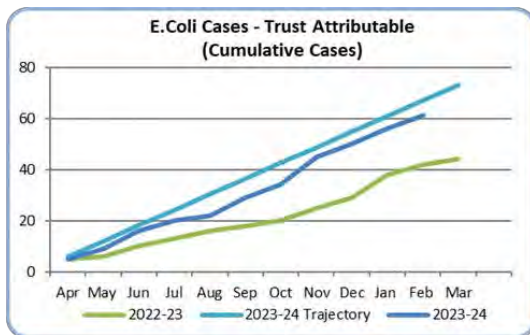
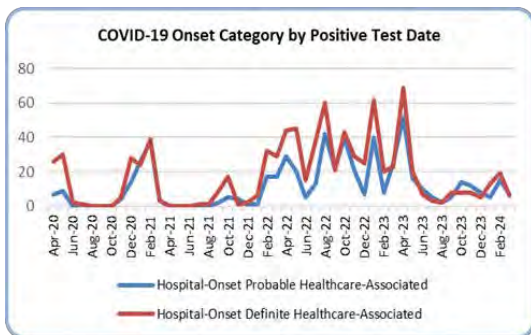
There was a slight increase in DTI incidents from the previous month to 20 DTI's. The targets for PU reduction in 2023/2024:

- 10% reduction on grade 2 pressure ulcers. We are on target to achieve this.
- Zero tolerance for grade 3 and grade 4 pressure ulcers with a 50% reduction from 2022/2023.



What actions are being taken to improve?

- The implementation of the new PSIRF approach for pressure ulcers at NBT has seen the first engagement with the clinical governance teams and the first-round table discussions. This approach is responsive to new and emerging trends for investigation, to be resolved strategically at NBT and provide focussed interventions. The clinical governance leads are attending the PUSG to be involved with the thematic analysis and provide a robust overview of emerging themes.
- The TVN senior team are working collaborative with the different admission zones at NBT and the emergency department on implementing Purpose-T within 6 hours interaction with a clinician. Following a recent discussion a request for funding to supply Caresit repose overlays for the EDAU chairs in ED has been made.
- The Repose wedge pilot on 9b was presented at the February PUSG and it was agreed that funding would be requested. A request to increase the number of Nimbus 4 mattresses that offload heels within NBT will be made by clinical equipment services. This is part of the strategic response to thematic analysis.
- The TVN team provide a responsive, supportive and educational service across NBT and seek to work in collaboration with patients and clinical teams to reduce patient harm.



Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus) / Influenza - Decreased cases as expected, patients are managed with POCT and PCR swabs

Winter D+V (Norovirus) - Cases have continued with no outbreaks declared – however we have seen small numbers of closed beds

MRSA – 4 cases to date

MSSA – This continues to be a concern both at NBT, regionally and nationally with increasing cases .A number of themes that form a working group to focus on a reduction programme .

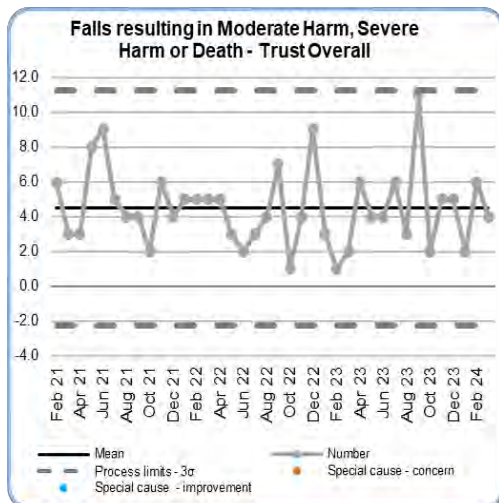
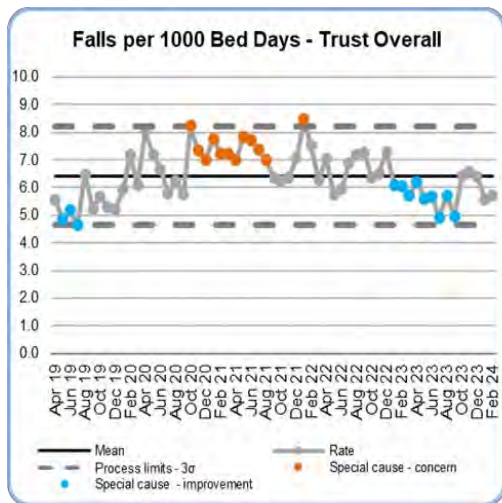
C. Difficile – A slight increase seen this month. PIRSP approach to investigating cases, with cases reaching the steering group. Two areas received targeted investigation and education due to increased cases, but different genome types.

Gram negative – E Coli cases have slightly increased , work being undertaken with Hydration and decaffeinated products

What actions are being taken to improve?.

- MSSA reduction work is at the forefront as a action plan following a external report - coordination of this strategically via Dep Medical director and DIPC to investigate implementation of other vascular devises , comparison with local trusts to understand lessons learnt and themes and trends.
- Work being undertaken with SWAST to reduce prehospital cannulation.
- Data for MSSA cases shown per 1000 bed days to align with hospital acuity.
- Continued work with Regional and National MRSA/MSSA reduction plan with emphasis on vascular improvement work, passports and correct device selection and support continues. An agreed trust wide approach needs to consider a change of device to midlines and service delivery / associated education and training to support this.
- Continence group has been working with the nutrition assistance to deliver hydration projects and we have increased education related to catheter management. This will be easier to audit when indwelling devices are live on EPR.

15.1



Falls

Falls incidents per 1000 bed days

NBT reported a rate of 5.7 falls incidents per 1000 bed days in February which is below the average of 6.43.

There were 168 falls reported in February. 3 moderate harm and 1 severe. Medicine and NMSK divisions both reported lower than average rates of falls. ASCR had an increase in their falls this month.

The severe harm fall resulted in a hip fracture. The person received surgery and has now returned home with support. Of the 3 moderate harm falls, 2 were head injuries and the third was a femur fracture.

Multiple falls accounted for just over a quarter of falls which is consistent from last month. With 7 patients having more than 2 falls.

Older patients continue to be the highest proportion of patients who fall, with nearly 3/4 of reports in the over 65's. All the patients who experienced moderate and above harm were aged over 70.

What actions are being taken to improve?

The eLearning package is in its final stages of editing and is being reviewed by select staff groups for final amendments. This will bring our training in line with updated national guidelines and best practice advice. This is a collaborative piece with UHBW.

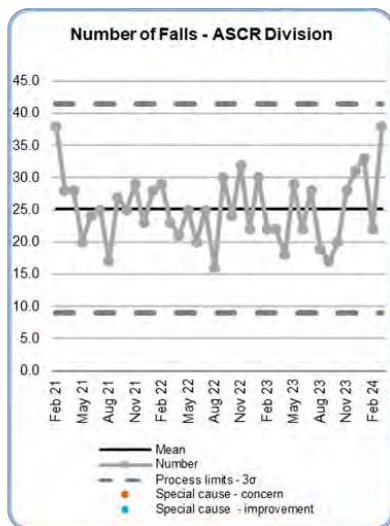
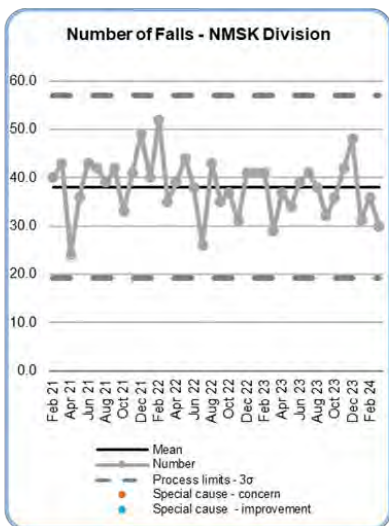
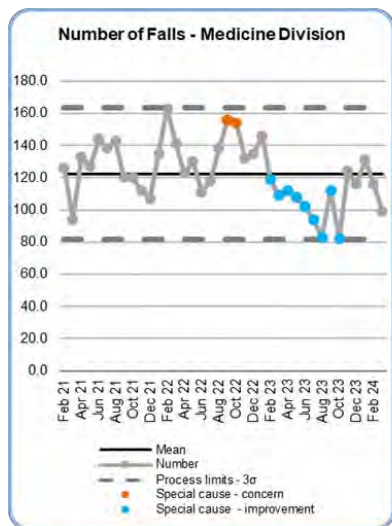
Work is underway to analyse the relationship between falls and criteria to reside. This will be shared with the IDS leads and community transfer of care hub (CTOH).

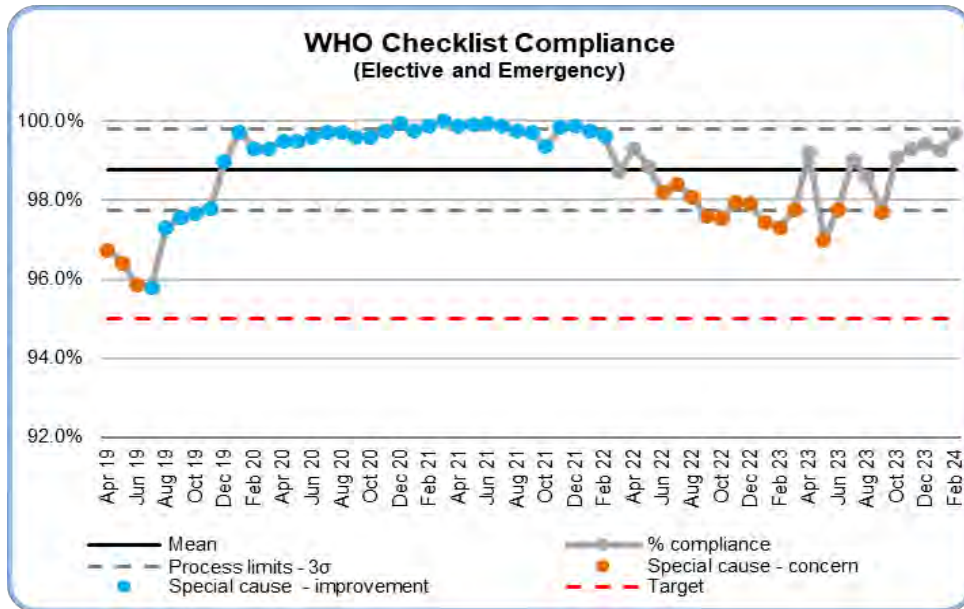
Quality improvement foundation work continues, focussing on ensuring safe lifting equipment is used to move patients following falls and to ensure high quality multi-factorial risk assessments are completed.

The falls specific therapy assessment has been launched on Care Flow to support detailed assessments of patients who are at risk of falls and are clinically appropriate for comprehensive assessment.

Discussions are underway with patient safety team to influence the development of the Radar incident reporting system to ensure it meets the needs of falls reporting and supports insights and continued positive reporting culture.

A selection of alerts are now available on Care Flow to highlight patients who experience falls whilst admitted. This is waiting to be launched and supported by communications.





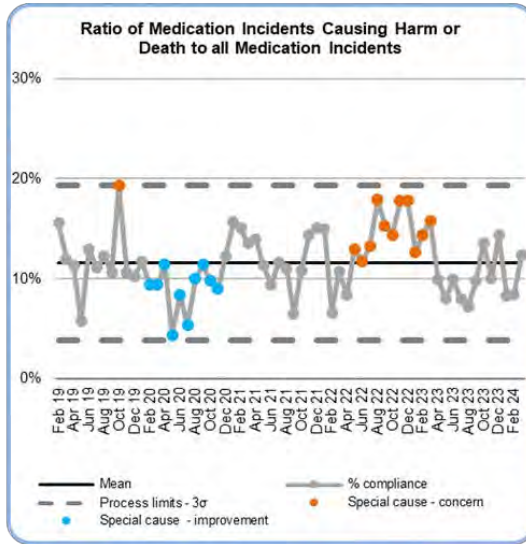
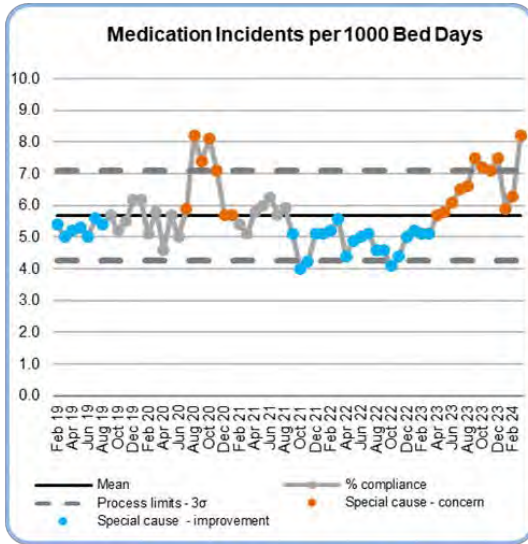
WHO Checklist Compliance

What does the data tell us?

In February, WHO checklist compliance reported at 99.67%. 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 and solely indicates a failure to 'sign out' on completion of the list. All cases where WHO was not recorded electronically are reviewed to ensure that checklist compliance was recorded in the paper medical records, therefore meaning that the correct checks were undertaken in practice. When a manual check confirms that the WHO check list was not completed a Datix is recorded.

15.1



Medicines Management Report

What does the data tell us?

Medication Incidents per 1000 bed days

During February 2024, NBT had a rate of 8.2 medication incidents per 1000 bed days. This is above the 6-month average of 7.1 for this measure.

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

During February 2024, 12.4% of all medication incidents are reported to have caused a degree of harm. This is above the 6-month average of 11.6%. Breakdown of the 'harm' incidents seen in February is as follows:

- Low Harm – 27
- Moderate Harm – 3 (one of which was a community pharmacy prescribing error)

(This information has been included as an indicator of the composition of the 'harm' incidents. It is of note however that these categorisations are subject to change as incidents reviewed and closed)

Incidents by Stage - in keeping with the picture seen over the last 6 months most incidents are reported to occur during the 'administration' stage.

High Risk Medicines - There has been a notable increase in incidents involving Controlled Drugs when compared to previous months – this was investigated and found that the majority of these involved breaches in relation to CD storage e.g CD register totals not matching stock in cupboard. It is of note that the Pharmacy team have recently been undertaking CD audits which may have resulted in some of these issues being reported. The team plan to triangulate data from these audits and the Datix reports to provide assurances around our CD processes. Only 16% of the CD incidents reported were coded as relating to administration and only one was felt to have caused patient harm (noted to be low).

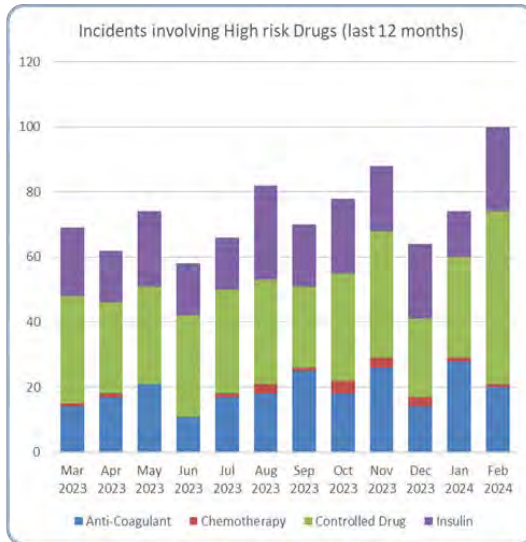
Overall comment -

In February there has been a significant increase in total number of medication incidents, the level of harm seen has also risen but less markedly and remains in line with the chart mean.

More time is needed to fully understand this picture but on initial review it would appear that much of the increase may be due to reporting of CD errors (predominantly relating to storage) - see above. For context, in terms of raw figures the number of CD incidents in January was 31 and it rose to 53 in February (Total incidents rose from 202 in Jan to 244 in Feb)

What actions are being taken to improve?

The Medicines Governance Team have launched the 'Medicines Safety Forum' – 2nd meeting to be held in April. This is multidisciplinary meeting where data is reviewed, issues such as the above are discussed, actions agreed and workstreams to address issues supported. The proposed initial topic for focus and action is 'Medicines Administration'; A resource proposal detailing the Pharmacy staffing required to support medicines safety improvement work will be discussed at the DTC in February.



15.1

Patient Experience

**Board Sponsor: Chief Nursing Officer
Steven Hams**

Patient & Carer Experience – Strategy Delivery Overview March 2024

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



Patient & Carer Experience Strategy Commitment	Commitments	Key improvement/action
Listening to what patients tell us	We will ensure that the patient experience data given to front-line teams is reliable and reflective of their services.	<ul style="list-style-type: none"> Data is reliable- no issues. 'Patient Conversations ' continue with 3 visits in February. We also welcomed some young carers to complete the 15-step challenge in AMU and 28a and 7a on 15th February.
	A near real-time feedback offer to patients (for example 15 step challenge or observe and act)	
Working together to support and value the individual and promote inclusion	We will deliver the Accessible Information Standard (AIS).	<ul style="list-style-type: none"> The AIS Steering Group met in January with significant progress being made. The next meeting is scheduled for 13th March. SPaRC Strategic Plan on track and being monitored through PCEG. Recruitment to the patient and carer partnership continues. We currently have 16 Patient and Carer Partners. We continue to make inroads into understanding the experience of people experiencing homelessness and, the Gypsy, Roma and Traveller community when accessing our services.
	We will continue to provide an inclusive person-centred holistic, spiritual, pastoral, and religious care (SPaRC) service.	
	We will develop wider representation within our Patient and Carer Partnership, reflecting a broader range of lived experiences and providing insights from specific conditions or demographic backgrounds.	
	We want to understand what good patient experience means to all our patients, in particular, those seldom-heard voices in our local community so we can act upon this.	
Being responsive and striving for better	We will consistently respond to 90% of complaints within agreed timescales.	<ul style="list-style-type: none"> Complaint response compliance has fallen from 79% in January to 71% in February. Action plans to improve performance in ASCR and WaCH have had a positive impact however performance in Facilities and CCS has impacted on the average compliance. FFT scores have decreased very slightly across all areas. The decrease is within the expected variation as is not cause for concern currently. PHSO NHS Complaints Standards action plan is on track and is monitored through DPEG. Radar is on track for delivery by Q1 2024. Training has begun with the divisional and central teams.
	Improved FFT scores, as set out within our Patient First priorities.	
	We will ensure our complaint process reflects the new PHSO NHS Complaints Standards.	
	We will optimise our reporting and management of PALS and Complaints through our new quality governance system.	
Putting the spotlight on patient and carer experience	We will ensure that the patient's voice is heard from the ward to the Board through patient stories. We will not shy away from hearing stories where things have not gone well.	<ul style="list-style-type: none"> New Patient Story Framework signed off at PCEC & stories delivered to the Board in line with the plan. 1 PSP in place, a scoping meeting has taken place with Head of PS to explore strengthening the role and further recruitment. We have welcomed Fresh Arts into the Patient Experience Team and took the opportunity to share a patient story in the form of a poem at CEAC, to highlight the work of the team and impact on patient experience. Please see a further spotlight in the next slide.
	We will introduce Patient Safety Partners (PSPs) in line with the Framework for Involving Patients in Patient Safety; this work is an integral part of our Patient Safety Strategy	
	We will increase the visibility of patient experience across the Trust by working with our Communications team and agreeing on a plan for sharing progress and developments within Patient Experience.	

15.1

Patient & Carer Experience - Overview March 2024

Volunteer Musicians Update April 2023 – March 2024

- 649 hours of music to date featuring 105 musicians
- 12 new applicants auditioned in July 2023, with 12 more auditioned in February 2024
- 3 informal auditions for NBT Staff
- 5 patients accessed the piano for their wellbeing
- 12 applicants currently working through onboarding process
- 6 existing team members returned to active duty
- 64 active volunteers
- 12 sessions for Elgar Enablement Unit, including support for Chaplaincy services
- 24 visits from guest performers
- Youngest team member currently 8, the oldest is 86!

Based on observations of a recent performance. If on average approximately 30 patients, 60 staff and 80 visitors experience each hour of music offered within our public spaces, that suggests our volunteer musicians provided more than 110,000 instances of musical engagement during this financial year.

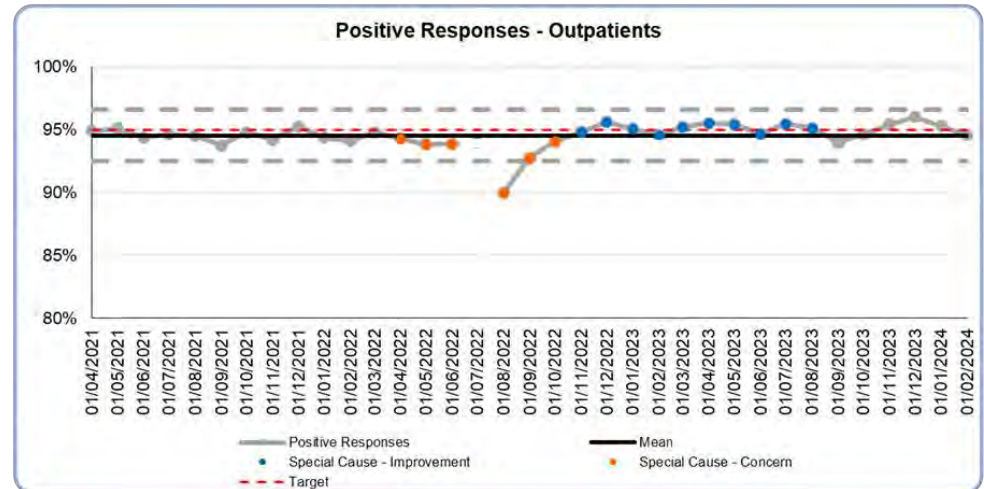
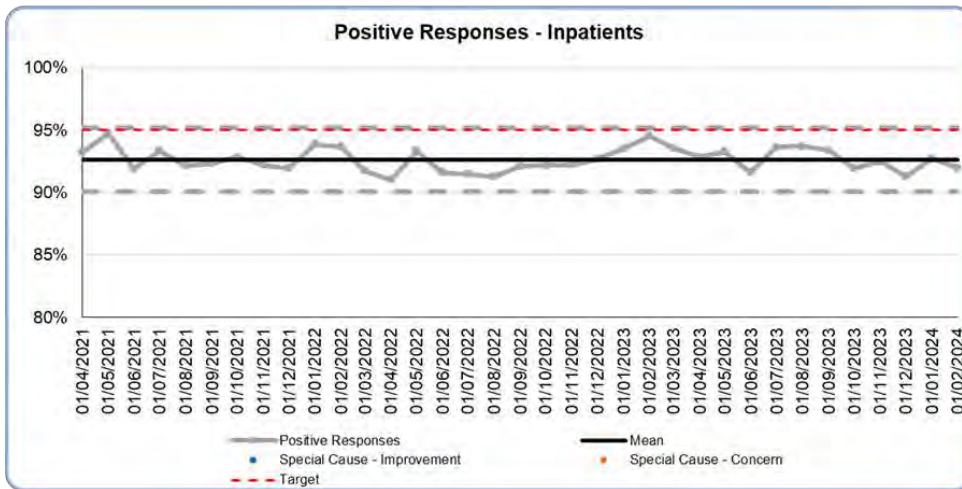
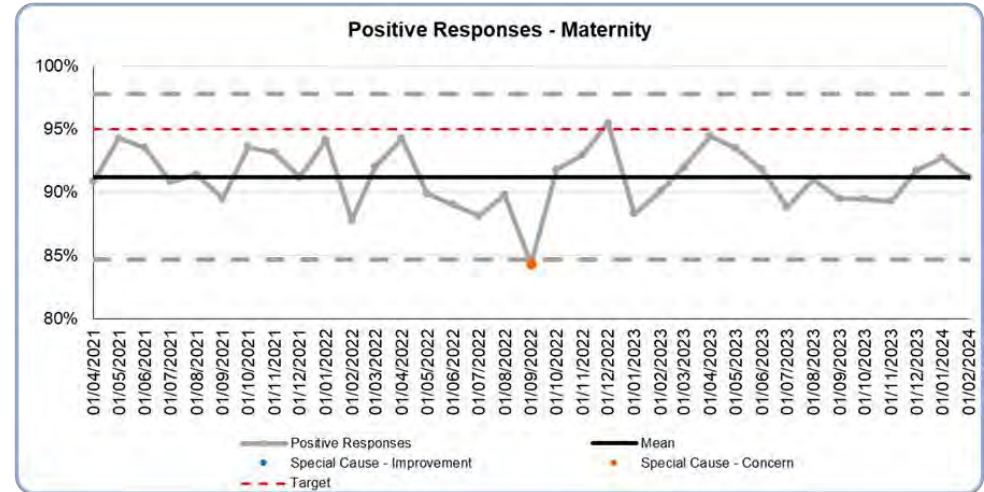
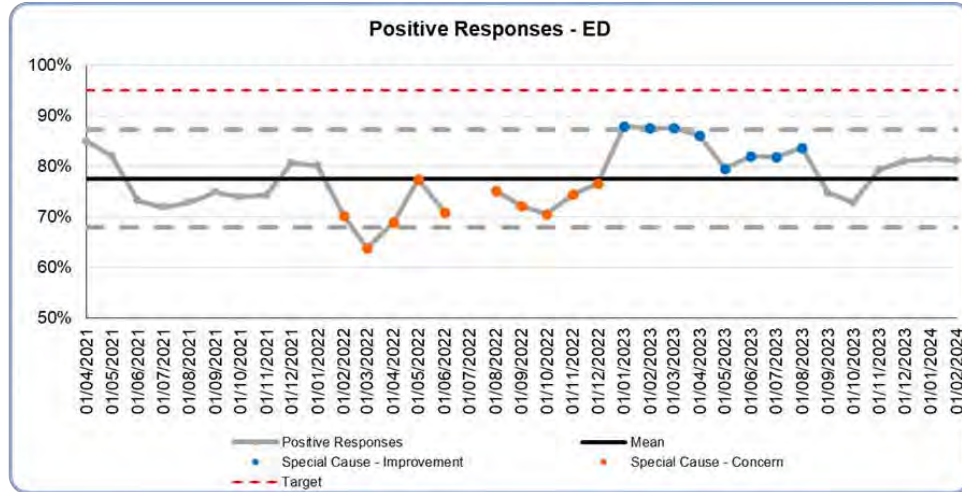
The volunteer shown is Chris Money who has been with us for more than 5 years and has performed 30 times so far during this financial year.



15.1

Patient Experience

15.1



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

Patient Experience

15.1

What does the data tell us - Trust?

- In February, 9,377 patients responded to the Friends and Family Test question. 6,773 patients chose to leave a comment with their rating. This is slightly fewer responses and comments than the previous month, however, this is expected as February is a shorter month.
- We had a Trust-wide response rate of 14%. This is the same as the previous month and above our internal target of 10%.
- 92.42% of patients gave the Trust a positive rating. This was very slightly lower than the previous month (93.26%) but is expected variation and remains within our tolerated range of performance.
- The top positive themes from comments were: staff, waiting time and clinical treatment. This is the same as last month.
- The top negative themes from comments were: waiting time, communication and staff. This is the same as last month.

What does this data tell us – Maternity?

- Positive responses are 91.4% for February. Negative responses are 4.3%.
- The % of positive responses has fallen slightly from 92.8% however this is within expected variation. The number of negative response has increased but only by 0.2%, suggesting there were more neutral responses this month, as opposed to more negative responses.
- The response rate across Maternity was 24%. This is 0.9% higher than the previous month

I can not speak highly enough about all the midwives, consultants, anaesthetists and all the other staff on central delivery suite or the postnatal wards. They were all amazing, kind, attentive and caring. They made what was quite a difficult delivery easy and I would never consider having a baby anywhere else! Thank you

What does the data tell us - Emergency Department?

- The percentage of positive responses remains high at 81.1%. The percentage of negative responses has increased slightly from 11.9% in January to 12.1% in February.
- The response rate for ED remains at 21% for February.
- The top negative theme remains waiting time, and the top positive theme remains staff.

Staff were absolutely amazing. Caring, kind, relentlessly hard-working but they were short staffed and waiting time was so very long. Not the fault of the staff at all.

What does the data tell us - Inpatients?

- The % of positive responses has decreased very slightly to 89.4% for February and % of negative responses has increased to 5.7%.
- The response rate for inpatients in February has increased to 24%, from 22% in January.
- Positive themes from comments are staff, communication and clinical treatment.
- Negative themes from comments are, communication, staff and environment.

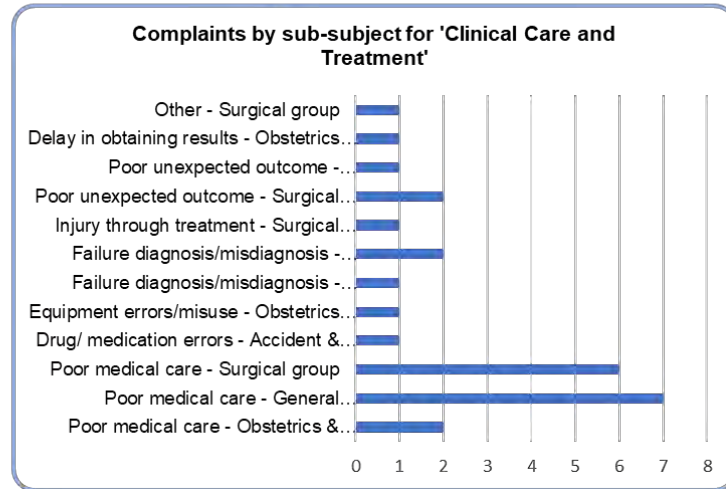
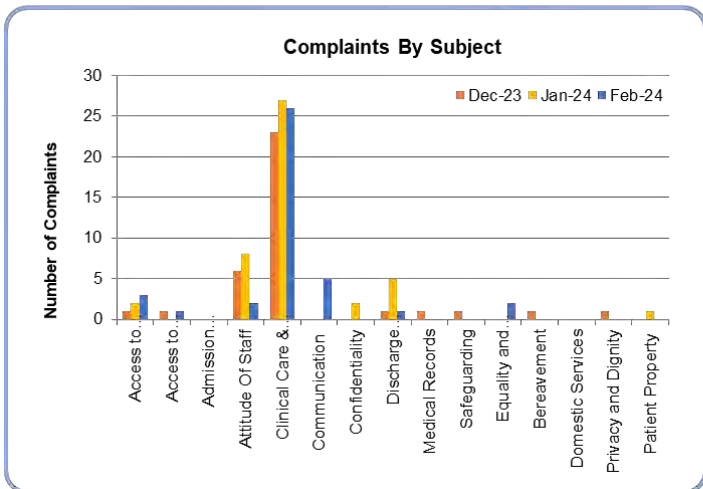
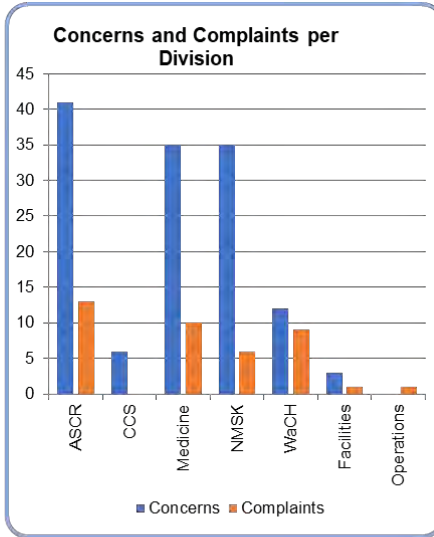
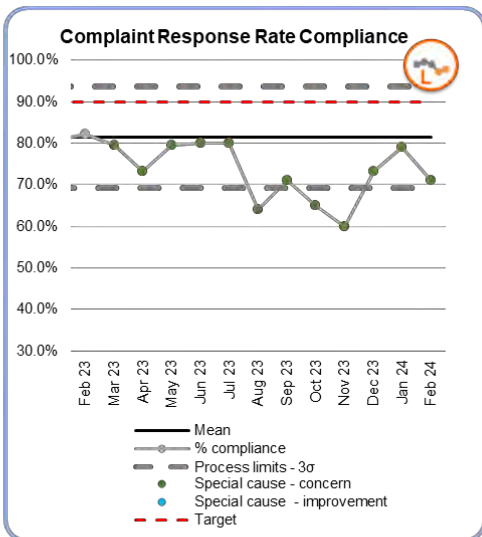
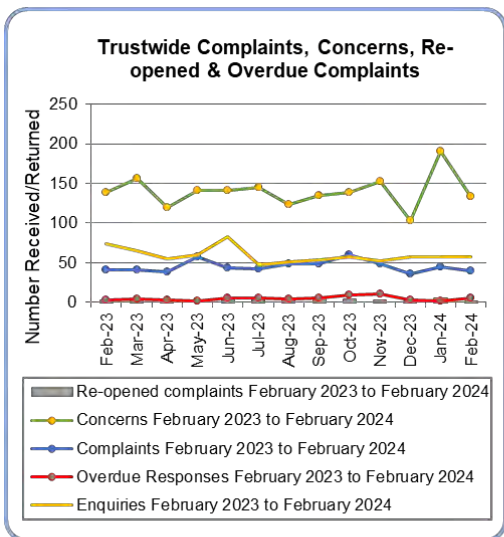
All the medical staff that dealt with my case were all very lovely and understanding, under all the pressures of the NHS each person who helped me showed great person centred care.

What does the data tell us – Outpatients?

- Positive responses are 94.5% for February, a slight decrease from January (95.3%). Negative responses have also slightly increased slightly to 2.3% from 2.1% in January.
- Most of the positive feedback relates to staff and waiting time. The negative feedback relates to waiting time and communication.

The staff were all very friendly and made me feel comfortable. However, there was a long delay and I wasn't seen until 45 minutes after my appointment time.

Complaints and Concerns



What does the data tell us?

In February 2024, the Trust received 40 formal complaints. This is 5 fewer than in January and 1 less than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (26). A chart to break down the sub-subjects for 'Clinical Care and Treatment' is included.

Of the 40 complaints, the largest proportion was received by ASCR (13).

There was 1 re-opened complaint in February (NMSK), 4 less than the previous month.

The number of overdue complaints at the time of reporting has increased from 1 in January to 6 in February, and are with Facilities (2), CCS (2), Medicine (1) and NMSK (1)

The response rate compliance for complaints has fallen to 71% in February from 79% in January. Both ASCR and WaCH made significant improvements in their compliance however a fall in compliance in CCS and Facilities has impacted the overall average.

A breakdown of compliance by clinical division is below:

ASCR – 81% Medicine – 76% WaCH - 71% NMSK- 70% CCS – 50% Facilities 0%

The overall number of PALS concerns received has decreased from 191 in January to 133 in February. Activity is slightly down on the same period last year (139).

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

The Complaints and PALS team are preparing to move from Datix to Radar for 2nd April and have been providing training to divisional teams for this.

The Complaints Lay Review Panel met in February and reviewed 3 cases.

15.1

Research and Innovation

**Board Sponsor: Chief Medical Officer
Tim Whittlestone**

Research and Development

Our Research activity

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

Graph 1 shows our current 23-24 performance in relation to research participation. Year to date 11260 participants have enrolled in research. We are currently achieving 273% of our target, this performance is driven by ongoing recruitment to two large studies (AVONCAP and Prospects). When we exclude the large recruiting studies from this data then our %achieved drops to 98%- we have the best research participation across all partner organisations in the West of England. The NBT research portfolio remains strong, we have 208 NIHR Portfolio open to recruitment. We have opened 91 new portfolio studies year to date, as shown in graph 2. We are pleased to see steady growth in the number of studies collaborating with commercial partners and a subsequent increase in recruitment to these studies; these collaborations enable us to offer our patients access to new clinical trial therapies and generate income to support reinvestment and growth in research across the trust.

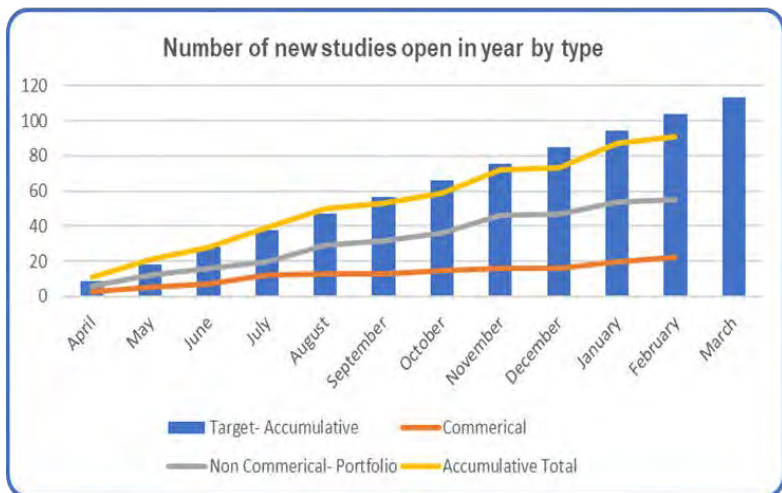
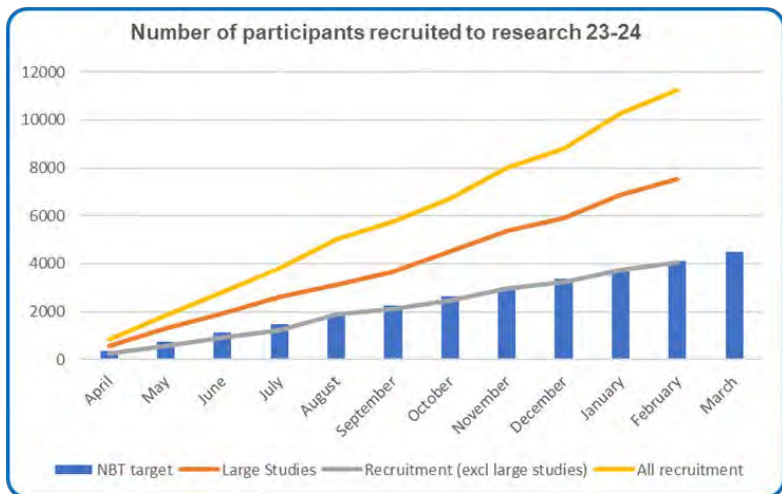
Our grants

The level of grant development activity across NBT remains high, with 75 research grant submissions grants, supported by R&D, in 2023. Congratulations to Dr Pippa Bailey on her recent 'intent to fund' for a prestigious NIHR Health Service Delivery Research (HSDR) grant, £1.8m. The funding will be used to undertake a hybrid-effectiveness-implementation trial of a patient and family outreach service to improve access to living-donor kidney transplantation (ASK study). This is the first NIHR HSDR grant to be awarded to NBT, a fantastic achievement.

The active research grant portfolio at NBT currently totals £47m, an increase of £3.5m from this point last year, due to both a high level of NIHR grant success in in preceding years as well as older grants, which were due to have closed by now, being extended due to Covid disruption. NBT currently leads 33 prestigious NIHR grants (£33m) and leads 29 grants funded through charity, industry and other (£2.4m). In addition, NBT is a partner on 39 grants (£10.9m).

NBT was awarded £1.1m Research Capability Funding for 2023/34, a 53% increase on the previous year's allocation, and a reflection of NBT's sizeable NIHR grant portfolio This allocation put NBT in 9th position, out of 248 NHS Trusts in England, our first time in the top 10. This amazing achievement reflects the size of NBT's NIHR research grant portfolio; the level and quality of NIHR grants being submitted across NBT and the high success rates.

Our R&D department has a focus on supporting non-medics, including nurses, midwives and allied health professionals to develop research ideas, projects and academic careers. In 2023, R&D opened a new application process for mentorship and funding for early-stage research, based on and SBAR form. This allows staff who have a great idea for a research project, but are completely new to research, to have targeted support and mentorship to take the first steps to develop their project and apply for their first research grant. Please contact ResearchGrants@nbt.nhs.uk for more information and to apply.



Workforce

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

Well Led Introduction

Vacancies

The Trust vacancy factor was 4.82% (459.66wte) in February down from 4.87% (461.83) in January. The greatest reduction in vacancies was seen in additional clinical services which fell by 28.63wte and registered nursing and midwifery which fell by 12.30wte. The improvements for both staff groups were driven by increased staff in post; with Theatres and Maternity Services seeing the biggest improvements for additional clinical services, while Critical Care and Renal Services improved the most for registered nursing and midwifery staff.

Turnover

NBT's Rolling 12-month staff turnover rate decreased from 13.09% in January to 12.91% in February continuing the improvement trend since November 2022. The biggest improvements for February were seen in additional clinical services, administrative and clerical and registered nursing and midwifery.

Patient First target for 2023/24: 16.5% or below

Prioritise the wellbeing of our staff

The Trust rolling 12-month sickness absence rate increased slightly to 4.67% in February from 4.66% in January.

Trust Target for 2023/24 (based on moving from 3rd to 2nd quartile of all national acutes): 5.2%

Temporary Staffing

Overall temporary staffing demand decreased by 1.09% (-10.75wte) from January to February, driven by decreased demand for additional clinical services staff (-12.86wte, -4.27%). There was an increase in unfilled shifts (+11.76%, +18.wte), driven by a decrease in bank shifts (-3.63%, -24.97wte), and February also saw a small increase in agency usage (+2.25%, 2.20wte). The increase in unfilled shifts was mostly seen amongst registered nursing and midwifery staff (+20.40%, +10.34wte).

wte = whole time equivalent

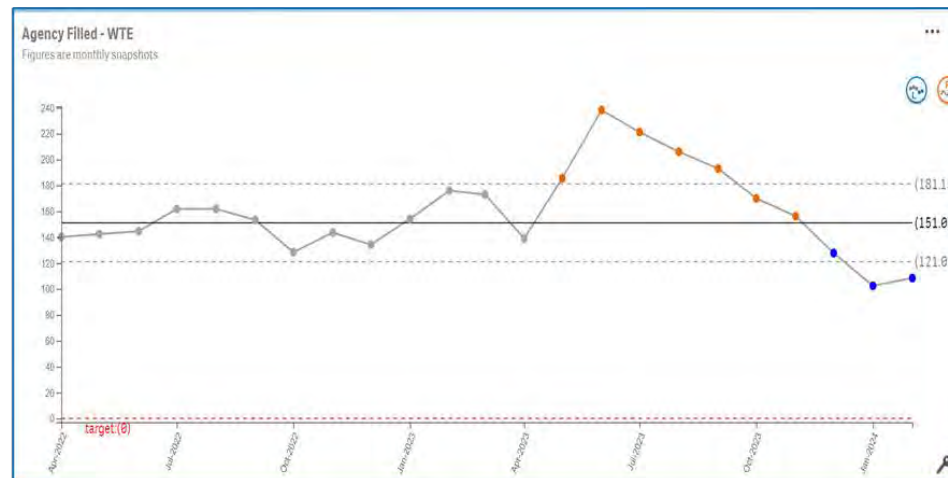
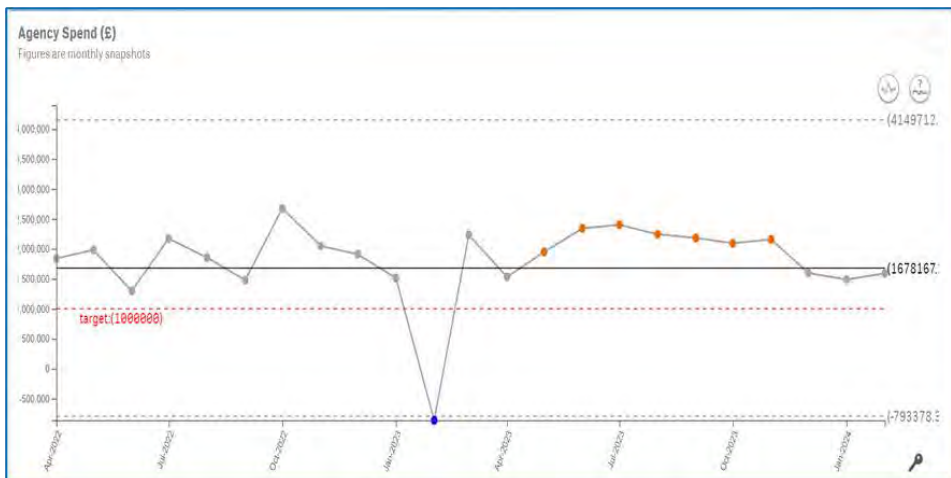
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Well Led Introduction – Actions

15.1

Theme	Action	Owner	By When
Vacancies	eForms have now been extended to Medical Recruitment. Furthermore, in our efforts to streamline processes, the medical recruitment process is now aligned to AfC hiring. Currently the Trust is experiencing ongoing issues with time to hire numbers – there has been an increase to 22 days. This is due to the increase in demand for DBS checking, as well as two further outstanding actions i) confirmation to use wet signatures on pension forms ii) uniform ordering form which will be implemented. Go live dates to be confirmed. Until resolved this will continue to drive up the time to hire monthly averages.	Deputy Chief People Officer	Apr-24
Turnover	Immediate retention actions commenced linked to HCA turnover in first 12 months of employment in hotspot areas , with additional interventions being implemented aligned to NBT's 2023-24 Retention Plan	Associate Director Culture, Leadership & Development	Mar-24
Staff Development	Implementing the Kallidus Perform Online Appraisal system across the Trust. System will go live 1 Apr 24	Associate Director Culture, Leadership & Development	Jun-24
Wellbeing	Implementing financial wellbeing projects to support our staff including Citizens Advice Bureau 1:1 sessions for advice on debt, benefits, housing and consumer rights. Review of the role and scope of Wellbeing Champions underway	Associate Director Culture, Leadership & Development	Apr-24
Temporary Staffing	SW Pan regional agency rate reductions on track to implement 8th April for Nursing agency (inc RMN and Theatres) Intention letters to reduce the rates and new rate cards issued to suppliers. Financial profiling of potential impact of reduced rates underway. Medical Locum work continues with draft rate card to be prepared by end of March. Bank attraction campaign and week of promotional activities underway with planned go-live week 8th April.	Deputy Chief People Officer	Apr-24

Temporary Staffing



15.1

What Does the Data Tell Us

Agency use saw an increase of 2.20wte overall, despite a reduction of 6.06wte in registered nursing and midwifery. The reduced registered nursing and midwifery agency use was most notable in Emergency Department Nursing, Theatre/Anaesthetics – Nursing, Elective Ortho Theatre, General Surgery & Gynae Theatres and Ward 26B.

Ward 28A (+3.55wte), Ward 9b (+1.14wte) and Ward 33A (+1.11wte) saw the largest increases in agency use for registered nursing staff in February.

Agency registered mental health nurse (RMN) use increased by 10.67wte from January to February, driven by increased usage in Wards 28A, 9B and Critical Care (ICU).

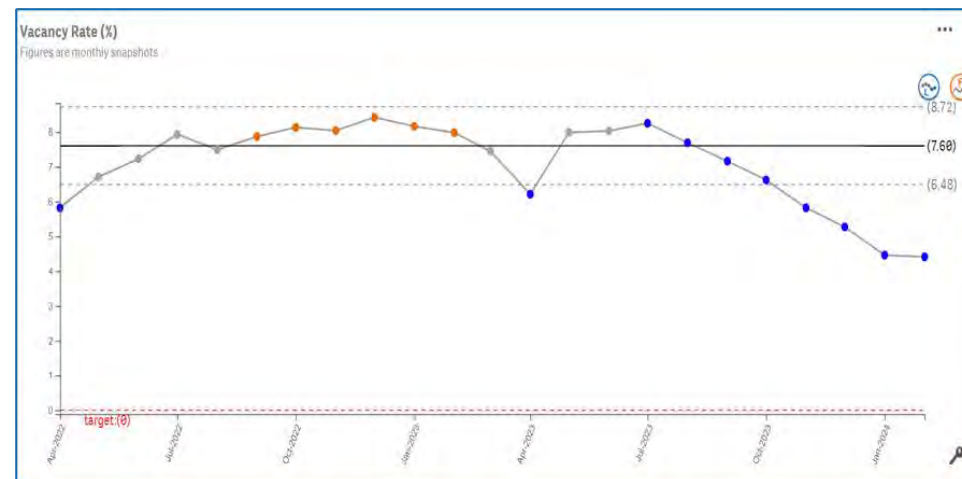
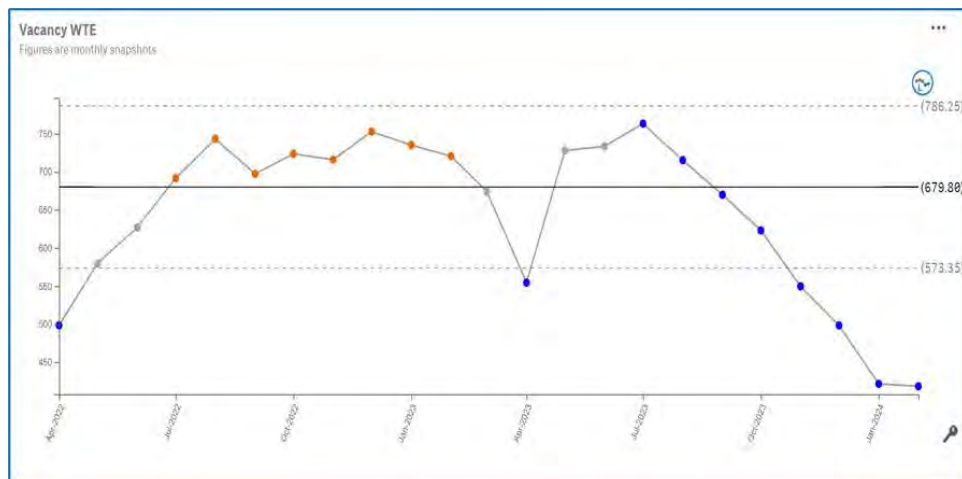
Actions

1. Task and Finish groups for Nursing and Medical Locums continue with feed into Temporary Staffing Oversight Board
2. Phase 1 of south-west pan regional standardised agency rates and reductions (Nursing) go live 8th April. Draft Medical Locum rate card to be ready by 31st March 24
3. Task & Finish group to be set up for Allied Health Professionals (AHP), Scientists and Non – Clinical agency to mirror existing Nursing and Medical Locum approach
4. Off Framework agency (OFA) analysis completed and work underway to move any identified OFA to Bank or compliant agency by 30th June.
5. Bank attraction campaign for Registered Nurses, Operating Department Practitioners (ODP) and Mental Health in response to reducing agency rates planned for week commencing 8th April

Agency Reduction: Continued focus on demand management for Nursing and wider development and implementation of the pan-regional rate card for nursing. Medical locums has focus on removal of long-term locums. Development of pan regional rate card underway.

Bank Optimisation: Week of activity including an attraction campaign and celebration events aligned to release of Bank Staff Survey results planned for week of 8th April.

Vacancy Position



15.1

Talent Acquisition Recruitment Activity Unregistered Nursing and Midwifery

- Offers:** 8.52wte of offers for Health Care Support Worker (HCSW) roles were made in February: 3.00wte for band 2 and 5.72wte for band 3
- Pipeline:** 29.26wte of candidates with offers being processed. Current withdrawal rates have dropped to 5% for HCSW roles which suggest that 27.79wte will join over next three months (between March and May) which is lower than last year where 41.79wte joined, however there are 178.81 more staff in post this year compared with last year.

Registered Nursing and Midwifery

- Offers:** 48.94wte of offers to band 5 experienced and newly qualifying nurses across the Trust
- Pipeline: Domestic** 168.47wte band 5 candidates with offers being processed. Current withdrawal rate is at 9.5% which suggests 143.19 will join the Trust.
- Pipeline International:** There are 13.00wte in the pipeline allocated to start in March which is lower than last year where 20.00wte joined. International recruitment will pause for the next 2 months.

Recruitment Activity

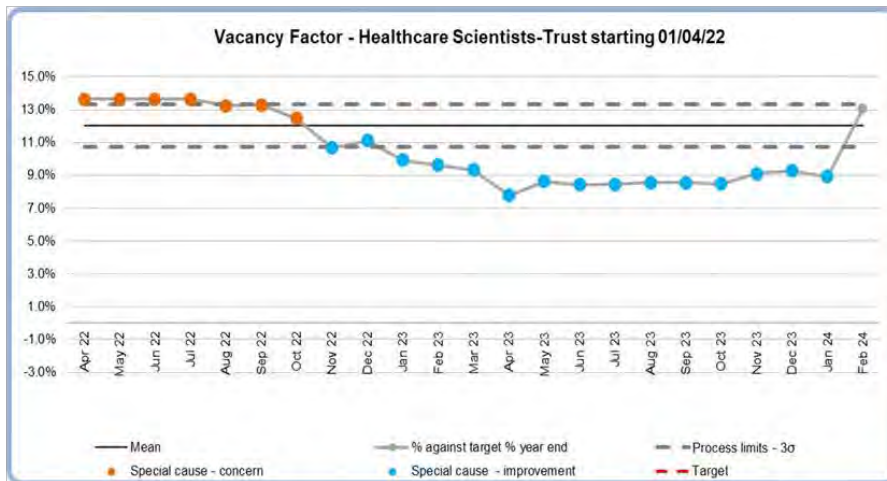
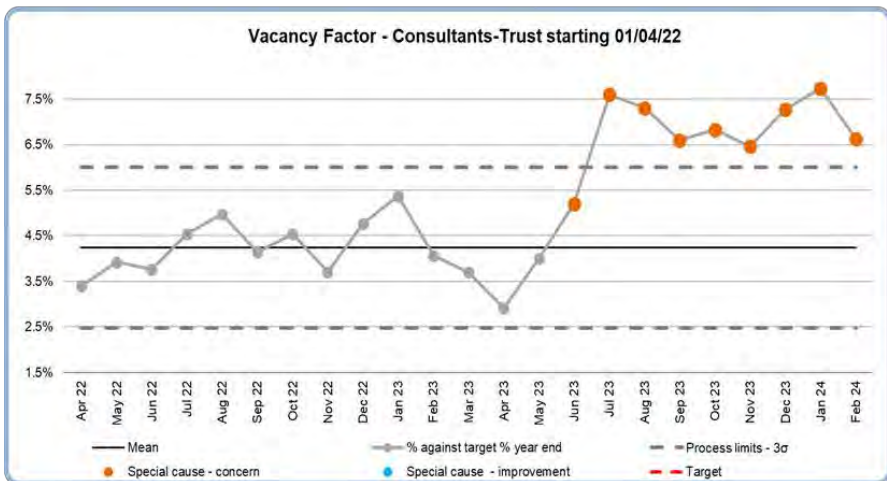
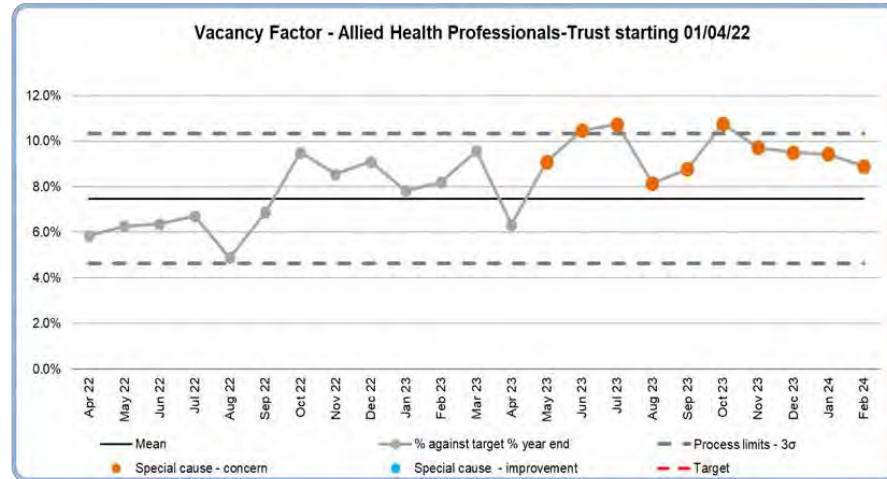
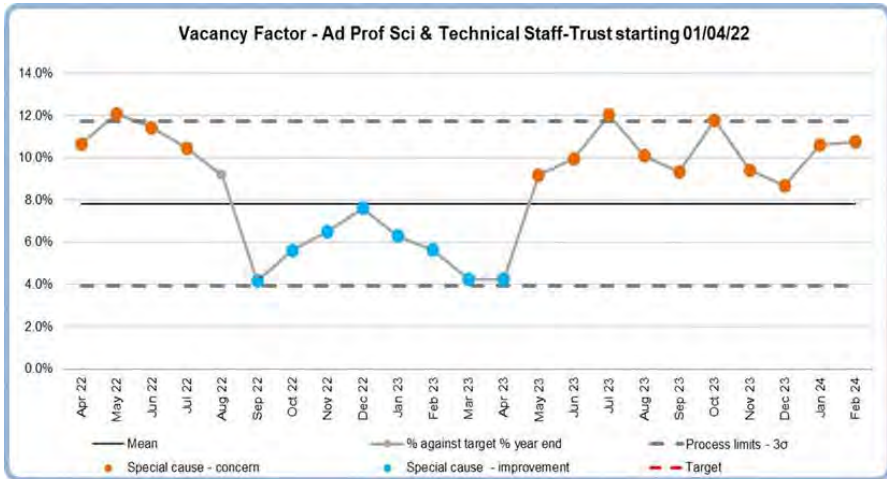
- TA attended three Nursing careers events this month including an internal Nursing Open day where we had 27 people attend and 12 offers on the day.
- International Recruitment:** We welcomed 17 Internationally educated Nurses to the Trust in February

Current actions being taken to mitigate withdrawal rates:

- Midwifery incentivisation programme in place – Withdrawal rates remain at 6%
- Pipeline Engagement Open Days now running monthly with attending candidates receiving site visit and tour with Divisional representation.

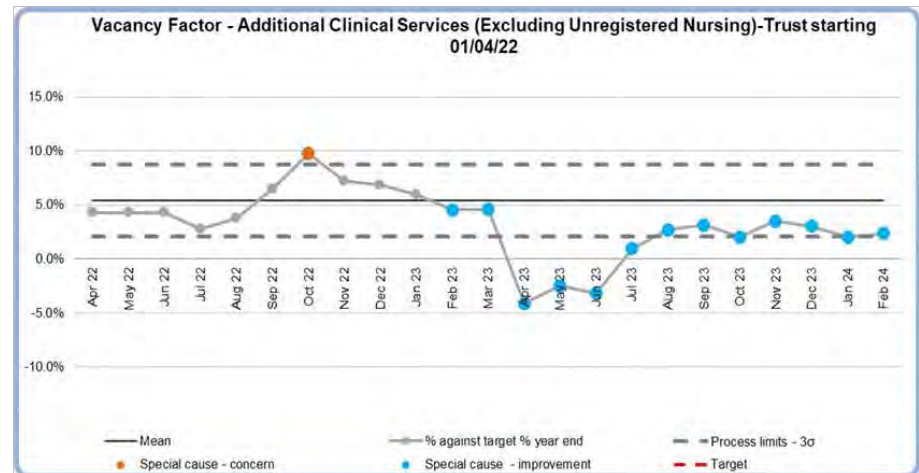
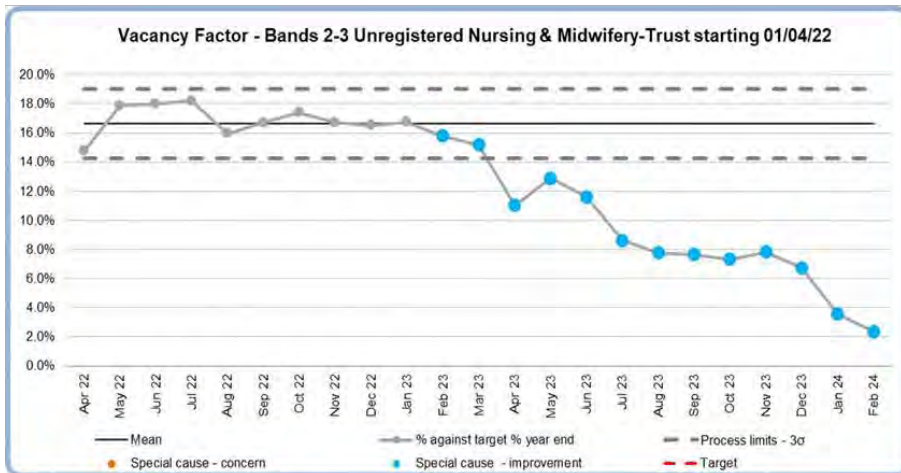
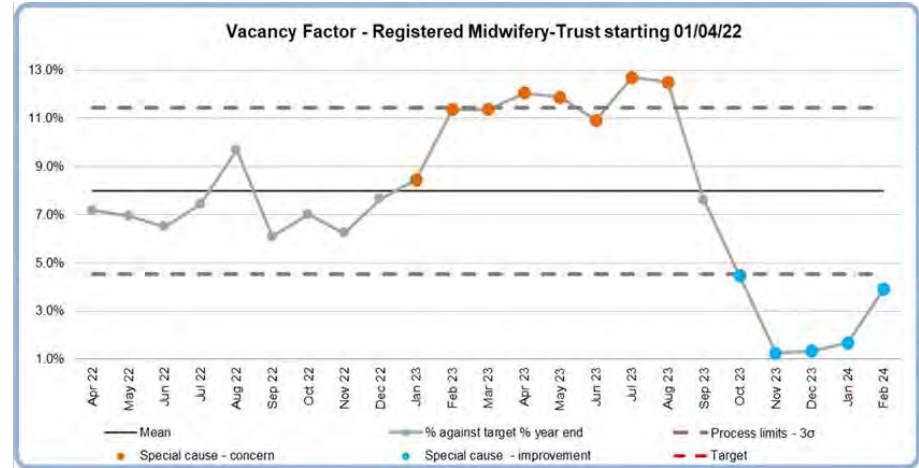
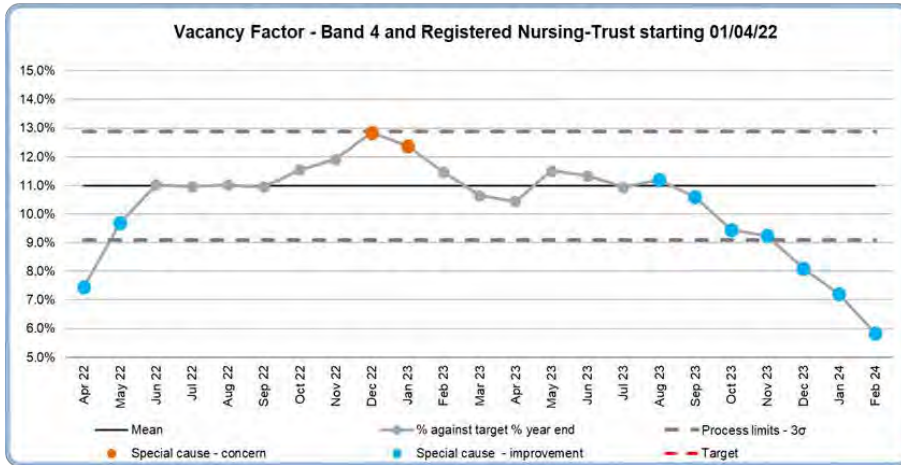
Vacancy

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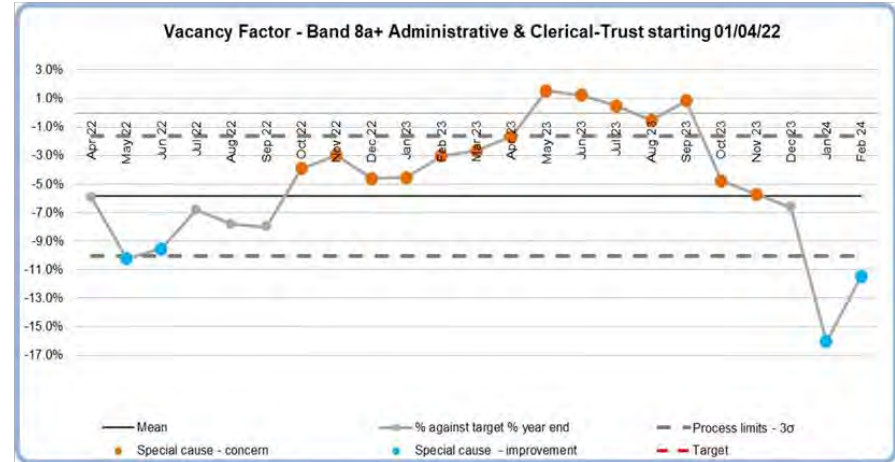
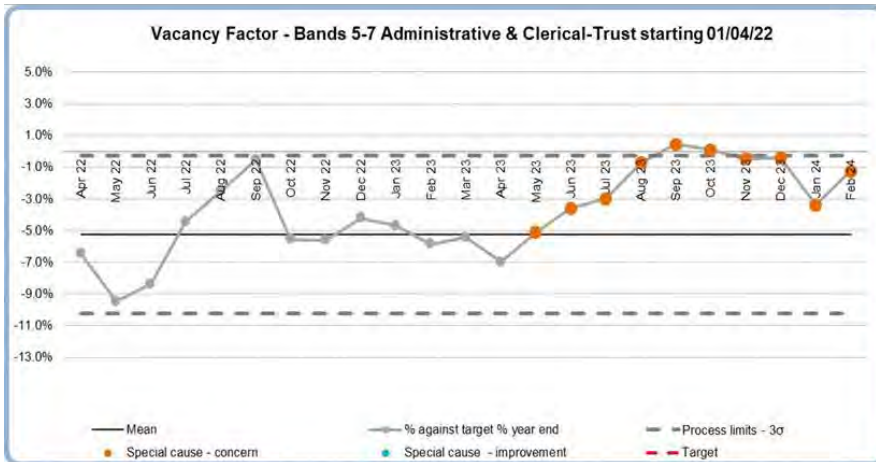
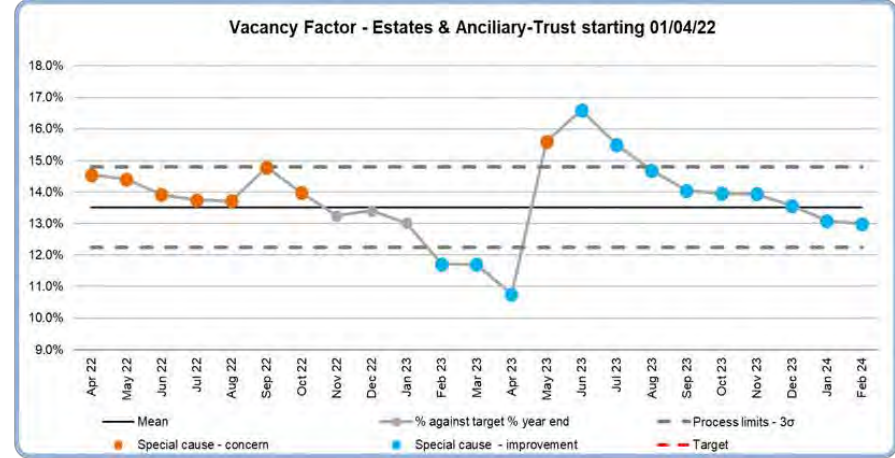
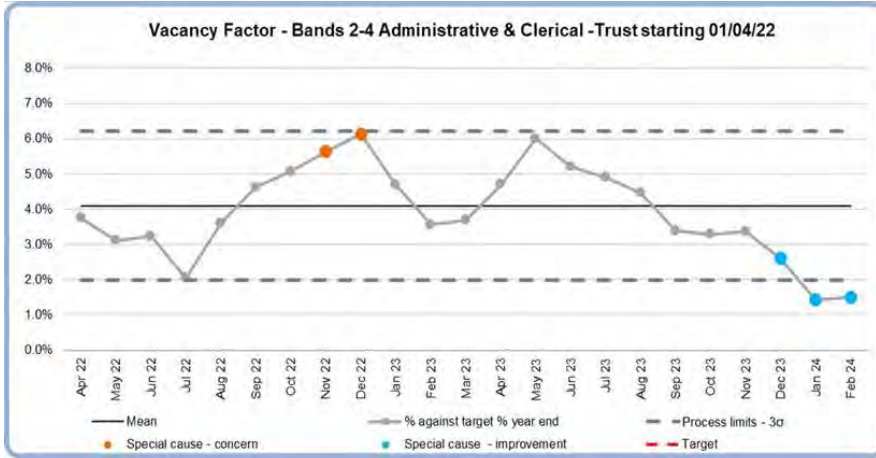
Vacancy

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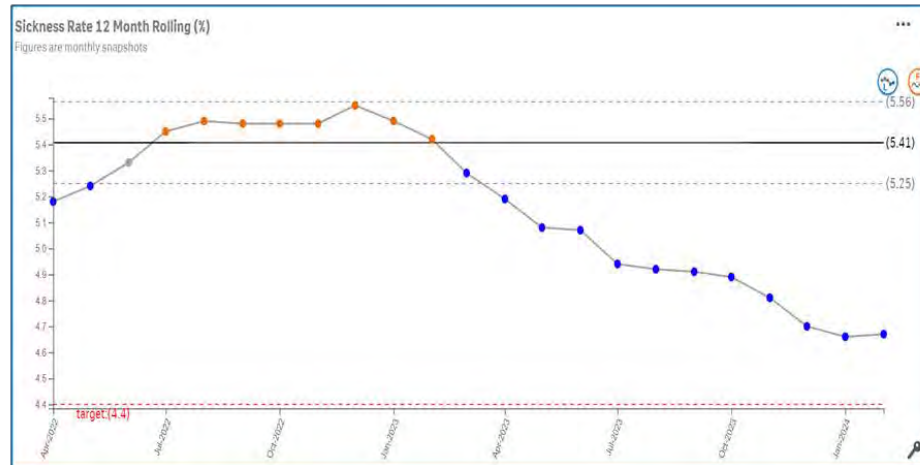
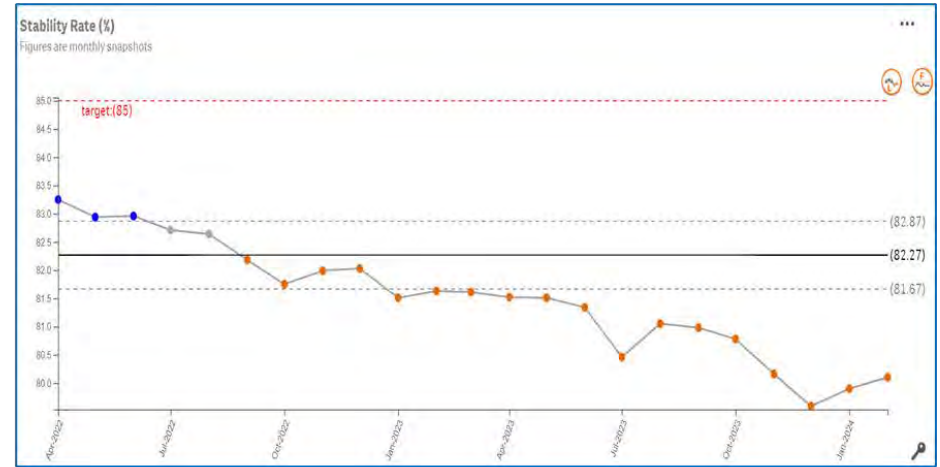
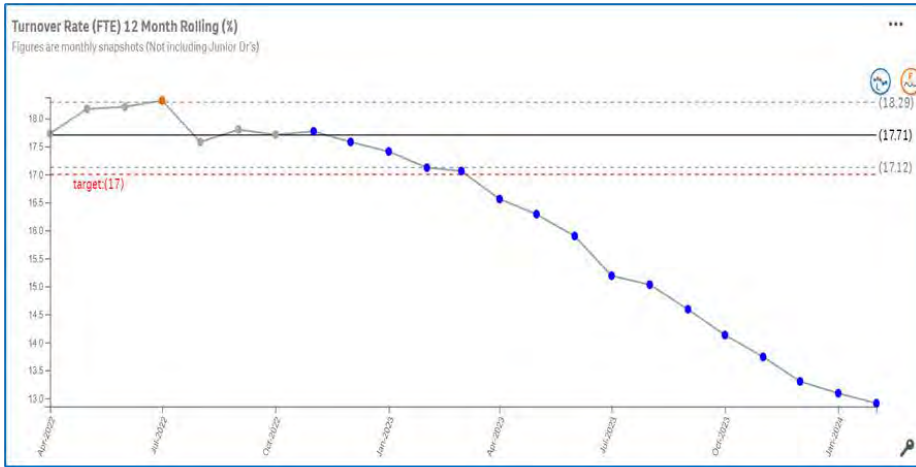


Vacancy

15.1



Engagement and Wellbeing



15.1

People support and engagement

Actions delivered: (Associate Director of People)

- Continued work on the zero-acceptance campaign
- Agreed policies on partnership working and disputes, relationships at work, recruitment and relocation
- Simplified process for policy agreement agreed.

Actions in Progress:

- Policies under development include disciplinary, job evaluation, Trust Board Appeals and Leave – to include provisions for baby loss/miscarriage and fertility treatment (**April**)
- New casework system procured, with training due to be delivered in April (**April**)
- Complex investigations service in development, due to go live at the beginning of June. (**June**)
- Data triangulation, in respect of staff allegations and zero acceptance campaign (**June**)

Retention and Staff Experience (including Health and Wellbeing)

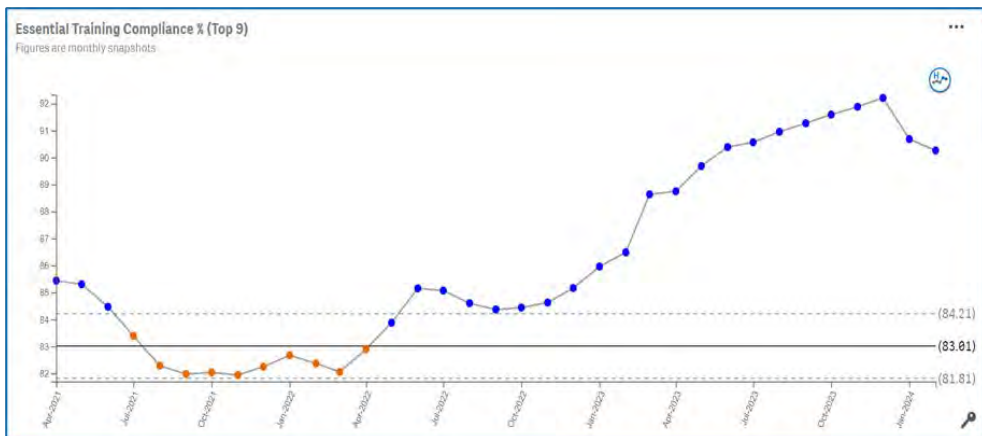
Actions Delivered: (Associate Director Culture, Leadership & Development)

- Further Sexual Safety Listening events and an awareness-raising session with NBT Consultants have occurred
- Long-term Retention Plan finalised and signed off
- Inclusion ambassadors (to support Disabled and Neurodiverse staff) trained using WDES project funding
- People Promise Manager appointed
- Further menopause awareness training undertaken
- Violence and Aggression workshop undertaken with follow-up actions established
- Unembargoed Staff Survey results shared with organisation
- International Women's Day celebrated

Actions in Progress: (Associate Director of Culture, Leadership & Development)/Associate Director of People)

- Launch new web-based My Appraisal system – **1 Apr 24**
- Implementation of EDI Plan (12- point plan) actions, and further socialisation and embedding of plan with Divisions (**November – March 2024**)
- Development of tools and resources by the 'Sexual Safety in Healthcare' Group (**December 2023 – July 2024**)
- Development of Staff Survey follow-up actions (**March – May 2024**)
- Develop an NBT-wide Health and Wellbeing Strategy and underpinning Staff Experience Plan (**March – June 2024**)
- OH/NBT stakeholder event (**March 2024**)
- Establishment of Diverse Recruitment Panels (**Jan – April 2024**)

Essential Training



What Does the Data Tell Us - Essential Training (Head of Learning and Development)

- QLIK (13 Feb 24) shows compliance as **All staff 90.59%**, Permanent Staff 92.9%, Fixed Term Temp 87%, Other 81.5% (NBT eXtra 85.7%).
- Outliers in Training Compliance: Honorary staff at 42.2%, and Medical & Dental at 80.3%.
- Training Compliance By Training Title (Top 9) shows that Information Governance is 86.8%, (below the 95% trust compliance target).
- The most significant training expirations in the next three months are Information Governance, Fire, and Patient Handling.
- Oliver McGowan's mandatory e-learning is at 72.5%. All staff must complete this. Oliver McGowan Mandatory Level 2 - Face to Face – dates available on Link.

Actions – Essential Training (Head of Learning and Development)

- Weekly Mandatory and Statutory Training (MaST) reports raising compliance visibility within divisions. Divisional Directors of Nursing and People Partners are acting on the data and working with their divisions to increase compliance.
- NBT eXtra has emailed all bank staff directly and has set up MaST sessions in the computer suites to increase compliance.
- Including 5 MaST subjects in corporate induction has helped increase day-one compliance.

Leadership & Management Learning (Leadership Development Manager)

- **Mastering Management:** Cohort 1, close to completion, planning celebration event. Cohorts 2-5 are full and in progress. Cohort 6 open, starts 03.04.24. We have allocated 144/ 240 participant places, and 213 completed expressions of interest. Feedback from participants is excellent. Rating 4.45/5' (1 = Poor; 5 = Excellent) to the question 'Overall, how would you rate the learning impact from this module? Modules improved based on qualitative and qualitative feedback. UWE have begun impact evaluation.
- **Coaching and Mentoring:** Contracting for procurement of the PLD platform in partnership with UHBW is almost complete. The revised target go-live date is 1 May 24. The NBT Coaching Community CPD event was on 7 Mar 24.
- **Excellence in Management:** Programme activity for Cohorts 1 and 2 resumed in February; Cohort 1 has completed its last learning module, and the programme concludes on 27 Feb 24 with a Programme Review and Celebration Event. 25 Confirmation emails have been sent to the successful applicants in readiness for the launch of Cohort 3 on 27 Mar 24. Cohort 3 has 37.5% diversity across Race, Disability, Sexual preference and Religious Beliefs; 45% Male, 55% Female; Band Range from Band 6 to 8d and a Consultant.
- **Leading for Change:** "*Kindness into Action*" with keynote speaker Tim Keogh will be hosted on the 20 Feb 24.
- **Accelerate update:** Cohort 2 will have the second session on the 19 Apr 24, and the celebration event is planned for the 21 May 24. Cohort 3 will be promoted in March and April, with an application deadline 30th of April,
- **ILM Leadership and Team Skills**—19/21 places were accepted for Cohort 1 (Apr/May 24) and 9/21 places were accepted for Cohort 2 (Jun/Jul 24).

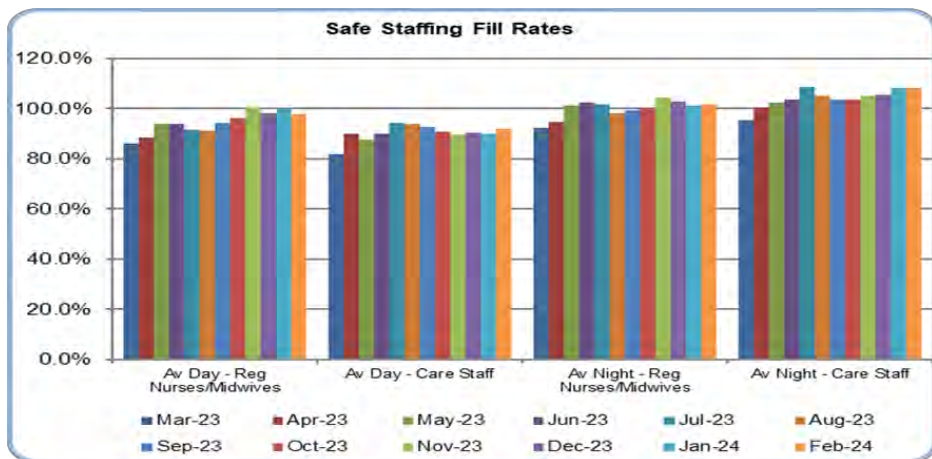
Trust Apprenticeships and Widening Engagement (Head of Apprenticeships and Early Careers)

- February levy – Expired funds - £30,096, Transferred levy - £14,003 – Levy utilisation 50%.
- Apprenticeship vacancies across the Trust for new roles are increasing, especially in WACH for receptionist roles.
- The employability coach for the MPSF has been appointed, the role is already making a good impact, and engagement meetings have been planned for 6/8 within the areas of the Commitment to Community plan.

Apprenticeship Centre

- Ofsted inspection took place 12-14 March and awaiting formal notification of the inspection result.
- The current Qualification Achievement Rate (QAR) is 50%, but it is predicted to be 75% by the end of the academic year.
- Apprenticeship recruitment is still slow in healthcare apprenticeships.
- Recruitment for non-clinical apprenticeship cohorts is consistent, with new cohorts in March and May.

Safe Staffing



Feb-24	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	97.78%	92.15%	101.50%	108.44%

Ward Name	Registered nurses/ midwives Day	Care staff day	Registered nurses/ midwives Night	Care staff Night
AMU 31 A&B 14031	Green	Green	Green	Red
Cotswold Ward 01269	Green	Red	Green	Red
Elgar Wards - Elgar 1 17003	Green	Green	Green	Green
NICU 01255	Green	Green	Green	Red
Theatre Medi-Rooms (Pre/Post Op Care) 14966	Green	Green	Green	Red
Ward 26A 14311	Green	Green	Green	Green
Ward 32A CAU 14103	Green	Green	Green	Green
Ward 33A 14221	Green	Green	Green	Green
Ward 33B 14222	Green	Green	Green	Green
Ward 34A 14325	Green	Green	Green	Green
Ward 34B 14324	Green	Green	Green	Green
Ward 6B (mainly Neuro) 14211	Green	Green	Green	Green
Ward 8B (Renal - 38 Bed) 14411	Green	Green	Green	Green
Ward 9B Flex Capacity 14501	Red	Below 80%	Yellow	Over 120%

Safe Staffing Shift Fill Rates:

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

What does the data tell us?

For February 2024, the combined shift fill rates for days for RNs across the 29 wards was 97.78% and 101.50% respectively for nights for RNs. This is reflected through a higher acuity and number of escalation patients in month. The combined shift fill for HCSWs was 92.15% for the day and 108.44% for the night. Therefore, the Trust as a collective set of wards is within the safe limits for February.

February registered nursing fill rates:

- 3.45% of wards had daytime fill rates of less than 80%
- 0.00 % of wards had night-time fill rates of less than 80%
- 6.90% of wards had daytime fill rates of greater than 120%
- 10.34 % of wards had night-time fill rates of greater than 120%

February care staff fill rates:

- 17.24% of wards had daytime fill rates of less than 80%
- 10.34% of wards had night-time fill rates of less than 80%
- 6.90% of wards had daytime fill rates of greater than 120%
- 20.69% of wards had night-time fill rates of greater than 120%

The “hot spots” as detailed on the heatmap which did not achieve the fill rate of 80% or >120% fill rate for both RNs and HCSWs have been reviewed. The decreased fill rate <80% on Cotswolds ward is due to winter funding for escalation which has not yet been required. The decreased fill rate on NICU is due to a higher number of vacancies.

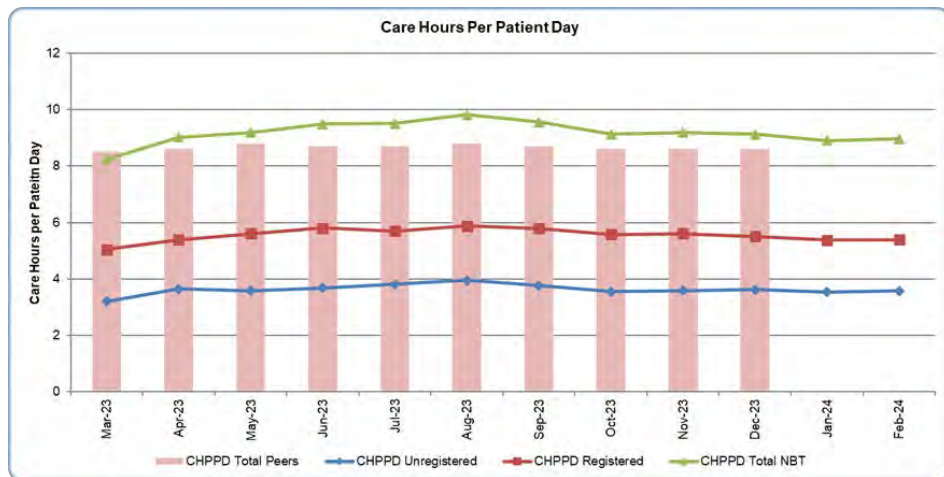
The increased fill rates for the percentage of HCSWs at night reflects the deployment of additional staff in response to patient acuity and increased levels of therapeutic observation (enhanced care) in order to maintain patient safety.

Compliance:

The Safe Care Census regularity has been reduced to twice daily to more closely align with shift patterns. Given this is the first month of the changes, compliance monitoring will commence next month.

15.1

Care Hours



Care Hours per Patient Day (CHPPD)

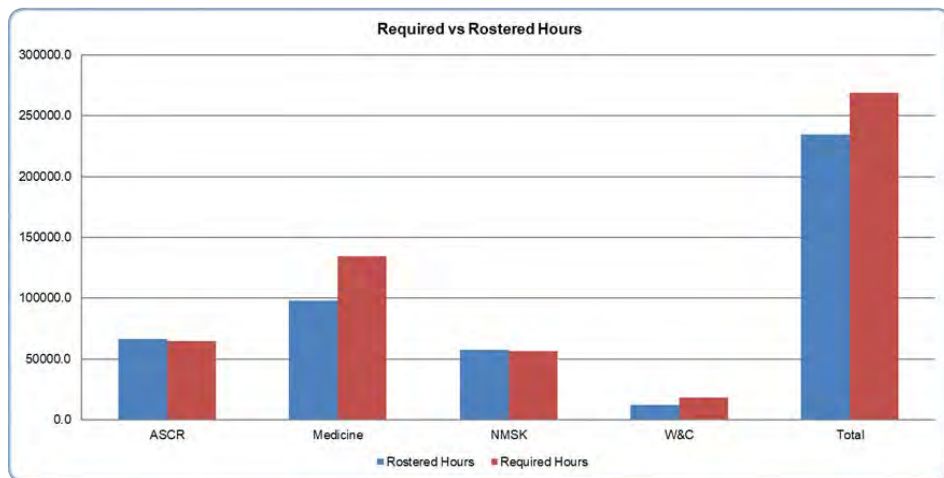
The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital). CHPPD data provides a picture of how staff are deployed and how productively. It provides a measure of total staff time spent on direct care and other activities such as preparing medications and patient records. This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

What does the data tell us?

Compared to national levels the acuity of patients at NBT has increased and exceeded the national position.

Required vs Roster Hours

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



What does the data tell us

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

15.1

Finance

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

Statement of Comprehensive Income at 29th February 2024

	Month 11			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	67.9	74.7	6.8	721.3	744.9	23.7
Income	3.0	9.4	6.5	57.9	87.4	29.6
Pay	(43.1)	(48.0)	(4.9)	(482.0)	(504.8)	(22.7)
Non-pay	(26.2)	(34.4)	(8.2)	(298.2)	(331.3)	(33.2)
Surplus/(Deficit)	1.5	1.6	0.1	(1.0)	(3.7)	(2.7)

15.1

Assurances

The financial position for February 2024 shows the Trust has delivered a £1.6m surplus against a £1.5m planned surplus which results in a £0.1m favourable variance in month and £2.7m adverse variance year to date.

Contract income is £6.8m better than plan. This is driven by funding of £2.8m received this month from the ICB to support the impact of industrial action from December to February along with recognition of other commissioner funding.

Other income is £6.5m better than plan. This is driven by new funding adjustments (£5.2m fav). The remaining £1.3m favourable variance is driven by funding recognised in month in relation to fire dampener work (£0.3m), offset in non-pay and various benefits in divisions.

Pay expenditure is £4.9m adverse to plan. New funding adjustments, offset in other income, have caused a £3.9m adverse variance. The remaining adverse variance is caused by the impact of increased temporary staffing costs and industrial action.

Non-pay expenditure is £8.2m adverse to plan. New funding adjustments, offset in other income, and pass-through drugs are £2.3m adverse. The remaining adverse variance is caused by in-tariff drugs, independent sector and M&S spend. The Trust has also seen the removal of the PDC benefit recognised in Month 9 causing an in month variance of £2.8m.

Statement of Financial Position at 29th February 2024

	22/23 Month 12	23/24 Month 10	23/24 Month 11	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
Non-Current Assets	510.6	520.4	521.8	1.4	11.2
Current Assets					
Inventories	10.0	9.8	10.3	0.5	0.3
Receivables	57.2	55.8	51.2	(4.5)	(6.0)
Cash and Cash Equivalents	104.0	66.1	72.2	6.1	(31.8)
Total Current Assets	171.3	131.7	133.8	2.1	(37.5)
Current Liabilities (< 1 Year)					
Trade and Other Payables	(125.2)	(83.9)	(84.9)	(1.1)	(40.3)
Deferred Income	(17.2)	(28.4)	(22.4)	6.0	5.2
Financial Current Liabilities	(17.1)	(27.7)	(27.8)	(0.1)	10.7
Total Current Liabilities	(159.5)	(140.0)	(135.1)	4.9	(24.3)
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.7)	(7.1)	(7.1)	0.0	0.4
Financial Non-Current Liabilities	(355.2)	(574.2)	(571.2)	2.9	216.0
total Non-Current Liabilities	(362.0)	(581.3)	(578.3)	2.9	216.3
Total Net Assets	160.4	(69.1)	(57.9)	11.2	(218.3)
Capital and Reserves					
Public Dividend Capital	469.1	477.9	483.7	5.8	14.6
Income and Expenditure Reserve	(371.3)	(541.8)	(541.8)	0.0	(170.5)
Income and Expenditure Account - Current Year	(5.4)	(73.2)	(67.8)	5.4	(62.4)
Revaluation Reserve	68.0	68.0	68.0	0.0	0.0
Total Capital and Reserves	160.4	(69.1)	(57.9)	11.2	(218.3)

Capital spend is £26.3m year-to-date (excluding leases).

Cash is £72.2m at 29th February 2024, a £6.1m increase compared with the previous month. The increase in month is driven by additional commissioner payments.

Non-Current Liabilities have increased by £216.3m in the year-to-date at Month 11 as a result of the national implementation of IFRS 16 on the PFI. This has changed the accounting treatment for the contingent rent element of the unitary charge which must now be shown as a liability. This change also accounts for the £170.5m increase in the Income and Expenditure Reserve.

15.1

Regulatory

**Board Sponsor: Chief Executive
Maria Kane**

NHS Provider Licence Compliance Statements at March 2024 - Self-assessed, for submission to NHS

Ref	Criteria	Comp (Y/N)	Comments where non-compliant or at risk of non-compliance
G3	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed a self-assessment and no issues have been identified. Further external assurance checks have been completed as appropriate and no issues have been identified.
G4	Having regard to NHS England Guidance	Yes	The Trust Board has regard to NHS England guidance where this is applicable. The Organisation has been placed in segment 3 of the System Oversight Framework, receiving mandated support from NHS England & Improvement. This is largely driven by recognised issues relating to cancer wait time performance and reporting.
G6	Registration with the Care Quality Commission	Yes	CQC registration in place. The Trust received a rating of Good from its inspection reported in September 2019. A number of mandatory actions were identified which are being addressed through an action plan. The Trust Board receives updates on these actions via its Quality Committee.
G7	Patient eligibility and selection criteria	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C1	Submission of Costing Information	Yes	A range of measures and controls are in place to provide internal assurance on data quality, including an annual Internal Audit assessment.
C2	Provision of costing and costing related information	Yes	The trust submits information to NHS Improvement as required.
C3	Assuring the accuracy of pricing and costing information	Yes	Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit and Risk Committee and other Committee structures as required.
P1	Compliance with the NHS Payment Scheme	Yes	NBT complies with national tariff prices. Scrutiny by local commissioners, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements.
IC1	Provision of Integrated Care	Yes	The Trust is actively engaged in the ICS, and leaders participate in a range of forums and workstreams. The Trust is a partner in the Acute Provider Collaborative.
IC2	Personalised Care and Patient Choice	Yes	Trust Board has considered the assurances in place and considers them sufficient.
WS1	Cooperation	Yes	The Trust is actively engaged in the ICS and cooperates with system partners in the development and delivery of system financial, people, and workforce plans.
NHS2	Governance Arrangements	Yes	The Trust has robust governance frameworks in place, which have been reviewed annually as part of the Licence self-certification process, and tested via the annual reporting and auditing processes

15.1

Appendix 1: General guidance and NBT Quality Priorities

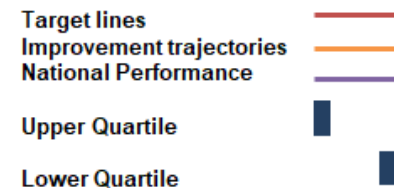
Unless noted on each graph, all data shown is for period up to, and including, 29 February 2024 unless otherwise stated.

All data included is correct at the time of publication.

Please note that subsequent validation by clinical teams can alter scores retrospectively.

15.1

NBT Quality Priorities 2023/24	
Outstanding Patient Experience	
We will put patients at the core of our services, respecting their choice, decisions and voice whilst becoming a partner in the management of conditions.	
High Quality Care	
We will support our patients to access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result.	
We will minimise patient harm whilst experiencing care and treatment within NBT services.	
We will demonstrate a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.	
We will make Maternity and Neonatal care safer, more personalised, and more equitable	



Appendix 2: Abbreviation Glossary

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

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

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

15.1

Appendix 2: Abbreviation Glossary

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

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

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

15.1

Appendix 2: Abbreviation Glossary

Abbreviation	Definition
NHSR	NHS Resolution
NICU	Neonatal intensive care unit
NMPA	National Maternity and Perinatal Audit
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
NOUS	Non-Obstetric Ultrasound Survey
OOF	Out Of Funding
Ops	Operations
P&T	People and Transformation
PALS	Patient Advisory & Liaison Service
PCEG	Primary Care Executive Group
PDC	Public Dividend Capital
PE	Pulmonary Embolism

Abbreviation	Definition
PI	Pressure Injuries
PMRT	Perinatal Morality Review Tool
PPG	Patient Participation Group
PPH	Post-Partum Haemorrhage
PROMPT	PRactical Obstetric Multi-Professional Training
PSII	Patient Safety Incident Investigation
PTL	Patient Tracking List
PUSG	Pressure Ulcer Sore Group
QC	Quality Care
qFIT	Faecal Immunochemical Test
QI	Quality improvement
RAP	Remedial Action Plan
RAS	Referral Assessment Service

Abbreviation	Definition
RCA	Root Cause Analysis
RJC	Restorative Just Culture
RMN	Registered Mental Nurse
RTT	Referral To Treatment
SBLCBV2	Saving Babies Lives Care Bundle Version 2
SDEC	Same Day Emergency Care
SEM	Sport and Exercise Medicine
SI	Serious Incident
T&O	Trauma and Orthopaedic
TNA	Trainee Nursing Associates
TOP	Treatment Outcomes Profile
TVN	Tissue Viability Nurses
TWW	Two Week Wait

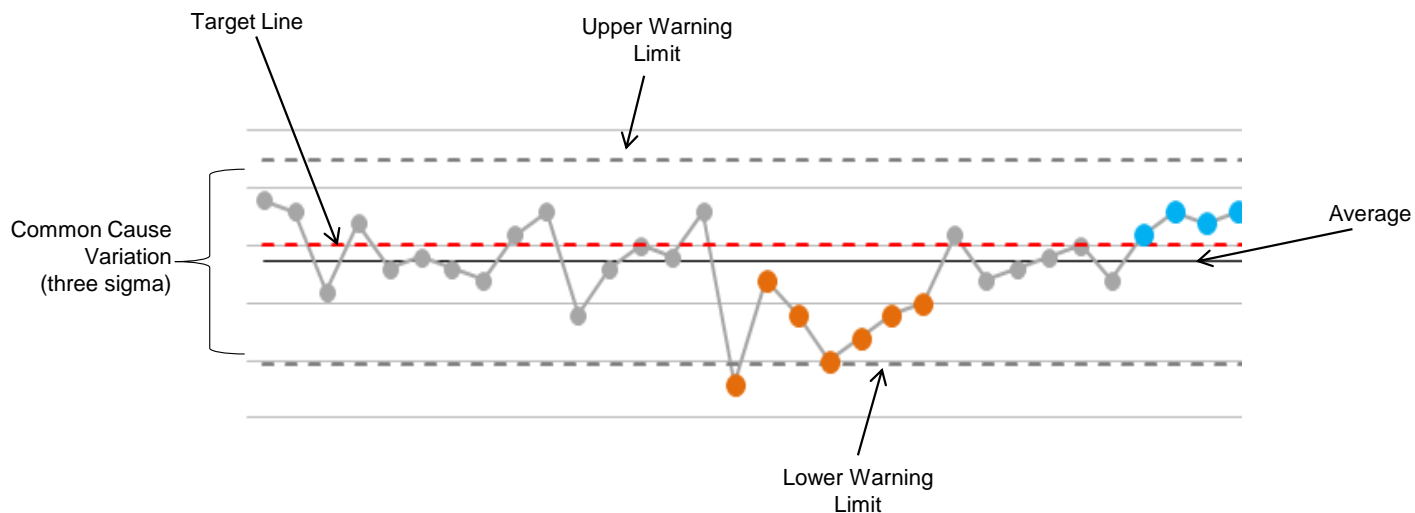
15.1

Appendix 2: Abbreviation Glossary

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

15.1

Appendix 3: Statistical Process Charts (SPC) Guidance



15.1

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:	Public Trust Board			
Date of Meeting:	28 March 2024			
Report Title:	Finance & Performance Committee (F&PC) Upward Report			
Report Author:	Aimee Jordan, Senior Corporate Governance Officer and Policy Manager			
Report Sponsor:	Richard Gaunt, Non-Executive Director & Committee Chair			
Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances
*If any boxes above are ticked, paper may need to be received in <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
	X			X
Recommendations:	The Trust Board is asked to: <ul style="list-style-type: none"> • Receive the report for assurance and note the activities Finance & Performance Committee has undertaken on behalf of the Board. • Note the approved Operating Plan • Approve the draft budget and release budget for the first three months of 2024/25 in advance of final budgets being set following the May submission. • Approve the revised Finance & Performance Committee Terms of Reference. 			
Report History:	The report is a standing item to the Trust Board following each Committee meeting.			
Next Steps:	The next report will be received at Trust Board in May 2024.			

Executive Summary		
The following report provides a summary of the assurances received, issues to be escalated to the Trust Board and any new risks identified from the 21 March 2024 F&PC.		
Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience	
	High Quality Care – <i>Better by design</i>	✓
	Innovate to Improve – <i>Unlocking a better future</i>	✓
	Sustainability – <i>Making best use of limited resources</i>	✓
	People – <i>Proud to belong</i>	
	Commitment to our Community - <i>In and for our community</i>	
Link to BAF or Trust Level Risks:	Reports received at the meeting support the mitigation of various BAF and Trust Level risks, particularly those relating to patient flow, access to elective care, finance and IMT/Cyber security risks.	

Financial implications:	Business cases approved by the Committee are within the delegated limits as set out in the Trust’s Standing Financial Instructions and Scheme of Delegation.
Does this paper require an EIA?	No as this is not a strategy or policy or change proposal
Appendices:	Appendix 1: Finance Report Appendix 2: Terms of Reference

1. Purpose

1.1 To provide a highlight of the key assurances, escalations to the Board and identification of any new risks from the Finance and Performance Committee meeting held on 21 March 2024.

2. Background

2.1 The Finance and Performance Committee is a sub-committee of the Trust Board. It meets bi-monthly and reports to the Board after each meeting. The Committee was established to provide assurance to the Trust Board that there are robust and integrated systems in place overseeing the Trust’s finance, IM&T, transformation, and performance and that they are in line with the organisation’s objectives.

3. Key Assurances & matters for the attention of Trust Board

3.1 Operational performance summary

The Committee discussed the most recent performance data across unscheduled care and planned care, including diagnostics, referral to treatment (RTT), and cancer treatment:

- With regards to Unscheduled Care, the challenges to achieve the year-end target of 76% was discussed. It was noted that the challenges included:
 - The continued increased Emergency Department attendances,
 - The increase in ambulance conveyances
 - The high volumes of No Criteria To Reside (NC2R)
- With regards to Planned Care, the in-year target remained challenged due to the ongoing impact of industrial action, however the Trust has delivered the national year-end target for zero capacity breaches for patients waiting over 65-weeks for treatment.
- With regards to Diagnostics, the Trust had delivered the national year-end target of fewer than 15% patients breaching six weeks and the internal target to clear >13-week breaches.
- With regards to Cancer performance, there was confidence that the Trust would deliver the 62 day Patient Tracking List (PTL) and the Faster Diagnosis Standard (FDS). The Committee raised concerns regarding the delay in data availability but noted that the challenges associated with data validation and monitoring of cancer standards limited the ability to provide real-time updates.

The Committee discussed the operational performance in depth and acknowledged the achievements in performance metrics while recognising the need for ongoing efforts to address challenges and improve service delivery.

Discussion also heavily focused on the NC2R position, specifically the need to review the social care provision, the disparity in NC2R metrics compared to regional and national averages and the ongoing work with the system partners to improve the

position both in the short-term and the long-term. The importance of agility, efficiency, and innovative approaches in navigating complex healthcare demands was noted. Additionally it was suggested benchmarking against other core cities for a clearer understanding of external factors affecting performance was required.

3.2 Stroke Service Transformation Deep Dive

The Committee were joined by the Divisional Operating Director for NMSK who presented the Stroke Service Transformation which set out the changes, challenges and achievements within the service.

The Committee noted the objectives and challenges of a service restructuring initiative and the ambition to enhance patient outcomes through increased accessibility to life-saving treatments such as a 24/7 thrombectomy service. Achievements of the implementation included achieving a SSNAP rating of A grade for two consecutive quarters, successful integration of stroke pathways across multiple providers, and positive feedback from patient users and stakeholders. Challenges encountered during implementation included ambitious delivery timelines leading to workforce recruitment issues, delays in implementing the revised workforce model, and financial pressures across the system.

The lessons learned from the implementation process emphasised the importance of maintaining dedicated project resources, testing design assumptions, and enhancing communication and collaboration between stakeholders.

The Committee received assurance on the patient involvement in the service transformation and the progress made on the overall rehab pathway.

The Committee welcomed the improvements in stroke care provision, despite the challenges during implementation, and thanked the team for all their hard work.

3.3 Operational Plan Discussions 2024/25

The Committee received the report which outlined the draft 2024/25 Operational Plan for activity, performance, workforce and finance. It was noted that the final national guidance was still awaited but the draft plan was being submitted on 21 March 2024.

The Director of Operational Finance and the Director of Performance provided an overview of the key elements of the plan, including:

- Performance: compliance targets and performance indicators. Areas of non-compliance, such as RTT 65 week clearance, were discussed, along with strategies for improvement.
- Workforce planning: Scrutiny was placed on agency usage and future headcount increase projections which are a required to support the opening of the elective centre and the implementation of the RAPID team.
- The financial position which is a deficit of £9.2m for NBT within a system deficit of £30m. It was noted that negotiations with commissioners and securing recurrent funding contributed to improving the financial position since the initial submission.

The Committee noted that further adjustments and actions would be undertaken once feedback on the draft plan, details from specialised commissioning and the final national guidance had been received.

Discussion focused on the impact of the new safe staffing guidance and productivity opportunities by specialty as part of a joint operational and financial programme of work through patient first. The Committee requested for CIP and transformation to be reviewed at May's meeting.

The Committee received reassurance that the final plan would encompass the augmentation of the Trust's headcount and the resultant value generated from it.

The Committee noted that the final plan was due to be submitted on 2 May 2024. The Committee endorsed the three month draft budget for Trust Board approval and noted the commitment to the ongoing monitoring and adjustment of plans to ensure compliance with requirements and financial sustainability.

3.4 Capital Plan

The Committee received an update which detailed the capital plan for 2024/25 and set out the expected requirements over ten years. It was noted that the available funding for 2024/25 remained uncertain as it was still pending the finalisation of the Integrated Care Board (ICB) level prioritisation exercise, but that there was sufficient certainty to recommend a plan for 2024/25 to include £5m of over-programming.

It was highlighted that the expected requirements over the next ten years exceed the expected available funding and any significant estates investments, including any significant refurbishment or replacement would require external funding to proceed.

The Committee discussed the associated risks in depth and noted that mitigating actions were put in place where the Trust is unable to remediate the risk.

3.5 Finance Report (Month 11)

The Committee received the Month 11 finance report which outlined that the Trust has delivered a £3.7m deficit, which was a £2.7m adverse position against a planned £1.0m deficit. The main drivers are the impact of temporary staffing and under delivery of savings, however the Trust was on plan to breakeven.

The Month 11 Cost Improvement Plan (CIP) position showed £15.9m schemes fully completed with a further £1.1m in implementation and planning, and a further £1.1m of schemes identified in the pipeline and so the delivery of £18m full year was still achievable.

The full report is appended (see Appendix 1).

3.6 Operational Performance IM&T Update

The Committee received an overall report on performance and priorities within this directorate. A detailed update on the status of each digital programme was provided, recognising areas of challenge and improvement.

The Committee noted the funding challenges impacting the division, particularly regarding the Careflow digitisation programme, and the resulting implications (including the financial patient safety impact) of the programme delays. The Committee requested that detail regarding the impact and the prioritisation process be included in future reports.

The Committee discussed the IM&T risks, particularly the imaging speech and voice risk, and received reassurance that mitigating actions were in place.

The Committee welcomed the positive internal data quality audit which received significant assurance and the Data Security and Protection Toolkit (DSPT) audit which received significant assurance with minor improvements.

3.7 Risk Report

The Committee received and discussed the relevant Trust Level Risks (TLR) across Finance, Performance, Service Delivery and IM&T and Board Assurance Framework (BAF) risks within its purview.

The Committee discussed the new risks and received reassurance that they would be reduced in the upcoming weeks.

The Committee raised concerns regarding the volume of TLRs and requested that the Risk Management Group undertake a review and support the management of risks.

3.8 Other items:

The Committee also received the following items for information:

- An update from the Business Case Review Group
- Noted the Quarterly Theatre Productivity Report KIP report.
- Noted a BWPC Contract Recommendation: Waste Consolidation and recommended it to Trust Board for approval.
- Noted the Committee Self-Assessment Results and endorsed the Terms of Reference for Trust Board approval, subject to the inclusion of Digital in the title (Appendix 2).
- Finance and Performance Committee forward work-plan 2024/25.

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

4.1 None

5. **Summary and Recommendations**

5.1 The Trust Board is asked to:

- Receive the report for assurance and note the activities Finance & Performance Committee has undertaken on behalf of the Board.
- Note the approved Operating plan.
- Approve the draft budget and release budget for the first three months of 2024/25 in advance of final budgets being set following the May submission.
- Approve the revised Finance & Performance Committee Terms of Reference.



Report To:	Finance & Performance Committee			
Date of Meeting:	21 March 2024			
Report Title:	Finance Report for February 2024 (Month 11)			
Report Author:	Simon Jones, Assistant Director of Finance – Financial Management			
Report Sponsor:	Glyn Howells, Chief Financial Officer			
Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances
*If any boxes above are ticked, paper may need to be received in <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
			X	
Recommendations:	FPC are asked to note the report for information.			
Report History:	Regular report to FPC			
Next Steps:	Trust Board- March 2024			

Executive Summary		
<p>The financial plan for 2023/24 in Month 11 (February) was a surplus of £1.5m. The Trust has delivered a £1.6m surplus, which is £0.1m better than plan.</p> <p>Year to date (YTD) the Trust has delivered a £3.7m deficit, which is a £2.7m adverse position against a planned £1.0m deficit. The main drivers are the impact of temporary staffing and under delivery of savings.</p> <p>The Month 11 CIP position shows £15.9m schemes fully completed. The Trust has a further £1.1m in implementation and planning, and a further £1.1m of schemes identified in the pipeline.</p> <p>Cash at Month 11 amounts to £77.2m.</p>		
Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience	
	High Quality Care – <i>Better by design</i>	
	Innovate to Improve – <i>Unlocking a better future</i>	
	Sustainability – <i>Making best use of limited resources</i>	X
	People – <i>Proud to belong</i>	
	Commitment to our Community - <i>In and for our community</i>	
Link to BAF or Trust Level Risks:	N/A	
Financial implications:	The Financial implications are set out in the paper.	
Does this paper require an EIA?	No	
Appendices:	Appendix 1: Finance Month 11 Slides	

Finance Performance Report

Board Report: Month 11 2023/24

Author: Simon Jones (Assistant Director of Finance)

Sponsor: Glyn Howells (Chief Finance Officer)

16.1



NBTCARES

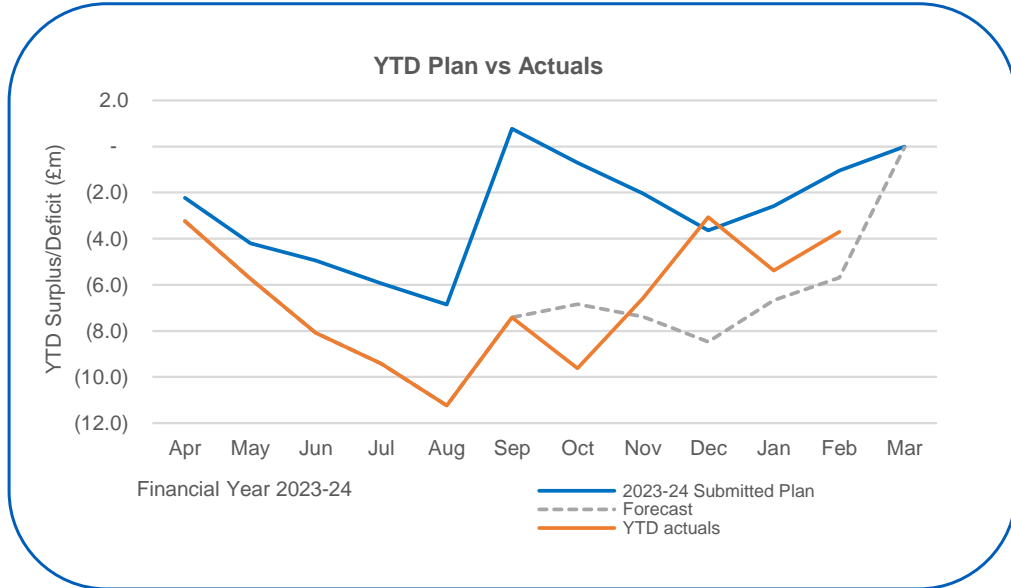
Finance Performance Report

Month 11 (February 2024)



Finance Summary

	Month 11			Year to date		
	Budget	Actual	Variance	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	67.9	74.7	6.8	721.3	744.9	23.7
Income	3.0	9.4	6.5	57.9	87.4	29.6
Pay	(43.1)	(48.0)	(4.9)	(482.0)	(504.8)	(22.7)
Non-pay	(26.2)	(34.4)	(8.2)	(298.2)	(331.3)	(33.2)
Surplus/(Deficit)	1.5	1.6	0.1	(1.0)	(3.7)	(2.7)



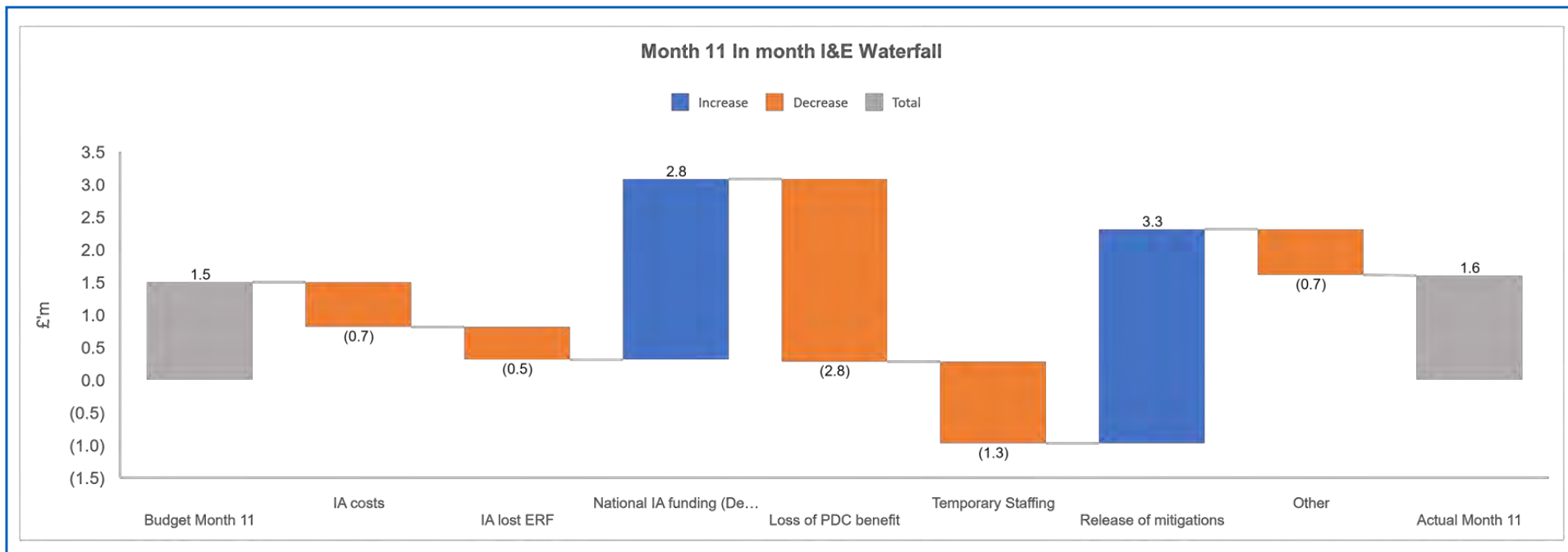
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Key messages:

- The financial plan for 2023/24 in Month 11 (February) was a surplus of £1.5m. The Trust has delivered a £1.6m surplus, which is **£0.1m better** than plan. The year to date position is a **£2.7m adverse variance** against a planned £1.0m deficit.
- In month the Trust has recognised a benefit of £2.8m around funding to support the impact of industrial action (December to February). This has been offset by the removal of the PDC benefit (£2.8m) recognised in Month 10 following guidance from NHSE.
- In February the Trust saw the impact of industrial action with £0.7m additional costs and £0.5m lost income. This has been offset by the funding received above.
- Temporary staffing costs in the year to date position are creating a £7.6m adverse variance to plan.
- Unidentified savings within the in year position are creating a £9.6m adverse variance, the impact of which is offset by delays in investments and vacancies.
- ERF performance in month was £0.5m ahead of plan taking the year-to-date position to on plan.
- The Trust cash position at Month 11 is £72.2m, a reduction of £31.8m from Month 1. This is driven by the Trust underlying deficit and capital spend.
- The Trust is currently forecasting a £0.5m underspend on core capital. This underprogramming is managed in year by the Capital Planning Group with the expectation to deliver on plan.
- The Trust has delivered £15.9m of completed cost improvement programme (CIP) schemes at month 11. There are a further £1.1m of schemes in implementation and planning that need to be developed, and £1.1m in the pipeline.

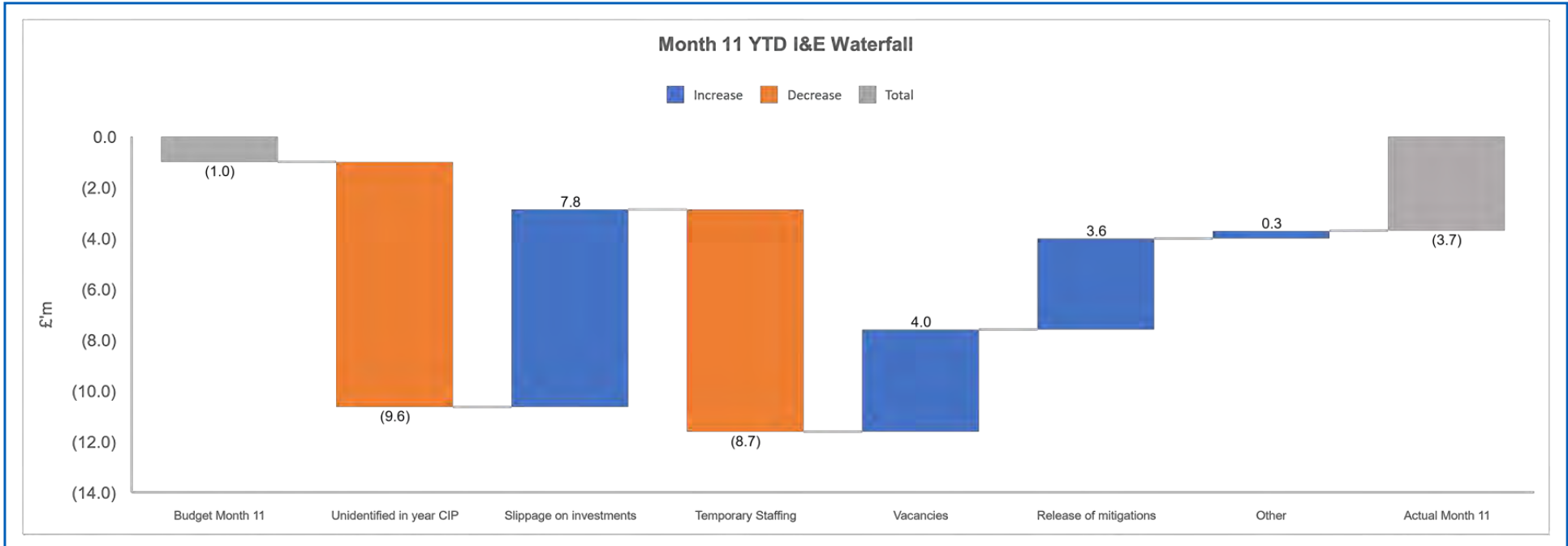


Income and Expenditure: In month I&E waterfall



16.1

Income and Expenditure: YTD I&E waterfall



16.1

Finance Performance Report

Month 11 (February 2024)



Finance Summary – In Month

Overall **Income and Expenditure (I&E)** performance in Month 11 generated a £1.6m surplus against a £1.5m planned surplus, which is **£0.1m better** than plan.

Income **Commissioning income including pass-through income** was **£6.8m better** than plan. This is driven by funding of £2.8m received this month from the ICB to support the impact of industrial action from December to February, along with the recognition of Transfer of Care funding of £1.5m plus Advice and Guidance funding of £1.2m issued by the ICB. Other favourable variances include the junior doctors pay award (£0.6m) and Service Development related income (£0.6m).

Pay **Non-NHS income** was **£6.5m better** than plan. This is driven by adjustments (5.2m fav) where the Trust has received new funding (offset by costs) since the plan was approved. The remaining £1.3m favourable variance is driven by funding recognised in month in relation to fire dampener work (£0.3m) offset in non-pay, and various income benefits in clinical and corporate divisions.

Pay costs were **£4.9m worse** than plan. New funding adjustments offset in income (including medical pay award) were £3.9m adverse. The remaining pay variance is £1.0m adverse to plan which has been driven by the Trust seeing the impact of industrial action (£0.7m adverse) along with increased temporary staffing costs (£1.3m adverse) caused by challenges within A&E and increased specialising required. This is offset by underspends on non-nursing AfC staff due to vacancies £0.3m favourable.

Non-pay **Non-pay costs including pass-through drugs and devices** were **£8.2m worse** than plan. New funding adjustments offset in income and pass-through drugs were £2.3m adverse. The remaining variance is £5.9m adverse which has been driven by the Trust seeing a £1.9m adverse variance on non-pay in Month 11 linked to planning assumptions around non-pay expenditure reductions in the last quarter of the financial year. The Trust has also seen the removal of the PDC benefit recognised in Month 9 (£2.8m adverse).

Saving **Savings** In month the Trust delivered a further £1.6m of savings to move the position from £14.3m in Month 10 to £15.9m in Month 11.

Capital & Cash **Gross capital expenditure** was £2.9m in month, which is £3.2m below forecast. This variation is driven by the Elective Centre project, where no payment application was agreed with the main supplier in February. An invoice covering work completed in January and February is expected to be agreed in early March. Of the spend, £0.4m related to the PSDS project, £0.2m on the Fire Integrity project and £1.3m on Medical Equipment.

Cash is £72.2m at 29 February 2024, a £6.1m increase compared with the previous month. The increase in month is driven by additional payments by commissioners.

16.1



Finance Performance Report

Month 11 (February 2024)



Finance Summary – Year to Date

Overall

Income and Expenditure (I&E) performance to Month 11 generated a £3.7m deficit against a £1.0m planned deficit, which is **£2.7m worse** than plan.

Income

Commissioning income including pass-through income is **£23.7m better** than plan. The main drivers being the funding of £7.7m from the ICB for industrial action, pay award (£4.8m), the recognition of additional National funding as a result of new National guidance which effectively reduced ERF baselines and distributed NHSE unused reserves (£4.4m), depreciation funding of £1.9m, along with CDC funding of £2.0m and Advice and Guidance £1.2m.

Pay

Pay costs were **£22.7m worse** than plan. Excluding the new funding (including the medical pay award) the revised position is £7.4m adverse to plan – see table.

	YTD Variance
	£m
Temporary staffing above plan	(8.7)
Unidentified CIP	(7.6)
Planning assumption pay reduction	(3.2)
Slippage on investments	8.7
Vacancies	4.2
Other	(0.7)
Total	(7.4)

Non-pay

Non-pay costs including pass-through drugs and devices were **£33.2m worse** than plan. Excluding new funding, plan adjustments and pass-through drugs the revised position is £16.2m adverse. The key drivers are shown below.

	YTD Variance
	£m
In tariff drugs	(2.8)
M&S to deliver activity	(3.7)
Unidentified CIP	(2.1)
Independent sector	(1.8)
Bristol ambulance	(1.0)
Planning assumption on non-pay reduction	(2.4)
Other	(2.4)
Total	(16.2)

Saving

Savings performance to Month 11 full year effect was **£6.1m behind** plan with the Trust having £15.9m complete schemes. The Trust has a further £1.1m of schemes in implementation and planning, and £1.1m of schemes in pipeline. This leaves a £6.1m shortfall against the annual £24.2m target.

Capital and Cash

Gross capital expenditure is £26.3m year-to-date (excluding leases and PFI lifecycle). It is mostly driven by major projects, the THQ Building (£4.2m), PSDS Low Carbon (£3.6m) and Cossham CT & MR works (£2.7m). Current spend on the Elective Centre is £2.2m year-to-date.

Cash is £72.2m at 29 February, a £31.8m reduction year-to-date. This is due to carried forward and in-year payments for capital projects and improved BPPC performance together with the in-year I&E deficit.



Finance Performance Report

Month 11 (February 2024)



Forecast Summary

	Month 11			Year to date		
	Forecast	Actual	Variance	Forecast	Actual	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	66.7	74.7	8.0	728.9	744.9	16.1
Income	7.3	9.4	2.2	81.6	87.4	5.9
Pay	(44.1)	(48.0)	(3.9)	(493.5)	(504.8)	(11.3)
Non-pay	(28.9)	(34.4)	(5.5)	(322.6)	(331.3)	(8.7)
Surplus/(Deficit)	1.0	1.7	0.7	(5.7)	(3.7)	2.0

Income

Income year to date is **£5.7m better** than forecast. This is driven by income in relation to mobile theatres costs that is offset in non pay. In month the Trust has also recognised income in relation to fire dampener, offset in non-pay, that has not been forecasted.

Pay

Pay year to date is a **£11.3m deterioration** from forecast. This is primarily driven by temporary staffing reductions not being seen at the levels required within divisional assumptions and also the stretched mitigation targets required to achieve a breakeven position. Industrial action in December, January and February has contributed a £1.8m deterioration to the forecast.

Non-pay

Non-pay year to date is a **£8.7m deterioration** from the forecast position. This is driven by increased pass-through drugs costs offset in contract income and then the mobile theatre costs invoice offset in income. These are partially offset by the cost of capital benefit being better than forecasted.

Month 11 update

In December, January and February, the Trust saw the impact of industrial action (£1.7m costs and £1.5m lost ERF) on the year to date position. In month 11 the Trust received £2.8m of funding to cover the impact of industrial action on their financial positions. With this funding, NHSE guidance has requested that organisations update their forecasts to remove the impact of any industrial action. The Trust is therefore showing a breakeven position.

This approach has been agreed at system level and both the ICB and University Hospitals Bristol and Weston (UHBW) will also reflect a deteriorating forecast outturn position.

Overall

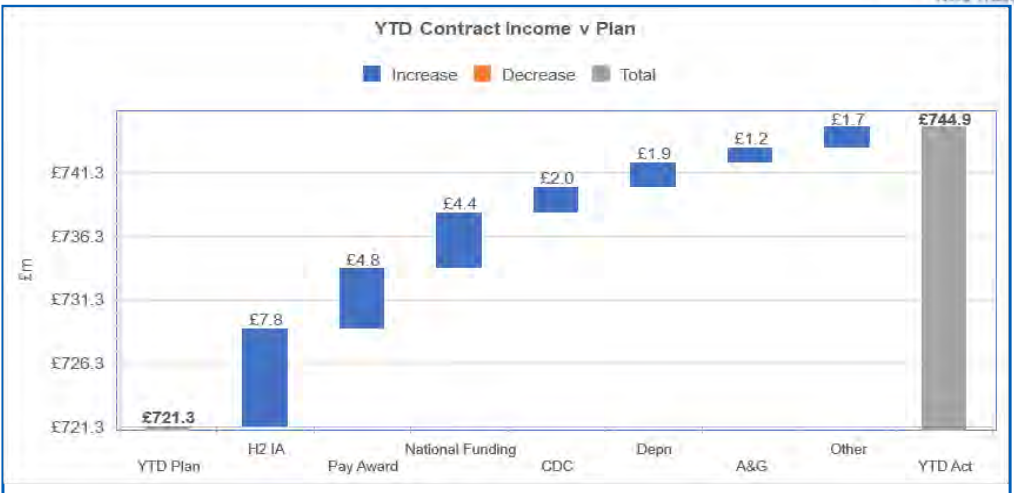
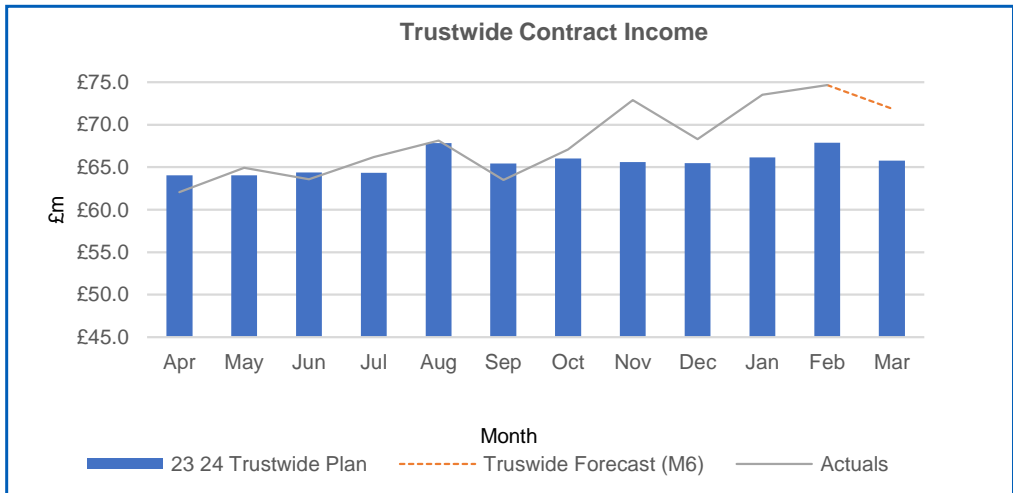
Income and Expenditure (I&E) performance YTD against the forecast is a **£2.0m improvement** from the £5.7m deficit forecasted. The Trust has seen a £0.7m improvement in Month 11 against the in month forecast.

Contract income year to date is an **£16.1m improvement** from the forecasted position. The in month position has been driven by the release of deferred income that was being prudently held back to match against cost. In addition, the Trust has received £2.0m of income in month in relation to genetic testing. The Trust has also received £2.8m in February to cover the costs of industrial action for December to February.

16.1



Contract Income Overview



Contract Income

In month: £6.8m fav

YTD: £23.7m fav

In month

- In month Trustwide Contract Income is £6.8m favourable to plan.
- The favourable variance is primarily driven by industrial action funding of £2.77m received from the ICB to cover costs between December and February, along with the recognition of Transfer of Care funding of £1.54m plus Advice and Guidance funding of £1.2m issued by the ICB.
- Other favourable variances include the junior doctors pay award (£0.6m) and Service Development related income (£0.6m).

Year to date

- Year to date the Trustwide Contract Income position is £23.7m favourable to plan.
- The main drivers being the industrial action funding of £7.7m from the ICB, pay award of £4.8m, the recognition of additional National funding as a result of new National guidance which effectively reduced ERF baselines and distributed NHSE unused reserves (£4.4m), depreciation funding of £1.9m, CDC funding of £2.0m and Advice and Guidance £1.2m.

Trend Analysis

- Contract Income trend shows a £1.2m increase on Month 10 and a £7.7m increase on the year to date average. The upsides are driven by one-off National funding for industrial action received in Month 11 along with upsides relating to Genomics, Transfer of Care Hub and Advice and Guidance, offset by £5m of H2 IA funding received in M10.

ERF Analysis

- Trustwide ERF is currently in line with NHSE updated baseline year to date. More information on ERF is on the next slide.

16.1

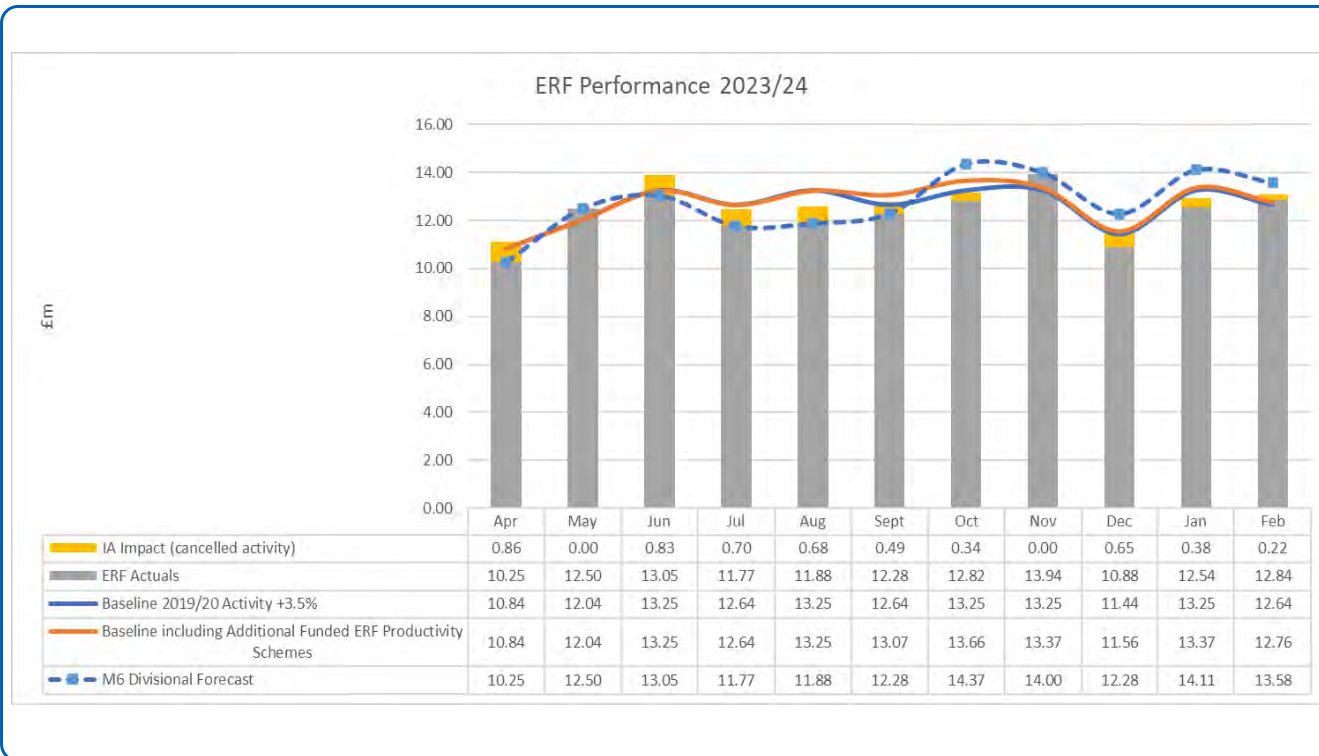
Elective Recovery Fund Performance

National position

- The Trust received updated national guidance relating to ERF during November. This included a reduction of annual baselines to allow for the impact of Industrial action.
- Year to date NBT's performance is in line with the adjusted baselines.
- It should be noted that baseline reductions have been spread across the whole year to cover the impact of the strikes that have happened up to and including October. As a result of this phasing an element of the benefit of these reduced baselines has not been seen in the year to date position.
- As the baseline adjustments have been calculated at a national level and have been phased throughout the whole year they may not accurately represent the impact of industrial action on the Trust.

Divisional position

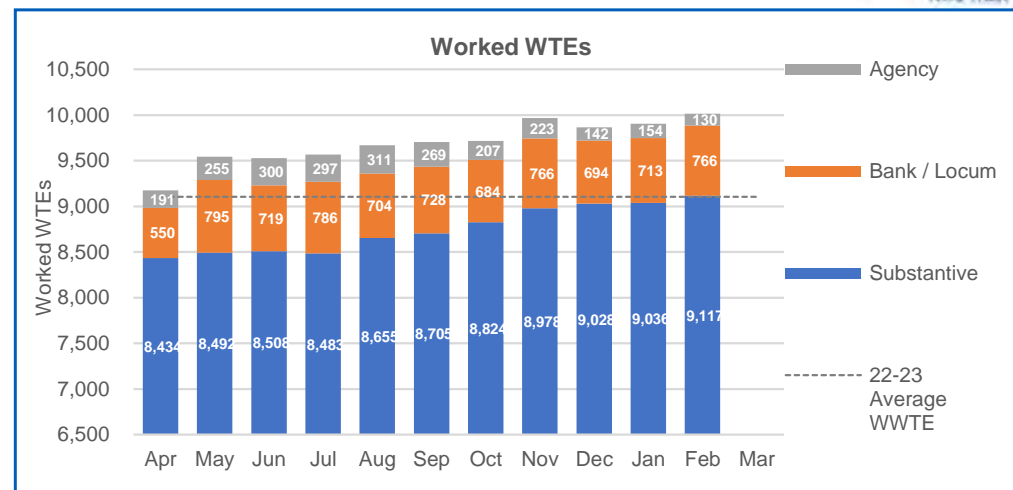
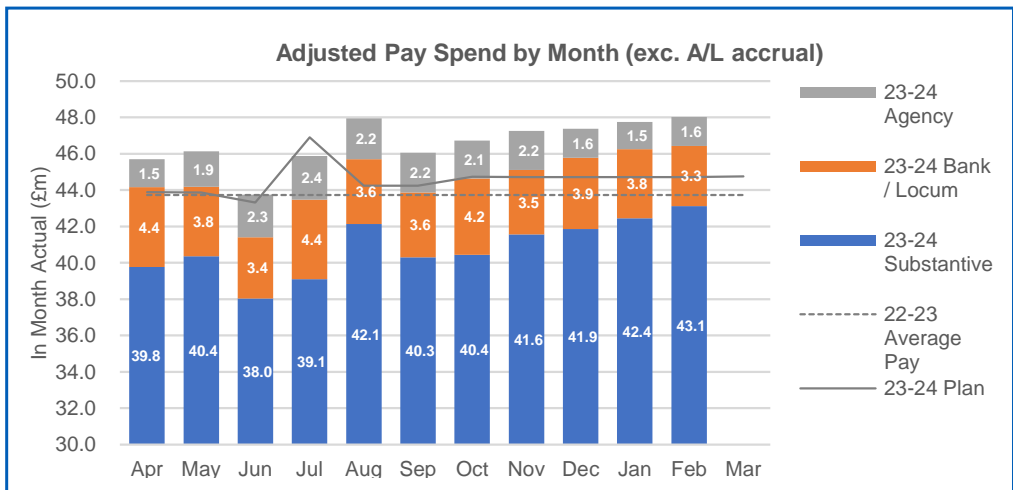
- It is more appropriate to measure Divisional performance against the original planned baselines adjusted for the known impact of strikes (£5.2m). In addition, baselines have been adjusted where divisions have been given additional funding for ERF Productivity schemes to deliver activity levels above those originally planned (£1.3m).
- This analysis is shown in the graph and table to the right which show that adjusted performance to original divisional targets is £0.3m above plan in month and £0.1m above plan year to date.
- The in-month divisional performance is £0.7m behind forecast after adjusting for the impact of industrial action.



	In Month (£m)	YTD (£m)
Variance to Original Baseline	0.20	(3.74)
Impact of Industrial Action	0.22	5.15
Adjustment for Additional Funded ERF Productivity Schemes	(0.12)	(1.32)
Adjusted Variance to Original Baseline	0.30	0.10

16.1

Pay Overview



*Note: Average 22-23 pay has been inflated by 5% for Agenda for Change staff and adjusted for one-offs throughout the year (pensions, non-consolidated pay award, annual leave accrual)

Pay

In month spend: £48.0m

In month: £4.9m adv

YTD: £22.7m adv

In month

- Trust wide pay spend is £48.0m driving a £4.9m adverse variance to plan. New funding adjustments offset in Non-NHS income (including medical pay award) was £3.9m adverse therefore revised pay variance is £1.0m adverse to plan. The Trust has seen the impact of temporary staffing (1.3m adverse) due to increased activity within A&E and industrial action (£0.7m adverse). This position has been offset by a favourable position of £0.3m in other vacancies and the remaining in delayed investments and service developments.
- In month agency spend is £1.6m and bank/locum £3.3m. Slides 24 and 25 in the appendix have a more detailed breakdown.

Year to date

- Year to date Trust wide pay is £504.8m which is £22.7m adverse to plan. Excluding the plan mitigations and in year adjustments, the revised position is £14.1m adverse to plan. Temporary staffing is £8.7m adverse, Medical pay award is £6.7m (this is offset in contract income), in year delivery of pay CIP is £7.6m adverse and other £0.7m. This is offset by delayed investments and service developments of £8.7m, and staff vacancies of £4.2m.

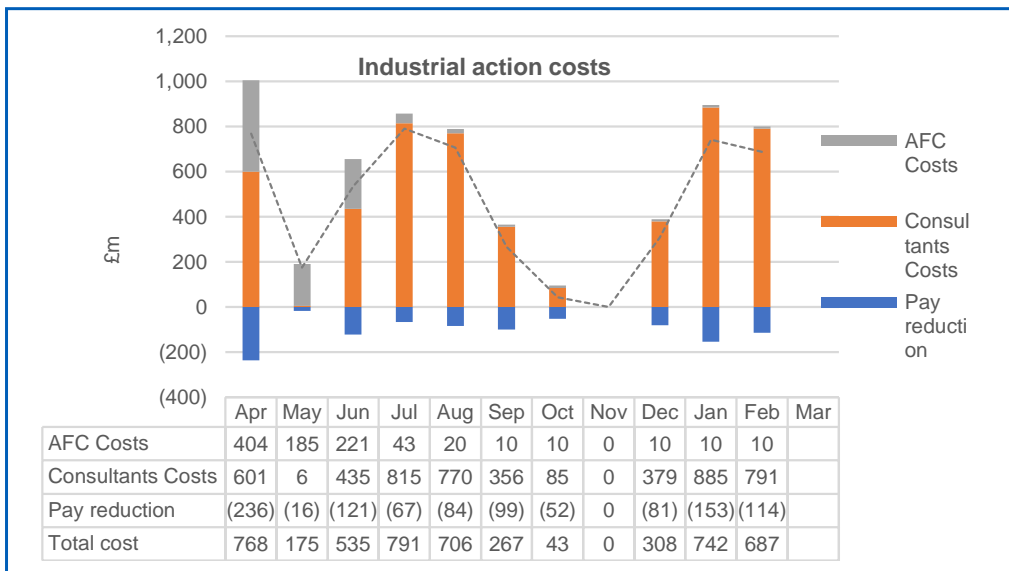
Trend Analysis

(further analysis shown in the Appendix)

- In February, the pay spend was £48.0m compared to the pay in January of £47.7m, a £0.3m increase. The increase was in substantive driven by recruitment. WTE's in February were 10,014 compared to 9,903 in January (agency decreased by 24, bank/locum increased by 53 and substantive increased by 82).
- There has been a £1.5m increase on the 2023/24 year to date average (mean) which is predominantly driven by substantive in ASCR, Medicine and NMSK. WTEs have increased by 381 on the year-to-date average which is predominantly driven by substantive recruitment (ASCR, Medicine & CCS) and offset partly in agency use.

16.1

Industrial Action Overview



Industrial action dates 2023/24

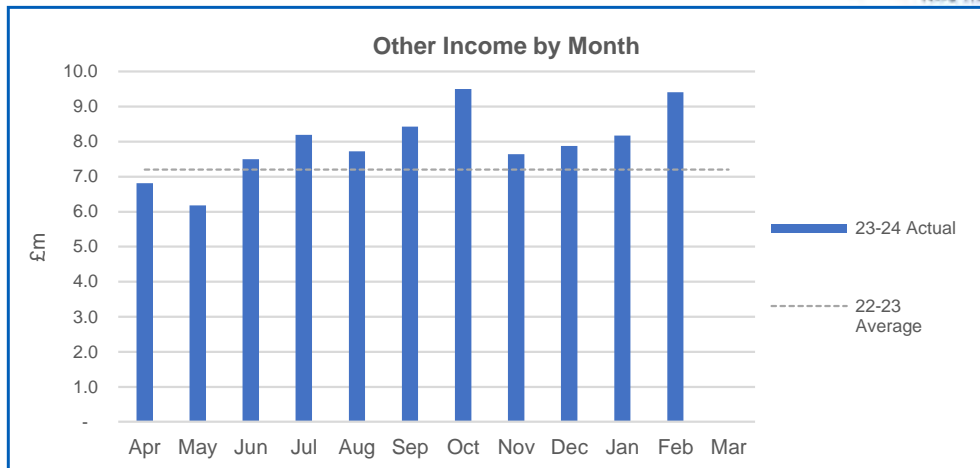
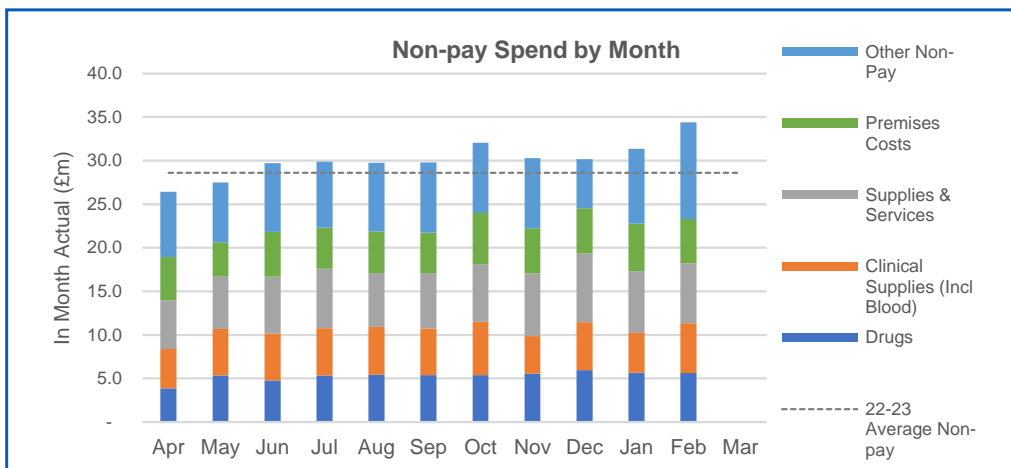
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Consultant	0	0	0	3	3	3	3	0	0	0	0		12
Junior Doctor	4	0	3	5	4	3	3	0	3	6	5		31
Nursing	1	1	0	0	0	0	0	0	0	0	0		2
Total	5	1	3	8	7	6	6	0	3	6	5	0	45

16.1

Industrial action
In month spend: £0.8m
In month deductions: £0.1m
YTD spend: £6.0m

- The Trust has seen industrial action from nursing staff in April and May, from junior doctors in April, June, July, August, September, October, December, January, and February and from consultants in July, August, September and October.
- The graph shows that the Trust has seen salary reductions of £1.0m for all industrial action in 2023/24 so far.
- The additional cost of covering industrial action has been £6.0m with this split £5.1m for medical staff, mainly consultants, covering junior doctor shifts, and £0.9m for agenda for change (AfC) staff.
- The Trust has agreed a range of enhanced rates during industrial action periods to ensure the hospital is safe for patients.
- The Trust saw minimal additional costs for industrial action in October. This is driven by 'Christmas day cover' being provided therefore enhanced rates were not provided.
- In month 8 the Trust received income from NHSE to offset the costs of industrial action seen between April and October.
- The Trust saw industrial action in February with no further industrial action being announced in 2023/24.
- In Month 11 the Trust received further funding from NHSE (£2.8m) which covers the cost of industrial action between December to February.

Non-pay & Non-commissioned Income Overview



*Note: Average 22-23 non-pay has been inflated by 4% for non-pay inflation, and adjusted for one-offs (Apprentice Levy and Stock)

Non-pay
In month spend: £34.4m
In month: £8.2m adv
YTD: £33.2m adv

In month

- Trustwide non-pay spend was £8.2m adverse with new funding adjustments offset in Non-NHS income were £1.9m adverse. The revised variance is therefore £6.3m adverse. Pass through drugs is £0.4m adverse which is offset in contract income. In month 11 the Trust has a £1.9m adverse variance on non-pay linked to planning assumptions around non-pay expenditure reductions in the last quarter of the financial year. The Trust has seen the removal of the PDC benefit recognised in month 9 causing a £2.8m adverse position in month 11.

Year to date

- Year to date Trustwide non-pay is £331.3m and £33.2m adverse to plan. Excluding new funding, plan adjustments and pass-through items the revised position is £16.2m adverse. This adverse position is driven primarily by in-tariff drugs, increased independent sector spend, IM&T network costs, and Bristol Ambulance service. In year delivery CIP is £2.1m adverse to plan.

Non-NHS Income
In month income: £9.4m
In month: £6.5m fav
YTD: £29.6m fav

In month

- In month Non-commissioned income was £9.4m creating a £6.5m favourable variance. The favourable position was driven primarily by £5.2m new funding adjustments. The remaining £1.3m favourable variance is driven by predominantly additional income in facilities for fire damper remediation and feasibility which is offset in non-pay costs.

Year to date

- Year to date Non-commissioned income is £87.4m creating a £29.6m favourable variance. The is due to new funding in the year-to-date position since the final plan was signed off in March and pass through items.

16.1

Savings

Division (£'m)	FYE Target	Completed Schemes	Schemes in Implementation	Schemes in Planning	Total FYE	Variance FYE	Schemes in Pipeline	Total FYE inc Pipeline
ASCR	4.8	1.9	0.0	0.1	2.0	(2.8)	0.0	2.0
CCS	3.9	2.4	0.0	0.1	2.5	(1.4)	0.0	2.5
MED	3.0	1.0	0.0	0.1	1.1	(1.9)	0.0	1.1
NMSK	3.8	2.2	0.0	0.0	2.3	(1.6)	0.0	2.3
WCH	1.1	0.7	0.3	0.0	1.0	(0.1)	0.0	1.0
FAC	1.8	1.3	0.0	0.1	1.4	(0.4)	0.1	1.5
Corp	0.8	0.3	0.1	0.0	0.5	(0.3)	0.3	0.8
Central	5.1	6.1	0.2	0.0	6.3	1.2	0.8	7.1
Total	24.2	15.9	0.6	0.5	17.0	(7.2)	1.1	18.2

16.1

- The CIP plan for 2023/24 is for savings of £24.2m with £22.0m planned to be delivered by Month 11.
- At Month 11 the Trust has £15.9m of completed schemes on the tracker. There are a further £1.1m of schemes in implementation and planning leaving a remaining £7.2m of schemes to be developed, against this we have £1.1m of schemes identified in the pipeline. The Trust is forecasting to achieve £18.2m of recurrent full year savings by the end of the financial year.
- The shortfall to plan on the tracker is £6.1m with pipeline included, with further schemes currently being worked up.
- In the table above the Trust has reflected delivery of £15.9m of savings in 2023/24. This is the full year effect figure that will be delivered recurrently. Due to the start date of CIP schemes this creates a mis-match between the 2023/24 impact and the recurrent full year impact.
- At Month 11 the Trust is showing a £9.6m adverse variance for delays due to in year delivery of CIP, which reflects the fact that almost half of the schemes completed year to date are not impacting fully until 2024/25 and beyond. The I&E impact of this is being managed through vacancy factors in funded budgets and delays on implementing investments.
- The impact of industrial action on clinical teams is diverting resource and attention from prioritising savings delivery and therefore leads to a risk on delivery later in the year.

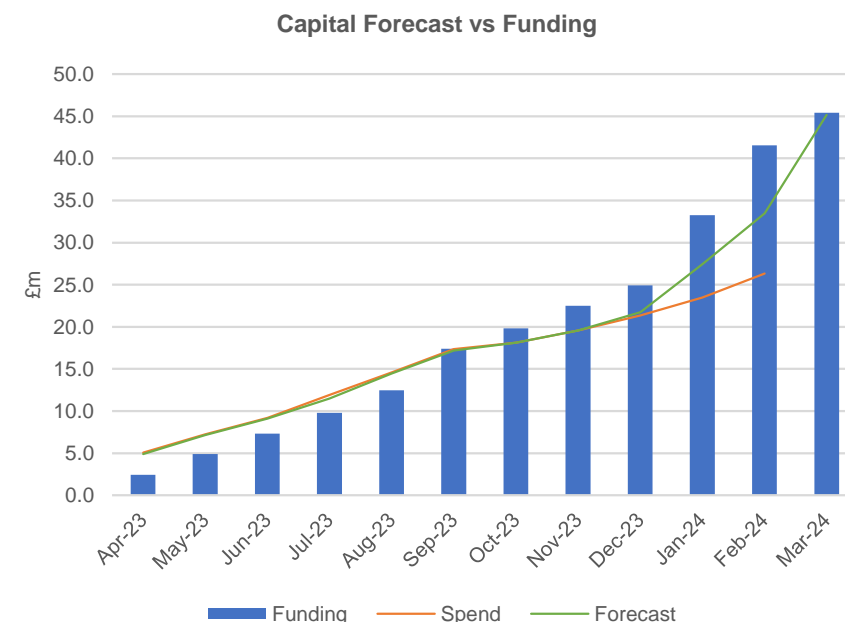
Capital

Expenditure	FY Funding (£m)	FY Forecast (£m)	FY Forecast Variance (£m)
Divisional Schemes	4.6	2.4	(2.3)
CRISP Schemes	4.3	18.7	14.5
IM&T Schemes	2.9	3.4	0.5
Medical Equipment	10.1	6.3	(3.8)
Core Spend	21.9	30.7	8.9
Endoscopy Capacity PDC	0.3	0.3	(0.0)
MRI Enabling PDC	0.3	0.0	(0.3)
Biplane Equipment PDC	1.6	1.5	(0.0)
Imaging Network PDC	0.2	0.0	(0.2)
Pathology Scanners PDC	0.2	0.2	0.0
Cyber Security PDC	0.2	0.0	(0.2)
Genomic NovaSeq X PDC	1.1	1.1	(0.0)
Pathology Automation PDC	0.1	0.1	(0.0)
Subtotal	25.8	34.0	8.3
Elective Centre	19.6	11.1	(8.5)
Total	45.4	45.2	(0.2)

YTD Spend (£m)
0.6
16.3
2.6
4.5
24.1
0.0
0.0
0.0
0.0
0.0
0.0
0.0
0.0
0.0
0.0
0.0
0.0
0.0
0.0
2.2
26.3

Charity & Grant Funded	1.7	1.7	0.0
Leases	4.7	4.7	0.0
PFI Lifecycle	1.2	1.7	0.4
Grand Total	53.0	53.2	0.2

1.6
4.0
1.2
33.2

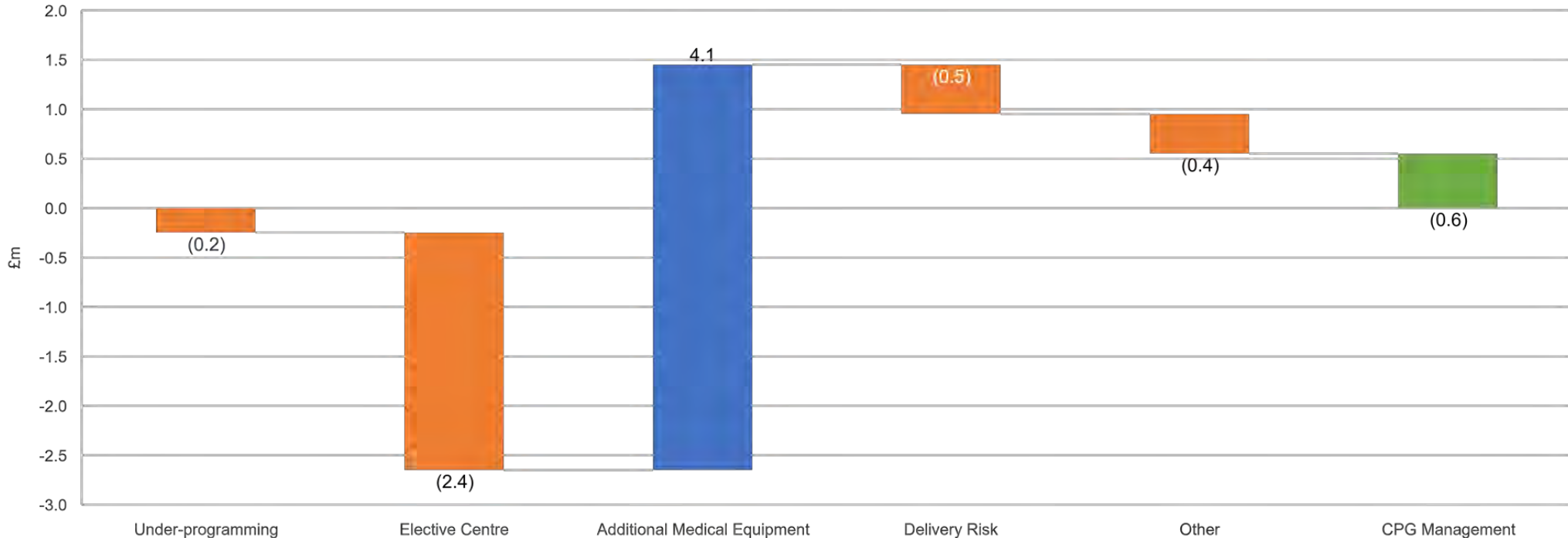


16.1

- The capital plan is currently under-programmed by £0.2m against projects within the Trust’s core capital envelope. The position is being actively managed by the Capital Planning Group and there are mitigations planned which will be enacted in March to ensure spend reaches the allowed levels. The spend year to date is £26.3m, driven by spend on the THQ Building (£4.2m), PSDS Low Carbon (£3.6m), Cossham CT & MR works (£2.7m) and the Elective Centre (£2.2m).
- Following the final agreement on the contract sum with the main supplier, Elective Centre works commenced in January. Current spend this year is £2.2m but this does not include any spend with the main supplier. Negotiations around the value of the first payment application have delayed receipt of the first invoice, however regular conversations are ongoing to understand the expected year end position. Since we closed the position we now have a £3.5m including VAT valuation.
- The Month 11 capital forecast has increased by £1.3m when compared to the Month 10 forecast. This is as a result of bringing forward planned expenditure from next year into this year, to offset expected slippage on the Elective Centre project.
- Significant spend is expected in Month 12 due to a combination of Elective Centre costs being agreed along with several large orders placed for Medical Equipment.

Capital – Risks & Mitigations

Capital Overprogramming Month 11 £m



16.1

- A reduction in the expected spend with the principal contractor on the Elective Centre project increases the forecast underspend from £0.2m to £2.6m. "Delivery Risk" represents a net figure of all potential changes in completion times based on the known operational risks. "Other" represents a small number of uncertain and uncommitted costs that can be put on hold or delayed if required.
- To mitigate this underspend, additional medical equipment spend originally planned for the next financial year has been brought into this financial year.

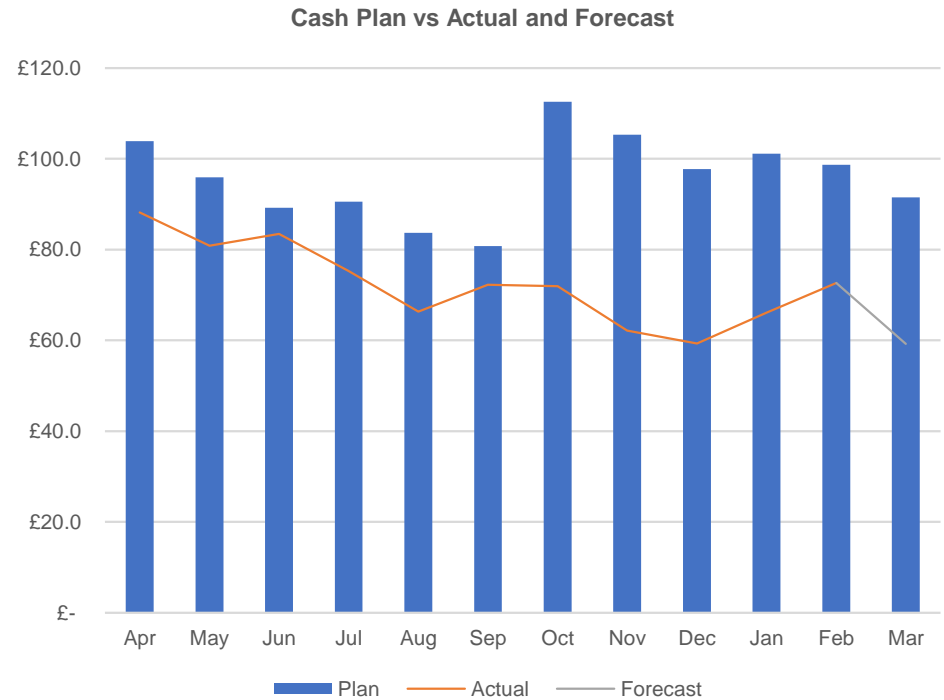
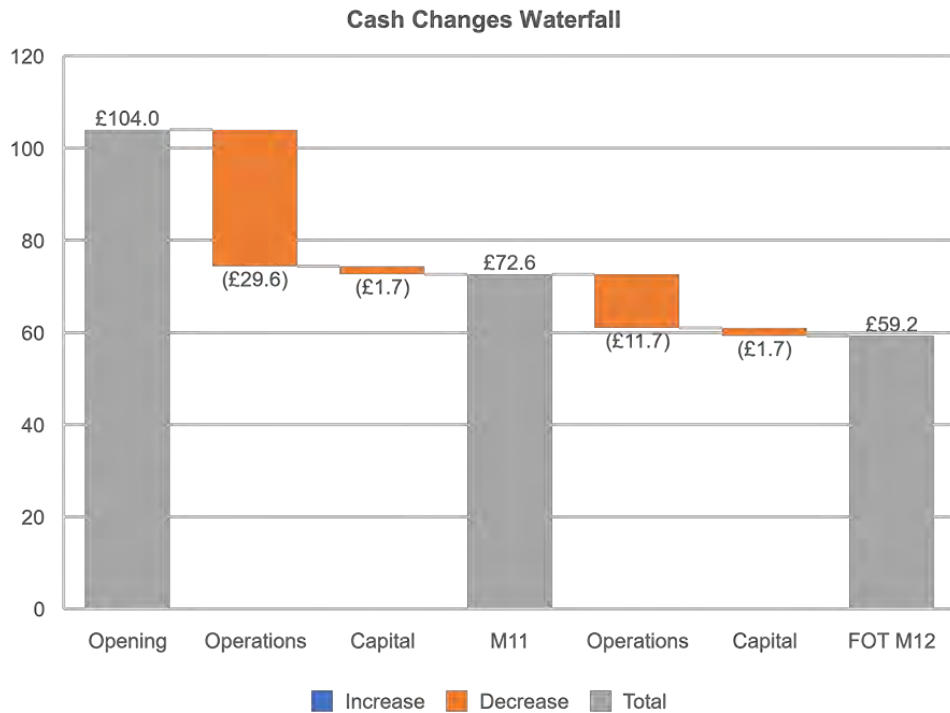
Capital – Large Project Update

Capital Project	£m					
	Approved Budget	Pre 23/24 Spend	Forecast 23/24 Spend	Forecast Future Year Spend	Forecast Total Project Spend	Variance
CT Scanner	1.6	0.0	1.5	0.1	1.6	0.0
IR3 Biplane	1.8	0.0	1.5	0.2	1.8	0.0
Fire Integrity	3.3	0.0	2.9	0.3	3.3	0.0
EPMA	2.6	0.0	0.5	2.1	2.6	0.0
Digital equipment provision	1.9	0.0	1.9	0.0	1.9	0.0
Cossham CT & MRI Extension	4.7	1.8	2.8	0.0	4.6	0.1
PSDS Low Carbon	5.4	1.2	4.2	0.0	5.4	0.0
Convert Level 6 Gate 10A into a clinical ward	6.2	5.0	0.7	0.0	5.7	0.5
Trust Headquarters	5.8	1.7	4.2	0.0	5.8	(0.0)

16.1

- The above table presents the current capital projects with the budget of over £1.0m.
- Equipment cost for the CT scanner and IR3 Biplane are expected this financial year, with installation and enabling costs expected in 2024/25.
- An additional £185k contribution towards the cost of the Cossham project has been agreed and secured with BUST.
- Fire Integrity and EPMA projects are multiyear projects currently in their first year. Future year spend for these projects is expected to match the Business Case figures.
- Costs reported against PSDS Low Carbon project are the Trust funded element and excludes the grant funded element.

Cash Position

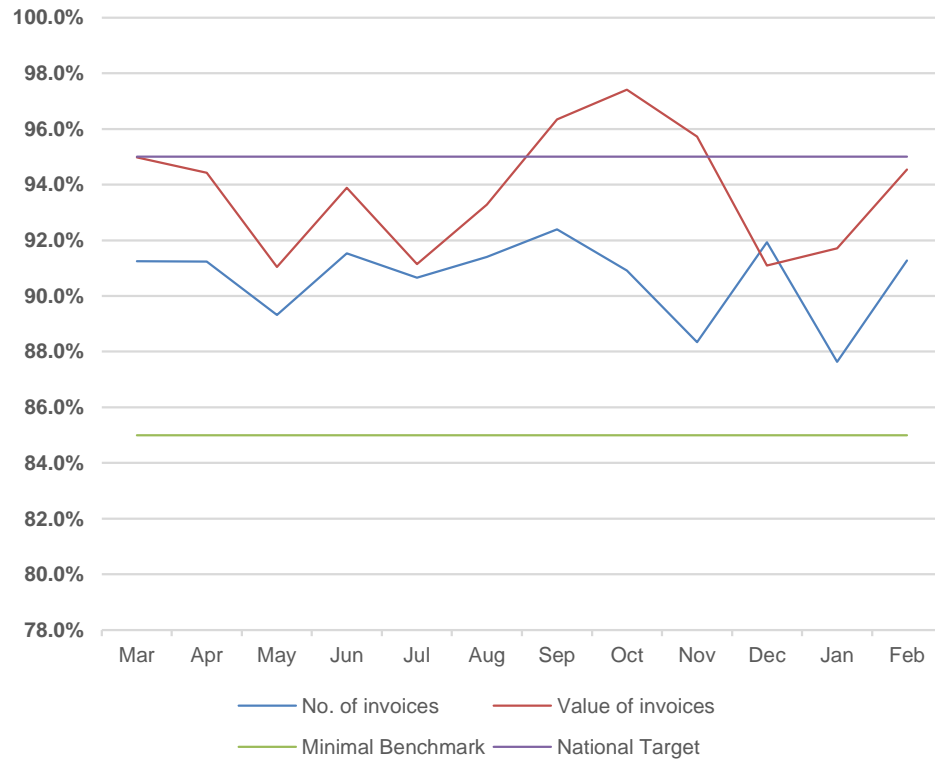


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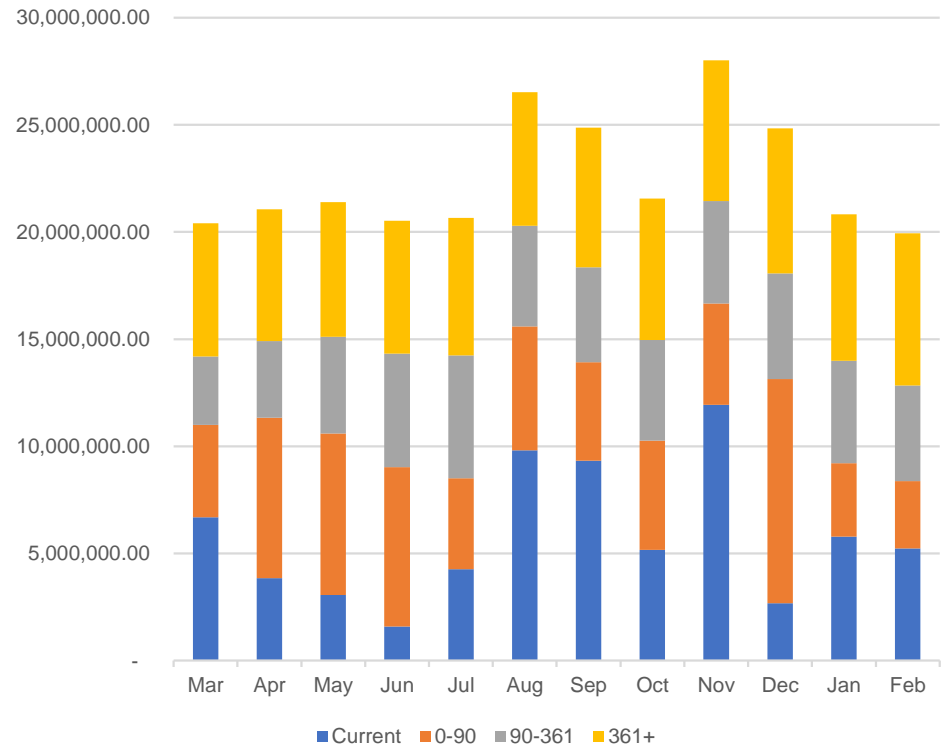
- In month cash is held at £72.2m, which is a £6.1m increase from Month 10 driven by additional commissioner payments.
- The cash balance has decreased by £31.8m year to date, which is predominantly due to carried forward and in-year payments for capital projects and improved BPPC performance together with the I&E deficit.
- It is expected the trend will continue, resulting in the overall reduction of cash position to approximately £60m. The forecast has improved by £10m in month due to delays in capital spend.
- The reduction in cash is primarily due to a deficit on both operating and capital cash flow during the year. The difference from the I&E forecast to the change in cash forecast largely relates to mitigations which have reduced the I&E deficit but do not have a cash impact, expected changes to working capital and capital expenditure in excess of depreciation. Within our forecast we have identified £7.4m of downside risk, this relates to historic trends in M12 payments. We have also identified £12m of upside risk, if forecast working capital changes do not materialise.
- Current forecast is below plan due to the cash profile changes for the Elective Centre, capital cash payments carried forward from the prior year and changes in working capital.

BPPC and Debt position

BPPC pass rate



Outstanding Debt



16.1

- BPPC pass rates continues to outperform minimum benchmark of 85%. Value performance has recovered against the last two months, volume performance has also returned to previous levels.
- The overall downward movement in debt is a result of successful credit control actions against number of smaller clients.
- 53% of Debt over 361 days (£3.8m) relates to Overseas patients.

System position / Underlying position / Productivity

System financial position

- The ICS position at month 11 is a £2.8m adverse variance, this is an improvement of £4.7m in month.
- The in month improvement has been driven by the funding received in relation to industrial action for December to February.
- The ICS is now reflecting a breakeven position for the forecast outturn.

Underlying position

- The underlying position for 2022/23 was a deficit of £20.5m.
- The submitted plan for 2023/24 showed an underlying position of £33.1m deficit.
- The Trust is undertaking a detailed review of the underlying position in month 10 based on an updated in year forecast outturn.
- Non-delivery of savings and changes to Specialised Commissioning allocations are likely to drive a deterioration in the Trust position.

Productivity

- Productivity and the way in which it is measured continues to evolve.
- The regional team are changing the way in which they assess NBT's productivity. NBT are working with NHSE to influence the methodology.
- It is the intention that once this work is completed an analysis of this data will be shared as part of this Board pack.
- In addition, unit costing will continue to be calculated and shared with Divisions. Unit costs are currently undergoing a full refresh to align with 2022/23 apportionments.

Risks & Mitigations

Issue	YTD Position £m	Risk	FOT £m	Mitigations	FOT £m	Actions
Temporary staffing spend, including locums, agency, and RMN above plan.	(8.7)	Continuation of temporary staffing spend to forecast levels.	(9.0)	Introduce further controls and decrease spend	1.0	Review of drivers to be completed by each division.
Under delivery of in year savings	(9.6)	Under delivery of in year savings	(10.2)	Slippage elsewhere and further saving identified	0.5	Further action to identify recurrent savings
The impact of further industrial action and uncertainty over Elective Recovery	0.0	The impact of further industrial action and uncertainty over Elective Recovery	tbc	Clarity on national position	tbc	Confirm national funding approach
Non-recurrent in year benefits, including on capital charges, additional income, vacancies and delays in investments	15.6			Continuation of non-recurrent in year benefits	19.5	Review SoFP for mitigations
				Divisional recovery actions	1.0	Individual targets for each division to support recovery
Total	(2.7)		(22.0)		22.0	

- The Trust undertook a forecast review at Month 6 which showed a £8.0m deficit before mitigations. However, this did assume that there was national funding for industrial action costs and industrial action impacted activity.
- The national announcement in relation to the impact of Industrial Action funding has removed the risk of April to October strike pay.
- The Elective Recovery target has been amended to reduce to a floor of 100% of 2019/20.
- It is recognised nationally that the impact of industrial action is affecting the ability for efficiencies.
- The Trust will, however, need to deliver reductions to agency spend and increase the delivery of savings in order to achieve a breakeven position.
- In Month 11 the Trust received £2.8m of funding to cover the impact of industrial action between December and February. Per NHSE and ICS guidance the Trust is now showing a breakeven year end position and no impact from Industrial Action.
- The risks and mitigations in the table have been updated to reflect the breakeven position

16.1

Appendix – Financial Statements

16.1

Income and Expenditure: Main Heading

	Month 11			Year to Date		
	Budget	Actual	Variance	Budget	Actuals	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	67.9	74.7	6.8	721.3	744.9	23.7
Other Income	3.0	9.4	6.5	57.9	87.4	29.6
Total Income	70.8	84.1	13.3	779.2	832.4	53.2
AHP's and STT's	(7.9)	(6.9)	1.1	(76.9)	(72.3)	4.7
Medical	(11.9)	(14.4)	(2.5)	(136.1)	(151.4)	(15.3)
Nursing	(17.4)	(16.8)	0.6	(188.4)	(185.7)	2.6
Other Non Clinical Pay	(5.9)	(9.9)	(4.0)	(80.6)	(95.3)	(14.8)
Total Pay	(43.1)	(48.0)	(4.9)	(482.0)	(504.8)	(22.7)
Drugs	(4.7)	(5.6)	(0.9)	(51.7)	(58.3)	(6.6)
Clinical Supplies (Incl Blood)	(3.5)	(5.7)	(2.2)	(47.7)	(57.7)	(10.1)
Supplies & Services	(5.8)	(6.9)	(1.1)	(69.0)	(73.2)	(4.1)
Premises Costs	(4.8)	(5.1)	(0.4)	(52.7)	(54.9)	(2.2)
Other Non-Pay	(7.4)	(11.1)	(3.7)	(77.1)	(87.2)	(10.1)
Total Non-Pay Costs	(26.2)	(34.4)	(8.2)	(298.2)	(331.3)	(33.1)
Surplus/(Deficit)	1.5	1.7	0.1	(1.0)	(3.7)	(2.7)

16.1

- Detailed Trustwide month 11 and year to date position shown by key headings. This shows further detail from the table shown on slide 2.

Statement of Financial Position

	22/23 Month 12	23/24 Month 10	23/24 Month 11	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
Non-Current Assets	510.6	520.4	521.8	1.4	11.2
Current Assets					
Inventories	10.0	9.8	10.3	0.5	0.3
Receivables	57.2	55.8	51.2	(4.5)	(6.0)
Cash and Cash Equivalents	104.0	66.1	72.2	6.1	(31.8)
Total Current Assets	171.3	131.7	133.8	2.1	(37.5)
Current Liabilities (< 1 Year)					
Trade and Other Payables	(125.2)	(83.9)	(84.9)	(1.1)	(40.3)
Deferred Income	(17.2)	(28.4)	(22.4)	6.0	5.2
Financial Current Liabilities	(17.1)	(27.7)	(27.8)	(0.1)	10.7
Total Current Liabilities	(159.5)	(140.0)	(135.1)	4.9	(24.3)
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.7)	(7.1)	(7.1)	0.0	0.4
Financial Non-Current Liabilities	(355.2)	(574.2)	(571.2)	2.9	216.0
total Non-Current Liabilities	(362.0)	(581.3)	(578.3)	2.9	216.3
Total Net Assets	160.4	(69.1)	(57.9)	11.2	(218.3)
Capital and Reserves					
Public Dividend Capital	469.1	477.9	483.7	5.8	14.6
Income and Expenditure Reserve	(371.3)	(541.8)	(541.8)	0.0	(170.5)
Income and Expenditure Account - Current Year	(5.4)	(73.2)	(67.8)	5.4	(62.4)
Revaluation Reserve	68.0	68.0	68.0	0.0	0.0
Total Capital and Reserves	160.4	(69.1)	(57.9)	11.2	(218.3)

Items to note:

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

Inventories: Only Pharmacy is counted on a monthly basis, hence, the year-to-date movement is minimal.

Receivables: The year-to-date movement is mostly driven by receiving payments for year-end accruals, such as £16.0m funding for the 2022/23 non-consolidated pay award, offset by the build-up of in-year accruals, prepayments and invoiced debt as per the regular cycle. The in-month movement is driven the resolution of the commissioners' queries and reduction in the prepayments.

Cash and Cash equivalents: Please refer to the detailed analysis of key movements on Slide 17.

Trade and Other Payables: The year-to-date movement is driven by paying major year-end accruals (for example, 2022/23 non-consolidate pay award) and invoiced balances, including major capital projects, such as Kendon 2 and PSDS. The in-month movement is driven by building up of payables ahead of the year-end.

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

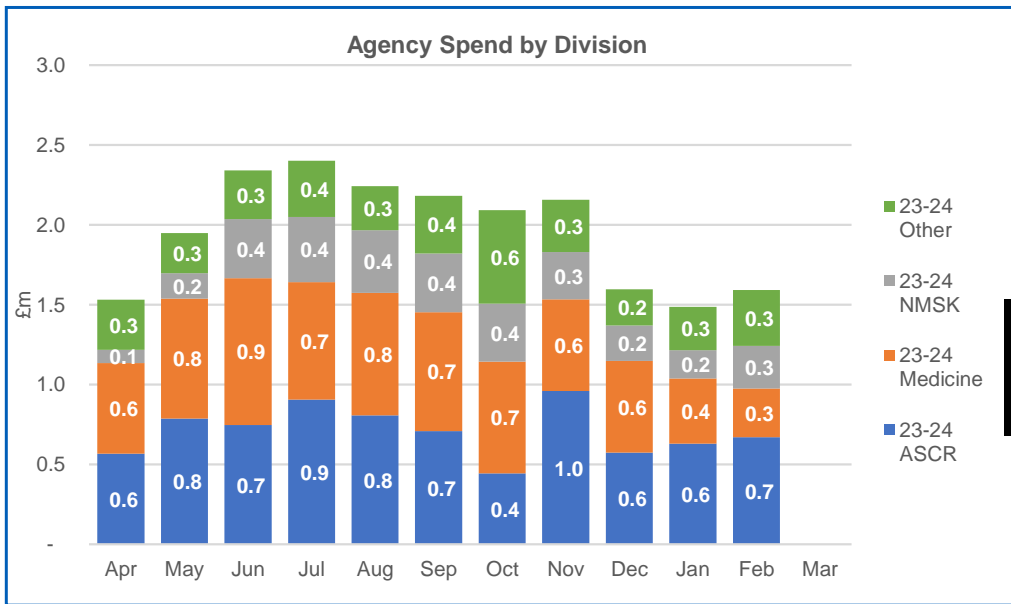
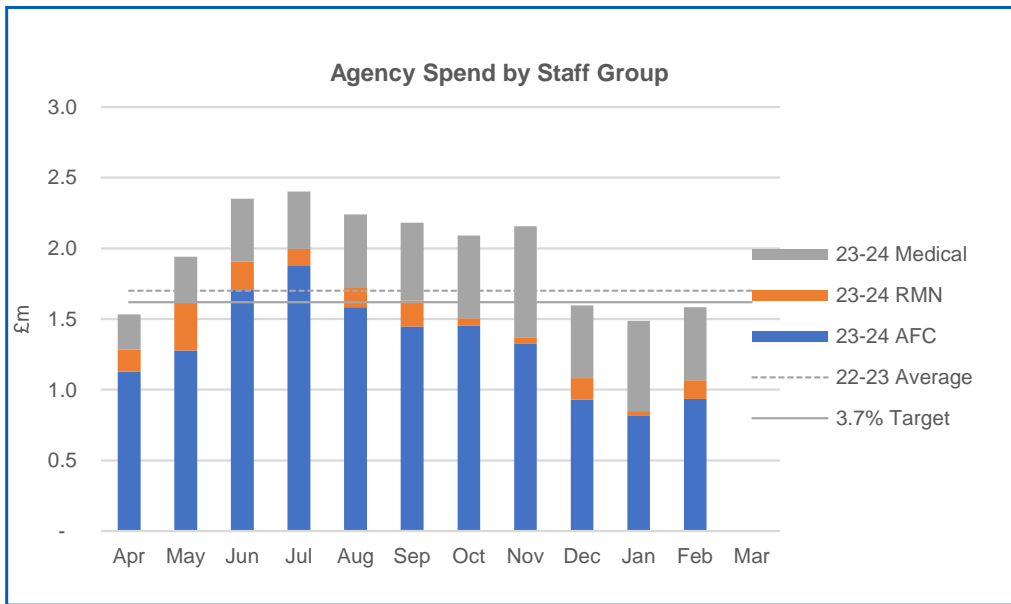
Financial Liabilities: The year-to-date movement relates to an adjustment relating to the capital and interest elements of the PFI and other leases, including changes in the accounting treatment of PFI liabilities processed in December.

Income and expenditure reserve: The year-to-date movement represents a rollover of the final I&E balance from the prior year and impact of implementing new accounting standard for PFI liabilities measurement processed in December.

Income and expenditure account - current year: The year-to-date movement represents the cumulative year-to-date I&E position including below control total items.

16.1

Pay: Temporary Staffing - Agency



Note: 3.7% target is calculated based on 2023-24 budgeted pay expenditure. The final figure is based on 3.7% of 2023-24 outturn, which will not be known until Month 12.

Agency analysis

Monthly Trend

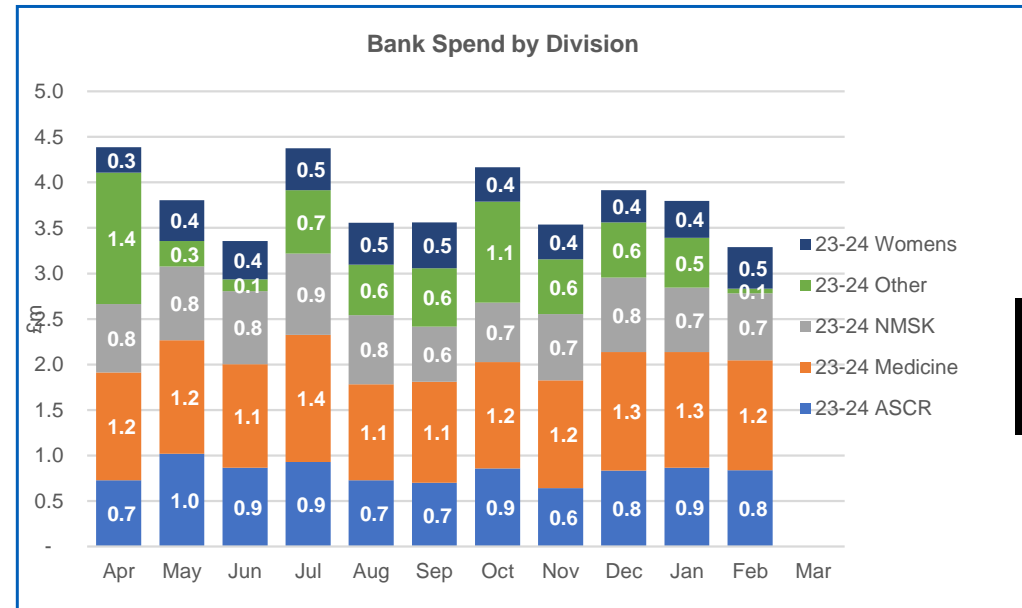
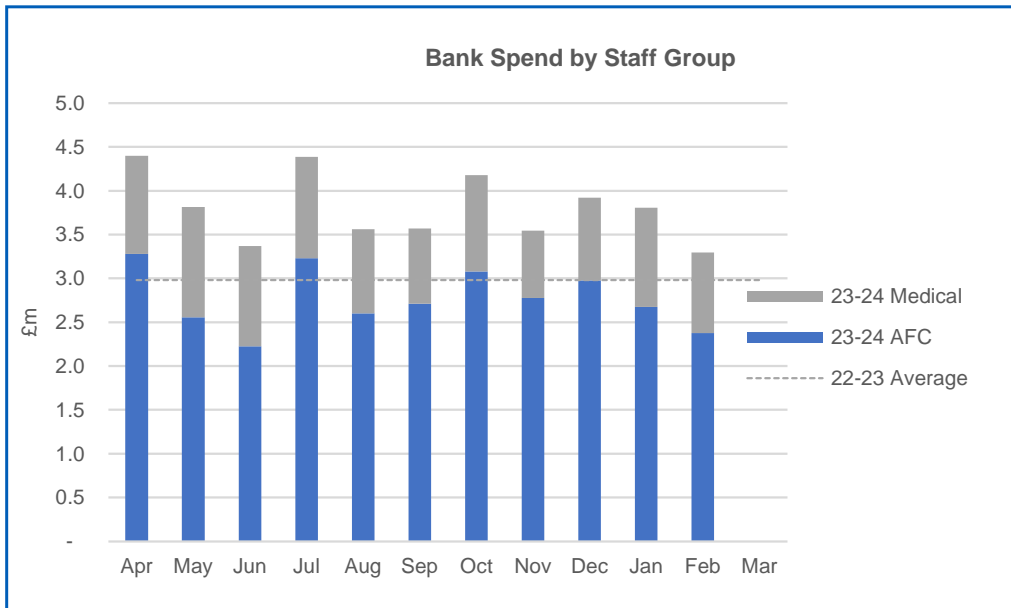
- Agency spend in February has remained at a similar level. The decreasing trend is driven by reduction in Nursing and RMN agency usage which has taken in month spend below the 3.7% target.
- Overall spend year to date is driven by safer staffing (ASCR and NMSK), ODP incentives in theatres (ASCR), increased dependency in ICU (ASCR), stroke service reconfiguration (NMSK) and agency costs covering vacancies across clinical divisions in Nursing and Consultants.
- The decrease in Nursing and RMN spend in comparison to previous months is driven by Medicine and NMSK as a result of increased controls surrounding Nursing agency spend. ASCR Nursing spend remains high due to ODP incentives in theatres.
- Consultant agency spend remains high due to covering vacancies in Medicine, NMSK and ASCR.
- In Nursing, the increase seen in July to October in comparison to the beginning of the year has been driven predominantly by registered nurse spend in ICU and stroke due to the impact of the reconfiguration going live in May 2023. Medical consultant agency spend has also increased in Medicine (covering vacancies) and NMSK (stroke reconfiguration).

In Month vs Prior Year

- Trustwide agency spend in February is below 2022/23 spend.

16.1

Pay: Temporary Staffing - Bank



Bank analysis

Monthly Trend

- In February, bank spend has decreased. This relates to a change in the accounting methodology relating to prior months. Excluding this, spend is in line with last month.
- Locum spend has decreased in Medicine as spend returns back to prior month levels.
- April and July saw high levels of bank spend. This was driven by changing the methodology in which ERF costs are recognised. In April, ERF costs were recognised centrally in line with remaining budgeted costs. However, this was reversed in May and June, reducing costs centrally which will be offset across substantive, bank and agency. Excluding this, spend in the first four months of the year was consistently high.
- High spend in October was due to increased sickness in ASCR and hospital pressures seen in Medicine.

In Month vs Prior Year

- Bank spend in month is higher than 2022/23 average spend. This has been driven mostly by Nursing and HCA spend across clinical divisions due to break glass rates as well as increased fill rates.

16.1

Terms of Reference for the Finance, Digital & Performance Committee

Chair:	Non-Executive Director
Other Members:	<p>Membership of the Finance & Performance Committee <u>Finance, Digital & Performance Committee</u> shall include:</p> <ul style="list-style-type: none"> • Three Non-Executive Directors one of whom will chair the Committee. • Chief Finance Officer • Chief Operating Officer • <u>Joint</u> Chief Digital Information Officer <p>The members set out above may appoint a named deputy to attend a particular meeting in their place, subject to the Chair's pre-approval. A deputy should be nominated only in exceptional circumstances, for a particular meeting.</p> <p>In the absence of the appointed Committee Chair, another Non-Executive Director will chair the meeting.</p>
Other Attendance:	<p>The Finance & Performance Committee <u>Finance, Digital & Performance Committee</u> may invite non-members to attend all or part of its meetings as it considers necessary and appropriate, at the discretion of the Chair.</p> <p>In addition to members of the Finance & Performance Committee, the following shall normally attend all meetings and may contribute to discussions, but have no voting rights nor contribute to the quorum:</p> <ul style="list-style-type: none"> • Associate Director of Performance <u>and Sustainability</u> • Director of Operational Finance • Assistant Director of <u>Digital Programme Management</u> <u>IM&T</u> • Director of Corporate Governance/Trust Secretary <p>The Committee can request the attendance of any other director or senior manager if an agenda item requires it.</p> <p>Attendance at meetings is essential. In exceptional circumstances when an Executive Director member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf.</p>
Quorum:	The quorum for the Finance & Performance Committee <u>Finance, Digital & Performance Committee</u> is at least three members of whom two must be Non-Executive Directors (including the chair of the committee) and one Executive Director.
Declaration of Interests	<p>All members must declare any actual or potential conflicts of interest relevant to the work of the Finance, <u>Digital</u> & Performance Committee, which shall be recorded in the minutes accordingly.</p> <p>Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict.</p>

<p>Frequency of Meetings:</p>	<p>The Committee will meet bi-monthly (but will have business case discussion meetings scheduled between Committee meetings) and will be set in advance as part of the planning of the Trust Board and Committee meetings annual calendar of business.</p> <p>Further meetings can be called at the request of the Committee Chair.</p> <p>An agenda of items to be discussed and supporting papers will be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting.</p> <p>Decisions may be taken by written resolution upon the agreement of the majority of members of the Committee in attendance, subject to the rules on quorum.</p>
<p>Notice of Meetings:</p>	<p>Additional meetings shall be called at the request of the Chair.</p> <p>Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and supporting papers, shall normally be forwarded to each member, and any other person required to attend, no later than five working days before the date of the meeting.</p> <p>Decisions may be taken by written resolution upon the agreement of the majority of members of the Committee in attendance, subject to the rules on quorum.</p>
<p>Inputs:</p>	<p>The Finance & Performance Committee Finance, Digital & Performance Committee will receive reports on issues within the remit of the meeting, so as to ensure timely discussion and decision-making. This will include:</p> <ul style="list-style-type: none"> • Trust-Level Risks and BAF report (Transformation, Finance, Operational Performance and IM&T service and change delivery) • Operational Performance & Deep Dives • Finance report • Finance Operational and Capital plans • Business Case Review Group (BCRG) report • Business Cases & Contract Recommendation Reports • IM&T Divisional Management Board reports • Green Plan <p>Individual members may also raise concerns/risks/issues relevant to the meetings remit on an ad hoc basis but will do so with sufficient notice to ensure that meeting agenda can be set and managed effectively.</p> <p>The Finance & Performance Committee Finance, Digital & Performance Committee can request a report on any subject or issue relevant to its terms of reference.</p>
<p>Outputs:</p>	<p>The Finance & Performance Committee Finance, Digital & Performance Committee shall produce a set of minutes and a log of actions arising.</p> <p>The Committee shall issue an upward report to Trust Board following each meeting.</p>

Responsible for the following Strategies and Policies:	Strategies: <ul style="list-style-type: none"> • Operational • Finance (Operational and Capital plans) • IM&T Digital Change Policies: <ul style="list-style-type: none"> • N/A
Sub-Committees:	<ul style="list-style-type: none"> • IM&T Divisional Management Board
Committee Secretary:	The Corporate Governance Team is responsible for: <ul style="list-style-type: none"> • Agreement of agenda and collation of papers. • Taking the minutes and keeping a record of actions arising and issues to be carried forward. • Provision of a highlight report of the key business undertaken to the Trust Board following each meeting

1. Purpose

1.1 The ~~Finance & Performance Committee~~ **Finance, Digital & Performance Committee** is established to be a sub-Committee of the Trust Board and is the Board assurance committee for Finance, Operational Performance and IM&T function.

2. Authority

2.1 The ~~Finance & Performance Committee~~ **Finance, Digital & Performance Committee** is a sub-group of the Trust Board from which it receives its authority. Its constitution and terms of reference shall be as set out in this document, subject to amendment.

2.2 The Committee is authorised to seek information it requires from any employee of the Trust. All members of staff are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain legal or other independent professional advice and to secure the attendance of advisors with such expertise that it considers necessary.

3. Duties

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

3.2 The primary role and function of the Committee is as follows:

3.2.1 Assurance

3.2.1.1 The Committee will provide assurance to the Trust Board that:

- Financial and operational performance (including IM&T operational performance) is delivered in accordance with the agreed strategy, plans and trajectories; and
- That the Trust’s transformation programme, including digital transformation programmes, is delivered in accordance with agreed plans.

3.2.1.2 The Committee’s responsibilities will include gaining assurance on the systems and processes that underpin the Integrated Performance report production, including data quality. It will provide overview and scrutiny in any areas of transformation, financial, and operational performance as well as Risk Management of Board Assurance Framework and Trust Level Risks relevant to the committee’s remit, and those referred to it by the Trust Board.

3.2.2 Financial and Performance Management

- 3.2.2.1 Monitor the Trust's performance against its annual financial plan and budgets.
- 3.2.2.2 Receive and monitor reports on financial performance including forecasts, cost improvement programmes and use of resources, noting any trends, exceptions and variances against plans on a Trust-wide and divisional basis and reviewing in detail any major performance variations.
- 3.2.2.3 Maintain an overview of the activity models to ensure consistency and to provide assurance on critical assumptions.
- 3.2.2.4 Consider the adequacy of forecasting models used in relation to financial and operational performance.
- 3.2.2.5 Monitor the Trust's operational performance against its annual plan together with any necessary correcting planning and action.
- 3.2.2.6 Review income line and service line reporting to support investment and disinvestment decision making in relation to profitable and unprofitable services.
- 3.2.2.7 Consider changes to the Trust reporting requirements under new regulatory arrangements.
- 3.2.2.8 Seek assurance on mitigations for financial and operational risks from contracting and planning with commissioners.

Informatics Performance:

- 3.2.2.9 Maintain an overview of internal IM&T service delivery performance, including trends, risks and issues.
- 3.2.2.10 Seek assurance on Cyber Security developments to assure the Board that the organisation is protected from future threats.

3.2.3 Transformation and Digital Change

- 3.2.3.1 Monitor and seek assurance on the delivery of the Trust's 5-year Transformation Plan, including benefits realisation.
- 3.2.3.2 Monitor and seek assurance on the delivery of the Informatics Digital Change Programme, and that it has delivered benefits and learning has been built into future projects.
- 3.2.3.3 Seek assurance that Informatics have a direct working partnership with the Transformation Team, and that change programmes are being progressed in a joined-up manner focusing on delivering benefits to patients.

3.2.4 Capital Management

- 3.2.4.1 Review and monitor the strategic five-year capital programme and the annual capital budgets and recommend actions or mitigations to the Trust Board.
- 3.2.4.2 Consider proposals for investment in the estate and technology to ensure alignment with Trust strategy.
- 3.2.4.3 Review and approve capital business cases in accordance with the Trust's Standing Financial Instructions and Scheme of Delegation.
- 3.2.4.4 Review those capital business cases above the Committee's authority limits as set out within the Trust's Standing Financial Instructions and Scheme of Delegation and make recommendation to the Trust Board for approval.



3.2.5 Treasury Management

3.2.5.1 Review the cash position of the Trust.

3.2.6 Investment Appraisal

3.2.6.1 Review and approve revenue business cases in accordance with the Trust’s Standing Financial Instructions and Scheme of Delegation.

3.2.6.2 Review those revenue business cases above the Committee’s authority limits as set out within the Trust’s Standing Financial Instructions and Scheme of Delegation and make recommendation to the Trust Board for approval.

3.2.6.3 Review the benefits realisation of business cases and post implementation reviews to ensure that the standard of business case preparation is consistently high.

3.2.7 Risk

3.2.7.1 Consider all relevant risks within the Board Assurance Framework and Trust Level Risks as they relate to the remit of the committee (transformation, finance, operational performance and IM&T service and change delivery), as part of the reporting requirements, and will report any areas of significant concern to the Audit Committee or the Trust Board as appropriate.

3.2.7.2 Recommend changes to the Board Assurance Framework relating to emerging risks and existing entries within its remit for the executive to consider.

4. Monitoring and Effectiveness

4.1 The ~~Finance & Performance Committee~~ Finance, Digital & Performance Committee shall have access to sufficient resources to carry out its duties, including access to company secretarial assistance as required.

4.2 It shall be provided with appropriate and timely training, both in the form of an induction programme for new members and an on-going basis for all members.

4.3 It will review its own performance, at least annually, review its constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Trust Board for approval.

4.4 As per NHSE/I requirements the Committee will carry out an annual self-assessment to inform above review of its Terms of Reference.

Version:	1.6
Ratified by / responsible committee:	Trust Board
Date ratified:	30 March 2023 <u>TBC</u>
Name of originator/author:	Trust Secretary
Lead for Executive Team Meeting:	Glyn Howells, Chief Finance Officer Steve Curry, Chief Operating Officer
Date issued:	30 March 2023 <u>TBC</u>
Review date:	30 March 2024 <u>TBC</u>



Report To:	Public Trust Board			
Date of Meeting:	28 March 2024			
Report Title:	Audit and Risk Committee Upward Report			
Report Authors:	Aimee Jordan-Nash, Senior Corporate Governance Officer & Policy Manager			
Report Sponsor:	Shawn Smith, Non-Executive Director (Committee Chair)			
Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances
*If any boxes above are ticked, paper may need to be received in <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
	X			X
Recommendations:	The Trust Board is recommended to receive the report for assurance and note the activities Audit and Risk Committee has undertaken on behalf of the Board.			
Report History:	The report is a standing item to each Trust Board meeting following an Audit and Risk Committee meeting.			
Next Steps:	The next upward report from this Committee to the Trust Board will be to the Trust Board's meeting in May 2024.			

Executive Summary		
The report provides assurances received, issues escalated to the Trust Board and any new risks identified from the Audit and Risk Committee Meeting held on 14 March 2024.		
Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience	
	High Quality Care – <i>Better by design</i>	X
	Innovate to Improve – <i>Unlocking a better future</i>	
	Sustainability – <i>Making best use of limited resources</i>	X
	People – <i>Proud to belong</i>	
	Commitment to our Community - <i>In and for our community</i>	
Link to BAF or Trust Level Risks:	The Audit and Risk Committee has oversight of the Trust's overall risk management systems and processes. No risks arise from this report.	
Financial implications:	None within this report.	
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No	
Appendices:	N/A	



1. Purpose

- 1.1 To provide a highlight of the key assurances, escalations to the Board and identification of any new risks arising from the Audit and Risk Committee meeting held on 14 March 2024, alongside the Board Assurance Framework and Trust Level Risks.

2. Background

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

3. Meeting on 14 March 2024

3.1 External Audit Progress Report and Sector Update

The Trust's External Auditors provided an update on national challenges for the NHS around financial sustainability, along with an update on their work programme, including the timetable and progress of planned reports, the approach to materiality and the Auditor's opinion on the final accounts and on value for money, which would be submitted in spring 2024.

The Committee raised concerns regarding the risk of delays with the audit sign-off process due to changes within the external audit team. The External Auditors provided assurance that plans were in place to ensure that the team changes would not have an impact and would not delay the audit sign-off process. In addition, the External Auditors provided assurance that they would agree any additional fees in advance with the Chief Finance Officer.

Informing the Auditor's Risk Assessment and Financial Statements

The Committee received an update on the information that had been provided by the Trust to inform the Auditor's year-end risk assessment. The Committee welcomed the comprehensive document and were assured by the information provided.

3.2 Internal Audit Progress Report and Action Tracker

The Committee received the draft Annual Report including Head of Internal Audit Opinion, the progress report and the recommendation tracker from the Internal Auditors. The progress report included a summary of the work completed for the current financial year and noted that five reviews had been completed.

The Committee received assurance that the draft Annual report was positive with a rating of "Significant assurance with minor improvements' can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control" and noted that the final report would be issued before the year end. Discussion focused on the timeline for management actions and the importance of setting realistic dates. The Committee was reassured that actions to address previous audits were progressing on schedule and that, where required, revised dates were justified and had been agreed between management leads and the Internal Auditors.

The Internal Auditors provided detailed reports on the following reviews which achieved an overall rating of significant assurance with minor improvement opportunities.



- Electronic Patient Records (EPR) post-implementation review.
- Data Security and Protection Toolkit
- Workforce Planning
- Divisional Quality Governance
- Volunteer Recruitment and Selection

The Internal Auditors also provided a detailed report on Data Quality which achieved an overall rating of significant assurance.

The Committee noted that the reports would be scheduled on the relevant committee workplans to monitor the progress against the findings and management actions.

3.3 Counter Fraud

The Committee received an update from the Local Counter Fraud Specialist on the progress with the counter-fraud reviews undertaken for 2023/24, referrals and investigations and the positive Counter Fraud Functional Standard return. A detailed report was provided on the Overseas Visitor review which identified five recommendations (one high, two medium and two low priority actions). These included a lack of an Overseas Visitors Policy, training improvements and the timely identification of overseas visitors.

The Committee discussed the overseas visitor review in depth and received reassurance that the Trust adhered to NHS England guidelines for overseas visitors. Additionally, the Committee received reassurance that the creation of a policy was part of a larger project on fee paying which was currently being undertaken across the Trust. It was recognised that it would require significant changes in order to embed it across operational and clinical teams. The Committee agreed to receive an update on the overall fee paying programme in three months time.

3.4 Draft Audit and Assurance Plan 2024/25

The Committee received and approved the Draft Audit and Assurance Plan 2024/25 which detailed the work required to support the Trust's Head of Internal Audit Opinion for 2024/25. The Committee also received assurance on the risk assessment process to identify audit areas for assurance across the following areas:

- Governance/Risk Management
- Financial Management
- Workforce
- Clinical Quality
- Digital

3.5 Draft Counter-Fraud Plan 2024/25

The Committee received and approved the Draft Counter Fraud Work Plan for 2024/2025 which detailed the work required to support the Trust's mandatory Counter Fraud function for 2024/25.

3.6 BWPC Procurement Report which detailed:

The Committee was joined by the new Director of Procurement who presented the Bristol and Weston Procurement Consortium (BWPC) Procurement Report. The report included:

- A dashboard showing continued improvement in compliance with procurement processes, key projects and performance,
- The progress with the planned implementation of a new purchasing system that was scheduled to be rolled out in 2024,



- The proposal for the temporary change to the purchase order threshold for BWPC involvement (from £5k to £25k, agreed in August 2023) to be extended until the 31 December 2024 and reviewed upon the implementation of the new Procurement system.

The Committee accepted the proposal for the extension of the purchase order threshold for BWPC involvement subject to receiving an update on the feedback from the purchase order audit. The Committee also discussed the need to revisit the standing orders, particularly the rule of obtaining three quotes for the £5k threshold.

3.7 Trust-Wide Policies Update

The Committee received an update on the status of the Trust-Wide Policies and welcomed the positive progress that had been made to reduce the backlog of policies past review date. The Committee received assurance that the downward trend would continue as a result of the ongoing work with authors.

3.8 External Agency Visits:

The Committee received the External Agency Visits Report which detailed the register of reviews and visits across the organisation. The report ensured visibility of high-risk agency visits and provided assurance that actions and issues were appropriately tracked.

3.9 Risk Report

The Committee reviewed the Risk Report which incorporated the Trust Level Risk (TLR) Report and the risk management process. The report set out:

- An update on Risk Management process improvement work across the Trust, which provided assurance on the Trust's response to the recent audit findings and focused on further strengthening the risk management approach,
- Thematic analysis of the Trust Level Risks (TLRs)
- A draft organisational Training Needs Analysis for Risk Management.

The Committee requested that all high-level risks were reviewed and updated on a monthly basis. The Committee recognised that the increase in risks on the TLR reflected the challenging operational environment.

The Committee received assurance that the Trust's approach to risk management was maturing and improving and noted the processes and systems in place. The Committee discussed the evolution of risk management, particularly the engagement with divisions to undertake dynamic risk assessments to ensure that risks are appropriately scored and understood with suitable mitigating actions.

The Committee noted that the Board Assurance Framework (BAF) was currently under review (ahead of the new financial year and operational plan for 2024/25) and that a refreshed version of the BAF would be presented to Trust Board at the end of March 2024.

3.10 Losses And Salary Overpayments

The Committee received an update on Losses and Salary Overpayments as part of its standing agenda items and agreed to write off three invoices totalling £200k that related to historic, unrecoverable debt from overseas patients. The Committee also noted the losses and overpayments for the review period and actions taken to address them.



The Committee received assurance regarding the processes in place but recognised the challenges of collecting payment.

3.11 Other items:

The Committee also:

- Approved the revised Declarations of Interest Policy
- Noted the results of the Committee's recent self-evaluation survey and agreed that no changes were required to the Committee's terms of reference.
- Noted the Committee's work plan for 2024/25.

4. New risks or items for escalation

No risks or issues were flagged by the Committee for escalation to the Trust Board.

5. Summary and Recommendations

The Trust Board is recommended to receive the report for assurance and note the activities Audit and Risk Committee has undertaken on behalf of the Board.

Report To:	Public Trust Board			
Date of Meeting:	28 March 2024			
Report Title:	Well-Led Developmental Review			
Report Author:	Xavier Bell, Director of Corporate Governance			
Report Sponsor:	Michele Romaine, Trust Chair			
Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances
*If any boxes above are ticked, paper may need to be received in <i>private</i> .				
Purpose of the report:	Approval	Discussion	Information	Assurance
			X	
Recommendations:	That Trust Board note the summary and recommendations from the Developmental Well-Led review.			
Report History:	The final version of the Developmental Well-Led Report was shared with Trust Board in October 2023 and discussed during a development and feedback session with the report authors, AuditOne, on 26 October 2023.			
Next Steps:	Agree a cycle of updates against the recommendations.			

Executive Summary		
<p>The Trust underwent a developmental well-led review in the summer of 2023, undertaken by AuditOne. The aim of this review was to assess the leadership and governance of the Trust as described in the “Developmental reviews of leadership and governance using the well-led framework: guidance for NHS Trusts and NHS Foundation Trusts” dated June 2017 and identify developmental actions to inform further targeted development work by the Trust to secure and sustain the Trust’s future performance as part of an ethos of continuous improvement.</p> <p>Overall, the report was positive, recognising a great deal of good practice and a comprehensive governance framework with examples of good governance practices.</p> <p>A number of recommendations were identified where systems, processes, and practices could be further strengthened. These recommendations have been accepted, and a comprehensive action plan is being progressed. Many of the recommendations made within the report align to existing work-programmes and actions, and some will be progressed as the Trust progressed its Group Model development work with UHBW.</p> <p>The summary findings and recommendations are attached as Appendix 1.</p>		
Implications for Trust Improvement Priorities: <i>(tick those that apply and elaborate in the report)</i>	Our Aim: Outstanding Patient Experience	X
	High Quality Care – <i>Better by design</i>	X
	Innovate to Improve – <i>Unlocking a better future</i>	X
	Sustainability – <i>Making best use of limited resources</i>	X
	People – <i>Proud to belong</i>	X

	Commitment to our Community - <i>In and for our community</i>	X
Link to BAF or Trust Level Risks:	Links across all strategic risks.	
Financial implications:	N/A	
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No	
Appendices:	Appendix 1 - Developmental Well-Led Report Summary and Findings	

APPENDIX ONE: Overview – summary of findings

Leadership Capacity and Capability

We observed and interacted with a passionate, strong, experienced and capable Board which demonstrates both individual and collective strength. We observed and noted good levels of challenge across forums although the value of this challenge could be strengthened both in terms of how challenge is reflected in the minutes and improved impact by capturing all agreed actions to ensure follow through of implementation.

We noted investment in Board and executive development including skills acquisition and personality profiling which is helping to build the team aspect of the Board and supporting psychological safety to have honest conversations. Development sessions have tended to be ad hoc with an opportunity to strengthen this by having a more formal forward look development programme including increased regularity. Whilst the Board has recently undertaken a Board skills mapping exercise this is relatively high level and does not explicitly link to the Board development programme or the Trust's strategy in terms of demonstrating that the Board has the necessary skills and experience to oversee delivery of the Trust strategy and having an appropriate culture.

The Board recognises and is trying to take steps to improve diversity amongst Board members and senior leaders in the Trust. Recent improvements include the appointment of associate NEDs to improve diversity and support succession planning at Board level.

Below Board level, the Trust has recently implemented a comprehensive programme of leadership development which has been welcomed by Trust senior leaders. This also demonstrates the Trust's desire to respond to feedback within the annual staff survey. Beyond the leadership programme we heard evidence of various other opportunities for leadership development including shadowing and mentoring.

Vision and Strategy

The Trust has recently approved its new strategy (July 2023) and therefore at the time of our review we were unable to test socialisation and understanding of it. Feedback that we did receive appears to indicate a 'top down' approach to its development with minimal engagement.

More positively, we evidenced a high profile and understanding of the Trust's refreshed Trust values, NBT CARES, which was well referenced in our interactions with staff. The Trust values have landed well with staff with the CARES acronym providing a meaningful and memorable reminder to staff of the values. We also evidenced a high profile of the values including on standard template PowerPoint slides. We also heard, as with probably all Trusts, that there are areas where Trust values are not universally and consistently lived with a need for the Trust to better evidence proactive understanding of this and responding effectively when it occurs. We heard of examples of staff feeling that the Trust values are not always lived at Board and committee meetings with staff sometimes feeling uncomfortable when attending these meetings. It is important that Board members are seen to own and consistently live the values.

We heard about the very engaging process undertaken in developing the Trust's clinical strategy which involved all specialties. Beyond the clinical strategy, the framework of other enabling strategies to support delivery of the Trust strategy was less clear both in terms of how they connected to each other and also a number of the enabling strategies require refresh to reflect post-pandemic ways of working. In part, this is recognised by the Trust with work ongoing currently to refresh the people strategy and digital strategy. Other aspects such as quality, finance

and estates is less clear. The Trust is also sighted on the need to strengthen the link between the Trust strategy and improvement priorities and divisional level planning. We saw early evidence of this being incorporated into the 2024/25 planning round.

The Trust has adopted Patient First as its improvement methodology and is in the early stages of rolling this out. It is clear, that there is significant confusion amongst staff as to what Patient First is with many citing this as the Trust's strategy as opposed to its 'true north' objective and improvement programme. There is an urgent need for the Trust to clarify what Patient First is and how it supports delivery of the Trust strategy.

Organisational Culture

We observed a positive culture in our interactions with the Trust with many of the staff that we engaged with demonstrating a genuine commitment and sense of belonging to the Trust. Staff referred to the significant priority and investment given to staff health and wellbeing which in addition to the learning and development opportunities has created a real sense of positivity in spite of the current operational challenges.

Staff felt that the current leadership team had helped to shift the narrative to a more positive one and who were comfortable promoting the Trust successes and recognising and celebrating the positive things that are occurring within the Trust. As expected, feedback was not universally positive with some staff feeling increasingly distanced from the Board as they feel that the pace of change being set by the Board is too ambitious and needs to reflect the operational context that the Trust is in and recognise the challenges that staff face on a day to day basis. This perceived lack of understanding and empathy is what is driving this increasing sense of divide.

As referenced above to some degree, the Trust is self-aware and recognises that it needs to accelerate progress against the equality, diversity and inclusion (ED&I) agenda and we saw evidence of this during our review. There was also clear ownership and steer from the Board in relation to this matter.

Continuing the self-aware theme, the Trust recognises the need to increase the amount of qualitative information received at Board and committees to help inform and triangulate its decision making. The Trust has introduced a Patient and Carer Experience Committee which is chaired by a NED, although there is recognition that there is still more to do to release greater value from current patient engagement activities alongside facilitating an increased voice of patients, staff and stakeholders across all management levels.

Roles and System Accountabilities

The Trust has a comprehensive governance framework with examples of good governance practices. We found an appropriate governance structure at Board, committee and executive level with a maturing senior leadership group forum. Divisional performance review meetings are a strength and we noted the intention to evolve these even further imminently with the shift towards more forward looking problem solving forums.

We noted an increasing trend to utilise deep dives to gain additional assurance over concerns and risks along with a desire to shift to thematic rather than transactional reviews of incidents, complaints and other quality governance related measures which is positive.

We have identified a number of opportunities to strengthen meeting effectiveness from environmental housekeeping matters through to reviewing how the Board uses its committees. Individually, these are not material given our overall findings in relation to governance but collectively, should release time for focus on more strategic discussions particularly at committee level and move away from 'transacting the agenda'.

Externally, the Trust is aware of its role and contribution in the system and is seen as a good system partner by those we engaged with. Improvements in this area revolve around being more self-aware of the Trust's impact on partners when going about its business.

Risk and performance management

The Trust's overall approach to performance management is good with evidenced challenge and accountability being observed at each level of the Trust that we engaged with. At divisional level there are opportunities to improve the consistency of approach and being more accountable although we expect the recent rollout of the leadership development programme and shift in approach to the divisional performance review meetings will facilitate the required improvement.

The format of reports used at divisional meetings is generally positive although the content could be improved through better use of trend-based reporting, clear actions and improvement trajectories to gain assurance over actions and hold management to account for delivery of the actions and the impact of those.

Relative to performance management, effective risk management is still evolving with some good practice observed in terms of the board assurance framework format and use of it. Risk is well embedded at committee level and has a good profile although we reference the need for greater clarity over Audit and Risk Committee's (ARC) role surrounding risk oversight and that of the committees. There are also opportunities to increase the profile of risk at the Board.

At operational level, risk management is less evolved and requires some investment in terms of training and socialising risk and in particular the management of risk in discussions at this level. The Trust is aware of this need.

Information

Digital and information has a high profile with clear evidence that the Trust is becoming more data led which is generating more insight. The Trust has recognised the one dimensional aspect of much of NHS reporting and has formed a Triangulation Group which is seeking to bring together aspects of performance across domains and create insight.

The Trust operates a federated model of business intelligence with business intelligence business partners embedded in divisions providing local analytical support which is really positive.

The Trust has implemented a new electronic patient record system which was implemented relatively smoothly when compared to many other Trusts. Implementation was not without issue but the Trust has focused, and continues to focus, on remediating those issues and whilst feedback suggests that there is still more to do, overall feedback was generally positive.

The Trust has invested in a data quality team and formed a data quality group which includes subject matter experts and operational and clinical representation. We noted high levels of positive internal audit assurance in relation to data quality and in regard to the Trust's data security and protection (DSP) toolkit submission.

Areas of further improvement focus include improved reporting for improvement including reporting 'connected' metrics to add greater insight, more trend based reporting and use of trajectories to model impact of actions and provide a forward look capability to reports.

The Trust recognises that its quality governance data is held in disparate systems and is difficult to curate into a single meaningful report. The implementation and rollout of RADAR is expected to support the required improvements which in turn should support improved oversight of quality

governance at all levels in the Trust. To help support this, the Trust should be clear what is required in terms of its quality reporting architecture and content to help shape and influence development and rollout thinking rather than wait until the system is in operation and then understand what it can deliver.

People, staff and external partners (engagement)

The Trust has recently appointed a Director of Communications who we are told has as a priority the development of a Trust engagement strategy. Once again this demonstrates good self-awareness by the Trust as this is a gap. This will support earlier comments regarding the need to increase the 'voice of' qualitative feedback from patients, staff and stakeholders at various levels within the Trust.

The Trust has recently approved its patient and carer strategy and undertakes a significant amount of patient and carer engagement activity. This is helping to shape service delivery, support improvements in processes and ensure that publicly accessible information is fit for purpose. Greater value could be derived from this investment and activity in our view by improved cross organisational understanding of the totality of resources and activities and enhanced communication of the learning.

The Trust is seen as a good system partner with those we engaged with being positive about relations with the Trust and at an individual senior leader level. In particular the close working with University Hospitals Bristol and Weston NHSFT is seen as a significant strength. One aspect of system partnering that the Trust can look to focus more on is proactively seeking feedback about itself to raise self-awareness of its impact on system partners as the Trust goes about its day to day business. Partners talked of a sense of frustration that can come from the Trust when it perceives system partners not being as agile in their decision making as perhaps the Trust is.

Learning, Continuous Improvement and Innovation

Overall the Trust is increasingly seen by staff as a Trust that supports learning and improvement. In particular the rollout of both the Healthcare Excellence in Leadership Management (HELM) programme and Patient First are recognised by staff as demonstrable evidence of support by the Trust in wanting to develop both individuals and Trust services. There is more within the Trust's suite of improvement tools which we reference in the detailed section of the report which further support the view that the Trust is embracing this domain in a really positive way.

We also noted the positive role that research is playing at the Trust and the fact that it is surpassing expectations in terms of volunteer participation but also growing turnover in income and the breadth and volume of research projects being conducted. We noted the move into commercial research and the increased risk that this brings and have raised a query as to whether the Trust Board was fully sighted on this development prior to the Trust committing to it.

Areas of focus for the Trust to consider in order to fully realise its desired potential include the current resourcing of the quality improvement team and its ability to support the rollout of the Patient First programme and wider delivery of the Trust objectives. We have also noted a need to improve cross Trust learning and the need for increased oversight and governance at Board committee level in relation to clinical audit. The final concern relates to the pace of change within the Trust and the focus on a number of strategic projects and improvements at a time of significant operational, workforce and financial challenges. As noted earlier, there is a need for the Board to ensure that they galvanise and harness the current positivity amongst its senior leaders and bring staff with them on the journey of improvement rather than alienate and distance them by being perceived as being disconnected from the day to day challenges faced by staff. We know that the Board is sighted on the operational challenges and with a Director of Communications now in post the Trust is better placed to listen, communicate and engage with staff and leaders.

Recommendations

Ref	Recommendation
1.	The Trust should consider ways in which it can improve the impact of challenge.
2.	The Trust should consider a more formal skills mapping exercise linked to its strategy, objectives and risks ensuring it has the requisite skills to deliver its strategy.
3.	The Trust should consider the development of a formal programme of Board development and wider succession planning arrangements.
4.	The Board should consider the role of the Board and its committees and how assurance flows in between them to ensure appropriate escalation of items.
5.	The Trust should consider ways in which it can improve the understanding of Patient First throughout the Trust.
6.	The Trust should ensure that where 'hotspots' occur in terms of the lived Trust values there are plans in place and evidenced focus on rectifying these.
7.	The Trust should review its strategic framework and improve the completeness and cohesiveness of its suite of strategies, its links to divisional plans and ensure appropriate oversight at all levels.
8.	The Trust should continue to socialise its organisational strategy with all stakeholders.
9.	The Trust should review the effectiveness of the FTSU process and consider ways in which to improve impact including feedback mechanisms and learning.
10.	The Trust should continue its recent heightened focus on ED&I in terms of development and delivery of a robust plan that helps 'shift the dial' on WRES and WDES survey results.
11.	The Trust should review how the Board remains connected to the mood of the organisation in terms of being a listening Board whose decision making and direction setting reflects both an ambition and current contextual challenges.
12.	The Trust should review the role and purpose of its staff networks and work to support the effective delivery of this.
13.	The Trust should review the role committees and ensure an appropriate cycle of meetings, agenda and papers that reflect delivery of the Trusts objectives and oversight of the key risks.
14.	The Trust should consider 'what good looks like' in terms of an effective meeting taking into consideration the observations in this report and develop a guide to effective meetings that can be used to improve consistency and effectiveness of meetings at all levels of the Trust.
15.	The ARC should consider how it demonstrates fulfilment of its duties in relation to its reliance on other forums to provide assurance over elements of the system of internal control.
16.	The Trust should consider ways in which it can increase engagement and participation at Senior Leadership Group meetings.
17.	The Trust should review how the Board and respective committees discharge their responsibilities in relation to risk management, including ensuring that the ARC focusses on effective systems and processes rather than the management of risks.
18.	The Trust should consider developing risk reports more tailored to the needs and responsibilities of each forum, ensuring the level of detail and analysis is appropriate.
19.	The Trust should review how risks are articulated to ensure that the risk is clearly described and does not comprise of the issue causing the risk.
20.	The Trust should consider ways of expediting reviews of out of date policies and maintain a position whereby all policies including local policies remain in date.

21.	The Trust should continue to pursue improvements in the quality of reports including the analysis and interpretation of data and be more forward looking e.g., impact of actions and increased use of trajectories.
22.	The Trust should ensure that the implementation of RADAR supports the development of an appropriate suite of quality governance metrics.
23.	The Trust should consider ways it can increase the reporting of qualitative data to provide an appropriate mix of quantitative and qualitative data to enhance decision making.
24.	The Trust should consider way in which it can create greater value from its investment in patient engagement activities.
25.	The Trust should consider how it can better demonstrate fulfilment of its anchor institute objective.
26.	The Trust should consider, as part of its engagement strategy, how it develops insight into its impact on external stakeholders.
27.	The Trust should review its approach to learning from incidents in order to gain greater from the learning including improvements in cross Trust learning opportunities and greater evidenced impact from learning.
28.	The Trust should review its substantive QI resource level to assure itself that it is adequate to support the required increase in pace and momentum for the rollout of Patient First.
29.	The Trust should review its approach to divisional quality governance with a view to increasing the effectiveness of oversight, learning and responding to concerns.
30.	The Trust should review its oversight of clinical audit at Board and committee level with a view to improving its profile and value add in terms of quality governance assurance.
31.	The Trust should ensure that all bank staff that are utilised by the Trust are appropriately trained in terms of mandatory and statutory requirements.