Trust Board Meeting in Public

Thursday 25 May 2023
10.00-13.00
Virtual/ L&R Room 4 & 5

A G E N D A

No.	Item	Purpose	Lead	Paper	Time
OPENING BUSINESS					
1.	Welcome and Apologies for Absence	Information	Chair	Verbal	10.00
2.	Declarations of Interest	Information	Chair	Enc.	-
STANDING ITEMS					
3.	Minutes from the previous meeting	Approval	Chair	Enc.	-
4.	Action Chart from Previous Meeting	Approval	Trust Secretary	Enc.	-
5.	Matters Arising from Previous Meeting	Discussion	All	Verbal	-
6.	Chair's Briefing	Information	Chair	Verbal	10.05
7.	Chief Executive's Briefing	Information	Chief Executive	Enc.	10.10
KEY DISCUSSION ITEMS					
8.	Patient Story	Discussion	Chief Nursing Officer	Enc.	10.20
PEOPLE					
9.	Freedom to Speak Up Bi-Annual Report & Self-Reflection	Discussion	Trust Secretary	Enc.	10.40
10.	People Committee Upward Report	Information	NED Chair	Enc.	11.00
BREAK (5 minutes)					11.10
QUALITY					
11.	Quality Committee Upward Report	Information	NED Chair	Enc.	11.15
FINANCE, IM&T & PERFORMANCE					
12.	Integrated Performance Report	Discussion	Chief Operating Officer	Enc.	11.25
13.	Finance & Performance Committee Upward Report 13.1. Finance Report - Month 1	Information	NED Chair	Enc.	12.00
14.	Green Plan	Information	Chief Finance Officer	Enc.	12.10
GOVERNANCE & ASSURANCE					
15.	Audit & Risk Upward Report 15.1. Board Assurance Framework	Information	NED Chair	Enc.	12.25
16.	Provider License Self-Certification	Approval	Director of Corporate Governance	Enc.	12.35
CLOSING BUSINESS					
17.	Any Other Business	Information	Chair	Verbal	12.40

18.	Questions from the Public	Information	Chair	Verbal	12.45
19.	Date of Next Meeting: *Thursday 27 July 2023*				
END					**12.50**

TRUST BOARD DECLARATIONS OF INTEREST

Name	Role	Interest Declared
Ms Michele Romaine	Chair	• Nothing to declare.
Mr Kelvin Blake	Non-Executive Director	• Non-Executive Director of BRISDOC who provide GP services to North Bristol NHS Trust. • Trustee, Second Step. Provide mental health services for the Bristol North Somerset and South Gloucestershire area. • Trustee, West of England Centre for Integrated Living. Provide a range of services to disabled people living in the Bristol, North Somerset and South Gloucestershire area. • Director, Bristol Chamber of Commerce and Initiative. • Member of the Labour Party.
Mr Tim Gregory	Non-Executive Director	• Nothing to declare.
Mr Richard Gaunt	Non-Executive Director	• Non-Executive/Governor of City of Bristol College. • Non-Executive Director of Alliance Homes, social housing and domiciliary care provider
Ms Kelly Macfarlane	Non-Executive Director	• Sister is Centre Leader of Genesiscare Bristol – Private Oncology. • Sister works for Pioneer Medical Group, Bristol. • Managing Director, HWM Limited, a Halma Company.
Professor Sarah Purdy	Non-Executive Director	• Professor of Primary Care, 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

Name	Role	Interest Declared
		Indirect Interests (ie through association of another individual eg close family member or relative) via Graham Rich who is: - Chair, Armada Topco Limited - Director, Talking Health Ltd - Chair, EHC Holdings Topco Limited
Dr Jane Khawaja	Non-Executive Director	• Employee and Member of the Board of Trustees, University of Bristol. • Director of Gloucestershire Cricket Foundation. • Director of Bristol Future Talent Partnership. • Commissioner, Bristol Commission on Race Equality. • Member of Bristol City Funds, Investment Advisory Committee.
Mr Darren Roach	Non-Executive Director	• His wife works as a nurse at the University Hospitals Bristol and Weston NHS Foundation Trust
Ms Maria Kane	Chief Executive	• 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	• Nothing to declare.
Mr Tim Whittlestone	Chief Medical Officer	• Director of Bristol Urology Associates Ltd. • Undertakes occasional private practice (Urology Specialty) at company office. This is undertaken outside of NBT contracted hours. • Chair of the Wales and West Acute Transport for Children Service (WATCh). • Vice Chair of the South West Genomic Medicine Service Alliance Board • Wife is an employee of the Trust.
Mr Glyn Howells	Chief Financial Officer	• Governor and Vice Chair of Newbury College (voluntary).

Name	Role	Interest Declared
Professor Steve Hams	Chief Nursing Officer	• Visiting Professor, University of Worcester • Director, Curhams Limited (dormant company) • Strategic Advisor, Liaison Group Limited • Independent Chair of Trustees, Infection Prevention Society • Strategic Advisory Board Member, Shiny Mind (Mental Health)
Mr Neil Darvill	Chief Digital Information Officer (non-voting position)	• 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)	• Nothing to declare.
Ms Judith Gray	Interim Chief People Officer (non-voting position)	• Trustee of ICP Support (a charity supporting women and families who get a temporary liver condition in pregnancy which can result in stillbirth) • A Deputy Chief Medical Officer at NBT is her husband's Consultant • Her niece-in-law works for NBT

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DRAFT Minutes of the Public Trust Board Meeting held virtually and in Learning & Research Building room 4 on Thursday 30 March 2023 at 10.00am

Present:

Michele Romaine	Trust Chair	**Maria Kane**	Chief Executive Officer
Tim Gregory	Non-Executive Director	**Glyn Howells**	Chief Finance Officer
Sarah Purdy	Non-Executive Director	**Tim Whittlestone**	Chief Medical Officer
Kelvin Blake	Non-Executive Director	**Steven Hams**	Chief Nursing Officer
Kelly Macfarlane	Non-Executive Director	**Steve Curry**	Chief Operating Officer
Richard Gaunt	Non-Executive Director	**Neil Darvill**	Chief Digital Information Officer
		Jude Gray	Interim Chief People Officer

In Attendance:

Xavier Bell	Director of Corporate Governance & Trust Secretary	**Aimee Jordan**	Senior Corporate Governance Officer & Policy Manager *(minutes)*

Presenters:

Donna Baber	Fresh Arts Programme Manager *(present for minute item TB/23/03/07)*	**Gina**	Patient Representative *(present for minute item TB/23/03/07)*
Lauren Tanner	Fresh Arts and Music Project Manager *(present for minute item TB/23/03/07)*	**Sarah Margetts**	Chief People Officer *(present for minute item TB/23/03/08 and TB/23/03/09)*

Shadowing:

Abigail Jones	PMO Manager	**Matthew Kaye**	Director of Pharmacy
Tomasz Pawlicki	Corporate Governance Officer	**Nina Stock**	Deputy Divisional Operations Director for Medicine

Observers: Observers were invited to attend the public session. Two public observers attended. Due to technical difficulties, a recording of the meeting was not able to be published on the Trust's website for this meeting.

TB/23/03/01 Welcome and Apologies for Absence **Action**

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

Apologies were noted from Jane Khawaja, Non-Executive Director.

The Trust Chair also welcomed the staff and public attendees that were shadowing the meeting.

TB/23/03/02 Declarations of Interest

No Declarations of Interests were noted 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/23/03/03 Minutes of the previous Public Trust Board Meeting

RESOLVED that the minutes of the Public Meeting held on Thursday 26 January 2023 were approved as a true and correct record.

TB/23/03/04 Action Log and Matters Arising from the Previous Meeting

Xavier Bell, Director of Corporate Governance & Trust Secretary, presented the action log noting updates to the below:

- Action 77: It was recognised that several Board members had already completed the Freedom To Speak Up e-learning module and it was agreed that the action could be closed once confirmation had been received that all members had completed the training.

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

TB/23/03/05 Chair's Business

The Trust Chair described her recent series of visits across the hospital to the following areas:

- **Ward managers:** The Trust Chair was thrilled to be invited to a session with ward managers that gave visibility to the actions that were being implemented and the challenges that they were facing on the wards. The Trust Chair noted that it was a very positive session.
- **Elgar:** The Trust Chair and Kelvin Blake, Non-Executive Director, had the opportunity to see the inspirational work of the staff and their approach to managing the cohort of patients that go to Elgar. They were also fortunate to be able to present an award to a staff member for their impact on patient care. The Trust Chair also praised the Matron (Marianne Carter) and Sister (Beth Deverson) of Elgar for all their work and noted that the ward was calm and well-managed as a result of their dedication and motivation toward the care of the patient's and staff wellbeing.

RESOLVED that the Chair's briefing was noted.

TB/23/03/06 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:

- **Performance**: Urgent and Emergency Care (UEC) activity continued to be high but despite the challenges, the Trust was meeting the 76% national target and was in the top 10 Trusts in England meeting the standard. It was noted that Cancer performance had also improved.
- **Industrial Action**: Planning had been undertaken and mitigations were in place for the junior doctors industrial action. Maria thanked all the staff involved for their help and support to continue to provide safe care to patients during this time. Maria also noted the lessons learned that will be implemented (such as early messaging to patients regarding their appointments) to mitigate the risks.
- **No Criteria to Reside (NC2R):** It was noted that the NC2R numbers remained high and as a result, the Trust bed occupancy also remained high. Maria advised that there would be a new metric in April that would measure the number of days patients were medically fit and when they leave the hospital. It was highlighted that the NC2R issue was a system issue.
- **Elective Care Centre:** The business case was progressing through to the next stages and had been positively received.
- **Workforce event**: Maria attended a workforce event at the University of the West of England (UWE) that explored the challenges and the ongoing work to improve the workforce pipeline.
- **CQC:** Maria thanked the teams involved for the ongoing work regarding the CQC engagement meetings.
- **Joint Chief Digital Information Officer:** Maria congratulated Neil Darvill on his appointment to the Joint Chief Digital Information Officer for University Hospital Bristol & Weston Trust (UHBW) and North Bristol Trust (NBT).

- Maria also highlighted that Dame Ruth May, Chief Nursing Officer for England, had visited NBT and spoke with Tara Isles, Deputy Divisional Director of Nursing in Anaesthesia, Surgery, Critical Care and Renal (ASCR), regarding her secondment to the national menopause programme. Maria noted the importance of the work and advised that Tara would bring the learning outcomes back to the organisation.

Tim Gregory questioned how the new NC2R metric would be used. Maria advised that it would be used for two areas of scrutiny; the care fund and to review the impact of the actions undertaken by the local authorities. Tim Gregory further questioned if the local authorities were signed up and Maria advised that they were aware it was happening but not aware of the resulting expectations.

RESOLVED that the Chief Executive's briefing was noted.

TB/23/03/07 Fresh Arts Patient Story

Steve Hams, Chief Nursing Officer, introduced Donna Baber, Fresh Arts Programme Manager, Gina, Patient Representative, and Lauren Tanner, Fresh Arts and Music Project Manager, to the meeting.

Donna Baber welcomed the Trust Board members to undertake a creative activity (which had been adapted from Japanese art) to screw up a blank piece of A4 paper and trace the crease lines. Donna advised that this was an example of the activities that patients undertook during the six-week Fresh Arts programme. Donna mentioned that once the six-week programme was complete there was an onward referral into the community.

Gina attended the Board meeting on behalf of Gary, a patient that had undertaken the Fresh Arts programme, and sent his apologies as he was unable to attend the meeting due to illness. Gina detailed Gary's first-hand account of the Fresh Arts Programme and spoke about the personal challenges he faced such as his health issues and negative previous experiences. Gina explained how brave Gary was to attend the programme and stated that Gary enjoyed the programme, and it had a positive benefit on his wellbeing. Gina also detailed the benefits the programme had to carers and explained that as it only focused on the creative process, there was no pressure put on patients or carers and it allowed her a break from her responsibilities.

Donna explained that the creative programme allowed patients to socialise in a safe environment and helped patients manage the challenges they faced with their conditions. Donna and Gina detailed the ongoing support that the programme provided to Gary to ensure he felt safe to attend the programme such as:

- inviting Gina to attend alongside Gary
- inviting Gary to come in prior to the programme
- taking through concerns over the phone
- making reasonable adjustments for his medical conditions
- sending information in a written form to allow Gary to process the information in his own time.

Donna questioned if Gary had concerns about taking part in the programme. Gina confirmed that he had concerns due to his previous experiences and his reasonable adjustment requirements for his hidden disabilities. Gina explained that after Gary spoke to the Fresh Arts team he was reassured and felt more confident about attending.

The Trust Chair thanked Gina and Donna for the presentation and also requested that appreciation be passed onto Gary for sharing his story.

During the ensuing discussion the following points were noted:

- Kelvin Blake, Non-Executive Director, was pleased to hear that there was no judgement and that it helped patients with their journey through the hospital. Kelvin noted that the learning opportunities could be translated into the care provided to patients. Gina agreed that there were learning opportunities that could be taken away from the programme but highlighted that Gary had received good care from the Trust.
- Sarah Purdy, Non-Executive Director, was encouraged to hear that there was an opportunity to continue similar programmes in the community and questioned how widely available they were. Donna confirmed that it was widely available and explained the process. Donna also detailed that the community offered two six-week blocks and then patients would be referred to peer-led groups.
- Tim Gregory, Non-Executive Director, commented on how calming and cathartic it would be to go through the treatment. Tim questioned how the Fresh Arts team reached out to patients and if they did anything to help staff actively identify patients for the programme. Donna advised that the Fresh Arts team worked closely with the clinical teams and offered the programme to all chronic pain and lung outpatients. Donna noted that the six-week programme would include patients with similar conditions and that the team have been able to provide three programmes per year.
- Tim Gregory questioned what the process was for inpatients to be referred to the Fresh Arts programme. Donna answered that there was a different model for inpatients to be referred and advised on the process. Donna also advised on the ongoing work from the Fresh Arts team for inpatients such as 'dance for dementia' and bringing music to patients on the ward. Lauren Tanner welcomed Board members to accompany her on ward visits to patients. The Trust Chair commented that the music was an excellent experience and thanked the team for recognising the patients as more than their physical challenges.

RESOLVED that the Board welcomed the Fresh Arts Patient Story and noted the positive benefits of the Fresh Arts Programme.

Sarah Margetts joined the meeting

TB/23/03/08 Gender Pay Gap Report

Jude Gray, Interim Chief People Officer, presented the Gender Pay Gap Report and provided the context and background, recognising that the report was a legal requirement.

Through a deep dive into the data, it was noted that the most significant gender pay gap disparity lay within the senior and clinical roles. This was a result of a higher proportion of male medical staff and men being put forward for the Clinical Excellence Awards (CEA) which increased their pay. However, it was recognised that this had decreased in comparison to previous years.

In addition, the data also indicated that there were fewer men in lower-banded roles, and it was noted that this would be considered in relation to recruitment. The actions to achieve an equitable workforce included talent management programmes to support employee progression, increase awareness of shared parental leave and flexible working and encourage more women to be put forward for the CEA.

Tim Whittlestone, Chief Medical Officer, explained the process of CEAs and detailed that a flat rate was offered to every eligible consultant to ensure they received the same payment irrespective of gender and time contract. Tim added that CEA were being reviewed to see what else could be done to eliminate gender disparity. Sarah

Purdy offered to link in with her university colleagues to help with the work and motivate more people to apply for the awards.

Kelly Macfarlane, Non-Executive Director, noted her interest in what targeted interventions were being implemented to attract more males to lower-banded roles. Jude explained the challenges regarding targeted interventions in this area but advised of the going work to develop this and the focus to support female progression.

Tim Gregory questioned if the report should be reviewed earlier in the cycle so that the Trust could react quicker to the data. Jude agreed and explained the plan to realign the timeline of the report with the WRES/WDES data to look at the workforce data as a whole and allow more time to develop and implements plans.

Maria Kane questioned if the risk had been overlayed against the turnover and retention rates. Jude answered that it had not been reviewed through that lense but that it was something that could be considered going forwards.

RESOLVED that the Board noted the key findings from the Gender Pay Gap report and agreed to the publication of the data.

TB/23/03/09 Staff Attitude Survey Results

Jude Gray presented the Staff Attitude Survey Results for 2022 and highlighted that the response rate was 51% and compared favourably to the national comparator trust average and sector average. It was noted that NBT's areas of strength were similar to last year and that the focus was on building a sustainable change linked to the Patient First approach.

Positively, it was noted that 62% of staff would recommend NBT as a place to work and that work was ongoing to review learning opportunities from other organisations. The Trust Chair commented that the top performing Trust, Yeovil District Hospital NHS Foundation Trust, was smaller and more embedded into communities and so this could be a contributing factor to their positive results.

Jude also discussed the People Promise overview, the staff engagement, the morale context and the WRES/WDES data that highlighted the difference in experience for staff with protected characteristics. Jude noted that work was ongoing to develop areas of focus for sustainable improvement (such as addressing the issue of work pressure and burnout) and advised that a paper would be brought back to a future Board meeting.

Tim Gregory raised concerns regarding the decline in the confidence in speaking up and suggested that this could be one area of focus. Sarah Margetts, Deputy Chief People Officer, recognised the concern and advised how the areas of focus would be triangulated with an action and communication plan for key issues. Tim Gregory agreed on the importance of keeping the focus on the key issues.

Following a query from Richard Gaunt, Non-Executive Director, regarding directorate disparities, Jude confirmed that a two-pronged approach would be used (divisional and Trust-wide).

Maria Kane highlighted the importance of open communication and feedback to staff. Kelly Macfarlane, Non-Executive Director, agreed and questioned how the plan would be communicated and shared with all levels of staff throughout the organisation to ensure that they feel listened to. Jude answered that it would be shared through different levels; the Trust-wide communications would be circulated to all staff through the operational update and the divisional results would be shared through the Divisional Performance Review (DPR) meetings. Jude also outlined the plan to empower staff to drive consistent change and the opportunity to utilise the Patient First approach within this area.

RESOLVED that the Board noted the Staff Attitude Survey Results for 2022 and welcomed the approach to progress the focus areas.

Sarah Margetts left the meeting

{Break}

TB/23/03/10 Quality Committee Upward Report

Sarah Purdy, Non-Executive Director, presented the Quality Committee upward report and highlighted the positive HTA inspection report and the Quality Account Priorities for 2023/24 that had been aligned with Patient First and were endorsed at the Committee for Board approval.

The Trust Chair questioned the progress of the access arrangements with St. Michaels Hospital. Glyn Howells, Chief Finance Officer, detailed the ongoing estate's work and explained that it was a high-priority project and was part of the 23/24 Capital Plan. Tim Whittlestone invited Nina Stock, Deputy Divisional Operations Director for Medicine, to comment as the lead in the project. Nina Stock advised that all the doors had swipe card access except the external door to the viewing suit. Nina provided reassurance that the mortuary could not be accessed via this route and that swipe card access was due to be installed.

RESOLVED that the Board noted the Quality Committee upward report and approved the proposed Quality Account Priorities for 2023/24

TB/23/03/11 Integrated Performance Report

Steve Curry introduced the Integrated Performance Report (IPR), and presented a summary across four key domains:

- Urgent and Emergency Care (UEC): Steve presented a series of slides which showed trends and the statistical relationship of the NC2R vs Emergency Department (ED) 4-hour performance and the NC2R vs the 12-hour Trolly Breaches. Steve Curry advised that the information would be presented to system colleagues to increase awareness on the impact of patients with NC2R on acute hospitals.
- Elective Care: The Trust was achieving its trajectories with zero 78-week wait patients and zero 104-week wait patients despite the recent industrial action challenges.
- Diagnostics: The national diagnostic targets had been achieved.
- Cancer: Cancer performance was reported as being on track and the Trust had exceeded the targets. It was noted that the next improvement area would be on faster diagnosis.

Following a query from Richard Gaunt regarding reducing the bed occupancy levels, Steve Curry advised that the planning assumptions carried risk as they included the impact of systems assumptions such as a functional Discharge to Assess (D2A) process. Maria Kane commented on the importance of working with system partners.

Following a question from Tim Gregory regarding local system partners, Steve Curry answered that reactional funding was being applied across the country as a short-term measure. Maria Kane added that winter funding would be targeted and noted the ongoing work at the system level regarding long-term programmes such as D2A and the transfer of care hub. Tim Gregory raised concerns regarding the delays with the system schemes and unfilled roles within the Sirona management team. Following further discussion it was noted that the transfer of care hub would extend the discharge liaison service to seven days per week but that recruitment requirements would be fundamental to the lead time.

Safety and Effectiveness:

Steve Hams and Tim Whittlestone highlighted the following key areas:

- Perinatal Quality Surveillance Matrix metrics were discussed and Steve advised of the plan to bring it to Quality Committee for a further deep-dive review.
- There had been continued improvement in the PROMT uptake.
- The challenges and opportunities in the maternity workforce such as the salary attraction scheme were noted.
- Two Grade 4 pressure ulcers had been reported and a patient safety investigation was underway. The learning obtained from the investigation would be reported back to Quality Committee.
- The number of COVID cases increased and C. Difficile cases remained below the trajectory position.
- The deterioration of medication incidents was noted. Work was ongoing to see what was driving the numbers and review the level of harm to patients. The outcome of the work would be reported to Quality Committee.
- The WHO checklist compliance had declined, but work was ongoing to identify improvements. Tim noted that the outcome of the work would be brought to Quality Committee at a future date but provided reassurance that the decline in compliance was not a contributing factor to the Never Events.
- Work was underway on the VTE risk assessment compliance and the position was expected to increase further following the launch of the electronic VTE risk assessment recording.

Patient Experience:
Steve Hams reported that the complaint response rate showed improvement and work was ongoing with the Patient Experience team to maintain the improvement.

Steve Hams reported that the overall number of PALS concerns received increased significantly from 106 in January to 139 in February. Positively, in February 100% of complaints were acknowledged in 3 working days and 100% of PALS concerns were acknowledged within 1 working day.

Commissioning for Quality and Innovation (CQUIN) Schemes
Steve Hams noted that the overall performance was as expected and predicted.

Research and Innovation
Tim Whittlestone highlighted the positive achievement of recruitment for the year.

The Trust Chair commented on the benefits of speaking to clinical colleagues about research into the health impact of vaping in young people.

People
Jude reported on the ongoing work to continue to reduce reliance on agency and temporary staffing and set up rapid recruitment events.

Following a comment from the Trust Chair regarding the increased agency spend, Steve Hams explained the joint work that was ongoing to work with agencies to improve suppliers and affordability and drive improvement in agency and bank workers.

Finance
Glyn Howells advised that the Trust was achieving the breakeven position at year-end and had managed to overdeliver the Capital Plan for 22/23 which had been overprogrammed with the expectation of receiving additional funding throughout the year.

RESOLVED that the Trust Board noted the IPR and approved the regulatory compliance statements.

TB/23/03/12 Finance and Performance Committee Upward Report

Tim Gregory presented the Finance and Performance Committee (F&PC) upward report and highlighted the concerns raised regarding the Cost Improvement Plans (CIP). Tim Gregory thanked the Operational and Finance team for their work to achieve the targets and the positive year-end position.

RESOLVED that the Board noted the positive F&PC upward report and CIP concerns.

TB/23/03/13 Patient & Carer Committee Upward Report

Kelvin Blake presented the Patient & Carer Committee Upward Report and highlighted the positive Learning Disability and Autism Annual Report and the good work and learning that the Trust was undertaking regarding patient experience.

RESOLVED that the Board welcomed the work that the Patient & Carer Committee had undertaken.

TB/23/03/14 Audit & Risk Upward Report

Richard Gaunt, NED, presented the Audit & Risk Committee upward report and highlighted the Internal Audit Plan for 2023/24, the positive cyber security update and the eRostering and consultant job planning internal audits. It was noted that the Committee endorsed the proposed changes to remove the "Carbon Neutral" Board Assurance Framework (BAF) risk for Trust Board approval.

The Trust Chair questioned how the outstanding issues regarding eRostering and consultant job planning would be progressed. Jude Gray advised that the governance issue would be easily actioned and recognised the challenges with the Allocate system for Medical staff. Tim Whittlestone provided assurance on the consultant job planning process and also noted the challenges regarding the Allocate system for Consultants. Richard Gaunt commented on the benefits and efficiency of digitisation but highlighted the importance of having staff involvement and buy-in into the digital systems.

Following a query from the Trust Chair regarding the timescale, Jude confirmed that the management actions would go to the Executive Management Team (EMT) in April. Xavier Bell advised that the full update would go back to May's Audit & Risk Committee meeting. Neil Darvill, Chief Digital Information Officer, added that the feedback from divisions was helpful and the self-assessment of compliance was consistent following the policy agreement. Neil also noted that work was ongoing to provide transparency of the data but that a full analysis and discussion would go to April's EMT meeting.

RESOLVED that the Board noted the Audit & Risk upward report and approved the changes to the Board Assurance Framework.

TB/23/03/15 Guardian of Safe Junior Doctor working hours

Tim Whittlestone presented the Guardian of Safe Junior Doctor working hours and highlighted the following key areas:

- Medical Support Workers: The positive benefits of the programme were recognised, and it was noted that it has enabled almost 60 doctors from Myanmar to have experience working in the Trust. It was reported NHSEI would not be extending the funding for the programme.
- Locum Nests: The app has been deployed in every clinical area and has enabled the Trust to achieve the target 85% locum fill rate.
- Physicians Associate posts: 20 Physicians Associates had been employed by the Trust and there was the ambition to double this by the end of 2025.

RESOLVED that the Board noted the Guardian of Safe Working (Junior Doctors) update paper and were satisfied that:

- **All contractual obligations were in place.**

- **The role of Trust Guardian was being fulfilled.**
- **Exception Reports were being acted upon.**
- **Gaps on Junior Rotas were being filled as a priority.**
- **That the risks to the Trust were being considered.**

TB/23/03/16 Any Other Business

Kelly Macfarlane noted her feedback from the Cyber Security information session that she attended on behalf of the Trust Chair. Kelly explained the impact of the recovery from cyber threats on patients and the supply chain. It was acknowledged that a Cyber security seminar was scheduled to follow June's Private Trust Board meeting. Neil Darvill also detailed the cyber security impact on business continuity and on the recovery pathway timescale.

The Trust Chair raised the following items on behalf of Jane Khawaja to draw the Board member's attention to the recent media cases related to racism and consider if there were cases like these within the organisation. The media cases are as follows:

- The case of Michele Cox: https://www.rcn.org.uk/news-and-events/news/220223-nw-michelle-cox-tribunal.
- The East of England Ambulance Service racism report: https://www.itv.com/news/anglia/2023-03-14/monkey-sounds-and-blackface-revealed-in-ambulance-service-racism-claims
- The Central and Northwest London Foundation Trust report: https://www.standard.co.uk/news/london/nurse-told-to-bleach-skin-after-racism-complaints-wins-25k-payout-b1064565.html.

The Trust Chair and Jude Gray provided assurance that the Trust did not have any cases of racism like the above media cases and detailed that the Trust was vigilant in speaking up and reviewing lessons learned. In addition, it was noted that the Trust always tried to question underlying themes behind behaviours.

TB/23/03/17 Questions from the public

1. Does NBT Frenchay site (retained land for NHS development/NBT facility) still have a role in the integrated care system, in improving patients flow through the integrated care system and will NBT be leading on the plans in terms of capacity and services?
   Five acres of land (of which c. 3.7 acres is developable) is retained for health and social care use at Frenchay. This is available to the Integrated Care System.
2. How will NBT improve patient flow through the system in light of delayed discharge patients still averaging between 30-40% of hospital beds?
   NBT is a member of the Integrated Care System, and is fully engaged in system programmes aimed at reducing the number of patients with no criteria to reside.
3. Does NBT envisage taking a more active role in providing more community services and supporting Sirona in looking after patients in the community on top of 'virtual ward capacity'?
   BNSSG's community services are commissioned from Sirona, and NBT works closely with Sirona both bi-laterally and through the Integrated Care System.

The Trust Chair commented that the questions would be suitable for the Integrated Care Board (ICB) public board meeting.

TB/23/03/18 Date of Next Meeting

The next Board meeting in public was scheduled to take place on Thursday 25 May 2023, 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 12:45pm

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
24/11/22	Bi-Annual Freedom to Speak-Up (FTSU) Report	TB/22/11/09	77	All Trust Board members to complete the e-learning modules by the end of December 2022	All Trust Board Members	Dec-22	No	Closed	May update: Modules completed. Action to be closed. March update: Majority of modules completed. Directors to update verbally if necessary.	19/05/2023

Report To:	Public Trust Board			
Date of Meeting:	25 May 2023			
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 *private.*				
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.			

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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: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	
	High Quality Care – *Better by design*	
	Innovate to Improve – *Unlocking a better future*	
	Sustainability – *Making best use of limited resources*	
	People – *Proud to belong*	
	Commitment to our Community - *In and for our community*	
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

There continues to be some sustained improvements against the four-hour emergency target which has averaged 80% in April, with attendances to the Emergency Department at similar levels to last year. Ambulance handovers greater than one-hour have decreased by 180 from the previous month; however, the Trust has recently seen some days of significant pressure linked to high demand.

The No Criteria to Reside (NC2R) patient numbers remain high at 37%, with the Trust's bed occupancy averaging around 96%.

Cancer performance against the 62-day and faster diagnosis targets continues its improvement trend and the 28-day Faster Diagnosis Standard CQUIN target (Commissioning for Quality and Innovation) was achieved for Quarter 4. The pace of elective recovery continues to be challenging due to the effects of industrial action by the junior doctors and nurses, as well as the number of bank holidays in May, but work continues to ensure delivery against our trajectory.

4. Industrial Action Updates and Notifications

Industrial Action by the Junior Doctors and the RCN (Royal College of Nursing) passed without any associated safety incidents being reported. The BMA (British Medical Association) have now sent out ballot papers to the consultant workforce asking if they would like to take industrial action and is due to end on 27 June. The RCN have now re-balloted their members after they voted to reject the new Agenda for Change pay award, although this was approved and accepted by the NHS Staff Council on 2 May. The RCN ballot opens on 23 May and runs until 23 June.

5. Visit by CEO of Wesport, Steve Nelson

Following on from a contact made at the City Gathering last month, I welcomed the CEO of West of England Sport Trust (Wesport) to NBT to explore further partnership working. Wesport is a sports-focused charity that looks at improving life and health through being active. The charity covers Bristol, North Somerset, South Gloucestershire, and Bath and

North East Somerset. The visit looked at ways we could look to deliver improvements by working together and further the work done already as part of the Ageing Well programme. The visit was supported by the Deputy Chief Nursing Officer.

6. International Day of the Midwife

We celebrated our maternity colleagues on International Day of the Midwife on 5 May, with patients thanking midwives involved in their care on social media. As an organisation we recognise the vital role that midwives play in supporting and caring for women throughout their pregnancies, and it was great to be able to thank colleagues for their hard work and dedication.

7. International Nursing Day

The Trust helped to celebrate International Nursing Day on 12 May. A number of celebrations took place which included cakes handed out to nurses, giant thank you cards taken to wards, clinics and theatres in recognition of the hard work and commitment shown by our nursing workforce in helping to provide a quality and safe service to patients.

8. Senior Leadership Group meeting

Building on our successful away-day in April, the Trust's Senior Leadership Group (SLG) met in May with the agenda focusing on:

- Developing our Patient First approach, and in particular our Leadership Compact, aligned to our organisational values and behaviours
- Incoming changes to the CQC inspection regime, and our organisational preparedness for any future inspections
- Our bi-annual Freedom to Speak Up Report, reaffirming our commitment as an SLG to speaking up, listening up, and following up when colleagues raise concerns in the workplace, and
- Our aspirational Allied Healthcare Professionals Development Plan

9. Healthcare Excellence in Leadership and Management Programme (HELM)

The HELM programme is now up and running with invitations sent to 150 new managers and supervisors across the Trust to join the first sessions from June. In addition to the main accredited programme, there are a series of Senior Leader speaker sessions scheduled across the year. These sessions take place every two months, where we invite business and health leaders from across the UK to lead development sessions with our Senior Leaders.

10. Engagement & Service Visits

I am continuing to spend time with as many services and teams across the hospital as I can, and I meet regularly with Clinical Consultant colleagues. This enables me to gain a better understanding of the challenges and opportunities faced in different specialties and practices across the Trust.

In the last month I visited the following areas:

- Hospital at Home Service
- Main Theatres
- Brunel wards

This month I have met with consultant colleagues from Gastroenterology, and Obstetrics and Gynaecology.

11. Summary and Recommendations

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

Report To:	Trust Board- Public			
Date of Meeting:	25th May 2023			
Report Title:	Patient Story			
Report Author:	Emily Ayling, Head of Patient Experience Paul Cresswell, Director of Quality Governance Kelly Spaven, Senior Sister Gate 10a Cathy Daffada, Associate Director for Integrated Discharge			
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 *private.*				
Purpose of the report:	**Approval**	**Discussion**	**Information**	**Assurance**
		X		
Recommendations:	For Board update and insight – a patient story from a recent complaint. The story illustrates the patient and family experience of a discharge from our Trust. It provides a helpful perspective to consider alongside considerations of balancing access to our services and the projects underway to improve discharge.			
Report History:	A version of the story was shared with the Senior Professionals Forum on 16th May.			
Next Steps:	Return to Board in 12 months with a further story to evaluate the impact of work undertaken through the discharge improvement plans and insight work.			

8

Executive Summary
Mary's story is from a recent formal complaint raised by her family about her discharge from Southmead Hospital. Mary's story is just one example of common issues we are hearing about discharge from a range of patient experience sources (complaints, friends and family test feedback, Healthwatch) but also from Care Homes, Social Care colleagues and the CQC. Mary's family were very happy with the care Mary received as an inpatient but felt let down by her discharge. Mary's family were happy with the way their complaint and concerns were handled by Kelly and her team. There is already significant work underway to improve discharge including the introduction of the NBT Transfer of Care Hub and the Quality Board Round and the Criteria Led Discharge project.

Mary's story is a helpful reminder of the ongoing challenge to balance access to services in the context of system-wide operational pressures, with how we ensure a safe and positive experience of discharge. This story was shared with the Senior Professionals Forum on 16th May and clearly resonated with the staff present. It evoked emotional responses from some of the group, reflecting the challenges staff feel about the operational pressures and decisions required to cope. It also provoked some strong reflection and useful discussion about essential communication with families around competing pressures. It also highlighted a particular issue around how we can raise awareness amongst our staff as well as patients about appointing lasting power of attorney.		
Implications for Trust Improvement Priorities: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	X
	High Quality Care – *Better by design*	X
	Innovate to Improve – *Unlocking a better future*	
	Sustainability – *Making best use of limited resources*	
	People – *Proud to belong*	
	Commitment to our Community - *In and for our community*	
Link to BAF or Trust Level Risks:	N/A	
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 on people from different groups.*	
Appendices:	Appendix 1: Mary's Story - Discharge	

NHS
North Bristol
NHS Trust

Patient Story: Discharge

8.1

May 2023

NBTCARES

NHS North Bristol NHS Trust

Jane is 86 and lives at home with her husband Tony

Jane was admitted to Southmead Hospital on 18th December 2022 with pneumonia

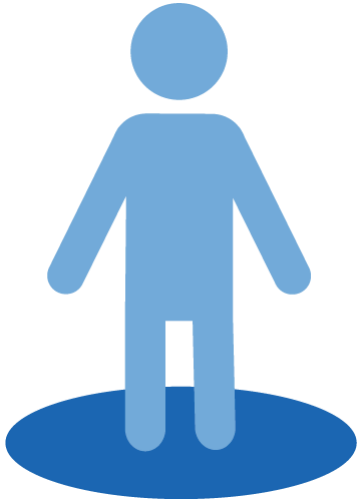
Jane was discharged on 30th January 2023 into the care of Summer Lane Nursing Home in Weston-Super-Mare

Jane's daughter Anna raised a complaint regarding Jane's discharge on 31st January 2023

Further concerns were raised on 15th February and 27th February.

A formal response was provided on 31st March

We approached Anna in April 2023 to see if her family would be willing to share their experience as a Patient Story to Board.



8.1

NBTCARES

The family's concerns

North Bristol NHS Trust

Initial Concerns (31st Jan 2023)

- No copy of the discharge summary was received by Tony, Jane's husband and principal carer.
- Upon seeing the discharge summary, distress was caused as Jane's marital status was recorded as unknown. Tony visited Jane every day for 3-4 hours.
- Despite signs by Jane's bed stating that assistance was needed to put in her hearing aids and false teeth, this was not done.
- Lack of clarity as to whether support with the exercises Jane needed to do would be from her husband, a professional physio or staff at the nursing home.
- Staff did not communicate with the family, the details of Jane's discharge to the nursing home until the day before.
- The discharge summary erroneously stated that Jane was admitted with acute confusion, new urinary retention and had been frequently falling. She had not fallen in the last 18 months and came in with pneumonia
- Lack of clarity concerning a Respect Form which was stated on Jane's discharge summary.

15th Feb 2023

- No details were given in the discharge summary regarding Jane's catheter in-situ and the need to replace the bag.

27th Feb 2023

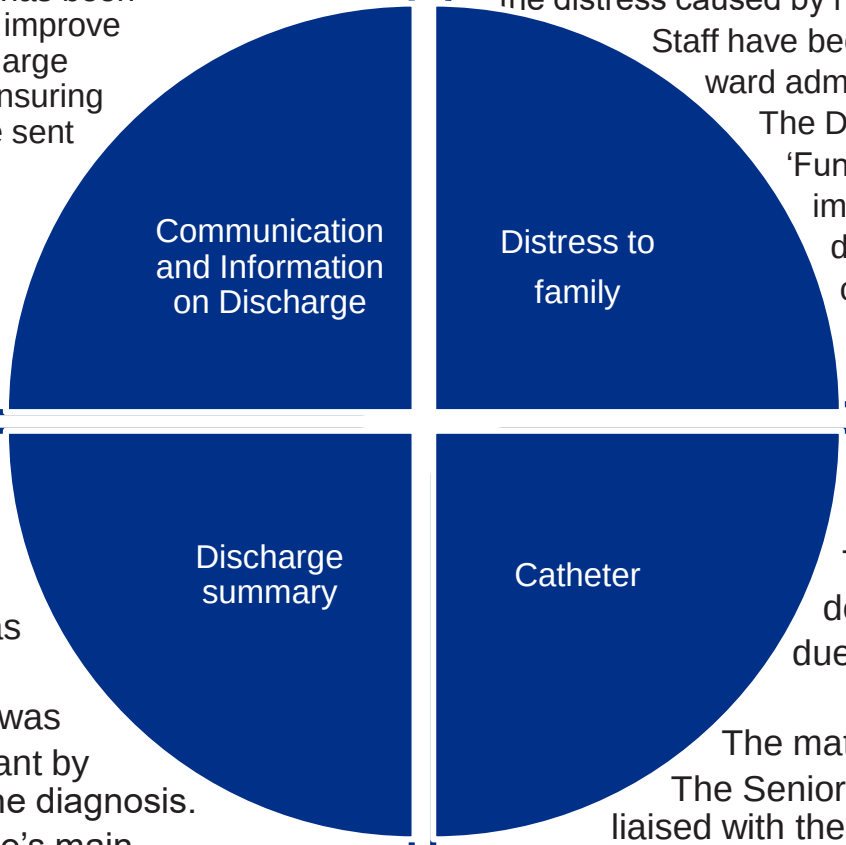
- Misinformation was given by the hospital about the duration of physiotherapy given in the community.

NBTCARES

8.1

Our response to the family's concerns

NHS North Bristol NHS Trust



A Discharge coordinator has been appointed to Gate 10a to improve the efficiency of the discharge process. This includes ensuring discharge summaries are sent and communication with the family throughout the discharge pathway

The Senior Sister for Gate 10a spoke with Tony and apologised for the distress caused by not correctly recording Jane's marital status. Staff have been reminded to complete this section of the ward admission documentation.

The Division is providing a training course called 'Fundamentals of care'. This course covers the importance of principles such as safety, dignity, independence, privacy, & communication. This will help remind staff of the importance of ensuring patients have their hearing aids, teeth, glasses etc.

Apology and an acknowledgement that the wording on the discharge summary was filled with medical terminology and that it was not clear what was meant by 'ReSPECT form' and the diagnosis. It was clarified that Jane's main diagnosis was pneumonia.

The issue regarding the catheter was dealt with as a separate PALS concern due to the urgency at the time.

The matter was resolved within 1 working day. The Senior Sister for Gate 10a contacted Anna and liaised with the GP for a repeat prescription.

NBTCARES

8.1

Some afterthoughts following receipt of the response

Jane is still at Summer Lane Nursing Home in Weston-Super-Mare waiting to be able to go home when the right care support has been found

The family are self-funding whilst social services review Jane's finances. This has been made more difficult as Tony, did not have Lasting Power of Attorney (LPA) in place before Jane became unwell. They are having to go through the Court of Protection for deputyship and there is a significant backlog.

There would be a benefit to raising awareness and advertising the importance of LPAs more widely to avoid others finding themselves in the same situation.

The hospital staff (Occupational Therapist) gave out incorrect information about care provided in the community. The family was informed physiotherapy would be funded and provided for 4 weeks and could be extended for a further 6 weeks. This was not correct.

This wasn't addressed in the complaint response.

Are staff aware of what happens upon discharge and the community services/support available?

There needs to be more joined-up working between the hospital and the community so they have a better understanding of how the whole pathway works from the patient/family perspective

8.1

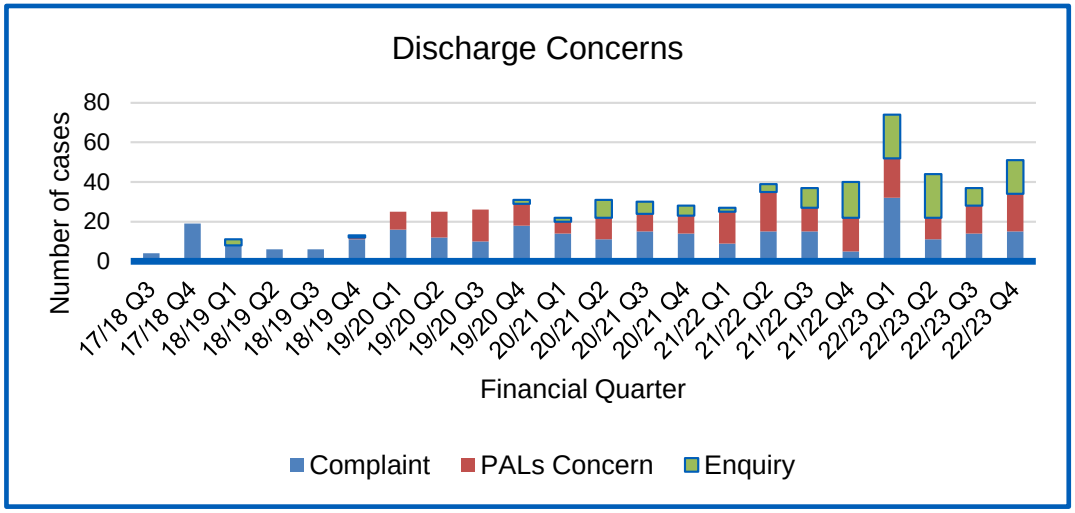
Wider NHS & NBT Context

Jane and her family's experiences illustrate a range of common issues regarding discharge that we are hearing through feedback.

We have recognised an increase in negative feedback regarding discharge from a range of sources:

- CQC feedback
- Care Homes
- Safeguarding
- Friends and Family Test Feedback
- Healthwatch

We know challenging discharge decisions are sometimes being made to balance the wider risks of access to our services and that this is a competing challenge.



8.1

Next steps

Current Discharge Improvement Plans

1. The **NBT Transfer of Care Hub** aims to support timely and appropriate discharges for all our patients and increased presence of our external partners on site.

2. **Quality Board Round and the Criteria Led Discharge project.** This will help us get the 'building blocks' that support a positive discharge in place, including early discharge conversations with patients and their families and clear Estimated Dates of Discharge (EDDs) and communicated with all.

Gaining further insight into people's experience

Working with Healthwatch to gather insight and better understand people's experience of discharge:

- Monthly stall in Southmead Hospital atrium
- Use of social media
- Broadmead Drop-In
- Proposal TBC by Healthwatch

Regulatory Risks and Responses

We have worked closely with system partners, particularly Bristol City Council and South Gloucestershire Council to review a series of potential safeguarding concerns raised under the Care Act 2014.

Theses concerns and NBT's response have been openly and proactively shared with the Care Quality Commission. It has been confirmed that no formal Organisational Safeguarding investigation is required.

The significant pressures across the system (pre and post hospital) are fully recognised and we continue to link extremely closely for individual cases. The Transfer of Care Hub is a key development for the particularly complex situations that arise.

NHS North Bristol NHS Trust

Report To:	Public Trust Board			
Date of Meeting:	25 May 2023			
Report Title:	Freedom to Speak Up Bi-Annual Report May 2023			
Report Author:	Hilary Sawyer, Lead Freedom to Speak Up Guardian			
Report Sponsor:	Xavier Bell, Director of Corporate Governance & Trust Secretary			
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 *private.*				
Purpose of the report:	**Approval**	**Discussion**	**Information**	**Assurance**
		x		
Recommendations:	Trust Board is asked to: • Review and discuss the updated FTSU data, trends and themes. • Contribute to the organisational FTSU self-reflection and planning tool and note related NHSE FTSU guidance. • Note the updated NBT FTSU policy (published 10/01/2023). • Complete the HEE/NGO FTSU e-learning modules, particularly the 'Follow-up' module for leaders • Role-model and regularly communicate the value to NBT of workers speaking up, consistent with NBT's refreshed Values and Behaviours Framework, encouraging workers to feel empowered and safe to do so.			
Report History:	This is a bi-annual report to Trust Board. The last report was in November 2022.			
Next Steps:	See body of report.			

9

Executive Summary
Effective speaking up arrangements help protect and improve patient safety and support and improve the experience of NHS workers through empowered, respected, and valued worker voice. Freedom to Speak Up Guardians proactively promote a 'business as usual' speaking up culture for continuous learning through listening, active response, and positive cultural change. **Summary position on 2022/2023 data:** The data shows an increase in concerns raised since Q1. The majority are related to workplace attitudes, behaviours and worker wellbeing. **This report:** • Outlines the most recent data and high-level themes around concerns being raised • Triangulates the data with the Raising Concerns results from the 2022 national staff survey • Highlights planned high-level next steps, and suggested actions for NBT Leadership

Implications for Trust Improvement Priorities: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	x
	High Quality Care – *Better by design*	x
	Innovate to Improve – *Unlocking a better future*	
	Sustainability – *Making best use of limited resources*	
	People – *Proud to belong*	x
	Commitment to our Community - *In and for our community*	
Link to BAF or Trust Level Risks:	Freedom to Speak Up is an important mitigation for the workforce risk recorded on the Board Assurance Framework The Care Quality Commission (CQC) assesses a Trust's speaking up culture under the Well-Led domain of its inspections	
Financial implications:	The FTSU role is currently funded at 0.6 FTE on a recurrent basis and is being topped up by an additional 0.3 WTE on a non-recurrent basis (to a total of 0.9 WTE for 2023/24) using underspend within the corporate governance pay budget.	
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	Freedom to speak up relies upon a fair, inclusive, and open culture that supports all workers, including those with protected characteristics, to speak up and bring diversity of voice and experience. Demographic/equalities data of staff speaking up is challenging to collect robustly however will be a focus of improvement for 2023/24. The Trust is working to gradually improve the diversity and representation of all staff groups within the FTSU network.	
Appendices:	Appendix 1: 2022 NHS Staff Survey Raising Results scores by Directorate/Division trend Appendix 2: FTSU Self-reflection slides	

1. Purpose

1.1 The purpose of this report is to update the Board on Freedom to Speak Up (FTSU) activity at North Bristol NHS Trust (NBT) over the past 6 months and provide triangulation with the most recent staff-survey data.

2. Background

2.1 Freedom to Speak Up Guardians were introduced to NBT from November 2017. The number of volunteer Guardians has varied and is now four, with an increasing network of FTSU Champions being recruited to increase visibility, awareness, reach and diversity, and to support engagement and accessibility of FTSU. A substantive Lead Guardian role was introduced in mid-January 2021 since when awareness of speaking up and the FTSU Guardian role has increased and improved.

2.2 The Lead Guardian role brings ring-fenced time to support:

- NBT workers to be able to speak up (including awareness and response)
- a positive speaking up culture of continuous learning through listening and response
- the organisation in becoming a more open and transparent place to work, where staff speaking up is highly valued, influencing the organisation's improvement
- training for managers and leaders in 'listening up' and 'following up'
- identification of, and actions to address, any barriers to speaking up
- assessment of trends and responses to issues being raised

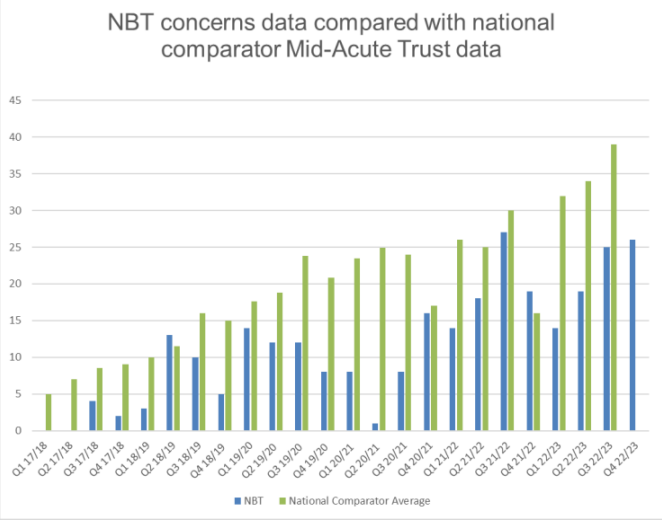
and hold the Board to account for taking appropriate action to create a positive speaking up culture across NBT.

For 2023/24 this post has been increased from 0.6 to 0.9WTE in recognition of the increased responsive and proactive work required.

3. Update of NBT FTSU case data compared to national benchmark data

3.1 Chart 1 shows the comparison with the national average for Medium Acute Trusts. National data is only available currently to Q3 2022/23.

Chart 1: Number of concerns per quarter NBT v Mid-Acute National Average since Q2 17/18

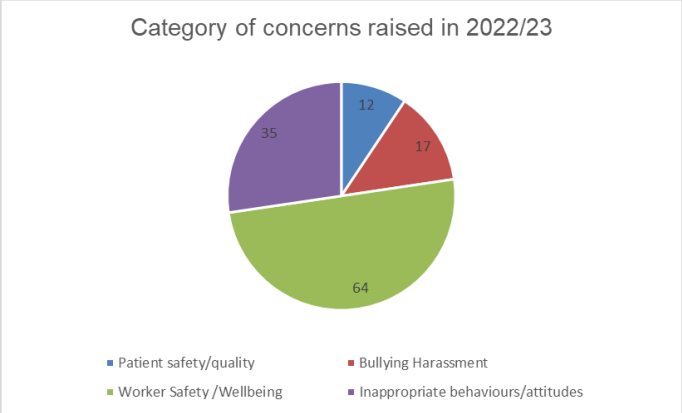


3.2 The number of concerns has consistently increased from Q2 following a dip in Q1. This appears to be due to increased awareness around the FTSU route including through October Speak Up month and increased communications.

4. A more detailed look at NBT's FTSU data for 2022/23:

4.1 Types of concern:

Chart 2: 2022/23 data by type of concern:



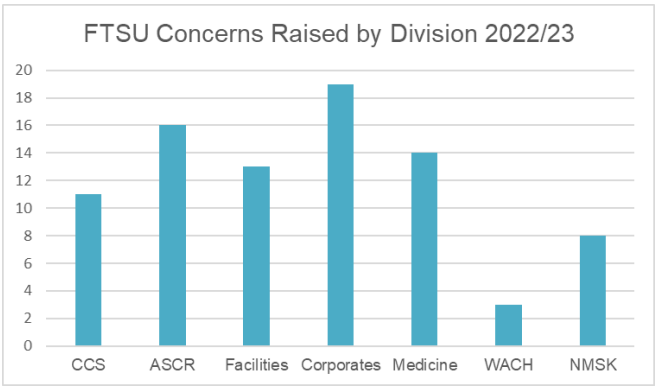
Categories of concerns are recorded according to worker perception in line with National Guardian Office guidance. Note that a case may include elements of more than one/all categories.

4.2 The majority of concerns included elements impacting on worker wellbeing including behaviours, attitudes, relationships and communication between colleagues and/or managers and management responses.

4.3 **Anonymous cases:** Four cases have been raised anonymously in 2022/23. The majority of concerns were raised confidentially. Although no disadvantageous treatment has been reported in response to speaking up, there remains a level of anxiety around speaking up openly at NBT.

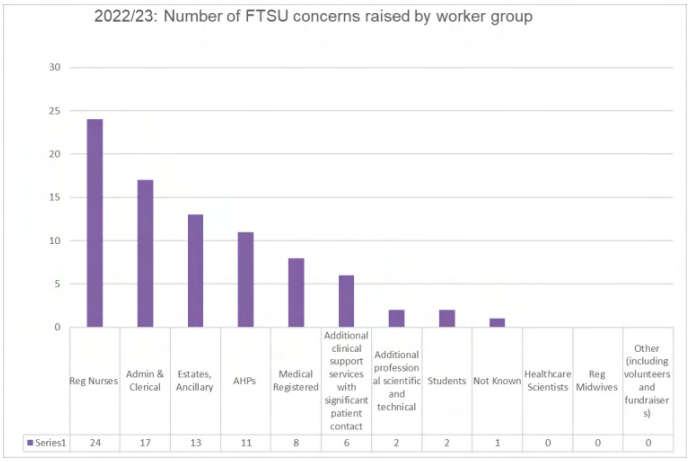
4.4 By Division/Directorate:

Chart 3: 2022/23 NBT Concerns raised by Division/Directorate:



4.5 By Worker group:

Chart 4: 2022/23 NBT Concerns by Worker Group



This and national staff survey data will be used to continue to inform awareness and visibility raising actions for all worker groups.

4.6 Themes of FTSU Concerns in the last six months:

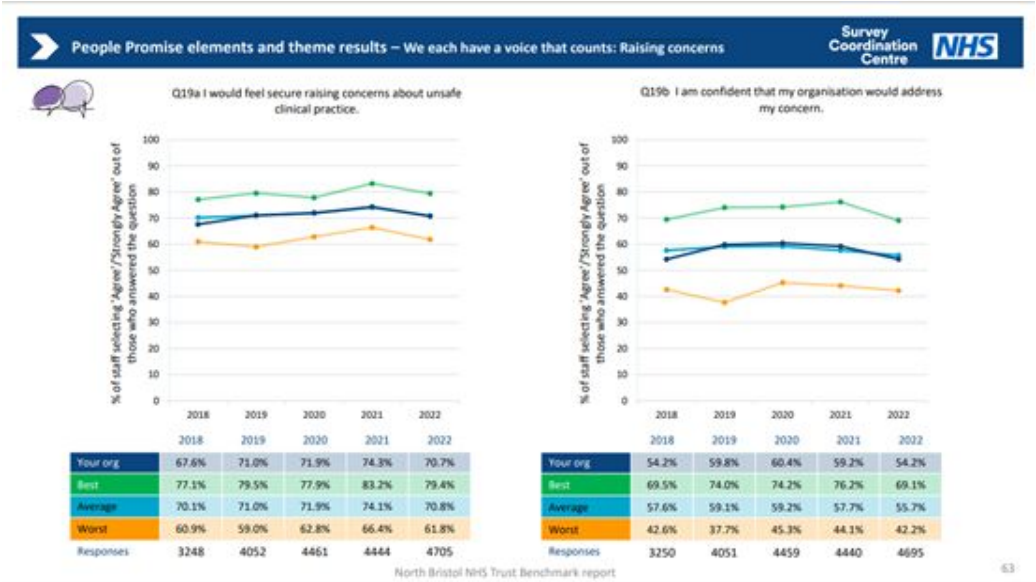
- Relationships, attitudes and behaviours between colleagues and/or with managers/ within teams including incivility, communication issues
- Issues raised with manager felt to be met with a dismissive response
- Patient Safety
- Working conditions and pressures
- Worker wellbeing including concerns specific to staff with protected characteristics and support for international colleagues
- Recruitment processes and fairness/consistency, support for progression

9

5. Triangulation against the 2022 NHS Staff Survey Results Raising Concerns sub-theme.

5.1 The staff survey showed a deterioration in the proportion of staff feeling secure to raise concerns about unsafe clinical practice, and confidence in response, at North Bristol NHS Trust:

Charts 5 and 6: Questions 19a and b: Feeling secure to raise concerns about unsafe clinical practice and the concern being addressed:



The drop in scores (of 3.6% for question 19a and 5% for question 19b) were statistically significant. Actions to respond to this decrease and a deeper dive should be considered.

There was also slight deterioration (statistically insignificant) in scores for questions 23e and 23f in feeling safe to speak up about anything of concern (as opposed to specific concerns about clinical practice) and confidence that concerns would be addressed.

Charts 7 and 8: Questions 23e and f: Feeling secure to raise concerns about anything of concern and the concern being addressed:

Note that: 1) the NBT substantive response rate was 51% and 2) these questions relate to speaking up in general in an organisation rather than specifically to the FTSU team.

5.2 Actions to be taken in response will be discussed with senior leadership. The Senior Lead for FTSU and Lead FTSU Guardian had already been in discussion with the Director and

Head of Communications regarding improving messaging around Trust response to themes of issues raised (regardless of the route raised).

5.3 The Chief Executive has included a response to the Raising Concerns results in her recent blog 'How we are responding to your Staff Survey feedback) on 19 April 2023, including the range of ways to speak up and including encouraging senior leaders to consider how compassionate leadership and psychological safety can be role-modelled.

5.4 A summary of breakdown scores for the four Raising Concerns sub-theme questions by Division/Directorate is provided in Table 1 below:

Table 1: Summary of 2022 Raising Concerns Scores (Agree/Strongly Agree) by Division/Directorate:

	Question	NBT	ASCR	CCS	Corporates	Facilities	Medicine	NMSK	WACH
Q19a	I would feel secure raising concerns about unsafe clinical practice	70.3%	74.0%	76.1%	59.4%	62.7%	70.8%	75.1%	72.7%
Q19b	I am confident that my organisation would address my concern	54.8%	55.0%	57.6%	49.8%	59.9%	52.3%	57.8%	50.0%
Q23e	I feel safe to speak up about anything that concerns me in this organisation	63.1%	62.3%	66.9%	61.1%	63.5%	61.2%	65.8%	58.8%
Q23f	If I spoke up about something that concerned me I am confident my organisation would address my concern	48.9%	47.8%	50.8%	47.1%	54.6%	44.2%	53.6%	43.5%

Key: Green, score >3% better than organisation average. **Red:** Score >3% worse than organisation average. **Amber:** Scores in between.

5.5 When reviewed alongside the "Concerns raised by division" results, leaders may want to consider the following possible correlations:

- The lower confidence within WACH that the organisation would address concerns may be linked to the comparatively low number of FTSU concerns being raised in that division.
- The lower confidence in raising concerns about unsafe clinical practice within corporate divisions and Facilities might suggest less relevance to some staff, who raise a comparatively high number of concerns overall.
- The relatively low number of concerns raised in NMSK when considered against the comparatively positive staff survey results might suggest a positive speaking up culture.

5.6 It is suggested that a more in-depth consideration of triangulation of FTSU concern and staff survey data with Divisional/Directorate leadership would be of value.

5.7 The Divisional trend in Raising Concerns scores by year is provided in Appendix 1.

5.8 The Lead FTSU Guardian will discuss consideration of this data with the Head of People, Associate Director of People and Culture, and People Partners in addition to Directorate/Divisional leadership.

6. Summary and Recommendations

6.1. The Board is asked to:

- Contribute to the updated organisational reflection and planning tool, which will be finalised in 2023, reported to People Committee by year end 2023, and subsequently reported to Board. This will inform the planned updated strategy and actions for the Freedom to Speak Up function aligned with related Trust, People and People First Strategies.

- Note that the next bi-annual report in November 2023 will be more comprehensive to ensure the content of this report further develops in line with updated NHSE guidance and related actions that will be planned from the self-review (for example to provide further assurance around escalation, response, learning and change to issues raised, assessment of, and actions to reduce, barriers to speaking up and actions planned to support the skills and training of managers to listen and respond well).

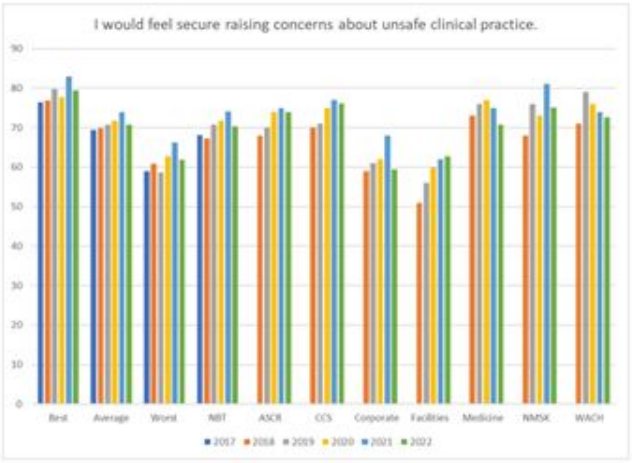
- Complete the HEE/NGO FTSU e-learning modules, particularly the 'Follow-up' module for leaders, as committed to in May 2022.

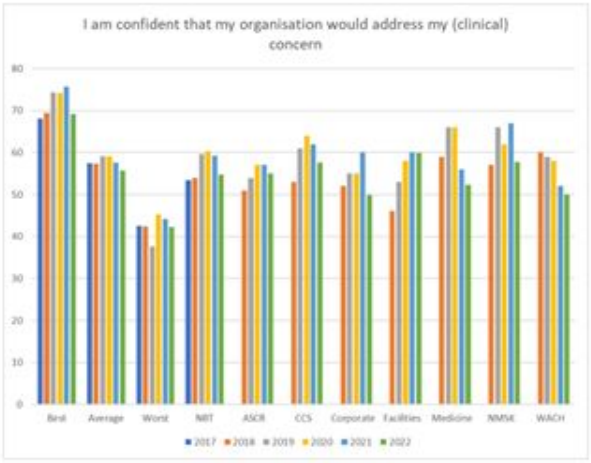
- Role-model and regularly communicate the value to NBT of workers speaking up, consistent with NBT's refreshed Values and Behaviours Framework.

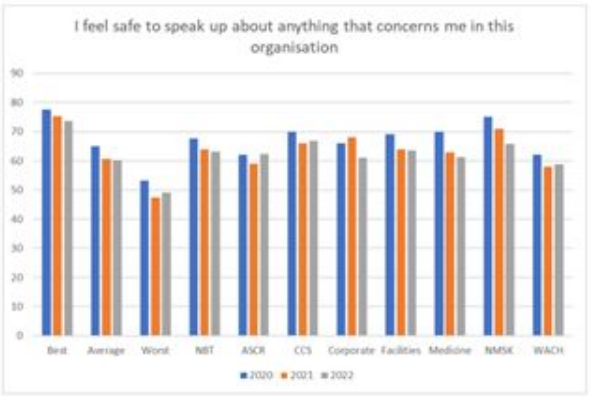
NHS North Bristol NHS Trust

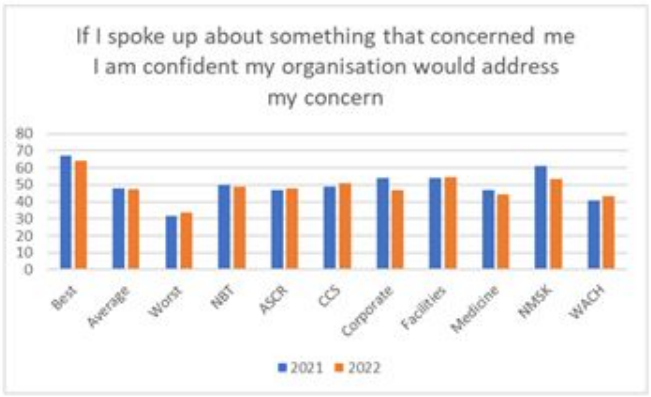
Appendix 1: 2022 NHS Staff Survey Raising Concerns Results scores by Directorate/Division

Trend in scores by year:









9

NHS North Bristol NHS Trust

Freedom to Speak Up

Trust Board, 25 May 2023

Xavier Bell, Director of Corporate Governance
Hilary Sawyer, Lead FTSU Guardian

NBTCARES

9.1

Session purpose and outcomes:

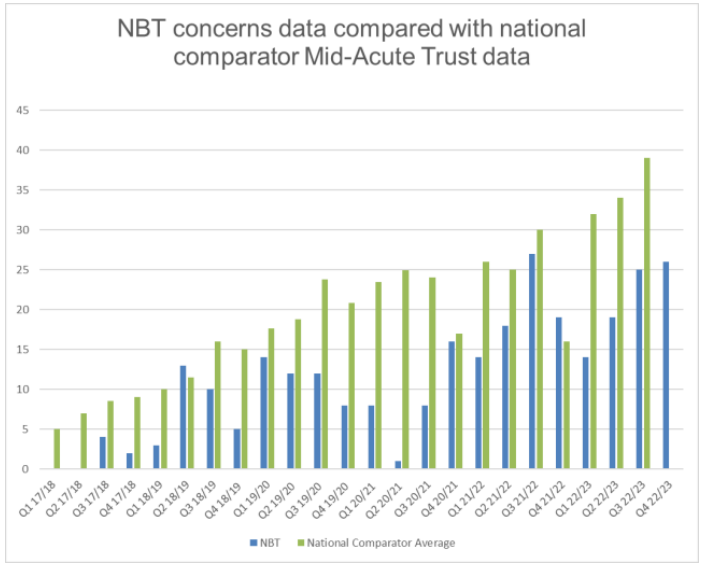
- Share current FTSU data and themes
- Opportunity to discuss our FTSU culture
- Explore our responsibilities as leaders for *listening up* and *following up*
- Contribute to the self reflection and planning tool

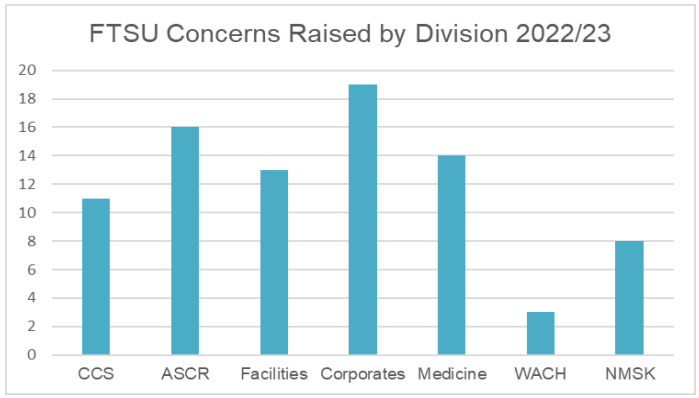
We're sincere, listen, and speak up

9.1

NBT FTSU Data & Themes

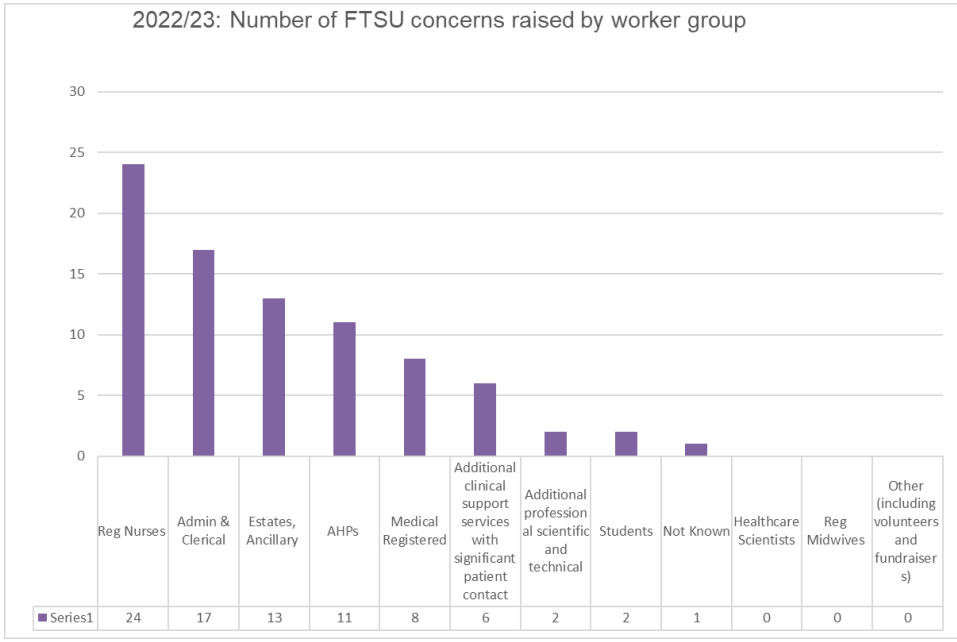
FTSU Vision: Trusted, Safe, Supported





Summary position on 2022/2023 data

- Consistent increase in the number of concerns following an initial drop in Q1.
- Increased awareness following Speak Up Month in Q3 and ongoing communications.
- Staff appear more aware of the FTSU route, new speaking up policy, and some cite the NBT values and behaviours



Key over-arching themes of concerns from the last six months:

- Relationships within teams including incivility, communications issues between managers and team
- Issues raised with manager felt to be met with dismissive approach
- Patient Safety
- Recruitment processes and fairness/consistency
- Worker wellbeing including concerns specific to staff with protected characteristics and for international colleagues
- Working conditions and pressures

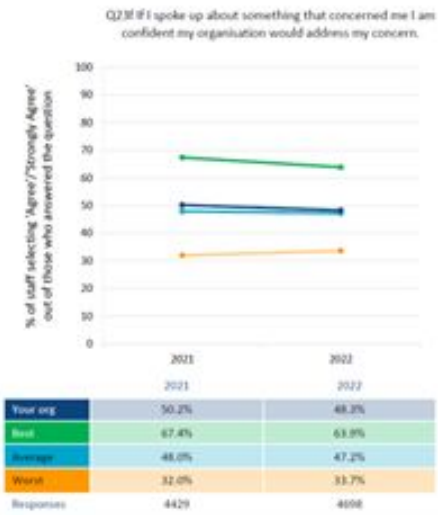
9.1

NBT 2022 Staff Survey:

General deterioration in feeling secure to raise concerns, and confidence that organization would address concern

Question	Positive Score 2021	Positive Score 2022	Comparator Average Group*
19a. I would feel secure raising concerns about unsafe clinical practice.	74.3%	70.7% -3.6%	70.08%
19b. I am confident that my organisation would address my concern.	59.2%	54.2% -5%	55.7%

[Important context – survey took place jus as ED streaming was introduced]



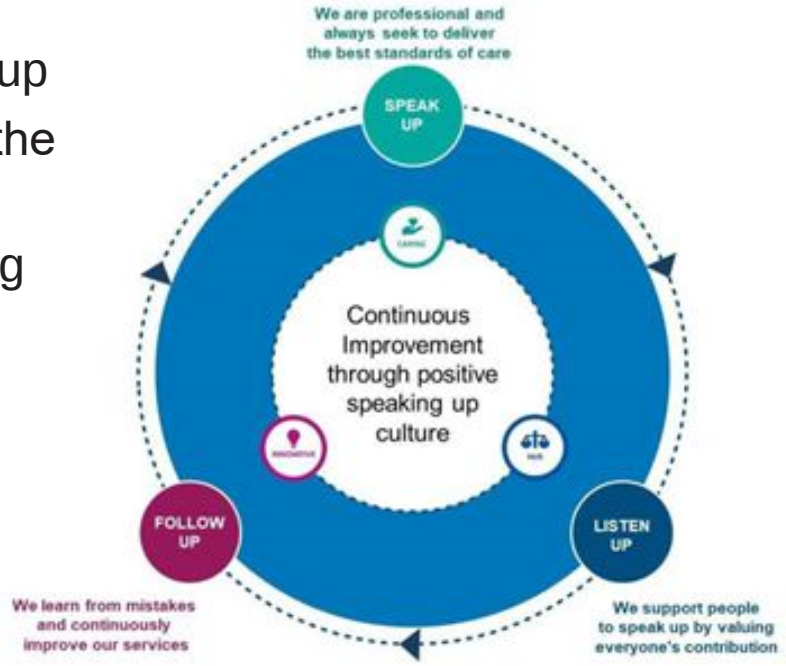
9.1

Our responsibilities as leaders:

Role modelling behaviours: the cultural tone of the organisation is set at the top

We need to:

- demonstrate that we welcome people speaking up
- show that everyone's voice matters (identifying the barriers to speaking up)
- show that we value what we are told, by thanking people and sharing updates on the actions you have taken



SPEAK UP – LISTEN UP – FOLLOW UP

FTSU e-learning Leaders Module Completion at 3 May:
26%

9.1

Organizational self reflection statements for discussion:

Statements for senior leaders	YES/NO
The whole leadership team has bought into Freedom to Speak Up	
We regularly and clearly articulate our vision for speaking up	
We can evidence how we demonstrate that we welcome speaking up	
We can evidence how we have communicated that we will not accept detriment	
We are confident that we have clear processes for identifying and addressing detriment	
We can evidence feedback from staff that shows we are role-modelling the behaviours that encourage people to speak up	
We regular discuss speaking-up matters in detail	

Is this the case as a Trust-wide leadership team and in your local division/directorate/team?

Next Steps:

- Reaffirming our commitment to **SPEAK UP – LISTEN UP – FOLLOW UP**

  How confident are you that if people speak up to you that they will have a positive experience?

  Encouraging colleagues to see speaking, listening, and following up as part of their role "business as usual"

- How will you lead by example in speaking up and challenging inappropriate behaviours, ways of working or outcomes, even when you might be the only voice?

- Communications - "you said, we did"

- Sharing themes and learning at an organizational level

NHS North Bristol NHS Trust

Report To:	Public Trust Board			
Date of Meeting:	25 May 2023			
Report Title:	People Committee Upward Report			
Report Author:	Aimee Jordan, Senior Corporate Governance Officer & Policy Manager			
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 *private.*				
Purpose of the report:	**Approval**	**Discussion**	**Information**	**Assurance**
				X
Recommendations:	That the Trust Board receive the report for assurance and note the activities People 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 Trust Board in July 2023.			

Executive Summary		
The report provides a summary of the assurances received and items discussed and debated at the People Committee meeting held on 11 May 2023.		
Implications for Trust Improvement Priorities: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	
	High Quality Care – *Better by design*	
	Innovate to Improve – *Unlocking a better future*	
	Sustainability – *Making best use of limited resources*	
	People – *Proud to belong*	✓
	Commitment to our Community - *In and for our community*	✓
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:	N/A	

10

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 Committee (QC) meeting held on 11 May 2023.

2. Background

2.1 The People 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 provide strategic direction and board assurance in relation to all workforce issues

3. Meeting on 11 May 2023

3.1 Chief People Officer Update

The Committee received an update from the Interim Chief People Officer on the launch of the Healthcare – Excellence in Leadership & Management (HELM) Programme. The aim of the programme is to ensure all those with management roles at NBT have the skills to know, run and improve their service, in order to plan, lead and motivate teams in accordance with our NBT Values and Strategy. The invites for the 'mastering management' element of the programme have been issued.

An update was also provided on the impact of the junior doctor industrial action and the various actions taken by the Trust to mitigate the risks and to support and maintain patient safety.

3.2 People Priorities Update

The Committee received an update in relation to the plans and the work currently underway toward achieving the objectives. The priorities are based on the following key areas:

- Developing a Long-Term Workforce Plan for the Trust - to ensure the Trust has the right people with the right skills at the right time and at the right cost.
- Developing a Retention Plan – Designing a Trust wide plan that delivers timely, tangible, and sustained improvement in staff retention.
- Commitment to our Community – The aim to reduce the Trusts BAME disparity ratio and increase NBT employment offers in our most deprived communities and amongst under-represented groups.

The Committee also reviewed the Project Charters which relate specifically to the people related programmes of work, corporate projects, and breakthrough objectives, aligned to the Trust's new strategy. The Committee received reassurance on the revised governance structure and noted that it would be in place from June 2023.

The Committee also discussed the "faster, fairer recruitment" and agreed to receive a detailed update at the next Committee next meeting.

The Committee welcomed the update, particularly regarding the commitment to our community and received assurance that the long term workforce plan would be agile so that it could align with the national NHS workforce plan once it is published. The Committee also discussed the challenges with resourcing and data.

3.3 Apprenticeship Centre Update

The Committee were joined by the Non-Medical Education Manager who presented the below updates on the Apprenticeship Centre:

- Since August 2022, the Trust is a registered apprenticeship training provider in and are now under the scrutiny of the Education Skills Funding Agency (ESFA), Ofsted, and Southwest Association of Training Providers (SWATPRO) Auditors regarding how the centre is run and the quality of the delivery.
- The alignment to the Apprenticeship Training Providers Accountability Framework, and the identification of risks and improvement areas.

The Committee agreed to receive a bi-yearly report on the Apprenticeship Centre for governance scrutiny to ensure compliance against the ESFA metric and to meet audit recommendations. The Committee also discussed resourcing implications.

3.4 Industrial Action Update

The Committee were joined by the Associate Director of Medical Workforce who presented an update on the planning and preparation that took place over the two industrial action periods by junior doctors. The impact of this action on the Trust from a clinical activity perspective was also discussed.

The Committee commended all staff within the organisation that help the Trust to provide safe care to patients during the challenging time.

Discussion was focused on the importance of planning and the ongoing engagement sessions to improve morale and provide support for staff feeling fatigued. The Committee also discussed the significant impact of lost income.

3.5 Safe Staffing: Nursing & Midwifery

The Committee received the Safe Staffing report, which was a regulatory requirement, to provide assurance that the Trust had appropriate oversight and processes in place to ensure safe staffing levels. The report highlighted:

- The challenges relating to recruitment and retention in the workforce and the actions in place to mitigate the risks.
- The ongoing work to support the divisions to manage the establishment and deliver the best value for patients. It was noted that the funded establishment within ASCR would be a particular area of focus.
- The impact of patient complexity and dependency on the workforce within divisions
- The BirthRate Plus Assessment and recommendations
- The process for managing safe nurse staffing daily (as set out in the Safe Staffing Standard Operating Procedure) to ensure consistency and ensures robust decision-making for all staff around the safe care of our patients.

The Committee received assurance that the Chief Nursing Officer has undertaken a formal annual review of safe staffing for all inpatient ward areas and requested the business planning be linked to the workforce plan to ensure sustainability.

The Committee also received reassurance that information was fed back to staff via the Multi-Professional Workforce Group who then sent it to the direct care teams.

3.6 Allied Healthcare Professional (AHP) Development Plan

The Committee were joined by the Chief Allied Healthcare Professional who presented the developmental plan and detailed the workforce engagement, the challenges and the key priorities. The report outlined a 5-point plan that has been

developed (incorporating the needs and aspirations of our diverse workforce combined with the need to address immediate and future workforce challenges facing AHPs) and is as follows:

1. Leadership & Culture
2. Attracting, Growing & Retaining
3. Workforce, Planning, Productivity & Digital
4. Visibility, Representation and Partnership
5. Quality, Safety & Research

The Committee welcomed the development plan and requested that an updated be brought back to a future Committee meeting.

3.7 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 noted that the risk around industrial action would be revised due to the changing situation. The Committee received assurance that Datix risk 1585 re the Bright Renal Unit floor structure had mitigating action in place and positive progress was being made.

4. Other items:

The Committee also received the following items for information:

- Reviewed the Health & Safety Annual Report
- Approved the Committee Self-Assessment Review proposal
- Sub-committee upward report(s):
  - Equality, Diversity & Inclusion (EDI) Committee: The EDI Committee Terms of Reference were approved.
  - Multi-professional Clinical Workforce Committee
  - Health & Safety Committee
- People Committee forward work-plan 2023/24

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.

Report To:	Public Trust Board			
Date of Meeting:	25 May 2023			
Report Title:	Quality Committee Upward Report			
Report Author:	Aimee Jordan, 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 *private.*				
Purpose of the report:	**Approval**	**Discussion**	**Information**	**Assurance**
				X
Recommendations:	That the Trust Board receive the report for assurance and note the activities Quality 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 Trust Board in June 2023.			

Executive Summary		
The report provides a summary of the assurances received and items discussed and debated at the Quality Committee (QC) meeting held on 9 May 2023.		
Implications for Trust Improvement Priorities: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	
	High Quality Care – *Better by design*	✓
	Innovate to Improve – *Unlocking a better future*	
	Sustainability – *Making best use of limited resources*	
	People – *Proud to belong*	
	Commitment to our Community - *In and for our community*	
Link to BAF or Trust Level Risks:	Link to BAF risks: • Patient Flow and Ambulance Handovers • Long Waits for Treatment • Covid-19 Pandemic / Infectious Diseases	
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 9 May 2023.

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 9 May 2023

3.1 Ockenden Triannual Programme Report

The Committee were joined by the Head of Midwifery who presented the Ockenden Triannual Programme Report which set out the current progress and compliance with Immediate and Essential Actions (IEAs) 1-15 from the Ockenden Report. It was noted that the ongoing work was incorporated into 'business as usual' to ensure triangulation with other areas of work across the division.

The Committee discussed the IEAs in detail and received reassurance regarding the timescale and governance. The Committee noted the ongoing issues that were being addressed and requested that the next report include assurance on patient outcomes and comparisons/learnings from other organisations.

The Committee received assurance regarding the progress of the programme and the compliance and noted that the next report would be received at September's QC meeting.

3.2 Perinatal Quality Surveillance Matrix (PQSM) Quarterly Summary Report

The Committee received a report updating on the PQSM covering the period of January 2023 to March 2023, including an overview of insights and emerging learning from identified incidents and issues.

The Committee discussed the short/medium/long-term workforce plan to mitigate the risks (including incentives and working collaboratively to explore Physician Associate roles and other support roles to release nurses and midwives) and the ongoing work into retention. The Committee recognised the pipeline challenges.

The Committee welcomed the update, and formally noted the dashboard on behalf of the Trust Board (also received in the Integrated Performance Report at the Trust Board meeting on Thursday 25 May 2023).

3.3 Perinatal Safety Champions Update

The Committee received a report on the Perinatal Safety Champions which detailed the ongoing work regarding patient safety such as:

- The structured Perinatal Safety Champion Service, which is delivered in accordance with national policy.
- The monthly meeting of the Perinatal Safety Champions.

- The actions identified as a result of the Perinatal Safety Champion visits are followed through using established governance mechanisms within the Women's and Children's Division.
- The intention to produce a six-monthly report from the Perinatal Safety Champions to QC.

The Committee recognised the positive impact of having an engaged Non-Executive Director as a Maternity Safety Champion and thanked them for all their support.

The Committee welcomed the progress, recognised the challenges and requested that the total number of concerns raised be included in the next report to QC.

3.4 Urology Deep-Dive

The Committee were joined by the Divisional Director of Nursing for ASCR who presented the Urology Deep-Dive report on the following Trust-level Datix risks:

- Risk 523 - There is a risk that patients will come to harm if they do not have their clinical follow-up in the timeframe set by the clinician due to the accumulation of follow-up appointments in the Urology service.
- Risk 1509 - There is a risk of poor patient experience and failure to deliver Trust values for personalised care due to the lack of clinical space to break bad news/cancer diagnosis to Urology patients.

The Committee received assurance on the mitigations and actions being taken to address the trust level risks. The Committee raised concerns regarding the utilisation of clinical space and were reassured that a project had been set up to undertake a Trust-wide review of outpatient space and would be led by the Delivery Director – Reset & Recovery and managed through the Outpatient Board.

3.5 Stroke Deep-Dive

The Committee were joined by the Divisional Operations Director for NMSK who presented the Stroke Service Deep-Dive report which detailed the causal factors behind the current performance of the NBT stroke service and the improvement work that was being undertaken to sustain the position. The following key areas were highlighted:

- NBT stroke's service overall Sentinel Stroke National Audit Programme (SSNAP) score has improved from C to B during the last report period (October 2022-December 2022).
- The SSNAP Action Plan is overseen and reviewed by the monthly Multi-Disciplinary Team SSNAP Group.
- Improvements were made in Occupational Therapy and Physiotherapy and Standards by Discharge
- On 17 May 2023 the BNSSG acute stroke reconfiguration is due to go live which will increase the number of acute strokes coming to NBT. It is assumed that the reconfiguration model will work as intended in the Decision-Making Business Case. However, a risk assessment of the 'go live' model is being undertaken in other forums which may demonstrate that there is a risk of a temporary deterioration in SSNAP rating should the reconfigured pathway not match what was envisaged.

The Committee welcomed the positive progress but recognised that the change in provision could negatively impact the performance. The Committee also received reassurance regarding the patient repatriation process.

3.6 Medication Errors

The Committee were joined by the Director of Pharmacy who presented the Medication Errors report which was requested following the Medicines Management IPR discussion at February's Trust Board meeting regarding the increase in insulin-related medication incidents. It was noted that medication incidents, including insulin, tended to fluctuate quarter to quarter and were closely monitored through the Medicines Governance Group.

The Committee were reassured that the incidents were being reported and discussed the patient safety aspect of the report, particularly the harm to patients as a result of the medication error. The Committee received reassurance that the harm impact on patients was minimal due to the patient safety systems in place and noted that it was picked up at the next possible opportunity. It was also recognised that the Electronic Prescribing and Medicines Administration (EPMA) system would resolve issues with medication incidents. The Committee requested further clarity on the harm scale and it was agreed that the Pharmacy team would review the harm scale that was reported to the Board.

The Committee received assurance regarding the medicine safety reporting governance and welcomed the ongoing improvement work.

3.7 Draft Quality Accounts 2023/24

The Committee received the Draft Quality Accounts for 2023/24 to review and provide feedback prior to going to June's Trust Board meeting for approval.

The Committee welcomed the alignment of the priorities with the Patient First approach and suggested the following amendments to the document:

- the document should link to the recently approved clinical strategy
- that the focus for 2023/24 be explained in a service-user-friendly language with a timeframe to ensure consistency and better understanding.

3.8 **Other items:**

The Committee also received the following items for information:

- Sub-committee upward report(s):
  - Drugs & Therapeutics Committee
- Quality Committee forward work-plan 2023/24

4. Identification of new risks & items for escalation

4.1 No specific new risks were identified.

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.

Report To:	Public Trust Board			
Date of Meeting:	25 May 2023			
Report Title:	Integrated Performance Report			
Report Author:	Lisa Whitlow, Associate Director of Performance			
Report Sponsor:	Executive Team			
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 *private.*				
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, Executive Management Team meeting, shared with Commissioners and the Quality section will be shared with the Quality 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: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	✓
	High Quality Care – *Better by design*	✓
	Innovate to Improve – *Unlocking a better future*	✓
	Sustainability – *Making best use of limited resources*	
	People – *Proud to belong*	✓
	Commitment to our Community - *In and for our community*	
Link to BAF or Trust Level Risks:	The report links to the BAF risks relating to internal flow, staff retention, staff engagement, productivity, and clinical complexity.	
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 EIA?	N/A	
Appendices:	Appendix 1: IPR Slide Deck	

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

May 2023 (presenting April 2023 data)

Contents

NHS North Bristol NHS Trust

North Bristol Trust Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																			Peer Performance	Rank
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	66.85%	55.54%	64.14%	59.32%	50.99%	60.83%	56.43%	57.47%	58.29%	55.61%	71.94%	79.69%	78.35%	80.16%		58.62%	1/10
	A&E 12 Hour Trolley Breaches	R	0	-	360	176	297	304	57	261	482	433	786	312	9	135	2		2-1058	1/10
	Ambulance Handover < 15 mins (%)		65.00%	-	28.93%	30.54%	29.50%	26.70%	25.68%	27.12%	23.70%	16.88%	14.09%	24.15%	31.94%	28.00%	38.71%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	53.02%	61.09%	55.43%	54.11%	61.52%	58.63%	48.03%	41.40%	30.37%	56.74%	73.94%	70.60%	82.39%			
	Ambulance Handover > 60 mins		0	-	538	430	527	486	364	439	672	778	1041	457	105	267	87			
	Average No. patients not meeting Criteria to Reside			-	282	300	262	249	295	262	278	276	243	254	217	239	208			
	Bed Occupancy Rate			100.00%	96.94%	98.15%	98.32%	97.98%	97.86%	98.63%	98.57%	98.76%	98.22%	97.93%	96.77%	97.21%	96.08%			
	Diagnostic 6 Week Wait Performance		1.00%	15.00%	43.61%	40.13%	41.00%	42.75%	48.09%	48.27%	39.36%	38.62%	38.56%	32.21%	22.45%	16.03%	17.44%		25.39%	4/10
	Diagnostic 13+ Week Breaches		0	1659	4664	4780	4897	4718	4844	4971	4627	4204	3663	2459	1497	939	740		126-3664	5/10
	RTT Incomplete 18 Week Performance		92.00%	-	64.23%	65.62%	64.80%	65.78%	65.82%	66.30%	66.31%	65.58%	62.05%	63.87%	63.87%	63.37%	62.67%		53.64%	2/10
	RTT 52+ Week Breaches	R	0	2796	2454	2424	2675	2914	3131	3087	3062	2980	2984	2742	2556	2576	2684		39-10495	2/10
	RTT 65+ Week Breaches			574	1046	1011	1092	1159	1230	1180	1062	1021	1105	895	742	547	591		0-2830	2/10
	RTT 78+ Week Breaches	R		-	491	473	443	439	441	394	375	319	306	223	167	69	65		0-695	2/10
	Total Waiting List	R		45446	39819	40634	42326	46900	48766	49025	48871	47418	46523	46266	46327	47287	47888			
	Cancer 2 Week Wait	R	93.00%	57.91%	57.64%	46.04%	39.40%	41.51%	40.27%	35.87%	30.86%	47.53%	56.62%	55.01%	63.52%	56.84%	-		78.25%	10/10
	Cancer 31 Day First Treatment		96.00%	96.39%	81.66%	83.70%	85.53%	91.16%	87.31%	87.70%	90.39%	86.49%	87.16%	82.41%	89.90%	91.04%	-		92.64%	8/10
	Cancer 62 Day Standard	R	85.00%	77.59%	56.33%	50.15%	48.40%	44.91%	55.75%	59.08%	52.45%	48.86%	49.00%	41.54%	57.82%	61.62%	-		61.62%	7/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	73.88%	66.87%	72.85%	70.94%	58.27%	48.78%	35.15%	42.88%	55.74%	55.48%	62.66%	77.41%	78.17%	-		72.71%	3/10
	Cancer PTL >62 Days		242	185	641	689	555	667	858	529	328	329	328	335	191	140	178			
	Cancer PTL >104 Days		0	18	133	161	134	172	147	123	63	47	23	26	41	29	25			
	Urgent operations cancelled ≥2 times		0	-	1	1	1	1	1	2	0	1	0	0	0	0	-			

RAG ratings 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.

NBTCARES

Performance Scorecard

NHS North Bristol NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	1.08%	0.26%	1.25%	0.49%	0.44%	0.93%	1.26%	0.49%	0.49%	0.48%	0.58%	0.45%	0.79%	
	Caesarean Section Rate				43.36%	42.82%	46.53%	45.12%	45.01%	42.86%	43.45%	41.74%	44.57%	44.27%	43.99%	42.03%	36.41%	
	Still Birth rate			0.40%	0.24%	0.24%	0.00%	0.22%	0.00%	0.42%	0.19%	0.22%	0.22%	0.00%	0.00%	0.21%	0.24%	
	Induction of Labour Rate			32.10%	34.09%	35.41%	39.35%	35.15%	31.57%	33.33%	28.97%	31.25%	34.62%	35.73%	38.52%	34.91%	36.89%	
	PPH 1500 ml rate			8.60%	2.26%	2.39%	4.86%	4.08%	2.65%	4.11%	3.77%	3.79%	1.81%	3.60%	3.83%	2.80%	3.16%	
	Summary Hospital-Level Mortality Indicator (SHMI)				97.6	97.5	95.72	95.65	96.22	95.97	97.2	-	-	-	-	-	-	
	Never Event Occurrence by month		0	0	0	1	1	0	0	0	0	0	2	1	1	0	0	
	Commissioned Patient Safety Incident Investigations				4	3	1	1	1	0	0	7	1	3	3	3	2	
	Healthcare Safety Investigation Branch Investigations				1	0	1	1	1	0	0	4	0	1	0	0	0	
	Total Incidents				1211	1133	1191	1336	1281	1154	1259	1246	1317	117	967	1115	986	
	Total Incidents (Rate per 1000 Bed Days)				42	37	41	46	41	38	40	41	44	4	36	37	36	
	WHO checklist completion			95.00%	99.31%	98.85%	98.19%	98.39%	98.08%	97.58%	97.53%	97.95%	97.91%	97.43%	97.30%	97.76%	98.19%	
	VTE Risk Assessment completion	R		95.00%	94.75%	94.68%	94.68%	92.23%	91.68%	91.76%	93.01%	94.08%	93.91%	94.23%	94.15%	92.97%	-	
	Pressure Injuries Grade 2				19	19	14	25	16	17	14	19	11	16	9	13	20	
	Pressure Injuries Grade 3			0	0	1	1	0	0	0	2	2	1	0	0	1	0	
	Pressure Injuries Grade 4			0	0	0	0	0	0	0	0	0	1	0	2	1	0	
	PI per 1,000 bed days				0.63	0.50	0.31	0.86	0.48	0.43	0.41	0.62	0.43	0.48	0.37	0.47	0.62	
	Falls per 1,000 bed days				7.05	5.75	5.93	6.90	7.20	7.25	6.35	6.52	7.31	6.09	6.02	5.79	6.24	
	#NoF - Fragile Hip Best Practice Pass Rate				40.00%	42.25%	46.30%	24.24%	42.55%	18.64%	14.89%	0.00%	21.88%	47.06%	57.14%	60.34%	-	
	Admitted to Orthopaedic Ward within 4 Hours				71.11%	19.72%	22.22%	9.09%	19.57%	5.17%	17.02%	13.04%	9.09%	26.47%	38.78%	48.28%	-	
	Medically Fit to Have Surgery within 36 Hours				48.89%	45.07%	48.15%	27.27%	52.17%	22.41%	21.28%	0.00%	3.64%	44.12%	59.18%	65.52%	-	
	Assessed by Orthogeriatrician within 72 Hours				91.11%	74.65%	87.04%	75.76%	89.13%	54.24%	27.66%	2.17%	7.27%	67.65%	95.92%	94.83%	-	
	Stroke - Patients Admitted				92	105	40	85	68	72	65	102	89	111	64	115	103	
	Stroke - 90% Stay on Stroke Ward			90.00%	77.14%	48.72%	59.26%	65.45%	84.62%	68.75%	55.88%	54.29%	71.88%	68.12%	82.00%	80.95%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	100.00%	60.00%	100.00%	55.56%	70.00%	64.29%	83.33%	66.67%	35.29%	57.14%	62.50%	80.00%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	23.08%	35.71%	50.00%	39.29%	70.00%	46.88%	41.67%	36.99%	36.92%	43.84%	48.08%	55.68%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	84.21%	90.91%	96.43%	96.55%	93.18%	91.67%	92.31%	83.13%	89.04%	85.06%	94.23%	92.39%	-	
	MRSA	R	0	0	0	1	1	0	0	0	0	0	0	0	0	2	0	
	E. Coli	R		4	5	1	4	3	3	2	2	5	4	9	4	2	8	
	C. Difficile	R		5	7	4	4	3	3	4	1	4	2	1	2	6	1	
	MSSA			2	1	2	2	0	1	8	3	8	2	4	2	0	1	
Quality Caring & Experience	Friends & Family Positive Responses - Maternity				94.25%	89.91%	89.00%	88.13%	89.79%	84.36%	91.79%	92.94%	95.48%	88.29%	90.06%	91.98%	94.44%	
	Friends & Family Positive Responses - Emergency Department				68.93%	77.44%	70.80%	-	75.12%	72.19%	70.56%	74.42%	76.52%	87.92%	87.59%	87.57%	86.07%	
	Friends & Family Positive Responses - Inpatients				91.04%	93.36%	91.62%	91.50%	91.30%	92.14%	92.21%	92.21%	92.67%	93.51%	94.56%	93.58%	92.85%	
	Friends & Family Positive Responses - Outpatients				94.32%	93.83%	93.90%	87.30%	90.00%	92.76%	94.07%	94.83%	95.64%	95.10%	94.57%	95.24%	95.53%	
	PALS - Count of concerns				150	129	116	168	154	151	142	143	127	106	139	156	120	
	Complaints - % Overall Response Compliance			90.00%	78.57%	78.69%	73.47%	78.18%	76.27%	76.92%	75.76%	72.31%	71.76%	80.82%	82.14%	79.63%	73.17%	
	Complaints - Overdue				10	4	5	6	1	3	7	6	12	5	3	4	3	
	Complaints - Written complaints				43	48	53	46	62	64	77	69	51	62	41	41	38	
Well Led	Agency Expenditure ('000s)				1838	1846	1205	2111	1726	1292	2616	1992	1675	2030	1809	2485	1533	
	Month End Vacancy Factor				6.64%	7.51%	8.07%	8.66%	8.57%	8.65%	8.69%	8.61%	8.93%	8.64%	8.44%	7.88%	6.21%	
	Turnover (Rolling 12 Months)	R		-	16.71%	17.28%	17.41%	17.57%	17.04%	17.22%	17.17%	17.32%	17.10%	16.99%	16.77%	16.76%	16.56%	
	Sickness Absence (Rolling 12 month)	R		-	5.17%	5.13%	5.22%	5.44%	5.48%	5.42%	5.49%	5.49%	5.56%	5.49%	5.43%	5.30%	5.19%	
	Trust Mandatory Training Compliance				82.38%	83.89%	84.98%	82.80%	83.56%	84.40%	83.49%	83.56%	83.65%	86.34%	87.23%	88.71%	80.99%	

RAG ratings 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.

Executive Summary | May 2023

NHS North Bristol NHS Trust

Urgent Care

Four-hour performance reported an improved position in April at 80.16%; NBT ranked first out of ten reporting AMTC peer providers for the fourth consecutive month.12-hour trolley breaches and ambulance handovers delays reported at 2 and 87 respectively in April, a marked improvement on the previous month. Ongoing improvement seen in the residual acute NC2R volumes has resulted in improved hospital flow. In addition, tactical deployment of the sixth floor winter bed capacity secured a recurrent benefit to hospital flow. Whilst the recent improvement in the overall position is welcome, there remains variability in overall performance. The Trust continues 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. In addition, the CEO has agreed new measures centred 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

The Trust has maintained zero capacity breaches for patients waiting >104-weeks for treatment and for 78-weeks. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostics performance in April was 17.44%, well below the 25% 2022/23 year-end target and relatively close to the current year target of 15.00%. Reporting is still outstanding for one modality as EPR system-embedding issues are resolved. Challenges remain in diagnostics; the >26-week waits for Endoscopy which had been impacted by industrial action are expected to be cleared within Q1 of 2023/24. In addition, workforce gaps within the Sonography service mean that non-obstetric ultrasound scanning is an area of challenge. It’s high volume nature may mean that there is variability in the overall diagnostic >6-week breach performance whilst sustainable plans are being developed.

Cancer Wait Time Standards

The Trust has delivered against national year-end 62-Day PTL requirements – to the extent that it has exceeded the reduction required for the year 2023/24. The Trust has made substantial and sustained improvement in the total cancer waiting list, and continues to reduce the number of patients who have waited over a 104-Day and 62-Day for a diagnosis or treatment. The Cancer improvement plan presented to Board earlier in the year demonstrated a sequence of performance improvements expected to be delivered throughout the year. This started with reducing the >62-Day PTL, then reducing the 104-Day number to a national standard, followed by reducing the total PTL (this is 2WW GP suspected cancer, upgrades and screening pathways). These measures have now been achieved. In the plan, the next key measure of focus is the FDS 28-Day standard. We are starting to see steady improvement in this measure with it increasing from 35.18% to 78.17% between September 2022 and March 2023, now achieving the 75% national standard in line with our commitments within the 2023/24 operational plan.

Executive Summary | May 2023

NHS North Bristol NHS Trust

Quality

Within the Maternity service there was a high level of acuity across incidents within the month of March. Following group and individual training, the Women's & Children's Division made significant progress with reviewing and closing incident reports during the month despite the ongoing workforce pressures that remain prevalent. Infection control trajectories have not yet been set for 2023-24 with NHS England but April does not cause any concerns in comparison to our 2022-23 trends. There were no ward closures in April due to COVID-19 and an overall improving picture with only one restricted access bay. The rates for falls, pressure injuries and medication errors remain within the existing 'normal range' within NBT's recent experience but these have seen a slightly upward trend, which we will continue to monitor closely. A range of ongoing improvement actions are in place as set out in the detailed slide for each area. The rate of VTE Risk Assessments remains below the national target of 95% compliance; with a range of short and medium term improvement actions in progress. This continues to have direct oversight from the CMO as a priority area and through the Trust-wide Thrombosis Committee.

Workforce

The Trust vacancy factor was 6.21% in April, with current vacancies at 554.35wte as recurrent establishment has not been updated in the financial ledger for month one a comparison with movement from March 23 cannot be made, however a deeper dive into our vacancy position by staff group has been initiated and will continue in 23/24. The Trust rolling 12-month staff turnover rate decreased from 16.76% in March to 16.56% in April, the Patient First one year retention project has been established to support the Trust in delivering improved retention in 23/24. The Rolling 12 month sickness absence position decreased from 5.30% in March to 5.19% in April. Temporary staffing demand decreased from March to April by 296.63wte (-28.10%); as bank use decreased at a lesser rate, 119.65wte (19.94%), unfilled shifts decreased at a larger rate 37.28% (105.79wte) than the fall in demand. A weekly bank optimisation group has been initiative with a focus on both agency reduction but also targeted support for areas where increased bank fill would add most value.

Finance

The financial plan for 2023/24 in Month 1 (April) was a deficit of £2.3m. The Trust has delivered a £3.3m deficit, which is £1.0m worse than plan. This is predominately driven by the impact of industrial action in month both on additional pay costs and on slippage in elective recovery funding (ERF) income. There is no national reporting of ERF activity until Month 3, however the Trust has made an assumption based on activity information that it has underperformed in Month 1. Once further information is available nationally on the delivery against targets this will be included in the position. The Month 1 CIP position shows £0.3m schemes fully completed. The Trust has a further £7.3m in implementation and planning creating a £16.6m shortfall against the Trust wide £24.2m target. There are a further £7.4m in pipeline. Cash at 30 April amounts to £88.1m, an in-month decrease of £15.8m. Total capital spend year to date, excluding leases, was £5m compared to an original phased plan of £2.6m.

Responsiveness

Board Sponsor: Chief Operating Officer
Steve Curry

Responsiveness - Indicative Overview (transition from 2022/23 to 2023/24)

NHS North Bristol NHS Trust

Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action (2022/23 closing position)
Urgent & Emergency Care	Pre-Emptive Transfers	Improved NC2R, providing opportunity to deploy consistently
	Level 6 Brunel Plan	Delivered - open and deployed tactically to "recycle" ongoing benefit to flow
	NC2R/D2A	Reduction in NC2R - limited assurance on ability to sustain or improve in immediate term
RTT	104 week wait	Delivered for year-end capacity trajectory to zero
	78 week wait	Delivered for year-end capacity trajectory to zero
Diagnostics	25% 6-week target	Delivered and exceeded for year-end trajectory to zero
	Zero 26-week waits	Delivered against profile (note Endoscopy trajectory to Q1 2023/24 due to industrial action)
Cancer PTL	>62-Day PTL volume	Delivered - exceeded requirement
	>62-Day PTL %	Delivered - exceeded requirement

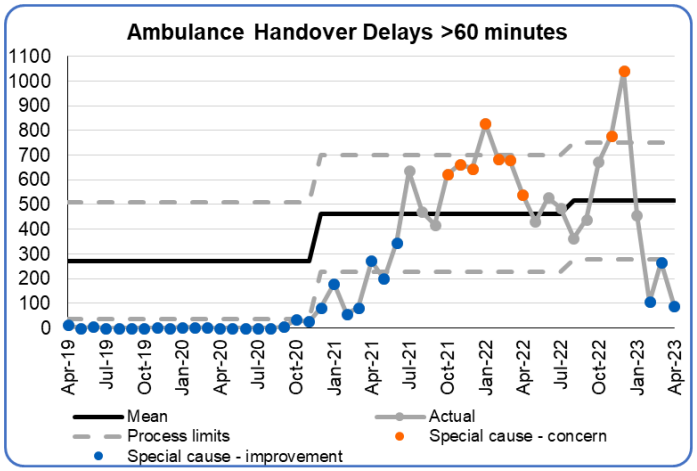
Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action (2023/24 opening position)
Urgent & Emergency Care	UEC plan	Revised plan underway – briefing to Board on 25/05/2023
	Transfer of Care Hub	Three phases, May-Dec. Phase 1 on track (System capital funding outstanding)
	NC2R/D2A	Reduction in NC2R - limited assurance on ability to sustain
RTT	65-week wait	Remains challenging. Industrial action losses and outpatient demand and capacity gap
Diagnostics	15% 6-week target	Plans broadly on track. NOUS and Endoscopy areas for monitoring
	13-week waits	Remains challenging but plans in place
	CDC	First phase (mobiles) - CDC by April 2024
Cancer PTL	28-day FDS standard	Currently compliant with six months of improvement but more work to sustain

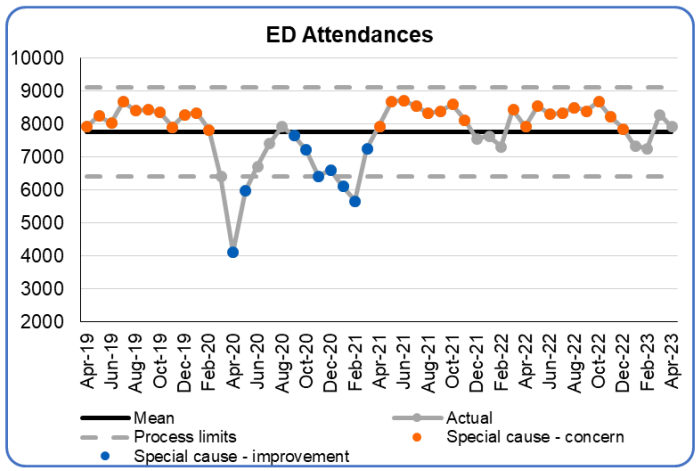
N.B. rating reflects the reported period against in-year plan – going forward only the 2023/24 overview will be shown

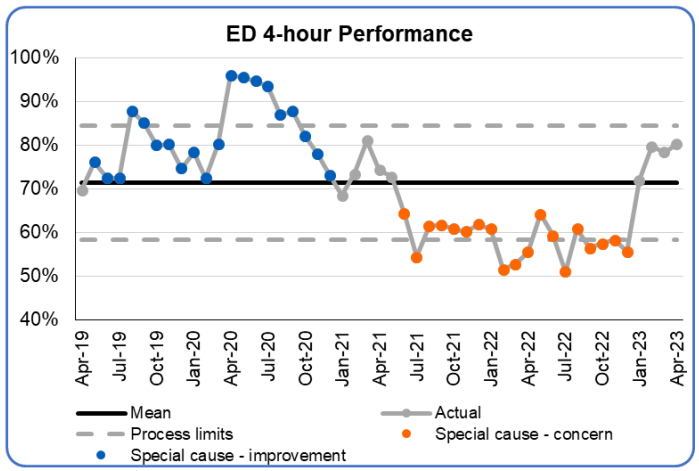
NBTCARES

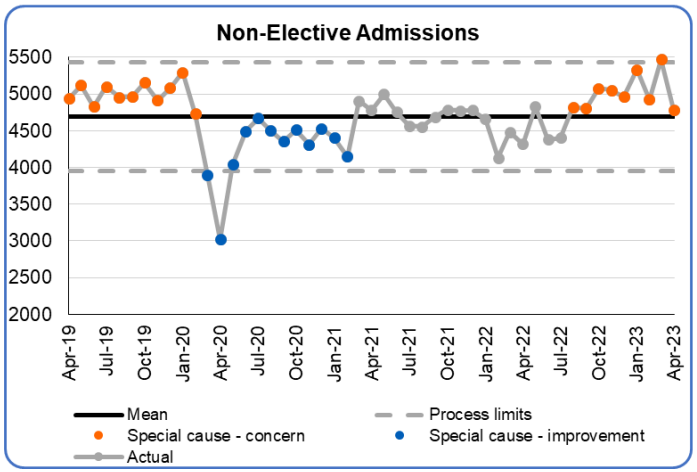
Urgent and Emergency Care

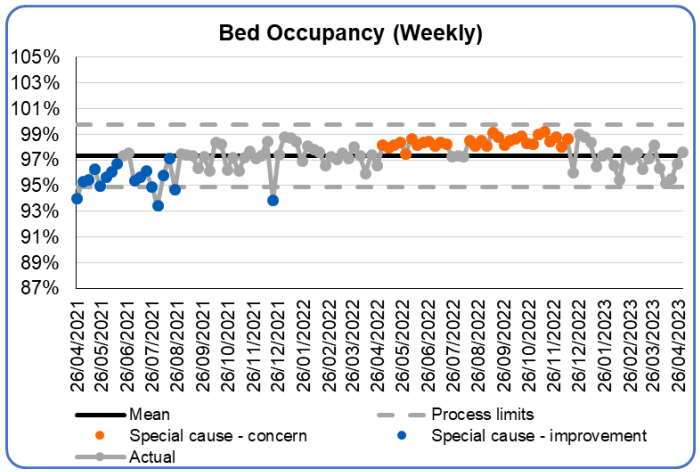
NHS North Bristol NHS Trust

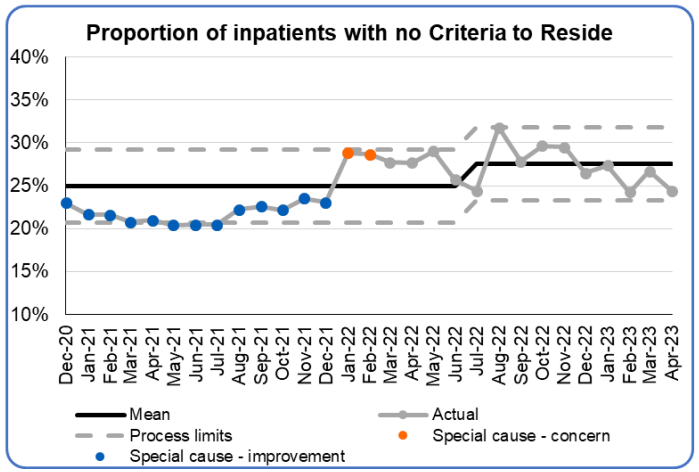












N.B there has been a change in definition for inpatients with no Criteria to Reside – please see slide in appendix.

NBTCARES

Urgent and Emergency Care

NHS North Bristol NHS Trust

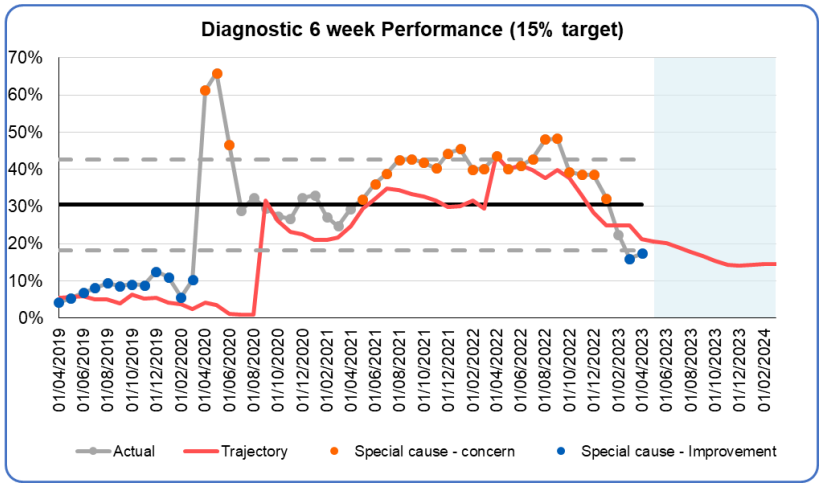
What are the main risks impacting performance?

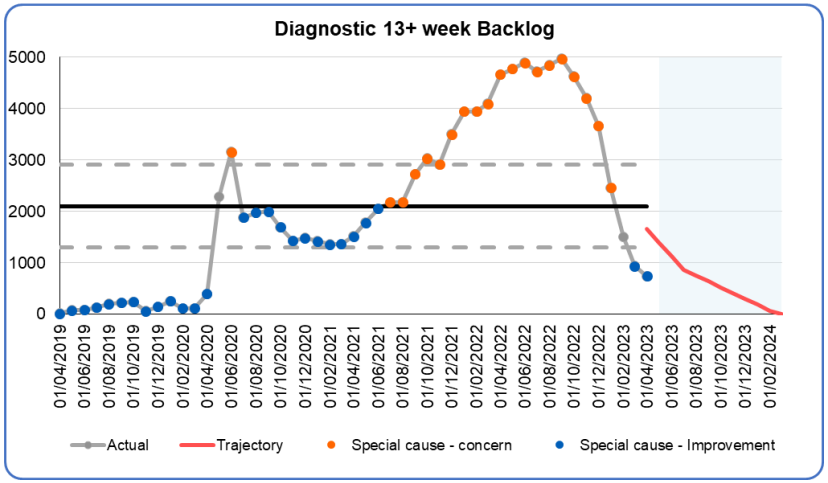
- Four-hour performance improved to reported at 80.16%, ranking first out of AMTC providers for the fourth consecutive month.
- ED attendances were similar to the same period last year.
- There was a significant decrease in 12-hour trolley breaches, reporting at 2 in April compared to 135 in March.
- Ambulance handover delays over 60 minutes decreased to 87 in April from 267 in March.
- Bed Occupancy varied between 93.40% - 99.00% in April, averaging at 96.08%.

What actions are being taken to improve?

- Ambulance handovers – the Trust continues to implement the pre-emptive ED transfer process. Use of double occupancy and boarding on wards, and emphasis on early discharge of P0 patients all enacted on all Trust wards.
- The Trust continues to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals.
- Continued 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).
- Having deployed the sixth floor as bed additionality throughout the winter period, the operational plan for the summer period will change to maintain ringfencing of surgical beds, increase the surgical bed footprint to pre-COVID levels, and to downsize the medical bed footprint to drive discharge process improvement and allow for a subsequent re-expansion as part of the coming winter plan.
- The CEO has agreed new measures centred 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.

Diagnostic Wait Times





Please note due to configuration issues following implementation of the Trust's new EPR, one test type has been omitted for April-23 reporting.

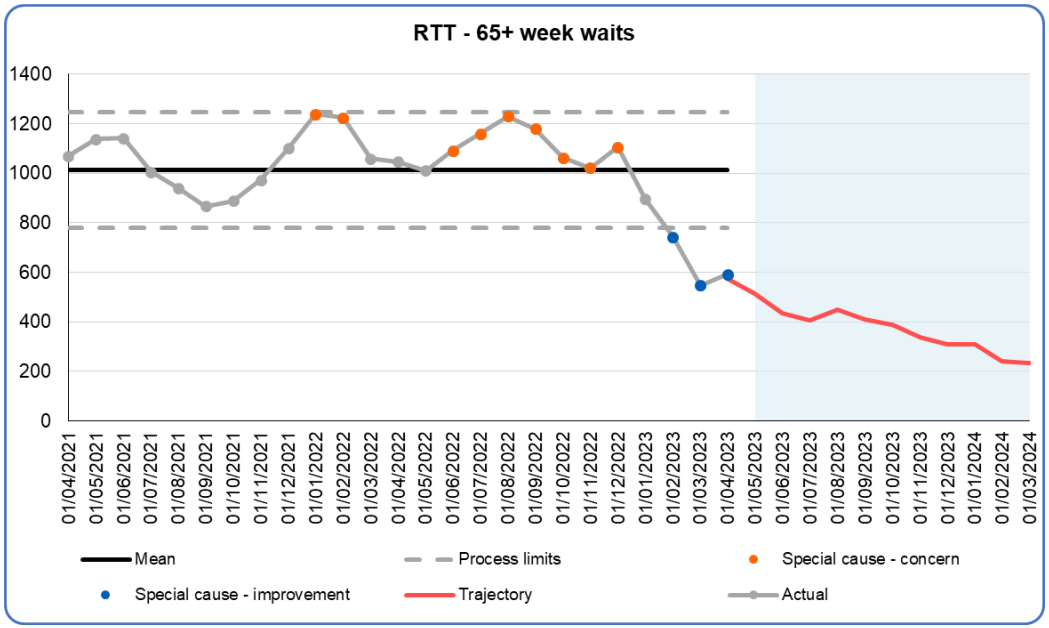
What are the main risks impacting performance?

- A number of outstanding >26-week breaches (all in Endoscopy) which was driven primarily by an increase in urgent referrals and loss of capacity due to industrial strike action. The outstanding >26-week Endoscopy patients will be cleared within Q1 of 2023/24.
- The Trust is now working towards the national target of no more than 15% patients breaching 6-weeks at year-end and zero >13-week breaches.
- New 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 and staff sickness remains the biggest risk to compliance. .

What actions are being taken to improve?

- The Trust remains committed to ongoing achievement of the national requirements.
- Endoscopy – Utilising capacity from a range of insourcing and outsourcing providers, transfers to the IS, WLIs and employment of a Locum. Work is ongoing across the system to produce a shared PTL and to provide mutual aid to equalise wait times across organisations.
- Non-Obstetric Ultrasound – The Trust continues to utilise capacity from Medicare Sonographers. In addition, substantive staff are delivering WLIs and outsourcing continues to PPG.
- 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.

Referral to Treatment (RTT)



What are the main risks impacting performance?

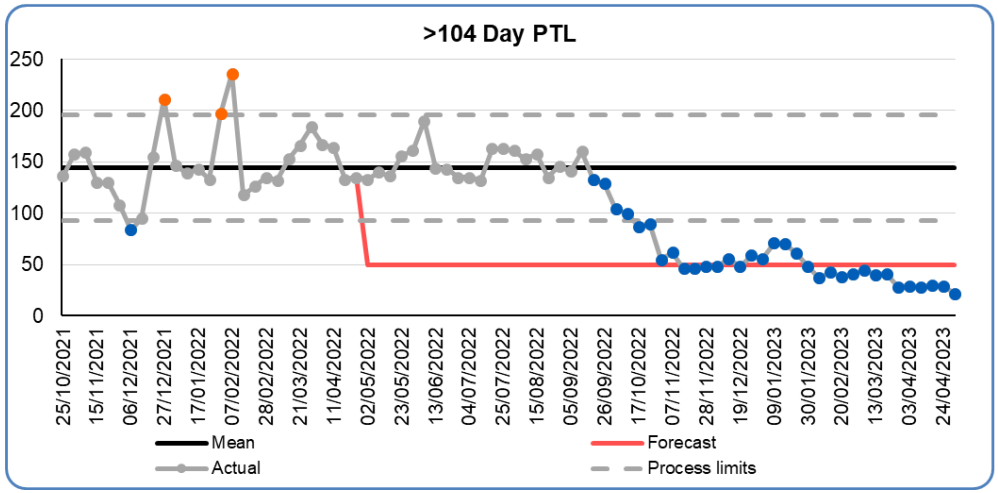
- Significant challenges to performance due to operating theatre staff absences (including COVID-19) and intense bed pressures including the rise in COVID-19 positive inpatients.
- Impact of UEC activity on elective care.
- There has been a material impact of Nurse, Junior Doctor and Rail strikes in terms of elective procedure cancellations, combined with reduced booking potential and further losses through the re-provision and displacement of activity.
- Ongoing industrial action presents a risk to achievement of compliance. Operational and clinical teams are deploying extensive remedial actions to compensate for strike related activity losses.
- Challenge in eliminating waits of over 65 weeks for elective care by March 2024 – see slide in appendix for further detail.

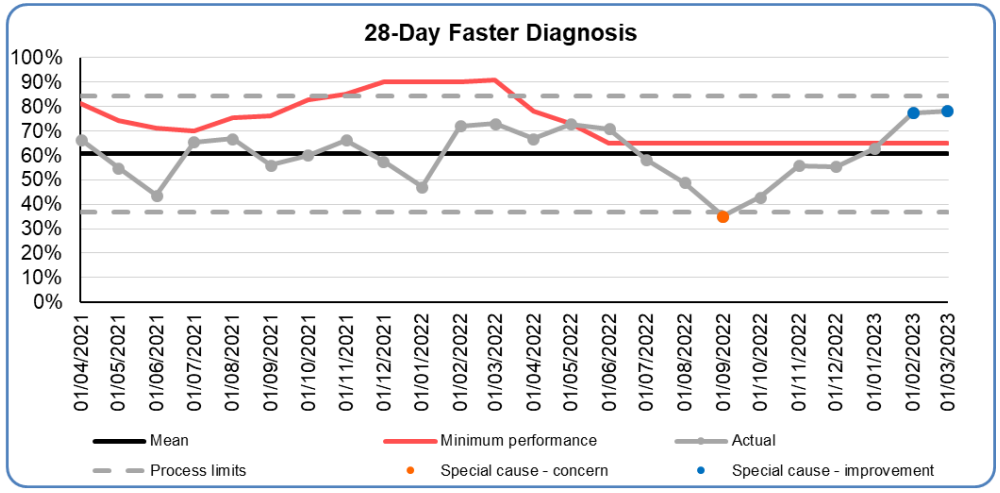
What actions are being taken to improve?

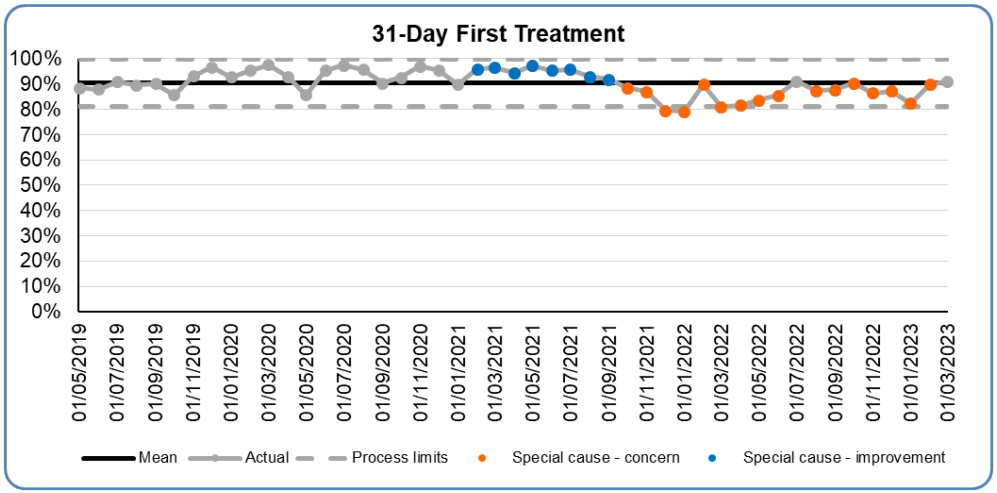
- Achievement of zero capacity related 104ww and 78ww positions.
- Work is ongoing to eliminate the year end risk volume of 65-week wait potential breaches.
- Speciality level trajectories have been developed with targeted plans to deliver required capacity in most challenged areas; including outsourcing 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.

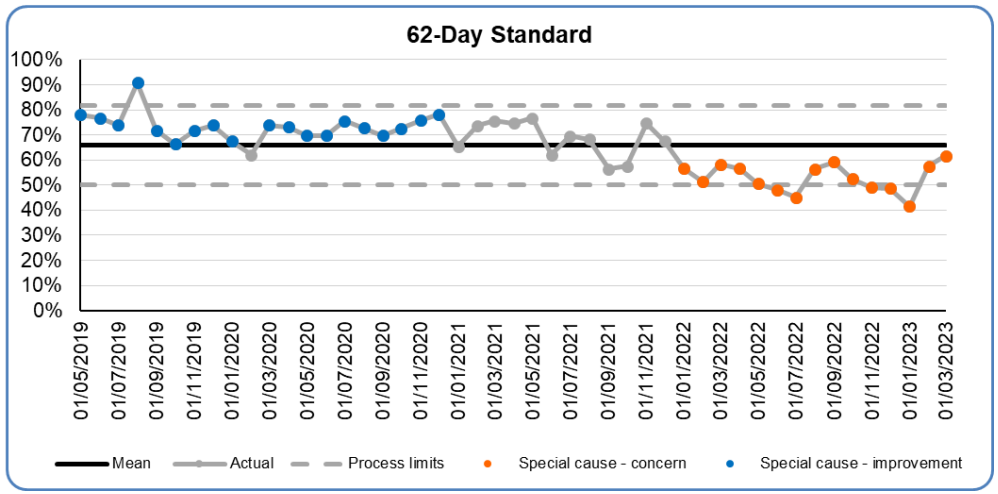
Cancer Performance

NHS North Bristol NHS Trust









NBTCARES

Cancer Performance

NHS North Bristol NHS Trust

What are the main risks impacting performance?

- Reliance on non-core capacity.
- Increase in demand for diagnostics – Endoscopy in particular.
- Industrial action and bank holidays have had an impact on the position resulting in escalation actions throughout April/ May.

What further actions are being taken to improve?

- 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.
- 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. Trajectories have been revised across all tumour sites and has been submitted to the ICB in March 2023.
- Starting to see steady improvement in 28-Day FDS with it increasing from 35% to 75%% between August 2022 and March 2023, with February and March reporting >75%.
- The 90-Day follow up visit is scheduled for 23 May 2023 with a focused session on Urology and Skin.

Safety and Effectiveness

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

Maternity - Perinatal Quality Surveillance Matrix (PQSM) Tool - March 2023 data

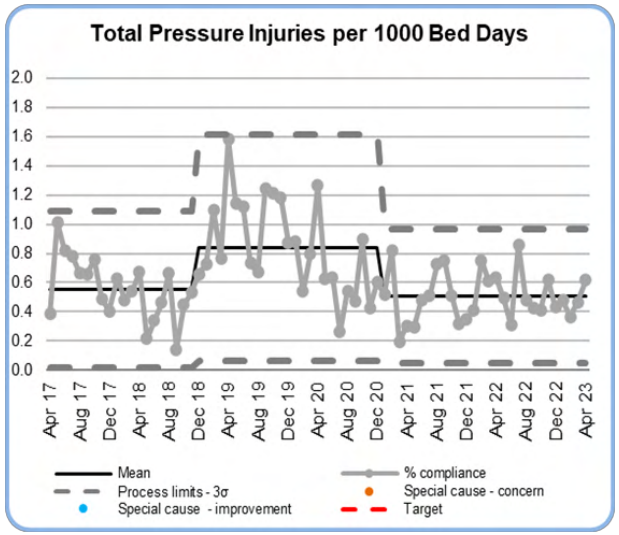
NHS North Bristol NHS Trust

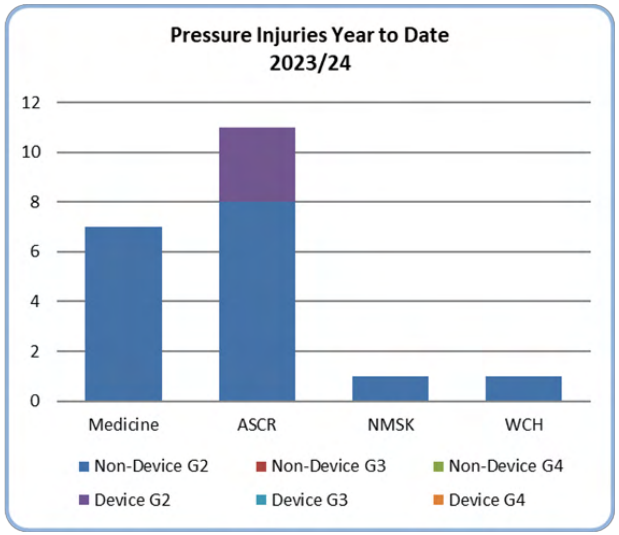
NBT - PQSM	Target	Jan-23	Feb-23	Mar-23	TREND
Activity					
Number of women who gave birth, all gestations from 22+0 gestation		N/A	N/A	465	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)		N/A	N/A	2	
Number of women who gave birth (>=24 weeks or <24 weeks live)		444	366	463	
Number of babies born (>=24 weeks or <24 weeks live)		451	375	466	
Number of baies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)		34	27	25	
No of livebirths <24 weeks gestation		1	1	2	
Induction of Labour rate %		36%	39%	35%	
Spontaneous vaginal birth rate %		46%	45%	47%	
Assisted vaginal birth rate %		10%	11%	11%	
Caesarean Birth rate (overall) %		44%	44%	42%	
Planned Caesarean birth rate %		19%	21%	21%	
Emergency Caesarean Birth rate %		25%	23%	21%	
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)		7%	6%	6%	
Perinatal Morbidity and Mortality inborn					
Total number of perinatal deaths (excluding late fetal losses)		0	0	2	
Number of late fetal loses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)		3	1	2	
Number of stillbirths (>=24 weeks excl. TOP)		0	0	1	
Number of neonatal deaths : 0-6 Days		0	0	1	
Number of neonatal deaths : 7-28 Days		0	0	0	
PMRT grading C or D cases (themes in report)			2	0	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)		0	0	0	
Maternal Morbidity and Mortality					
Number of maternal deaths (MBRRACE)		0	0	0	
Direct		0	0	0	
Indirect		0	0	0	
Number of women recieving enhanced care on CDS		17	12	14	
Number of women who received level 3 care (ITU)		0	0	1	
Insight					
Number of datix incidents graded as moderate or above (total)		1	0	5	
Datix incident moderate harm (not SI, excludes HSIB)		1	0	4	
Datix incident PSII (excludes HSIB)		0	0	1	
New HSIB referrals accepted		0	0	1	
Outlier reports (eg: HSIB/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust)		1	0	0	
Coroner Reg 28 made directly to Trust		0	0	0	
Involvement					
Service User feedback: Number of Compliments (formal)		84	101	128	
Service User feedback: Number of Complaints (formal)		12	4	4	
Friends and Family Test Score % (good/very good) NICU		Coming Soon	Coming Soon	Coming Soon	
Friends and Family Test Score % (good/very good) Maternity		96	94	97	
Staff feedback from frontline champions and walk-abouts (number of themes)		4	2	2	

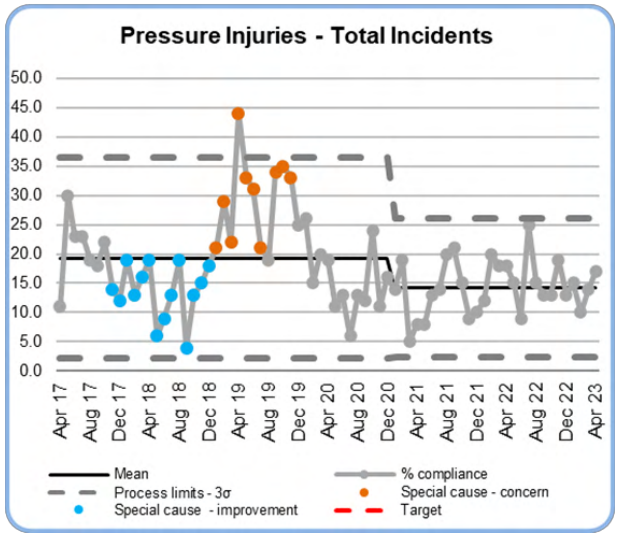
		Target	Jan-23	Feb-23	Mar-23	TREND
Workforce						
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite			83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps			1	1	1	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps			2.5	2.5	2	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)			0	0	0	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)			1	1	1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)			0	0	0	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).			13%	24%	33%	
Vacancy rate for midwives			12.6%	18.2%	18.1%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)			41%	41%	40%	
Vacancy rate for NICU nurses			25	25	27	
Datix related to workforce (service provision/staffing)			5	3	10	
Consultant led MDT ward rounds on CDS (Day to Night)			80%		70%	
Consultant led MDT ward rounds on CDS (Day)			55%	78%	83%	
One to one care in labour (as a percentage)			99%	99%	99%	
Compliance with supernumerary status for the labour ward coordinator		100%	98%	99%	97%	
Number of consultant non-attendance to 'must attend' clinical situations			0	0	0	
Improvement						
Progress in achievement of CNST /10			7	7	7	
Training compliance in annual local BNLS (NICU)			100%	100%	100%	
Training compliance in maternity emergencies and multi-professional training (PROMPT) * note: includes BNLS	*Overall*	90%	77%	70%	72%	
	Obstetric Consultants		65%	65%	75%	
	Other Obstetric Doctors		66%	54%	61%	
	Anaesthetic Consultants		82%	86%	82%	
	Other Anaesthetic Doctors		80%	68%	76%	
	Midwives		80%	78%	76%	
	Maternity Support Workers		91%	66%	64%	
Fetal Wellbeing and Surveillance	*Overall*	90%	60%	76%	64%	
	Obstetric Consultants		65%	75%	69%	
	Other Obstetric Doctors		38%	64%	46%	
	Midwives		77%	89%	78%	
Trust Level Risks			7	7	9	

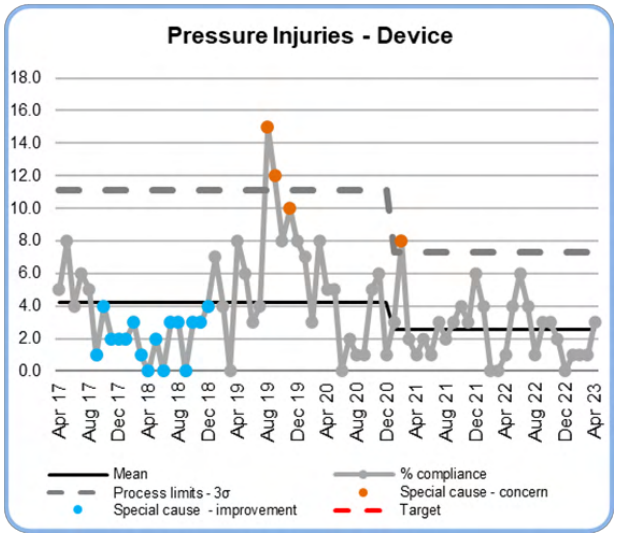
Executive Summary

- The Perinatal Quality Surveillance Matrix report provides a platform for sharing perinatal safety intelligence monthly.
- There were two cases eligible for full PMRT review. The monthly report is available in Appendix 3. It must be noted that March's PMRT meeting was cancelled due to strike action.
- The ATAIN (Avoidable Term Admission in NICU) percentage in January was 7%, 6% in February, and 6% in March. These figures are above the Nationally recognised percentage of 5% - the report explored this increase to determine any thematic causal effects. 2 safety recommendations were made for the Division.
- There was a high level of acuity across incidents within the month of March. There was 1 x new HSIB referral, 1 x new patient safety incident investigations (PSII), and 4 moderate harms across all three specialties within the Division.
- Workforce pressures across all staff groups remain.
- Following group and individual training, the Division made significant progress with reviewing and closing incident reports during March.
- There are 6 approved Trust Level Risks and 3 awaiting approval.









Pressure Injuries

What does the data tell us?

In March there were 13 x grade 2 pressure ulcers with 1 attributable to medical devices. There was 1 x Grade 4 and 1 x Grade 3 pressure ulcers reported to Elgar 1, but there were no lapses in care. There were 2 reported unstageable pressure ulcers.

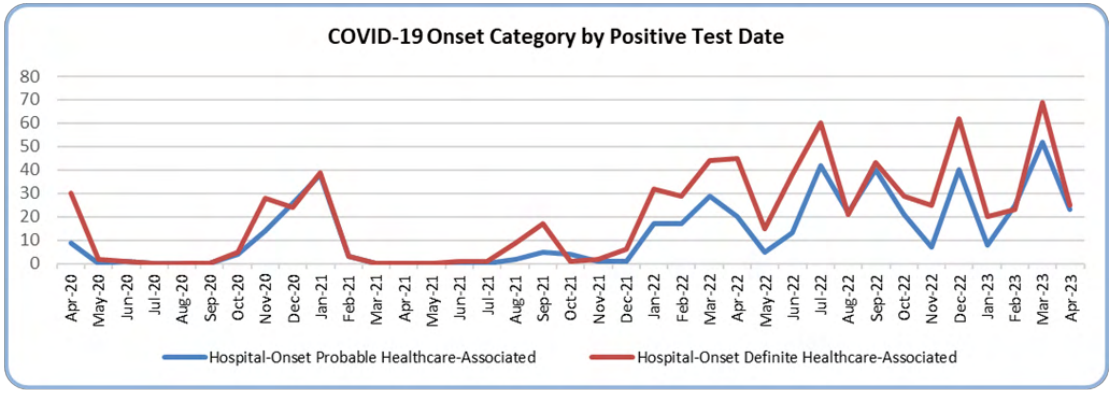
There was an increase to 26 DTI's from the previous month, with 4 attributable to medical devices.

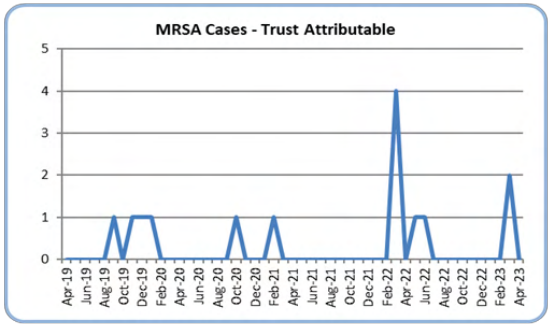
The total for 2022/2023 there were:

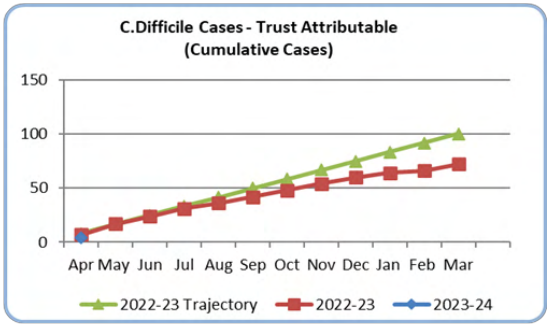
- 171 grade 2 pressure ulcers: 3% increase
- 26 grade 2 pressure ulcers by medical devices: 13% decrease Overall, a 0.5% increase from 2021/2022
- 8 grade 3 pressure injuries (an increase of 8 from 2021/22)
- 4 grade 4 pressure injuries 100% increase

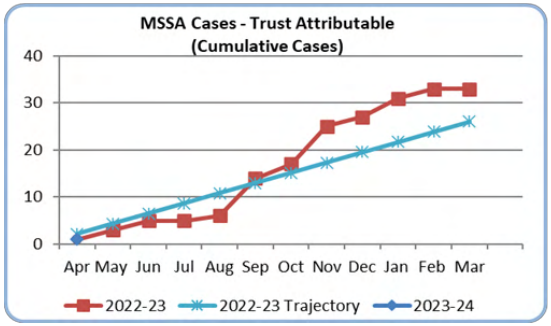
What actions are being taken to improve?

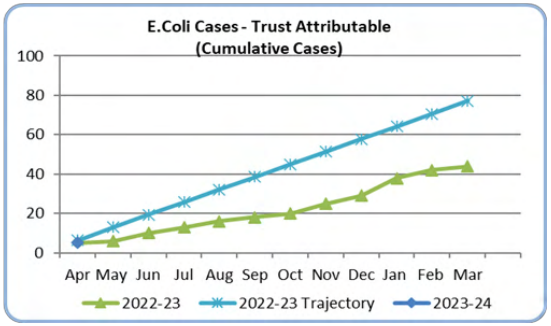
- The Tissue Viability (TV) team provide a responsive, supportive and effective pressure ulcer prevention and validation service work collaboratively within NBT and strategically in the region to reduce harm and improve patient outcomes.
- Launched the Pressure Ulcer Steering Group (PUSG) to work at a strategic level as a collaborative to drive performance and ensure accountability for the delivery of the objectives relating to the strategy to reduce PU incidents at NBT.
- NBT have purchased hybrid dynamic mattresses for the Trust following a presentation at the Quality Committee. This will mean all patients are nursed on a hybrid dynamic unless they are screened for a foam mattress or require a full dynamic mattress. The TVS are working collaboratively on a roll out of the mattresses following delivery in May.











Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)

An improving picture during April, numbers declining and one restricted access bay.

Influenza

Declining numbers in April with only two cases. We await confirmation around end of season Influenza reporting.

2023 – 24 – No trajectories confirmed.

MRSA – No new cases.

C. Difficile – April = 4 cases. NBT aim to sustain a new below trajectory position and continue to embed practice and learning.

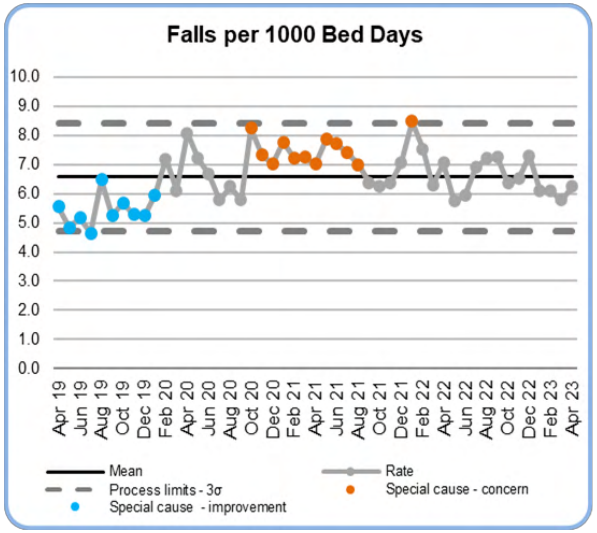
MSSA – April = 1 new case. Our focus continues on Proactive trust and divisional measures to maintain a below year trajectory and reduction on 2022/23 figures.

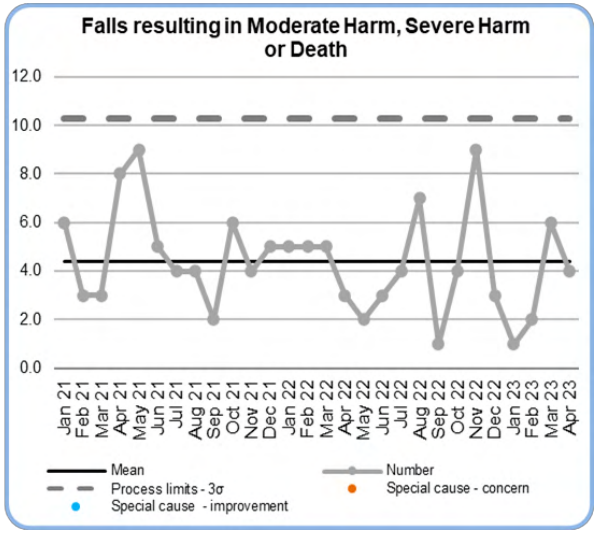
Gram –ve – To maintain a NBT year end position below trajectory in all categories.

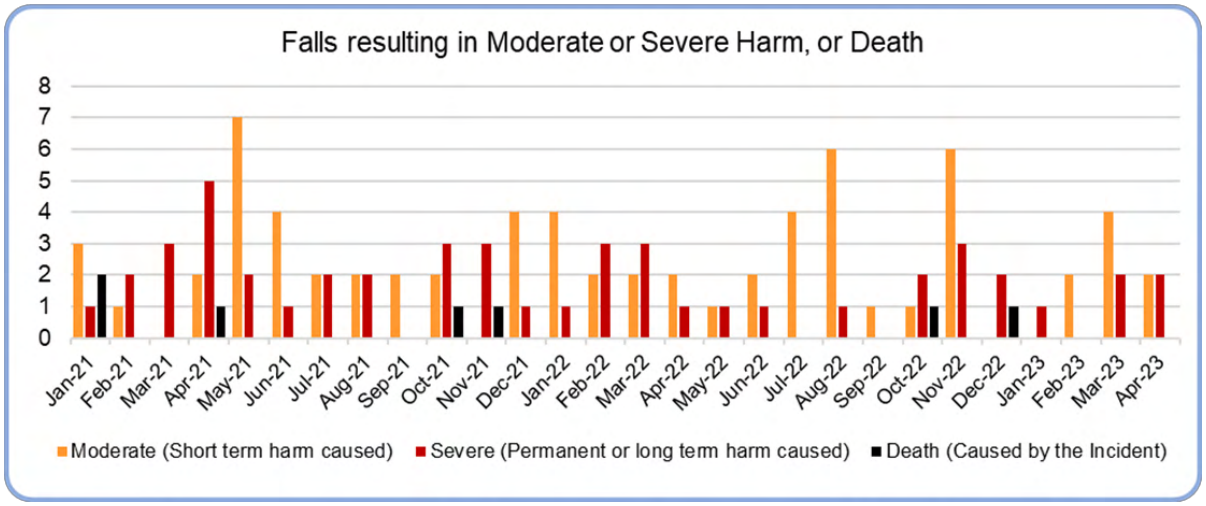
Norovirus – One community case for April.

What actions are being taken to improve?

- Supporting IPC Admission risk assessment and associated actions for new digital platforms.
- IPC education and divisional support continues for Mandatory organisms and Back to Basics.
- Divisional support and Targeted learning / teaching continues with IPC resources. Learning from Mandatory organisms above is embedded.
- Focused Link Ambassador training in different forums.







Falls

What does the data tell us?

Falls incidents per 1000 bed days

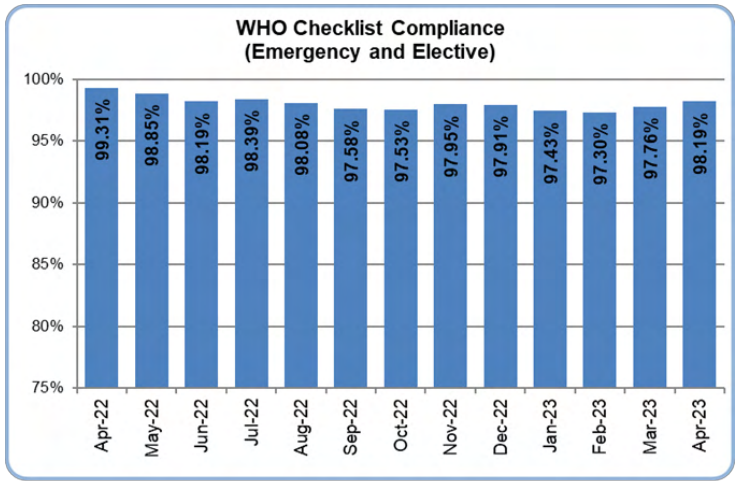
NBT reported a rate of 6.24 falls incidents per 1000 bed days in April 2023, remaining below the mean rate for NBT falls (including prior COVID-19 pandemic) which is 6.8 falls per 1000 bed days.

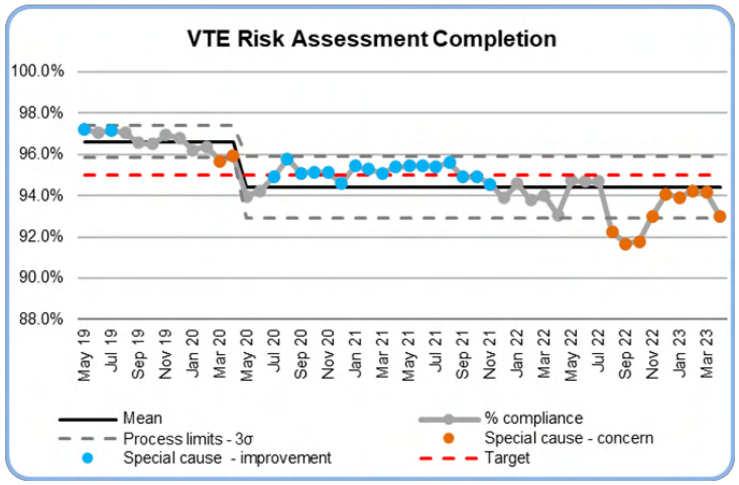
Falls harm rates

During April 2023, 2 falls were recorded and validated as causing moderate harm, whilst 2 falls were categorised as severe harm. Falls remain one of the top 3 reported patient safety incidents, therefore there is confidence that the practice of appropriately reporting falls is well embedded at NBT.

What actions are being taken to improve?

Inpatient falls is a patient safety priority under the patient safety incident response plan (PSIRP). The phase two implementation of PSIRP was launched in December 2022, a key focus of which is on strengthening the patient safety function to support the clinical divisions with the Trust's patient safety priorities.





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

WHO Checklist Compliance

What does the data tell us?

In April, WHO checklist compliance was 98.19%. 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.

VTE Risk Assessment

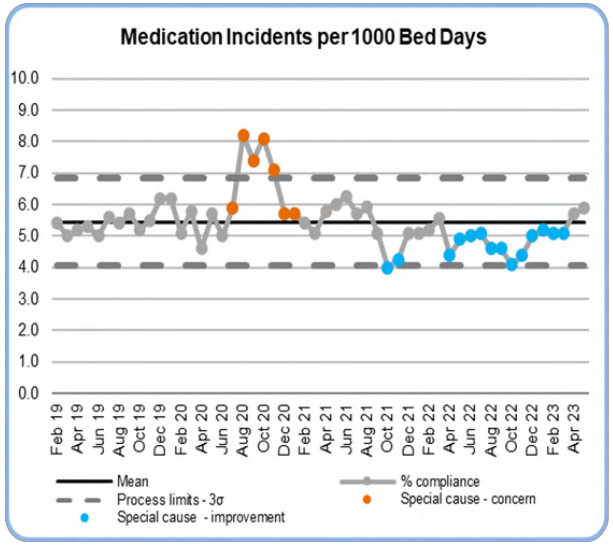
What does the data tell us?

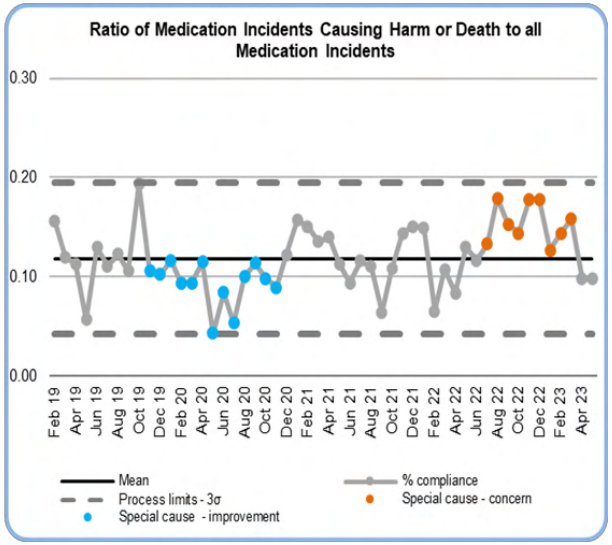
In March, the rate of VTE Risk Assessments (RA) performed on admission was reported as 92.97%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. The decline in compliance seen from July-22 (exacerbated by the CareFlow changeover, though not the primary factor) has improved in recent months, however, there is still work to be done to ensure further improvement.

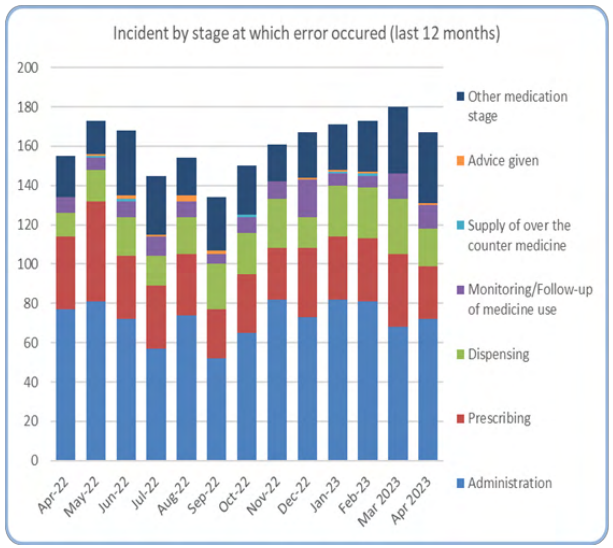
What actions are being taken to improve?

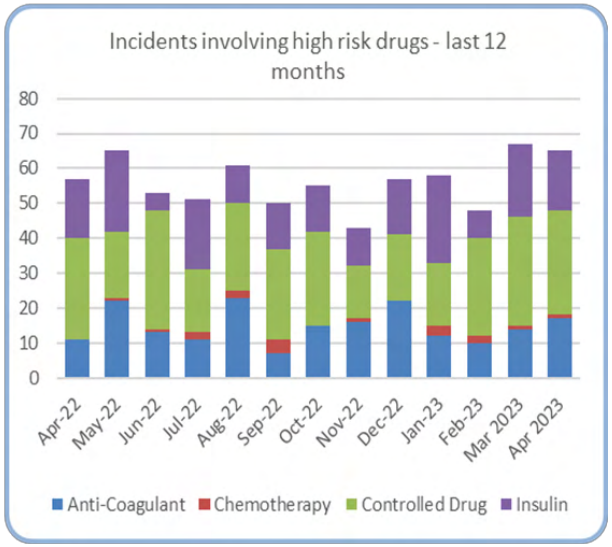
Clinical leadership responsibilities agreed with direct oversight of the CMO and the Thrombosis Committee which reconvened to engage and drive actions across the Trust.

An improvement plan is in place this year. Central to that plan is the introduction of a novel digital VTE assessment and recording tool. This has been successfully implemented in 3 clinical areas and now moves to large scale deployment in June 2023. The current data is therefore unreliable and takes into account a combination of paper assessments and some digital assessments both of which are subject to delayed validation. During this time we rely on self assessments and audits from divisions for assurance.









Medicines Management Report

What does the data tell us?

Medication Incidents per 1000 bed days
During April 2023, NBT had a rate of 5.9 medication incidents per 1000 bed days. This is slightly above the 6-month average of 5.3 for this measure.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents
During April 2023, c.9.9 % of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.99). This is markedly below the 6 month average of 13.8 % - it is of note that this month the total number of incidents reported has remained broadly similar to previous months figures but the proportion of these causing harm has dropped.

Incidents by Stage
In keeping with the picture seen over the last 6 months most incidents are reported to occur during the 'administration' stage. We have however been looking into the coding of incidents and this work has identified that in some cases nurses designate incidents as 'administration errors' even when the cause was unclear prescribing (this is likely to be in part due to the way the incident coding options are presented on Datix). More work on this subject will be undertaken as part of the 'Medicines Academy' project

High Risk Medicines
During April 2023, c.39% of all medication incidents involved a high risk medicine which is above the 6 month average of 34%.

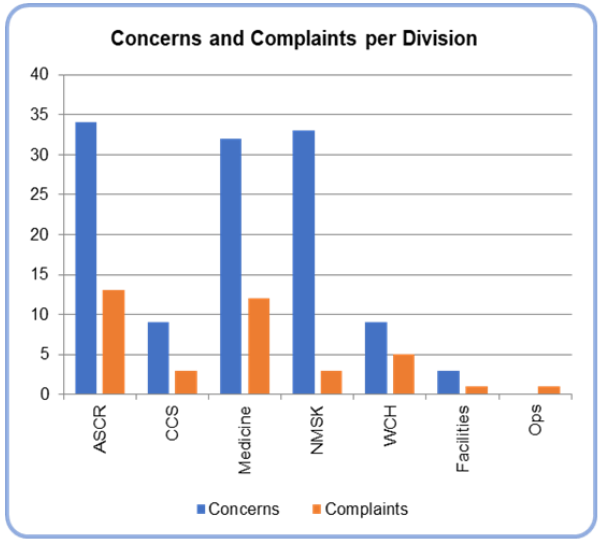
What actions are being taken to improve?

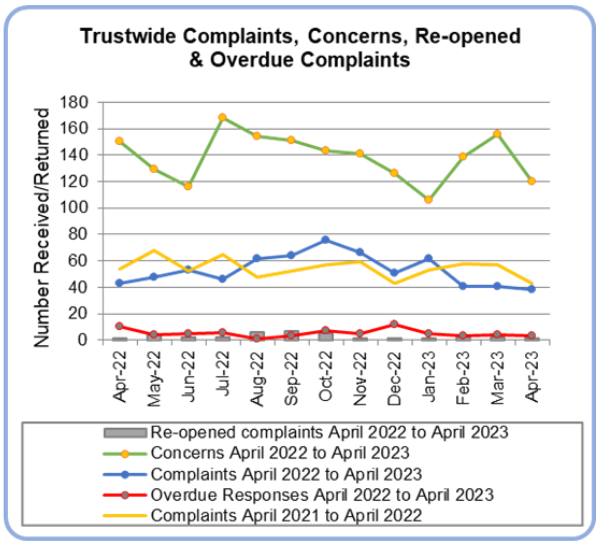
The Medicines Governance Team encourage reporting of all incidents to develop and maintain a strong safety culture across the Trust, and incidents involving medicines continue to be analysed for themes and trends.

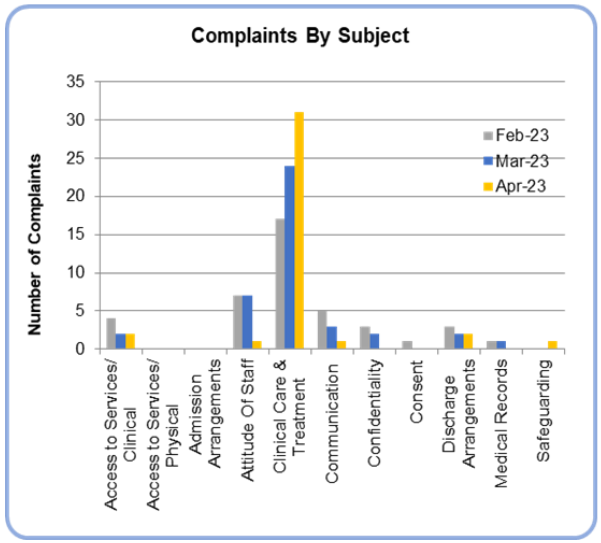
The learning from incidents causing moderate and severe harm is to be presented to, and scrutinised by, the Medicines Governance Group on a bi-monthly basis in order to provide assurance of robust improvement processes across the Trust.

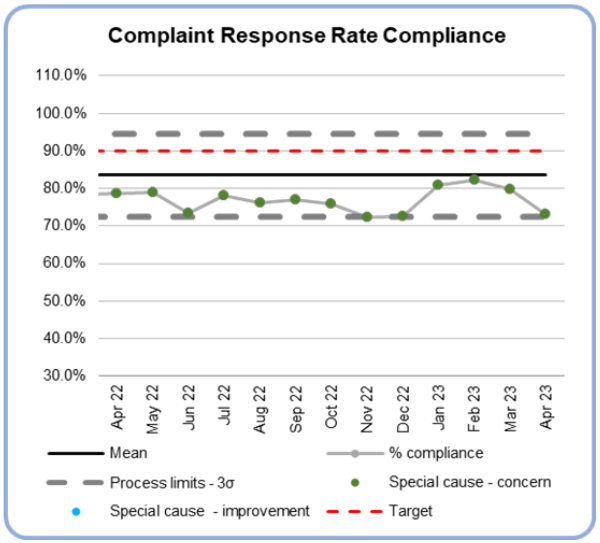
Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams









Complaints and Concerns

What does the data tell us?

In April 2023, the Trust received 38 formal complaints. This is 3 fewer than March 2023, and 5 fewer than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment'.

There was 1 re-opened complaint in April for ASCR.

Of the 38 complaints, the largest proportion was received by ASCR (13) and Medicine (12).

The overall number of PALS concerns received fell from 156 in March to 120 in April.

The response rate compliance for complaints fell to 73% in April from 80% in March. A breakdown of compliance by division is below:

ASCR – 69% NMSK- 83% CCS – 0%

WaCH- 56% Medicine – 100%

It's worth noting that Medicine achieved 100% compliance.

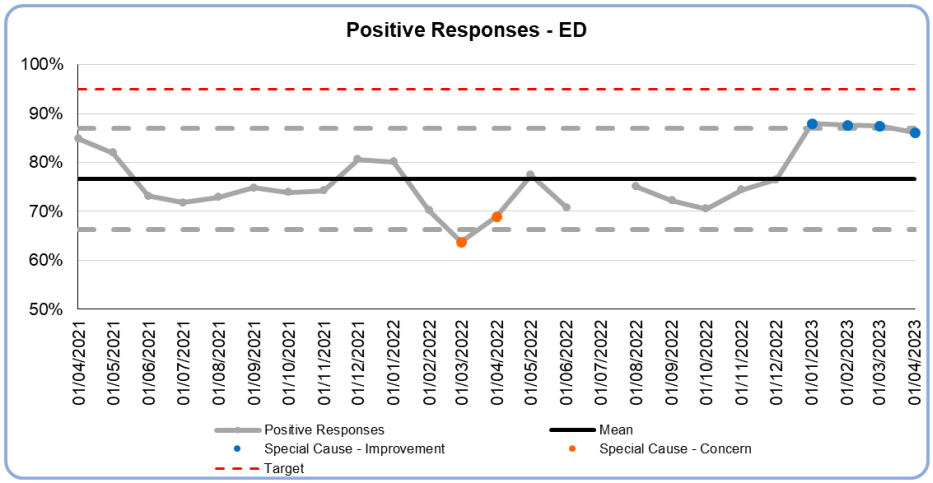
The number of overdue complaints at the time of reporting has decreased from 4 in March to 3 in April. All 3 overdue complaints are in WaCH. There has recently been a change in staffing in WaCH with a new Service-User Experience Lead in post. This changeover in staff is likely to have affected WaCH's performance (increase in overdue complaints and fall in compliance).

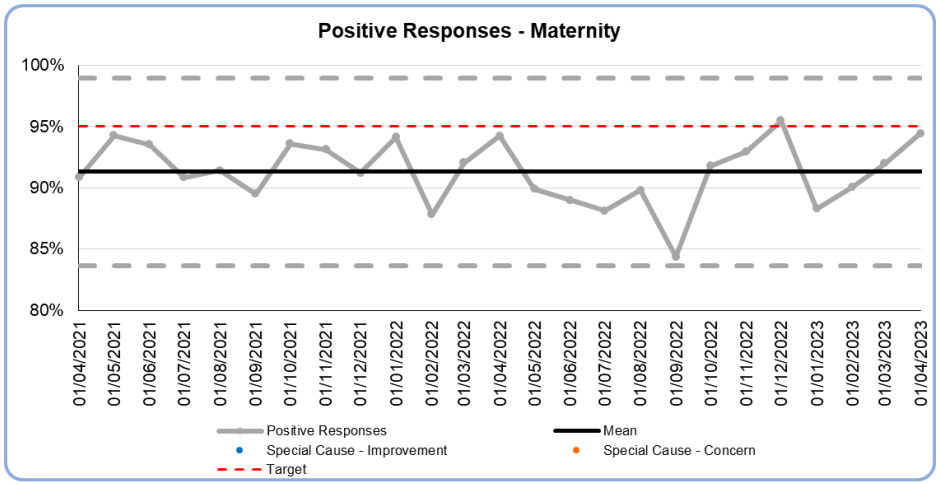
In April 100% of complaints were acknowledged in 3 working days and 100% of PALS concerns were acknowledged within 1 working day. The average response timeframe for PALS concerns in April is 8 days. This is 2 days more than in March.

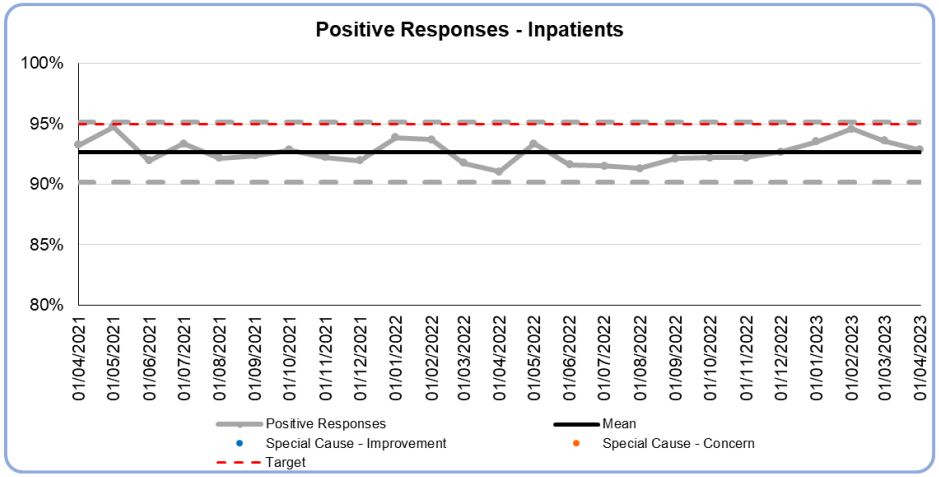
What actions are being taken to improve?

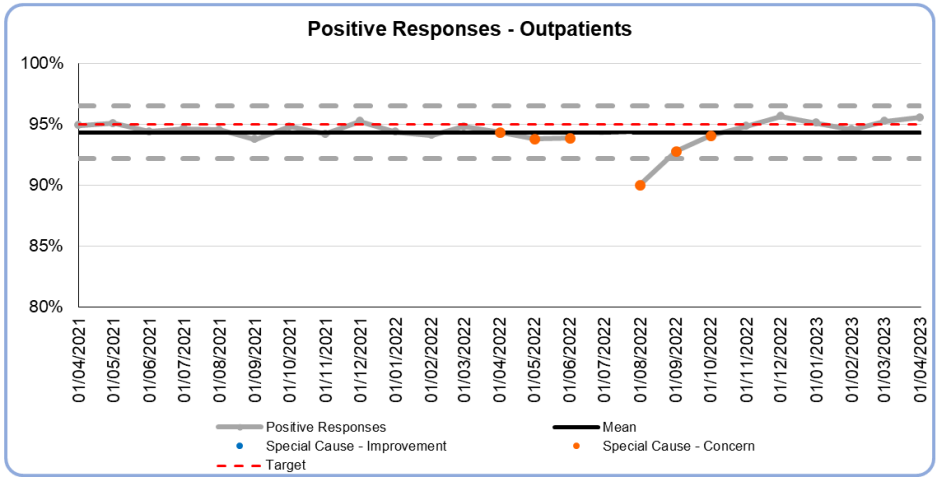
- Ongoing weekly validation/review of overdue complaints by the Complaints Manager.
- Weekly meetings with Medicine, ASCR, WaCH and NMSK Patient Experience Teams.
- New Service User Experience Lead in WaCH. Training has been provided by the Complaints Manager and support is being provided. Currently, there is a gap in provision as this is a job share and only one of the new Leads has begun in post.
- Weekly Cross Divisional Complaint review (divisional complaints teams meet to discuss joint cases).
- Review meeting with Chief Executive's Office to ensure expediency of the sign-off process.

Patient Experience



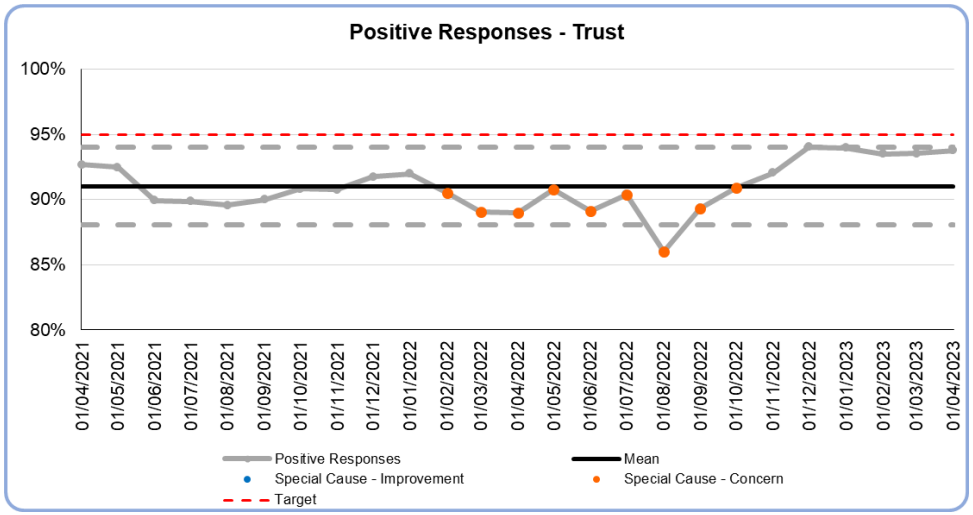






N.B. no data available for the month of July for ED and OP due to an issue with CareFlow implementation

Patient Experience



What does the data tell us?

- In April, 93.77% of patients gave the Trust a positive rating, continuing the trend seen over the past 5 months. This has been consistently higher than any point in the past 12 months.
- This improvement is linked to a significant improvement in the ED responses. There has been little change in the Outpatient, Birth and Inpatient positive scores, which have all been consistently averaging over 90%. This month, ED had a positive response rate of 86.07%, resulting in a higher overall positive response rate for the trust.
- The ED results follow a trend seen nationwide of an increase in positive responses. NBT's recent scores are trending higher than the National average for ED.

- In April, 6115 patients chose to leave a comment with their rating. Thematic review of these responses found that an overwhelming majority of the positive comments were about staff.

  "Very fast and efficient service, very friendly staff that made me feel at ease after being very anxious."

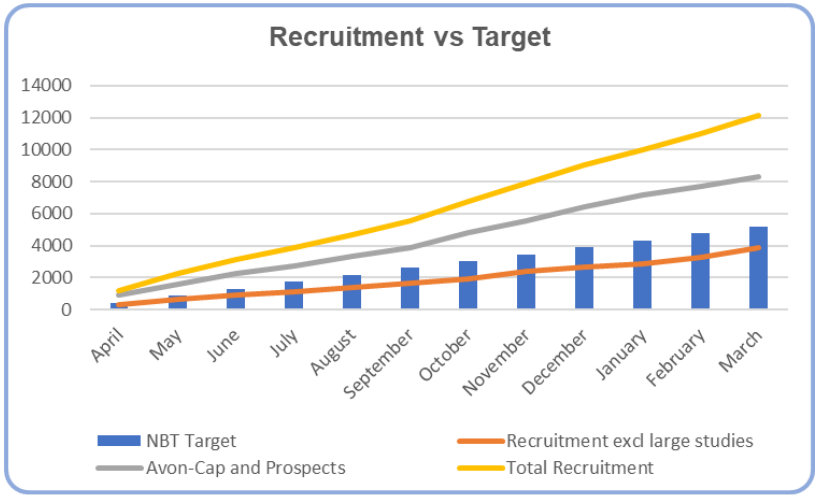
- A review of ED comments was conducted to determine why the area has lower positive ratings than other Trust departments. The analysis showed that patients are dissatisfied with three key themes: waiting times, staff and communication.

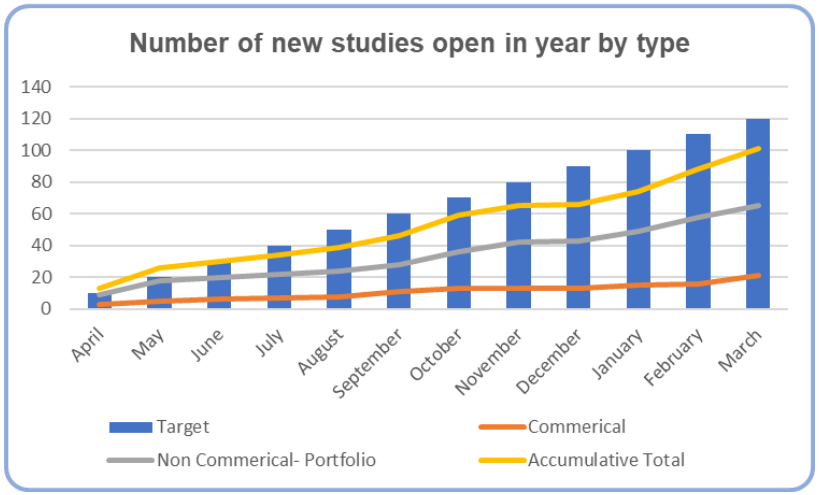
What actions are being taken to improve?

- A working group meets fortnightly to address data quality issues. Improving data quality will assure staff at a Divisional and Speciality level that the responses reflect their areas, encouraging staff engagement and confidence in using comments for improvements.
- We have removed a cap on the number of SMS FFT invitations sent to patients after discharge or appointment so that we can reach a larger number of patients to hear their views.
- ED has identified from comments that people are complaining about waiting times. They are conducting a local survey to ask in-depth questions about the waiting process to identify areas to improve.

Research and Innovation

Board Sponsor: Chief Medical Officer
Tim Whittlestone





Research and Innovation

Our Research activity
We strive to offer as many research opportunities to our NBT patients and local communities as we can whilst continuing to provide the patients with a positive research experience and high-quality care.

Graph 1 shows our end of year performance for 22-23. We aimed to recruit 5200 participants to our research studies, which reflected our baseline pre COVID ambitions. At the end of 22-23 12,135 participants have consented to our research. This exceeds our current YTD target (233%) however is reflective of 2 large studies we are involved in (AVONCAP and PROSPECTS). The NBT portfolio of research remains strong; at present we have 236 studies open to new participants and have set up and opened 101 new studies through 22-23 (Graph 2), these are predominantly non-commercial studies. We are pleased to see a small growth in the number of collaborations with commercial partners which enables us to offer our patients access to clinical trial therapies; this is something we intend to grow over the coming years.

We are currently establishing the metrics we would like to report over the coming year as there is a national shift to move away from a focus on the number of participants engaged in research to more diverse measures.

We are pleased to report that one of our research midwives was awarded, and has now commenced, the prestigious NIHR Senior Research Leaders Programme; we are excited to see the progress and impact of this award. Additionally, one of our Research Matrons has been awarded a place on the Florence Nightingale Leadership Scholarship which will start in late May, an amazing achievement. #nbtproud.

Our grants
NBT currently holds 70 externally funded research grants, to a total value of £37.5m. This includes 36 prestigious NIHR grants totalling £35m. For the 2023/24 financial year, NBT has received a record level Research Capability Funding (RCF), £1.1m, from the DHSC. This RCF allocation is a direct reflection of the size of NBT's NIHR grant portfolio and puts NBT at 9th in England (out of 248 NHS Trusts), a fantastic achievement and the first time NBT has been in the top 10 nationally. In addition, NBT is a partner on 71 externally-led research grants, to a total value of £10.6m to NBT.

The level of grant development activity remains high across NBT, with 34 research grants submitted to external funders so far this year. Recent awards include two large NIHR HTA grants (DEXACELL Fergus Hamilton/Ed Carlton and CLARITY Chris Twine) totaling £3.8m.

The Southmead Hospital Charity generously funds two SHC Research Fund calls per annum, run by R&I. The **SHC Research Fund** welcomes research applications from all NBT staff members to undertake small pump-priming research projects (up to a maximum of £20k) in any subject area. We are pleased to announce that we received 11 Expressions of Interest to our recent Round 14 Research Fund call, of which 6 have been shortlisted for Stage 2.

In addition to the SHC Research Fund, R&D have introduced a new process for awarding mentorship and funding to NBT staff who are new to research but have a great idea for a research project '**Early-Stage Research Funding**'. The application form follows a simple SBAR structure and will not require any prior knowledge of, or expertise in, research. Staff can contact researchgrants@nbt.nhs.uk to discuss applying.

Well Led

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

Well Led Introduction

Vacancies
Trust vacancy factor was 6.21% in April, with current vacancies at 554.35wte. Due to the majority of non-recurrent funding not being reported in the finance ledger for month one, vacancy levels are showing as artificially lower than they are and a comparison between Mar-23 and Apr-23 movement cannot be made.

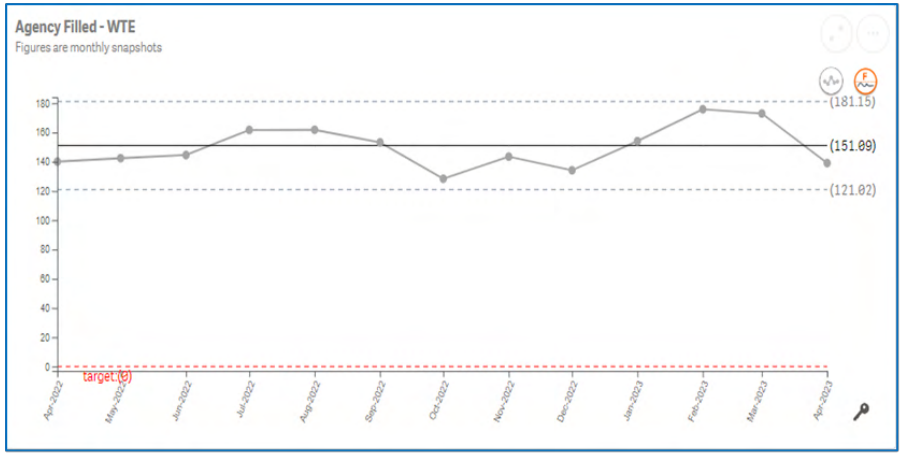
Turnover
The Trust rolling 12-month staff turnover rate decreased from 16.76% in March to 16.56% in April. All staff groups experienced reductions in their turnover rate, with the exception of estates and ancillary who remained stable at 12.51%. Administrative and clerical and additional clinical services continue to be the two staff groups with the highest turnover rates, as they have been for several months, their respective April rolling 12-month staff turnover rates were 23.50% and 19.48%

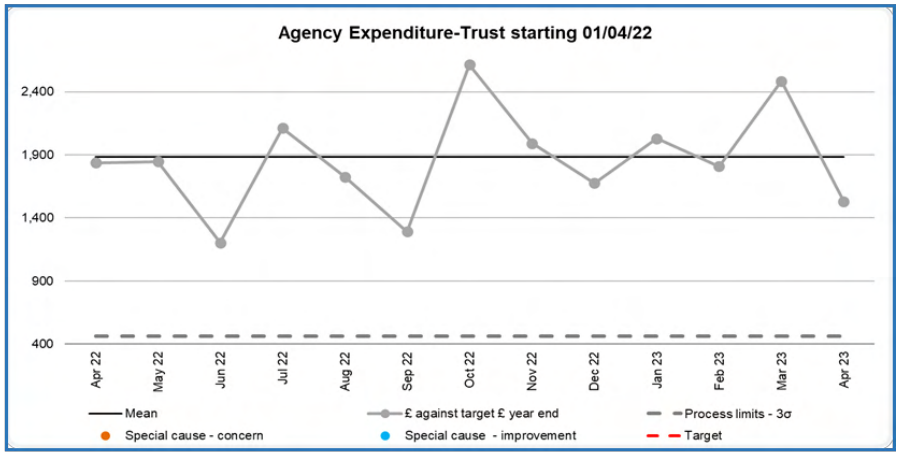
Prioritise the wellbeing of our staff
The Rolling 12 month sickness absence position decreased from 5.30% in March to 5.19% in April, the reduction was predominantly driven by decreases in days lost to anxiety/stress/ depression/ other psychiatric illnesses, cold, cough, flu – influenza, and infectious disease, which relates primarily to COVID-19 sickness. All staff groups, except students and add prof scientific and technical (driven by increased sickness among pharmacists), saw a decrease in their sickness absence rates from March to April.

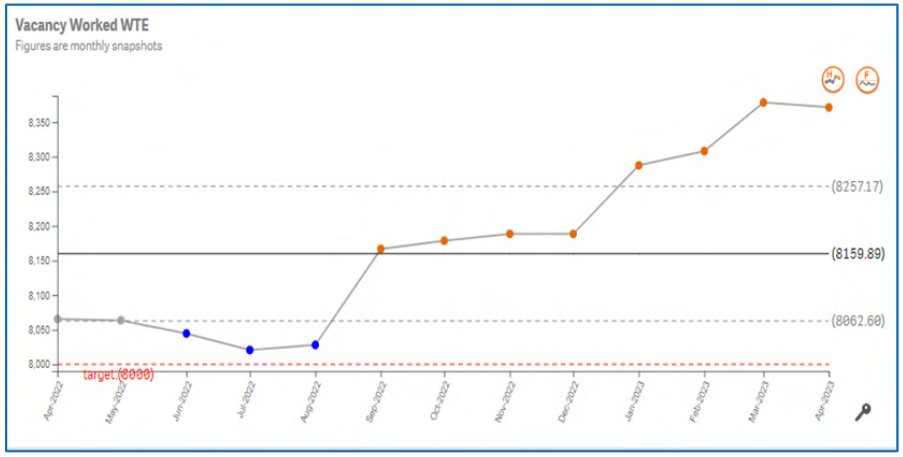
Continue to reduce reliance on agency and temporary staffing
Temporary staffing demand decreased from March to April by 296.63wte (-28.10%); as bank use decreased at a lesser rate, 119.65wte (19.94%), and agency use decreased by 71.19wte (41.44%), unfilled shifts decreased at a larger rate 37.28% (105.79wte) than the fall in demand. The decreased demand was driven by reduced bookings to cover shifts requested for the reasons 'vacancy' and 'sickness'. Agency RMN use decreased by 10.75wte (42.23%), driven by reduced usage in the anaesthesia, surgery, critical and renal, and medicine division.

Theme	Action	Owner	By When
Vacancies	Initiated review of recruitment process which will use Patient First improvement methodology to deliver 'Faster, Fairer Recruitment'. First phase to review recruitment processes to onboard now complete and outputs being embedded into business as usual. Focus to ensure improvements are sustainable through an ongoing performance management approach at 30, 60 and 90 days. Second phase of review is now underway with the action of engaging a data analysis exercise that will underpin the development of an improvement plan to address issues once identified	Deputy Chief People Officer	Ongoing
Turnover	Immediate retention actions commencing linked to HCA turnover in first 12 months of employment in hotspot areas (Medicine and Outpatients)	Associate Director Culture, Leadership & Development	Sep-23
Staff Development	New Trust-wide leadership development programme to be launched with aim of improving retention	Associate Director Culture, Leadership & Development	Apr-23
Wellbeing	Implementing financial wellbeing projects to support our staff including Citizens Adivce Bureau 1:1 sessions for advice on debt, benefits, houseing and consumer rights.	Associate Director Culture, Leadership & Development	Apr-23
Temporary Staffing	Initiation of a weekly bank incentivisation working group aimed at delivering sustainable bank incentives and agency reduction 2023/24. The first action is to deliver a bank rate increase (for a trial period of approximately 12 weeks) to the most challenged staffing areas	Deputy Chief People Officer	Jul-23

Workforce







Talent Acquisition Recruitment Activity

Unregistered Nursing

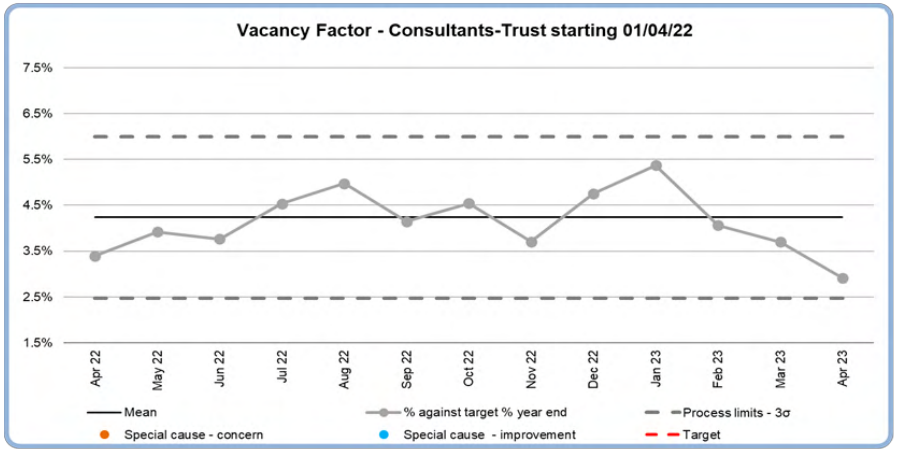
- April continues to see a high number of applications to our support worker roles. The Trust made 38.18 wte of offers for; 10.66 wte for band 2 and 27.52 wte for band 3
- March saw 7.22 wte new band 2 starters, band 3 starters were 11.25 wte.

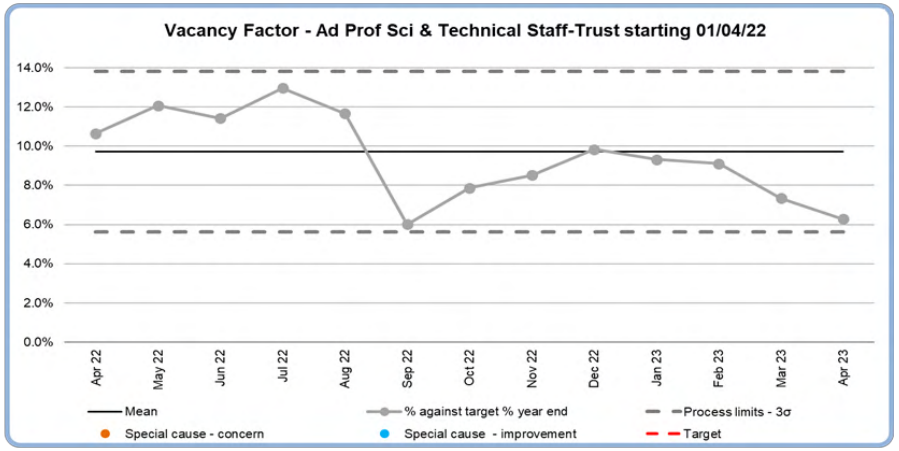
Registered Nursing

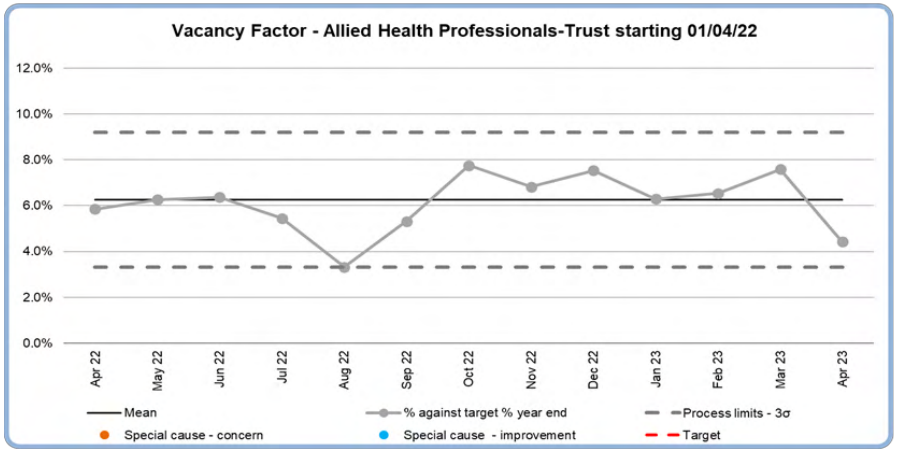
- April recruitment delivered 35 Band 5 offers for registered nurses and Newly qualifying nurses across the Trust.
- March saw 9.12wte band 5 starters in April and leavers were 15.96wte. 22 wte Internationally Educated Nurses arrived at NBT in April

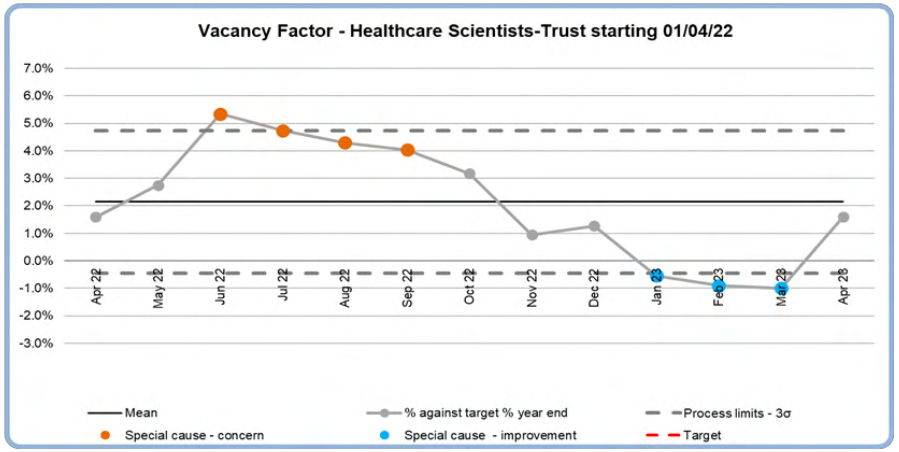
Vacancy

Predominantly Registered Pharmacy Staff

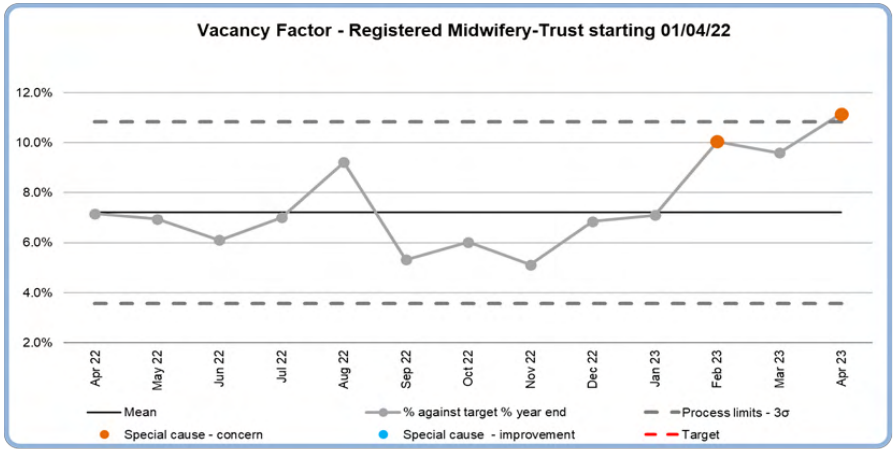


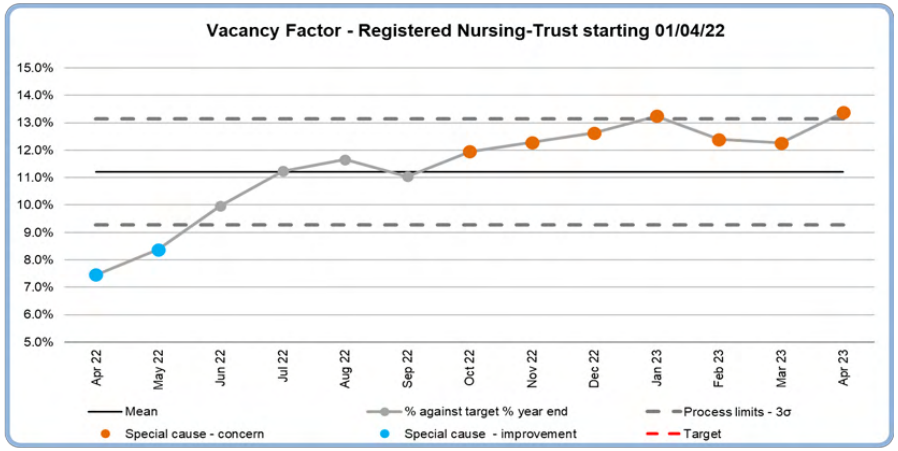


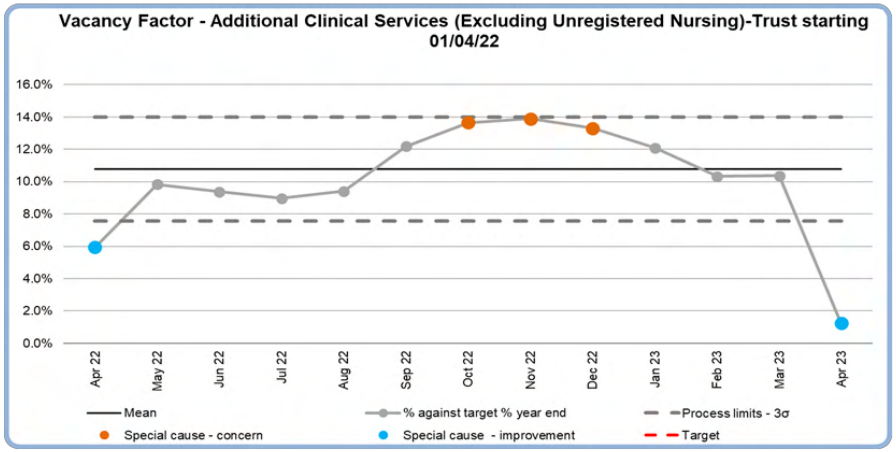


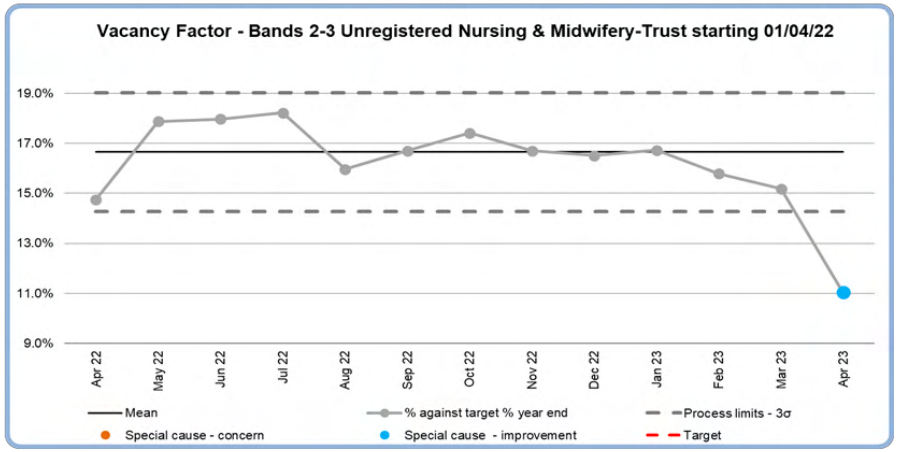


Vacancy



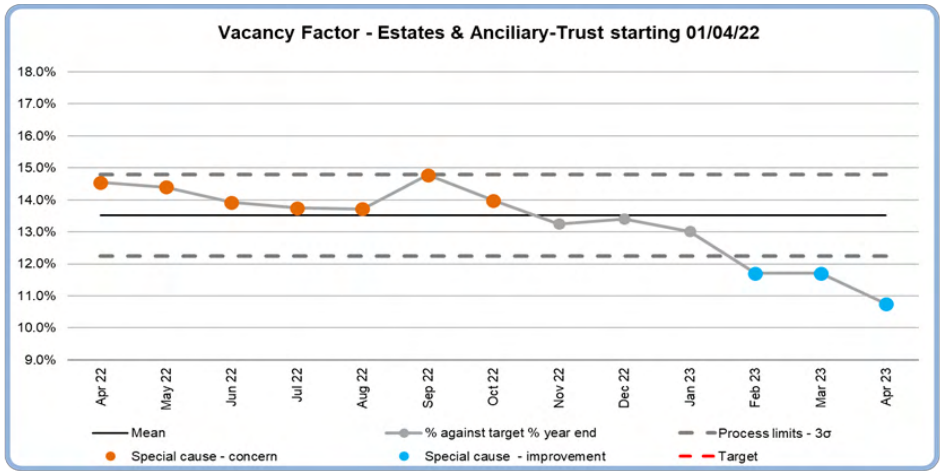


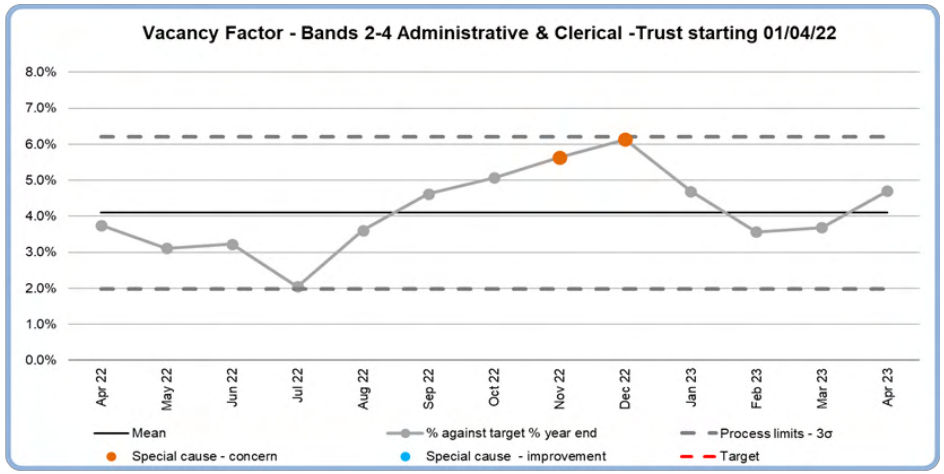


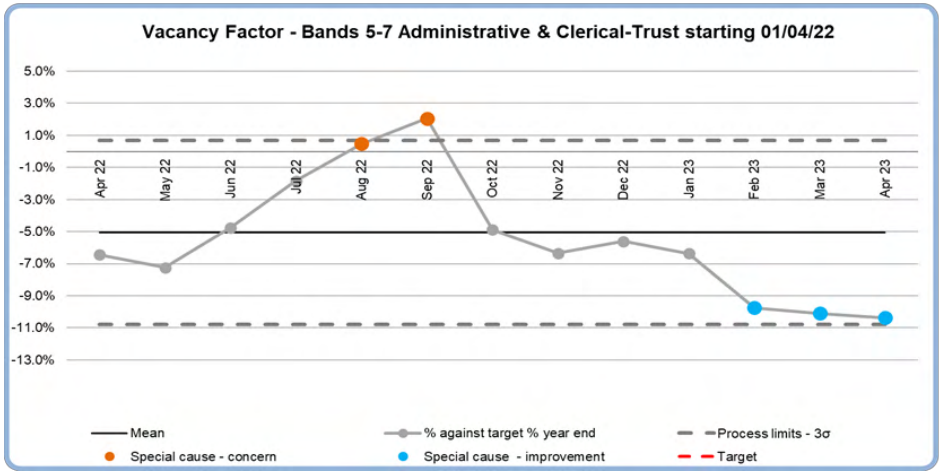


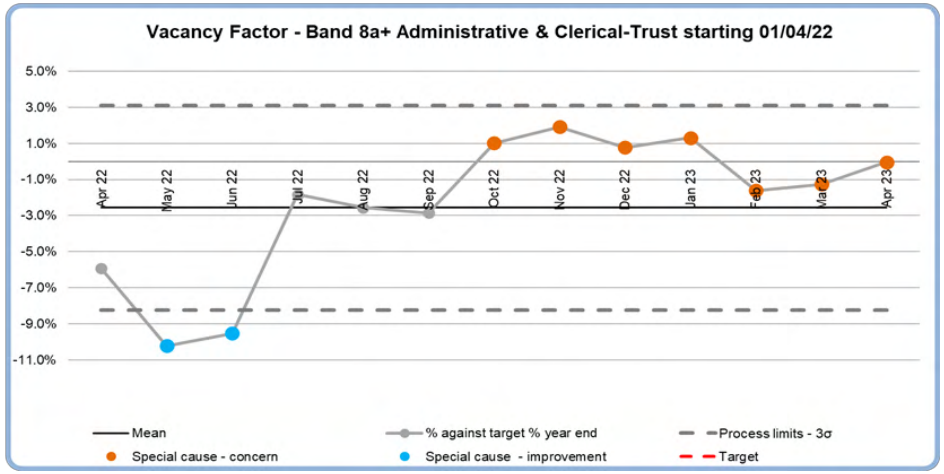
Unregistered clinical staff aligned to AHPs, Healthcare Scientists and Professional and Technical Staff

Vacancy


Vacancy Factor - Estates & Anciliary-Trust starting 01/04/22
18.0%
17.0%
16.0%
15.0%
14.0%
13.0%
12.0%
11.0%
10.0%
9.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
Mean
% against target % year end
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Vacancy Factor - Bands 2-4 Administrative & Clerical -Trust starting 01/04/22
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
Mean
% against target % year end
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Vacancy Factor - Bands 5-7 Administrative & Clerical-Trust starting 01/04/22
5.0%
3.0%
1.0%
-1.0%
-3.0%
-5.0%
-7.0%
-9.0%
-11.0%
-13.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
Mean
% against target % year end
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Vacancy Factor - Band 8a+ Administrative & Clerical-Trust starting 01/04/22
5.0%
3.0%
1.0%
-1.0%
-3.0%
-5.0%
-7.0%
-9.0%
-11.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
Mean
% against target % year end
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

Vacancy Position – April 2021 to April 2022

Actions - to support the Trust ensuring it is prioritising its resources in the areas of greatest need workforce summits with divisional and professional leaders are being scheduled to review each divisions supply pipelines for 23/24 ensuring we focus both on high volume and low volume high skill roles, focussing on impact of not filling posts as well as other factors such as temporary staffing use

What does the data tell us – focussing on staff groups where the SPC chart shows orange data points with no grey or blue data points afterwards, i.e. the latest position is deterioration, or; where the Talent Acquisition team has supported with resourcing (registered and unregistered nursing and midwifery and band 2 – 3 administrative and clerical staff)

Nursing and Midwifery

- **Registered nursing** staff has been trending upwards since October 2021, from 5.32% to 13.37% in April. This was driven by reduced staff in post from October 2021 to November 2022, driven by declines in the ASCR and Medicine Divisions. Since November there has been a slight improvement in the staff in post position, however, increases in funded establishment, mainly in Medicine and NMSK, have caused the overall registered nursing vacancy factor to remain high in this period. Current pipeline of 163 domestic and 67 international band 5 nurses. Predicted starters, inclusive of drop out, 7 per month for domestic plus international arrivals of 67 in quarter one of 23/24. This means predicted starters from pipeline for quarter one of 23/24 is 88 vs forecast plan of 89. Registered Nursing offers remain steady and we continue to make an average of 34 offers for newly qualified and registered nursing staff per month. Additional increases in establishment for ward nursing in Medicine, NMSK and ASCR will contribute to the vacancy position, this is resulting from safer staffing and establishment reviews

- **Registered midwifery** has seen an upward trend in its vacancy factor since March 2022 from 4.09% to 11.15% in April 2023, apart from an improvement during September 2022. This has been driven by decreases in staff in post, most notably in Central Delivery Unit and Cossham Birth Centre. There was also an increase in funded establishment in February 2023 linked to Birth Rate Plus acuity and dependency assessment. Including increased anticipated starters due to incentivisation in maternity, 41 wte starters are being targeted in 23/24 with the current pipeline scheduled to deliver 31 wte.

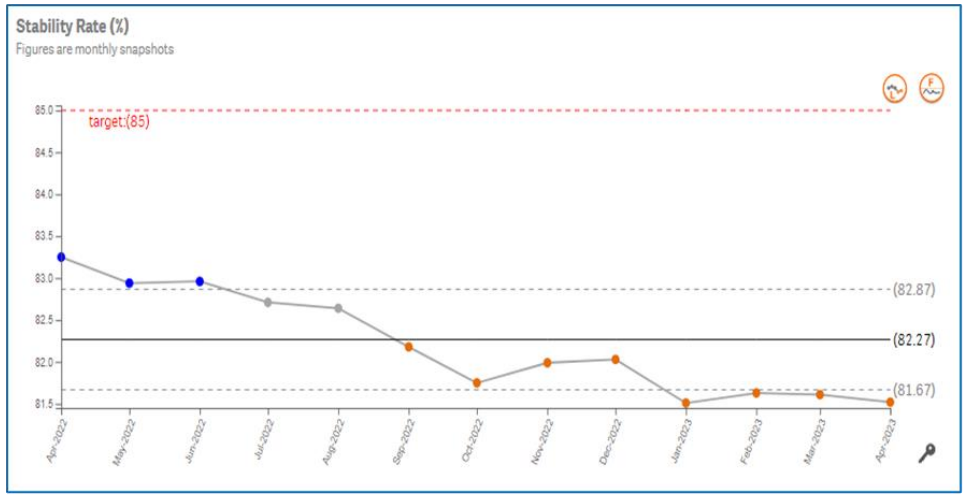
- **Bands 2-3 nursing & midwifery** vacancy rate consistently increased from 2.34% in April 2021 to a peak of 18.22% in July 2022, this was driven by a trend across all clinical divisions for reduced staff in post, coupled with increases in funded establishment for the Medicine division. Since July the vacancy rate has been trending down, due to increases in staff in post across ASCR, Medicine and WaCH. This follows targeted work by the talent acquisition team to address vacancies for this staff group. Current pipeline of 90 appointees with predicted starters, inclusive of drop out at 28 per month. This is anticipated to deliver 84 wte starters in quarter one of 23/24 vs forecast plan of 76 and vs a position from previous year of 43. Recruitment for band 2/3 staff has been busy for the past few months seeing high numbers of applications to our adverts beyond the new year rush. 2 - 3 Assessment centres each month making an average of 40 offers per month.

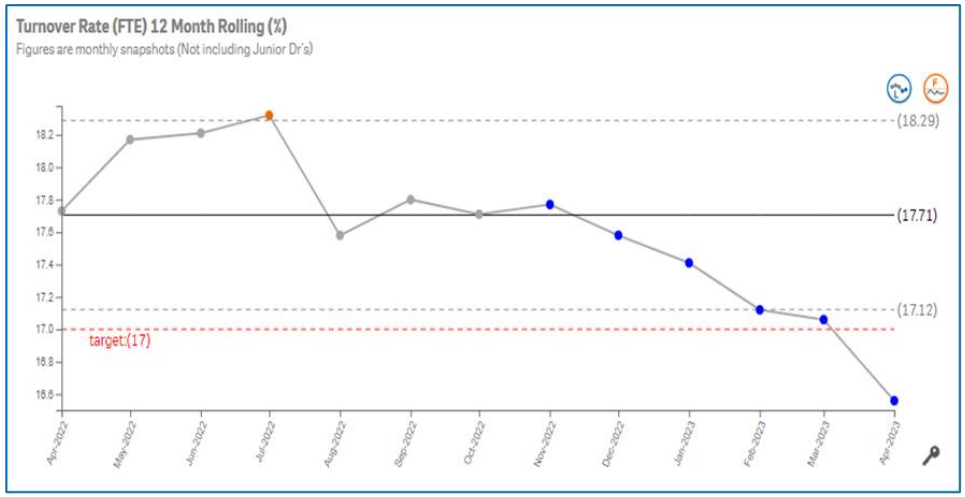
Administrative and Clerical

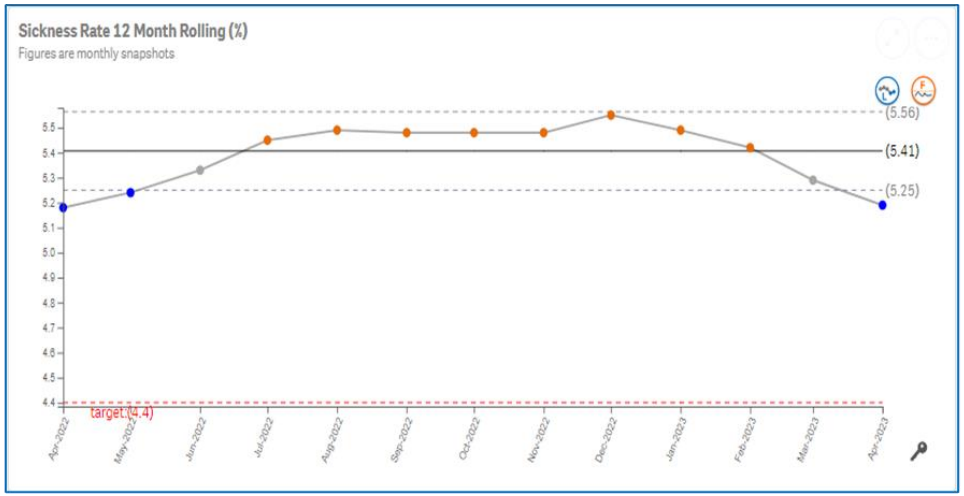
- **Bands 2-4 administrative and clerical** staff saw an increase in vacancy factor from 2.04% in July to a peak of 6.1% in December, this was driven by a combination of increases in funded establishment and decreased staff in post levels. Between January and March the staff post position improved, particularly in NMSK, however it has deteriorated again between March and April. The Talent Acquisition team delivered a focussed project with a net gain of 30 wte between December and February. The project has now ended with the last interviews held in May and the vacancy position will continue to be monitored to assess impact of the project ending.

- **Band 5 – 7 and Band 8a+ administrative and clerical staff** whilst these groups show deterioration at points over the last 13 months in both instances the groups have a negative vacancy factor indicating an over establishment, this is currently being reviewed with finance colleagues as to the drivers of this position

Engagement and Wellbeing







Engagement and Wellbeing

What Does the Data Tell Us - Turnover and Stability
Turnover decreased to 16.56% in April.

Actions delivered: (Associate Director of People)

- Band 2-3 letter has been issued to bank staff, with residual queries addressed by the People Team
- Re launch of the Itchy feet retention tool occurred in April 2023
- Agile working toolkit launched May 2023
- Automatic restrictions on working bank shifts following sickness has been lifted and communicated
- Participated in Southwest showcase event
- Rostering, professional registration and work experience policies agreed at sub-group

Actions in Progress:

- New talent development programme aimed at supporting Bands 2-5 BAME staff with career development approved by EDI Committee with launch due April 23.
- National pay award to be implemented in June 2024, with guidance issued to all staff.
- New flexible working policy being developed expected to be agreed May 23.
- Appraisal window now open until July 31, with updated training and e-learning.
- Plan for corporate sickness absence management in development.

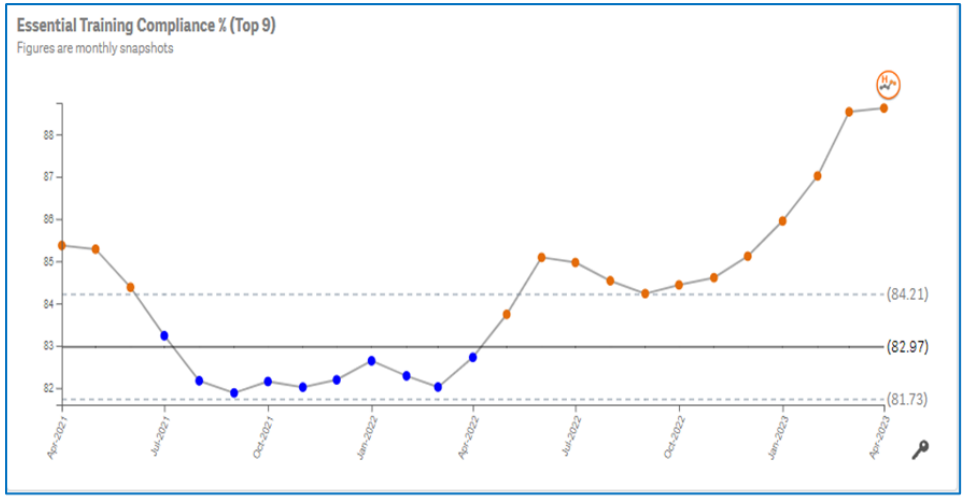
What Does the Data Tell Us - Health and Wellbeing
April saw a decrease in sickness absence to 5.19%.

Actions Delivered: (Associate Director Culture, Leadership & Development)

- Stress awareness month: series of events delivered, with stands in the hospital and promotion of support for staff
- NBT's leading work on Menopause was presented at a Regional Retention event by our Wellbeing and Engagement Lead
- Wagestream app continued to build in popularity with more staff signing up
- Staff survey follow-up actions agreed and being implemented, specifically aimed at improving the quality of appraisals
- Citizens Advice on–site session continued (48 sessions delivered to date, very positive feedback)
- Retention and Staff Experience Group has been re-launched
- NBT recognised for its contribution and participation in the 'Stepping Up' Programme and invited to attend birthday celebration at City Hall

Actions in Progress: (Associate Director of Culture, Leadership & Development)/Associate Director of People)

- Further Citizens Advice sessions (4 x per week) for anyone seeking advice on debt, benefits, housing, consumer rights and other legal issues, available until the **end of September 2023**
- Actions from Gender Pay Gap reporting refreshed, and a new, EDI annual report being compiled which will summarise all EDI actions, progress and plans in one place **(April – September 2023)**
- Trust retention working group to continue, developing retention plans building on the retention project charters **(April 2023 – Sept 2023)**
- Immediate retention actions commencing linked to HCA turnover in first 12 months of employment in hotspot areas (Medicine and Outpatients) **(April 2023 – September 2023)**
- Civility and Respect/Culture Working Group inaugural meeting set up for June
- Meetings occurring with MHLT, Psychology and other key stakeholders, to review/develop support processes and pathways for staff experiencing acute mental ill health
- Planning well underway for a Staff Experience Expo as part of NHS 75th birthday celebrations **(May – July 2023**)



Training Topic	Variance	Mar-23	Apr-23
Child Protection	-7.6%	87.7%	80.1%
Adult Protection	-7.7%	89.4%	81.7%
Equality and Diversity	-6.8%	89.1%	82.3%
Fire Safety	-8.5%	89.8%	81.3%
Health and Safety	-6.9%	89.3%	82.4%
Infection Control	-7.9%	90.2%	82.3%
Information Governance	-10.4%	86.9%	76.5%
Manual Handling	-7.6%	88.1%	80.5%
Waste	-6.8%	89.4%	82.7%
Total	**-7.6%**	**88.71%**	**81.08%**

What Does the Data Tell Us - Essential Training

- We have added all bank staff (~2089) to the compliance figures. **The effect of this change has reduced our overall compliance figures by ~8%,** however, it now means we have visibility of all staff including those on the bank (NBT eXtra). Permanent staff compliance and fixed term staff compliance remain unaffected by the change. We are changing this data for month 1 reporting for 2023/24
- All staff – 81.08%, Permanent Staff 91.74%, Fixed Term Temp 79.83%, Other (Bank) 47.21%.

Actions – Essential Training (Head of Learning and Development)

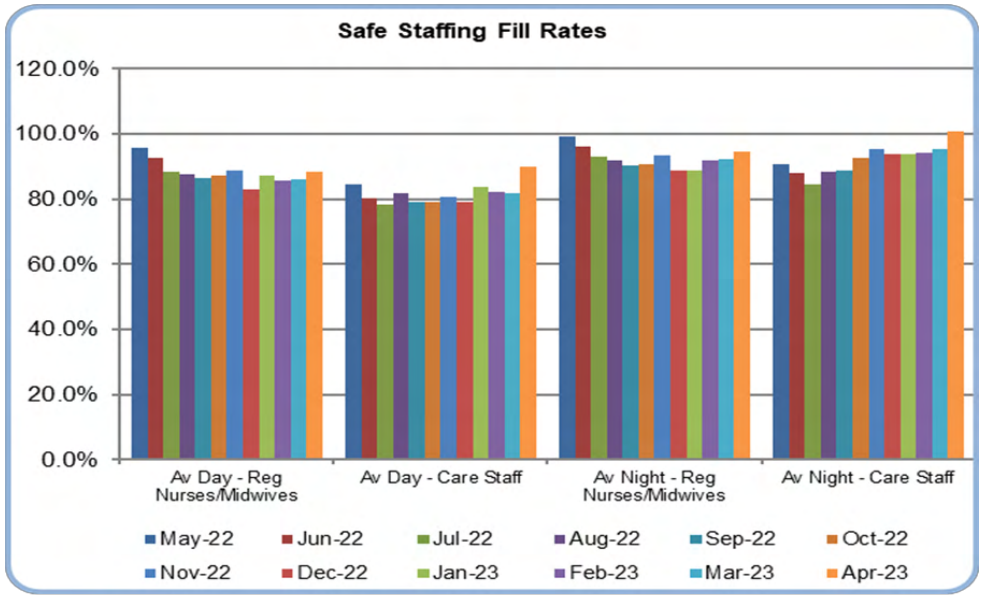
- Snr HR, People Partners, DivDons and Professions emailed weekly MaST reports, highlighting non-compliant staff in their divisions. Increased communication has been pivotal in increasing compliance across the Trust.
- Trust induction 5 embedded MaST modules: Information Governance, Health & Safety, EDI, Fire, and Waste.

Leadership & Management Learning

- Healthcare - Excellence in Management and Leadership (HELM) Programme launched. This consists of 3 sub programmes: Mastering Management for new and aspiring managers, Excellence in Management for more experienced managers, and Leading for Change for the SLG.
- DE&S and NBT Mentoring Scheme underway, with discussions underway for knowledge sharing.

Apprenticeships

- The apprenticeship centre has been successful in a tender bid for funding from WECA to run a Skills Bootcamps for Digital Workplace Skills cohort. Maximum funding is £33,600. This programme will be managed and delivered via the Apprenticeship Centre, under SWATPRO as the subcontractor, start date September 23.
- Traineeship cohort has started and running successfully
- Levy utilisation for 23/24 financial year currently at 65%, £29K expired funds for April.
- New cohort of Trainee Nurse Apprentices started May 23, induction currently underway



Apr-23	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	88.4%	90.0%	94.6%	100.6%

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

What Does the Data Tell Us

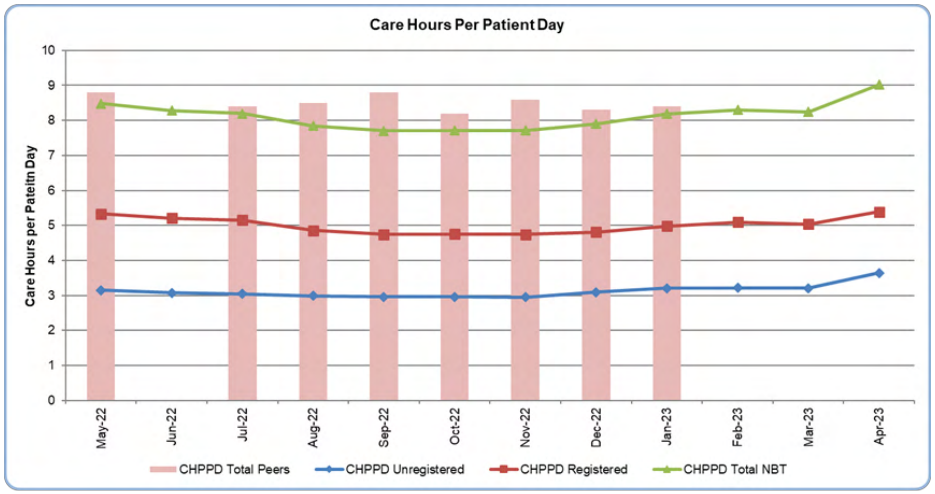
Of the 34 units reports safer staffing data:

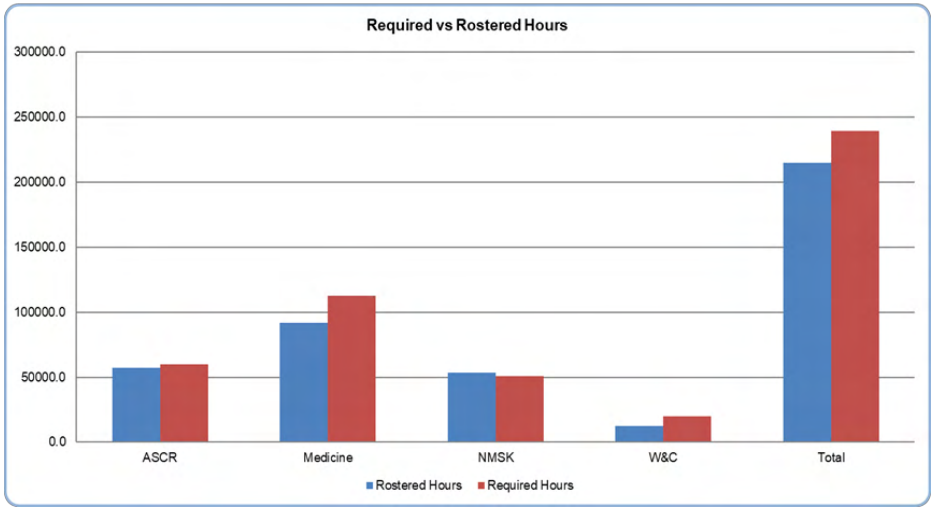
- 11.76% of units had a registered fill rate of less than 80% by day and 5.88% by night with hotspots in ICU, 7B, Quantock Assessment unit, Cosham Birth Centre and Cotswold ward.

- 14.71% had an unregistered fill rate of less than 80% by day and 14.71% by night, with hotspots in AMU, 34B, Theatre Medi-rooms, NICU and Cotswold.

Actions

Current review of staffing levels against establishment in line with National Quality Board requirements in progress.





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

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

Safe Care Live (Electronic Acuity Tool)

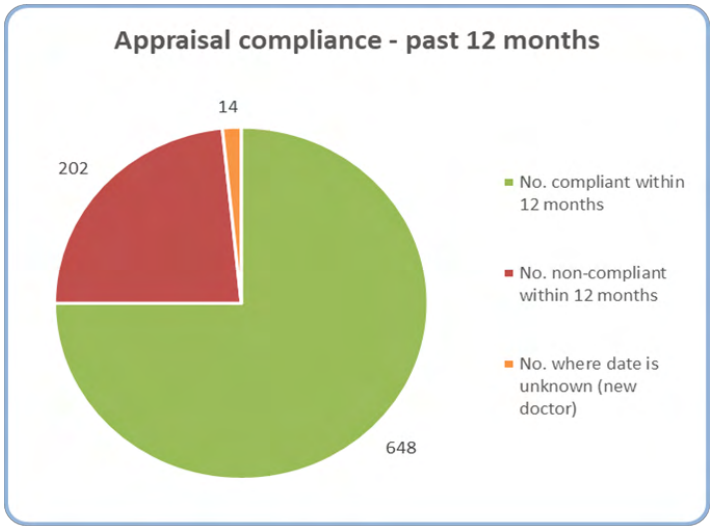
The acuity of patients is measured three times daily at ward level. The Safe Care data is triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available.

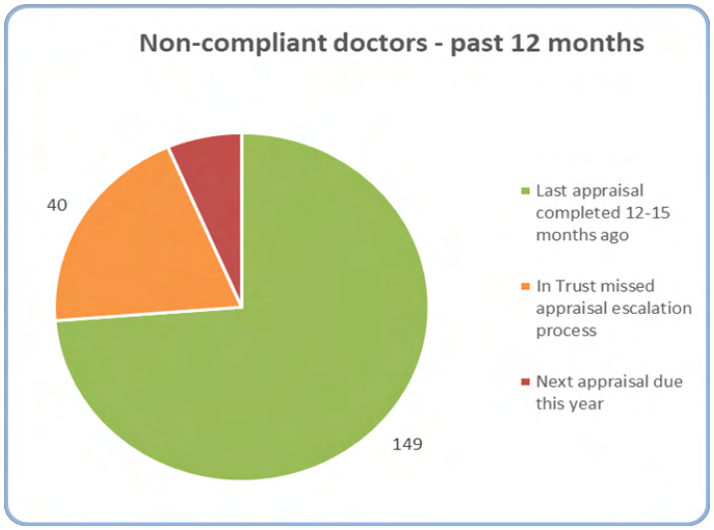
Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.

What does the data tell us

This month 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.

How CHPPD data is reported currently under review in consultation with the Deputy Chief Nursing Officer.





Medical Appraisal

What does the data tell us?

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

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

All revalidations prior to the 16th March 2021 were automatically deferred by the GMC for 12 months. The process restarted in full in March 2021.

What actions are being taken to improve?

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

Where possible, the revalidation team are making revalidation recommendations early for those doctors who were automatically deferred in order to reduce the number that will be due in 2022/23.

Finance

Board Sponsor: Chief Financial Officer
Glyn Howells

Statement of Comprehensive Income at 30th April 2023

	Month 1			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	64.0	62.1	(2.0)	64.0	62.1	(2.0)
Other Income	5.6	6.8	1.2	5.6	6.8	1.2
Pay	(43.9)	(45.7)	(1.8)	(43.9)	(45.7)	(1.8)
Non-Pay	(28.0)	(26.4)	1.6	(28.0)	(26.4)	1.6
Surplus/(Deficit)	**(2.2)**	**(3.2)**	**(1.0)**	**(2.2)**	**(3.2)**	**(1.0)**

Assurances

The financial position for April 2023 shows the Trust has delivered a £3.2m deficit against a £2.2m planned deficit which results in a £1.0m adverse variance in month and year to date.

Contract income is £2.0m adverse to plan. This adverse variance is driven by lower than expected high cost devices and drugs income (£1.4m) which is offset in expenditure as well an assumption on lost Elective Recovery Income.

Other Income is £1.2m favourable to plan which is driven by additional invoicing within Core Clinical Services in month.

Pay expenditure is £1.8m adverse to plan. In month, the Trust saw the impact of April industrial action with £0.4m adverse variance. In addition, there have been increased temporary staffing costs of £0.6m. The 2023/24 pay award is driving an additional £0.9m adverse variance as the award is for an additional 5%, however, only 2% was included in the 2023/24 plan.

Non-pay expenditure is £1.6m favourable to plan driven by underspends on high cost drugs and devices (£1.4m) offset in contract income. The Trust is also seeing the benefit of reduce public dividend capital (PDC) and depreciation from the asset revaluation in 2022/23.

Statement of Financial Position at 30th April 2023

	22/23 M12 £m	23/24 M01 £m	In-Month Change £m
Non Current Assets			
Property, Plant and Equipment	491.5	495.4	3.8
Intangible Assets	17.6	17.5	(0.1)
Non-current receivables	1.4	1.4	0.0
Total non-current assets	**510.6**	**514.3**	**3.7**
Current Assets			
Inventories	10.0	10.1	0.1
Trade and other receivables NHS	26.7	27.5	0.8
Trade and other receivables Non-NHS	30.5	33.4	2.8
Cash and Cash equivalents	104.0	88.2	(15.8)
Total current assets	**171.3**	**159.2**	**(12.1)**
Current Liabilities (< 1 Year)			
Trade and Other payables - NHS	4.3	4.9	0.6
Trade and Other payables - Non-NHS	120.9	111.2	(9.8)
Deferred income	17.2	21.8	4.6
PFI liability	15.7	15.7	0.0
Finance lease liabilities	1.4	1.3	(0.1)
Total current liabilities	**159.5**	**154.8**	**(4.7)**
Trade payables and deferred income	6.7	7.3	0.5
PFI liability	349.5	348.7	(0.8)
Finance lease liabilities	5.8	5.7	(0.0)
Total Net Assets	**160.4**	**157.0**	**(3.3)**
Capital and Reserves	0.0		
Public Dividend Capital	469.1	469.1	0.0
Income and expenditure reserve	(371.3)	(377.0)	(5.6)
Income and expenditure account - current year	(5.4)	(3.1)	2.3
Revaluation reserve	68.0	68.0	0.0
Total Capital and Reserves	**160.4**	**157.0**	**(3.3)**

Assurances and Key Risks

Property, Plant and Equipment and Intangibles – The year to date increase of £3.7m in Non-current assets is mostly due to an increase in Assets Under Construction (buildings £4.9m, and medical £0.7m) offset with the depreciation charged against IT Assets, the PFI and Plant and Machinery.

Capital –The Trust has over-programmed its capital plan as agreed in the operating plan. Total capital spend year to date, excluding leases, was £5m compared to an original phased plan of £2.6m.

Cash – The cash balance decreased by £15.8m for the month due to changes in the pattern of payments for capital expenditure with increased speed of invoicing from key suppliers significantly reducing the year end accruals position compared to previous years. This has also had a positive impact on BPPC metrics, which have risen to 94.4%.

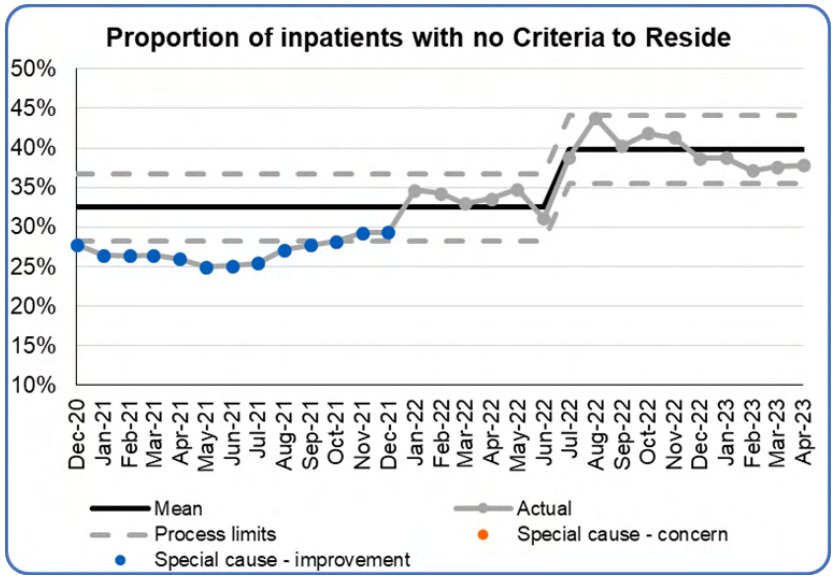
Regulatory

Board Sponsor: Chief Executive
Maria Kane

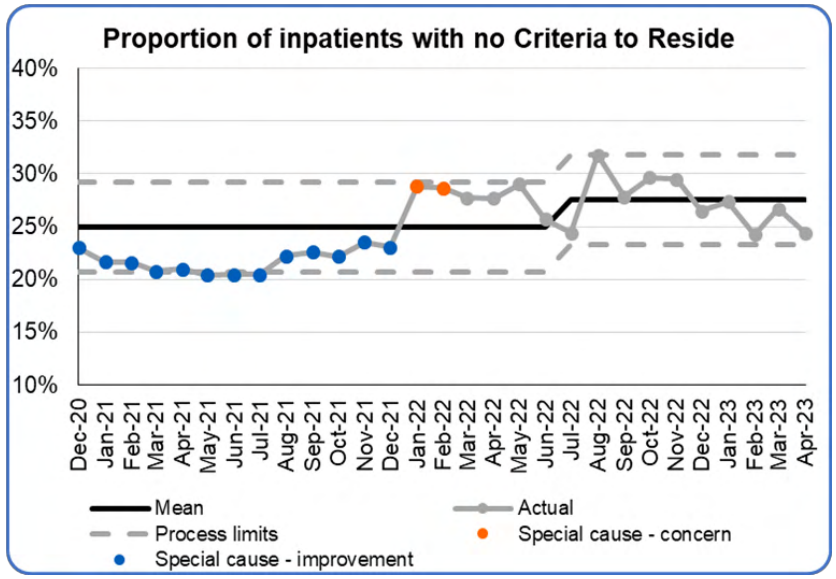
NHS Provider Licence Compliance Statements at May 2023 - Self-assessed, for submission to NHS

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 be 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

NC2R – change in definition

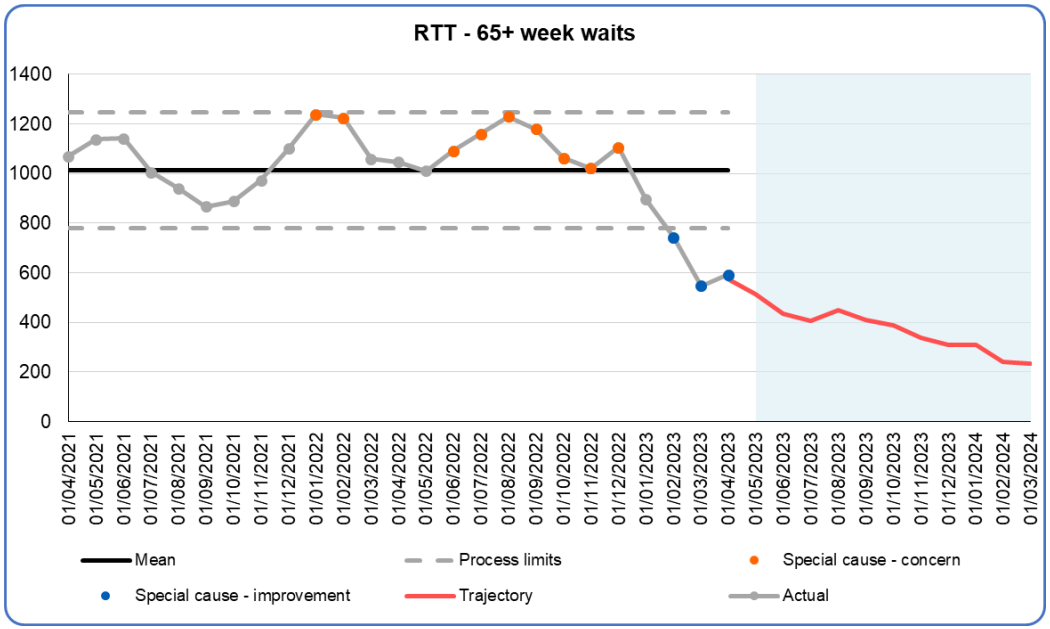


Internal reporting previously counted patients discharged in the total NC2R number.



Data now excludes discharged patients in line with national reporting. Discharged patients are still reported in the NHSE sitrep.

Referral to Treatment (RTT) – 65+ week wait challenge



What is the target?

To eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties).

What does this mean?

The Trust must ensure that there are zero capacity related breaches greater than 65-weeks for patients on a referral to treatment pathway.

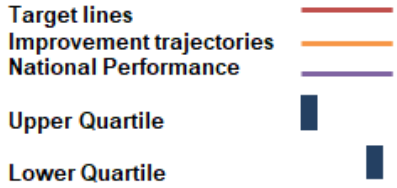
What is the delivery challenge?

- Greater volume of patients within this cohort than previous backlog reduction targets.
- Large proportion of breach risk cohort patients require outpatient appointments and diagnostics – previous targets related to 78-weeks and 104-weeks were largely about delivering operations only.
- Whilst we work through the outpatients and diagnostic elements of patients' pathways, the volume that require surgery prior to 65-weeks remains unknown.
- There is a tension between needing to deliver urgent Cancer care and backlog clearance, which has a more significant impact for a larger cohort of patients.
- There is a risk of fatigue across staff groups when moving into a second year of intensive recovery.
- Patients will continue to choose to defer their treatment to a time that better suits them.

Appendix 1: Glossary of Terms

Unless noted on each graph, all data shown is for period up to, and including, 30 April 2023 unless otherwise stated.

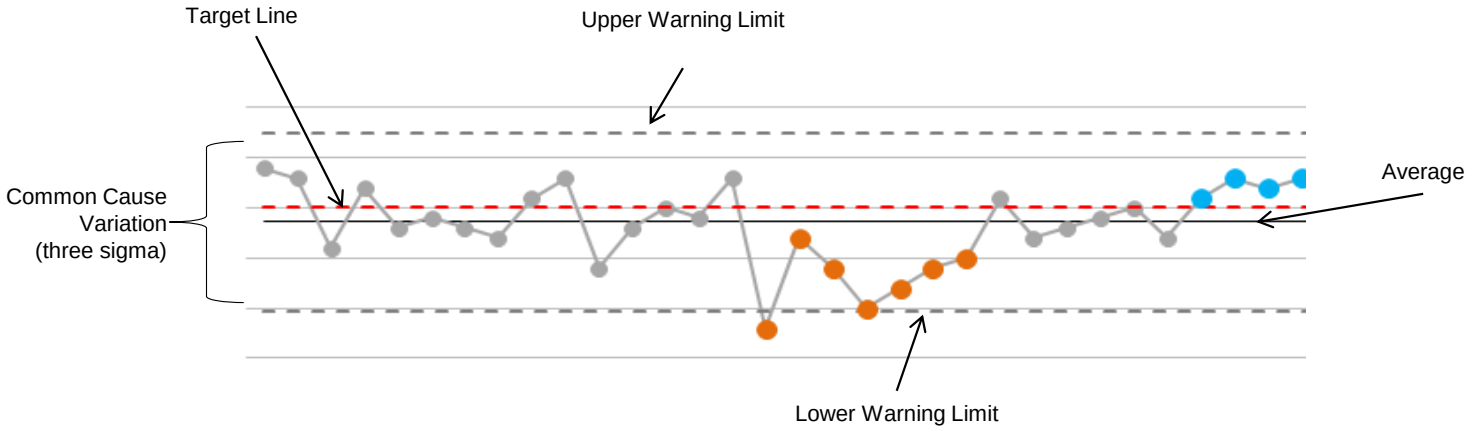
All data included is correct at the time of publication.
Please note that subsequent validation by clinical teams can alter scores retrospectively.



NBT Quality Priorities 2023/24		
Outstanding Patient Experience	**1**	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	**2**	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.
	3	We will minimise patient harm whilst experiencing care and treatment within NBT services.
	4	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.
	5	We will make Maternity and Neonatal care safer, more personalised, and more equitable

Abbreviation Glossary	
AMTC	Adult Major Trauma Centre
ASCR	Anaesthetics, Surgery, Critical Care and Renal
ASI	Appointment Slot Issue
CCS	Core Clinical Services
CEO	Chief Executive
CIP	Cost Improvement Programe
Clin Gov	Clinical Governance
CT	Computerised Tomography
CTR/NCTR	Criteria to Reside/No Criteria to Reside
CQUIN	Commissioning for Quality and Innovation
D2A	Discharge to assess
DDoN	Deputy Director of Nursing
DTOC	Delayed Transfer of Care
EPR	Electronic Patient Record
ERS	E-Referral System
GRR	Governance Risk Rating
HSIB	Healthcare Safety Investigation Branch
HoN	Head of Nursing
ICS	Integrated Care System
IMandT	Information Management
IPC	Infection, Prevention Control
LoS	Length of Stay
MDT	Multi-disciplinary Team
Med	Medicine
MRI	Magnetic Resonance Imaging
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
Ops	Operations
PDC	Public Dividend Capital
P&T	People and Transformation
PTL	Patient Tracking List
qFIT	Faecal Immunochemical Test
RAP	Remedial Action Plan
RAS	Referral Assessment Service
RCA	Root Cause Analysis
SI	Serious Incident
TWW	Two Week Wait
UEC	Urgent and Emergency Care
VTE	Venous Thromboembolism
WCH	Women and Children's Health
WTE	Whole Time Equivalent

Appendix 2: Statistical Process Charts (SPC) Guidance



Orange dots signify a statistical cause for concern. A data point will highlight orange if it:
A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
B) Runs for 7 consecutive points below the average when low reflects underperformance or runs for 7 consecutive points above the average when high reflects underperformance.
C) Runs in a descending or ascending pattern for 7 consecutive points depending on what direction reflects a deteriorating trend.

Blue dots signify a statistical improvement. A data point will highlight blue if it:
A) Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance.
B) Runs for 7 consecutive points above the average when high reflects good performance or runs for 7 consecutive points below the average when low reflects good performance.
C) Runs in an ascending or descending pattern for 7 consecutive points depending on what direction reflects an improving trend.

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

Further reading:
SPC Guidance: https://improvement.nhs.uk/documents/2171/statistical-process-control.pdf
Managing Variation: https://improvement.nhs.uk/documents/2179/managing-variation.pdf
Making Data Count: https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf

NHS North Bristol NHS Trust

Report To:	Public Trust Board			
Date of Meeting:	25 May 2023			
Report Title:	Finance & Performance Committee (F&PC) Upward Report			
Report Author:	Aimee Jordan, Senior Corporate Governance Officer and Policy Manager Xavier Bell, Director of Corporate Governance & Trust Secretary			
Report Sponsor:	Tim Gregory, 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 *private.*				
Purpose of the report:	**Approval**	**Discussion**	**Information**	**Assurance**
				X
Recommendations:	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.			
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 July 2023.			

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 18 May 2023 F&PC.		
Implications for Trust Improvement Priorities: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	
	High Quality Care – *Better by design*	✓
	Innovate to Improve – *Unlocking a better future*	✓
	Sustainability – *Making best use of limited resources*	✓
	People – *Proud to belong*	
	Commitment to our Community - *In and for our community*	
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 – Month 1	

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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 18 May 2023

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.

- The update noted that there had been positive improvements in unscheduled care performance throughout April, but increased pressures moving into May. The Committee was assured that actions were being taken to mitigate the main risks impacting performance, and that there was a targeted recovery focus for Urgent and Emergency Care (UEC) in 2023/24.
- With regards to planned care (RTT), the Committee noted the re-focus on reducing and eliminating the number of patients waiting longer than 65-weeks for treatment, and recognised the challenges brought about by medic and nursing industrial action. The Committee also discussed the impact of patient choice on trajectory performance.
- With regards to Cancer performance, the Committee noted that the focus was on the faster diagnosis standard and sustaining the improved performance.

3.2 Outpatients & UEC Recovery Focus

The Committee were joined by the Delivery Director - Reset & Recovery who presented a series of slides on the Outpatients & UEC Recovery Focus which set out:

- The planning & delivery horizons
- The reset & recovery approach which included the three key principles (data driven, risk orientated and clinically led) for the following areas:
    - Outpatients: The scale of the challenge and the feedback from clinicians was noted. The three workstreams for 2023/24 (outpatient room visibility and usage, reducing DNAs and follow up) were discussed in detail.
    - UEC: the system context and the clinician feedback was discussed at length alongside the UEC summer recovery programme and project charter. The aim to reduce ambulance delays and eliminate 12-hour breaches and improve the 4-hour target was noted.

The Committee received assurance that the focus was understood and that appropriate plans were in place to drive improvement. It was recognised that this would be discussed further at May's Private Trust Board meeting.

The Committee discussed the cultural change challenges in depth, noting that balance of risk was a big part of clinicians driving the cultural change, and suggested that a measure should be in place to monitor the progress.

3.3 Cost Improvement Performance (CIP) Programme 2023/24

The Committee received a report outlining the process that had been followed to identify CIP within the organisation, together with a summary of RAG rated CIP by value and a thematic overview of CIP schemes by Division.

The Committee was assured that there was good progress and a robust process and welcomed the senior management attention. However, it was noted that there were still a significant number of schemes in "planning" and in "pipeline", so ongoing attention and oversight was required.

3.4 Finance Report

The Committee received the Month 11 finance report (see Appendix 1). It was noted that the Trust was circa £1m adverse to plan at the end of April, driven by the impact of industrial action.

3.5 Operational Performance IM&T Update

The Committee received an overall report on performance and priorities within this directorate. Discussion focused on the Digital Maternity programme, where it was confirmed that there had been some positive movement.

The Committee also asked for additional information on the steps being taken to mitigate/remove the risks around community midwifery connectivity. The update provided flagged that there had been some helpful ICS engagement driving some improvement, but more work was required to improve this.

3.6 Data Quality Position Statement

The Committee received the Data Quality Position Statement which had received a green rating of "significant assurance". The Committee welcomed the report and the significant assurance provided.

3.7 Annual Information Governance function performance review including DSPT Performance

The Committee received a report setting out Information Governance activity in the past 12 month and noted that the 2022/23 Data Security Protection Toolkit (DSPT) audit had returned a green/amber assurance rating of "significant assurance with minor improvement opportunities". The Committee welcomed the report and the significant assurance provided.

3.8 Risk Report

The Committee noted the Trust Level Risks and Board Assurance Framework (BAF) risks within its purview. Discussion focused on the need to prioritise NBT's capital spending plans taking into account the high number of estates and equipment risks. The Committee agreed to discuss this in more detail at a future meeting.

3.9 **Other items:**

The Committee also received the following items for information:

- An update from the Business Case Review Group
- Noted a Contract Recommendation for Linen and Laundry Services and recommended it to Trust Board for approval
- Finance and Performance Committee forward work-plan 2023/24

4. Identification of new risks & items for escalation

4.1 No specific new risks were identified.

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.

Report To:	Finance & Performance Committee (F&PC)			
Date of Meeting:	18 May 2023			
Report Title:	Finance Report for April 2023 (Month 1)			
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 *private.*				
Purpose of the report:	**Approval**	**Discussion**	**Information**	**Assurance**
			X	
Recommendations:	The Finance & Performance Committee are asked to note: • the financial performance for the month and year to date position • the Cash position and Capital spend levels for the financial year • the delivery of Cost Improvement Plan savings			
Report History:	N/A			
Next Steps:	Trust Board – 25/05/23			

Executive Summary
The financial plan for 2023/24 in Month 1 (April) was a deficit of £2.3m. The Trust has delivered a £3.3m deficit, which is £1.0m worse than plan. This is predominately driven by the impact of industrial action in month both on additional pay costs and on slippage in elective recovery funding (ERF) income. There is no national reporting of ERF activity until Month 3, however the Trust has made an assumption based on activity information that it has underperformed in Month 1. Once further information is available nationally on the delivery against targets this will be included in the position. The Month 1 CIP position shows £0.3m schemes fully completed. The Trust has a further £7.3m in implementation and planning creating a £16.6m shortfall against the Trustwide £24.2m target. There are a further £7.4m in pipeline. Cash at 30 April amounts to £88.1m, an in-month decrease of £15.8m. Total capital spend year to date, excluding leases, was £5m compared to an original phased plan of £2.6m.

Implications for Trust Improvement Priorities: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	
	High Quality Care – *Better by design*	
	Innovate to Improve – *Unlocking a better future*	
	Sustainability – *Making best use of limited resources*	X
	People – *Proud to belong*	

	Commitment to our Community - *In and for our community*	
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 Equality, Diversity and Inclusion Assessment (EIA)?	No	
Appendices:	N/A	

1. Purpose

This report is to inform and give an update to Finance & Performance Committee on the financial position and performance for Month 1.

2. Financial Performance

2.1. Total Trust

Overall, the Trust delivered a deficit of £3.2m for Month 1 against a planned deficit of £2.3m, creating a £1.0m adverse variance to plan.

The table below summarises the Trust financial performance for Month 1 and the year-to-date.

	Month 1			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	64.0	62.1	(2.0)	64.0	62.1	(2.0)
Other Income	5.6	6.8	1.2	5.6	6.8	1.2
Pay	(43.9)	(45.7)	(1.8)	(43.9)	(45.7)	(1.8)
Non-Pay	(28.0)	(26.4)	1.6	(28.0)	(26.4)	1.6
Surplus/(Deficit)	**(2.2)**	**(3.2)**	**(1.0)**	**(2.2)**	**(3.2)**	**(1.0)**

The Trust has seen an underperformance in contract income due to the impact on elective activity of the strike action. The industrial action has also resulted in increased payments to staff to cover gaps only partially offset by pay reductions.

2.2. Core Trust

The table below summarises the Core Trust including ERF activity (excluding Mass Vaccination, Research and Education) financial performance for Month 1.

	Month 1			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	64.0	62.1	(2.0)	64.0	62.1	(2.0)
Other Income	4.6	6.2	1.6	4.6	6.2	1.6
Total Income	**68.6**	**68.2**	**(0.4)**	**68.6**	**68.2**	**(0.4)**
AHP's and STT's	(6.3)	(6.3)	(0.1)	(6.3)	(6.3)	(0.1)
Medical	(12.0)	(12.8)	(0.8)	(12.0)	(12.8)	(0.8)
Nursing	(15.9)	(16.4)	(0.5)	(15.9)	(16.4)	(0.5)
Other Non Clinical Pay	(8.8)	(9.5)	(0.7)	(8.8)	(9.5)	(0.7)
Total Pay	**(42.9)**	**(45.0)**	**(2.1)**	**(42.9)**	**(45.0)**	**(2.1)**
Drugs	(4.3)	(3.9)	0.4	(4.3)	(3.9)	0.4
Clinical Supplies (Incl Blood)	(5.1)	(5.1)	0.0	(5.1)	(5.1)	0.0
Supplies & Services	(6.3)	(5.9)	0.4	(6.3)	(5.9)	0.4
Premises Costs	(3.7)	(4.0)	(0.3)	(3.7)	(4.0)	(0.3)
Other Non-Pay	(8.4)	(7.5)	0.9	(8.4)	(7.5)	0.9
Total Non-Pay Costs	**(27.9)**	**(26.4)**	**1.5**	**(27.9)**	**(26.4)**	**1.5**
Surplus/(Deficit)	**(2.2)**	**(3.2)**	**(1.0)**	**(2.2)**	**(3.2)**	**(1.0)**

The Core Trust position in month is £1.0m adverse. This highlights the impact of industrial action during Month 1 and the resulting loss of elective activity.

2.2.1. Core In Month

Trustwide Contract Income is £2.0m below planned levels. This adverse variance is driven by lower than expected devices (£0.7m) and High-Cost Drugs income (£0.7m). As both are pass through items, reductions in income will be matched by reductions in expenditure. Income relating to service developments is £0.7m lower than planned as expenditure in these areas have been lower than anticipated.

In addition, a £0.7m provision has been created to reflect the lower than anticipated levels of ERF income caused by reduced activity as a result of the planned strikes held during April. These adverse variances have been partially offset by a £0.9m favourable variance for the Pay Award (incremental 3%) which is matched with an increase in expenditure.

Other income is £1.6m favourable to plan. The Trust has recognised new funding in the year-to-date position since the final plan was signed off in March. A monthly adjustment is undertaken to align this with the plan. This adjustment is net neutral on the Trust position and if removed shows other income to be £1.1m favourable to plan. This is driven by additional invoicing within Core Clinical Services in month.

Pay expenditure is £2.1m adverse to plan. In month 1 the Trust saw the impact of April industrial action with £0.4m adverse variance. In addition, there have been increased temporary staffing

costs of £0.6m. The Trust prudently recognised the costs associated with the 2023/24 pay award agreed with unions. The award is for an additional 5% with only 2% included within the 2023/24 plan. Therefore, an accrual for the additional 3% has been included in month 1 creating a £0.9m adverse position, offset within contract income.

Non-pay spend is £1.5m favourable to plan from underspends on high cost drugs and devices offset in contract income. The Trust is also seeing the benefit of reduce public dividend capital (PDC) and depreciation from the asset revaluation in 2022/23.

2.3. Mass Vaccination

The table below summarises the Mass Vaccination Programme income and expenditure for Month 1.

	Month 1			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Other Income	0.1	0.2	0.0	0.1	0.2	0.0
Total Income	**0.1**	**0.2**	**0.0**	**0.1**	**0.2**	**0.0**
Nursing	(0.0)	(0.1)	(0.0)	(0.0)	(0.1)	(0.0)
Other Non Clinical Pay	(0.1)	(0.1)	0.0	(0.1)	(0.1)	0.0
Total Pay	**(0.1)**	**(0.2)**	**(0.0)**	**(0.1)**	**(0.2)**	**(0.0)**
Total Non-Pay Costs	**(0.0)**	**(0.0)**	**(0.0)**	**(0.0)**	**(0.0)**	**(0.0)**
Surplus/(Deficit)	**(0.0)**	**(0.0)**	**(0.0)**	**(0.0)**	**(0.0)**	**(0.0)**

2.4 Research and Education

The table below shows the research and pass-through education positions. This has been excluded from the core position to remove the impact of variances that have minimal impact on the Trust bottom line position.

	Month 1			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Other Income	0.9	0.5	(0.4)	0.9	0.5	(0.4)
Total Income	**0.9**	**0.5**	**(0.4)**	**0.9**	**0.5**	**(0.4)**
Medical	(0.4)	(0.0)	0.4	(0.4)	(0.0)	0.4
Nursing	(0.2)	(0.3)	(0.0)	(0.2)	(0.3)	(0.0)
Other Non Clinical Pay	(0.2)	(0.2)	(0.0)	(0.2)	(0.2)	(0.0)
Total Pay	**(0.9)**	**(0.5)**	**0.4**	**(0.9)**	**(0.5)**	**0.4**
Other Non-Pay	(0.1)	(0.0)	0.1	(0.1)	(0.0)	0.1
Total Non-Pay Costs	**(0.1)**	**(0.0)**	**0.1**	**(0.1)**	**(0.0)**	**0.1**
Surplus/(Deficit)	**(0.1)**	**(0.0)**	**0.1**	**(0.1)**	**(0.0)**	**0.1**

The research position is underspent on pay, offset with income, due to delays with trials starting.

3. Balance Sheet, Cash Flow, Capital, and Better Payment Practice Code ("BPPC")

	22/23 M12 £m	23/24 M01 £m	In-Month Change £m
Non Current Assets			
Property, Plant and Equipment	491.5	495.4	3.8
Intangible Assets	17.6	17.5	(0.1)
Non-current receivables	1.4	1.4	0.0
Total non-current assets	**510.6**	**514.3**	**3.7**
Current Assets			
Inventories	10.0	10.1	0.1
Trade and other receivables NHS	26.7	27.5	0.8
Trade and other receivables Non-NHS	30.5	33.4	2.8
Cash and Cash equivalents	104.0	88.2	(15.8)
Total current assets	**171.3**	**159.2**	**(12.1)**
Current Liabilities (< 1 Year)			
Trade and Other payables - NHS	4.3	4.9	0.6
Trade and Other payables - Non-NHS	120.9	111.2	(9.8)
Deferred income	17.2	21.8	4.6
PFI liability	15.7	15.7	0.0
Finance lease liabilities	1.4	1.3	(0.1)
Total current liabilities	**159.5**	**154.8**	**(4.7)**
Trade payables and deferred income	6.7	7.3	0.5
PFI liability	349.5	348.7	(0.8)
Finance lease liabilities	5.8	5.7	(0.0)
Total Net Assets	**160.4**	**157.0**	**(3.3)**
Capital and Reserves	0.0		
Public Dividend Capital	469.1	469.1	0.0
Income and expenditure reserve	(371.3)	(377.0)	(5.6)
Income and expenditure account - current year	(5.4)	(3.1)	2.3
Revaluation reserve	68.0	68.0	0.0
Total Capital and Reserves	**160.4**	**157.0**	**(3.3)**

3.1 Property, Plant and Equipment and Intangibles

The year to date increase of £3.7m in Non-current assets is mostly due to an increase in Assets Under Construction (buildings £4.9m, and medical £0.7m) offset with the depreciation charged against IT Assets, the PFI and Plant and Machinery.

3.2 Cash

The cash balance decreased by £15.8m for the month due to changes in the pattern of payments for capital expenditure with increased speed of invoicing from key suppliers significantly reducing the year end accruals position compared to previous years. This has also had a positive impact on BPPC metrics, which have risen to 94.4%.

3.3 Capital Spend

The Trust has over-programmed its capital plan as agreed in the operating plan. The total planned spend for the year, excluding leases, is £46m against approved CDEL of £30.8m.

2022/23 Capital Expenditure Internally Funded Spend	2023/24 plan £m	Year to date Plan £m	Year to date Actual £m	Year to date Variance from plan £m
Internally Funded	21.9	1.8	5.0	3.2
System Funded Elective Centre	7.5	0.6	0.0	(0.6)
Charity and grant funded	0.2	0.0	0.0	0.0
PFI lifecycle	1.2	0.1	0.0	(0.1)
Total Core Plan	**30.8**	**2.6**	**5.0**	**2.5**
Leases	4.7	0.4	0.0	(0.4)

3.4 BPPC

The BPPC achievement by volume of invoices has increased from 90.8% in March 2023 to 94.4% in April 2023.

13.1

4. Cost improvement Programme

The CIP plan for 2023/24 is for savings of £24.2m with £1m planned to be delivered in Month 1. At Month 1 the Trust has £0.3m of completed schemes on the tracker. There are a further £7.3m of schemes in implementation and planning, creating a £16.6m shortfall against the annual target of £24.2m. The Trust has a further £7.4m of schemes in pipeline, in addition to £6m outlined for inclusion in coming weeks on the tracker. It is expected that by Month 2 there will be plans in place for delivery in full of the £24.2m.

Summary Division	FYE Target £m	Completed Schemes £m	Schemes in Implementation £m	Schemes in Planning £m	Total FYE £m	Var. FYE £m	Schemes in Pipeline £m	Total FYE inc Pipeline £m
ASCR	4.8	0.0	0.0	1.1	1.1	(3.6)	3.1	4.3
CCS	3.9	0.3	0.5	1.5	2.3	(1.5)	0.1	2.4
FAC	3.0	0.0	0.2	0.4	0.6	(2.4)	1.5	2.1
MED	3.8	0.0	0.1	2.3	2.4	(1.5)	0.0	2.4
NMSK	1.1	0.0	0.3	0.2	0.6	(0.5)	0.5	1.1
WCH	1.8	0.0	0.4	0.0	0.4	(1.4)	1.8	2.2
CORP	0.8	0.0	0.0	0.2	0.2	(0.6)	0.5	0.6
CENTRAL	5.1	0.0	0.0	0.0	0.0	(5.1)	0.0	0.0
Total	**24.2**	**0.3**	**1.5**	**5.7**	**7.6**	**(16.6)**	**7.4**	**15.0**

5. Underlying Position

The underlying position for 2022/23 was £20.5m. A full review of the underlying position will be made in light of the final 2022/23 position and the plan for 2023/24 to update the drivers and how that will be covered in 2023/24 to get the Trust to a breakeven plan.

6. Recommendation

The Finance & Performance Committee are asked to note:

- the financial performance for the month and year to date position
- the Cash position and Capital spend levels for the financial year
- the delivery of Cost Improvement Plan savings

13.1

Report To:	Public Trust Board			
Date of Meeting:	25 May 2023			
Report Title:	Healthier Together ICS Green Plan			
Report Author:	Megan Murphy, Sustainability Manager Samuel Willitts, ICS Head of Sustainability			
Report Sponsor:	Glyn Howells, Chief Finance 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 *private.*				
Purpose of the report:	**Approval**	**Discussion**	**Information**	**Assurance**
	✓			
Recommendations:	The Trust Board is asked to: • Note the changes made to the Healthier Together ICS Green Plan. • Note that a resource plan will be developed by Sept 2023 to outline resources required to deliver the Green Plan and achieve Net Zero Carbon by 2030. • Approve the updated ICS Green Plan.			
Report History:	• Healthier Together Executive Group • Healthier Together Estates group • Sarah Truelove, CCG DOF			
Next Steps:	• Green Plan to be taken to the Boards of all BNSSG ICS organisations in Q1 and Q2 of 2023/24. • Finalise resource plan. • Establish key working groups within NBT to deliver Green Plan objectives at the Trust level.			

Executive Summary

The first published version of the ICS Green Plan had been developed relatively quickly to meet NHS England (NHSE) timescales which required submission by March 2022. This timescale was achieved and the Plan was subsequently approved formally by the ICS partners. The NBT Trust Board approved it in July 2022.

It was always acknowledged that the Plan would be refreshed following the initial submission with greater levels of stakeholder engagement and having more time to finesse the document. Since the submission of the first version, there has been thorough consultation with a wide range of stakeholders and the workstream leads to further develop the ICS Green Plan. This work is now complete and the document is ready for final approval by the ICS organisations' boards.

The key changes to the Green Plan are outlined in the main body of the report and cover all 11 key sustainability workstreams.

The next phase of delivery is identifying the additional resource required to achieve Net Zero Carbon by 2030. A resource plan will be developed by September 2023 and presented to the Trust Board for information. The scope of this resource plan will cover high level capital and

revenue costs required from now until 2030. A more detailed resource plan will be developed for the next three years.		
Implications for Trust Improvement Priorities: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	
	High Quality Care – *Better by design*	✓
	Innovate to Improve – *Unlocking a better future*	✓
	Sustainability – *Making best use of limited resources*	✓
	People – *Proud to belong*	✓
	Commitment to our Community - *In and for our community*	✓
Link to BAF or Trust Level Risks:	SIR 16, risk of failing to meet the Trust's 2030 Net Zero goal and failing to adapt to climate change.	
Financial implications:	A long-term, high-level capital and revenue resource plan will be developed by Sept 2023 for delivering the green plan and achieving net zero carbon by 2030.	
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	Yes, Equality Impact Assessment appended.	
Appendices:	Appendix 1: Healthier Together ICS Green Plan Appendix 2: Equality Impact Assessment Appendix 3: Healthier Together ICS Green Plan summary slide deck	

1. Purpose

1.1 This paper seeks Trust Board approval to the updated ICS Green Plan that now reflects greater engagement held with stakeholders on the Green Plan objectives, workstreams, activities and reporting measures.

2. Background

2.1 In July 2022 the Trust Board approved the initial Healthier Together ICS Green Plan which had been developed relatively quickly to meet NHS England (NHSE) timescales. That version had been issued to NHSE in March 2022. It was always acknowledged that the Plan would be refreshed following the initial submission with greater levels of stakeholder engagement and having more time to finesse the document. After thorough consultation with external stakeholders and the workstream leads the Updated Green Plan is now ready for final approval by the ICS organisations' boards.

3. Key Changes to the Green Plan

3.1 Changes have been made across all 11 key sustainability workstreams within the Green Plan The key changes are outlined below:

- The introduction of waste as a key theme and transformation of the travel and transport and workforce and system leadership themes into travel, transport and air quality, and people and engagement.

- The addition of a high level cost trajectory required to abate the ICS's carbon footprint as well as a commitment to influence key ICS decision making by developing a carbon price that will be applied to all business cases and procurement.
- The involvement of Primary Care within the ICS Green Plan Core Team.
- The Healthier with Nature and West of England Partnership has been identified in the Plan as a wider partner.
- The inclusion of a pledge to invest in increasing biodiversity and support local sustainable food production, enabling access to nature rich green spaces that provide opportunities for nature connection across our services.
- The inclusion of a pledge to monitor progress made by suppliers towards achieving net zero carbon and social value.
- The addition of a timeline to develop an ICS-wide dashboard and a costed delivery plan, measuring outcomes and reviewing dashboard at ICS board level.
- Amendments to key metrics to better measure progress.
- The inclusion of a roadmap infographic summarising the timeline of key targets.
- The inclusion of an established governance and delivery structure.
- A statement confirming that 10% of system capital will be committed in 2024/25 to a decarbonisation fund which partners can bid for and which will be overseen by the Green Plan Steering Group.

The ICS carbon abatement cost is shown in the diagram below.

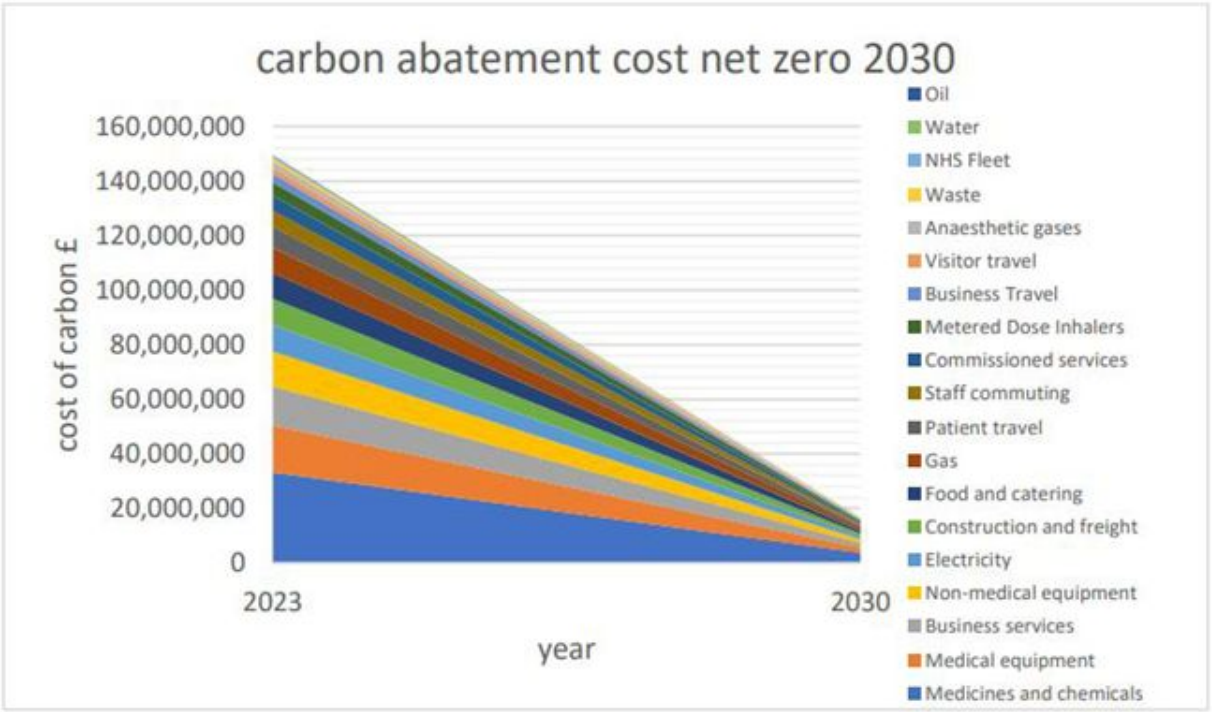

Fig1. Carbon abatement cost for ICS carbon footprint

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4. Next steps for Green Plan delivery

4.1 Over the course of 2023/24, a prioritised resource plan will be developed outlining capital and revenue costs required to deliver the Green Plan and achieve net zero carbon by 2030. The sustainability team will also develop and trial a Sustainability Impact Assessment and Carbon Calculator that will be applied to business planning, capital planning and business case review processes to aid decision making and ensure our spend is aligned with the Green Plan and net zero. The NBT team will actively support the embedding of sustainability into the ICS capital prioritisation process.

5. Summary and Recommendations

5.1. The Trust Board is asked to:

- Note the changes made to the Healthier Together ICS Green Plan.
- Note that a resource plan will be developed by Sept 2023 to outline resources required to deliver the Green Plan and achieve Net Zero Carbon by 2030.
- Approve the updated ICS Green Plan

Healthier Together

Improving health and care in Bristol, North Somerset and South Gloucestershire

Healthier Together Integrated Care System

Bristol North, Somerset, and South Gloucestershire

Green Plan

2022 – 2025

Version 1.2 draft

1.0 Approved by Healthier Together Executive Group DATE

14.1

Contents

Foreword

As an Integrated Care System we are committed to meeting the health and care needs of our communities today and into the future. We have a duty to ensure we continue to deliver exceptional health and care in a responsible way that embraces our role as anchor organisations in Bristol, North Somerset, and South Gloucestershire.

We are committed to delivering the ambitious plans set out in this Green Plan, providing high standards of quality health and care whilst addressing the environmental impact this creates. We want to do more than just minimise any negative impact of our activities; this plan shows how, through developing sustainably, we can make a significant positive contribution to the local economy, society and environment.

Climate change has been declared as 'the greatest threat to global health' (Lancet, 2017) which will have serious implications for our health, wellbeing, livelihoods, and the structure of organised society. Failure to act quickly will heighten existing national health and care challenges, place further financial strain on the NHS and care sector, and worsen health inequalities within the UK and internationally.

In recognition of the urgency of the threat that climate and ecological breakdown poses to public health, we are setting out extremely ambitious goals. We wish to be leaders in fast tracking plans to achieve carbon neutrality – improving the health of our population in the process. This strategy commits us to a net zero carbon target of 2030, improving air quality and biodiversity, reducing our use of single use plastics, and creating a wider change movement amongst local communities and businesses. These targets are challenging but show our commitment to working with partners to deliver our vision.

Shane Devlin

Chief Executive, Healthier Together Integrated Care System

Executive Summary

Climate change is one of 'the greatest threats to global health' (Lancet, 2017) which will have serious implications for our health, wellbeing, livelihoods, and the structure of organised society. As an ICS we have put sustainability at the core of our aims and objectives. This plan sets out the commitments we have made to deliver 3 key outcomes for our population:

Improve the environment: We will improve the overall environmental impact and sustainability of our services, especially the damaging local impacts of air pollution. This will create a cleaner, safer, more ecologically resilient environment, locally and globally, including restoring biodiversity as much as possible

Net zero carbon: We particularly recognise the pressing urgency to address our carbon footprint and will reduce the impact of our services on the environment by achieving net zero carbon across all emissions scopes by 2030

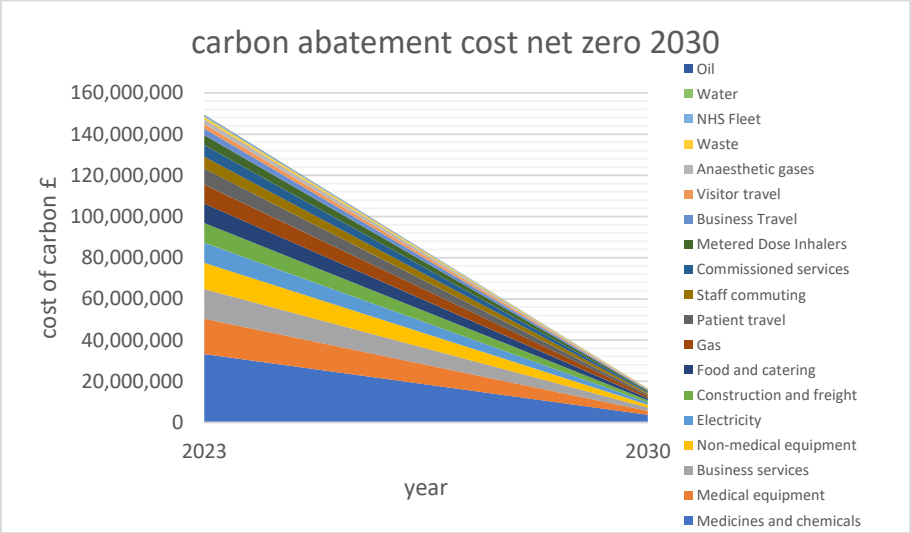


Fig1. Carbon abatement cost for ICS carbon footprint

Generate a BNSSG-wide movement: Our sustainability behaviours, actions and innovations as anchor institutions will support a cultural change amongst local citizens and businesses resulting in wider improvements in air quality, biodiversity, and the quality of the natural environment whilst building resilience in our communities.

We will do this by:

1. **Holding our shared ambition** - building on the success of our organisational level work, we have set out this clear shared ambition that all partners align to
2. **Establish the enabling conditions for change** – putting the green agenda at the heart of our ICS – how we business plan, allocate resources, and develop our governance
3. **Coordinating highest impact projects across partner organisations** – we have set out ambitious pledges, commitments, and deliverables across the highest impact areas
4. **Creating assurance of delivery of actions –** through the clarity of our ambitions, executive leadership, defined outcomes measures and clear accountability.

We want to ensure that we harness the power of our staff, citizens, community and voluntary organisations and local business networks in the delivery of this plan.

1. Status of this plan

This plan was developed at pace during the Covid-19 pandemic with less organisational and public engagement than we would have liked. Since the initial plan was approved in March 2022 we have engaged widely with stakeholders to develop this revised version.

This ICS plan covers three main areas:

i. **Our shared ambition:** Our broad ambitions, linked to our ICS Outcomes Framework and the specific needs of our population
ii. **Our collaborative intent:** Those priorities that will benefit from cross-organisational action. It is likely these will initially be focused on health partners but will be extended to cover the shared benefits of working across health & social care and beyond
iii. **Assurance and delivery:** A framework for assurance, support and accountability of our organisational plans and specific deliverables against priority required over the next 3-years:
    a. Initial focus on University Hospitals Bristol & Weston NHS Foundation Trust, North Bristol NHS Trust, Avon & Wiltshire Mental Health Partnership NHS Trust, Sirona Care & Health CIC and Primary Care
    b. Plans for extending scope and our shared agenda with local authorities and wider partners

Consultation and engagement

Wider engagement and assurance of the actions set out in this plan has been undertaken through 2022. This process has involved system groups representation, wider partners and external review Bristol Advisory Committee on Climate Change. The results of that consultation have been included in this revised version. It is anticipated that a final public version will be approved by the ICS Executive and published in early 2023.

Links to other strategies / core documents

Our ICS Green Plan sets out broad ranging ambitions and actions that will change almost every aspect of how we operate. As such, it is seen as a central pillar of our ICS development, embedded within our core aims and objectives. The implications will crosscut many of our existing and future strategies, including:

- ICS Strategy Framework
- ICS Memorandum of Understanding
- Provider Green Plans (UHBW, NBT, AWP, Sirona)
- ICS Population Health Approaches
- ICS Quality Improvement & Oversight Framework
- ICS Financial Framework
- ICS Performance Management & Improvement Framework
- ICS Communications & Engagement Framework
- Bristol & Weston Purchasing Consortium Procurement Strategy
- Integrating NHS Pharmacy and Medicines Optimisation (IPMO) implementation plan 21-24
- Joint Green Infrastructure Strategy
- WENP Nature and Health Strategy

Note: Some of these documents will be redrafted as the ICS strategy develops

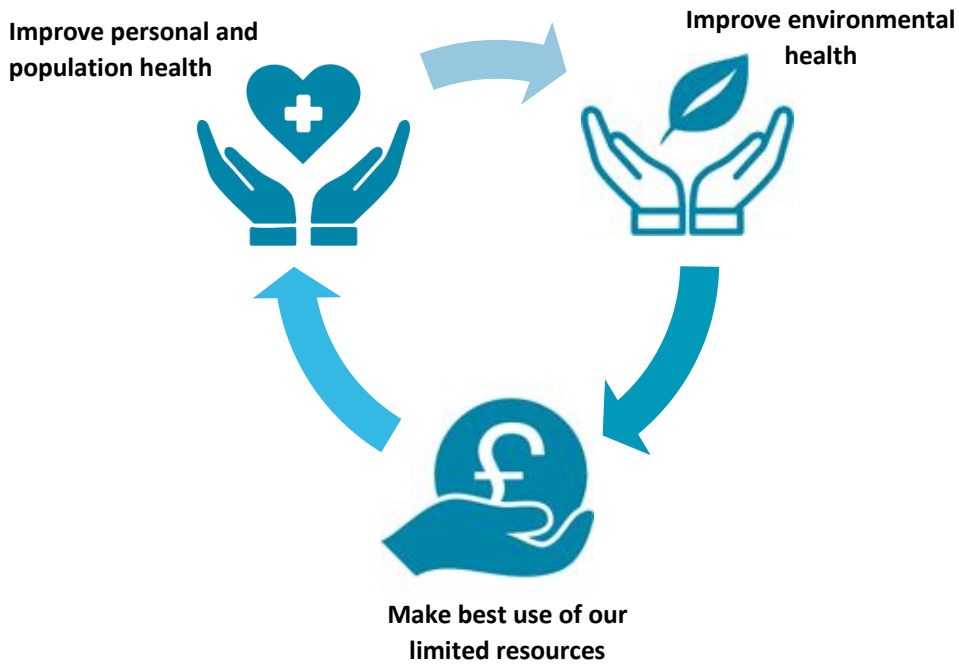
2. About Greener NHS Agenda & Climate Change

Climate change has been declared as 'the greatest threat to global health' (Lancet, 2017) which will have serious implications for our health, wellbeing, livelihoods, and the structure of organised society. Failure to act quickly will heighten existing national health challenges, place further financial strain on the NHS, and worsen health inequalities within the UK and internationally.

In delivering services for the public, the NHS and Local Authorities also generate carbon emissions and air pollution that are harmful to health. We have a moral duty to our population to minimise these impacts and to adapt our services to the unavoidable impacts of climate change.

We recognise that meeting our sustainability goals is not something we will focus on once we have met our core aims and objectives; **operating sustainably is at the core of how we will meet our ICS aims and objectives**

In developing our ICS we aim to deliver a truly sustainable health and care system that will bring multiple mutually reinforcing benefits:



- **Improve personal and population health**: improved physical & mental wellbeing of our citizens, more resilient communities, improved health outcomes & reduced demand on our services
- **Improve environmental health:** create a cleaner, safer, more ecologically sound environment locally and globally, including restoring the environment and biodiversity as much as possible
- **Make best use of our limited resources:** use our resources at maximum efficiency by getting it right first time to make our services more cost effective and eliminate waste

Examples of mutual benefits

Access to nature-rich green space: There is a wealth of evidence linking nature-rich green space and engagement with nature with improved health and wellbeing. This includes accelerated patient recovery, improved social cohesion and improved mental health. If every household in England were provided with good access to quality green space, it could save an estimated £2.1 billion in health care costs[i]. BNSSG is in a strong position to develop this way of working having been awarded one of just seven national test and learn sites for Green Social Prescribing.

Active travel: Across BNSSG, 5% of deaths are attributable to air pollution[ii]. Green transport options, such as improved bicycle infrastructure and facilities can yield a high benefit-cost ratio in the long term for both health and the environment. For example, in the Netherlands where about 27% of all trips are made by bicycle, cycling prevents about 6,500 deaths each year[iii]. Increased physical activity will lead to fewer strokes and heart conditions and improved mental health.

Improve our buildings: Between 2013 and 2018, there were an estimated 160,000 excess winter deaths in the UK. Of these, each year around 9,700 people died due to a cold home – the same as the number of people who die from breast or prostate cancer each year. The fact that UK homes are amongst the least energy efficient in Europe suggests that these deaths are preventable. By improving energy efficiency in homes, we can reduce preventable deaths associated with living in a cold home as well as reducing unnecessary fuel consumption[iv]

Financial efficiency: Sustainable health & care is high-quality, cost-effective care: Procuring for whole life costs; stripping out waste; high-quality services Getting It Right First Time; accounting for whole population benefits of service design, creating a resilient supply chain with security of supply

Green procurement: decarbonise supply chain; reduce whole life costs by adopting the principles of a circular economy; address carbon & air pollution impact of transport of goods. Accounting for the value of ecosystem services on air pollution, flooding, heat waves and the health cost savings they provide.

Supporting social value through procurement: Regional collaboration ensuring the collective £1bn purchasing power of local anchor institutions supports social value by creating opportunities for micro, small and medium size businesses, social enterprises and voluntary / community organisations

Social prescribing alternative to certain medications as clinically appropriate: increase physical activity, improving physical health & reducing demand on services; reduce the considerable carbon impact of medicine manufacture; increase social interaction and connection, spreading the benefits; reduce the adverse impact of medicines on the local water supply & associated flora & fauna

3. About our ICS

The Healthier Together Integrated Care System has been established to realise our shared ambitions to improve the health and wellbeing of the people of Bristol, North Somerset, and South Gloucestershire. The Partnership was established in 2016 to work together across the NHS, local government and social care. In 2019 we agreed a five-year plan to deliver significant improvements in the health and wellbeing of our population, to improve the quality of our services and people's experience of care and to make BNSSG the best place to work for our staff.

We were formally designated as an Integrated Care System in December 2020. The Integrated Care Board was established in July 2022. An Integrated Care Strategy is being developed for the population of BNSSG, covering health and social care and addressing the wider determinants of health and wellbeing. This strategy will focus on improving outcomes, reducing inequalities, and addressing the consequences of the pandemic for our local communities. Fundamental to this is our commitment to sustainability.

Healthier Together Integrated Care Partnership (ICP)

Bristol, North Somerset and South Gloucestershire Integrated Care Partnership is a statutory committee of the Integrated Care System. Members:

Integrated Care Board:

- NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB)

Healthcare Providers:

- Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)
- North Bristol NHS Trust (NBT)
- Sirona care and health (Sirona)
- Southwestern Ambulance Service NHS Foundation Trust (SWASFT)
- University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

GP Federation:

- One Care (BNSSG) C.I.C. (One Care)

Local Authorities:

- Bristol City Council (BCC)
- North Somerset Council (NSC)
- South Gloucestershire Council (SGC)

Contribution to and commitment to this Green Plan

All Healthier Together Partners have endorsed the vision and aims set out in this plan. However, due to the evolving nature of the ICS the level of engagement in the development of the plan, and the involvement in the delivery of actions varies across partners. This is summarised as follows:

Organisation	Organisational Green Plan (or equivalent) with exec leadership	Commitment to core vision & aims	Involvement in plan development	Delivery
NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB)	No	Yes	Core	Core delivery of plan
Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)	Yes	Yes	Core	Core delivery of plan
North Bristol NHS Trust (NBT)	Yes	Yes	Core	Core delivery of plan
Sirona care and health (Sirona)	Yes	Yes	Core	Core delivery of plan
University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)	Yes	Yes	Core	Core delivery of plan
Primary Care One Care (BNSSG) C.I.C.	Yes	Yes	Core	Core delivery of plan
Commissioning Support Unit	Yes	Yes	High level engagement	Wider partnering opportunities
Southwestern Ambulance Service NHS Foundation Trust (SWASFT)	Yes	Yes		Wider partnering opportunities
Bristol City Council (BCC)	Yes	Yes	High level engagement	Wider partnering opportunities
North Somerset Council (NSC)	Yes	Yes	High level engagement	Wider partnering opportunities
South Gloucestershire Council (SGC)	Yes	Yes	High level engagement	Wider partnering opportunities

Wider partners

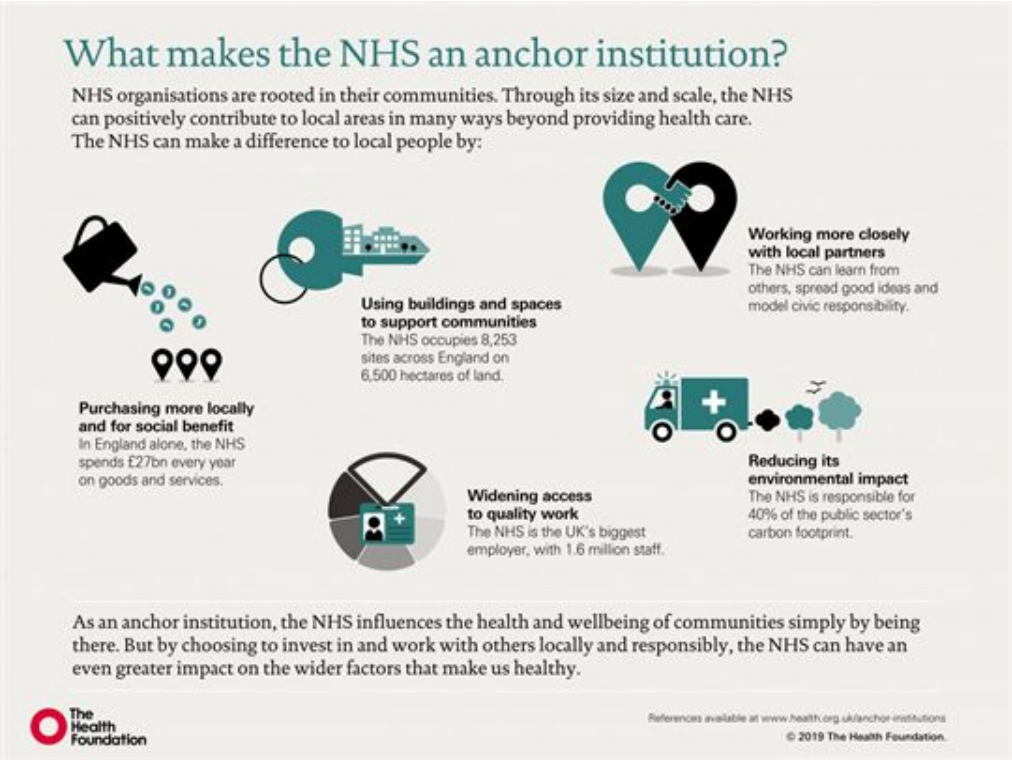
As anchor institutions we recognise our role in leading with our local communities. As such, successfully meeting our sustainability ambitions will require us to work closely with a number of leading local institutions. These include:

- Our landlords & property partners, including NHS Property Services
- Southwest Commissioning Support Unit
- West of England Combined Authority
- Academic partners including the West AHSN, Bristol Health Partners, University of Bristol and University of the West of England
- Bristol Advisory Committee on Climate Change

- NHS Blood & Transport
- Independent Sector Treatment Centres and private hospitals
- Voluntary sector bodies
- Healthier with Nature and West of England Nature Partnership
- Citizen leaders
- Key supply chain partners

Our ICS organisations acting as anchor Institutions

The term anchor institutions refers to large, typically non-profit, public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on the health and wellbeing of communities[1].



As an ICS we recognise the power we have as anchor institutions and commit to using this to positively contribute to our local area. This green plan gives us an opportunity to demonstrate what this means in practice, as set out in our vision and outcomes measures.

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[1] The NHS as an anchor institution, The Health Foundation, The NHS as an anchor institution (health.org.uk)

4. Our Population

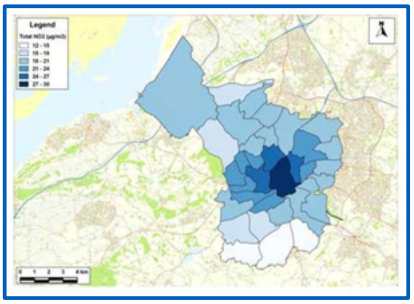
We serve a population of approximately one million people within distinct communities: a vibrant city with huge economic resources but also pockets of deprivation, seaside towns and villages and rural areas. People's life chances and prospects of enjoying good health vary dramatically depending on where they are born and where they live. Our children are disproportionately affected, with nearly 40% of children in Bristol falling within the most deprived quintile. We need to deliver health and wellbeing services that meet the needs of each of these diverse communities.

Specific Sustainability Aspects of Our Population

There are some specific aspects of our demographics and geography that we will look to address through our green plan, including:

Air pollution

Across BNSSG, 5% of deaths are attributable to air pollution, which rises to 8.5% for Bristol residents[v]. Air pollution particularly affects the most vulnerable in society: children and older people, those with heart and lung conditions and those living in the most deprived, inner-city areas. It is recognised as a contributing factor in the onset of heart disease and cancer.



Population-weighted total nitrogen dioxide concentrations, Bristol, 2013.

Our health behaviours – obesity & activity levels

Being overweight or obese increases the risk of death from a number of conditions including cancer, heart disease and stroke and is associated with increased risk of poor physical, mental and social health. Whilst prevalence of obesity in BNSSG is lower than South West and England averages, a large proportion of our population are affected. Around 1 in 5 reception age children in BNSSG are overweight or obese and this rises to almost 1 in 3 by the age of 11[vi].

Risk Factors attributed to Disability	Bristol	South Gloucestershire	North Somerset
High body-mass index	1	1	1
Tobacco	2	2	3
High fasting plasma glucose	3	3	2
Alcohol use	4	4	5
Drug use	5	8	7
Dietary risks	6	5	4
Occupational risks	7	6	6
Malnutrition	8	7	9
High blood pressure	9	9	8
Low bone mineral density	10	10	10

Risk factors for Years Lived with Disability rate per 100,000 population by local authority 2019

Activity levels amongst adults in BNSSG are relatively high (61.1% of adults in BNSSG are considered active), particularly when compared with the England population as a whole, but there are substantial levels of inactivity. Approximately 1 in 4 (25%) of the adult population in BNSSG do less than 30 minutes of moderate intensity physical activity per week. In England, on average, 28.7% of the adult population are inactive. Promoting active travel as part of our sustainability ambitions will help to support healthy behaviours[vii].

Access to healthy food:
70% of BNSSG households purchase fresh and affordable food close to home on a weekly basis. This figure drops to 30% for those with serious long-term conditions and 45% in Worle, Weston and Villages. It rises to 75% in North Bristol and Woodspring. Our food and nutrition actions set out in this plan aim to increase awareness of nutritious and environmentally sound food choices[viii].

Healthy life expectancy
Healthy life expectancy (the number of years expected to be lived in self-reported good or very good health) is associated with a strong deprivation gradient within BNSSG

The main contributing factors to disability/poor health	Alignment to green plan ambitions
Musculoskeletal disease	Active travel & green social prescribing
Cardiovascular disease and stroke	Active travel, nutrition, preventative models of care
Respiratory diseases including COPD	Targeting air pollution
Depression and mental health problems	Green social prescribing
Cancers and particularly lung cancer	Targeting air pollution, healthy lifestyle choices
Alcohol and drug misuse	Green social prescribing

Summary

With wider determinants impacting health outcomes by up to 40%[ix], we know that we can only gain real traction in significantly improving the health of our population by working together and particularly capitalise upon the full range of interactions our Local Authorities have with the public.

Making a significant improvement in the health and wellbeing of our population will mean:

- Addressing the major health threats of cardiovascular/cerebrovascular, respiratory, mental health, musculoskeletal diseases and cancer.
- Addressing the gross inequalities in our system by deprivation and between groups, such as those with learning disabilities and serious mental health issues.

As one of our key system objectives, a sustainable approach to health and care delivery, will be part of addressing the wider determinants of health outcomes

5. Our Green Plan Vision

Our sustainability vision is set out as one of our 7 ICS strategic aims.

ICS Strategic Aim 6: We will act as leading institutions to drive sustainable health and care by improving our environment, achieving net zero carbon by 2030; improving the quality of the natural environment; driving efficiency of resource use.

We will focus on delivering 3 key outcomes for our population:

Improve the environment: We will improve the overall environmental impact and sustainability of our services, especially the damaging local impacts of air pollution, creating a cleaner, safer, more ecologically sound environment locally and globally, including restoring the environment and biodiversity as much as possible

Net zero carbon: We particularly recognise the pressing urgency to address our carbon footprint and will reduce the impact of our services on the environment by achieving net zero carbon across all emissions scopes by 2030

Generate a BNSSG-wide movement: Our sustainability behaviours, actions and innovations as anchor institutions will support a cultural change amongst local citizens and businesses resulting in wider improvements in air quality, biodiversity, and the quality of the natural environment

Our pledges:

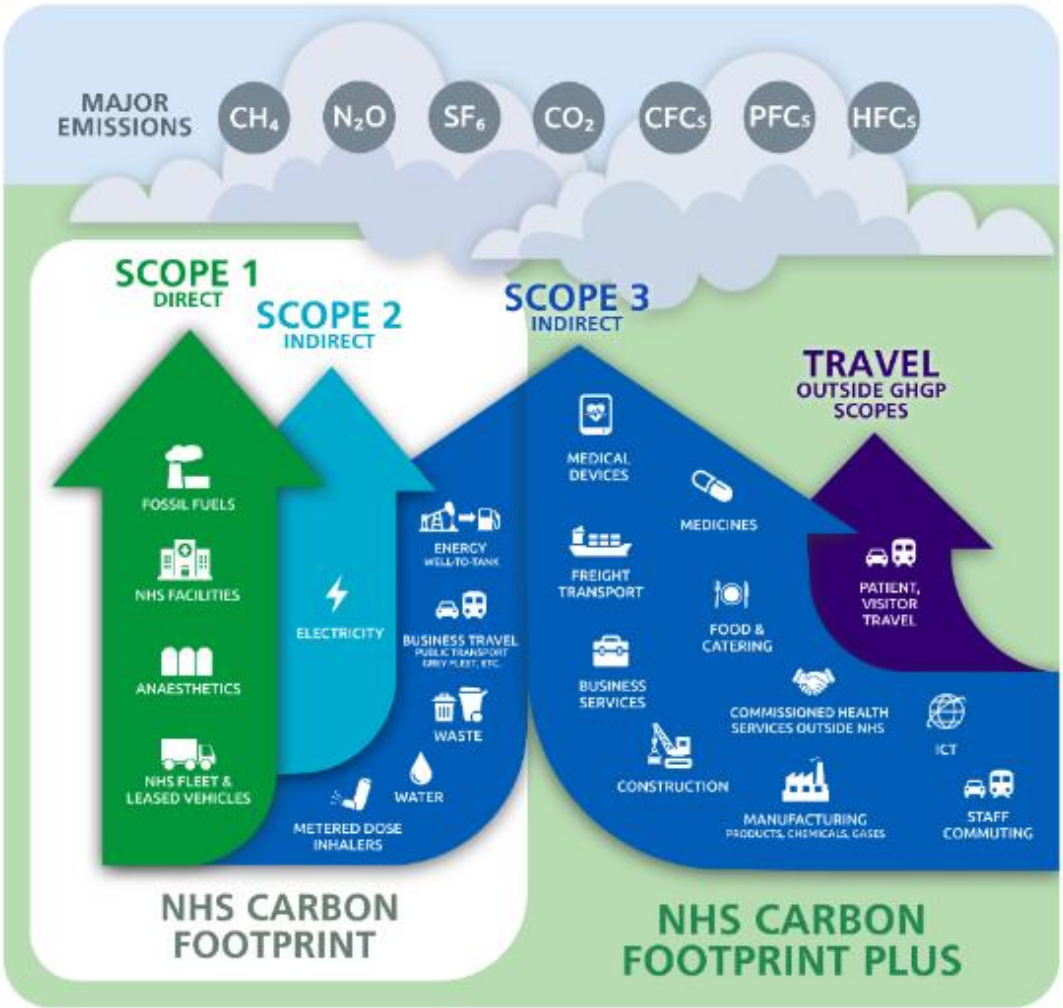
- We will ensure all new capital developments are net zero unless there are significant exceptions. This will be considered a pass/fail decision point in our capital prioritisation matrix
- We will maximise our system building capacity, facilitated by investments in digital infrastructure, before any partner organisation builds new non-clinical buildings
- We will lease or purchase only ultra-low emission vehicles unless a sustainable equivalent is not available in the market
- All new buildings and refurbishments must meet the NHS Net Zero Carbon Building Standard
- We will invest in increasing biodiversity and supporting local sustainable food production, enabling access to nature rich green spaces that provide opportunities for nature connection across our services
- We will expect all new models of care to demonstrate a carbon reduction and/or a wider sustainable benefit to support population health
- We will aim for all new procurements or renewals to be with suppliers that demonstrated a clear commitment and plan to achieve net zero carbon and social value. We will evaluate and monitor suppliers on their delivery against those commitments
- We will actively seek opportunities to create social value through our spending to appoint micro, small and medium size businesses, social enterprises and voluntary / community organisations

6. Our Carbon Footprint – Scope Definitions

The NHS categorises scope 1 & 2, and a specific sub-set of scope 3 emissions as the NHS Carbon Footprint. The remainder of the scope 3 emissions are classed as the NHS Carbon Footprint Plus.

Throughout this plan, and in our ICS commitments, we are referring to the total carbon emissions generated directly and indirectly by our services – i.e., scopes 1, 2 & 3.

Scope	Description	Examples
Scope 1: Direct Emissions	Direct emissions from sources that are owned or controlled by the NHS	• Direct fuel/energy use e.g. natural gas • Fuel used from institution owned vehicles • Anaesthetic Gases
Scope 2: Electricity Indirect Emissions	Emissions from the generation of purchased electricity consumed by the NHS	• Purchased electricity
Scope 3: Other Indirect Emissions	Emissions that are a consequence of the activities of the NHS, but occur from sources not owned or controlled by the NHS	• Construction, water, waste, land-based travel, commuting (both staff and students) • Food and catering • Procurement & supply chain

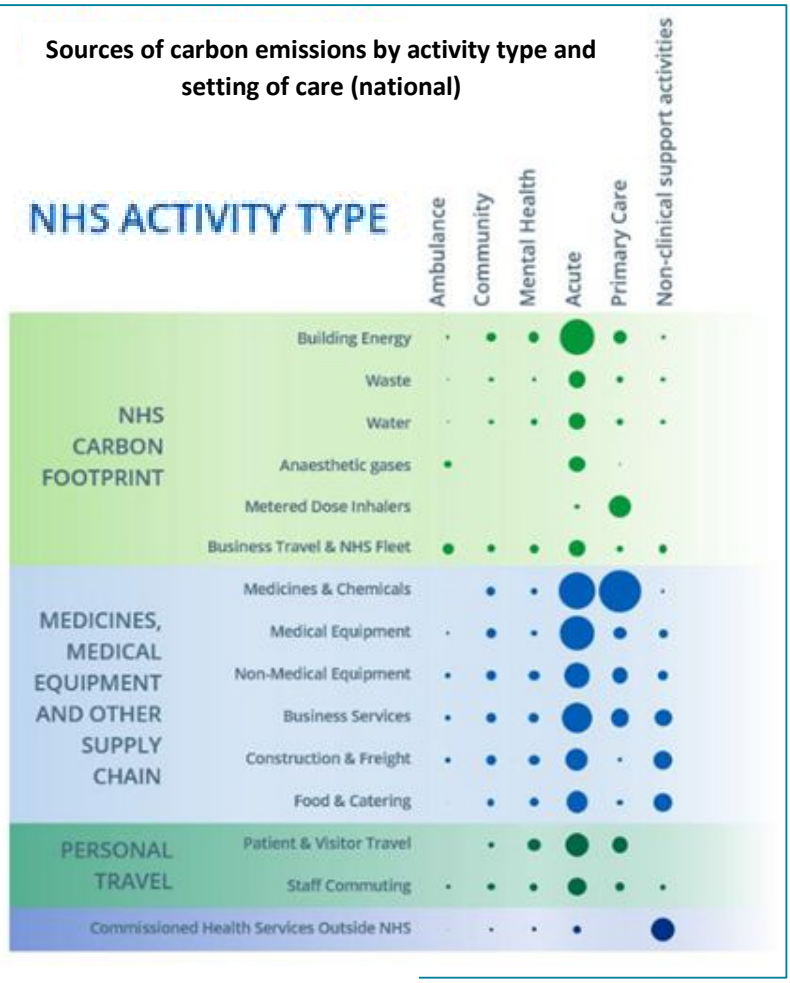


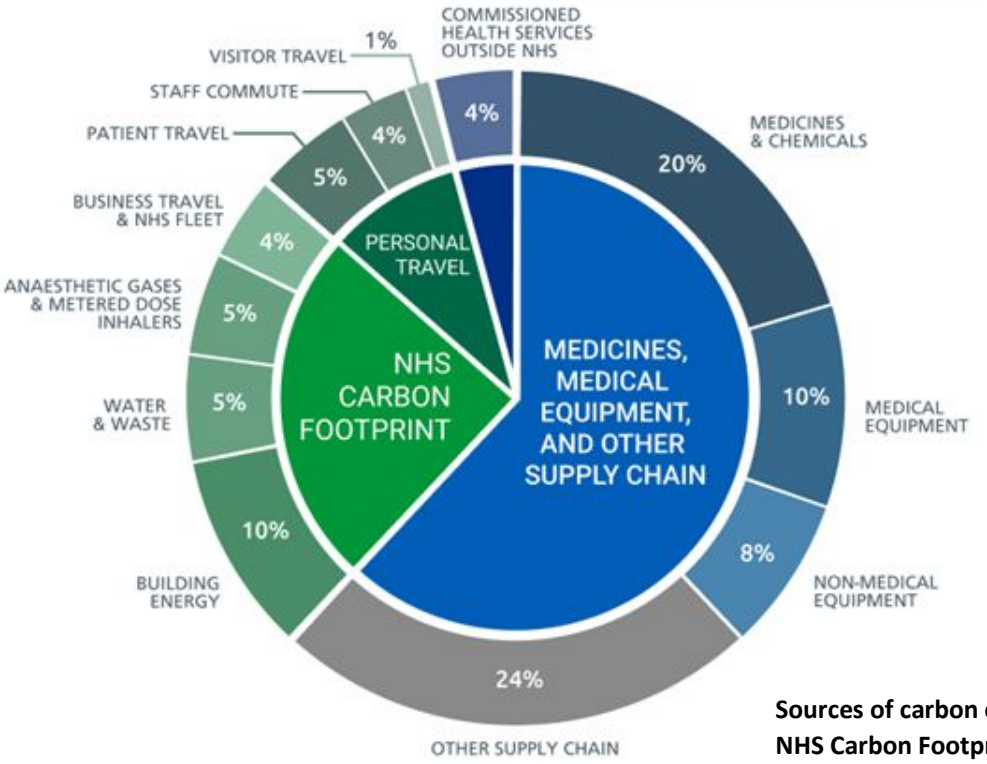
What makes up our carbon footprint (based on national top-down figures):

Most of our carbon footprint is associated with the acute sector, with building energy, waste & water being the largest element of the NHS Carbon Footprint

Medicines & chemicals, NHS purchasing, and other supply chain are the largest element of the NHS Carbon Footprint Plus. We commit to actively influencing our supply chain and associated manufacturers to achieve net zero.

Sources of carbon emissions by activity type and setting of care (national)





Sources of carbon emissions by proportion of NHS Carbon Footprint Plus (national)

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7. How we will measure our progress

To assure ourselves and our citizens that we are on track to deliver our headline ambitions we will establish a number of key metrics. For some aspects of our sustainability ambitions there are not currently suitable measures. For these we will work to develop measures and use proxy measures in the meantime.
Our approach to measuring our progress is:

- To have an ICS-wide dashboard by March 2023
- Develop costed delivery plan by March 2024 to measure ourselves against
- Ensure wherever possible we measure outcomes (i.e., what will be different for our population), rather than processes
- To review our dashboard at least annual at organisational and ICS board level

Deliverables	2023/2024				2024/2025				2025/2026				2026/2027				2027/2028			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
To establish a system-wide dashboard																				
Develop costed delivery plan to measure ourselves against																				
Ensure that we measure outcomes (i.e., what will be different for our population), rather than processes																				
Review our dashboard at least annually at organisational and ICS board level																				

Headline Measures:

Target areas	Measures	Target
Improve the environment: We will improve the overall environmental impact and sustainability of our services, especially the damaging local impacts of air pollution		
Travel & Transport: Reduce particulate, CO_2 & NOX impacts of travel (ultra-low emission vehicles, active travel)	Air quality around our main hospital sites & mean annual background concentration of PM 2.5 and PM 10 particulates	Within legal limits of the 2008 ambient air quality directive by 2025.
	Fraction of mortality attributable to air pollution	Improve across a medium-term rolling average
	Number of journeys to hospital for outpatient care	30% of all non-procedure outpatient attends non-F2F from 22/23
	% Of patients that travel to care contact by sustainable methods	50% by March 2025
	% Of staff that travel to work by sustainable methods	50% by March 2025
	% Of fleet vehicles that are ULEV (or EURO 6 standard where ULEV not available)	100% by March 2024
	% Of fleet vehicles that are ZEV	50% March 2025, 75% March 2027, 100% by March 2027
Waste & water: Reduce waste & water across all estates	Total water consumption of our services (vol)	Reduce compared to previous year
	% Waste to landfill	0% zero waste to landfill from our estates by 2025
	Clinical waste ratio: 20% high temp incineration, 20% alternative treatment, 60% offensive waste by weight	Ratio achieved by March 2025
	Recycling weight	60% of all waste reused or recycled by March 2026, 80% by 2028, 100% by 2030
Plastics: Reduce single use plastics	Total volume / number of single use plastic products replaced with reusable alternative	Volume/number reduced through clinically led replacement with reusable alternative
Biodiversity: Protect and enhance biodiversity across our estates	Area (m2) of our sites improved/managed for biodiversity and staff wellbeing	30% of sites greenspace protected for wildlife by 2025
	New trees planted across our footprint by 2025	10000 trees planted by 2025, 20000 by 2030
	Biodiversity value of our sites	All new development and relevant refurbishments achieve 10% net gain in biodiversity by 2026

Target areas	Measures	Target
	Net Zero Carbon: We particularly recognise the pressing urgency to address our carbon footprint and will reduce the impact of our services on the environment by achieving net zero carbon across all emissions scopes by 2030	
Total all scopes carbon	Carbon footprint for our activates scope 1, 2 & 3	Net zero by 2030
	Total financial cost to the system if we were to off-set our carbon emissions (all scopes)	Reduction year on year towards minimal offset by 2030 [£378/tCO2e]
Estate: Decarbonise estates	Carbon footprint from estate (exc. energy) - i.e., waste, water, other	80% by 2028, Net zero by 2030
	% New build capital projects achieving NHS Net Zero Carbon Building Standard	100% from 22/23 (unless significant exceptions)
	% Refurbishment capital projects contributing to NHS Net Zero Carbon Building Standard	100% from 22/23 (unless significant exceptions)
	Utilisation of our estate: carbon use per care episode to [not yet measurable]	Reduce year on year
	Use of Sustainable Design Guide / net zero building standard for all new buildings/refurbs	100%
Energy: Decarbonise energy	Carbon footprint from all building energy	80% by 2028, Net zero by 2030
	Percentage of imported electricity from truly renewable sources (showing additionality)	100% by March 2028
Supply chain: Decarbonise supply chain	Total carbon footprint of supply chain	Net zero by 2030
	New or renewed contracts with suppliers to have a plan to take their operations to net zero by 2030	All new procurement over £5m to ensure carbon reductions plans in place from April 2023. Robust plan to be in place to target all appropriate category spend by March 2024
Medicines: Target the significant carbon impact of medicines and associated supply chain	Total carbon footprint of medicines & chemicals	Net zero by 2030 (trajectory TBD)
	Carbon footprint associated with anaesthetic gases	Desflurane decommissioned by 2024, all net zero by 2030
	Carbon footprint associated with metered dose inhalers	Net zero by 2030 (trajectory TBD)
	% Of new or renewed contracts with suppliers who have a plan to take their operations to net zero by 2030	100% from 23/24 (except where no viable supplier available)
Care models: Low carbon models of care – do less (preventative & up-stream care), do local (digitally enabled, local care models), do most efficiently (GIRFT,	Reduction in patient miles travelled / CO_2 as a result of outpatient transformation	30% reduction on 19/20 levels
	Reduction in patient miles travelled / CO_2 as a result of other sustainable models of care	TBD
	Reduction of carbon associated with new models of care	TBD using Healthy Weston Phase 2 as test
	% Of patients that travel to hospital by sustainable methods	50% by March 2025
	Reduction in carbon achieved through green social prescribing [measure to be defined]	TBD
	Utilisation of our estate: carbon use per care episode to [not yet measurable]	Reduce year on year

Target areas	Measures	Target
low carbon alternatives etc)	% Of large-scale service changes that can demonstrate a positive impact on key environmental measures (e.g. through a Sustainability Impact Assessment)	100% by 23/24
	Generate a BNSSG-wide movement: Our sustainability behaviours, actions and innovations as anchor institutions will support a cultural change amongst local citizens and businesses resulting in wider improvements in air quality, biodiversity, and the quality of the natural environment	
Staff: Training, engagement & personal action	Number of staff reporting increased awareness of C&E emergency and report having made practical changes (in workplace and outside) Conduct annual staff sustainability survey	Increase from baseline established in year 1
	Number of active users on sustainable staff engagement scheme / app	10% of staff by 2025
	Number of people who have received training in sustainability / carbon literacy	e-learning completed by 20% of staff by 2025
	Number of Green Champions – staff who are dedicated to reducing our environmental impact and given the time and resources to do so.	Increase year on year
ICS culture & process: Embed sustainability within all our core decisions	% Of large-scale business cases that can demonstrate a positive impact on the environment	100% by 23/24 (scale and mechanism TBD in 22/23)
	ICS value and financial framework has sustainability as a central component	100% of business cases pricing in environmental costs and benefits in the value equation by March 2024
	% Organisations with a staff engagement programme e.g. RCGP endorsed Green Impact	100% by 23/24
Lead change with our citizens: use touch points for raising awareness; behaviour change	Number of citizens who have reported an increased awareness & changed behaviour as a result of contact with an ICS organisation or our messaging	TBD
	Number of people with improved self-reported health due to connecting with nature	TBD by the Green Social Prescribing work
	Percentage of BNSSG adults walking for travel at least three days per week	
	Percentage of BNSSG adults cycling for travel at least three days per week	
	% Of service users who report ICS organisations as leading the way in sustainable provision of services	TBD – citizen panel or local authority survey
	Number of citizen communication campaigns / number of citizens reached by campaigns (e.g. front door messaging, appointment letters, transport options)	TBD – to increase year on year, use academically-validated approaches to use health interventions to create a step change in personal sustainability behaviour
Acting as anchor institutions to Influence local business & economy:	Demonstrable positive impact on local business economy	% of spend with micro, small and medium size businesses, social enterprises and voluntary / community organisations
	Value of external reuse of durable goods by value (e.g. reuse of office furniture)	Increase year on year
	Number of citizens who have benefited from ICS projects such as community heat project	Increase year on year

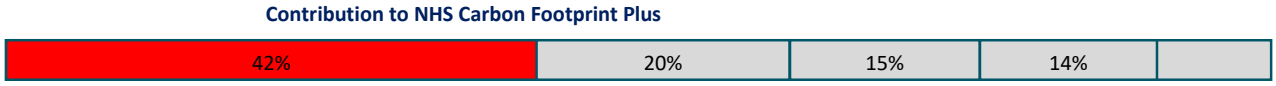
Target areas	Measures	Target
Create a step change that directly benefits our citizens	Number of citizens we have helped to access key areas of support such as warm homes / sustainability grants	Increase year on year

8. Our ICS ambitions, commitments and actions

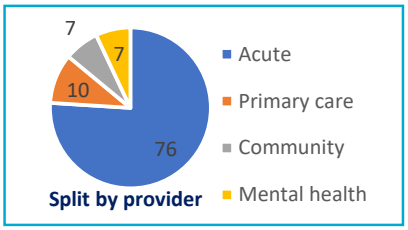
The following pages set out the ambitions, commitments and actions that we have made across key thematic areas.

Explanation of page layout

Contribution to carbon footprint: The coloured bar at the top of the next four pages shows the approximate percentage of all-scope carbon emissions attributable to that area of our operations. We will ensure we target our actions at the highest impact areas. Due to incomplete local data these estimates are based on the national figures[2]. The example shown below is for supply chain & procurement.

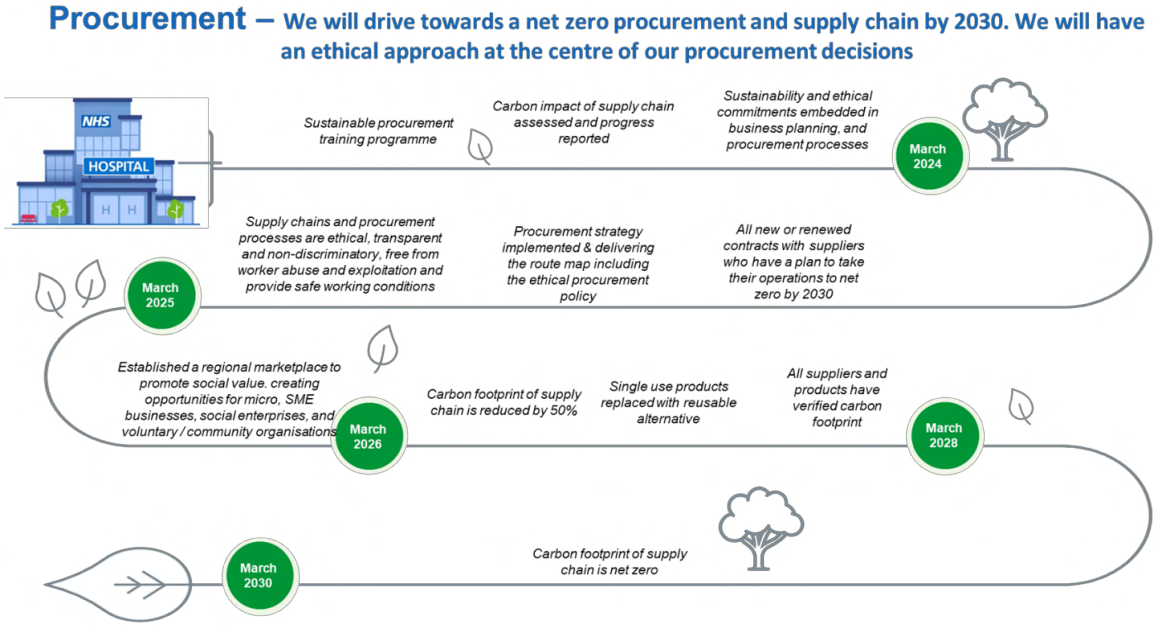


Split by provider: The chart on the top right of the next four pages shows the approximate split of the carbon emissions for that area of our operations across provider type. This is also drawn from national data. It is important we know the relative contribution of each organisation as it allows us to focus on the actions within each organisation that will deliver the biggest benefit. The example shown to the right is for supply chain & procurement.



Contribution to our headline metrics: Most actions will contribute to several headline metrics. In the following pages we have highlighted the metrics that will be most significantly impacted by actions in that aspect of our operations.

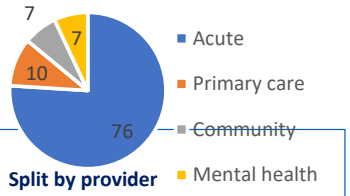
Roadmap : A summary timeline of key targets



[2] Delivering a 'Net Zero' National Health Service, delivering-a-net-zero-national-health-service.pdf (england.nhs.uk)delivering-a-net-zero-national-health-service.pdf (england.nhs.uk)

9. Supply chain & procurement

Contribution to NHS Carbon Footprint Plus



Headline ambition for our ICS

We will drive towards a net zero procurement and supply chain by 2030. We will have an ethical approach at the centre of our procurement decisions, recognising that our need to procure to deliver our health service should never be at the detriment of others and we will work to ensure that is the case. We will:

- Driving the supply chain to net zero
- Using our spend as a positive influence in our community
- Promoting a fair, diverse, and inclusive supply chain

Additional opportunities through acting as anchor instructions

We are committed to delivering social value from our £424M annual expenditure. Our duty under the Social Value Act 2012 is to consider the economic, social and environmental benefits that can be delivered when making procurement decisions. In short, how can we deliver wider public benefits for communities beyond the service being commissioned. Wherever practical, we will create opportunities to contract with local businesses, voluntary groups, charities and social enterprises.

Key actions:

- Implement and embed new procurement strategy & deliver the NBT route map (NBT, UHBW, AWP & Sirona), including the ethical procurement policy
- Establish mechanism to measure the carbon footprint of our supply chain
- Establish key delivery metrics to achieve net zero by 2030 and develop a mechanism for reporting and recording progress made against our sustainability objectives in our contracts – scope 3 and social value.
- Establish mechanisms, tools and processes to ensure sustainability is inputted into procurement lifecycle at key points (this would include whole life costing, evaluation criteria and setting a carbon cost).
- Embed procurement commitments within business planning processes, including amending the TORs of the non-pay group to include both a carbon and monetary assessment
- Establish process for evaluating, recording and monitoring social value commitments.
- Work in partnership with other anchor institutions (local authorities and universities) to establish a regional marketplace to promote social value.
- Actively creating opportunities for micro, small and medium size businesses, social enterprises, and voluntary / community organisations
- Category level risk identification and management. Working with category teams to manage these risks and realise the opportunities.
- Develop and start to deliver a market engagement plan.
- Sustainable procurement training programme for BWPC staff.
- Case studies on three high risk contracts to demonstrate what can be achieved.
- Clinically led targeted work on single use plastics: share and rapidly adopt learning

Key ICS Pledges & Commitments

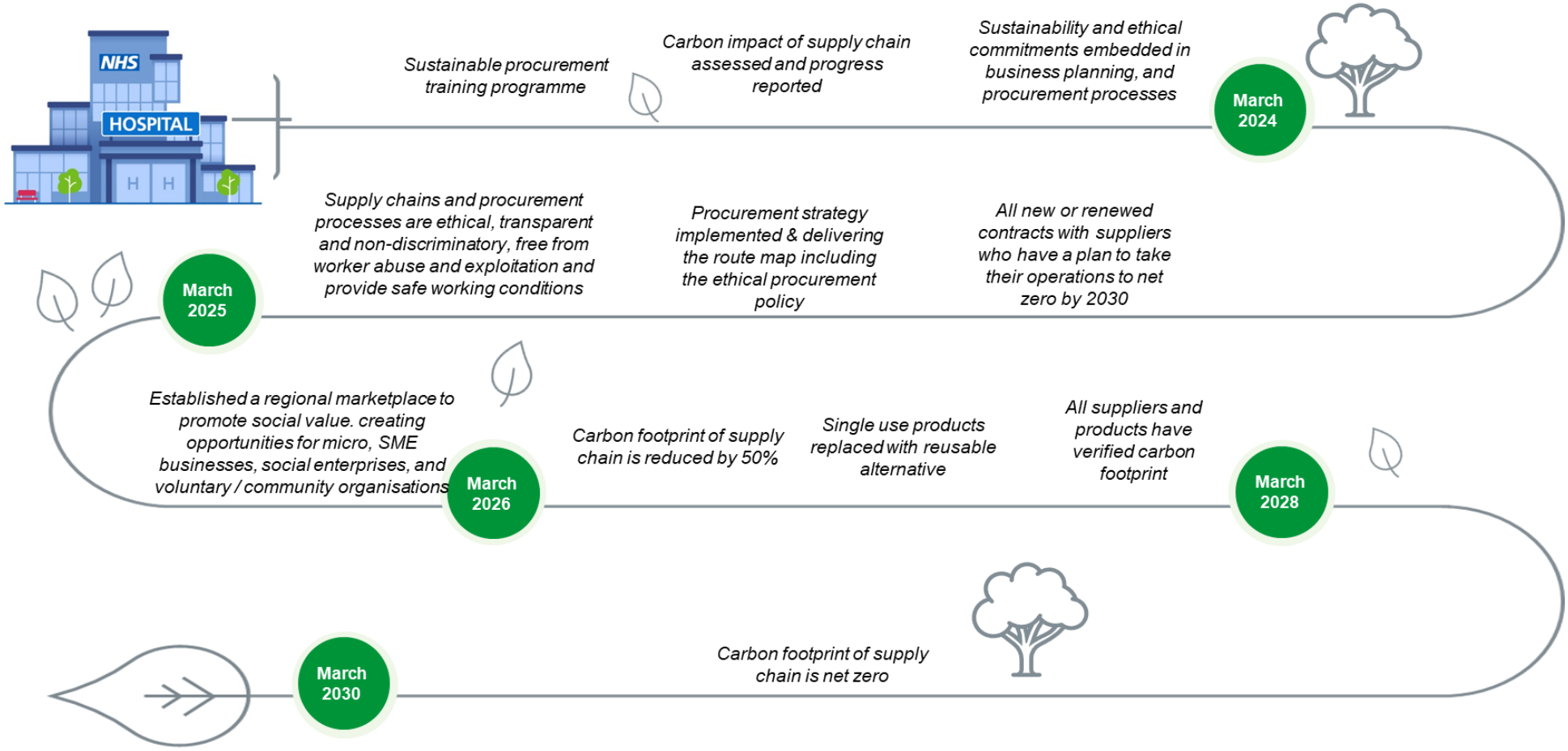
As a system recognise the positive impact that can be leveraged from a collaborative approach to procurement, to ensure social, responsible, and environmental commitments are included in all decision making.

- We will challenge the market to make a significant reduction in carbon for every (re)procurement, including showing how they are on target to meet the 2030 net zero each time we renew a procurement. For all suppliers with a spend greater than £5m we will require them to publish a carbon reduction plan from April 2023.
- We will require all suppliers to publish a carbon reduction plan from March 2024
- Where market conditions allow we will ensure our procurement processes drive resource efficiency and support our suppliers to move to a circular economy. Including adjusting our procurement, finance and decision-making processes to incorporate different business models e.g. leasing options rather than buy outright, focusing on take-back schemes and producer responsibility for waste, purchasing closed loop products etc.
- Ensure our supply chains and procurement processes are ethical, transparent and non-discriminatory, free from worker abuse and exploitation and provide safe working conditions.
- We will commit to assessing our supply chains ethical practises and compliance in consideration of our contribution towards the SDGs.
- We will review our suppliers for compliance with relevant minimum labour standards and (where applicable) with the Modern Slavery Act 2015.

Contribution to our headline metrics

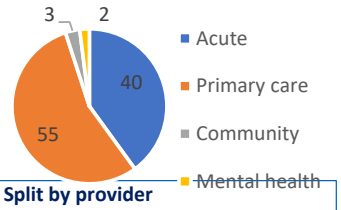
Headline outcome	Metrics	Target
Improve our environment	Total volume / number of single use plastic products replaced with reusable alternative	Volume/number reduced through clinically led replacement with reusable alternative
	Reduce packaging waste	TBD
Target carbon	Total carbon footprint of supply chain	50% by March 2028, Net zero by 2030
	New or renewed contracts with suppliers to have a plan to take their operations to net zero by 2030	All new procurement over £5m to ensure carbon reductions plans in place from April 2023. Robust plan to be in place to target all appropriate category spend by March 2024
Lead change with our citizens	Demonstrable positive impact on local business economy	% Of spend with micro, small and medium size businesses, social enterprises and voluntary / community organisations
	% of staff trained in sustainable procurement	100% of procurement staff trained by March 2024

Procurement – We will drive towards a net zero procurement and supply chain by 2030. We will have an ethical approach at the centre of our procurement decisions



10. Medicines

Contribution to NHS Carbon Footprint Plus



Split by provider

Headline ambition for our ICS

We will reduce the impact of our medicine & medical devices on the environment towards net zero by:

- Reducing overuse of medicines and medicines waste
- Switching to lower impact alternatives wherever possible or green social prescribing initiatives -Every patient prescribed anti-depressants to be offered a nature based intervention
- Driving changes in the manufacture of medicines through our procurement approach

Key actions:

- Embed green plan ambitions within medicines optimisation strategy
- Ensure delivery of anaesthetic gases & metered dose inhaler (MDI) projects
- Appoint a primary care clinical lead to accelerate delivery of the MDI project, other green priorities, and support polypharmacy review programme / switch to social prescribing / recommend digital tools that could enable culture change
- Embed green impact within formulary decision making process and establish a clear decision-making protocol for trade-offs (e.g., carbon v cost v patient experience v clinical benefit). This will also support guideline development.
- Work with Commercial Medicines Unit (CMU), NHSE Commercial and Regional Pharmacy Procurement Specialist to ensure our green procurement commitments are featured
- Promote wider culture change through our regular communications
- Anaesthetic gases 1. Decommission all nitrous oxide manifold systems. 2. Eliminate the use of desflurane in line with NHSE 2024 mandate. 3. Install capture on volatile agents that can't be eliminated. 4. Install destruction technology for nitrous oxide use that can't be eliminated
- Identify pipeline of future lower carbon medicine switches and commit to these through annual business planning rounds
- Consider how carbon impact can be visible at point of care as part of shared decision-making conversations
- Maximise the benefits of our Green Social Prescribing project in line with the WENP Nature and Health Strategy; embedding the value of nature-based health interventions into strategies and policies and providing investment for their sustainable provision
- Drive more effective waste management by ensuring contracted services evidence recycling of packaging and driving for teracycle option for plastic blisters
- Recognise environmental challenges relating to medicines and minimise impact where possible

Key ICS Pledges & Commitments

To have an iterative approach to targeting the highest opportunity medicine change each year. Approach to include:

- Aligning our sustainability commitments to the 'delivering best value' strand of our Medicines Optimisation Strategy
- A review of the return and recycling of medicines, medical devices, and equipment to reduce un-necessary waste generation by the NHS, including in general practice
- Reduce medicines waste
- Consider switching highest carbon impact medicines e.g., anaesthetic gasses and inhalers to low carbon alternatives
- Identifying pipeline of future opportunities for greener alternatives
- Develop a strong Green Social Prescribing offer for each Primary Care Network
- Considering environmental impacts within structured medication reviews
- Influencing the procurement and supply chain
- Aligning medicine changes to Sustainable Models of Care
- Considering a pass/fail criterion for new medicines approval to demonstrate a commitment towards net zero, unless no viable alternative is available
- Demonstrating where the most environmentally sustainable solution is also the optimal

Contribution to our headline metrics

Headline outcome	Metrics	Target
Improve our environment	Reduce anti-depressant prescriptions (and in our environment via a Green Social Prescribing pilot	Reduction by 25% for a target cohort of patients
Target carbon	Total carbon footprint of medicines & chemicals	Net zero by 2030 (trajectory TBD)
	Carbon footprint associated with anaesthetic gases	Net zero by 2030 (trajectory TBD)
	Carbon footprint associated with metered dose inhalers	Net zero by 2030 (trajectory TBD)
	% Of new or renewed contracts with suppliers who have a plan to take their operations to net zero by 2030	100% from 23/24 (except where no viable supplier available)

Medicines – reduce the impact of our medicine & medical devices on the environment towards net zero

Identified pipeline of future opportunities for greener alternatives

Desflurane use decommissioned

Primary care clinical lead to accelerate delivery of the MDI project, other green priorities, and support polypharmacy review programme / switch to social prescribing

March 2024

Developed a strong Green Social Prescribing offer for each Primary Care Network

March 2025

Embed green impact within formulary decision making process with guidance

review of the return and recycling of medicines, medical devices, and equipment to reduce un-necessary waste generation by the NHS, including in general practice

Every patient prescribed anti-depressants to be offered a nature based intervention

March 2026

Sustainability impacts considered in all structured medication reviews

Pass/fail criterion for new medicines approval to demonstrate a commitment towards net zero

March 2028

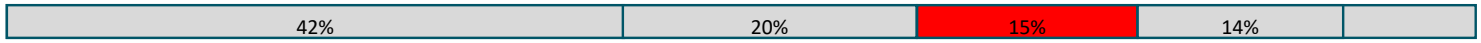
Carbon footprint of medicines, inhalers, chemicals & anaesthetics net zero

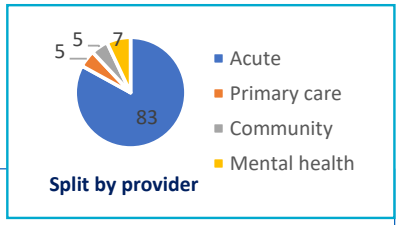
March 2030

Carbon impact visible at point of care as part of shared decision-making conversations

11. Estates & facilities

Contribution to NHS Carbon Footprint Plus





Headline ambition for our ICS

We will be net zero as a health system by 2030. To achieve this, we will:

➢ **Upgrade & renew buildings and infrastructure**

- Develop and implement a sustainable design guide for use by system partners
- Have a strategic system-wide investment programme to decarbonise our estate
- Work with our landlords where we are not property owners, negotiating improvements in building performance at lease renewal and rent reviews. Consider divestment where landlords are unable to meet this

➢ **Optimise the way we use our buildings and grounds:**

- Embed energy and water efficient technologies and practices throughout our estate and services to deliver year-on-year reductions in consumption of water & energy
- Use the benefit of working as a system to make most environmentally sensible use of our joint estate (e.g., sharing buildings, joint back-office functions, and shared working hubs). Look to reduce total estate footprint through new ways of working
- Increase the proportion of our clinical buildings used for delivery of clinical service & increase overall building utilisation, thus reducing carbon output per care episode
- Increase staff and patient access to NHS estates green settings for improved health and wellbeing
- Minimise our use of fluorinated gases, reduce losses and move to lower green house gas types
- Implement the Clean Air Hospital Framework and apply principles across the system

➢ **Change our energy source**

- Derive 100% of our energy from renewable sources – supporting development of new renewable (NHS windfarm) and source more sustainable oils for generators

Key actions:

- Amend business planning, financial approval and capital prioritisation processes to reflect our ambitions
- Each organisation will undertake an assessment of how far existing organisation plans take us to net zero, collated into an ICS plan
- Establish view of non-owned estates, the routes & timescales for actions (e.g. lease review) & take a system view of investment vs benefit
- Establish corporate service review and use this to drive new ways of working such as hot-desking & working from home (reduced carbon, reduced estate need)
- Establish a system-wide strategy for clinical & non-clinical waste
- Sharing sustainable design guides
- Supporting system partners with business cases to attract grant funding
- Engage with City Leap on energy efficiency and district heat network opportunities

Key ICS Pledges & Commitments

- Each of our tier 1 partners agrees to becoming net zero for estates and facilities by 2030
- We will ensure all new capital developments are net zero unless there are significant exceptions. This will be considered a pass/fail decision point in our capital prioritisation matrix
- We will exhaust our system building capacity, facilitated by investments in digital infrastructure, before any partner organisation builds new non-clinical buildings
- All new buildings and refurbishments must meet the NHS Net Zero Carbon Building Standard
- We will ensure that replacement services & infrastructure will meet net zero carbon requirements (e.g. no new gas boilers)
- We will increase the total amount of green & blue spaces across our total footprint
- We will use our capital allocations & primary care improvement grants and levies to enable developments in infrastructure which prioritise net zero.
- We will positively support investment in decarbonisation. The phasing and prioritisation for this will be considered at system level (i.e. greatest relative impact)
- We will adopt the principles of circular economy to minimise waste and maximise local reuse

Contribution to our headline metrics

Headline outcome	Metrics	Target
Improve our environment		
	Total water consumption	Reduce consumption year on year
	Total volume of single use plastic products	
	Area (m2) of our sites improved/managed for biodiversity and staff wellbeing	30% of sites greenspace protected for wildlife by 2028
Target carbon	Carbon footprint from estate (exc. energy) - i.e. waste, water, other	80% by 2028, Net zero by 2030
	Carbon footprint from all building energy	80% by 2028, Net zero by 2030
Lead change with our citizens	% Of service users who see ICS organisations as leading the way in sustainable provision of services	TBC

Estates – Reduce scope 1 & 2 greenhouse gas emissions from direct operations using best available technology and offset remaining to achieve net zero by 2030

ICS wide costed decarbonisation plan in place

Identify onsite renewable energy opportunities

100% of capital projects achieving NHS Net Zero Building Standard

March 2024

Funding for decarbonisation established

March 2025

Install EV charging infrastructure

Use of fluorinated gases minimised

March 2026

100% renewable electricity (showing additionality) for all sites

80% reduction of ICS estate carbon footprint

March 2028

Fully transitioned away from fossil fuels

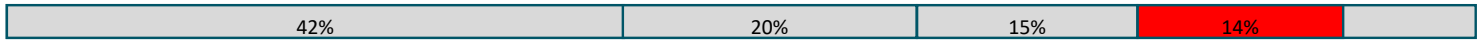
ICS estate carbon footprint net zero

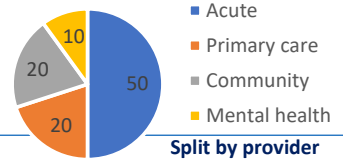
March 2032

Last updated Ap

12. Travel, transport & air quality

Contribution to NHS Carbon Footprint Plus





Split by provider

Headline ambition for our ICS

Transport emissions play a role in poor air quality impacting on our population health, contributing to 300 deaths per year in Bristol. Physical activity through active travel can play a key role in improving health and wellbeing. We will drive towards net zero carbon and significant reduction in damaging air pollution from the travel & transport associated with our activities.

Key actions:

Headline measures:

- Identify targeted action to address air pollution on our key sites – e.g., standard signage to turn off engines
- Develop a common set of key metrics – e.g., deaths attributable to air pollution, active travel, staff miles, patient journey types, business mileage

Staff & business travel

- Commission system-wide review of fleet vehicles to purchase only ULEVs or Euro 6
- System wide review of travel expenses policy: consider making the expenses rates for using sustainable travel for work options (this will include EV's) higher than the rates for using a private motor car. Promote active travel: All staff to have access to personal travel plans that can be used to identify travel to work options or travel for work options
- Staff loan / salary sacrifice schemes for ULEVs (currently only for B4 up), and active travel options (cycle schemes)
- Ensure that all car parking policies are in line with HTM 07-03 where parking is only provided for those that need it e.g., disabled, night staff, staff that work when unsocial hours when public transport options are limited, and rates discourage the use of the private motor vehicle to get to work
- Promote and facilitate working from home / most accessible office hob.
- Participate in the TravelWest Travel to Work survey to collect baseline staff travel data
- Implement the Clean Air Hospital Framework and apply principles across the system

Service user travel

- Work with public transport providers to provide a fit for purpose public transport service for the area
- Consider free public transport tickets for those patients already eligible for free parking
- Review active travel corridors/routes with WECA – all sites should have safe / dedicated low-traffic routes
- System wide events and communications plan to promote active and sustainable travel benefits to drive behaviour change
- Green social prescribing of active travel for rehabilitation

Key ICS Pledges & Commitments

We will act collectively to change travel behaviours & decarbonise our fleet:

- We will lease or purchase only ultra-low emission vehicles unless a sustainable equivalent is not available in the market
- We will ensure new models of care provide care digitally or closer to home wherever possible
- We will develop an ICS approach to lease vehicles and salary sacrifice aligned to our sustainability goals
- We will align our travel expenses policies to support our goals (e.g., mileage expenses for active travel that are comparable to vehicle mileage)
- Ensure that new ways of working, supported by our policies, reduce the need for travel
- Promote active travel (running, walking, cycling etc) for staff and patients, including as part of green social prescribing initiatives.
- Implement a hierarchy of vehicle use: remove travel (work from home), minimise travel with care closer to home, promote active travel, public transport, shared modes, private ultra-low emission vehicles, private fossil fuel as last resort

Contribution to our headline metrics

Outcome	Metrics
Improve our environment	Air quality around hospital sites & mean annual background concentration of PM 2.5 & PM 10 particulates
	Fraction of mortality attributable to air pollution
	% Of patients that travel to care by sustainable methods
	% Of staff that travel to work by sustainable methods
	% Of new vehicle purchases / contracts that are ULEV (or EURO 6 standard where ULEV not available)
Carbon	Carbon footprint for our activities scope 1, 2 & 3
Lead change with our citizens	No. of citizens who have reported an increased awareness & changed behaviour as a result of contact with an ICS organisation or our messaging
	% of adults walking for travel at least 3 days per week
	% of adults cycling for travel at least 3 days per week

Travel, Transport and air quality – Improving air quality and active travel for better population health. Transport travel activity delivering net zero carbon by 2030.

All ICS fleet vehicles ULEV

Air quality monitoring reported across all ICS sites

Increase in use of sustainable travel alternatives from single occupant ICE vehicles

March 2024

ICS wide fleet optimisation complete

Journeys to hospital reduced through remote working and remote outpatient appointments

March 2025

50% fleet vehicles are ZEV

50% of journeys to sites are by sustainable and active means

Air quality meets WHO standards

75% fleet vehicles ZEV

March 2026

Implement travel and transport optimisation system wide linking to estates strategy

100% fleet vehicles ZEV

March 2027

Nationwide infrastructure for net zero transport and travel.

March 2030

13. Waste

Headline ambition for BNSSG

We will drive towards achieving net zero carbon by 2030. A significant reduction in damage to our climate and local air pollution is due to waste management logistics and activities. This will include moving towards a circular economy, changing how we procure our services and enable a step change in our staff and patient behaviours by:

- implementing a waste hierarchy approach towards achieving zero waste by 2030
- promoting the health and wellbeing benefits of sustainable waste management
- Promoting compliance with sustainable waste management showing the benefits and the positive impact on healthcare
- implementing engagement and educational activities related to sustainable waste management

Key ICS Pledges & Commitments

We will act collectively to change Sustainable Waste Management behaviours and we will:

- Develop sustainable waste management education for all staff and to engage public - changing the perception of waste to valuable commodity, retaining the value of our used goods so they are not wasted
- Align sustainable waste management contracts across the system
- By 2025 Implement the NHS Estates and Facilities clinical waste management strategy to include:
  1. 20% High Treatment Incineration
  2. 20% Alternative Treatment
  3. 60% Percent Offensive Waste
- Ensure no waste is disposed to landfill by 2025
- Roll out an accessible system for reuse of equipment and furniture across the health and care system
- Increase recycling year on year
- Target work on reduction of plastics and moving to a circular economy

Key actions

Headline measures:

- Develop the ICS Sustainable Waste Management Work Stream and support the implementation of organisation level sustainable waste management
- Identify targeted action to address air pollution on our key sites – e.g., reduction in waste collections and reducing incinerated waste
- Develop a common set of key metrics – e.g.ERIC returns & carbon impacts of waste
- Review current waste management contractual obligations to enable moving to more sustainable solutions

Policy

- System-wide review of sustainable waste management policy and procedure
- Implement the health technical memorandum 07-01
- Plan for sustainable waste management education delivery across the system to include carbon literacy
- Launch sustainable waste management engagement programme to include annual displays & roadshow of case studies; staff, patient, public and local authority engagement events; discretionary funding & design competitions to accelerate new ideas
- Investigate and plan for regular sustainable waste management audits to support behavioural changes
- Implement the Clean Air Hospital Framework and apply principles across the system

Service

- Work with waste management suppliers to provide fit for purpose and sustainable services
- Identify sustainable waste management data gaps and areas to work with supply chain eg packaging
- Consider regular plastics audits to understand waste composition and carbon impacts
- Use our sites as recycling centres for hard to recycle items we give to patients e.g. blister packs, inhalers, walking aids.
- Promote working together with the supply chain to include manufacturers, suppliers, users, and local authorities.

Contribution to our headline metrics

Headline outcome	Metrics	Target
Improve our environment	% Waste to landfill	Zero waste to landfill by 2025
	NHS clinical waste strategy	%20 HTI - %20 AT- %60 OW
	Sustainable Waste management education	Increase compulsory sustainable waste management training
	% Waste reused or recycled	Increase % reused or recycled 60% 2026, 80% 2028, 100% 2030
	% Waste collections	Reductions year on year
Target carbon	Carbon footprint from waste treatment services	Net zero by 2030
	Carbon footprint from all wastes	Net zero by 2030
Lead change with our citizens	% Of service users who see ICS organisations as leading the way in sustainable waste management	3 sustainable waste management engagemen programme events per year

Waste – reduce the impact of our waste management on the environment towards net zero implementing a waste hierarchy, moving to a circular economy and changing how we procure and deliver our services

Sustainable waste management contracts in place

Establish system wide sustainable waste management Group

Staff engagement strategy and education plan set and implemented across the system

Implemented HTM 07-01

Establish a waste Carbon footprint measure across the system

March 2024

Implemented NHSE clinical waste strategy in healthcare settings to achieve:

20% High Temp Incineration

20% Alternative Treatment,

60% offensive waste

Zero waste to landfill

Establish a common system wide practice system for reuse of equipment and furniture

Suppliers engagement strategy plan set across the system

March 2025

System wide waste reduction procurement opportunities identified

Community Engagement Plans set out across the system

System wide sites are recycling centres for hard to recycle items we give to patients e.g. blister packs, inhalers, walking aids diabetic pens

60% of ALL waste is reused or recycled

March 2026

80% of ALL waste is reused or recycled

System wide waste management effectiveness review

March 2030

Reduced air pollution from waste transport and incineration

100% of ALL waste is reused or recycled

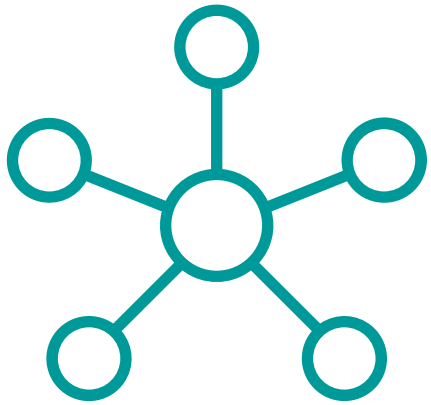
March 2028

Last updated April 2022

14. Digital

Headline ambition for our ICS

Our digital vision is to become an exemplar of a digitally advanced ICS. We recognise that this will play a key part in meeting our environmental ambitions. This includes through digitalised clinical systems, smart facilitates management monitoring systems, and facilitating agile working across our footprint.



Digital infrastructure can also contribute to environmental damage through carbon use as well as the use of rare materials. We commit to maximising the positive environmental benefits of our digital enablers, while minimising their impact on the environment.

Key ICS Pledges & Commitments

We will drive towards a net zero digital provision by 2030 by:

- Providing digital capabilities that support clinical models of care that are non-face-to-face or digital by default wherever clinically appropriate
- Achieving a minimum of 30% outpatient care non-face-to-face and increasing our proportion of primary care appointments delivered digitally
- Enable much more effective sharing of clinical information across the ICS, reducing the need for additional patient contacts & travel. We will move information, not people
- Support a community first model of care via an Integrated Delivery Unit
- Enable a personalised & proactive care experience for the service user, thereby reducing the need for more resource-intensive reactive care
- Maximising the use of digital technologies in our facilities management (e.g., smart metering, building management systems, automation)
- Through our procurement strategies, align to the requirements set out in the government sustainable IT strategy, as well ensuring suppliers entering new or renewed contracts with us have a plan to take their operations to net zero by 2030. This includes our commitments to transparency of supply chain, data storage, data centres and power use /cooling
- Joining up our infrastructure to reduce cost and resource use

Key actions:

- Ensure the environmental benefits of existing capabilities are being maximised (Electronic Patient Records, virtual appointments, digital prescribing)
- Work with the CSU to identify the highest impact interventions & pathways for transformation
- Development of fully integrated BNSSG wide community first digital capability that is specifically designed to support our ambition for integrated community first care as the default setting for care.
- Through our digital workforce objective, creating the network infrastructure that will allow seamless working across the BNSSG estate and considering that significant levels of care already happen in the persons home
- Create a BNSSG Digital Infrastructure Alliance joining up key systems that drive cost & resource saving by removing duplication and creating shared services
- Ensure through our contracting and procurement that we are moving to lower carbon impact provision of digital infrastructure and hardware, including the impact of outsourced or subcontracted services
- Embed uptake of digital solutions within services through Digital Changemakers to ensure sustainability and other benefits are realised.

Contribution to our headline metrics

Headline outcome	Metrics	Target
Improve our environment	Number of journeys to hospital for outpatient care	30% of all non-procedure outpatient attends delivered non-F2F from 23/24
Target carbon	Utilisation of our estate: carbon use per care episode to	Reduce year on year
	% Of new or renewed contracts with suppliers who have a plan to take their operations to net zero by 2030	100% from 23/24 (except where no viable supplier available)
	Reduction of carbon associated with new models of care	TBD using Healthy Weston Phase 2 as test
Lead change with our citizens	Demonstrable positive impact on local business economy	TBD – e.g.; increase in % of contracts to local businesses
	Value of external reuse of durable goods by value (e.g. reuse of IT / office furniture)	Increase year on year

15. Sustainable models of care

Headline ambition for our ICS

We will ensure that we are at the leading edge of sustainable models of care. We will embed carbon reduction principles throughout our care delivery recognising that the way we deliver care and the way we operate sustainably are inextricably linked. National estimates are that preventative medicine, reduced health inequalities & lower carbon models of care can contribute to a 15% overall reduction in the NHS Carbon Footprint Plus. The goals of our model of care are to:

Help people stay well and independent in their community and promote community resilience, for example, by investing in voluntary and community sector partners, such as those providing nature-based interventions

Provide early help and support that is integrated, personalised and wherever possible proactive, avoiding the need for intensive support or hospitalisation

Where hospital is unavoidable and becomes the only way to meet the needs of the person, stays are kept to a minimum and community support is integrated, personalised and pre-emptive

People have a system of support to get them back home as quickly and easily as possible. We help people once home to get back to being as well and independent as possible, including accommodations for any new ways of staying well

Key ICS Pledges & Commitments

By supporting people to stay healthy and well we will reduce overall demands on healthcare services, and thereby their associated environmental impact, by:

- Delivering our prevention agenda
- Reducing health inequalities that lead to inefficient allocation of healthcare resources
- Promote sustainable approaches to wider determinants of health such as access to nature-rich green spaces and active travel.

We will reduce the carbon impact of the services we deliver by:

- Providing services from places and in ways which minimise the need for unnecessary travel
- Getting it right first time – reducing unwarranted variations in care, delivering the right care, to the right person in the right place.
- Delivering lowest impact, clinically appropriate care
- Ensuring that sustainability and environmental impacts are key considerations in system design principles & integrated care plans
- Ensuring that patients are engaged and well-informed about the carbon impacts (including as part of shared decision making around choice of care pathway)

We will facilitate change at all levels by:

- Ensuring that sustainability principles are central to service design and redesign, not an afterthought
- Enabling a culture where considering the environmental impact of services becomes the norm (education, tools to decide trade-offs, the information to support the right decisions - e.g. GIS -

Contribution to our headline metrics

Outcome	Metrics	Target
Improve our environment	Number of journeys to hospital for outpatient care	30% of all non-procedure outpatient attends non-F2F
Target carbon	Utilisation of our estate: carbon use per care episode to	Reduce year on year
Lead change with our citizens	% Of business cases with a sustainable impact assessment (that has influenced the design of the business case)	100% by 23/24

Key actions:

- Establish an ICS-wide network of sustainability experts who can support service redesign
- Use Healthy Weston Phase 2 service redesign as a test case for how to make sustainability principles central to large scale service change
- Create a set of standardised tools, such as Sustainability Impact Assessments that support the initiate & delivery of service change
- Use the service redesign gateways to ensure sustainable models of care are part of the service model. Ensure that all service changes & business cases can demonstrate positive environmental impacts through their SIA.
- Establish sustainability agenda into priorities for QI programmes and academic research (e.g. AHSN)
- Continue to deliver the highest impact interventions, including anaesthetic gases & metered dose inhalers as well as digital models of care & telemedicine
- Identify & communicate the benefits of sustainable models of care delivered during COVID-19 to discourage reversion to original state – promote what is already done
- Identifying the next wave of opportunities / highest environmental impact pathways. Share case studies on service models that have reduced carbon impacts
- Launch broader engagement around sustainable models of care including annual displays & roadshow of examples; staff & patient engagement events; discretionary funding & design competitions to accelerate new ideas
- Through shared decision-making conversations, involve service users more fully in treatment choices and options for minimising environmental impacts
- Use Right Care and other tools to reduce unwarranted variation in care and associated resource waste

16. People and engagement

Headline ambition for our ICS

We will demonstrate our commitment to delivery of our sustainability agenda through a clear approach to leadership and people development at all levels of our organisations to increase sustainability, wellbeing and resilience in our staff and communities

Key actions:

System leadership:

- Establish the executive-led ICS Green Plan Steering Group
- Organisational development of Board level engagement and training
- Integrate personal and environmental sustainability with connection to wellbeing
- We will develop our "Developing leadership and leaders Principles" to include a focus on holistic sustainability

Wider actions:

- Use our environmental credentials to establish our organisations as employers of choice. ICS job description template should include sustainable vision, and standard interview questions to incorporate sustainability focussed questions.
- Formalise sustainability advocates / link roles in each division & department and systemwide.
- Encourage the development of Green Staff Networks / Sustainability advocates across the system.
- Take a proactive approach to engaging underrepresented staff groups with sustainability activities.
- Build awareness with carbon literacy training, starting at Execs. Consider realistic levels of training appropriate to roles. Include:
  - E-learning for all staff - Introduction to sustainable healthcare
  - Informal lunch and learn - open to whole ICS
  - Bespoke training - Institute of Environmental Management training - for accredited qualification (e.g. finance, procurement).
- Ensure healthcare practitioners have access to training in nature connection & practice at a range of levels to embed this across the health and care system
- Develop as an element of all apprenticeships for future

Staff engagement:

- Expand the UHBW - NBT Greener Together staff engagement to the wider ICS
- Grow the Greener Practice Group to establish a fully represented primary care sustainability network, linked into our ICS Green Plan Steering Group
- Connect in with One Care/Primary Care e.g. system level newsletter or through Primary Care Networks

Key ICS Pledges & Commitments

We will have clear leadership of our Green Plan delivery including:

- An executive lead in each organisation
- Establishment of an ICS Green Plan Steering Group
- Development and delivery of the ICS Green Plan strategy including nature-based healthcare
- Establish a compelling vision and narrative to embed green agenda into BAU

We will equip our workforce with the skills and capabilities required to meet our ambitions:

- Ambition to establish and energise a social movement
- Use of sustainability ambitions and record of delivery to position us as an employer of choice
- Appropriate training and awareness building at all levels
- All health and care organisations commit to support staff to undertake e-learning – Introduction to sustainable healthcare
- Use all development opportunities to help people to feel, think and, therefore, behave differently. This includes ensuring all leadership development includes support and challenge for environmentally sustainable mindsets
- Build connection to wellbeing agenda -staff wellbeing will be central to sustainability initiatives
- Improve sustainability staff benefit schemes to support recruitment and retention

Contribution to our headline metrics

Headline outcome	Metrics	Target
Improve our environment	Number of journeys to hospital for outpatient care	30% of all non-procedure outpatient attends delivered non-F2F from 22/23
Target carbon	Utilisation of our estate: carbon use per care episode	Reduce year on year
	% Of new or renewed contracts with suppliers who have a plan to take their operations to net zero by 2030	100% from 22/23 (except where no viable supplier available)
	Reduction of carbon associated with new models of care	TBD using Healthy Weston Phase 2 as test
Lead change with our citizens	Demonstrable positive impact on local business economy	TBD – e.g.; increase in % of contracts to local businesses
	Value of external reuse of durable goods by value (e.g. reuse of IT / office furniture)	Increase year on year

17. Food and nutrition

Headline ambition for our ICS

We will make a positive contribution to the environment and our local citizens through the food we provide.

Key actions for:

- Link with local authorities and other partners to consider a single Food and Drink Strategy including avoidance of food waste. Work already underway with the NHS Healthy Weight Declaration pilot
- Follow the Bristol One City Plan - going for gold process for sustainable food city. Generate a wider health and social change message of a sustainable, nutritional diet.
- Estates' director support to promote importance of nutritional and food, including the role in influencing wider staff and service user behaviours. Trusts supporting going for Gold
- Through joint procurement strategy increase the use local suppliers, Fairtrade, red tractor, MSC food items; encourage more plant-based meals; and increase patient education
- Review vending machines to ensure supplier compliant with CQUINS
- Implement approaches to measure and reduce food waste. Change to measurement of weight of waste. Change food waste system away from macerators. Introduce on-site composting where possible
- Implement plans to change the menu at least twice a year by 2025 to maximise the use of seasonal ingredients.
- Review and adapt menus to offer healthier lower carbon options for patients, staff and visitors.
- Achieving Rainforest Alliance Certification for coffee beans across footprint
- Support access to fresh food including setting up a weekly food/veg stall for staff and visitors
- Aim to achieve Food for life awards (at least Bronze and Silver) and ensuring catering meets the Eat well guidance.
- Deliver Bristol Good Food 2030 framework action plan
- Promote staff engagement in healthy food & the environment e.g. through staff restaurant roof top herb garden and staff allotment – supplies food to staff kitchen.

Key ICS Pledges & Commitments

We will minimise the impact of our food use by:

- Buying Better: procuring local, seasonal, sustainable food wherever possible
- Reducing food waste
- Promoting urban growing and engagement with the natural environment
- Promoting sustainable and healthy food choices and access for staff and service users
- Supporting community action and food equality.
- Replace single use takeaway containers and cutlery with reusable items

Contribution to our headline metrics

Headline outcome	Metrics	Target
Improve our environment	% Waste to landfill	Zero waste to landfill by 2025
	% Waste recycled	Increase year on year
	Total volume of single use plastic products	
Target carbon	Total carbon footprint of supply chain	Net zero by 2030 (trajectory TBD)
Lead change with our citizens	% Of service users who see ICS organisations as leading the way in sustainable provision of services	TBC
	Number of citizens who have reported an increased awareness & changed behaviour as a result of contact with an ICS	TBD

SUSTAINABLE FOOD cities

BRISTOL GOING FOR GOLD

18. Adaptation

Headline ambition for our ICS

We will identify our shared climate change risks as a system and implement an action plan to mitigate these risks and adapt our services, activities, and infrastructure to build resilience against climate change impacts.

Key ICS Pledges & Commitments

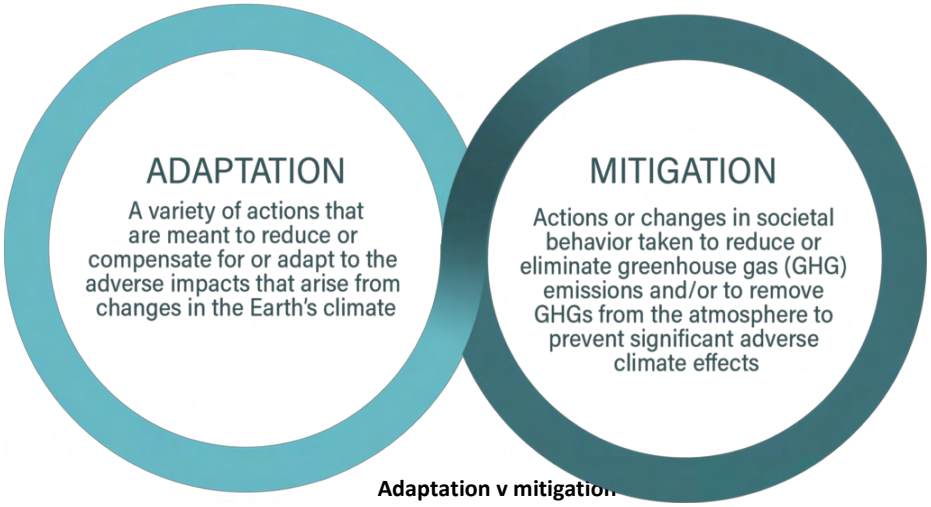
We will ensure all our organisations are prepared to deal with the effects of climate change, particularly extreme weather events, and continue to invest in adaptation and mitigation measures:

- Assess the shared risks and impacts of climate change for the system and adapt services, processes and infrastructure to mitigate the negative effects of past and future climate-altering actions.
- Reduce the impact on public health from climate change.
- Ensure our infrastructure, services, procurement, local communities, and colleagues are prepared for and resilient against the impacts of climate change.
- Support delivery of Bristol Fuel Poverty Action Plan and engage fully in actions to end cold homes as a cause of ill-health and prevent discharge from hospital into cold homes.

Contribution to our headline metrics

These metrics are specific to the adaptation work and do not currently feature in our headline metrics. We will assess which of these to include within our green plan monitoring.

- Number of overheating incidents in a year (maximum daily temperature exceeds 26 degrees)
- Number of flooding occurrences.
- Business Continuity Plans that contain climate change risks, impacts and adaptation measures.
- Number of patient admissions for asthma / other respiratory diseases.
- Number of supply chain disruptions (items not available or shortages and delays in delivery).



Adaptation v mitigation

Key actions for:

- Recommend identification of an adaptation lead for each partner and encourage implementation of the ICS adaptation plan
- Understand organisation baselines of how much work the EPRR team are doing around climate adaptation
- Identify key shared risks from the adaptation plan and agree as a system our approach to those risks - which ones we need to collaborate on
- Link the climate adaptation plan to scenario testing by the emergency planning committees and existing network of people through local authorities
- Ultimately, develop an ICS level change and adaptation plan. Consider whether this should be held entirely by the emergency planning groups.
- Forward planning by Estates and Facilities teams to ensure they know how to respond and when adverse weather events are expected to occur. Bristol One City & Partners – Adaptation Strategy.
- Green and blue space joint-funding opportunities with Bristol organisations to mitigate the Urban Heat Island effect and to remove increased volume of air pollutants.
- Working with BCC to utilise the Heat Vulnerability Index tool to identify vulnerable communities and areas.

Climate Change: Vulnerability, Risk, and Adaptation vs Mitigation, [Climate Change: Vulnerability, Risk, and Adaptation vs Mitigation - EA (eaest.com)]

19. Biodiversity

Headline ambition for our ICS

We will fulfil our duty to conserve and enhance biodiversity of our sites and across the region by working closely with our partners. We will promote and utilise our green and blue spaces to support the health and wellbeing of our staff, patients and local communities.

Key actions:

- ICS partners to open up and promote their green spaces for use by other partners, particularly those with limited free space.
- Develop business case for a network of nature recovery rangers that work across ICS partner sites to conserve and enhance biodiversity. Develop volunteer network to support activity.
- Partner with Health & Wellbeing teams to utilise green spaces, staff allotments and green gyms to improve staff, patient and community health and wellbeing.
- All new building developments and relevant refurbishments will develop comprehensive plans to achieve biodiversity net gain and mitigate adverse impacts on biodiversity, enhance existing biodiversity, adopt biophilic design and include a robust grounds maintenance regime.
- Undertake ecological surveys across our sites; pollinator surveys, butterfly surveys, newt surveys, bird identification that inform ecological action plans. Involve staff and service users in ecological surveys to provide opportunity for nature connection through citizen science
- Develop baseline biodiversity measures and targets in consultations with Avon Wildlife Trust and Natural England.
- Adopt and implement the guidance detailed in the Healthier Together Green Infrastructure Planning Guide, Green Pockets Planning Guide and Meadow Management Guide.
- Become pesticide free by 2025 across our sites
- Create designated areas for grassland management and pond creation - Participating in No Mow May each year and ongoing management for nature
- Each partner organisation will register with NHS Forest and will partner with external organisations and groups across the region to designate areas for tree planting.
- Estate masterplans will incorporate green corridors that align with city plans and link sites with community green spaces taking into consideration wildlife highways.
- Implement the Clean Air Hospital Framework install living roofs and walls at appropriate sites, particularly where air quality is poor
- Apply for grants to undertake ICS-wide projects that will conserve and enhance biodiversity and support external organisations bids to develop land for the use of green social prescribing.

Key ICS Pledges & Commitments

We will improve the biodiversity across all of our sites and improve the health and wellbeing of our population by:

- Establishing our sites as an open and accessible network of green spaces and facilities that can be utilised by staff, patients, visitors and volunteers from all ICS partners.
- Prohibiting the use of harmful chemicals and methods in our ground's maintenance regimes.
- Conserve existing and establish new habitats for local wildlife ,
- Promote the use of our green spaces and facilities to staff, patients and the community as areas to improve health and wellbeing and to educate on biodiversity conservation.
- Mandating all new developments and relevant refurbishments achieve 10% net gain in the biodiversity associated with the development area. including new green and blue infrastructure living walls and roofs
- Host green social prescribing programmes and nature wellness activities on our sites.

Contribution to our headline metrics

Headline outcome	Metrics	Target
Improve our environment	Area (m^2) of sites improved for biodiversity and health and wellbeing	Increase year on year
	New trees planted across our footprint by 2025	10,000 trees planted by 2025
	Biodiversity values of our sites	Achieve 30% protected for wildlife by 2025 for sites with green space
	Pesticide free by 2025	Zero pesticide use by 2025
Target carbon	Use of Sustainable Design Guide for all new buildings / refurbs	100% of projects use guide
	Reduction in carbon achieved through increased biodiversity and green social prescribing	2 case studies in 2023/24
Lead change with our citizens	% of service changes that have a SIA demonstrating positive impact	100% by 2023/24
	Number of citizens who have reported an increased awareness & changed behaviour	TBD
	Number of citizen communication	TBD

Biodiversity – Conserve and enhance biodiversity of our sites and across the region, promote and utilise our green and blue spaces to support the health and wellbeing of our staff, patients and local communities.

Implement Green Infrastructure Planning Guide, Green Pockets Planning Guide and Meadow Management Guide

business case for a network of nature recovery rangers that work across ICS Develop volunteer network to support activity

Case studies of carbon reduction from increased biodiversity and green social prescribing

March 2024

All Sites have biodiversity measures and targets

30% of sites greenspace protected for wildlife

10,000 trees planted

Zero pesticide use

March 2025

All new developments and relevant refurbishments achieve 10% net gain in biodiversity

March 2026

Estate masterplans incorporate green corridors that align with city plans and link sites with community green spaces

All sites host green social prescribing programmes and nature wellness activities

March 2028

10 hectares of wildflower meadows planted

Nature based carbon sequestration established carbon offsetting.

20,000 trees planted

March 2030

20. Governance and Delivery

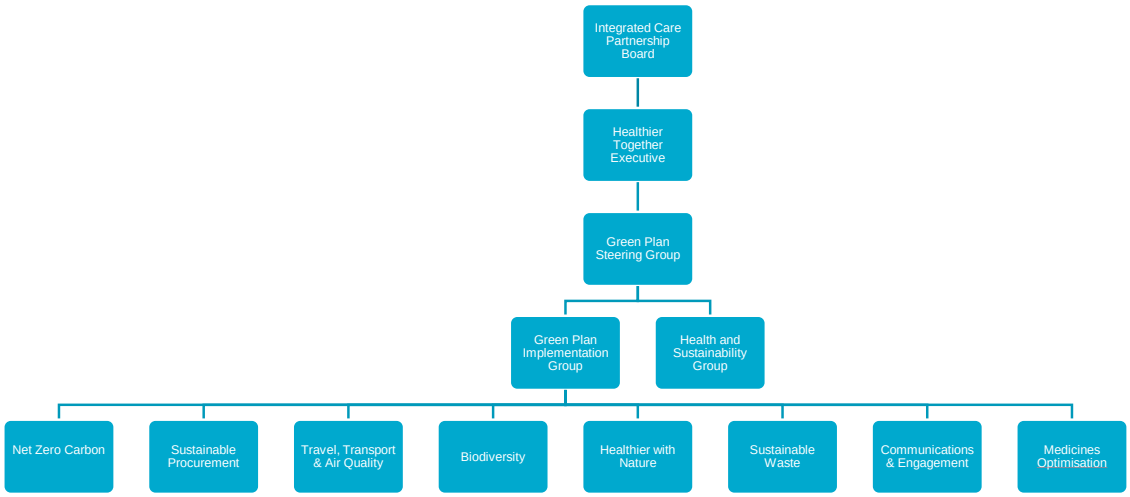
To ensure achievement of our ICS Green Plan we have developed a governance structure and supporting delivery infrastructure. Whilst much of the work of delivering change will be devolved to our core operations and strategic change programmes, the wide-ranging and large-scale nature of the ambition requires a formal governance structure.

We have established an executive-led **ICS Green Plan Steering Group** that reports directly into our ICS Executive Board. This is responsible for:

1. **Holding our shared ambition** - building on the success of our organisational level work, we will hold a singular clear ambition as an ICS that all partners align to
2. **Establish the enabling conditions for change** – putting the green agenda at the heart of our ICS – how we business plan, allocation of resources, development of frameworks and governance
3. **Coordinating collaborative projects across partner organisations**, including advising the Executive Board on priorities and trade-offs - At an ICS level we will put our collective resources and energy behind a small number of impactful changes
4. **Provide assurance of delivery of actions** devolved to other steering groups and organisations - Recognising that the green agenda is everyone's business we will build on the success of organisational plans, putting in place monitoring and support frameworks to maximise the impact across the system, target highest impact interventions, hold collective risks, and hold groups to account for delivery of key actions

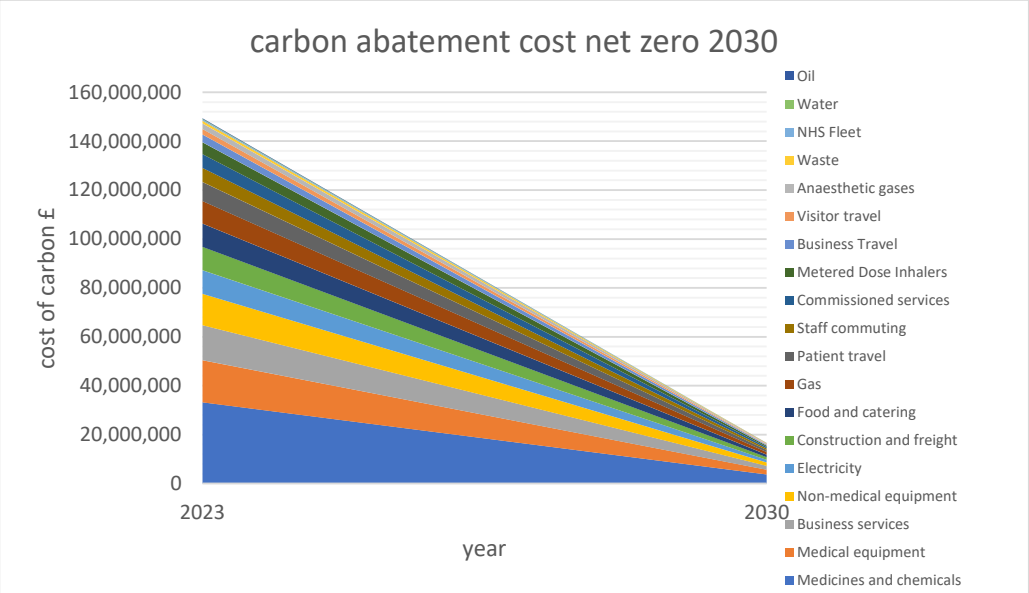
The **Green Plan Implementation Group** has been established to monitor progress with implementation by the Green Plan workstreams. The workstreams were initially set up as a working across the acute trusts but now include representation from other ICS organisations. A costed delivery plan for Green Plan actions across all workstreams will be developed in 2023/24.

The **Sustainability and Health Group** enables wider representation from across the system including Primary care, local authorities, SWAST and Sirona to provide input and coordination for cross cutting areas such as climate change adaptation.



Changes to key ICS processes and decision making

Meeting our sustainability objectives will require changes to almost all our prioritisation and decision making. The ICS Green Plan Steering Group has started to embed our sustainability ambitions within our core governance and decision-making processes. This includes developing a carbon price following Treasury Greenbook supplementary guidance currently £378/tCO2e to be applied in business cases and procurement.



Key changes are:

Capital prioritisation:

- Principle: ensure that any new capital allocations (estates, digital, major medical) are actively driving towards our environmental outcomes
- How: amend our prioritisation matrices and decision-making processes to reflect this. For example, the estates capital prioritisation is now includes net zero carbon and sustainability as a pass/fail criterion for business cases. Introduce a carbon price into business planning and procurement processes. Commit 10% of system capital for a decarbonisation fund that all organisations can bid against. Green Plan Steering Group to determine best value use of funding.

Revenue allocation:

- Principle: allocation of resources within the ICS should clearly evidence how it meets our 7 system goals, one of which is our environmental commitments set out in this plan
- How:
    - ICS Outcomes Framework, including our green plan outcomes, will increasingly be used to allocate resources across programme areas
    - Transformation & major change: transformation programmes need to demonstrate how they meet our ICS Outcomes; all programmes will need a sustainability impact assessment that demonstrates a positive impact on our environmental outcomes. We will use the development of Healthy Weston Phase 2 business case as a test case for how to incorporate sustainability into large scale change
    - Business planning: we will use annual business planning to drive our collective sustainability ambitions

- ICS Value Improvement Framework: used to: allocate resources efficiently across our system so that we achieve the overall best possible outcomes; Identify and improve the outcomes and experience that matter to people; Commission and deliver effective services that avoiding overuse of low value interventions (unwanted or not cost-effective) and underuse of high value interventions (deemed cost-effective but not taken up by those who would benefit)

Service Change:

- Principle: we will use key service changes as an opportunity to meet our sustainability ambitions
- How:
  - Identify biggest wins: Our benchmark work will consider how to measure carbon 'heavy' opportunities. This will need to link with a system approach for measuring green credentials for Benchmarking analysis i.e., is there a 'green version' of model hospital
  - As part of good practice for transformation initiation and gateway controls, we will consider sustainability opportunities
  - Setting a carbon price Treasury Greenbook supplementary guidance currently £378/tCO2e to be applied in business cases and procurement
  - Quality improvement: integration of a '**Sustainability Impact Assessment'** into our Programme Methodology that works alongside current QIA/EIA formats.

Annual operational planning: We will embed our sustainability outcomes as one of our key success measures for departmental and organisational planning – e.g., targeting procurement product switches & associated carbon reductions

21. Finance and resourcing

There will need to be significant financial and staff resource investment to deliver against the ambitions of this plan. We also recognise that there will also be considerable financial and non-financial value from operating more sustainably.

The ICS capital prioritisation agreed that a proportion of capital should be allocated to carbon reduction schemes as this is a key national priority and also provides more opportunities to leverage additional system funds. It was agreed to undertake surveys across ICS sites in 23/24 utilising non-recurrent revenue funding and then to commit 10% of system capital in 24/25 and future yearsfor the Green Plan Steering Group to assess what schemes will bring the best value for money for the system to achieve the greatest benefits.

We do not have a complete picture of the likely capital and revenue implications, nor of the source of funds to meet this. The revenue requirements for 2023/24 to develop the detailed costed actions to deliver the Green Plan and start on that delivery are outlined below. This will provide a clear evidence base for the financial implications of this plan. We will account for the full financial & non-financial implications of both action and inaction.

Indications of the likely cost implications are:

- Capital investments to decarbonise estates
- Capital & revenue investments to adapt to the unavoidable impacts of climate change

- Potential additional non-pay costs associated with switching to low carbon products
- Pay costs associated with developing the expertise and resource to deliver our plans
- Increasing costs of carbon taxation
- Off-set-set payments for any carbon it is not possible to remove from our operations

Indications of likely benefits from meeting our ambitions:

- Reduced whole life costs of procurement
- Reduced spend on waste
- Reduce heating and power costs through building efficiency
- Reduced healthcare delivery costs due to more efficient models of care
- Social value procurement generating local economic value, reducing inequalities and the associated health burdens
- Reduced mortality and morbidity associated with air pollution and associated costs
- Reduced mortality and morbidity associated with inactivity and associated costs
- Increased value from green capital

Sources of funds will include:

- National funds e.g., Public Sector Decarbonisation Fund
- Greener NHS funding
- System capital allocations
- Transformation funding
- Primary care improvement grants
- Procurement savings – savings for reinvestment, CIP savings, cost avoidance savings
- Charitable funding

How we will assess value

As an ICS we will need to make prioritisation decisions and trade-offs over the coming years, balancing our commitment to the goals of this plan against our responsibilities to deliver safe and effective care. We will seek to make decisions in a clear and transparent way. Our ICS Value Framework provides guidance on how we can frame decision making and allocation of resource.

We define value as:
Meeting the goals of Population Health (including improving the environment); improving physical and mental health outcomes, promoting wellbeing, and reducing health inequalities, for the whole population and not just those who present to services through a focus on achieving the outcomes that matter to people and making best use of our common resources (including our environmental resources).

$$\frac{\text{The outcomes that are important to people (including environmental \& social benefits)}}{\text{The costs to deliver them (including any social \& environmental costs)}}$$

We will develop additional tools to enable us to make the most effective decisions for our population. These include:

- A refreshed capital prioritisation matrix, aligned to our net-zero ambitions with top sliced capital funding ring fenced for allocation by the Green Plan Steering Group
- A procurement assessment approach aligned to our net-zero and social value ambitions
- A sustainability impact assessment that aligns to the whole system value of care models

Resource investment planned for 2023/24

The first year of our plan 22/23 has shown there are already significant investments in progress within our partner organisations, which have started to set the foundations for delivery. Revenue investment across the ICS, subject to executive sign-off, includes:

		2022/23		2023/24					
Area of Impact Impact	**Sub - Area of Impact Impact**	**Cost £k**	**Funding source**	**Cost £k**	**Less Funded £k**	**Confirmed funding source**	**Outstanding Funding required £k**	**Potential funding source**	**Notes**
Decarbonisation of estates - 15% of carbon footprint	Decarbonising Primary - energy surveys of primary and community estate	50	ICB Primary care	115	-65	Onecare estates programme manager	50	ICB Primary care	
	Feasibility studies for decarbonising for estates 100k 1st year AWP £30K for Fountains way detailed, 26 sites to RIBA stage 2 £130K , UHBW £35K+? NBT ??	183	Salix Low Carbon Skills fund UHBW, NBT, AWP and trusts funded	100	0		100	Acutes and AWP feasibility funding, Salix feasibility funding	1st year funding only. Enabler for external funding
Procurement - 42% of carbon footprint	existing UHBW band 6, additional 2 band 6 sustainable procurement project managers	48	UHBW sustainable procurement manager	144	-48	UHBW sustainable procurement manager	96	Incorporate in BWPC fees	
Travel and transport - 14% of carbon footprint	vehicle changes, fleet review Transport optimisation - Project management and GIS mapping resource	45	SW greener NHS Sirona GIS mapping funding, WECA ebikes, UHBW air quality monitoring	96	0		96	invest to save, EU funding for air quality	

	fleet consolidation, staff & patient travel - consultancy support			78	-30	WECA travel hub	48		
Medicines optimisation - 20% of carbon footprint	Project manager medicines waste			48	-48	Onecare funded by medicines management	0		identified opportunity to expand
	Inhaler switching project - training for nurses, pharmacist time	5	SW greener NHS funding UHBW inhaler project	58	0		58		
Biodiversity	Nature recovery ranger band 6 support officer band 3 master planning and Offsetting opportunity assessment	37	Southmead Hospital Charity funded Band 5 post	75	0		75	Acutes biodiversity support, potential Centre for Sustainable Healthcare	
	mapping ICS greenspace 20k, Ecological surveys 20K, NHS forest consultancy 8K	20	UHBW funded biodiversity action plans	48	0		48		Could be 1 year project post
Healthier with Nature	Green Social Prescribing Core resourcing 2 posts	250	NHSE- Test and learn site funding	250	-125	Community mental health ICS funds AWP 125K 1st 6mths	125		
	Training plus tasters for staff 10k, Network events for hospitals and primary care 2k, Development of resources website 5k, Grant programme voluntary sector partners 10k match funding	650	Match funding wide range of sources	27	0		27	ICB, Public Health, Grant funding	Attract match funding
Waste decarbonisation	consultancy for decarbonising waste costed plan	50	Ecoquip+ EU funding	20	0		20		

Engagement awareness - Net zero training	ICB and ICP board training - ICS staff wide training	5	SW Greener NHS		0		0	SW Greener NHS funding	Staff wide training would be further cost
TOTAL		**1343**		**1059**	**-316**		**743**		

22. Risks

Risk	Mitigations
Engagement – risk that the plan will fail to become adopted and embedded across the breadth of our activities due to the pace of the development of the plan and lack of wider engagement	• Delivery of communications & engagement strategy • Senior approval by ICS Executive and Partnership Board • Role of ICS Steering Group to oversee alignment
Financial – Risk that we are unable to meet the outcomes of the plan due to financial constraints in terms of capital investment and revenue implications	• Access to national funding such as Public Sector Decarbonisation Funds • Early strategic planning at a system level to understand total financial need & prioritisation of resources to highest impact areas • Recognise the financial savings that are possible through operating more sustainably • Accounting for the contribution to non-financial outcomes (e.g. population health) that can be achieved by operating sustainably
Reputational – Risk that our reputation is impacted if we are unable to meet the outcomes set out in this plan	• Green Plan Steering Group to maintain close focus on key deliverables • Maintain an honest dialogue with staff & citizens about what is achievable and any barriers to delivery that are outside of our control (e.g. supply chain, decarbonisation of national grid)
Elements of delivery beyond our control – Risk that we are unable to deliver against significant elements of the plan due to elements of the plan that are outside of our direct control (e.g. supply chain, national grid decarbonisation)	• Early and robust engagement with supply chains • Use collective pressure through regional and national bodies
Competing priorities – risk that the pressures of the covid-19 pandemic, elective recovery, and establishment of new models of care impact on delivery and relative priority of this plan	• Ensure that the sustainability outcomes are central to our ICS strategic aims • Continue to recognise that operating sustainably is a key part of the solutions to our biggest challenges, not an afterthought • Role of executive leaders to maintain the priority of this programme.

23. Communications & engagement

One of our 3 priority outcomes is to:

Generate a BNSSG-wide movement: Our sustainability behaviours, actions and innovations as anchor institutions will support a cultural change amongst local citizens and businesses resulting in wider improvements in air quality, biodiversity, and the quality of the natural environment

What we already know

Because of the pace at which we have developed this initial plan, and the context of the Covid-19 pandemic, we have done relatively little engagement with either staff or citizens whilst developing this plan. However, there are some things we already know from our existing engagement work:

1. **Staff want us to improve the environment and for us to have a wider positive impact on the community.** This is exemplified in many of our key partners having publicly declaring a climate emergency, as well as in placing our role as anchor institutions central to our organisational strategies
2. **Many of our citizens see improvement of the environment as a top priority.**

How we will engage with this plan:

We will continue to develop further insights, ensuring that our ambitions are aligned to those of our staff and citizens. Key actions will include:

Staff engagement:

- Engagement with key operational and leadership groups
- Focus groups and roadshows with staff groups
- ICS wide staff engagement scheme
- Festival of engagement –presented in different areas of our organisations to gather comment, questions and ideas.

Citizen engagement

- We will develop a joined-up engagement strategy across all our partners to share our collective ambitions and hear our citizens' priorities and requirements.
- GP surgeries are key institutions in the local community with real opportunity to influence citizen behaviours

How we will use our position as anchor institutions

We will use this plan, and the actions that we undertake as a result, as an opportunity to create the widest possible engagement with the climate and ecological emergency. We aim to generate a culture change across our citizens, leading to further environmental benefits. Key actions will include:

1. Promoting the work we are doing to establish BNSSG as a leading sustainability region
2. Creating opportunities for citizen awareness raising – e.g. with information in hospital atriums, GP surgeries, patient letters
3. Promoting lifestyle changes that benefit both personal and planetary health – e.g. increased use of green spaces, active travel
4. Supporting our citizens to access financial and other support towards more environmentally friendly actions – e.g. warm homes grants, vehicle grants for those living in the emissions zones

5. Providing locally sourced, low-carbon nutrition in our facilities and using this as an opportunity to provide education and information for citizen lifestyle change
6. Working with academic partners to understand how we can most effectively influence behaviour change through our interactions

24. How we are working with key partners

1. Academic Partners
2. Local Authorities & public health
3. Other Health and Care Partners

23.1 Academic Partners

BNSSG has the benefit of leading academic institutions within our geography, including West AHSN, Bristol Health Partners, University of Bristol and University of the West of England. These partners will support in the delivery of our sustainability ambitions in several ways:

i. Assessment of plans – any unintended adverse consequences
ii. Linking inequalities, outcomes and health planning
iii. Service user behaviour change at key life events
iv. NIHR – will do a call around Local Authority health priorities

Support the development & rigour of our plan

We have leaders in climate change and health, including the Cabot Inst for Environment which brings together 600 academics focusing on an inter-disciplinary approach to the environment. These experts can be drawn upon to:

- Assess the ambitions and deliverability of our plans
- Help identify and understand any unintended adverse consequences (e.g., indoor air quality for making buildings super-efficient)
- Looking at mitigation and adaptation as a whole - the things that give mutual wins and minimise harm. Partnering with public health will be important for this
- Thinking as a region how we become net zero - e.g. green space 'offsets'
- Target actions that will help address inequalities by considering who will benefit from interventions such as better air quality. Draw on experts from our academic partners working on climate justice.
- Understand how academic work can inform our priorities - such as cognitive psychology research about behaviour change, climate change and awareness.

23.2 Local Authorities:

Our local authority partners also have bold sustainability ambitions. We have continued to build on our engagement with our local authority partners to further align our actions. The early areas for collaboration include:

i. Procurement and creating a city-region green innovation driver
ii. Community heat and power – city leap

iii. Citizen engagement and messaging
iv. Proactive climate adaptation planning

23.3 Other Health and Care Partners:

We will increasingly need to work with wider health and care partners to align delivery of our ambitions. These include:

- Southwest Ambulance Service
- Private and independent sector treatment providers
- Care providers
- Community and voluntary organisations

25. Wider Partners

We have a collective responsibility as anchor institutions to work together drive the solutions to the climate & ecological emergency. There are some key elements where we will need to work together

Key: ✓ **– immediate involvement** ✓ **– expected adoption within 2-years** ✓ **– possible future involvement**

	Acute & MH providers	Community	Primary care	Local Authorities	Academic institutions	**What may this look like**
Patient, staff & public engagement	✓	✓	✓	✓	✓	▪ Joined up public messaging between health & LAs (e.g., signposting to energy advice), building on existing successes such as Warm Home Advice for people leaving hospital. ▪ Building on the Bristol One City approach to broad communications with the public / stakeholders, recognising the role of GP practices as hubs of community ▪ Commissioning academic institutions to advise on behaviour change & nudge theory; how key life events, such as having a baby, can be hooks for environmental and health behaviour change. ▪ Internal literacy training - opportunity for developing joint toolkits
Estate strategies	✓	✓	✓	✓	✓	▪ Strategic review of estate decarbonisation potential cross health & LA, which can link to the green capital, community assets and accommodation strategies ▪ Phased disposal of estate that is not viable for net zero ▪ Joined up adaptation plans (e.g. cooling centres), and extend the Bristol mapping projects to wider region. ▪ Challenge estate requirement through new ways of working across entire footprint (shared back office, mobile working, hot desking) ▪ Draw on expertise in UWE & UoB climate action plans and the Bristol advisory group on climate change.
Energy strategy	✓	✓	✓	✓	✓	▪ Review of non-gas energy options across public institutions at regional scale (e.g., strategic heat networks, wind turbines). ▪ City Leap at Bristol city scale. Could include electric vehicles and rooftop renewables. Possibility to extend beyond Bristol. ▪ Connecting to the heat network may be simplest solution for GP practices / health centres following improvement of the building fabric ▪ Consider novel contract forms for energy ▪ Smart technology across shared grids to distribute load across 24/7 variations.
Clinical waste	✓	✓	✓			▪ System-wide strategy for clinical waste. ▪ Resource Futures for the circular economy ▪ SevernNet – Industrial business network to support circular economy

	Acute & MH providers	Community	Primary care	Local Authorities	Academic institutions	What may this look like
Supply chain & procurement	✓	✓	✓	✓	✓	▪ Implement and embed new procurement strategy in UHBW, NBT, Sirona & AWP. ▪ Align to local authority sustainable procurement strategy– be good to share. Opportunity for joint messaging to market, promoting a circular economy, aligning to economic policy (WECA). ▪ Provide a clear drive to business that the collective purchasing power of our top local institutions will be directed to social and environmental value. ▪ Targeted projects on single use plastics
Travel & Transport	✓	✓	✓	✓		▪ Commission system-wide review of fleet vehicles. Drawing on experience from local authorities (e.g., waste vehicle depots for North Somerset and gritting lorries converted to use recycled veg oil leading to a 90% drop in carbon emissions. Bristol Waste vehicles are electric & hydrogen, and bus policy moving towards electric ▪ System review of key policies (active travel, lease vehicles, expenses) - draw on best practice nationally to drive change & identify priorities for intervention ▪ System visibility of key metrics - e.g. active travel, staff miles, patient journey types. Joined up messaging and infrastructure investment in active travel (e.g. North Somerset bike lease to WGH staff during pandemic). ▪ Joined up transport needs assessments. BCC are producing an active travel strategy including pilots. Also Travel West, Sustrans. All to link to the positive health impacts ▪ Action for air pollution to be identified. Anti-idling campaigns. ▪ Ambulance conveyance and associated travel, plus patient transport
Adaptation	✓	✓	✓			▪ Stress-testing plans across H&SC providers and consider collateral impacts (e.g. inability to discharge patients into housing stock that cannot cope with extreme heat). Heatmapping project
Natural Capital Assessments	✓	✓	✓	✓		▪ Ensure that all estates are assessed for natural capital value (e.g. as heat sequestration, ecological anchors, contributors to mental health & wellbeing). NS Green Infrastructure Policy – doing a lot of tree planting and rewilding. Link up land etc ▪ Consider broader factors in decision making (e.g. Cornwall's decision making wheel[4]) ▪ BCC ecological strategy – pollution, pesticides, green spaces, procurement. Currently very little carbon sequestration in the city
Public health interventions	✓	✓	✓	✓		▪ Prioritising those activities that have greatest mutual benefit (e.g. addressing vulnerable housing stock that may result in higher frailty / respiratory morbidity). Most social housing in Bristol is still council owned ▪ Need to develop a strategy with private landlords, retirement and care homes, which may require joined up working. ▪ Consider training NHS staff in post-discharge assessment of safe/warm homes. ▪ Scope to drive other public health interventions including – approaches to urban planning, green/blue infrastructure, and obesity/physical activity

[4] Cornwall Council: decision-making wheel (local.gov.uk)

26. Impact of COVID-19

During the COVID-19 pandemic major strides were made nationally to develop the sustainability ambition for the NHS. As we reconfigured health and care services to meet the needs of our communities over the course of the pandemic, we've experienced both sustainability opportunities and challenges.

The COVID-19 pandemic exposed and exacerbated health inequalities, with disproportionate effects on disadvantaged communities. The effects of climate change will similarly affect and disrupt our communities if action is not taken to reduce our carbon emissions and adapt to an already changing climate.

Demands on both frontline and support services staff have been extraordinary. We have worked flexibly, collaboratively and at pace, all of which will be needed for a modern, sustainable healthcare service; however, the ability of staff to consider and reduce the environmental impact of the services they deliver has been affected.

COVID-19 has shown that important changes can be made quickly in a crisis. Climate change is a crisis which needs to be addressed as a priority and with as much speed as the response to the pandemic. In developing this plan, we have tried to learn from and embed those changes that we want to continue. We also need to mitigate to continue the work to reduce the adverse impacts of changes.

Key negative impacts on our sustainability

- Slowed down some aspects of our sustainability project work
- Additional waste and single use products for PPE
- Recycling schemes, such as PVC mask recycling with Recomed and theatre plastics with Scrapstore, were put on hold.
- Reduced our overall efficiency per care episode due to reduced activity levels
- Increased use of private transport
- Externalising our carbon emissions due to working from home – in autumn and winter, emissions from people's homes are likely to be higher than if people were at work.

Key positive impacts on our sustainability

- Massive acceleration of non-face-to-face appointments resulting in less patient travel
- New ways of working, such as home working and virtual meetings have significantly reduced staff travel and made some aspects of work more efficient and more enjoyable for staff
- Decreased gas and electricity consumption across some of our estates
- Reduction in some waste streams (infectious, contaminated) due to reduced theatre activity from COVID disruption
- Improved local air quality in some locations due to annual reduction in NO2, which is likely linked to reduced travel during the pandemic

27. Conclusion

Following wide consultation with stakeholders this revised Green Plan sets out the key objectives, pledges and actions for us to become a more sustainable health and care system. The actions in this Green Plan for the health and wellbeing of our environment will support the wider system outcomes improving the health and wellbeing our communities, population and staff and help secure the sustainability of our services.

The addition of roadmaps for key areas provide a clear summary of the targets and their timelines.

Over the past year we have established governance which will ensure delivery of the plan is monitored and supported. Crucially we must continue to ensure that the Green Plan approaches to tackling the climate and ecological emergencies are embedded in the way the Integrated Care System operates to ensure the benefits are realised.

The detailed actions and costs of delivering our targets will be further developed over 2023/24 so we have a clear understanding of the resources required.

We will regularly review this Green Plan and further develop our partnerships with organisations across our region to work together to deliver our targets.

28. Glossary

Anchor institution: Refers to large, typically non-profit, public-sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on the health and wellbeing of communities.

Circular economy: Circular economy is an economic system aimed at eliminating waste and the continual use of resources while identifying opportunities for enhancing social value (e.g. skills and training, employment opportunities for disadvantaged groups and others).

Climate Emergency: A situation in which urgent action is required to reduce or halt climate change and avoid potentially irreversible environmental damage resulting from it

Ecological Emergency: A recognition that nature is declining globally at rates unprecedented in human history - and the rate of species extinctions is accelerating, with grave impacts on people around the world now likely.

Healthier Together Integrated Care System: A statutory partnership of health & care organisations formed to realise our shared ambitions to improve the health and wellbeing of the people of Bristol, North Somerset, and South Gloucestershire.

Net-zero carbon: A person, company or country is carbon neutral if they balance the carbon dioxide they release into the atmosphere through their everyday activities with the amount they absorb or remove from the atmosphere. This is also called net zero carbon emissions or net zero carbon, because overall no carbon dioxide is added to the atmosphere. There are two main ways to achieve

net zero: reducing emissions and removing carbon dioxide from the atmosphere, through technologies that actively take in carbon dioxide or by enhancing natural removal methods - by planting trees, for example. These methods can be used in combination.

Sustainable Development: aims to ensure the basic needs and quality of life for everyone are met, now and for future generations. Sustainable Development promotes the reduction of carbon emissions, the efficient use of finite resources, recognises the importance of protecting our natural environment, and preparing our communities for climate change (extreme weather events and increased risk of disease) by promoting health and wellbeing through healthy lifestyle choices to ensure a strong, healthy and resilient community now and for future generations

Value based health and care: Meeting the goals of Population Health; improving physical and mental health outcomes, promoting wellbeing, and reducing health inequalities, for the whole population and not just those who present to services. Delivered through a focus on achieving the outcomes that matter to people and making best use of our common resources.

29. Approval and sign off process

Core plan development team:

- Tricia Down, Associate Director Strategic Estate Development and Sustainable Health, NBT
- Megan Murphy, acting Sustainability Manager, NBT
- Sam Willitts, Head of Sustainability, NHS BNSSG ICS
- Luke Champion, Energy and Sustainability Manager, AWP
- Kelly Scott, Energy & Sustainability Lead, Sirona Care and Health
- Ned Maynard, acting Head of Sustainability, UHBW

Executive support:

The following are executive leads for sustainability in their respective organisations. They have endorsed the overarching aims and proposed delivery approach.

- Glyn Howells, SRO and Chief Financial Officer, NBT
- Sarah Truelove, Deputy Chief Executive and Chief Finance Officer, NHS BNSSG ICB
- Neil Kemsley, Chief Finance Officer, UHBW
- Simon Truelove, Chief Financial Officer, AWP
- Clive Bassett, Sirona Care and Health

Approval:

Formal approval: Healthier Together Executive Group DATE

Appendices

Appendix 1: Case studies

CASE STUDY

GSP – Nordic Walking

Green Care Models

Problem

Low levels of connection with nature amongst populations experiencing inequalities in mental health outcomes.

Solution Overview

Grants to increase the range of nature and health interventions targeting health inequality populations alongside strengthened referral pathways both from the health system but also the community

Contact: Steve Spiers
Green Social Prescribing Manager
BNSSG CCG
steve.spiers@nhs.net
07825 647 783

Project Background

The BNSSG Green Social Prescribing Programme Learning (now rebranding as Healthier with Nature has funded a range of projects across BNSSG that both help people connect with nature to improve their health but also work to protect the natural environment.

One of these programmes is a series of Nordic Walking courses taking place in Inner City East Bristol. Nordic Walking is an established intervention that delivers both improved mental and physical health. It builds physical fitness, improves posture and develops supportive peer relationships.

Nordic Walking and the related health benefits have tended to be largely enjoyed by populations who have better health outcomes. The funded project looked to address this by introducing sessions in Easton, Bristol in partnership with two GP surgeries. Sessions are run in partnership between a walking organisation, a local community development worker and two local GP surgeries.

Taster sessions raised awareness and helped recruit walk leaders from the local community and then link workers and GP refer people to a series of 6-week courses.

Process for Improvements

We had clear outcomes in mind.

1. More connection with nature from priority populations (to improve their health outcomes)
2. To embed nature and health interventions in the health system

We then secured some resource for NHS England and other sources to achieve this broad aim but then trusted a range of stakeholders to find the best ways to deliver on the two aims outlined above.

After an engagement process and round of community grants that followed, we are now funding over 40 projects across BNSSG which if they meet their targets will improve the mental health of around 4000 people. Many of these projects also protect and natural environment.

Outcomes

The Nordic Walking Project we are highlighting in this case study will support around 100 people in the Easton area of Bristol to reduce self-reported anxiety and improve self-reported happiness. However, we are also working with partners to measure impact on waiting lists, number of health appointments and possibly prescription of medication.

These outcomes are reported collectively for all the projects and will provide a strong overall data set. This is backed up by individual case studies.

Project Top Tips

Trust communities to find and then deliver their own solutions

Identify and support green champions within both the community and statutory bodies

Create spaces where stakeholders can come together and create partnerships and joint working

Work with existing structures such as PCNs, ICPs, Local authorities or VCSE anchor organisation that already hold local relationships

Celebrate and share good news case studies it keeps partners engaged.

14.1

CASE STUDY

Chiller Optimisation

Energy Efficiency

Problem

900kW chiller using large amounts of energy, with no strong correlation with external temperature. Chiller and chiller pumps also suffering from early failures and large maintenance costs.

Solution Overview

Review of BMS control strategy resulted in several initiatives to reduce the time the chiller and associated pumps were running saving energy, cost, carbon and increasing the expected life of the equipment.

Contact: Matt Gitsham
Carbon and Energy Manager
North Bristol NHS Trust
Matthew.Gitsham@nbt.nhs.uk
07825 647 783

Project Background

The Learning and Resource Building's chiller was installed in 2010 when the building was built. The chiller is a 900kW Carrier unit supplying a primary circuit at 6°C with a nominal return of 12°C.

The chiller should have been operating 7am-7pm and should not switch on until the ambient temperature exceeded 10°C. We demonstrated that in fact the chiller was running 24/7 with no regard for the ambient temperature.

We also demonstrated that the two sets of secondary pumps were not being switched off when the systems they served did not require chilled water, particularly the pumps serving the AHUs. These pumps were running 8,760 hours per year, despite analysis showing they were only likely to be required 2,000 hours per year.

Further, we noted that the pumps were all running far too fast leading to a vastly reduced difference between the flow and return temperatures, damaging chiller efficiency and wasting pump energy.

Process for Improvements

Working alongside NBT's BMS contractor, our Carbon and Energy Manager assessed the various issues affecting the chiller and using metered energy data put forward a business case for making improvements.

The BMS contractor was able to determine the timeclock and external ambient interlock issues were due to mistakes in the code and they resolved them quickly. They also added new code that switched off the secondary pumps when there was no requirement for them to run.

Changes to pump speed were achieved by adjusting the BMS controls already in place. Future work will involve optimising the temperature set point of the chiller, raising it when the cooling load is low.

Outcomes

Energy metering data demonstrates the electricity cost associated with the chiller and chiller pumps has more than halved since these changes were implemented. In the first year this has saved the trust over £35,000 on an initial outlay of £400 and nearly 70,000kg of CO2. We also expect to have significantly decreased the wear and tear on the chiller and pumps, reducing their annual maintenance costs and increasing their overall life.

Project Top Tips

Confirm the timeclock settings match the requirement of the building.

Confirm the timeclock is working correctly by checking logs of water temperature.

Confirm the ambient interlock is working correctly by comparing the outside temperature to water temperature logs.

Confirm pumps switch off when the equipment they serve (such as AHUs) do not require cooling (or heating).

Assess whether pump speeds are correct by comparing flow and return temperature if they are very similar consider reducing pump speed.

14.1

[i] Natural England: An estimate of the economic and health value and cost effectiveness of the expanded WHI scheme 2009
[ii] BNSSG 5-Year Plan
[iii] Dutch Cycling: Quantifying the Health and Related Economic Benefits (nih.gov)
[iv] NICE Guidance NG6: Excess winter deaths and illness and the health risks associated with cold homes
[v] BNSSG 5-Year Plan
[vi] 2017/18; PHOF, PHE NCMP and Child Obesity Profile
[vii] BNSSG 5-Year Plan
[viii] Healthier Together Citizen Panel Survey, conducted 2020
[ix] BNSSG 5-Year Plan

Equality Impact Assessment

How to use this form

Section 1 - State which policy, practice, criteria or strategy is being assessed.

Section 2 - Give details of who is completing the assessment.

Section 3 - Set out the relevance of the EIA.

Section 4 - Set out evidence to show what the impact is likely to be. Consider whether the policy actually or potentially hinders equality of opportunity.

This needs to be objective. Value judgements will not do!

Evidence needs to be disaggregated to show how it may affect each protected characteristic.

What to include in the form

- Statistics
- Anecdotal information
- Staff/Patient Attitude and other Surveys
- Family and Friends Test
- Results of consultations/engagements with patients/staff
- Analysis of your results
- Consult on outcomes
- Future Actions

Section 5 - Add a date for revisit the assessment to check on the impact.

For further information see the Equality webpage under the HR portal.

Statistics - NBT Annual Equality Statistics Report - this also gives some census data.

This report can be found on the Equality web page under the HR portal at this link:

http://nbsvr16/sites/askhr/EqualityandDiversity/Pages/AnnualEqualityStaffStatisticsReports.aspx

For specific divisional data contact Informatics:

Email: InformationManagement@nbt.nhs.uk

There may be other figures available within the Trust or elsewhere that you can use for example in the Annual Trust Reports these are available on the NBT website:

https://www.nbt.nhs.uk/about-us/our-purpose-activities/annual-report-accounts-financial-statements

NBT Annual Equality Report

http://nbsvr16/sites/askhr/EqualityandDiversity/Pages/AnnualEqualityReports.aspx

In completing this assessment you should keep the Equality Duty set out in the Equality Act 2010 in mind. The Duty has three aims. It requires public bodies to have **due regard** to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
- **foster good relations** between people who share a protected characteristic and people who do not share it.

This Equality Impact Assessment is based on the following principles, drawn from case law and provides the essential information to enable us to fulfil our Equality Duty. Public bodies are expected to ensure:

Knowledge - those who exercise the public body's functions need to be aware of the requirements of the Equality Duty. Compliance with the Equality Duty involves a conscious approach and state of mind.

Timeliness - the Equality Duty must be complied with before and at the time that a particular policy is under consideration or decision is taken - that is, in the development of policy options, and in making a final decision. A public body cannot satisfy the Equality Duty by justifying a decision after it has been taken.

Real consideration - consideration of the three aims of the Equality Duty must form an integral part of the decision-making process.

The Equality Duty is not a matter of box ticking; it must be exercised in substance, with rigour and an open mind in such a way that it influences the final decision.

Sufficient information and evidence - the decision maker must consider what information they have and what further information may be needed in order to give proper consideration to the Equality Duty. Evidence might be gathered from Demographic (including Census) data, research findings, recent consultations and surveys, results of: ethnic monitoring data; and any equalities data from the local authority / joint services; or health inequality data, anecdotal information from groups and agencies within BNSSG, comparisons between similar functions / policies elsewhere, analysis of complaints and public enquires information, analysis of audit reports and reviews.

No delegation - public bodies are responsible for ensuring that any third parties which exercise functions on their behalf are capable of complying with the Equality Duty, are required to comply with it, and that they do so in practice. It is a duty that cannot be delegated.

Review - public bodies must have regard to the aims of the Equality Duty not only when a policy is developed and decided upon, but also when it is implemented and reviewed. The Equality Duty is a continuing duty.

Completing this assessment will help us demonstrate compliance with the Equality Duty

See the tool kit for how to complete the form: Equality Impact Assessment Process – Flow Chart

For more information contact e mail: Inclusion@nbt.nhs.uk

1. **Name of service / policy / strategy**

Healthier Together ICS Green Plan

2. **Details of lead person completing this screening:**

Name	Megan Murphy
Title	Sustainability Manager
Dept/Service	Sustainable Development Unit / Strategic Estate Development and Sustainable Health / Finance
Telephone	07804608847
E-mail	Megan.murphy@nbt.nhs.uk

3. **Please give a brief description of the service/policy/strategy and its aims/objectives and who it is likely to have an impact on:**

Service/Policy: The Healthier Together ICS Green Plan is the ICS's sustainability strategy which outlines the ICS's sustainability ambitions and devises a plan to deliver three key outcomes for the BNSSG population. The Plan outlines key commitments and pledges across many cross-cutting themes which will impact the current processes and systems used by the majority of staff within the Trust and will require a new way of working.	
None:	**All staff members from all directorates and divisions must engage with the governing, delivery and reporting of the Healthier Together ICS Green Plan in order for the Trust to achieve the key outcomes.** **Behaviour change programmes/campaigns: all staff.** **Changes to decision-making and prioritisation processes: all staff.** **New ways of working and service delivery changes: all staff.**

1. **Assessment of the effects of the service/policy/strategy on the protected characteristics (equality groups)**

   Assess whether the Service/Policy has a positive, negative or neutral impact on the Protected Characteristics.

   - **Positive impact** means promoting equal opportunities or improving relations within equality groups
   - **Negative impact** means that an equality group(s) could be disadvantaged or discriminated against

   Please answer '**Yes**' or '**No**' for each protected characteristic and if yes, provide evidence for the action and the potential impact:

You must show that the actions are necessary, person responsible for seeing them through and the date by which they should be achieved and how you will tell stakeholders what has been accomplished.

Potential areas for action might be:

Data collection and evidence, involvement and consultation, measures to improve access or take-up of service, monitoring, evaluation and review, communicating the results, etc.

Protected Characteristic	Affected ? Yes/No	Please show evidence and state potential impact.	Future Actions	Timeframe/ target date	Evidence and success measures	Lead
Age (The Act covers people over 18)	Yes	Positive – upskilling workforce. Negative –some key actions, particularly related to active travel, may not be suitable for elderly people. Risk of staff feeling excluded from action plans.	Ensure ample training is provided to make new systems and processes accessible and easy for all groups to adopt. Ensure representation on Steering Groups and workstreams to ensure all actions and inclusive. Work closely with comms teams and EDI from each ICS organisation to ensure language in communications and engagement campaigns and initiatives is inclusive and provide alternative ways to contribute. Include metrics on equality and diversity in headline metrics for	2022-2030. Review progress every 6 months and as and when feedback is collated.	Membership of governance and delivery groups. Engagement activity feedback forms. Minutes from progress review meetings and reports. EIA action plan progress.	MM

Protected Characteristic	Affected ? Yes/No	Please show evidence and state potential impact.	Future Actions	Timeframe/ target date	Evidence and success measures	Lead
			comms and engagement.			
Race	Yes	Positive – the themes outlined in the ICS Green Plan are inclusive of all races and the Plan will harness the cultural diversity of our staff and patients to deliver innovative solutions to reduce our impact. Negative – Sustainability is practiced in unique ways across various cultures and therefore the ICS Green Plan could risk alienating staff and patients.	We will consult EDI and other external groups to ensure all of our communications and engagement activities are accessible and inclusive to staff and patients of all ethnicities.	2022-2030	EDI metrics from surveys sent to staff to understand if our events initiatives and campaigns are reaching a diverse range of staff.	MM
Sex (Female or Male)	No					
Disability Physical Impairment; Sensory Impairment; Mental Health; Learning Difficulty; Long-Term Condition	Yes	Positive – upskilling workforce. Negative – some recommendations may not be suitable for people with certain disabilities e.g., active travel. Risk of excluding staff from action plans.	Ensure ample training is provided to make new systems and processes accessible and easy for all groups to adopt. Ensure representation on Steering Groups and workstreams to	2022-2030. Review every 6 months and as and when feedback is collated.	Membership of governance and delivery groups. Engagement activity feedback forms. Minutes from progress review	MM

Protected Characteristic	Affected ? Yes/No	Please show evidence and state potential impact.	Future Actions	Timeframe/ target date	Evidence and success measures	Lead
			ensure all actions and inclusive. Work closely with comms teams and EDI from each ICS organisation to ensure language in communications and engagement campaigns and initiatives is inclusive and provide alternative ways to contribute. Include metrics on equality and diversity in headline metrics for comms and engagement.		meetings and reports. EIA action plan progress.	

Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual)	No					
Gender Identity (Trans people)	No					
Religion/Belief or non-belief	No					
Pregnancy & Maternity	No					
Marriage & Civil Partnership	No					

- **Positive impact** means promoting equal opportunities or improving relations within equality groups
- **Negative impact** means that an equality group(s) could be disadvantaged or discriminated against

2. **Please explain how the results of this impact assessment will influence your service/policy/strategy:**

Action plan? **See the Tool Kit: Equality Impact Assessment Action Plan template for suggestions on what to include here** **Progress reports and reviews will include an Equality Impact Assessment. Comms and engagement KPIs will include EDI metrics. The language used in communications and engagement resources will be inclusive to all protected characteristics. Initiatives or campaigns that will impact people from a protected characteristic will be shared with the EDI team to ensure they are accessible and inclusive.**

3. **Review date:** **06/01/2022**

Please forward an electronic copy of this assessment to the Equalities and Diversity Manager Lesley.Mansell@nbt.nhs.uk

The completed form will be put to the Equality and Diversity Committee and once agreed returned for you to publish.

Help

- Do you need help with gathering equality information?
- Do you need more advice?
- Do you need more information?

Contact: **Lesley Mansell**

Equality and Diversity Manager
Email: Lesley.Mansell@nbt.nhs.uk Tel: 0117 414 5578 September 2018 Updated January 2022

Healthier Together

Improving health and care in Bristol,
North Somerset and South Gloucestershire

Healthier Together ICS Green Plan

March 2023

Green Plan Scope

The Healthier Together ICS is a partnership of organisations that provide and coordinate the health and care needs of the Bristol, North Somerset and South Gloucestershire population.

The initial focus of the plan was on the Core Development Team which has now extended the scope to primary care and our wider partners with a shared agenda.

The Plan sets out how we expect to engage with our wider partners over time.

ICS Sustainability Vision

Operating sustainably is at the core of how we will meet our ICS aims and objectives. In developing our ICS, we aim to deliver a truly sustainable health and care system that will bring multiple mutually reinforcing benefits.

ICS Strategic Aim 6: We will act as leading institutions to drive sustainable health and care by improving our environment, achieving net zero carbon by 2030; improving the quality of the natural environment; driving efficiency of resource use.

Key Outcomes

We will focus on delivering three key outcomes for our population:

Improve the environment: We will improve the overall environmental impact and sustainability of our services, especially the damaging local impacts of air pollution. This will create a cleaner, safer, more ecologically sound environment locally and globally, including restoring biodiversity as much as possible

Net zero carbon: We particularly recognise the pressing urgency to address our carbon footprint and will reduce the impact of our services on the environment by achieving net zero carbon across all emissions scopes by 2030

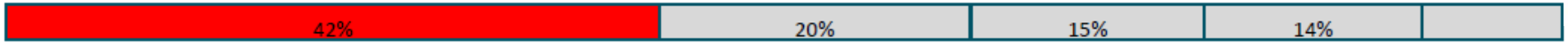
Generate a BNSSG-wide movement: Our sustainability behaviours, actions and innovations as anchor institutions will support a cultural change amongst local citizens and businesses resulting in wider improvements in air quality, biodiversity, and the quality of the natural environment

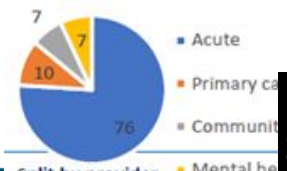
Delivery of Outcomes

We will do this by:

- Holding a shared ambition all partners are aligned to
- Establish the enabling conditions for change
- Coordinating the highest impact projects
- Create assurance for delivery of actions

Supply Chain and Procurement





14.3

Ambition:

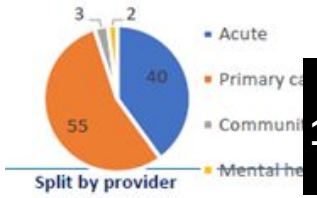
- Drive the supply chain to net zero
- Use our spend as a positive influence in our community
- Promote a fair, diverse and inclusive supply chain

Leasing, take back schemes, producer responsibility

Pledges and Commitments:

- Challenge the market to make a significant reduction in carbon and demonstrate they are on target to meet net zero, each time we renew a procurement.
- From March 2024, all suppliers will publish a carbon reduction plan
- Ensure our supply chains and procurement processes are ethical.
- We will ensure our procurement processes drive resource efficiency and support our suppliers to move to a circular economy

Medicines



14.3

Ambition:

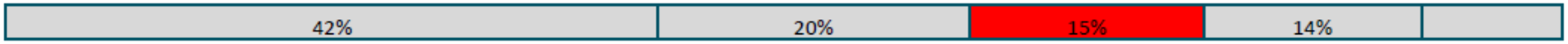
- Reduce overuse of medicines and medicines waste
- Switch to lower impact alternatives / Green Social Prescribing
- Drive change in the manufacture of medicines through our procurement approach

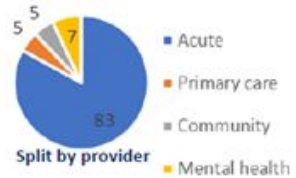
Pledges and Commitments:

- Align sustainability commitments to the ‘delivering best value’ strand of Medicines Optimisation Strategy
- Review the return and recycling of medicines, medical devices and equipment
- Consider sustainability within structured medication reviews
- Develop Green Social Prescribing option for each Primary Care Network
- Consider pass/fail criterion for new medicines approval

Each patient prescribed anti-depressants to be referred to a nature based intervention

Estates and Facilities





14.3

Ambition:

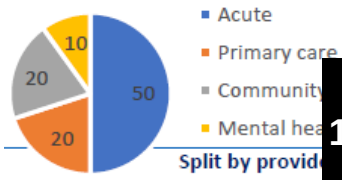
- Upgrade and renew buildings and infrastructure
- Optimise the way we use our buildings through improving efficiencies
- Change our energy source to 100% renewable

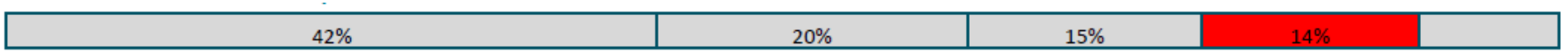
Pass/fail decision point in capital prioritisation matrix

Pledges and Commitments:

- Each of our tier 1 partners agrees to becoming net zero for estates and facilities by 2030
- Ensure all new capital developments, replacement services and infrastructure are net zero
- Exhaust system building capacity before any partners build new
- Increase green and blue space across total footprint
- Use capital allocation, grants and levies to enable developments in infrastructure which prioritise net zero.
- Adopt principles of circular economy to minimise waste and maximise reuse.

Travel, Transport and Air Quality





Ambition:

- Drive towards net zero carbon and a significant reduction in damaging air pollution from the travel & transport associated with our activities.

Pledges and Commitments:

- Lease or purchase only ULEVs
- New models of care provide care digitally or closer to home
- Develop ICS approach to lease vehicles and salary sacrifice
- Align our travel expenses policies to encourage sustainable travel
- New ways of working reduce the need for travel
- Promote active travel for staff and patients
- Implement a hierarchy of vehicle use for commuting, business travel and fleet.

Promote active travel as part of green social prescribing

Waste

Ambition:

- Implement a waste hierarchy approach to achieve zero waste by 2030
- Promote health and wellbeing benefits of sustainable waste management
- Promoting compliance with sustainable waste management
- Implement engagement and educational activities

Pledges and Commitments:

- Develop sustainable waste management education for all staff
- Align sustainable waste management contracts across the system
- By 2025 implement the NHS Estates and Facilities clinical waste management strategy
- No waste to landfill by 2025
- Roll out accessible system for equipment and furniture reuse across the health and care system
- Increase recycling year on year
- Move to circular economy (targeting plastic reduction)

Changing perceptions that view waste as a commodity

Sustainable Models of Care

Ambition:

- Help people stay well and independent in their community
- Provide early help and support that is personalised and proactive
- Minimise length of hospital stay and integrate community support
- Enable a system of support to get patients back home
- Help people to get back to being well and independent once back home

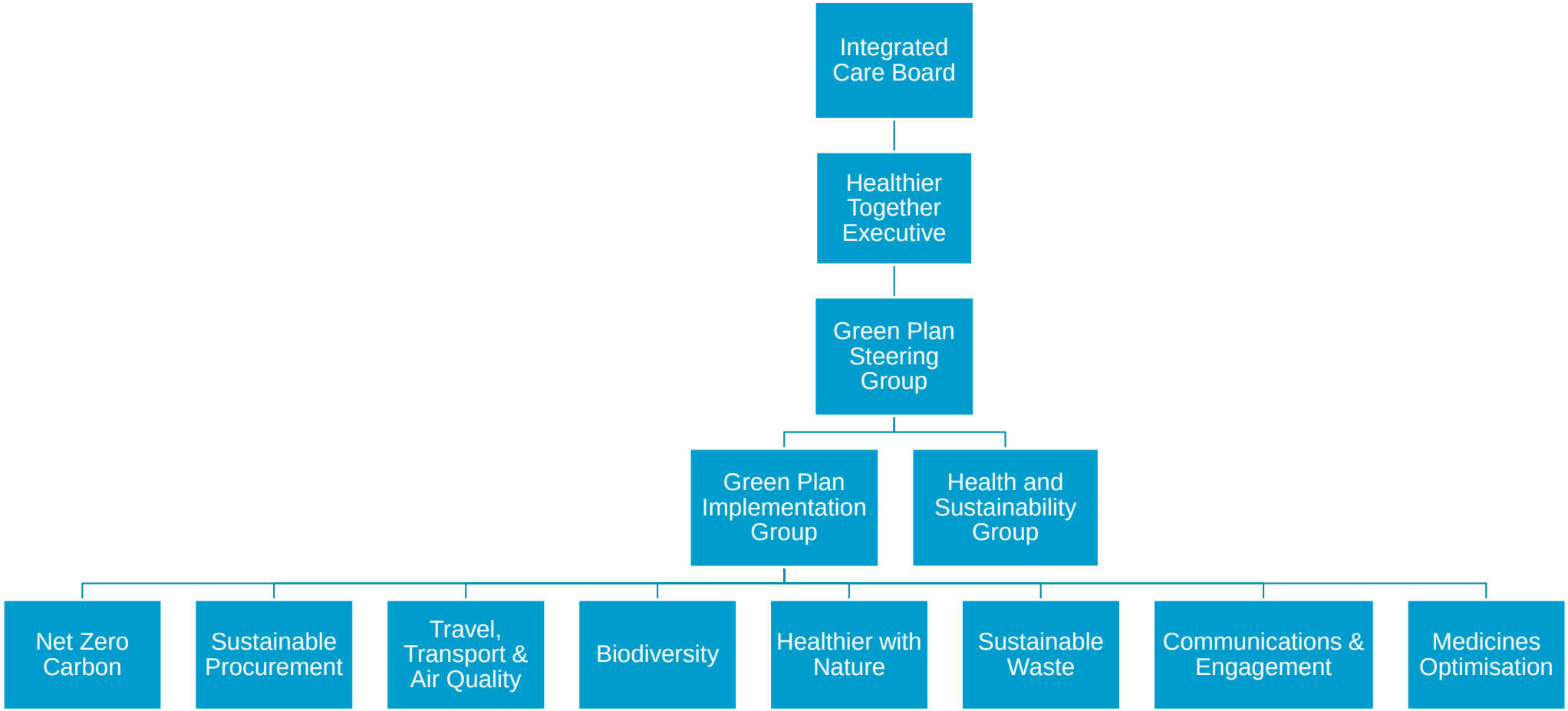
Pledges and Commitments:

- Deliver prevention agenda
- Ensure patients are engaged and informed about the carbon impacts of their treatment
- Ensure sustainability impacts are key considerations in system design principles and integrated care plans
- Ensure sustainability principles are central to service design and redesign
- Promote sustainable approaches to wider determinants of health

Deliver low impact, clinically appropriate care

Promote access to nature-rich green spaces and active travel

Governance and Delivery



Finance and Resourcing

- **Significant investment will be required to ensure the delivery of these ambitions however, there is considerable value to be gained from operating more sustainably.**

- Each year **10% of capital will be allocated to carbon reduction schemes** starting in 2024/25 – Green Plan Steering Group will assess what schemes bring the best value for money to achieve greatest benefit.

- We do not have a complete picture of the likely capital and revenue implications however:
  - We are working on **outlining the revenue requirements for 2023/24 to develop detailed costed actions** to deliver actions. This will provide a clear evidence base for the financial implications of the Green Plan.

How we assess value

The ICS will need to make difficult decisions to prioritise and make trade-offs; balancing our commitment to the **Green Plan goals** against our responsibilities to **deliver safe and effective care.**

We define value as meeting the goals of population health whilst making best use of our common resources:

$$\frac{\text{The outcomes that are important to people (including environmental \& social benefits)}}{\text{The costs to deliver them (including any social \& environmental costs)}}$$

We will develop tools to make effective decisions for our population:

- Capital prioritisation matrix aligned to net zero and top slicing
- Procurement assessment approach aligned to net zero and social value
- Sustainability Impact Assessment aligned to whole system value of care models

Next steps

- Organisational alignment and Green Plan approvals
- Establish governance - route to ICS Sustainability Team
- Resourcing – approval revenue investment for 23/24
- Establishing detailed costed delivery actions
- Launch priority projects
  - Primary Care medications work
  - System-wide transport review
  - Estate decarbonisation and strategic alignment
- Build a BNSSG-wide social movement
  - Engaging widely and promoting the Green Plan

Healthier Together

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NHS North Bristol NHS Trust

Report To:	Public Trust Board			
Date of Meeting:	25 May 2023			
Report Title:	Audit and Risk Committee Upward Report			
Report Author:	Richard Gwinnell, Deputy Trust Secretary Xavier Bell, Trust Secretary			
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 *private.*				
Purpose of the report:	**Approval**	**Discussion**	**Information**	**Assurance**
				X
Recommendations:	The Trust Board is recommended to: • Receive and note the Audit and Risk Committee Upward Report for assurance purposes.			
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 its meeting in June 2023, relating to the Annual Report and Accounts.			

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 4 May 2023.		
Implications for Trust Improvement Priorities: *(tick those that apply and elaborate in the report)*	**Our Aim: Outstanding Patient Experience**	
	High Quality Care – *Better by design*	
	Innovate to Improve – *Unlocking a better future*	
	Sustainability – *Making best use of limited resources*	
	People – *Proud to belong*	
	Commitment to our Community - *In and for our community*	
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.	

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Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No
Appendices:	Appendix 1: Board Assurance Framework

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 4 May 2023.

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 4 May 2023

3.1 External Audit Progress Report

External Auditors confirmed that their Annual Accounts fieldwork was underway and they were aiming to have all the necessary work complete in time to be presented to the next meeting on 22 June 2023.

The report also contained some key sector updates

3.2 Internal Audit Progress Report

Internal Auditors provided an update on the status of ongoing actions from 2022/23 internal audits. The Committee was assured that there were only three actions overdue, for limited times, and that revised due dates had been agreed with relevant management leads.

Internal Audit Annual Report / Draft Head of Internal Audit Opinion

The Committee welcomed the report and the draft opinion which identified a Green/Amber rating of "significant assurance with minor improvement opportunities".

Internal Audit Reports:

The Committee received the following internal audit reports, arising from the 2022/23 plan:

- Risk Management – this had received a green/amber assurance rating of "significant assurance with minor improvement opportunities".

- Data Quality – this had received a green rating of "significant assurance".

- Data Security and Protection Toolkit – this had received a green/amber assurance rating of "significant assurance with minor improvement opportunities".

The Committee welcomed these reports and the significant assurance provided.

The Committee then reviewed the Internal Audit Report on Cancer Multi-Disciplinary Teams, which had received a red/amber assurance rating of "partial assurance with improvements required".

Members of the Cancer team joined the meeting to discuss the report findings with the Committee, together with the Chief Medical Officer, and the Committee was assured that there were actions in place to deliver the recommendations arising from the report. It was agreed that a follow-up report on this topic should go back to the Committee in November 2023.

3.3 Counter Fraud Annual Report and Annual Plan 2023/24

The Committee received the annual report for the 2022/23 year. They took significant assurance from the annual report, with the vast majority of findings rated green, with only two rated amber. KPMG reported that NBT was the highest rated Trust they were aware of, in this respect. They also received and noted the annual plan for the year ahead.

3.4 eRostering and eJob Planning Update:

A follow-up report was received from the Chief Medical Officer, updating the Committee on progress made against the red/amber Internal Audit reports which had been presented at the previous meeting.

The presentation provided an update on specific actions, but also provided a forward plan to move all clinical staff onto a consistent e-Rostering system over the next two years.

The Committee welcomed the report, and welcomed the exercise that Executives were undertaking to see whether additional non-recurrent funding might be available to increase the pace of improvement. It was agreed that a further update would go to the Audit and Risk Committee in 12 months' time.

3.5 Risk Report:

The Committee was assured that the Trust's approach to risk management was maturing and improving. The actions arising from the Internal Audit report were identified as key to ensuring ongoing improvement, particularly with regards to the consistent updating of

SMART actions against risks, to provide better assurance that risks were being overseen and managed effectively.

The Committee welcomed the ongoing improvement in this area. A copy of the Board Assurance Framework is appended to this report.

3.6 Losses and Overpayments Report

The Committee discussion focused on the losses associated with overpayments made to "Leavers". The Committee was advised that due to the short notice period that many staff operated under, and the relatively early payroll cut-off date, overpayments could take place very easily.

The Committee accepted that when considered against the total value of the Trust's pay bill, the overpayments were not a significant control issue; however, it was noted that additional training for managers and better management self-service tools would support better compliance with leaver notifications.

3.7 The Committee also:

- Received and noted the 2023/24 Internal Audit Plan.
- Received and welcomed a dashboard report showing compliance with procurement processes, which provided assurance of gradual improvement, but still identified areas on non-compliance including within the Estates and Facilities directorate.
- Received and agreed a new Procurement Policy which was being agreed by both NBT and UHBW.
- Reviewed and noted the bi-annual Declarations of Interests Report.
- Reviewed and noted the draft Annual Governance Statement for 2022/23.
- Noted its work plan for the year ahead.

4. New risks or items for escalation

4.1 There were no specific items for escalation.

5. Summary and Recommendations

5.1 The Trust Board is recommended to:

- Receive and note the Audit and Risk Committee upward report for assurance purposes.

Board Assurance Framework (BAF)

North Bristol NHS Trust

Introduction

The following document is the Trust's Board Assurance Framework (BAF) for 2023/24. The Board Assurance Framework defines and assesses the principle strategic risks to the Trust's objectives. It provides the Trust Board with assurance that those risks are being proactively managed and mitigated.

The BAF is designed to provide the Trust Board with a simple but comprehensive method for the effective and focussed management of principal risks to its strategic and business objectives. The Board defines the principal risks and ensures that each is assigned to a lead director as well as to a lead committee:

- The lead director is responsible for assessing any principal risks assigned to them by the Board and for providing assurance as to the effectiveness of primary risk controls to the lead committee;
- The role of the lead committee is to review the lead director's assessment of their principal risks, consider the range of assurances received as to the effectiveness of primary risk controls, and to recommend to the lead director any changes to the BAF to ensure that it continues to reflect the extent of risk exposure at that time;
- The Audit & Risk Committee is responsible for providing assurance to the Trust Board that the BAF continues to be an effective component of the Trust's control and assurance environment;
- The Trust Board reviews the whole BAF on a quarterly basis to ensure that the principal risks are appropriately rated and are being effectively managed; and to consider the inclusion within the BAF of additional risks that are of strategic significance.

BAF Risks should be kept under review regularly, with a formal review and update mandated ahead of each meeting of the Audit & Risk Committee (meeting quarterly)

A guide to the criteria used to grade all risks within the Trust is provided in Appendix A.

Trust Strategic & Business Plan Objectives:

Strategic Objectives: (2023/24)	Aligned BAF Risk:
1. Deliver Great Care	SIR1 SIR1.1 COV2 SIR8 SIR15 SIR17
2. Healthcare for the future	COV2 SIR17

RESPONSIBLE COMMITTEES/BOARDS:

Finance & Performance Committee
- SIR1 (with QC)
- SIR1.1 (with QC)
- SIR8
- COV2 (with QC)
- SIR15
- SIR 17

People Committee
- SIR2

Quality Committee
- SIR1 (with F&PC)
- SIR1.1 (with QC)
- COV2 (with F&PC)

Board Assurance Framework (BAF)

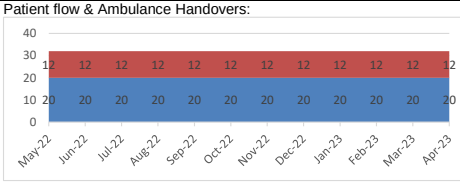
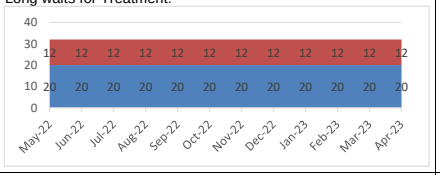
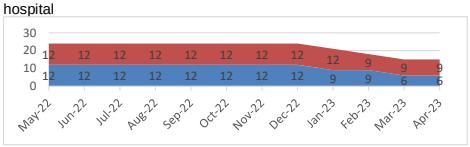
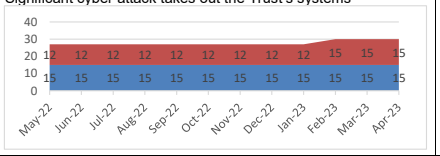
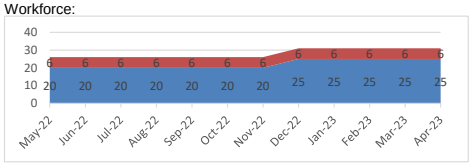
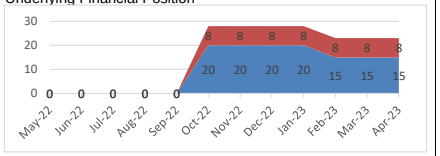
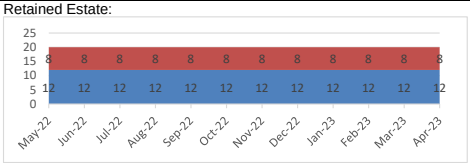
4. Anchor in our community	**COV2** **SIR8** **SIR17**

Version Control (2023/24):

Version:	Summary of changes:	Reported to:
V1.1	Undertaking full BAF update for the beginning of 2023/24 – alignment to Patient First Trust Objectives and risk update	Trust Board May 2023

Board Assurance Framework (BAF)

Summary of Risks

Risk	Current Residual Risk	Risk Summary and Trend	Forecast Trajectory (next 12 months)	Risk	Current Residual Risk	Risk Summary and Trend	Forecast Trajectory (next 12 months)
SIR1	20	Patient flow & Ambulance Handovers: 	⇔	SIR 1.1	20	Long waits for Treatment: 	⇔
COV2	12	Covid-19 pandemic /infectious disease has potential to overwhelm hospital 	↓	SIR15	15	Significant cyber attack takes out the Trust's systems 	↑
SIR2	20	Workforce: 	↑	SIR17	20	Underlying Financial Position 	↓
SIR8	12	Retained Estate: 	⇔				

Assurances set out for each risk in the Board Assurance Framework are categorised in line with the 'three lines of defence' model of risk management:

Key:

(1) **First line - Functions that own and manage risks**
(2) **Second line - Functions that oversee risks**
(3) **Third line - Functions that provide independent assurance**

15.1

Board Assurance Framework (BAF)

Trust Strategic Objectives:	Deliver Great Care Healthcare for the Future		

Ref	Lead Director / Lead Committee	Principal risk:	Inherent risk score	Primary controls	Assurances	Residual risk score	Gaps in control or assurance	Planned actions *(including owner and delivery date)*	Target risk score
SIR 1	**Steve Curry, Chief Operating Officer** Last reviewed: ~~06/03/2023~~11/05/2023 Lead Committee: **Finance & Performance Committee** Also monitored by: **Quality Committee** Last reviewed: QC 11/04/2023 FPC 18/05/2023 Risk added to BAF: **Pre-2019**	**Patient flow & Ambulance Handovers:** Due to a combination of factors, primarily high number of patients with no criteria to reside, but also including constrained community and primary care capacity and workforce pressures, the flow of patients across the hospital is constrained. This results in delays to key targets within the Emergency Zone, including the timely treatment of patients and delayed ambulance handovers. In turn this has the potential to result in patient harm, poor patient experience, and reputational damage to the Trust. Note: Elements of this risk are outside of the Trust's direct control – actions are focused on those areas that are within the organisation's influence.	Inherent likelihood: **5** **(Almost certain)** Inherent impact: **5** **(Catastrophic)** Inherent risk rating: **25** **(Extreme)**	**Internal:** ~~FLOW boards (real-time bed state)~~ Criteria to Reside data Integrated Discharge Service Repatriation Policy UEC Board and Improvement Plan OPEL/ICI Escalation & COVID-19 surge policies/procedures Accountability Framework Divisional Review assessment of and support to Divisions. Internal Professional Standards **External:** COVID-19 Command & Control (External) Whole System Operational Group (WSOG – external) OPEL escalation process in system forums (Whole System Operational Group, OOH Delivery Group) Initiation of NHSEI UEC Recovery Model Engagement with National UEC Improvement Team Discharge to Assess Winter pressure funding mechanisms UEC improvement plan	**Internal Assurance** Board rounds and site management processes (1) Integrated Performance Report (2) Patient flow metrics – daily control centre information (1) Executive Team review of dashboards (2) Performance report to Finance & Performance Committee (2) Finance & Performance Committee deep-dives into operational performance (2) QRMC Deep dives into patient harm (2) Divisional Performance Reviews (2) UEC Board (2) **External Assurance** Urgent & Emergency Care Steering Group (external) (2) System Delivery & Operational Group (external) (2)	Residual likelihood: **5** **(Almost Certain)** Residual impact: **4** **(Severe)** Residual risk rating: **20** **(Severe)** Previous residual risk rating: **3x5=15** **4x5=20** **5x4=20** Residual risk rating last changed: **22/10/2020** **09/03/2021** **08/07/2021**	Not yet seeing evidence that investment in "Discharge 2 Assess" initiative is delivering planned improvements to discharge numbers or reducing proportion of patients with no criteria to reside (led by BNSSG/Sirona).	~~NBT has seconded experienced manager to act as Programme Director for D2A and is working in partnership to support improvements.~~ ~~**Owner: COO**~~ ~~**Due date: review benefits in Q3 &Q4 2022/23**~~ Working with ICS via the system Chief Executive group and the D2A Board to identify bridging strategies and short term mitigations to compensate for delayed D2A impact. (~~Care Hotel is part of winter mitigation~~e.g., Transfer of care hub – see below) **Owner: Various (COO & CEO)** **Delivery date: ~~November – March 2022/23~~ Ongoing – review in August 2023** Trust is progressing in line with the national UEC plan, and is taking the lead on the establishment of a "Transfer of Care Hub", which will be a phased approach, intended to be fully functional for winter 2023/24 **Due Date: October/December 2023** **Owner: COO**	Target likelihood: **3** **(Possible)** Target impact: **4** **(Severe)** Target risk rating: **12** **(High)**

Commented [XB1]: The risks score was discussed with the Chief Operating Officer. It was felt that the Trust needs to see more of a trend of improvement in Urgent and Emergency Care before the Board considers reducing the score of this overarching strategic risk.

Board Assurance Framework (BAF)

		EXTERNALLY AND INTERNALLY DRIVEN RISK		New Same Day Emergency Care (SDEC) Model Clinically led dynamic risk assessed approach to pre-emptive transfers out of the emergency department 2022/23 BNSSG Care Hotel (15 beds for NBT) Brunel Level Six Additional Beds	CQC 2019 inspection – Urgent and Emergency Services rated Good [3]	Forecast trajectory (next 12 months): ⇔	Other actions:	Urgent and Emergency Care Improvement Plan actively overseen and sponsored by Executive Leads. This plan has been revised for 2023/24 and is focused on internal actions, including revised discharge/flow process management. **Owner: COO** **Due date: various actions – aiming for improvement ahead of winter 2023 (Oct/Dec 2023)** ~~**review of SDEC delivery in Q4 2022/23**~~	

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Board Assurance Framework (BAF)

Trust Strategic Objectives:	Deliver Great Care Healthcare for the Future		

Ref	Lead Director / Lead Committee	Principal risk:	Inherent risk score	Primary controls	Assurances	Residual risk score	Gaps in control or assurance	Planned actions *(including owner and delivery date)*	Target risk score
SIR 1.1	**Steve Curry, Chief Operating Officer** Last reviewed: ~~06/03/2023~~11/05/2023 Lead Committee: **Finance & Performance Committee** Also monitored by: **Quality Committee** Last reviewed: QC 11/04/2023 FPC 18/05/2023 Risk added to BAF: **January 2022**	**Long waits for Treatment** **The impact of the Covid-19 pandemic, together with high numbers of patients with no criteria to reside, workforce/skills shortages, and complex clinical pathways, has resulted in a demand/capacity gap in cancer services, diagnostics, and planned care. This has the potential to result in long-waiting patients deteriorating and coming to harm, poor patient experience, and reputational damage to the Trust.** Note: drivers of this risk are outside of the organisation's direct control actions are focused on those areas that are within the organisation's influence. EXTERNALLY DRIVEN RISK	Inherent likelihood: **5** **(Almost certain)** Inherent impact: **5** **(Catastrophic)** Inherent risk rating: **25** **(Extreme)**	**Internal:** FLOW boards Integrated Discharge Service Repatriation Policy OPEL/ICI Escalation & COVID-19 surge policies/procedures Accountability Framework Internal Professional Standards Protected Green Capacity Use of WLI Use of independent sector Clinical Long-wait Harm Review Process (no wait related harm identified) Fortnightly Cancer Steering Group Cancer Improvement Plan Diagnostics Plan RTT Recovery Plan Agile and responsive IPC controls Brunel Level Six Additional Beds **External:** Whole System Operational Group (WSOG – external) OPEL escalation process in system forums (Whole System Operational Group, OOH Delivery Group) Elective Recovery Fund Access (system-wide) EPRR metallic structures to oversee Industrial action (meeting commensurate with strike action)	**Internal Assurance** Board rounds and site management processes [1] Integrated Performance Report [2] Patient flow metrics – daily control centre information [1] Executive Team weekly review of dashboards [2] Performance report to Finance & Performance Committee [2] Finance & Performance Committee deep-dives into operational performance [2] QRMC Deep dives into patient harm [2] Divisional Performance Reviews [2] Trust Board presentations on Planned Care Trajectories, Cancer Performance 2022 [2] **External Assurance** System Delivery & Operational Group (external) [2] National Tier 1 Cancer Escalation Status removed in December 2022 [3]	Residual likelihood: **5** **(Almost Certain)** Residual impact: **4** **(Severe)** Residual risk rating: **20** **(High)** Previous residual risk rating: Residual risk rating last changed: Forecast trajectory (next 12 months): ⇔	Not yet seeing evidence that investment in "Discharge 2 Assess" initiative is delivering planned improvements to discharge numbers (led by BNSSG/Sirona), to allow increased surgical activity. ~~Emerging~~ Issues that impact this risk, and which are being actively managed/mitigated: - ~~Winter pressures~~ - Covid-19 - Confirmed nursing and other strikes have and will continue to significantly impact planned care	Ring fence additional elective capacity (Achieved Phase 1 in 2022 and maintained over winter. Phase 2 is underway and involves redesignating beds given to Medicine during Covid, back to surgery **Due date: June/July 2023** Longer term recovery relies on Community Diagnostics Centre and Exploring opportunities for additional Elective Care Capacity in BNSSG via national Targeted Investment Fund (possible Elective Care Centre – Outline Business Case approved February 2023) **Owner: CFO** **Due Date: Full Business Case ~~May~~ June 2023, and comes online 2024/25** Other actions: RTT Recover Plan Actions overseen at Executive level. Good progress and line-of sight to national improvement targets. (Ongoing – review ~~March 2023~~August 2023) ~~Cancer Improvement Plan reliant on recruitment (to be complete by Q3 2022/23) – phase one complete, future phases under development (for Q4 2022/23)~~ Diagnostics Plan to be compliant with national improvement trajectories by 31 March 2023 – delivered	Target likelihood: **3** **(Possible)** Target impact: **4** **(Severe)** Target risk rating: **12** **(High)**

Commented [XB2]: The risks score was discussed with the Chief Operating Officer. It was felt that the Trust needs to see more of a trend of improvement in Planned Care before the Board considers reducing the score of this overarching strategic risk.

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Board Assurance Framework (BAF)

								for 2022/23, revised plans for 2023/24. **Owner: COO**	

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Board Assurance Framework (BAF)

Trust Strategic Objectives:	Deliver Great Care Healthcare for the Future Anchor in the community		

Ref	Lead Director / Lead Committee	Principal risk:	Inherent risk score	Primary controls	Assurances	Residual risk score	Gaps in control or assurance	Planned actions *(including owner and delivery date)*	Target risk score
COV 2	**Steve Hams,** **Chief Nursing Officer (Director of Infection Prevention Control)** Last reviewed: 17/01/2023 Lead Committee: **Quality Committee** **Also monitored by:** Finance & Performance Committee Last reviewed: QC 11/04/2023 FPC 18/05/2023 Risk added to BAF: **Q1 2020**	**Covid-19 Pandemic** **A further significant surge in Covid-19 or other respiratory infection would have the potential to impact the Trust in key areas including capacity to provide timely, safe and effective care, reduction in staff numbers due to infection, closure of beds as part of Infection Prevention Control, reduced patient flow and inability to achieve key quality and performance standards.** Note: drivers of this risk are outside of the organisation's direct control actions are focused on those areas that are within the organisation's influence. EXTERNALLY DRIVEN RISK	Inherent likelihood: **5** **(Almost certain)** Inherent impact: **5** **(Catastrophic)** Inherent risk rating: **25** **(Extreme)**	**Internal** COVID-19 Command and Control structures (not currently active) Covid-19 Surge and super-surge plans / policies for ICU and general acute capacity, testing and mortuary Increased capacity for remote working Daily Operational Bed Meetings Infection Prevention Control structure and rules Workforce wellbeing support offering 2022/23 Winter Plan and Covid/Flu modelling Covid-19 and Flu Vaccination Programmes **External** Significant engagement in system and regional forums Engagement and leadership role in Severn Critical Care Network System COVID-19 Command and Control structures National Vaccination Programme, including Covid-19 booster programme and Flu vaccination programme Protected Green Capacity	**Internal Assurance** COVID-19 sit-rep [1] NBT specific pandemic modelling [1] COVID-19 exception reports to Trust Board and TMT [2] Integrated Performance Report [2] **External Assurance** Regional and local specific pandemic modelling [3] Reports and updates via local and regional forums [3]	Residual likelihood: **2** **(Unlikely)** Residual impact: **3** **(Moderate)** Residual risk rating: **6** **(High)** Previous residual risk rating: **4x5=20** **3x4=12** **3x3=9** Residual risk rating last changed: **14/03/2022** **17/01/2023** **06/03/2023** Forecast trajectory (next 12 months): ↓	This risk is monitored regularly via Executive Assurance Forum and Board Committees but is considered "controlled" at this point in time, with no significant gaps identified. As of January 2023, Covid 19 and other respiratory diseases were not impacting NBT's operational approach, and it appears that the numbers have peaked and coming back down. The Trust has assessed the risk as reaching and reducing below the target risk score. The risk score was further reduced in March 2023.		Target likelihood: **3** **(Possible)** Target impact: **3** **(Severe)** Target risk rating: **9** **(High)**

15.1

Board Assurance Framework (BAF)

Trust Strategic Objectives:	Deliver Great Care Healthcare for the Future		

Ref	Lead Director / Lead Committee	Principal risk:	Inherent risk score	Primary controls	Assurances	Residual risk score	Gaps in control or assurance	Planned actions *(including owner and delivery date)*	Target risk score
SIR 2	~~Jacqui Marshall~~Jude Gray, Interim **Chief People Officer** (Sarah Margetts, Deputy CPO) Last reviewed: ~~05/01/2023~~09/05/2023 **People Committee** Last reviewed: 11/05/2023 Risk added to BAF: **Pre-2019**	**Workforce** **High levels of turnover, coupled with national/system healthcare workforce shortages, exacerbated by cost of living crisis, means that demand is outstripping supply in key areas, including nursing.** **Consequences include** - **Increased reliance on expensive agency staff** - **increasing turnover, which result in dramatic increase in recruitment activity and associated costs** - **Poor staff morale** - **Poor patient safety & experience due to staff shortages.** Elements of this risk are outside of the Trust's direct control (training of professionally registered medics and other specialists) – actions are focused on those areas that are within the organisation's influence.	Inherent likelihood: **5 (Almost Certain)** Inherent impact: **5 (Catastrophic)** Inherent risk rating: **25** **(Extreme)**	BNSSG Workforce Strategy Multi-professional Workforce Group overseeing mitigating work Medical Workforce Group overseeing mitigation work Retention & Staff Engagement ~~Steering~~ Group Retention interventions ~~(overseen by Retention steering group)~~ Award-winning, nationally recognised Staff Health & Wellbeing offering Buying & selling annual leave policy Itchy feet campaign (relaunched) Flexible working offer expanded Strong development and leadership offer (HELM) Increased opportunities through ~~SLM~~ HELM Programme ~~BNSSG development of EVP offer~~ ~~BNSSG integrated staff bank~~ Increased use of traineeship and apprenticeships. Shared recruitment material and Employee Value Proposition for system recruitment. Faster~~, Fairer~~ Recruitment Process ~~System Pay Harmonisation Group~~	**Internal Assurance** Integrated Performance Report – HR/Well-Led section [2] People Committee deep-dives and performance review [2] ~~People Balanced Scorecard [3]~~ Staff survey results & action plans [2] ~~Voice Programme [3]~~ Exit interview data [1] Pulse Surveys [1] Freedom to Speak Up Reports [2] ~~Recruitment & retention deep-dive – March 2021 People Committee meeting~~Trust Board People Deep-dive March 2023 [2] Trust Board Safe Staffing Deep-dive April 2023 [2] System-level workforce cell monitors and shares terms and conditions data and any operational WLI proposals	Residual likelihood: **5 (Almost certain)** Residual impact: **5 (Catastrophic)** Residual risk rating: **25** **(Extreme)** Previous residual risk rating: **4x4=16** **3x4=12** **5x4=20** Residual risk rating last changed: **12/08/2020** **05/10/2021** **05/01/2023**	There is potential competition between providers within the BNSSG ICS for the same staff, and there are identified differentials in grading between similar roles.	BNSSG Workforce Programme Board focusing on development of shared workforce priorities, to inform system workforce plan. Being relaunched early 2023/24. **Owner:** Deputy Chief People Officer **Due Date:** outputs expected August/September 2023. ~~System-level Workforce Plan (1, 3,5 year) is under development via the system workforce cell. Next step:~~ ~~Options appraisal for a joint system Bank to be complete by March 2023~~ ~~**Due date:** March 2023~~ ~~**Owner:** Chief People Officer (CPO)~~ ~~Aspiring joint future skill plan with Universities in Bristol to support specific skills pipeline and avoid competition.~~ ~~**Due date:** from 2023/24~~ ~~**Owner:** CPO~~	Target likelihood: **3 (Possible)** Target impact: **4 (Severe)** Target risk rating: **12** **(High)**

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Board Assurance Framework (BAF)

		INTERNALLY & EXTERNALLY DRIVEN RISK		~~1,2,3 Year System Workforce Planning Programme~~ System-wide recruitment campaigns (e.g., HCA ~~in May~~ 2022 and 2023) System Workforce Incentives Group Financial wellbeing offering (overseen by Culture & Wellbeing working group).	to ensure transparency and parity. [2] **External Assurance** Gender pay-gap report and WRES/WDES data ~~(2018)~~ [3] National Retention Data [3] Staff Survey Results [3] NHS England Workforce Plan 2023 [3]	Forecast trajectory (next 12 months): 	There are insufficient trained staff in certain professions (including nursing, sonographers, histopathologists etc.) to meet ongoing and increasing needs.	Expanded International recruitment pipeline – ongoing for ~~2022/23~~2023/24. **Due date: review Q4 ~~2022/23~~2023/24** **Owner: CPO** ~~Revised Management Development Offering from January 2023.~~ ~~**Owner:** CPO~~ Creating an internal ~~Operational Workforce~~ People Oversight Group, with sub-groups to look at 3-6 month rosters, recruitment and retention hot-spots and to review the use of incentives. **Delivery date:** ~~March~~ June 2023 **Owner:** CPO Delivery of new "Faster, Fairer Recruitment" process to streamline processes and target hot spots **Delivery date:** ~~first update to Executive Management Group 1 January 2023~~ Next Update to Executive Management Team June 2023 **Owner:** Deputy CPO Divisional Workforce Planning sessions being scheduled for 2023/24 to support development of clear forward plans within clinical divisions (informing Five-year workforce plan) **Owner:** Deputy Chief People Officer **Due Date:** meetings from June 2023 Developing clear Balanced People Scorecard to provide	

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Board Assurance Framework (BAF)

								better “one-stop” assurance on People priorities. **Owner:** Deputy Chief People Officer **Due Date:** first iteration available July 2023.	

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Board Assurance Framework (BAF)

Trust Strategic Objectives:	Deliver Great Care Anchor in the Community		

Ref	Lead Director / Lead Committee	Principal risk:	Inherent risk score	Primary controls	Assurances	Residual risk score	Gaps in control or assurance	Planned actions *(including owner and delivery date)*	Target risk score
SIR 8	**Glyn Howells, Chief Finance Officer** Last reviewed: 11/05/2023 **Finance & Performance Committee** Last reviewed: 18/05/2023 Risk added to BAF: **Pre-2019**	**Retained Estate** **Parts of the retained estates are aging and approaching the point where significant refurbishment is required. Without decant facilities or alternative provision this work cannot be undertaken in a proactive manner, exposing the Trust to the risk of unplanned service failure, and associated degradation of patient safety, operational performance, and patient/staff experience.** Note: The Trust has control over its internal capital spend. This risk is considered a controllable risk. INTERNALLY DRIVEN RISK	Inherent likelihood: **4** **(Likely)** Inherent impact: **5** **(Catastrophic)** Inherent risk rating: **20** **(Extreme)**	Capital Planning Group & sub-structure 10-year Estates Capital Plan (CRISP) Interim Estates Plan 2022 Health & Safety Committee & policies Preventative Maintenance Programme Facilities help-desk (to advise on any deterioration of estate) Executive walk-arounds Expected capital programme slippage used as a contingency for unexpected works in the retained estate Up-to-date Fire Safety Policy and Fire Safety Manager appointed (November 2022) 2023/24 Capital Plan approved prioritising significant fire and ventilation remediation spend	**Internal Assurance** Capital Planning reports to Finance & Performance Committee (twice-yearly) [2] Health & Safety reports to People Committee (quarterly + annual report) [2] 2022 Fire Safety Audit Actions progress reported to People Committee (only two outstanding actions remain – May 2023) [3] Fire and ventilation risks are understood and recorded on a granular (building) level, with individual remediation plans. [3] Compliance Governance committees reviewing risks and incidents; COIC, Water Safety Group, Ventilation Safety Group, Electrical Safety Group, Fire Safety Group [2] ERIC Benchmarking confirms relative position to other Trusts backlog status (annual process) [2] Fire risk audits undertaken regularly across the site [1] ~~Estates Master Plan (August 2020)~~ Interim Estates Plan 2022 [1] **External Assurance** Six Facet Survey completed 2020 [3]	Residual likelihood: **3** **(Possible)** Residual impact: **4** **(Severe)** Residual risk rating: **12** **(High)** Previous residual risk rating: **N/A** Residual risk rating last changed: **N/A** Forecast trajectory (next 12 months): ⇔	Weaknesses in the Trust's Fire Safety governance has been identified, including training and audits. This is reflected on the Trust's operational risk register. The Trust continues to ensure that there is regular capital investment in Critical Infrastructure towards compliant and appropriate clinical accommodation. However, this is limited by all other Trust-wide requirements therefore some programmes will be delivered over extended periods. It is assumed that major estates improvements will be specifically externally funded. There is a growing concern that due to the nature of the improvement works that are needed in the retained estate that there will be a need to decant buildings to facilitate this work namely, Elgar House, NICU, ~~Cossham~~, CDS and Gynae Theatres. These works are mainly related to fire improvement works and ventilation improvement works.	Longer-term Fire Improvement Plan has been created and is being delivered and embedded. Update May 2023: only two items arising from the Fire Improvement Plan remain to be completed. On track to deliver by September 2023. **Due Date: September 2023** **Owner: Operational Director of Estates & Facilities** ~~The Trust Estates/Capital Team are progressing various significant schemes to "shovel ready" state, in anticipation of national funding calls becoming available.~~ ~~Elective Care Centre, W&C Estates and Accommodation Projects are specifically being progressed in this manner.~~ ~~**Owner: Chief Finance Officer**~~ ~~**December March 2023 Update:**~~ Developing a long-term WACH Estates remediation plan. For 2023/24 Gynae theatres and CDS ventilation are being prioritised for completion. **Due Date:** - Remediation plan September 2023	Target likelihood: **2** **(Unlikely)** Target impact: **4** **(Severe)** Target risk rating: **8** **(High)**

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Board Assurance Framework (BAF)

							Revised System capital allocation and prioritisation processes had added complexity and delay to capital planning and resulted in reduced capital availability.	- 2023/24 prioritized areas March 2024. **Owner:** CFO/Director of Operational Estates and Facilities Elective Care Centre OBC approved nationally in February 2023. FBC under development. **Due date:** ~~May~~ June 2023 **Owner:** Chief Finance Officer Close system working and aligned Acute view via the Acute Provider Collaborative. Better system being developed for 2023/24. **Due date:** September 2023 **Owner:** Chief Finance Officer	

15.1

Board Assurance Framework (BAF)

Trust Strategic Objectives:	Deliver Great Care Healthcare for the Future		

Ref	Lead Director / Lead Committee	Principal risk:	Inherent risk score	Primary controls	Assurances	Residual risk score	Gaps in control or assurance	Planned actions *(including owner and delivery date)*	Target risk score
SIR 15	**Neil Darvill, Director of IM&T** Last reviewed: 06/03/2023 **Finance & Performance Committee** Last reviewed: FPC 18/05/2023 Risk added to BAF: **Pre-2019**	**Cyber Security** **A significant cyber-attack takes out the Trust's IT systems leading to a failure of business continuity and the inability to treat patients.** Note: while this risk is externally driven, there are element of the risk that the trust can control through mitigations and additional back-up/protection. EXTERNALLT DRIVEN RISK	Inherent likelihood: **4 (Likely)** Inherent impact: **5 (Catastrophic)** Inherent risk rating: **20** **(Extreme)**	IT security measures such as password policies and information governance training Daily immutable system back-ups Business continuity and recovery plans Timely server and software updates Continuous upgrades to supported versions of Windows and Microsoft 365 Ongoing assessments of software with removal or mitigations for outdated and unsupported products Ongoing monitoring and software upgrades (see further information under "gaps" and "planned actions")** Office 365 cloud-to-cloud backups for email and teams data NHS Digital cyber security programme Care Cert Server and Network vulnerability scanners Ongoing monitoring and software upgrades (see further information under "gaps" and "planned actions")** Office 365 cloud-to-cloud backups for email and teams data Microsoft Defender Endpoint (antivirus) live across Microsoft Windows estate BNSSG Cyber Security Governance Group aligning organisational standards and ensuring best practice. NHS Digital South West Regional Cyber Security Group	**Internal Assurance** Data security protection toolkit return (Highest compliance in 2022) (1) Cyber security report (monthly to IM&T Divisional Board and Audit & Risk Committee) (2) Audit Committee Assurance Report (February 2022 and scheduled March 2023) (1) **External Assurance** Information Commissioner Audit December 2019 (3) Penetration Tests and assessments, October 2020 (2) KPMG Data Security Protection Toolkit Audit 2022 "significant Assurance" (3) KPMG Data Security Protection Toolkit Audit March 2023 (3)	Residual likelihood: **3 (Possible)** Residual impact: **5 (Catastrophic)** Residual risk rating: **15** **(Extreme)** Previous residual risk rating: **4x5=20** Residual risk rating last changed: **22/05/2020** Forecast trajectory (next 12 months): ↑	**Significant work has been completed to reduce the likelihood of a cyber-security incident, through updating networks and migration to up-to-date operating systems. In 2022-2023: - Over 8000 end point devices upgraded to latest version of Windows 10 - Legacy Windows servers reduced from 40 to 6 - Vulnerability scanner in operation across the trust networks	Additional work is underway to implement software tools to proactively monitor network activity and quickly identify and respond to any changes to normal activity. **Owner: Phil Wade** **Due Date: see below** SW SIEM is live and operational for log retention; however, it requires additional investment or a switch to an alternative product to increase functionality. **Target for change: June 2023.** Ongoing remediation work for areas highlighted by the vulnerability scanner. New BNSSG Cyber Security Governance Group to be established to assess compliance across the ICS and look to converging Cyber Security toolsets. Target April 2023. Identify improvements to backup infrastructure to improve capability in line with NHS Digital backup audit. Target June 2023. Network micro-segmentation project to block access and restrict spread cyber attacks: Funding June 2023, Completion July 2024 Remove or mitigate 146 Windows 2012 servers from the estate, completion March 2024.	Target likelihood: **3 (Possible)** Target impact: **5 (Catastrophic)** Target risk rating: **15** **(High)**

Board Assurance Framework (BAF)

				for direction and access to national solutions					

Trust Strategic Objectives:	Deliver Great Care Healthcare for the Future		

Ref	Lead Director / Lead Committee	Principal risk:	Inherent risk score	Primary controls	Assurances	Residual risk score	Gaps in control or assurance	Planned actions *(including owner and delivery date)*	Target risk score
SIR 17	**Glyn Howells, Chief Finance Officer** Last reviewed: ~~01/03/2023~~11/05/2023 Lead Committee: **Finance & Performance Committee**	**Underlying Financial Position** There is a risk that if the Trust does not deliver its planned financial position sustainably, and reduce its underlying deficit, it will be subject to increased regulatory intervention. This may include a loss of decision-making autonomy, increased scrutiny, and	Inherent likelihood: **4 (Likely)** Inherent impact: **5 (Catastrophic)** Inherent risk rating: **20**	**Internal:** Internal Planning Processes Divisional Reviews Business Case Review Group Financial Sustainability Reviews CIP Board oversight of plans Exceptions to Budgeted Establishment Group (EBE)	Monthly Finance Report (Trust Board, FPC, Exec Management Team, Senior Leadership Group) (2) Divisional Reviews (2) Weekly CIP Monitoring Reports (1) Monthly consolidated System Finance Report (2) Annual Internal Audit Report – Financial Controls (3)	Residual likelihood: **3 (Possible)** Residual impact: **5 (Catastrophic)** Residual risk rating: **15**	10% of CIP for 2023/24 remains unidentified ~~Identification and delivery of CIP across the organisation is significantly below plan (50% of CIP plans for 2023/24 are not yet developed - circa £8M)~~	Revised CIP planning approach in place, ~~ASCR, WACH, Medicine Divisions~~Central Trust-wide 15chemes receiving enhanced support to develop CIP plans. **Delivery date:** outputs visible by ~~31 March 2023~~31 May 2023 **Owner:** CFO	Target likelihood: **2 (Unlikely)** Target impact: **4 (Severe)** Target risk rating: **8**

Board Assurance Framework (BAF)

	Last reviewed: 18/05/2023 Risk added to BAF: October 2022	increased reporting requirements.	**(Extreme)**	Procurement controls (enhanced) Monthly Budget Monitoring 2022 Training and support for Clinical Divisions - CIP development and delivery Procurement "Grip & Control" training available to Divisions and Directorates HELM Leadership Programme **External:** ICS Directors of Finance (DoF) Group System Planning Processes System Finance & Estates Group Monthly Financial Returns and review with NHSE	External Audit – Value for Money Review [3] Model Hospital Benchmarking [3] Reference Costs Submission [3] 90% of 2023/24 CIP has been identified [1]	**(High)** Previous residual risk rating: **4x5=20** Residual risk rating last changed: **01/03/2023** Forecast trajectory (next 12 months):	Uncertainty around recurrent funding for recurrent inflationary pressures and recurrent elective services recovery costs Culture of robust financial control has reduced during the Covid-19 pandemic due to different financial rules and leadership/staff turnover	Providing evidence of impact and lobbying national NHS leadership. Using longer term purchasing strategy to mitigate inflationary pressures. **Delivery date:** ~~31 March 2023~~30 June 2023 **Owner:** CFO Ongoing discussions with System partners regarding appropriate funding for service changes in 2023/24. This remains an ongoing issue. **Delivery date:** ~~30 April~~31 May 2023 **Owner:** Deputy Chief Finance Officer HELM is being rolled out. Additionally, a new procurement system has been approved and will be in place by 31/03/2024~~Provide training and support to budget holders to support their CIP development / delivery.~~ ~~**Delivery date:** Framework by November 2022~~ ~~**December update:** Meetings have taken place, ongoing support provided as required.~~ ~~**March 2023 udpate:**~~ ~~This is an ongoing training and support process and is transitioning to an ongoing "control".~~ ~~**Owner:** CFO & Deputy CFO~~	**(High)**

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NHS North Bristol NHS Trust

Board Assurance Framework (BAF)

APPENDIX A: RISK SCORING MATRIX

Every risk recorded within the Trust's risk registers is assigned a rating, which is derived from an assessment of its Impact Score (severity of potential hard) and its Likelihood Score (the probability that the risk event will occur). The risk grading criteria summarised below provide the basis for all risk assessments recorded within the Trust's risk registers, at strategic, operational and project level.

Impact Score (severity of potential harm)

	1	2	3	4	5
Risk Type	**Negligible**	**Minor**	**Moderate**	**Severe**	**Catastrophic**
Patient Experience	Unsatisfactory patient experience not directly related to patient care Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Unsatisfactory patient experience – readily resolvable Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Minor implications for patient safety if unresolved	Mismanagement of patient care Repeated failure to meet internal standards Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Major patient safety implications if findings are not acted on	Serious mismanagement of patient care Multiple complaints/ independent review Non-compliance with national standards with significant risk to patients if unresolved	Totally unacceptable level or quality of treatment/service Inquest/ombudsman inquiry Gross failure of patient safety if findings not acted on
Patient Safety	Minimal injury requiring no/minimal intervention or treatment.	Low harm injury or illness, requiring minor/short-term intervention. Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Increase in length of hospital stay by 4-15 days	Severe injury leading to long-term incapacity/disability Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects
Health & Safety	No time off work	Requiring time off work for <3 days	Requiring time off work for 4-14 days RIDDOR / MHRA / agency reportable incident	Requiring time off work for >14 days	Multiple permanent injuries or irreversible health effects
Workforce	Short term low staffing level temporarily reduces service quality (< 1 day)	Ongoing low staffing level reduces service quality.	Late delivery of key objective / service due to lack of staff. Minor error due to insufficient training. Ongoing unsafe staffing level.	Uncertain delivery of key objective / service due to lack of staff. Serious error due to insufficient training.	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Very high turnover. Critical error due to insufficient training.
Performance, Business Objectives	Interim and recoverable position Negligible reduction in scope or quality Insignificant cost increase	Partial failure to meet subsidiary Trust objectives Minor reduction in quality / scope Reduced performance rating if unresolved	Irrecoverable schedule slippage but will not affect key objectives Definite reduction in scope or quality Definite escalating risk of non-recovery of situation Reduced performance rating	Key objectives not met Irrecoverable schedule slippage Low performance rating	Trust Objectives not met Irrecoverable schedule slippage that will have a critical impact on project success Zero performance rating
Service Delivery & Business Continuity	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
Financial	No or minimal impact on cash flow	Readily resolvable impact on cash flow Loss of 0.1–0.25 per cent of Trust's annual budget	Individual supplier put Trust "on hold" Loss of 0.26–0.5 per cent of Trust's annual budget	Major impact on cash flow Purchasers failing to pay on time Uncertain delivery of key objective Loss of 0.6–1.0 per cent of Trust's annual budget	Critical impact on cash flow Failure to meet specification/ slippage Non-delivery of key objective/ Loss of >1 per cent of Trust's annual budget
IM&T	Information system issue affecting one service user	Information system issue affecting one department Poor functionality of trust wide system, readily resolvable and not impacting service delivery	Information system issue affecting one division Poor functionality of trust wide system impacting service delivery, but readily resolvable.	Information system issue affecting more than one division. Poor functionality of trust wide system impacting service delivery, not readily resolvable	Complete failure of trust wide information system that directly impacts service delivery.
Reputational	Rumours	Local Media – short term	Local Media – long term	National Media < 3 days	National Media ≥ 3 days. MP Concern (Questions in House)
Statutory Duty & Inspections	No or minimal impact or breach of guidance/ statutory duty Minor recommendations	Non-compliance with standards reduced rating. Recommendations given.	Single breach in statutory duty Challenging external	Enforcement Action Multiple challenging recommendations	Prosecution Multiple breaches in statutory duty

Board Assurance Framework (BAF)

	1	2	3	4	5
Risk Type	**Negligible**	**Minor**	**Moderate**	**Severe**	**Catastrophic**
			recommendation Improvement notice	Improvement notices Critical report	Complete systems change required Severely critical report

Likelihood Score

The Likelihood Score is calculated by determining how likely the risk is to happen according to the following guide. Scores range from 1 for rare to 5 for almost certain.

Likelihood score	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Broad descriptor	This will probably never happen/recur	Do not expect it to happen/recur	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Frequency	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Probability Will it happen or not?	<0.1 per cent	0.1–1 per cent	1.1–10 per cent	11–50 per cent	>50 per cent

The **Risk Score** is determined by the Impact x Likelihood.

Likelihood score	**1**	**2**	**3**	**4**	**5**
	Rare	**Unlikely**	**Possible**	**Likely**	**Almost certain**
5 Catastrophic	5	10	15	20	25
4 Severe	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Low	2	4	6	8	10
1 Negligible	1	2	3	4	5

Risk Grade:

1-3	Low Risk
4-6	Moderate Risk
8-12	High Risk
15 - 25	Extreme Risk

Report To:	Public Trust Board			
Date of Meeting:	25 May 2023			
Report Title:	Provider Licence – Self-Certification			
Report Author:	Xavier Bell, Director of Corporate Governance			
Report Sponsor:	Xavier Bell, Director of Corporate Governance			
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 *private.*				
Purpose of the report:	**Approval**	**Discussion**	**Information**	**Assurance**
	X			
Recommendations:	That the Trust Board: • Approve self-certification for licence condition G5 and Approve self-certification for licence condition NHS2.			
Report History:	Self-certification against various sections of the provider licence is an annual process. This was last carried out in May 2022.			
Next Steps:	The final self-certification response must be published on the Trust's website no later than 30 June 2023.			

Executive Summary

In 2017 NHS Improvement (now NHS England) issued guidance requiring all NHS trusts to annually self-certify their compliance with the terms of the NHS Provider Licence.

In April 2023 the terms of the NHS Provider Licence were updated and reissued. The new licence contains broadly equivalent terms to those referred to in the 2017 guidance; however, the specific paragraph references have changed and no longer align to the 2017 guidance.

In the absence of updated guidance, this self-certification exercise follows the 2017 guidance but refers to the new licence paragraphs. Ideally new guidance will be issued in the next 12 months clarifying self-certification requirements moving forward.

The 2017 guidance requires trusts to self-certify as to whether they have:

a. effective systems to ensure compliance with the conditions of the NHS provider licence, NHS legislation and the duty to have regard to the NHS Constitution (previously condition G6, now condition G5)
b. complied with governance arrangements (previously condition FT4, now condition NHS2), and
c. the required resources available if providing Commissioner Requested Services (CRS) (previously condition CoS7). This condition previously only applied to NHS Foundation Trusts but now applies to NHS Trusts. NBT's contracting team has contacted commissioners to determine whether any services at NBT are designated as CRS;

<table>
<tr><td colspan="3">however, this information is not yet available, so this self-certification does not cover this section.

The report recommends that the Board certify “confirmed” against condition G5 and NHS2.</td></tr>
<tr><td rowspan="6">Implications for Trust Improvement Priorities: (tick those that apply and elaborate in the report)</td><td>Our Aim: Outstanding Patient Experience</td><td></td></tr>
<tr><td>High Quality Care – Better by design</td><td></td></tr>
<tr><td>Innovate to Improve – Unlocking a better future</td><td></td></tr>
<tr><td>Sustainability – Making best use of limited resources</td><td></td></tr>
<tr><td>People – Proud to belong</td><td></td></tr>
<tr><td>Commitment to our Community - In and for our community</td><td></td></tr>
<tr><td>Link to BAF or Trust Level Risks:</td><td colspan="2">N/A</td></tr>
<tr><td>Financial implications:</td><td colspan="2">No specific implications</td></tr>
<tr><td>Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?</td><td colspan="2">No. This not a new or significant change to a service, function, strategy, or policy that could have an impact on people</td></tr>
<tr><td>Appendices:</td><td colspan="2">Appendix 1 – Condition G5
Appendix 2 – Condition NHS2</td></tr>
</table>

North Bristol NHS Trust

1. Purpose

This report provides evidence and recommendations to support the Board's self-certification against the NHS Provider Licence.

2. Background

2.1. NHS Trusts are required to self-certify that they can meet the obligations set out in the NHS Provider Licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution) and that they have complied with governance requirements.

2.2. New licence conditions were issued in 2023, coming into effect from 1 April 2023.

3. Self-Certification Requirements

3.1. Providers need to self-certify the following after the financial year-end:

NHS provider licence condition
The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (new Condition G5)
The provider has complied with required governance arrangements (new Condition NHS2)

3.2. Providers must publish their self-certification against condition G5 no later than 30 June 2023.

3.3. NHS England may contact a select number of trusts to ask for evidence that they have self-certified. This can be through providing the completed templates or relevant board minutes and papers recording sign-off.

4. Proposed Outcome

<u>Condition G5:</u>

4.1. This licence condition requires providers to have processes and systems that:

- Identify risks to compliance with the licence, NHS Acts and NHS Constitution; and
- Take reasonable mitigating actions to prevent those risks and failure to comply from occurring.

4.2. Providers must annually review whether these processes and systems are effective.

4.3. Providers must self-certify by answering "confirmed" or "not confirmed" to the following statement:

"*Following a review for the purpose of paragraph 2(b) of licence condition G5, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended,*

the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under NHS Acts and have had regard to the NHS Constitution".

4.4. **Recommendation:** Given the Trust's robust governance and assurance processes, which represent good precautions in order to comply with relevant licence conditions, the recommendation to the Board is that the Condition G5 Self Certification is formally signed-off as "Confirmed" with respect to 2022/23.

4.5. **Appendix 1** sets out the systems and processes the Trust has in place to identify risks to compliance with the Provider Licence and associated statutory duties, and guard against their occurrence and describes their effectiveness.

Condition NHS2

4.6. This licence condition sets out the expected governance arrangements for providers, including having regard to regulatory guidance, effective board and committee structures, clear reporting and accountability, and systems and processes which ensure compliance with the board's various statutory and regulatory duties.

4.7. Under the old licence terms NHS providers were required to self-certify against condition FT4:

"…confirming compliance with this Condition [now NHS2] as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks."

4.8. Providers should review whether their governance systems meet the standards and objectives in the condition. There is no set standard or model to follow; instead in reaching the conclusion that the Trust is compliant, the Trust should assess effective board and committee structures, reporting lines and performance and risk management systems.

4.9. **Recommendation:** based on the evidence highlighted in **Appendix 2**, it is recommended to the Board that each of the six governance-related statements from 'Condition NHS2 Self Certification are formally signed-off as "Confirmed".

North Bristol NHS Trust

Appendix 1 – Evidence to support Condition G6 compliance

G5: Systems for compliance with licence conditions and related obligations

1. The Licensee shall take all reasonable precautions against the risk of failure to comply with:

a. the Conditions of this Licence,

b. any requirements imposed on it under the NHS Acts, and

c. the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.

2. Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:

a. the establishment and implementation of processes and systems to identify risks and guard against their occurrence and

b. regular review of whether those processes and systems have been implemented and of their effectiveness.

The Trust Board is assured of compliance because:

- Annual Governance Statement – An Annual Governance Statement for 2022/23 has been reviewed by Audit & Risk Committee. This statement includes a description of the Trust's system of internal control and assurance frameworks. It will be reviewed by the Trust's external auditors as part of the finalisation of the 2022/23 Annual Report.

- The Annual Head of Internal Audit Opinion for 2022/23 concluded "Significant assurance with minor improvement opportunities".

- The 2022/23 Internal Audit review of Risk Management concluded "Significant assurance with minor improvement opportunities".

- Risk Registers – The Trust has a Board Assurance Framework which is reviewed by the Board on a quarterly basis, and a Trust risk register with Board-level oversight of Trust Level Risks via the Audit & Risk Committee, other Committees and the Trust Board on a quarterly basis.

- The Board has well established sub-committees, chaired by Non-Executive Directors and with appropriate Executive Director membership. The Trust Chair and Trust Secretary undertake annual reviews of the Board's committee structure.

- In 2022/23 the Board's Committees have undertaken deep dives into areas of concern or risk, including reviews of workforce risks and areas of performance pressure.

- An Integrated Performance Report is received by the Board each month, which sets out performance against various operational, quality, and financial targets, and provides an opportunity for discussion and challenge.

- The Trust has a robust internal audit programme in place, informed by its risk registers, Executive Team and with input from Audit & Risk Committee and Board Committee Chairs. Reports are reviewed by the Audit & Risk Committee and other Trust Board committees, with actions overseen by Executive leads.

North Bristol NHS Trust

Appendix 2 - Evidence to support Condition NHS2 compliance

Condition NHS2 – NHS trust governance arrangements

The Licensee is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

Recommend that this statement is **CONFIRMED**

The Board is satisfied because:

- Annual Governance Statement – An Annual Governance statement for 2022/23 has been reviewed by Audit & Risk Committee. This statement includes a description of the Trust's risk management and assurance frameworks. It is reviewed by the Trust's external auditors.
- The Annual Head of Internal Audit Opinion for 2022/23 concluded "Significant assurance with minor improvement opportunities".
- A Board Assurance Framework is in place, and is regularly updated by Executive leads, and is reported to the Board quarterly. An internal audit review of risk management in 2022/23 provided an opinion of "significant assurance with minor improvement opportunities identified".
- The Trust has up-to-date Standing Orders and Standing Financial Instructions in place.
- The Trust has a robust internal audit programme in place, informed by its risk registers, Executive Team and with input from Audit & Risk Committee and Board Committee Chairs. Reports are reviewed by the Audit & Risk Committee and other Trust Board committees, with actions overseen by Executive leads.

The Licensee shall have regard to:

- **Such guidance on good corporate governance as may be issued by NHS England from time to time**
- **Such guidance on tackling climate change and delivering net zero emissions as NHS England may publish from time to time, and take all reasonable steps to minimise the adverse impact of climate change on health**
- **Corporate and/or governance systems and processes in place to meet any guidance issued by NHS England on digital maturity.**

Recommend that this statement is **CONFIRMED.**

Examples of compliance:

- External Auditors provide sector guidance in their regular reports to Audit and Risk Committee.
- The Chief Executive's report to Trust Board identifies new or revised regulatory guidance where appropriate.
- Performance Reports to Trust Board are aligned to the System Oversight Framework.

- The Trust is actively engaged in the system sustainability work programmes, and interrogates the organisation's Green Plan on an annual basis.

- The Trust has a well-established Information Management and Technology (IM&T) Function, with a clear Digital Strategy and an IM&T Board which is in a position to escalate any issues or risks of non-compliance with guidance on Digital Maturity. The Trust has appointed a Joint Chief Digital Information Officer with UHBW to further progress Digital Maturity.

The Licensee shall establish and implement:

- **Effective board and committee structures**
- **Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees and**
- **Clear reporting lines and accountabilities throughout its organisation.**

Recommend that this statement is **CONFIRMED.**

<u>The Board is satisfied because:</u>

- There are clear Terms of Reference for Board sub-committees, including clear requirements for membership and description of the group's purpose and business.

- The Trust was subject to a CQC inspection in June/July 2019, and achieved an overall rating of "Good", with "Outstanding" for the Well-Led domain, which incorporates governance arrangements and structures. The Trust Secretary maintains an internal well-led self-assessment document.

- The Board's sub-committees provide assurance to the Board on topics within their remit.

- Annual review of the Board and its sub committees' performance and effectiveness is carried out.

- Sub-committees and groups provide upward reports and assurance, and the Board receives regular and detailed reports from its key sub-committees.

- Divisional reviews take place on a monthly basis and an accountability framework is in place.

- Standing Orders and Standing Financial Instructions are up-to-date and reviewed annually.

- Clear divisional structure charts are available on the trust website, and governance structures and policy documents are available to staff on the intranet.

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The Licensee shall establish and effectively implement systems and/or processes:

- **To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively**
- **For timely and effective scrutiny and oversight by the Board of the Licensee's operations**
- **To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions**
- **For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern)**
- **To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making**
- **To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence**
- **To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery and**
- **To ensure compliance with all applicable legal requirements.**

Recommend that this statement is **CONFIRMED.**

<u>The Board is satisfied because:</u>

- The Trust will report a small surplus position for 2022/23.
- The Trust has a comprehensive annual operational/business planning process aligned to national planning and contracting timeframes which is assured via Board Committee/sub-committee and NHSI submission.
- The annual operational plan is received and approved by the Board.
- The Board is kept up-to-date via its sub-committee on systems, processes and governance in place within the Trust to meet the requirements of the Workforce Race Equality Standard, Equality Act 2010 and the Public Sector Equality Duty.
- An accountability framework and divisional performance review meetings provide assurance on the operational and financial performance of the Trust's clinical divisions.
- Regular Health and Safety reports are received by the Board's People Committee.
- Quality Committee has oversight of quality and CQC regulatory compliance.
- The Trust also:

- Undertakes benchmarking against peers
- Produces a monthly Integrated Performance Report
- Undertakes committee deep dives
- Has an external audit of the Trust Annual Accounts
- Has an up-to-date Risk Management Policy
- Regularly reviews risk registers across the organisation
- Has a strong internal legal function, and effective relationships with national law firms, and
- Is implementing the Patient First improvement programme.

The systems and/or processes referred to above should include but not be restricted to systems and/or processes to ensure:

- **That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided**
- **That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations**
- **The collection of accurate, comprehensive, timely and up to date information on quality of care**
- **That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care**
- **That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources and**
- **That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.**

Recommend that this statement is **CONFIRMED.**

<u>The Board is satisfied because:</u>

- The Board and the Executive Team have undertaken development programmes in 2022/23 and have further development work scheduled in 2023/24.

- Recruitment to vacant Non-Executive and Executive Posts includes consideration of the skills and experience required by the Board.

- There are currently no vacancies in the Executive Team, and all posts are filled substantively.

- The Trust is actively engaged with the local Health Scrutiny Committee, Health and Wellbeing Board and Healthwatch.

- The monthly Integrated Performance Report includes a quality section and is reviewed by the Board.

- Quality reports are reviewed by the Quality Committee, which also undertakes deep dives where appropriate.
- Various regulatory annual reports are received by Committees/the Board, including Quality Accounts and Children's and Adult Safeguarding Annual Reports.
- The Board has a Patient & Carer Experience Committee to expand focus on this area.
- Freedom to Speak-up (FTSU) Guardian reports are received by Board. The Trust has also invested in a FTSU Guardian with ring-fenced time.
- The Executive Team, Trust Chair and Non-Executive Directors undertake walk-arounds across the Trust.
- The Board receives regular patient or staff stories at the beginning of each public meeting.
- Quality Impact Assessments are undertaken in relation to relevant decision-making.

The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.

Recommend that this statement is **CONFIRMED**

<u>The Board is satisfied because:</u>

- There are currently no vacancies in the Executive Team, and all posts are filled substantively.
- The Board receives regular Safe Staffing reports and recently conducted a deep-dive into safe staffing.
- A doctor revalidation process is in place, and the Board receives an annual report from the Medical Director in this regard.
- The Trust has a Fit & Proper Persons Policy and carries out checks on Board members to ensure they comply with the requirements of the regulations.
- Decision-making staff make an annual declaration of interest, and the Trust maintains a register of interests including gifts and hospitality. This is reported regularly to Audit & Risk Committee.
- The Trust has invested significantly in staff health and wellbeing to support the resilience of the workforce and invests in leadership development at all levels in the organisation, including the new Healthcare Excellence in Leadership and Management (HELM) programme from 2023/24.

- The Trust has an Associate Non-Executive Director programme to support the talent pipeline for Non-Executive Directors within the NHS.
- The Trust has a robust appraisal process and Executive and Non-Executive Directors undertake annual appraisals.