NHS
North Bristol
NHS Trust

Trust Board Meeting in Public
Thursday 28 September 2023
10.00-14:40
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	Verbal	-
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.	10:15
KEY ITEMS					
8.	Patient Story	Discussion	Chief Nursing Officer	Enc.	10:25
9.	Complaints and PALS Deep Dive	Information	Chief Nursing Officer	Enc.	10:50
BREAK (10 minutes)					11:25
10.	EDI Deep Dive & Action Plan 10.1. NBT's draft 3-year EDI Plan 10.2. WRES/WDES Submission	Discussion	Chief People Officer	Enc.	11:35
QUALITY					
11.	Quality Committee Upward Report	Information	NED Chair	Enc.	12:25
12.	Safeguarding Annual Reports 2022-23	Information	Chief Nursing Officer	Enc.	12:35
13.	Insight Visits Report	Information	Trust Secretary	Enc.	12:45
PEOPLE					
14.	People Committee Upward Report 14.1. Terms of Reference	Information	NED Chair	Enc.	13:00
LUNCH BREAK (30 minutes)					13:10
FINANCE, IM&T & PERFORMANCE					
15.	Integrated Performance Report	Discussion	Chief Operating Officer	Enc.	13:40
16.	Finance & Performance Committee Upward Report 16.1. Finance Report - Month 5	Discussion	NED Chair	Enc.	14:10
GOVERNANCE & ASSURANCE					
17.	Patient & Carer Committee Upward Report	Information	NED Chair	Verbal	14:25

CLOSING BUSINESS					
18.	Any Other Business	Information	Chair	Verbal	14:35
19.	Questions from the Public	Information	Chair	Verbal	-
20.	Date of Next Meeting: Thursday 30 November 2023				
END					**14:40**

Tab 2 Declarations of Interest

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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 • Trustee of Second Step. • Trustee of the SS Great Britain Trust • Trustee of the Robins Foundation • Member of the Labour Party.
Mr Tim Gregory	Non-Executive Director	• Nothing to declare.
Mr Richard Gaunt	Non-Executive Director	• 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-Water (manufacturing company). • Director, Radcom Technologies Limited (dormant company) • Director of ASL Holdings Limited (manufacturing of communications equipment) • Director of Invenio Systems Limited (engineering) • Non-Exec Director of Advanced Electronics Limited (manufacturing)
Professor Sarah Purdy	Non-Executive Director	• Professor Emeritus, University of Bristol • Fellow of the Royal College of General Practitioners • Fellow of the Royal College of Physicians • 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

Tab 2 Declarations of Interest

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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 Shawn Smith	Non-Executive Director	• Bluebells Consultancy Ltd (sole shareholder) • Raytheon Ltd (contractor) • Governor of City of Bristol College • Trustee of Frank Water • Elim Housing Association (co-opted committee member)
Mr Darren Roach	Associate Non-Executive Director	• His wife works as a nurse at the University Hospitals Bristol and Weston NHS Foundation Trust • Non-Executive Director, Seable Limited, a social enterprise supporting trips and holidays for visually impaired people
Mr Omar Mashjari	Associate Non-Executive Director	• Employee of the University of the West of England (UWE) • Trustee of Human Appeal (charity) • Director of Alacrity Services Limited (London) (dormant company) • Director of Alacrity Group Limited (London) (dormant company)

Tab 2 Declarations of Interest

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Name	Role	Interest Declared
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, outside of NBT contracted hours. • Chair of the Wales and West Acute Transport for Children Service (WATCh). • Vice Chair of the South-West Genomic Medicine Service Alliance Board. • Wife is an employee of the Trust. • Director of 3RO Ltd (providing medical advice to international NGOs etc).
Mr Glyn Howells	Chief Financial Officer	• Governor and Vice Chair of Newbury College (voluntary).
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.

Tab 3 Minutes of the previous meeting (Approval)

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DRAFT Minutes of the Public Trust Board Meeting held virtually and in Learning &
Research Building room 4 on Thursday 27 July 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 *(present from minute item 07)*
Kelly Macfarlane	Non-Executive Director	**Steve Curry**	Chief Operating Officer
Richard Gaunt	Non-Executive Director	**Neil Darvill**	Chief Digital Information Officer
Jane Khawaja	Non-Executive Director	**Jude Gray**	Interim Chief People Officer
Omar Mashjari	Associate Non-Executive Director	**Shawn Smith**	Associate Non-Executive Director
Darren Roach	Associate Non-Executive Director	**Juliette Hughes**	Deputy Chief Nursing Officer *(present until minute item 08)*

In Attendance:

Xavier Bell	Director of Corporate Governance & Trust Secretary	**Tomasz Pawlicki**	Corporate Governance Officer *(minutes)*

Presenters:

Paul Cresswell	Associate Director, Quality Governance *(present for minute item TB/23/07/07)*	**Adele Sage**	Matron AMU *(present for minute item TB/23/07/07)*
Emily Ayling	Head of Patient Experience *(present for minute item TB/23/07/07)*	**Anne Langford**	Divisional Director of Nursing for Medicine *(present for minute item TB/23/07/07)*
Joydeep Grover	Deputy Medical Director (*present for minute item TB/23/07/10*)		

Observers:

Kane Sullivan	General Manager for General Surgery and Vascular Services	**Scott Grier**	Consultant Anaesthetic

		Action
TB/23/07/01	**Welcome and Apologies for the Absence**	

Michele Romaine, Trust Chair, welcomed everyone to NBT's Trust Board
meeting in public. She also welcomed members of staff who were observing
the meeting.

No apologies were noted.

TB/23/07/02   **Declarations of Interest**

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

TB/23/07/03   **Minutes of the previous Public Trust Board Meeting**

**RESOLVED that the minutes of the Public Meeting held on Thursday 25
May 2023 were approved as a true and correct record subject to the
following amendments:**

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Tab 3 Minutes of the previous meeting (Approval)

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- Page 3: Jane Khawaja, Non-Executive Director, asked that the minutes reflect that the Board commended the leadership shown by Kelly Spaven, Senior Sister as part of the patient story..

TB/23/07/04 **Action Log and Matters Arising from the Previous Meeting**

Xavier Bell, Director of Corporate Governance & Trust Secretary, presented the action log and advised that there were no open actions.

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

TB/23/07/05 **Chair's Business**

The Trust Chair described her recent series of visits across the hospital and reflected on her visit to the Saplings Nursery. She was pleased to note the positive atmosphere within the team, despite their challenges around staff shortages, and she updated the Board on the developments that the nursery team had described including an expansion from 90 to 140 spaces, although there was still a significant waiting list.

RESOLVED that the Chair's briefing was noted.

TB/23/07/06 **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:

- The number of No Criteria to Reside (NC2R) patients remained high, and the pace of elective recovery continued to be challenging.
- NHS England had published the awaited Long Term Workforce Plan on 30 June 2023. The plan focused on three key elements:
  - Train – growing the workforce.
  - Retain – embedding the right culture and improving retention.
  - Reform – working and training differently.
- The visit from Sir Jim Mackey, National Director for Elective Recovery and CEO of Northumbria Healthcare NHS Foundation Trust, which was timely as the NBT Elective Centre Full Business Case (FBC) was in the final stages of approval. The challenges of collaborative working within the system was discussed.
- The National Equality, Diversity, and Inclusion (EDI) plan was in place and focused on improvements within six areas:
  - Appraisals,
  - Recruitment,
  - Pay gap,
  - Health Inequalities within the workforce,
  - Induction,
  - Bullying, Harassment and Violence and aggression.

Maria noted that the Trust strived to be the anchor institution for the community, staff, and patients. It was recognised that EDI requirements applied to everyone within the Trust.

Following a query from the Trust Chair regarding violence and aggression from patients, Glyn Howells, Chief Finance Officer, advised that there were three areas of focus within the Trust where additional work was ongoing: The Rosa Burden Centre, Elgar House and the Emergency Department. Glyn explained that staff were encourage staff to report incidents so that preventative changes could be implemented from the learning opportunities. Additionally, Glyn provided reassurance that the Health and Safety function

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Tab 3 Minutes of the previous meeting (Approval)

was working to ensure all staff were safe across all departments within the Trust.

It was suggested that further work was required on the effective reporting of verbal abuse and Glyn highlighted that the most frequent verbal abuse was racial in nature.

The Trust Chair asked to receive a paper on violence and aggression within the Trust at a future Board meeting. Shawn Smith, Non-Executive Director, noted that the People Committee received insight into the incidents through the Health & Safety Committee upward report.

Kelly Macfarlane, Non-Executive Director, asked if was possible to bring in external bodies such as the Police in occasions of violent aggression. Juliette Hughes, Deputy Chief Nursing Officer, explained that Trust was working collaboratively with external bodies and already involved them where appropriate.

RESOLVED that the Chief Executive's briefing was noted.

Steve Hams, Paul Cresswell, Emily Ailing, Anne Langford and Adele Sage joined the meeting.

TB/23/07/07 **Patient Story**

Juliette Hughes, Deputy Chief Nursing Officer, introduced the Patient's Story. Paul Cresswell, Director of Quality Governance, Emily Ayling, Head of Patient Experience, Anne Langford, Divisional Director of Nursing for Medicine, and Adele Sage, Acute Medicine Unit (AMU) Matron, presented the Patient Story which highlighted the experience of "boarding" patients in specially prepared boarding areas following admission into the Emergency Department (ED), and pending the provision of a more permanent bed..

The Board watched a video which highlighted the experience that a patient named Terry had at NBT, the challenges she faced and the learning and improvements the Trust was implementing as a result. Adele noted that the story provided an opportunity to consider the impact of boarding on patients and staff alongside wider operational considerations of patient flow and patient discharge. Anne explained the challenges in the Emergency Zone due to large volumes of patients coming into the ED, as well as the impact on ambulance handover times. Anne and Adele explained key considerations in improving the experience for boarding patients including:

- Improved communication with patients
- Shared decision-making on patients' care location
- Acknowledging staff concerns and understanding their experience supporting boarding patients

Kelvin Blake, Non-Executive Director, noted that the Trust did not receive many complaints regarding boarding and asked how feedback from patients was collected. Juliette commented that complaints were minimal because of compassion from staff members and their hard work to ensure patients' needs were met. Juliette and Anne explained that feedback was collected through surveys.

Following a query from Kelly Macfarlane regarding resources and volunteers' help with boarding patients, Adele confirmed that the collaborative work with volunteers was in place and praised the contribution they provided to the wards.

Sarah Purdy, Non-Executive Director, asked what processes were in place to ensure patient safety while boarding. Anne reassured Sarah that patients were boarded alongside wards in specially prepared areas that were monitored frequently to ensure patients' safety.

Tab 3 Minutes of the previous meeting (Approval)

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Following a query from Jane Khawaja, Non-Executive Director, regarding the effect of boarding on patients' mental health, Juliette advised that psychology support and the mental health team were available to support patients. Juliette assured the Board that these issues were taken seriously, and that work was ongoing to mitigate mental health risks.

Steve Hams, Chief Nursing Officer, thanked the team for the presentation and for the ongoing work to implement improvements. Steve Hams provided assurance that the other issues highlighted by the patient (quality of food and communication) were also being prioritised.

The Trust Chair asked Anne to express the Board's appreciation to the staff for maintaining exceptional service and patient safety.

RESOLVED that the Board welcomed the Patient Story and thanked the team for their work.

Juliette Hughes, Anne Langford, and Adele Sage left the meeting.
Joydeep Grover joined the meeting.

TB/23/07/08   **Patient & Carer Experience Strategy**

RESOLVED the Board noted the updated 2023-26 Patient Experience Strategy following its detailed review and approval at the June Trust Board meeting.

Emily Ayling left the meeting.

TB/23/07/09   **Quality Committee Upward Report**

Sarah Purdy, Non-Executive Director and Committee Chair, presented the Quality Committee Upward Report and highlighted the discussion on the Medical Examiner Service Annual Report 2022/23, the Perinatal Quality Surveillance Monitoring, the assurance update on CT-Scanner National Dose Reference Levels and the assurance update on the Neuropharmacology Service.

The Board discussed the electrical incidents that occurred in the Women & Children division and recognised that the replacement/repair of the generator was in place. The Board received assurance that there was no harm to patients or staff during the electrical incidents.

RESOLVED that the Board noted the Quality Committee Upward Report.

TB/23/07/10   **Learning from Deaths Annual Report 2022-23**

Tim Whittlestone, Chief Medical Officer, provided an overview of the Learning from Deaths Annual Report 2022-23 and introduced Joydeep Grover, Deputy Medical Director. Joydeep presented the Learning from Deaths Annual Report 2022-23 and provided assurance that:
- the Trust had a robust system in place to deliver the key requirements and support learning and continuous improvement
- NBT remained a safe hospital for patients, with Standardised Hospital-level Mortality Indicator (SHMI) data confirming that NBT ranked favourable with peer groups for overall low mortality.

Paul Cresswell outlined the improvements that the new Radar system would help to deliver.

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Following a query from Sarah Purdy, Non-Executive Director regarding communication with families and relatives on patient deaths, Joydeep explained that the teams were skilled in having end-of-life conversations but recognised that the implementation of Radar would help capture the feedback from discussions with families and relatives. The Trust Chair recognised that challenging conversations that very junior staff were required to have with patients, and suggested that further training should be considered for these staff groups. Steve Hams, Chief Nursing Officer, agreed that further training and support was required but noted that senior staff were expected to undertake challenging conversations.

RESOLVED that the Board welcomed the Learning from Deaths Annual Report 2022-23 and noted its contents.

Joydeep Grover and Paul Cresswell left the meeting.

TB/23/07/11   Guardians of Safe Junior Doctor Working

Lucy Kirkham, Trust Guardian for Safe Junior Doctor Working, introduced the Guardians of Safe Junior Doctor Working report and presented a series of slides that detailed the junior doctor staffing numbers, a summary of Exception Reports and the Guardian activity over the past four months.

The Trust Chair requested further clarity on the Junior Doctors' contract and the rotation of junior doctors between hospitals, and how this impacted the ability of junior doctors to secure annual leave for "life changing events" as allowed under the contract. Jude Gray, Interim Chief People Officer, provided assurance that Junior Doctors' contracts covered leave for life-changing events and noted that there were processes in place for requesting such leave.

Tim Whittlestone, Chief Medical Officer, commented on the rotation of Junior Doctors and advised that rotas were prepared in advance to give staff sufficient notice to arrange such leave, and that issues around gaining approval for leave were not particularly common. He agreed that the Trust should be seeking to make this process simple and straightforward for junior doctors.

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.**

{Break}

TB/23/07/12   Medical Revalidation & Appraisal Annual Report

Tim Whittlestone, Chief Medical Officer, presented the Medical Revalidation & Appraisal Annual Report for the 2022/23 appraisal year which ended on 31 March 2023. It was noted that KPMG audited the process in April 2022 and were satisfied overall with the current appraisal systems, with only minor recommendations for improvement (which have been subsequently brought into effect).

Positively, Tim noted that the appraisals team was stable and had all the resources to provide a sufficient service that focused on health and well-being

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within the senior workforce. It was recognised that there were processes in place to escalate concerns and implement improvements.

RESOLVED that the Board approved the content of the Medical Revalidation & Appraisal Annual Report and agreed to sign the NHSE Statement of compliance.

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TB/23/07/13   People Committee Upward Report

Kelvin Blake, Non-Executive Director and Committee Chair presented the People Committee Upward Report. He confirmed that the Committee was content and was pleased with the progress and data that was presented. Jude Gray, Interim Chief People Officer agreed and suggested that EDI improvements that should be prioritised by the Trust.

The Board discussed the divisional workforce plans and progress made within Medicine and Anaesthesia, Surgery, Critical Care and Renal (ASCR) divisions. Jude highlighted that meetings had been set up with Divisional leads to discuss the NHS 5-year long-term plan and feed into the NBT workforce plan.

RESOLVED that the Board noted the People Committee Upward Report.

TB/23/07/14   Integrated Performance Report

Steve Curry, Chief Information Officer, introduced the responsiveness section of the Integrated Performance Report (IPR) and presented a summary across four key domains of urgent and emergency care, elective care, diagnostics, and cancer performance.

Steve Curry detailed the impact of the industrial actions that took place in July such as the cancelled operations and the ED challenges. The Trust Chair expressed gratitude to the staff who worked hard to continue the services and keep patients safe throughout the industrial action.

Safety and Effectiveness
Steve Hams, Chief Nursing Officer and Tim Whittlestone, Chief Medical Officer highlighted that MSSA and C-Difficile cases had increased but targeted work was ongoing to reduce the figures.

Patient Experience
Steve Hams noted the complaints received by the Trust in June 2023 and discussed themes explaining "clinical care and treatment" was most common. Steve Hams highlighted that the complaint response compliance had improved to 80% and that actions were being taken by the divisions to continue improvements.

People
Jude Gray, Interim Chief People Officer, advised of the workforce turnover challenges, the stable sickness levels and the ongoing improvement work on recruitment and retention. In addition, Jude noted the positive work within EDI across the Trust.

Discussion focused on the waiting list backlog and the plans to mitigate the risk and reduce the backlog without negatively impacting staff workload.

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

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TB/23/07/15 **Finance & Performance Committee Upward Report**

Richard Gaunt, Non-Executive Director and Committee Chair, presented the Finance & Performance Committee Upward Report and highlighted the financial impact of the industrial action, the financial performance for the month and year-to-date position.

Glyn Howells, Chief Finance Officer, updated the Board on the NHS England elective targets and ongoing work to deliver around 30% more elective activity than before the pandemic by 2024/25. Glyn notified the Board of the Trust capital plan and actions to align capital spend against the risk register.

After a query from Tim Gregory, Non-Executive Director, regarding the replacement of medical equipment, Glyn provided reassurance that a plan was being developed by the finance team to replace key equipment over the next three years. He confirmed that discussions were being progressed with system colleagues to understand the system risk profile as all NHS organisations needed capital funding for equipment and estates work, and this would need to be prioritised due to limited overall funding. The Trust Chair requested that an update on the replacement of medical equipment be brough to a future Trust Board meeting.

The Board discussed the risk threshold for cyber security risks and approved the recommendation that Trust Board and relevant committees have sight of cyber security risks scored12 and above.

RESOLVED that the Board:
- Noted the Finance & Performance Committee Upward Report
- Requested Medical Equipment replacement plan be brought to a future Trust Board meeting
- Approved reducing the risk threshold for cyber risks it to a score of 15 to provide more visibility of the cyber security risks

TP to schedule

TB/23/07/16 **Acute Provider Collaborative Upward report**

The Trust Chair provided a verbal update on the recent Acute Provider Collaborative Board meeting and outlined the upcoming Board to Board session with University Hospitals Bristol and Weston NHS Trust (UHBW) to discuss collaboration and patient pathways across the system.

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

TB/23/07/17 **Any Other Business**

No other business was raised.

TB/23/07/18 **Questions from the public**

No questions were received.

TB/23/07/19 **Date of Next Meeting**

The next Board meeting in public was scheduled to take place on Thursday 28 September 2023, at 10.00 a.m. Trust Board papers will be published on the website and interested members of the public are invited to submit questions in line with the Trust's normal processes.

<u>The meeting concluded at 13:04pm</u>

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Tab 4 Action Chart from previous meetings (Approval) - No open actions

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
27/7/23	Finance & Performance Committee Upward Report	TB/23/07/15	79	Medical Equipment replacement plan to be brought to a future Trust Board meeting	Tomasz Pawlicki, Corporate Governance Officer	Nov-23	Yes	Closed	With agreement of the Trust Chair, this deep dive has been delegated to Finance and Performance Committee in the first instance, and is scheduled for the November meeting of the Committee	21/09/2023

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Tab 7 Chief Executive's Briefing (Discussion)

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Report To:	Public Trust Board			
Date of Meeting:	28 September 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

Tab 7 Chief Executive's Briefing (Discussion)

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1. Purpose

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

2. Background

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

3. Performance

The Trust has seen some days of significant pressure this month linked to high demand, with record attendances to the Emergency Department across a number of days in September.

The Trust continues to manage a significant number of patients with No Criteria to Reside (NC2R), with the current levels at around 22%.

Cancer performance against the 62-day and faster diagnosis targets continues its improvement trend but has been significantly challenged due to the ongoing industrial action. The industrial action has also impacted the pace of elective recovery, with around 6000 patients having been affected this year.

4. Long term Workforce Plan Summits

The People Team ran two full day sessions to enable feedback and input into the creation of the NBT Long Term Workforce Plan. The two summits involved key stakeholders including senior leaders and clinicians from all divisions and corporate teams. This feedback will inform the development of the workforce plan which comes to the Board in October.

5. CQC NHS Urgent and Emergency Care 2024 Survey

CQC has written to confirm the arrangements for the next Urgent and Emergency Care Patient Survey due in 2024. There are a couple of changes which will take place and are different to previous surveys, these are:

1. Use of a mixed-mode methodology. This will be the first time that there will be paper as well as online options for the questionnaire.

2. A change for the sample month – from September to February 2024

The Picker Institute will be running the survey on behalf of the CQC.

6. Extension to NHS Genomic Laboratory Hub Contract

NHS England have confirmed the extension of the NHS Genomic Hub contract for a further two years from 1 April 2024. The central NHS England team have been working towards the agreement and implementation of contracts over the course of this year with an aim for this

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Tab 7 Chief Executive's Briefing (Discussion)

to be completed by the end of this month. This contract will be with North Bristol as lead provider in the South West. More information on future commissioning beyond March 2026 is expected in time.

7. Visit from Elizabeth O'Mahony

I welcomed a visit by our NHS England Regional Director, Elizabeth O'Mahony earlier this month. We were able to discuss the key drivers and current challenges facing our Trust at the moment. Afterwards she met with the Executive team and had a short tour looking at our elective recovery plans and proposals for the new Elective Centre.

8. Equality, Diversity and Inclusion (EDI) Three-Year Plan

A draft NBT three-year plan has been produced and is currently being shared for feedback. Using the NHS England EDI Improvement Plan as a template, the NBT commitments fall within four key priorities, which are:

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

An action plan which focuses on delivering a number of objectives within the next 12 months is included, as well as a forward look into the aims to deliver in the following two years. Trust Board will have the opportunity to discuss this in more detail during the September meeting.

9. Staff Survey

The annual staff survey has opened. We are encouraging our staff to participate through a range of initiatives, and ensuring managers allow time for team members to fill the survey in.

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 services across the Trust. This month I have met with consultant colleagues from Radiology and Anaesthetics.

In the last month I visited Ward 26b to meet with the team there who have recently changed from medicine to an elective surgical ward.

11. Summary and Recommendations

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

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Tab 8 Patient Story (Discussion)

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Report To:	Public Trust Board
Date of Meeting:	28 September 2023
Report Title:	Patient Story: Cancer Services
Report Author:	Jayne Masters, Lead Allied Health Professional for Cancer Eleanor Guiney, Clinical Specialist Speech and Language therapist – Neuro-oncology Charlotte Moran - Clinical Specialist Physiotherapist – Neuro-oncology Rosie Humphreys, Clinical Specialist Occupational Therapist- Neuro-oncology Emily Ayling, Head of Patient Experience
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:	Board is requested to note: • The significantly positive impact on patient experience of the prehab and rehab AHP support for patients with cancer. • The reduced variation in access to stratified prehabilitation and rehabilitation based on the service model of specialist, targeted and universal stratified care in alignment with the comprehensive model of personalised care. • The significance of retaining the AHP cancer specialist workforce to sustain these benefits and support the ambitions with the Trust's Clinical Strategy for excellence in cancer services.
Report History:	NA
Next Steps:	AHP workforce paper to Cancer board on 12 October

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Executive Summary
The cancer services and core clinical services teams have continued work to improve patient experience despite continued capacity and demand pressures. Specialist allied health professionals (AHPs) in cancer outpatient pathways were first employed at NBT in 2018. The team has rapidly expanding from a team of 4 in 2021 to 13 in 2023 to meet the complexity of patient needs and the demands of providing a service to 10 tumour site pathways.

Tab 8 Patient Story (Discussion)

From 1.10.23 changes to cancer waiting times standards are implemented to focus on the measures that matter most for cancer patients and clinical outcomes (NHS England publication reference: PRN00654ii, August 2023). Evidence demonstrates the positive impact of access to specialist cancer outpatient AHPs to deliver services that meet the needs of what matters most to those affected by cancer.

The service has evolved to be the proactive project: *personalised prehabilitation and rehabilitation for people affected by cancer delivered by a team of allied health professionals*. This team consists of 3.5 WTE Physiotherapists, 2.4WTE Dietitians, 0.3WTE Speech and language therapist, 0.5WTE Occupational therapist and 1.0WTE rehabilitation technician.

Carly's story and Connor's stories give us the opportunity to compare different patient experiences of care that demonstrate the impact of the launch in 2022 of the AHP neuro-oncology prehabilitation to enhanced recovery service.

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*	X
	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:	AHP workforce to deliver cancer transformation programme	
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 - Patient Story: Cancer Services	

Page **2** of **2**

Tab 8.1 Appendix 1 - Patient Story: Cancer Services

Different experiences: what matters most

Patient story: Cancer waits

Trust Board

28 September 2023

8.1

NBTCARES

Tab 8.1 Appendix 1 - Patient Story: Cancer Services
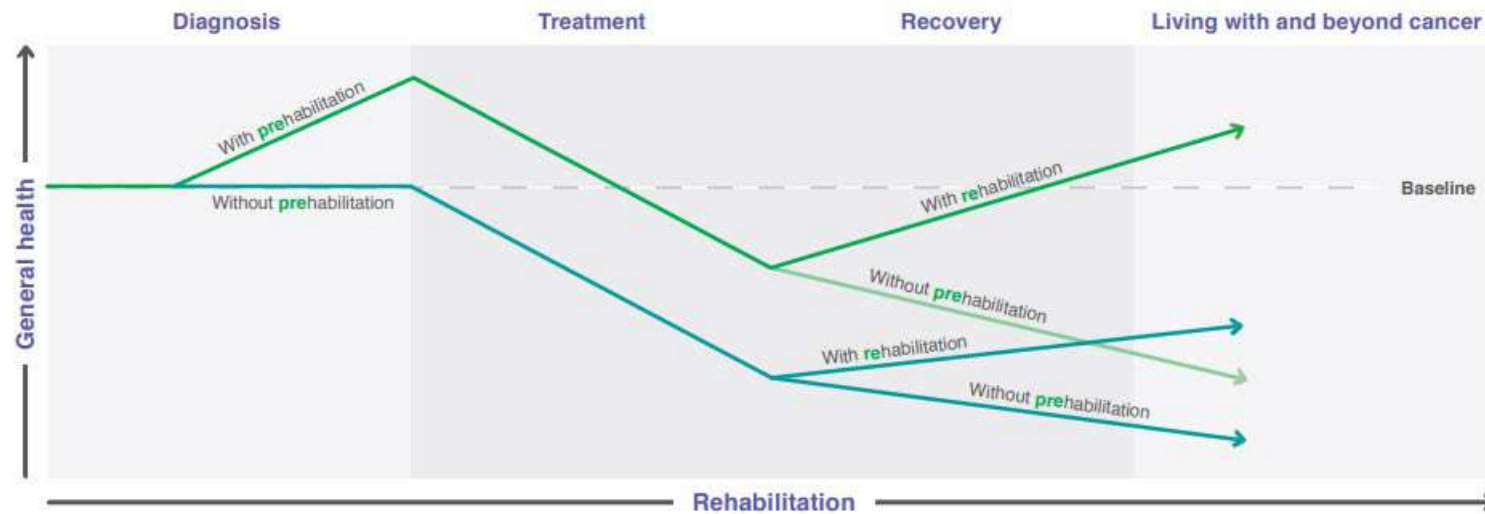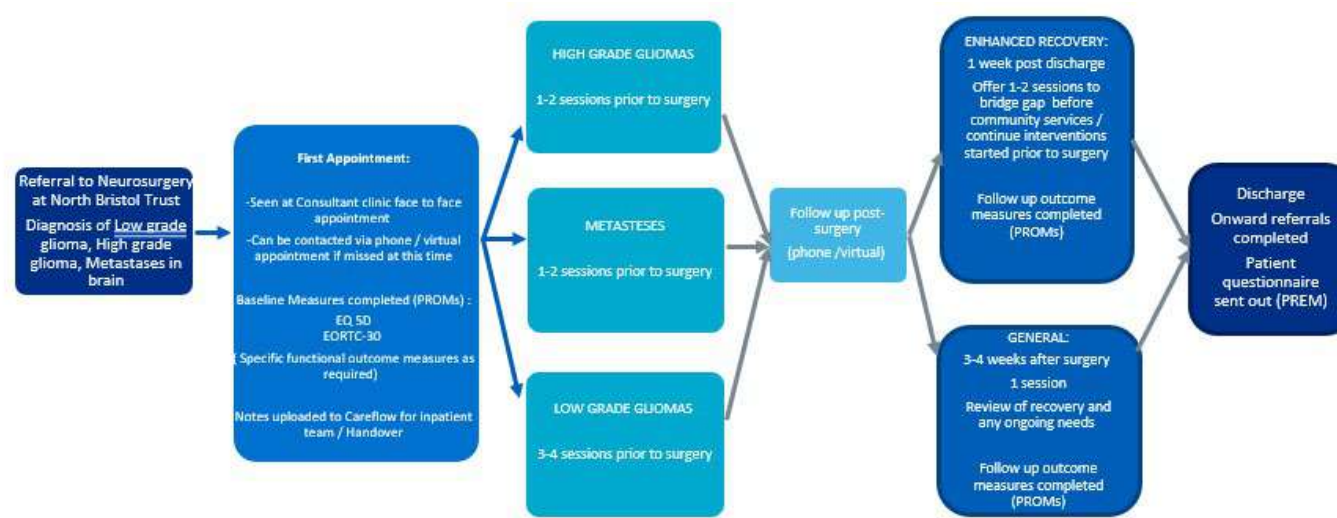
Context

- Improving experience despite continued pressures

- Changes to cancer waiting times standards from 1.10.23

- Focus on the measures that matter most for cancer patients and clinical outcomes

  (NHS England publication reference: PRN00654ii, August 2023)

- Evidence demonstrates the impact of access to specialist cancer outpatient AHPs

- The proactive project: personalised prehabilitation and rehabilitation for people affected by cancer

- Carly's story and Connor's story, are two different experiences before and after the launch in 2022 of the AHP neuro-oncology prehabilitation to enhanced recovery service

8.1

NBTCARES

Tab 8.1 Appendix 1 - Patient Story: Cancer Services

Pilot 1.11.22 to 1.9.24: Neuro-oncology prehabilitation to enhanced recovery service

NHS
North Bristol
NHS Trust

Referral to Neurosurgery at North Bristol Trust

Diagnosis of Low grade glioma, High grade glioma, Metastases in brain

First Appointment:

-Seen at Consultant clinic face to face appointment

-Can be contacted via phone / virtual appointment if missed at this time

Baseline Measures completed (PROMs) :
EQ 5D
EORTC-30
(Specific functional outcome measures as required)

Notes uploaded to Careflow for inpatient team / Handover

HIGH GRADE GLIOMAS

1-2 sessions prior to surgery

METASTESES

1-2 sessions prior to surgery

LOW GRADE GLIOMAS

3-4 sessions prior to surgery

Follow up post-surgery
(phone /virtual)

ENHANCED RECOVERY:
1 week post discharge

Offer 1-2 sessions to bridge gap before community services / continue interventions started prior to surgery

Follow up outcome measures completed (PROMs)

GENERAL:
3-4 weeks after surgery

1 session

Review of recovery and any ongoing needs

Follow up outcome measures completed (PROMs)

Discharge

Onward referrals completed

Patient questionnaire sent out (PREM)

8.1

NBTCARES

Tab 8.1 Appendix 1 - Patient Story: Cancer Services

Patient Story
Carly

8.1

Tab 8.1 Appendix 1 - Patient Story: Cancer Services

Patient Story Connor

8.1

Tab 8.1 Appendix 1 - Patient Story: Cancer Services

Next steps

Learning

What did we learn about what matters most to Carly and Connor?

What do these stories tell us about progress towards our patient experience improvement goals?

Actions

1. Risk - How can we continue this improvement?

- Secure recurrent funding. Retain cancer specialist AHP workforce. Macmillan funding additional AHP posts 2024-26

2. How can we reduce variation?

- Cross cutting work with cancer MDTs and perioperative services to target AHP specialis cancer workforce to those with most complexity and clinical need.

- Comprehensive model of personalised care.

8.1

NBTCARES

Tab 8.1 Appendix 1 - Patient Story: Cancer Services

Other insights

NHS North Bristol NHS Trust

I feel really prepared for surgery, the plan feels achievable, and I am keen to start

Cancer Physiotherapy patient experience Q Colorectal pathway 2023

'It was really helpful to have an in-depth Prehabilitation assessment including social history, baseline mobility, and a balance outcome measure. It made the initial assessment much easier and quicker for both patient and therapist, particularly when the patient was so fatigued. It allowed me to quickly identify what was new post-op and helped identify flatness in mood that hadn't been present pre-op.'

2023 inpatient Physiotherapist Neurology

I experienced some trouble accessing initial Physiotherapy which meant I didn't have my first physio appointment until 9 months after my treatment/operation. This rehabilitation delay has massively affected my healing process which has had me living with more pain and discomfort.

Cancer Physiotherapy patient experience Q Sarcoma pathway 2019

I struggled with fatigue well after effects of radiotheraphy had finished. I was advised by the consultant to speak with (by phone) MacMillan as there wasn't anything further they could do. I completed an holistic assessment. Was then invited on a living well course a couple of months letter. I would have benefited at the time from having appt with someone / probably a physio) who could have talked through the fatigue and ways to self manged what was specific for me, rather than wait a couple of months to do generic course. Consequently the cancer related fatigue got worse. Next asked for a signigicant amount of time leading me and nee lots of sessions with the cancer psychologist.

CPES 2023 results, 2022 data, Breast pathway

8.1

NBTCARES

Tab 9 Complaints and PALS Deep Dive

Report To:	Public Trust Board			
Date of Meeting:	28 September 2023			
Report Title:	Complaints and PALS Deep Dive			
Report Author:	Emily Ayling, Head of Patient Experience Paul Cresswell, Director of Quality Governance			
Report Sponsor:	Prof. Steve Hams, Chief Nursing 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		**X**
Recommendations:	The Board is asked to: • Note and discuss the report. • Confirm that the report provides assurance that the categories of clinical care and treatment and access to services – clinical have been fully explored. • Note the areas for improvement and confirm the role of the Patient and Carer Experience Committee in monitoring the implementation plan.			
Report History:	This report follows a request from the Patient and Carer Experience Committee for a 'deep dive' on complaints that have been categorised as 'Clinical Care and Treatment'.			
Next Steps:	Next steps are detailed in section 6 – our improvement focus.			

9

Executive Summary
The purpose of this report is to provide the Board with further explanation and data on formal complaints and Patient Advice and Liaison Service (PALS) concerns, it provides further analysis on complaints classified as clinical care and treatment. The Report also provides a summary of the analysis and areas for improvement. The complaints service at North Bristol NHS Trust is managed by the Patient Experience Team, in collaboration with the divisional patient experience leads, for clinical services and department leaders for corporate related complaints such as car parking and estates issues. The operational delivery of the complaints service sits with the Chief Nursing Officer with oversight and review provided by the Chief Executive Officer on behalf of the Board. The Complaints Policy (CG – 20) is used to guide our activity at North Bristol NHS Trust.

Tab 9 Complaints and PALS Deep Dive

Each month we receive over 4,000 pieces of feedback from our patients, through Friends and Family Test, our complaints service and through PALS concerns.

The Datix reporting system is used to record all complaints and PALS concerns, this in effect is the digital record of the complaint or concern. There are twenty-two primary categories in Datix for a complaint and PALS concern. There are a further twenty-three sub categories for those complaints that have a primary categorisation of clinical care and treatment which are detailed in the report, in addition to a further 263 sub theme categories.

During 2022 – 23 there were 666 formal complaints received, of these 327 (49%) related to clinical care and treatment. The Patient and Carer Experience Committee noted the number of complaints that were classified as clinical care and treatment, and the Committee sought further information and commissioned a 'deep dive' to further understand the context of complaints that had been classified as clinical care and treatment.

The specialities that receive the highest number of complaints about clinical care and treatment are:

- Emergency medicine
- Obstetrics
- Urology
- Maternity
- General medicine
- Trauma and orthopaedics

When undertaking further analysis of the twenty-three sub categories 44% of these are classified as poor medical care, 11% poor or unexpected outcome and 10.3% classified as poor nursing or midwifery care.

During 2022 – 23 there were 1,667 PALS concerns raised, of these 694 (41%) were categorised as access to services - clinical, using the 32 sub categories, over 36 % were categorised as length of wait for outpatient. PALS concerns relating to length of wait for outpatient are highest in Neurosciences and Musculoskeletal with 92, followed by Anaesthesia, Surgery, Critical Care and Renal (76), Medicine (38), Women's and Children's (35), and Core Clinical Services with fifteen.

This deep dive into one aspect of complaints and concerns, clinical care and treatment has yielded valuable insight into the care our patients receive, and importantly how they receive care from North Bristol NHS Trust. In our endeavours to continuously learn there are a series of improvements that need to be made on the basis of the deep dive.

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*	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*	

Page **2** of **3**

Tab 9 Complaints and PALS Deep Dive

Link to BAF or Trust Level Risks:	Risk 1512 and 1244
Financial implications:	None
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	*No*
Appendices:	1. Patient Experience Annual Report 2022/23

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

Tab 9 Complaints and PALS Deep Dive

Complaints - Clinical Care and Treatment
Deep Dive

28 September 2023

1. **Purpose**

The purpose of this report is to provide the Board with further explanation and data on formal complaints and Patient Advice and Liaison Service (PALS) concerns, it provides further analysis on complaints classified as clinical care and treatment. The Report also provides a summary of the analysis and areas for improvement.

In August 2023, the Patient and Carer Experience Strategy was launched, this focused on four commitments to improve patient and carer experience whilst using our services.

- Listening to what patients tell us.
- Working together to support and value the individual and promote inclusion.
- Being responsive and striving for better.
- Putting the spotlight on patient and carer experience.

2. **Background**

The complaints service at North Bristol NHS Trust is managed by the Patient Experience Team, in collaboration with the divisional patient experience leads, for clinical services and department leaders for corporate related complaints such as car parking and estates issues. The operational delivery of the complaints service sits with the Chief Nursing Officer with oversight and review provided by the Chief Executive Officer on behalf of the Board. The Complaints Policy (CG – 20) is used to guide our activity at North Bristol NHS Trust.

The Annual Patient Experience Report for 2022 - 23 was received and approved by the Patient and Carer Experience Committee in June 2023. A copy of the report has been included and provides a more detailed background (see Appendix 1).

Each month we receive over 4,000 pieces of feedback from our patients, through Friends and Family Test, our complaints service and through PALS concerns.

In December 2022, the Parliamentary and Health Service Ombudsman (PHSO) published new guidance on NHS Complaint Standards. The Standards have four core pillars, these are:

- Welcoming complaints in a positive way and recognising them as valuable insight for organisations.
- Supporting a thorough and fair approach that accurately reflects the experiences of everyone involved.
- Encouraging fair and accountable responses that provide open and honest answers as soon as possible.
- Promoting a learning culture by supporting organisations to see complaints as opportunities to improve services.

Tab 9 Complaints and PALS Deep Dive

The PHSO 'My Expectations: how complainants will feel when organisations meet the Complaint Standards' further notes how complainants will feel when using NHS complaint services, notably:

- I feel confident to speak up.
- I felt that making my complaint was simple.
- I felt listened too and understood.
- I felt that my complaint made a difference.
- I would feel confident making a complaint in the future.

The Care Quality Commission (CQC) hold regulated providers like North Bristol NHST Trust to account for the delivery of an effective complaints system, the CQC have five domains, safe, effective, caring, responsive and well led, alongside a series of quality statements. Complaints and complaint systems fall within the 'responsive' domain, and more specifically 'Listening to and involving people'. The quality statement is detailed below with the corresponding regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment, and support. We involve them in decisions about their care and tell them what's changed as a result.

- Regulation 9: Person-centred care
- Regulation 10: Dignity and respect
- Regulation 16: Receiving and acting on complaints
- Regulation 17: Good governance

The Datix reporting system is used to record all complaints and PALS concerns, this in effect is the digital record of the complaint or concern. There are twenty-two primary categories in Datix for a complaint and PALS concerns, these include.

• Access to services – clinical	• Access to services – physical	• Admission arrangements
• Attitude of staff	• Benefits and support	• Bereavement
• Clinical care and treatment	• Communication	• Compliments
• Confidentiality	• Consent	• Discharge arrangements
• Equality and diversity	• Quality of facilities	• Domestic services
• Information provision	• Medical records	• Patients property
• Privacy and dignity	• Safeguarding	• Security
• Transport		

There are a further twenty-three sub categories for those complaints that have a primary categorisation of clinical care and treatment which are detailed below, in addition to a further 263 sub theme categories.

• Lack of aftercare information	• Poor AHP care	• Poor medical care

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Tab 9 Complaints and PALS Deep Dive

- Delay in clinical diagnosis
- Equipment errors and misuse
- Injury through treatment
- Poor nursing or midwifery care
- Delay in obtaining results
- Surgical error
- Unhappy with diagnosis

- Lack of involvement in the discharge process
- Failure diagnosis or misdiagnosis
- Perfection of a lack of nursing resource
- Poor unexpected outcome
- Delay in clinical care review
- Transfer between wards
- Other

- Drug and medication errors
- Hospital acquired infection
- Delay in obtaining medication
- Failure to refer to another service
- Slips, Trips and Falls
- Failure to follow trust procedures or policies

During 2022 – 23 there were 666 formal complaints received, of these 327 (49%) related to clinical care and treatment. The Committee noted the number of complaints that were classified as clinical care and treatment, and the Committee sought further information and commissioned a 'deep dive' to further understand the context of complaints that had been classified as clinical care and treatment.

3. Themes of complaints and concerns

Chart 1 shows the main themes for complaints and PALS concerns in 2022 - 23. For complaints, it is clinical care and treatment and for PALS concerns it is access to services - clinical.

Chart 1: Themes of complaints and PALS concerns 2022 – 23.
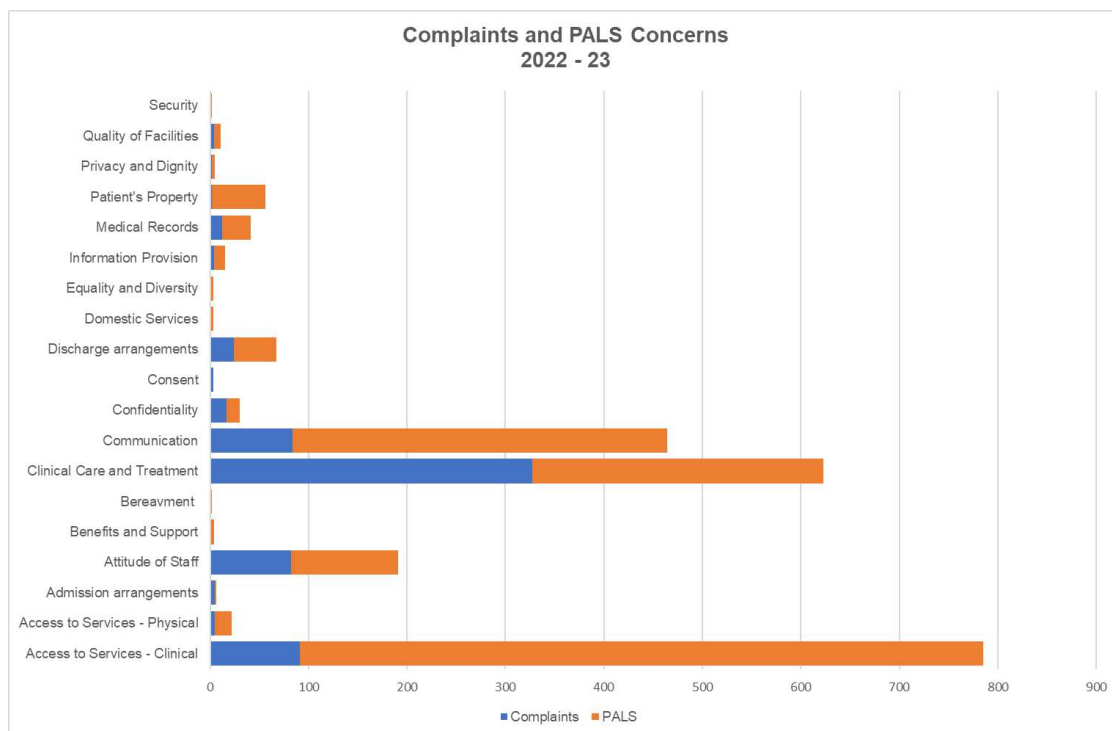
Complaints and PALS Concerns 2022 - 23

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Tab 9 Complaints and PALS Deep Dive

In 2022 - 23, complaints about clinical care and treatment accounted for 49% of complaints received. This is marginally higher than the previous year where complaints about clinical care and treatment accounted for 45% of cases.

National benchmarking data is not yet available for 2022 - 23, but for 2021 - 22, complaints about 'Clinical treatment' accounted for 25.6% of complaints received by NHS organisations.

There are many reasons for this disparity, including a different reporting practices across NHS organisations and a lack of a national standardised approach to categorisation of complaints. It is also possible that we do receive more complaints about clinical care and treatment, and this should be considered.

The divisional breakdown of clinical care and treatment is detailed in the tables below:

Core Clinical Services	12
Imaging	7
Therapies	5

Medicine	92
Emergency Medicine	34
General Medicine	18
Care of the Elderly	9
Cardiology	7
Respiratory	6
Other	5
Gastroenterology	4
Endoscopy	3
Immunology and Allergy	2
AMU	2
Acute Oncology	1
Clinical Haematology	1

Anaesthesia, Surgery, Critical Care and Renal	96
Urology Surgery	19
General Surgery	17
Breast Surgery	13
Colorectal Surgery	12
Plastics	11
Renal Medicine	7
Other	4
Anaesthetics	2
Burns	2
Emergency medicine	2
Critical care	1

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Tab 9 Complaints and PALS Deep Dive

Neurosciences and Musculoskeletal	64
Trauma and Orthopaedics	18
Neurology	17
Other	9
Neurosurgery	5
Spines	5
Stroke	5
Bristol Centre For Enablement	2
Chronic Pain	1

Women's and Children's	62
Obstetrics	20
Maternity	19
Gynaecology	17
Fertility	3
Neonatal Medicine	2
Other	1

The specialities that receive the highest number of complaints about clinical care and treatment are:

- Emergency medicine
- Obstetrics
- Urology
- Maternity
- General medicine
- Trauma and orthopaedics

For emergency medicine, the complaints can be themed as:

- The experience of care in a busy environment with other sick patients.
- Incorrect assessment and diagnosis, with a repeat visit to obtain the correct diagnosis.
- Misdiagnosis of fractures.
- Incorrect assessment via community-based service i.e., 111, thus resulting in perceived inadequacies of emergency care services.
- Supporting with the activities of daily living i.e., eating, drinking, personal care and pain relief.

For Obstetrics, the complaints can be themed as:

- Differences in intrapartum care choices, for example them other was expecting a vaginal birth, but as a result of complications required a caesarean section.
- Postnatal care and information not being complete and a failure to recognise women who required reasonable adjustments, for examples those with mental health issues.
- Women not feeling like their choices were being listened to and feeling unable to advocate for their choices.
- Clarity of information through the pregnancy, differing views between professionals.

Tab 9 Complaints and PALS Deep Dive

- Expectations of professionalism from midwives and doctors i.e., kindness and compassion.

For Urology, the complaints can be themed as:

- Unexpected outcome.
- Cancer staging, for example patients are concerned that cancer has either progressed more rapidly, or as now more widespread.
- Delay in diagnostics which confirm a cancer diagnosis.
- The lack of continuity of care between primary care and secondary following surgical procedures.
- Delayed procedures and operations impacting on activity of daily living.

It should be note that the data used in this analysis are 'crude' numbers, the analysis has not looked at any associated activity markers, as in complaints per episodes of care. The specialities detailed above are high volume specialities, and as such it is plausible that these specialities will receive a higher number of complaints. However, complaints give us a useful insight into the experiences of our patients, and as such provide us with actionable insight and opportunities for improvement.

4. **Analysis of sub categorisation of clinical care and treatment complaints**

As previously noted, 49% of complaints received have a primary categorisation of clinical care and treatment, when undertaking further analysis of the twenty-three sub categories 44% of these are classified as poor medical care, 11% poor or unexpected outcome and 10.3% classified as poor nursing or midwifery care, as detailed in the chart below.

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Tab 9 Complaints and PALS Deep Dive

NHS
North Bristol
NHS Trust

Clinical care and treatment sub categoristaion
2022 - 23
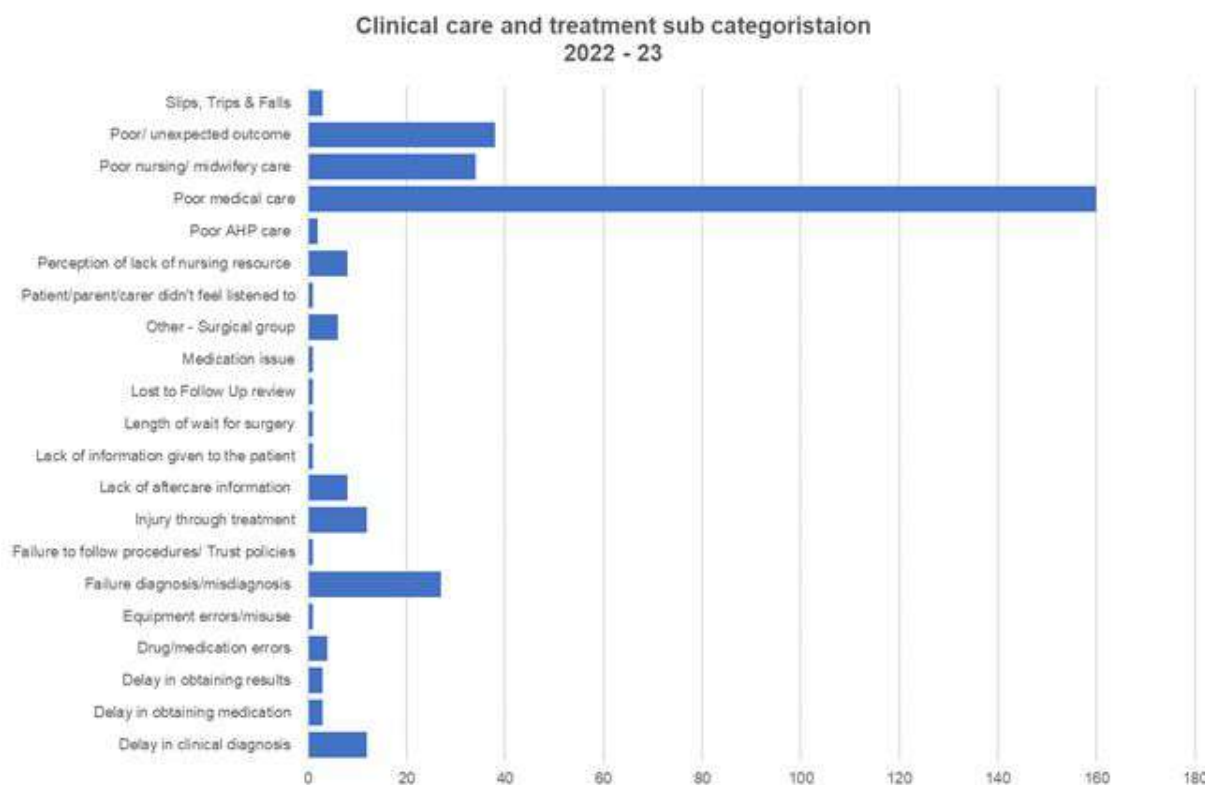
Poor medical care accounts for the largest proportion of clinical care and treatment categorised complaints, Anaesthesia, Surgery, Critical Care and Renal have the most with 49 during 2022 – 23, followed by Medicine (42), Women's and Children's (36), Neurosciences and Musculoskeletal (27) and Core Clinical Services with six.

Typically, poor medical care complaints relate to:

- Something happening during the episode of care the patient was not expecting.
- Outcomes, potential complications, and risk of procedures not being fully explained.
- Not being able to manage a patients expectation of time.
- Patients feeling ignored, not listened too and not part of the decision-making process.
- Perceived delays in treatment and/or interventions.
- Attitudes of doctors.

Poor or unexpected outcome complaints relate to:

- Something happening during the episode of care the patient was not expecting.
- Outcomes, potential complications, and risk of procedures not being fully explained.

Poor nursing and midwifery care complaints relate to:

- Supporting with the activities of daily living i.e., eating, drinking and personal care.

Tab 9 Complaints and PALS Deep Dive

NHS
North Bristol
NHS Trust

- Perceived confidence in nurses and the differences experienced between day and night, substantive and agency staff.
- Perceived delays in treatment and/or interventions.
- Expectations of professionalism i.e., kindness and compassion.

5. **Analysis of PALS Concerns logged under access to services - clinical**

There are 32 sub categories for those PALS concerns that have a primary categorisation of access to services - clinical.

- Closure of Cossham Hospital
- Length of time waiting for imagining scans or x-rays
- Not notified of a cancellation
- Cancelled operation
- Difficulty contacting a department by phone
- Errors booking outpatients
- Errors booking support services
- Cancelation of outpatient appointment
- Short notice changes
- Waiting time ED
- Length of wait for surgery

- Delay receiving test results
- Lost to follow up review
- Cancelled clinic
- Delay at time of treatment or care
- Inadequate time for an outpatient appointment
- X-ray department opening times
- Lack of information on waiting times
- DNA notification when attended the appointment
- Service transferred
- Length of wait for inpatient services
- other

- GP or hospital referral not received
- Missed appointment
- Cancelation on inpatient appointment
- Difficulty booking an appointment
- Errors booking inpatients
- Waiting list equipment and funding
- Use of pending lists
- Repeated cancelation of appointments
- Unnecessary appointment
- Length of wait for outpatient services

9

During 2022 – 23 there were 1,667 PALS concerns raised, of these 694 (41%) were categorised as access to services - clinical, using the 32 sub categories, over 36 % were categorised as length of wait for outpatient. The full list is detailed in the chart below.

Page **8** of **11**

Tab 9 Complaints and PALS Deep Dive

NHS
North Bristol
NHS Trust
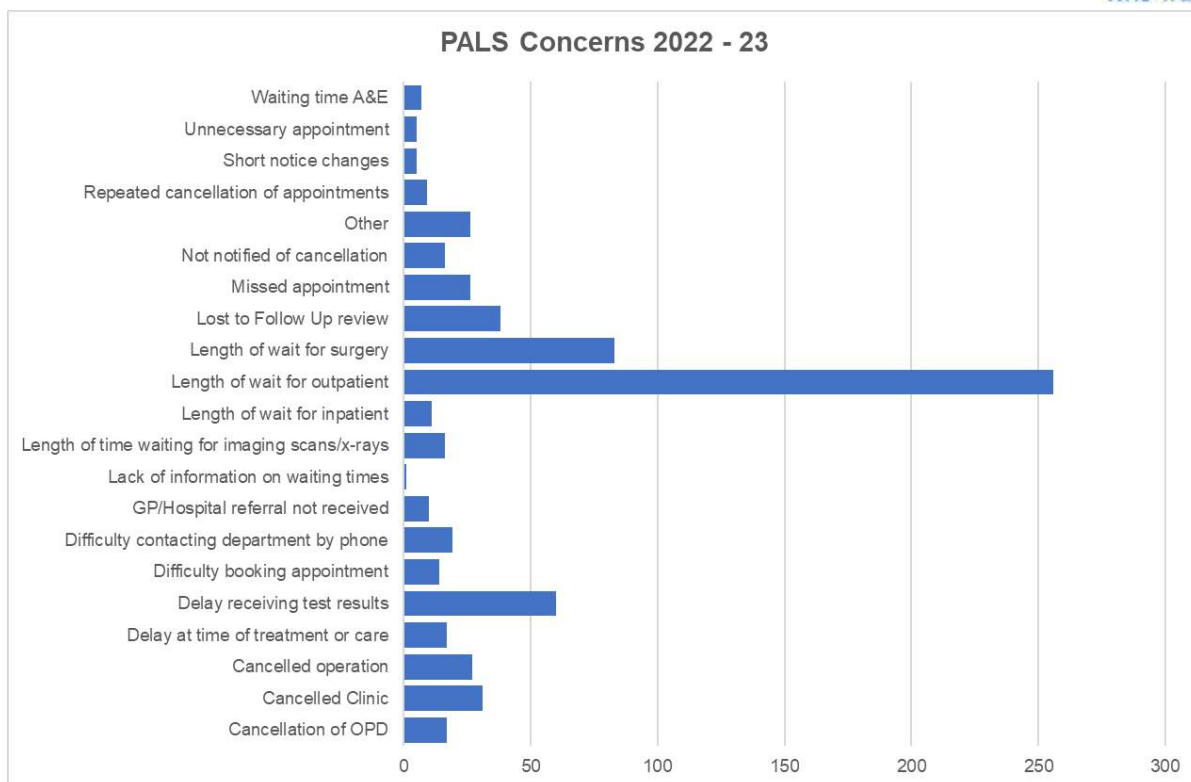
This data is substantiated in wider patient experience feedback such as the Friends and Family Test. It is also well documented in the press and media that all NHS organisations are challenged with increased wait times for outpatient appointments and surgery. PALS concerns relating to length of wait for outpatient are highest in Neurosciences and Musculoskeletal with 92, followed by Anaesthesia, Surgery, Critical Care and Renal (76), Medicine (38), Women's and Children's (35), and Core Clinical Services with fifteen.

Delay receiving tests results is an area of particular importance to our patients, reviewing data for 2022 – 23 identified that almost all PALS concerns in this categorisation related to delays in receiving cancer test results, or diagnostics tests such as Electrocardiograms (ECGs) or x-rays and scans.

The PALS concerns data has identified that there is an opportunity to improve communication to ensure patients are aware of the reasons for their wait and feel supported through this, specifically in relation to the outpatient setting. We are exploring an opportunity to work with Healthwatch to gather further insight on this and explore how we can better support patients.

6. **Our improvement focus**

Improving the experience of care for our patients is central to our '*Putting* Patients First' strategy, which has been restated in our recently published Patient and Carer Experience Strategy 2023 – 2026, it is also an enabling aspect of our Clinical Strategy.

Tab 9 Complaints and PALS Deep Dive

This deep dive into one aspect of complaints and concerns, clinical care and treatment has yielded valuable insight into the care our patients receive, and importantly how they receive care from North Bristol NHS Trust.

In our endeavours to continuously learn there are a series of improvements that need to be made on the basis of the deep dive, these include:

Improving our understanding of complaints and PALS concerns

- Improving the alignment between Friends and Family Test, Complaints, and concerns data, so as to provide coherent and a multi-perspective of patient experience.
- Identify benchmarking opportunities with other organisations of a comparable size, so as to compare our approach to categorisation of complaints and PALS concerns and learn from others best practice and innovation.
- Provide additional training and clinical oversight to the Patient Experience Team to support meaningful categorisation of complaints and PALS concerns.
- The sub categorisation of complaints and PALS concerns will be presented in the Divisional Performance Reviews and the Integrated Performance Report (IPR) reviewed by the Board.

Improving our services based on feedback from patients

- Accelerate the implementation of shared decision making, to ensure there is 'no decision about me, without me.'
- Continued focus on recruiting permanent colleagues and reducing turnover, this will reduce the reliance on a temporary workforce.
- Celebrate examples of living our values, recognising outstanding contribution to patient experience.
- Ensure our transformation activities, such as outpatients improvement have linked patient experience measures to ensure that transformation directly benefits our patients and their experience of care.
- Publicise waiting times and raise the profile of My Planned Care which has waiting time information my organisation and speciality.
- Reinforce through the Healthcare Excellence in Leadership and Management (HELM) Programme of the value of patient experience and the role managers and leaders have in creating an environment conducive to listening to feedback and making improvements.

7. Conclusion

This report has provided a summary of the regulatory requirements placed on NHS organisations to provide an accessible and effective complaints process, which seeks to learn and improve.

The report has focused specifically on two areas, firstly the clinical care and treatment category of complaints, and secondly the access to services – clinical category of PALS concerns. The deep dive into both categories has provided an insightful view on the type of complaints and concerns raised by patients and their loved ones. This deep dive has reviewed over 1,600 records, each providing opportunities for us to learn and improve.

Tab 9 Complaints and PALS Deep Dive

It can take considerable courage to make a complaint and/or raise a concern, patients often mention that they are hesitant about making a complaint or raise a concern in fear that their care will be affected. We make every effort to ensure that patients and their loved ones feel comfortable making a complaint and raising a concern, indeed we welcome these opportunities to listen, learn and improve.

The Report notes a number of areas for improvement, these will be progressed as part of the implementation plan being developed for the Patient and Carer Experience Strategy, this implementation plan will be monitored by the Patient and Carer Experience Committee, a sub-committee of the board.

8. Recommendations

The Board is asked to:

- Note and discuss the report.
- Confirm that the report provides assurance that the categories of clinical care and treatment and access to services – clinical have been fully explored.
- Note the areas for improvement and confirm the role of the Patient and Carer Experience Committee in monitoring the implementation plan.

9

Tab 9.1 Appendix 1 - Patient Experience Annual Report 2022/23

NHS
North Bristol
NHS Trust

Patient Experience Annual Report 2022/23

9.1

Tab 9.1 Appendix 1 - Patient Experience Annual Report 2022/23

1. Introduction

We are committed to improving the patient experience through valuing and respecting our patients; using their feedback to ensure we provide an outstanding patient experience at North Bristol NHS Trust.

This report summarises the range of feedback we have received from patients, carers, and external stakeholders over the past 12 months (1st April 2022 to 31st March 2023). This includes:

- Complaints
- PALS concerns
- Compliments
- Friends and Family Test (FFT) feedback
- Local survey feedback.
- Patient Engagement Events
- Patient and Carer Partners' feedback
- Healthwatch feedback

2. Complaints

The NHS constitution and NHS Complaints Regulations 2009, clearly set out the rights of patients about raising complaints and expectations on how these should be managed. As a Trust, we take this duty very seriously. We want to know when someone is unhappy with the treatment or service they have received. This means we can put things right and learn from the experience of our service users.

2.1 Activity Levels

Chart 1 shows that activity levels for 2022/23 were consistent with last year. This year 665 complaints were received, last year 663 complaints were received. This is also in line with the number of complaints received in 2019/20, before the Covid-19 pandemic when activity levels dropped.
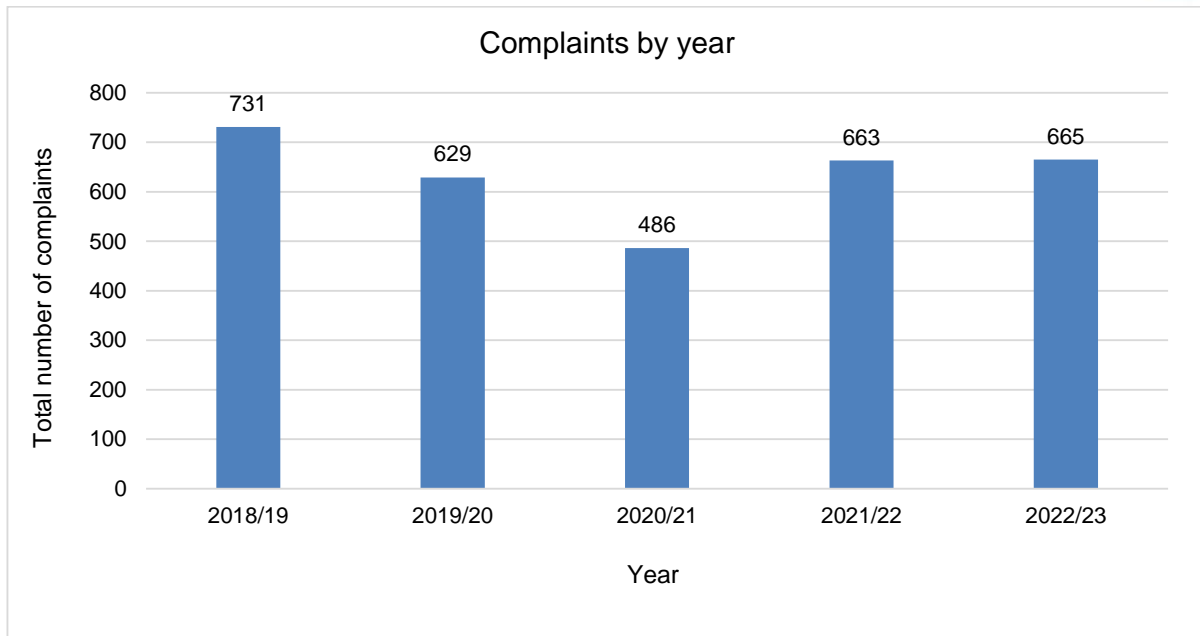
Tab 9.1 Appendix 1 - Patient Experience Annual Report 2022/23

Complaints by year

Chart 1

Chart 2 below shows the breakdown of activity by division. This year ASCR received the most complaints, followed by Medicine. There has not been a notable change in the number of complaints received by any of the divisions between last year and this year.
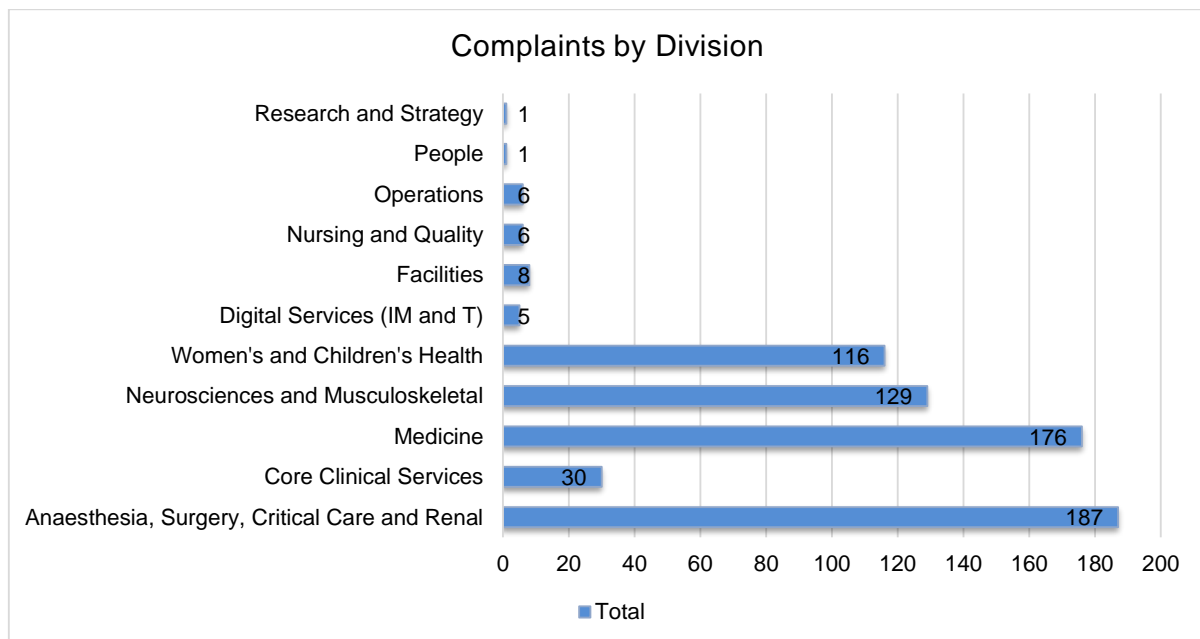
Complaints by Division

Chart 2

Tab 9.1 Appendix 1 - Patient Experience Annual Report 2022/23

2.2 Performance

Table 1 shows various measures of complaints performance in 2022/23 compared with previous years.

Of the 665 formal complaints, 34 complaints were re-opened or returned. This is 5% of all complaint cases and is a slight increase on last year when 4% were re-opened. In 2022/23, 77% of complaints were responded to within agreed timeframes. This is consistent with the previous year but remains below the Trust target of 90%. This year we also had an average of 5 overdue complaints at the end of each month. This is consistent with the previous year but is above our internal target of 0.

Despite not reaching our internal targets for complaint response times, we feel reassured that our service is responsive at initial contact with 100% of complainants receiving an acknowledgement of their complaint within three working days. Furthermore, we have undertaken proactive benchmarking activity with similar-sized Trusts and are pleased that our performance ranked 2 out of 5 amongst our peers for timeliness of response.

We are pleased that we have seen a notable improvement in performance since January 2023 and aim to sustain and build on this further in 2023/24 back in line with our internal target of 90%.

Measure	2019/20	2020/21	2021/22	2022/23
Complaint Acknowledged within 3 working days	-	100%	100%	100%
Overdue complaints (Average per month)	8	0	5	5
Response Time (within timescale)	80%	93%	77%	77%
Returned rate	-	6%	4%	5%

Table 1

Table 2 shows the number of complaint cases that were investigated by the PHSO. In 2022/23, 47 cases were received by the PHSO for consideration. This means 7% of complaint cases were escalated by the complainant to the PHSO. This is a decrease on the previous year where 9% of cases were escalated to the PHSO. Five cases were accepted for investigation by the PHSO and to date we have received 1 outcome which was partly upheld.

3 | P a g e

Tab 9.1 Appendix 1 - Patient Experience Annual Report 2022/23

NHS North Bristol NHS Trust

Year	Number of cases received by the PHSO	Number of cases accepted for investigation by the PHSO	Number of cases upheld or partly upheld
2018/19	56	5	2
2019/20	61	3	0
2020/21	28	2	1
2021/22	59	1	1
2022/23	47	5	1

Table 2

2.3 Themes

Chart 3 shows a breakdown of complaints received by theme. Like last year the most common theme for complaints in 2022/23 was 'Clinical Care & Treatment'. This was followed by 'Access to Services/Clinical.'

A deep dive into these themes shows that the main sub-themes for these complaints were:

- Poor Medical Care
- Poor unexpected outcome- surgery
- Length of wait for an outpatient appointment
- Lost to follow-up review

9.1

Chart 3
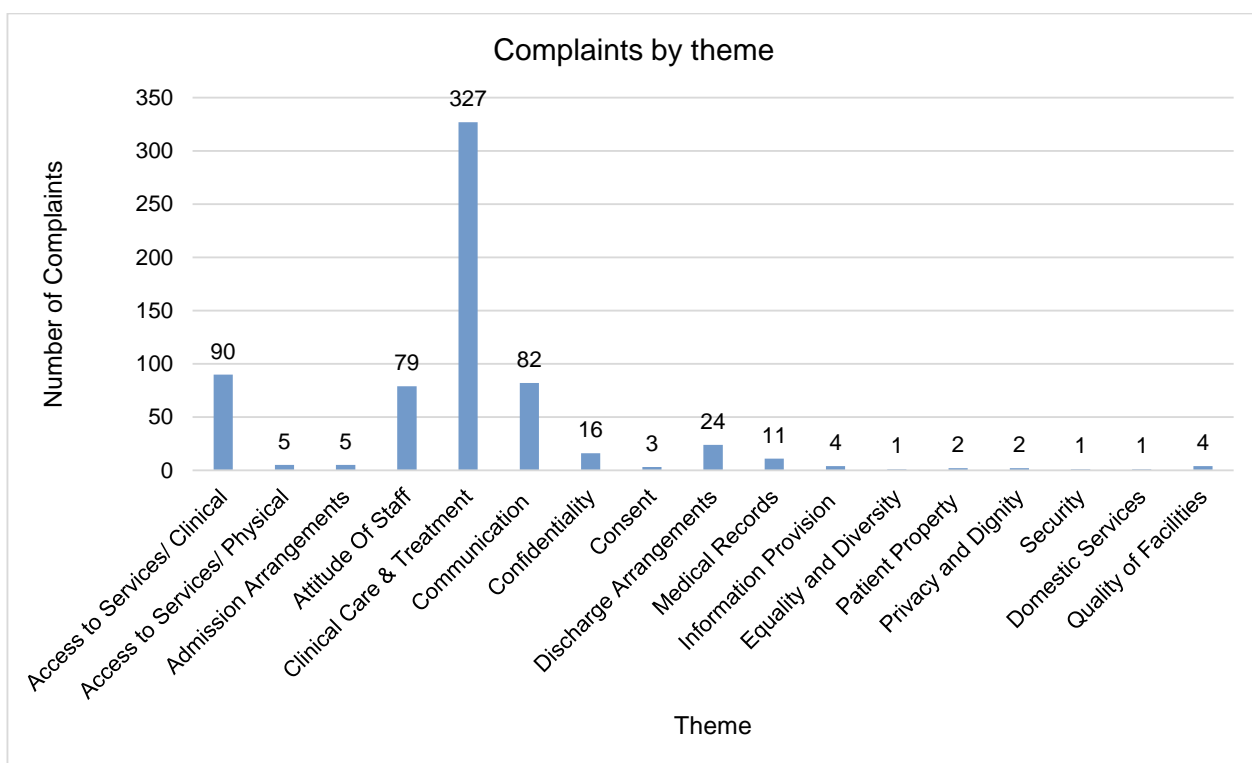
Tab 9.1 Appendix 1 - Patient Experience Annual Report 2022/23

2.4 Accessibility of the Complaints Process

We collect equality monitoring data about those that access the complaints service through a non-mandatory form.

In 2022/23 12% of complainants responded to the form. The data shows that:

- 73% of complainants are female, this is consistent with last year's data.
- The majority of complainants (25%) are between 31-45 years of age with a spread across all ages from 16 to 95.
- 26% of complainants disclosed a disability, this is consistent with last year.
- In 2022/23, 80% of complainants were white British. Last year 86% of complainants were white British.

We have successfully raised greater awareness of the complaints service and PALS through attendance at a few community events this year. We have also continued to collaborate closely with community groups and the VCSE sector (for example the Bristol Deaf Health Partnership and Healthwatch) to ensure our services are known, promoted and accessible to everyone. We acknowledge that we still have more work to do and will continue to develop our relationships across the community to ensure everyone knows of their right to raise a complaint or concern about NHS care and treatment and, that they feel comfortable to do so through our teams.

2.5 Learning and Actions

This year we have continued to develop and embed a culture of learning and improving from complaints. Our divisions continue to use their local action and learning trackers to monitor their learning from complaints.

Examples of learning from complaints that have led to improvement actions being taken include the following:
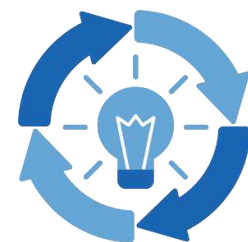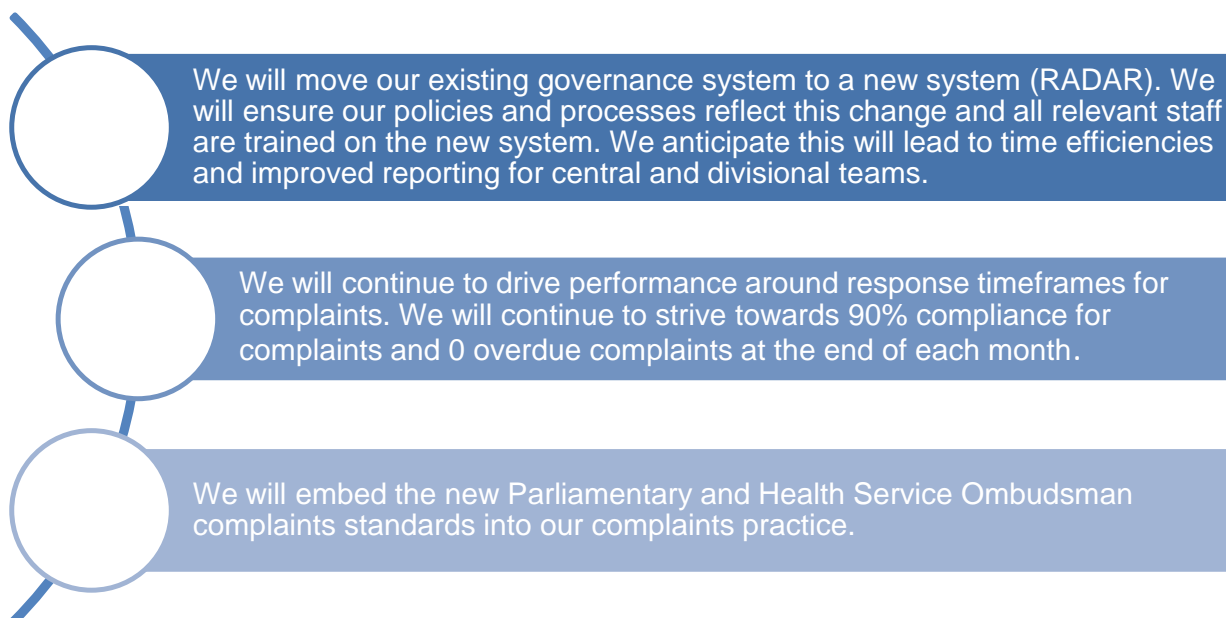
- The Breast Care Centre has implemented a new booking process following a complaint regarding duplication of appointments. Now the consultants have dedicated secretaries who book all the appointments for their consultants.

- Following a complaint about a post-operative wound infection the team updated the template to be used for discharge letters for post-operative wound reviews. This includes wound care instructions and signs of infection to monitor for. It also included advice on when to access medical support. The Urology outpatients' team will add this template and populate it on the discharge letter after completing wound reviews in future.

- Introduction of a tongue tie chart and information on this for all women to access on our website and Maternity App.

Tab 9.1 Appendix 1 - Patient Experience Annual Report 2022/23

- Launch of a new incivility training package within the Women's & Children Division.

- An NMSK ward is trailing the use of a discharge protocol to prevent poor discharge practices. If a patient is identified for discharge, a laminated form is attached to the individual's door and the form assigns the responsibility of tasks needing completing before a patient's discharge. This ensures nothing in the process is missed.

2.6 Next steps

Our focuses for 2023/24 are:

We will move our existing governance system to a new system (RADAR). We will ensure our policies and processes reflect this change and all relevant staff are trained on the new system. We anticipate this will lead to time efficiencies and improved reporting for central and divisional teams.

We will continue to drive performance around response timeframes for complaints. We will continue to strive towards 90% compliance for complaints and 0 overdue complaints at the end of each month.

We will embed the new Parliamentary and Health Service Ombudsman complaints standards into our complaints practice.

9.1

3. Patient Advice and Liaison Service

Since its launch in 2019, PALS has continued to grow busier demonstrating its importance as a support for patients, carers, families, and staff. The service aims to help resolve low-level concerns quickly and provide advice, support and signposting for patients, family, and carers as well as staff.

3.1 Activity Levels

Chart 3 shows that activity levels for 2022/23 are higher than last year. This year, 1,668 PALS concerns were received. This is an increase of 30% from the previous year. There was also an increase in the number of enquiries received from the previous year from 910 to 1,012.
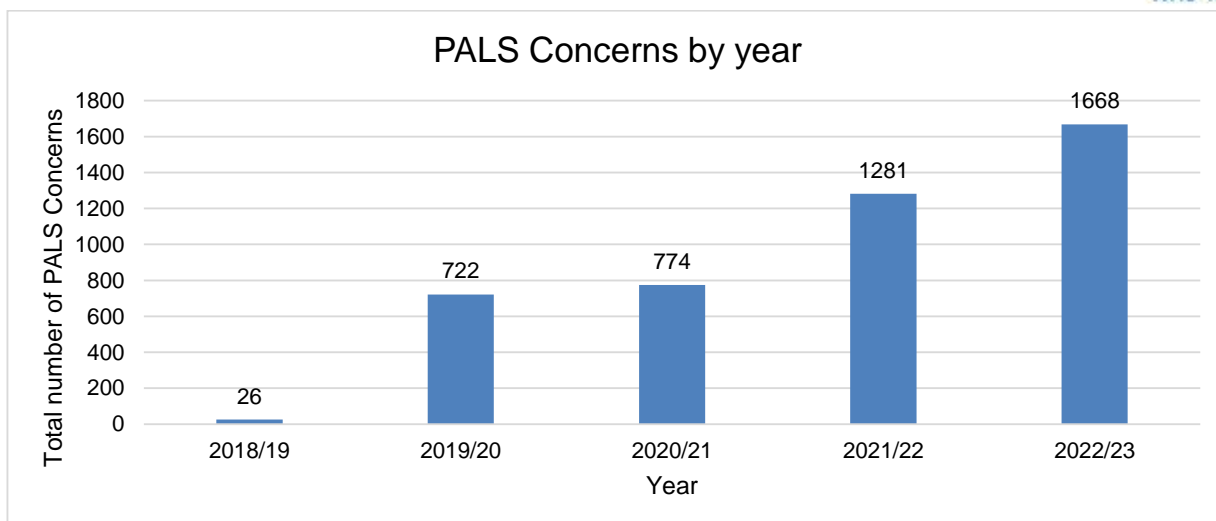
Tab 9.1 Appendix 1 - Patient Experience Annual Report 2022/23

PALS Concerns by year

Chart 3

Chart 4 below shows the breakdown of activity by division. This year NMSK received the most PALS concerns. This is a change from last year when most PALS concerns were received by ASCR and Medicine. The largest proportion of PALS concerns for NMSK were in Neurology (190) and Trauma & Orthopaedics (127).
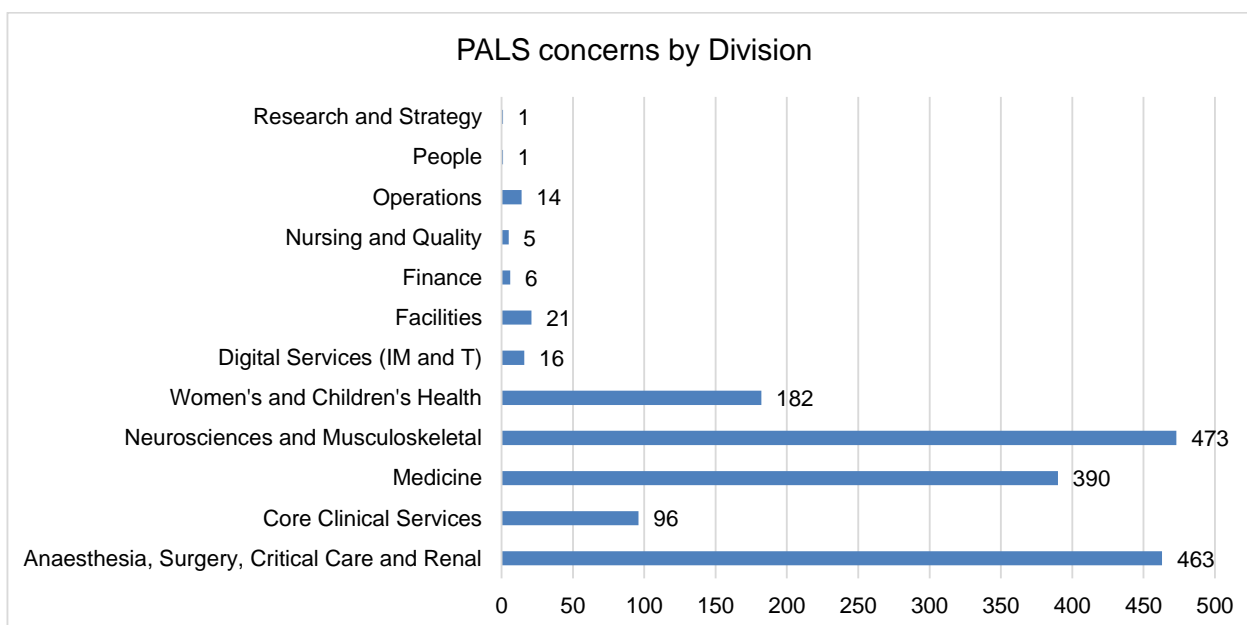
PALS concerns by Division

Chart 4

3.2 Performance

We aim to acknowledge all PALS concerns within 1 working day of receipt. This year we acknowledged 100% of PALS concerns in this timeframe.

We aim to provide a response or resolution to PALS concerns in five working days however we acknowledge that this timeframe is guidance and that some will take less time, or more

Tab 9.1 Appendix 1 - Patient Experience Annual Report 2022/23

time to resolve. We, therefore, ask investigators to agree on timeframes with the person raising concerns and to respond within the agreed timeframe. In 2022/23, 75% of PALS concerns were completed within the agreed timescale. On average it took 10.8 working days to resolve PALS concerns.

Feedback from users of PALS shows that 83% would recommend the service and 83% were happy with the timeframes it took to respond to their concerns.

"Within a quarter of an hour of my contacting PALS, Urology contacted me to arrange a 'hot MRI clinic' phone consultation within the following 48 hours."

3.3 Themes

Chart 5 shows a breakdown of PALS concerns received by theme.

The most common subject was 'Access to Services- Clinical.' This is consistent with the previous few years. A deep dive into these themes shows that the main sub-themes for PALS concerns were:

- Communication with patients, parents, or carers (268)
- Length of wait for an outpatient appointment (256)
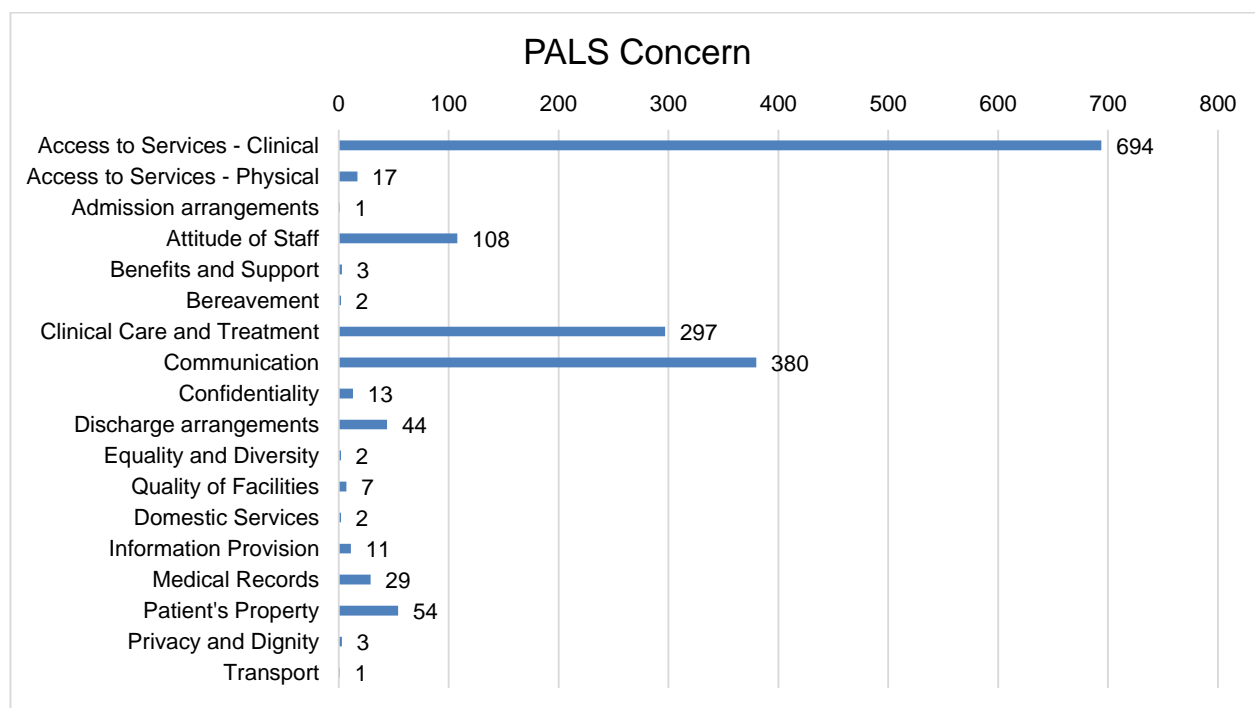- Length of wait for surgery (83)

9.1

PALS Concern

Theme	Value
Access to Services - Clinical	694
Access to Services - Physical	17
Admission arrangements	1
Attitude of Staff	108
Benefits and Support	3
Bereavement	2
Clinical Care and Treatment	297
Communication	380
Confidentiality	13
Discharge arrangements	44
Equality and Diversity	2
Quality of Facilities	7
Domestic Services	2
Information Provision	11
Medical Records	29
Patient's Property	54
Privacy and Dignity	3
Transport	1

Chart 5

Tab 9.1 Appendix 1 - Patient Experience Annual Report 2022/23

3.4 Next steps

Similarly to complaints, the main goal for PALS in the coming year is to successfully move from our existing governance system (Datix) to a new system (Radar). We will also continue to improve the accessibility of PALS for patients, carers, and families through outreach to the community. Lastly, we will improve the visibility of the service within the Trust and amongst staff through promotion events (boomerang sessions), team training and attendance at training, inductions, or huddles.

4. Friends and Family Test Feedback

The FFT is a useful tool that allows people using our services to provide feedback on their experiences. We ask:
"*Overall, how was your experience of our service*?" and, "*Please tell us why you gave your answer.*"

Between 1st April 2022 to 31st March 2023, 79,958 responses were received. This is consistent with the previous year. Our response rate increased slightly from 15% last year to 16% this year. We achieved a 91.41% positive rating. This is marginally higher than last year when we achieved 90.79%.

The table below provides a breakdown of FFT response rates and scores for each of the principal areas.

9.1

	Response rate	Rating (positive)	Rating (negative)
Trust-wide	16%	91.41%	4.65%
Emergency Department	18%	77.25%	15.50%
Inpatients	23%	88.30%	5.76%
Outpatients	13%	94.21%	2.56%
Birth	23%	92.61%	4.89%
Day-case	22%	95.50%	2.23%

Table 3

The image below shows the top positive and negative themes for the past 12 months. These are consistent with the previous year's positive and negative themes. The top two negative themes, 'Waiting time' and 'Communication' align with two of the top themes we have heard through PALS concerns.

Tab 9.1 Appendix 1 - Patient Experience Annual Report 2022/23

NHS
North Bristol
NHS Trust

+ Positive		- Negative	
1. Staff	23077	1. Waiting time	2095
2. Waiting time	10805	2. Communication	1538
3. Clinical Treatment	8454	3. Staff	1444
4. Communication	4736	4. Clinical Treatment	1095
5. Environment	3174	5. Environment	864
6. Discharge	539	6. Discharge	225
7. Catering	474	7. Catering	163
8. Staffing levels	272	8. Staffing levels	116

We have an ongoing programme of work focusing on improving the quality of our FFT data to ensure that our front-line teams receive accurate information about the feedback for their ward or department.

We recognise that we have more work to do to engage our front-line teams with their FFT data. Our aim is for teams to reliably use the data along with other sources of patient experience data to identify opportunities for improvements and share good practices.

Our ambition for 2023/24 is to work towards this and ensure consistency in how FFT is used across the Trust.

Below are two examples of the lovely comments received this year:

> The staff at Southmead were excellent throughout my visit. A difficult time for me was made easier by caring and skilled staff.
>
> Urology Department

> Clean and well organised department. The staff were efficient and kind. Didn't have to wait too long thanks to the brilliant team there.
>
> Emergency Department

5. Compliments

This year we formally logged 6,930 compliments. This is a 48% increase from last year when 4,672 compliments were logged. We know that this is only a small proportion of the total compliments and 'thank yous' received by our staff across the Trust every day.

9.1

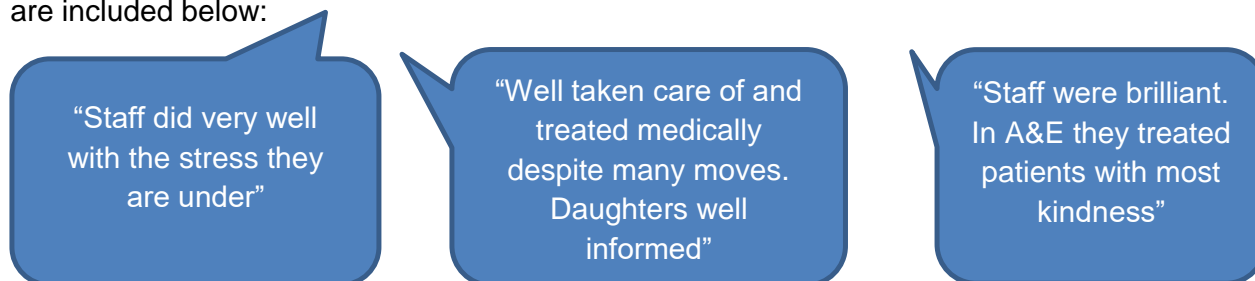Tab 9.1 Appendix 1 - Patient Experience Annual Report 2022/23

Over the next year, we will look at moving our compliments process onto a new digital governance system to support improved reporting and analysis.

6. Local Surveys and Other Engagement Work

6.1 Local Surveys

The Trust conducted 91 local surveys to gather more targeted feedback from patients and staff. These surveys help us to understand the experience of specific patients, the impact of changes or proposed changes on patients and to understand how we can improve our services.

An example of this is in the Emergency Department. A survey was introduced to understand the experience of 'boarded patients' from the Emergency Department to wards. The surveys helped to identify that privacy and disturbances were a main concern for patients. The lighting in the corridors was raised as a specific issue. This feedback enabled ward staff to find a short-term solution by providing eye masks to patients. The team could then investigate longer-term solutions such as dimming the corridor lighting. Some of the comments received are included below:

"Staff did very well with the stress they are under"

"Well taken care of and treated medically despite many moves. Daughters well informed"

"Staff were brilliant. In A&E they treated patients with most kindness"

9.1

6.2 Healthwatch & Partnership working

This year we have maintained close links with the Bristol Deaf Health Partnership and Bristol Sight Loss Council.

We have also built on our relationship with Healthwatch. Healthwatch patient representatives and members attend our quarterly Patient and Carer Experience Group. Healthwatch also runs a feedback stall from our hospital atrium once a month. They speak to staff, patients, visitors, carers, and members of the public and share this feedback with us. In addition to this, we receive a quarterly feedback report from Healthwatch which we review and respond to.

6.3 Patient and Carer Partnership

Patient and Carer Partnership

Tab 9.1 Appendix 1 - Patient Experience Annual Report 2022/23

Our Patient and Carer Partnership continues to grow from strength to strength and will be celebrating its 20th anniversary next year.

We have realised our goal of increasing the diversity of the partnership. We now have fourteen patient and carer partners who reflect our local community. We have members of the BAME community, LGBTQ+ community, working mothers, a carer, a partner with learning disabilities and a partner with visual impairment. Whilst we are pleased with the progress we have made and the vibrancy of our partnership, we recognise that there is still more to do. We will continue to actively recruit to broaden our membership as the desire to engage our partners continues to increase across the Trust.

Our Patient and Carer Partners have contributed to a broad range of work this past year, using their lived experience and expertise to advise and guide us. We are proud to have a Patient Safety Partner in role, contributing to the patient safety agenda including attending Patient Safety Committee. Our partners continue to support many committees, groups and meetings including the Equality Diversity and Inclusion Committee and the Accessible Information Standard Steering Group. Our partners have also contributed to numerous projects including Digital Patient, Management of Patient's Property and RADAR project board. Aside from this, they continue to share valuable feedback on their experience accessing our services as patients, enabling us to make quick but significant changes such as ensuring the availability of sanitary ware for women across all wards.

Complaints Lay Review Panel

We are proud of our Complaints Lay Review Panel which continues to be recognised nationally as an exemplar. The panel has gained two new members this year.

The panel reviewed twelve cases, looking at how we managed the case, providing a score, and noting areas of good practice and opportunities for improvement. A member of the panel now attends our Divisional Patient Experience Group meeting to feedback directly to divisions on the panel's findings. The panel is now also following up on complaint actions to ensure that any actions identified in the complaint response have been completed.

6.4 Events

This year we held a Patient Experience Celebration Event in September for our stakeholders, staff, patient partners, local voluntary organisations and colleagues in other health and social care organisations. This was a fantastic opportunity to reflect on just a few of the improvements to patient experience that we have realised in the past year. We also used this opportunity to start exploring our Patient Experience and Engagement Strategy. We asked our

Tab 9.1 Appendix 1 - Patient Experience Annual Report 2022/23

stakeholders to think about what good patient experience means to them and have used this as the foundation for building our strategy.

In addition to holding our event, we have also attended a couple of community events to raise awareness of our team and how we can support patients, their carers or family to provide their feedback whether that is through the complaints process or by joining us as a partner. We will continue to do this throughout 2023/24.

6.5 Patient Stories

We continue to proactively capture patient stories which are shared at Trust Board, Patient and Carer Experience Committee, Patient and Carer Experience Group and Divisional Patient Experience Group to celebrate good practice and identify areas for improvement.

This year Board have heard a range of stories including one about the Mental Health Liaison Team and one about our work with the Bristol Sight Loss Council to improve accessibility for people with sight loss.

We look forward to introducing a refreshed Patient Story Framework for 2023/24 which reflects the strategic priorities of the organisation, with a forward plan of subject areas to cover.

6.6 National Survey Programme

The Trust continues to participate in the Care Quality Commission's National Patient Survey Programme. In 2022/23 we received results for the Maternity Survey 2022 and Adult Inpatient Survey 2021.

A workshop was held for each survey to review the results and agree on an action plan for areas for improvement. The results and actions are reported and monitored through the Patient Experience Group and the Patient and Carer Experience Committee.

Adult Inpatient Survey 2021

Positive highlights

Patients scored their overall experience whilst in the hospital as 8.3 out of 10.

Tab 9.1 Appendix 1 - Patient Experience Annual Report 2022/23

We saw an improvement in scores around pain control and information on discharge showing the impact of ongoing work in these areas. We also scored highly on areas including privacy for discussions, quality of food and noise from other patients.

Areas for improvement

Areas in which the report highlighted the patient experience could be improved include asking patients to give feedback, helping patients with eating, meeting their dietary requirements, and giving patients information about how their procedure went and notice for when they may leave the hospital. There is a current action plan in place to look at how we improve these areas within the divisions.

Maternity Survey 2022

Positive highlights

- Mothers being involved in the decision to be induced.
- Mothers being able to see or speak to a midwife as much as they wanted during their care after birth.
- During pregnancy, mothers received the help they needed when they contacted a midwifery team.
- Mothers being offered a choice about where to have their baby during their antenatal care.
- During antenatal check-ups, mothers are asked about their mental health by midwives.

Areas for improvement

- Partners or someone else involved in the mother's care being able to stay with them as much as the mother wanted during their stay in the hospital.
- Mothers being given information about their physical recovery after birth.
- Midwives or doctors appearing to be aware of the medical history of the mother during labour and birth.
- At the start of their pregnancy, mothers are given enough information about coronavirus restrictions and any implications for their maternity care.
- Midwives providing mothers with relevant information, during their pregnancy, about feeding their baby.

6.7 Review websites

The complaints team monitor the NHS review website for feedback. Due to the anonymity of the reviews, it is often hard to take forwards any actions, but the team will provide details on how to contact PALS or raise a complaint if necessary. They will also log and pass on any compliments received.

Last year we responded to thirty-four reviews.

We also monitor and respond to reviews left on Care Opinion.

Tab 9.1 Appendix 1 - Patient Experience Annual Report 2022/23

We recognise there is room to improve our social listening to gather more insights and detail about the themes of comments left on review websites and social media. We hope to explore the use of technology to help us with this over the next few years, in conjunction with University Hospital Bristol & Weston Foundation Trust though our Acute Provider Collaborative arrangements.

9.1

Tab 10 EDI Deep Dive & Action Plan

NHS
North Bristol
NHS Trust

Report To:	Public Trust Board
Date of Meeting:	28 September 2023
Report Title:	Draft NBT 3-year Equality, Diversity and Inclusion (EDI) Plan
Report Author:	Caroline Hartley, Associate Director of Culture, Leadership and Development/Sarah Margetts, Deputy Chief People Officer
Report Sponsor:	Jacqui Marshall, Chief People Officer

Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances

*If any boxes above are ticked, paper may need to be received in *private.*

Purpose of the report:	Approval	Discussion	Information	Assurance
	X			

Recommendations:	• Review and approve the draft EDI plan
Report History:	• The draft EDI plan has been discussed at the People Committee on 14.9.23, with the Senior Leadership Group on 19.9.23 and has been sent to the Staff Networks for comment
Next Steps:	Following feedback and with Trust Board approval, the EDI Plan will be adopted and the actions detailed in the plan will be implemented.

Executive Summary

Following discussion at EDI Committee and with the Trust Board, it was agreed to develop a clear and comprehensive EDI plan. This would set out NBT's EDI agenda and direction of travel over the next 1-3 years and describe key areas of focus and actions for the year ahead. These would be actions which could be clearly understood and 'owned' by NBT staff and would be linked to areas of EDI where we most need to improve or make progress.

The work to develop NBT's plan coincided with NHS England's publication of its national EDI Improvement Plan which sets out the 6 'High Impact Actions' it expects NHS organisations and ICBs to implement between now and 2026. It was therefore appropriate to ensure that NBT's plan was assessed against the national agenda, to ensure that our priority actions were aligned.

Through this process and our review of NBT EDI data and intelligence, we have developed a draft EDI plan which describes the background and context in which we are working, our areas of challenge and what that means in terms of actions and areas of focus over the next 3 years. The plan proposes 4 immediate priorities, to occur over the next 12 months. These are:

- Ensuring EDI ownership & accountability
- Eliminating discrimination, harassment, bullying & abuse
- Embedding diverse & fair recruitment
- Closing the pay gap

Underpinning each of these broad priority areas are a suggested set of clear actions, with accompanying metrics and measures of success.

10

Tab 10 EDI Deep Dive & Action Plan

The Plan then describes some longer terms actions we will take, including those which are aimed at addressing the negative experiences of staff with individual protected characteristics, as defined in the Equality Act 2010.

Finally, the Plan suggests some changes to the governance of EDI at NBT. This would include setting up a new EDI group, with Divisional representation, and then some alternative options for upward reporting and assurance, for further discussion and agreement. The draft EDI Plan is attached at Appendix 1.

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:	N/A	
Financial implications:	N/A	
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	Not required Please refer to the 'Equality Impact Assessment Form' at the following link: https://link.nbt.nhs.uk/Interact/Pages/Content/Document.aspx?id=9760	
Appendices:	Appendix 1: NBT's draft 3-year EDI Plan Appendix 2: NHSE EDI Improvement Plan	

10

1. **Purpose**

1.1 This paper introduces NBT's draft EDI Plan and seeks approval of and feedback on core elements of the plan, including the governance and assurance framework which underpins delivery of the EDI agenda and priorities.

2. **Background**

2.1 Following discussion at EDI Committee and with Trust Board, it was agreed that NBT should develop a new, clear and comprehensive EDI plan. This would set out NBT's EDI agenda and direction of travel over the next 1-3 years and describe key areas of focus and priority actions for the year ahead. These would be actions which could be clearly articulated, understood and 'owned' by NBT staff and would be linked to areas of EDI where we most need to improve or make progress.

Page **2** of **3**

Tab 10 EDI Deep Dive & Action Plan

2.2 NBT has previously developed a number of EDI priorities and action plans, some of which were being undertaken collaboratively across the ICS. NBT adopted its EDI Strategy "*Valuing You*" in August 2019 and EDI Priorities, KPIs, and an action plan were adopted in 2021 for a three-year period until 2023. This was informed by various annual data returns and linked to the national NHS People Plan, Integrated Care Board (ICB) priorities and our local Trust level People Strategy. While progress has been made in some areas over this time, in others a lack of clear focus, ownership and oversight of the delivery of agreed actions has meant that we have not made the progress we would have wished. This is clear in our EDI workforce data.

2.3 The existing priorities now need to be refreshed into a 2023-2025 EDI Plan, taking account of NBT's 2022-23 EDI data and performance, our Patient First Strategy *'Proud to Belong'* and the newly released NHSE EDI Improvement Plan with its 6 high impact areas.

3. **Draft EDI Plan**

3.1 Against this background we have developed a draft EDI plan which describes the context in which we are working, our areas of challenge and what that means in terms of actions and areas of focus over the next 3 years. The plan proposes 4 immediate priorities, to occur over the next 12 months, and beyond as necessary. These are:
   o Ensuring EDI ownership & accountability
   o Eliminating discrimination, harassment, bullying & abuse
   o Embedding diverse & fair recruitment
   o Closing the pay gap

3.2 Underpinning each of these broad priority areas are a suggested set of clear actions, with accompanying metrics and measures of success. The Plan then describes some longer terms actions we will take, including those which are aimed at addressing the negative experiences of staff with individual protected characteristics, as defined in the Equality Act 2010.

3.3 Finally, the Plan suggests some changes to the governance of EDI at NBT. This would include setting up a new EDI group, with Divisional representation, as well as some alternative options for upward reporting and assurance, (for further discussion). This will help ensure that we deliver against our agreed priorities and that progress is monitored and reported.

4,   Summary and Recommendations
The Trust Board is asked to discuss and **approve** the draft EDI Plan**.**

Page **3** of **3**

Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

NHS
North Bristol
NHS Trust

EQUALITY, DIVERSITY & INCLUSION (EDI) DRAFT 3 YEAR PLAN

September 2023

NBTCARES

10.1

Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

**Amanda Pritchard
Chief Executive
NHS England**

"Our NHS is built on the values of everyone counts, dignity and respect, compassion, improving lives, working together for patients, and commitment to quality. These values underpin how healthcare is provided but must also extend to our NHS workforce.

Ensuring our staff work in an environment where they feel they belong, can safely raise concerns, ask questions and admit mistakes is essential for staff morale - which, in turn, leads to improved patient care and outcomes . This can only be done by treating people equitably and without discrimination."

"The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms"
NHS People Plan 2020

We are
**compassionate
and inclusive**

NBTCARES

10.1

Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Who we are...

NHS North Bristol NHS Trust

2.55% Disabled staff

22.86% B.A.ME staff

Age <30
23%
26% Age 51+
51%
Age 31-50

74.87% Female 25.13% Male

5% Apprentices (404)
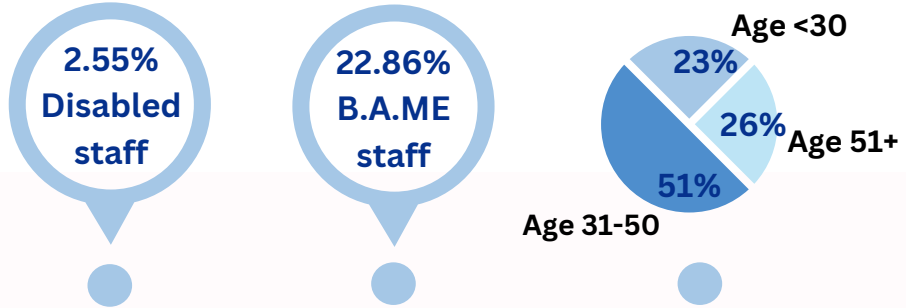
South Gloucestershire

- Total population expected to grow 20% by 2043
- Age profile similar to England with 19% aged 65+, increasing to 20% by 2043
- Lower rate of premature mortality than England average
- Low ethic diversity with 95% White population
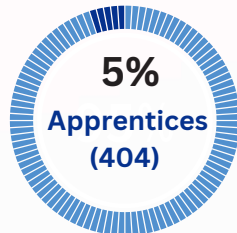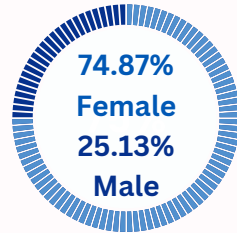
Bristol

- Total population expected to grow 12% by 2043
- Younger age profile with 13% aged 65+, increasing to 14% by 2043
- Higher rate of premature mortality than England average
- More ethnically diverse with 84% White, 6% Black, 5.5% Asian and 3.6% Mixed

Our estate

Our sites include a range of physical estate across BNSSG from which we provide our local and tertiary services.

Women's hospital (left) and Brunel building – Southmead

Bristol Centre for Enablement

Weston Hospital - renal unit, urology, and breast services

South Bristol Dialysis Unit

Community based services - midwifery and NHS@Home

Cossham Hospital

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Developing the Plan

Jacqui Marshall
Chief People Officer

"We need a focused plan with a small set of priorities and actions that will enable us to make the real difference that is needed"
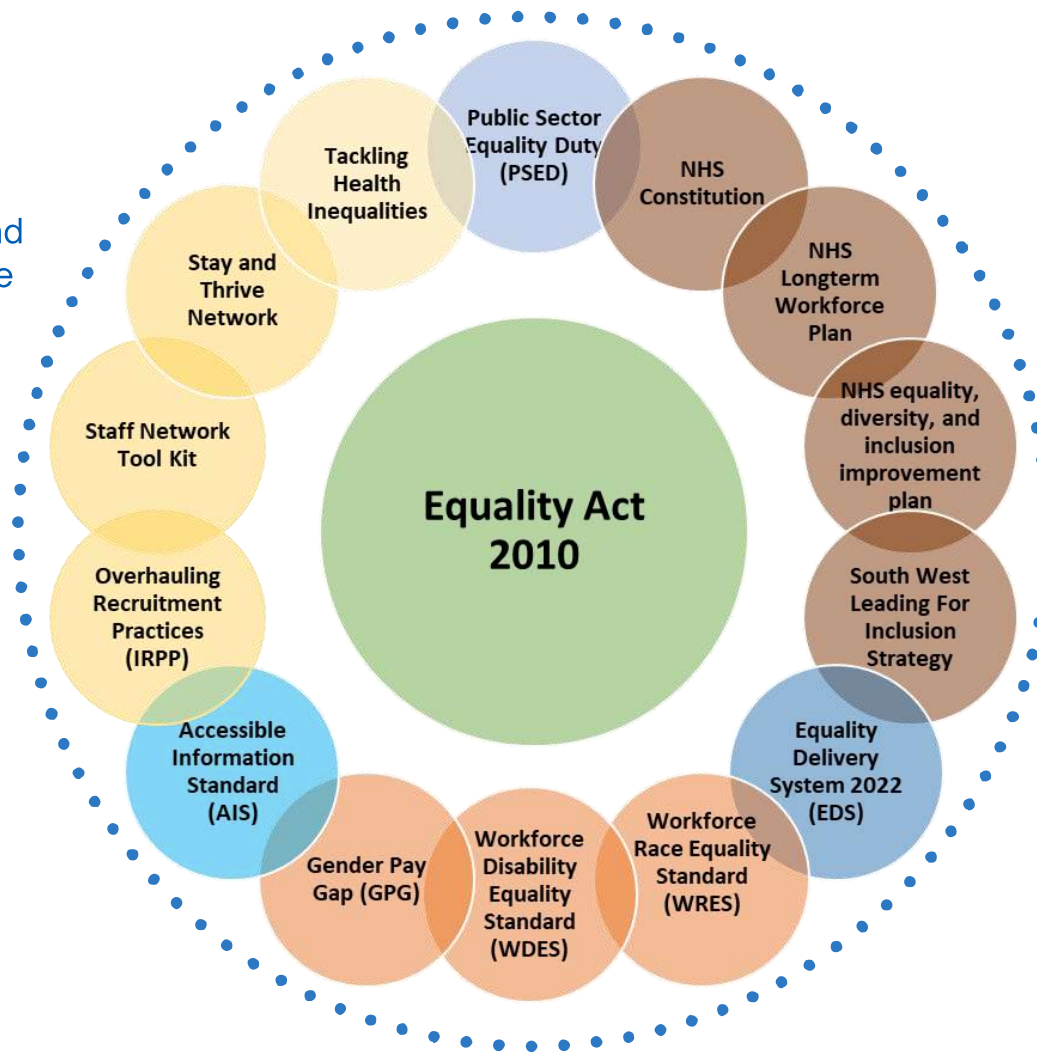
2 NBT current data and intelligence analysis from EDI reporting frameworks

1 Review and consideration of the National and Regional EDI agenda

5 One-1 year + EDI priorities identified based on gaps, risks and immediate areas of concern

3 Overlaying and alignment of NBT areas of concern with the NHS EDI Improvement Plan 6 High Impact Actions

4 Analysis and alignment of required actions/ priorities with existing programmes of work

NHS North Bristol NHS Trust

NBT**CARES**

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

EDI Drivers

Context: This diagram from NHS England sets out the 'drivers' for EDI work in the South West

Legend:
- Legislation
- NHS Policies
- NHS Reporting Framework
- NHS Standard Contract
- NHS Standard
- Work Streams

Diagram labels:
- Equality Act 2010
- Public Sector Equality Duty (PSED)
- Tackling Health Inequalities
- NHS Constitution
- NHS Longterm Workforce Plan
- NHS equality, diversity, and inclusion improvement plan
- South West Leading For Inclusion Strategy
- Equality Delivery System 2022 (EDS)
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap (GPG)
- Accessible Information Standard (AIS)
- Overhauling Recruitment Practices (IRPP)
- Staff Network Tool Kit
- Stay and Thrive Network

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Enablers & Interdependencies

There are a range of internal/external, national/local enablers and interdependencies that form part of this plan.

NBT Cares values & behaviours

NBT Putting Patients First Strategy

NBT Clinical Strategy

In, and for, our Community: a plan to improve opportunities that help reduce inequalities and improve health outcomes

Proud to Belong: a 1 and 5 year plan that will improve staff experience and retention

NHS EDI Improvement Plan

NHS People Promise

We are **compassionate and inclusive**

NBT EDI Data

National Staff Survey
WRES
WDES
Bank WRES
MWRES
GPG
EDS2
NETS

"This improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce."

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

NHSE EDI Improvement Plan (June 2023)

The NHSE plan prioritises the following 6 high impact actions to address the widely known intersectional impacts of discrimination and bias. These actions have been embedded into our plan for NBT.

6 High Impact Actions

Measurable objectives on EDI for Chairs Chief Executives and Board members.

Success metric

1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).

Overhaul recruitment processes and embed talent management processes.

Success metric

2a. Relative likelihood of staff being appointed from shortlisting across all posts

2b. NSS Q on access to career progression and training and development opportunities

2c. Improvement in race and disability representation leading to parity

2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity

2e. Diversity in shortlisted candidates

2f. NETS Combined Indicator Score metric on quality of training

Eliminate total pay gaps with respect to race, disability and gender.

Success metric

3a. Improvement in gender, race, and disability pay gap

Address Health Inequalities within their workforce.

Success metric

4a. NSS Q on organisation action on health and wellbeing concerns

4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training

4c. To be developed in Year 2

Comprehensive Induction and onboarding programme for International recruited staff.

Success metric

5a. NSS Q on belonging for IR staff

5b. NSS Q on bullying, harassment from team/line manager for IR staff

5c. NETS Combined Indicator Score metric on quality of training IR staff

Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

Success metric

6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)

6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)

6c. NETS Bullying & Harassment score metric (NHS professional groups)

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

WHAT DOES OUR DATA TELL US?...
Key Headlines

Workforce Race Equality Standard (WRES)

- Despite an increase of 3.24% staff from B.A.ME backgrounds in 2022, B.A.ME staff still remain under-represented in medium and upper bands, compared to their proportion within the Trust.
- 72.3% of B.A.ME staff are within lower bands (Band 5 and below)
- The biggest proportion of newly recruited NBT B.A.ME staff are international recruits.
- This suggests our numbers of B.A.ME staff from the local population is not increasing.

Gender Pay Gap 2022/23

- For NBT, female and male staff, the mean gap was £4.40 (23.33%) and the median gap was £0.11 (0.63%) in favour of male staff.

Workforce Disability Equality Standard (WDES)

- Harassment Bullying or Abuse from managers towards disabled staff: year on year reduction across all staff groups.
- Staff with long term health conditions: Harassment Bullying and abuse from colleagues down 3.1% over 5 years.

Discrimination Bullying & Harassment

- Percentage of ethnic staff experiencing harassment, bullying or abuse from Manager / team leader: no improvement since 2018.
- B.A.ME staff almost 3 times more likely to experience managerial discrimination compared to 6% of NBT White staff.

HR Cases

- The chances of B.A.ME staff entering into a formal disciplinary process compared to white staff in 2022/23 has decreased since 2021/22.
- 18% of HR recorded cases involve B.A.ME colleagues compared to last year's rate of 25%
- The reduction is despite an increase of the number people recorded as going through HR disciplinary process.
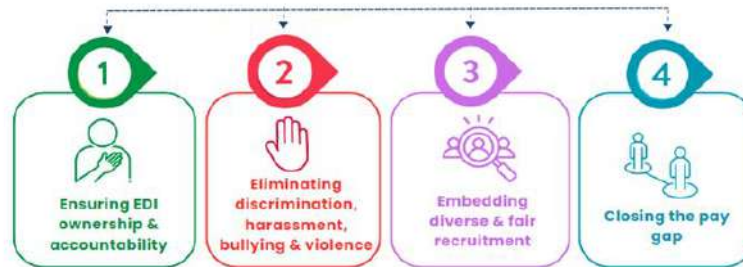
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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Jacqui Marshall
Chief People Officer

This Equality, Diversity and Inclusion (EDI) Plan sets out our priorities over the next 3 years and includes some very clear actions that we will take in the next 12 months. We will aim to refresh these actions each year to check that we are truly making a difference, and I expect us to hold ourselves and each other to account for delivering these and making the change that is needed.

NHS England developed an EDI Improvement Plan for the NHS in June 2023. This outlines where NHS organisations can make the greatest difference by focusing on 6 key areas (known as 'High Impact Actions'). Here at NBT we have reviewed these actions alongside our existing programmes of work and against where our own EDI data tells us that we need to improve. This has led us to develop 4 priority areas, which will be our core EDI focus.

These priorities are:

1 Ensuring EDI ownership & accountability

2 Eliminating discrimination, harassment, bullying & violence

3 Embedding diverse & fair recruitment

4 Closing the pay gap

We will set ourselves targets and key performance indicators (KPIs) against which we will measure our success and progress. This will be monitored and reported directly to our Board on a regular basis, and we expect to see improvement and the change that's needed for everyone to feel proud to belong here.

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

NHS
North Bristol
NHS Trust

EDI PRIORITIES

1 Ensuring EDI ownership & accountability

2 Eliminating discrimination, harassment, bullying & violence

3 Embedding diverse & fair recruitment

4 Closing the pay gap

Caring   Ambitious   Respectful   Supportive

Commitment to our Community

Proud to belong

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Why these priorities?...

Ensuring EDI ownership & accountability	Eliminating discrimination, harassment, bullying & abuse	Embedding diverse & fair recruitment	Closing the pay gap

We understand that we will only make real progress if we all proactively 'own' and are responsible and accountable for the EDI agenda and delivery of change.

Workforce data and information shows us that we need to provide more proactive support to staff with protected characteristics, whose experience at NBT is not always positive. To do this, we need to put a stop to discrimination, harassment, bullying and abuse.

We want to increase the number of people recruited from local communities and ensure those we recruit from overseas have a career with us. Our data shows we can do more to offer an equitable, open and transparent approach to recruitment and career progression, and improve our disparity ratio.

Our data tells us that we have not made real progress on our pay gap and we need to take more focused action to understand why and address this.

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

ACTION PLAN

These are the actions that we will undertake over the next 12 months against our priorities

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Priority 1

Ensuring EDI Ownership & Accountability

Action	How	When	Success Metric	Link to NHSE High Impact Action?
Action 1: Every board and executive team member to have EDI objectives that are SMART and are assessed against these as part of their annual appraisal process	• Arrange Board Development session led by EDI expert • Review best practice case studies across the NHS • Agree at least 1 'team' EDI objective and 1 personal objective • Link these to the priority actions in this plan • Share and publish these objectives with each other and with the Senior Leadership Group	**By 31.3.24**	Annual chair and chief executive appraisals on EDI objectives- Board Assurance Framework	☑ ①
Action 2: NHS board to review relevant data to establish EDI areas of concern and prioritise actions	• Boards to receive EDI reporting data on a regular basis and discuss what it is telling us, including identifying areas of concern • Develop a revised EDI governance and assurance framework to ensure clear progress and oversight of agreed actions	**By 31.3.24**	Identification of prioritised actions Revised framework in place	☑ ①
Action 3: Work closely with Divisions and teams to ensure that they develop practical actions, plans and SMART objectives around NBT's key areas of EDI focus.	• Ensure that each Division works towards 2 EDI objectives and targets and that these are part of their core plans, • Objectives to be linked to areas of concern or challenge in that Division/team • **'Positive Action'** to be a one of those core objectives for all Divisions as it will support diversity, inclusion and disparity ratios	**By 31.3.24**	Divisional EDI plan and dashboard in place by 31 March 2024 Regular EDI reviews occurring at DRs from 1.4.24	☑ ⑥ ☑ ②
Action 4: Grow and develop staff and Divisional engagement, understanding and knowledge of the EDI agenda	• Develop a new network of Divisional EDI ambassadors • Invest further in Staff Networks as a source of support, expertise and delivery of EDI priorities • Bring EDI training back 'in-house', review content and deliver to staff in a way that is accessible and sustainable. This to include specific cultural awareness training for teams	**By 31.3.24**	Ambassador network established; review utlisation metrics Training underway	☑ ⑥

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Eliminating discrimination, harassment, bullying & violence

Priority 2

Action	How	When	Success Metric	Link to NHSE High Impact Action?
Action 1: Review data by protected characteristic on bullying, harassment, discrimination and violence.	• Review data and intelligence through a wide range of mechanisms and sources • Utilise the Data Triangulation Group • Review disciplinary and ER processes. Obtain insights on themes/trends and via case reviews • Agree and set a reduction target • Develop and implement a plan aligned to themes and data • Review the effectiveness of *'Red Card to Racism/abuse',* refresh and re-launch programme	Agree target and plan **by 31.3.24** **By 31.3.24**	Year-on-year reduction in incidents of bullying and harassment from staff (reduce from 23.5% to .21% (BAME staff) **NHS Staff Survey** Improvement in staff survey results on discrimination from line manager: BAME staff: reduce from 17% to 15% to 10% over 2 years Disabled staff reduce from 13.4% to 10% to 8% over 2 years	✓ ⑥
Action 2: Ensure safe and effective policies and processes in place to support staff affected by domestic abuse and sexual violence (DASV)	• Review current policies and processes • Links with the Violence and Aggression Group • Review reporting processes, engaging a range of multi-professional stakeholders • Ensure effective and accessible support for all • Develop a DASV policy for staff	**By 30.6.24**	New DASV policy developed and in place Evidence of staff utilising the policy and sources of support	✓ ⑥
Action 3: Create an environment where staff feel able to speak up and raise concerns with specific focus on the impact of culture and protected characteristics on speaking up.	• Develop a plan to review and refresh as necessary all of our 'speaking up' processes; • Ensure comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence • Ensure mechanisms are in place so that staff who raise concerns are protected and feel safe	**From 31.3.24**	Improvement in staff survey results on these questions, when analysed by protected characteristic Data Triangulation Group metrics	✓ ⑥

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Embedding diverse & fair recruitment

Priority 3

Action	How	When	Success Metric	Link to NHSE High Impact Action?
Action 1: Enhance our induction, onboarding and development programme for internationally recruited staff.	• Implement the NHSE recommendations including clear communication, guidance and support, a comprehensive onboarding programme for international recruits. Cultural awareness training. Ensuring access to development opportunities.	**By 31.3.24**	Seek feedback from international staff after 1 and 3 months in post to assess effectiveness of pre-appointment support Utilise/review Post-grad department systems, data and feedback on induction and on-boarding for IMGs	✅ ⑤ ✅ ②
Action 2: Create and implement a talent management plan to improve the diversity of executive and senior leadership teams.	• Review current data • Develop action plan and associated steps to achieve this.	**By 31.3.24**	Improved EMT, SLG and Board diversity	
Action 3: Action 3: Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. Include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes.	• Progress Fairer Recruitment project including reduction of the Trust's disparity ratio. • Sign up to and participate in the ICS-led 'Diverse Panel Pool' project • Create and start to implement Commitment to our Community plan to increase new hires from our most deprived communities.	**By 30.06.24** **By 31.10.23**	Reduction in disparity ratio Increase in new hires from our most deprived communities *Specific metric to be agreed/defined*	✅ ⑥

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Priority 4

Closing the Pay Gap

Action	How	When	Success Metric	Link to NHSE High Impact Action?
Action 1: Further understand and analyse what is driving our gender and race pay gap at NBT	• Complete the *'Addressing your gender pay gap'* self-assessment checklist provided by NHS Employers; develop follow-up actions • Develop actions around the 6 key areas: *Branding, Communication and Transparency; recruitment and promotion processes; Maternity, Paternity and Parental leave policies; well-being and retention; supporting female staff; data analysis* • Support and enable NBT's new Women's network to flourish and grow	**By 31.3.24**	Plan in place and being implemented by March 2024 Year-on-year reductions in the gender and race pay gaps - Pay Gap Reporting	✓ ③
Action 2: Implement the *Mend the Gap* review recommendations for medical staff and develop a plan to apply these to senior non-medical workforce	• Key stakeholders to read and consider the review • Review the recommendations, including any gaps in our practices at NBT and any best practice which we can emulate and implement • Develop a plan aligned to these areas using A3 problem-solving approach	**By 31.3.24**	Plan in place with clear targets Year-on-year reductions in the gender and race pay gaps - Pay Gap Reporting	✓ ③

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

OUR STAFF NETWORKS

Our staff networks in NBT enable staff to come together around a shared purpose to improve staff experience within the Trust. They are a hugely valuable part of NBT and working together will help us to deliver and embed our EDI priorities and actions.

As part of our EDI plan we will...

Engage

Engage with and support our networks to continue to develop and build their influence, agency, and impact.

Develop

Work with our networks to embed the NHSE Staff Network guidance and Toolkit, ensuring that we are utilising the resources to help develop all our networks across the Trust.

Deliver

Work with our networks to continually check effectiveness, ensuring we are delivering for the needs of our staff and helping to achieve our collective aims, objectives, and priorities.

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

LOOKING AHEAD

We will refresh our actions each year to check that we are truly making a difference. Over the next 3 years there are further actions we will take as part of our plan. All actions are aligned with the national NHSE EDI Improvement Plan.

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

A LOOK AHEAD: YEARS 2 AND 3 ….

Theme	WHAT…	WHEN	LINK TO HIGH IMPACT ACTION ICS collaboration?
EDI Ownership and Accountability	Board members to demonstrate how organisational data and lived experience have been used to improve culture	By March 2025	✅ ①
Fair and inclusive recruitment processes and talent management strategies	Evidence progress of implementation of the plan to create and implement a talent management plan to improve the diversity of executive and senior leadership teams.	By June 2025	✅ ② **ICS collaboration Also NBT strategy 'In and for our Community' and disparity ratio**
Closing the Pay Gap	Plans should be in place to improve/close the pay gap: disability **by 2025** and other protected characteristics **by 2026**	By 2025: disability By 2026: other PCs	✅ ③
Improve Health Inequalities	Work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm's length bodies, such as the NHS Race and Health Observatory. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare	By April 2025	✅ ④ **ICS collaboration**

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Going even further…

Over the next 3 years there are further interventions we want to take to address the negative experiences of staff with individual protected characteristics, as defined in the Equality Act 2010.

These actions supplement the NHSE intersectional high impact actions outlined in our action plan and will help us to go further in specific areas.

We will use robust datasets for each protected characteristic, and continue to consider and address the experience of all staff at NBT in light of their protected characteristics to help identify where further interventions may be needed.

This will be tracked through our governance structure and monitored alongside our 4 key priorities with the support and guidance of our EDI Team, ICS colleagues and Staff Networks.

No person is only one protected characteristic, and so we need to consider the impact of intersectionality, when implementing any interventions.

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Actions we will take...

Age

01

Line managers to have meaningful conversations with their teams, to align personal aspirations with job roles and requirements. This includes the option of phasing retirement and exploring alternative work patterns.

02

Encourage flexible working as part of local attraction, recruitment, retention and return plans. Embed the NHS Pension Scheme and highlight its value across the career journey, with special focus on flexible retirement for staff in late stage careers.

03

Work in partnership with local educational institutions and voluntary sector partners to support social mobility by improving recruitment from local communities, and by considering alternative entry routes to the NHS, such as apprenticeships and volunteering.

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Disability

Actions we will take...

01

Demonstrate a year-on-year improvement in disability declaration rates so that ESR data is accurate about people with a disability, as measured by the WDES.

02

Promote the visibility of leaders with a disability through effective campaigns alongside providing leadership and career development opportunities tailored to disabled staff. Progress to be measured by tracking the number of disabled staff in leadership roles.

03

Take steps to continue to address disproportionate levels of bullying and harassment experienced by disabled staff.

04

Implement recommendations from the NHS inclusive recruitment and promotion practices programme, and ensure each stage of the recruitment pathway is accessible, does not discriminate and encourages people with disabilities to apply for roles. Track this via the WDES, using Trac data.

05

Ensure our talent management and career development programmes are fully accessible and inclusive. Progress to be measured by tracking the number of Disabled people in leadership roles.

06

Ensure our reasonable adjustments policy is effectively and efficiently implemented and achieves year-on-year improvement in NHS Staff Survey metrics relating to reasonable adjustments at work.

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Actions we will take...

Race

01

The Board to demonstrate their understanding of and progress towards race equality, an essential criterion in job descriptions for board members and all very senior manager (VSM) grades. Appraisals of senior executives will include a focus on EDI, as recommended by the Messenger Review.

02

Board to use the EDI dashboard to establish internal data driven accountability and scrutinise progress at an organisational, divisional, departmental, occupation, and site level to address under-representation and pay gaps.

03

To tackle race discrimination effectively the Board will give due consideration to national policies and recommendations from other arms length bodies such as the Equality and Human Rights Commission inquiry and General Medical Council. In addition, the Board to proactively raise awareness of their commitment with patients and public.

04

The Board to ensure concerns raised about race discrimination are dealt with in a proactive, preventative, thorough and timely manner, including encouraging diversity in Freedom to Speak Up Guardians.

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Actions we will take...

Religion or belief

01

ESR and qualitative data to be tracked to highlight the experience of people with different faiths or no faith through all stages of the employment journey.

02

Review our policies and processes to ensure they are supportive of religious expression in the workplace. This includes access to facilities for prayer, understanding of cultural differences, including religious clothing, and flexibility around religious observances such as the Sabbath and Ramadan.

03

The Board to ensure concerns raised about religious discrimination are dealt with in a proactive, preventative, thorough and timely manner, including by encouraging diversity in Freedom to Speak Up guardians

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Sex, pregnancy & maternity

Actions we will take...
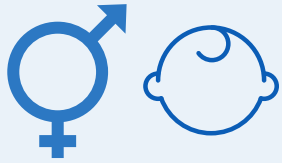
01

Focus on closing the gender pay gap and improving the experiences of the lowest paid people, extending the Mend the gap review recommendations for medical workforce to the wider workforce.

02

Ensure that our flexible working policy is easily accessible and suitable for all staff; supporting their work–life balance, management of caring responsibilities, health and wellbeing, and enabling continued professional development.

03

Continue to support menopause awareness, adopting NHS policy and ensuring we are fully supporting colleagues experiencing menopause, maximising their wellbeing and allowing them to work for as long as they wish to contribute.

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Gender reassignment & sexual orientation

Actions we will take...

01

Where colleagues feel comfortable, actively encourage LGBT+ staff to self-declare their sexual orientation on ESR and TRAC, emphasising how this can improve the experiences of LGBT+ staff. We recognise that national changes to ESR must be made before trans and non-binary staff are able to do so.

02

Review our data for LGBT+ staff across multiple sources such as ESR, TRAC, NHS Staff Survey and local qualitative and quantitative data from LGBT+ staff networks and communities to help inform the key areas of concern that need to be addressed.

03

Ensure that diversity training on gender reassignment and sexual orientation is included within mandatory training.

04

The EMT to continue to actively talk about the benefits of allyship as well as champion, and sponsor LGBT+ staff networks. Also build the concept of allyship into existing and new development programmes.

05

Ensure that LGBT+ staff are closely involved in the development and delivery of our LGBT+ training and educational interventions and our health & wellbeing programmes so that these are fully inclusive.

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Governance

Prior to launch of the EDI plan, it is recommended that we review the governance structure for our EDI priorities. Do we currently have this right? Could we improve this?

Background - EDI currently reports into the EDI Committee which then reports into People Committee, which reports into Board. The EDI Committee is chaired by a NED with Executive level membership and the terms of reference are a combination of operational/delivery items as well as strategy and assurance. It meets once a quarter and there is no divisional representation on Committee currently, although this is being explored. There are no other working groups overseeing the EDI agenda for the Trust. The People Committee receive upward reports from the EDI Committee, but the agenda is often full and there is insufficient time to ensure more in-depth assurance around our EDI priorities.

Proposal - It is proposed that EDI should report directly to Board – this sets the right tone for the importance of this and would enable the Board to receive greater assurance and monitoring of our progress in this area. In addition, it is proposed that we set up a new EDI Group under the workforce governance structure – reporting into the new People Oversight Group. This group will be responsible for overseeing the delivery of the EDI Plan and monitoring and measuring progress and impact. **There are 3 potential options for the EDI Committee:**

Option A
Retain the existing EDI Committee reporting into the People Committee. Adjust the terms of reference to make it clear whether this is an assurance Committee or operational group.

Option B
Re-name the People Committee to the People & EDI Committee and adjust the terms of reference to ensure that this Committee is overseeing the EDI agenda directly and reporting progress to the Board.

Option C
Repurpose the existing EDI Committee as an assurance Committee and move the reporting line straight into the Board. This would require 2 additional NEDs on this Committee.

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

Governance Structure

North Bristol NHS Trust Board

Option C

NHS North Bristol NHS Trust

Option B

People Committee

EDI Committee

People & EDI Committee

EDI Committee

Option A

New Group

People Oversight Group

Multi Professional Workforce Group

Medical Professionals Group

Retention & Staff Experience Group

Workforce Planning & Resourcing Group

Workforce Digital Transformation Group

Learning, Education & Development Group

Equality, Diversity & Inclusion Group

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Tab 10.1 Appendix 1 - NBT's draft 3-year EDI Plan

THANK YOU!

NHS North Bristol NHS Trust

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Tab 10.2 Appendix 1.2 - NHSE EDI Improvement Plan

NHS equality, diversity, and inclusion improvement plan

10.2

Tab 10.2 Appendix 1.2 - NHSE EDI Improvement Plan

NHS equality, diversity, and inclusion improvement plan

- Contents
- A note on language
- Foreword
- Introduction
- The case for change
- High impact actions
- Make change happen
- Support provided by NHS England
- Intervention by protected characteristic
- Conclusion

10.2

Contents

10.2

Tab 10.2 Appendix 1.2 - NHSE EDI Improvement Plan

NHS equality, diversity, and inclusion improvement plan

10.2

A note on language

In the pursuit of equality, diversity and inclusion, language is powerful and can help to shift attitudes and behaviours.

This plan acknowledges that some definitions and terminology in legislation do not always reflect the identities or lived experience of individuals.

Achieving equality of health outcomes requires identification of barriers and biases, and targeted action to overcome specific inequalities, discrimination and marginalisation experienced by certain groups and individuals. This includes, but is not limited to, those with protected characteristics under the Equality Act 2010[1].

The aim of this plan is to improve equality, diversity and inclusion, and to enhance the sense of belonging for NHS staff to improve their experience. Therefore, while we refer to the protected characteristics as defined in the Equality Act 2010, the actions set out here are intended to positively impact groups and individuals beyond these terms and definitions.

We have developed the high impact actions in this plan to be intersectional. This recognises that people have complex and multiple identities, and that multiple forms of inequality or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation[2].

Some specific points on language

When referring to ethnicity, we use the term Black and minority ethnic (BME) to be consistent with *NHS Workforce Race Equality Standard terminology*.

We use the term 'disability' as it is defined in the Equality Act 2010 recognising that the Act's intention is both positive and protective for disabled people. However, we recognise that 'disability' is a dynamic term, within which terms such as 'neurodivergence' and 'neurodiversity' are emerging and changing, including the relationship between neurodivergence and definitions of disability.

We use the acronym LGBT+ is used in this document, where the 'plus' includes all those identities and sexual orientations not specifically referenced. To promote the use of inclusive language, this document uses the terms 'trans and non-binary', 'gender identity' and 'sexual orientation'.

10.2

Tab 10.2 Appendix 1.2 - NHSE EDI Improvement Plan

NHS

NHS equality, diversity, and inclusion improvement plan

10.2

Foreword

"The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms"

NHS People Plan 2020

It is our privilege to introduce the NHS's first *equality, diversity and inclusion (EDI) improvement plan*. The NHS workforce is more diverse today than at any point in its 75-year history, and that brings benefits for patients and taxpayers alike.

Amanda Pritchard,
Chief Executive,
NHS England

Our NHS is built on the values of everyone counts, dignity and respect, compassion, improving lives, working together for patients, and commitment to quality. These values underpin how healthcare is provided, but must also extend to our NHS workforce.

Staff are at the heart of everything the NHS does, and always will be. To support the recovery of services following the COVID-19 pandemic, we need to increase capacity by growing our workforce and find new ways of working to enhance productivity.

To build for the future, we must inspire new staff to join and encourage existing staff to stay.

Ensuring our staff work in an environment where they feel they belong, can safely raise concerns, ask questions and admit mistakes is essential for staff morale - which, in turn, leads to improved patient care and outcomes[3].

This can only be done by treating people equitably and without discrimination.

An inclusive culture improves retention, supporting us to grow our workforce, deliver the improvements to services set out in our Long Term Plan, and reduce the costs of filling staffing gaps.

Delivering that kind of working environment in an organisation of any size takes deliberate focus, listening and action.

The NHS People Plan, sets out the priorities for supporting the 1.3 million people who work in the NHS in England[4], with specific actions for improving their sense of 'belonging' in the NHS. This *plan* builds on the People Promise and the People Plan, using the latest data and evidence to identify six high impact actions organisations across the NHS can take to considerably improve equality, diversity and inclusion.

It is also right that NHS England holds itself to account to the same standards as the NHS as a whole, so we will be implementing this plan in our organisation.

We would like to acknowledge the contributions, expertise and lived experience shared with us by staff, staff networks, managers and system leaders in the development of this plan, which have provided us with invaluable insights on improving the experience of staff across the NHS.

We would also like to acknowledge the inputs from our strategic partners, including the Health and Care Women

Leaders Network, the Race and Health Observatory, NHS Employers, NHS Providers, NHS Confederation, and many more.

On behalf of the whole NHS leadership team, we want to thank you for working with compassion, putting our patients and people at the helm and rising to the challenges we face.

We hope this plan provides the framework for making the NHS the best place to work whoever you are, where all staff feel they belong, can thrive, and – ultimately - deliver the best possible service for our patients.

Dr Navina Evans
Chief Workforce,
Education and
Training Officer,
NHS England

Tab 10.2 Appendix 1.2 - NHSE EDI Improvement Plan

Introduction

NHS equality, diversity, and inclusion improvement plan

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This improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

It has been co-produced through engagement with staff networks and senior leaders.

The plan:

- Sets out why equality, diversity and inclusion is a key foundation for creating a caring, efficient, productive and safe NHS

- Explains the actions required to make the changes that NHS staff and patients expect and deserve, and who is accountable and responsible for their delivery

- Describes how NHS England will support implementation

- Provides a framework for integrated care boards to produce their own local plans.

The findings and recommendations of the Messenger Review- Leadership for a collaborative and inclusive future (July 2022) reaffirmed the need for this plan's actions , which forms part of our response to recommendation two of the review. Future iterations of this plan will address how we tackle EDI challenges within social care, and will be developed in collaboration with integrated care boards (ICBs) and other key stakeholders including the Department of Health and Social Care (DHSC).

The NHS Long Term Workforce Plan defines the size, shape, mix and number of staff needed to deliver high quality patient care, now and into the future. This EDI improvement plan supports the Long term workforce plan by improving the culture of our workplaces and the experiences of our workforce, to boost staff retention and attract diverse new talent to the NHS. The plan also supports the achievement of strategic EDI outcomes, which are to:

- **Address discrimination**, enabling staff to use the full range of their skills and experience to deliver the best possible patient care

- **Increase accountability of all leaders** to embed inclusive leadership and promote equal opportunities and fairness of outcomes in line with the NHS Constitution, the Equality Act 2010, the Messenger Review

- **Support the levelling up agenda** by improving EDI within the NHS workforce, enhancing the NHS's reputation as a model employer and an anchor institution, and thereby continuing to attract diverse talents to our workforce

- **Make opportunities for progression equitable**, facilitating social mobility in the communities we serve.

These actions should be implemented in partnership with trade unions / staffside colleagues and forums, and in collaboration with staff networks. In line with our operating framework, NHS England will provide guidance to assist trusts and ICBs in adopting an improvement approach to the implementation of this plan, supported by a repository of good practice and a dashboard to enable the measurement of progress. We will also implement this plan internally to ensure consistency with the NHS as a whole.

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The case for change

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Where diversity – across the whole workforce – is underpinned by inclusion, staff engagement, retention, innovation and productivity improve. Inclusive environments create psychological safety and release the benefits of diversity – for individuals and teams, and in turn efficient, productive and safe patient care.

Staff survey and workforce data reflecting the lived experience of NHS staff demonstrates that we have more to do before we can say inclusive workplace environments are the norm across the NHS[5]. For example, women make up 77% of the NHS workforce but are under-represented at senior level[6]. Just over 24% of the workforce are from black and minority ethnic (BME) backgrounds but face discrimination across many aspects of their working lives The 2022 Workforce Race Equality Standard (WRES) data showed that 27.6% of Black and minority ethnic (BME) staff experienced bullying, harassment or abuse from other staff in the preceding year; The NHS Staff Survey along with the Workforce Disability Equality Standard (WDES) shows that disabled staff in the NHS are under-represented when compared to the general population. The NHS staff survey data shows that 25% of disabled staff have experienced bullying from their colleagues, compared to 16.6% of non-disabled staff. Similarly, 23.5% of our LGBT+ colleagues face bullying and harassment at work compared to 17.9% of heterosexual staff.

Organisational efficiency correlates with staff and patient experience:

- Staff who are bullied are less likely and less willing to raise concerns and admit mistakes[7].
- Increased leadership diversity correlates with better financial performance[8].
- In hospital settings, managing staff with respect and compassion correlates with improved patient satisfaction, infection control, Care Quality Commission (CQC) ratings and financial performance[9].

- High work pressure, staff perceptions of unequal treatment, and discrimination against staff all correlate adversely with patient satisfaction[10].
- A workforce that is compassionate and inclusive for all has higher levels of engagement, motivation and wellbeing, which results in better care and reduced staff turnover[11].
- Fair treatment of every individual in the workforce helps reduce movement of substantive staff into bank and agency roles to avoid discrimination at work
- A diverse workforce that is representative of the communities it serves is critical to addressing the population health inequalities in those communities[12].
- Organisations with more diverse leadership teams are likely to outperform their less diverse peers[13].
- Psychologically safe work environments, where people feel they are treated with dignity and respect, achieve more effective, safer patient care[14].

Simply put, a diverse workforce in an inclusive environment will likely improve staff engagement, lower turnover and enhance innovation

Elective recovery is a top priority for the NHS[15]. Key to our success is boosting capacity, by filling vacancies, reducing turnover and improving morale[16]. To achieve this stability and to lay the foundations from which to grow the workforce of the future, as described in the Long-Term Workforce Plan, the NHS must improve staff experience across all protected characteristics if we are to sustainably reduce staff turnover, increase recruitment, reduce absenteeism and create more inclusive and productive teams.

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NHS equality, diversity, and inclusion improvement plan

High-impact actions

This plan prioritises the following six high impact actions to address the widely-known intersectional impacts of discrimination and bias.

Measurable objectives on EDI for Chairs Chief Executives and Board members.

Success metric

1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).

Overhaul recruitment processes and embed talent management processes.

Success metric

2a. Relative likelihood of staff being appointed from shortlisting across all posts

2b. NSS Q on access to career progression and training and development opportunities

2c. Improvement in race and disability representation leading to parity

2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity

2e. Diversity in shortlisted candidates

2f. NETS Combined Indicator Score metric on quality of training

Eliminate total pay gaps with respect to race, disability and gender.

Success metric

3a. Improvement in gender, race, and disability pay gap

Address Health Inequalities within their workforce.

Success metric

4a. NSS Q on organisation action on health and wellbeing concerns

4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training

4c. To be developed in Year 2

Comprehensive Induction and onboarding programme for International recruited staff.

Success metric

5a. NSS Q on belonging for IR staff

5b. NSS Q on bullying, harassment from team/line manager for IR staff

5c. NETS Combined Indicator Score metric on quality of training IR staff

Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

Success metric

6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)

6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)

6c. NETS Bullying & Harassment score metric (NHS professional groups)

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High Impact Action 1

Chief executives, chairs and board members must have **specific and measurable EDI objectives** to which they will be individually and collectively accountable.

Leaders set the tone and culture of their NHS organisation.

Leaders who demonstrate compassion and inclusion, and focus on improvements, are key to creating cultures that value and sustain a diverse workforce. Staff will in turn feel more empowered to deliver great care and patient experience[17].

As highlighted in the Messenger Review, principles of EDI should be embedded as the personal responsibility of every leader and every member of staff. It is in this context that all Chief executives, chairs and board members should have distinct objectives on improving inclusion in their organization and have a personal commitment to mainstream EDI as the responsibility of all, such that the provision of an inclusive and fair culture should become a key metric by which leadership at all levels is judged.

NHS organisations and ICBs must complete the following actions:

- Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process (by March 2024).

- Board members should demonstrate how organisational data and lived experience have been used to improve culture (by March 2025).

- NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework (by March 2024).

Success metric for high impact action 1	
Annual chair and chief executive appraisals on EDI objectives.	Board Assurance Framework

Further information and case studies can be found in the EDI repository.

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High Impact Action 2

Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

We know diverse boards make better collective decisions for the communities they serve[18]. There has been progress in improving diversity of senior management teams; the total number of BME staff at very senior manager level has increased by 69.7% since 2018 from 201 to 341[19] and the percentage of board members declaring a disability has increased from 2% in 2019 to 4.6% in 2022. However, in relation to the three protected characteristics for which reliable data exists (race, disability and gender); senior teams across the NHS are less representative of their organisation's workforce. For example, WRES data (31 March 2022) shows that BME people make up 24.2% of the NHS workforce[19] but only 13.2% of board members; 85% of people with a disability do not believe that their trust provides equal opportunities for promotion;[20] and women represent 77% of the NHS workforce but only 37% of very senior managers[21].

Talent management strategies must recognise the importance of equitable recruitment and career progression for all staff. If they do not, the NHS risks losing talent because everyone does not see themselves as having the same opportunity, leading to a direct impact on patient care.

The national Inclusive *Recruitment and Promotion Practices framework*[22] highlights the principles for an evidence-driven approach. It supports boards in achieving the aspirations of the Long-Term Workforce Plan by addressing workforce vacancies.

NHS organisations and ICBs are to complete the following actions:

- Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (by June 2024) and evidence progress of implementation (by June 2025)

- Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes (by October 2024). Impact should be measured in terms of social mobility across the integrated care system (ICS) footprint.

Success metric for high impact action 2	
Relative likelihood of staff being appointed from shortlisting across all posts	WRES and WDES
Access to career progression, training and development opportunities	NHS Staff Survey
Year-on-year improvement in race and disability representation leading to parity over the life of the plan	WRES and WDES
Year-on- year improvement in representation of senior leadership (Band 8C and above) over the life of the plan	WRES and WDES
Diversity in shortlisted candidates	To be developed in year two
Combined Indicator Score metric on quality of training	NETS

Further information and case studies can be found in the EDI repository.

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High Impact Action 3

Develop and implement an **improvement plan to eliminate pay gaps**

As an inclusive employer, the NHS should take steps to address gender, ethnicity and disability pay gaps.

The gender pay gap in the UK has been declining slowly over time; over the last decade it has fallen by approximately a quarter among full time employees[23]. The pay gap is relatively small for the 88% of NHS staff employed on Agenda for Change (AfC) terms and conditions. However, it is 47% for the 12% of NHS staff who are not, essentially doctors and senior leaders.

The independent review Mend the gap (2020) describes the actions that the NHS should take to address the gender pay gaps in medicine, such as promoting flexible working for all. Many of its recommendations can also be applied to non-medical senior leaders. For example, for every 80 pence earned by Black female doctors their White counterparts earn £1[24]. In younger age groups, the pay gap favours female doctors, reflecting the large numbers of women joining the NHS, but this reverses between the ages of 30 and 34 and then widens with age[25].

Data on organisational ethnicity and disability pay gaps will become available in the coming years.

NHS organisations are to complete the following actions:

- Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce (by March 2024).

- Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards. Reflecting the maturity of current data sets, plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics by 2026.

- Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns. (March 2024)

Success metric for high impact action 3	
Year-on-year reductions in the gender, race and disability pay gaps	Pay gap reporting

Further information and case studies can be found in the EDI repository.

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High Impact Action 4

Develop and implement an improvement plan to **address health inequalities** within the workforce.

In England, 1 in 19 working age adults is employed by the NHS , making NHS[26] organisations one of the largest employers within local communities.

This creates an opportunity to positively impact population health by addressing health inequalities in the workforce[27]. A proactive approach to reducing health inequalities in the workplace[28] can make a significant contribution to the levelling up agenda[29] within local communities, supporting targets set by CORE20PLUS5[30].

NHS organisations should start by delivering action in two specific areas.

Firstly, reducing bullying, increasing civility, and having a robust approach to all abuse and harassment. This will address some common causes of ill health, absenteeism and turnover within the workforce which disproportionately impact on those with some protected characteristics, and will improve inclusive team working, staff health and wellbeing.

Secondly, as anchor institutions in local communities, NHS organisations can make a positive impact by offering routes into employment, good work[31] and career development.

Organisations are to complete the following actions:

- Line managers and supervisors should have regular effective wellbeing conversations with their teams, utilising resources such as the national NHS health and wellbeing framework. (by October 2023).

- Work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm's length bodies, such as the NHS Race and Health Observatory. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare (by April 2025).

Success metric for high impact action 4	
Organisation action on staff health and wellbeing.	NHS Staff Survey
National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training	NETS

During 2024/25, NHS England will work with ICBs and other key stakeholders to establish a mechanism for measuring improvements in workforce health inequalities.

Further information and case studies can be found in the EDI repository.

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High Impact Action 5

Implement a **comprehensive induction, onboarding and development programme for internationally-recruited staff.**

Since its inception in 1948, the NHS has benefitted from the expertise, compassion and commitment of internationally recruited healthcare professionals. A warm welcome and comprehensive induction and pastoral support package will make them feel valued from the start and help retain this staff group.

NHS organisations should complete the following actions:

- Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment ; including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options (by March 2024).

- Create comprehensive onboarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured rom, for example, turnover, staff survey results and cohort feedback (by March 2024).

- Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety (by March 2024).

- Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression (by March 2024).

Success metric for high impact action 5	
Sense of belonging for internationally recruited staff	NHS Staff Survey
Reduction in instances of bullying and harassment from team/line manager experienced by (Internationally recruited staff).	NHS Staff Survey

Further information and case studies can be found in the EDI repository.

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High Impact Action 6

Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Bullying and harassment at work results in increased sickness absence and employee turnover, diminished productivity, sickness presenteeism, governance and employee relations costs. Workplace bullying therefore adversely impacts patient safety.

In the 2022 NHS Staff Survey 18.7% of NHS staff reported they had experienced bullying by colleagues, 11.1% by line managers and 27.8% by patients or their relatives. These statistics are consistently higher for people with some protected characteristics, and particularly those with a disability or and in the LGBT+ community.[32]

Staff who are bullied in the workplace are less likely to speak up and to admit mistakes, and therefore are less likely to contribute to effective team working. Bullying affects bystanders and witnesses too[33], eroding psychological safety within the workplace culture[34].

Relying on local policies to prevent bullying or discrimination is not enough. A proactive, preventative approach that seeks early informal intervention wherever possible is more likely to be effective, with escalation only where that fails.

NHS organisations are to complete the following actions:

- Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set (by March 2024) and plans implemented to improve staff experience year-on-year.

- Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this (by March 2024).

- Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it. (By June 2024)

- Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff (by March 2024).

- Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence (by March 2024).

- Have mechanisms to ensure staff who raise concerns are protected by their organisation.

Success metric for high impact action 6	
Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)	NHS Staff Survey
Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)	NHS Staff Survey
Bullying & Harassment score metric (NHS professional groups)	NETS

Further information and case studies can be found in the EDI repository.

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Make change happen

NHS equality, diversity, and inclusion improvement plan

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As England's largest employer, the NHS must lead the way in establishing equitable and inclusive workplace environments.

The key change management principle guiding this work is that EDI is everyone's business – our leaders set the tone and culture, but we all have a role to play. Progressing the EDI agenda requires not only a change in systems and processes, but also cultures and behaviours.

NHS leaders, specifically chairs and chief executives, must lead by example and demonstrate that they are committed to creating an EDI environment for their workforce. Board members should collectively and individually decide what support and development they require to confidently lead this complex and challenging agenda.

We expect **NHS employing organisations** to implement the six high impact actions. They should be confident in explaining to their workforce – especially leaders, HR professionals and line managers – the rationale for this work and what is expected of individuals and teams. Using the repository of good practice, organisations should identify suitable interventions for local implementation, based on local context and conditions. NHS England will support this by collating and disseminating best practice.

Accountability is important for setting clear expectations, coupled with a focus on learning and improvement. NHS England, ICB and provider accountabilities and responsibilities for delivery of the NHS EDI improvement plan follow the principles set out in the NHS Operating Framework and are outlined in the table below. NHS England will provide regulatory accountability and oversight through existing mechanisms, such as the NHS Oversight Framework, and the CQC through the well-led domain of the single assessment framework, which is being refreshed to include a review and assessment of EDI in organisations.

Measurement of progress is critical to guide targeted action. Progress should be measured at organisation and system level to inform delivery, and will be monitored by NHS England to inform the support we provide.

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Accountability framework

Providers	ICSs / ICBs	Regional	National
✓ Delivery of high impact actions and interventions by protected characteristic at trust level. ✓ Measure progress against success metrics consistently within the organisation. ✓ Engagement with staff and system partners to ensure that actions are embedded within the organisation. ✓ Effective system working and delivery to ICS strategies and plans ✓ Compliance with provider licence, Care Quality Commissions standards and professional regulator standards.	✓ Effective system leadership overseeing NHS delivery of EDI improvement plan, ensuring progress toward achievement of high impact actions and Long-Term Plan priorities. ✓ Ensuring delivery of ICB statutory functions of arranging health services for its populations and compliance with statutory duties. ✓ Measure progress against success metrics consistently and coordinate a system view. ✓ Compliance with Care Quality Commissions assessment frameworks.	✓ Primary interaction between national and systems ✓ Translate national policy to fit local circumstances, ensuring local health and workforce inequalities are addressed ✓ Agree 'local strategic priorities' with individual ICSs and provide oversight and support. ✓ Measure progress against success metrics consistently and coordinate a regional view.	✓ Set expectations for equality and inclusion through the NHS EDI improvement plan ✓ With regions, facilitate supportive interventions to implement the high impact actions, improve EDI performance and outcomes ✓ Measure progress against success metrics consistently and coordinate a national view.

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Support from NHS England

We will work alongside systems and organisations to support the delivery of the NHS EDI improvement plan.

A national EDI repository

We will create a repository of good practice on the Future NHS platform to share examples of what is working in the NHS and in other public and private sector organisations. This will help prevent duplication of effort and promote learning. The repository will be continually updated and include:

- case studies from organisations
- practical toolkits and resources
- the latest research and evidence.

A national EDI dashboard

A national dashboard of key EDI metrics is being developed and will be available in the coming weeks by region, within ICBs and within similarly benchmarked trusts. This will enable local organisations and NHS England to monitor progress, identify challenges and assist peer-to-peer learning alongside the EDI repository. It will incorporate relevant education and training metrics, created by Health Education England.

Data

Reliable, consistent and timely data is crucial to effective progress. There are significant differences in the range and quality of data held for the protected characteristics. This is reflected in the sections for each protected characteristic. In 2023/24, NHS England will seek to improve the range and quality of data, working with DHSC and other partners. So, for example, with the addition of a question to the NHS Staff Survey, data is now available on whether staff are internationally trained. In addition, NHS England will seek to develop a new mandated workforce standard on gender identity (gender/sex) and sexual orientation.

Review and Evaluation

Sustained improvement is central to this NHS EDI improvement plan. Trusts and ICBs will want to adopt implementation approaches that include learning. NHS England will evaluate progress, particularly on the high impact actions, in years 2 and 5 of the plan, to understand the plan's impact in transforming culture to engender a sense of belonging in the NHS across the workforce, and what does and does not work to inform changes to our approach.

There is currently a range of EDI information datasets and we intend the dashboard to provide one source of information that both organisations and regulators, such as the CQC, can use to track the impact and outcomes of the NHS EDI improvement plan.

In developing the dashboard, we are conscious that there are limitations on the availability of datasets for certain protected characteristics, such as for transgender colleagues. Furthermore, the declaration rates on the Electronic Staff Record (ESR) for certain characteristics are not a true reflection because the available options, for example, do not reflect that Judaism is a religion and Jewish an ethnic identity. We will continue to work with DHSC and other external stakeholders to harmonise and expand the quality and extent of datasets as we engage with DHSC's Unified Information Standard on Protected Characteristics (UISPC) programme.

We are committed to updating the dashboard with new and refreshed datasets as they become available.

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Intervention by protected characteristic

The interventions in the table below address the negative experiences of staff with individual protected characteristics, as defined in the _Equality Act 2010_. They supplement the intersectional high impact actions and suggest how organisations can go further in specific areas. To inform implementation and prioritisation of their actions, organisations should use robust datasets for each protected characteristic. It is important to note that no person is only one protected characteristic, and so organisations should consider the impact of intersectionality, when implementing these interventions.

The nine protected characteristics as defined in the _Equality Act 2010_ are:

Marriage and civil partnership

Engagement with staff networks informed the decision to combine some protected characteristics who face similar challenges in the workforce. To this end, gender reassignment and sexual orientation are covered together. Similarly, pregnancy and maternity are incorporated into the sex protected characteristic. The following section does not include specific interventions on the protected characteristic of marriage and civil partnership because the available evidence does not currently suggest that there is a need for a national focus on this protected characteristic from a workforce perspective, however this will be kept under review.

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Case for change

Age

As the largest employer in the country, all NHS organisations should create an age inclusive culture which addresses the needs of staff from pre-employment to post–retirement. Discrimination against both younger and older workers has been identified in the application and selection processes[35]. The NHS has an ageing workforce across all professions with over 41% of NHS staff now aged 45 years and over[36]. We must proactively seek to retain the skills, experience and knowledge of NHS staff close to retirement.

Disability

Successive reports of the Workforce Disability Equality Standard (WDES) and NHS Staff Survey show that more must be done to achieve parity of experience and outcomes for staff with a disability, in areas such as bullying and harassment and formal capability processes.

Race

The 2022 WRES data report for NHS trusts provides evidence that race discrimination continues to impact every aspect of the working lives of BME staff. This discrimination has an impact on the long term physical[17] and mental health[18] of our workforce contributing to structural health inequalities[19].

Religion or belief

Religious identity is an often overlooked area in the NHS[37]. Approximately two-thirds of our 1.3 million people working in the NHS declare a religion or belief. NHS Staff Survey data shows that staff from all faiths experience discrimination based on their religion or belief, and this is highest against Muslim and Jewish colleagues[38]. Recent data highlights increasing levels of antisemitism in wider society, as well as discrimination against Sikhs and other faiths, and this is likely to be reflected among NHS staff[39].

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Sex

77% of the NHS workforce are women, so addressing sex discrimination must be a key focus for organisations. The discrimination is multifaceted – bias in recruitment and career progression and contributing to the gender pay gap, under-representation within senior leadership teams, sexual harassment and inflexible working practices – and may deter potential recruits or force talented women to leave the NHS[40].

Elimination of the gender pay gap would bring social economic benefits as would likely lower poverty rates among women and reduce the gender gap in old age pensions. Government's Women's Health Strategy for England reports a strong correlation between the lack of support for, and understanding of, how women's health affects their experience in the workplace including progression, retention and productivity levels.

Pregnancy and maternity

There is a growing evidence that the protected characteristic of pregnancy and maternity is associated with poor employment outcomes and health inequalities, and health-related outcomes may be poorer as a result of pregnancy and maternity. Additionally, in a survey of over 6,000 women and employers, over three-quarters of mothers reported negative or possibly discriminatory practices during pregnancy, maternity and/or on their return to work[41]. Women also experience specific inequalities in relation to the menopause.

It is important to acknowledge that trans, non-binary and intersex staff may also experience inequalities in relation to pregnancy and menopause and may require specific support during these times. The CQC's Maternity Survey reported that trans respondents experienced inequalities, including in to how they were communicated with during labour and birth, their length of hospital stay after giving birth and the information and care they received after leaving hospital[42 43].

The recommended interventions to address this inequity are similar for colleagues of one or both protected characteristics and have been reflected as such in this document.

Gender reassignment and sexual orientation

LGBT+ staff are more likely to face discrimination from their colleagues and patients,[44] and this can have a detrimental impact on their health[45].

The 'plus' within the term LGBT+ acts to include those identities and sexual orientations not specifically referenced. However, we recognise that this group is diverse and their lived experience is varied.

A significant barrier in understanding the experiences of LGBT+ staff is the absence of complete and accurate data. The DHSC Unified Information Standard for Protected Characteristics (UISPC) programme is considering the current data limitation within the ESR with respect to LGBT+ staff declarations. NHS England is working with DHSC and other key stakeholders to expand the workforce data currently available on ESR to make it accurate and representative.

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Tab 10.2 Appendix 1.2 - NHSE EDI Improvement Plan

NHS

NHS equality, diversity, and inclusion improvement plan

10.2

Protected characteristic	Interventions	Corresponding high impact actions
Age	Review recruitment practices to ensure they are fully inclusive of all ages, removing bias and improving accessibility for people wishing to join the NHS for the first time.	2
	Line managers should have meaningful conversations with their teams, to align personal aspirations with job roles and requirements. This should include the option of phasing retirement and exploring alternative work patterns.	2
	Organisations should encourage flexible working as part of local attraction, recruitment, retention and return plans. The plan should embed the NHS Pension Scheme and highlight its value across the career journey, with special focus on flexible retirement for staff in late stage careers.	2
	NHS organisations should work in partnership with local educational institutions and voluntary sector partners to support social mobility by improving recruitment from local communities, and by considering alternative entry routes to the NHS, such as apprenticeships and volunteering.	2, 4
Disability	Demonstrate year-on-year improvement in disability declaration rates so that ESR data is accurate about people with a disability, as measured by the WDES.	ALL
	Promote the visibility of leaders with a disability through effective campaigns alongside providing leadership and career development opportunities tailored to disabled staff, such as the Calibre Leadership programme[46] or Disability Rights UK[47] development programmes. Progress can be measured by tracking the number of disabled staff in leadership roles.	2
	Implement recommendations from the inclusive recruitment and promotion practices programme, and ensure each stage of the recruitment pathway is accessible, does not discriminate and encourages people with disabilities to apply for roles in the NHS. This can be tracked via the WDES, using Trac data.	2
	Commissioners and providers of talent management and career development programmes must ensure that these are fully accessible and inclusive. Progress can be measured by tracking the number of Disabled people in leadership roles.	2
	NHS organisations should take steps to address the disproportionate levels of bullying and harassment experienced by disabled staff. Progress can be measured from NHS Staff Survey results.	6
	NHS organisations should ensure that their reasonable adjustments policy is effectively and efficiently implemented and achieves year-on-year improvement in NHS Staff Survey metrics relating to reasonable adjustments at work.	2,4

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Tab 10.2 Appendix 1.2 - NHSE EDI Improvement Plan

NHS

NHS equality, diversity, and inclusion improvement plan

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Protected characteristic	Interventions	Corresponding high impact actions
Race	Boards should be able to demonstrate their understanding of and progress towards race equality, an essential criterion in job descriptions for board members and all very senior manager (VSM) grades. Appraisals of senior executives will include a focus on EDI, as recommended by the Messenger Review.	1
	Board will use the EDI dashboard to establish internal data driven accountability and scrutinise progress at an organisational, divisional, departmental, occupation, and site level to address under-representation and pay gaps.	2,3
	To tackle race discrimination effectively, Boards must give due consideration to national policies and recommendations from other Arms Lengths Bodies such as the Equality and Human Rights Commission inquiry[48] and General Medical Council[49] In addition, boards must proactively raise awareness of their commitment with patients and public.	1,6
	Boards should ensure concerns raised about race discrimination are dealt with in a proactive, preventative, thorough and timely manner, including encouraging diversity in Freedom to Speak Up Guardians[50].	6
Religion or belief	ESR and qualitative data should be tracked to highlight the experience of people with different faiths or no faith through all stages of the employment journey. For example, NHS organisations can track turnover data by religion to identify and address trends.	ALL
	NHS organisations should review their policies and processes to ensure they are supportive of religious expression in the workplace. This includes access to facilities for prayer, understanding of cultural differences, including religious clothing, and flexibility around religious observances such as the Sabbath and Ramadan.	ALL
	Boards should ensure concerns raised about religious discrimination are dealt with in a proactive, preventative, thorough and timely manner, including by encouraging diversity in Freedom to Speak Up guardians[51].	6

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Tab 10.2 Appendix 1.2 - NHSE EDI Improvement Plan

NHS

NHS equality, diversity, and inclusion improvement plan

10.2

Protected characteristic	Interventions	Corresponding high impact actions
Sex and pregnancy and maternity	NHS organisations to focus on closing the gender pay gap and improving the experiences of the lowest paid people, extending the Mend the gap review recommendations for medical workforce to the wider workforce.	2,3
	NHS organisations should ensure that their flexible working policy is easily accessible and suitable for all their staff; supporting their work–life balance, management of caring responsibilities, health and wellbeing, and enabling continued professional development.	2
	NHS organisations are encouraged to adapt NHS England's policy on menopause awareness as applicable to their local workforce. They should also adopt and implement the Supporting our NHS people through menopause: guidance for line managers and colleagues. This will ensure they fully support colleagues experiencing menopause, maximising their wellbeing and allowing them to work for as long as they wish to contribute.	ALL
Gender reassignment and sexual orientation	Where colleagues feel comfortable, actively encourage LGBT+ staff to self-declare their sexual orientation on ESR and TRAC, emphasising how this can improve the experiences of LGBT+ staff. We recognise that national changes to ESR must be made before trans and non-binary staff are able to do so.	ALL
	Review organisational data for LGBT+ staff across multiple sources such as ESR, TRAC, NHS Staff Survey and local qualitative and quantitative data from LGBT+ staff networks and communities. This will inform the key areas of concern that need to be addressed.	ALL
	Organisations to ensure that diversity training on gender reassignment and sexual orientation is included within mandatory training.	1
	Executive teams within the organisations should actively talk about the benefits of allyship as well as champion and sponsor LGBT+ staff networks. They should also build the concept of allyship into existing and new development programmes .	1
	Organisations to ensure that LGBT+ staff are closely involved in the development and delivery of its LGBT+ training and educational interventions and its health & wellbeing programmes so that these are fully inclusive.	ALL

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Tab 10.2 Appendix 1.2 - NHSE EDI Improvement Plan

NHS

NHS equality, diversity, and inclusion improvement plan

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Conclusion

Our organisations must be more inclusive and our leadership more diverse. We have an obligation to improve the experience of staff so that they feel like they belong. This plan articulates meaningful action to transform the lived experience of our staff and realise the benefits that we know come from greater equality, diversity and inclusion.

There is a wealth of evidence that shows having a diverse workforce and making sure everyone feels part of a team delivers the best care for patients.

It is the job of NHS leaders to ensure we deliver, taking an active role in ending all forms of discrimination, role-modelling inclusive behaviours and creating an environment in which our workforce feel safe and empowered. But everybody has a role to play supporting, encouraging and promoting inclusion.

10.2

Tab 10.2 Appendix 1.2 - NHSE EDI Improvement Plan

NHS

NHS equality, diversity, and inclusion improvement plan

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Tab 10.2 Appendix 1.2 - NHSE EDI Improvement Plan

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NHS equality, diversity, and inclusion improvement plan

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Tab 10.2 Appendix 1.2 - NHSE EDI Improvement Plan

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10.2

Tab 10.3 Appendix 2 - EDI Deep Dive WRES & WDES data

NHS North Bristol NHS Trust

Report To:	Public Trust Board			
Date of Meeting:	28 September 2023			
Report Title:	Equality, Diversity & Inclusion Deep Dive on Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap and Other Workforce Data.			
Report Author:	Caroline Hartley, Associate Director of Culture, Leadership and Development/Sarah Margetts, Deputy Chief People Officer			
Report Sponsor:	Jacqui Marshall, Chief People Officer			
Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances
*If any boxes above are ticked, paper may need to be received in *private.*				
Purpose of the report:	Approval	Discussion	Information	Assurance
		X		
Recommendations:	• Note the key findings from EDI data returns • Discuss the implications of the EDI data			
Report History:	• Workforce Race Equality Standard, Workforce Disability Equality Standard, Gender Pay Gap Reports and Staff Survey from 2022 have all been reported to the EDI committee and SLG over the last 6 months.			
Next Steps:	The EDI workforce data will be reported on the Trust website and publicly reported in line with statutory reporting schedule.			

10.3

Executive Summary
EDI Data Reporting and Progress   The Trust provides annual data returns to NHS England for Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). The Trust must also submit its Gender Pay Gap (GPG) annually to the Equalities and Human Rights Commission. The Trust has an obligation to publish its WRES, WDES and GPG data reports and action plans annually.   The 2022/23 data shows that the Trust has made progress in some areas of its 3-year Equality, Diversity and inclusion (EDI) priorities, first agreed in 2021. However those improvements continue to be small and slower than expected. The 3 EDI priority areas were: • Inclusive Recruitment   • Enhanced Development Opportunities for Staff with Protected Characteristics: • Growing staff Networks

Tab 10.3 Appendix 2 - EDI Deep Dive WRES & WDES data

Areas which continue to be a concern, and where we perform worst, include Board representation and staff disparity at senior levels in the organisation .This is a particular issue in three areas:

- Career progression in clinical roles (lower to middle levels)
- Career progression in clinical roles (lower to upper levels)
- Career progression in non-clinical roles (lower to upper levels)

Of concern also are the staff survey results which still show that a disproportionate number of our BA.ME and disabled staff are reporting discriminatory treatment, lack of equity and bullying and harassment. This is reported as occurring by both other staff and managers.

Finally, our Gender Pay Gap data tells us that overall we still have a pay gap in favour of men, although the data, workforce profile and reasons underpinning this gap need to be analysed and understood. Appendix 1 gives a breakdown of our WRES, WDES and Gender Pay Gap data.

The review of this data and its implications have guided us in determining the four priorities of our new, draft EDI Plan.

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:	N/A	
Financial implications:	N/A	
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	Not required Please refer to the 'Equality Impact Assessment Form' at the following link: https://link.nbt.nhs.uk/Interact/Pages/Content/Document.aspx?id=9760	
Appendices:	Appendix 1: NBT's 2022-23 EDI data reports: WRES, WDES, GPG	

10.3

1. Purpose

1.1 The purpose of this paper is to share details of NBT's 2022-23 EDI data reporting and give the Board a clear understanding of our areas of progress and challenge, which will inform our actions going forward.

Page **2** of **6**

Tab 10.3 Appendix 2 - EDI Deep Dive WRES & WDES data

NHS North Bristol NHS Trust

2.   Background

2.1   The Trust provides annual data returns to NHS England (NHSE) for Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and on Gender Pay Gap (GPG) to the Equalities and Human Rights Commission. The Trust has an obligation to publish WRES, WDES & GPG data reports and action plans every year.

2.2   NBT adopted its EDI Strategy "*Valuing You"* in August 2019 and the current EDI Priorities, KPIs, and Action Plan were adopted in 2021, for a three-year period. it was informed by various annual data returns. NBT linked its EDI work and action plans to the national NHS People Plan, Integrated Care Board (ICB) priorities and our local Trust level People Strategy. The 2021 priorities now need to be refreshed into a 2023-2025 EDI Plan, taking into account 2022-23 data and performance, our Patient First Strategy *'Proud to Belong'* and the newly released NHSE EDI Improvement Plan with its 6 high impact areas.

3. EDI Workforce data 2022- 23 *(see Appendix 1)*

3.1   **WRES data: Summary**

Overall, the WRES data for 2022-2023 isn't significantly different from previous annual returns over the last 3 years and since introduced in 2015. In a few areas there have been some improvements but in most there are no improvements.

3.2   There has been an actual increase of B.A.ME staff both by headcount and in percentage, but this appears to be solely due to increased international recruitment of healthcare professionals. It is therefore critical to build on the BNSSG ICB Inclusive Recruitment Review and Project and to implement our own fairer recruitment programme under the Patient First Commitment to our Community work. This will ensure continued and proactive actions are taken to support inclusive and fairer recruitment, talent development and the improvement of staffs' lived experiences while at work. The appropriate use of positive action under the Equality Act 2010 is a significant mechanism to address under-representation in the workforce and improve retention.

10.3

3.3   **WRES data: Key Headlines:**
- 22.86 % (2244) of staff self-identify as Black, Asian & Minority Ethnic (B.A.ME), which is around a 3% increase on 2021-2022 workforce data.
- The increase of just over 5% over 2 years is almost wholly due to increased international recruits.
- 24.4% clinical staff self-identify as B.A.ME and for non-clinical staff it is 18.74%. This is an increase across both groups.
- B.A.ME staff continue to mostly be represented within Bands 2 – 5 at over 72%.

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Tab 10.3 Appendix 2 - EDI Deep Dive WRES & WDES data

NHS
North Bristol
NHS Trust

- There is a clear tapering down of AfC B.A.ME staff after Band 5 for all staff groups but particularly for clinical staff.
- For medical staff at both non-consultant career grade and consultant level, the proportion ranges between 21% to 25% but consultants are only 20% (the same as last year.)
- The relative likelihood of B.A.M.E staff entering formal disciplinaries at NBT has seen an improvement since last year and on the previous year.
- The indicators relating to National Staff Survey results continue to show differentials in B.A.ME staff (worse than national average) in most of the WRES related questions.
- Since only 40% of B.A.ME staff at NBT completed the staff survey compared to an organisational total of 51%, this level of differential is worrying.
- In particular, there has been a worsening position year on year at NBT on B.A.M.E staff believing the organisation provides equal opportunities for career progression or promotion.
- 17% of B.A.ME staff strongly stated they experienced discrimination at work from their manager/team leader or other colleagues, almost 3 times higher than 6.5% for white staff and now just slightly lower than the national average.

3.4. **WDES data: Summary** *(see appendix 1)*

There continues to be slow progress regarding disability equality.

3.5 2.55% of NBT staff identified as disabled, an increase from the previous year rate of 1.79% but 23% of staff have not identified themselves at all and their disability status is still unknown. Disabled staff are now able to identify their impairments on their staff employee records. Although they can only select one category this information will still be valuable in helping us target our support for individual disabled impairment groups.

10.3

3.6 Improvements should follow with the Trust's Fairer Recruitment Programme, the Patient First strategic priority of Commitment to the Community and the development of Trust-wide talent development programmes. The support of our Staff Networks, and the appropriate use of positive action under the Equality Act 2010 is a significant mechanism to address under-representation in the workforce and improve retention.

3.7 **WDES data: Key Headlines**
- Non-clinical directorate's disabled staff range from 2.15% (Facilities) to 4.53% (Corporates); clinical division's range is from 1.3% (Medicine) to 3.61% (Neurosciences & Musculoskeletal).
- The relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff at NBT is 2.45 which is a continuing improvement against the previous two years figures of 5.08 and 7.09.

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Tab 10.3 Appendix 2 - EDI Deep Dive WRES & WDES data

NHS North Bristol NHS Trust

- Staff Survey results for NBT continued to show significant negative differentials for disabled staff, but the Trust figures are broadly in line with the national figures for disabled staff.
- Disabled staff reporting harassment at work from colleagues is more than 10% higher than for non-disabled staff.
- A significantly lower proportion of disabled staff (31.4%) feel that this organisation values their work, compared to non-disabled staff at 44.1%
- The proportion of disabled staff who have felt pressure from their manager to come to work continues to be higher for disabled staff at NBT (26.2%), compared to 18.4 % for non-disabled staff. Both figures have improved and this is still lower than the national average for both groups.
- The overall score for staff engagement amongst disabled staff at NBT is 6.4, which is below that of non-disabled staff at 7.0 but in line with the national average 6.4.

3.8 **Gender Pay Gap and other Gender Workforce data: Summary**

NBT operates within the reality that the health and social care workforce are predominantly women. Women (females) make up just above 75% (7396) of the Trust's workforce compared with Men (males) 25% (2443), broadly in line with the Trust's figure over several years and the national NHS workforce data.

3.9 Our 2023 NBT Gender Pay Gap (GPG) report shows that the average mean hourly rate for male staff is 18.91% (£4.40) more than the average rate paid to female staff. The average median hourly rate only differs by 0.62% (£0.11). Our average is now slightly lower than the health and social care average of 20.8% reported in November 2022.

3.10 The GPG is mainly impacted by workforce representation by gender within the medical workforce, the impact of Clinical Excellence Awards and a lower number of women Consultants.

10.3

3.11 In most Bands below 8a, (excluding Band 2) and including 8c, women make up the majority of staff workforce and have a resulting mean average positive Gender Pay Gap (GPG) hourly rate of between £0.02 to £3.41 over men.

3.12 In Bands 2,and above 8a (excluding 8d) and medical staff groups, men outnumber women, so the average mean GPG in favour of men ranges from £0.03 to £10.47.

3.13 In most staff groups except medics, women are on average paid 3.25% more per hour.

3.14 The ongoing gender pay gap data and gender workforce data at NBT needs to be reviewed regularly, to identify potential causes for the disparity and to work towards reducing the differing gaps between men and women, both in the workforce and in pay.

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

Tab 10.3 Appendix 2 - EDI Deep Dive WRES & WDES data

4. **Summary and Recommendations**

The Trust Board is asked to:

- **Note** the key findings from relevant data returns
- Agree publication of key data publicly and on the Trust website
- Comment on the deep dive presentation of EDI data and performance

10.3

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Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

APPENDIX 1: EDI DEEP DIVE DATA:

2022/23 WRES, WDES, Gender Pay Gap

10.4

Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

Workforce Race Equality Standards

(WRES) 2022/2023

10.4

NBTCARES

Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

NBT Workforce composition 2022/2023

Workforce Race Equality Standard

Financial Year	White Head Count	White %	BAME Head Count	BAME %	Unknown/ Not Stated Head Count	Unknown/ Not Stated %	NBT Total
2021	7597	79.31%	1642	17.14%	340	3.55%	9579
2022	7264	76.12%	1872	19.62%	407	4.26%	9543
2023	7052	71.84%	2244	22.86%	520	5.30%	9816

Table: ALL NBT Staff by Ethnicity Grouping, Head Count & Percentage – 2021, 2022& 2023.

NBT Staff by Ethnicity Grouping
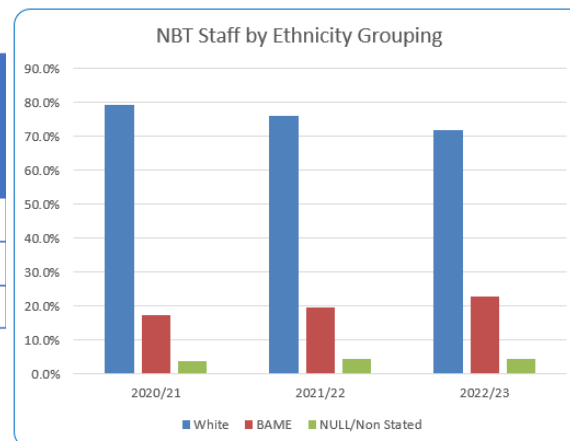
Chart: ALL NBT Staff by Ethnicity Grouping, Head Count & Percentage – 2021, 2022& 2023.

International Recruitment

Staff composition at NBT of those **B.A.ME** is **22.86%** and White staff is 71.84%, however the unknown category has increased by almost 2%
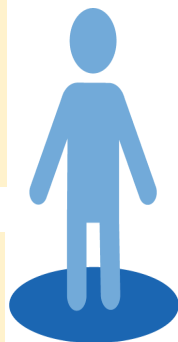
An increase of 3.24% or 372 headcount in the proportion of B.A.ME staff over 1 year,

For new recruits in year up to 31 March 2023, **81.52%** of International recruits are identified as B.A.ME staff, however only **23.36%** of local/UK recruited staff are B.A.ME .

The biggest proportion of newly recruited NBT B.A.ME staff come are international recruits.

This suggests our numbers of **B.A.ME** staff from the local population is not **increasing**

2022/23

Recruitment Source	BAME	White	Unknown/ Not Stated	Total
International	81.52%	6.52%	11.96%	100.00%
Local/ UK	23.36%	63.11%	13.52%	100.00%
Unknown	25.98%	34.65%	39.37%	100.00%
Total	**26.53%**	**59.09%**	**14.38%**	**100.00%**

Table: NBT New Starters – Ethnicity Category as % of Recruitment Source – 2022/23

All data is for the NBT position as 31 March 2023, unless otherwise stated. All permanent, fixed term contract and non-executive director level staff are included.

NBTCARES

10.4

Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

Workforce B.A.ME Data Summary

NHS North Bristol NHS Trust

Bands	% of BAME Staff	BAME % of that Banding/ Staff Group	BAME % all staff	Total NBT BAME %	All staff Headcount	BAME Staff Headcount	Banding Headcount	BAME staff at Banding Headcount	All Staff % at Banding
Lower Band 5 & Lower	72.30%	29.08%	16.53%	22.86%	9816	2244	5581	1623	56.85%
Medium Band 6 & 7	14.80%	13.34%	3.40%	22.86%	9816	2244	2504	334	25.91%
Upper Band 8a>	1.65%	6.97%	0.38%	22.86%	9816	2244	531	37	5.41%
Medical staff	11%	20.83%	2.55%	22.86%	9816	2244	1200	250	12.22%
Clinical	77.67%	24.40%	17.75%	22.86%	9816	2244	7143	1743	72.77%
Non-Clinical	22.33%	18.74%	5.10%	22.86%	9816	2244	2673	501	27.23%
Bands 8a & 8b	1.47%	7.99%	0.34%	22.86%	9816	2244	413	33	4.21%
Bands >8c and above	0.18%	3.39%	0.04%	22.86%	9816	2244	118	4	1.20%

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NBTCARES

Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

Medical WRES Appointment Disparity

	White	Black	Asian	Other	Not known	Total
Number of applicants	274	305	891	383	112	1965
Number shortlisted	123	11	77	46	83	340
% Shortlisted	45%	4%	8%	12%	74%	17%
Number appointed	51	4	20	8	72	155
% Appointed	41%	36%	25%	17%	86%	45%
Disparity Ratios		1.3	1.63	2.5		

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NBTCARES

Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

Key Findings WRES indicators 2022/ 2023

Workforce Race Equality Standard

NHS
North Bristol
NHS Trust

% number of staff in NHS trust by ethnicity
Indicator 1

Likelihood of appointment
Indicator 2

Formal disciplinary
Indicator 3

Non-mandatory training and CPD
Indicator 4

Harassment & Bullying from patients, relatives or public
Indicator 5

Though there has been **an increase of 3.24% or 372 headcount for staff from B.A.ME backgrounds**., B.A.ME staff still remain under-represented in medium and upper bands, compared to their proportion within the Trust, 72.3% of B.A.ME staff are within lower bands (Bad 5 and below)

The disparity ratio for B.A.ME staff being appointed from shortlisting is currently **1.71,** this has worsened from our baseline set at1.46 in 2021 (though improved to 1.33 in 2022) and well below our target of 1.20

B.A.ME staff entering into a formal disciplinary process compared to white staff in 2022/23 **is 1.48%,** a slight decrease from 1.49% in 2021/22.
18% of HR recorded cases involve B.A.ME colleagues compared to last year's rate of 25%. The reduction is despite an increase of the number people recorded as going through HR disciplinary processes

The data shows that B.A.ME staff are accessing non-mandatory training (CPD) at a slightly better rate of **23.59**% compared to their proportion in the workforce (22.86) and white staff are 71.225 compared to their proportion in the workforce (71.84%). Our target is 25%

25.9% of NBT **B.A.ME** staff experience this compared to the national average of **30.8%**

Ethnicity Category	2018	2019	2020	2021	2022
White – NBT	26.6%	27.3%	26.3%	27.8%	27.4%
BAME – NBT	24.7%	26.5%	25.1%	25.0%	25.9%
White – National Average	27.1%	27.7%	25.4%	26.5%	26.9%
BAME – National Average	28.8%	29.5%	28.0%	28.8%	30.8%

Table: Percentage of Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months 2018-2022

*Please note, the Assure HR case system is not a reliable data source for HR cases as not all the divisions consistently use it.

NBTCARES

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Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

Key Findings WRES indicators 2022/ 2023
Workforce Race Equality Standard

Harassment & Bullying from staff
Indicator 6

23.5% NBT B.A.ME Staff experience this compared to the **national average of 28.8%** and **21.6%** of white staff at NBT

Ethnicity Category	2018	2019	2020	2021	2022
White – NBT	25.1%	24.0%	21.9%	22.3%	21.6%
BAME – NBT	26.9%	24.6%	25.7%	25.1%	23.5%
White – National Average	25.0%	24.4%	24.4%	23.6%	23.3%
BAME – National Average	28.7%	28.4%	29.1%	28.5%	28.8%

Table: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months 2018-2022

Staff believing equal opportunities for career progression or promotion
Indicator 7

41.8% of NBT **B.A.ME staff** believe this compared to the **national average of 47%** in 2022. and **57.1%** of white staff at NBT

Ethnicity Category	2018	2019	2020	2021	2022
White – NBT	56.7%	60.9%	59.2%	58.7%	57.1%
BAME – NBT	37.6%	42.3%	41.2%	40.5%	41.8%
White – National Average	59.0%	60.0%	59.4%	58.6%	58.6%
BAME – National Average	46.4%	46.6%	45.2%	44.6%	47.0%

Table: Percentage of staff believing the Trust provides equal opportunities for career progression or promotion 2018-2022

Discrimination at work from a manager
Indicator 8

17% of NBT **B.A.ME staff** experience this compared to **6%** of NBT **White staff** in 2022.

Ethnicity Category	2018	2019	2020	2021	2022
White – NBT	6.3%	5.7%	5.9%	6.4%	6.0%
BAME – NBT	17.1%	12.0%	17.6%	16.2%	17.0%
White – National Average	6.3%	5.9%	6.1%	6.7%	6.5%
BAME – National Average	14.6%	14.1%	16.8%	17.3%	17.3%

Table: Percentage of staff personally experiencing discrimination at work from a manager 2018-2022

Board representation
Indicator 9

1 Board member identified themselves B.A.ME in March 2022, as of March 2023 there were **2** B.A.ME Board members (Executive or Non-Executive)

Board Ethnicity	Non-voting	Voting	Total
BAME	0	2	2
Not Stated	0	0	0
White	3	10	13
Total	3	12	15

Key Info taken   ESR/ Staff Survey

NBTCARES

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Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

In summary....

NHS
North Bristol
NHS Trust

- Disparity in recruitment for B.A.ME staff has worsened significantly from 1.33 to **1.71.**

- There are also disparity ratios in consultant recruitment.

- In addition over the last 2 years any increase in the proportion of B.A.ME workforce appears to be mainly from international recruitment.

- There has been a slight improvement in disciplinary rate to **1.48** ; the rate has been decreasing over the last 2 years

- It should be noted that B.A. ME staff state they experience discrimination from managers **almost 3x more** compared to white staff within the Trust.

- Although harassment and bullying from patients to B.A.ME staff has worsened by just under 1%, it is below that reported by white staff

- In both cases our local data is better than the national average

Discrimination at work from a manager
Indicator 8

17% of NBT **BAME staff** experience this compared to **6%** of NBT **White staff** in 2022.

NBTCARES

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Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

Workforce Disability Equality Standards

(WDES) 2022/2023

10.4

Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

NBT Workforce composition 2022/2023

Workforce Disability Equality Standard

NBT Profile

Financial Year	Disabled Head Count	Disabled %	Non Disabled Head Count	Non Disabled %	Unknown Head Count	Unknown %	Head Count Total
2021	171	1.79%	6995	73.02%	2413	25.19%	9579
2022	233	2.44%	7097	74.37%	2213	23.19%	9543
2023	250	2.55%	7342	74.80%	2224	22.66%	9816

Table: All NBT staff by disability category 2020/21 & 2021/22

Proportion of Staff in Band 8b or Higher by Disability Category – March 2023

	Yes	No	Not declared/ Prefer not to answer
Clinical	1.88%	74.94%	23.18%
Below Band 7	2.07%	77.17%	20.76%
Band 7 & 8a	1.50%	70.33%	28.17%
8b or Higher	1.03%	70.10%	28.87%
Medical & Dental / Non AFC	1.49%	70.23%	28.28%
Non-Clinical	4.34%	74.41%	21.25%
Below Band 7	4.51%	73.23%	22.26%
Band 7 & 8a	3.32%	79.70%	16.97%
8b or Higher	3.28%	84.43%	12.30%
Medical & Dental / Non AFC	6.25%	75.00%	18.75%
Total	**2.55%**	**74.80%**	**22.65%**

Table: Proportion of NBT Staff in Band 8b or Higher by Disability Category – March 2023

NBT Staff by Disability Category

Chart: All NBT staff by disability category 2021, 2022 & 2023

Staff composition at NBT of **Disabled staff is 2.55%** compared to 74,8% staff identifying as non-disabled, this is a 0.75% increase over 2 years

2.5 % decrease in the proportion of staff where their disability status is unknown from 25% in 2021 to 22% in 2023.
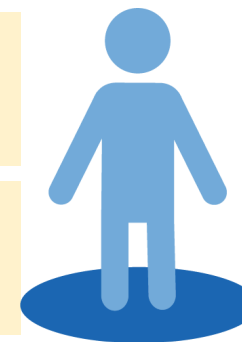
All data is for the NBT position as of 31 March 2023, unless otherwise stated. All permanent, fixed term contract and non-executive director level staff are included. Agency, bank and locum staff are not included.

NBTCARES

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Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

WDES Result update 2022/2023

Workforce **Disability** Equality Standard

NHS North Bristol NHS Trust

% Disabled staff in AfC bands 8a and above
Indicator 1

Likelihood of appointment
Indicator 2

Formal capability
Indicator 3

Staff engagement score
Indicator 9

Board Representative of disabled staff
Indicator 10

There was an overall increase between 2022 and 2023 in staff identifying as disabled , including bands 2,3,5,6,7,8d, consultants and non-executive directors. However, there were notable **declines across Band 8 overall** in last 12 months.

People who **declare as disabled are 1.15 less likely to be appointed after short-listing,** compared to the everyone else (those who say 'no disability' and 'not stated'). However slight improvement from last year's rate of 1.18%.

Disabled staff are more likely to enter formal capability process at 2.45 on average compared to non-disabled staff. Improved since previous years figure of 5.08.

Disabled staff engagement is 6.4 compared to 7 for non-disabled staff and is slight decrease from the previous year but is equal to the national average

1 disabled member is on the Trust Board and has voting rights out of 15 Board members in total.

Pay Band	2022			Pay Band	2023		
	Disabled %	Non Disabled %	Unknown %		Disabled %	Non Disabled %	Unknown %
Band 8a	1.17%	64.84%	33.98%	Band 8a	1.01%	67.57%	31.42%
Band 8b	3.92%	78.43%	17.65%	Band 8b	2.56%	77.78%	19.66%
Band 8c	0.00%	76.00%	24.00%	Band 8c	0.00%	78.00%	22.00%
Band 8d	0.00%	85.19%	14.81%	Band 8d	3.33%	86.67%	10.00%
Band 9	5.88%	64.71%	29.41%	Band 9	4.55%	68.18%	27.27%

Disability Status	Shortlisted	Appointed	% Appointed
No	5626	1484	26.38%
Unknown/Not Stated	505	337	66.73%
Yes	456	104	22.81%
Total	6587	1925	29.22%

Table: Number and Percentage of Staff appointed after shortlisting by disability status – 2022/23

	Disabled	Non-Disabled	Unknown / Not Stated	Grand Total
Employees Entering Performance Assessment	1	12	2.5	15.5
NBT Staff Total	250	7342	2224	9816
Percentage of Staff Total in Performance Assessment	0.40%	0.16%	0.11%	0.16%

Table: Number and Percentage of Staff in formal capability process– Average of 2021/22 & 2022/23

Disability Category	2019	2020	2021	2022
Staff with a LTC/ Illness - NBT	6.8	6.8	6.5	6.4
Staff without a LTC/Illness - NBT	7.2	7.2	7.0	7.0
Staff with a LTC/ Illness - National Average	6.7	6.7	6.4	6.4
Staff without a LTC/Illness - National Average	7.1	7.1	7.0	6.9

Table: Staff Engagement Score (0-10) Average Score by Disability Category

Disability Category	Non-voting	Voting	Board Total
Disabled	0	1	1
Non Disabled	2	8	10
Not Declared/ Prefer not to Answer	1	3	4
Grand Total	3	12	15

Table: NBT Board Members by disability category and voting rights – 31 March 2023

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Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

WDES Result update 2022/2023

Workforce Disability Equality Standard

NHS North Bristol NHS Trust

% of staff experiencing **harassment bullying**, **or abuse** from **patients, relatives or members of the public** in the last 12 months
Indicator four ai

34.8% of Disabled Staff are experiencing this compared to staff with non-disabled staff at 24.8%, this is almost 2% worse than national average

% of staff who experienced **bullying, harassment or abuse at work from managers** in the last 12 months
Indicator 10

13.4% of Disabled Staff are experiencing this compared to non-disabled staff at 7.8%. NBT is almost **4% better** than the national average

% of staff experiencing **harassment bullying**, or abuse from other **colleagues** in the last 12 months
Indicator four aii

26.3% of Disabled Staff are experiencing this compared to non-disabled staff at 15.7%, NBT's position is slightly better than national average

% staff who experienced bullying - they or a colleague **reported i**t
Indicator 4b

47.6% of Disabled Staff are reporting this, compared to non-disabled staff at 48.3%, NBT is slightly **better 0.8%** than national average

a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

i. Patients/Service users, their relatives or other members of the public

Disability Category	2019	2020	2021	2022
Staff with a LTC/ Illness - NBT	32.4%	33.2%	32.7%	34.8%
Staff without a LTC/Illness - NBT	26.1%	24.5%	25.8%	24.8%
Staff with a LTC/ Illness - National Average	33.2%	30.9%	32.4%	33.0%
Staff without a LTC/Illness - National Average	26.5%	24.5%	25.2%	26.2%

Table: staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public.

ii. Managers

Disability Category	2019	2020	2021	2022
Staff with a LTC/ Illness - NBT	16.8%	15.9%	13.9%	13.4%
Staff without a LTC/Illness - NBT	9.3%	8.4%	8.3%	7.8%
Staff with a LTC/ Illness - National Average	18.4%	19.3%	18.0%	17.1%
Staff without a LTC/Illness - National Average	10.8%	10.8%	9.8%	9.9%

Table: staff experiencing harassment, bullying or abuse from Managers.

iii. Other colleagues

Disability Category	2019	2020	2021	2022
Staff with a LTC/ Illness - NBT	28.3%	27.4%	27.1%	26.3%
Staff without a LTC/Illness - NBT	17.1%	15.2%	15.4%	15.7%
Staff with a LTC/ Illness - National Average	27.7%	26.9%	26.6%	26.9%
Staff without a LTC/Illness - National Average	17.5%	17.8%	17.1%	17.7%

Table: staff experiencing harassment, bullying or abuse from other colleagues.

Disability Category	2019	2020	2021	2022
Staff with a LTC/ Illness - NBT	46.3%	48.1%	43.5%	47.6%
Staff without a LTC/Illness - NBT	45.0%	46.7%	42.5%	48.3%
Staff with a LTC/ Illness - National Average	46.9%	47.0%	47.0%	48.4%
Staff without a LTC/Illness - National Average	46.1%	45.8%	46.2%	47.3%

Table: staff who experienced harassment, bullying or abuse from other colleagues and reported it.

NBTCARES

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Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

WDES Result update 2022/2023

Workforce Disability Equality Standard

NHS
North Bristol
NHS Trust

% of staff satisfied that their organisation values their work
Indicator five

31.4% of Disabled Staff at NBT are **satisfied** that their **organisation values their work** compared with non-disabled staff at 44.1%. This is almost **1% better** than national average

Disability Category	2019	2020	2021	2022
Staff with a LTC/ Illness - NBT	39.0%	38.6%	30.0%	31.4%
Staff without a LTC/Illness - NBT	49.1%	49.2%	43.4%	44.1%
Staff with a LTC/ Illness - National Average	38.1%	37.4%	32.6%	32.5%
Staff without a LTC/Illness - National Average	49.9%	49.3%	43.3%	43.6%

Table: Metric 7 Satisfaction with the extent to which their organisation values their work

% of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
Indicator six

26.2% of Disabled Staff felt pressure to come **to work while unwell** compared to non-disabled staff at 18.4%. NBT is almost **4% better** than the national average

Disability Category	2019	2020	2021	2022
Staff with a LTC/ Illness - NBT	29.6%	29.8%	27.2%	26.2%
Staff without a LTC/Illness - NBT	19.3%	21.7%	21.0%	18.4%
Staff with a LTC/ Illness - National Average	32.7%	33.0%	32.2%	30.0%
Staff without a LTC/Illness - National Average	21.8%	23.4%	23.7%	20.8%

Table: Metric 6 Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

% of staff believing the Trust has equal opportunities for career development and promotion
Indicator seven

52.4% of Disabled Staff believe the Trust provides **equal opportunities** for career progression compared to non-disabled staff at 54.4%.

Disability Category	2019	2020	2021	2022
Staff with a LTC/ Illness - NBT	56.0%	52.6%	51.6%	52.4%
Staff without a LTC/Illness - NBT	58.4%	57.3%	57.1%	54.4%
Staff with a LTC/ Illness - National Average	51.9%	51.6%	51.4%	51.4%
Staff without a LTC/Illness - National Average	58.4%	57.4%	56.8%	57.3%

Table: Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion

% disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
Indicator eight

72.9% of Disabled Staff say reasonable adjustments were made at NBT, which is **1% better t**han national average

Disability Category	2019	2020	2021	2022
Staff with a LTC/ Illness - NBT	75.8%	78.1%	71.1%	72.9%
Staff with a LTC/ Illness - National Average	73.3%	75.5%	70.9%	71.8%

Table: Metric 8 Adequate Adjustments for disabled staff NBT & National

Key Info taken from: ESR Staff Survey

NBTCARES

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Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

In summary....

NHS
North Bristol
NHS Trust

- The number of staff declaring both as disabled and non-disabled staff at NBT has increased over the last 2 years and the proportion unknown has decreased.

- Concerning points to note: that those who do **declare as disabled are slightly less likely to be appointed to a job after shortlisting**

- That disabled staff are significantly more **likely to be bullied and harassed by other staff and managers.**

- Another point to consider is that disabled staff at NBT report feeling pressured to come to work while unwell and not feeling valued for their contributions at work.

Likelihood of appointment
Indicator 2

People who **declare disability are less likely to be appointed** compared to the everyone else (those who say 'no disability' and 'not stated'). However slight improvement from last year at 1.15%.

Disability Status	Shortlisted	Appointed	% Appointed
No	5626	1484	26.38%
Unknown/Not Stated	505	337	66.73%
Yes	456	104	22.81%
Total	6587	1925	29.22%

Table: Number and Percentage of Staff appointed after shortlisting by disability status – 2022/23

NBTCARES

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Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

Gender Pay Gap Report 2022/23

NBTCARES

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Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

Gender Pay Gap Summary

NHS North Bristol NHS Trust

Pay
Male vs Female

The gender pay gap is the difference in average hourly earnings between men and women. This is different to pay inequality, which compares the wages of men and women doing the same job.

This gender pay gap is largely because far more of the Trust's highly paid doctors and other medical staff are men rather than women, as is the case across the NHS

At NBT, the average hourly pay rate of male employees is **23.33% higher** than the average hourly rate it pays its female employees.

This is higher than the wider health care sector pay gap which was reported as 20.8% in November 2022 (Office of National Statistics (ONS) Annual Survey of Hours and Earnings).

In the past 10 years the proportion of female medical staff at the Trust has **increased from 39% to 49%:**

- ✓ rise in female consultants from 25% to 41%.
- ✓ of the Trust's other employees, including nursing, midwifery, scientific, therapeutic, technical, administrative and ancillary staff, **women are on average paid 3.25% more per hour.**
- ✓ The Trust's Executive Team, as of 31 March 2023 was made up of **3 women** and **5 men**, including a female Chief Executive Officer.

Gender Pay Gap legislation now requires all employers of 250 or more employees to publish their gender pay gap data as at 31 March 2022.

NBTCARES

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Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

NBT Gender profile

The **gender pay gap** shows the difference in average pay of all men and the average pay of all women employed by the Trust.

Equal pay is in relation to pay differences between men and women who carry out the same job for different pay, which is unlawful.

Each grade has a set of pay points for annual progression. The longer period of time that someone has been in a grade the higher their salary is likely to be irrespective of their gender.

Gender Profile

Female	Male
74.87%	25.13%

➤ All pay gap percentages in this report are calculated based on the mean or median pay by gender for the relevant category. The data included in this report is for all permanent and fixed-term contract NBT staff. It also includes any NBT-Extra (ba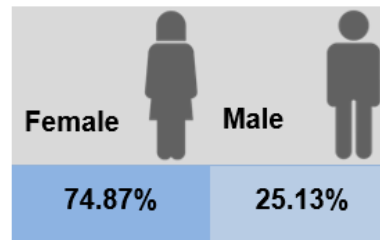nk) staff who were engaged for an assignment on the snapshot date of 31 March 2023 The gender pay gap shows the difference in average pay of all men and the average pay of all women employed by the Trust

The Trust's executive team, as of 31 March 2023 was made up of three women and five men, including a female chief executive.

NBTCARES

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Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

Gender split pay gap by quartiles

GPG (Ordinary Pay)

NHS
North Bristol
NHS Trust

> All staff irrespective of gender have been ordered based on average hourly rate of pay and then separated into four quartiles.

> The **lower quartile represents the lowest salaries** in the Trust and the **upper quartile represents the highest salaries**.

The table below shows the split of males and females in each quartile. If medical staff are removed from the calculation all quartiles change, with the proportion of females to males in quartile four changing the most to 80.39% and 19.61% respectively. This shows the impact of medical staff on the overall Trust profile. The Trust employs more women than men in every other quartile.

	Female	Male	Pay Gap	% Gap
Mean	£18.88	£23.28	£ 4.40	18.91%
Median	£17.13	£17.24	£ 0.11	0.62%

The gender pay gap shown in the table above is for all staff in the Trust including medical staff. For **non-medical staff, the mean gender pay gap is -3.25% and median gap is 0.26%.**

The medical workforce has a higher proportion of male staff, particularly at consultant level, which leads to the positive percentage gap.

This is particularly reflected in the mean gender pay gap which can be influenced by small numbers of staff such as the medical staff.

The table above shows the 2022-23 mean and median figures for NBT **female and male staff,** the **mean gap was £4.40 (23.33%)** and the **median gap was £0.11 (0.63%)** in favour of male staff.

Quartile	Female	Male
1	73.86%	26.14%
2	76.73%	23.27%
3	82.49%	17.51%
4	66.33%	33.67%

The above figures exclude the Clinical Excellence Awards payments that are paid to eligible medical staff.

NBTCARES

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Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

Clinical Excellence Awards

NHS North Bristol NHS Trust

Since 2020 LCEAs have been distributed equally amongst all eligible consultants. The below calculations are for local CEA's paid to medical staff in 2022/23, these figures include award recipients from previous years who are receiving payments over several years.

➢ The mean gap is **£2,058.87 (21.51%)** and the median gap was £0.00 (0%), this is an improved mean figures from 2021/2022 £2,861.78 (24.20%) , the gender pay gap for CEA has reduced by almost 3 % within one year.

The reported pay gap is contributed to re-current pre-2018 awards. Equal distribution in the past three years will have reduced the pay gap, however the percentage of eligible male consultants is greater than female which will impact the representation of pay gap data.

	Female	Male
% of Eligible Consultants receiving Local CEA in 2022/2023	40.28%	59.72%

The figures above are for local CEA's awarded in 2022/23. The Local CEA's are administered within the Trust on an annual basis. In the 2022/2023 round **21.21% of female consultants received an award and 29.04% of male consultants received a local award**, both of these were higher figures for 2021/2022 of 23.81% female and 30% male.

	Female	Male	Pay Gap	% Gap
Mean	£7,513.70	£9,572.57	£2,058.87	21.51%
Median	£5,098.73	£5,098.73	£0.00	0%

NBTCARES

10.4

Tab 10.4 Appendix 2.1 - NBT's 2022-23 EDI data reports: WRES, WDES, GPG

Pay Gap by band

NHS North Bristol NHS Trust
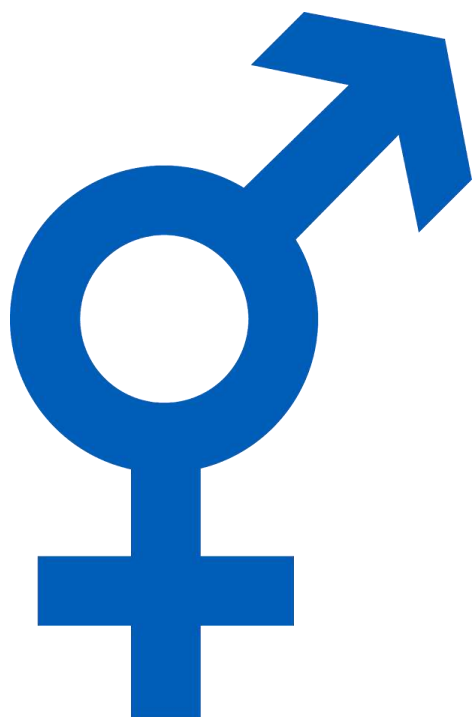
On a mean average, women earn more in these pay bands than men

	Band 4	Band 5	Band 6	Band 7	Band 8b	Band 8c	Band 9
Gap Per Hour	-£0.02	-£0.98	-£0.67	-£0.32	-£1.14	-£3.41	-£0.49
%	-0.14%	-5.60%	-3.35%	-1.36%	-3.76%	-9.49%	-0.94%

On a mean average, men earn more in these pay bands than women

	Band 2	Band 3	Band 8a	Band 8d	Medical & Dental/Non AFC
Gap Per Hour	£0.29	£0.11	£0.03	£1.26	£10.47
%	2.40%	0.89%	0.13%	3.01%	37.31%

NBTCARES

10.4

Tab 11 Quality Committee Upward Report (Information)

NHS North Bristol NHS Trust

Report To:	Public Trust Board
Date of Meeting:	28 September 2023
Report Title:	Quality Committee Upward Report
Report Author:	Aimee Jordan, Senior Corporate Governance Officer & Policy Manager Xavier Bell, Director of Corporate Governance & Trust Secretary
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 October 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 7 September 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	
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	

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Tab 11 Quality Committee Upward Report (Information)

NHS
North Bristol
NHS Trust

1. Purpose

1.1 To provide a highlight of the key assurances received, items discussed, and items for the attention of the Trust Board from the Quality Committee (QC) meeting held on 7 September 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 7 September 2023

3.1 Annual Safeguarding Reports (Adult & Children)
The Committee received the Integrated Safeguarding Team Annual Report for 2022/23 and reviewed the safeguarding activity across all ages within the Trust and wider system. The annual report will be separately presented to the Trust Board in line with guidance from the National Quality Board.

The Committee discussed the ongoing work to provide a range of information available to staff to keep them up-to-date with safeguarding practices outside of the mandatory training. The Committee received assurance that there had been significant improvement in training compliance across all safeguarding subjects.

The Committee noted the improved governance and clearer reporting systems to securitise data and drive improvement. The Committee also recognised the enhanced collaboration and joint working proposals with UHBW and the ongoing work to share information with the Integrated Care Board (ICB) and other healthcare providers and networks across the South West.

The Committee received reassurance that the Trust was providing the same quality of safeguarding for all patients with protected characteristics and noted the improvements to training (to include unconscious bias) and the policies and guidelines. Additionally, the ongoing work to gather data on Equality, Diversity and Inclusion (EDI) indicators to ensure the correct representation of EDI safeguarding was noted.

3.2 Independent Assurance Review – Oliver McGowan
The Committee were joined by the Associate Chief Nursing Officer for Mental Health, Learning Difficulties & Neurodiversity, who presented an update on the "Assurance Review of the implementation of recommendations following the independent review of the LeDeR process for Oliver Thomas McGowan".

Discussion focused on the independent assurance report findings and the Trust's commitment to:
- work with the Provider Network for system improvements and work to improve outcomes for patients with Learning Disability and Autistic People.
- work in partnership with system partners reporting progress to the Mental Health, Learning Disability and Autism Health and Care Improvement Group
- work in partnership with system partners in the LeDeR Governance meetings and processes

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Tab 11 Quality Committee Upward Report (Information)

The Committee noted that over 4,500 staff members have completed the Oliver McGowan training.

3.3 BNSSG LeDeR Annual Report

The Committee received the BNSSG Learning from Deaths Review (LeDer) Annual report which detailed the findings, the identified learning and the actions undertaken to improve practice and address health inequalities for people with learning disabilities and autistic people.

The Committee welcomed the report and noted the actions taken to address themes identified in the last financial year and the ongoing work to improve outcomes, experience, the gaps in health inequalities and access for patients in this population group.

The Committee were informed of the cancer improvement collaborative project which aimed to improve the cancer experience for patients with mental health and learning difficulties. It was agreed that the outcome of the project would be shared with the Committee next year.

3.4 Maternity

The Committee were joined by the Divisional Operations Director WACH and the Head of Midwifery for the discussion on the Maternity items.

3.4.1 Saving Babies Lives Care Bundle

The Saving Babies Lives Care Bundle escalation paper which detailed the need to implement it by March 2024 as part of the Three Year Delivery Plan for Maternity and Neonatal Services.

Discussion focused on the following key areas:
- The nine out of 73 intervention actions where the Trust was not yet compliant.
- The risks and mitigations towards meeting a position of compliance.
- The impact of the risks outlined within the SBL escalation paper on the compliance standards for the Maternity Incentive Scheme (MIS) Year 5.
- The addition of a single Saving Babies Lives Compliance Risk onto the Trust Risk Register detailing risks that the key objectives set out in SBLCB and MIS Year 5 would not be met.

It was agreed that an update on the ultrasound capacity modelling would be received at the next Committee meeting.

3.4.2 PQSM Q1 Report (inc. PMRT Q1 Report)

The Perinatal Quality Surveillance Matrix (PQSM) report was presented which detailed the perinatal safety intelligence.

The Committee received reassurance that all perinatal mortality cases had been reviewed using the Perinatal Mortality Review (PMRT) and all aspects of care had been graded as A (no issues with care identified). Additionally, the importance of Avoiding Term Admissions Into Neonatal Units (ATAIN) data was discussed and it was noted that no cases had been deemed to be avoidable following the review.

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Tab 11 Quality Committee Upward Report (Information)

The Committee discussed the ongoing workforce challenges/pressures (which were being reflected in the Divisional risk register) and the ongoing work to mitigate the risks through recruitment, improving staff turnover and increasing the staff pipeline.

3.5 **Quality Strategy 2020-24**
The Committee were joined by the Director of Quality Governance who presented the Quality Strategy 2020-24 paper which detailed that the strategy was outdated and had primarily been superseded by;
- The NBT Trust Strategy (inc. Patient First 'triangle'),
- Clinical Strategy 2023-2028
- Patient & Carer Experience Strategy 2023-2026; and the
- Patient Safety Incident Response Plan 2021-2023 (shortly to be refreshed).

The Committee approved the withdrawal of the legacy Quality Strategy 2020-24.

3.6 **CQC Assurance**
The Committee received an update which covered:
- The Trust's ongoing engagement with CQC inspectors, that continued to be positive through quarterly executive engagement meetings and discussions on key subject areas (such as ambulance handovers, maternity service progress and recent Surgical Never Events).
- The update on the new CQC regime implementation and timeline – including planned implementation of the CQC Portal and new Quality Statements.
- The Trust's agreed approach to accelerate the preparation for forthcoming inspections.
- Assurance for the core service self-assessments undertaken through the monthly review process.

Discussion was focused on the need to review the detail of the CQC preparation and agreed that it would become a standing agenda item. Additionally, the need to formally review the outcome of the Coroner's inquest was recognised and it was agreed that a deep dive would be brought to a future meeting prior to going to the Trust Board for a wider discussion.

3.7 **Risk Report (Quality and Patient Safety) and relevant BAF Risks**
The Committee received Trust Level Risks (TLRs) across its areas of responsibility, including patient safety and patient experience risks, and the Board Assurance Framework (BAF) risks across the Committee's areas of responsibility.

The Committee received assurance that new and emerging TLRs were being actively managed.

The Committee received an update on the transfer of the resistant depression service and were reassured that this had been escalated to the system Chief Medical Officer and Chief Executive to request support to expedite the transfer and any associated financial arrangements, and that this was being actively monitored at Executive level.

The Committee queried the new TLR linked to ensuring a psychologically safe theatre environment for staff, and received reassurance that plans were in place to understand staff member's concerns and take appropriate action.

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Tab 11 Quality Committee Upward Report (Information)

The Committee also discussed the wider pressure of ongoing workforce challenges, industrial action, and the pressure to achieve the 103% national activity target, and how this might impact patient care. The Committee requested that an assurance update be brought to the next Committee meeting.

3.8 **Other items:**
The Committee also received the following items for information:
- Sub-committee upward report(s):
  - Drugs & Therapeutics Committee
  - Control of Infection Committee
  - Patient Safety & Clinical Risk Committee
  - Clinical Effectiveness & Audit Committee
- Quality Committee forward work-plan 2023/24

4. Identification of new risks & items for escalation
4.1 The risk regarding the pressure of workforce challenge and achieving the 103% national activity target.

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.

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Tab 12 Safeguarding Annual Reports 2022-23 (Information)

Report To:	Public Trust Board			
Date of Meeting:	28 September 2023			
Report Title:	Safeguarding Committee Annual Report			
Report Author:	Sue Bourne, Associate Director of Safeguarding Claire Foster, Head of Safeguarding			
Report Sponsor:	Steve Hams, Chief Nursing 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	**X**	
Recommendations:	Trust Board is asked to note the annual report and discuss the annual safeguarding activity			
Report History:	The report was presented to Quality Committee on 7 September 2023.			
Next Steps:	The Integrated Safeguarding Team have planned the next steps and service improvements from an operational and strategic view against the Trust Values and Strategy. Detail within report.			

Executive Summary
North Bristol NHS Trust has a responsibility to protect patients, staff, and carers of all ages, including any children of patients, when they become aware of a concern or harm that may impact an adult or child's welfare.
It has a duty towards adults at risk of abuse or neglect due to their needs for care and support (Care Act 2014), and to safeguard and promote the welfare of children (Children Act 2004), which includes protecting them from maltreatment or impairment of development and supporting them to grow up in circumstances consistent with safe and effective care (Working Together 2018); and to ensure a framework for responding to safeguarding concerns for adults and children during all stages of pregnancy and birth.
The Trust is committed to ensuring full engagement within the complex safeguarding agenda. Safeguarding advice, guidance, training, supervision, and support is available to all staff across the NBT system and wider safeguarding partnerships within Bristol, North Somerset, and South Gloucestershire (BNSSG) (an Integrated Care System from July 2022).
The COVID-19 pandemic continued throughout 2022/23 however the Integrated Safeguarding Team (IST) remained visible, ensuring timely support to all Trust staff, and highlighted where early help may prevent harm and support better outcomes for patients and their families.
The impact of the pandemic has increasingly heightened awareness of the importance of the 'Think Family' approach to safeguarding. Many people have been adversely affected by the pandemic which will continue to impact their health, welfare, and the development of children for some time to come.

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Tab 12 Safeguarding Annual Reports 2022-23 (Information)

NHS North Bristol NHS Trust

Key improvements over the year include:

- Improved governance and clearer reporting systems developed. The service is now able to scrutinise data and information and identify a detailed picture of safeguarding activity across the Trust. This allows for improved oversight and opportunities to drive improvements.

- There was a significant increase in training compliance in all safeguarding subjects, as demonstrated in the trajectory in table 6, particularly level 3 Safeguarding Adults, following a sustained and targeted Trust wide drive. Figures at the time of report were 89% compliance overall which is an incredible achievement and is testimony to the consistent sustained commitment of NBT staff to engage in the safeguarding agenda.

- Significant period of upskilling of our previously adult-focused safeguarding practitioners into competent, highly skilled all-age professionals to truly reflect an integrated approach to safeguarding across the Trust.

- Improved relationships and working practices with our Local Authority Safeguarding partners, allowing for a more creative and co-ordinated approach to statutory processes under Section 42 (Care Act) and discharge challenges related to safeguarding, resulting in a reduction of barriers and clearer understanding of each other's roles and limitations.

- As with the national picture, safeguarding statutory processes have increased and we have met this challenge, engaging in all processes and sharing and learning from SARs (Safeguarding Adult Reviews), DHRs (Domestic Homicide Review) and CSPRs (Child Safeguarding Practice Reviews) across the Trust and BNSSG safeguarding footprint.

- Creation and implementation of smarter working practices utilising the new electronic patient records systems and our Single Point of Contact (SPOC) model. Good clear governance and assurance processes.

- Full compliance with statutory processes and the NHS England Safeguarding Accountability and Assurance Framework (SAAF 2022), with engagement in the safeguarding agenda from the most senior members of the Trust.

- The Integrated Safeguarding Team have a clear 3–5-year direction of travel and strategy for service improvement, alongside our statutory and mandatory accountabilities, and mapped against the Trust strategy values. These improvements follow the wider safeguarding Boards and Partnerships (all ages) where possible or appropriate.

- There are enhanced collaboration and joint working proposals with UHBW to ensure consistent standards and a sustainable service.

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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*	

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Tab 12 Safeguarding Annual Reports 2022-23 (Information)

Link to BAF or Trust Level Risks:	The report content contains overview of risks managed and identified and actions taken to mitigate.
Financial implications:	No financial implications.
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	*No* The subject of the report is a positive example of inclusion, recognition and respect of diversity and there are no barriers to equality. The paper has no identifiable protected characteristics that are not presented or demonstrated as inclusive.
Appendices:	Appendix 1 - Safeguarding Annual Report 2022-23

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Tab 12.1 Appendix 1 - Safeguarding Annual Report 2022-23

Integrated Safeguarding Team (IST) Annual Report 2022 to 2023

12.1

Authors:

Susan Bourne (Associate Director of Safeguarding/Named Professional for Adult Safeguarding, Position of Trust Lead, MCA, and PREVENT Lead)

Claire Foster (Head of Integrated Safeguarding/Named Nurse for Safeguarding Children, FGM, Children in Care Lead)

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Tab 12.1 Appendix 1 - Safeguarding Annual Report 2022-23

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Tab 12.1 Appendix 1 - Safeguarding Annual Report 2022-23

NHS
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Executive Summary

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The Trust is committed to ensuring full engagement within the complex safeguarding agenda. Safeguarding advice, guidance, training, supervision, and support is available to all staff across the NBT system and wider safeguarding partnerships within Bristol, North Somerset, and South Gloucestershire (BNSSG) (an Integrated Care System from July 2022).

The COVID-19 pandemic continued throughout 2022/23 however the Integrated Safeguarding Team (IST) remained visible, ensuring timely support to all Trust staff, and highlighted where early help may prevent harm and support better outcomes for patients and their families.

The impact of the pandemic has increasingly heightened awareness of the importance of the 'Think Family' approach to safeguarding. Many people have been adversely affected by the pandemic which will continue to impact their health, welfare, and the development of children for some time to come.

Key improvements over the year include:

- Improved governance and clearer reporting systems developed. The service is now able to scrutinise data and information and identify a detailed picture of safeguarding activity across the Trust. This allows for improved oversight and opportunities to drive improvements.

- There was a significant increase in training compliance in all safeguarding subjects, as demonstrated in the trajectory in table 6, particularly level 3 Safeguarding Adults, following a sustained and targeted Trust wide drive. Figures at the time of report were 89% compliance overall which is an incredible achievement and is testimony to the consistent sustained commitment of NBT staff to engage in the safeguarding agenda.

- Significant period of upskilling of our previously adult-focused safeguarding practitioners into competent, highly skilled all-age professionals to truly reflect an integrated approach to safeguarding across the Trust.

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Tab 12.1 Appendix 1 - Safeguarding Annual Report 2022-23

- As with the national picture, safeguarding statutory processes have increased and we have met this challenge, engaging in all processes and sharing and learning from SARs (Safeguarding Adult Reviews), DHRs (Domestic Homicide Review) and CSPRs (Child Safeguarding Practice Reviews) across the Trust and BNSSG safeguarding footprint.

- Creation and implementation of smarter working practices utilising the new electronic patient records systems and our Single Point of Contact (SPOC) model. Good clear governance and assurance processes.

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- The Integrated Safeguarding Team have a clear 3–5-year direction of travel and strategy for service improvement, alongside our statutory and mandatory accountabilities, and mapped against the Trust strategy values. These improvements follow the wider safeguarding Boards and Partnerships (all ages) where possible or appropriate.

- There are enhanced collaboration and joint working proposals with UHBW to ensure consistent standards and a sustainable service.

Main Report

1.0 Purpose

The purpose of this report is to supply an accurate reflection of safeguarding activity over the previous financial year. The report highlights the good practice, quality improvement initiatives and outlines future planning based on the North Bristol NHS Trust values and Trust Strategy.

It also provides information for the Executive and Non-Executive Trust Board members around its statutory and mandatory responsibilities and duties. This report covers the period between 1st April 2022 and 31st March 2023.

2.0 Operational Activity

The national and local picture has continued to reflect increased activity when safeguarding children and adults from abuse, harm, and neglect, affecting all services including across BNSSG.

12.1

2.1 National Picture

- There were an estimated 541,535 concerns of adult abuse raised, an increase of 9% on the previous year, which is slightly above the average annual growth rate per year for the previous four years (8% per year on average from 2016-17).

- The number of enquiries that commenced under Section 42 of the Care Act 2014 during the year increased by 6% to an estimated 161,925, following a similar decrease the previous year, and involved 129,685 individuals.

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Tab 12.1 Appendix 1 - Safeguarding Annual Report 2022-23

- The number of 'other' safeguarding enquiries, which did not meet the statutory Section 42 criteria but where local authorities use other powers to make enquiries, was 22,590.

- The most common type of risk in Section 42 enquiries was Neglect and Acts of Omission, which accounted for 31% of risks, and the most common location of the risk was the person's own home at 48%.

- In 91% of concluded Section 42 enquiries where a risk was identified, the reported outcome was that the risk was reduced or removed.

- National data on children assessed as at risk of significant harm gives a picture of increasing need with referrals to children's services at 650,270 an 8.8% increase on the previous year.

- Numbers of children on Child Protection Plans increased by 1.8% and Children in Care increased by 2% on previous years[1].

- Thematic data clearly shows that domestic abuse effecting a parent and parental mental health needs are the most prevalent concerns services are reporting and this is reflected in NBT's data on safeguarding children concerns and referrals. This highlights the importance of the Think Family approach when working with adult patients[2].

The increasing safeguarding activity year on year, nationally, correlates with the increasing picture across the safeguarding system and the Trust. The NBT Integrated Safeguarding Team has experienced an increase in safeguarding activity year on year both in volume and complexity. The reported national outcomes where 91% of adult enquiries resulted in the removal or reduction of risk, shows the effectiveness of our collaborative safeguarding processes in protecting the most vulnerable in society and preventing abuse or neglect. The publication of the national review into the deaths of Star Hobson and Arthur Labinjo-Hughes[3] triggered a system redesign for child safeguarding practice and focused attention on the value of highly skilled safeguarding practitioners in supporting organisations to identify and respond to both emerging needs and complex child protection issues.

Ref: NHS Digital Safeguarding Adults Collection (SAC) 2022

Modern slavery

All businesses and public bodies have a responsibility to eliminate modern slavery in their supply chains. More than 21,000 organisations have now uploaded statements to the Government's registry of modern slavery statements on GOV.UK since its launch on 11 March 2021 (Home Office).

Human trafficking, labour exploitation, criminal exploitation, sexual exploitation, and domestic servitude fall under the umbrella term 'modern slavery.' Due to the hidden nature of this crime, it is only possible to estimate potential victims referred to the

12.1

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[1] *Data for children is published in October for the previous financial year*

[2] *NHS Digital Safeguarding Adults Collection (SAC) 2022 & Characteristics of children in need 2022 (.gov.uk).*

[3] National review into the murders of Arthur Labinjo-Hughes and Star Hobson - GOV.UK (www.gov.uk)

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National Referral Mechanism (NRM) (ONS 2021).

Throughout the period of the Covid-19 pandemic, the number of potential victims increased year on year assumed to be due to the associated restrictions of the pandemic. Referral rates are likely to have been influenced by several factors, including lockdown measures within the UK meaning potential victims were less likely to interact with first responders, as well as reduced travel to the UK.

There was a slight decrease in adult referrals from 5,852 to 5,087 however referrals for child victims increased from 4,547 to 4,946.

There is no such thing as a typical victim of modern slavery, victims can be adults who are exploited for labour or whose accommodation is being used for cuckooing, trafficking or sexual exploitation, young people experiencing grooming or being used for drug trafficking or children being trafficked or sexually abused. Anyone can be affected regardless of their age, gender, nationality, or income. The risk is significantly raised however when the person is vulnerable or experiencing poverty.

The Keeping Bristol Safe Partnership, of which the NBT Integrated Safeguarding Team are an active partner, are committed to working collaboratively with colleagues from Unseen UK, Avon & Somerset Police, The Salvation Army and Crimestoppers to help eradicate modern slavery across Bristol and the wider partnership.

PREVENT Duty

Section 26 of the Counter terrorism and Security Act 2015 (the Act) places a duty on certain bodies ("specified authorities" listed in Schedule 6 to the Act), in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". This guidance is issued under section 29 of the Act. The Act states that the authorities subject to the provisions must have regard to this guidance when carrying out the duty (Gov.uk 2023).

The 2011 Prevent strategy has three specific strategic objectives:

- respond to the ideological challenge of terrorism and the threat we face from those who promote it

- prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support

- work with sectors and institutions where there are risks of radicalisation that we need to address.

- Since the introduction of the Prevent Duty in 2015, over 3,800 referrals have been supported through the Channel Programme. "Channel aims to move individuals away from violent ideologies that could have resulted in harm to themselves or others." (Home Office 2023) 6,406 referrals to Prevent were made in the year ending on 31 March 2022.

- This is an increase of 30% compared to the year ending March 2021 (4,915), likely to have been driven by the associated impacts of lifting the public health restrictions that were in place to control the spread of the coronavirus (COVID-19).

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Tab 12.1 Appendix 1 - Safeguarding Annual Report 2022-23

- 65% were categorised as holding Islamist-extremist views, 28% were categorised as holding Extreme Right-Wing ideologies, and the remaining 8% were categorised as holding beliefs related to other ideologies. These figures include both those that had been convicted and those being held on remand (that is, held in custody until a later date when a trial or sentencing hearing will take place) (Home Office 2023).

The NBT Integrated Safeguarding Team have an identified PREVENT lead and are compliant with the Safeguarding Accountability and Assurance Framework (SAAF) 2021 requirements around Prevent duty, in addition to being compliant with the NHS Prevent training and competencies framework (DHSC (Department of Health and Social Care) 2022).

2.2 North Bristol NHS Trust

North Bristol NHS Trust (NBT) is committed to continuing to meet the increasing demands of the complex safeguarding agenda visibly and transparently.

As we move away from the priorities of the Covid-19 pandemic and start to become more engaged and invested in Integrated Care System (ICS) working, our priorities have been developed with collaboration and partnership in mind, whilst ensuring we as an acute hospital NHS Trust, maintain our identity and independent voice within the wider safeguarding system, and meet our individual statutory and mandatory operational accountabilities.

The pandemic heightened awareness of the importance of 'Think Family,' and this all-age approach has become the cornerstone of our annual safeguarding strategy.

Table 1 below demonstrates the integrated safeguarding team annual activity and contacts throughout the period of 2022-23.
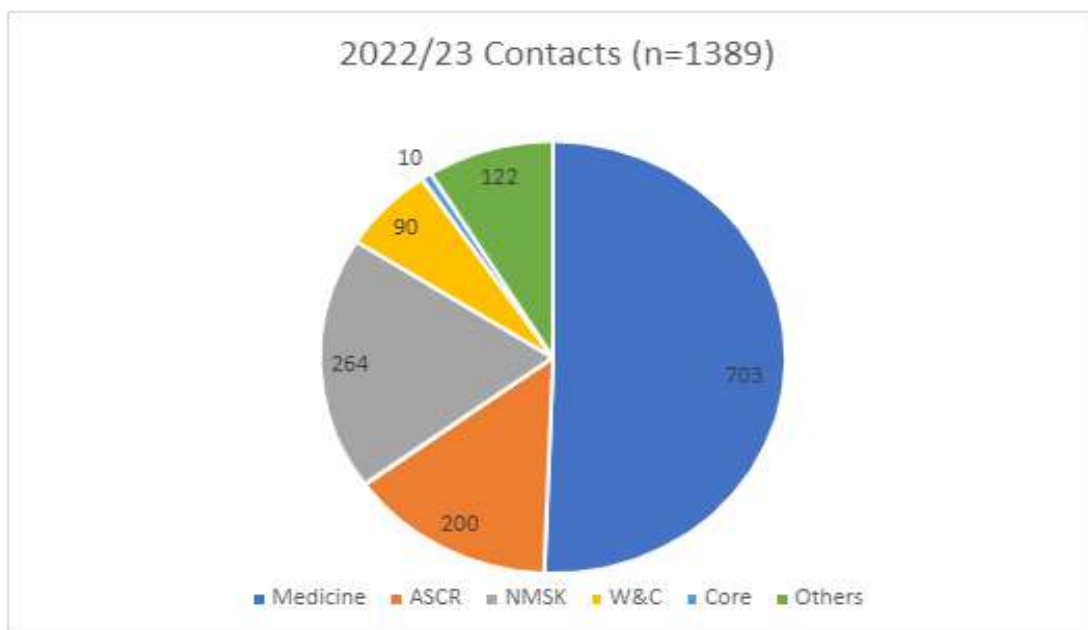
Table 1 NBT safeguarding team activity

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Tab 12.1 Appendix 1 - Safeguarding Annual Report 2022-23

There were 1389 initial contacts made with the safeguarding team throughout this reporting period. The figures alone do not reflect the increase in complexity which is also reflected nationally and only capture the data. Improved governance system reporting has led to improved data capture and allows for deeper analysis of Trust-wide activity. These figures are the first contact made with the team for advice, support and guidance and exclude input into statutory reviews, statutory meetings, and liaison with stakeholders, mandatory/statutory or bespoke training, supervision, and ongoing intervention with complex cases where indicated. These contact figures also exclude the Dols contacts which are reflected later in the report, so therefore there is no means of directly making a comparison to the previous year's report:

Table 2 represents the contacts made over the year by quarter and by division. As reflected and as expected there was a significant increase in activity across both ASCR (Anaesthesia, Surgery, Critical Care and Renal) and medicine throughout the last two quarters, likely related to winter pressures and pressure around discharge.
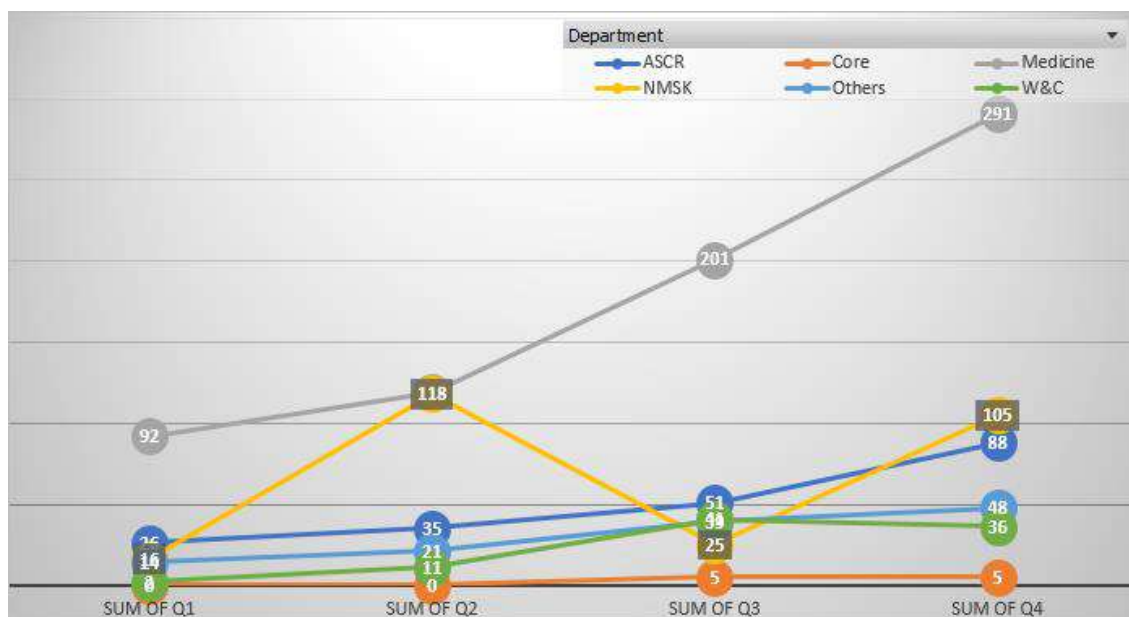
Table 2 Contacts by quarter and division

There has demonstrably been an increase in confidence across the Divisions in identifying safeguarding and reporting to the team, following targeted training and supervision. Non-safeguarding contacts have gradually reduced over the year.

Further to the activity above NBT has two additional routes for staff to discuss safeguarding children concerns and gain support in completing referrals to children's services from skilled safeguarding practitioners. These are through the Emergency Department for unscheduled care attendances overseen by the Head of Safeguarding who holds the statutory role of Named Nurse for Safeguarding Children, and through maternity for concerns relating to the unborn/newborn and their siblings overseen by the Named Midwife. Numeric and thematic data is gathered relating to concerns and, where known, the outcome of each referral.

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Tab 12.1 Appendix 1 - Safeguarding Annual Report 2022-23

In 2022/23 there were 1136 referrals sent to local authorities for support for children and families.

Table 2a Shows these by local authority for the child, with most of our activity supporting residents of Bristol and South Gloucestershire

Child Referrals
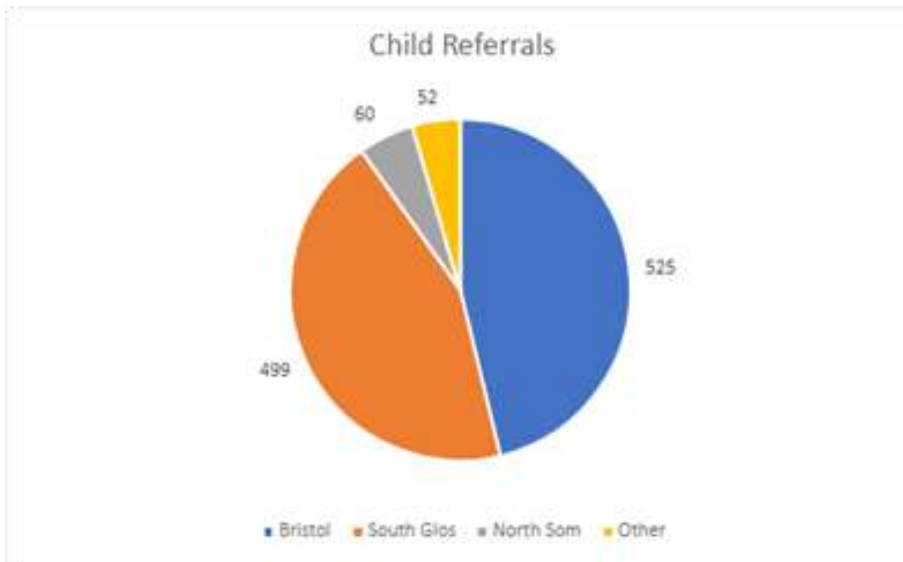
As mentioned above the thematic data gathered supports the safeguarding service in understanding the prevalence of concerns across the trust. For safeguarding children concerns parental mental health and domestic abuse are regularly reported for support and onward referral.

Table 2b shows the trust wide thematic data for the year

Child Safeguarding Themes

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Tab 12.1 Appendix 1 - Safeguarding Annual Report 2022-23
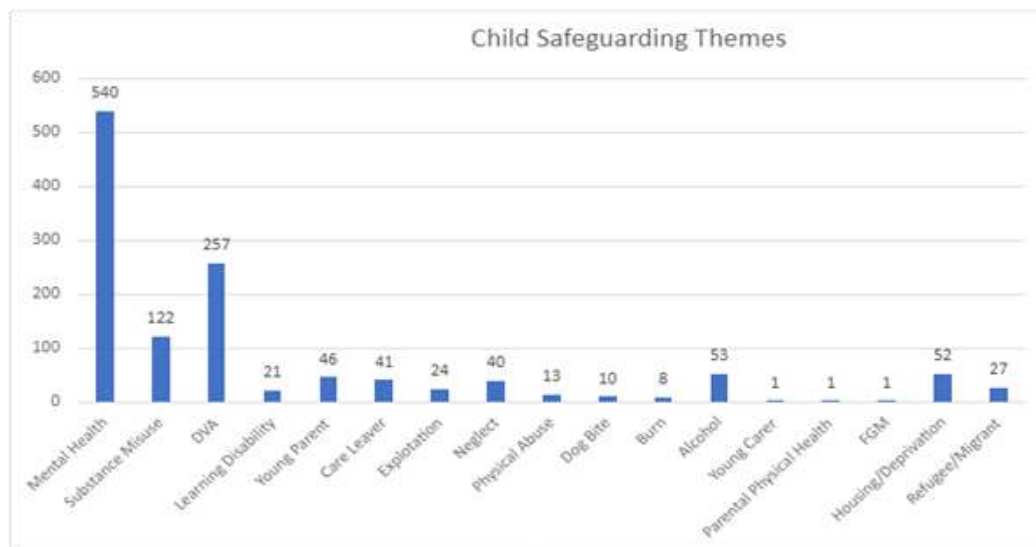
2.3 Statutory Enquiries

Within adult safeguarding practice, the categories of harm or neglect are divided between those experienced within the hospital and those occurring in the community. This harm or neglect can be identified by anyone and is not limited to Trust staff.

The role of the safeguarding team is to review each contact and support or advise the relevant division around their duties related to the concern. The team will also consider whether this meets the criteria for referral to the Local Authority under Section 42 of the Care Act (2014) for adults.

There were 130 referrals to the Local Authority for community harm or neglect for an adult made during this reporting period. This is an increase of 51 from the previous year, the lowest point being in the summer months of Quarter 2. This correlates with previous and national patterns however this is a significant increase and reflects the growing challenges in community settings.

Sadly, there has also been a significant increase in statutory enquiries under Section 42 of the Care Act (2014) against North Bristol NHS Trust. Total Section 42 enquiries raised was 29 in 2022/23, 21 against NBT. This is an increase of 13 against the Trust from the previous year:

Table 3: Section 42 Statutory Enquiries including against NBT 2022/23

Table 3

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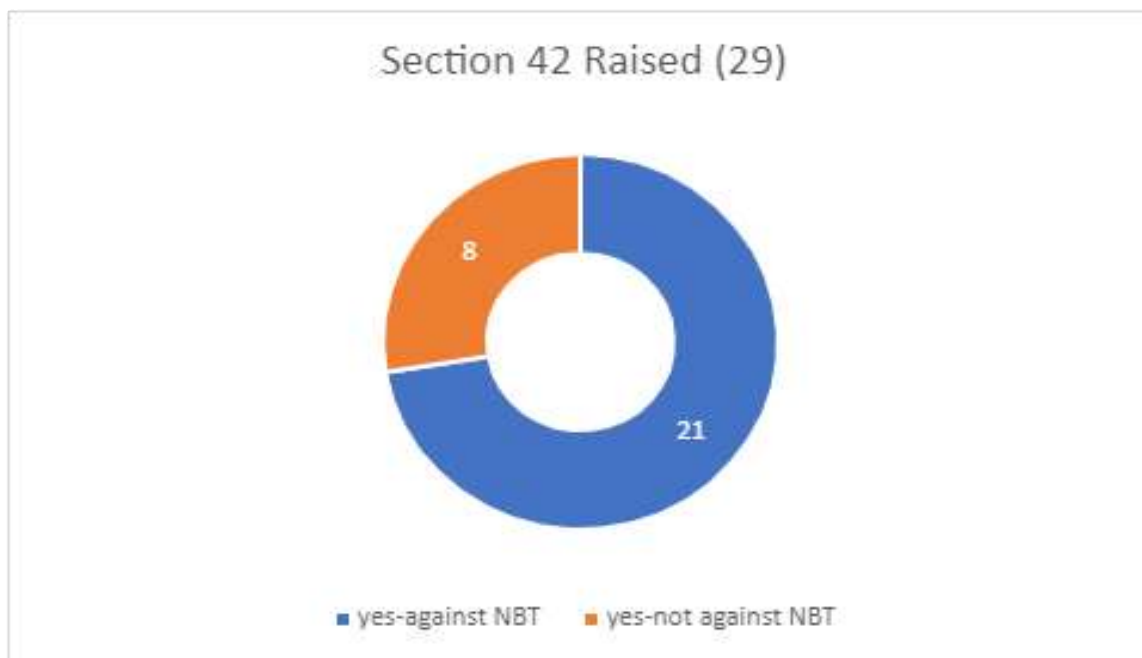
Tab 12.1 Appendix 1 - Safeguarding Annual Report 2022-23

Specific safeguarding themes are broken down in **Table 4** below:

Section 42 Themes
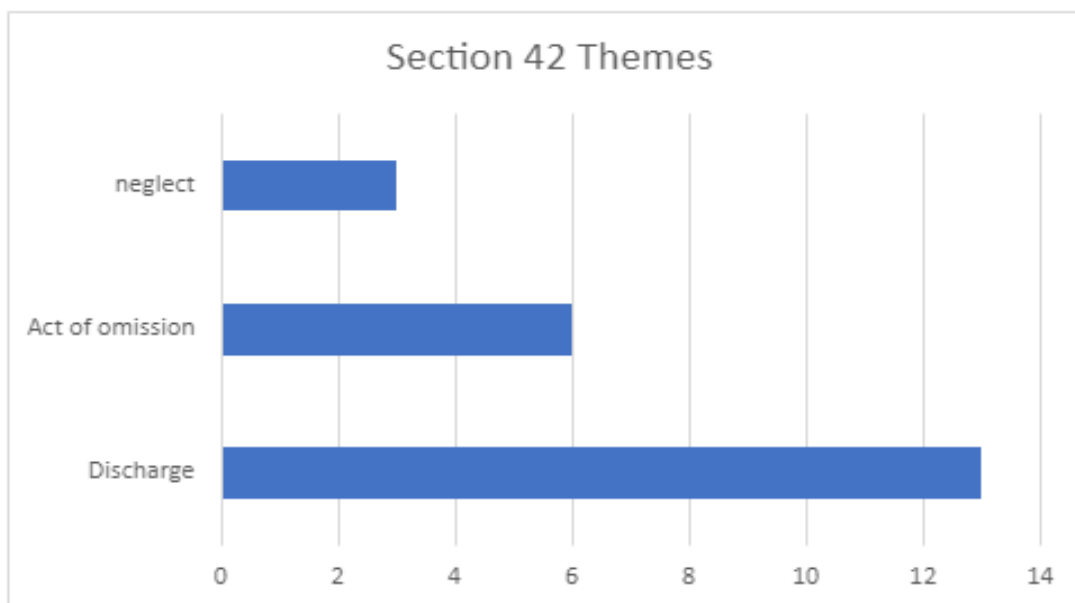
Table 4

Concerns around hospital acquired harm or neglect are reported to the safeguarding team and discussed in the Safeguarding Committee for review and identification/dissemination of lessons learned. All hospital acquired safeguarding events are escalated through the clinical divisions and monitored through Trust governance processes.

In addition to the above, the safeguarding team work closely with the tissue viability specialist team to review all community and hospital attributable pressure injuries graded at a 3, 4 and unstageable. We have a duty to consider criteria for a safeguarding enquiry under Section 42 of the Care Act (2014) during the review period and work in conjunction with the specialist team to ascertain whether criteria for referral have been met. The Trust has a robust review mechanism in place and the NBT safeguarding team have continued to work closely with the Local Authority to help their understanding NHS processes around tissue viability harm reviews, to support them with thresholds from a safeguarding perspective.

Under the Mental Capacity Act (2005), staff must ensure that patients that are unable to consent to being accommodated in hospital for care and treatment are lawfully deprived of their liberty. This is through the Deprivation of Liberty Safeguards (Dols) process. The number of Dols applications have remained comparable to last year and are recorded in **Table 5** below by month and quarter:

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DOLS (Deprivation of Liberty Safeguards) Referrals 2022/23		
Month	**No. of referrals**	
22-Apr	102	Q1: 325
22-May	116	
22-Jun	107	
22-Jul	101	Q2: 297
22-Aug	103	
22-Sep	93	
22-Oct	110	Q3: 275
22-Nov	87	
22-Dec	78	
23-Jan	108	Q4: 284
23-Feb	92	
23-Mar	84	
Total	**1181**	

Table 5 Dols referrals.

3.0. Statutory and mandatory training

The monitoring of mandatory safeguarding training uptake across the workforce is captured electronically on the LEARN system. All staff, volunteers, Board members and contractors need to complete adult and children safeguarding training pertinent to their roles and responsibilities. Those who hold clinical responsibilities are also required to have Mental Capacity Act (including Dols) training.

The figures reported in **Table 6** are measured against the Quality Contract for the 2022/23 period which reached an incredibly positive 86% overall compliance for all safeguarding training subjects across the Trust up to end of March 2023.

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Training Compliance 2022/23

	Sum of Q1	Sum of Q2	Sum of Q3	Sum of Q4
Safeguarding Adults - Level 1	88	85	86	89
Safeguarding Children Level 1	86	85	86	88
Safeguarding Children Level 3	84	85	85	88
Safeguarding Adults - Level 2	83	81	82	86
Safeguarding Children Level 2	81	79	80	86
Mental Capacity and DoLS	79	78	78	85
WRAP and Prevent - Level 3	68	69	70	75
Safeguarding Adults - Level 3	37	35	48	71

Quarter

Table 6: Training compliance April 2022 – April 2023.

- There was a significant increase in compliance in all safeguarding subjects, as demonstrated in the trajectory in table 6, particularly level 3 Safeguarding Adults, following a sustained and targeted Trust wide drive. Level 3 Safeguarding Adults overall compliance was at 84% at the end of March 2023. Below compliance was WRAP/PREVENT at 76% and all remaining subjects maintained a green status (85% or above).

- Face to face provision for level 3 safeguarding children continued all year but some courses were unable to run due to staffing needs in the trust. By the end of year report levels 2 and 3 safeguarding children had increased to 86% and 88% respectively.

- The level 2 cohort for adult and children safeguarding is the largest and currently has only one e-learning option for training. This is the nationally recognised e-learning for health module the trust converted to using during the pandemic. Divisional leads worked with the Associate Director of Safeguarding and the Head of Integrated Safeguarding monitoring compliance and reporting through Safeguarding Committee on recovery plans.

At the time of this report, these figures had increased even more significantly which is testimony to the consistent sustained commitment of NBT staff to engage in the safeguarding agenda:

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Training Topic	Compliance
Safeguarding Adults - Level 1 - 3 yearly	92%
Safeguarding Children Level 1 - 3 Yearly	92%
Safeguarding Adults - Level 2 - 3 Yearly	89%
Safeguarding Children Level 3 - 3 Yearly	91%
Safeguarding Children Level 2 - 3 Yearly	87%
Mental Capacity and Dols - 3-year expiry	88%
Safeguarding Adults - Level 3 - 3 Yearly	89%
WRAP and Prevent - Level 3 - 3 yearly	81%

- This improved knowledge and understanding through completion of this mandatory training has begun to reflect positively through improved understanding of safeguarding within the divisions, supported by increased bespoke training, reflective supervision and an increase in available support and resources.

- The named professionals and Operational Lead have reviewed the training and learning options on offer with the wider Intergrated Safeguarding Team, to maximise flexibility of learning. Options for webinars, e-learning and in person learning and increased offer of supervision have been readily available.

4.0 Safeguarding Adults Reviews (SAR) and Domestic Homicide Reviews (DHR) and Child Safeguarding Practice Reviews (CSPRs)

Table 7 below outlines the statutory review processes that have taken place over the previous year:

Table.7

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Tab 12.1 Appendix 1 - Safeguarding Annual Report 2022-23
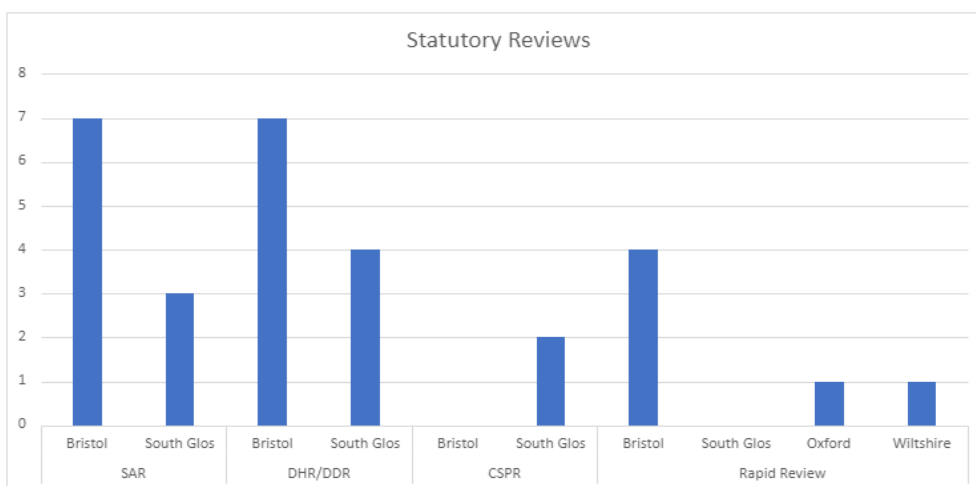
We have experienced a reduction of Safeguarding Adult Reviews in this period by four (totalling 10) however we have also seen a significant increase by six of Domestic Homicide Reviews (DHR) and Domestic Death Reviews (DDR) to a total of 11 across Bristol and South Gloucestershire. Regarding statutory reviews for Safeguarding Children, two full Child Safeguarding Practice Reviews (CSPR) took place and in Bristol, Oxford, and Wiltshire there were six Rapid Reviews that we participated in. This increase in statutory review activity is reflected nationally as identified at the start of the report.

As an active partner of the multiagency safeguarding arrangements, the Trust participates fully in all statutory and non-statutory processes. During 2022/23 the safeguarding team provided investigative timelines or Individual Management Responses (IMR*) and engaged with all SAR, CSPR and DHR Safeguarding Board and Partnership reviews. The purpose of all these processes is to identify learning and improve systems of work to safeguard those where multiagency working is integral to better outcomes.

Continued developing themes nationally around serious self-neglect, domestic abuse, and harm to under 1's is the focus of many of the statutory processes. A number of these processes remain under review. There is no indication in any of these reviews that NBT were neglectful in their duty to work collaboratively with other agencies, however there are themes and recommendations for development and learning shared across the system, monitored by the various Safeguarding Boards and Partnerships, and disseminated and adopted by each single agency.

*Requests for timelines and IMRs (Individual Management Responses) are not limited to BNSSG due to the Trust being a Major Trauma Centre meaning patients can access services from much further afield. There is also increasing evidence of cross-boundary multi-agency working in safeguarding and statutory and non-statutory reviews.

5.0 Integrated Safeguarding Senior Leadership

The Chief Nursing Officer (CNO) is the accountable Trust executive lead for safeguarding adults and children and is represented at the Safeguarding Adults Boards (SAB) and Partnerships, Safeguarding Children Partnerships, subgroups, multi-agency partnership meetings and strategic leadership groups for BNSSG by the Associate Director of Safeguarding and Head of Integrated Safeguarding. The Deputy Chief Nursing Officer holds safeguarding on their portfolio and reports to the CNO.

As per the revised NHS England Safeguarding Accountability and Assurance Framework expectations (SAAF 2022) there are no barriers to direct access to the CNO to ensure appropriate influence in the organisations' strategic plans. The Named Safeguarding Professionals in NBT also have direct access to and support from the Trust Chief Executive Officer (CEO), which demonstrates transparency, accessibility, and commitment to the safeguarding agenda from the most senior levels.

Overall strategic and operational accountability and leadership for safeguarding sits with the Associate Director of Safeguarding and who alongside the Head of Integrated Safeguarding ensure a robust all-age safeguarding service. The Associate Director of Safeguarding also holds the Named Professional for Safeguarding Adults role, and is the MCA (Mental Capacity Act), Position of Trust Lead and PREVENT lead. The Head of Integrated Safeguarding also holds the role of Named Nurse for Safeguarding Children, FGM lead and Children in Care lead.

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Some subgroup activities have been delegated to the Named Midwife and Operational Lead.

Appendix 1 shows the attendance at SAB Boards, Children's Partnerships, subgroups, and meetings for BNSSG.

5.1 Leadership and development in the wider Trust

Safeguarding is everyone's business.

The role of the integrated safeguarding team is to ensure the Trust meets its statutory safeguarding duties and that the NBT safeguarding service works in partnership with wider ICS colleagues to ensure the Trust meets BNSSG system-wide safeguarding requirements. It does this by providing expert specialist advice, guidance and support to divisional teams and the wider Trust around what actions to take when a safeguarding concern is identified.

It is the responsibility of all Trust staff to understand and meet their responsibilities around recognising and acting on incidences of abuse or neglect.

In addition to Divisional colleagues, the Integrated Safeguarding Team continually works with other Trust colleagues such as the Healthcare Legal Team, Complaints, Patient Experience and Patient Safety to support on extraordinarily complex and challenging situations.

The team consists of a Safeguarding Operational Lead (Band 8a), Named Midwife (Band 8a), Specialist Safeguarding Practitioner for Children (Band 7), Four Specialist Safeguarding Practitioners (Band 7) a Band 5 Administration Manager and two Band 4 Administrators. Day to day, the Operational Lead has some delegated responsibilities for PREVENT and MCA, similarly, the Named Midwife operationally engages in most of the work around FGM due to the nature of their role.

The Medicine Division currently fund a part time (0.7 WTE) Band 7 Specialist Safeguarding Practitioner, to monitor and support the quality of information sharing to Children's Social Care from the Emergency Department (ED). This role is to support training, supervision and improve practice in the ED. This post is aligned to and supported by the Integrated Safeguarding Team.

The Named Midwife takes the lead in developing and maintaining high professional safeguarding recognition and standards in maternity services, ensuring the Trust meets its statutory and legal responsibility to safeguard adults and children, particularly when an unborn baby, newborn or pregnant person is identified at risk of abuse or harm. The Named Midwife works closely with the Complex Care Midwives who support individuals with more complex issues or conditions, which due to these complexities can put them at higher risk of experiencing abuse or harm.

There are two Named doctors (Safeguarding Adults and Children) in place. Both roles carry 1P.A. per week each.

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6.0 Integrated Safeguarding Governance

The Safeguarding Committee is an Executive-led committee with the authority for policy and procedural sign off. The role of the Safeguarding Committee is to ensure that the Trust is meeting its statutory responsibility around safeguarding (all ages) by protecting a person's right to live in safety, free from abuse and neglect. It provides oversight and scrutiny of best practice in identifying, protecting, and supporting children and adults and those of a transitional age at risk of abuse or neglect and undertakes this through a structured process of leadership, accountability and working arrangements for effective clinical governance.

In addition to statutory oversight and accountability, it highlights quality improvements and good practice, and provides a clear governance process for all Divisions to demonstrate commitment and engagement in the Trust and BNSSG Safeguarding agenda, as well as meeting requirements of the SAAF and the ICB (Integrated Care Board) Quality Contract.

The Safeguarding Committee upwardly reports to the Quality Committee, which in turn reports to the Trust Board.

The Chair of the Safeguarding Committee is accountable for the duties set out in the Terms of Reference.

The Safeguarding Committee meets quarterly. Membership of the Safeguarding Committee includes:

- Chief Nursing Officer (Chair)
- Deputy Chief Nursing Officer (Deputy Chair)
- Associate Director of Safeguarding (Deputy Chair)
- Head of Integrated Safeguarding
- Divisional Director of Nursing Medicine
- Divisional Director of Nursing ASCR
- Divisional Director of Nursing NMSK
- Divisional Director of Nursing W&C
- Head of Professions and Nursing CCS
- Named Doctor for Safeguarding Adults
- Named Doctor for Safeguarding Children

Invited to attend:

- ICB Safeguarding representative

The Safeguarding Children and Adults Operational Group meet quarterly. The Group is chaired by the Safeguarding Operational Lead with core membership representatives from the divisions, named and specialist professionals; and specialists from other areas are invited to the group to present specific pieces of work.

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Operational safeguarding issues are discussed at this meeting, providing a more informal reflective and supportive forum for safe and confidential discussion and cross divisional sharing of information, learning and best practice.

7.0 Assurance and Quality

7.1. Quality Contract

An ICB Quality Contract is agreed ahead of the financial year and returned quarterly. These returns outline progress against the NHS Quality Standards for the period 2022-2023.

7.2: Safeguarding Policies

Responsibility for the production, monitoring and review of Trust safeguarding policies sits within the Integrated Safeguarding Team. The Safeguarding Committee has the authority to approve new or amended policies. The Chief Nursing Officer is the Executive Director with authority to give final approval of these policies. All policies are checked and ratified against legislation, best practice, and consistency.

All safeguarding policies state the responsibilities of all Trust employees and outline expectation of adherence by staff. It is the responsibility of individual staff members to ensure they are clear on the policy content and procedures within.

The integrated safeguarding team are responsible for the following policies:

- Safeguarding Adults (includes allegations against staff)
- Safeguarding Children
- Infants or Unaccompanied Dependent Children Presented to Adult Wards with a Parent or Carer
- Domestic Abuse Act (2021)
- Mental Capacity Act 2005 (incorporating Dols) policy
- Prevent Violent Extremism and Radicalisation Policy (Counter Terrorism)
- Female Genital Mutilation (FGM) policy
- Safeguarding supervision in maternity

The Safeguarding Team intranet webpage has a wealth of information for staff, including policies, procedures, protocols, and guidelines including safeguarding supervision and support; as well as easy to access material for staff. Multi-agency Safeguarding Partnership policies are also available as well as system-wide learning briefs from SARs, DHRs and CSPRs.

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8.0 Service Improvements against Trust Values and Strategy

<u>CARING</u>

Commitment to our community:

- Modern Slavery, Servitude, Forced and Compulsory Labour and Human Trafficking is a crime which violates the lives and liberty of our community. We do not condone or tolerate abuse of human rights and will work collaboratively as a member of the Keeping Bristol Safe Partnership to tackle all forms of Modern Slavery and Exploitation. As an Acute Hospital Trust geographically placed within a working port city with quick transport links to other major cities by road and rail, Bristol is a high-risk area for this form of crime.

- We will strengthen our internal process around the Multi-Agency Risk Assessment Conferences (MARAC) for all ages, and work collaboratively with our safeguarding system partners to support the development of improved information sharing practices, to identify and manage the highest Domestic Abuse risks across our BNSSG system.

- We will ensure a more robust process for sharing and learning from statutory reviews (Safeguarding Adult Reviews, Domestic Homicide Reviews, Child Safeguarding Practice Reviews), internally and across the BNSSG safeguarding system, exploring opportunities for multi-agency cross-boundary improvement initiatives.

- The needs of young people do not stop when they reach the age of 18. We will work with Trust staff and external partners to improve practices around Transitional Safeguarding, focusing on the needs of young people accessing our services and in the community. We will reframe our attitude towards young people as members of our community who are more than a demographic or chronological age but instead move through developmental stages with differing needs. To do this we will use both adult and child approaches, ensuring tailored support and training, under the Making Safeguarding Personal approach. As a Trust we will be conscious that this means:

  - Increased risk of engagement in 'county lines' and/or other gang related harm and risk outside the home

  - Increased contact with children and young adults exposed to Sexual and Criminal Exploitation

  - The young person still may have significant protection needs despite support from a child protection plan ending at age 18

  - Raised awareness that the experience of Domestic Abuse on a young person with or without mental health issues will be significant but they may be offered truly little care or support

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AMBITIOUS

Innovate to improve:

- We will continue to develop and enhance our Safeguarding collaborative agreement between North Bristol NHS Trust (NBT) and University Hospitals Bristol & Weston NHS Foundation Trust (UHBW). We will work towards a shared overall delivery system to meet the statutory and non-statutory safeguarding accountabilities of the two Trusts within the Integrated Care System (ICS). There is a strong commitment and ambition within this approach to work towards parity and shared representation, governance, training, and assurance processes across the acute hospital safeguarding footprint to achieve a common purpose of improving outcomes for children and adults with care and support needs and reduce health and social care inequalities whilst driving quality improvement in safeguarding practice.

- The NBT safeguarding leads will continue to be key members of the 'Strategic Safeguarding Health System Group' consisting of the five major healthcare partners (Avon & Wiltshire Mental Health Partnership NHS Trust, North Bristol NHS Trust, University Hospitals Bristol and Weston NHS FT, Sirona Care and Health and the Integrated Care Board (ICB)), in order to collaborate and develop a high quality strategic approach to safeguarding adults and children within the Integrated Care System.

- Our Head of Integrated Safeguarding developed a piece of postgraduate academic work on Transitional Safeguarding with Cambridgeshire ICB, which has been recognised nationally. It was presented at a National Children's Safeguarding Conference and has been included by the National Safeguarding Adults' National Network (SANN) Transitional Safeguarding Working Group as part of a national resource for professionals. Subsequently, the Association of Child Protection Professionals requested to present her work at an online seminar session. Claire received further recognition by receiving a Trust award and the KBSP (Keeping Bristol Safe Partnership) Keeping Adults Safe Transitional Safeguarding working group is utilising her expertise in this area to develop a city-wide response to the Transitional Safeguarding challenges.

RESPECTFUL

High Quality Care:

- We have committed ourselves to driving improvements around understanding and application of the Mental Capacity Act. Training compliance has improved significantly, however there remains evidence of continued confidence issues and poor-quality assessments. We are committed to protect people's human rights and right to choose in addition to protection of supporting decision making for those people who lack the mental capacity for independent decision making around their care and treatment. Understanding of the Mental Capacity Act is the responsibility of all staff groups, and the safeguarding team will support colleagues in enhancing their confidence by providing additional and ad-hoc bespoke training.

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- Post-covid, inequalities in access to healthcare, social care and support have been exposed as a society. As a safeguarding service we have a responsibility and opportunity to act on this. To affect change, and to ensure we are identifying and targeting our safeguarding interventions equitably, we will review our data collection arrangements to ensure we have a clear understanding of the needs of the population we support and put equality, diversity and inclusion front and centre of our work. We will work with colleagues across the Trust and with external partners to ensure we are providing the most appropriate response to those with protected characteristics, as identified in the Equalities Act 2010 (these characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation).

SUPPORTIVE

People:

- We will provide additional bespoke and flexible non-mandatory training and support packages for staff across the Trust, including use of brief guides, recorded webinars, updates, and messaging to further drive the confidence and empowerment of our increasingly skilled safeguarding workforce**.**

- Safeguarding supervision is well established within the area of children's safeguarding and child protection, but less so in adults. The Integrated Safeguarding Team will deliver a supervision model to NBT staff to support them in their safeguarding practice. The model has been designed by the Operational Lead and will be blended with the reflective practice model provided by the NBT psychology team. This approach will be a supportive rather than a "supervisory" approach to safeguarding supervision.

- Post-covid, the Integrated Safeguarding Team practitioners are now visible and accessible on the wards daily to support our divisional clinical team's side by side with their safeguarding practices. This is to demonstrate we are all in it together, as well as helping to de-mystify safeguarding as a process. By doing this, we are seeing improved and increased confidence in Trust staff safeguarding interventions.

- **How Safe Do You Feel?** Is an award-winning initiative which was led by the North Cumbria Integrated Care NHS Foundation Trust and supported by NHS England, their local ICB, Victim Support and the police. The campaign has subsequently been adopted across several Trusts. The campaign is a system-wide training and awareness project that helps those who experience abuse and neglect speak to NHS professionals in a safe and managed environment, based on routine enquiry. The NBT safeguarding service are keen to implement this across the Trust, and the Head of Integrated Safeguarding will lead the project, which is in line with the principles of professional curiosity.

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- We continue to recognise the excellent work of our Trust wide colleagues who regularly surpass themselves with their commitment to providing quality safeguarding support to our patients. The Integrated Safeguarding Team present 'Safeguarding Star' awards to clinicians in the divisions who demonstrate excellence in their practice and are a role model to others. Through 2022-23, there were 12 awards presented, see below **table 8**:

Safeguarding star	Date	Division	Reason
Kim Bees	31/08/2022	ASCR	Demonstrating exceptional adult safeguarding practice
Amy Fundora	06/10/2022	Medicine	Superb Honour based abuse practice
Katie Mooney	10/10/2022	Women and Children's	Had some brave safeguarding conversations
Sophie House	21/10/2022	ASCR	Demonstrated excellent child safeguarding practice
Hannah Britton	04/11/2022	Medicine	Considered and thoughtful use of the "think family model"
Denise Owen	09/11/2022	NMSK	Brave conversations and great "think family" approach
Senna Cook	17/11/2022	NMSK	Excellence in child safeguarding practice
Luke Canham	04/01/2023	NMSK	Excellence in child safeguarding practice
Hannah Niesser	04/01/2023	NMSK	Excellence in child safeguarding practice
Louise Green	24/02/2023	Core Clinical	Excellent management of a complex issue
Miriam Kinn	03/03/2023	Core Clinical	Superb sensitivity in managing a complex situation
Naomi Fairfield	13/03/2023	ASCR	Superb complex Safeguarding practice

Table 8 Safeguarding Stars 2022-23

Huge congratulations to our safeguarding stars, the team look forward to seeing what excellence will be achieved over the coming year by our wider Trust colleagues.

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Sustainability:

- The Integrated Safeguarding Team are committed to supporting the NHS sustainability agenda and NHS Long Term Plan by ensuring we deliver our service efficiently. We will:

- Reduce unnecessary travel to regular external meetings e.g., safeguarding Board and Partnership arrangements by utilising technology as an option to reduce our carbon footprint.

- Move from paper light to paper free processes, utilising digitisation to its optimum.

- Embrace agile and homeworking opportunities where there are no requirements to travel to the office space.

- Ensure processes are smart and lean, ensuring effective use of resource and avoid financial wastage.

- Work with the wider Trust on reducing health inequalities and improve positive health outcomes.

Conclusion

Throughout 2022-2023, the Integrated Safeguarding Team has continued to provide a high-quality service to the Trust and have been engaged and committed to the increasingly complex safeguarding agenda. The team are ambitious, dynamic, and resilient and have the experience of patients and their families accessing NBT services at the heart of all they do.

2023 has produced unprecedented safeguarding challenges, challenges which are acknowledged and experienced on a national level; and have met them with determination and pride.

The team has demonstrated compliance with the relevant statutory frameworks, policies and procedures and has clear robust patient-centred governance processes in place and are visible and accessible across the Trust.

The wide range of evidence provided in this report demonstrates a further commitment to continuous service improvement and an alignment to the NBT Trust values, and an ambition to be one of the key safeguarding services within the BNSSG Integrated Care System.

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Appendices

Appendix 1 Safeguarding Boards and Partnerships and Subgroup membership and attendance for 2022/23

Safeguarding Adults Board or Subgroup and wider membership South Gloucestershire Bristol North Somerset BNSSG & wider	Trust Representative	Frequency and Time Required (includes preparation and travel time where known)
South Gloucestershire SAB	Associate Director of Safeguarding	Quarterly
South Gloucestershire Quality Assurance subgroup for adults	Associate Director of Safeguarding	Quarterly
South Gloucestershire SAR subgroup	Associate Director of Safeguarding	Quarterly
South Gloucestershire Policy & Procedures subgroup	IST Operational Lead	Quarterly
MARAC South Gloucestershire	Safeguarding Specialist Practitioners Named Midwife	Fortnightly
South Gloucestershire Learning & Development subgroup	IST Operational Lead	Quarterly
South Gloucestershire Best start in life – vulnerable children	Head of Integrated Safeguarding	Quarterly
South Gloucestershire Best start in life	Named midwife	Quarterly
Best start in life – complex needs	Head of Integrated Safeguarding	Quarterly
South Gloucestershire Quality Assurance subgroup for Children	Head of Integrated Safeguarding	Quarterly
Early Help Forum	Named Midwife	Quarterly

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CSPR & Rapid Review group	Head of Integrated Safeguarding	As required by case
South Gloucestershire Children's Partnership Work Streams Event	Head of Integrated Safeguarding	Twice Yearly
(KBSP) Keeping Adults Safe	Associate Director of Safeguarding	Quarterly
Bristol Keeping Children Safe Delivery Group	Head of Integrated Safeguarding	Quarterly
Bristol SAR & DHR subgroup	Associate Director of Safeguarding	Quarterly
MARAC Bristol	Specialist Practitioner Named Midwife	Weekly
KBSP Child Protection Conference Review Group	Head of Integrated Safeguarding	Bi-monthly
KBSP CSPR, Rapid Reviews, SAR, DHR timeline reviews/Full IMR's	Associate Director of Safeguarding & Head of Integrated Safeguarding	As required
Bristol Domestic Abuse Operational Group	Specialist Practitioner	Monthly
KBSP Contextual Safeguarding Group	Head of Integrated Safeguarding	Quarterly
KBSP Transitional Safeguarding Group (Children) KBSP Transitional Safeguarding Group (Adults)	Head of Integrated Safeguarding	Quarterly
KBSP Serious Violence Prevention Group	Head of Integrated Safeguarding	Quarterly
Bristol Prevent Board	Operational Lead	Quarterly
KBSP Multiagency Audit Group	Head of Integrated Safeguarding and Named Midwife	Quarterly
North Somerset CSPR	Head of Integrated Safeguarding	As required
North Somerset SAR/DHR	Associate Director of Safeguarding	As required
North Somerset Child Exploitation Working Group	Head of Integrated Safeguarding	6 weekly
BNSSG Named Safeguarding Professional Forums (adult and children)	Named Professionals	Quarterly
ROUTES review and feedback	Head of Integrated Safeguarding & Named Doctor for Children	3 times per year
LPS Southwest NHSE/I	Associate Director of Safeguarding	6 weekly

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BNSSG Strategic Health System Group	Associate Director of Safeguarding & Head of Integrated Safeguarding	6 Weekly
Safeguarding Adults National Network (SANN)	Associate Director of Safeguarding & Head of Integrated Safeguarding	Monthly
National Maternity Safeguarding Network	Named Midwife	Quarterly
Southwest Safeguarding Adults Health Leads Network	Associate Director of Safeguarding and Head of Integrated Safeguarding	Bimonthly
NHS England Southwest Regional Prevent Leads Network	Associate Director of Safeguarding and Head of Integrated Safeguarding	Quarterly

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HM Government. Care Act (2014)

HM Government. Children Act (2004)

HM Government. Domestic Abuse Act 2021

HM Government. Mental Capacity Act 2005 and associated Code of Practice Deprivation of Liberty Safeguards and associated Code of Practice

Mental Capacity (Amendment) Act 2019

HM Government. Modern Slavery Act 2015

HM Government. Working Together to Safeguard Children (2018)

NHS Digital (2022). Safeguarding Adults (official statistics), England, 2021-22

NHS England. Safeguarding Adults National Network (2023).

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ONS (2021) Modern Slavery in the UK.

Royal College of Nursing. (2018). Adult Safeguarding: Roles and Competencies for Health Care Staff. Intercollegiate Document. First Edition

12.1

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Tab 13 Board Insights Visit (Information)

Report To:	Public Trust Board
Date of Meeting:	28 September 2023
Report Title:	Board Insight Visits
Report Author:	Richard Gwinnell, Deputy Trust Secretary Xavier Bell, Director of Corporate Governance
Report Sponsor:	Xavier Bell, Director of Corporate Governance Steve Hams, Chief Nursing 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	X

Recommendations:	That the Board note the update and findings of recent Insight Visits.
Report History:	The Board approved an annual programme of Insight Visits at its meeting on 23 February 2023. This paper was discussed with the Executive Team on 6 September 2023.
Next Steps:	This report (and feedback from subsequent Insight Visits) will be fed into the Trust's Triangulation Group in October 2023. The next report will be brought to Executive Management Team and Trust Board in January 2024.

Executive Summary
Eleven formal Board Insight Visits have taken place since June 2023, using the Insight Visits framework and feedback sheets. This includes visits by the Chair of the Trust. It does not include the general visits undertaken by Executive Directors in the course of their day-to-day work or by the Chief Executive.
Four further Insight Visits are already scheduled for September and October 2023 and progress is being made on booking further visits for the remainder of the year as well as a programme for 2024/25.
This report updates the Board and summarises the findings of visits undertaken to date.

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*	√

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Tab 13 Board Insights Visit (Information)

Link to BAF or Trust Level Risks:	Leadership visibility, staff engagement, and the opportunity to triangulate data will support a better understanding of and may help mitigate various risks (particularly workforce risks) across the organisation. <u>Top scoring risks include:</u> Board Assurance Framework SIR2 Workforce Risk Datix ID 763 – Trust-wide workforce availability Datix ID 1334 – Midwifery workforce pressures Datix 1606 – Gynaecology workforce gaps
Financial implications:	None.
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No. This process will ultimately result in most areas of the hospital being visited.
Appendices:	A – Feedback from visits B – Chief Executive visits

1.   Purpose

1.1   To update the Board on visits undertaken by Executive Directors and Non-Executive Directors to various areas of the Trust, and any common themes from these visits.

2.   Background

2.1   The CQC Well-Led Framework requires NHS organisations to evidence that their "leaders are visible and approachable". Similarly, the Code of Governance for NHS Provider Trusts requires that "directors should seek opportunities to engage with stakeholders, including patients, clinicians and other staff". The benefits of leadership visibility and engagement opportunities within organisations are well documented and understood.

2.2   On 23 February 2023 the Board approved an approach to Board member "Insight Visits", to improve structure, clarity, reach, and the feedback from Board member visits across the organisation. The intention from the new approach is to help evidence that NBT is Well Led and to:
- Increase the visibility of Board Members,
- Provide a method for consistently recording and ensuring a feedback loop from visits,
- Improve Board engagement and connection with front-line staff and patients,
- Allow insight and exposure to the organisation and services, particularly for Non-Executive Directors,
- Encourage authentic listening and coaching conversations,
- Provide additional triangulation opportunities,
- Complement intelligence and surveillance systems.

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Tab 13 Board Insights Visit (Information)

3.   Insight Visits

3.1   The Board agreed with the following list of priority areas for visits:

Pathology Laboratory	Maternity Services
Central Cancer Team	Antenatal Clinic
Pharmacy Team	Urology Outpatients
Health & Safety Team	All wards
Cossham (new CT service being finalised in 2023/24)	Urgent and Emergency Care

3.2   The following Board Insight visits have taken place:

Date:	Location	Board member(s)
20/06/2023	Decontamination Service	Michele Romaine
28/06/2023	Pharmacy	Sarah Purdy
11/07/2023	Saplings Nursery	Michele Romaine
13/07/2023	Ward 7A	Neil Darvill, Richard Gaunt
13/07/2023	Ward 9A	Richard Gaunt
31/07/2023	Central Cancer Team	Glyn Howells, Sarah Purdy
07/08/2023	Urology Outpatients	Steve Curry, Sarah Purdy
14/08/2023	Health and Safety Team	Steve Hams, Shawn Smith
15/08/2023	Ward 7B	Tim Whittlestone, Kelvin Blake
17/08/2023	Stroke Service	Glyn Howells
06/09/2023	Renal (Weston Ambleside Unit)	Glyn Howells, Jane Khawaja

3.3   In addition to the above, the Chief Executive also visited the sites listed in Appendix 2 to this report. The Chief Executive's visits are summarised in her monthly reports to the Board and in her weekly communications to all staff. Further visits are planned by the Chief Executive on a regular basis.

3.4   The list in 3.2 above excludes specific engagement exercises undertaken by the Executive and Non-Executive maternity safety champions. The list also excludes additional visits undertaken by Executive Directors in the course of their day-to-day work.

4.   Findings

4.1   Appendix A to this report sets out details of the feedback recorded by Board members. The following themes have been identified across the various visits:

- Workforce pressures including staff turnover and difficulties in recruitment in some areas,
- Wards reporting difficulties/delays in discharging patients,
- Triangulation between pharmacy reporting workforce pressures, and one ward reporting pharmacy/prescribing support as being a limiting factor in discharging patients,
- Generally, very positive observations of local leadership and culture.

4.2   The following specific areas have been identified requiring follow-up:

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Tab 13 Board Insights Visit (Information)

- Support for the Cancer Services central team to secure Macmillan funding (this is being progressed by the Chief Finance Officer, who has introduced the team to members of the finance team who can provide support),
- Specific feedback from Ward 9A suggests that they may require some additional support around staffing. This has been escalated to the Deputy Chief Nursing Officer to progress.
- Embedding of Health and Safety/training across all areas of NBT. This is part of a programme of work.
- Ensuring appropriate SLA arrangements in place for Weston Renal Unit (Ambleside) to cover maintenance and security (introductions with relevant contracting and estates leads progressed by Chief Finance Officer).
- Issues around pharmacy availability impacting discharge was escalated to the Chief Nursing Officer.

5.   Future visits

5.1   The following visits are already scheduled or are in the process of being scheduled for September to December:
- Pathology
- Ward 8A
- Pharmacy
- Cossham Hospital,
- Ward 8B,
- Women & Children's Division
- Urology Outpatients follow-up
- Central Cancer Team follow-up
- Pathology Labs
- Ward 9B.

5.2   Suggestions on additional locations to include within the forward scheduled are welcomed. The intention is to work through all wards and teams over time.

6.   Summary and Recommendations

6.1. Trust Board are asked:
- to note the visits that have taken place to date,
- to discuss the feedback and any emerging themes,
- to note that the feedback from these visits will be included within the information reviewed by the new quarterly Triangulation Group, alongside other sources of data,
- to flag any locations that they wish to prioritise within the forward schedule of visits.

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Tab 13 Board Insights Visit (Information)

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Appendix A: Insight Visit Feedback

Date:	Location	Board members	Feedback
20/06/2023	Decontamination Services	Michele Romaine	Observed a very well-managed, efficient, productive and professional service, Staff had very technical roles, operating at Agenda for Change Band 2, The team felt positive, with long-standing staff members, suggesting a good culture.
28/06/2023	Pharmacy	Sarah Purdy	Observed good leadership modelling by senior staff, Noted that staff have opportunities to progress within the department, Noted a shortage of trained staff, but new ways of working had been developed to overcome this, Staff seemed happy, but pharmacists fed back discontent with weekend working arrangements, Lack of an electronic prescribing system was identified as a concern, resulting in more labour-intensive arrangements having to be in place.
11/07/2023	Saplings Nursery	Michele Romaine	Observed an outstanding service, happy and dedicated staff, well run, Recognised the critical nature of this provision for hospital staff, Similar staffing pressures as the rest of the hospital, Growth in the number of children requiring 1:1 care, Planned expansion in service provision reflecting a large waiting list.
13/07/2023	Ward 7A	Neil Darvill, Richard Gaunt	Noted job-share arrangements in place for ward sisters – has this been considered more widely? Positive feedback on the "Allocate on arrival" and "Break glass" staffing arrangements, resulting in reduced agency use on the ward, Issues raised around ward 7A taking overspill from Medirooms resulting in discharge delays as ward 7A cannot prescribe pharmacy drugs (lacking a pharmacist), unlike Medirooms. Ward felt positive, calm and up-beat despite discharge issues, Staffing levels reported as being under control, and no issues linked to the medical strikes.
13/07/2023	Ward 9A	Richard Gaunt	Biggest issues flagged related to difficulties in discharging patients, with fewer on-site assessments from external agencies involved in discharge, and more communications via email resulting in much slower processes, Reported difficulty managing additional patients on the ward when "boarding" patients, Reflections from staff that they did not feel the ward was recognised as a "specialist" geriatrics ward, insufficient time was available to train staff, who came to the ward ill-prepared and often required additional supervision and re-training, Allocate on arrival and Break-glass staffing arrangements did not work for the ward. They felt that it was resulting in staff who did not understand the role/job, Suggestion from NED that the ward would benefit from some focused/intensive support to help address some of these perceived issues.
31/07/2023	Central Cancer Team	Glyn Howells, Sarah Purdy	Observed a collaborative and integrated team, Felt that the team had a strong knowledge of the issues, and had the tools and ideas to tackle them, Recognised significant progress in the last 12 months reducing the Patient Tracker List, Staff flagged the impact of Industrial Action on their ability to achieve further improvements,

Tab 13 Board Insights Visit (Information)

			Potential opportunities to leverage Macmillan funding for posts but noted the difficulty in securing the recurrent funding required after the external funding expired. CFO agreed to follow this up directly with the team.
07/08/2023	Urology Outpatients	Steve Curry, Sarah Purdy	Noted the main constraint was lack of space, Manager was aware of the outpatient improvement works and will be engaged in this work, Reported recent turnover in staff, but that recruitment was not usually an issue except in Cancer Nurse Specialist roles, Team felt collaborative and multi-disciplinary, Observed patients being treated with dignity and kindness, Despite reported pressures on space, the service felt unhurried and uncrowded.
14/08/2023	Health and Safety Team	Steve Hams, Shawn Smith	Good working relationships, staff with a range of experience, clear joint desire to improve things. Significant progress made in the last year and confidence high that progress will be sustained. Open discussions, good relationship with management, staff feel listened to and issues acted upon. Feeling that health and safety thinking and training not always embedded across NBT as a whole, with concern re Medicine Governance in particular (NB Exec Director to progress discussions on this). Very good internal audit, shows marked improvement, improved organisational focus and good work. Visit demonstrated to staff that the Board is serious about health and safety and staff are listened to. Health and safety workspace welcoming for staff and visitors plus warm, friendly, open atmosphere. Staff have pride in their work and high energy to achieve continued success. A little scepticism.
15/08/2023	Ward 7B	Tim Whittlestone, Kelvin Blake	Elective orthopaedic and general surgery ward. Staff very welcoming, met a broad range of professionals and non-registered staff. Detailed discussions with pharmacist, dietician, junior doctor, ward sister and patient (for 40 minutes). Ward calm and caring. It felt very positive, with staff open and frank in discussions.
17/08/2023	Stroke Service	Glyn Howells	Teams were comfortable discussing blocks in improving performance. Feedback was provided to the team on future developments that might support improvement, including the Community Diagnostic Centre, Elective Care Centre, as well as capital and space planning processes. The ward felt busy, but there were higher number of staff due to the acuity of patients. Executive was able to provide feedback on where the team should take clinical innovations.
06/09/2023	Renal (Ambleside Unit, Weston)	Glyn Howells, Jane Khawaja	Positive feedback on care and on staff directly from patients. Staff reported feeling proud and passionate in their work. Unit felt dated and cramped but still calm and relaxed. Immediate actions were progressed by the Chief Finance Officer as follows: - connecting unit leaders with colleagues to support development of clear SLA to ensure arrangements for maintenance, security, etc in place. - Connecting unit leaders with charity to explore fundraising opportunities and spend approvals. - Connecting unit leaders with CIP team to explore opportunities to reduce multiple patient transfers to and from Southmead Hospital.

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Tab 13 Board Insights Visit (Information)

Appendix B: Visits by the Chief Executive

Date	Location
11 April 2023	Central Cancer Team
13 April 2023	Urology Outpatients
10 May 2023	Hospital at Home
17 May 2023	Theatres
30 May 2023	Mendip – Maternity
30 May 2023	7a – Elective Neurosurgery
30 May 2023	10a – Medical Outliers
30 May 2023	27b – Infectious Diseases
30 May 2023	8b – Renal
19 June 2023	Stroke and Thrombectomy Service
20 June 2023	Pharmacy
26 June 2023	Cossham Hospital
3 July 2023	Ward 10a – Level 6
3 July 2023	Emergency Department
3 July 2023	Acute Medical Unit
3 July 2023	Complex Care
20 July 2023	Bristol Centre for Enablement
24 July 2023	Health and Safety Team
24 July 2023	Neuro Early Supported Discharge
7 August 2023	Frenchay including Head Injury Rehabilitation Unit
10 August 2023	Pathology Visit 1

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Tab 14 People Committee Upward Report   (Information)

Report To:	Public Trust Board			
Date of Meeting:	28 September 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. • Approve the Terms of Reference			
Report History:	The report is a standing item to the Trust Board following each Committee meeting.			
Next Steps:	The next report will be received at Trust Board in November 2023.			

Executive Summary	
The report provides a summary of the assurances received and items discussed and debated at the People Committee meeting held on 14 September 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:	Appendix 1: People Committee Terms of Reference	

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Tab 14 People Committee Upward Report   (Information)

North Bristol NHS Trust

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 meeting held on 14 September 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 14 September 2023

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

- improving the visibility of anonymised themes and trends relating to issues raised by staff to the People Committee and to Trust Board. A new report will come to this Committee quarterly

- supporting staff to ensure safety from sexual violence and assault in the workplace by undertaking a series of listening event and launching a Trust sexual safety charter

- launching the staff survey with a focus on the three key priorities (retention, workforce plan and commitment to community). Each Division will be running a series of "You said, we've done" campaigns.

The update also provided on the upcoming dates and impact of the industrial action and the various actions taken by the Trust to mitigate the risks and to support and maintain patient safety.

The Committee discussed the importance of staff speaking up, being protected from any detrimental impact of speaking up and addressing the concerns raised. Additionally, the importance of sexual safety in the workplace for all staff was recognised. It was agreed the new Triangulation Group which has been set up will be critical to ensuring top level visibility on key cultural themes and concerns.

3.2 Draft NBT Equality, Diversity & Inclusion Plan
The Committee received a presentation from the Deputy Chief People Officer on the draft NBT Equality, Diversity & Inclusion (EDI) Plan. The plan has taken the annual data and analysed the key priorities which included:
1. Ensuring EDI ownership & accountability
2. Eliminating discrimination, harassment, bullying & violence
3. Embedding diverse & fair recruitment
4. Closing the pay gap

It also included the action plan against each priority, the greater inclusion of staff networks and the long-term ambitions. The proposal to review the EDI governance structure was detailed and it was noted that it would be discussed and agreed at the September Trust Board meeting.

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Tab 14 People Committee Upward Report   (Information)

The Committee welcomed the positive progress within EDI and recognised the importance of working with the staff networks to ensure the chosen priorities reflect their views.

The Committee discussed the need to drive diversity across all areas of the workforce, particularly across senior leadership to inspire progression, and acknowledged that resourcing would need to be prioritised for EDI to drive changes.

The Committee agreed next steps on 4 priorities was to have the detailed plan with key KPI's ratified at the next People Committee.

3.3   Long-Term Workforce Plan Update

The Committee received an update from Chief People Officer on the long-term workforce plan. An overview of the three work streams (Workforce Modelling, Engagement and Information Gathering, Development of Long-Term Plan) was provided alongside the progress to date and the initial outputs from the model.

Discussion focused on the timescale of the plan and the requirement to include all staffing groups across the workforce. The Committee received reassurance that the plan would cover the entire workforce and would be presented at October's Trust Board meeting.

The Committee noted the importance of retention and investing resourcing into recruitment including funding the nursing undergraduate apprenticeship programme to create a strong pipeline of staff.

3.4   Retention Plan Update

The Committee received the finalised 1 Year Retention Plan Update which was developed in response to the 2023/24 'Proud to Belong' People Improvement priority on reducing staff turnover as part of NBT's Patent First Strategy, and many actions are already underway. The plan detailed the key drivers for staff turnover at NBT, informed by workforce data and local intelligence, the priority areas and the long-term actions. It was confirmed the 5 Year Retention Plan is in progress and will come to the November People Committee.

The Committee received assurance that the turnover target had already been met and ahead of target, and noted the additional 'stretch' target of 14.5% by 31 March 24.

The Committee discussed the importance of cultural change, engagement and the ambition to review the job package as a whole to remain competitive.

3.5   Commitment to our Community Update

The Committee were joined by the Associate Director of Strategic Workforce Planning and Resourcing, who presented an update on the Commitment to our Community plan. The update included the ongoing engagement work with Babbasa which linked to the "Our City 2030" campaign and outlined the key targets: improving the disparity ratio and increasing the percentage employed.

It was recognised that a full report, with detailed data and action plans, would be discussed at November's People Committee meeting.

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Tab 14 People Committee Upward Report   (Information)

The Committee welcomed the report and noted the engagement with wider community groups to co-create the plan.

3.6   Safe Staffing: Midwifery
The Committee received the Midwifery 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 positive progress and the challenges relating to recruitment and retention in the workforce and the actions in place to mitigate the risks.
- The BirthRate Plus Assessment and recommendations, noting that the establishment was now fully funded to the Birthrate Plus numbers.
- The compliance status of the supernumerary labour ward co-ordinator and the provision of one-to-one care in active labour
- The ongoing work to meet the requirements of the Maternity Incentive Scheme Year 5

The Committee agreed that the full Nursing & Midwifery Safe Staffing report would be brought to November's Committee meeting and would be included as an appendix in the upward report to Trust Board.

The Committee recognised the positive workforce progress and discussed the Cossham Intra-partum services. The Committee were reassured that the services at Cossham would be reviewed in the next six months and that a review of the estate was anticipated to be discussed at the Finance & Performance Committee.

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 received assurance that the TLR regarding the low staff morale had reduced in score and was being actively managed and mitigated.

The Committee reviewed the risks and agreed to schedule assurance reports of the risks on the Committee workplan for future meetings.

The Committee received reassurance that a comprehensive action plan on the workforce challenges risks would be included in the workforce plan agenda item scheduled for October's Trust Board meeting.

3.8   Terms of Reference Review
The Committee reviewed the Terms of Reference and endorsed the minor amendments for Trust Board approval (subject to the outcome of the EDI governance discussion).

4.   **Other items:**
The Committee also received the following items for information:
- Sub-committee upward report(s):
  - People Oversight Group – The Committee received assurance that the Trust has effective and robust oversight and governance of the workforce priorities, and that the workforce risks were being addressed and mitigating actions were being taken.

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Tab 14 People Committee Upward Report   (Information)

o   Health & Safety Committee – The report detailed the detailed the management of Health & Safety across the hospital site, the issues identified and proposed next steps. It was agreed that the reporting of serious incidents would be reviewed to ensure the Committee had appropriate oversight.

- 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.
- approve the Terms of Reference

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Tab 14.1 Appendix 1 - People Committee Terms of Reference

NHS
North Bristol
NHS Trust

Terms of Reference for the
People Committee

Chair:	Non-Executive Director
Other Members:	Membership of the People Committee shall include: • Three Non-Executive Directors one of whom will chair the Committee. • Chief People Officer • Chief Nursing Officer • Chief Medical Officer • Chief Finance Officer • Chair of JCNC Staff Side The members set out above may appoint a named deputy to attend a particular meeting in their place, subject to the Chair's pre-approval. A deputy should be nominated only in exceptional circumstances, for a particular meeting. In the absence of the appointed Committee Chair, another Non-Executive Director will chair the meeting.
Other Attendance:	The People Committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate, at the discretion of the Chair. In addition to members of the People Committee, the following shall normally attend all meetings and may contribute to discussions, but have no voting rights nor contribute to the quorum: • Director of Corporate Governance/Trust Secretary • Deputy Chief Operating Officer (where required for specific agenda items) • Director of Operational Estates & Facilities The Committee can request the attendance of any other director or senior manager if an agenda item requires it. Attendance at meetings is essential. In exceptional circumstances when an Executive Director member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Executive Director attendance to be flexible and agenda-specific for non-formal members
Quorum:	The quorum for the People Committee is at least three members of whom one must be a Non-Executive Director who will chair the meeting and two Executive Directors (or their nominated Deputy).

14.1

Tab 14.1 Appendix 1 - People Committee Terms of Reference

NHS North Bristol NHS Trust

Declaration of Interests	All members must declare any actual or potential conflicts of interest relevant to the work of the People Committee, which shall be recorded in the minutes accordingly. Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict.
Frequency of Meetings:	The People Committee will meet bi-monthly and will be set in advance as part of the planning of the Trust Board and Committee meetings annual calendar of business.
Notice of Meetings:	Additional meetings shall be called at the request of the Chair. Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and supporting papers, shall normally be forwarded to each member, and any other person required to attend, no later than five working days before the date of the meeting. Decisions may be taken by written resolution upon the agreement of the majority of members of the Committee in attendance, subject to the rules on quorum.

Inputs:	The People Committee will receive reports on issues within the remit of the meeting, so as to ensure timely discussion and decision-making. This will include:
	
	• Trust-Level Risks and BAF report (Workforce and Health & Safety)
	• Bi-annual Safe Staffing: Nursing & Midwifery reports
	• Security Annual Report
	• Freedom to Speak Up Annual Report
	• Apprenticeship Centre Reports
	• Gender & Ethnicity Pay Gap Reports
	• Workforce Data Reports
	• Security Annual Report
	• Health & Safety Annual Report
	• Upward reports from:
	   ○ The Equality, Diversify, & Inclusion Committee
	   ○ The Health & Safety Committee
	   ○ The People Oversight Group
	
	Individual members may also raise concerns/risks/issues relevant to the meetings remit on an ad hoc basis but will do so with sufficient notice to ensure that meeting agenda can be set and managed effectively.
	
	The People Committee can request a report on any subject or issue relevant to its terms of reference.

Outputs:	The People Committee shall produce a set of minutes and a log of actions arising. The Committee shall issue an upward report to Trust Board following each meeting.

14.1

Tab 14.1 Appendix 1 - People Committee Terms of Reference

Responsible for the following Strategies and Policies:	Strategies: • The People/Workforce Strategy Policies: • People Policies • Health & Safety Policies
Sub-Committees:	• Equality, Diversity & Inclusion Committee • Health & Safety Committee • People Oversight Group
Committee Secretary:	The Corporate Governance Team is responsible for: • Agreement of agenda and collation of papers. • Taking the minutes and keeping a record of actions arising and issues to be carried forward. • Provision of a highlight report of the key business undertaken to the Trust Board following each meeting

1.   Purpose

1.1   The People Committee is established to be a sub-Committee of the Trust Board and is the Board assurance committee for People/Workforce and Health & Safety function.

2.   Authority

2.1   The People Committee is a sub-group of the Trust Board from which it receives its authority. Its constitution and terms of reference shall be as set out in this document, subject to amendment.

3.   Duties

3.1   The primary role and function of the Committee is as follows

3.1.1   **People**
- Developing and advising the Board on a people strategy taking into account relevant best practice and alignment with strategic objectives for the Trust;
- Reviewing senior leadership succession and development plans;
- Maintaining oversight of the Trust's Human Resources function;
- Monitoring the development of the future workforce, through a 'fit for purpose' workforce plan;
- Monitoring an agreed set of HR related Key Performance Indicators;
- Ensuring that feedback from staff surveys are appropriately analysed, improvement actions taken where necessary to drive employee engagement and desired organisational culture;
- Maintaining oversight of the Trust's employment related equality, diversity and inclusion agenda, and receive regular reports from the Equality, Diversity and Inclusion Committee;
- Ensuring that the Trust has a suitable framework to deliver the strategy and HR policy of the organisation. Ensuring these align with the relevant CQC and NHS Improvement workforce standards;
- Overseeing the development and implementation of initiatives to maintain the organisation as a major Teaching Hospital;
- Providing Board level leadership in creating an 'employer of choice' working environment;
- Oversee and influence key relationship with educational partners to maximise the benefit of these relationships to the Trust;

14.1

Tab 14.1 Appendix 1 - People Committee Terms of Reference

- Maintaining oversight of the business of the People Oversight Group through the receipt of regular update reports;
- Receive regular reports from the Joint Consultation and Negotiation Committee for information; and
- Other HR related activity as requested by the Board.

3.1.2 Risk
- Receive the People Trust Level Risks and the Health and Safety Trust Level Risks to review assurance on risk mitigation and controls including any gaps in control;
- Receive relevant risks from the Board Assurance Framework (namely those relating to People and Health and Safety) to review assurance on risk mitigation and controls including any gaps in control for the risks allocated to the Committee;
- Assess any risks within the workforce and Health and Safety portfolio brought to the attention of the Committee and identify those that are significant for escalating as appropriate.

3.1.3 Health & Safety
- Provide assurance to the Board on Health & Safety compliance;
- Provide assurance to the Board on the implementation of the Trust's Health and Safety Management Strategy;
- Maintain oversight of the business of the Health & Safety Committee and its committee sub-structure through the receipt of regular update reports.

4. Monitoring and Effectiveness

4.1 The Committee shall have access to sufficient resources to carry out its duties, including access to company secretarial assistance as required.

4.2 It shall be provided with appropriate and timely training, both in the form of an induction programme for new members and an on-going basis for all members.

4.3 It will review its own performance, at least annually, review its constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Trust Board for approval.

4.4 As per NHSE/I requirements the Committee will carry out an annual self-assessment to inform above review of its Terms of Reference.

Version:	4.2
Ratified by / responsible committee:	Trust Board
Date ratified:	14 September 2023
Name of originator / author:	Trust Secretary
Lead for Executive Team Meeting:	Jacqui Marshall, Chief People Officer
Date issued:	TBC September 2023
Review date:	September 2024

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Tab 15 Integrated Performance Report (Discussion)

NHS North Bristol NHS Trust

Report To:	Public Trust Board			
Date of Meeting:	28 September 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, Trust Management Team meeting, shared with Commissioners and the Quality section will be shared with the Quality and Risk Management Committee.			

Executive Summary	
Details of the Trust's performance against the domains of Urgent Care, Elective Care and Diagnostics, Cancer Wait Time Standards, Quality, Workforce and Finance are provided in the Integrated Performance Report.	
Implications for Trust Improvement Priorities: *(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 – Perinatal Quality Surveillance Matrix September 2023 (PQSM) Appendix 2 – Integrated Performance Report

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Tab 15 Integrated Performance Report (Discussion)

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

Perinatal Quality Surveillance Matrix September 2023

	Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	YTD Ttal /Avg	TREND
Activity											
Number of women who gave birth, all gestations from 22+0 gestation		Data Not Available		465	418	464	459	467			
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)		Data Not Available (DNA)		2	4	0	3	1			
Number of women who gave birth (>=24 weeks or <24 weeks live)		444	366	463	412	465	453	460	477		
Number of babies born (>=24 weeks or <24 weeks live)		451	375	466	420	470	459	468	483		
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)		34	27	25	35	34	41	37	31		
No of livebirths <24 weeks gestation		1	1	2	3	1	1	1	3		
Induction of Labour rate %		36%	39%	35%	36.9%	35.9%	33.6%	38.0%	32.1%		
Spontaneous vaginal birth rate %		46%	45%	47%	53.9%	48.4%	45.9%	49.3%	45.9%		
Assisted vaginal birth rate %		10%	11%	11%	9.7%	8.8%	9.7%	10.0%	7.8%		
Caesarean Birth rate (overall) %		44%	44%	42%	36.4%	42.8%	44.4%	40.7%	46.3%		
Planned Caesarean birth rate %		19%	21%	21%	18.2%	18.3%	19.9%	18.3%	20.8%		
Emergency Caesarean Birth rate %		25%	23%	21%	18.2%	24.5%	24.5%	22.4%	25.6%		
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)		6.7%	6.1%	5.9%	2.6%	3.0%	3.9%	4.7%	2.9%		
Perinatal Morbidity and Mortality inborn											
Total number of perinatal deaths (excluding late fetal losses)		0	0	2	4	3	4	3			
Number of late fetal loses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)		3	1	2	2	1	4	1			
Number of stillbirths (>=24 weeks excl. TOP)		0	0	1	1	1	2	2			
Number of neonatal deaths : 0-6 Days		0	0	1	2	2	2	0			
Number of neonatal deaths : 7-28 Days		0	0	0	1	0	0	0			
PMRT grading C or D cases (themes in report)		Data Not	2	0	0	1	0	0			
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)		0	0	0	0	0	0	0			
Maternal Morbidity and Mortality											
Number of maternal deaths (MBRRACE)		0	0	0	0	0	0	0			
Direct		0	0	0	0	0	0	0			
Indirect		0	0	0	0	0	0	0			
Number of women recieving enhanced care on CDS		17	12	14	12	27	17	19	14		
Number of women who received level 3 care (ITU)		0	0	1	0	0	0				
Insight											
Number of datix incidents graded as moderate or above (total)		1	0	5	2	3	0	0			
Datix incident moderate harm (not SI, excludes HSIB)		1	0	4	2	2	0	0			
Datix incident PSII (excludes HSIB)		0	0	1	0	1	0	0			
New HSIB referrals accepted		0	0	1	0	0	0	0			
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	0	0	0	0			
Coroner Reg 28 made directly to Trust		0	0	0	0	0	0	0			
Workforce											
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite		83	83	83	83	83	83	83	83		
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps		1	1	1	2	2	2	2			
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps		2.5	2.5	2	2	2	2	2			
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)		0	0	0	0	0	0	1			
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)		1	1	1	2	2	1	1			
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)		0	0	0	0	1	1	1			
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).		13%	24%	36%	39%	31%	34%	38%	38%		
Vacancy rate for midwives		12.6%	18.2%	18.1%	11.60%	16.20%	15.50%	18.45%			
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)		41%	41%	40%	40%	60%	60%	60%			
Vacancy rate for NICU nurses		25	25	27	27	30	31	31			
Datix related to workforce (service provision/staffing)		5	3	10	3	6	5	6	3		
Consultant led MDT ward rounds on CDS (Day to Night)		80%		70%	70%	90%	80%	84%			
Consultant led MDT ward rounds on CDS (Day)		55%	78%	83%	83%	90%	80%	77%			
One to one care in labour (as a percentage)		99%	99%	99%	99%	99%	99%	100%	99%		
Compliance with supernumerary status for the labour ward coordinator	100%	98%	99%	97%	98%	100%	96%	99%			
Number of consultant non-attendance to 'must attend' clinical situations		0	0	0	0	0	0	0	0		
Involvement											
Service User feedback: Number of Compliments (formal)		84	101	128	72	35	74	64			
Service User feedback: Number of Complaints (formal)		12	4	4	5	4	3	2	7		
Friends and Family Test Score % (good/very good) NICU		Data Not Available (DNA)			100	100	100	100	100		
Friends and Family Test Score % (good/very good) Maternity		96	94	97	94	93	93	92	91		
Staff feedback from frontline champions and walk-abouts (number of themes)		4	2	2	3	0	4	0			
Improvement											
Progress in achievement of CNST /10		7	7	7	7	7	7	7	7		
Training compliance in annual local BNLS (NICU)		100%	100%	100%	100%	100%	100%	100%			
Training compliance in maternity emergencies and multi-professional training (PROMPT) * note: includes BNLS — *Overall*	90%	77%	70%	72%	65%	55%	76%	83%	81%		
Obstetric Consultants		65%	65%	75%	69%	50%	72%	78%	78%		
Other Obstetric Doctors		66%	54%	61%	59%	54%	75%	86%	53%		
Anaesthetic Consultants		82%	86%	82%	81%	65%	81%	90%	90%		
Other Anaesthetic Doctors		80%	68%	76%	54%	50%	74%	76%	83%		
Midwives		80%	78%	76%	71%	61%	78%	85%	88%		
Maternity Support Workers		91%	66%	64%	57%	51%	75%	84%	93%		
Theatre staff		Data Not Available (DNA)									
Neonatologists		Data Not Available (DNA)									
NICU Nurses		Data Not Available (DNA)									
Fetal Wellbeing and Surveillance — *Overall*	90%	60%	76%	64%	67%	64%	72%	78%	67%		
Obstetric Consultants		65%	75%	69%	75%	61%	50%	61%	72%		
Other Obstetric Doctors		38%	64%	46%	51%	64%	77%	79%	44%		
Midwives		77%	89%	78%	74%	66%	90%	95%	86%		
Trust Level Risks		7	7	9	9	4	6	7	6		
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annually)											
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of supervision out of hours (Reported annually)											

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Tab 15.2 Appendix 2 – Integrated Performance Report

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North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

September 2023

(presenting August 2023 data)

Tab 15.2 Appendix 2 – Integrated Performance Report

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Tab 15.2 Appendix 2 – Integrated Performance Report

North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Trend	Peer Performance	Rank
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	73.27%	60.83%	56.43%	57.47%	58.29%	55.61%	71.94%	79.69%	78.35%	80.16%	70.74%	75.15%	71.49%	71.94%		56.58%	1/10
	A&E 12 Hour Trolley Breaches	R	0	-	57	261	482	433	786	312	9	135	2	39	10	12	17		1-1243	3/10
	Ambulance Handover < 15 mins (%)		65.00%	-	25.68%	27.12%	23.70%	16.88%	14.09%	24.15%	31.94%	28.00%	38.76%	33.96%	34.54%	32.21%	26.14%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	61.52%	58.63%	48.03%	41.40%	30.37%	56.74%	73.94%	70.60%	82.40%	73.03%	78.48%	74.86%	70.85%			
	Ambulance Handover > 60 mins		0	-	364	439	672	778	1041	457	105	267	87	231	164	165	182			
	Average No. patients not meeting Criteria to Reside			-	295	262	278	276	243	254	217	239	208	190	198	200	198			
	Bed Occupancy Rate			99.44%	97.86%	98.63%	98.57%	98.76%	98.22%	97.93%	96.77%	97.21%	96.08%	97.14%	96.99%	95.81%	93.63%			
	Diagnostic 6 Week Wait Performance		1.00%	15.00%	48.09%	48.27%	39.36%	38.62%	38.56%	32.21%	22.45%	16.03%	17.44%	17.48%	18.64%	15.10%	14.18%		32.12%	3/10
	Diagnostic 13+ Week Breaches		0	751	4844	4971	4627	4204	3663	2459	1497	939	740	593	595	300	124		76-4163	3/10
	RTT Incomplete 18 Week Performance		92.00%	-	65.82%	66.30%	66.31%	65.58%	62.05%	63.87%	63.87%	63.37%	62.66%	63.23%	61.02%	60.97%	60.50%		54.27%	3/10
	RTT 52+ Week Breaches	R	0	2525	3131	3087	3062	2980	2984	2742	2556	2576	2684	2798	2831	2689	2599		85-15129	2/10
	RTT 65+ Week Breaches			448	1230	1180	1062	1021	1105	895	742	547	591	594	619	624	606		0-4104	2/10
	RTT 78+ Week Breaches	R		-	441	394	375	319	306	223	167	69	65	84	59	44	48		0-474	3/10
	Total Waiting List	R		44154	48766	49025	48871	47418	46523	46266	46327	47287	47861	47731	49899	50119	50168			
	Cancer 2 Week Wait	R	93.00%	82.86%	40.27%	35.87%	30.86%	47.53%	56.62%	55.01%	63.52%	56.84%	41.63%	39.10%	42.67%	52.00%	-		65.59%	9/10
	Cancer 31 Day First Treatment		96.00%	95.58%	87.31%	87.70%	90.39%	86.49%	87.16%	82.41%	89.90%	91.04%	79.58%	83.51%	86.27%	90.77%	-		90.92%	7/10
	Cancer 62 Day Standard	R	85.00%	68.09%	55.75%	59.08%	52.45%	48.86%	49.00%	41.54%	57.82%	61.62%	55.29%	50.00%	53.20%	54.21%	-		53.93%	8/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	68.45%	48.78%	35.15%	42.88%	55.74%	55.48%	62.66%	77.41%	78.17%	68.05%	62.72%	66.43%	65.14%	-		67.71%	6/10
	Cancer PTL >62 Days		242	186	858	529	328	329	328	335	191	140	178	207	171	183	236			
	Cancer PTL >104 Days		0	18	147	123	63	47	23	26	41	29	25	40	45	46	41			
	Urgent operations cancelled ≥2 times		0	-	2	0	1	0	0	0	0	1	0	0	0	0	-			

Benchmarking (in arrears except A&E & Cancer as per reporting month)

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

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Tab 15.2 Appendix 2 – Integrated Performance Report

North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

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Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.44%	0.93%	1.26%	0.49%	0.49%	0.48%	0.58%	0.45%	0.79%	0.00%	0.72%	0.93%	0.45%	
	Caesarean Section Rate				45.01%	42.86%	43.45%	41.74%	44.57%	44.27%	43.99%	42.03%	36.41%	42.80%	44.37%	40.65%	46.33%	
	Still Birth rate			0.40%	0.00%	0.42%	0.19%	0.22%	0.22%	0.00%	0.00%	0.21%	0.24%	0.21%	0.44%	0.43%	0.21%	
	Induction of Labour Rate			32.10%	31.57%	33.33%	28.97%	31.25%	34.62%	35.73%	38.52%	34.91%	36.89%	35.91%	33.55%	38.04%	32.08%	
	PPH 1500 ml rate			8.60%	2.65%	4.11%	3.77%	3.79%	1.81%	3.60%	3.83%	2.80%	3.16%	4.09%	2.87%	4.13%	2.31%	
	Summary Hospital-Level Mortality Indicator (SHMI)				0.97	0.98	0.98	0.96	0.96	0.98	0.96	0.97	0.98	0.98	0.99	0.99	0.98	
	Never Event Occurrence by month		0	0	0	0	0	2	1	1	0	0	0	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				1	0	0	7	1	3	3	3	2	4	0	0	2	
	Healthcare Safety Investigation Branch Investigations				1	0	0	4	0	1	0	0	0	0	0	0	0	
	Total Incidents				1284	1155	1261	1251	1320	1170	972	1188	1026	1118	1103	1029	1063	
	Total Incidents (Rate per 1000 Bed Days)				41	38	40	41	44	37	34	39	38	39	39	35	38	
	WHO checklist completion			95.00%	98.08%	97.58%	97.53%	97.95%	97.91%	97.43%	97.30%	97.76%	99.20%	96.97%	97.77%	99.01%	96.74%	
	VTE Risk Assessment completion	R		95.00%	92.51%	92.76%	93.99%	94.82%	94.72%	95.18%	94.95%	94.54%	95.26%	94.67%	94.50%	94.38%	-	
	Pressure Injuries Grade 2				16	17	14	19	11	16	9	13	20	15	18	17	12	
	Pressure Injuries Grade 3			0	0	0	2	2	1	0	0	1	0	0	0	0	2	
	Pressure Injuries Grade 4			0	0	0	0	0	1	0	2	1	0	0	0	0	1	
	PI per 1,000 bed days				0.48	0.43	0.41	0.62	0.43	0.48	0.37	0.46	0.63	0.45	0.56	0.48	0.46	
	Falls per 1,000 bed days				7.20	7.25	6.35	6.52	7.31	6.29	6.25	5.92	6.39	5.76	5.73	4.97	5.80	
	#NoF - Fragile Hip Best Practice Pass Rate				42.55%	18.64%	14.89%	0.00%	21.88%	47.06%	57.14%	60.34%	68.42%	55.00%	43.10%	62.00%	-	
	Admitted to Orthopaedic Ward within 4 Hours				19.57%	5.17%	17.02%	13.04%	9.09%	26.47%	38.78%	48.28%	48.21%	47.50%	27.59%	40.00%	-	
	Medically Fit to Have Surgery within 36 Hours				52.17%	22.41%	21.28%	0.00%	3.64%	44.12%	59.18%	65.52%	71.43%	67.50%	44.83%	62.00%	-	
	Assessed by Orthogeriatrician within 72 Hours				89.13%	54.24%	27.66%	2.17%	7.27%	67.65%	95.92%	94.83%	96.43%	85.00%	93.10%	96.00%	-	
	Stroke - Patients Admitted				68	72	65	102	89	111	64	115	94	121	181	132	100	
	Stroke - 90% Stay on Stroke Ward			90.00%	84.62%	68.75%	55.88%	54.29%	71.88%	68.12%	82.00%	80.95%	86.36%	87.01%	85.71%	89.02%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	70.00%	64.29%	83.33%	66.67%	35.29%	57.14%	62.50%	80.00%	56.25%	42.86%	73.33%	44.44%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	70.00%	46.88%	41.67%	36.99%	36.92%	43.84%	48.08%	55.68%	73.24%	58.97%	61.86%	66.67%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	93.18%	91.67%	92.31%	83.13%	89.04%	85.06%	94.23%	92.39%	93.59%	77.42%	84.11%	80.00%	-	
	MRSA	R	0	0	0	0	0	0	0	0	0	2	0	0	1	1	0	
	E. Coli	R		4	3	2	2	5	4	9	4	2	8	4	7	4	2	
	C. Difficile	R		5	3	4	1	4	2	1	2	6	1	4	11	6	2	
	MSSA			2	1	8	3	8	2	4	2	0	1	2	6	9	5	
Quality Caring & Experience	Friends & Family Positive Responses - Maternity				89.79%	84.36%	91.79%	92.94%	95.48%	88.29%	90.06%	91.98%	94.44%	93.50%	91.79%	88.81%	91.00%	
	Friends & Family Positive Responses - Emergency Department				75.12%	72.19%	70.56%	74.42%	76.52%	87.92%	87.59%	87.57%	86.07%	79.57%	81.95%	81.75%	83.58%	
	Friends & Family Positive Responses - Inpatients				91.30%	92.14%	92.21%	92.21%	92.67%	93.51%	94.56%	93.58%	92.85%	93.29%	91.62%	93.65%	93.70%	
	Friends & Family Positive Responses - Outpatients				90.00%	92.76%	94.07%	94.83%	95.64%	95.10%	94.57%	95.24%	95.53%	95.43%	94.67%	95.46%	95.13%	
	PALS - Count of concerns				154	151	143	141	126	106	139	156	120	141	141	145	123	
	Complaints - % Overall Response Compliance			90.00%	76.27%	76.92%	75.76%	72.31%	71.76%	80.82%	82.14%	79.63%	73.17%	79.49%	80.00%	79.63%	64.10%	
	Complaints - Overdue				1	3	7	5	12	5	3	4	3	1	6	5	4	
	Complaints - Written complaints				62	64	76	66	51	62	41	41	38	57	44	42	48	
Well Led	Agency Expenditure ('000s)				1726	1292	2616	1992	1675	2030	1809	2485	2485	2485	2485	2485	2242	
	Month End Vacancy Factor				8.57%	8.65%	8.69%	8.61%	8.93%	8.64%	8.44%	7.88%	6.21%	7.96%	8.03%	8.25%	7.69%	
	Turnover (Rolling 12 Months)	R		-	17.04%	17.22%	17.17%	17.32%	17.10%	16.99%	16.77%	16.76%	16.56%	16.29%	15.90%	15.19%	15.03%	
	Sickness Absence (Rolling 12 month)	R		-	5.48%	5.42%	5.49%	5.49%	5.56%	5.49%	5.43%	5.30%	5.19%	5.08%	5.07%	4.94%	4.92%	
	Trust Mandatory Training Compliance				83.56%	84.40%	83.49%	83.56%	83.65%	86.34%	87.23%	88.71%	80.99%	82.00%	84.23%	84.73%	86.69%	

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

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Tab 15.2 Appendix 2 – Integrated Performance Report

Executive Summary – September 2023

Urgent Care

Four-hour performance was 71.94% in August. NBT ranked first out of ten reporting AMTC peer providers for the eighth consecutive month.12-hour trolley breaches and ambulance handover performance in August were slightly higher than the previous month, reporting at 17 and 182, respectively. 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. Work also progresses around development of a "Transfer Of Care" Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. In the meantime, internal hospital flow plans continue to be developed and implemented.

Elective Care and Diagnostics

Despite significant impacts from repeated periods of industrial action, 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 improved again in August, reporting at 14.18%; well ahead of plans to deliver 15.00% by the year-end. The last remaining >26-week waits for Endoscopy (Industrial action impact) are planned to be cleared in September. Non-Obstetric Ultrasound challenges continue, but the team have made progress on the in-year position within the last month. In-year RTT target ambitions remain significantly challenged due to the ongoing impact of industrial action.

Cancer Wait Time Standards

The Trust has made substantial and sustained improvement in the total cancer waiting list. There has been and is expected to be a significant impact from industrial action on the Trust total PTL size and waiting times. As this work is recovered, it is anticipated that headlined target performance will show deterioration (as patients are seen and treated), before it recovers. 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 TWW GP suspected cancer, upgrades and screening pathways). These measures have now been achieved although we continue to experience fluctuations in the >62-day position. In the plan, the next key measure of focus is the FDS 28-Day standard – this approach was determined before the NHSE recently released the intention to move away from the TWW target and towards a 28-Day standard for faster diagnosis. We were starting to see steady improvement in this measure with it increasing from 35.18% to 78.17% between September 2022 and March 2023, however the loss of activity due to industrial action in some high-volume cancer areas (dermatology, breast services and urology), means there has been a dip in performance as this work is recovered and patients are seen.

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Tab 15.2 Appendix 2 – Integrated Performance Report

Executive Summary – September 2023

NHS North Bristol NHS Trust

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Quality

Within Maternity, all cases reviewed via the Perinatal Mortality Review Tool (PMRT) have had all aspects of care rated positively (none graded C or D which are poor) and there were no moderate harm incidents or HSIB referrals during July. The Avoiding Term Admissions into Neonatal units (ATAIN) percentage in July was 4.7%, which is the fourth month in a row it has been below the national target of 5%. On review, no cases were deemed to be avoidable. Workforce pressures continue across all staff groups; this is reflected in the Divisions risk register. Bank incentives remain in place. Infection control data for August 2023 showed a reduced incidence of C-Difficile and MSSA but the overall position remains above trajectory. No new MRSA cases were seen. An improving trend in falls rates over the past 9 months has been sustained and the rate of for pressure injuries and remains within the existing 'normal range' within NBT's recent experience. There has been a spike in medication incidents reported over the past 2 months, which appears attributable to a change in reporting basis (now including externally reported incidents). A deep dive into medication safety is being undertaken at the Patient Safety Committee in October for this. The rate of VTE Risk Assessments has improved over the past 6 months overall but actions continue to bring reported compliance to above 95%. Notwithstanding this, the trust's commitment to continuous improvement, not just in this metric but more widely for VTE prevention and treatment, has been recognised through the external revalidation of NBT's status as a national **VTE Exemplar centre** on 8 September 2023.

Workforce

Trust vacancy factor was 7.69% in August (706.1 wte) from 8.25% (769.8 wte) in July. The greatest reduction in vacancies was seen in registered nursing and midwifery and doctors in training/clinical fellows. The former predominantly driven by the movement of 23 wte of international nurses and newly qualified staff to from band 4 to band 5. The latter relates to a net gain of staff resulting from the August rotation. Rolling 12-month staff turnover decreased from 15.19% in July to 15.03% in August with the improvement trend continuing. The level of improvement sustained since November 22 equates to the equivalent of approximately 180 wte fewer leavers in a year, including 50 wte fewer band 5 nurses and 35 wte fewer support workers. The Trust has finalised its one-year retention plan and is currently drafting the five-year retention plan and aligning to the outcome of the 1st iteration of the long-term workforce plan scheduled for October. The Trust rolling 12-month sickness absence position decreased from 4.94%% in July to 4.92% in August which represents the eight month of continuous reduction in absence rates. The position remains stable and the absence reasons driving this positions remains materially unchanged from last month. Overall temporary staffing demand reduced by 4.70% (52.2 wte) in August compared to July. The greatest reduction was in registered nursing and midwifery (6.33% reduction in demand equating to 27.1 wte). Agency use and unfilled shifts decreased at a greater rate than demand, 10.99% (23.9 wte) and 8.54% (7.8 wte) respectively.

Finance

The financial plan for 2023/24 in Month 5 (August) was a deficit of £0.9m. The Trust has delivered a £1.8m deficit, which is £0.9m worse than plan. The year-to-date position is a £4.4m adverse variance against a planned £6.9m deficit. The in month and year to date position is being driven by £0.7m and £3.0m respectively of costs related to industrial action. The Trust has recognised £0.6m of income in month 5 to offset the impact of the April industrial action. Therefore, £2.4m of the adverse position is driven by strike action costs. Temporary staffing costs in the year-to-date position is creating a £3.9m adverse variance to plan, the impact of which is offset by delays in investments. The Trust cash position at Month 5 is £66m, a reduction of £38m from Month 1. The forecast outturn for 2023/24 sees the Trust cash balance reduce to £49m by Month 12. This is driven by the Trust underlying deficit. The Trust has delivered £10.0m of completed cost improvement programme (CIP) schemes at month 5. There is a further £5.2m of schemes to be developed and £5.7m in the pipeline.

NBTCARES

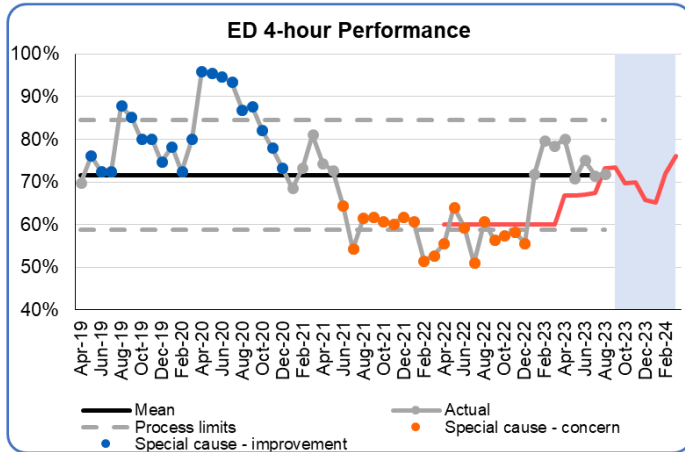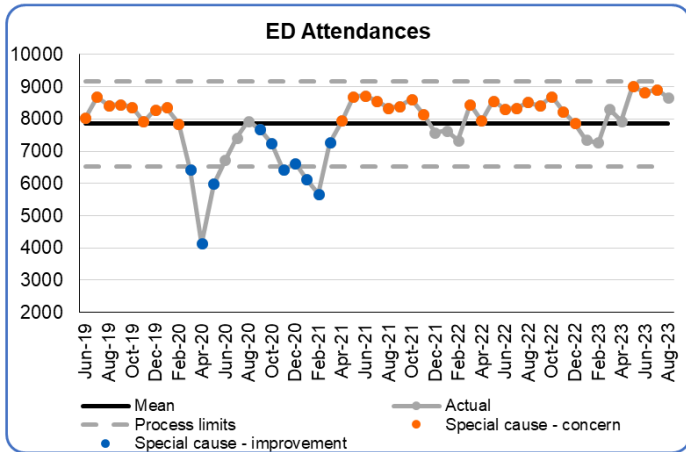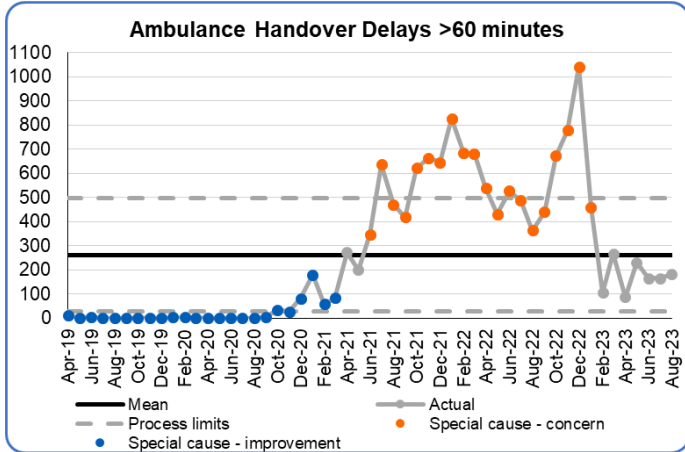Tab 15.2 Appendix 2 – Integrated Performance Report

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Responsiveness

Board Sponsor: Chief Operating Officer
Steve Curry

Tab 15.2 Appendix 2 – Integrated Performance Report

Responsiveness – Indicative Overview

NHS North Bristol NHS Trust

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Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Revised plan underway – internal and partnership actions continue
	Transfer of Care Hub	Three phases, May-Dec. Phase 1 on track (System capital funding outstanding)
	NC2R/D2A	Reduction in NC2R – engaging system on maintaining discharge capacity throughout coming winter
RTT	65-week wait	Off track due to repeated periods of industrial action (IA).
Diagnostics	15% 6-week target	Remedial plans taking hold – expect to deliver the year-end target 5-6 months early.
	13-week waits	Now running ahead of trajectory – IA contingencies continue with good impact
	CDC	First phase (mobiles) - CDC by April 2024
Cancer PTL	28-day FDS standard	The re-work impact of IA is having a material impact on the ability to hold/achieve this position

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Urgent and Emergency Care

NHS North Bristol NHS Trust

Ambulance Handover Delays >60 minutes

- Mean
- Process limits
- Actual
- Special cause - concern
- Special cause - improvement

ED Attendances

- Mean
- Process limits
- Actual
- Special cause - concern
- Special cause - improvement

ED 4-hour Performance

- Mean
- Process limits
- Actual
- Special cause - concern
- Special cause - improvement

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Non-Elective Admissions

- Mean
- Process limits
- Special cause - concern
- Special cause - improvement
- Actual

Bed Occupancy (Weekly)

- Mean
- Process limits
- Special cause - concern
- Special cause - improvement
- Actual

Proportion of inpatients with no Criteria to Reside

- Mean
- Actual
- Special cause - concern
- Special cause - improvement

NBTCARES

10.00am, Public Trust Board-28/09/23

Tab 15.2 Appendix 2 – Integrated Performance Report

Urgent and Emergency Care

What are the main risks impacting performance?

- Underlying NC2R volumes showing some consistent increase
- Improved inpatient bed occupancy throughout summer, starting to regress to the norm
- Additional bed demand driven by COVID backlogs and/or prolonged access to primary care
- Clinical cover and discharge activity impacted by industrial action, both during and for a period subsequent.
- Continued fluctuation in numbers of ED attendances
- Further industrial action during September and October is expected to have an impact on performance.

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 is working closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals.

- Ongoing introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).

- 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.

- 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.

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Tab 15.2 Appendix 2 – Integrated Performance Report

Diagnostic Wait Times

Diagnostic 6 week Performance (15% target)

Diagnostic 13+ week Backlog
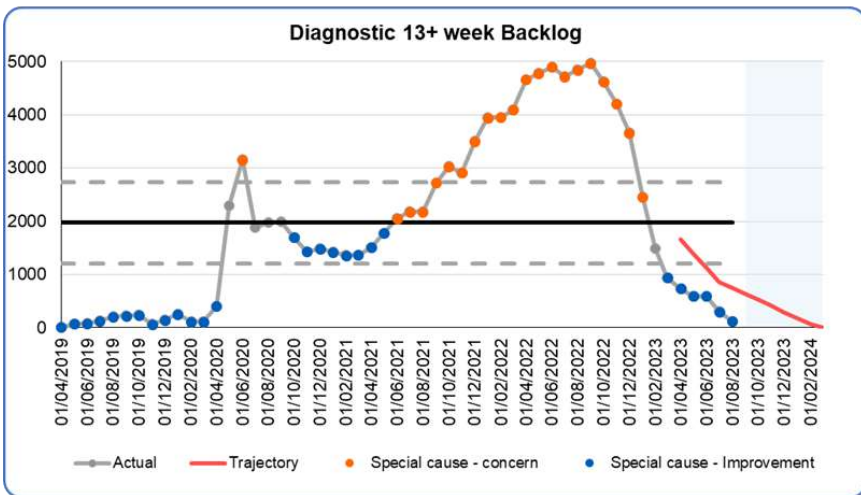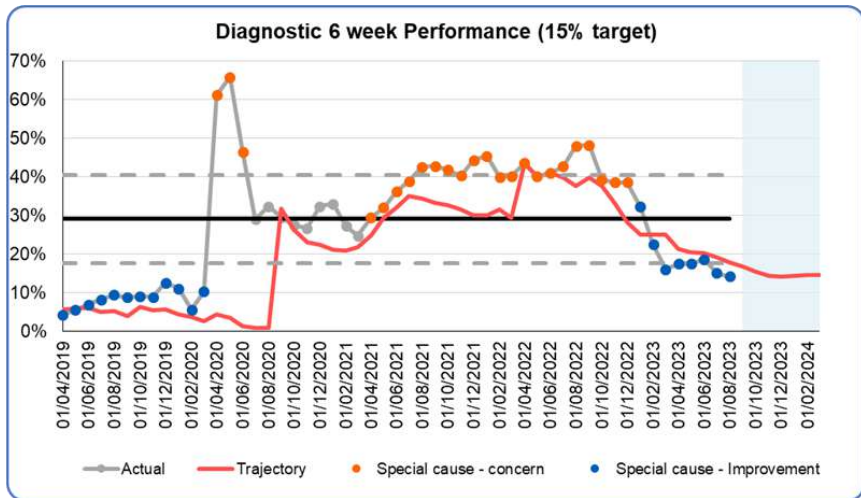
What are the main risks impacting performance?

- A very small 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 last of the >26-week waits who require a general anaesthetic for their endoscopy are booked in September.

- 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.
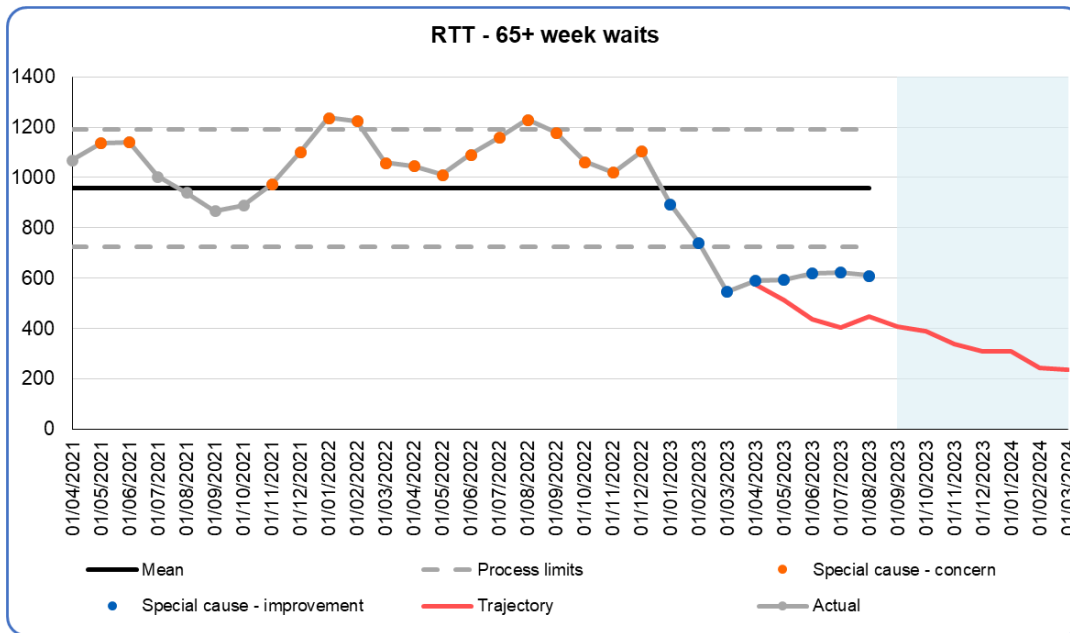
What actions are being taken to improve?

- 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. The Dep CEO and COO has agreed a change in where Endoscopy sits within the organisation. Plans are in place to transition Endoscopy from the Medicine Division to the CCS Division. This will ensure it receives the appropriate level of oversight and support and aligns it with other diagnostic services as we transition to the development of CDCs. The CCS leadership team has a key role in the development of the CDCs and is best placed to transition Endoscopy services accordingly.

- Divisional 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.

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Tab 15.2 Appendix 2 – Integrated Performance Report

Referral To Treatment (RTT)

NHS North Bristol NHS Trust

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RTT - 65+ week waits

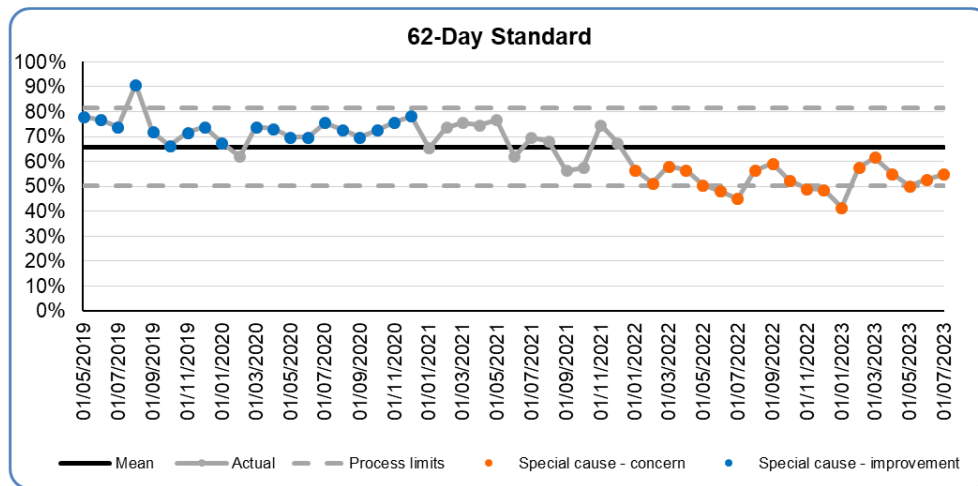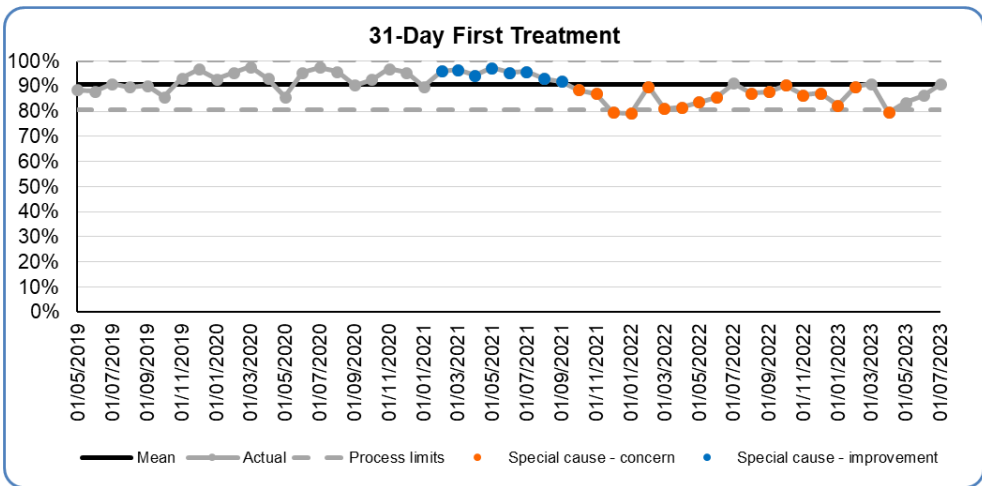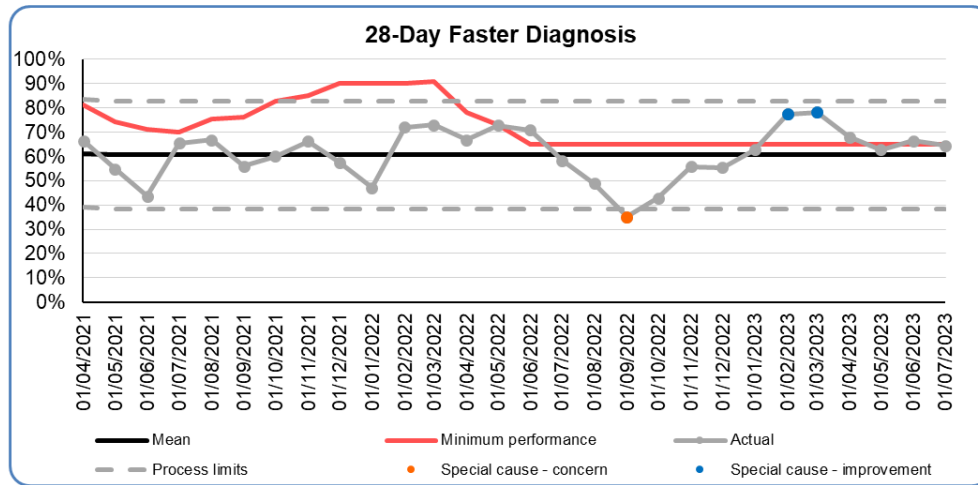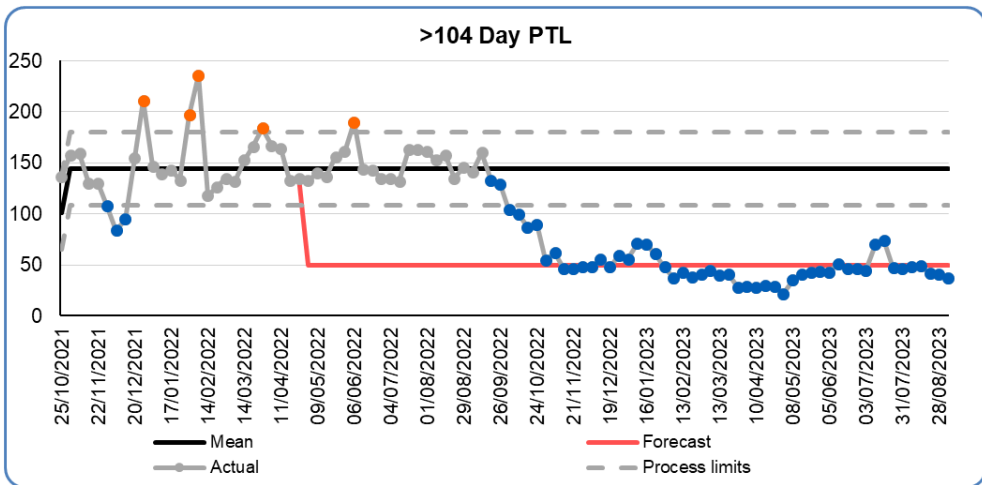| Legend |
|---|
| — Mean |
| - - - Process limits |
| ● Special cause - concern |
| ● Special cause - improvement |
| — Trajectory |
| — Actual |

What are the main risks impacting performance?

- The continued impact of repeated periods of industrial action is having a material adverse impact on the position. At this point, and with the likelihood of further industrial action, the Trust is likely to remain off track for delivering it's 65-week waits.

- Rebooking of cancelled cancer and urgent patients is displacing the opportunity to book long-waiting patients.

- Continued reliance on third party activity in a number of areas.

- Staff shortages in some key areas e.g. operating theatres.

- The potential impact of UEC activity on elective care.

What actions are being taken to improve?

- Focused work on maintaining 104ww and 78ww positions continues.

- Work is ongoing to eliminate the year end risk volume of 65-week wait potential breaches – working with clinical teams to agree a balance of clinical priority and long waits.

- 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.

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Tab 15.2 Appendix 2 – Integrated Performance Report

Cancer Performance

>104 Day PTL

Legend: Mean, Forecast, Actual, Process limits

28-Day Faster Diagnosis

Legend: Mean, Minimum performance, Actual, Process limits, Special cause - concern, Special cause - improvement

31-Day First Treatment

Legend: Mean, Actual, Process limits, Special cause - concern, Special cause - improvement

62-Day Standard

Legend: Mean, Actual, Process limits, Special cause - concern, Special cause - improvement

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Tab 15.2 Appendix 2 – Integrated Performance Report

Cancer Performance

NHS
North Bristol
NHS Trust

What are the main risks impacting performance?

- Significant impact of industrial action resulting in escalation actions.

- Ongoing clinical pathway work reliant on system actions outstanding.

- Reliance on non-core capacity.

- Increase in demand for diagnostics – Endoscopy in particular.

15.2

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. This has been challenged by recent high volume activity losses (industrial action related) within areas such as dermatology.

- High volume Dermatology 'poly-clinics' enacted to recover cancer position. Having achieved the improved >62-Day cancer PTL target, the next phase will be to ensure the revised actions and processes are embedded to sustain this improvement. At the same time, design work has commenced to fundamentally improve patient pathways, which will improve overall Cancer wait time standards compliance. Trajectories have been revised across all tumour sites and has been submitted to the ICB in March 2023. These are now being revised for Q2.

- Following steady improvement in 28-Day FDS with it increasing from 35% to 75% between August 2022 and March 2023, and with February and March reporting >75%, recent industrial action impact has resulted in a deterioration in performance as activity continues to be lost and the backlog of patients are seen/ informed and treated. Despite this, the Trust remains within 2% of it's in-year recovery trajectory.

- Key next steps include securing additional activity to compensate for industrial action losses, and moving from an operational improvement plan to a clinically-led pathway improvement plan for key tumour site pathways such as dermatology and urology (e.g. prostate pathway).

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Quality, Safety and Effectiveness

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

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Tab 15.2 Appendix 2 – Integrated Performance Report

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

NHS North Bristol NHS Trust

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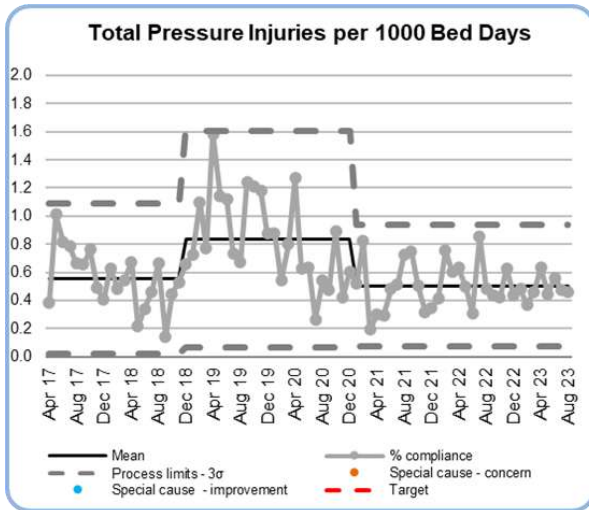| Activity	Jun-23	Jul-23	Aug-23
Number of women who gave birth, all gestations from 22+0 gestation	459	467	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	3	1	
Number of women who gave birth (>=24 weeks or <24 weeks live)	453	460	477
Number of babies born (>=24 weeks or <24 weeks live)	459	468	483
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)	41	37	31
No of livebirths <24 weeks gestation	1	1	3
Induction of Labour rate %	33.6%	38.0%	32.1%
Spontaneous vaginal birth rate %	45.9%	49.3%	45.9%
Assisted vaginal birth rate %	9.7%	10.0%	7.8%
Caesarean Birth rate (overall) %	44.4%	40.7%	46.3%
Planned Caesarean birth rate %	19.9%	18.3%	20.8%
Emergency Caesarean Birth rate %	24.5%	22.4%	25.6%
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	3.9%	4.7%	2.9%
Perinatal Morbidity and Mortality inborn			
Total number of perinatal deaths (excluding late fetal losses)	4	3	
Number of late fetal loses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)	4	1	
Number of stillbirths (>=24 weeks excl. TOP)	2	2	
Number of neonatal deaths : 0-6 Days	2	0	
Number of neonatal deaths : 7-28 Days	0	0	
PMRT grading C or D cases (themes in report)	0	0	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	0	0	
Maternal Morbidity and Mortality			
Number of maternal deaths (MBRRACE)	0	0	
Direct	0	0	
Indirect	0	0	
Number of women recieving enhanced care on CDS	17	19	14
Number of women who received level 3 care (ITU)	0		
Insight			
Number of datix incidents graded as moderate or above (total)	0	0	
Datix incident moderate harm (not SI, excludes HSIB)	0	0	
Datix incident PSII (excludes HSIB)	0	0	
New HSIB referrals accepted	0	0	
Outlier reports (eg: HSIB/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust)	0	0	
Coroner Reg 28 made directly to Trust	0	0	
Workforce			
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	2	2	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	2	2	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	0	1	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)	1	1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)	1	1	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).	34%	38%	38%
Vacancy rate for midwives	15.50%	18.45%	

Workforce	Jun-23	Jul-23	Aug-23
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)	60%	60%	
Vacancy rate for NICU nurses	31	31	
Datix related to workforce (service provision/staffing)	5	6	3
Consultant led MDT ward rounds on CDS (Day to Night)	80%	84%	
Consultant led MDT ward rounds on CDS (Day)	80%	77%	
One to one care in labour (as a percentage)	99%	100%	99%
Compliance with supernumerary status for the labour ward coordinator	96%	99%	
Number of consultant non-attendance to 'must attend' clinical situations	0	0	0
Involvement			
Service User feedback: Number of Compliments (formal)	74	64	
Service User feedback: Number of Complaints (formal)	3	2	7
Friends and Family Test Score % (good/very good) NICU	100	100	100
Friends and Family Test Score % (good/very good) Maternity	93	92	91
Staff feedback from frontline champions and walk-abouts (number of themes)	4	0	
Improvement			
Progress in achievement of CNST /10	7	7	7
Training compliance in annual local BNLS (NICU)	100%	100%	

Training compliance in maternity emergencies and multi-professional training (PROMPT) * note: includes BNLS		Jun-23	Jul-23	Aug-23
	Overall	76%	83%	81%
	Obstetric Consultants	72%	78%	78%
	Other Obstetric Doctors	75%	86%	53%
	Anaesthetic Consultants	81%	90%	90%
	Other Anaesthetic Doctors	74%	76%	83%
	Midwives	78%	85%	88%
	Maternity Support Workers	75%	84%	93%
	Theatre staff	Data Not Available (DNA)		
	Neonatologists	Data Not Available (DNA)		
	NICU Nurses	Data Not Available (DNA)		

Fetal Wellbeing and Surveillance		Jun-23	Jul-23	Aug-23
	Overall	72%	78%	67%
	Obstetric Consultants	50%	61%	72%
	Other Obstetric Doctors	77%	79%	44%
	Midwives	90%	95%	86%
Trust Level Risks		6	7	6

	Jun-23	Jul-23	Aug-23
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annually)			
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of supervision out of hours (Reported annually)			

Sept-23 data is partial and provisional until validation by the Divisional Perinatal Quality Committee.

- The Perinatal Quality Surveillance Matrix report provides a platform for sharing perinatal safety intelligence monthly.

- The ATAIN percentage in July was 4.7%. This is the fourth month in a row it has been below the national target of 5%. On review, no cases were deemed to be avoidable

- No cases reviewed via the Perinatal Mortality Review Tool had care graded as C or D

- There were no moderate harm incidents or HSIB referrals during July.

- Workforce pressures are being felt across all staff groups; this is reflected in the Divisions risk register. Bank incentives remain in place.

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Tab 15.2 Appendix 2 – Integrated Performance Report

Total Pressure Injuries per 1000 Bed Days

Pressure Injuries Year to Date 2023/24

Pressure Injuries - Device

Pressure Injuries - Total Incidents

Pressure Injuries

North Bristol NHS Trust

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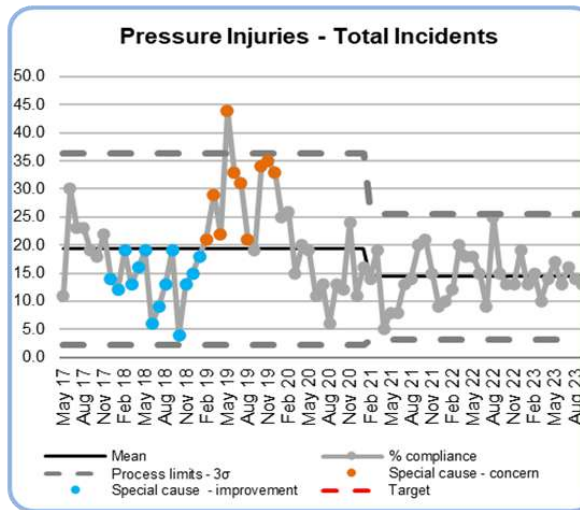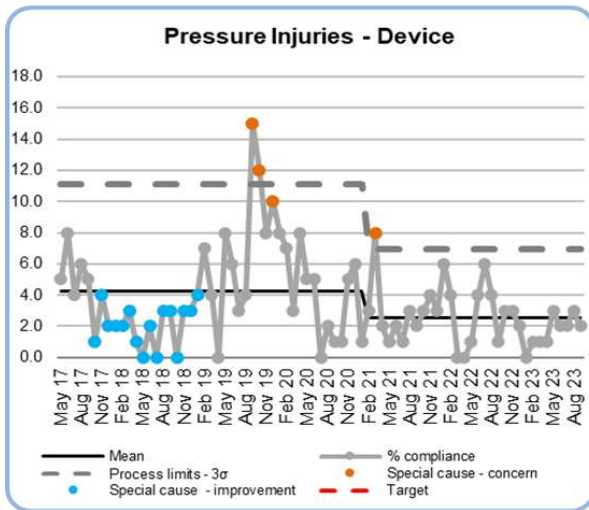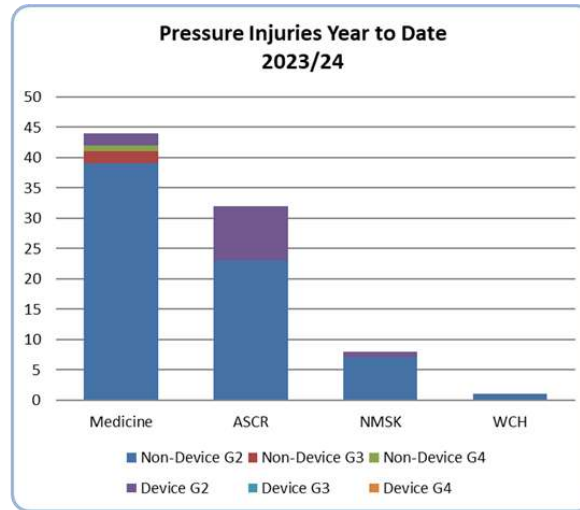
What does the data tell us?

The targets for PU reduction in 2023/2024:
- 10% reduction on grade 2 pressure ulcers.
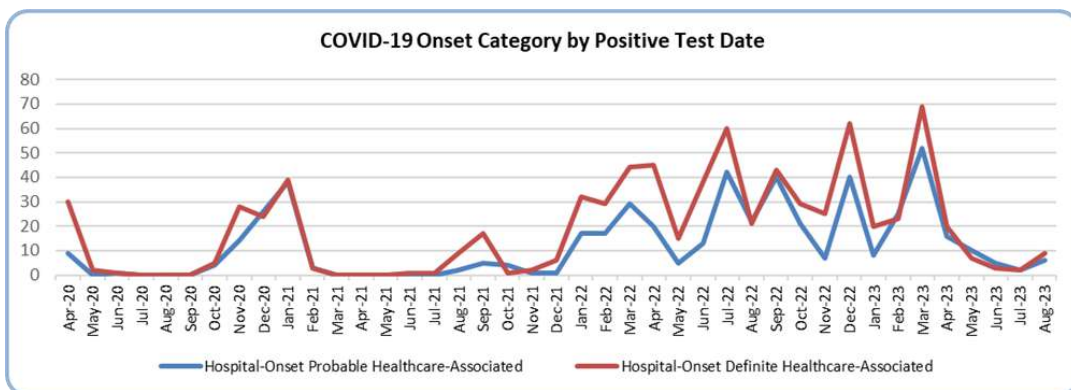- Zero tolerance for grade 3 and grade 4 pressure ulcers with a 50% reduction from 2022/2023.

In August there was a reduction in grade 2 pressure ulcers. There were 10 x grade 2 pressure ulcers, of which 2 were attributable to medical devices to the ear.

There was 2 x grade 3, that were attributed to the medicine division and Elgar 1 and 27b wards . The 1 x grade 4 pressure ulcer was attributed to ED following an extensive PSII.

There was a decrease from the previous month to 15 DTI's.

What actions are being taken to improve?

- Purpose-T has received feedback and adjustments to the assessment are being made to decrease the number of clicks for completion of the full assessment.

- The Pressure Ulcer Steering Group (PUSG) discussed the themes that contribute to pressure ulcer damage at NBT. Pressure ulcer damage to heels has been highlighted as an emerging theme and strategies and devices to help offload heels are being investigated.

- TVS presented their team strategy on a page to the patient safety group and discussed reviewing the SWARM, AAR investigation of pressure injuries at NBT. This is collaborative process review with patient safety to ensure responsive actions to identified themes.

- The Tissue Viability (TV) team provide a responsive, supportive and effective pressure ulcer prevention and validation service work collaboratively within NBT and strategically across the health system to reduce harm and improve patient outcomes.

Tab 15.2 Appendix 2 – Integrated Performance Report

COVID-19 Onset Category by Positive Test Date

— Hospital-Onset Probable Healthcare-Associated — Hospital-Onset Definite Healthcare-Associated

MRSA Cases - Trust Attributable

C.Difficile Cases - Trust Attributable (Cumulative)

— 2023-24 Trajectory — 2022-23 — 2023-24

MSSA Cases - Trust Attributable (Cumulative)

— 2022-23 — 2023-24 Trajectory — 2023-24

E.Coli Cases - Trust Attributable (Cumulative Cases)

— 2022-23 — 2023-24 Trajectory — 2023-24

Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus) / Influenza - . Numbers have seen an incline with winter plans starting to be mobilised.

MRSA – Total for year remains at 2. All Learning identified and associated action plans are being implemented.

***C. difficile* –** June and July cases are seeing action plans / learning being instigated at ward / divisional level and through senior nursing and medical teams. With no specific themes and trends identified and in conjunction with the upward trend at regional and national picture, August cases have reduced significantly.

MSSA – Cases for August is lower than previous months, but remains higher than trajectory, despite reduction plans being rolled out and targeted education. Trust collaboration between vascular access and H@N continues around the reduction work.
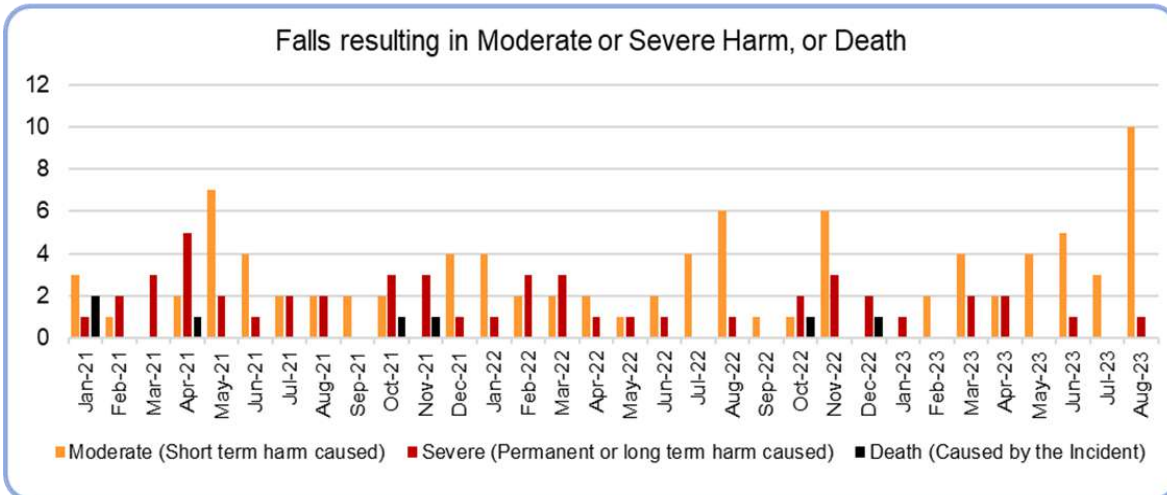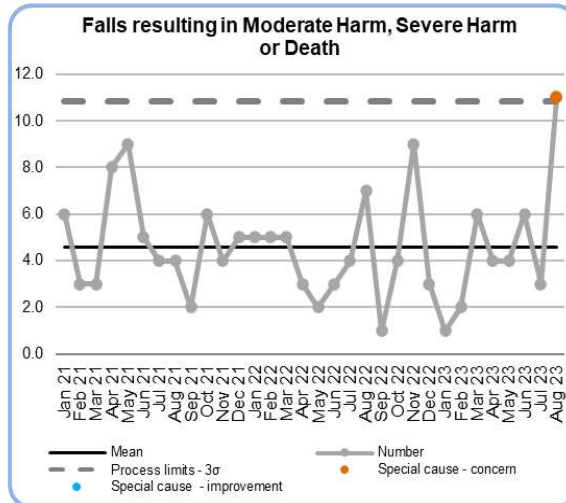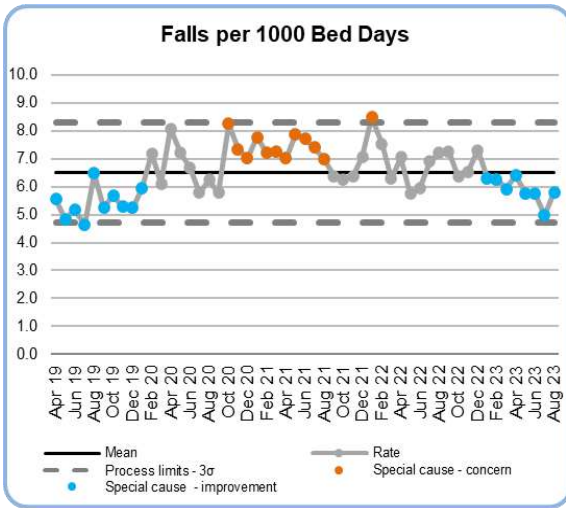
Gram negative – Currently maintaining an early below trajectory position. Continence group looking at QI work to further add to this position.
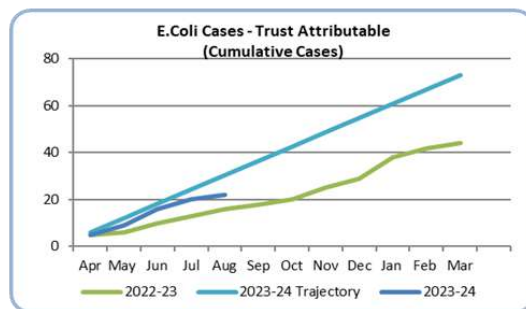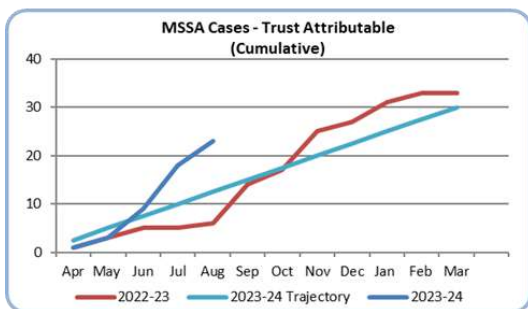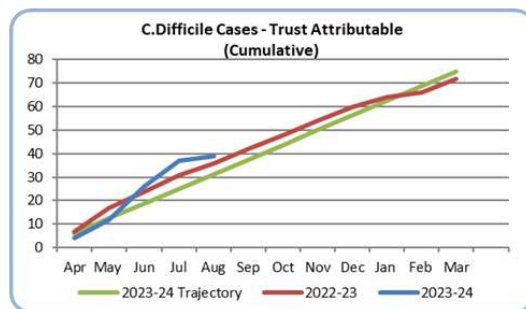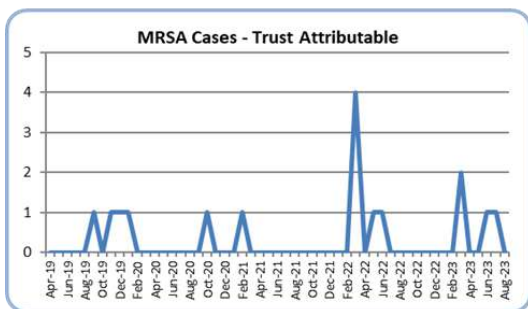
What actions are being taken to improve?

• Targeted work in clinical areas linked with case above (*C. difficile* and MSSA cases)

• National cleaning efficacy audits continue in all divisions

• Link nurse – Educational days commenced during September to make ready for winter, with emphasis on the reduction work.

• Winter planning – IPC team 7 day working Consultation, COVID and Influenza rapid testing plan continues.

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Tab 15.2 Appendix 2 – Integrated Performance Report

Falls per 1000 Bed Days

Falls resulting in Moderate Harm, Severe Harm or Death

Falls

What does the data tell us?

Falls incidents per 1000 bed days

NBT reported a rate of 5.8 falls incidents per 1000 bed days in August 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 August 2023, 10 falls were recorded as causing moderate harm and one fall was recorded as causing severe harm. Divisions have been asked to review details and ensure harm levels are correct. 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.
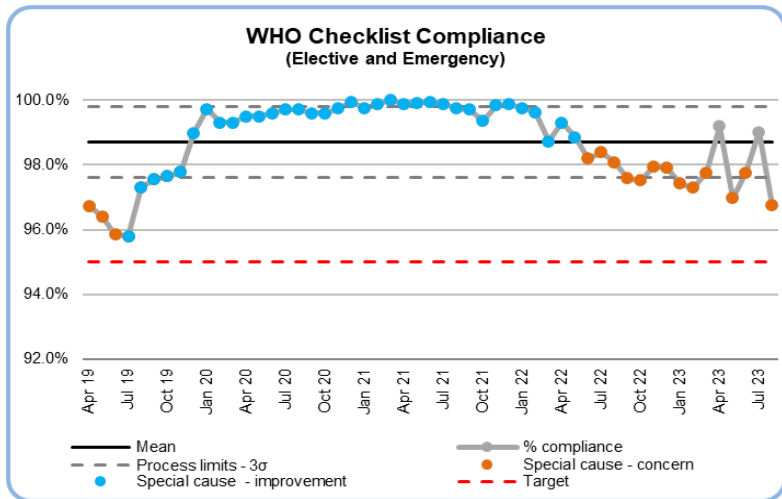
What actions are being taken to improve?

Inpatient falls is a patient safety priority under the patient safety incident response plan (PSIRP).

Leadership responsibility for Falls improvement work has now been delegated to the Trust's Chief AHP with some non recurrent improvement resource for 2023-24 identified. This will provide greater insights into current practice, identify potential areas for improvement and implement actions working with clinical teams.

This work will include relevant benchmarks from other similar organisations (e.g. with high proportion of single rooms within an acute setting) drawing upon relevant good practice.

A new falls lead will be coming into post by the end of the month at which point detailed monthly insight reports will be shared through the patient safety group and corresponding action and improvement plans will be developed


Falls resulting in Moderate or Severe Harm, or Death

■ Moderate (Short term harm caused) ■ Severe (Permanent or long term harm caused) ■ Death (Caused by the Incident)

Tab 15.2 Appendix 2 – Integrated Performance Report

WHO Checklist Compliance
(Elective and Emergency)

Legend: Mean, Process limits - 3σ, Special cause - improvement, % compliance, Special cause - concern, Target

VTE Risk Assessment Completion

Legend: Mean, Process limits - 3σ, Special cause - improvement, % compliance, Special cause - concern, Target

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 July, WHO checklist compliance was 96.74%. 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.
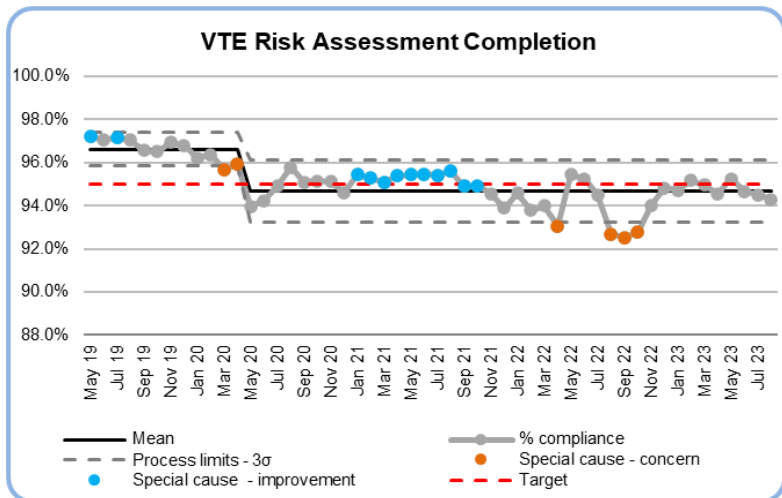
VTE Risk Assessment

What does the data tell us?

In July the rate of VTE Risk Assessments (RA) performed on admission was reported as 94.29%. 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 overall in recent months, however, there is still work to be done to ensure further improvement.
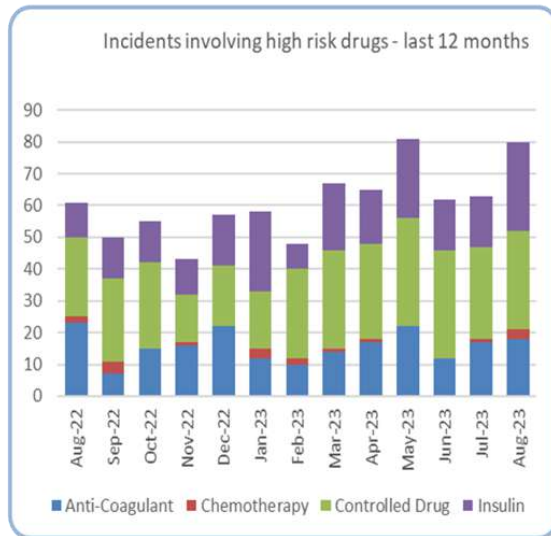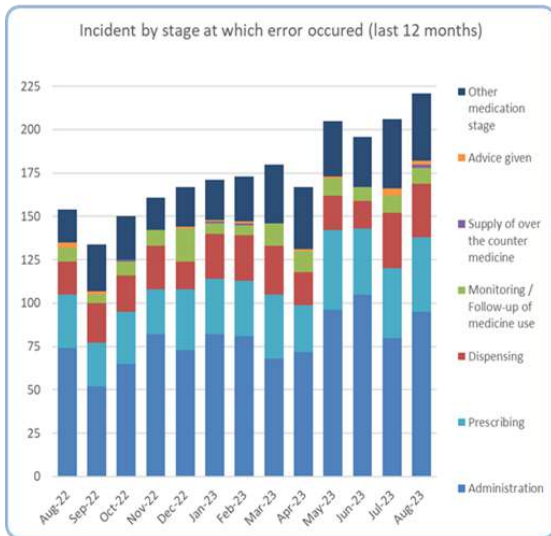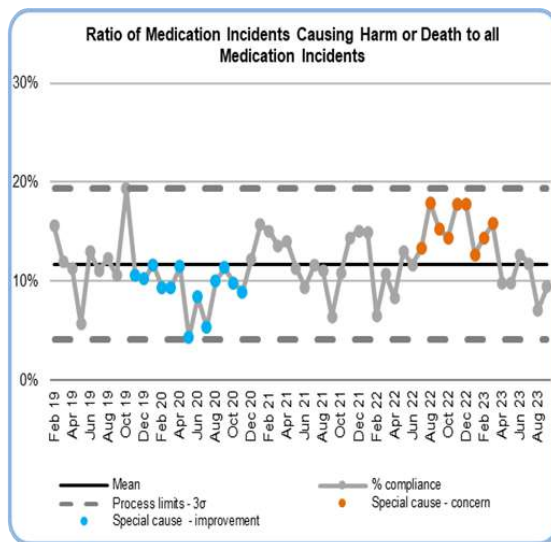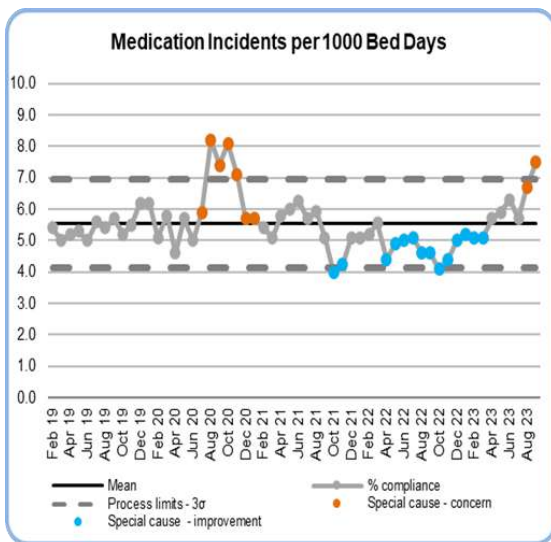
Notably, the Trust was revalidated as a VTE Exemplar Centre by the national accreditation body on 8 September, which recognises the trust's ongoing commitment to reduce avoidable harm and improve patient outcomes (as demonstrated to the Centre) and an active response to ongoing challenges.

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.

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Tab 15.2 Appendix 2 – Integrated Performance Report

Medication Incidents per 1000 Bed Days

Ratio of Medication Incidents Causing Harm or Death to all Medication Incidents

Incident by stage at which error occured (last 12 months)

Incidents involving high risk drugs - last 12 months

Medicines Management Report

NHS North Bristol NHS Trust

What does the data tell us?

Medication Incidents per 1000 bed days
During August 2023, NBT had a rate of 7.5 medication incidents per 1000 bed days. This is above the 6-month average of 6.4 for this measure.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents
During August 2023, c.9.4 % of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.094). This is in keeping with the 6 month average of 9.5%

Incidents by Stage
In keeping with the picture seen over the last 6 months most incidents are reported to occur during the 'administration' stage.

High Risk Medicines
During August 2023, c.36% of all medication incidents involved a high risk medicine which matches the 6 month average of 36%.

General comment: It is of note that since early June 2023 we have been inputting all Medicines related incidents flagged to us by the ICB onto our Datix system. Previously this had been managed by the Medicines Governance Team on a case by case basis but this did not enable us to look for trends and relied on individual members of staff responding to email correspondence – a system which was not felt to be adequately robust. This change will, in turn, slightly raise the number of reports seen on a monthly basis – the number of report originating from the ICB is approx. 5-10 per month.

What actions are being taken to improve?

The Patient Safety Team and Medicines Governance Team have produced a report which provides a 'deep dive' into medication safety data – to be presented to the Patient Safety Committee in October (deferred from September). The findings from this initial exercise will inform priorities for the 'Medicines Academy' going forward and also an update to the information included in this IPR report.

The learning from incidents causing moderate and severe harm are 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.

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Tab 15.2 Appendix 2 – Integrated Performance Report

15.2

Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams

Tab 15.2 Appendix 2 – Integrated Performance Report

Concerns and Complaints per Division

Trustwide Complaints, Concerns, Re-opened & Overdue Complaints

Complaints By Subject

Complaint Response Rate Compliance

Complaints and Concerns

What does the data tell us?

In August 2023, the Trust received 48 formal complaints. This is 6 more than in July and 14 fewer than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (28). There is a deep-dive report into this subject being presented to the Board.

There were 5 re-opened complaints in August, 3 for NMSK. 1 for Medicine and 1 for ASCR.

Of the 48 complaints, the largest proportion was received by Medicine (16).

The overall number of PALS concerns received has decreased to 123, 23 fewer than in July.

The response rate compliance for complaints has reduced to 64% in August. A breakdown of compliance by clinical division is below:
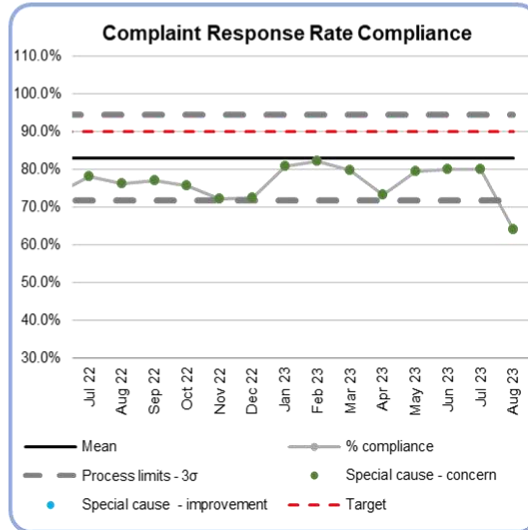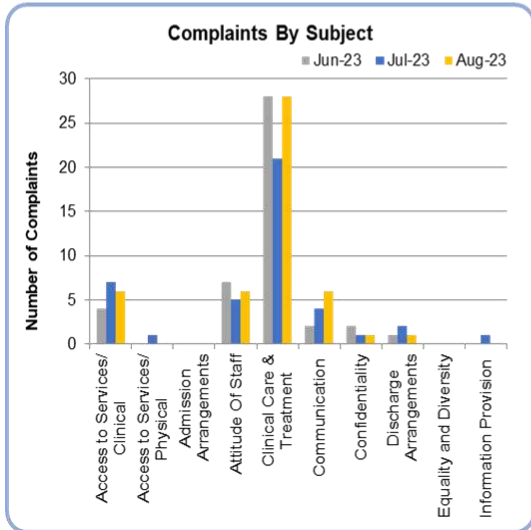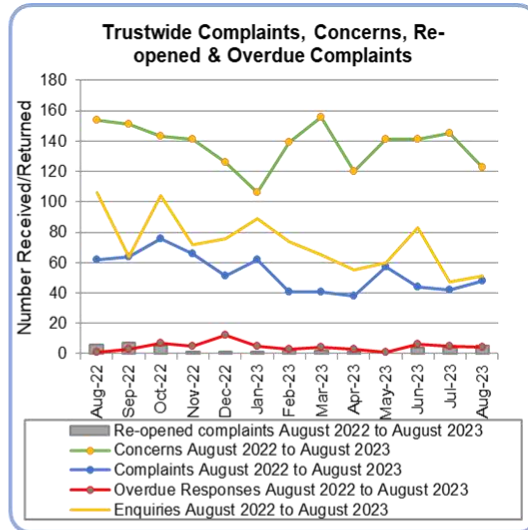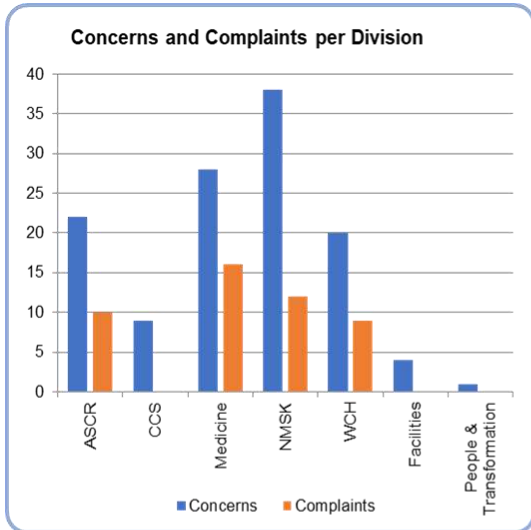
ASCR – 42%   NMSK- 70%   CCS – 100%

WaCH- 50%   Medicine – 90%

The number of overdue complaints at the time of reporting remained the same as in July (5). The overdue complaints are with NMSK (3), ASCR (1), and Medicine (1).

In July 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 August was 9 days, one less than in July.
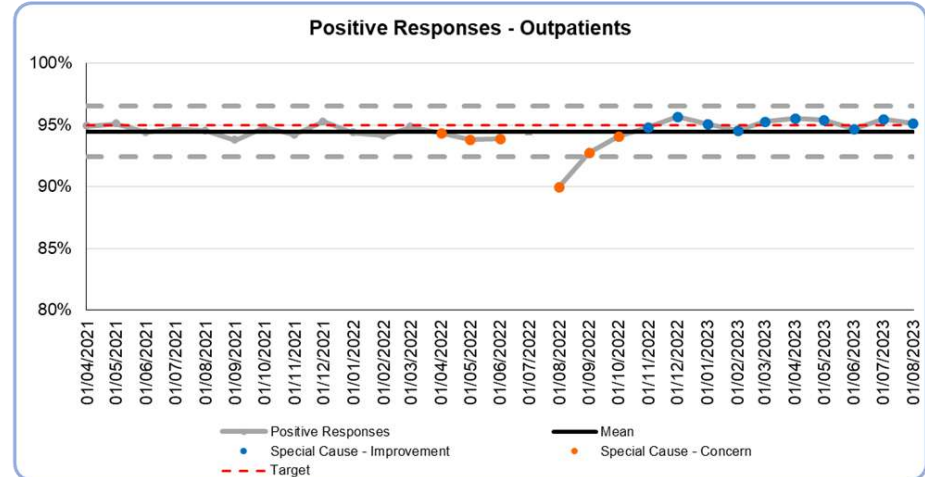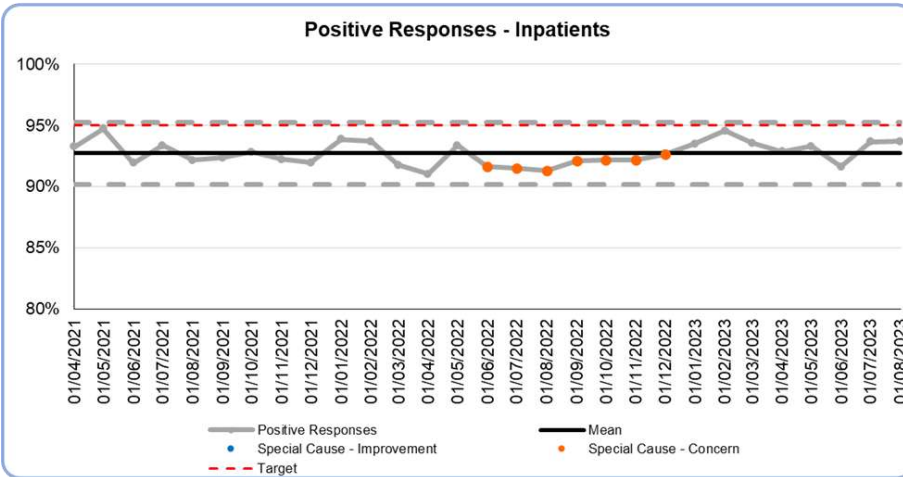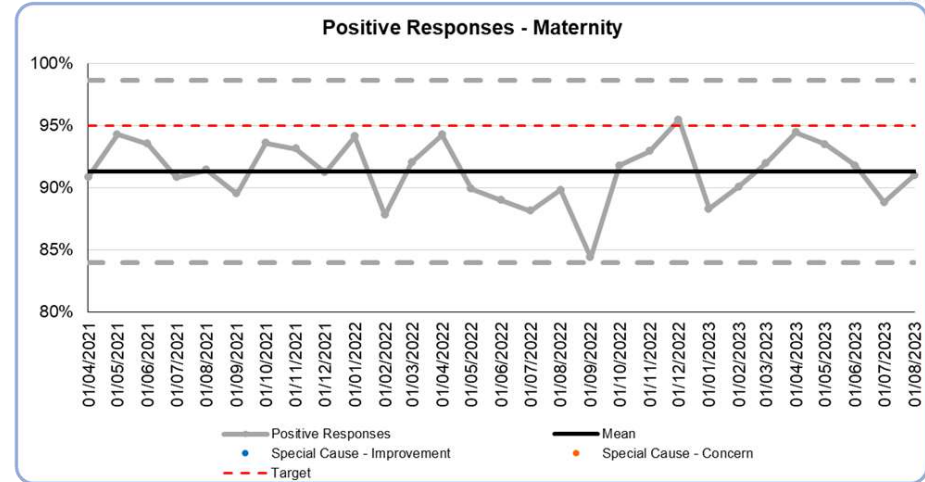
What actions are being taken to improve?

- Ongoing weekly validation/review of overdue complaints by the Complaints Manager.
- Weekly meetings with Medicine, ASCR, WaCH and NMSK Patient Experience Teams.
- Weekly cross-divisional complaint review (divisional complaints teams meet to discuss joint cases).
- Complaints Manager attended NMSK senior nurse, patient experience, and quality meeting to provide refresher complaints training.
- Central team to support ASCR with arranging extensions.
- Patient Experience Manager to meet with ASCR Patient Experience Lead and WaCH Patient Experience Lead to discuss complaints compliance and identify what immediate support is needed. If the compliance for these two divisions remains below 70% we will explore longer-term recovery plans.

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Tab 15.2 Appendix 2 – Integrated Performance Report

Patient Experience

Positive Responses - ED

Positive Responses - Maternity

Positive Responses - Inpatients

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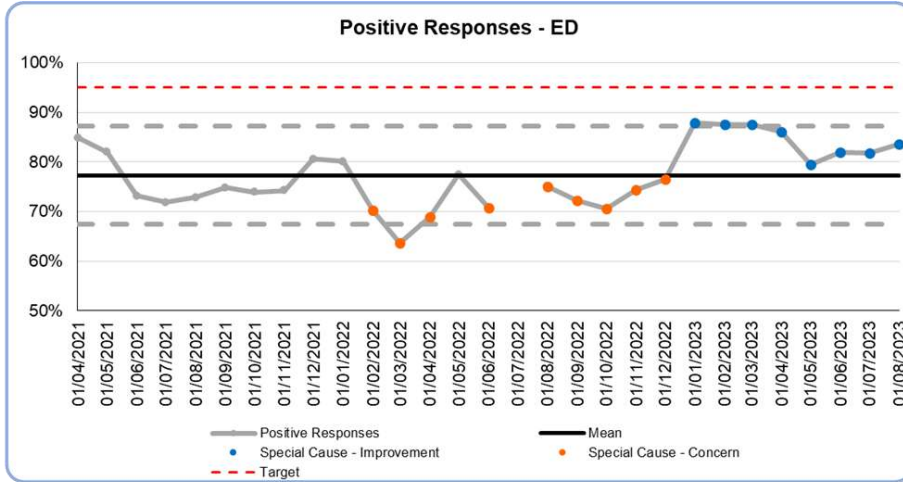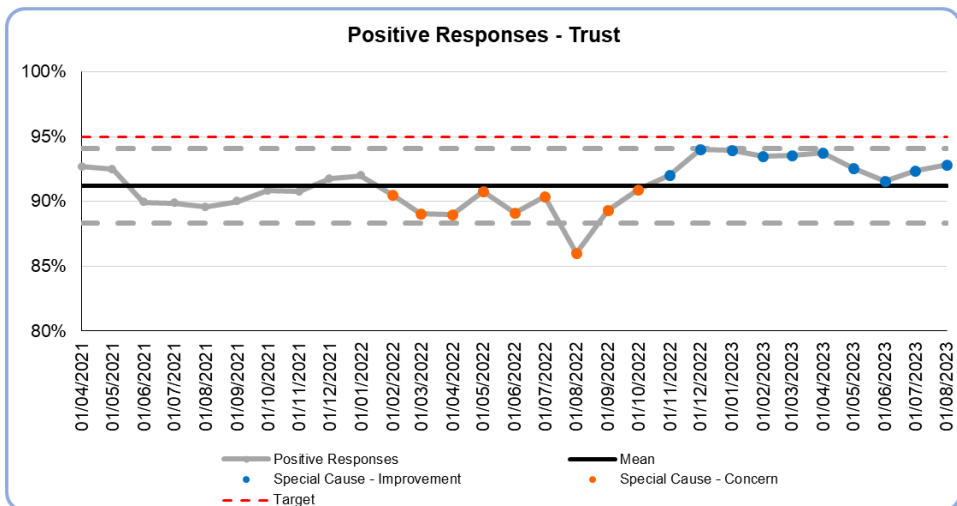
N.B. no data available for the month of July for ED and Outpatients due to an issue with CareFlow implementation

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Tab 15.2 Appendix 2 – Integrated Performance Report

Patient Experience

NHS
North Bristol
NHS Trust

Positive Responses - Trust

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What does the data tell us - Overall?

- In August, 7,290 patients responded to the Friends and Family Test question. 5,279 patients chose to leave a comment with their rating. This is 110 more than the previous month.

- We had a Trust-wide response rate of 18%.

- 92.8% of patients gave the Trust a positive rating. This is a slight improvement of 0.5% from the previous month.

- The positive themes from comments are: staff, waiting time and clinical treatment, with the negative themes being: waiting time, staff and communication. The following comment illustrates a positive comment for treatment and staff:

"Excellent treatment from admission to discharge. I was treated with respect and kindness. All my questions were answered and all documentation was correctly made. The whole unit worked as a team. As an retired Registered Nurse I was impressed by the whole team. Thankyou"

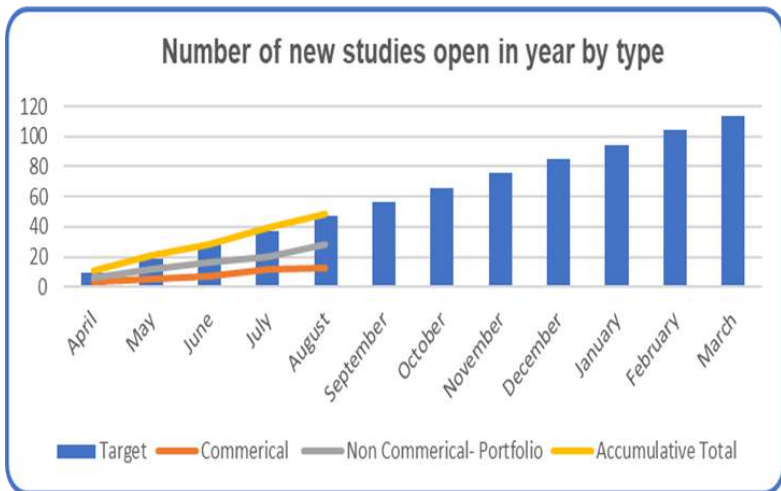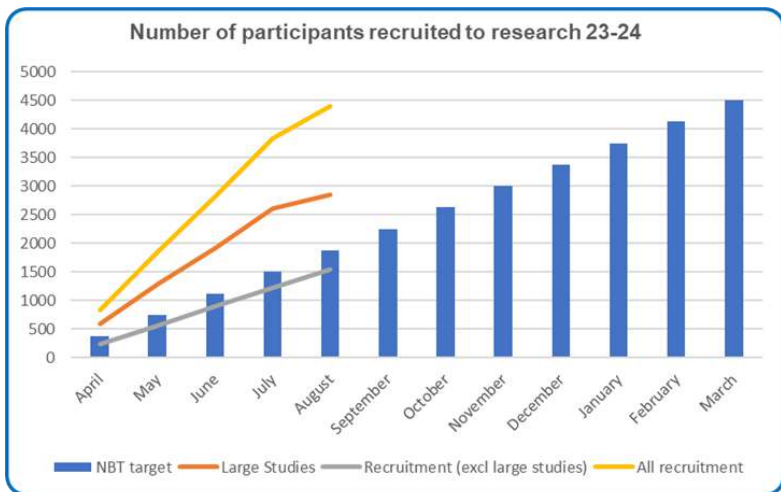### What does the data tell us – Different areas?

- **Inpatients:** The % of inpatient positive responses have fallen by 2% from 92.8% to 90.9%. The number of negative responses has also increased from 3.8% to 5% suggesting that overall experience for inpatients has declined, although the response rate has increased from 20% to 22% and this is likely to have impacted scores. The top negative themes are communication, staff and clinical treatment which closely correlates to the top themes for complaints. One of the top negative words, includes 'pain' which may suggest this is a key issue for patients.

- **Outpatients:** Positive responses have remained consistent at 95.1% for August. The % of negative responses has also remained consistent at 2%. The response rate for outpatients is 16% again this month, highlighting the impact of work done within CCS to increase access to FFT for patients through use of business cards, QR codes and posters.

- **Emergency Department:** The % of positive responses has improved marginally since last month to 83.6% and continues to show special cause for improvement. The % of negative responses has also reduced from 11.7% to 10.8%. This suggests that patient's overall experience of ED is improving.

- **Maternity:** The % of positive responses has increased back to the mean, 91% and remains within normal limits however is below the target of 95%. The WaCH continuous improvement team are developing local surveys to better understand aspects of maternity care to direct service improvements that will likely improve FFT scores going forwards. The FFT question will be included in these local surveys.

What actions are being taken to improve our FFT engagement?

- We will be attending World Patient Safety Day on 18th September to promote the feedback available to staff through FFT.

- Engagement plan in development to complete a 'roadshow' to divisions to showcase the system, gain further staff sign ups and demonstrate the value of FFT to staff.

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Tab 15.2 Appendix 2 – Integrated Performance Report

15.2

Research and Innovation

Board Sponsor: Chief Medical Officer
Tim Whittlestone

Tab 15.2 Appendix 2 – Integrated Performance Report

Number of participants recruited to research 23-24

Number of new studies open in year by type

Research and Development

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

Graph 1 shows our current 23-24 performance in relation to research participation. Year to date 4406 participants have enrolled in research. We are currently achieving 235% of our target, this performance is driven by ongoing recruitment to two large studies (AVONCAP and Prospects). When we exclude the large recruiting studies from this data then our %achieved drops to 83%. The NBT research portfolio remains strong, we have 289 studies(219 NIHR Portfolio) open to recruitment . We have opened 41 new portfolio studies year to date, as shown in graph 2. We are pleased to see a growth in the number of studies collaborating with commercial partners and a subsequent increase in recruitment to these studies; these collaborations enable us to offer our patients access to new clinical trial therapies and generate income to support reinvestment and growth in research.

Our grants
The level of research development across NBT remains high, with 51 research grant submissions, supported by R&D staff, so far this year. NBT currently holds 64 externally funded research grants, to a total value of £34.6m. This includes 32 prestigious NIHR grants totalling £32m. 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.

NBT's active research grant portfolio has increased by £2m from this point last year due to both a high level of NIHR grant success in 2021 and 2022 as well as older grants, which were due to have closed by now, being extended due to Covid disruption. Congratulations to Dr Helena Lewis-Smith on her recent NIHR RfPB award (£250k) to undertake a feasibility study of an online-delivered group-based cognitive behavioural therapy body image intervention for women following breast cancer.

In 2023, R&D 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. The first award we made to Rachel Evans, Practice Educator in ICU, has resulted in Rachel successfully applying to the Southwest (ICA) Programme for a funded HEE/NIHR Internship with University of West England to develop her research ideas and academic career.

Celebrating Success
This month we are pleased to recognise the success of two of our team; Samantha Harding and Deborah Warbrick are graduating having been awarded Distinctions in both components of the Senior Leaders Master Degree Apprenticeships with Henley Business School, University of Reading. #nbtproud.

Tab 15.2 Appendix 2 – Integrated Performance Report

15.2

Well Led

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

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Tab 15.2 Appendix 2 – Integrated Performance Report

Well Led Introduction

North Bristol NHS Trust

15.2

Vacancies

Trust vacancy factor was 7.69% in August (706.1 wte) from 8.25% (769.8 wte) in July. The greatest reduction in vacancies was seen in registered nursing and midwifery and doctors in training/clinical fellows. The former was a result of a net gain of 5.3 wte from external starters and the movement of 23 wte of international nurses and newly qualified staff to from band 4 to band 5. The latter relates to a net gain of staff resulting from the August rotation and new cohort of clinical fellows recruited by the Trust with a net gain of 42.0 wte. Additional Clinical Services saw a growth in vacancies predominantly driven by increased establishment in Pharmacy Technicians.

Turnover

Rolling 12-month staff turnover decreased from 15.19% in July to 15.03% in August with the improvement trend continuing. The level of improvement sustained since November 22 equates to the equivalent of approximately 180 wte fewer leavers in a year, including 50 wte fewer band 5 nurses and 35 wte fewer support workers. The Trust has finalised its one-year retention plan and is currently drafting the five-year retention plan and aligning to the outcome of the 1st iteration of the long-term workforce plan scheduled for October.

Patient First target for 2023/24: 16.5% of below

Prioritise the wellbeing of our staff

The Trust rolling 12-month sickness absence position decreased from 4.94%% in July to 4.92% in August which represents the eight month of continuous reduction in absence rates. The position remains stable and the absence reasons driving this positions remains materially unchanged from last month. Staff vaccination campaign relaunched for 23/24 early recognising the need to mitigate new COVID variants.

Trust Target for 2023/24 (based on moving from 3rd to 2nd quartile of all national acutes): 5.2%

Temporary Staffing

Overall temporary staffing demand reduced by 4.70% (52.2 wte) in August compared to July. The greatest reduction was in registered nursing and midwifery (6.33% reduction in demand equating to 27.1 wte). Agency use and unfilled shifts decreased at a greater rate than demand, 10.99% (23.9 wte) and 8.54% (7.8 wte) respectively. Overall bank hours worked increased, but the growth was predominantly in administrative and clerical staff (with registered and unregistered nursing and midwifery bank use remaining static). Administrative and clerical bank growth (12.6 wte) was predominantly in band 2 staff in clinical administration teams in ASCR surgical teams and NMSK neurosurgery, orthopaedic and pain teams.

**NBTCARES**

Tab 15.2 Appendix 2 – Integrated Performance Report

Well Led Introduction – Actions

NHS North Bristol NHS Trust

| Theme	Action	Owner	By When
Vacancies	Review of recruitment processes inititiated via Patient First 'Faster Fairer Recruitment' and now ongoing through the Recruitment Services Reconfiguration (RSR) and extending performance management timeframes to 150 days to ensure sustainability improvements. Implementing digital on boarding forms from October '23 to further enhance recruitment processes / candidate experience	Deputy Chief People Officer	Oct-23
Turnover	Immediate retention actions commencing linked to HCA turnover in first 12 months of employment in hotspot areas (Medicine and Outpatients) with additional interventions being identified through ongoing data analysis	Associate Director Culture, Leadership & Development	Sep-23
Staff Development	Launch the first cohort of 'Mastering Management' delivered by University of West of England - now complete New Action - Scope requirements for online appraisal system	Associate Director Culture, Leadership & Development	Dec-23
Wellbeing	Implementing financial wellbeing projects to support our staff including Citizens Advice Bureau 1:1 sessions for advice on debt, benefits, housing and consumer rights - data analysis on impact in progress to determine continuation of initiatives	Associate Director Culture, Leadership & Development	Sep-23
Temporary Staffing	Agency Reduction Oversight Board being set up to commence first week of October in support of the agency reduction programme. Bank RMN & ESW proposal supported by the People Oversight Group and recruitment scheduled to start in October.	Deputy Chief People Officer	Oct-23

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Tab 15.2 Appendix 2 – Integrated Performance Report

Temporary Staffing

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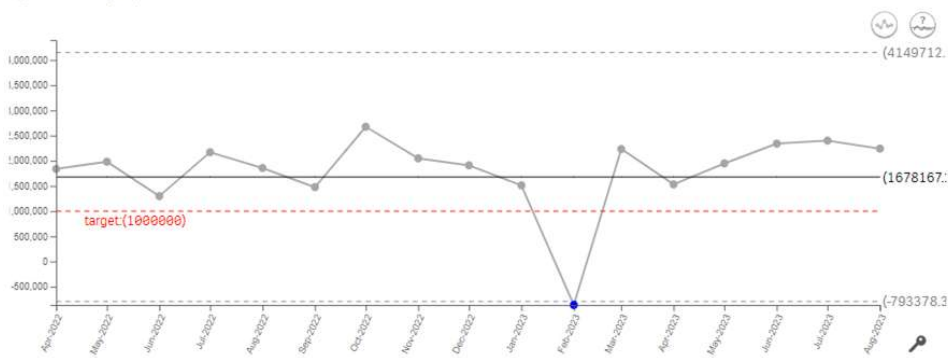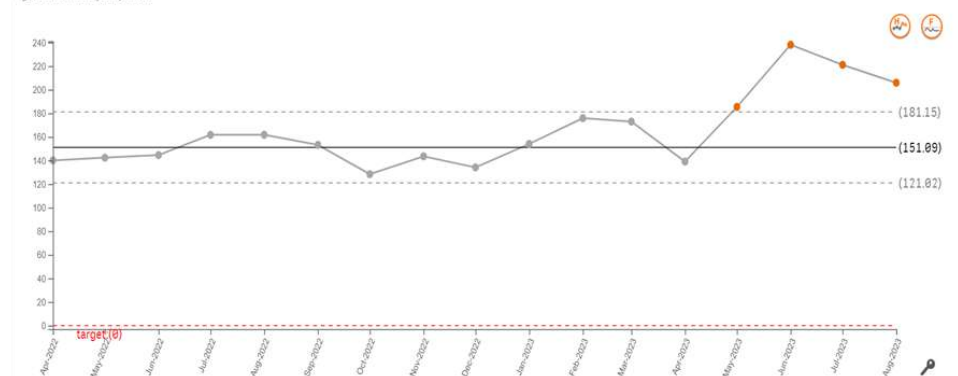
What Does the Data Tell Us

Agency use saw a reduction of 23.9 wte overall, 19.2 wte of which was in Nursing and Midwifery Registered. This position was driven predominantly by a reduction in agency use in ICU of 12.1 wte, there was also a commensurate reduction in break glass use of 9.1 wte.

Emergency department, ward 32b, ward 34a, ward 8a, ward 8b and ward 28b also all saw a reduction of between 1.5 wte and 3.5 wte. EEU, ward 9a and Theatres are the three teams who saw growth in agency use of between 1 wte and 1.2 wte, these teams did not also see an increase in break glass use.

RMN use remained static however reduction in use in the emergency department and across wards offset an increase of 5.2 wte in AMU and 1.6 wte in ward 32a and 1.9 wte in ward 9a.

Actions

1. The Trust has established and Agency Reduction group focussing currently on the following interventions:
2. Break Glass continuation; Bank RMN & ESW Proposal was supported by the People Oversight Group in August. Further engagement to take place with AWP prior to planned recruitment starting in October. Initial recruitment will be a smaller cohort to trail all aspects including attraction, recruitment and training. Further cohorts will be planned on monthly intervals. The Agency Oversight Board will start in October and workstreams relating to Medical, Nursing and Other (AHP, Sci & Tech and Admin) will report directly.

Agency Reduction: Targets and tracking of the impact of these interventions has been designed into an action plan using the A3 methodology. Whilst the ICS has been set a target (by NHS England) for agency spend to not exceed 3.7% of total pay spend, this has not been translated into a Trust target. The ongoing agency spend for all staff groups and impact of identified interventions and opportunities will be monitored and reported monthly.

Bank Optimisation: workstream is being established with key focus on improving the experience of Bank Workers and how this can be used to encourage further uptake of Bank shifts across all staff groups. The dedicated Bank Worker staff survey outcomes will be used as a framework for structuring and prioritising this activity to commence in September.

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Tab 15.2 Appendix 2 – Integrated Performance Report

Vacancy Position

NHS
North Bristol
NHS Trust

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Vacancy WTE
Figures are monthly snapshots

Vacancy Rate (%)
Figures are monthly snapshots
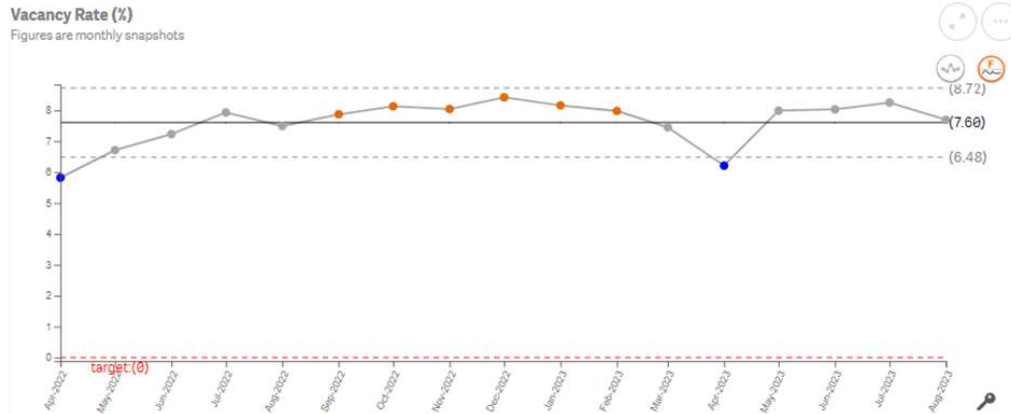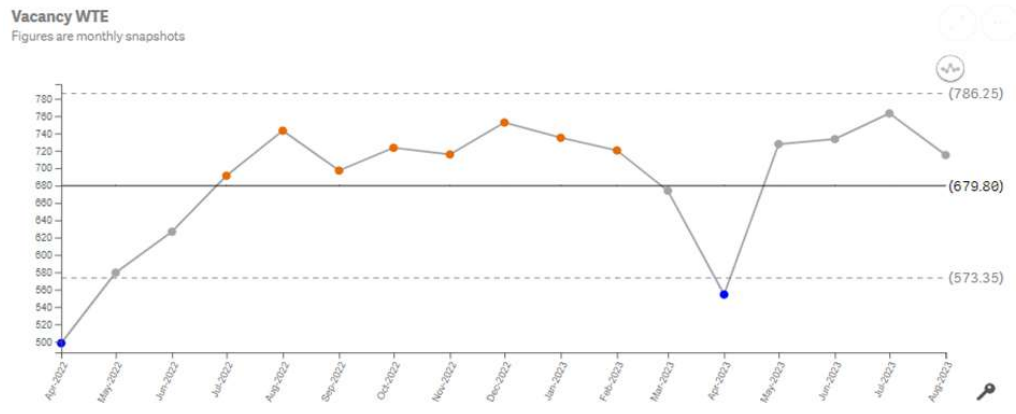
Talent Acquisition Recruitment Activity
Unregistered Nursing and Midwifery
1. **Offers:** 20.87 wte of offers for HCSW roles were made in August, 2.87 wte for band 2 and 18.0 wte for band 3
2. **Pipeline**: 107.41 wte of candidates with offers being processed. Current withdrawal rates are at 15% of HCSW roles suggest that 91.29 wte will join over next three months (between September and November) which is slightly lower than last year where 95.2 wte joined – however additional offers may be made in this period which will impact November 23 starters positively

Registered Nursing and Midwifery
1. **Offers**: 38.92 wte of offers to band 5 experienced and newly qualifying nurses across the Trust
2. **Pipeline: Domestic** 178.51 wte band 5 candidates with offers being processed. Current withdrawal rate is at 22% suggesting that 139.35 wte will join over next three months (between September and November) which is higher than last year where 80.3 wte joined
3. **Pipeline International:** There are 37 wte in the pipeline allocated to start between September and October which is higher than last year where 10 wte joined

Recruitment Activity
1. Nursing Jobs fairs were halted during August due to staff availability
2. **International Recruitment**: We welcomed 10 Internationally educated Nurses to the Trust in Aug

Current actions being taken to mitigate withdrawal rates:
1. Midwifery incentivisation programme in place
2. Nurse band 5 candidate engagement programme being developed to include more frequent contact and open day with tours for candidates in pipeline

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Tab 15.2 Appendix 2 – Integrated Performance Report

Vacancy

Tab 15.2 Appendix 2 – Integrated Performance Report

Vacancy

Vacancy Factor - Band 4 and Registered Nursing-Trust starting 01/04/22

Vacancy Factor - Registered Midwifery-Trust starting 01/04/22

Vacancy Factor - Bands 2-3 Unregistered Nursing & Midwifery-Trust starting 01/04/22

Vacancy Factor - Additional Clinical Services (Excluding Unregistered Nursing)-Trust starting 01/04/22

- Registered midwife vacancy factor has increased and shows as deterioration (series of orange markers above upper control) due to additional agreed funding being applied in January 2023
- Incentives remain in place in midwifery to attract more staff through recruitment and to reduce the drop out rate from the candidate pipeline

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Tab 15.2 Appendix 2 – Integrated Performance Report

Vacancy

Vacancy Factor - Bands 2-4 Administrative & Clerical -Trust starting 01/04/22

Vacancy Factor - Estates & Anciliary-Trust starting 01/04/22

Vacancy Factor - Bands 5-7 Administrative & Clerical-Trust starting 01/04/22

Vacancy Factor - Band 8a+ Administrative & Clerical-Trust starting 01/04/22

10.00am, Public Trust Board-28/09/23

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Tab 15.2 Appendix 2 – Integrated Performance Report

Engagement and Wellbeing

Turnover Rate (FTE) 12 Month Rolling (%)
Figures are monthly snapshots (Not including Junior Dr's)

Stability Rate (%)
Figures are monthly snapshots

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Sickness Rate 12 Month Rolling (%)
Figures are monthly snapshots

Tab 15.2 Appendix 2 – Integrated Performance Report
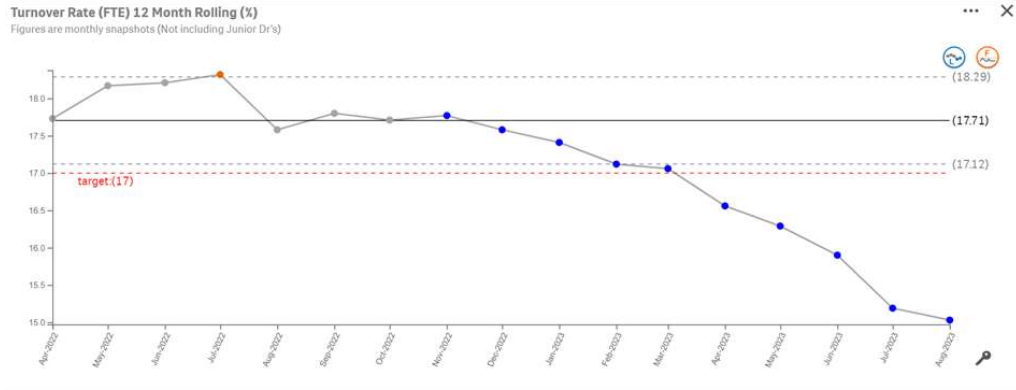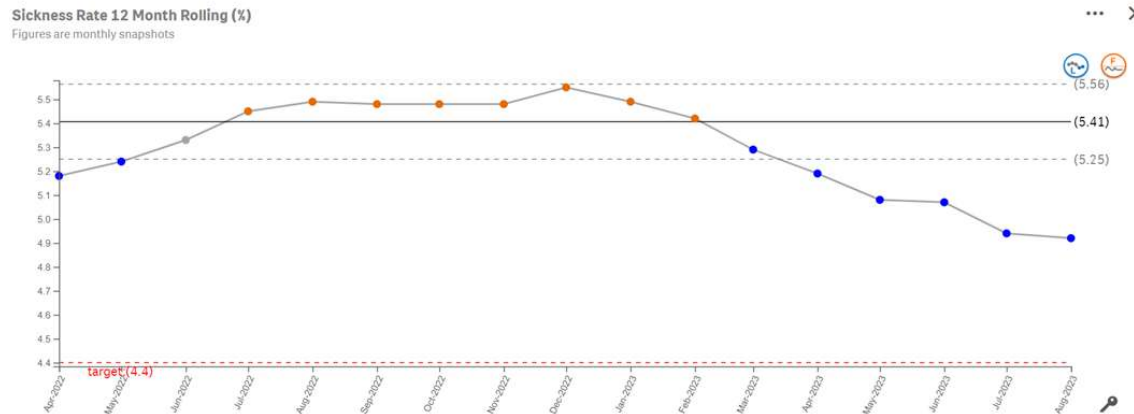
People support and engagement

NHS
North Bristol
NHS Trust

Actions delivered: (Associate Director of People)
- o Policies agreed on working time, flexible working and statutory and mandatory training
- o Reinstated casework reviews, including application of restorative just culture principles
- o Reporting on higher risk casework strengthened in light of recent media coverage

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Actions in Progress:
- o Website with bitesize management training in development, providing just in time advice and support (**September**)
- o Recruitment and implementation of Partner support model (**October)**
- o Review of template letters in line with RJC principles (**October**)
- o Sexual harassment charter and working group in development (**October)**
- o Let's talk Flex – campaign on flexible working and consideration of revised AfC conditions (**November)**
- o Campaign to support new fairness at work policy, early resolution and RJC (**January)**

Retention and Staff Experience (including Health and Wellbeing)

Actions Delivered: (Associate Director Culture, Leadership & Development)
- o Plan for 2023/24 National Staff Survey agreed and being implemented
- o Staff Survey Working Group set up with wide representation from all divisions
- o Planned and ran a stand to support staff and promote Suicide Prevention Week on 7 September
- o 1 year Retention Plan finalised and signed off
- o Draft 3-year EDI plan developed
- o Schwarz Round Steering Group refreshed and re-launched

- o **Actions in Progress: (Associate Director of Culture, Leadership & Development)/Associate Director of People)**
- o Further Citizens Advice sessions (4 x per week) for anyone seeking advice on debt, benefits, housing, consumer rights and legal issues, available until the **end of March 2023**
- o Work underway to further improve Trust-wide Corporate Induction **(September 2023)**
- o Draft EDI Plan now developed, structured around the NHSEI 6 high impact actions and being consulted on (to go to Trust Board **September 2023)**
- o Trust retention working group to continue, developing and implementing retention plans and developing the 5- year plan **(April 2023 – October 2023)**
- o Health Care Support Worker ward drop-in sessions and engagement survey **(September 2023)**
- o Work underway with a multi-disciplinary group of people, including our ICS Retention Lead, to develop a Legacy Mentoring Programme at NBT **(May – September 2023)**
- o Work underway to develop a coherent staff mental health strategy to support staff to stay well and provide support during times of distress or ill-health, with clear signposting and promotion of all new and existing tools, resources and sources of support (**December 2023)**
- o Planning underway for Black History month in **October**

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Tab 15.2 Appendix 2 – Integrated Performance Report

Essential Training

Essential Training Compliance % (Top 9)
Figures are monthly snapshots
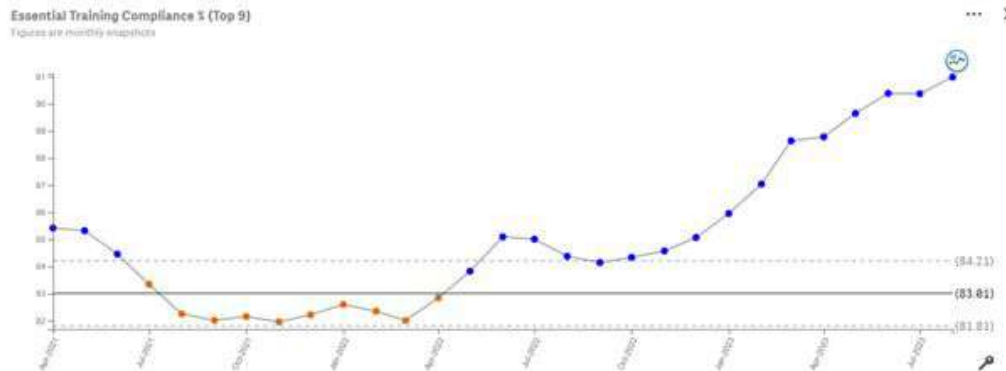
What Does the Data Tell Us - Essential Training (Head of Learning and Development)

- QLIK (14 Sep 23) shows compliance as: All staff 87.14%, Permanent Staff 93.46%, Fixed Term Temp 83.57%, Other 63.3% (NBT eXtra 65.57%).
- Outliers in Training Compliance by Job Staff Group & Number of Staff:
  - Medical and Dental 66.92%
- Training Compliance By Training Title (Top 9) shows Information Governance **below the compliance target**.
- The largest number of training expirations in the next 3 months are Information Governance, Fire and Patient Handling.

Actions – Essential Training (Head of Learning and Development)

- Weekly MaST reports are helping to raise the visibility of MaST compliance within divisions. Div Dons and People Partners are interrogating the data and working with their divisions to increase compliance.
- NBT eXtra have pushed bank staff to complete training and are also setting up MaST sessions in the computer suites.
- Inclusion of 5 MaST subjects in corporate induction has helped to increase compliance on day 1.
- Oliver McGowan mandatory e-learning is at 35.97% all staff should be encouraged to complete this.

Leadership & Management Learning (Leadership Development Manager)

- Mastering Management: cohort 1 underway and Cohort 2 now started. Dates confirmed for cohort 2-5 and dates for Action Learning Sets confirmed for cohorts 1-3. Content being finalised with UWE.
- Excellence in Management programme: Cohort 2 launched in Aug 23. Dates for 2024-2025 to follow.
- Leading for Change: next speaker is John Drummond in Dec 23.
- Accelerate Programme: Cohort 1 launched in Sep, and Cohort 2 due in Feb 24.
- ILM Leadership and Team Skills Cohort 2 underway, and admissions for Cohort 3 closed 1 Sep 23.
- Project underway to procure a Coaching and Mentoring Platform with PLD. Completed a DPIA with Information Governance and are awaiting support from IT systems. If all goes well, a Go-live date is scheduled for 31 Oct 23 (subject to change).

(Head of Apprenticeships and Early Careers)
Trust Apprenticeships and Widening Engagement

- Expired Funds & Utilisation: Expired funds in August - £22,047 (12%) Transferred Levy funds - £6191 to support community development, Levy utilisation – 69%
- Current number of staff on an apprenticeship: 394
- Mayoral Priority Skills Fund application - application submitted, applied for £400K+ of funding for modular and communities funding, will receive outcome November
- New HCSW Induction to launch 25 Sep 23
- Current number of learners enrolled: 57 Direct – 96 Non-Direct
- Number of completed apprenticeship last month: 2 Direct – Distinction/Pass – 1 Non-Direct - Distinction
- Number due to complete next Month: 0 Direct - (18 OOF of which 1 in EPA) – 2 Non-Direct (2 due not in EPA – 32 OOF of which 9 in EPA)
- Qualification Achievement Rate (QAR) (Direct Only) - 50%
- Apprenticeship Accountability Framework (Direct Only) -
  - As of end P12 (31/7/23)
  - Withdrawals – 12%
  - QAR – 50% (RISK)
  - Past End Date (PED) over 180 days – 6.0%
  - PED Over 365 Days – 0%
  - Break In Learningn (BIL) over 180 days 3.0%
  - BIL Over 365 days 1.00%

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Tab 15.2 Appendix 2 – Integrated Performance Report

Safe Staffing

NHS North Bristol NHS Trust

Safe Staffing Fill Rates
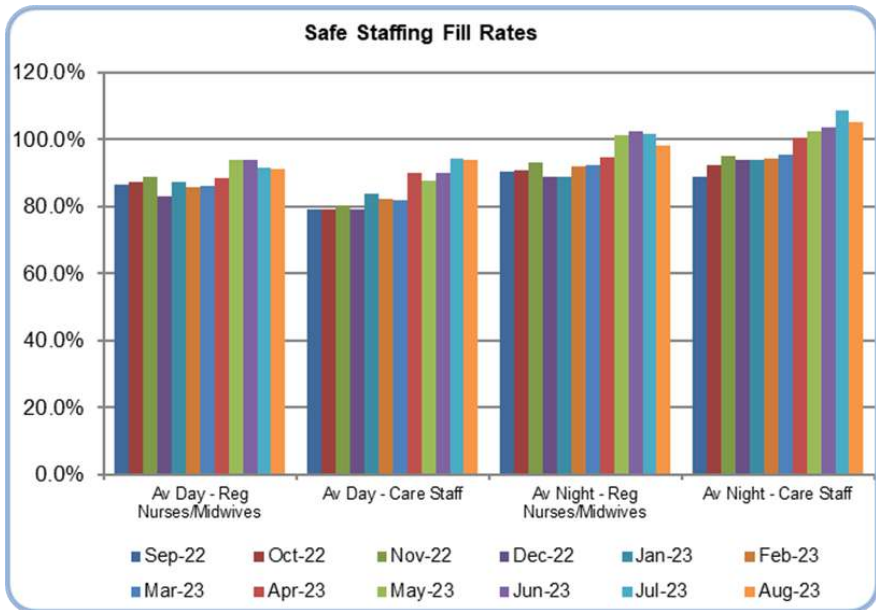
Aug-23	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	91.1%	93.9%	98.1%	105.2%

What Does the Data Tell Us

Of the 34 units reports safer staffing:

Grade	<80%	>150%
Registered Day	14.7%	2.9%
Registered Night	8.8%	2.9%
Care Staff Day	14.7%	2.9%
Care Staff Night	14.7%	11.8%

Heatmap

Bold italics indicate where teams were in the heatmap last month

Ward Name	Less than 80%				Greater than 150%			
	Registered Day	Registered Night	Care Staff Day	Care Staff Night	Registered Day	Registered Night	Care Staff Day	Care Staff Night
Elgar Wards - Elgar 2 17002	Green	Green			Red	Red	Red	Red
AMU 31 A&B 14031	Green	Green	Red	Green	Green	Green	Green	Green
Ward 33A 14221	Green	Green	Green	Green	Green	Green	Green	Red
Ward 33B 14222	Green	Green	Green	Green	Green	Green	Green	Green
Critical Care (ICU) 14230	Green	Green	Green	Green	Green	Green	Green	Red
Ward 26B 14312	Red	Red	Red	Red	Green	Green	Green	Green
Ward 7B 14303	Red	Green	Green	Green	Green	Green	Green	Green
NICU 01255	Green	Green	Red	Red	Green	Green	Green	Green
Percy Phillips 01254	Green	Green	Green	Green	Green	Green	Green	Green
Birthing Centre 01181	Red	Red	Red	Red	Green	Green	Green	Green
Cotswold Ward 01269	Red	Green	Green	Green	Green	Green	Green	Green

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Tab 15.2 Appendix 2 – Integrated Performance Report

Care Hours

NHS
North Bristol
NHS Trust

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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

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.

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Tab 15.2 Appendix 2 – Integrated Performance Report

Medical Appraisal

NHS
North Bristol
NHS Trust

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Appraisal compliance - past 12 months

- No. compliant within 12 months
- No. non-compliant within 12 months
- No. where date is unknown (new doctor)

Non-compliant doctors - past 12 months

- Last appraisal completed 12-15 months ago
- In Trust missed appraisal escalation process
- Next appraisal due this year
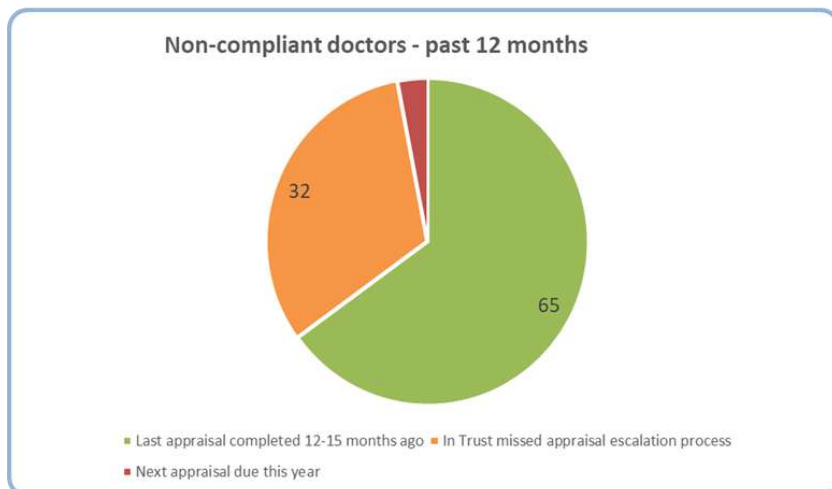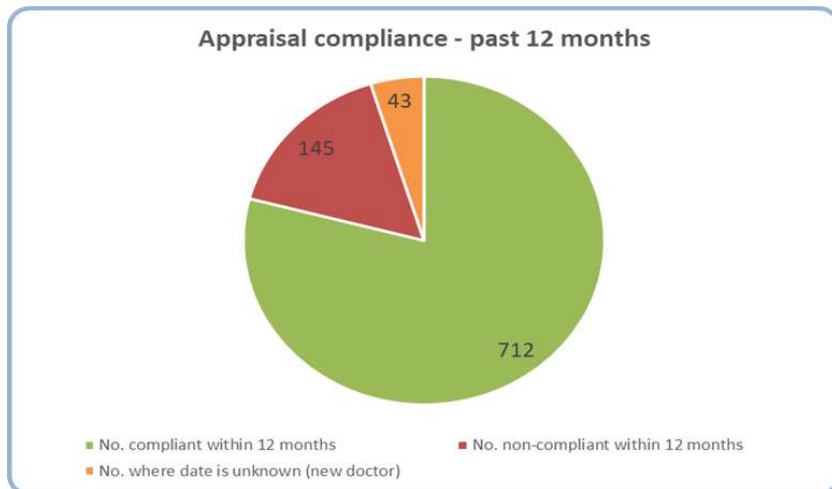
What does the data tell us?

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.

10.00am, Public Trust Board-28/09/23

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Tab 15.2 Appendix 2 – Integrated Performance Report

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Finance

Board Sponsor: Chief Financial Officer
Glyn Howells

Tab 15.2 Appendix 2 – Integrated Performance Report

Statement of Comprehensive Income at 31st August 2023

	Month 5			Year to date		
	Budget	Actual	Variance	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	67.8	68.1	0.3	324.7	325.0	0.3
Income	6.6	7.7	1.1	29.4	36.4	7.0
Pay	(47.8)	(47.9)	(0.2)	(222.2)	(229.4)	(7.2)
Non-pay	(27.6)	(29.8)	(2.2)	(138.7)	(143.3)	(4.6)
Surplus/(Deficit)	**(0.9)**	**(1.8)**	**(0.9)**	**(6.9)**	**(11.3)**	**(4.4)**

Assurances

The financial position for August 2023 shows the Trust has delivered a £1.8m deficit against a £0.9m planned deficit which results in a £0.9m adverse variance in month and £4.4m adverse variance year to date.

Contract income is £0.3m favourable to plan. Excluding the impact of pay award budget changes established in month that were offset in pay spend, the revised position is £2.1m better than plan. This is driven by an overperformance on high cost drugs and devices, which will be matched by expenditure, along with accrued income for Junior doctor's strikes in April and an increase in Welsh patient activity.

Other Income is £1.1m favourable to plan. This is driven by new funding adjustments (£1.2m fav) and prior year invoicing in Core Clinical Services (CCS) (£0.4m fav) offset by underperformance in other clinical divisions.

Pay expenditure is £0.2m adverse to plan. Excluding the impact of pay award budget changes established in month that were offset in contract income, the revised position is £1.7m worse than plan. The Trust saw the impact of August industrial action (£0.7m adverse) along with increased temporary staffing costs (£1.1m adverse). This was offset by underspends on other staff due to vacancies (£0.3m fav). In year delivery on pay CIP is £1.0m adverse to plan due to the delayed start of full year schemes, however this is offset by benefits from delayed in year investments and service developments.

Non-pay expenditure is £2.2m adverse to plan. This is driven by in-tariff drugs from medical gases backdated invoices in CCS, increased independent sector spend, and the impact of the Community Diagnostic Centre (CDC), the new IM&T network and Bristol ambulance costs in Facilities.

Tab 15.2 Appendix 2 – Integrated Performance Report

Statement of Financial Position at 31st August 2023

	22/23 Month 12	23/24 Month 04	23/24 Month 05	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
Non Current Assets	**510.6**	**515.6**	**520.0**	**4.4**	**9.5**
Current Assets					
Inventories	10.0	10.2	9.9	(0.3)	(0.1)
Receivables	57.2	46.7	59.9	13.2	2.6
Cash and Cash equivalents	104.0	75.3	65.9	(9.4)	(38.1)
Total current assets	**171.3**	**132.1**	**135.7**	**3.6**	**(35.6)**
Current Liabilities (< 1 Year)					
Trade and Other Payables	125.2	95.6	97.9	2.2	(27.4)
Deferred income	17.2	25.5	30.2	4.7	13.0
Financial Current Liabilities	17.1	17.2	17.8	0.7	0.8
Total current liabilities	**159.5**	**138.3**	**145.9**	**7.6**	**(13.6)**
Trade payables and deferred income	6.7	7.2	7.2	0.0	0.4
Financial Non-Current Liabilties	355.2	351.1	353.1	2.0	(2.2)
Total Net Assets	**362.0**	**358.3**	**360.2**	**2.0**	**(1.8)**
Capital and Reserves					
Public Dividend Capital	469.1	469.1	469.4	0.3	0.3
Income and expenditure reserve	(371.3)	(376.7)	(376.7)	0.0	(5.4)
Income and expenditure account - current year	(5.4)	(9.2)	(11.0)	(1.8)	(5.6)
Revaluation reserve	68.0	68.0	68.0	0.0	0.0
Total Capital and Reserves	**160.4**	**151.2**	**149.6**	**(1.6)**	**(10.8)**

Items to note:

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

Receivables: The year-to-date movement is mostly driven by receiving payments for year-end accruals, including £16m funding for 2021/22 non-consolidated pay award, offset by the build up of in-year accruals, prepayments and invoiced debt as per the regular cycle The in-month movement is driven by an increase in receivables from commissioners (£11m) and is expected to be cleared in the next couple of months.

Cash and Cash equivalents: The cash balance decrease is mostly due to carried forward and in-year payments for capital projects and improved BPPC performance together with the I&E deficit

Trade and Other Payables: The year-to-date movement is driven by paying off major year-end accruals (for example, 2021/22 non-consolidate pay award) and invoiced balances, including major capital projects. The in-month movement is driven by the accrual for the agreed Medical Pay Award (to be paid in September).

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

Financial Liabilities: The year-to-date movement relates to the repayment of the capital element of the PFI, offset by the recognition of new leases for the IT Network and the Trust's vehicles in August.

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Tab 15.2 Appendix 2 – Integrated Performance Report

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Regulatory

Board Sponsor: Chief Executive
Maria Kane

Tab 15.2 Appendix 2 – Integrated Performance Report

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

NHS North Bristol NHS Trust

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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

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Tab 15.2 Appendix 2 – Integrated Performance Report

Appendix 1: General guidance and NBT Quality Priorities

NHS
North Bristol
NHS Trust

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Unless noted on each graph, all data shown is for period up to, and including, 31 August 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
We will put patients at the core of our services, respecting their choice, decisions and voice whilst becoming a partner in the management of conditions.
High Quality Care
We will support our patients to access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result.
We will minimise patient harm whilst experiencing care and treatment within NBT services.
We will demonstrate a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.
We will make Maternity and Neonatal care safer, more personalised, and more equitable

Target lines
Improvement trajectories
National Performance

Upper Quartile

Lower Quartile

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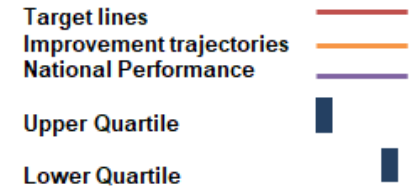
Appendix 2: Abbreviation Glossary

NHS
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NHS Trust

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 Programme
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
DivDoN	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

IA	Industrial Action
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

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Tab 15.2 Appendix 2 – Integrated Performance Report

Appendix 3: Statistical Process Charts (SPC) Guidance

NHS
North Bristol
NHS Trust

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Target Line

Upper Warning Limit

Average

Common Cause Variation (three sigma)
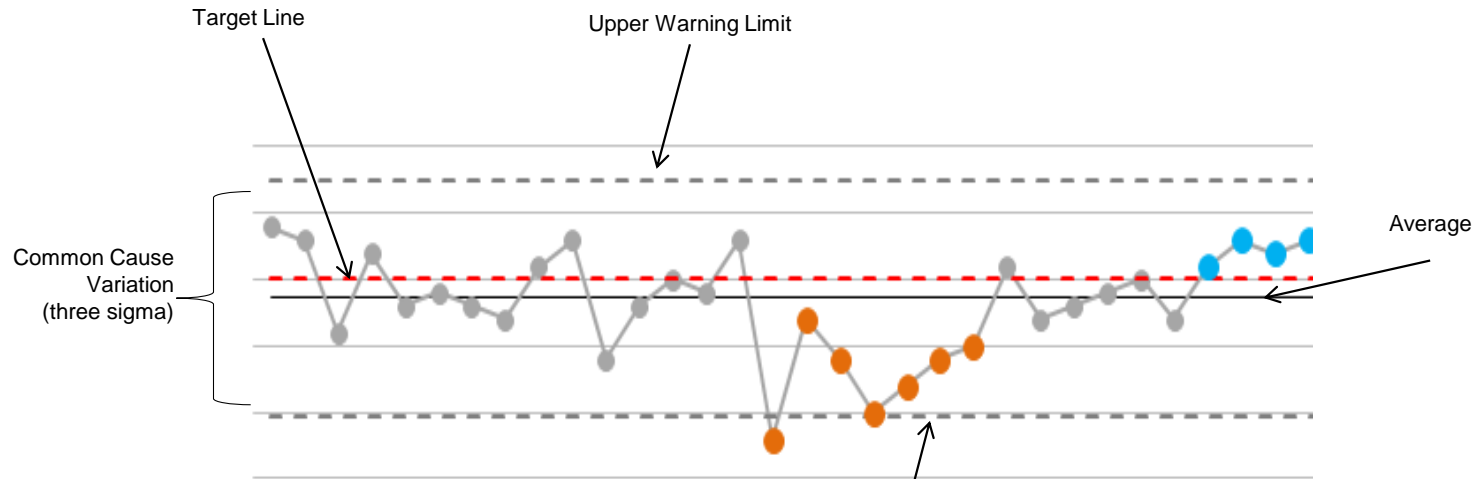
Lower Warning Limit

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

NBTCARES

Tab 15.2 Appendix 2 – Integrated Performance Report

Appendix 4: VTE Risk Assessment Digital Completion

NHS
North Bristol
NHS Trust

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VTE Digital Compliance (%)
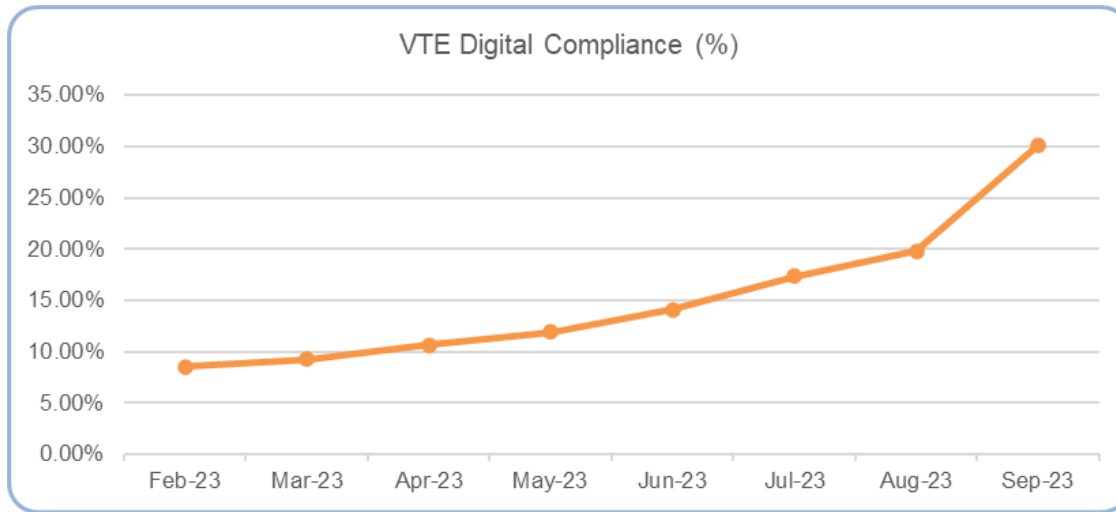
NBT rolled out a new standardised digital VTE Risk Assessment form on CareFlow to replace paper assessments across all NBT adult Inpatient areas from February 2023. Shown is the improving compliance since the move to digital completion.

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Tab 16 Finance & Performance Committee Upward Report (Discussion)

NHS North Bristol NHS Trust

Report To:	Public Trust Board
Date of Meeting:	28 September 2023
Report Title:	Finance & Performance Committee (F&PC) Upward Report
Report Author:	Aimee Jordan, Senior Corporate Governance Officer and Policy Manager
Report Sponsor:	Richard Gaunt, Non-Executive Director & Committee Chair

Confidentiality (tick where relevant) *:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**	**Other exceptional circumstances**

*If any boxes above are ticked, paper may need to be received in 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 November 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 21 September 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 5	

Page **1** of **5**

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Tab 16 Finance & Performance Committee Upward Report (Discussion)

1. Purpose

1.1 To provide a highlight of the key assurances, escalations to the Board and identification of any new risks from the Finance and Performance Committee meeting held on 21 September 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 significant challenges as a result of the industrial action were noted (recognising that there had been a significant number of lost appointments) but the Committee were reassured that operational and clinical teams were deploying remedial actions to compensate for strike-related activity losses. It was recognised that further industrial action during September and October was expected to have an impact on performance.
- With regards to Diagnostics, the Trust was on track to deliver the national year-end target of fewer than 15% patients breaching 6-weeks, six months ahead of schedule. Additionally, the Trust maintained zero capacity breaches for patients waiting >104-weeks for treatment and for 78-weeks.
- With regards to Cancer performance, work has commenced to fundamentally improve patient pathways and improve overall cancer wait time standards compliance.

The Committee raised concerns regarding the No Criteria To Reside trajectory and noted the ongoing work to mitigate the risk such as the development of a "Transfer Of Care" Hub.

The Committee discussed the operational performance in depth and recognised the importance of system collaboration to drive change. It was noted that achieving the national year-end target for planned care would be challenging.

The Committee requested that the future operational updates include the forward direction of travel taking into account the ongoing pressures such as winter and further industrial action.

3.2 Theatre Productivity Report

The Committee were joined by the Deputy Chief Operating Officer who presented the Theatre Productivity Report which set out:

- the Trust position against the national capped theatre utilisation benchmarking target of 85%.
- The Theatre up take position which has decreased as a result of the industrial action.

Tab 16 Finance & Performance Committee Upward Report (Discussion)

- The POD Level Recovery by System/Provider, noting that BNSSG ranked third.
- The Trusts average cases per day, which had increased to 94 cases as a result of the recovery programme post-Covid.

The Committee received reassurance that the Trust was on a positive improvement trajectory for the Capped Theatre Utilisation (increased to 75%) but it was noted that the Industrial Action had impacted the improvement and programme.

The Committee discussed the unique challenges to the Trust (such as the medirooms and the 11-hour days) and the process and structural improvement opportunities. Additionally, the Committee discussed the clinical and cultural aspects of change.

The Committee agreed to receive a quarterly report on the key performance indicators.

3.3 Cossham Review
The Committee received an update on the ongoing work to review the utilisation of the Cossham estate and the improvement opportunities, including:
- Increasing activity through proactive management of outpatient space and performance management to increase volumes of patients booked per session and/or to use ad hoc available rooms for clinical non-f2f sessions.
- Repurposing reception areas into office spaces
- Reviewing the contractual arrangements with third parties on the space that they rent to better manage and utilise the space
- Potential opportunities to improve utilisation the birth suite and to explore options with UHBW as part of the Acute Provider Collaborative work.

The Committee recognised the importance of using the clinical strategy to inform the operational planning process.

Discussion focused on the next steps to progress the work and it was agreed that an update would come back to the Committee in November, following discussion at the clinical strategy steering group.

3.4 Estates Risks, Mitigations and Plans
The Committee received a summary of the Estates risks currently on the risk register, the mitigating actions and the plans to remediate the risks. It was agreed that information about specific remediation with a timeframe and explicit detail around mitigations in place prior to remediation would be included in future risk updates.

The Committee received reassurance that there was engagement with system colleagues to mitigate the NICU decanting risk and that clinical teams were leading on the advice on suitable clinical spaces.

The Committee received assurance that the electrical risk in the Women's and Children's division had been fully remediated and was no longer a risk.

3.5 Fee Paying Programme
The Committee received an update which outlined the ongoing work to formalise a framework for the processes for Fee Paying whilst ensuring that there were no adverse impacts on NHS services, before proposing any expansion of the service.

Tab 16 Finance & Performance Committee Upward Report (Discussion)

The Committee discussed the importance of the Trust providing guidance to divisional teams on the framework for private work and ensuring that protections were in place. The Committee also raised concerns re expanding the service and the importance of ensuring there was no adverse impact on NHS services.

The Committee noted that a full update would be going to the Executive Management Team and then to Trust board in October.

3.6   Month 5 - Finance Report
The Committee received the Month 5 finance report (see Appendix 1) which outlined that the Trust had delivered a £11.3m deficit, which was a £4.4m adverse position against a planned £6.9m deficit. The main driver was the impact of industrial action and the impact of temporary staffing.

The full Finance report is appended.

3.7   Business Planning Process 2024/25
The Committee received an update on the business planning process for 2024/25. It was noted that a review of the 2023/24 planning process was conducted and that the lessons learnt had been incorporated into the approach for 2024/25. A high-level timeline with structured approval routes were included in the paper.

The Committee welcomed the approach and noted the positive feedback received on the process.

3.8   Operational Performance IM&T Update
The Committee received an overall report on performance and priorities within this directorate. A detailed update on the status of each digital programme was provided, recognising areas of challenge and improvement.

The Committee noted the importance of cultural change when undertaking digital change and were reassured of the inclusion of clinical and finance teams and their guidance for the implementation work.

The Committee discussed the IM&T risks in depth and received reassurance that mitigating actions were in place and the risks were being addressed. It was noted that IM&T would provide a deep dive of the directorate's risks at the next Risk Management Group.

The Committee also discussed the ongoing joint collaboration work with UHBW and agreed to received an update on the progress at the next meeting.

3.9   Risk Report
The Committee discussed the Trust Level Risks (TLR) and Board Assurance Framework (BAF) risks within its purview and noted the deep dives scheduled on the workplan to provide assurance on particular risks to the Committee.

3.10   **Other items:**
The Committee also received the following items for information:
   • An update from the Business Case Review Group

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Tab 16 Finance & Performance Committee Upward Report (Discussion)

- Finance and Performance Committee forward work-plan 2023/24

4. Identification of new risks & items for escalation
4.1 None

5. Summary and Recommendations
5.1 The Trust Board is asked to receive the report for assurance and note the activities Finance & Performance Committee has undertaken on behalf of the Board.

Tab 16.1 Appendix 1 - Finance Report - Month 5

NHS
North Bristol
NHS Trust

Report To:	Finance & Performance Committee			
Date of Meeting:	21 September 2023			
Report Title:	Finance Report for August 2023 (Month 5)			
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 report.			
Report History:	Finance Report is a standing agenda item for F&PC.			
Next Steps:	Trust Board – 28 September 2023			

Executive Summary
The financial plan for 2023/24 in Month 4 (July) was a deficit of £0.9m. The Trust has delivered a £1.8m deficit, which is £0.9m worse than plan. This is predominately driven by the impact of industrial action resulting in additional pay costs.
Year to date (YTD) the Trust has delivered a £11.3m deficit, which is a £4.4m adverse position against a planned £6.9m deficit. The main driver is the impact of industrial action in first four months of the year regards to costs. The Trust is also seeing the impact of temporary staffing.
The Month 5 CIP position shows £10.0m schemes fully completed. The Trust has a further £5.2m in implementation and planning, and a further £5.7m of schemes identified in the pipeline.
Cash at 31 August amounts to £65.9m, an in-month decrease of £9.4m due to the in year deficit and timing of payment runs.
Total capital spend year to date, excluding leases, was £14.6m.

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*	

16.1

Tab 16.1 Appendix 1 - Finance Report - Month 5

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:	Appendix 1: Finance Performance Report Slides

16.1

Tab 16.1 Appendix 1 - Finance Report - Month 5

NHS
North Bristol
NHS Trust

Finance Performance Report

Board Report: Month 5 2023/24

16.1

Author: Simon Jones (Assistant Director of Finance)
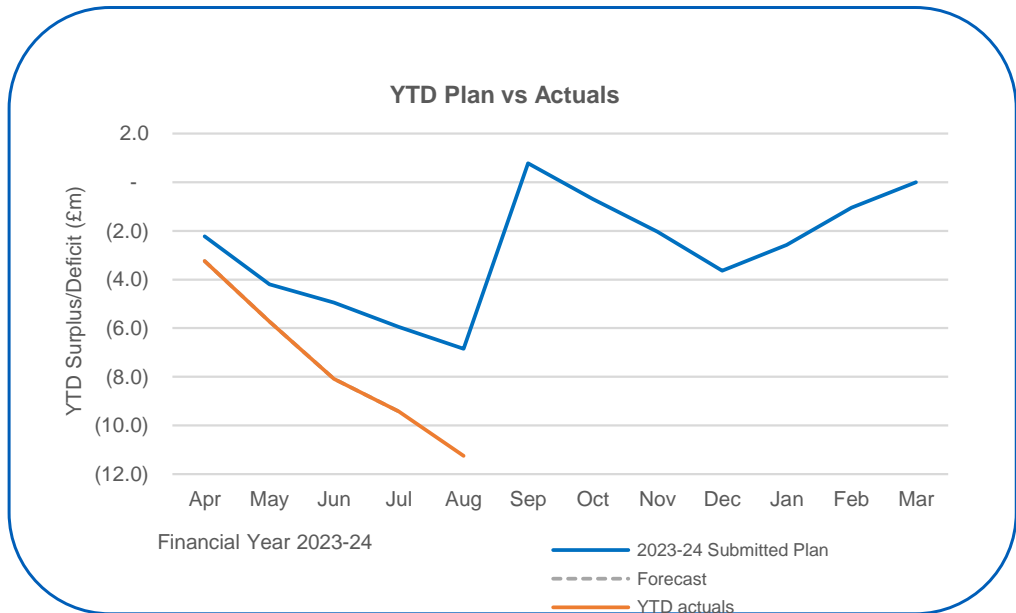
Sponsor: Glyn Howells (Chief Finance Office)

NBT**CARES**

Tab 16.1 Appendix 1 - Finance Report - Month 5

Finance Performance Report
Month 5 (August 2023)

NHS North Bristol NHS Trust

Finance Summary

	Month 5			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	67.8	68.1	0.3	324.7	325.0	0.3
Income	6.6	7.7	1.1	29.4	36.4	7.0
Pay	(47.8)	(47.9)	(0.2)	(222.2)	(229.4)	(7.2)
Non-pay	(27.6)	(29.8)	(2.2)	(138.7)	(143.3)	(4.6)
Surplus/(Deficit)	**(0.9)**	**(1.8)**	**(0.9)**	**(6.9)**	**(11.3)**	**(4.4)**
Drivers:						
Industrial Action			(0.8)			(3.0)
IA income assumed			0.6			0.6
Temporary Staffing			(1.1)			(3.9)
Other			0.3			1.9

16.1

YTD Plan vs Actuals

Financial Year 2023-24

Legend: 2023-24 Submitted Plan / Forecast / YTD actuals

Key messages:
- The financial plan for 2023/24 in Month 5 (August) was a deficit of £0.9m. The Trust has delivered a £1.8m deficit, which is £0.9m worse than plan. The year to date position is a £4.4m adverse variance against a planned £6.9m deficit.
- The in month and year to date position is being driven by £0.7m and £3.0m respectively of costs related to industrial action. The Trust has recognised £0.6m of income in month 5 to offset the impact of the April industrial action. Therefore, £2.4m of the adverse position is driven by strike action costs.
- Temporary staffing costs in the year to date position is creating a £3.9m adverse variance to plan, the impact of which is offset by delays in investments.
- The Trust cash position at Month 5 is £66m, a reduction of £38m from Month 1. The forecast outturn for 2023/24 sees the Trust cash balance reduce to £49m by Month 12. This is driven by the Trust underlying deficit
- The Trust is currently forecasting a £5.1m overspend on capital by Month 12. This overprogramming is being managed in year by the Capital Planning Group.
- Trust has delivered £10.0m of completed cost improvement programme (CIP) schemes at month 5. Further £5.2m of schemes to be developed and £5.7m in the pipeline.
- A detailed I&E position is shown in the Appendix on slide 15.

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Tab 16.1 Appendix 1 - Finance Report - Month 5

Finance Performance Report

Month 5 (August 2023)

NHS North Bristol NHS Trust

Finance Summary – In Month

Overall

Income and Expenditure (I&E) performance in Month 5 generated a £1.8m deficit against a £0.9m planned deficit, which is £0.9m worse than plan.

Commissioning income including pass-through income was £0.3m better than plan. Excluding the impact of pay award budget changes established in month that were offset in pay, the revised position is £2.1m better than plan. This is driven by an overperformance on High Cost Drugs and HCTED, which will be matched by expenditure, along with accrued income for Junior doctor's strikes in April and an increase in Welsh patient activity.

Income

Non-NHS income was £1.1m better than plan. This is driven by new funding adjustments (£1.2m fav) and prior year invoicing in Core Clinical Services (CCS) (£0.4m fav) offset by underperformance in other clinical divisions.

Pay

Pay costs were £0.2m worse than plan. Excluding the impact of pay award budget changes established in month that were offset in contract income, the revised position is £1.7m worse than plan. The Trust saw the impact of August industrial action (£0.7m adverse) along with increased temporary staffing costs (£1.1m adverse). This was offset by underspends on other staff due to vacancies (£0.3m fav). In year delivery on pay CIP is £1.0m adverse to plan due to the delayed start of full year schemes, however this is offset by benefits from delayed in year investments and service developments.

Non-pay

Non-pay costs including pass-through drugs and devices were £2.2m worse than plan. This is driven by in-tariff drugs from medical gases backdated invoices in CCS, increased independent sector spend, and the impact of the Community Diagnostic Centre (CDC), the new IM&T network and Bristol ambulance costs in Facilities.

Saving

Savings. In month the Trust delivered a further £2.1m of savings to move the position from £7.9m in Month 4 to £10.0m in Month 5. The main changes related to finance delivering a saving around asset revaluation and a productivity scheme in NMSK Division.

Capital

Gross capital expenditure was £2.7m in month, which is in line with forecast. In August, the Trust has also recognised leases of £3.6m, including the IT Network lease, against the IFRS 16 capital envelope.

Cash

Cash is £65.9m in August, a £9.4m reduction compared with the previous month. The reduction in month is driven by the in-year deficit together with the timing of payment runs at the end of the month.

Forecast

Forecast Whilst a forecast has been undertaken and risks within that have been captured in the Risks and Mitigations section of the paper, work is on going to ensure that the latest national position on the impact of strikes and delivery of Elective Recovery are included. It should be noted that there the risks to the year end breakeven position are increasing.

16.1

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Tab 16.1 Appendix 1 - Finance Report - Month 5

Finance Performance Report
Month 5 (August 2023)

NHS North Bristol NHS Trust

Finance Summary – Year to Date

Overall

Income and Expenditure (I&E) performance to Month 5 generated a £11.3m deficit against a £6.9m planned deficit, which is £4.4m worse than plan.

Income

Commissioning income including pass-through income is £0.3m better than plan. This includes the impact of higher than expected income relating to the pay award, along with income recognised for the Junior doctors strike in April, offset by reduced income for Demand and Capacity and Service Developments due to scheme delays.

Non-NHS income was £7.0m better than plan. This is driven by new funding adjustments and pass-through items (£3.9m fav) and prior year invoicing in clinical divisions.

Pay

Pay costs were £7.2m worse than plan. The Trust has seen the impact of five months of industrial action (£3.0m adverse) along with increased temporary staffing costs (£3.9m adverse). This was offset by underspends on other staff due to vacancies (£0.2m fav) and benefits due to delays with investments and service developments (£6.4m fav). The medical pay award is contributing a £1.9m adverse variance which is offset in contract income. In year delivery pay CIP is £4.1m adverse to plan.

Non-pay

Non-pay costs including pass-through drugs and devices were £4.6m worse than plan. This is driven by in-tariff drugs and medical supplies use, increased independent sector, and the impact of external testing in CCS, the new IM&T network and Bristol ambulance and inflation related costs in Facilities. This is offset by underspends on utilities and cost of capital from reduced depreciation and PDC following the asset revaluation. In year delivery non-pay CIP is £1.2m adverse to plan.

Saving

Savings performance to Month 5 full year effect was £2.0m ahead of plan with the Trust having £10m complete schemes. The Trust has a further £5.2m of schemes in implementation and planning that need to be developed, and £5.7m of schemes in pipeline. This leaves a £3.2m shortfall against the annual £24.2m target.

16.1

Capital

Gross capital expenditure is £14.6m year-to-date. The full year forecast is £5.1m above currently confirmed funding sources (£3.1m for the risk-mitigated position). This represents the agreed level of over-programming and the gap is expected to be bridged by additional national funding, further delays/underspend against the forecast and recognition of capital receipts from previous years.
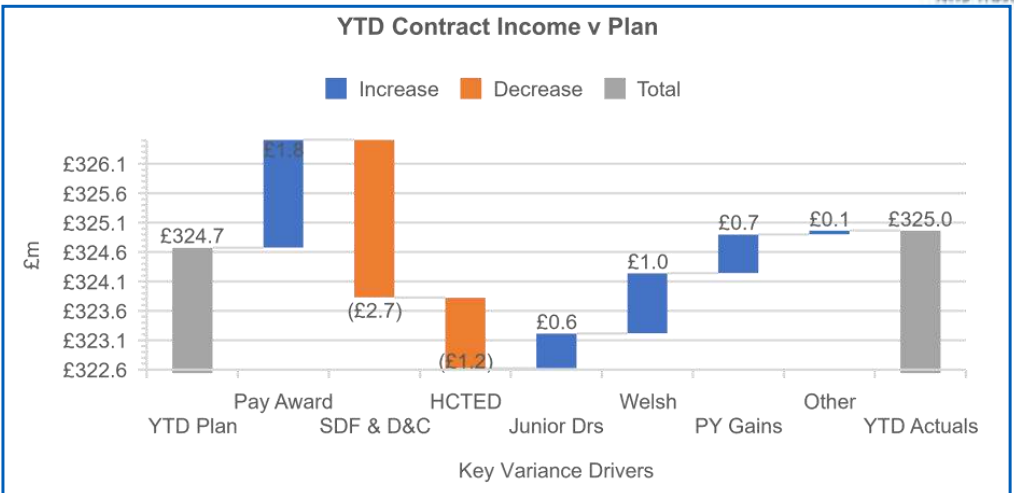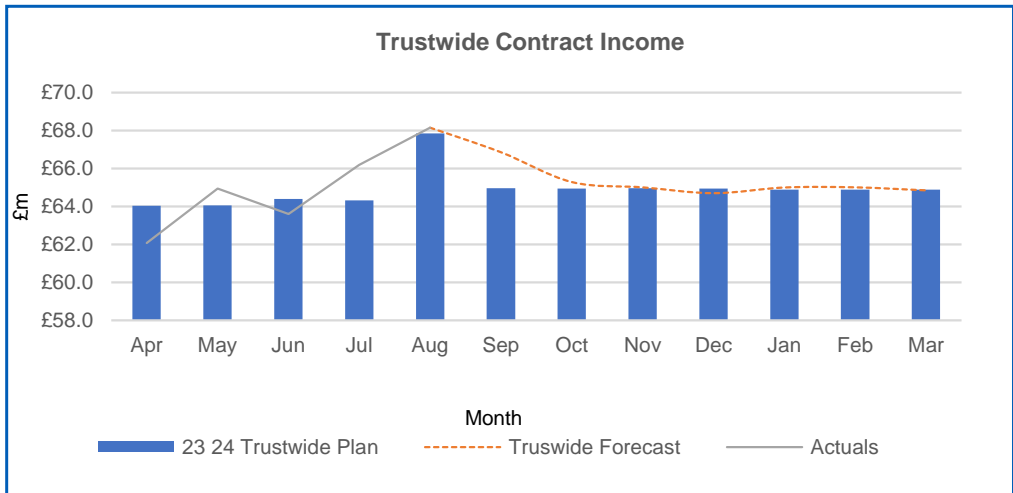
Cash

Cash is £65.9m in August, a £38.1m reduction year-to-date. This is due to carried forward and in-year payments for capital projects and improved BPPC performance together with the in year I&E deficit. It is expected the trend will continue, resulting in the overall reduction of cash position to around £49m.

NBTCARES

10.00am, Public Trust Board-28/09/23

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Tab 16.1 Appendix 1 - Finance Report - Month 5

Contract Income Overview

NHS North Bristol NHS Trust

Trustwide Contract Income

Legend: 23 24 Trustwide Plan — Truswide Forecast — Actuals

YTD Contract Income v Plan

Legend: Increase — Decrease — Total

16.1

Contract Income

In-month: £0.3m fav

YTD: £0.3m fav

In month
- In month Trust wide Contract Income is £0.3m favourable to plan. In August the income budgets were increased due to the Agenda for Change (AfC) pay award, creating a £1.8m adverse movement which is offset in pay. Excluding this the position is therefore £2.2m favourable to plan.
- The key favourable variances include an overperformance on High Cost Drugs and HCTED, which will be matched by expenditure, and an increase in Welsh patient activity.
- Additional income has also been included in month to mitigate the costs of the Junior Doctor strike in April.

Year to date
- Year to date the Trustwide Contract Income position is £0.3m favourable to plan. With higher than expected income relating to the pay award being received along with income recognised for the junior doctors strike in April. These upside variances are being countered by reduced income relating to Demand & Capacity (D&C) projects and other service developments (SDF) which are yet to commence. These items all offset in expenditure.

Trend Analysis
- Contract Income trend shows a £1.9m increase on Month 4 and a £3.9m increase on the year to date average. This is driven by the recognition of the pay award income (£1.9m) along with income for the junior doctors strike in April (£0.6m). In addition, there was an overperformance against HCTED and ICB High Cost Drugs (pass through).

ERF Analysis
- As instructed by NHSE the year to date ERF position has been set to plan.
- Performance to ERF targets is currently below planned levels. This is largely as a direct result of industrial action. The Trust awaits further national guidance as to how the impact of strikes will be used to adjust original targets.

NBTCARES

Tab 16.1 Appendix 1 - Finance Report - Month 5

Pay Overview

Pay Spend by Month

Worked WTEs

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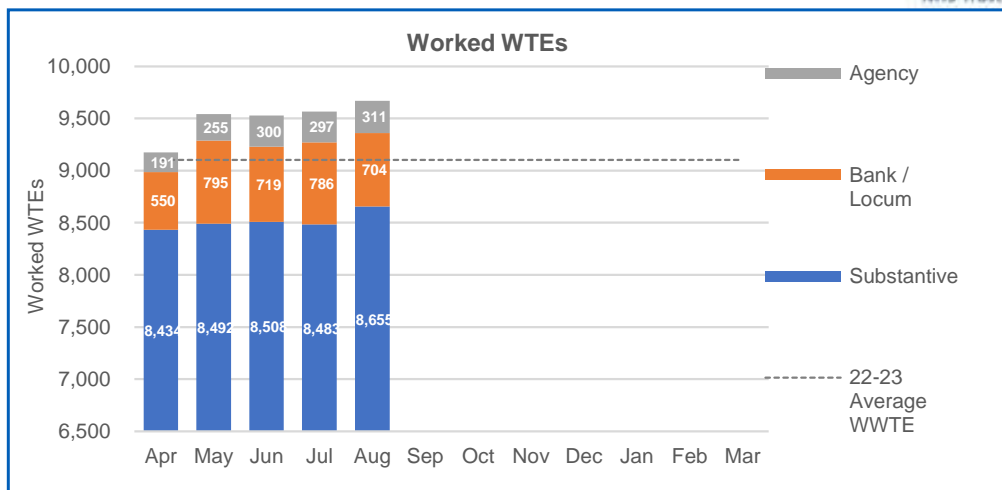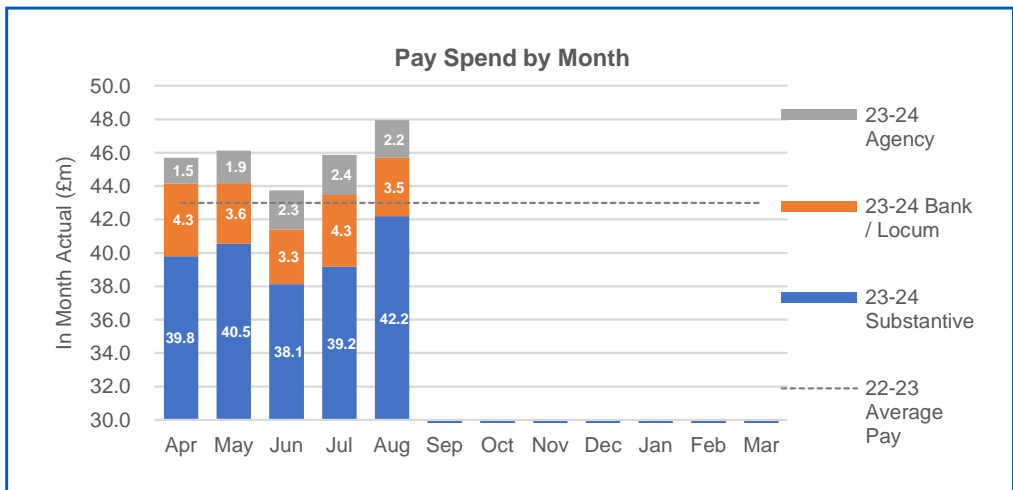
*Note: Average 22-23 pay has been inflated by 5% for Agenda for Change staff and adjusted for one-offs throughout the year (pensions, non-consolidated pay award, annual leave accrual)

Pay	In month
In month spend: £47.9m	• Trustwide pay spend is £47.9m driving a £0.2m adverse variance to plan. In August the annual pay budgets were increased due to the Agenda for Change (AfC) pay award, creating a £1.8m favourable movement which is offset in contract income. The revised pay position is £2.0m adverse to plan. The Trust has seen the impact of industrial action through enhanced payments £0.7m adverse , £1.1m impact of increased temporary staffing, and £1.0m adverse from delayed in year delivery of pay savings. This position has been offset by £1.0m favourable driven by vacancies in other AfC posts (mostly CCS Division) and delayed elective recovery, investments and service developments.
In-month: £0.2m adv	• Temporary staffing is driven by usage in ASCR (ODPs in theatres, ICU and safer staffing), Medicine (HCA usage, locum junior doctors and agency consultants) and NMSK (stroke service and safer staffing). In month agency spend is £2.2m and bank £2.6m. Slides 17 and 18 in the appendix have a more detailed breakdown.
YTD: £7.2m adv	**Year to date**
	• Year to date Trustwide pay is £229.4m creating a £7.2 adverse to plan. Medical Pay award is £1.9m adverse which is offset in contract income, industrial action £3.0m, increased temporary staffing £3.9m, and in year delivery of pay CIP £4.1m. This is offset by delayed investments around ERF and service developments £6.4m favourable.

Trend Analysis	
(further analysis shown in the Appendix)	• Pay spend in August was £47.9m compared to £45.9m in July, a £2.0m increase. • WTE's in August were 9,670 compared to 9,566 in July. • There has been a £2.5m increase on the 2023-24 year to date average. The movement is driven by £1.9m increase from the medical pay award for months 1 to 5 and a small increase in agency. WTEs have increased by 217 on the year to date average which is predominantly driven by substantive recruitment. Despite the substantive recruitment there has not been a significant reduction in temporary staffing.

NBTCARES

Tab 16.1 Appendix 1 - Finance Report - Month 5

Non-pay & Non-commissioned Income Overview

Non-pay Spend by Month

Legend:
- Other Non-Pay
- Premises Costs
- Supplies & Services
- Clinical Supplies (Incl Blood)
- Drugs
- 22-23 Average Non-pay

Other Income by Month

Legend:
- 23-24 Actual
- 22-23 Average

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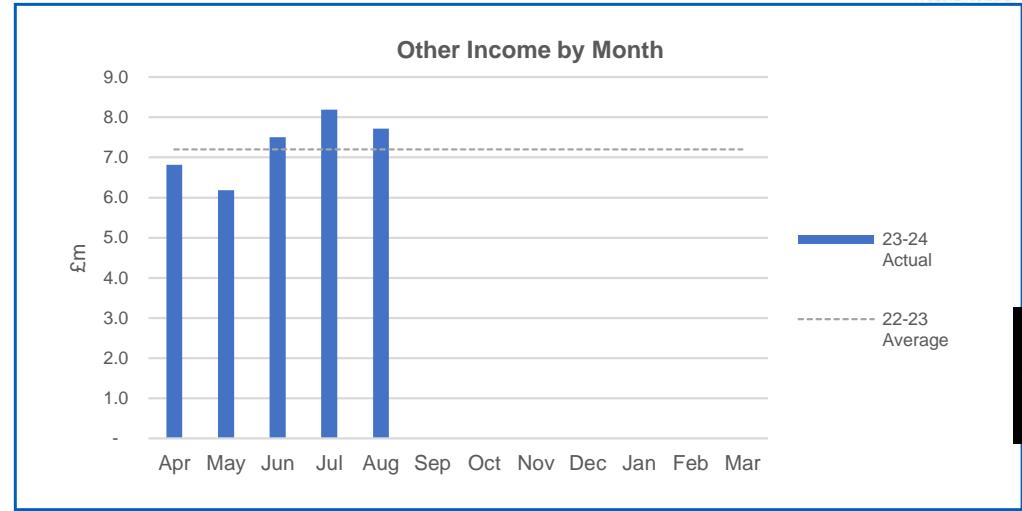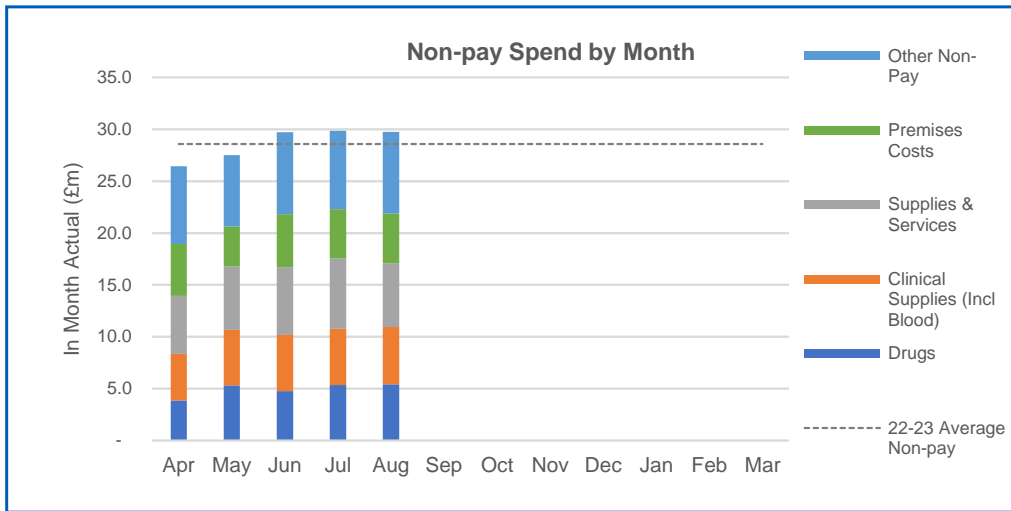
*Note: Average 22-23 non-pay has been inflated by 4% for non-pay inflation, and adjusted for one-offs (Apprentice Levy and Stock)

Non-pay	**In month**
In month spend: £29.8m	• Trustwide non-pay spend was £29.8m creating a £2.2m adverse variance. Of this £0.4m is driven by costs covered by additional funding received since the final plan was signed off. The revised position is £1.8m adverse to plan. Divisional non-pay has seen a deterioration in month due to new network costs (IM&T), retrospective invoices in CCS in relation to medical gases, increased independent sector costs, and Overseas recruitment costs (offset with income).
In-month: £2.2m adv	**Year to date**
YTD: £4.6m adv	• Year to date Trustwide non-pay is £143.3m and £4.6m adverse to plan. This adverse position is driven primarily by increased spend within Divisions and inflationary impact partly offset by reduced Public Dividend Capital. In year delivery CIP is £1.2m adverse to plan.

Non-NHS Income	**In month**
In month income: £7.7m	• In month Non-commissioned income was £7.7m creating a £1.1m favourable variance. The favourable position was driven by new funding adjustments, additional income for Genetics and Microbiology (CCS) part of which related to previous periods.
In-month: £1.1m fav	**Year to date**
YTD: £7.0m fav	• Year to date Non-commissioned income is £36.4m creating a £7.0m favourable variance. The is due to new funding in the year to date position since the final plan was signed off in March (£3.9m favourable). Increases seen across all divisions, most notably in Pathology.

NBTCARES

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Tab 16.1 Appendix 1 - Finance Report - Month 5

Savings

Summary Division	FYE Target	Completed Schemes	Schemes in Implementation	Schemes in Planning	Total FYE	Variance FYE	Schemes in Pipeline	Total FYE inc Pipeline
ASCR	4.8	0.9	0.5	0.1	1.5	(3.3)	2.7	4.2
CCS	3.9	1.1	0.1	1.1	2.3	(1.6)	0.1	2.4
MED	3.0	0.4	0.2	0.6	1.2	(1.8)	1.0	2.2
NMSK	3.8	1.5	1.0	0.8	3.3	(0.6)	0.0	3.3
WCH	1.1	0.5	0.2	0.1	0.8	(0.3)	0.4	1.2
FAC	1.8	0.4	0.0	0.4	0.8	(1.0)	0.8	1.6
Corp	0.8	0.2	0.2	0.0	0.4	(0.4)	0.3	0.6
Central	5.1	5.1	0.0	0.0	5.1	0.0	0.4	5.5
Total	**24.2**	**10.0**	**2.1**	**3.1**	**15.3**	**(8.9)**	**5.7**	**21.0**

- The CIP plan for 2023/24 is for savings of £24.2m with £8m planned to be delivered by Month 5.

- At Month 5 the Trust has £10.0m of completed schemes on the tracker. There are a further £5.2m of schemes in implementation and planning leaving a remaining £8.9m of schemes to be developed, against this we have £5.7m of schemes identified in the pipeline.

- The shortfall on the tracker is £3.2m with pipeline included, with further schemes currently being worked up.

- In the table above the Trust has reflected delivery of £10.0m of savings in 2023/24. This is the full year effect figure that will be delivered recurrently. Due to the start date of CIP schemes this creates a mis-match between the 2023/24 impact and the recurrent full year impact.

- At Month 5 the Trust is showing a £5.3m adverse variance for delays due to in year delivery of CIP, which reflects the fact that almost half of the schemes completed year to date are not impacting fully until 2024/25 and beyond. The I&E impact of this is being managed through vacancy factors in funded budgets and delays on implementing investments.

- The impact of industrial action on clinical teams is diverting resource and attention from prioritising savings delivery and therefore leads to a risk on delivery later in the year.
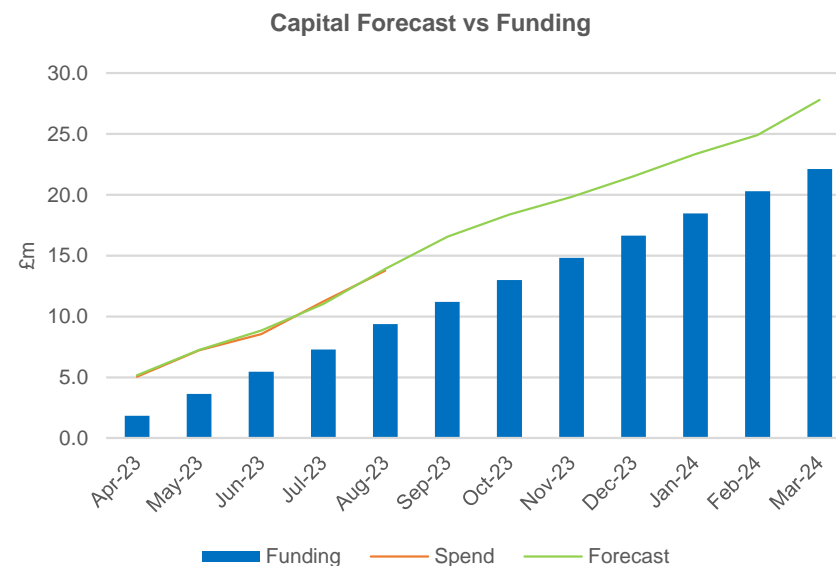
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Tab 16.1 Appendix 1 - Finance Report - Month 5

Capital

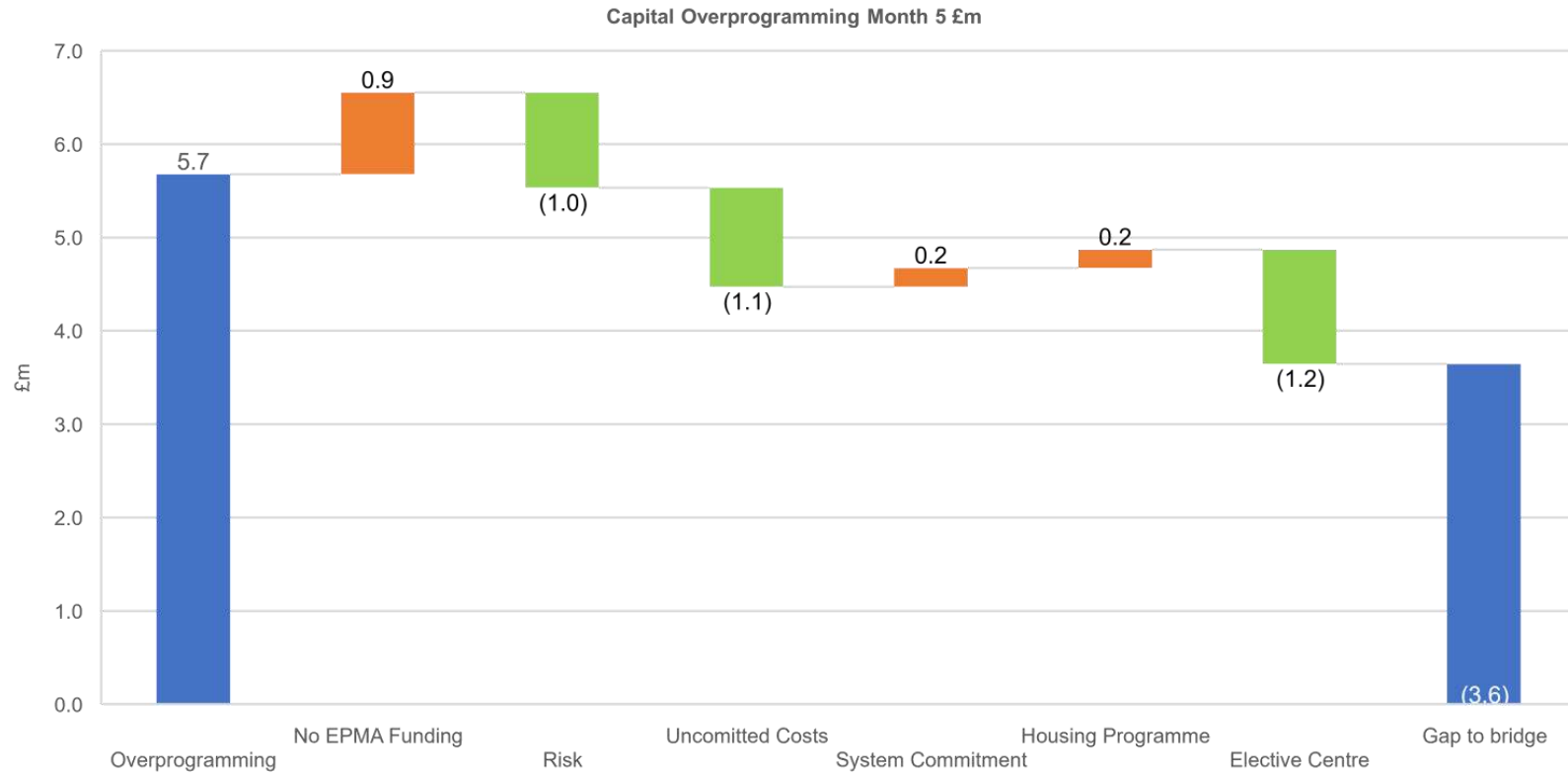| Expenditure	FY Funding (£m)	FY Forecast (£m)	FY Forecast Variance (£m)	YTD Spend (£m)
Divisional Schemes	4.6	1.0	(3.6)	0.5
CRISP Schemes	4.3	18.6	14.4	10.5
IM&T Schemes	2.9	2.5	(0.4)	0.3
Medical Equipment	10.1	5.4	(4.6)	2.5
Core Spend	**21.9**	**27.6**	**5.7**	**13.8**
Endoscopy Capacity PDC	0.7	0.7	(0.0)	0.0
MRI Enabling PDC	0.3	0.0	(0.3)	0.0
Biplane Equipment PDC	1.6	0.0	(1.6)	0.0
Pathology Scanners PDC	0.2	0.2	0.0	0.0
Subtotal	**24.5**	**28.5**	**3.9**	**13.8**
Elective Centre	20.4	21.6	1.2	0.8
Total	**44.9**	**50.1**	**5.1**	**14.6**
Charity & Grant Funded	0.5	0.5	0.0	0.5
PFI & Leases	5.9	6.7	0.8	3.6
Grand Total	**51.3**	**57.3**	**6.0**	**18.7**

Capital Forecast vs Funding

16.1

- The capital plan currently has £5.1m of forecast overprogramming against projects within the Trust's core capital envelope. This overprogramming is actively managed throughout the year by the Capital Planning Group, with opportunities for reducing spend and bidding for additional income being explored. The spend year to date is £14.6m, driven by spend on the Kendon Way Office (£3.8m), Level 6 conversion (£1.0m) and Cossham CT & MR works (£1.1m).

- The Elective Centre Business Case has been submitted, and if approved, is forecast to spend £21.6m, across the second half of the year.

- In addition to this, the Trust's spend on leases is forecast to be £0.8m above the initial allocation of funding. The regional finance team have been made aware of the updated forecast spend and as a system, BNSSG is currently forecast to underspend against our allocation. IT Network lease, which drives the overspend, was recognised in August.

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Tab 16.1 Appendix 1 - Finance Report - Month 5

Capital – Risks & Mitigations

Capital Overprogramming Month 5 £m

- Current known risks and mitigations reduce the overprogramming forecast value of £5.1m to £3.1m. This means that there is a remaining £3.1m of overprogramming for which mitigations have not yet been identified.

- Further clarity around the expected spend related to the Elective Centre is expected once approval for the Full Business Case is received.

- In addition to above items, there are a number of areas with uncertainty around additional funding that may become available as the year progresses, such as additional national funding and recognition of historic capital receipts.

10.00am, Public Trust Board-28/09/23

Tab 16.1 Appendix 1 - Finance Report - Month 5

Cash Position

NHS
North Bristol
NHS Trust

Cash Changes Waterfall
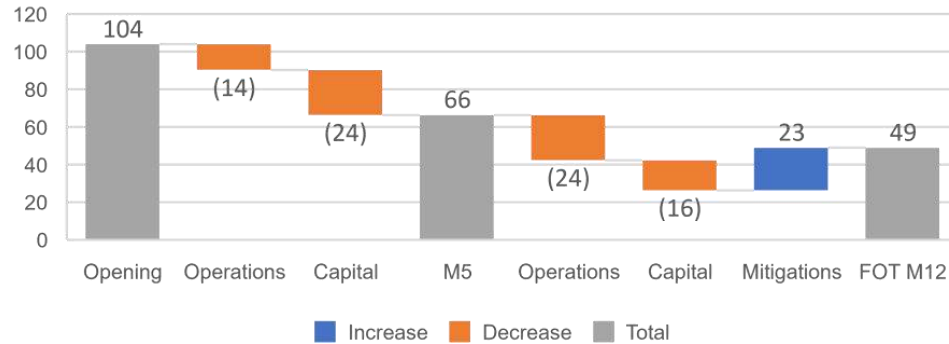
Cash Plan vs Actual and Forecast

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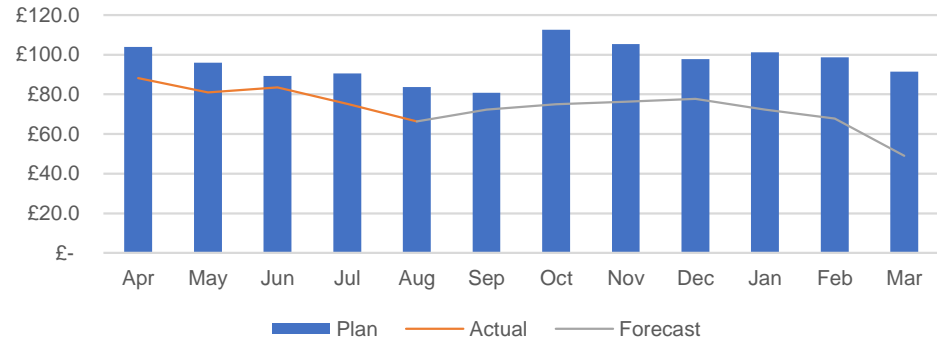
BPPC pass rate

Outstanding Debt

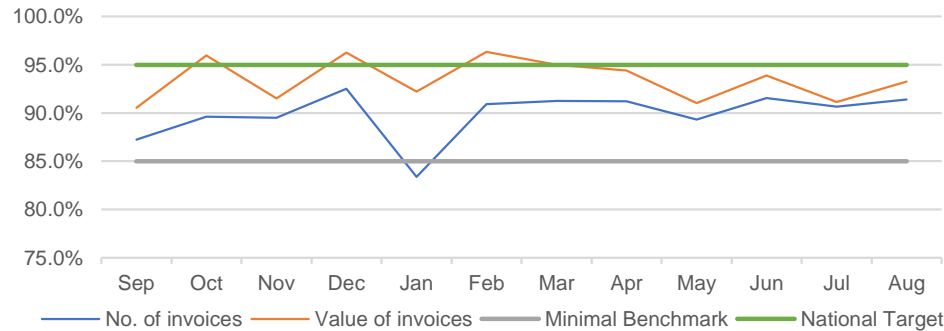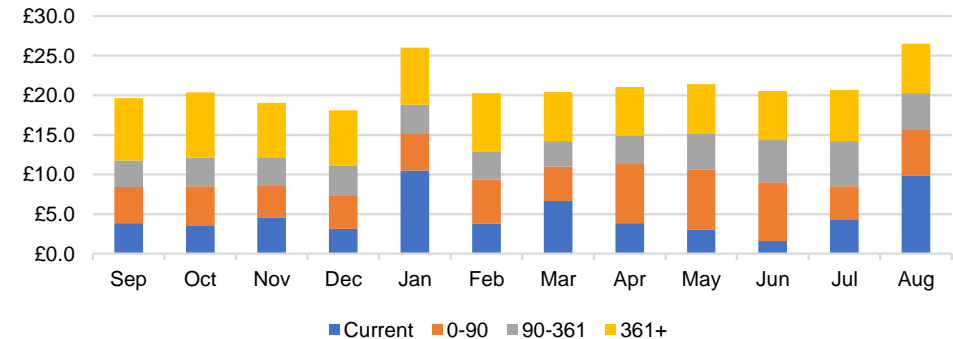- The cash balance decreased by £38.1m year to date, which is mostly due to carried forward and in-year payments for capital projects and improved BPPC performance together with the I&E deficit. It is expected the trend will continue, resulting in the overall reduction of cash position to around £49m. This is primarily due to a deficit on both operating and capital cash flow during the year. This will be reviewed and monitored throughout the year. The mitigations reflect the impact of non-recurrent items such as additional national capital funding, VAT review and improved debt collection together with an adjustment to reflect lower than expected cost accruals in the first half of the year.
- BPPC pass rates continues to outperform minimum benchmark of 85%, but are below national target of 95%.
- Outstanding current debt (up to 90 days) continues to increase, which is closely monitored. Year-to-date, it is mostly driven by delays in payment from other NHS organisations (including Welsh commissioners). In August, the main driver of increase is an invoice for £6m raised to Somerset Council in the last working days on the month. 53% of Debt over 361 days (£3.3m) relates to Overseas patients.

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Tab 16.1 Appendix 1 - Finance Report - Month 5

Risks & Mitigations

Risks	£m	Mitigations	£m	Actions
Reduction in ERF income driven by industrial action	(2)	Additional national funding	2	Confirm national funding approach
Increase in pay costs driven by incentives to cover industrial action up to October	(4)	Additional national funding	4	Confirm national funding approach
Continuation at current levels of temporary staffing spend, including locums, agency, and RMN.	(8)	Introduce further controls and decrease spend.	8	Review of drivers to be completed by each division.
Under delivery of recurrent savings due to the impact of industrial action	(6)	Identify further savings to close the gap	6	Further action by Divisions to identify recurrent savings
The impact of further industrial action and uncertainty over Elective Recovery	tbc	Clarity on national position	tbc	Confirm national funding approach
Total	**(20)**		**20**	

- This month we have included the impact of lost Elective Recovery Income and Industrial action impact costs in the risks.
- This is due to the continued uncertainty around the national position for the full financial year on these issues.
- The Elective Recovery target has been amended to reduce by 2% for April strikes only. However, the treatment of this within the financial position for providers and ICBs lacks guidance, therefore the Trust has only reflected an offset for the direct costs of April within the financial position.
- Mechanisms for recovering the costs of strikes from May onwards are yet to be released.
- In addition, Elective Recovery mechanisms and calculations are still lacking detail. Information has only been made available for Month 1 and 2 and there are a number of queries outstanding on this data.
- Further it is recognised nationally that the impact of industrial action is affecting the ability for efficiencies.
- The Trust will, however, need to deliver reductions to agency spend and fully identify savings in order to achieve a breakeven position.
- The impact of further industrial action on costs and elective recovery could deteriorate the position further.

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10.00am, Public Trust Board-28/09/23

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Tab 16.1 Appendix 1 - Finance Report - Month 5

System position / Underlying position / Productivity

System financial position
- The ICS position at month 5 is a £11.4m adverse variance, this is a deterioration of £3.9m in month.
- The in month deterioration has been driven by worsening positions in the acute Trusts.
- The ICS is forecasting a breakeven position at the year end.

16.1

Underlying position
- The underlying position for 2022/23 was a deficit of £20.5m.
- The submitted plan for 2023/24 showed an underlying position of £33.1m deficit.
- The Trust is undertaking a high level review of the underlying position in month 7 based on an updated in year forecast outturn.
- Non-delivery of savings and changes to Specialised Commissioning allocations are likely to drive a deterioration in the Trust position.

Productivity
- Productivity and the way in which it is measured continues to evolve.
- The regional team are changing the way in which they assess NBT's productivity. NBT are working with NHSE to influence the methodology.
- It is the intention that once this work is completed an analysis of this data will be shares as part of this Board pack.
- In addition Unit costing will continue to be calculated and shared with Divisions. Unit costs are currently undergoing a full refresh to align with 2022/23 apportionments.

Elective recovery and activity
- Elective recovery income and activity will be reflected in future reports, once further information is released from the national team and reconciliation with the Trust's activity is possible.

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Tab 16.1 Appendix 1 - Finance Report - Month 5

Appendix – Financial Statements

16.1

Tab 16.1 Appendix 1 - Finance Report - Month 5

Income and Expenditure: Main Heading

NHS
North Bristol
NHS Trust

	Month 5			Year to Date		
	Budget	Actual	Variance	Budget	Actuals	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	67.8	68.1	0.3	324.7	325.0	0.3
Other Income	6.6	7.7	1.1	29.4	36.4	7.0
Total Income	**74.4**	**75.9**	**1.4**	**354.0**	**361.4**	**7.3**
AHP's and STT's	(7.5)	(6.5)	1.1	(33.6)	(32.3)	1.3
Medical	(13.0)	(15.4)	(2.4)	(64.3)	(67.5)	(3.2)
Nursing	(18.5)	(16.9)	1.6	(83.7)	(83.3)	0.4
Other Non Clinical Pay	(8.7)	(9.2)	(0.4)	(40.6)	(46.3)	(5.7)
Total Pay	**(47.8)**	**(47.9)**	**(0.2)**	**(222.2)**	**(229.4)**	**(7.2)**
Drugs	(4.7)	(5.4)	(0.7)	(23.5)	(24.7)	(1.2)
Clinical Supplies (Incl Blood)	(4.8)	(5.5)	(0.8)	(23.4)	(26.2)	(2.8)
Supplies & Services	(6.2)	(6.1)	0.1	(31.0)	(31.2)	(0.2)
Premises Costs	(4.7)	(4.8)	(0.0)	(23.2)	(23.5)	(0.3)
Other Non-Pay	(7.2)	(7.9)	(0.7)	(37.7)	(37.7)	(0.0)
Total Non-Pay Costs	**(27.6)**	**(29.7)**	**(2.2)**	**(138.7)**	**(143.2)**	**(4.5)**
Surplus/(Deficit)	**(0.9)**	**(1.8)**	**(0.9)**	**(6.9)**	**(11.2)**	**(4.4)**

16.1

- Detailed Trustwide month 5 and year to date position shown by key headings. This shows further detail from the table shown on slide 2.

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Tab 16.1 Appendix 1 - Finance Report - Month 5

Statement of Financial Position

	22/23 Month 12	23/24 Month 04	23/24 Month 05	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
Non Current Assets	**510.6**	**515.6**	**520.0**	**4.4**	**9.5**
Current Assets					
Inventories	10.0	10.2	9.9	(0.3)	(0.1)
Receivables	57.2	46.7	59.9	13.2	2.6
Cash and Cash equivalents	104.0	75.3	65.9	(9.4)	(38.1)
Total current assets	**171.3**	**132.1**	**135.7**	**3.6**	**(35.6)**
Current Liabilities (< 1 Year)					
Trade and Other Payables	125.2	95.6	97.9	2.2	(27.4)
Deferred income	17.2	25.5	30.2	4.7	13.0
Financial Current Liabilities	17.1	17.2	17.8	0.7	0.8
Total current liabilities	**159.5**	**138.3**	**145.9**	**7.6**	**(13.6)**
Trade payables and deferred income	6.7	7.2	7.2	0.0	0.4
Financial Non-Current Liabilties	355.2	351.1	353.1	2.0	(2.2)
Total Net Assets	**362.0**	**358.3**	**360.2**	**2.0**	**(1.8)**
Capital and Reserves					
Public Dividend Capital	469.1	469.1	469.4	0.3	0.3
Income and expenditure reserve	(371.3)	(376.7)	(376.7)	0.0	(5.4)
Income and expenditure account - current year	(5.4)	(9.2)	(11.0)	(1.8)	(5.6)
Revaluation reserve	68.0	68.0	68.0	0.0	0.0
Total Capital and Reserves	**160.4**	**151.2**	**149.6**	**(1.6)**	**(10.8)**

Items to note:

Non Current Assets: Movements driven by capital expenditure (please see details on slide 9 and 10) offset by in-year depreciation and amortisation.

Inventories: Only Pharmacy is counted on a monthly basis, hence, the year-to-date movement is minimal.

Receivables: The year-to-date movement is mostly driven by receiving payments for year-end accruals, such as £16m funding for 21/22 non-consolidated pay award, offset by the build up of in-year accruals, prepayments and invoiced debt as per the regular cycle The in-month movement is driven by an increase in receivables from commissioners (£11m) and is expected to be cleared in the next couple of months.

Cash and Cash equivalents: Please refer to the detailed analysis of key movements on Slide 11.

Trade and Other Payables: The year-to-date movement is driven by paying off major year-end accruals (for example, 21/22 non-consolidate pay award) and invoiced balances, including major capital projects, such as Kendon 2 and PSDS. The in-month movement is driven by the accrual for the agreed Medical Pay Award (to be paid in September).

Deferred income: The year-to-date and in-month movements follow a regular cycle of payments in advance from Health Education England and research grants.
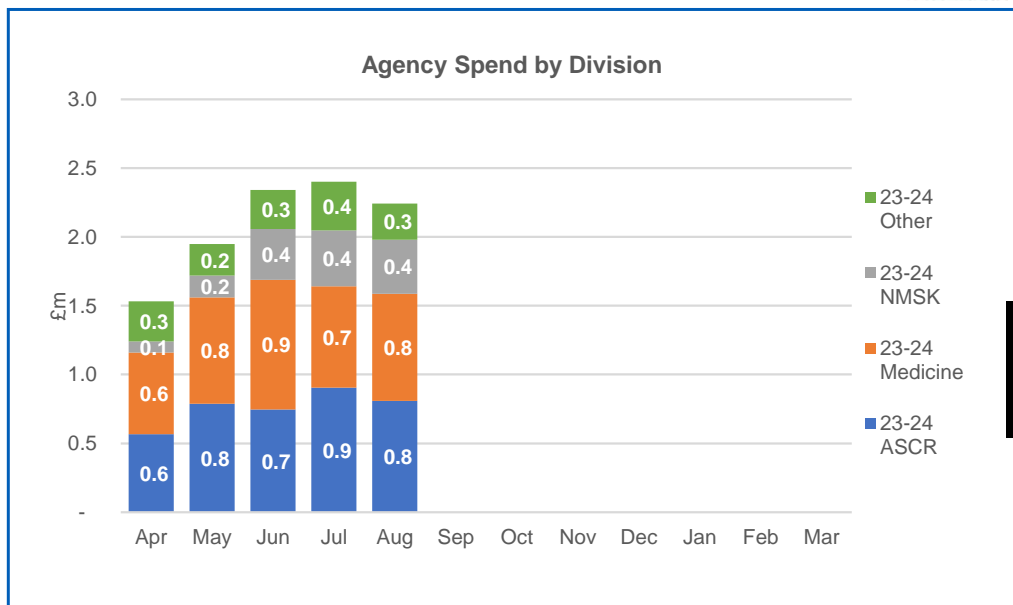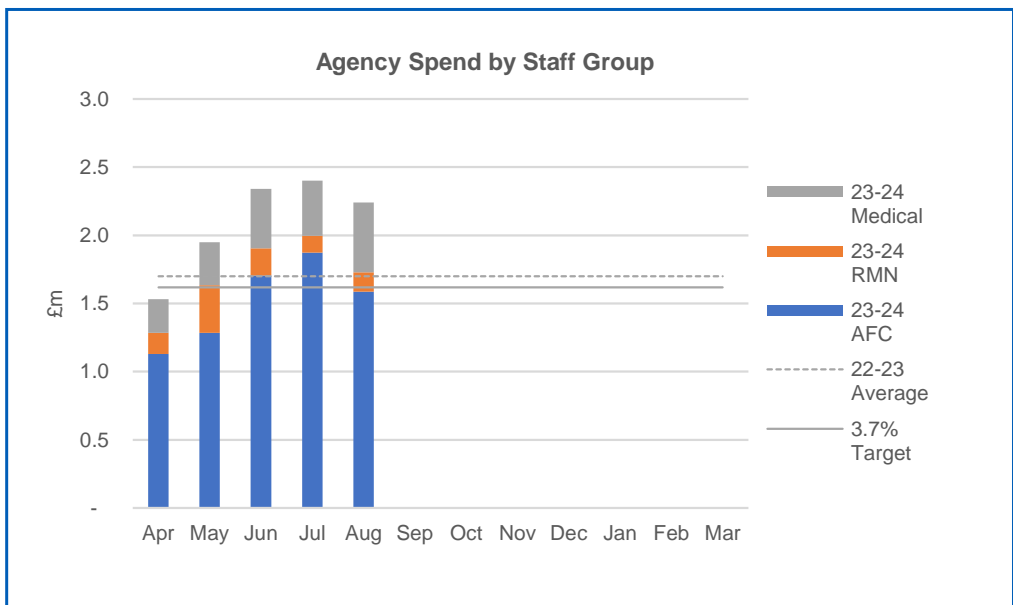
Financial Liabilities: The year-to-date movement relates to the repayment of the capital element of the PFI, offset by the recognition of new leases for the IT Network and the Trust's vehicles in August.

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

Income and expenditure account - current year: The year-to-date movement represents the cumulative year-to-date I&E position.

16.1

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Tab 16.1 Appendix 1 - Finance Report - Month 5

Pay: Temporary Staffing - Agency

NHS North Bristol NHS Trust

16.1

Agency Spend by Staff Group

Legend:
- 23-24 Medical (grey)
- 23-24 RMN (orange)
- 23-24 AFC (blue)
- 22-23 Average (dashed line)
- 3.7% Target (solid line)

Agency Spend by Division

Legend:
- 23-24 Other (green)
- 23-24 NMSK (grey)
- 23-24 Medicine (orange)
- 23-24 ASCR (blue)

Note: 3.7% target is calculated based on 2023-24 budgeted pay expenditure. The final figure is based on 3.7% of 2023-24 outturn, which will not be known until Month 12.

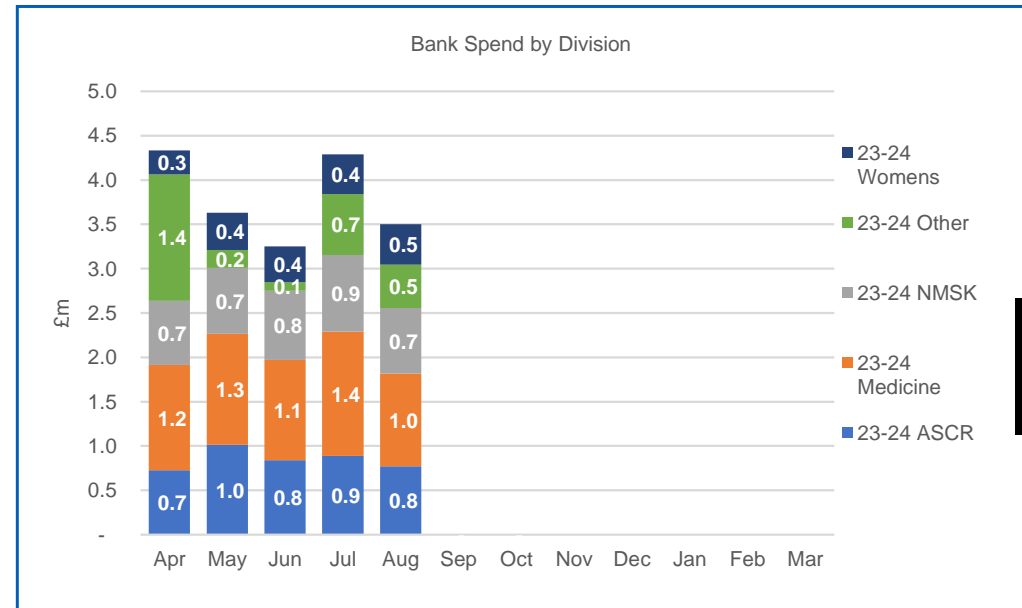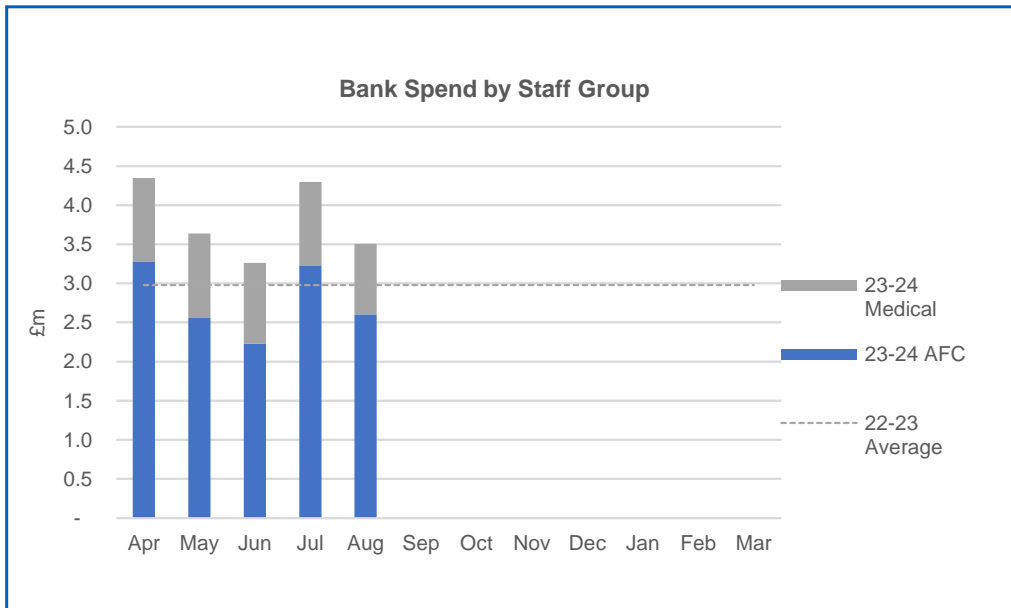| Agency analysis	

Monthly Trend
- Agency spend in August has reduced by £0.1m compared with July but remains high. Temporary staffing spend in August is £0.6m higher than the 3.7% NHSE target.
- Overall spend is driven by safer staffing (ASCR and NMSK), ODP incentives in theatres (ASCR), increased dependency in ICU (ASCR), stroke service reconfiguration (NMSK) and agency costs covering vacancies across clinical divisions.
- The decrease in comparison to July is driven by ICU spend where there has been lower dependency in month. This decrease is marginally offset by an increase in Consultant agency spend in ASCR (vacancies and sickness) and Medicine (prior month catch up).
- In Nursing, the increase seen in comparison to the beginning of the year has been driven predominantly by registered nurse spend in ICU and stroke due to the impact of the reconfiguration going live in May 2023. Medical consultant agency spend has also increased in Medicine (covering vacancies) and NMSK (stroke reconfiguration).

In Month vs Prior Year
- Trustwide agency spend in August is significantly higher than 2022-23 spend. Registered nurse spend is higher which is driven by ICU (acuity), stroke (reconfiguration) and theatres in ASCR (vacancies).
- Consultant agency spend has also increased in NMSK (stroke reconfiguration) and Medicine (vacancies/maternity leave).

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Tab 16.1 Appendix 1 - Finance Report - Month 5

Pay: Temporary Staffing - Bank

NHS North Bristol NHS Trust

16.1

Bank Spend by Staff Group

Legend:
- 23-24 Medical (grey)
- 23-24 AFC (blue)
- 22-23 Average (dashed line)

Bank Spend by Division

Legend:
- 23-24 Womens
- 23-24 Other
- 23-24 NMSK
- 23-24 Medicine
- 23-24 ASCR

	Apr	May	Jun	Jul	Aug
Womens	0.3	0.4	0.4	0.4	0.5
Other	1.4	0.2	0.1	0.7	0.5
NMSK	0.7	0.7	0.8	0.9	0.7
Medicine	1.2	1.3	1.1	1.4	1.0
ASCR	0.7	1.0	0.8	0.9	0.8

Bank analysis

Monthly Trend
- In August, bank spend decreased. This is driven by:
  - Other Medical locum usage has decreased in Medicine. This is mainly within the Emergency Department due to recruitment as well as a review of shift patterns, and a reduction in sickness across the division.
  - Nursing bank spend has decreased in ASCR driven by a reduction in dependency in ICU as well as reduced vacancies across Medicine.
  - HCA bank spend has decreased in month. High spend was seen in July due to supernumerary costs relating to new starters.
  - Admin spend has decreased in IM&T in August as prior month spend has been capitalised.
  - April and July saw high levels of bank spend. This was driven by changing the methodology in which ERF costs are recognised. In April, ERF costs were recognised centrally in line with remaining budgeted costs. However, this was reversed in May and June, reducing costs centrally which will be offset across substantive, bank and agency. Excluding this, spend in the first 4 months of the year was consistently high.

In Month vs Prior Year
- Bank spend in month is higher than 2022-23 average spend. This has been driven mostly by Nursing and HCA spend across clinical divisions due to break glass rates as well as increased fill rates.

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Tab 17 Patient & Carer Committee Upward Report

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NHS
North Bristol
NHS Trust

Report To:	Public Trust Board
Date of Meeting:	28 September 2023
Report Title:	Patient and Carer Experience Committee Upward Report
Report Author:	Richard Gwinnell, Deputy Trust Secretary
Report Sponsor:	Kelvin Blake, Non-Executive Director and Committee Chair

Confidentiality (tick where relevant) *:	Patient identifiable information?	Staff identifiable information?	Commercially sensitive information?	Other exceptional circumstances

*If any boxes above are ticked, paper may need to be received in *private.*

Purpose of the report:	Approval	Discussion	Information	Assurance
				√

Recommendations:	The Trust Board is recommended to receive the report for assurance and note the business undertaken by the Committee on behalf of the Board.
Report History:	The report is a standing item to each Trust Board meeting following a Patient and Carer Experience Committee meeting.
Next Steps:	The next Patient and Carer Experience Committee Upward Report will be to the December 2023 Trust Board meeting.

Executive Summary		
The report provides a summary of the assurances received, issues to be escalated to the Trust Board and any new risks identified from the Patient and Carer Experience Committee Meeting held on 11 September 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:	None arising directly from this report.	
Financial implications:	None arising directly from this report.	
Does this paper require an Equality, Diversity and	No - it is an Upward Report.	

Tab 17 Patient & Carer Committee Upward Report

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NHS
North Bristol
NHS Trust

Inclusion Assessment (EIA)?	
Appendices:	None

1. **Purpose**

1.1 To provide a highlight of the key assurances, any escalations to the Board and identification of any new risks from the Patient and Carer Experience Committee meeting held on 11 September 2023.

2. **Background**

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

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

3. **Key Assurances and items discussed**

3.1 Patient (Esther's) Story

The Committee heard about Esther, who had recently given birth to a baby at Southmead. Esther had been reluctant to engage with midwifery services at first, or to have induction treatment and have her baby by C-section, as, in her culture, natural childbirth was important. She needed induction treatment and a C-section however for the safety of her and her baby. Esther (with her baby) spoke to the Committee via a YouTube video and Esther reported how happy she was with her treatment and the care shown by the ante-natal, labour and post-natal midwives at NBT. She gave details of her care and treatment and voiced her gratitude to the team for taking care of her and her baby so well.

The Committee also heard what had been learnt from and what was being done following Esther's experience. Planned next steps and work already started included sharing the learning more widely, increasing cultural awareness training and staff understanding of cultural differences, linking with other projects and agencies (e.g. Black Maternity Matters and The Haven), producing booklets and leaflets in different languages, linking with community agencies making silk bonnets and various other initiatives.

The Committee took significant assurance from Esther's experience as an NBT patient and the learning and next steps which had been and were being put in place. Discussion took place about making this work a higher priority in future, as funding was not in place

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

Tab 17 Patient & Carer Committee Upward Report

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to sustain much of the work, which had been done in community midwives' own time. The Chief Nursing Officer reported that funding requests would be considered alongside other funding requests in future budget rounds.

3.2   Project SMILE: Health Inequalities in Maternity

The Committee received a presentation on the significant health inequalities in maternity in the UK, and data which showed the higher mortality rates among Black and Asian women and neonates (compared to white women and neonates). Higher mortality rates were also much more prevalent in women from areas of high deprivation. Project SMILE was a joint initiative between NBT and the Shahporan Islamic Centre to reach out to less engaged communities and begin to tackle and reduce these inequalities. It involved running workshops and meetings for women, encouraging women to talk and engage with NHS services, and working closely with agencies including Maternity Champions, Black Maternity Matters and Black Mothers Matter. Lack of funding for this work was also identified.

The Committee welcomed and was assured by the significant degree of work ongoing but was deeply uncomfortable with the feedback which indicated some people felt that NBT was failing to meet its obligations under equality and diversity legislation. The Committee acknowledged that a great deal more work was required in this area. The importance of first accepting and then addressing this feedback, linking with community leaders and other people and organisations outside the NHS, increasing work around equality, diversity and inclusion (EDI), stakeholder mapping, improving communications via multiple channels and encouraging NBT staff to be ambassadors were emphasised.

It was reported that the Board would be holding an EDI deep-dive in the near future and it was suggested that Lisa Kirk be invited to attend and speak to the Board.

3.3   Patient Experience Risk report

The Committee received an update on current patient experience risks and the steps being taken to mitigate those risks, from the Head of Patient Experience and the Chief Nursing Officer. The Committee questioned progress on specific risks around demand for the Acute Dialysis service exceeding capacity, demand exceeding capacity and consequent 3 year waits for first appointments in the Tier 3 Weight Management service and the lack of clinical space to break bad news/cancer diagnoses to Urology patients.

The Committee emphasised the need to address these risks and inform the ICS of the need for more resources in the Weight Management service for example, to prevent greater problems developing in the future.

3.4   Mental Health Performance Update

The Committee received an update on the ongoing work to improve services for patients with mental health needs, including the Mental Health Care Vision, NBT's commitments, the development of a Mental Health Strategy, engaging in System-wide conversations and equipping and supporting the NBT workforce with training and other resources. The Committee was informed of the growing service demand, challenges and service delays

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Tab 17 Patient & Carer Committee Upward Report

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(especially between midnight and 7am), relevant service data, staff and patient feedback and other issues, as well as the increasing need for a Core 24 service across the BNSSG region (24 hours every day) due to the high level of night-time demand. Significant work was ongoing to improve services for patients with mental health needs at NBT and more work was needed.

The Committee asked questions and sought and received assurance on the ongoing work and current developments around mental health service provision. The development of a strategy, employment of a new psychiatrist, increasing use of simulation, referral to other partners, improved staff training and increased support for staff were all welcomed.

The Committee noted and was assured by the reported work, thanked the staff involved and supported the call for a Core 24 Service at BNSSG regional level.

3.5   NHSE Learning Disability Improvement Standard – NBT results

The Committee was informed of NBT's performance against national priorities, of actions identified for the future and of NBT's commitment moving forward to improve outcomes and experience for patients with learning disabilities. The Committee heard details of the work ongoing around respecting and protecting rights, inclusion and engagement and workforce, with the vast majority of patient and staff feedback being positive, with NBT performing well against most of the national targets and with improvements in most areas compared to the previous year and some room for improvement or areas of decline. The Committee was informed of the improvement action plan and of the importance of training and reasonable adjustments for people with learning disabilities.

The Committee welcomed the significant effort being put into this work and some very good results (e.g. 95% of patients said they felt NBT staff cared about them in 2022, compared to 86% nationally and 86% in 2021). Disappointment was however expressed about some results, where NBT had fallen behind national average performance in 2022, or its performance had declined since 2021 (e.g. 84% of patients said they were treated with respect in 2022, compared to 93% in 2021 and 91% nationally). The importance of treating everyone with respect, effective communication with patients and staff, and doing all we can to support patients with learning disabilities was emphasised and discussed, as was the importance of delivering the improvement action plan.

The Committee agreed to receive a report on progress against the improvement action plan in six months.

3.6   Additional updates were received on:

- Accessible Information Standard (AIS): The Committee was assured that all relevant work was in progress and substantially on track. Significant progress had been made against the AIS action plan, in particular in terms of staff training and engagement; policy, procedures and systems; interpreter requests; meeting digital accessibility standards; producing easy to read leaflets; working with partners (e.g. the Sight Loss Council) and other areas. The Committee welcomed the progress and looked forward to further annual updates.

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Tab 17 Patient & Carer Committee Upward Report

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- Patient Experience Group Highlight Report: The Committee was assured that all relevant work was in progress and substantially on track. Action in all six areas of the report was rated green (positive assurance that the Trust is meeting its objectives).

- Learning Disability and Autism Steering Group Highlight Report: The Committee was assured that all relevant work was in progress and on track. Actions in all ten areas were rated green. The Committee particularly welcomed progress with the rollout of the Oliver McGowan online training.

- Integrated Performance Report (IPR): Quality. The Committee noted that the whole IPR report was submitted to the Board on a monthly basis. They had already seen the information in this report. The Committee agreed that the IPR extract was not consequently needed at future meetings of this Committee.

- The Maddy Lawrence Inquest: The Committee received a verbal update from the Chief Nursing Officer on Maddy's case and the findings of the patient safety investigation and subsequent inquest. Significant omissions in Maddy's ward-based care were found, while the actions of ICU staff were deemed heroic. The overall finding was that Maddy had suffered neglect whilst in NBT's care. The Coroner was satisfied with the steps NBT was taking to address deteriorating patients and Sepsis but had issued a Regulation 28 finding on the CQC, to assure the Coroner that the actions agreed by the Trust are being delivered. The Committee expressed its sadness and condolences to the family, as well as discussing the importance of mandatory training for all doctors and the improvement plan, which was due to go to the Board in the near future.

4.   Escalations to the Board

4.1   No specific risks or items of concern were identified for escalation to the Trust Board.

5.   Summary and Recommendations

5.1   The Trust Board is recommended to:

- receive the report for assurance and
- note the business undertaken by the Committee on behalf of the Board.

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