Trust Board papers will be published on the website and interested members of the public are invited to submit questions to trust.secretary@nbt.nhs.uk in line with the Trust's normal processes. A recording of the meeting will be made available on the Trust's website for two weeks following the meeting.

Trust Board Meeting – Public

Thursday 29 September 2022
10.00 – 13.00
Virtual via Microsoft Teams
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	Verbal	-
STANDING ITEMS					
3.	Minutes of the Public Trust Board Meeting Held on 28 July 2022	Approval	Chair	Enc.	-
4.	Action Chart from Previous Meetings	Discussion	Trust Secretary	Enc.	-
5.	Matters Arising from Previous Meeting	Information	Chair	Verbal	-
6.	Chair's Briefing	Information	Chair	Verbal	10.05
7.	Chief Executive's Briefing	Information	Chief Executive	Enc.	10.10
KEY DISCUSSION TOPIC(S)					
8.	Patient & Staff Story	Discussion	Chief Nursing Officer	Enc/ Pres.	10.20
PEOPLE					
9.	WRES/WDES submission and action plan	Discussion	Chief People Officer	Enc.	10.50
FINANCE, IM&T & PERFORMANCE					
10.	Integrated Performance Report	Discussion	Chief Operating Officer	Enc.	11.10
BREAK (10 mins)					11.40
11.	NBT Green Plan 2021-22 review & Routemap to Net Zero Carbon by 2030	Discussion	Chief Finance Officer	Enc.	11.50
12.	Finance & Performance Committee Upward Report 12.1. Finance Month 5 Report	Information	NED Chair	Enc.	12.20
QUALITY					
13.	Quality Committee Upward Report 13.1. Annual Safeguarding Reports	Information	NED Chair	Enc.	12.30
GOVERNANCE					
14.	FPPR Assurance Report	Information	Trust Secretary	Enc.	12.40
CLOSING BUSINESS					
15.	Any Other Business	Information	Chair	Verbal	12.50

No.	Item	Purpose	Lead	Paper	Time
16.	Questions from the Public in Relation to Agenda Items	Information	Chair	Verbal	
17.	Date of Next Meeting: Thursday 24 November 2022, 10.00 a.m.				-
	Resolution: Exclusion of the Press and Public. It is recommended that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, Section 1(2), the press and members of the public be excluded from further items of business, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.				

NHS North Bristol NHS Trust

TRUST BOARD DECLARATIONS OF INTEREST

Name	Role	Interest Declared
Ms Michele Romaine	Chair	• Nothing to declare.
Mr Kelvin Blake	Non-Executive Director	• Non-Executive Director of BRISDOC who provide GP services to North Bristol NHS Trust. • Trustee, Second Step. Provide mental health services for the Bristol North Somerset and South Gloucestershire area. • Trustee, West of England Centre for Integrated Living. Provide a range of services to disabled people living in the Bristol, North Somerset and South Gloucestershire area. • Director, Bristol Chamber of Commerce and Initiative. • Member of the Labour Party.
Professor John Iredale	Non-Executive Director	• Professor of Medical Science, University of Bristol. • Interim Executive Chair of Medical Research Council. • Trustee of British Heart Foundation • Chair of the governing board, CRUK Beatson Institute. • Board member of The Francis Crick Institute
Mr Tim Gregory	Non-Executive Director	• Employed by Cornwall Council as Service Director – Regulatory Services.
Mr Richard Gaunt	Non-Executive Director	• Non-Executive/Governor of City of Bristol College. • Non-Executive Director of Alliance Homes, social housing and domiciliary care provider
Ms Kelly Macfarlane	Non-Executive Director	• Sister is Centre Leader of Genesiscare Bristol – Private Oncology. • Sister works for Pioneer Medical Group, Bristol. • Managing Director, HWM Limited, a Halma Company.

Name	Role	Interest Declared
Professor Sarah Purdy	Non-Executive Director	• Pro Vice-Chancellor and Professor of Primary Care, University of Bristol • Shareholder (more than 25% but less than 50%) Talking Health Limited • Fellow of the Royal College of Physicians • Fellow of the Royal College of General Practitioners • Fellow of the Royal College of Physicians Edinburgh • Member of the British Medical Association • National Institute for Health Research Health and Social Care Delivery Research Funding Panel Member – will cease 31.05.22 • Vice-Chair, Board of Trustees, Venturers Trust, Bristol • Member, Board of Trustees, Bristol Student Union Indirect Interests (ie through association of another individual eg close family member or relative) via Graham Rich who is: - Chair, Armada Topco Limited - Director, Helios Ltd - Director, Talking Health Ltd - Chair, EHC Holdings Topco Limited
Ms Sandra Harding	Associate Non-Executive Director	• Founder, HCPG Ltd • Board Trustee, POhWER • Vice Chair of Governors, Marksbury Primary School • Councillor, Marksbury Parish Council • Member of the Chartered Society of Physiotherapy • Member of the Professional Development Committee of the Chartered Society of Physiotherapy • Registered with the Health and Care Professions Council

Name	Role	Interest Declared
Dr Ike Anya	Associate Non-Executive Director	• Locum Consultant in Public Health Medicine: NHS Lothian, Berkshire East and Berkshire West Directorates of Public Health and Public Health of Scotland. • Member of the British Medical Association • Fellow of the Faculty of Public Health • Honorary Senior Teaching Fellow, University of Bristol • Teach sessions on ethics and global health, London School of Hygiene and Tropical Medicine • Honorary Lecturer, Imperial College
Ms Maria Kane	Chief Executive	• Advisory Group Member of CHKS, a provider of healthcare intelligence and quality improvement services (remuneration donated to charity)
Mr Steve Curry	Chief Operating Officer	• Nothing to declare.
Mr Tim Whittlestone	Medical Director	• Director of Bristol Urology Associates Ltd. • Undertakes occasional private practice (Urology Specialty) at company office. This is undertaken outside of NBT contracted hours. • Chair of the Wales and West Acute Transport for Children Service (WATCh). • Wife is an employee of the Trust.
Mr Glyn Howells	Chief Financial Officer	• Governor and Vice Chair of Newbury College (voluntary). • £25 voucher received as a thank you gift for speaking at a Royal College of Surgeons/Society of British Neurosurgeons Leadership Development Course on 18 November 2021. Donated to Southmead Hospital Charity.

Name	Role	Interest Declared
Professor Steve Hams	Chief Nursing Officer	• Visiting Professor, University of Worcester • Director, Curhams Limited (dormant company) • Strategic Advisor, Liaison Group Limited • Independent Chair of Trustees, Infection Prevention Society • Strategic Advisory Board Member, Shiny Mind (Mental Health)
Mr Neil Darvill	Director of Information Management and Technology (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	Director of People and Transformation (non-voting position)	• Nothing to declare.

DRAFT Minutes of the Public Trust Board Meeting held virtually on Thursday 28 July 2022 at 10.00am

Present:			
Michele Romaine	Trust Chair	**Maria Kane**	Chief Executive Officer
Tim Gregory	Non-Executive Director	**Glyn Howells**	Chief Finance Officer
Kelly MacFarlane	Non-Executive Director	**Tim Whittlestone**	Chief Medical Officer
Richard Gaunt	Non-Executive Director	**Jacqui Marshall**	Chief People Officer
John Iredale	Non-Executive Director	**Steven Hams**	Chief Nursing Officer *(present from minute item 4 onwards)*
Kelvin Blake	Non-Executive Director	**Steve Curry**	Chief Operating Officer *(present until minute item 11)*
Sandra Harding	Associate Non-Executive Director	**David Hale**	Assistant Director of Informatics
Ike Anya	Associate Non-Executive Director		
In Attendance:			
Xavier Bell	Director of Corporate Governance & Trust Secretary	**Richard Thomas**	Director of Communication s
Aimee Jordan	Corporate Governance Officer (*Minutes)*	**Gifty Markey**	Patient Experience Lead (*present for minute item 07*)
James Smith	Consultant (shadowing)		
Presenters:			
Alice Raju	Sister (*present for minute item 07*)	**Lisa Ford**	Matron (*present for minute item 07*)
Tricia Down	Associate Director Strategic Estate Development and Sustainable Health (*present for minute item 11*)	**Megan Murphy**	Sustainable Development Manager (*present for minute item 11*)

Observers: Due to the impact of Covid-19, the Trust Board met virtually via MS Teams, but was unable to invite people to attend the public session. Trust Board papers were published on the website and interested members of the public were invited to submit questions in line with the Trust's normal processes. A recording of the meeting was published on the Trust's website.

TB/22/07/01 Welcome and Apologies for Absence **Action**

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

Apologies had been received from Neil Darvill, Chief Digital Information Officer.

TB/22/07/02 Declarations of Interest

No Declarations of Interests were noted relating to the agenda.

The following update was added to the Trust Board Register of Interests:

- Ike Anya, Associate Non-Executive Director, declared that he had stopped working for NHS Lanarkshire and had commenced work for Public Health Scotland

TB/22/07/03 Minutes of the previous Public Trust Board Meeting

RESOLVED that the minutes of the Public Meeting held on 26 May 2022 were approved as a true and correct record.

TB/22/07/04 Action Log and Matters Arising from the Previous Meeting

Xavier Bell, Director of Corporate Governance, presented the Action Log and noted that there were no actions due for completion.

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

Steve Hams joined the meeting

TB/22/07/05 Chair's Business

The Trust Chair advised there were no updates for the Public Trust Board meeting.

TB/22/07/06 Chief Executive's Report

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

- **Emergency Department (ED):** Noted the measures undertaken to improve the patient flow from the front door and to reduce handover delays. Thanks were extended to all teams involved.
- **Integrated Care Board (ICB):** It was noted that the focus was on developing the strategic plan and NBT were part of the Board representing the acute hospitals.
- **Electronic Patient Record (EPR):** The successful role out of the EPR programme was noted and all staff were thanked for their hard work and efforts for the smooth transition.
  Following a query from the Trust Chair re how many records were merged, David Hale, Assistant Director of Informatics, advised that over 52million records were merged.
- **Elective Care Centre:** The proposal to increase capacity across the system was explained. It was noted that a business case was due to go to Private Trust Board to be reviewed in more detail.

Steve Hams, Chief Nursing Officer, reiterated thanks to all staff involved in the changes to ED and noted the resulting benefits hospital-wide.

RESOLVED that the Chief Executive's briefing was noted.

Gifty Markey, Alice Raju and Lisa Ford joined the meeting

TB/22/07/07 Staff and Patient Story: Cossham Dialysis Unit

Gifty Markey, Patient Experience Lead, introduced Alice Raju, Sister and Lisa Ford, Matron, to the meeting and highlighted that the story focused on how dialysis patients were managed and how staff were supported to continue to deliver care throughout the Covid-19 pandemic.

Alice Raju and Lisa Ford presented the Cossham Dialysis Unit staff and patient story and detailed that the Unit became the central place for treatment of Covid-19 positive dialysis patients during the pandemic. The following key areas were highlighted:

- The risk assessments undertaken to ensure patients received continuity of essential treatment.

- The importance of staff well-being and the support provided to staff.
- Positive feedback from patients and staff re their experience in the Unit.
- The next steps focused on patient feedback, data triangulation and improvement work.

The Trust Chair noted that the link to the video in the presentation was a personal narrative from the Unit staff and encouraged all Board members to watch the video.

During the discussion the following points were noted:

- Sandra Harding, Associate NED, asked about patient's biggest concern, Alice Raju said that patients were concerned to have dialysis as Covid-19 stayed in their system for a longer period. Patients were frightened for their heath and for their family's health.
- Following a question from Sarah Purdy, NED re the effect of the vaccinations for the patients, Alice and Lisa advised some patients became unwell from the vaccinations and whilst they were more reassured they were still concerned re the effect of the virus.
- Following a query from Kelvin Blake re patient experience, Alice and Lisa advised that the transport service was the main areas of improvement.
- Ike Anya, Associate NED, asked what the areas of pride and challenge were. Lisa advised that the challenge was the isolation from the Brunel building and the area of pride was the staff.
- Tim Whittlestone, Chief Medical Officer, emphasised that renal was a part of the ASCR division.
- Glyn Howells, Chief Finance Officer, advised that the community units were run as close to capacity as possible to free up capacity in the acute hospital.

RESOLVED that the Board:

- **Noted the Cossham Dialysis Unit Staff and Patient Story.**
- **Thanked the team for the presentation and the wider team in the unit for all their efforts and hard work.**
- **Agreed to watch the video linked in the presentation. *https://www.youtube.com/watch?v=_ebi9K8Sg14***

Gifty Markey, Alice Raju and Lisa Ford left the meeting
Dr Lucy Kirkham joined the meeting

TB/22/07/08 Guardian of Safe Junior Doctor working hours

The Trust Chair welcomed Lucy Kirkham, Guardian of Safe Junior Doctor Working Hours, who presented the Guardian of Safe Working (Junior Doctors) Board update report which covered the prior four month's exception reporting split by division, actions to optimise workforce, and the Guardian's work over the previous four months. The areas of focus included the exception reports, the use of Bank and Agency staff and addressing the gaps in the rota.

During the discussion the following points were noted:

- Following a query from the Trust Chair re Physician Associate (PA) roles, Lucy advised that it was a long-term approach, but a business case was due to go to the Operational Management Board for sign off.
- Tim Gregory, NED, noted that it was discouraging that eRostering was creating challenges for the Junior Doctors. Lucy detailed the challenges and noted that work was ongoing to fix it through the 'planning view' function.
- Following a query from Maria Kane, Chief Executive Officer, re exit interviews Jacqui Marshall, Chief People Officer, advised that this would be picked up by the People team and noted the ongoing medical transformation work.
- Steve Hams reiterated the benefits of the shared learnings between how the junior doctor and nursing workforces were managed and agreed to follow this up. **SH**

The Board expressed their appreciation to Lucy for all her efforts as the Trust Guardian.

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.**
- **The risks to the Trust were being considered.**

Dr Lucy Kirkham left the meeting
{Slides presented at the meeting circulated with the minutes}

TB/22/07/09 Medical Revalidation & Appraisal Annual Report

Tim Whittlestone, Chief Medical Officer, presented the Medical Revalidation & Appraisal Annual Report and detailed the appraisal process, the governance and the changes that were implemented to improve the quality management of the appraisal and revalidation processes since the previous report.

Following a query from Maria Kane re appraisee and appraiser relationship, Tim Whittlestone advised that to avoid any conflicts of interest the appraiser would not be from the same department as the appraisee but noted that short-term relationships were encouraged.

Following a query from Maria Kane re complaints and incidents, Tim Whittlestone advised that the Trust had reintroduced the ability of appraisers to view the complaints and incidents against the appraisee.

John Iredale, NED, recognised the benefits of the approach but questioned the 85% compliance rate. Tim explained that it was not 100% due to a number of reasons including maternity leave, long term absence and extension of revalidation. The importance of the quality of the appraisals was emphasised.

Richard Gaunt, NED, queried if there were final deadlines for the revalidation process. Tim explained that the deadlines were set by the General Medical Council, but monthly meetings took place to discuss any revalidation issues.

Tim Gregory queried if the process aligned with performance monitoring and Tim Whittlestone advised appraisals were not a Performance Management tool. This prompted discussion re performance management of doctors, the culture of the organisation and how Trust values were promoted and encouraged in leadership roles.

RESOLVED that the Board reviewed the Medical Revalidation & Appraisal Annual Report and approved the Trust Chair or Chief Executive to sign the compliance statement.

TB/22/07/10 People Committee Upward Report

Kelvin Blake, NED and Committee chair, presented the People Committee upward report and highlighted the positive progress of the Health and Safety division, the risks associated with the workforce and the mitigations taken to reduce the risk.

Jacqui Marshall, Chief People Officer, advised of the changes to the People directorate and noted the successful recruitment of Sarah Margret into the Deputy Chief People Officer role. In addition, Jacqui advised that workforce would continue to be a primary focus of the People strategy.

Glyn Howells advised that the Health and Safety sub-groups had updated terms of references and reviewed all risks. In addition, the fire safety manger vacancy was being re-advertised but support from an independent contractor had been obtained to undertake the fire audit.

RESOLVED that the Board noted the People Committee Upward Report.

TB/22/07/11 Integrated Performance Report (IPR)

Steve Curry advised of the changes to the report and described the key operational performance elements of the IPR:

- Unscheduled and Emergency care was challenging due to No Criteria To Reside patients and an increase in Covid-19 admissions. Contingency measures had been put in place to mitigate the risk, but system-level flow improvement was required.
- Planned care: The commitment to reach zero 104 week wait patients had been reached a month ahead of the national requirement and thanks were extended to all teams involved in helping to achieve this.
- Cancer: Work was ongoing to address the cancer performance through recruitment and collaborating with regional colleagues.
- Diagnostics: A plan had been nationally submitted to comply with the national requirement (25% of waiting list not breaching the 6 week wait target). It was noted that there were challenges with Endoscopy and Echocardiograms.

During the discussion the following points were noted:

- Tim Gregory requested further clarity re the stroke performance and the increased c-section figures. Steve Curry advised of the stroke challenges but noted the discussion at the Divisional Management Review meetings and the progression of the stroke pathways.

- Steve Hams advised that due to the increase complexity of patients it was agreed that C-section rates could not be looked at in isolation of other data.

Steve Hams, Chief Nursing Officer, and Tim Whittlestone, Chief Medical Director, described the Quality elements of the IPR:

- Recruitment had been successful with staff due to start in September and two obstetric posts out for recruitment.
- HSIB referrals were being investigated and closely monitored.
- NHSE insight visit was being prepared for and work was ongoing to improve staff working environment.
- C. Difficile rates were in the expected range and the hospital mortality figures remained satisfactory.
- Work was ongoing to review pressure injuries to improve and promote good practice.
- There was still ongoing challenges with VTE compliance, but work was ongoing to improve the performance and a spot audit would be undertaken.

Following a query from Maria Kane re the incident uplift for high-risk drugs, Tim Whittlestone advise that the Director of Pharmacy was aware of the increase but noted that there was not a clinical concern as there were a number of ways to audit the use of controlled drugs.

Following a query from the Trust Chair re WHO checklist compliance Tim Whittlestone advised that it was the recording of the data that brought the compliance rate down and detailed that the local anaesthetic daycase minor surgeries do not require checklists but were incorrectly recorded as operations on the system.

Patient Experience

Steve Hams noted the ongoing work regarding the response rate compliance and detailed that the number of complaints had increased overall.

It was noted that the actions to improve patient experience included discussing local issues at the Patient Experience Committee and developing an improvement plan in Orthopaedics. It was recognised that whilst the operation flow management had reduced the patient safety risk it had increased the patient experience risk. The importance of communication to patients was also discussed.

Well Led

Jacqui Marshall reported the Trust vacancy, turnover and sickness had increased. The importance of managing staff during this difficult time was noted and it was agreed that a paper would be brought to a future Trust Board meeting and would include a trend analysis of vacancies. **CG team/JM**

Discussion was held re recruitment and turnover, and it was noted that whilst the recruitment pipeline was good, there were challenges with getting people in post quickly.

RESOLVED that the Board signed off the IPR report

Tricia Down and Megan Murphy joined the meeting
Steve Curry left the meeting

TB/22/07/12 Healthier Together ICS Green Plan

Tricia Down, Associate Director Strategic Estate Development and Sustainable Health, introduced Megan Murphy, Sustainable Development Manager, and explained the engagement with teams across the system.

Megan Murphy presented the Healthier Together ICS Green Plan which detailed the three-year sustainable strategy to reduce carbon and drive sustainable changes across ten key sustainability themes.

The sustainability themes were as follows:

- Supply Chain and Procurement
- Medicines
- Estates and Facilities
- Travel and Transport
- Digital Transformation
- Sustainable Models of Care
- Workforce and System Leadership
- Food and Nutrition
- Adaptation
- Biodiversity

The key ambitions and commitments, finance and resourcing and next steps were discussed, and it was noted that the governance structure and workstreams were still in development. In addition, the focus was on embedding the Green Plan into the Trusts' processes and plans.

Following a query from Tim Gregory re the business case development factor, Tricia advised that business cases would include a pass and fail section on sustainability to drive change. Glyn Howells added that the focus was on reducing carbon footprint and capturing the carbon footprint of products that the Trust procures.

Following discussion re investment and governance, it was noted that the governance was still being worked though, the system would fund certain roles sustainability roles but there was an ambition to recycle savings within NBT to fund the sustainability team.

Following a query from Sarah Purdy re patient inclusion, Tricia advised that further consideration and development was required on patient inclusion.

RESOLVED that the Board noted the Healthier Together ICS Green Plan and thanked the team for all their hard work.

TB/22/07/13 Finance & Performance Committee Upward Report

Tim Gregory, NED and Committee Chair, presented the Finance & Performance Committee Upward report and noted the new governance, the framework and actions in place to improve re Cost Improvement Plan (CIP) delivery and oversight.

The PFI refinancing was discussed, and it was noted that the business case would be brought to a future meeting.

<u>Finance Month 3 Report</u>
Glyn Howells presented the Finance Month 3 report and highlighted the following:

- CIP was challenging due to under-delivery, but work was ongoing to improve the position particularly in the longer-term.
- There was high agency spend driven by workforce issues
- There was uncertainty re the national Elective Services Recovery scheme (that is measured at a system level) resulting in the need for a provision to be made in the Trust's financial position.
- The Capital Plan was behind schedule.

Following discussion re the increasing interest rates, Glyn explained the funded £7 million to cover the increased energy cost but would check that the rates were fixed for the remainder of the year. **GH**

RESOLVED that the Board:

- **Noted the Finance & Performance Committee Upward report**
- **Noted the Finance Month 3 report**
- **Approved proceeding with PFI refinancing.**

TB/22/07/14 Quality Committee Upward Report

John Iredale, NED and Committee Chair, presented the Quality Committee (QC) Upward Report and noted the positive feedback from the CQC surgery visit, the Medical Examiner Service presentation and discussion re incident reporting and the benefits the new RADAR system would bring. John also detailed the positive progress of the shared decision making and consent programme and recommended that it be brought to a future Board meeting.

Tim Whittlestone noted the Learning from Deaths Report particularly the areas of compliance and the targets and highlighted that the report was not nationally benchmarked. Following a query from the Trust Chair re investigating the reasoning behind not reaching the targets, Tim confirmed that it was being investigated and would bring further detail back to the Board once the new RADAR system had been implemented.

RESOLVED that the Board:

- **Noted the QC Upward Report**
- **Noted the Learning from Deaths Annual Report and Summary Slides.**
- **Noted the CQC Letter regarding the feedback from the surgery monitoring visit.**
- **Agreed to receive a presentation on the Shared Decision-Making and Consent programme at a future Trust Board meeting.** **CG team to schedule**

TB/22/07/15 Patient & Carer Committee Upward Report

Kelvin Blake, NED and Committee Chair, presented the Patient & Carer Committee Upward report and noted the Complaints and Concerns Annual Report 2021/22, the ED Mental Health Planned Assessment Clinic Project and the Patient Involvement Action Plan Progress Report.

Kelvin also highlighted the powerful Emergency Department patient and staff story presentation and recommended that the final outcome be presented to Trust Board at a future meeting.

RESOLVED that the Board:

- **Noted the Patient & Carer Committee Upward report.**

- **Noted the Complaints and Concerns Annual Report.**
- **Supported the implementation of recommendations following the autism ED audit.**
- **Agreed to receive the Emergency Department presentation under the patient story agenda item at a future Trust Board meeting.**

TB/22/07/16 **Any Other Business** – None raised.

TB/22/07/17 **Questions from the public** – None received**.**

TB/22/07/18 **Date of Next Meeting**

The next Board meeting in public was scheduled to take place on Thursday 29 September 2022, 10.00 a.m. Trust Board papers will be published on the website and interested members of the public are invited to submit questions in line with the Trust's normal processes.

The meeting concluded at 13:13pm

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

Trust Board - Public ACTION LOG

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

Meeting Date	Agenda Item	Minute Ref	Action No.	Agreed Action	Owner	Deadline for completion of action	Item for Future Board Meeting?	Status/ RAG	Info/ Update	Date action was closed/ updated
27/1/22	Annual Emergency, Preparedness, Resilience & Response (EPRR)	TB/22/01/ 08	65	Board to be informed once NBT is fully compliant against the NHS Core Standards for Annual Emergency, Preparedness, Resilience & Response (EPRR)	Steve Curry, Chief Operating Officer	Oct-22	Yes	Open	March update: Steve Curry noted that process were being put in place to achieve 100% compliancy and assurance would be given following a further assessment in October 2022.	31/03/2022
27/7/22	Guardian of Safe Junior Doctor working hours	TB/22/07/ 08	71	Steve Hams to meet with Lucy Kirkham to share learning between how junior doctors and nursing workforce were managed	Steve Hams, Chief Nursing Officer	Sep-22	No	Closed	A meeting between Steve and Lucy has been scheduled.	23/09/2022
27/7/22	Finance & Performance Committee Upward Report	TB/22/07/ 12	73	Glyn Howells to check if rates were fixed for the energy costs for the remainder of the year.	Glyn Howells, Chief Finance Officer	Sep-22	No	Closed	It was been confirmed that all energy based on expected consumption has been forward purchased with prices locked in until 31st March 2023.	23/09/2022
27/7/22	Quality Committee Upward Report	TB/22/07/ 13	74	A presentation on the Shared Decision-Making and Consent programme to be scheduled at a future Trust Board meeting	Corporate Governance team	Sep-22	Yes	Closed	Scheduled on the workplan	

Report To:	Trust Board Meeting (Public)		
Date of Meeting:	29 September 2022		
Report Title:	Chief Executive's Briefing		
Report Author & Job Title	Suzanne Priest, Executive Co-ordinator		
Executive/Non-executive Sponsor (presenting)	Maria Kane, Chief Executive		
Does the paper contain:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**
*If any boxes above ticked, paper may be received at *private* meeting			
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
			X
Recommendation:	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.		

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.

Board Assurance Framework/Trust Risk Register Links	Does not link to any specific risk.
Financial implications	None identified.
Equality, Diversity, and Inclusion Assessment (EIA)	N/A
Appendices:	N/A

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 over the past month.

2. Background

The Trust Board receives a report from the Chief Executive to each meeting which details important changes or issues within the organisation and the external environment.

3. Performance

The continuation of the new front door measures involving whole hospital efforts have demonstrated a significant improvement in creating more space at the front door and reducing ambulance handover delays. The Trust are now second out of ten in our peer group.

The number of Covid inpatients continues to reduce with only 14 cases in the hospital as at 20 September.

RTT long waits - we are meeting all targets as agreed with our regional colleagues and we are set to deliver zero patients waiting 78 weeks plus by the end of March 2023.

4. Recognition of the death of HM Queen Elizabeth II

The sad death of the Queen moved the country into a period of national mourning. Operation London Bridge set out a number of criteria which needed to be followed and this included reviews of all meetings and events that were scheduled to take place during the mourning period. All flags were set to half-mast and our social media was suspended other than to inform regarding services over the coming days.

Following the announcement of when the funeral was to take place and the award of a bank holiday, our executives led discussions with clinical colleagues to undergo assessments of which appointments and procedures would continue to take place on 19 September. The Trust wanted to continue to provide urgent and emergency treatments whilst allowing our staff to pay their respects to the Queen and Royal Family on the day of her being laid to rest. Patients were informed of whether their appointment or treatment was to continue or not on that day. Short media messages were shared to provide as much notice as possible to highlight the possibility of changes.

5. Roll of out the new Electronic Patient Record (EPR)

There have been a number of teething issues with the rollout of the new EPR which are being dealt with and systematically resolved. We are continuing to offer an enhanced level of support to teams using the system but have now been able to stand down the heightened response.

6. Covid and Flu Vaccination Programme

The staff Covid and Flu Vaccination Programme got underway on 5 September. NBT has been able to utilise all of the vaccination stock available to it on a weekly basis. The use of a simple online booking system has streamlined this process and uptake is going well.

7. Women and Children's Services Willow Vu Cafe

After a number of months in design and delivery, the new Willow Café was opened opposite the entrance to the Central Delivery Suite. The Café began serving its first customers at lunch time on 30 August and has been widely accepted by patients and staff across the Trust.

8. Internationally Educated Nursing Staff Celebration

An event to celebrate the positive impact that the internationally educated nursing staff who have joined the NBT family took place in the first week of the month. The event showcased the team members that have progressed into Senior Nursing roles and the experience that they have brought to our teams and services.

This event was a great opportunity to hear about the support and encouragement these staff members have received from colleagues, as well as to learn how we can enhance our induction and development for future international recruits.

9. National Innovate Awards Finalists

It is great to see two NBT projects on the final shortlist for the national Innovate Awards, all being funded by Southmead Hospital Charity. Start Well > End Well and Improving Patient Choice in the Prescription of Heparins are finalists in three of the categories at the inaugural awards organised by the NHS Confederation and The AHSN Network.

The Awards Ceremony is taking place today in London and our CMO is attending on behalf of the Trust alongside a number of team members from the individual project teams.

10. National Orthopaedics Alliance (NOA) Excellence in Orthopaedics Awards

The STAR care pathway has been successful in securing two finalist nominations in the annual NOA Awards. The team delivering the pathway are one of three finalists in the Partnerships and Integration Initiative Award and the Patient Engagement – Supporting Patients Waiting Award.

The Awards Ceremony takes place in Birmingham on 19 October.

11. NHS National Staff Survey

The annual national staff survey has gone live and will be open for completion by all NHS staff for the next 12 weeks. First week statistics show an average completion of around

12% which is better than at this point last year. There are target completion rates for all our divisions and delivery against these will be closely monitored.

Engagement events include wellbeing hubs, Executive Team Tours and iPad drop-in sessions for staff with limited access to electronic media to be able to complete the online survey.

12. Engagement & Service Visits

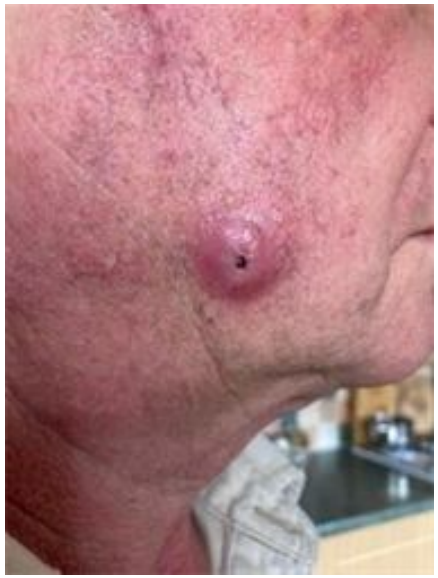
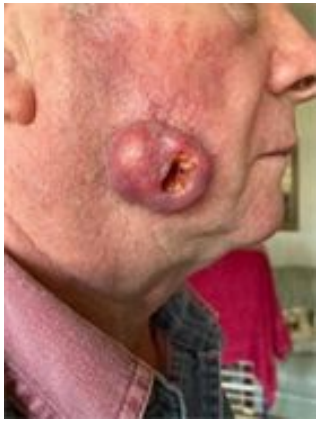
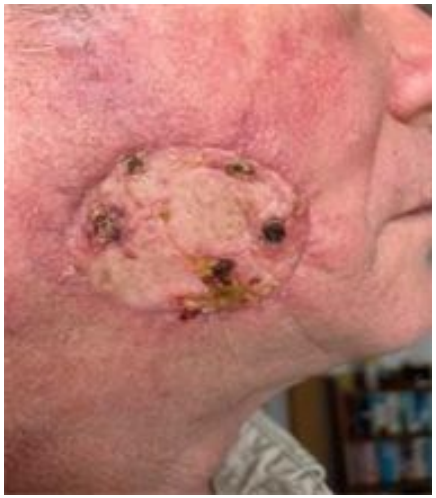
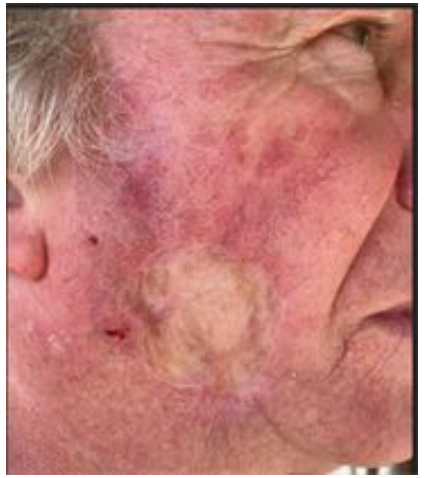
I am continuing to spend time with as many services and teams across the hospital as I can, and I continue to meet with regularly with Clinical Consultant colleagues. This enables me to gain a better understanding of the challenges and opportunities faced in different specialties and practices across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

13. Summary and Recommendations

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

Barry's Story

"Exceptional Care Experience during surgery

Putting the patient first

BT Vision & Values

- Our aim is to provide our patients with best practice, high quality care and treatment that is comparable to the best in the world. We want to care for our patients in a safe environment and ensure that everyone has an outstanding experience
- Our vision is to enable our teams to be the best they can be ,we will provide Exceptional Healthcare, Personally Delivered.

ASCR DIVISION

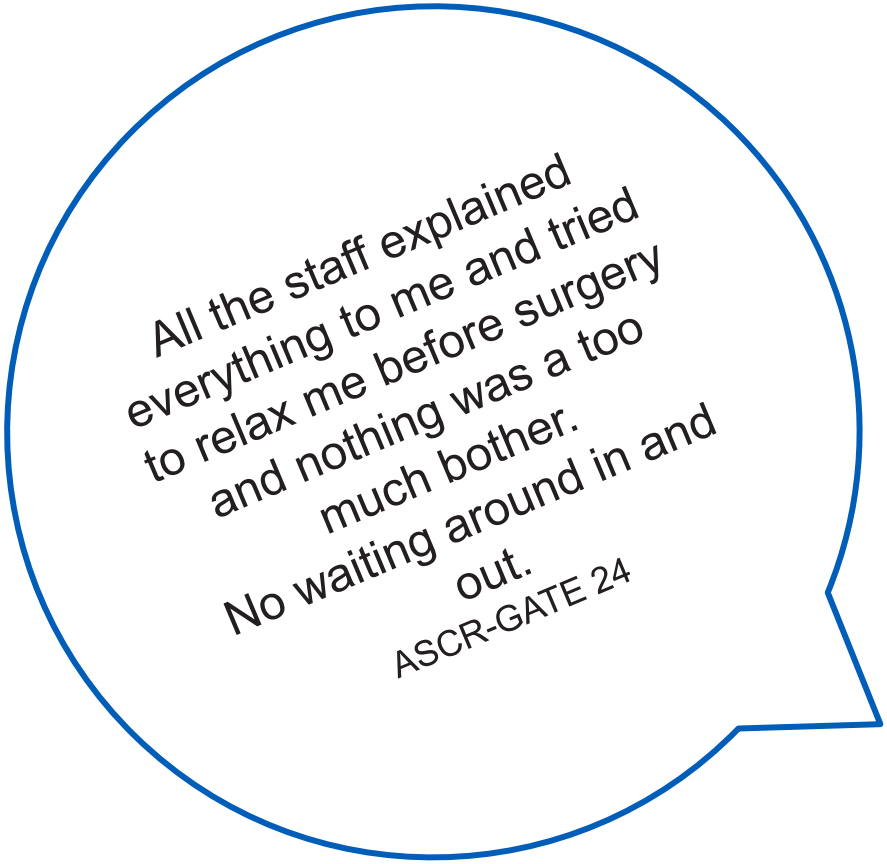
ASCR is the largest division within NBT and comprises of Anaesthesia, Surgery, Critical Care and Renal specialties.

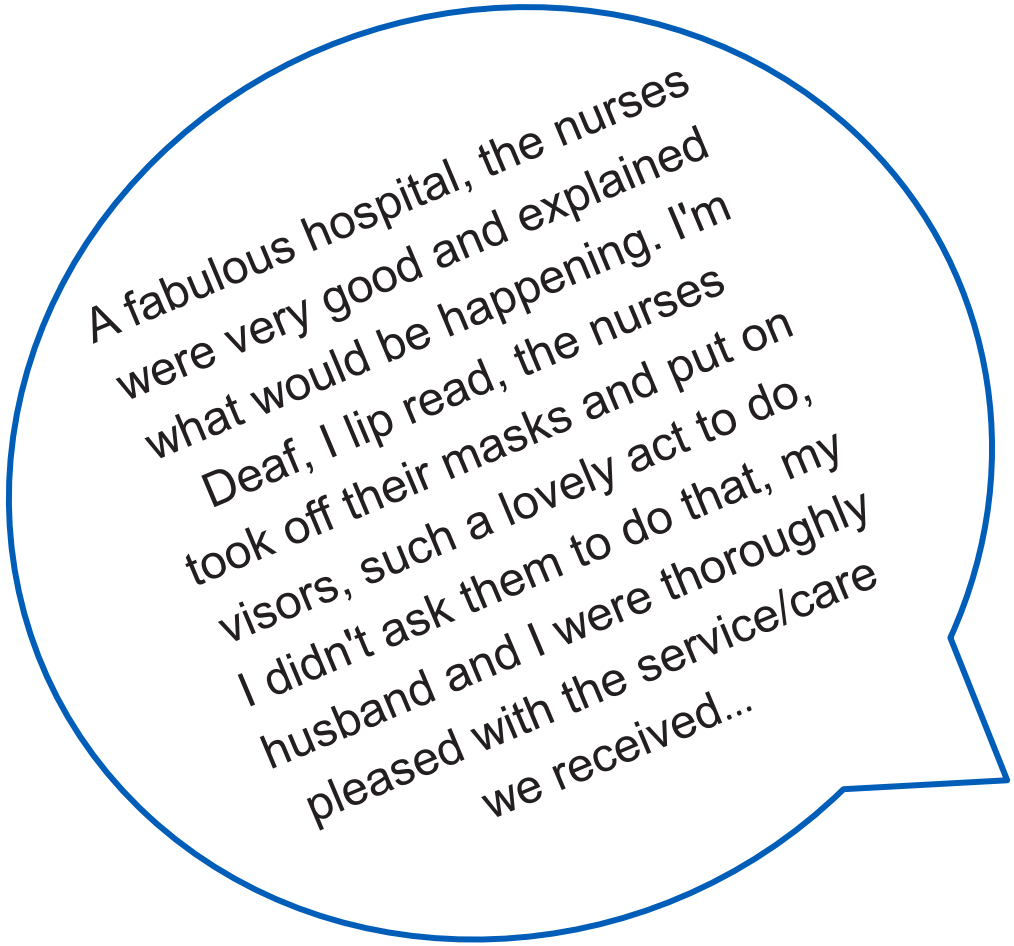
ASCR Divisional Friends and Family Test Feedback January – June 2022

Positive Ratings	93.65%
Negative Ratings	3.06%
Respondents	8106
Comments Received	5962

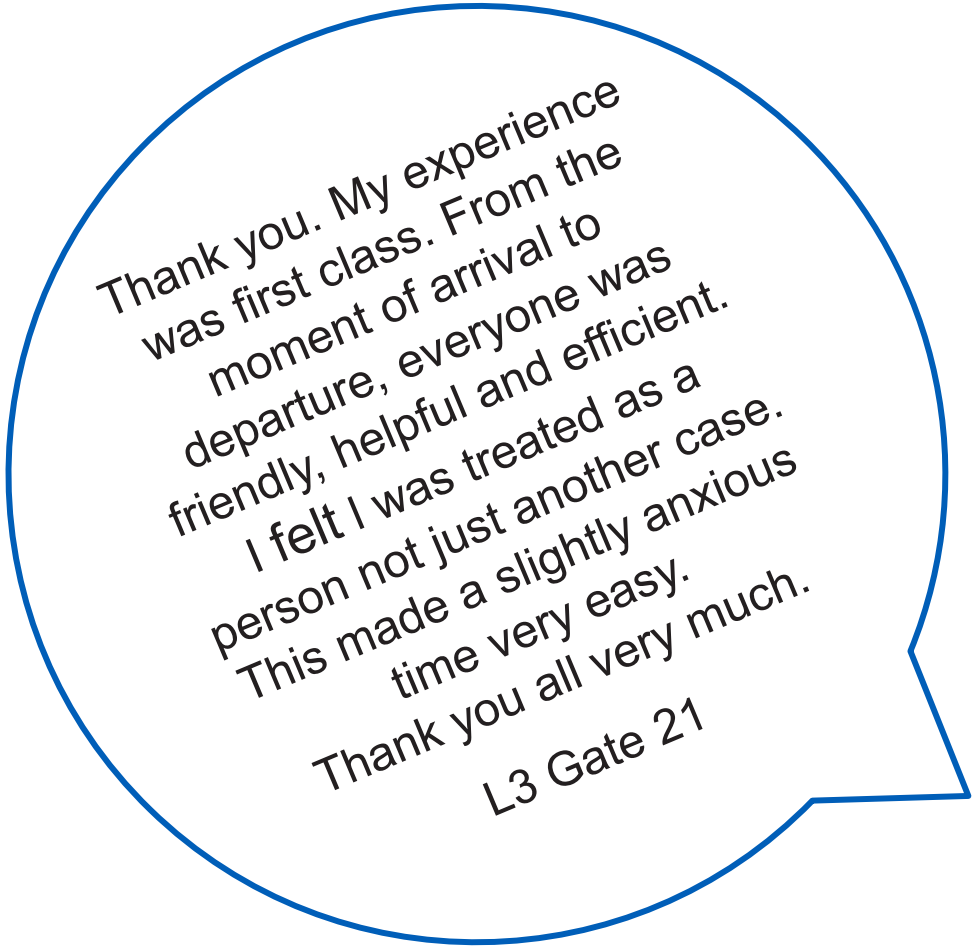
Barry – https://www.youtube.com/watch?v=aELeHCt26k8

COMMENTS FROM FFT FEEDBACK FROM THE DIVISION





COMMENTS FROM FFT FEEDBACK FROM THE DIVISION



NHS North Bristol NHS Trust

Top Themes

+ Positive	- Negative
1. Staff	1. Waiting Time
2. Clinical Treatment	2. Communication
3. Waiting Time	3. Staff
4. Communication	4. Clinical Treatment
5. Environment	5. Environment
6. Discharge	6. Discharge
7. Catering	7. Catering
8. Staffing levels	8. Staffing levels

Top 10 Words

+ Positive	- Negative
1. Staff	1. Time
2. Attitude	2. Waiting
3. Care	3. Appointment
4. Treatment	4. Communication
5. Received	5. Staff
6. Time	6. Hours
7. Clinical	7. Surgery
8. Friendly	8. Wait
9. Good	9. Pain
10. Service	10. Procedure

CONCLUSION

- This is a good example of exceptional care.
- To share this with the team to help expand good practice.
- To allow teams to look at both positive and negative feedback to enable improvement.
- Division and specialities continue to work with Patient Experience Team to work on improving care through feedback.

Report To:	North Bristol Trust Board - Public		
Date of Meeting:	29 September 2022		
Report Title:	Annual Equality, Diversity & Inclusion Update on Workforce Race Equality Standard, Race Disparity and Model Employer and Workforce Disability Equality Standard		
Report Author & Job Title	Monira Chowdhury, Head of Equality, Diversity & Inclusion		
Executive/Non-executive Sponsor (presenting)	Jacqui Marshall, Chief People Officer		
Does the paper contain:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**
*If any boxes above ticked, paper may need to be received at *private* meeting			
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
	x		
Recommendation:	That Trust Board: • Note the key findings from relevant data returns • Agree publication of key data reports on the Trust website • Delegate review of Equality, Diversity and Inclusion (EDI) Priorities, Indicators and 2022-2023 EDI Action Plan to the EDI Committee for consideration.		
Report History:	Annual Approval of Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap Reports (21 September 2021); Staff Survey 2021 Results Headlines (March 2022)		
Next Steps:	• Publish WRES & WDES data by uploading onto NBT website • Equality, Diversity and Inclusion Committee to review current EDI priorities and update 2022-23 EDI Action plan and KPIs in light of 2022 workforce equality standard data.		

Executive Summary

The Trust provides annual data returns to NHS England (NHSE) for Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and on Race Disparity (Model Employer). The Trust has an obligation to publish its WRES & WDES Data Reports and Action Plans every year.

The Trust continues to make progress on its Equality, Diversity and inclusion (EDI) priorities agreed in 2021, though recognising that improvements continue to be small and slower than expected. The approach we have been taking is identifying priorities over a longer 3-year period with focused areas of work each year to enable progress and improvements.

We have established direct links between our EDI work and the national NHS People Plan and local NBT People Strategy so that effort is aligned, and responsibility for delivery is shared throughout the Trust and across Divisions.

Our Trust also co-leads the Bristol, North Somerset, South Gloucestershire Integrated Care Board EDI Leads Group, which has developed its own collaborative EDI action plan. The three overarching priorities at a system level are:

1. Fairer recruitment practices
2. Improved talent management/development opportunities especially for Black, Asian and Minority Ethnic staff and
3. To offer more support for staff networks.

The Trust continues to prioritise its commitment to EDI and deliver on key priorities.

Risks	Linked to the BAF risk SIR 2 relating to workforce availability and turnover.
Financial implications	**No specific financial implications. NBT's EDI function is funded as follows:** **Source of funding**:

Option	[X]	Please provide additional information
Existing budget		NBT has an Equality Diversity & Inclusion Team consisting of 2.2 substantive posts when fully staffed (approximately £123,000 per annum) £5,000 pa contribution towards Bristol Race Equality Strategic Leadership Group
Cost Pressure		
External Funding		• NHS Charities Together has provided £50,000 to address the disproportionate impact on Black, Asian and Minority Staff and other marginalised groups, which has been split £25,000 for support from an external Consultant and £25,000 for a 6-month EDI post • NHS England provided £10,000 to deliver a WDES programme on Neurodiversity in 2020-21 • NHSE has also provided funding to BNSSG ICB for our collaborative Race Equality Talent Development (Believe) Programme, with an extension of 3 months to 31 March 2023.

			• Health Education England has provided funding for 3 fixed term EDI posts (up to end of March and June 2023) at BNSSG ICB level to enable continuing support to the EDI Leads Group and its collaborative Action Plan and to deliver the fairer (inclusive) recruitment and supporting staff networks priorities. • Additional one-off funding of circa £67,000 has been allocated to the EDI team to increase the team's capacity to co-ordinate and deliver the Trust's own EDI priorities.	
	Other			
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No - Improving equality across protected groups is included in the content of the report.			
Appendices:	Appendix 1: NBT WRES Data Return 2021-2022 Appendix 2: NBT WDES Data Return 2021-2022			

1. Purpose

The purpose of this paper is to update the Trust Board on our required data returns, to highlight progress as part of our journey on Equality, Diversity & Inclusion (EDI) at NBT and confirm our priority areas of work and actions for the upcoming and future year/s.

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 since last year on Race Disparity (Model Employer). The Trust has an obligation to publish WRES & WDES 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 are informed by our various annual returns, including WRES & WDES. NBT has linked its EDI work and action plans to the national NHS People Plan, Integrated Care Board (ICB) level and local Trust level People strategies.

2.3 BNSSG ICB has an EDI Leads Group working on mainly workforce issues. This group is co-chaired by NBT's Head of EDI. The Group has developed a collaborative BNSSG EDI Action Plan and submitted an Overhauling (Inclusive) Recruitment Action Plan to NHSE.

2.4 Funding through BNSSG ICB has supported a number of initiatives including targeted mental health support for Black, Asian & Minority Ethnic (B.A.ME) staff and funding for posts to start a fairer recruitment review, a race equality talent management programme and supporting staff networks, all of which are designed to bring additional resources and capacity to EDI workforce related priorities at NBT.

3. Summary WRES 2022 Data

3.1 The Trust has 19.6% (1872) of staff who self-identify as B.A.ME, which is a 2.5% increase on 2020-2021 workforce data. We believe this is likely to be connected to the Trust's increase in international nursing recruits.

3.2 The proportion of clinical staff who self-identify as B.A.ME is 20.8%, and non-clinical staff is 16.4%. This is an increase across both groups compared to 2020-21. The spread of B.A.ME staff in non-clinical directorates range from 12.5% (corporate) to 33.5% (facilities), and clinical divisions range from between 8.2% (Women & Children's' Health) to 25% (Medicine), all proportions are higher than last year.

3.3 B.A.ME staff continue to mostly be represented within Bands 2 – 5:

- Band 2 (28.4% of non-clinical staff and 28.2% of clinical staff)
- Band 5 (14.1% of non-clinical and 36% of clinical staff, with a good proportion who are nursing and midwifery staff).
- Band 6 (19.3% non-clinical staff and 14% of clinical staff)
- Band 7 (7.3% of non-clinical staff and of 6.7% clinical staff)

There is a clear tapering down after Band 5 particularly for clinical staff, except medical staff at both non-consultant career grade and consultant level where the proportion ranges between 19.8% % to 27.3% (but both groups have seen a slight decrease from last year).

3.4 From those with declared ethnicity:

- 14.4% of all NBT staff at Bands 2-5 (lower band) are B.A.ME
- 2.9% of all NBT staff at Bands 6-7 (middle bands) are B.A.ME
- 0.3% of all NBT staff at Bands 8a and higher (upper bands) are B.A.ME (excluding medics)
- B.A.ME Medics including trainee grades make up 2% of the total workforce.

3.5 In total:

- 73.5% of B.A.ME staff at NBT are in the lower bands 2-5,
- 14.6% are in middle bands 6-7
- Less than 1.7% are in upper Bands 8a and higher. The actual number of staff between Band 8b-8c are very low (7 out of 152, equivalent to 4.6%) and there are no B.A.ME staff at Bands 8d and above, whereas the 2020 national average at VSM was 6.8%.

3.6 In addition, the aspirational Model Employer goals set by NBT in 2018 for the continuing decade until 2028, has only partially been met for 2022. There are currently:

- 24 Band 8a postholders (exceeding the NBT target of 16)
- 4 Band 8b postholders against the target of 6
- 3 Bands 8c against the target of 2

Other goals of 1 at Band 8d, 1 at Band 9 and 1 VSM have not been met.

NHS England has proposed that organisations set a target of their organisational average, i.e. 19.6%, at all levels of their organisation e.g. lower, middle and upper; in effect this means NBT need to reset all their previous aspirational Model Employer goals.

3.7 The proportion of staff overall that have either not stated or for whom ethnicity is unknown has grown slightly to 4.3% from 3.5%; this proportion isn't equal across the organisation, and it differs between clinical and non-clinically staff, with non-declaration of medical staff particularly trainee grades very high over 22.6% and with consultants and non-consultant career grades having non-declaration rates of around 12.2% - 9.1%.

3.8 The relative likelihood of white staff being appointed from shortlisting is now 1.33 compared with B.A.ME staff which is an improvement in the Trust's performance year on year from 1.46 in 2020-21 and 1.5 the previous year 2019-20. The national 2020 rate for white staff to be appointed is 1.16, which is a significant approvement from the 2017 national rate of 1.37, NBT is still below the national rate.

3.9 The relative likelihood of B.A.ME staff entering formal disciplinaries at NBT is 1.49 compared to white staff, which is a slight increase on the 1.44 reported last year.

3.10 The relative likelihood of white staff accessing non-mandatory training and CPD compared to B.A.ME staff is 1.46, which significantly differs from the regional South West rate of 0.88 from a couple of years ago. Nationally the expectation is now that non-mandatory training and CPD will be used to improve career progression and promotion for B.A.ME staff.

3.11 The indicators relating to national staff satisfaction survey results were reported to Trust Board earlier this year. They continue to show differentials in B.A.ME staff (worse than national average) in most of the WRES related questions, e.g., believing the organisation

provides equal opportunities for career progression or promotion, at 40.5% compared to 44.6% for white staff which is a worsening position year on year.

3.12 Similarly, 16.2% of B.A.ME staff strongly stated they experienced discrimination at work from their manager/team leader or other colleagues, being more than 2 times higher than 6.4% for white staff and again higher than the national average. The differential for B.A.ME staff experiencing harassment, bullying or abuse from staff within the last 12 months continues to be higher than for white staff and reflects a year-on-year trend. B.A.ME staff report similar experiences of harassment, bullying and abuse from patients, relatives, or the public, which is still proportionally high at around 25%but lower than White staff at NBT. In both instances our rates are also below the national response rate of over 28%.

3.13 Board representation reporting by ethnicity is slightly improved as a result of a slight reduction of those declaring from 4 to 3, but there is technically still a 30% unknown rate.

3.14 Overall, the WRES data for 2021-22s isn't significantly different from previous annual returns, in some areas there has been some improvements but in other areas no improvements. Progress continues to be slow but with the momentum picking up on a number of race equality initiatives and with short term increased capacity within the EDI team we should continue to contribute to improving the data and therefore improving outcomes for individual B.A.ME staff.

4. Summary WDES 2022 Data

4.1 The proportion of staff at NBT who have identified themselves over 2021-2022 as disabled is 2.44%, which is 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. For most staff groups we have seen an increase in declarations but the significant decrease of student declarations to nil has made a substantial impact on our overall data.

4.2 Non-clinical directorates range from 2.18% (Facilities) to 3.71% (Corporates) disabled staff, clinical divisions range from 1.3% (Core Clinical) to 3.61% (Medicine). 3.20% of staff at Band 2 are disabled, along with 2.81% at Band 3 and 2.64% at Band 4 then there is a decrease of declarations until Band 8b at 3.92% and Band 9 at 5.88%. Non-consultant career grade medics declare at 5.45% and trainee grades at 5.16%.

4.3 The relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff is 1.18 which is an improvement from the previous year's 1.38.

4.4 The relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff is 5.08 at NBT which is good improvement against the previous 7.09.

4.5 The indicators relating to national staff satisfaction survey results were reported to Board earlier in 2022, which continued to show significant differential for disabled staff, but the Trust figures are broadly in line with the national figures for disabled staff. Though reporting levels for disabled staff reporting harassment at work from colleagues more than 10% is higher than for non-disabled staff.

4.6 More disabled staff believe that this organisation provides equal opportunities (51.6%) compared to non-disabled staff (57.1%), A lower proportion of disabled staff (30.0%) feel that this organisation values their work, compared to non-disabled staff at 43.4%; for both disabled and non-disabled staff at NBT, there is a similar trend to the national data.

4.7 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 (27.2%), compared to 21% for non-disabled

staff, though it's lower than the national average of 32.2%. The proportion of disabled staff at NBT (71.1%) saying that their employer has made adequate adjustment(s) to enable them to carry out their work has decreased from 78.1%.

4.8 The overall score for staff engagement amongst disabled staff at NBT is 6.5, which is below that of non-disabled staff at 7.0 but in line with the national average 6.4.

4.9 There continues to be slow progress regarding disability equality and a number of further initiatives are planned to help improve workforce disability equality especially using disability history month during November and December to promote all our existing support.

5. Priorities for Action 2021 – 2022 and Progress

5.1. Strategic and Cross-Cutting:

a. Re-establish NBT EDI Committee to oversee and monitor relevant data reports and action plans and also co-ordinate collaborative working across the Trust – **Committee established April 2022**
b. Review NBT EDI Policy and Statement and develop an EDI vision - **Statement and Vision agreed, revised Policy to be produced by December 2022.**
c. Continue to co-lead BNSSG EDI Leads Group and take a proactive stance in working collaboratively and sharing resources and/or capacity in order to deliver its priorities and action plans. – **Ongoing.**
d. Ensure Trust wide initiatives such as Freedom to Speak up and Restorative Just Culture embed EDI into their processes and practices – **Ongoing**.
e. Review and relaunch the Harassment and Bullying helpline and the Advisors support programme, with particular emphasis on staff from protected characteristic groups – **Achieved, monitoring data to be reviewed to assess usage.**
f. Continue to support staff equality networks (including the provision of protected time for key network leads) to increase their voice and influence – **Protected time given for Network Leads and development training has started with the B.A.ME Staff Network Leads and NBT have funded 4 participants to attend BNSSG Public Sector Make it Right Programme to empower staff activists to influence and support anti-racist change within their organisation.**
g. Ensure delivery of the BNSSG Overhauling (Inclusive) Recruitment Action Plan, in order to improve outcomes in recruitment, applications and progression – **Delayed, to start late 2022/early 2023.**
h. Deliver EDI training programme to senior leaders and service managers to increase their confidence to become Allies and identify lead inclusive culture change – **Conscious Inclusion training delivered to Senior Leadership Team and Board; Medicine Division have commissioned a co=produced Building Culture of Conscious Inclusion programme, which has started with their Divisional Management Team and is being piloted across teams and with line managers.**
i. Provide resources to support line managers to improve understanding and ability to identify and challenge discrimination, as well as providing better support to staff from protected characteristic equalities groups – **Draft guide for managers and**

staff has been produced in co-production with staff and managers, final guide to be produced by December 2022.

j. Embed EDI into the anchor in the community role of NBT- **Outstanding.**

5.2. Race Equality

a. Re-fresh the Cultural Ambassador scheme to ensure improved outcomes within disciplinary and grievance processes for B.A.ME staff and extend it to other protected characteristic groups as a Cultural and Inclusion Ambassador scheme. – **Refresher training has been delivered by RCN to existing Cultural Ambassadors, peer support sessions have been held and working towards expansion to Cultural & Inclusion Ambassadors by March 2023.**
b. Complete and evaluate first tranche of the Valuing Together Reciprocal Mentoring Programme of at least 2 cohorts – **Evaluation of Cohort 1 (6 pairs of B.A.ME staff and Executive Directors) being undertaken with launch of Cohort 2 to start early 2023.**
c. Review and re-launch Red Card to Racism including effective recording system and appropriate support for B.A.ME staff facing harassment, bullying or abuse – **Relaunched as Red Card to Racism and Abuse completed, deep dive review of at least 1 service area to be started before December 2023.**
d. Deliver and build on the BNSSG Race Equality Talent Management/ Development Programme and other positive action B.A.ME staff development initiatives to increase staff progression particularly into senior levels (Bands 8a and above) across the whole Trust including medical staff in leadership roles **– BNSSG Programme started with 11 NBT participants (all non-medical but across clinical and non-clinical roles) between Bands 4 - 8a, the Manager post has been extended for 3 months to focus on expanding programme to focus on progress into senior levels (Band 8b and above).**

5.3. Disability Equality

a. Improve identification of disabled staff and if possible, identify specific impairment areas so that support for disabled staff can be improved across the whole Trust (i.e., reasonable disability adjustment passports or improved learning & development experiences) – **Ongoing**
b. Deliver, monitor and develop NBT Neurodiversity Project including the directory, toolkit and buddying scheme. - **1st phase achieved, ongoing support for neurodiverse staff and plans to develop project further.**
c. Review career development opportunities and the appraisal process to ensure equity for disabled staff – **Outstanding, monitoring data requested to establish a baseline.**
d. Monitor sickness, capability and performance management processes to ensure no detriments for disabled staff – **Monitoring is being done but actions needed to reduce disparity of outcomes, expansion of Cultural and Inclusion Ambassadors should assist, listening event arranged.**

5.4. Sex (Gender) Equality

a. Review sex/gender disparity for women at NBT, especially progression into senior levels and within medical staff – **Outstanding, monitoring data has been**

produced, listening events arranged, needs to be picked up at divisional level and will be included within the Medical Workforce Strategy.

b. Review particular areas of under-representation for both women and men within the Trust. – **Outstanding, listening events attempted**
c. Improve menopause support for staff. – **Guidance, training and creation of advocates is being delivered as part of the NBT Wellbeing Programme.**

5.5. Other Equality Area

a. Review and refresh NBT Lesbian, Gay and Bisexual and NBT Trans Charters.
b. Identify levels and impact of harassment and bullying on LGBT+ staff, through a survey and followed by improved levels of support. – **Outstanding, listening event arranged, planned to be started by end of 2022.**
c. Monitor wellbeing support uptake to ensure all services are inclusive and appropriate for all staff groups – **Partly achieved, monitoring data is only partially available, Nilaari Support (funded through BNSSG Support Hub0 is available for NBT staff, Nilaari are delivering wellbeing sessions as part of 2022 Black History Month and International Men's Day.**

5.6. The Board is asked to note that many of the actions under the cross cutting, race equality and disability areas are part of the fuller 3-year WRES and WDES Action Plans. Only those actions which are prioritised for action within the last 12 months are included in this report. In addition, it's important to note EDI outcomes are hard to accurately measure or set exact targets for and usually takes longer than one or two years to shift outcomes.

6. Progress Against Agreed Indicators

6.1 Reduce disparity in shortlisting and recruitment for different equalities staff groups (especially B.A.ME and disabled staff) to within 1.25 over the next 12 months.

6.2 Reduce race disparity year on year at middle and upper levels of the Trust until the organisational average for B.A.ME staff is reflected at all levels across the Trust. – **Ongoing, continuing high disparity across NBT as a whole and differing proportion by individual Divisions.**

6.3 Improve year on year staff survey results towards parity for WRES & WDES to meet average results for all staff by 2023: relating to harassment, bullying or abuse; staff believing organisation provides equal opportunities; and improving figures where staff believe that there is discrimination by their manager or colleagues.

6.4 Improve staff satisfaction on engagement for different equalities protected characteristic groups to meet the average for all NBT staff. – **Further data analysis is needed by different protected characteristic groups**

6.5 To increase self-identification of disabled staff, in the first instance to at least 3.5% to become level with the national rate, with an aspiration to try to reach 5% within 2 years.

6.6 To reduce disparity in employee processes i.e. sickness, capability, disciplinary, grievance for both B.A.ME and disabled staff; specifically for disciplinary disparity to be reduced for B.A.ME staff to 1.20 in line with the national 2020 rate of 1.19 and 2.0 for disabled staff closer towards the national rate of 1.1.

6.7 To increase retention and/or recruitment of women at VSM and Consultant levels towards parity of 50:50. – **Further data is needed by sex/gender to determine whether progress is being made towards improved parity.**

7. Summary and Recommendations

The Trust Board is asked to:

- Note the key findings from relevant data returns.
- Agree publication of key data on the Trust website.
- Delegate review of EDI Priorities, Indicators and Actions for 2022 – 2023 to the Equality, Diversity and inclusion Committee for consideration.

NBT WRES REPORT 2022

All data is for the NBT position as 31 March 2022, with all permanent, fixed term contract and non-executive directors included.

NBT Workforce Composition

Financial Year	White Head Count	White %	BAME Head Count	BAME %	Unknown/ Not Stated Head Count	Unknown/ Not Stated %	NBT Total
2020/21	7597	79.31%	1642	17.14%	340	3.55%	9579
2021/22	7264	76.12%	1872	19.62%	407	4.26%	9543

Table: ALL NBT Staff by Ethnicity Grouping, Head Count & Percentage – 2020/21 & 2021/22

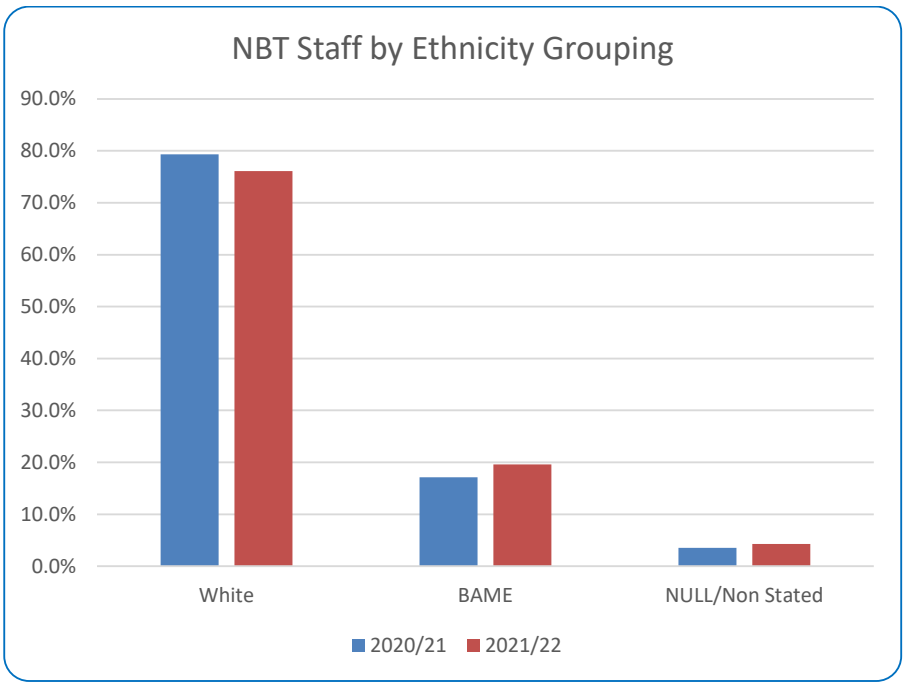


Chart: ALL NBT Staff by Ethnicity Grouping, Head Count & Percentage – 2020/21 & 2021/22

NBT saw an increase in the proportion of staff from BAME backgrounds (an increase of 2.47% or 230 headcount) .

Indicator 1 Percentage of Staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including Executive Board Members) compared with the percentage of staff in the overall workforce.

There has been an increase in the proportion of NBT staff who identify as being from BAME backgrounds from 2020/21 to 2021/22, this is the case in both clinical and non-clinical roles. This improvement was seen in key groups such as clinical band 5 and 6 roles, which make up the bulk of the NBT staff population. However there was a more mixed picture for roles in bands 7 and above, with increases in the proportion of people from BAME backgrounds in bands 7 and 8a, but decreases in band 8b and higher.

Proportion of Staff in Band 7 or Higher by Ethnicity Grouping

Band Category	BAME	Unknown/ No Stated	White	Grand Total
Clinical	20.79%	5.10%	74.11%	100.00%
Below Band 7	24.59%	3.11%	72.29%	100.00%
Band 7 & 8a	7.00%	0.86%	92.13%	100.00%
8b or Higher	2.60%	0.00%	97.40%	100.00%
Medical & Dental / Non AFC	17.21%	17.57%	65.23%	100.00%
Non-Clinical	16.54%	2.08%	81.38%	100.00%
Below Band 7	18.19%	2.05%	79.76%	100.00%
Band 7 & 8a	8.56%	1.17%	90.27%	100.00%
8b or Higher	4.20%	2.52%	93.28%	100.00%
Medical & Dental / Non AFC	5.56%	16.67%	77.78%	100.00%
Grand Total	**19.62%**	**4.26%**	**76.12%**	**100.00%**

Table: ALL NBT Staff - Proportion of Staff in Band 8b or Higher by Ethnicity Grouping – 2021/22

Band Category	BAME	Unknown/ No Stated	White	Grand Total
Clinical	17.88%	4.26%	77.87%	100.00%
Below Band 7	20.08%	2.30%	77.62%	100.00%
Band 7 & 8a	6.36%	0.69%	92.95%	100.00%
8b or Higher	3.17%	0.00%	96.83%	100.00%
Medical & Dental / Non AFC	17.86%	16.21%	65.93%	100.00%
Non-Clinical	15.16%	1.65%	83.19%	100.00%
Below Band 7	16.79%	1.53%	81.69%	100.00%
Band 7 & 8a	6.67%	0.83%	92.50%	100.00%
8b or Higher	3.51%	2.63%	93.86%	100.00%
Medical & Dental / Non AFC	0.00%	23.53%	76.47%	100.00%
Grand Total	**17.14%**	**3.55%**	**79.31%**	**100.00%**

Table: ALL NBT Staff - Proportion of Staff in Band 8b or Higher by Ethnicity Grouping – 2020/21

2 Relative likelihood of BAME staff being appointed from shortlisting.

The relative likelihood of White staff being appointed from shortlisting compared to BME staff for 2021/22 was **1.33**, this is an improvement from the 2020/21 figure of **1.46**.

Row Labels	Sum of Shortlisted	Sum of Appointed	Likelihood of appointment after shortlisting
BAME	1738	358	21%
Unknown/Not Stated	153	40	26%
White	4033	1128	28%
Grand Total	**5924**	**1526**	**26%**

Table: 2021/22 ALL NBT Staff Recruitment Success Rates

3 Relative likelihood of staff entering into a formal disciplinary process.

The relative likelihood of what BAME staff entering into a formal disciplinary process compared to white staff in 2021/22 was **1.49**, a slight increase from 1.44 in 2020/21.

	White	BAME	Not Stated	Total
All Staff Head Count	7264	1872	407	9543
Number of staff entering formal disciplinary process	13	5	0	18

Table: 2021/22 ALL NBT Staff and number of formal disciplinary process cases

	White	BAME	Not Stated	Total
All Staff Head Count	7597	1642	340	9579
Number of staff entering formal disciplinary process	10	3	0	13

Table: 2020/21 ALL NBT Staff and number of formal disciplinary process cases

4 Relative likelihood of staff accessing non-mandatory training and CPD.

The relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff in 2021/22 is **1.46,** this is an increase from 1.42 in 2020/21.

Ethnicity Category	CPD Participant Count	% of ethnic group accessing CPD
BME	55	2.94%
Not Stated	16	3.93%
White	311	4.28%

Table: 2021/22 Non- mandatory CPD participation

Indicators 5 to 8 National Staff Survey Results

5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Ethnicity Category	2017	2018	2019	2020	2021
White - NBT	27.7%	26.6%	27.3%	26.3%	27.8%
BAME - NBT	21.5%	24.7%	26.5%	25.1%	25.0%
White - National Average	27.1%	27.1%	27.7%	25.4%	26.5%
BAME - National Average	27.5%	28.8%	29.5%	28.0%	28.8%

Table: Percentage of Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months 2017-2021

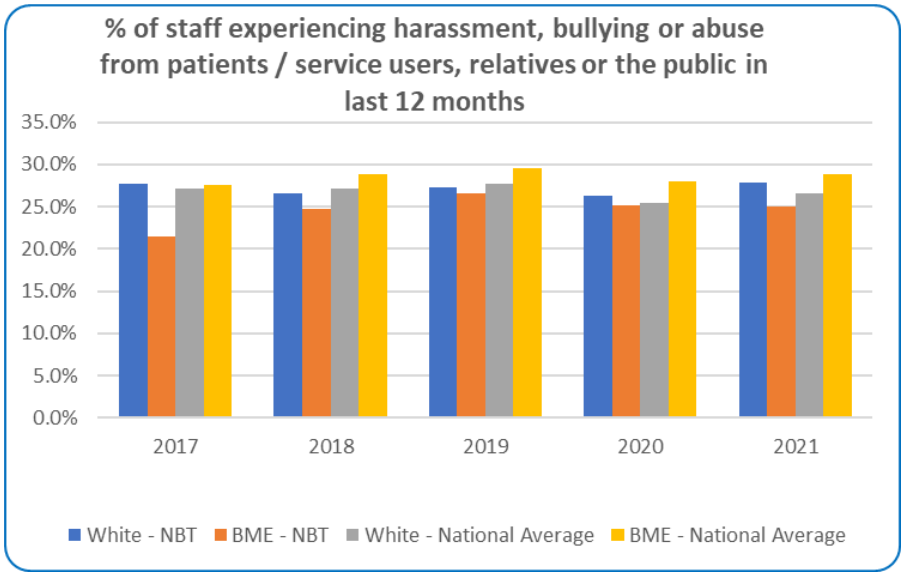


Chart: Percentage of Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months 2017-2021

6 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

Ethnicity Category	2017	2018	2019	2020	2021
White - NBT	24.8%	25.1%	24.0%	21.9%	22.3%
BME - NBT	26.3%	26.9%	24.6%	25.7%	25.1%
White - National Average	23.9%	25.0%	24.4%	24.4%	23.6%
BME - National Average	27.6%	28.7%	28.4%	29.1%	28.5%

Table: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months 2017-2021

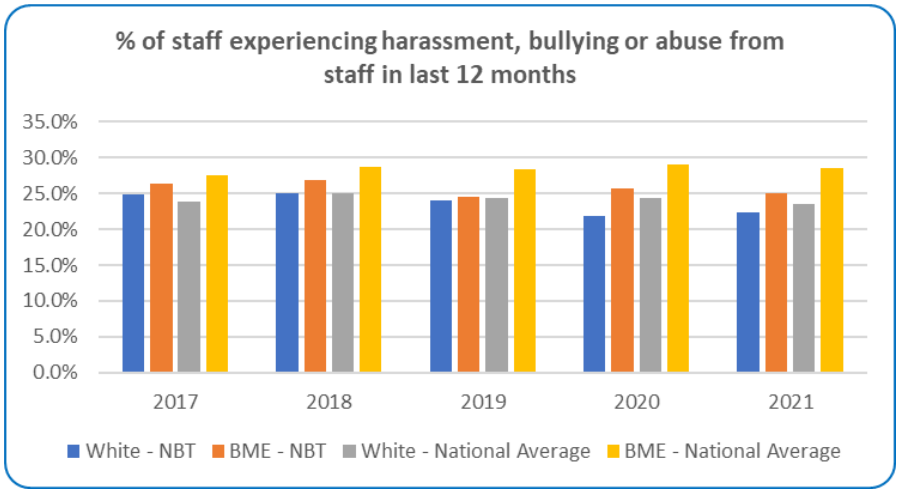


Chart: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months 2017-2021

7 Percentage believing the Trust provides equal opportunities for career progression or promotion

Ethnicity Category	2017	2018	2019	2020	2021
White - NBT	58.6%	56.7%	60.9%	59.2%	58.7%
BME - NBT	42.4%	37.6%	42.3%	41.2%	40.5%
White - National Average	61.0%	59.0%	60.0%	59.4%	58.6%
BME - National Average	48.8%	46.4%	46.6%	45.2%	44.6%

Table: Percentage of staff believing the Trust provides equal opportunities for career progression or promotion 2017-2021

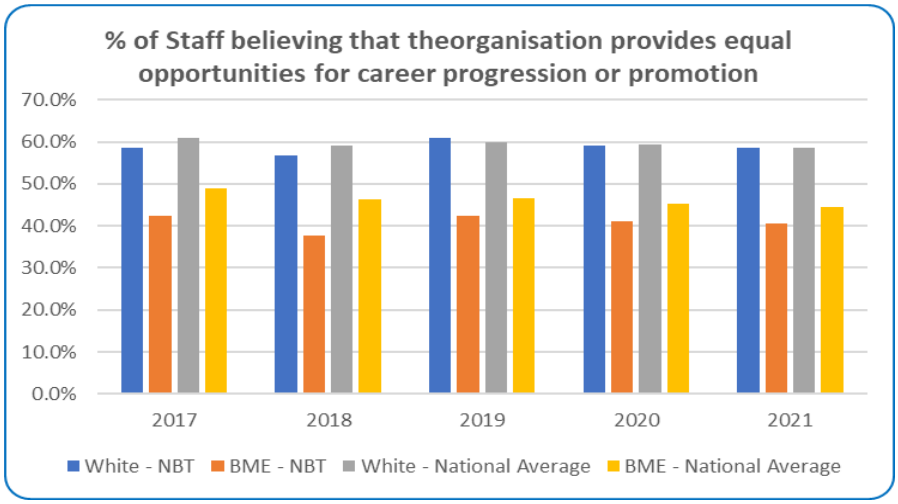


Chart: Percentage of staff believing the Trust provides equal opportunities for career progression or promotion 2017-2021

8 Percentage of staff personally experiencing discrimination at work from a manager

Ethnicity Category	2017	2018	2019	2020	2021
White - NBT	6.3%	6.3%	5.7%	5.9%	6.4%
BME - NBT	15.2%	17.1%	12.0%	17.6%	16.2%
White - National Average	6.6%	6.3%	5.9%	6.1%	6.7%
BME - National Average	14.9%	14.6%	14.1%	16.8%	17.3%

Table: Percentage of staff personally experiencing discrimination at work from a manager 2017-2021

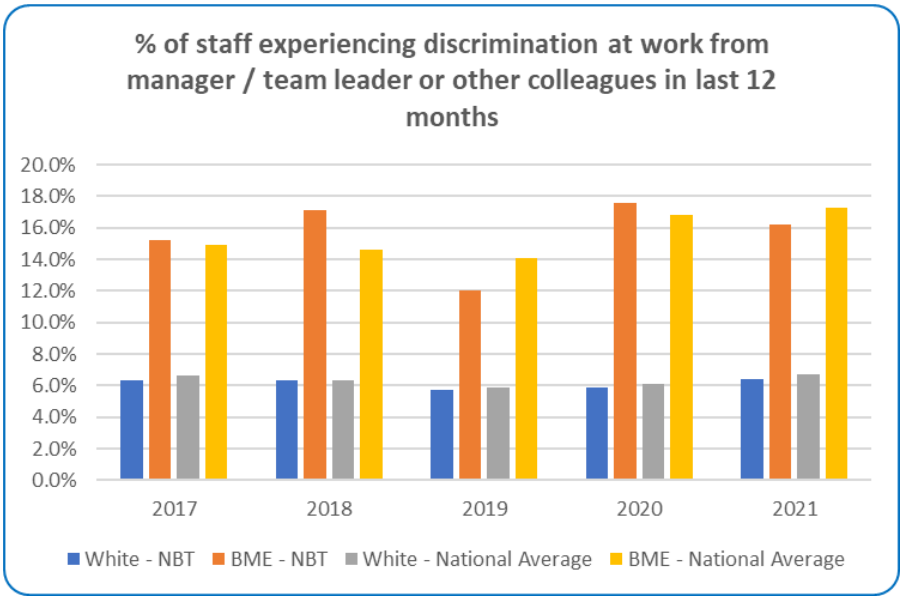


Chart: Percentage of staff personally experiencing discrimination at work from a manager 2017-2021

Indicator 9 – Board representation indicator - difference between white and BME staff.

There was an increase in the number of board members who identified as being from a BAME background from 0 in 2021 to 1 in 2022; this person does not hold voting rights on the board.

Ethnicity Grouping	Non-voting	Voting	Total
BAME	1		1
Not Stated	1	2	3
White	3	11	14
Total	**5**	**13**	**18**

Table: NBT Board Members by Ethnic Grouping and Board Voting Rights as at 31 March 2022

Ethnicity Grouping	Non-voting	Voting	Total
BAME	0	0	0
Not Stated	2	2	4
White	3	10	13
Total	**5**	**12**	**17**

Table: NBT Board Members by Ethnic Grouping and Board Voting Rights as at 31 March 2021

Staff Groups

2020/21				2021/22			
Staff Group	**BAME**	**White**	**Unknown/ Not Stated**	**Staff Group**	**BAME**	**White**	**Unknown/ Not Stated**
Add Prof Scientific and Technic	13.04%	86.29%	0.67%	**Add Prof Scientific and Technic**	12.40%	86.00%	1.60%
Additional Clinical Services	19.12%	79.43%	1.45%	**Additional Clinical Services**	22.51%	75.06%	2.43%
Administrative and Clerical	8.15%	90.16%	1.68%	**Administrative and Clerical**	9.68%	87.92%	2.40%
Allied Health Professionals	6.64%	90.13%	3.23%	**Allied Health Professionals**	8.33%	88.27%	3.40%
Estates and Ancillary	31.51%	66.74%	1.75%	**Estates and Ancillary**	33.78%	65.13%	1.09%
Healthcare Scientists	10.92%	86.89%	2.18%	**Healthcare Scientists**	10.74%	86.35%	2.91%
Medical and Dental	18.01%	66.30%	15.70%	**Medical and Dental**	17.35%	65.40%	17.26%
Nursing and Midwifery Registered	20.76%	76.82%	2.42%	**Nursing and Midwifery Registered**	26.45%	70.42%	3.13%
Students	20.00%	71.43%	8.57%	**Students**	9.09%	90.91%	0.00%
NBT Total	**17.14%**	**79.31%**	**3.55%**	**NBT Total**	**19.62%**	**76.12%**	**4.26%**

Table: All NBT Staff by Staff Group and Ethnicity Grouping – 2020/21 & 2021/22

Division Views

Anaesthesia, Surgery, Critical & Renal Division (ASCR)

2020/21				2021/22			
Grade	**BAME**	**White**	**Unknown/ Not Stated**	**Grade**	**BAME**	**White**	**Unknown/ Not Stated**
Band 2	20.93%	74.88%	4.19%	Band 2	25.00%	70.74%	4.26%

Band 3	13.06%	84.23%	2.70%	**Band 3**	13.72%	83.19%	3.10%
Band 4	14.45%	83.82%	1.73%	**Band 4**	14.37%	85.03%	0.60%
Band 5	27.57%	68.35%	4.08%	**Band 5**	37.38%	58.69%	3.93%
Band 6	20.51%	78.39%	1.10%	**Band 6**	21.19%	77.32%	1.49%
Band 7	8.77%	90.35%	0.88%	**Band 7**	10.71%	87.86%	1.43%
Band 8a	0.00%	100.00%	0.00%	**Band 8a**	0.00%	100.00%	0.00%
Band 8b	0.00%	87.50%	12.50%	**Band 8b**	0.00%	100.00%	0.00%
Band 8c	0.00%	100.00%	0.00%	**Band 8c**	0.00%	100.00%	0.00%
Band 8d	0.00%	100.00%	0.00%	**Band 8d**	0.00%	100.00%	0.00%
Band 9	0.00%	100.00%	0.00%	**Band 9**	0.00%	100.00%	0.00%
Consultant	19.66%	74.16%	6.18%	**Consultant**	19.17%	70.47%	10.36%
Consultant - of which SMM	25.00%	75.00%	0.00%	**Consultant - of which SMM**	0.00%	100.00%	0.00%
Non-Consultant Career Grade	25.93%	66.67%	7.41%	**Non Consultant Career Grade**	18.18%	77.27%	4.55%
Other	16.67%	50.00%	33.33%				
Trainee Grades	10.57%	63.41%	26.02%	**Trainee Grades**	10.11%	59.04%	30.85%
Total	**19.72%**	**74.79%**	**5.49%**	**Total**	**22.66%**	**71.21%**	**6.13%**

Table: ASCR Staff by Job Grading and Ethnicity Grouping – 2020/21 & 2021/22

Core Clinical Services (CCS)

2020/21				2021/22			
Grade	**BAME**	**White**	**Unknown/ Not Stated**	**Grade**	**BAME**	**White**	**Unknown/ Not Stated**
Band 2	13.13%	85.19%	1.68%	**Band 2**	14.70%	84.23%	1.08%
Band 3	10.11%	88.81%	1.08%	**Band 3**	15.44%	83.01%	1.54%
Band 4	12.24%	85.71%	2.04%	**Band 4**	11.26%	86.75%	1.99%
Band 5	15.75%	81.50%	2.76%	**Band 5**	18.57%	78.06%	3.38%
Band 6	11.46%	86.72%	1.82%	**Band 6**	10.75%	87.00%	2.25%
Band 7	5.33%	93.33%	1.33%	**Band 7**	6.03%	92.67%	1.29%
Band 8a	8.00%	89.33%	2.67%	**Band 8a**	8.54%	89.02%	2.44%
Band 8b	3.85%	96.15%	0.00%	**Band 8b**	10.34%	89.66%	0.00%
Band 8c	6.25%	93.75%	0.00%	**Band 8c**	0.00%	100.00%	0.00%
Band 8d	0.00%	100.00%	0.00%	**Band 8d**	0.00%	100.00%	0.00%
Band 9	0.00%	100.00%	0.00%	**Band 9**	0.00%	100.00%	0.00%
Consultant	27.40%	65.75%	6.85%	**Consultant**	22.97%	64.86%	12.16%
Non-Consultant Career Grade	50.00%	50.00%	0.00%	**Non Consultant Career Grade**	100.00%	0.00%	0.00%
Other	50.00%	0.00%	50.00%				
Trainee Grades	16.00%	64.00%	20.00%	**Trainee Grades**	6.67%	66.67%	26.67%
Total	**11.91%**	**85.77%**	**2.32%**	**Total**	**12.77%**	**84.51%**	**2.72%**

Table: CCS Staff by Job Grading and Ethnicity Grouping – 2020/21 & 2021/22

Medicine Division

2020/21				2021/22			
Grade	**BAME**	**White**	**Unknown/ Not Stated**	**Grade**	**BAME**	**White**	**Unknown/ Not Stated**
Band 2	20.31%	78.65%	1.04%	**Band 2**	23.92%	74.06%	2.02%
Band 3	19.77%	77.91%	2.33%	**Band 3**	16.67%	82.18%	1.15%
Band 4	18.67%	78.67%	2.67%	**Band 4**	15.74%	84.26%	0.00%
Band 5	31.17%	64.07%	4.76%	**Band 5**	46.72%	49.13%	4.15%
Band 6	15.38%	84.62%	0.00%	**Band 6**	23.00%	73.24%	3.76%
Band 7	5.92%	93.42%	0.66%	**Band 7**	3.75%	95.63%	0.63%
Band 8a	0.00%	100.00%	0.00%	**Band 8a**	0.00%	100.00%	0.00%
Band 8b	0.00%	100.00%	0.00%	**Band 8b**	0.00%	100.00%	0.00%
Band 8c	0.00%	100.00%	0.00%	**Band 8c**	33.33%	66.67%	0.00%
Band 8d	0.00%	100.00%	0.00%	**Band 8d**	0.00%	100.00%	0.00%
Band 9	0.00%	100.00%	0.00%	**Band 9**	0.00%	100.00%	0.00%
Consultant	19.42%	68.93%	11.65%	**Consultant**	18.10%	66.67%	15.24%
Consultant - of which SMM	0.00%	100.00%	0.00%	**Consultant - of which SMM**	100.00%	0.00%	0.00%
Non-Consultant Career Grade	16.67%	66.67%	16.67%	**Non-Consultant Career Grade**	14.29%	66.67%	19.05%
Other	12.07%	55.17%	32.76%				
Trainee Grades	10.99%	63.74%	25.27%	**Trainee Grades**	13.16%	67.11%	19.74%
Total	**20.02%**	**74.85%**	**5.13%**	**Total**	**24.96%**	**70.13%**	**4.91%**

Table: Medicine Staff by Job Grading and Ethnicity Grouping – 2020/21 & 2021/22

Neurosciences & Musculoskeletal Division (NMSK)

2020/21				2021/22			
Grade	**BAME**	**White**	**Unknown/ Not Stated**	**Grade**	**BAME**	**White**	**Unknown/ Not Stated**
Band 2	21.82%	76.97%	1.21%	**Band 2**	28.57%	69.64%	1.79%
Band 3	13.86%	84.94%	1.20%	**Band 3**	11.54%	86.54%	1.92%
Band 4	10.07%	87.92%	2.01%	**Band 4**	12.21%	87.02%	0.76%
Band 5	30.61%	64.80%	4.59%	**Band 5**	37.70%	57.07%	5.24%
Band 6	14.89%	80.85%	4.26%	**Band 6**	17.39%	78.26%	4.35%
Band 7	8.80%	90.40%	0.80%	**Band 7**	8.33%	90.91%	0.76%
Band 8a	10.34%	86.21%	3.45%	**Band 8a**	19.23%	76.92%	3.85%
Band 8b	0.00%	100.00%	0.00%	**Band 8b**	0.00%	100.00%	0.00%
Band 8c	20.00%	80.00%	0.00%	**Band 8c**	25.00%	75.00%	0.00%
Band 8d	0.00%	100.00%	0.00%	**Band 8d**	0.00%	100.00%	0.00%
Band 9	0.00%	100.00%	0.00%	**Band 9**	0.00%	100.00%	0.00%
Consultant	22.22%	67.78%	10.00%	**Consultant**	21.35%	66.29%	12.36%

Consultant - of which SMM	0.00%	100.00%	0.00%				
Non-Consultant Career Grade	60.00%	40.00%	0.00%	**Non Consultant Career Grade**	60.00%	40.00%	0.00%
Other	32.43%	40.54%	27.03%				
Trainee Grades	14.08%	73.24%	12.68%	**Trainee Grades**	28.13%	55.21%	16.67%
Total	**18.10%**	**77.55%**	**4.35%**	**Total**	**21.28%**	**74.21%**	**4.51%**

Table: NMSK Staff by Job Grading and Ethnicity Grouping – 2020/21 & 2021/22

Women's and Chilldren's Health's

2020/21				2021/22			
Grade	**BAME**	**White**	**Unknown/ Not Stated**	**Grade**	**BAME**	**White**	**Unknown/ Not Stated**
Band 2	4.11%	95.89%	0.00%	**Band 2**	7.46%	92.54%	0.00%
Band 3	1.59%	96.03%	2.38%	**Band 3**	2.36%	95.28%	2.36%
Band 4	5.13%	89.74%	5.13%	**Band 4**	3.23%	96.77%	0.00%
Band 5	19.23%	76.92%	3.85%	**Band 5**	22.31%	72.31%	5.38%
Band 6	3.25%	96.75%	0.00%	**Band 6**	3.36%	96.22%	0.42%
Band 7	3.53%	96.47%	0.00%	**Band 7**	2.30%	97.70%	0.00%
Band 8a	15.00%	85.00%	0.00%	**Band 8a**	10.00%	90.00%	0.00%
Band 8b	0.00%	100.00%	0.00%	**Band 8b**	0.00%	100.00%	0.00%
				Band 8c	0.00%	100.00%	0.00%
				Band 8d	0.00%	100.00%	0.00%
Band 9	0.00%	100.00%	0.00%	**Band 9**	0.00%	100.00%	0.00%
Consultant	18.18%	69.70%	12.12%	**Consultant**	14.29%	71.43%	14.29%
Consultant - of which SMM	0.00%	100.00%	0.00%				
Non-Consultant Career Grade	50.00%	50.00%	0.00%	**Non Consultant Career Grade**	60.00%	40.00%	0.00%
Other	50.00%	50.00%	0.00%				
Trainee Grades	2.44%	82.93%	14.63%	**Trainee Grades**	15.56%	68.89%	15.56%
Total	**7.05%**	**90.47%**	**2.48%**	**Total**	**8.20%**	**88.90%**	**2.90%**

Table: W&CH Staff by Job Grading and Ethnicity Grouping – 2020/21 & 2021/22

Facilities

2020/21				2021/22			
Grade	**BAME**	**White**	**Unknown/ Not Stated**	**Grade**	**BAME**	**White**	**Unknown/ Not Stated**
Band 2	38.32%	60.33%	1.35%	**Band 2**	40.09%	58.69%	1.22%
Band 3	16.85%	83.15%	0.00%	**Band 3**	17.98%	82.02%	0.00%
Band 4	10.34%	89.66%	0.00%	**Band 4**	18.64%	81.36%	0.00%

Band 5	9.09%	90.91%	0.00%	**Band 5**	4.35%	95.65%	0.00%
Band 6	8.33%	91.67%	0.00%	**Band 6**	7.14%	92.86%	0.00%
Band 7	0.00%	100.00%	0.00%	**Band 7**	0.00%	100.00%	0.00%
Band 8a	0.00%	100.00%	0.00%	**Band 8a**	0.00%	100.00%	0.00%
Band 8b	0.00%	100.00%	0.00%	**Band 8b**	0.00%	100.00%	0.00%
Band 8c	0.00%	100.00%	0.00%	**Band 8c**	0.00%	100.00%	0.00%
Band 8d	0.00%	100.00%	0.00%	**Band 8d**	0.00%	100.00%	0.00%
Band 9	0.00%	100.00%	0.00%				
Total	**31.60%**	**67.38%**	**1.02%**	**Total**	**33.49%**	**65.60%**	**0.92%**

Table: Facilities Staff by Job Grading and Ethnicity Grouping – 2020/21 & 2021/22

Corporate Divisions

2020/21				2021/22			
Grade	**BAME**	**White**	**Unknown/ Not Stated**	**Grade**	**BAME**	**White**	**Unknown/ Not Stated**
Band 2	11.90%	88.10%	0.00%	**Band 2**	17.78%	80.00%	2.22%
Band 3	10.66%	86.80%	2.54%	**Band 3**	14.36%	73.48%	12.15%
Band 4	13.91%	85.43%	0.66%	**Band 4**	10.74%	85.91%	3.36%
Band 5	14.20%	85.80%	0.00%	**Band 5**	15.14%	75.68%	9.19%
Band 6	13.30%	85.22%	1.48%	**Band 6**	16.29%	81.00%	2.71%
Band 7	7.28%	92.05%	0.66%	**Band 7**	9.20%	88.96%	1.84%
Band 8a	4.48%	95.52%	0.00%	**Band 8a**	12.50%	87.50%	0.00%
Band 8b	5.88%	94.12%	0.00%	**Band 8b**	2.70%	94.59%	2.70%
Band 8c	0.00%	85.71%	14.29%	**Band 8c**	5.56%	94.44%	0.00%
Band 8d	8.33%	91.67%	0.00%	**Band 8d**	0.00%	85.71%	14.29%
Band 9	0.00%	100.00%	0.00%	**Band 9**	0.00%	100.00%	0.00%
Consultant	50.00%	50.00%	0.00%	**Consultant**	66.67%	33.33%	0.00%
Consultant - of which SMM	0.00%	100.00%	0.00%	**Consultant - of which SMM**	0.00%	50.00%	50.00%
Other	16.67%	83.33%	0.00%	**Non-Exec Director**	10.00%	60.00%	30.00%
Trainee Grades	19.23%	80.77%	0.00%	**Trainee Grades**	3.13%	84.38%	12.50%
VSM	0.00%	77.78%	22.22%	**VSM**	0.00%	100.00%	0.00%
Grade Total	**11.11%**	**87.44%**	**1.45%**	**Grand Total**	**12.52%**	**81.87%**	**5.61%**

Table: Corporate Divisions Staff by Job Grading and Ethnicity Grouping – 2020/21 & 2021/22

Indicator 1 Percentage of Staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including Executive Board Members) compared with the percentage of staff in the overall workforce.

2021/22							
Ethnic Grouping	White Head Count	% of Grade Total	BAME Head Count	% of Grade Total	NULL/Not Stated Head Count	% of Grade Total	2020/21 Total
Non-Clinical	**2150**	**81.38%**	**437**	**16.54%**	**55**	**2.08%**	**2642**
Band 2	651	70.00%	264	28.39%	15	1.61%	930
Band 3	429	86.49%	48	9.68%	19	3.83%	496
Band 4	430	89.77%	41	8.56%	8	1.67%	479
Band 5	168	84.42%	28	14.07%	3	1.51%	199
Band 6	116	80.00%	28	19.31%	1	0.69%	145
Band 7	161	90.96%	13	7.34%	3	1.69%	177
Band 8a	71	88.75%	9	11.25%	0	0.00%	80
Band 8b	59	93.65%	3	4.76%	1	1.59%	63
Band 8c	26	92.86%	2	7.14%	0	0.00%	28
Band 8d	14	87.50%	0	0.00%	2	12.50%	16
Band 9	12	100.00%	0	0.00%	0	0.00%	12
VSM	7	100.00%	0	0.00%	0	0.00%	7
Non-Exec D	6	60.00%	1	10.00%	3	30.00%	10
Clinical	**5114**	**74.11%**	**1435**	**20.79%**	**352**	**5.10%**	**6901**
Band 2	574	70.00%	231	28.17%	15	1.83%	820
Band 3	579	80.87%	115	16.06%	22	3.07%	716
Band 4	254	80.13%	61	19.24%	2	0.63%	317
Band 5	965	59.02%	588	35.96%	82	5.02%	1635
Band 6	1089	83.64%	182	13.98%	31	2.38%	1302
Band 7	698	92.45%	50	6.62%	7	0.93%	755
Band 8a	158	89.77%	15	8.52%	3	1.70%	176
Band 8b	38	97.44%	1	2.56%	0	0.00%	39
Band 8c	21	95.45%	1	4.55%	0	0.00%	22
Band 8d	11	100.00%	0	0.00%	0	0.00%	11
Band 9	5	100.00%	0	0.00%	0	0.00%	5
Consultant	339	67.94%	99	19.84%	61	12.22%	499
Consultant - of which SMM	2	50.00%	1	25.00%	1	25.00%	4
Non Consultant Career Grade	35	63.64%	15	27.27%	5	9.09%	55
Trainee Grades	344	63.35%	76	14.00%	123	22.65%	543
VSM	2	100.00%	0	0.00%	0	0.00%	2
Grand Total	**7264**	**76.12%**	**1872**	**19.62%**	**407**	**4.26%**	**9543**

2020/21							
Ethnic Grouping	White Head Count	% of Grade Total	BAME Head Count	% of Grade Total	NULL/Not Stated Head Count	% of Grade Total	2020/21 Total
Non Clinical	**2157**	**83.31%**	**394**	**15.22%**	**38**	**1.47%**	**2589**
Band 2	667	71.64%	249	26.75%	15	1.61%	**931**
Band 3	448	88.89%	44	8.73%	12	2.38%	**504**
Band 4	426	91.03%	38	8.12%	4	0.85%	**468**
Band 5	166	85.13%	27	13.85%	2	1.03%	**195**
Band 6	113	87.60%	16	12.40%	0	0.00%	**129**
Band 7	155	91.72%	12	7.10%	2	1.18%	**169**
Band 8a	67	94.37%	4	5.63%	0	0.00%	**71**
Band 8b	61	95.31%	2	3.13%	1	1.56%	**64**
Band 8c	22	88.00%	1	4.00%	2	8.00%	**25**
Band 8d	13	92.86%	1	7.14%	0	0.00%	**14**
Band 9	11	100.00%	0	0.00%	0	0.00%	**11**
VSM	8	100.00%	0	0.00%	0	0.00%	**8**
Clinical	**5434**	**77.85%**	**1248**	**17.88%**	**298**	**4.27%**	**6980**
Band 2	686	75.14%	213	23.33%	14	1.53%	**913**
Band 3	625	84.01%	108	14.52%	11	1.48%	**744**
Band 4	310	77.69%	77	19.30%	12	3.01%	**399**
Band 5	1154	69.60%	438	26.42%	66	3.98%	**1658**
Band 6	1075	85.86%	160	12.78%	17	1.36%	**1252**
Band 7	655	93.04%	44	6.25%	5	0.71%	**704**
Band 8a	149	91.41%	11	6.75%	3	1.84%	**163**
Band 8b	29	96.67%	1	3.33%	0	0.00%	**30**
Band 8c	16	94.12%	1	5.88%	0	0.00%	**17**
Band 8d	11	100.00%	0	0.00%	0	0.00%	**11**
Band 9	5	100.00%	0	0.00%	0	0.00%	**5**
Consultant	336	70.15%	102	21.29%	41	8.56%	**479**
Consultant - of which SMM	7	87.50%	1	12.50%	0	0.00%	**8**
Non-Consultant Career Grade	35	62.50%	16	28.57%	5	8.93%	**56**
Trainee Grades	259	68.70%	43	11.41%	75	19.89%	**377**
VSM	1	100.00%	0	0.00%	0	0.00%	**1**
Other	81	49.69%	33	20.25%	49	30.06%	**163**
Z No Category	**6**	**60.00%**	**0**	**0.00%**	**4**	**40.00%**	**10**
Band 3	1	100.00%	0	0.00%	0	0.00%	**1**
VSM	5	55.56%	0	0.00%	4	44.44%	**9**
Grand Total	**7597**	**79.31%**	**1642**	**17.14%**	**340**	**3.55%**	**9579**

Table: ALL NBT Staff, Clinical and Non-Clinical by Ethnic Grouping and position grade with head count and percentage of grade total –2020/21 & 2021/22

Appendix 2

NBT WDES DATA 2021/22

All NBT workforce data is the trust position as at 31 March 2022.

NBT Profile

Financial Year	Disabled Head Count	Disabled %	Non Disabled Head Count	Non Disabled %	Unknown Head Count	Unknown %	Head Count Total
2020/21	171	1.79%	6995	73.02%	2413	25.19%	9579
2021/22	233	2.44%	7097	74.37%	2213	23.19%	9543

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

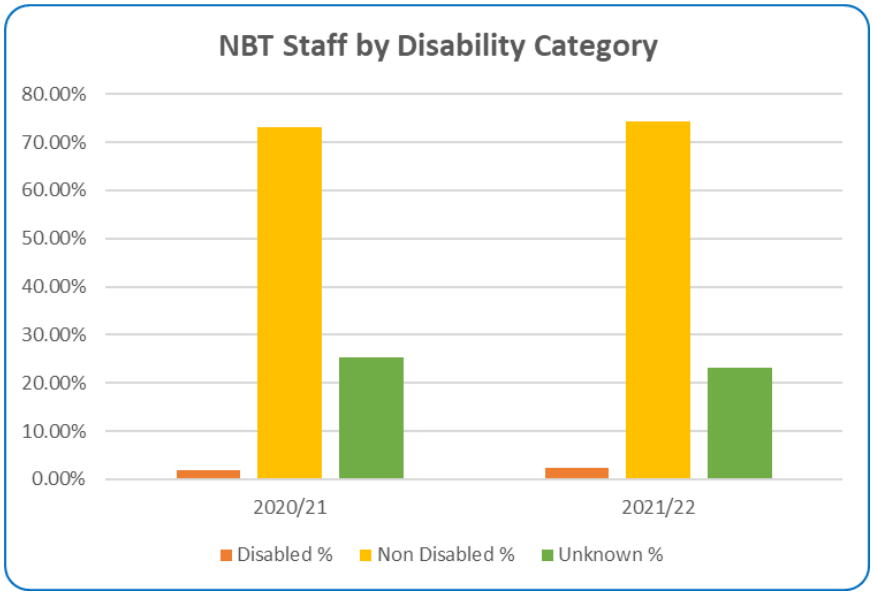


Chart: All NBT staff by disability category 2020/21 & 2021/22

Metric 1- Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

There was an increase between 2020/21 and 2021/22 in staff at some grades identifying as having a disability, including bands 2,3,5,6,7,8b, all medical grades (except senior medical managers) and non-executive director level.

NBT Trust Wide

	2020/21				2021/22			
	Grade	Disabled %	Non Disabled %	Unknown %	Grade	Disabled %	Non Disabled %	Unknown %
AFC	Band 2	2.01%	72.89%	25.11%	**Band 2**	3.20%	73.77%	23.03%
	Band 3	2.16%	77.10%	20.74%	**Band 3**	2.81%	76.65%	20.54%
	Band 4	4.73%	68.63%	26.64%	**Band 4**	2.64%	73.49%	23.87%
	Band 5	1.57%	78.04%	20.40%	**Band 5**	1.74%	77.04%	21.21%
	Band 6	1.45%	75.60%	22.95%	**Band 6**	1.94%	77.33%	20.73%
	Band 7	0.69%	69.53%	29.78%	**Band 7**	1.93%	71.14%	26.93%
	Band 8a	1.28%	63.25%	35.47%	**Band 8a**	1.17%	64.84%	33.98%
	Band 8b	1.06%	80.85%	18.09%	**Band 8b**	3.92%	78.43%	17.65%
	Band 8c	0.00%	61.90%	38.10%	**Band 8c**	0.00%	76.00%	24.00%
	Band 8d	4.00%	84.00%	12.00%	**Band 8d**	0.00%	85.19%	14.81%
	Band 9	6.25%	62.50%	31.25%	**Band 9**	5.88%	64.71%	29.41%
Medical & Dental	Consultant	0.00%	59.42%	40.58%	**Consultant**	0.80%	61.52%	37.68%
	Consultant - of Which SMM	0.00%	0.00%	100.00%	**Consultant - of which SMM**	0.00%	50.00%	50.00%
	Non-Consultant Career Grade	1.79%	55.36%	42.86%	**Non Consultant Career Grade**	5.45%	56.36%	38.18%
	Trainee Grades	0.27%	65.15%	34.58%	**Trainee Grades**	5.16%	78.45%	16.39%
Exec	VSM	11.11%	66.67%	22.22%	**VSM**	0.00%	88.89%	11.11%
	Other	0.60%	85.03%	14.37%	**Non-Exec Director**	10.00%	50.00%	40.00%
	Total	**1.79%**	**73.02%**	**25.19%**	**Total**	**2.44%**	**74.37%**	**23.19%**

Table: All NBT staff by disability category and job grade

Metric 2 Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

The relative likelihood of non-disabled staff being appointed after shortlisting compared to Disabled staff across all posts in 2021/22 was **1.18** this was a slight improvement from the 2020/21 figure of **1.38**

Disability Status	Shortlisted	Appointed	% Appointed
No	5293	1363	25.8%
Unknown/Not Stated	135	55	40.7%
Yes	496	108	21.8%
Total	**5924**	**1526**	**25.8%**

Table: Number and Percentage of Staff appointed after shortlisting by disability status – 2021/22

Disability Status	Shortlisted	Appointed	% Appointed
No	5344	1240	23.2%
Unknown/Not Stated	255	165	64.7%
Yes	346	58	16.8%

Table: Number and Percentage of Staff appointed after shortlisting by disability status – 2020/21

Metric 3 Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

The Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff, as measured by entry into the formal capability procedure for 2021/22 is **5.08**, this is an improvement from 2020/21 when the figure was **7.09.**

Financial Year	Disabled	Non Disabled	Unknown / Not Stated	Grand Total
Employees Entering Performance Assessment	18	2	3	23
NBT Staff Total	233	7097	2213	9543
Percentage of Staff Total in Performance Assessment	7.73%	0.03%	0.14%	0.24%

Table: Number and Percentage of Staff in formal capability process after shortlisting by disability status – 2021/22

Metric 4 - Harassment

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	2018	2019	2020	2021
Staff with a LTC/ Illness - NBT	32.7%	32.4%	33.2%	32.7%
Staff without a LTC/Illness - NBT	25.1%	26.1%	24.5%	25.8%
Staff with a LTC/ Illness - National Average	33.6%	33.2%	30.9%	32.4%
Staff without a LTC/Illness - National Average	26.6%	26.5%	24.5%	25.2%

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

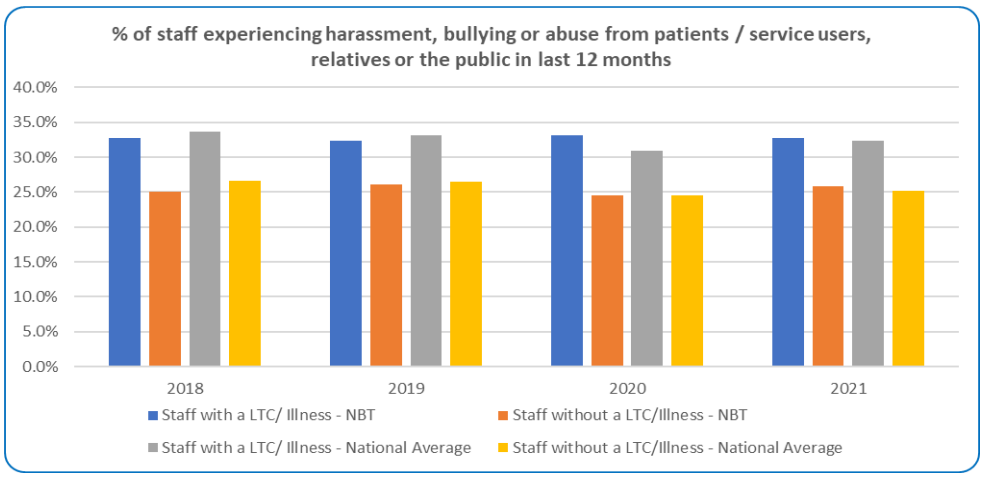


Chart: staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public.

ii. Managers

Disability Category	2018	2019	2020	2021
Staff with a LTC/ Illness - NBT	20.0%	16.8%	15.9%	13.9%
Staff without a LTC/Illness - NBT	10.1%	9.3%	8.4%	8.3%
Staff with a LTC/ Illness - National Average	19.6%	18.4%	19.3%	18.0%
Staff without a LTC/Illness - National Average	11.7%	10.8%	10.8%	9.8%

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

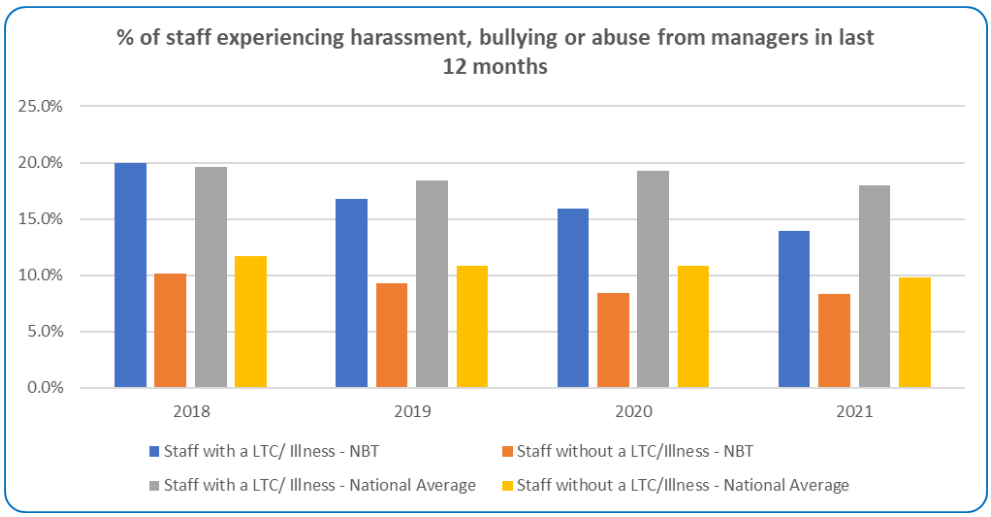


Chart: staff experiencing harassment, bullying or abuse from Managers.

iii. Other colleagues

Disability Category	2018	2019	2020	2021
Staff with a LTC/ Illness - NBT	29.4%	28.3%	27.4%	27.1%
Staff without a LTC/Illness - NBT	17.4%	17.1%	15.2%	15.4%
Staff with a LTC/ Illness - National Average	27.8%	27.7%	26.9%	26.6%
Staff without a LTC/Illness - National Average	18.0%	17.5%	17.8%	17.1%

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

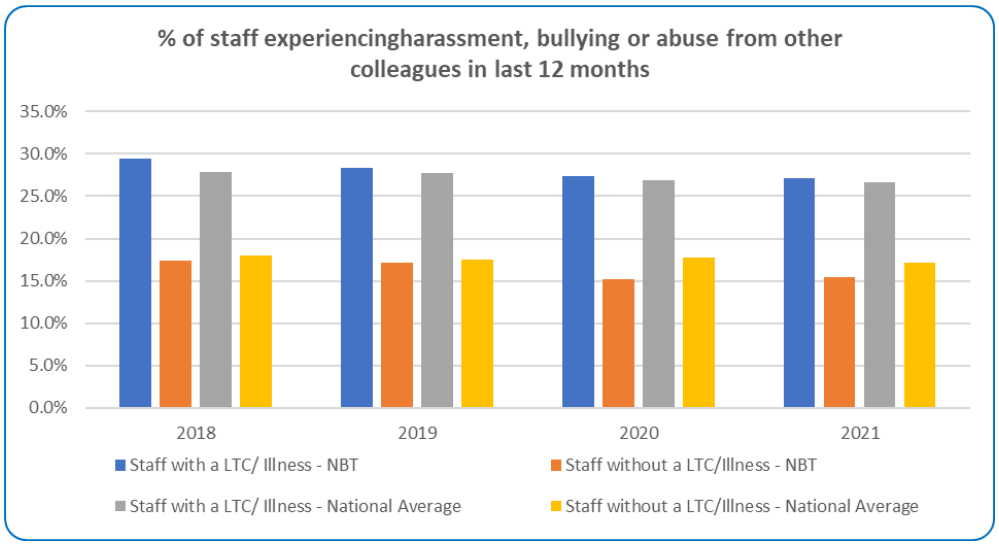


Chart: staff experiencing harassment, bullying or abuse from other colleagues.

b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

Disability Category	2018	2019	2020	2021
Staff with a LTC/ Illness - NBT	42.7%	46.3%	48.1%	43.5%
Staff without a LTC/Illness - NBT	41.3%	45.0%	46.7%	42.5%
Staff with a LTC/ Illness - National Average	45.4%	46.9%	47.0%	47.0%
Staff without a LTC/Illness - National Average	45.0%	46.1%	45.8%	46.2%

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

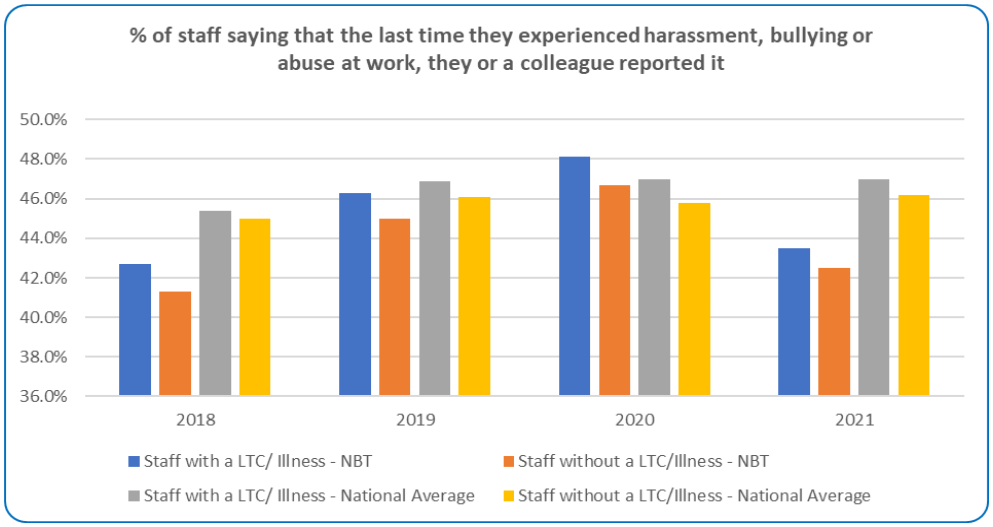


Chart: staff who experienced harassment, bullying or abuse from other colleagues and reported it.

Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

Disability Category	2018	2019	2020	2021
Staff with a LTC/ Illness - NBT	46.5%	56.0%	52.6%	51.6%
Staff without a LTC/Illness - NBT	56.0%	58.4%	57.3%	57.1%
Staff with a LTC/ Illness - National Average	51.3%	51.9%	51.6%	51.4%
Staff without a LTC/Illness - National Average	57.4%	58.4%	57.4%	56.8%

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

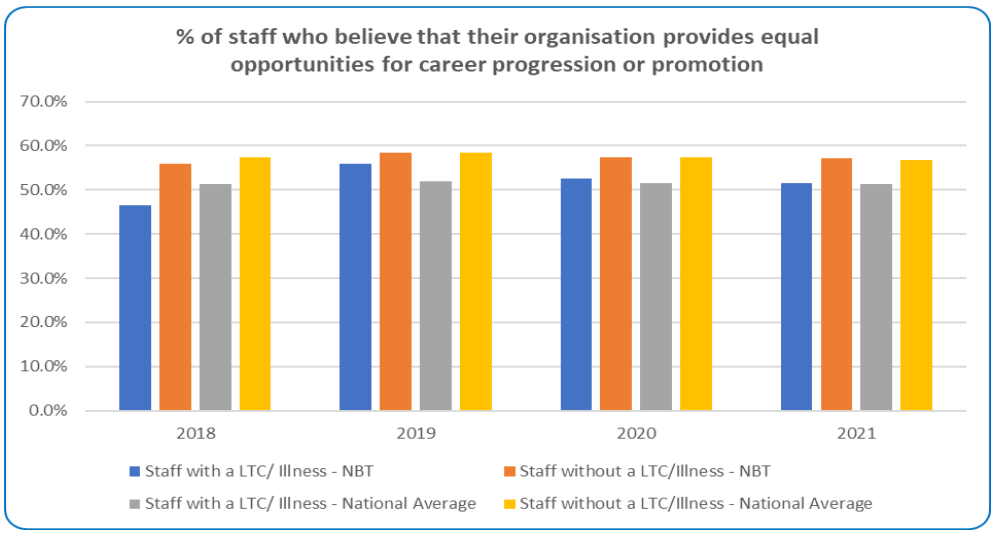


Chart: Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion

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.

Disability Category	2018	2019	2020	2021
Staff with a LTC/ Illness - NBT	34.3%	29.6%	29.8%	27.2%
Staff without a LTC/Illness - NBT	24.8%	19.3%	21.7%	21.0%
Staff with a LTC/ Illness - National Average	33.3%	32.7%	33.0%	32.2%
Staff without a LTC/Illness - National Average	22.8%	21.8%	23.4%	23.7%

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

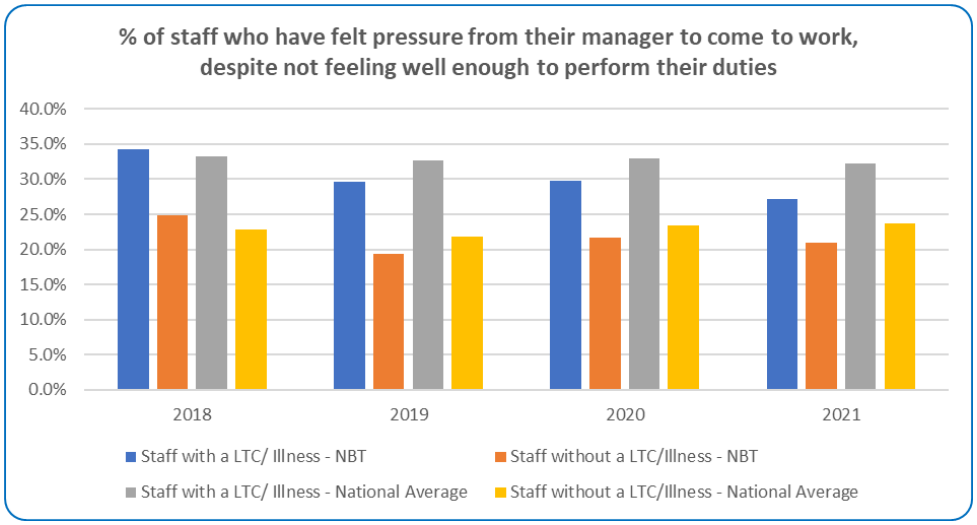


Chart: Metric 6 Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

Disability Category	2018	2019	2020	2021
Staff with a LTC/ Illness - NBT	31.1%	39.0%	38.6%	30.0%
Staff without a LTC/Illness - NBT	43.7%	49.1%	49.2%	43.4%
Staff with a LTC/ Illness - National Average	36.8%	38.1%	37.4%	32.6%
Staff without a LTC/Illness - National Average	47.9%	49.9%	49.3%	43.3%

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

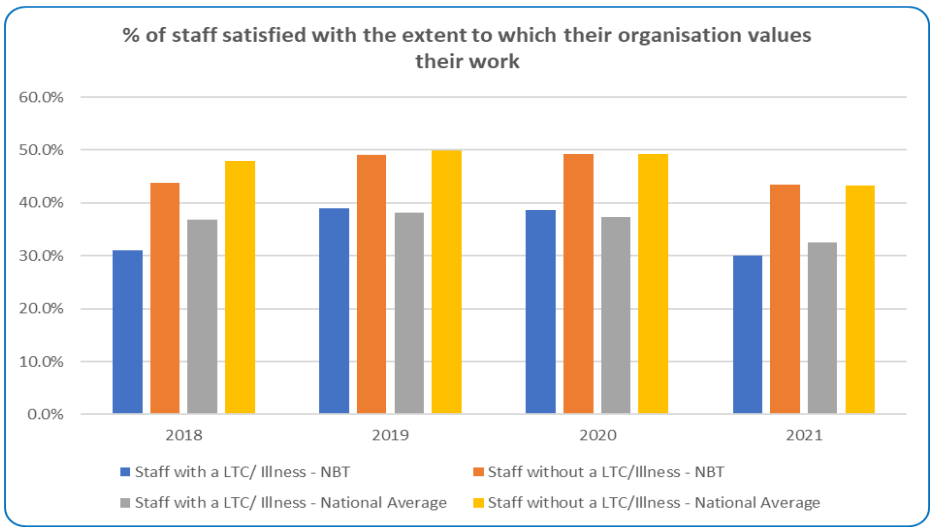


Chart: Metric 7 Satisfaction with the extent to which their organisation values their work

Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

Disability Category	2018	2019	2020	2021
Staff with a LTC/ Illness - NBT	69.6%	75.8%	78.1%	71.1%
Staff with a LTC/ Illness - National Average	73.1%	73.3%	75.5%	70.9%

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

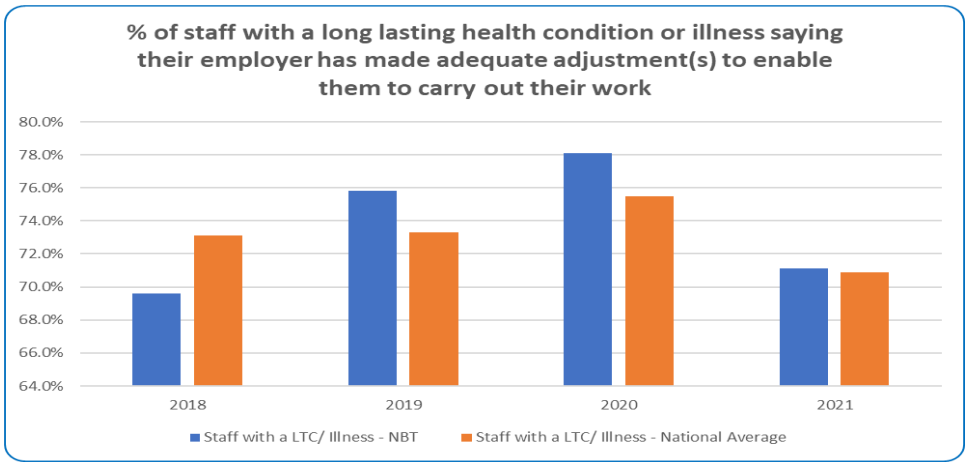


Chart: Metric 8 Adequate Adjustments for disabled staff NBT & National

Metric 9 – Engagement

a) The staff engagement score for Disabled staff, compared to non-disabled staff.
Staff engagement score (0-10)

Disability Category	2018	2019	2020	2021
Staff with a LTC/ Illness - NBT	6.4	6.8	6.8	6.5
Staff without a LTC/Illness - NBT	7.0	7.2	7.2	7.0
Staff with a LTC/ Illness - National Average	6.6	6.7	6.7	6.4
Staff without a LTC/Illness - National Average	7.1	7.1	7.1	7.0

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

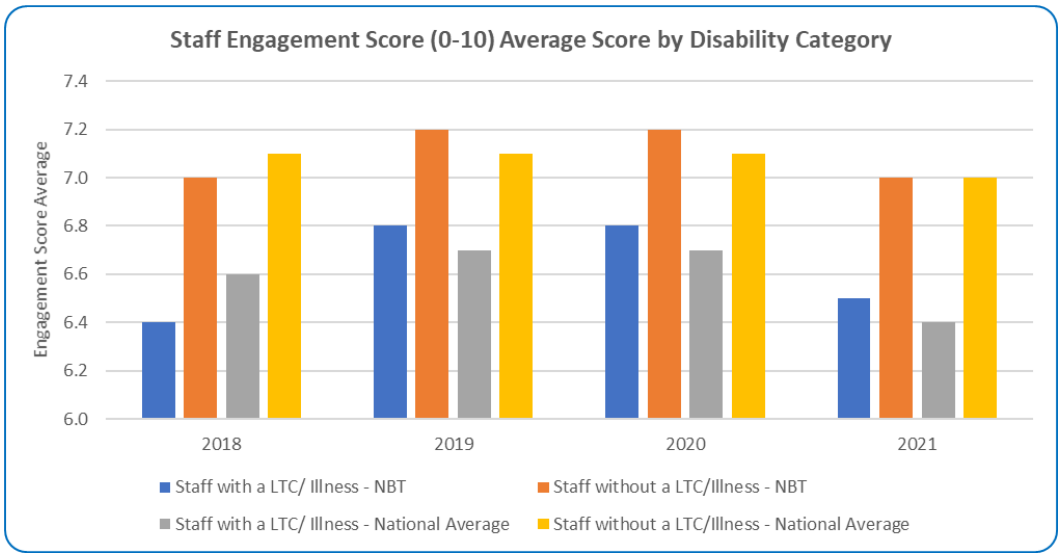


Chart: Staff Engagement Score (0-10) Average Score by Disability Category

b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?

Yes

Disabled/Neurodiverse staff have their own WhatsApp Groups to share information in addition to direct emails. Disabled/Neurodiverse staff contributed to the development of various initiatives including the development of the MY Appraisal framework, where direct feedback from consultation at a staff network meeting was used to amend the draft template and to provide guidance and signposting to reasonable adjustment passports. Disabled/Neurodiverse staff have been invited to be involved in helping a range of activities, with a small number of volunteers helping to organise activities for events such as

a. International Autism Awareness Week
b. Mental Health Awareness Week Theme: Kindness?
c. NHS Equality and Human Rights Week
d. World Mental Health Day
e. Disability History Month Starts
f. World AIDS Day
g. International Day for Disabled People

Metric 10 - Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

Disability Category	Non-voting	Voting	Board Total
Yes		1	1
No	3	9	12
Not Declared/ Prefer not to Answer	2	3	5
Grand Total	**5**	**13**	**18**

Table: NBT Board Members by disability category and voting rights – 2021/22

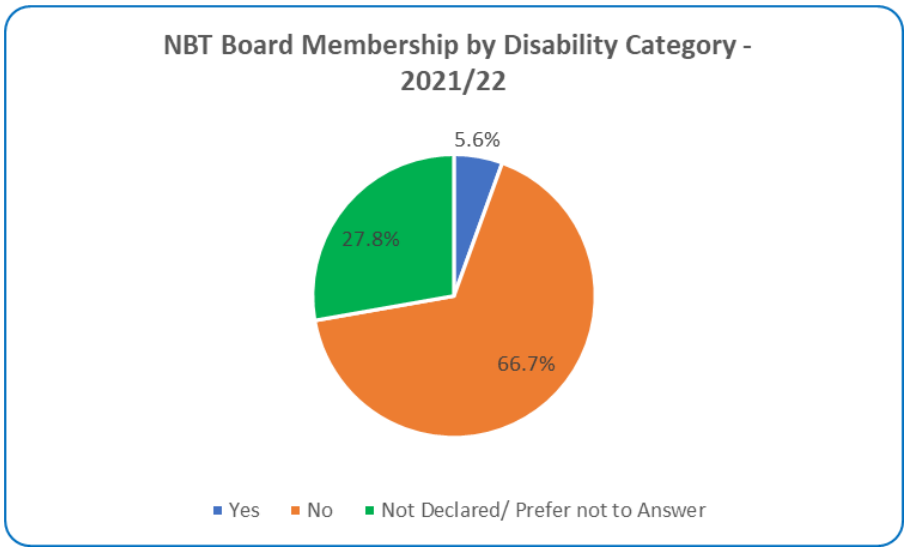


Chart: NBT Board Members by disability category– 2021/22

Disability Category	Non-voting	Voting	Board Total
Disabled	0	2	2
Non Disabled	3	7	10
Not Declared/ Prefer not to Answer	2	3	5
Grand Total	**5**	**12**	**17**

Table: NBT Board Members by disability category and voting rights – 2020/21

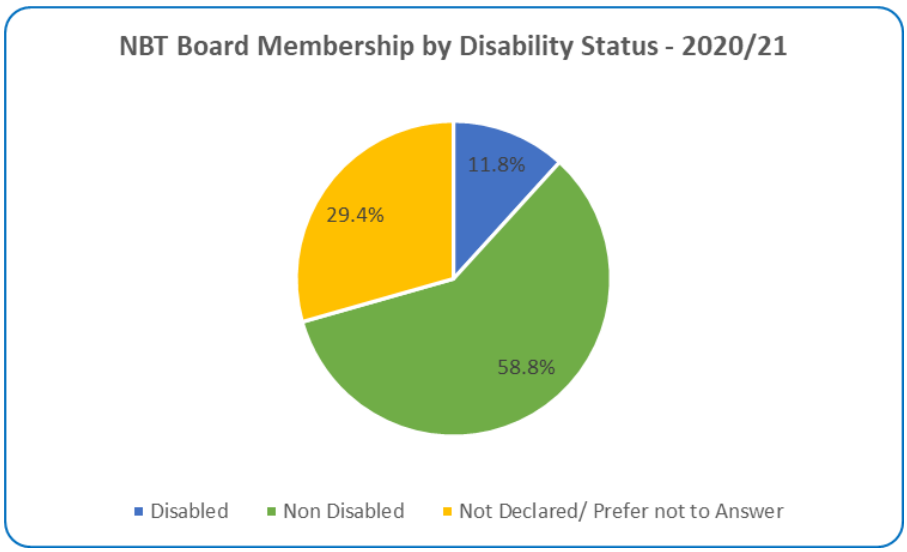


Chart: NBT Board Members by disability category– 2020/21

NBT Staff Disability Category and Group

There was an increase in staff identifying as having a disability between 2020/21 and 2021/22 across the majority of staff groups.

2020/21				2021/22			
Staff Group	**Disabled**	**Non Disabled**	**Unknown**	**Staff Group**	**Disabled**	**Non Disabled**	**Unknown**
Add Prof Scientific and Technic	1.00%	78.26%	20.74%	**Add Prof Scientific and Technic**	2.40%	76.00%	21.60%
Additional Clinical Services	1.98%	77.56%	20.46%	**Additional Clinical Services**	1.75%	79.64%	18.61%
Administrative and Clerical	2.89%	76.64%	20.46%	**Administrative and Clerical**	4.43%	76.55%	19.01%
Allied Health Professionals	3.61%	70.59%	25.81%	**Allied Health Professionals**	4.08%	72.62%	23.30%
Estates and Ancillary	1.40%	64.53%	34.07%	**Estates and Ancillary**	2.06%	65.86%	32.08%
Healthcare Scientists	0.24%	67.48%	32.28%	**Healthcare Scientists**	1.79%	69.35%	28.86%
Medical and Dental	0.28%	64.91%	34.81%	**Medical and Dental**	3.18%	69.57%	27.25%
Nursing and Midwifery Registered	0.82%	75.07%	24.11%	**Nursing and Midwifery Registered**	0.97%	74.90%	24.13%
Students	28.57%	37.14%	34.29%	**Students**	0.00%	90.91%	9.09%
Total	**1.79%**	**73.02%**	**25.19%**	**Total**	**2.44%**	**74.37%**	**23.19%**

Table: All NBT staff by disability category and Staff Group – 2020/21 & 2021/22

Division Views

Anaesthesia, Surgery, Critical & Renal Division

2020/21				2021/22			
Grade	Disabled %	Non Disabled %	Unknown %	Grade	Disabled %	Non Disabled %	Unknown %
Band 2	3.72%	75.81%	20.47%	**Band 2**	6.38%	74.47%	19.15%
Band 3	2.25%	76.58%	21.17%	**Band 3**	3.54%	76.11%	20.35%
Band 4	1.73%	73.41%	24.86%	**Band 4**	2.40%	79.04%	18.56%
Band 5	1.31%	74.39%	24.31%	**Band 5**	0.82%	72.62%	26.56%
Band 6	1.10%	75.46%	23.44%	**Band 6**	1.86%	72.12%	26.02%
Band 7	0.00%	77.19%	22.81%	**Band 7**	1.43%	75.00%	23.57%
Band 8a	0.00%	68.75%	31.25%	**Band 8a**	0.00%	77.27%	22.73%
Band 8b	0.00%	75.00%	25.00%	**Band 8b**	0.00%	80.00%	20.00%
Band 8c	0.00%	0.00%	100.00%	**Band 8c**	0.00%	0.00%	100.00%
Band 8d	0.00%	100.00%	0.00%	**Band 8d**	0.00%	100.00%	0.00%
Band 9	0.00%	100.00%	0.00%	**Band 9**	0.00%	100.00%	0.00%
Consultant	0.00%	51.67%	48.33%	**Consultant**	0.52%	56.48%	43.01%
Consultant - of which SMM	0.00%	0.00%	100.00%	**Consultant - of which SMM**	0.00%	0.00%	100.00%
Non-Consultant Career Grade	3.70%	59.26%	37.04%	**Non Consultant Career Grade**	4.55%	63.64%	31.82%
Other	0.00%	100.00%	0.00%				
Trainee Grades	0.00%	71.54%	28.46%	**Trainee Grades**	1.60%	87.77%	10.64%
Total	**1.38%**	**73.16%**	**25.46%**	**Total**	**2.01%**	**73.61%**	**24.37%**

Table: Anaesthesia, Surgery, Critical & Renal Division staff by disability category and job grade

Core Clinical Services

2020/21				2021/22			
Grade	Disabled %	Non Disabled %	Unknown %	Grade	Disabled %	Non Disabled %	Unknown %
Band 2	6.06%	75.42%	18.52%	**Band 2**	6.09%	78.85%	15.05%
Band 3	2.53%	76.17%	21.30%	**Band 3**	2.32%	76.45%	21.24%
Band 4	1.36%	73.47%	25.17%	**Band 4**	1.99%	71.52%	26.49%
Band 5	2.36%	80.31%	17.32%	**Band 5**	2.53%	82.28%	15.19%
Band 6	2.08%	73.44%	24.48%	**Band 6**	2.75%	75.75%	21.50%
Band 7	0.44%	59.11%	40.44%	**Band 7**	2.16%	58.62%	39.22%
Band 8a	0.00%	48.00%	52.00%	**Band 8a**	1.22%	51.22%	47.56%
Band 8b	0.00%	69.23%	30.77%	**Band 8b**	0.00%	65.52%	34.48%
Band 8c	0.00%	50.00%	50.00%	**Band 8c**	0.00%	63.16%	36.84%
Band 8d	0.00%	60.00%	40.00%	**Band 8d**	0.00%	75.00%	25.00%
Band 9	33.33%	66.67%	0.00%	**Band 9**	33.33%	33.33%	33.33%
Consultant	0.00%	67.12%	32.88%	**Consultant**	0.00%	70.27%	29.73%

2020/21				2021/22			
Grade	Disabled %	Non Disabled %	Unknown %	Grade	Disabled %	Non Disabled %	Unknown %
Non-Consultant Career Grade	0.00%	100.00%	0.00%	**Non Consultant Career Grade**	0.00%	100.00%	0.00%
Other	0.00%	100.00%	0.00%				
Trainee Grades	0.00%	56.52%	43.48%	**Trainee Grades**	0.00%	66.67%	33.33%
Total	**2.37%**	**71.65%**	**25.98%**	**Total**	**2.78%**	**72.79%**	**24.43%**

Table: Core Clinical Services Division staff by disability category and job grade

Medicine Division

2020/21				2021/22			
Grade	Disabled %	Non Disabled %	Unknown %	Grade	Disabled %	Non Disabled %	Unknown %
Band 2	0.78%	78.13%	21.09%	**Band 2**	2.31%	77.23%	20.46%
Band 3	0.58%	79.07%	20.35%	**Band 3**	1.15%	80.46%	18.39%
Band 4	7.33%	64.67%	28.00%	**Band 4**	1.85%	68.52%	29.63%
Band 5	0.22%	78.79%	21.00%	**Band 5**	0.66%	76.64%	22.71%
Band 6	1.18%	73.96%	24.85%	**Band 6**	0.94%	77.46%	21.60%
Band 7	0.00%	74.34%	25.66%	**Band 7**	1.25%	78.75%	20.00%
Band 8a	4.76%	71.43%	23.81%	**Band 8a**	0.00%	80.00%	20.00%
Band 8b	0.00%	85.71%	14.29%	**Band 8b**	0.00%	85.71%	14.29%
Band 8c	0.00%	50.00%	50.00%	**Band 8c**	0.00%	66.67%	33.33%
Band 8d	0.00%	100.00%	0.00%	**Band 8d**	0.00%	0.00%	100.00%
Band 9	0.00%	100.00%	0.00%	**Band 9**	0.00%	100.00%	0.00%
Consultant	0.00%	78.43%	21.57%	**Consultant**	0.95%	74.29%	24.76%
Consultant - of which SMM	0.00%	0.00%	100.00%	**Consultant - of which SMM**	0.00%	0.00%	100.00%
Non-Consultant Career Grade	0.00%	50.00%	50.00%	**Non Consultant Career Grade**	9.52%	52.38%	38.10%
Other	0.00%	82.76%	17.24%				
Trainee Grades	0.00%	53.85%	46.15%	**Trainee Grades**	0.66%	83.55%	15.79%
Total	**1.06%**	**75.07%**	**23.87%**	**Total**	**1.30%**	**77.08%**	**21.63%**

Table: Medicine Division staff by disability category and job grade

Neurosciences & Musculoskeletal Division

2020/21				2021/22			
Grade	Disabled %	Non Disabled %	Unknown %	Grade	Disabled %	Non Disabled %	Unknown %
Band 2	0.00%	80.00%	20.00%	**Band 2**	2.38%	80.95%	16.67%
Band 3	4.82%	71.69%	23.49%	**Band 3**	4.49%	71.15%	24.36%

2020/21				2021/22			
Grade	Disabled %	Non Disabled %	Unknown %	Grade	Disabled %	Non Disabled %	Unknown %
Band 4	8.72%	62.42%	28.86%	**Band 4**	2.29%	71.76%	25.95%
Band 5	2.04%	78.57%	19.39%	**Band 5**	2.62%	76.96%	20.42%
Band 6	2.13%	73.40%	24.47%	**Band 6**	4.35%	72.83%	22.83%
Band 7	1.60%	66.40%	32.00%	**Band 7**	3.03%	66.67%	30.30%
Band 8a	3.45%	62.07%	34.48%	**Band 8a**	0.00%	57.69%	42.31%
Band 8b	0.00%	90.00%	10.00%	**Band 8b**	8.33%	91.67%	0.00%
Band 8c	0.00%	60.00%	40.00%	**Band 8c**	0.00%	75.00%	25.00%
Band 8d	0.00%	100.00%	0.00%	**Band 8d**	0.00%	100.00%	0.00%
Band 9	0.00%	50.00%	50.00%	**Band 9**	0.00%	0.00%	100.00%
Consultant	0.00%	49.45%	50.55%	**Consultant**	2.25%	50.56%	47.19%
Non-Consultant Career Grade	0.00%	60.00%	40.00%	**Non-Consultant Career Grade**	0.00%	60.00%	40.00%
Other	2.70%	75.68%	21.62%				
Trainee Grades	1.41%	64.79%	33.80%	**Trainee Grades**	10.42%	69.79%	19.79%
Total	**2.79%**	**70.23%**	**26.98%**	**Total**	**3.61%**	**71.42%**	**24.98%**

Table: Neurosciences & Musculoskeletal Division staff by disability category and job grade

Women's and Children's Health

2020/21				2021/22			
Grade	Disabled %	Non Disabled %	Unknown %	Grade	Disabled %	Non Disabled %	Unknown %
Band 2	0.00%	75.34%	24.66%	**Band 2**	0.00%	79.10%	20.90%
Band 3	0.00%	76.19%	23.81%	**Band 3**	0.00%	78.74%	21.26%
Band 4	10.26%	64.10%	25.64%	**Band 4**	0.00%	70.97%	29.03%
Band 5	3.08%	80.77%	16.15%	**Band 5**	3.08%	83.85%	13.08%
Band 6	0.41%	78.86%	20.73%	**Band 6**	1.26%	81.93%	16.81%
Band 7	0.00%	65.88%	34.12%	**Band 7**	0.00%	70.11%	29.89%
Band 8a	0.00%	60.00%	40.00%	**Band 8a**	0.00%	65.00%	35.00%
Band 8b	0.00%	60.00%	40.00%	**Band 8b**	0.00%	80.00%	20.00%
				Band 8c	0.00%	0.00%	100.00%
				Band 8d	0.00%	100.00%	0.00%
Band 9	0.00%	0.00%	100.00%	**Band 9**	0.00%	100.00%	0.00%
Consultant	0.00%	55.88%	44.12%	**Consultant**	0.00%	60.00%	40.00%
Non-Consultant Career Grade	0.00%	25.00%	75.00%	**Non Consultant Career Grade**	0.00%	20.00%	80.00%
Other	0.00%	75.00%	25.00%				
Trainee Grades	0.00%	73.17%	26.83%	**Trainee Grades**	22.22%	60.00%	17.78%
Total	**1.11%**	**74.13%**	**24.75%**	**Total**	**2.14%**	**76.67%**	**21.19%**

Table: Women's and Children's Health Division staff by disability category and job grade

Facilities

2020/21				2021/22			
Grade	Disabled %	Non Disabled %	Unknown %	Grade	Disabled %	Non Disabled %	Unknown %
Band 2	1.20%	65.57%	33.23%	**Band 2**	1.83%	67.38%	30.79%
Band 3	3.37%	69.66%	26.97%	**Band 3**	4.49%	73.03%	22.47%
Band 4	1.72%	62.07%	36.21%	**Band 4**	3.39%	59.32%	37.29%
Band 5	4.55%	63.64%	31.82%	**Band 5**	4.35%	65.22%	30.43%
Band 6	0.00%	66.67%	33.33%	**Band 6**	0.00%	78.57%	21.43%
Band 7	0.00%	71.43%	28.57%	**Band 7**	0.00%	72.22%	27.78%
Band 8a	0.00%	50.00%	50.00%	**Band 8a**	0.00%	50.00%	50.00%
Band 8b	0.00%	100.00%	0.00%	**Band 8b**	0.00%	100.00%	0.00%
Band 8c	0.00%	75.00%	25.00%	**Band 8c**	0.00%	75.00%	25.00%
Band 8d	0.00%	100.00%	0.00%	**Band 8d**	0.00%	100.00%	0.00%
Band 9	0.00%	0.00%	100.00%				
Total	**1.47%**	**65.91%**	**32.62%**	**Total**	**2.18%**	**67.66%**	**30.16%**

Table: Facilities Division staff by disability category and job grade

Corporate Divisions

2020/21				2021/22			
Grade	Disabled %	Non Disabled %	Unknown %	Grade	Disabled %	Non Disabled %	Unknown %
Band 2	0.00%	78.05%	21.95%	**Band 2**	6.67%	71.11%	22.22%
Band 3	1.53%	85.71%	12.76%	**Band 3**	3.87%	79.01%	17.13%
Band 4	5.15%	74.26%	20.59%	**Band 4**	4.70%	80.54%	14.77%
Band 5	2.53%	86.08%	11.39%	**Band 5**	4.32%	82.70%	12.97%
Band 6	1.64%	80.87%	17.49%	**Band 6**	1.36%	83.26%	15.38%
Band 7	2.19%	78.83%	18.98%	**Band 7**	3.07%	82.21%	14.72%
Band 8a	1.79%	80.36%	17.86%	**Band 8a**	2.50%	75.00%	22.50%
Band 8b	3.23%	87.10%	9.68%	**Band 8b**	8.11%	81.08%	10.81%
Band 8c	0.00%	84.62%	15.38%	**Band 8c**	0.00%	100.00%	0.00%
Band 8d	9.09%	90.91%	0.00%	**Band 8d**	0.00%	85.71%	14.29%
Band 9	0.00%	75.00%	25.00%	**Band 9**	0.00%	77.78%	22.22%
Consultant	0.00%	0.00%	100.00%	**Consultant**	0.00%	66.67%	33.33%
				Consultant - of which SMM	0.00%	100.00%	0.00%
Trainee Grades	0.00%	50.00%	50.00%	**Trainee Grades**	12.50%	62.50%	25.00%
VSM	0.00%	100.00%	0.00%	**VSM**	0.00%	88.89%	11.11%
Other	0.00%	37.50%	62.50%	**Non-Exec Director**	10.00%	50.00%	40.00%
Total	**2.35%**	**81.21%**	**16.45%**	**Total**	**3.71%**	**80.31%**	**15.98%**

Table: NBT Corporate Division staff by disability category and job grade

NHS North Bristol NHS Trust

Report To:	Trust Board		
Date of Meeting:	29 September 2022		
Report Title:	Integrated Performance Report		
Report Author & Job Title	Lisa Whitlow, Associate Director of Performance		
Executive/Non-executive Sponsor (presenting)	Executive Team		
Does the paper contain:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**
	N/A	N/A	N/A
*If any boxes above ticked, paper may need to be received at *private* meeting			
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
			X
Recommendation:	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 on in the Integrated Performance Report.	
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 Equality, Diversity and Inclusion Assessment (EIA)?	No – EIAs have been considered as required for individual domains.
Appendices:	Integrated Performance Report

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

September 2022 (presenting August 2022 data)

CONTENTS

North Bristol Trust Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																			Peer Performance	Rank
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	60.00%	61.47%	61.75%	60.82%	60.18%	61.80%	60.78%	51.53%	52.74%	55.54%	64.14%	59.32%	50.99%	60.83%		52.35%	2/10
	A&E 12 Hour Trolley Breaches	R	0	-	14	38	29	59	20	295	367	449	360	176	297	304	57		4-925	4/10
	Ambulance Handover < 15 mins (%)		65.00%	-	37.84%	41.26%	36.19%	24.32%	20.33%	22.25%	28.72%	31.90%	28.93%	30.54%	29.50%	26.70%	25.68%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	66.21%	64.67%	56.62%	53.71%	50.34%	47.71%	48.49%	51.53%	53.02%	61.09%	55.43%	54.11%	61.52%			
	Ambulance Handover > 60 mins		0	-	471	418	621	664	645	827	684	681	538	430	527	486	364			
	Average No. patients not meeting Criteria to Reside			-	219	233	241	250	248	295	304	302	301	317	280	349	395			
	Bed Occupancy Rate			100.00%	95.32%	97.20%	97.26%	97.12%	96.92%	98.16%	97.51%	97.43%	96.94%	98.15%	98.32%	97.98%	97.86%			
	Diagnostic 6 Week Wait Performance		1.00%	36.05%	42.55%	42.83%	41.80%	40.32%	44.30%	45.45%	40.00%	40.25%	43.61%	40.13%	41.00%	42.75%	48.09%		32.44%	7/10
	Diagnostic 26+ Week Breaches		0	1432	972	1099	1286	1264	1341	1617	1767	2160	2498	2690	2761	2753	2842			
	RTT Incomplete 18 Week Performance		92.00%	-	73.16%	71.87%	70.37%	69.68%	66.67%	65.61%	65.17%	64.71%	64.23%	65.62%	64.80%	65.78%	65.82%		57.98%	2/10
	RTT 52+ Week Breaches	R	0	2239	1770	1933	2068	2128	2182	2284	2296	2242	2454	2424	2675	2914	3131		7-11592	3/10
	RTT 78+ Week Breaches	R		469	656	659	577	497	469	501	511	458	491	473	443	439	441		0-2163	5/10
	RTT 104+ Week Breaches	R		48	34	55	93	138	158	184	177	96	71	48	34	32	33		0-360	7/10
	Total Waiting List	R		40105	35794	36787	37268	37297	37264	37210	38498	39101	39819	40634	42326	46900	48766			
	Cancer 2 Week Wait	R	93.00%	60.36%	66.58%	51.22%	42.70%	53.75%	58.38%	41.42%	66.47%	69.78%	57.66%	46.16%	39.21%	40.99%	-		70.01%	10/10
	Cancer 31 Day First Treatment		96.00%	94.60%	93.00%	91.89%	88.51%	86.94%	79.59%	79.18%	89.91%	80.99%	81.82%	83.77%	85.53%	91.20%	-		91.78%	6/10
	Cancer 62 Day Standard	R	85.00%	72.13%	68.60%	56.98%	57.34%	74.07%	67.52%	56.88%	51.17%	58.66%	56.48%	50.15%	48.40%	45.10%	-		45.45%	9/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	69.27%	66.77%	56.07%	59.95%	66.29%	57.52%	47.10%	72.01%	72.93%	66.82%	72.83%	70.87%	58.29%	-		67.74%	9/10
	Cancer PTL >62 Days		242	345	-	-	501	663	899	781	528	472	641	689	555	667	858			
	Cancer PTL >104 Days		0	50	139	170	158	108	140	197	135	167	133	161	134	172	147			
	Urgent operations cancelled ≥2 times		0	-	-	-	2	2	2	0	0	0	1	1	1	0	-			

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

North Bristol Trust Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	1.15%	0.62%	1.26%	0.22%	1.15%	0.73%	0.00%	1.02%	1.08%	0.26%	1.25%	0.49%	0.44%	
	Caesarean Section Rate			28.00%	34.88%	38.74%	37.35%	39.23%	40.60%	39.15%	38.14%	42.08%	43.36%	42.82%	46.53%	45.12%	45.01%	
	Still Birth rate			0.40%	0.00%	0.57%	0.39%	0.21%	0.21%	0.22%	0.00%	0.23%	0.24%	0.24%	0.00%	0.22%	0.00%	
	Induction of Labour Rate			32.10%	35.31%	33.40%	29.05%	34.12%	35.21%	33.56%	38.39%	39.72%	34.09%	35.41%	39.35%	35.15%	31.57%	
	PPH 1500 ml rate			8.60%	2.11%	2.10%	3.94%	3.59%	3.02%	2.01%	2.44%	1.42%	2.26%	2.39%	4.86%	4.08%	2.65%	
	Never Event Occurrence by month		0	0	0	1	0	0	1	0	0	0	1	1	0	0	0	
	Commissioned Patient Safety Incident Investigations				2	3	2	1	1	5	1	3	4	3	1	1	1	
	Healthcare Safety Investigation Branch Investigations				2	-	1	-	-	1	-	1	1	-	1	1	1	
	Total Incidents				984	1059	984	997	1011	1329	1170	1311	1209	1122	1176	1317	1238	
	Total Incidents (Rate per 1000 Bed Days)				36	38	33	35	35	46	44	44	42	37	41	56	48	
	WHO checklist completion			95.00%	99.74%	99.70%	99.36%	99.84%	99.87%	99.76%	99.61%	98.73%	99.31%	98.85%	98.19%	98.33%	98.04%	
	VTE Risk Assessment completion	R		95.00%	94.91%	94.90%	94.53%	93.84%	94.55%	93.80%	93.99%	92.63%	93.36%	93.29%	92.40%	89.24%	-	
	Pressure Injuries Grade 2				22	24	19	12	16	16	19	18	19	19	14	25	16	
	Pressure Injuries Grade 3			0	0	0	0	0	0	0	0	0	0	1	1	0	0	
	Pressure Injuries Grade 4			0	0	0	0	0	1	0	1	0	0	0	0	0	0	
	PI per 1,000 bed days				0.72	0.75	0.51	0.32	0.35	0.41	0.75	0.61	0.63	0.50	0.31	0.86	0.48	
	Falls per 1,000 bed days				6.95	6.37	6.29	6.32	7.10	8.43	7.57	6.22	7.02	5.68	5.91	6.90	7.20	
	#NoF - Fragile Hip Best Practice Pass Rate				76.32%	34.62%	35.71%	100.00%	61.90%	64.29%	54.17%	64.58%	40.00%	42.25%	46.30%	21.21%	-	
	Admitted to Orthopaedic Ward within 4 Hours				28.95%	38.46%	28.57%	40.00%	23.81%	21.43%	20.83%	14.58%	71.11%	19.72%	22.22%	9.09%	-	
	Medically Fit to Have Surgery within 36 Hours				86.84%	42.31%	36.36%	100.00%	80.95%	69.05%	62.50%	66.67%	48.89%	45.07%	48.15%	27.27%	-	
	Assessed by Orthogeriatrician within 72 Hours				100.00%	84.00%	77.78%	100.00%	90.48%	73.81%	66.67%	89.58%	91.11%	74.65%	87.04%	75.76%	-	
	Stroke - Patients Admitted				92	83	90	85	73	103	67	78	92	105	40	85	43	
	Stroke - 90% Stay on Stroke Ward			90.00%	81.43%	77.94%	78.13%	68.06%	75.00%	67.47%	72.73%	65.08%	77.14%	48.72%	59.26%	65.45%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	90.91%	50.00%	27.27%	66.67%	100.00%	84.62%	60.00%	44.44%	100.00%	60.00%	100.00%	55.56%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	39.19%	34.29%	40.58%	45.95%	30.16%	40.22%	32.73%	32.81%	23.08%	35.71%	50.00%	39.29%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	88.00%	95.95%	97.18%	84.21%	80.88%	81.44%	75.41%	91.30%	84.21%	90.91%	96.43%	96.55%	-	
	MRSA	R	0	0	0	0	0	0	0	0	0	4	0	0	1	1	0	
	E. Coli	R		4	5	3	8	3	2	6	1	5	5	0	1	4	3	
	C. Difficile	R		5	2	5	4	1	6	6	1	6	7	4	5	3	3	
	MSSA			2	5	4	1	0	5	3	2	2	1	0	2	2	0	
Quality Caring & Experience	Friends & Family - Births - Proportion Very Good/Good				95.95%	91.30%	98.53%	91.53%	93.75%	93.85%	94.37%	94.81%	97.50%	91.14%	88.41%	-	88.57%	
	Friends & Family - IP - Proportion Very Good/Good				91.94%	92.16%	92.25%	92.52%	91.50%	93.28%	93.51%	91.18%	90.39%	92.72%	90.96%	90.79%	91.04%	
	Friends & Family - OP - Proportion Very Good/Good				94.54%	93.77%	94.80%	94.21%	95.26%	94.37%	94.11%	94.82%	94.32%	93.83%	93.90%	-	-	
	Friends & Family - ED - Proportion Very Good/Good				72.87%	74.81%	73.94%	74.24%	80.64%	80.10%	70.24%	63.70%	68.93%	77.44%	70.80%	-	75.12%	
	PALS - Count of concerns				123	123	100	93	86	100	102	111	150	129	116	168	154	
	Complaints - % Overall Response Compliance			90.00%	87.72%	77.36%	69.12%	72.13%	69.09%	69.23%	80.85%	78.33%	78.57%	78.69%	73.47%	78.18%	76.27%	
	Complaints - Overdue				8	10	10	6	11	4	5	10	0	4	5	6	1	
	Complaints - Written complaints				52	55	59	44	52	58	56	43	0	48	53	46	62	
Well Led	Agency Expenditure ('000s)				1061	1492	1576	1350	1314	1363	1147	1581	1838	1846	1205	2111	1726	
	Month End Vacancy Factor				6.95%	6.79%	6.87%	6.44%	7.71%	7.26%	7.41%	7.27%	6.64%	7.51%	8.07%	8.66%	8.65%	
	Turnover (Rolling 12 Months)	R		16.97%	14.05%	14.58%	15.21%	15.27%	15.50%	15.89%	16.51%	17.16%	16.71%	17.28%	17.41%	17.57%	17.04%	
	Sickness Absence (Rolling 12 month -In arrears)	R		4.81%	4.50%	4.52%	4.56%	4.58%	4.64%	4.71%	4.81%	5.02%	5.17%	5.13%	5.22%	5.44%	5.48%	
	Trust Mandatory Training Compliance				82.58%	82.32%	82.12%	81.97%	82.13%	82.23%	82.27%	81.67%	82.38%	83.89%	84.98%	82.80%	83.98%	

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

Executive Summary | September 2022

NHS North Bristol NHS Trust

Urgent Care

Four-hour performance improved to 60.83% in August, ranking second out of ten reporting AMTC peer providers. The Trust recorded a decrease in ambulance handover delays with 364 reported provisionally in August, down from 486 in July. 12-Hour trolley breaches significantly decreased reporting at 57 in month down from 304 in July. Four hour performance and ambulance handover times continue to be impacted by high bed occupancy driven mainly by the high volume of patients with No Criteria to Reside, which has risen further through improved data capture through the EPR change. The Trust is working as part of the Acute Provider Collaborative to develop a joint view of the NC2R issue. Key drivers include increased volume of bed days for patients no longer meeting the right to reside criteria awaiting discharge on D2A pathways. Trust-wide internal actions are focused on improving the timeliness of discharge, maximising SDEC pathways and best practice models for ward and board rounds to improve flow through the Hospital.

Elective Care and Diagnostics

The Trust continues to maintain clearance of capacity breaches to zero for the patients waiting >104-weeks for treatment. There were 3,131 patients waiting greater than 52-weeks for their treatment in August; 441 of these were patients waiting longer than 78-weeks and 33 were waiting longer than 104-weeks. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostic performance deteriorated in August to 48.09% (8141 breaches). It was not possible to report data for four of the nationally reportable modalities, due to the transition to a new EPR system. Had these test types been reported, it is anticipated that overall performance would have improved by c.1.5%. However, the Trust is working towards achieving year-end NHS improvement targets across all modalities. The in-year improvement target for diagnostics is that no more than 25% of patients will wait greater than 6-weeks for their procedure and no patient will wait greater than 26-weeks. The Trust is sourcing additional internal and external capacity for several test types to support recovery of diagnostic waiting times.

Cancer Wait Time Standards

There were a number of movements in the July position for Cancer with the 31-Day First Treatment standard improving to 91.20%. There was marginal improvement in TWW performance at 40.99%, but deterioration in performance of 62-Day at 45.10%. The Trust has delivered the CQUIN requirement for 28-Day FDS in Quarter 1. Instances of clinical harm remain low month-on-month and the Trust has had no reports of harm in 12 months as a result of delays over 104-Days. Delivering a reduction in the >62-day backlog continues to be challenged by workforce issues in the Cancer Services Team and Tumour Site Pathway delays. However, a successful recruitment drive has resulted in appointments to all vacant posts in the Cancer Services Team. In addition, experienced agency staff have been employed from mid-August to bridge the gap in the Cancer Services Team until all new staff are in post and trained. The Trust is working closely with regional and national colleagues and is supporting a “deep-dive” process which is due to take place in September.

Quality

There were no incidents of maternity morbidity and mortality in the current reporting month. There has been a significant decrease in Grade 2 pressure injuries. There were no MRSA cases reported in August. NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts. The rate of VTE Risk Assessments performed on admission remains below the national target of 95% compliance. As well as ongoing operational challenges on education, training and related data capture in this area, July’s reported performance was further impacted by data delays with implementation of the Trust’s new EPR system.

Workforce

NBT’s Rolling 12-month staff turnover decreased from 17.57% in July to 17.04% in August. Trust vacancy factor decreased from 8.66% in July to 8.57% in August. Rolling 12month sickness absence increased from 5.44% in July to 5.48% in August. Temporary staffing demand increased by 0.28% (3.13 wte) from July to August, however bank hours worked increased at a higher rate +3.62% (22.75wte).

Finance

The financial plan for 2022/23 at Month 5 (August) was a deficit of £5.0m. The Trust has delivered a £9.5m deficit, which is £4.5m worse than plan. This is predominately driven by the non-delivery of savings in the first five months of the year and high levels of premium pay spend, including on agency and incentives, offset by slippage on service developments and investments. In-month the Trust has recognised £0.7m of ESRF funding in addition to that assumed in the plan. Whilst the Trust has not reached the required activity levels to receive this, there has been a national approach of no clawback from commissioners in Months 1 to 6 for non-delivery. In BNSSG this has been recognised in provider positions in month. The Month 5 CIP position shows £2.4m schemes fully completed, with a further £3.3m schemes on tracker and £1.8m in pipeline. There is a £9.8m shortfall between the 2022/23 target of £15.6m and the schemes on the tracker. If pipeline schemes are included this is a £8.0m shortfall. As a result of the position at Month 5, the Risks and Mitigations impacting on the delivery for the year end position have been reviewed. Cash at 31 August amounts to £103.7m, an in-month increase of £7.1m due to NHS England paying invoices relating to prior year Mass Vaccination costs. Total capital spend year to date was £8.2m compared to a plan of £9.1m.

Responsiveness

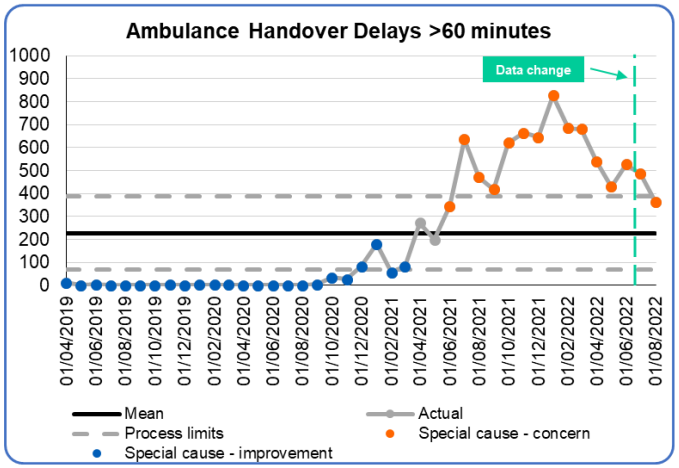
Board Sponsor: Chief Operating Officer
Steve Curry

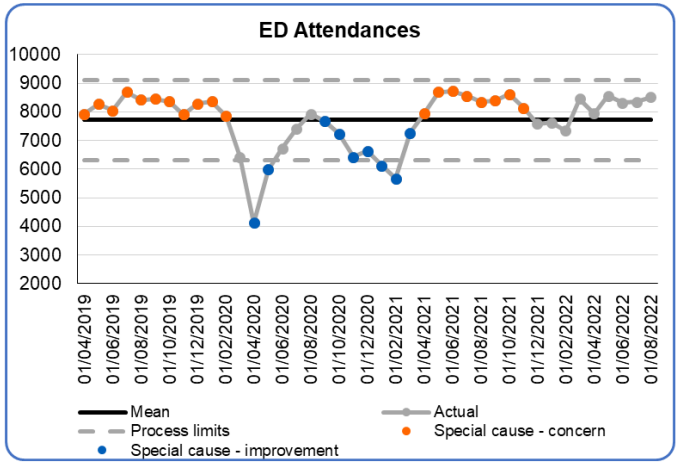
Responsiveness - Indicative Overview

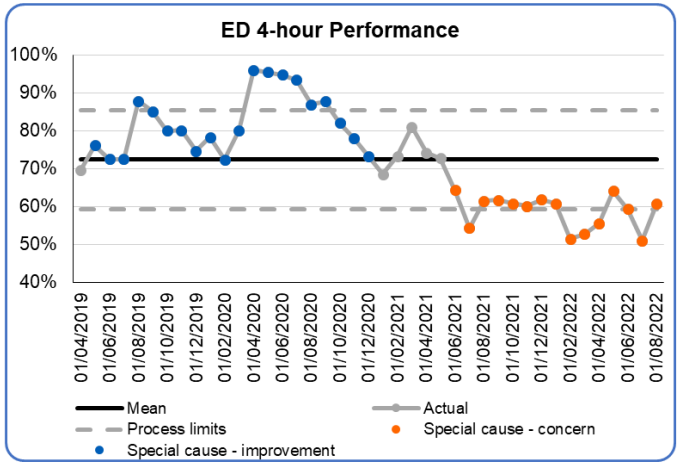
Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	Pre-Emptive Transfers	On track
	Level 6 Brunel Plan	On track
	D2A	Reporting delays in delivery – NC2R levels remain high
RTT	104 week wait	On track
	78 week wait	On track
Diagnostics	25% 6-week target	Plan in place – Radiology, Echo and Endoscopy – Oct/Nov impact
	Zero 26-week waits	Plan in place – Radiology, Echo and Endoscopy – Oct/Nov impact
Cancer PTL	>62-day PTL volume	Cancer plan – Sept impact
	>62-day PTL %	Cancer plan – Sept impact

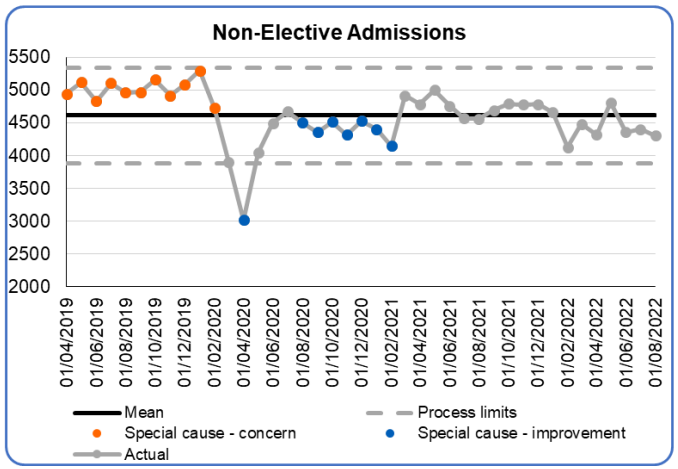
Rating reflects the reported period against in-year plan

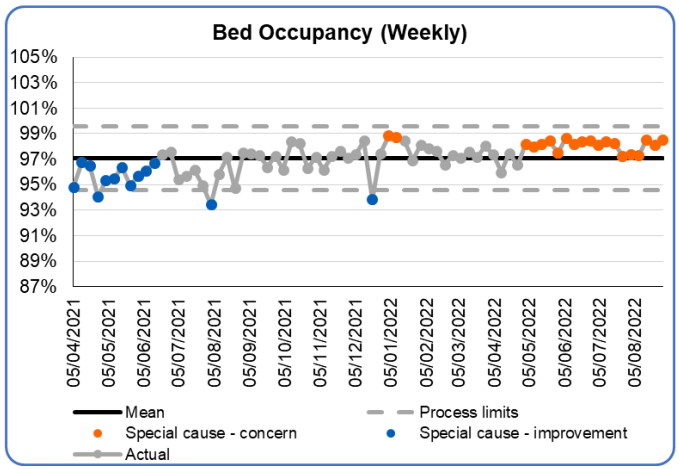
Urgent and Emergency Care

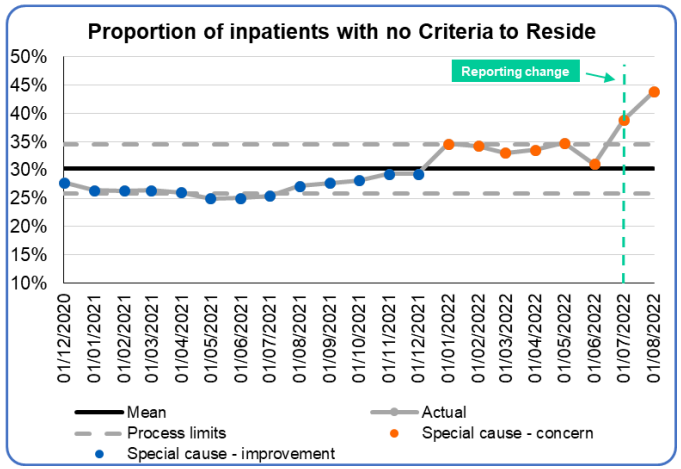












Please note due to data changes since the implementation of the new EPR CareFlow, the Trust is now using SWASFT data for reporting ambulance handovers as of July 2022. In addition, the increase in proportion of inpatients with no Criteria to Reside has resulted from the EPR change which provides improved data capture for these patients.

Urgent and Emergency Care

NHS North Bristol NHS Trust

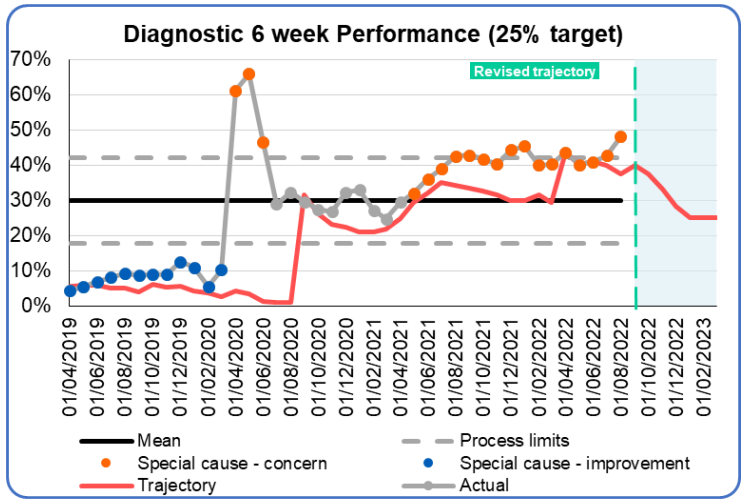
What are the main risks impacting performance?

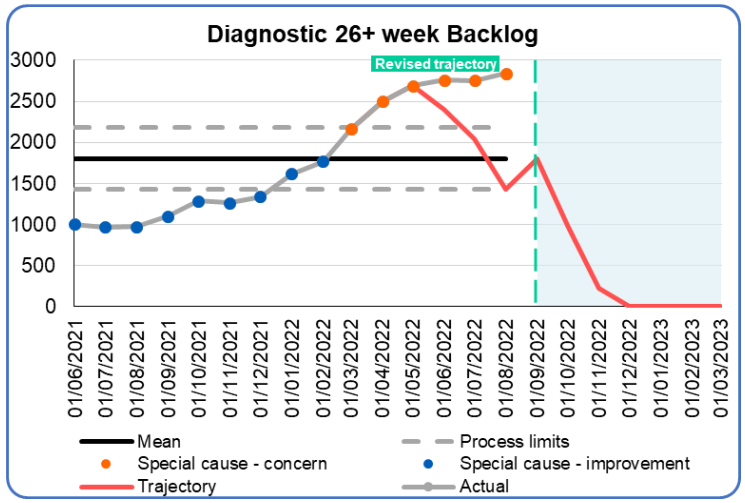
- Prolonged ambulance handover waits - driven by high bed occupancy.
- Patients with No Criteria to Reside are occupying a third of the hospital's bed capacity – no material improvement.
- Lack of community capacity and/or pathway delays fail to support bed occupancy requirements.
- Increases in COVID-19 Inpatients with a commensurate loss of beds due to IPC and staff sickness.
- The continued pressure of unfilled nursing shifts to safely manage escalation capacity in times of high bed demand.

What actions are being taken to improve?

- Ambulance handovers – significant drop in ambulance handover wait times driven by pre-emptive ED transfer. A clinically led process, which has received national recognition.
- The Trust is working closely with system partners to influence and support schemes which will reduce NC2R patient numbers including D2A. The new EPR system, CareFlow, launched in July 2022, has improved how C2R patients are recorded and captured. This offers improved monitoring at ward level and site level; providing better visibility of all patients which facilitates more focussed actions to discharge these patients.
- Ongoing implementation of the combined BNSSG Ambulance improvement plan including Acute, Community and SWASFT actions, which plans to save 2000 handover hours over 2022/23.
- Continued introduction of the UEC plan for NBT, this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- Contingency planning for winter bed capacity underway – sixth floor plan – updated through a separate board briefing.

Diagnostic Wait Times





What are the main risks impacting performance?

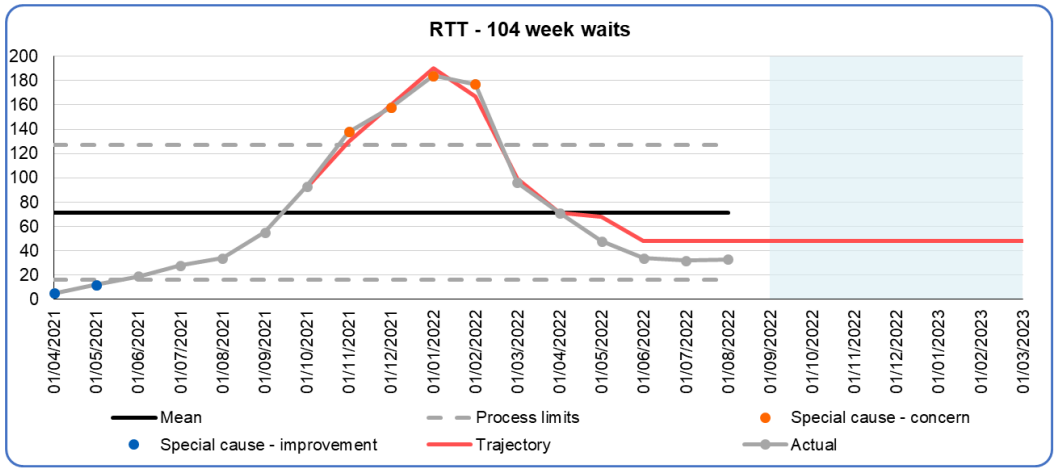
- Imaging equipment downtime.
- Staff absence.
- Reliant on independent sector.
- A series of 'deep dive' approaches to delivering in-year diagnostic commitments (25% waiting no longer than 6-weeks and zero 26ww breaches) has concluded that there are three rate limiting constraints which will need to be addressed to achieve compliance: recruitment to the additional radiology activity, increasing Endoscopy activity; and securing additional Echocardiology capacity. Mitigations have been developed and are expected to positively impact the overall position from October onwards.
- The Trust remains committed to achieving the national requirements in-year, within the context of these risks.

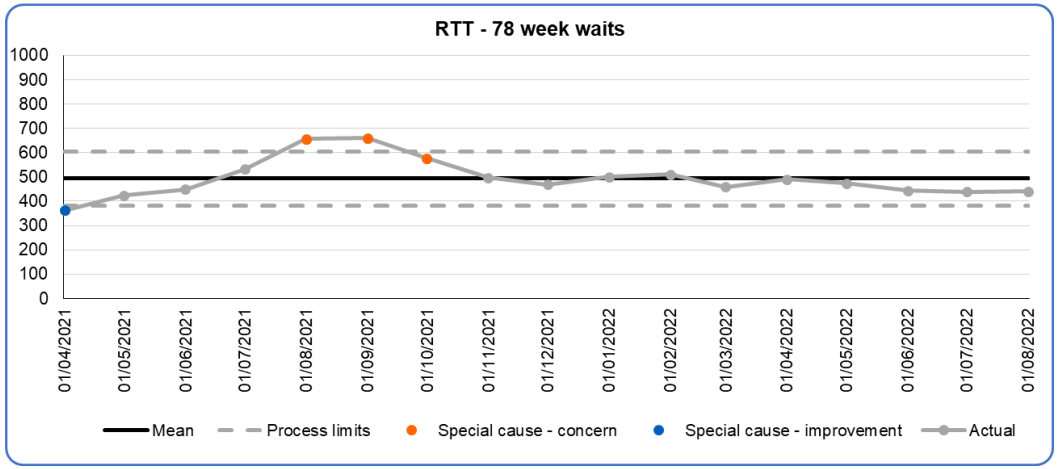
What actions are being taken to improve?

- Endoscopy – Utilising capacity from a range of insourcing and outsourcing providers, transfers to the IS, WLIs and employment of a Locum. Work is ongoing across the system to produce a shared PTL and to provide mutual aid to equalise wait times across organisations.
- Non-Obstetric Ultrasound – The Trust continues to utilise capacity from Medicare Sonographers. In addition, substantive staff are delivering WLIs and outsourcing continues to PPG.
- CT – Use of the demountable CT scanner based at Weston General Hospital has continued. WLIs are being delivered every weekend to support backlog reduction and outsourcing to Nuffield has commenced.
- MRI – The Trust continues use of IS capacity at Nuffield and is planning weekend WLIs at Cossham from September subject to recruitment.
- Echocardiography – Ongoing use of Xyla insourcing and agency capacity with plans to utilise additional agency capacity from September.

Please note due to configuration issues following implementation of the Trust's new EPR, four test types have been omitted for July and August 2022

Referral to Treatment (RTT)





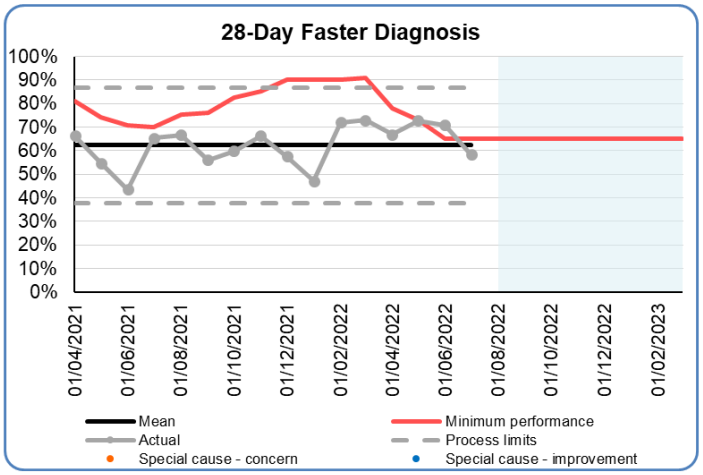
What are the main risks impacting performance?

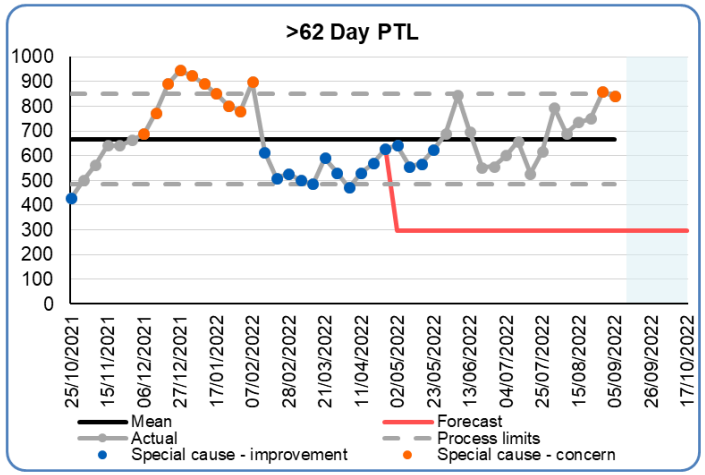
- Significant challenges to performance due to operating theatre staff absences (including COVID-19) and intense bed pressures including the rise in COVID-19 positive Inpatients.
- Impact of UEC activity on elective care.

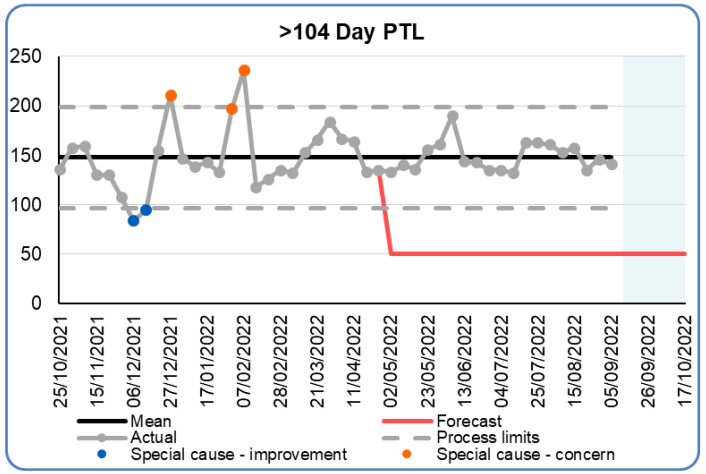
What actions are being taken to improve?

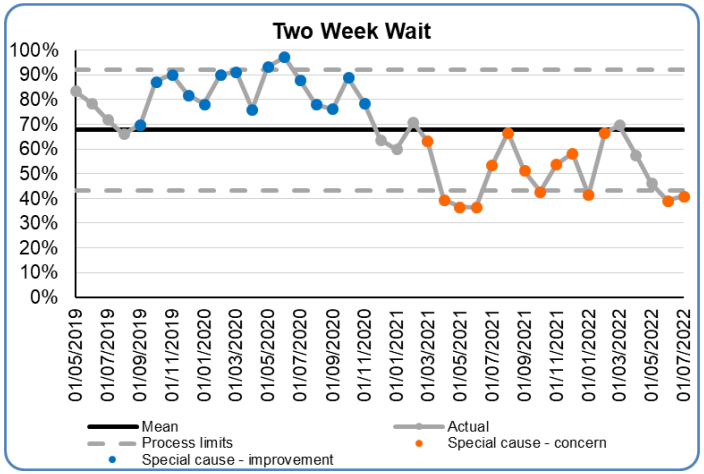
- Continued achievement of zero capacity related 104ww position - delivery teams have now been challenged to bring forward 104ww breach activity to one-month in advance of breach. Currently at 2-weeks in advance.
- Extensive planning by the Elective Recovery team has resulted in a revised 78ww capacity breach projection for NBT. As a result, the Trust has committed to a zero 78ww breach position at year-end.
- There is some risk within the revised offer including an assumption that the second Green ward will function continuously over winter, that the Brunel Building sixth floor UEC capacity plan will be delivered and that any potential COVID-19 impact can be mitigated in terms of bed capacity and staffing losses.
- Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred all suitable patients into available capacity across local IS Providers.
- The Trust is actively engaged with the Getting It Right First Time (GIRFT) programme of work and working with specialists in theatre utilisation improvements to ensure use of available capacity is maximised.

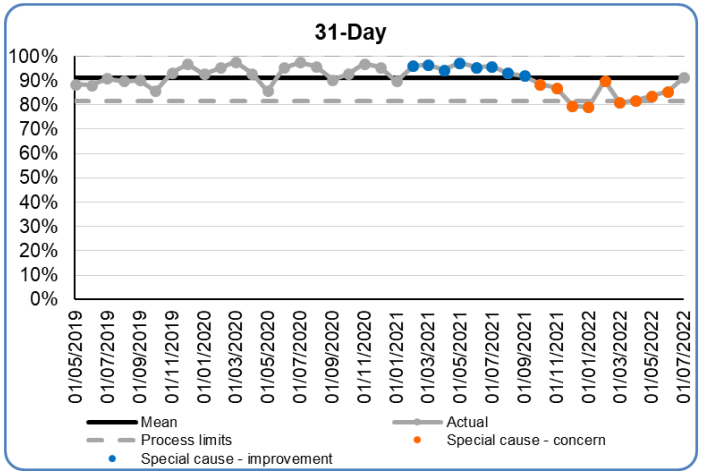
Cancer Performance

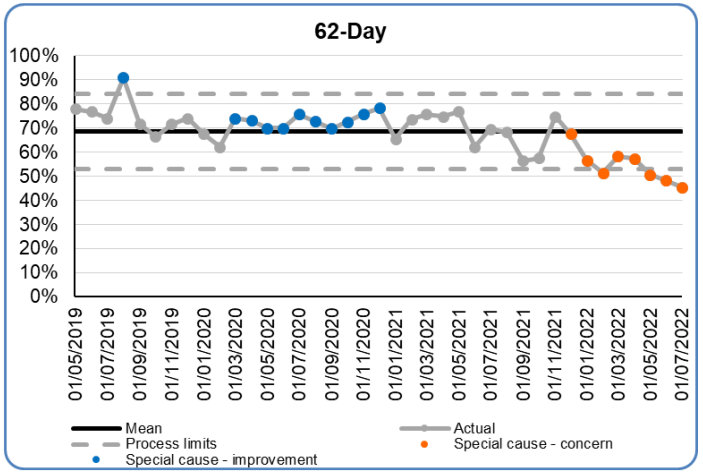












Cancer Performance

NHS North Bristol NHS Trust

What are the main risks impacting performance?

- Recruiting to and sustaining the Cancer Services Team.
- Time-lag to training new recruits.
- Increased referrals.
- Reliance on non-core capacity.
- Skills shortages.

What has improved?

- The Trust has delivered the Quarter 1 CQUIN requirement for 28-day FDS.
- Previously described bridging plans and longer-term recruitment plans for the Cancer Services Team are being enacted.
- Recent rises in the >62day PTL have been stabilised and >62-day breaches as a percentage of the overall PTL has reduced.
- Recognition from regional and national teams on improving trend in >62 Day PTL.

What further actions are being taken to improve?

- Close working with Regional Cancer Team in support of pathway and demand and capacity planning.
- Planning underway for Tumour Site specific pathway improvements.
- Focus remains on reducing the absolute >62-day Cancer PTL volume and the percentage of >62-day breaches as a proportion of the overall wait list.
- Teams continue to focus in 3 areas:
    - Tracking and where appropriate removing >62-day PTL patients;
    - Tracking and closing pre->62-day patients to avoid them from breaching; and
    - Improving uploading patients to the total waiting list to ensure the Trust's overall reported % is reflective of the true position.

Safety and Effectiveness

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

NBT - PQSM	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	TREND
Activity								
NICU admission rate at term	2.9%	4.5%	5.9%	4.3%	4.4%	6%	5%	
Perinatal Morbidity and Mortality inborn								
Total number of perinatal deaths	2	5	6	4	4	5	4	
Number of stillbirths 16 to 23+6 weeks excl. TOP	0	3	3	1	2	1	1	
Number of stillbirths (>=24 weeks excl. TOP)	1	0	1	1	1	1	1	
Number of neonatal deaths : 0-6 Days	1	0	2	2	1	1	1	
Number of neonatal deaths : 7-28 Days	0	2	0	0	0	2	1	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	0	0	1	0	0	1	2	
Maternal Morbidity and Mortality								
Number of maternal deaths (MBRRACE)	0	0	1	2	0	0	0	
Direct	0	0	0	1	0	0	0	
Indirect	0	0	1	1	0	0	0	
Number of women who received level 2 & 3 care	1	0	0	2	1	1	0	
Insight								
Number of datix incidents graded as moderate or above (total)	1	0	2	1	0	1	2	
Datix incident moderate harm (not SI, excludes HSIB)	0	0	1	1	0	1	0	
Datix incident SI (excludes HSIB)	1	0	1	0	0	0	0	
New HSIB SI referrals accepted	0	0	2	0	1	1	2	
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	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	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	1	1.3	0.7	DNA	DNA	2	3.2	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	1	1	0	0	0	0	0	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	1	1	1	1	0	0	0	
Minimum safe staffing in maternity services: Neonatal Consultants	2	1	1	1	1	1	1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)	1	0.5	0.5	0	0	0	0	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).	11%	13%	18%	12%	11%	14%	18%	
Vacancy rate for midwives	1.9%	3.5%	3.6%	6.8%	6.7%	8.1%	6.9%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)	40%	42%	40%	43%	40%	45%	51%	
Vacancy rate for NICU nurses	14	15	14	11	21	19	15	
Datix related to workforce (service provision/staffing)	7	9	1	3	2	9	9	
Consultant led MDT ward rounds on CDS (Day and Night)	68%	57%	DNA	DNA	66%	78%	68%	
One to one care in labour (as a percentage)	100%	99%	98%	100%	100%	99%	99%	
Compliance with supernumerary status for the labour ward coordinator	98%	96%	98%	97%	100%	100%	98%	
Number of times maternity unit attempted to divert or on divert	0	2	11	4	6	26	36	
in-utero transfers								
in-utero transfers accepted					*4*			
in-utero transfers declined					*0*			
ex-utero transfers						11		
ex-utero transfers accepted					*9*	9		–
ex-utero transfers declined						2		
situations	0	0	0	0	0	0	0	
Involvement								
Service User feedback: Number of Compliments (formal)	44	59	60	57	31	48	58	
Service User feedback: Number of Complaints (formal)	9	9	10	2	4	5	9	
Staff feedback from frontline champions and walk-abouts (number of themes)	4	4	4	4	4	4	3	
Improvement								
Progress in achievement of CNST /10	7	7	7	7	7	7	7	
Training compliance in maternity emergencies and multi-professional training (PROMPT)	33%	43%	42%	51%	62%	75%	79%	
Fetal Wellbeing and Surveillance	9%	18%	27%	48%	74%	87%	87%	
Trust Level Risks	2	5	5	6	6	5	5	

Maternity - Perinatal Quality Surveillance Monitoring (PQSM) Tool (July 2022 data)

NHS North Bristol NHS Trust

Executive Summary

The Perinatal Quality Surveillance Matrix (PQSM) report provides a platform for sharing perinatal safety intelligence monthly.

Term babies admitted to NICU are reviewed every quarter; themes have been identified and safety recommendations made. An action plan will be written in response to these and presented for sign off at the next Maternity Specialty Governance meeting. In July 2022, the rate of term babies admitted to NICU was 5% (6% in June 2022).

There were no incidents of maternity morbidity and mortality to report in July 2022. The monthly PMRT report is included in the appendices. There is regional pressure on the pathology services impacting on patient experience. The medical examiner service has now been extended to include all neonatal deaths. There were two HSIB referrals in July 2022, one following an early neonatal death and one following a diagnosis of HIE (hypoxic brain injury). Both families have consented for HSIB to conduct the investigations.

Midwifery recruitment continues to fill the current establishment. Following the finalisation of the recommendations of the Birthrate Plus report, a paper will be submitted to Board in October 2022 requesting that the increase to midwifery establishment is funded. A formal business case will also be submitted.

Two new consultant obstetricians were successfully appointed in August 2022, although short-term sickness results in reduced leadership time for all consultants. Although there are no rota gaps for the duty anaesthetist, the Trustwide shortage of anaesthetists which impacts on some anaesthetic services with Maternity. NICU medical and nursing staffing is improving, with QIS compliance now 51% (40% in May 2022).

Themes have been identified from staff and service user feedback, and improvement work is ongoing to address these with input from other areas of the Trust and external stakeholders (eg Maternity Voices Partnership) as needed.

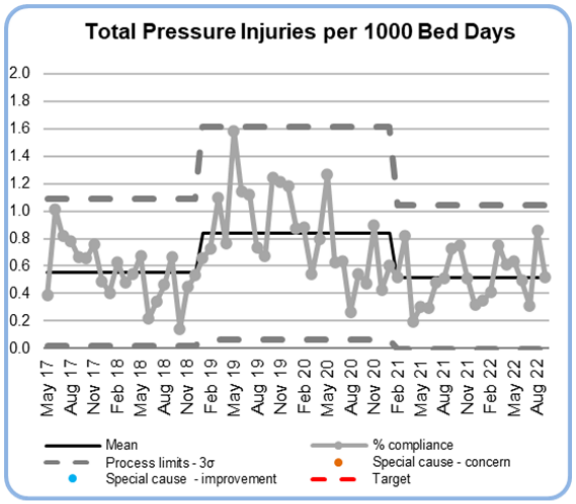
Within the Maternity Incentive Scheme, there are areas of concern with three of the ten safety actions. Mandatory training compliance (Safety Action 8) has significantly improved, and the extension of the reporting period for this safety action mean the expected trajectory of 86% is above the required threshold. Due to the timeframe required to undertake the required improvement work, it is not anticipated that Safety Action 6 will be achieved.

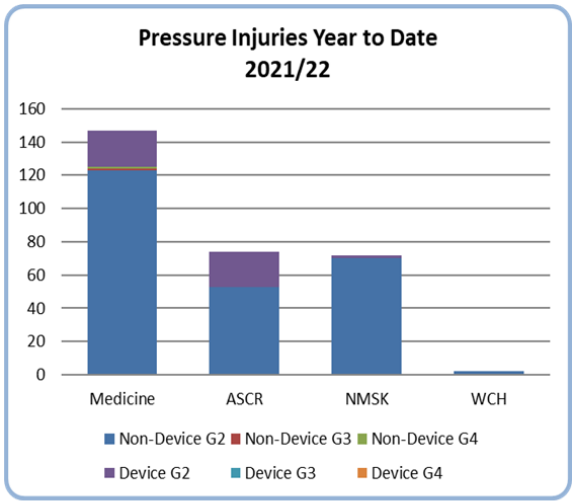
Areas of excellence include the upcoming launches of the Positive Incident Management System, Maternity Medicine Network Lead for the Southwest Region, and Personalised Care and Support Plans (all expected in September 2022).

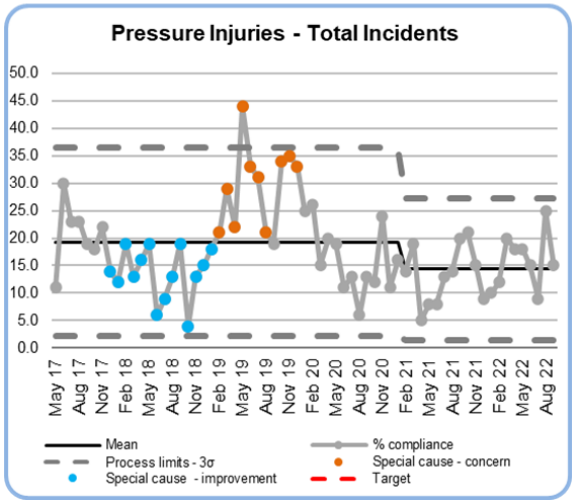
There are 5 Trust Level Risks:

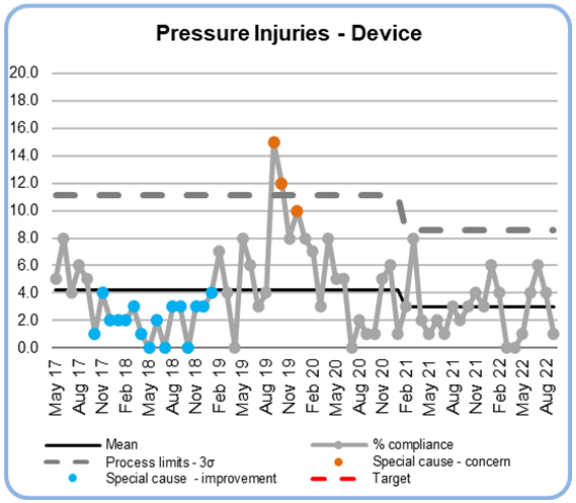
1) Risk 1150 *re fetal anomaly screening programme*: Pat. Experience Extreme Risk 20 (Major x Almost Certain)
2) Risk 1334 *re midwifery workforce*: Workforce Extreme Risk 20 (Major x Almost Certain)
3) Risk 1191 *re antenatal clinic service capacity*: Performance Extreme Risk 16 (Major x Likely)
4) Risk 1211 *re IT connectivity in the community*: IM&T Extreme Risk 16 (Major x Likely)
5) Risk 1195 *re ventilation systems in CDS*: Statutory Duty/Compliance Extreme Risk 15 (Mod. x Almost Certain)

Strategic Theme/Corporate Objective Links	Be one of the safest trusts in the UK Build effective teams empowered to lead Treat patients as partners in their care This report supports the Corporate Objectives: • 'Reduce measurable harm', 'Achieve a CQC rating of 'Good'









Pressure Injuries

What does the data tell us?

In August, there was a significant decrease in the number of Grade 2 pressure injuries, and a decrease in medical device related injuries.

15 Grade 2 pressure injuries were reported of which 1 related to a medical devices. 12 to the sacrum/buttock, 2 to heel, 1 to the ankle and 1 to the calf attributable to a TED stocking medical device.

The number of DTI injuries was remained static at 19. 14 x heels – two of which was attributable to a POP medical device, 4 to buttocks/sacrum and 1 to the left foot which was attributable to POP medical device.

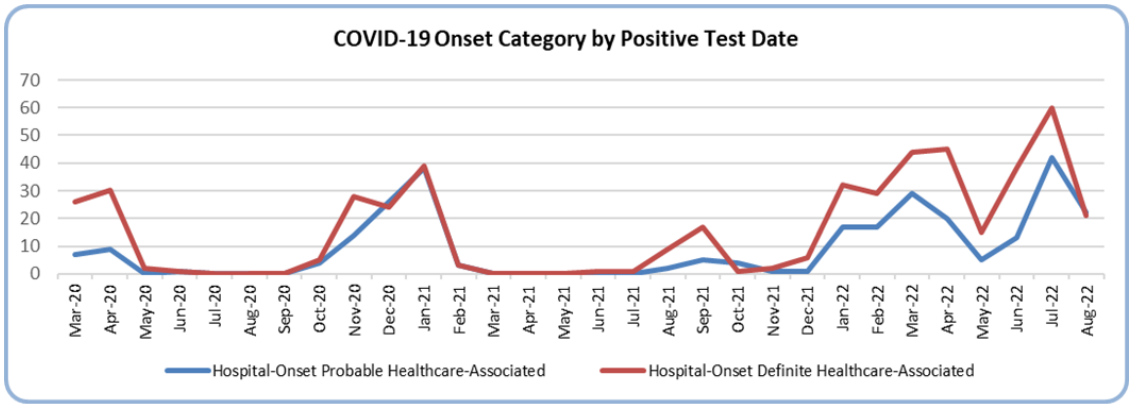
There were 0 Grade 3 or 4 pressure injuries reported in August. There was 1 unstageable pressure injury report to the sacrum attributable to 26b.

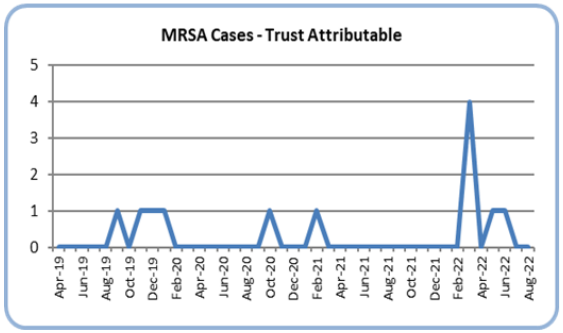
The Trust ambition for 2022/23 has yet to be confirmed for pressure injuries.

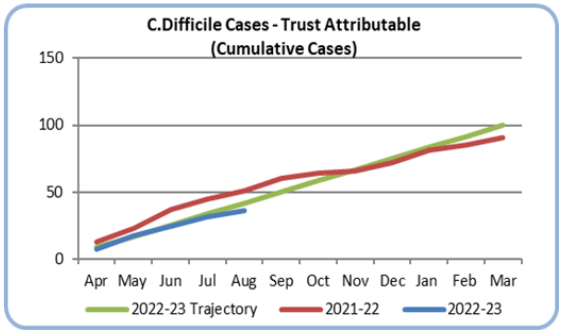
What actions are being taken to improve?

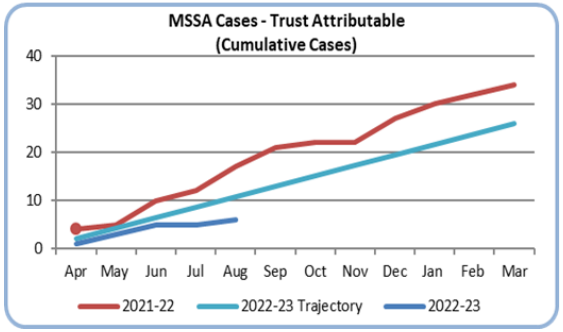
The Tissue Viability (TV) team continue to audit and use analysis to identify areas to provide targeted support and engagement.

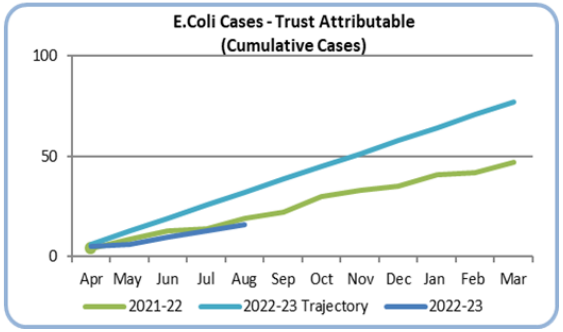
TV team hosted two study days in August. The HCA Education Day focussed on the SSKIN bundle with a comprehensive breakdown and management of SSKIN and pressure injury preventative measures. The Tissue Viability Education Day is aimed primarily at nurses and is supported by Essity on a session around wound assessment. TVS provided an overview on available dressings, mode of action, the NBT dressing selection framework and a discussion around complex wound care. TVS have promoted and facilitated the 'Frailty Pathway' on ward 32a and have worked collaboratively with CES, the ward, fire officers and porters to do a test of change. Due to the high risk of pressure injury damage to the cohort of patients on the ward, all will be nursed on a hybrid dynamic mattress unless screened to a lower risk level and mattress.











Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)

COVID levels showed a reduction but NBT continued to retain controls around mask wearing in clinical areas, with regular review of epidemiological data to support this. Outbreaks have reduced in number, with control measures through risk assessments and daily review in place to facilitate re-opening of beds where possible to assist with operational pressure.

MRSA – No Further cases noted in July.

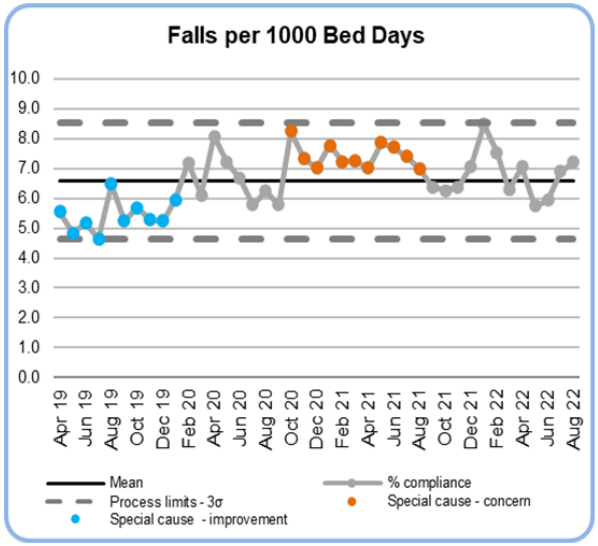
C. Difficile - NBT holds a below trajectory position, the key will now be to maintain this and continue the improvement strategy and educational workstream.

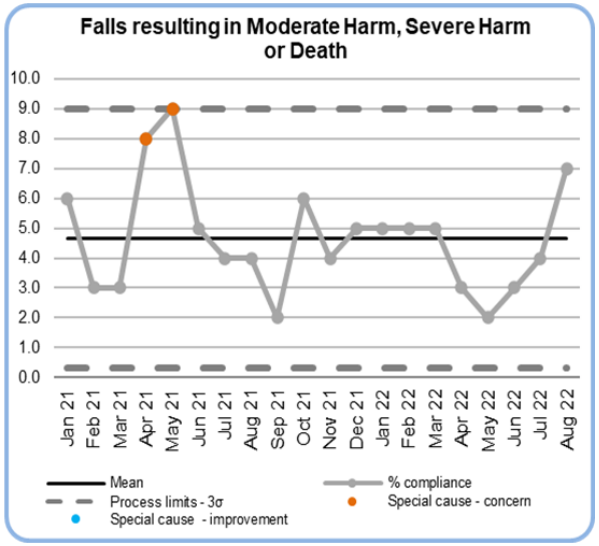
MSSA - Cases for this year have so far been below trajectory, but a slight increase in August cases

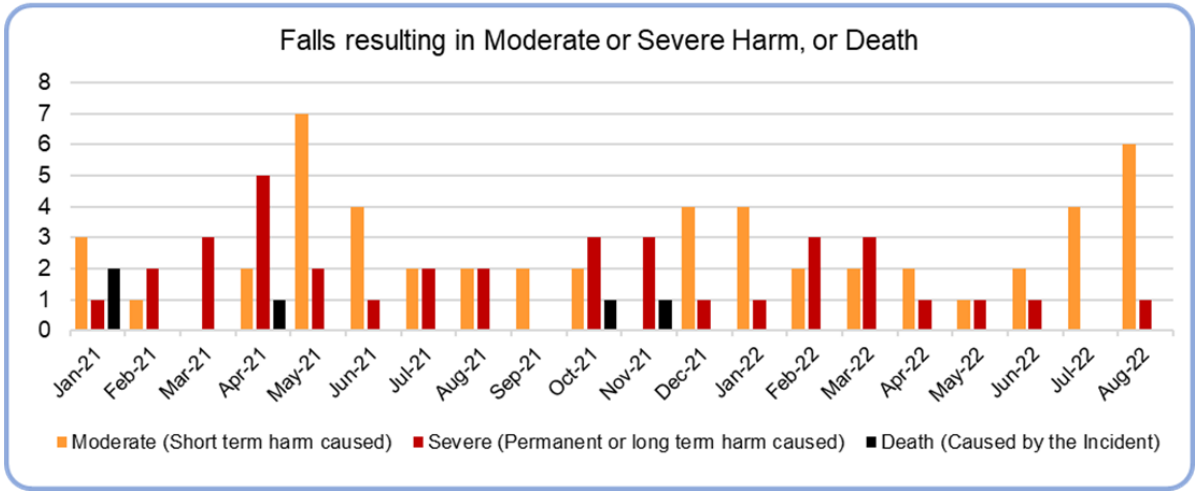
Gram –ve - At the moment we can report a position below trajectory

What actions are being taken to improve?

- Targeted work in divisions continues particularly in admission areas , specifically looking at C Diff and MRSA, IPC remains involved in shared learning platforms with the ICB and regional work targeting C Diff
- Activity for World Sepsis Day (September) and International Infection Prevention week (October) will include key themes and targeted learning
- COVID support continues across the trust with safe management of outbreaks, risk assessments continually in place managing risk vs trust's on going operational pressures.
- Trial in place in EEU (extended to Gate 28b) of Air scrubbers to attempt to reduce nosocomial spread and increase ventilation, with some initial good results.







Falls

What does the data tell us?

Falls incidents per 1000 bed days

During August 2022, NBT had a rate of 7.2 falls incidents per 1000 bed days. This figure is an increase month on month, and from the mean rate for NBT falls (including prior COVID-19 pandemic) which is 6.8 falls per 1000 bed days. Review of the variance in falls suggests that it may be attributed to unprecedented operational and staffing pressures linked to the pandemic - where the falls rate has seen an increase.

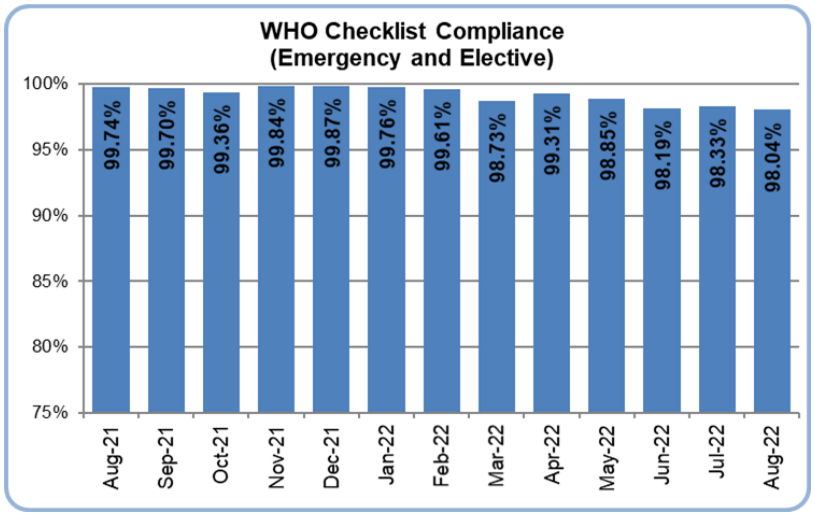
Falls harm rates

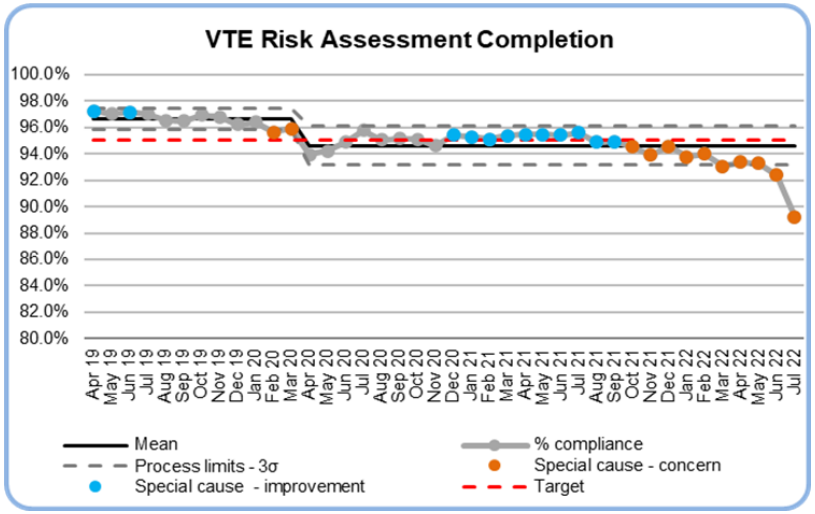
During August 2022, 6 falls were recorded and validated as causing moderate harm, 1 recorded and validated as causing severe harm. Moderate and severe harm falls were above the mean rate in August 2022. Falls remain one of the top 3 reported patient safety incidents, therefore there is confidence that the practice of appropriately and safely responding to falls is well embedded at NBT. It is a positive that zero falls resulting in death have been recorded since November 2021.

What actions are being taken to improve?

The Falls Academy was formed in September 2020 overseeing falls improvement at NBT. This monitors themes and trends through incident reporting, thematic analysis and review of completed audits through the National Audit for Inpatient Falls. The Academy is reviewing the falls prevention policy, training and electronic patient records falls risk assessments.

A continuous improvement project is in progress to implement a robust falls care plan and risk assessment tool across NBT. Additionally, the Falls Academy has a continuous education programme linked to themes identified through thematic analysis, emergent risk and national guidance.





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 98.05%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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

VTE Risk Assessment

What does the data tell us?

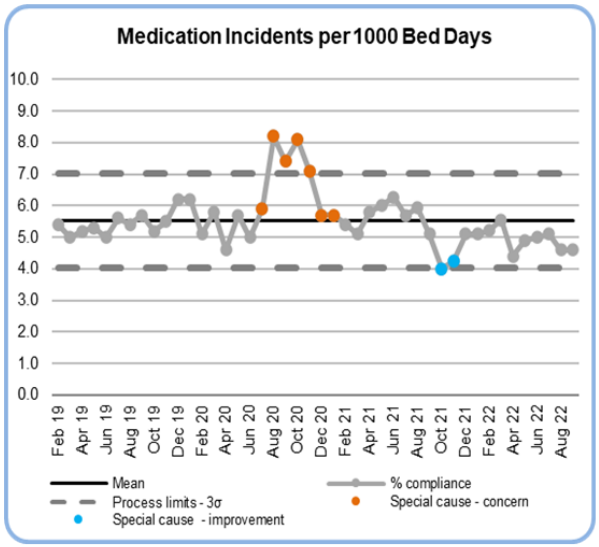
In June, the rate of VTE Risk Assessments performed on admission was reported as 93.72%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. The Trust change-over to a new Electronic Patient Record system (CareFlow) has contributed to the significant decline in performance seen, with access and training issues, along with data processing delays.

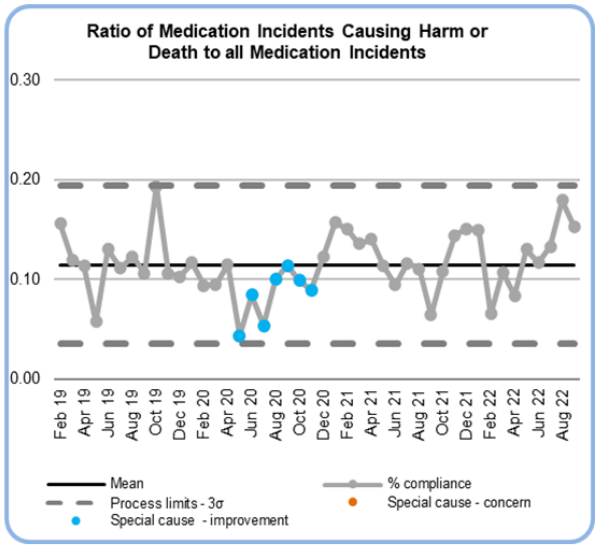
What actions are being taken to improve?

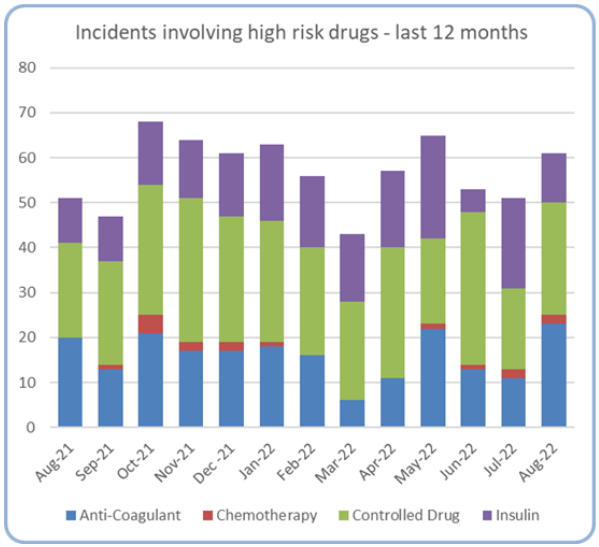
- CareFlow targeted training for medical staff is being explored by the VTE team, along with ensuring all clinical staff have access for checking VTE risk assessment completion
- Data processing issues are being investigated and expected to have been corrected for reporting in September

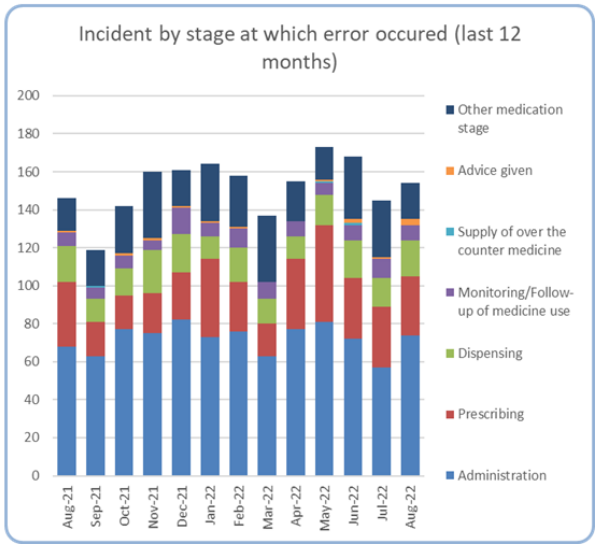
Performance also reflects the impact of ongoing operational challenges on education, training and related data capture to support compliance in this area. A manual audit of documentation completion is in progress and has confirms that actual completion of VTE risk assessment in those areas reviewed is better than reflected by the data but still requires improvement.

Leadership responsibilities have been determined medically and within Pharmacy for the improvement work required and this is commencing.









Medicines Management Report

What does the data tell us?

Medication Incidents per 1000 bed days
During August 2022, NBT had a rate of 4.6 medication incidents per 1000 bed days. This is slightly below the 6 month average for this figure.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents
During August 2022, c.15.3% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.153). This is slightly above average seen over the last 6 months but is dropped from the peak seen last month.

High Risk Medicines
During August 2022, c.39% of all medication incidents involved a high risk medicine a figure comparable with data for the last 6 months. The number of incidents involving Controlled Drugs –has reduced from the high seen in in June to a level in keeping with the results for the year to date.

Incidents by Stage

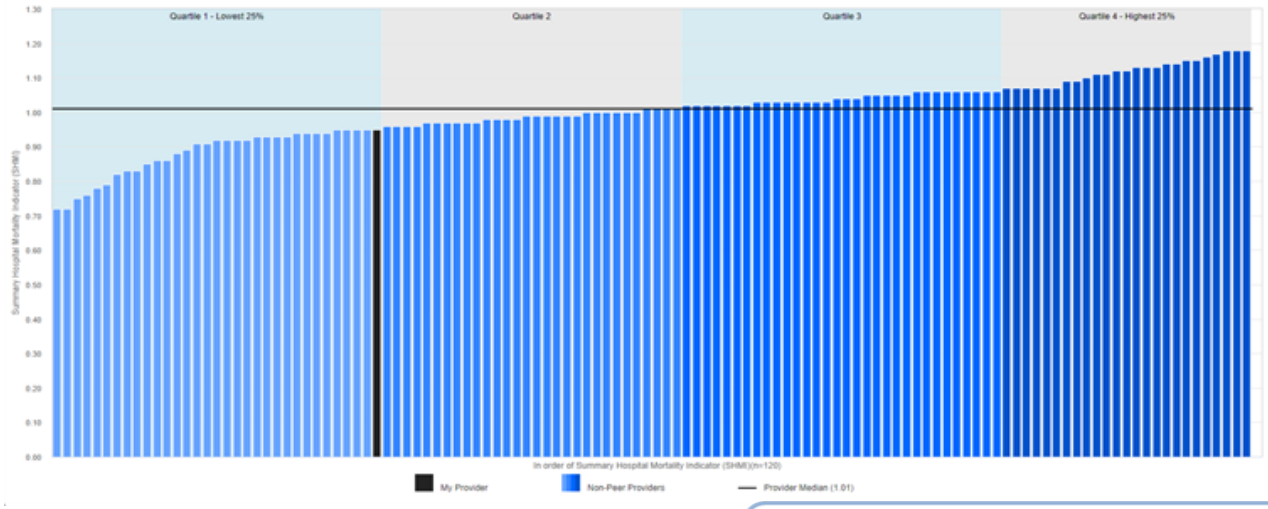
In keeping with the picture seen over the last 6 months most incidents are reported to occur during the 'administration' stage. We have however been looking into the coding of incidents and this work has identified that in some cases nurses designate incidents as 'administration errors' even when the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

What actions are being taken to improve?

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

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

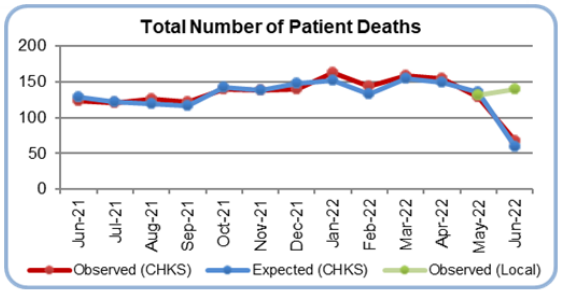
Summary Hospital Mortality Indicator (SHMI), National Distribution

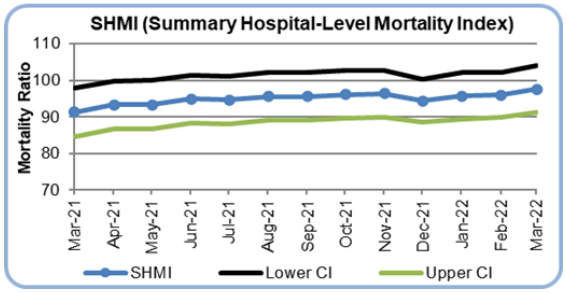


July 21 – June 22	Completed	Required	% Complete
Screened & excluded	192		
High priority cases	262		
Other cases reviewed	1509		
Total reviewed cases	1963	2073	95%

Overall Score	1 (very poor)	2	3	4	5 (excellent)
Care received	0%	4%	26.2%	36.7%	33.1%

Date of Death	July 21 – June 22
Screened & excluded	1817
High priority cases	157





Mortality Outcome Data

What does the data tell us?

Mortality Outcome Data
NBT remains in the lowest quartile for SHMI at 0.95 when compared to the national distribution indicating a lower mortality rate than most other Trusts. Even though this has been rising throughout 2021 and into 2022 NBT is still presenting well below the national median.

Mortality Review Completion
The current data captures completed reviews from July 21 – June 22. In this time period 95% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system.

Of all "High Priority" cases, 85% completed Mortality Case Reviews (MCR), including 24 of the 26 deceased patients with Learning Disability and 18 of the 25 patients with Serious Mental Illness. The recent drop in completion rate is due to the requirement of all cases of probable and definite hospital associated COVID to be reviewed. These include historic cases that were not previously classified as 'high priority'.

Mortality Review Outcomes
The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96% (score 3-5). There have been 10 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which undergo a learning review through divisional governance processes.

What actions are being taken to improve?

Conversations are being had with divisions and some specialties to understand how to improve the completion rate especially on high priority cases.
A CPD session being held collaboratively with UHBW will take place at the end of the month, all reviewers have been encouraged to attend.

COVID-19 Weekly Scorecard

Current COVID Status: Level 2

Input date: 12/09/22

Metric	25/07/2022	01/08/2022	08/08/2022	15/08/2022	22/08/2022	29/08/2022	05/09/2022	12/09/2022	Trend
New patients last 24 hours – admitted	3	2	1	2	1	1	2	1	
New Patients Diagnosed in last 24 hours	**3**	**4**	**4**	**4**	**1**	**1**	**2**	**1**	
Of these, in-patients diagnosed <48 hours after admission (Community Acquired)	2	2	2	2	0	0	2	1	
Of these, in-patients diagnosed 3-7 days after admission (Indeterminate)	1	1	1	0	0	0	0	0	
Of these, in-patients diagnosed 8-14 days after admission (Hospital Acquired)	1	1	1	1	1	1	0	0	
Of these, in-patients diagnosed 15+ days after admission (Hospital Acquired)	1	1	0	1	0	0	0	0	
Number of confirmed patients admitted from care or nursing home	0	0	0	0	0	0	0	0	
Blue discharges in past 24 hours	7	6	3	4	3	2	3	2	
Number of COVID positive patients as at 08:00	**51**	**30**	**30**	**39**	**32**	**28**	**14**	**13**	
Of these, patients admitted for primary COVID	40	20	24	28	21	18	12	10	
Of these, patients admitted with incidental COVID	11	10	6	10	10	10	2	3	
COVID positive patients in ICU	1	2	1	0	0	0	0	1	
COVID positive patients outside of ICU	50	28	29	39	32	28	14	12	
Query patients	0	0	0	0	0	0	0	0	
Closed and empty beds due to IPC	9	2	5	2	5	1	0	0	
NIV COVID	0	0	0	0	0	0	0	0	
Deaths	1	0	0	0	1	0	0	0	
Pathology lab positivity rate – rolling 7 day mean	0	0	0	0	4	0	0	0	
Patient Total positivity - detected - number	3	3	4	2	4	1	2	1	
Patient Total positivity - detected - %	0	0	0	0	0	0	0	0	

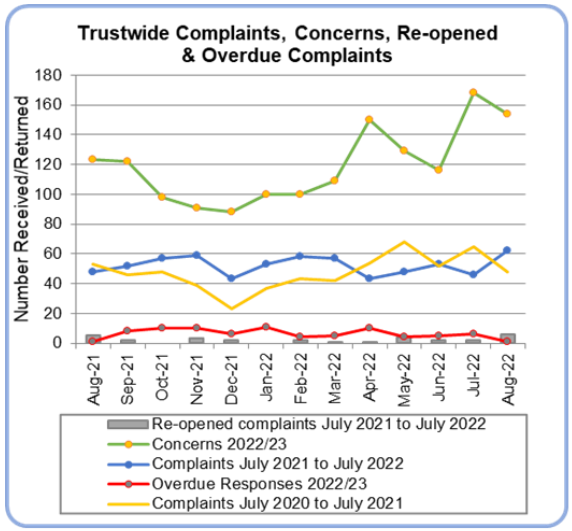
Metric	18/07/2022	25/07/2022	01/08/2022	08/08/2022	15/08/2022	22/08/2022	29/08/2022	05/09/2022	Trend
Bristol cases per 100,000 – 7 days	127	80	54	46	39	34	25	24	
South Gloucestershire cases per 100,000 – 7 days	206	130	88	75	63	56	40	40	
North Somerset cases per 100,000 – 7 days	127	80	54	46	39	34	25	24	

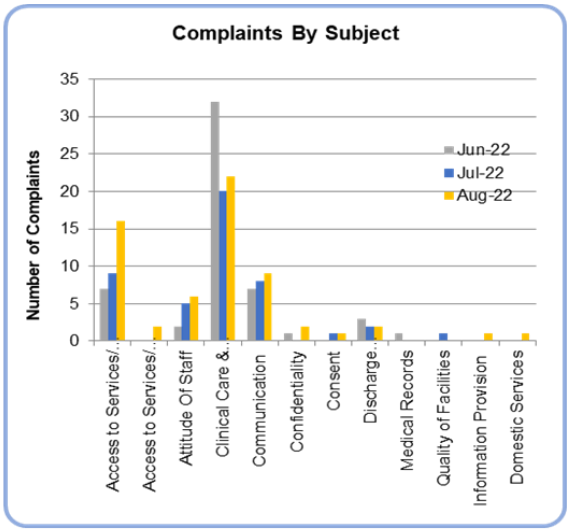
Key:

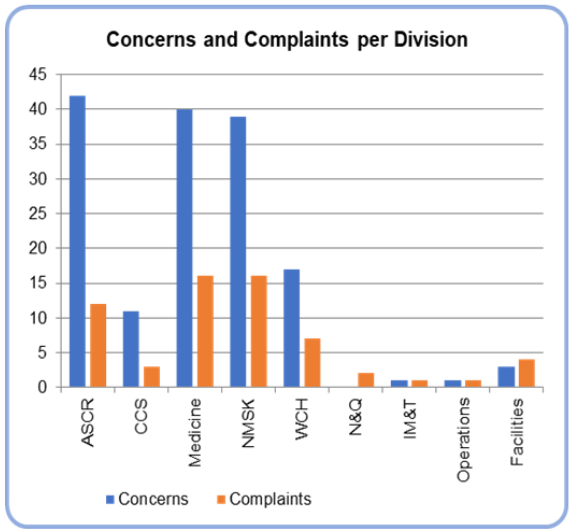
- Decrease from previous day
- Increase from previous day
- Step down to 10 days

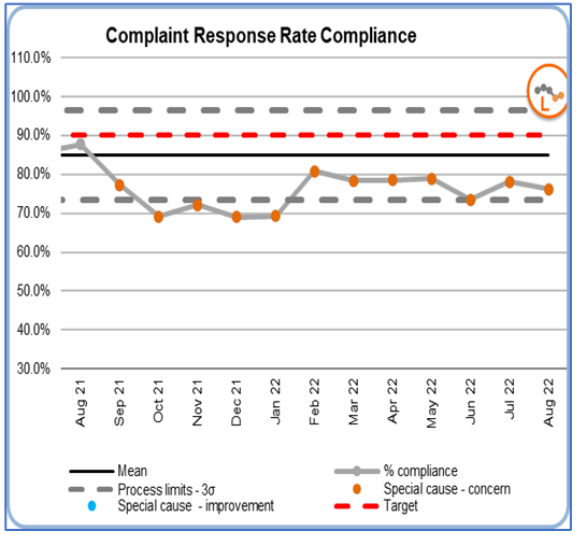
Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams









Complaints and Concerns

What does the data tell us?

In August 2022, the Trust received 62 formal complaints this is,16 more than the previous month and 14 more than the same period last year. The most common subject for complaints is 'Clinical Care and Treatment' followed by 'Access to Services-Clinical'. There were 6 re-opened complaints in August, 3 for NMSK and 3 for Medicine. This is the highest number of returned complaints for over 12 months. This will be monitored closely to understand whether this is random or indicative of an issue with the quality of investigations and responses.

The 62 formal complaints can be broken down by division: (the previous month's total is shown in brackets)

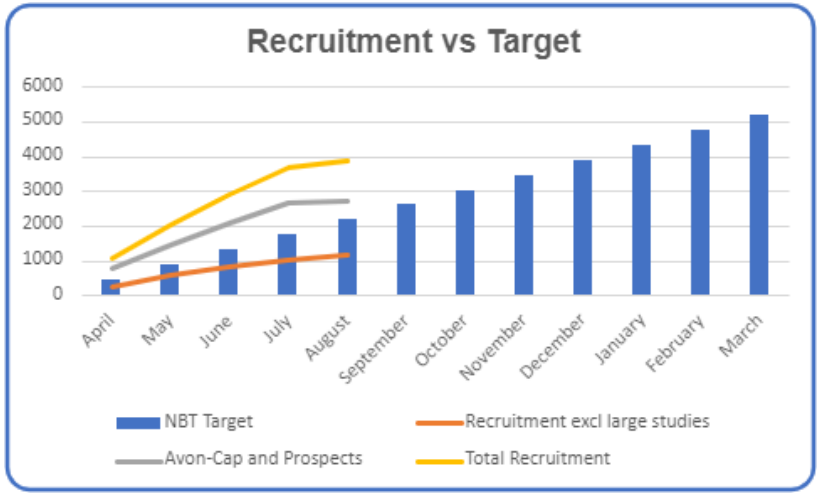
ASCR	12 (12)	CCS	3 (2)	Facilities	4 (0)
Medicine	16 (16)	NMSK	16 (5)	WCH	7 (10)
Nursing & Quality	2 (1)	IM&T	1 (0)	Operations	1 (0)

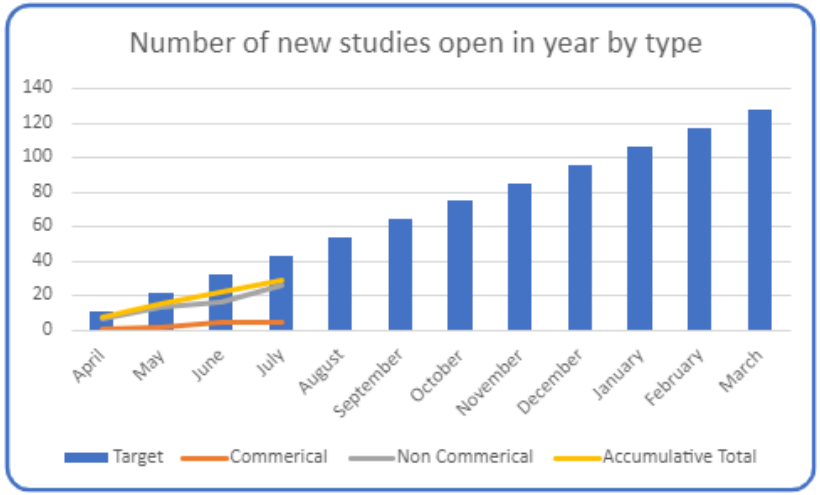
The number of PALS concerns received by the Trust remains high at 154. The number of enquiries increased to 106 for August.

The response rate compliance for complaints fell slightly to 76.3% from 78.2%. The number of overdue complaints fell to 1 in August from 6 in July. The overdue complaint is in ASCR.

What actions are being taken to improve?

- Ongoing weekly validation/review of overdue complaints by the Patient Experience Manager and/or Complaints Manager.
- Weekly meetings with Medicine, ASCR, and NMSK Patient Experience Teams.
- Recovery plans and a trajectory for improvement have been extended in ASCR and Medicine. Both have achieved their targets throughout the improvement monitoring period and taken positive steps forwards however this has not been sustained across the whole period.
- Discussion with NMSK about whether additional support is required with regards to falling response rate compliance and increase in re-opened complaints.





Research and Innovation

What does the data tell us?

Our Research activity
In this financial year we will strive to offer as many research opportunities to our NBT patients and local communities as we can whilst continuing to provide the patients with a positive research experience and high quality care as evidenced through our patient research experience survey results.

We will aim to recruit 5200 participants to our research studies; this reflects our baseline pre COVID ambitions. At present 3881 participants have consented to our research. This exceeds our current YTD target (179%) however is reflective of 2 large studies we are involved in (AVONCAP and PROSPECTS). We are monitoring our activity with and without these studies- which is shown in graph 1.

The NBT portfolio of research remains strong; we have 195 studies open to new participants and have set up and opened 29 new studies since April (Graph 2), these are predominantly non commercial studies. We are keen to work with more commercial partners as we move through the year.

NBT continues to support the national efforts to develop effective vaccines and treatments in the management of current and future COVID variants and have established a core team to support these activities

In an attempt to capture some baseline data on the diversity of people who take part in research at NBT we have asked our teams to capture participant ethnicity and date of birth for people entering our studies since April 2022. We have made real progress and we are pleased to say that we are capturing 98% of DOB and 47% of Ethnicity data.

Our grants
NBT currently holds 75 externally funded research grants, to a total value of £35m. This includes 37 prestigious NIHR grants totalling £33m, the most recent awards are for: **Dr Lyn Jones**, NIHR EME (£1.3m) to determine whether FAST MRI can detect breast cancers missed by screening mammography, **Dr Elsa Marques**, NIHR PGAR (£2.9m) to undertake a programme of work to evaluate hip implant prosthesis for patients younger than 69. **Dr Rebecca Kearney**, NIHR HTA (£2.1m) to investigate increased mobility in hospital after hip fracture.

In addition, NBT is a partner on 59 externally-led research grants, to a total value of £10.2m to NBT.

The Southmead Hospital Charity very kindly funds two SHC Research Fund calls per annum, run by R&I. The **SHC Research Fund** welcomes research applications from all NBT staff members to undertake a small pump-priming research project (up to a maximum of £20k) in any subject area. We are pleased to announce that we are now welcoming applications to the Round 14 call, and are keen to support anyone across the Trust who is interested in applying, especially staff who are new to research/novice researchers.

We are very pleased to have received a massive 29 nominations in NBT's annual staff awards across our workforce, which is a great way to recognise the contribution of our teams, we look forward to hearing the finalists in due course.

INVESTORS IN PEOPLE | Silver

Well Led

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

Well Led Introduction

Vacancies
Trust vacancy factor decreased from 8.66% in July to 8.57% in August with current vacancies at 751.8 wte. Medical and dental saw the saw the largest decreases in vacancy rates following the August junior doctor rotation. Registered nursing and midwifery saw a net loss of staff and an increase in vacancies of 29 wte.

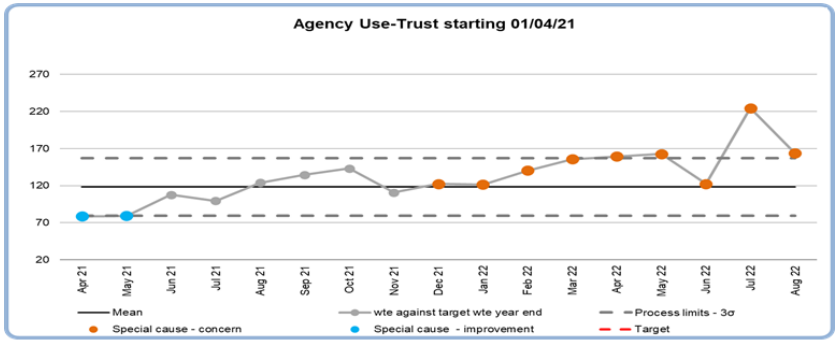
Turnover
NBT's Rolling 12-month staff turnover decreased from 17.57% in July to 17.04% in August. Additional Clinical Services (24.17% to 22.78%) and Estates and Ancillary (15.66% to 14.51%) saw the largest decreases in turnover from July to August. The reduction in Additional Clinical Services relates to an increase in staff in post due to high numbers of HCA starers and thus staff in post following BNSSG recruitment event.

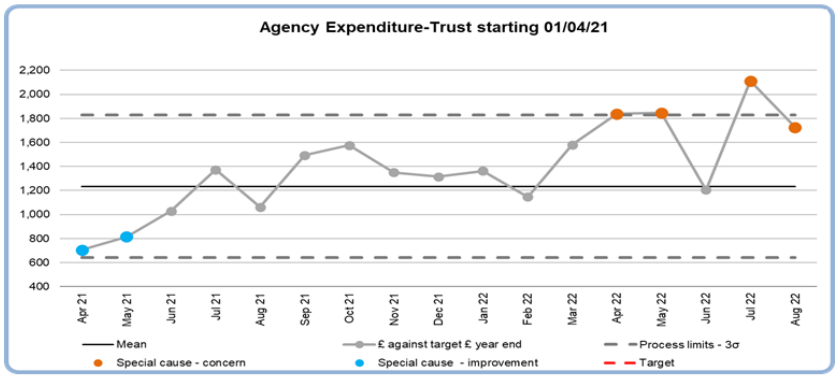
Prioritise the wellbeing of our staff
Rolling 12month sickness absence increased from 5.44% in July to 5.48% in August. Infectious diseases (which includes COVID-19) saw a significant decrease of 3690.68 fte days lost (-65.81%).

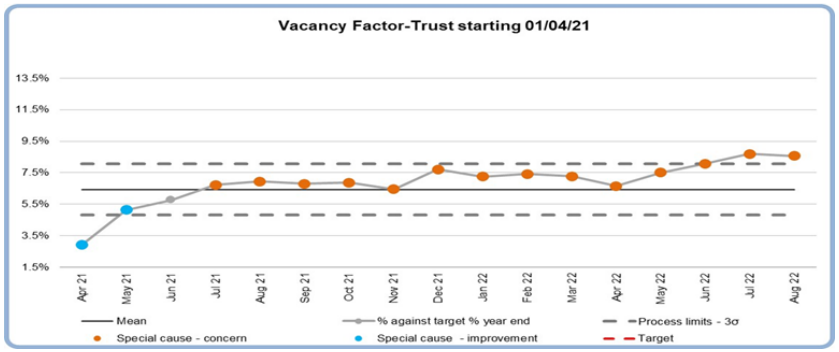
Continue to reduce reliance on agency and temporary staffing
Temporary staffing demand increased by 0.28% (3.13 wte) from July to August, however bank hours worked increased at a higher rate +3.62% (22.75wte), while agency use decreased, -2.31% (-3.55 wte), unregistered nursing and midwifery and allied health professionals saw the largest increase in bank use (+7.27% and +11.86% respectively). As a result of the increased bank hours worked, unfilled shifts decreased by -4.91% (-16.08wte), this was predominantly seen in registered nursing & midwifery and medical & dental staff. Total agency RMN use decreased, -5.71%% (-4.04 wte), with tier 4 RMN use decreasing by 7.69wte (59.13%).

Theme	Action	Owner	By When
Turnover	Analysis of ESR and exit survey data has identified trends for reasons for leaving. Undertaking further analysis to identiifywhich groups/areas are most affected, to ensure efforts and follow-up actions are appropriately targeted. Trust-level actions including development of agile working principles and policy; review of relocation and expenses policy; and access to career coaching being developed.	Head of People	Oct-22

Workforce







What Does the Data Tell Us – Vacancies Nursing and Midwifery

Unregistered Nursing

We have continued a program of recruitment for unregistered nursing roles in August despite the large numbers still going through checks from the Mass recruitment event. We offered 11wte Band 2 roles and 23wte Band 3 Support worker roles this month.

Vacancies in unregistered nursing dropped in August. Band 2 Vacancies are now at 84.4wte (down from 103.9wte) and Band 3 vacancies are currently 58.4wte (Down from 62.9wte) We welcomed 29.73wte new Band 2 starters this month, predominately from the Mass Event recruitment. Band 3 starters were 8.04wte for the month.

Registered Nursing

Applications to the Trust continue through August despite many taking annual leave. We offered 24wte new Band 5 roles this month to candidates interviewed.

We welcomed 8.99wte new starters in August. Our leavers were 14.36wte - much lower than the previous month

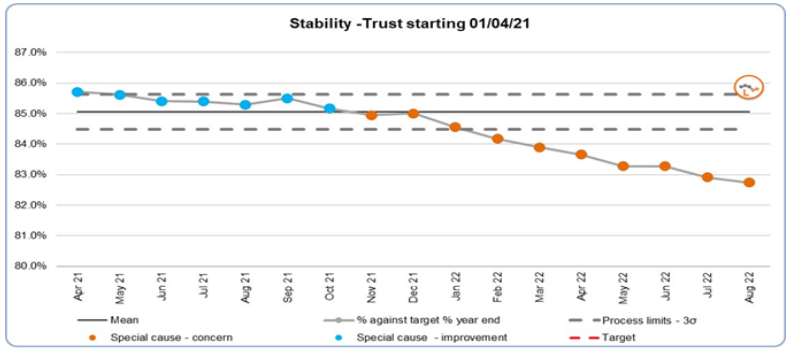
Job fairs and open days were paused in August due to many hiring managers taking Annual Leave. Talent Acquisition have a full programme of events for nursing candidates resuming in September 22.

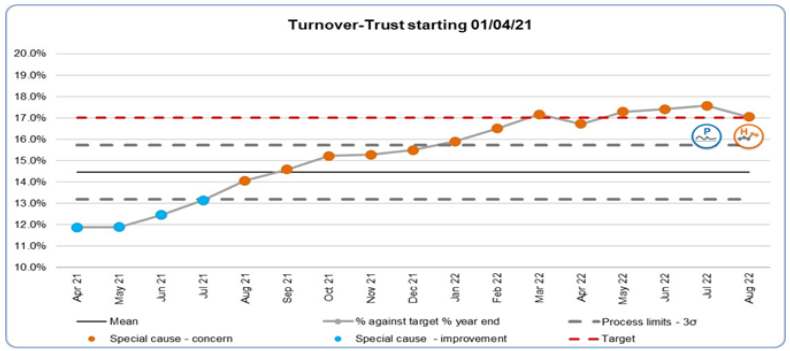
9 International Nurses arrived in August to start their OSCE training with NBT.

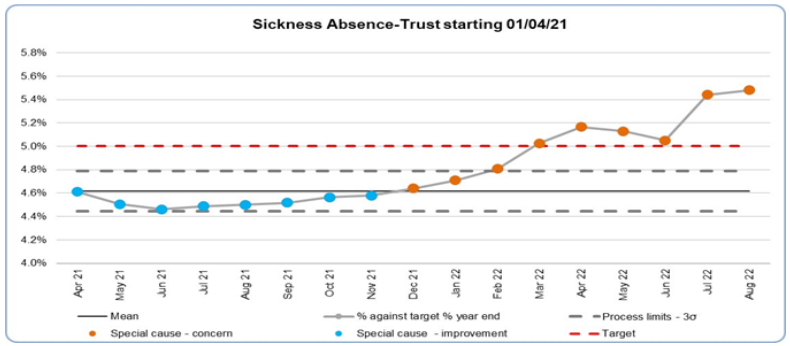
Temporary Staffing

- Demand stabilised from the previous month which combined with a small increase in Bank supply and Tier 1 agency fulfilment, resulted in a halving of our Tier 4 usage and spend from the previous month.
- Continuation of the updated Bank recruitment campaign for all staff groups using via social media

Engagement and Wellbeing







What Does the Data Tell Us - Turnover and Stability
There has been a slight decrease in turnover (July to August 2022) although rolling year turnover remains high

Actions delivered: (Associate Director of People)

- Focussed and targeted promotion of 'Itchy Feet' via Trust-wide Comms and People Team attending Well-being events to promote Itchy Feet process and support
- Proposal developed on NBT approach's approach to Agile Working (including promotion and new guidance/toolkit); proposal going to Executive Team on 28.9.22

Actions in Progress:

- Promote protected time and prize inventive for staff to complete the Exit Questionnaire- **over next 6 months**
- Further development of career coaching for all staff, with an initial focus on N&M, AHPs and admin staff in response to leaver's data which cites reasons for leaving linked to promotion and career progression **(August – October 22)**
- Development of 'Legacy mentoring' at NBT, aiming to utilise the extensive knowledge, skills and experience of older staff who are winding down/planning retirement, to support newer, less experienced staff members **(August – October 2022)**
- Commencing the 'settling in discussions' pilot when new cohort of HCSW start in post **(August – October)**
- Piloting putting Exit Survey on TEAMS **(Sept - October)**

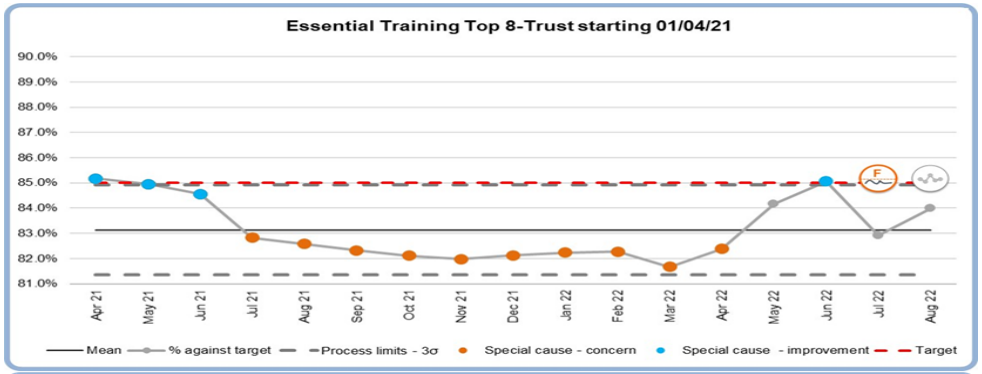
What Does the Data Tell Us - Health and Wellbeing
July saw a very slight increase in sickness absence from the previous month. *Anxiety/stress/depression/other psychiatric illnesses* remains the predominant driver of time lost to absence. COVID sickness absence has reduced

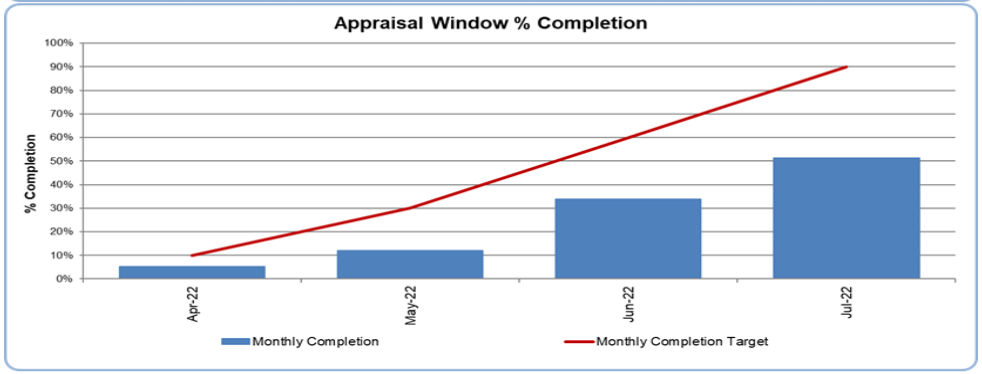
Actions Delivered: (Associate Director of People/Associate Director Culture, Leadership & Development)

- Actions taken to ensure that those staff off sick with Long COVID are now receiving contractual sick pay from September, in line with National Terms and Conditions, and have been supported to return to work where possible
- Mental health awareness event held 2 September in recognition of World Suicide Prevention Day. Men's Mental Health Schwartz Round planned for November.

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

- 2022 National Staff Survey launched 14 September trust-wide, including bank staff. Participation rates reported weekly.
- New actions in progress to expand wellbeing offer: subsidised food and parking schemes; pension recycling & life assurance schemes.
- Continued progress of previously agreed initiatives: Divisional Reward & Recognition Fund; Environmental Improvement Fund; Menopause support programme; improvements to rest areas and pilot of a Calm Bus in November.
- Work underway to develop and provide better managerial support and guidance for disabled staff, including the development of new 'Reasonable Adjustment' guidance (October - November)





Training Topic	Variance	Jul-22	Aug-22
Child Protection	1.7%	81.4%	83.0%
Adult Protection	-0.1%	80.8%	80.7%
Equality and Diversity	1.7%	84.0%	85.7%
Fire Safety	0.4%	84.6%	84.9%
Health and Safety	2.6%	83.4%	86.0%
Infection Control	0.8%	85.5%	86.3%
Information Governance	0.3%	81.6%	82.0%
Manual Handling	2.3%	80.0%	82.3%
Waste	1.6%	84.4%	86.0%
Total	**1.2%**	**82.85%**	**84.10%**

What Does the Data Tell Us - Essential Training

MaST compliance is beginning to trend upwards. The dip from in Jul/Aug, at 82.8%, was partly attributed to mass DR starts at NBT. Since then, the Trust compliance has risen to 83.64% due to a mass increase in completions. The rates are expected to increase again in the coming month.

L&OD will work with the 5 divisions who are just below the 85% compliance rate to encourage completion of outstanding training. The NBT Extra Bank Division compliance is 55.6% which reduces our overall compliance % and is an area of concern.

Actions – Essential Training (*Head of Learning and Development)*

- People Partners have been asked to focus on Fixed Term Temp and Agency/PTB staff to try to encourage completion of MaST. These areas in particular are well below the 85% target.
- New monthly division MaST compliance reports will be emailed to People Partners to enable them to target areas of non-compliance. This has been positively received.

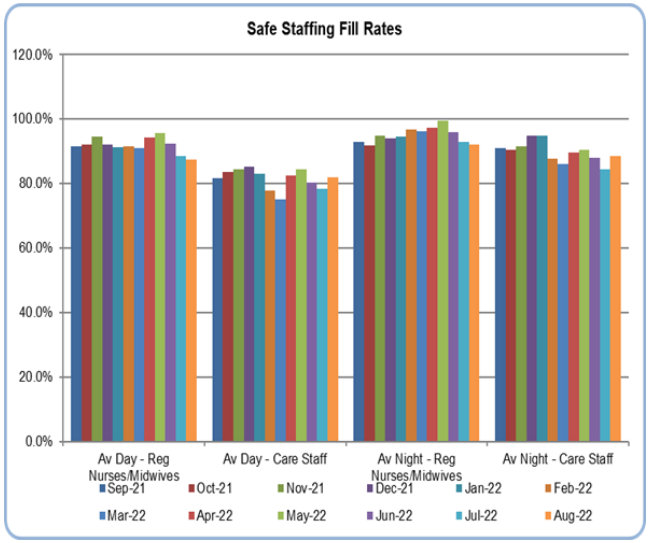
Other Wider Actions

Leadership & Management Learning

- Applications closed on 16th September for the 3rd cohort of this year for ILM Level 2 Award in Leadership and Team Skills
- Coaching CPD Events are being organised to develop and support our NBT Coaching Faculty, and we are in the process of gathering information on who our MBTI Faculty to further support development requests.
- Our range of face-to-face Management Skills Modules continue to be delivered, with a review of these planned to ensure they continue to support our leaders and managers in the future in bitesize learning offers.
- The Specialty Lead Programme continues again in September with the Digital Leadership module.
- We continue to explore options for our Team to be upskilled in Teach Coaching training in this area to meet the needs and demands of Divisions.

Apprenticeships

- The Apprenticeship centre Register of Apprenticeship Training Provider (roATP) application has been awarded successful. This mean the Apprenticeship centre is now a training provider in their own right and can deliver their own apprenticeships under North Bristol NHS Trust. This is a huge achievement for the team and well-deserved recognition for the team
- Apprenticeship centre success for 21-22 72.2% - fantastic achievement



Aug-22	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	87.5%	81.8%	92.0%	88.4%

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

What Does the Data Tell Us

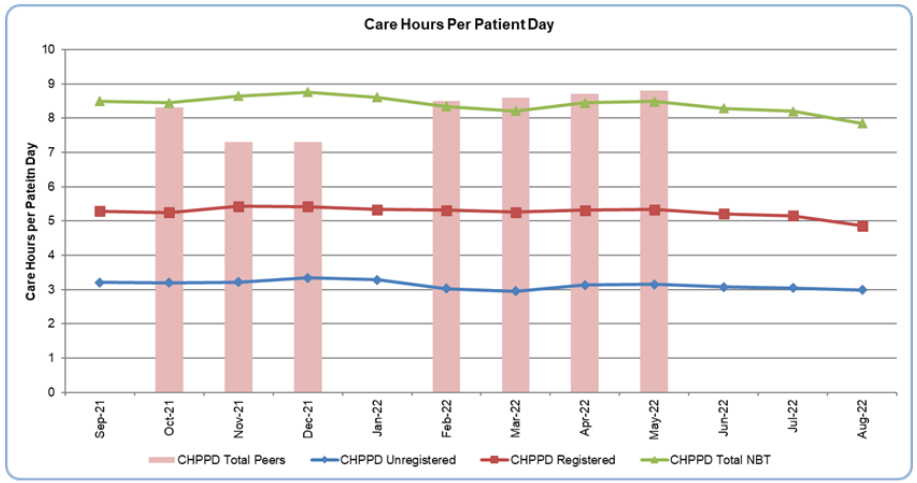
The safe staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. There are however ongoing issues with the reporting, and this has been escalated to Allocate the roster provider. We will be back reporting as soon as it is possible. There is an organisational focus on recruiting to Care Staff (HCSW) vacancies with a successful BNSSG recruitment event supported by NHS England during May 2022, 197 HCSW have been offered a role with NBT and are expected to commence employment over the new few months. While the recruitment processes complete, we are introducing additional temporary staffing initiatives with an expansion on our NBT Extra Allocate on Arrival to include Divisional Allocate on Arrival bookings.
The CNO is leading a Nursing & Midwifery safe staffing summit during September to further understand the impact of nursing and midwifery staffing on our patients/women and staff and will explore current challenges and opportunities.
All areas safe staffing maintained through daily staffing monitoring and supplementing with Registered and unregistered staff as required

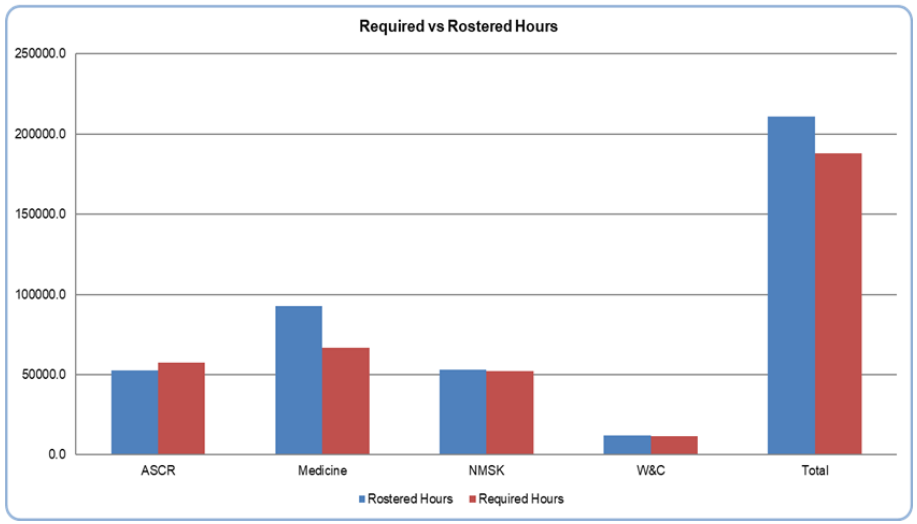
Wards below 80% fill rate for Registered Staff:
- 32b (75.5% Day) staffing supplemented with redeployed RNs and HCSW
- 37 ICU (78.7% Day / 79.1% Night) staffing deployed to meet acuity of patients and needs of the service
- Medirooms (74.6% Day) vacancies, staffing deployed as required to meet patient needs across the service
- 7b (Day 75.7%)) staffing supplemented with redeployed RNs and HCSW
- Quantock Ward (77% Night) vacancies, staffing deployed as required to meet patient needs across the service
- Mendip Ward (75.8% Day / 72.4% Night) vacancies, staffing deployed as required to meet patient needs across the service
- Percy Phillips Ward (61.5% Night) vacancies, staffing deployed as required to meet patient needs across the service
- Cotswold Ward (Day 66.1%) vacancies, staffing deployed as required to meet patient needs across the service
- Cossham Birth Centre (67% Day / 22.2% Night) vacancies, staffing deployed as required to meet patient needs across the service

Wards below 80% fill rate for Care Staff:
- 9a (76.1% Day) Unregistered staff vacancies and absence
- EEU (68.3% Day) Unregistered staff vacancies and absence, supported with redeployed RN resource
- 9b (72.8% Day) Unregistered staff vacancies and absence, supported with deployed RN's.
- 28a (73.6% Night) Unregistered staff vacancies and absence
- Gate 31 AMU (71.3% Day / 53.3% Night) Unregistered staff vacancies and absence, supported with redeployed RN resource
- 27a (75.9% Day) Unregistered staff vacancies and absence
- 27b (68.4% Day / 78.6% Night) Unregistered staff vacancies and absence
- 28b (75.5% Day) Unregistered staff vacancies and absence, supported with redeployed RN resource
- 34a (78.6% Day / 77.4% Night) Unregistered staff vacancies and absence, supported with redeployed RN resource
- 34b (67.2% Day / 63.5% Night) Unregistered staff vacancies and absence, supported with redeployed RN resource
- 8b (72.1% Day) Unregistered staff vacancies and absence
- Rosa Burden (64.5% Night) Unregistered staff vacancies and absence
- 7a (Day 75.6%) Unregistered staff vacancies and absence
- NICU (20.5% Day / 35.5% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring
- CDS (69.9% Night) vacancies and absence, staffing deployed as required to meet patient needs across the service
- Quantock (78.1% Day / 71.6% Night) vacancies, staffing deployed as required to meet patient needs across the service.
- Percy Phillips Ward (78.5% Night) vacancies, staffing deployed as required to meet patient needs across the service
- Cotswold (Day 68.8%) vacancies, staffing deployed as required to meet patient needs across the service
- Cossham Birth Centre (64.4% Night) vacancies, staffing deployed as required to meet patient needs across the service

Wards over 150% fill rate for Registered Staff:
- None

Wards over 150% fill rate for Care Staff:
- 33a (248.3% Night) enhanced supervision for patients
- 25a (141.9% Night) enhanced supervision for patients





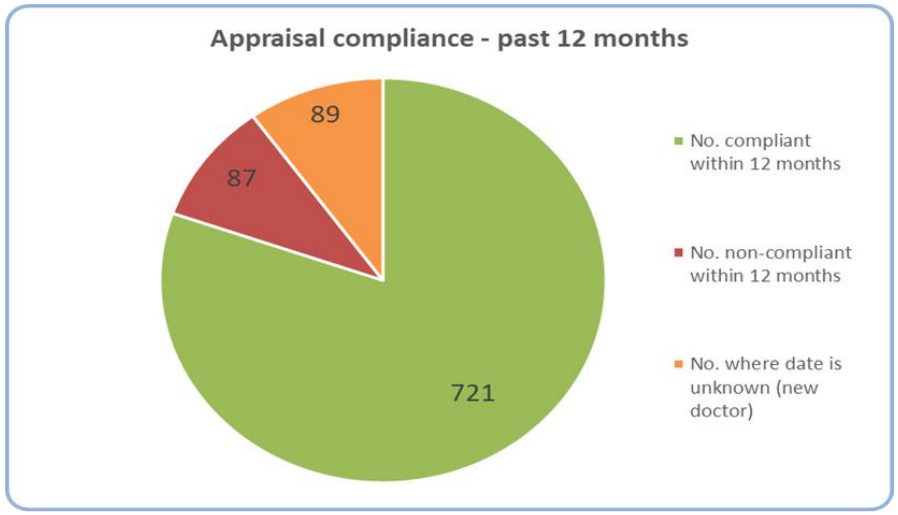
What Does the Data Tell Us – Care Hours per Patient Day (CHPPD)

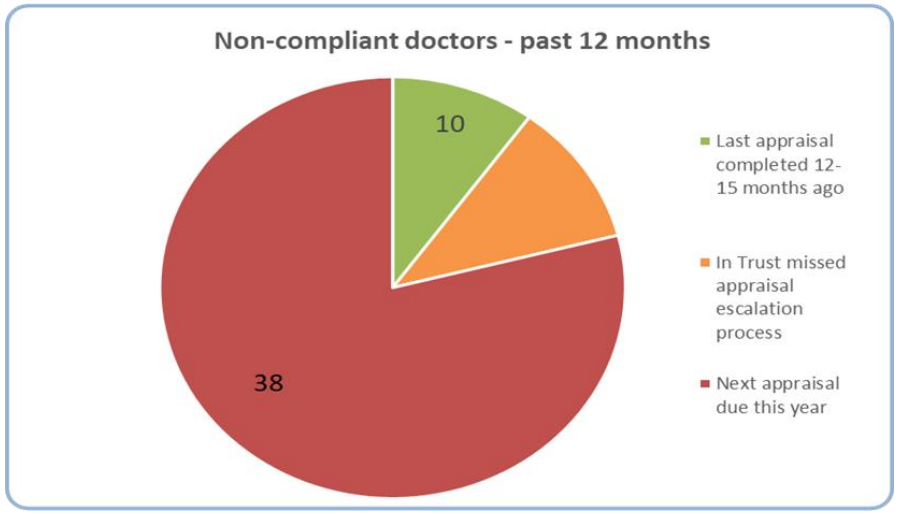
The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital).

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.





Medical Appraisal

What does the data tell us?

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

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

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

What actions are being taken to improve?

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

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

Finance

Board Sponsor: Chief Financial Officer
Glyn Howells

Statement of Comprehensive Income at 31st August 2022

	Month 5			Year to Date		
	Budget	Actual	Variance	Budget	Actuals	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	58.1	60.4	2.3	290.5	295.9	5.4
Other Income	6.2	6.7	0.4	30.9	32.8	1.9
Pay	(39.1)	(39.8)	(0.8)	(197.6)	(202.9)	(5.2)
Non-Pay	(25.6)	(28.5)	(2.9)	(128.7)	(135.3)	(6.6)
Surplus/(Deficit)	**(0.4)**	**(1.3)**	**(0.8)**	**(5.0)**	**(9.6)**	**(4.5)**

Assurances

The financial position for the month of August 2022 shows the Trust has delivered a £1.3m adverse position against a £0.4m planned deficit which results in a £0.8m adverse variance in month, with a £4.5m adverse variance year to date.

Contract income is £2.3m favourable in month and £5.4m favourable year to date. The Trust-wide contract income position has been set to the expected block amount except for variable items (i.e. high-cost drugs and devices). The in-month position is driven by a £1m favourable variance on high cost drugs, £1m favourable variance relating to a top up on Genomics funding and a £0.7m favourable variance relating to ESRF funding as there will be no clawback process for non-delivery in M1-6. This is offset by a reduction of expected funding from Public Health of £0.4m.

Other Income is £0.4m favourable in month and £1.9m favourable year to date. The Trust has recognised new income streams since the plan was signed off, the new income streams have a net-neutral impact on the financial position and when removed shows Other Income to be £0.2m favourable to plan which is driven by CCS Pathology.

Pay expenditure in month is £0.8m adverse in month and £5.2m adverse year to date. The Trust has seen overspends in Clinical Divisions for Consultant, Other Medical and Nursing due to bank and agency spend, sickness, and continued RMN usage in Medicine. Run-rate has reduced slightly against last month due to difficulty in filling shifts during the holiday period.

Non-pay expenditure in month is £2.9m adverse and £6.6m adverse year to date due to increased spend on drugs (offset in contract income), medical supplies, unidentified CIP and an increased spend on renal consumables in ASCR with the move to home delivery.

Statement of Financial Position at 31st August 2022

	21/22 M12	22/23 M04	22/23 M05	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
Non Current Assets					
Property, Plant and Equipment	605.0	609.0	609.2	0.2	4.2
Intangible Assets	13.7	12.5	12.4	(0.1)	(1.4)
Non-current receivables	1.5	1.5	1.5	0.0	0.0
Total non-current assets	**620.2**	**622.9**	**623.0**	**0.1**	**2.8**
Current Assets					
Inventories	9.1	9.2	9.2	(0.0)	0.1
Trade and other receivables NHS	19.0	27.4	14.3	(13.1)	(4.6)
Trade and other receivables Non-NHS	20.5	26.9	25.9	(1.1)	5.3
Cash and Cash equivalents	116.2	96.6	103.7	7.1	(12.4)
Total current assets	**164.8**	**160.2**	**153.1**	**(7.0)**	**(11.7)**
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	10.6	10.4	7.8	(2.6)	(2.8)
Trade and Other payables - Non-NHS	102.6	99.2	98.6	(0.6)	(4.0)
Deferred income	16.4	22.3	20.4	(1.9)	4.0
PFI liability	15.2	15.7	15.7	0.0	0.4
Finance lease liabilities	2.1	4.1	4.1	0.0	2.0
Total current liabilities	**147.0**	**151.6**	**146.6**	**(5.1)**	**(0.4)**
Trade payables and deferred income	7.1	7.6	7.7	0.1	0.6
PFI liability	359.3	355.7	354.9	(0.8)	(4.4)
Finance lease liabilities	2.0	6.7	6.8	0.1	4.8
Total Net Assets	**269.7**	**261.4**	**260.1**	**(1.3)**	**(9.5)**
Capital and Reserves					
Public Dividend Capital	456.9	456.9	456.9	0.0	(0.0)
Income and expenditure reserve	(372.4)	(371.3)	(371.3)	0.0	1.1
Income and expenditure account - current year	1.1	(8.3)	(9.5)	(1.3)	(10.6)
Revaluation reserve	184.1	184.1	184.1	0.0	(0.0)
Total Capital and Reserves	**269.7**	**261.4**	**260.1**	**(1.3)**	**(9.5)**

Assurances and Key Risks

Capital – Total capital spend for the year to date was £8.2m, compared to plan of £9.1m. The total planned spend for the year is £22.1m. The Capital Planning Group (CPG) has reviewed and was content that plans are in place to ensure that the Trust will meet its planned expenditure for the year.

Receivables - There was a net increase of £0.7m as in-year receivables increased by £9.5m of which £3.4m relates to income from commissioners, £1.1m to Mass Vaccination, £2.8m to prepayments and £2.2m to other sources of incomes. This was offset in August, NHS England resolved £8.8m of outstanding year-end receivables for Mass Vaccination and Nightingale Surge Ward.

Cash – The cash balance decreased by £12.4m for the year to date due to the in-year deficit and higher than average payments made during the period, including significant amounts of capital spend cash relating to the March 2022 capital creditor. This is offset by deferred commissioning and research income received do date. Despite the reducing cash balance, the Trust is still expected to be able to manage its affairs without any external support for the 2022/23 financial year.

Payables - Year to date NHS payables have reduced by £2.8m due to clearing invoiced creditors post year end. Non-NHS payables have decreased by £4.0m, of which £5.8m relates to the reduction of accrued capital expenditure because of post year end payments, offset by net increases of £1.8m across invoiced and accrued liabilities.

Deferred income -There is a year to date increase of £4.6m in deferred income, of which £2.7m is linked with timing of funding received from Health Education England and research, and £1.9m represents deferral of contract income for delayed service developments.

Regulatory

Board Sponsor: Chief Executive
Maria Kane

Monitor Provider Licence Compliance Statements at September 2022
Self-assessed, for submission to NHSI

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

Appendix 1: Glossary of Terms

Unless noted on each graph, all data shown is for period up to, and including, 31 August 2022 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.

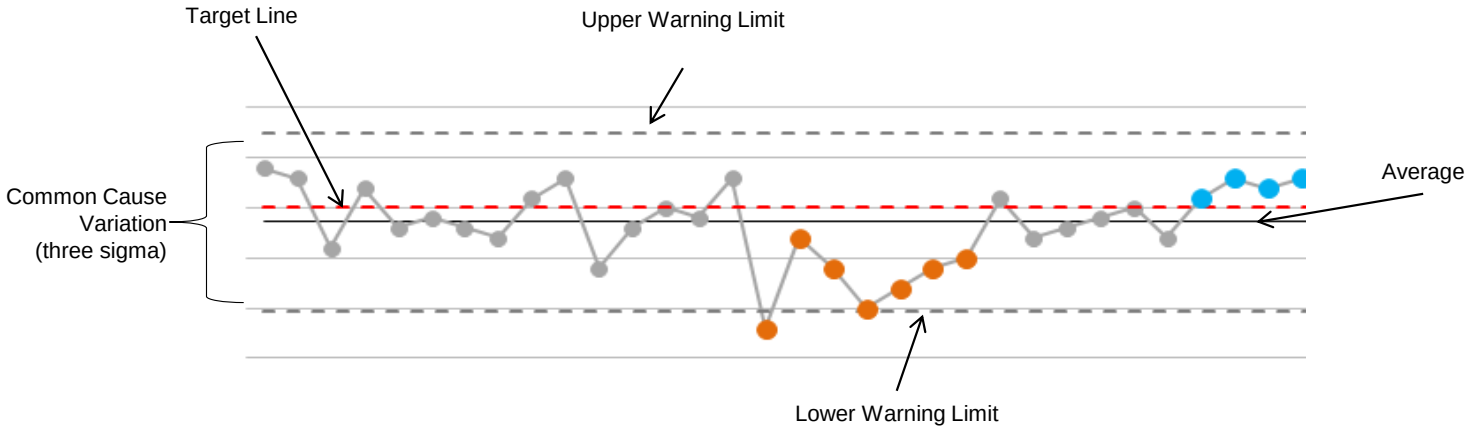
NBT Quality Priorities 2022/23

QP1	Enabling Shared Decision Making & supporting patients' self-management
QP2	Improving patient experience through reduced hospital stays ('right to reside') & personalised care
QP3	Safe & excellent outcomes from emergency care
QP4	Safe & excellent outcomes from maternity care
QP5	Providing excellent cancer services with ongoing support for patients and their families
QP6	Ensuring the right clinical priorities for patients awaiting planned care and ensuring their safety

Abbreviation Glossary

AMTC	Adult Major Trauma Centre
ASCR	Anaesthetics, Surgery, Critical Care and Renal
ASI	Appointment Slot Issue
CCS	Core Clinical Services
CEO	Chief Executive
CIP	Cost Improvement Programe
Clin Gov	Clinical Governance
CT	Computerised Tomography
CTR/NCTR	Criteria to Reside/No Criteria to Reside
CQUIN	Commissioning for Quality and Innovation
D2A	Discharge to assess
DDoN	Deputy Director of Nursing
DTOC	Delayed Transfer of Care
EPR	Electronic Patient Record
ERS	E-Referral System
GRR	Governance Risk Rating
HoN	Head of Nursing
ICS	Integrated Care System
IMandT	Information Management
IPC	Infection, Prevention Control
LoS	Length of Stay
MDT	Multi-disciplinary Team
Med	Medicine
MRI	Magnetic Resonance Imaging
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
Ops	Operations
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
WCH	Women and Children's Health
WTE	Whole Time Equivalent

Appendix 2: Statistical Process Charts (SPC) Guidance



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

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

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

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

Report To:	Trust Board - Public		
Date of Meeting:	29 September 2022		
Report Title:	NBT Green Plan 2021-22 Progress Review & Route map to Net Zero Carbon by 2030		
Report Author & Job Title	Megan Murphy, Interim Sustainable Development Manager		
Executive/Non-executive Sponsor (presenting)	Glyn Howells, Chief Finance Officer		
Does the paper contain:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**
*If any boxes above ticked, paper may need to be received at *private* meeting			
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
			X
Recommendation:	Trust Board is asked to **note:** • **Item 1:** The progress made by the Trust towards the 2021/22 Green Plan and the impacts of COVID-19 on sustainability performance. • **Item 2:** The outcomes and recommendations of the Route map to Carbon Net Zero report.		
Report History:	• Sustainable Development Steering Group. • Trust Management Team.		
Next Steps:	• Establish governance and reporting structure to deliver the route map recommendations and the Healthier Together Integrated Care System (ICS) Green Plan.		

Executive Summary

Item 1 – The Green Plan 2021/22 Progress Review

North Bristol NHS Trust (NBT) published its 2021-22 Green Plan in 2021 which specified key sustainability objectives and work areas to be achieved in 2021-22. In 2021/22 the Trust made commendable progress towards achieving its sustainability goals despite the impacts COVID-19 had on our sustainability performance.

Key sustainability highlights from 2021-22 are below:

Corporate Approach – the Trust launched its Sustainability Advocate scheme, recruiting advocates across 8 out of 12 divisions and directorates and contributed to the first draft of its ICS Green Plan.

Our People – introduction of fact sheets and Healthier Together Lunch & Learns and the in-house staff engagement scheme, Green Impact Plus.

Climate Change Adaptation – climate change adaptation was added to the Business Assurance Framework and continuation of the Warm Homes and Money Advice Service caseworker.

Sustainable Models of Care – 19 sustainable models of care identified e.g., electronic patient record and theatre shut down list.

Sustainable Use of Resources – participation in the 'Towards Zero Waste EcoQuip Plus European Project' with UHBW. Secured national funding to improve energy efficiency and produce heat decarbonisation plans for NBT buildings and developed an Ethical Procurement Strategy.

Carbon Emissions – piloted the Carbon Assessment Tool with Medicine and commissioned the Route map to Carbon Net Zero.

Travel and Logistics – established the Fleet and Business Travel Group and included in the Department for Travel's Travel Guidance Pack for Local Authorities. Piloted using bike fleet for business travel.

Greenspace and Biodiversity – recruited Nature Recovery Ranger and two interns, developed nature recovery guides, launched No Mow May campaign, and created staff and patient gardens across NBT.

Capital Projects – piloted the Sustainable Design Guide with the Elective Care Centre design and advised on numerous capital projects to enhance biodiversity and increase resilience to extreme heat events.

Asset Management and Utilities – solar panel repairs and Building Management System optimisation.

During COVID-19, the Trust experienced a 102% increase in waste going for alternative treatment and a 68% and 13% decrease in general and recycled waste streams due to changes in infection control and national waste management policy which classified large volumes of waste as infectious. Waste going for high temperature incineration decreased by 12% in 2020/21 due to reduced theatre activity. 2021/22 saw the gradual return of waste tonnages back to pre-pandemic levels with the exception of alternative treatment waste which has remained high. During 2020/21, NBT experienced significant reductions in business, fleet, grey fleet, and patient and visitor travel due to reduced clinical activity, travel restrictions and the adoption of remote service delivery. Due to reduced travel, local air quality monitors reported lower pollutant concentrations nearby NBT sites compared with pre-pandemic concentrations. Procurement

carbon emissions increased by 33% during the pandemic as more PPE, medical and surgical devices, equipment, and services were required to ensure the Trust could respond to the needs of our patients and communities whilst keeping patients and staff safe.

The workplan for 2022-23 will be determined by the priority actions identified in the Route map to Net Zero Carbon by 2030 and the key actions outlined within the Healthier Together ICS Green Plan.

Item 2 – Route map to Net Zero Carbon by 2030

The route map developed by Eunomia Consulting has concluded that on a high intervention pathway NBT could achieve a 76% reduction in carbon emissions against our 2019/20 baseline year by 2030. Therefore, based on current national policy and available technology, the Trust will fall short of our net zero carbon goal by 14%. The key barriers to the Trust not being able to achieve further reductions above 76% by 2030 include the NHS Supply Chain being aligned with the wider NHS net zero 2045 goal, the electrification rate of staff and patient vehicles, and the level of decarbonisation of the national grid by 2030. Despite this, the external consultant and Sustainable Development Unit recognise it is crucial to maintain our net zero goal as 2030 in acknowledgement of the findings of the Intergovernmental Committee on Climate Change's Sixth Assessment Report which stated global greenhouse gas emissions must peak by 2025 to avoid the worst climate change impacts. This goal will accelerate the pace of carbon emission reductions and will ensure we fulfil our duty of care to our patients and communities.

For the Trust to achieve the Science Based Target initiatives definition of net zero, the remaining 10% of emissions must be neutralised through removal projects, therefore the Trust must begin planning for carbon offsetting.

The route map outlines a need for significant investment and targeted activity to decarbonise in line with its recommendations.

The next steps are to engage all staff in the route map recommendations and to adopt the recommendations in the Healthier Together ICS Green Plan 2022-25. NBT and University Hospitals Bristol and Weston (UHBW) sustainability teams are currently mapping out the overarching governance and reporting structures which will ensure the delivery of the route map recommendations and ICS Green Plan objectives. Governance and reporting structures will be agreed by both Trusts.

Risks	• Compliance with the Clinical Commissioning Group NHS Standard Contract which requires a Trust Board approved Green Plan. • Compliance with NHS Long Term Plan (2019). • Compliance with the National Climate Change Adaptation Programme (2018-2023). • Compliance with Health Technical Memoranda 00-07. • Compliance with NHSEI guidance on Green Plan reporting (2021). • Reputational risk due to failing to achieve carbon reduction in line with targets.

Financial implications	Estimated costs associated with the delivery of the Route map recommendations are provided in the action plans for each emission sector. The costs associated with delivering the 2022-23 workplan will be addressed within separate business cases.
Does this paper require an Equality, Diversity, and Inclusion Assessment (EIA)?	No. This paper is just for information and to update on progress already made. Equality Impact Assessments will be completed for each business case where applicable.
Appendices:	Appendix 1: Green Plan 2021-22. Appendix 2: Green Plan 2021-22 Progress Report Appendix 3: Route map to Net Zero Carbon Summary Slide Deck The Route map to Carbon Net Zero is available upon request.

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GREEN PLAN 2021 - 2022

Exceptional healthcare, personally delivered

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Foreword

The last year has been unprecedented. The Covid-19 pandemic, has not only had a serious effect on health and healthcare services but by extension, the impact we have on the environment. We have seen large increases in the amount of waste we have generated from personal protective equipment, infectious waste and from the enhanced cleaning regimes necessary to maintain a safe environment for patients and staff.

There have however been some helpful environmental changes as a consequent of the numerous lockdowns and Covid restrictions. fewer vehicle on the roads has meant better air quality, there has been a huge surge in support for our staff with generous donations of bicycles when public transport was unavailable and all of us have learnt to really appreciate the benefits of our outdoor spaces for health and wellbeing (and social distancing!) We have also embraced the benefits of the digital world, meeting friends and family and work colleagues via our screens, enabling clinical staff to interact with patients to deliver tele and video outpatient clinics and helping many of our staff to work from home and stay safe.

This year also saw the appointment of a consultant to assist us in the production of our Carbon 2030 Route Map; the things we need to do to enable the Trust to reach its ambitious carbon net zero goal over the next 9 years. NBT was also chosen as one of three UK hospital sites to be a host for a Nature Recovery Ranger courtesy of the Centre for Sustainable Healthcare, a post that will commence in early 2021-22 and which will enable us to continue to enhance the biodiversity and health benefits of our estate.

During the year ahead we will be working with our partners in the Integrated Health system to develop a Green Plan which will identify the areas where we can collaborate for maximum effect and benefit across the region to deliver cost savings, carbon savings and environmental improvements.

We aspire to be a leader in sustainable health and we are determined to be an anchor in our community, helping to deliver a carbon net zero future for the benefit of everyone.

Maria Kane
Chief Executive

Michele Romaine
Trust Chair

North Bristol NHS Trust

Contents

North Bristol NHS Trust

1. Introduction

To support the co-ordination of carbon reduction efforts across the NHS and the translation of this national strategy to the local level, the 2021/22 NHS Standard Contract set out the requirement for trusts to develop a Green Plan to detail their approaches to reducing their emissions in line with the national trajectories.

In developing a Green Plan, each organisation should:

- review progress since the organisation's last Green Plan (or equivalent), to determine what facets have worked well and which need renewed focus or a different approach

- take into account the national targets (and interim 80% carbon reduction goals) for the NHS carbon footprint and carbon footprint plus, as well as learning from trusts which are already aiming to exceed these ambitions

- engage widely with internal stakeholders and key partner organisations to inform sustainability priorities and identify areas for productive collaboration

- develop and refine SMART (specific, measurable, achievable, relevant and time-bound) actions focused on early efforts to directly reduce carbon emissions

- develop systems and processes to measure and report on progress against plans and commitments, annually.

Given the pivotal role that integrated care systems (ICSs) play, this has been expanded to include the expectation that each system develops its own Green Plan, based on the strategies of its member organisations.

The new Green Plan guidance for 2021 recommends that the document be a 3-year strategy however as North Bristol NHS Trust is in the process of developing a Carbon Route Map to help identify the key areas of actions and timescales to set out the necessary journey to be carbon neutral by 2030, we have chosen to create this longer-term document once this piece of work is complete. As such this report sets out our progress over the 2020-21 financial year and our work programme for 2021-22 only.

The next Green Plan document will cover the following areas of focus:

- Workforce and system leadership
- Sustainable Models of Care
- Digital Transformation
- Travel & Transport
- Estates & Facilities
- Medicines
- Supply Chain & Procurement
- Food & Nutrition
- Adaptation

of solar power generated

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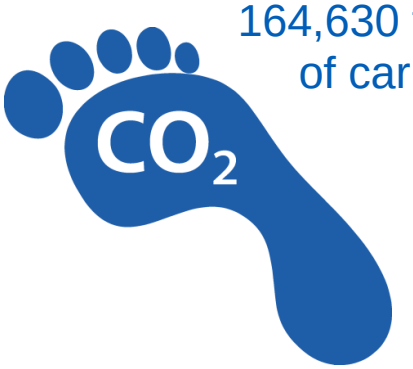


164,630 tonnes of carbon

2020/2021 at a glance…

826 actions taken by our Green Impact Teams

1+ tonnes of wasted furniture diverted from landfill through using Warp It

53% of staff commute by active or sustainable modes of travel

Tweets

7,146 kWh of public/staff EV charging

NHS

2. Drivers for change

Sustainable healthcare in the NHS is predominantly driven through local and national policy, legislative and mandated requirements and healthcare specific specifications from the Department of Health and NHS England.

The previous Sustainable Development Strategy for the health and care sector expired in 2020. Later last year the NHS published the *Delivering a 'NHS Zero' National Health Service* report and committed the NHS to becoming the world's first net zero health service. The document provides a clear plan with credible milestones to achieve this by 2040.

It detailed a number of early steps that will be taken to decarbonise:

1. Our care
2. Our medicines and supply chain
3. Our transport and travel
4. Our innovation
5. Our hospitals
6. Our heating and lighting
7. Our adaptation efforts
8. Our values and our governance

In addition to this there are a large number of other drivers for sustainable development within the NHS, as set out in Figure 1 below.

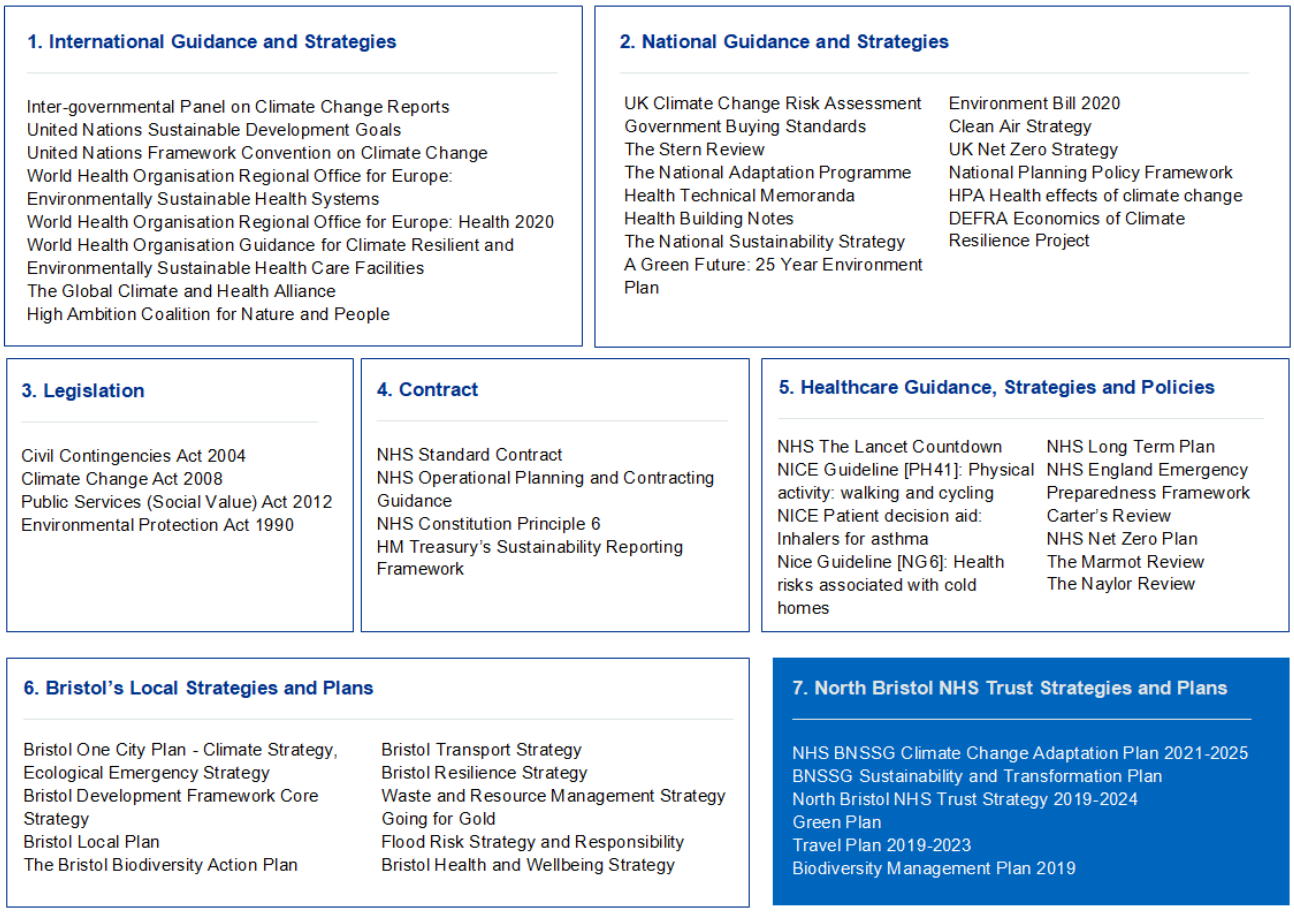


Figure 1: Drivers for Sustainable Development for NBT

3. Our Vision

Our Sustainable Development Policy sets out our aspiration to be a leader in the field of sustainable healthcare through committed leadership, innovation, culture change and system wide engagement and development.

We are committed to embedding sustainable development across our sites and services and will deliver our Policy commitments through our Green Plan by;

- Maximising the environmental, financial and health opportunities associated with sustainable development and the co-benefits to our staff, patients and the local community.
- Valuing the importance of protecting our natural environment for the benefit of the physical and mental health and well-being of our community, now and in the future.
- Striving to improve staff and patient experience by moving towards more sustainable models of care and workplace practices.

3.1 Climate Emergency Declaration

In October 2019, North Bristol NHS Trust joined University Hospitals Bristol and Weston NHS Foundation Trust, alongside our civic partners, Bristol City Council, North Somerset Council, South Gloucestershire Council and the West of England Combined Authority, to declare a Climate Emergency. By making such a declaration, we hope to lead the healthcare sector in collective action to ensure the future health and wellbeing of our city. As part of the declaration, we committed to the ambitious Bristol One City Plan goal of Carbon Net Zero by 2030.

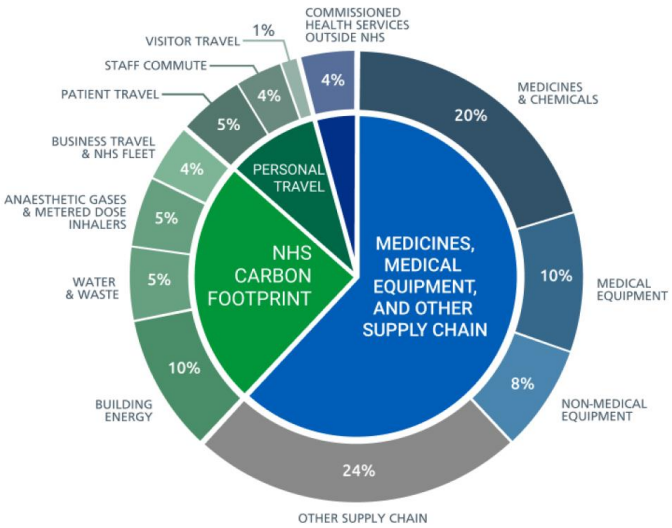


Figure 2: Sources of NHS Carbon Emissions

3.2 Trust Strategy 2019-2024

One of the 4 areas of focus in our Trust Strategy is *Being an Anchor in Our Community.* Anchor institutions are those that are rooted in their local communities but can choose to invest in and work with others locally and responsibly to have an even greater impact on the wider factors that make us healthy:

- Purchasing more locally
- Using buildings and spaces to support communities
- Working more closely with local partners
- Widening access to quality work
- Reducing environmental impact

4. Governance

Our Green Plan is approved by Trust Board on an annual basis, with a six-monthly progress report submitted half-way through the year.

Sustainable development is championed by the Trust's Chair Michele Romaine and the Director of Estates, Facilities and Capital Planning, Simon Wood.

Simon Wood chairs the Sustainable Development Steering Group which meets quarterly. The steering group consists of our Trust Chair, specialist Public Health Advisers, Senior Management, our PFI partner and representatives from the local community and Trade Unions.

The group drives forward the sustainable development agenda at the Trust by setting objectives, reviewing progress and delivering assurance on a regular basis. The group promotes collaborative working with external partners to bring external benefits to the trust and support the local community.

The Sustainable Development Unit (SDU) is a small team of specialists providing advice and support across the Trust to assist in the delivery of sustainable development.

To further support the delivery of the policy commitments, the Trust has an active network of Environmental Awareness Reps (EARs) and Green Impact teams spread throughout the organisation to raise awareness, engage and enthuse the wider workforce.

In 2021-22 we will recruit Sustainability Advocates from each Division/Directorate to provide a single point of contact through which we can cascade information, consult on sustainability priorities and collaborate on plans to deliver improvements and resilience.

NBT is also a member of the Bristol, North Somerset and South Gloucestershire Integrated Care System (ICS) along with other major health and care providers in the region. Over the next year the ICS will deliver its first ICS-wide Green Plan. The ICS Sustainability and Health Group, which NBT chairs, will be instrumental in developing this.

Figure 3: Sustainable Development governance at NBT

NHS North Bristol NHS Trust

5. Communications and Engagement

Our vision to be a leader in the field of sustainable healthcare requires system-wide engagement and development through simple and effective communication.

This year has seen more digital engagement than in previous years due to the inability to bring people together in large groups. We have fully utilised our outdoor spaces and been fortunate in being able to continue engagement on subjects such as biodiversity enhancement, green spaces for health, growing food and exercise outdoors.

We have continued to produce monthly newsletters to raise awareness of the Trust's sustainability initiatives and ways to get involved. We have updated many of our communication tools and created new ones incorporating QR codes to allow instant access to more information on a range of topics.

In early 2021, we started a 'Count Us In' campaign to engage staff with the United Nations Climate Change Conference (COP26); we asked staff to commit to a personal carbon-reduction step (e.g., eating seasonal food, repairing and reusing, walking and cycling more).

By enhancing our digital engagement, we were able to reach new audiences and continue to engage with interested staff members.

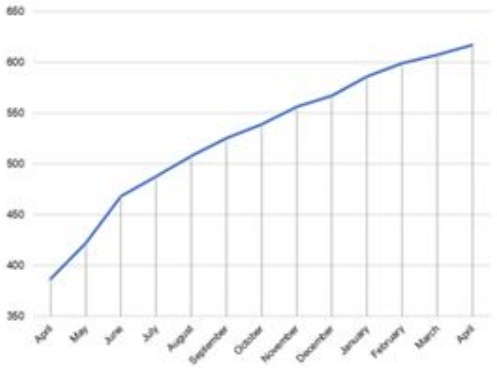


Figure 4: Increase in @NBTSustHealth Twitter followers account from April 2020 - 2021

Engagement Activities 2020-21

- Bristol Bites Back Better
- Gardens for Health Week
- Clean Air Day
- Cycle to Work Day
- Green Impact Awards
- Travel to Work Survey
- Staff Wellness in Nature Sessions
- Well for Winter campaign
- A Green Surgery Challenge Team formed
- Fairtrade Fortnight 2021
- International Women's Day
- Digital EnvironMenstrual Training Talk
- Launched a 'Count Us In' COP26 Campaign
- 12 monthly SDUpdate e-newsletters
- 118 Tweets
- 4796 visits to our Twitter profile

Planned Engagement Activities 2021-22

- Develop and run interim Green Impact Engagement scheme
- Support Greener NHS Campaign
- Run campaigns for; No Mow May, Greener NHS and Plastic Free July
- Launch Nature Recovery Round-up newsletter
- Update and increase the catalogue of sustainability videos
- Increase digital engagement on social media
- Set up an LED Lightbulb Library for staff
- Create and sell a greeting card collection
- Run an Accessible Allotment Gardening Event

North Bristol NHS Trust

6. Sustainable Development Assessment Tool (SDAT)

The Sustainable Development Assessment Tool (SDAT) was the national benchmark used by Public Health England and NHS England to measure improvement across the health and care system.

The assessment determines progress against the implementation and delivery of sustainable development across the health and care system and was designed to help the NHS and other healthcare organisations understand their work, measure progress and create the focus of and action plans for their Green Plans.

SDAT consists of ten areas which are assessed against four cross-cutting themes; governance and policy, core responsibilities, procurement and supply chain and working with staff. During 2020-21, North Bristol NHS Trust achieved an overall score of 67%, which is a 4% improvement from 2019-20.

The Tool was withdrawn in early 2021 in anticipation of a replacement being more closely aligned to the NHS Net Zero ambitions and is due to be released later in 2021.

NORTH BRISTOL NHS TRUST

67%

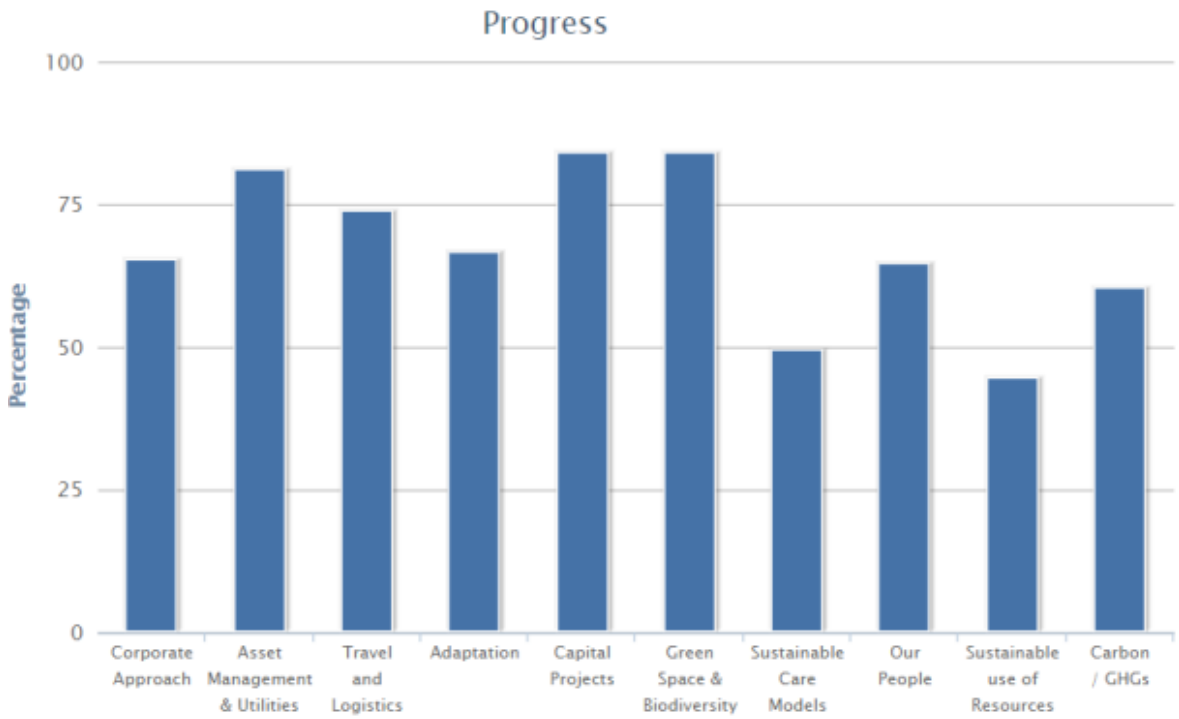


Figure 5: North Bristol SDAT Assessment 2020-21

North Bristol NHS Trust

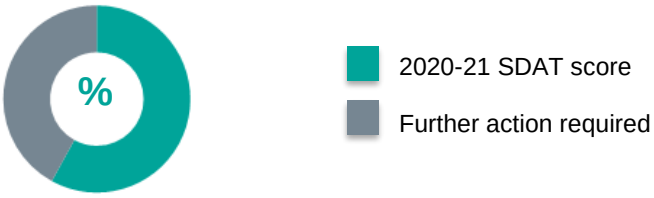
7. Corporate Objectives

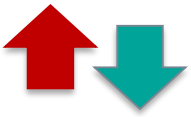
North Bristol NHS Trust has developed ten key objectives in line with the SDAT themes laid out in the diagram below.

Each objective has a set of actions for the year ahead to drive forward sustainable development at NBT.

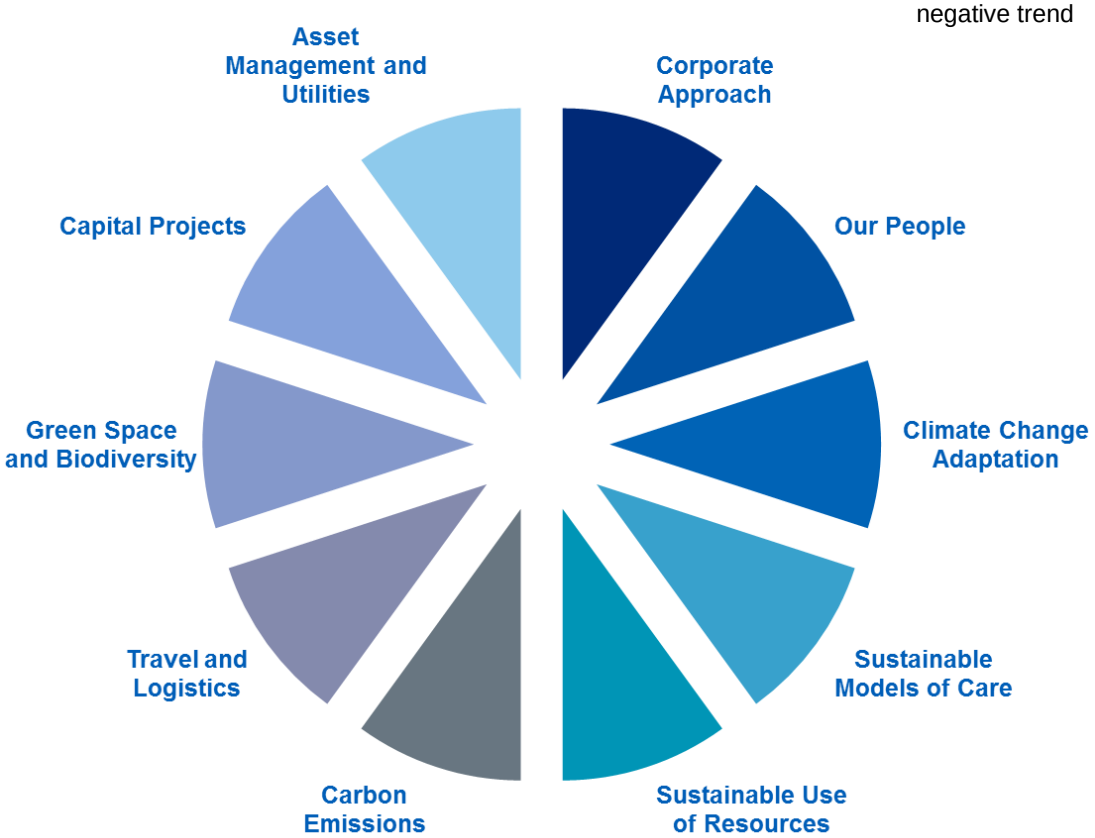
The following pages outline the Trust's progress against each theme undertaken in 2020-21 and our plans for the year ahead.

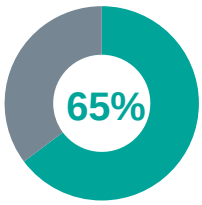
At the top of each page, we have reported our SDAT progress score against each theme. This will be the last report using these metrics as a new assessment tool in line with the NHS Net Zero Plan report is anticipated shortly.





Arrow indicates increase/decrease since 2019-20 and colour indicates positive or negative trend





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7.1 Corporate Approach

The best health and care is not the work of an individual, a single team or even one organisation. Partnership and collaboration is fundamental. The Trust strategy recognises the opportunity we have to make the best use of NHS resources for patient care and to develop sustainable services for the long term. Through our position as a large and established organisation acting as an anchor in our local community we accept our responsibilities for sustainable development, local product sourcing, and population health and illness prevention.

Our Sustainable Development Policy underpins our decision making process, which now includes Sustainability Impact Assessments for all key decisions and a Carbon Assessment Tool for use during the completion of annual business plans.

We continue to work with local community organisations and wider civic partners via our Sustainable Development Steering Group, through engagement events and by collaborating at neighbourhood, city-wide and regional levels. North Bristol NHS Trust represents health on the Bristol One City Environmental Strategy Board and has contributed to the Bristol One City Climate Strategy in recognition of the many ways in which healthcare both contributes to and can provide solutions to mitigate and adapt to the impacts of climate change.

OBJECTIVE 1

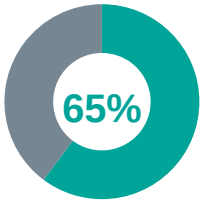
The Trust aspires to be a leader in sustainable healthcare

We have:

- Commissioned Eunomia to develop a 2030 Carbon Route Map
- Continued to work collaboratively to deliver the Bristol One City obligations
- Worked with partners across the Bristol, North Somerset and South Gloucestershire region to baseline our sustainability performance

We will:

- Recruit Sustainability Advocates from each Trust division/directorate
- Update business case templates to make consideration of sustainability impacts more integral
- Work with partners both locally and regionally to identify opportunities to collaborate on the sustainability agenda
- Create a 2022-25 Sustainable Development Strategy, informed by the Carbon Route Map outcomes
- Work with our Integrated Care System partners on a region-wide Green Plan



North Bristol NHS Trust

7.2 Our People

The Trust recognises that a healthy, happy and resilient workforce is key to ensuring we operate sustainably, and as such, every single member of staff has an important role to play in helping us achieve this. The Trust's Sustainable Development Unit run our activity programmes to engage people on the health and wellbeing benefits of more sustainable lifestyles.

During 2020/21 we completed our fifth year of running our staff engagement scheme Green Impact, 32 teams registered with 21 teams achieving an award. The scheme provides innovative ways for staff to get involved in sustainability in the workplace and celebrates those that do. In 2021-22 we will look to develop the specification for a joint engagement scheme with University Hospitals Bristol and Weston with the aim of this being extended across our Integrated Care System.

Over the next year we will also participate in the new *For a Greener NHS* engagement campaign including regional events to encourage wider collaboration and awareness-raising across all NHS sites.

OBJECTIVE 2

Engage our staff, patients, visitors, stakeholders and our wider community on sustainable development

We have

- Completed the fifth year of our staff engagement scheme, Green Impact
- Offered outdoor, socially distanced activities at locations across our sites such as at the staff allotment and other green spaces

We will

- Re-tender our staff engagement scheme jointly with University Hospitals Bristol and Weston NHS Foundation Trust and launch an enhanced scheme (use of Mobile Apps) available to more staff
- Host a Nature Recovery Ranger post courtesy of the Centre for Sustainable Healthcare and provide a wide range of health and wellbeing events linked to green spaces and nature
- Ensure greater engagement with the local community on sustainability activities at the Trust and the use of our green spaces for health and wellbeing
- Launch leadership training in Sustainable Development
- Link NBT activity to the wider *For a Greener NHS* engagement scheme
- Develop a campaign to engage people ahead of COP26

North Bristol NHS Trust

Our People Case Studies

Wellness in Nature Sessions

These sessions were launched in summer 2020 as another support mechanism for staff health and wellbeing. They offer staff the chance to spend a brief period in one of the more peaceful areas of the Southmead Hospital site, engaged in an activity that brings calm and enables a focus on nature. This helps reduce stress and anxiety and allows a brief but complete break from the working environment. The sessions were so successful that they have been extended.
Across all 5 areas of well-being measured there was an improvement in how staff felt following the activity, in particular, feeling focused on the present, connected to nature and connected to others.

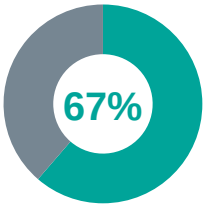
Staff & Patient Allotment

Launched just before the pandemic began, the staff and patient allotment has yet to be officially opened however from the first day of use, it has been bringing benefits for staff in terms of exercise, mental wellbeing, learning opportunities, a socializing space, and most importantly, a delicious source of fresh fruit and vegetables.

A group of staff volunteers visit regularly to plant, weed, water and we plan to have regular community groups visiting for led sessions. We have been harvesting a wide range of produce including radish, kale, tomatoes, watermelons, runner beans, broccoli, peas, rocket, carrots, and potatoes.

Green Impact – Head Injury Therapy Unit

The HITU team have been involved with green impact for several years but in 2020 they reinvigorated their ambitions to make their department more sustainable and improve team wellbeing. HITU organised mindfulness sessions, relaxing walks, and vegan and vegetarian team lunches. They made sustainable strides to cut out plastic waste and reduce energy consumption across the whole Unit. They also used their wonderful eco-therapy garden to include the benefits of nature into their patient's journeys to recovery.



7.3 Climate Change Adaptation

The Trust is committed to adapting to the impacts of climate change by working to deliver a healthy, resilient, and sustainable healthcare system ready for changing times and climates.

This year we have been updating our Estates Strategy and one of the three key principles is that our estate should be: sustainable – flexible, resilient, and provide net zero carbon facilities.

We are also in the process of updating our Sustainable Design Guide which highlights the importance of climate change-resilient design as well as design and operation principles which minimise our contribution to climate change.

We are pursuing the completion of climate change risk assessments with our partners across the Integrated Care System although this work has been delayed whilst the region addresses the pandemic.

We have also worked with NHS Improvement and England this year to share our experiences of creating the UK's first ICS-wide climate change adaptation plan and have shared our risk assessment template with other NHS organisations wishing to make progress in this area.

OBJECTIVE 3

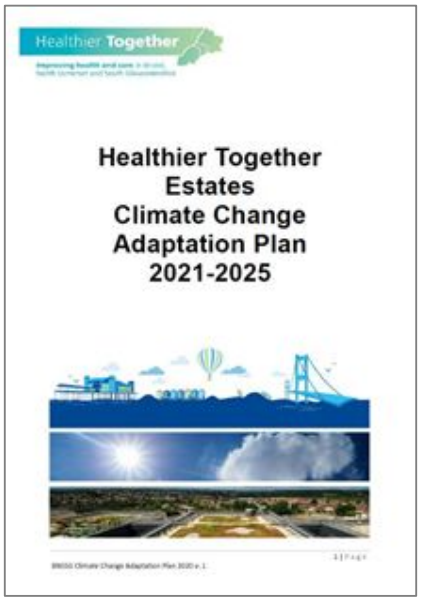
We will adapt our sites and services ready for a changing climate

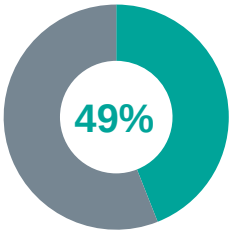
We have

- Seen the adoption of the NBT-produced Healthier Together Climate Change Adaptation Plan across the BNSSG region

We will

- Pursue the recruitment of climate change leads and completion of the Climate Change Adaptation Plan risk assessment by each member of the Healthier Together partnership
- Report to the Bristol One City Health and Wellbeing Board on the progress in this area
- Create a Board Assurance Framework entry for Climate Change Adaptation to ensure that risks to NBT are identified and sufficiently mitigated.
- Update NBT Climate Change risk assessment and consult with our Divisions/Directorates

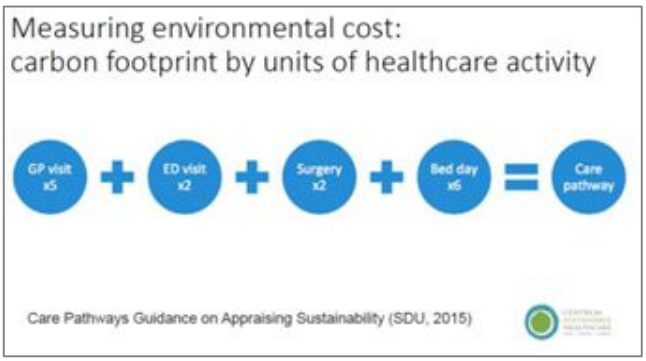




North Bristol NHS Trust

7.4 Sustainable Models of Care

The Trust seeks to make the best use of NHS resources for patient care and develop sustainable services for the long term.



The unusual nature of 2020-21 has meant that some of the work we undertake to identify and promote more sustainable care pathways or Trust operations has taken a back seat to the urgency of our Covid-19 response. We have focused our efforts instead on identifying the sustainability and staff and patient health and wellbeing benefits of our Fresh Arts programme and Biodiversity workstream.

OBJECTIVE 4

We will adopt sustainable models of care across our services

We have

- Co-ordinated the delivery of a SusQI workshop with the Academic Health Science Network for the Bristol, South Gloucestershire and North Somerset Sustainability Transformation Partnership.

We will

- Identify SMoC examples from business planning CAT output and map carbon emissions improvements for at least one example per Division
- Increase promotion of SusQI through our Green Impact Scheme and Sustainability Advocates

However, in November 2020 NBT helped co-ordinate a regional workshop on Sustainable Quality Improvement to raise awareness of the co-benefits of addressing both quality and sustainability of improvement projects.

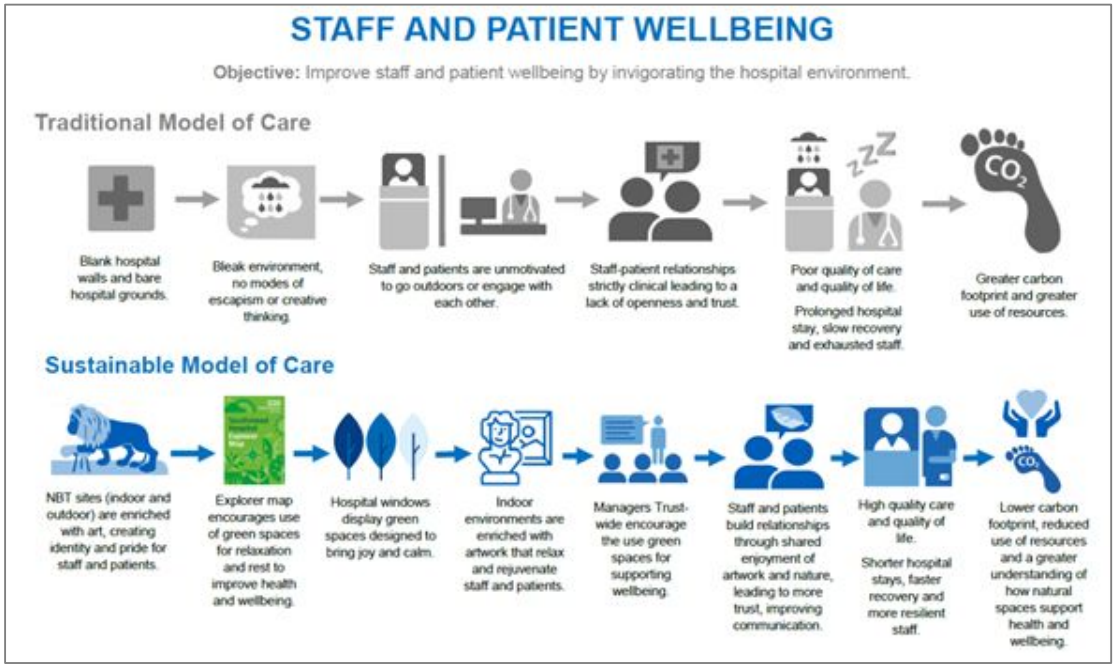
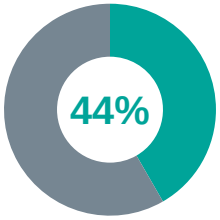


Figure 6: Example of a Sustainable Model of Care Infographic used for awareness-raising



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7.5 Sustainable Use of Resources

We seek to make the best use of NHS resources for patient care and develop sustainable services for the long term.

We are supplementing our existing work on plastics by looking more closely at the types of plastic we consume that are not covered by the NHS Plastic Pledge (catering plastics).

We have joined forces with University Hospitals Bristol and Weston to design a pan-Bristol awareness campaign encouraging staff to suggest areas for plastic reduction.

OBJECTIVE 5

We will manage our resources sustainably, reducing our direct environmental impacts across our healthcare services in energy, waste, water, food and anaesthetic gases

We have

- Started a project with Health Care Without Harm looking into the plastics used in healthcare
- Accepted a large donation of plastic-free sanitary products within our Women's and Children's division and promoted an *Environmenstrual* webinar to staff to highlight the environmental impacts of period products
- Continued to reduce anaesthetic gas use

We will

- Measure the carbon emission reduction potential of waste disposal methods as part of the commissioning of the Carbon Route Map
- Investigate toilet flush volumes and tap flow rates in the Science Quarter Buildings
- Reinstate the Trust-wide Waste Compliance Group
- Commission a Waste Strategy
- Continue to make progress with the NHS Plastics Pledge
- Promote the use of the BNSSG *Environmental impacts of inhalers guide*
- Continued promotion of the use of TIVA where appropriate over volatile alternatives
- Work on the recommendations of the Fleet Review
- Introduce further digital solutions to reduce paper consumption
- Set up a Medical Gas Waste group and undertake a review of Nitrous Oxide waste

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7.5.1 Energy Consumption

Total energy consumption has decreased by 256,724 kWh since last year, which is within the bounds of normal variation. Electricity consumption dropped by 1,017,125 kWh and gas and oil consumption increased by 303,054 kWh and 464,370 kWh respectively. The significant increase in oil consumption was due to increased generator demand for the Pavilion and COVID testing site at Monks Park Way.

Despite a rise in emissions, the carbon footprint associated with this consumption has reduced due to decarbonisation of the national electricity grid (meaning a greater percentage of renewable energy is being generated nationally and fed into the supply that NBT then uses).

The Trust appointed an Energy and Carbon Manager in late 2020 to drive forward progress on improving our energy efficiency. The Carbon Route Map which we plan to commission will also highlight the key priorities to help us reach our Carbon 2030 net zero goal.

The generation of renewable energy from the solar panel arrays onsite has reduced by 7,023 kWh over the past year due to faulty panels and inverters which is currently being addressed.

Energy used

Energy consumption in kWh

	2017-18	2018-19	2019-20	2020-21	
Electricity used	39,295,816	40,147,116	40,860,494	39,843,369	↓
Gas consumed	46,759,825	45,390,730	45,472,381	45,775,435	↑
Oil consumed	892,324	765,375	583,708	1,048,078	↑
Coal consumed	0	0	0	0	
Steam Consumed	0	0	0	0	
Hot water	0	0	0	0	
Green electricity	36,057	44,396	33,133	26,110	↓
Total	86,984,022	86,347,617	86,949,716	86,692,992	↓

Figure 7: The amount and type of energy consumed by NBT in kWh

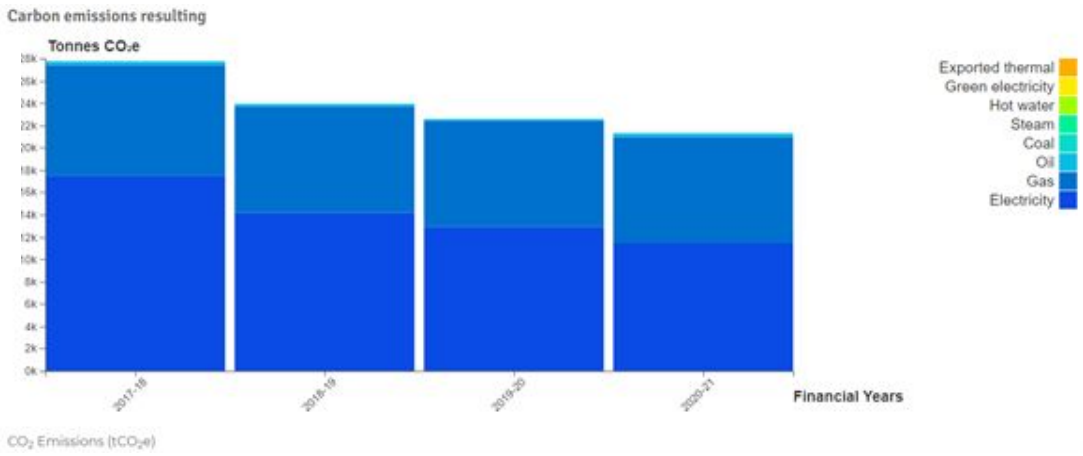


Figure 8: The carbon emissions related to NBT's energy consumption in tonnes of CO_2 equivalent

North Bristol NHS Trust

7.5.2 Waste and Recycling

The past year has seen the full impacts that a pandemic such as Covid-19 can have on our healthcare system. The quantities of infectious waste generated over the past year are unprecedented at NBT. Increased use of personal protective equipment (PPE), more waste being classed as infectious together with waste from essential cleaning regimes (e.g. wipes) have resulted in huge volumes of waste that have to be autoclaved, with associated financial and carbon costs.

Reduced theatre activity has resulted in less generation of incineration waste however many more materials which would usually have been recycled have been reclassified as infectious waste which has reduced our recycling tonnages.

As part of our work with Health Care Without Harm Europe we conducted a 2-day audit of two wards in the Autumn last year.

The results highlighted multiple areas where we should focus efforts to reduce consumption (and thereby waste). The top 3 plastic-containing items found during the audits were as follows:

1. Wipes – 24%
2. Nitrile gloves – 21%
3. Aprons/gowns – 16%

We intend to repeat the audits under more normal conditions to identify the true quantities of these particular waste types as increased PPE use will have affected the results.

Due to a technical issue with the website that hosts the platform we are unable to report the full extent of internal reuse savings achieved through our platform Warp-It this year however we can confirm savings of at least £22.8K.

Waste in tonnes

	2017-2018	2018-2019	2019-2020	2020-2021	Trend
Other recovery weight	1972	1779	1585	981	-604
Alternative treatment weight	700	662	586	1185	599
Landfill weight	191	204	0	0	0
Recycling weight	518	386	883	676	-207
Total weight	3381	3031	3054	2842	-212

Figure 9: The weight of waste generated by NBT in tonnes

Due to a technical issue with the national Sustainability Reporting Portal we are unable to provide accurate carbon emission data for our waste performance this year.

North Bristol NHS Trust

7.5.3 Anaesthetic Gases, Pharmaceuticals and Medical Devices

The consumption of anaesthetic gases, pharmaceuticals and medical devices varies in line with patient contact; the more patients we treat the more products we use.

During 2020-21 our patient contacts reduced by 75,832 (11%) compared with the previous year due to non-face-to-face appointments and reduced elective activity during Covid. For those operations where anaesthetic gases have been used, we have continued to opt for intravenous methods where appropriate rather than gaseous methods such as sevoflurane and desflurane. Intravenous anaesthetic has a considerably lower carbon footprint.

Previously the Nitrous Oxide and Oxygen 50/50 split (Entonox) use has been undefined between Maternity Manifold use and portable use (ambulances, bedside, Accident & Emergency). This year we have been able to better define the Entonox consumption across these uses which is why there is now a greater proportion of the 2020-21 nitrous oxide consumption allocated to Maternity; this is not a sudden increase in maternity use, rather an improvement in the definition of our data.

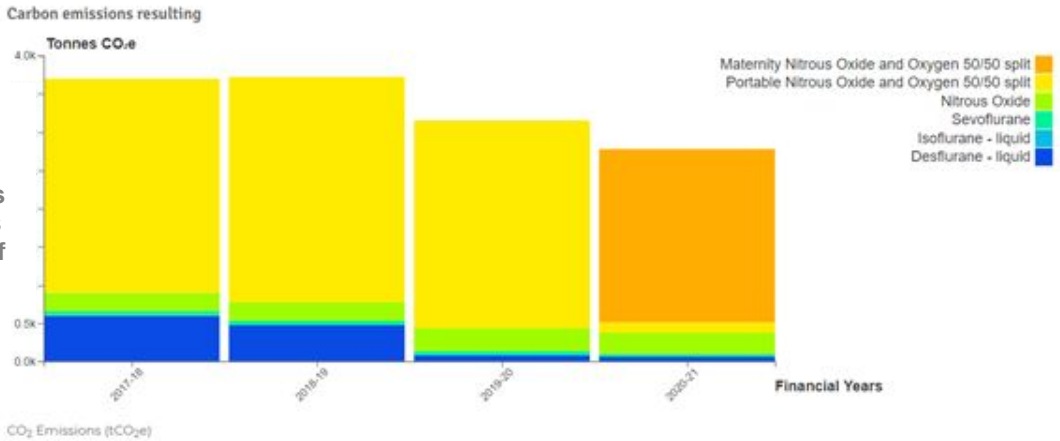
The Trust's spend on both pharmaceutical and medical devices increased by 7.7% and 17.7% respectively in 2020-21. The significant increase in pharmaceutical spend is linked to the change in mix of patients and activity and the prescribing of more drugs via the outpatient route to manage patients remotely. The significant increase in medical device spend is partially due to hosting the Nightingale Hospital and Mass Vaccination service. There was also increased investment in medical equipment in the COVID response. This included beds, monitors, respiratory equipment and spare parts to increase hospital capacity as well as equipment for monitoring patients remotely, more advanced PPE e.g. respiratory hoods and increased stock of existing equipment to allow more time for disinfection. Equipment was also supplied to the Independent Sector to protect the most vulnerable by separating patient pathways.

Figure 10: The volume of anaesthetic gas used by NBT in litres

Anaesthetic gas use

in litres	2017-18	2018-19	2019-20	2020-21	
Desflurane - liquid	159	127	21	15	↓
Isoflurane - liquid	11	7	2	6	↑
Sevoflurane - liquid	294	273	259	187	↓
Nitrous Oxide - gas	432,000	446,400	540,000	495,000	↓
Portable Nitrous Oxide and Oxygen 50/50 split - gas	10,078,200	10,588,800	9,777,300	467,600	↓
Maternity Nitrous Oxide and Oxygen 50/50 split - gas	0	0	0	8,175,000	

Figure 11: The carbon emissions related to NBT's anaesthetic gas use in tonnes of CO_2 equivalent



North Bristol NHS Trust

7.5.4 Water consumption

During 2020-21 our water use has increased, in the most part due to a water leak in January 2021. This was due to a failed mechanical joint which was promptly fixed.

A plan has recently been developed by Facilities Management to improve the monitoring of our water use.

Finite resource use - Water

	2017-18	2018-19	2019-20	2020-21	
Water volume (m^3)	357,389	389,225	316,732	326,665	↑
Waste water volume (m^3)	285,911	311,380	294,135	301,207	↑
Water and sewage cost (£)	665,091	751,408	681,179	672,828	

Figure 12: The volume of water used and wastewater generated by NBT in metres cubed

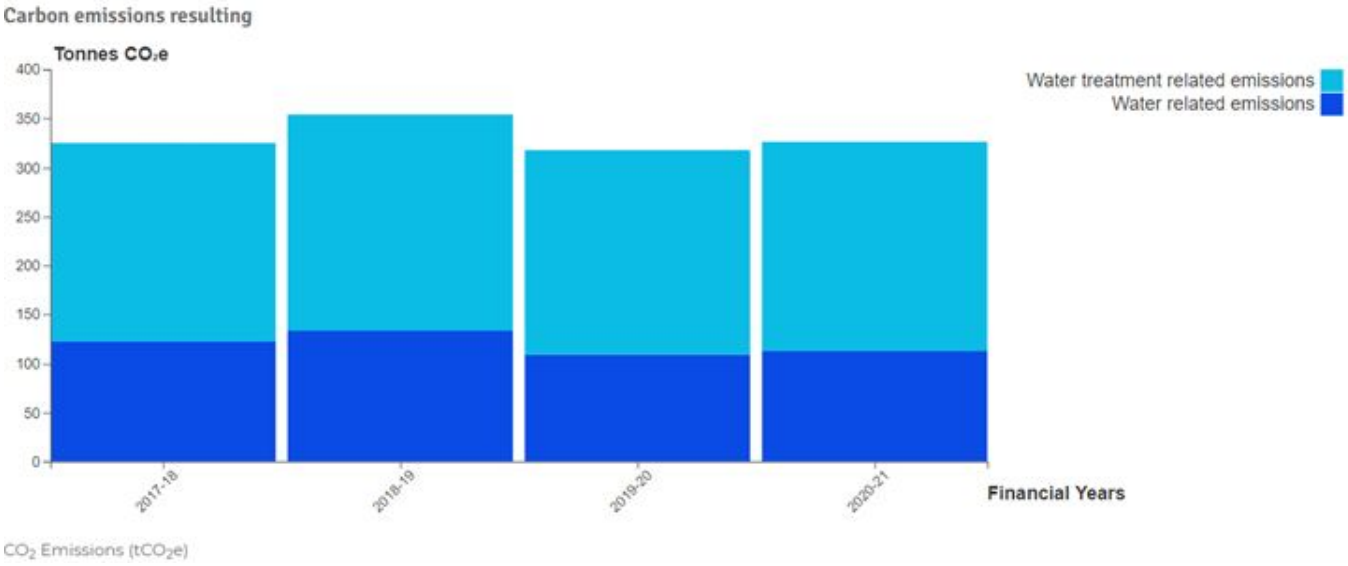


Figure 13: The carbon emissions related to NBT's water usage and wastewater generation in tonnes of CO_2 equivalent

North Bristol NHS Trust

7.5.5 Fuel Consumption

Grey fleet mileage (staff using their own vehicles for business use) for 2020-21 decreased by 68,612 miles due to a reduction in clinical activity and the move to using virtual means for Trust activity such as meetings.

Mileage undertaken by Trust fleet vehicles has also decreased, by 77,042 miles. Business mileage by train and air has also decreased by 185,788 miles and 57,656 miles respectively, most likely due to the global reductions in rail and air travel during the initial months of the pandemic.

Our calculations indicate an increase in staff commuting however this is due to the fact our method is based on staff numbers and as our staff numbers have increased, so has the associated assumed mileage. In reality with a percentage of staff working from home, the staff commuting mileage will be lower but our current tool for calculating this does not take home-working into account; a factor we need to address in future years.

The 2020-21 travel survey included a question about home working which highlighted that a quarter of staff have either been working exclusively or at least in part from their homes:

Mileage by patients and visitors has reduced in line with lower patient numbers and restrictions on visitors however again, the tool used for this does not take a pandemic scenario into consideration.

Travel undertaken

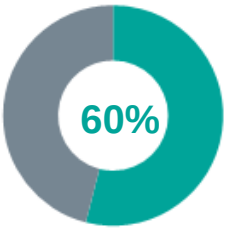
All travel is shown in miles.

	2017-2018	2018-2019	2019-2020	2020-2021	Trend
Patient and visitor travel	22,570,481	38,615,782	34,562,091	21,035,918	-13,526,173
Business travel and fleet	542,441	1,202,702	1,375,945	985,469	- 390,476
Staff commute	7,557,304	30,054,300	29,267,018	30,724,320	1,457,302
Total mileage	30,670,226	69,872,784	65,205,054	52,745,707	-12,459,347

Figure 14: The mileage of patient, visitor, staff, business and fleet travel

7.5.6. Paper Consumption

Following the further roll-out of digital solutions by our Information Management and Technology Division, the Trust's spend on paper reduced by £2.2k in 2020-21.



North Bristol NHS Trust

7.6 Carbon and Greenhouse Gases

The Trust is committed to reducing our carbon emissions. The work we have commissioned to develop a Carbon Route Map to set our journey to being carbon net zero by 2030 will consist of several stages:

- A gap analysis
- Future predicted emissions
- A list of assessed opportunities and recommendations for each area of emission across the 2020-2030 period
- A 2030 Carbon Strategy and action plan
- A Sustainable Procurement Strategy

OBJECTIVE 6

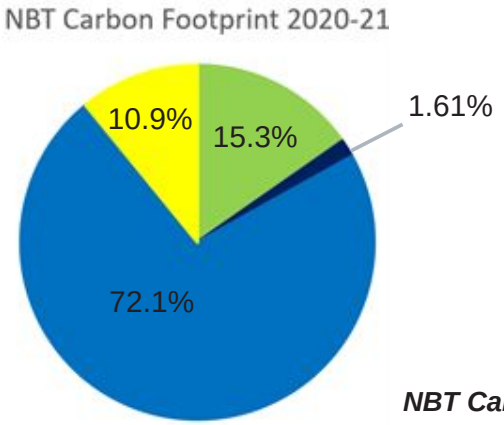
We will manage our carbon emissions in line with the NHS Long Term Plan

We have

- Commissioned the production of a plan to identify the route we need to take to reach our 2030 goal
- Appointed an Energy and Carbon manager to address emissions from this significant area.

We will

- Upgrade the Elgar House Building Management System (BMS)
- Optimise the Learning and Research Centre, Pathology 1 and Pathology 2 BMS
- Apply for central funding to implement a wide range of energy efficiency and renewable initiatives

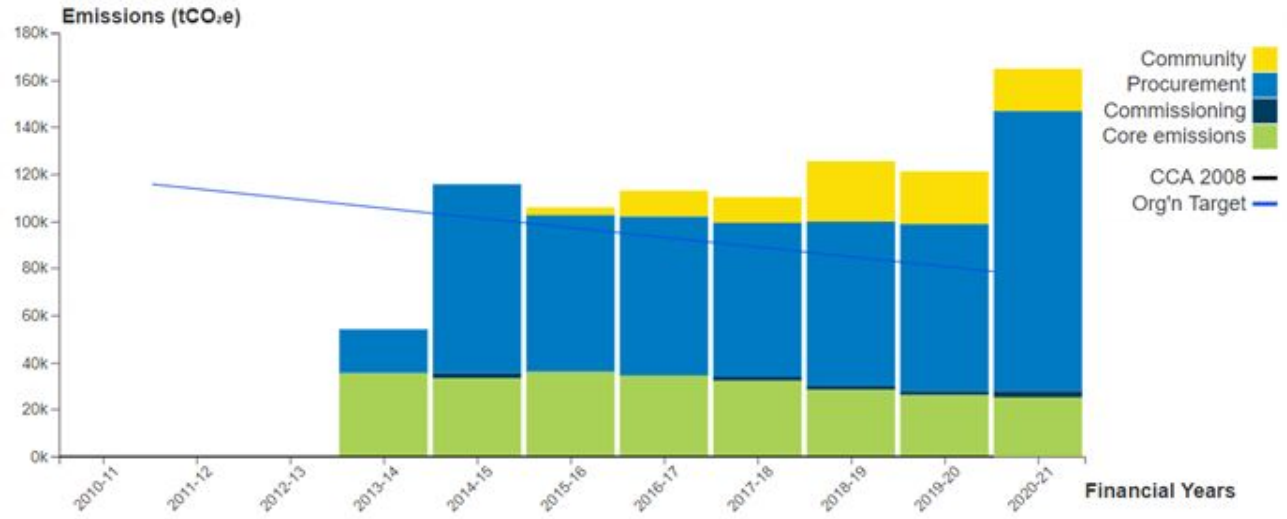


NBT Carbon Footprint Breakdown 2020-21

25,236 tonnes CO_2e	***Core emissions:*** *Scope 1, 2, 3 and emissions from energy, waste, water, business travel and transport and anaesthetic gases*
2,658 tonnes CO_2e	***Commissioning:*** *Scope 3 emissions*
118,778 tonnes CO_2e	***Supply chain:*** *All scope 3 emissions (goods, services and buildings procured)*
17,958 tonnes CO_2e	***Community:*** *All emissions (Scope 1, 2, 3 from staff commute, patient and visitor travel).*

NOTE: The accuracy of this year's carbon footprint cannot be guaranteed due to a technical issue with the Sustainability Reporting Portal that NHS Trusts use to translate performance data into carbon emissions. Both the Waste and Transport sections of the Portal are not functioning as designed and as such the resulting carbon emissions cannot be confirmed as accurate. Due to the Portal being an external tool, the Trust is not able to interrogate it to determine where the errors are occurring and are reliant on the organisation that runs the site to identify and resolve the problem. Any identified errors will be corrected and highlighted in future reports.

North Bristol NHS Trust



Our Scope 1 emissions have only reduced in the past year because a reduction in our anaesthetic gas use (374 tonnes of CO_2e) helped to compensate for an increase of 360 tonnes of CO_2e from gas and oil. To achieve carbon net zero we will need to see ongoing reductions across all areas of Scope 1 emissions.

Our Scope 2 emissions have also reduced, due to reduced electricity consumption and the decarbonisation of the grid which means that each unit of electricity we consume has less inherent carbon associated with it (through increased efficiencies and generation via renewable sources).

The Trust's Scope 3 emissions have increased significantly over the past year as a direct result of the Covid-19 pandemic. Increased waste generation and a considerable increase in spend on manufactured goods have outweighed any decreases we have seen due to reduced travel.

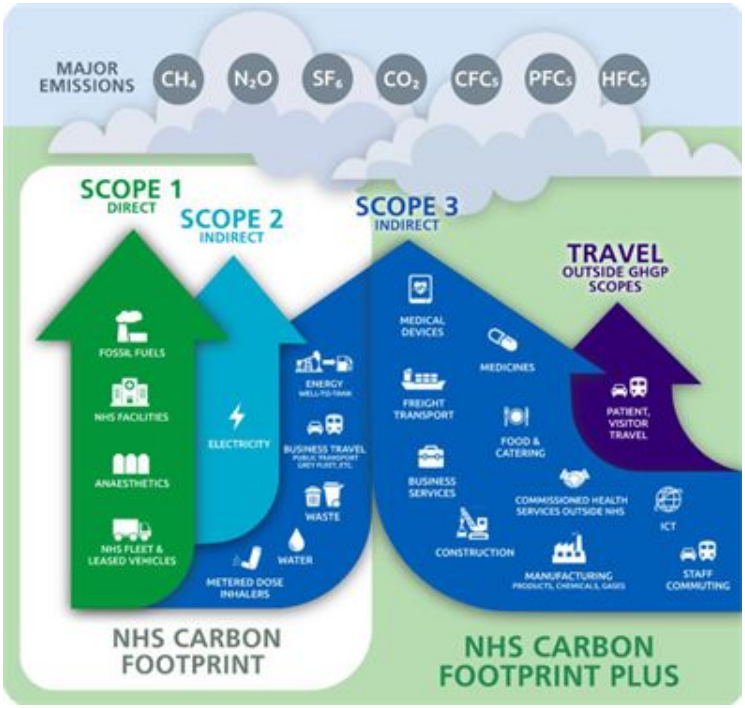
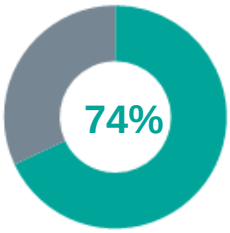


Figure 15: Carbon emission categories



7.7 Travel and Logistics

The Trust is committed to reducing the impacts of our travel and transport.

Sustainable travel plays a significant part in both reducing traffic on the roads whilst also promoting health and wellbeing through exercise and improving local air quality.

We continue to offer our TravelSmart service providing advice and support for those travelling to our sites; encouraging those who can, to choose a sustainable transport option whenever possible.

Two new working groups have been established to help deliver the recommendations outlined in the Fleet and Business Travel Report and to focus on the future provision of electric vehicle infrastructure at the Trust.

To support our local partners and businesses in the city region, we presented at several external events; showcasing the work NBT has undertaken to reduce single occupancy vehicles and sharing successes and challenges.

OBJECTIVE 7

We will reduce the impacts from our travel and transport services

We have

- Offered 169 staff free bike safety checks
- Loaned 95 bicycles to staff
- Completed a scoping study for fleet and business rationalisation and presented a Fleet and Business Travel Report suggesting actions for consideration and implementation
- Continued to implement our travel plan action plan
- Assessed progress using the national Sustainable Development Unit's HOTT Tool
- Supported the Bouygues/THC lifecycle project
- Signed up to CyclingWorks Bristol, supporting the desire for improved cycle infrastructure in the city.
- Responded to the Bristol City Council Clean Air Zone consultation

We will

- Commit to embedding the Clean Air Hospital Framework to reduce air pollution from our services
- Deliver year 3 of Travel Plan Action Plan including scoping the recruitment of a Fleet/Transport Manager, delivering sustainable travel awareness activities, and increasing electric vehicle charging infrastructure.
- Introduce a staff Vehicle Salary Sacrifice Scheme to encourage and enable uptake of ultra-low emission vehicles
- Develop an EV Strategy

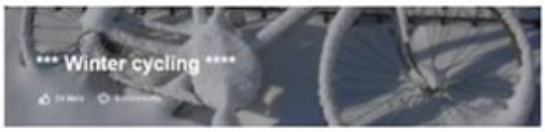
North Bristol NHS Trust

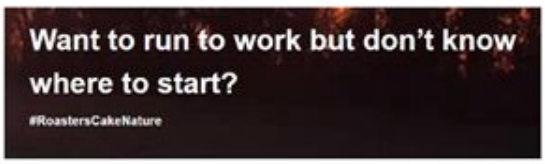
Travel Smart Case Studies

Supporting Cycling Through the Pandemic

Local company BW Cycling donated 50 bicycles, safety and security equipment to support hospital staff who were struggling to get into work during the early stages of the pandemic when public transport was not available.

Many Bristol bicycle shops also offered reduced or free servicing for NHS staff to help keep their bikes fit and healthy and allow them to continue commuting safely. Local partners including Bristol City Council also made reduced price bicycles available for key workers.

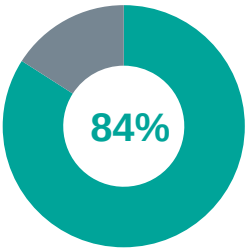




Well for Winter Campaign

As part of the NBT Wellbeing campaign through winter, staff wrote and published blogs on the LINK intranet page to promote the different benefits of cycling and running to work.

This raised the profile of the links between sustainable and active travel choices and improving health and wellbeing. The blogs were engaged with over 100 times.



7.8 Green Space and Biodiversity

The Trust is committed to protecting and enhancing the natural environment, including the prevention of pollution.

The 2020-21 period has served to demonstrate the importance of access to green space for the benefit of health and wellbeing. Alongside the city's wealth of parks and gardens, the Trust's outside spaces have been essential for providing areas to rest, recuperate, take breaks and meet with colleagues at a distance.

We recognised the importance of our grounds for local community benefit through the re-designation of Lime Tree Neighbourhood Park.

We continue to provide information in our key areas to raise awareness and encourage participation from colleagues and the public.

OBJECTIVE 8

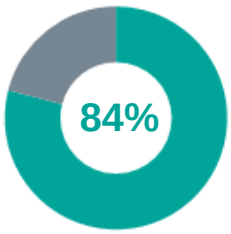
We will protect and enhance the environment and prevent pollution

We have

- Implemented actions in our Biodiversity Management Action Plan
- Undertaken an ecological survey across the whole Southmead Site
- Planted drought tolerant plants with an additional interpretation panel to educate the public on the impacts of a warmer climate.
- Created HALOs (Heros And Loved Ones) – spring bulb circles and an interpretation panel in the newly designated Lime Tree Neighbourhood Park

We will

- Review and revise Biodiversity Management Plan action plan
- Host a Nature Recovery Ranger for 12 months (with the possibility of 2 x internships)
- Develop the allotment and promote it within and beyond NBT
- Develop guidance for green infrastructure to support the BNSSG CCAP risk assessment
- Run a wildlife photography competition with the Trust Fresh Arts team
- Undertake pollinator and butterfly surveys of the attenuation ponds.
- Extend our wildflower meadows and undertake No Mow May with PlantLife.
- Engage staff in outdoor activities such as, butterfly walks, wildflower identification, bird watching and foraging.



NHS
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7.9 Capital Projects

The Trust is committed to reducing the environmental impacts from our buildings, critical infrastructure and equipment essential for the smooth running of the hospital.

The Trust's Capital Programme ensures the delivery of services and enables resources to be managed more effectively through critical infrastructure and material improvement works across our Estates.

The programme ranges from major demolition and construction works through to refurbishment projects as well as energy efficiency projects and the purchase of critical medical equipment.

Gynecological Operating Theatres case study

In 2021 two new Gynecological operating theatres were installed by the Trust. These theatres will obtain heating and hot water from the existing adjacent gas boiler plantroom. However, they have been designed such that when this plantroom is decommissioned, the theatres will be suitable for switching to low-carbon heat sources such as electric heat pumps with no expensive retrofit to heating terminal units required. This means that the theatres are net-zero carbon ready.

OBJECTIVE 9

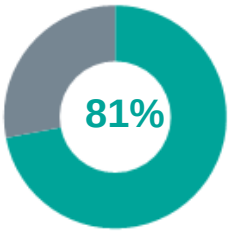
We will embed sustainable design and construction within our capital projects

We have

- Published our Estate Strategy
- Continued to require that the sustainability impacts of our capital projects are assessed and mitigated

We will

- Update and launch Sustainable Design Guide
- Ensure all future capital projects are designed to be compatible with a future zero carbon strategy
- Replace the NICU, Gynae and Elgar AHUs with a high efficiency alternatives
- Upgrade the A-Block gas boiler
- Upgrade the Brunel stair cores, Brunel MSCP and Beaufort MSCP to LED lighting
- Install cavity wall insulation into the Christopher Hancock Building
- Top-up loft insulation in Christopher Hancock Building and Elgar House



North Bristol NHS Trust

7.10 Asset Management and Utilities

The Trust is committed to reducing the sustainability impacts from our operational assets and buildings.

The Trust's Critical Retained Infrastructure Scheme Programme (CRISP) oversees the replacement of these assets and equipment. Once installed, these assets are maintained through the Planned Preventive Maintenance schedule (PPM). This is a cyclic schedule used to manage maintenance activity with the objective of maintaining safety, efficiency and keeping loss of service through break-downs or emergency maintenance activity to a minimum.

The Planned Preventive Maintenance schedule should be able to focus on maintaining new energy efficient equipment, rather than trying to maintain ageing assets which are no longer sustainable to run and at higher risk of failure.

Learning Research Building Case Study
Following analysis of the performance of the 900kW Learning and Research chiller it was demonstrated that significant energy savings could be achieved by improving how the chiller and associated pumps were controlled.

Funding was allocated and a Building Management System (BMS) contractor appointed to make corrections and improvements to the controls coding.

This resulted in over £15,000 of electricity and 20 tonnes of CO_2 savings in the first six months and significant improvement to the expected life of the equipment.

We hope to make similar changes to other chillers on our site.

OBJECTIVE 10

We will manage our operational assets and critical infrastructure to promote longevity and efficiency of use

We have

- Delivered 94% of the Planned Preventive Maintenance (PPM) works within the Retained Estate and PFI
- Ensured the PFI Building is maintained to the NHS Estates Code B Condition
- Ensured the replacement of equipment in the PFI considers whole lifecycle costs
- Appointed an Energy and Carbon manager to address emissions from energy use and buildings.

We will

- Develop a clear policy and process for our Estates Strategy that demonstrates our commitment to sustainability.
- Undertake a contractor compliance review, ensuring all our contractors are vetted against environmental compliance as part of the tender process.
- Investigate the BMS and determine opportunities for savings through improved control.
- Produce a zero-carbon plan for each building
- Run pilot projects upgrading gas boilers to electric heat pumps
- Continue the roll out of LED lighting

North Bristol NHS Trust

8. Finance

The table below highlights some of the costs relating to key areas of resource use during 2020-21 and the trend over recent years. We have seen a decrease in energy, water, sewage and business mileage costs but an increase in waste cost.

Financial Data (Spend)	2017-2018	2018-2019	2019-2020	2020-2021
Total Energy Cost	£6,192,969	£7,201,048	£7,839,267	£7,100,516
Water & Sewage Cost	£665,091	£751,408	£681,179	£672,828
Waste Cost	£735,185	£758,181	£808,343	£967,523
Business Mileage - Grey Fleet	£239,417	£242,576	£188,764	£148,501
Internal reuse of equipment	£43,539	£43,000	£57,831	£22,849

8.1 Charitable Funds

To further support innovative sustainable healthcare projects, Southmead Hospital Charity's Sustainable Healthcare fund delivers a range of sustainability and health and wellbeing projects for the benefit of patients, visitors and staff.

The fund aims to promote social cohesion and personal resilience through the prevention of avoidable illness through access to green space. Previous areas of spend from our Sustainable Healthcare fund include:

- NBT Staff and Patient Allotment
- Plants (Southmead lavender beds and Vu Herb Garden)
- Picnic benches

This past year we have limited opportunities to fund-raise due to Sustainable Development Unit capacity and Covid-19 restrictions. We will develop a new fund-raising plan in 2020-21 and have already launched a wildlife photography competition with the intention of using the winning entries to create greeting cards to sell.

North Bristol NHS Trust

9. Reporting

North Bristol NHS Trust has an obligation to report progress on sustainable development in line with national reporting requirements.

The NHS Standard Contract requires the Trust to take all reasonable steps to minimise adverse impacts on the environment. The contract specifies that North Bristol NHS Trust must demonstrate progress on climate change adaptation, mitigation and sustainable development and must provide a summary of that progress in the annual report and produce a Green Plan.

The Department of Health requires Trusts to report ERIC (Estates Return Information Collection) data. ERIC data comprises essential statistics on waste, energy and water from Estates and Facilities. The Trust must also submit a large quantity of data annually via the national Sustainability Reporting Portal. This tool is designed to translate our performance data into carbon emissions however it has proved unreliable since it was first introduced and has been responsible for incorrect reporting in past years due to technical issues with the website and the way it transforms various types of data into tonnes of carbon. This year is no exception with key concerns being the accuracy of the calculation of the waste and transport-related carbon emissions.

March 2021 saw the introduction of a new quarterly reporting requirement to NHS Improvement and NHS England. There are 20 elements ranging from our response to over-heating incidents through to how we deal with food waste. Progress against these new requirements will be monitored throughout the year and summarised in future reports.

Progress against the Green Plan is reported to the Steering Group quarterly and Trust Board 6 monthly, before final approval and publication in September each year. This approach will be modified when we move to the new Green Plan format in 2021-22. North Bristol NHS Trust's Green Plan is available on the Trust website:

www.nbt.nhs.uk/sustainablehealthcare

10. Risks and Opportunities

Risks and opportunities related to sustainable development are managed by the Strategic Estate Development and Sustainable Health service through the Environmental Management System within the Directorate of Estates, Facilities and Capital Planning.

Significant risks and opportunities associated with compliance obligations, objectives, targets and project delivery are reported directly to the Director of Estates Facilities and Capital Planning and FM Board through the management review process.

These risks and opportunities are also communicated to the Sustainable Development Steering Group and to Trust Board twice a year. Significant sustainability risks are recorded on the Trust's risk register and managed accordingly.

We have created a Business Assurance Framework entry for our carbon 2030 goal to help us identify risks that may prevent us from reaching it and are in the process of creating one for our preparedness for adapting to climate change.

North Bristol NHS Trust

11. Sustainable Development Indicators

Theme	Indicator	Metric	2016/17	2017/18	2018/19	2019/20	2020/21	Trend
Carbon Emissions	Scope 1 (gas, oil, fleet, anaesthetic gases)	(tCO2e)	13,132	13,907	13,724	12,844	12,739	
	Scope 2 (electricity)	(tCO2e)	20,067	17,515	14,162	12,911	11,480	
	Scope 3 (procurement, waste, staff/public travel etc.)	(tCO2e)	79,694	81,207	100,277	92,187	140,412	
	Total Carbon Emissions	(tCO2e)	112,893	112,628	128,163	117,942	164,630	
Energy	Electricity Consumed - Utility	kWh	38,828,428	39,295,816	40,147,116	40,860,494	39,843,369	
	Gas Consumed - Utility	kWh	42,115,642	46,759,825	45,390,730	45,472,381	45,775,435	
	Oil Consumed - Utility	kWh	543,381	892,324	765,375	583,708	1,048,078	
Onsite Renewable Energy Generation	Solar	kWh	39,717	36,057	44,396	33,133	26,110	
Water	Water Volume	m^3	241,944	351,561	389,225	316,732	326,665	
Waste	Internal re-use of equipment	£	39,892	43,539	43,000	57,831	-	
	Other Recovery	tonnes	227	1,972	1,779	1,585	981	
	Autoclave	tonnes	725	700	662	586	1185	
	Landfill (Offensive waste)	tonnes	1,487	191	204	0	0	
	Total Recycling	tonnes	1,266	518	386	883	676	
Travel	Business Mileage - Grey Fleet	miles	532,744	409,137	461,973	348,182	279,570	
	NBT Fleet	miles			540,792	508,437	431,903	
	NBT electric/hybrid vehicles	miles	14,473	18,094	16,163	22,545	1,555	
	Staff choosing sustainable travel modes	%	56	63	57	60	53	
Anaesthetic Gas	Desflurane - anaesthetic liquid	litres	216	159	131	21	15	
	Isoflurane - anaesthetic liquid	litres	12	11	8	2	5.5	
	Sevoflurane - anaesthetic liquid	litres	273	294	279	259	187	
	Nitrous oxide - anaesthetic gas	litres	477,900	432,000	442,800	540,000	495,000	
	Nitrous oxide with oxygen 50/50 split	litres	10,877,700	10,078,200	10,588,800	9,777,300	8,642,600	

North Bristol NHS Trust

Contact Us

We welcome your views....

We are continually striving to improve sustainable development here at North Bristol NHS Trust and would welcome your views on how we can do this.

Please send any comments, ideas, suggestions or feedback you may have to:

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Princess Campbell Office
North Bristol NHS Trust
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Find out more…

Visit our website below or Intranet page to find out more.

www.nbt.nhs.uk/sustainablehealthcare

link.nbt.nhs.uk/go/sustainablehealthcare

Green Plan 2021-22
Progress Report

Contents

1. North Bristol NHS Trust Sustainability Goals and Ambitions

North Bristol NHS Trust (NBT) has faced immense pressures in the past few years due to the COVID-19 pandemic. Despite this, the Trust has made commendable progress towards achieving our sustainability objectives and goals which are reported in this document.

1.1 Journey to Carbon Net Zero

Throughout 2021-22, NBT worked alongside Eunomia Consulting to scope out exactly how we will achieve net zero carbon by 2030 across all our services, activities, buildings and infrastructure. NBT has now established its baseline year as 2019-20 during which we emitted 106,789 tonnes CO_2e. Going forward, the Trust will report our carbon emissions each year against this baseline.

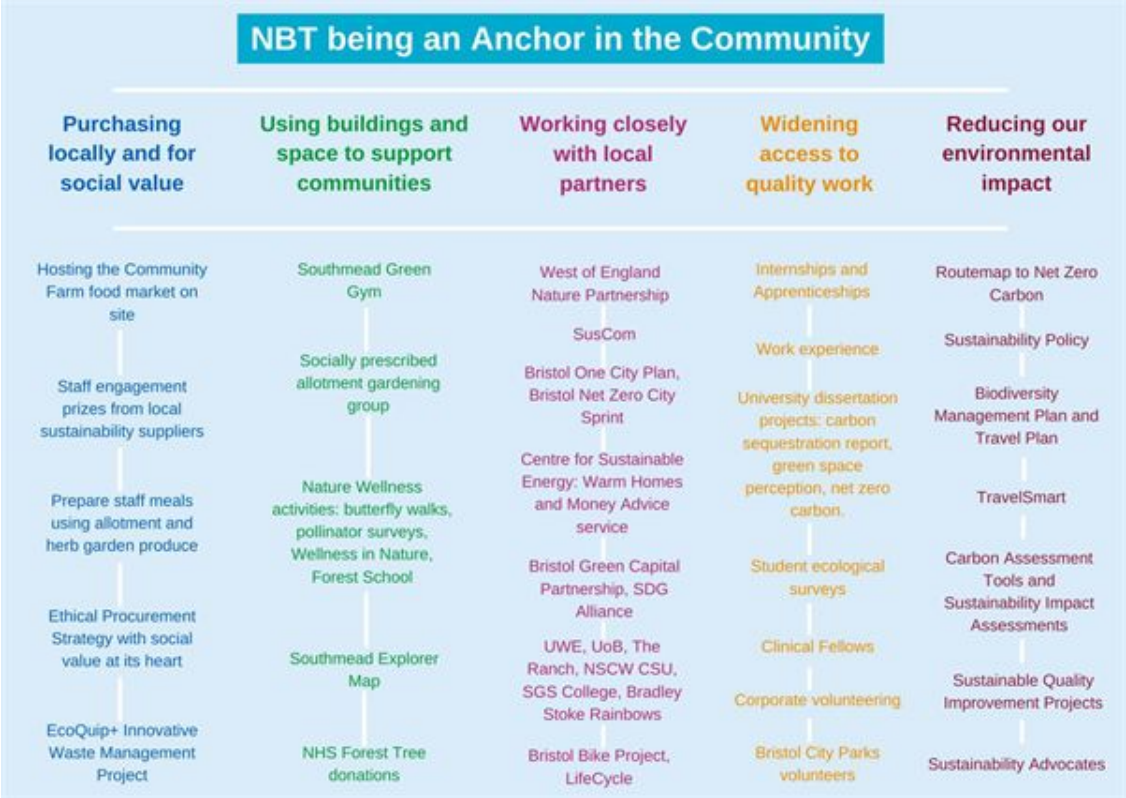
The Routemap recommendations will be incorporated into the Healthier Together ICS Green Plan and the action plans of the Green Plan workstreams which will initially span across NBT and UHBW.

1.2 Being an Anchor in the Community

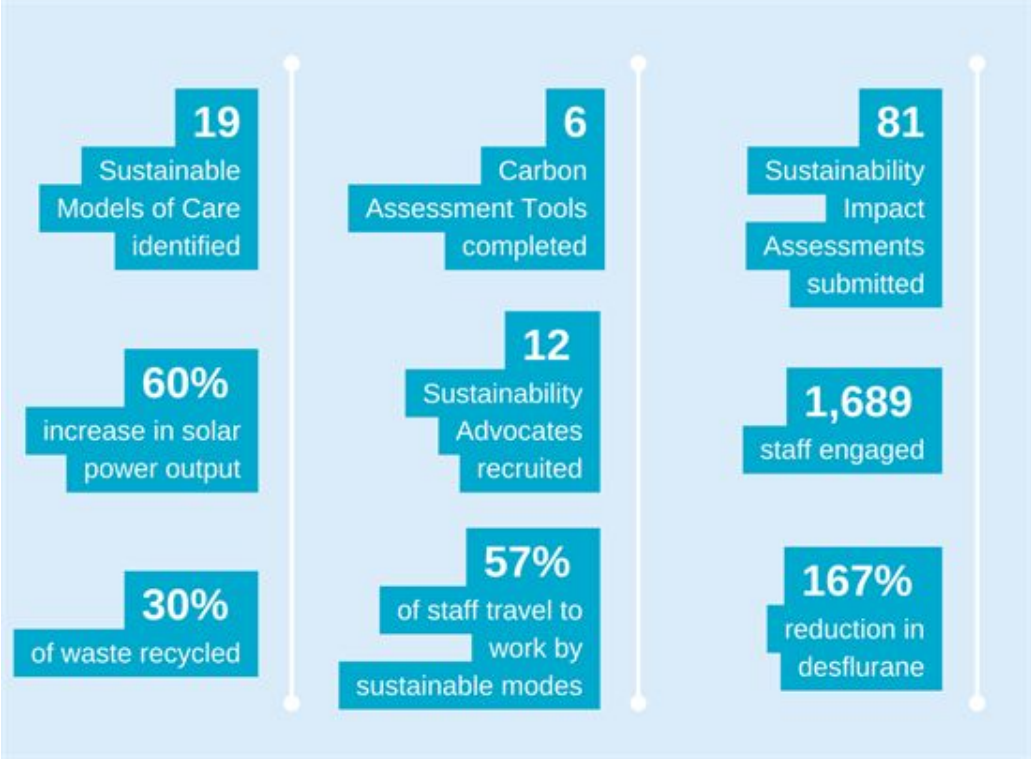
The Trust has embedded itself as an anchor in the community throughout 2021-22 as a merit of our sustainability commitments and work which have enabled us to tap into local community networks and allowed existing partnerships to flourish. We have been most successful with building community relationships through our nature recovery work which has been led by NBT's Nature Recovery Ranger. Other examples of NBT leading as an anchor institution is our membership of Bristol One City's Environment Board, our involvement with Bristol City Park volunteers in the Clean Up the World campaign and our forest school sessions with local nurseries and community groups.

1.3 Ecological Emergency

NBT declared an Ecological Emergency in 2020 alongside our civic partners. The Trust is committed to responding to this emergency by enhancing biodiversity across our estate and using our green spaces to improve the health and wellbeing of our staff, patients, visitors, and local community. NBT's Nature Recovery Ranger has made huge progress with our Biodiversity Management Plan and has led numerous projects, campaigns and initiatives that have been nationally recognised not only across the NHS but the also the private sector. NBT continues to lead the NHS in nature recovery and has inspired other Trusts and partners as well as acting as a knowledge and consultation hub.



2. Sustainability Highlights



3. COVID-19 Impact on Sustainability

The pandemic had a significant impact on the Trust's sustainability performance, most notably our procurement, travel and transport, and waste activity. The pandemics impact was most evident in 2020-21. In 2021-22 we have seen a gradual improvement in our sustainability performance with most of our sustainability performance metrics returning to pre-pandemic values and activity.

In 2020-21 NBT saw a 102% increase in waste going for alternative treatment (orange bag) due to a change in the national waste management procedure which classified waste previously being disposed of in offensive, general and recycling waste as infectious. This increase was also due to changes in infection control policy which massively increased PPE usage and therefore disposal. There was no change observed for this waste stream in 2021-22 and it remained high as the COVID-19 waste management procedure were still in place. As a result of the COVID-10 waste management procedure and the temporary suspension of recycling schemes, general and recycled waste decreased by 68% and 13%, respectively in 2020-21. In 2021-22 general and recycled waste increased by 18% and 8%, respectively, indicating a gradual return to pre-pandemic figures. Clinical waste going for high temperature incineration decreased by 12% in 2020-21 due to reduced theatre activity, however, throughout 2021-22 this increased by 17%, higher than pre-pandemic levels, as theatre activity increased to address the backlog.

NBT also experienced an 89% reduction in business travel, 65% reduction in grey fleet mileage (personal vehicles used for business travel), 18% reduction in NBT fleet mileage and 64% reduction in patient and visitor travel throughout 2020-21. Travel and transport carbon emissions reduced by 18% in 2020-21 due to reduced clinical activity, travel restrictions and the digitalisation of clinical systems which enabled NHS services to be accessed remotely. NBT does not have air quality monitoring points on site, but we can deduce from local air quality monitoring points that air quality improved as a result of reduced travel activity that was not all attributed to NBT activity but a general reduction in travel (Figure 1).

NBT's procurement carbon emissions increased by 33% in 2020/21 and again by 28% in 2021/22 in response to the pandemic to ensure we had the capacity to treat COVID-19 patients and to adapt to new ways of working and delivering services. There was an increase in spend and carbon emissions across all e-class categories, in particular medical devices and equipment and diagnostic and radiotherapy imaging equipment and services.

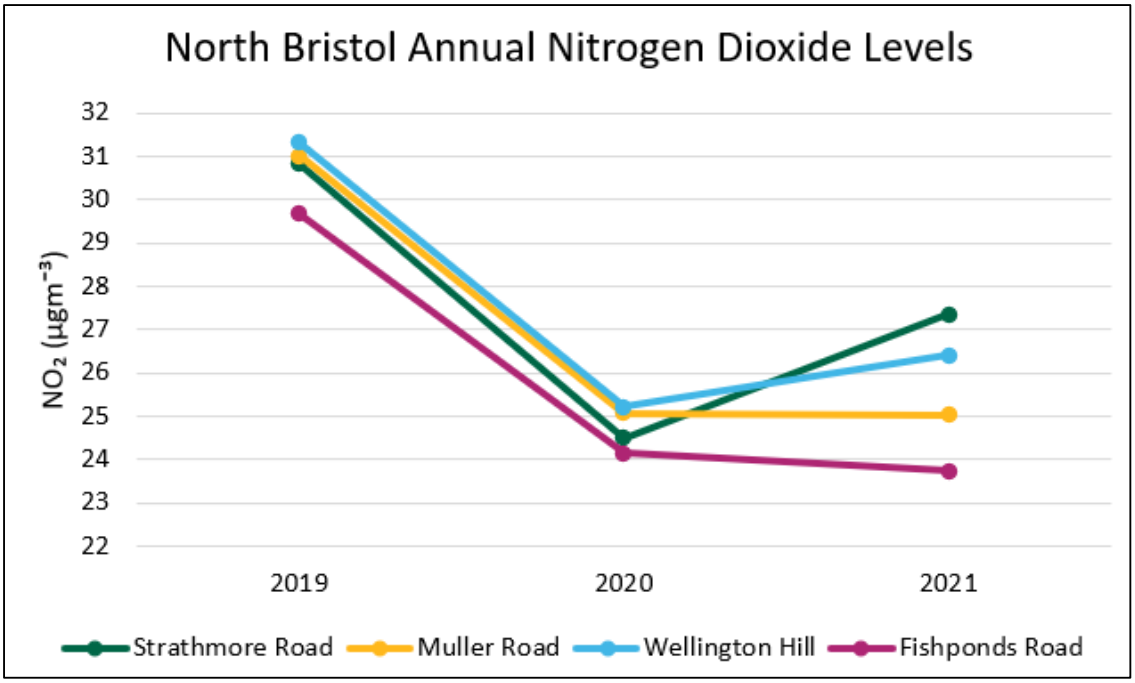


Figure 1 Annual nitrogen dioxide concentrations from local air quality monitoring points in Bristol https://opendata.bristol.gov.uk/pages/air-quality-dashboard-new/air-quality-now#map

4. Sustainability Achievements

This section will report progress made against the ten key areas of sustainability in 2021-22.

Focus	Objective	2021/22 progress
Corporate Approach	The Trust aspires to be a leader in sustainable healthcare	COP26 Count Us In Campaign Bristol Climate Action communication campaign Launched Sustainability Advocate programme Bristol Green Capital Partnership Climate Leaders video and Climate Action report Signed the Bristol One City Climate Ask declaring our net zero ambition Published first draft of the Healthier Together ICS Green Plan Policy Exchange Wolfs and Economics prize panel
Our People	Engage our staff, patients, visitors, stakeholders and our wider community on sustainable development	Launched the Nature Recovery Roundup and Nature Spot of the Month Introduction of sustainability fact sheets and Lunch and Learns Launched in house staff engagement scheme, Green Impact Plus Attended Bristol Disability Equality Forum on Green Space Accessibility Sustainability seminars, training sessions and One NBT Leadership Training Photography and art competitions and exhibitions
Climate Change Adaptation	We will adapt our sites and services ready for a changing climate	Drought-tolerant bed replanting Began recording overheating incidences across NBT estate Climate Change Adaptation added to Business Assurance Framework Warm Homes and Money Advice service drop in sessions Heat Resilient Bristol project Initial embedding of climate change adaptation into Emergency Planning NBT and Healthier Together included in Bristol's Fuel Poverty Action Plan
Sustainable Models of Care	We will adopt sustainable models of care across our services	19 Sustainable Models of Care identified Embedded sustainability into Quality Improvement process North Bristol Advance Care Planning Pilot SWASFT and NBT Improving Response Times business case Submission of 2 Quality Improvement projects to the WEAHSN Repository
Sustainable Use of Resources	We will manage our resources sustainably across our healthcare services in energy, waste, water, food and anaesthetics	Chef demo at the Pavillion using allotment produce Towards Zero Waste EcoQuip Plus European Project with UHBW Volatile Capture and Storage trial in Theatres Donation of plastic-free period products to WACH Ethical Procurement Strategy and Market Engagement Strategy report Bristol Waste Coffee cup recycling
Carbon Emissions	We will manage our carbon emissions in line with the NHS Long Term Plan	Launched the Carbon Assessment Tool with the Medicine and CCS Staff groups: Green ED Framework, Go Green Endoscopy Routemap to Carbon Net Zero by 2030 and associated Action Plans
Travel and Logistics	We will reduce the impacts from our travel and transport services	Donated 16 staff bikes to the Lifecycle Project Included in Sustrans Department for Travel Guidance Pack for Local Authorities Established Fleet and Business Travel Working Group Contributed 3 public pathways to Google Maps for Soutmead site Pharmacy Home Delivery of Medicines Finished first in the TravelWest challenge and Bristol Clean Air challenge Presented at PlanetMarks Net Zero Tour alongside SusCom
Greenspace and Biodiversity	We will protect and enhance the environment and prevent pollution	Recruited a Nature Recovery Ranger and two interns Guides: ICS Green Infrastructure and Planning, Growing at Work Green Socially Prescribed Allotment Gardening Group Shortlisted for the Culture Health and Wellbeing Alliance Climate Award for Wellbeing No Mow May campaign across NBT estate Allotment expansion and living willow structure Bat boxes, insect hotels and hedgehog homes created by local college Introduced 1,000 Red Mason bees to Southmead site

Capital Projects	We will embed sustainable design and construction within our capital projects	Elective Care Centre Net Zero design Piloted Sustainable Design Guide with external consultant Frenchay site redevelopment biodiversity improvements Sherston car park - 5 trees planted, native hedge and wildflower patches VU at the Willow Green Roof Kendon Way Office Block - tree planting and green space Gardens for staff wellbeing ICU Garden Roof Terrace, Rosa Burden garden
Asset Management and Utilities	We will manage our operational assets and critical infrastructure to promote longevity and efficiency of use	Purchase of Beckspool building Asset Management Systems desktop audit Pathology Equipment Managed Service Contract sustainability criteria Repaired 700 solar panels saving over £40k per year Building Management System Optimisations saved £70k per year Facilities Managers subscribed to Collecteco to reuse old furniture and equipment Awarded £4.3 million PSDS grant funding to carry out energy efficiency imrpovements

5. Sustainability Performance and Carbon Emissions

Figures 2-6 can be found in Appendices A-E. The Trust's total carbon footprint for 2021/22 has not yet been calculated due to missing data. The Trust is waiting for the UHBW carbon footprint to be estimated and will then use the same method to calculate our carbon footprint to ensure our reporting is aligned. NBT's carbon footprint will be reported in the Healthier Together ICS Green Plan.

In 2021-22 the recycling rate slightly increased by 1% and domestic incineration increased by 18% (Figure 2a), showing a gradual return to pre-pandemic waste levels as COVID-19 restrictions have gradually lifted. High temperature incineration increased by 17%, exceeding pre-pandemic levels, which increased overall waste carbon emissions by 7% (Figure 2b). This was due to increased theatre activity addressing the surgery backlogs created during the pandemic. Infectious, non-contaminated waste (orange bag) remains the largest waste stream (Figure 2c, 2d).

Electricity consumption remained stable in 2021/22 (Figure 3a) which is good considering the additional load on the hospital as the Trust moves out of COVID-19 restrictions. Gas consumption reduced by 5% as 2021/22 was slightly warmer than 2020/21. Oil consumption decreased significantly by 61% due to the removal of the Pavilion tent, COVID testing tent and other tents erected for staff welfare which were all heated and powered by oil. Water consumed and waste water produced increased by 11% and 14% respectively (Figure 3b) due to the increased load on the hospital as we move out of COVID-19 restrictions. Renewable energy generation increased by 60% as solar panels were repaired. Water supply and treatment carbon emissions have reduced despite this increase due to the change in the method of calculating carbon emission factors which now uses UK water company Carbon Accounting Workbooks and reflects the decarbonisation of the grid since 2012.

Fleet and grey fleet mileage increased by 14% and 22% respectively (Figure 4a, 4b), returning to pre-pandemic levels, as clinical activity resumed. Business travel also increased by 30% as travel restrictions were eased but still remain lower than pre-pandemic levels. Patient and visitor travel increased by 10% as hospital

appointments returned and visitor restrictions eased. Travel and transport carbon emissions rose by 5% but remain 13% lower than 2019/20 pre-pandemic emissions (Figure 4c).

There was a 167% decrease in desflurane consumption and 5% reduction in isoflurane consumption (Figure 5a) as a result of theatres staff opting for lower carbon anaesthetic alternatives such as sevoflurane and intravenous anaesthesia. This resulted in a 53% reduction in volatile carbon emissions. There was a 44% decrease in Breath-Actuated metered dose inhalers prescribed to patients and a 9% increase in Dry Power inhalers prescribed to patients (Figure 5b) due to increased awareness of the carbon impact of inhalers as a result of initiatives and projects led by NBT's Pharmacy team.

There were significant increases in procurement activity in 2021/22 as clinical and theatre activity increased to address the backlog of appointments and surgeries created because of the pandemic. This led to a 28% increase in Purchase Order spend carbon emissions which continues the steadily increasing trend observed since 2019/20 (Figure 6a). Medical and surgical equipment remains the largest emitter of carbon within Purchase Order spend followed by office equipment, telecommunications, computers and stationery (Figure 6b).

6. 2022/23 Work Plan

In 2022, the Trust adopted the Healthier Together Integrated Care System (ICS) Green Plan as the Trust sustainability strategy for 2022-25. This Plan introduces new key sustainability areas that the Trust must focus on in order to achieve net zero by 2030. The Plan is currently in draft format to enable stakeholder engagement and expert consultation. Going forward the Trust will report progress made against the Healthier Together ICS Green Plan which will comprise of different key focus areas that are more relevant to net zero.

NBT's key focus for 2022/23 will be to scope out the overarching governance and reporting structures required to deliver the Green Plan objectives and to publish a final version of our Green Plan. So far it has been agreed that the sustainability teams within NBT and UHBW will merge and use their specialist sustainability expertise and knowledge to work across both Trusts. A Head of Sustainability for the ICS has been recruited to co-ordinate the delivery of the Green Plan and build partnerships between the different ICS organisations so we can work together to achieve net zero carbon. Workstreams have been mapped out that will be accountable for delivering the Green Plan commitments as well as the routemap recommendations. These workstreams will include both NBT and UHBW staff.

Glossary

Biodiversity – the variety and variability of plant and animal life in the world or in a particular habitat. Biodiversity is a measure of variation at the genetic, species, and ecosystem level.

Climate change – long-term shifts in temperature and weather patterns, typically over decades or more, that is attributed to increased levels of atmospheric carbon dioxide and other greenhouse gases produced by the combustion of fossil fuels.

Ecology - the relationships between living organisms, including humans, and their physical environment.

Green Space – a community space consisting of grass, trees, or other vegetation that exists for recreational or aesthetic purposes in an otherwise urban environment.

Grey fleet – the use of personal staff vehicles that are used for business travel.

Net zero – an organisation, activity or building is deemed to have achieved net zero carbon when it has reduced all carbon emissions associated with its direct and indirect activity by 90-95% against an established baseline. The remaining carbon emissions must be offset through accredited carbon offsetting schemes.

Sustainability – the integration of environmental health, social equity and economic vitality in order to create thriving, healthy, diverse and resilient communities for this generation and generations to come. The practice of sustainability recognises the interconnectedness of these issues and that it requires a systems approach and an acknowledgment of complexity. Sustainability is achieved when there is a balance between environment, equity and economy.

Sustainable Models of Care – a health or social care pathway that reduces carbon emissions, improves staff and patient health and wellbeing, or increases efficiencies.

tCO_2e – tonnes of carbon dioxide equivalent, the standard unit for carbon accounting to quantify greenhouse gas emissions, emissions reductions and carbon credits. This unit standardises the global warming impact of different greenhouse gases.

Appendix A – Waste Generation and Carbon Emissions

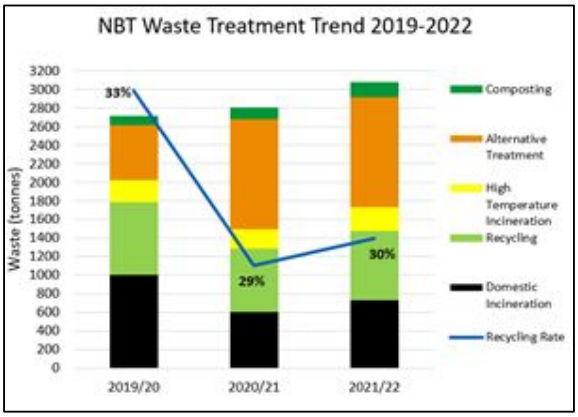


Figure 2a The three year trend from 2019/20 to 2021/22 in tonnage of NBT waste going for different waste treatment methods and the trend in NBT's recycling rate (% of waste recycled).

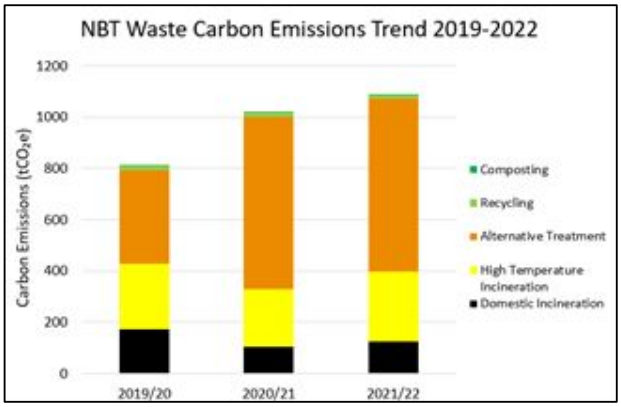


Figure 2b The three year trend from 2019/20 to 2021/22 in carbon emissions associated with NBT's waste.

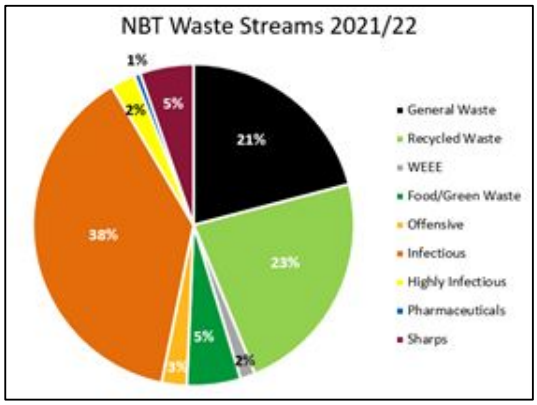


Figure 2c The percentage composition of NBT's waste in 2021/22.

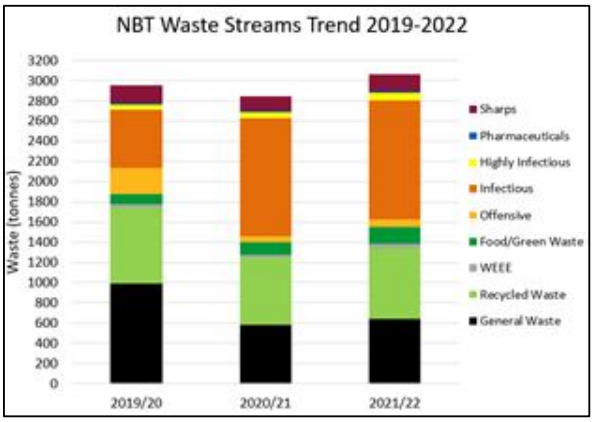


Figure 2d The three year trend from 2019/20 to 2021/22 in the composition and tonnage of NBT's waste.

Appendix B – Energy and Water Consumption and Carbon Emissions

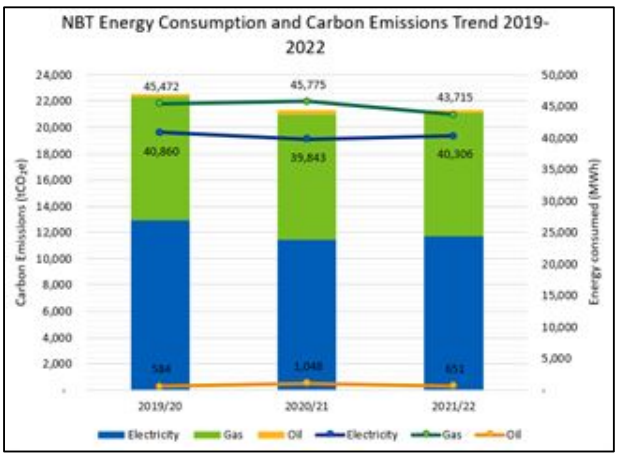


Figure 3a The three year trend from 2019/20 to 2021/22 in NBT's energy carbon emissions and energy consumption.

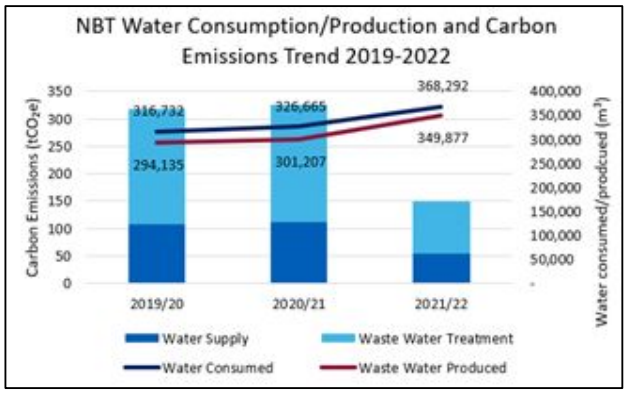


Figure 3b The three year trend from 2019/20 to 2021/22 in water carbon emissions and water consumption and waste water production.

Appendix C – Travel and Transport Mileage and Carbon Emissions

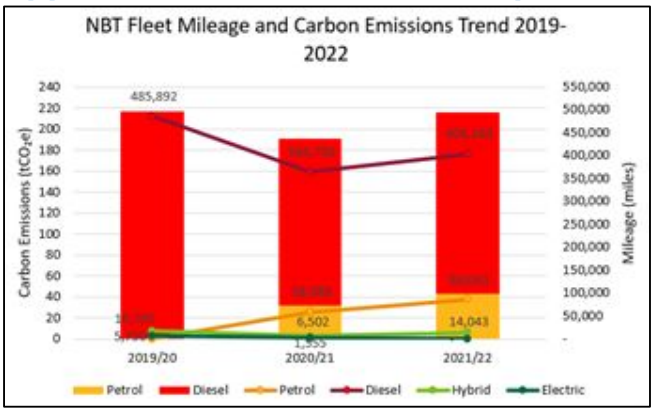


Figure 4a The three year trend from 2019/20 to 2021/22 in NBT's fleet carbon emissions and fleet mileage.

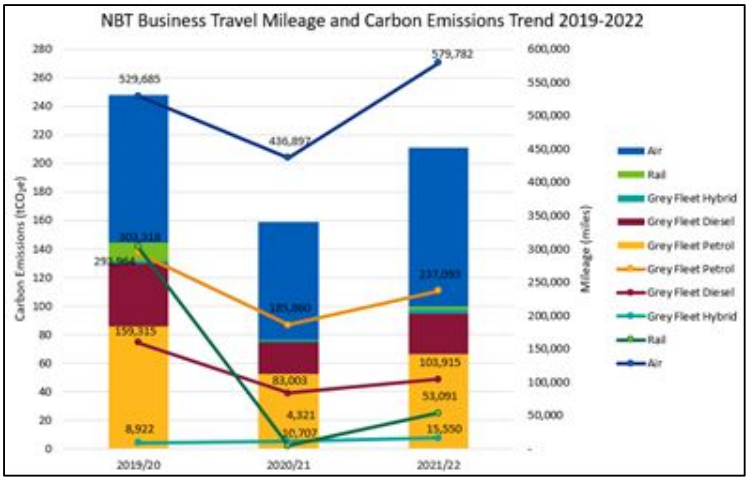


Figure 4b The three year trend from 2019/20 to 2021/22 in NBT's business travel carbon emissions and business travel mileage.

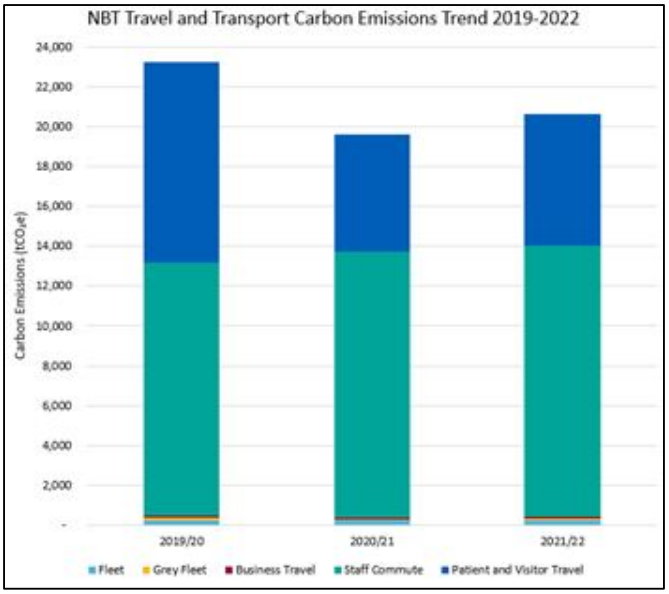


Figure 4c The three year trend from 2019/20 to 2021/22 in NBT's travel and transport carbon emissions.

Appendix D – Medicine Usage and Carbon Emissions

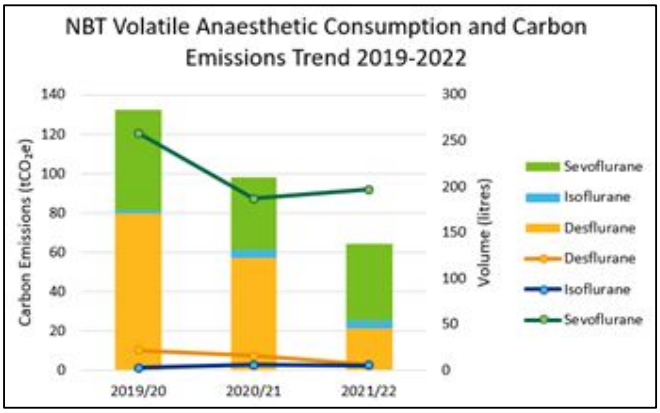


Figure 5a The three year trend from 2019/20 to 2021/22 in NBT's volatile carbon emissions and consumption.

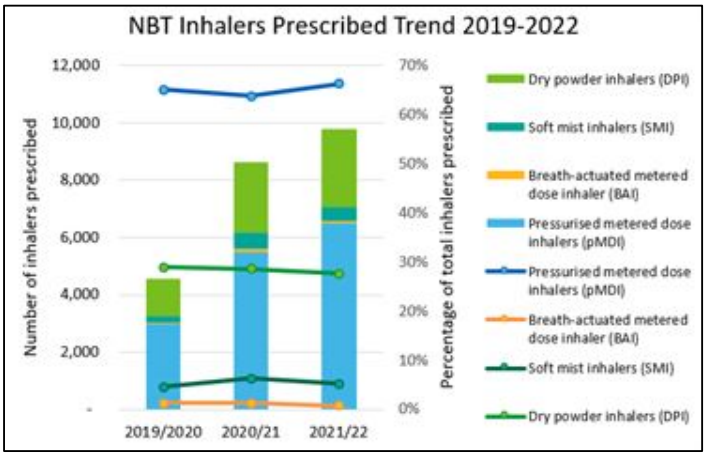


Figure 5b The three year trend from 2019/20 to 2021/22 in the number, type and percentage of inhalers prescribed by NBT.

Appendix E – Procurement Spend and Carbon Emissions

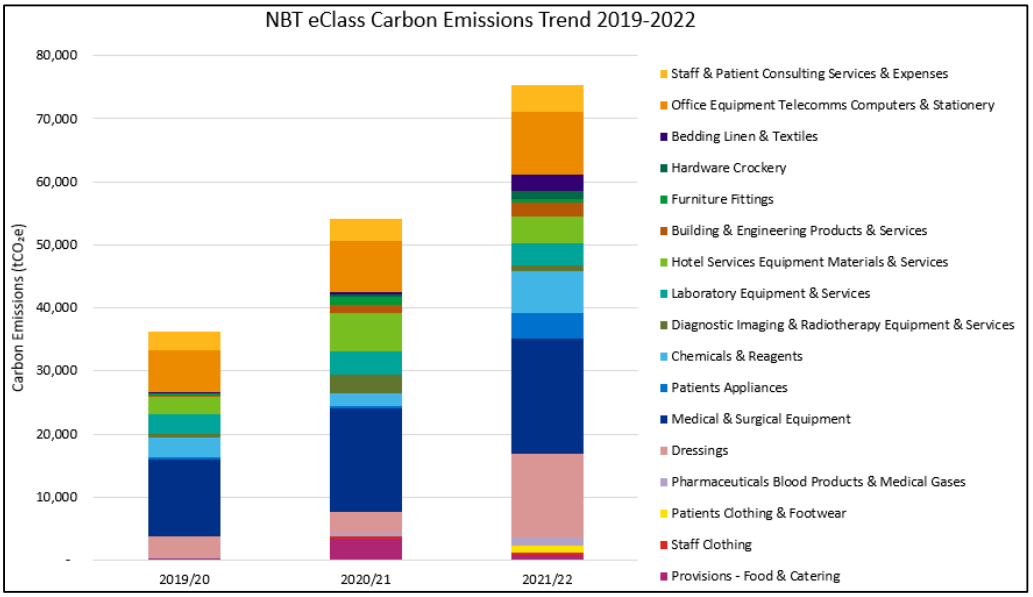


Figure 6a The three year trend from 2019/20 to 2021/22 in NBT's procurement carbon emissions for Purchase Order spend, excluding eClass data for Travel and Transport and Fuel, Light and Power to avoid double counting.

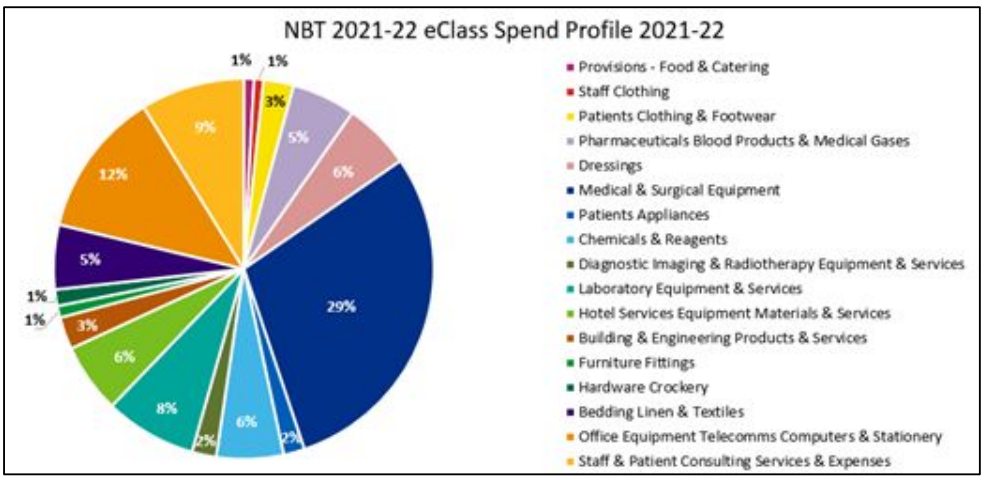


Figure 6b The eClass spend profile of NBT's Purchase Order spend in 2021/22.

NHS
North Bristol
NHS Trust

Routemap to Carbon Zero 2030

Introduction

Contents

Climate Change and Human Health

Background

State of Play

Decarbonisation Pathway

Residual Emissions

NHS
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Climate Change and Human Health

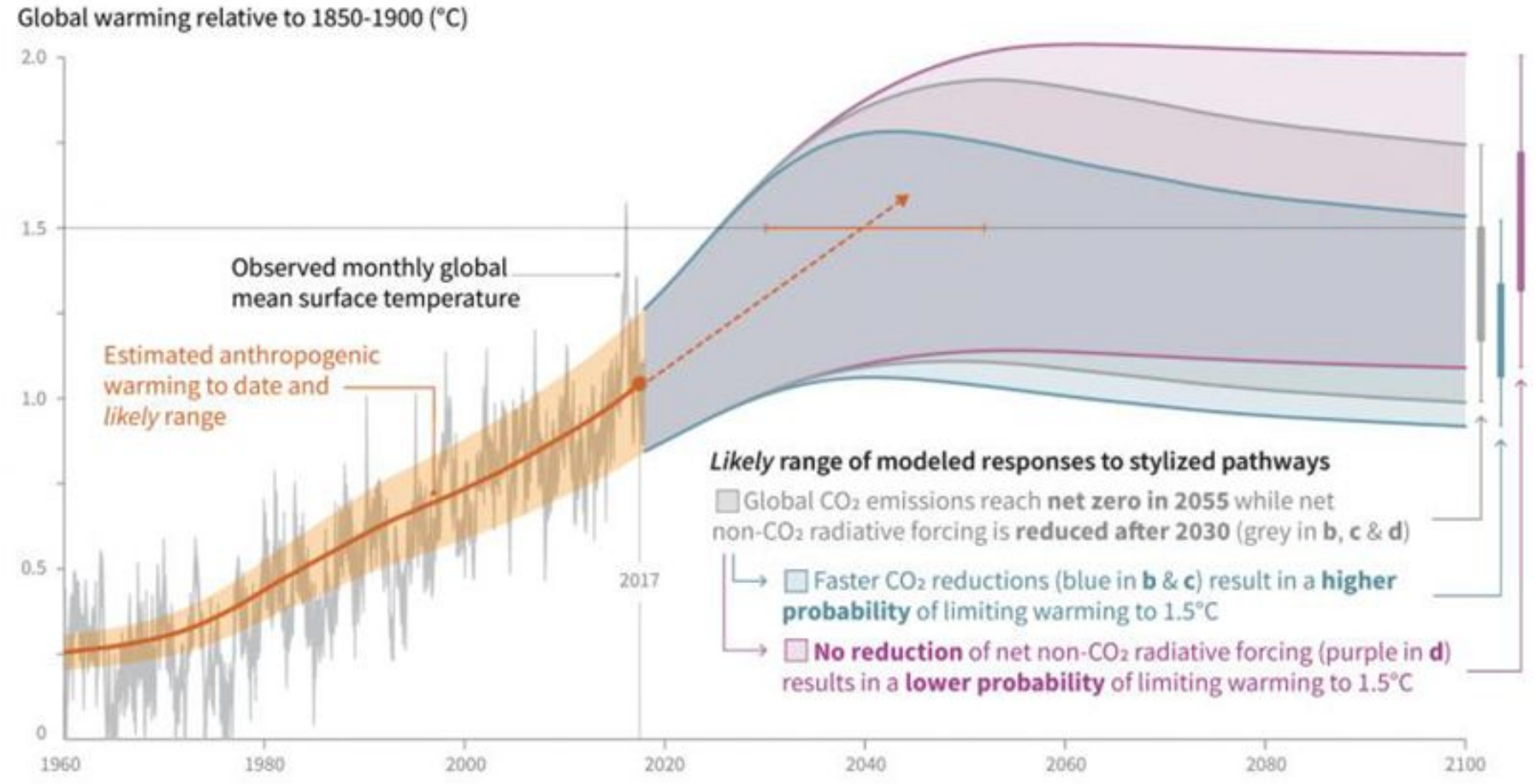
The climate emergency is a health emergency

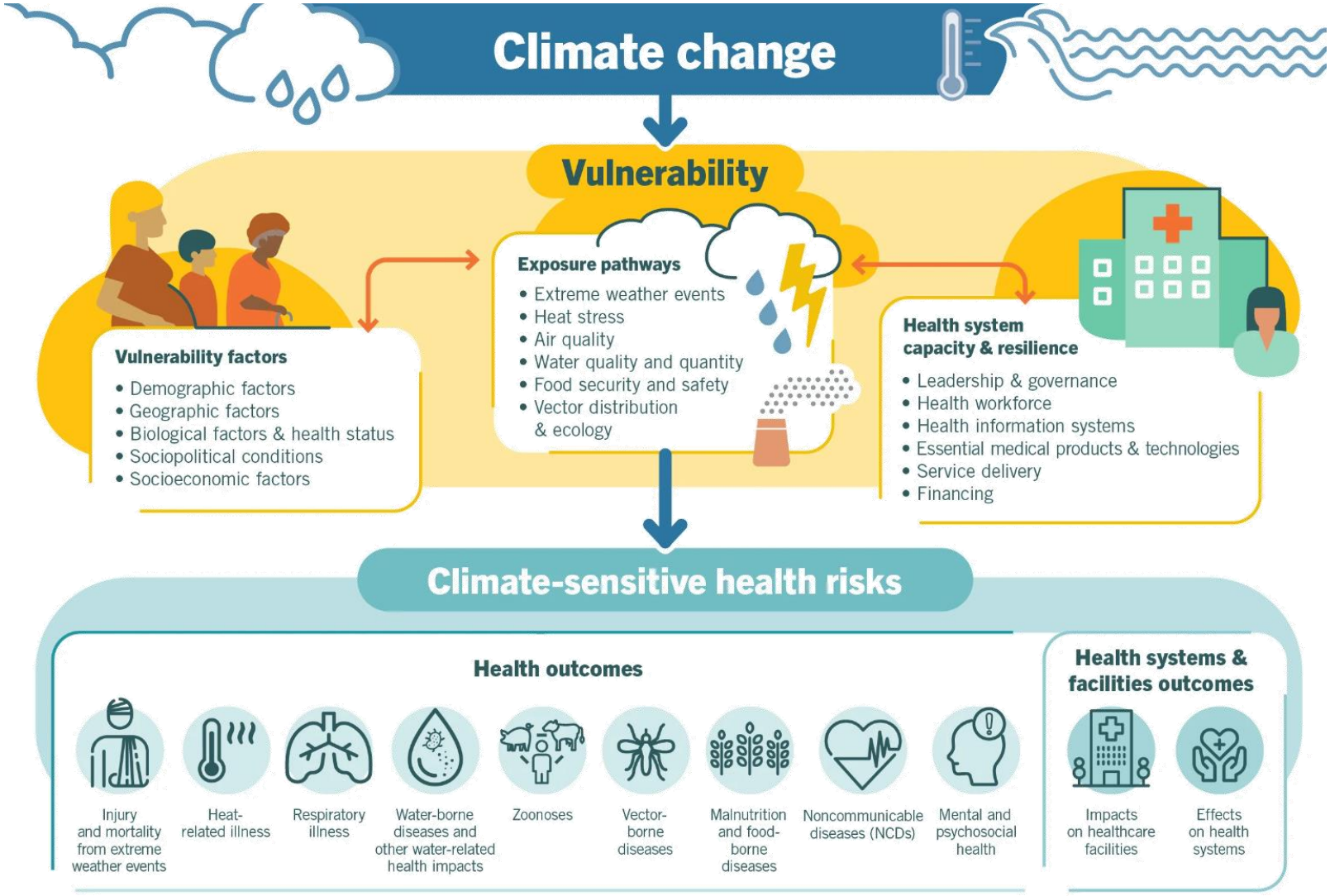
Climate Change and Human Health

Across the UK, we expect to see:

- Sea level rise and loss of coastal land
- Milder, but wetter winters, increasing flood risk
- Increased rainfall intensity year round
- Increased incidence of drought and heatwave with increased risks to public health
- Increased summer storm intensity
- Pest and disease migration
- Interruption to goods and food from abroad
- Impact on local growing seasons and farming
- Increased migration pressure

Climate Change and Human Health





Source: https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health

Climate Change and Human Health

Background

The Trust’s goals and the development process

The Trust's Goals: Net Zero by 2030

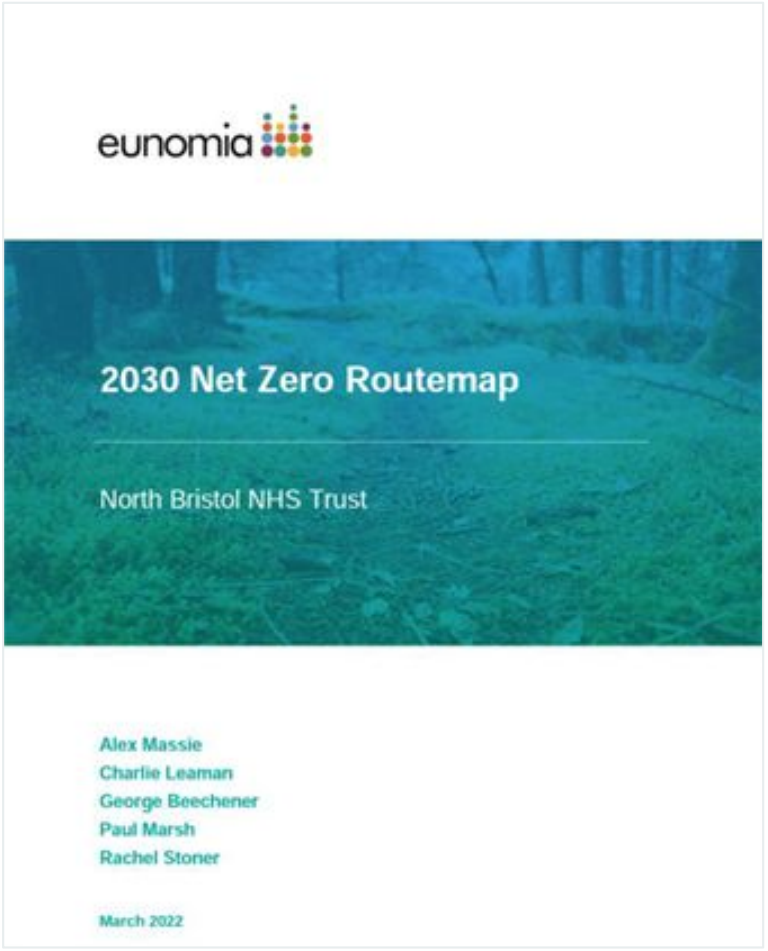
- The NHS aims to be the world's first Net Zero national health service
- The Trust declared a climate emergency in October 2019
- Goal "to become carbon neutral by 2030"
- Aligned with UHBW and Bristol City Council
- Carbon neutral target is now a Net Zero target

FOR A GREENER NHS

BRISTOL ONE CITY

Role of the Routemap

- Clear understanding of the challenges faced
- Charts a path to decarbonise by 2030
- Supporting documents, including:
  - A list of priority actions
  - A summary of available funding sources
  - NBT's Greenhouse Gas Baseline Gap Analysis
  - NBT's Greenhouse Gas Baseline and 'Business as Usual' Projections and
  - A set of SWOT analyses



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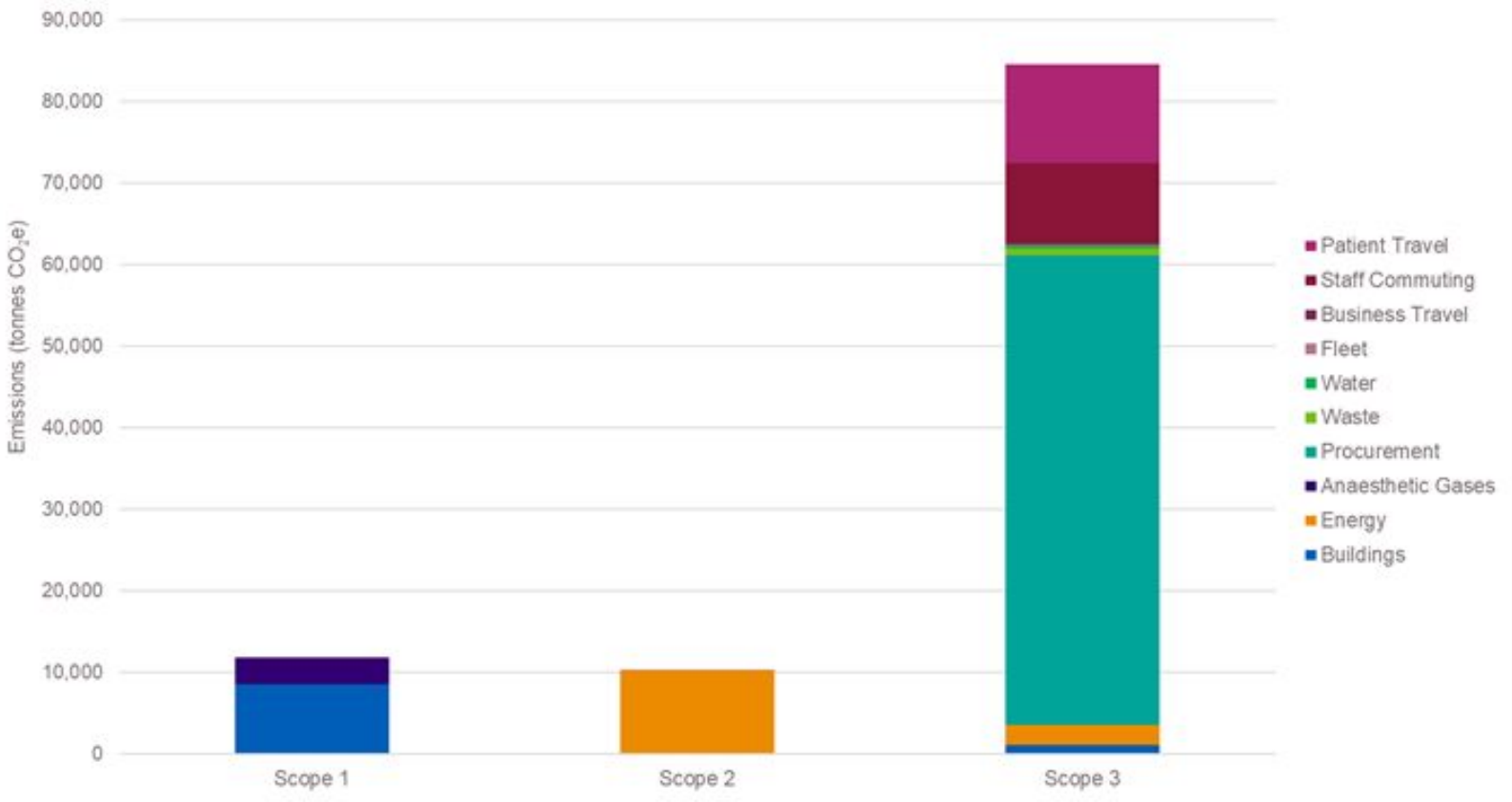
NHS Trust

Current State of Play

The scale of the challenge and progress to date

Greenhouse Gas Footprint 2019-20



Directly emitted by Trust activity

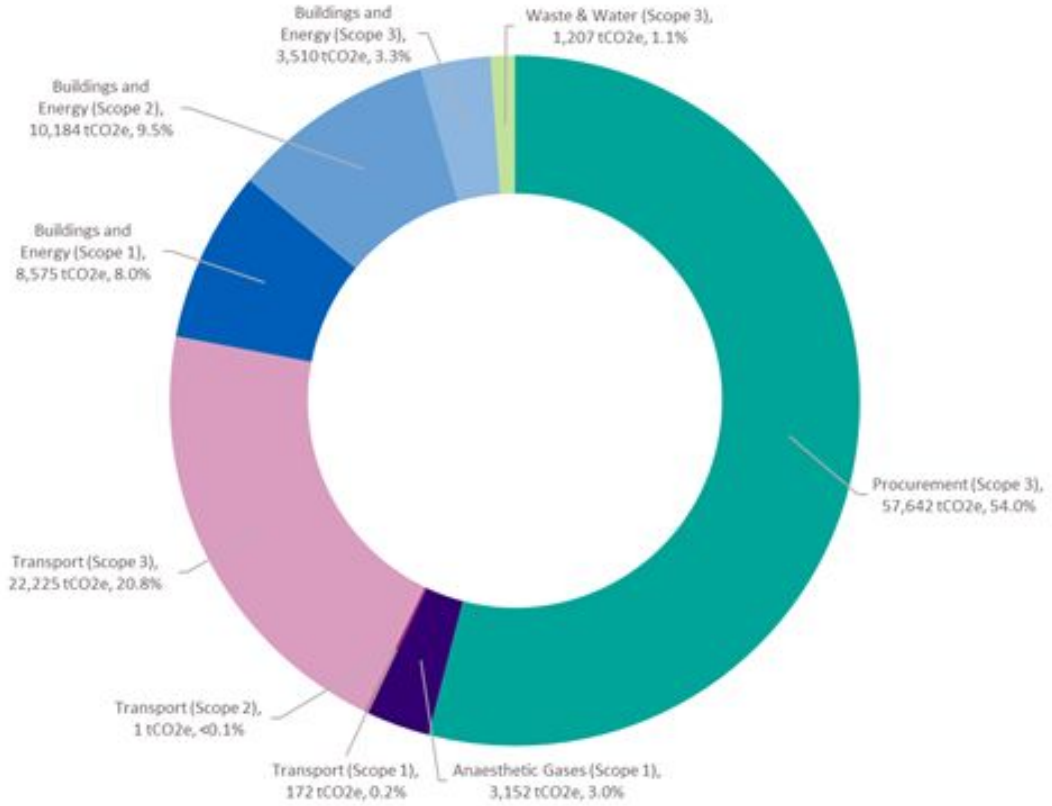
Indirectly emitted through purchased energy

Indirectly emitted through supply chain

NBT's 2019/20 emissions: 106,668tCO_2e

Scale of the Challenge

- Nobody has decarbonised a health trust before
- The Trust has a duty of care to patients that must come first
- Underpinned by the organisation's values



Working well together

Putting the patient first

Recognising the person

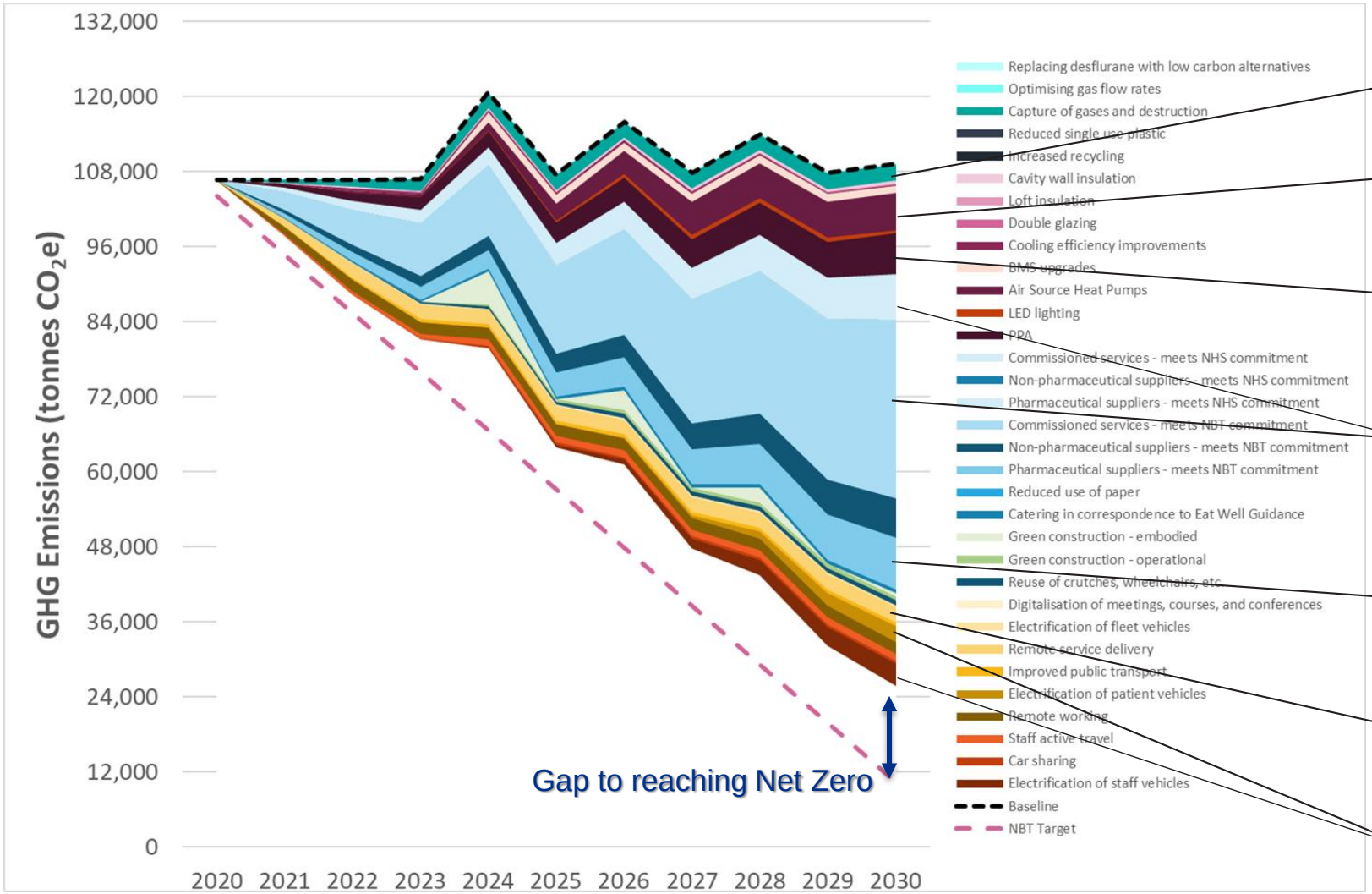
Striving for excellence

NHS
North Bristol
NHS Trust

Decarbonisation Pathway

The main challenges and opportunities for each emission sector

NBT Greenhouse Gas Emissions Trajectory 2020-2030



Key Interventions

- Capture & Destruction
- Air Source Heat Pump
- PPA
- Commissioned Services (NBT, NHS)
- Pharmaceutical Suppliers (NBT)
- Remote Service Delivery
- Staff & Patient Electric Vehicles

Key Barriers

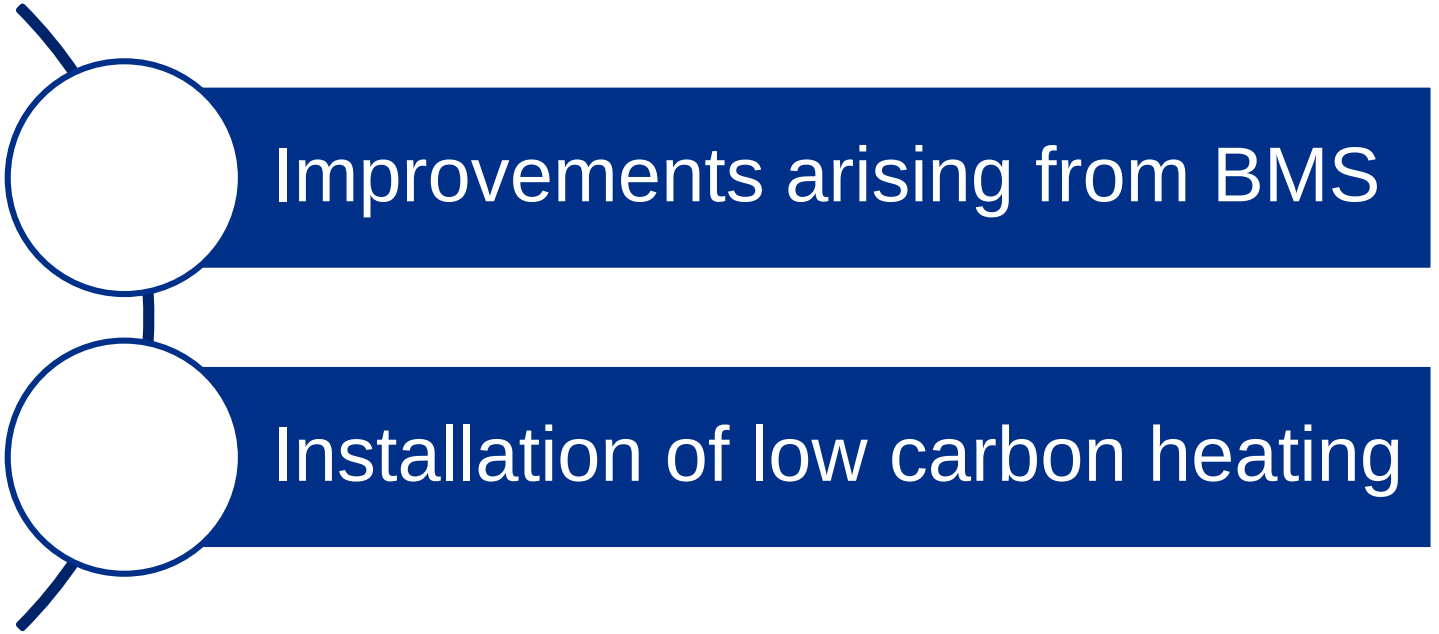
National grid decarbonisation

Vehicle electrification rate

NHS Supply Chain

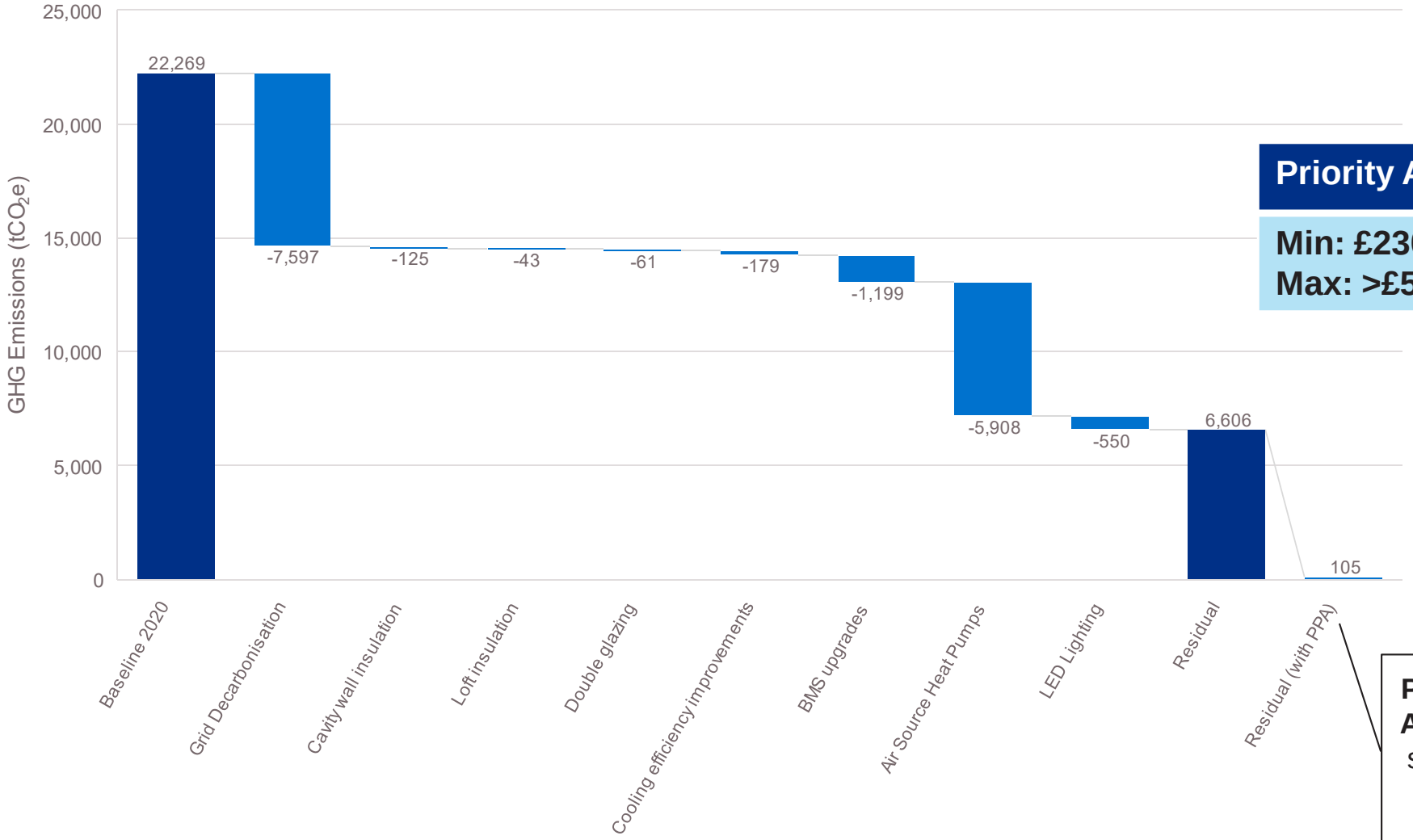
Supply chain decarbonisation

Buildings and Energy – Key interventions



c. **£26 million** net cost between 2020 and 2030 to decarbonise buildings and energy

Impacts of Interventions



Priority Action Costs

Min: £230,000
Max: >£560,000

Power Purchase Agreement is the sale of electricity between two parties

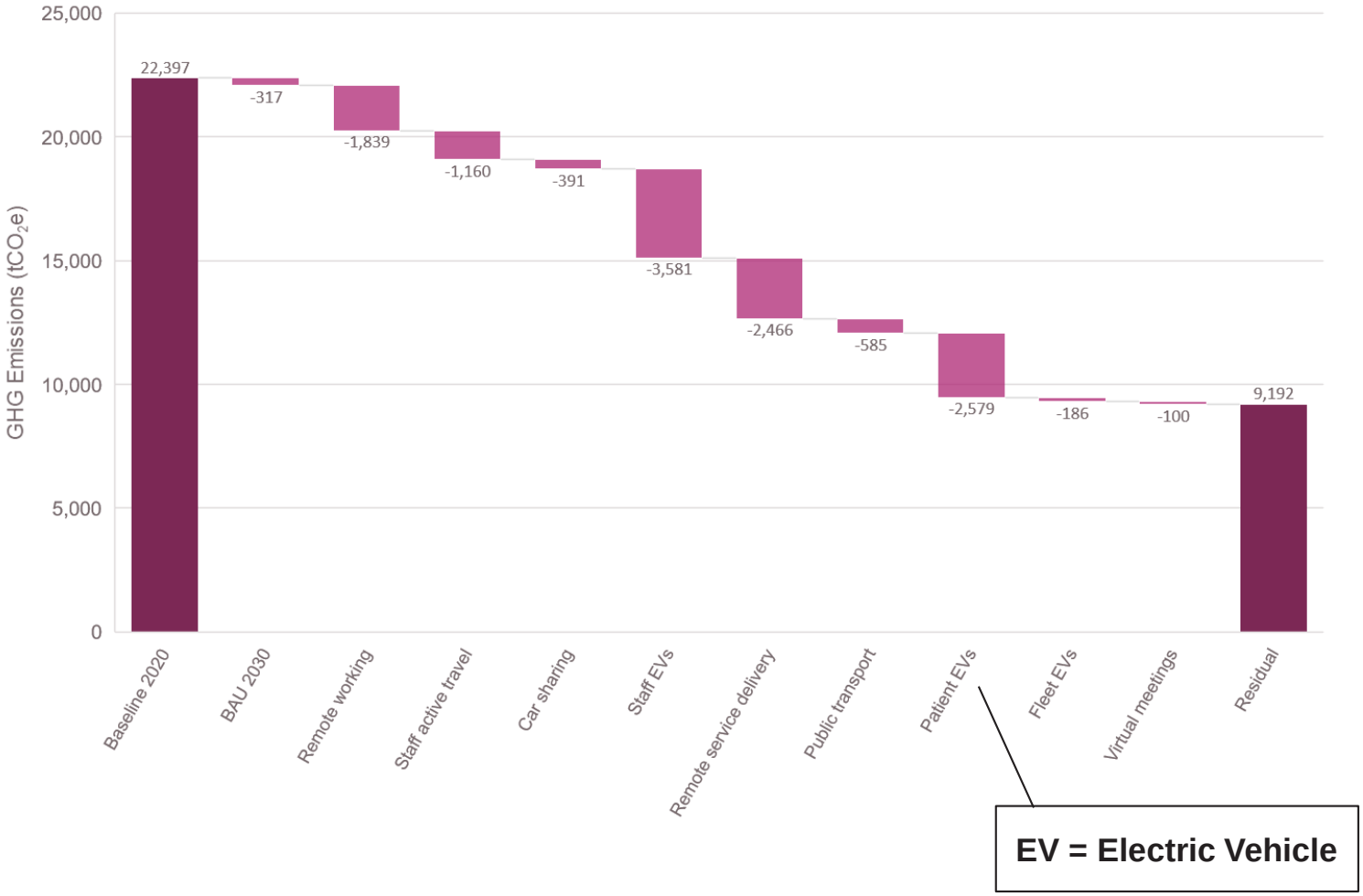
Transport – Key interventions

- Remote Working
- Remote service delivery
- Electrification of patient vehicles

Rapid charging points cost £20,000 - £40,000

Remote service delivery is the delivery of healthcare services through digital systems such as Telemedicine or through patient monitoring devices used at patients home

Impacts of Interventions



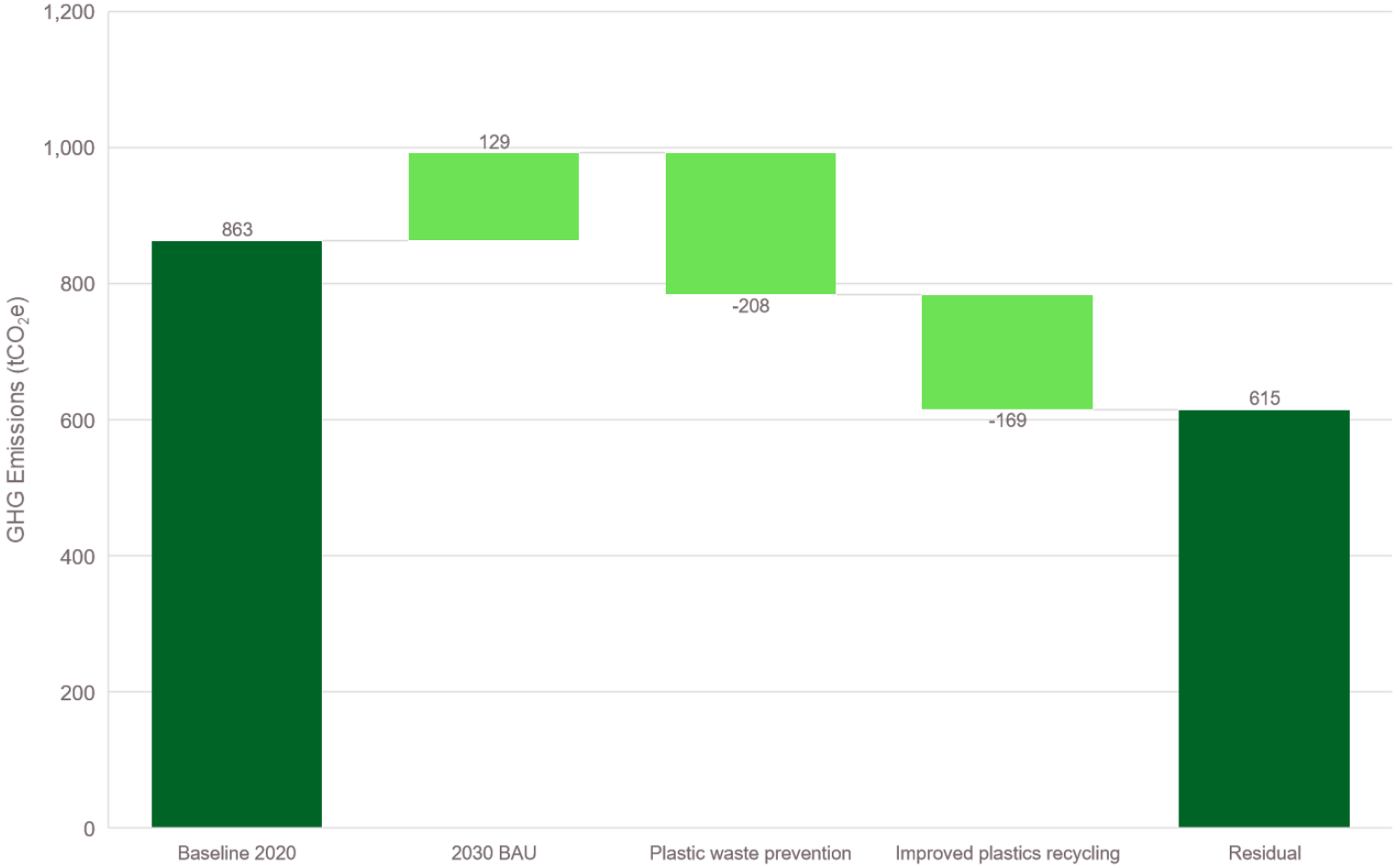
Priority Action Costs

Min: £160,000
Max: £250,000

Waste – Key interventions

Cost savings could be achieved through reducing waste and recycling more waste

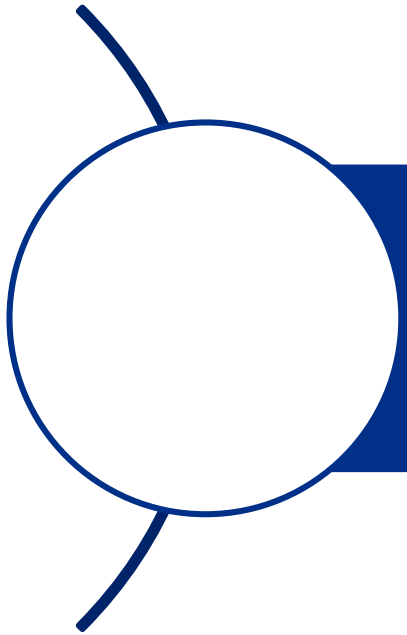
Impacts of Interventions



Priority Action Costs

Min: <£110,000
Max: £200,000

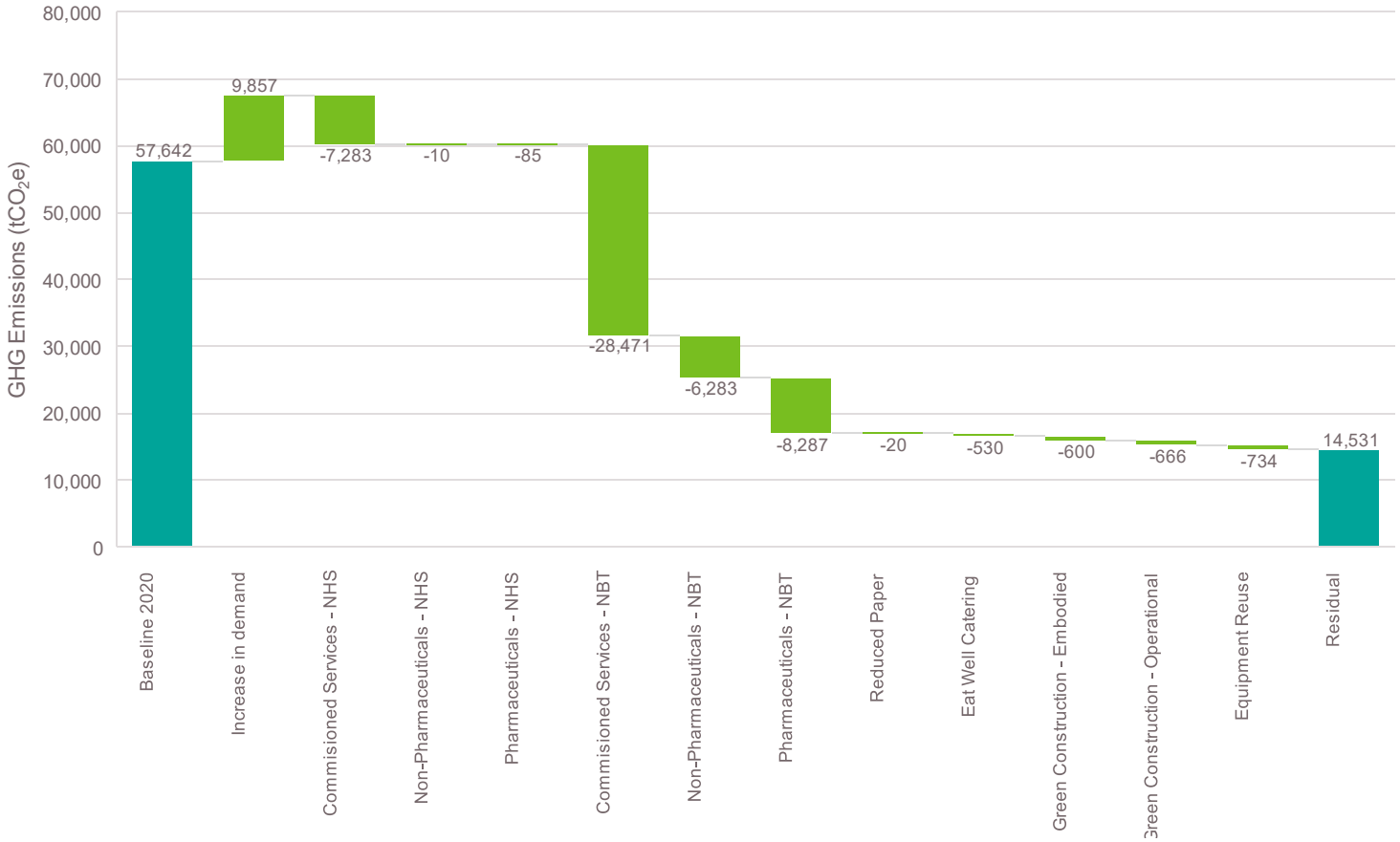
Procurement – Key interventions



Placing requirements on suppliers to decarbonise in line with the wider NHS commitment to Net Zero

Little evidence suggesting this will reduce purchasing costs

Impacts of Interventions



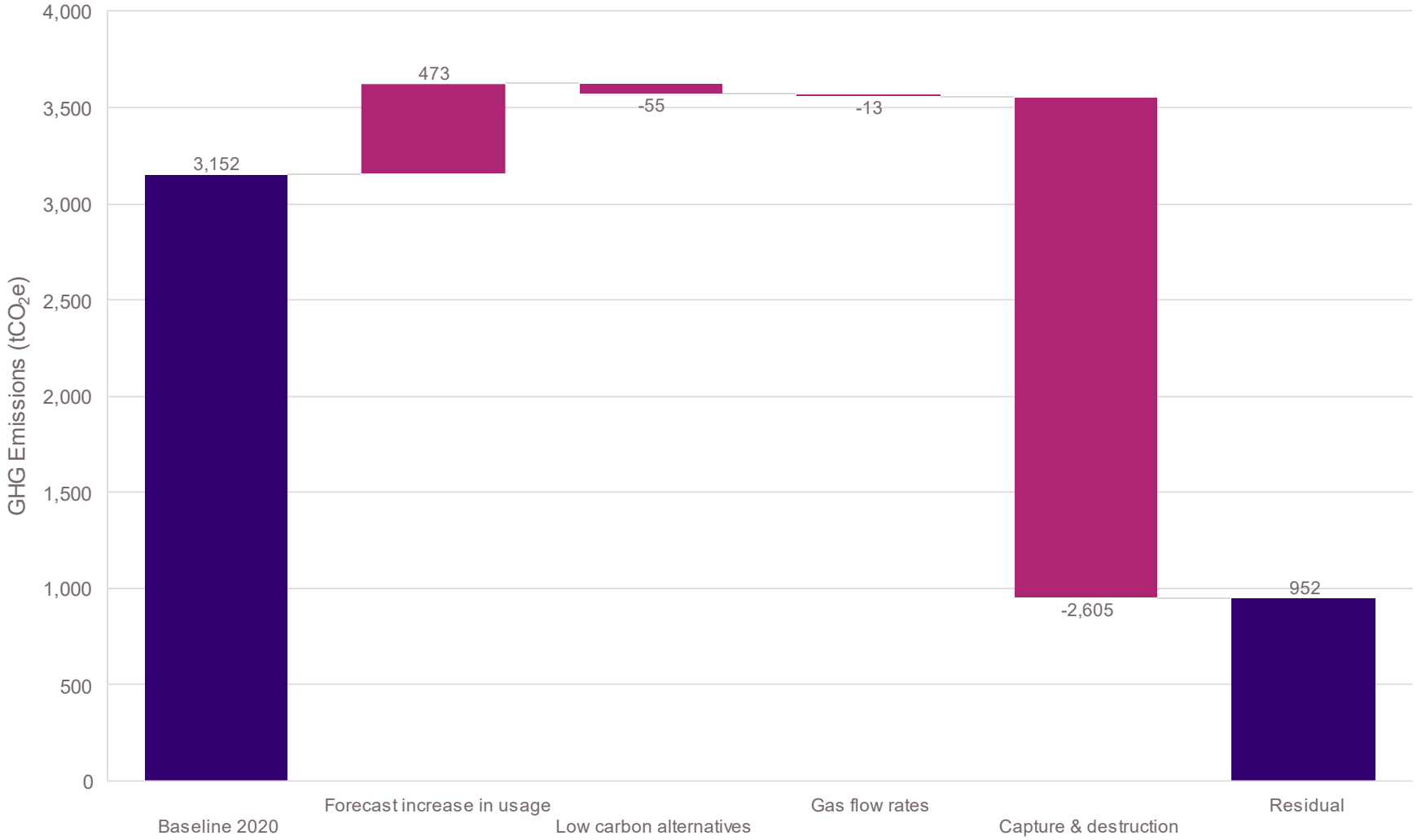
Priority Action Costs

Min: £250,000
Max: £370,000

Anaesthetics – Key interventions

£300,000 to fit 10 primary birthing rooms with capture and destruction technology

Impacts of Interventions



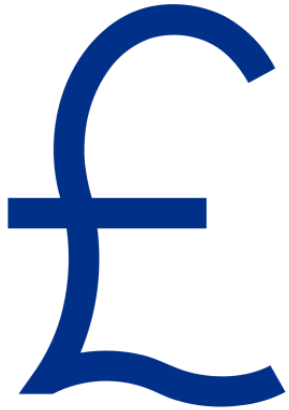
Residual Emissions

Carbon offsetting to achieve Net Zero for the Trust

The Role of Carbon Offsetting

Woodland Planting

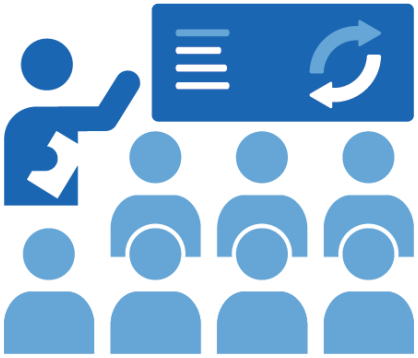
Engineering Projects



By 2030, cost to Trust £0.5-1.1 million per annum

Next Steps

- Present and discuss route map recommendations with stakeholders and agree or transfer responsibility for Net Zero Carbon actions
- Establish joint workstreams with UHBW to deliver recommendations
- Develop governance arrangements to embed responsibility for actions to reduce carbon within divisions and at individual level, track and monitor performance at Trust level
- Develop overarching business case for investment
- Develop individual business cases for specific schemes including options to embed in current practice
- Develop Healthier Together ICS Green Plan and include routemap recommendations in 2022/23 work plan.



Report To:	Trust Board - Public		
Date of Meeting:	29 September 2022		
Report Title:	Finance & Performance Committee Upward Report		
Report Author & Job Title	Aimee Jordan, Interim Senior Corporate Governance Officer and Policy Manager Xavier Bell, Director of Corporate Governance & Trust Secretary		
Executive/Non-executive Sponsor (presenting)	Tim Gregory, Non-Executive Director		
Does the paper contain:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**
*If any boxes above ticked, paper may need to be received at *private* meeting			
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
			X
Recommendation:	The Committee recommends that Trust Board receive the report for assurance and note its content.		
Report History:	The report is a standing item to each Trust Board meeting following a Finance and Performance Committee. The last report was received at the July 2022 private Board meeting.		
Next Steps:	The next report to Trust Board will be to the November 2022 meeting.		

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 22 September 2022 F&PC.	
Risk	Reports received at the meeting support the mitigation of various BAF risks, particularly those relating to patient flow, access to elective care 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 Equality, Diversity and Inclusion Assessment (EIA)?	No as this is not a strategy or policy or change proposal
Appendices:	Appendix A: Finance Report Month 5

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 the 22 September 2022.

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. NBT Performance Report

The Committee received an update on the organisation's operational performance, which confirmed:

- An overall improvement in Urgent & Emergency Care performance, driven largely by the implementation of pre-emptive transfers out of the Emergency Department, which had improved ambulance wait times and reduced 12-hour waits in the Department, re-balancing the risk across the organisation.
- The proportion of patients with No Criteria to Reside (NC2R) had marginally increased in the last period.
- Planned care improvement trajectories for clearing 104 week waiting lists were on track, and there was a plan to achieve national requirements to reduce the number of patients waiting 78 weeks for treatment.
- The Committee were also updated on improvement plans for diagnostic performance and cancer performance.

The Committee also received an update on the Trust's Winter Plan for 2022/23.

The Committee suggested that the Patient & Carer Experience Committee should review the experience of patients within the Emergency Department and on Cancer pathways, so that the impact on patients was clearly understood in addition to performance against national targets.

3.2. Finance Report (Month 5) & CIP update

The Committee received the Month 5 finance report (see Appendix 1), which detailed that at Month 5 the Trust had delivered a £9.5m deficit, which was £4.5m worse than plan. This was predominately driven by the non-delivery of savings in the first five months of

the year and high levels of premium pay spend, including on agency and incentives, offset by slippage on service developments and investments.

The Committee noted that there were mitigating actions being taken, but that they all carried an element of risk to delivery. It was also noted that winter contingency actions to manage the high proportion of patients with NC2R might also come with an additional cost pressure, which would remain under review. The full finance report is attached as Appendix A.

3.3. Capital update and space utilization

The Committee received an updated position on the current 2022/23 capital plan. It showed the current level of spend to date, the forecast end of year position and identified the key areas of known risk. No specific action was recommended beyond noting the update.

3.4. PFI Refinancing

The Committee received an update on discussions and preparations for a possible re-financing of the PFI arrangements. In light of the current economic and market position, the decision had been taken to defer the refinancing project to a future date, to be agreed with the PFI provider and the Trust's financial advisors.

3.5. Supply Chain Resilience

The Committee received an update on the increasing risk of NHS supply chain disruption and failure; namely:

- Issues with shortage of key products
- Impact of inflation on supply chain costs
- Increased lead time in the delivery of major items of equipment
- The impact of Global logistics disruption

The Committee discussed the impact of these risks, which included increased costs and the need for the procurement function to focus on managing supply chain risk rather than focusing on driving down costs.

3.6. Operational Performance IM&T Update

The Committee received a detailed update on IM&T performance, including the implementation of the new Electronic Patient Record.

The Committee discussed two key risks:

- Server Room Cooling Systems – The Committee requested additional information on the failed implementation of upgraded chillers.
- IT connectivity for community midwives – The Committee asked for the ongoing issues around NBT access to good quality IT connectivity at satellite hubs (often

in GP clinics) be escalated within the Integrated Care System governance structure, and for clear contractual arrangements to be put in place to cover all satellite sites including provision of IT connectivity for NBT services.

3.7. Other Updates:

- The Committee noted the Trust Level Risks and Board Assurance Framework (BAF) risks within its purview.
- The Committee received an update from the Business Case Review Group outlining business cases reviewed and approved since the last Committee meeting.
- The Committee received updates on audits, investments, and contract recommendations.

4. Summary and Recommendations

4.1 The Committee recommends that Trust Board receive the report for assurance and note its content.

NHS North Bristol NHS Trust

Report To:	Finance and Performance Committee		
Date of Meeting:	22 September 2022		
Report Title:	Finance Report for August 2022		
Report Author & Job Title	Simon Jones, Assistant Director of Finance – Financial Management		
Executive/Non-executive Sponsor (presenting)	Glyn Howells, Chief Financial Officer		
Does the paper contain: [enter an X in any box applicable box]	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**
*If any boxes above ticked, paper may need to be received at *private* meeting			
Purpose: [enter an X in the correct box]	**Approval**	**Discussion**	**To Receive for Information**
			X
Recommendation:	FPC is asked to note: • the revised financial framework that the Trust is operating in • the financial performance for the month and year end position • the spend on Mass Vaccinations and Covid-19 expenditure areas • the delivery of Cost Improvement Plan (CIP) savings and how they compare with divisional targets • the Cash position and Capital spend levels for the financial year • the Risks and Mitigations for the forecast position, including the actions required to deliver breakeven		
Report History:	N/A		
Next Steps:	N/A		

Executive Summary
2022/23 has seen the end of the interim financial regime implemented by NHSE/I during the Covid-19 pandemic, which saw trusts deliver a break-even plan, with support from non-recurrent funds. Whilst the new regime is not a return to pre-pandemic Payment by Results, there is a mix of block and variable elements. The basis for funding is on 2019/20 levels of activity and spend, adjusted for inflation and savings over the period since then, as well as service developments and service transfers. There is also the ability to earn additional funds through Elective Services Recovery Funding (ESRF). The Trust submitted a phased plan for 2022/23 in June 2022 that requires it to deliver a breakeven position in the current financial year. This was consolidated into a system breakeven plan.

This plan includes additional funding to cover some of the inflationary pressures recurrently, in addition to further non-recurrent support. The impact of Covid-19 pressures on Quarter 1, which was originally expected to be an allowable overspend, has been removed.

The financial plan for 2022/23 at Month 5 (August) was a deficit of £5.0m. The Trust has delivered a £9.5m deficit, which is £4.5m worse than plan. This is predominately driven by the non-delivery of savings in the first five months of the year and high levels of premium pay spend, including on agency and incentives, offset by slippage on service developments and investments. In month the Trust has recognised £0.7m of ESRF funding in addition to that assumed in the plan. Whilst the Trust has not reached the required activity levels to receive this, there has been a national approach of no clawback from commissioners in Months 1 to 6 for non-delivery. In BNSSG this has been recognised in provider positions in month.

The Month 5 CIP position shows £2.4m schemes fully completed, with a further £3.3m schemes on tracker and £1.8m in pipeline. There is a £9.8m shortfall between the 2022/23 target of £15.6m and the schemes on the tracker. If pipeline schemes are included this is a £8.0m shortfall.

Given the position at Month 5, the Risks and Mitigations impacting on the delivery for the year end position have been reviewed. A full forecast has been undertaken, which shows that without management action the Trust will deliver a deficit.

Cash at 31 August amounts to £103.7m, an in-month increase of £7.1m due to NHS England paying invoices relating to prior year Mass Vaccination costs.

Total capital spend year to date was £8.2m compared to a plan of £9.1m.

Risks	N/A
Financial implications	N/A
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	N/A
Appendices:	Appendix 1: Financial Sustainability and Delivery Group Highlight report- August 2022 Appendix 2: BNSSG ICS System Finance Report - 2022/23 Month 4

1. Purpose

This report is to inform and give an update to FPC on the financial position and performance for Month 5 and the year-to-date position.

2. Financial Performance

2.1 Total Trust

Overall, the Trust delivered a £0.8m adverse position in Month 5, with a £4.5m adverse position to plan for the year-to-date for the 2022/23 financial year.

The table below summarises the Trust financial performance for Month 5 and the year-to-date.

	Month 5			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	58.1	60.4	2.3	290.5	295.9	5.4
Other Income	6.2	6.7	0.4	30.9	32.8	1.9
Pay	(39.1)	(39.8)	(0.8)	(197.6)	(202.9)	(5.2)
Non-Pay	(25.6)	(28.5)	(2.9)	(128.7)	(135.3)	(6.6)
Surplus/(Deficit)	**(0.4)**	**(1.3)**	**(0.8)**	**(5.0)**	**(9.6)**	**(4.5)**

For Month 5 the Trust has delivered a £0.8m adverse position against the £0.4m planned deficit. Underperformance on CIP is the key driver of the position, alongside overspends on pay for bank and agency against substantive vacancies, however this is partially offset by delays in the delivery of recurrent and non-recurrent service developments. The Trust's adverse in month position is in line with the run rate year-to-date.

Whilst the Elective Services Recovery Funding mechanism has been in place since the start of the financial year, there remains uncertainty over the baseline being used nationally to measure performance of both Systems and Trusts. In addition, the calculation, which is based on Secondary User Service (SUS) data rather than the data set the Trust uses for Contract Monitoring, has yet to be shared in order that organisations can understand fully the triggers for additional payments or deductions. The Month 2 dataset is currently under review by the regional NHSEI team.

There is further uncertainty around whether ESRF will be altered or removed, as it was clear from the national submission in June that many systems included a clawback for non-delivery, where reaching 104% of 2019/20 activity was not deliverable, additionally; there is uncertainty around how payments will be affected where one Trust in a system delivers their required activity, and another does not. As discussed above, the Trust recognised £7.7m of ESRF income in Month 5 for the year-to-date period following guidance from NHSEI and the System, which assumes no clawback.

2.2 Core Trust

The table below summarises the Core Trust including Elective Recovery Fund (ERF) activity (excluding Mass Vaccination and Research) financial performance for Month 5.

	Month 5			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	58.1	60.4	2.3	290.5	295.9	5.4
Other Income	4.6	5.6	1.0	22.5	26.6	4.0
Total Income	**62.7**	**66.0**	**3.3**	**313.0**	**322.4**	**9.4**
AHP's and STT's	(5.9)	(5.6)	0.2	(29.8)	(27.8)	2.1
Medical	(11.7)	(11.6)	0.1	(58.0)	(58.4)	(0.3)
Nursing	(13.4)	(13.9)	(0.5)	(66.3)	(69.2)	(2.9)
Other Non Clinical Pay	(6.8)	(8.0)	(1.2)	(36.9)	(43.0)	(6.1)
Total Pay	**(37.8)**	**(39.1)**	**(1.3)**	**(191.1)**	**(198.4)**	**(7.3)**
Drugs	(4.2)	(6.0)	(1.7)	(21.2)	(23.7)	(2.6)
Clinical Supplies (Incl Blood)	(4.7)	(5.0)	(0.3)	(24.0)	(23.4)	0.6
Supplies & Services	(5.7)	(5.5)	0.2	(28.4)	(29.8)	(1.4)
Premises Costs	(3.1)	(3.3)	(0.2)	(15.7)	(17.0)	(1.3)
Other Non-Pay	(7.4)	(8.4)	(1.1)	(37.9)	(40.0)	(2.1)
Total Non-Pay Costs	**(25.2)**	**(28.3)**	**(3.1)**	**(127.1)**	**(133.9)**	**(6.8)**
Surplus/(Deficit)	**(0.2)**	**(1.4)**	**(1.2)**	**(5.2)**	**(9.9)**	**(4.7)**

The core Trust position in month is £1.2m adverse. This highlights the impact of the under-achievement of CIP and overspends on bank and agency offset by delayed spend against funding for new investments and service developments and the recognition of ESRF funding in month.

2.2.1 Core In Month

The in month performance for Trustwide contract income shows a favourable variance of £2.3m. This is largely driven by an overperformance in high cost drugs and devices (£1.0m), with the majority of high cost drugs upside as a result of additional homecare charges recognised in the month due to an administrative catch up. £1.0m of income has been recognised in relation to a top up in Genomics funding. Following the update in Month 4 with respect to no clawback on ESRF funding, £0.7m of incremental income has been recognised creating a favourable variance. These favourable variances are countered by a reduction of expected funding from Public Health, predominantly HPV.

Month 5 contract income for Divisions shows actual activity, whereas the Trustwide position has been set to the expected block amounts except for variable items (e.g. high-cost drugs) and ESRF clawback. Any favourable variances on drugs and devices are countered by increased expenditure on drugs and devices in non-pay.

In terms of financial value at a Divisional level, August is behind plan by £2.7m. This is driven by underperformances across the board (other than high cost drugs and devices) and is similar to Month 4. The largest adverse variance is in Outpatients, where all Divisions are performing below plan. The drop-in activity is still being investigated; however, it is expected that a large proportion of the reduction is due to delays in processing outpatient activity as a result of the new patient access system implementation, therefore an increase in activity and income is expected once the issue has been resolved.

Elective activity is £1.0m behind plan in month, falling below the reported levels in Month 3 and 4, and this has largely been offset by the overperformance against high cost drugs and devices. Rehab continues to perform above plan (£0.6m), countered by underperformances in Non-Elective (£0.6m), both values and variances aligned to those reported in Month 4.

POD	Price Plan	Price Actual	Variance
AandE	1.7	1.7	(0.0)
Critical Care	3.5	3.5	(0.1)
Direct Access	1.3	1.3	(0.0)
Elective	8.5	7.5	(1.0)
High Cost Drugs & Devices	4.9	6.1	1.3
Non Elective	13.9	13.3	(0.6)
Outpatients	6.8	3.8	(2.9)
Rehab	0.8	1.4	0.6
Other	8.1	8.2	0.0
Total	**49.5**	**46.8**	**(2.7)**

Other income is £1.0m favourable to plan. The Trust has recognised new funding in the year-to-date position since the final plan was signed off in June due to new funding streams. A monthly adjustment is undertaken to align this with the plan. This adjustment is net neutral on the Trust position and if removed shows other income to be £0.2m favourable to plan. This is driven by increased Pathology invoicing within CCS in month.

Pay expenditure is £1.3m adverse to plan. The Trust has seen overspends in Clinical Divisions for Consultant, Other Medical and Nursing due to bank and agency spend, sickness, and continued RMN usage in Medicine. In Month 5 the Trust has seen a reduction against run-rate due to challenges filling shifts during the holiday period. This has been offset by underspends in Core Clinical, from Consultant and Allied Health Professional (AHP) vacancies and delayed spend against various investment funding. The Trust is showing an adverse variance against unidentified CIP in month.

Non-pay spend is £3.1m adverse to plan which is driven by increased spend on drugs (offset in contract income), medical supplies, unidentified CIP and an increased spend on renal consumables in ASCR with the move to home delivery. This is partially offset by a reduction in capital charges in month relating to a review of depreciation timing.

CIP delivery in month is causing a £0.7m adverse variance to plan split between pay and non-pay.

2.2.2 Core Full Year

The year-to-date position is £4.7m adverse.

Pay expenditure is £7.3m adverse to plan driven by the August position described above.

Non-pay spend is £6.8m adverse driven mainly by underperformance on CIPs, in addition there is increased medical supplies spend, and additional Pathology costs within Core Clinical. There is an adverse variance on drugs offset in contract income.

CIP delivery year-to-date is driving a £3.0m adverse variance to plan split between pay and non-pay.

2.3 Mass Vaccination

The table below summarises the Mass Vaccination Programme income and expenditure for Month 5.

	Month 5			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Other Income	0.7	0.4	(0.2)	3.3	3.0	(0.4)
Total Income	**0.7**	**0.4**	**(0.2)**	**3.3**	**3.0**	**(0.4)**
AHP's and STT's	(0.0)	(0.2)	(0.2)	(0.2)	(0.3)	(0.1)
Medical	(0.0)	0.0	0.0	(0.1)	(0.1)	0.0
Nursing	(0.3)	0.0	0.3	(1.3)	(0.8)	0.5
Other Non Clinical Pay	(0.1)	(0.1)	0.1	(0.7)	(0.8)	(0.1)
Total Pay	**(0.5)**	**(0.2)**	**0.2**	**(2.3)**	**(2.0)**	**0.3**
Drugs	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.0)
Premises Costs	(0.2)	(0.1)	0.1	(0.9)	(0.9)	0.1
Other Non-Pay	(0.0)	(0.0)	0.0	(0.1)	0.0	0.1
Total Non-Pay Costs	**(0.2)**	**(0.2)**	**0.0**	**(1.1)**	**(1.0)**	**0.1**
Surplus/(Deficit)	**(0.0)**	**0.0**	**0.0**	**(0.0)**	**(0.0)**	**0.0**

A plan has been agreed and signed-off at Trust level for funding to support the Mass Vaccination programme. This plan has been included in budgets. In Month 5 the Trust has seen a reduction in spend due to reduced activity. The plan has been set based on 2021/22 activity and hence this has tailed off in 2022/23. The programme is pass-through so any correction in future months will not impact the Trust overall position.

2.4 Research

The table below shows the research position. This has been excluded from the core position to remove the impact of variances that have nil impact on the Trust bottom line position.

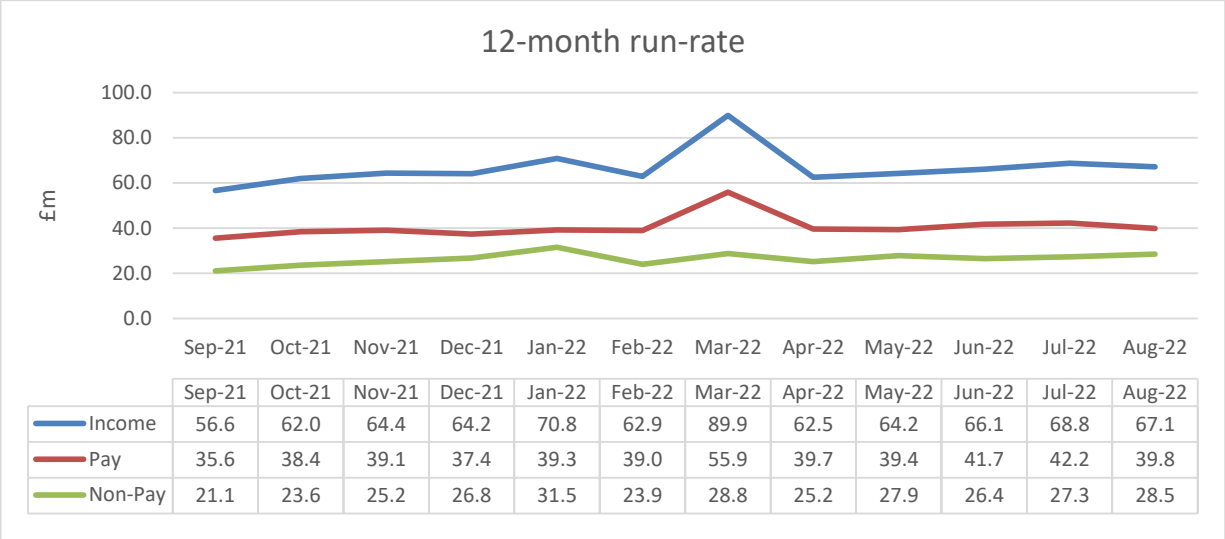
	Month 5			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Other Income	0.9	0.6	(0.3)	5.0	3.3	(1.8)
Total Income	**0.9**	**0.6**	**(0.3)**	**5.0**	**3.3**	**(1.8)**
AHP's and STT's	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.0)
Medical	(0.4)	(0.0)	0.3	(1.9)	(0.2)	1.7
Nursing	(0.2)	(0.2)	0.0	(1.2)	(1.2)	(0.0)
Other Non Clinical Pay	(0.2)	(0.2)	0.0	(1.0)	(0.9)	0.1
Total Pay	**(0.9)**	**(0.5)**	**0.4**	**(4.3)**	**(2.5)**	**1.8**
Other Non-Pay	(0.3)	(0.0)	0.2	(0.5)	(0.4)	0.1

Total Non-Pay Costs	**(0.3)**	**(0.0)**	**0.2**	**(0.5)**	**(0.4)**	**0.1**
Surplus/(Deficit)	**(0.2)**	**0.1**	**0.3**	**0.2**	**0.3**	**0.1**

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

2.5 Trust Trends

The chart below sets out the income, pay and non-pay trends for the Trust over the last 12 months. This position removes the impact of Mass Vaccination and Nightingale. Once these items have been removed, the position shown is relatively consistent over recent months. The March 2022 position reflects the impact of the pensions adjustment on income and pay. Pay in August 2022 was £39.8m, reflecting the challenges seen around reduced fill rate of agency and bank shifts.



	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Income	56.6	62.0	64.4	64.2	70.8	62.9	89.9	62.5	64.2	66.1	68.8	67.1
Pay	35.6	38.4	39.1	37.4	39.3	39.0	55.9	39.7	39.4	41.7	42.2	39.8
Non-Pay	21.1	23.6	25.2	26.8	31.5	23.9	28.8	25.2	27.9	26.4	27.3	28.5

2.6 Divisional Breakdown

		Month 5			Year to Date		
		Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
ASCR	Contract Income	12.9	10.2	(2.7)	63.0	57.5	(5.5)
	Other Income	0.4	0.4	(0.0)	2.2	2.2	(0.0)
	Pay	(9.1)	(9.7)	(0.5)	(46.3)	(48.4)	(2.1)
	Non-Pay	(2.2)	(2.5)	(0.3)	(11.5)	(12.8)	(1.3)
	Surplus/(Deficit)	**2.0**	**(1.5)**	**(3.5)**	**7.3**	**(1.5)**	**(8.8)**
CCS	Contract Income	5.4	5.4	(0.1)	27.1	27.4	0.3
	Other Income	1.3	1.5	0.2	6.5	6.3	(0.2)
	Pay	(6.7)	(6.4)	0.3	(33.4)	(31.8)	1.6
	Non-Pay	(3.5)	(3.8)	(0.2)	(17.9)	(19.0)	(1.1)
	Surplus/(Deficit)	**(3.5)**	**(3.3)**	**0.2**	**(17.8)**	**(17.2)**	**0.6**
MED	Contract Income	14.2	14.5	0.3	69.3	68.1	(1.1)
	Other Income	0.3	0.3	0.0	0.9	1.1	0.2
	Pay	(7.7)	(7.9)	(0.2)	(36.5)	(40.1)	(3.7)
	Non-Pay	(2.7)	(3.6)	(0.8)	(13.3)	(14.8)	(1.5)
	Surplus/(Deficit)	**4.0**	**3.3**	**(0.7)**	**20.4**	**14.3**	**(6.1)**
NMSK	Contract Income	11.6	9.8	(1.8)	59.3	58.7	(0.5)
	Other Income	0.2	0.3	0.1	1.2	1.4	0.1
	Pay	(5.1)	(5.0)	0.1	(25.5)	(25.2)	0.3
	Non-Pay	(3.9)	(4.9)	(1.0)	(19.6)	(20.6)	(1.0)
	Surplus/(Deficit)	**2.9**	**0.2**	**(2.7)**	**15.4**	**14.2**	**(1.1)**
W&CH	Contract Income	4.9	4.7	(0.2)	24.0	22.3	(1.7)
	Other Income	(0.2)	0.1	0.3	0.3	0.3	0.0
	Pay	(3.0)	(3.0)	0.0	(14.9)	(15.0)	(0.0)
	Non-Pay	(0.1)	(0.5)	(0.4)	(1.8)	(2.1)	(0.3)
	Surplus/(Deficit)	**1.6**	**1.4**	**(0.3)**	**7.5**	**5.5**	**(2.0)**
MASS VACCINATION	Contract Income	0.0	0.0	0.0	0.0	0.0	0.0
	Other Income	0.7	0.4	(0.2)	3.3	3.0	(0.4)
	Pay	(0.5)	(0.2)	0.2	(2.3)	(2.0)	0.3
	Non-Pay	(0.2)	(0.2)	0.0	(1.1)	(1.0)	0.1
	Surplus/(Deficit)	**(0.0)**	**0.0**	**0.0**	**(0.0)**	**(0.0)**	**0.0**
TOTAL CLINICAL DIVISIONS		**7.1**	**0.0**	**(7.1)**	**32.9**	**15.4**	**(17.5)**
NON-CLINICAL AREAS	Contract Income	9.0	15.8	6.7	47.9	61.8	13.9
	Other Income	3.5	3.7	0.1	16.4	18.6	2.2
	Pay	(7.0)	(7.6)	(0.6)	(38.7)	(40.3)	(1.6)
	Non-Pay	(13.1)	(13.1)	(0.0)	(63.5)	(65.0)	(1.5)
	Surplus/(Deficit)	**(7.5)**	**(1.3)**	**6.2**	**(37.9)**	**(24.9)**	**13.0**
TRUST TOTAL		**(0.4)**	**(1.3)**	**(0.8)**	**(5.0)**	**(9.6)**	**(4.5)**

Key Divisional variances have been discussed in the main narrative of this report. A brief commentary on the year-to-date position of the clinical divisions is shown below.

ASCR

Underperformance on contract income of £5.5m, largely due to lower levels of Outpatient activity (£4.2m) than planned as well as due to lower levels of Day Case activity (£1.5m). Pay is £2.1m overspent due to undelivered CIP, locum costs in Renal, RMN spend and additional costs to cover junior doctor gaps in General Surgery. Non-Pay is £1.3m adverse due to CIP under delivery, increased drug costs and Renal home costs where a higher proportion of patients are receiving dialysis at home.

CCS

Divisional pay is £1.6m underspent due to vacancies across consultants in Cellular Pathology and delayed recruitment to weekend working posts. Non-pay is £1.0m adverse driven by increased spend in Pathology due to external tests to support consultant vacancies in Cellular Pathology. The Division has seen increased drug costs in month which are offset within contract income.

Medicine

Contract income is £1.1m adverse due to reduced Respiratory Critical Care income following reduction in Covid-19 patients, Outpatient activity being behind plan due to reduced volumes and A&E attendances being behind plan due to uncoded activity, while Rehab activity continues to perform at levels above plan. Pay is £3.7m adverse due to RMN spend, increased agency nursing spend, agency consultant use to cover vacancies, and increased junior doctor spend to cover A&E mid-shifts and outliers. The Division has seen a reduction in agency spend in month against year-to-date run-rate due to challenges filling shifts during the holiday period. A full review of the drivers of the Division's position is underway.

NMSK

The contract income position is £0.5m adverse to plan due to a reduction in Elective and Outpatient activity, countered by increased activity levels in Non-Elective and increased use of high cost drugs (offset with overspend on non-pay). Non-pay (excluding pass-through drugs) is underspent due to reduced medical consumable spend.

W&CH

Contract income is £1.7m adverse caused by a reduction in activity across NICU and Maternity. Work has been undertaken in Month 5 to understand this and actions to resolve data quality issues are underway. Non-pay is £0.3m adverse to plan from unidentified CIP and increased medical consumables and drugs spend.

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

	21/22 M12 £m	22/23 M04 £m	22/23 M05 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	605.0	609.0	609.2	0.2	4.2
Intangible Assets	13.7	12.5	12.4	(0.1)	(1.4)
Non-current receivables	1.5	1.5	1.5	0.0	0.0
Total non-current assets	**620.2**	**622.9**	**623.0**	**0.1**	**2.8**
Current Assets					
Inventories	9.1	9.2	9.2	(0.0)	0.1
Trade and other receivables NHS	19.0	27.4	14.3	(13.1)	(4.6)
Trade and other receivables Non-NHS	20.5	26.9	25.9	(1.1)	5.3
Cash and Cash equivalents	116.2	96.6	103.7	7.1	(12.4)
Total current assets	**164.8**	**160.2**	**153.1**	**(7.0)**	**(11.7)**
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	10.6	10.4	7.8	(2.6)	(2.8)
Trade and Other payables - Non-NHS	102.6	99.2	98.6	(0.6)	(4.0)
Deferred income	16.4	22.3	20.4	(1.9)	4.0
PFI liability	15.2	15.7	15.7	0.0	0.4
Finance lease liabilities	2.1	4.1	4.1	0.0	2.0
Total current liabilities	**147.0**	**151.6**	**146.6**	**(5.1)**	**(0.4)**
Trade payables and deferred income	7.1	7.6	7.7	0.1	0.6
PFI liability	359.3	355.7	354.9	(0.8)	(4.4)
Finance lease liabilities	2.0	6.7	6.8	0.1	4.8
Total Net Assets	**269.7**	**261.4**	**260.1**	**(1.3)**	**(9.5)**
Capital and Reserves					
Public Dividend Capital	456.9	456.9	456.9	0.0	(0.0)
Income and expenditure reserve	(372.4)	(371.3)	(371.3)	0.0	1.1
Income and expenditure account - current year	1.1	(8.3)	(9.5)	(1.3)	(10.6)
Revaluation reserve	184.1	184.1	184.1	0.0	(0.0)
Total Capital and Reserves	**269.7**	**261.4**	**260.1**	**(1.3)**	**(9.5)**

3.1 Property, Plant and Equipment and Intangibles

The year-to-date increase of £2.8m in Non-Current Assets includes capital spend additions of £8.0m, together with the £6.6m additions as a result of the IFRS 16 implementation, offset by depreciation and amortisation of £11.8m. The impact of implementation of IFRS 16 is also recognised in an increase in finance lease liabilities.

3.2 Receivables

There was a net increase of £0.7m in receivables. In August, NHS England resolved £8.8m of outstanding year-end receivables for Mass Vaccination and Nightingale Surge Ward. The remaining in-year receivables increased by £9.5m of which £3.4m relates to income from commissioners (mostly on the variable element of contracts), £1.1m to Mass Vaccination, £2.8m to prepayments and £2.2m to other sources of income.

The total value of invoiced debt outstanding is £18.9m, of this £7.0m relates to Non-NHS individuals and organisations and is over 365 days old. £3.9m of the non-NHS debt older than 365 days relates to private and overseas patients and has been fully provided for.

	Outstanding invoiced debtors	Total £m	Up to 30 days	30-60 days	60-90 days	90-180 days	180-365 days	365 + days
Aug-22	NHS	6.3	3.5	0.5	0.1	1.1	0.8	0.3
	Non-NHS	12.6	2.6	0.5	0.3	0.5	1.7	7.0
	Total	**18.9**	**6.1**	**1**	**0.4**	**1.6**	**2.5**	**7.3**
Mar-22	NHS	6.4	4.8	0.0	0.3	0.6	0.6	0.1
	Non-NHS	12.0	1.8	0.7	0.4	0.9	1.5	6.7
	Total	**18.4**	**6.6**	**0.7**	**0.7**	**1.5**	**2.1**	**6.8**
Change	NHS	(0.1)	(1.3)	0.5	(0.2)	0.5	0.2	0.2
	Non-NHS	0.6	0.8	(0.2)	(0.1)	(0.4)	0.2	0.3
	Total	**0.5**	**(0.5)**	**0.3**	**(0.3)**	**0.1**	**0.4**	**0.5**

3.3 Payables

Year to date NHS payables have reduced by £2.8m due to post year end actions.

Non-NHS payables have decreased by £4.0m, of which £5.8m relates to the reduction of accrued capital expenditure because of post year end payments, offset by net increases of £1.8m across invoiced and accrued liabilities. The above payments patterns are reflected in the reduced cash balance.

3.4 Deferred Income

There is a year to date increase of £4.6m in deferred income, of which £2.7m is linked with timing of funding received from Health Education England and research, and £1.9m represents deferral of contract income for delayed service developments.

3.5 Cash

The cash balance decreased by £12.4m for the year to date due to the in-year deficit and higher than average payments made during the period, including significant amounts of capital spend cash relating to the March 2022 capital creditor. This is offset by deferred commissioning and research income received do date. Despite the reducing cash balance, the Trust is still expected to be able to manage its affairs without any external support for the 2022/23 financial year.

The in month cash balance has increased by £7.1m, which is mostly linked with NHS England paying £8.8m of year-end receivables, which was offset by further increase in year-to-date deficit.

	Sep-22 £m	Oct-22 £m	Nov-22 £m	Dec-22 £m	Jan-23 £m	Feb-23 £m	Mar-23 £m
Cash brought forward	**103.7**	**96.8**	**101.9**	**99.1**	**100.8**	**108.1**	**109.9**
Forecast in-month cash movement	(6.9)	5.1	(2.7)	1.6	7.4	1.8	0.3
Forecast cash balance	**96.8**	**101.9**	**99.1**	**100.8**	**108.1**	**109.9**	**110.2**

3.6 Capital Spend

Total capital spend for the year to date was £8.2m, compared to plan of £9.1m. The total planned spend for the year is £22.1m. The Capital Planning Group (CPG) has reviewed the year to date position, together with the forecast for the remainder of the year and the associated risks. The CPG was content that plans were in place to ensure that the Trust will meet its planned expenditure for the year. This will be reviewed again at Month 6 and any mitigations required will also be assessed.

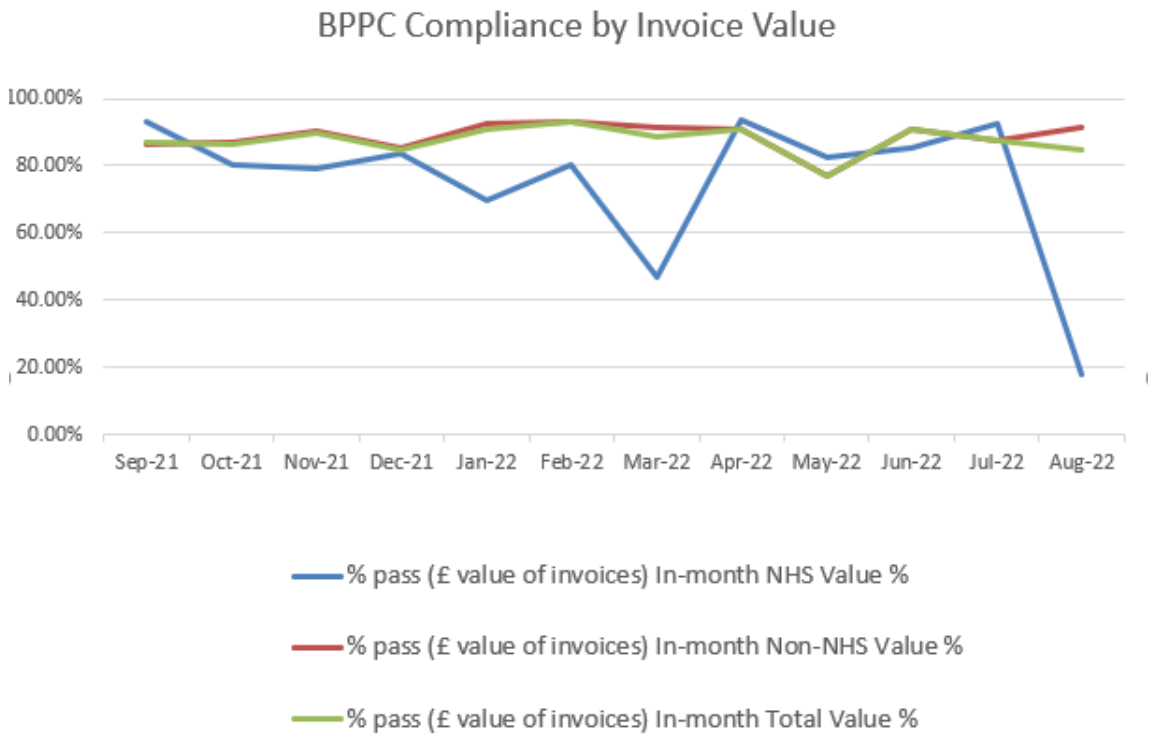
New IFRS16 leases are now being captured in the capital expenditure following the work undertaken during August to recognise these, however, due to slower than anticipated introduction of new equipment under the Pathology Manged Equipment Service the impact has been minimal.

2022/23 Capital Expenditure	2022/23 plan £m	Year to date Plan £m	Year to date Actual £m	Year to date Variance from plan £m
Divisional Schemes	7.4	3.0	0.5	(2.5)
CRISP	4.6	1.9	1.6	(0.3)
Medical equipment	4.6	1.9	1.0	(0.9)
IM&T	4.2	1.7	4.8	3.1
Charity and grant funded	0.2	0.1	0.3	0.2
PFI lifecycle	1.1	0.5	0.0	(0.5)
Total Core Plan	**22.1**	**9.1**	**8.2**	**(0.9)**

3.7 BPPC

The Better Payment Practice Code (BPPC) achievement of invoices paid within 30 days by value was 87.4% for the first five months of 2022/23, compared to 87.8% for 2021/22. BPPC achievement by volume of invoices has increased from 83.7% in 2021/22 to 86.6% for the first five months of 2022/23.

The in-month deterioration of performance is caused by two factors – a cyber-attack on Advanced resulting in the lack of access to EROS (procurement system) for a short period of time, and delays in processing consolidated provider-to-provider (P2P) invoices. The access to procurement system has been now restored, and the processing of P2P invoices has been reviewed to avoid similar issues in the future.



4. Cost Improvement Programme

The CIP plan for 2022/23 is for savings of £15.6m. At Month 5 the Trust has £2.4m of completed schemes on the tracker. There are a further £3.3m of schemes in implementation and planning, creating a £9.8m shortfall against the annual target of £15.6m. The Trust has a further £1.8m of schemes in pipeline. Further schemes, including around agency reduction and procurement savings are currently being worked up.

Summary Division	FYE Target	Completed Schemes	Schemes in Implementation	Schemes in Planning	Total FYE	Variance FYE	Schemes in Pipeline	Total FYE inc Pipeline
£m	£m	£m	£m	£m	£m	£m	£m	£m
ASCR	3.7	0.2	0.0	0.4	0.5	(3.2)	0.1	0.6
CCS	3.2	0.9	0.3	0.0	1.2	(2.0)	0.3	1.5
CORP	0.6	0.3	0.0	0.1	0.4	(0.3)	0.8	1.2
FAC	1.0	0.4	0.7	0.3	1.4	0.4	0.2	1.6
MED	2.6	0.1	0.1	0.3	0.5	(2.1)	0.2	0.8
NMSK	2.6	0.4	0.0	1.0	1.5	(1.1)	0.1	1.6
TRUSTWIDE	1.1	0.1	0.0	0.2	0.3	(0.8)	0.1	0.4
WCH	0.8	0.0	0.0	0.0	0.0	(0.8)	0.0	0.0
Total	**15.6**	**2.4**	**1.1**	**2.2**	**5.8**	**(9.8)**	**1.8**	**7.6**

The Trust is monitoring the CIP position on a weekly basis and meeting regularly with teams. Governance includes a monthly CIP review between finance and Divisions, a monthly Financial Sustainability Group (FSG), and a bi-monthly CIP Board with representation from Trust Executives.

The table below shows the movement of Divisional CIP plans between Month 4 and Month 5 excluding pipeline. Divisions will be tasked with working up schemes to close the gap in Quarter 2. A summary of progress at FSG is shown in Appendix 1.

Division	Total FYE (Month 4) £m	Total FYE (Month 5) £m	Movement FYE £m	Key issues
ASCR	0.37	0.53	0.16	Breast Care Non-Pay/Fluid warming
CCS	1.13	1.17	0.04	Drugs savings and WDA activity
MED	0.41	0.54	0.13	Drugs savings
NMSK	1.28	1.50	0.22	MDT Income and private patients
WCH	0.30	0.30	0.00	No change
FAC	1.35	1.35	0.00	No change
CORP	0.37	0.38	0.01	Agency neutral vendor
Grand Total	**5.2**	**5.8**	**0.6**	

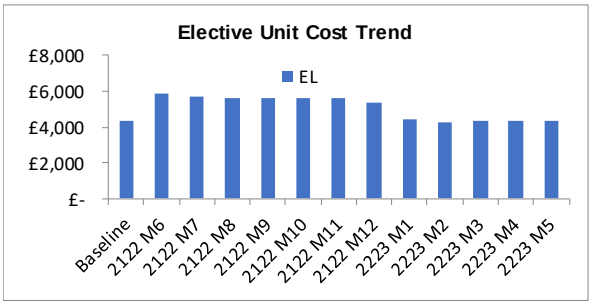
5. Productivity

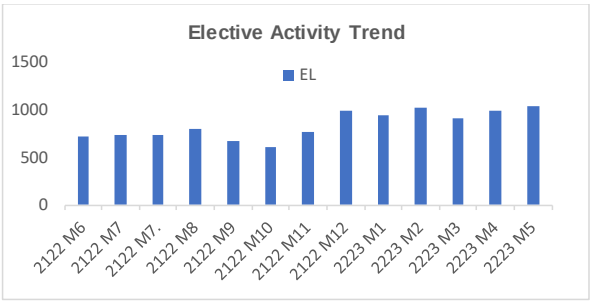
The impact of Covid-19 has been felt differently by different organisations which has meant more traditional forms of benchmarking have become less useful when assessing the Trust's performance. As a result, starting in early 2021/22 a new measure of performance has been captured. The calculation of unit costs allows for productivity to be measured at a point of delivery (POD) / speciality level. Unit costs have been calculated going back to 2019/20 and so trends can then be analysed and compared to pre-pandemic levels.

While the hospital has been focusing on the response to the pandemic full analysis involving crucial divisional input has not been carried out. Now, as part of the recovery process, productivity analysis is to be launched at a Divisional level.

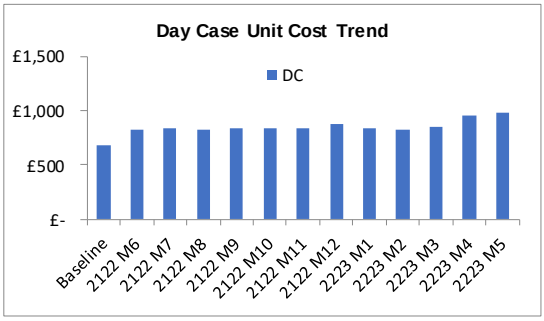
Productivity as shown in the below graphs sources cost data from service line reporting and activity data from patient access systems and aims to understand the relationship between activity and expenditure.

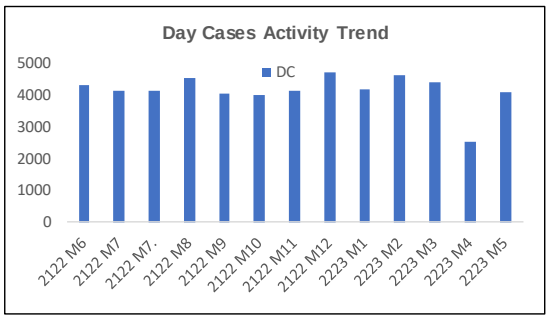
In areas where there is a high proportion of fixed costs movements in activity have a greater effect on unit costs. This can be seen in the elective unit costs below where low levels of activity during the Covid-19 pandemic greatly increased the unit cost and rising levels of activity in the last three months have seen the unit cost move closer to pre-pandemic levels.



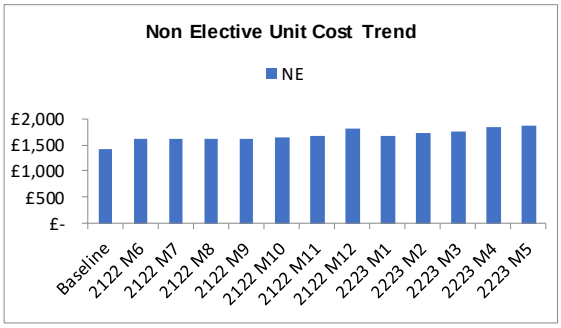


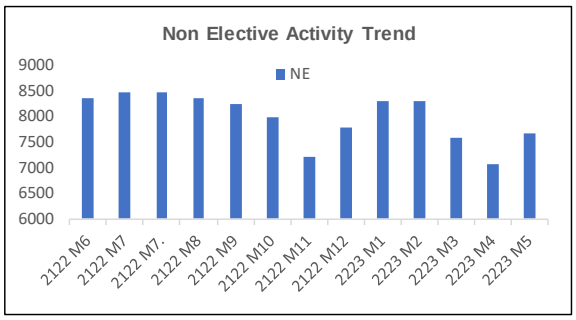
In terms of day cases, where activity has been very volatile recently, the unit cost is less correlated to activity.

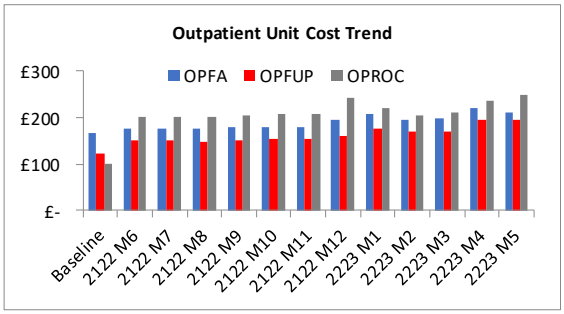


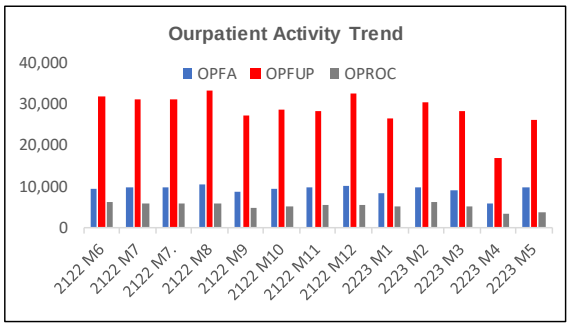


Non-elective activity levels have remained reasonably stable, however, there is a clear trend of increased unit costs over the last twelve months. The same could be said for outpatients, particularly when looking at outpatient procedures.









The real value from this data set will come as a result of clinical engagement and Divisional input. For this reason, a Costing for Value steering group which will be clinically chaired is in the process of being setup and Divisions now have access to monthly productivity data which will be included as part of the Divisional review process.

6. System position

For Month 5, the System has delivered a small adverse position year-to-date. This has been driven by providers being £7.1m adverse to plan offset by a positive variance within the ICB. The themes underlying the providers adverse position across the System are the same as NBT – non delivery of savings and increased spend on agency to cover vacancies.

The System Finance report for Month 4 is attached (Appendix 2) for information. Due to the different reporting timetables between organisations in the ICS this is currently a month behind, however work is underway to align reporting.

North Bristol NHS Trust

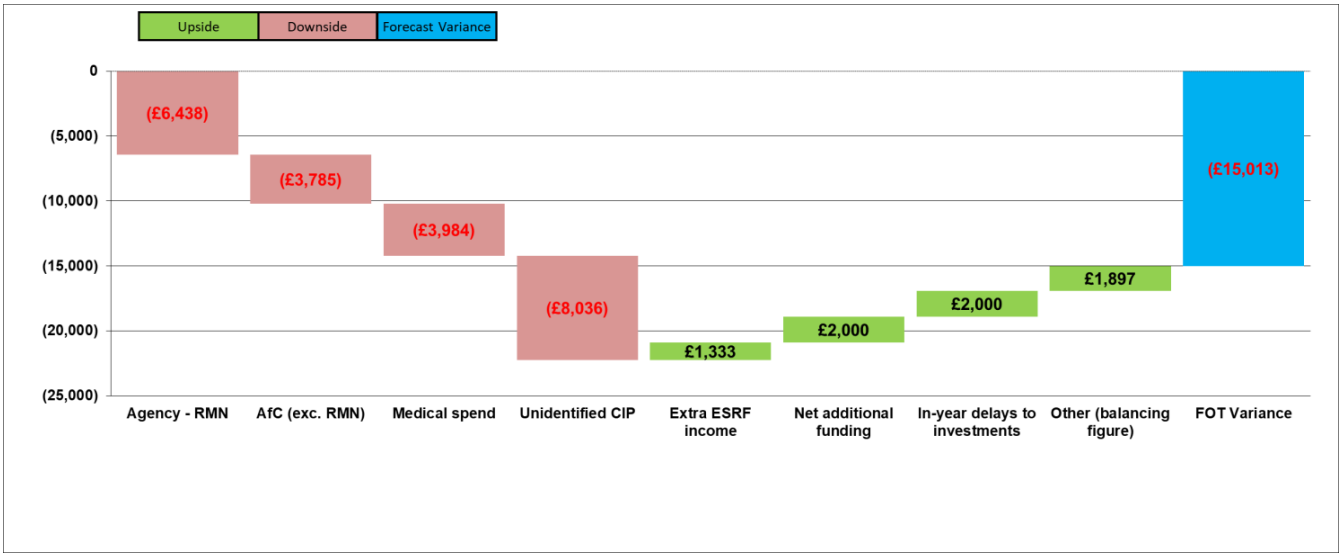
7. Risk and mitigations

The below table highlights the current risks and mitigations within the Trust position at Month 5.

Risks	£m	Mitigations	£m	Actions
Close the gap on plan	(11)	Non-recurrent actions to close the gap on plan Balance sheet review	11	Identified from Balance Sheet – **Action complete**
Non-delivery of CIP	(8)	Implementation of CIP Board. Focussed meetings led by CIP team.	4	First CIP Board lead by CEO in September – **Meetings in place**
Inflationary Impact over & above funded levels	(3)	Contract management around inflation	3	Proactive review of contract management with Procurement – **Procurement review of inflation underway**
Continuation at current levels of Registered Mental Health Nurse agency spend	(6)	Task and finish group to understand drivers, introduce further control and decrease spend led by Execs	4	**Task and finish group to be set up by.** Work underway to review drivers.
Continuation at current levels of non-RMN agency spend	(4)	Task and finish group to understand drivers, introduce further control and decrease spend led by Execs	2	**Task and finish group to be set up.** New role looking at nursing agency under Chief Nurse.
Continuation at current levels of locum costs spend	(4)	Task and finish group to understand drivers, introduce further control and decrease spend led by Execs	2	**Task and finish group to be set up.** 'Root and branch' review in Medicine underway
ESRF non-delivery	(5)	Close working with the System on understanding the calculation and increasing activity	5	**Productivity Task and Finish Group meeting weekly**
		Delays in recruitment to investments	3	**Divisions to review recruitment profile**
		Additional funding, including no ESRF clawback in Q2	4	**Non-recurrent income identified**
		Non-recurrent savings	3	**Finance Business Partners to identify opportunities with divisions**

Total	**(40)**		**40**	

Whilst there are a number of actions underway to mitigate risks and deliver a financial balanced position, the continuing high level of spend on agency and locums, in addition to the gap in the delivery of savings is resulting in a significant risk. The graph below shows the main drivers of risk.



Management actions are required to bring down the level of spend on Registered Mental Health nurse agency, other agency, and medical locums. Without these actions the Trust will not deliver a breakeven position and will result in a greater pressure for 2023/24.

8. Underlying Position

The key drivers of the underlying position are:

- Inflation for 2022/23 not funded recurrently of £7.1m
- Efficiencies not delivered in H2 2021/22 £5.3m
- Pressures including incremental drift above funded levels £6.1m

This is being covered in 2022/23 by

- Non-recurrent income from ICB and NSHE £7.1m to cover inflation
- Non-recurrent actions from the Trust £11.4m

This gives an underlying position of £18.5m off set by non-recurrent actions. If savings are not delivered recurrently in 2022/23 and spend continues around agency at a higher level the underlying position could deteriorate to over £30m.

9. Recommendation

FPC are asked to note:

- the revised financial framework that the Trust is operating in
- the financial performance for the month and year to date position
- the spend on Mass Vaccination areas
- the delivery of Cost Improvement Plan savings and how they compare with divisional targets
- the Cash position and Capital spend levels for the financial year
- the Risks and Mitigations for the forecast position, including the actions required to deliver breakeven.

Report To:	Trust Board - Public		
Date of Meeting:	29 September 2022		
Report Title:	Quality Committee Upward Report		
Report Author & Job Title	Xavier Bell, Director of Corporate Governance & Trust Secretary		
Executive/Non-executive Sponsor (presenting)	Sarah Purdy, Non-Executive Director and Chair of QC		
Does the paper contain:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**
*If any boxes above ticked, paper to be received at *private* meeting			
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
	X		
Recommendation:	The Trust Board should 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 2022.		

Executive Summary	
The report provides a summary of the assurances received and items discussed and debated at the Quality Committee (QC) meeting held on 13 September 2022.	
Risks	Link to BAF risks: Patient Flow and Ambulance Handovers Long Waits for Treatment Covid-19 Pandemic / Infectious Diseases
Financial implications	No financial implications identified in the report.
Does this paper require an EIA?	No as this is not a strategy or policy or change proposal
Appendices:	Appendix 1 – Integrated Safeguarding Team Annual Report 2021/22 Appendix 2 – CQC IRMER Report

1. Purpose

1.1 To provide a highlight of the key assurances received, items discussed, and items for the attention of Trust Board from the Quality Committee (QC) meeting held on 13 September 2022.

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 and risk management.

3. Meeting on 13 September 2022

3.1 Annual Safeguarding Report

The Committee received the Integrated Safeguarding Team Annual Report for 2021/22 and reviewed the safeguarding activity across all ages within the Trust and wider system. The report also reflected on future priorities, which includes:

- Prioritising clinical staff compliance in Mental Capacity Act (MCA) training
- Readiness for the rollout of the new Mental Capacity (Amended) Act Code of Practice and associated Liberty Protection Safeguards regulations
- Participation in safeguarding workstreams with the ICS

The Annual Report is appended for Trust Board review. The Trust Board is particularly asked to note the great progress, but also the need to prioritise the improvement of training compliance levels given the clear statutory requirements and the significant regulatory changes in this area.

The Committee was reassured that training levels had been discussed in detail at the September Safeguarding Committee, and clinical leads had been challenged to improve compliance ahead of the next meeting. The Committee has requested an update on training levels in December 2022/January 2023.

3.2 Quality Accreditation

The Committee received a progress update on the NBT Quality Accreditation Programme and Quality Dashboard (based on the University Hospitals London exemplar model), currently focusing on inpatient wards. It was noted that four inpatient wards achieved the first accreditation cycle in June 2022: namely Cotswold Ward, Ward 6B, Ward 27A, and Ward 33A.

The Committee welcomed and congratulated the success of these wards in the accreditation process (evidencing improved quality and safety) and welcomed the sense of collegial competition that this engendered within the organisation.

3.3 Radar Project Update

The Committee received a progress update on the implementation of a new software platform to manage and develop quality governance workstreams within a single integrated system, rather than through a disparate combination of disconnected systems.

The update flagged a number or risks, including the need to adapt the Radar system for use in a large acute trust, the impact of ongoing post-EPR implementation work in the organisation (resulting in "change fatigue"), and the distraction that winter planning and response was likely to cause. There were also national reporting changes that would also need to be worked though. The Committee was advised that originally envisaged timescales may need to shift, and asked for a future update, to provide assurance that the Trust's quality governance systems were improving and fit for purpose.

3.4 Never Event – wrong site surgery

The Committee received an update on a "Never Event" which took place in April 2022, which involved wrong site surgery and the associated patient safety incident investigation. It was confirmed that this was a "no harm" incident, in that the procedure was of benefit to the patient, notwithstanding it was not on the intended site.

The report identified a number of safety recommendations relating to marking the correct surgery site and to revisit the principles and correct use of the WHO checklist and the Committee was reassured that the safety actions were being progressed by the relevant clinical division.

3.5 2022/23 Vaccination Programme

The Committee received an update on the programme and clinical risks associated with the BNSSG Mass Vaccination Programme (for which NBT is accountable as the Management and Coordination Programme).

The Committee noted key risk; namely, the lack of clarity on the future of the Mass Vaccination Programme and the associated risk to workforce. This might negatively impact the programme's ability to respond to future surges, and there may be an associated loss of learning and corporate memory. A proposal for the future of the programme will come to Trust Board as soon as further information is available.

The Committee were assured that there was a low incident run rate within the programme, and that identified incidents were "no harm" or "low harm".

The Committee also welcomed the news that the programme had been shortlisted for a HSJ Award for reducing health inequalities.

3.6 CQC Assurance

The Committee received an update which covered:

- A brief update on the Trust's ongoing engagement with CQC inspectors, which continued to be helpful and positive.

- The positive outcome of the recent Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER) Inspection of neuro-interventional radiology on 20 July 2022. An action plan had been submitted, and confirmation had been received that the CQC had closed the inspection. The report is attached for Trust Board information.

- A report on the Core Services' self-assessments against the CQC's key lines of enquiry (KLOEs).

Discussion focused on the self-assessment element of the report. The Committee welcomed the self-assessment and sought assurance that the organisation was focusing on improvement in identified areas, alongside all the other operational priorities. The Committee asked for ongoing updates via its standing agenda item on CQC matters.

3.7 Twice Yearly Claims Report

The Committee received an update on the Trust's healthcare legal activity from Q4 2021/22 to Q1 2022/23 and summarised lessons learned from claims and inquests. The report provided assurance that:

- The organisation benchmarks well, and is not an outlier for healthcare legal action
- learning from healthcare legal claims and inquests is identified and shared across the organisation.

3.8 Risk Report – Quality and relevant BAF Risks

The Committee received Trust Level Risks (TLRs) across its areas of responsibility, including patient safety and patient experience risks. It also reviewed the BAF risks relating to Patient Flow and Ambulance Handovers, Long waits for Treatment, and Covid-19 Pandemic.

3.9 **Other items:**

The Committee also received the following items for information:

- Sub-committee upward reports:
  - Drugs & Therapeutics Committee Upward Report
    The report flagged two risk areas, one relating to the ChemoCare module of electronic prescribing, and the other relating to the development of the Medicines Academy and sharing of associated learning. The Committee received an update on work in progress to improve both areas.

  - Control of Infection Committee Upward report

- Quality Committee forward work-plan 2022/23

4. Identification of new risk & items for escalation

No specific new risks identified.

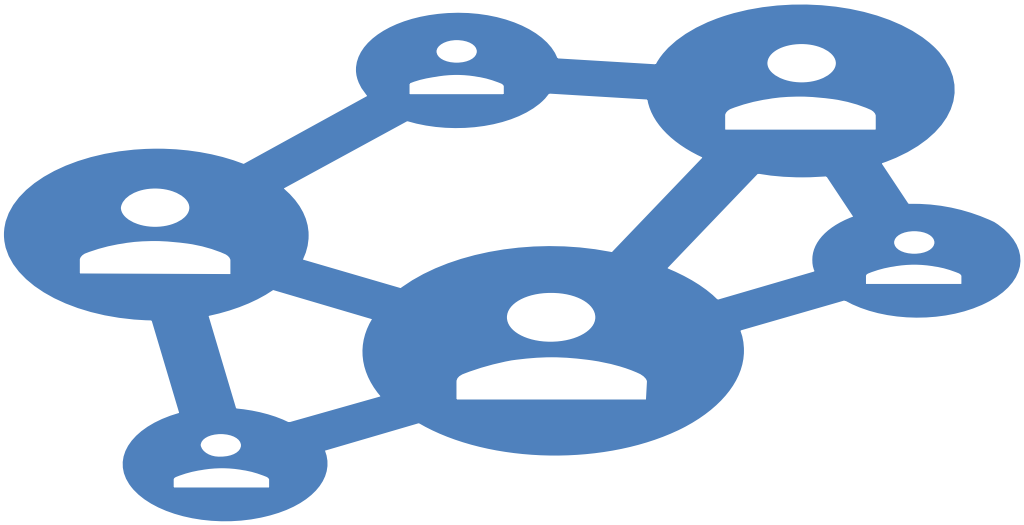
5. Recommendations

The Trust Board should:

- Specifically note the Integrated Safeguarding Annual Report
- Specifically note the IRMER Inspection Report
- Note the concerns raised regarding levels of mandatory safeguarding training compliance, and the need to monitor this to ensure improvement in the coming months
- Receive the remainder of report for assurance and note the activities Quality Committee has undertaken on behalf of the Board.

Integrated Safeguarding Team (IST) Annual Report

2021 to 2022



Authors:

Susan Bourne (Head of Integrated Safeguarding/Named Nurse for Adult Safeguarding)

Claire Foster (Deputy Head of Integrated Safeguarding/Named Nurse for Safeguarding Children)

Jessica Harrison (Named Midwife)

NHS
North Bristol
NHS Trust

Contents Page

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 2021/22 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 successes over the year include:

The Integrated Safeguarding Team:

- There has been a welcome gradual increase in Safeguarding Team resource throughout 2021/22. We have recruited an expert specialist team covering all ages and have taken further steps into a more positive place to meet the increasing demands of the regional and national safeguarding agenda. During the year we recruited two specialist safeguarding posts for children and one practitioner (all ages). These roles were created to focus on meeting the increasing need for specialist safeguarding support across the trust where there are safeguarding concerns around children and families.
- In addition, we have provided increased support to the maternity unit and the Women and Children's division to support improvement around and understanding of 'safeguarding' in the face of a number of complex challenges.

- We have been active across all divisions and wider Trust, delivering the key message that safeguarding is 'everyone's responsibility' and that the process of 'safeguarding the patient' runs as a thread throughout day-to-day clinical activity and is not a separate event from business as usual.
- We have increasingly clarified the role of the safeguarding team as one of expert and specialist support and guidance, skilling up the divisional teams to be confident in recognising and managing their safeguarding situations.

Mental Capacity Act (MCA), Best Interests, and Liberty Protection Safeguards (LPS):

- The publication of the MCA revised Code of Practice incorporating LPS regulations and public consultation remained delayed until late in the year, however, preparations continued in scoping the impact of the legislative change on both NBT and the wider safeguarding system as it becomes an ICS. The Head of Integrated Safeguarding has the role of NHS health provider representative at the Southwest LPS Group led by NHSE/I to ensure full engagement in the process. Improvements in the application and confidence of the MCA and Best Interests continue to be a challenge, as does training compliance due to pressures.

The Domestic Abuse Act (2021):

- This new legislation creates a statutory definition of Domestic Abuse and introduces a number of statutory and legal responses. The new NBT Domestic Abuse Act (2021) policy has been produced in line with the statutory framework. Domestic abuse related presentations have significantly increased across the system during the pandemic. The Act includes recognition that children who live in a home where there is domestic abuse are victims of domestic abuse even if not directly witnessed, due to the pervasive impact it has on the whole family environment. The new policy promotes this message alongside NBT's position of zero tolerance regarding any incidence of abuse or violence, as well as setting out the Trust's responsibilities in identifying and responding to domestic abuse.

Partnership working:

- The Integrated Safeguarding Team are active participants in the Safeguarding Adults Boards (SABs) and Safeguarding Children Partnerships and their associated sub-groups for South Gloucestershire and the Keeping Bristol Safe Partnership (KBSP), as well as increasingly contributing to requests from the North Somerset SAB and Children's Partnership.
- A significant increase in partnership working across the three SABs and three Children's Partnerships has led to increased health provider collaborations

across BNSSG (through a strategic health forum including the CCG). A focus being to identify shared senior representation to meet the increasing demands of the growing and complex safeguarding agendas for adults and children. This is challenging to achieve but achievable and will provide added value to current arrangements once in place. The senior leaders in NBT and UHBW are in the process of developing a shared plan to work more efficiently across an acute system collaborative for safeguarding.

Multiagency Working:

- The Deputy Head of Integrated Safeguarding engaged in multiagency safeguarding Covid-19 response cells led by the KBSP to frequently review children's safeguarding procedures and the challenges faced by support services due to the ongoing pandemic. We ensured that statutory, regulatory and contractual requirements for safeguarding children were prioritised and met throughout the year.
- The NBT Integrated Safeguarding team contributed to and supported multiagency partnership work across the external system, ensuring secure and clear sharing of information at a time of significant challenge. This included development of new processes and support offers for contextual, complex and transitional safeguarding approaches.
- The Named Midwife, Named Nurse for Safeguarding Children and Named Professional for Adults promoted the principles of partnership working, including Early Help approaches in response to families at risk of disadvantage potentially leading to harm or neglect.
- Maternity services were consistently represented at multi agency conferences in response to individual cases when risk was identified (such as MARAC and child protection strategy meetings and conferences), with the result that babies known to be at risk of harm were subject to robust safety planning at the time of their birth, in response to the identified risk, with consideration of the family's individual needs

Training:

- Training attendance has been impacted due to ongoing COVID-19 related challenges. The Head of Integrated Safeguarding has continued to link up with the divisional leaders through the Safeguarding Committee governance processes to ensure compliance remains as stable as possible. Continued drive and focus on safeguarding training has been supported by the Trust executives and Board. The safeguarding team has responded with flexible learning options by offering bespoke training, signposting to external webinars, supervision and face to face support to all teams.
- Virtual options for mandatory training were augmented, alongside face-to-face

training in COVID-19 secure settings, ensuring staff were informed and aware of new developments in safeguarding children knowledge and practice e.g. risk management; assessment of needs and onward referral to partner agencies. This approach has enabled flexible updating of knowledge for a wide range of clinical professionals.

- "Bitesize" training and a bespoke resource has been developed and delivered to maternity staff, in response to the Domestic Abuse Act 2021.
- Face to face training has been consistently positively evaluated by attendees
- Safeguarding supervision group sessions have been offered on a rolling (3 monthly) basis to community midwives, and other Women's and Children's staff identified as carrying complex or high-risk caseloads, providing an opportunity to deliver support and targeted training to meet their specific, identified needs. Ad-hoc supervision has been provided and accessed throughout the year.

Looking ahead to 2022/23 we will:

- Prioritise clinical staff compliance in Mental Capacity Act (MCA) training, promoting its application and increasing practice confidence for continued person centred care and in readiness for planned rollout of the new Mental Capacity (Amended) Act Code of Practice and associated Liberty Protection Safeguards (LPS) regulations, due to replace MCA (2005) Code of Practice and Deprivation of Liberty Safeguards (LPS 2009) in 2023. NBT will then become the 'Responsible Body' and will have full legal responsibility for the LPS process across the Trust.
- We will develop an acute services agreement for attendance at Safeguarding Adult and Children Board and subgroup activity across NBT and UHBW.
- We will participate in the safeguarding children workstreams of the ICS and work with partners to make improvements for children and families as integrated boards, partnerships and systems develop.
- Continue to promote and develop opportunities for learning through safeguarding training and supervision to facilitate compliance, supporting staff and the Trust to be competent and confident with their safeguarding responsibilities and regulatory duties.
- Move further into a learning and continuous improvement model, taking opportunities to use improved technology and governance systems, as well as expert knowledge, to engage staff and drive demonstrable safeguarding improvements across the Trust. Priorities are to embed learning from Safeguarding Adults Reviews (SAR), Domestic Homicide Reviews (DHR) and Child Safeguarding Practice Reviews (CSPR) within a learning focused, no-blame, restorative 'Just' culture.
- Continue to develop and build the Integrated Safeguarding Team and identify

its role within the wider ICS, and to continue to promote best practice in Safeguarding (all ages).
- Continued promotion of the specific safeguarding considerations relating to the perinatal period at strategic partnership level.

Main Report

1.0 Purpose

The purpose of this report is to provide an accurate reflection of safeguarding activity over the previous financial year. The report highlights the good practice, improvements and the ongoing challenges to the team and the Trust. It also provides information for the board around its statutory responsibilities and duties. This report covers the period between 1st April 2021 and 31st March 2022.

2.0 Overview and Introduction – integrated safeguarding

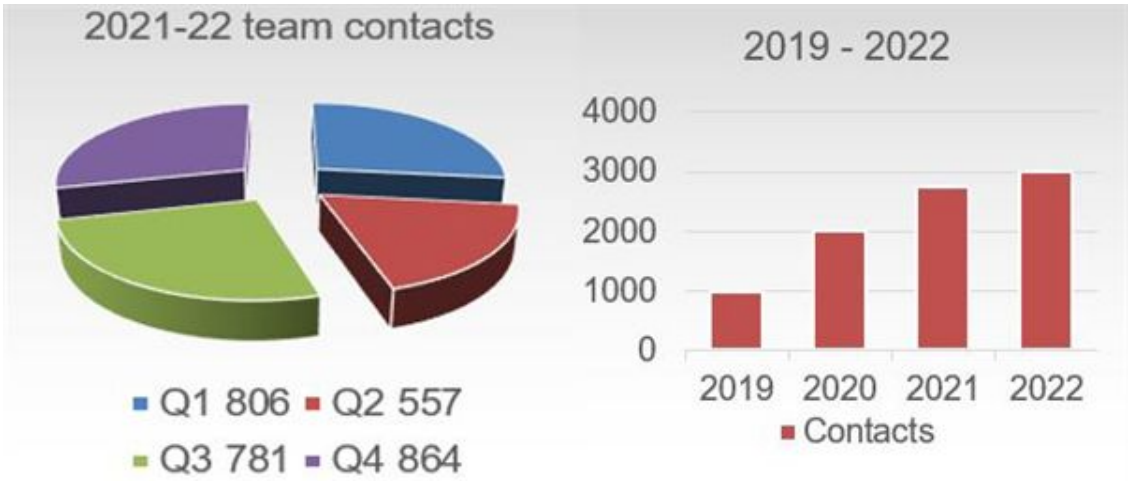
The Trust is committed to ensuring full engagement within the increasingly complex safeguarding agenda. The NBT integrated safeguarding team provides advice, guidance, training, supervision and support to clinicians and practitioners within NBT and fully participates in the wider safeguarding partnerships across the BNSSG system. The COVID-19 pandemic continued throughout 2021/22 however the integrated safeguarding team remained visible, ensuring timely support to all Trust staff, and highlighting where an Early Help (preventative) approach may reduce the risk of harm and contribute to improved outcomes.

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.

Table 1 below demonstrates the integrated safeguarding team quarterly activity and contacts throughout the period of 2021-22.

Table 2 represents the steady increase in contacts over a four-year viewpoint. There were 3008 contacts made with the safeguarding team throughout this reporting period. This is compared to 2743 the previous year. These figures are purely initial contact made with the team for advice, support and guidance and excludes meetings, training, supervision, and ongoing intervention with complex cases where indicated.

Table 1 **Table 2**



Improved data collection methods have begun to provide a more detailed and nuanced overview of activity and is beginning to allow the team to drill down further to identify hotspots and areas within in the Trust where more targeted training or supervision is required. This is offered to raise the confidence and competence of referring clinicians to gradually reduce contacts with the team that are not safeguarding related.

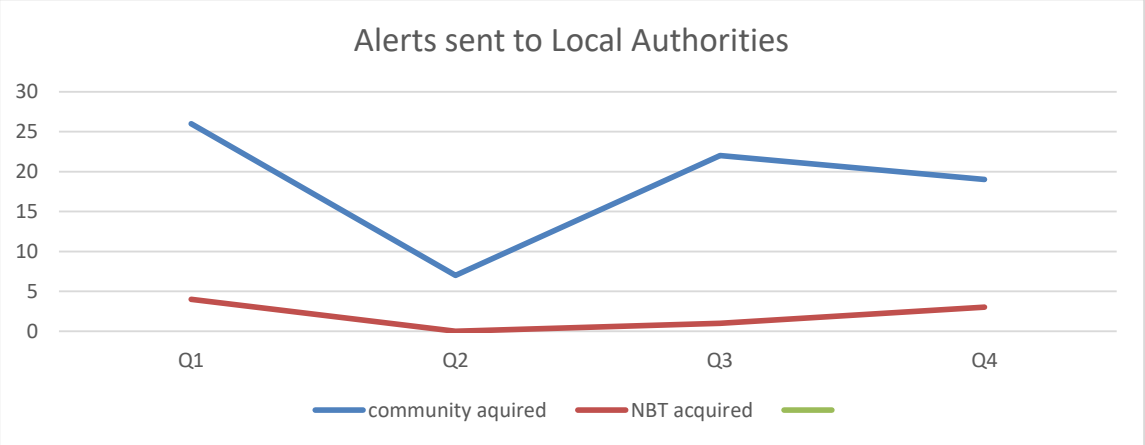
The increased contacts with the team are likely due to the widening safeguarding agenda, which is presenting with more and more complexities. Covid-19 has made a long-term health and social impact on the population, as well as other pressures such as increased cost of living and resource issues. In addition, there is a greater awareness of safeguarding and professional curiosity which is prompting staff to seek further guidance from the team.

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 74 referrals for community harm or neglect for an adult made during this reporting period. This is a slight reduction of 16 on the previous year, the lowest point being in the summer months of Q2. This correlates with previous patterns.

Concerns around hospital acquired harm or neglect are reported to the safeguarding team and discussed in the Safeguarding Committee for review and identification of lessons learned. All hospital acquired safeguarding events are escalated through the clinical divisions and reported to the Local Authority under the Care Act (2014). There were 8 hospital acquired referrals, an increase of 5 on the previous year.

Table 3: Number of referrals sent to Local Authorities 2021/22

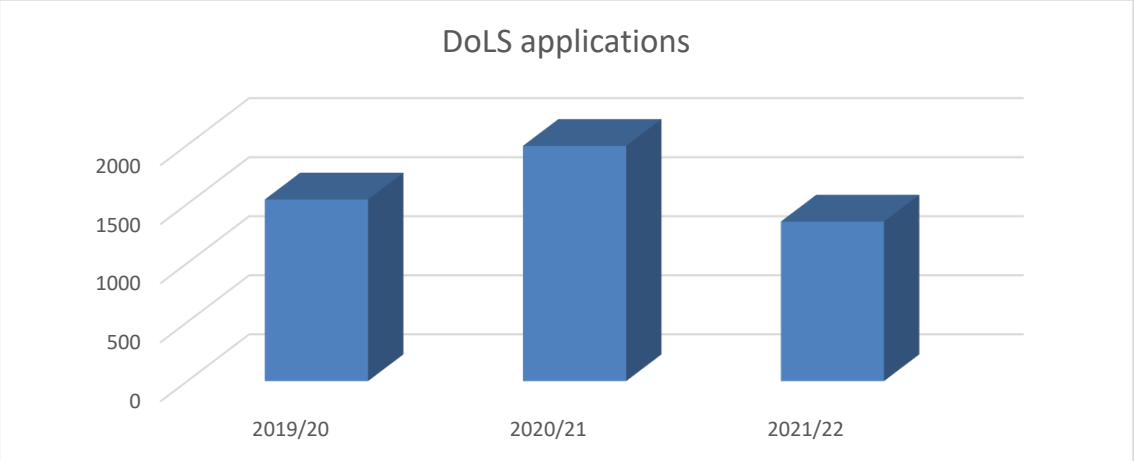


In addition to the above, the safeguarding team work closely with the tissue viability specialist team to review all community and hospital attributable pressure injuries graded at a 3, 4 and unstageable. At all times there is a requirement to consider criteria for a safeguarding enquiry under Section 42 of the Care Act (2014). The Trust have robust tissue injury review mechanisms in place and the NBT safeguarding team have been working closely with the Local Authority to help with understanding NHS processes around tissue viability harm reviews, to support them with thresholds from a safeguarding perspective. This has included some training for council staff in our processes.

Under the MCA (2005), staff must ensure that patients unable to consent to being accommodated in hospital for care and treatment are lawfully deprived of their liberty. This is done through the Deprivation of Liberty Safeguards (DoLS) process. The numbers of DoLS applications are recorded in Table 4 below. We have seen a

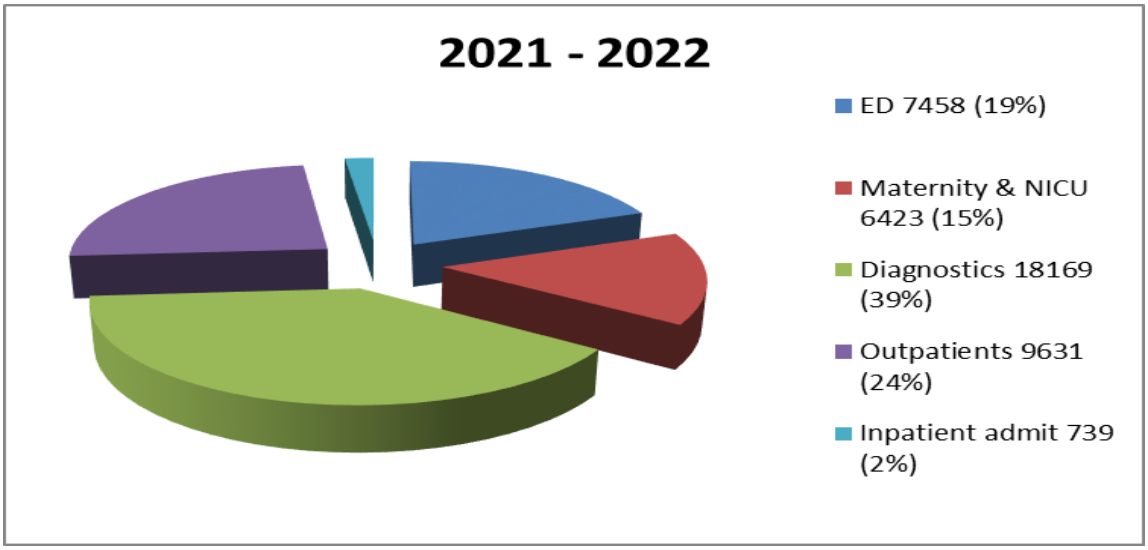
reduction is DoLS applications in 2021/22 compared to the previous year. This reflects more pre-pandemic figures.

Table 4: Number of DoLS applications over the last 3 years



During 2020/21 due to the restrictions and lockdowns enacted by government NBT saw a drop in contacts with children by 24%. This was replicated across the partnership. Contacts across the trust for 2021/22 have returned to previous levels for all departments with 42,420 children accessing NBT services. Table 5 shows the children accessing NBT services and shown as percentage of all child contacts for 2021/22.

Table 5



NBT had over 5000 contacts with 16- and 17-year-olds across all services. This age group is a significant transition point for all children and particularly those with long term conditions who move from paediatric services to adult services during adolescence.

Children come on to the Trust sites as visitors and carers for adults treated within our services. As part of the growing options for children in training, employment, and education, NBT provides opportunities for children to undertake work experience and be employed at age 16 into apprenticeship/traineeship programmes in both healthcare and administrative roles.

Adult patients accessing services come with a wide range of not only health related problems but social and safeguarding issues that can potentially impact directly on the safety and welfare of children they are in contact with.

In 2021/22 we improved the thematic data collection and monitoring of the Emergency Department (ED) referrals to Children's Social Care (CSC) to ensure the training and feedback to staff reflected the current prevalence of concerns being encountered. These contacts are in addition to the central safeguarding team data and contribute to a picture of growing need and complexity in our local area. The ED staff completed 1121 referrals for concerns for children. 55% of these were due to a parental attendance with parental mental health, domestic abuse and parental substance misuse being the most frequently recorded themes. These themes are reflected across the trust in the contacts received by the safeguarding team.

Maternity were also supported to review and adapt their data collection relating to their partnership activity, including their referrals to children's social care; this facilitates clear strategic indicators for improvement, for example a renewed focus on domestic violence in response to the proportion of referrals (49%) identifying domestic abuse as a risk factor; this has led to exploration of the feasibility of a women's health specialist IDVA. In addition, knowledge of numbers of Unborns known to be at risk of significant harm enables safety planning, and the unit to prepare actions in advance of a birth of a baby at risk. This is particularly pertinent in light of research demonstrating increasing numbers of babies who are made subject to care proceedings and removed from their mothers shortly after birth (Broadhurst et al 2018)

What we achieved

- The integrated safeguarding workplan continued to be impacted due to the Covid-19 pandemic, associated restrictions and pressure on resource. However, all safeguarding activity increased. The safeguarding practitioners supported the clinical teams with an increased number of complicated safeguarding concerns.
- The team carried out an audit of MCA confidence in the clinical divisions. This demonstrated a variable confidence in MCA and a general lack of confidence

in Best Interest procedures. We have made the MCA and BI guides accessible to all via the Trust intranet on the safeguarding pages, to support clinicians with clear guidance. We also started to offer face to face supervision and bespoke training on MCA to the divisions, to help increase confidence.

- We responded to and engaged in over 3000 initial contacts varying from advice and support for staff, managing enquiries to referrals to the Local Authority safeguarding teams for adults and children.
- We logged on Datix for monitoring the DoLS referrals made by Trust staff to the Local Authority DoLS teams. The NBT safeguarding team do not manage the DoLS process or send referrals to the Local Authority as this is done directly by the divisional teams. The safeguarding team are unable to report the number of DoLS authorised by the Local Authority as this information is not routinely shared by the Local Authorities.
- The Named Professionals engaged extensively in Safeguarding Adult Board and Children's Partnerships and their subgroups and wider partnership activity.

What's next?

- Review the team structure and processes to reduce administration and increase practitioner time for face-to-face support.
- Liberty Protection Safeguards (LPS) will replace DoLS legislation. The Trust, led by the safeguarding team, will need to contribute to the consultation process and begin preparations to adapt practice for this major piece of legislation change.
- Support the Trust to focus on training compliance, including level 3 adults and children, MCA and prepare for associated LPS training.
- Safeguarding team to be involved the electronic patient record and systems, to ensure appropriate and necessary governance tools are in place and efficient.
- Closer tracking of the parental patient journey when safeguarding children concerns are raised and the patient is admitted from ED to ensure wider divisional awareness of local safeguarding children needs.
- Support frontline practitioners' use of the CP-IS and FGM- IS systems to further enable identification of and response to children at risk
- Continue to work alongside the maternity unit in quality improvement initiatives relating to specific cohorts of women and families whose needs correspond with safeguarding risk (for example, women in the criminal justice system, parents with experience of the care system, women whose babies are removed from their care), with the aim that standards of excellence are achieved in these areas.

3.0 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), Safeguarding Children Partnership Boards, subgroups, partnership meetings and strategic leadership groups for BNSSG by the Head of Integrated Safeguarding and Deputy 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 (2022) the named professionals have direct access to the CNO in order to ensure influence in the organisations strategic plans. The Named Professionals in NBT also have direct access to and support from the Trust CEO, which demonstrates transparency and commitment to the safeguarding agenda.

Senior operational and strategic management responsibility for safeguarding sits with the Head of Integrated Safeguarding and delegated where appropriate to the Deputy Head of Integrated Safeguarding. Some subgroup activity has been delegated to the Named Midwife and Specialist Safeguarding Practitioners.

Appendix 1 shows the attendance at SAB Boards, Children's Partnerships, subgroups and meetings for BNSSG.

2021/22 saw the Head of Integrated Safeguarding and Deputy CNO develop a business case outlining the requirement to level up on resource, more parity with the national picture. This was successfully submitted and supported by Trust leaders and the safeguarding team were able to develop a positive focus on compliance and improvements. This boost saw a significant improvement in morale and job satisfaction in the team.

Due to increase in strategic and wider senior safeguarding accountabilities, the Head of Integrated Safeguarding, a role which incorporates the Named Professional for adult safeguarding (as outlined by the Intercollegiate Document[1]) was formally re-banded to 8c. This reflected the increased strategic breadth that the role had developed and parity with wider partners. The Head of Integrated Safeguarding strategically and operationally drives the safeguarding agenda within NBT and wider, and represents the Trust across the Partnerships and SABs, and also (as named professional) drives the development of a positive culture across all internal and external teams and stakeholders.

The Deputy Head of Integrated Safeguarding (incorporating Named Nurse for Safeguarding Children) was subsequently re-banded to an 8b. This also reflected the

[1] Royal College of Nursing, 2018. Adult Safeguarding: Roles and Competencies for Health Care Staff. Intercollegiate Document. First Edition

increase in strategic and operational responsibilities in this role and recognised the significant impact on the Trust around Think Family and statutory children's safeguarding, as well as the widening safeguarding agenda incorporating the emerging practice evidence base for safeguarding children, adolescents, and families through contextual, complex and transitional safeguarding approaches.

The Wider Integrated Safeguarding Team

Safeguarding is everyone's concern.

The role of the integrated safeguarding team is to ensure the Trust meets its statutory safeguarding duties. 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.

The role of the safeguarding team is to support, educate and skill up clinicians to be confident in managing these concerns as part of business as usual. This empowers Trust staff and upskills clinicians, supporting them to meet their professional responsibilities and builds confidence in individuals. The team will become directly involved in and co-ordinate complex and contentious safeguarding cases, particularly where there is external or legislative scrutiny and involvement.

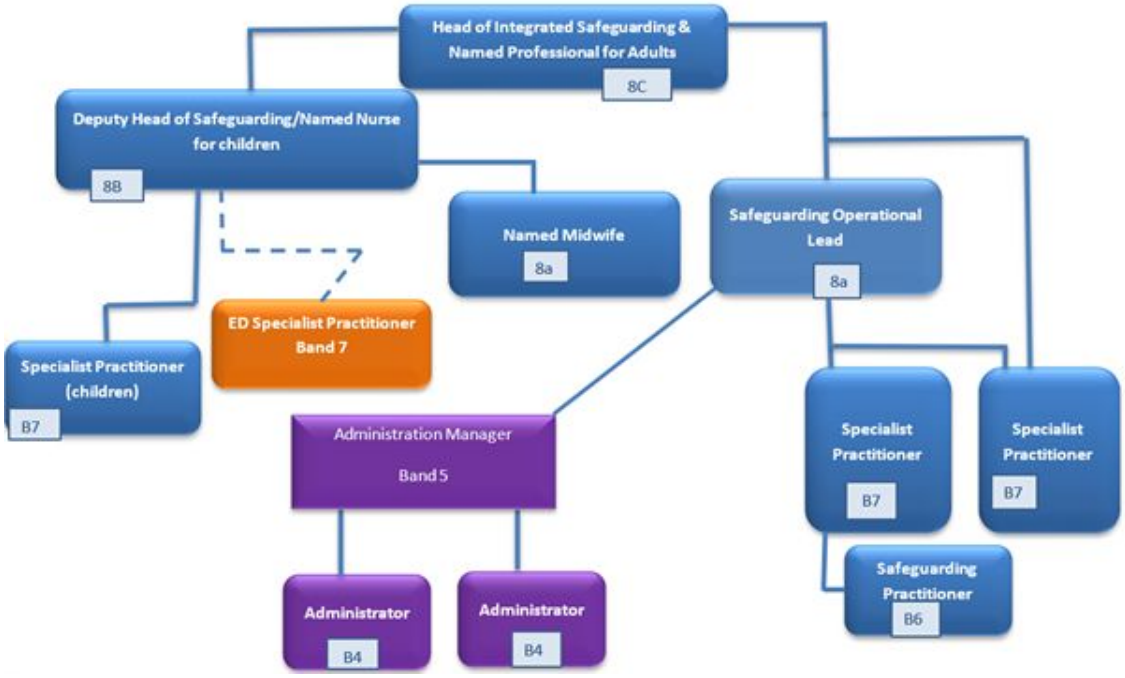
The team itself now has three band 7 (2.8 WTE) Specialist Safeguarding Practitioners (adult & children) and a band 6 Safeguarding Practitioner (1 WTE). The team are ably supported by two band 4 administrators. A band 5 administration manager will be recruited in summer 2022 with a remit around team system and business management and development of LPS process and operations.

Aligned to the team but employed through the Medicine Division funding was identified for a part time Lead Nurse role for safeguarding children to monitor and support the quality of information sharing to Children's Social Care from the ED. This was initially filled by a Senior Sister from within the department supported by the Deputy Head of Integrated Safeguarding. In Quarter 4 when she stepped down this was recruited to externally as band 7 Specialist Safeguarding Practitioner for Children to support training, supervision and improving practice in the ED (0.7 WTE). This post will start in the next financial year and will work closely with the trust wide Specialist Safeguarding Practitioner for children's safeguarding.

The band 8a Named Midwife joined the central safeguarding team in Quarter 1 to take 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

also works closely with the Complex Care Midwives who support individuals with more complex issues or conditions, which due to these complexities put them at higher risk of experiencing abuse or harm/more potential to require safeguarding intervention.

It was further recognised that it was necessary for the service to have a band 8a Operational Lead role. This role was being recruited to at the time of this report.



Following publication of the Intercollegiate Document for Adults the Trust considered the appointment of a Named Doctor for Safeguarding Adults. In 2019/20 it was hoped this would be in place and the role developed further in line with practice across the BNSSG system. Recruitment to this role remained outstanding until end of 2021/22 where the role was filled. A Named doctor for Safeguarding Children was already in place. Both roles carry 1P.A. per week each.

In addition, we have provided additional support to the maternity unit and the Women and Children Division. The team supported a reconfiguration of maternity's response to families presenting with complex needs that may be associated with future safeguarding risk, and through supervision of community and specialist staff within maternity and NICU, promoted the vital importance of effective engagement with the child protection multi-agency process. We have begun the integration of all our work processes across all divisions, delivering the key message that safeguarding is everyone's responsibility.

This additional resource has been very welcome and goes some way to boost the service.

What we achieved

- Delivered a reduced NBT wide integrated safeguarding work plan for 2021/22 with a focus on maintaining the core safeguarding function throughout the approaching end of the COVID-19 pandemic and increased pressure on the safeguarding function.
- Continued to provide visible support and expert guidance and advice to the divisions and Trust with an excess of 3000 initial contacts with the team and a further >1100 referrals to Children's Services from ED.
- Continued to provide consistent advice and guidance around application of the MCA and provided hands-on support with more complex challenging scenarios.
- Began complex scoping of the requirements around the new Mental Capacity (Amended) Act Draft Code of Practice and associated Liberty Protection Safeguards (LPS) including impact on the Trust and resource as new Responsible Provider (RP) for the legislation.
- Recruited to and welcomed new members of the team.
- Supported maternity services with a reconfiguration of their care provision to women with additional needs or complex social factors, facilitating a deeper understanding of maternity's role in identifying and responding to, and sharing information relating to additional need (a crucial aspect in maternity safeguarding practice).
- Worked alongside maternity to develop their capacity for data recording and collection to an excellent standard, which supports quantitative analysis of their safeguarding practice, as well as the identification of themes and trends to contribute towards practice development
- Introduced a process of quality assessment of all referrals made from maternity to children's social care

What's next?

- Take the amended Domestic Abuse Act Policy through the necessary governance and assurance process, to meet the requirements of the new Domestic Abuse Act (2021) which was delayed due to the pandemic. This legislation creates a statutory definition of domestic abuse and introduces a number of statutory and legal responses from across the system.
- Continue scoping around LPS in conjunction with the wider safeguarding system and partners to identify both safeguarding team and wider Trust

responsibilities in the new arrangements. In particular the new duties for 16- and 17-year-olds who will be subject to LPS under the amended legislation.

- The national MCA revised code of practice, LPS regulations and public consultation remained delayed, however preparations continued in scoping the impact of the legislative change on both NBT and the wider safeguarding system as it becomes an ICS. The Head of Integrated Safeguarding has the role of NHS health provider representative at the Southwest LPS Group led by NHSE/I to ensure full engagement in the process. Improvements in the application of the MCA and Best Interests continue to be noted, however training compliance remains a challenge.
- Continue to be active partners in the safeguarding systems and work alongside and within the BNSSG strategy as we work towards becoming an ICS/ICB in July 2022.
- Continue to drive MCA training and good practice within the Trust. This is particularly critical due to the incoming LPS and legal Trust position of RP.
- Encourage improved understanding of the safeguarding team role around supporting divisional responsibility for managing the safeguarding process.
- Move further into a learning and continuous improvement model, taking opportunities to use improved technology and governance systems, as well as expert knowledge, to engage staff and drive demonstrable safeguarding improvements across the Trust. Priorities are to integrate learning from Safeguarding Adults Reviews (SAR), Domestic Homicide Reviews (DHR) and Child Safeguarding Practice Reviews (CSPR) into daily practice identifying that learning through a no-blame, restorative 'Just' culture.

4.0 Integrated Safeguarding Governance

The role of the safeguarding committee is to ensure that all Trust services (clinical and non-clinical) are meeting their statutory responsibilities around safeguarding children and adults 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 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 and legal oversight, it highlights quality and good practice and provides a governance forum for all Divisions to demonstrate commitment and engagement in the Trust and BNSSG Safeguarding agenda.

The committee reports to the Quality Committee, which in turn reports to the Trust Board. The Trust Board can request that Safeguarding Committee report directly to Trust Board on specific occasions at the request of Trust Chief Executive Officer (CEO). The chair of the safeguarding committee is accountable to the CEO for the duties set out in the committee Terms of Reference.

The Safeguarding Committee meets quarterly. Membership of the Safeguarding Committee includes:

- Deputy Chief Nursing Officer (Chair of the committee)
- Head of Integrated Safeguarding & Named Professional for Adult Safeguarding (Deputy Chair)
- Deputy Head of Integrated Safeguarding & Named Nurse for Safeguarding Children
- Named Midwife
- 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
- Director/Assistant Director of Operations

Invited to attend:

- CCG Safeguarding representative

The safeguarding committee is an Executive Committee and has the authority to agree and sign off new and amended safeguarding policies, which requires final sign-off by the Chief Nursing Officer.

The Safeguarding Children and Adults Operational Group meet quarterly. The Group is chaired by the Head of Integrated Safeguarding 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. Operational safeguarding adult and children issues are discussed at this meeting.

What we achieved

- Head of Integrated Safeguarding and Deputy Head of Integrated Safeguarding continued to review the work plans considering the COVID-19 pandemic and internal pressures and restrictions. The workplan ensured the team carried out the core statutory elements of the limited safeguarding function.
- Continued ongoing engagement, representation and information sharing at all partnership meetings. Joint working through senior representation with continued contribution to the 'Think Family'[2] agenda

[2] Think Family is an approach to safeguarding that encourages all services working with a patient to consider the impact of that persons needs on any dependent children or adults who rely on them for care and support.

- Identified learning and recommendations from Domestic Homicide Reviews (DHR), Safeguarding Adult Reviews (SAR) and Child Safeguarding Practice Reviews (CSPR) and shared these through the governance reporting system prior to integrating them into safeguarding training and supervision.
- Specific and unique contribution to Women's and children's divisional governance, in acknowledgement of the distinct challenges the division have faced with regards to their safeguarding practice through 21/22, as well as asserting that the role of the Named Midwife now reports to the trust-wide central integrated safeguarding team.

What next?

- The chairing of the Operational Group will pass to the Safeguarding Operational Lead once recruited.
- NBT and UHBW Heads of Safeguarding to create an agreement around acute representation and shared governance at local safeguarding boards, partnerships and their subgroups, to maximise more efficient use of time and resources as demands from partnership work continues to grow.
- Review the governance arrangements around safeguarding to ensure there are clear lines of communication and information sharing across the trust.
- Support development of direct divisional reporting into Safeguarding Committee to facilitate ownership of safeguarding within divisional governance structures.
- Continue to build strong and positive relationships with key professionals in the Partnerships, CCG/ICB and in other local acute and community health providers to promote an open culture and transparent practice.

5.0 Assurance and Quality

5.1. Quality Contract

A CCG (to be 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 2021-2022 which include:

- Safeguarding adults and children training uptake levels
- Allegations against staff
- Referrals to adult social care
- Referrals to children's social care
- Engagement in Safeguarding Adult Boards and Children's Partnerships, sub-groups and multiagency audits
- Attendances for children at ED under specific risk categories
- Reporting on Female Genital Mutilation (FGM)

5.2. Statutory and mandatory training

The monitoring of mandatory safeguarding training uptake across the workforce is captured electronically on the Managed Learning Environment (MLE) system. During the end of the reporting period this system changed to the LEARN platform. 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 2021/22 which is 85% compliance for all training levels.

Table 6: Training compliance levels 2019/20 to 2021/22.

	Compliance			**Total Staff in each group**
Training Level & Topic	Annual Average 2019/20	Annual Average 2020/21	Annual Average 2021/22	Numbers for 2021/22
Level 1 Adult	91%	91%	88.4%	2981
Level 2 Adult	88%	89%	83.7%	4954
Level 3 Adult	N/A	9% (Quarter 4 data only)	37%	700
MCA/DoLS	91%	86%	82%	4947
Level 1 Children	89%	88%	87%	2981
Level 2 Children	89%	86%	82%	4835
Level 3 Children	81%	81.5%	83.5%	976
Level 4 Children	100%	100%	100%	3

The named professionals have regularly reviewed the training and learning options on offer to maximise flexibility of learning due to the clinical and staffing pressures caused by the pandemic, particularly over the winter period of the year. Options for webinars,

e-learning and in person learning and increased offer of supervision have remained available. Face to face provision for level 3 safeguarding children continued all year but some courses were cancelled due to staffing needs in the trust. Despite the end of year report showing below 85% for levels 2 and 3 safeguarding children, level 3 has increased the annual average by 2% with quarter 4 showing sustained improvement at just below the compliance target. The level 2 cohort 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 Head of Integrated Safeguarding and Deputy Head of Integrated Safeguarding monitoring compliance and reporting through Safeguarding Committee on recovery plans. This work will continue into 2022/23.

5.3 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 clearly 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 (previously held by maternity)
- Safeguarding supervision in maternity (previously held by maternity)

The Safeguarding Team intranet page 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.

What we achieved

- The COVID-19 pandemic continued to put pressure on clinical staff which further resulted in reduced attendance at training. We saw a pattern of slow

reduction in compliance, the lowest figure being 82% in MCA/DoLS. The Head of Safeguarding has linked up regularly with the Divisional Leaders to try to ensure compliance remains as stable as possible and continued focus on Safeguarding training has been supported by the Executives responsible for Safeguarding.

- Level 3 Adults face to face training, as per the requirements of the Intercollegiate Document however, increased in compliance by 28% which was positive given the continued pressure.
- All training packages were updated to reflect changes in guidance and practice
- Increased provision of the internal offer to staff of bespoke face to face training following reduction in restrictions. This meant the safeguarding team could begin to target divisions with the highest need for specialist support and guidance. This offer was extended to face to face supervision for any divisional or Trust teams.
- Virtual options for mandatory training were augmented, alongside face-to-face training in COVID-19 secure settings, to ensure staff were informed and aware of new developments in safeguarding children knowledge and practice e.g. risk management; assessment of needs and onward referral to partner agencies. This approach has enabled flexible updating of knowledge for a wide range of clinical professionals.
- Domestic abuse policy was reviewed in response to any changes published in line with the new legislation in 2021. “Bitesize” training and a bespoke resource has been developed and delivered to maternity staff, in response to the Domestic Abuse Act 2021.

What next?

- Continue utilising e-learning to allow staff flexible learning in light of Covid 19 pandemic and ongoing social distancing measures as appropriate.
- MCA training, application and confidence is a priority for 2022-23 in line with the expected rollout of LPS legislation where NBT will legally be the ‘Responsible Body’.
- Level 3 safeguarding training is face to face and should be multi-professional to enhance learning. Divisional leads will be looking at how to achieve improved compliance and through their own governance processes provide assurance and recovery trajectory to the safeguarding team and executive leads.
- Review safeguarding supervision and training offered to staff and review how to broaden the opportunity for supervision to high impact staff groups across the Trust for both adult and child safeguarding practice.
- We will participate in the safeguarding children workstreams of the ICS and work with partners to make improvements for children and families as integrated systems develop.

- Development of maternity-specific guidelines in acknowledgement of the unique contribution of midwifery to the multi-agency safeguarding process, (when it relates to unborn babies), and the vulnerability of infants to non-accidental harm (Child Safeguarding Practice Review Panel 2021).

6.0 Safeguarding Adults Reviews (SAR) and Domestic Homicide Reviews (DHR) and Child Safeguarding Practice Reviews (CSPRs)

As an active partner of the multiagency safeguarding arrangements, the Trust participates fully in the processes conducted externally for SARs, DHRs and CSPRs. During 2021/22 the safeguarding team provided investigative timelines or Individual Management Responses (IMR) and engaged with all SAR, CSPR and DHR Safeguarding Board reviews. There was a significant increase on the previous year of 11 SARs and 4 DHRs. At the time of this report it's difficult to ascertain individual reasons for the increase, but it can be generalised as a combination of statutory partner process review thresholds and the developing themes around serious increase in self-neglect and domestic abuse throughout the period of the pandemic. Many of these processes remain under review.

In comparison there was a drop in the Rapid Review and CSPR's notified by the children's partnerships compared to last year. There were 5 requests for rapid reviews that NBT participated in and one CSPR published in November 2021 which had commenced the year before. Learning themes identified included the needs of children in care, the lived experience of the child and the impact of trauma in childhood, mental health and youth violence and criminal exploitation.

The following is a breakdown by review, by area:

Safeguarding Adult Reviews:

- SAR referrals (14)
- North Somerset (2)
- Bristol (8)
- South Gloucestershire (4)
- Full review (3)
- Non-statutory review (5)

Domestic Homicide Reviews:

- DHR referrals (5)
- North Somerset (1)
- Bristol (1)

- South Gloucestershire (1)
- *Cornwall (1)
- *Somerset (1)
- Full review (3)

Child Safeguarding Practice Reviews:

- Bristol (1)
- South Gloucestershire (2)
- North Somerset (2)

*Requests for timelines and IMRs 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 in particular statutory and non-statutory reviews.

The team supplied the necessary level of information for all requests and where contact was made with NBT the outcomes were shared with all relevant agencies. There was one SAR within this timeframe with direct involvement from NBT which remains ongoing. The Rapid Review process for CSPR's includes identifying any system or process improvements that can be made at the earliest opportunity for all agencies. Learning identified from review processes are shared within the safeguarding governance processes for dissemination and in NBT safeguarding training and supervision.

What we achieved

- Thorough engagement with the SAR, CSPR and DHR processes and full participation in the decision-making where appropriate
- Challenged appropriately where there have been barriers to understanding around acute healthcare processes and pathways
- Identified learning and themes from reviews and shared these through the governance processes, supervision and training.

What Next?

- Continue to engage and involve the trust senior leadership, executives and non-executives in promoting safeguarding as 'everybody's business' including learning around statutory processes.
- Incorporate the learning from the expected National Panel Review publication ("Child Protection in England"), following the deaths of Star Hobson and Arthur Labinjo-Hughes, into existing policy, practice, training, and supervision.

- Incorporate case discussions into the Level 3 Adults, bespoke and ad-hoc training, supervision, and governance updates
- Devise a robust system for monitoring the increasing number of statutory and non-statutory reviews across the safeguarding system for adults and children.

7.0 Quality Improvement

There have been some significant changes in the structure of the team and wider Trust from Board to ward. The senior leaders in the safeguarding team have taken this opportunity to review the structure and process of the team to maximise improvement and efficiency opportunities whilst maintaining the high quality.

The team has created a single point of access model which, when the new Electronic Patient Record (EPR) is implemented, will allow for a more streamlined, efficient and improvement focused safeguarding function by supporting clinical teams to raise their safeguarding issues in a simple and less bureaucratic and confusing way.

What we have achieved

- Regular attendance at the Multiagency Quality Assurance SAB Subgroup, using outcomes to drive improvement across the Trust.
- Complete review of the systems and processes of the team to reduce waste and increase efficiency
- Implemented closer monitoring of themes prevalent in the concerns raised to the team, particularly for safeguarding children where the parent is the patient
- Improved access to information on the Trust intranet safeguarding pages
- Carried out a full survey of all band 5 to 8 clinicians/non-medical practitioners to identify understanding of MCA within their role. Used analysis to focus bespoke or specific training on these needs.

What Next?

- Continue to drive improvements around application of MCA and encourage divisional ownership in preparation of LPS
- Named Professionals working with the learning and development team, CCG Designated Professionals and partnership colleagues within BNSSG will consider creative opportunities around level 3 safeguarding adults training and supervision.
- Extend and hone the monitoring of themes and establish feedback loops to the divisions to ensure awareness of trends and prevalence of safeguarding concerns

- Establish quality improvement projects for safeguarding children in response to divisional needs and thematic evidence
- Identify ongoing opportunities for improving the quality of safeguarding within the Trust, including full implementation of efficient processes within the safeguarding team functions.

8.0 Conclusion

The Covid-19 pandemic continued to place significant impact on all health and social care systems across the country. The team has delivered dynamic, resilient safeguarding practice and have been flexible and responsive to the needs of the population despite this and have remained firmly rooted in current legislation and up to date guidance which is an essential element of care provision that has both safety and compassion at its heart.

Throughout 2021-22, the integrated safeguarding team has continued to support the trust in meeting the challenges posed by an increasingly complex society with increasing health inequalities and is driven by the sound principles of quality improvement, partnership and effective governance standards. The safeguarding service holds excellence as its objective and aims to be an exemplar, both within the trust and also externally with our partner agencies, with whom effective working relationships are essential. Our values are ever more pertinent as we adapt to life post-pandemic and anticipate profound changes to practice as we prepare for the introduction of the LPS.

The IST has developed during 2021/22 to ensure that NBT safeguarding practice is able to be sustainable and resilient, fit for both foreseeable and unexpected future challenges, and staff are equipped to respond appropriately to safeguarding risk relating to a wide range of contemporary issues. These principles will continue to be demonstrated fully throughout our work in 2022-23 as we focus on promoting positive attitudes towards safeguarding, and the protection of harm and abuse, across the lifespan.

Appendix 1 Safeguarding Boards and Partnerships and Subgroup membership and attendance for 2021/22

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	Head of Integrated Safeguarding and Deputy Chief Nurse	Quarterly Half day Quarterly Half day
South Gloucestershire Quality Assurance subgroup	Head of Integrated Safeguarding	Quarterly 6 Hours
South Gloucestershire SAR subgroup	Head of Integrated Safeguarding	Quarterly 6 Hours
South Gloucestershire Policy & Procedures subgroup	Head of Integrated Safeguarding	Quarterly
MARAC South Gloucestershire	Safeguarding Specialist Practitioners Named Midwife	Monthly 4 Hours
South Gloucestershire Learning & Development subgroup	Head of Integrated Safeguarding/Operational Lead	Quarterly
Best start in life – vulnerable children	Deputy Head of Integrated Safeguarding	Quarterly

Best start in life	Named midwife	Quarterly
Best start in life – complex needs	Deputy Head of Integrated Safeguarding	Quarterly
Quality Assurance - Children	Deputy Head of Integrated Safeguarding	Quarterly
Early Help Forum	Named Midwife/Specialist Safeguarding practitioner (children)	Quarterly
CSPR & Rapid Review	Deputy Head of Integrated Safeguarding	As required by case
Bristol Keeping Adults Safe Board	Head of Integrated Safeguarding	Quarterly
Bristol Keeping Children Safe Board	Deputy Head of Integrated Safeguarding	Quarterly
Bristol SAR & DHR subgroup	Head of Integrated Safeguarding	Quarterly
MARAC Bristol	Specialist Practitioner	Monthly 4 Hours
Child Protection Conference Review Group	Deputy Head of Integrated Safeguarding	Bi-monthly
CSPR, Rapid Reviews, SAR, DHR timeline reviews/Full IMR's	Head of Integrated Safeguarding & Deputy Head of Integrated Safeguarding	As required
Bristol Domestic Abuse Operational Group	Specialist Practitioner	Monthly
Contextual Safeguarding Group	Deputy Head of Integrated Safeguarding	Quarterly
Transitional Safeguarding Group	Deputy Head of Integrated Safeguarding	Quarterly
Serious Violence Prevention Group	Deputy Head of Integrated Safeguarding	Quarterly
CSPR	Deputy Head of Integrated Safeguarding	As required

SAR/DHR	Head of Integrated Safeguarding	As required
BNSSG Named Safeguarding Professional Forums (adult and children)	Named Professionals	Quarterly 4 Hours
Routes review and feedback	Deputy Head of Integrated Safeguarding & Named Doctor for Children	3-4 monthly
LPS Southwest NHSE/I	Head of Integrated Safeguarding	6 weekly
BNSSG Health Leadership Forum	Head of Integrated Safeguarding & Deputy Head of Integrated Safeguarding	Quarterly
Safeguarding Adults National Network (SANN)	Head of Integrated Safeguarding & Deputy Head of Integrated Safeguarding	Quarterly
National maternity safeguarding network	Named Midwife	Quarterly

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Southmead Hospital

IR(ME)R inspection report

Date of inspection visit: 20 July 2022

This report sets out the key findings from our recent inspection of compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R). We based this on a combination of what we found when we inspected and from all information presented, including previous statutory notifications and any other intelligence available to us.

How we inspected

CQC inspectors conducted an announced inspection of compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) of the neurointerventional department at Southmead Hospital on 20 July 2022.

Prior to the inspection we requested and received copies of relevant documents, including the employer's procedures (EPs), equipment inventory, radiation protection governance documentation, clinical audit and radiation incident information. We set out the programme for the day and we explained the post-inspection process at the end of the inspection.

During the inspection, we spent our time in discussion with radiology managers and medical physics experts (MPE) and various staff of all grades from the department. We also visited the department and spoke with clinical staff and collected both verbal and written evidence. We requested further evidence which was emailed to us shortly afterwards.

Summary of findings

Local governance arrangements for radiation protection were being reviewed and updated at the time of the inspection following a change to the service management. Feedback from committee had been acted upon and local regulatory audit schedules were being reviewed to ensure the exercises were less time consuming but continued to be effective in reviewing compliance with the regulations.

Some procedures, required under Schedule two of IR(ME)R, were duplicated as previous versions had not been archived. However, updated standard operating procedures were generally of good quality. A new document quality management system was due to be implemented which would allow for a robust programme of quality assurance to be commenced.

What we found

Service Overview

The service undertook general interventional and complex neurointerventional radiology examinations within six rooms at the Southmead Hospital. The service provided both elective and emergency services to the south west of England and Wales. The neurointerventional service was open 12 hours a day, seven days a week, but was looking to expand to a full 24-hour service following the recruitment of further radiologists and radiographers.

The radiology service overall had seen a change in the management in the months prior to the inspection with a new service manager and quality manager starting.

Management/Governance Structure

The service demonstrated the management arrangements for radiation protection matters with an organisational chart. This showed clear lines of accountability to trust level boards. An IR(ME)R subcommittee was in place to monitor radiation safety at the trust. These meetings were carried out quarterly. Highlight reports were submitted from each modality to the committee prior to meetings showing results from audits undertaken, radiation incidents and other IR(ME)R related topics.

Whilst there was evidence of good engagement from the interventional radiology modality lead, there was not always representation from all relevant areas. For example, in the meeting carried out in June 2022, reports had not been received from five areas, and there wasn’t representation from the radiologists, surgeons or cardiologists undertaking examinations using ionising radiation.

The IR(ME)R subcommittee fed into a radiation protection committee which met annually. A report was provided outlining actions from the subcommittees as well as from the MPEs on the activities they had undertaken.

Procedures, Protocols and Quality Assurance Programmes

An IR(ME)R manual was in place which contained all required written procedures. However, standard operating procedures had been developed more recently superseding some, but not all the procedures within the manual. This meant that some procedures, such as those for identifying patients or establishing pregnancy status were duplicated or contradicted. Work was underway in reviewing the remaining procedures with an aim to complete these before the autumn.

All duty holders could access written procedures via a shared drive. Staff, when asked, referred to the most up to date versions. The radiology service had recently purchased a document management system, which was due to be commissioned later in the year, which intended to improve access and control of documents and to ensure documents were reviewed in a timely manner. In the interim all information was held in a spreadsheet managed by the imaging quality manager. This spreadsheet showed a well-controlled system and showed dates for when documents required review.

Managers audited practice regularly to check that it was in line with written procedures. A programme of rolling IR(ME)R audits had been established. These included checking that records were made of any pregnancy and ID enquiries carried out. Results were presented as part of the highlight reports to the IR(ME)R subcommittee.

This programme was in the process of being updated as some modality leads felt the frequency was too onerous to maintain. The new programme aimed to use defined frequencies based on compliance results.

Examination protocols were available for a range of examinations in the interventional department. Examples seen included information on the set up of patients, equipment settings and contrast usage.

Referrals and Referral Guidelines

Referrals for neurointerventional examinations were received from a small team of referrers who were clearly entitled. These were received via an electronic referral system.

All referrers could access referral guidelines for general radiology examinations, however there was no associated guidelines specific to the interventional departments.

The service had a process to manage non-medical referrers, who had a defined scope of practice. Requesting rights were limited on the referral system to only those examinations within their specified scope of practice. The neurointerventional radiology department had a small number of entitled referrers who were only able to refer follow a multidisciplinary team meeting decision.

Non-medical referrers and new doctor intakes received online training on the basics of IR(ME)R and the local requirements for requesting imaging examinations.

Carers and Comforters

The use of carers and comforters to support patients undergoing interventional examinations was rare and only occurred in very limited situations, and never for neurointerventional exams. An employer’s procedure was in place for carers and comforters covering the examinations, providing radiographers with information on consent, dose constraints and the practicalities on how to optimise their doses.

Pregnancy and Breastfeeding

Staff checked whether patients were or might be pregnant and raised awareness of the effects of ionising radiation in those circumstances. A procedure was in place outlining how staff should check whether patients were or might be pregnant. This included a clear flow diagram which gave steps for operators to take to establish the patient’s status. A review of patient’s records showed that checks had been appropriately documented on the patient’s records.

The service had modified their existing pregnancy checks into a consent form which enquired if there was a possibility of pregnancy. This form will be used for every patient to ensure inclusivity of all people of childbearing potential.

Research

The service had safe dose constraints for research participants and ethical approval for all studies. Staff were aware of active research trials and their requirements and ensured that participants received information about risks to help them decide whether to volunteer for research programmes.

At the time of the inspection, no research studies were undertaken in the neurointerventional service. There was, however, a new study being considered. Staff were aware of the requirements for its implementation which was outlined in the employer's procedures.

Clinical Audit

Members of different staff groups undertook clinical audits to assess and improve the quality of the service.

The majority of audits were registered and managed via trust processes. Audit topics included patient outcomes, efficiency and throughput. We heard examples where improvements to clinical practise had been made based on audit outcomes with the aim to improve patient care.

Incidents

The service had a system for recording the occurrence and analysis of radiation incidents. Incidents were analysed to identify trends and discussed at radiation governance meetings.

A procedure was in place outlining the process for investigating patient radiation incidents. This included a flow chart demonstrating the steps required when investigating an accidental or unintended exposure.

We checked a sample of incident records and saw that, of those checked, all had been appropriately investigated and contained enough detail. Where required, incidents had been reported to the enforcing authority, and the outcomes shared. Dose assessments were routinely undertaken during these investigations.

We checked the status of notifications made to us made from the trust in relation diagnostic imaging. The trust provided detailed investigation reports comprising dose assessments and action plans. The trust also provided supplementary evidence of learning being shared, specific protocols and policies, such as those relating to skin dose optimisation and policies.

Duty Holders

Practitioners and operators were entitled appropriate to their role as part of the employer's procedures. Their scope of practise was listed on a matrix held by the modality lead.

All duties holders we spoke to understood their responsibilities and the need to cooperate with other professionals involved in medical exposures. An observation of practice demonstrated clear multidisciplinary working at all levels.

Justification and Authorisation

All referrals for neurointerventional examinations were justified and authorised by consultant radiologists. Of the records sampled, the member of staff acting as the practitioner for each examination was clearly recorded on RIS.

Non-Medical Imaging

The service did not undertake non-medical imaging examinations; however, a procedure was in place for other services where this may occur.

Optimisation

The service had a process for the optimisation of patient doses, including a rolling programme and regular audits against diagnostic reference levels.

Patient doses were recorded on their RIS record. The service had adopted local diagnostic reference levels for common procedures such as cerebral angiograms and embolisations. These were clearly displayed in the neurointerventional labs. However, when we visited the cardiology room, these were not displayed.

Local processes were in place to identify and manage high skin doses. When a threshold was met a procedure outlined the steps to take in following up and providing information to the patient. Only one incidence of a tissue effect had been noted in the previous two years. This had been reported to the enforcing authority as required.

Staff were able to describe the principles of optimisation and gave examples of how doses could be kept ‘as low as reasonably practicable’.

Clinical Evaluation

The service ensured clinical evaluations, including dose information, were recorded for every patient exposure, by staff trained to do so. Outcomes from examinations were recorded by the radiologists carrying out the examination on the patient’s electronic records.

National Dose Surveys

The service had historically shared data on patient doses as part of national dose surveys but had not been asked to do so recently.

Medical Physics Expert

The service had appointed medical physics experts appropriate for the service, who supported all aspects required under the regulations. The service had recently undertaken a benchmarking exercise comparing local staffing with national data. The results of the survey demonstrated gaps in the MPE workforce. The service was monitoring this risk via the MPE’s own trust risk register. Despite a workflow shortage, the MPEs were still able to contribute to equipment procurement, the development of DRLs and the review of incidents.

Equipment

The service regularly checked the performance of all radiological equipment and records showed that this happened in line with professional guidance.

Much of the equipment within the interventional department was 8 – 11 years old. There was

an equipment replacement programme in place, but there was a risk posed by the age of some equipment due to the inability to have an uninterruptible power supply (UPS) installed in some older labs. This posed a risk to patients as a failure could potentially delay the ability to move the tabletop in an emergency situation, or suspension of the examination whilst the equipment re-started. This risk was monitored via a risk register and governance forums.

All radiological equipment had regular maintenance by the manufacturers service engineers, Quality assurance (QA) tests were carried out following services or when repairs were made which was capable of affecting the equipment's performance. The service regularly checked the performance of all radiological equipment and records showed that this happened in line with professional guidance. Detailed testing was carried out by the medical physics service with a standardised report provided to the service managers which clearly set out any actions required to improve equipment performance.

QA tests were carried out by radiographers every three months using clear sets of instructions and tolerance levels. Results were recorded electronically which flagged when actions were required to be taken. Of the records checked there was a clear audit trail kept detailing what steps were taken on results where appropriate.

The service's inventory of radiological equipment did not include all required information. From the asset register provided, the equipment listed did not include year of manufacture all relevant systems.

Fluoroscopy equipment was equipped with appropriate devices to automatically control dose rate and inform the operator of the dose delivered. The systems were capable of reading out, recording and transferring patient dose information.

Training

The service had a procedure which detailed how training of practitioners and operators was managed, and how competency was achieved and maintained.

A skills matrix was in place annotating what point in training operators were at and detailed what tasks they were competent for. Radiographers working in the interventional department completed an induction pack which was signed off by a senior member of staff upon completion. These records were reviewed as part of radiographer's annual appraisals, where staff were asked to complete a self-assessment where they were able to highlight areas they felt they needed further training or support. Equipment competences were also recorded for all radiologists undertaking examinations.

The service ensured that trainee members of staff were supervised in line with their procedures and level of training.

Areas for improvement

The following areas are where a breach has been found which did not justify regulatory action. To prevent it failing to comply with legal requirements in future, or to improve the quality of services, the employer should take the following actions to comply.

Regulation	Action required
6 (1) Duties of the employer	The employer must ensure a full set of employer's procedures, as required under Schedule 2, are available, up to date and not unduly duplicated
6(5)(a) Duties of the employer	The employer must establish recommendations concerning referral guidelines, including for interventional procedures, and ensure these are available to the referrer
15(2) Equipment Inventory	The employer must ensure all required fields of information are included on the equipment inventory, including the year of manufacture

What happens next

In response to the actions required, as above, we require the employer, to provide an action plan to be **submitted within 6 weeks of the date** on this letter. This action plan should set out how the requirements are being addressed and within what time scale, and should be sent to irmer@cqc.org.uk. Where we have undertaken any enforcement action, this will be managed through separate correspondence.

If we are satisfied with the action plan submitted, we will write to you to confirm the inspection process has been concluded. We will continue to monitor compliance through our usual intelligence gathering.

Report To:	Trust Board		
Date of Meeting:	29 September 2022		
Report Title:	Fit and Proper Persons Update		
Report Author & Job Title	Kate Debley, Deputy Trust Secretary		
Executive/Non-executive Sponsor (presenting)	Xavier Bell, Director of Corporate Governance & Trust Secretary		
Does the paper contain:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**
		X	
*If any boxes above ticked, paper may need to be received at *private* meeting			
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
			X
Recommendation:	That the Trust Board: • Note that all directors have submitted a 2022 fit and proper person regulation (FPPR) self-declaration. • Note that all FPPR checks are up-to-date and complete.		
Report History:	This is an annual report to the Trust Board.		
Next Steps:	N/A		

Executive Summary	
All Board members have completed an annual FPPR self-declaration for 2022 (see template form at **Appendix 1**), confirming that they are fit and proper persons to hold office within the Trust, as defined in Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, the full suite of FPPR checks have been conducted for three Non-Executive Directors and two Executive Directors appointed since the previous report.	
Risks	This report is not linked to any specific risks, but aligns to the Well-Led CQC domain.
Financial implications	The costs of undertaking updated FPPR checks on board members have a small financial implication (approximately £300 per DBS check and £10 per Trust-Online check). This is covered by the People and Trust Secretary budgets respectively.

Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	Not required.
Appendices:	Appendix 1 – FPPR self-declaration form

1. Purpose

1.1 To present the outcome of the annual FPPR self-declaration checks.

1.2 To present the outcome of FPPR checks for Non-Executive and Executive Directors appointed since the November 2021 report.

1.3 To provide evidence of the Trust's compliance with the Care Quality Commission (CQC) regulation 5 relating to fit and proper persons.

2. Background

2.1 The Trust's Fit and Proper Person Requirement (FPPR) for Directors Policy establishes the Trust's commitment to ensuring that all persons appointed as directors, or performing the functions of, or functions equivalent or similar to those of a director satisfy the Fit and Proper Person Requirements as directed by the CQC Regulation 5. The scope includes executive, non-executive, permanent, interim and associate directors who are members of the board, no matter whether they fill existing, interim or permanent posts, and irrespective of voting rights.

2.2 In line with Trust policy, NBT Directors have each year since 2015 completed an annual self-certification form (Appendix 1) to confirm that they are a 'fit and proper person' and do not fall within any of the categories listed and to confirm they are not aware of any pending proceedings or matters which may call such a declaration into question in the future.

2.3 Additionally, three Non-Executive Directors (Sarah Purdy, Sandra Harding and Ike Anya) and two Executive Directors (Steve Curry, Chief Operating Officer, and Steve Hams, Chief Nursing Officer) have been appointed since the previous Report and have undergone the required FPPR checks for the first time.

3. Executive and Non-Executive Directors Status September 2022

3.1 The annual self-declaration returns have been completed and all directors have confirmed compliance with the regulation.

3.2 FPPR checks have been completed for Non-Executive Directors Sarah Purdy, Sandra Harding, and Ike Anya, who have all been appointed since the last Report to the Trust Board in November 2021.

3.3 FPPR checks have been completed for Executive Directors Steve Curry, Chief Operating Officer, and Steve Hams, Chief Nursing Officer, who have both been appointed since the last Report to the Trust Board in November 2021.

4. Summary and Recommendations

4.1 The Trust Board is asked to **note** that:

- All directors have submitted a 2022 fit and proper person regulation (FPPR) self-declaration.
- FPPR checks for all Directors are up-to-date and complete.

North Bristol NHS Trust

"FIT AND PROPER PERSON" SELF DECLARATION

1. Non-Executive and Executive roles in the NHS are positions of significant public responsibility and it is important that those appointed can maintain the confidence of the public, patients and NHS staff. The Trust has a duty to ensure that those we appoint to NHS boards are of good character, will ensure an open and honest culture across all levels of the organisation. The "Fit and Proper Person" requirements are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

2. By signing the declaration below, you are confirming that you are a "fit and proper person" outlined at (3), that you do not fall within any of the categories outlined at (4) or (5) below and that you are not aware of any pending proceedings or matters which may call such a declaration into question in the future.

3. The regulations require you are:

   (a) of good character;
   (b) have the necessary qualifications, competence, skills and experience; and
   (c) are able by reason of your health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position.

4. Do any of the following conditions apply to you? You are asked to confirm that you are not:

   (a) a person who has an unspent conviction (unless you are being appointed to a role which requires a standard or enhanced DBS Check, in which case full disclosure of both spent and unspent convictions is required) in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence;
   (b) a person who has been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals;
   (c) an undischarged bankrupt, or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged;
   (d) the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;
   (e) a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(40);
   (f) a person who has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;
   (g) included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;
   (h) a person who has been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider.

DECLARATION

☐ I confirm that I do not fit within any of the categories listed and that there are no other grounds under which I would be ineligible for appointment. If appointed, I undertake to notify the Trust immediately of any change of circumstances that may affect my eligibility to remain in post.

☐ I wish to declare the following information which may be relevant to my eligibility for this role:

Signature:
Name:
Date: