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 30 March 2023
10.00 – 13.00
L&R Room 4 & 5 / 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 26 January 2023	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.	Fresh Arts Patient Story	Discussion	Chief Nursing Officer	Enc.	10.20
PEOPLE					
9.	Gender Pay Gap Report	Discussion	Chief People Officer	Enc.	10.40
10.	Staff Attitude Survey Results	Discussion	Chief People Officer	Enc.	10.55
BREAK (5 mins)					11.10
QUALITY					
11.	Quality Committee Upward Report	Discussion	NED Chair	Enc.	11.15
FINANCE, IM&T & PERFORMANCE					
12.	Integrated Performance Report	Discussion	Chief Operating Officer	Enc.	11.25
13.	Finance & Performance Committee Upward Report 13.1. Finance Report - Month 11 13.2. Terms of Reference	Discussion	NED Chair	Enc.	12.00
GOVERNANCE & ASSURANCE					
14.	Patient & Carer Upward Report	Information	NED Chair	Enc.	12.10
15.	Audit & Risk Upward Report 15.1. Board Assurance Framework	Information	NED Chair	Enc.	12.20
16.	Guardian of Safe Junior Doctor Working Hours	Discussion	Chief Medical Officer	Enc.	12.30

No.	Item	Purpose	Lead	Paper	Time
CLOSING BUSINESS					
17.	Any Other Business	Information	Chair	Verbal	12.40
18.	Questions from the Public in Relation to Agenda Items	Information	Chair	Verbal	12.50
19.	Date of Next Meeting: Thursday 25 May 2023, 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.
Mr Tim Gregory	Non-Executive Director	• Nothing to declare.
Mr Richard Gaunt	Non-Executive Director	• Non-Executive/Governor of City of Bristol College. • Non-Executive Director of Alliance Homes, social housing and domiciliary care provider
Ms Kelly Macfarlane	Non-Executive Director	• Sister is Centre Leader of Genesiscare Bristol – Private Oncology. • Sister works for Pioneer Medical Group, Bristol. • Managing Director, HWM Limited, a Halma Company.
Professor Sarah Purdy	Non-Executive Director	• Professor of Primary Care, University of Bristol • Fellow of the Royal College of General Practitioners • Member of the British Medical Association • Vice-Chair, Board of Trustees, Venturers Trust, Bristol • Member, Board of Trustees, Bristol Student Union • Shareholder (more than 25% but less than 50%) Talking Health Limited

Name	Role	Interest Declared
		• Member, Barts Charity Grants Committee 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
Dr Jane Khawaja	Non-Executive Director	• Employee and Member of the Board of Trustees, University of Bristol. • Director of Gloucestershire Cricket Foundation. • Director of Bristol Future Talent Partnership. • Commissioner, Bristol Commission on Race Equality. • Member of Bristol City Funds, Investment Advisory Committee.
Ms Maria Kane	Chief Executive	• Advisory Group Member of CHKS, a provider of healthcare intelligence and quality improvement services (remuneration donated to charity) • Visiting Professor to the University of the West of England (unremunerated)
Mr Steve Curry	Chief Operating Officer	• Nothing to declare.
Mr Tim Whittlestone	Chief Medical Officer	• Director of Bristol Urology Associates Ltd. • Undertakes occasional private practice (Urology Specialty) at company office. This is undertaken outside of NBT contracted hours. • Chair of the Wales and West Acute Transport for Children Service (WATCh). • Vice Chair of the South West Genomic Medicine Service Alliance Board • Wife is an employee of the Trust.
Mr Glyn Howells	Chief Financial Officer	• Governor and Vice Chair of Newbury College (voluntary).

Name	Role	Interest Declared
Professor Steve Hams	Chief Nursing Officer	• Visiting Professor, University of Worcester • Director, Curhams Limited (dormant company) • Strategic Advisor, Liaison Group Limited • Independent Chair of Trustees, Infection Prevention Society • Strategic Advisory Board Member, Shiny Mind (Mental Health)
Mr Neil Darvill	Chief Digital Information Officer (non-voting position)	• Wife works as a senior manager for Avon and Wiltshire Partnership Mental Health Trust. • Stepbrother is an employee of the Trust, working in the Cancer Services Team.
Ms Jacqui Marshall	Chief People Officer (non-voting position)	• Nothing to declare.

NHS North Bristol NHS Trust

DRAFT Minutes of the Public Trust Board Meeting held virtually and in Learning & Research Building room 4 on Thursday 26 January 2023 at 10.00am

Present:			
Michele Romaine	Trust Chair	**Maria Kane**	Chief Executive Officer
Tim Gregory	Non-Executive Director	**Glyn Howells**	Chief Finance Officer
Sarah Purdy	Non-Executive Director	**Tim Whittlestone**	Chief Medical Officer
Kelvin Blake	Non-Executive Director	**Steven Hams**	Chief Nursing Officer
Kelly Macfarlane	Non-Executive Director	**Steve Curry**	Chief Operating Officer
Jane Khawaja	Non-Executive Director	**Neil Darvill**	Chief Digital Information Officer
Ike Anya	Associate Non-Executive Director		
In Attendance:			
Xavier Bell	Director of Corporate Governance & Trust Secretary	**Aimee Jordan**	Senior Corporate Governance Officer & Policy Manager *(minutes)*
Presenters:			
Gifty Markey	Patient Experience Lead *(present for minute item TB/23/01/07)*	**Anne O'Malley**	Patient Engagement and Communication Lead *(present for minute item TB/23/01/07)*
Shadowing:			
Rachel Bartlett	Executive PA	**Sarah Margetts**	Deputy Chief People Officer
Richard Gwinnell	Deputy Trust Secretary (*present for minute items 01-07 and 15)*	**Donna Baber**	Arts Programme Manager

Observers: Observers were invited to attend the public session. No public observers attended, but a recording of the meeting was published on the Trust's website.

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

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

Apologies were noted from Richard Gaunt, Non-Executive Director, Jacqui Marshall, Chief People Officer and Richard Thomas, Director of Communications & Engagement.

The Trust Chair welcomed also welcomed Jane Khawaja to the meeting as the new Non-Executive Director and Sarah Margetts, Deputy Chief People Officer, who was shadowing the meeting.

Gifty Markey and Anne O'Malley joined the meeting

TB/23/01/02 **Declarations of Interest**

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

TB/23/01/03 **Minutes of the previous Public Trust Board Meeting**

RESOLVED that the minutes of the Public Meeting held on Thursday 24 November 2022 were approved as a true and correct record.

TB/23/01/04 Action Log and Matters Arising from the Previous Meeting

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

- Action 65: The compliance position was included in the Emergency, Preparedness, Resilience & Response (EPRR) annual report that would be discussed later on in the meeting. It was agreed that the action could be closed.
- Action 77: It was recognised that several Board members had already completed the Freedom To Speak Up e-learning module. The Trust Chair encouraged all Board members to complete the training.

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

TB/23/01/05 Chair's Business

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

- **League of Friends**: Positively, it was noted that the League of Friends team had been busy and so money was being put back into the hospital from the shop. It was noted that the League of Friends had been associated with NBT for over 40 years and had raised over £1million which had been invested into equipment and support for staff and patients. The Trust Chair also discussed the opportunity to link the League of Friends with the Southmead Hospital Charity.
- **Fresh arts:** The Trust Chair had the opportunity to see the positive work the team had been undertaking, particularly the work with patients suffering from anxiety.
- **Maternity**: A listening event with the Maternity staff was detailed and the Trust Chair advised that it was a positive experience but recognised that there were lessons to be learned. The Trust Chair advised that she would be visiting Maternity during a night shift to gain further knowledge of staff's experiences.
- **Breast Care:** Congratulations were extended to the team on the progress they have made. It was noted that it was reassuring to see the positive direction the team were heading in which was supported by the dashboard showcasing metrics such as response times.
- **Emergency Department:** The Trust Chair outline her visit across the Emergency department (including AMU and SDEC) and suggested there were opportunities to holistically review how the 'front door' worked.

The Trust Chair also informed the Board of the positive progress of the Acute Provide Collaborative Board (APCB) and the anticipated developments in the upcoming months.

RESOLVED that the Chair's briefing was noted.

TB/23/01/06 Chief Executive's Briefing

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

- **Performance:** Winter had been a challenging time for the Trust due to a number of factors including high levels of flu and COVID (which had an impact on patient attendance and staff sickness) and the impact of the industrial action strike days. Maria highlighted that the Trust had maintained

performance levels as a result of the excellent planning from operational teams.

- **No Criteria to Reside (NC2R):** Maria noted that there were a number of discussions in play with local authorities and Sirona to improve the NC2R position.
- **Level 6**: Maria informed the Board that phase one was now open and phase two was due to open in the upcoming week. Maria thanked all the teams involved and noted that there had been positive feedback from staff regarding the layout of the ward and suggested that this should be considered in future work on the estate.
- **Service Visits**: Maria advised that she would continue to be visiting different teams throughout the organisation and urged Board members to do the same.
- **Estates**: Maria thanked the Estates team, noting all the changes that have been implemented.
- Oliver McGowan training was now live in the Trust which would further support the ongoing disability work.
- **APCB**: Maria noted the discussions on the corporate services review, the estate prioritisation and the joint clinical strategy.

Sarah Purdy, Non-Executive Director, emphasised the importance of being able to deliver care to people in homes rather than in hospitals and detailed the difference it made to patients' recovery.

RESOLVED that the Chief Executive's briefing was noted.

TB/23/01/07 Patient Story

The Trust Chair welcomed Gifty Markey, Head of Patient Experience, and Anne O'Malley, Patient Engagement and Communication Lead, to the meeting.

Steve Hams, Chief Nursing Officer, introduced the patient story which focused on improving the accessibility of the Trusts services, particularly for patients with sensory loss. The Board watched a video which highlighted the experience that Heather had at NBT, the challenges she faced and the learning and improvements the Trust were implementing as a result. Steve Hams noted the positive progress the Trust was making to improve accessibility but recognised that further work was required. Gifty Markey, Head of Patient Experience, agreed and noted the benefits of investing in dedicated resources to improve accessibility. Anne O'Malley, Patient Engagement and Communication Lead, detailed the action plan and highlighted the campaign to aim to raise accessibility awareness with staff.

During the ensuing discussion the following points were noted:

- Sarah Purdy questioned how patient information was picked up if it was not on the Electronic Patient Record (EPR) system. Gifty answered that it depended on the type of communication issue and advised of the different processes the Trust would take to meet the communication and care needs of patients. It was acknowledged that this was often a timely process. Sarah further questioned if the information could be passed across from the GP admin teams for outpatient appointments. Anne O'Malley advised that there was an Accessibility Information Standards (AIS) working group within the Integrated Care System (ICS) that was supporting the work to have a consistent recording of alerts across the system.
- Kelvin Blake, Non-Executive Director, commented that the organisation had a positive caring culture that supported patients and so there was a lot to be

congratulated but recognised that more work was required.

- Jane Khawaja, Non-Executive Director, queried if there was a plan to have an ongoing campaign to embed AIS for staff and visitors. Gifty Markey confirmed that there was a plan and explained that an internal campaign had identified the need for further training and support for staff. It was noted that work was being undertaken to develop training and finalise the AIS policy but that a wider campaign for public engagement would commence once the internal support was in place. Anne O'Malley agreed and detailed the ongoing work to provide support and training to increase staff awareness.
- Glyn Howells, Chief Finance Officer, advised of the ambition to engage the security group with the accessibility work to empower the staff and create a positive experience from the start of the patients' experience.
- Neil Darvill, Chief Digital Information Officer, acknowledged the improvements made to the digital systems with input from the patient experience team and also highlighted the Trust's commitment to provide an alternative to patient letters.
- Steve Hams commented on the person-centred care approach staff provided to patients.
- The Trust Chair queried what the mechanism was for creating alerts for patients so that it followed them on their journey within the hospital. Anne advised that the Electronic Patient Record (EPR) system allowed any member of staff to input alerts for patients. The alerts would then follow the patient throughout their hospital journey. Anne also detailed that there was an ongoing pilot to add the information to the handover documents.
- Maria Kane recognised that the hospital was a complex environment and suggest that the identification of a meeting point would be beneficial. Anne agreed that a meeting point was a good idea and advised that she would discuss it with the AIS steering group.

The Trust Chair thanked Gifty and Anne for their work and requested that they express her gratitude to Heather.

RESOLVED that the Board noted the Patient Story and welcomed the progress on improving the accessibility of services within the Trust.

TB/23/01/08 Mass Vaccination Programme Report

Tim Whittlestone, Chief Medical Officer, presented the Mass Vaccination Programme report and noted the progress that had been made within the vaccination programme and the ongoing work to move to an integrated service. Tim Whittlestone recommended that NBT continue in the Management & Coordination Organisation (MCO) role for 2023 to obtain further clarity on the future of the integrated vaccination program within the Integrated Care System (ICS). Tim Whittlestone advised that a further update would be brought to the Board in June 2023.

Glyn Howells confirmed the financial risk was being managed but flagged that NBT held the emerging redundancy risk for the Mass Vaccination staff. However, Glyn advised that work was ongoing to ensure that the employment rights would be covered by NHS England and that there were opportunities to redeploy the staff within the Trust. Tim Whittlestone added that the programme would continue to employ the staff if NBT were no longer the MCO.

Maria Kane queried what was happening to other vaccinations centres. Tim Whittlestone advised that it was a problem across the country as most MCO's for

mass vaccination sites were acute Trusts.

RESOLVED that the Board approved the extension of the vaccination programme MCO role until the end of 2023 subject to finalising the financial arrangements.

TB/23/01/09 People Committee Upward Report

Kelvin Blake presented the People Committee upward report and briefly discussed the ongoing work to mitigate the risks associated with the impact of the industrial action, the ongoing recruitment and retention work, the leadership offer and the assurances received around the health and safety improvement work. The ongoing work to diversify the Freedom To Speak Up Champions was also noted.

Following a query from the Trust Chair regarding the timeline for the recruitment and retention implementation work, Kelvin Blake advised that the aim was to have the full plan available in three months' time.

The Trust Chair questioned what the process was for the wider analysis on the workforce risks. Xavier Bell advised that the Head of Risk Management would work with the People team to analyse the workforce, patient safety and performance risks and the mitigating actions. It was noted that an update was scheduled to go to the Committee meeting in March and the Trust Chair requested that the risk analysis also be scheduled for discussion at March's Private Trust Board meeting to ensure the risks were understood and to receive assurance that progress was being made.

Tim Gregory, Non-Executive Director, commented that there had been a number of instances where the risk register captured live issues rather than risks, particularly with workforce risks, and suggested it should be reviewed to ensure early interception of risks.

Following further discussion on safe staffing, it was agreed that the paper needed to provide a clear understanding of the risks the Trust was carrying and the implications on the pressures. Steve Hams provided further clarity on the nursing safe staffing risks and emphasised that it was multifactorial and that whilst a mitigation plan was in place, it could not be fully mitigated due to the workforce challenges. The Trust Chair advised that the Board should have a robust conversation on how to proceed and create an action plan. Consideration towards how the organisation utilised the bank was also noted.

RESOLVED that the Board noted the People Committee Upward Report and agreed to schedule a People risk analysis for March's Private Trust Board meeting. **XB/Risk/ People team**

TB/23/01/10 Quality Committee Upward Report

Sarah Purdy presented the Quality Committee upward report and briefly summarised the quality impact review of the industrial action, the Never Event review, the training plan to improve the safeguarding training levels and the Maternity Incentive Scheme review. The Board were asked to endorse the approval of the Trust's Maternity Incentive Scheme (MIS) compliance status and authorise the Chief Executive to sign it on behalf of the organisation.

Steve Hams explained the quality impact of the strike action and thanked Sarah Purdy and Kelly Macfarlane for supporting the Maternity team during the MIS review. In addition, Steve Hams advised that improvements were anticipated in the Midwifery training and safeguarding training over the upcoming weeks.

The Trust Chair queried when the Trust would be fully compliant in all areas. Steve Hams confirmed that full compliancy was expected by the end of the financial year

and outlined the plan to reach compliance for each area.

Steve Curry, Chief Operating Officer, suggested that the Divisional Performance Reviews would be a good opportunity to monitor the compliance areas and Steve Hams confirmed that it would be monitored at those meetings and through regular meetings with the Head of Midwifery.

The Trust Chair asked if there were conversations regarding the deployment of staff across midwifery. Steve Hams confirmed that the conversations were taking place but recognised the challenges with the professional views between 'core' and 'rotational' midwifes.

RESOLVED that the Board noted the Quality Committee upward report and approved the Trust's Maternity Incentive Scheme compliance status (and authorised the Chief Executive to sign this on behalf of the organisation.)

{Break}

TB/23/01/11 Integrated Performance Report

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

- Urgent and Emergency Care (UEC): There were significant pressures in UEC over December which was driven by the high numbers of patients with No Criteria To Reside (NC2R), respiratory illness, rising staff sickness and three periods of industrial action.
- Elective Care: The recent industrial action had negatively impacted the Trust's trajectories for reducing the planned care backlog.
- Diagnostics: There was a specific risk in Endoscopy, where the impacts of industrial action and increased complexity of cases meant that the Trust would not achieve its improvement target until quarter 1 of 2023/24. All other diagnostics modalities were on track to achieve.
- Cancer: Cancer performance was reported as being on track.

Steve Curry explained the Internal Critical Incident, which was declared for a 24-hour period, and recognised the significant ongoing efforts of NBT's staff. Steve Curry detailed that January's performance position had improved and outlined the areas of improvement.

The Trust Chair applauded the staff for the way they reacted to the Internal Critical Incident and noted it was a good example of doing the right thing in the right way.

Safety and Effectiveness:
Steve Hams referred to the Perinatal Quality Surveillance Matrix metrics and advised of the plan to target and encourage professional groups to improve training compliance. Steve Hams also advised that there had already been an improvement in the PROMPT uptake and was confident that it would continue to improve.

Steve Hams reported that there had been a Grade 4 pressure ulcer and noted that a patient safety investigation was underway to learn from the mistake and avoid it in the future. In addition, Steve noted that falls and pressure ulcers would be reviewed together under a harm-free care improvement tool.

Steve Hams reported that the number of COVID cases and flu cases had decreased and advised of the ongoing work to understand the MRSA improvement.

Steve Hams highlighted that there had been a decline in the WHO checklist compliance, but that work was ongoing to identify improvements and the outcome of the work would be brought to Quality Committee at a future date.

Tim Whittlestone reported that there had been an increase in VTE risk assessment compliance and advised that it was expected to increase further following the launch of the electronic VTE risk assessment recording which was scheduled for 6 February 2023. It was noted that manual audits were still being undertaken to continue to receive assurance that patients are being risk assessed.

Tim Whittlestone reported that the Trust remained in the upper quartile for hospital mortality and following a deep dive into mortality in Stroke patients, the results showed that it was not associated with poor care or poor access to care.

Tim Whittlestone advised that the thematic review of Never Events (NE) was due to be presented to the patient safety committee but reassured the Board that there was evidence that WHO checklists had been completed in all of the NE cases.

Following a query from Kelvin Blake regarding the management of pressure ulcers, Steve Hams advised of the multifactorial approach but recognised that the workforce challenges were a risk factor affecting the prioritisation of patients with pressure ulcers.

The Board discussed the impact of patients decommissioning as a result of being in a hospital environment and acknowledged the importance of independence for patients.

Following a query from Tim Gregory regarding stroke performance, Tim Whittlestone advised that there was a full complement of staff within the stroke team and the Trust was able to provide a 24/7 stroke thrombectomy service. Tim recognised the data challenges and advised that a narrative update was discussed at the Division Management Team meetings. It was agreed that a detailed update would be brought to a future Trust Board meeting.

Patient Experience:
Jane Khawaja queried what the alternative plans were if the deteriorating trend regarding the response rate to complaints continued. Steve Hams advised that alternative plans were being reviewed with the divisional teams to ensure progress was made but provided reassurance that it was under review.

Research and Innovation
Jane Khawaja welcomed the success of the research grants and noted it was encouraging to see the joint commercial research function. Jane asked if the Trust was working with other organisations. Tim Whittlestone advised that there were further opportunities for collaboration and further opportunities for commercialisation, but it needed to be developed further and expanded to APCB.

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

TB/23/01/12 Finance and Performance Committee Upward Report

Tim Gregory presented the Finance and Performance Committee (F&PC) upward report. Tim highlighted the risk within Endoscopy, the theatre productivity analysis and the operational performance analysis. Tim also noted F&PC agreed to the progression of the full Electronic Prescribing and Medicines Administration business case.

Neil Darvill provided an update on the Electronic Patient Record (EPR) stabilisation project and reassured the Board that overall the EPR project was on track and that all the outstanding issues would be resolved by the end of the financial year.

Glyn Howells provided assurance that the Trust would achieve the planned break-even position at the end of the financial year and detailed the steps that were being

taken. Glyn also explained the positive approach to overplanning the capital programme and the positive progress regarding CIP delivery, noting that in November and December over £1million in CIP savings were made.

The Trust Chair commented on the risk regarding the capital spend and queried if the Trust had the ability to spend the funds in a timely way. Glyn Howells recognised the supply chain challenges that would impact the ability to spend the funds but advised that a lot of the funds had been committed and was confident that it would be delivered.

RESOLVED that the Board noted the F&PC upward report.

TB/23/01/13 Emergency Planning, Resilience and Response Annual Report

Steve Curry presented the Emergency Planning, Resilience and Response (EPRR) Annual Report for 2021/22. Steve detailed the assurance process and advised that the Trust received an overall compliance rating of 94%, which was an improved position from last year.

RESOLVED that the Board noted the EPRR 2021/22 Annual Report and noted that the Trust was 'substantially compliant' with the NHS Core Standards.

TB/23/01/14 Patient & Carer Committee Upward Report

Kelvin Blake presented the Patient & Carer Committee Upward Report and highlighted that the End of Life (EoL) Care Annual Report and the excellent work of the Purple Butterfly Volunteers. Kelvin also noted the changes to the Terms of Reference for Board endorsement.

RESOLVED that the Board welcomed the work that the Patient & Carer Committee had undertaken and approved the Terms of Reference.

TB/23/01/15 Acute Provider Collaboration Board (APCB) Upward Report

The Trust Chair presented the Acute Provider Collaboration Board (APCB) upward report and highlighted the positive progress of the Board. The APCB discussed the clinical workstream work that was underpinned by the ongoing work on the joint clinical strategy and the positive progress on the digital convergence.

Tim Gregory queried if there had been further clarity on timelines and if there was alignment with the capital priorities for the organisations. The Trust Chair explained that the alignment of priorities needed to be done in a systematic way and so once the joint clinical strategy was completed, the alignment of priorities would follow. It was recognised that whilst there had been positive progress, further work was required.

RESOLVED that the Board noted the APCB upward report and endorsed the changes to the Terms of Reference.

TB/23/01/16 Any Other Business

No items of other business were noted.

TB/23/01/17 Questions from the public

No questions from the public were received.

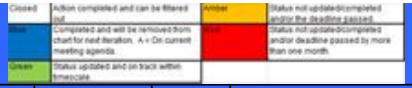
TB/23/01/18 Date of Next Meeting

The next Board meeting in public was scheduled to take place on Thursday 30 March 2023, 10.00 a.m. Trust Board papers will be published on the website and interested members of the public are invited to submit questions in line with the Trust's normal processes.

The meeting concluded at 12:50pm

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

Trust Board - Public ACTION LOG



Meeting Date	Agenda Item	Minute Ref	Action No.	Agreed Action	Owner	Deadline for completion of action	Item for Future Board Meeting?	Status/ RAG	Info/ Update	Date action was closed/ updated
24/11/22	Bi-Annual Freedom to Speak-Up (FTSU) Report	TB/22/11/09	77	All Trust Board members to complete the e-learning modules by the end of December 2022	All Trust Board Members	Dec-22	No	Open	Majority of modules completed. Directors to update verbally if necessary.	23/03/2023
26/1/23	People Committee Upward Report	TB/23/01/09	78	People risk analysis to be scheduled for March's Private Trust Board meeting.	XB/Risk/ People team	Mar-23	Yes	A	On the agenda for March 2023 meeting.	13/03/2023

Report To:	Public Trust Board		
Date of Meeting:	30 March 23		
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.	
Risks	Does not link to any specific risk.
Financial implications	None identified.
Does this paper require an 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

Urgent and emergency activity continues with extremely high numbers of patients visiting our Emergency Department throughout March. Despite the challenges, there have been some sustained improvements against the four-hour emergency target which is reflected in our being in the Top 10 of Trusts in England meeting the 76% national target.

The No Criteria to Reside (NC2R) patient numbers remain high, with the Trust's bed occupancy averaging around 97%.

Cancer performance against the 62 day and faster diagnosis targets continues its improvement trend and RTT is back on trajectory with expectation to meet the 78-week plus target by the end of March. The pace of elective recovery has been challenging due to the effects of industrial action, but work continues to ensure delivery against our trajectory.

4. Industrial Action Updates and Notifications

The industrial action planned for earlier this month by the Royal College of Nurses, Unison, GMB and Unite was stood down whilst negotiations with unions were renewed by Government.

The first dates for the junior doctors' industrial action took place this month starting with a 72-hour strike. Forward planning and tremendous support from the consultant body, other medical staff, nurses, therapists, and other teams of staff enabled the hospital to continue providing safe urgent and emergency care.

5. Elective Centre

This month we received next stage approval from the NHS England and Department of Health & Social Care Joint Investment Committee for the Elective Centre, who praised the team for such a strong case. This is one of the final steps before receiving full approval so there will be some enabling work happening at Monks Park, which will help us to prepare so we can start full works quickly when full funding and approval are received.

6. UWE - Delivering a Workforce for Health and Social Care Sector

I was invited to join a roundtable discussion with other sector leaders, led by UWE, exploring the challenges now and in the future for the health and social care workforce. The aim of the event was to look at shaping the solution to building a sustainable future workforce. The discussion focused on a number of key questions which included how to develop the right mix of qualified staff, retention of hard to fill staff groups, and how to create the right opportunities to explore and answer real world challenges. The visit also included a short tour of the robotics labs.

7. Integrating Innovation Conference

I joined the West of England Allied Health Science Network when they facilitated a conference in Bristol this month. The conference explored how innovation can help us address our shared Integrated Care System (ICS) priorities, bringing together colleagues from across geographical and organisational boundaries to swap ideas, compare approaches and explore opportunities to collaborate.

8. Joint Appointment of Chief Digital Information Officer

We are delighted to announce the appointment of Neil Darvill to the exciting new joint Board-level post of Chief Digital Information Officer (CDIO) at North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW).

This is our first joint Board-level appointment and signifies our commitment to developing a single digital, data and technology transformation strategy, as we look to become a truly high performing acute provider collaborative, shaping and delivering exceptional healthcare across the South West.

With over 30 years' experience working in healthcare environments, Neil is currently CDIO at NBT. He will start in his new joint role in spring 2023. We're sure you will join us in wishing him all the best for this exciting and ambitious new joint role.

9. City Gathering 2023

I was able to join leaders from across Bristol at the first City Gathering since the Covid pandemic earlier this month. It was an excellent session where senior leaders from across the city – health, police, fire, councils, education, voluntary and community, trade unions, and business – shared the challenges and opportunities for the coming months and years.

10. Engagement & Service Visits

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

- Organisational Development Team
- Central Delivery Suite
- Women and Children's division

This month I have met with consultant colleagues from Emergency Department, Breast Surgery, Diabetes and Endocrinology, Gynaecology and Neurology.

11. Summary and Recommendations

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

Report To:	Public Trust Board		
Date of Meeting:	30 March 2023		
Report Title:	Patient Story		
Report Author & Job Title	Donna Baber, Fresh Arts Programme Manager		
Executive/Non-executive Sponsor (presenting)	Steve Hams, Chief Nursing Officer		
Does the paper contain:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**
	X	**X**	
*If any boxes above ticked, paper may need to be received at *private* meeting			
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
		X	
Recommendation:	For Board update and insight – a patient and carer, who recently took part in the Fresh Arts on Referral programme, will visit the board meeting and take part in a discussion with Donna Baber, Fresh Arts Programme Manager about their experiences of this element of the Fresh Arts Programme.		
Report History:	N/A		
Next Steps:	N/A		

Executive Summary

Fresh Arts on Referral is an arts-based social prescribing programme which provides significant benefits to patients and creates a care and cultural pathway for them from hospital support to being able to better self-manage a long-term chronic condition. Our patients may progress from a hospital-based programme e.g., Pain Management Programme, Living Well programmes, or Mood & Food group to Fresh Arts on Referral where they are supported by an artist, a health support worker and other group members to use the arts and creativity, along with social connection, as a means of distraction from pain / discomfort / anxiety to create a positive flow state using the arts and creativity.

The programme has been running since 2018 and we have recently concluded a pilot programme, funded by NHS Charities Together, which saw the programme double in size in 2021-2023 enabling us to offer it to patients from three new clinics. We have robust evaluation data and reporting from the University of the West of England evidencing the impact of the programme on participants. We plan to develop our evaluation further to demonstrate that we can meet the ultimate aim of the programme; to reduce GP visits and hospital admissions.

<table>
<tr><td>Risks</td><td>

The Fresh Arts Programme has been regularly funded by Southmead Hospital Charity since 2019, approximately £170,000 per year.
From April 2023, the Fresh Arts Programme will be funded by NBT funds to the value of £50,000 per year.
The Fresh Arts team will work to deliver as much of the core programme, as set out in the Fresh Arts Strategy 2023-2026, as possible with this reduced funding level but this is not sufficient to sustain the programme at its current levels of activity 2023/24.
The team will continue to work with others in the system to develop and deliver joint initiatives and where possible and will need to consider seeking funding from other sources to continue the work.

</td></tr>
<tr><td>Financial implications</td><td>Source of funding:
<table>
<tr><td>Option</td><td>[X]</td><td>Please provide additional information</td></tr>
<tr><td>Existing budget</td><td>X</td><td>£70k (pay), £30k (non-pay)</td></tr>
<tr><td>Cost Pressure</td><td></td><td></td></tr>
<tr><td>External Funding</td><td></td><td>£170k per annum Southmead Hospital Charity funding for Fresh Arts Programme, ceasing end March 2023, then NBT funding of £50k per annum from 1.4.23 (see ‘Risks’ above)</td></tr>
<tr><td>Other</td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?</td><td>No</td></tr>
<tr><td>Appendices:</td><td>Appendix 1: Patient Story Power Point- Fresh Arts Story
Appendix 2: Arts on Referral</td></tr>
</table>

1. Purpose

1.1 Patient Experience Story

2. Background

2.1 Fresh Arts on Referral is an example of a project which supports the aim of being an Anchor in the Community having been supported by, and delivered in partnership with, ICB partners and community partners for the benefit of more patients in a sustained manner.

3. Summary and Recommendations

3.1. For Board update and insight.

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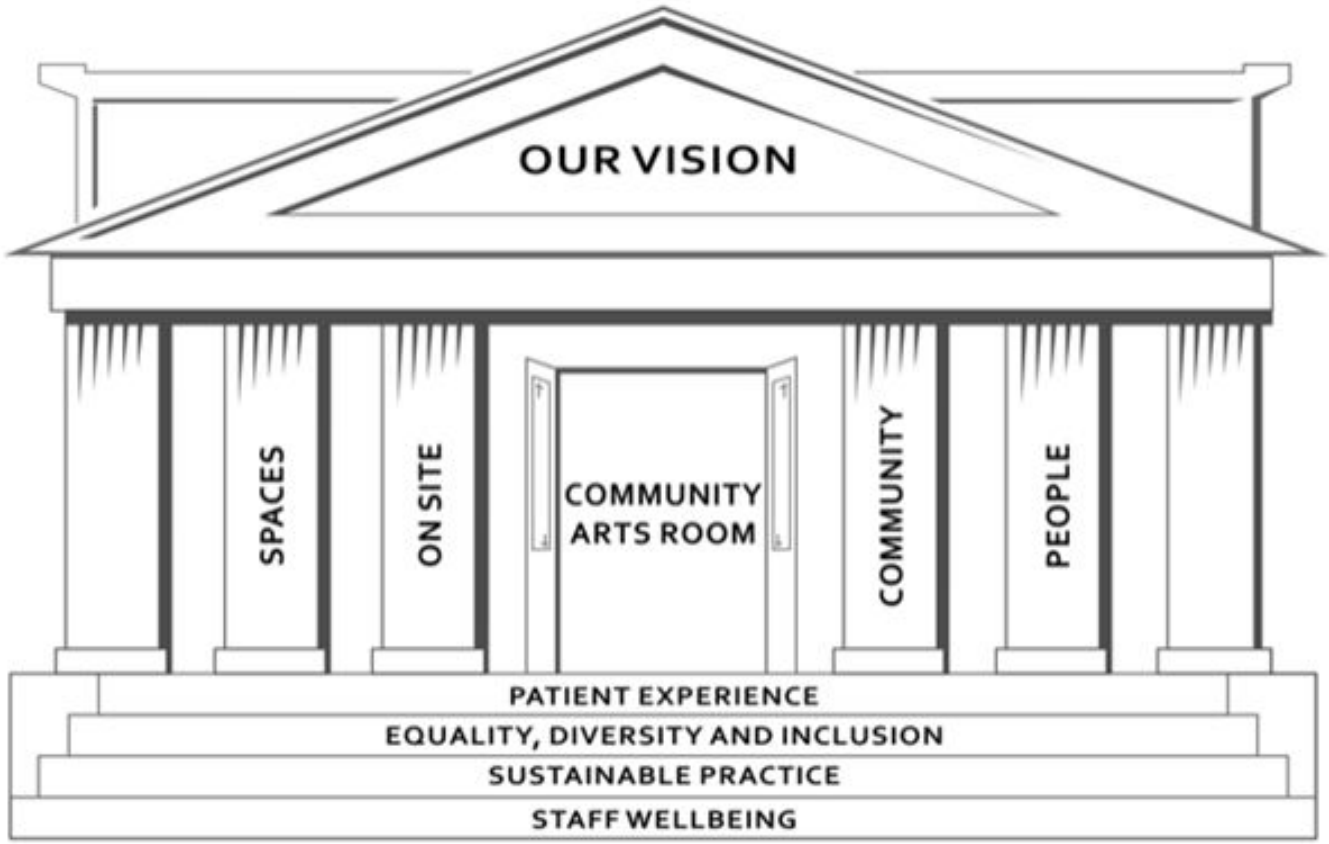
Fresh Arts Programme

NBTCARES

NHS North Bristol NHS Trust

Four Pillars of the Fresh Arts Programme



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NHS North Bristol NHS Trust

Our Fresh Arts offer

Experiencing and engaging in the arts can improve quality of life and enhance the wellbeing of patients, visitors and staff.

It can:

- provide distraction from boredom and pain
- increase confidence and self-esteem
- enable a greater sense of agency
- provide opportunities for social interaction and connection with staff, visitors and other patients as well as oneself

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Fresh Arts Programme

We deliver a programme of arts activity facilitated by local, regional and national artists for the hospital community to enjoy the benefits of engaging with music, dance, creative writing, visual arts and crafts through performances, productions, exhibitions and workshop activity:

- On wards
- In public areas & outdoor spaces
- In the Community Arts Room
- In Community Centres
- In staff areas & team meetings

Spotlight on Fresh Arts on Referral

- Offered to patients under the care of the Pain team, MacMillan team, ILD team, DARCT team, Weight Management team, & SWNODN
- Clinicians / partners across ICS refer patients to a 6 week arts based programme
- Offered online or in the Community Arts Room
- Led by professional, practicing artists trained in working within a healthcare setting
- Onward referral after 6 weeks to community-based groups for further 12 weeks
- Followed by onward referral to peer-led groups and cultural projects by other local partners

NHS North Bristol NHS Trust

Fresh Arts on Referral

- Supports patients with chronic conditions to better self-manage their condition
- Enables and encourages self-care or self-management of symptoms
- Alleviates and improves symptoms of stress, social isolation, boredom, pain, anxiety, depression, mobility issues or dexterity issues
- Creates opportunities to meet others with shared experiences
- Develops links with and knowledge of resources within the wider community which can support patients following discharge; about 67% of patients ask to be referred onwards
- Participants wellbeing improved from 41.62 to 47.2 as measured using the Warwick Edinburgh Mental Wellbeing Scale

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NHS North Bristol NHS Trust

After discharge . . .

Since taking part in Fresh Arts on Referral, NBT patients have exhibited at:

- Southmead Hospital
- M Shed
- Arnolfini
- Bristol City Museum & Art Gallery
- Southmead Development Trust
- Paintworks

They have; written books, contributed to publications, taken part in exhibitions, events, an EU art project, and provided the words for the sculpture outside Women's & Children's

NBTCARES

Today . . .

- You will meet Gary who recently took part in Fresh Arts on Referral; the first programme offered ‘face to face’ since the pandemic
- Gary will be joined by his carer Gina, who took part with him
- Gary was keen to take part in the programme; both he and Gina felt it would benefit his mental and physical wellbeing, and help him to build new social connections with others in a similar situation but he also had concerns about being part of a group and what might be involved
- Gary and Gina will have a conversation about their experiences of the programme with Donna Baber, Fresh Arts Programme Manager.
- We invite the board to be our audience and to take part in a creative activity while we discuss what really happens in the Community Arts Room . . .

Sustainable Model of Care

Promoting the health and wellbeing of our patients through the Arts on Referral (AOR) Programme

"We came here feeling stuck and down. We enjoyed being creative in a cosy space. We created happy moments together. This brought joy and colour into our lives and through it we have found freedom and space to breathe.

"It's as if we have been given a new life, a different way of looking at things. We are enjoying the moment and looking after ourselves."

Coming here was a catalyst for my creativity; a ray of light, my purpose in life to start living again. I've been given a new life. Look around surroundings, how can I make life more interesting, trying to eat healthy, chilling, spending time with family. Time for finding myself and spontaneity"

Patients in crisis, often vulnerable, and dependent on clinical services following trauma or long term health diagnosis. Often lonely and in need of holistic support and intervention to enable self care

Patients suffering with chronic pain, breathlessness, cancer diagnosis and Parksinsons are referred to AOR programme for 6 weeks of art in the Hospital Art Room

Patients spend quality time in a safe and supportive space trying various creative activities including; dancing, writing, collage, painting, printing, textiles and clay work. These activities are aimed at increasing confidence, helping find patients find ways of expressing themselves, finding friendships, feeling valued and bringing about a positive changed perspective on life, ready for the future.

Patients move onto Community based 6 weeks Arts on Referral programme through the Bristol Arts on Referral Alilance (BARA) at such as the Southmead Development Trust. Knowle West Healthy Living Centre

Patients are referred onto Peer Led Independent Groups in the community e.g. Knowle West Healthy Living Centre and M-Shed.

Patients have become more emotionally resilient, independent, and feel better about themselves and are better equipped to take care of themselves enjoying a richer, cultural life in the city with a strong support network.This holistic approach to self care and building personal resilience reduces the long term demand on NBT services, delivering more sustainable healthcare in the long term.

"And the future? It is peaceful and calm and filled with hope."

"Everyone commented how much they have enjoyed being part of the group and sad that it has come to an end. But it has opened up a door to other creative, shared social groups and confidence to go and do that now"

Produced in consultation with Donna Baber, Fresh Arts Manager, November 2019

Report To:	Public Trust Board		
Date of Meeting:	30 March 2023		
Report Title:	Annual Gender Pay Gap Return 2022		
Report Author & Job Title	Monira Chowdhury, Head of Equality, Diversity & Inclusion		
Executive/Non-executive Sponsor (presenting)	Judith Gray, Interim 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:	To note the key findings from the Trust's March 2022 Gender Pay Gap return and gender workforce profiles, agree submission of data to Equalities and Human Rights Commission and publication of data on Trust website		
Report History:	Annual Equality, Diversity and Inclusion Update and Action Plans (including Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap Returns) September 2022		
Next Steps:	• Publish Gender Pay Gap Return by uploading onto Equalities & Human Rights Commission Portal and NBT website • Ensure appropriate actions and priorities are incorporated into the Trust's Equality, Diversity & Inclusion Action Plans		

Executive Summary

The Trust, as an employer with more than 250 employees, must provide a Gender Pay Gap (GPG) return to the Equalities & Human Rights Commission. The Trust has an obligation to publicly publish its GPG Data Reports. As part of its 2021-2022 EDI Outcomes, Priorities and Indicators a small number relate specifically to gender equality (see 2.2 below).

The gender pay gap is the difference in average hourly earnings between men and women and the NBT Gender Pay Gap at 31 March 22 is as follows:

- Mean hourly pay gap is £4.89 (21.22%) higher for men employed at NBT compared to female staff.
- Median hourly pay gap is £0.22(1.33%) higher for men employed at NBT compared to female staff

Bonus payments gap for Clinical Excellence Awards awarded to medical Consultants is £2,861.78 (24.20%) for men who are consultants compared to women who are consultants.

Our Trust co-leads the Bristol North Somerset South Gloucestershire (BNSSG) Integrated Care Board (ICB) Equality, Diversity & Inclusion (EDI) Group, which has developed its own collaborative EDI action plan based on the combined WRES and WDES data and now intends to include gender workforce data. From 2021 there is also a requirement by NHS England for each ICS to provide an Overhauling (Inclusive) Recruitment Action Plan. BNSSG has sought some additional resources until October 2023 to deliver on inclusive recruitment and other priorities which will include actions relating to gender parity and equality especially within the inclusive recruitment programme.

Risks	Board Assurance Framework Risk SIR2 (Workforce)
Financial implications	**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) For 2022-23 additional one-off staffing resources(£67 k) was implemented to enable short term additional posts into the EDI team until 31 March 2023.
Cost Pressure		
External Funding		NBT EDI team also had access to some £35k additional research & innovation funding (externally sourced) allocated for EDI work, which contributed towards funding separate listening workshops and focus groups for men and women employed at NBT to receive qualitative feedback on experiences at work and possible suggestions for improvement.
Other		

Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	N/A
Appendices:	Appendix 1: North Bristol Trust Gender Pay Gap Data Return Report 2021 – 2022 Appendix 2: Bristol North Somerset South Gloucestershire Inclusive (Overhauling) Recruitment Action Plan

1. Purpose

1.1 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 and Inclusion (EDI) at NBT and to reconfirm priority areas of work and actions for the upcoming year.

2. Background

2.1 The Trust provides annual data returns to NHS England for Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and on Race Disparity Ratios (Model Employer). The Trust also needs to provide an annual Gender Pay Gap (GPG) return to the Equalities & Human Rights Commission. The Trust has an obligation to publish equalities data and action plans every year.

2.2 The Trust Board adopted a number of priorities and objectives at its meeting in September 2021 and as well as cross-cutting priorities, three (3) related specifically to gender equality:

a. Review gender disparity for women at NBT, especially progression into senior levels and within medical staff.
b. Review particular areas of under-representation for both women and men within the Trust.
c. Improve menopause support for staff.

2.3 BNSSG Integrated Care Board (ICB) has established an Equality, Diversity & Inclusion (EDI) Leads Group working on mainly workforce issues. This group is chaired by NBT. The Group has developed a collaborative BNSSG EDI Action Plan and submitted an Overhauling (Inclusive) Recruitment Action Plan to NHS England. BNSSG has obtained funding from HHE to set up an EDI workforce team for 12 months to deliver the ICS EDI priorities and action plan, which will include improved outcomes for staff by gender. The ICB is mainstreaming 1 HEE funded EDI workforce post into its substantive workforce going into 2023.2024.

3. Summary Gender Pay Gap and Gender Workforce 2021 Data

3.1 Women (females) made up just above 75% of the workforce in 2022, broadly in line with the Trust's figure in 2021 and the national NHS workforce data. The national 2021 ONS Census shows women as 51% and Men 49% of the population. The Trust's and NHS data also compares well with the 2018 overall aged 16+ England population in employment of 47% women and 53% men.

3.2 In 2022 at NBT, the average mean hourly rate for male staff is 21.22% (£4.89) more than the average rate paid to female staff. This is mainly impacted by workforce representation by gender within the medical workforce. Our average is slightly higher than the health and social care average of 20.8% reported in November 2022. Both the Trust and the NHS have far more men than women paid higher rates as medical staff including doctors.

3.3 Gender workforce data from the March 2022, shows the proportion of men Trust-wide as 24.74%. The following divisions Core Clinical (27.05%), Facilities (45.94%), Chief Executive's Office (30.43%), Finance (41.80%) and information Management (46.64%)

have higher than the Trust average male employees. The only divisions with a much lower proportion of men in its workforce are Women's and Children (3.52%), Strategy & Transformation (11.19%), Projects (16.80%) and Operations (19.13%). The under-representation of men and women needs to be kept under review at divisions or specific staff groups levels and disparity addressed through identified actions.

3.4 In most Bands below 8a, (excluding band 2) and including 8c, women make up the majority of staff workforce and have a resulting mean average positive Gender Pay Gap (GPG) hourly rate of between £0.02 to £2.28 over men. In Bands 2 and above 8a (excluding 8d) and medical staff groups, men outnumber women, so the average mean GPG in favour of men ranges from £0.28 to £10.40. This gender workforce data also confirms the higher proportion of men in senior Agenda for Change grades compared to their proportion in the workforce as a whole and compares to a corresponding reduction in women in more senior roles as compared to their proportion of the workforce as a whole.

3.5 The main difference in NBT's gender pay gap is specifically due to more male medical staff (58.67%) compared to female medical staff (41.33%), and the gap has increased from the position in 2021. At NBT the most significant gender pay gap disparity is within the medical workforce and for the award of Clinical Excellence Awards (CEA), which as of 2022 is 24.2 % in favour of male medical staff and the equivalent of £2,862. The CEA gender pay disparity has been decreasing at year by year, with the difference in 2021 being 28.24% (4% lower in 2022).

3.6 There is still a continuing disparity trend of eligible female Consultants receiving the CEA (21.21%) compared to eligible male Consultants (29.04%). The awarding of CEA needs to be continued to be reviewed to ensure the reduction in gender parity between women/ female and men/male Consultants continues.

3.7 The ongoing gender pay gap data and gender workforce data at NBT needs to continue to be reviewed, in particular to identify potential causes for the disparity and to work towards reducing the differing gaps between men and women both in the workforce and in pay. Clinical divisions, specifically have a clear role in considering both the gender workforce make-up, pay differential (gender pay gap) and in achieving greater parity in the award of CEAs.

4. Identified Priorities for Action:

4.1 Previously Agreed Gender Equality Priorities 2021-2022:

a. Review gender disparity for women at NBT, especially progression into senior levels and within medical staff, on the basis that these are the areas to be redressed.

b. Review particular areas of under-representation for both men and women within the Trust and take actions to address continuing under-representation through improving inclusive recruitment practices.
c. Continue to improve menopause support, which is identified as a particular barrier for older women in the workforce.

4.2 Additional Gender Equality Actions Identified as part of the EDI Action Plan in September 2022:

a. Conduct workshops/focus groups with staff by gender to identify barriers and continuing support.
b. Establish gendered staff networks and support groups to enable peer support.

4.3 Additional commitments and actions from the Gender Pay Gap Report 2022:

Reducing the Gender Pay Gap

The Trust is committed to ensuring an equitable workforce and we will continue to work towards achieving the following actions. Monitoring of progress will be through the Equality, Diversity and Inclusion Committee:

- Plan the development of the Trust's talent management programmes to support all employees to progress, with consideration given to supporting all staff in protected characteristic groups, including gender
- Explore how we can attract more men into the organisation at the lower bands, to create a more even gender balance in that level of the organisation.
- Raise awareness of shared parental leave entitlements and flexible working opportunities through our training and communications
- Continue to consider gender in the development and delivery of the Trust leadership programme, with a focus on senior levels and medical workforce
- Undertake an annual review of gender split across all bands, across divisions and with regards to intersectionality, as part of the annual EDI workforce review and Public Sector Equality Duty process and take action where appropriate
- Undertake as necessary focus groups with both women and men separately, to understand their ongoing barriers and challenges in the workforce, and in order to set new goals and actions
- Offer workshop sessions to women medics to determine their particular challenges to progression, including encouraging Consultants to submit Clinical Excellence Awards applications from across the workforce so gender disparity is reduced.

Further investigation into data and recommended ways forward on any proposed actions that may reduce the gap to be considered through the Equality, Diversity and Inclusion Committee.

5. Summary and Recommendations

The Trust Board is asked to:

- note the key findings from the Gender Pay Gap and Gender Workforce data reports, identified priorities and planned actions.
- agree publication of Gender Pay Gap data.

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Gender Pay Gap Report 2021/22

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Gender Pay Gap Summary

NHS North Bristol NHS Trust

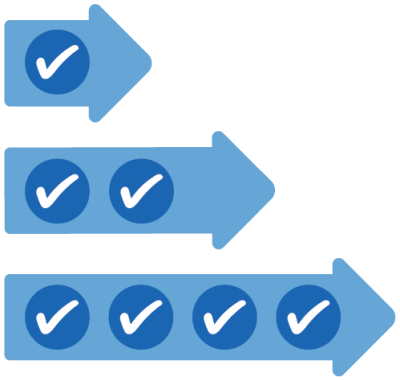
The gender pay gap is the difference in average hourly earnings between men and women. This is different to pay inequality, which compares the wages of men and women doing the same job.

At NBT, the average hourly pay rate of male employees is 21.22% higher than the average hourly rate it pays its female employees.

Pay
Male vs Female

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

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



In the past 10 years the proportion of female medical staff at the Trust has **increased from 39% to 47%**

- ✓ rise in female consultants from 25% to 39%.
- ✓ of the Trust's other employees, including nursing, midwifery, scientific, therapeutic, technical, administrative and ancillary staff, **women are on average paid 2.41% more per hour.**
- ✓ Trust's executive team comprises a female Chair and Chief Executive, and one female executive director.

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

NBTCARES

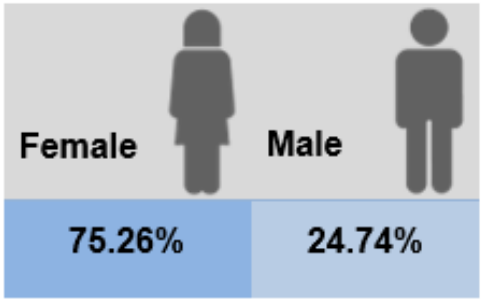
NBT Gender profile

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

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

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

Gender Profile



- All pay gap percentages in this report are calculated based on the mean or median male pay for the relevant category. The data included in this report is for all permanent and fixed-term contract NBT staff. It also includes any NBT-Extra (bank) staff who were engaged for an assignment on the snapshot date of 31 March 2022.
- The gender pay gap shows the difference in average pay of all men and the average pay of all women employed by the Trust

Gender split pay gap by quartiles

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

The table below shows the split of males and females in each quartile. If medical staff are removed from the calculation all quartiles change, with the proportion of females to males in quartile four changing the most to 80.71% and 19.29% respectively. This shows the impact of medical staff on the overall Trust profile. The Trust employs more women than men in every quartile.

Quartile	Female	Male
1	74.35%	25.65%
2	79.06%	20.94%
3	81.16%	18.84%
4	66.39%	33.61%

GPG (Ordinary Pay)

NHS North Bristol NHS Trust

	Female	Male	Pay Gap	% Gap
Mean	£18.18	£23.07	£4.89	21.22%
Median	£16.52	£16.74	£0.22	1.33%

The gender pay gap shown in the table above is for all staff in the Trust including medical staff. For **non-medical staff, the mean gender pay gap is -2.41% and median gap is -10.28%.**

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

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

The table above shows the 2021-22 mean and median figures for NBT **female and male staff**. In 2020-21 the **mean gap was £4.70 (21.85%)** and the **median gap was £0.37 (2.34%)**.

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

NBTCARES

Clinical Excellence Award

The below calculations are for local CEA's paid to medical staff in 2021/22, these figures include award recipients from previous years who are receiving payments over several years.

- In 2020/21 the **mean gap was £3.411.91 (28.24%)** and the **median gap was £2258.56 (27.24%).**

Under the national Medical & Dental terms and conditions, permanent and fixed-term contract medical consultants are eligible to apply for CEAs. This recognises and rewards individuals who demonstrate achievements in developing and delivering high quality patient care over and above the standard expected of their role, with a commitment to the continuous improvement of the NHS.

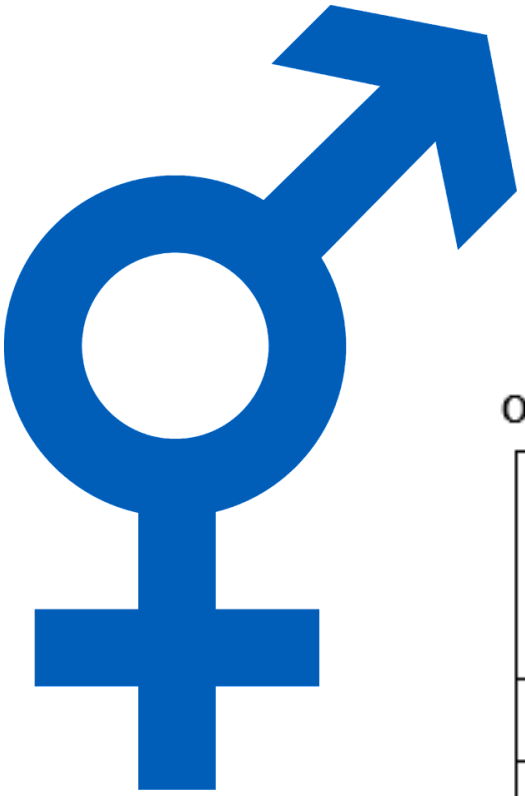
	Female	Male
% of Eligible Consultants receiving Local CEA in 2021/22	21.21%	29.04%

	Female	Male	Pay Gap	% Gap
Mean	£8,963.70	£11,825.48	£2,861.78	24.20%
Median	£6,032.04	£6,032.04	£0.00	0.00%

The figures above are for local CEA's awarded in 2021/22. The Local CEA's are administered within the Trust on an annual basis. In the 2020/21 round **23.81% of female applicants received an award and 30.00% of male applicants received a local award.**

Pay Gap by band

NHS North Bristol NHS Trust



On a mean average, women earn more in these pay bands than men

	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8C
Gap Per Hour	-£0.11	-£0.02	-£0.76	-£1.22	-£0.77	-£2.28
%	-0.93%	-0.19%	-4.48%	-6.31%	-3.43%	-6.53%

On a mean average, men earn more in these pay bands than women

	Band 2	Band 8A	Band 8B	Band 8D	Band 9	Medical & Dental/Non AFC
Gap Per Hour	£0.28	£0.14	£0.46	£2.23	£2.37	£10.40
%	2.42%	0.55%	1.60%	5.28%	4.76%	35.70%

NBTCARES

How we will reduce the Gender pay gap

NHS North Bristol NHS Trust

Undertake an **annual review** of gender split across all bands, across divisions and with regards to intersectionality, as part of the annual EDI workforce review and Public Sector Equality Duty process and take action where appropriate

Raise awareness of **shared parental** leave entitlements and **flexible working** opportunities through our training and communications

Continue the development of the Trust's **talent management programmes** to support all employees to progress, with consideration given to supporting all staff in protected characteristic groups, including gender

Explore how we can **attract more men** into the organisation at the **lower bands**, to create a more even gender balance in that level of the organisation.

Continue to take into account **gender** in the development and delivery of the Trust **leadership** programme, with a focus on **senior levels** and **medical** workforce.

Offer workshop sessions to **women** medics to determine their particular challenges to progression, including encouraging **Consultants** to submit **Clinical Excellence Awards applications** from across the workforce so gender disparity is reduced.

Monitoring of progress will be through the Equality, Diversity and Inclusion Committee.

NBTCARES

ACTION PLAN FOR IMPLEMENTION 6 KEY ACTIONS – Healthier Together

ICS Name:	Healthier Together (Bristol, North Somerset and South Gloucestershire)	ICS HR Lead: Heather Toyne	ICS EDI /ead: Monira Chowdhury

Please return completed forms to england.swedi@nhs.net

Please note, the outlined Inclusive Recruitment plans and activities below are agreed actions for the following constituent organisations within BNSSG University Hospitals Bristol and Weston NHS Foundation Trust, North Bristol NHS Trust & Sirona Healthcare. KPIs are in the process of being developed and agreed.

Avon and Wiltshire Mental Health trust crosses two ICSs, BNSSG and BSW, and therefore may have a hybrid action plan to address both systems, still to be confirmed.
Our System EDI Leads Group also includes membership of BNSSG CCG, local primary care representatives (BrisDoc & One Care) and a local authority representative (South Gloucestershire Council)

#	Key Action	Steps to achieve action	KPI's	Timelines/due by	Risks & Mitigations
1.	Ensure Executive and Very Senior Managers (ES&VM) own the agenda, as part of culture changes in organisations, with improvements in Black Asian and Minority Ethnic representation (and other under-represented groups) as part of objectives and appraisal by: a) Setting specific KPIs and targets linked to recruitment. b) KPIs and targets must be time limited, specific and linked to incentives for which ES&VMs are accountable	Each organisation in the ICS to confirm the senior lead with responsibility for the BAME and/or EDI agenda in their organisation and at a system level. Each EDI lead will be charged with ensuring this takes place, and this will be reinforced with Chief Executives at the regular four monthly update. Existing organisational KPIs to be gathered via EDI Leads to develop a system approach to KPIs.	KPIs for all six actions are in the process of being agreed, to be refined over the next six months. The KPIs below are indicative subject to more review with organisations to develop system wide KPIs.	**August 2021** Trawl of existing organisational KPIs **September 2021** Identification of senior leader in each organisation to own the agenda **October 2021** Agreed, aggregated KPIs for BNSSG ICS	A lack of time/ capacity for senior management to approve plans or identify senior leader An inability to find consensus on system wide targets or goals **Mitigations:** continue to present to ICS provider Chief Executives every four months to ensure they are engaged with the EDI agenda.
2.	Introduce a system of constructive and critical challenge to ensure fairness during interviews. This system includes requirements for diverse interview panels, and the presence of an equality representative who has authority to stop the selection process before offer is made, if it is deemed unfair and complements the need for accountability	Creation of a diverse culturally competent panel of interviewers able to sit on panels across BNSSG, led by Sirona on behalf of BNSSG Creation of a training process that outlines and delivers a cohort of staff aware of cultural and recruitment bias on a large scale. Establishment of a system wide recruitment pool/ panel	Numbers and proportions of BAME applicants shortlisted, selected for interview and appointed. Workforce composition, aiming to reflect the diverse community we serve. Numbers of diverse panel members identified Numbers of panels which include appropriate representation	**September- December 2021** Establish criteria for the requirements for a diverse panel interview panel **March 2022** Identification of potential panel members **June 2022** Identification of resource and securing senior commitment **September-November 2022** Pilot of talent programme **September 2022 June 2023** Full implementation	There is a risk that there will be a low number of staff in the system already who are suitable or could be suitable with the correct training to undertake diverse recruitment interviews. This process will be resource intensive and there is a risk that it will not be possible to release the panel members from their substantive areas. This process could potentially could slow the recruitment process if there are insufficient potential panel members, at a time of staff shortages and this could impact on patient care.
	Key Action	**Steps to achieve action**	**KPI's**	**Timelines/due by**	**Risks & Mitigations**

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ACTION PLAN FOR IMPLEMENTION 6 KEY ACTIONS – Healthier Together

3.	Organise talent panels to: a) Create a 'database' of individuals by system who are eligible for promotion and development opportunities such as Stretch and Acting Up assignments must be advertised to all staff b) Agree positive action approaches to filling roles for under-represented groups c) Set transparent minimum criteria for candidate selection into talent pools	Appointment of an NHSI/E funded Band 7 talent management project manager Creation of a database of potential staff available across collaborating organisations who meet the outlined criteria. Develop Talent Development programmes targeted at BAME colleagues in different banding groups (i.e. 2 – 4, 5-7 and 8 or equivalent) Develop a Talent Pool along with an agreement for staff movement across BNSSG to enable participants to gain work experience in different parts of our system, Develop training and resources to support BAME colleagues to progress their careers	Number of BAME staff benefiting from the talent pipeline project – both numbers recruited and their promotion subsequently. WRES Indicator 7: % of staff believing that their organisation provides equal opportunities for career progression or promotion Disparity ratios improve year on year	**July Aug/ 2021** Appointment of project manager **October/November 2021** Define criteria in collaboration with system EDI Leads Group **November 2021 – Dec 2021** Create a 'database' of individuals by system who are eligible for promotion **Jan-June 2021** development opportunities and create talent programme pilot	The project may not be completed in sufficient time before the fixed term project manager post funding terminates Insufficient opportunities identified or lack of capacity to provide development opportunities due to other pressures including winter pressures, covid, etc. **Mitigation:** Seek further resource if necessary and review opportunities on an ongoing basis through the governance which will be via the EDI Leads Group.
4.	Enhance EDI support available to: a) Train organisations and HR policy teams on how to complete robust / effective Equality Impact Assessments of recruitment and promotion policies b) Ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to demonstrate EDI work / legacy during interviews.	An agreed systematic approach to Equality Impact Assessments to compare templates used by each organisation with a view to greater standardisation A review and revision of recruitment, policies procedures & practices within organisations to ensure they are fit for purpose, which will include a review of questions at interview designed to explore candidates knowledge of EDI work and legacy. Resource to undertake this work will be provided from HEE funding via the People Steering Group. Complete EIA following the changes made to overhaul recruitment	Outcome of EIA assessment at the end of the process to show a positive impact on equality as a result of the review.	**September 2021** Completion of review of EIA resulting in a system approach which is more standardised across the CCG, NBT, UHBW and Sirona. Appointment of project resource to undertake an audit of our organisational recruitment processes and policies. **Oct-March 2022** Audit and best practice complete, including appropriate questions for bands 8a and above on EDI legacy work and a framework for their weighting and application **April 2022- June 2022** EIA undertaken of policies and processes to ensure changes have been implemented	**Risk** Lack of agreement to a collective EIA approach. **Mitigation** Ensuring EIA thinking is incorporated early enough into process even if EIA's are formally completed later.

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ACTION PLAN FOR IMPLEMENTION 6 KEY ACTIONS – Healthier Together

*

	Key Action	Steps to achieve action	KPI's	Timelines/due by	Risks & Mitigations
5.	Overhaul interview processes to incorporate: a) Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used. b) Ensure adoption of values based shortlisting and interview approach c) Consider skills-based assessment such as using scenarios	A review and revision of recruitment, JDs, adverts, shortlisting, interviewing and policies procedures & practices within organisations to ensure they are fit for purpose, which will include a review of questions at interview designed to explore candidates knowledge of EDI work and legacy. Resource to undertake this work will be provided from HEE funding via the People Steering Group.	Numbers and proportions of BAME applicants shortlisted, selected for interview and appointed. Workforce composition, aiming to reflect the diverse community we serve.	**Aug/Sept 2021** Appointment of project manager and formation of task and finish group **October 2021- Feb 2022** Gathering/ auditing each organisation`s processes, templates, policies, etc **March 2022-April 2022** Production of audit report, sharing best practice and areas for improvement with each organisation Create E-learning module for all managers including primary care and social care **May 2022- September 2022** Organisational actions to address gaps and issues highlighted in the audit	Due to capacity demands there is a risk that some organisations may complete sections of this plan quicker than others leading to a delay in a system wide review and actions being completed. **Mitigation** By implementing feedback sessions periodically to learn from organisational reviews of paperwork and look for commonality it is hoped to reduce the amount of divergence between organisations ensuring implementation of review findings is equal across organisations.
6.	Adopt resources, guides and tools to help leaders and individuals have productive conversations about race	Collation of national guidelines resources and information for dissemination locally. Scoping of a framework to increase productive conversations regarding race within organisations Scoping of the needs of underrepresented groups through regular network leads meetings to ensure literature and training are fit for purpose. Scoping of additional training requirements in order to ensure managers staff and senior leaders within organisations are appropriately trained to have productive discussions regarding race.	Staff attitude data shows positive improvement in relation to BAME workforce	**December 2021- February 2022** Collation of best practice **June 2022- September 2022** Creation of a framework for the productive race conversations and network experts. **June 2022- September 2022** Identification of any additional training requirements for managers and staff **September 2022- February 2023** Creation of E-learning resource	Costs and time required to undertake the review and create the E-learning package **Mitigation**: seek NHSI/E funding and explore other funding sources

Report To:	Public Trust Board		
Date of Meeting:	30 March 2023		
Report Title:	National Staff Survey Results		
Report Author & Job Title	Caroline Hartley, Associate Director of Culture, Leadership and Development		
Executive/Non-executive Sponsor (presenting)	Judith Gray, Interim 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:	Trust Board are recommended to: • Note the results of the staff survey • Discuss and agree next steps		
Report History:	• Executive Management Team 8 March 2023 • Senior Leadership Group 21 March 2023		
Next Steps:	Agree priority actions and implement these		

Executive Summary

The attached presentation outlines the staff survey results at NBT following the national NHS Staff Survey undertaken during autumn 2022. It highlights key themes and results and makes recommendations for areas of focus.

NBT's response rate was 51% (7% above the average Acute and Community Trust response rate of 44%) and an improvement on NBT's 2021 response rate of 48%. Our results compare favourably to the national comparator trust average and sector average.

The number of above comparator average scores increased by 3.5% from 2021 and the number of below average scores decreased by a further 1.5%

NBT's areas of strength are similar to last year: (relationships at work, well-being and compassionate culture), although we did also see a significant improvement in the number of appraisals completed and the number of staff feeling able to report harassment and bullying at work.

The biggest deterioration at NBT this year has been around the themes of workload, work pressures and violence and aggression at work, although these represent less of a deterioration compared with last year. This presentation highlights some of the details behind the results, aligned to the national people promises. There is a particular focus on the themes and questions around staff engagement and staff morale which we know drive many of the other scores and results within the staff survey. This presentation also gives a high-level view and comparison of Divisional survey results and considers inclusion and the results linked to questions of equity and fairness, comparing responses from B.A.ME and non-B.A.ME staff and disabled staff. Finally, the presentation suggests how NBT might respond to the results, accepting that further divisional, departmental and demographic analysis will be undertaken to identify local areas of focus.	
Risks	Risk that staff morale and ultimately staff turnover may deteriorate if the results of the survey are not properly considered and addressed Risks to staff health and well-being and patient care if the organisation does not consider some of the key themes coming from the survey results
Financial implications	No financial implications identified in the report.
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No. This paper is a high-level analysis of national staff survey results. An EIA will be considered for any follow-up actions which are agreed in response to survey outcomes.
Appendices:	Appendix 1: National NHS Staff Survey 2022 NBT Results

1. Purpose

1.1 To provide a high-level analysis of the 2022 National Staff Survey results for NBT.

2. Background

2.1 The annual staff survey is a national NHS survey which occurs in the autumn of each year (October to November).

2.2 The results of this year's survey were released last month and these have now been analysed. NBT's results have been compared with results nationally and those from organisations in our ICB and the wider South-west region.

3. Summary and Recommendations

3.1. The Trust Board is asked to discuss the above presentation and to note the contents.

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National NHS Staff Survey 2022
NBT Results

Sarah Margetts
Deputy Chief People Officer
Caroline Hartley
Associate Director of Culture,
Leadership & Development
Publication March 2023

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2022 Staff Survey – National Context

- A total of 636,348 of NHS staff from 215 trusts in England, took part in the 2022 Staff Survey. The results give an overview of NHS staff engagement in the autumn 2022.

National Results:

- Nationally, the greatest decline is within the 'Compassionate Culture' theme. The sub-score question "staff recommending friend or relative needed treatment" has declined. The 2022 result was **62.9%**, a decrease of **4.5%** compared to 2021 and **11.3%** compared to 2020. At NBT we also saw a **4.2%** decline although we remain **10.3%** above average on this score.
- Since 2021, although with a background of reducing COVID levels, staff have continued to deal with a high level of work pressures driven by record breaking months for attendances in A&E, the elective surgery back log and high sickness absence.
- Within the survey period the cost of living crisis heightened and the RCN, for the first time in its history, balloted members on strike action therefore, unsurprisingly, national satisfaction with pay is lower than pre-pandemic levels.

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NHS Staff Survey 2022
Regional Overview

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Regional NHS Staff Survey Overview

NHS North Bristol NHS Trust

Acute Trust People Promise & Response Rate Comparison

Rank	Acute Trusts	Response Rate	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale	Total Score	Total Score inc. Response Rate
1	Yeovil District Hospital Foundation Trust	50%	7.6	6.4	7.1	6.3	5.9	6.6	7.1	7.2	6.2	60.4	65.4
2	Somerset NHS Foundation Trust	46%	7.5	6.2	7.0	6.2	5.5	6.4	6.9	7.1	6.1	58.9	63.5
3	Royal Berkshire NHS Foundation Trust	57%	7.4	6.0	7.0	6.2	5.7	6.3	6.9	7.2	6.0	58.7	64.4
4	University Hospital Southampton NHS Foundation Trust	55%	7.5	6.0	6.9	6.1	5.8	6.4	6.9	7.1	6.0	58.7	64.2
5	Oxford University Hospital NHS Foundation Trust	51%	7.3	5.9	6.8	6.1	5.6	6.2	6.8	7.0	5.8	57.5	62.6
6	Dorset County Hospital NHS Foundation Trust	43%	7.3	5.9	6.8	5.9	5.5	6.2	6.8	6.9	5.8	57.1	61.4
7	Royal United Hospitals Bath NHS Foundation Trust	53%	7.4	5.9	6.7	5.7	5.4	6.1	6.7	6.9	5.7	56.5	61.8
8	University Hospitals Bristol and Weston NHS Foundation Trust	45%	7.4	5.9	6.8	5.9	5.2	5.9	6.8	6.9	5.7	56.5	61.0
9	Royal Devon University Healthcare NHS Foundation Trust	37%	7.4	5.9	6.7	6.0	4.8	6.1	6.7	6.8	5.8	56.2	59.9
10	University Hospitals Dorset NHS Trust	46%	7.3	5.7	6.7	5.8	5.3	6.0	6.7	6.8	5.6	55.9	60.5
11	Great Western Hospitals NHS Foundation Trust	59%	7.2	5.6	6.6	5.8	5.4	6.2	6.6	6.7	5.6	55.7	61.6
12	**North Bristol NHS Trust**	**51%**	**7.2**	**5.7**	**6.6**	**5.8**	**5.3**	**6.0**	**6.6**	**6.8**	**5.7**	**55.7**	**60.8**
13	Torbay and South Devon NHS Foundation Trust	38%	7.2	5.8	6.6	5.8	5.2	6.1	6.7	6.7	5.6	55.7	59.5
14	Portsmouth Hospitals NHS Foundation Trust	39%	7.1	5.7	6.6	5.7	5.5	5.8	6.6	6.7	5.5	55.2	59.1
15	Royal Cornwall Hospitals NHS Trust	46%	7.1	5.7	6.5	5.8	5.1	6.0	6.6	6.5	5.6	54.9	59.5
16	University Hospitals Plymouth NHS Trust	38%	7.1	5.7	6.5	5.7	5.3	5.8	6.5	6.6	5.5	54.7	58.5
17	Salisbury NHS Foundation Trust	48%	7.1	5.6	6.6	5.8	4.7	5.9	6.5	6.7	5.4	54.3	59.1
18	Gloucestershire Hospitals NHS Foundation Trust	50%	6.8	5.4	6.2	5.6	5.0	5.6	6.3	6.3	5.3	52.5	57.5
	Average	**44%**	**7.2**	**5.7**	**6.6**	**5.9**	**5.4**	**6.0**	**6.6**	**6.8**	**5.7**	**55.9**	**60.3**

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Regional NHS Staff Survey Overview

NHS North Bristol NHS Trust

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

Trust	2019	2020	2021	2022	Change 2021 to 2022	Change 2019 to 2022
Yeovil District Hospital NHS Foundation Trust	75%	77%	72%	67%	-5%	-8%
Somerset NHS Foundation Trust		76%	70%	66%	-4%	
Royal United Hospitals Bath NHS Foundation Trust	64%	74%	66%	63%	-3%	-2%
North Bristol NHS Trust	69%	72%	63%	62%	0%	-7%
Dorset County Hospital NHS Foundation Trust	70%	72%	66%	61%	-5%	-9%
University Hospitals Bristol and Weston NHS Foundation Trust		72%	63%	60%	-3%	
Royal Devon University Healthcare NHS Foundation Trust				60%		
University Hospitals Dorset NHS Trust			62%	56%	-6%	
Torbay and South Devon NHS Foundation Trust	65%	68%	58%	54%	-4%	-11%
Great Western Hospitals NHS Foundation Trust	58%	65%	53%	53%	0%	-5%
University Hospitals Plymouth NHS Trust	62%	66%	55%	51%	-3%	-10%
Salisbury NHS Foundation Trust	68%	70%	57%	50%	-6%	-18%
Royal Cornwall Hospitals NHS Trust	58%	63%	53%	48%	-5%	-10%
Gloucestershire Hospitals NHS Foundation Trust	60%	64%	52%	43%	-9%	-17%

*Source HSJ NHS Staff survey 2022 09/03/23

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NBT Staff Survey 2022 Results

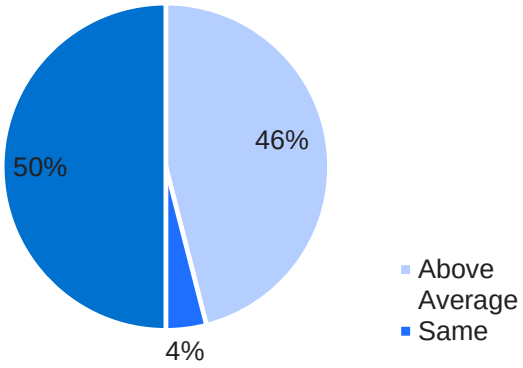
NBT Staff Survey

- Trust staff were surveyed between September and November 2022
- NBT substantive response rate: 51% (4782 Surveys) +7% above Acute and Community Trust response rate nationally (44%)
- Highest number of survey responses ever (4782 surveys)
- Positive increases in response rates reflects efforts made in a targeted comms plan and incentives offered by engagement and wellbeing team.
- Detailed Staff survey results on key themes are included in the appendices slides 25 to 67 (comparator data is based on national acute and community trust average).

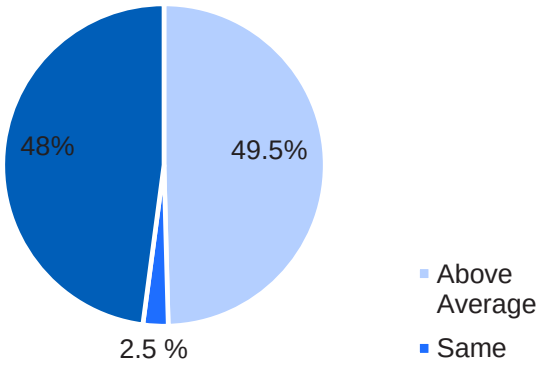
NBT staff survey

- NBT results compare favourably to the national comparator trust average and sector average
- Number of above comparator average scores increased by 3.5% from 2021
- Number of below average scores decreased by a further 1.5%
- 97.5% of NBT scores are the same as or above national average

NBT Compared to National Average 2021

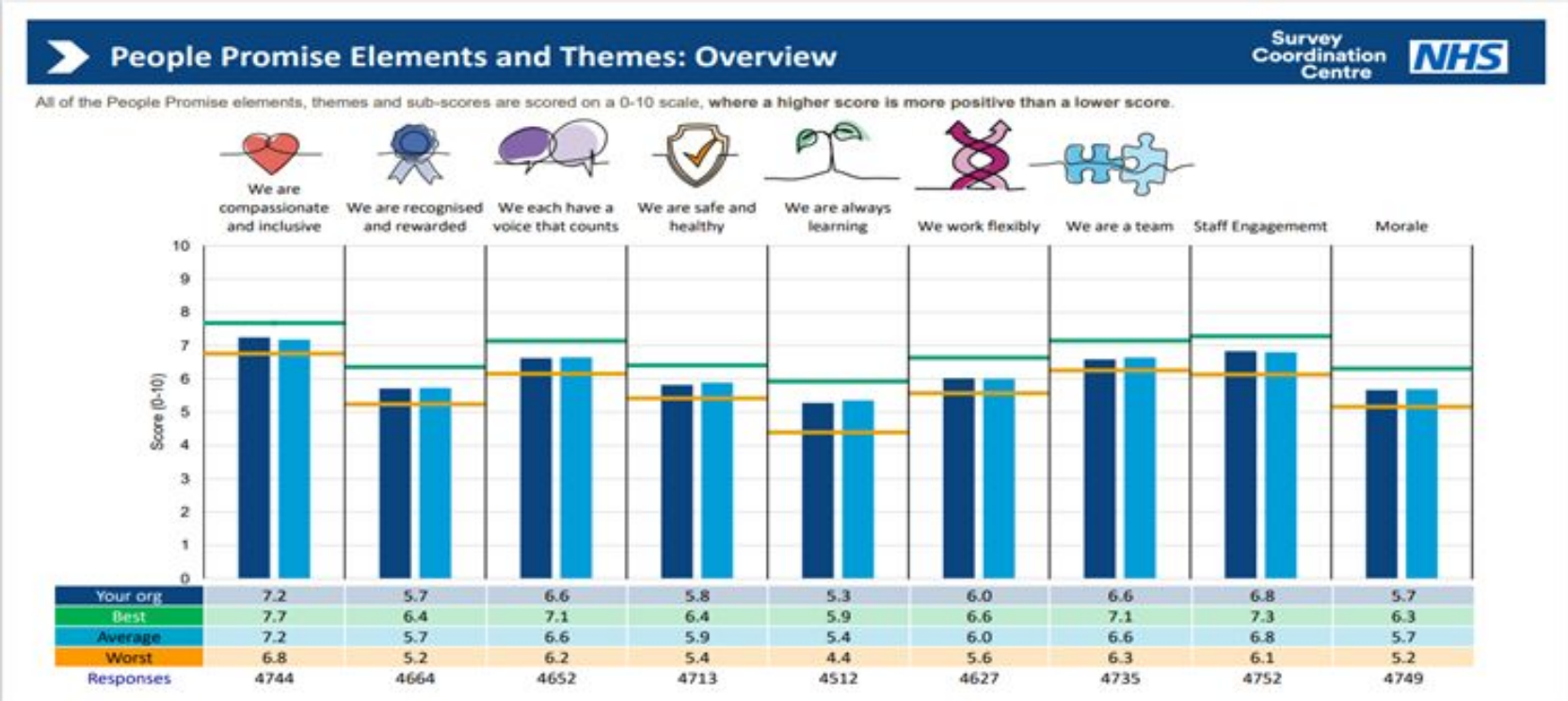


NBT Compared to National Average 2022



People Promise Overview

- NBT has matched sector average results on all areas of the NHS People Promise
- Top 3 People Promise Scores remain the same **1.We are Compassionate and Inclusive 2.We each have a voice that counts 3.Staff engagement**
- There were no significantly worse scores this year compared to last year
- NBT slightly below average in two areas - **We are safe and healthy & We are always learning**



STAFF ENGAGEMENT

In the National Staff Survey, Staff Engagement is measured across three sub scores:

- **Motivation**, measured by Q2a, Q2b and Q2c (Staff motivation at work).
- **Involvement**, measured by Q3c, Q3d and Q3f (Staff ability to contribute towards improvement at work).
- **Advocacy**, measured by Q23a, Q23c and Q23d (Staff recommendation of the organisation as a place to work or receive treatment).

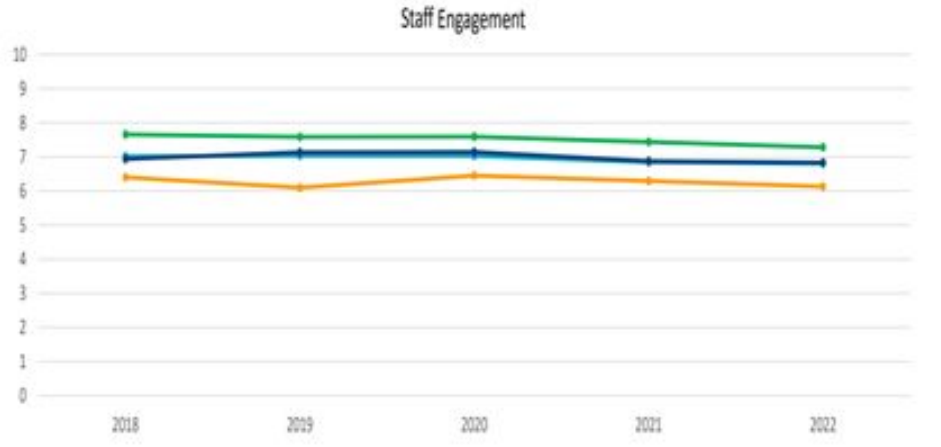
Overall Staff Engagement is measured as an average across these three scores. Staff Engagement scores fall between 0 and 10, where the higher the score, the more engaged the staff.

Overall NBT Staff Engagement Score Substantive: 6.84

Staff Engagement Context

- Staff engagement remains 2nd highest people promise element at NBT
- Staff engagement overall 0.1 decline 6.9 to 6.8 reflective of national trend
- Staff engagement at NBT currently just below pre pandemic level

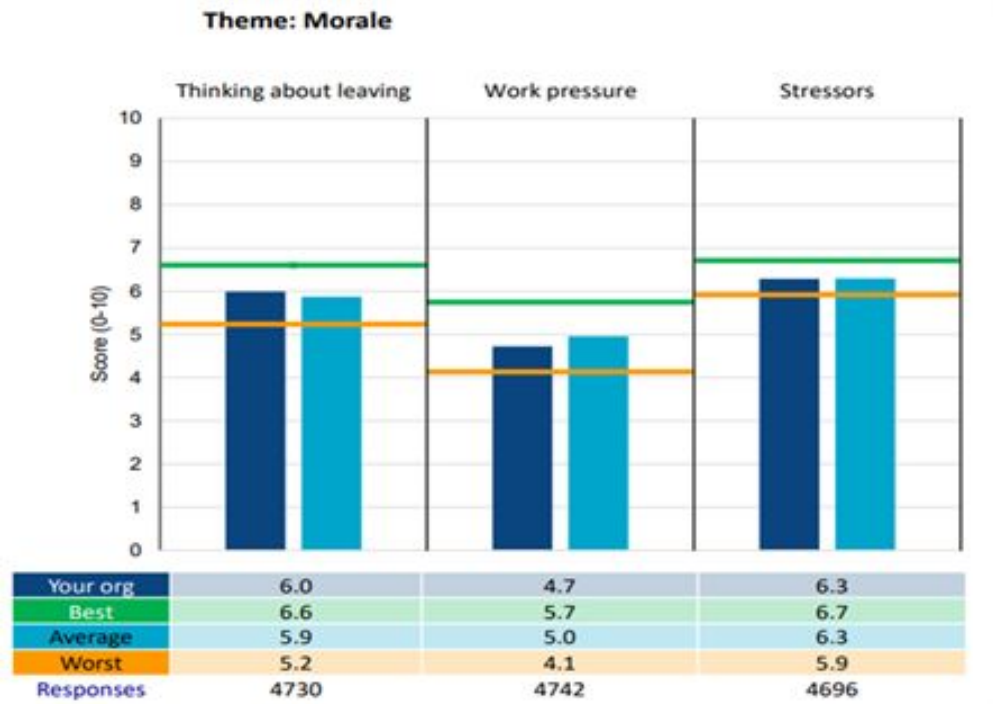
Theme: Staff Engagement



	2018	2019	2020	2021	2022
Your org	6.9	7.1	7.1	6.9	6.8
Best	7.7	7.6	7.6	7.4	7.3
Average	7.0	7.0	7.0	6.8	6.8
Worst	6.4	6.1	6.5	6.3	6.1
Responses	3336	4188	4508	4480	4752

Morale context

NBT scores below average on work pressure - Continuation of 2021 decline.



	Thinking about leaving	Work pressure	Stressors
Your org	6.0	4.7	6.3
Best	6.6	5.7	6.7
Average	5.9	5.0	6.3
Worst	5.2	4.1	5.9
Responses	4730	4742	4696

- Morale score and sub scores static at NBT – **5.7 same as national average. Currently just below pre pandemic level.**
- Lowest morale score by job role – **Nursing and Midwifery staff - 5.2**
- NBT Burnout score **4.7 Below average (4.8) no change from 2021**

Key Changes from 2021

- **The questions showing the biggest improvements from last year are:**

Question	Positive Score 2021	Positive Score 2022	Comparator Average *
21a. In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	73.6%	81.9% + 8.3%	81.4%
14d. The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	42.6%	48.1% +5.5%	47.4%

- The questions showing the biggest deteriorations from last year are:

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

** Comparator Average group is based on all Acute & Acute & Community Trusts Surveyed in Staff Attitude Survey*

NBT Strengths

Theme (Ranked by % above Average)	NBT score comparison to ACT average and NBT 2021 score	Question highlights
1.Compassionate Culture	**+6.2% above average** **+3.8% above average**	**62%** Agreed they would recommend my organisation as a place to work 62% **77.3%** Agreed *'care of patients / service users is my organisation's top priority'*
2.Relationships	**+5.4% above average** **+1.7% on 2021**	**49.4%** said never or rarely **'***Relationships at work are strained'*
3.Wellbeing	**+3.7% above average** **+0.2% on 2021**	**59.3%** Agreed **'***My organisation take positive action on health and well-being'*
4.Recognition	**70% +3.4 % above average +1.6% on 2021**	**70%** Agreed **–'***The people I work with show appreciation to one another'*
5.Respect	**+2.2% above average** **+0.6 on 2021**	**72.6%** Agreed *'I receive the respect I deserve from my colleagues at work.'*

NBT Areas of Focus 2023

NHS North Bristol NHS Trust

Theme	NBT score	Question highlights
We are always Learning	5.3	**Development** – 4 out of 5 questions improved. **Appraisals Q21a :** *'In the last 12 months, have you had an appraisal, annual review, development review, or (KSF) development review?* **Improved +7.3%** **Q21b/c/d Results indicate further focus required on job improvement setting clear objectives and feeling valued**.
We are recognised and rewarded	5.7	Largest deterioration satisfaction with pay, from 29.3% in 2021 to 24.2% in 2022. **Declined** -5.1% **Below average** on 3 out of 5 Questions
Morale	5.7	**Thinking about leaving** Q24b: *'I will probably look for a job at a new organisation in the next 12 months'.* Up 23.95 +2.1% on 2021 = **Below average Decline** **Work pressures** 0.3 below average **Scored Below average on all 3 questions** Q3i There are enough staff at this organisation for me to do my job properly = 23.4% agreed +0.1 on 2021 (23.3%) **Below average =Decline**
We are safe and Healthy	5.8	**Below average in all areas. No change overall since 2021** **Health and Safety Climate –** Q5a '*I have unrealistic time pressures*' **0.5% deterioration -0.8% below average** **4 out of 6 questions sored below average 5 out of 7 questions improved slightly on last year** **Burnout – 5 out of 7 questions Improved on 2021 However - NBT still scored below average on all 7 Questions Q12a/b/c/d/e/f/g** Q13a - Worse than average score for violence from service users, patients, relatives, members of public **+1.1% deterioration on 2021** **Physical violence from patients service users relatives MOP, managers and colleagues all saw slight increases.**
1.Advocacy	**72.2% - 4.2 %**	**72.2%** Agreed '*If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'* ***We remain above average however Overall decline of 10.8% since 2020.***

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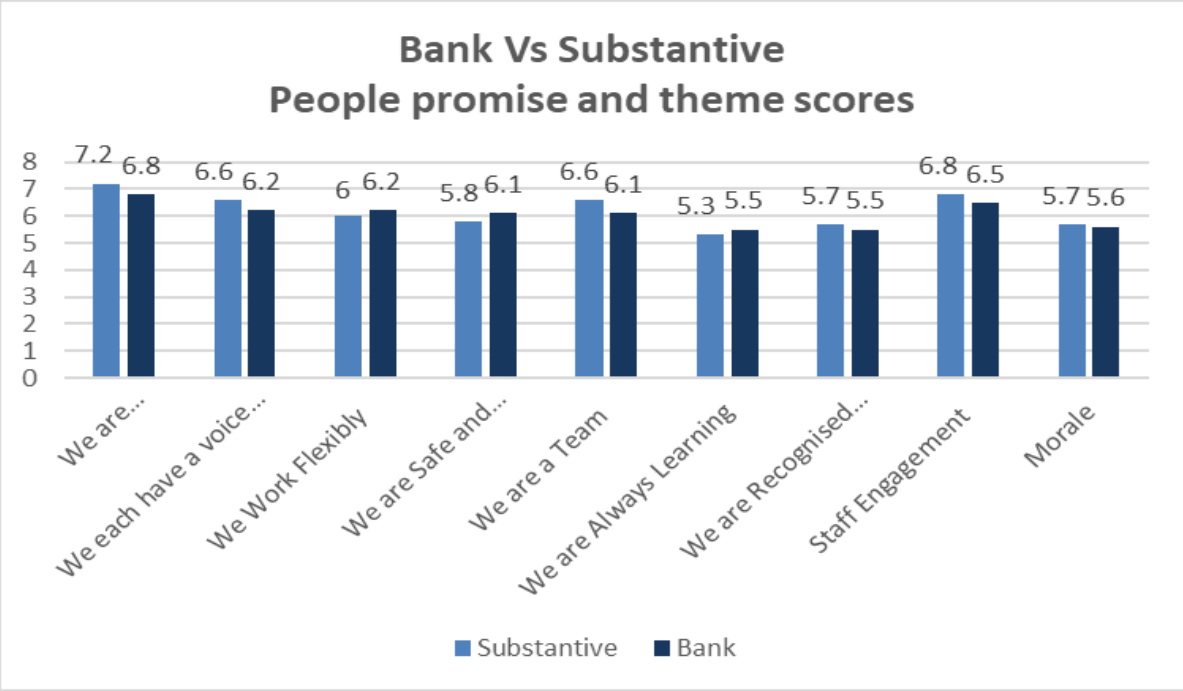
NBT Staff Survey Substantive VS Bank

- Bank workers surveyed for the first time - Response rate 19.8% (237 surveys)

Highest Performing Question for bank

- I am trusted to do my job **Bank 93.8%** vs **Substantive 91.8%**

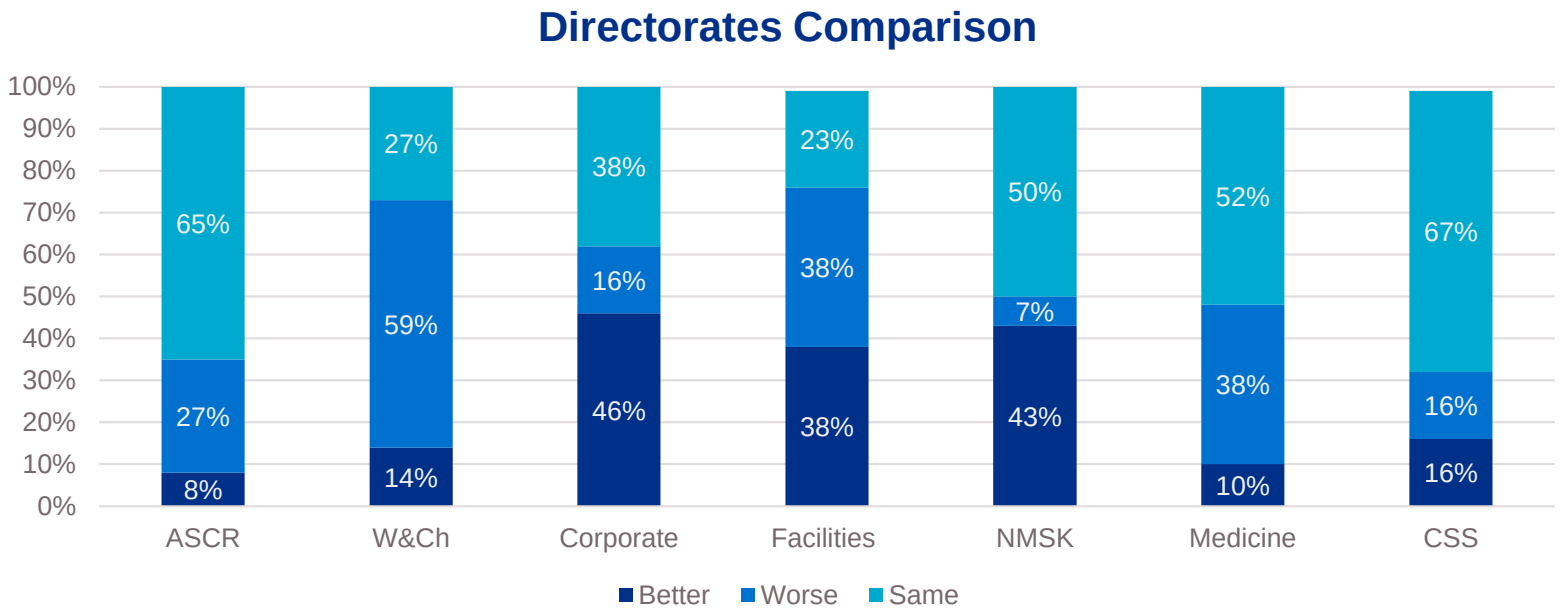


Lowest performing question

Q20c. On what grounds have you experienced discrimination?
Ethnic background - **Bank - 68.0%** vs **Substantive 47.5%**

Directorate Overview

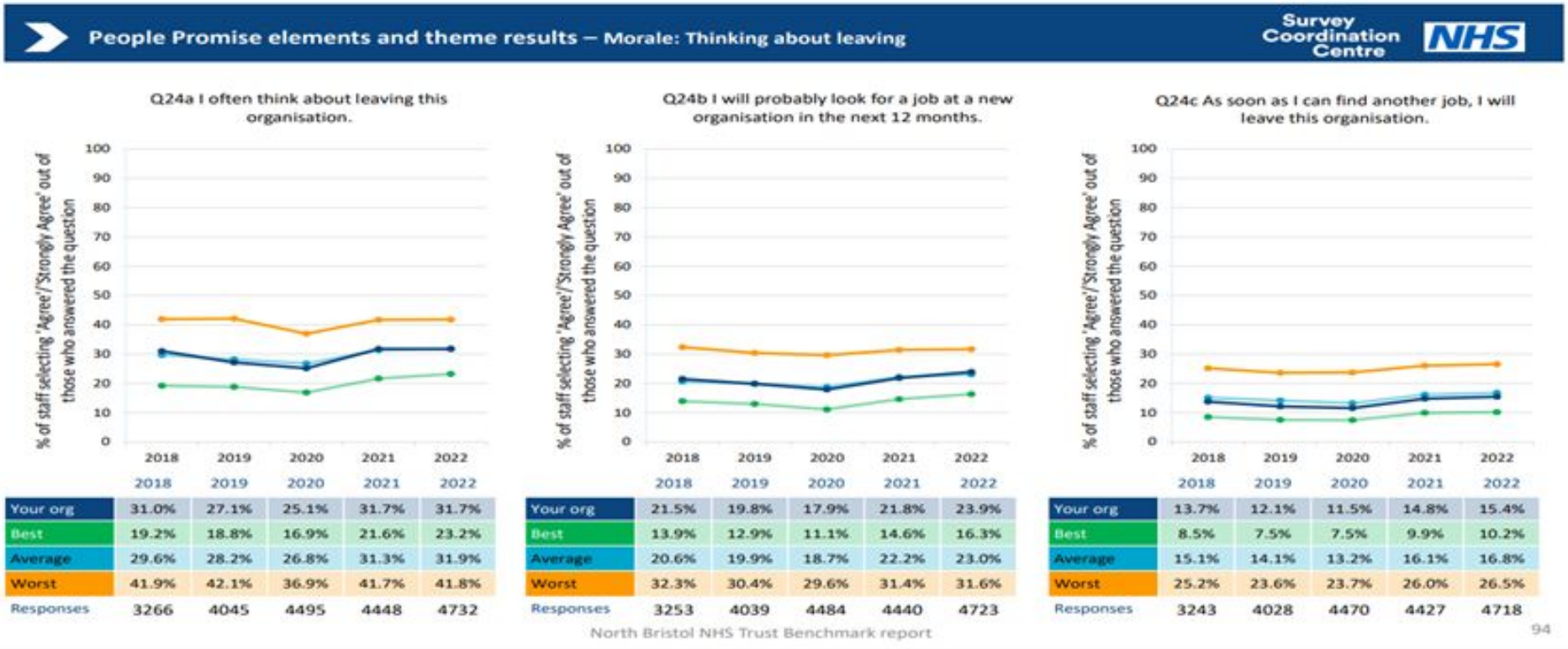
- Directorate Results % of staff survey questions better worse or same as Trustwide average.



- Corporate and NMSK had the highest percentage of questions above Trustwide average.
- Overall NMSK performed best on staff survey questions with only 7% of staff survey questions below trust average.

NBT Retention

- Moving to a job outside of health care **highest ever level =** 11% +2.2% increase over past 3 years



WRES Data

- BAME Participation rate – 910 BAME Staff survey respondents = 40% response rate vs trust wide response rate 51% -11%
- 63% of BAME staff said I look forward to going to work always / often compared to 48% of White staff +15%

Questions with Key comparisons	BAME Staff	White staff	Difference BAME to White	BAME Change since 2021	White Staff Change since 2021
Q14a) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	27.4%	25.9%	+1.5%	+0.9	-0.4
Q14b/c) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	23.5%	21.6%	+1.9%	-1.6	-0.7
Q15) Percentage believing that their practice provides equal opportunities for career progression or promotion	41.8%	57.1%	-15.3%	+1.3%	-1.6
Q16b) In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	17.0%	6.0%	+11%	+0.8	-0.4

WDES Data

- **Staff with LTC / Illness feeling valued +1.4% however NBT still below comparator average by 1.1%**
- **Engagement score for staff with LTC / Illness = 6.4 -0.1 from 2021 less than Trust average 6.8 staff compared to staff without LTC / illness -0.6**

Question	Staff with LTC/ Illness @NBT 2022 Red = Negative score compared to average average green = Positive score below	Change since 2021	Staff without LTC Illness @NBT	Change since 2021	Staff with LTC/ illness Comparator Average 2022
Q14a) Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.	34.8%	+2.1	24.8	-1%	33%
Q14b)Percentage of staff experiencing harassment, bullying or abuse from managers	13.4%	-0.5	7.8	-0.5	17.1
Q14c) Percentage of staff experiencing harassment, bullying or abuse from other colleagues	26.3%	-0.8	15.7	+0.3	26.9
Q14d)Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	47.6%	+4.1%	48.3%	+4.8%	48.4
Q15) Percentage believing that their practice provides equal opportunities for career progression or promotion	52.4%	+0.8	54.4	-2.7%	51.4
Q9) Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	26.2%	-1%	18.4%	-2.6%	30%
Q30b) Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work	72.9% (0.9% above average)	NA	NA	NA	71.8

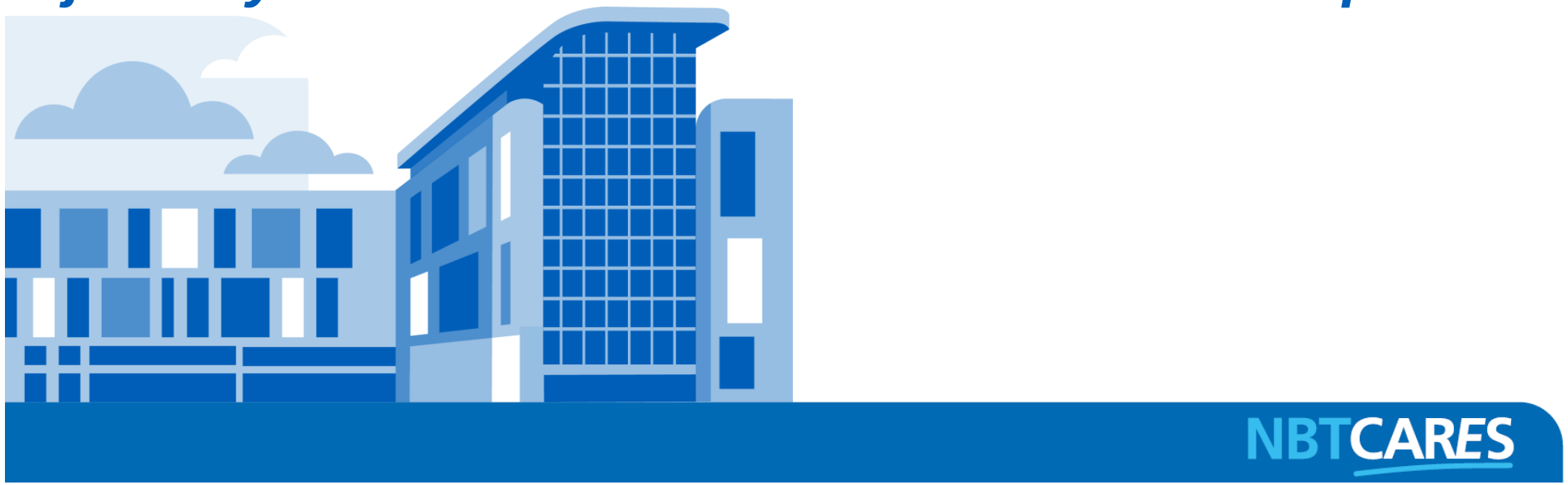
Potential areas of focus

- Explore the declining score relating to the **NHS Staff Friends and Family Test Question** – those who would not be happy with the standard of care for a friend or relative. However this score remains positive.
- Prioritise the issue of **work pressure, burnout** and **stress at work** and analyse ways in which we can address problems. Ensure staff know the routes to occupational health and wellbeing services and that rapid access to help with work-related mental and physical injury and illness is available.
- Make sure that staff are provided with reassurance about how **errors and near misses** are handled and addressed. Seek to understand if there are any specific groups or departments where this is a particular issue.
- Review **quality of appraisals** particularly with a view to ensuring staff feel valued. Coverage of appraisals is positive.
- Explore further the numbers of **staff experiencing violence from patients**. Use the data to understand if there are any specific groups or departments where this is a particular issue.
- Review scores relating to **immediate managers –programme of training** with this group to help them better support their direct reports.

To consider and discuss:

How do we respond to what staff are telling us, in a planned and structured way?

How do we align our actions to our Patient First journey and our commitment to our staff and patients?

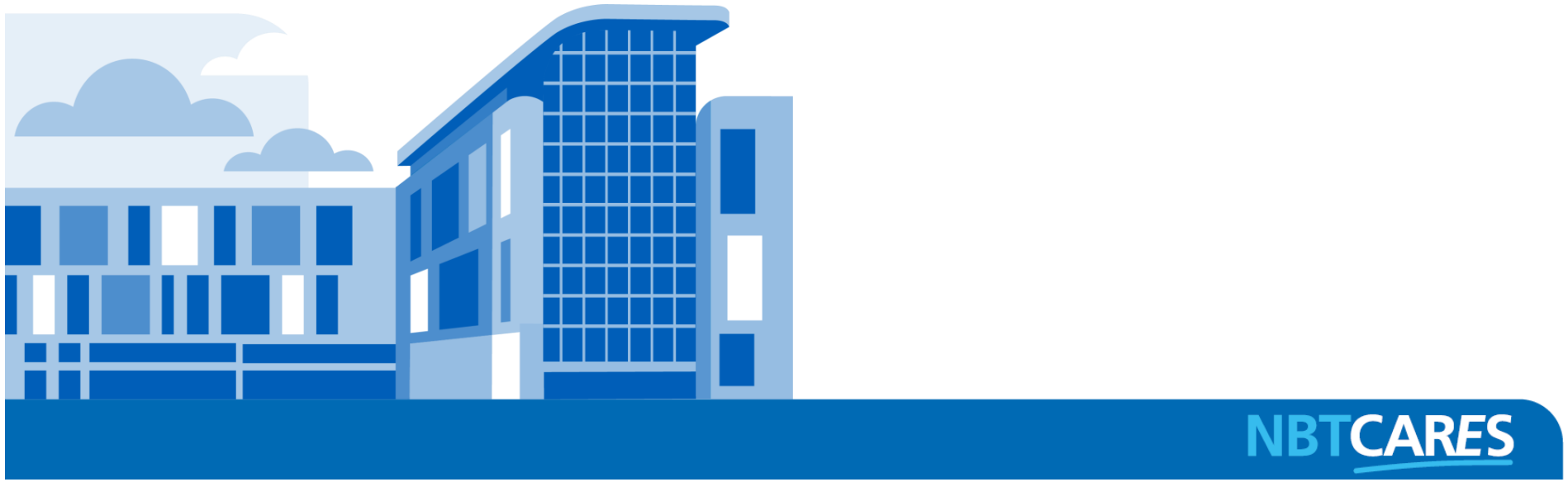


How will we respond? What will we do differently in 2023?

- Accept the data
- Agree Trust-wide priorities and then use data to identify areas for targeted interventions
- Take the Patient First approach and widen participation (Top down & bottom up)
- We said – We did
- Establish a working group with all staff group representation (HCA, Medical, Nursing, Midwifery, AHP, Unions, HR, Comms etc.)
- Align working group with Quarterly Survey to support oversight of progress
- Maintain/expand recognition whilst building on the above
- Ensure appreciative enquiry – self belief

Appendices

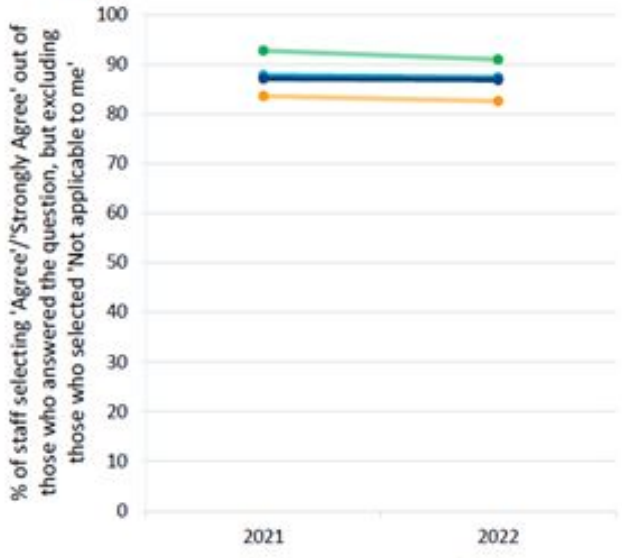
The following slides show NBT performance against National Comparator average from the National benchmark report which is available here



Promise 1 - We are compassionate and inclusive: Compassionate culture

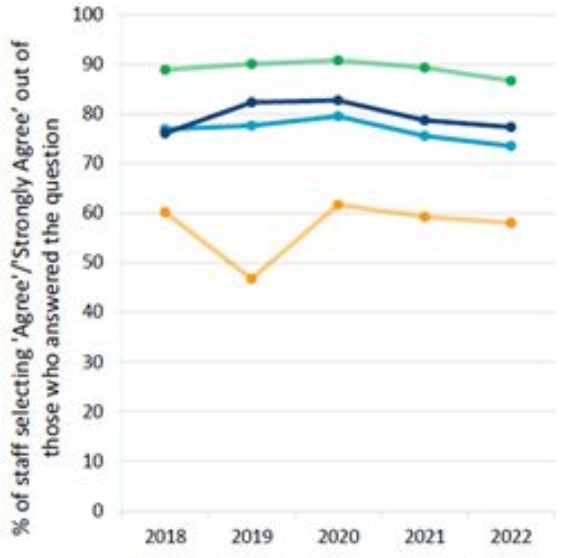
North Bristol NHS Trust

Q6a I feel that my role makes a difference to patients / service users.



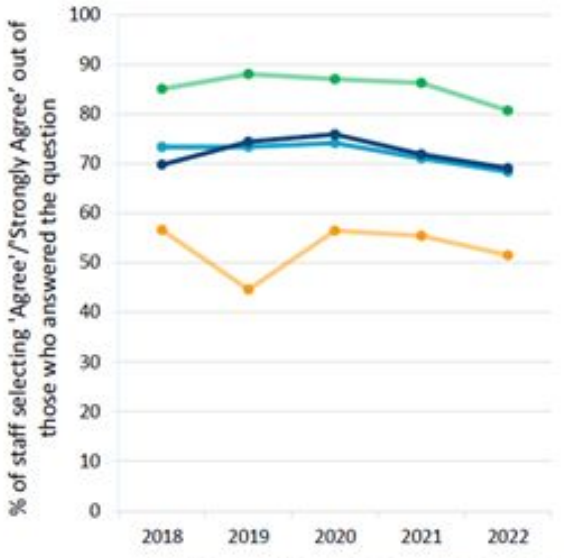
	2021	2022
Your org	87.0%	86.8%
Best	92.7%	90.9%
Average	87.7%	87.3%
Worst	83.6%	82.5%
Responses	4320	4606

Q23a Care of patients / service users is my organisation's top priority.



	2018	2019	2020	2021	2022
Your org	76.1%	82.3%	82.7%	78.7%	77.3%
Best	88.8%	90.0%	90.8%	89.3%	86.6%
Average	76.9%	77.6%	79.5%	75.5%	73.5%
Worst	60.1%	46.7%	61.7%	59.2%	58.0%
Responses	3259	4044	4481	4447	4714

Q23b My organisation acts on concerns raised by patients / service users.



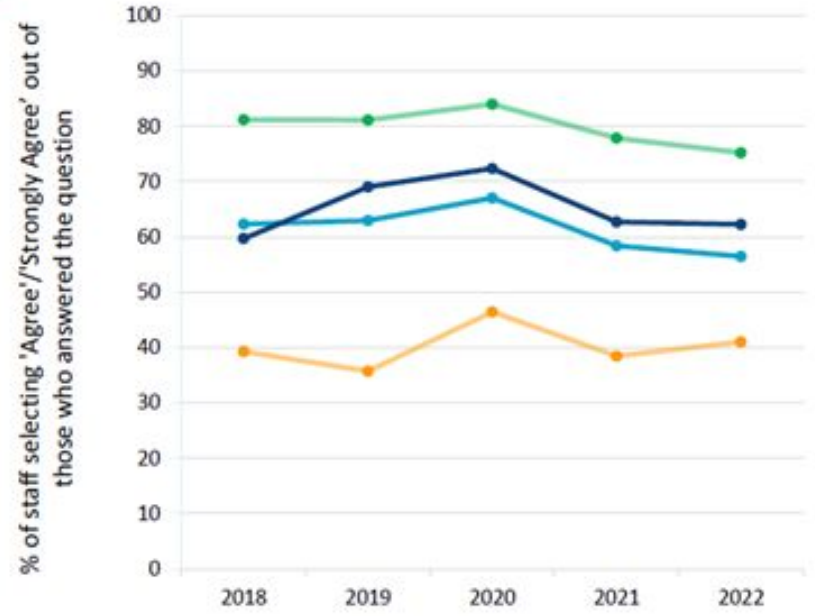
	2018	2019	2020	2021	2022
Your org	69.7%	74.4%	75.9%	71.8%	69.0%
Best	85.0%	88.0%	87.0%	86.2%	80.6%
Average	73.3%	73.3%	74.1%	71.0%	68.3%
Worst	56.6%	44.6%	56.4%	55.4%	51.5%
Responses	3251	4028	4472	4437	4707

NBTCARES

Promise 1 - We are compassionate and inclusive: Compassionate culture

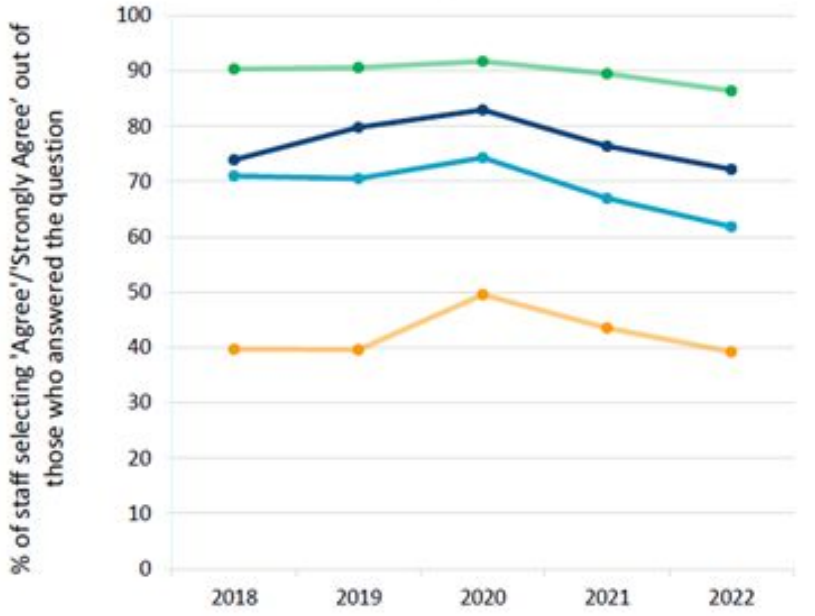
North Bristol NHS Trust

Q23c I would recommend my organisation as a place to work.



	2018	2019	2020	2021	2022
Your org	59.7%	69.1%	72.4%	62.7%	62.3%
Best	81.2%	81.2%	84.0%	77.9%	75.2%
Average	62.3%	63.0%	67.1%	58.4%	56.5%
Worst	39.3%	35.7%	46.5%	38.5%	41.0%
Responses	3251	4036	4479	4438	4722

Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

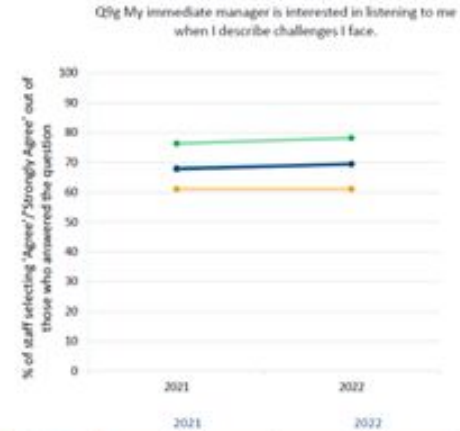


	2018	2019	2020	2021	2022
Your org	73.9%	79.8%	83.0%	76.4%	72.2%
Best	90.4%	90.6%	91.8%	89.5%	86.4%
Average	71.1%	70.6%	74.3%	67.0%	61.9%
Worst	39.7%	39.6%	49.6%	43.5%	39.2%
Responses	3239	4032	4480	4431	4712

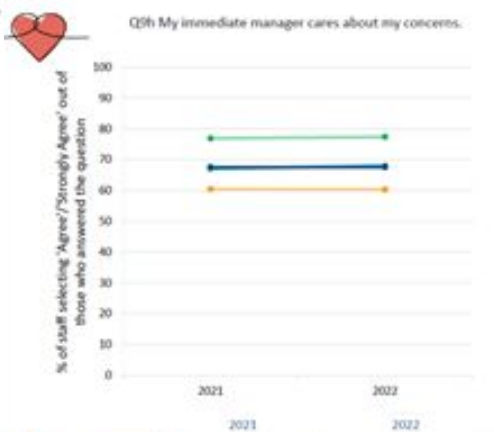
NBTCARES

Promise 1 - We are compassionate and inclusive: Compassionate leadership

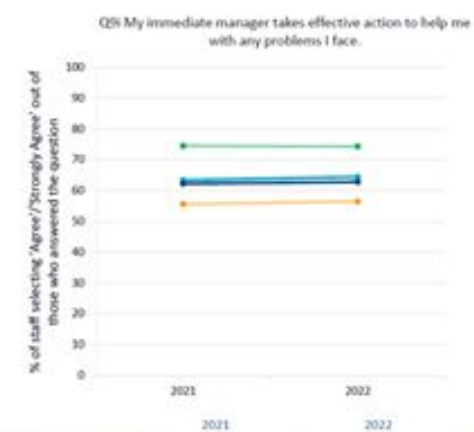
	2021	2022
Your org	64.5%	65.5%
Best	74.5%	76.2%
Average	65.7%	66.4%
Worst	58.4%	58.8%
Responses	4460	4735



	2021	2022
Your org	67.8%	69.5%
Best	76.4%	78.2%
Average	68.1%	69.4%
Worst	61.1%	61.1%
Responses	4461	4741



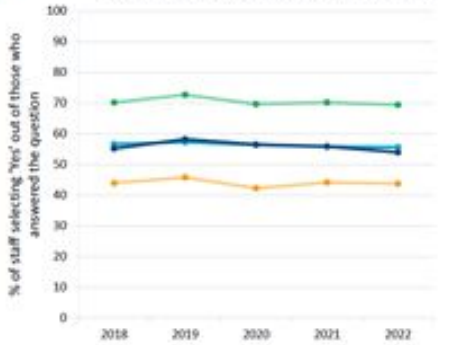
	2021	2022
Your org	67.6%	67.6%
Best	76.9%	77.4%
Average	67.1%	68.1%
Worst	60.5%	60.3%
Responses	4436	4741



	2021	2022
Your org	62.2%	62.8%
Best	74.5%	74.3%
Average	63.4%	64.4%
Worst	55.6%	56.4%
Responses	4449	4739

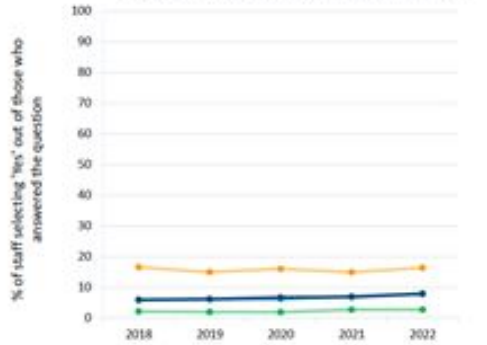
Promise 1 - We are compassionate and inclusive: Diversity and equality

Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



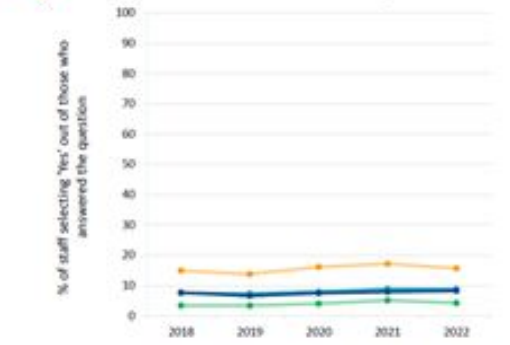
	2018	2019	2020	2021	2022
Your org	55.2%	58.2%	56.5%	55.8%	53.9%
Best	70.2%	72.7%	69.7%	70.2%	69.4%
Average	56.6%	57.3%	56.4%	55.8%	55.6%
Worst	44.0%	45.8%	42.2%	44.1%	43.7%
Responses	3294	4082	4491	4445	4719

Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



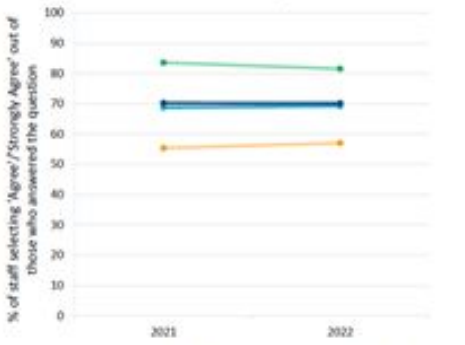
	2018	2019	2020	2021	2022
Your org	5.9%	6.1%	6.7%	6.8%	7.9%
Best	2.1%	1.9%	1.9%	2.7%	2.7%
Average	5.9%	6.2%	6.3%	7.0%	7.8%
Worst	16.5%	14.9%	16.0%	14.9%	16.3%
Responses	3279	4091	4479	4450	4730

Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2018	2019	2020	2021	2022
Your org	7.7%	6.6%	7.5%	7.9%	8.3%
Best	3.4%	3.4%	4.0%	5.1%	4.2%
Average	7.5%	7.3%	7.9%	8.8%	8.7%
Worst	14.9%	13.8%	16.1%	17.2%	15.7%
Responses	3244	4094	4448	4432	4717

Q20 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

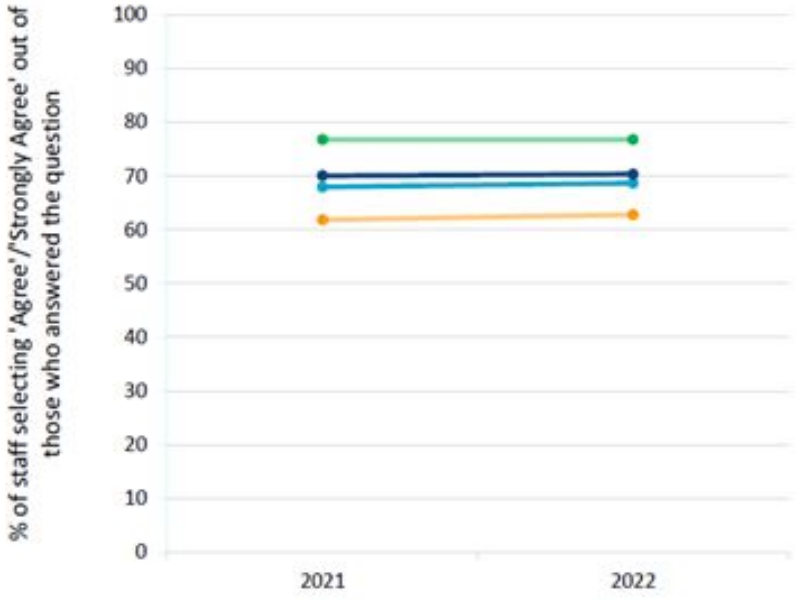


	2021	2022
Your org	70.3%	70.2%
Best	81.6%	81.6%
Average	68.8%	69.3%
Worst	55.4%	57.1%
Responses	4460	4741

Promise 1 - We are compassionate and inclusive: Inclusion

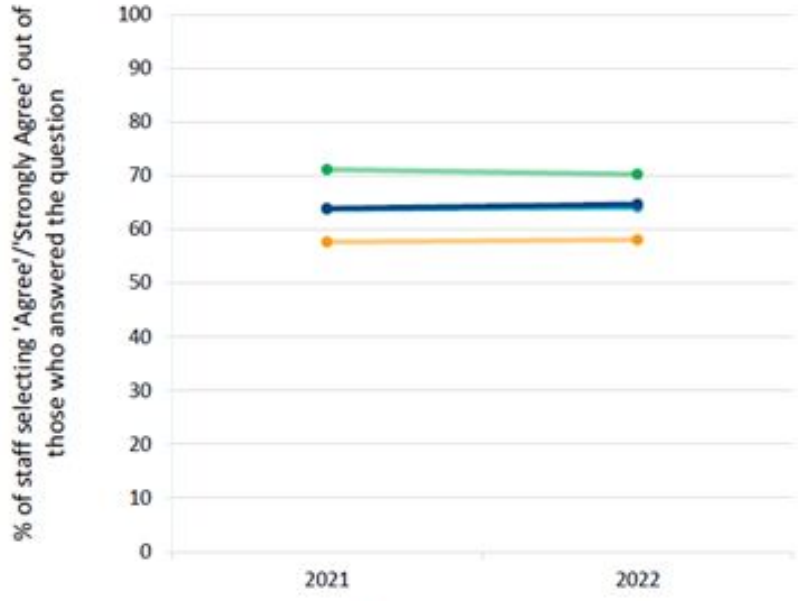
North Bristol NHS Trust

Q7h I feel valued by my team.



	2021	2022
Your org	70.1%	70.4%
Best	76.8%	76.8%
Average	68.0%	68.7%
Worst	61.9%	62.8%
Responses	4450	4731

Q7i I feel a strong personal attachment to my team.

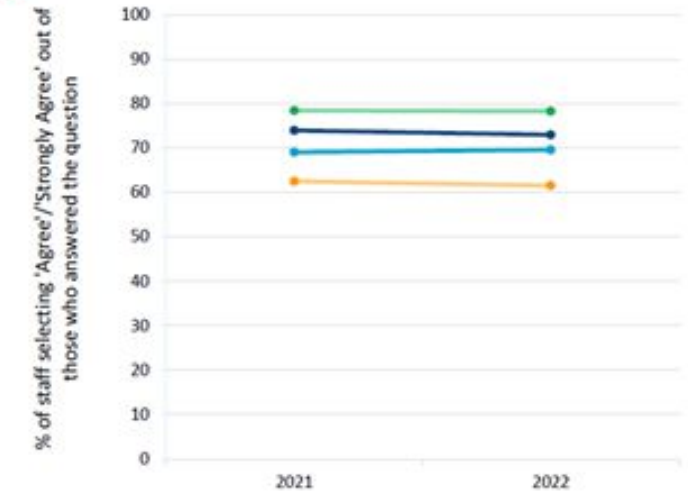


	2021	2022
Your org	63.9%	64.7%
Best	71.2%	70.3%
Average	63.7%	64.2%
Worst	57.7%	58.1%
Responses	4451	4732

NBTCARES

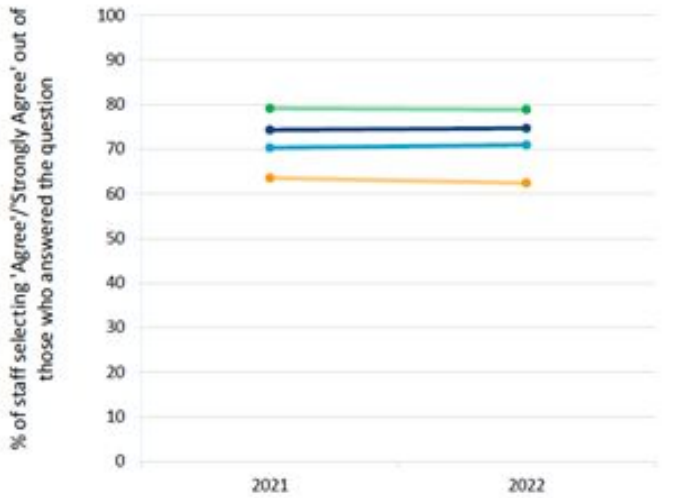
Promise 1 - We are compassionate and inclusive: Inclusion

Q8b The people I work with are understanding and kind to one another.



	2021	2022
Your org	74.0%	73.0%
Best	78.4%	78.3%
Average	69.0%	69.6%
Worst	62.5%	61.6%
Responses	4402	4689

Q8c The people I work with are polite and treat each other with respect.

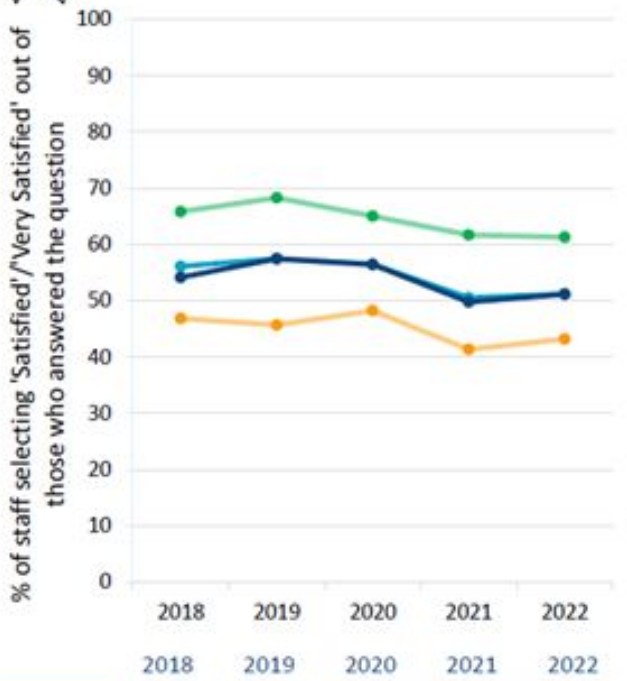


	2021	2022
Your org	74.3%	74.7%
Best	79.1%	78.9%
Average	70.3%	71.0%
Worst	63.5%	62.4%
Responses	4405	4693

Promise 2 - We are recognised and rewarded

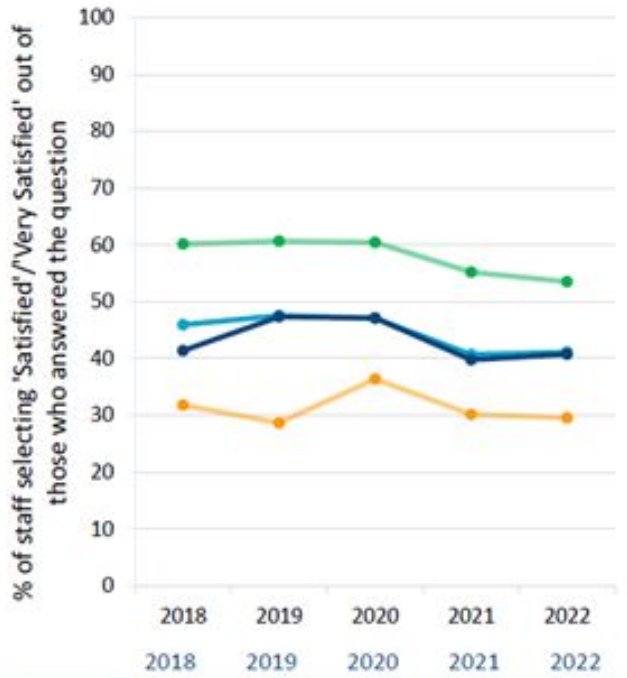
North Bristol NHS Trust

Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



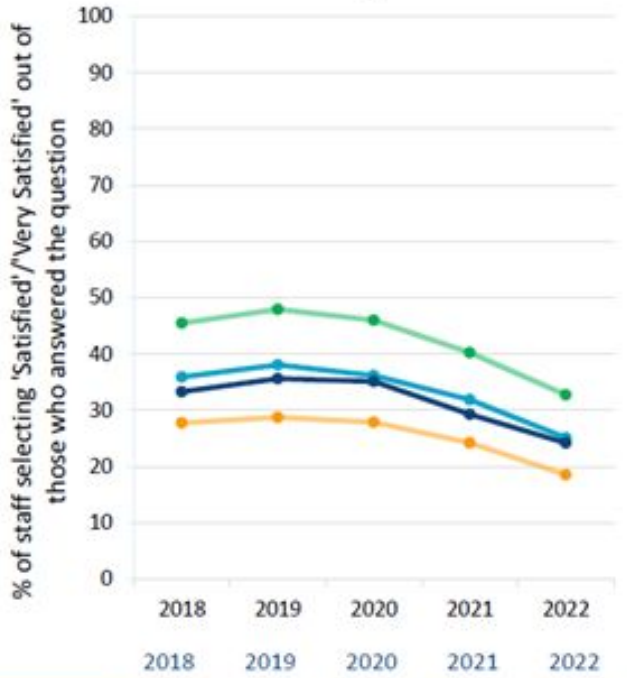
	2018	2019	2020	2021	2022
Your org	54.1%	57.5%	56.4%	49.8%	51.2%
Best	65.8%	68.3%	65.0%	61.7%	61.3%
Average	56.1%	57.5%	56.4%	50.5%	51.2%
Worst	46.8%	45.7%	48.2%	41.4%	43.2%
Responses	3312	4152	4479	4390	4670

Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



	2018	2019	2020	2021	2022
Your org	41.4%	47.3%	47.1%	39.8%	40.7%
Best	60.1%	60.7%	60.4%	55.2%	53.5%
Average	45.9%	47.5%	47.1%	40.7%	41.1%
Worst	31.8%	28.7%	36.4%	30.1%	29.5%
Responses	3300	4139	4463	4379	4650

Q4c How satisfied are you with each of the following aspects of your job? My level of pay.

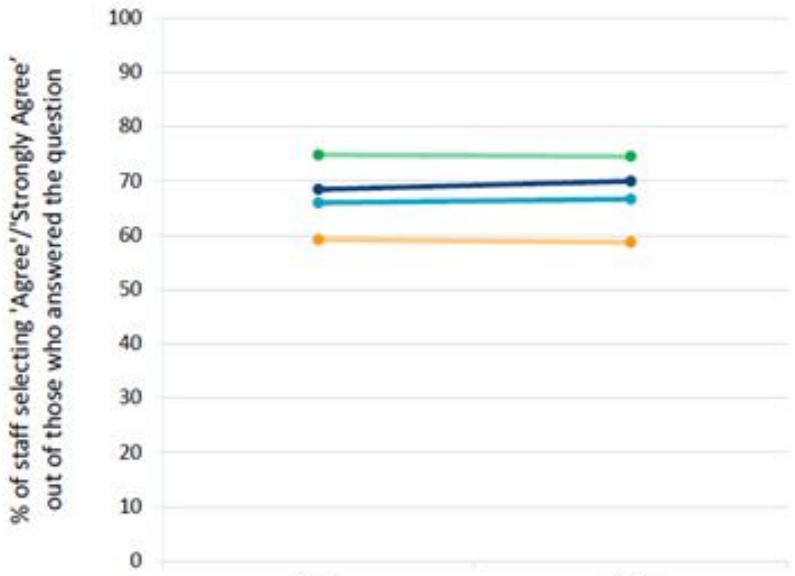


	2018	2019	2020	2021	2022
Your org	33.3%	35.6%	35.1%	29.3%	24.2%
Best	45.5%	47.9%	46.0%	40.3%	32.8%
Average	35.9%	38.1%	36.2%	31.9%	25.1%
Worst	27.7%	28.7%	27.9%	24.2%	18.5%
Responses	3301	4137	4476	4381	4650

NBTCARES

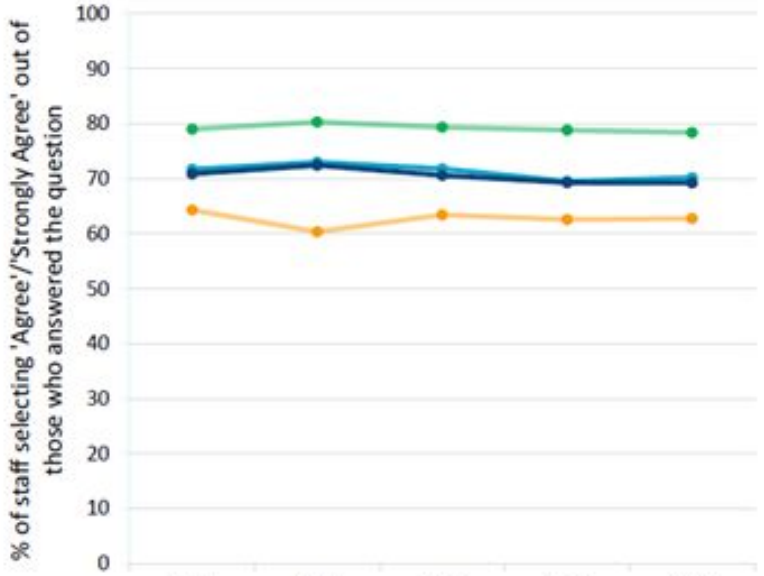
Promise 2 - We are recognised and rewarded

Q8d The people I work with show appreciation to one another.



	2021	2022
Your org	68.4%	70.0%
Best	74.8%	74.5%
Average	66.0%	66.6%
Worst	59.2%	58.7%
Responses	4397	4684

Q9e My immediate manager values my work.

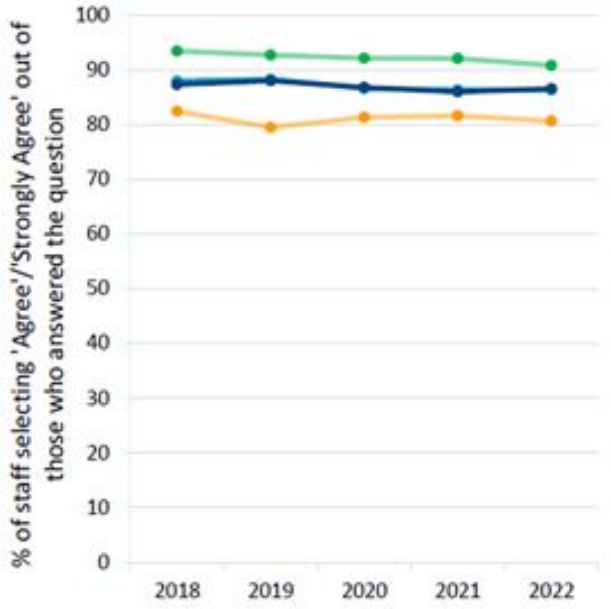


	2018	2019	2020	2021	2022
Your org	70.9%	72.4%	70.6%	69.3%	69.2%
Best	79.0%	80.3%	79.4%	78.8%	78.4%
Average	71.7%	73.0%	71.8%	69.5%	70.2%
Worst	64.3%	60.4%	63.4%	62.6%	62.8%
Responses	3298	4097	4478	4460	4745

Promise 3 - We each have a voice that counts: autonomy and control

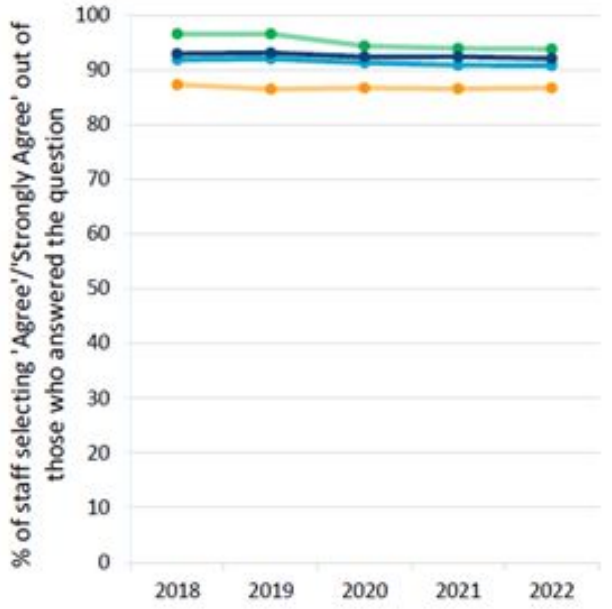
North Bristol NHS Trust

Q3a I always know what my work responsibilities are.



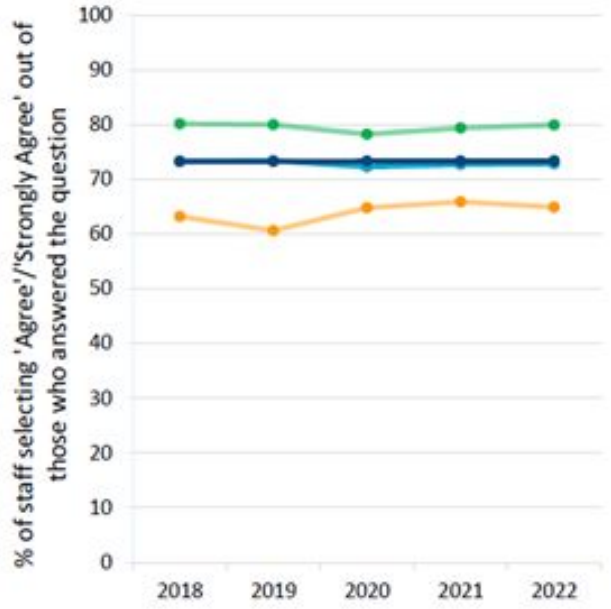
	2018	2019	2020	2021	2022
Your org	87.3%	88.0%	86.8%	85.9%	86.5%
Best	93.4%	92.7%	92.1%	92.0%	90.8%
Average	87.9%	88.2%	86.6%	86.3%	86.3%
Worst	82.4%	79.5%	81.3%	81.6%	80.6%
Responses	3293	4183	4369	4474	4755

Q3b I am trusted to do my job.



	2018	2019	2020	2021	2022
Your org	92.9%	93.1%	92.3%	92.4%	92.0%
Best	96.5%	96.5%	94.3%	93.9%	93.8%
Average	91.8%	92.0%	91.2%	90.8%	90.7%
Worst	87.3%	86.5%	86.7%	86.5%	86.7%
Responses	3272	4171	4348	4465	4745

Q3c There are frequent opportunities for me to show initiative in my role.



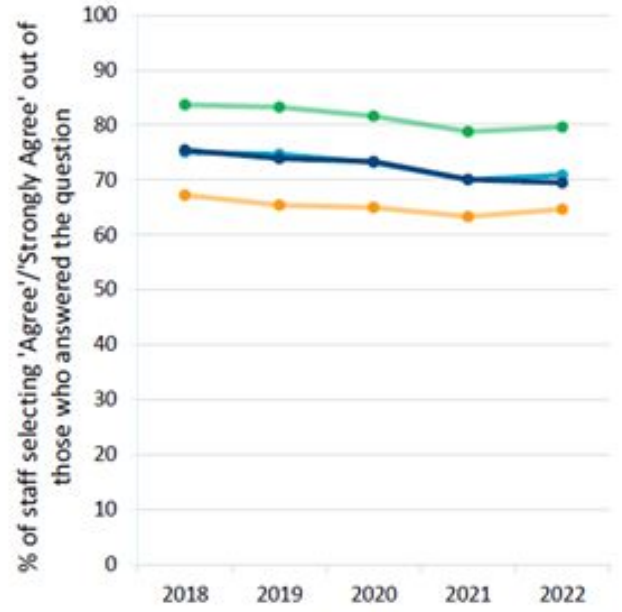
	2018	2019	2020	2021	2022
Your org	73.2%	73.2%	73.3%	73.3%	73.3%
Best	80.1%	79.9%	78.2%	79.3%	79.9%
Average	73.3%	73.4%	72.3%	72.7%	72.8%
Worst	63.2%	60.6%	64.8%	65.9%	64.9%
Responses	3332	4182	4491	4453	4726

NBTCARES

Promise 3 - We each have a voice that counts: Autonomy and control

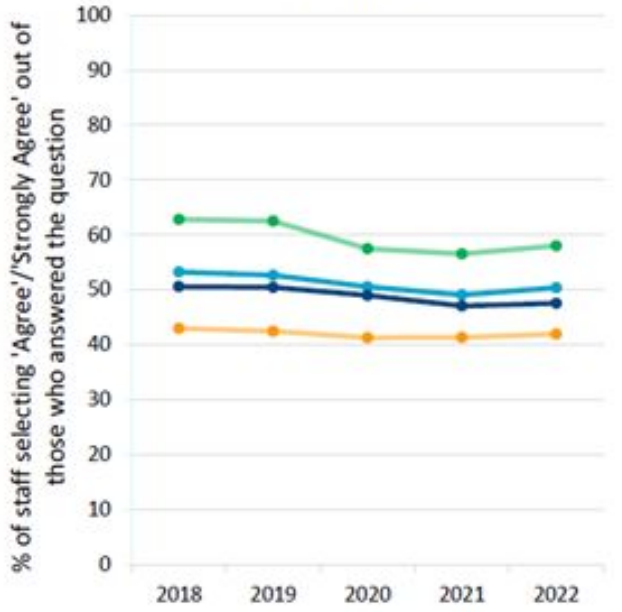
NHS North Bristol NHS Trust

Q3d I am able to make suggestions to improve the work of my team / department.



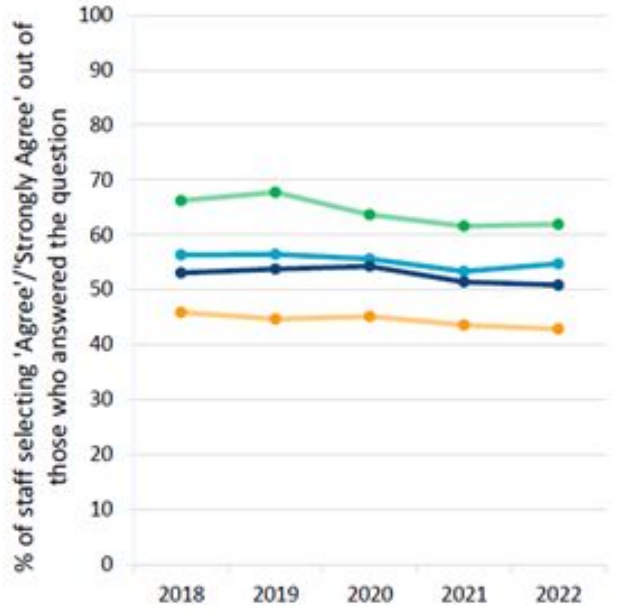
	2018	2019	2020	2021	2022
Your org	75.4%	73.9%	73.4%	70.1%	69.5%
Best	83.7%	83.3%	81.6%	78.8%	79.6%
Average	75.0%	74.7%	73.2%	70.0%	70.9%
Worst	67.2%	65.4%	65.0%	63.3%	64.7%
Responses	3328	4186	4482	4442	4731

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2018	2019	2020	2021	2022
Your org	50.6%	50.5%	49.0%	47.1%	47.5%
Best	62.8%	62.5%	57.5%	56.5%	58.0%
Average	53.3%	52.7%	50.6%	49.1%	50.4%
Worst	43.0%	42.5%	41.3%	41.3%	42.0%
Responses	3322	4178	4488	4454	4726

Q3f I am able to make improvements happen in my area of work.

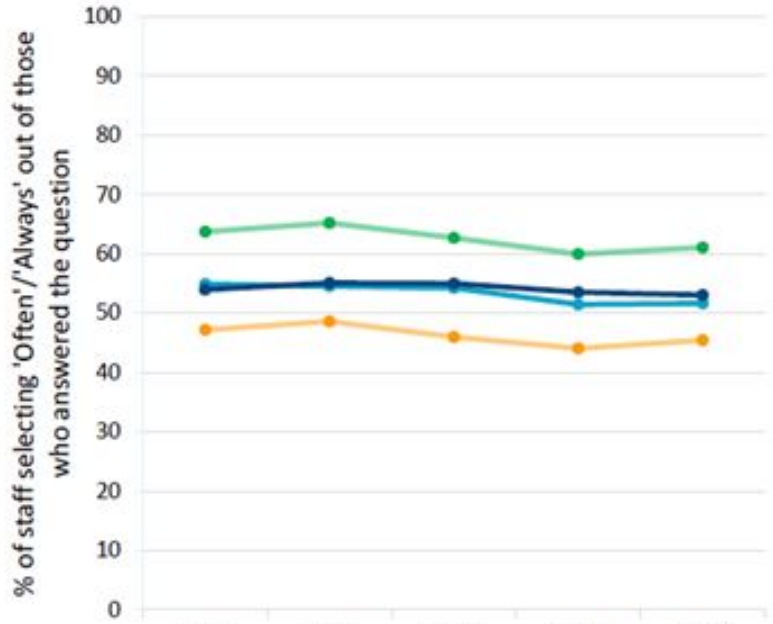


	2018	2019	2020	2021	2022
Your org	53.1%	53.8%	54.3%	51.4%	50.9%
Best	66.2%	67.8%	63.7%	61.6%	61.9%
Average	56.4%	56.5%	55.6%	53.4%	54.7%
Worst	45.9%	44.7%	45.1%	43.6%	42.9%
Responses	3317	4173	4473	4439	4716

NBTCARES

Promise 3 - We each have a voice that counts: Autonomy and control

Q5b I have a choice in deciding how to do my work.

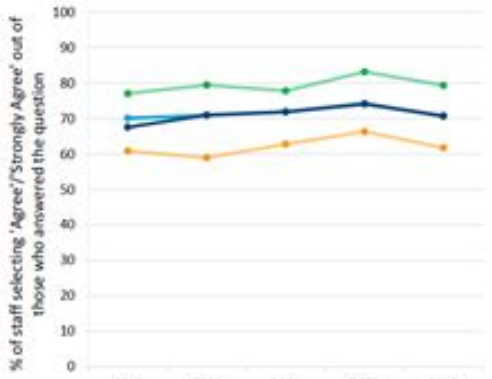


	2018	2019	2020	2021	2022
Your org	54.0%	55.1%	55.0%	53.5%	53.1%
Best	63.7%	65.2%	62.7%	60.0%	61.1%
Average	54.9%	54.6%	54.3%	51.5%	51.7%
Worst	47.2%	48.6%	46.0%	44.1%	45.4%
Responses	3285	4126	4408	4412	4694

Promise 3 - We each have a voice that counts: Raising concerns

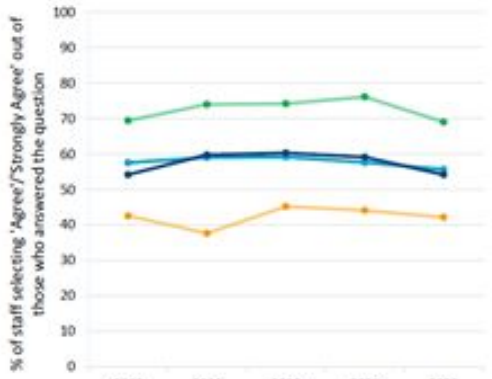
North Bristol NHS Trust

Q19a I would feel secure raising concerns about unsafe clinical practice.



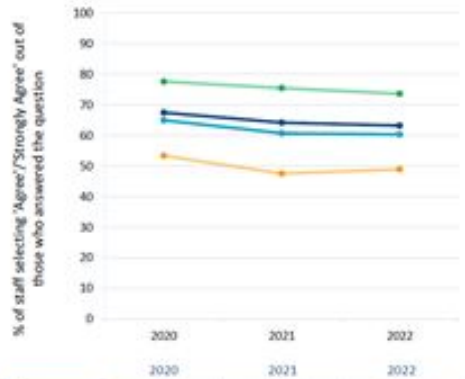
	2018	2019	2020	2021	2022
Your org	67.6%	71.0%	71.9%	74.3%	70.7%
Best	77.1%	79.5%	77.9%	83.2%	79.4%
Average	70.1%	71.0%	71.9%	74.1%	70.8%
Worst	60.9%	59.0%	62.8%	66.4%	61.8%
Responses	3248	4052	4461	4444	4705

Q19b I am confident that my organisation would address my concern.



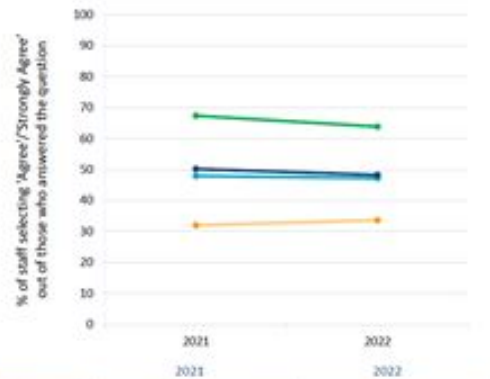
	2018	2019	2020	2021	2022
Your org	54.2%	59.8%	60.4%	59.2%	54.2%
Best	69.5%	74.0%	74.2%	76.2%	69.1%
Average	57.6%	59.1%	59.2%	57.7%	55.7%
Worst	42.6%	37.7%	45.3%	44.1%	42.2%
Responses	3250	4051	4459	4440	4695

Q23e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022
Your org	67.5%	64.2%	63.2%
Best	77.6%	75.5%	73.6%
Average	65.0%	60.7%	60.3%
Worst	53.4%	47.6%	49.0%
Responses	4468	4431	4713

Q23f If I spoke up about something that concerned me I am confident my organisation would address my concern.

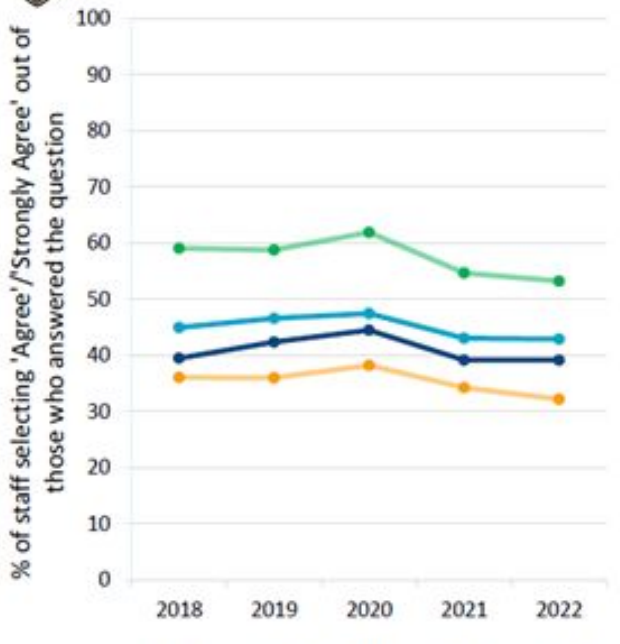


	2021	2022
Your org	50.2%	48.3%
Best	67.4%	63.9%
Average	48.0%	47.2%
Worst	32.0%	33.7%
Responses	4429	4698

Promise 4 - We are safe and healthy: Health and safety climate

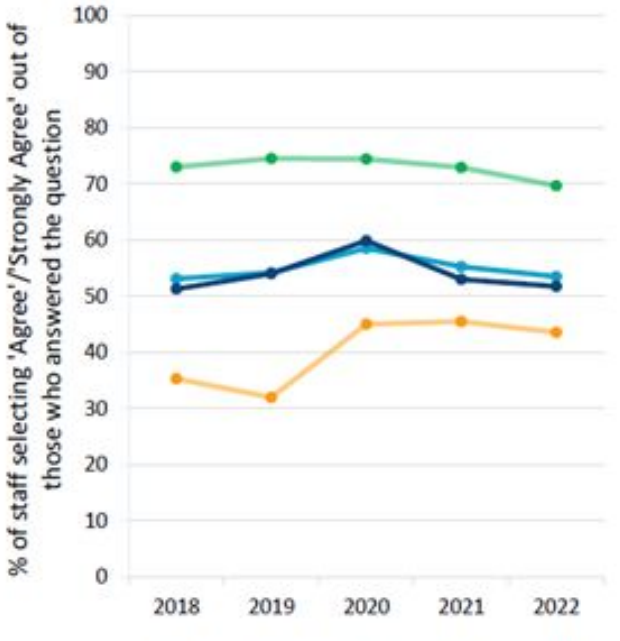
North Bristol NHS Trust

Q3g I am able to meet all the conflicting demands on my time at work.



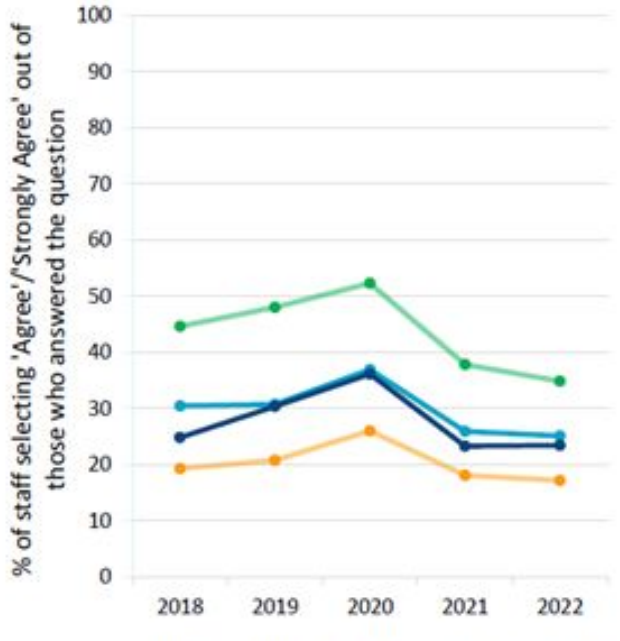
	2018	2019	2020	2021	2022
Your org	39.5%	42.4%	44.5%	39.2%	39.2%
Best	59.1%	58.8%	61.9%	54.7%	53.2%
Average	44.9%	46.6%	47.4%	43.1%	42.9%
Worst	36.0%	36.0%	38.2%	34.2%	32.2%
Responses	3310	4163	4478	4427	4720

Q3h I have adequate materials, supplies and equipment to do my work.



	2018	2019	2020	2021	2022
Your org	51.3%	54.0%	59.9%	53.0%	51.8%
Best	73.0%	74.6%	74.5%	72.9%	69.7%
Average	53.1%	54.2%	58.5%	55.3%	53.5%
Worst	35.3%	32.0%	45.0%	45.5%	43.6%
Responses	3321	4165	4478	4416	4724

Q3i There are enough staff at this organisation for me to do my job properly.



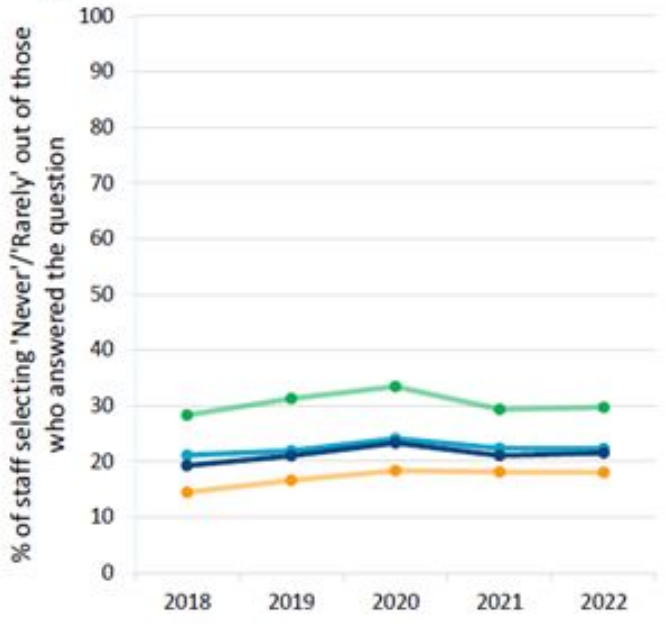
	2018	2019	2020	2021	2022
Your org	24.8%	30.3%	36.1%	23.3%	23.4%
Best	44.6%	48.0%	52.3%	37.8%	34.8%
Average	30.5%	30.7%	36.9%	25.9%	25.1%
Worst	19.3%	20.8%	26.0%	18.1%	17.2%
Responses	3321	4172	4470	4457	4732

NBTCARES

Promise 4 - We are safe and healthy: Health and safety climate

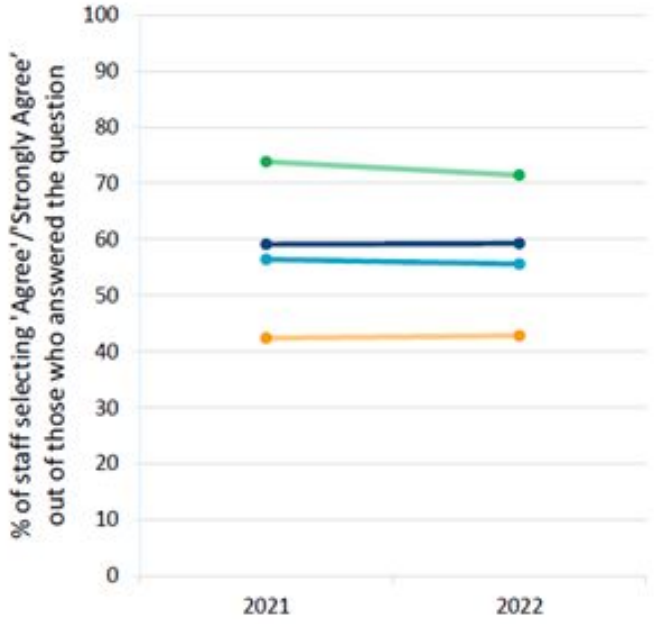
North Bristol NHS Trust

Q5a I have unrealistic time pressures.



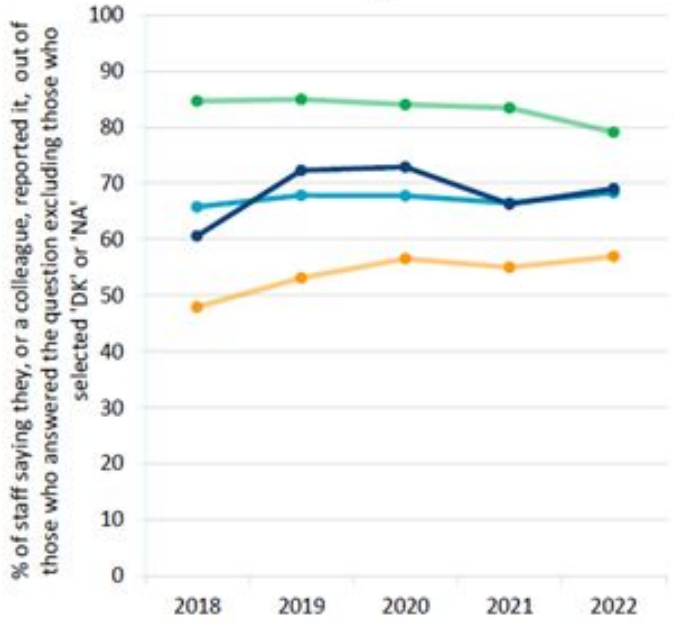
	2018	2019	2020	2021	2022
Your org	19.2%	21.0%	23.3%	21.0%	21.5%
Best	28.3%	31.3%	33.4%	29.3%	29.7%
Average	21.1%	21.9%	24.1%	22.4%	22.3%
Worst	14.4%	16.6%	18.3%	18.1%	18.0%
Responses	3284	4122	4414	4415	4693

Q11a My organisation take positive action on health and well-being.



	2021	2022
Your org	59.1%	59.3%
Best	73.8%	71.4%
Average	56.4%	55.6%
Worst	42.4%	42.8%
Responses	4383	4721

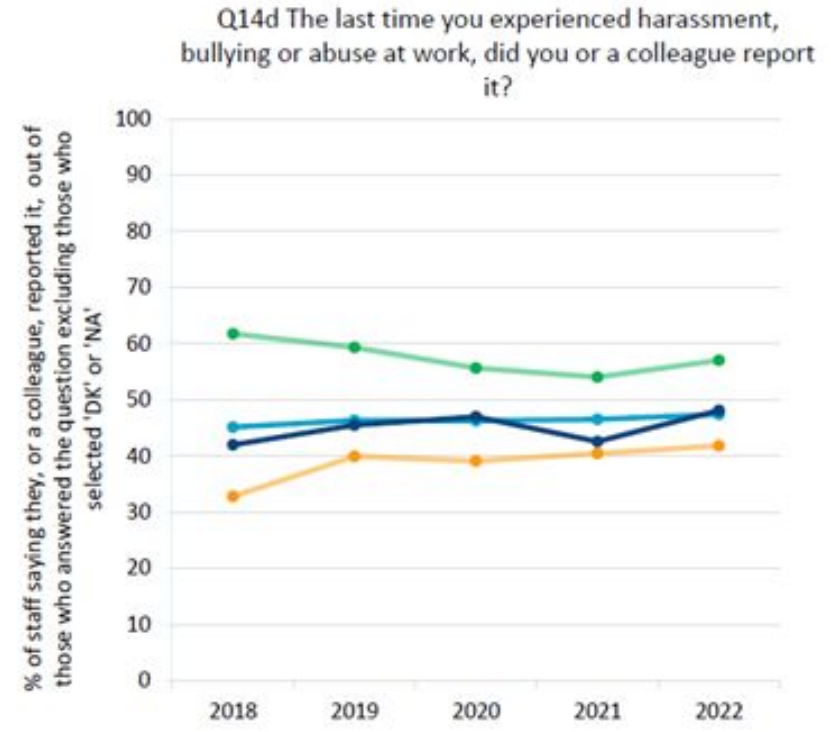
Q13d The last time you experienced physical violence at work, did you or a colleague report it?



	2018	2019	2020	2021	2022
Your org	60.6%	72.3%	72.9%	66.3%	69.0%
Best	84.6%	84.9%	84.0%	83.4%	79.1%
Average	65.8%	67.8%	67.8%	66.5%	68.3%
Worst	47.9%	53.1%	56.6%	55.0%	57.0%
Responses	359	626	627	553	618

NBTCARES

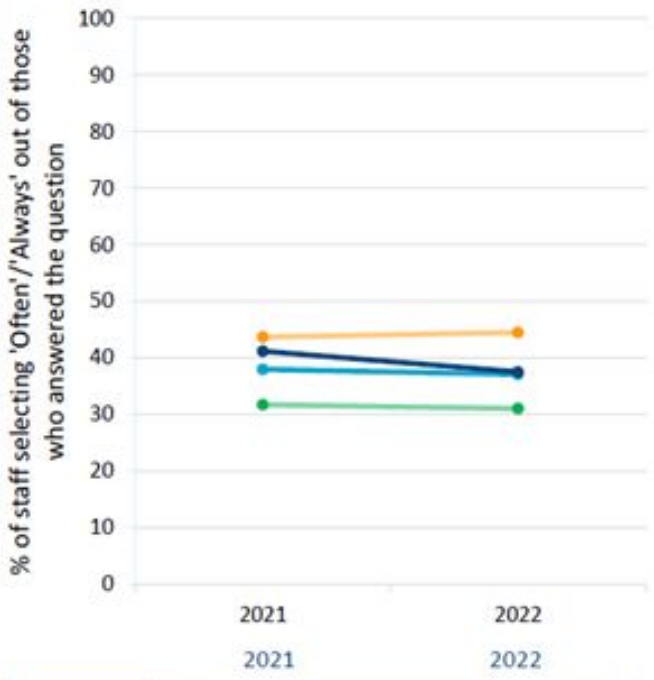
Promise 4 - We are safe and healthy: Health and safety climate



	2018	2019	2020	2021	2022
Your org	42.0%	45.5%	47.0%	42.6%	48.1%
Best	61.7%	59.3%	55.6%	54.0%	57.0%
Average	45.1%	46.4%	46.3%	46.5%	47.4%
Worst	32.8%	39.9%	39.1%	40.5%	41.8%
Responses	1092	1514	1534	1498	1580

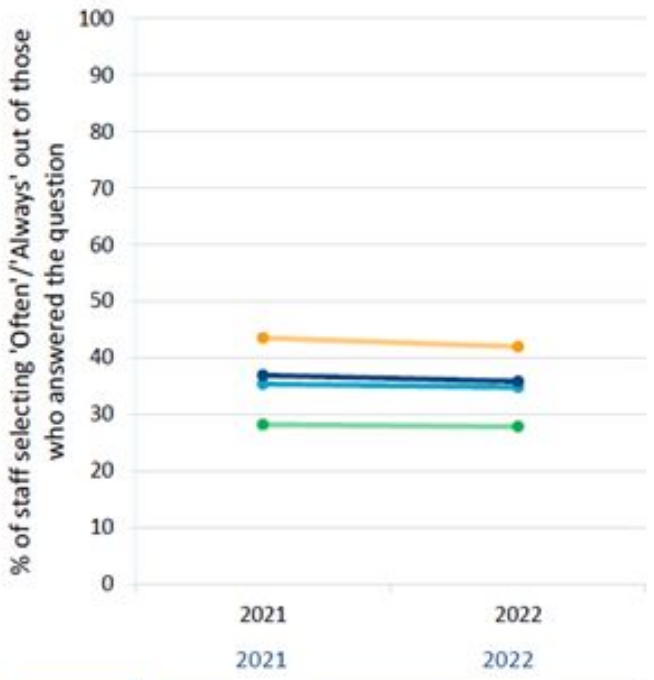
Promise 4 - We are safe and healthy: Burnout

Q12a How often, if at all, do you find your work emotionally exhausting?



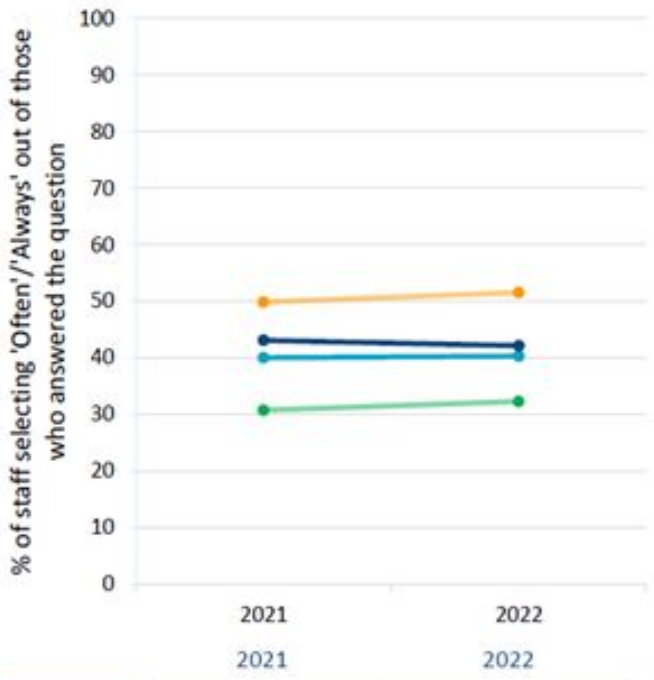
	2021	2022
Your org	41.2%	37.5%
Best	31.7%	31.0%
Average	38.0%	37.1%
Worst	43.7%	44.5%
Responses	4470	4748

Q12b How often, if at all, do you feel burnt out because of your work?



	2021	2022
Your org	36.9%	35.9%
Best	28.2%	27.9%
Average	35.4%	34.8%
Worst	43.5%	42.0%
Responses	4461	4743

Q12c How often, if at all, does your work frustrate you?

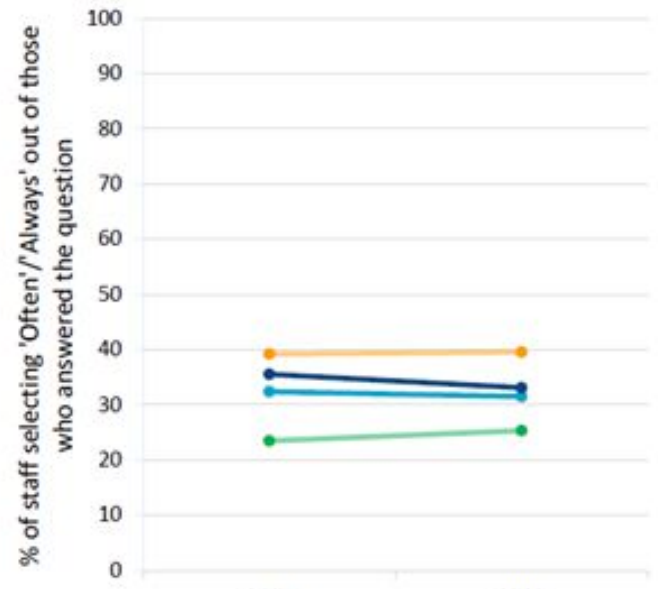


	2021	2022
Your org	43.1%	42.2%
Best	30.8%	32.3%
Average	40.1%	40.3%
Worst	49.9%	51.6%
Responses	4461	4740

Promise 4 - We are safe and healthy: Burnout

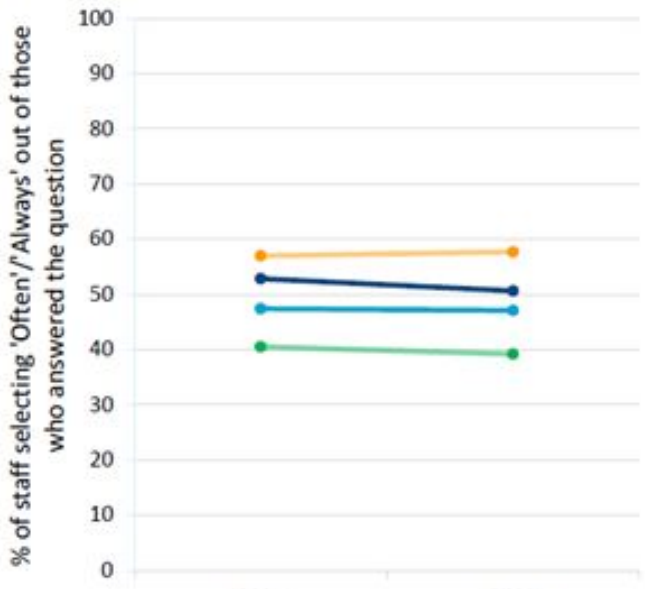
North Bristol NHS Trust

Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



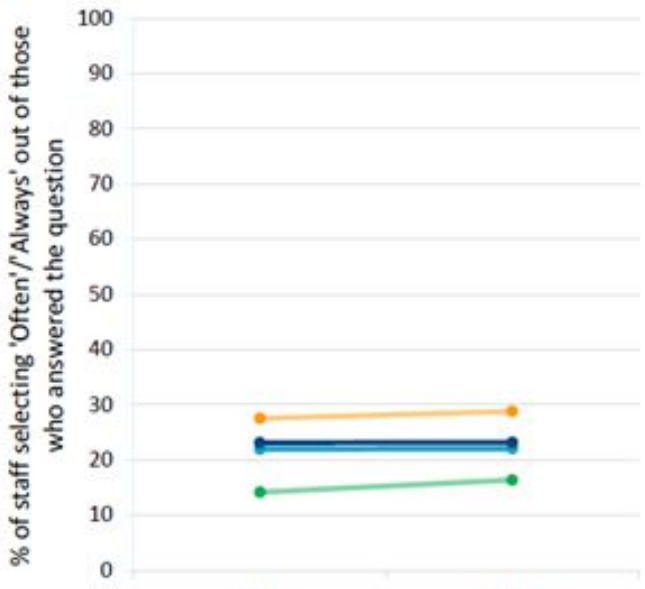
	2021	2022
Your org	35.5%	33.1%
Best	23.5%	25.3%
Average	32.4%	31.5%
Worst	39.2%	39.5%
Responses	4449	4734

Q12e How often, if at all, do you feel worn out at the end of your working day/shift?



	2021	2022
Your org	52.9%	50.6%
Best	40.5%	39.2%
Average	47.4%	47.1%
Worst	57.0%	57.7%
Responses	4449	4738

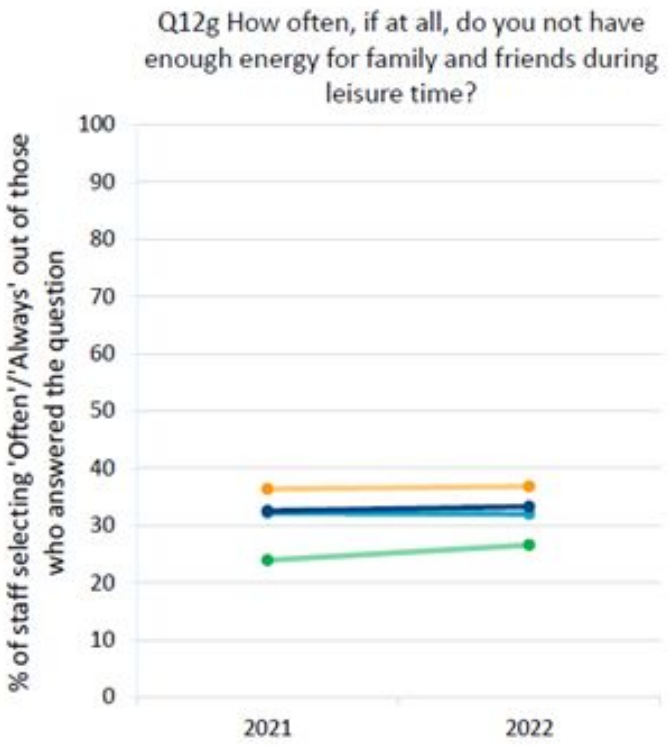
Q12f How often, if at all, do you feel that every working hour is tiring for you?



	2021	2022
Your org	23.1%	23.2%
Best	14.2%	16.4%
Average	21.9%	22.0%
Worst	27.5%	28.8%
Responses	4444	4730

NBTCARES

Promise 4 - We are safe and healthy: Burnout

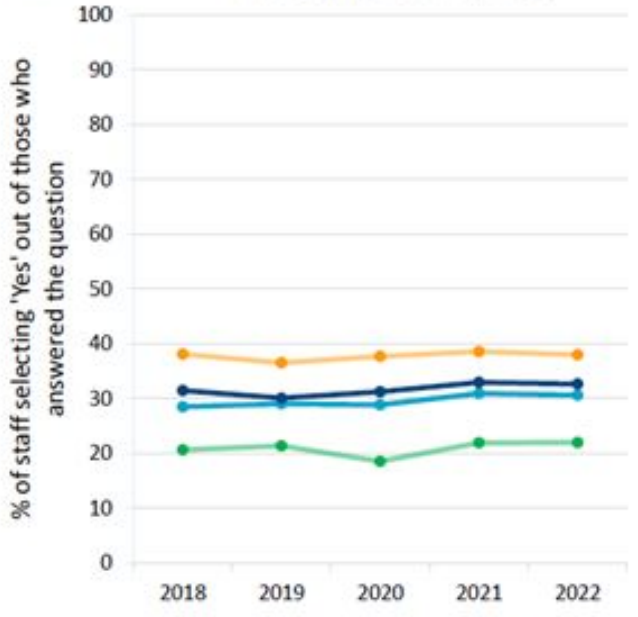


	2021	2022
Your org	32.6%	33.3%
Best	23.9%	26.6%
Average	32.2%	32.0%
Worst	36.4%	36.8%
Responses	4459	4741

Promise 4 - We are safe and healthy: Negative experiences

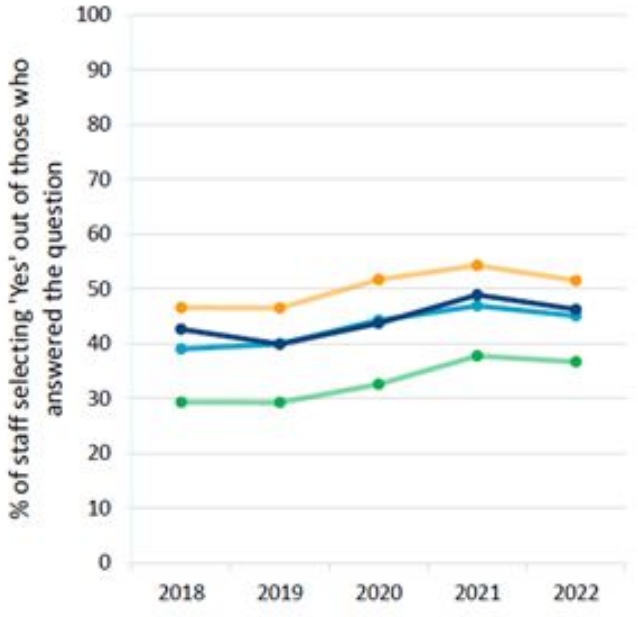
North Bristol NHS Trust

Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



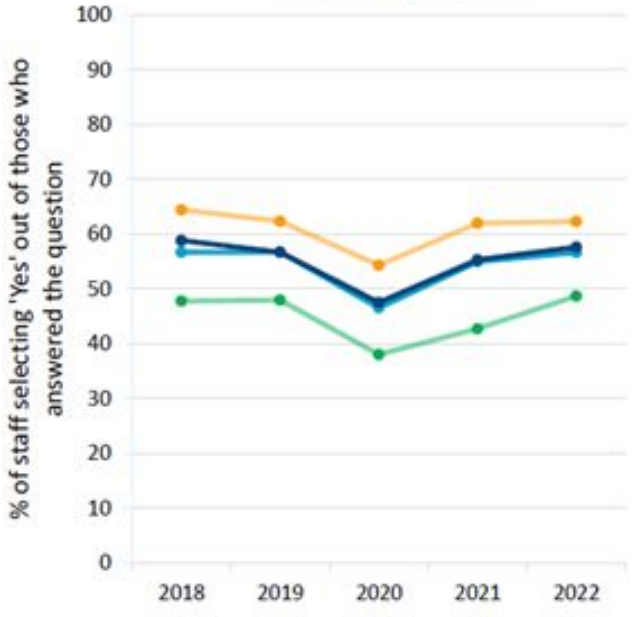
	2018	2019	2020	2021	2022
Your org	31.5%	30.1%	31.3%	33.0%	32.7%
Best	20.7%	21.4%	18.6%	21.9%	22.0%
Average	28.5%	29.1%	28.9%	31.0%	30.6%
Worst	38.1%	36.5%	37.7%	38.6%	38.0%
Responses	3290	4110	4474	4411	4719

Q11c During the last 12 months have you felt unwell as a result of work related stress?



	2018	2019	2020	2021	2022
Your org	42.7%	39.9%	43.7%	48.9%	46.3%
Best	29.3%	29.3%	32.6%	37.8%	36.7%
Average	39.1%	40.0%	44.3%	46.9%	45.1%
Worst	46.6%	46.5%	51.7%	54.3%	51.5%
Responses	3301	4112	4473	4421	4715

Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



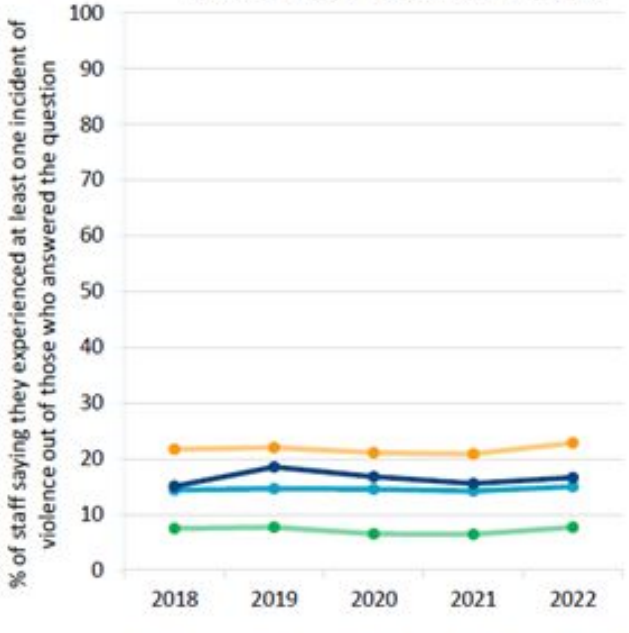
	2018	2019	2020	2021	2022
Your org	58.8%	56.7%	47.5%	55.3%	57.6%
Best	47.8%	48.0%	38.0%	42.8%	48.7%
Average	56.7%	56.8%	46.6%	55.0%	56.7%
Worst	64.5%	62.4%	54.3%	62.0%	62.3%
Responses	3298	4113	4473	4418	4723

NBTCARES

Promise 4 - We are safe and healthy: Negative experiences

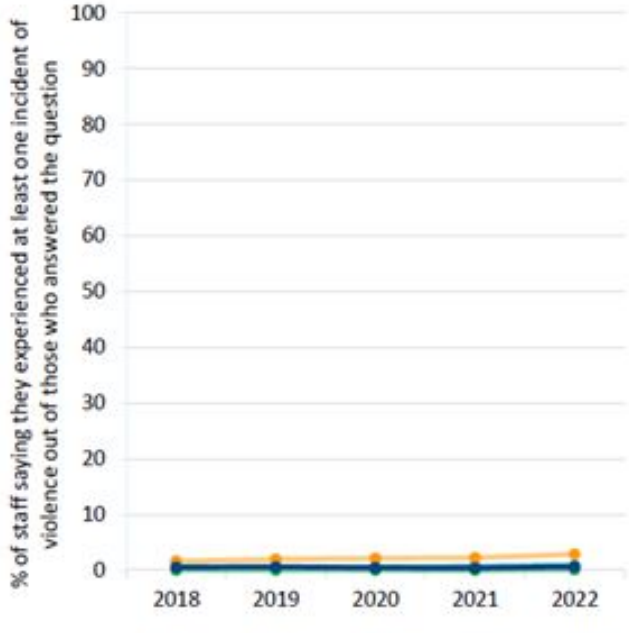
North Bristol NHS Trust

Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



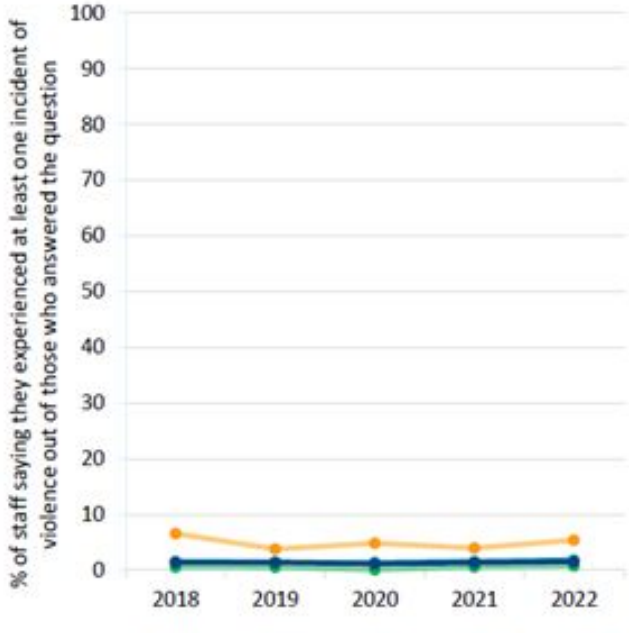
	2018	2019	2020	2021	2022
Your org	15.1%	18.5%	16.8%	15.5%	16.6%
Best	7.5%	7.7%	6.5%	6.4%	7.7%
Average	14.4%	14.6%	14.5%	14.2%	15.0%
Worst	21.7%	22.0%	21.1%	20.8%	22.8%
Responses	3290	4109	4471	4457	4751

Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



	2018	2019	2020	2021	2022
Your org	0.5%	0.6%	0.4%	0.4%	0.6%
Best	0.0%	0.0%	0.0%	0.0%	0.1%
Average	0.6%	0.5%	0.5%	0.6%	0.8%
Worst	1.6%	2.0%	2.1%	2.2%	2.9%
Responses	3275	4088	4448	4435	4725

Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.



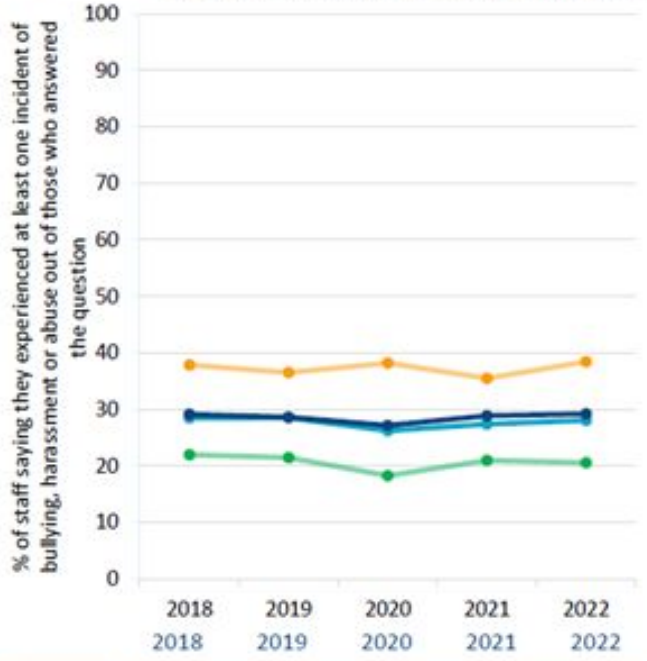
	2018	2019	2020	2021	2022
Your org	1.4%	1.4%	1.1%	1.3%	1.5%
Best	0.6%	0.5%	0.1%	0.6%	0.7%
Average	1.5%	1.4%	1.4%	1.6%	1.8%
Worst	6.6%	3.8%	4.8%	4.0%	5.4%
Responses	3252	4090	4411	4405	4696

NBTCARES

Promise 4 - We are safe and healthy: Negative experiences

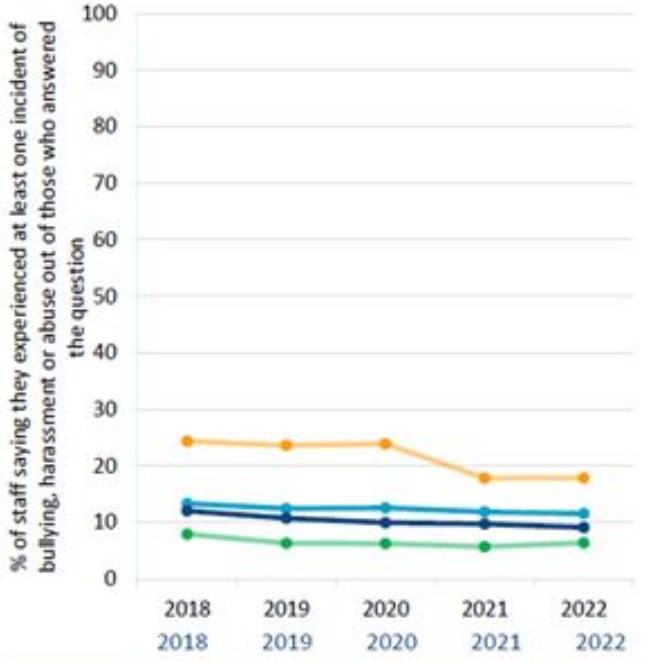
North Bristol NHS Trust

Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



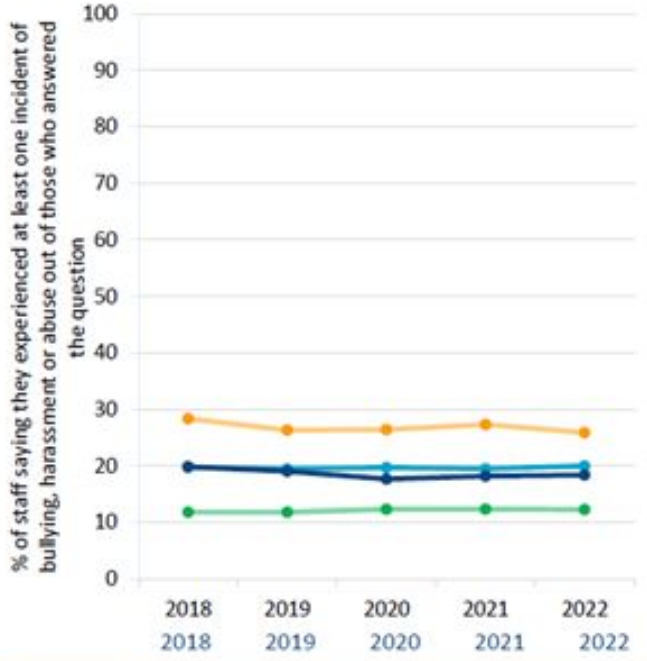
	2018	2019	2020	2021	2022
Your org	29.1%	28.6%	27.2%	28.9%	29.2%
Best	22.0%	21.5%	18.3%	21.0%	20.6%
Average	28.5%	28.5%	26.3%	27.4%	28.1%
Worst	37.9%	36.5%	38.2%	35.5%	38.5%
Responses	3281	4087	4451	4437	4728

Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.



	2018	2019	2020	2021	2022
Your org	12.1%	10.8%	10.0%	9.8%	9.1%
Best	8.0%	6.4%	6.3%	5.7%	6.4%
Average	13.3%	12.5%	12.6%	11.9%	11.6%
Worst	24.4%	23.7%	23.9%	17.8%	17.9%
Responses	3258	4070	4439	4409	4706

Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.

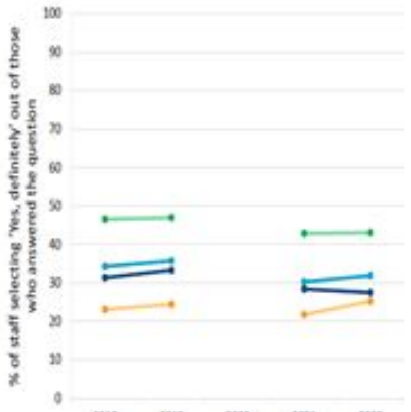


	2018	2019	2020	2021	2022
Your org	19.9%	19.1%	17.7%	18.2%	18.4%
Best	11.8%	11.9%	12.4%	12.4%	12.3%
Average	19.8%	19.5%	19.8%	19.5%	20.0%
Worst	28.4%	26.3%	26.5%	27.3%	25.9%
Responses	3235	4075	4409	4393	4693

NBTCARES

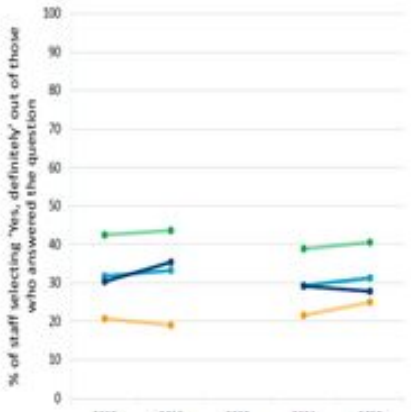
Promise 5 - We are always learning: Development

Q21c It helped me agree clear objectives for my work.



	2018	2019	2020	2021	2022
Your org	31.3%	33.3%	-	28.4%	27.5%
Best	46.5%	46.9%	-	42.8%	43.0%
Average	34.3%	35.7%	-	30.2%	31.9%
Worst	23.1%	24.4%	-	21.8%	25.2%
Responses	2733	3292	-	3267	3841

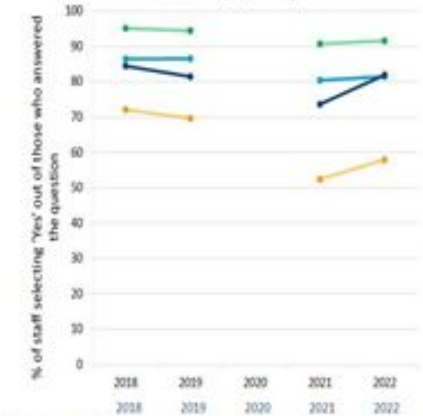
Q21d It left me feeling that my work is valued by my organisation.



	2018	2019	2020	2021	2022
Your org	30.3%	35.4%	-	29.1%	27.8%
Best	42.4%	43.6%	-	38.9%	40.5%
Average	31.8%	33.2%	-	29.3%	31.3%
Worst	20.7%	19.0%	-	21.5%	25.0%
Responses	2726	3292	-	3266	3842

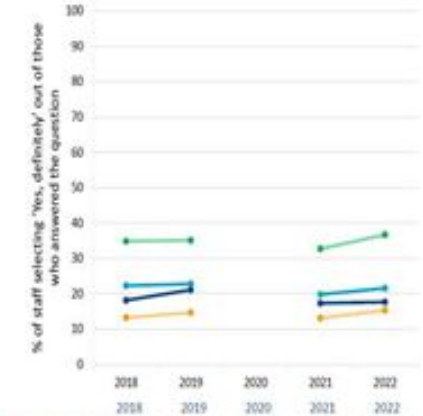
Q21a is a filter question and therefore influences the sub-score without being a directly scored question.

Q21a In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



	2018	2019	2020	2021	2022
Your org	84.4%	81.4%	-	73.6%	81.9%
Best	95.1%	94.4%	-	90.7%	91.5%
Average	86.4%	86.5%	-	80.4%	81.4%
Worst	72.1%	69.6%	-	52.4%	57.9%
Responses	3270	4065	-	4439	4716

Q21b It helped me to improve how I do my job.

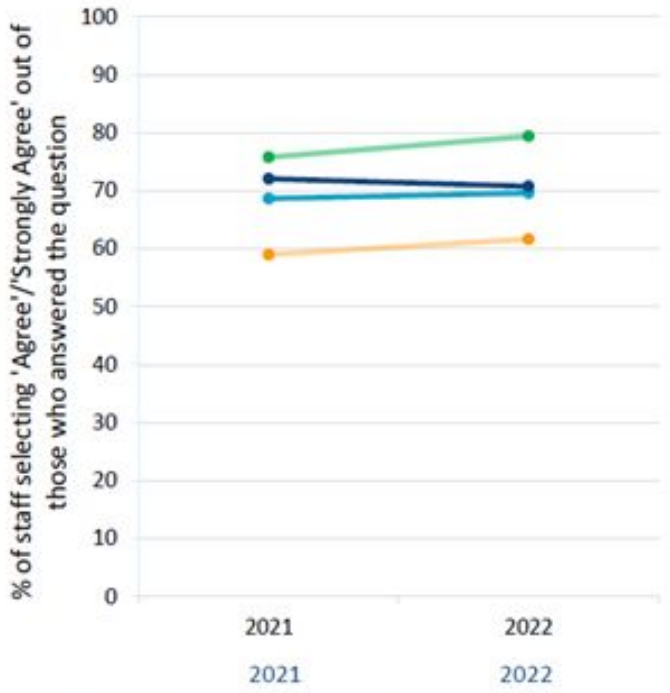


	2018	2019	2020	2021	2022
Your org	18.1%	21.1%	-	17.3%	17.6%
Best	34.8%	35.1%	-	32.7%	36.7%
Average	22.3%	22.8%	-	19.8%	21.5%
Worst	13.2%	14.7%	-	13.1%	15.3%
Responses	2741	3302	-	3273	3848

Promise 5 - We are always learning: Development

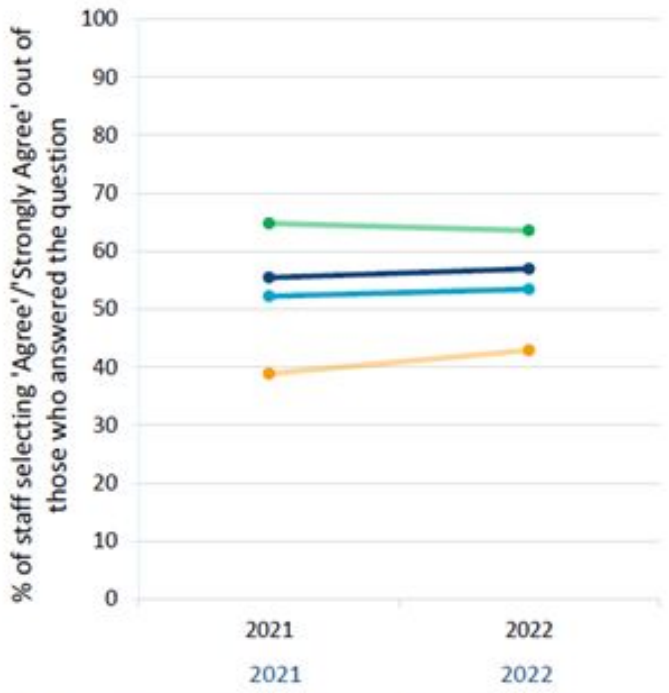
NHS North Bristol NHS Trust

Q22a This organisation offers me challenging work.



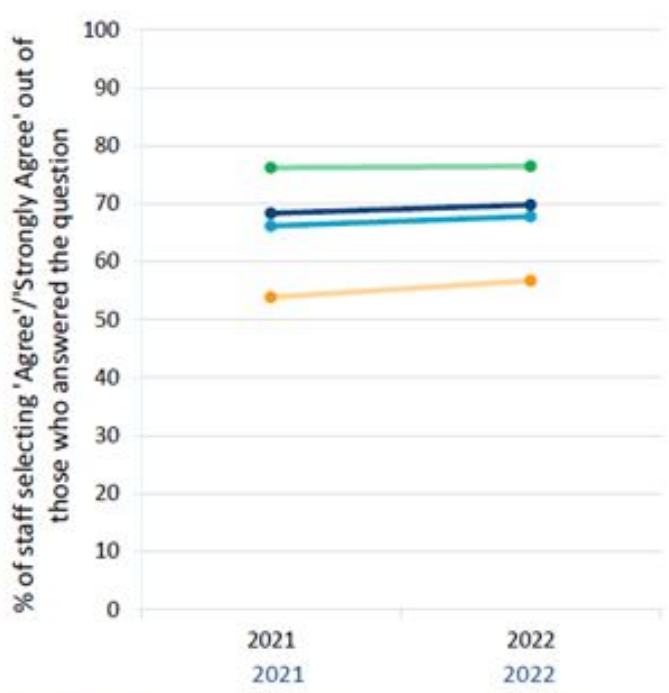
	2021	2022
Your org	72.1%	70.8%
Best	75.8%	79.4%
Average	68.7%	69.6%
Worst	59.0%	61.7%
Responses	4443	4713

Q22b There are opportunities for me to develop my career in this organisation.



	2021	2022
Your org	55.4%	57.0%
Best	64.8%	63.6%
Average	52.2%	53.4%
Worst	38.9%	42.9%
Responses	4442	4714

Q22c I have opportunities to improve my knowledge and skills.



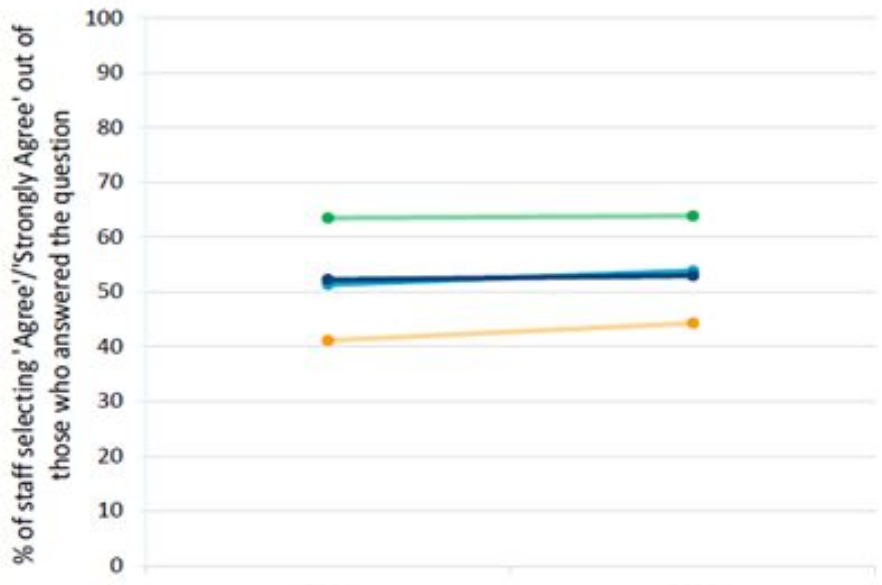
	2021	2022
Your org	68.3%	69.8%
Best	76.2%	76.5%
Average	66.2%	67.8%
Worst	53.9%	56.7%
Responses	4438	4713

NBTCARES

Promise 5 - We are always learning: Development

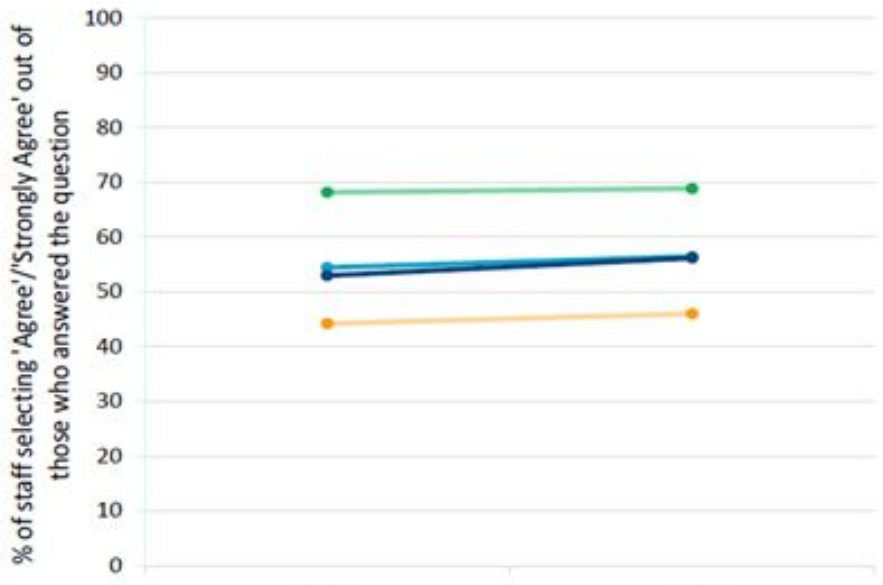
North Bristol NHS Trust

Q22d I feel supported to develop my potential.



	2021	2022
Your org	52.2%	52.9%
Best	63.5%	63.9%
Average	51.4%	53.8%
Worst	41.1%	44.3%
Responses	4434	4706

Q22e I am able to access the right learning and development opportunities when I need to.

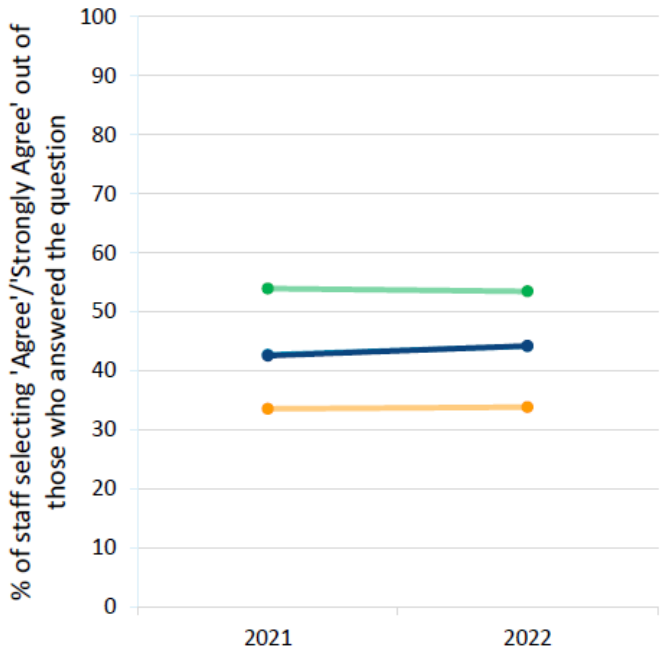


	2021	2022
Your org	53.0%	56.2%
Best	68.2%	68.9%
Average	54.4%	56.4%
Worst	44.2%	46.0%
Responses	4433	4698

NBTCARES

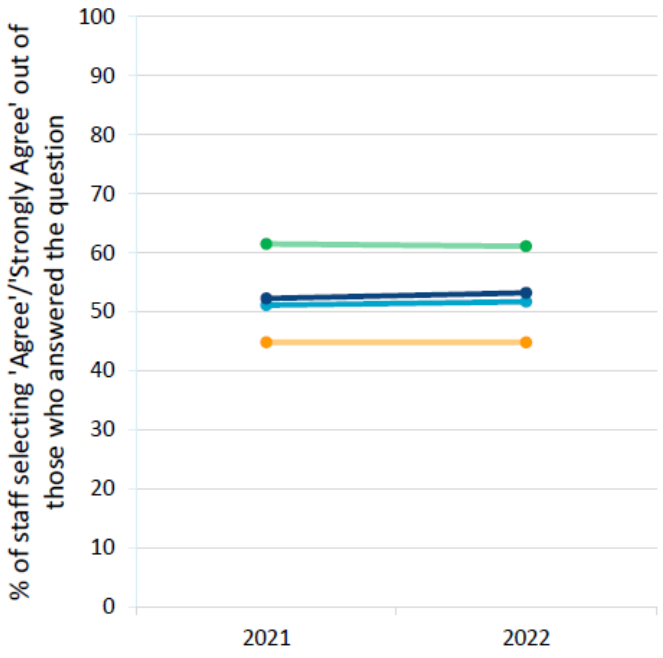
Promise 6 - We work flexibly

Q6b My organisation is committed to helping me balance my work and home life.



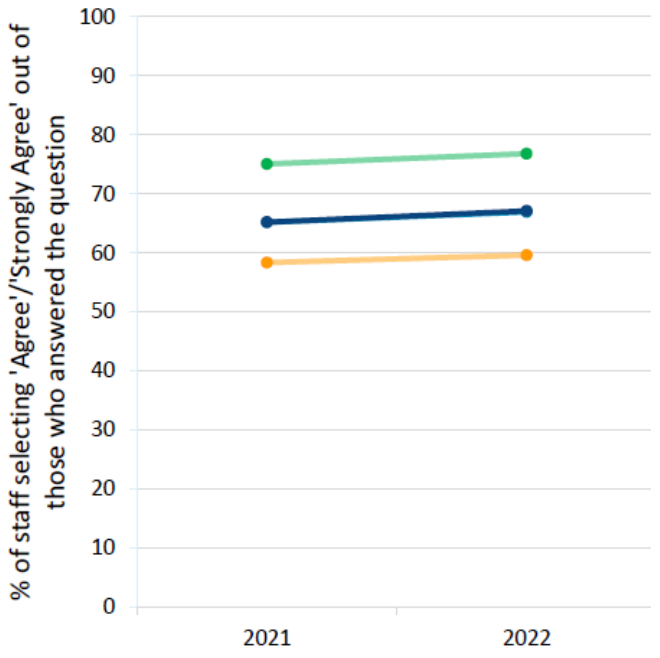
	2021	2022
Your org	42.6%	44.2%
Best	54.0%	53.5%
Average	42.7%	44.2%
Worst	33.6%	33.9%
Responses	4470	4738

Q6c I achieve a good balance between my work life and my home life.



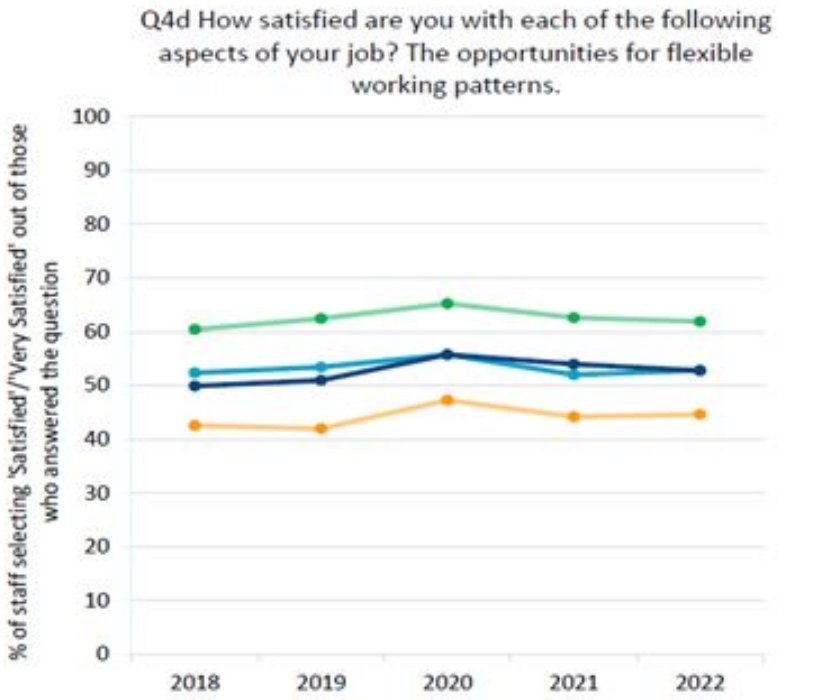
	2021	2022
Your org	52.3%	53.2%
Best	61.5%	61.1%
Average	51.1%	51.7%
Worst	44.9%	44.8%
Responses	4458	4730

Q6d I can approach my immediate manager talk openly about flexible working.



	2021	2022
Your org	65.2%	67.1%
Best	75.0%	76.8%
Average	65.2%	66.9%
Worst	58.4%	59.6%
Responses	4467	4732

Promise 6 - We work flexibly

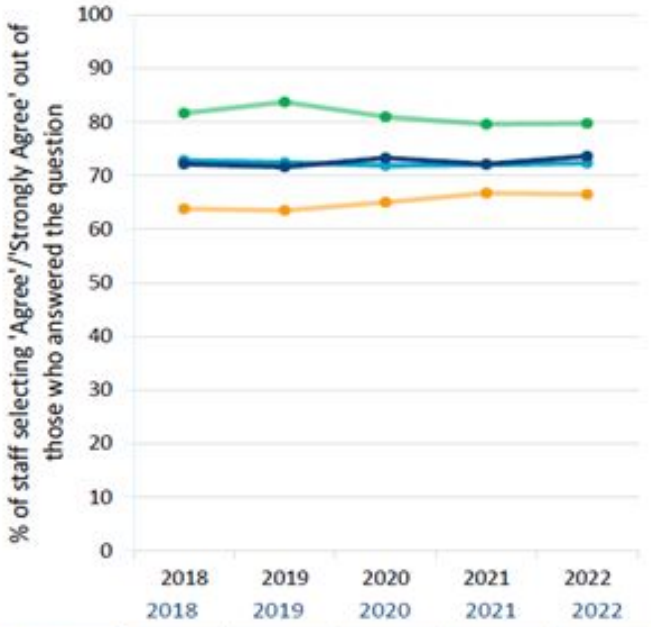


	2018	2019	2020	2021	2022
Your org	49.9%	51.0%	55.8%	54.0%	52.8%
Best	60.4%	62.4%	65.2%	62.6%	61.9%
Average	52.3%	53.4%	55.7%	52.0%	52.8%
Worst	42.5%	42.0%	47.3%	44.2%	44.6%
Responses	3311	4134	4474	4387	4648

Promise 7 - We are a team: Teamworking

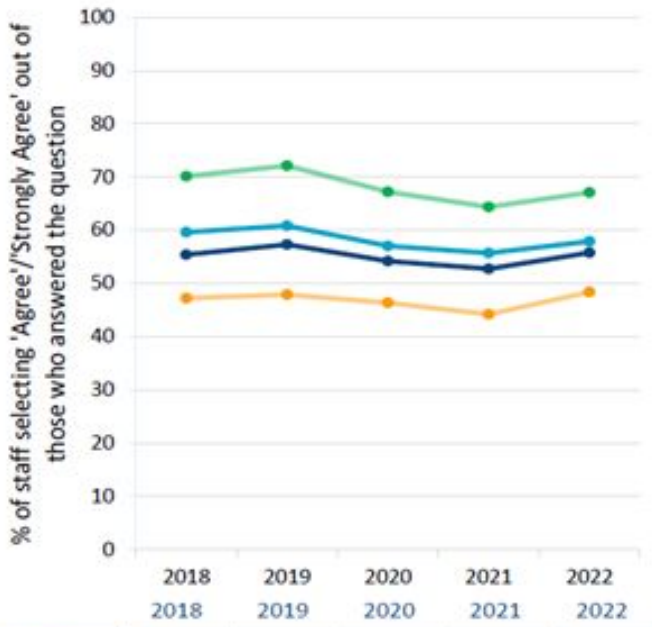
NHS North Bristol NHS Trust

Q7a The team I work in has a set of shared objectives.



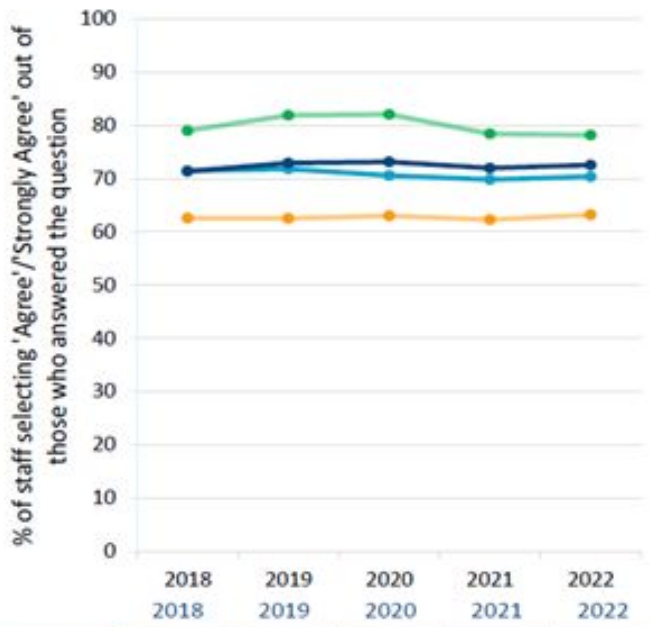
	2018	2019	2020	2021	2022
Your org	72.2%	71.6%	73.3%	72.2%	73.6%
Best	81.7%	83.8%	81.0%	79.6%	79.8%
Average	72.8%	72.5%	71.9%	72.1%	72.3%
Worst	63.8%	63.5%	65.0%	66.8%	66.5%
Responses	3303	4122	4450	4453	4740

Q7b The team I work in often meets to discuss the team's effectiveness.



	2018	2019	2020	2021	2022
Your org	55.4%	57.3%	54.2%	52.7%	55.8%
Best	70.1%	72.1%	67.2%	64.4%	67.1%
Average	59.6%	60.8%	57.0%	55.7%	57.9%
Worst	47.2%	47.9%	46.4%	44.2%	48.4%
Responses	3311	4165	4465	4457	4726

Q7c I receive the respect I deserve from my colleagues at work.



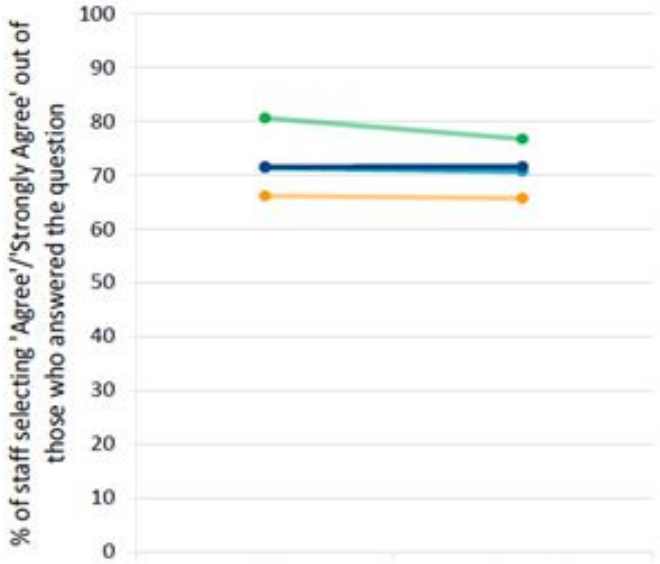
	2018	2019	2020	2021	2022
Your org	71.4%	73.0%	73.2%	72.0%	72.6%
Best	79.0%	81.9%	82.1%	78.4%	78.2%
Average	71.5%	71.8%	70.6%	69.9%	70.4%
Worst	62.6%	62.5%	63.0%	62.3%	63.2%
Responses	3326	4175	4478	4464	4745

NBTCARES

Promise 7 - We are a team: Teamworking

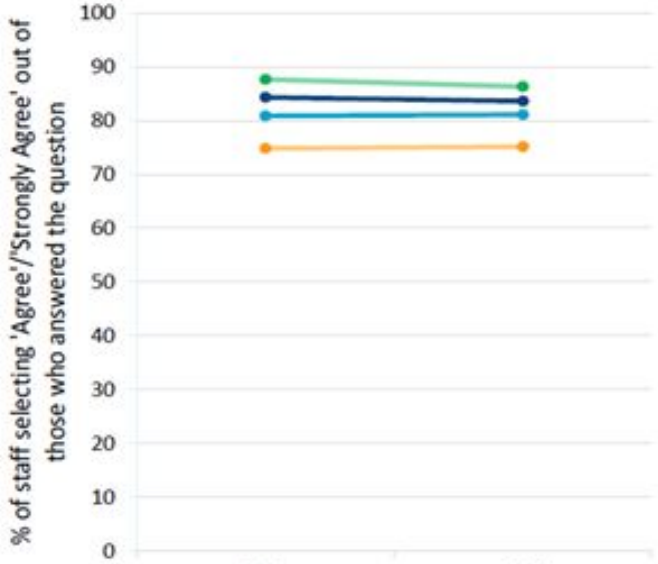
North Bristol NHS Trust

Q7d Team members understand each other's roles.



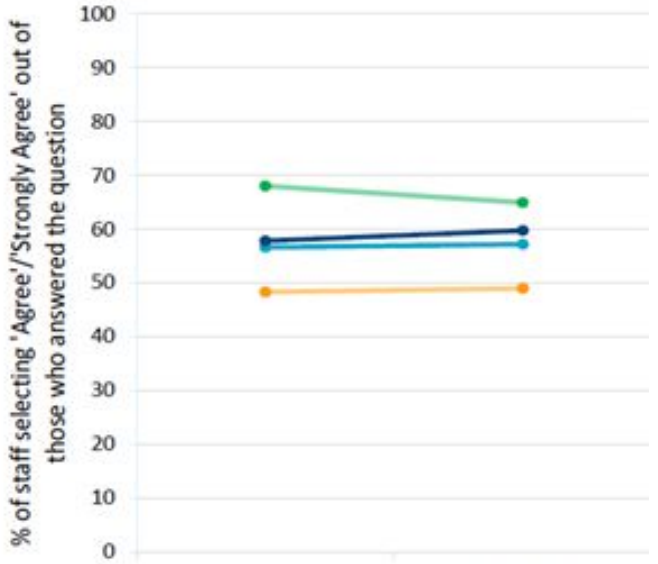
	2021	2022
Your org	71.6%	71.6%
Best	80.6%	76.8%
Average	71.4%	70.7%
Worst	66.2%	65.8%
Responses	4458	4741

Q7e I enjoy working with the colleagues in my team.



	2021	2022
Your org	84.3%	83.6%
Best	87.6%	86.3%
Average	80.9%	81.1%
Worst	74.8%	75.1%
Responses	4452	4737

Q7f My team has enough freedom in how to do its work.



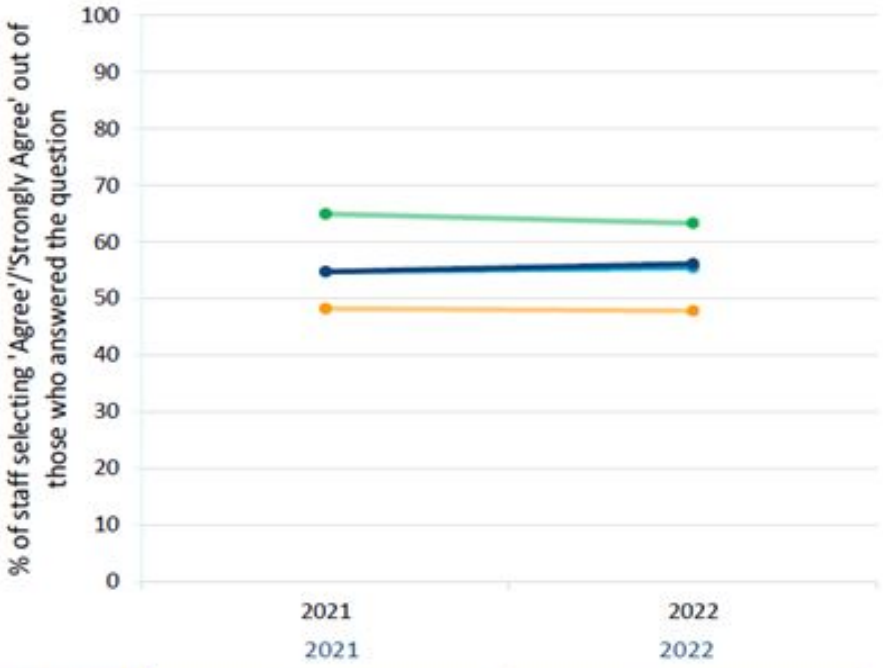
	2021	2022
Your org	57.9%	59.7%
Best	68.0%	64.9%
Average	56.6%	57.2%
Worst	48.3%	49.0%
Responses	4444	4722

NBTCARES

Promise 7 - We are a team: Teamworking

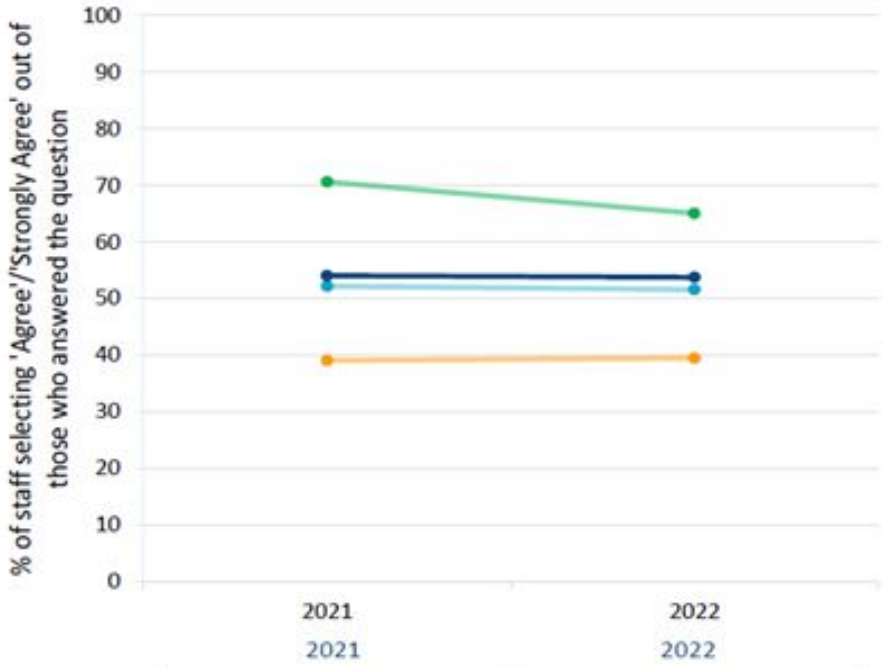
NHS North Bristol NHS Trust

Q7g In my team disagreements are dealt with constructively.



	2021	2022
Your org	54.8%	56.2%
Best	65.0%	63.3%
Average	54.8%	55.5%
Worst	48.2%	47.9%
Responses	4443	4726

Q8a Teams within this organisation work well together to achieve their objectives.



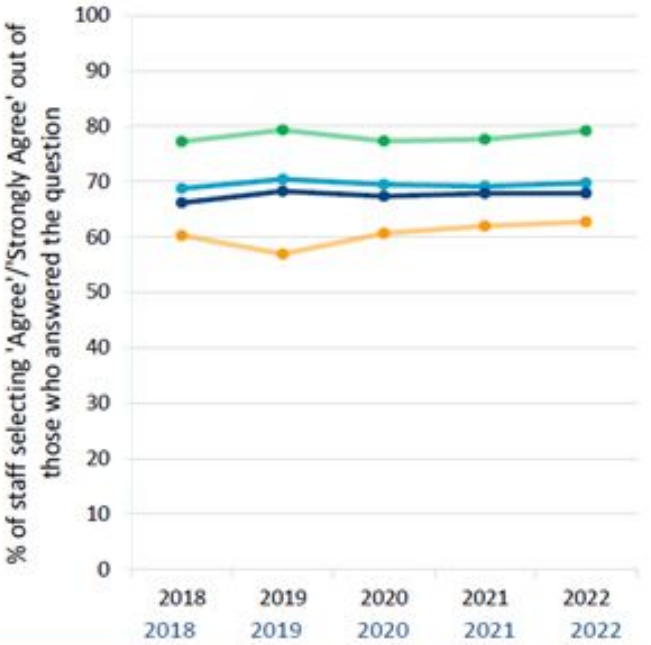
	2021	2022
Your org	54.1%	53.8%
Best	70.6%	65.1%
Average	52.2%	51.6%
Worst	39.1%	39.5%
Responses	4406	4695

NBTCARES

Promise 7 - We are a team: Line management

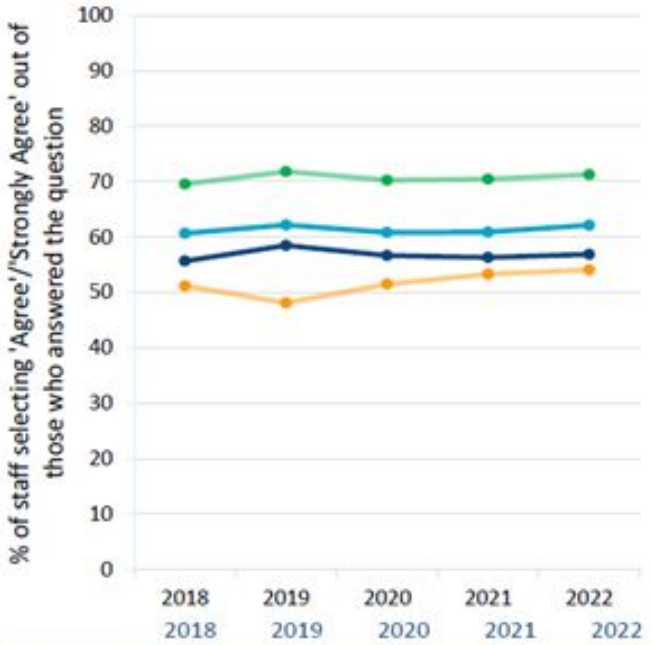
NHS North Bristol NHS Trust

Q9a My immediate manager encourages me at work.



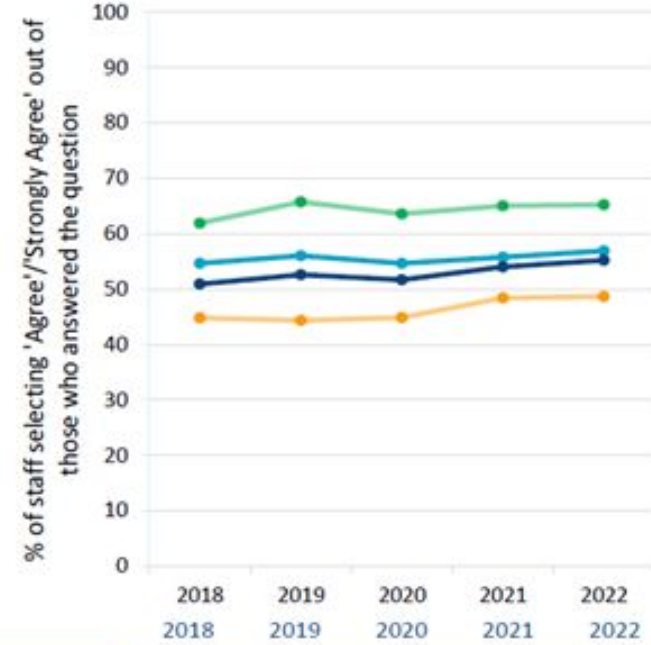
	2018	2019	2020	2021	2022
Your org	66.2%	68.3%	67.4%	67.9%	67.9%
Best	77.2%	79.3%	77.3%	77.6%	79.2%
Average	68.7%	70.4%	69.5%	69.1%	69.7%
Worst	60.3%	56.9%	60.7%	62.0%	62.7%
Responses	3305	4116	4488	4460	4748

Q9b My immediate manager gives me clear feedback on my work.



	2018	2019	2020	2021	2022
Your org	55.7%	58.5%	56.7%	56.3%	56.9%
Best	69.5%	71.8%	70.3%	70.4%	71.3%
Average	60.7%	62.2%	60.8%	60.9%	62.1%
Worst	51.2%	48.1%	51.5%	53.3%	54.1%
Responses	3294	4111	4483	4459	4740

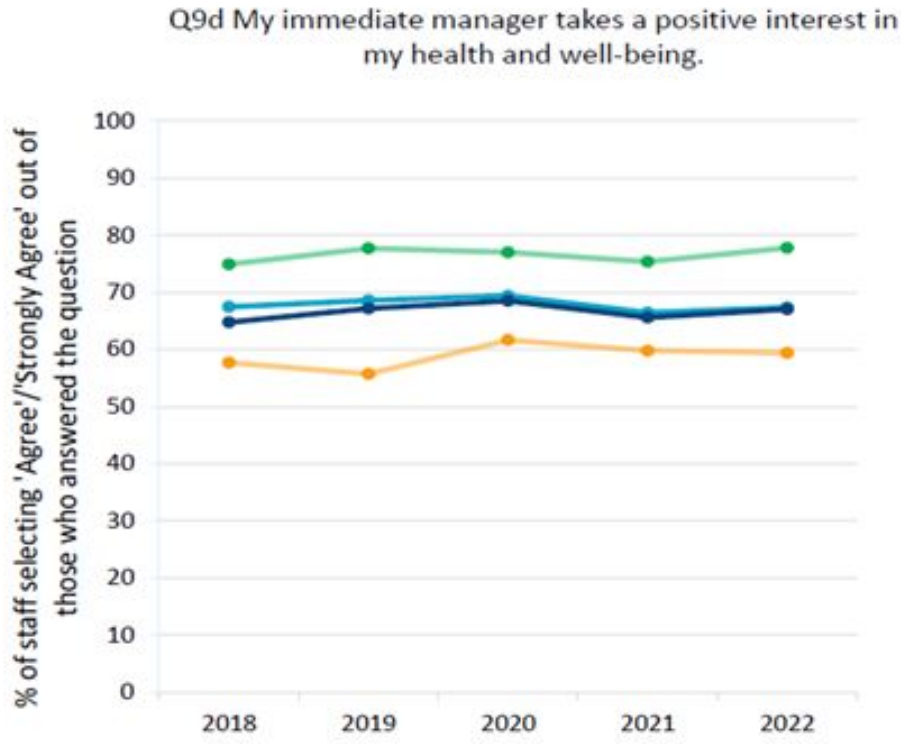
Q9c My immediate manager asks for my opinion before making decisions that affect m work.



	2018	2019	2020	2021	2022
Your org	50.9%	52.6%	51.7%	54.0%	55.2%
Best	61.9%	65.8%	63.6%	65.1%	65.3%
Average	54.7%	56.0%	54.7%	55.8%	56.9%
Worst	44.8%	44.4%	44.9%	48.4%	48.7%
Responses	3294	4113	4475	4461	4741

NBTCARES

Promise 7 - We are a team: Line management

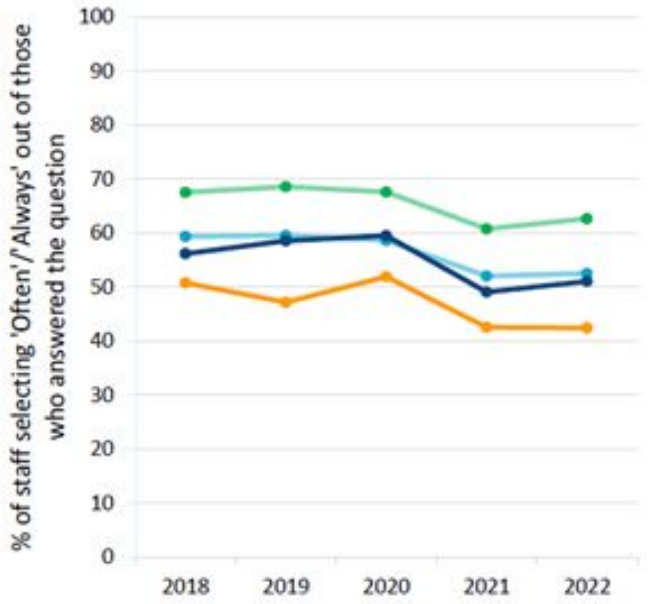


	2018	2019	2020	2021	2022
Your org	64.8%	67.2%	68.5%	65.6%	67.1%
Best	74.9%	77.7%	77.0%	75.4%	77.8%
Average	67.5%	68.6%	69.4%	66.4%	67.4%
Worst	57.7%	55.7%	61.7%	59.8%	59.4%
Responses	3301	4107	4482	4463	4743

Theme - Staff engagement: Motivation

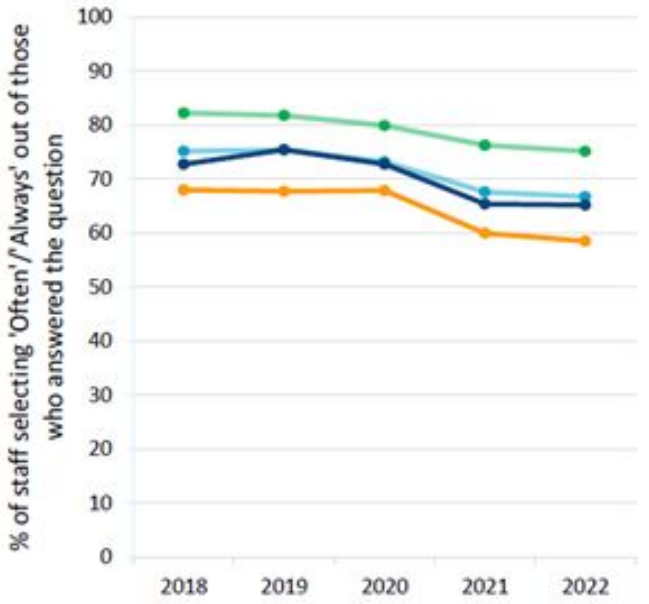
North Bristol NHS Trust

Q2a I look forward to going to work.



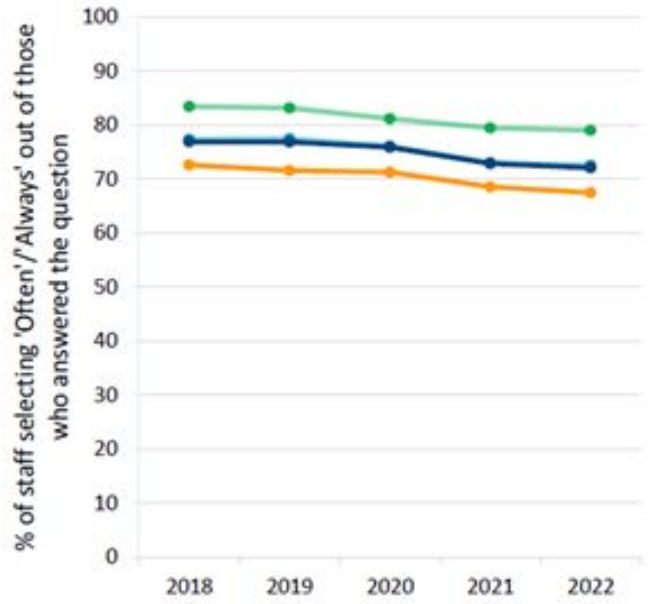
	2018	2019	2020	2021	2022
Your org	56.2%	58.6%	59.5%	49.1%	51.1%
Best	67.5%	68.6%	67.6%	60.8%	62.7%
Average	59.4%	59.5%	58.6%	52.0%	52.5%
Worst	50.8%	47.2%	51.9%	42.5%	42.4%
Responses	3328	4177	4460	4440	4714

Q2b I am enthusiastic about my job.



	2018	2019	2020	2021	2022
Your org	72.7%	75.4%	72.7%	65.4%	65.2%
Best	82.2%	81.7%	79.9%	76.2%	75.1%
Average	75.1%	75.4%	73.2%	67.6%	66.7%
Worst	68.0%	67.7%	67.9%	60.0%	58.5%
Responses	3306	4162	4436	4419	4689

Q2c Time passes quickly when I am working.



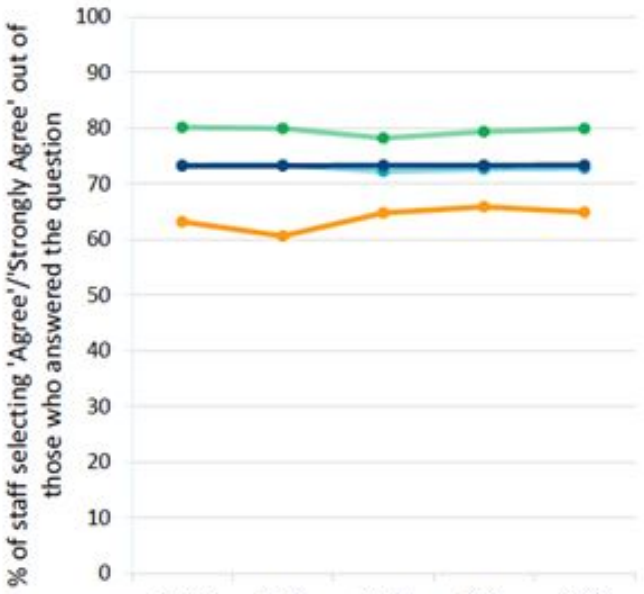
	2018	2019	2020	2021	2022
Your org	76.9%	76.8%	75.9%	72.9%	72.1%
Best	83.4%	83.1%	81.1%	79.4%	79.0%
Average	77.3%	77.4%	76.1%	73.0%	72.5%
Worst	72.6%	71.6%	71.3%	68.5%	67.5%
Responses	3297	4170	4438	4421	4695

NBTCARES

Theme - Staff engagement: Motivation

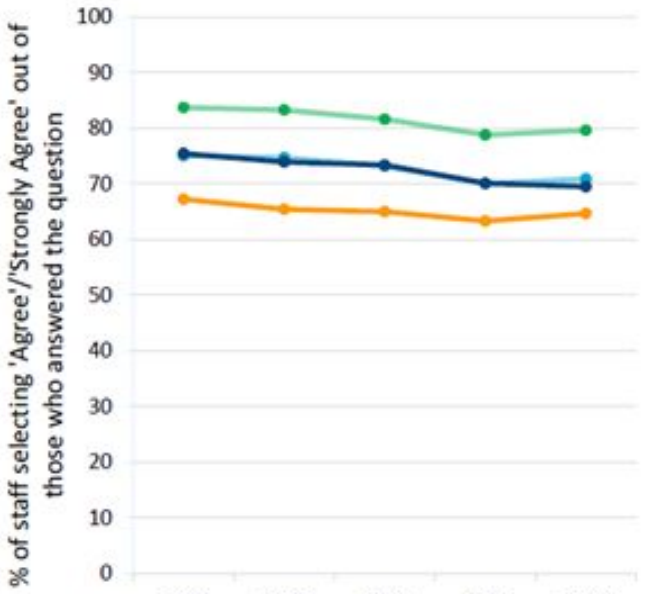
NHS North Bristol NHS Trust

Q3c There are frequent opportunities for me to show initiative in my role.



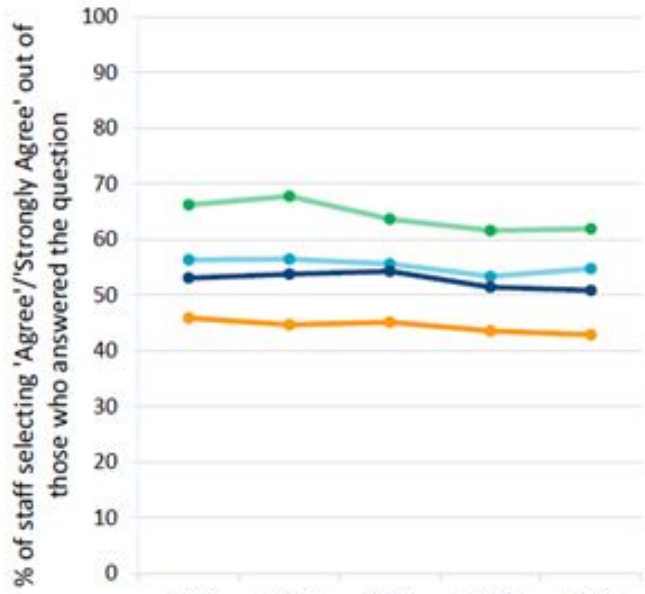
	2018	2019	2020	2021	2022
Your org	73.2%	73.2%	73.3%	73.3%	73.3%
Best	80.1%	79.9%	78.2%	79.3%	79.9%
Average	73.3%	73.4%	72.3%	72.7%	72.8%
Worst	63.2%	60.6%	64.8%	65.9%	64.9%
Responses	3332	4182	4491	4453	4726

Q3d I am able to make suggestions to improve the work of my team / department.



	2018	2019	2020	2021	2022
Your org	75.4%	73.9%	73.4%	70.1%	69.5%
Best	83.7%	83.3%	81.6%	78.8%	79.6%
Average	75.0%	74.7%	73.2%	70.0%	70.9%
Worst	67.2%	65.4%	65.0%	63.3%	64.7%
Responses	3328	4186	4482	4442	4731

Q3f I am able to make improvements happen in my area of work.



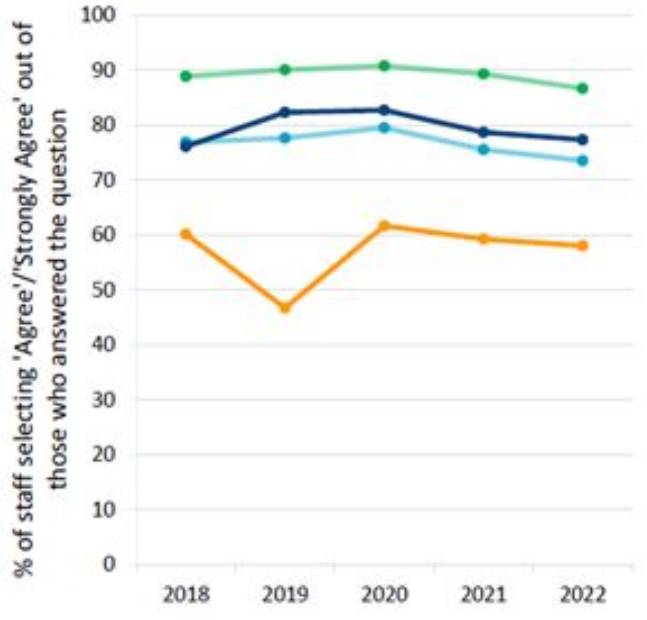
	2018	2019	2020	2021	2022
Your org	53.1%	53.8%	54.3%	51.4%	50.9%
Best	66.2%	67.8%	63.7%	61.6%	61.9%
Average	56.4%	56.5%	55.6%	53.4%	54.7%
Worst	45.9%	44.7%	45.1%	43.6%	42.9%
Responses	3317	4173	4473	4439	4716

NBTCARES

Theme - Staff engagement: Advocacy

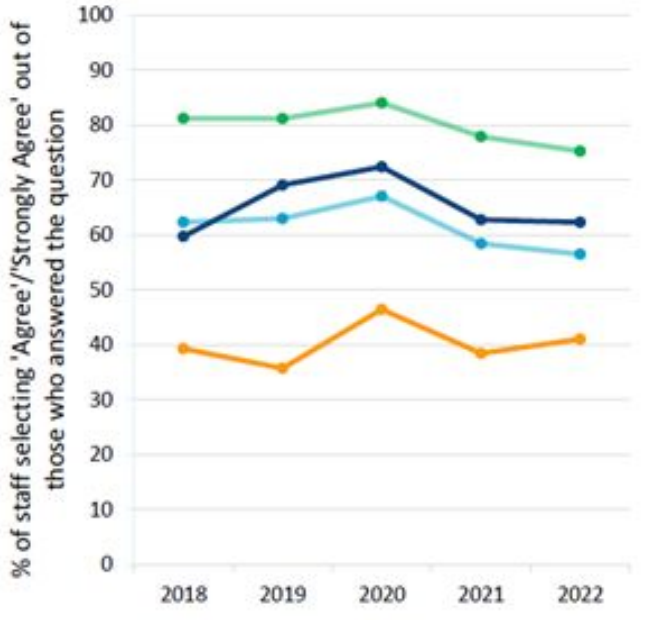
North Bristol NHS Trust

Q23a Care of patients / service users is my organisation's top priority.



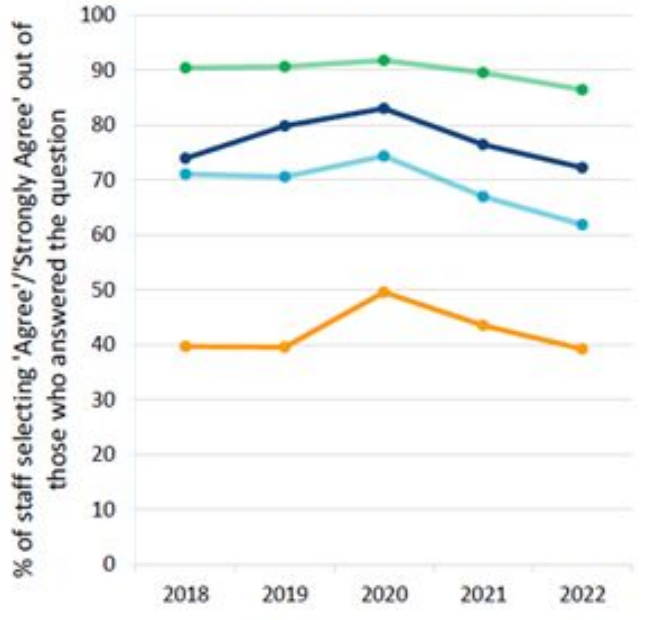
	2018	2019	2020	2021	2022
Your org	76.1%	82.3%	82.7%	78.7%	77.3%
Best	88.8%	90.0%	90.8%	89.3%	86.6%
Average	76.9%	77.6%	79.5%	75.5%	73.5%
Worst	60.1%	46.7%	61.7%	59.2%	58.0%
Responses	3259	4044	4481	4447	4714

Q23c I would recommend my organisation as a place to work.



	2018	2019	2020	2021	2022
Your org	59.7%	69.1%	72.4%	62.7%	62.3%
Best	81.2%	81.2%	84.0%	77.9%	75.2%
Average	62.3%	63.0%	67.1%	58.4%	56.5%
Worst	39.3%	35.7%	46.5%	38.5%	41.0%
Responses	3251	4036	4479	4438	4722

Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



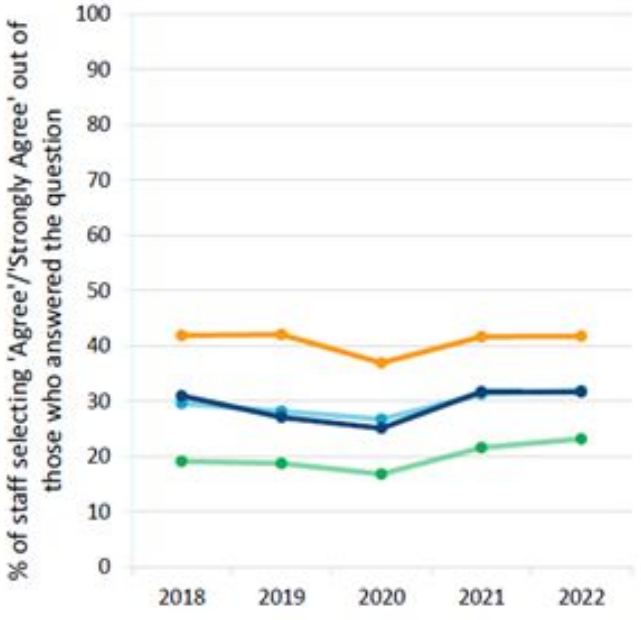
	2018	2019	2020	2021	2022
Your org	73.9%	79.8%	83.0%	76.4%	72.2%
Best	90.4%	90.6%	91.8%	89.5%	86.4%
Average	71.1%	70.6%	74.3%	67.0%	61.9%
Worst	39.7%	39.6%	49.6%	43.5%	39.2%
Responses	3239	4032	4480	4431	4712

NBTCARES

Theme - Morale: Thinking about leaving

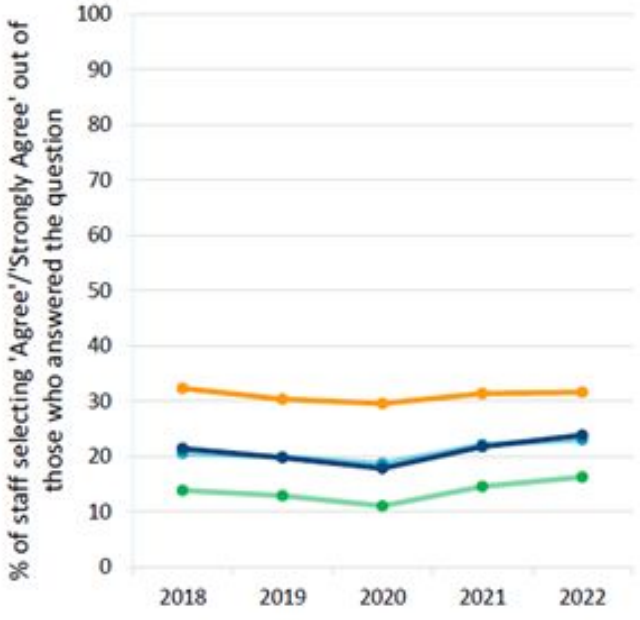
North Bristol NHS Trust

Q24a I often think about leaving this organisation.



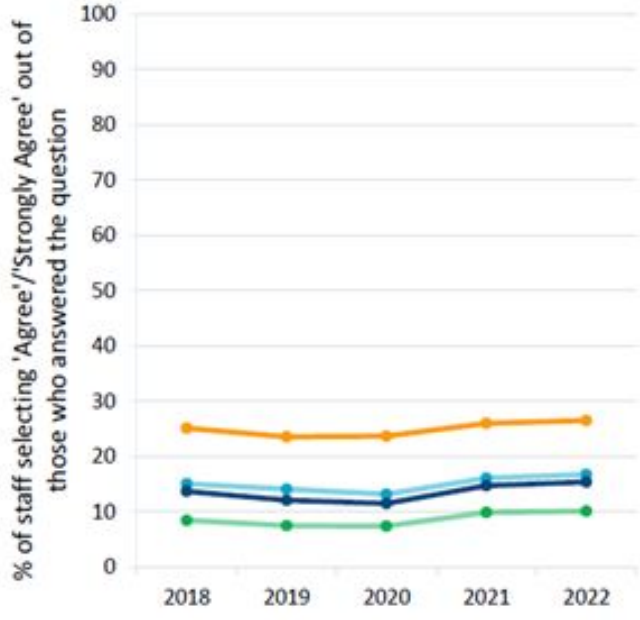
	2018	2019	2020	2021	2022
Your org	31.0%	27.1%	25.1%	31.7%	31.7%
Best	19.2%	18.8%	16.9%	21.6%	23.2%
Average	29.6%	28.2%	26.8%	31.3%	31.9%
Worst	41.9%	42.1%	36.9%	41.7%	41.8%
Responses	3266	4045	4495	4448	4732

Q24b I will probably look for a job at a new organisation in the next 12 months.



	2018	2019	2020	2021	2022
Your org	21.5%	19.8%	17.9%	21.8%	23.9%
Best	13.9%	12.9%	11.1%	14.6%	16.3%
Average	20.6%	19.9%	18.7%	22.2%	23.0%
Worst	32.3%	30.4%	29.6%	31.4%	31.6%
Responses	3253	4039	4484	4440	4723

Q24c As soon as I can find another job, I will leave this organisation.



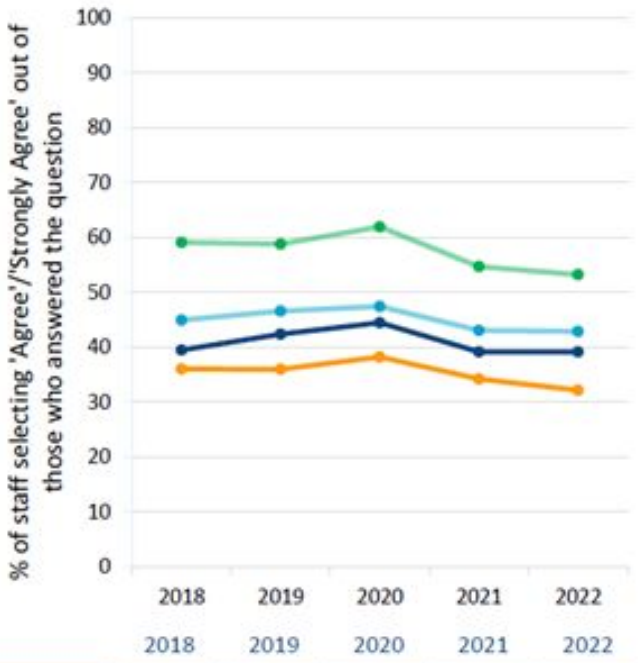
	2018	2019	2020	2021	2022
Your org	13.7%	12.1%	11.5%	14.8%	15.4%
Best	8.5%	7.5%	7.5%	9.9%	10.2%
Average	15.1%	14.1%	13.2%	16.1%	16.8%
Worst	25.2%	23.6%	23.7%	26.0%	26.5%
Responses	3243	4028	4470	4427	4718

NBTCARES

Theme - Morale: Work pressure

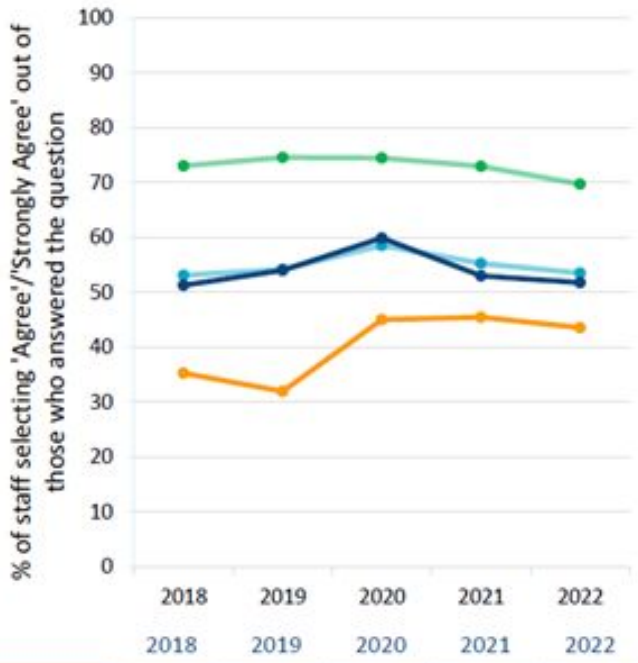
North Bristol NHS Trust

Q3g I am able to meet all the conflicting demands on my time at work.



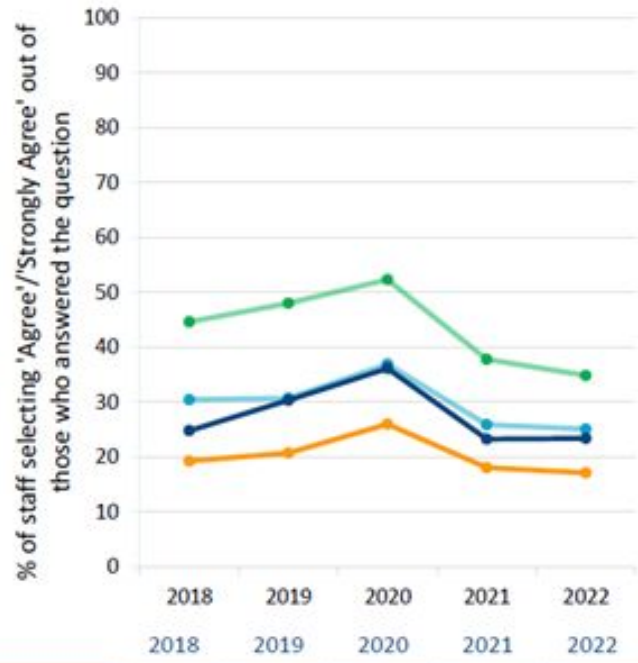
	2018	2019	2020	2021	2022
Your org	39.5%	42.4%	44.5%	39.2%	39.2%
Best	59.1%	58.8%	61.9%	54.7%	53.2%
Average	44.9%	46.6%	47.4%	43.1%	42.9%
Worst	36.0%	36.0%	38.2%	34.2%	32.2%
Responses	3310	4163	4478	4427	4720

Q3h I have adequate materials, supplies and equipment to do my work.



	2018	2019	2020	2021	2022
Your org	51.3%	54.0%	59.9%	53.0%	51.8%
Best	73.0%	74.6%	74.5%	72.9%	69.7%
Average	53.1%	54.2%	58.5%	55.3%	53.5%
Worst	35.3%	32.0%	45.0%	45.5%	43.6%
Responses	3321	4165	4478	4416	4724

Q3i There are enough staff at this organisation for me to do my job properly.



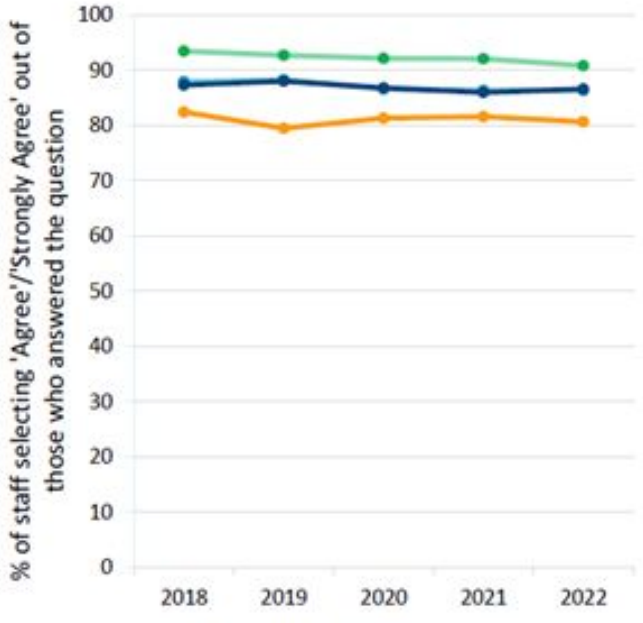
	2018	2019	2020	2021	2022
Your org	24.8%	30.3%	36.1%	23.3%	23.4%
Best	44.6%	48.0%	52.3%	37.8%	34.8%
Average	30.5%	30.7%	36.9%	25.9%	25.1%
Worst	19.3%	20.8%	26.0%	18.1%	17.2%
Responses	3321	4172	4470	4457	4732

NBTCARES

Theme - Morale: Stressors

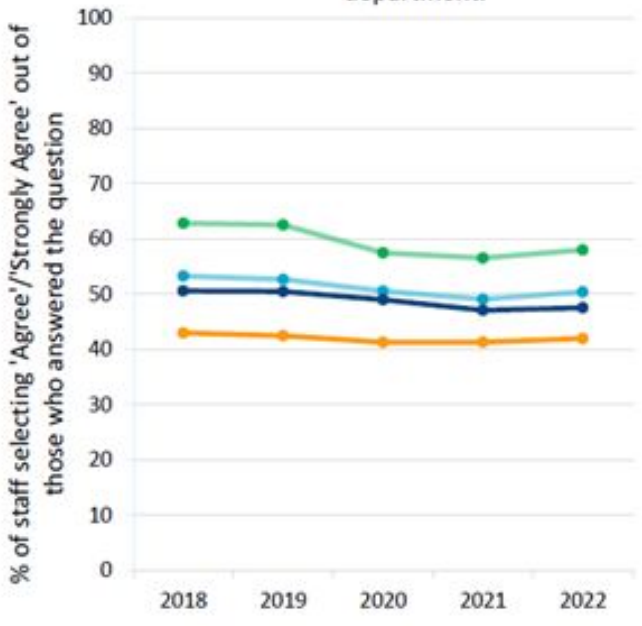
North Bristol NHS Trust

Q3a I always know what my work responsibilities are.



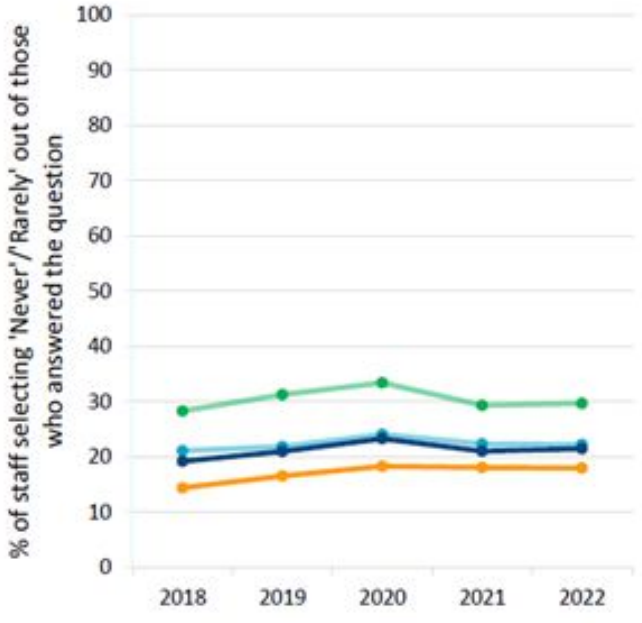
	2018	2019	2020	2021	2022
Your org	87.3%	88.0%	86.8%	85.9%	86.5%
Best	93.4%	92.7%	92.1%	92.0%	90.8%
Average	87.9%	88.2%	86.6%	86.3%	86.3%
Worst	82.4%	79.5%	81.3%	81.6%	80.6%
Responses	3293	4183	4369	4474	4755

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2018	2019	2020	2021	2022
Your org	50.6%	50.5%	49.0%	47.1%	47.5%
Best	62.8%	62.5%	57.5%	56.5%	58.0%
Average	53.3%	52.7%	50.6%	49.1%	50.4%
Worst	43.0%	42.5%	41.3%	41.3%	42.0%
Responses	3322	4178	4488	4454	4726

Q5a I have unrealistic time pressures.



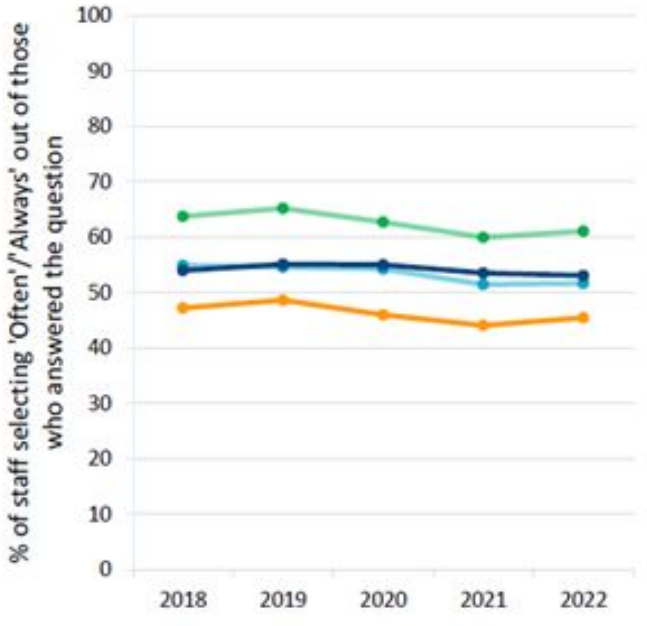
	2018	2019	2020	2021	2022
Your org	19.2%	21.0%	23.3%	21.0%	21.5%
Best	28.3%	31.3%	33.4%	29.3%	29.7%
Average	21.1%	21.9%	24.1%	22.4%	22.3%
Worst	14.4%	16.6%	18.3%	18.1%	18.0%
Responses	3284	4122	4414	4415	4693

NBTCARES

Theme - Morale: Stressors

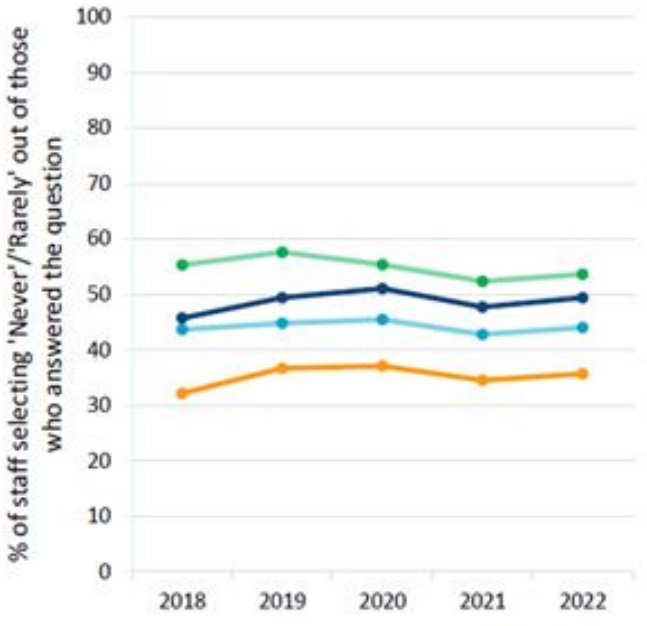
North Bristol NHS Trust

Q5b I have a choice in deciding how to do my work.



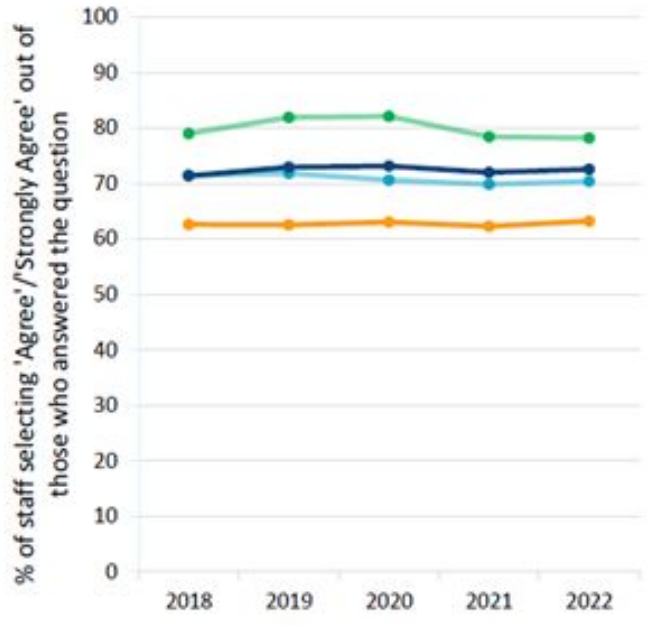
	2018	2019	2020	2021	2022
Your org	54.0%	55.1%	55.0%	53.5%	53.1%
Best	63.7%	65.2%	62.7%	60.0%	61.1%
Average	54.9%	54.6%	54.3%	51.5%	51.7%
Worst	47.2%	48.6%	46.0%	44.1%	45.4%
Responses	3285	4126	4408	4412	4694

Q5c Relationships at work are strained.



	2018	2019	2020	2021	2022
Your org	45.7%	49.4%	51.1%	47.7%	49.4%
Best	55.3%	57.6%	55.4%	52.4%	53.6%
Average	43.6%	44.8%	45.4%	42.8%	44.0%
Worst	32.2%	36.7%	37.1%	34.5%	35.7%
Responses	3269	4121	4405	4415	4687

Q7c I receive the respect I deserve from my colleagues at work.



	2018	2019	2020	2021	2022
Your org	71.4%	73.0%	73.2%	72.0%	72.6%
Best	79.0%	81.9%	82.1%	78.4%	78.2%
Average	71.5%	71.8%	70.6%	69.9%	70.4%
Worst	62.6%	62.5%	63.0%	62.3%	63.2%
Responses	3326	4175	4478	4464	4745

NBTCARES

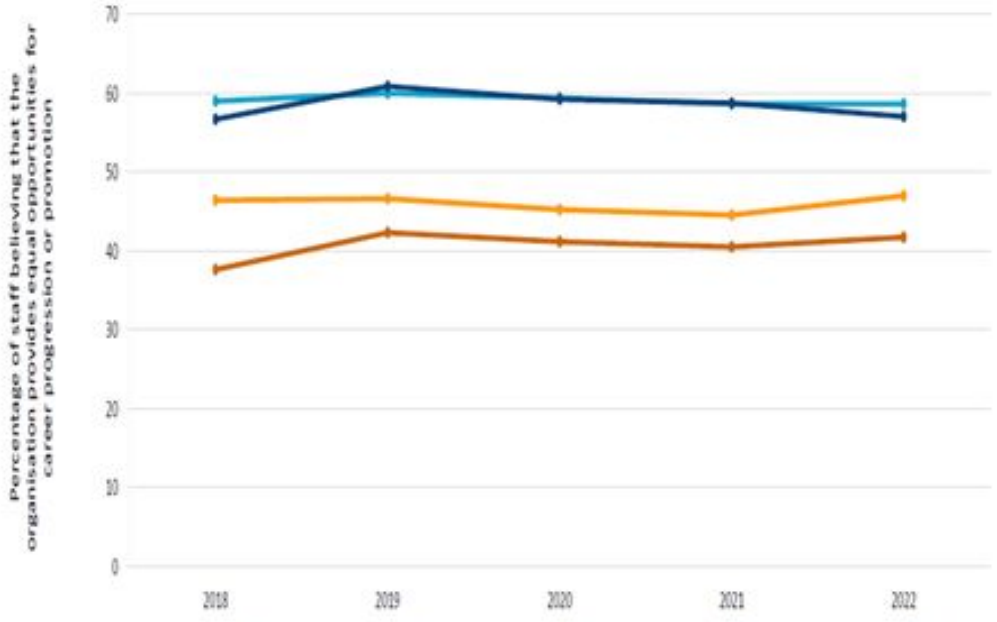
Theme - Morale: Stressors

	2018	2019	2020	2021	2022
Your org	66.2%	68.3%	67.4%	67.9%	67.9%
Best	77.2%	79.3%	77.3%	77.6%	79.2%
Average	68.7%	70.4%	69.5%	69.1%	69.7%
Worst	60.3%	56.9%	60.7%	62.0%	62.7%
Responses	3305	4116	4488	4460	4748

BME Overview

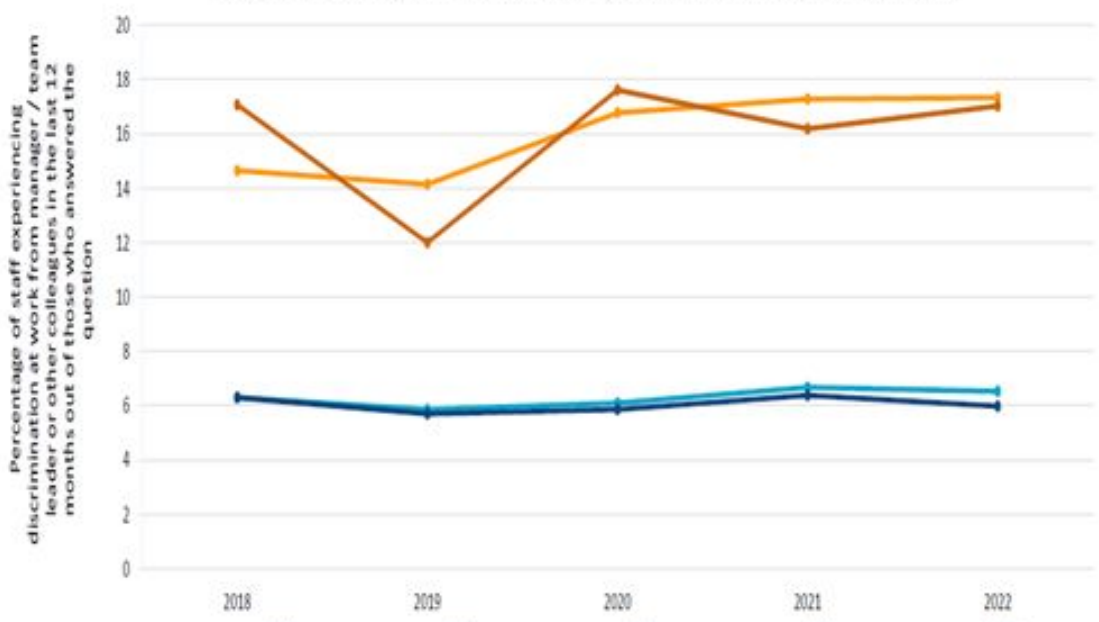
North Bristol NHS Trust

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.



	2018	2019	2020	2021	2022
White staff: Your org	56.7%	60.9%	59.2%	58.7%	57.1%
All other ethnic groups*: Your org	37.6%	42.3%	41.2%	40.5%	41.8%
White staff: Average	59.0%	60.0%	59.4%	58.6%	58.6%
All other ethnic groups*: Average	46.4%	46.6%	45.2%	44.6%	47.0%
White staff: Responses	2833	3378	3773	3691	3751
All other ethnic groups*: Responses	380	548	658	696	891

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.



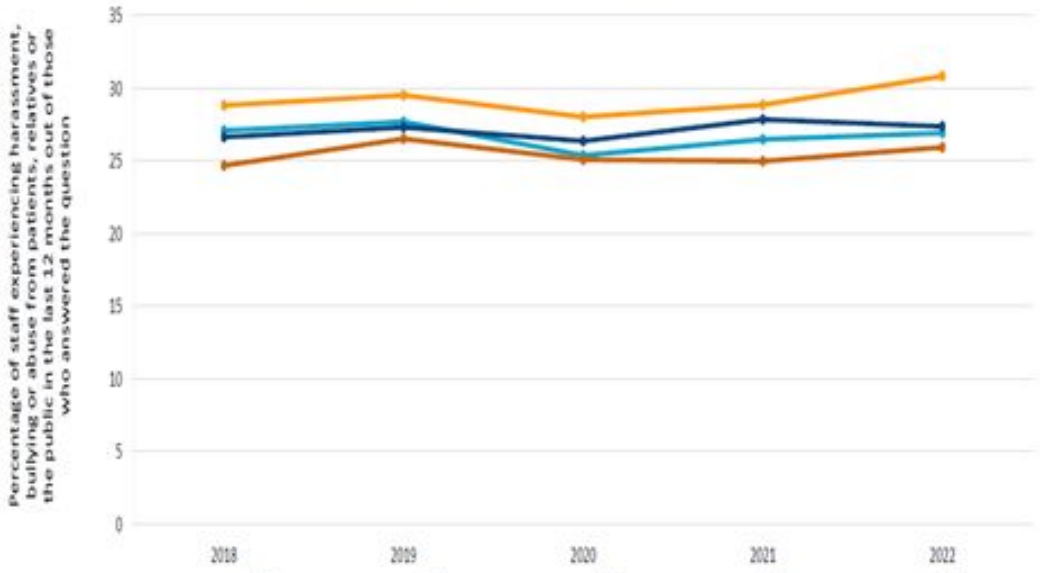
	2018	2019	2020	2021	2022
White staff: Your org	6.3%	5.7%	5.9%	6.4%	6.0%
All other ethnic groups*: Your org	17.1%	12.0%	17.6%	16.2%	17.0%
White staff: Average	6.3%	5.9%	6.1%	6.7%	6.5%
All other ethnic groups*: Average	14.6%	14.1%	16.8%	17.3%	17.3%
White staff: Responses	2795	3388	3738	3684	3747
All other ethnic groups*: Responses	375	550	653	692	893

NBTCARES

BME Overview

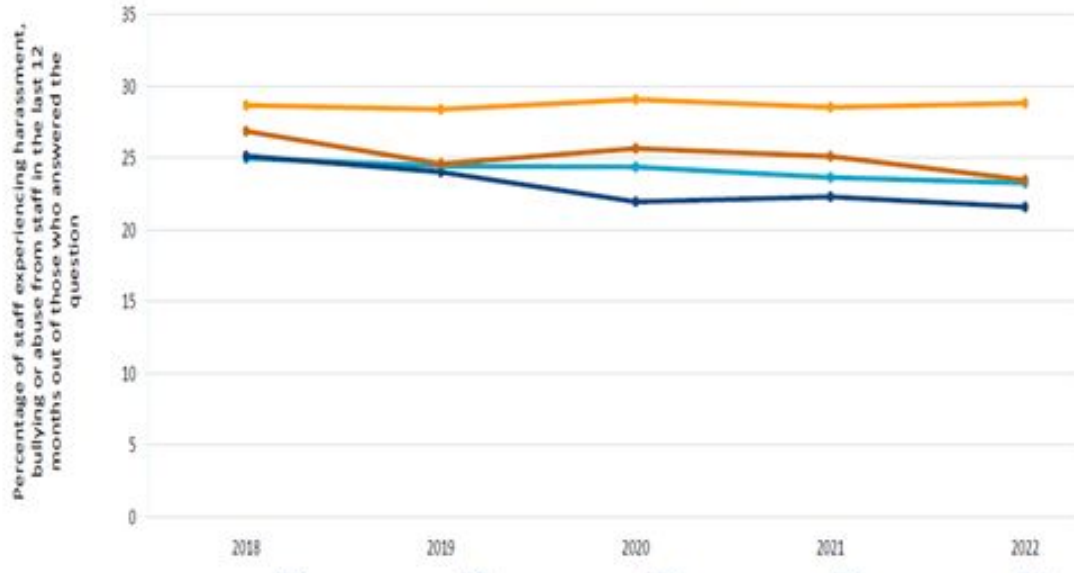
North Bristol NHS Trust

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



	2018	2019	2020	2021	2022
White staff: Your org	26.6%	27.3%	26.3%	27.8%	27.4%
All other ethnic groups*: Your org	24.7%	26.5%	25.1%	25.0%	25.9%
White staff: Average	27.1%	27.7%	25.4%	26.5%	26.9%
All other ethnic groups*: Average	28.8%	29.5%	28.0%	28.8%	30.8%
White staff: Responses	2821	3385	3746	3682	3754
All other ethnic groups*: Responses	377	547	646	697	895

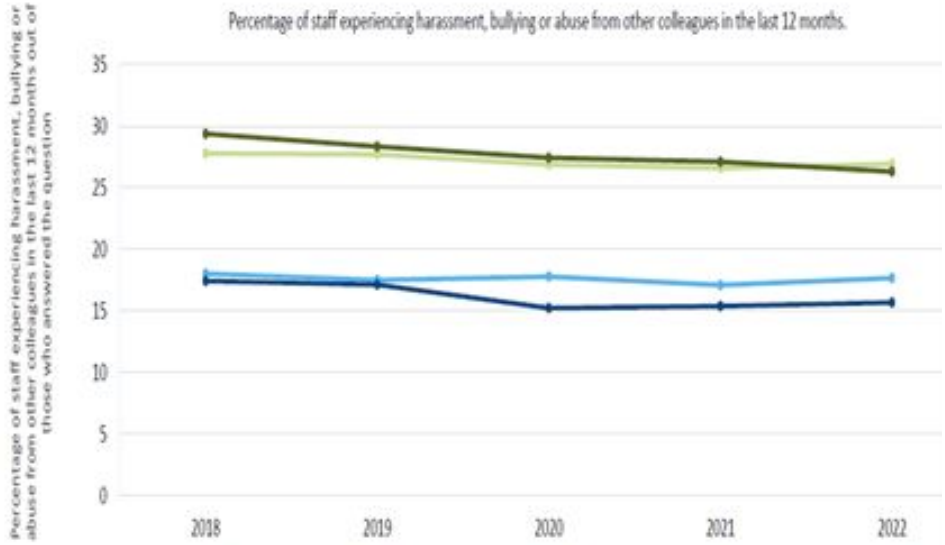
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



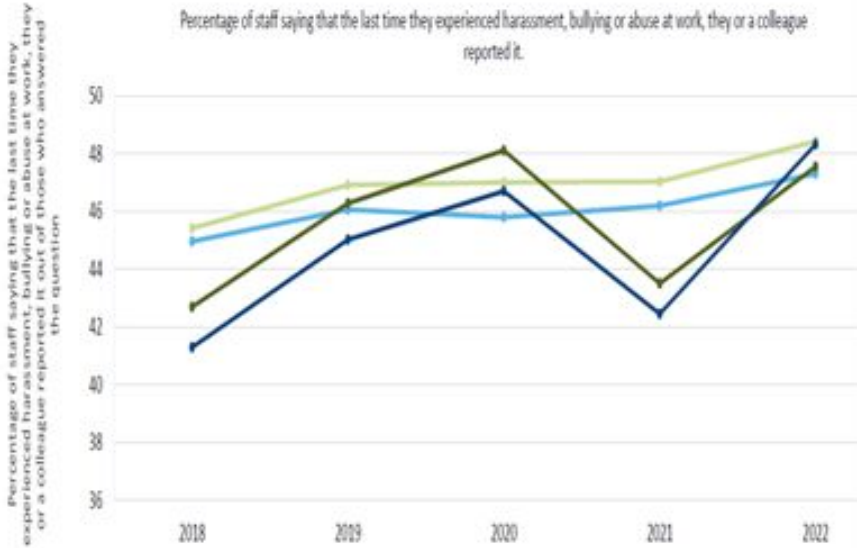
	2018	2019	2020	2021	2022
White staff: Your org	25.1%	24.0%	21.9%	22.3%	21.6%
All other ethnic groups*: Your org	26.9%	24.6%	25.7%	25.1%	23.5%
White staff: Average	25.0%	24.4%	24.4%	23.6%	23.3%
All other ethnic groups*: Average	28.7%	28.4%	29.1%	28.5%	28.8%
White staff: Responses	2824	3385	3755	3682	3762
All other ethnic groups*: Responses	376	549	647	697	895

NBTCARES

Disability overview

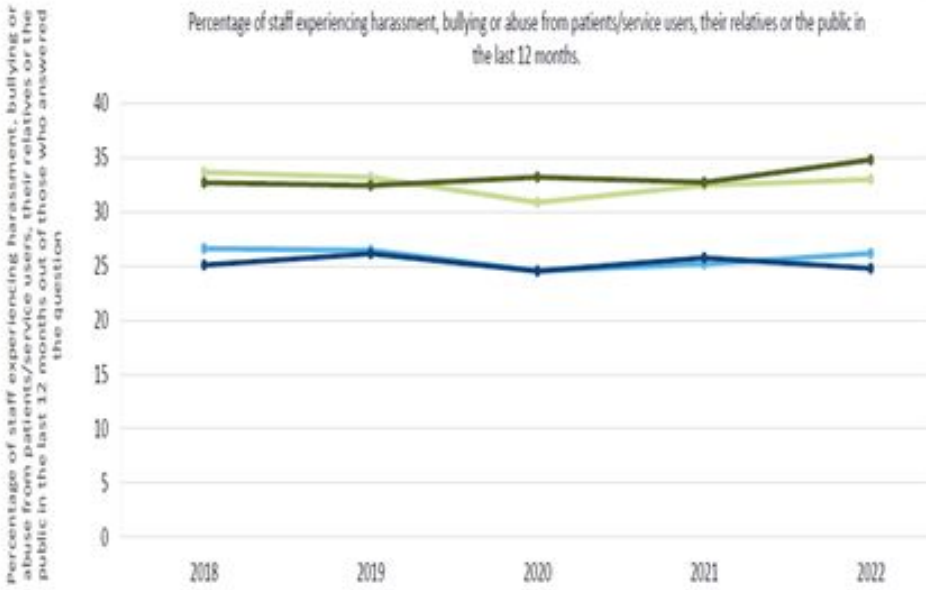


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	29.4%	28.3%	27.4%	27.1%	26.3%
Staff without a LTC or illness: Your org	17.4%	17.1%	15.2%	15.4%	15.7%
Staff with a LTC or illness: Average	27.8%	27.7%	26.9%	26.6%	26.9%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%	17.1%	17.7%
Staff with a LTC or illness: Responses	599	755	842	1007	1057
Staff without a LTC or illness: Responses	2581	3240	3532	3306	3583

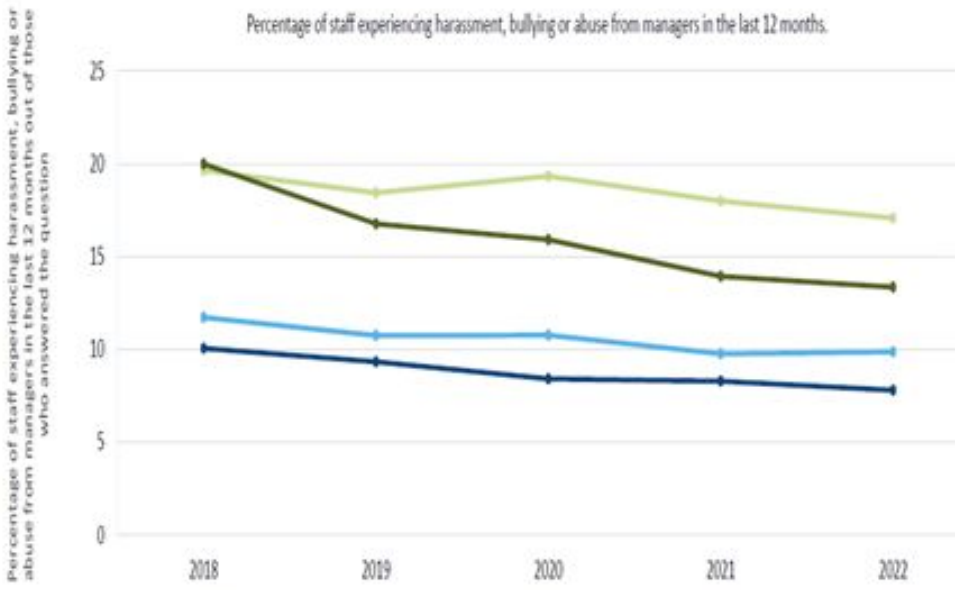


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	42.7%	46.3%	48.1%	43.5%	47.6%
Staff without a LTC or illness: Your org	41.3%	45.0%	46.7%	42.5%	48.3%
Staff with a LTC or illness: Average	45.4%	46.9%	47.0%	47.0%	48.4%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%	46.2%	47.3%
Staff with a LTC or illness: Responses	274	363	397	439	490
Staff without a LTC or illness: Responses	799	1126	1122	1094	1074

Disability overview

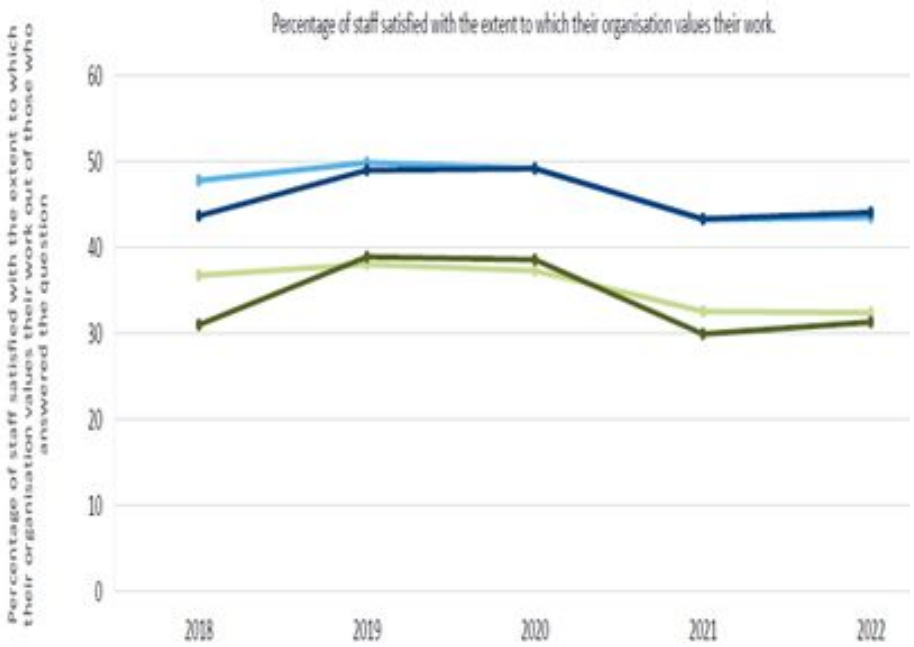


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	32.7%	32.4%	33.2%	32.7%	34.8%
Staff without a LTC or illness: Your org	25.1%	26.1%	24.5%	25.8%	24.8%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%	32.4%	33.0%
Staff without a LTC or illness: Average	26.6%	26.5%	24.5%	25.2%	26.2%
Staff with a LTC or illness: Responses	603	759	856	1009	1058
Staff without a LTC or illness: Responses	2619	3248	3560	3347	3615

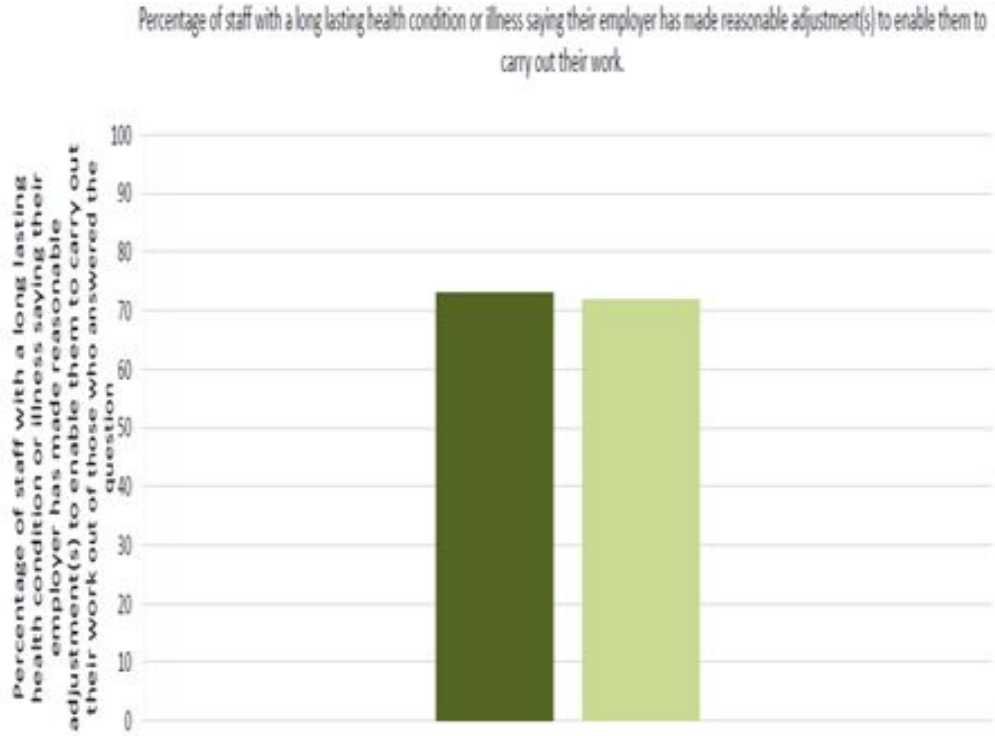


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	20.0%	16.8%	15.9%	13.9%	13.4%
Staff without a LTC or illness: Your org	10.1%	9.3%	8.4%	8.3%	7.8%
Staff with a LTC or illness: Average	19.6%	18.4%	19.3%	18.0%	17.1%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%	9.8%	9.9%
Staff with a LTC or illness: Responses	600	757	854	1004	1055
Staff without a LTC or illness: Responses	2602	3233	3549	3326	3596

Disability overview

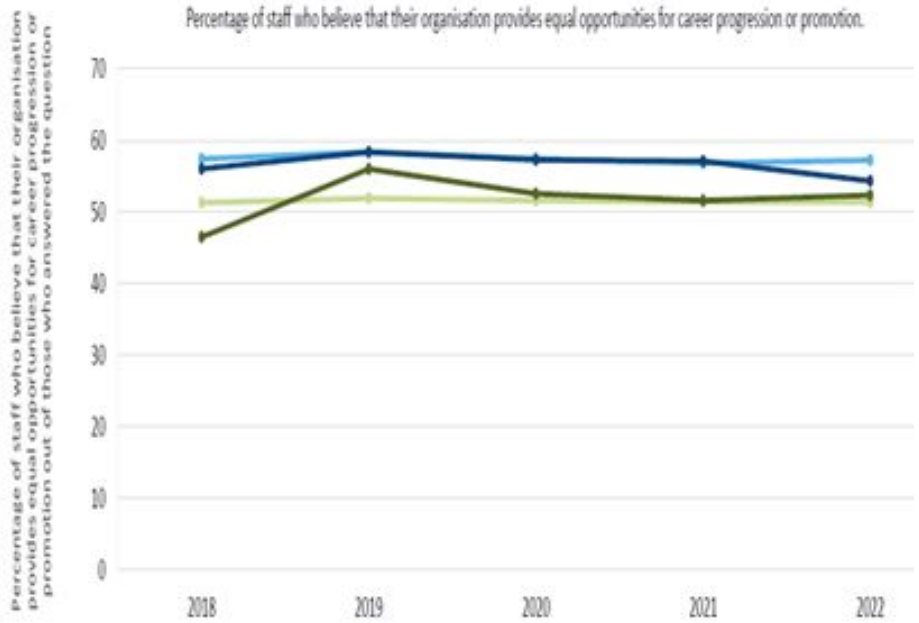


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	31.1%	39.0%	38.6%	30.0%	31.4%
Staff without a LTC or illness: Your org	43.7%	49.1%	49.2%	43.4%	44.1%
Staff with a LTC or illness: Average	36.8%	38.1%	37.4%	32.6%	32.5%
Staff without a LTC or illness: Average	47.9%	49.9%	49.3%	43.3%	43.6%
Staff with a LTC or illness: Responses	599	757	854	997	1042
Staff without a LTC or illness: Responses	2611	3264	3569	3301	3553

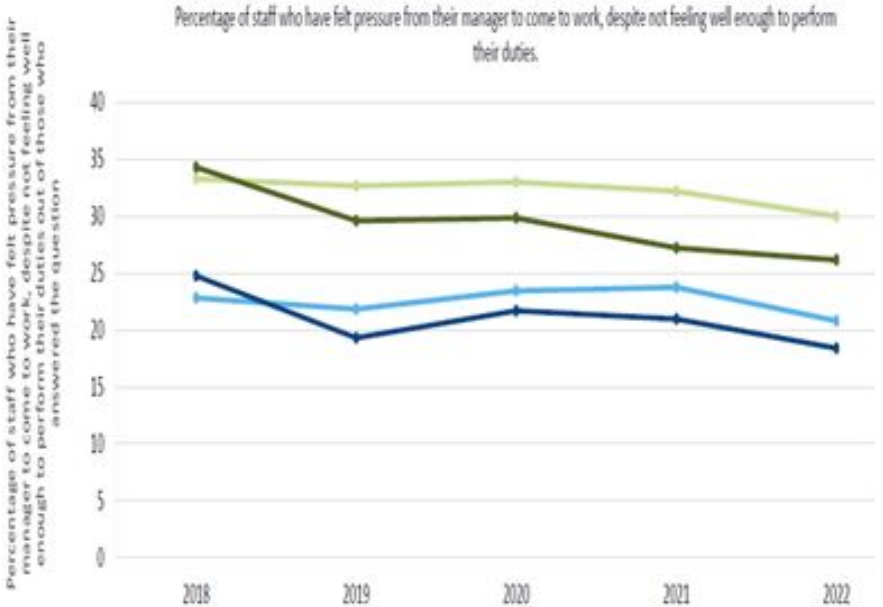


	2022
Staff with a LTC or illness: Your org	72.9%
Staff with a LTC or illness: Average	71.8%
Staff with a LTC or illness: Responses	638

Disability overview



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	46.5%	56.0%	52.6%	51.6%	52.4%
Staff without a LTC or illness: Your org	56.0%	58.4%	57.3%	57.1%	54.4%
Staff with a LTC or illness: Average	51.3%	51.9%	51.6%	51.4%	51.4%
Staff without a LTC or illness: Average	57.4%	58.4%	57.4%	56.8%	57.3%
Staff with a LTC or illness: Responses	604	755	860	1017	1060
Staff without a LTC or illness: Responses	2630	3247	3592	3349	3604



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	34.3%	29.6%	29.8%	27.2%	26.2%
Staff without a LTC or illness: Your org	24.8%	19.3%	21.7%	21.0%	18.4%
Staff with a LTC or illness: Average	33.3%	32.7%	33.0%	32.2%	30.0%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%	23.7%	20.8%
Staff with a LTC or illness: Responses	452	571	543	724	780
Staff without a LTC or illness: Responses	1406	1683	1526	1593	1815

Report To:	Public Trust Board		
Date of Meeting:	30 March 2023		
Report Title:	Quality Committee Upward Report		
Report Author & Job Title	Aimee Jordan, Senior Corporate Governance Officer & Policy Manager 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:	That the Trust Board: • Receive the report for assurance and note the activities Quality Committee has undertaken on behalf of the Board. • Note and discuss the HTA Inspection Report and Actions • Approve the Quality Account Priorities for 2023/24 • Approve the updated Terms of Reference		
Report History:	The report is a standing item to the Trust Board following each Committee meeting.		
Next Steps:	The next report will be received at Trust Board in April 2023.		

Executive Summary	
The report provides a summary of the assurances received and items discussed and debated at the Quality Committee (QC) meeting held on 9 March 2023.	
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: Human Tissue Authority Inspection Report Appendix 2: Quality Committee Terms of Reference

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 9 March 2023.

2. Background

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

3. Meeting on 9 March 2023

3.1 Human Tissues Authority (HTA) Inspection Report inc. Mortuary Security Update

The Committee received the recent HTA inspection report together with the Trust's response to the various requirements and recommendations from the report.

The Committee specifically discussed the inspection finding around the works required at the Southmead Hospital contingency area, which were unlikely to commence until Spring 2024, and queried whether this timeframe could be brought forward. It was confirmed that the plans and business cases needed to be developed, which would provide further clarity on the requirements, allowing the works to then be properly assessed against other investment priorities.

The Committee noted that overall, the report was positive, and an improvement on the last HTA report in 2017. It was agreed that an update would be scheduled in six months to provide assurance that the various actions had either closed or progressed appropriately. The full report and action plan is appended for Trust Board review.

3.2 Cancer Quality Annual Report

The Committee received Cancer Quality Annual Report and were joined by the Cancer Services team.

The Committee noted the intrinsic link between improved performance / timely treatment and improved patient experience and quality of care. The rapid changes in diagnostics, treatments, genetic medicine, and the increase in activity numbers were also noted, with the need for NBT to continue to prioritise its investment and focus on Cancer Services into the future, including the need to review and improve patient pathways, and patient experience.

The Committee was assured that the Trust's emerging Clinical Strategy would include a strong focus on Cancer Services, and that this would remain a Trust priority.

3.3 Pressure Injury Improvement Progress Report

The Committee received a presentation from the Deputy Chief Nursing Officer on the Pressure Injury Improvement Progress work which detailed the thematic review of all pressure injuries and the improvement plan to decrease the number of incidents.

The Committee recognised the patients benefits of the strategic mattress procurement plan and supported the process.

The Committee discussed the need to have a system wide understanding of the pressure injury impact and agreed that the Chief Nursing Officer would escalate this to the Integrated Care Board.

3.4 Quality Account Priorities 2023/24

The Committee received the proposed Quality Account priorities for the following year for discussion and onward recommendation to Trust Board.

The Committee welcomed the fact that the priorities had been aligned with Patient First priorities and with National Planning Guidance (e.g., the Maternity Care priority), and recommended the following Priorities for Trust Board approval:

Patient First / Quality Theme	Key Improvement Goal	Key Improvement processes/workstreams
1 – Outstanding Patient Experience	• Increase our positive FFT percentage • 100% of Clinical Divisions able to demonstrate proactive use of PREMs, specifically FFT, for insight and improvement	• A trustwide strategic framework & plan for PROMs & PREMs • Clinical Divisions / teams to proactively review patient feedback sources systematically and accountably through their governance structures. Includes data & patient stories. • Tangible examples of improved patient experience through the learning gained as a consequence of this review
2 – High Quality Care	• 62 day cancer compliance • >15 minute ambulance handover compliance • Improving response to changes in clinical condition (e.g. deterioration)	• Cancer improvement programme (also forms part of our clinical strategy development). • Urgent & Emergency Care programme (multiple projects/workstreams) • Patient Deterioration improvement programme (initiated 10/2/2023)
3 – Maternity care	• CNST maternity Scheme achievement 23/24 (bucket of goals) • Ockenden Report recommendations - delivery of IEAs (wide-ranging actions)	• Ockenden Programme Board and quality improvement initiatives within each IEA. • Maternity Voices Partnership work • CQC inspection preparation (essential safety standards)

The Committee also discussed the CQUIN schemes that had been selected for 2023/24. Discussion focused on the balance between selecting CQUIN schemes that supported the delivery of the Trust's priorities, and the need to ensure that the Trust could achieve the financial element of the CQUIN. The Committee was assured that a robust process had been undertaken to select the relevant CQUINs.

3.5 Learning From Deaths/Mortality Report

The Committee received the Learning from Deaths Quarterly Assurance Report and discussed the actions to improve the quality of learning including:

- Undertaking work in the Stroke speciality (and throughout other specialities in the future) to analyse indicators to deliver a higher level of understanding.
- Reviewing the best way to investigate alerts and alarms by focusing on understanding the data.
- Regular reports to QC (in lieu of the monthly IPR to Trust Board) to ensure a more meaningful analysis of the data to draw conclusions and make decisions.

The Committee requested a deeper review of deaths for people with Leaning Disabilities.

3.6 Committee Self-assessment Results and Terms of Reference Review

The Committee received results from the Quality Committee Self-Assessment that members had completed via Survey Monkey during the previous month. Areas of focus for the coming year were noted, including continuing efforts to improve the quality and conciseness of papers.

The Committee approved the minorly amended Quality Committee Terms of Reference, attached at Appendix 1 for Trust Board approval.

3.7 **Other items:**

The Committee also received the following items for information:

- Sub-committee upward report(s):
  - Drugs & Therapeutics HLR's
  - Patient Safety & Clinical Risk Committee
  - Clinical Effectiveness & Audit Committee
- Quality Committee forward work-plan 2022/23

4. Identification of new risk & items for escalation

The Committee were advised that the Chief Medical and Chief Nursing Officer were planning to undertake Quality Impact Assessments of the investment priorities for 2023/24, particularly any impact of decisions not to invest. The Committee would receive a report to provide assurance around the robustness of this process.

5. Recommendations

5.1 The Trust Board is recommended to:

- Receive the report for assurance and note the activities Quality Committee has undertaken on behalf of the Board.
- Note and discuss the HTA Inspection Report and Actions
- Approve the Quality Account Priorities for 2023/24
- Approve the updated Terms of Reference

Inspection report on compliance with HTA licensing standards
Inspection dates: **05-07 October and 01 December 2022**

Southmead Hospital Bristol

HTA licensing number 12413

Licensed under the Human Tissue Act 2004

Licensed activities

The table below shows the activities this establishment is licensed for and the activities currently undertaken at the establishment.

Area	Making of a post-mortem examination	Removal from the body of a deceased person (otherwise than in the course of an anatomical examination or post-mortem examination) of relevant material of which the body consists or which it contains, for use for a scheduled purpose other than transplantation	Storage of the body of a deceased person or relevant material which has come from a human body for use for a scheduled purpose
Hub site **Southmead Hospital Bristol**	Licensed	Licensed	Licensed
Mortuary	-	*Carried out*	*Carried out*
Pathology Laboratory	-	-	*Carried out*
Toxicology Laboratory	-	-	*Carried out*
Neuropathology Department	-	-	*Carried out*

Maternity Department	-	*Carried out*	-
A&E	-	*Carried out*	--
Satellite site **St Michael's Hospital**	Licensed	Licensed	Licensed
Mortuary	*Carried out*	*Carried out*	*Carried out*

Summary of inspection findings

The HTA found the Designated Individual (DI) and the Licence Holder (LH) to be suitable in accordance with the requirements of the legislation.

Although the HTA found that Southmead Hospital Bristol ('the establishment') had met the majority of the HTA's standards, five major and five minor shortfalls were found against standards for Governance and quality systems, Traceability and Premises, facilities and equipment.

The HTA has assessed the establishment as suitable to be licensed for the activities specified, subject to corrective and preventative actions being implemented to meet the shortfalls identified during the inspection.

Compliance with HTA standards

Major shortfalls

Standard	Inspection findings	Level of shortfall
GQ6 Risk assessments of the establishment's practices and processes are completed regularly, recorded and monitored		

a) All procedures related to the licensed activities (as outlined in standard GQ1) are risk assessed on a regular basis	Risk assessments have not been documented since 2018. The inspection team were therefore not assured that risk was assessed on a regular basis.	**Major (cumulative)**
b) Risk assessments include how to mitigate the identified risks. This includes actions that need to be taken, who is responsible for each action, deadlines for completing actions and confirmation that actions have been completed	Risk assessments do not include responsible persons, time frames or further actions to be taken to mitigate risk.	**Major (cumulative)**
T1 A coding and records system facilitates traceability of bodies and human tissue, ensuring a robust audit trail		
c) Three identifiers are used to identify bodies and tissue, (for example post mortem number, name, date of birth/death), including at least one unique identifier	The viewing process at St Michael's Hospital does not include checking three points of identification when preparing bodies or meeting families. This increases the risk of the wrong body being prepared and viewed.	**Major**
PFE1 The premises are secure and well maintained and safeguard the dignity of the deceased and the integrity of human tissue.		
a) The premises are clean and well maintained	The preparation area at Southmead hospital has wooden doors and plaster walls. The contingency area also has areas of wooden flooring and walls, raised floor tiles and cracked concrete. This means that these areas cannot be maintained or decontaminated effectively.	**Major**

d) The premises are secure (for example there is controlled access to the body storage area(s) and PM room and the use of CCTV to monitor access)	The contingency area at Southmead Hospital is enclosed by wooden walls. These walls are not ceiling height. This is not secure, and accessible from outside of the hospital. Whilst CCTV covered these areas, the inspection team were not assured that adequate security was in place to prevent unauthorised access.	**Major**
e) Security arrangements protect against unauthorized access and ensure oversight of visitors and contractors who have a legitimate right of access	A single use key is used by porters at St Michael's hospital to enter the mortuary viewing facilities. Whilst there is a documented process for signing the key out at the main reception desk, the inspection team were not assured that the process was being adhered to. The inspection team identified occasions where the key had not been signed back in at reception. This does not therefore provide assurance that there is effective oversight and monitoring in place as to who had accessed the mortuary viewing facilities and for what purpose.	**Major**

Minor Shortfalls

Standard	Inspection findings	Level of shortfall
GQ1 All aspects of the establishment's work are governed by documented policies and procedures		
a) Documented policies and SOPs cover all mortuary/laboratory procedures relevant to the licensed activity, take account of relevant Health and Safety legislation and guidance and, where applicable, reflect guidance from RCPath.	At the time of inspection, viewing procedures observed at Southmead hospital were not consistent with that of the Standard Operating Procedures (SOPs).	**Minor**

g) All areas where activities are carried out under an HTA licence are incorporated within the establishment's governance framework.	There is a static historic collection of neurological tissue which has not been incorporated within the establishment's governance framework. Whilst these are all catalogued, these records have not been merged with newer records during the recent upgrade to the establishment's traceability system.	**Minor**
GQ5 There are systems to ensure that all untoward incidents are investigated promptly		
a) Staff know how to identify and report incidents, including those that must be reported to the HTA	The inspection team was not assured that all staff carrying out regulated activities, other than those working in the mortuary, are aware of incidents that must be reported to the HTA.	**Minor**
T1 A coding and records system facilitates traceability of bodies and human tissue, ensuring a robust audit trail		
d) There is a system for flagging up same or similar names of the deceased	Although there is a procedure in place for same or similar names, the inspection team were not satisfied that this was robust enough to reduce the risk of releasing the wrong body.	**Minor**
T2 Disposal of tissue is carried out in an appropriate manner and in line with the HTA's Codes of Practice		
b) There are effective systems for communicating with the Coroner's Office, which ensure tissue is not kept for longer than necessary	There is no procedure for following up with the Coroner to determine when the Coroner's authority has ended. This means that the establishment staff cannot assure themselves that tissue is not kept for longer than necessary. During the site visit to the Neuropathology Department the inspection team carried out an audit of brain tissue taken during PM. One of the cases selected for review had been stored for over a year since the PM despite the family having requested that the tissue should be disposed of once the coroner's process had ended. There was no documented evidence that this case had been followed up with the Coroner to establish whether tissue could be disposed of.	**Minor**

The HTA requires the DI to submit a completed corrective and preventative action (CAPA) plan setting out how the shortfalls will be addressed, within 14 days of receipt of the final report (refer to Appendix 2 for recommended timeframes within which to complete actions). The HTA will then inform the establishment of the evidence required to demonstrate that the actions agreed in the plan have been completed.

Advice
The HTA advises the DI to consider the following to further improve practice:

Number	Standard	Advice
1.	GQ1(c)	Whilst the condition of bodies is routinely checked on both sites, mortuary staff are advised to document condition on admission for all bodies. This will ensure full traceability of any actions or deterioration.
2.	GQ1(g)	The DI is advised to review the list of persons designate on the licence, to ensure all areas are covered where regulated activities take place.
3.	GQ1(g)	Within the Neuropathology department there is a collection of material for research projects stored under recognised Research Ethics Committee (REC) approvals. The approvals negate the need for the material to be stored under the authority of the HTA storage licence. The DI is advised to have oversight of the REC expiry dates to ensure that the specific project approval covers the samples in the future or, alternatively, the samples will need to be destroyed or stored under the HTA licence.
4.	GQ1(h)	Whilst matters relating to HTA-licensed activities are discussed at regular governance meetings, the DI is advised to formalise the process and distribute the minutes electronically.
5.	GQ2(a)	Whilst the audit schedule is up to date, these are all due towards the end of the year. The DI is advised to reinstate a routine audit schedule which has been disrupted during the COVID pandemic.
6.	PFE3(a)	The DI is advised to monitor very minor rust to the trolleys at Southmead Hospital to ensure it does not deteriorate further as this could result in a shortfall of HTA standard PFE3(a).

Background

Southmead Hospital Bristol has been licensed by the HTA since March 2007. This was the fourth inspection of the establishment; the most recent previous inspection took place in September 2017. St Michaels hospital has been licensed as a satellite site of Southmead Hospital since September 2016.

There is a collection of brain tissue stored within the Neuropathology Department which is stored for research purposes. The collection consists of wet tissue, and fixed blocks and slides. The consenting arrangements are carried out by the relevant Coroners Officers. The distribution and use of tissue to researchers is co-ordinated by a third party and released under material transfer agreements.

Since the previous inspection, two research tissue banks (RTBs) and a research collection that were stored under the licence at the last inspection are now covered under recognised REC approvals. The approvals negate the need for the material to be stored under the authority of the HTA storage licence.

The establishment receives toxicology samples from different establishments for testing. The consenting arrangements are carried out by the relevant Coroners Officers. Some material is stored by the establishment for the purposes of quality control, if there is adequate consent in place.

Description of inspection activities undertaken

The HTA's regulatory requirements are set out in Appendix 1. The inspection team covered the following areas during the inspection:

Standards assessed against during inspection

All applicable HTA licensing standards were covered during the inspection (standards published 3 April 2017)
Three out of the 72 standards, PFE1 (b), PFE3 (c)(e) were not applicable to Southmead hospital as they do not carry out post mortem examinations. Three out of the 72 standards, T2 (a)(c)(d) were not applicable to St Michael's Hospital as no PM tissue is retained on this site.

Review of governance documentation
The inspection included a review of the establishment's governance documentation relating to licensed activities. This included policies and procedural documents relating to licensed activities, cleaning records for the mortuary, records of servicing of equipment, ventilation reports, audits, risk assessments, meeting minutes, reported incidents and training records for both the mortuary staff and porters.

Visual inspection
The inspection included a visual assessment of both establishments including, body storage areas, PM/preparation rooms, viewing rooms and tissue storage areas within the histology and neuropathology laboratories. The inspection teams observed the processes for admission, release and viewing of bodies within the mortuary.

Audit of records
Audits were conducted on both sites for three bodies from refrigerated storage and frozen storage. Identification details on bodies were crosschecked against the information recorded in the register and associated paperwork. No discrepancies were identified.

Audits of traceability were conducted at Southmead Hospital for tissue blocks and slides from four coroners consented cases. These included audits of the consent documentation for the retention of these tissues. No discrepancies were identified.

Within the Neuropathology Department audits were conducted of neurological tissue taken at PM examination for ten cases. Information was crosschecked between the internal traceability systems, Coroner's paperwork, family wishes forms and tissue being stored. In one instance, the audit identified material in storage for which the family had requested disposal. The tissue had been stored for over one year subsequent to the request with no documented evidence of the following up of the case with the Coroner. See shortfall for T2(b).

Meetings with establishment staff
Staff carrying out processes under the licence were interviewed including the DI, mortuary manager, APT, pathologist, mortuary porter, professor of Neuropathology, Neuropathology staff and bereavement midwife.

Report sent to DI for factual accuracy: 04 January 2023

Report returned from DI: 08 February 2023

Final report issued: 10 February 2023

Appendix 1: The HTA's regulatory requirements

Prior to the grant of a licence, the HTA must assure itself that the DI is a suitable person to supervise the activity authorised by the licence and that the premises are suitable for the activity.

The statutory duties of the DI are set down in Section 18 of the Human Tissue Act 2004. They are to secure that:

- the other persons to whom the licence applies are suitable persons to participate in the carrying-on of the licensed activity;
- suitable practices are used in the course of carrying on that activity; and
- the conditions of the licence are complied with.

Its programme of inspections to assess compliance with HTA licensing standards is one of the assurance mechanisms used by the HTA.

The HTA developed its licensing standards with input from its stakeholders. They are designed to ensure the safe and ethical use of human tissue and the dignified and respectful treatment of the deceased. They are grouped under four headings:

- consent
- governance and quality systems
- traceability
- premises facilities and equipment.

This is an exception-based report: only those standards that have been assessed as not met are included. Where the HTA determines that there has been a shortfall against a standard, the level of the shortfall is classified as 'Critical', 'Major' or 'Minor' (see Appendix 2: Classification of the level of shortfall). Where HTA standards are fully met, but the HTA has identified an area of practice that could be further improved, advice is provided.

HTA inspection reports are published on the HTA's website.

Appendix 2: Classification of the level of shortfall

Where the HTA determines that a licensing standard is not met, the improvements required will be stated and the level of the shortfall will be classified as ‘Critical’, ‘Major’ or ‘Minor’. Where the HTA is not presented with evidence that an establishment meets the requirements of an expected standard, it works on the premise that a lack of evidence indicates a shortfall.

The action an establishment will be required to make following the identification of a shortfall is based on the HTA's assessment of risk of harm and/or a breach of the Human Tissue Act 2004 (HT Act) or associated Directions.

1. **Critical shortfall:**

   A shortfall which poses a significant risk to human safety and/or dignity or is a breach of the HT Act or associated Directions

   or

   A combination of several major shortfalls, none of which is critical on its own, but which together could constitute a critical shortfall and should be explained and reported as such.

   A critical shortfall may result in one or more of the following:

   - A notice of proposal being issued to revoke the licence
   - Some or all of the licensable activity at the establishment ceasing with immediate effect until a corrective action plan is developed, agreed by the HTA and implemented.
   - A notice of suspension of licensable activities
   - Additional conditions being proposed
   - Directions being issued requiring specific action to be taken straightaway

2. **Major shortfall:**

   A non-critical shortfall that:

   - poses a risk to human safety and/or dignity, or
   - indicates a failure to carry out satisfactory procedures, or
   - indicates a breach of the relevant Codes of Practice, the HT Act and other relevant professional and statutory guidelines, or

- has the potential to become a critical shortfall unless addressed

or

A combination of several minor shortfalls, none of which is major on its own, but which, together, could constitute a major shortfall and should be explained and reported as such.

In response to a major shortfall, an establishment is expected to implement corrective and preventative actions within 1-2 months of the issue of the final inspection report. Major shortfalls pose a higher level of risk and therefore a shorter deadline is given, compared to minor shortfalls, to ensure the level of risk is reduced in an appropriate timeframe.

3. **Minor shortfall:**

A shortfall which cannot be classified as either critical or major, but which indicates a departure from expected standards.

This category of shortfall requires the development of a corrective action plan, the results of which will usually be assessed by the HTA either by desk based review or at the time of the next inspection.

In response to a minor shortfall, an establishment is expected to implement corrective and preventative actions within 3-4 months of the issue of the final inspection report.

Follow up actions

A template corrective and preventative action plan will be sent as a separate Word document with both the draft and final inspection report. Establishments must complete this template and return it to the HTA within 14 days of the issue of the final report.

Based on the level of the shortfall, the HTA will consider the most suitable type of follow-up of the completion of the corrective and preventative action plan. This may include a combination of

- a follow-up inspection
- a request for information that shows completion of actions
- monitoring of the action plan completion
- follow up at next routine inspection.

After an assessment of the proposed action plan establishments will be notified of the follow-up approach the HTA will take.

NHS North Bristol NHS Trust

Terms of Reference for the Quality Committee

Chair:	Non-Executive Director
Other Members:	Membership of the Quality Committee shall include: • Three Non-Executive Directors one of whom will chair the Committee. • Chief Nursing Officer • Chief Medical Director • Chief Operating Officer The members set out above may appoint a named deputy to attend a particular meeting in their place, subject to the Chair's pre-approval. A deputy should be nominated only in exceptional circumstances, for a particular meeting. In the absence of the appointed Committee Chair, another Non-Executive Director will chair the meeting.
Other Attendance:	The Quality Committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate, at the discretion of the Chair. In addition to members of the Quality Committee, the following shall normally attend all meetings and may contribute to discussions, but have no voting rights nor contribute to the quorum: • ~~Chief People Officer~~ • ~~Chief Informatics Officer~~ • Chief Allied Healthcare Professional • Associate Director of Quality Governance • Director of Corporate Governance/Trust Secretary The Committee can request the attendance of any other director or senior manager if an agenda item requires it. Attendance at meetings is essential. In exceptional circumstances when an Executive Director member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Executive Director attendance to be flexible and agenda-specific for non-formal members.
Quorum:	The quorum for the Quality Committee is at least three members of whom two must be Non-Executive Directors (including the chair of the committee) and one of either the Chief Medical Officer or the Chief Nursing Officer.

Declaration of Interests	All members must declare any actual or potential conflicts of interest relevant to the work of the Quality Committee, which shall be recorded in the minutes accordingly. Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict.
Frequency of Meetings:	The Quality Committee will meet each month, except August and December, and will be set in advance as part of the planning of the Trust Board and Committee meetings annual calendar of business. Every-other meeting will be a scheduled 'deep-dive' meeting for key risks/topics. Further meetings can be called at the request of the Committee Chair. An agenda of items to be discussed and supporting papers will be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting. Decisions may be taken by written resolution upon the agreement of the majority of members of the Committee in attendance, subject to the rules on quorum.
Notice of Meetings:	Additional meetings shall be called at the request of the Chair. Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and supporting papers, shall normally be forwarded to each member, and any other person required to attend, no later than five working days before the date of the meeting. Decisions may be taken by written resolution upon the agreement of the majority of members of the Committee in attendance, subject to the rules on quorum.
Inputs:	The Quality Committee will receive reports on issues within the remit of the meeting, so as to ensure timely discussion and decision-making. This will include: • Trust-Level Risks and BAF report (Patient Safety, Patient Experience, Statutory Duty/Compliance) • Infection, Prevention & Control • Clinical outcomes by speciality and consultant, including review and response to national clinical audits, national registries etc. • Mortality rates & Learning from Deaths • Regulatory compliance • Safeguarding Children and Adults • Quality assessment of CIP projects • Incident reporting • Medical records • Clinical claims management

	Individual members may also raise concerns/risks/issues relevant to the meetings remit on an ad hoc basis but will do so with sufficient notice to ensure that meeting agenda can be set and managed effectively. The Quality Committee can request a report on any subject or issue relevant to its terms of reference.
Outputs:	The Quality Committee shall produce a set of minutes and a log of actions arising. The Committee shall issue an upward report to Trust Board following each meeting.
Responsible for the following Strategies and Policies:	Strategies: • Quality Strategy • Patient Safety Strategy • Policies: • N/A
Sub-Committees:	• Drugs & Therapeutics Committee • Clinical Audit and Effectiveness • Patient Safety & Clinical Risk Committee • Safeguarding Committee • Control of Infection Committee • Maternity/ Ockenden Board •
Committee Secretary:	The Corporate Governance Team is responsible for: • Agreement of agenda and collation of papers. • Taking the minutes and keeping a record of actions arising and issues to be carried forward. • Provision of a highlight report of the key business undertaken to the Trust Board following each meeting

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1. Purpose

1.1 The Quality Committee is established to be a sub-Committee of the Trust Board and is the Board assurance committee for People/workforce and Health & Safety function.

2. Authority

2.1 The Quality Committee is a sub-group of the Trust Board from which it receives its authority. Its constitution and terms of reference shall be as set out in this document, subject to amendment.

2.2 The Committee is authorised to seek information it requires from any employee of the Trust. All members of staff are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain legal or other independent professional advice and to secure the attendance of advisors with such expertise that it considers necessary.

3. Duties

3.1 The Committee shall hold the safety of patients, public and staff, as well as the reputation of the Trust, as a core value in assessing assurance, quality governance and risk.

3.2 The primary role and function of the Committee is as follows

3.2.1 **Assurance**

3.2.1.1 The Committee shall ensure that the Trust Board is adequately assured in relation to all quality, clinical governance and research matters which will include, but is not limited to:

- Infection, Prevention & Control
- Clinical outcomes by speciality and consultant, including review and response to national clinical audits, national registries etc.
- Mortality rates & Learning from Deaths
- Regulatory compliance
- Safeguarding Children and Adults (via Safeguarding Committee Upward Reports)
- Quality assessment of CIP projects
- Incident reporting
- Trust-level patient safety, statutory duty/compliance and reputational (quality-related) risks and risk management
- Medical records
- Clinical claims management

3.2.2 **Quality Strategy and delivery of the quality agenda**

3.2.3 The Committee shall maintain oversight of the delivery of the Quality Strategy and Patient Safety Strategy through the receipt of regular update reports, and shall ensure that the Board is adequately assured in relation to the delivery of these strategies.

3.2.4 The Committee shall maintain oversight of the business of the Drugs and Therapeutics Committee, the Clinical Effectiveness & Audit Committee, the Patient Safety and Clinical Risk Committee and the Safeguarding Committee through the receipt of regular reports. This shall ensure that the Committee maintains oversight of:

- Management systems and structures to ensure that sufficient analysis of incidents, complaints, claims, clinical audits, service reviews etc. is undertaken to reflect, learn and make recommendations for required changes to improve quality of care provided to patients;
- Concerns raised by the Patient Safety & Clinical Risk Committee, in regard to issues of patient safety which require attention and resolution at Executive level;
- the quality work programme and the support required for quality improvement given by Quality & Patient Safety work streams, Clinical Audit, Learning and Development, and Information Management & Technology. This includes the quality improvements relating to national CQUINs.

3.2.5 **Regulatory Compliance**

3.2.5.1 The Committee shall assure itself that all regulatory requirements are complied with, with proven and demonstrable assurance, and immediate and effective action is taken where this is identified as deficient.

3.2.5.2 The Committee shall monitor and assure itself that it can with confidence, and evidence, assure the Trust Board, patients, public, and other stakeholders (e.g.: Care Quality Commission (CQC), NHS Improvement, Department of Health, commissioners) that the Trust is complying with its regulatory requirements and can evidence this. The Committee shall seek to embed the culture of compliance within the organisation, so that it happens as part of normal business, and not as a separate activity, contributing directly to a well-run organisation and the quality of patient care.

3.2.5.3 The Committee shall ensure compliance with the CQC registration requirements and standards and shall oversee the detailed work plan arising from inspections, alerts or other highlighted concerns raised by the CQC. The Committee shall also monitor key areas of compliance, such as NHS insurance (NHS Resolution General Risk Management Schemes and Clinical Negligence Scheme for Trusts), the NHS Constitution, and other key areas of compliance as they arise.

3.2.6 **Risk Management**

3.2.6.1 The Committee shall ensure the Trust has robust management systems and processes in place for patient safety, statutory duty/compliance and reputational (quality-related) risks.

3.2.6.2 In particular, the Committee will:

- act as the forum for these risks to be discussed, and ensure that where serious concerns are raised, action is taken, and that action plans are carried through to completion, and the reporting loops closed.
- Act in accordance with Board approved risk appetite and risk tolerance levels when reviewing risks.

4. Monitoring and Effectiveness

4.1 The Quality Committee shall have access to sufficient resources to carry out its duties, including access to company secretarial assistance as required.

4.2 It shall be provided with appropriate and timely training, both in the form of an induction programme for new members and an on-going basis for all members.

4.3 It will review its own performance, at least annually, review its constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Trust Board for approval.

4.4 As per NHSE/I requirements the Committee will carry out an annual self-assessment to inform above review of its Terms of Reference.

Version:	1.5
Ratified by / responsible committee:	Trust Board
Date ratified:	30 March 2022 -*TBC*
Name of originator/author:	Trust Secretary
Lead for Executive Team Meeting:	Steve Hams, Chief Nursing Officer Tim Whittlestone Chief Medical Officer
Date issued:	April 2023
Review date:	April 2024

Report To:	Public Trust Board		
Date of Meeting:	30 March 2023		
Report Title:	Integrated Performance Report		
Report Author & Job Title	Lisa Whitlow, Associate Director of Performance		
Does the paper contain	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**
	N/A	N/A	N/A
Executive/Non-executive Sponsor (presenting)	Executive Team		
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 in the Integrated Performance Report.	
Risk	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?	Not applicable.
Appendices:	Not applicable.

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

March 2023 (presenting February 2023 data)

Contents

North Bristol Trust Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																			Peer Performance	Rank
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	60.00%	51.53%	52.74%	55.54%	64.14%	59.32%	50.99%	60.83%	56.43%	57.47%	58.29%	55.61%	71.94%	79.69%		51.85%	1/10
	A&E 12 Hour Trolley Breaches	R	0	-	367	449	360	176	297	304	57	261	482	433	786	312	9		9-1279	1/10
	Ambulance Handover < 15 mins (%)		65.00%	-	28.72%	31.90%	28.93%	30.54%	29.50%	26.70%	25.68%	27.12%	23.70%	16.88%	14.09%	24.15%	31.94%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	48.49%	51.53%	53.02%	61.09%	55.43%	54.11%	61.52%	58.63%	48.03%	41.40%	30.37%	56.74%	73.94%			
	Ambulance Handover > 60 mins		0	-	684	681	538	430	527	486	364	439	672	778	1041	457	105			
	Average No. patients not meeting Criteria to Reside			-	304	302	301	317	280	349	395	368	381	378	343	350	322			
	Bed Occupancy Rate			93.22%	97.51%	97.43%	96.94%	98.15%	98.32%	97.98%	97.86%	98.63%	98.57%	98.76%	98.22%	97.93%	97.02%			
	Diagnostic 6 Week Wait Performance		1.00%	25.00%	40.00%	40.25%	43.61%	40.13%	41.00%	42.75%	48.09%	48.27%	39.36%	38.62%	38.56%	32.21%	22.45%		32.96%	5/10
	Diagnostic 26+ Week Breaches		0	3	1767	2160	2498	2690	2761	2753	2842	3044	2755	2817	2424	1351	1021			
	RTT Incomplete 18 Week Performance		92.00%	-	65.17%	64.71%	64.23%	65.62%	64.80%	65.78%	65.82%	66.30%	66.31%	65.58%	62.05%	63.87%	63.87%		54.28%	2/10
	RTT 52+ Week Breaches	R	0	3160	2296	2242	2454	2424	2675	2914	3131	3087	3062	2980	2984	2742	2556		45-9802	2/10
	RTT 78+ Week Breaches	R		149	511	458	491	473	443	439	441	394	375	319	306	223	167		0-1324	2/10
	RTT 104+ Week Breaches	R		48	177	96	71	48	34	32	33	30	27	17	13	16	8		0-226	7/10
	Total Waiting List	R		38024	38498	39101	39819	40634	42326	46900	48766	49025	48871	47418	46523	46266	46327			
	Cancer 2 Week Wait	R	93.00%	55.06%	66.47%	69.78%	57.66%	46.16%	39.21%	40.99%	40.18%	35.85%	30.86%	47.53%	56.62%	55.01%	-		73.46%	10/10
	Cancer 31 Day First Treatment		96.00%	91.37%	89.91%	80.99%	81.82%	83.77%	85.53%	91.20%	87.36%	87.76%	90.39%	86.49%	87.16%	82.41%	-		88.55%	9/10
	Cancer 62 Day Standard	R	85.00%	74.21%	51.17%	58.66%	56.48%	50.15%	48.40%	45.10%	55.59%	58.90%	52.45%	48.86%	49.00%	41.54%	-		41.50%	10/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	72.48%	72.01%	72.93%	66.82%	72.83%	70.87%	58.29%	48.83%	35.18%	42.88%	55.74%	55.48%	62.66%	-		68.81%	6/10
	Cancer PTL >62 Days		242	345	528	472	641	689	555	667	858	529	328	329	328	335	191			
	Cancer PTL >104 Days		0	50	135	167	133	161	134	172	147	123	63	47	23	26	41			
	Urgent operations cancelled ≥2 times		0	-	0	0	1	1	1	1	1	2	0	1	0	0	-			

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

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Performance Scorecard

NHS North Bristol NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.00%	1.02%	1.08%	0.26%	1.25%	0.49%	0.44%	0.93%	1.26%	0.49%	0.49%	0.48%	0.58%	
	Caesarean Section Rate				38.14%	42.08%	43.36%	42.82%	46.53%	45.12%	45.01%	42.86%	43.45%	41.74%	44.57%	44.27%	43.99%	
	Still Birth rate			0.40%	0.00%	0.23%	0.24%	0.24%	0.00%	0.22%	0.00%	0.42%	0.19%	0.22%	0.22%	0.00%	0.00%	
	Induction of Labour Rate			32.10%	38.39%	39.72%	34.09%	35.41%	39.35%	35.15%	31.57%	33.33%	28.97%	31.25%	34.62%	35.73%	38.52%	
	PPH 1500 ml rate			8.60%	2.44%	1.42%	2.26%	2.39%	4.86%	4.08%	2.65%	4.11%	3.77%	3.79%	1.81%	3.60%	3.83%	
	Summary Hospital-Level Mortality Indicator (SHMI)				96.04	97.6	97.5	95.72	95.65	96.22	95.97	97.2	-	-	-	-	-	
	Never Event Occurrence by month		0	0	0	0	1	1	0	0	0	0	0	2	1	1	0	
	Commissioned Patient Safety Incident Investigations				1	3	4	3	1	1	1	0	0	7	1	3	3	
	Healthcare Safety Investigation Branch Investigations				0	1	1	0	1	1	1	0	0	4	0	1	0	
	Total Incidents				1172	1312	1211	1133	1190	1336	1278	1153	1259	1243	1312	1149	939	
	Total Incidents (Rate per 1000 Bed Days)				44	44	42	37	41	46	41	38	40	41	43	37	34	
	WHO checklist completion			95.00%	99.61%	98.73%	99.31%	98.85%	98.19%	98.40%	98.08%	97.58%	97.53%	97.95%	97.91%	97.43%	97.22%	
	VTE Risk Assessment completion	R		95.00%	93.99%	92.63%	94.77%	94.69%	94.77%	92.24%	91.75%	91.79%	93.03%	94.17%	93.80%	93.53%	-	
	Pressure Injuries Grade 2				19	18	19	19	14	25	16	17	14	19	11	16	9	
	Pressure Injuries Grade 3			0	0	0	0	1	1	0	0	0	2	2	1	0	0	
	Pressure Injuries Grade 4			0	1	0	0	0	0	0	0	0	0	0	1	0	2	
	PI per 1,000 bed days				0.75	0.61	0.63	0.50	0.31	0.86	0.48	0.43	0.41	0.62	0.43	0.48	0.37	
	Falls per 1,000 bed days				7.53	6.28	7.05	5.75	5.93	6.90	7.20	7.25	6.35	6.52	7.31	6.09	6.02	
	#NoF - Fragile Hip Best Practice Pass Rate				54.17%	64.58%	40.00%	42.25%	46.30%	24.24%	42.55%	18.64%	14.89%	0.00%	5.45%	0.00%	-	
	Admitted to Orthopaedic Ward within 4 Hours				20.83%	14.58%	71.11%	19.72%	22.22%	9.09%	19.57%	5.17%	17.02%	13.04%	9.09%	26.47%	-	
	Medically Fit to Have Surgery within 36 Hours				62.50%	66.67%	48.89%	45.07%	48.15%	27.27%	52.17%	22.41%	21.28%	0.00%	3.64%	44.12%	-	
	Assessed by Orthogeriatrician within 72 Hours				66.67%	89.58%	91.11%	74.65%	87.04%	75.76%	89.13%	54.24%	27.66%	2.17%	7.27%	67.65%	-	
	Stroke - Patients Admitted				67	78	92	105	40	85	68	72	65	102	89	111	55	
	Stroke - 90% Stay on Stroke Ward			90.00%	72.73%	65.08%	77.14%	48.72%	59.26%	65.45%	84.62%	68.75%	55.88%	54.29%	71.88%	68.12%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	60.00%	44.44%	100.00%	60.00%	100.00%	55.56%	70.00%	64.29%	83.33%	66.67%	35.29%	57.14%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	32.73%	32.81%	23.08%	35.71%	50.00%	39.29%	70.00%	46.88%	41.67%	36.99%	36.92%	43.84%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	75.41%	91.30%	84.21%	90.91%	96.43%	96.55%	93.18%	91.67%	92.31%	83.13%	89.04%	85.06%	-	
	MRSA	R	0	0	0	4	0	1	1	0	0	0	0	0	0	0	0	
	E. Coli	R		4	1	5	5	1	4	3	3	2	2	5	4	9	4	
	C. Difficile	R		5	1	6	7	4	4	3	3	4	1	4	2	1	2	
	MSSA			2	2	2	1	2	2	0	1	8	3	8	2	4	2	
Quality Caring & Experience	Friends & Family - Births - Proportion Very Good/Good				94.37%	94.81%	97.50%	91.14%	88.41%	-	88.57%	83.33%	92.98%	96.46%	98.08%	85.61%	88.78%	
	Friends & Family - IP - Proportion Very Good/Good				93.51%	91.18%	90.39%	92.72%	90.96%	90.79%	91.04%	91.52%	91.40%	91.68%	92.15%	93.56%	94.56%	
	Friends & Family - OP - Proportion Very Good/Good				94.11%	94.82%	94.32%	93.83%	93.90%	-	-	92.76%	94.07%	94.83%	95.64%	95.10%	94.57%	
	Friends & Family - ED - Proportion Very Good/Good				70.24%	63.70%	68.93%	77.44%	70.80%	-	75.12%	72.19%	70.56%	74.42%	76.52%	87.92%	87.59%	
	PALS - Count of concerns				111	150	150	129	116	168	154	151	142	143	127	106	139	
	Complaints - % Overall Response Compliance			90.00%	80.85%	78.33%	78.57%	78.69%	73.47%	78.18%	76.27%	76.92%	75.76%	72.31%	71.76%	80.82%	82.14%	
	Complaints - Overdue				10	5	10	4	5	6	1	3	7	6	12	5	3	
	Complaints - Written complaints				43	56	43	48	53	46	62	64	77	69	51	62	41	
Well Led	Agency Expenditure ('000s)				1147	1581	1838	1846	1205	2111	1726	1292	2616	1992	1675	2030	1809	
	Month End Vacancy Factor				7.41%	7.27%	6.64%	7.51%	8.07%	8.66%	8.57%	8.65%	8.69%	8.61%	8.93%	8.64%	8.44%	
	Turnover (Rolling 12 Months)	R		17.02%	16.51%	17.16%	16.71%	17.28%	17.41%	17.57%	17.04%	17.22%	17.17%	17.32%	17.10%	16.99%	16.77%	
	Sickness Absence (Rolling 12 month)	R		4.98%	4.81%	5.02%	5.17%	5.13%	5.22%	5.44%	5.48%	5.42%	5.49%	5.49%	5.56%	5.49%	5.43%	
	Trust Mandatory Training Compliance				82.27%	81.67%	82.38%	83.89%	84.98%	82.80%	83.56%	84.40%	83.49%	83.56%	83.65%	86.34%	87.23%	

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.

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Executive Summary | March 2023

NHS North Bristol NHS Trust

Urgent Care

Four-hour performance improved significantly in February, reporting at 79.69%; NBT ranked first out of ten reporting AMTC peer providers for the second consecutive month. There was a significant reduction in the number of 12-hour trolley breaches and ambulance handovers delays, reporting at 9 and 105 respectively. A second month of improved UEC performance correlates with a material reduction in the numbers of no Criteria to Reside patients. Following the national UEC difficulties in December, system partners were supported in securing short-term non-acute capacity (e.g. Care Hotel) to increase discharge from hospitals. The benefit can be seen in the residual acute NC2R volumes. This, in turn, has resulted in improved hospital flow with reduced 12-hour ED waits and ambulance delays and increase 4-hour ED performance. In addition, clinical operational teams have deployed the new sixth floor winter bed capacity tactically to secure a recurrent benefit to hospital flow. Whilst the improvement in the overall position is welcome, the degree of confidence in this being a sustainable step change remains uncertain. Operational teams have undertaken statistical analysis of the NC2R and ED performance correlation, which suggests that if the interim additional out-of-hospital capacity is not sustained, the benefits currently being seen are likely to reverse. The Trust continues to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals. However, the community-led D2A programme remains central to ongoing improvement. In addition, the CEO has agreed new measures centred around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. In the meantime, internal hospital flow plans continue to be developed and implemented.

Elective Care and Diagnostics

The Trust has maintained zero capacity breaches for patients waiting >104-weeks for treatment. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostic performance improved significantly in February with the national year-end target being achieved and is on track to reach zero 78-week capacity breaches by the year-end - diagnostics performance was 22.45%, 2.55% ahead of the national requirement (25%) with improvement seen in most test types. A small number of national modality reporting is still outstanding as EPR system-embedding issues are resolved. The Trust is working towards achieving year-end NHS improvement targets across all modalities, but challenges remain in the >26-week waits for Endoscopy – as described at the previous Board as related to industrial action. The outstanding >26-week Endoscopy patients will be cleared within Q1 of 2023/24.

Cancer Wait Time Standards

The Trust has made substantial and sustained improvement in the total cancer waiting list, and continues to reduce the number of patients who have waited over a 104-Day and 62-Day for a diagnosis or treatment. The Cancer improvement plan presented to Board earlier in the year demonstrated a sequence of performance improvements expected to be delivered throughout the year. This started with reducing the >62-Day PTL, then reducing the 104-Day number to a national standard, followed by reducing the total PTL (not just TWWs). These measures have now been achieved. In the plan, the next key measure to be delivered will be the FDS 28-Day standard. We are starting to see steady improvement in this measure with it increasing from 35% to 62% between August 2022 and January 2023. A further improvement is expected in February and work will continue to reach the 75% national standard in line with our commitments within the 2023/24 operational plan.

Executive Summary | March 2023

NHS North Bristol NHS Trust

Quality

Within Maternity, amidst the ongoing workforce pressures some areas of excellence have been progressed, such as being the first nationally to commence a Neonatal Head Care bundle in response to HSIB report and the launch of personalised care and support plans. Conversely the high rates of 3rd and 4th degree tears are a national outlier and an in depth review is in progress. There were no ward closures in February due to COVID-19 and NBT remains below trajectory for C. Difficile and Gram negative cases and has not reported any MRSA cases. A Trust-wide MSSA reduction plan has been agreed to tackle the breach of the yearly trajectory. There were two Grade 4 pressure injuries reported in February, for which extensive After Action Reviews are in progress. Overall pressure injury numbers continue to run below the recent mean level. The rate of VTE Risk Assessments remains below the national target of 95% compliance; a range of improvement actions are now in progress. For example, in January, the introduction of a forcing measure in ICU clerking has improved compliance to 98% with the piloting of a digital form in Neurosurgery and Gynaecology also driving improvement, plus more accurate prescribing. This continues to have direct oversight from the CMO as a priority area and through the Trust-wide Thrombosis Committee. The latest CQUIN quarterly position is reported, for which Executive Quarterly Reviews provide oversight of delivery and risks to year-end achievement. Of the three current 'red' rated schemes, two should move favourably during Quarter 4.

Workforce

Trust vacancy factor decreased from 8.64% in January to 8.44% in February, with current vacancies decreasing from 779.5wte in January, to 761.56wte in February. NBT's Rolling 12-month staff turnover decreased from 16.99% in January to 16.77% in February. The Rolling 12-month sickness absence position decreased slightly from 5.49% in January to 5.43% in February. The most affected staff groups were additional clinical services and estates and ancillary staff with rolling 12-month absence rates of 7.97%% and 9.03% respectively. Temporary staffing demand decreased by 6.28% (70.02wte) from January to February. As agency use increased (7.14%, 11.08wte) and bank use fell at smaller rate (-8.22%, -48.28wte) than the fall in in demand, there was a decrease in unfilled shifts by 8.83% (-32.82wte).

Finance

The financial plan for 2022/23 in Month 11 (February) was a surplus of £2.3m. The Trust has delivered a £4.6m surplus, which is £2.3m better than plan. This is predominately driven by additional contract income around demand and capacity, slippage in investments and service developments, and non-recurrent mitigations. This is offset by the non-delivery of savings in the first eleven months of the year and high levels of premium pay spend, including on agency and incentives. 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 11 for non-delivery. In BNSSG, this has been recognised in provider positions in month. On a year to date basis the Trust is at £3.0m deficit against an original planned deficit of £2.1m. Given the position at Month 11, the risks and mitigations impacting on the delivery for the year end position have been reviewed and the Trust is still expected to achieve the planned breakeven position. The Month 11 CIP position shows £6.1m schemes fully completed, with a further £0.6m schemes on track and £1.0m in pipeline which is in line with the forecast outturn. Cash at 28 February amounts to £104.8m, an in-month increase of £4.2m, which is linked with the receipting of additional Public Dividend Capital offset by higher volume of payments made in February. Total capital spend year to date, excluding leases, was £25.7m compared to an original phased plan of £20.0m.

Responsiveness

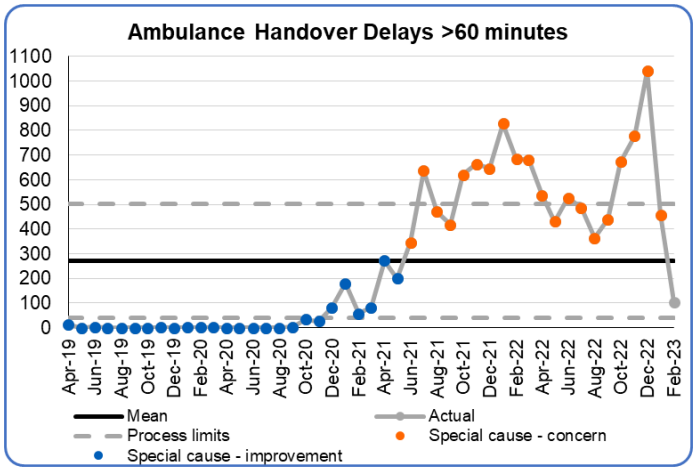
Board Sponsor: Chief Operating Officer
Steve Curry

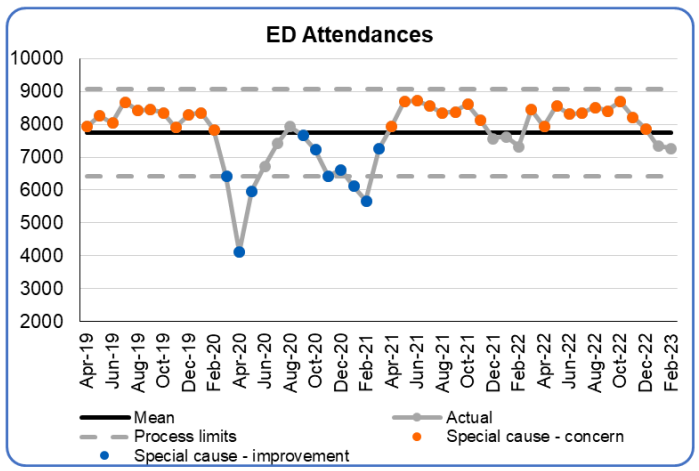
Responsiveness - Indicative Overview

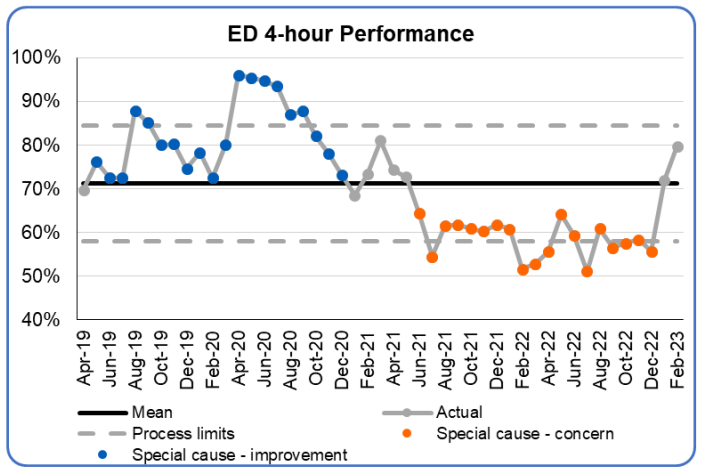
Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	Pre-Emptive Transfers	Improved NC2R, providing opportunity to deploy consistently
	Level 6 Brunel Plan	Open and deployed tactically to “recycle” ongoing benefit to flow
	NC2R/D2A	Reduction in NC2R - limited assurance on ability to sustain or improve in immediate term
RTT	104 week wait	On track for year-end trajectory to zero
	78 week wait	On track for year-end trajectory to zero
Diagnostics	25% 6-week target	On track for year-end trajectory to zero
	Zero 26-week waits	On track for all modalities apart from Endoscopy with trajectory to Q1 2023/24
Cancer PTL	>62-Day PTL volume	On track – exceeded requirement
	>62-Day PTL %	On track – exceeded requirement

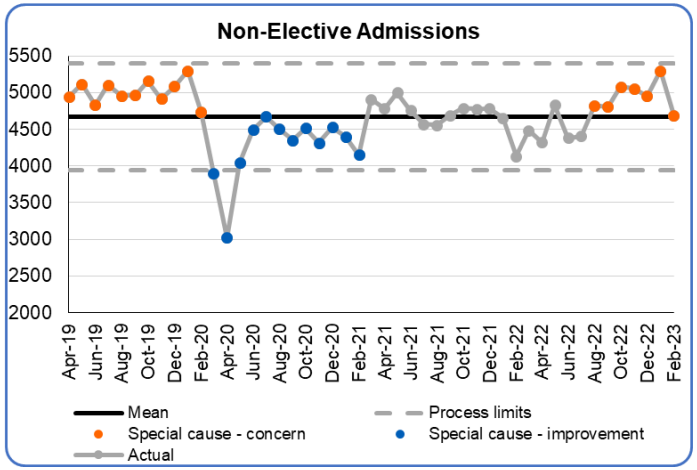
Rating reflects the reported period against in-year plan

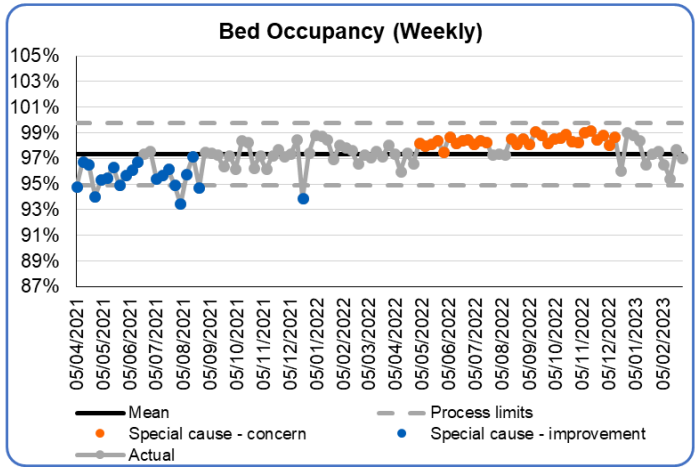
Urgent and Emergency Care

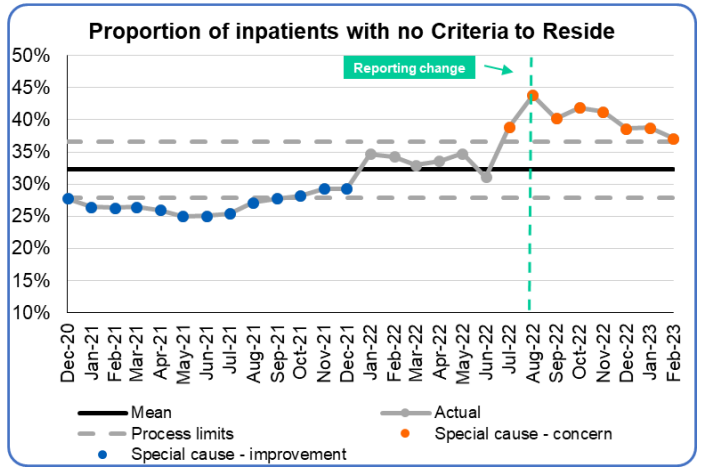












The increase in proportion of inpatients with no Criteria to Reside has resulted from the EPR change which provides improved data capture for these patients.

Urgent and Emergency Care

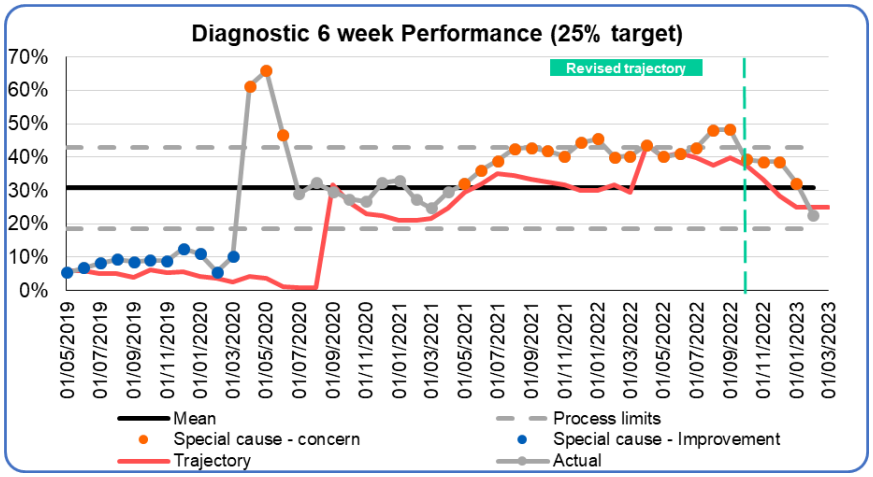
What are the main risks impacting performance?

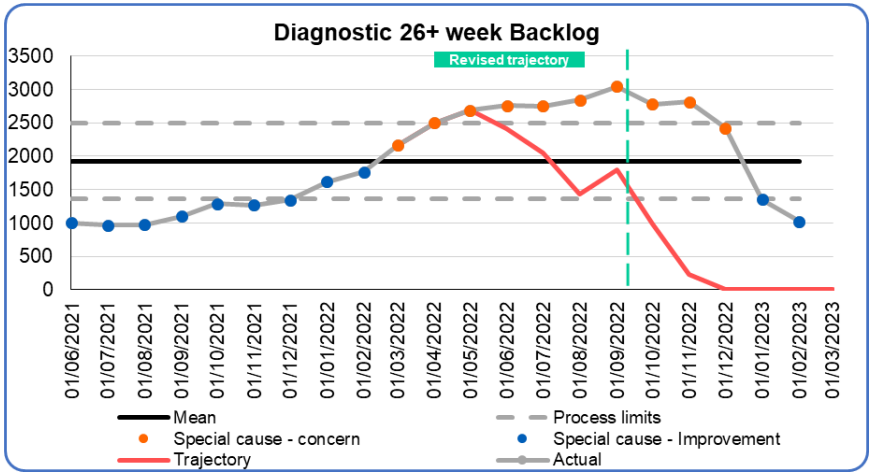
- Four-hour performance further improved to 79.69%, ranking first out of AMTC providers for the second consecutive month.
- ED attendances were similar to the same period last year.
- There was significant improvement in 12-hour trolley breaches, with only 9 in February compared to 312 in January.
- Ambulance handover delays over 1-hour decreased significantly to 105 in February from 457 in January.
- Bed Occupancy varied between 92.95% - 99.23% in February, averaging at 97.02%.
- The lower UEC attendance and admission rate seen in January compared to the prior 3-months continued in February, and the tactical deployment of the sixth floor “winter ward” facility has also contributed to the improved position.
- If interim additional out-of-hospital capacity is not sustained, the benefits currently being seen are likely to reverse.

What actions are being taken to improve?

- Ambulance handovers – the Trust continues to implement the pre-emptive ED transfer process. However, rises in No Criteria to Reside patients means that its impact is adversely mitigated at times. Use of double occupancy and boarding on wards and emphasis on early discharge of P0 patients all enacted on all Trust wards.
- The Trust continues to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals.
- Continued introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- Clinical operational teams have deployed the new sixth floor winter bed capacity tactically to secure a recurrent benefit to hospital flow.
- The CEO has agreed new measures centred around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub.

Diagnostic Wait Times





Please note due to configuration issues following implementation of the Trust's new EPR, four test types have been omitted since July-22.

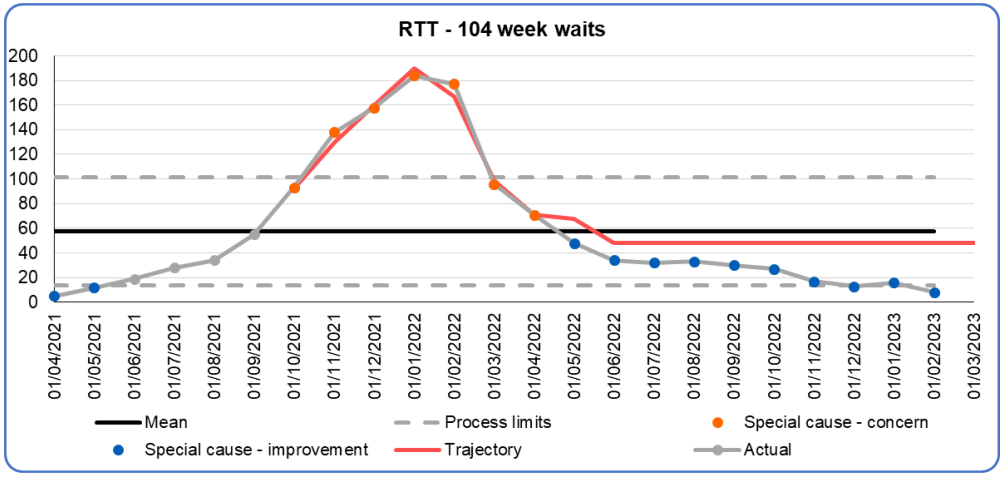
What are the main risks impacting performance?

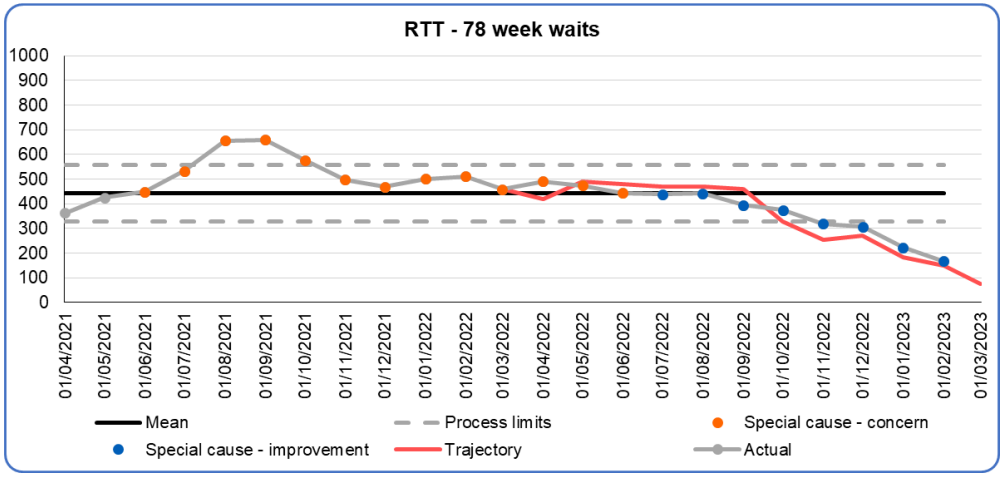
- Mitigations have had a positive impact with step-change improvement in delivery of the diagnostic 6-week performance. As of February 2023, the national target has been achieved.
- Compliant trajectories submitted to hit no more than 25% patients breaching 6-weeks at year-end and c.380 >26-week breaches (all in Endoscopy) anticipated, the risk of which has been driven primarily by an increase in urgent referrals and loss of capacity due to industrial strike action. The outstanding >26-week Endoscopy patients will be cleared within Q1 of 2023/24.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector.
- Further industrial action remains the biggest risk to year-end target compliance.
- The Trust remains committed to achieving the national requirements in-year.

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.
- New appointment times introduced increasing future capacity in CT and MRI. Weston CT capacity ongoing as well as MRI and CT at Nuffield.
- Echocardiography – Ongoing use of Xyla insourcing and capacity, and use of IMC agency commenced in September. Proactive workforce development and planning continuing to yield some positive results.
- WLIs are helping to mitigate impact of staffing shortfalls during the week.

Referral to Treatment (RTT)





What are the main risks impacting performance?

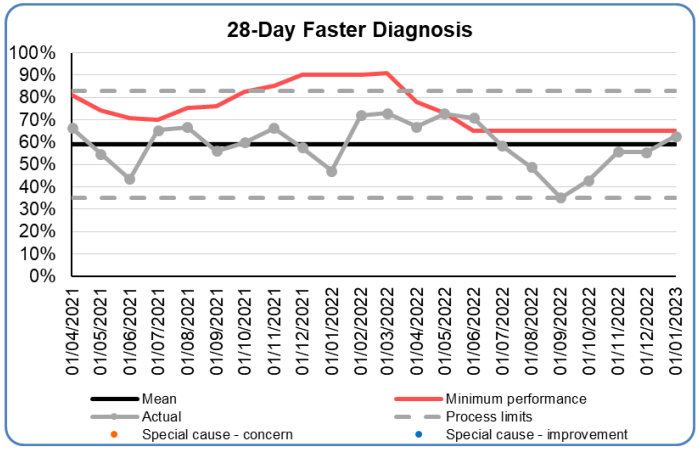
- Significant challenges to performance due to operating theatre staff absences (including COVID-19) and intense bed pressures including the rise in COVID-19 positive inpatients.
- Impact of UEC activity on elective care.
- Surge in COVID-19 related admissions.
- There has been a material impact of Nurse, Junior Doctor and Rail strikes in terms of elective procedure cancellations, combined with reduced booking potential and further losses through the re-provision and displacement of activity. Further industrial action remains a risk.

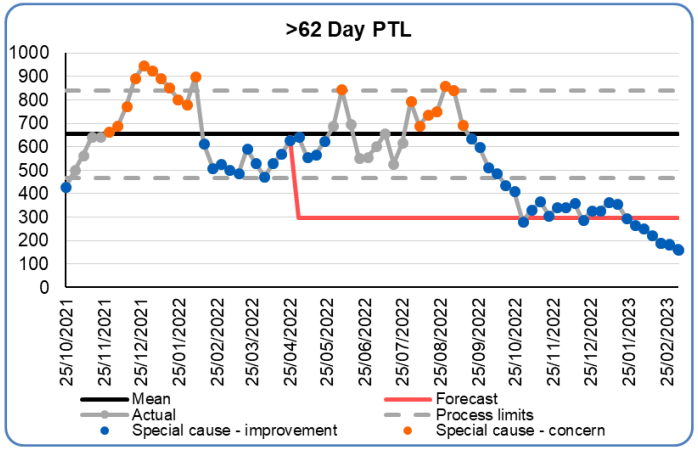
What actions are being taken to improve?

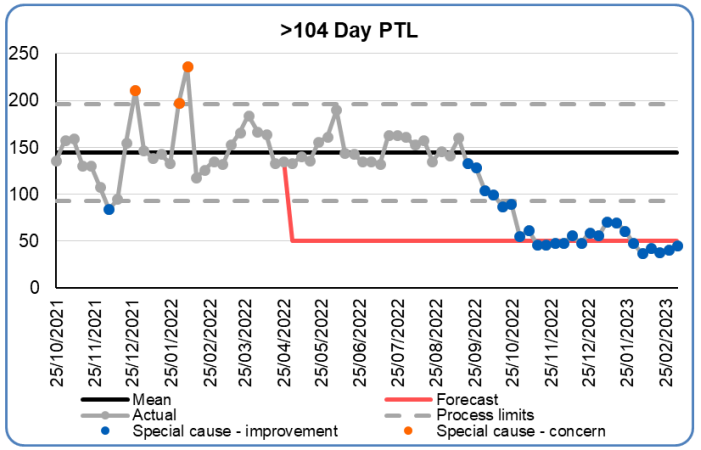
- Continued achievement of zero capacity related 104ww position.
- Extensive planning by the Elective Recovery team has resulted in a revised 78ww capacity breach projection for NBT. As a result, the Trust has committed to a zero 78ww breach position at year-end for capacity related breaches.
- There 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.

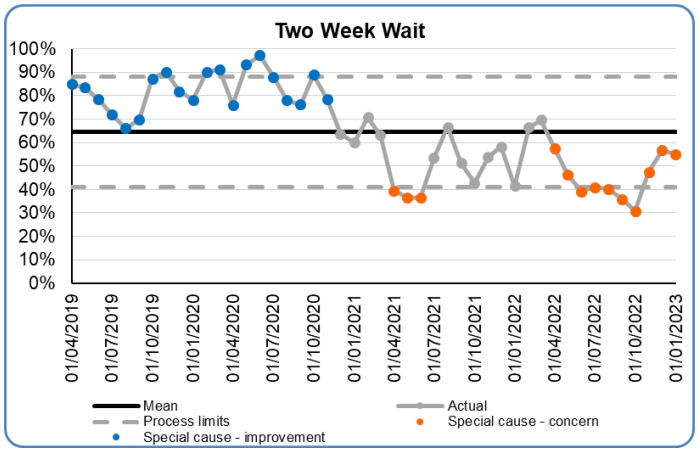
Cancer Performance

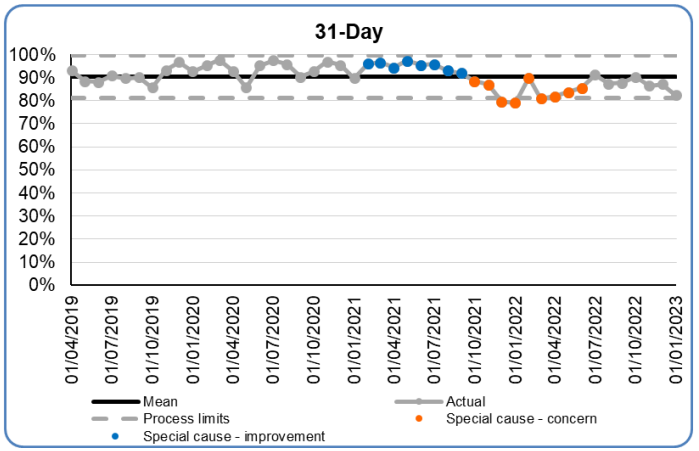
NHS North Bristol NHS Trust

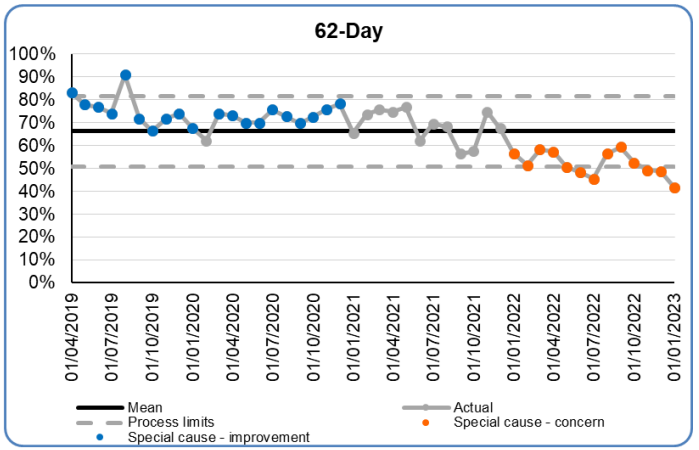












NBTCARES

Cancer Performance

What are the main risks impacting performance?

- >104-Day PTL remains over revised trajectory despite significant improvements in the total >62-Day backlog.
- Reliance on non-core capacity.
- Increase in demand for diagnostics – Endoscopy in particular.
- Industrial action.

What has improved?

- Previously described bridging plans for the Cancer Services Team have been enacted and longer-term recruitment plans are in place.
- Significant improvement through February in reducing the >62-Day Cancer PTL volume and percentage of >62-Day breaches as a proportion of the overall wait list.
- Recognition from regional and national teams on improving trend in >62-Day PTL and tumour site specific improvements in Breast.
- NBT has been removed from Tier 1 and Tier 2 escalation status. This has been confirmed through formal notification from the national team.
- Starting to see steady improvement in 28-Day FDS with it increasing from 35% to 62% between August 2022 and January 2023. A further improvement is expected in February and work will continue to reach the 75% national standard in line with our commitments within the 2023/24 operational plan.

What further actions are being taken to improve?

- Focus remains on sustaining the absolute >62-Day Cancer PTL volume and the percentage of >62-Day breaches as a proportion of the overall wait list.
- Having achieved the improved >62-Day cancer PTL target, the next phase will be to ensure the revised actions and processes are embedded to sustain this improvement. At the same time, design work has commenced to fundamentally improve patient pathways, which will improve overall Cancer wait time standards compliance. Trajectories have been revised across all tumour sites and will be submitted to the ICB in March 2023.
- The 60-Day follow up visit has taken place and the regional teams are satisfied with the progress being made. The 90-Day visit is scheduled for April 2023.
- Additional work has now been initiated to manage down the total Cancer PTL (including upgrades). This work is progressing at pace in line with trajectory.

Safety and Effectiveness

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

Maternity

Perinatal Quality Surveillance Matrix (PQSM) Tool - January 2023 data

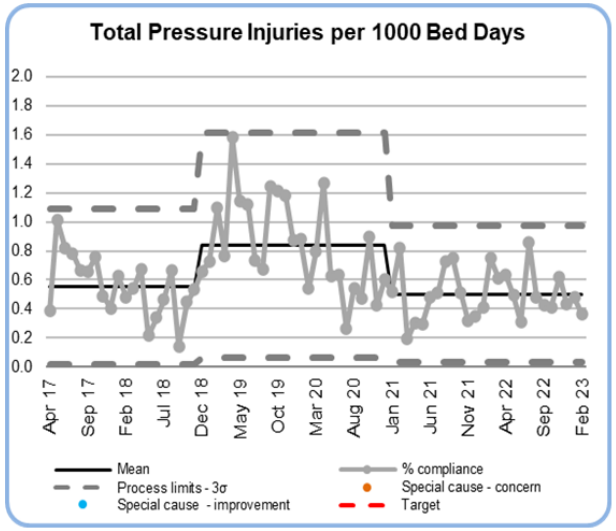
NBT - PQSM		
	Target	Jan-23
Activity		
Number of women who gave birth, all gestations from 22+0 gestation		444
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)		451
Number of baies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)		34
No of livebirths <24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

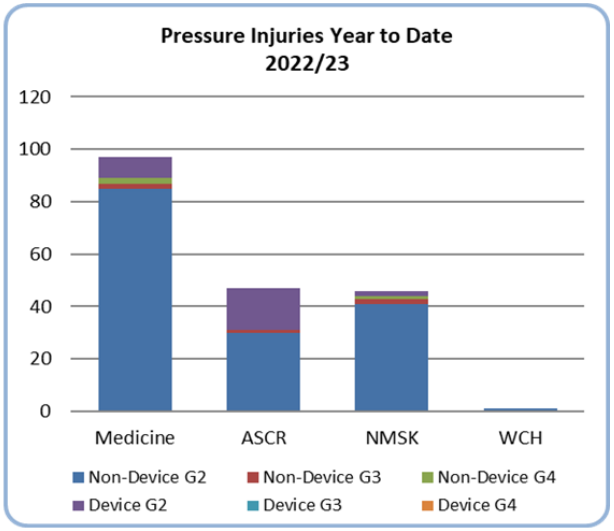
Workforce			
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite			83
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps			1
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps			2.5
Minimum safe staffing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

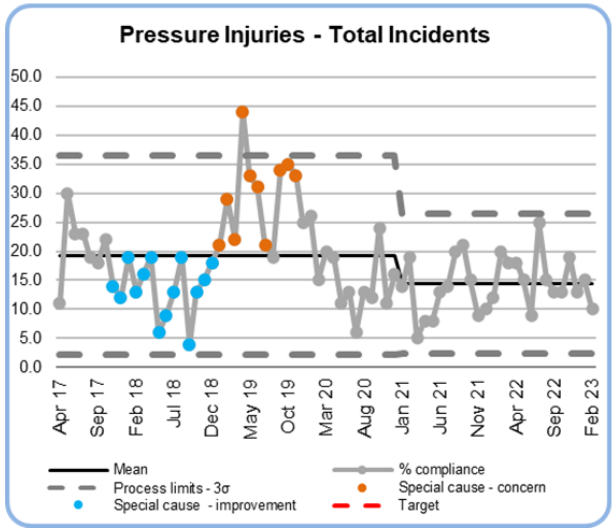
Executive Summary

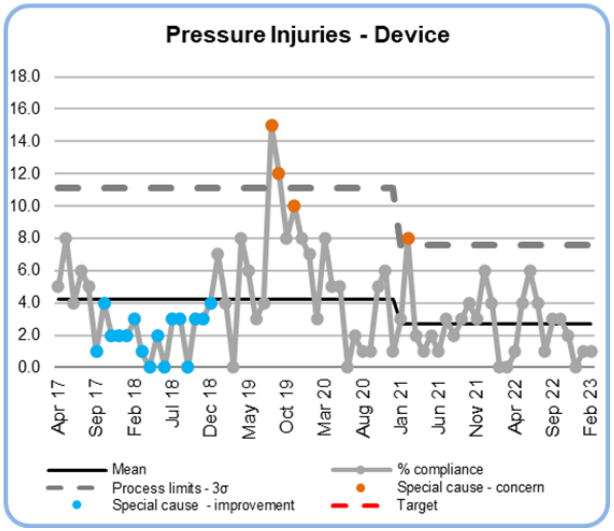
The Perinatal Quality Surveillance Matrix (PQSM) report provides a platform for sharing perinatal safety intelligence monthly.

- There were 0 admissions to ITU from Maternity during January with 17 women receiving HDU care on Central Delivery Suite.
- 0 cases eligible for full PMRT review.
- 1 x HSIB final reports received following full investigation. Total of 3 safety recommendations for NBT to action. Primary themes: language/interpretation, neonatal head care and consideration of USS prior to instrumental births.
- Workforce pressures across all staff groups.
- 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.
- NMPA newly released data shows NBT's 3rd/4th degree rate to be 4.8% from the last year on year assessment which is the highest percentage in the country. The Division recognise this is an issue and above the National average of 3% and is currently conducting an in-depth exploration into this with an action plan to address any areas for learning. The report will be shared with Trust Board and the LMNS once published.
- The Maternity Incentive scheme submitted prior to the deadline for year 4. 3 areas declared non-compliant; Safety Action 5, Safety Action 6 and Safety Action 8.
- Areas of excellence include: Commencement of Neonatal Head Care Bundle following HSIB report – (first of it's kind Nationally). Launch of personalised care and support plans February 2022 – LMNS wide project. PIMS submissions highest since launch in October. 81 submissions for January. CO monitoring recordings at 36/40 were above 80% for the first time in recorded history in January.
- There are 7 Trust Level Risks









Pressure Injuries

What does the data tell us?

In February there was a decrease in the number of Grade 2 pressure ulcer to 9 with 1 attributable to medical device:

- 1 x nose (device related), 3 x heels, 5 x buttocks and sacrum

There was 2 x Grade 4 pressure ulcers reported 1 attributable to Medicine and 1 to NMSK.

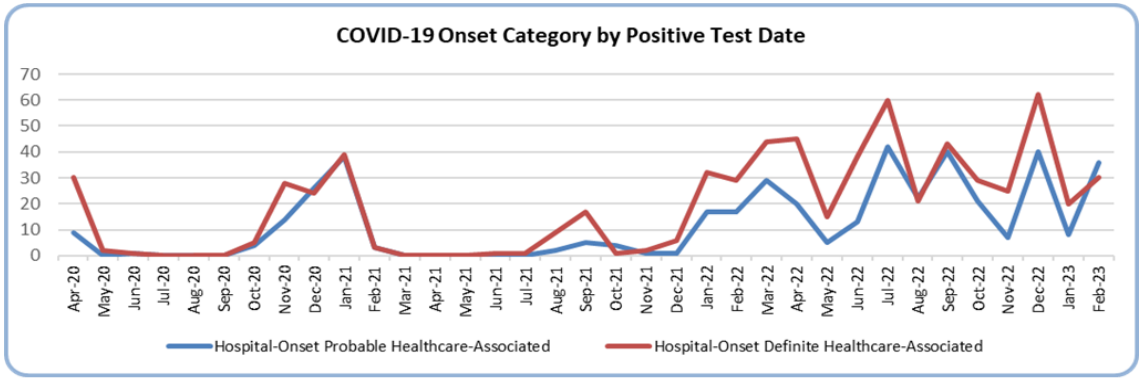
There were 3 unstageable pressure ulcers reported.

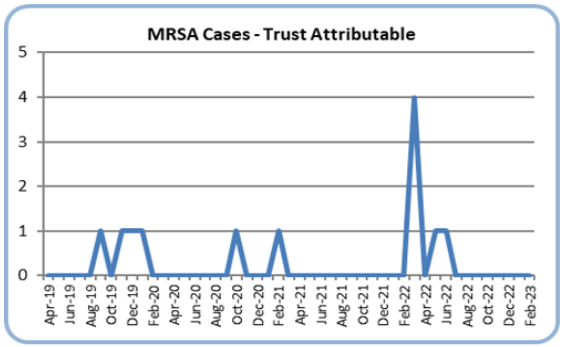
There was an decrease to 17 DTI's from the previous month:

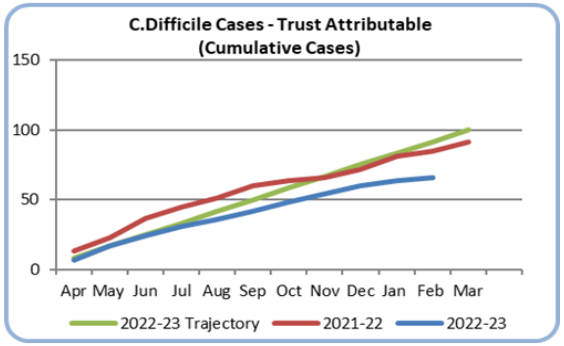
- 4 x sacrum/buttocks/natal cleft, 2 x hips, 9 x heels, 1 x ear, 1 x toe.

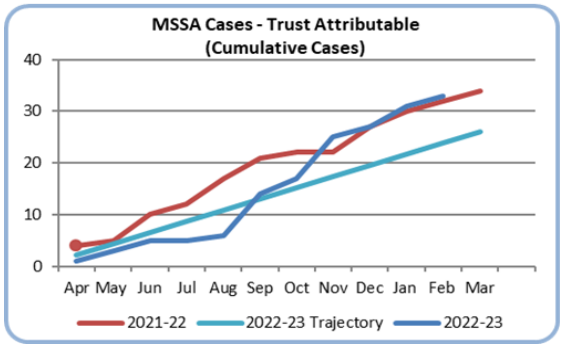
What actions are being taken to improve?

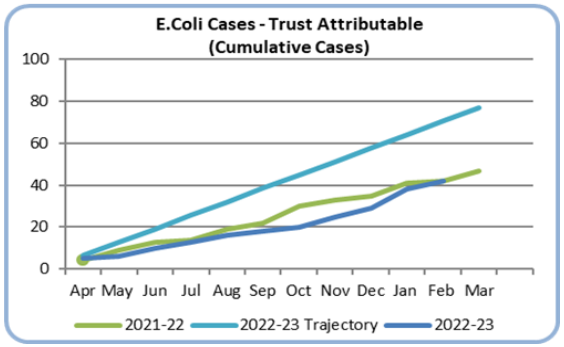
- The Tissue Viability (TV) team provide a responsive, supportive and effective pressure ulcer prevention and validation service. TVS work collaboratively within NBT to reduce harm and improve patient outcomes.
- TV Matron was appointed to the TV team.
- Extensive after action review has been conducted following validation of Grade 4 to the sacrum to the NMSK division.
- MDT meeting to discuss the complex case of grade 4 to the medicine department.
- TVS continue to provide focussed training sessions for the stroke training day. TVS facilitated a non-registered education day in the learning and development centre for HCAs.











Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)

February cases continued, no ward closures with only 16 restricted access bays in contrast to 26 restricted bays in January.

Influenza

Cases have reduced in February. Averaging at 1 to 2 daily inpatients.

With reduced trust wide / regional respiratory virus numbers, mandated mask wearing has been stepped down, alongside the EEU admission criteria to reflect "Living with respiratory viruses" and symptomatic discharge screening .

MRSA – No further cases noted in February.

C. Difficile – NBT maintain a below trajectory position, the ICB remain satisfied with our response to this . Learning is shared trust wide in steering groups and divisional COICs.

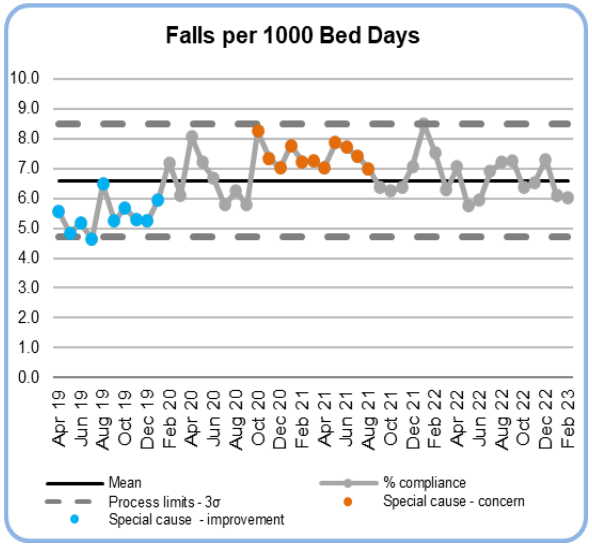
MSSA – The impact of proactive divisional measures from earlier peaks resulted in a lower monthly rate. Our yearly trajectory – 2022/23 position is breached, this is reflected nationally, regionally.

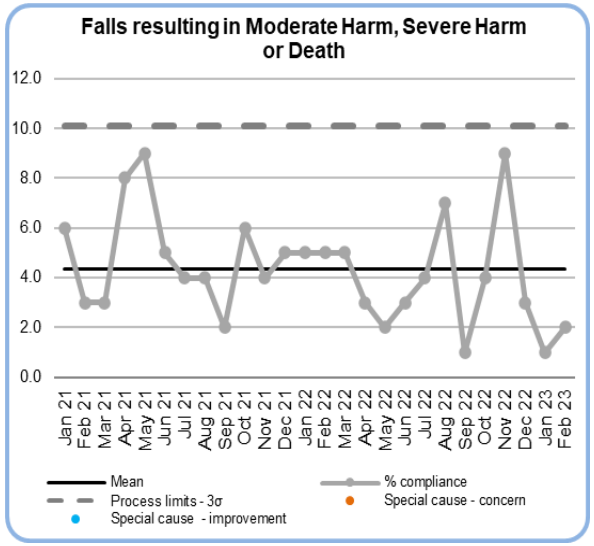
Gram –ve - NBT is reporting a position below trajectory.

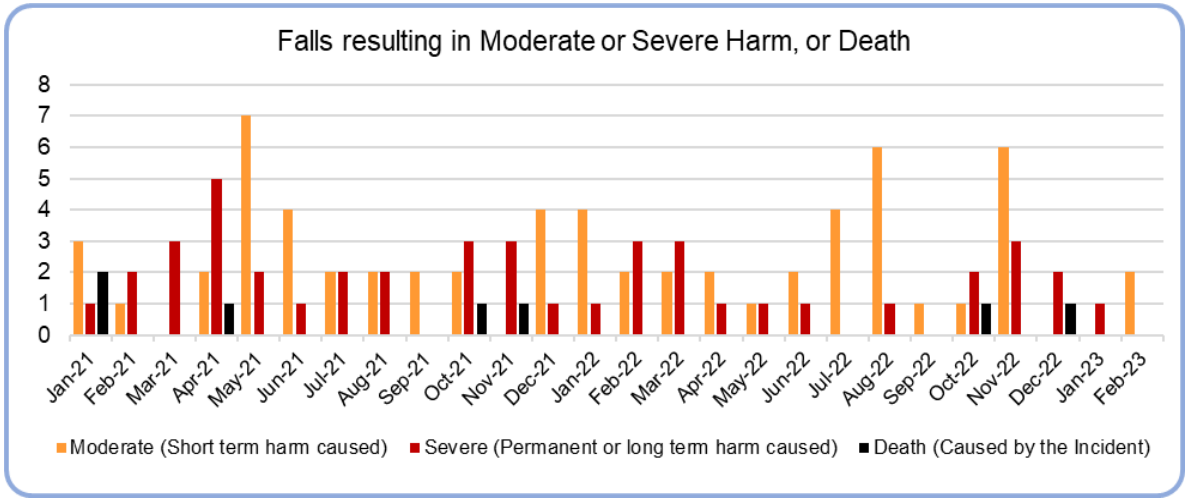
Norovirus – Some increase of cases seen in this time all able to isolate and not resulted in large numbers of closed beds .

What actions are being taken to improve?

- Escalation to ASCR / Medicine around MSSA themes and trends. Targeted work by IPC to support learning. This has been added into a trust wide MSSA reduction plan.
- IPC education , support for divisions reflect needs / requests and theme's, over Mandatory organisms ,Respiratory viruses , Back to Basics.







Falls

What does the data tell us?

Falls incidents per 1000 bed days

The improved position for falls has continued in February 2023. NBT reported a rate of 6.02 falls incidents per 1000 bed days, remaining below the mean rate for NBT falls (including prior COVID-19 pandemic) which is 6.8 falls per 1000 bed days.

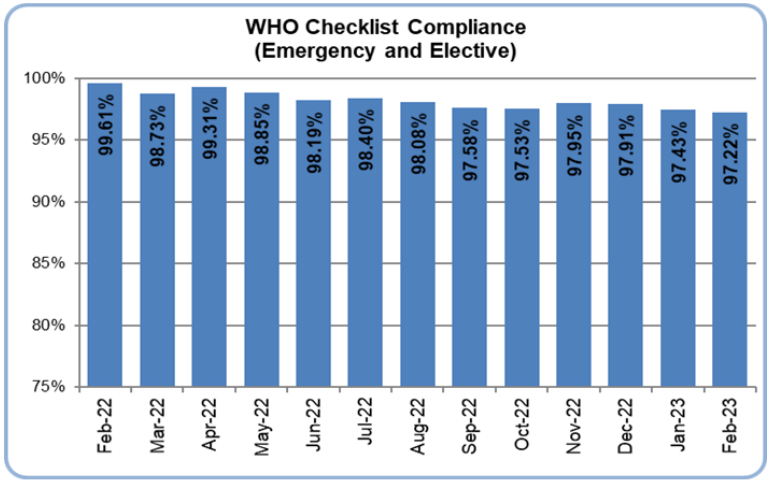
Falls harm rates

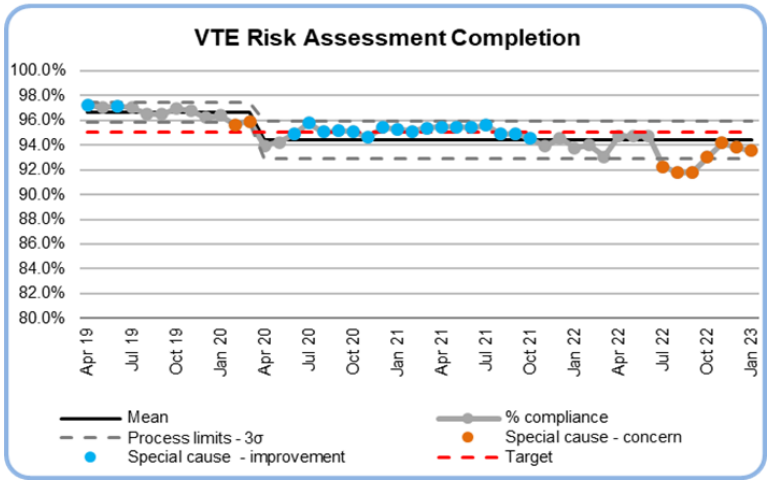
During February 2023, 2 falls were recorded and validated as causing moderate harm, whilst 0 falls were categorised as severe harm or death. Falls remain one of the top 3 reported patient safety incidents, therefore there is confidence that the practice of appropriately reporting falls is well embedded at NBT.

What actions are being taken to improve?

The Falls Academy was formed in September 2020 overseeing falls improvement at NBT. A monthly educational clinically led meeting disseminates learning to frontline staff through link nurses. Next steps for the falls academy and falls improvement is presently being considered.

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





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

WHO Checklist Compliance

What does the data tell us?

In February, WHO checklist compliance was 97.22%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

The IPR report of less than 100% is due to issues with data capture and solely indicates a failure to 'sign out' on completion of the list. All cases where WHO was not recorded electronically are reviewed to ensure that checklist compliance was recorded in the paper medical records, therefore meaning that the correct checks were undertaken in practice. When a manual check confirms that the WHO check list was not completed a Datix is recorded.

VTE Risk Assessment

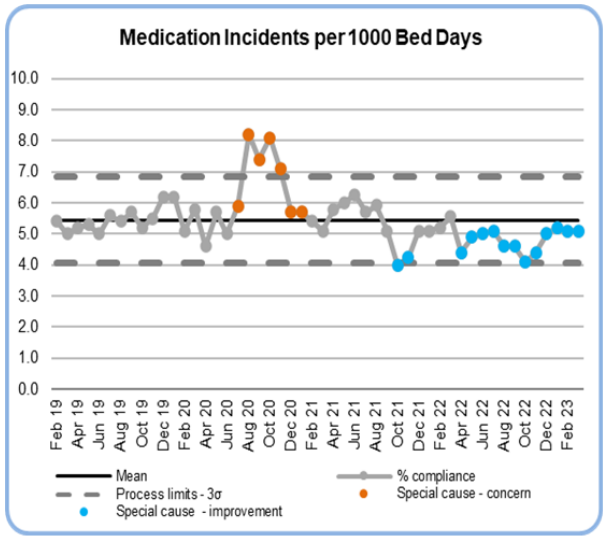
What does the data tell us?

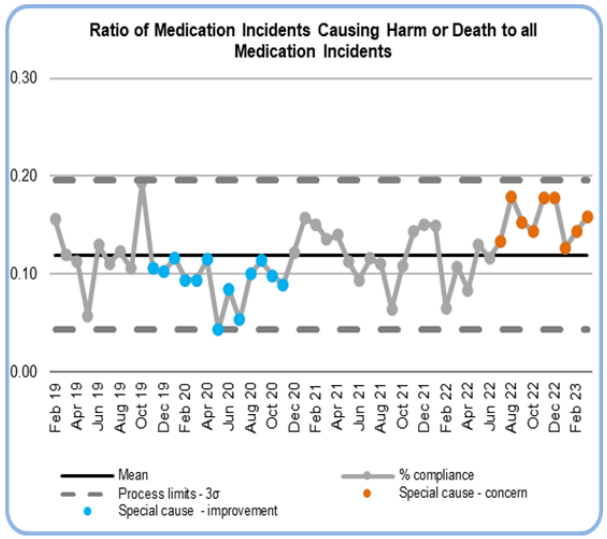
In January, the rate of VTE Risk Assessments (RA) performed on admission was reported as 93.53%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. The decline in compliance seen from July-22 (exacerbated by the CareFlow changeover, though not the primary factor) has improved in recent months, however, there is still work to be done to ensure further improvement.

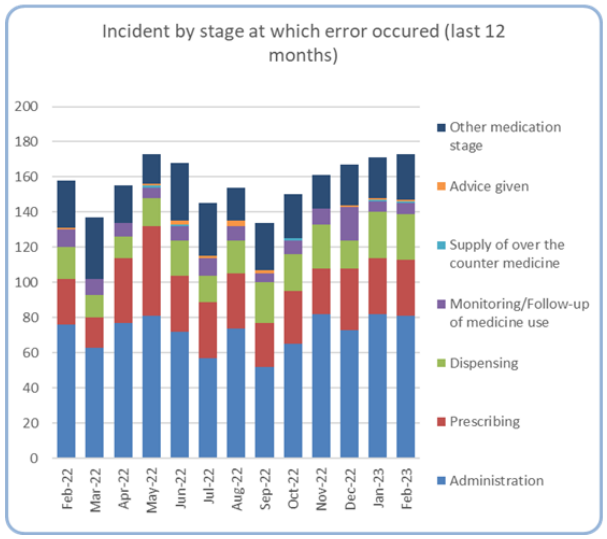
What actions are being taken to improve?

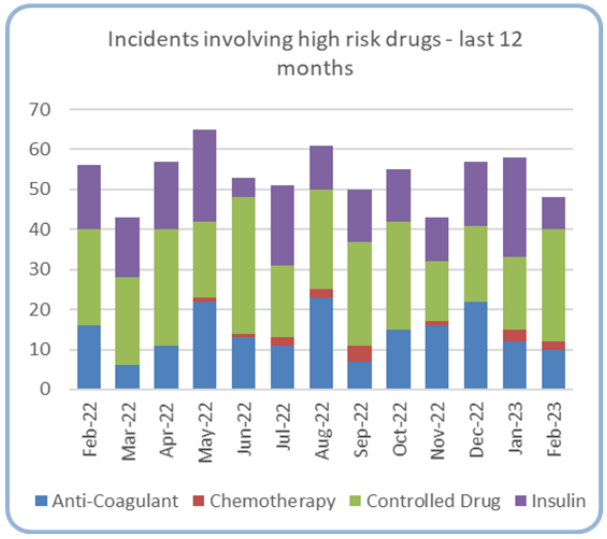
An overarching improvement plan has been developed, clinical leadership responsibilities agreed with direct oversight of the CMO and the Thrombosis Committee reconvened to engage and drive actions across the Trust. Progress on these actions is as follows:

- An improvement trajectory has been agreed for the period November-22 to April-23.
- Neurosurgery and Gynaecology are supporting a pilot of a new digital form
- In January ICU has achieved 98% since the introduction of a forcing measure in the clerking documentation
- Introducing the form is improving the prescribing of thromboprophylaxis, as there is guidance to support the choice of prescription, thus improving patient safety
- Ward audits are showing an improvement in compliance
- A study day has been arranged in May-23, in conjunction with Thrombosis UK (National)
- VTE is to be reintroduced at new starter induction – starting in April-23 (both registered and unregistered)
- The team is planning to have a table in the Brunel Building atrium once there is a full roll out of the digital form.









Medicines Management Report

What does the data tell us?

Medication Incidents per 1000 bed days
During February 2023, NBT had a rate of 5.1 medication incidents per 1000 bed days. This is slightly above the 6-month average for this figure.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents
During February 2023, c.15.8 % of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.158). This is slightly above the 6 month average of 15.5 %

High Risk Medicines
During February 2023, c.32% of all medication incidents involved a high risk medicine in keeping with the 6 month average of 33%. There has been a marked decrease in incidents related to Insulin compared to the high value seen last month but we will continue to monitor this.

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

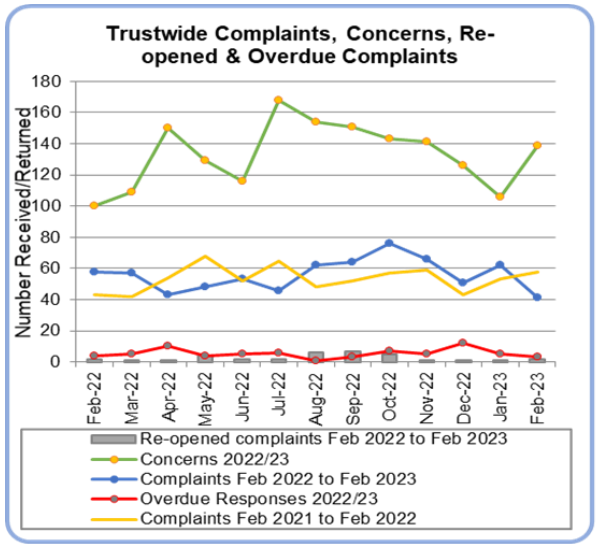
What actions are being taken to improve?

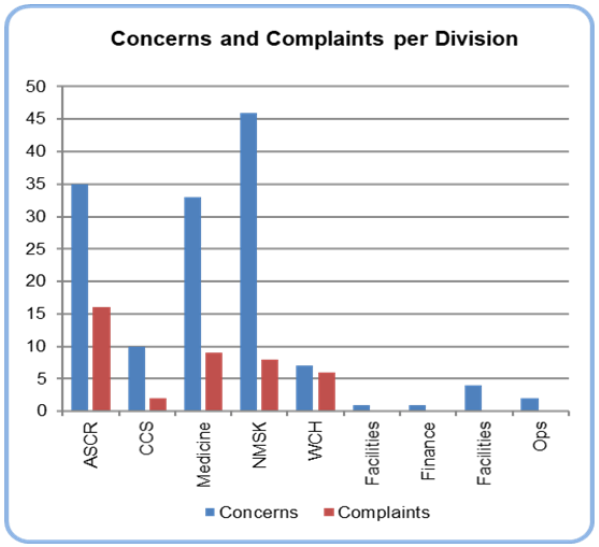
The Medicines Governance Team encourage reporting of all incidents to develop and maintain a strong safety culture across the Trust, and incidents involving medicines continue to be analysed for themes and trends.

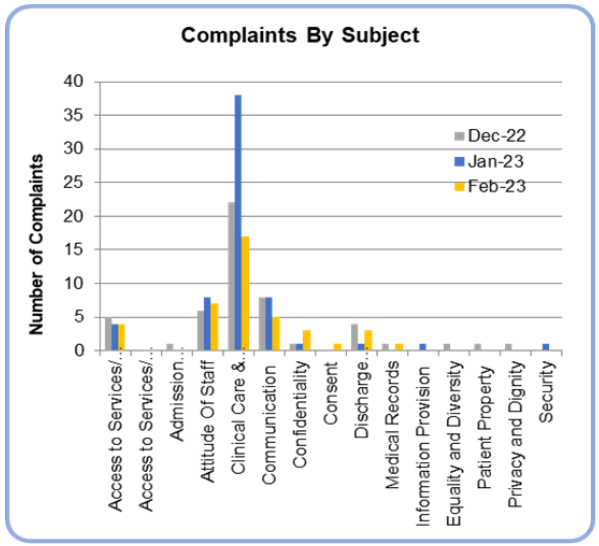
The learning from incidents causing moderate and severe harm is to be presented to, and scrutinised by, the Medicines Governance Group on a bi-monthly basis in order to provide assurance of robust improvement processes across the Trust.

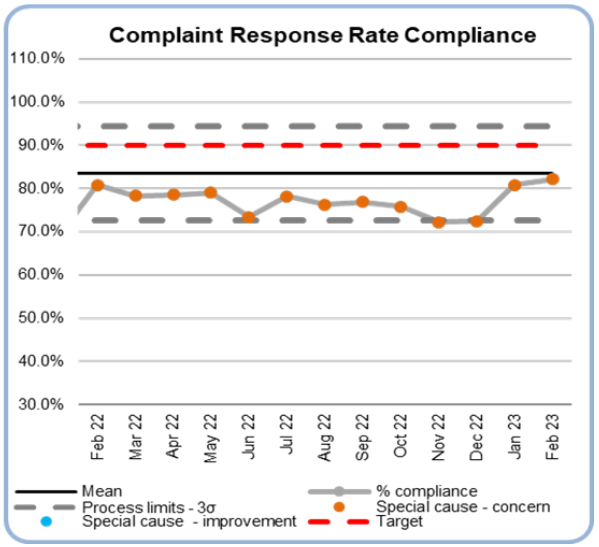
Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams









Complaints and Concerns

What does the data tell us?

In February 2023, the Trust received 41 formal complaints. This is 21 fewer than the previous month but is consistent with the same period last year where 43 complaints were received.

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

There were 2 re-opened complaints in February, 1 for ASCR and 1 for Medicine.

Of the 41 complaints, the largest proportion was received by ASCR (16).

The overall number of PALS concerns received increased significantly from 106 in January to 139 in February.

The response rate compliance for complaints increased once again to 82.1%.

A breakdown of compliance by division is below:

ASCR – 86%	NMSK- 88%	CCS – 100%
WaCH- 88%	IM&T - 100%	Medicine – 73%

The number of overdue complaints at the time of reporting has decreased from 5 in January to 3 in February. 2 of the overdue complaints are in ASCR and 1 is in Medicine.

In February 100% of complaints were acknowledged in 3 working days and 100% of PALS concerns were acknowledged within 1 working day.

The average response timeframe for PALS concerns in February was 8 working days. This is nearly half the time taken in January (14 working days). 84% of PALS concerns were closed within the agreed timescales. This is a fantastic achievement given the high volume of cases.

What actions are being taken to improve?

- Ongoing weekly validation/review of overdue complaints by the Complaints Manager.
- Weekly meetings with Medicine, ASCR, WaCH and NMSK Patient Experience Teams.
- New Patient Experience Lead in CCS.
- Weekly Cross Divisional Complaint review (divisional complaints teams meet to discuss joint cases).

Commissioning for Quality and Innovation (CQUIN)

Board Sponsor: Chief Nursing Officer
Steven Hams

Commissioning for Quality and Innovation (CQUIN) Schemes

NHS North Bristol NHS Trust

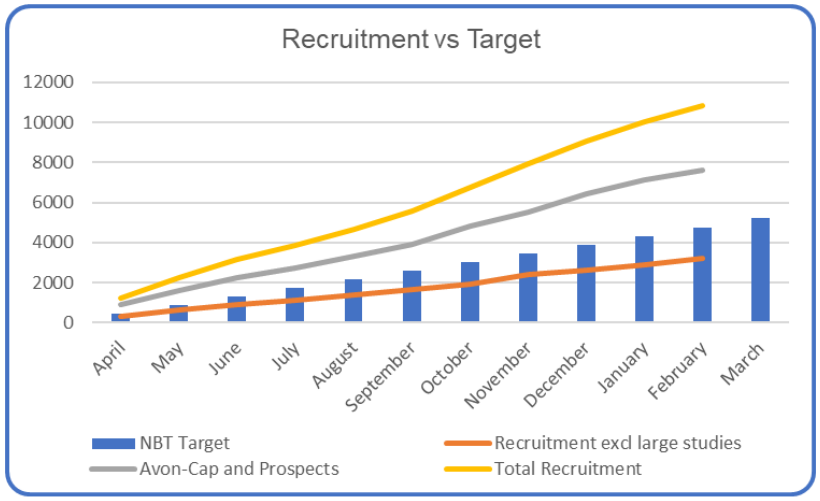
CQUIN Scheme Ref. / Title	Description	Annual Value ('000)	Lead Division	Q1	Q2	Q3	Q4 (Forecast)	Comment (*forecasts are % of £ CQUIN value*)
CCG1: Flu vaccinations for frontline healthcare workers	Achieving 90% uptake of flu vaccinations by frontline staff with patient contact	£913k	Operations, Trustwide	N/A	N/A	🔴	🟡	***Target range 70%-90%.*** **Q3 69.5%, YE position counts in full. Anticipated within range 70%-90%**
CCG 3: NEWS2 Recording	Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation (T0) and time of clinical response (T1) recorded.	£913k	Medicine & ASCR	🟢	🟢	🟢	🟢	***Target range 20%-60%.*** **Full achievement Q1, 2 & 3 (89%). Also forecasted for Q4.**
CCG4: 28- Day Cancer Faster Diagnosis Standards	Achieving 65% of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways	£913k	ASCR	🟢	🔴	🔴	🟡	***Target range 55%-65%.*** **Q2 -47%, Q3 51.5% Forecast for Q4 expected to be above 55% minimum requirement**
CCG 6: Anaemia Screening	Ensuring that 60% of major elective blood loss surgery patients are treated in line with NICE guideline NG24.	£913k	ASCR	🟢	🟢	🟢	🟢	***Target range 40%-60%.*** **Full achievement Q1, 2 & 3 (92%). Also forecasted for Q4.**
CCG 9: Cirrhosis & Fibrosis	Cirrhosis and fibrosis tests for alcohol dependent patients	£913k	Medicine	🟢	🟢	🟢	🟢	***Target range 20%-35%.*** **Full achievement Q1, 2 & 3 (57%). Also forecasted for Q4.**
PSS1 - Revascularisation Standards	Achievement of revascularisation standards for lower limb Ischaemia (within 5 days for unplanned inpatient admission)	£867k	ASCR	🟢	🟡	🟡	🟡	***Target range 40%-60%.*** **Full achievement Q1, partial Q2 (55%) and Q3 (50%).**
PSS2 – Shared Decision-Making	Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to make informed decisions based on available evidence and their personal values and preferences and knowledge	£867k	ASCR	🟢	🟢	N/A	🟢	***Target range 65%-75%.*** **Full achievement Q1 & Q2 & also forecasted for Q4.**
PSS5 – Priority Categorisation	Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines to reduce the risks of harm to patients	£867k	NMSK & CCS	🔴	🔴	🔴	🔴	***Target range 74%-98%.*** **Actual position impacted by EPR switch. Alongside existing challenges in delivering this CQUIN.**

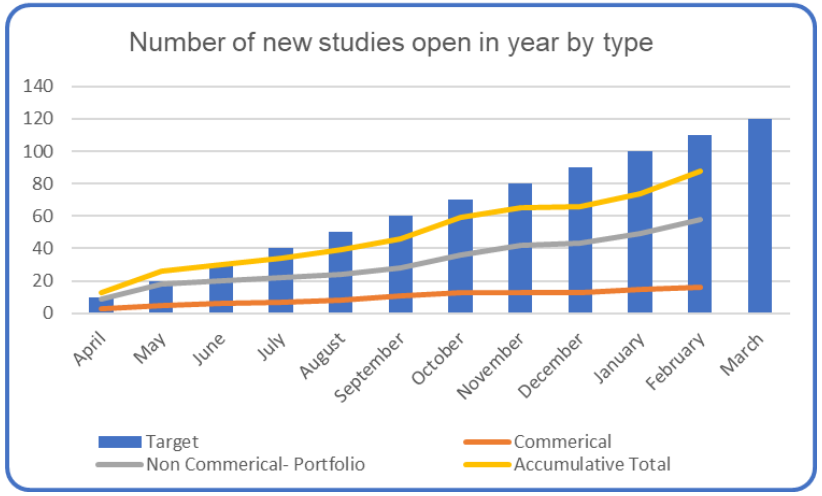
🟢 **Full: ≥ max target %** | 🟡 **Partial: ≥ min target % and < max target %** | 🔴 **Not met: < min target %**

NBTCARES

Research and Innovation

Board Sponsor: Chief Medical Officer
Tim Whittlestone





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.

We will aim to recruit 5200 participants to our research studies; this reflects our baseline pre COVID ambitions. At present 10,863 participants have consented to our research. This exceeds our current YTD target (228%) 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; at present we have 236 studies open to new participants and have set up and opened 88 new studies since April (Graph 2), these are predominantly non-commercial studies. We pleased to see a small growth in the number of collaborations with commercial partners which enables us to offer our patients access to clinical trial therapies; this is something we intend to grow over the coming years.

We are very proud of our team who have been part of the project group to set up the NBT "Your Health Check Day" as well as the many staff from research and innovation who gave up their time to support this day, which proved to be hugely popular.

Our grants
NBT currently holds 71 externally funded research grants, to a total value of £33.1m. This includes 34 prestigious NIHR grants totalling £31m. In 2022, NBT received a record level of NIHR grant income (£4m compared £2.8m in 2021), due to NBT's exceptionally high success rates with NIHR grant applications (50% success at stage 1 and 90% stage 2). In addition, NBT is a partner on 67 externally-led research grants, to a total value of £10.6m to NBT.

The level of grant development activity remains high, with 16 research grants submitted by NBT staff so far this year. Recent awards have been made to three NBT researchers for NIHR RFPB (£150k) and NIHR AI (£1.8m) projects.

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

In addition to the SHC Research Fund, R&I is planning to introduce a new process for awarding mentorship and funding to NBT staff who are new to research but have a great idea for a research project '**Early-Stage Research Funding**'.
The application form will follow a simple SBAR structure and will not require any prior knowledge of, or expertise in, research. R&I will launch this new funding stream across the Trust in due course.

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 8.64% in January to 8.44% in February, with current vacancies decreasing from 779.5wte in January, to 761.56wte in February. Registered nursing and midwifery saw a slight increase in vacancy rate from 14.80% in January to 15.05% in February, driven by an increase in funded establishment in Maternity Services; medical & dental also saw a slight rise, driven by decreased staff in post in Care of the Elderly Specialty.

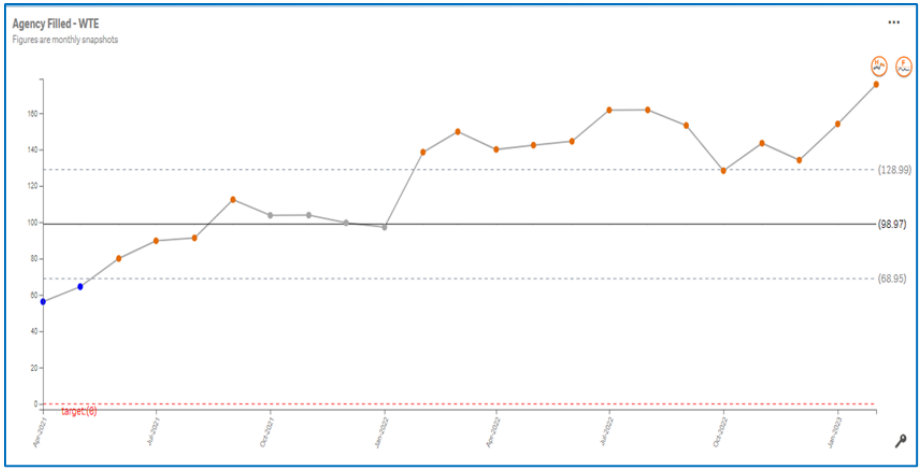
Turnover
Trust rolling 12-month staff turnover decreased from 16.99% in January to 16.77% in February. Additional clinical services (23.2%) and administrative and clerical (20.2%) remain the staff groups with highest turnover position in the trust, with administrative and clerical seeing a decline from January to February. Throughout March divisional retention plans for the next year will be aligned with corporate retention initiatives to developed a focussed action plan to deliver the Trust target of 16.5% turnover in 2023/24 with plans captured in the Workforce Retention Plan project charter (as a strategic initiative for the People Patient First Strategic Goal).

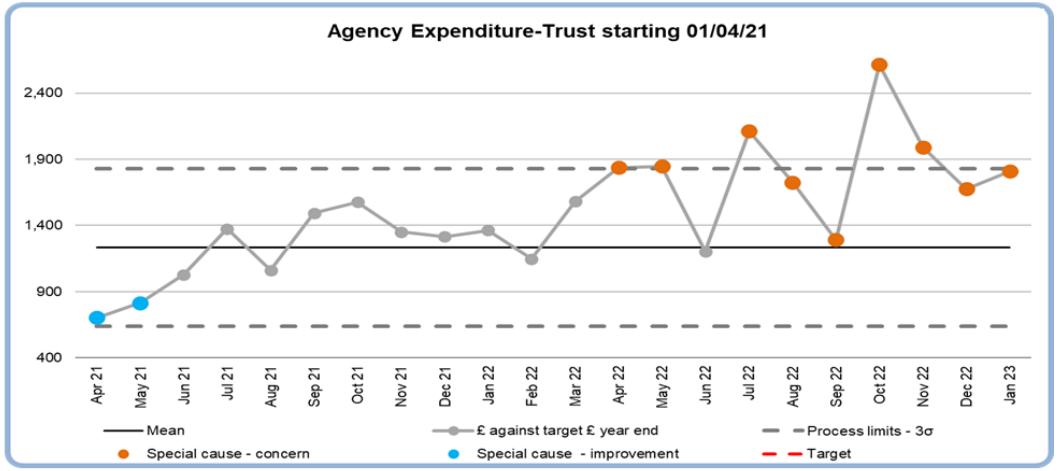
Prioritise the wellbeing of our staff
The Rolling 12month sickness absence position decreased slightly from 5.49% in January, to 5.43% in February. The most affected staff groups were additional clinical services and estates and ancillary staff with rolling 12 months absence rates of 7.97%% and 9.03% respectively. Infectious diseases (COVID) (20.3%), stress/anxiety/depression/other psychiatric illness (16.7%) and cold, cough, flu – influenza (9.4%), were the leading causes of days lost to sickness absence (in-month). Other musculoskeletal problems saw an increase from 2.3% of in month wte days lost in January to 9.0% in February, this was driven by increases in teams from across the Facilities Division.

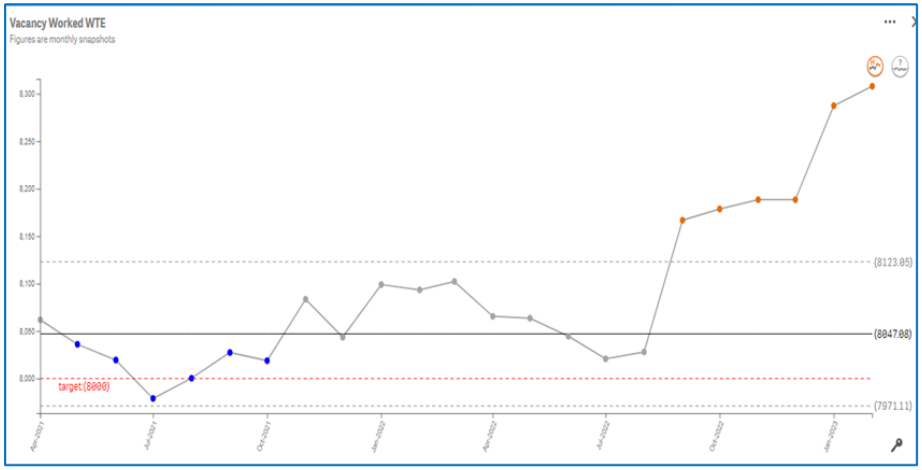
Continue to reduce reliance on agency and temporary staffing
Temporary staffing demand decreased by 6.28% (70.02wte) from January to February. As agency use increased (7.14%, 11.08wte) and bank use fell at smaller rate (-8.22%, -48.28wte) than the fall in in demand, there was a decrease in unfilled shifts by 8.83% (-32.82wte). Total agency RMN Use increased by 3.75% (0.96wte), driven by increased tier 1 use in Ward 33A; tier 4 RMN use decreased by 1.00wte (3.75%).

Theme	Action	Owner	By When
Vacancies	Initiated review of recruitment process which will use Patient First improvement methodology to deliver 'Faster, Fairer Recruitment'	Associate Director for Strategic Workforce Planning and Resourcing	Ongoing
Turnover	Complete the Project Charter for Retention and continue to Implement the Trust's agile working principles, working with Divisions and engaging with staff and key stakeholders. Then, the development of a toolkit to support staff and managers to work in agile ways. Increasing flexible working across the Trust to improve work life balance and reduce turnover. Key support to hot spot areas of midwifery and theatres.	Associate Director of People	Apr-23
Wellbeing	Implementing financial wellbeing projects to support our staff including: instant payment mechanism for bank work/salary draw downs (March 23); expansion of subsidised food offers (date tbc); life assurance scheme (May 23); monthly on-site Citizen's Advice Bureau surgeries & manager training sessions (Feb 23); Food bank referral programme (March 23). New Trust-wide leadership development programme to be launched with aim of improving retention (April 23).	Associate Director Culture, Leadership & Development	Apr-23
Temporary Staffing	Analysis of the impact of January's short term bank incentivisation and a wider peice of work defining and agreeing a longer term approach to bank rates and incentives is in porgress, including an anticipated reduction in agency use for 2023/24	Associate Director for Strategic Workforce Planning and Resourcing	Mar-23

Workforce







What Does the Data Tell Us – Vacancies Nursing and Midwifery

- The Trust vacancy factor decreased to 8.44% in February.
- Agency use increased by 7.14% in February.

Actions

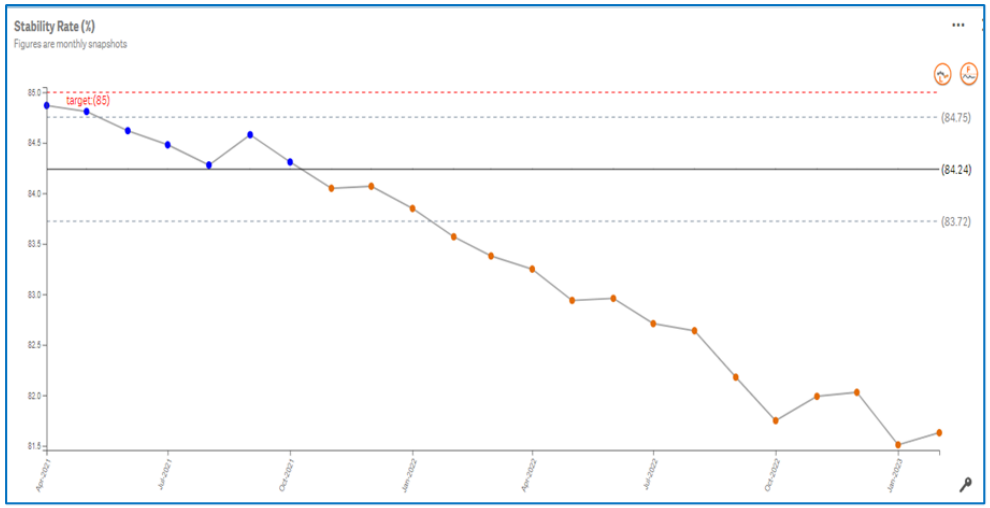
Unregistered Nursing

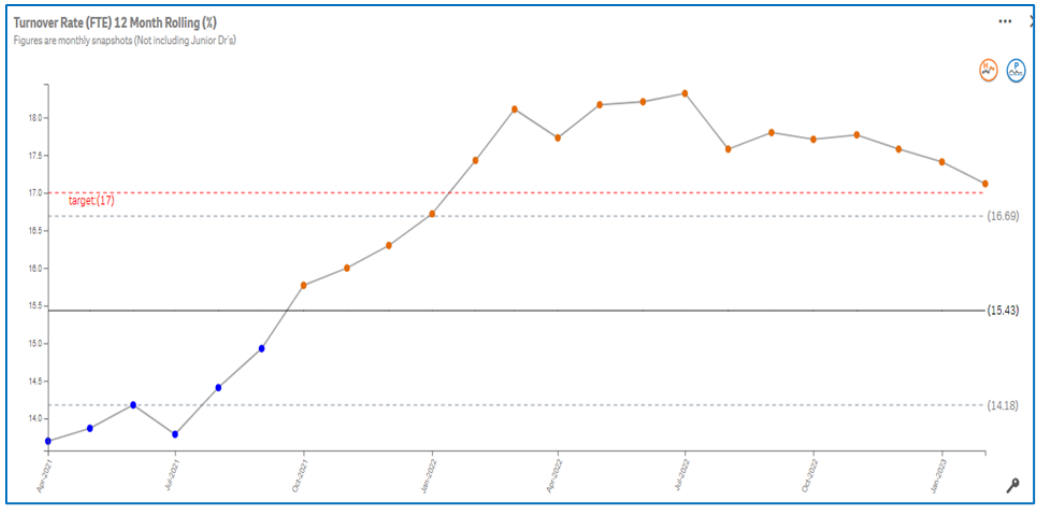
- February continues to be busy with 38 offers for healthcare support worker (HCSW) roles across the Trust. 11.72 for band 2 roles and 26.76 for band 3 roles
- February saw 5.61 wte new band 2 starters , band 3 starters were 6.64 wte.
- Vacancies in February for unregistered nursing decreased overall and are now at 149.32 vacancies over both bands – we are reporting this as combined figure due to the movement of staff from Band 2-3 staff within the Trust.

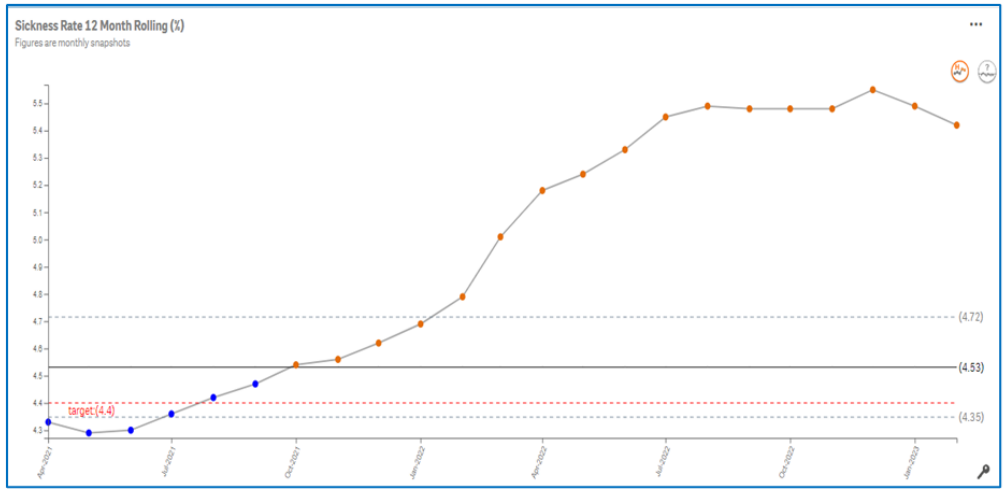
Registered Nursing

- A mixture of applications and open day candidates in February have resulted in 41.47 offers being made for band 5 nursing and midwifery.
- February saw just 11.90 wte band 5 starters in September and leavers were 14.34 wte. Our overall registered nursing and midwifery vacancies now stands at 313.70 wte
- We held our Spring Nursing, Midwifery and ODP careers exhibition in February which was attended by 68 candidates and 21 interviews on the day.
- 19 Internationally Educated Nurses arrived at NBT in February

Engagement and Wellbeing







Engagement and Wellbeing

What Does the Data Tell Us - Turnover and Stability
Turnover decreased to 16.77% in February.

Actions delivered: (Associate Director of People)

- Phase 2 HCSW mainly apprentices back pay agreed and staff concerned were written to. Work now underway to enable bank staff to work both band 2 and 3 shifts
- Retention Strategy (Project Charter) completed, aligned to key areas: hygiene factors, pay and reward, on-boarding and career development/workforce planning.
- Agile working stakeholder engagement completed with over 200 colleagues contributing to the agile working conversation.

Actions in Progress:

- New talent development programme aimed at supporting Bands 2-5 BAME staff with career development approved by EDI Committee with launch due April 23.
- Joint system retention work ongoing with a south west showcase event scheduled for April 23.
- Agile working case studies and toolkit being developed with launch April 23.
- New flexible working policy being developed expected to be agreed May 23.
- Re launch of the Itchy feet retention tool April 23 and work ongoing to increase exit questionnaire response rate ongoing.
- Targeted interventions in Theatres linked to helping improve staff retention, sickness and morale (December 2022- March 2023).

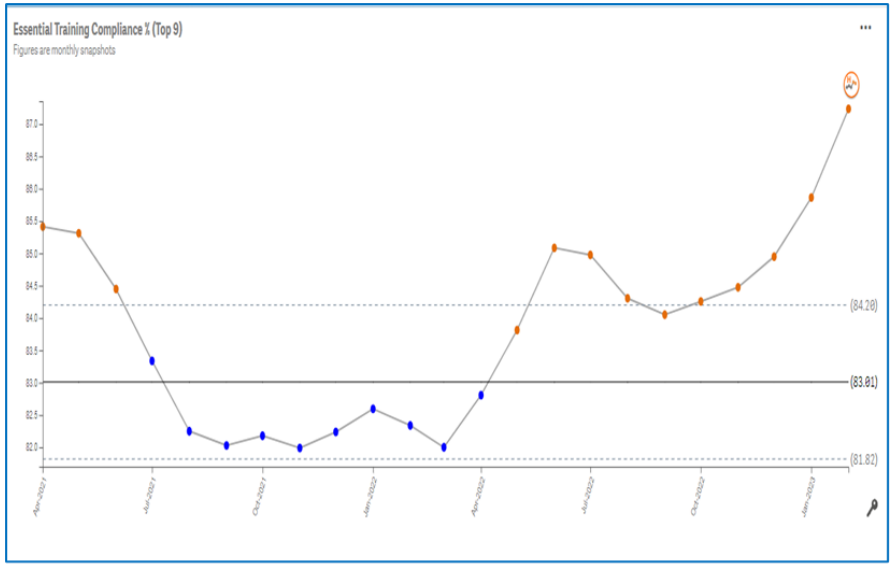
What Does the Data Tell Us - Health and Wellbeing
February saw a decrease in sickness absence to 5.43%.

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

- Meeting with NHSE Head of Staff Engagement and wellbeing on absence.
- First making adjustments masterclass held with further dates through March, April and May to guide managers on making adjustments to support people to stay well in work.
- Menopause Support to staff: further Menopause Cafés planned 28th March; Menopause train the trainer sessions held; International Women's Day coaching event held (8 March) and online training available on LEARN from April, new LINK page with staff menopause toolkit and additional resources launched on IWD.
- Nursing Times Interview on Menopause support work at NBT.
- Wellbeing events: Wagestream Financial wellbeing offer launched March 1st. Wagestream events throughout March, Citizens Advice Bureau Clinics on site launched 3rd of April 121 Financial advice clinics available every Monday until September. Library hosting wellbeing day 21st March. Smoking cessation event 10th March form Bristol Stop Smoking.
- Improved Subsidised food offer in the canteen with £1 jacket potatoes beans on toast soup and a roll and free tea and coffee in the VU. Available till end of May. Overnight food trolley service launched.
- Smoke free site policy expected to be ratified 22nd March.
- Meeting with National NHSE Maternity pathway Wellbeing team - national study of maternity units, commissioned by the national Head of Midwifery.

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

- Culture diagnostic work with Theatres Hotspot area in planning with DMT to address issues spanning sickness, turnover, morale and safety.
- Review of NHSE Improving attendance toolkit to see how this diagnostic tool can help support wellbeing and reduce sickness levels
- Finalised Staff Survey results released 9th March updates to People Committee and Trust Board in March. Divisional and Trust-wide improvement plans to follow.
- New Trust-wide Leadership Development Programme proposal approved; procurement process commenced with view to launching in Spring 2023.
- Tender published to procure life insurance for staff who opt-out of NHS staff pension, expected contract completion by May 23.
- Webinars on managing energy bills 28th March Housing matters webinar 30th March.
- Food Bank referral scheme has gone live March.
- Work commenced on addressing sickness and absence linked to stress, anxiety and depression in Facilities and Estates (hot spot area). Plans in development with People Partners, agreeing a consistent approach to all cases of staff of sick with Long COVID, with case review session planned for April 23.



Training Topic	Variance	Jan-23	Feb-23
Child Protection	1.3%	85.2%	86.5%
Adult Protection	1.7%	86.2%	87.9%
Equality and Diversity	1.2%	87.1%	88.3%
Fire Safety	1.6%	86.6%	88.2%
Health and Safety	1.1%	87.1%	88.2%
Infection Control	1.2%	87.7%	88.9%
Information Governance	1.2%	84.3%	85.5%
Manual Handling	1.5%	85.5%	87.0%
Waste	1.1%	87.4%	88.4%
Total	**5.3%**	**82.38%**	**87.66%**

What Does the Data Tell Us - Essential Training

- "Top 9" MaST compliance has risen steeply since September 22 from 82% to **87.66%**. (86.38% last month).

Actions – Essential Training (Head of Learning and Development)

- People Partners emailed weekly MaST reports, highlighting non-compliant staff in their divisions. Increased communication has been pivotal in increasing compliance across the Trust.
- Implemented 8 wk accreditation MaST deadlines on LEARN, notifications for non-compliant staff w.e.f 15 Feb 23.
- Reviewing MaST website and FAQs. Broken link repaired between dynamic and LEARN for resus level 1 module.
- Trust induction has 5 embedded MaST modules: Information Governance, Health & Safety, EDI, and Fire.

Other Wider Actions

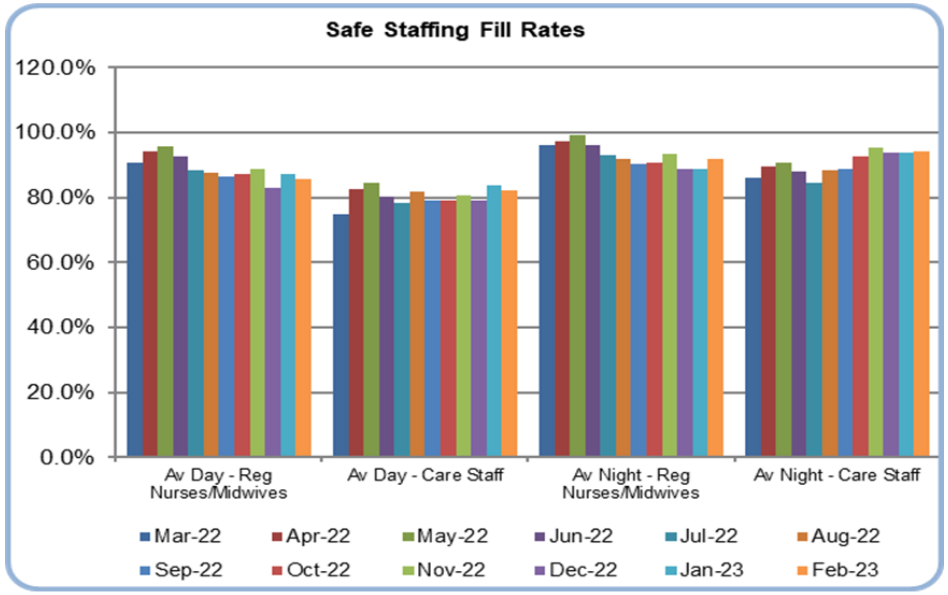
- eLearning - LEARN – 14,191 users, 47,832 logins, 8,849 users with training activity, 20,904 completions (30 days)

Leadership & Management Learning

- First 90 min management bitesize module delivered and received great feedback from attendees, however, attendance was low, with 5 no shows. We will continue to monitor this.
- ILM Leadership and Management Cohort 2 of 22/23 went live on 14 Mar 23, with 15 attendees.
- Procurement underway for Mastering Management Programme to deliver at scale, with first Cohort of NHS Elect delivered 'Excellence in Management' programme in Jun 23. Applications will open in Apr 23.
- Effective Mentor Training delivered on 15 Mar 23, this will enhance our register with more Mentors and further support our people through 1:1 Mentoring as well as support on upcoming Leadership programmes.
- DE&S and NBT Mentoring Scheme to continue this year, with discussions underway for knowledge sharing through Mentoring.
- Bespoke OD requests delivered to teams across Divisions, including Ante Natal team, Theatres and Neuropathology.
- NBT have begun the pilot phase of the ESR / LEARN interface. This will allow for the transfer of Core Skills Training Framework (CSTF) training records of new starters coming from other NHS organisations into LEARN. This will eventually replace the current manual processes that are done as part of the induction process

Apprenticeships

- Some residual issues being resolved since the removal of annex 21 pay.
- Levy utilisation from 1st April 22 for the financial year 84% - 11% of our levy spend has been supporting levy transfer. Total expired funds for April 22 financial year - £126,787 (expired fund 5/12 months)
- Multiply sessions delivered to 12 staff to date. 100% reported improved confidence in maths and 10 out of 12 have gone on to pursue a qualification in maths.
- Functional Skills is now available to all staff. Interest and uptake has been fantastic with 59 enquiries from staff across all areas of the trust and 16 staff members already completed or in training.
- A new traineeship cohort was recruited yesterday from Horfield Job Centre. 5 young adults will be joining us in the next few months to complete training and an extended work placement.
- Room bookings continue to be an issue with not being able to book more than 12 months in advance. Cohorts are having to start, particularly in BA (running 18 months), with only 66% of rooms being confirmed.



Feb-23	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	85.8%	82.2%	91.9%	94.3%

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

What Does the Data Tell Us

Of the 34 units reports safer staffing data:

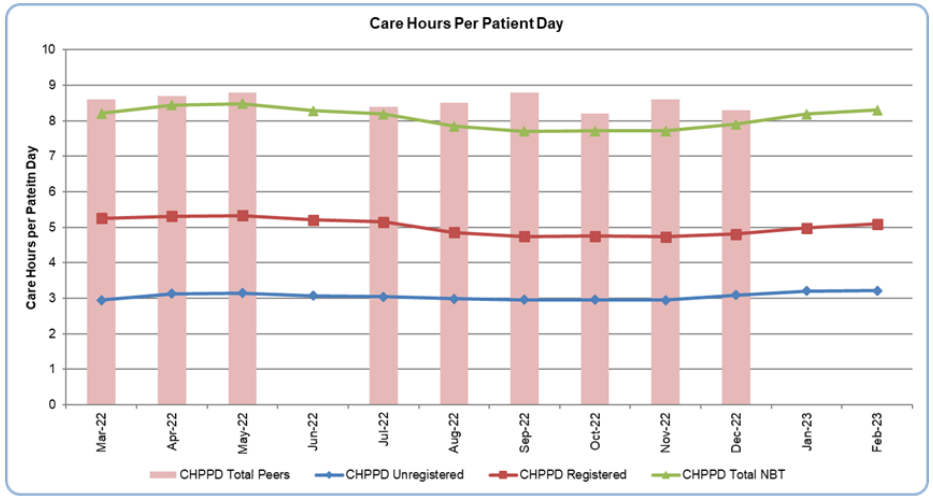
- 20.59% of units had a registered fill rate of less than 80% by day and 5.88% by night with hotspots in 28A, Cotswold and Cossham.
- 35.29% had an unregistered fill rate of less than 80% by day and 17.65% by night, with hotspots in AMU, 34B, NICU and Cotswold.

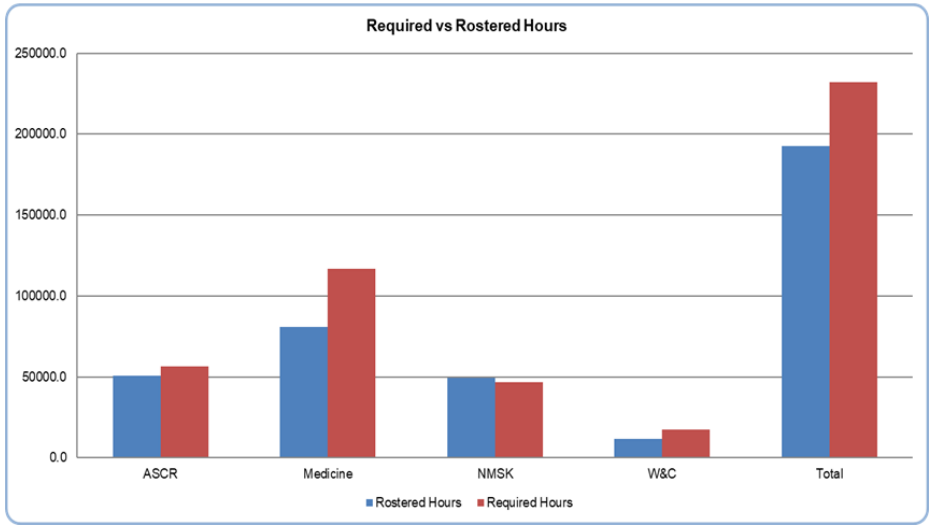
Actions

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 with 94.00wte starting up to the end of February.

September's Nursing & Midwifery safe staffing summit has led to some key actions to review and improve the care assistant recruitment process.

Safe staffing is maintained through daily staffing reviews and registered staff and unregistered staff are deployed as required to meet the needs of patients across the service. Where staffing fill rates exceed 100% this is predominantly related to caring for patients with enhanced care needs.





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

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

Safe Care Live (Electronic Acuity Tool)

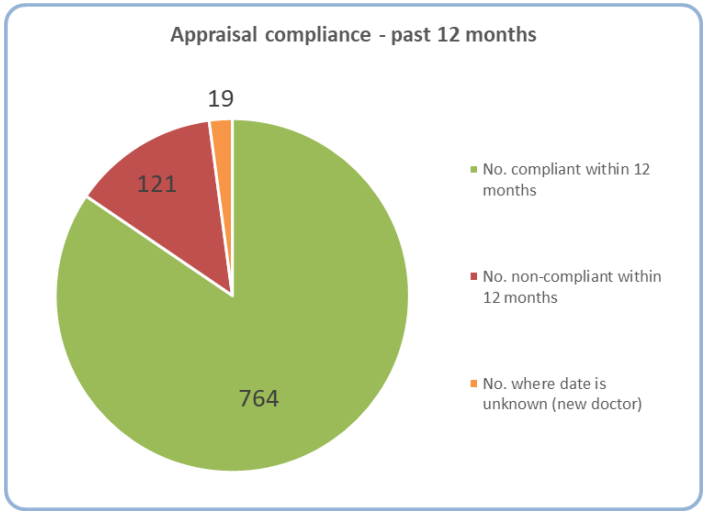
The acuity of patients is measured three times daily at ward level. The Safe Care data is triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available.

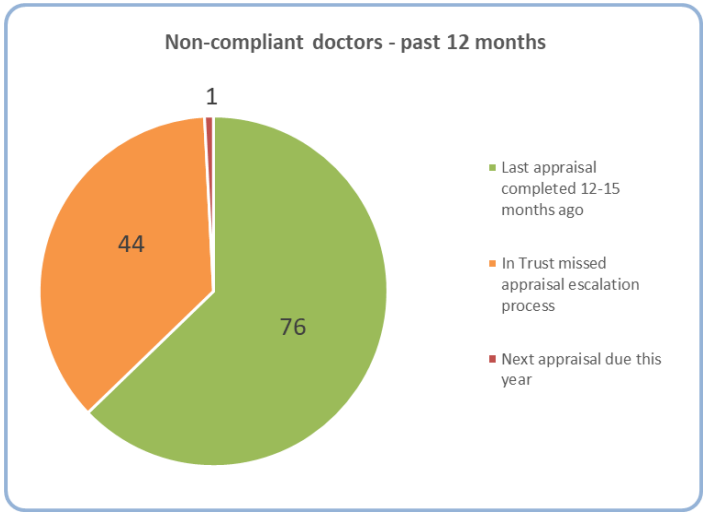
Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.

What does the data tell us

This month the required hours have been augmented using the completion rate for SafeCare patient census data. Where the census completion was less than 100% the required hours have been supplemented by an assumption that for the census periods not completed the patient mix would have been the same on average.

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





Medical Appraisal

What does the data tell us?

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

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

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

What actions are being taken to improve?

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

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

Finance

Board Sponsor: Chief Financial Officer
Glyn Howells

Statement of Comprehensive Income at 28th February 2023

	Month 11			Year to Date		
	Budget	Actual	Variance	Budget	Actuals	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	58.5	60.4	1.9	641.5	668.1	26.6
Other Income	5.1	7.8	2.8	62.7	77.6	14.9
Pay	(37.5)	(36.8)	0.7	(428.5)	(450.4)	(21.8)
Non-Pay	(23.7)	(26.8)	(3.1)	(277.8)	(298.4)	(20.5)
Surplus/(Deficit)	**2.3**	**4.6**	**2.3**	**(2.1)**	**(3.0)**	**(0.9)**

Assurances

The financial position for January 2023 shows the Trust has delivered a £2.3m actual surplus against a £2.3m planned surplus which results in a £2.3m favourable variance in month, with a £0.9m adverse variance year to date.

Contract income is £1.9m favourable in month and £26.6m favourable year to date. The in month position is driven by additional commissioner funding received to enable increased escalation capacity causing a favourable variance. In addition to this, income has been recognised relating to reflect the higher than planned pay uplift (£0.6m favourable) and ESRF (£0.7m favourable).

Other Income is £2.8m favourable in month and £14.9m 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. When removed, Other Income is £0.7m favourable to plan which is driven by increased billing in Pathology and a review of accruals across divisions.

Pay expenditure is £0.7m favourable in month and £21.8m adverse year to date. The in month favourable position is driven by non-recurrent mitigations. The year to date adverse position is driven by unidentified CIP, pay award and increases in locum and bank costs driven by enhanced rates.

Non-pay expenditure is £3.1m adverse in month and £20.5m adverse year to date. The in month position is driven by increased spend on drugs and blood products (pass-through) in clinical divisions, unidentified CIP, and increased spend within divisional positions.

Statement of Financial Position at 28th February 2023

	21/22 M12 £m	22/23 M10 £m	22/23 M11 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	605.0	611.4	613.2	1.9	8.2
Intangible Assets	13.7	11.9	12.0	0.1	(1.8)
Non-current receivables	1.5	1.5	1.5	0.0	0.0
Total non-current assets	**620.2**	**624.8**	**626.7**	**1.9**	**6.5**
Current Assets		0.0			
Inventories	9.1	9.7	9.9	0.2	0.8
Trade and other receivables NHS	19.0	16.1	12.1	(4.0)	(6.9)
Trade and other receivables Non-NHS	20.5	29.7	26.2	(3.5)	5.7
Cash and Cash equivalents	116.2	100.6	104.8	4.2	(11.4)
Total current assets	**164.8**	**156.2**	**153.0**	**(3.1)**	**(11.8)**
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	10.6	10.1	10.2	0.1	(0.4)
Trade and Other payables - Non-NHS	102.6	98.6	88.4	(10.2)	(14.1)
Deferred income	16.4	25.1	23.9	(1.2)	7.5
PFI liability	15.2	15.7	15.7	0.0	0.4
Finance lease liabilities	2.1	1.6	1.4	(0.2)	(0.7)
Total current liabilities	**147.0**	**151.1**	**139.6**	**(11.5)**	**(7.4)**
Trade payables and deferred income	7.1	7.6	7.6	(0.0)	0.5
PFI liability	359.3	351.0	350.3	(0.8)	(9.0)
Finance lease liabilities	2.0	5.7	5.7	(0.0)	3.7
Total Net Assets	**269.7**	**265.5**	**276.6**	**11.1**	**6.9**
Capital and Reserves					
Public Dividend Capital	456.9	459.4	465.4	6.0	8.5
Income and expenditure reserve	(372.4)	(371.3)	(371.3)	0.0	1.1
Income and expenditure account - current year	1.1	(6.6)	(1.5)	5.1	(2.6)
Revaluation reserve	184.1	184.1	184.1	0.0	(0.0)
Total Capital and Reserves	**269.7**	**265.5**	**276.6**	**11.1**	**6.9**

Assurances and Key Risks

Capital –Total capital spend for the year to date, excluding leases, was £25.7m, compared to a core initial plan of £20.0m. The total planned spend for the year is £22.1m (excluding leases). An additional £16.5m of capital funding is expected to be available through national funding, grants and historic receipts. 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 and is content that plans were in place for the Trust to meet its planned expenditure.

Receivables - There was a net increase of £1.2m in receivables, which related to income from the commissioners.

Cash – The cash balance decreased by £11.4m 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 to 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 £0.4m due to post year end payments offset by increased invoicing ahead of year end across the whole sector. Non-NHS payables have decreased by £14.1m, of which £5.4m relates to the reduction in invoiced liabilities, £4.8m reflects decrease accrued capital expenditure and the remaining £3.8m is linked with a review of other accrued liabilities ahead of year-end. The above payments patterns are reflected in the reduced cash balance.

Deferred income - There is a year to date increase of £7.5m in deferred income, of which £3.6m represents deferral of contract income for delayed service developments and non-recurrent programmes, such as Mass Vaccination. The remainder is linked with timing of funding received from Health Education England, and research programmes and projects.

Regulatory

Board Sponsor: Chief Executive
Maria Kane

Monitor Provider Licence Compliance Statements at March 2023
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 local commissioners, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements.
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, 28 February 2022 unless otherwise stated.

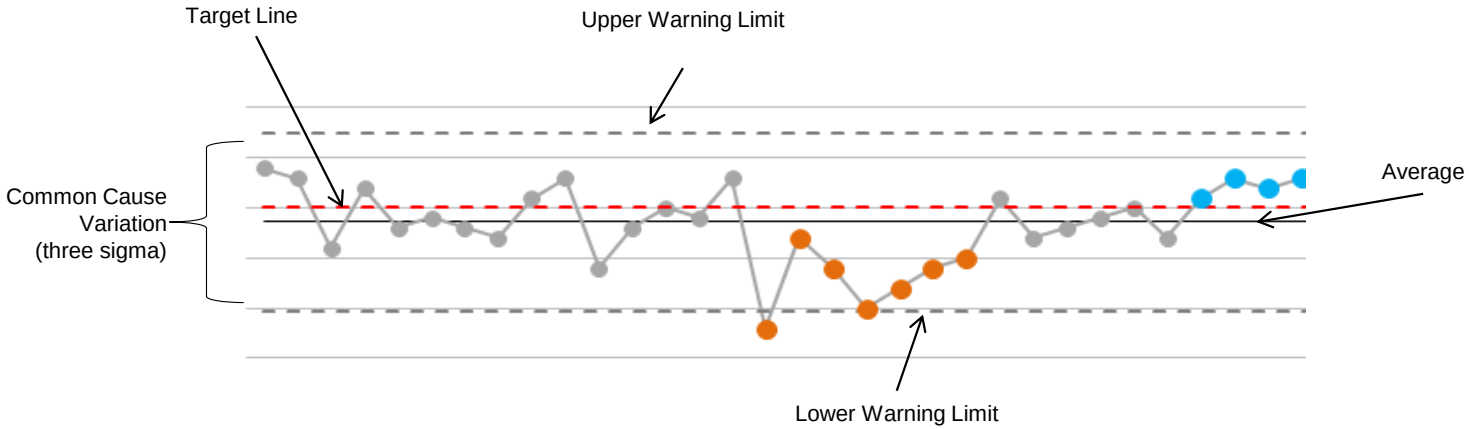
All data included is correct at the time of publication.
Please note that subsequent validation by clinical teams can alter scores retrospectively.

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
HSIB	Healthcare Safety Investigation Branch
HoN	Head of Nursing
ICS	Integrated Care System
IMandT	Information Management
IPC	Infection, Prevention Control
LoS	Length of Stay
MDT	Multi-disciplinary Team
Med	Medicine
MRI	Magnetic Resonance Imaging
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
Ops	Operations
PDC	Public Dividend Capital
P&T	People and Transformation
PTL	Patient Tracking List
qFIT	Faecal Immunochemical Test
RAP	Remedial Action Plan
RAS	Referral Assessment Service
RCA	Root Cause Analysis
SI	Serious Incident
TWW	Two Week Wait
UEC	Urgent and Emergency Care
VTE	Venous Thromboembolism
WCH	Women and Children's Health
WTE	Whole Time Equivalent

Appendix 2: Statistical Process Charts (SPC) Guidance



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

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

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

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

Report To:	Public Trust Board		
Date of Meeting:	30 March 2023		
Report Title:	Finance & Performance Committee Upward Report		
Report Author & Job Title	Aimee Jordan, Senior Corporate Governance Officer and Policy Manager Xavier Bell, Director of Corporate Governance & Trust Secretary		
Executive/Non-executive Sponsor	Tim Gregory, Non-Executive Director and Committee Chair		
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		**X**
Recommendation:	The Committee recommends that Trust Board receive the report for assurance and approve the updated Terms of Reference		
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 January 2023 Board meeting.		
Next Steps:	The next report to Trust Board will be to the May 2023 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 23 March 2023 F&PC.	
Risk	Reports received at the meeting support the mitigation of various BAF and Trust Level risks, particularly those relating to patient flow, access to elective care, finance and IMT/Cyber security risks.
Financial implications	Business cases approved by the Committee are within the delegated limits as set out in the Trust's Standing Financial Instructions and Scheme of Delegation.
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No as this is not a strategy or policy or change proposal
Appendices:	Appendix 1: Finance Report Month 11 Appendix 2: Terms of Reference

North Bristol NHS Trust

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 30 March 2023.

2. Background

2.1 The Finance and Performance Committee is a sub-committee of the Trust Board. It meets bi-monthly and reports to the Board after each meeting. The Committee was established to provide assurance to the Trust Board that there are robust and integrated systems in place overseeing the Trust's finance, IM&T, transformation, and performance and that they are in line with the organisation's objectives.

3. Key Assurances & matters for the attention of Trust Board

3.1. NBT Performance Report

The Committee received an update on the organisation's operational performance, which focused on planned care, including cancer care and diagnostics, as well as urgent and emergency care. The Committee were assured that the Trust was on track to deliver its planned improvement trajectories in planned care by the end of the year. The Committee noted that the recent improvements in urgent and emergency care performance were linked to a reduced number of patients with no criteria to reside, and that this relied on the additional capacity arising from winter contingency planning across the system.

Across planned care, the Committee was assured that there were robust plans in place to sustain the improvements.

The Board should note that there is a risk that as these winter contingencies are removed from the system, urgent and emergency care performance could deteriorate.

The Board will have the opportunity to discuss these matters further via the Integrated Performance Report.

3.2. Finance Report (Month 11) & CIP update

The Committee received the Month 11 finance report (see Appendix 1). This confirmed that given the reported position, the Trust is still expected to achieve the planned breakeven position by the end of the year and achieve capital spend of £38.6m in line with funding received in addition to the original £22.1m plan.

Committee discussion focused on the underperformance in CIP delivery and the improved CIP forward planning for 2023/24 was acknowledged. The Finance Report is included as Appendix 1.

3.3. BCRG

The Committee received an update from the Business Case Review Group outlining business cases reviewed and recommendations made by that Group since the last Committee meeting.

3.4. Digital Change Programme Delivery

The Committee received an update on the Digital Change Programme. The Committee was also advised that the existing NBT Digital Strategy was coming to a close, but the

Digital team would be bringing a “bridging strategy” to Trust Board in April 2023 to allow time to develop a Joint Digital Strategy and delivery plan with University Hospitals Bristol and Weston. The Committee supported this proposed approach.

3.5. Risk Report

The Committee noted the Trust Level Risks and Board Assurance Framework (BAF) risks within its purview.

Discussion focused on the increased number of risks around the organisation’s retained estate, and it was agreed that a report would come to a future Committee meeting, providing further assurance on the mitigations in place particularly via the capital plan and critical infrastructure investments.

3.6. Committee Self-Assessment Results & ToR review

The Committee reviewed the outputs from its annual self-assessment. Overall, it was felt that the Committee was operating effectively; however, it was agreed that there was room for improvement in:

- The focus and brevity of Committee papers (this was being progressed via revised guidance and templates for report authors and presenters)
- The use of the risk register as a proactive tool to identify emerging threats and seek early assurance.

The Committee made updates to its terms of reference, and seeks Trust Board approval.

3.7. Other Updates:

The Committee:

- Reviewed the Operational Plan 2023/24 and the draft Joint System Plan
- Received an update on Community Diagnostic Centres
- Approved a number of business cases and contract awards, which will be presented to Trust Board in private session to maintain commercial confidentiality
- Noted the F&PC Work Programme for 2022/23.

4. Summary and Recommendations

4.1 The Committee recommends that Trust Board receive the report for assurance and approve the revised Terms of Reference.

North Bristol NHS Trust

Report To:	Finance & Performance Committee		
Date of Meeting:	23 March 2023		
Report Title:	Finance Report for February 2023 (Month 11)		
Report Author & Job Title	Simon Jones, Assistant Director of Finance – Financial Management		
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:	Finance & Performance Committee (F&PC) are 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:	Executive Management Team 15/03/2023		
Next Steps:	This report will go to March's Trust Board.		

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. Funding to cover the impact of Covid-19 pressures on Quarter 1 has now been removed and will be funded by the Trust.

The financial plan for 2022/23 in Month 11 (February) was a surplus of £2.3m. The Trust has delivered a £4.6m surplus, which is £2.3m better than plan. This is predominately driven by additional contract income around demand and capacity, slippage in investments and service developments, and non-recurrent mitigations. This is offset by the non-delivery of savings in the first eleven months of the year and high levels of premium pay spend, including on agency and incentives.

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 11 for non-delivery. In BNSSG this has been recognised in provider positions in month.

On a year to date basis the Trust is at £3.0m deficit against an original planned deficit of £2.1m.

The Trust completed a detailed forecast in September which rephased how the Trust would achieve the required breakeven position. At month 11 the Trust is £3.0m better than forecast against the year-to-date position. The position in month is £1.8m improvement against the forecast in month.

Given the position at Month 11, the Risks and Mitigations impacting on the delivery for the year end position have been reviewed and the Trust is still expected to achieve the planned breakeven position .

The Month 11 CIP position shows £6.1m schemes fully completed, with a further £0.6m schemes on track and £1.0m in pipeline which is in line with the forecast out-turn. Against the original plan there remains an £8.9m shortfall which reduces to £7.9m if pipeline schemes are included. This shortfall will roll into 2023/24 savings requirement.

Cash at 28 February amounts to £104.8m, an in-month increase of £4.2m which is linked with the receipting of additional Public Dividend Capital offset by higher volume of payments made in February.

Total capital spend year to date, excluding leases, was £25.7m compared to an original phased plan of £20.0m. The Trust is forecasting to achieve its original capital plan of £22.1m plus making use of the additional funding received during the year of £16.5m.

Risks	N/A
Financial implications	N/A
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No
Appendices:	Appendix 1: BNSSG System Finance Report Month 10

1. Purpose

This report is to inform and give an update to Finance & Performance Committee on the financial position and performance for Month 11, the year-to-date position, and the year-end forecast outturn.

2. Financial Performance

2.1 Total Trust

Overall, the Trust delivered a £2.3m favourable position in Month 11, with a £0.9m adverse position to plan for the year-to-date.

The table below summarises the Trust financial performance for Month 11 and the year-to-date.

	Month 11			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	58.5	60.4	1.9	641.5	668.1	26.6
Other Income	5.1	7.8	2.8	62.7	77.6	14.9
Pay	(37.5)	(36.8)	0.7	(428.5)	(450.4)	(21.8)
Non-Pay	(23.7)	(26.8)	(3.1)	(277.8)	(298.4)	(20.5)
Surplus/(Deficit)	**2.3**	**4.6**	**2.3**	**(2.1)**	**(3.0)**	**(0.9)**

For Month 11 the Trust has delivered a £2.3m favourable position against the £2.3m planned surplus. This is an improvement on previous monthly run rates. The Trust has seen improvements in contract income, with additional monies received for Demand and Capacity, and a review of accruals Trustwide has had a positive impact. These benefits are partially offset by underperformance on CIP, alongside overspends on pay for agency and bank against substantive vacancies, and recognition in month of a cost pressure on Local Clinical Excellence Awards.

Nationally, there is no written confirmation that there will be no clawback of ESRF for non-delivery in 2022/23. However, the Trust and the System continue to work to the assumption that there will be no clawback for the remainder of the financial year as verbally instructed by NHSE. The Trust recognised a total of £13.8m of ESRF income year-to-date at Month 11 and will continue to recognise an additional £0.7m per month in relation to this.

2.2 Core Trust

The table below summarises the Core Trust including ESRF activity (excluding Mass Vaccination, Research and Education) financial performance for Month 11.

	Month 11			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	58.5	60.4	1.9	641.5	668.1	26.6
Other Income	3.6	6.6	2.9	44.9	63.9	19.0
Total Income	**62.2**	**67.0**	**4.8**	**686.4**	**732.0**	**45.6**
AHP's and STT's	(5.8)	(6.0)	(0.3)	(66.6)	(63.7)	2.9
Medical	(10.8)	(12.2)	(1.4)	(127.6)	(131.8)	(4.2)
Nursing	(14.6)	(12.4)	2.2	(149.5)	(154.2)	(4.7)
Other Non Clinical Pay	(5.3)	(5.5)	(0.2)	(71.3)	(91.3)	(20.1)
Total Pay	**(36.4)**	**(36.1)**	**0.3**	**(415.0)**	**(441.1)**	**(26.1)**
Drugs	(4.3)	(4.6)	(0.3)	(46.8)	(51.5)	(4.7)
Clinical Supplies (Incl Blood)	(2.9)	(5.1)	(2.2)	(43.9)	(50.6)	(6.7)
Supplies & Services	(6.6)	(5.9)	0.7	(69.9)	(72.2)	(2.3)
Premises Costs	(3.2)	(3.6)	(0.4)	(35.4)	(38.1)	(2.7)
Other Non-Pay	(6.4)	(7.1)	(0.7)	(78.1)	(82.0)	(3.9)
Total Non-Pay Costs	**(23.5)**	**(26.2)**	**(2.8)**	**(274.0)**	**(294.4)**	**(20.3)**
Surplus/(Deficit)	**2.3**	**4.6**	**2.3**	**(2.6)**	**(3.5)**	**(0.8)**

The Core Trust position in month is £2.3m favourable. This highlights the impact of new monies received around Demand and Capacity funding, and one-off non-recurrent benefits. This is offset by under-achievement of CIP and overspends on agency and bank.

2.2.1 Core In Month

Trustwide Contract Income shows a favourable variance of £1.9m. The favourable variance is predominately driven by additional commissioner funding to enable increased escalation capacity including Level 6 beds and SDEC expansion. In addition, funding levels are higher than plan in relation to ESRF (£0.7m) and further funding has been received to reflect the higher than planned pay uplift corrected for a change in employers National Insurance contributions (£0.6m).

Month 11 Contract Income for Divisions shows actual activity, whereas the Trust position has been set to the expected block amounts except for variable items (e.g. High-Cost Drugs). Any variances on High Cost Drugs and Devices are countered by an increase/decrease in expenditure on Drugs and Devices in non-pay.

The overall in month Contract Income divisional position as shown in section 2.6 includes changes to prior months which may be as a result of delays in coding, changes in practices or changes in tariff. Whereas the below table shows the value of actual activity that has been attributed to the current month, which shows an adverse variance for divisional Contract Income of £0.4m.

Divisional Contract Income by POD	Price Plan	Price Actual	Variance
AandE	1.5	1.5	(0.1)
Critical Care	3.2	3.3	0.1
Direct Access	1.2	1.5	0.3
Elective	7.9	8.1	0.2
High Cost Drugs & Devices	4.4	4.8	0.4
Non Elective	12.8	12.3	(0.6)
Outpatients	6.2	5.1	(1.1)
Rehab	1.0	0.4	(0.6)
Other	7.9	8.8	0.9
Total	**46.1**	**45.7**	**(0.4)**

Divisional Contract Income is £0.4m behind plan overall. Reduced Outpatient income is mostly driven by Neurology, Neurosurgery and Trauma & Orthopaedics (NMSK), along with reduced Urology activity (ASCR). The drop in Outpatient activity continues to be investigated with the lower levels of expected income being driven, at least in part, by delays in processing activity and subsequently recording it on the new electronic patient record system (EPR). An investigation into changes in outpatient tariffs as a result of the new EPR system is also nearing completion. As a result a correction of tariffs will be implemented in March which is expected to improve outpatient financial performance. Rehab income remains significantly below plan and pre CareFlow Go-Live levels. Rehab reporting has changed as a result of the CareFlow implementation project and a separate workstream has been created to validate the data.

Other income is £2.9m 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 £0.7m favourable to plan. This is driven by increased billing within CCS (Pathology), and a review of accruals across divisions.

Pay expenditure is £0.3m favourable to plan. There is a monthly adjustment offsetting the other income value above which creates a £1.5m adverse position in month. If this is removed the pay position is £1.8m favourable to plan.

In Month 6 the Trust has paid the backdated pay award to agenda for change and consultant employees. The additional 1.66% pay award announced in August was greater than the initial 2% included within the June plan. The costs have been offset by additional income to the Trust within the contract income position above. In month 11 the Trust is seeing a £0.8m impact of this.

The Trust has seen a net £4.0m improvement in the pay position driven a review of the methodology around historic agency accruals, in addition to other divisional reviews of accruals. This is offset by £0.7m unidentified CIP in month and £0.5m deterioration in Nursing & HCA spend driven by increased agency in ASCR and also RMN spend in ASCR from a single long staying patient. Furthermore, the Trust has recognised a £0.6m charge in month in relation to the cost pressure surrounding Local Clinical Excellence Awards (LCEA).

Non-pay spend is £2.8m adverse to plan from increased drug and blood product spend (pass-through), unidentified CIP, and increased spend within Divisional positions.

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

2.2.2 Core Full Year

The year-to-date position is £0.8m adverse.

The year-to-date Trustwide Contract Income variance is £26.6m favourable. This is principally driven by the 1.66% Pay Uplift (£9.8m), additional ESRF funding that the Trust had not planned to receive (£7.3m), an improved performance against High Cost Drugs and Devices (£6.2m), along with additional commissioner funding for winter escalation.

Pay expenditure is £26.3m adverse to plan driven by the pay award, premium pay costs and non-delivery of CIP.

Non-pay spend is £20.3m adverse driven mainly by pass-through drugs costs. The Trust has also seen underperformance on CIPs, increased medical supplies spend, and additional Pathology costs within Core Clinical.

CIP delivery year-to-date is driving a £9.3m 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 11.

	Month 11			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Other Income	0.4	0.5	0.1	6.9	6.0	(0.9)
Total Income	**0.4**	**0.5**	**0.1**	**6.9**	**6.0**	**(0.9)**
AHP's and STT's	(0.0)	(0.0)	(0.0)	(0.3)	(0.3)	(0.0)
Medical	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	0.0
Nursing	(0.1)	(0.1)	0.0	(2.1)	(2.7)	(0.6)
Other Non Clinical Pay	(0.2)	(0.1)	0.1	(1.8)	(0.7)	1.2
Total Pay	**(0.3)**	**(0.2)**	**0.1**	**(4.3)**	**(3.7)**	**0.6**
Drugs	(0.0)	0.0	0.0	(0.1)	(0.2)	(0.1)
Premises Costs	(0.1)	(0.3)	(0.1)	(1.9)	(1.9)	(0.1)
Other Non-Pay	(0.0)	(0.0)	(0.0)	(0.7)	0.0	0.7
Total Non-Pay Costs	**(0.1)**	**(0.3)**	**(0.1)**	**(2.6)**	**(2.2)**	**0.4**
Surplus/(Deficit)	**(0.0)**	**0.0**	**0.0**	**(0.0)**	**(0.0)**	**0.0**

A plan was agreed and signed-off at Trust level for funding to support the Mass Vaccination programme up until September 2022. An extension of this plan was agreed at September Trust Board for the period to March 2023. The plan has been set based on 2021/22 activity and hence this has tailed off in 2022/23.

2.4 Research and Education

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

	Month 11			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Other Income	0.9	0.7	(0.2)	10.5	7.3	(3.2)
Total Income	**0.9**	**0.7**	**(0.2)**	**10.5**	**7.3**	**(3.2)**
AHP's and STT's	(0.0)	(0.0)	(0.0)	(0.3)	(0.3)	(0.0)
Medical	(0.3)	(0.0)	0.3	(4.1)	(0.4)	3.7
Nursing	(0.2)	(0.3)	(0.0)	(2.7)	(2.7)	(0.1)
Other Non Clinical Pay	(0.2)	(0.2)	0.0	(2.2)	(2.1)	0.1
Total Pay	**(0.8)**	**(0.5)**	**0.3**	**(9.2)**	**(5.5)**	**3.7**
Other Non-Pay	(0.1)	(0.3)	(0.1)	(1.2)	(1.8)	(0.5)
Total Non-Pay Costs	**(0.1)**	**(0.3)**	**(0.1)**	**(1.2)**	**(1.8)**	**(0.5)**
Surplus/(Deficit)	**(0.0)**	**(0.1)**	**(0.0)**	**0.1**	**0.0**	**(0.0)**

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

2.5 Trust Trends

The table 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, Nightingale, and the impact of one-off items such as the pension and pay awards. Once these items have been removed, the position shown is relatively consistent over recent months.

Pay has seen a £1.9m increase in actuals between January and February. This is driven by items discussed in the in month position.

£m	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Income	87.3	61.8	63.4	65.7	68.1	66.7	71.8	68.1	68.0	68.5	69.9	67.7
Pension		(18.1)										
Pay award							(5.0)	(0.8)	(0.8)	(0.8)	(0.8)	(0.8)
Net Income	87.3	43.7	63.4	65.7	68.1	66.7	66.8	67.2	67.1	67.7	69.1	66.9
Pay	(56.0)	(39.2)	(38.9)	(41.3)	(41.9)	(39.6)	(44.3)	(42.4)	(41.2)	(40.9)	(40.4)	(36.6)
Pension		18.1										
Pay award							5.0	0.8	0.8	0.8	0.8	0.8
Non-recurrent actions												(5.6)
Net Pay	**(56.0)**	**(21.1)**	**(38.9)**	**(41.3)**	**(41.9)**	**(39.6)**	**(39.3)**	**(41.6)**	**(40.3)**	**(40.0)**	**(39.5)**	**(41.4)**
Non-pay	**(26.1)**	**(25.0)**	**(27.6)**	**(26.4)**	**(27.0)**	**(28.3)**	**(28.5)**	**(26.2)**	**(27.0)**	**(27.3)**	**(26.3)**	**(26.5)**

2.6 Divisional Breakdown

		Month 11			Year to Date		
		Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
ASCR	Contract Income	11.9	11.3	(0.5)	138.0	135.8	(2.3)
	Other Income	0.6	0.8	0.2	5.5	5.3	(0.2)
	Pay	(10.0)	(10.8)	(0.7)	(108.1)	(112.2)	(4.0)
	Non-Pay	(2.5)	(2.4)	0.1	(27.3)	(28.5)	(1.1)
	Surplus/(Deficit)	**(0.0)**	**(1.0)**	**(1.0)**	**8.1**	**0.5**	**(7.6)**
CCS	Contract Income	5.2	6.2	1.1	59.5	63.7	4.2
	Other Income	1.4	1.6	0.2	15.4	15.5	0.1
	Pay	(7.2)	(7.0)	0.3	(78.0)	(74.4)	3.6
	Non-Pay	(3.5)	(4.2)	(0.6)	(39.7)	(44.9)	(5.2)
	Surplus/(Deficit)	**(4.2)**	**(3.3)**	**0.9**	**(42.8)**	**(40.1)**	**2.7**
MED	Contract Income	13.3	14.4	1.2	154.0	146.9	(7.1)
	Other Income	0.2	0.4	0.2	2.3	3.1	0.8
	Pay	(8.3)	(8.5)	(0.1)	(87.1)	(92.9)	(5.8)
	Non-Pay	(2.5)	(3.1)	(0.6)	(28.9)	(32.8)	(3.9)
	Surplus/(Deficit)	**2.7**	**3.2**	**0.6**	**40.3**	**24.4**	**(16.0)**
NMSK	Contract Income	11.0	13.0	2.0	128.4	130.5	2.0
	Other Income	0.3	0.3	(0.0)	2.8	3.2	0.4
	Pay	(5.5)	(5.5)	(0.0)	(59.4)	(58.7)	0.7
	Non-Pay	(4.4)	(3.9)	0.5	(44.1)	(46.3)	(2.3)
	Surplus/(Deficit)	**1.4**	**3.9**	**2.5**	**27.8**	**28.6**	**0.8**
W&CH	Contract Income	4.4	4.9	0.5	52.3	52.1	(0.2)
	Other Income	0.1	0.1	0.1	0.7	0.9	0.2
	Pay	(3.5)	(3.4)	0.1	(34.6)	(35.0)	(0.4)
	Non-Pay	(0.3)	(0.4)	(0.1)	(3.8)	(4.9)	(1.1)
	Surplus/(Deficit)	**0.6**	**1.2**	**0.6**	**14.6**	**13.1**	**(1.5)**
MASS VACCINATION	Contract Income	0.0	0.0	0.0	0.0	0.0	0.0
	Other Income	0.4	0.5	0.1	6.9	6.0	(0.9)
	Pay	(0.3)	(0.2)	0.1	(4.3)	(3.7)	0.6
	Non-Pay	(0.1)	(0.3)	(0.1)	(2.6)	(2.2)	0.4
	Surplus/(Deficit)	**(0.0)**	**0.0**	**0.0**	**(0.0)**	**0.0**	**0.0**
TOTAL CLINICAL DIVISIONS		**0.5**	**4.1**	**3.6**	**47.9**	**26.4**	**(21.5)**
NON-CLINICAL AREAS	Contract Income	12.8	10.5	(2.4)	109.2	139.1	29.9
	Other Income	2.0	4.1	2.1	29.2	43.7	14.5
	Pay	(2.7)	(1.5)	1.1	(57.0)	(73.5)	(16.6)
	Non-Pay	(10.3)	(12.5)	(2.1)	(131.5)	(138.7)	(7.2)
	Surplus/(Deficit)	**1.8**	**0.6**	**(1.3)**	**(50.1)**	**(29.4)**	**20.7**
TRUST TOTAL		**2.3**	**4.6**	**2.3**	**(2.1)**	**(3.0)**	**(0.9)**

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 £2.3m, largely due to lower levels of Outpatient activity than planned as well as due to lower levels of Non-elective activity. Pay is £4.0m overspent due to undelivered CIP, locum costs in Renal, RMN spend, enhanced rates, nursing agency and additional costs to cover junior doctor gaps in General Surgery. Non-Pay is £1.1m adverse due to CIP under delivery and various cost pressures in drugs and medical supplies.

CCS

Divisional pay is £3.6m underspent due to vacancies across consultants in Cellular Pathology and delayed recruitment to weekend working posts, and other vacancies across the Division. Non-pay is £5.2m adverse driven by increased spend in Pathology due to external tests to support consultant vacancies in Cellular Pathology, increased non pay from activity related work and unidentified CIP. The Division has seen increased drug/blood costs year-to-date which are offset within contract income.

Medicine

Contract income is £7.1m 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 £5.8m 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. Non-pay is £3.9m overspent mainly driven by pass-through drugs and devices costs.

NMSK

Non-pay (including pass-through drugs) is £2.3m adverse driven by high cost drugs (offset in contract income) and backdated charges from suppliers being received for non pass through devices.

W&CH

Pay is £0.4m adverse driven by increased maternity incentive rates. Non-pay £1.1m adverse from unidentified CIP and increased medical supplies in maternity and gynae.

Non-clinical Areas

Contract income is £29.9m favourable. This value brings the Divisional contract income positions back with the Trust block value. Pay is £16.6m adverse of which £9.3m is the impact of the pay award where the 1.66% additional funding has been provided to Divisions leaving a negative reserve within corporate finance. The Trust is receiving additional contract income to offset this.

2.7 Year-end forecast outturn

The Trust has completed a detailed forecast in Month 6 that shows a year end breakeven position. This position shows an improvement against the £15m potential deficit forecasted in Month 4, with improved Divisional (£5m) and central Trust (£10m) actions helping to deliver the breakeven position. Divisions have developed action plans to support recovery of the position. The table below shows the Core Trust position excluding Mass Vaccination, research and education.

	Month 11			Year to Date		
	Forecast £m	Actual £m	Variance £m	Forecast £m	Actuals £m	Variance £m
Contract Income	60.9	60.4	(0.5)	665.8	668.1	2.3
Other Income	5.7	6.6	0.9	60.5	63.9	3.3
Total Income	**66.6**	**67.0**	**0.4**	**726.3**	**732.0**	**5.7**
AHP's and STT's	(6.0)	(6.0)	(0.0)	(63.8)	(63.7)	0.1
Medical	(9.6)	(12.2)	(2.5)	(126.2)	(131.8)	(5.6)
Nursing	(14.5)	(12.4)	2.1	(155.8)	(154.2)	1.6
Other Non Clinical Pay	(8.6)	(5.5)	3.1	(94.5)	(91.3)	3.2
Total Pay	**(38.7)**	**(36.1)**	**2.6**	**(440.3)**	**(441.1)**	**(0.8)**
Drugs	(4.8)	(4.6)	0.2	(53.0)	(51.5)	1.5
Clinical Supplies (Incl Blood)	(3.2)	(5.1)	(1.9)	(47.1)	(50.6)	(3.5)
Supplies & Services	(6.3)	(5.9)	0.4	(69.8)	(72.2)	(2.4)
Premises Costs	(3.5)	(3.6)	(0.1)	(38.0)	(38.1)	(0.1)
Other Non-Pay	(7.3)	(7.1)	0.2	(84.7)	(82.0)	2.7
Total Non-Pay Costs	**(25.1)**	**(26.2)**	**(1.2)**	**(292.5)**	**(294.4)**	**(1.8)**
Surplus/(Deficit)	**2.8**	**4.6**	**1.8**	**(6.5)**	**(3.5)**	**3.1**

Year-to-date the Trust was forecast to deliver a £6.5m deficit, with the actual position being a £3.5m deficit, £3.1m better at Month 11.

Contract income is £2.3m better than forecast due to additional monies in relation to high cost drugs and devices, service developments not in the forecast and an improvement in Welsh non-commissioned activity. The Trust has also started to release Demand and Capacity monies earlier than anticipated in the forecast in line with activity. This is offset by a £0.2m reduction for employers NIC following the change in Government legislation in October.

Other income is £3.3m better than forecast due to increased private patient income and additional income not anticipated when the forecast was produced. Divisions have also released out income accruals that were not in the forecast, and therefore benefiting the position

Pay is £0.8m worse than forecast. Medicine is £1.0m worse due to the backdated nursing invoice received in Month 7 and other medical costs not reducing in line with expectations within the Emergency Department.

Non-pay is £1.8m worse than forecast due to unexpected charges within CCS Division offset by improvements in cost of capital regarding depreciation.

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

	21/22 M12 £m	22/23 M10 £m	22/23 M11 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	605.0	611.4	613.2	1.9	8.2
Intangible Assets	13.7	11.9	12.0	0.1	(1.8)
Non-current receivables	1.5	1.5	1.5	0.0	0.0
Total non-current assets	**620.2**	**624.8**	**626.7**	**1.9**	**6.5**
Current Assets		0.0			
Inventories	9.1	9.7	9.9	0.2	0.8
Trade and other receivables NHS	19.0	16.1	12.1	(4.0)	(6.9)
Trade and other receivables Non-NHS	20.5	29.7	26.2	(3.5)	5.7
Cash and Cash equivalents	116.2	100.6	104.8	4.2	(11.4)
Total current assets	**164.8**	**156.2**	**153.0**	**(3.1)**	**(11.8)**
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	10.6	10.1	10.2	0.1	(0.4)
Trade and Other payables - Non-NHS	102.6	98.6	88.4	(10.2)	(14.1)
Deferred income	16.4	25.1	23.9	(1.2)	7.5
PFI liability	15.2	15.7	15.7	0.0	0.4
Finance lease liabilities	2.1	1.6	1.4	(0.2)	(0.7)
Total current liabilities	**147.0**	**151.1**	**139.6**	**(11.5)**	**(7.4)**
Trade payables and deferred income	7.1	7.6	7.6	(0.0)	0.5
PFI liability	359.3	351.0	350.3	(0.8)	(9.0)
Finance lease liabilities	2.0	5.7	5.7	(0.0)	3.7
Total Net Assets	**269.7**	**265.5**	**276.6**	**11.1**	**6.9**
Capital and Reserves					
Public Dividend Capital	456.9	459.4	465.4	6.0	8.5
Income and expenditure reserve	(372.4)	(371.3)	(371.3)	0.0	1.1
Income and expenditure account - current year	1.1	(6.6)	(1.5)	5.1	(2.6)
Revaluation reserve	184.1	184.1	184.1	0.0	(0.0)
Total Capital and Reserves	**269.7**	**265.5**	**276.6**	**11.1**	**6.9**

3.1 Property, Plant and Equipment and Intangibles

The year-to-date increase of £6.5m in Non-current assets includes capital spend additions of £26.2m, together with the £5.5m additions as a result of the IFRS 16 implementation, offset by depreciation and amortisation of £25.2m. The impact of the implementation of IFRS 16 is also recognised in an increase in finance lease liabilities.

3.2 Receivables

Year to date there is a net decrease of £1.2m in receivables, which is mostly driven by £6.9m net reduction in NHS receivables (including year end accruals for Mass Vaccination and

Nightingale Surge Ward). This is offset by increase of £1.0m in prepayments and £4.7m increase in other transactions with non-NHS organisation.

The total value of invoiced debt outstanding is £18.4m, of this £6.4m 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. A further £1.0m of suggested write-off are to be processed in March after obtaining relevant approvals from the Audit Committee.

	Outstanding invoiced debtors	Total £m	Up to 30 days	30-60 days	60-90 days	90-180 days	180-365 days	365 + days
Feb-23	NHS	8.0	5.0	0.2	0.2	0.4	1.2	1.0
	Non-NHS	12.3	2.7	0.8	0.5	1.2	0.7	6.4
	Total	**20.3**	**7.7**	**1.0**	**0.7**	**1.6**	**1.9**	**7.4**
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	1.5	0.2	0.2	(0.0)	(0.2)	0.6	0.8
	Non-NHS	0.4	0.9	0.1	0.1	0.3	(0.8)	(0.3)
	Total	**1.9**	**1.1**	**0.3**	**0.0**	**0.1**	**(0.2)**	**0.6**

3.3 Payables

Year to date NHS payables have reduced by £0.4m due to post year end payments offset by increased invoicing ahead of year end across the whole sector.

Non-NHS payables have decreased by £14.1m, of which £5.4m relates to the reduction in invoiced liabilities, £4.8m reflects decrease accrued capital expenditure and the remaining £3.8m is linked with a review of other accrued liabilities ahead of year-end. The above payments patterns are reflected in the reduced cash balance.

3.4 Deferred Income

There is a year to date increase of £7.5m in deferred income, of which £3.6m represents deferral of contract income for delayed service developments and non-recurrent programmes, such as Mass Vaccination. The remainder is linked with timing of funding received from Health Education England, and research programmes and projects.

3.5 Cash

The cash balance decreased by £11.4m 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 to 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 £4.2m, which is mostly linked with receipting of additional £6.0m of Public Dividend Capital, which is offset by higher volume of payments made in February (mostly linked with ongoing capital projects).

	Feb-23 £m	Mar-23 £m
Cash brought forward	**100.6**	**104.8**
Forecast in-month cash movement	**4.2**	**(3.6)**
Forecast cash balance	**104.8**	**101.2**

3.6 Capital Spend

Total capital spend for the year to date was £25.7m, compared to a core initial plan of £20.0m. The total planned spend for the year is £22.1m (excluding leases).

In addition to this initial plan, £16.5m of capital funding is expected to be available through national funding sources and grants taking the potential total capital funding envelope to £38.6m. 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.

2022/23 Capital Expenditure Internally Funded Spend	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	6.6	1.7	(4.9)
CRISP	4.6	4.2	5.1	0.9
Medical equipment	4.6	4.2	3.2	(1.0)
IM&T	4.2	3.8	5.0	1.2
Charity and grant funded	0.2	0.2	0.7	0.5
PFI lifecycle	1.1	1.0	0.4	(0.6)
Total Core Plan	**22.1**	**20.0**	**16.1**	**(3.9)**
Leases (Additional to Core Plan)	**10.4**	**9.5**	**0.5**	**9.1**

Externally Funded Spend	£m		Year to date Actual Expenditure £m	Year to date Variance to Funding £m
Expected National Funding	12.2		8.2	
PSDS Grant	4.4		1.4	
Total Externally Funded	**16.5**		**9.6**	
Total Funding	**49.0**	**29.5**	**26.2**	**3.3**
Total Funding (excluding leases)	**38.6**	**20.0**	**25.7**	**(5.7)**

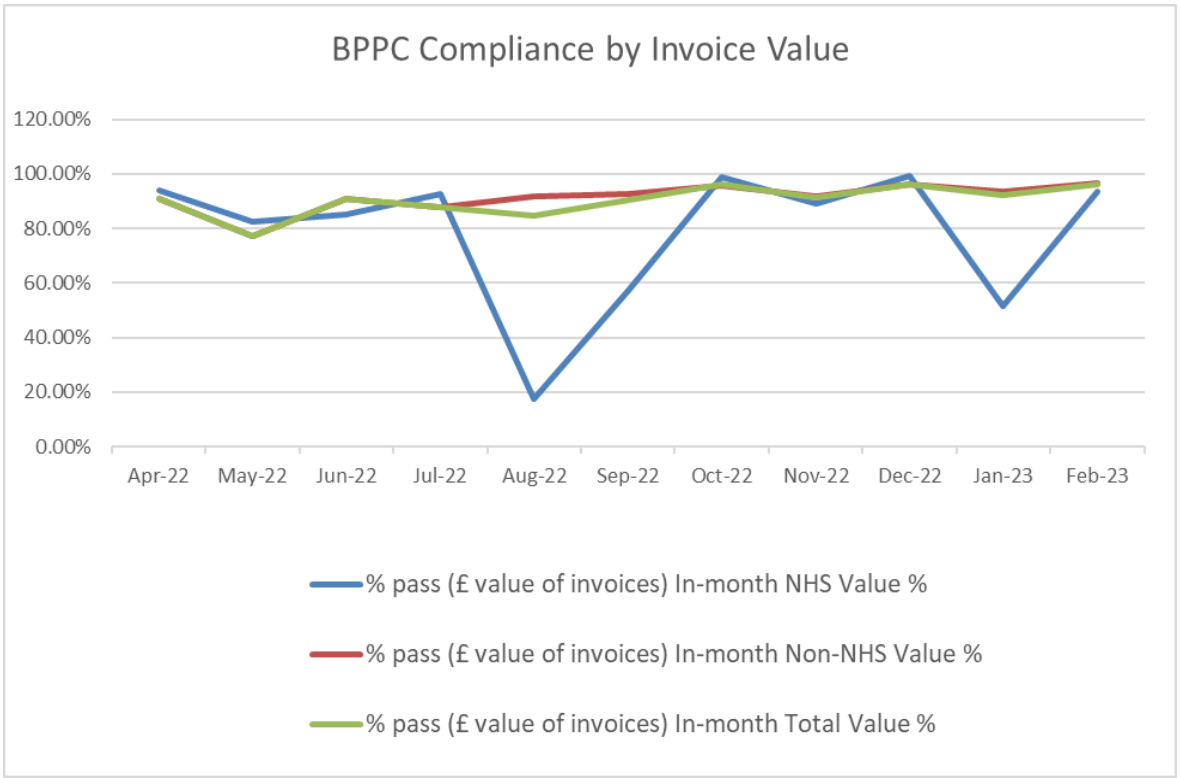
The CPG was content that plans were in place to ensure that the Trust will meet its planned expenditure for the year up to the total £38.6m level. This is largely driven by the finalisation of spend on delivering additional Level 6 capacity, the delivery of the Heat Pump programme and the Kendon additional capacity projects which are all approved, with orders placed and work underway if not largely completed. This will be reviewed again at Month 12 and any mitigations required will also be assessed. Final confirmation of the total level of national funding available is still outstanding and the CPG will manage the position to ensure the Trust delivers against the final target once it is known.

New IFRS16 leases are now being captured in the capital expenditure following the work undertaken to recognise them, however, due to slower than anticipated introduction of new equipment under the Pathology Manged Equipment Service the impact has been minimal. The leases are not counted against our core capital expenditure limit.

3.7 BPPC

The Better Payment Practice Code (BPPC) achievement of invoices paid within 30 days by value was 90.3% for the first eleven 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 88.9% for the first eleven months of 2022/23.

There was a deterioration in performance in August, which was cause by two factors – a cyber-attack on the company that host the Procurement system 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. There was drop in NHS performance in January due to resolving some historic challenges as part of the Agreement of Balances exercise. Work is ongoing within the Trust to improve the performance against BPPC metrics.



4. Cost improvement Programme

The CIP plan for 2022/23 is for savings of £15.6m. At Month 11 the Trust has £6.1m of completed schemes on the tracker. There are a further £0.6m of schemes in implementation and planning, creating a £8.9m shortfall against the annual target of £15.6m. The Trust has a further £1.0m of schemes in pipeline.

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
ASCR	3.7	0.5	0.0	0.2	0.7	(3.0)	0.1	0.8
CCS	3.2	1.7	0.0	0.0	1.7	(1.5)	0.0	1.7
FAC	2.6	0.4	0.0	0.2	0.6	(2.0)	0.0	0.7
MED	2.6	0.9	0.0	0.0	0.9	(1.8)	0.0	0.9
NMSK	1.1	0.5	0.1	0.0	0.6	(0.5)	0.1	0.7
WCH	1.0	1.3	0.1	0.0	1.4	0.4	0.2	1.5
CORP/ TRUSTWIDE	1.4	0.9	0.0	0.0	0.9	(0.5)	0.6	1.5
Total	**15.6**	**6.1**	**0.2**	**0.4**	**6.7**	**(8.9)**	**1.0**	**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.

5. System position

For Month 11, the System has delivered a breakeven position year-to-date. The ICB is expecting to deliver a position that is on plan by the year end.

6. Productivity

The productivity team are working closely with NHS England to align the Trust's own productivity metrics with those measured nationally. This will allow for an in-depth analysis of NHSE's high level productivity figures on which the Trust's performance will be measured. While the Trust works with NHSE to fully understand the underlying assumptions cost data will not be shared as there are still several validations to be carried out.

7. Risk and mitigations to plan

Whilst there is a plan to breakeven by Month 12, there remain a small number of risks in the position.

Risks	£m	Mitigations	£m	Actions
Continuation of temporary staffing spend	(2)			
		Non-recurrent savings	1	Finance Business Partners to identify opportunities with Divisions
		ESRF Month12	1	Distribution of expected ESRF clawback in H2
Total	**(2)**		**2**	

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
- Elective Recovery actions invested recurrently £2.0m

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
- Elective Recovery Funding £2.0m

This gives an underlying position of £20.5m off set by non-recurrent actions. As savings have not been delivered recurrently in 2022/23 and spend continues around agency at a higher level than planned the underlying position has deteriorated to around £30m. This will have the impact of driving a higher efficiency target for 2023/24. Recent planning guidance has indicated that 2022/23 inflation will now be funded recurrently, if this is confirmed in full in our contract discussions with the ICB this would reduce the recurrent deficit back to the £23m level. This will be finalised during the 2023/24 planning discussions.

9. Recommendation

Finance & Performance Committee 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 Cash position and Capital spend levels for the financial year
- the delivery of Cost Improvement Plan savings and how they compare with divisional targets
- the Risks and Mitigations for the forecast position, including the actions required to deliver breakeven.

NHS North Bristol NHS Trust

Terms of Reference for the Finance & Performance Committee

Chair:	Non-Executive Director
Other Members:	Membership of the Finance & Performance Committee shall include: • Three Non-Executive Directors one of whom will chair the Committee. • Chief Finance Officer • Chief Operating Officer • ~~Director of IM&T~~ • Chief Digital Information Officer The members set out above may appoint a named deputy to attend a particular meeting in their place, subject to the Chair's pre-approval. A deputy should be nominated only in exceptional circumstances, for a particular meeting. In the absence of the appointed Committee Chair, another Non-Executive Director will chair the meeting.
Other Attendance:	The Finance & Performance Committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate, at the discretion of the Chair. In addition to members of the Finance & Performance Committee, the following shall normally attend all meetings and may contribute to discussions, but have no voting rights nor contribute to the quorum: • Associate Director of Performance and Sustainability • Director of Operational Finance • Assistant Director of Digital Programme Management • Director of Corporate Governance/Trust Secretary The Committee can request the attendance of any other director or senior manager if an agenda item requires it. Attendance at meetings is essential. In exceptional circumstances when an Executive Director member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf.
Quorum:	The quorum for the Finance & Performance Committee is at least three members of whom two must be Non-Executive Directors (including the chair of the committee) and one Executive Director.
Declaration of Interests	All members must declare any actual or potential conflicts of interest relevant to the work of the Finance & Performance Committee, which shall be recorded in the minutes accordingly. Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict.

Frequency of Meetings:	The Committee will meet ~~monthly bar the months of August and December~~ bi-monthly and will be set in advance as part of the planning of the Trust Board and Committee meetings annual calendar of business. Further meetings can be called at the request of the Committee Chair. An agenda of items to be discussed and supporting papers will be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting. Decisions may be taken by written resolution upon the agreement of the majority of members of the Committee in attendance, subject to the rules on quorum.
Notice of Meetings:	Additional meetings shall be called at the request of the Chair. Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and supporting papers, shall normally be forwarded to each member, and any other person required to attend, no later than five working days before the date of the meeting. Decisions may be taken by written resolution upon the agreement of the majority of members of the Committee in attendance, subject to the rules on quorum.
Inputs:	The Finance & Performance Committee will receive reports on issues within the remit of the meeting, so as to ensure timely discussion and decision-making. This will include: • Trust-Level Risks and BAF report (Transformation, Finance, Operational Performance and IM&T service and change delivery) • Operational Performance • Finance report • Finance Operational and Capital plans • Business Case Review Group (BCRG) report • Business Cases • IM&T Divisional Management Board reports Individual members may also raise concerns/risks/issues relevant to the meetings remit on an ad hoc basis but will do so with sufficient notice to ensure that meeting agenda can be set and managed effectively. The Finance & Performance Committee can request a report on any subject or issue relevant to its terms of reference.
Outputs:	The Finance & Performance Committee shall produce a set of minutes and a log of actions arising. The Committee shall issue an upward report to Trust Board following each meeting.

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Responsible for the following Strategies and Policies:	Strategies: • Operational • Finance (Operational and Capital plans) • IM&T Digital Change Policies: • N/A
Sub-Committees:	• IM&T Divisional Management Board
Committee Secretary:	The Corporate Governance Team is responsible for: • Agreement of agenda and collation of papers. • Taking the minutes and keeping a record of actions arising and issues to be carried forward. • Provision of a highlight report of the key business undertaken to the Trust Board following each meeting

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1. Purpose

1.1 The Finance & Performance Committee is established to be a sub-Committee of the Trust Board and is the Board assurance committee for Finance, Operational Performance and IM&T function.

2. Authority

2.1 The Finance & Performance Committee is a sub-group of the Trust Board from which it receives its authority. Its constitution and terms of reference shall be as set out in this document, subject to amendment.

2.2 The Committee is authorised to seek information it requires from any employee of the Trust. All members of staff are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain legal or other independent professional advice and to secure the attendance of advisors with such expertise that it considers necessary.

3. Duties

3.1 The Committee shall hold the safety of patients, public and staff, as well as the reputation of the Trust, as a core value in assessing assurance, quality governance and risk.

3.2 The primary role and function of the Committee is as follows

3.2.1 **Assurance**

3.2.1.1 The Committee will provide assurance to the Trust Board that:

- Financial and operational performance (including IM&T operational performance) is delivered in accordance with the agreed strategy, plans and trajectories; and
- That the Trust's transformation programme, including digital transformation programmes, is delivered in accordance with agreed plans.

3.2.1.2 The Committee's responsibilities will include gaining assurance on the systems and processes that underpin the Integrated Performance report production, including data quality. It will provide overview and scrutiny in any areas of transformation, financial, and operational

performance as well as Risk Management of Board Assurance Framework and Trust Level Risks relevant to the committee's remit, and those referred to it by the Trust Board.

3.2.2 **Financial and Performance Management**

3.2.2.1 Monitor the Trust's performance against its annual financial plan and budgets.

3.2.2.2 Receive and monitor reports on financial performance including forecasts, cost improvement programmes and use of resources, noting any trends, exceptions and variances against plans on a Trust-wide and divisional basis and reviewing in detail any major performance variations.

3.2.2.3 Maintain an overview of the activity models to ensure consistency and to provide assurance on critical assumptions.

3.2.2.4 Consider the adequacy of forecasting models used in relation to financial and operational performance.

3.2.2.5 Monitor the Trust's operational performance against its annual plan together with any necessary correcting planning and action.

3.2.2.6 Review income line and service line reporting to support investment and disinvestment decision making in relation to profitable and unprofitable services.

3.2.2.7 Consider changes to the Trust reporting requirements under new regulatory arrangements.

3.2.2.8 Seek assurance on mitigations for financial and operational risks from contracting and planning with commissioners.

Informatics Performance:

3.2.2.9 Maintain an overview of internal IM&T service delivery performance, including trends, risks and issues.

3.2.2.10 Seek assurance on Cyber Security developments to assure the Board that the organisation is protected from future threats.

3.2.3 **Transformation and Digital Change**

3.2.3.1 Monitor and seek assurance on the delivery of the Trust's 5-year Transformation Plan, including benefits realisation.

3.2.3.2 Monitor and seek assurance on the delivery of the Informatics Digital Change Programme, and that it has delivered benefits and learning has been built into future projects.

3.2.3.3 Seek assurance that Informatics have a direct working partnership with the Transformation Team, and that change programmes are being progressed in a joined-up manner focusing on delivering benefits to patients.

3.2.4 **Capital Management**

3.2.4.1 Review and monitor the strategic five-year capital programme and the annual capital budgets and recommend actions or mitigations to the Trust Board.

3.2.4.2 Consider proposals for investment in the estate and technology to ensure alignment with Trust strategy.

3.2.4.3 Review and approve capital business cases in accordance with the Trust's Standing Financial Instructions and Scheme of Delegation.

3.2.4.4 Review those capital business cases above the Committee's authority limits as set out within the Trust's Standing Financial Instructions and Scheme of Delegation and make recommendation to the Trust Board for approval.

3.2.5 **Treasury Management**

3.2.5.1 Review the cash position of the Trust

3.2.6 **Investment Appraisal**

3.2.6.1 Review and approve revenue business cases in accordance with the Trust's Standing Financial Instructions and Scheme of Delegation.

3.2.6.2 Review those revenue business cases above the Committee's authority limits as set out within the Trust's Standing Financial Instructions and Scheme of Delegation and make recommendation to the Trust Board for approval.

3.2.6.3 Review the benefits realisation of business cases and post implementation reviews to ensure that the standard of business case preparation is consistently high.

3.2.7 **Risk**

3.2.7.1 Consider all relevant risks within the Board Assurance Framework and Trust Level Risks as they relate to the remit of the committee (transformation, finance, operational performance and IM&T service and change delivery), as part of the reporting requirements, and will report any areas of significant concern to the Audit Committee or the Trust Board as appropriate.

3.2.7.2 Recommend changes to the Board Assurance Framework relating to emerging risks and existing entries within its remit for the executive to consider.

4. Monitoring and Effectiveness

4.1 The Finance & Performance Committee shall have access to sufficient resources to carry out its duties, including access to company secretarial assistance as required.

4.2 It shall be provided with appropriate and timely training, both in the form of an induction programme for new members and an on-going basis for all members.

4.3 It will review its own performance, at least annually, review its constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Trust Board for approval.

4.4 As per NHSE/I requirements the Committee will carry out an annual self-assessment to inform above review of its Terms of Reference.

Version:	1.6
Ratified by / responsible committee:	Trust Board
Date ratified:	30 March 2022 -*TBC*

Name of originator/author:	Trust Secretary
Lead for Executive Team Meeting:	Glyn Howells, Chief Finance Officer Steve Curry, Chief Operating Officer
Date issued:	April 2023
Review date:	April 2024

Report To:	Public Trust Board		
Date of Meeting:	30 March 2023		
Report Title:	Patient and Carer Experience Committee Upward Report		
Report Author & Job Title	Richard Gwinnell, Deputy Trust Secretary		
Executive/Non-executive Sponsor (presenting)	Kelvin Blake, Non-Executive Director and Committee Chair		
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:	The Trust Board is recommended to receive the report for assurance and note the business undertaken by the Committee on behalf of the Board.		
Report History:	The report is a standing item to each Trust Board meeting following a Patient and Carer Experience Committee meeting.		
Next Steps:	The next report to Trust Board will be to the June 2023 meeting.		

Executive Summary	
The report provides a summary of the assurances received, issues to be escalated to the Trust Board and any new risks identified from the Patient and Carer Experience Committee Meeting held on 22 March 2023.	
Risks	None arising directly from this report.
Financial implications	No financial implications identified in the report.
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	No. It is an upward report from a committee.
Appendices:	None

1. Purpose

1.1 To provide a highlight of the key assurances, any escalations to the Board and identification of any new risks from the Patient and Carer Experience Committee meeting held on 22 March 2023.

2. Background

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

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

3. Key Assurances and items discussed

3.1 Patient Story: patient shower facilities

The Committee received a presentation on Diana's story. Diana had been admitted to hospital following routine blood tests for an elective colonoscopy. After her surgery, Diana developed complications, requiring emergency treatment. As Diana was recovering, she needed to use the shower. Diana could not bend down, due to her condition, and had nowhere to place her toiletries, while using the shower. She placed them on the lid of a clinical waste bin, next to the toilet. This was very uncomfortable for Diana and highlighted various infection control, health and safety, manual handling, and other risks.

Diana was immensely grateful for all the services and care she had received at NBT (on ward 7a in particular) and went out of her way to thank and show her appreciation to the staff concerned.

The Committee was impressed with the excellent care Diana had received on ward 7a and thanked the staff involved. The Committee also expressed concern that showers were not fitted (in all wards) with appropriate shelving for toiletries, as patients who could not bend down still needed to wash themselves. The Committee discussed options (e.g., waterproof mobile height-adjustable tables, like bedside tables, or a chair or other tall object being placed in the shower cubicle if a patient needed it). The Committee also discussed the poor drainage in wet rooms in some wards. The Committee felt shelving in patient showers should be treated as a high priority for speedy action and looked forward to receiving good news about progress in the near future.

3.2 Patient Property Internal Audit, Action Plan and Policy

The Committee heard about the recent progress in formulating and rolling out a new policy, and new practices, on the handling and recording of patient property, to reduce the incidence of patient property being mislaid, lost, or taken away without the patient's permission or knowledge. Safes were being introduced on wards for large or valuable items (e.g., phones, iPads, laptops etc) and boxes or bags for smaller items (e.g., hearing aids, spectacles, teeth, headphones etc). Small items including clothing were often mistakenly taken away with laundry. A new patient property recording system was being rolled out, as was publicity and posters for every ward. Where a patient came in without capacity to choose what happened to their property, their property was recorded and stored by staff and returned to the patient or their family as soon as possible.

The Committee was very encouraged with the substantial progress made in relation to patient property and asked for further updates in due course.

3.3 Patient Experience Risk report

The Committee received an update on current patient experience risks. The Head of Patient Experience outlined the various risks, one of which was rated as extreme (related to a shortage of accommodation for discussions with cancer patients) and some of which were rated as high. The number of risks was reducing, compared to previous reports, so things were improving, but some issues were difficult to address, including the availability of accommodation.

The Committee discussed one particular risk, relating to a lack of short-notice foreign language interpreters for patients who did not speak English and may therefore be at risk of receiving poor care or wrong treatment. The Committee was keen to see this shortage addressed as soon as possible. They were also keen to see more progress on GP's being informed faster when a patient had died. The Committee asked for future progress reports to include more up to date information and more detail around timelines for action.

3.4 Learning Disability and Autism Annual Report

The Committee received the above annual report, detailing the significant efforts being made at NBT to improve healthcare services and outcomes, and to make reasonable adjustments where needed, for people with learning disabilities or Autism. The Committee heard about the many initiatives being taken and service developments already delivered or underway. The Committee also heard again about the comments of David Harling, NHS England's Deputy Director for Learning Disability Nursing, that the Learning Disability Team at NBT was delivering "gold standard" services and leading the way. Huge credit was due to all the staff concerned and to the Patient Experience Team.

The Committee heard about the significant partnership working, patient involvement, staff involvement, outreach work, recruitment, training, education and process changes in progress and the excellent feedback received. The Committee also heard about the imminent recruitment of a new Associate Chief Nursing Officer for Learning Disabilities,

Autism and Mental Health, and how this and other staffing changes were helping to add capacity and importance to this vital work across NBT.

The Committee was very encouraged to hear about the “brilliant” work taking place and how this was helping to improve the experience and care of people with learning disabilities or Autism. The Committee looked forward to further progress reports in due course and looked forward to more staff and patients or carers with lived experience of learning disabilities or Autism becoming involved in further improvement initiatives.

3.5 Additional updates were received on:

- Patient Experience Group Highlight Report: The Committee was assured that all relevant work was in progress and substantially on track. Action in only one area was rated amber, with ten other areas rating green. The Committee again asked for future reports to be clearer about timescales for proposed action where relevant.

- Learning Disability and Autism Steering Group Highlight Report: The Committee was assured that all relevant work was in progress and on track. Actions in all areas were rated green. The Committee particularly welcomed the high level of feedback to the benchmarking survey from staff and the substantial efforts being put in to adjusting services where required for people with learning disabilities or Autism.

- End of Life Steering Group Highlight Report: The Committee was assured that all relevant work was in progress and substantially on track. Action in only one area was rated red, with seven areas rated green. The Committee heard about the work going on to progress all areas and particularly to meet the tissue donation targets, which required complex training, education, and other investment. Specific timescales for proposed action were again requested in future reports.

- Integrated Performance Report: Quality. The Committee noted that complaints were reducing slightly, concerns and enquiries remained consistent and compliance with complaints response targets had improved. The Committee heard that the picture overall was clearly improving and looked forward to a continuation of this trend.

- Committee self-evaluation: the Committee agreed the standard questions to be posed to Committee members, to assist in its annual self-evaluation.

3.6 Any other business:

The Committee briefly discussed the way in which patient experience issues were fed back to the Trust Board, and the importance of this happening. There was substantial evidence of excellent work taking place and positive feedback from patients about their experience of care at NBT. Individual patient stories were good, but anecdotal. The Committee was encouraged to hear about the outstanding work taking place across NBT on patient and carer experience and felt more information needed to be reported to the Board on patient and carer experience issues and feedback, so that the Board truly reflected and demonstrated, in its practice as well as its policy, being Patient First focussed. It was suggested that the template for all reports should contain a space for

comments on “patient implications” as well as risks and financial implications. The Chief Nursing Officer undertook to initiate further discussions on this issue.

4. Escalations to the Board

4.1 No specific risks or items of concern were identified for escalation to the Trust Board.

5. Summary and Recommendations

5.1 The Trust Board is recommended to:

- receive the report for assurance and
- note the business undertaken by the Committee on behalf of the Board.

Report To:	Public Trust Board		
Date of Meeting:	30 March 2023		
Report Title:	Audit and Risk Committee Upward Report		
Report Author & Job Title	Richard Gwinnell, Deputy Trust Secretary Xavier Bell, Trust Secretary		
Non-executive Sponsor (presenting)	Richard Gaunt, Non-Executive Director (Committee Chair)		
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 Trust Board is recommended to: • Receive the Audit and Risk Committee Upward Report for assurance • Approve the proposed changes to the Board Assurance Framework (BAF).		
Report History:	The report is a standing item to each Trust Board meeting following an Audit and Risk Committee meeting.		
Next Steps:	The next upward report from this committee to the Trust Board will be to its meeting in May 2023.		

Executive Summary	
The report provides assurances received, issues escalated to the Trust Board and any new risks identified from the Audit and Risk Committee Meeting held on 20 March 2023.	
Risks	The Audit and Risk Committee has oversight of the Trust's overall risk management systems and processes. No risks arise from this report.
Financial implications	None within this report.
Does this paper require an Equality, Diversity, and Inclusion Assessment (EIA)?	No
Appendices:	Appendix 1: Board Assurance Framework

1. Purpose

1.1 To provide a highlight of the key assurances, escalations to the Board and identification of any new risks arising from the Audit and Risk Committee meeting held on 20 March 2023.

2. Background

2.1 The Audit and Risk Committee is a sub-committee of the Trust Board. It meets five times a year and reports to the Board after each meeting. The Committee was established to receive assurance on the Trust's systems of internal control by means of independent review of financial and corporate governance, risk management across the whole of the Trust's activities and compliance with law, guidance and regulations governing the NHS.

3. Meeting on 20 March 2023

3.1 External Audit Plan 2022/23

The Committee received an update on the External Auditor's plan for the year-end audit for 2022/23. This would involve:

- a substantive audit of the accounts
- focus on significant risks (namely, management override of controls, valuation of land and buildings, and fraud in revenue recognition) and
- a "Value for Money" review, focused on financial sustainability, governance, and efficiency, flagging potential risks.

The External Auditor advised that there was now a national requirement to invest more time in the audit planning stage, reviewing evidence and information on which the statements are based. This was flagged as it might impact the Trust's fees, but the External Auditor was not able to provide detail during the meeting.

3.2 Informing the Auditor's Risk Assessment and Financial Statements

The Committee was provided with an update on the information that had been sought by the External Auditors, and provided by the Trust, to inform the Auditor's year-end risk assessment, alongside details from the Finance Team setting out details of accounting estimates which informed the Trust's accounts. This was provided to the Committee for assurance and oversight purposes. Some minor gaps were identified, and commitments were made to ensure further information was provided.

3.3 Internal Audit Progress Report, Draft 2023/24 Plan, and other reports

KPMG (Internal Auditors) provided a brief overview on the progress of their services to the Trust during the year. This identified a small number of overdue management actions arising from previous audits, all of which had further due dates agreed.

The proposed Internal Audit Plan for 2023/24 was presented for approval. This was informed by management, discussion with Non-Executive Directors, and review of the risk register and Board Assurance Framework. This identified the proposed reviews as:

- Core reviews, including Risk, Data and Finance

- A governance review, re-testing Health and Safety Processes
- Workforce Planning
- Divisional Quality Governance
- EPR Post-Implementation Review.

The Non-Executive members of the Audit and Risk Committee asked for further information on the specific Terms of Reference for the Workforce Planning review. Subject to these comments, the Committee approved the outline Internal Audit Plan for 2023/24.

KPMG then presented four audit reports:

- HFMA (improving NHS financial sustainability): Significant assurance with minor improvement opportunities.
- Financial Controls: Significant assurance with minor improvement opportunities.
- eRostering: Partial assurance with improvements required.
- Consultant Job Planning: Partial assurance with improvements required.

The Committee expressed concern with the outcomes of the eRostering and Consultant Job Planning reports, where assurance ratings had not improved since audits were undertaken approximately 18 months before. Further assurance on progress and planned action was requested from the Lead Executives for those reviews, ahead of the next Audit and Risk Committee meeting.

The Committee also received an update on Counter Fraud activities across the Trust. This included a detailed report on NBT's Bank and Agency arrangements, which identified a number of potential opportunities to improve control measures.

3.4 Cyber Security Update:

The Committee received an assurance report and update from the IM&T Division, focused on NBT's cyber security controls as well as actions in train to ensure that NBT's controls remained current and effective. The Committee was assured that NBT was prioritising cyber security controls and welcomed the strong leadership in this area.

3.5 External Agency Visits:

The Committee reviewed the report which set out a summary of recent regulatory inspections and the status of any associated reports and Trust action plans. The Committee was assured that there was good oversight of these inspections but flagged that there had been a number of findings in recent inspection reports (such as the Human Tissue Authority report) which suggested the organisation could do more via internal preparation and self-assessment ahead of inspections. This would help identify obvious areas of risk and would support improved compliance.

3.6 Procurement Report:

The Committee was updated on progress towards improved procurement controls. This identified a reduction in the number of non-compliant Single Tender Actions, and actions underway to reduce the amount of non-Purchase Order spend.

Discussion focused on the opportunity for further and faster improvement of compliant spend via Purchase Order. The Committee was assured that there was consistent, if slow, improvement.

3.7 Risk Report:
The Committee welcomed the improvement in risk reporting but identified the need for further moderation of risk scores through the Risk Management Group, and the need to focus on SMART actions within all risk entries.

When reviewing the Board Assurance Framework, the Committee suggested that the "Carbon Neutral" entry on the BAF be closed, as it did not reflect the same strategic priority level as some of the other elements. The Committee recommends that it be replaced with an equivalent entry on the Datix operational risk register. The Committee was assured that Trust Board received sufficient assurance and oversight in this area via the annual Green Plan update and suggested that a risk on the operational risk register was more appropriate, with operational assurance on the Green Plan via the Finance and Performance Committee.

3.8 Policies Update
The Committee noted that there had been good progress in continuing to reduce the number of policies that were past their review date. The Committee requested a short dashboard report twice a year, to provide ongoing assurance that this improvement trend was continuing.

3.9 The Committee also:

- approved the Counter Fraud Policy to continue in force for a further three years
- received a report on losses and overpayments, noting the majority of the report and approving a particular debt write-off
- discussed the interface between Trust and Integrated Care System governance, and how system and Trust decision-making was informing planning and investment prioritisation
- noted the results of the committee's recent self-evaluation survey
- noted an update on the patient property project, where all actions were closed and
- noted its work plan for the year ahead.

4. New risks or items for escalation

4.1 The Board is asked to approve the proposed changes to the BAF.

5. Summary and Recommendations

5.1 The Trust Board is recommended to:

- Receive the Audit and Risk Committee Upward report for assurance and
- Approve the changes to the BAF risks.

Board Assurance Framework (BAF)

Introduction

The following document is the Trust's Board Assurance Framework (BAF) for 2021/22. The Board Assurance Framework defines and assesses the principle strategic risks to the Trust's objectives. It provides the Trust Board with assurance that those risks are being proactively managed and mitigated.

The BAF is designed to provide the Trust Board with a simple but comprehensive method for the effective and focussed management of principal risks to its strategic and business objectives. The Board defines the principal risks and ensures that each is assigned to a lead director as well as to a lead committee:

- The lead director is responsible for assessing any principal risks assigned to them by the Board and for providing assurance as to the effectiveness of primary risk controls to the lead committee;
- The role of the lead committee is to review the lead director's assessment of their principal risks, consider the range of assurances received as to the effectiveness of primary risk controls, and to recommend to the lead director any changes to the BAF to ensure that it continues to reflect the extent of risk exposure at that time;
- The Audit & Risk Committee is responsible for providing assurance to the Trust Board that the BAF continues to be an effective component of the Trust's control and assurance environment;
- The Trust Board reviews the whole BAF on a quarterly basis to ensure that the principal risks are appropriately rated and are being effectively managed; and to consider the inclusion within the BAF of additional risks that are of strategic significance.

BAF Risks should be kept under review regularly, with a formal review and update mandated ahead of each meeting of the Audit & Risk Committee (reviews in April, July, October and January)

A guide to the criteria used to grade all risks within the Trust is provided in Appendix A.

Trust Strategic & Business Plan Objectives:

Strategic Theme: (2022/23)	Aligned BAF Risk:
1. Provider of high quality patient care	SIR1 SIR1.1 COV2 SIR8 SIR15 SIR17
2. Developing Healthcare for the future	COV2 SIR17

RESPONSIBLE COMMITTEES/BOARDS:

Finance & Performance Committee
- SIR1 (with QC)
- SIR1.1 (with QC)
- SIR8
- COV2 (with QC)
- SIR16
- SIR15
- SIR 17

People Committee
- SIR2

Quality Committee
- SIR1 (with F&PC)
- SIR1.1 (with QC)
- COV2 (with F&PC)

Board Assurance Framework (BAF)

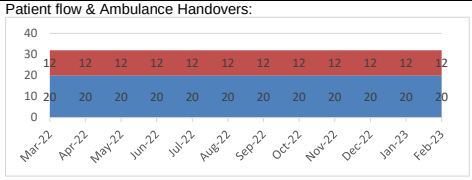
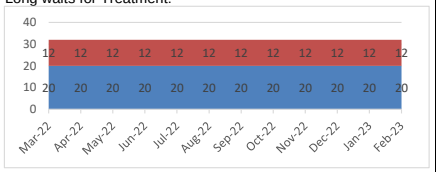
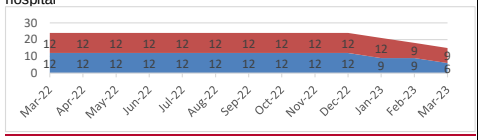
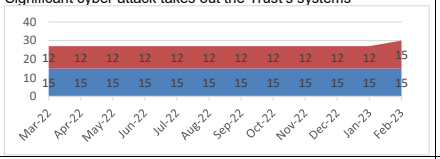
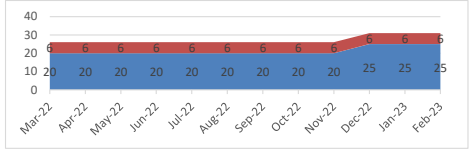
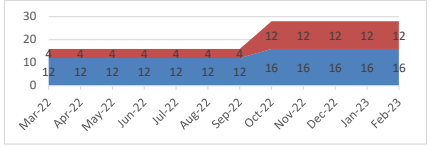
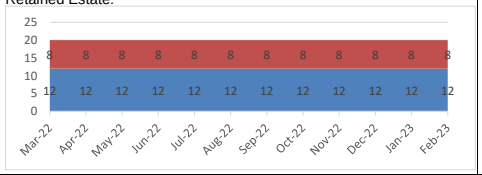
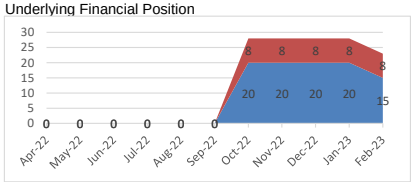
4. An anchor in our community	**COV2 SIR8 SIR16 SIR17**

Version Control (2022/23):

Version:	Summary of changes:	Reported to:
V1	Full BAF update for 2022/23 – taking into account Audit findings from 2021/22	FPC July 2022 Audit Committee August 2022 Trust Board August 2022
V2	Updates for Quality Committee meeting September 2022	Quality Committee September 2022 Finance & Performance Committee Sept 2022
V3	Updates for People Committee meeting October 2022 Updates for Audit & Risk Committee November 2022 (including proposal of new finance risk)	People Committee October 2022 Audit & Risk Committee November 2022 Trust Board November 2022
V4	Updates for end of 2022, ahead of Audit & Risk Committee and Trust Board in March 2023	March 2023

Board Assurance Framework (BAF)

Summary of Risks

Risk	Current Residual Risk	Risk Summary and Trend	Forecast Trajectory (next 12 months)	Risk	Current Residual Risk	Risk Summary and Trend	Forecast Trajectory (next 12 months)
SIR1	20	Patient flow & Ambulance Handovers: 	⇔	SIR 1.1	20	Long waits for Treatment: 	⇔
COV2	12	Covid-19 pandemic /infectious disease has potential to overwhelm hospital 	⇔	SIR15	15	Significant cyber attack takes out the Trust's systems 	⇔
SIR2	20	Workforce: 	↑	SIR16	12	2030 Carbon Neutral 	⇔
SIR8	12	Retained Estate: 	⇔	SIR17	20	Underlying Financial Position 	↑

Assurances set out for each risk in the Board Assurance Framework are categorised in line with the 'three lines of defence' model of risk management:

Key:

(1) **First line - Functions that own and manage risks**
(2) **Second line - Functions that oversee risks**
(3) **Third line - Functions that provide independent assurance**

Board Assurance Framework (BAF)

Trust Strategic Theme:	Provider of high-quality patient care		

Ref	Lead Director / Lead Committee	Principal risk:	Inherent risk score	Primary controls	Assurances	Residual risk score	Gaps in control or assurance	Planned actions *(including owner and delivery date)*	Target risk score
SIR 1	**Steve Curry, Chief Operating Officer** Last reviewed: ~~12/12/2022~~ 06/03/2023 Lead Committee: **Finance & Performance Committee** Also monitored by: **Quality Committee** Last reviewed: QC ~~08/11/2022~~ 07/02/2023 FPC ~~17/11/2022~~24/01/2023 Risk added to BAF: **Pre-2019**	**Patient flow & Ambulance Handovers:** Due to a combination of factors, primarily high number of patients with no criteria to reside, but also including constrained community and primary care capacity and workforce pressures, the flow of patients across the hospital is constrained. This results in delays to key targets within the Emergency Zone, including the timely treatment of patients and delayed ambulance handovers. In turn this has the potential to result in patient harm, poor patient experience, and reputational damage to the Trust. Note: Elements of this risk are outside of the Trust's direct control – actions are focused on those areas that are within the organisation's influence. EXTERNALLY AND INTERNALLY DRIVEN RISK	Inherent likelihood: **5 (Almost certain)** Inherent impact: **5 (Catastrophic)** Inherent risk rating: **25** **(Extreme)**	**Internal:** FLOW boards (real-time bed state) Criteria to Reside data Integrated Discharge Service Repatriation Policy UEC Board and Improvement Plan OPEL/ICI Escalation & COVID-19 surge policies/procedures Accountability Framework Divisional Review assessment of and support to Divisions. Internal Professional Standards **External:** COVID-19 Command & Control (External) Whole System Operational Group (WSOG – external) OPEL escalation process in system forums (Whole System Operational Group, OOH Delivery Group) Initiation of NHSEI UEC Recovery Model Engagement with National UEC Improvement Team Discharge to Assess Winter pressure funding mechanisms UEC improvement plan New Same Day Emergency Care (SDEC) Model Clinically led dynamic risk assessed approach to pre-emptive transfers out of the emergency department 2022/23 BNSSG Care Hotel (15 beds for NBT) Brunel Level Six Additional Beds	**Internal Assurance** Board rounds and site management processes [1] Integrated Performance Report [2] Patient flow metrics – daily control centre information [1] Executive Team review of dashboards [2] Performance report to Finance & Performance Committee [2] Finance & Performance Committee deep-dives into operational performance [2] QRMC Deep dives into patient harm [2] Divisional Performance Reviews [2] UEC Board [2] **External Assurance** Urgent & Emergency Care Steering Group (external) [2] System Delivery & Operational Group (external) [2] CQC 2019 inspection – Urgent and Emergency Services rated Good [3]	Residual likelihood: **5 (Almost Certain)** Residual impact: **4 (Severe)** Residual risk rating: **20** **(Severe)** Previous residual risk rating: **3x5=15** **4x5=20** **5x4=20** Residual risk rating last changed: **22/10/2020** **09/03/2021** **08/07/2021** Forecast trajectory (next 12 months): ⇔	Not yet seeing evidence that investment in "Discharge 2 Assess" initiative is delivering planned improvements to discharge numbers or reducing proportion of patients with no criteria to reside (led by BNSSG/Sirona). Other actions:	NBT has seconded experienced manager to act as Programme Director for D2A and is working in partnership to support improvements. **Owner: COO** **Due date: review benefits in Q3 &Q4 2022/23** ~~Trust reviewing opportunities for additional capacity in Brunel Building to provide winter contingency beds (to protect patient flow)~~ ~~**Owner: CFO**~~ ~~**Due date: December 2022**~~ Working with ICS via the system Chief Executive group and the D2A Board to identify bridging strategies and sort term mitigations to compensate for delayed D2A impact. (Care Hotel is part of winter mitigation) **Owner: Various (COO & CEO)** **Delivery date: November – March 2022/23** Urgent and Emergency Care Improvement Plan actively overseen and sponsored by Executive Leads. **Owner: COO** **Due date: various actions – review of SDEC delivery in Q4 2022/23**	Target likelihood: **3 (Possible)** Target impact: **4 (Severe)** Target risk rating: **12** **(High)**

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Board Assurance Framework (BAF)

Trust Strategic Theme:	Provider of high quality patient care Developing healthcare for the future		

Ref	Lead Director / Lead Committee	Principal risk:	Inherent risk score	Primary controls	Assurances	Residual risk score	Gaps in control or assurance	Planned actions *(including owner and delivery date)*	Target risk score
SIR 1.1	**Steve Curry, Chief Operating Officer** Last reviewed: ~~11/10/2022~~ ~~12/12/2022~~ 03/06/2023 Lead Committee: **Finance & Performance Committee** Also monitored by: **Quality Committee** Last reviewed: QC ~~08/11/2022~~ 07/02/2023 FPC ~~17/11/2022~~24/01/2023 Risk added to BAF: **January 2022**	**Long waits for Treatment** **The impact of the Covid-19 pandemic, together with high numbers of patients with no criteria to reside, workforce/skills shortages, and complex clinical pathways, has resulted in a demand/capacity gap in cancer services, diagnostics, and planned care. This has the potential to result in long-waiting patients deteriorating and coming to harm, poor patient experience, and reputational damage to the Trust.** Note: drivers of this risk are outside of the organisation's direct control actions are focused on those areas that are within the organisation's influence. EXTERNALLY DRIVEN RISK	Inherent likelihood: **5 (Almost certain)** Inherent impact: **5 (Catastrophic)** Inherent risk rating: **25** **(Extreme)**	**Internal:** FLOW boards Integrated Discharge Service Repatriation Policy OPEL/ICI Escalation & COVID-19 surge policies/procedures Accountability Framework Internal Professional Standards Protected Green Capacity Use of WLI Use of independent sector Clinical Long-wait Harm Review Process (no wait related harm identified) Fortnightly Cancer Steering Group Cancer Improvement Plan Diagnostics Plan RTT Recovery Plan Agile and responsive IPC controls Brunel Level Six Additional Beds **External:** Whole System Operational Group (WSOG – external) OPEL escalation process in system forums (Whole System Operational Group, OOH Delivery Group) Elective Recovery Fund Access (system-wide) EPRR metallic structures to oversee Industrial action (meeting commensurate with strike action)	**Internal Assurance** Board rounds and site management processes [1] Integrated Performance Report [2] Patient flow metrics – daily control centre information [1] Executive Team weekly review of dashboards [2] Performance report to Finance & Performance Committee [2] Finance & Performance Committee deep-dives into operational performance [2] QRMC Deep dives into patient harm [2] Divisional Performance Reviews [2] Trust Board presentations on Planned Care Trajectories, Cancer Performance 2022 [2] **External Assurance** System Delivery & Operational Group (external) [2] National Tier 1 Cancer Escalation Status removed in December 2022 [3]	Residual likelihood: **5 (Almost Certain)** Residual impact: **4 (Severe)** Residual risk rating: **20** **(High)** Previous residual risk rating: Residual risk rating last changed: Forecast trajectory (next 12 months): 	Not yet seeing evidence that investment in "Discharge 2 Assess" initiative is delivering planned improvements to discharge numbers (led by BNSSG/Sirona), to allow increased surgical activity. Emerging issues that ~~may~~ impact this risk, and which ~~remain under review~~are being actively managed/mitigated: - Winter pressures - Covid-19 - ~~Potential~~ Confirmed nursing and other strikes	~~Trust reviewing opportunities for additional capacity in Brunel Building to provide winter contingency beds (to protect patient flow)~~ ~~**Owner: CFO**~~ ~~**Due date: October 2022/23**~~ Exploring opportunities for additional Elective Care Capacity in BNSSG via national Targeted Investment Fund (possible Elective Care Centre – Outline Business Case approved February 2023) **Owner: CFO** **Due Date: Full Business Case ~~November 2022~~ May 2023, online 2024/25** Other actions: RTT Recover Plan Actions overseen at Executive level. Good progress and line-of sight to national improvement targets. (Ongoing – review March 2023) Cancer Improvement Plan reliant on recruitment (to be complete by Q3 2022/23) – phase one complete, future phases under development (for Q4 2022/23) Diagnostics Plan to be compliant with national improvement trajectories by 31 March 2023 **Owner: COO**	Target likelihood: **3 (Possible)** Target impact: **4 (Severe)** Target risk rating: **12** **(High)**

Board Assurance Framework (BAF)

Trust Strategic Theme:	Provider of high-quality patient care Developing healthcare for the future Anchor in the community		

Ref	Lead Director / Lead Committee	Principal risk:	Inherent risk score	Primary controls	Assurances	Residual risk score	Gaps in control or assurance	Planned actions *(including owner and delivery date)*	Target risk score
COV 2	**Steve Hams,** **Chief Nursing Officer (Director of Infection Prevention Control)** Last reviewed: ~~13/10/2022~~ 17/01/2023 Lead Committee: **Quality Committee** **Also monitored by:** Finance & Performance Committee Last reviewed: QC ~~08/11/2022~~ 07/02/2023 FPC ~~17/11/2022~~24/01/2023 Risk added to BAF: **Q1 2020**	**Covid-19 Pandemic** **A further significant surge in Covid-19 or other respiratory infection would have the potential to impact the Trust in key areas including capacity to provide timely, safe and effective care, reduction in staff numbers due to infection, closure of beds as part of Infection Prevention Control, reduced patient flow and inability to achieve key quality and performance standards.** Note: drivers of this risk are outside of the organisation's direct control actions are focused on those areas that are within the organisation's influence. EXTERNALLY DRIVEN RISK	Inherent likelihood: **5 (Almost certain)** Inherent impact: **5 (Catastrophic)** Inherent risk rating: **25** **(Extreme)**	**Internal** COVID-19 Command and Control structures (not currently active) Covid-19 Surge and super-surge plans / policies for ICU and general acute capacity, testing and mortuary Increased capacity for remote working Daily Operational Bed Meetings Infection Prevention Control structure and rules Workforce wellbeing support offering 2022/23 Winter Plan and Covid/Flu modelling Covid-19 and Flu Vaccination Programmes **External** Significant engagement in system and regional forums Engagement and leadership role in Severn Critical Care Network System COVID-19 Command and Control structures National Vaccination Programme, including Covid-19 booster programme and Flu vaccination programme Protected Green Capacity	**Internal Assurance** COVID-19 sit-rep [1] NBT specific pandemic modelling [1] COVID-19 exception reports to Trust Board and TMT [2] Integrated Performance Report [2] **External Assurance** Regional and local specific pandemic modelling [3] Reports and updates via local and regional forums [3]	Residual likelihood: ~~3~~**2 (Unlikely)** Residual impact: **4**3 (~~**Severe**~~ **Moderate**) Residual risk rating: ~~**9**~~**6** **(High)** Previous residual risk rating: **4x5=20** **3x4=12** **3x3=9** Residual risk rating last changed: **14/03/2022** **17/01/2023** **06/03/2023** Forecast trajectory (next 12 months): ~~Risk likely to increase over winter period~~	This risk is monitored regularly via Executive Assurance Forum and Board Committees but is considered "controlled" at this point in time, with no significant gaps identified. ~~This will remain under review as the Trust approaches the 2022/23 winter period.~~ As of January 2023, Covid 19 and other respiratory diseases were not impacting NBT's operational approach, and it appears that the numbers have peaked and coming back down. The Trust has assessed the risk as reaching and reducing below the target risk score. The risk score was further reduced in March 2023.		Target likelihood: **3 (Possible)** Target impact: **3**4 **(Severe)** Target risk rating: ~~**12**~~**9** **(High)**

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Board Assurance Framework (BAF)

Trust Strategic Theme:	Provider of High-Quality Care Healthcare for the Future		

Ref	Lead Director / Lead Committee	Principal risk:	Inherent risk score	Primary controls	Assurances	Residual risk score	Gaps in control or assurance	Planned actions *(including owner and delivery date)*	Target risk score
SIR 2	**Jacqui Marshall, ~~Director of People & Transformation~~ Chief People Officer** Last reviewed: ~~17/10/2022~~ 05/01/2023 **People Committee** Last reviewed: ~~11/10/2022~~10/01/2023 Risk added to BAF: **Pre-2019**	**Workforce** **High levels of turnover, coupled with N~~n~~ational/system ~~competition for~~ healthcare workforce shortages, exacerbated by cost of living crisis, means that demand is outstripping supply in key areas, including nursing, ~~workforce in key specialties/ professions (e.g., sonographers & histopathologists), together with increasing demands on staff plus Covid-19 sickness and fatigue could result in skills/capacity shortages within the Trust and increased instability in the workforce.~~** **Consequences ~~would~~ include** - **Increased reliance on expensive agency staff** - **~~Higher~~ increasing turnover, which ~~could~~ result in dramatic increase in recruitment activity and associated costs** - **Poor staff morale** - **Poor patient safety & experience due to staff shortages.** Elements of this risk are outside of the Trust's direct control (training of professionally registered medics and other specialists) – actions are focused on	Inherent likelihood: **45 (~~Likely~~Almost Certain)** Inherent impact: **5 (Catastrophic)** Inherent risk rating: ~~202~~ **(Extreme)**	BNSSG Workforce Strategy Nursing Workforce Group overseeing mitigating work Medical Workforce Group overseeing mitigation work Retention steering group & Pathfinder Programme Retention interventions (overseen by Retention steering group) ~~Covid-19 Recovery & Restoration Programme~~ Award-winning, nationally recognised Staff Health & Wellbeing offering Buying & selling annual leave policy Itchy feet campaign Flexible working offer expanded Strong development and leadership offer Increased opportunities through SLM Programme ~~BNSSG workforce recovers cell in place from Feb 2021~~ BNSSG development of EVP offer BNSSG integrated staff bank Increased use of traineeship and apprenticeships. Shared recruitment material and Employee Value Proposition for system recruitment. Faster, Fairer Recruitment Process System Pay Harmonisation Group 1,2,3 Year System Workforce Planning Programme System-wide recruitment campaigns (e.g., HCA in May 2022) System Workforce Incentives Group	**Internal Assurance** Integrated Performance Report – HR/Well-Led section [2] People Committee deep-dives and performance review [2] People Balanced Scorecard [1] Staff survey results & action plans [2] Voice Programme [1] Exit interview data [1] Pulse Surveys [1] Freedom to Speak Up Report [2] Recruitment & retention deep-dive – March 2021 People Committee meeting [2] System-level workforce cell monitors and shares terms and conditions data and any operational WLI proposals to ensure transparency and parity. [2] **External Assurance** Gender pay-gap report (2018) [3] National Retention Data [3] Staff Survey Results [3]	Residual likelihood: **5 (Almost certain)** Residual impact: **45 (~~Severe~~Catastrophic)** Residual risk rating: ~~202~~ **(Extreme)** Previous residual risk rating: **4x4=16 3x4=12 5x4=20** Residual risk rating last changed: **12/08/2020 05/10/2021 05/01/2023** Forecast trajectory (next 12 months): ↑	There is potential competition between providers within the BNSSG ICS for the same staff, and there are identified differentials in grading between similar roles. There are insufficient trained staff in certain professions (including nursing, sonographers, histopathologists etc.) to meet ongoing and increasing needs.	System-level Workforce Plan (1, 3,5 year) is under development via the system workforce cell. Next step: Options appraisal for a ~~Join~~ joint system Bank to be complete by March 2023 **Due date:** March 2023 **Owner:** Chief People Officer (CPO) Aspiring joint future skill plan with Universities in Bristol to support specific skills pipeline and avoid competition. **Due date:** from 2023/24 **Owner:** CPO International recruitment pipeline – ongoing for 2022/23. **Due date: review Q4 2022/23** **Owner: CPO** ~~Financial wellbeing offering being developed and rolled out, including pension recycling, free advice, salary sacrifice, loans etc.~~ **~~Delivery date:~~** ~~key benefits from November 2022 onwards~~ Revised Management Development Offering from January 2023. **Owner:** CPO Creating an internal Operational Workforce Group to look at 3-6 month	Target likelihood: **3 (Possible)** Target impact: **4 (Severe)** Target risk rating: **12** **(High)**

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Board Assurance Framework (BAF)

		those areas that are within the organisation's influence. INTERNALLY & EXTERNALLY DRIVEN RISK		Financial wellbeing offering (overseen by Culture & Wellbeing working group).				rosters, recruitment and retention hot-spots and to review the use of incentives. **Delivery date:** March 2023 **Owner:** CPO Delivery of new "Faster, Fairer Recruitment" process to streamline processes and target hot spots **Delivery date:** first update to Executive Management Group 1 January 2023 **Owner:** Deputy CPO	

Board Assurance Framework (BAF)

Trust Strategic Theme:	Provider of high quality patient care An anchor in our local community		

Ref	Lead Director / Lead Committee	Principal risk:	Inherent risk score	Primary controls	Assurances	Residual risk score	Gaps in control or assurance	Planned actions *(including owner and delivery date)*	Target risk score
SIR 8	**Glyn Howells, Chief Finance Officer** Last reviewed: ~~18/10/2022~~ ~~12/12/2022~~ 01/03/2023 **Finance & Performance Committee** Last reviewed: ~~17/11/2022~~24/02/2023 Risk added to BAF: **Pre-2019**	**Retained Estate** **Parts of the retained estates are aging and approaching the point where significant refurbishment is required. Without decant facilities or alternative provision this work cannot be undertaken in a proactive manner, exposing the Trust to the risk of unplanned service failure, and associated degradation of patient safety, operational performance, and patient/staff experience.** Note: The Trust has control over its internal capital spend. This risk is considered a controllable risk. INTERNALLY DRIVEN RISK	Inherent likelihood: **4 (Likely)** Inherent impact: **5 (Catastrophic)** Inherent risk rating: **20** **(Extreme)**	Capital Planning Group & sub-structure 10-year Estates Capital Plan (CRISP) ~~Estates Strategy/Masterplan approved 2020~~Interim Estates Plan 2022 Health & Safety Committee & policies Preventative Maintenance Programme Facilities help-desk (to advise on any deterioration of estate) Executive walk-arounds Expected capital programme slippage used as a contingency for unexpected works in the retained estate Up-to-date Fire Safety Policy and Fire Safety Manager appointed (November 2022)	**Internal Assurance** Capital Planning reports to Finance & Performance Committee (twice-yearly) [2] Health & Safety reports to People Committee (quarterly + annual report) [2] 2022 Fire Safety Audit Actions progress reported to People Committee [3] Compliance Governance committees; COIC, Water Safety Group, Ventilation Safety Group, Electrical Safety Group, Fire Safety Group [2] ERIC Benchmarking confirms relative position to other Trusts backlog status (annual process) [2] Fire risk audits undertaken regularly across the site [1] Estates Master Plan (August 2020) [1] **External Assurance** Six Facet Survey completed 2020 [3]	Residual likelihood: **3 (Possible)** Residual impact: **4 (Severe)** Residual risk rating: **12** **(High)** Previous residual risk rating: **N/A** Residual risk rating last changed: **N/A** Forecast trajectory (next 12 months): ⇔	Weaknesses in the Trust's Fire Safety governance has been identified, including training, ~~policies~~ and audits. This is reflected on the Trust's operational risk register.	~~A report identifying required improvements was commissioned in 2022, with an improvement plan in place. Additional capacity expected to arrive in November 2022, with an update to People Committee in January 2023.~~ ~~**Owner: Chief Finance Officer**~~ ~~**Due Date: January 2023**~~ Longer-term Fire Improvement Plan has been created and is being delivered and embedded. **Due Date: September 2023** **Owner: Operational Director of Estates & Facilities**	Target likelihood: **2 (Unlikely)** Target impact: **4 (Severe)** Target risk rating: **8** **(High)**
							The Trust continues to ensure that there is regular capital investment in Critical Infrastructure towards compliant and appropriate clinical accommodation. However, this is limited by all other Trust-wide requirements therefore some programmes will be delivered over extended periods. It is assumed that major estates improvements will be specifically externally funded. There is a growing concern that due to the nature of the improvement works that are needed in the retained estate that there will be a need to decant buildings to facilitate this work namely, Elgar House, NICU, Cossham, CDS and Gynae Theatres. These	The Trust Estates/Capital Team are progressing various significant schemes to "shovel ready" state, in anticipation of national funding calls becoming available. Elective Care Centre, W&C Estates and Accommodation Projects are specifically being progressed in this manner. **Owner: Chief Finance Officer** ~~**Due Date:** TIF funded OBC for Elective Centre to Trust Board in July/August 2022~~ ~~**October**~~**December** ~~**update:** OBC approved, FBC due to Trust Board January 2023.~~ **March 2023 Update:**	

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Board Assurance Framework (BAF)

							works are mainly related to fire improvement works and ventilation improvement works. Revised System capital allocation and prioritisation processes had added complexity and delay to capital planning and resulted in reduced capital availability.	Elective Care Centre OBC approved nationally in February 2023. FBC under development. **Due date:** May 2023 **Owner:** Chief Finance Officer Close system working and aligned Acute view via the Acute Provider Collaborative. Better system being developed for 2023/24. **Due date:** September 2023 **Owner:** Chief Finance Officer	

Board Assurance Framework (BAF)

Trust Strategic Theme:	Provider of high quality patient care Healthcare for the Future		

Ref	Lead Director / Lead Committee	Principal risk:	Inherent risk score	Primary controls	Assurances	Residual risk score	Gaps in control or assurance	Planned actions *(including owner and delivery date)*	Target risk score
SIR 15	**Neil Darvill, Director of IM&T** Last reviewed: ~~06/10/2022~~ 06/03/2023 **Finance & Performance Committee** Last reviewed: FPC ~~17/11/2022~~24/02/2023 Risk added to BAF: **Pre-2019**	**Cyber Security** **A significant cyber-attack takes out the Trust's IT systems leading to a failure of business continuity and the inability to treat patients.** Note: while this risk is externally driven, there are element of the risk that the trust can control through mitigations and additional back-up/protection. EXTERNALLT DRIVEN RISK	Inherent likelihood: **4 (Likely)** Inherent impact: **5 (Catastrophic)** Inherent risk rating: **20** **(Extreme)**	IT security measures such as password policies and information governance training Daily immutable system back-ups Business continuity and recovery plans Timely server and software updates Continuous upgrades to supported versions of Windows and Microsoft 365 Ongoing assessments of software with removal or mitigations for outdated and unsupported products Ongoing monitoring and software upgrades (see further information under "gaps" and "planned actions")** Office 365 cloud-to-cloud backups for email and teams data NHS Digital cyber security programme Care Cert Server and Network vulnerability scanners ~~STP Cyber Security Group aligning organisational standards and ensuring best practice.~~ ~~Extensive migration to Windows 10 and Office 365 during 2020/21~~ ~~Updated Enterprise Network completed in Q4 2019/20~~ ~~NHS Digital South West Regional Cyber Security Group for direction and access to national solutions.~~ Ongoing monitoring and software upgrades (see further	**Internal Assurance** Data security protection toolkit return (Highest compliance in 2022) (1) Cyber security report (monthly to IM&T Divisional Board and Audit & Risk Committee) (2) Audit Committee Assurance Report (February 2022 and scheduled March 2023) (1) **External Assurance** Information Commissioner Audit December 2019 (3) Penetration Tests and assessments, October 2020 (2) KPMG Data Security Protection Toolkit Audit 2022 "significant Assurance" (3) KPMG Data Security Protection Toolkit Audit March 2023 (3)	Residual likelihood: **3 (Possible)** Residual impact: **5 (Catastrophic)** Residual risk rating: **15** **(Extreme)** Previous residual risk rating: **4x5=20** Residual risk rating last changed: **22/05/2020** Forecast trajectory (next 12 months): ⇔	**Significant work has been completed to reduce the likelihood of a cyber-security incident, through updating networks and migration to up-to-date operating systems. - In 2022-2023: - Over 8000 end point devices upgraded to latest version of Windows 10 - Legacy Windows servers reduced from 40 to 6 - Vulnerability scanner in operation across the trust networks	Additional work is underway to implement software tools to proactively monitor network activity and quickly identify and respond to any changes to normal activity. **Owner: Phil Wade** **Due Date: see below** SW SIEM is live and operational for log retention; however, it requires additional investment or a switch to an alternative product to increase functionality. **Target for change: June 2023.** Ongoing remediation work for areas highlighted by the vulnerability scanner. New BNSSG Cyber Security Governance Group to be established to assess compliance across the ICS and look to converging Cyber Security toolsets. Target April 2023. Identify improvements to backup infrastructure to improve capability in line with NHS Digital backup audit. Target June 2023. Network micro-segmentation project to block access and restrict spread cyber attacks: Funding June 2023, Completion July 2024 Remove or mitigate 146 Windows 2012 servers from the estate, completion March 2024.~~Vulnerability scanning software is now active on the network and highlighting areas for remediation work. Target Deliveries:~~ ~~New BNSSG Cyber Security Governance Group to be established to assess compliance across the ICS and~~	Target likelihood: **3 (Possible)** Target impact: **45 (~~Severe~~Catastrophic)** Target risk rating: **15** **(High)**

Board Assurance Framework (BAF)

				information under "gaps" and "planned actions")** Office 365 cloud-to-cloud backups for email and teams data Microsoft Defender Endpoint (antivirus) live across Microsoft Windows estate BNSSG Cyber Security Governance Group aligning organisational standards and ensuring best practice. NHS Digital South West Regional Cyber Security Group for direction and access to national solutions				~~look to converging Cyber Security toolsets. Target April 2023.~~ ~~Improvements to backup infrastructure to improve capability in line with NHS Digital backup audit. Target June 2023.~~	

Board Assurance Framework (BAF)

Trust Strategic Theme:	An anchor in our Community		

Ref	Lead Director / Lead Committee	Principal risk:	Inherent risk score	Areas of influence/controls	Monitoring/assurance	Residual risk score	Gaps in influence or monitoring/assurance	Planned actions *(including owner and delivery date)*	Target risk score
SIR 16	**Glyn Howells, Chief Finance Officer** Last reviewed: ~~21/10/2022~~ 12/12/2022 **Finance & Performance Committee** Last reviewed: FPC ~~17/11/2022~~24/02/2023 Risk added to BAF: **Q1 2020**	**Carbon Net Zero:** **There is a risk that due to lack of resource and the complexity of the required planning, the Trust fails to meet its 2030 Net Zero goal and adapt to climate change (i.e. key objective in Business Plan not met)** **This would constitute a failure to support Bristol's One City Plan and Climate Strategy and would represent a reputational risk Failure to reduce emissions from current levels is a carbon abatement cost risk of £45 million** Note: The Trust has control over setting its internal priorities. This risk is considered a controllable risk. INTERNALLY DRIVEN RISK	Inherent likelihood: **4 (Likely)** Inherent impact: **4 (Severe)** Inherent risk rating: **16** **(Extreme)**	Sustainable Development (SD) structure formally approved to lead and steer on behalf of NBT and the ICS. ICS Green Plan approved at ICS level and Trust committees. NBT adopted ICS Green Plan to enable system-wide delivery. ~~Annual, Board approved, Green Plan to be aligned with the 3-yearly ICS Green Plan.~~ Green Plan Implementation Group ~~Green Plan Board~~ with multi-disciplinary ~~and NED~~ membership. Understanding of NBT's current basic carbon footprint, together with actions needed to get to net zero carbon. Monitoring of annual carbon emissions Business Planning process includes a Sustainability Impact Assessment requirement. Carbon Assessment Tool is available to support Divs/Dirs in identifying carbon reduction opportunities. BNSSG Climate Change Adaptation Plan and Risk Assessment and NBT Heatwave Policy and Adverse Weather Place Sustainable Procurement Strategy.	NBT reports key sustainability measures quarterly to Greener NHS including carbon footprint is calculated and reported [1] Green Plan Implementation Group ~~Green Plan Board~~ and ~~TMT~~ SLG / Trust Board approve annual Green Plan (ex-SDMP) which details carbon reduction efforts [2] ICS Green Plan Steering Group monitors progress with Green Plan Greener NHS national and regional teams take an overview of Trust SD activities [3] ERIC/Model Hospital comparative data [1] Possible occasional Internal Audit assessments [2] ICS Head of Sustainability, Carbon and Energy Manager Partner (FM) posts [1]	Residual likelihood: **4 (Likely)** Residual impact: **4 (Severe)** Residual risk rating: **16** **(Extreme)** Previous residual risk rating: **3x4=12** Residual risk rating last changed: **21/10/2022** Forecast trajectory (next 12 months): ⇔	Requires Trust-wide buy-in to Green Plan actions and goals with sustainable leadership at every level of organisation. New governance structure required to achieve change and ownership of Green Plan actions held within divisions and directorate. Capital Plan funding will not be sufficient to meet the costs of energy plans to reduce carbon. Sustainable procurement requires significant resource to support change in supplier behaviour and national supply chain approach. Estimated carbon reporting of scope 3 emissions not able to identify when carbon reductions have been made through product, service, or project improvements. Climate Change Adaptation Action Plan, lead role and staff training on climate change adaptation required	~~Update October 2022: 2030 Carbon Route map completed and approved by Trust committees. Route map is being presented and communicated to all staff groups.~~ Update March 2023: The ICS Green Plan governance structure to be formalised with terms of reference, then ownership of actions supported at Div/Dir level. ICS Green Plan to be finalised and published ~~approved at ICS level and Trust committees. NBT adopted ICS Green Plan to enable system-wide delivery. Sustainability teams in NBT & UHBW merged to deliver synergy and productivity. Head of Sustainability appointed, and new/replacement roles being appointed to. Revised ICS Green Plan to be finalised and published.~~ ~~Using influence and networking at local and regional level to gain expertise.~~ **Owner: Sustainable Development Unit** **Due Date: March 2023** Develop carbon cost calculator and integrate into business case process **Due Date: May 2023**	Target likelihood: **3 (Possible)** Target impact: **4 (Extreme)** Target risk rating: **12** **(Moderate)**

Board Assurance Framework (BAF)

				Representation with Civic and local Partners at many levels and multiple streams. Carbon Route map completed and approved by Trust committees. Route map presented and communicated to all staff groups ~~Carbon Route Map (complete and in circulation)~~ Sustainability teams in NBT & UHBW merged to deliver synergy and productivity. Head of Sustainability appointed, and new/replacement roles being appointed to.				Develop detailed costed action plan for delivery of Green Plan **Owner: Sustainable Development Unit** **Due Date: March 2024**	
								£4.37M Public Sector Decarbonisation Scheme capital received January 2022. Update March 2023: Energy efficiency projects partially complete, some slippage. NBT awarded PSDS Phase 3b funding for further energy efficiency improvements. However match funding not available to proceed in 23/24. Will seek ICS funding for 24/25 **Owner: Sustainable Development Unit** **Due Date: March 2024** ~~Update July 2022: progressing capital schemes to spend funding and drive energy efficiency.~~ ~~Update October 2022: Energy efficiency projects partially complete and some underway. NBT applied for PSDS Phase 3b funding for further energy efficiency improvements.~~ ~~**Owner: Sustainable Development Unit**~~ ~~**Due Date: March 2023**~~	

Board Assurance Framework (BAF)

Trust Strategic Theme:	Provider of high quality patient care Healthcare for the Future		

Ref	Lead Director / Lead Committee	Principal risk:	Inherent risk score	Primary controls	Assurances	Residual risk score	Gaps in control or assurance	Planned actions *(including owner and delivery date)*	Target risk score
SIR 17	**Glyn Howells, Chief Finance Officer** Last reviewed: ~~10/10/2022~~ 01/03/2023 Lead Committee: **Finance & Performance Committee** Last reviewed: ~~New risk~~ 24/02/2023 Risk added to BAF: October 2022	**Underlying Financial Position** There is a risk that if the Trust does not deliver its planned financial position sustainably, and reduce its underlying deficit, it will be subject to increased regulatory intervention. This may include a loss of decision-making autonomy, increased scrutiny, and increased reporting requirements.	Inherent likelihood: **4 (Likely)** Inherent impact: **5 (Catastrophic)** Inherent risk rating: **20** **(Extreme)**	**Internal:** Internal Planning Processes Divisional Reviews Business Case Review Group Financial Sustainability Reviews CIP Board oversight of plans Exceptions to Budgeted Establishment Group (EBE) Procurement controls (enhanced) Monthly Budget Monitoring 2022 Training and support for Clinical Divisions - CIP development and delivery Procurement "Grip & Control" training available to Divisions and Directorates **External:** ICS Directors of Finance (DoF) Group System Planning Processes System Finance & Estates Group Monthly Financial Returns and review with NHSE	Monthly Finance Report (Trust Board, ~~&~~ FPC, Exec Management Team, Senior Leadership Group) [2] Divisional Reviews [2] Weekly CIP Monitoring Reports [1] Monthly consolidated System Finance Report [2] Annual Internal Audit Report – Financial Controls [3] External Audit – Value for Money Review [3] Model Hospital Benchmarking [3] Reference Costs Submission [3]	Residual likelihood: **3~~4~~ (~~Likely~~Possible)** Residual impact: **5 (Catastrophic)** Residual risk rating: **15** **(High)** Previous residual risk rating: **~~N/A~~4x5=20** Residual risk rating last changed: **~~N/A~~01/03/2023** Forecast trajectory (next 12 months): ⇔	Identification and delivery of CIP across the organisation is significantly below plan (50% of CIP plans for 2023/24 are not yet developed - circa £8M) ~~No~~ Uncertainty around recurrent funding for recurrent inflationary pressures and recurrent elective services recovery costs Culture of robust financial control has reduced during the Covid-19 pandemic due to different financial rules and leadership/staff turnover	~~Intervention, agreeing specific actions and divisional control totals to achieve 2022/23 financial plan.~~ Revised CIP planning approach ~~being developed~~ in place, ASCR, WACH, Medicine Divisions receiving enhanced support to develop CIP plans. **Delivery date:** outputs visible by 31 March 2023 **Owner:** CFO Providing evidence of impact and lobbying national NHS leadership. Using longer term purchasing strategy to mitigate inflationary pressures. **Delivery date:** 31 March 2023~~2~~ **Owner:** CFO Ongoing discussions with System partners regarding appropriate funding for service changes in 2023/24 **Delivery date:** 30 April 2023 **Owner:** Deputy Chief Finance Officer Provide training and support to budget holders to support their CIP development / delivery. **Delivery date:** Framework by November 2022 **December update:** Meetings have taken place,	Target likelihood: **2 (Unlikely)** Target impact: **4 (Severe)** Target risk rating: **8** **(High)**

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Board Assurance Framework (BAF)

								ongoing support provided as required. **March 2023 udpate:** This is an ongoing training and support process and is transitioning to an ongoing "control". **Owner:** CFO & Deputy CFO	

Board Assurance Framework (BAF)

APPENDIX A: RISK SCORING MATRIX

Every risk recorded within the Trust's risk registers is assigned a rating, which is derived from an assessment of its Impact Score (severity of potential hard) and its Likelihood Score (the probability that the risk event will occur). The risk grading criteria summarised below provide the basis for all risk assessments recorded within the Trust's risk registers, at strategic, operational and project level.

Impact Score (severity of potential harm)

	1	2	3	4	5
Risk Type	**Negligible**	**Minor**	**Moderate**	**Severe**	**Catastrophic**
Patient Experience	Unsatisfactory patient experience not directly related to patient care Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Unsatisfactory patient experience – readily resolvable Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Minor implications for patient safety if unresolved	Mismanagement of patient care Repeated failure to meet internal standards Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Major patient safety implications if findings are not acted on	Serious mismanagement of patient care Multiple complaints/ independent review Non-compliance with national standards with significant risk to patients if unresolved	Totally unacceptable level or quality of treatment/service Inquest/ombudsman inquiry Gross failure of patient safety if findings not acted on
Patient Safety	Minimal injury requiring no/minimal intervention or treatment.	Low harm injury or illness, requiring minor/short-term intervention. Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Increase in length of hospital stay by 4-15 days	Severe injury leading to long-term incapacity/disability Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects
Health & Safety	No time off work	Requiring time off work for <3 days	Requiring time off work for 4-14 days RIDDOR / MHRA / agency reportable incident	Requiring time off work for >14 days	Multiple permanent injuries or irreversible health effects
Workforce	Short term low staffing level temporarily reduces service quality (< 1 day)	Ongoing low staffing level reduces service quality.	Late delivery of key objective / service due to lack of staff. Minor error due to insufficient training. Ongoing unsafe staffing level.	Uncertain delivery of key objective / service due to lack of staff. Serious error due to insufficient training.	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Very high turnover. Critical error due to insufficient training.
Performance, Business Objectives	Interim and recoverable position Negligible reduction in scope or quality Insignificant cost increase	Partial failure to meet subsidiary Trust objectives Minor reduction in quality / scope Reduced performance rating if unresolved	Irrecoverable schedule slippage but will not affect key objectives Definite reduction in scope or quality Definite escalating risk of non-recovery of situation Reduced performance rating	Key objectives not met Irrecoverable schedule slippage Low performance rating	Trust Objectives not met Irrecoverable schedule slippage that will have a critical impact on project success Zero performance rating
Service Delivery & Business Continuity	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
Financial	No or minimal impact on cash flow	Readily resolvable impact on cash flow Loss of 0.1–0.25 per cent of Trust's annual budget	Individual supplier put Trust "on hold" Loss of 0.26–0.5 per cent of Trust's annual budget	Major impact on cash flow Purchasers failing to pay on time Uncertain delivery of key objective Loss of 0.6–1.0 per cent of Trust's annual budget	Critical impact on cash flow Failure to meet specification/ slippage Non-delivery of key objective/ Loss of >1 per cent of Trust's annual budget
IM&T	Information system issue affecting one service user	Information system issue affecting one department Poor functionality of trust wide system, readily resolvable and not impacting service delivery	Information system issue affecting one division Poor functionality of trust wide system impacting service delivery, but readily resolvable.	Information system issue affecting more than one division. Poor functionality of trust wide system impacting service delivery, not readily resolvable	Complete failure of trust wide information system that directly impacts service delivery.
Reputational	Rumours	Local Media – short term	Local Media – long term	National Media < 3 days	National Media ≥ 3 days. MP Concern (Questions in House)
Statutory Duty & Inspections	No or minimal impact or breach of guidance/ statutory duty Minor recommendations	Non-compliance with standards reduced rating. Recommendations given.	Single breach in statutory duty Challenging external	Enforcement Action Multiple challenging recommendations	Prosecution Multiple breaches in statutory duty

Board Assurance Framework (BAF)

	1	2	3	4	5
Risk Type	**Negligible**	**Minor**	**Moderate**	**Severe**	**Catastrophic**
			recommendation Improvement notice	Improvement notices Critical report	Complete systems change required Severely critical report

Likelihood Score

The Likelihood Score is calculated by determining how likely the risk is to happen according to the following guide. Scores range from 1 for rare to 5 for almost certain.

Likelihood score	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Broad descriptor	This will probably never happen/recur	Do not expect it to happen/recur	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Frequency	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Probability Will it happen or not?	<0.1 per cent	0.1–1 per cent	1.1–10 per cent	11–50 per cent	>50 per cent

The **Risk Score** is determined by the Impact x Likelihood.

Likelihood score	**1**	**2**	**3**	**4**	**5**
	Rare	**Unlikely**	**Possible**	**Likely**	**Almost certain**
5 Catastrophic	5	10	15	20	25
4 Severe	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Low	2	4	6	8	10
1 Negligible	1	2	3	4	5

Risk Grade:

1-3	Low Risk
4-6	Moderate Risk
8-12	High Risk
15 - 25	Extreme Risk

North Bristol NHS Trust

Report To:	Public Trust Board		
Date of Meeting:	20 March 2023 (Report covering 01/11/22 – 31/02/23)		
Report Title:	Guardian for Safe Working (Junior Doctors)		
Report Author & Job Title	Dr Lucy Kirkham, Trust Guardian for Safe Junior Doctor Working		
Executive/Non-executive Sponsor	Tim Whittlestone, Chief Medical 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	X	X
Recommendation:	The Board of Directors will discuss current Junior Doctor contract issues and as a public authority must, in the exercise of its functions, have due regard to the need to: • All contractual obligations in place • Be satisfied that the role of Trust Guardian is being fulfilled • Exception Reports being acted upon • Gaps on Junior Rotas being filled as a priority • Risks to Trust considered – Guardian fines; accountability; staffing		
Report History:	This paper sets outs the background and context around the introduction of the Guardian of Safer Working as part of the 2016 Terms and Conditions for Junior Doctors and implementation of that role in the Trust. It shows: • Gaps on rotas and plans to fill • Locum data • Exception Report data • Guardian's actions		
Next Steps:	• Promote and support exception reporting system to consultants and trainees • Continue to look at creative workforce and IT solutions to minimise gaps		

Executive Summary

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

Junior Doctor Contract Refresh - 2019

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

- Leave for life changing events – employers must allow leave for life changing events (it is for the doctor to decide what is a deemed life a changing event)
- Breaks for nights shifts – a nights shift of 12 hours or more will require a 3rd 30 minute break.
- Facilities – where a non-resident on-call rota requires the trainee to be on site within a specified time or where the department specify the distance from the Trust when NROC then the department will meet the cost of overnight accommodation.

- Facilities – where a trainee has worked a night and is too tired to drive home the Trust must provide rest facilities (which we do anyway) or the department must meet the cost of travel home and reasonable expenses on the return to work.
- Exception reporting – extension of what can be exception reported i.e., missed supervisor meetings or no time provided for coming audits / e-portfolio.

August 2021: BMA statement on the TCS (2016 Terms and conditions of service for NHS doctors and dentists in training in England) and junior doctor rostering during the response to the COVID-19 pandemic

https://www.bma.org.uk/news-and-opinion/statement-on-junior-doctor-rostering-and-workforce-management-during-the-covid-19-pandemic

The NBT Trust Guardian for Safe Junior Doctor Working will:

1. Interact with the Trust Board in a structured report covering rota gaps, gap management, locum usage exception reporting and the Postgraduate Doctors Forum (PDF)

2. Ensure Exception Reporting by junior doctors for breaches of contract are acted upon. These comprise exceptions for:
    - Safety reasons
    - Excess hours – Leading to TOIL (the preference) or Payment where TOIL is not possible
    - Excess hours leading to work pattern reviews
    - Missed education sessions

3. Set up and attend a PDF – these forums harness the junior doctor's ideas and energy on better ways of working as well as offering a channel to discuss contract, education and rota issues. The DME, HR and exec attendance is desirable.

4. The Guardian may levy a fine if a breach of the following occurs:

    - The 48-hour average weekly working limit
    - Contractual limit on maximum of 72 hours worked within any consecutive 7-day period
    - Minimum 11-hour rest has been reduced to less than 8 hours
    - Where meal breaks are missed on more than 25 per cent of occasions over a 4-weekperiod.
    - The minimum 8 hours total rest per 24-hour non-resident on-call (NROC) shift
    - The minimum NROC overnight continuous rest of five hours between 22:00 & 07:00
    - The maximum 13-hour shift length
    - The minimum 11 hours rest between resident shifts

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

Risks	• eRostering to alert contract breaches and enable leave booking for trainees. • Exception's alert ISCs
Financial Implications	Financial implications are set out in the report
Does this paper require an Equality, Diversity and Inclusion Assessment (EIA)?	N/A
Appendices	N/A

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

Total number of Doctors in Training (DiT) and Clinical Fellows (CF)

Division	Staff in Post 01/03/23
339 Anaesthesia, Surgery, Critical & Renal Division	213.9
339 Core Clinical Services Division	34.5
339 Medicine Division	173.4
339 Neurosciences & Musculoskeletal Division	114.3
339 Women and Childrens Division	52.2
339 Ring Fenced Funding	22.0
339 HR Division	12.0
Grand Total	**622.3**

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

1. ROTA GAPS - A net reduction of 21.9 WTE PGDs between Nov 2022 and end of Feb 2023.

Rota gaps can be due to unfilled posts or sickness.

For the next Trust Board GOSW report we should be able to report staff in post against establishment as a vacancy position (this was not previously possible as honorary contracted holders needed to be added onto the staff record)

Looking at staff movement comparing Nov 2022 to 1st March 2023 – takes account of rotation on 1st March:

- Physician Associates saw **reduction of 1.5 WTE** (Care of the Elderly)
- Doctors in Training a **reduction 1.7 WTE**
- Clinical fellows saw a **reduction 20.3 WTE** (Clinical Fellow reduction ICU, Emergency Department, Care of the Elderly, Cardiology and Acute Medicine being most significant)

Graph 1: Shows the movement of PGDs contracted staff in post by month in the five clinical divisions.

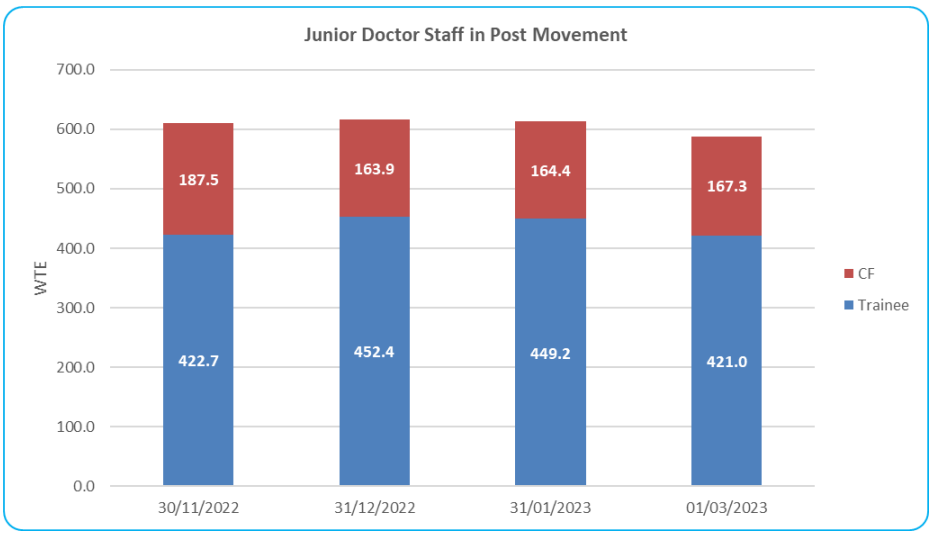


Table 1: **Changes in funded establishment** for PGDs in any Clinical Division if the change was **more than +/- 1 WTE** between November 2022 and February 2023.

Division	Specialty	Cost Centre	Trainee Variance	Clinical Fellow Variance	Total Variance
Net growth					
339 Medicine Division	Medicine Cluster 1	339 14046 Medicine SDEC	0.0	3.1	3.1
339 Medicine Division	Medicine Cluster 2	339 14509 Ward 10A	0.0	5.0	5.0
339 Neurosciences & Musculoskeletal Division	Cluster 4 - Stroke	339 05402 Stroke Specialty	1.0	2.0	3.0
Net reduction					
339 Medicine Division	Medicine Cluster 2	339 05604 Care of the Elderly Specialty	0.0	-2.0	-2.0
Total Net Change in Establishment			1.0	8.1	9.1

Sickness absence

Recorded sickness absence across junior doctors has been slightly lower than in the previous four months, 0.9% between November 2022 and February 2023 as opposed to 1.0% between July 2022 and October 2022.

Table two: Teams with PGD sickness in the last four months. Teams highlighted red where the absence for the four-month period is above the average for junior doctors overall. Those teams account for 79% of the absence overall but only represent 37% of the junior doctor workforce.

Division	Specialty/Cluster	Cost Centre	Absence Nov-22 - Feb-23
339 Anaesthesia, Surgery, Critical & Renal Division	Anaesthetic Services	339 28104 NBT Anaesthetic - Medical Staff	0.5%
339 Anaesthesia, Surgery, Critical & Renal Division	Breast	339 18003 Breast Care Screening	0.0%
339 Anaesthesia, Surgery, Critical & Renal Division	Critical Care Services	339 28106 ICU Medical Staff	0.6%
339 Anaesthesia, Surgery, Critical & Renal Division	Dermatology Services	339 05612 Dermatology	0.0%
339 Anaesthesia, Surgery, Critical & Renal Division	General Surgery Services	339 14978 Vascular Service Transfer	0.1%
339 Anaesthesia, Surgery, Critical & Renal Division	General Surgery Services	339 28122 General Surgery Med Staff	1.0%
339 Anaesthesia, Surgery, Critical & Renal Division	Plastic Surgery Services	339 28129 Plastic Surgery Med Staff	0.1%
339 Anaesthesia, Surgery, Critical & Renal Division	Renal Services	339 01152 Renal Medical Staff	0.0%
339 Anaesthesia, Surgery, Critical & Renal Division	Urology Services	339 01200 Urology Medical Staff	0.6%
339 Anaesthesia, Surgery, Critical & Renal Division	Urology Services	339 14158 Weston Urology Service	0.0%
339 Anaesthesia, Surgery, Critical & Renal Division Total			0.5%
339 Core Clinical Services Division	Imaging	339 28130 NBT Radiology Med Staff	0.0%
339 Core Clinical Services Division	Pathology Services	339 01402 NBT Biochemistry	0.0%
339 Core Clinical Services Division	Pathology Services	339 01403 NBT Histo/Cell Path	1.5%
339 Core Clinical Services Division	Pathology Services	339 01404 NBT Microbiology	0.0%
339 Core Clinical Services Division	Pathology Services	339 01408 NBT PHE Contract	0.6%
339 Core Clinical Services Division Total			0.5%
339 Medicine Division	Medicine Cluster 1	339 01291 Emergency Dept Specialty	0.8%
339 Medicine Division	Medicine Cluster 1	339 01384 Seasonal Pressures	0.0%
339 Medicine Division	Medicine Cluster 1	339 05420 Acute Medicine Specialty	2.0%
339 Medicine Division	Medicine Cluster 2	339 01379 Oncologists	0.0%
339 Medicine Division	Medicine Cluster 2	339 05600 Haematology Specialty	
339 Medicine Division	Medicine Cluster 2	339 05604 Care of the Elderly Specialty	2.4%
339 Medicine Division	Medicine Cluster 3	339 01310 Immunology Specialty	0.0%
339 Medicine Division	Medicine Cluster 3	339 05412 Infectious Diseases inc HIV Specialty	2.2%
339 Medicine Division	Medicine Cluster 3	339 05601 Diabetes Specialty	0.5%
339 Medicine Division	Medicine Cluster 3	339 05611 Gastro Specialty	1.5%
339 Medicine Division	Medicine Cluster 4	339 01113 Cardiology Specialty	1.8%
339 Medicine Division	Medicine Cluster 4	339 01116 Respiratory Specialty	1.9%
339 Medicine Division Total			1.6%
339 Neurosciences & Musculoskeletal Division	Cluster 1 - Neurosurgery, Spines & Pain	339 05262 Spinal Medical Staff	0.0%
339 Neurosciences & Musculoskeletal Division	Cluster 1 - Neurosurgery, Spines & Pain	339 28128 Neurosurgery Med Staff	1.0%
339 Neurosciences & Musculoskeletal Division	Cluster 2 - Trauma & Orthopaedics	339 01190 Sm Trauma & Ortho Med	0.7%
339 Neurosciences & Musculoskeletal Division	Cluster 3	339 07400 Sm Rheumatology Med Staff	0.0%
339 Neurosciences & Musculoskeletal Division	Cluster 3	339 28117 Neurology	0.2%
339 Neurosciences & Musculoskeletal Division	Cluster 3	339 28118 Neurophysiology Med Staff	0.0%
339 Neurosciences & Musculoskeletal Division	Cluster 4 - Stroke	339 05402 Stroke Specialty	1.3%
339 Neurosciences & Musculoskeletal Division	Major Trauma Centre	339 07307 Major Trauma	0.0%
339 Neurosciences & Musculoskeletal Division	Neuro MSK Management	339 09046 BIRU	0.0%
339 Neurosciences & Musculoskeletal Division	Research & Development	339 05502 Neurodegenerative Disease Budget	0.0%
339 Neurosciences & Musculoskeletal Division	Research & Development	339 05602 Cognitive Clinical Budget	0.0%
339 Neurosciences & Musculoskeletal Division Total			0.8%
339 Women and Childrens Division	Maternity Services	339 01127 PROMPT	0.0%
339 Women and Childrens Division	Med Staff O & G Services	339 01140 Sm Obs/Gynae Medical	0.0%
339 Women and Childrens Division	NICU Services	339 01178 N.I.C.U. Medical Staff	0.6%
339 Women and Childrens Division Total			0.2%
Grand Total			**0.9%**

2. GAP MANAGEMENT

A. CF Adverts

- Recruitment into CF gaps is continuous and ongoing

B. Medical Support Workers

Cohort 1: 29 Doctors, mostly from Myanmar started at NBT Nov 2021

- At least 25 now have GMC registration – 8 of whom are working at NBT as CFs – 5 in medicine, 2 in urology and 1 in general surgery.
- At most 6 are not in GMC registered roles – 1 of these is working at NBT as a healthcare support worker while they work towards PLAB2 and getting GMC registration; the others have dependent visas and are at various stages towards getting GMC registration. One has just finished as a HCSW

Cohort 2: 30 doctors from Myanmar started at NBT in Jul & August 2022.

- NHSEI is not extending funding for this cohort so they will finish as planned on 31.3.23.
- Of these 16 have moved to GMC registered roles – 5 at NBT as CFs – 1 in plastics, 1 in urology and 3 in medicine.
- Of the 14 currently still in post here until next Friday
  - 6 are now applying for GMC registration so will be able to apply for doctor roles.
  - 5 are waiting to re-take PLAB2 (final exam before GMC registration)
  - 2 have still to pass PLAB1.
  - Impressively, 4 have passed MRCS and 1 has passed MRCEM while in their MSW posts.

Dr Woodcraft (MSW lead) is still lobbying NHSEI to continue the programme. With 13 MSWs trained at NBT and a further 5 who started in MSW posts elsewhere, we have benefited enormously from the programme.

C. Optimising NBT locum reach

- Postgrad Doctors Forum suggestion of using 'Locums Nest' (LN) app taken up by NBT
- GRH, RUH, Great Western, and now UHBW are now all signed up to the MOU to form the SWaG Collaboration
- Medicine, T&O, Gen Surgery, OBs + Gynae and Anaesthetics have LN now deployed
- A target of 85% fill rate is being reached through LN and in some specs the stretch target of 90% has been reached
- PGD end user anecdotal feedback on the app usability is good as is feedback from those posting 'last minute' sickness locums
- **Work to feed data from Locums Nest into the QLIK data warehouse will be happening later in the year when the resources are hired in**

D. Potential to decrease dependence on CFs by converting some CF posts into Physicians Associate posts

- Currently 20 PAs employed by NBT
  - New appts in NICU, O&G, ED and virtual ward
- Roles to be rotational – help with role development and retention
- New undergrad lead PA role – 8a part funded by UWE – training position
- PA inability to prescribe and request IR unlikely to be resolved before 2025

E. Medical Workforce Resilience projects

- This project is within the Division of Medicine. It takes a root and branch approach looking at the roles and tasks completed by the MDT within the emergency department. The aim is to ensure optimal staffing for the delivery of high-quality patient care.
- Current project (based on PGD feedback on Acute block) looking at changing from 6 week block to 2 x 3 weeks for August 2023 – this may reduce sickness, reported feelings of burnout and address some PGDs work life balance needs.

3. LOCUM USAGE - BANK AND AGENCY

Locums are now being advertised and filled through **2 systems – NBT Extra and Locums Nest**

The data streams from these two sources have not been fully aligned. The work to feed data from Locums Nest into the QLIK data warehouse will be happening later in the year when the resources are hired in.

This makes presenting, interpreting and comparing the data with previous 4 monthly GOSW locum reports tricky. This should be resolved when LN data feeds into the QLIK data warehouse later in the year.

Over the last 4-month period a lot of the locum requesting for Medicine, O&G and Anaesthetics has moved from NBT Extra to Locums Nest - this has therefore reduced the hours requested and the spend via NBT Extra

Last minute sick cover locum shifts that are covered by colleagues contacted by phone/already on site are currently not retrospectively put on LN. They have a time sheet completed for payment via NBT extra so may potentially 'weight' NBT Extra toward higher fill rates than LN.

LOCUMS NEST

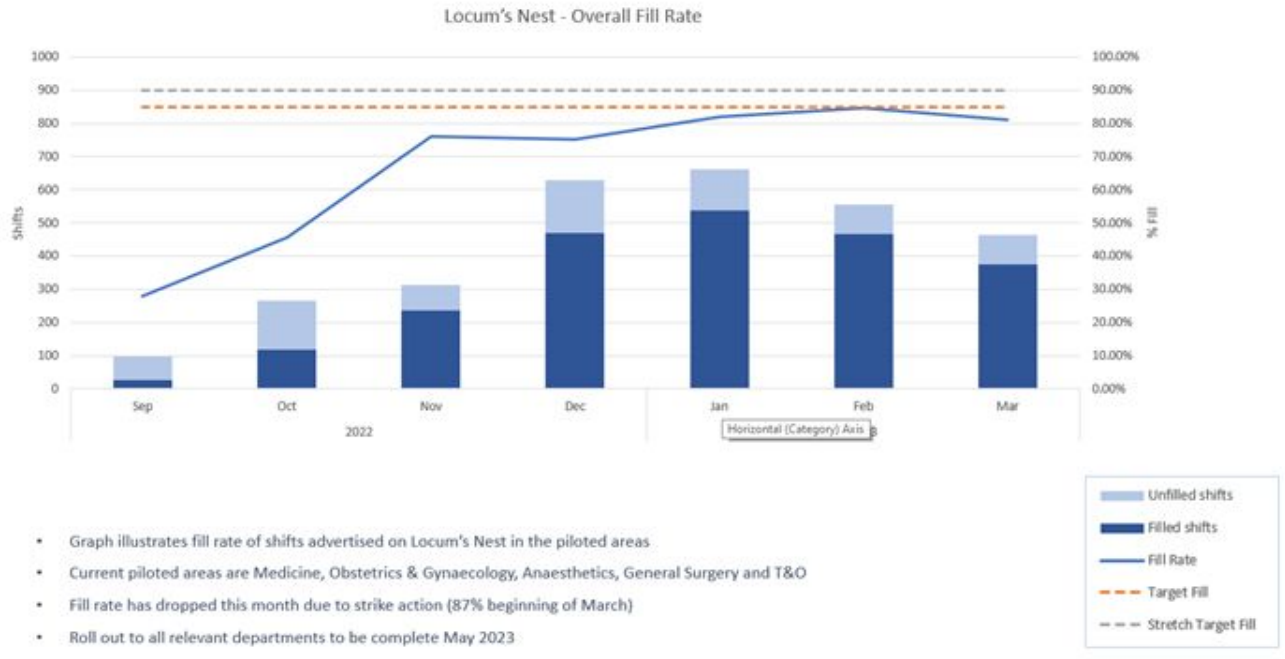
LN has a fill rate target of 85% and a stetch target of 90%

LN has been rolling out across specialties since Sept 2022.

The main blocker to LN successful deployment is new locums being rapidly approved for last minute IT access particularly when the application is out of hours. This block results in applications being rejected that may have been suitable. Resolving this with IM&T is the main priority for the LN leads in ensuring the successful deployment of LN in achieving maximal fill rates.

The **aim is for all locum shifts at NBT (for non-consultant grade doctors) to be put on LN by May 2023** rather than through NBT Extra

Currently any last-minute sickness cover agreed in person between doctors at NBT is acknowledged retrospectively as a 'filled locum' time sheet through NBT Extra and so will favour 'filled shifts' via NBT Extra vs LN



NBT EXTRA:

July - Oct – 32949 NBT Extra Bank hrs requested, 27984 filled = **85% FILL RATE**

Nov – March - 18245 NBT Extra Bank hrs requested, 16270 filled = **89% FILL RATE**

BY DIVISION:

Locum Bookings (Bank) by Department	Total Requested Shifts Requested Shifts	Total Requested Hours	Total Filled Hours	Total Estimated Cost
ASCR Division	441.00	3487.33	3436.83	£196,207.25
Clinical Governance Division	1.00	4.00	4.00	£220.00
Core Clinical	12.00	133.50	133.50	£9,482.50
HR Division	5.00	35.00	35.00	£1,837.50
Medicine Division	263.00	2266.87	2131.87	£114,966.80
Neuro & MSK Division	684.00	6344.08	5065.08	£266,538.60
W&C Division	43.00	464.50	464.50	£32,212.50
Winter Pressures	682.00	5509.67	4999.67	£222,045.25
Grand Total	**2131.00**	**18244.95**	**16270.45**	**£843,510.40**

Locum Bookings (Agency) by Department				
ASCR Division	37	296	296	#N/A
Neuro & MSK Division	46	455.5	455.5	£35,275.00
Grand Total	**83**	**751.5**	**751.5**	**#N/A**

BY GRADE:

Locum Bookings (Bank) by Department	Total Requested Shifts Requested Shifts	Total Requested Hours	Total Filled Hours	Total Estimated Cost
Locum F1	32	250	224.5	£9,135.00
Locum F2	1460	12539.78	10879.28	£495,652.65
Locum ST3+	639	5455.17	5166.67	£338,722.75
Grand Total	**2131**	**18244.95**	**16270.45**	**£843,510.40**

Locum Bookings (Agency) by Grade				
Locum ST3+	83	751.5	751.5	#N/A
Grand Total	**83**	**751.5**	**751.5**	**#N/A**

BY REASON:

Locum Bookings (Bank) by Department	Total Requested Shifts Requested Shifts	Total Requested Hours	Total Filled Hours	Total Estimated Cost
Additional Capacity	1097	9499.67	8069.17	£442,754.45
Annual Leave	24	121	121	£6,595.00
Bank Only Paid Study Day	2	19	19	£957.50
Bereavement Leave	3	37.5	37.5	£1,575.00
Covid 19	2	9	4.5	£217.50
Sickness	125	1142.78	1023.78	£61,188.45
Vacancy	859	7253	6832.5	£318,662.50
Waiting List Initiative	16	130.5	130.5	£9,747.50
Parental Leave	1	13	13	£935.00
Covid Recharge	2	19.5	19.5	£877.50
Grand Total	**2131**	**18244.95**	**16270.45**	**£843,510.40**

Locum Bookings (Agency) by Request Reason				
Additional Capacity	69	609.5	609.5	#N/A
Vacancy	14	142	142	£11,305.00
Grand Total	**83**	**751.5**	**751.5**	**#N/A**

4. EXCEPTION REPORTS

Exception Reports (ER) over past 4 months		Number flagged as immediate safety concern (ISC)
Number relating to hours of working	188	
Number relating to pattern of work	3	
Number relating to educational opportunities	7	
Number relating to service support available to the doctor	15	12
TOTAL NUMBER OF EXCEPTION REPORTS	**213**	**12**

285 reports in previous 4-month period

- There has been a sustained perception by the PDF that there is under reporting via the exception reporting system of the true extra hours worked by the PGDs
- Increased reporting is not necessarily a bad thing as it reveals problem areas and recognises extra work with TOIL or payment

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

BREAKDOWN OF REPORTS

IMMEDIATE SAFETY CONCERNS – 13

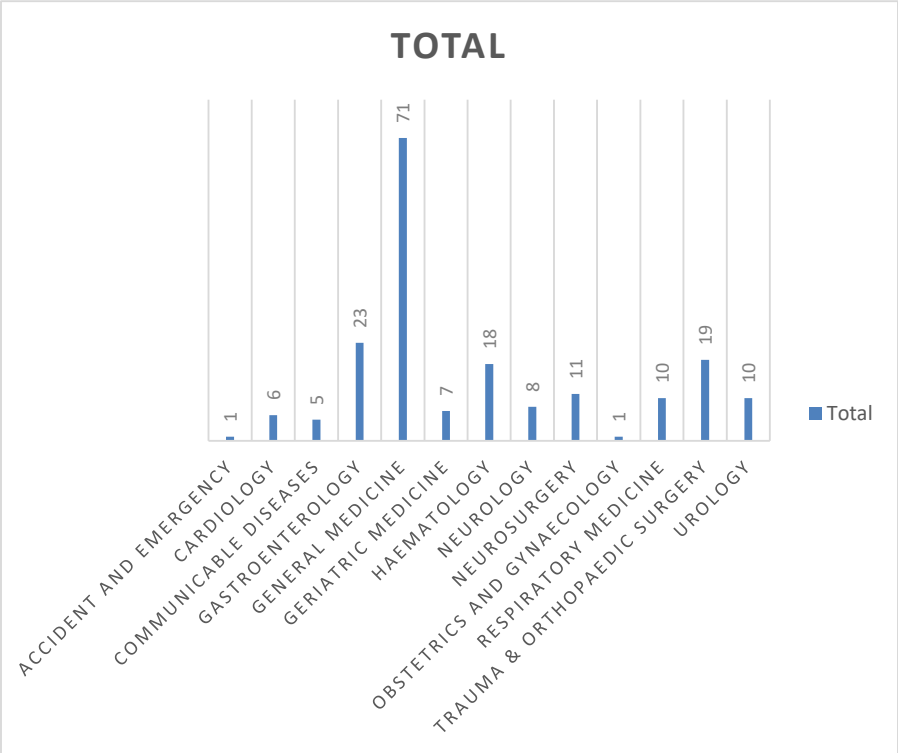
ISC	Grade	Rota	Issues & actions
8	ST3+	Haematology	Met with 3 x ST3+ – issues outlined in SBAR to Divisional Leads 1. Ward SHO present <50% of the time due to acute block/annual leave/study leave – results in reg's covering in-patients as well as outliers and bleeps – No cross cover 2. Increased number of in-patients without increased staffing – double what they are staffed for 3. Increased outlier referrals and continuous bleeps – counted 10 bleeps in 15 mins 4. Staying late most nights 2 hours to do letters and admin 5. Not getting teaching 6. Laborious CT PET scan referral could be streamlined on ICE ➢ Divisional lead and Spec lead meeting Agreed cross cover of SHO ➢ Deputy MD expedited IT process of CT PET requests on ICE
2	CF CT 1-2	Geriatric Medicine	1 individual stayed late twice. Once for an acutely unwell patient, once for paperwork. No issues with access to senior support.
2	CF CT 1-2	Resp Medicine	Challenge to minimum staffing on 27b Meeting held between Resp leads, my-self and PGDs ➢ Locum slots filled

EDUCATIONAL EXCEPTION REPORTS -

Number of exceptions	Rota	Issues
5	T&O F1 x 4 T&O F2 x 1	4 x F1 - missed self-development time Missed F2 teaching due to ward commitments
2	Gen Med F2 Gen Med F1	Missed Foundation teaching due to ward commitments

***All F1/2 mandatory teaching is available as a video recording and is sent out to doctors unable to attend**

'HOURS' EXCEPTION REPORTS BY SPECIALTY – 1st Nov – 28th Feb



* General Medicine includes Acute Medicine

5. POSTGRADUATE DOCTOR FORUM – Held in person and Teams in Nov 2022, Jan 2023 & March 2023

- Improved engagement asked for by Trust Board:
  - Guest speakers trialled – No noticeable increase in PDF uptake as a result
  - Refreshed posters in Mess
  - Offer of £5 Vu voucher for all PDF attendees
  - Banner added to intranet and dates on LINK calendar
  - Re-recorded GOSW videos for Induction and Educational Supervisors
  - Continue to recruit new Reps via posters and monthly email – currently 23 reps across specialties
- Ideas generated in PDF – app for locum contacts, Lanyard to indicate at end of shift to encourage timely departure

Other issues arising:

1. **Allocate not very user friendly/does not 'encourage' exception reporting – Updates coming in March:**
   Promises to:
   - Enable sending custom notifications from the dashboard and give the option to send reminder notifications when a response is needed.
   - Able to easily access an audit log of all notifications sent directly from the dashboard.
   - Able to manage, track and set reminder notifications of TOIL still to be taken.
   - Able to more efficiently manage and track payments to be made, whilst tracking the change history for your exception reports.

Networking

- The Guardian is in contact by WhatsApp and Zoom with national and regional groups
- NHS-Employers remote meetings to network with them and other Guardians
- Webinar BMA GOSW conference

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

SUMMARY

NBT is compliant with:

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

Concerns:

- Unfilled gaps in rotas remain a concern.
- Is Allocate the best system for encouraging exception reporting?

Recommendations:

1. The Board are asked to read and note this report from the Guardian of Safe Working
2. The Board are asked to note ongoing Junior Doctor Contract changes.
3. The Board are asked to consider the appointment of PA to previously held CF posts
4. The Board are asked to look competitively at other providers of exception reporting software when the current contract expires

Dr Lucy Kirkham, Trust Guardian for Safe Junior Doctor Working