Due to the impact of Coronavirus COVID-19, the Trust Board will meet virtually but is unable to invite people to attend the public session. 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 September 2021
10.00am – 12.45pm
Virtual via Microsoft Teams

A G E N D A

No.	Item	Purpose	Lead	Paper	Time
OPENING BUSINESS					
1.	Welcome and Apologies for Absence: John Everitt, NED Glyn Howells (James Drury deputising)	Information	Chair	Verbal	10.00
2.	Declarations of Interest	Information	Chair	Verbal	10.02
3.	Minutes of the Public Trust Board Meeting Held on 29 July 2021	Approval	Chair	Enc.	10.05
4.	Action Chart from Previous Meetings	Discussion	Trust Secretary	Enc.	10.06
5.	Matters Arising from Previous Meeting	Information	Chair	Verbal	10.08
6.	Chair's Business	Information	Chair	Verbal	10.10
7.	Chief Executive's Report	Information	Chief Executive	Enc.	10.20
KEY DISCUSSION TOPIC					
8.	Staff/ Patient Story A mother's story: care and support provided to her son who has a learning disability *Gifty Markey, Head of Patient Experience, attending to present*	Discussion	Director of Nursing & Quality	Pres.	10.30
PERFORMANCE					
9.	Integrated Performance Report	Discussion	Chief Executive	Enc.	10.55
BREAK (10 mins)					11.15
FINANCE & PLANNING					
10.	Finance Month 5 Report	Information	Chief Finance Officer	Enc.	11.25
11.	Green plan 2021/22 update: Biodiversity Management Plan 2020/21	Approval	Director of Estates, Facilities & Capital Planning	Enc.	11.35
PEOPLE & IM&T					
12.	WRES/WDES submission and action plan	Discussion	Director of People & Transformation	Enc.	11.45

No.	Item	Purpose	Lead	Paper	Time
GOVERNANCE & ASSURANCE					
13.	Integrate Care System (ICS) Memorandum of Understanding	Approval	Director of Corporate Governance	Enc.	12.10
14.	Patient & Carer Experience Upward Report	Information	NED Chair	Enc.	12.20
15.	Quality & Risk Management Committee Upward Report 15.1. Annual Adult safeguarding report 15.2. Annual Child safeguarding report *Maternity Assurance Tool and minimum data set (Ockenden action) is included in the IPR*	Information	NED Chair	Enc.	12.30
FOR INFORMATION ONLY					
16.	Healthier Together Update	Information	Chief Executive	Enc.	-
CLOSING BUSINESS					
	Any Other Business	Information	Chair	Verbal	12.40
	Questions from the Public in Relation to Agenda Items	Information	Chair	Verbal	12.45
	Date of Next Meeting: Thursday 25 November 2021, 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.				

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. • Lay Member of the Avon & Somerset Advisory Committee. The Committee is responsible for forming interview panels for the appointment of magistrates. • Director, Bristol Chamber of Commerce and Initiative. • Member of the Labour Party.
Mr John Everitt	Non-Executive Director	• Councillor, Newton St Loe Parish Council. • Member of Bath Abbey Appeal Committee. • Trustee, Wellsway Multi Academy Trust – an education trust that manages approx. 20 schools.

Professor John Iredale	Non-Executive Director	• Pro-Vice Chancellor of University of Bristol.
		• Member of Medical Research Council.
		• Trustee of:
		  ○ British Heart Foundation
		  ○ Foundation for Liver Research
		• Chair of the governing board, CRUK Beatson Institute.

Mr Tim Gregory	Non-Executive Director	• Employed by Derbyshire County Council – Director of Environment, Economy and Transport, commencing 03/08/2020. Likely to be until May 2021.

Name	Role	Interest Declared
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.
Mr Ade Williams	Associate Non-Executive Director	• Superintendent Pharmacist and Director of M J Williams Pharmacy Group – NHS community pharmacy contractor and private vaccination services provider. • Practice Pharmacist, Broadmead Medical Centre. • Pharmacy Ambassador and Clinical Advisor, Pancreatic Cancer Action Charity. • Non-Executive Director Southern Health NHS Foundation Trust. • Trustee of the Self Care Forum Charity.
Ms LaToyah McAllister-Jones	Associate Non-Executive Director	• Board member of Bristol Festivals • Executive Director St Pauls Carnival CIC • Board Trustee of United Communities
Ms Maria Kane	Chief Executive	• Advisory Group Member of CHKS, a provider of healthcare intelligence and quality improvement services (remuneration donated to charity)
Ms Evelyn Barker	Deputy Chief Executive	• Nothing to declare.
Mr Jon Scott	Chief Operating Officer	• Director of Monkton House Limited • Faculty member Francis Health
Mr Tim Whittlestone	Medical Director	• Director of Bristol Urology Associates Ltd. • Undertakes occasional private practice (Urology Specialty) at company office. This is undertaken outside of NBT contracted hours.

Name	Role	Interest Declared
Mr Glyn Howells	Chief Financial Officer	• Governor and Vice Chair of Newbury College (voluntary).
Ms Helen Blanchard	Director of Nursing and Quality	• Nothing to declare.
Mr Neil Darvill	Director of Information Management and Technology (non-voting position)	• Wife works as a senior manager for Avon and Wiltshire Partnership Mental Health Trust.
Ms Jacqui Marshall	Director of People and Transformation (non-voting position)	• Nothing to declare.
Mr Simon Wood	Director of Estates, Facilities and Capital Planning (non-voting position)	• Member of Bristol City Council's Bristol One City Environmental Sustainability Board.

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DRAFT Minutes of the Public Trust Board Meeting held virtually on Thursday 29 July 2021 at 10.00am

Present:

Michele Romaine	Trust Chair	**Maria Kane**	Chief Executive
Tim Gregory	Non-Executive Director	**Evelyn Barker**	Deputy Chief Executive
John Everitt	Non-Executive Director	**Karen Brown**	Chief Operating Officer
Kelly MacFarlane	Non-Executive Director	**Helen Blanchard**	Director of Nursing & Quality
Richard Gaunt	Non-Executive Director	**Chris Burton**	Medical Director
John Iredale	Non-Executive Director	**Neil Darvill**	Director of Informatics
LaToyah Jones	Associate Non-Executive Director	**Simon Wood**	Director of Estates, Facilities & Capital Planning
		Glyn Howells	Chief Finance Officer
		Jacqui Marshall	Director of People & Transformation
		Tim Whittlestone	Interim/ Incoming Medical Director

In Attendance:

Xavier Bell	Director of Corporate Governance & Trust Secretary	**Isobel Clements**	Senior Corporate Governance Officer & Policy Manager *(Minutes)*
Richard Thomas	Director of Communications		

Presenters:

Stephanie Eckoldt	Palliative Consultant (present for minute item 08)	**Lucy Kirkham**	Guardian of Safe Junior Doctor Working Hours (present for minute item 11)

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

Action

TB/21/07/01 Welcome and Apologies for Absence

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

Apologies had been received from Ade Williams, Associate Non-Executive Director.

TB/21/07/02 Declarations of Interest

There were no declarations of interest, nor updates to the Trust Board register of interests as currently published on the NBT website and annexed to the Board papers.

TB/21/07/03 Minutes of the previous Public Trust Board Meeting

RESOLVED that the minutes of the public meeting held on 27 May 2021 be approved as a true and correct record.

TB/21/07/04 Action Log and Matters Arising from the Previous Meeting

RESOLVED that all actions on the log were closed or would be covered in the agenda. No matters arising were raised.

TB/21/07/05 Chair's Business

Tim Gregory, Non-Executive Director (NED) and Deputy Trust Chair, provided a summary of the NHS Providers Forum. The Forum provided an overview of the current NHS situation, and the considerable challenges the NHS faced including a limited budget, large waiting lists and recovery from Covid-19. Integrated Care Systems (ICS) and the incoming Social Care Bill and were also discussed.

Slides from the presentations have been shared with the Board members.

Michele Romaine reported that the recent NED interviews were unsuccessful in recruiting, though an Associate NED had been appointed to begin in January 2022. John Everitt, has agreed to extend his term by three months to allow for a second recruitment process.

RESOLVED that the Chair's report was noted.

TB/21/07/06 Chief Executive's Report

Maria Kane, Chief Executive, presented the Chief Executive's report. In addition to the content of the report, Maria also noted:

- Amanda Pritchard was now the Chief Executive of NHS England (previously the Chief Operating Officer). Amanda had been in the NHS for many years having begun her career in the NHS graduate scheme.
- The NHS Providers Forum had focussed on urgent care across the country re: acuity levels, pent-up demand and high attendances exacerbated by heatwaves. Locally, NBT was in a difficult position in terms of urgent care demand and performance, especially the previous weekend. Staff who attended NBT during this time to open additional capacity and support the Trust were thanked. In addition, it was noted that the Trust was under regional oversight due to poor ambulance handover performance.
- Covid-19 patient numbers were increasing with 60 (7 in ICU) currently in the hospital. Bristol figures had steadily increased though numbers were beginning to subside.
- It was noted that Public Health England (PHE) and NBT were undertaking modelling and beginning to plan for winter. The Board noted concern that winter plus Covid-19 would be difficult.
- Dr Chris Burton was thanked at his last Board as NBT Medical Director. Dr Burton would continue to lead on system-wide work on diagnostics, pathology, and stroke consultation.

RESOLVED that the Chief Executive's briefing was noted.

TB/21/07/07 Integrated Performance Report

Maria Kane presented the Integrated Performance Report (IPR) for discussion and highlighted that data was from the previous month.

Karen Brown, Chief Operating Officer, highlighted the key operational performance elements of the IPR:

- NBT's waiting list had increased due to growing demand despite continued elective activity undertaken by the Trust. The 52-week breach position had increased.
- Outstanding work by the Breast team to improve the 2 week-wait position (previously discussed at Board and QRMC) to be within the 14-day standard was reported. However, the volume of work was not sustainable, and a recovery plan was being continued with assistance from the Cancer Alliance now in place.
- Endoscopy and diagnostics had been hit by staff isolation, but the insourcing contract now in place should improve the position.

Queries and comments from the Board were as follows:

- John Iredale, NED, commended the Breast team's work but highlighted a potential imaging issue as breast radiologists were in short supply. John also requested assurance that the Trust was not swapping one issue for another when using non-obstetric ultrasound staff to work on obstetric scanning. Karen confirmed that the mutual aid contract to provide additional sonography for NBT would be in place at the end of August, which avoided the issue of using NBT staff from one area to cover another.
- John Everitt, NED, noted the concerning situation but highlighted that NBT was in a favourable position comparatively as the Trust was not in the national fourth quartile. However, to help with assessment of NBT's position, John requested improvement trajectories to measure progress against internally. Karen confirmed trajectory work was almost completed and would be presented to Finance & Performance Committee (F&PC) in August.
- Kelly Macfarlane, NED, queried how learning at NBT was being shared across the system re ED and if there were specific initiatives in place to maximise capacity such as asking patients not to come to ED unless urgent. Karen responded that NBT had daily interface with the system and Tim Whittlestone, Medical Director, would be attending the system-wide Clinical Cabinet with specific asks from NBT. Jacqui Marshall, Director of People & Transformation, was also heavily engaged with the system re staffing. Regarding maximising capacity internally, the Trust had completed work pre-pandemic and had new elements in the pipeline such as creating a Standardised Operating Procedure (SOP) for minor illness presentation at ED.

Helen Blanchard, Director of Nursing & Quality, reported on key Quality elements of the IPR and Chris Burton, Medical Director, reported on the Infection Prevention and Control (IPC) elements:

- NBT's Maternity service was under particular pressure due to challenged staffing from Covid-19, but improvements were being seen. National funding was also being provided for additional midwives and training for NBT's service.

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- It was reported that more pregnant women were being admitted with Covid-19 and NBT was supporting the system with messaging promoting vaccination for that subgroup.
- C.Diff infection numbers remained above trajectory with antibiotic policy changes discussed at Board previously coming into force the following week. The Board was assured that infections were not being spread within the hospital.
- Michele Romaine requested Board thanks be passed to the Pressure Injury (PI) team for taking the Boards concerns and turning them into a sustained reduction in PIs.
- John Iredale reiterated the increasing problem regarding un-vaccinated pregnant women who have seriously ill new-borns and require ICU care themselves. John explained that previously there was little research on the vaccine and pregnancy but now research showed it was completely safe and the alternative of contracting Covid-19 in third trimester was very dangerous. The Board agreed everything should be done to encourage pregnant women to get vaccinated.
- Kelly Macfarlane queried how the antenatal screening issue was experienced from patient perspectives. Helen Blanchard described that all patients were tracked and there was only a small number of women who could not be offered a repeat 20-week anomaly scan if their first was incomplete. Additional resource would provide extra capacity in the next two weeks.

Jacqui Marshall reported on the IPR's key People elements:

- Rolling sick numbers had reduced slightly, but vacancies had slightly increased; likely due to non-recurrent budgets going into the main budget. A small reduction in nursing staff (12 full-time equivalents) was seen in the first quarter.
- Though international recruitment remained strong, getting more staff from the EU following Covid-19 and Brexit would be problematic.

Glyn Howells, Chief Finance Officer, highlighted key finance elements:

- NBT was reporting a break-even position in line with national requirements at the end of Quarter 1. All funding and spend was in-line with what was agreed at Board and a detailed paper would be received at FPC.
- Michele Romaine raised concern that CIP was not being achieved and requested FPC receive a paper detailing the CIP position and plans to achieve the target in-year.

RESOLVED that the Board:

- **Noted the contents and key points of July's IPR as described.**
- **Approved the Provider Licence Compliance Statements.**
- **Requested a paper detailing CIP position and plans to achieve be presented to FPC in August.** **GH**

Stephanie Eckoldt joined the meeting

TB/21/07/08 Staff/ Patient Story: End of Life Care

Helen Blanchard introduced the Staff/Patient Story as having been requested following the excellent End of Life (EoL) Care report to Patient & Carer Experience Committee following its 'outstanding' CQC rating.

Stephanie Eckoldt, Consultant in Palliative Medicine, presented an overview of EoL care at NBT, focussing on development of the ReSPECT process and the particularly difficult year during Covid-19 where loved ones had not been allowed on-site, and the EoL team bore the burden of support for both patients and staff. Key findings from the 2019 National Audit of Care at the End of Life for NBT and a video from the Patient Liaison Team who used technology to help patients communicate with loved ones were also presented.

During the ensuing discussion the following points were noted:

- Michele Romaine extended thanks to the team on behalf of the Board for their excellent and caring work.
- Kelly Macfarlane queried if it had been possible for staff to sit with patients at end of life, or if staffing challenges meant this had been an issue. Stephanie responded that it was possible for the most part and NBT had been phenomenally compassionate throughout the pandemic with family allowed in as soon as possible at the end stage if not before. Despite being stressed, staff had made efforts to stay with patients if family were not there.
- Maria Kane extended her thanks for the empathy shown by the team and queried the impact on the team and what well-being support they required to continue. Stephanie responded that the team were exceptionally supportive of each other though they had all had wobbles at various times which was understandable. Regular psychologist support had been provided and end of day supervisions took place. The EoL team had suffered Covid-19 sickness but all were recovered and an away-day to take stock and see if anything further was needed was scheduled for the near future.

RESOLVED that the Board noted the Staff/Patient Story and thanked the End-of-Life Care team for their excellent and compassionate work.

Stephanie Eckoldt left the meeting

TB/21/07/09 Accelerator Programme Update

Evelyn Barker, Deputy Chief Executive, provided a verbal update on the Accelerator Programme national pilot to recover elective backlogs following the pandemic. Elective waiting lists had reached 5m nationally and 33k at NBT with 1473 patients waiting more than a year compared to 454 in 2019 (at NBT).

Good teamwork and cooperation was reported across NBT, UHBW, CCG and Primary Care and capital funding from the scheme would reap benefits into the future as £8.7m capital across the system had bought NBT's modular theatre, theatre equipment and outpatients capital.

A range of initiatives had been developed under the scheme that had not yet begun due to the capital timeline. The pilot would end of 31 July

2021, but schemes would be followed through at weekly system silver meetings. One initiative was streamlining the orthopaedic pathway, working with UHBW to shorten length of stay for hip and knee replacements, which had allowed patient discharge to Hospital at Home on day 2 instead of day 5.

It was reported that 110% activity had been achieved at the beginning of July compared to the aim of 120% in original Accelerator plans. However, the final two weeks of July saw elective cancellations at NBT and UHBW as green wards were converted to amber due to non-elective and Covid-19 demand.

Weekly activity returns across all pilot sites showed BNSSG as second out of 12 for outpatient activity which was positive. The Trust would know actual delivery in terms of numbers and value in early September which would be reported to Trust Board alongside learning, constraints, and barriers of the Accelerator Programme initiatives.

Following a query from Michele, Evelyn confirmed the pilot officially ended tomorrow but BNSSG would continue working through Acute Services Review Programme Board, jointly with UHBW. The September report would include longer term plans.

Tim Gregory, NED, queried the impact the lack of staff capacity had on ability to deliver the Programme across the system. Evelyn responded there was general fatigue in staff and Track & Trace requirements often meant staff were unable to work at short notice which meant staff were reallocated around the hospital to ensure wards were kept safe. However, most initiatives had aimed to increase productivity rather than introduce new schemes such as introducing additional anaesthetic machines. Staff were also only 'allowed' to work for limited additional time on the Programme which limited reliance on small numbers of staff.

RESOLVED that the Board noted the Accelerator Programme Update and that Board would receive a final report on activity delivered and long-term plans at September Board.

TB/21/07/10 Finance Month 3 Report

Glyn Howells, Chief Finance Officer, presented the Finance Report for Month 3. It was highlighted that the financial system required BNSSG and the Trust to break even. There was also large amounts of non-recurrent funding via the Elective Recovery Fund and Accelerator Programme which was difficult to plan across multiple years, though a strong audit trail had been kept for Accelerator Programme spend.

It was reported that work was ongoing to separate non-recurrent costs from the baseline. A full report would be presented to August FPC but currently a £70m disconnect between the current cost base and non-recurrent costs was apparent.

The report showed 0% CIP delivered but Glyn reassured the Board that £4-5m would be delivered within the next month, leaving £5m to achieve in the remainder of the year. In addition, Finance and Transformation teams were working towards developing multi-year savings programme.

As mentioned above, the Accelerator Programme's lasting legacy would be the capital brought into the system (an additional £6m on-top of NBT's usual £20m) which allowed NBT to buy medical devices and kit which would have been required to be bought next year.

It was reported that the capital programme was slightly behind but was not a concern. Michele Romaine queried the Ops costs associated with capital spends and Glyn responded that financing costs were covered by the Elective Recovery Fund and there were no other Ops costs.

John Everitt highlighted the mismatch between income and expenditure as income was one-off and expenditure was ongoing. Glyn replied that the Trust went into the pandemic with an underlying recurrent deficit of £40m. Work was ongoing at ICS level to understand the drivers of this and the ICS Directors of Finance group would have a good view of the current system deficit by August. Potential reasons for NBT's underlying deficit included NBT paying higher prices for items that did not have a national tariff. It was noted that the cost base had not moved.

Richard Gaunt, NED, queried the reasoning behind asking the Board to authorise £32m spend when the planned capital was £22m. Glyn explained that the Accelerator Programme had already provided £6m (included in the additional £10m) and additional funding was expected. If funding was not made available, NBT would slow spend accordingly. Simon Wood, Director of Estates, Facilities and Capital Planning furthered that the capital scheme was reconciled at various stages throughout the year when elements were taken off or moved forward as appropriate to make best use of capital available to the Trust.

RESOLVED that the finance month three report was noted for information, and a full CIP report including consequences of not achieving would be provided to August FPC.

Lucy Kirkham joined the meeting

TB/21/07/11 Guardian of Safe Junior Doctor working hours

Chris Burton, Medical Director, introduced Lucy Kirkham, new Guardian of Safe Junior Doctor Working Hours, who replaces Kathryn Holder. The Guardian role was introduced following 2017 junior doctor contract changes to provide assurance directly to the Board and public that junior doctors were not working above contracted hours.

Lucy Kirkham presented the Guardian of Safe Junior Doctor Working Update report and noted NBT continued to meet all contract requirements, though there had been increases in exception reporting since April 2021. However, the increase may be due to efforts to encourage exception reporting, including a new video in induction and information on LINK, the staff intranet.

Michele Romaine queried what information the Guardian would like to see more of. Lucy responded that more nuance around locum requests would be beneficial to understand reasoning behind them. For example,

if a locum was required due to long- or short-term sickness or if there was a staffing gap. Chris Burton agreed work on this would be beneficial. Jacqui Marshall responded that that information could be made available and noted the Trust was starting workforce planning for 1,3 and 5 years into the future. **JM/LK**

Tim Gregory queried if junior doctors under-reported working extended hours. Lucy responded that there was national under-reporting and underuse of exception reporting in senior grades, and it required a culture change for senior clinicians to encourage junior doctors to report.

Tim Whittlestone, Interim Medical Director, noted that end of rotation feedback showed ward staff felt under pressure and over-worked because wards were understaffed. It was hoped that with a full complement of Clinical Fellows back in post from September, this would improve.

The Board shared Lucy's concern that Clinical Fellows rotation and annual leave in July caused rota gaps and increased pressure on Junior Doctors. Jacqui agreed to explore if rotations could be staged at different times regionally/ nationally as the issue recurred annually. **JM**

Richard Gaunt noted that NBT was an outlier in numbers of Clinical Fellows which meant their rotation was an issue. Richard queried if it was known why the Trust was an outlier. Lucy explained that filling rota gaps with academics had been appealing to add diversity to the workforce but did expose the workforce at this point in the year. Jacqui Marshall and John Iredale highlighted that joint (NBT and University of Bristol) clinical fellowships meant both organisations retained high quality staff and provided attractive career pathways. As workforce planning matured, all roles would be mapped out more clearly to highlight vulnerabilities which could then be mitigated.

Tim Whittlestone requested clarity on how Junior Doctors record exceptional and emergency leave. Lucy responded that Allocate did not have a facility within the exception reporting to define types of leave.

It was reported that there had been some issues and queries around junior doctors being unable to arrange annual leave (such as weddings) before starting at the Trust. Lucy responded that rota planning was not open for the department until rotations began but the Trust could be flexible once junior doctors started. Lucy requested issues be sent directly to her.

RESOLVED that the Board:

- **Noted the junior doctors working hours update and agreed three direct reports to Board (rather than via People Committee) per year was suitable, with potential to bring any pressing concerns to Board between reports if required.**

Lucy Kirkham left the meeting

TB/21/07/12 Medical Revalidation & Appraisal Annual Report

Chris Burton presented the Medical Revalidation & Appraisal Annual Report. It was reported that annual appraisals had been made non-compulsory during the pandemic, but the Trust felt it best practice to

continue these wherever possible and with a focus on well-being. Page 7 showed a significant increase in numbers of medical staff at NBT and a sustained increase in numbers completing appraisals.

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

TB/21/07/13 Patient & Carer Experience Upward Report

Kelvin Blake, Patient & Carer Experience Committee (P&CEC) Chair was not in attendance, so the upward report was taken as read.

Kelly Macfarlane noted that within the IPR complaint numbers had reduced but the P&CEC upward report highlighted work to be done to improve the quality of responses and reduce bureaucracy. Kelly challenged that the process should be examined, especially during times when the Trust is under operational pressure. Helen Blanchard agreed there was variation of practice in terms of responding to complaints, though there was a panel who reviewed responses. Helen reassured the Board the Complaints team were in contact with most people who raised complaints either via telephone or email/letter. However, the process did take time as each complaint response went through numerous people. The Board were assured that numbers of people who went to the Ombudsman were low which was a positive indicator.

RESOLVED that the Board noted the P&CE Upward Report and requested that the complaints training programme be reinstated following its pause during Covid-19.

TB/21/07/14 Quality & Risk Management Committee Upward Report

John Iredale presented the Quality & Risk Management Committee (QRMC) Upward Report and stated the Committee had received assurance regarding pressure injuries, breast service recovery, and first trimester screening issues.

Concern had been raised regarding the Women & Children's division's tackling of complex workforce issues, and QRMC had pressed the team to bring forward the timeline for their workforce review. Helen Blanchard and Jacqui Marshall confirmed the workforce review would be brought forward as key appointments of senior leaders with the right skills for the division were due to begin shortly.

Helen Blanchard thanked the contributors to NBT's Quality Account, which was presented for Trust Board approval. It was requested that Richard Thomas plan how to communicate the excellent piece of work, as it was a good tool for recruitment. It was confirmed a summary of the document would be presented at September's Annual General Meeting.

Tim Gregory commended QRMC's focus on the Trust's key challenges, and suggested future agendas look at areas of concern highlighted within the IPR. John Iredale responded that as QRMC Chair, he relied on Executive colleagues to bring areas of concern to the committee in addition to regular items. Michele Romaine added that Board's role was to request QRMC to look at areas of concern on behalf of the Board.

RESOLVED that the QRMC Upward Report was noted, and the 2020/21 Quality Account was approved.

TB/21/07/15 Board Assurance Framework

Michele Romaine queried if the demand management and community capacity and workforce risks were scored and worded appropriately.

Xavier Bell explained the Board Assurance Framework (BAF) Report was signed off at a certain point in time and the cover sheet identified the demand management risk had increased from 16 to 20 recently though there was an argument to increase further to 25 as it was having operational impact. Having said this, the Trust's risk management process did not define when a risk crystalised into an issue and there was an argument that a risk rated 25 was an issue rather than a risk.

Regarding the workforce risk, Jacqui Marshall suggested it could be increased from 12 to 16 but was hesitant to change it based on monthly fluctuations as the BAF's purpose was to describe long-term risks. Mitigation of the risk came from system-level working on elements such as international recruitment and harmonisation of rates and as the system plan is developed, mitigation would increase. Jacqui provided reassurance that mitigations were much stronger compared to the previous year.

Regarding the Covid-19 risk, Karen Brown explained the biggest current pressure was the combination of Covid-19 and emergency attendances rather than Covid-19 numbers alone. Michele Romaine suggested capturing this in the demand risk (SIR1) and the Board agreed the wording of COV2 risk was not accurate as due to command and control processes implemented it was not likely that Covid-19 numbers alone would overwhelm the hospital.

Chris Burton recommended the COV2 risk be expanded to include other infectious diseases such as norovirus that would likely be seen at the hospital this winter more than last winter.

Xavier Bell highlighted that the BAF was intended to cover long-term strategic risks rather than Trust-Level operational risks which were entered into Datix and received at relevant committees. Xavier reassured the Board that the norovirus risks were documented and scrutinised within this risk process. Michele affirmed that the impact of operational pressures would be an ongoing risk to the strategy but recognised that the BAF was not the only risk register the Trust reviewed.

Kelly Macfarlane offered a high-level risk template she had used previously which allowed mapping of expected increases and decreases in risk scores over time.

RESOLVED that the Board:

- **Reviewed the Board Assurance Framework and noted the updates to various actions.**
- **Requested that the COV2 risk be expanded to an Infectious Diseases risk.** **XB**

TB/21/07/16 **Any Other Business** – None

TB/21/07/17 **Questions from the public** – None received

TB/21/07/18 **Date of Next Meeting**

The next Board meeting in public was scheduled to take place on Thursday 30 September 2021, 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 12.25pm

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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
29/07/2021	Integrated Performance Report	TB/21/07/07	51	paper detailing CIP position and plans to achieve be presented to FPC in August.	Glyn Howells, Chief Finance Officer	Aug-21	FPC	Closed	Included wihtin the monthly finance report	
29/07/2021	Guardian of Safe Junior Doctor working hours	TB/21/07/11	52	People team to provide nuace re locum request (ST/LT sick) to Guardian of safe junior doctor working hours	Jacqui Marshall, Director of People & Transformation	Nov-21	No	**Open**		
29/07/2021	Guardian of Safe Junior Doctor working hours	TB/21/07/11	53	Explore if Clinical Fellow rotations could be staged at different times regionally/ nationally as the issue recurred annually.	Jacqui Marshall, Director of People & Transformation	Nov-21	No	**Open**		
29/07/2021	Board Assurance Framework	TB/21/07/15	54	COV2 risk be expanded to an Infectious Diseases risk.	Xavier Bell, Director of Coprporate Governance	Sep-21	Regular report	**Open**	Revised wording is under development, for agreement with Chief Operating Officer & Director of Nursing & Quality. Wording will appear in the next version reviewed by Trust Board in November 2021. Propose action is closed.	27/09/2021

Report To:	Trust Board Meeting		
Date of Meeting:	30 September 2021		
Report Title:	Chief Executive's Briefing		
Report Author & Job Title	Xavier Bell, Director of Corporate Governance		
Executive/Non-executive Sponsor (presenting)	Maria Kane, Chief Executive		
Does the paper contain:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**
		X	
*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.	
Strategic Theme/Corporate Objective Links	**1. Provider of high-quality patient care** **2. Developing Healthcare for the future** **3. Employer of choice** **4. An anchor in our community**
Board Assurance Framework/Trust Risk Register Links	Does not link to any specific risk.
Other Standards Reference	N/A
Financial implications	None identified.

Other Resource Implications	No other resource implications associated with this report.
Legal Implications	None noted.
Equality, Diversity and Inclusion Assessment (EIA)	N/A
Appendices:	None

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1. Purpose

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

2. Background

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

3. Urgent & Emergency Performance

Performance in our Emergency Department continues to be challenged, with many of our patients still facing much longer waits than NHS performance standards mandate. Colleagues across the hospital are focusing on maintaining a safe service for our patients as we work to improve this situation.

We have brought together senior clinical and operational leaders in a series of sessions to better understand the factors that are causing these performance pressures and to agree appropriate actions. This has been an extremely useful process, and has resulted in a number of key actions including:

- A refresh of our Internal Professional Standards, which outline how the hospital as a whole supports the Emergency Zone in times of pressure
- Reviewing how we safely and efficiently care for patients who are "medically fit for discharge" (i.e., no longer require care in a hospital), but who are still awaiting packages of care in the community
- Aligning and standardising clinical ward rounds to align with the most recent guidance from Royal Colleges.

We are working closely with South West Ambulance Service Foundation Trust and have recently met with BNSSG, regional, and national colleagues to describe the actions being taken to reduce ambulance handover delays.

We are also working across BNSSG on a 'Minor's Pathway Programme' building on the "NHS 111 First" progress to date, with a view to creating a cultural shift in where patients receive the care they need for minor illnesses and injuries, away from Emergency Departments.

4. Care Quality Commission Engagement

As part of our ongoing engagement and interaction with the Care Quality Commission (CQC) between formal inspections, we hosted our local CQC team on a monitoring visit to the maternity service at Southmead Hospital on 2 August 2021. During this visit the CQC spoke with the divisional leadership team, carried out a staff focus group and visited the Women & Children's quarter of the Southmead site.

The CQC feedback was positive, recognising the dedicated, caring, and high-quality work of the service, the establishment of the Local Maternity System with UHBW and the Trust's response to the Ockendon report. They also noted a number of operational pressures, including ongoing workforce pressures and interim leadership posts within the divisional leadership team. I'm pleased to say that substantive appointments have been made to the two vacancies in the divisional leadership team, and we will continue to work

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with colleagues in the Women & Children's Health division on other priorities through the improvement board.

5. Blood Tubes

In August 2021 there was a worldwide supply disruption to Becton Dickinson's blood specimen collection portfolio, which resulted in a need for the NHS to substantially reduce its usage of a number of common blood collection tubes.

Thanks to significant efforts from clinical colleagues, particularly those in Core Clinical Services, NBT has been able to manage through this time without significant disruption to patient care. On 16 September 2021 we were advised that the supply disruption is easing, with additional stock having been secured at a national level, and normal UK production capacity expected to recover through September. We will continue to monitor the situation.

6. Service Visits & Consultant Conversations

I am continuing to spend time with as many services and teams across the hospital as I can. Since I last reported in July 2021, I have visited with:

- Teams at our Frenchay site (27/07/2021)
- The Cardiac & Respiratory teams (04/08/2021)
- Pathology colleagues (10/08/2021)
- Our local Dialysis Centre (20/08/2021)
- The Intensive Care Unit team (27/08/2021)

With our Trust Chair, Michele Romaine, I attended the opening of the new exciting modular theatres in the Women & Children's quarter on 13/08/2021.

I have also met with several Consultants from across the clinical divisions. This continues to give me a very helpful insight into the priorities and concerns of the organisation's senior medical leadership.

7. Evelyn Barker

As Trust Board members will be aware, Evelyn Barker will be retiring as NBT's Chief Operating Officer & Deputy Chief Executive at the end of September 2021. Evelyn joined the organisation as a fixed term Chief Operating Officer in April 2018 and was appointed to the role of Chief Operating Officer & Deputy Chief Executive on a substantive basis in January 2019. Evelyn also took on the role of Chief Executive on an interim basis from the end of 2020 until I commenced in post in May 2021 and has more recently been leading the BNSSG system's accelerated elective care recovery efforts.

I would like to particularly thank Evelyn for her steady and untiring leadership of the organisation's operational response to the Covid-19 pandemic and ask Trust Board members to join me in wishing her all the best for the future.

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8. Chief Operating Officer

I'm delighted to confirm that we have appointed a new Chief Operating Officer (COO) for NBT. Steve Curry will be joining us in January 2022 as our new permanent COO.

Steve is currently the COO at Cardiff and Vale University Health Board, has extensive clinical and managerial experience. As well as Cardiff & Vale University Health Board, Steve has worked in Northern Ireland, St. James' NHS Trust in Leeds and Chelsea and Westminster NHS Trust in London.

In the meantime, we have been joined by Jon Scott as interim COO, taking over from Karen Brown who has held the interim role since November 2020. Jon has extensive experience across the NHS having worked at a range of Trusts as a COO and on an interim basis.

I would like to extend my thanks to Karen Brown, who re-joined NBT as Deputy COO in June 2018 and has since held several divisional positions before taking on the interim COO role from November 2020 to September 2021.

9. Consultant Appointments

Since this report was last issued in July 2021 the Trust has appointed 11 new consultants across several key specialities:

Name:	Appointment date:	Specialty:
Dr Edward Sheffield	01/07/2021	Histopathology/Cellular Pathology
Dr James Wilson	01/07/2021	Emergency Department
Dr Shabnah Ratnarajah	26/07/2021	Gastroenterology
Dr Nathanael Ahearn	03/08/2021	Trauma & Orthopaedics
Dr Cameron Hinton	04/08/2021	Obs & Gynae
Dr Sarah Mortimer	04/08/2021	Anaesthetics
Dr Joao Pedro Alves Rosa	30/08/2021	Radiology
Dr Noor Ali	01/09/2021	Radiology
Dr Mitko Lotov	01/09/2021	Anaesthetics
Dr Melissa Werndle	01/09/2021	Radiology
Dr Andrew Smith	20/09/2021	General Surgery

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10. Summary and Recommendations

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

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North Bristol NHS Trust – Trust Board 30 September 2021

Patient/ Carer Story

Gifty Markey, Head of Patient Experience

Helen Blanchard, Director of Nursing & Quality

Learning Disability/Autism Carer Story

Background

- Susan is the mother of a 27 year old patient with severe learning disabilities, autism and Tuberous Sclerosis.
- The Patient was referred for an MRI which historically was carried out at another Hospital.
- Early links with mum and communication were established by the Learning Disability Team and the patients history and complexities were explored.
- Joint risk assessment were completed by the MDT with mum's involvement tp plan the most appropriate care
- Holistic Plan adopted with a plan to include a dental examination whilst under general anaesthetic (GA).
- A last minute X-ray was requested by the GP for lump found in his knee which was all incorporated into the plan.

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NHS North Bristol NHS Trust

Planning Phase

- Identified this patient would need a clinical hold for sedation.
- Good coordination within NBT with Head of Patient Safety, Safeguarding, MAYBO Instructor, Security, Neurology and MH Liaison.
- Organised a MDT meeting between RUH and NBT Neurology and anaesthetists.
- Discussion with NBT Security and MAYBO trainer to discuss safest clinical hold to use.
- Specialist LD Dentist organised to attend appointment which required a honorary contract.
- Liaised with Radiology to request additional Xray for Knee, who were very accommodating.
- Best Interest meeting with carers, mother, dentist, anaesthetists, security and neurologists to agree to the final plan.
- RADAR/ finalised plan shared with everyone involved.

Outcomes

- The patient had MRI with no difficulties.
- MRI, Dentistry and MRI for knee carried out successfully.
- Joint working meant patient was anaesthetised successfully.
- Patient was given space with just Carer and mother immediately on arrival.
- Security were around and available if needed but out of sight to reduce distress.
- Least restrictive option considered and used through the processes.
- New RADAR being completed with clear plan for future (annual) MRI scans.
- Great experience for mum and hence sharing her story with Trust Board.

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NHS North Bristol NHS Trust

Susan's Story

https://youtu.be/hQpufsbjXbk

Sirona care & health

NHS North Bristol NHS Trust

Learning and Feedback

- Positive feedback from mum comparing this to her previous experience in other hospitals.
- Feedback meeting organised two weeks after the procedure to identify learning for future admission.
- Learning identified on how quick this happened and also ensuring Security work with Mum to identify what works for the patient. e.g. asking patient to sit on the bed was distressing for the patient.
- Mum was very appreciative and dropped off gifts to the MDT involved afterwards.

Sirona care & health

NHS North Bristol NHS Trust

Reflections on Susan's Story

Improvements through learning from previous patient and carer feedback

- Listening to families.
- Personalised care planning.
- Learning Disabilities liaison team planning and seamless transition to acute care.
- Reasonable adjustments made to meet the needs of the individual and their family.

Report To:	Trust Board		
Date of Meeting:	30 September 2021		
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.		

9

Executive Summary
Details of the Trust's performance against the domains of Urgent Care, Elective Care and Diagnostics, Cancer Wait Time Standards, Quality, Workforce and Finance are provided on page six of the Integrated Performance Report.
Strategic Theme/Corporate Objective Links **1. Provider of high quality patient care** a. Experts in complex urgent & emergency care b. Work in partnership to deliver great local health services c. A Centre of Excellence for specialist healthcare d. A powerhouse for pathology & imaging **2. Developing Healthcare for the future** a. Training, educating and developing our workforce b. Increase our capability to deliver research c. Support development & adoption of innovations d. Invest in digital technology **3. Employer of choice** a. A great place to work that is diverse & inclusive

	b. Empowered clinically led teams c. Support our staff to continuously develop d. Support staff health & wellbeing
Board Assurance Framework/Trust Risk Register Links	The report links to the BAF risks relating to internal flow, staff retention, staff engagement, productivity and clinical complexity.
Other Standard Reference	CQC Standards.
Financial implications	Whilst there is a section referring to the Trust's financial position, there are no financial implications within this paper.
Other Resource Implications	Not applicable.
Legal Implications including Equality, Diversity and Inclusion Assessment	Not applicable.
Appendices:	Not applicable.

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North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

September 2021 (presenting August 2021 data)

Exceptional healthcare, personally delivered

CONTENTS

North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)		
																			Peer Performance	Rank	Quartile
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	54.00%	86.90%	87.76%	82.07%	77.95%	73.21%	68.51%	73.33%	81.05%	74.26%	72.71%	64.38%	54.36%	61.47%		56.17%	1/9	
	A&E 12 Hour Trolley Breaches	R	0	0	0	0	12	3	52	206	7	0	6	0	4	97	14		0-57	7/9	
	Ambulance Handover < 15 mins (%)		100%	39.75%	98.01%	76.69%	68.07%	67.70%	57.77%	54.95%	60.97%	58.17%	50.28%	51.07%	48.46%	39.75%	37.84%				
	Ambulance Handover < 30 mins (%)	R	100%	60.62%	99.83%	96.04%	93.50%	93.76%	88.44%	83.80%	92.75%	89.36%	79.42%	80.43%	73.44%	60.62%	66.21%				
	Ambulance Handover > 60 mins		0	271	0	4	33	26	82	180	57	83	272	199	346	636	471				
	Stranded Patients (>21 days) - month end				95	114	247	141	145	125	130	137	273	116	123	280	145				
	Right to Reside: Discharged by 5pm	R	50.00%		-	-	-	-	28.52%	30.53%	29.43%	30.89%	35.87%	31.83%	33.53%	33.01%	28.36%				
	Bed Occupancy Rate			93.00%	87.51%	92.30%	94.19%	92.38%	95.10%	95.86%	92.74%	92.49%	95.25%	95.23%	96.63%	95.96%	95.32%				
	Diagnostic 6 Week Wait Performance		1.00%	34.34%	32.36%	29.58%	27.47%	26.73%	32.37%	33.04%	27.20%	24.72%	29.45%	31.99%	36.13%	38.91%	42.55%		28.51%	9/10	
	Diagnostic 13+ Week Breaches		0	0	1979	1998	1697	1427	1487	1420	1358	1364	1513	1779	2054	2183	2180		8-2218	9/10	
	Diagnostic Backlog Clearance Time (in weeks)				1.0	0.9	0.9	0.8	1.0	1.0	0.8	0.8	0.9	1.1	1.3	1.3	1.4				
	RTT Incomplete 18 Week Performance		92.00%	0.00%	63.96%	70.46%	74.00%	74.35%	73.18%	71.62%	70.65%	71.64%	73.59%	74.29%	74.98%	73.78%	73.16%		63.95%	3/10	
	RTT 52+ Week Breaches	R	0	1247	797	1001	1092	1249	1418	1817	2108	2088	1827	1583	1473	1544	1770		89-10053	4/10	
	RTT 78+ Week Breaches	R		0	-	-	-	-	-	-	-	-	363	424	448	532	656		0-3731	5/10	
	RTT 104+ Week Breaches	R		0	-	-	-	-	-	-	-	-	5	12	19	28	34		0-330	5/10	
	Total Waiting List	R		32694	28814	29387	30214	29632	29611	29759	29716	29580	31143	31648	32946	34315	35794				
	RTT Backlog Clearance Time (in weeks)				7.7	6.4	5.5	4.8	4.9	5.2	5.8	5.6	4.9	4.8	5.2	5.2	5.7				
	Cancer 2 Week Wait	R	93.00%	58.78%	78.05%	76.30%	89.01%	78.65%	63.72%	60.03%	70.87%	63.24%	39.53%	36.58%	36.44%	53.40%	-		76.25%	7/10	
	Cancer 2 Week Wait - Breast Symptoms		93.00%	16.28%	75.18%	54.04%	87.76%	61.07%	33.77%	49.64%	36.17%	15.20%	6.18%	9.21%	17.19%	71.23%	-		52.60%	10/10	
	Cancer 31 Day First Treatment		96.00%	85.59%	95.78%	90.31%	92.68%	97.01%	95.47%	89.84%	95.96%	96.62%	94.40%	97.38%	95.48%	95.77%	-		93.47%	6/10	
	Cancer 31 Day Subsequent - Drug		98.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		99.40%	1/10	
	Cancer 31 Day Subsequent - Surgery		94.00%	79.06%	89.86%	85.19%	87.76%	91.95%	92.22%	77.66%	84.44%	85.48%	81.18%	86.73%	84.62%	90.80%	-		87.70%	7/10	
	Cancer 62 Day Standard	R	85.00%	81.37%	73.10%	70.07%	72.87%	75.76%	77.39%	65.91%	74.34%	76.09%	75.00%	77.11%	62.74%	68.59%	-		70.01%	9/10	
	Cancer 62 Day Screening		90.00%	85.71%	66.67%	100.00%	77.14%	76.92%	86.36%	78.57%	86.79%	68.18%	73.68%	54.72%	73.33%	86.36%	-		73.55%	4/10	
	Mixed Sex Accomodation		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Electronic Discharge Summaries within 24 Hours		100%		82.74%	82.96%	84.21%	83.73%	82.94%	81.55%	83.68%	84.75%	84.52%	82.59%	83.37%	83.10%	83.08%				

North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.22%	0.23%	0.64%	0.73%	0.70%	0.50%	0.51%	0.43%	0.70%	0.95%	0.69%	1.51%	1.15%	
	Caesarean Section Rate			28.00%	39.01%	35.00%	36.42%	31.16%	41.92%	35.13%	38.69%	40.28%	37.44%	33.11%	40.09%	39.36%	34.88%	
	Still Birth rate			0.40%	0.20%	0.41%	0.00%	0.23%	0.64%	0.46%	0.23%	0.00%	0.43%	0.22%	0.00%	0.20%	0.00%	
	Induction of Labour Rate			32.10%	38.60%	38.87%	36.62%	39.77%	37.55%	39.81%	33.80%	33.81%	35.24%	37.14%	35.29%	37.35%	35.31%	
	PPH 1500 ml rate			8.60%	3.90%	2.10%	3.39%	4.42%	2.83%	3.26%	3.94%	3.23%	3.07%	4.03%	5.17%	2.00%	2.11%	
	Never Event Occurrence by month		0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				-	-	-	-	-	-	-	-	-	-	-	2	2	
	Healthcare Safety Investigation Branch Investigations				-	-	-	-	-	-	-	-	-	-	-	1	2	
	Total Incidents				1030	1057	1210	1051	1059	1229	877	1004	1035	1068	1024	1046	911	
	Total Incidents (Rate per 1000 Bed Days)				49	47	50	49	49	56	45	46	46	44	43	46	36	
	WHO checklist completion			95%	99.70%	99.60%	99.60%	99.40%	99.95%	99.79%	100.00%	100.00%	99.92%	99.60%	99.96%	99.88%	99.82%	
	VTE Risk Assessment completion	R		95%	95.08%	95.15%	95.12%	94.61%	95.44%	95.28%	95.10%	95.38%	95.44%	95.45%	95.31%	95.06%	-	
	Pressure Injuries Grade 2				14	13	28	17	17	17	27	7	9	10	15	17	22	
	Pressure Injuries Grade 3			0	0	1	1	0	0	0	0	0	0	0	0	0	0	
	Pressure Injuries Grade 4			0	0	0	0	0	0	1	0	0	0	0	0	0	0	
	PI per 1,000 bed days				0.50	0.46	0.85	0.42	0.60	0.52	0.82	0.19	0.30	0.30	0.48	0.51	0.72	
	Falls per 1,000 bed days				7.68	6.70	9.57	8.85	8.55	9.54	8.63	8.44	8.34	8.71	8.53	8.35	7.71	
	#NoF - Fragile Hip Best Practice Pass Rate				63.64%	54.17%	77.27%	75.61%	63.64%	42.86%	69.05%	78.38%	57.78%	50.00%	68.00%	67.50%	-	
	Admitted to Orthopaedic Ward within 4 Hours				66.67%	79.17%	67.44%	53.66%	57.14%	39.68%	54.76%	44.68%	71.88%	54.05%	42.86%	52.50%	-	
	Medically Fit to Have Surgery within 36 Hours				72.73%	68.75%	86.05%	80.49%	79.59%	58.73%	80.95%	89.36%	71.88%	51.35%	80.95%	70.00%	-	
	Assessed by Orthogeriatrician within 72 Hours				90.91%	87.50%	93.02%	95.12%	79.59%	80.95%	97.62%	97.87%	56.25%	18.92%	90.48%	95.00%	-	
	Stroke - Patients Admitted				63	83	86	79	80	70	61	96	91	100	91	75	51	
	Stroke - 90% Stay on Stroke Ward			90%	93.20%	88.00%	84.62%	81.97%	80.88%	58.18%	83.33%	81.08%	98.26%	86.76%	80.82%	87.30%	-	
	Stroke - Thrombolysed <1 Hour			60%	60.00%	69.00%	72.73%	50.00%	33.33%	50.00%	44.00%	78.00%	100.00%	50.00%	70.00%	85.71%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60%	63.30%	69.10%	61.73%	63.64%	47.83%	35.59%	60.00%	48.68%	47.89%	52.00%	49.33%	46.20%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90%	89.00%	80.00%	86.00%	89.71%	85.92%	87.30%	91.55%	90.00%	85.14%	90.36%	92.11%	95.45%	-	
	MRSA	R	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	
	E. Coli	R		4	7	8	4	5	3	3	1	6	4	5	4	1	5	
	C. Difficile	R		5	3	5	7	5	7	4	9	4	10	6	10	6	2	
	MSSA			2	2	1	4	6	2	3	3	0	4	1	5	2	5	
Quality Caring & Experience	Friends & Family - Births - Proportion Very Good/Good				-	-	-	-	-	-	-	94.26%	95.51%	95.51%	94.74%	92.68%	95.95%	
	Friends & Family - IP - Proportion Very Good/Good				-	-	-	-	93.24%	94.06%	95.72%	93.68%	92.90%	94.52%	91.79%	92.85%	91.94%	
	Friends & Family - OP - Proportion Very Good/Good				-	-	-	-	95.60%	95.71%	95.29%	94.63%	94.90%	95.09%	94.40%	94.65%	94.54%	
	Friends & Family - ED - Proportion Very Good/Good				-	-	-	-	90.96%	87.49%	89.21%	87.24%	84.86%	82.00%	73.19%	71.84%	72.87%	
	PALS - Count of concerns				51	95	73	99	66	62	71	79	108	88	127	127	123	
	Complaints - % Overall Response Compliance			90%	97.06%	98.04%	94.44%	92.68%	94.64%	81.48%	84.38%	85.11%	79.07%	83.33%	77%	85.71%	87.72%	
	Complaints - Overdue				0	0	2	2	0	0	0	0	0	0	0	2	1	
	Complaints - Written complaints				53	46	48	39	23	37	43	42	56	67	51	65	48	
Well Led	Agency Expenditure ('000s)				822	687	875	900	1043	1234	544	1042	705	816	1029	1374	1061	
	Month End Vacancy Factor				5.14%	3.82%	3.83%	3.38%	4.59%	3.80%	3.65%	3.62%	2.66%	4.81%	5.53%	6.52%	6.55%	
	Turnover (Rolling 12 Months)	R		12.00%	13.41%	13.25%	12.78%	12.74%	12.73%	12.89%	12.56%	12.36%	13.37%	13.60%	13.81%	12.97%	14.21%	
	Sickness Absence (Rolling 12 month -In arrears)	R		-	4.46%	4.44%	4.41%	4.44%	4.38%	4.47%	4.48%	4.42%	4.32%	4.31%	4.31%	4.36%	-	
	Trust Mandatory Training Compliance				86.77%	86.26%	86.45%	86.07%	85.79%	85.90%	85.91%	85.40%	85.17%	84.95%	84.55%	82.82%	82.58%	

EXECUTIVE SUMMARY
August 2021

Urgent Care
Four-hour performance improved to 61.47% in August with the Trust ranking first amongst 9 reporting AMTC peers providers. The Trust had 471 ambulance handover delays over one hour and 14 12-hour trolley breaches in month. Four hour performance and Ambulance handover times were impacted by the consistently high bed occupancy (95.32% average for the month), rising COVID-19 admissions, poor complex discharge levels, and low morning discharges. When compared nationally, Trust positioning improved in August moving into the third quartile from the fourth. Four-hour performance is expected to remain challenged into September, based on the forecast bed occupancy. Trust wide internal actions are focused on improving the timeliness of discharge, a relaunch of internal professional standards, maximising SDEC pathways and weekend discharge rate improvements. The low level of complex discharges for the next quarter remains a risk; BNSSG partners have mitigation plans to resolve this. In month, to provide immediate capacity for emergency admissions, the Trust has converted elective capacity, cancelling all P4 activity and running a limited P3 programme; which will result in further backlog growth.

Elective Care and Diagnostics
The RTT waiting list continued to increase in August resulting from reduced elective capacity, due to capacity pressures on the bed base, but continues to compare favourably with combined national Acute provider growth. There were 1,770 patients waiting greater than 52 weeks for their treatment in August, 656 of these were patients waiting longer than 78 weeks and 34 were waiting over 104 weeks. This was the second consecutive month that the Trust has reported an increase in long waiting patients and is re-assessing the risk of 104 week breaches at year end based on H2 planning assumptions & winter modelling. When compared nationally, the Trust remains in the third quartile for all long waiting patient cohorts and compares reasonably with model hospital peers. However, the Trust is focussing on risk assessed patients based on level of care need and length of wait. Diagnostic performance deteriorated in August to 42.55%, predominantly impacted by backlog growth for Non-Obstetric Ultrasound and Echocardiography. The Trust is sourcing additional capacity for several test types to support recovery of diagnostic waiting times.

Cancer Wait Time Standards
Performance for the TWW standard has been impacted by issues in the Breast, Colorectal and Skin specialties, though the Trust has seen improvement in July at 53.40% compared to the previous month (36.44%).The 31-Day standard was just missed in July, with performance of 95.77%. The reported 62-Day performance for July was 68.59%; an improvement on the June performance. Action in place to improve performance include approaches to increase capacity, ongoing recruitment plans and undertaking of pathway reviews.

Quality
The Maternity service has seen an increase in MDT Ward Round compliance thanks to external funding for additional consultant PA's received. The antenatal service continues to experience challenges with demand exceeding available capacity due to a significant shortfall in sonography and admin staffing. There have been no reported Grade 3 or 4 pressure injuries in August. There are no current Mortality Outlier alerts for the trust and continued high completion rates of mortality reviews are demonstrated. The Trust continues to see a surge of COVID-19 cases in line with national predictions; along with this NBT has seen outbreaks on wards resulting in closed beds.

Workforce
The Trust vacancy factor increased to 6.55% in August (from 6.52% in July). Annual turnover saw an increase in August to 13.81%, however it is at a lower level than in August 2020 and August 2019 . Temporary staffing demand saw an increase in August in line with an increase in absence; overall demand increased in August by 7.23%% (82.09 wte), with bank fill increasing from 60.39% to 67.75%, which led to a corresponding reduction in unfilled shifts reducing by 14.75% (51.41 wte).

Finance
NHSI/E has suspended the usual operational planning process and financial framework due to COVID-19 pandemic response. For the first half of the year the Trust is funded through a block contract arrangement against which it is expected to breakeven. The financial framework for months 1 to 6 of 2021/22 requires the Trust to operate core operations within an agreed financial envelope and, in addition, to recover costs incurred in dealing with the COVID-19 pandemic in line with national guidance. The forecast Trust position for the first four months of 2021/22 is to breakeven. A phased plan was developed and submitted on 24th May to NHSE/I. The actual result for the month 4 and year to date is a breakeven position.

RESPONSIVENESS
SRO: Chief Operating Officer
Overview

Urgent Care

The Trust reported four-hour performance of 61.47% in August. Ambulance handover delays were reported in-month with 471 handovers exceeding one hour; the Trust had 14 12-hour trolley breaches. Bed occupancy varied between 90.49% and 99.53% against the core bed base. Ambulance arrivals remained consistent with pre-pandemic levels and continue to be particularly challenged due to multifactorial issues including the impact of COVID-19 admissions on flow and capacity, low morning discharge rates (down on the previous month at 12.6%) and reduced discharge to post acute domiciliary care. There is a Trust-wide plan in place to improve emergency flow which focusses on the actions that can be taken within the Trust and includes increased use of SDEC pathways, focus on early discharges and improvement in weekend discharging.

Planned Care

Referral to Treatment (RTT) –The number of patients exceeding 52 week waits in August was 1770, the majority of breaches (1075; 60.73%) being in Trauma and Orthopaedics. For the second consecutive month, the Trust has reported an increase in 52 week wait breaches; the overall proportion of the wait list that is waiting longer than 52 weeks increased slightly to 4.94%. The Trust is still experiencing some patients choosing to defer their treatment due to concerns with regards to COVID-19 or wishing to wait until they have received the COVID-19 vaccine. The Trust is working with these patients to understand their concerns and what needs to happen for them to be able to engage with progressing their pathway.

Diagnostic Waiting Times – Diagnostic performance deteriorated in August with performance of 42.55% which failed to meet the improvement trajectory of 34.34%. The number of patients waiting longer than 13 weeks in August is unmoved. Echocardiography and Non-Obstetric Ultrasound reported declines in performance; modalities of significant underperformance have action plans in place to provide additional capacity through a combination of insourcing and outsourcing of activity. A high level review continues to be completed for patients exceeding 13 weeks to ensure no harm has resulted from the extended wait times. In July NBT ranked 9th amongst 10 peer providers for 6-week and 13-week performance.

Cancer

All CWT standards have seen improvement on last month's performance. The Trust has also seen an improvement in the number of CWT standards achieving trajectory expectations. The Trust continues to carry backlogs in Skin and Endoscopy which is impacting on TWW and 62 day pathways. Although Breast services have cleared their backlog, the service is still experiencing capacity and resource issues. Preparation is underway to integrate Weston Urology cancer patients into NBT pathways; Urology see a number of tertiary patients who are referred late in their pathway and are often complex which is adding to their 28-day and 62-day pathway issues, they are also working with a reduced oncology capacity.
Staffing issues within Cancer Services is starting to impact on CWT performance especially in the 28-Day performance; there are 8 vacancies across fast track and MDT support currently. A recruitment programme is in place but the impact will continue to be felt across all of the CWT standards for at least the next two months.

Areas of Concern

The main risks identified to the delivery of national Responsiveness standards are as follows:

- Lack of community capacity and/or pathway delays fail to support bed occupancy requirements as per the Trust's response to the COVID-19 pandemic.
- The ongoing impact of COVID-19 Infection Prevention and Control controls and Clinical Prioritisation guidance on the Trust's capacity and productivity and therefore, ability to deliver national wait times standards.

QUALITY PATIENT SAFETY AND EFFECTIVENESS
SRO: Medical Director and Director of Nursing & Quality
Overview

Improvements

Maternity : The service has seen an increase in MDT Ward Round compliance thanks to external funding for additional consultant PA's received as a response to the Ockenden report and has received national funding to support an increase in midwives which goes towards meeting the recommendations of BirthRate+.

Pressure Injuries - There have been no reported Grade 3 or 4 pressure injuries in August..

Infection control: There were no MRSA cases reported in August 2021.

Mortality Rates/Alerts: There are no current Mortality Outlier alerts for the trust and continued high completion rates of mortality reviews are demonstrated, with Medical Examiner reviews and referrals into Trust governance processes also operating effectively so address family concerns and integrate with coronial cases.

Medication Incidents: The Trust has seen the lowest medication incidents per 1000 bed days rate in the last 6 months and also a similarly significant reduction in the percentage of incidents causing harm compared to 'no harm.' The organisation was under significant operational pressure during August so it is unclear at this time if this reduction is due to reporting practices changes or incidents.

Areas of Concern

Maternity: The antenatal service continues to experience challenges with demand exceeding available capacity due to a significant shortfall in sonography and admin staffing. Insourcing of the FTCS service continues and work is continuing on the action plan for the antenatal service with the support of the Regional team for resolution. The service has seen a decline in % of women booked onto the Continuity of Carer pathway due to staffing issues across maternity and is developing an action plan for delivery to ensure this becomes the model of care as per national targets. These issues are being overseen through the Divisional Improvement Board.

Infection control: The trust continues to see a surge of COVID-19 cases in line with national predictions. Along with this NBT has seen outbreaks on wards, this has resulted in closed beds.
C. difficile monthly rates are higher than previous years and further work with a Southwest C.diff HCAI collaboration is ongoing as well as in house IPC training of staff. We are also planning to relaunch staff Antiseptic Non Touch Technique (ANTT) training in the Autumn.

WELL LED
SRO: Director of People and Transformation and Medical Director
Overview

Corporate Objective 4: Build effective teams empowered to lead

Vacancies

The Trust reported vacancy factor increased to 6.55% in August (from 6.52% in July) which is the highest vacancy factor since March 2020 (6.76%). The increase has been driven by substantive establishment changes, +25.1 wte, 17.7 wte of which was in registered nursing and midwifery (with the Emergency Department seeing the largest increases). The increased vacancy factor, came despite a slight increase of staff in post.

Registered nursing and midwifery saw the greatest increase in vacancies as a result -16.8 wte; Emergency/ Vascular Theatre (-9.4wte), Emergency Department Nursing (-4.4 wte), Urology Theatres (-2.6 wte) and NBT Infection Control (-2.6 wte) saw the biggest increases. 58.06% of registered nursing and midwifery leavers identified *work life balance* and *relocation* as their reason for leaving. Estates and Ancillary also saw an increase in vacancies (-13.4 wte). Vacancy levels for Allied Health Professionals as whole increased by 1.3wte, including a net increase in vacancy of 6.7wte for Therapy Services.

Recruitment pipelines remain healthy with 16.35wte band 5 starters in August and 72 candidates from the domestic pipeline due to start by the end of the year; August also saw 32.67wte HCSW starters.

Turnover

The Trust turnover position is reported as 14.21% in August. Excluding the impact of the COVID-19 and mass vaccination workforce, the turnover rate is at 13.81%, compared to 13.32% in July. While the Trust saw an increase in the turnover rate from July, it is at a lower level than in August 2020 (13.9%) and August 2019 (15.05%). Work is already in place to act on the eLeavers Questionnaire information from Q1 of 2021/22 as part of the Trust ongoing work to reduce turnover and mitigate the impact of COVID-19 on the retention of staff.

Prioritise the wellbeing of our staff

The rolling 12 month sickness absence increased slightly to 4.36% in July, with both long term and short term sickness levels increasing. However, FTE days lost increased from 10318.5 in July to 11789.9 in August, with *Stress/anxiety/depression/other psychiatric illness* remaining the greatest reason for absence in terms of time lost, along with a large rises for *infectious diseases* (COVID-19), *gastrointestinal problems*, *cold, cough & flu, back problems*, *other musculoskeletal problems*, and *other known causes.*

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand increased in August by 7.23%% (82.09 wte). Bank worked has increased by 20.28% (140.85 wte), with bank fill increasing from 60.39% to 67.75% - hence bank worked hours increased at a greater rate than demand which led to a corresponding reduction in unfilled shifts reducing by 14.75% (51.41 wte).

Both registered and unregistered nursing and midwifery saw an increase in demand of 14.69% and 11.28% respectively, whereas bank hours worked, increased at a greater rate, 27.42% and 24.51% respectively translating to an additional 48.73 wte and 58.41 wte worked in August compared with July.

For registered nursing and midwifery, Theatre services saw the greatest increase in bank worked. Maternity, ICU, Emergency Zone and Frailty Wards also saw increases in bank hours worked. For unregistered nursing and midwifery neuro and MSK wards and frailty, particularly EEU saw the greatest increase in bank hours worked.

FINANCE
SRO: CFO
Overview

The financial framework for months 1 to 6 of 21/22 requires the Trust to operate core operations within an agreed financial envelope and, in addition, to recover costs incurred in dealing with the COVID-19 pandemic in line with national guidance.

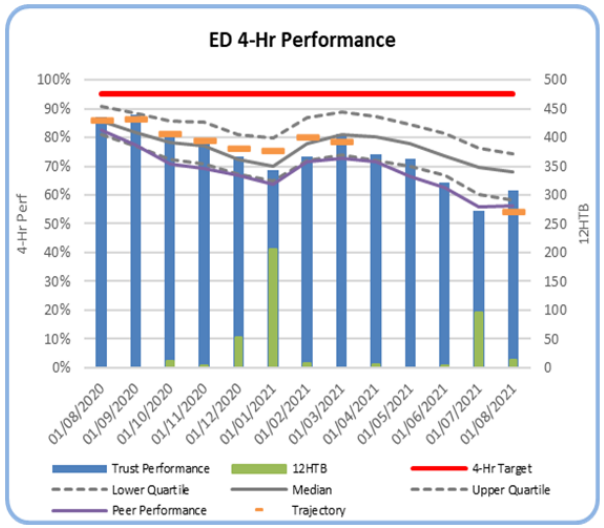
The forecast Trust position for the first five months of 21/22 is to breakeven. A phased plan was developed and submitted on 24th May to NHSI. The actual result for the Month 5 and year to date is a breakeven position.

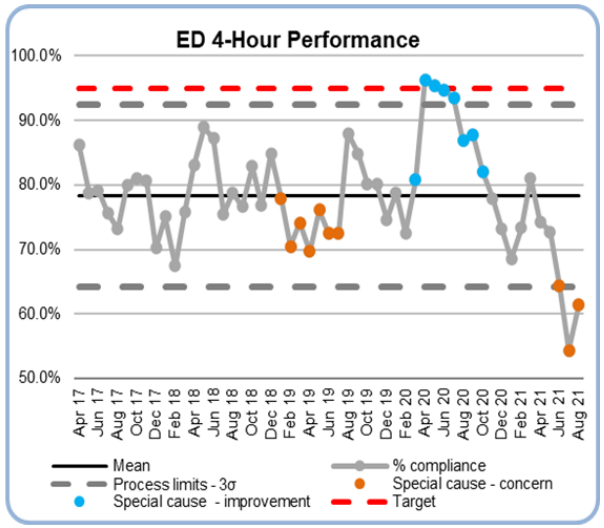
The month 5 position is driven by the following items:

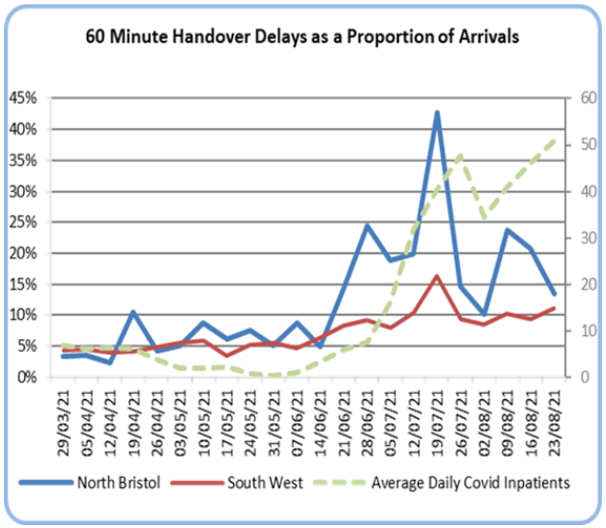
- £2.0m reduction in NHSE/I Specialised high-cost devices income following a reconciliation of year to date spend. Lower high-cost devices income matched by expenditure will be reflected in forward forecast so no I&E impact
- Impact of application of enhanced bank rates to all bank staff in August of £2.0m offset against Accelerator funding
- Locum pressures in pay primarily in the Medicine Division
- Accrual in full for pathology managed equipment service invoices of £0.4m in respect of prior months. Process review is underway and explanation of the basis of additional charges
- The Trust has recognised an estimate of Elective Recovery Fund (ERF) non-recurrent income of £8.9m for the year to date. This remains subject to validation, which requires various gateways to be met at a system level. The cost has accrued costs of delivery of the ERF activity to offset this income estimate. No further ERF income is included in respect of month 5
- Cash at 31st August amounts to £102.5m. The reduction of £10.1m is driven by cash clawback of £14.1m in respect of 20/21 reimbursement. The reduction in income was accrued in the 20/21 financial year so no impact on the income and expenditure account
- Capital expenditure for the year-to-date amounts to £7.9m versus a plan of £6.6m. The overspend relates to Accelerator capital schemes of £3.4m that were not included in the original budget

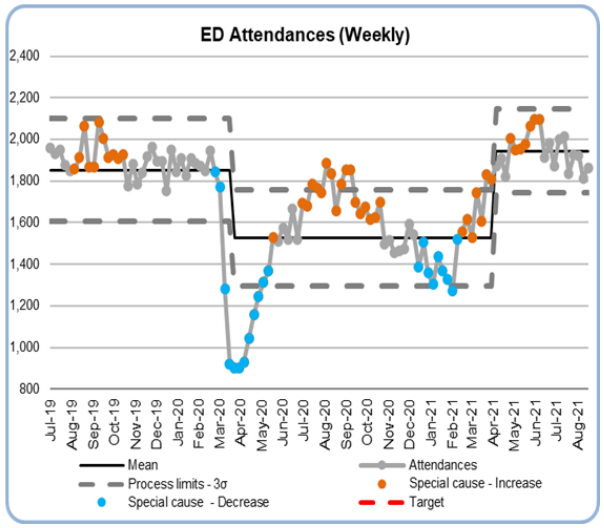
Responsiveness

Board Sponsor: Chief Operating Officer
Jon Scott









Urgent Care

What does the data tell us?

Four-hour performance improved to 61.47% in August. Trust performance exceeded that of our AMTC peers, ranking first out of nine reporting centres. This improvement is mainly attributable to additional junior doctor shifts (mid shift introduced in August) and a decrease in ED demand (attendances were slightly lower than 2019/20 levels).

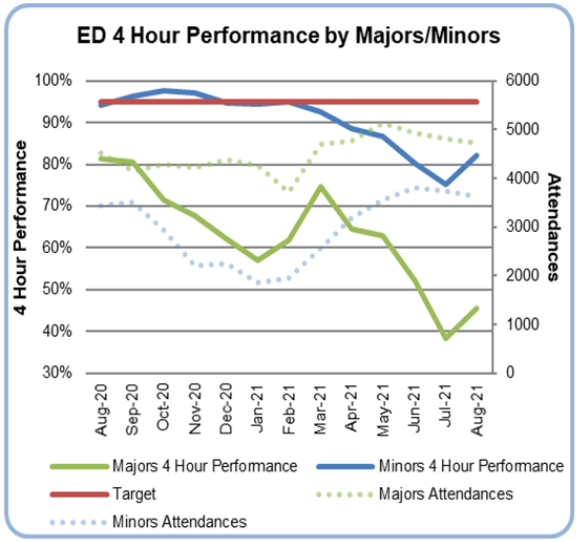
When compared nationally, the Trust positioning improved in August, moving into the third quartile from the fourth and was 60th for type 1 attendances out of 123 acute Trusts. ED performance for the NBT Footprint stands at 70.83% and the total STP performance was 73.92% for August.

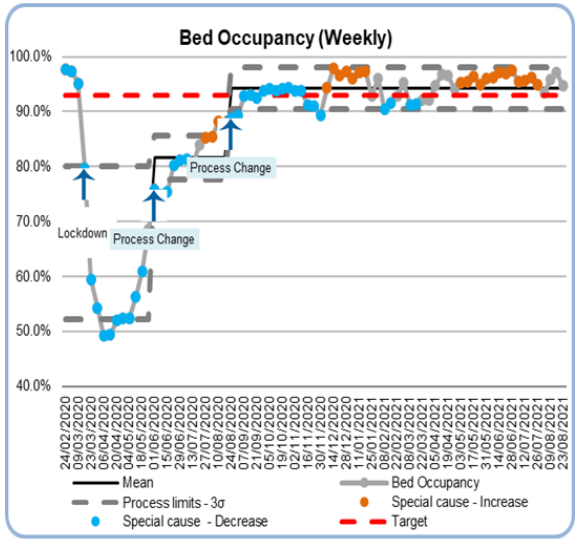
There was a decrease in 12-hour trolley breaches in August with the Trust conceding 14 in month. Nationally there were 2,794 with six Trusts recording over 100. However, this risk remains in September related to continuing bed pressures which resulted in the declaration of an internal critical incident.

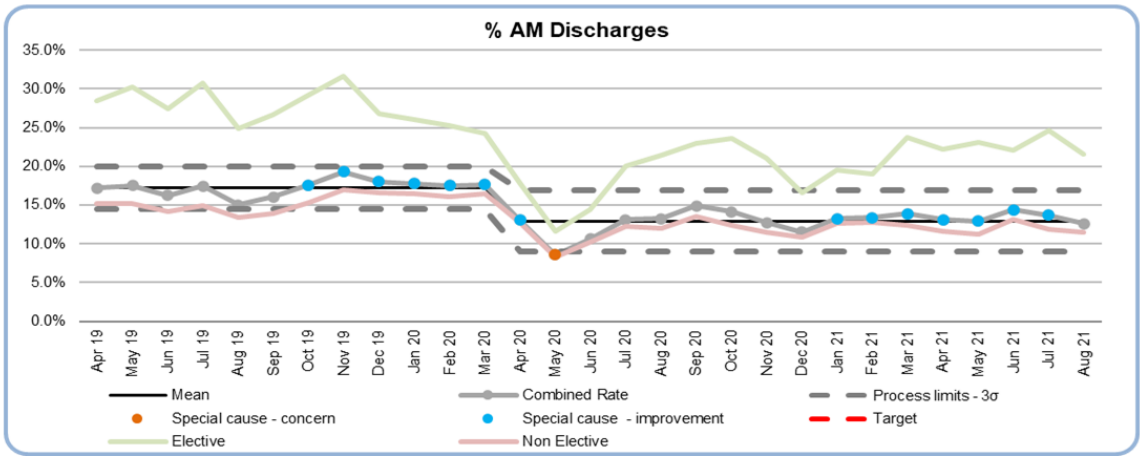
Ambulance handover times improved on last month but continued to be challenged, with the Trust conceding 471 ambulance handover delays over one-hour. Rising numbers of COVID-19 inpatients has resulted in compromised flow as the Trust moved to create further cohort areas for Blue patients. Green capacity has reduced as elective wards were converted to non-elective bed base to manage emergency pressures. The lower elective throughput will result in a growth to the elective backlog.

What actions are being taken to improve?

A Trust Ambulance improvement plan including BNSSG & SWAST actions for out of hospital care has been presented to Region. An internal performance trajectory will be presented to the next finance and performance committee for approval.







NB: The method for calculating bed occupancy changed in June and September due to reductions in the overall bed base resulting from the implementation of IPC measures.

4-Hour Performance

What does the data tell us?

In August, Minors performance improved to 82.19%, whilst Majors performance improved to 45.63%.

For the sixth consecutive month, the predominant cause of breaches at 49.94% was waiting for assessment in ED, whilst 16.65% of breaches were caused by waiting for a medical bed.

Bed occupancy remains challenged, varying between 90.49% and 99.53% in August against the core bed base, which has been impacted by rising COVID-19 admissions.

In August 12.6% of patients were discharged between 08:00-12:00; this is a decline on the previous month where 13.7% were AM discharges. The Trust's AM discharge rates have deteriorated when compared to pre-pandemic levels which has contributed to poor flow.

What actions are being taken to improve?

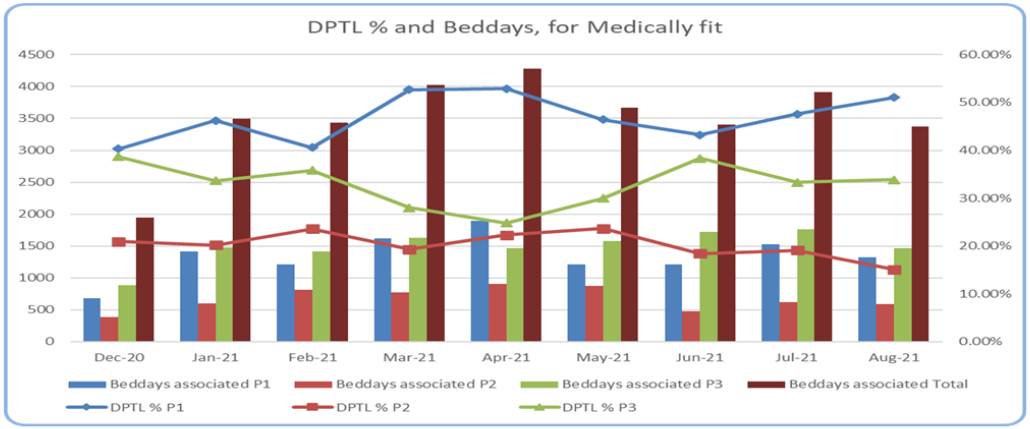
The Trust wide plan to improve emergency patient flow is made up of three components:

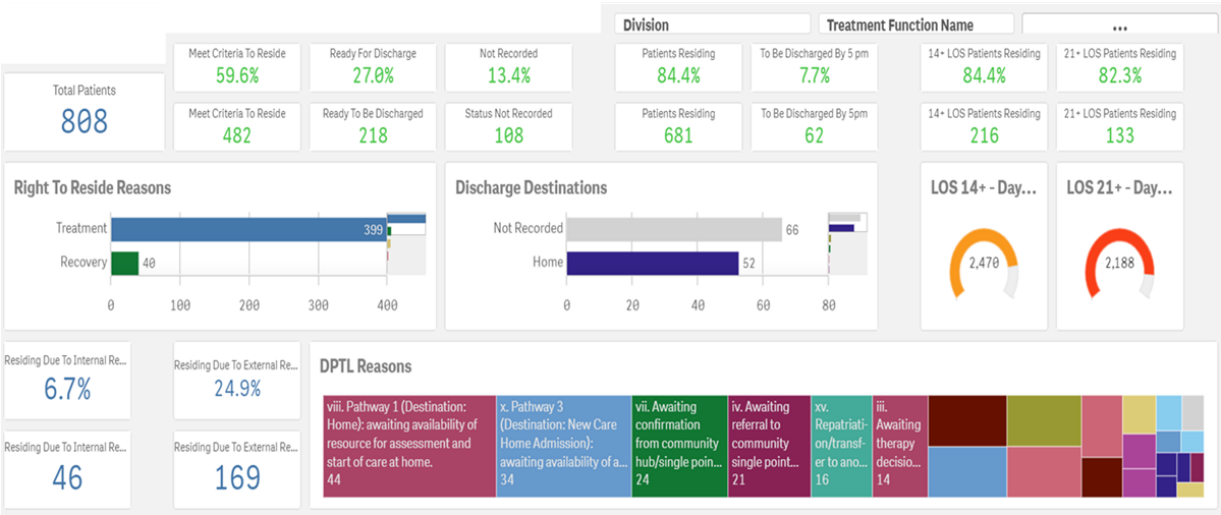
1. Emergency Portals (incl. Ambulance Turnaround Plan); decompressing ED and increasing use of SDEC pathways

2. Time in Hospital, including a focus on early decision making using nationally recognised Modern Ward Rounds, AM discharge, improved weekend discharge rates; implementing Internal Professional Standards and Improved PDD and Discharge Summary completion

3. Discharges: Implementation of the "Hospital Discharge and Community Support policy and operating model" and addressing BNSSG short falls in complex discharge rates (esp. in P1 homefirst capacity).

Criteria to Reside





What does the data tell us?

Although the number of delayed bed days for medically fit patients awaiting P1,2 &3 reduced vs. July by 10% in August, complex discharge levels remain significantly below commissioned capacity ranging form 54% to 74% of plan in August. Sirona and the Dom Care market still have significant staffing challenges.

There remains insufficient complex capacity for both domiciliary care and specifically for community dementia beds and beds for Stroke patients with high care needs. NBT consistently have circa 10 patients with complex residence/ housing needs who have significant delays to discharge and they do not show in these figures, similarly with CHC/FastTrack patients.

At the point of reporting 165 patients were ready for discharge on a complex pathway, 21% waiting internal actions (14 waiting therapy review;& 21 waiting referral submission). The external breakdown is as follows: 44 patients waiting P1; 34 waiting P3, under 12 patients P2. and 16 waiting repatriation. 24 patients referred to the community were awaiting a decision from the CICBs.

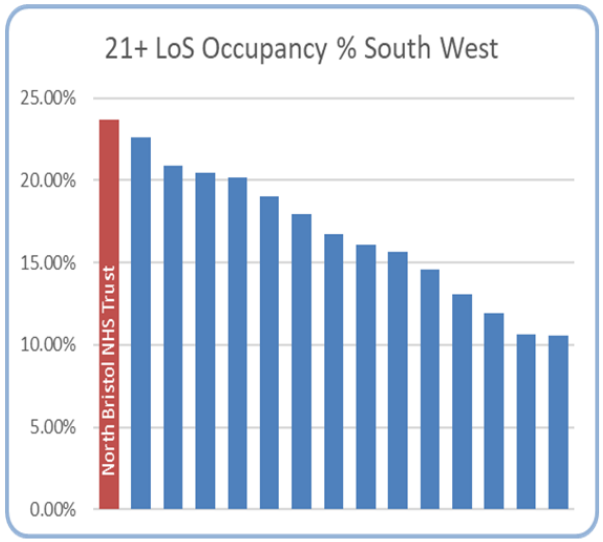
What actions are being taken to improve?

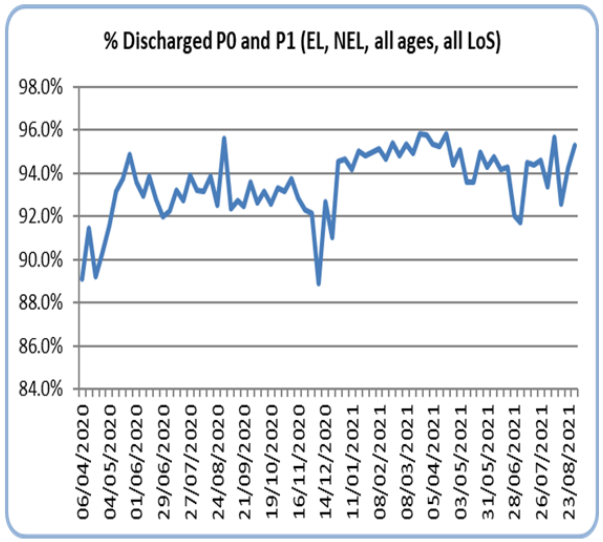
In September additional transitional bed capacity for S Gloucs (10 in total) and 5 additional shared capacity at Quarry House shared Bristol and S Gloucs has been commissioned by BNSSG, with further options for additional P2 capacity being explored.

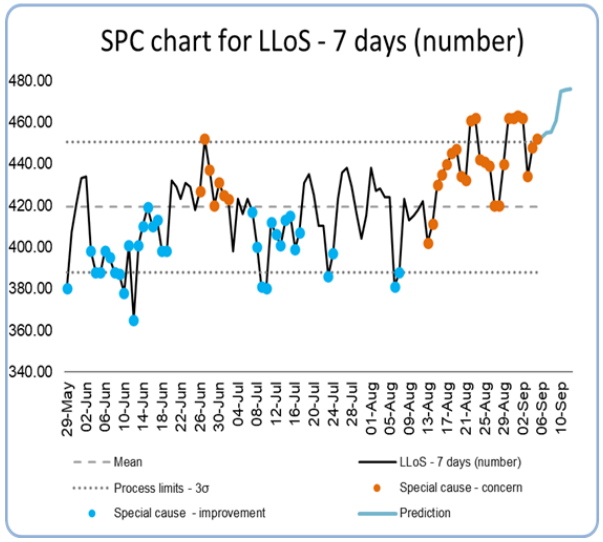
Domiciliary care capacity has been impacted by availability of staff due to Covid sickness and the current challenges in the domiciliary staff market. Market interventions are being explored.

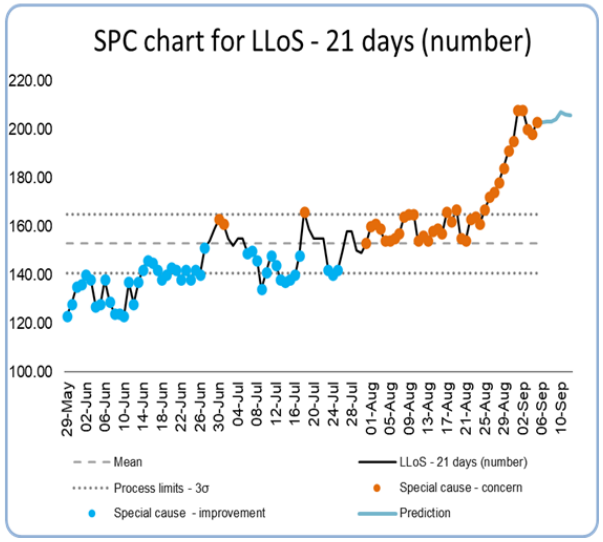
Daily SRF meetings with S. Gloucs and Bristol to prevent delay in acceptance and confirmation of pathway. SRF project is commencing targeting the 4 wards with the highest SRF generation.

Bi weekly meetings to discuss progress on CHC/ Fast Track referrals and once a week stroke/ BIRU referral tracking meetings









Stranded Patients

What does the data tell us?

The stranded patient levels reported remain high and are the highest in the Region. Complex discharge weekly levels have been significantly below target across the month (varying from 54%-74% vs. expected weekly target of 121 discharges) due to community vacancies and COVID-19 staff absence levels. This is a worsened position on July where performance was 67%-83% of target discharges.

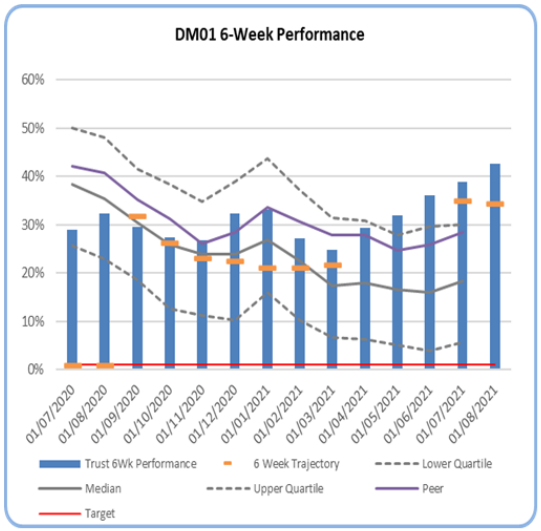
P1 - P3 referral numbers remained lower in August (target is 117 per week); 307 referrals were made in August.

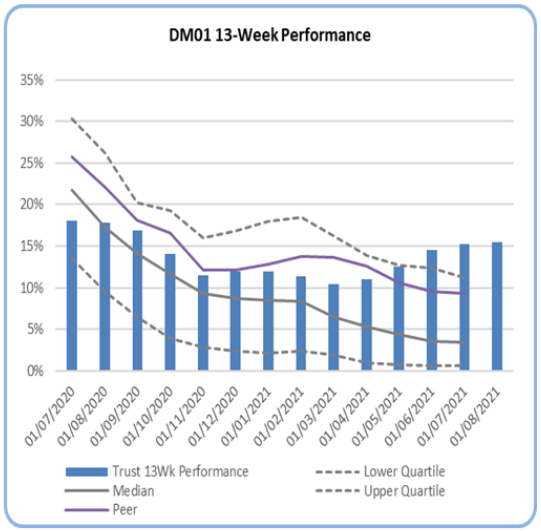
Admission to Single Referral Form (SRF) monitoring remains a key focus for the Urgent Care Board with the SRF project mentioned on the previous slide. P0 discharges are consistently the highest discharge route.

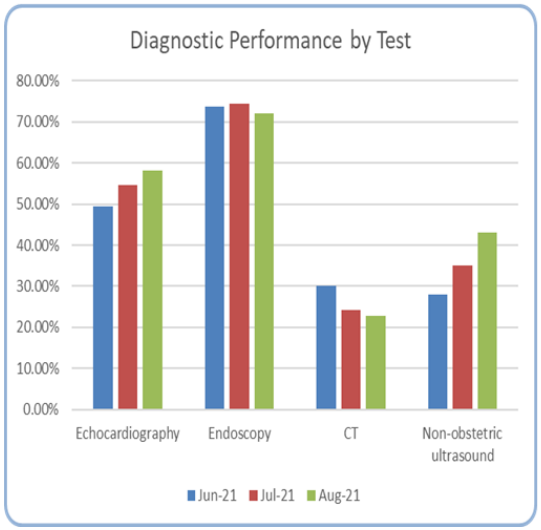
What actions are being taken to improve?

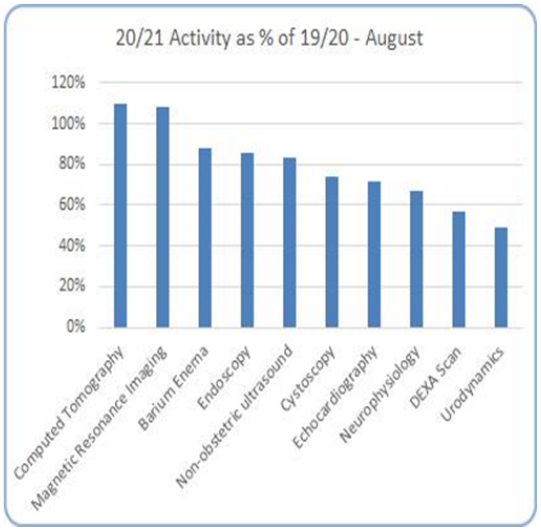
The stranded review process is under review, to bring forward the point at which complex patients are tracked and escalated for decision and referral earlier in their admission; aligned to a new Cluster working model in the integrated discharge team.

Data Source: South region NHSI UEC dashboard, w/e 5th September









Diagnostic Wait Times

What does the data tell us?

In August, diagnostic 6-week performance deteriorated to 42.55%, failing to meet the improvement trajectory of 34.34%. 13-week performance was static at 2180.
Diagnostic 6-week performance has been impacted by significant growth in the Non-Obstetric Ultrasound and Echocardiography backlog (24.63%), driven by a demand and capacity imbalance. The overall position has been further impacted by a 1.39% decrease in the overall wait list resulting from improvements in MRI, CT and Endoscopy.

Activity levels reported below 80% of 2019/20 levels for 50% of test types. Tests reporting the lowest activity levels are predominantly achieving the 6-week diagnostic standard.

In July, NBT ranked ninth amongst 10 peer providers for 6-week and 13-week performance. Nationally, Trust positioning deteriorated marginally for both 6-week and 13-week performance in July and remains in the fourth quartile.

What actions are being taken to improve?

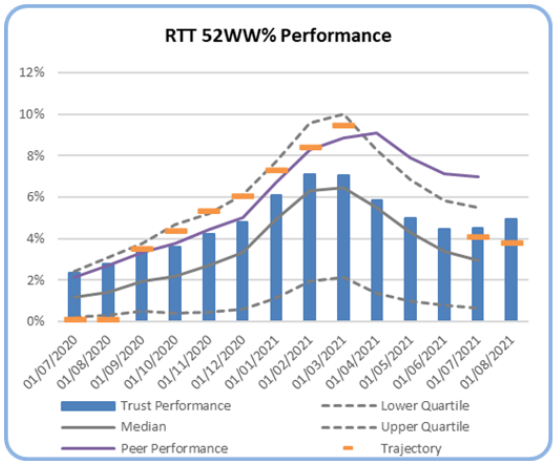
Endoscopy - There has a been a significant focus on re-establishing both insourcing and outsourcing of activity, which has been delivered. Focus is now on the internal capacity gap including a business case for prospective list cover, efficiency opportunities as a result of the new IT system for scheduling and exploring a system-wide shared Endoscopy PTL to ensure the most equitable use of available outsourcing capacity.

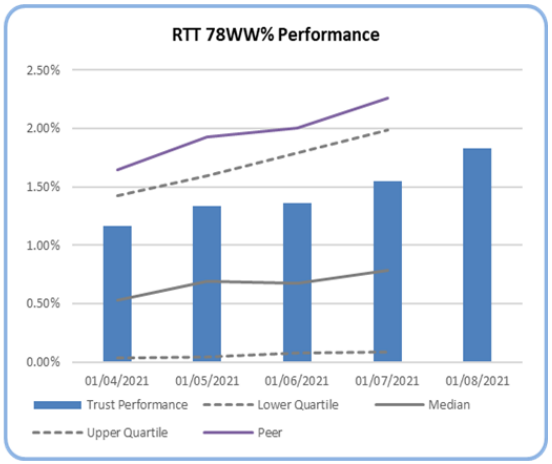
Non-Obstetric Ultrasound – Contract negotiations are underway to outsource additional capacity (60 per week) from October 2021 to March 2022 in order to support backlog clearance.

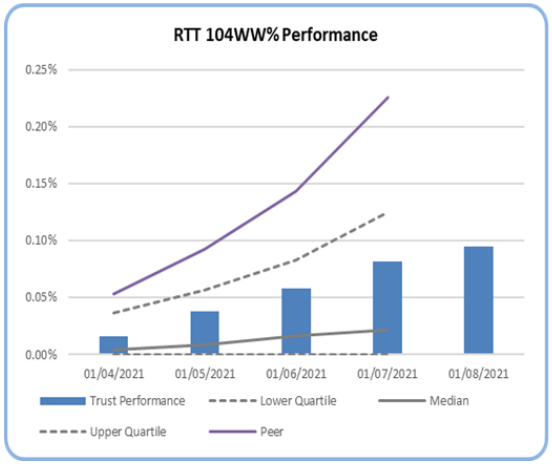
CT – Additional capacity has been sought in the form of a demountable CT scanner based at Weston General Hospital with patients scheduled for booking from the second week of October. The impact of the additional activity on performance predictions will be worked through as part of the H2 planning round.

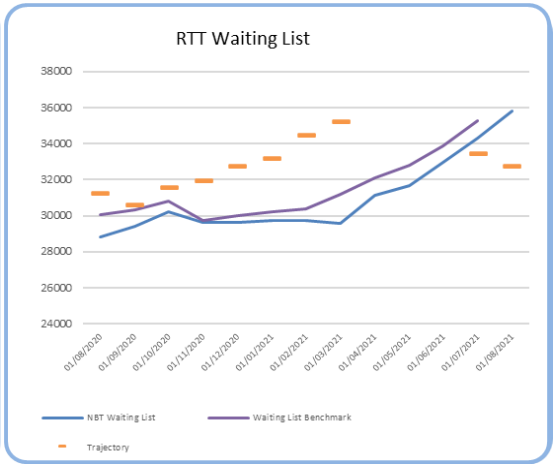
MRI – The Trust is extending the contract with the BioBank MRI research facility for additional MRI capacity for support throughout the winter period to March 2022.

Echocardiography - There is a plan for insourcing to increase Echocardiogram capacity; this will provide high volume capacity to rapidly address backlogs over a short period of time. The additional capacity is expected to positively impact performance in December 2021.









Referral to Treatment (RTT)

What does the data tell us?

In August, the Trust reported an increase in the waiting list to 35,794 exceeding the trajectory of 32,694. The Trust has reported an increase in 52 week wait breaches for the second consecutive month with 1,770 patients waiting greater than 52 weeks for their treatment; 656 of these were patients waiting longer than 78 weeks and 34 were waiting over 104 weeks. The majority of 52 & 104 week breaches (1075; 60.73%) are in Trauma and Orthopaedics and typically P4.

Increased waiting times and wait list growth is the result of demand exceeding current Elective capacity. Cancellations resulting from increasing COVID-19 admissions, non-elective demand and bed pressures has resulted in reduced inpatient Elective capacity therefore increasing the wait list and waiting times. Forecasting the risk of 104week breaches at 1st April 2022 is underway based on the H2 planning assumptions, with known risks in T&O, Neurosurgery and Gynaecology.

When compared nationally, Trust waiting list growth continues to compare favourably to national waiting list growth for Acute providers. However, Trust positioning for long waiting patients continues to report within the third quartile for all cohorts (52, 78 and 104 weeks).

What actions are being taken to improve?

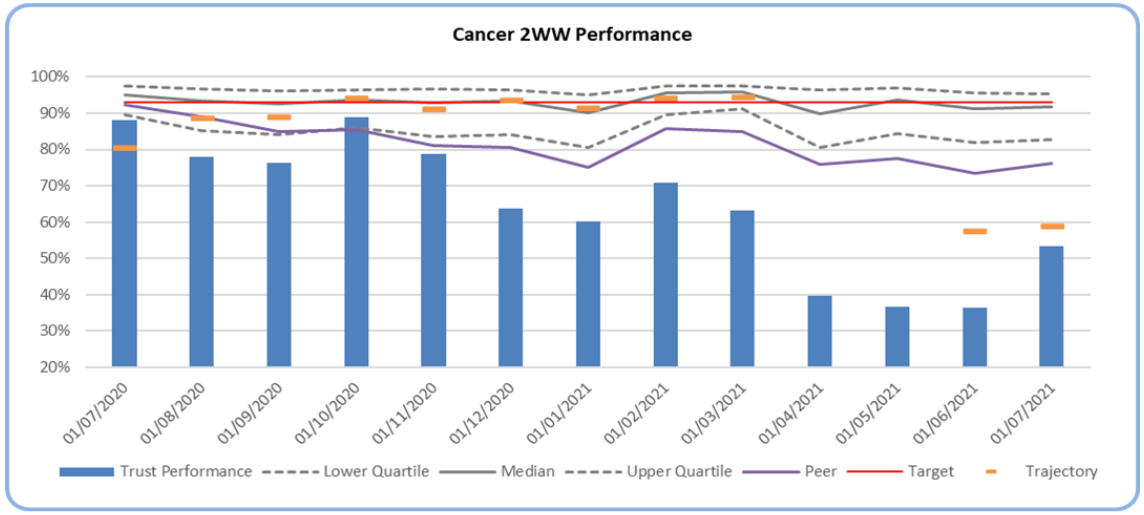
The Trust is undertaking regular patient level tracking and proactive management and engagement with patients at risk of tipping 104-week waits.

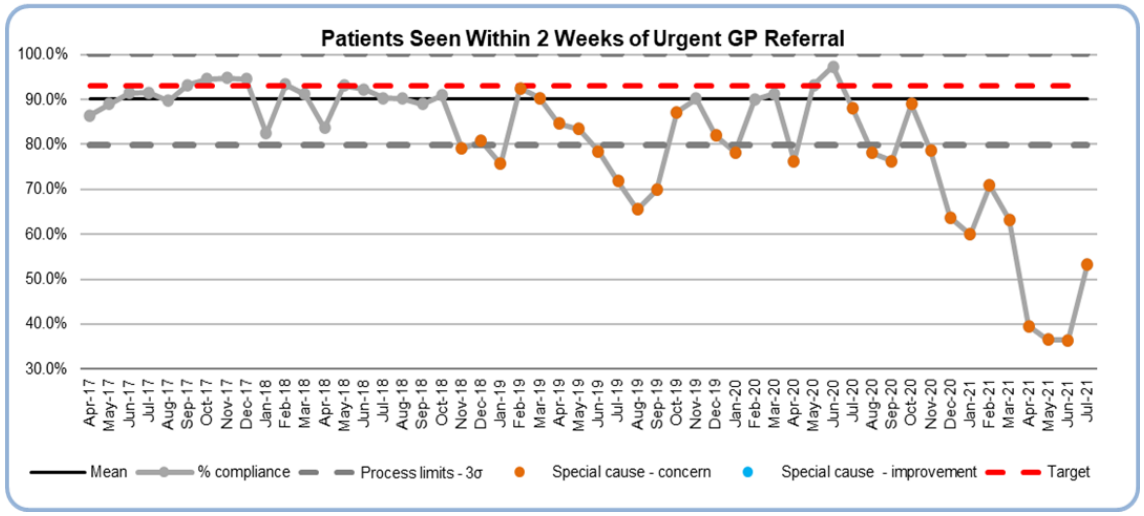
Two modular theatres were opened on 17th August 2021, releasing more capacity in Brunel for other specialities including Trauma & Orthopaedics. The aforementioned NEL bed pressures however have still resulted in a net decrease in capacity in August vs. pre-pandemic levels.

Options for independent sector transfer are limited to patients meeting IS treatment criteria, not clinical priority or wait time. YTD NMSK has transferred 364 cases to the IS.

Continued application of review recommendations from GIRFT reports, Model Hospitals and BADS are undertaken to ensure efficiency use of the available capacity is maximised.

The Trust continues to support equity of access to Clinical Immunology and Allergy services within the Region by accepting late referrals from another provider for patients waiting more than 52 weeks.





Cancer: Two Week Wait (TWW)

What does the data tell us?

The Trust saw 2,530 patients in July reflecting a 9.72% increase on June's activity (2284). Of the 2,530 patients seen, 1,179 patients breached giving the Trust a performance of 53.40% compared to the June's performance of 36.44%; this was wholly due to the issues in Breast, Colorectal and Skin.

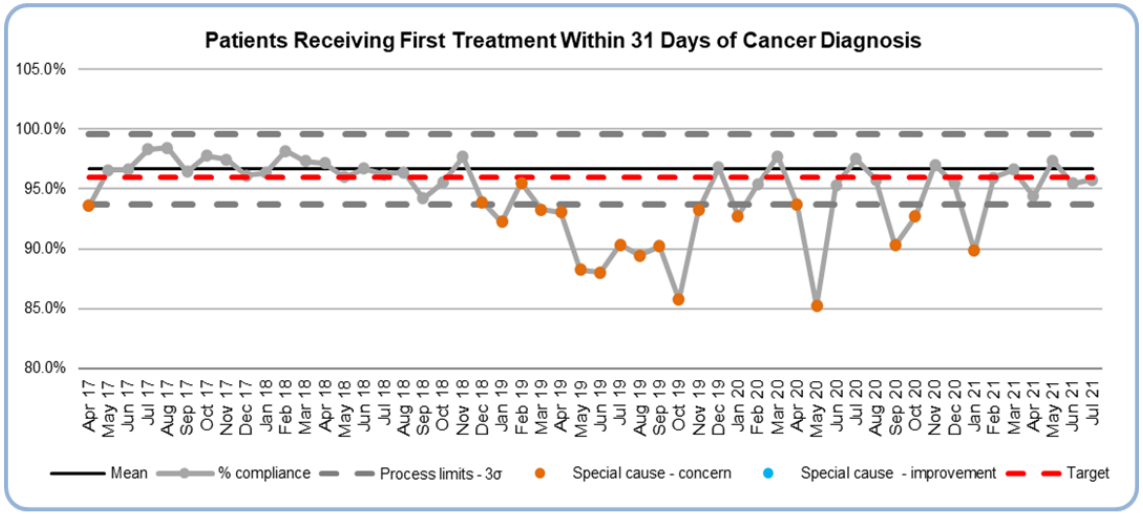
Breast saw 865 patients in July, 420 of those seen had breached the TWW standard; due to the backlog clearance Breast reported a performance of 51.50% compared to the 8.58% performance in June.

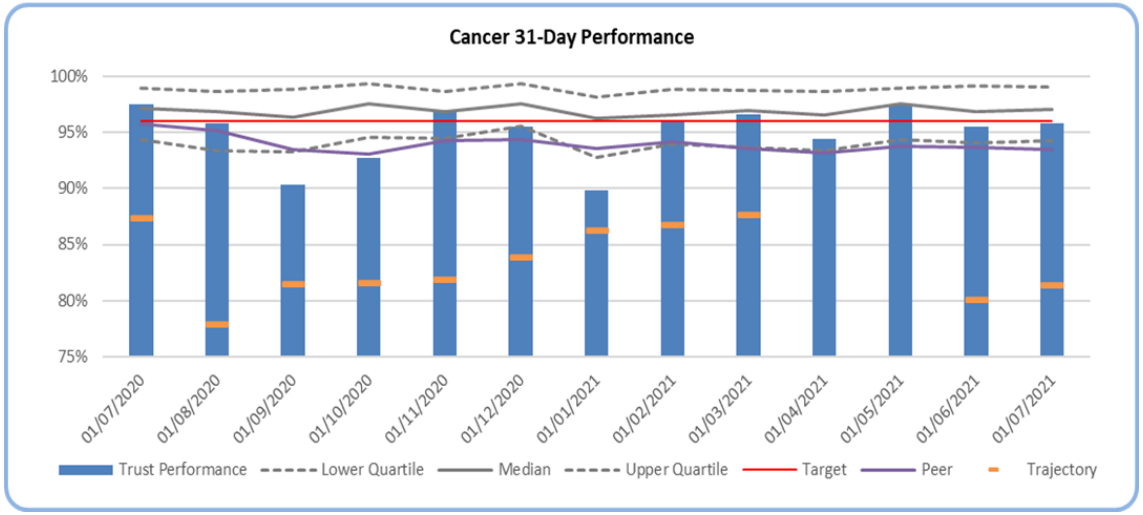
Colorectal continues to be of concern, although they improved their TWW performance this month from 66.42% to 74.05% it will not enough to sustain their national achievement of the faster diagnosis pathway standards. The service continues to experience OPD capacity issues due to workforce pressures and CTC reporting

Skin saw 645 patients this month, 590 of them were breaches. Skin continues to carry a backlog of over 450 patients waiting for an appointment. Their TWW performance is 8.53% which is an improvement on the 3.08% achieved last month. Backlog clearance and a recovery action plan is in place, and if the private provider activity expectations are achieved in August the backlog will be reduced to manageable levels by end of November 2021.

What actions are being taken to improve?

The backlog in Breast has been cleared to manageable levels, largely through additional sessions from the existing workforce; and there remains a risk to the sustainability of this approach given the WTE shortfalls vs. establishment. A remedial action plan including demand management approaches and a workforce strategy to increase core capacity is in place.
The Skin backlog is on track to be cleared by November. Delays in Endoscopy continue to affect the performance of Colorectal, recovery plans are in place and expected to improve the TWW position by November.





Cancer: 31-Day Standard

What does the data tell us?

In July, the Trust missed the first treatment standard of 96.00% with a performance of 95.77%.

The Trust continues to report in the third quartile for this standard when compared nationally.

There were 213 completed pathways with 9 breaches. All specialties achieved above 96.00% except Breast (90.00%), Urology (95.38%) and Colorectal (95.00%).

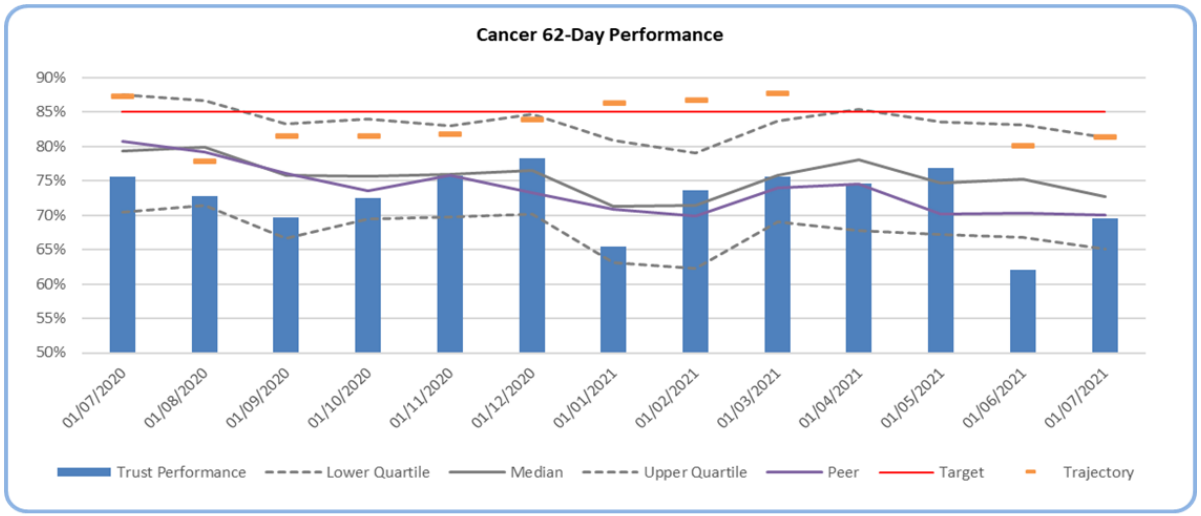
In July, all bar one of the breaches were due to complex pathways and patient choice and shared breaches. The Trust failed to achieve the standard for 1 patient in colorectal due toa delayed turnaround time in the reporting of a CTC scan.

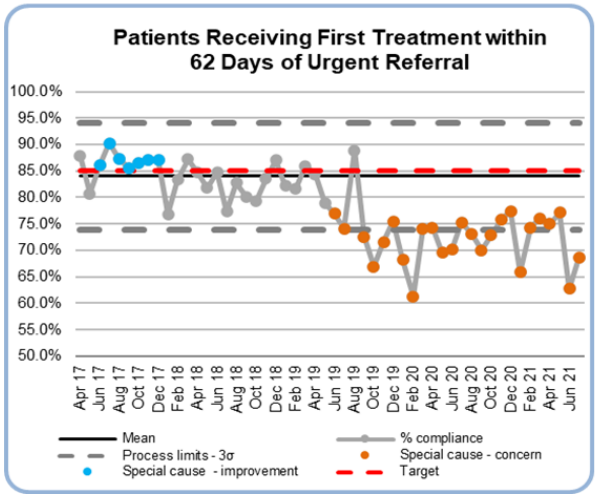
28-Day Performance – the Trust saw an improvement this month with a performance of 62.40%, compared to 41.40% in June. 2147 patients were seen, 1324 of them achieved the 28 Day standard. The only specialties to achieve the standard this month were Neurology (100%), Breast (81.65%) and Upper GI (90.99%).

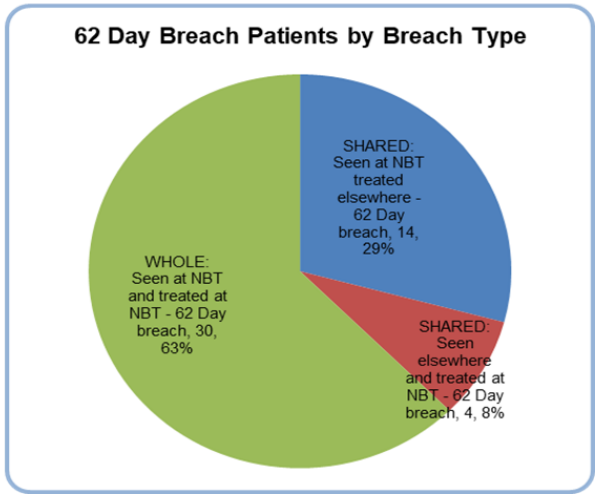
Colorectal (64.03%), Gynaecology (51.91%), Lung (66.67%), Sarcoma (71.43%) and Urology (54.55%) achieved above 50% whereas Skin (25.94%) had the lowest performance due to their backlog issues.

What actions are being taken to improve?

One of the factors adversely affecting performance against this standard is the reduction in tracking staff within cancer services. A recruitment programme is in place but the impact is going to be felt for at least the next three months, whilst new staff are recruited and trained. Bank and agency options are continually used where skills sets match.







NB: The breach types come from the internal reporting system and therefore may not exactly match the overall numbers reported nationally.

Cancer: 62-Day Standard

What does the data tell us?

The reported 62 Day performance for July was 68.59%; an improvement on the 62.74% in June. In July 138.5 treatments were carried out, 43.5 of them were in a breach position.

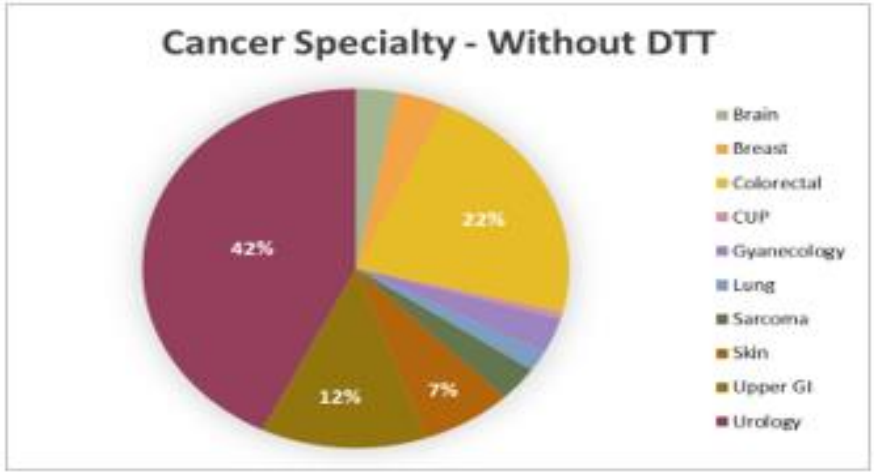
Only 2 services achieved the standard this month, they were Lung (88.89%) and Skin (87.65%). The Trust failed both the post COVID-19 recovery trajectory position of 80.07% and the CWT standard of 85.00%.

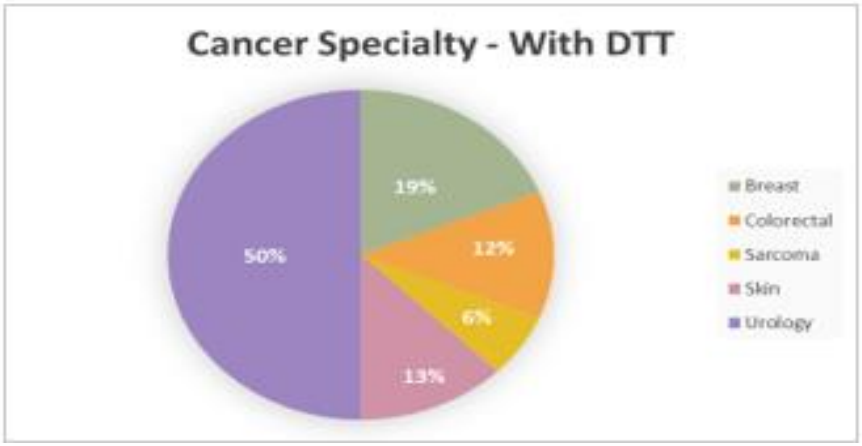
Gynaecology had a disappointing 62 Day performance this month; they only managed to achieve a performance of 18.18% with 5.5 patients treated, 7 of them in a breach position. A recovery action plan has been requested.

Urology's performance of 74.70% is an improvement on last month's performance. The service contributed 10.5 of the breaches, out of a total of 43. They failed to achieve CWT standards of 85% and they failed to achieve their trajectory of 87.9%. 8 of the Urology breaches were due to internal pathway delays to the One Stop diagnostic pathway. 2 of the breaches were unavoidable due to complex pathways. The service continues to have delays in the pathway due to oncology capacity at UHBW prior to decision to treat.

What actions are being taken to improve?

Most of the July breaches were caused by the known delays at the front end of the pathway within TWW. The performance of 62 Days will continue to show improvement as backlogs are cleared. Pathway reviews have also been completed in Colorectal and Urology with action plans to improve delays within those pathways in place.





Cancer: 104-Day Patients

What does the data tell us?

July uploaded position
The Trust had 10 104-Day breaches this month that required Datix, 3 were in Breast which has known capacity issues, 5 were in Urology due to complex pathways and late transfers and two were in Colorectal due to system delays and complex pathways.

The Urology 104-Day breaches continue to remain low and are usually unavoidable due to late transfers.

Live PTL snapshot as of 10/09/2021
There are 175 patients currently waiting over 104-Days; 159 of them are without a decision to treat.

Instances of clinical harm remains low month-on-month and the Trust has only identified 1 moderate harm in the last 12 months as a result of delays >104-Days.

The 104-Day trend data shows an increase from August 2020 to July 2021 largely due to COVID-19 related delays. 104 data quality continues to be affected by the vacancies within cancer services tracking team, recruitment is underway and overtime is offered.

The specialties that are of concern this month are Colorectal and Urology who continue to experience pathway capacity issues and staff shortages.

What actions are being taken to improve?

There has been staffing pressures in Cancer Services recently, leaving a vacant position for a Urology Assistant MDT Coordinator. Urology 104-Day tracking has not been as up to date as expected and this is reflected in the 104-Day performance. Recruitment is underway but the adverse impact is expected to remain until at least September.

Safety and Effectiveness

Board Sponsors: Medical Director and Deputy Chief Executive and Director of Nursing and Quality
Tim Whittlestone and Helen Blanchard

NBT - PQSM	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	TREND
Activity										
Number of babies born alive at 24 to 36+6 weeks gestation	437	441	502	462	448	467	507	482		
Number of births all gestations from 22+0 weeks	430	432	496	456	445	464	501	474		
Induction of Labour rate %	39.8%	33.8%	33.8%	35.2%	36.9%	35.3%	37.3%	35.3%		
Unassisted Birth rate %	54.1%	49.7%	48.0%	53.1%	53.5%	47.5%	49.0%	54.1%		
Assisted Birth rate %	10.8%	11.7%	11.7%	9.5%	13.3%	12.4%	11.6%	11.0%		
Caesarean Section rate (overall) %	35.1%	38.7%	40.3%	37.4%	33.3%	40.1%	39.4%	34.9%		
Elective Caesarean Section rate %	15.9%	16.1%	18.8%	16.7%	15.3%	19.4%	15.7%	12.5%		
Emergency Caesarean Section rate %	19.2%	22.6%	21.5%	20.7%	18.0%	20.7%	23.7%	22.4%		
Perinatal Morbidity and Mortality inborn										
Total number of perinatal deaths	2	1	0	2	1	0	2	2		
Number of stillbirths 16 to 23+6 weeks excl. TOP	0	0	0	0	0	0	1	2		
Number of stillbirths (>=24 weeks excl. TOP)	2	1	0	2	1	0	0	0		
Number of neonatal deaths : 0-6 Days	0	2	1	0	0	2	0	0		
Number of neonatal deaths : 7-28 Days	1	0	1	0	0	0	1	0		
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	0	0	0	0	0	0	0	0		
Maternal Morbidity and Mortality										
Number of maternal deaths (MBRRACE)	0	0	0	0	0	0	0	0		
Number of women who received level 3 care	0.2%	0.2%	0.0%	0.0%	0.2%	0.0%	0.2%	0.0%		
Insight										
Number of datix incidents graded as moderate or above (total)	3	1	2	1	2	2	3	0		
Datix incident moderate harm (not SI, excludes HSIB)	2	0	0	0	2	2	0	0		
Datix incident SI (excludes HSIB)	1	1	2	1	0	0	0	0		
New HSIB SI referrals accepted	0	0	0	0	0	1	3	0		
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	1	0	0		
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0		
Workforce										
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83	83	83	83	83	83		
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	1	1	1	0	0	0	0	0		
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	0	1	1	1	1	1	1	0		
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)					0	0	0	0		
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)					1	1	1	1		
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)						2	2	1		
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).					11%	13.50%	10.7%	10.7%		
Vacancy rate for midwives (black = over establishment, red = under establishment	14.52	10.52	15.91	15.91%	14.0%	5.7%	10.0%	2.0%		
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)					47%	47%	43.0%	47.0%		
Vacancy rate for NICU nurses					7.7	7.7	7.7	10		
Datix related to workforce (service provision/staffing)	5	12	33	14	21	27	16	14		
MDT ward rounds on CDS (minimum 2 per 24 hours)					57%	57%	57%	67.7%		
One to one care in labour (as a percentage)					98.60%	99.6%	98.2%	98.6%		
Number of times maternity unit attempted to divert or on divert	0	1	0	0	0	1	2	3		
Involvement										
Service User feedback: Number of Compliments (formal) - Ai	12	8	12	29	39	10	12	27		
Service User feedback: Number of Complaints (formal)	8	12	14	21	15	9	25	36		
Staff feedback from frontline champions and walk-abouts (number of themes)	3	3	2	0	4	3	5	6		
Improvement										
Progress in achievement of CNST /10	7	8	8	9	10	10	10	10		
Training compliance in maternity emergencies and multi-professional training (PROMPT)	45%	40%	53%	58%	72%	76%	76%	76%		
Fetal Monitoring	25.1%	36.0%	40.1%	46.8%	51.1%	42.9%	42.9%	42.9%		
training compliance core competency 4. personalised care					Data not available	Data not availabl e	Data not availabl e	Data not available		
Continuity of Carer (overall percentage)	19.7%	20.6%	16.9%	21.1%	18.9%	16.7%	19.7%	13.9%		

Maternity - Perinatal Quality Surveillance Tool

What does the data tell us?

The information provided represents the recommended information from the Ockenden investigation report, to ensure the Board is informed of safety metrics and indicators.

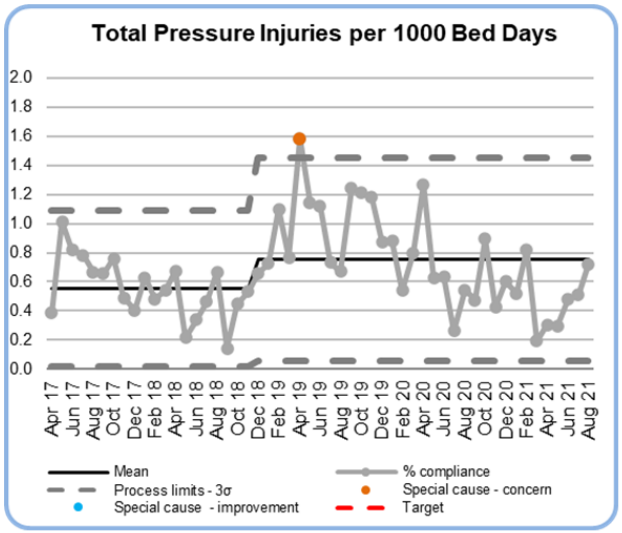
- Nil Serious Incidents in August
- Midwifery vacancy rate sits at 2%wte – NBT has received national funding to support an increase in midwives which goes towards meeting the recommendations of BirthRate+.
- Vacancy rate for NICU nurses has increased.
- NBT has seen an increase in MDT Ward Round compliance thanks to external funding received as a response to the Ockenden report.
- Significant activity has seen an increase in the number of times divert attempted (Cossham). This pressure has been reflected across the SW system in particular relation to the neonatal network severe capacity issues.
- **Patient Involvement –**36 complaints received majority of which related to communication regarding appointments in the ANC including the inability of our service to answer telephone calls. The division has gone live with Netcall telephone management system but continued through August to experience significant challenge with administrative staffing.
- **Service delivery:** Our antenatal screening service continues to experience challenges with demand exceeding available capacity due to a significant shortfall in sonography and admin staffing. Insourcing of the FTCS service continues.
- **Continuity of care (c of c):** The service has seen a decline in % of women booked onto this pathway due to staffing issues across maternity and competing priorities within divisional improvement plan.

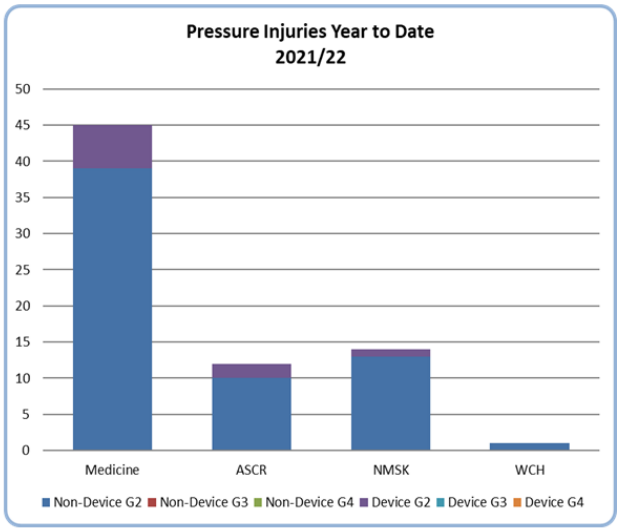
What actions are being taken to improve?

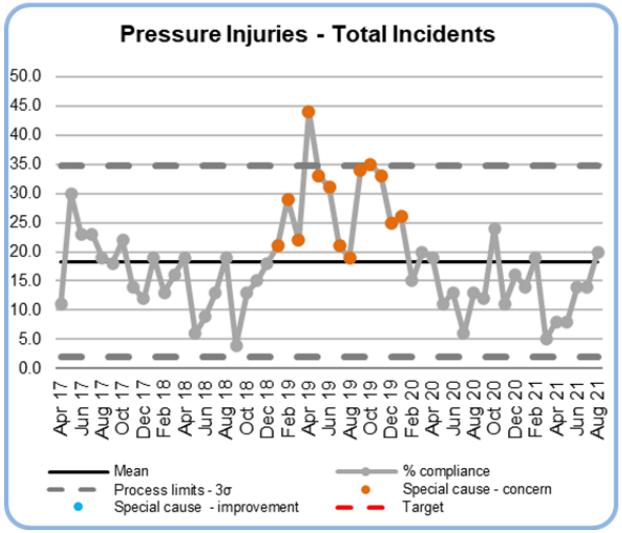
- The division is actively recruiting to posts for NICU nurses.
- We continue to work towards 100% MDT Ward Round compliance with a business case for an increase in obstetric PA's being prepared.
- We are working with other divisions and with NBT Xtra to find suitable solutions for administrative staffing challenges.
- The division continues work on the action plan for the antenatal service working with the Regional team for resolution. A full demand and capacity analysis is being conducted within the ANC and the division is working with IM&T to identify IT solutions to efficiency and effectivity.
- We continue work to develop an action plan for delivery to ensure this becomes the default model of care as per national targets. Progress is being monitored via the Divisional Improvement Board.

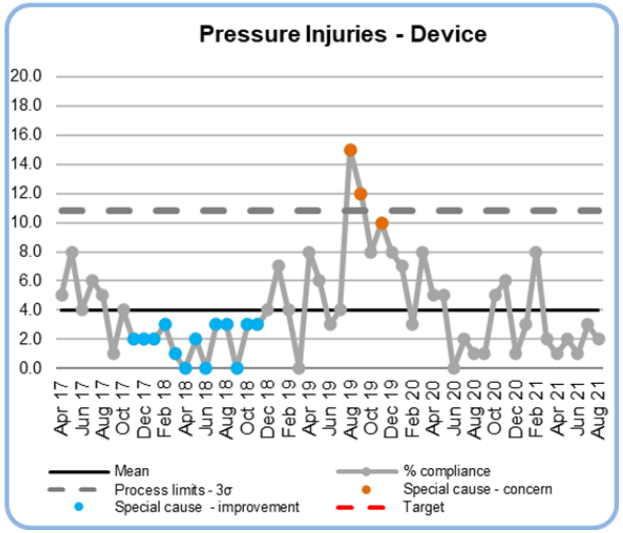
COVID-19 Maternity: There were 15 positive case of COVID-19 in maternity in August all of whom remined well. The service continues to work with the vaccination team to operationalise a drop in vaccine centre on site for all pregnant and postnatal women and their partners which has proven very successful.

QP2









Pressure Injuries

What does the data tell us?

In August, there was a slight decrease in medical device related Grade 2 pressures injuries, but an increase in the number of Grade 2 pressure injuries has increased, which is above the mean rate for total incidents.

The Trust ambition for 2021/22 is:
- Zero for both Grade 4 and 3 pressure injuries.
- 30% reduction of Grade 2 pressure injuries.
- 30% reduction of device related pressure injuries.

There have been no reported Grade 3 or 4 pressure injuries in August. 22 Grade 2 pressure injuries were reported of which 2 were related to a medical device.

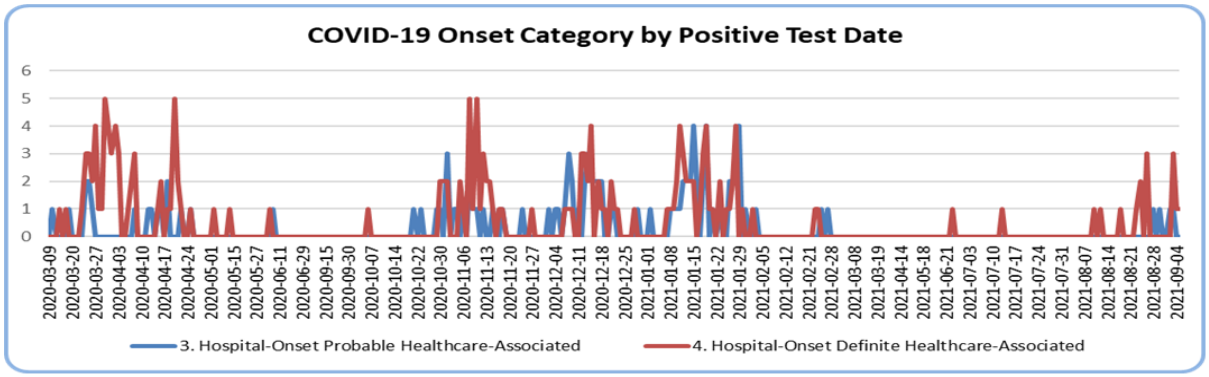
The incidence summary for August is as follows:
Medical Devices: 9%
Heels: 18%
Sacrum/Coccyx/ Buttocks: 55%
Head/ Ear/ Hand: 18%

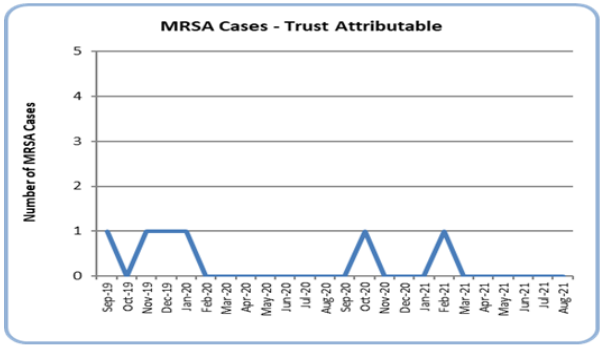
What actions are being taken to improve?

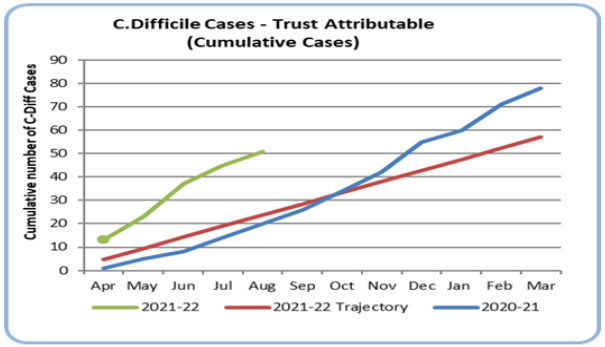
Pressure Injury prevention and management training has been updated in August; including a electronic learning competency package and face to face induction for new non-registered nursing staff.

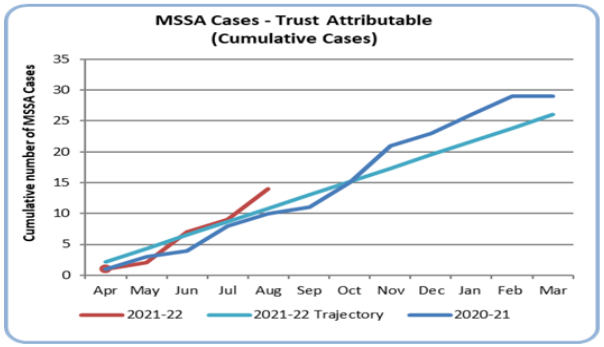
Collaborative working has commenced with the BNSSG to ensure pressure injury prevention plans are shared between primary and secondary care.

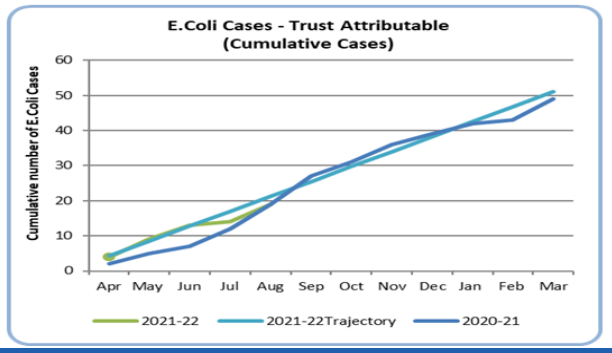
QP4











Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)
The trust continues to see a surge of cases in line with national predictions. Along with this NBT has seen some outbreaks on wards , which resulted in short term closure of beds.

MRSA
Last bacteraemia was reported in Feb 2021.

C. difficile
C. difficile trajectory 2021/22 has been set at 52. Our monthly rates are currently higher than previous years.

MSSA
MSSA cases continue to be higher than trajectory set for 2020-21.

Gram –ve
Trajectory set for a 5% reduction of cases for 21/22 based on 2019/20 figures.

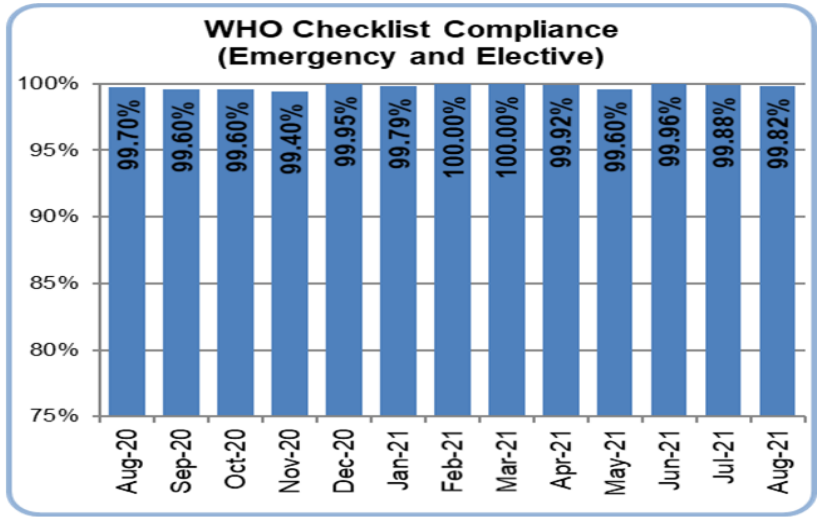
IPC remains at the forefront of pandemic management, with other infections requiring simultaneous focus.

What actions are being taken to improve?

C. diff - Further work with a Southwest C.diff HCAI collaboration is ongoing as well as in house IPC training of staff and a revision of antibiotics for respiratory infections.

Antiseptic Non Touch Technique (ANTT) – plan to relaunch staff training in the Autumn.

QP2

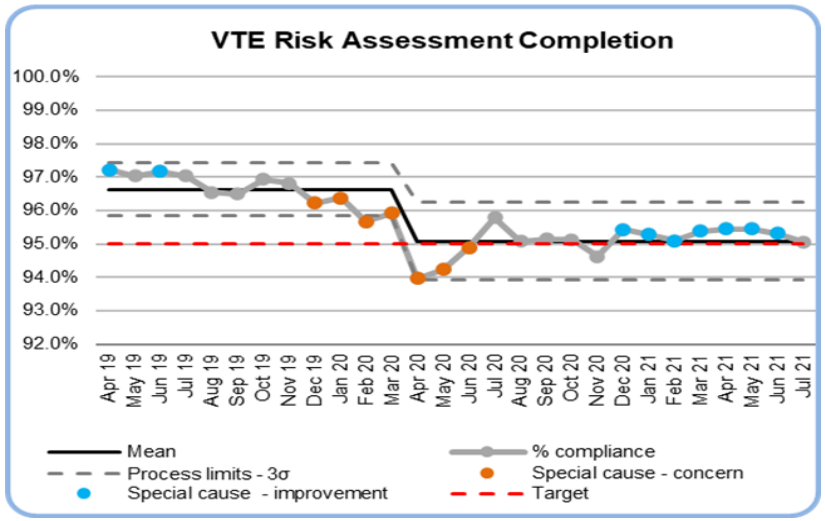


WHO Checklist Compliance

What does the data tell us?

In August, WHO checklist compliance was 99.82%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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



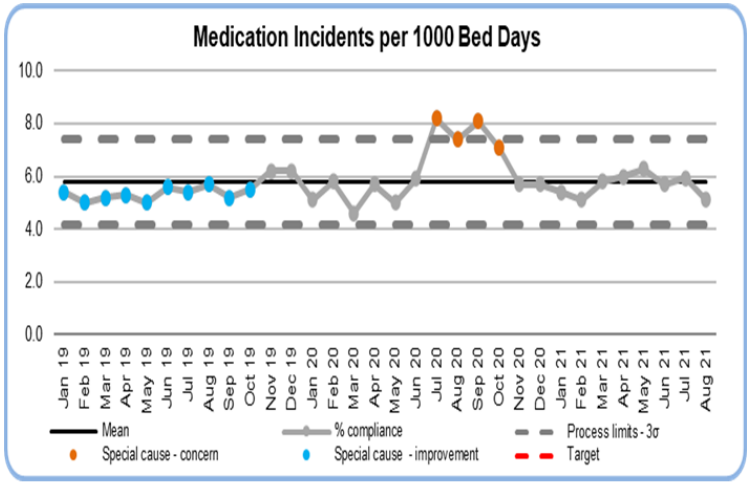
VTE Risk Assessment

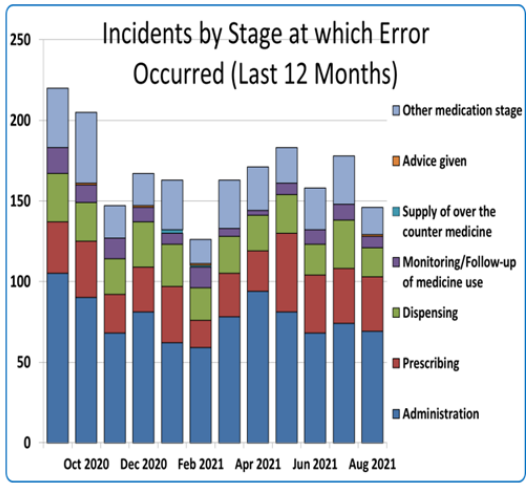
What does the data tell us?

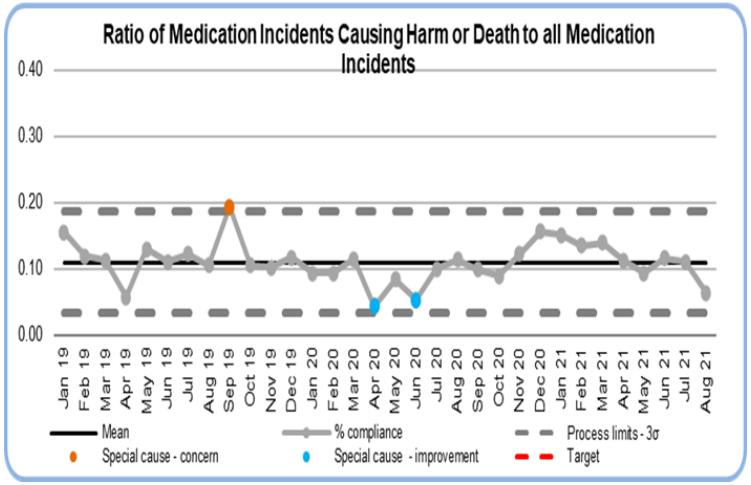
In July, the rate of VTE Risk Assessments performed on admission was 95.06%. VTE risk assessment compliance is targeted at 95% for all hospital admissions.

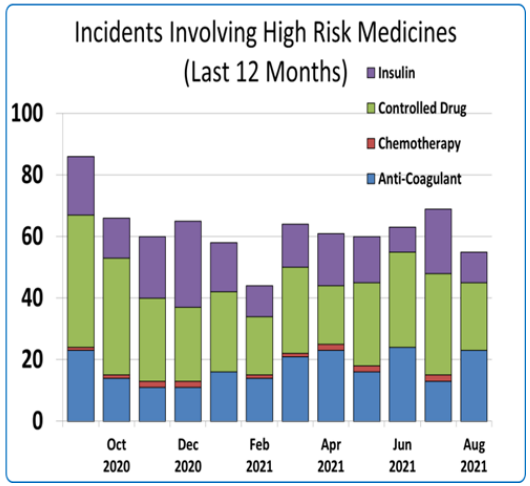
Compliance with this target fell during 2020/21. The Thrombosis committee reviewed the reasons and remedial actions have restored this to acceptable level during 2021/22.

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









Medicines Management Report

What does the data tell us?

NBT had a rate of 5.1 medication incidents per 1000 bed days. This is the lowest rate in the last 6 months. The organisation was under significant operational pressure during August so it is unclear if this reduction is due to reporting practices changes or incidents

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents

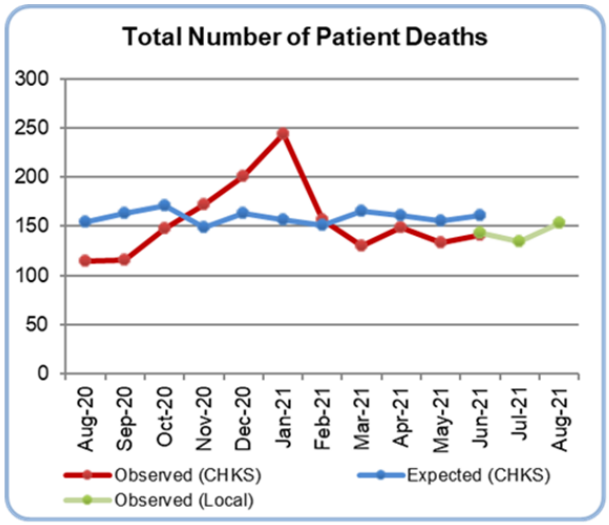
During August 2021, c.6% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.06). This is the lowest in the last 6 months, demonstrating a reduction in the percentage of incidents causing harm compared to 'no harm'. 'No harm' incidents accounted for 94% of all NBT reported medication incidents. These figures provide assurance of an improving safety culture across the Trust.

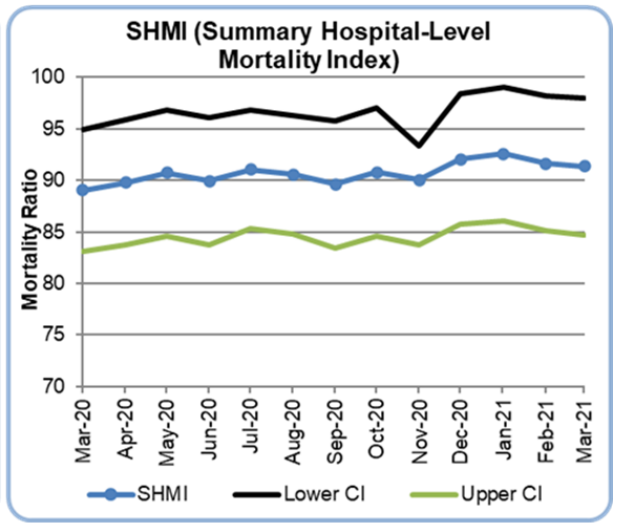
Incidents by Stage

Incidents occurring at the administration stage accounted for c.47% of all medication incidents in August 2021, with prescribing (c.24%) being the next stage at which medication errors most frequently occurred. This is an increase on last month for each of these stages, however is consistent with the overall trend for the last 6 months.

High Risk Drugs

During August 2021, c.35% of all medication incidents involved a high risk medicine. Although this remains consistent compared to the last 6 months, there has been a reduction in the actual number of these incidents in August. August saw a significant reduction in incidents involving insulin and controlled drugs compared to the previous month, and collaborative work continues between the divisions and the Medicines Governance Team to reduce the occurrence of these incidents further.





Mortality Review Completion

July 20 – June 21	Completed	Required	% Complete
Screened and excluded	1119		
High priority cases	258		
Other cases reviewed	473		
Total reviewed cases	1850	1918	96.5%

Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0.0%	4.4%	24.5%	48%	23.1%

Date of Death	Jul 20 – June 21
Scrutinised by Medical Examiner	968
Referral to Quality Governance team	112

Mortality Outcome Data

What does the data tell us?

Mortality Outcome Data
An increase in deaths was seen in December 2020 and January 2021 which is likely to have been the result of increasing COVID-19 infections and has since reduced.

There are no current Mortality Outlier alerts for the trust.

Mortality Review Completion
The current data captures completed reviews from July 20 – June 21. In this time period 96.5% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system.
Of all "High Priority" cases, 92% completed Mortality Case Reviews (MCR), including 21 of the 21 deceased patients with Learning Disability and 27 of the 30 patients with Serious Mental Illness.

Mortality Review Outcomes
The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96% (score 3-5). There have been 16 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which undergo a learning review through divisional governance processes.

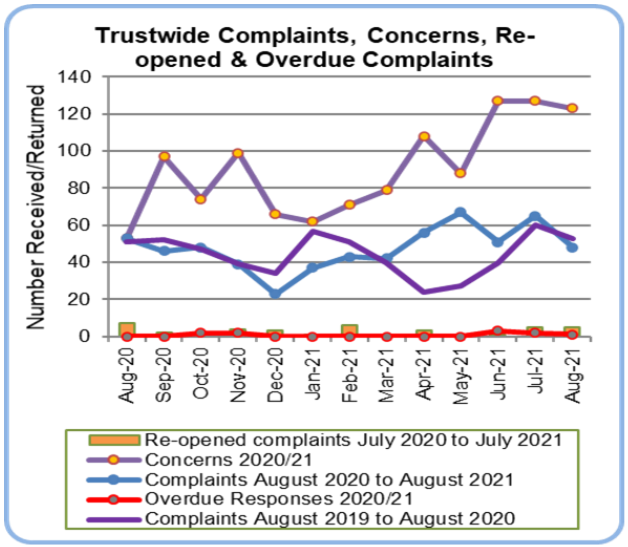
Medical Examiner Referrals
All referrals are triaged by the Quality Governance Team and recorded for thematic analysis. Potential issues are referred for Structured Judgement Review completion or to Patient Safety or PALS for review and possible action.

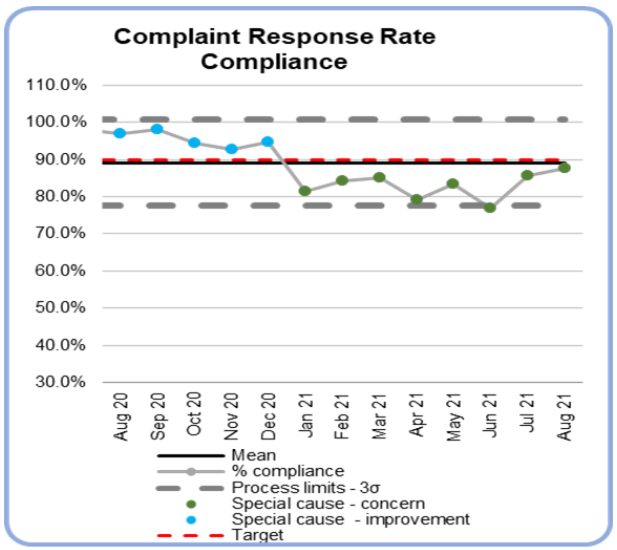
These processes also link with any cases referred to the Coroner and ensures that family concerns are addressed at as early a stage as possible.

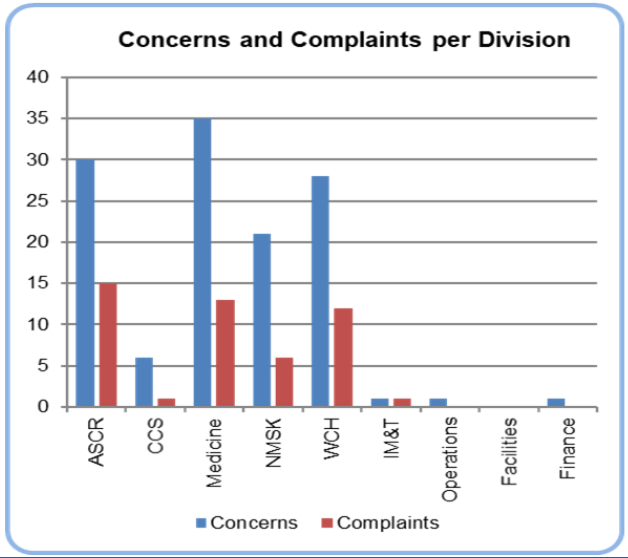
NHS North Bristol NHS Trust

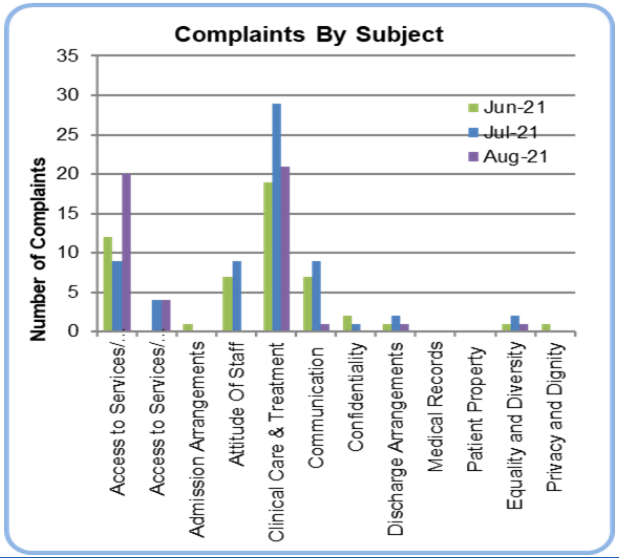
Patient Experience

Board Sponsor: Director of Nursing and Quality
Helen Blanchard









Complaints and Concerns

What does the data tell us?

In August 2021, the Trust received 48 formal complaints. The most common subject for complaints remains 'Clinical Care and Treatment' however, the number of complaints regarding 'Access to Services-Clinical' increased significantly in August. A closer look at these complaints shows that Gynaecology and Maternity services have received a higher number of complaints for this subject. This is with regards to delays and wait times for appointments

The 48 formal complaints can be broken down by division: (the previous month total is shown in brackets)

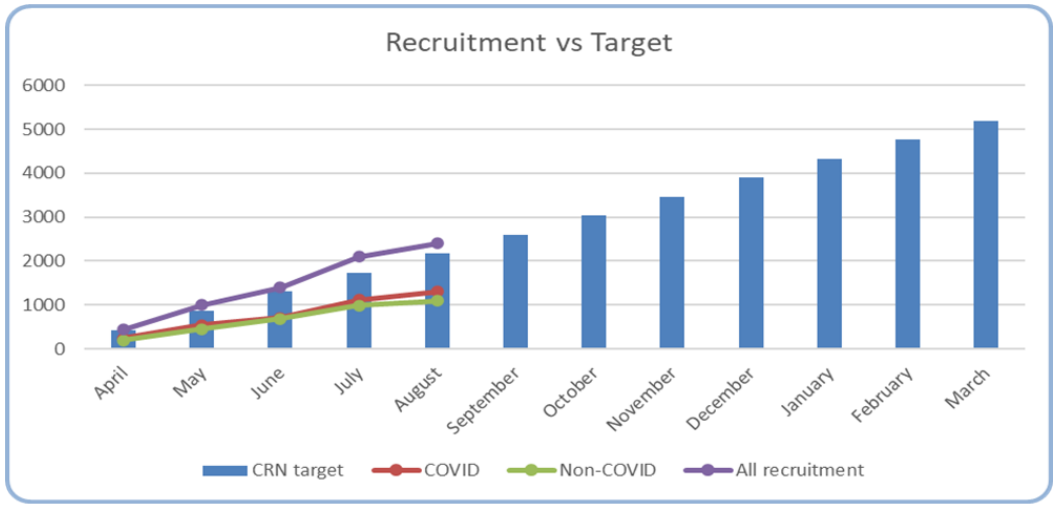
ASCR	15 (19)	CCS	1 (1)
Medicine	13 (22)	NMSK	6 (6)
WCH	12 (7)	IM & T	1 (1)

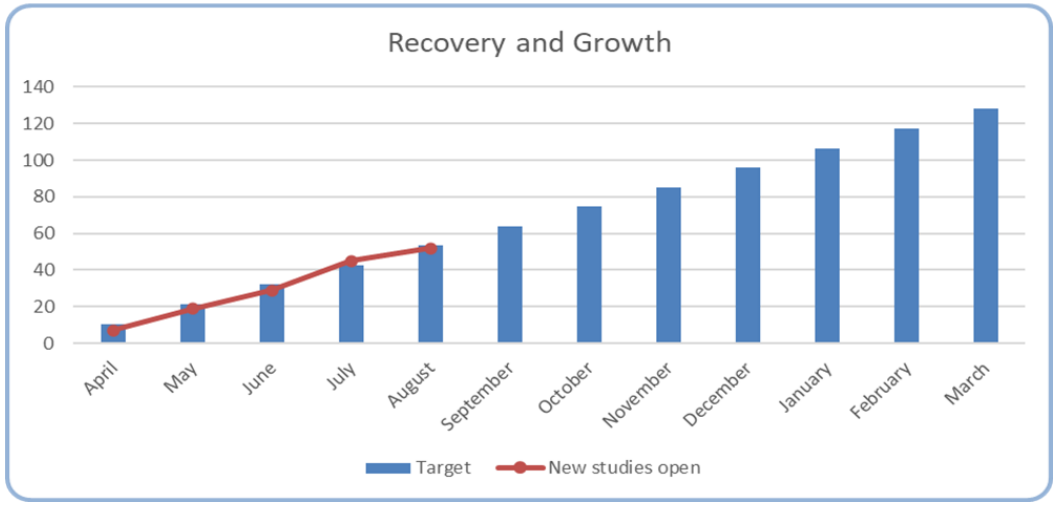
In August, a total of 82 enquiries and 123 PALS concerns were received. This is consistent with the levels of activity in June and July.

Complaint Response Rate Compliance - The chart demonstrates the % of complaints responded to within agreed timescales. Since January the response rate has been below the Trust target of 90% however, in August we continue to see the % compliance recovering to 88%. Challenges continue to be in ASCR, WaCH and in the corporate team as we embed the new sign off process.

What actions are being taken to improve?

'You said we did' - following a PALS concern in CCS we have now created a ring-fenced urgent appointment slot each week in outpatient T&O therapy clinic template to facilitate bookings within requested timescales.





Research and Innovation

What does this tell us?

NBT is showing strong performance in rebuilding our research portfolio and recruiting participants to trials. Recruitment is currently at 111% target to date, with an approximate 50 : 50 split between COVID-19 and non-COVID-19 research.

In addition to matching previous study set up rates In previous years, the team have also processed 43 studies through the RESTART programme facilitating further patient participation in research.

R&I are in the process of appointing a Research EDI post, specifically tasked with mapping the demographics of research participants and engaging with researchers and communities to identify opportunities for ensuring inclusivity in research.

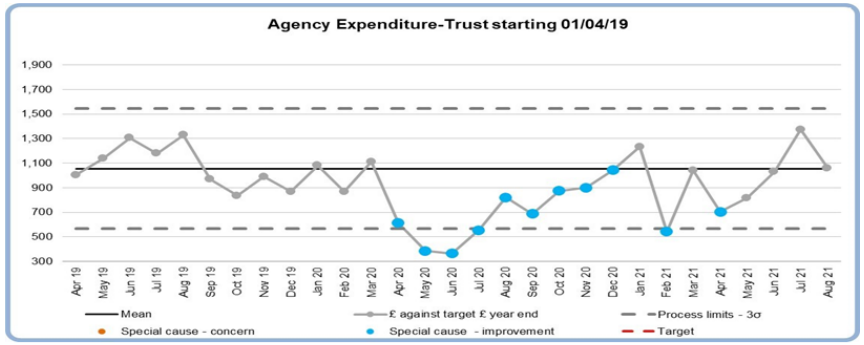
NBT currently leads 60 research grants, with a total value of £27.2m. This includes 31 prestigious NIHR grants, across a range of specialities, which total at £25.7m. Our NIHR funding success rate is now at 91% (far higher than the ~25% national average for NIHR applications). In addition NBT is a partner on 53 externally-led research grants, with a total value of £10.3m to NBT.

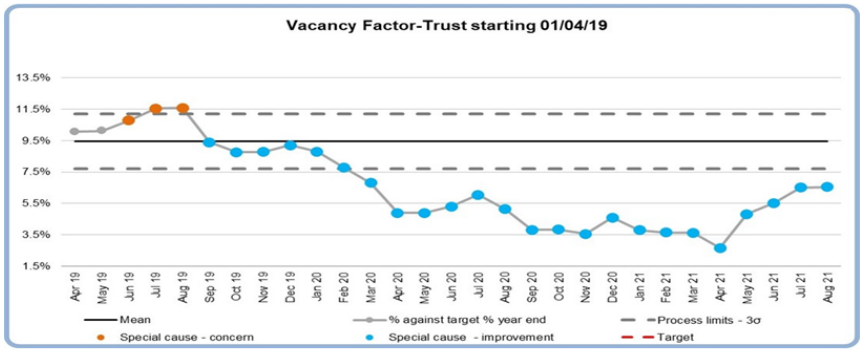
The Southmead Hospital Charity (SHC) Research Fund call (2020/21) received 23 EoI applications, of which 14 were shortlisted for full stage application, and 7 awards were made. Our Patient Public Involvement panel met to review and score the full stage applications prior to the main awarding panel.

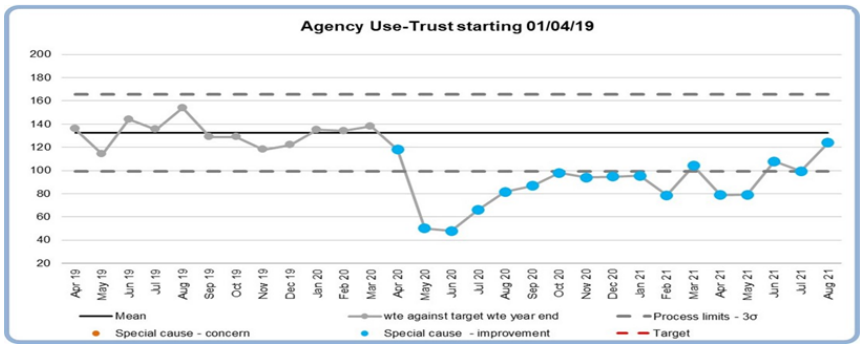
The SHC Research Fund has very kindly agreed to provide additional funding to permit NBT to run two Research Funding calls per annum and welcomes research applications from all NBT staff members (up to a maximum of £20k) in any subject area.

Well Led

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







Workforce

Temporary Staffing

August remained a challenging month for both Bank and Agency supply across the Trust. A system wide collaborative short term increase in bank rates was initiated which saw an uplift in Bank fill rates for the month and a deeper system impact review is currently being carried out.

Mass Vaccination temporary resource recruitment continued in preparation of Phase 3 and Flu campaigns.

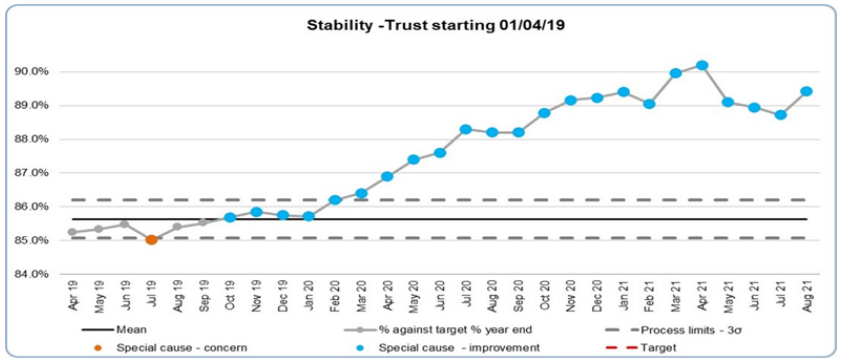
Nursing and Midwifery Resourcing

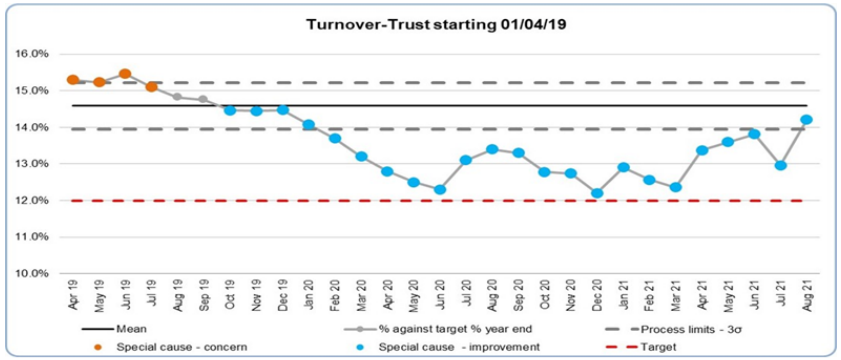
August saw 16.35 wte band 5 starters and the domestic pipeline continues to be healthy with 137 offered candidates of which 72 candidates with start dates booked in between now and the end of the year. International Recruitment welcomed another **11** new Nurses in August.

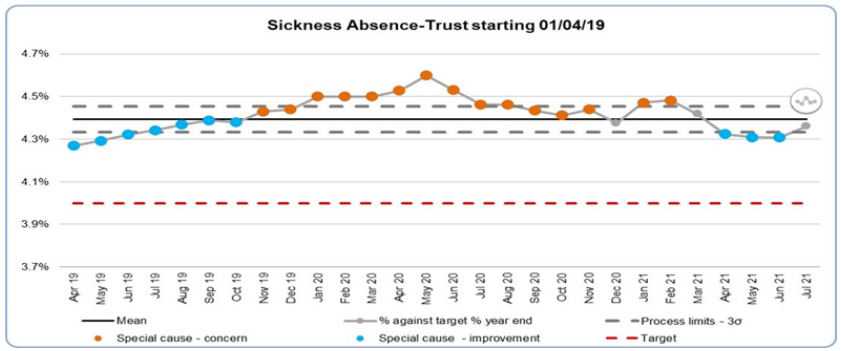
No bespoke events took place in August for seasonal reasons and ongoing recruitment activity generated offers to 23 new candidates The Band 5 vacancy factor has increased to 15.56% (204.65 Vacancies Up by 13 from last month)

HCSW Recruitment activity generated 32.67 wte starters in Aug and two digital assessment centres generated a further 8 offers.

The Band 2 vacancy factor is currently 6.13%, and Band 3 is 12.1%.







Engagement and Wellbeing

Turnover and Stability

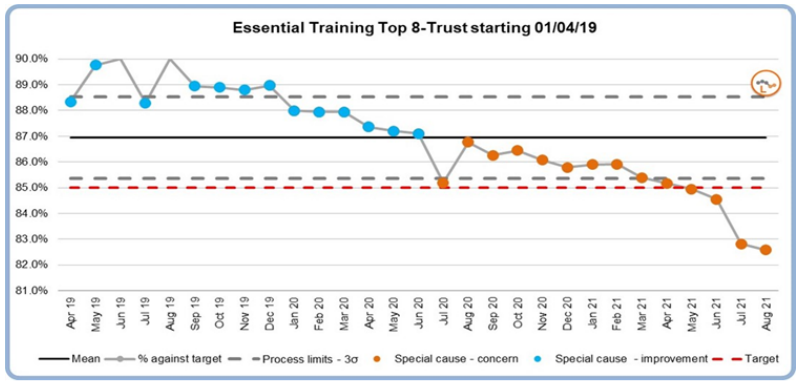
Recent and on-going work includes:

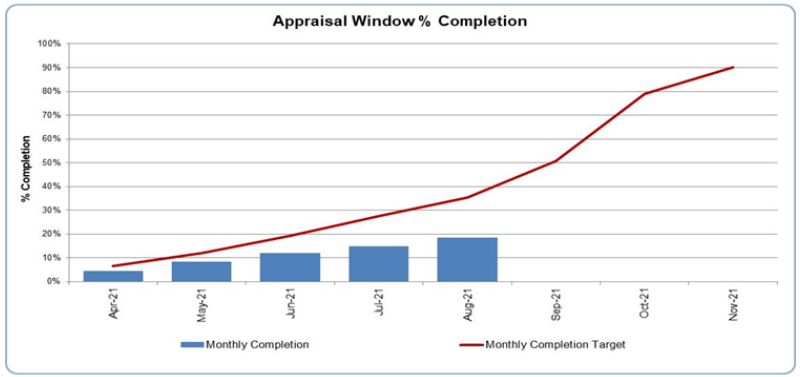
- Focussed work has been commissioned linked to the turnover data presented at the Demand and Supply (Nursing and Midwifery) Group. Follow up meeting to agree next steps and actions occurring 22.9.21
- E-leavers' questionnaires process and reporting has been refreshed, to include new questions linked to COVID-19 and work is being actioned around summary themes from Q 1 data
- Wider discussions at a system (BNSSG) level to agree some urgent short-term retention initiatives.

Sickness and Health and Wellbeing

Work undertaken to help improve sickness absence includes:

- People Team continuing to undertake focused work with the W&C Division and providing enhanced support for formal sickness cases as part of the bigger work programme in that area
- Final draft of sickness policy being agreed, which will allow for more focus on supporting well-being and remove some bureaucracy from the process in order to help staff and line managers
- Continued training on the ER tracker for managers, which will encourage better work flows and time management of sickness cases
- Bystander to Upstander Week occurring w/c 27 September, which is aimed at encouraging civility and kindness in teams and will support staff well-being





Training Topic	Variance	Jul-21	Aug-21
Child Protection	-0.4%	83.9%	83.4%
Adult Protection	-0.5%	85.0%	84.5%
Equality & Diversity	-0.1%	86.1%	85.9%
Fire Safety	-0.1%	83.6%	83.4%
Health &Safety	-0.2%	85.9%	85.7%
Infection Control	-0.3%	90.2%	89.8%
Information Governance	0.2%	80.0%	80.2%
Manual Handling	-0.6%	66.4%	65.8%
Waste	-0.1%	84.5%	84.5%
Total	**-0.2%**	**82.82%**	**82.58%**

Essential Training

Throughout the pandemic, essential training compliance has shown a downward trend across the Trust and has now dropped below the minimum threshold of 85%. The main driver for this drop is the influx of newly qualified staff & junior doctors but we are expecting compliance rates to significantly recover over the next few month as these new hires complete their mandatory learning modules.

Compliance levels have also been impacted by social distancing requirements which limit the number of participants who can attend sessions that can only be delivered face to face. A recent review of these limits has enabled the ratio of trainers to learners to be increased from 1:5 to 1:6, providing a small increase in capacity.

Face to face Manual Handling update sessions have been replaced by eLearning, this has increased accessibility to sessions and should also help improve compliance.

The Qlik Workforce app launched in July, with the aim of empowering operational leads to drill into their mandatory training compliance data. All leads have been given access to the new reporting mechanism.

Leadership & Management Development

All learning activity is now delivered with a blended approach of both online and face to face facilitation.

Leadership & Management learning activity continues including the OneNBT Leadership Programme and the Matron Leadership Programme.

13 people achieved ILM Level 2 Leadership & Team skills Award in August and the October cohort is fully booked.

The suite of OneNBT Management workshops are all available for enrolment on our learning portal (MLE).

Apprenticeship Centre

Wherever feasible, Apprenticeship activity has continued throughout the pandemic. Apprenticeship assessors have now returned to clinical areas and have completed a series of classroom catch-up support sessions. From August the Apprenticeship Centre has returned to business as usual, however planned activity is regularly reviewed in a systematic way to ensure safe staffing levels within clinical areas.

Migration to new Learning Management System (Learn)

Work is ongoing to migrate the Trust's MLE platform which will move from Kallidus Classic to Kallidus Learn. By the end of Jan-22; NBT, UHBW, AWP and Sirona will all be using the same learning platform which will really help staff moving between BNSSG employers and also opens the door for future improvements to learning passports. Organisational comms and learner readiness activities will be rolled out over the coming months.

Aug-21	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	91.6%	94.5%	93.5%	102.3%

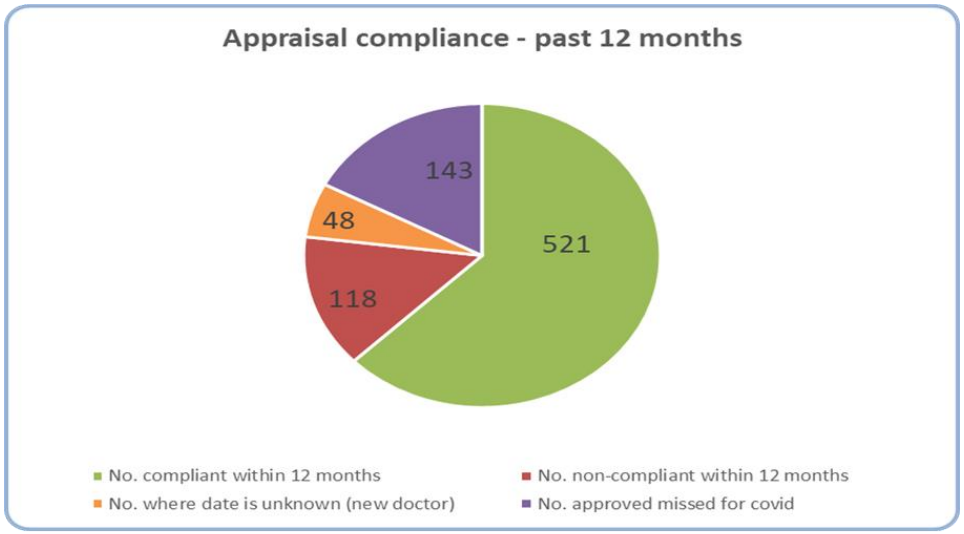
The numbers of hours Registered Nurses (RN) / Registered Midwives (RM) and Care Assistants (CA), planned and actual, on both day and night shifts are collated. CHPPD for Southmead Hospital includes ICU, NICU and the Birth Suite where 1:1 care is required. This data is uploaded on UNIFY for NHS Choices 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.

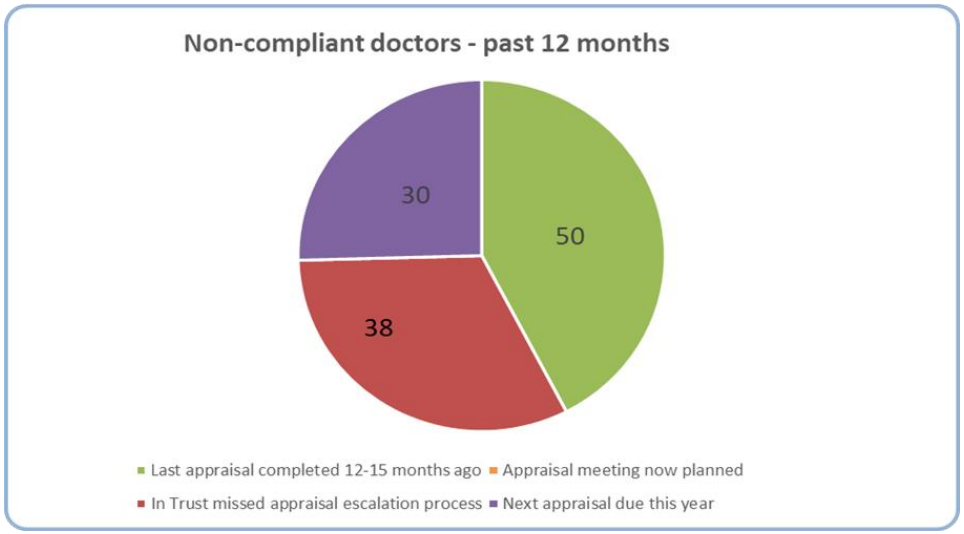
The safe staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. There are however ongoing issues with the reporting and this has been escalated to Allocate the roster provider. We will be back reporting as soon as it is possible. Staff absence related to COVID-19 self-isolation impact experienced during July as can be seen below.

Wards below 80% fill rate for Registered Staff:
for all areas safe staffing maintained through daily staffing monitoring and supplementing with unregistered staff as required
28b (76.1% Night) **)** staffing supplemented with redeployed RNs and HCSW
Medirooms (74.8% Day) reduced elective activity, staff deployed to support other care areas.
7a (79.3% Day / 71.5% Night) reduced elective activity
7b (74.1% Day) staffing supplemented with redeployed RNs and increased HCSW.
Cotswold (63.8% Day**)** reduced occupancy

Wards below 80% fill rate for Care Staff:
for all areas safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required
9b (79.2% Day) COVID-19 cohort ward with reduced occupancy in month.
34b (73.2% Day / 68.5% Night)) Unregistered staff vacancies
Medirooms (69.3% Day) reduced elective activity, staff deployed to support other care areas.
NICU (35.6% Day / 40.7% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.
Quantock (77.2% Day / 70.4% Night) staffing deployed as required to meet patient needs across the service.
Cotswold Ward (63.9% Day) Reduction in HCSW required due to lower occupancy

Wards over 150% fill rate for Care Staff:
33a (186.8% Night) patients requiring enhanced care support
6b (151.8% Night) patients requiring enhanced care support
25a (163% Night) patients requiring enhanced care support
7b (161% Night) patients requiring enhanced care support





Medical Appraisal

What does the data tell us?

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).

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.

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. Due to these automatic deferrals, the number of revalidations due in 2021/22 has now risen.

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 2021/22.

Finance

Board Sponsor: Chief Financial Officer
Glyn Howells

Statement of Comprehensive Income at 31st August 2021

	M5 Budget £m	M5 Actual £m	M5 Variance £m	YTD Budget £m	YTD Actuals £m	YTD Variance £m
Contract Income	54.1	53.4	(0.6)	275.0	278.5	3.5
Other Income	6.3	6.9	0.6	29.3	32.0	2.8
Pay	(35.8)	(38.2)	(2.4)	(183.9)	(181.5)	2.4
Non-Pay	(23.1)	(22.1)	1.0	(120.1)	(129.0)	(8.8)
Surplus/(Deficit)	**1.4**	**0.0**	**(1.4)**	**0.2**	**0.0**	**(0.2)**

Assurances

The YTD financial position to the end of August 21 shows a breakeven position which is in line with Plan.

The Core Trust (excluding COVID-19 and Mass Vaccination Programme) delivered a deficit of £0.3m for August and £1.6m for year to date.

The Trust has accrued costs of £8.9m in line with the ERF income estimate in the year to date position. The ERF income remains subject to validation, which requires various gateways to be met at a system level. Initial estimates for April and May indicate a potential risk of £0.1m, which was confirmed in June.

The Trust has made no changes to its forecast outturn of a breakeven position for the year and will formally review at month 6 and month 9 and report this to TMT in October and January.

Statement of Financial Position at 31st August 2021

	20/21 M12 £m	21/22 M04 £m	21/22 M05 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	579.3	575.1	578.6	3.4	(0.7)
Intangible Assets	14.7	12.7	12.3	(0.5)	(2.5)
Non-current receivables	1.7	1.7	1.7	0.0	0.0
Total non-current assets	**595.8**	**589.6**	**592.6**	**3.0**	**(3.2)**
Current Assets					
Inventories	8.5	8.6	9.0	0.4	0.5
Trade and other receivables NHS	10.2	26.9	18.7	(8.2)	8.5
Trade and other receivables Non-NHS	26.3	24.7	24.1	(0.6)	(2.1)
Cash and Cash equivalents	121.5	112.5	102.5	(10.1)	(19.0)
Total current assets	**166.5**	**172.8**	**154.3**	**(18.4)**	**(12.1)**
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	26.9	27.6	13.4	(14.2)	(13.5)
Trade and Other payables - Non-NHS	98.7	90.1	92.0	1.9	(6.8)
Deferred income	8.5	17.3	13.7	(3.6)	5.2
PFI liability	12.3	15.0	15.2	0.2	3.0
Finance lease liabilities	2.8	2.6	2.5	(0.1)	(0.3)
Total current liabilities	**149.2**	**152.6**	**136.8**	**(15.8)**	**(12.4)**
Trade payables and deferred income	7.8	8.3	8.2	(0.1)	0.4
PFI liability	368.7	365.6	364.6	(1.0)	(4.0)
Finance lease liabilities	3.9	3.5	3.4	(0.1)	(0.5)
Total Net Assets	**232.6**	**232.4**	**233.8**	**1.4**	**1.2**
Capital and Reserves					
Public Dividend Capital	448.7	448.7	448.7	0.0	(0.0)
Income and expenditure reserve	(381.6)	(378.1)	(378.1)	0.0	3.5
Income and expenditure account - current year	3.5	(0.2)	(0.3)	(0.1)	(3.8)
Revaluation reserve	162.0	162.0	163.5	1.5	1.5
Total Capital and Reserves	**232.6**	**232.4**	**233.8**	**1.4**	**1.2**

Assurances :

- Total capital spend to date is £7.9m, compared to a plan of £6.6m for the first 5 months of the year. Expenditure includes £3.4m of capital expenditure on the accelerator capital programme not included in budget.
- Of the £8.5m year to date increase in NHS receivables set out in the table in section 4.1, £4.9m relates to accrued Elective Recovery Fund (ERF) monies due from NHSE&I (reduced in-month due to cash receipts) Other increases relate to £1.2m in respect of accrued NHSE&I reimbursement via the Visible Cost Model (VCM), £0.9m accrued Mass Vaccination Service income, and £2.7m higher accrued income across the Divisions.
- The main contributors to the £8.2m in-month reduction in NHS receivables are a reduction of £3.7m in accrued ERF monies, £1.9m reduction in accrued Mass Vaccination income and a £2.4m reduction in invoiced debt, largely relating to amounts due from UHBW, along with £0.2m of other net decreases.
- Of invoiced debt of £18.3m £7.7m relates to Non-NHS individuals and organisations and is over 365 days old.. The majority of the non-NHS debt older than 365 days relates to overseas patients and has been fully provided for.
- The cash balance has decreased by £19.0m in-year largely due to the settlement of a £7.9m credit note raised to BNSSG CCG in March 2021, along with the £14.0m clawback by NHSE/I of monies paid to NBT during 2020/21 for reimbursement of COVID-19 revenue costs and lost income.
- Deferred income has increased by £5.2m in-year partly due to the receipt of £2.7m System Mitigation monies from BNSSG CCG and £1.6m of monies received in advance from Health Education England.

Key Issues :

- There is a risk of potential slippage in capital expenditure,
- The Better Payment Practice Code achievement of invoices paid within 30 days, by value, is 86.8% for the year to date in 2021/22, compared to an average of 87.1% for 2020/21.
- The Trust cash flow forecast demonstrates that the Trust is able to manage its liquidity without any external support for the 2021/22 financial year (assuming that the H2 finance regime is similar to the H1 regime).

	£m	Commentary
Forecast Outturn at M5	**0.0**	Trust Forecast
RISKS		
Risk to Delivery of Contract Income		
Other Contract Income - Non NHS Overseas Patients	(1.8)	Continued Lower Level of Activity
Other Contract Income - Injury Cost Recovery	(1.0)	Continued Lower Level of Activity
Assumed efficiency requirement of 3% implied in H2 income settlement	(10.0)	
Other Risks		
Increase in Capital Charges	(1.0)	Impact of capital programme on depreciation and PDC.
Total	**(13.8)**	
OPPORTUNTIES		
Mitigating Actions		
Other Contract Income - Non NHS Private Patients	0.6	Continued run rate better than Plan
COVID 19 Winter Costs	0.5	Mitigation through COVID allocation
CIP Delivery	10.0	
Investment slippage / underspend	0.7	
Non Recurrent mitigation	2.0	
Total	**13.8**	

Assumptions, opportunities and risks

The Trust has assumed that any surplus COVID-19 cost funding from the system can be retained.

The trust has reversed its previous assumption that it will be required to fund expected system costs. Should the system financial position deteriorate there may be a downside risk to the financial position.

There is a risk that non-recurrent funding is being used to cover recurrent costs as block contracts are being rolled over based on 2019/20 costs whilst inflation and other pressures are increasing the recurrent cost base of the Trust. Further recurrent investments in quality and safety have been approved in advance of confirmation of potential commissioner funding. Mechanisms for allocating recurrent funding across the system are not yet fully developed.

The Trust has chosen to set annual budgets whilst the finance regime has only announced income levels for the first half of the year. There is a potential risk that assumptions may differ for the second half of the year, though verbal confirmation has been given that the regime is likely to be similar to the first half of the year.

The system has been selected as an Accelerator site which will increase the levels of non-recurrent funding being received by the Trust in Q1 though change in threshold mean that this is unlikely to continue into Q2.

M3 includes an estimate of ERF monies earned by the system on activity delivered by the Trust offset by estimates of the cost of delivery. It should be noted that the thresholds for ERF have increased with effect from month 4 together with increased levels of COVID-19 so potential income will reduce in Q2.

Potential risks to the delivery of the Trust cost improvement programme may arise.

The Forecast Outturn Position for the end of the financial year is break even.

Regulatory

Board Sponsor: Chief Executive
Maria Kane

Monitor Provider Licence Compliance Statements at August 2021
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.
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 and Risk Management Committee.
G8	Patient eligibility and selection criteria	Yes	Trust Board has considered the assurances in place and considers them sufficient.
P1	Recording of information	Yes	A range of measures and controls are in place to provide internal assurance on data quality, including an annual Internal Audit assessment.
P2	Provision of information	Yes	The trust submits information to NHS Improvement as required.
P3	Assurance report on submissions to Monitor	Yes	Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit Committee and other Committee structures as required.
P4	Compliance with the National Tariff	Yes	NBT complies with national tariff prices. Scrutiny by CCGs, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly. It should be noted that NBT is currently receiving income via a block arrangement in line with national COVID-19 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 COVID-19 financial arrangements.
C1	The right of patients to make choices	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that the Trust is currently implementing national COVID-19 guidance on service restoration.
C2	Competition oversight	Yes	Trust Board has considered the assurances in place and considers them sufficient.
IC1	Provision of integrated care	Yes	Range of engagement internally and externally. No indication of any actions being taken detrimental to care integration for the delivery of Licence objectives.

Appendix 1: Glossary of Terms

Unless noted on each graph, all data shown is for period up to, and including, 31 August 2021 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 2020/21

QP1 Enhance the experience of patients with Learning Disabilities and / or Autism by making reasonable adjustments which are personal to the individual

QP2 Being outstanding for safety – at the forefront nationally of implementing the NHS Patient Safety Strategy within a 'just' safety culture.

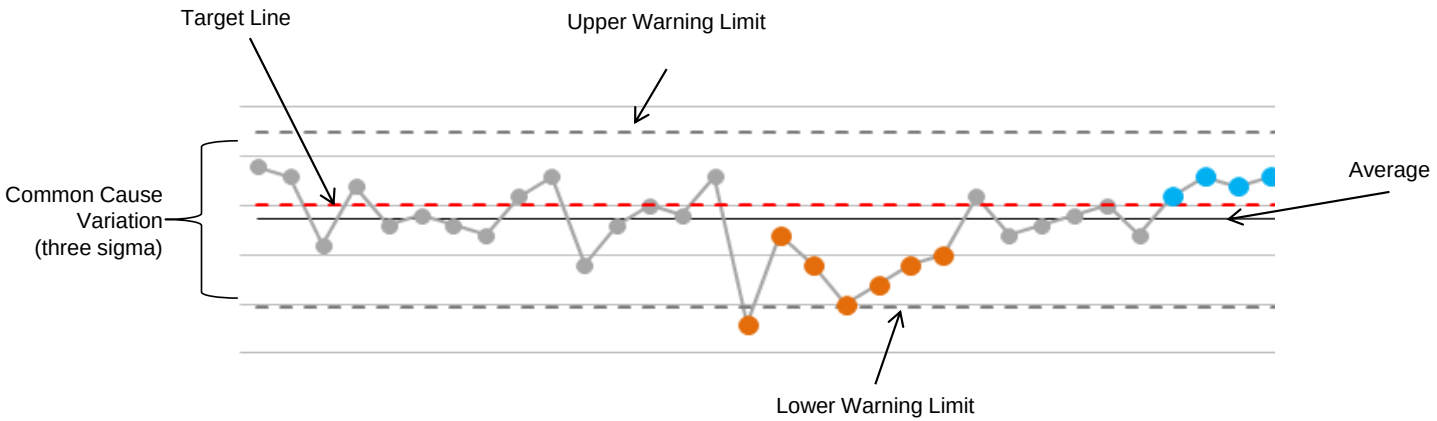
QP3 Ensuring excellence in our maternity services, delivering safer maternity care.

QP4 Ensuring excellence in Infection Prevention and Control to support delivery of safe care across all clinical services

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
Clin Gov	Clinical Governance
CT	Computerised Tomography
DDoN	Deputy Director of Nursing
DTOC	Delayed Transfer of Care
ERS	E-Referral System
GRR	Governance Risk Rating
HoN	Head of Nursing
IMandT	Information Management
IPC	Infection, Prevention Control
LoS	Length of Stay
MDT	Multi-disciplinary Team
Med	Medicine
MRI	Magnetic Resonance Imaging
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
Ops	Operations
P&T	People and Transformation
PTL	Patient Tracking List
qFIT	Faecal Immunochemical Test
RAP	Remedial Action Plan
RAS	Referral Assessment Service
RCA	Root Cause Analysis
SI	Serious Incident
TWW	Two Week Wait
WCH	Women and Children's Health
WTE	Whole Time Equivalent

Appendix 2: Statistical Process Charts (SPC) Guidance



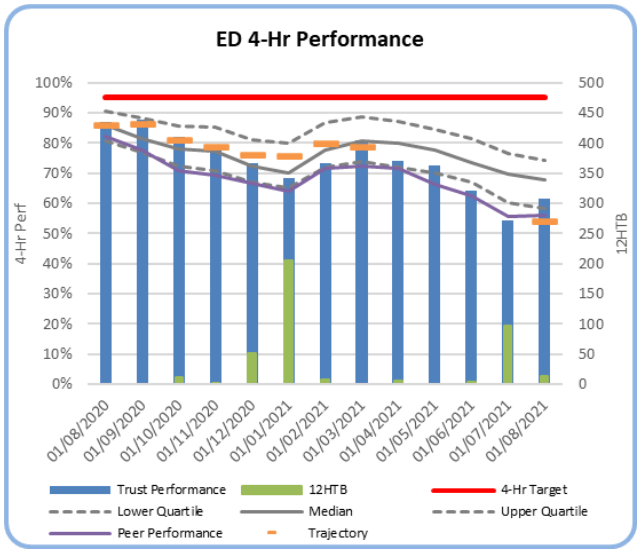
Orange dots signify a statistical cause for concern. A data point will highlight orange if it:
A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
B) Runs for 7 consecutive points below 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

Appendix 3: Benchmarking Chart Guidance



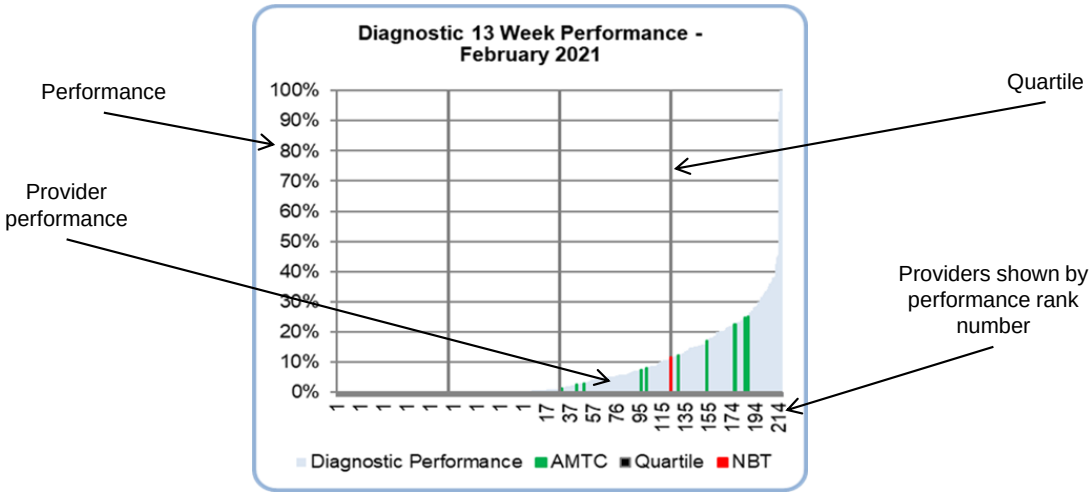
Month	Quartile
Aug-20	2nd
Sep-20	2nd
Oct-20	2nd
Nov-20	2nd
Dec-20	2nd
Jan-21	3rd
Feb-21	3rd
Mar-21	2nd
Apr-21	3rd
May-21	3rd
Jun-21	4th
Jul-21	4th
Aug-21	3rd

Grey lines reflect the monthly quartile positions based on the Trusts positioning in comparison to other Trusts. If higher performance is better, then Trust performance beneath the lower dotted line would reflect being in the lower quartile (4th), among the worst performing Trusts. If low performance is good then this would reflect being in the upper quartile (1st), among the best performing Trusts. The table to the right of the chart lists the quartile positions for each month based on the Trust Performance placement within the graph for guidance.

Purple lines reflect combined peer performance. Urgent Care metrics use Adult Major Trauma centres to compare against whilst planned care metrics use those identified by Model Hospital as similar to NBT.

Quartiles are calculated using main NHS Trusts only.

Appendix 4: Benchmarking Chart Guidance



Vertical axis represents the performance value.

Horizontal axis shows the performance ranking for each provider respectively. Each bar within the graph represents a providers performance value with Adult Major Trauma Centres highlighted in green and NBT highlighted in red.

Quartiles have been calculated based on the full spread of performance values and are represented as grey bars.

Ranking has been calculated based on unique performance values i.e. if multiple providers have reported the same performance value for any given month then they will be attributed the same ranking.

Missing bars represent a performance value of 0 or 0%. In the chart above, a number of providers have reported a performance position of 0% and have therefore all been attributed the ranking of 1, or first.

NHS
North Bristol
NHS Trust

Report To:	North Bristol NHS Trust Board Report		**Agenda Item:**	
Date of Meeting:	August 2021			
Report Title:	Finance for August 2021			
Report Author & Job Title	James Drury, Assistant Director of Finance – Financial Management			
Executive/Non-executive Sponsor (presenting)	Glyn Howells, Chief Financial Officer			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
				X
Recommendation:	The Trust Board are asked to note: • the revised financial framework that the Trust is operating in, • financial performance for the month and year to date • the associated assumptions, opportunities, risks and mitigations. • the spend on Mass Vaccinations and Covid-19 expenditure areas • delivery of Cost Improvement Plan savings and how they compare with divisional targets. • the Cash position and Capital spend levels			
Report History:	N/A			
Next Steps:	N/A			

Executive Summary
The financial framework for months 1 to 6 of 21/22 requires the Trust to operate core operations within an agreed financial envelope and, in addition, to recover costs incurred in dealing with the Covid-19 pandemic in line with national guidance. The forecast Trust position for the first five months of 21/22 is to breakeven. A phased plan was developed and submitted on 24th May to NHSI. The actual result for the Month 5 and year to date is a breakeven position. The month 5 position is driven by the following items: • £2.0m reduction in NHSE/I Specialised high cost devices income following a reconciliation of year to date spend. Lower high cost devices income matched by expenditure will be reflected in forward forecast so no I&E impact • Impact of application of enhanced bank rates to all bank staff in August of £2.0m offset against Accelerator funding

• Locum pressures in pay primarily in the Medicine Division • Accrual in full for pathology managed equipment service invoices of £0.4m in respect of prior months. Process review is underway and explanation of the basis of additional charges • The Trust has recognised an estimate of Elective Recovery Fund (ERF) non-recurrent income of £8.9m for the year to date. This remains subject to validation, which requires various gateways to be met at a system level. The Trust has accrued costs of delivery of the ERF activity to offset this income estimate. No further ERF income is included in respect of month 5 • Cash at 31st August amounts to £102.5m. The reduction of £10.1m is driven by cash clawback of £14.1m in respect of 20/21 reimbursement income. The reduction in income was accrued in the 20/21 financial year so no impact on the income and expenditure account • Capital expenditure for the year to date amounts to £7.9m versus a plan of £6.6m. The overspend relates to Accelerator capital schemes of £3.4m that were not included in the original budget	
Strategic Theme/Corporate Objective Links	Change how we deliver services to generate affordable capacity to meet the demands of the future
Board Assurance Framework/Trust Risk Register Links	
Other Standard Reference	N/A
Financial implications	N/A
Other Resource Implications	N/A
Legal Implications including Equality, Diversity and Inclusion Assessment	Delivery of Trust statutory financial responsibilities

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1. Purpose

1.1 This report is to inform and give an update to TMT on:

- the further revisions to the financial framework that the Trust is operating in and under.
- financial performance for August 2021 (Month 5) and the year to date position as at the end of August 2021.
- This report is a standing item to the Trust Management Team and Finance and Performance Committee (FPC) or Trust Board if FPC is not meeting in a given month.

2. Summary

- NHSI/E has suspended the usual operational planning process and financial framework due to covid-19 pandemic response.
- For the first half of the year the Trust is funded through a block contract arrangement against which it is expected breakeven. Guidance for the financial framework for the second half of

the 21/22 financial year is expected to be published on 16th September. A verbal update will be provided to TMT and an H2 plan update will be presented to the October meeting prior to submission to NHSE/I in November.

- Non-recurrent income is provided to fund non-recurrent elective recovery actions including those covered by the Accelerator programme in the period to the end of November.
- The position for the month of August shows a breakeven position for the month and year to date.
- Income and cost estimates of £8.9m for ERF activity were included in M5 as compared to £8.6m in M3. COVID and the increase in the Accelerator threshold to 95% of 19/20 activity from July has resulted in minimal income being earned in M4 and M5.
- Cash position at the end of August is £102.5m (March 2021 balance £121.5m).
- The total value of CIP assumed for this financial year is £20.0m, the current identified CIP position is £6.0m, an increase of £0.2m compared to July with another £4.1m in the pipeline. This leaves 69.8% of the total value of savings to be identified.
- In Month capital spend is £4.1m and YTD spend is £7.9m compared to a YTD plan of £6.6m.

3. Financial Performance

3.1. Total Trust

The table below summarises the Trust financial performance for month 5 (August) and year to date:

ERF	M5 Budget £m	M5 Actual £m	M5 Variance £m	YTD Budget £m	YTD Actuals £m	YTD Variance £m
Contract Income	54.1	53.4	(0.6)	275.0	278.5	3.5
Other Income	6.3	6.9	0.6	29.3	32.0	2.8
Pay	(35.8)	(38.2)	(2.4)	(183.9)	(181.5)	2.4
Non-Pay	(23.1)	(22.1)	1.0	(120.1)	(129.0)	(8.8)
Surplus/(Deficit)	**1.4**	**0.0**	**(1.4)**	**0.2**	**0.0**	**(0.2)**

Overall, the Trust delivered a breakeven position for the year to date as compared to budget surplus of £0.2. Against the requirement to break even, for the month of August the Trust delivered a breakeven position versus a budgeted surplus of £1.4m.

Contract Income year to date is £3.5m higher than plan. This is explained by:

- recognition of non-recurrent income of £8.9m of Elective Recovery Fund ("ERF") in the year to date.
- deferral of system growth funding included in the year to date position of £6.7m, and
- reduction in NHSE/I Specialist Commissioning high cost devices income of £2.1m
- Higher income for variable commmisisoning income element of £3.4m

The NHSE/I Specialised Commissioning block for high cost devices was set on 19/20 activity levels and the reimbursement mechanism has evolved through 20/21 and 21/22. This has resulted in drugs expenditure moving from block into direct reimbursement based on usage. NHSE Specialised Commissioning previously indicated that a review would be undertaken to realign the 21/22 block payment. This exercise has identified that income received in 21/22 has exceeded the expenditure incurred in 21/22 year to date by £2.1m. This adjustment was processed in M5 and has reduced NBT income in month by £2.1m.

The Trust has accrued costs of £8.9m in line with the ERF income estimate in the year to date position. The ERF income remains subject to validation, which requires various gateways to be

met at a system level. Initial estimates for April and May indicate a potential risk of £0.1m, which was confirmed in June.

Contract income in August is £0.6m less than budget primarily reflecting the deferral of a further £1.3m of mitigation funding.

Other Income year to date is £2.8m higher than plan, which is mostly driven by unbudgeted reimbursement income in respect of costs incurred in the mass vaccination programme of £3.6m, and offset car park (£0.6m) and private patient income (£0.3m). In month variance from plan is driven by the mass vaccination programme reimbursement as well (£0.8m).

Pay costs are £2.4m less than plan year to date due to slippage on investments being primarily the weekend working business cases for Therapies, Pharmacy and Genomics and reserves. This is despite August showing an overspend of £2.4m primarily driven by the impact of enhanced Bank Rates.

The ICS agreed that enhanced bank rates would apply to Accelerator schemes in July and August 2021, however, these rates were extended to cover all bank staff. In M5 the impact of the enhanced rates was to drive a higher level of bank staff working (circa 105 additional WTE amounting to £353k additional cost) but also to drive an adverse cost variance due to enhanced rate of £2.0m. NBT has charged £1.9m of the rate variance and £0.1m of the price variance against the accelerator funding.

Non pay costs to the end of August are £8.8m more than plan explained by the accrual of non budgeted ERF costs of £8.6m. For August non pay was £1.0m less than budget driven by underspends on reserves and investments.

The Trust has made no changes to its forecast outturn of a breakeven position for the year and will formally review at month 6 and month 9 and report this to TMT in October and January.

The tables in sections 3.2 – 3.4 below provide the financial performance in month and YTD across North Bristol NHS Trust for the Core Trust, COVID 19 and Mass Vaccination programme.

3.2. Core Trust

The table below summarises the Core Trust including Accelerator Activity (excluding COVID, Mass Vaccination programme and Nightingale) financial performance for Month 5 (August) and year to date.

DRAFT

	M5 Budget £m	M5 Actual £m	M5 Variance £m	YTD Budget £m	YTD Actuals £m	YTD Variance £m
Contract Income	53.1	52.4	(0.6)	270.0	273.5	3.5
Other Income	6.3	6.0	(0.2)	29.3	28.4	(0.9)
Total Income	**59.3**	**58.4**	**(0.9)**	**299.2**	**301.9**	**2.6**
AHP's and STT's	(5.3)	(5.0)	0.3	(26.2)	(25.4)	0.8
Medical	(10.5)	(10.6)	(0.1)	(51.8)	(51.7)	0.1
Nursing	(12.5)	(13.8)	(1.3)	(61.1)	(63.1)	(1.9)
Other Non Clinical Pay	(6.5)	(7.7)	(1.2)	(39.7)	(36.3)	3.4
Total Pay	**(34.8)**	**(37.1)**	**(2.3)**	**(178.9)**	**(176.5)**	**2.4**
Drugs	(3.8)	(4.3)	(0.5)	(19.1)	(20.4)	(1.2)
Clinical Supplies (Incl Blood)	(7.2)	(7.6)	(0.4)	(35.9)	(33.2)	2.7
Supplies & Services	(2.8)	(2.8)	0.0	(13.7)	(14.0)	(0.2)
Premises Costs	(2.8)	(2.8)	0.0	(14.1)	(15.1)	(1.0)
Other Non-Pay	(6.5)	(4.1)	2.4	(37.2)	(44.3)	(7.1)
Total Non-Pay Costs	**(23.1)**	**(21.6)**	**1.5**	**(120.1)**	**(127.0)**	**(6.9)**
Surplus/(Deficit)	**1.4**	**(0.3)**	**(1.7)**	**0.2**	**(1.6)**	**(1.8)**

As previously noted in 3.1 the key drivers of variance are the recognition of income and cost in respect of the ERF programme of £8.9m, the deferral of system mitigation income of £6.7m and underspends versus pay investments and reserves. The deficit on the Core Trust is offset by an underspend on COVID 19 allocation in section 3.3 below.

3.3. Covid 19 Total Trust

The table below summarises the COVID-19 income and expenditure for the month and year to date:

	M5 Budget £m	M5 Actual £m	M5 Variance £m	YTD Budget £m	YTD Actuals £m	YTD Variance £m
Contract Income	1.0	1.0	0.0	5.0	5.0	0.0
Other Income	0.0	0.0	0.0	0.0	0.0	0.0
Total Income	**1.0**	**1.0**	**0.0**	**5.0**	**5.0**	**0.0**
AHP's and STT's	0.0	0.0	0.0	0.0	(0.0)	(0.0)
Medical	0.0	0.0	0.0	0.0	(0.1)	(0.1)
Nursing	0.0	(0.4)	(0.4)	0.0	(1.8)	(1.8)
Other Non Clinical Pay	(1.0)	(0.2)	0.8	(5.0)	(0.6)	4.4
Total Pay	**(1.0)**	**(0.6)**	**0.4**	**(5.0)**	**(2.6)**	**2.4**
Drugs	0.0	0.0	0.0	0.0	0.0	0.0
Clinical Supplies (Incl Blood)	0.0	0.0	0.0	0.0	0.0	0.0
Supplies & Services	0.0	0.0	0.0	0.0	(0.2)	(0.2)
Premises Costs	0.0	(0.2)	(0.2)	0.0	(0.5)	(0.5)
Other Non-Pay	0.0	0.0	0.0	0.0	(0.1)	(0.1)
Total Non-Pay Costs	**0.0**	**(0.2)**	**(0.2)**	**0.0**	**(0.8)**	**(0.8)**
Surplus/(Deficit)	**0.0**	**0.3**	**0.3**	**0.0**	**1.6**	**1.6**

The Trust has previously reported £1.0m of monthly income allocation in respect of COVID 19. The Trust was notified of £1.9m for the first half of the year in June to cover any potential system Covid expenditure risks. The Trust has included £1.6m of this income as part of the Core Trust position and has set up a reserve for system COVID 19 costs in the first five months of the year of £1.6m.

The share of system funding being paid to the Trust assumes direct Covid 19 costs will continue at approx. £1m per month. During August the Trust incurred £0.8m of additional I&E costs, which increased to reflect the increased number of hospital cases and increased levels of staff absence due to self isolation which required additional bank and agency shifts to cover them.

The current assumption is that any surplus non-recurrent covid funding can be retained by the Trust. There is a potential risk that the surplus of income over Covid expenditure of circa £1.4m may need to be returned to commissioners later in this financial year.

Covid costs incurred in August 2021 totalled £0.8m, as described below.

- £0.2m was spend to cover additional sickness absences,
- £0.4m was spend in additional pay costs on COVID specific initiatives (e.g., additional pre-op COVID testing or COVID-related wards reconfiguration).£0.2m was spent in additional non-pay costs on COVID-treatment, social distancing measures and remote working.

3.4 Mass Vaccination

The table below summarises the Mass Vaccination Programme income and expenditure for Month 5 (August) and year to date:

	M5 Budget £m	M5 Actual £m	M5 Variance £m	YTD Budget £m	YTD Actuals £m	YTD Variance £m
Contract Income	0.0	0.0	0.0	0.0	0.0	0.0
Other Income	0.0	0.8	0.8	0.0	3.6	3.6
Total Income	**0.0**	**0.8**	**0.8**	**0.0**	**3.6**	**3.6**
AHP's and STT's	0.0	(0.1)	(0.1)	0.0	(0.2)	(0.2)
Medical	0.0	0.0	0.0	0.0	(0.2)	(0.2)
Nursing	0.0	(0.4)	(0.4)	0.0	(1.6)	(1.6)
Other Non Clinical Pay	0.0	(0.1)	(0.1)	0.0	(0.5)	(0.5)
Total Pay	**0.0**	**(0.6)**	**(0.6)**	**0.0**	**(2.4)**	**(2.4)**
Drugs	0.0	0.0	0.0	0.0	0.0	0.0
Clinical Supplies (Incl Blood)	0.0	0.0	0.0	0.0	0.0	0.0
Supplies & Services	0.0	0.0	0.0	0.0	0.0	0.0
Premises Costs	0.0	(0.2)	(0.2)	0.0	(0.7)	(0.7)
Other Non-Pay	0.0	(0.0)	(0.0)	0.0	(0.5)	(0.5)
Total Non-Pay Costs	**0.0**	**(0.2)**	**(0.2)**	**0.0**	**(1.2)**	**(1.2)**
Surplus/(Deficit)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

During August 2021 the Trust has continued delivery of Mass COVID-19 Vaccinations, which resulted in additional costs of £0.8m which is in line with the forecast. The majority of costs incurred are staff related as consumables and drugs costs are being met with nationally supplied push stock. Income in line with expenditure was recorded and a breakeven position for year to date and Month 5 is reported.

3.5 Nightingale Hospital Bristol

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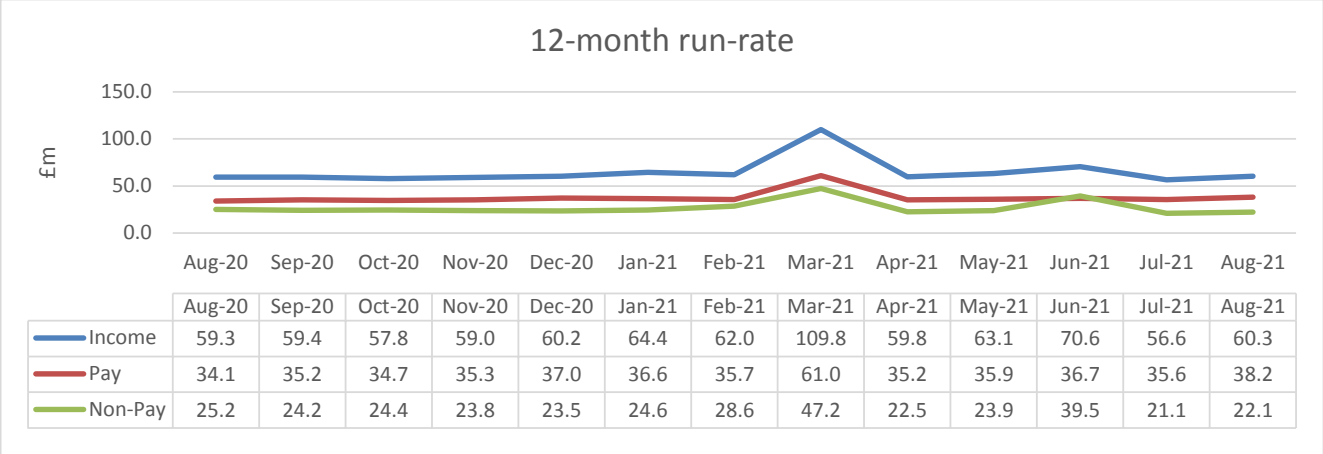
These figures are no longer reported as the facility is now closed.

3.6 Trust Trends

The chart below sets out the income, pay and non pay trends for the total Trust over the last 12 months:



	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Income	59.3	59.4	57.8	59.0	60.2	64.4	62.0	109.8	59.8	63.1	70.6	56.6	60.3
Pay	34.1	35.2	34.7	35.3	37.0	36.6	35.7	61.0	35.2	35.9	36.7	35.6	38.2
Non-Pay	25.2	24.2	24.4	23.8	23.5	24.6	28.6	47.2	22.5	23.9	39.5	21.1	22.1

Total income spread evenly across the financial year would result in circa £62.1m per month, based on levels to date this financial year.

Impacts so far this financial year, include:

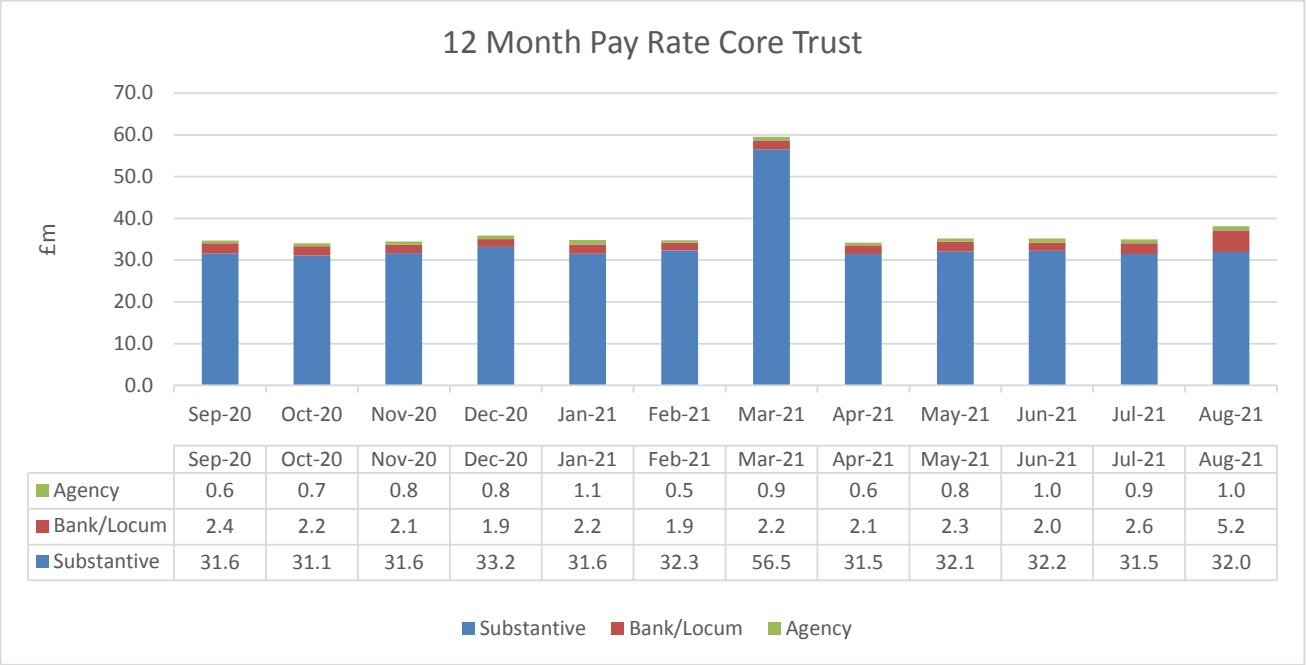
- Recognition of £2.0m in May in respect of prior months;
- Recognition of £8.6m for ERF income in June; and
- Adjustment to defer system growth allocation of £5.3m in July.

The restated income for May, June and July would therefore be £61.1m, £62.1m and £61.9m respectively, which is in line with the Trust budget.

In August the level of income is lower than July due to the adjustment in respect of reimbursement for high cost devices of £2.1m. Income for M6 is expected to be circa £61.5m after adjusting for high cost devices.

Total pay has increased by £2.6m since July. This is despite a continued level of COVID staff absences due to self isolation but reflects enhanced bank rates driving price variances of £2.1m and volume variances of £0.3m across the Trust.

The chart below sets out the Core Trust pay costs for the last twelve months analysed between substantive, bank / locum and agency:



	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Agency	0.6	0.7	0.8	0.8	1.1	0.5	0.9	0.6	0.8	1.0	0.9	1.0
Bank/Locum	2.4	2.2	2.1	1.9	2.2	1.9	2.2	2.1	2.3	2.0	2.6	5.2
Substantive	31.6	31.1	31.6	33.2	31.6	32.3	56.5	31.5	32.1	32.2	31.5	32.0

For August substantive pay costs have increased by £0.5m , Bank / Locum Costs have increased by £2.6m driven by volume and price impact of enhanced bank rates. It is expected that there may be further adverse variance in month 6 of circa £0.5m in respect of enhanced bank rates.

The Trust has not as yet released any of the holiday pay provision established in 20/21.

3.7 Divisional Performance

Divisional income targets were set at 95% of the 19/20 activity levels, which represents the level of activity that may be delivered within 19/20 outturn expenditure. Non recurrent mitigation investment schemes were excluded from the divisional position in budget setting, however as business cases are approved the budget will be transferred from reserves to divisions. Non recurrent accelerator investment schemes were excluded from the divisional position in budget setting, however, as actual expenditure incurred accelerator income will be transferred into the divisional position to offset costs. The table below summarises the Trust financial performance by Division, Corporate Services and non clinical areas for August and year to date.

		M5 Budget £m	M5 Actual £m	M5 Variance £m	YTD Budget £m	YTD Actuals £m	YTD Variance £m
ASCR	Contract Income	12.0	11.3	(0.7)	59.0	59.0	0.0
	Other Income	0.4	0.4	(0.1)	2.0	1.9	(0.1)
	Pay	(8.8)	(9.1)	(0.2)	(42.9)	(44.3)	(1.4)
	Non-Pay	(2.3)	(2.2)	0.0	(11.1)	(11.3)	(0.1)
	Surplus/(Deficit)	**1.4**	**0.4**	**(1.0)**	**6.9**	**5.3**	**(1.6)**
CCS	Contract Income	4.5	4.8	0.3	22.5	23.7	1.2
	Other Income	1.3	1.3	0.0	6.3	6.3	(0.1)
	Pay	(6.5)	(5.9)	0.6	(32.3)	(30.3)	2.1
	Non-Pay	(3.3)	(3.8)	(0.5)	(16.5)	(16.8)	(0.3)
	Surplus/(Deficit)	**(4.1)**	**(3.6)**	**0.5**	**(20.0)**	**(17.1)**	**2.9**
MED	Contract Income	12.2	12.5	0.3	59.1	62.4	3.2
	Other Income	0.1	0.1	0.0	0.6	0.7	0.1
	Pay	(6.8)	(7.7)	(0.9)	(34.0)	(35.3)	(1.3)
	Non-Pay	(2.3)	(3.0)	(0.6)	(11.7)	(13.6)	(1.9)
	Surplus/(Deficit)	**3.2**	**2.0**	**(1.2)**	**14.0**	**14.1**	**0.2**
NMSK	Contract Income	10.6	10.6	0.1	56.5	56.3	(0.2)
	Other Income	0.3	0.2	(0.1)	1.6	1.4	(0.1)
	Pay	(4.9)	(5.2)	(0.3)	(24.6)	(24.3)	0.3
	Non-Pay	(3.7)	(3.9)	(0.2)	(18.4)	(17.1)	1.3
	Surplus/(Deficit)	**2.3**	**1.7**	**(0.6)**	**15.0**	**16.3**	**1.3**
W&CH	Contract Income	4.5	4.4	(0.0)	21.4	21.4	(0.1)
	Other Income	0.1	0.0	(0.1)	0.7	0.8	0.1
	Pay	(2.7)	(2.9)	(0.2)	(13.6)	(14.1)	(0.5)
	Non-Pay	(0.4)	(0.5)	(0.1)	(2.1)	(2.1)	0.0
	Surplus/(Deficit)	**1.5**	**1.1**	**(0.4)**	**6.5**	**6.0**	**(0.5)**
MASS VACCINATION	Contract Income	0.0	0.8	0.8	0.0	3.6	3.6
	Other Income	0.0	(0.6)	(0.6)	0.0	(2.4)	(2.4)
	Pay	0.0	(0.3)	(0.3)	0.0	(1.3)	(1.3)
	Non-Pay	0.0	(0.0)	(0.0)	0.0	(0.1)	(0.1)
	Surplus/(Deficit)	**0.0**	**(0.0)**	**(0.0)**	**0.0**	**(0.1)**	**(0.1)**
TOTAL CLINICAL DIVISIONS		**4.3**	**1.6**	**(2.7)**	**22.3**	**24.5**	**2.2**
NON-CLINICAL AREAS	Contract Income	10.3	8.9	(1.4)	56.4	52.1	(4.3)
	Other Income	4.0	5.3	1.3	18.1	23.4	5.3
	Pay	(6.0)	(7.1)	(1.1)	(36.4)	(32.0)	4.4
	Non-Pay	(11.1)	(8.7)	2.4	(60.2)	(68.0)	(7.8)
	Surplus/(Deficit)	**(2.8)**	**(1.6)**	**1.2**	**(22.1)**	**(24.5)**	**(2.4)**
TRUST TOTAL		**1.4**	**0.0**	**(1.4)**	**0.2**	**0.0**	**(0.2)**

The clinical divisions have reported a surplus of £24.5m for the year to date being £2.2m favourable to budget. This is driven primarily by CCS and NMSK, which is explained by:

- Higher income allocation in relation to relating to direct access pathology (£1.2m), continued slippage against weekend working business cases in Therapies, Pharmacy and Genomics (£1.2m) and level of vacancies (£1.2m) in CCS

- This is offset in part by higher level of non pay costs with Managed equipment services charge of circa £0.4m in respect of prior months
- For NMSK lower levels of medical and surgical consumables and implants, credit notes and stock adjustment of circa £1.3m.

Medicine has a surplus of £0.2m but was adversely impacted by increased locum and clinical fellow costs of circa £0.6m in August.

The favourable variances are offset by ASCR, which is £1.6m adverse to budget. The ASCR position is firstly impacted by the inclusion of Accelerator income and costs of £0.7m respectively. If the accelerator income and costs are removed from the analysis this provides a better picture of financial performance of the Division with income being £0.7m less than budget and pay costs being £0.7m higher than budget. This analysis confirms that the income earned is costing more than the budgeted amount. This reflects COVID resulting in cancelled / reduced activity in July and August and premium rate costs for providing the core service due to level of vacancies.

For non clinical areas a deficit of £24.5m was reported being £2.4m adverse to budget. The main driver for this position is:

- the recognition of ERF income in month 4 and deferral of system mitigations income offset by
- the recognition of the accrual for ERF costs in M4 of £8.6m, which is being released as costs are incurred into the divisional position.

In month 6 Divisional CIP targets will be allocated into the Divisional Budget positions. The amount allocated is based on the estimated delivery of £10m for 21/22 less and CIPs delivered in the first five months of the year and will reduce the total value of the budget. The impact on each of the Division, Corporate Services and Facilities is set out below.

	CIP Allocation per Budget	Delivery YTD @M5 £M	Budget Allocation £m
ASCR	2.2		2.2
CCS	2.0	0.6	1.4
MED	1.6		1.6
NMSK	1.7		1.7
W&CH	0.7		0.7
Total Clinical	8.2	0.6	7.7
Non Clinical	1.8	0.3	1.5
Trust Total	**10.0**	**0.9**	**9.1**

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4. Balance Sheet, Cash Flow, Capital, Debtors, BPPC and Creditors

4.1 Balance sheet

The balance sheet at 31st August is shown below with comparators to the year end position and the previous month.

	20/21 M12 £m	21/22 M04 £m	21/22 M05 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	579.3	575.1	578.6	3.4	(0.7)
Intangible Assets	14.7	12.7	12.3	(0.5)	(2.5)
Non-current receivables	1.7	1.7	1.7	0.0	0.0
Total non-current assets	**595.8**	**589.6**	**592.6**	**3.0**	**(3.2)**
Current Assets					
Inventories	8.5	8.6	9.0	0.4	0.5
Trade and other receivables NHS	10.2	26.9	18.7	(8.2)	8.5
Trade and other receivables Non-NHS	26.3	24.7	24.1	(0.6)	(2.1)
Cash and Cash equivalents	121.5	112.5	102.5	(10.1)	(19.0)
Total current assets	**166.5**	**172.8**	**154.3**	**(18.4)**	**(12.1)**
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	26.9	27.6	13.4	(14.2)	(13.5)
Trade and Other payables - Non-NHS	98.7	90.1	92.0	1.9	(6.8)
Deferred income	8.5	17.3	13.7	(3.6)	5.2
PFI liability	12.3	15.0	15.2	0.2	3.0
Finance lease liabilities	2.8	2.6	2.5	(0.1)	(0.3)
Total current liabilities	**149.2**	**152.6**	**136.8**	**(15.8)**	**(12.4)**
Trade payables and deferred income	7.8	8.3	8.2	(0.1)	0.4
PFI liability	368.7	365.6	364.6	(1.0)	(4.0)
Finance lease liabilities	3.9	3.5	3.4	(0.1)	(0.5)
Total Net Assets	**232.6**	**232.4**	**233.8**	**1.4**	**1.2**
Capital and Reserves					
Public Dividend Capital	448.7	448.7	448.7	0.0	(0.0)
Income and expenditure reserve	(381.6)	(378.1)	(378.1)	0.0	3.5
Income and expenditure account - current year	3.5	(0.2)	(0.3)	(0.1)	(3.8)
Revaluation reserve	162.0	162.0	163.5	1.5	1.5
Total Capital and Reserves	**232.6**	**232.4**	**233.8**	**1.4**	**1.2**

Detailed comments on balance sheet movements are included in section 4.2 – 4.6.

4.2 Receivables

Of the £8.5m year to date increase in NHS receivables set out in the table in section 4.1, £4.9m relates to accrued Elective Recovery Fund (ERF) monies due from NHSE&I (reduced in-month due to cash receipts), £1.2m in respect of accrued NHSE&I reimbursement via the Visible Cost Model (VCM), £0.9m accrued Mass Vaccination Service income, £2.7m higher accrued income across the Divisions, less a £1.2m decrease of invoiced NHS debt.

The main contributors to the £8.2m in-month reduction in NHS receivables are a reduction of £3.7m in accrued ERF monies, £1.9m reduction in accrued Mass Vaccination income and a £2.4m reduction in invoiced debt, largely relating to amounts due from UHBW, along with £0.2m of other net decreases.

The value of invoiced debt is £18.3m as set out in the table below. Of this £7.7m relates to Non-NHS individuals and organisations and is over 365 days old. During 2020/21 the levels of aged NHS debt were reduced significantly and the financial services team are working to reduce the aged non-NHS debt during 2021/22. The majority of the non-NHS debt older than 365 days relates to overseas patients and has been fully provided for.

Outstanding invoiced debtors, £m	Total	Up to 30 days	30-60 days	60-90 days	90-180 days	180-365 days	365 + days
NHS	6.1	2.4	1.2	0.2	0.9	0.3	1.1
Non-NHS	12.2	2.6	0.3	0.2	1.2	1.3	6.6
Total	**18.3**	**5.0**	**1.4**	**0.4**	**2.2**	**1.6**	**7.7**

4.3 Payables

NHS payables reduced by £14.2m in-month, and year to date, as a result of the clawback of monies by NHS England referred to in 4.5 below.

Non-NHS payables showed an in-year decrease of £6.8m, of which £3.2m was due to lower GRNI accruals (largely related to capital), a further £1.6m reduction in non-NHS creditors resulted from utilisation of monies previously provided for in respect of the Nightingale hospital dilapidations works and Monks Park House demolition and £2.0m related to net reduction of non-NHS accruals across Divisions.

4.4.Deferred Income

Deferred income has increased by £5.2m in-year partly due to the receipt of £2.7m System Mitigation monies from BNSSG CCG, which have not yet been recognised in the Trust's I&E position, along with £0.9m additional block income which has been deferred. There have also been £1.6m of monies received in advance from Health Education England, largely relating to the quarterly payment mechanism with HEE.

4.5 Cash

The cash balance has decreased by £19.0m in-year largely due to the settlement of a £7.9m credit note raised to BNSSG CCG in March 2021, along with the £14.0m clawback by NHSE/I of monies paid to NBT during 2020/21 for reimbursement of covid revenue costs and lost income, plus £2.9m of other net increases.

A high-level cash flow forecast has been developed which shows that the Trust is able to manage its affairs without any external cash support for the 2021/22 financial year.

	Sep-21 (Forecast) £m	Oct-21 (Forecast) £m	Nov-21 (Forecast) £m	Dec-21 (Forecast) £m	Jan-22 (Forecast) £m	Feb-22 (Forecast) £m	Mar-22 (Forecast) £m
Cash brought forward	**102.5**	**94.5**	**99.4**	**96.7**	**94.5**	**98.4**	**98.4**
Total in-month cash movement	**(8.0)**	**4.9**	**(2.7)**	**(2.2)**	**3.9**	**0.0**	**(1.7)**
Cumulative cash balance	**94.5**	**99.4**	**96.7**	**94.5**	**98.4**	**98.4**	**96.7**

The cash balance of £102.5m continues to remain high, there is no significant reduction in cash resulting from the known 2021/22 financial framework and the cash forecast assumes a breakeven I&E position at year end.

The Trust will pay out the year to date impact of the National Pay Award in September. Whilst the National Pay Award is funded it is expected that the related funding will be reflected in the revised allocations for the second half of this financial year.

4.6 Capital

Total capital spend to date is £7.9m, compared to a plan of £6.6m for the first 5 months of the year. Expenditure to date on the core plan is £2.2m below plan but this is offset by an additional £3.4m of capital expenditure on the accelerator capital programme not planned at the start year.

Monthly detailed capital forecasting reviews are ongoing which suggest that the Trust remains on course hit the forecast capital expenditure target, including accelerator capital, at year end. The Capital Planning Group will be reviewing the forecast outturn position at M6 to assess whether further activity is required to ensure delivery.

2021/22 Capital Expenditure	2021/22 plan £m	Year to date Plan £m	Year to date Actual £m	Year to date Variance from plan £m
Divisional Schemes	3.5	1.2	0.5	(0.7)
CRISP	6.0	1.3	0.5	(0.8)
Medical equipment	5.5	1.4	0.4	(1.0)
IM&T	5.5	2.3	2.9	0.6
Charity and grant funded	0.6	0.3	0.0	(0.3)
PFI lifecycle	0.6	0.2	0.2	(0.0)
Total Core Plan	21.7	6.6	4.4	(2.2)
Accelerator programme	5.9	0.0	3.4	3.4
Total	27.6	6.6	7.9	1.3

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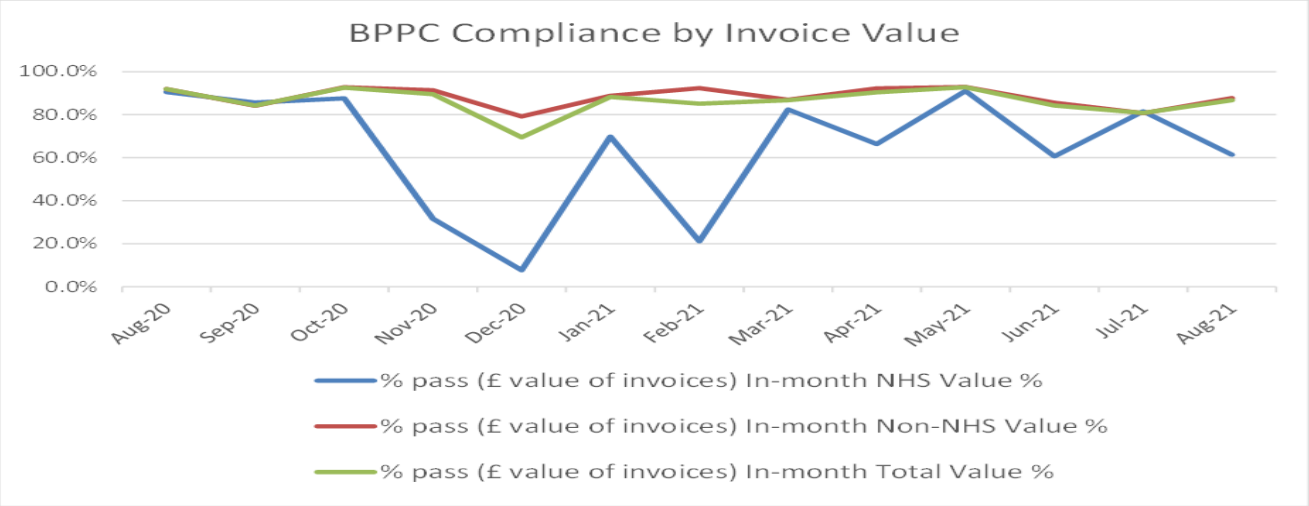
The Better Payment Practice Code (BPPC) achievement of invoices paid within 30 days, by value, is 86.8% for the year to date in 2021/22, compared to 86.6% for 2020/21. The financial services team are developing plans to bring the achievement level to the 95% target by year end.

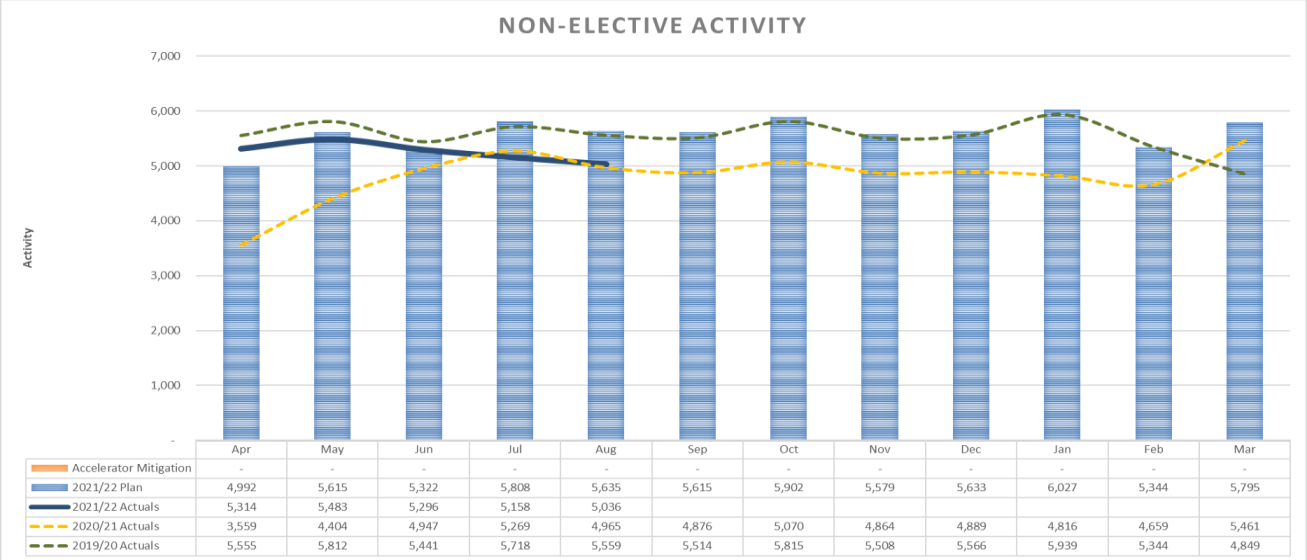


5. Activity Summary Year to Date Trends

The charts below summarise activity for 20/21 non elective, elective (day case and inpatients) along with A&E attendances and compare activity to previous years as well as showing achievement against original plan and Accelerator stretch targets.

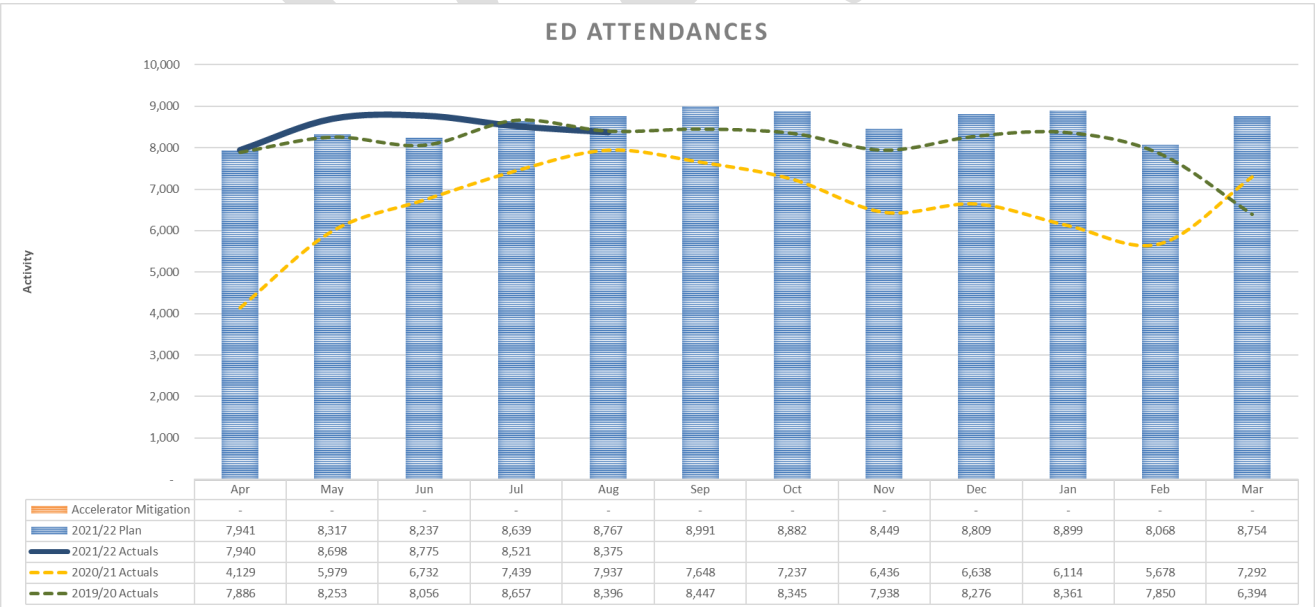
Levels of non-elective activity are similar to this time last year but have reduced slightly when compared to YTD run rate and continue to remain lower than 19/20.

Non-elective excess bed days have remained steady since June and continue at higher rates than this time last year but at lower levels than 19/20.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Accelerator Mitigation	-	-	-	-	-	-	-	-	-	-	-	-
2021/22 Plan	4,992	5,615	5,322	5,808	5,635	5,615	5,902	5,579	5,633	6,027	5,344	5,795
2021/22 Actuals	5,314	5,483	5,296	5,158	5,036							
2020/21 Actuals	3,559	4,404	4,947	5,269	4,965	4,876	5,070	4,864	4,889	4,816	4,659	5,461
2019/20 Actuals	5,555	5,812	5,441	5,718	5,559	5,514	5,815	5,508	5,566	5,939	5,344	4,849

ED attendance levels remain higher than last year although levels have reduced from the June peak to bring them more in line with 2019/20, they still remain circa 6% higher than this time last year.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Accelerator Mitigation	-	-	-	-	-	-	-	-	-	-	-	-
2021/22 Plan	7,941	8,317	8,237	8,639	8,767	8,991	8,882	8,449	8,809	8,899	8,068	8,754
2021/22 Actuals	7,940	8,698	8,775	8,521	8,375							
2020/21 Actuals	4,129	5,979	6,732	7,439	7,937	7,648	7,237	6,436	6,638	6,114	5,678	7,292
2019/20 Actuals	7,886	8,253	8,056	8,657	8,396	8,447	8,345	7,938	8,276	8,361	7,850	6,394

To allow for comparability between years elective activity is shown by day below. There has been a steady decline in activity since May. August levels were 12% below 2019/20 levels but 26% higher than this time last year and roughly on plan (before accelerator stretch is considered)

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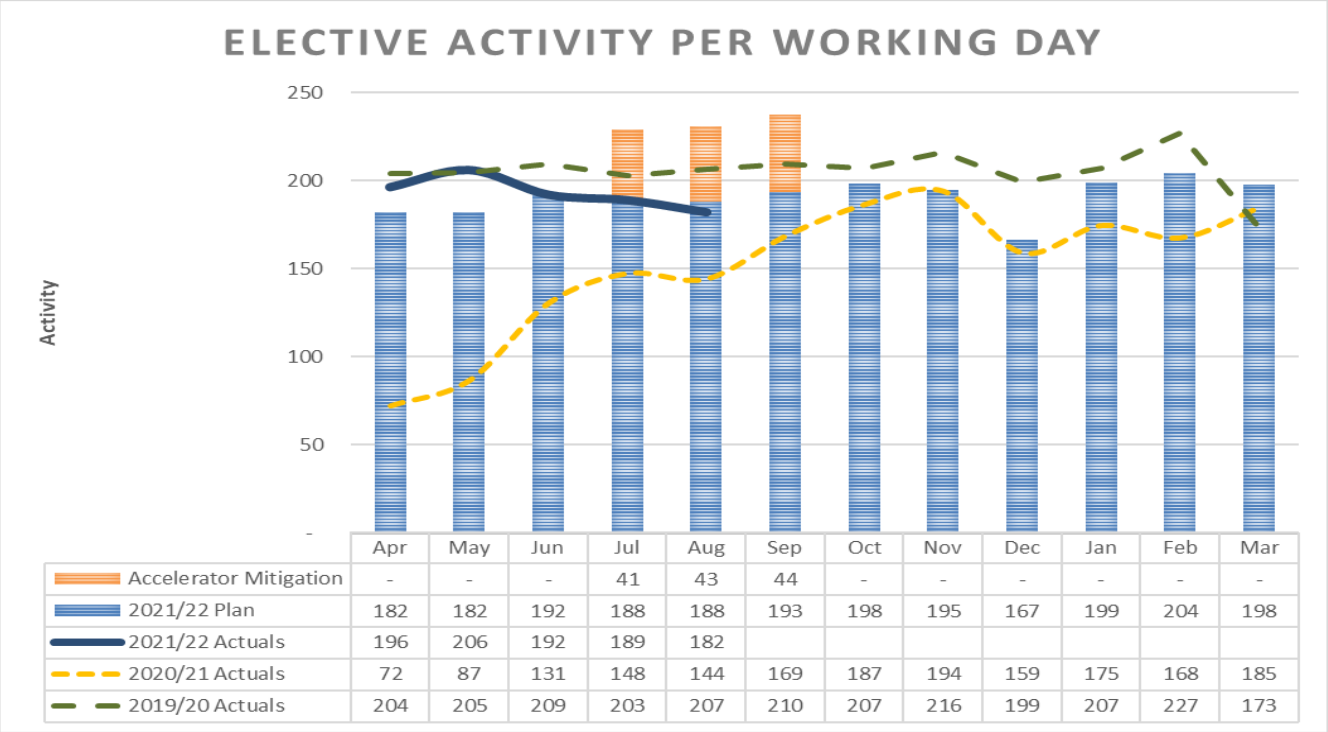

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Accelerator Mitigation	-	-	-	41	43	44	-	-	-	-	-	-
2021/22 Plan	182	182	192	188	188	193	198	195	167	199	204	198
2021/22 Actuals	196	206	192	189	182							
2020/21 Actuals	72	87	131	148	144	169	187	194	159	175	168	185
2019/20 Actuals	204	205	209	203	207	210	207	216	199	207	227	173

6. National Capital and Revenue Funding Bids

The BNSSG System will include a submission to NHSE in September for Community Diagnostic Hub ("CDH") funding. This is in response to the Richard's Review and to enable DHSC to approach HM Treasury for funding and is not a formal System request for funding. Once funding is allocated the System will do a further submission and appropriate business cases. The submission details the desire for three CDH's to be built in the BNSSG region (Weston and North & South Bristol) with NBT the lead for the site in North Bristol. Total capital funding of £40m has been highlighted along with £20m revenue impact per annum once all CDH's are operational.

10

7. Forecast Outturn

Following on from M5 financial reporting NBT is undertaking a review of the forecast outturn review, which will be finalised in the final week of September. The forecast outturn will be based on an extrapolation of the M5 year to date expenditure position with adjustments then made in respect of the following items:

- Non recurrent costs incurred in M1-M5
- Forecast expenditure on COVID using 2020/21 profile as basis and existing costs incurred
- CIP delivery reducing expenditure run rate and cash expenditure
- Forecast expenditure against investments, mitigations and service developments requiring Commissioner funding
- Forecast expenditure against approved accelerator schemes to end of November and where posts are fixed term until end of contract
- Winter pressures to be reflected centrally with expenditure of £2.9m as per budget. A separate planning process is ongoing to prioritise schemes for implementation. Budgets will be allocated to Divisions on completion of this exercise

- Any other adjustments to run rate in H2
- Review of risks, opportunities and potential mitigations to the delivery of forecast outturn and Statement of Financial Position
- As part of this process bank and agency forecasts will be compiled by Division

The forecast work is initially focussed on expenditure. This approach is explained by the requirement for financial guidance for H2 21/22 to be published. Once published NBT, together with system partners, in the ICS will review the allocation, the impact on financial plan and the steps required to deliver the expected breakeven control total. This will confirm the income allocation that the Trust will receive for the second half of 21/22, which will then be factored into the forecast outturn position. It is expected that non recurrent headroom will be utilised in the second half of the year.

8. Cost Improvement Program as at 31st August

The budget reduction targets set for each division and the amounts delivered to date are as below.

Division	FYE Target £M	Completed Schemes £M	Schemes in Implement ation £M	Schemes in Planning £M	Total FYE £M	Pipeline £m	% Gap to Be Closed
ASCR	4.4	0.0	0.3	1.2	1.5	2.9	65.4%
CCS	3.9	0.6	0.1	0.3	1.0	0.3	75.3%
CORP	1.6	0.2	0.2	0.2	0.7	0.0	57.3%
FAC	1.9	0.1	0.0	0.8	0.9	0.1	55.5%
MED	3.2	0.0	0.0	0.7	0.7	0.3	78.9%
NMSK	3.3	0.0	0.2	1.0	1.2	0.4	63.3%
WCH	1.3	0.0	0.0	0.0	0.0	0.1	97.5%
	19.7	0.9	0.8	4.2	6.0	4.1	69.8%

- The Trust CIP target for 2021/22 is £19.68m of full year effect savings with a minimum expectation of £10m to cover investment requirements.
- From Month 5 the CIP figures will be included and recorded in Departmental Budgets.
- The current identified CIP position is £6.0m, an increase of £ 0.2m compared to July
- Completed schemes increased from £0.6m to £0.9m
- A further £4.1m of schemes are in development (pipeline).
- Overall, 70% of the target currently needs to be identified.
- Departments are working towards an outline plan for 22/23 and onwards.

9. Finance Risk Rating (Single Oversight Framework)

- The revised table below has taken the place of the one that has been included in recent reports and is the current reporting requirement for the Oversight Framework that NHSI are asking organisations to complete and map their individual Risk Rating Against. For the remainder of this Financial Year this table and its associated commentary will be the method we use to confirm the level of Risk within the trust.
- The current rating for trust is Segment 3: Mandated & targeted support: support needs identified in Quality of care, Finance & use of resources and Operational performance. (Segment Value Data as at 01.09.2021).

Oversight Theme	NHS Long Term Plan/People Plan headline area	2021/22 Planning guidance deliverable	Measure name (metric)	In Month	Year to Date
Finance and use of resources	**The NHS will return to financial balance: NHS in overall financial balance each year**	**Systems to manage within financial envelopes**	Performance against Trust Financial plan		
			Underlying Trust Financial position		
			Trust Run rate expenditure		
			Overall trend in reported Trust Financial Position		

RAG Status Definition	
	Favourable
	Equal to
	Adverse

- Performance against Trust Financial plan – in Month 5 the overall trust position is one of break even.
- Underlying Trust Financial position – The trust financial position is as per the published forecast for this Financial Year.
- Trust Run Rate expenditure – The run rates once non recurrent items are stripped out are in line with current departmental expectations and forecasts.
- Overall Trend in reported Trust Financial Position - The Trust is reporting subject to existing Trust budget and prior to publication of H2 guidance that it will be in a Break Even.

10. Assumptions, opportunities and risks

- **The Trust has assumed that any surplus covid cost funding from the system can be retained.**
- **The trust has reversed its previous assumption that it will be required to fund expected system costs. Should the system financial position deteriorate there may be a downside risk to the financial position.**
- **There is a risk that non-recurrent funding is being used to cover recurrent costs as block contracts are being rolled over based on 2019/20 costs whilst inflation and other pressures are increasing the recurrent cost base of the Trust. Further recurrent investments in quality and safety have been approved in advance of confirmation of potential commissioner funding. Mechanisms for allocating recurrent funding across the system are not yet fully developed.**
- **The Trust has chosen to set annual budgets whilst the finance regime has only announced income levels for the first half of the year. There is a potential risk that assumptions may differ for the second half of the year and a possible reduction would be needed, though verbal confirmation has been given that the regime is likely to be similar to the first half of the year. The extent of the risk will be confirmed during September when H2 guidance published.**
- **The system has been selected as an Accelerator site which will increase the levels of non-recurrent funding being received by the Trust in Q1 though change in threshold mean that this is unlikely to continue into Q2 or Q3.**
- **M5 includes an estimate of ERF monies earned by the system on activity delivered by the Trust offset by estimates of the cost of delivery. It should be noted that the thresholds for ERF have increased with effect from Month 4 together with increased levels of COVID 19 so potential income will reduce in Q2 and Q3.**
- **Potential risks to the delivery of the Trust cost improvement programme may arise.**
- **The Forecast Outturn Position for the end of the financial year remains at breakeven subject to H2 planning guidance and evaluation of its impact.**

Risk and Mitigations as at 31st August 2021 are set out below.

	£m	Commentary
Forecast Outturn at M5	**0.0**	Trust Forecast
RISKS		
Risk to Delivery of Contract Income		
Other Contract Income - Non NHS Overseas Patients	(1.8)	Continued Lower Level of Activity
Other Contract Income - Injury Cost Recovery	(1.0)	Continued Lower Level of Activity
Assumed efficiency requirement of 3% implied in H2 income settlement	(10.0)	
Other Risks		
Increase in Capital Charges	(1.0)	Impact of capital programme on depreciation and PDC.
Total	**(13.8)**	
OPPORTUNTIES		
Mitigating Actions		
Other Contract Income - Non NHS Private Patients	0.6	Continued run rate better than Plan
COVID 19 Winter Costs	0.5	Mitigation through COVID allocation
CIP Delivery	10.0	
Investment slippage / underspend	0.7	
Non Recurrent mitigation	2.0	
Total	**13.8**	

This table will be updated in line with H2 guidance for M6 financial reporting.

11. Recommendation

The Trust Board and are asked to note:

- The revised financial framework that the Trust is operating in,
- Financial performance for the month and year to date
- The associated, opportunities, risks and mitigations.
- The spend on Mass Vaccinations and Covid-19 expenditure areas
- Delivery of Cost Improvement Plan savings and how they compare with divisional targets.
- The impact of the Accelerator Programme
- The Cash position and Capital spend levels.

Report To:	Trust Board		
Date of Meeting:	September 2021		
Report Title:	Green Plan 2021-22		
Report Author & Job Title	Esther Coffin-Smith, Sustainable Development Manager		
Executive/Non-executive Sponsor (presenting)	Simon Wood, Director of Estates, Facilities and Capital Planning		
Purpose: **[insert a X in the relevant box tick one only]**	**Approval**	**Review**	**To Receive for Information**
	x		
Recommendation:	• Trust Board (TB) is asked to approve the draft annual Green Plan and recommend it for publication		
Report History:	• NBT Sustainable Development Steering Group • Trust Management Team approved 21 September 2021		
Next Steps:	• The Green Plan will be published online		

Executive Summary
The Green Plan reports progress on NBT's aspiration to be a leader in the field of sustainable healthcare and sets out plans for the year ahead. This plan replaces the Green Plan 2020-21. NBT is assessed on progress towards sustainable development by; • **The Care Quality Commission** within the "Use of Resources" and "Well Led" reviews • **The Clinical Commissioning Group** within the requirements of the NHS Standard Contract • **NHS England** within the new requirements of the NHS Long Term Plan which focus on carbon reduction and emissions from NHS fleet vehicles, including new quarterly reporting obligations • **National Sustainable Development Assessment Tool (SDAT)** for which NBT has achieved 67% (increased from 63% last year) Highlights from 2020-21 include: commissioning the production of a Carbon Route Map to set out the path to being carbon neutral by 2030, adopting the BNSSG Climate Change Adaptation Plan, delivering year two of the NBT Travel Plan, delivering year two of the Biodiversity Management Plan and securing funding to host a 12 month Nature Recovery Ranger post. Positive trends seen in recent years have reversed or slowed this year due to the impact of Covid-19 and the impacts are detailed in the Green Plan document. Plans for 2021-22 include: the recruitment of divisional/directorate Sustainability Advocates, tendering for a new staff engagement scheme, a large number of energy efficiency works, an increase in our

community engagement in relation to biodiversity and green space, reinstatement of the Trust-wide Waste Compliance Group, introduction of leadership training on sustainable development, creation of a staff salary sacrifice scheme for ultra-low emission vehicles and work to identify areas of single-use plastic generation.

New national guidance for the production of Green Plans was introduced in June 2021 with all NHS Trusts expected to submit their Green Plan, in the new 3-year strategy format, to their ICS by the end of January 2022. As NBT is in the process of completing the Carbon Route Map which will help us identify the actions we need to take to achieve carbon net zero by 2030, we are proposing that this Green Plan will remain in the old format with a new document being prepared following the culmination of the Carbon Route Map in early 2022. A new requirement for 2022 is that each ICS must also develop its own Green Plan by the end of March 2022.

A summary of proposed action for the 2022-23 period will be brought to TB in March 2022 for approval.

Strategic Theme/Corporate Objective Links	• Change how we deliver services to generate affordable capacity to meet the demands of the future • Play our part in delivering a successful health and care system • Create an exceptional workforce for the future • Be one of the safest trusts in the UK
Board Assurance Framework/Trust Risk Register Links	• Risk of non-compliance with the NHS Standard Contract which requires a Trust Board approved Green Plan
Other Standard Reference	• Compliance with NHS Long Term Plan (2019-2029) • Compliance with the National Sustainability Strategy (2014-2020) • Compliance with the National Climate Change Adaptation Programme (2018-2023) • Compliance with Health Technical Memoranda 00-07 • Compliance with NHSI guidance on Green Plan reporting (2020)
Financial implications	• Costs associated with the delivery of the Green Plan will be addressed within separate business cases going forward. • Potential penalties for noncompliance with NHS Standard Contract
Other Resource Implications	• The Sustainable Development Unit is resourced to manage the delivery of the Green Plan • Additional resources required for specific work programmes within the Plan will be addressed within separate business cases going forward
Legal Implications including Equality, Diversity and Inclusion Assessment	• Compliance with legal obligations which include but are not limited to; Climate Change Act (2008), Environmental Protection Act (1990), Civil Contingencies Act (2004) and Public Services (Social value) Act 2012. • The Green Plan has been prepared in consultation with the Sustainable Development Steering Group which includes a wide range of stakeholders (staff, contractors, specialist advisors, stakeholders, trade unions and local community interest groups). • The Green Plan supports better health outcomes (for patients and staff) and improved patient access and experience through various work streams and individual projects outlined within the Plan.

Appendices:	• Green Plan 2021-22 report

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North Bristol
NHS Trust

GREEN PLAN 2021 - 2022

Exceptional healthcare, personally delivered

North Bristol NHS Trust

Foreword

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

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

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

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

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

Maria Kane
Chief Executive

Michele Romaine
Trust Chair

North Bristol NHS Trust

Contents

North Bristol NHS Trust

1. Introduction

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

In developing a Green Plan, each organisation should:

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

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

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

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

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

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

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

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

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

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of solar power generated

NHS
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NHS Trust

134,888 tonnes of carbon

2020/2021 at a glance…

826 actions taken by our Green Impact Teams

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

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

Tweets

7,146 kWh of public/staff EV charging

2. Drivers for change

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

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

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

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

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

1. International Guidance and Strategies

Inter-governmental Panel on Climate Change Reports
United Nations Sustainable Development Goals
United Nations Framework Convention on Climate Change
World Health Organisation Regional Office for Europe: Environmentally Sustainable Health Systems
World Health Organisation Regional Office for Europe: Health 2020
World Health Organisation Guidance for Climate Resilient and Environmentally Sustainable Health Care Facilities
The Global Climate and Health Alliance
High Ambition Coalition for Nature and People

2. National Guidance and Strategies

UK Climate Change Risk Assessment
Government Buying Standards
The Stern Review
The National Adaptation Programme
Health Technical Memoranda
Health Building Notes
The National Sustainability Strategy
A Green Future: 25 Year Environment Plan
Environment Bill 2020
Clean Air Strategy
UK Net Zero Strategy
National Planning Policy Framework
HPA Health effects of climate change
DEFRA Economics of Climate Resilience Project

3. Legislation

Civil Contingencies Act 2004
Climate Change Act 2008
Public Services (Social Value) Act 2012
Environmental Protection Act 1990

4. Contract

NHS Standard Contract
NHS Operational Planning and Contracting Guidance
NHS Constitution Principle 6
HM Treasury's Sustainability Reporting Framework

5. Healthcare Guidance, Strategies and Policies

NHS The Lancet Countdown
NICE Guideline [PH41]: Physical activity: walking and cycling
NICE Patient decision aid: Inhalers for asthma
Nice Guideline [NG6]: Health risks associated with cold homes
NHS Long Term Plan
NHS England Emergency Preparedness Framework
Carter's Review
NHS Net Zero Plan
The Marmot Review
The Naylor Review

6. Bristol's Local Strategies and Plans

Bristol One City Plan - Climate Strategy, Ecological Emergency Strategy
Bristol Development Framework Core Strategy
Bristol Local Plan
The Bristol Biodiversity Action Plan
Bristol Transport Strategy
Bristol Resilience Strategy
Waste and Resource Management Strategy
Going for Gold
Flood Risk Strategy and Responsibility
Bristol Health and Wellbeing Strategy

7. North Bristol NHS Trust Strategies and Plans

NHS BNSSG Climate Change Adaptation Plan 2021-2025
BNSSG Sustainability and Transformation Plan
North Bristol NHS Trust Strategy 2019-2024
Green Plan
Travel Plan 2019-2023
Biodiversity Management Plan 2019

Figure 1: Drivers for Sustainable Development for NBT

3. Our Vision

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

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

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

3.1 Climate Emergency Declaration

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

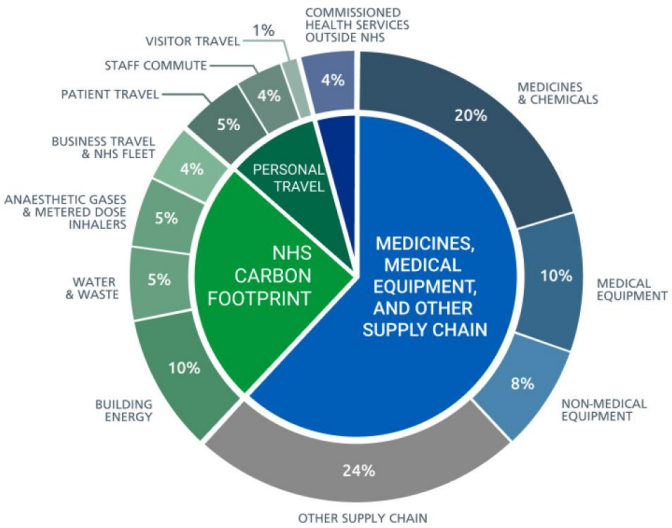

Figure 2: Sources of NHS Carbon Emissions

3.2 Trust Strategy 2019-2024

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

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

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4. Governance

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

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

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

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

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

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

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

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

Figure 3: Sustainable Development governance at NBT

North Bristol NHS Trust

5. Communications and Engagement

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

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

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

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

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

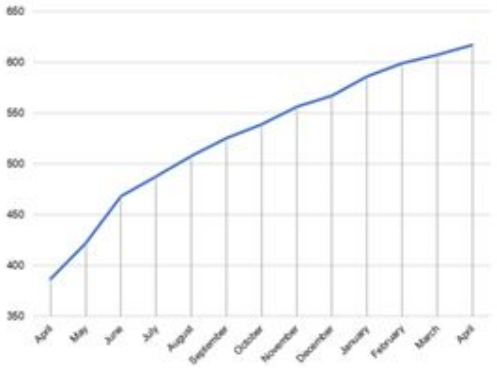


Figure 4: Increase in @NBTSustHealth Twitter followers account from April 2020 - 2021

Engagement Activities 2020-21

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

Planned Engagement Activities 2021-22

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

North Bristol NHS Trust

6. Sustainable Development Assessment Tool (SDAT)

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

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

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

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

NORTH BRISTOL NHS TRUST

67%

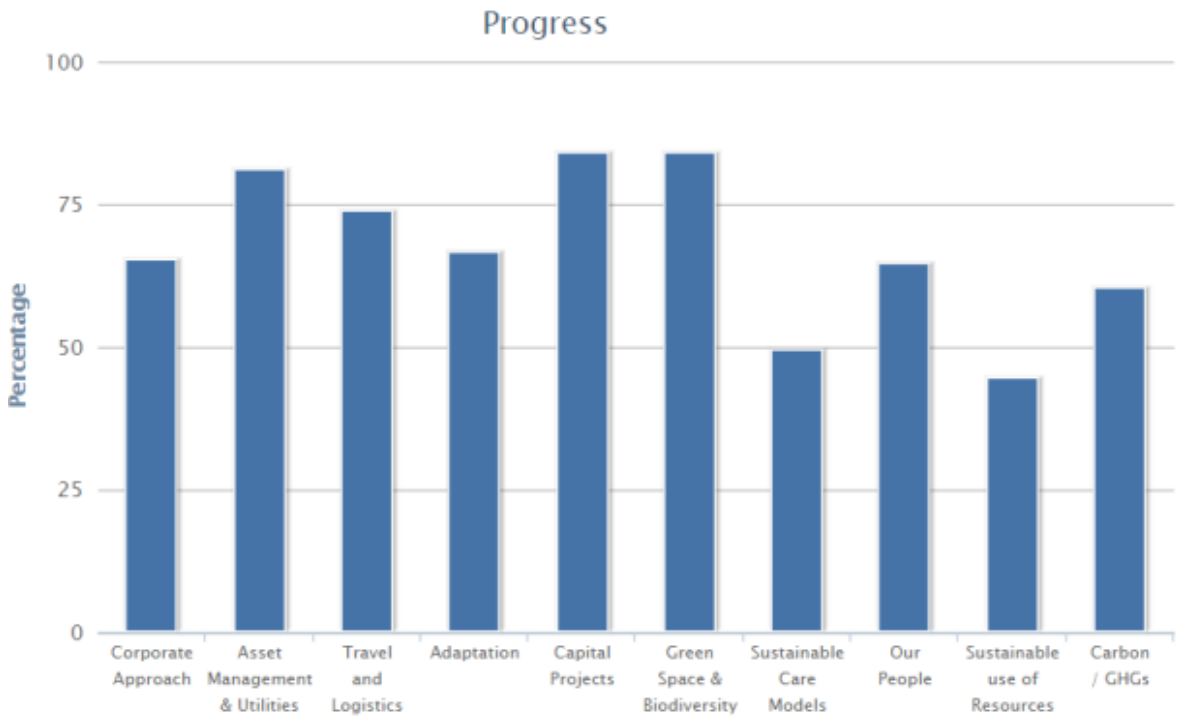


Figure 5: North Bristol SDAT Assessment 2020-21

North Bristol NHS Trust

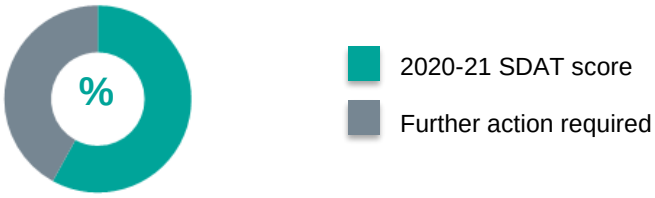
7. Corporate Objectives

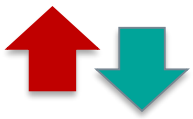
North Bristol NHS Trust has developed ten key objectives in line with the SDAT themes laid out in the diagram below.

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

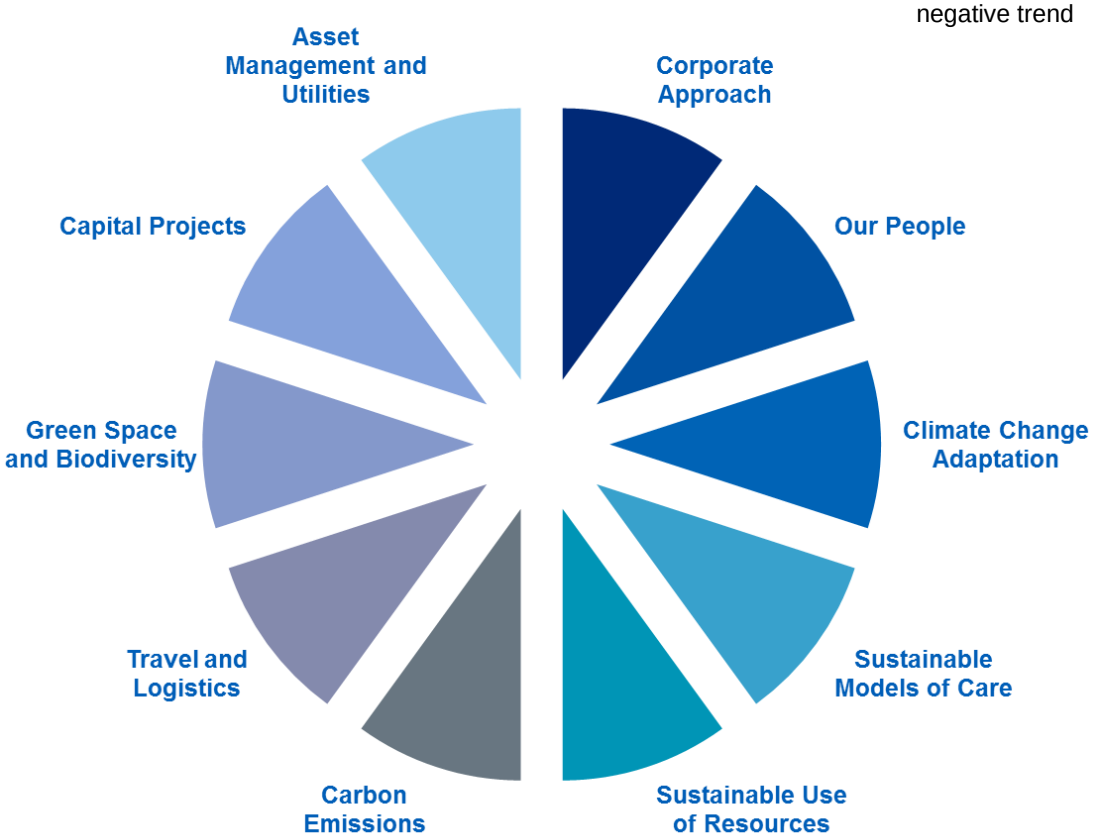
The following pages outline the Trust's progress against each theme undertaken in 2020-21 and our plans for the year ahead.

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





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



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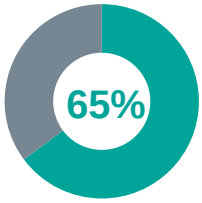


NHS North Bristol NHS Trust

7.1 Corporate Approach

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

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

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

OBJECTIVE 1

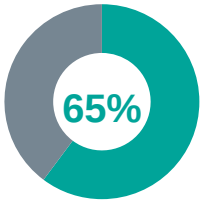
The Trust aspires to be a leader in sustainable healthcare

We have:

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

We will:

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



7.2 Our People

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

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

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

OBJECTIVE 2

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

We have

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

We will

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

North Bristol NHS Trust

Our People Case Studies

Wellness in Nature Sessions

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

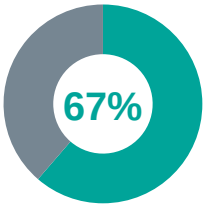
Staff & Patient Allotment

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

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

Green Impact – Head Injury Therapy Unit

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



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7.3 Climate Change Adaptation

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

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

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

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

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

OBJECTIVE 3

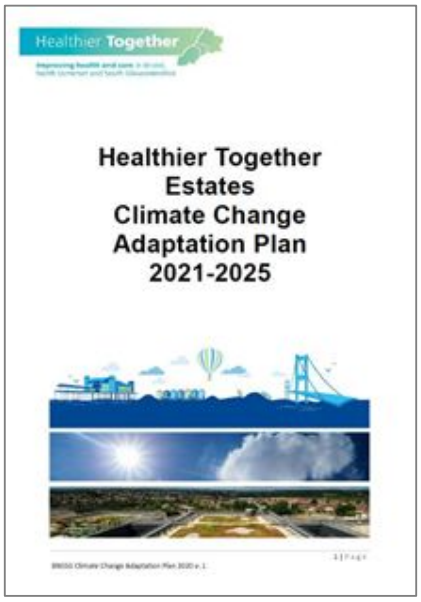
We will adapt our sites and services ready for a changing climate

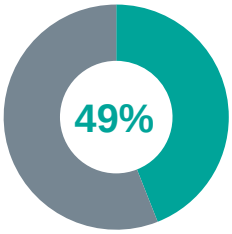
We have

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

We will

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

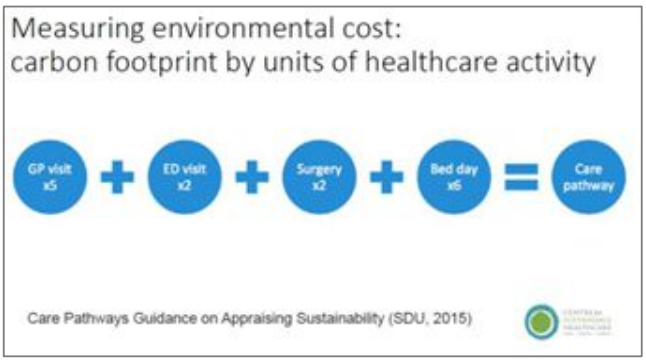




NHS North Bristol NHS Trust

7.4 Sustainable Models of Care

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



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

OBJECTIVE 4

We will adopt sustainable models of care across our services

We have

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

We will

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

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

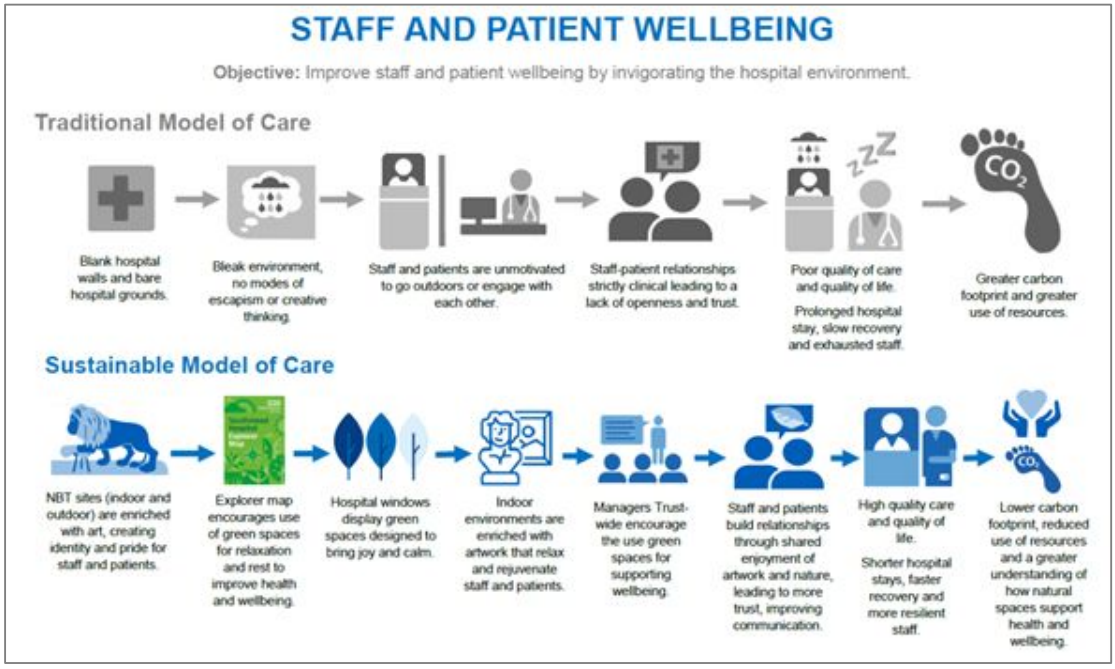
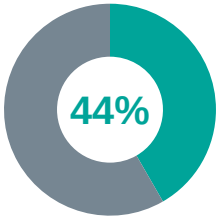


Figure 6: Example of a Sustainable Model of Care Infographic used for awareness-raising



NHS North Bristol NHS Trust

7.5 Sustainable Use of Resources

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

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

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

OBJECTIVE 5

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

We have

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

We will

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

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7.5.1 Energy Consumption

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

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

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

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

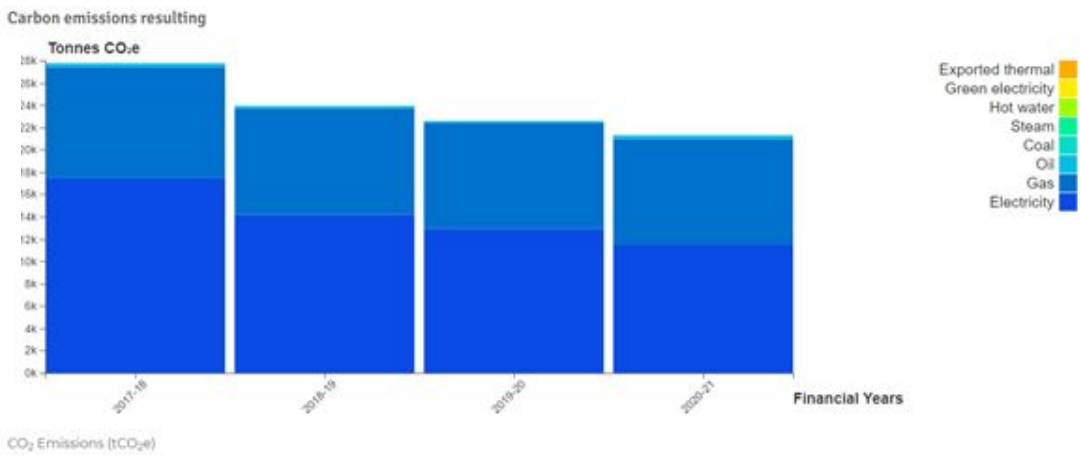
Figure 7: The amount and type of energy consumed by NBT in kWh

Energy used

Energy consumption in kWh

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

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



7.5.2 Waste and Recycling

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

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

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

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

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

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

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

Waste in tonnes

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

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

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

7.5.3 Anaesthetic Gases, Pharmaceuticals and Medical Devices

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

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

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

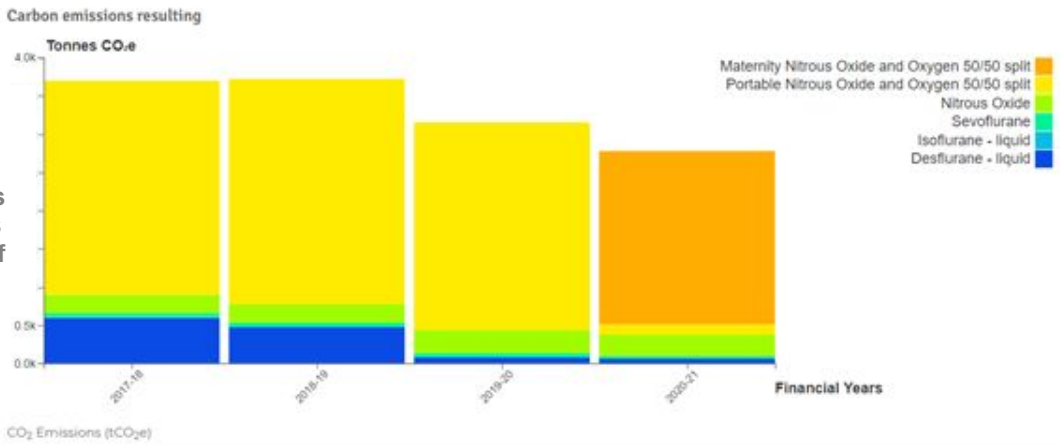
The Trust's spend on both pharmaceutical and medical devices increased by 7.7% and 17.7% respectively in 2020-21. The significant increase in pharmaceutical spend is linked to the change in mix of patients and activity and the prescribing of more drugs via the outpatient route to manage patients remotely.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

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

Anaesthetic gas use

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

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



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7.5.4 Water consumption

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

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

Finite resource use - Water

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

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

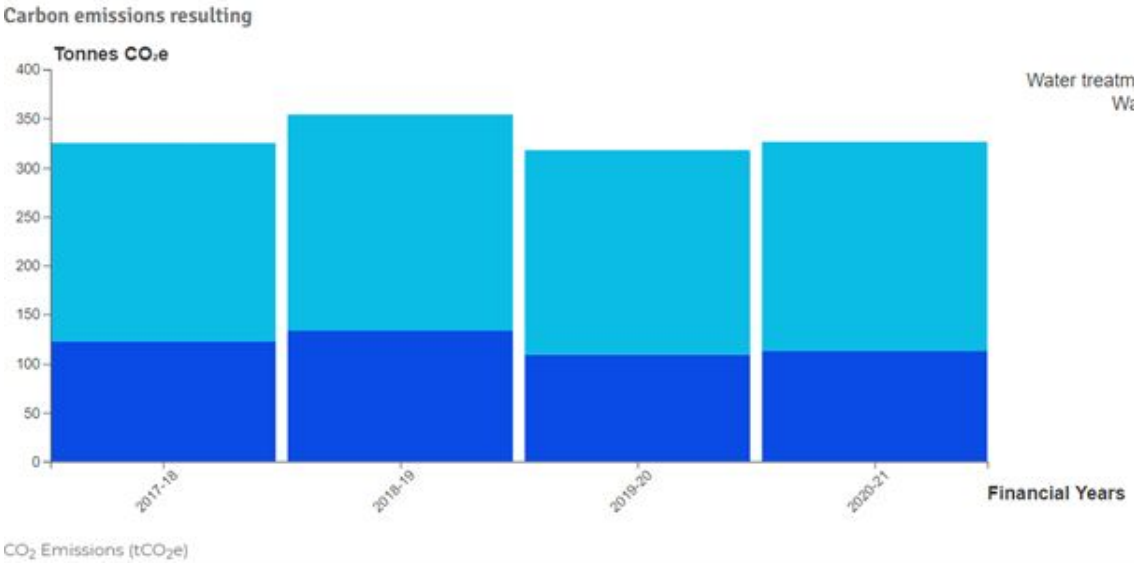

Figure 13: The carbon emissions related to NBT's water usage and wastewater generation in tonnes of CO_2 equivalent

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7.5.5 Fuel Consumption

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

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

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

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

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

Travel undertaken

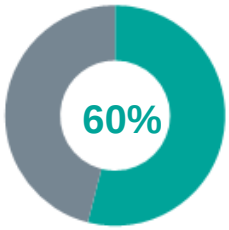
All travel is shown in miles.

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

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

7.5.6. Paper Consumption

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



North Bristol NHS Trust

7.6 Carbon and Greenhouse Gases

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

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

OBJECTIVE 6

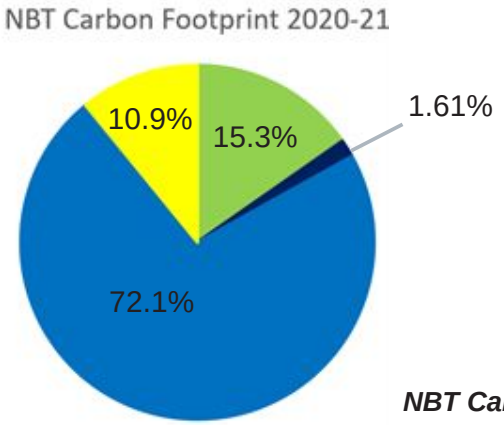
We will manage our carbon emissions in line with the NHS Long Term Plan

We have

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

We will

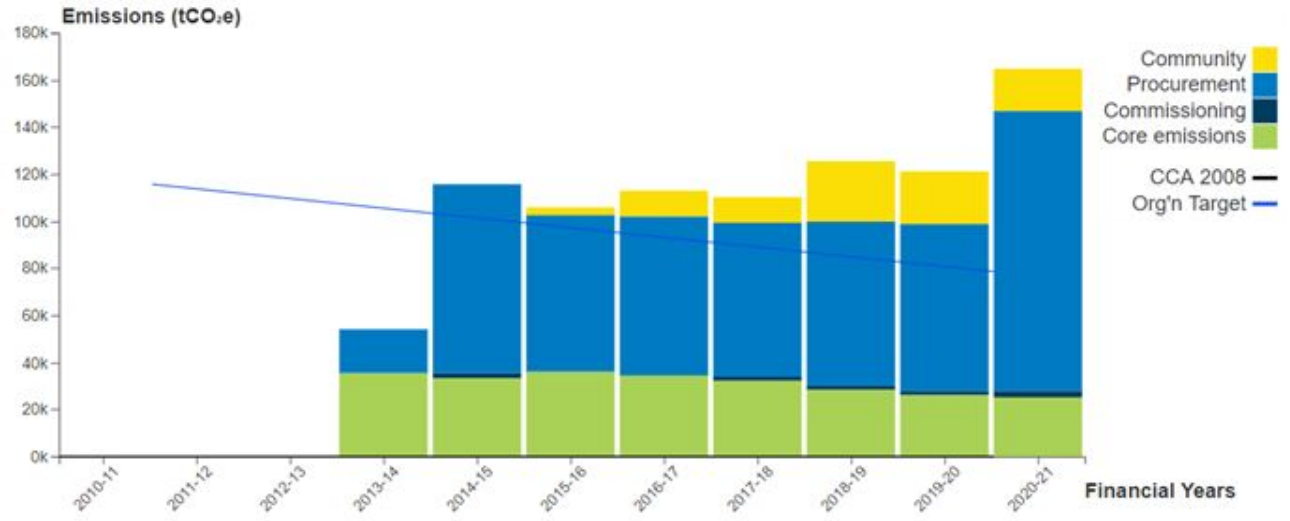
- Upgrade the Elgar House Building Management System (BMS)
- Optimise the Learning and Research Centre, Pathology 1 and Pathology 2 BMS
- Apply for central funding to implement a wide range of energy efficiency and renewable initiatives



NBT Carbon Footprint Breakdown 2020-21

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

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



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

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

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

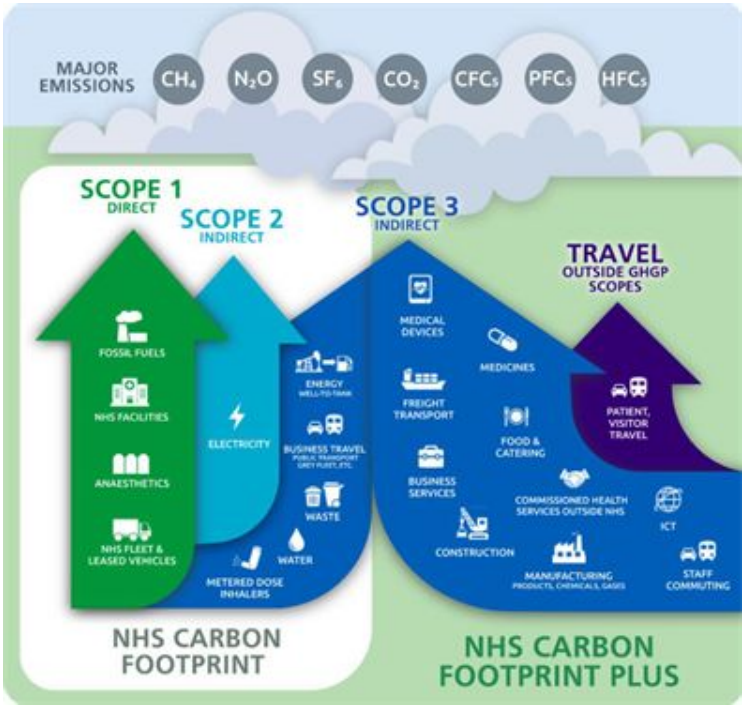


Figure 15: Carbon emission categories

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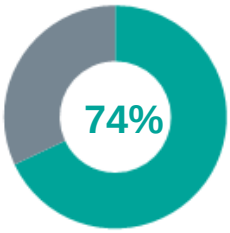

NHS North Bristol NHS Trust

7.7 Travel and Logistics

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

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

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

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

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

OBJECTIVE 7

We will reduce the impacts from our travel and transport services

We have

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

We will

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

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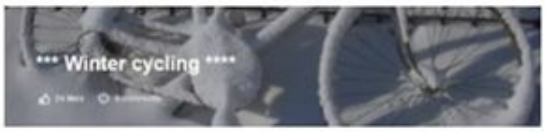
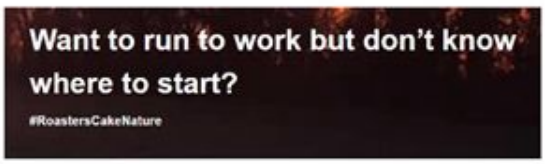
Travel Smart Case Studies

Supporting Cycling Through the Pandemic

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

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





Well for Winter Campaign

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

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

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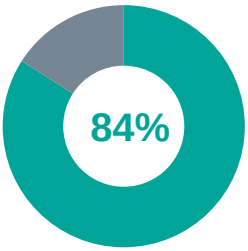


NHS North Bristol NHS Trust

7.8 Green Space and Biodiversity

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

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

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

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

OBJECTIVE 8

We will protect and enhance the environment and prevent pollution

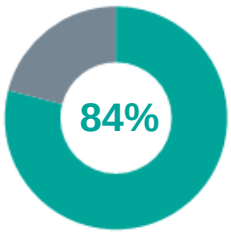
We have

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

We will

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

NHS



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7.9 Capital Projects

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

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

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

Gynecological Operating Theatres case study

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

OBJECTIVE 9

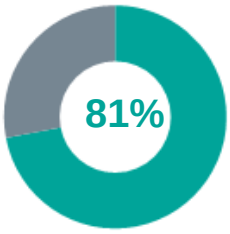
We will embed sustainable design and construction within our capital projects

We have

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

We will

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



NHS North Bristol NHS Trust

7.10 Asset Management and Utilities

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

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

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

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

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

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

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

OBJECTIVE 10

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

We have

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

We will

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

North Bristol NHS Trust

8. Finance

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

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

8.1 Charitable Funds

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

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

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

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

9. Reporting

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

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

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

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

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

www.nbt.nhs.uk/sustainablehealthcare

10. Risks and Opportunities

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

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

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

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

North Bristol NHS Trust

11. Sustainable Development Indicators

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

North Bristol NHS Trust

Contact Us

We welcome your views....

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

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

Sustainable Development Unit
Strategic Estate Development & Sustainable Health
Princess Campbell Office
North Bristol NHS Trust
Southmead Hospital
Bristol, BS10 5NB

@NBTSustHealth
0117 4148523/07785 921716
sustainabledevelopment@nbt.nhs.uk

Find out more…

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

www.nbt.nhs.uk/sustainablehealthcare

link.nbt.nhs.uk/go/sustainablehealthcare

Report To:	North Bristol Trust Board		
Date of Meeting:	30 September 2021		
Report Title:	Annual Equality, Diversity & Inclusion Update and Action Plans (including Workforce Race Equality Standard, Race Disparity, Workforce Disability Equality Standard and Gender Pay Gap Returns)		
Report Author & Job Title	Monira Chowdhury Head of Equality, Diversity & Inclusion		
Executive/Non-executive Sponsor (presenting)	Jacqui Marshall Director of People and Transformation		
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 relevant data returns, approve priorities and key actions for 2021 – 2023 and agree publication of key data and action plans on Trust website		
Report History:	Annual Approval of Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap Reports (19 February 2020 and 19 August 2020); Staff Survey 2020 Results Headlines (February 2021)		
Next Steps:	• Implement actions identified as EDI priorities • Publish WRES & WDES data and action plans by uploading onto NBT website • Continue to deliver key initiatives in partnership with Bristol, North Somerset, South Gloucestershire Healthier Together (ICS)		

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Executive Summary
The Trust provides annual data returns to NHS England & Improvement (NHS E/I) for Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and from this year on Race Disparity (Model Employer); the Trust also provides a Gender Pay Gap (GPG) return to the Equalities & Human Rights Commission. The Trust has an obligation to publicly publish its WRES & WDES Data Reports and Action Plans every year.

Our Trust co-leads the Integrated Care System BNSSG Healthier Together Equality, Diversity & Inclusion (EDI) Group, which has developed its own collaborative action plan. This year there was also a requirement by NHSE/I to provide an Overhauling (Inclusive) Recruitment Action Plan. This is now the national key priority and BNSSG has sought some additional short-term resources to start on delivery. The Trust is also responsible for delivering a short-term BNSSG Race Equality Talent Management Programme, which is an element of the overhauling recruitment action plan.

Under the pressures of the Trust response to the pandemic, our progress on our EDI priorities has been slower than expected though work has continued. The approach we are now taking is identifying priorities over a longer 3-year period with focused areas of work each year. We are also establishing the direct link of our EDI work to the national NHS People Plan and local NBT People Strategy so that responsibility for delivery is shared throughout the Trust.

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

Strategic Theme/Corporate Objective Links	**Employer of choice** a. A great place to work that is diverse & inclusive b. Empowered clinically led teams c. Support our staff to continuously develop d. Support staff health & wellbeing
Board Assurance Framework/Trust Risk Register Links	
Other Standards Reference	
Financial implications	

Revenue	**Total £'000**	**Rec £'000**	**Non Rec £'000**
Income			
Expenditure			
Savings/benefits			

Capital	

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

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

			fully staffed (approximately £123,000 per annum) £5,000 pa contribution towards Bristol Race Equality Strategic Leadership Group
	Cost Pressure		
	External Funding		• NHS Charities Together has provided £50,000 to address the disproportionate impact on Black, Asian and Minority Staff and other marginalised groups, which has been split £25,000 for support from an external Consultant and £25,000 for a 6-month EDI post • NHS E/I provided £10,000 to deliver a WDES programme on Neurodiversity • BNSSG identified £25,000 from their Pathfinder Retention Programme to fund a race equality talent project manager post for 6 months • BNSSG has sought £55,000 from Health Education England to provide project manager support to the EDI group for 12 months and an Inclusive Recruitment Project Manager for 6 months
	Other		

Other Resource Implications	
Legal Implications	The Trust has legal responsibility under its Public Equality Sector Duty under the Equality Act 2010.
Equality, Diversity and Inclusion Assessment (EIA)	N/A
Appendices:	WRES Data Return 2020-2021 WRES Action Plan 2021- 2023 WDES Data Return 2020-2021 WDES Action Plan 2021 - 2023 GPG Data Return Report 2019 - 2020 BNSSG Overhauling Recruitment Action Plan 2021

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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 EDI at NBT and identify priority areas of work and actions for the upcoming and future year/s.

2. Background

2.1 The Trust provides annual data returns to NHS England & Improvement for Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and from this year on Race Disparity (Model Employer); the Trust also provides a Gender Pay Gap (GPG) return to the Equalities & Human Rights Commission. The Trust has an obligation to publish WRES & WDES Action Plans every year, this year's due date is 30 September 2021.

2.2 NBT adopted its Equality, Diversity & Inclusion (EDI) Strategy Valuing You in August 2019 and the current WRES & WDES Action Plans have connected to those priorities previously identified in the best way possible. NBT is directly linking our EDI work and action plans to national NHS People Plan and local NBT People Strategy.

2.3 BNSSG Healthier Together (Integrated Care System) has established an Equality Leads Group working on mainly workforce issues, this group is co-chaired by NBT. The Group has developed a collaborative BNSSG Action Plan and submitted an Overhauling (Inclusive) Recruitment Action Plan. BNSSG funding has been identified for a number of initiatives including targeted mental health support for Black Asian & Minority Ethnic (BAME) staff and short-term funding to start both the overhauling recruitment action plan and a race equality talent management programme.

3. Summary WRES 2021 Data

3.1 The Trust has 17.1% staff who self-identify as Black, Asian and Minority Ethnic (BAME), which is broadly similar to previous years and comparable to the 2011 Census population demographics for Bristol. NBT is expected to be below the anticipated 2021 census results, even though it is one of most diverse public sector employers in the area. The national proportion of BAME staff is 21%.

3.2 BAME staff range from 17.8% for clinical staff down to 15.2 % for non-clinical staff. The spread of BAME staff in non-clinical directorates range from 11% (corporate) to almost 32% (facilities), and clinical divisions range from between 7% (women's & children) to 20% (medicine).

3.3 Out of a total figure of 1642, the larger BAME groups of staff (between around 100 – 430 staff) are Asian or Asian British Indian (26%), then Black or Black British African (20%), then all BAME Mixed Groups together (14%), followed by Any Other Asian or Asian British (10.6% - not including Indians, Pakistanis or Bangladeshis), then Black or Black British Caribbean (7%) followed by Any Other Ethnic Groups (6%).

3.4 BAME staff continue to mostly be represented between Bands 2 – 5, the largest number of staff are in Band 2 (fairly evenly spread across both clinical and non-clinical staff) and Band 5 (mainly for clinical staff). For clinical staff the numbers and proportions are higher for Bands 6-7 than non-clinical staff, but there is tapering down after Band 5 for all staff

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groups, except medical staff at both non-consultant career grade and consultant level who range between 21% to 28.5%.

3.5 20% of all NBT staff at Bands 1-5 (lower band) are BAME, 10.3% at Bands 6-7 (middle bands) and 4.9% at Bands 8a and higher (upper bands). In total 82.5% of BAME staff at NBT are in lower bands 2-5, with 16% in middle bands 6-7 and less than 0.2% in upper Bands 8a and higher. The actual number of staff between Band 8b-8d are very low overall and there are no BAME staff at Bands 9 and above, whereas the 2020 national average at VSM is 6.8%.

3.6 The racial disparity ratio for NBT has been reported as 2.29 at lower to middle, 2.20 at middle to upper and 5.05 lower to upper; this is the first year we have been asked to report this type of data and we expect to shortly understand our rating against peers in the region and nationally.

3.7 In addition, the aspirational Model Employer targets set by NBT in 2018 for the future decade until 2028, has been partially met for 2021. There are currently 15 Band 8a postholders against the NBT target of 14, 3 Band 8b postholders against target of 5, both targets for Bands 8c-8d have been met at 2 and 1 respectively. NHS E/I is now proposing that organisations set a target of their organisational average, i.e. 17.1%, at all levels of their organisation e.g. lower, middle and upper; in effect this would mean NBT re-setting their previous targets.

3.8 Only 3.5% of staff overall have either not stated or for whom ethnicity is unknown; the proportion isn't equal across the organisation and it differs between clinical and non-clinically staff, with non-declaration of medical staff particularly trainee grades and others very high around 20% - 30% and with consultants and non-consultant career grades having non-declaration of around 8.5% - 9%.

3.9 The relative likelihood of white staff being appointed from shortlisting is 1.46 compared with BAME staff which is only marginally better than the Trust's performance last year at 1.5. The national 2020 rate for white staff to be appointed is 1.16, which is a significant approvement from the 2017 national rate of 1.37, NBT is still well below the national rate.

3.10 The relative likelihood of BAME staff entering formal disciplinaries at NBT is 1.44 compared to white staff, which is an improvement on the 1.8 times reported last year. Both these rates are below the national 2020 rate for Acute Trusts of 1.19.

3.11 The relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff is 1.42, which differs from the regional South West rate of 0.88 and is outside of the national non-adverse range. Nationally the expectation is now that non-mandatory training and CPD will be used to improve career progression abd promotion for BAME staff.

3.12 The indicators relating to national staff survey results were reported previously to Board in February 2021, which continued to show marked differential in BAME staff (worse than national average) believing the organisation provided equal opportunities for career progression or profession, at 64.8% compared to 88.2% for white staff which went back to almost 2018 levels after an improvement in 2019.

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3.13 Similarly, BAME staff strongly stated they experienced discrimination at work from manager/team leader or other colleagues, 17.6% being almost 3 times higher than 5.9% for white staff and again higher than the national average. The differential for BAME staff experiencing harassment, bullying or abuse from staff within the last 12 months continues to be higher than for white staff and reflects a year-on-year trend. BAME staff report marginally better experiences of harassment, bullying and abuse from patients, relatives or the public but is still proportionally high at just over 25%.

3.14 Board representation by ethnicity isn't reflected from the monitoring data collected as 23.5% (4) are shown as unknown or not stated.

3.15 Overall, the WRES data for 2020-2021 isn't significantly different from previous annual returns over the last 3 years. A number of race equality initiatives have been started this year or planned to start shortly, and these will continue in order to contribute to improving the data and improving outcomes for individual BAME staff.

4. Summary WDES 2021 Data

4.1. Almost 1.8% of staff at NBT have identified as disabled, which is a slight increase from the previous year, but over 25% of staff have not identified themselves at all and their disability status is unknown. Since the national rate is 3.6% for non-clinical and 2.9% for clinical staff (excluding medical and dental staff), our rate at NBT is substantially lower. Our current monitoring system does not allow the Trust to identify disabled staff by type of impairment, this is still part of the national Electronic Staff Record (ESR) development programme to be implemented at some future date, currently unknown.

4.2. Non-clinical directorates range from 1.47% (Facilities) to 2.35% (Corporate) disabled staff, clinical divisions range from 1.06% (Medicine) to 2.79% (NMSK). 2.65% of disabled staff are in bands 1-4, 1.34% across bands 5-7, 1.27% are in Bands 8a-8b, 3.96% in Bands 8c-VSM.

4.3. The relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff is 1.38, at a national level the rate is 1.23, so again the rate for NBT is lower appointment rate than the national trend.

4.4. The relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff is 7.09 at NBT which is significantly higher than the national rate of 1.1.

4.5. The indicators relating to national staff survey results were reported previously to Board in February 2021, which continued to show significant differential for disabled staff, but the Trust figures are in line with the national figures for disabled staff. Though reporting levels for disabled staff reporting harassment at work is slightly higher than for non-disabled staff.

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4.6. Disabled staff are less likely to believe that their organisation provides equal opportunities, this is the case at NBT where the figure is 80.4% compared to 85.7% (for non-disabled staff) and is quite similar to the national response rate of 79.6%. A lower proportion of disabled staff feel that their organisation values their work, 38.6% compared to 49.2% for non-disabled staff at NBT, which is a similar trend to the national data.

4.7. The proportion of disabled staff who have felt pressure from their manager to come to work continues to be higher for disabled staff at NBT (29.8%), compared to 21.7% for non-disabled staff, though it's lower than the national average of 33%. The proportion of disabled staff at NBT (78.1%) saying that their employer has made adequate adjustment(s) to enable them to carry out their work is higher than the national rate of 75.5%.

4.8. The overall disabled staff at NBT score for staff engagement is 6.8, which is below that of non-disabled staff at 7.2 but in line with the national average 6.7 for disabled staff.

4.9. The Trust Board has better representation of disabled people at 11.76% than the workforce as a whole and both Board members are full voting members.

4.10. Over the last year the most prominent disability equality initiative has been a programme on Neurodiversity, a project to increase disabled staff identification will be started during this year.

5. **Summary Gender Pay Gap 2020 Data**

5.1. Women (females) made up 76% of the workforce in 2020, up very slightly from 2018-2019's 75% and in line with national 2018 NHS workforce data of 77%. This compares with the 2018 overall aged 16+ England population in employment of 47% women and 53% men.

5.2. At NBT in 2020 the average hourly rate for male staff is 22.7% more than the average rate paid to female staff. In most Bands, except Band 9 and medical staff, women make up the majority of staff workforce and have a resulting mean average positive Gender Pay Gap (GPG) hourly rate of between £0.04 to £3.58 over men. In a smaller number of Bands (2, 8b & 9) and medical staff groups where men outnumber women, then the average mean GPG in favour of men range from £0.28 to £5.98.

5.3. The main difference in NBT's gender pay gap is specifically due to more male medical and dental staff compared to female medical staff. Nationally in the 2018 the split for consultants was 63% men and 37% women and for other medical and dental staff 52% men and 48% women. AT NBT the most significant gender pay gap disparity in 2020 lies for the award of Clinical Excellence Awards (CEA), which is 28.28% in favour of male medical staff and the equivalent of £3,441. In this latest year more women consultants

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were successful in attaining a CEA (18.18%) compared to their male/men counterparts (7.98%), which is significant change from the 2018-19 figure of 12.35%.

5.4. NBT needs to continue to review the GPG, in particular, to identify potential causes for the disparity and to work towards reducing the gap; clinical divisions have a clear role to consider both the pay differential and also look at achieving greater parity in the award of CEAs.

6. Priorities for Action for next 6 - 12 months

6.1. Strategic and Cross-Cutting

a. Re-establish NBT EDI Committee to oversee and monitor relevant data reports and action plans and also co-ordinate collaborative working across the Trust.
b. Review NBT EDI Policy and Statement and develop an EDI vision.
c. Continue to co-lead BNSSG EDI Leads Group and take a proactive stance in working collaboratively and sharing resources and/or capacity in order to deliver its priorities and action plans.
d. Ensure Trust wide initiatives such as Freedom to Speak up and Restorative Just Culture embed EDI into their processes and practices.
e. Review and relaunch the Harassment and Bullying helpline and the Advisors support programme, with particular emphasis on staff from protected characteristic groups.
f. Continue to support staff equality networks (including the provision of protected time for key network leads) to increase their voice and influence.
g. Ensure delivery of the BNSSG Overhauling (Inclusive) Recruitment Action Plan, in order to improve outcomes in recruitment, applications and progression.
h. Deliver EDI training programme to senior leaders and service managers to increase their confidence to become Allies and identify lead inclusive culture change.
i. Provide resources to support line managers to improve understanding and ability to identify and challenge discrimination, as well as providing better support to staff from protected characteristic equalities groups.
j. Embed EDI into the anchor in the community role of NBT.

6.2. Race Equality

a. Re-fresh the Cultural Ambassador scheme to ensure improved outcomes within disciplinary and grievance processes for BAME staff and extend it to other protected characteristic groups as a Cultural and Inclusion Ambassador scheme.
b. Complete and evaluate first tranche of the Valuing Together Reciprocal Mentoring Programme, of at least 2 cohorts.
c. Review and re-launch Red Card to Racism including effective recording system and appropriate support for BAME staff facing harassment, bullying or abuse.
d. Deliver and build on the BNSSG Race Equality Talent Management Programme and other positive action BAME staff development initiatives to increase staff progression particularly into senior levels (Bands 8a and above) across the whole Trust including medical staff in leadership roles.

6.3. Disability Equality

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a. Improve identification of disabled staff and if possible, identify specific impairment areas so that support for disabled staff can be improved across the whole Trust (i.e. reasonable disability adjustment passports or improved learning & development experiences).
b. Deliver, monitor and develop NBT Neurodiversity Project including the directory, toolkit and buddying scheme.
c. Review career development opportunities and the appraisal process to ensure equity for disabled staff.
d. Monitor sickness, capability and performance management processes to ensure no detriments for disabled staff.

6.4. Sex (Gender) Equality

a. Review sex/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.

6.5. Other Equality Area

a. Review and refresh NBT Lesbian, Gay and Bisexual and NBT Trans Charters.
b. Identify levels and impact of harassment and bullying on LGBT+ staff, through a survey and followed by improved levels of support.
c. Monitor wellbeing support uptake to ensure all services are inclusive and appropriate for all staff groups

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

7. Proposed Indicators

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

7.2. Reduce race disparity year on year at middle and upper levels of the Trust until the organisational average for BAME staff (currently 17.1%) is reflected at all levels across the Trust.

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

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7.4. Improve staff satisfaction on engagement for different equalities protected characteristic groups to meet the average for all NBT staff.

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

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

7.7. To increase retention and/or recruitment of women at VSM and Consultant levels towards parity of 50:50.

8. Summary and Recommendations

The Trust Board is asked to:

- note the key findings from relevant data returns,
- approve priorities and key actions for 2021 – 2023 and associated indicators
- agree publication of key data and full action plans on the Trust website.

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NHS
North Bristol
NHS Trust

Workforce Race Equality Standard (WRES) Data

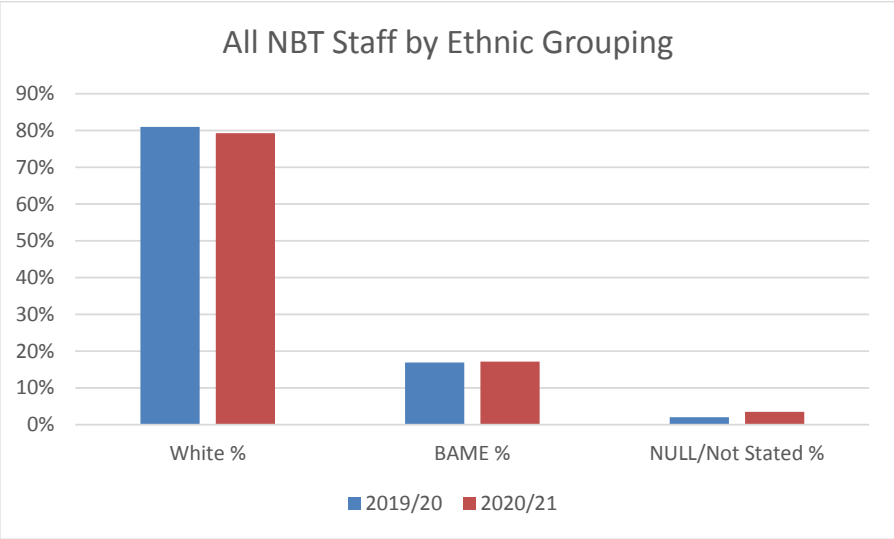
North Bristol NHS Trust 2020/21

NHS North Bristol NHS Trust

All data is for the NBT position as 31 March 2021

NBT Workforce Composition

Financial Year	White Head Count	White %	BAME Head Count	BAME %	NULL/Not Stated Head Count	NULL/Not Stated %	NBT Total
2019/20	7283	81.01%	1521	16.92%	186	2.07%	**8990**
2020/21	7597	79.31%	1642	17.14%	340	3.55%	**9579**



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

NHS North Bristol NHS Trust

Ethnic Grouping:	White			BAME			Not Stated			2020/21 Total
	Count	% of Grade Total	% Difference from Overall	Head Count	% of Grade Total	% Difference from Overall	Head Count	% of Grade Total	% Difference from Overall	
Non Clinical	**2157**	**83.31%**	**4.01%**	**394**	**15.22%**	**-1.92%**	**38**	**1.47%**	**-2.08%**	**2589**
Band 2	667	71.64%	-7.67%	249	26.75%	9.60%	15	1.61%	-1.94%	**931**
Band 3	448	88.89%	9.58%	44	8.73%	-8.41%	12	2.38%	-1.17%	**504**
Band 4	426	91.03%	11.72%	38	8.12%	-9.02%	4	0.85%	-2.69%	**468**
Band 5	166	85.13%	5.82%	27	13.85%	-3.30%	2	1.03%	-2.52%	**195**
Band 6	113	87.60%	8.29%	16	12.40%	-4.74%	0	0.00%	-3.55%	**129**
Band 7	155	91.72%	12.41%	12	7.10%	-10.04%	2	1.18%	-2.37%	**169**
Band 8a	67	94.37%	15.06%	4	5.63%	-11.51%	0	0.00%	-3.55%	**71**
Band 8b	61	95.31%	16.00%	2	3.13%	-14.02%	1	1.56%	-1.99%	**64**
Band 8c	22	88.00%	8.69%	1	4.00%	-13.14%	2	8.00%	4.45%	**25**
Band 8d	13	92.86%	13.55%	1	7.14%	-10.00%	0	0.00%	-3.55%	**14**
Band 9	11	100.00%	20.69%	0	0.00%	-17.14%	0	0.00%	-3.55%	**11**
VSM	8	100.00%	20.69%	0	0.00%	-17.14%	0	0.00%	-3.55%	**8**
Clinical	**5434**	**77.85%**	**-1.46%**	**1248**	**17.88%**	**0.74%**	**298**	**4.27%**	**0.72%**	**6980**
Band 2	686	75.14%	-4.17%	213	23.33%	6.19%	14	1.53%	-2.02%	**913**
Band 3	625	84.01%	4.70%	108	14.52%	-2.63%	11	1.48%	-2.07%	**744**
Band 4	310	77.69%	-1.61%	77	19.30%	2.16%	12	3.01%	-0.54%	**399**
Band 5	1154	69.60%	-9.71%	438	26.42%	9.28%	66	3.98%	0.43%	**1658**
Band 6	1075	85.86%	6.55%	160	12.78%	-4.36%	17	1.36%	-2.19%	**1252**
Band 7	655	93.04%	13.73%	44	6.25%	-10.89%	5	0.71%	-2.84%	**704**
Band 8a	149	91.41%	12.10%	11	6.75%	-10.39%	3	1.84%	-1.71%	**163**
Band 8b	29	96.67%	17.36%	1	3.33%	-13.81%	0	0.00%	-3.55%	**30**
Band 8c	16	94.12%	14.81%	1	5.88%	-11.26%	0	0.00%	-3.55%	**17**

Band 8d	11	100.00%	20.69%	0	0.00%	-17.14%	0	0.00%	-3.55%	**11**
Band 9	5	100.00%	20.69%	0	0.00%	-17.14%	0	0.00%	-3.55%	**5**
VSM	1	100.00%	20.69%	0	0.00%	-17.14%	0	0.00%	-3.55%	**1**
Consultant	336	70.15%	-9.16%	102	21.29%	4.15%	41	8.56%	5.01%	**479**
Trainee Grades	259	68.70%	-10.61%	43	11.41%	-5.74%	75	19.89%	16.34%	**377**
Other	81	49.69%	-29.62%	33	20.25%	3.10%	49	30.06%	26.51%	**163**
Non-Consultant Career Grade	35	62.50%	-16.81%	16	28.57%	11.43%	5	8.93%	5.38%	**56**
Consultant - of which SMM	7	87.50%	8.19%	1	12.50%	-4.64%	0	0.00%	-3.55%	**8**
Z No Category	**6**	**60.00%**	**-19.31%**	**0**	**0.00%**	**-17.14%**	**4**	**40.00%**	**36.45%**	**10**
Band 3	1	100.00%	20.69%	0	0.00%	-17.14%	0	0.00%	-3.55%	**1**
VSM	5	55.56%	-23.75%	0	0.00%	-17.14%	4	44.44%	40.90%	**9**
Grand Total	**7597**	**79.31%**		**1642**	**17.14%**		**340**	**3.55%**		**9579**

Table: Number and Percentage of Staff by Ethnic Grouping in each Band, with difference from overall proportion

NHS North Bristol NHS Trust

2019/20							
Ethnic Grouping	White Head Count	% of Grade Total	BAME Head Count	% of Grade Total	NULL/Not Stated Head Count	% of Grade Total	2019/20 Total
Non Clinical	2178	82.91%	418	15.91%	31	1.18%	2627
Under Band1	0	0.00%	0	0.00%	0	0.00%	0
Band 1	1	100.00%	0	0.00%	0	0.00%	1
Band 2	810	72.91%	287	25.83%	14	1.26%	1111
Band 3	423	89.81%	40	8.49%	8	1.70%	471
Band 4	419	91.68%	35	7.66%	3	0.66%	457
Band 5	136	80.95%	29	17.26%	3	1.79%	168
Band 6	93	87.74%	13	12.26%	0	0.00%	106
Band 7	125	93.98%	8	6.02%	0	0.00%	133
Band 8a	58	93.55%	4	6.45%	0	0.00%	62
Band 8b	56	96.55%	1	1.72%	1	1.72%	58
Band 8c	21	91.30%	1	4.35%	1	4.35%	23
Band 8d	13	92.86%	0	0.00%	1	7.14%	14
Band 9	16	100.00%	0	0.00%	0	0.00%	16
VSM	7	100.00%	0	0.00%	0	0.00%	7
Clinical	5105	80.23%	1103	17.33%	155	2.44%	6363
Under Band1	0	0.00%	0	0.00%	0	0.00%	0
Band 1	0	0.00%	0	0.00%	0	0.00%	0
Band 2	546	73.98%	183	24.80%	9	1.22%	738
Band 3	549	86.05%	78	12.23%	11	1.72%	638
Band 4	256	81.79%	36	11.50%	21	6.71%	313
Band 5	1104	71.36%	397	25.66%	46	2.97%	1547
Band 6	1040	87.10%	141	11.81%	13	1.09%	1194
Band 7	628	93.59%	38	5.66%	5	0.75%	671
Band 8a	140	92.11%	9	5.92%	3	1.97%	152
Band 8b	32	96.97%	1	3.03%	0	0.00%	33
Band 8c	16	94.12%	1	5.88%	0	0.00%	17
Band 8d	7	100.00%	0	0.00%	0	0.00%	7
Band 9	5	100.00%	0	0.00%	0	0.00%	5
VSM	1	100.00%	0	0.00%	0	0.00%	1
Consultant	338	72.53%	105	22.53%	23	4.94%	466
Trainee Grades	294	81.44%	53	14.68%	14	3.88%	361
Other	109	67.70%	42	26.09%	10	6.21%	161
Non-Consultant Career Grade	34	65.38%	18	34.62%	0	0.00%	52
Consultant - of which SMM	6	85.71%	1	14.29%	0	0.00%	7
Z No Category							
Band 3							
VSM							
Grand Total	7283	81.01%	1521	16.92%	186	2.07%	8990

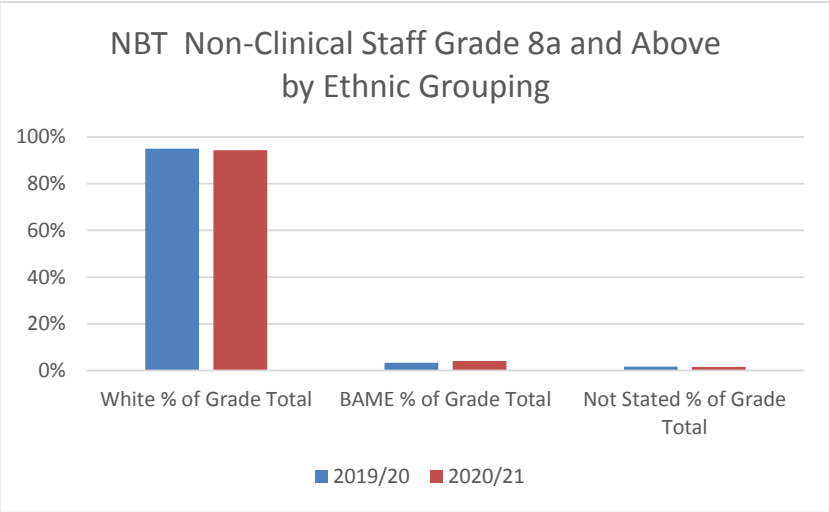
2020/21									
Ethnic Grouping	White Head Count	% of Grade Total	% Change from 19-20	BAME Head Count	% of Grade Total	% Change from 19-20	NULL/Not Stated Head Count	% of Grade Total	% Change from 19-20	2020/21 Total
Non Clinical	2157	83.31%	0.0040576	394	15.22%	-0.69%	38	1.47%	0.29%	2589
Under Band1	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
Band 1	0	0.00%	-100.00%	0	0.00%	0.00%	0	0.00%	0.00%	0
Band 2	667	71.64%	-1.26%	249	26.75%	0.91%	15	1.61%	0.35%	931
Band 3	448	88.89%	-0.92%	44	8.73%	0.24%	12	2.38%	0.68%	504
Band 4	426	91.03%	-0.66%	38	8.12%	0.46%	4	0.85%	0.20%	468
Band 5	166	85.13%	4.18%	27	13.85%	-3.42%	2	1.03%	-0.76%	195
Band 6	113	87.60%	-0.14%	16	12.40%	0.14%	0	0.00%	0.00%	129
Band 7	155	91.72%	-2.27%	12	7.10%	1.09%	2	1.18%	1.18%	169
Band 8a	67	94.37%	0.82%	4	5.63%	-0.82%	0	0.00%	0.00%	71
Band 8b	61	95.31%	-1.24%	2	3.13%	1.40%	1	1.56%	-0.16%	64
Band 8c	22	88.00%	-3.30%	1	4.00%	-0.35%	2	8.00%	3.65%	25
Band 8d	13	92.86%	0.00%	1	7.14%	7.14%	0	0.00%	-7.14%	14
Band 9	11	100.00%	0.00%	0	0.00%	0.00%	0	0.00%	0.00%	11
VSM	8	100.00%	0.00%	0	0.00%	0.00%	0	0.00%	0.00%	8
Clinical	5434	77.85%	-2.38%	1248	17.88%	0.55%	298	4.27%	1.83%	6980
Under Band1	0	0.00%	0.00%	0	0.00%	0.00%	0	0.00%	0.00%	0
Band 1	0	0.00%	0.00%	0	0.00%	0.00%	0	0.00%	0.00%	0
Band 2	686	75.14%	1.15%	213	23.33%	-1.47%	14	1.53%	0.31%	913
Band 3	625	84.01%	-2.04%	108	14.52%	2.29%	11	1.48%	-0.25%	744
Band 4	310	77.69%	-4.09%	77	19.30%	7.80%	12	3.01%	-3.70%	399
Band 5	1154	69.60%	-1.76%	438	26.42%	0.75%	66	3.98%	1.01%	1658
Band 6	1075	85.86%	-1.24%	160	12.78%	0.97%	17	1.36%	0.27%	1252
Band 7	655	93.04%	-0.55%	44	6.25%	0.59%	5	0.71%	-0.03%	704
Band 8a	149	91.41%	-0.69%	11	6.75%	0.83%	3	1.84%	-0.13%	163
Band 8b	29	96.67%	-0.30%	1	3.33%	0.30%	0	0.00%	0.00%	30
Band 8c	16	94.12%	0.00%	1	5.88%	0.00%	0	0.00%	0.00%	17
Band 8d	11	100.00%	0.00%	0	0.00%	0.00%	0	0.00%	0.00%	11
Band 9	5	100.00%	0.00%	0	0.00%	0.00%	0	0.00%	0.00%	5
VSM	1	100.00%	0.00%	0	0.00%	0.00%	0	0.00%	0.00%	1
Consultant	336	70.15%	-2.39%	102	21.29%	-1.24%	41	8.56%	3.62%	479
Trainee Grades	259	68.70%	-12.74%	43	11.41%	-3.28%	75	19.89%	16.02%	377
Other	81	49.69%	-18.01%	33	20.25%	-5.84%	49	30.06%	23.85%	163
Non-Consultant Career Grade	35	62.50%	-2.88%	16	28.57%	-6.04%	5	8.93%	8.93%	56
Consultant - of which SMM	7	87.50%	1.79%	1	12.50%	-1.79%	0	0.00%	0.00%	8
Z No Category	6	60.00%		0	0.00%		4	40.00%		10
Band 3	1	100.00%		0	0.00%		0	0.00%		1
VSM	5	55.56%		0	0.00%		4	44.44%		9
Grand Total	7597	79.31%	-1.70%	1642	17.14%	0.22%	340	3.55%	1.48%	9579

North Bristol NHS Trust

Likelihood of White Staff to be in Band 8a and above Non-Clinical Posts

NBT Non-Clinical Staff Grade 8a and Above by Ethnic Grouping

Non-clinical 8a& Above	White Head Count	% of Grade Total	BAME Head Count	% of Grade Total	NULL/Not Stated Head Count	% of Grade Total	2019/20 Total
2019/20	171	95.00%	6	3.33%	3	1.67%	180
2020/21	182	94.30%	8	4.15%	3	1.55%	193



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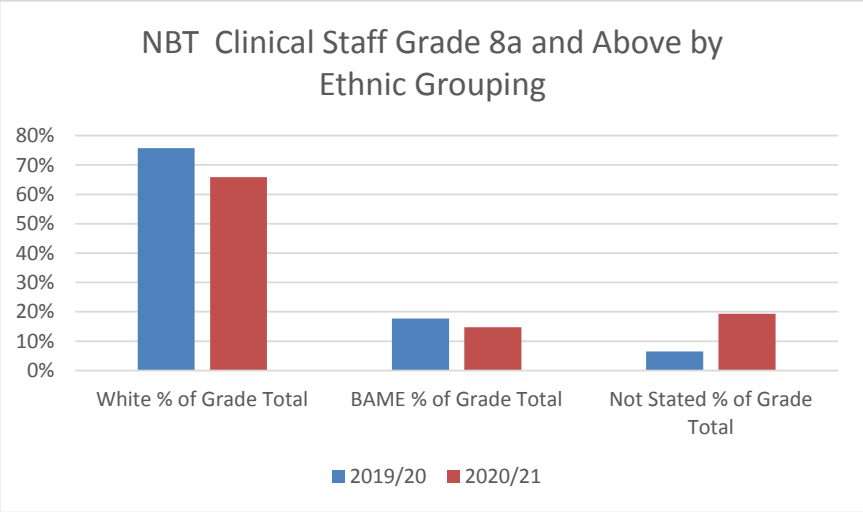
Likelihood of White Staff to be in Band 8a and above Clinical Posts

NBT Clinical Staff Grade 8a and Above by Ethnic Grouping

Clinical 8a & above	White Head Count	% of Grade Total	BAME Head Count	% of Grade Total	NULL/Not Stated Head Count	% of Grade Total	2019/20 Total
2019/20	579	75.79%	135	17.67%	50	6.54%	764
2020/21	589	65.88%	132	14.77%	173	19.35%	894



2 Relative likelihood of BAME staff being appointed from shortlisting.

The relative likelihood of what white applicants being appointed after shortlisting **1.46**.

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

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

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

The relative likelihood of what BAME staff entering into a formal disciplinary process compared to white staff is **1.44**,

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

The relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff is **1.42**

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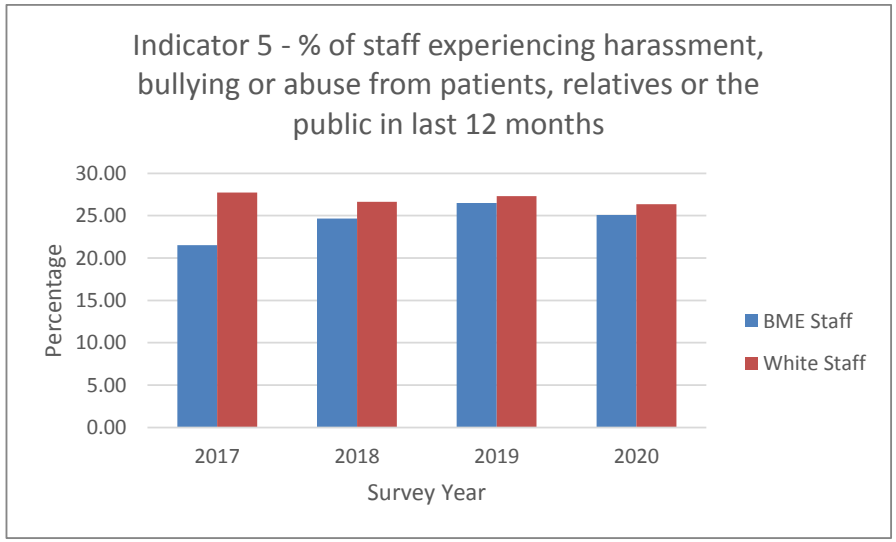
Indicators 5 to 8 National Staff Survey Results

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

Sum of Organisation Result % / Row Labels	Column Labels / BME Staff	White Staff
2017	21.51	27.74
2018	24.67	26.62
2019	26.51	27.30
2020	25.08	26.35



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6 Percentage of staff experiencing harassment, bullying or abuse from staff

Sum of Organisation Result % Row Labels	Column Labels BME Staff	White Staff	Grand Total
2017	26.32	24.76	51.07
2018	26.86	25.14	52.00
2019	24.59	24.02	48.61
2020	25.66	21.94	47.60

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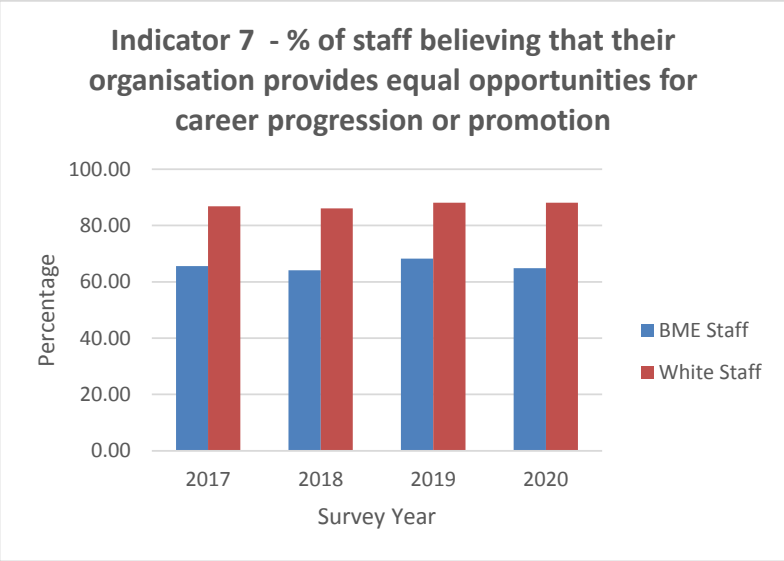
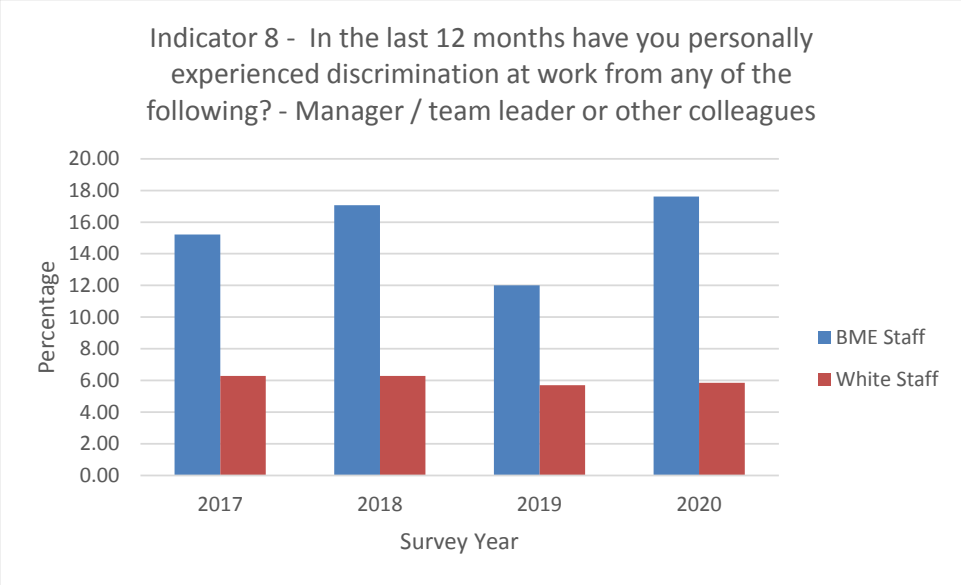
7 Percentage believing the Trust provides equal opportunities for career progression or promotion

Sum of Organisation Result % Row Labels	Column Labels BME Staff	White Staff
2017	65.60	86.89
2018	64.13	86.11
2019	68.24	88.16
2020	64.83	88.17



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

Sum of Organisation Result % Row Labels	Column Labels BME Staff	White Staff
2017	15.21	6.29
2018	17.07	6.30
2019	12.00	5.70
2020	17.61	5.86



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Indicator 9 – Percentage difference between the BAME make up of Boards' voting membership and its overall workforce as at 31 March 2021.

Board Members by Ethnic Grouping and Board Voting Rights

	Voting Rights				Board Total	
	No		Yes			
	Head Count	Percentage	Head Count	Percentage	Head Count	Percentage
Unknown/ Not Stated	2	40.00%	2	16.67%	4	23.53%
White British	3	60.00%	10	83.33%	13	76.47%
Grand Total	5	100.00%	12	100.00%	17	100.00%

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NBT People Strategy Themes (NBT People Strategy Priorities)	**NHS People Plan Themes/**	**Measures of Success/ Level of Priority**	**Valuing You Strategic theme** (from NBT EDI Strategy)	**Proposed Valuing You objective outcome 2019-2021**	**Action Plan (2020 – 2023)**	**WRES Indicator/s**	**Action Lead**
Great Place to work: **Voice** ***Empowering Staff to have their say, involved in decisions and innovations. ***Encouraging Staff to speak up against issues such as bullying and issues relating to patient safety	**Looking After Our People** **Belonging to the NHS** **Flexible working** **Building confidence to speak up** **Building respect and dignity**	● An increase in the reporting of adverse events/patient safety concerns/ staff speaking up ● A reduction in sickness absence and staff turnover ● Reduction in Suspensions, Disciplinary cases and Employment Tribunals	**Voice** **Cultural Ambassadors & Just Culture**	A) Staff Groups are equipped and engage to advance equality of opportunity across the organisation. B) All colleagues are enabled and empowered to share their experience. C) Freedom To Speak Up (FTSU) Champions	1. Build on and increasing engagement with BAME Staff and Network to ensure they shape all policies and procedures at NBT 2. Continue to develop BAME Network to increase member-ship, ensure Executive attendance and sponsorship 3. Deliver BAME Staff Network and Equality, Diversity, and Inclusion (EDI)	2, 3, 5-8, 9 2, 3, 5-8, 9	

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***Wellbeing conversations built into appraisals ***Regular listening events and pulse surveys **Thrive** ***Building on our strong emphasis of staff wellbeing ***Growing our flexible working offers ***Vigorous approach to EDI – diverse teams that reflect the population we serve and enhances the experiences of our patients		● Increase in employee engagement ● Increase in number of BAME staff in senior roles ● A better WRES and WDES position year on year - indicating improved inclusivity ● CQC Well Led assessment shows tangible progress on EDI agenda and its impact on staff ● Further improved well-being offers to include		Are Represent-ative and accessible D) Just Culture pilot is inclusive and accessible E) Cultural Ambassador Programme is incorporated into Just Culture approach and stands as an integral part of formal and informal People (HR) processes F) Ensuring culturally appropriate and accessible wellbeing	Champion bi-annual report to Trust Board 4. BAME Staff Network Leads and EDI Lead quarterly meeting with CEO/Exec Member 5. Support BAME Staff Network Leads to develop links with external stakeholders (i.e. BNSSG) to promote better support and share practice 6. Support BAME Staff Network to use various methods to listen to staff i.e. drop-ins & events 7. Communication Team support to BAME Group and for race equality projects 8. Ensure core values,		

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***”Valuing You Culture” as set out in our 2020 EDI Strategy **Just Culture – focus on fairness and accountability rather than blame and sanction** ***Links to quality and safety ***Free from harm – not from error. ***Encourages and supports speaking up, especially for those staff who are disproportion-ately represented/ Implicated in formal cases.		extended mental health, keep well and financial wellbeing support by the end of 2021/22 ● From Sep 2021 wellbeing conversations will be built into all staff appraisals ● Introduce ‘Just Culture’ to be fully operational by 2021/22 reducing episodes of formal disciplinary action		support for Black, Asian & Minority Ethnic (BAME) Staff G) Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination H) Staff are free from abuse, harassment, bullying and violence from any source, when at work I) Promoting the benefits of	objectives and commitments for race equality and EDI are delivered across the whole organisation 9. EDI Champion to engage with BAME staff proactively by visiting workplaces and leading on drop-in clinics, these should reflect both day and night time shifts 10. Further listening activities & events for BAME staff to share WRES results and continuing impacts of COVID-19 with a commitment to ensure co-design of interventions which address the inequalities highlighted in the WRES data		

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*Restorative actions/ Conversations where possible which aim to put things right (meeting hurt and harm with healing, not with more harm) *Reduction in formal 'cases' – and those that occur are handled efficiently and limit harm				equality, diversity and inclusion to all staff J) Leaders demonstrate their commitment to EDI and ensure account-ability, respon-sibility and resources	11. Agree and test co-designed improvements to address the disproportionate effects of Covid-19 on BAME staff, exacerbating existing inequalities, using the successful bid for NHS Charities Together funds 12. Implement Freedom To Speak Up Guardian model with wider set of champions with greater diversity reflecting the workforce and improving accessibility 13. Develop equalities monitoring for those who speak up and for issues raised 14. Just Culture way of		

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					working to be piloted ensuring access to BAME staff and incorporating their needs 15. Introduce equalities monitoring of Employee Assistance Programme of both of those calling and issues raised to ensure wellbeing services are inclusive and accessible. 16. Develop culturally competent wellbeing support for BAME staff in collaboration with Heathier Together partners and community groups providing targeted services 17. Review Cultural Ambassador scheme		

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					and roles to ensure the roles are clear and embedded into practice and that the arrangements meet the identified need of NBT and of BAME staff 18. Review and refresh 'Red Card to Racism' scheme and other forms of racism and/or hate incidents reporting initially by updating the recording system and then ensuring appropriate action taken and that required support is provide to BAME staff 19. Explore the role of allies and set up an allyship programme based on various models		

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					20. Ensure sickness, disciplinary, grievance and performance capability policies/ processes are fair and equitable towards BAME staff through ongoing monitoring and remedial actions 21. Ensure proactive support and engagement of Executive & Non-Executive Champions 22. Explore working collaboratively with initiatives to improve the diversity of the Board		
Growing and Developing our Workforce *A blended	**Growing for the Future**	● Comprehen-sive and easy to use People Balanced Scorecard,	**Leadership development** **Accessible**	K) Inclusive recruitment and selection processes lead to a more	23. Monitor opportunities to ensure BAME staff can access learning and development at all levels equally and		

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composite workforce with a broad variety of jobs and career pathways for all professions *Self-directed e-Learning – upskilling and growing capability * Multi Professional teams * Developing managers and leaders to build a culture of compassion and inclusive leadership * Clear supply routes for shortage specialties		data and reports by 2021/22 ● Career pathways are developed across professions and with our staff using them for development purposes by the end of 2024/25 ● Trust wide retention plans in place by 2021/22 and reducing turnover, continuously monitored ● Staff survey assessments of managers show greater	**Careers**	representative and diverse workforce L) Staff report positive experiences of their membership of the workforce M) Inclusive career pathways across the whole organisation and at all levels N) Establish core principle of increasing visible diversity with the intention of embedding a culture of inclusion	representatively 24. Undertake review of the appraisal process to identify career development opportunities and line manager support for BAME staff and ensuring opportunities are realised with accountability in place for line managers with transparent data 25. Continue to support BAME staff into a range of talent management, leadership development and secondment opportunities and ensure positive outcomes for individual staff 26. Monitor ethnicity of all		

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* Focussed retention strategy * Improved real time People data, analytics and People Score Card reports * Growing our international staff pipelines * Maintaining education to grow our future, expanding our offer for ACP roles * Supporting Clinical Placements * Improved approach to workforce planning and scenario		compassion and inclusivity year on year ● Trust wide workforce plans which address shortages and different scenarios ● International resourcing pipelines which fulfil workforce plans ● Increased flexible working in line with consistent BNSSG approach		throughout NBT	staff to identify continued barriers to recruitment and progression of BAME staff within the whole organisation and at all levels (particularly focusing on staff stuck at particular Bands and from specific ethnic groups) 27. Undertake a review of internal recruitment processes to bring greater clarity and equity to outcomes for BAME staff by removing barriers 28. Promote coaching, buddying, and mentoring offers to internal BAME staff at all levels to support their career progression within NBT		

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planning * Implementing e-Rostering Job Planning Line Manager and individual ESR Self Service * Continue to expand our Apprenticeship portfolio					29. Review recruitment processes and offer coaching, buddying and mentoring to external BAME applicants to ensure their recruitment into NBT especially into those grades and departments where BAME staff are under-represented 30. Work towards implementing the ambitions for increasing BAME representation at senior levels (as outlined in A Model Employer) by leading and implementing the BNSSG Talent Management Programme 31. Lead the BNSSG Inclusive Recruitment programme to deliver the overhauling		

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					recruitment action plan 32. Develop and deliver EDI training programme for Senior Line Managers in order to move them to become “Upstanders” 33. Deliver Valuing Together Reciprocal Mentoring Programme for BAME staff and Executive/senior leaders 34. Continue to work with University of West of England (UWE) and partners to improve student placement experiences and contribute to reducing the awarding gap 35. Undertake a review		

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					of the appraisal process to identify how career development opportunities are identified and how line managers can provide support for BAME staff and ensure opportunities are realised 36. Ensure sickness, disciplinary, grievance and performance capability policies and processes are fair and equitable towards BAME staff through ongoing monitoring and remedial actions 37. Support Managers to improve their understanding of race equality and meeting the needs of BAME staff through training,		

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					resources, and toolkits		
Better People Support *Providing single point of access to our services 'one stop shop' through intranet with easy to use intuitive new policy guidance * Dedicated complex casework team with Employee Relations case tracker * Streamlined digital enhanced recruitment and on boarding working alongside the community for	**New Ways of working and delivering care**	● Implement a new intranet People portal with easy access and navigation by November 2020 to coincide with Trust rollout of the new intranet ● All policies reviewed, streamlined and improved by end of 2020/21 ● Review end to end recruitment process to identify a quicker, seamless	**Accessible Services for All**	O) Ensuring accessibility, diversity inclusiveness for all staff, patients, and carers	38. Use BAME staff as stakeholders in assessing the needs of BAME patients and in ensuring that services are accessed equitably and fairly as well as ensuring services are delivered culturally competently		

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hard to reach groups * Flexible working arrangements * HR balanced score card reports and workforce data, that is timely and reliable.		intuitive system and process by 2021/22 ● Suite of toolkits, guidance, and development online and easily accessible for managers ● Implement ESR self-service by the end of 2022/23 with progress measured against numbers of staff that are users by the end of 2021and 2022 ● By Jan 21 all roles will be					

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		considered for flexible working patterns with role modelling from the top					

NHS People Plan
NBT People Strategy
NBT Valuing You (EDI) Strategy
NHS WRES Executive Summary Report
NBT WRES Supplementary & Data Information 2020 & 2021
NBT WRES Race Disparity Data Report
BNSSG ICS Workforce Plan
Healthier Together (BNSSG) EDI Leads Action Plan
NHSI A Model Employer: WRES Leadership Strategy
NBT A Model Employer
NHS People Plan Inclusive Recruitment
Bristol RESLG Tackling Race Inequality in 2020: Top 3 Priorities for Public Sector Agencies
Bristol's Race Equality HR Data Product 2019 & 2021
BNSSG EDI Action Plan
BNSSG Overhauling (Inclusive) Recruitment Action Plan
BNSSG Retention Action Plan
BNSSG Race Equality Talent Management Action Plan

NHS
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Workforce Disability Equality Standard (WDES) Data 2020-2021

North Bristol NHS Trust 2020/21

North Bristol NHS Trust

All NBT workforce data is the trust position as at 31 March 2021

NBT Profile

Financial Year	Disabled Head Count	Disabled %	Non Disabled Head Count	Non Disabled %	Unknown Head Count	Unknown %	Grand Total
2019/20	128	1.42%	6495	72.25%	2367	26.33%	8990
2020/21	171	1.79%	6995	73.02%	2413	25.19%	9579

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

Cluster 1: AfC Band 1, 2, 3 and 4

Row Labels	Disabled Head Count	Disabled %	Non Disabled Head Count	Non Disabled %	Unknown Head Count	Unknown %	Grand Total
Non Clinical	**49**	**2.57%**	**1343**	**70.57%**	**511**	**26.85%**	**1903**
Band 2	19	2.04%	617	66.27%	295	31.69%	931
Band 3	14	2.78%	389	77.18%	101	20.04%	504
Band 4	16	3.42%	337	72.01%	115	24.57%	468
Clinical	**56**	**2.72%**	**1558**	**75.78%**	**442**	**21.50%**	**2056**
Band 2	18	1.97%	727	79.63%	168	18.40%	913
Band 3	13	1.75%	573	77.02%	158	21.24%	744
Band 4	25	6.27%	258	64.66%	116	29.07%	399
Z No Category		**0.00%**	**1**	**100.00%**		**0.00%**	**1**

NHS North Bristol NHS Trust

Band 3		0.00%	1	100.00%		0.00%	1
Grand Total	**105**	**2.65%**	**2902**	**73.28%**	**953**	**24.07%**	**3960**

Cluster 2: AfC Band 5, 6 and 7

Row Labels	Disabled Head Count	Disabled %	Non Disabled Head Count	Non Disabled %	Unknown Head Count	Unknown %	Grand Total
Non Clinical	**11**	**2.23%**	**398**	**80.73%**	**84**	**17.04%**	**493**
Band 5	5	2.56%	158	81.03%	32	16.41%	195
Band 6	3	2.33%	106	82.17%	20	15.50%	129
Band 7	3	1.78%	134	79.29%	32	18.93%	169
Clinical	**44**	**1.22%**	**2699**	**74.68%**	**871**	**24.10%**	**3614**
Band 5	24	1.45%	1288	77.68%	346	20.87%	1658
Band 6	17	1.36%	938	74.92%	297	23.72%	1252
Band 7	3	0.43%	473	67.19%	228	32.39%	704
Grand Total	**55**	**1.34%**	**3097**	**75.41%**	**955**	**23.25%**	**4107**

Cluster 3: AfC Band 8a and 8b

Row Labels	Disabled Head Count	Disabled %	Non Disabled Head Count	Non Disabled %	Unknown Head Count	Unknown %	Grand Total
Non Clinical	**2**	**1.48%**	**110**	**81.48%**	**23**	**17.04%**	**135**
Band 8a	1	1.41%	56	78.87%	14	19.72%	71
Band 8b	1	1.56%	54	84.38%	9	14.06%	64
Clinical	**2**	**1.04%**	**114**	**59.07%**	**77**	**39.90%**	**193**
Band 8a	2	1.23%	92	56.44%	69	42.33%	163
Band 8b		0.00%	22	73.33%	8	26.67%	30
Grand Total	**4**	**1.22%**	**224**	**68.29%**	**100**	**30.49%**	**328**

Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members)

Row Labels	Disabled Head Count	Disabled %	Non Disabled Head Count	Non Disabled %	Unknown Head Count	Unknown %	Grand Total
Non Clinical	**3**	**5.17%**	**41**	**70.69%**	**14**	**24.14%**	**58**
Band 8c		0.00%	17	68.00%	8	32.00%	25
Band 8d	1	7.14%	12	85.71%	1	7.14%	14
Band 9	1	9.09%	6	54.55%	4	36.36%	11
VSM	1	12.50%	6	75.00%	1	12.50%	8
Clinical		**0.00%**	**22**	**64.71%**	**12**	**35.29%**	**34**
Band 8c		0.00%	9	52.94%	8	47.06%	17
Band 8d		0.00%	9	81.82%	2	18.18%	11

Band 9		0.00%	4	80.00%	1	20.00%	5
VSM		0.00%		0.00%	1	100.00%	1
Z No Category	**1**	**11.11%**	**6**	**66.67%**	**2**	**22.22%**	**9**
VSM	1	11.11%	6	66.67%	2	22.22%	9
Grand Total	**4**	**3.96%**	**69**	**68.32%**	**28**	**27.72%**	**101**

Cluster 5: Medical and Dental staff, Consultants

Row Labels	Disabled Head Count	Disabled %	Non Disabled Head Count	Non Disabled %	Unknown Head Coun	Un-known %	Grand Total
Consultant	0	0%	283	59.08%	196	40.92%	479
Consultant - of which SMM	0	0%	4	50.00%	4	50.00%	8
Grand Total	**0**	**0%**	**287**	**58.93%**	**200**	**41.07%**	**487**

Cluster 6: Medical and Dental staff, Non-consultant career grade

Row Labels	Disabled Head Count	Disabled %	Non Disabled Head Count	Non Disabled %	Unknown Head Count	Unknown %	Grand Total
Non-Consultant Career Grade	1	1.79%	31	55.36%	24	42.86%	56

Cluster 7: Medical and Dental staff, Medical and dental trainee grades

Row Labels	Disabled Head Count	Disabled %	Non Disabled Head Count	Non Disabled %	Unknown Head Count	Unknown %	Grand Total
Trainee Grades	1	0.27%	245	64.99%	131	34.75%	377

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

	Disability Status

	Not stated/ I do not wish to disclose whether or not I have a disability	No	Yes
Shortlisted	255	5344	346
Appointed	165	1240	58
% Appointed	**64.71%**	**23.20%**	**16.76%**

Table: Number and Percentage of Staff appointed after shortlisting by disability status

Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts is **1.38**

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

Disability Status	2yr Rolling average
No	14.5
Not Declared	0.5
Unspecified	0.5
Yes	2.5

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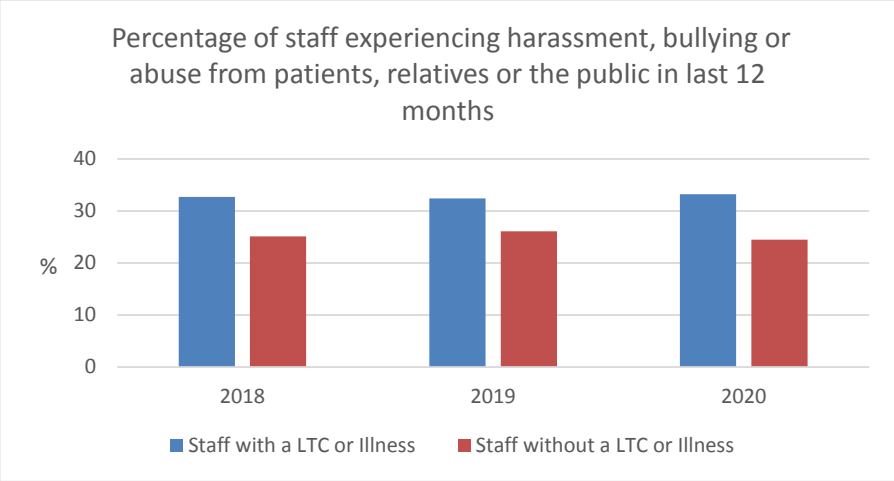
Metric 4 - Harassment

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

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

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

Status	2018	2019	2020
Staff with a LTC or Illness	32.7	32.4	33.2
Staff without a LTC or Illness	25.1	26.1	24.5



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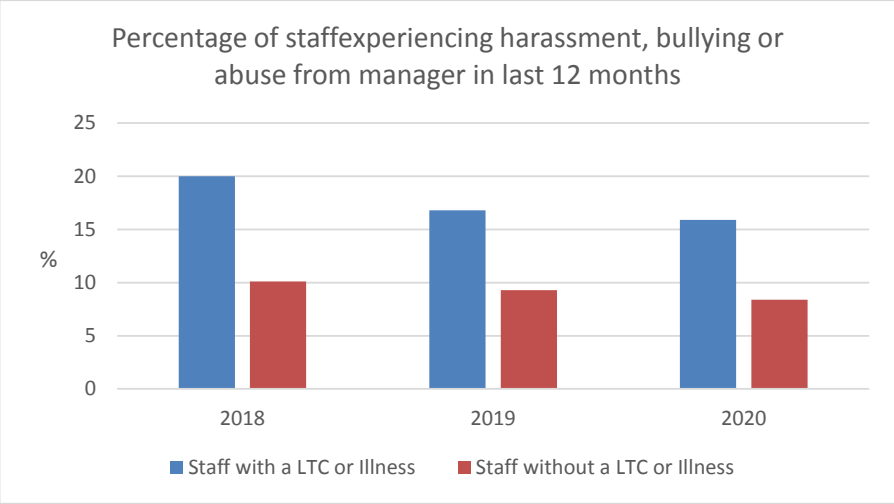
ii. Managers

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

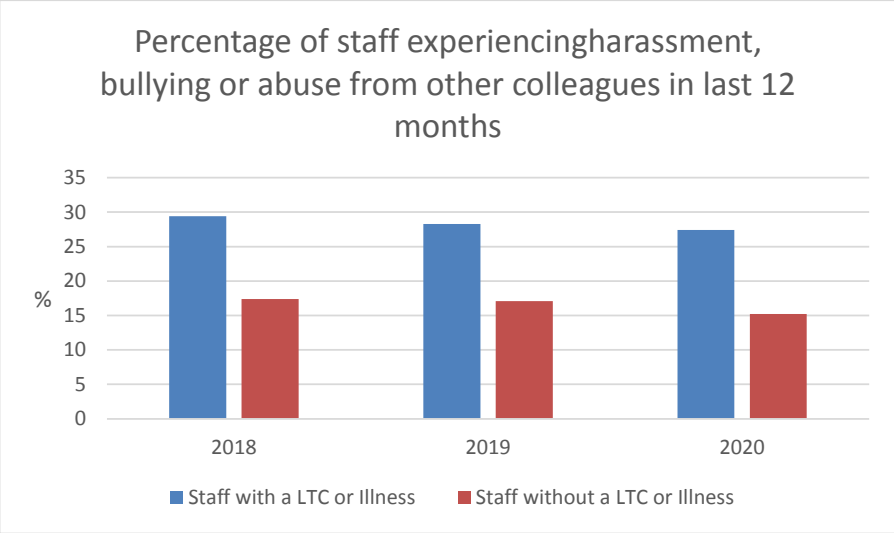
Status	2018	2019	2020
Staff with a LTC or Illness	20	16.8	15.9
Staff without a LTC or Illness	10.1	9.3	8.4



iii. Other colleagues

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

Status	2018	2019	2020
Staff with a LTC or Illness	29.4	28.3	27.4
Staff without a LTC or Illness	17.4	17.1	15.2



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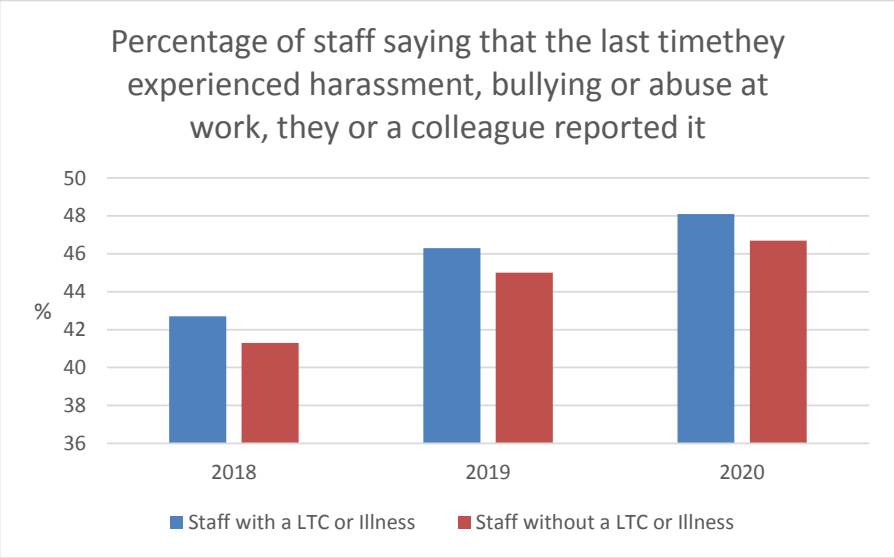
b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

Percentage of staff saying that the last timethey experienced harassment, bullying or abuse at work, they or a colleague reported it

Status	2018	2019	2020
Staff with a LTC or Illness	42.7	46.3	48.1
Staff without a LTC or Illness	41.3	45	46.7



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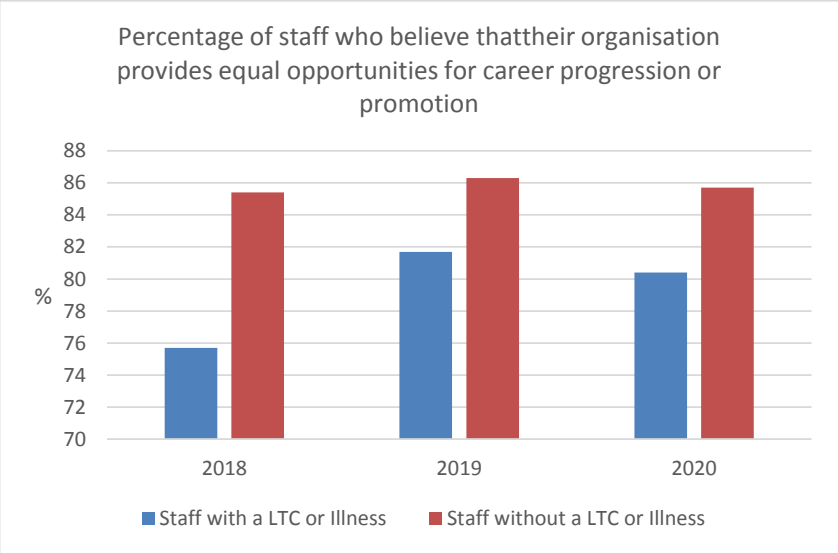
Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

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

Status	2018	2019	2020
Staff with a LTC or Illness	75.7	81.7	80.4
Staff without a LTC or Illness	85.4	86.3	85.7

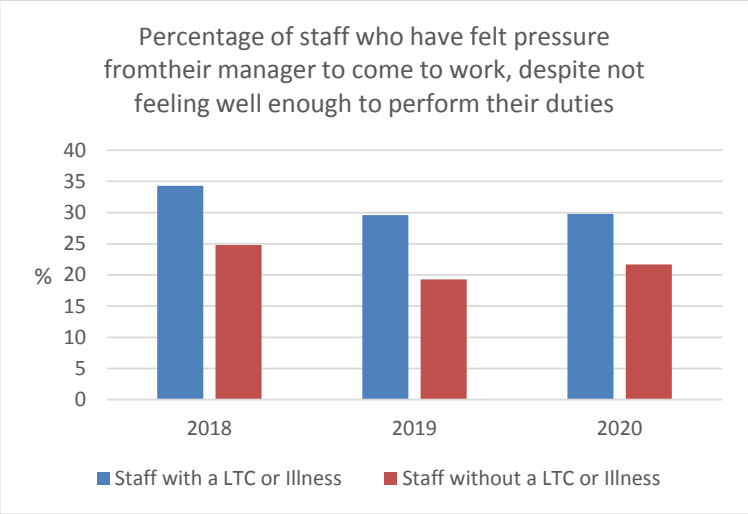


NHS North Bristol NHS Trust

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

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

Status	2018	2019	2020
Staff with a LTC or Illness	34.3	29.6	29.8
Staff without a LTC or Illness	24.8	19.3	21.7

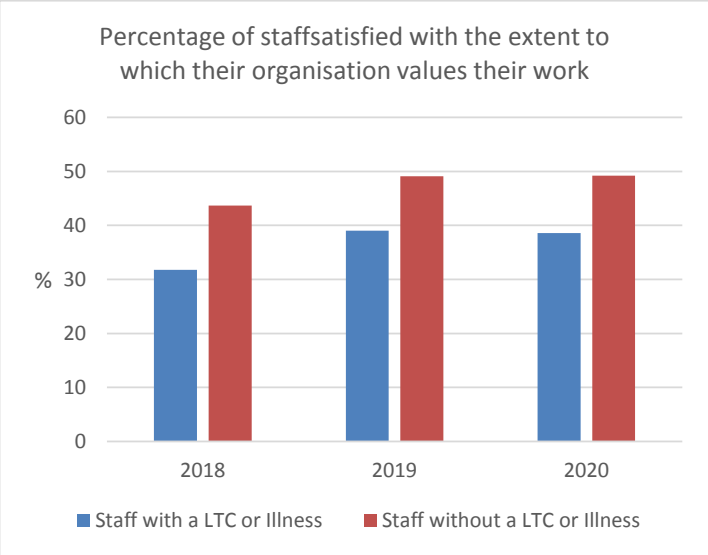


North Bristol NHS Trust

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

Percentage of staff satisfied with the extent to which their organisation values their work

Status	2018	2019	2020
Staff with a LTC or Illness	31.8	39	38.6
Staff without a LTC or Illness	43.7	49.1	49.2

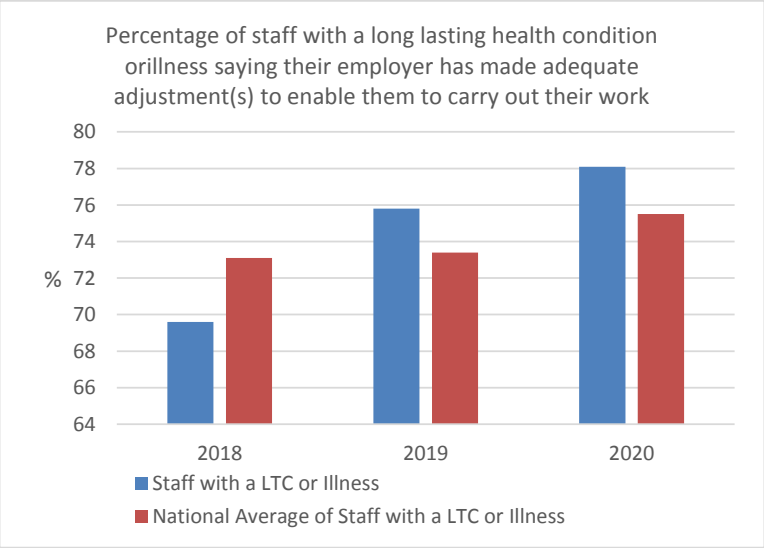


NHS North Bristol NHS Trust

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

Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

Status	2018	2019	2020
Staff with a LTC or Illness	69.6	75.8	78.1
National Average of Staff with a LTC or Illness	73.1	73.4	75.5



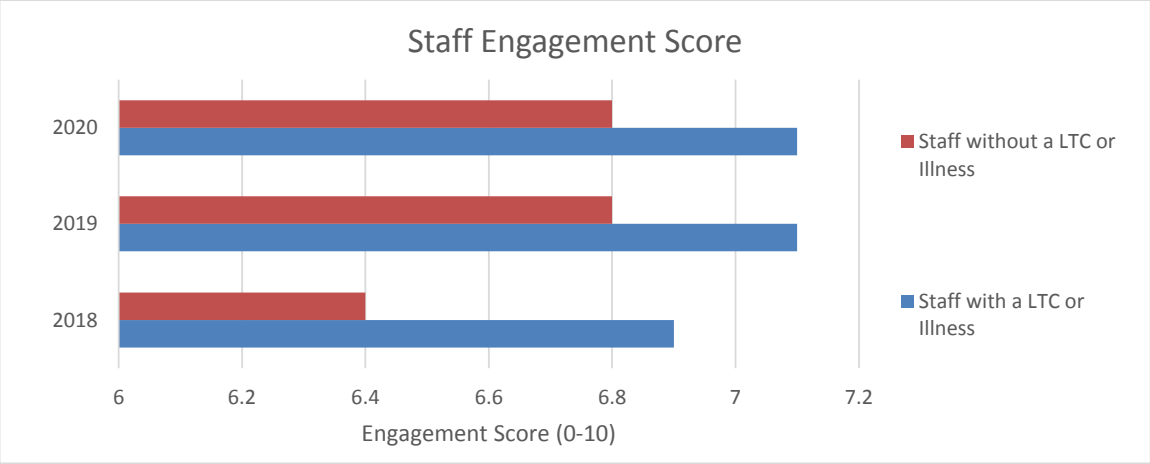
North Bristol NHS Trust

Metric 9 – Engagement

a) **The staff engagement score for Disabled staff, compared to non-disabled staff.**

Staff engagement score (0-10)

Status	2018	2019	2020
Staff with a LTC or Illness	6.9	7.1	7.1
Staff without a LTC or Illness	6.4	6.8	6.8



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

NHS North Bristol NHS Trust

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

	Disabled Head Count	Disabled %	Non - Disabled Head Count	Non - Disabled %	Unknown Head Count	Unknown %	Grand Total
NBT Total	171	1.79%	6995	73.02%	2413	25.19%	9579
NBT Board	2	11.76%	10	58.82%	5	29.41%	17

Disability Status of Board Members by Executive Status

Disability Status	Executive Member		Board Total
	No	Yes	
Disabled	1	1	2
Non Disabled	6	4	10
Unknown	2	3	5
Grand Total	**9**	**8**	**17**

Disability Status of Board Members by Voting Rights

Disability Status	Board Voting Rights		Board Total
	No	Yes	
Disabled	0	2	2
Non Disabled	3	7	10
Unknown	2	3	5
Grand Total	**5**	**12**	**17**

WDES Draft Action Plan 2020-2023

NHS North Bristol NHS Trust

NBT People Strategy Themes	NHS People Plan Themes	Measures of Success/ Level of Priority	Valuing You Strategic theme	Proposed Valuing You objective outcome 2019-2021	Action Plan (2020 – 2023)	WDES Indicator/s	Action Lead
Great Place to work: **Voice** ***Empowering Staff to have their say, involved in decisions and innovations; ***Encouraging Staff to speak up against issues such as bullying and issues relating to patient safety ***Wellbeing conversations built into appraisals	**Looking After Our People** **Belonging to the NHS** **Flexible working** **Building confidence to speak up** **Building respect and dignity**	Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce NHS National Staff Survey data results from staff	**Voice** **Cultural Ambassa-dors & Just Culture**	A) Staff networks are equipped and engage to advance equality of opportunity across the organisation. B) All colleagues are enabled and empowered to share their experience. C) Freedom To Speak Up (FTSU) Champions are representative and accessible. D) Just Culture pilot	1. Relaunch Disabled Staff Network with updated terms of reference and protected time for key roles 2. Launch 'Declare campaign' to improve disability self-identification across the organisation and at all levels 3. Introduce next level disability monitoring categories to reflect the range of broad impairments to review and assess the needs of all Disabled staff can be met		

10.00am, Public Trust Board, Virtual via Microsoft Teams-30/09/21

WDES Draft Action Plan 2020-2023

***Regular listening events and pulse surveys **Thrive** ***Building on our strong emphasis of staff wellbeing ***Growing our flexible working offers ***Vigorous approach to EDI – diverse teams that reflect the population we serve and enhances the experiences of our patients ***"Valuing You Culture" as set out in our 2020 EDI Strategy		identifying as Disabled Voice = Qs 12, 13 +16 AND The staff engagement score for Disabled staff compared to non-Disabled Thrive = Qs 3 +4 Relative likelihood of Disabled staff compared to non-Disabled staff entering the formal capability		is inclusive and accessible E) Leaders demonstrate their commitment to EDI and ensure accountability, responsibility	4. Review implementation of Reasonable Adjustment Passport Scheme to ensure needs of Disabled staff are supported by regularly monitoring impact and ensuring it is now embedded across NBT and championed by People Partners and People Team 5. Deliver listening events for Disabled staff in light of Covid-19 impact and WDES results 6. Develop, deliver and monitor Neurodiversity Programme consisting of a directory, tool kit, awareness training, volunteer		

WDES Draft Action Plan 2020-2023

Just Culture – focus on fairness and accountability rather than blame and sanction ***Links to quality and safety ***Free from harm – not from error ***Encourages and supports speaking up, especially for Those staff who are disproportion-ately represented/ Implicated in formal cases ***Restorative actions/		process, as measured by entry into the formal capability procedure. Staff survey Q17 + 18e/f			buddy scheme and engage with ND staff. 7. Implement Freedom To Speak Up Guardian model with wider set of champions with greater diversity reflecting the workforce and improving accessibility 8. Establish equalities monitoring process for those who speak up and on the issues raised and ensure this data is gathered. 9. Just Culture way of working to be piloted ensuring access for Disabled staff and incorporating their needs 10. Explore expanding Cultural Ambassadors scheme to include Disabled staff as		

10.00am, Public Trust Board, Virtual via Microsoft Teams-30/09/21

WDES Draft Action Plan 2020-2023

Conversations where possible which aim to put things right (meeting hurt and harm with healing, not with more harm) *****Reduction in formal 'cases' – and those that occur are handled efficiently and limit harm					Cultural & Inclusion Ambassadors 11. Introduce equalities monitoring of Employee Assistance Programme of both of those calling and issues raised in order to ensure wellbeing services are inclusive and accessible. 12. Ensure sickness, disciplinary, grievance and performance capability policies are fair and equitable towards Disabled staff through ongoing monitoring and actions 13. Ensure proactive support and engagement of Executive & Non-Executive Champions		

WDES Draft Action Plan 2020-2023

North Bristol NHS Trust

Growing and Developing our Workforce A blended composite workforce with a broad variety of jobs and career pathways for all professions ● Self-directed e-Learning – upskilling and growing capability ● Multi Professional teams	**Growing for the Future**	Relative likelihood of Disabled staff being appointed from shortlisting across all posts compared to non-Disabled staff Relative likelihood of staff accessing non-mandatory training and CPD compared	**Leadership develop-ment** **Accessible Careers**	F) Inclusive career pathways across the whole organisation and at all levels	14. Conduct a success planning/talent management pilot with visible/non-visible diversity/ impairments as a core principle with the intention of driving inclusion, within one division as a minimum. 15. Explore expanding the Valuing You (Reciprocal) Mentoring Programme to Disabled staff 16. Monitor opportunities to	5 5	

WDES Draft Action Plan 2020-2023

● Developing managers and leaders to build a culture of compassion and inclusive leadership ● Clear supply routes for shortage specialties ● Focussed retention strategy ● Improved real time People data, analytics, and People Score Card reports ● Growing our international staff pipelines ●		to non-Disabled staff NHS Staff Survey Q 5 + 14			ensure all Disabled staff with any type of impairment are able to access learning and development at all levels equally and representatively 17. Support Managers to improve their understanding of disability equality and meeting the needs of Disabled staff through training, resources, and toolkits for example through the Neurodiverse project 18. Appraisal to include question on managers progress on supporting Disabled staff and include 1 action per year. 19. Undertake review of the appraisal	5 5 5	

WDES Draft Action Plan 2020-2023

Maintaining education to grow our future, expanding our offer for ACP roles ● Supporting Clinical Placements ● Improved approach to workforce planning and scenario planning ● Implementing e-Rostering Job Planning Line Manager and individual ESR Self Service ● Continue to expand our Apprenticeship portfolio					process to ensure potential non-discrimination and identify career development opportunities for Disabled staff and ensuring opportunities are realised. 20. Lead the BNSSG Inclusive Recruitment programme to deliver the overhauling recruitment action plan	5	

10.00am, Public Trust Board, Virtual via Microsoft Teams-30/09/21

NHS North Bristol NHS Trust

WDES Draft Action Plan 2020-2023

Better People Support Providing single point of access to our services 'one stop shop' through intranet with easy-to-use intuitive new policy guidance ● Dedicated complex casework team with Employee Relations case tracker ● Streamlined digital enhanced recruitment and on boarding working alongside the community for hard-to-reach groups ●	**New Ways of working and delivering care**	NHS Staff Survey Qs 11+ 26b Compare numbers of staff identifying as Disabled through NHS Staff survey to those who have completed Disability Reasonable Adjustment passport	**Accessible Services for All**	G) Ensuring accessibility, diversity, and inclusiveness for all staff	21. Review Accessible Information Standard considering digital changes to ensure information & communications needs of Disabled staff and patients are met effectively 22. Develop Access Information Standard for staff using principles of that for patients and share the good practice and accessible formats/ tools etc. 23. Promote Disability Reasonable Adjustment passport and ensure managers are equipped to use this. 24. Use Disabled staff as stakeholders in assessing the needs of disabled patients and in ensuring that services	7 7 6	

WDES Draft Action Plan 2020-2023

Flexible working arrangements ● HR balanced score card reports and workforce data, that is timey and reliable *					are accessed equitably and fairly as well as ensuring services are delivered inclusively 25. Support Bristol Enablement Centre to develop a more inclusive approach to services by improving knowledge, understanding & confidence of staff		

NHS People Plan
NBT People Strategy
NBT Valuing You (EDI) Strategy
NHS WDES Executive Summary Report
NBT WDES Supplementary & Data Information 2020
NHS People Plan Inclusive Recruitment
BNSSG ICS Workforce Plan

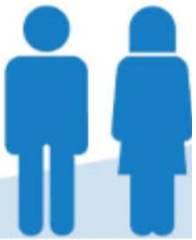
10.00am, Public Trust Board, Virtual via Microsoft Teams-30/09/21

Introduction

This report presents the gender pay gap for North Bristol NHS Trust as of 31 March 2020 and provides information to inform the Trust's ongoing commitment to equality and diversity. In calculating the gender pay gap the Trust has had the opportunity to consider how the gap at organisation level differs from that seen in certain staff groups or within individual pay bands which has supported the identification of areas for improvement. 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.

Summary

Overall, the average hourly rate that North Bristol NHS Trust pays its' male employees is 22.7% higher than the average hourly rate it pays its female employees, this is slightly higher than the wider health and social care sector economy which was reported as 21.7% in November2020 (Office of National Statistics (ONS) Annual Survey of Hours and Earnings). However, 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. There has already been a lot of progress and in the past 10 years the proportion of female medical staff at the Trust has already increased from 39% to 45%, including a rise in female consultants from 25% to 36%. Of the Trust's other employees, including nursing, midwifery, scientific, therapeutic, technical, administrative and ancillary staff, women are on average paid 0.95% more per hour. The Trust's executive team as of March 2020, which is made up of five women and three men, including a female chief executive, is absolutely committed to having an equitable workforce and is taking a series of actions to achieve this.

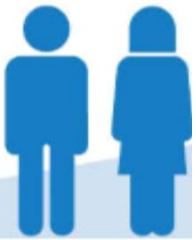


Report Content

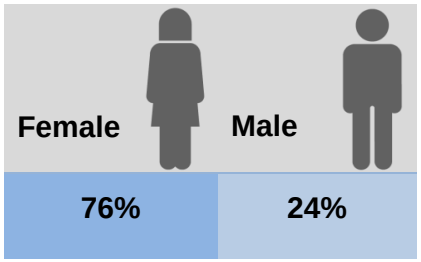
Gender Pay Gap legislation now requires all employers of 250 or more employees to publish their gender pay gap as at 31st March 2020. The statutory requirements are set out in the tables in Sections 1 – 3. The Trust has also provided additional information in Section 4 and in the narrative to highlight the understanding gained from looking at the gender pay gap in more detail. Section 4 contains information on the pay gap set out by the national NHS Agenda for Change pay bands and for medical staff as an individual group. All pay gap percentages in this report are calculated based on the mean or median male pay for the relevant category. NBT Extra (Bank) staff have not been included in this report.

NHS Context – Terms and Conditions

The Trust uses the national job evaluation framework for Agenda for Change staff to determine appropriate pay bandings; this provides a clear process of paying employees equally for the same or equivalent work. 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. It is important to recognise that the gender pay gap differs to equal pay. Equal pay is in relation to pay differences between men and women who carry out the same job for different pay, which is unlawful. The gender pay gap shows the difference in average pay of all men and the average pay of all women employed by the Trust. It is therefore possible to have genuine pay equality but still have a significant gender pay gap.



Gender Profile



1. Gender Split and 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% and 20% 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	76%	24%
2	79%	21%
3	83%	17%
4	65%	35%

2. Gender Pay Gap (ordinary pay)

The gender pay gap shown in the table below is for all staff in the Trust including medical staff. For non-medical staff only, the mean gender pay gap is -1.16% and median gap is -11.20%. The medical workforce has a higher proportion of senior male staff which leads to the positive % 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.

	Female	Male	Pay Gap	% Gap
Mean	£16.35	£21.14	£4.80	22.7%
Median	£14.63	£15.55	£0.92	5.92%

The above figures exclude the Clinical Excellence Awards payments that are paid to eligible medical staff and these payments are shown separately under point 3.

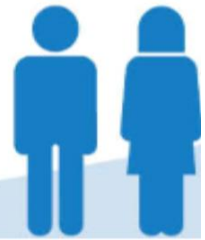
3. Clinical Excellence Awards (CEA)

	Female	Male	Pay Gap	% Gap
Mean	£8,727.25	£12,169.16	£3,441.91	28.28%
Median	£6,032.04	£6,409.02	£376.98	5.88%

The above calculations are for local CEA's paid to medical staff in 2019/20, these figures include award recipients from previous years who are receiving payments over several years. Under the national Medical & Dental terms and conditions 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 2019/20	18.18	7.98%

The figures above are for local CEA's awarded in 2019/20. The Local CEA's are administered within the Trust on an annual basis. In the 2018/19 round 12.35% of female applicants received an award and 12.50% of male applicants received a local award.



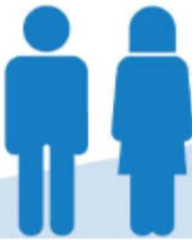
4. Pay Gap by Band – Additional to Statutory Requirements

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

	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8C	Band 8D
Gap Per Hour	-£0.30	-£0.04	-£0.62	-£0.45	-£0.86	-£0.51	-£3.44	-£3.58
%	-2.86%	-0.31%	-4.20%	-2.54%	-4.26%	-2.14%	-11.02%	-9.10%

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

	Band 2	Band 8B	Band 9	Medical & Dental
Gap Per Hour	£0.28	£0.99	£2.26	£5.98
%	2.63%	3.36%	4.43%	15.53%

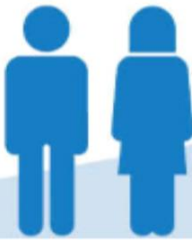


Additional Gender Pay Gap Tables

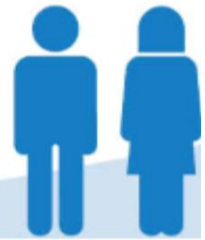
North Bristol NHS Trust Wide

Average Hourly Pay Gap by Band and Gender - 2018/19 & 2019/20 – NBT Wide

	Female	Male	Male to Female Gap	% Gap
2018-19				
Band 1	£10.59	£10.28	-£0.30	-2.93%
Band 2	£10.25	£10.61	£0.35	3.33%
Band 3	£10.45	£10.04	-£0.41	-4.08%
Band 4	£11.61	£11.63	£0.02	0.21%
Band 5	£15.11	£14.21	-£0.90	-6.35%
Band 6	£17.53	£16.96	-£0.57	-3.38%
Band 7	£20.40	£19.44	-£0.96	-4.94%
Band 8A	£24.20	£24.16	-£0.04	-0.16%
Band 8B	£27.50	£29.16	£1.66	5.69%
Band 8C	£34.28	£29.47	-£4.81	-16.30%
Band 8D	£42.63	£39.45	-£3.19	-8.08%
Band 9	£43.72	£45.35	£1.63	3.59%
Medical & Dental	£33.00	£37.19	£4.19	11.26%



	Female	Male	Male to Female Gap	% Gap
2019-20				
Band 2	£10.46	£10.74	£0.28	2.63%
Band 3	£10.62	£10.33	-£0.30	-2.86%
Band 4	£11.82	£11.79	-£0.04	-0.31%
Band 5	£15.46	£14.84	-£0.62	-4.20%
Band 6	£18.08	£17.63	-£0.45	-2.54%
Band 7	£21.14	£20.28	-£0.86	-4.26%
Band 8A	£24.45	£23.93	-£0.51	-2.14%
Band 8B	£28.36	£29.34	£0.99	3.36%
Band 8C	£34.66	£31.22	-£3.44	-11.02%
Band 8D	£42.96	£39.38	-£3.58	-9.10%
Band 9	£48.76	£51.02	£2.26	4.43%
Medical & Dental	£32.52	£38.50	£5.98	15.53%

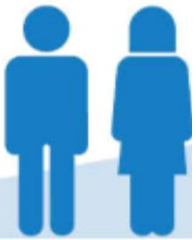


Reducing the Gender Pay Gap

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 Trust's Equality, Diversity & Inclusion (EDI) governance structures:

- Continue the development of the Trust's talent management programme to support all employees to progress, with consideration given to supporting all staff in protected characteristic groups, including gender
- Review sex/gender disparity for women at NBT, especially progression into senior levels and within medical staff; continue to take into account gender in the development and delivery of the Trust leadership programme and support for women to access external development and learning opportunities
- Review particular areas of under-representation for both women and men within the Trust and explore how NBT can attract more men into the organisation at the lower bands, to create a more even gender balance
- Raise awareness of shared parental leave entitlements and flexible working opportunities through our training and communications
- Offer support to Consultants to encourage CEA applications from across the workforce

Further investigation into data and recommended ways forward on any proposed actions that may reduce the gap to be considered through NBT EDI structures.



10.00am, Public Trust Board, Virtual via Microsoft Teams-30/09/21

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**

Healthier Together
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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.

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

ACTION PLAN FOR IMPLEMENTION 6 KEY ACTIONS – Healthier Together

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	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:	Trust Board (Private)		
Date of Meeting:	30 September 2021		
Report Title:	Integrated Care System Memorandum of Understanding		
Report Author & Job Title	Xavier Bell, Director of Corporate Governance		
Executive/Non-executive Sponsor (presenting)	Xavier Bell, Director of Corporate Governance		
Does the paper contain:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**
*If any boxes above ticked, paper may need to be received at *private* meeting			
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
	X		
Recommendation:	That Trust Board: • approve the Memorandum of Understanding (MOU) and supporting frameworks to govern the Integrated Care System (ICS) ahead of statutory changes anticipated for 2022, and • delegate authority to the Chair and Chief Executive to approve any final minor amendments.		
Report History:	In March 2021 Board members participated in a workshop discussing the ICS and MOU development. In July 2021 Trust Board received an earlier draft of the MOU for review and input.		
Next Steps:	If approved by all system partners, and subject to any final minor tweaks and amendments arising from the approval process, the MOU will be formally adopted by Healthier Together Partnership Board on 27 October 2021		

Executive Summary

Background:

Early in 2021, the Healthier Together Partnership Board agreed a purpose, scope, and timeline to develop an ICS MOU and supporting frameworks, outlining the principles and governance arrangements for the ICS.

The MOU and supporting frameworks are intended to cover outcomes, finance, communications and engagement, organisational development, performance and quality.

The MOU has been developed with input and feedback from a series of system-wide workshops with constituent organisations, Chief Executives, and subject matter experts from February

through May 2021. Various versions have been developed and reviewed by BNSSG system governance leads with instructions/input from Healthier Together Executive Group, and with engagement through a number of organisational boards and governing bodies.

ICS MOU Scope:

The draft ICS MOU focuses on principles for how the ICS works in partnership and focuses on formalising current arrangements rather than attempting to outline future ways of working post April 2022. This approach recognises that additional clarity and guidance on statutory ICS constitution and operation is emerging as the Health & Care Bill works its way through the parliamentary process, and that there is little point in making local arrangements when they could be over-turned by national guidance.

The draft MOU does not address all of the questions and issues identified with partner organisations earlier in the year. It focuses on describing the principles and ways of working across the partnership and provides the framework for making additional decisions on topics such as the ICS Partnership / ICS NHS Body Board composition, design of the new ICS NHS body, and the performance of functions at system and place levels.

Arrangements for the ICS post-April 2022 will be dealt with in separate documentation, informed by the content of the final legislation and associated guidance from NHSEI. This is likely to include a model constitution for the statutory ICS Body.

Recommendations & Next Steps:

The stated aim of the Partnership Board is to finalise and adopt/sign-off the MOU and associated documents at its meeting on 27 October 2021. In order to achieve this, the MOU needs to be approved by all system partner organisations, with delegated authority to the Chair and Chief Executive to approve any minor amendments that may arise out of final discussion and approval by partner organisations.

Trust Board is therefore asked to:

- approve the Memorandum of Understanding (MOU) and supporting frameworks to govern the Integrated Care System (ICS) ahead of statutory changes anticipated for 2022, and
- delegate authority to the Chair and Chief Executive to approve any final minor amendments.

Strategic Theme/Corporate Objective Links	**1. Developing Healthcare for the future** **2. An anchor in our community**
Board Assurance Framework/Trust Risk Register Links	Links directly to BAF risk SER 4 which outlines the risk of misalignment between ICS oversight and individual organisations' responsibility and accountability.
Other Standards Reference	2021/22 Planning Guidance
Financial implications	None
Other Resource Implications	Unknown

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

Legal Implications	Implications of the draft Health & Care Bill are being kept under review and will be incorporated into future iterations of the MOU as appropriate.
Equality, Diversity and Inclusion Assessment (EIA)	N/A
Appendices:	Final ICS MOU

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

Healthier Together

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

Healthier Together

Memorandum of Understanding

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1. Introduction and background

1.1. This Memorandum of Understanding (MoU) sets out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health and wellbeing of the people of Bristol, North Somerset and South Gloucestershire (BNSSG).

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

1.3. We established our Partnership in 2016 to work together across the NHS, local government and social care. In 2019, we agreed a five year plan to deliver significant improvements in the health and wellbeing of our population, to improve the quality of our services and people's experience of care and to make BNSSG the best place to work for our staff.

1.4. Going forward, we will develop an Integrated Care Strategy for the population of BNSSG, covering health and social care and addressing the wider determinants of health and wellbeing. This will be built bottom-up, through engagement with all partners, communities, and the public, using the best available evidence and data on local needs and assets. This strategy will focus on improving outcomes, reducing inequalities, and addressing the consequences of the pandemic for our local communities.

1.5. As a Partnership, we were formally designated as an Integrated Care System (ICS) from December 2020, demonstrating the progress we have made in developing collaborative ways of working and integrating services to deliver better outcomes for BNSSG residents. We recognise there is more work to be done to change how we operate to make the best use of resources within an integrated system.

1.6. In early 2021, the government published a white paper setting out proposed reforms to health and care, and in July the draft Health and Care Bill was introduced in Parliament. This includes a duty to collaborate across the healthcare, public health, and social care system, and a shift away from competition and toward integration, collaboration and partnership. If passed, the legislation will establish ICSs on a statutory footing to be accountable for population health outcomes from April 2022.

1.7. Purpose

1.7.1. The purpose of this Memorandum is to formalise the Healthier Together Partnership ways of working as an Integrated Care System for the benefit of the population of BNSSG. This MOU supersedes existing documentation on the governance of the Healthier Together Partnership, in particular the Partnership Board and Executive Group terms of reference.

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1.7.2. This includes memorialising how we work together today and transitional arrangements in the second half of 2021/22 to evolve our current partnership arrangements within Healthier Together, including building collaboration through the existing Partnership Board, Executive Group, and Steering Groups.

1.7.3. It also includes our shared principles as we evolve our partnership to improve our ways of working as a system, and we expect our collaborative ways of working to continue to evolve as our system matures. It lays a foundation for how we want to work together in partnership, on which future agreements and governance documentation will be developed in line with national policy and local decisions.

1.8. The Memorandum is not a legal document. It is not intended to be legally binding and no legal obligations or legal rights shall arise between the Partners from this Memorandum. It is a formal understanding and commitment to a way of working between all of the Partners who have each entered into this Memorandum intending to honour all their obligations under it. It does not replace or override the legal and regulatory frameworks that apply to our constituent organisations, which will have priority in the event of any conflict between those frameworks and this MOU. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.

2. Parties

2.1. Members of the Healthier Together Partnership ('Healthier Together Partners') and parties to this Memorandum are:

Clinical Commissioning Group:

NHS Bristol, North Somerset and South Gloucestershire CCG (BNSSG CCG)

Local Authorities:

Bristol City Council (BCC)

North Somerset Council (NSC)

South Gloucestershire Council (SGC)

Healthcare Providers:

Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)

North Bristol NHS Trust (NBT)

Sirona care and health (Sirona)

South Western Ambulance Service NHS Foundation Trust (SWASFT)

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

GP Federation:

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

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2.2. Healthier Together Partners all subscribe to the vision, principles, values and behaviours stated below, and agree to participate in the governance and accountability arrangements set out in this Memorandum.

2.3. **Additional organisations**, who are not parties to this Memorandum, but who work with the Healthier Together Partners, provide support, advice and guidance to support delivery of our Healthier Together vision. Examples of these partners include (but are not limited to):

Local Partners

Academic Health Science Network

Brisdoc/Severnside

Bristol Health Partners Academic Health Science Centre

Health & Care West

Healthwatch BNSSG

Second Step

St. Peter's Hospice

Vita Health Group

West of England Civil Society

Other Voluntary, Community, and Social Enterprise (VCSE) partners

Health Regulator and Oversight Bodies

NHS England and Improvement

Other National Bodies

Health Education England

LGA

Public Health England

2.4. Working in effective partnership with people and communities is a key tenet of the Healthier Together Partnership. There are three main lenses to our system work with people and communities: Citizen Insight, Community Engagement and Co-production.

2.4.1. Citizen Insight is about identifying what people want, value and aspire to, as well as what their wellbeing, health and care needs are, to give the system the best chance of designing services and interventions that work for people and fit in with citizens' lives.

2.4.2. Community engagement recognises communities themselves as the driving forces of change, and includes listening, working with and alongside communities to develop long term relationships, trusted sources of information, and identifying and addressing environmental, attitudinal, and cultural barriers to change

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2.4.3. Co-production describes the process of working together with users to create services, interventions and solutions together from the outset – sharing power, and going beyond consultation, engagement or involvement

2.5. Term: This Memorandum shall commence on the date of last signature of the Healthier Together Partners and will terminate on 31 March 2022. The memorandum will be reviewed prior to 31 March 2022 and a revised version agreed with ICS Partners which is consistent with the latest statutory guidance and statutory provisions of the Act. It shall thereafter be subject to an annual review.

2.6. Review of this Memorandum will be undertaken by the Partnership Board. If changes are proposed which are considered substantial by the Healthier Together Partners, then the revised Memorandum will be taken through the appropriate governance arrangements by the Healthier Together Partners, with the outcome reported back to the Partnership Board.

3. Our shared vision for the people of BNSSG

3.1. Our vision: Healthier Together is the health and care partnership for people in Bristol, North Somerset and South Gloucestershire. We work together to improve the health of our population and make sure services work for everyone.

Our vision is for people in Bristol, North Somerset and South Gloucestershire to have the best start in life, and for the places where we live to be healthy and safe.

Everyone will have the opportunity to live longer in good health. When people need support from our services, they will be high quality and easy to access.

People will be better supported to take control of their own health and wellbeing, and become equal partners in care. Working alongside our communities, we'll build on strengths and tackle inequalities together.

We'll make it simple for health and care staff to work better together for the benefit of the people we care for – nurturing talent, removing barriers and acting on views and concerns.

3.2. The aims/objectives of our system are to:

3.2.1. Increase the number of years people in BNSSG live in good health

3.2.2. Reduce the inequality in how many years people in BNSSG live in good health, particularly improving healthy life expectancy for those with the poorest outcomes

3.2.3. Become a place where wellbeing, health, and care services fit with people's lives and makes sense to the people engaging with them

3.2.4. Make it easy for people working in wellbeing, health, and care to work with each other

3.2.5. Ensure our workforce is healthy and fulfilled

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3.2.6. Reduce our adverse environmental impact in energy, travel, waste, water, food, biodiversity and land use

3.2.7. Make our communities healthy, safe and positive places to live

4. Principles for working together

4.1. Our ways of working together rely on a set of principles that apply across the Partnership.

Table 1: Healthier Together Principles

Individuals @ the Centre	1. We work to achieve **our vision** to meet our citizens' needs by working together within our joint resources, as one health and care system. We will develop a model of care and wellbeing that **places the individual at its heart**, using the combined strengths of public health, health and social care. 2. **Citizens** are integral to the design, co-production and delivery of services. 3. We **involve people, communities, clinicians and professionals** in all decision-making processes. 4. We will take collective, considered risks to cease specific activity and release funds for **prevention, earlier intervention and for the reduction in health inequalities.** 5. We strive for our leadership to be representative of the population, and we focus on the causes of inequality and not just the symptoms, ensuring **equalities is embedded** in all that we do.
Subsidiarity	6. **Decisions taken closer to the communities** they affect are likely to lead to better outcomes. The default expectation is for decisions to be taken as close to communities as possible, except where there are clear and agreed benefits to working at greater scale.
Collaboration	7. **Collaboration between partners in a place** across health, care services, public health, and the voluntary sector can overcome competing objectives and separate funding flows to help address health and social inequalities, improve outcomes, transform people's experience, and improve value for the tax payer. 8. **Collaboration between providers** across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity. 9. Through **collaboration as a system** we will be better placed to ensure the system, places, and individual organisations are able to make best use of resources. 10. We **prioritise** investments based on **value**, ensuring equitable and efficient resource allocation, and we take shared ownership in achieving this.

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Mutual Accountability & Equality	11. We are coming together under a distributed leadership model and we are committed to working together as an **equal partnership.** 12. We have a **common understanding** of the challenges to be addressed collectively and the impact organisations can have across other parts of the system. We engage in honest, respectful, and open dialogue, seeking to understand all perspectives and recognising individual organisations' agendas and priorities. We accept that diverse perspectives may create dissonance, and we seek to understand and work through any disharmony, and move to conclusions and action in service of our citizens. We strive to **bring the best of each organisation** to the Partnership. 13. We adhere to a **collective model of accountability**, where we hold each other mutually accountable for our respective contributions to shared objectives and engage fully in partners' scrutiny and accountability functions, where required. 14. We develop a **shared approach to risk management, taking collective responsibility** for driving necessary change while mitigating the risks of that change for individual organisations.
Transparency	15. With an 'open book' approach, we **pool information** openly, transparently, early, and as accurately and completely as possible to ensure one version of the truth to be used by partners across the system. 16. We work in an open way and establish **clear and transparent accountability for decisions,** always acting in service of the best outcomes for the people of BNSSG.

5. Our shared values and behaviours

5.1. Members of the Partnership commit to behave consistently in ways that model and promote our shared values:

- We support each other and work collaboratively
- We act with honestly and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions
- We implement our shared priorities and decisions, holding each other mutually accountable for delivery
- We represent our population, our staff and we serve as a conduit between the Partnership and individual organisational Boards / Cabinets

6. Governance

6.1. Partnership Arrangements in 2021/22

6.1.1. The Healthier Together Partnership will retain and develop its existing

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governance arrangements through 2021/22, specifically by building on the existing Partnership Board and Executive Group forums. The functions of each are set out below.

6.1.2. Partnership Board

6.1.2.1. The Partnership Board provides the formal leadership for the Partnership. It is responsible for setting the strategic direction for the Partnership, and agreeing the vision, outcomes, and objectives. It provides leadership and oversight for all Partnership business and a forum to seek collective support for decision making to progress the delivery of the vision for the Partnership. Its responsibilities are further outlined in the Terms of Reference for the Partnership Board included in ***Annex 2***.

6.1.3. Executive Group

6.1.3.1. The Executive Group is the executive arm of the Partnership Board. The purpose of the Executive Group is to oversee the business of the BNSSG ICS on behalf of the Partnership Board. It oversees the delivery of the ICS vision and strategy, and oversees and supports the delivery of a programme portfolio that enables the strategy. It provides system-wide guidance and support to the ICS programmes and secures the resources to deliver the ICS goals. Its responsibilities are further outlined in the Terms of Reference for the Executive Group included in ***Annex 3***.

6.2. Changing structures from April 2022

6.2.1. From 1st April 2022, we expect (subject to legislation) to make changes to our governance structures in line with the statutory provisions of the Act when it comes into force and any statutory guidance. We remain committed to working together to agree the structures that will best serve the people of BNSSG, and to abide by the principles in this MOU.

7. Decision making

7.1. The key principle for making decisions will be based upon what is best for the diverse population of BNSSG.

7.2. Through the Partnership Board, the Healthier Together Partners will use a collective model of decision-making that seeks to find consensus between the Partners and make decisions based on unanimity as the norm. This means that the Healthier Together Partners will seek to ensure that all decisions are agreed unanimously. Where a party may not be able to agree then the process for handling disagreements (**see section 8**) will be used.

7.3. In addition to agreeing the vision, outcomes, and objectives for the Healthier Together Partnership, the Healthier Together Partnership Board will be a forum where Healthier Together Partners come together to seek collective support for decisions affecting the partnership and where collective action is needed. The Partnership Board will support the following decisions:

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7.3.1. The objectives, plans, and changes to priority work programmes and workstreams

7.3.2. System-level planning

7.3.3. The apportionment of transformation monies from national bodies

7.3.4. Priorities for investment of system-level capital funds across the Partnership

7.3.5. Challenges highlighted through a system performance framework including defining actions when organisations become distressed

7.4. Decisions will be taken formally by individual organisations in line with their existing governance arrangements prior to ratification at the Partnership Board. There may be an opportunity for constituent organisations to delegate additional decisions into the Partnership in the future, building on the accomplishments and success of joint system working.7.5. Healthier Together Partners are committed to being open and transparent in making decisions at Board meetings. Partnership Board meetings will be held in public. Members of the public will be able to ask questions and submit statements on decisions on the agenda at each meeting. Minutes of these meetings will be available to the public on the Healthier Together website.

7.6. People affected by a decision will be included in the process to make changes to services (see ***Annex 8*** for more details on how we will engage the people we serve). Decisions taken by the Healthier Together Partners will be clearly described in the minutes of the meeting, which will be available to the public on the Healthier Together Website.

7.7. The Partnership Board will engage openly and transparently with health scrutiny boards across partnership organisations.

7.8. Where Healthier Together Partners are required to take decisions outside of the ICS Partnership to meet their statutory obligations, they will do so in the spirit of the values and behaviours of this Memorandum and in line with the requirements of their organisation.

8. Resolving disagreements

8.1. Healthier Together Partners will attempt to resolve in good faith any dispute between them in line with the Principles, Values and Behaviours set out in this Memorandum (see **sections 4 and 5**).

8.2. The Healthier Together Partners will apply a dispute resolution process to resolve any issues that cannot otherwise be agreed through these arrangements. The key stages of the dispute resolution process are

I. The Executive Group will seek to resolve the dispute to the mutual satisfaction of each of the affected parties. If the Executive Group cannot resolve the dispute within 30 days, then the dispute should be referred to the Partnership Board.

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II. The Partnership Board may choose to convene a Resolution Committee, whose purpose will be to consider the dispute and make a recommendation on resolution to the Partnership Board. The Partnership Board will agree the Terms of Reference and membership for the Resolution Committee.

III. The Partnership Board will come to a majority decision, with input from the Resolution Committee if relevant, and will advise the Partners of its decision in writing. A majority decision will be reached by a majority of eligible Partners participating in the meeting who are not affected by the matter in dispute determined by the scope of applicable issues, applying the Principles, Values and Behaviours of this Memorandum, taking account of the Objectives of the Partnership.

IV. If the parties do not accept the Partnership Board decision, or the Partnership Board cannot come to a decision which resolves the dispute, it will be referred to an independent mediator selected by the Partnership Board. The mediator will work with the Healthier Together Partners to resolve the dispute in accordance with the terms of this Memorandum.

V. This section should be considered in line with **section 12** relating to the Handling of Conflicts of Interest.

8.3. Healthier Together Partners will be expected to apply the Principles, Values and Behaviours described in this Memorandum and come to a mutual agreement through the dispute resolution process.

9. Risk Management

9.1. Healthier Together Partners are committed to a shared approach to managing risks (strategic, clinical, financial, and operational), taking collective responsibility for driving necessary change while seeking to mitigate the risks of those changes for individual organisations and the people we serve. This includes ensuring a coordinated approach to understanding the risks to delivery of the vision and utilising these risks to support decision making by the Healthier Together Partners.

9.2. Our system approach to risk management recognises that there will still be a need for constituent organisations to manage organisational risk. Where appropriate, we will strive for consistency of risk management frameworks across organisations to allow more seamless risk management coordination across the Partnership. A separate document will describe how risks will be managed across the Healthier Together Partners including identifying system risk and how organisational risks that impact the Healthier Together Partnership will be escalated.

10. Place-based partnerships and provider collaboratives

10.1. Under the principles of subsidiarity and collaboration, and in line with the provisions of the new act and any relevant statutory guidance, our intent is to

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establish place-based partnerships and provider collaboratives from April 2022 to bring together providers and other local partner organisations to deliver integrated health and wellbeing services for the benefit of the people of BNSSG.

10.2. Place-based partnerships are essential to delivering our ambition. They will design and deliver fully integrated preventive, proactive/anticipatory, and personalised health and care services focused on local people's health and wellbeing. This is the focus for NHS collaboration to meet the healthcare needs of local populations and for operational partnerships across NHS, local government, VCSE, and others to make the community the default setting of care 24/7, 365 days a year. They aim to strengthen connection to people and communities and co-produce services with the local population to ensure we deliver the experiences that matter to people.

10.2.1. Our system footprint encompasses six localities, which will become Integrated Care Partnerships (ICPs): Bristol North & West, Bristol South, Bristol Inner City & East, Woodspring, Weston & Worle, and South Gloucestershire.

10.2.2. Building on existing locality partnerships, ICPs will focus together on designing a fully integrated model of care to improve the experience and achieve measurable value for individuals and the population. They will focus initially on community mental health, and extend to frailty, urgent care, and other key areas for the population of BNSSG as they mature.

10.2.3. Local Health and Wellbeing Boards will play a critical role in overseeing the ICPs within their respective boundaries. They will set local direction and priorities, oversee delivery to ensure equity of care within their boundaries, and support and enable integration of health, public health, social care, and the wider determinants of health around the person.

10.2.4. The ICS will agree with local partners the membership, leadership, and governance of ICPs, and will support local integration. ICPs will be accountable to the ICS, which will assure delivery of outcomes, performance, and value.

10.3. 'At scale' provider collaboratives are partnerships of providers working across multiple places at an appropriate scale to support delivery of the Healthier Together Partnership goals for the people we serve. Our ambition is to enable provider collaboration across the sector to improve outcomes and consistency of care, transform patient experience, and delegate and optimise use of resources. This includes:

10.3.1. An acute care collaborative between our BNSSG acute trusts

10.3.2. Participation in specialised services provider collaboratives across broader footprints, including mental health

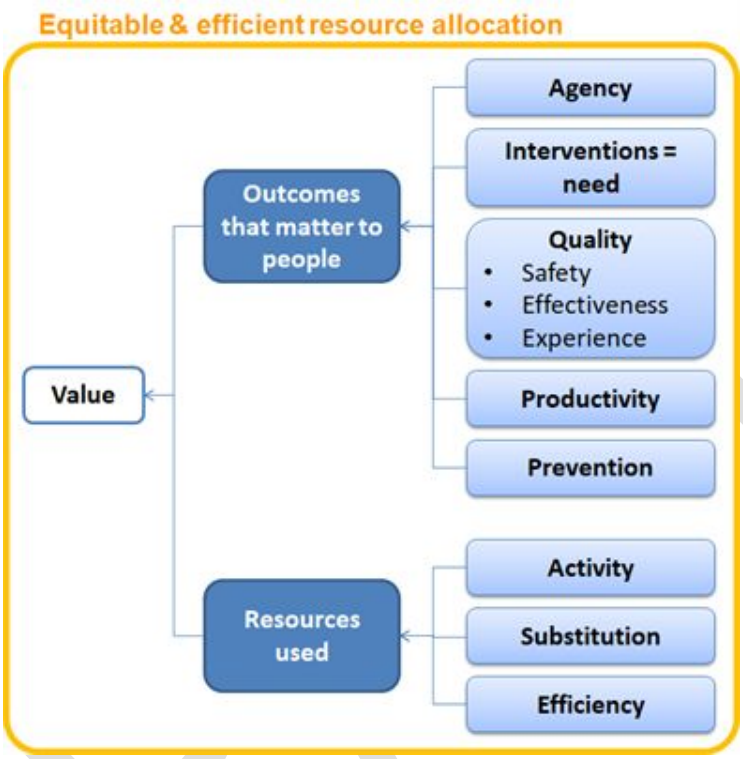
10.3.3. Out of hospital provider collaboration to support ICPs

11. Our shared functions and frameworks

11.1. To meet the aims of population health – improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities for the whole population (and not just those who present to services), and working with

the community to optimise access to services and early intervention – the Healthier Together Partners will take a value-based health and care approach. This approach focuses on achieving the outcomes that matter to people, services that work for them and are culturally appropriate, and making best use of resources (value).

Figure 1: BNSSG ICS Value Improvement Framework



11.2. We aim to adopt a value framework to improve population health for the people of BNSSG. This includes:

11.2.1. Identifying and improving the outcomes and experience that matter to people (see ***Annex 4*** for our ICS Outcomes Framework)

11.2.2. Applying an outcomes-driven approach to performance and quality improvement (see ***Annex 5*** for ICS Outcomes-Driven Performance and Quality Framework)

11.2.3. Commissioning and delivering effective services that avoid overuse of low value interventions (unwanted or not cost-effective) and underuse high value interventions (deemed cost effective but not taken up by those who would benefit) (see ***Annex 6*** for ICS Strategic Commissioning)

11.2.4. Allocating resources effectively across our system so that we achieve the overall best possible outcomes (see ***Annex 7*** for the ICS Financial Framework)

11.3. Our intent is to evolve and build on the work we do in partnership across our ICS operating model in order to achieve our system ambition and goals outlined in section 3 above. In addition to the areas above, this also includes:

11.3.1. Working in effective partnership with people and communities (see ***Annex 8*** for ICS Communications and Engagement Framework).

11.3.2. Organisational development as a system to ensure the right culture and environment for our people to thrive (see ***Annex 9*** for ICS Organisational Development Plan).

11.3.3. Clinical and care professional leadership embedded across our ICS focussing on improving outcomes for the people of BNSSG and delivering consistent clinical and care standards (see ***Annex 10*** for ICS Clinical and Care Professional Leadership Principles).

12. Managing Conflicts of Interest

12.1. It is recognised that potential conflicts of interest may arise from time to time given the scope and remit of the Healthier Together Partners. The Healthier Together Partners have individually made arrangements to manage any potential conflicts of interest to ensure that decisions will be taken and seen to be taken without being unduly influenced by external or private interest and do not (and do not risk appearing to) affect the integrity of their decision-making processes. The Partnership has agreed policies and procedures for the identification and management of conflicts of interest. All Healthier Together Partners will comply with their individual organisation's policies on conflicts of interest and gifts and hospitality.

12.2. The Healthier Together Partnership maintains registers of the interests of:

a) Members of the Partnership Board

b) Members of the Executive Group

12.3. The registers of interest are published on the Healthier Together Partnership website. The registers will be populated from the information held on individual Healthier Together Partnership organisation's registers.

12.4. Declaring Interests

12.4.1. Individuals should declare interests in line with their own organisation's policy for the management of conflicts of interest.

12.4.2. All parties to this MOU must ensure that those representing their organisation in any Healthier Together forum declare any interest that is relevant to the functions undertaken by the Healthier Together Partnership, on the form provided for this purpose.

12.5. Material Interest

12.5.1. It is the responsibility of the individual to determine if the interest is material and may impact their ability to participate in a discussion or decision. If an individual considers that their interest is a material interest then they should either abstain from the discussion and decision, or remove themselves from the meeting.

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12.6. Interests Identified in Meetings

12.6.1. Any declarations of interest should be declared at the start of each meeting.

12.6.2. Where an interest is identified at a meeting the person concerned should immediately declare this to the chair of the meeting. Where a material interest is identified the chair will guide the individual on the appropriate course of action.

13. Transition

13.1. During 2021/22, additional work will be completed to define the path to transition to the new governance structures from 1st April 2022, in line with the new Act and relevant statutory guidance, including a system development plan, implementation plan, and target operating model. This work will be co-developed with Healthier Together Partners, building on the principles outlined in this MOU .

14. Variations

14.1. This Memorandum, including the Annexes, may only be varied by written agreement of all the Healthier Together Partners.

15. Charges and liabilities

15.1. Except as otherwise provided, the Healthier Together Partners shall each bear their own costs and expenses incurred in complying with their obligations under this Memorandum.

15.2. Healthier Together Partners shall remain liable for any losses or liabilities incurred due to their own acts or omissions or those of anyone acting on their behalf (including employees, agents, and contractors).

16. Confidential Information

16.1. Each Healthier Together Partner shall keep in strict confidence all Confidential Information it receives from another Partner except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Partner. Each Partner shall use any Confidential Information received from another Partner solely for the purpose of complying with its obligations under this Memorandum in accordance with the Principles and Objectives and for no other purpose. No Partner shall use any Confidential Information received under this Memorandum for any other purpose including use for its own commercial gain in services outside of the Healthier Together Partnership or to inform any competitive bid without the express written permission of the disclosing Partner.

16.2. To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not

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constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.

16.3. The Parties agree to procure, as far as is reasonably practicable, that the terms of this Section (Confidential Information) are observed by any of their respective successors, assignees or transferees of respective businesses or interests or any part thereof as if they had been party to this Memorandum.

16.4. Nothing in this Section will affect any of the Healthier Together Partners' regulatory or statutory obligations, including but not limited to competition law.

16.5. The Parties acknowledge that each of them is subject to requirements in respect of the Freedom of Information Act 2000 (FOIA) and Environmental Information Regulations 2004 (EIRs). The Parties shall:

(a) provide all reasonable assistance and cooperation as reasonably requested by another Party to enable that other Party to comply with its obligations of confidentiality and to meet requirements under the FOIA and EIRs;

and

(b) where holding information on behalf of another Party, not respond directly to a Request For Information unless authorised in writing to do so by that other Party.

16.6. The Parties acknowledge that another Party may be required under the FOIA and EIRs to disclose Information (including Confidential Information) without consulting or obtaining consent from other Parties but each Party shall take reasonable steps to notify other Parties to the extent that it is permissible and reasonably practical for it to do so and will give due regard to any observations released from other Parties as to disclosure of information.

17. Signatures

17.1. This Memorandum may be signed in separate copies each of which will constitute the same document.

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Healthier Together

Memorandum of Understanding – supporting annexes 1-10

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

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Annex 1 – Definitions and Interpretation

The following words and phrases have the following meanings in this Memorandum:

- **BNSSG** – **Bristol, North Somerset and South Gloucestershire**: the geographic boundaries of our Partnership
- **Healthier Together Partners (or 'Partners')** – all 10 constituent organisations of the Healthier Together Partnership as currently defined in the 'Parties' section
- **HWB** – **Health and Wellbeing Board**: a statutory forum within Unitary Authority boundaries where political, clinical, professional and community leaders come together to improve the health and wellbeing of their local population and reduce health inequalities.
- **ICP – Integrated Care Partnership**: partnerships at the 'place' or 'locality' level within BNSSG, responsible for designing and delivering fully integrated preventive, proactive/anticipatory, and personalised health and care services focused on local people's health and wellbeing.
- **ICS** – **Integrated Care System**: the broad term used nationally for our Healthier Together Partnership.
- **MOU** – Memorandum of Understanding

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

Annex 2 – Terms of Reference: Partnership Board

HEALTHIER TOGETHER PARTNERSHIP BOARD
Terms of Reference

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Version	Date	Author/Reviewer	Comment
0.1	05/04/2019	Gemma Self	Initial draft based upon West Yorkshire and Humber Partnership Board
0.2	09/04/2019	Gemma Self	Updates further to conversation with RW, JR and RK
0.3	09/04/2019	Gemma Self	Incorporating feedback from RW and JR
0.4	10/04/2019	Gemma Self	Incorporating feedback from RK
0.41 & 0.42	12/06/2019	Gemma Self	Incorporation of minor points from Boards & updated membership
1	25/06/2019	Gemma Self	Incorporation of recommendations as discussed at Partnership Board
1.1	June 2021	Moriah Nell	Updates to align with Healthier Together MOU

Background and Purpose

Context

1.1 Healthier Together – the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care System (ICS) was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs), in response to the *NHS Five Year Forward View*. It brings together 10 health and care organisations

- Avon and Wiltshire Mental Health Partnership NHS Trust
- Bristol City Council
- Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group (CCG)
- North Bristol NHS Trust
- North Somerset Council
- OneCare
- Sirona care & health
- South Gloucestershire Council
- South Western Ambulance Service NHS Foundation Trust
- University Hospitals Bristol and Weston NHS Foundation Trust

1.2 The partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.

1.3 The Partnership Board is a key element of the leadership and governance arrangements for Healthier Together (the BNSSG ICS).

Role and Responsibilities

Purpose

2.1 The Partnership Board provides the formal leadership for the Partnership. It is responsible for setting the strategic direction for the Partnership, and agreeing the vision, outcomes, and objectives. It provides leadership and oversight for all Partnership business and a forum to seek collective support for decision making to progress the delivery of the vision for the Partnership.

2.2 The Partnership Board will work by building agreement with leaders across Partner organisations to drive action around a shared vision and direction of travel.

2.3 This Board will be the forum where the Healthier Together Partners come together to seek collective support for decisions affecting the Partnership. This will include support for decisions required as the result of any shifts in authority for the system, performance monitoring or resource allocated to the system.

These Terms of Reference describe the scope, function and ways of working for the

Partnership Board.

2.4 The responsibilities of the Partnership Board are to:

i. Agree the vision, outcomes and objectives for the Partnership

ii. Provide leadership and oversight in our progress to becoming a mature Integrated Care System.

iii. Consider recommendations from the Executive Group and seek collective support for decisions on:

- The objectives, plans, and changes to priority work programmes and workstreams
- System-level planning
- The apportionment of transformation monies from national bodies
- Priorities for investment of system-level capital funds across the Partnership
- Improvement opportunities and challenges, including those highlighted through system oversight of quality and performance

iv. Act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities

v. Provide a mechanism for joint action and support for decision-making where issues are best tackled on a wider scale

vi. Develop a shared understanding of the financial resources of NHS partners, maximise the system-wide efficiencies necessary to manage within this share of the total NHS budget and pursue opportunities for creation of a single system budget over time.

vii. Support the development of Integrated Care Partnerships (ICPs) in each of our six Localities, which bring together primary care, community-based providers and local authorities, as well as voluntary and community groups, and interface with secondary care providers and commissioners to establish community-based systems of care at local level; and, support the development of Provider Collaboratives

viii. Ensure that, through partnership working in each place and across BNSSG, there is a greater focus on population health management, integration between providers of services around individual people's needs, and a focus on care provided in primary and community settings

ix. Oversee a mutual accountability framework which provides a single, consistent approach for assurance and accountability between partners

x. Reach agreement in relation to recommendations made by other

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governance groups within the Partnership on the need to take action for managing collective performance, resources and the totality of population health

xi. Adopt an approach to collectively supporting decisions and resolving any disagreements, which follows the principle of subsidiarity and is in line with the shared values and behaviours of the Partnership

xii. Appointment and review of the performance of the Independent Chair for the system. The Independent Chair is responsible for the appraisal of joint executive leads, on behalf of the partnership.

Accountability and reporting

3.2 The Partnership Board has a key role within the wider governance and accountability arrangements for the BNSSG partnership.

3.3 Constituent Boards remain accountable for all aspects of their business in line with statutory frameworks; the Partnership Board has no formal delegated authority. Whilst the current landscape of statutory functions is as it is constituent Partner Organisation Boards remain accountable for all aspects of their business in line with statutory frameworks. Sovereign boards may delegate a service, budget or items for decision making to the Partnership Board in line with their statutory frameworks. Any delegation would need to be agreed by all Boards. This will happen on a case by case basis.

3.4 All members have a responsibility to ensure regular two-way communication between their Sovereign Board and the Partnership Board. The minutes, and a summary of key messages will be submitted to all Partner organisations after each meeting.

Membership

Chair and Vice Chair arrangements

4.1 The Independent Chair of the Partnership Board will chair the meeting

4.2 A Vice Chair will be agreed from among the chairs of constituent bodies

Membership

4.3

Role	Numbers
Independent Chair of the STP	1

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BNSSG NHS & CIC Chairs and Chief Executives	14
BNSSG Local Authority Chief Executives	3
BNSSG Health and Wellbeing Board Chairs	3
Chair of Clinical Cabinet	1
GPs representing each area (Bristol, North Somerset, South Gloucestershire)	3
Chair or Area Manager of Healthwatch	3
One representative from NHS England / Improvement	1
Director of Public Health	1

A list of members is set out at **Annex 1**.

Deputies

It is anticipated that Members would be expected to attend all meetings, if they are unable they may send a deputy by arrangement with the Chair.

Additional attendees

Additional attendees will routinely include:

- The Healthier Together Programme Director
- The Healthier Together Finance Lead

At the discretion of the Chair, additional representatives may be requested to attend meetings to participate in discussions or report on particular issues.

Quorum

The Partnership Board will be quorate when 7 out of the 10 Partner organisations are present, including representatives of 2 out of the 3 Local Authority partners.

If a consensus decision cannot be reached, then it may be referred to the dispute resolution procedure in the Memorandum of Understanding.

Conduct and Operation

The Partnership Board will meet in public, at least four times each year. An annual schedule of meetings will be published by the secretariat.

Extraordinary meetings may be called for a specific purpose at the discretion of the Chair. A minimum of seven working days' notice will be given when calling an extraordinary meeting.

The Partnership Board may convene in private committee at the Chair and Members' discretion.

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The agenda and supporting papers will be sent to Members and attendees and be made available to the public via the Healthier Together website no less than five working days before the meeting. Urgent papers will be permitted in exceptional circumstances at the discretion of the Chair.

Draft minutes will be issued within 10 working days of each meeting and ratified at the following meeting.

Secretariat

The secretariat function for the Partnership Board will be provided by the Healthier Together Office. A member of the team will be responsible for arranging meetings, recording minutes and actions from each meeting, preparing agendas, and agreeing these with the Chair.

Review

These terms of reference and the membership of the Partnership Board will be reviewed annually by Board partners. Any changes will be approved by the Board for decision by constituent agency decision making bodies. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the partnership.

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

Healthier Together Partnership Board Terms of Reference Annex One: Members

Name	Job Title	Organisation	Healthier Together Role
Jeff Farrar	Independent Chair	Healthier Together	Independent Chair
Charlotte Hitchings	Chair	Avon & Wiltshire Partnership NHS FT	Chairs Reference Group Member
Jonathan Hayes	Clinical Chair	BNSSG CCG	Chairs Reference Group Member
Michele Romaine	Chair	North Bristol Trust	Chairs Reference Group Member
Simon Bradley	Chair	One Care	Chairs Reference Group Member
Amanda Cheeseley	Chair	Sirona Care and Health	Chairs Reference Group Member
Cllr Ben Stokes	Chair	South Gloucestershire Health & Wellbeing Board	Chairs Reference Group Member
Cllr Helen Holland	Chair	Bristol Health & Wellbeing Board	Chairs Reference Group Member
Cllr Mike Bell	Chair	North Somerset Deputy Leader, Health and Wellbeing Board Chair and Executive Member for Adult Social Care and Health	Chairs Reference Group Member
Jayne Mee	Chair	University Hospitals Bristol NHS FT	Chairs Reference Group Member
Dominic Hardisty	Chief Executive	Avon & Wiltshire Partnership NHS FT	Executive Group Member, Co-Sponsor of Mental Health programme
Mike Jackson	Chief Executive	Bristol City Council	Executive Group Member, Co-Sponsor for Integrated Care Partnerships Programme
Julia Ross	Chief Executive	BNSSG CCG	Executive Group Member, ICS Exec Lead, Co-chair of Integrated Care Steering Group, Sponsor for Integrated Care System Development programme

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Name	Job Title	Organisation	Healthier Together Role
Maria Kane	Chief Executive	North Bristol NHS Trust	Executive Group Member, Sponsor for Acute Care Collaboration and Urgent Care Programmes
Jo Walker	Chief Executive	North Somerset Council	Executive Group Member, Co-Sponsor for Mental Health Programme
Ruth Taylor	Chief Executive	One Care	Executive Group Member, Sponsor for Primary Care Resilience & Transformation Programme
Janet Rowse	Chief Executive	Sirona Care and Health	Executive Group Member, Co-Chair of Integrated Care Steering Group, Sponsor for People and Children and Families programmes
Dave Perry	Chief Executive	South Gloucestershire Council	Executive Group Member, Sponsor for Population Health, Prevention and Inequalities
Jennifer Winslade	Executive Director of Nursing and Quality	SWAST	Executive Group Member
Robert Woolley	Chief Executive	University Hospitals Bristol and Weston NHS FT	Executive Group Member, ICS Exec Lead, Chair of Bristol Health Partners, Sponsor for Digital Programme
Peter Brindle	Medical Director	BNSSG CCG	Chair, Clinical Cabinet
To be confirmed by Localities			Locality Chair
To be confirmed by Localities			Locality Chair
To be confirmed by Localities			Locality Chair
Georgie Bigg	Chair of Trustees	Healthwatch BNSSG	
Vicky Marriott	Area Manager	Healthwatch BNSSG	
Sara Blackmore	Director of	South Gloucestershire	Executive Group

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Name	Job Title	Organisation	Healthier Together Role
	Public Health	Council	Member, Sponsor for Prevention, SRO for Population Health Management
Sue Doheny	Regional Chief Nurse	NHS England / Improvement Regional Office	

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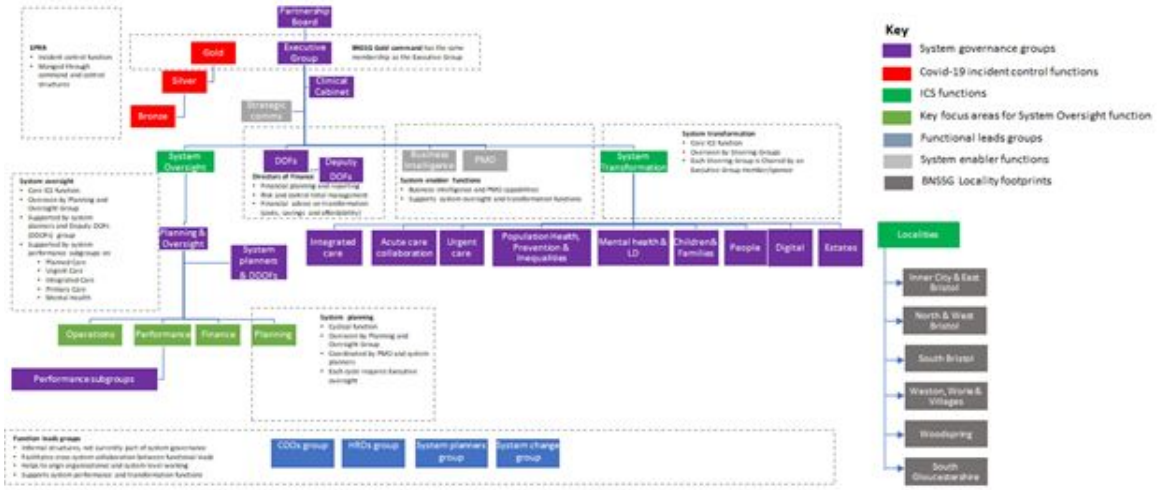
Healthier Together

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

Healthier Together Partnership Board Terms of Reference Annex Two: Governance Structure



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Annex 3 – Terms of Reference: Executive Group

HEALTHIER TOGETHER EXECUTIVE GROUP
Terms of Reference

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

1 Purpose

1.1 To oversee the business of the Bristol, North Somerset and South Gloucestershire (BNSSG) ICS on behalf of the ICS Partnership Board.

1.2 To oversee the delivery of the ICS vision and objectives, providing support for system-wide decisions, providing guidance and support to the ICS workstreams & programmes, and securing the resources to deliver the BNSSG ICS priorities. To seek assurance for the ICS programmes and projects to ensure achievement against agreed deliverables and outcomes.

1.3 The group shall be the key leadership forum for in-depth discussion of key strategic system issues

2 Role and Responsibilities

2.1 The Executives Group's responsibilities are:

2.1.1 To provide the overall programme "Executive Group" function for the ICS portfolio

2.1.2 To provide strategic decision making guidance to the Partnership Board and steering groups on direction, pace, resourcing, risk management and variance against plan / benefit outcomes

2.1.3 To supervise the development of a set of system wide strategies which are fit to deliver the ICS objectives, for approval by the Partnership Board

2.1.4 To approve or delegate authority to Steering Groups to define the Workstream boundaries in terms of time, cost, scope and quality

2.1.5 To agree the overall system configuration, design and collaborative planning processes (including delegated authority) and agree changes as this develops. The Executive Group will make recommendations to the Partnership Board, Individual Governing Bodies, and regulators, as appropriate.

2.1.6 To agree the level of programme management support for each programme

2.1.7 To review and agree the ICS programme and PMO budget, for approval by the Partnership Board

2.1.8 To recommend decisions as appropriate to the Partnership Board, NHS England and NHS Improvement

2.1.9 To provide the leadership and co-ordination for workstreams / programmes requiring a system response.

2.1.10 To receive assurances from its Workstreams, Design Authority & appropriate System Assurance Groups

2.1.11 To monitor delivery of the BNSSG system plan at the strategic level and agree corrective measures & proposals from Workstreams and working groups

2.1.12 To delegate tasks to Workstreams

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2.1.13 To approve the Terms of Reference for other system groups

3 Accountability and reporting

3.1 Formal minutes of meetings will be recorded; and will normally be confirmed as accurate at the next meeting of the Executive Group.

3.2 The Executive Group will report to the Partnership Board on the performance of its duties as reflected within these Terms of Reference.

4 Membership and attendance

Membership

4.1 The membership of the Executive Group shall include:

- ICS Lead Chief Executives(s) (Chair)
- BNSSG NHS & CIC Chief Executives
- BNSSG Local Authority Chief Executives
- ICS Programme Director

4.2 Members may nominate a deputy. Where the member represents a group, the deputy must come from the same group.

Quorum

4.3 The quorum necessary for the transaction of business will be three quarters of the membership present at the meeting, one of whom must be the ICS Senior Responsible Officer or Programme Director.

Attendance

4.4 Meetings of the Executive Group shall normally be attended by:

- PMO Administrator (minutes)

4.5 The Executive Group may invite other persons to attend a meeting so as to assist in deliberations. The Chair shall be notified of this prior to the meeting.

5 Conduct and Operation

5.1 The Executive Group shall be supported administratively by the Healthier Together Programme Management Office, whose duties in this respect will include:

- Agreement of agendas with the Chair and attendees; and collation of papers
- Taking the minutes
- Keeping a record of matters arising and issues to be carried forward within an action log.
- Advising the Group on pertinent issues/areas

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- Provision of a highlight report of the key business undertaken to the governing bodies or boards of the partner organisations following each meeting.

Frequency

5.2 A minimum of bi-monthly two to three hour meetings, held in alternating weeks to the Partnership Board.

Notice of meetings

5.3 An agenda of items to be discussed will be forwarded to each member of the Executive Group and any other person required to attend, no later than five working days before the date of the meeting. Supporting papers will be sent to members and to other attendees as appropriate, at the same time.

5.4 An annual schedule of meetings will be produced and circulated to all members.

5.5 Emergency meetings can be arranged if this is approved and evidenced as such, by the majority of the members of the Executive Group.

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Annex 4 – ICS Outcomes Framework

1. Purpose

The aim of the Healthier Together ICS Population Health Outcomes Framework is to articulate the change we, as Healthier Together Partners, are aiming to achieve for our population and to provide a framework to hold members of the partnership to account for delivery of the outcomes. The Outcomes Framework will enable the system to make a radical culture shift towards prevention and also provides a platform to oversee key outcomes and transformation metrics across the Partnership using peer ICS and national benchmarks.

2. Development of the framework

The Healthier Together Five Year Plan 2019-2024 sets out strategic outcomes and high level goals which were collaboratively developed based on population data and insight.

Healthier Together system ambition

"Our ambition is to build an integrated health and care system where the community becomes the default setting of care, 24/7, where high quality hospital services are used only when needed, and where people can maximise their health, independence and be active in their own wellbeing. We want to increase the number of years people in BNSSG live in good health; reduce inequality in health outcomes between social groups; and help to create communities that are healthy, safe and positive places to live. In redesigning our system, we also want to make it easier for staff to work productively together and develop a healthy and fulfilled workforce."

Healthier Together stated in our five year plan that our system goals are to:

- Increase the number of years people in BNSSG live in good health
- Reduce the inequality in how many years people in BNSSG live in good health, particularly improving healthy life expectancy for those with the poorest outcomes
- Become a place where health and care services fit with people's lives and makes sense to the people engaging with it
- Make it easy for people working in health and care to work with each other
- Our workforce is healthy and fulfilled
- Reduce our adverse environmental impact in energy, travel, waste, water, food, biodiversity and land use
- Our communities are healthy, safe and positive places to live

These system goals have been taken into account when developing the Outcomes Framework. As well as setting clear ambitions as a system to improve the population health of the residents we serve and reduce inequalities, the aim is also to highlight areas where action should be taken, deploy improvement support where required and also celebrate success in health and care improvements.

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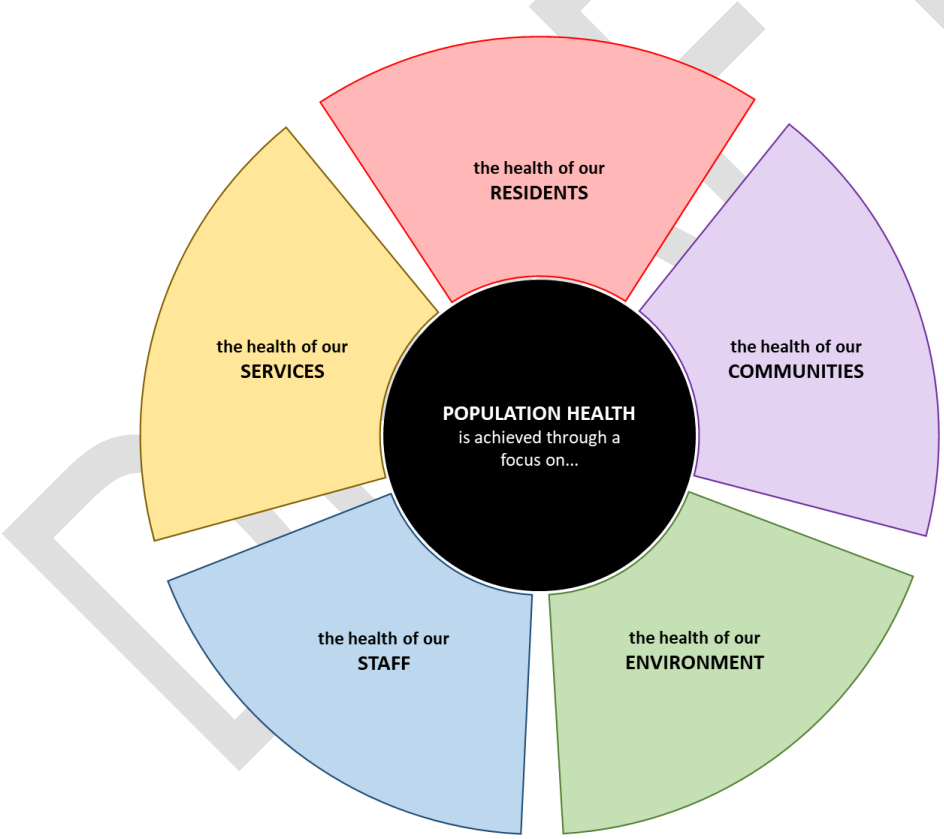
The outcomes framework has been developed by the Healthier Together Population Health, Prevention and Inequalities Steering Group in partnership with stakeholders across the system. Engagement was undertaken between March and May on the **strategic outcomes.** This included presentations at Healthier Together Steering Groups and discussions with Programme Leads; presentations and discussion with individual BNSSG Health and Wellbeing Boards as well as at the joint BNSSG Health and Wellbeing Board; and presentations at Clinical Cabinet and Healthier Together Executive as well as with the Population Health, Prevention and Inequalities Steering Group.

For the Outcomes Framework to be a success and truly have impact for our population, all Healthier Together partners will need to agree common datasets and dashboards for system improvement and transformation management. This is a key next step in our system development.

Figure 1: Our framework to deliver population health



3. Our Healthier Together ICS Outcomes Framework

The health of our population will be improved through a focus on…	Our Outcomes
The health our RESIDENTS	1. We will increase population healthy life expectancy across BNSSG and narrow the gap between different population groups 2. We will reduce early deaths from preventable causes - cardiovascular and respiratory conditions, liver disease and cancers - in the communities which currently have the poorest outcomes 3. We will lower the burden of infectious disease in all population groups 4. We will reduce the proportion of people in BNSSG who smoke 5. We will improve self-reported mental wellbeing 6. We will increase the proportion of children who achieve a good level of education attainment
The health of our SERVICES	1. We will increase the proportion of our residents who report that they are able to find information about health and care services easily 2. We will increase the proportion of our residents who report that they are able to access the services they need, when they need it 3. We will increase the proportion of our residents who report that their health and care is delivered through joined up services
The health of our STAFF	1. We will increase the proportion of our health and care staff who report being able to deliver high value care 2. We will reduce sickness absence rates across all our ICS partner organisations 3. We will improve self-reported health and wellbeing amongst our staff 4. We will improve Equality and Diversity workforce measures in all ICS Partner organisations
The health of our COMMUNITIES	1. We will reduce the number and proportion of people living in fuel poverty 2. We will reduce the number of people living in poor housing conditions 3. We will reduce levels of domestic violence and abuse 4. We will reduce levels of child poverty 5. We will increase the number of BNSSG residents describing their community as a healthy, safe and positive place to live
The health and wellbeing of our ENVIRONMENT	1. We will increase the proportion of energy used by the estates of our ICS partner organisations from renewable sources 2. We will reduce the total carbon footprint generated through travel of patients using our services 3. We will increase use of active travel, public transport and other sustainable transport by our staff, service users and communities

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

Annex 5 – ICS Outcomes-Driven Performance and Quality Framework

1. Introduction and background

1.1. Through the development of our BNSSG ICS, we agree on the need for safe, sustainable and high performing health and care services to support our population.

1.2. We expect our ICS to be increasingly involved the oversight and assurance of these services across the system, including of constituent organisations, place-based partnerships, and provider collaboratives.

1.3. Our ambition is to establish a performance and quality approach that addresses system oversight and quality assurance requirements, and extends beyond to continuously improve and achieve our target outcomes for the people we serve.

2. Our shared vision for outcomes-driven performance and quality

2.1. To achieve our Healthier Together vision and goals (see MOU section 3), we have developed a set of population-level outcomes measures that can be monitored in order to assess the progress we are making in achieving our system goals (see appendix 4: ICS outcomes framework).

2.2. We have also established system-wide forums for managing performance and quality:

2.2.1. The Planning and Oversight Group oversees matters relating to the operational, planning, finance and performance aspects of the ICS

2.2.2. The System Quality Group is aimed at system-wide sharing of early intelligence and strategic developments.

2.3. We believe the system goals and outcomes should drive what we focus on with respect to our service quality and system performance. In considering what a high quality, high performing, outcomes-driven integrated care system looks like for the people we serve, we have agreed in principle to the following paradigm shifts in our system performance and quality:

2.3.1. **Person-centred**: we shift our thinking to engage, listen to, and consider the impact and experience of the people we serve

2.3.2. **Outcomes-driven**: the outcomes we want to achieve for the people of BNSSG drives how we deliver and measure success

2.3.3. **Proactively improvement-driven**: we anticipate potential issues and dedicate clinical and professional resources across the system to investigate pressurized pathways, applying good quality improvement methodology and investigating the whole pathway by default

2.3.4. **Self-regulating**: we take a ‘system first’/‘system-by-default’ approach to escalation and regulatory intervention

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2.3.5. **Collective responsibility:** we connect constituent organisation's performance to system performance and take responsibility for addressing risks and issues together

2.3.6. **Learning culture and peer review**: we provide ongoing transparency and sharing to check and challenge one-another and drive excellence and improvement

3. Taking this forward together

3.1. Focusing on outcomes-driven performance and quality improvement is a complex challenge, which will require adaptive management and evolve over time.

3.2. We will build on the system relationships and infrastructure established to-date to design an optimal architecture in line with these paradigm shifts, and evolve our ways of working together over time.

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

Annex 6 – ICS Strategic Commissioning

1. Introduction

1.1. What is Value?

1.1.1. Value Based Health and Care, also referred to simply as *Value* is an international approach to improving our health and care systems.

1.2. What does Value mean to BNSSG?

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

1.2.2. The Value approach underpins the development of our integrated care system (ICS) in service of the four fundamental purposes of an ICS:

- improving population health and healthcare
- tackling unequal outcomes and access
- enhancing productivity and value for money
- helping the NHS to support broader social and economic development

1.3. Culture

1.3.1. Culture is arguably the most important factor for improving value, with 'stewardship' proposed as the dominant force, where we take collective care for our common resources.

1.4. Value Objectives

1.4.1. Our ICS Value programme has three high level objectives

1) Allocating resources efficiently across our system so that we achieve the overall best possible outcomes
2) Identifying and improving the outcomes and experience that matter to people
3) Commissioning and delivering effective services that avoiding overuse of low value interventions (unwanted or not cost-effective) and underuse of high value interventions (deemed cost-effective but not taken up by those who would benefit)

2. Our Value Improvement Framework

2.1. Our Value improvement framework (see Figure 1) has been developed with stakeholders including clinicians, public health specialists and commissioners as a way to start developing a common language and common approach to describing, analysing and improving it.

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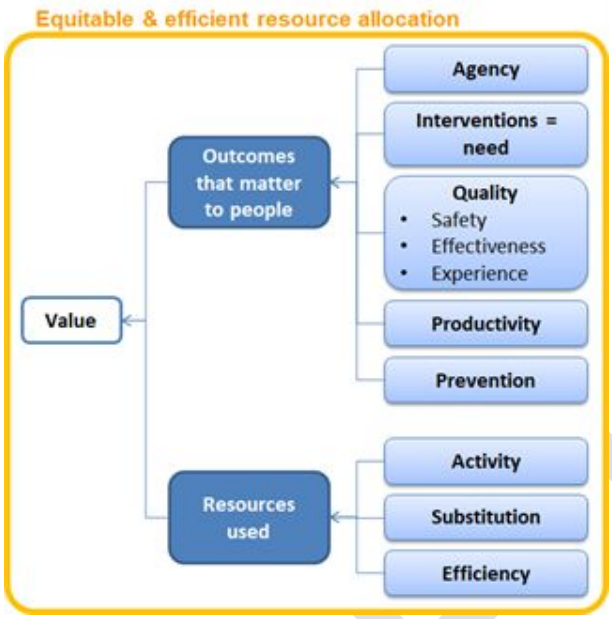
Figure 1: BNSSG Value Improvement Framework



2.2. Our Value Improvement Framework explained

2.2.1. **The wrapper**: decisions on where to use resources (including people, money) should be based on a balanced view of equity (what is fair) and allocative efficiency (what service mix will lead to the best overall outcomes for the resources available)

2.2.2. **Value**: as defined above, can be improved by improving outcomes that matter to people and/or reducing the resources needed to achieve those outcomes

2.2.3. **Outcomes that matter to people** can be improved by

2.2.3.1.1. Optimising individual agency, that is "the ability to take action or to choose what action to take" to achieve what matters to them. An important measure to consider here is the Patient Activation Measure (PAM). Important interventions to consider are Care and Support Planning (CSP) and Shared Decision-Making (SDM)

2.2.3.1.2. Matching evidence-informed, cost-effective interventions to need is critical to improving outcomes at a population level. An important area to consider is current unmet need, which is that where someone would like to improve their health AND has the potential to benefit from something currently provided that they are not currently benefiting from

2.2.3.1.3. Improving the quality of current services, which could be one or all three of the elements of quality; safety, effectiveness (whether the intervention does what it is supposed to) and experience. In some contexts the experience of care may considered an outcome in its own right

2.2.3.1.4. Improving productivity means increasing the output/activity from a particular resource or set of resources, such as the number of operations per hour of surgeon-time. Productivity should not pursued to the detriment of effectiveness and could have a

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negative effect on efficiency, although this may be considered worth the trade-off

2.2.3.1.5. Prevention of poor health is generally one of the best ways to maintain health and promote wellbeing

2.2.4. **Resources used** can be improved by

2.2.4.1.1. Reducing activity and ideally **reducing low value activity,** which is activity that is either unwanted by a person (related to improving agency) or unwarranted such as an intervention that has been shown to be of no benefit, e.g. using mirtazapine with other antidepressants for treatment-resistant depression. A significant reduction in activity could also be achieved by addressing failure demand, which is "demand caused by a failure to do something, or to do something right, for a service user", which results in the service user needing to make another demand on the service.

2.2.4.1.2. The **substitution** of products or services that are less resource intense but give similar benefit, such as non-medical interventions for mild-moderate depression, or the use of 'off-patent' pharmaceuticals

2.2.4.1.3. Improving **efficiency**, which is when an output such as GP severe mental illness health checks is being achieved at the lowest possible average total costs. This is related to, but not the same as, productivity.

3. The Tragedy of the Commons

3.1. This concept comes from grazing sheep on common land. If one person adds one sheep to their flock they gain a lot, but the impact on everyone else is minimal. However, everyone then does it and so the commons is over-grazed and the tragedy is that everyone loses out. In a health and care system, there are many examples of where a part of the whole may slightly overreach and deplete our collective pot, resulting in a failure to deliver true Value-Based Health and Care.

3.2. Elinor Ostrom identified 10 principles to solve the problem through building the commons; she was the first woman to win the Nobel Prize for her work on this, in 2009.

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Figure 3: Elinor Ostrom's principles for managing a commons

3.3. These principles can help guide our approach in achieving Value for our population as a system. We have a great opportunity to build a culture of stewardship of our common resources towards a collective set of aims through the ICS – building the commons.

4. Our Value Improvement Framework in context

4.1. The Value Improvement Framework should be used as a starting point for understanding our current services and system or describing how a proposed change might affect the overall Value of our system. It does not however lead to a decision on how decisions should be made about how resources are allocated. Our ICS must make decisions on investment and disinvestment, including for single and multi-option scenarios, for example a decision on whether to invest in a whole service reconfiguration or in a new device or medical product.

4.2. The Value Improvement Framework provides a structured way to think about the case being made, and then needs to follow a process in order to arrive at a decision, leveraging the Ostrom Principles. A model for how this could work in Strategic Commissioning is presented in Figure 2.

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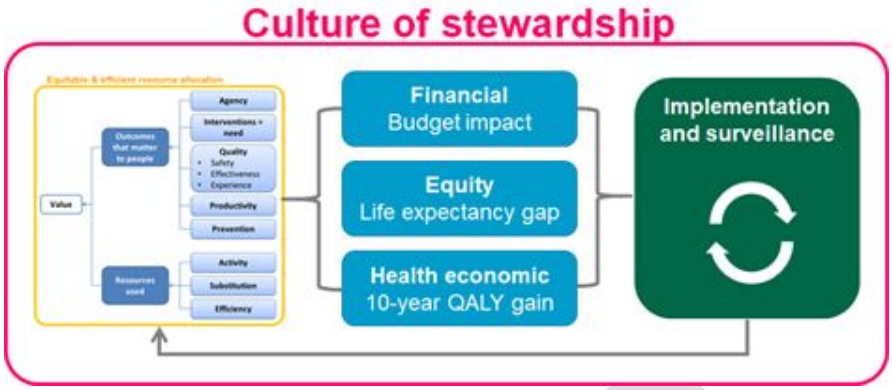
Figure 2: Strategic Commissioning Cycle



4.3. In this model for Strategic Commissioning, proposed investment or disinvestment decisions, articulated according to the language and structure of the improvement framework are considered according to their financial (in-year cost-implication), equity (impact on health inequalities) and health economic (gain in utility for the resources invested - noting this could be cost saving) consequences. The resulting impacts of the decision are then continuously surveyed so that an assessment of real-world value being delivered can be made, allowing for course correction as needed.

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Annex 7 – ICS Financial Framework

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1. Overview & Purpose

1.1 The fundamental purpose in creating our joint financial framework is to establish and define a set of principles and processes that help establish the collaborative ways of working, a culture of financial transparency, and the governance arrangements that support delivery of the ICS vision, and improve the health outcomes for the population of BNSSG in a financially sustainable way.

1.2 All Healthier Together Partners are ready to work together and support each other when required. The Partners are committed to working individually and in collaboration with others to deliver the changes required to achieve financial sustainability and live within our resources.

1.3 The financial framework will:

- describe the **collaborative behaviours** expected of the parties
- enable a focus on **value** for the system
- require **open book accounting** and **financial transparency** between the parties
- describe **processes for reaching consensus and resolving disputes** about how best to use financial and other resources available to the ICS
- set out a mechanism for management of the aggregate financial position of the parties to achieve and **maintain the system financial improvement trajectory for the ICS**.

1.4 The financial framework is structured to cover the following seven domains. Annex 1 outlines the applicability of these Financial Framework elements to each Healthier Together Partner.

	Financial Framework Domains	Document Section
1.	Understanding the cost of health & care services to enable value based decisions	Section 2
2.	Process for revenue & capital resource allocation	Section 3
3.	Approach to joint financial planning	Section 4
4.	Management of risk	Section 5
5.	Contracting principles & payment mechanisms	Section 6
6.	System reporting, financial management & control mechanisms	Section 7
7.	Finance staff training & development	Section 8

a) Healthier Together Joint Financial Principles

1.5 In support of the above, Healthier Together Directors of Finance have agreed the following set of over-arching principles that will help guide decision making and that provide a foundation for the assessment of financial issues, and when proposing actions to manage the associated risks and opportunities;

- We will act in the best interests of our patients and population; and will create financial flows and incentives to promote this

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- Our decisions will be based on the costs and benefits at a system level; and we will resolve the impact of that for organisations
- We will maximise new & existing resources into our system
- We will minimise the flow of resources out of our system
- We will cease activities that shift only financial problems between organisations within the system
- We will minimise the cost of growth and other new activities
- We will commit system resources to our highest system priorities (funding, people etc…)
- We will be open and transparent regarding our financial risk & opportunities
- The system will review and agree the growth levels across the system
- We will strive to be the best finance function to support our system priorities

b) A focus on 'Value'

1.6 To Healthier Together Partner organisations, Value Based Health and Care (VBHC) is an approach to meeting the aims of Population Health – improving physical and mental health outcomes, promoting wellbeing and reduce health inequalities for our whole population – through a focus on outcomes and experience that matter to people and making best use of resources. VBHC has three major goals:

- Allocating resources efficiently across our system so that we achieve the overall best possible outcomes
- Identifying and improving the outcomes and experience that matter to people
- Commissioning and delivering effective services that avoiding overuse of low value interventions (unwanted or not cost-effective) and underuse of high value interventions (deemed cost-effective, but not taken up by those who would benefit)

1.7 Professor Michael Porter and colleagues have defined Value for individuals using the following equation, but the concept of Value can also be applied to pathways, services and systems.

$$\text{Value} = \frac{\text{The set of outcomes that matter for the condition}}{\text{The total costs of delivering these outcomes over the full care cycle}}$$

1.8 Sir Muir Gray's "triple value healthcare model" which has been implemented in the NHS England RightCare programme to face the challenges of sustainability, equity and innovation in universal healthcare systems, addresses value in the three following levels:

- Personal Value
- Allocative Value
- Technical Value

c) Triple Value Healthcare Model:

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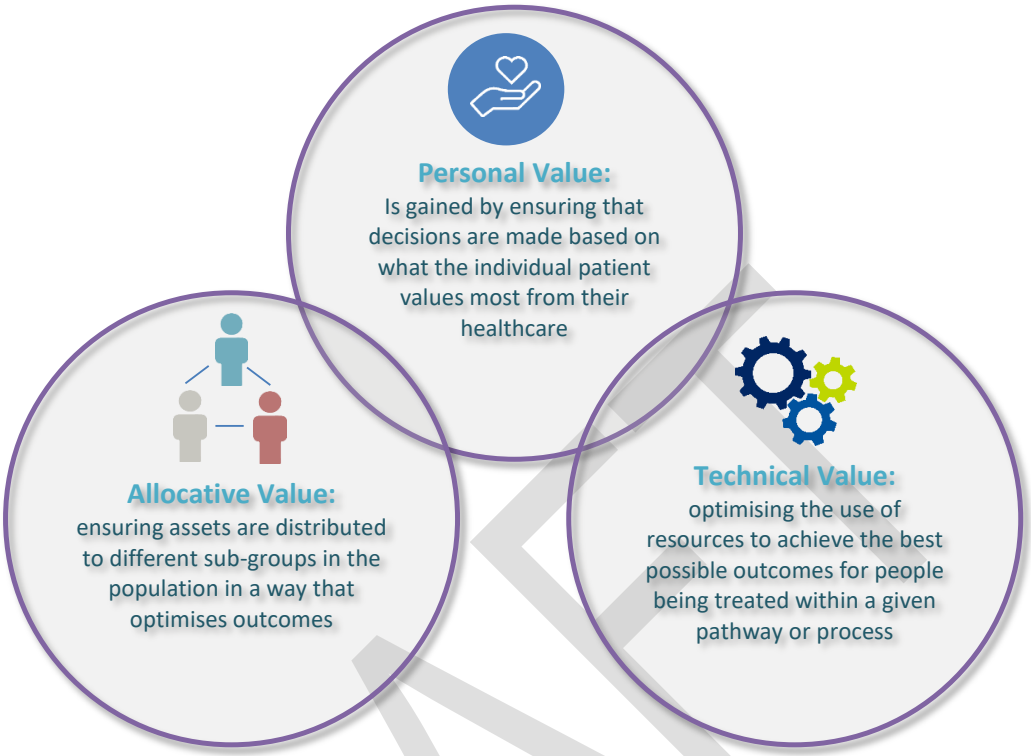
Figure 1: Triple Value Model



1.9 It is the system aspiration to use Value Based Health and Care to be the primary method by which we prioritise resources to improve population health and healthcare. When using the Value Based Health and Care framework it is important to recognise that other drivers and factors may need to be considered when making a decision to allocate resources, for example, reducing heath inequalities, meeting NHS performance targets & objectives, meeting CQC improvement objectives, managing within a fixed budget. Careful consideration needs to be taken at the outset about how to factor these other variables into decision making processes.

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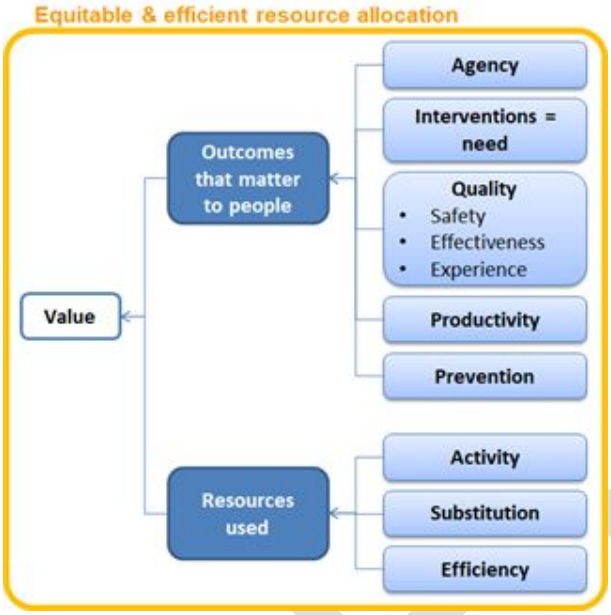
Figure 2: BNSSG Value Improvement Framework



2. Understanding the cost of health & care services to enable value based decisions

2.1 Partners are committed to using linked data to understand costs and demand pressures as a system, rather than as a number of discrete organisations, and using a Population Health Management (PHM) approach to develop an understanding of system cost across clinical pathways to identify system wide productivity opportunities, and enable better decision making.

2.2 The Population Health Management Finance Group will lead on developing a consistent, transparent approach to coding, counting and costing activity, allowing costing information to be analysed alongside data on needs and outcomes, to support continuous improvements in efficiency and the effectiveness of resource utilisation.

3. Process for revenue & capital resource allocation

a) Developing a Resource Allocation Framework

Aims

- To describe an evidence-based methodology to enable collective resource decisions by the Healthier Together Partners.
- The resource allocation framework needs to support delivery of the vision and goals of our ICS as described in the Outcomes Framework.
- The resource allocation framework should transparently support the delivery of improved value for the people of BNSSG. It will also need to take into account national priorities and fulfil any agreed conditions placed on particular funds e.g. Service Development Funding.

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b) Resource Allocation Principles

- We have to live within the resources allocated for the population of BNSSG and the wider population we serve
- We will maximise new & existing resources into our system acting as advocates for our population
- We will minimise the flow of resources out of our system
- We will minimise the cost of growth and other new activities
- We have to plan to achieve the national rules as set out in the operational planning guidance e.g. Mental Health Investment standard
- We need to identify and allow for recognised system pre-commitments e.g. stroke business case
- We will use existing Governance structures to support decision making
- Resource allocation will be a function of the ICS but will be guided by Integrated Care Partnership (ICP) leaders.
- Revenue and capital resource will be seen as linked, not separate.
- Resource allocation will seek to reduce identified risks
- We will recognise the fixed costs in the system

c) Allocation of Service Development Funding (SDF)

3.1 The Partners intend that any transformation funds made available to the Partnership will be delegated to Healthier Together Steering Groups. Funds will be allocated based on alignment to national priority areas.

3.2 In 2020/21, the system has had confirmation of a total SDF allocation (H1) of £15.3m, with a further indicative allocation in H2 of £13.6m (£29.4m total). Funding has been delegated to Healthier Together steering groups as set out in the table below:

Healthier Together Steering Group	Confirmed Allocation Q1	Confirmed AllocationQ2	Conditional AllocationQ2	H1 Allocation	H2 Indicative Allocation	Total H1 & H2 SDF 2021/22
HT Executive	£115			£115	£115	£229
Acute Care Collaboration	£4,029			£4,029	£4,029	£8,057
Integrated Care	£2,983	£2,021	£324	£5,328	£3,348	£8,675
Urgent Care	£141			£141	£0	£141
MH, LD and Autism	£5,225			£5,225	£5,655	£11,310
Children & Families	£467			£467	£467	£933
Total	**£12,959**	**£2,021**	**£324**	**£15,304**	**£13,612**	**£29,346**

d) Allocation of ICS Capital

Gross capital expenditure	AWP	NBT	UHBW	System

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Property, land and buildings	£2,260	£10,067	£64,861	£77,188
Plant and equipment	£100	£6,100	£12,976	£19,176
IT	£500	£5,492	£6,906	£12,898
Other	£3,540	£0	£0	£3,540
Gross capital expenditure	**£6,400**	**£21,659**	**£84,743**	**£112,802**
Disposals/other deductions	£0		£0	£0
Charge after additions/deductions	**£6,400**	**£21,659**	**£84,743**	**£112,802**
Less donations and grants	£0	-£600	-£18,057	-£18,657
Less PFI capital (IFRIC12)	-£921	-£567	£0	-£1,488
Plus PFI residual interest	£820	£9,240	£0	£10,060
Purchase of financial assets	£0	£0	£0	£0
Sale of financial assets	£0	£0	£0	£0
Prior period adjustments (PPAs)	£0	£0	£0	£0
Total Planned Capital Expenditure	**£6,299**	**£29,732**	**£66,686**	**£102,717**

Funding sources				
Self-Financed - Depreciation less PFI/Finance Lease payments	£3,802	£18,341	£32,042	£54,185
Self-Financed - other internal capital cash	£0	-£825	£27,436	£26,611
Capital loan repayments (net of Capital Refinancing PDC)	£0	£0	-£5,834	-£5,834
Sub total: Net Internal Sources	**£3,802**	**£17,516**	**£53,644**	**£74,962**
Interim Support Capital PDC - To Be Approved	£0	£2,592	£2,500	£5,092
Sub total: Loan Sources	**£0**	**£2,592**	**£2,500**	**£5,092**
Diagnostics (National)	£0	£384	£649	£1,033
Sub total: Total National Sources	**£0**	**£384**	**£649**	**£1,033**
Total Charge against Capital Allocation	**£3,802**	**£20,492**	**£56,793**	**£81,087**
Provider Digitisation - (HSLI) Health System Led Investment	£0	£0	£2,500	£2,500
STP Wave 3	£1,677	£0	£0	£1,677
Urgent & Emergency Care Capital	£0	£0	£7,393	£7,393
Residual Interest	£820	£9,240	£0	£10,060
Total Funding Sources	**£6,299**	**£29,732**	**£66,686**	**£102,717**

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4. Approach to joint financial planning

4.1 Clarity of underlying position. Due to the interim national finance regime, the underlying positon of organisations (and in some cases, associated financial recovery) is no longer clear, and we will undertake and share analysis to establish the level of financial challenge faced by the system in returning to system financial improvement trajectories set out in the Long-Term Plan.

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4.2 Subject to compliance with confidentiality and legal requirements around competition, sensitive information and information security, the Partners agree to adopt an open-book approach to financial planning and identification of financial risk, leading to the agreement of fully aligned operational plans.

4.3 Partners will be convened at the outset of all planning processes to ensure triangulated plans covering revenue, capital, activity and workforce are underpinned by common financial planning assumptions on inflation, growth, income and expenditure between providers and commissioners (including NHS England Specialist & Direct Commissioning), and on other issues that have a material impact on the availability of system financial incentives (e.g. Financial Recovery Funds).

4.4 NHS Partner Plans will be peer reviewed to ensure consistent assumptions and interpretation of financial policies and guidance which affect all partner organisations, for example, impact of national pay award funding.

4.5 The approach to planning will identify an overall system wide efficiency target for the system, and partners will work together to identify an appropriate balance of collaborative efficiency schemes and individual plans.

4.6 Responsibility for consolidating organisational plans will be led by the Healthier Together Finance lead, co-ordinated through the Healthier Together Deputy Directors of Finance Group to ensure system-level impact is understood. This will include a consolidated schedule of financial risk and mitigations.

5. Management of risk

5.1 Healthier Together Partners are committed to a shared approach to managing all risks (strategic, clinical, financial, and operational), taking collective responsibility for driving necessary change while mitigating the risks of those changes for individual organisations and the people we serve. This includes:

- Honest identification and sharing of risks
- Maintaining a system-wide risk register to consistently track system risks and document mitigation plans
- Clear ownership of the risk and expected mitigations
- Clear escalation procedures for when a risk starts crystallising
- Explicit discussion about financial risk appetite to determine the level of contingency to be held across the system
- Shift toward a collective focus on how system risks will be mitigated by the system, and each organisation's role in supporting this

5.2 Our system approach to risk management recognises that there will still be a need for constituent organisations to manage organisational risk. Where appropriate, we will strive for consistency of risk management coordination across organisations to allow more seamless risk management coordination across the Partnership.

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6. Contracting principles & payment mechanisms

6.1 The NHS Long Term Plan outlines a commitment for payment reform, with a focus on blended payments. NHS Partners are committed to considering the adoption of payment models which are better suited to whole system collaborative working (such as Aligned Incentive Contracting), and help support delivery of system wide objectives.

6.2 The Partners will look to adopt models which reduce financial volatility and provide greater certainty for all Partners at the beginning of each year of the planned income and costs, provide shared incentives for reducing avoidable or low value activity and redirecting resources to higher value interventions, properly reimbursing these, and seek to reduce unnecessary transactions and free up administrative resource.

6.3 Adoption of new contract models can see risk transfer between organisations, and therefore the transition to adoption of new contracting models will ensure this is well understood, and managed in a way to ensure there is no destabilisation of system Partners, and that no individual organisations financial sustainability is compromised.

6.4 Contracts within the system will include some of the same, or similar, objectives in order to promote a culture of collaboration that enables all organisations to meet their targets, whilst promoting the ICS vision and objectives.

6.5 Our approach is based on the following principles:

- A movement away from annual contracting rounds based on 'current income plus growth', towards a more developed form of blended payment across the whole system
- Fixed elements set based on improved cost data (see Section 4) and more accurate activity forecasts aligned to plans
- Variable elements set based on understanding of costs of activity above/below plan
- All services are funded at the level of efficient cost
- A proportion of payment will be linked to patient / population outcomes
- A reduction in unnecessary transactions, to ensure efficient use of finance team resources, and a reduce transaction costs

7. Finance Staff Training & Development

7.1 The ways of working in this financial framework represent a significant shift in thinking from the previous ways of working that many of our staff have grown accustomed to. This requires a shift of mind-set and some focussed development to ensure staff have the necessary skills to support the transformation that we need to deliver in the system.
Currently we are undertaking some baselining work to understand:

- Current finance staff development activity in place across the system.

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- Approaches to professional development
- Approaches to apprenticeships

7.2 Once we have an understanding of the baseline position we will be getting to an aligned position across the system and opening up finance training opportunities to all in the system not just within organisations. We will then scope further the different skills that are needed for the finance staff of the future taking the opportunity to drive innovation in current practice to modernise approaches to reporting to free up time that can be spent on supporting clinical services to develop.

7.3 We expect this to be through an increased focus on costing to support the value agenda and business case development to enable new pathways to be described taking a population health management approach. Much of these new skills require excellent people skills, managing relationships with different professional groups, being able to challenge in an effective manner. This will be a focus of our skills development going forward.

7.4 We recognise we have more to do to make NHS finance in BNSSG more representative of the population we serve and we will be looking to build into our approach to recruitment and training a focus that allows this to be addressed.

7.5 The finance staff development leads are coming together to carry out this initial piece of work with the DOF group with the expectation that a BNSSG finance conference will be held in Autumn 2021 to kick start this work.

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***FINANCIAL FRAMEWORK APPENDIX 1** – Applicability of Financial Framework Elements*

	BNSSG Clinical Commissioning Group (CCG)	North Bristol NHS Trust	University Hospitals Bristol and Weston NHS Foundation Trust	Avon and Wiltshire Mental Health Partnership NHS Trust	Sirona Care & Health	Bristol City Council	North Somerset Council	South Gloucestershire Council	South Western Ambulance Service NHS Foundation Trust	One Care
1) Overview & Purpose	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
- Healthier Together Joint Financial Principles	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
- Focus on Value	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2) Understanding the cost of health & care services to enable value based decisions	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3) Process for revenue & capital resource allocation	☐	☐	☐	☐	☐					
4) Approach to joint financial planning	☐	☐	☐	☐	☐	☐ (partial)	☐ (partial)	☐ (partial)		
5) Management of risk	☐	☐	☐	☐						
6) Contracting principles & payment mechanisms	☐	☐	☐	☐						
7) System reporting, financial management & control mechanisms	☐	☐	☐	☐	☐	☐	☐	☐		
8) Finance staff training & development	☐	☐	☐	☐	☐	☐	☐	☐		

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Annex 8 – ICS Communications and Engagement Framework

1. Purpose

The purpose of this framework is to formalise the Healthier Together Partnership's approach to delivering communications and engagement activity for the benefit of the population of BNSSG as we move towards statutory Integrated Care System (ICS) status.

2. Principles

Five principles underpin the way we work and will continue to work together, as set out below. These further build on and complement the core principles set out in the ICS Memorandum of Understanding (MOU), which are: *Individuals at the Centre, Subsidiarity, Collaboration, Mutual accountability and equality, and Transparency.*

These principles have been shaped by the whole-system Strategic Communications Group (SCG) which includes representation from every Healthier Together partner organisation. A similarly networked approach will be taken to Insights and Public Engagement, ensuring that we make best use of our collective strengths, expertise and experience at system-level in pursuit of our strategic goals.

Alongside each principle is an exposition of how we intend to live up to it, with 20 key points forming the basis of our approach to transition and ICS from April 2022. This includes both work currently in train and that yet to commence. We start from the clear position that Healthier Together Partner organisation communications and engagement teams will be retained, and that there is a strong appetite among communications teams and the Healthier Together leadership to further progress our collaboration for the benefit of the people we serve.

1. Our approach will be evolutionary and 'lock-in' ways of working success	1. **Flexibility and agility have been hallmarks of our joint work to date**, and this feature will be retained as we progress our collaboration toward and beyond statutory ICS status. The SCG will continue to work together to ensure clarity and consistency of message at ICS (1) level, and the ability to flex resource in response to need. 2. **Due to the dynamic and variable nature of the communications and engagement landscape,** we will continue to ensure regular touchpoints for key groups (e.g. 3x a week tactical calls, 2x a week strategic calls plus ad-hoc and project-specific approaches); as well as strategic relationship management with NHS England and Improvement. This approach is designed to ensure comprehensive yet agile oversight. 3. **The success of the Communications Delivery Unit (CDU) model,** highlighted as an exemplar in ICS communications practice, will be further built on to encompass whole-system implementation sub-groups for key strands of communications and engagement delivery, including restoration of services. The CDU's work will be guided by the SCG.

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	4. **A whole-system approach to strategic communications** will be further embedded with the establishment of a Healthier Together planning tool and grid which will allow executive and programme team oversight of activity and priorities. Clear Terms of Reference (ToR) and a protocol for issues, crisis and reputation management will be developed, building on established processes and recent case examples of successful and integrated handling (e.g. Weston Hospital closure, led by UHBW comms and with wraparound system support including stakeholder cascade). 5. **The SCG approach will be replicated in Insights and Engagement** to secure an equivalent forum for whole-system and aligned leadership among practitioners. This group will be the driving force behind the spread of people-centred design and a co-production ethos across our system. The establishment and sustainability of this forum is a priority for development. 6. **Further mapping will be undertaken during this transition year** to better understand Healthier Together Partner organisation capacity, areas of duplication, and shared systems and processes**.** This will provide a baseline and pointers for further evolutionary change which can increase our collective impact and effectiveness – for example, adopting a single ICS (1) approach to procurement of media monitoring services or graphic design. This is a forerunner to broader strategy development (see point 13).
2. People and their experiences are our core purpose, our most compelling story and our strongest offer to the wider system	7. **We will prioritise the embedding of a people-centred design approach,** including working with the Design Council and emerging Integrated Care Partnerships (ICPs) (6) to ensure that service design starts and ends with what matters most to people. We will capture and share examples, accelerating the spread of improvement within our own system and more widely; and, working with other teams, evolve mechanisms to embed experience and insights measures in the evaluation of effective integration. 8. **A system-wide intelligence dashboard will be created**, harnessing our existing citizen insight and experience sources, and complementing the PHM linked dataset. This will enable a more holistic understanding of experience and the generation of actionable insight to add value at all levels of decision-making (1, 3, 6). 9. **Building on our work through the pandemic, we will centre storytelling approaches in our public communications,** creating engaging content with and for our diverse communities, humanising the transformation of health and care, and facilitating positive behaviour change. This accelerates the approaches taken to both the 2020 system flu campaign and Covid-19 vaccination, where use of insight and co-production of content have been significant factors in success. 10**. It's important that the wider system understands what strategic communications and engagement can do for them** (and just as importantly, what it can't). Through transition, we will develop a toolkit for system teams, steering groups etc. setting out our offer and approach, signposting to support and highlighting clear routes for contact and escalation of issues. This will support effective horizon

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	scanning and issues management by the SCG.
3. Our activity will increasingly meet three conditions: strategically aligned, driven by insight and underpinned by evaluation	11. **The SCG is identifying opportunities to prioritise communications activity** that will achieve the greatest population impacts in line with system 5 Year Plan goals (a value-based approach). These opportunities, and the ability to respond to them, are likely to increase as our collaboration develops. We are putting a series of mechanisms in place to support this, including: • **Pursuing academic evaluation partners to support impact measurement and improved understanding of communications interventions.** This will allow us to optimise our approach to audience segmentation, message optimisation, A/B testing and citizen engagement; including the use of deliberative and creative approaches. • **Formalising SCG alignment to Healthier Together steering groups and the six ICPs,** with the relative value of each (in relation to our resourcing), being assessed and tested currently. • **Ensuring full SCG alignment to the development of the system shared insights and experience dashboard (point 8), which will allow us to respond in real-time to trends and issues.** While the dashboard will meet a wider system need, it will be imperative to ensure an integrated communications route for understanding signals in the data and using this to refine activity and priorities. 12. **Taking these steps will leave us better positioned to make a significant impact on the health inequalities agenda**; improving population health literacy, championing and elevating community voices, building trust among marginalised groups, breaking down barriers to access and ensuring that citizen voice and experience informs everything we do. 13. **A co-created Communications and Engagement strategy** will be designed and agreed, detailing aims, objectives, audiences, activity and costs. This will include recommendations on our approach to brand and digital communications.
4. Subsidiarity is a critical lens we will apply to all priorities and projects	14. **As a group, we understand the wider system principle of subsidiarity** which holds that decisions taken closer to the communities they affect are likely to lead to better outcomes. While it is not yet clear or settled as to the optimal balance of communications and engagement resourcing required at each level (1, 3, 6) in order to drive effective change for our population, we will be applying this principle as a critical lens through transition to help reach a view. 15. **Work is currently underway to establish a communications and engagement plan to support Integrated Care Partnership development**, including potential alignment or embedding of some system communications professionals at ICP (6) level. This is further complemented by the people-centred design programme (point 7). Ensuring that a 'golden thread' of communications and engagement good practice runs through every level of the system is a priority for transition and next year, and scoping is currently being undertaken on specific requirements within General Practice.

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	16. **We will develop two small-scale test-and-learn approaches to behaviour change communications**, working with ICPs as pilot sites**.** These will build on learning garnered through our 111 First insights work, flu and Covid-19 vaccinations. We would like these to be the focus of the evaluation partnership (point 11).
5. Seamless communication fast-tracks trust, transformation and collaboration	17. **The new structures will necessitate a refresh of our system/internal and corporate communications.** Undertaking system-level stakeholder/audience mapping and ensuring that channels/updates are fit for the future is a key priority for pre-transition and as the new ICS structures bed in. 18. **Work is already underway to align strategic communications advice** and support to the system people and workforce group as a priority, recognising this as a critical area where effective communications can drive an impact – particularly in times of change. 19**. During transition, we will be further scoping the requirements for an internal/system communications approach to clinical leadership** (including Clinical Cabinet) and the spread of system learning, including that generated from serious incidents. 20. **Building on work undertaken throughout the pandemic, we will be making recommendations to the Healthier Together Executive Group on a refreshed system approach to political engagement.** This is likely to include more joint-briefings and improved corporate communication flows, particularly to Councillors.

3. Delivering the programme

To bring the framework to life, we will take a programme approach to delivery, which will encompass the following as overarching strands. The 20 points above all fit beneath one of these programme areas:

Project	**Timeline**
Corporate and system communications refresh	Q3 21/22
Political engagement strategy	Q3 21/22
Embedding People-Centred Design	Q4 21/22
Communications and Engagement strategy development	Q2 22/23
System-wide intelligence dashboard	22/23 TBC

Delivery is contingent on PMO support and budget, and the next step would be to develop and bring forward business cases that relate to the strands of activity.

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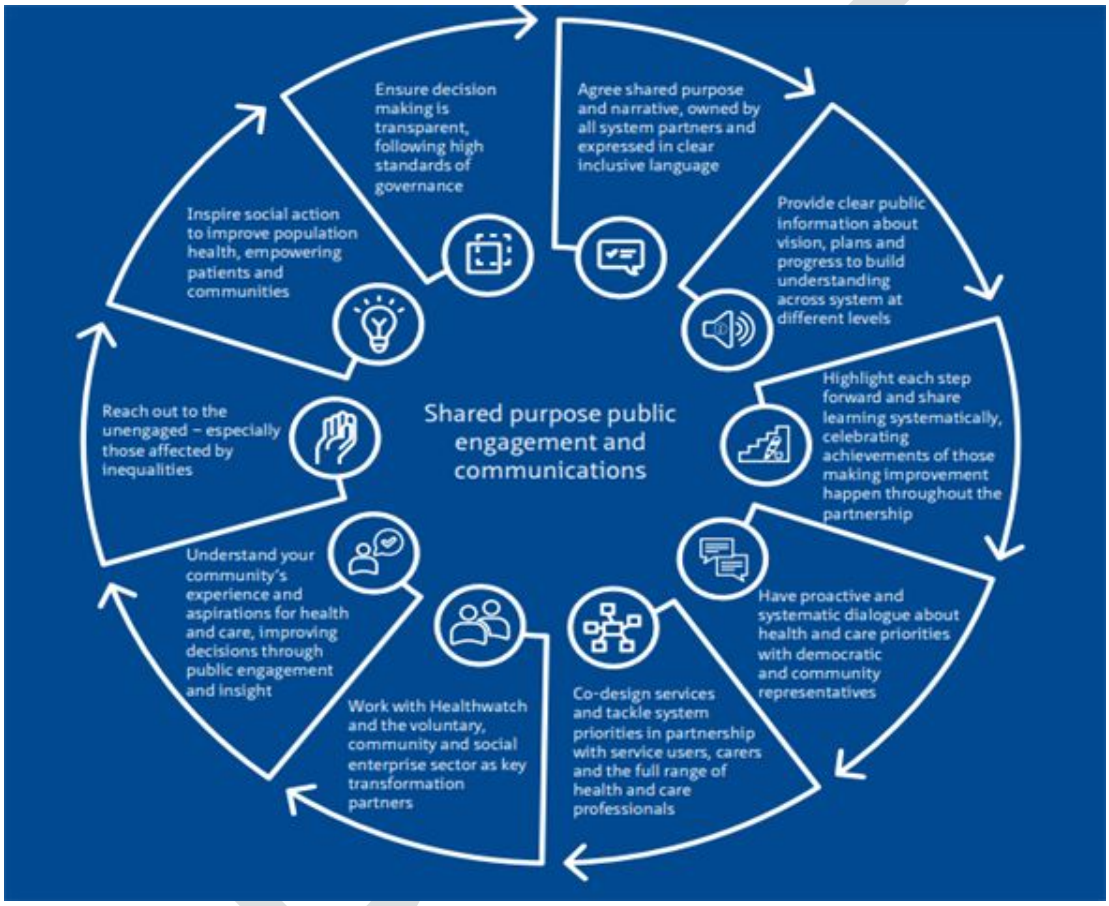
4. Our approach to forward planning, assessing progress and managing risk

We are testing the appetite for quarterly forward planning and progress assessment cycles for the SCG, to be undertaken in the form of practical half-day workshops (similar to those used to design and agree this framework). These must remain purposeful, timely and high-value (reflecting principle 1, point 1).

The SCG will be in a position to report our progress against the relevant ICS strategic goals from April 2022, and outline system communications risks and mitigations. We are currently using the NHS Confederation's Common Purpose wheel to assess our maturity and guide development. This is copied below.



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Annex 9 – ICS Organisational Development Plan

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1. What OD is, and why it matters

Organisational development is a planned, comprehensive and systematic process for applying behavioural principles and practices to increase individual, organisational and system effectiveness, creating the conditions and culture to enable people to perform at their best. CIPD www.cipd.co.uk

The conditions and culture our leaders create can help or hinder the achievement of our system goals. Failure to address cultural issues, particularly at times of significant change, can result in low morale, poor working relationships, inability to meet targets, absenteeism or high staff turnover.

Integration and innovation: working together to improve health and social care for all sets out an ambitious vision for system change, which will impact on every team in BNSSG, and it has never been more important to pay attention to our people and culture. This OD plan is intended to help our ICS to achieve our vision, mission and goals, and will support the delivery of our MOU. It is intended to build on the great work already achieved within BNSSG through the People Programme.

In order to make our ICS successful, and to deliver on our MOU, we need to pay attention to our culture. This means we need to ensure that we understand what our desired end states are in terms of culture and leadership. We will draw on the Johnson and Scholes OD Model, and use OD tools to undertake a gap analysis.

Our MOU sets out five principles:

- **Individuals @ Centre**
- **Subsidiarity**
- **Collaboration**
- **Mutual Accountability & Equality**
- **Transparency**

Culture eats strategy for breakfast
Peter Drucker

As the quote from Peter Drucker explains, a powerful and empowering culture is an important part of delivering on strategic success.

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2. Links with the People Programme and the ICP OD Plan

This work is not a separate entity but is fully integrated into our System People Plan.

The focus of the **People Programme** is in attracting, retaining, developing and supporting our staff, establishing common systems, terms and conditions and sharing resources. The **OD Framework and Plan** is primarily about culture and leadership, and how we support the transition to a legal ICS. The People Programme is delivered by and through the People Steering Group, but the culture and leadership changes need to be delivered through and by the Senior Leadership of the Integrated Care System. These both also link with the **ICP OD**, and their joint endeavour should help create and promote total inclusivity, be a powerful common thread to promote improved equality and diversity within our health economy and community, connected through the common thread of equality and diversity.

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3. Organisational Development Framework

The core of our OD Framework and Plan has three components:

1. **Culture, Identity and Belonging**
2. **Systems Leadership**
3. **ICS Transition**

For each of these three areas, in the following section, we have identified where we would want to be, the actions required, and how we will measure our success.

3.1 Culture, Identity and Belonging

One of the key goals in organisational development…..has been to find a way of creating cultures that are flexible and innovative and where individuals take responsibility for results – moving away from bureaucratic silos where formulaic approaches dominate.
www.managementcentre.co.uk

Where we are:

- Our partner organisations each have their own cultures and subcultures, and whilst we have established a track record in some areas for collaborative working, we have a significant journey for staff to also have a sense of belonging and identity in relation to our ICS. Many of our new models of care will require different staff from different teams to work together and organisational identity can be a barrier to

people working effectively together. We need to break down these organisational barriers.

Where we want to be:

- Our culture places **individuals at the heart**, recognising the **power of collaboration**, as we work together, as **one health and care system**
- We have an **outward mindset, focussed** on collective results, enabling us to have difficult conversations about resource allocation, and allowing us to see new possibilities for solutions.
- Our enabling culture will give our talented, dedicated workforce permission to be creative and innovative.
- We have a culture where we can work together and learn together across sectors and teams.
- Our overarching shared passion and compassion for delivering excellent patient centred care is in the very core of our collective DNA.

What we will do:

- **Improve the experience of working and living** in the health and care system and create and support a sense of **belonging and identity** for the whole ICS workforce
- Develop a system approach to **listen, hear, respect and act upon** the lived experience of staff and patients to improve health inequalities
- Establish a culture through our Learning Academy where **learning and continuing development** of all staff across the system is actively encouraged, and barriers are identified and removed
- As part of our diagnosis phase, we will undertake a **cultural audit** so that we understand the gap between the culture we have and what we aspire to, including feedback from staff and our leaders, and an analysis of the things we value and reward as a system, and where key barriers are, so we can address them together.
- Deliver a community focussed Equality, Diversity and Inclusion (EDI) Strategy promoting inclusivity across all inputs and outputs

Measured by:

- Staff engagement scores, pulse survey data, reduced leaver rates, exit data, reduced sickness absence, evaluation from our OD programme, diversity

3.2 Systems Leadership

Where we are:

- We have delivered some successful systems leadership programmes, such as Peloton and Arbinger
- However, we need to maximise our impact, address the lack of diversity among our leaders evidenced through our WRES data and support our leaders through the new and significantly different challenges to lead through the transition during 2021/22.

Where we want to be:

- **Collaboration and systems leadership** underpin our ways of working and leaders **listen to staff** and find ways to involve them in decision making

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- Leaders are **clear on how they need to behave** to perform effectively and deliver our system vision
- Our future leaders are able to **grow talent, coach and lead** across diverse, cross organisational, multi professional teams and we have a diverse pipeline of future leaders
- Leaders ensure that their organisations **leverage their role as anchor institutions** to promote local social and economic growth in the wider community, address inequalities at the heart of poor health and improve health outcomes for the population.

What we will do:

- Ensure leadership standards are **embedded in place-based practices**: recruitment, performance, appraisal, conduct and development
- Hold senior leaders to account for the delivery of the **People Promise**
- Find new and more cost-effective approaches to **maximise the benefits** of our investments in our Peloton and Arbinger systems leadership programmes for example, Train the Trainer, and building alumni task forces
- Build the **"Outward" mindset** across our leaders and teams, utilising an agreed model and framework for maximum impact.
- Use Peloton Alumni to work on working groups to achieve ICS goals

Measured by:

- Significant numbers of managers trained and working differently as a result, sustainable and consistent leadership development, diverse talent pipelines established, leaders more representative of the communities they serve, extent to which our ICS MOU principles are being delivered, positive employee engagement scores.

3.3 ICS Transition

Where we are:

2020/21 is a key transitional year, with changes and challenges ahead which include:

- Implementation of new partnership governance
- New approaches to subsidiarity including the establishment of Provider Collaboratives, ICPs and a new, legally constituted ICS
- The transfer of CCG functions and staff to different organisations, working in different ways

Where we want to be:

- New governance structures are established, and there is clarity about the respective roles and functions of organisation, place and ICS
- CCG transition has taken place in line with system wide agreed approaches with transparent and equitable processes, and staff feel engaged and well supported

What we will do:

- Ensure that the agreed approaches to governance are reflected in, and supported by our system wide OD plan
- Offer advice and guidance on system wide approaches to managing workforce change in the context of national guidance and local organisational policies and systems

Measured by:

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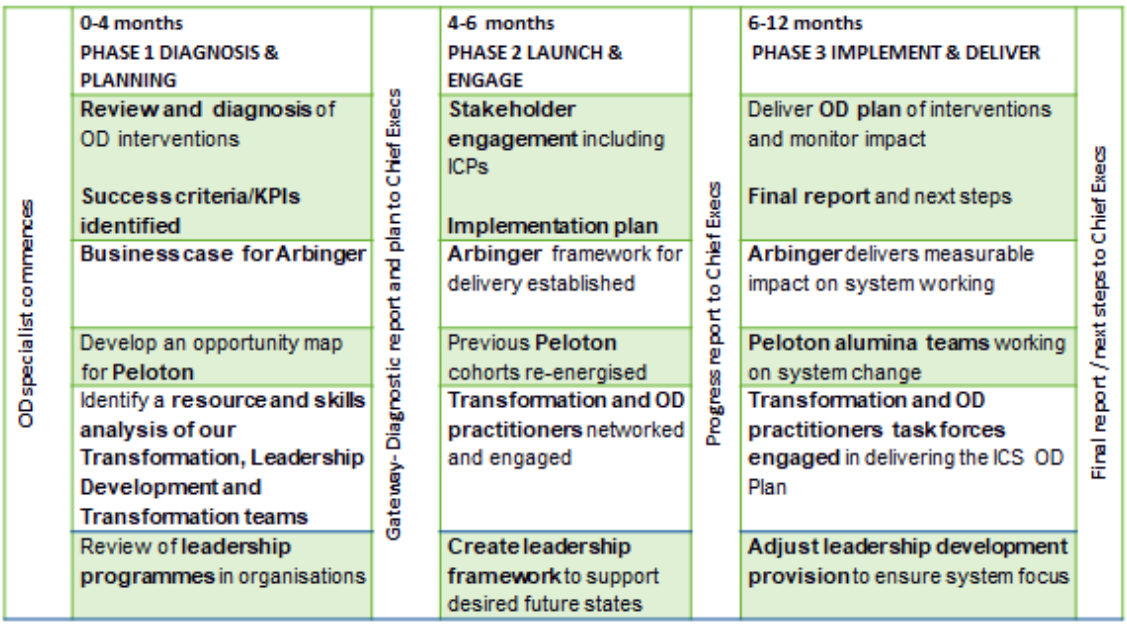
- Retention in the system of skilled, staff currently working in the CCG, Equality Impact Assessment showing positive impact on diversity, staff feedback and engagement scores, flourishing ICS and delivering on our MOU and supporting frameworks

4. Implementation Plan



4.1 Phase 1: Diagnosis and gap analysis

Objective: To identify and articulate what we need to improve in order to achieve our desired future culture, leadership and behaviours, through a robust analysis process, using evidence-based tools

Our Diagnosis process will include the following three steps:

- **Step 1**: Identify our desired future end states as an ICS, linked to the principles in our MOU, our Vision, Mission and Purpose, and the *NHSI/E 9 outcomes-focussed people functions*
- **Step 2:** Using evidence based diagnostic tools such as the *Johnson and Scholes Cultural Web and Birke Litwin model (see appendix),* analyse the gap between our desired future states and the current position
- **Step 3**: Develop plans to address areas of weakness and identify metrics such as staff survey feedback, pulse surveys, leaver/ recruitment data, sickness absence, diversity data to act as a baseline and to monitor our progress. A business case and dissemination approach to deliver an “outward mindset” will be developed as part of this phase including a “train the trainer” model.

4.2 Phase 2 - Engagement

Objective: To engage with stakeholders to foster commitment to our OD plan and create networks to deliver, thereby maximising our leverage and impact

This phase will be focussed on building, engaging and motivating networks and stakeholders which will include:

- **3 cohorts of Peloton**
  - **Step 1**: alumina event to re-energise, re-connect and refresh tools
  - **Step 2:** task and finish groups on relevant, common system transformation priorities or issues– these tasks will be assigned by a "Think Tank"

- **OD, Leadership Development and Transformation practitioners**
  - **Step 1:** mapping of practitioners – skills, remit and opportunity
  - **Step 2:** system event and harnessing to refocus on the system OD plan
  - **Step 3:** using existing organisational programmes to deliver an Outward mind-set/collaborative working

- **ICP stakeholders**
  Continue to support and offer advice to ensure consistency, enabling collaboration and not competition for scarce skills, and working in partnership with shadow ICPs to enable consistency of approaches to OD across the ICS and ICP stakeholders.

4.3 Phase 3: Implementation

Objective: To implement our OD plan, designed to address the key areas identified in our diagnostic phase, using collaborative resources across our teams, harnessed through our engagement phase

Actions to implement our OD plan will be identified as part of the diagnosis but may include:

1. **Culture, Identity and Belonging**
   - Utilising OD/Transformation networks and "**Task forces" to expedite system change** and build and embed a new cultural identity for the ICS
   - **Building the "Outward" mindset** across our leaders and teams, utilising an agreed model and framework for maximum impact
   - **Work with the People Programme to revise the Workforce Strategy** to support the *NHSI/E 9 outcomes-focussed people functions* to align our People Operating Model with the needs of our ICS

2. **System Leadership**
   - **Maximising the benefits of our previous investments in Peloton,** releasing future benefits through multi-organisational groups working together to achieve system transformation
   - **Ensuring our approach to leadership development and our talent pipeline** enables greater diversity of future leaders

3. **ICS Transition**
   - **Supporting our ICS transition,** enabling people across teams and organisations to work together in new and different ways

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- **Providing advice and support on ICS and ICP transition** to align with cross organisational processes
- **Support CCG and system transition to** ensure alignment with agreed system wide processes

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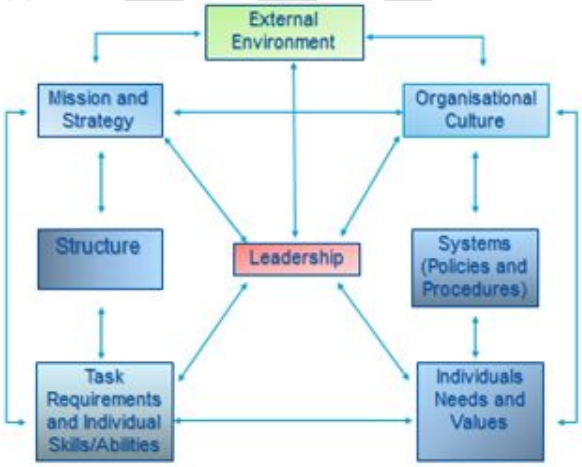
OD PLAN APPENDIX 1: *OD Models to underpin our OD Plan*

Appendix 1.1 Johnson and Scholes Cultural Web

Gerry Johnson and Kevan Scholes, 1992

- **Stories** – The stories we tell provide an insight into what we value and what we regard as great behaviour.
- **Rituals and Routines** – The daily behaviour and actions of people that signal acceptable behaviour. This determines what is expected to happen in given situations, and what is valued.
- **Symbols** – The visual representations including logos, our paperwork and where we have our meetings.
- **Organizational Structure** – This includes both the formal structure and the unwritten lines of power and influence that indicate whose contributions are most valued.
- **Control Systems** – These include financial systems, quality systems, and rewards (including the way they are measured and distributed within the system).
- **Power Structures** – The pockets of real power may involve one or two key senior executives or a whole group of executives. The key is that these people have the greatest amount of influence on decisions, operations, and strategic direction.

Appendix 1.2 Burke Litwin OD Model



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Annex 10 – ICS Clinical and Care Professional Leadership Principles

1. Introduction and background

1.1. Clinical and care professional leaders play a key role within our ICS in improving outcomes for the people of BNSSG and delivering consistent clinical and care standards. To achieve our vision, we must cultivate such leadership across the system, and develop a culture that actively encourages clinical and care professional leaders to thrive and lead patient and population focussed change.

1.2. Clinical and care professionals reflect a rich diversity of professions across the partnership, including health, social care, and the VCSE sectors. Clinical and care professional leaders are distributed across every organisation and level of the system, from directors of medicine, nursing, and social care to front-line staff that interact with people in the community.

1.3. Clinical and care professionals play a central role in setting and implementing ICS strategy. We shape and make system decisions together, alongside colleagues in leadership, operations, and finance.

2. Clinical and care professional leadership principles

2.1. To enabling a thriving integrated care system for the people we serve, clinical and care professionals are committed to working together and abiding by the following principles:

How we work together across our ICS	1. We **engage, listen to, and consider the impact and experience of the people we serve and those who work in our services**; we communicate with the public with credibility and authenticity 2. We actively shift the thinking upstream to focus on **prevention, earlier intervention, and the reduction of health inequalities** 3. We **prioritise investments based on value,** ensuring equitable and efficient stewardship of system resources, and we take shared ownership in driving this 4. We act on insights from **pooled information and intelligence to reduce unwarranted variation and improve standards** 5. We are committed to working together as an **equal partnership**
Our culture and role as clinical and care professionals in the ICS	6. Across the system, we **do the right thing for the patients we serve**, even when it is challenging for us or our individual organisations 7. We **continuously improve –** we will try things together, learn, evaluate, and make changes to improve; we are actively promote evidence-informed innovation and learning across the system 8. We work in partnership with system executives and managers to drive clear and **transparent decision-making** 9. We actively shape the agenda of the ICS; **we understand how to engage to drive change and our role in it** 10. We engage in honest, respectful, and open dialogue amongst clinical and care professional leaders, and we strive to build

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	confidence that we can **trust** one another's patient assessments and recommendations 11. We identify and develop clinical and care professionals at all levels in an **inclusive manner**
How we manage quality and risk	12. We are **committed to quality improvement** across all clinical and care professionals, and we embed this across the system (e.g., performance) 13. We manage quality at the right level (e.g., neighbourhood, place, provider collaboratives, system) to improve the health and wellbeing of the local population, following the principle of **subsidiarity** and acknowledging one-another's statutory responsibilities 14. We **collectively own, share and take accountability for managing risks**, particularly when serious quality issues arise 15. We **establish a just safety and learning culture**, enabling system-wide learning from serious incident, never events, and safeguarding issues

3. Taking this forward together

We are committed to ongoing improvements to our clinical and care professional leadership as we develop as an ICS. We will build on our system-wide working relationships and evolve our current working arrangements based on input from across our system and through peer review from clinical and care professional colleagues from other ICSs.

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Report To:	Trust Board		
Date of Meeting:	22 September 2021		
Report Title:	Patient & Carer Experience Committee Report		
Report Author & Job Title	Kate Debley, Deputy Trust Secretary		
Executive/Non-executive Sponsor (presenting)	Kelvin Blake, Non-Executive Director and Committee Chair		
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
			X
Recommendation:	The Trust Board is recommended to receive the report for assurance.		
Report History:	The report is a standing item to each Trust Board meeting following a Patient & Carer Experience Committee meeting.		
Next Steps:	The next report to Trust Board will be to the November 2021 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 & Carer Experience Committee Meeting held on 22 September 2021.	
Strategic Theme/Corporate Objective Links	1. **Provider of high quality patient care** a. Work in partnership to deliver great local health services b. A Centre of Excellence for specialist healthcare 2. **Developing Healthcare for the future** a. Training, educating and developing our workforce 3. **Employer of choice** a. Empowered clinically led teams b. Support our staff to continuously develop 4. **An anchor in our community** a. Create a healthy & accessible environment
Board Assurance Framework/Trust Risk Register Links	Reports received support the mitigation of the following BAF risks: N/A
Other Standard Reference	Care Quality Commission Standards.

Financial implications	No financial implications as a consequence of this report.
Other Resource Implications	No other resource implications as a result of this report.
Legal Implications including Equality, Diversity and Inclusion Assessment	No legal implications
Appendices:	None

1. Purpose

To provide a highlight of the key assurances, any escalations to the Board and identification of any new risks from the Patient & Carer Experience Committee meeting held on 22 September 2021.

2. Background

The Patient & Carer 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:

- 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 & items discussed

3.1 Volunteer Story

The Committee received a Volunteer Story from the Volunteer Services Manager, which included recorded accounts from a number of NBT volunteers who described how working as a volunteer had been a positive experience that had also proved beneficial for their own mental health and wellbeing.

The Committee then heard about the four goals of the Volunteer Services Strategic Plan:

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

Goal 1: to recruit, support train, engage and retain volunteers through enhancing current practices and ensuring volunteers have a positive experience. A key focus for this goal will be to facilitate a safe and phased return of volunteers to the hospital.

Goal 2: to increase the diversity of the volunteer pool to reflect the local community and the patients the Trust serves.

Goal 3: to develop new roles and continue working effectively with our charity partners.

Goal 4: to establish a reputation for excellence through effective policies and procedures and robust impact reporting.

In terms of the timescale for bringing volunteers back into the hospital, the Committee heard that proposals for a safe return for ward-based volunteers was due to be considered by Silver Command.

The Committee welcomed the Strategic Plan, and in particular the emphasis on recruiting volunteers to reflect the community served by the Trust. The Committee suggested that a wider appeal for volunteers be considered once foundations are in place to manage an associated increase in levels of interest.

3.2 Accessible Information Standard Compliance

An update was received on the Trust's approach to achieving Accessible Information Standard compliance.

The Committee heard that the Trust is currently not compliant with the Standard, and that this is also the case in large parts of the NHS. It was further noted that there is widespread variation within the Trust in relation to understanding of responsibilities and the application of these. The Committee noted that significant effort and resource will be required in order to meet the Standard, but that compliance will also bring benefits such as improved quality of care for patients and enhanced shared decision making.

The Committee heard that work to meet the Standard is a joint project between the Communications and Patient Experience Teams and that a recruitment process is underway for a Patient Information and Engagement Lead and a Patient Information and Engagement Assistant; both of whom will report into the Communications Team. Over the next six months these posts will take operational lead for the project, developing policy and Standard Operating Procedures and instigating a Staff Working Group.

During 22/23 the focus will be on ensuring that full functionality is adopted in the Electronic Patient Record, development of an Accessibility Information Standard staff training programme, and enhancing processes for production of clinical information for patients.

The Committee welcomed all the work being done towards achieving compliance with the Standard, particularly as it will improve interaction with patients and help ensure that they feel engaged with their patient journey. The Committee also emphasised the importance of patient co-design in developing associated policies and procedures. It

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Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

was agreed that an update on the project's progress should be provided to Trust Board in six month's time.

3.3 Urgent and Emergency Care Survey 2020

The Committee received a presentation on the findings of the Urgent and Emergency Care Survey 2020 undertaken by the Picker Institute on behalf of the Trust. The Committee welcomed the report that the Trust had been assessed as second out of 66 across the country for patient satisfaction. The Committee were further reassured that despite increased pressure in urgent and emergency care, there had been a significant improvement in the experience that patients were reporting in comparison to the 2018 survey results.

The Committee heard that in relation to those areas for which scores had most declined since the previous survey, an action plan for 21/22 had been put in place. However, it was also noted that the only area in which the Trust had scored significantly lower than 2018 was in relation to whether patients were informed how long they would need to wait.

The Committee further noted that in future it would like to review analysis of the survey data segregated for different groups and communities, in order to seek reassurance that there is consistency around levels of patient satisfaction.

The Committee welcomed the report and congratulated the team for all it has done to maintain positive patient experience in the context of increased operational pressures and during a stressful period for staff.

3.4 Patient Involvement Action Plan

A Patient Involvement Action Plan was received by the Committee and it was noted that this had been co-produced with patient partners. The Committee heard that there is currently a very committed group of patient partners in the Trust who are very skilled, but that due to the level of commitment required it is a challenge to recruit additional partners. The Committee welcomed the proposal that a tiered approach be implemented in order that skilled individuals with expertise in the community can be utilised on a consultative basis with varying levels of commitment.

The Committee emphasised the importance of increased proactivity in relation to seeking out feedback from those who do not otherwise engage with the Trust about their experience, and noted that this should also include reaching out to all the communities that the Trust serves.

The Committee heard that a Patient Involvement and Engagement Questionnaire will be circulated to divisions at the end of September and that analysis and a report on this would be received at its November meeting. A key aim of the survey will be to identify current areas of good practice within the Trust so that learning can be shared.

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

The Committee welcomed the Plan and looked forward to receiving a full report on progress in six months' time.

3.5 Additional updates received on:

- Patient Experience Risks
- Oliver McGowan Update
- Patient Experience Group Highlight Report
- End of Life Steering Group Highlight Report
- Integrated Performance Report – Quality Section (August data)

4. Escalations to the Board

4.1 No risks or items of concern were identified for escalation to Trust Board.

5. Recommendations

5.1 The Board is recommended to receive the Report for assurance.

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Report To:	Trust Board - Public		
Date of Meeting:	30 September 2021		
Report Title:	Quality & Risk Management Committee Upward Report		
Report Author & Job Title	Xavier Bell, Director of Corporate Governance & Trust Secretary Isobel Clements, Senior Corporate Governance Officer & Policy Manager		
Executive/Non-executive Sponsor (presenting)	John Iredale, Non-Executive Director and Chair of QRMC		
Does the paper contain:	**Patient identifiable information?**	**Staff identifiable information?**	**Commercially sensitive information?**
*If any boxes above ticked, paper to be received at *private* meeting			
Purpose:	**Approval**	**Discussion**	**To Receive for Information**
			X
Recommendation:	The Trust Board should receive the report for assurance, note the activities QRMC has undertaken on behalf of the Board, and receive the annual safeguarding reports.		
Report History:	The report is a standing item to the Trust Board following each Committee meeting.		
Next Steps:	The next report will be received at Trust Board in October 2021.		

Executive Summary	
The report provides a summary of the assurances received and items discussed and debated at the Quality and Risk Management Committee (QRMC) meeting held on 22 September (re-arranged from 14 September).	
Strategic Theme/Corporate Objective Links	**Provider of high-quality patient care** a. Experts in complex urgent & emergency care b. Work in partnership to deliver great local health services c. A Centre of Excellence for specialist healthcare d. A powerhouse for pathology & imaging **Employer of choice** e. A great place to work that is diverse & inclusive f. Empowered clinically led teams

	g. Support our staff to continuously develop h. Support staff health & wellbeing
Board Assurance Framework/Trust Risk Register Links	Link to BAF risk SIR14 relating to clinical complexity, risk COV 2 relating to overwhelming effects of Covid-19 locally and risk SIR1 relating to lack of capacity affecting performance and patient safety.
Other Standards Reference	CQC Standards.
Financial implications	No financial implications identified in the report.
Other Resource Implications	No other resource implications identified.
Legal Implications	None identified.
Equality, Diversity and Inclusion Assessment (EIA)	Process TBC
Appendices:	Appendix 1: Annual Adult Safeguarding report Appendix 2: Annual Child Safeguarding Report

1. Purpose

1.1 To provide a highlight of the key assurances received, items discussed, and items for the attention/ approval of Trust Board from the shortened QRMC meeting held on 22 September 2021.

2. Background

2.1 The QRMC 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.

2.2 Unfortunately, the QRMC meeting scheduled for 14 September 2021 had to be stood down due to an internal critical incident. A much shorter meeting was scheduled for 22 September 2021 to cover key items only, with other items carried forward to future meetings where appropriate.

3. Meeting on 22 September 2020

3.1 <u>Paterson Inquiry – NBT review of recommendations</u>

The Committee received a report on key findings of the Paterson Inquiry of relevance to an acute hospital, and the actions being taken by NBT to deliver against the recommendations. It was noted that NBT's response is progressing well, and the Committee was assured that the report and its findings had been taken seriously.

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It was agreed that a deeper dive would be undertaken at the October QRMC meeting.

3.2 Maternity

The Committee received the Maternity Safety Dashboard, as well as the Ockenden Quarterly Progress Report and a Progress Report on Antenatal & New-Born Screening. It also received and reviewed the PMRT quarterly report.

3.2.1 Maternity Safety Dashboards

Discussion focused on the increase in complaints shown on the dashboard, which was linked to the known issues with Antenatal screening, resulting in missed screening appointments.

The Division was able to provide some reassurance that the backlog in antenatal screening had improved, and that the complainants were being supported by clinicians as well as administrators.

3.2.2 Ockenden– Quarterly Progress Report

The Committee noted the paper but felt that a more detailed and evidence-based report was required in order to provide the required level of assurance on compliance with the immediate and essential actions.

The Committee felt that it needed to see more evidence of momentum and pace behind the actions before it could provide full assurance to Trust Board that the actions were in hand. An updated report was requested for the October QRMC meeting.

The committee requested the work on staffing be brought forward to October

3.2.3 Antenatal & new-born screening – Progress and look-back report

This report identified three key drivers of the screening backlog (1) inefficient internal workforce and process issues, which the Trust can improve (2) national sonography shortages (3) increasing demand without commensurate increase in available resource.

The report outlined the actions taken to repair the backlog (some of the actions are ongoing), and the Committee was advised that currently there was no backlog in Antenatal screening scanning. The Committee welcomed this news but understood that there is still a serious ongoing challenge to maintain this position, and that it would be another week before an electronic tracking system was activated to replace the current spreadsheet tracker. In addition, the team were still unable to implement the new screening pathway for Hep B. It was noted that there is ongoing work with the support of the Regional screening team to put

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a sustainable improvement plan in place, with further updates to come to the Committee in due course.

3.3 Annual Safeguarding Reports (Child and Adult)

The Committees received NBT's Annual Child and Adult Safeguarding reports and noted them for information. It was requested that the Safeguarding leads attend October's QRMC to provide highlights and an overview of the year.

3.4 Updated Infection Prevention Control Board Assurance Framework:

The Director of Nursing presented the updated framework, noting that NBT's IPC processes are strong, but that gaps in assurance that require further mitigation are inpatients wearing masks and staff social distancing. NBT will continue to comply with PHE guidelines for hospitals, which will see social distancing and facemasks remaining in place.

3.5 Other items:

The Committee also received the following items for information:

- Quality Performance Report
- QRMC forward work-plan 2021/22
- Improving Quality in Physiological Services (IQIPS) Accreditation
- CQC Assurance Report
- Risk Registers (Trust-Level, Board assurance framework and Mass vaccination)
- Sub-committee upward report(s): Control of Infection Committee; Safeguarding Committee; W&CH Improvement Programme Group Highlight Report

4. Identification of new risk & items for escalation

None identified.

5. Recommendations

The Trust Board should receive the report for assurance, note the activities QRMC has undertaken on behalf of the Board, and receive the annual safeguarding reports.

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Safeguarding Adults Annual Report 2020 to 2021

Author: Susan Bourne (Head of Safeguarding/Named Nurse for Adult Safeguarding)

15.1

Contents Page

Executive Summary

North Bristol NHS Trust has a statutory duty and responsibility under the Care Act (2014) to ensure that action is taken to protect any adult at risk of abuse or neglect (due to their needs for care and support). The safeguarding team within NBT provides the advice, guidance and support to clinicians and practitioners across the NBT systems to enable them to carry out their safeguarding duties confidently and transparently.

Key successes over the year include:

Staff knowledge around the Mental Capacity Act (MCA) has continued to improve and embed, with consistent advice and guidance around its application provided by the safeguarding team, who have also provided hands-on support with more complex scenarios.

Because the rollout of safeguarding adults' level 3 training was impacted by clinical challenges, COVID-19 restrictions and winter pressures, the safeguarding team arranged for additional sessions from Quarter 4 to help drive the compliance trajectory for 2021-22.

The Safeguarding team supported and guided staff with an estimated excess of 5000 contacts with the team.

The safeguarding team are responsible for checking all Deprivation of Liberty Safeguards (DoLS) applications prior to submission and there were 1,992 during 2020/21 which is a further increase on the previous year, reflecting the trust's continuing commitment to ensure patients who lack the capacity to consent to care and treatment do not have their freedom inappropriately restricted.

The Safeguarding Team participated in the South Gloucestershire Safeguarding Adults Board and the Keeping Bristol Safe Partnerships (KBSP) and have been active partners in the safeguarding adult review/domestic homicide review (SAR/DHR) and quality assurance (QA) sub-groups.

Looking ahead to 2020/21 we will:

Consider the local strategy, policy and procedures around the new Domestic Abuse Act which was delayed due to the pandemic. This legislation creates a statutory definition of domestic abuse and introduces a number of statutory and legal responses from across the police, health and social care systems.

The national LPS code of practice, associated regulations and subsequent consultation process has again been delayed until approximately late 2021 (with

anticipated implementation start date of early 2022), however the safeguarding team have begun scoping preparations in conjunction with neighbouring trusts, around the assumed impact and extent of the responsibilities (where appropriate) to be transferred to the Trust from Local Authorities under the current Deprivation of Liberty Safeguards (DoLS) arrangements, and in identifying the specific role the safeguarding team will play in these new arrangements.

Continue to forge meaningful and positive partnership working within the safeguarding system and be active partners in the identification of the BNSSG safeguarding system strategy as we work towards becoming an Integrated Care System (ICS) by March 2022.

Continue to further embed the MCA with a particular focus on best practice around the Best Interest process, by utilising trust-wide audit to benchmark the needs of each division and staff group and creating bespoke training where indicated.

Focus on further building a meaningful and quality driven safeguarding culture when identifying learning from safeguarding incidents, SAR's and DHR's and work in close partnership with the trust senior leadership team in promoting a positive image of safeguarding, in order to minimize negative impact and maximise quality and transformation opportunities.

Main Report

1.0 Purpose

The purpose of this report is to provide assurance to the Trust Board in relation to safeguarding adults at risk of harm. This includes activity under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards 2009 (DoLS). It provides information for the board around its statutory responsibilities and duties. This report covers the period between 1st April 2020 and 31st March 2021.

2.0 Overview and Introduction

All staff have a responsibility to safeguard adults at risk as part of everyday service delivery. The Care Act 2014 defines adult safeguarding as:

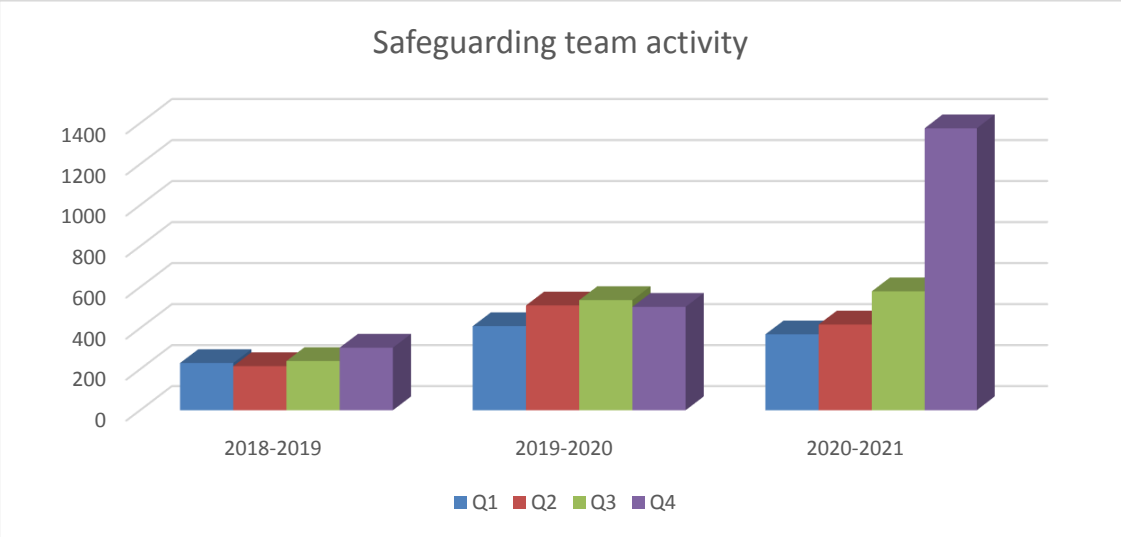
> Protecting an adult's right to live safely, free from abuse and neglect.

It also gives Local Authorities distinct legal duties and is clear that providers of care such as NHS trusts have a legal duty to cooperate with the local authority in delivering its safeguarding functions.

It has been historically a challenge to gather and analyse accurate data related to the NBT safeguarding team function over the years, and despite data collection notably

improving following the implementation of Datix in 2018, there remains some significant actions not captured electronically. This includes (but not limited to) training, telephone advice and liaison, email advice, attending meetings and case discussions, best interests' meetings and signposting. To remedy this and reflect the work of the team over this reporting period, a detailed log of all activity encompassing all these forms of activity was collected and logged manually and an average number of contacts established. (See Table 1 for three-year view)

Table 1: Safeguarding team activity and contacts 2018 - 2021.



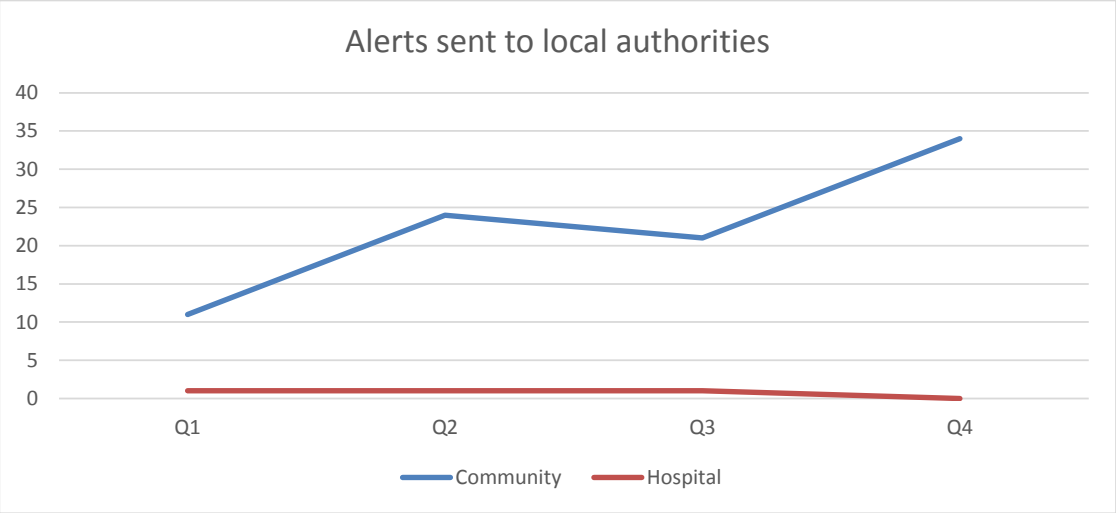
The manual data collection partially explains the significant increase, but this is not the only reason. Increase in contact with the safeguarding team over the previous three years has a wide variety of reasons and due to a combination of factors for example:

- change in definition and threshold for referrals as introduced by the Care Act 2014
- greater awareness of safeguarding concerns and professional curiosity
- the Safeguarding team providing positive engagement and guidance to NBT staff with support from specialist practitioners
- the continued broadening of the adult safeguarding agenda to include such as self-neglect, mate crime, domestic abuse, modern slavery, PREVENT and radicalisation, fabricated injury and illness, homelessness, trauma informed practice and contextual safeguarding
- continued need to support practitioners with Mental Capacity Act and Deprivation of Liberty Safeguards compliance particularly in the context of the growing complexities in safeguarding

The Trust generally separates adult safeguarding contacts into two categories, those where neglect or harm have been experienced within the hospital and those that relate to community acquired harm or neglect. Either can be identified by Trust staff or may be disclosed by a patient, a carer or relative on their behalf. The safeguarding team review the concern and with support of the relevant divisions, consider whether that harm or neglect meets the criteria for a referral to the Local Authority for review under Section 42 of the Care Act (2014). This is to identify any immediate action needed to ensure the risk around the adult is reduced or removed or any change in practice is considered. There were a total of 90 community acquired referrals made. The increase in community acquired referrals in Q4 correlates with further lifting of restrictions and suggests a potential lack of access to the required community services through the COVID-19 lockdown period.

In most circumstances, concerns around hospital acquired harm or neglect were reported to the safeguarding team and discussed in the Executive Incident Review Group (EIRG), though this is not a substitute for duty to report to the Local Authority under the Care Act (2014). There were 3 hospital acquired referrals.

Table 2: Number of Alerts sent to Local Authorities 2020/21

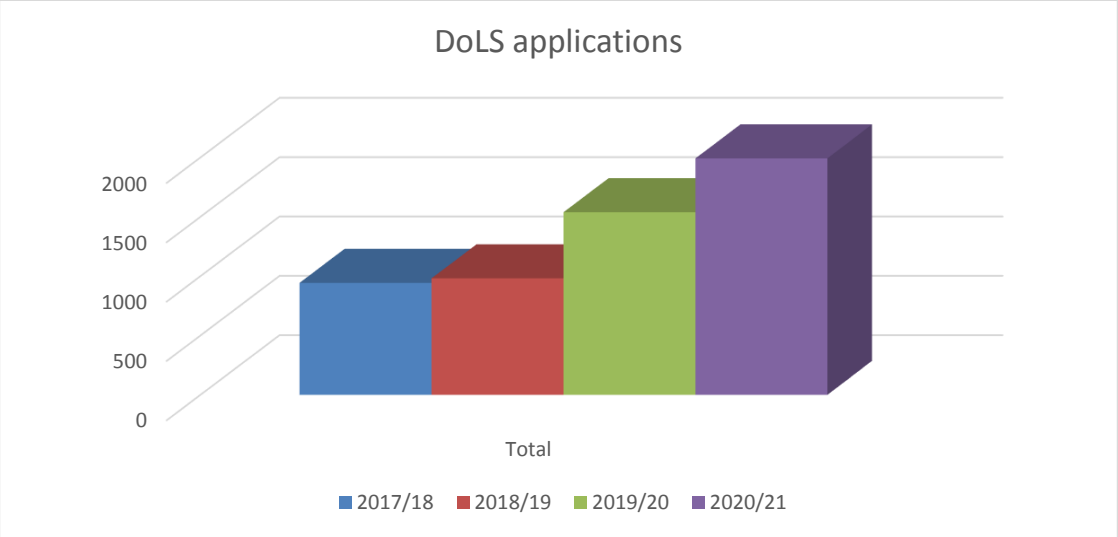


In addition to the above, the safeguarding team (working in conjunction with with the tissue viability team) review all community and hospital attributable pressure injuries graded at a 3 and 4. In this circumstance there is a requirement to consider criteria for an adult safeguarding enquiry under Section 42 of the Care Act (2014). However, the trust have robust and effective tissue injury review mechanisms in place around this so not further reflected on in this report.

Under the MCA, staff must ensure that inpatients unable to consent to being accommodated in hospital for care and treatment are lawfully deprived of their liberty.

This is done through assessment for and application of the Deprivation of Liberty Safeguards (DoLS). The numbers of DoLS applications are recorded in table 3 below. Four years of data demonstrates the continuing growth in DoLS applications prior to submission, 1,992 during 2020/21, reflecting the trust's continuing commitment to ensuring patients who lack the capacity to consent to care and treatment do not have their freedom inappropriately restricted.

Table 3: Number of DoLS applications over the last 4 years



What we achieved

- The safeguarding workplan was impacted due to the Covid-19 pandemic and associated restrictions and pressure on resource. Core safeguarding activity continued and increased towards Quarter 4 as lockdown restrictions decreased. The practitioners responded to all contacts and supported the teams with a number of complex concerns and challenges.
- Combined the MCA and DoLS forms made accessible on the trust intranet to support practitioners to access them easily with clear guidance. The team have since noted an improvement in the quality of the DoLS referrals.
- Responded to and engaged in over approximately 5000 contacts varying from advice and support for staff, managing enquiries and referrals to the Local Authority safeguarding team.
- Monitored, checked and logged the 1,992 DoLS referrals made by the Trust and sent to each relevant Local Authority DoLS teams.
- Liaised with wider partners within the safeguarding system to manage additional and enhanced risks introduced by the pandemic and reduced access to services for many vulnerable patients.

What's next?

- Await new adaptations to the safeguarding platform to reduce administration, capture accurate data and release practitioner time.
- Review the safeguarding team function and resource against a growing safeguarding agenda.
- Improve the Section 42 enquiry internal investigation template to align with the Trusts serious incident reporting form to assist clinical staff to become familiar and to provide a more robust and meaningful investigation.
- The DoLS legislation is expected to be replaced by the Liberty Protection Safeguards (LPS) approximately March 2022. The safeguarding team will begin preparations in conjunction with neighbouring trusts, in scoping the assumed extent of the (relevant) responsibilities which will be transferred to the Trust, and in identifying the specific role the safeguarding team will play in the new arrangements.
- Focus on level 3 safeguarding adults training rollout and compliance and change the MCA focus within the training on the Best Interest decision making process to embed further confidence in the teams.

3.0 Safeguarding Adults Leadership

The Director of Nursing and Quality is the Trust Executive lead for safeguarding adults and children and is represented at the Local Safeguarding Adults Board (LSAB) and Partnership meetings for both Bristol and South Gloucestershire. Senior management responsibility for safeguarding adults sat with the Associate Director of Nursing and Quality during this reporting period. Appendix 1 shows the attendance at LSAB Boards and subgroups for Bristol and South Gloucestershire.

2020/21 saw further changes within the safeguarding team. The new Head of Safeguarding, a role which incorporated the Named Professional accountabilities for adult safeguarding (as outlined by the Intercollegiate Document[1]) had been recruited in Quarter 2 of 2019/20. The Head of Safeguarding drives the safeguarding agenda within NBT and represents the Trust across the Partnership and SAB, and also (as named professional) supports the development of a positive culture across all internal and external teams and stakeholders. The Head of Safeguarding recruited in 2019/20 left the organisation in Quarter 2 of 2020/21 and the Named Nurse for Safeguarding Children stepped into the interim role until the replacement Head of Safeguarding was recruited in Quarter 4 of 2021.

[1] Royal College of Nursing, 2018. Adult Safeguarding: Roles and Competencies for Health Care Staff. Intercollegiate Document. First Edition

The Wider Safeguarding Team

Following publication of the Intercollegiate Document the Trust considered the appointment of a Named Doctor for Safeguarding Adults. In 2019/20 it was hoped this would be in place and the role developed further in line with practice across the BNSSG system. Recruitment to this role remains outstanding and is a priority for 2021/22.

The team had a budget for two (1.6 WTE) Specialist Safeguarding Practitioners who work trust wide triaging concerns raised by staff and supporting staff with advice and guidance. During the period of absence of a Head of Safeguarding, one band 7 practitioner was temporarily uplifted to a Band 8a Operational Lead to support the Interim Head of Safeguarding, who was the Named Nurse for Safeguarding Children and retained her named nurse responsibilities.

The specialist safeguarding practitioners manage the provision of the mandatory and statutory training and where appropriate deputise for the named professional at multi-agency meetings. Face to face safeguarding training was suspended through the period of the pandemic, which temporarily eased some pressure from the remaining 0.6 WTE practitioner, and the team maintained a quality core function in spite of the increased pressure.

The safeguarding team is supported by a band 4 administrator (1.0 WTE) who also administers the processes for DoLS via Datix, however this administrator retired in Quarter 4 2020/21. A new administrator was recruited to join in Quarter 1 2021/22. There is also a 0.6 WTE band 4 administrator within the team.

What we achieved

- Delivered a reduced NBT wide adult safeguarding work plan for 2020/21 with a focus on maintaining a core safeguarding function throughout the COVID-19 pandemic and increasing pressure on the safeguarding function.
- Continued to provide support and guidance to the divisions in extraordinary circumstances and guided staff with an estimated excess of 5000 contacts with the team.
- Continued to provide consistent advice and guidance around application of the MCA and provided hands-on support with more complex challenging scenarios.

What's next?

- Develop the local strategy, policy and procedures around the new Domestic Abuse Act which was delayed due to the pandemic. This legislation creates a statutory definition of domestic abuse and introduces a number of statutory and legal responses from across the system.

- Continue scoping around LPS in conjunction with the wider safeguarding system and partners to identify both safeguarding team and wider Trust responsibilities in the new arrangements.
- Become more active partners in the safeguarding systems and work alongside and within the BNSSG strategy as we work towards becoming an ICS by 2022.
- Continue to embed MCA good practice within the Trust.

4.0 Safeguarding Adults Governance

The Safeguarding Committee meets quarterly and is chaired by the Director of Nursing and Quality and reports to the Trust Quality Risk Management Committee. Membership of the Safeguarding Committee includes the Director of Nursing and Quality, Deputy Director of Nursing and Quality, Divisional Directors of Nursing, Named Safeguarding Professionals, the Trust Senior Social Worker and representatives from the CCG.

The Safeguarding Children and Adults Operational Group met 6 weekly. It provided an upward report to the Safeguarding Committee for assurance and oversight. The Group was chaired by the Associate Director of Nursing and Quality with core membership representatives from the divisions, Named and specialist professionals and specialists from other areas are invited to the group to present specific pieces of work. Operational safeguarding adults' issues are discussed at this meeting. The chairing of this group has now transferred to the Head of Safeguarding .

What we achieved

- Head of Safeguarding and Named Nurse reviewed the work plans in light of the COVID-19 pandemic and internal pressures and restrictions. The workplan ensured the team carried out the core statutory elements of the limited safeguarding function.
- Regular attendance at the local SAB safeguarding adult 'cells', developed to ensure multi-agency oversight of the emergent and ongoing COVID situation and associated safeguarding impact.
- Continued ongoing engagement and representation at Keeping Bristol Safe Partnership, established in June 2019. The statutory partners are Bristol City Council, BNSSG Clinical Commissioning Group, and Avon & Somerset Constabulary. Continued joint working through senior representation with continued contribution to the 'Think Family'[2] agenda

[2] Think Family is an approach to safeguarding that encourages all services working with a patient to consider the impact of that persons needs on any dependent children or adults who rely on them for care and support.

- Incorporated the learning and recommendations from from Domestic Homicide Reviews (DHR) and Serious adult reviews (SAR), and embedded them into safeguarding training and clinical practice where appropriate and possible

What next?

- A further review of engagement at local safeguarding boards with colleagues from University Hospital of Bristol and Weston (UHBW), to maximise representation of Acute Trusts with efficient use of time and resources
- Continue use of smart working (necessary throughout the pandemic) with virtual meetings across agencies to maximise attendance and engagement without the need to travel, ensuring maximum use of time
- Review the governance arrangements around safeguarding to ensure there are clear lines of communication and information sharing across the trust.
- Continue to build strong and positive relationships with key professionals in the Partnerships, CCG and in other local acute and community health providers to promote an open culture and duty of candour

5.0 Assurance and Quality

Commissioners received monthly reports in 2020/21 which outline progress against the contractual safeguarding adults Quality Standards for the period 2020-2021 which included:

- Safeguarding adults training uptake levels
- Safeguarding adults supervision provision and uptake
- Referrals to adult social care from Trust services/practitioners
- Engagement in Safeguarding Adult Board and Partnership, sub-groups and multiagency audits.

A key quality marker is the provision of high-quality education and training across the whole workforce. The monitoring of mandatory safeguarding training uptake at levels 1 & 2 across the organisation's workforce is captured on the Managed Learning Environment (MLE) system. All staff, volunteers and contractors are required to undergo adult and children safeguarding training. Those who hold clinical responsibilities are also required to have Mental Capacity Act (including DoLS) training. The Trust operates a three yearly training cycle. The figures reported in table 4 are measured against the Quality Contract for 2020/21 which is 85% for all training levels.

Table 4: Training compliance levels 2018/19 to 2020/21.

	Compliant Staff			**Total Staff in each group**
Training Level	Annual Average 2018/19	Annual Average 2019/20	Annual Average 2020/21	Numbers for 2020/21
Level 1	91%	91%	89%	2974
Level 2	88%	89%	87%	4943
Level 3*	N/A	N/A	9%*Quarter 4 data only	700
MCA/DoLS	90%	91%	86%	4943

What we achieved

- Despite the COVID-19 pandemic causing unprecedented pressure on the workforce, the divisional teams succeeded in achieving above the 85% compliance marker.
- Level 3 face to face training, as per the requirements of the Intercollegiate Document was due to be implemented Quarter 1 of 2020/21, however due to the COVID-19 pandemic this training was suspended to ease pressure on the clinical teams. Level 3 training commenced in Quarter 4 of 2020/21.
- All Training packages were updated to reflect changes in guidance and practice
- Increased provision of internal e-learning packages for staff to access on MLE

What next?

- Continue utilising e-learning to allow staff flexible learning in light of Covid 19 pandemic and ongoing social distancing measures as appropriate.
- Domestic abuse policy to be reviewed in response to any changes published in new legislation in 2021/22.
- Level 3 safeguarding training is face to face and should be multi-professional to enhance learning. With partners we will be looking at how to achieve this with ongoing social distancing in place.
- With the implementation of the Level 3 cohort and a review of safeguarding team resource, there will be an opportunity to review safeguarding supervision offered to staff and review how to broaden the opportunity for supervision to high impact staff groups across the Trust

6.0 Safeguarding Adults Reviews (SAR) and Domestic Homicide Reviews (DHR)

As an active partner of the multiagency safeguarding arrangements, the Trust participates fully in the processes conducted externally for SARs and DHRs. During 2020/21 the Trust engaged with 3 notifications for Safeguarding Adult Reviews and 1 notification of a Domestic Homicide Review. The Trust supplied the appropriate level of information required for all requests and where contact was made with NBT the outcomes were shared with all relevant agencies. One SAR outcome where there was direct involvement from the Trust identified evidence of good liaison between the relevant teams and was across two Local Authorities of South Gloucestershire and Salisbury.

The DHR panel progressed the case to a full DHR review. There was minimum contact with NBT services. Shared learning identified form this review highlighted the need to 'make every contact count' as the deceased adult had multiple contacts with numerous services prior to death.

What we achieved

- Good engagement with the SAR and DHR subgroup and full participation in the decision-making processes as a partner agency
- All statutory timeframes were met and actioned within the deadlines
- Learning and themes from reviews was shared at the safeguarding operational group and committee

What Next?

Continue to focus on engaging the trust senior leadership in promotion of a positive and supportive image of safeguarding in order to maximise learning and improvement opportunities following identification of learning from SAR/DHR's.

- Engage senior leadership and divisional safeguarding representatives in SAR/DHR processes in order to develop a positive learning opportunities
- Incorporate case discussions in the Level 3 training
- Where specific learning is identified for Trust services, the safeguarding team will work with the divisional leads to develop action plans to be monitored via the Operational Group.

7.0 Audit and Inspection

As part of the quality contract and to contribute to learning and quality improvement the Trust engages in a programme of audits that are both single and multiagency. The single agency audits planned for 2020/21 were not carried out due to the adjustments required through the pandemic.

Table 5: Safeguarding adult single agency audits planned for 2021/22

Named Professionals	• Domestic Abuse – new arrangements await legislation
Divisional teams	• Mental Capacity Act practitioner confidence
Safeguarding Practitioners	• Use of the Mental Capacity Act documentation • MCA and self-neglect

Throughout 2020/21 the safeguarding team continued to review Mental Capacity Act practice with continued scrutiny on the new MCA and Best Interest form as well as monitor the quality of DoLS applications made by the Trust.

What we have achieved

- Mandatory safeguarding training incorporating Prevent/WRAP, MCA/DoLS made accessible through remote learning.
- Regular attendance at the Multiagency Quality Assurance Subgroup
- Improved forms and tools that will help staff confidently assess capacity.

What Next?

- Continue work streams around MCA with a focus on Best Interest decision-making to ensure we continue to drive quality and best practice.
- Carry out a full survey of all band 5 to 8 clinicians/non-medical practitioners to identify understanding of MCA within their role. Repeat survey with medical team. Use analysis to focus bespoke or specific training on these needs.
- Named Professionals working with the learning and development team, CCG Designated Professionals and partnership colleagues within BNSSG will consider creative opportunities around level 3 safeguarding adults training and supervision.
- Identify opportunities for improving the quality of safeguarding within the Trust.

8.0 Conclusion

The Covid-19 pandemic has placed significant impact on all health and social care systems across the country. This has caused unprecedented challenges, risks and opportunities within all safeguarding functions and settings. The NBT safeguarding

team have had to predict the unknown and prepare for the impact of the release of restrictions which are likely to place considerable pressure on acute hospital services and produce additional safeguarding issues, in particular domestic violence/abuse and self-neglect. There will be much focus on these areas over the coming year. The pandemic has also restricted the ability to roll out the level 3 adult safeguarding training and pressure on resource has limited the safeguarding team to a reduced workplan of statutory core functions.

As the safeguarding agenda continues to grow and broaden it is expected there will be a further increase in contacts with the team. Despite the pressure the team have engaged well with the Safeguarding Adult Boards, Partnerships and Sub-groups, across three Local Authorities. Looking ahead to 2021/22 there are opportunities to improve the safeguarding function within the Trust by reviewing the current resource against the growing agenda, in order to appropriately meet the increased demand.

Staff in the Trust have continued to embed knowledge of MCA and DoLS. Rollout of the new LPS legislation, Code of Practice, Regulations and framework, which has been on hold, will go out to consultation in mid-2021. This will be a good opportunity for the Trust to engage in the process from the beginning. The safeguarding team will continue to scope the role of the team and of the Trust throughout the consultation.

There are continued opportunities to promote a positive image of safeguarding within the Trust, to move away from an outdated image to a more positive collaborative one, with support from senior leadership. This is particularly important as the Trust moves towards being an early adopter of the national Patient Safety Incident Response Framework (PSIRF) and continues to drive a Just Culture systems thinking approach.

The 2021/22 work plan will be agreed and monitored by the safeguarding committee and delivered by the operational group. The focus of all the actions over the coming year is to ensure all patients in our care and our staff live in safety, free from abuse and neglect and can access support to have the best outcomes.

Appendix 1 Safeguarding Board and Subgroup Attendance for 2020/21

Safeguarding Adults Board or Subgroup and Local Authority	**Trust Representative**	**Frequency and Time Required** (includes preparation and travel time where known)
Keeping Bristol Safe Partnership (KBSP) South Gloucestershire SAB	Associate Director of Nursing or nominated deputy Director of Nursing or nominated deputy	Quarterly Half day Quarterly Half day
Bristol Keeping Adults Safe sub-board	Named professional	Quarterly 4 Hours
South Gloucestershire Quality Assurance	Named professional	Quarterly 6 Hours
Bristol SAR & DHR	Named professional	Quarterly 4 Hours
South Gloucestershire SAR	Named professional	Quarterly 6 Hours
KBSP Covid Cell	Named professional	Fortnightly 1 hour
BNSSG Named Safeguarding Professional Forum	Professional Lead	Quarterly 4 Hours
South Gloucestershire PADA MARAC Steering Group	Professional Lead	Quarterly 3.5 hours
MARAC Bristol	Specialist Practitioner	Monthly 4 Hours

South Gloucestershire	Lead Midwife Safeguarding Specialist Practitioner Substance misuse Specialist Midwife	Monthly 3 Hours Monthly 4 Hours Monthly 3 Hours

References

HM Government. Mental Capacity Act (2005)

HM Government. Deprivation of Liberty Safeguards Code of Practice (2009)

HM Government. Care Act (2014)

Royal College of Nursing. (2018). Adult Safeguarding: Roles and Competencies for Health Care Staff. Intercollegiate Document. First Edition

Safeguarding Children Annual Report 2020 to 2021

Author: Claire Foster, Named Nurse Safeguarding Children

15.2

Contents Page

Executive Summary

Safeguarding children is core business and everyone's responsibility. North Bristol Trust supports all staff to contribute to the safeguarding of both visible children, those directly accessing our services and invisible or hidden children, those behind the adult patient we are treating. During 2020/21 the corona virus pandemic significantly impacted our contacts with children and their parents/carers across all services. Collated data for children directly accessing our services over the last year April 2020 to March 2021 shows 31,918 children (under 18 years old) came through Trust services. This is a 24% reduction on previous years.

Key successes over the past year include:

- Maintaining a full child safeguarding support offer to clinical staff throughout the year
- Adapting to staff needs and changes in hospital teams, particularly in the first lockdown
- Working with multiagency partners to share information on the local impact of Covid during a year of changing restrictions
- Section 11 (Children Act 2004) trust wide audit updated
- Quarterly multi-agency themed audits completed working with the Clinical Commissioning Group (CCG) and Local Safeguarding Children's Partnerships
- Incorporating the impact of the pandemic on vulnerable children and families into training
- Participation in a 6 month pilot with Barnardos to support the offer of a diversion and support service to adolescents harmed through serious violence and knife crime.

Looking ahead to 2021/22 we will be:

- Contributing to the development of the safeguarding functions of the EPR
- Developing focused children's safeguarding knowledge for practitioners in specialist services working 1:1 with children
- Monitoring the continued impact of the pandemic on children and families living in BNSSG and working with partners to offer signposting and referral to early help services for children and families in our care
- Extending and developing the offer of blended learning for staff mandatory training
- Continuing to work closely with children's partnerships to maximise the health offer for vulnerable families and children using our services

Through all our work we will seek to hold at the centre of our practice the desire and willingness to safeguard and promote the wellbeing of children and families who use our services.

Main Report

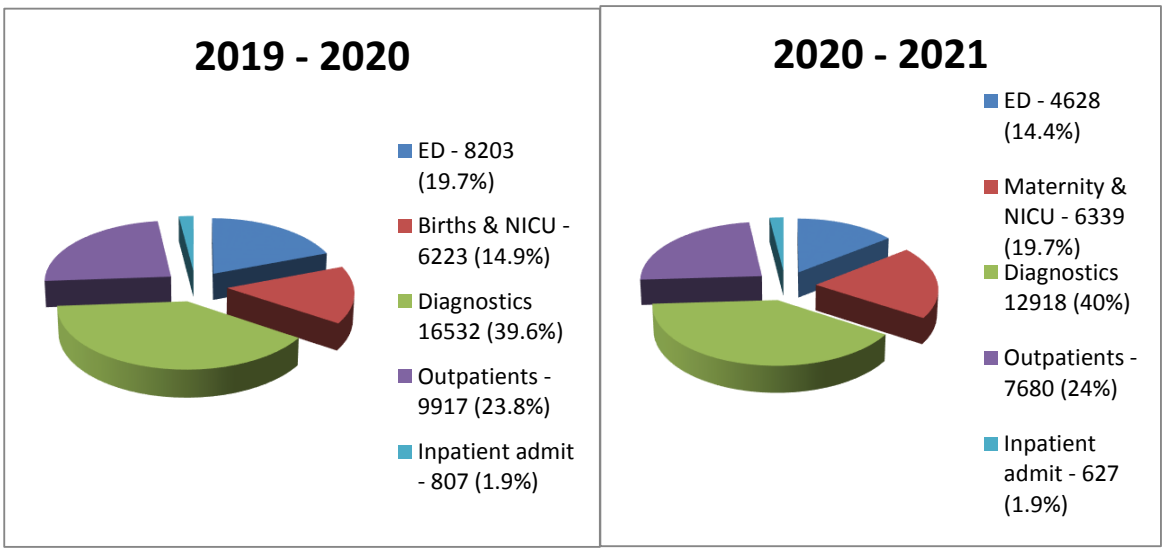
1.0 Purpose

The purpose of this report is to provide assurance to the Trust Board on the service delivery for 2020/21 and next steps for safeguarding children in 2021/22. The report provides assurance that the Trust is fulfilling its statutory responsibilities and duties in relation to safeguarding children. This annual report includes updates and changes to the safeguarding team between 1st April 2020 and 31st March 2021.

2.0 Overview

All staff working in the Trust have a responsibility to safeguard children[1]. In previous years our services have seen in excess of 42,000 children and young people as part of everyday service delivery. It has been recognised across the children's partnerships that all partner agencies had less direct contact with children during 2020/21 due to the restrictions and lockdowns enacted by government. NBT had 31,918 contacts with children which is an overall 24% drop on previous years.

Chart 1: Children accessing NBT services shown as percentage of all child contacts from April 2020 – March 2021 compared to the previous year

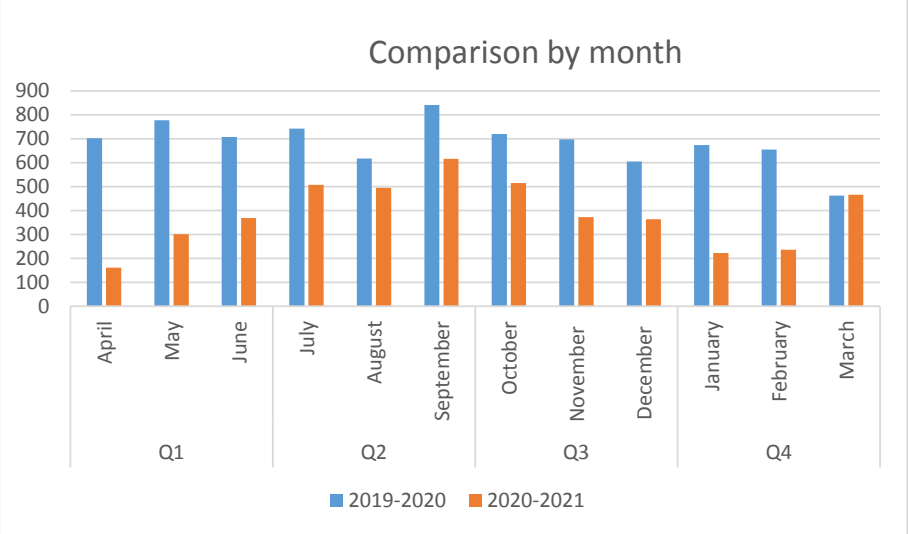


However, this reduction is not evenly split across services with ED seeing 44% and Outpatients 22% less children over the year and midwifery and NICU activity seeing a slight increase on last year. Looking at the ED activity by month we see the lowest

[1] A child is someone who has not yet reached their 18th birthday. Department for Education, 2018, Working Together to Safeguard Children – A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children.

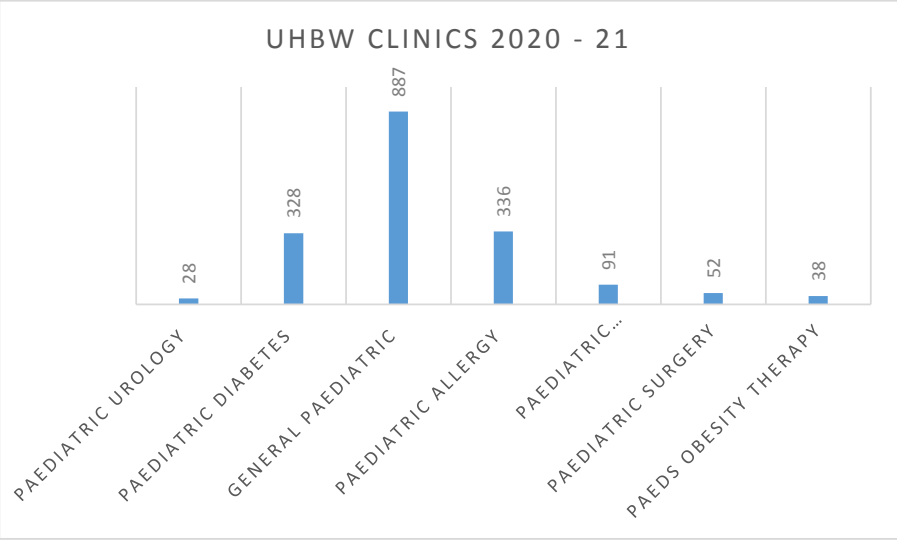
month for contacts being April 2020. Contacts have not yet returned to the pre-covid activity as shown in Chart 2.

Chart 2 Comparison of contacts with children in the ED 2019/20 & 2020/21



Nursing and administrative staff from the Trust support a number of paediatric outpatient clinics on NBT sites that are for patients of United Hospitals Bristol & Weston (UHBW) and delivered by medical staff employed by them (Chart 3).

Chart 3



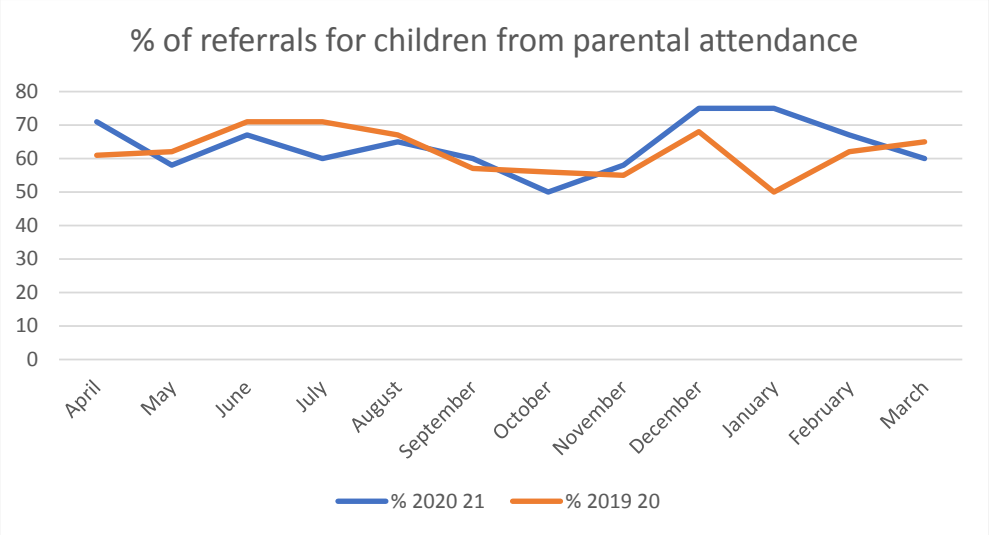
NBT general outpatient departments across the Trust see children of all ages and in significantly higher numbers than the dedicated paediatric outpatient clinics facilitated for UHBW.

NBT had over 5000 contacts with 16- and 17-year olds across all services. This age group is a significant transition point for all children and particularly those with long term conditions who move from paediatric services to adult services.

Children come on to the Trust site as visitors and carers for adults treated within our services. Adult patients accessing services come with a wide range of not only health related problems but social and safeguarding issues that can potentially impact directly on the safety and welfare of children they are in contact with.

Parental factors such as alcohol and substance misuse, domestic abuse and mental health problems can indicate that children living under these circumstances are at an increased risk of harm[2]. Data for referrals made to Children's Social Care from the Emergency Department shows that through 2020-21 we saw two peaks in the percentage of referrals made to safeguard children following a parental attendance. These were in April 2020 (71% of all referrals) and January and February 2021 (75% of all referrals). An average of 64% of referrals made across the year are following a parental attendance. See Chart 4 for a comparison with previous years data. All Trust staff are trained and expected to work with a 'Think Family' approach and have a responsibility to act to safeguard children in circumstances where the adult is the patient and a concern is identified.

Chart 4



As part of the growing options for children in training, employment and education, we provide opportunities for children to undertake work experience and be employed at age 16 into apprenticeship/traineeship programmes in both healthcare and administrative roles. These numbers increased from 5 employees under 18 in 2019/20 to 12 permanent staff and 12 NBT eXtra staff in 2020/21. This is anticipated growth in

[2] RCPCH, 2018, Facing the future: Standards for children in emergency care settings. Royal College of Paediatrics and Child Health.

this area as options for further education have been widened and developed by our partners in education in recent years.

3.0 Introduction

In common with all health care providers, we have a statutory duty to safeguard and promote the welfare of children under Section 11 of the Children Act 2004 and therefore it is essential that safeguarding is firmly embedded as core business for all our staff. The NHS England[3] framework sets out clearly the safeguarding roles, duties and responsibilities of all organisations providing and/or commissioning NHS health care.

The Trust is a member of the Keeping Bristol Safe and South Gloucestershire Children's Partnerships[4] and actively participates in multiagency groups and work streams (for detail of engagement see Appendix 1).

As identified in Working Together[5] quality training and supervision is essential to underpin good practice in safeguarding children. The Bristol, North Somerset and South Gloucestershire (BNSSG) Quality Schedule 2019-2021 Contract requires us to evidence that the workforce is trained in safeguarding children commensurate to their roles as outlined in the Intercollegiate Document[6] and sets an 85% compliance rate for training. Supervision compliments and contributes to learning and is a key component for embedding good practice and learning from national and local practice reviews. Training options were amended during the pandemic, in line with guidance on social distancing and blended learning options were introduced. See Appendices 2 and 3 for provision of training and supervision in 2020/21.

What we achieved

- The Named Nurse attended and contributed to Partnership sub-groups and work streams throughout the year. Information, concerns, and issues highlighted at these meetings have been reported back through the Joint Safeguarding Children & Adults Operational Group meetings and Safeguarding Committees
- The Named Nurse has strong and positive relationships with key professionals in the Partnerships, CCG and in other local acute and community health providers enabling joint working and response throughout the year
- The Named Nurse worked with leads in Learning and Development to ensure that virtual and e-learning options were available across all three levels of training to support flexible options for learning throughout the year

[3] NHS England, 2019, Safeguarding Children, Young People and Adults at Risk in the NHS. Safeguarding Accountability and Assurance Framework.

[4] Previously known as the Local Safeguarding Children Boards

[5] Department for Education, 2018, Working Together to Safeguard Children – A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children.

[6] RCPCH, 2019, Safeguarding children and young people: Roles and competences for health care staff. Intercollegiate Document. 3rd Edition.

- The Named Nurse has continued to provide some level 3 face to face training in Covid secure settings in line with restrictions prioritising those who are newly qualified or new in role
- Through Divisional participation at the Safeguarding Operational Group we identified staff across specialist services who will be seeing vulnerable adolescents and planned a package of support and training in readiness for this new patient group.

What next?

- Working with Adult Named Professionals, Divisional Leads, and the CCG to agree a training compliance recovery plan incorporating further development of blended approaches to Level 3 learning
- Named Nurse, Named Doctor and Named Midwife to review and develop the offer for safeguarding children supervision across the trust
- Further partnership development of the acute health contribution to violence reduction and contextual safeguarding across the partnership
- Participation in the discussions with CCG leads for the development of safeguarding across the Integrated Care System 'Healthier Together'

4.0 Safeguarding Children Leadership

The Director of Nursing and Quality is the Trust Board executive for safeguarding adults and children and in 2020/21 delegated senior management responsibility for safeguarding children to the Associate Director of Nursing and Quality from April to November 2020 and on her retirement to the Deputy Director of Nursing and Quality from November 2020 to March 2021.

During 2020 the Head of Safeguarding left the trust and we welcomed a new Head of Safeguarding incorporating the role of Adult Professional Lead in January 2021. During the recruitment period (September 2020 to January 2021) the Named Nurse for Safeguarding Children covered both roles and the day to day management of the safeguarding service.

The Named Nurse role is a statutory requirement (Working Together 2018) and reports to the Director of Nursing and Quality for the Trust's Safeguarding Children arrangements and activities. Working within the Trust values the Named Nurse leads on the development of a culture of safeguarding children practice as core business across the Trust and works closely with other Named roles, Designated Professionals, and the Children's Partnerships.

During November 2020 the Named Doctor stepped down and a new Named Doctor was welcomed into role in March 2021.The Named Doctor for Safeguarding Children is employed for 1 PA (4 hours) per week and supports training and supervision for medical staff, works closely with the Named Nurse, attends sub-groups and contributes to multiagency and single agency audits during the year.

The Named Midwife role was developed during 2020 and a new Named Midwife was welcomed in March 2021. During the vacancy period the Named Nurse worked with senior staff in the Women's and Children's division supporting statutory processes.

In January 2021 a new part time Practitioner role commenced in the ED to support quality improvement of assessment of need and onward referral of concerns to Children's Social Care for children and families. The role incorporates training, supervision and development of staff, review of processes and quality improvement of referrals from across the Emergency Zone with an emphasis on early help for families.

What we achieved

- Key statutory roles were successfully recruited into and the vacancy periods managed by the Named Nurse with senior oversight
- The trust wide work plan for safeguarding children was reviewed and risk assessed to prioritise advice and guidance to staff and statutory, regulatory, and contractual requirements during the pandemic and vacancy periods
- The Named Nurse moved to be based in the ED for 8 weeks during the first lockdown and reviewed all referrals to Children's Social Care. This demonstrated the value of this process and led to the development of the ED Practitioner role
- The Named Nurse and Head of Safeguarding contributed to the development of the safeguarding policy and processes for the Nightingale Hospital Bristol

What next?

- To continue to review the work plan prioritising support to staff and statutory/regulatory and contractual requirements through Quarter 1 & 2
- To work with the Head of Safeguarding and Deputy Director of Nursing and Quality to ensure the safeguarding children work plan and agenda is supported with necessary resource to achieve the goals agreed
- Named safeguarding children professionals to be looking ahead with partners to further development of the safeguarding children agenda and how this will be supported in NBT
- Named Doctor and Named Nurse to continue working with UHBW and Barnardos Routes to broaden the health pathway of referral and diversion for children who have been injured due to serious youth violence, knife, and gang crime
- Named safeguarding children professionals to work with the divisional nursing, midwifery, AHP and Medical leads to further integrate the safeguarding children agenda into divisional systems and practice

5.0 Safeguarding Children Governance

During 2020/21 the Safeguarding Committee continued to meet at least quarterly and was chaired by the Director of Nursing and Quality. The Safeguarding Committee reports to the Trust Quality Risk Management Committee. Membership of the

Safeguarding Committee includes Divisional Directors of Nursing, Named Professionals, and representatives from the CCG.

The Safeguarding Children and Adults Operational Group met regularly between six and eight weekly. The Group was chaired by the Associate Director of Nursing and Quality until her retirement and responsibility passed to the Head of Safeguarding. A highlight report is provided to the Trust Safeguarding Committee. Operational safeguarding children issues are discussed at this meeting. The core membership includes the Named Professionals, Divisional Matrons and specialty leads and Managers. Specialists from other areas are invited for specific pieces of work as required.

What we achieved

- Learning from Rapid Reviews and Child Safeguarding Practice Reviews was shared for dissemination by the representatives
- There has been a continued focus on embedding safeguarding children's practice within the divisions and reports to the Operational Group and Safeguarding Committee reflect this
- Divisions are monitoring their safeguarding children's training and responding to areas of concern as needed with their improvement plans
- The Governance arrangements continued throughout the year and items discussed reflected the challenges posed by the pandemic to the clinical areas
- The Section 11 update audit submitted to the Avon and Somerset Strategic Safeguarding Partnership (ASSSP) informed the Safeguarding Committee on areas of work and improvement. This year the audit questions strongly reflected the impact of the pandemic and the ASSSP's clear commitment to supporting our most vulnerable families and children through the coming year

What next?

- Following the Section 11 Audit we expect the cycle of review, inspection, and report to resume in 2021/22. Previous plans included visits to the ED and inpatient areas
- The plans for the new EPR will include embedded forms and functions that support staff to complete good quality information sharing for children at risk of harm. The Named Nurse and Doctor will work with the EPR teams to ensure these processes are user friendly and meet statutory requirements
- An audit of 16 and 17 year olds in the inpatient bed base including prevalence of those with Child Protection Plans or Looked After Child status to be completed as a joint audit with the Named Nurse at UHBW who will review the Bristol Royal Infirmary and Weston General bed base. This will enable joint working and comparison of parity for children across Bristol's two acute trusts
- Named Professionals will be working with Divisional leads to review and support the integration of safeguarding children into Divisional governance processes

- Working with the CCG, the Quality Contract will be reviewed, and these performance indicators shared with the Divisions to improve the flow of information within and across the trust

6.0 Quality through learning

Commissioners received quarterly reports of monthly data which outline the service's progress against the contractual safeguarding children Quality Standards agreed for the period 2019-2021 which included:

- Safeguarding children training uptake levels
- Patient visits to ED for children with concerns related to substances, mental health, and sexual assault
- Referrals to children's social care from Trust services/practitioners
- Concerns reported by the Trust relating to people in a position of trust

A key quality marker is the provision of high-quality education and training across the whole workforce. The monitoring of mandatory safeguarding children training uptake at levels 1 to 4 across the organisation's workforce is captured on the Managed Learning Environment (MLE) system.

The training aligns with the requirements set out in the Intercollegiate Document[7]. The required standard in the CCG contract is that 85% of staff attends the relevant training across a three-yearly cycle. During 2020/21 Level 2 moved from face to face to e-learning provision and Level 3 increased the volume of e-learning and webinars available for a blended approach. The annual average levels for safeguarding children training trust wide are shown below in Table 1 with the previous years of data for comparison.

Table 1: Training Compliance Levels 2018/19 to 2020/21

Training Level	Compliant Staff			Total Staff in each group
	Annual Average 2018/19	Annual Average 2019/20	Annual Average 2020/21	Cohort Numbers for 2020/21
Level 1	90%	89%	88%	3293
Level 2	89%	89%	86%	4615
Level 3	83%	81%	81.5%	1000
Level 4	96%	100%	100%	3

[7] RCPCH, 2019, Safeguarding children and young people: Roles and competences for health care staff. Intercollegiate Document. 3rd Edition.

It should be noted that the cohort size for Level 3 has grown over the three years rising from 779 in April 2018 to 1000 in 2021. This increase in staff equates to an additional requirement of between 1768 and 2652 hours of learning across the 3-yearly cycle.

What we achieved

- Levels 1,2 and 4 percentages remain above target compliance level utilising online learning for levels 1 and 2
- The level 3 compliance annual average held at 81.5% with significant variation through the year (78% - 87%). It was recognised this fluctuation was in line with the demands on clinical areas caused by the pandemic
- The Named Nurse, with support from ED lead nurses, offered face to face workshop learning to smaller cohorts in combination with selected e-learning specific to their specialty
- Information and learning briefs of the impact of the pandemic on already vulnerable families and children was disseminated to swabbing services and vaccination centres
- We have monitored and reported data on children attending ED due to substance misuse, self-harm and activity linked to contextual safeguarding[8] in line with the Safeguarding Quality Contract Standards

What next?

- The Covid 19 pandemic has impacted Level 3 safeguarding training at the end of year and into Quarter 1 of 2021/22. This is training that must have a face to face element and should be multi-professional to enhance learning. With partners we will be developing a blended offer that includes collating evidence of practitioner led learning such as reflection on practice and individual study
- The cohort for level 3 training is growing and this is to be expected as the trust embeds the Think Family approach across all services. We will support clinical areas to identify a cohort of staff who can participate in additional learning and be a resource for colleagues
- As the multiagency training offer from the partnership restarts, we will support the Divisional Leads to identify staff who can attend this and bring specialist learning back to their clinical areas

7.0 Quality through multiagency working & audit

As highlighted in Working Together (2018) there is a shared responsibility between organisations and agencies to safeguard and promote the welfare of all children in a local area. To improve quality and identify gaps in the partnership's offer to families, agencies meet through a series of sub-groups and Task and Finish groups which respond to the local needs of the population related to safeguarding children. The Named Nurse is an active representative of the trust in these forums. Through

[8] Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. For example gang affiliation and criminal exploitation.

2020/21 we maintained participation in the audit sub-group for South Gloucestershire Partnership and the Keeping Bristol Safe Partnership multiagency Covid response cell. In addition to these groups we have participated in a full 'dry run' of a Joint Targeted Area Inspection (JTAI) under the theme of adolescent mental health and a full update to the Section 11 audit.

What we achieved?

- Participation in the South Gloucestershire Quality Assurance sub-group contributing to shared learning through a multiagency deep dive audit approach to reviewing the holistic care of vulnerable and at risk children. This quarterly audit has reviewed a small sample of cases under the following themes: domestic abuse, children in care placed out of area and adolescent mental health
- The multiagency audits completed through the year contributed to a growing Trust wide picture of children's experiences using our services and evidenced improvements in staff's understanding of the Think Family approach and documenting the voice of the child
- The Section 11 audit completed as requested by South Gloucestershire Safeguarding Children Partnership assured the Safeguarding Committee and partners on the ongoing work for safeguarding children at NBT. This self-audit is then rated against a framework of outcomes that will be reviewed by a multi-agency team in 2021-22. The audit content focused on the impact of the pandemic and restrictions on service provision and contact with families and children. NBT self-assessed as 'Good' or 'Outstanding' in the 9 domains reviewed
- A comparison review of ED referrals to children's social care was conducted as part of the 8 weeks the Named Nurse was based in the ED during April and May 2020. This strongly evidenced the value of a practitioner with safeguarding children expertise and working knowledge of universal and universal plus services reviewing and quality assuring all referrals to children's social care. In January 2021 we welcomed a part time practitioner into a permanent role with the ED staff team to support this work

What next?

- The Section 11 cycle will continue across all agencies and collated feedback is expected from the ASSSP in Quarter 1 of 2021/22 following the submission completed in February 21
- Development and review of the part time ED practitioner role to ensure the identified needs are being met and the role can focus on quality improvement and supported practice
- Development of single agency audits for specialist areas that see 16 and 17 year olds for example Intensive Care Unit and Bariatric services
- Development of Divisional ideas for quality improvement for children using our services

- The identified rise in the criminal exploitation of children nationally has led to multiagency partnerships developing integrated approaches to identify and support those families affected by this. We will continue to engage with the regional work group for contextual safeguarding and look to develop opportunities to offer diversion to support options when children access our services

8.0 Child Deaths and the Child Death Overview Panel (CDOP).

The overall purpose of the child death review process is to understand how and why children die, to put into place interventions to protect other children and to prevent future deaths. In the area of the former county of Avon, four neighboring local authorities (Bristol, North Somerset, South Gloucestershire and Bath & North East Somerset) have come together to form a single West of England CDOP. Regional information is published annually by the West of England Child Death Overview Panel.

What we achieved

- The Designated Doctor for Child Deaths for the West of England provided updated guidance for professionals following changes in practice required due to Covid 19. These changes were disseminated to staff through the Named Doctor and supported by the Medical Director
- A webinar produced by the Designated Doctor for Child Deaths for the West of England was linked to MLE and clinical leads disseminated to staff that this was available to update their knowledge
- The child safeguarding pages on the intranet contain links to the West of England CDOP including the key links required for notification when a child dies which is a fully electronic process

What next?

- Named Doctor to work with specialist areas most likely to experience the death of a child under 18 years old to ensure the CDOP process is familiar
- Update of LINK intranet pages to include neighbouring Local Authority areas information for CDOP reporting

9.0 Child Safeguarding Practice Reviews

Working Together to Safeguard Children (2018) sets out the statutory duties for Child Safeguarding Practice Review's (CSPR) for all multiagency partners. The Rapid Review approach enables organisations to identify learning in the earliest stage of the review process. Recommendations from Rapid Reviews and CSPR's are learning, improvement and systems focused.

During 2020/21 the Named Nurse responded to 12 Rapid Review requests for information following the serious harm or death of a child. This was a 100% increase on the previous year where we received six requests. In 2020/21 we have participated in one CSPR and an ongoing thematic review into youth violence and knife crime

which incorporates several cases. Due to the time these take there is often overlap of the work from year to year.

Themes from the Rapid Reviews and CSPR include:

- Youth violence and knife crime
- Adolescent mental health needs including self-harm and suicide
- Parental mental health and substance misuse
- Needs of Children in Care

What we achieved

- We continue to engage in all Child Safeguarding Practice Reviews, Rapid Reviews and Domestic Homicide Reviews as requested by the Safeguarding Children Partnerships
- We report the learning themes highlighted through the Operational Group and Committee for dissemination through the divisions
- The Named Nurse and Matron for Community Midwifery have collaborated well to meet deadlines and complete chronologies for cases that relate to infants and their families during the vacancy period for the Named Midwife
- Training is amended throughout the year as learning from local and national reviews is published which enables new learning to be shared with staff

What next?

- Development of alternative formats of dissemination of learning for staff to access. For example, improving content on the intranet pages in the form of learning briefs, short MLE e-learning packages and development of a quarterly newsletter
- Learning from national Child Safeguarding Practice Reviews to be integrated into group supervision to widen knowledge base of practitioners
- Review of the safeguarding needs of children moving from paediatric care to adult services at 16 and 17 years old

10.0 Conclusion

The overarching governance structure has been maintained throughout the year and divisional links continued to function to escalate concerns and disseminate information and learning. The changes in the leadership of the safeguarding service over the year, and the vacancy periods of key roles were managed safely by reviewing and risk assessing the work plan to focus capacity on support to clinical staff and meeting statutory, regulatory and contractual requirements. The objectives of the children's safeguarding work plan were amended reflecting the significant demands placed on clinical staff and leads during the year due to Covid. Key relationships have been maintained both internally and externally with strong partnership working evidenced across the year.

Looking ahead into 2021/22 we will be focusing on increasing support through supervision for services that work 1:1 with children and developing a clear

understanding of issues relating to serious youth violence, contextual safeguarding and how acute trust services can participate as partners with local authorities and the voluntary sector in the local area. This will strengthen the safeguarding of children and vulnerable families and support our staff in recognising and addressing concerns to ensure children get the right help at the right time.

Quarter 1 will see a maintenance of the current reduced work plan and the Named Nurse and Head of Safeguarding will review and agree the key workstreams for Quarters 2-4 which will be agreed by the safeguarding committee and overseen by the Operational Group. The work plan will ensure that statutory (Section 11, Children Act 2004) and regulatory (Regulation 13, CQC) requirements are met. The overarching focus of all the actions over the coming year is to ensure all children who are patients in our care or are family members of adults in our care have the best outcomes.

Appendix 1: Attendance at Safeguarding Partnership meetings and sub-groups

Group and Local Authority	NBT Representative	Frequency
South Gloucestershire Children's Partnership		Quarterly
South Gloucestershire Children's Partnership Quality Assurance Sub Group	Named Nurse Safeguarding Children	Quarterly
South Gloucestershire Best Start in Life Group – Vulnerable Children	Named Nurse Safeguarding Children	Quarterly
Keeping Bristol Safe Partnership Serious Youth Violence working group	Named Nurse Safeguarding Children	Quarterly
Keeping Bristol Safe Partnership Contextual Safeguarding Group	Named Nurse Safeguarding Children	Quarterly
Keeping Bristol Safe Partnership Next Steps for Child Protection Conferences Task and Finish Group	Named Nurse for Safeguarding Children and Named Midwife	Bi-Monthly through project. Time frame extended due to pandemic.
BNSSG Named Safeguarding Professional Forum	Named Nurse Named Midwife Named Doctor	Quarterly
Regional Named Professional Group (NHSE)	Named Nurse Named Midwife Named Doctor	3 to 4 times per year
Bristol MARAC	Safeguarding Team and Specialist Midwife Safeguarding	Weekly information requests and dial in attendance as required
South Gloucestershire MARAC	Safeguarding Team and Specialist Midwife Substance Misuse	Fortnightly online and dial in when required

Appendix 2: Training Available to Staff for Mandatory Learning 2020/21

Level of Child safeguarding	**Frequency**	**Provider**
Level 3 day Face to Face*	4-5 dates per financial year	Named Nurse
Level 3 ED day Face to Face*	6 dates per year	Named Nurse
Level 3 e-learning modules via MLE	6 Modules on a range of topics	Health Education England and E-Learning for Health
Level 3 recorded Webinars via MLE	4x 1 hour webinars on a range of topics	Access granted by Keeping Bristol Safe Partnership
Level 2 e-learning module via MLE	Complete module at level 2 safeguarding children	Health Education England and E-Learning for Health
Level 1 e-learning modules via MLE	Complete combined module at level 1 safeguarding children and adults	Health Education England and E-Learning for Health

*Training stopped in initial Lockdown and in Quarter 4 due to winter pressures impacting release of staff.

Appendix 3: Safeguarding Children Supervision

Role of supervisor	**Role of supervisee**	**Frequency**
Named Nurse	Specialist Midwife Substance Misuse	Quarterly 1:1
Named Nurse	Specialist Practitioners X2	Quarterly 2:1
Named Nurse	Nursery Manager	Quarterly 1:1
Named Nurse	ICU Band 7's	6 to 8 weekly group supervision
Designated Nurse	Named Nurse	Quarterly
Designated Doctor	Named Doctor	Quarterly

References

HM Government. Children Act 1989 and 2004

RCPCH, 2018, Facing the future: Standards for children in emergency care settings. Royal College of Paediatrics and Child Health.

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Healthier Together

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

Healthier Together Integrated Care System (ICS) monthly update

September 2021

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Introduction

This monthly update provides an update for ongoing work in relation to the Healthier Together partnership – our Integrated Care System (ICS) for Bristol, North Somerset and South Gloucestershire.

This month's update covers:

1. Continued progress for our Integrated Care System
2. Allocation of non-recurrent investment for System transformation
3. Maximising uptake of the Covid-19 BNSSG vaccination programme
4. Developing a digital strategy for the ICS
5. Other news this month

If you would like to receive an update on a specific area of system working next time, please let us know.

1. Continued progress for our Integrated Care System

This month we've continued to see new guidance and expectations emerge from the Department of Health and Social Care (DHSC), the Local Government Association (LGA), and NHS England and Improvement (NHSEI) to help integrated care systems prepare for the legislative changes expected from April 2022.

This includes:

- An engagement document focused on the role of Integrated Care Partnerships (locally, what we call the ICS Partnership Board): Integrated Care Partnership (ICP) engagement document - GOV.UK (www.gov.uk)
- Guidance to support the legal establishment and operational readiness of ICSs for April 2022: ICS Guidance - Integrated Care (future.nhs.uk)
- Guidance on effective partnership working within ICSs, including place-based partnership, working with people and communities, clinical and care professional leadership, and engagement with the voluntary, community and social enterprise sector: ICS Guidance - Integrated Care (future.nhs.uk)

We are currently incorporating this guidance into our BNSSG ICS development programme of work. Recognising that much of the national policy is permissive and flexible, we are also working locally to design governance arrangements that are best suited for our partnership and for the benefit the people of BNSSG.

The Partnership Board recently approved a programme of facilitated workshops this Autumn to explore key questions together and design the future ICS Partnership Board (a statutory committee from April 2022, formed by NHS and local government as equal partners).

In parallel, a nationally-led process is ongoing to appoint a new Chair and Chief Executive for the Integrated Care Board (the new statutory organisation from April 2022).

2. Allocation on non-recurrent funding for System transformation

We recently announced a one-off funding opportunity to help accelerate System transformation and ensure we exit the current challenging period in the best position possible, right across BNSSG.

The majority of these opportunities were for NHS providers, while there was also an opportunity via Section 256 for Local Authorities to access this funding where mutual benefit to the NHS could be demonstrated.

A total of eleven proposals have now been reviewed by PMO, Finance, Clinical Cabinet, and the Planning and Oversight Group, with recommendations made to the Executive Group to allocate c£7.3m of funding. All projects are undergoing financial review to determine their profile and forecast spend, and we are hoping this will identify additional funding capacity for other projects. This review is expected to be completed in the next month.

System transformation projects include:

Scheme	Description	Funding
Central Weston Primary Care, Community and Diagnostic Hub	To support the rapidly increasing population in the centre of Weston and assist with new accommodation for the Graham Road practice population. This sum allows for extended proposals to include an integrated Community Diagnostic Hub, a Frailty Hub and the consolidation of Sirona's Weston based services and operations into one state-of-the-art facility.	c£144k
Urgent care: system clinical assessment service (CAS)	The City Centre Urgent Care Provision Group have agreed a System Clinical Assessment Service as the most effective way to provide system-wide support to all ED departments in BNSSG for this winter. This service will provide support over the winter period of October 2021 to March 2022. The System CAS function is the key enabler to ensuring patients are assessed and routed to the most appropriate service for their needs. That is; care which is compassionate, timely, via the right medium, and which uses resources optimally. The proposed use of non-recurrent funding to pump prime this change is as follows: 1. Enhance the SevernSide CAS via the recruitment a multi-provider team that could provide dedicated capacity for ETC validation/assessment off NHS Pathways. 2. Support further development of the CAS	c.£1,403k

	additional 3 Adastra licences, this will support additional system HCPs as the CAS develops or to support other provider pilots. 3. System Training for Remote Assessment and Pathways Clinical Consultation Support (PaCCs) 4. Use of Clinical Guardian to support clinical governance for new providers joining the CAS 5. SevernSide System CAS development Clinical Leadership, Architecture, Project Management	
ICS Information Governance (x2 projects)	The first concerns information sharing server access, aiming to provide a direct access to CCG server space for ICS partner analysts to work with PHM linked datasets and other CCG datasets, making data more accessible to a wider range of users. The second project concerns recruitment of a project officer to support the development of the Shared Data and Planning Platform, enabling the system to embed Population Health Management capabilities, data sharing and data linkage.	£135k
Collaborative Continuous Improvement	To establish a shared standardised approach to Continuous Improvement for BNSSG providers and potentially all ICS partners. By standardising our approach across the system and building it around a core methodology adopted from other high performing health systems, current transformation capacity will be more effective, and our system will have greater capability to deliver change successfully.The plan will focus initially on the two acute providers, concentrating on the urgent care agenda.	£650k
Strategic Communications support for operational system pressures	To develop a coherent and integrated system-wide campaign informed by local insight and national research over the coming months. Costs are likely to include content creation, translation, outdoor advertising, radio, door-drops and paid social media aimed at raising awareness of system pressures and bringing about behaviour change in the way people understand and use health and care services.	£117k
Workforce transformation and delivery	This will enable dedicated, system wide workforce capacity, embedded within each organisation/sector. A transformation and delivery team will help to address staff shortages, workforce inequality, and ensure better workforce planning, and to translate agreed collaborative actions into organisational delivery, to mitigate our workforce shortages. This will include developing a composite workforce model, implementing our Employer Value Proposition, attracting a more diverse workforce, building our role as an anchor in the community and leading strategic	c.£616k

	workforce planning – supporting delivery of new models of care across our system.	

3. Maximising uptake of the Covid-19 BNSSG vaccination programme

A new evaluation report on the COVID-19 vaccination programme in BNSSG has been published. The report shows how equity was at the core of the strategy from its planning stages and how it aimed to leave no-one behind, particularly those at higher risk of severe illness and death from COVID-19.

Five priority groups were identified for our maximising uptake work: (1) People with experience of homelessness (2) Non-English first language speaking, minority ethnic groups, refugees, asylum seekers (3) Those living a distance from a vaccination centre (4) Hospital patients (5) Those who may struggle to access vaccination centres.

The report details costs and known outcomes for these groups alongside recommendations for the future vaccine programme and wider system approach. This includes reviewing our strategy and processes, with iterative use of Population Health Management tools (data) alongside insight work.

Whole programme costs (including communication and engagement work) were estimated at £15 additional health service cost per dose delivered in outreach to the end of May 2021. This was deemed to be cost-effective to the NHS considering the prioritisation of high-risk individuals less likely to be vaccinated, and the effectiveness of vaccination at preventing high-cost hospital admissions.

The report proposes that we continue striving for equity of health outcomes for the whole BNSSG population by developing a BNSSG-wide approach to reducing health inequalities, considering the health and social care issues for different patient/population groups, and how we should develop ‘inclusion health’ here.

To read the report in full please contact sian.hughes21@nhs.net

4. Developing a digital strategy for the ICS

Earlier this year BNSSG initiated a 5 year digital strategy to guide our system-wide direction when designing and deploying digitally transformative models of care for our citizens, staff and ICS partners.

This digital vision and draft strategy has been developed by clinicians and practitioners and designed through numerous system-wide workshops.

In line with the emerging national digital context, our strategy proposes to focus on (1) an Integrated Care System, enhanced by digital (2) citizens, empowered by digital and (3) care, enabled by digital.

The draft strategy will be further shaped through a number of Healthier Together stakeholder events being planned this Autumn. These will consider our vision, priorities and key milestones, in advance of a final draft strategy in December.

A financial workstream has also been established (with input from system DoFs), to agree the commitment of system-level resources to deliver on our future digital priorities.

5. Other news this month

The **People Steering Group** is reviewing the benefits and lessons learned as our one year Health Education/NHSI/E funded fixed term Supply and Demand projects conclude. These projects include the nurse supply project, supply and demand project and retention pathfinder project.

A **stroke consultation** has formally closed with more than 1,800 responses, including 273 responses from health and care staff and above-target representation from people with lived experience of stroke and those with protected characteristics. The consultation lasted 12 weeks and centred on how services can be improved and lead to better outcomes for people. Stroke is the fourth biggest killer in the UK and a leading cause of disability, with 1 in 50 of BNSSG residents living with the long-term consequences. A decision on our future stroke services is expected next year.

Our **Mental Health and LD and Autism Steering Group** report that 69% of people with learning disabilities in BNSSG have now received Annual Health Checks and Health Action Plans. Also, our new engagement programme to improve support for people with Learning Disability and/or Autism from minority ethnic communities has begun, supported by Autism Independence, and a mental health 111 model has been developed for a local pilot.

Healthier Together transformation programme **campaign maps** have been updated with the latest information on upcoming milestones and decision points. For a copy in Excel format please contact bnssg.htpmo@nhs.net

If you have any questions or would like to see a specific topic covered in the next update, please contact the **Healthier Together Office** at our usual email address: bnssg.healthier.together@nhs.net