Trust Board Meeting in Public

Thursday 26 September 2024, 10.00 – 13.40
Seminar Rooms 4 & 5, Learning & Research Building, Southmead Hospital

A G E N D A

No.	Item	Purpose	Lead	Paper	Time
OPENING BUSINESS					
1.	Welcomes and Apologies for Absence *Steve Hams, Chief Nursing Officer* *Shawn Smith, Non-Executive Director*	Information	Joint Chair	Verbal	10.00
2.	Declarations of Interest	Information	Joint Chair	Enc.	-
3.	Patient Story	Discussion	Chief Medical Officer	Enc.	10.01
4.	Questions from the Public	Discussion	Joint Chair	Verbal	10.25
STANDING ITEMS					
5.	Minutes: Public Board: 25 July 2024	Approval	Joint Chair	Enc.	-
6.	Action Log	Approval	Trust Secretary	Verbal	-
7.	Matters Arising	Discussion	All	Verbal	-
8.	Joint Chair's Report	Information	Joint Chair	Enc.	10.35
9.	Joint Chief Executive's Report	Information	Joint Chief Executive	Enc.	10.45
KEY DISCUSSION ITEMS					
10.	Gender Pay Gap & WRES/WDES submission and action plan	Discussion	Chief People Officer	Enc.	11.00
11.	Revised Acute Provider Collaborative Arrangements	Approval	Joint Chair	Enc.	11.20
QUALITY					
12.	Quality Committee Upward Report	Information	NED Chair	Enc.	11.30
13.	Annual Safeguarding Reports	Discussion	Chief Nursing Officer	Enc.	11.40
PEOPLE					
14.	Medical Revalidation & Appraisal Annual Report	Discussion	Chief Medical Officer	Enc.	11.50
15.	People & EDI Committee Upward Report 15.1. Security Annual Report	Information	NED Chair	Enc.	11.55
BREAK (5 mins)					12.00
16.	Patient & Carer Experience Committee Upward Report	Information	NED Chair	Enc.	12.05
GOVERNANCE & ASSURANCE					
17.	Board Insight Visits	Information	Director of Corporate Governance	Enc.	12.10

18.	Audit & Risk Committee Upward Report	Information	NED Chair	Enc.	12.20
19.	Developmental Well-Led Report - Action Plan Update	Information	Director of Corporate Governance	Enc.	12.30
FINANCE, IM&T & PERFORMANCE					
20.	Integrated Performance Report	Discussion	Chief Operating Officer	Enc.	12.35
21.	Finance, Digital & Performance Committee Upward Report 21.1. Green Plan 21.2. Finance Report Month 5	Information	NED Chair	Enc.	13.00
22.	Standing Orders, Standing Financial Instructions, Scheme of Delegation Amendments	Approval	Director of Corporate Governance	Enc.	13.10
23.	Diagnostics Performance Update	Discussion	Chief Operating Officer	Enc	13.20
CLOSING BUSINESS					
24.	Any Other Business	Information	Chair	Verbal	13.40
25.	Date of Next Meeting: 28 November 2024	Information	Chair	Verbal	-
26.	Exclusion of the Press and Public	Approval	Chair	Verbal	-
END					**13.40**

Lunch & Diagnostics Showcase Event	**13.40 - 14.15**

TRUST BOARD DECLARATIONS OF INTEREST

Name	Role	Interest Declared
Ingrid Barker	Joint Chair	• Governor, University of Gloucestershire • Member of the Faculty of TPC Health – a coaching company working predominantly in the NHS and Social Care (since January 2024) • Deputy Lieutenant of Gloucestershire
Mr Kelvin Blake	Non-Executive Director	• Non-Executive Director of BRISDOC. • Chair and Trustee of Second Step. • Trustee of the SS Great Britain Trust. • Trustee of the Robins Foundation. • Member of the Labour Party • Elected Member of Bristol City Council.
Mr Richard Gaunt	Non-Executive Director	• Non-Executive Director of Alliance Homes, social housing provider.
Ms Kelly Macfarlane	Non-Executive Director	• Sister is Centre Leader of Genesiscare Bristol (Private Oncology). • Sister works for Pioneer Medical Group, Bristol. • Managing Director, HWM-Water (a Halma manufacturing company). • Director, Radcom Technologies Limited (dormant company). • Director of ASL Holdings Limited (a Halma company – IoT solutions). • Director of Invenio Systems Limited (water loss consultancy). • Non-Exec Director of Advanced Electronics Limited (a Halma fire safety company).
Professor Sarah Purdy	Non-Executive Director	• Professor Emeritus, University of Bristol. • Fellow of the Royal College of General Practitioners. • Fellow of the Royal College of Physicians. • Fellow of the Royal College of Physicians Edinburgh. • Member, Barts Charity Grants Committee. • Shareholder (more than 25% but less than 50%) Talking Health Limited.

Name	Role	Interest Declared
		Indirect Interests (ie through association of another individual eg close family member or relative) via Graham Rich who is: - Chair, Armada Topco Limited. - Director, Talking Health Ltd. - Chair, EHC Holdings Topco Limited.
Dr Jane Khawaja	Non-Executive Director	• Employee and Member of the Board of Trustees, University of Bristol. • Director of Gloucestershire Cricket Foundation. • Commissioner, Bristol Commission on Race Equality.
Mr Shawn Smith	Non-Executive Director	• Bluebells Consultancy Ltd (sole shareholder). • Governor of City of Bristol College. • Trustee of Frank Water. • Elim Housing Association (Board member).
Ms Maria Kane	Chief Executive	• Advisory Group Member of CHKS, a provider of healthcare intelligence and quality improvement services (remuneration donated to charity). • Visiting Professor to the University of the West of England (unremunerated).
Mr Steve Curry	Chief Operating Officer	• Nothing to declare.
Mr Tim Whittlestone	Chief Medical Officer	• Director of Bristol Urology Associates Ltd: undertakes occasional private practice (Urology Specialty) at company office, outside of NBT contracted hours. • Chair of the Wales and West Acute Transport for Children Service (WATCh). • Vice Chair of the South-West Genomic Medicine Service Alliance Board. • Wife is an employee of the Trust. • Director of 3RO Ltd (providing medical advice to international NGOs etc).

Name	Role	Interest Declared
Mr Glyn Howells	Chief Financial Officer	• Nothing to declare.
Professor Steve Hams	Chief Nursing Officer	• Visiting Professor, University of the West of England. • Director, Curhams Limited (dormant company). • Independent Trustee and Chair of the Infection Prevention Society. • Associate Non-Executive Director, Surrey Heartlands Integrated Care Board. • Husband is employed by Oxford University Hospitals NHS Foundation Trust. • Affiliate Member, Bristol and Avon St John Priory Group.
Mr Neil Darvill	Chief Digital Information Officer (to NBT and UHBW) (non-voting position)	• Wife works as a senior manager for Avon and Wiltshire Partnership Mental Health Trust. • Stepbrother is an employee of the Trust, working in the Cancer Services Team.
Mr Peter Mitchell	Interim Chief People Officer (non-voting position)	• Nothing to declare.

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Report To:	Public Trust Board		
Date of Meeting:	26 September 2024		
Report Title:	Patient Story		
Report Author:	Emily Ayling, Head of Patient Experience Rory Spanton, Deputy Divisional Director of Nursing for Medicine		
Report Sponsor:	Steve Hams, Chief Nursing Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
		X	
	The purpose of this item is to provide insight into the experience of a patient accessing services at NBT and to learn from what we are doing well and what we could improve to ensure an outstanding patient experience.		

Key Points to Note *(Including any previous decisions taken)*

Carl's story relates to his experience in AMU in May 2023. As a nurse by background Carl provides a unique perspective on his experience of receiving care and the differences between clinical care, physical care and emotional care and the importance of all three. He also touches on the importance of good communication to patient experience.

He also reflects on his experience in our Medical Day Unit and how positive this has been consistently over many years.

Strategic Alignment

The item directly links to our Trust aim to provide outstanding patient experience by helping us to better understand and learn from the experience of our patients.

Risks and Opportunities

None Identified

Recommendation

This report is for discussion.

The Board is asked to discuss Carl's story and what we have learned from Carl's experience at NBT. The Board is asked to note the progress and positive improvements made within AMU since Carl's experience in May 2023.

History of the paper (details of where paper has <u>previously</u> been received)

None	

Appendices:	Carl's Patient Story to Board - September 2024

Medicine

NHS North Bristol NHS Trust

3.1

Carl's Patient Story

Medicine

NHS North Bristol NHS Trust

3.1

NBTCARES

Medicine

NHS North Bristol NHS Trust

3.1

Context

AMU experience from an expert patient
Carl's admission was 16 months ago - May 2023

Stand out messages:
- Patient describes feeling unsafe
- Patient requested to edit their ReSPECT form which would support not attending hospital

16 months ago there were known challenges in AMU
- New workforce inc. NQ staff, IENs, Nursing Associates
- Ongoing emergency zone pressures and continuous use of additional escalation beds – balancing experience and safety
- Specific communication skillset needed in assessment areas – transient patient cohort

Positive experiences
- Medical Daycase –outstanding experience consistently through multiple visits to the unit
- SDEC – effective, safe and reassuring
- Clinical competence in AMU
- Recent good NBT experience in August 2024

NBTCARES

Medicine

Learning and actions

NHS North Bristol NHS Trust

Improvements made

- Ward now fully established, registrants and health care support workers
- Less reliance on a transient workforce
- Review of last 12 months' incidents in AMU with 'communication' as a theme Only 4 reported with no obvious themes
- Review of FFT data

Some familiar narratives to Carl's such as patients kept awake at night

Overall positive responses outweigh the negatives

Improvements in progress

- Practice Development Nurses are working on a 'Nursing Standards' document to support life on AMU which includes aspects of good communication
- Video to be shared with ward teams – a sensitive approach required with a focus on opportunities for improvement. I.e. video to be used as part of the new starter orientation
- New matron model across assessment areas for a cohesive, structured and standardised approach to this complex nursing environment
- PSII action from AFU – proposal by Patient Safety team to facilitate group discussions to consider culture and working environment. AMU are forming part of this work.

NBTCARES

DRAFT Minutes of the Public Trust Board Meeting held virtually and in Learning & Research Building, Seminar Room 4 on Thursday 25 July 2024 at 10.00 am.

Present:			
Ingrid Barker	Joint Chair and Non-Executive Director (NED)	**Maria Kane**	Chief Executive Officer
Kelvin Blake	Non-Executive Director *(present from minute item TB/24/07/03)*	**Steve Curry**	Deputy Chief Executive & Chief Operating Officer
Richard Gaunt	Non-Executive Director	**Steven Hams**	Chief Nursing Officer
Kelly Macfarlane	Non-Executive Director	**Glyn Howells**	Chief Finance Officer
Shawn Smith	Non-Executive Director	**Peter Mitchell**	Interim Chief People Officer
		Tim Whittlestone	Chief Medical Officer
Also In Attendance:			
Xavier Bell	Director of Corporate Governance & Trust Secretary	**Tomasz Pawlicki**	Corporate Governance Officer (*minutes)*
Presenters:			
Emily Ayling	Head of Patient Experience *(present for minute items TB/24/07/03 - 09)*	**Marion Copeland**	Midwife *(present for minute item TB/24/07/03)*
Julie Northrop	Head of Midwifery *(present for minute item TB/24/07/03)*	**Cathy Budd**	Staff Nurse *(present for minute item TB/24/07/03)*
Gifty Markey	Associate Chief Nursing Officer for Mental Health, Learning Disability and Neurodiversity *(present for minute item TB/24/07/09)*	**Caroline Hartley**	Associate Director of Culture, Leadership and Development *(present for minute item TB/24/07/09)*
Dr Lucy Kirkham,	Trust Guardian for Safe Junior Doctor Working *(present for minute item TB/24/07/16)*		
Observers:			
Charis Banks	Specialty Registrar - Specialty Registrar ST3-8	**Samira Rouba**	NMSK Strategic Lead

TB/24/07/01	**Welcome and Apologies for Absence**	**Action**
	Ingrid Barker, Joint Chair of North Bristol NHS Trust (NBT) and University Hospitals Bristol & Weston (UHBW) NHS Foundation Trust, welcomed everyone to the meeting. Apologies were noted from. • Jane Khawaja, Non-Executive Director • Neil Darvill, Chief Digital Information Officer *Julie Northrop, Marion Copeland, Cathy Budd, and Gifty Markey joined the meeting.*	
TB/24/07/02	**Declarations of Interest**	

	No declarations of Interest were received relating to the agenda, nor were any updates required to the Trust Board register of interests as currently published on the NBT website and annexed to the Board papers. *Emily Ayling joined the meeting.*	
TB/24/07/03	**Patient Story**	
	Steve Hams, Chief Nursing Officer, introduced Emily Ayling, Head of Patient Experience, Julie Northrop, Head of Midwifery, Marion Copeland, Midwife, and Cathy Budd, Staff Nurse to the meeting. Marion introduced Jada's story and the Board watched a video clip that showed Jada's experience of feeding support delivered by the midwifery staff on Quantock Ward, the Transitional Care Team, Community Midwifery, the Cossham Team, and the Infant Feeding Team. Marion explained the baby-friendly Neonatal services in the Trust and their hard work in supporting mothers and babies alongside the specialist team. Marion added that Jada's story highlights the successes of the Maternity and Neonatal Intensive Care Unit (NICU) teams in the Bristol area and their ongoing work to achieve the gold standard in the United Nations Children's Fund (UNICEF) Baby Friendly Initiative re-assessment later this year. Marion explained the criteria needed to achieve the gold standard. Marion updated the Trust Board on the successful work in the Women and Children (WACH) division, adding that Bristol was the first baby-friendly accredited city in the country since 2010 and maintained this status between both NBT and UHBW. It was also highlighted that the feeding policy had been updated and adopted as a Trust-wide policy. In addition, it was positively reported that a small Infant Feeding Team supported a wide range of mothers in the Trust and communities. Ingrid Barker and Maria Kane, Joint Chief Executive, thanked the Maternity Team and welcomed the presentation. Maria inquired about the conditions that needed to be achieved to acquire the gold standard for NBT NICU. The Maternity Team highlighted the most important aspects are sustainability embedding a positive culture and standards within the Maternity and NICU and training for the whole unit. Sarah Purdy, Non-Executive Director, requested further clarity on data for mothers with different backgrounds and demographics coming to Maternity and NICU for care. Julie explained that there was no data on demographics and backgrounds to present, but provided reassurance that the new system Badgernet would be able to retrieve this data for future presentations. Kelly Macfarlane, Non-Executive Director, noted the fortunate position of NBT and Maternity in having great champion representation, Julie explained that that was one of the drives in the WACH division, to have Champions that could become future leaders. **RESOLVED that the Board welcomed and noted the Patient's Story and thanked the team for an inspiring story.** *Julie, Marion, and Cathy left the meeting.* *Kelvin Blake joined the meeting.*	
TB/24/07/04	**Questions from the public**	
	None Received	
TB/24/07/05	**Minutes of the previous Public Trust Board Meeting**	

	RESOLVED the minutes of the Public Meeting held on 30 May 2024 were approved as a true and correct record of proceedings.	
TB/24/07/06	**Action Log and Matters Arising from the Previous Meeting**	
	Xavier Bell, Director of Corporate Governance & Trust Secretary, presented the action log and noted that: Action no. 90: An update would be provided in the item TB/24/07/13 People & EDI Committee Upward Report. Action no. 87: Glyn Howells, Chief Finance Officer, provided an update on the actions taken by Nursing teams and Safety Champions to visit the Community Midwife sites. Glyn highlighted that all the leases that the Trust have in the Community areas had been reviewed and ongoing divisional work ensuring clarity on responsibilities within those leases for security, access, etc. It was agreed that the action could be closed. **RESOLVED that the updates to the Action Log were noted and no matters arising were raised.**	
TB/24/07/07	**Chair's Briefing**	
	Ingrid Barker provided an update on the Chair's Briefing. Ingrid congratulated and announced the appointment of Maria Kane as the Joint Chief Executive of North Bristol Trust (NBT) and University Hospitals Bristol and Weston (UHBW) NHS Foundation Trust. The Trust Board members joined Ingrid in congratulating Maria. Ingrid additionally highlighted visits she undertook in June and July 2024 such as: • Visits to the Emergency Department, Acute Medical Unit and Same Day Emergency Care. • Visits to the Women's and Children's Health Division • Induction meetings with Executive Directors and Non-Executive Directors, Ingrid also highlighted visits she undertook to the UHBW including: • The Children's Hospital • The Bristol Royal Infirmary Emergency Department and Same Day Emergency Care Unit. **RESOLVED that the Chair's briefing was noted.**	
TB/24/07/08	**Chief Executive's Briefing**	

	Maria Kane presented the Chief Executive's Briefing. In addition to the content of the written report, Maria commented on:
	
	• Industrial action that took place at the beginning of July 2024. The operational teams made sure that the services continued to run with minimal impact from the industrial actions.
	• A recent spike in COVID-19 in the Bristol area.
	• Appointment of Teneo as the Hospital Group external strategic partner and the procurement process
	• Maria's appointment as Joint Chief Executive of NBT UHBW Foundation Trust
	• Maria's attendances at:
	  o The Bristol Health Partners meeting
	  o The NHS England National Improvement Board
	  o The National Genomics Convention in July 2024	

	Maria highlighted visits to several areas in NBT such as: • The Bristol Centre for Enablement • The ASCR Division Park View Theatres • With NBT volunteers, Ward Support Teams and the League of Friends staff that run the café on the ground floor of the Atrium. • The Consultant's team in Gastroenterology. **RESOLVED that the Chief Executive's briefing be noted.**	
TB/24/07/09	**Patient Experience Annual Report and Strategy Delivery Update**	
	Steve Hams, Chief Nursing Officer, introduced the item and highlighted the importance of Patient Experience work and the effective management of relations with patients and teams. Emily Ayling presented the Patient Experience Annual Report and Strategy Delivery Update. Emily outlined the patient and carer commitments and activities undertaken by the Patient Experience team to deliver year one of the Patient and Carer Experience Strategy 2023-2026. Emily highlighted the achievement of 12 of 13 Patient and Carer Experience Strategy objectives and outlined key achievements in: • Real-time feedback from patients. • 600 positive ratings. • The patient Experience Team visited 34 wards/departments. • Creation of Young Carers Covenant • Fresh Arts Programme • Great work and engagement with volunteers • Patient Experience social media "X" account Emily also briefly outlined a change in the reporting systems from Datix to Radar that would help with acquiring more data on Complaints, Patient Advice and Liaison Services (PALS) and demographics. Kelly Macfarlane, Non-Executive Director, acknowledged the importance of real-time feedback and queried if the team should have focused on one department to achieve clear improvements. Emily explained how the team was using data to link information from the Complaints and PALS. She highlighted the ongoing work on embedding real-time feedback and reacting to it within divisions. In response to a question from Maria Kane regarding why the staff attitude was a theme of complaints, Steve Hams explained staff burnout in areas of the hospital and ongoing work on establishing staff behaviours and helping understand the attitude. Sarah Purdy, Non-Executive Director, asked how the team gathered feedback from volunteers. Emily explained the Volunteers' have a debrief and one-on-one sessions with the management team that help gather the feedback. Kelvin Blake, Non–Executive Director, highlighted the positive view of NBT held by Bristol Council and congratulated the Patient Experience Team for their achievements. Ingrid agreed and noted the positive patient trajectory within the Patient and Carers Experience Strategy. **RESOLVED that the Board noted the activity of the Patient Experience team over the past twelve months, progress against the Patient and Carer Experience Strategy 2023-2026 and the work plan for 2024/25.**	

	Emily Ayling left the meeting.	
TB/24/07/10	**Mental Health Strategy**	
	Steve Hams introduced Gifty Markey, Associate Chief Nursing Officer for Mental Health, Learning Disability and Neurodiversity, and informed the Trust Board that Gifty had been appointed as Chief Nursing Officer & Chief Midwifery Officer's for the Black and Minority Ethnic Strategic Advisory Group for NHS England. Gifty explained that the Mental Health Strategy outlined the Trust's ambitions and commitments for from 2024 to 2028, which aligned with the Clinical Strategy and the Patient First Strategy. Gifty noted different dimensions of mental health within the organisation including providing help to patients in a mental health crisis and supporting staff's mental health. Gifty highlighted the importance of working with system partner organisations and the key priorities, such as: • Timely and responsive access to mental health services for all. • Supporting staff to deliver effective care and outstanding experience for mental health patients. • Supporting staff with their mental health needs. • Working in partnership to tackle health inequalities associated with mental health. Gifty noted the ongoing work on the delivery of the Mental Health Strategy in 2024/25 and embedding it within the organisation. Tim Whittlestone, Chief Medical Officer, congratulated Gifty on the growth of the strategy and the hard work involved. Tim reminded the Trust Board of the importance of positive mental health within the organisation and welcomed the easy-read paper provided within the pack. Steve Curry, Deputy Chief Executive & Chief Operating Officer, and Sarah Purdy noted that NBT was not a mental health institution and that there was a limit to the care it could provide. Tim agreed and highlighted that the Trust provides "first aid", not long-term care to patients, and the emphasised the advice for patients to reach out to NBT mental health partners on discharge. Sarah asked if the strategy would continue with the Hospital Group Model. Gifty explained the ongoing conversations with UHBW on aligning their strategy with NBT. Maria Kane asked how Mental health "first aid" was provided to young adults. Gifty answered that there was ongoing training for staff and experienced clinicians who were providing care to younger patients, alongside the Trust partners. Peter Mitchell, Interim Chief People Officer, inquired how staff were supported in their mental health challenges. Gifty explained that the Trust was guided by Staff Survey results that helped indicate areas in need of improvement and noted ongoing work with management support for staff. Following a query from Richard Gaunt, Non-Executive Director, regarding gaps in mental health services at NBT, Gifty commented that there were no 24-hour mental health services and that the ambition was for the strategy to help create them. Steve Curry asked if there was a clear structure for working with partners. Gifty highlighted the ongoing work and noted that the strategy set the direction for the Trust on partnership working that was best for patients.	

	Ingrid recognised the need for mental health support for patients and staff and the need to work with partners for NBT to play a part as a health provider. Additionally, Ingrid welcomed the easy-read format and encouraged this format to be used in the Trust Board papers. **RESOLVED the Board:** • **Discussed and approved the Mental Health Strategy 2024 – 2028.** • **Noted the four key priorities and associated commitments.** • **Agreed to receive an annual update on progress.** • **Delegated assurance oversight to the Patient and Carer Experience Committee on behalf of the Board.** *Gifty left the meeting.*	**TP**
TB/24/07/11	**Equality, Diversity, and Inclusion Plan Progress Update**	
	Peter Mitchell introduced the Equality, Diversity, and Inclusion Plan Progress Update and outlined that Trust's 3-year Equality, Diversity & Inclusion Plan was published in November 2023 and contained an action plan across four themes. Peter introduced Caroline Hartley, Associate Director of Culture, Leadership and Development and to present the item. Caroline provided an update on the actions within the EDI Plan, alongside details of newly agreed EDI objectives for the new financial year 2024/25 to reflect the 2023 Staff Survey results. Caroline highlighted the following key objectives: • The plan included 12 immediate actions which were now complete or on track for completion. • The Trust Executive had agreed to Equality, Diversity & Inclusion (ED&I) objectives for 2024/25 to reflect the updated Staff Survey results and WRES data. • A full refresh of the ED&I plan was due in October 2024 alongside WRES, WDES and Gender Pay Gap updates. Caroline also highlighted the activities undertaken by the People Team such as Reviewing the 'Red Card to Racism and Abuse' campaign and the ongoing work on 'Commitment to our Community'. Steve Hams asked if there was any data on feedback from the Black minority workforce and their impression of working in the Trust. Caroline answered that there was no data yet, but the Trust's ambition was to be an antiracist organisation. Peter noted the ongoing work with the People Team and the importance of listening to Staff Surveys to improve outcomes in these areas. **RESOLVED that the Board noted:** • **The update on the Trust's EDI Plan for 2024/25.** • **Increasing ethnic diversity of staff at senior levels (Band 8a and above)** • **Improving the quality of appraisals for staff** • **Introducing Trust-wide anti-racism training**	
TB/24/07/12	**Quality Committee Upward Report**	
	Shawn Smith, Non-Executive Director, presented the Quality Committee (QC) Upward Report and outlined the key items discussed, which included:	

	• Medical Examiner Service - Annual Report 2023/24 and Update • Learning From Deaths/Mortality Annual Report 2023/24 • Deteriorating Patient Group • Healthcare Legal Update • Maternity - Perinatal Quality Surveillance Matrix (PQSM) Glyn Howells, Chief Finance Officer, commented on funding for organ donations and explained the ongoing work to acquire the funds. He advised that updates would come to the Quality Committee. **RESOLVED that the Board received the report for assurance and noted the activities Quality Committee had undertaken on behalf of the Board.**	**TP**
TB/24/07/13	**Learning from Deaths Annual Report**	
	Tim Whittlestone, Chief Medical Officer, briefly presented the Learning from Deaths Annual Report and provided assurance that: • The Trust had a robust system in place to deliver the key requirements and support learning and continuous improvement, • The NBT remained a safe hospital for patients, with Summary Hospital-Level Mortality Index (SHMI) data confirming that NBT ranks favourable with peer groups for overall low mortality. • That mortality review outcomes reported that 98% of overall care was rated as Adequate, Good or Excellent. • That an enhanced review process was in place for Learning Disability and Autism (LDA) deaths and were not a result of the care provided. **RESOLVED that the Board noted the Learning from Deaths Annual Report and approved the contents of the report as recommended by the Quality Committee**	
TB/24/07/14	**Patient & Carer Experience Committee Upward Report**	
	Kelvin Blake, Non-Executive Director, presented the Patient & Carer Experience Committee Upward Report. Kelvin highlighted the following key items discussed: • A Positive Patient Story was presented to the Committee about Msiskia's positive experience with the Neuro Early Supported Discharge (ESD) service. • Mental Health Strategy that was welcomed and endorsed by the Committee. • Cancer Improvement Collaborative project on improvements of access to reasonable adjustments for people with cancer. • Learning Disability and Autism Steering Group Highlight Report • Changes to Patient & Carer Experience Committee Term of Reference. **RESOLVED that the Board:** • **Noted the upward report for assurance** • **Noted the business undertaken by the Committee on behalf of the Board** • **Approved the Committee's amended Terms of Reference.**	
TB/24/07/15	**People & EDI Committee Upward Report**	

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	Kelvin Blake Non-Executive Director and the Committee Chair presented the People & EDI Committee Upward Report and highlighted the key discussions as follows: • Operational Workforce Update • Workforce Plan Forecasting Data • Bank Staff Survey Results and Actions • Trust-Level Risks (TLR) and Board Assurance Framework (BAF) • Health & Safety Annual Report Kelvin provided an update on Risk ID 1584, which included the potential harm to pedestrians, damage to vehicles, or damage to a pressurised gas pipeline due to the deteriorating condition of the concrete ducting within the road near Pathology services building at Southmead. Glyn Howells reassured that work had been ongoing to cover the pipeline and explore long-term solutions. Shawn Smith queried that the Health & Safety Annual Report lacked general assurance on improvements regarding the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDOR) and requested for more assurance to be implemented in the next annual report. **RESOLVED that the Trust Board:** • **Received the report for assurance and noted the activities the People & EDI Committee has undertaken on behalf of the Board.** • **It was also agreed that the next Health & Safety Annual Report would have incorporated more assurance.**	**GH**
TB/24/07/16	**Guardian of Safe Junior Doctor Working Hours**	
	Dr Lucy Kirkham, Trust Guardian for Safe Junior Doctor Working, presented the Guardian of Safe Junior Doctor Working Hours. Lucy explained the following requirements in the Junior Doctors contract: • Employees are permitted to work a maximum of 72 hours within any rolling 16-hour period. • The average workweek should not exceed 48 hours. • There must be a minimum of 11 hours of rest between shifts. • No shift should rotate to be longer than 13 hours. • There are specific limits on the number of consecutive normal days, long days, and night shifts, as well as required rest periods following these sequences. Lucy presented the Junior Doctors' work schedules and highlighted the vacancy data. Additionally, Lucy noted the sickness data within the Junior Doctors and explained that sickness was below the NHS Digital figures for the same time last year 2023/24. Lucy also highlighted locum fill data and that fill rate was at or below the Trust target of 85%. Shawn Smith asked for more clarity on work schedules and rotas and if there was any support for the scheduling and rotas. Lucy explained that each and individual consultant needed their rotas created differently and noted the ongoing work on acquiring more administrative support to join the team after August 2024. **RESOLVED that the Trust Board noted and discussed:** • **All contractual obligations in place** • **Be satisfied that the role of Trust Guardian was being fulfilled.** • **Exception Reports being acted upon**	

	• **Gaps on Junior Rotas being filled as a priority.** • **Risks to Trust considered – Guardian fines; accountability; staffing**	
TB/24/07/17	**Integrated Performance Report**	
	Responsiveness Steve Curry, Chief Operating Officer, highlighted the key areas: • Urgent and Emergency Care had seen an increase in attendance. Through July the Trust experienced an average of 23% of patients with no criteria to reside occupying Trust's beds which heavily impacts the ability to manage flow through the hospital. • Referral To Treatment (RTT) Plans to eliminate 65-week and 78-week wait breaches for all specialities, except Deep Inferior Epigastric Perforator (DIEPs), by September 2024. • The challenging situation in Urology Services. • The Positive data on Cancer Services with expected improvements to lower RTT to 62 weeks wait and highlighted actions being taken in further improvements. Quality, Safety and Effectiveness Steve Hams presented the data on Quality, Safety and Effectiveness and highlighted that Kelly Macfarlane and him continuing their activities as Maternity Safety champions. Steve additionally provided key updates on: • The challenges arising within the team regarding patient experiences from minority groups. • The Perinatal Quality Surveillance Model (PQSM) was shared with the Quality Committee and with Perinatal Safety Champions to ensure there is a monthly review of Maternity and Neonatal quality undertaken by the Trust. • Meticillin-Sensitive Staphylococcus aureus (MSSA) cases in NBT • The Pressure injuries and ulcers data. • The Falls data and ongoing work on minimisation of falls in the Trust. Tim Whittlestone highlighted the Medicines Management Report and ongoing work on improvements. Tim also noted collaboration work with the Patient Safety Team and other Teams on "harm" data to collect the most accurate data in reports. Research and Information Tim Whittlestone noted ongoing work towards the opening of the new National Institute for Health and Care Research (NIHR) studies. Tim also praised Claire Lanfear, Dr Pippa Bailey, Shelley Potter, and Ronelle Mouton for their recent achievements in research. Workforce Section Peter Mitchell presented the workforce data and outlined improvement within the organisation. Peter highlighted: • The staff turnover in the organisation • The stability within Health Care Assistants roles within the Trust • The reduction in agency staff	

	• The ongoing appraisals and positive engagement from the staff • Ongoing work on Commitment to our Community **RESOLVED that the Trust Board noted the contents of the Integrated Performance Report.**	
TB/24/07/18	**Finance, Digital & Performance Committee Upward Report (FDPC)**	
	Richard Gaunt presented the Finance, Digital & Performance Committee Upward Report and outlined the following items discussed by the Committee: • Operational performance summary • No Criteria to Reside (NC2R) Deep Dive • Winter Preparedness and Resilience Plan for 2024-25 • 2024/25 Capital Plan • Finance Report (Month 3) • Risk Report Kelly Macfarlane highlighted the discussion from the FDPC on the increased risk threshold and the requirement to capture the risks differently as a result. It was agreed that the report to the next Committee meeting would identify additional detail on the resolution, mitigation or contingency for risks related to capital. Glyn Howells presented the finance position and noted that it was £4.5m adverse but that it included the impact of the Junior Doctor industrial action in June of £0.4m. Glyn provided assurance that the gap was being reduced monthly and the Trust had delivered a £3.3m deficit (£1.5m worse than planned). Glyn highlighted the Cost Improvement Plan (CIP) position and provided reassurance about the ongoing work on CIP delivery. Glyn additionally noted the ongoing work on reducing agency spend which had a positive impact on Trusts finances. Glyn presented the capital spend and provided an update that the Elective Centre was at a positive stage and provided reassurance that it was on track. Glyn noted the overspend on the Magnetic resonance imaging (MRI) Scanner budget due to the installation expenditure. **RESOLVED that the Trust Board:** • **Received the report for assurance and note the activities the Finance & Performance Committee has undertaken on behalf of the Board.** • **Noted the approved 2024/25 Capital Plan.**	
TB/24/07/19	**Any Other Business**	
	No business declared.	
TB/24/07/20	**Date of Next Meeting**	
	The next Board meeting in public was scheduled to take place on Thursday 26 September 2024, at 10.00 a.m. Trust Board papers will be published on the website and interested members of the public are invited to submit questions in line with the Trust's normal processes.	
TB/24/07/20	**Exclusion of the Press and Public**	
	No Items excluded.	

The meeting concluded at 1.12 pm.

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

Trust Board - Public ACTION LOG

Meeting Date	Agenda Item	Minute Ref	Action No.	Agreed Action	Owner	Deadline for completion of action	Item for Future Board Meeting?	Status/ RAG	Info/ Update	Date action was closed/ updated
28/3/24	People & Equality, Diversity, and Inclusion (EDI) Committee Upward Report	TB/24/03/12	87	The Board agreed for update be brought back to the Board to provide assurance on the safety of community staff particularly regarding Midwives	Glyn Howells, Chief Finance Officer Steve Hams, Chief Nursing Officer.	May-24	Yes	Closed	Verbal updates provided at Public Board meetings on 30 May and 25 July 2024.	16/09/2024
30/5/24	Integrated Performance Report	TB/24/05/12	90	Data on appraisals will be provided at the next Trust Board meeting	Peter Mitchell, Interim Chief People Officer/ Kelvin Blake, NED Chair	Jul-24	Yes	Closed	Update provided to August Board	16/9/24

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Report To:	Public Trust Board		
Date of Meeting:	26 September 2024		
Report Title:	Joint Chair's Report		
Report Author:	Ingrid Barker, Joint Chair of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) Rachel Bartlett, Senior Executive Personal Assistant to the Joint Chair Richard Gwinnell, Deputy Trust Secretary		
Report Sponsor:	Ingrid Barker, Joint Chair of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)		
Purpose of the report:	**Approval**	**Discussion**	**Information**
		√	√
	To inform the Board of key items of interest to the Trust Board, including relevant activities of the Joint Chair during the period since the last Joint Chair's report, engagement with system partners and regulators, and the Joint Chair's visits and events.		
Key Points to Note *(Including any previous decisions taken)*			
The Joint Chair reports to every Public Trust Board meeting with updates relevant to the period in question.			
Strategic Alignment			
The Joint Chair's report identifies her activities, along with key developments at the Trust and further afield, including those of a strategic nature.			
Risks and Opportunities			
Not applicable			
Recommendation			
This report is for discussion and information. The Board is asked to note the activities and key developments detailed by the Joint Chair.			
History of the paper (details of where paper has <u>previously</u> been received)			
Not applicable			
Appendices:	Not applicable		

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1. Purpose

The report sets out information on key items of interest to the Trust Board, including the Joint Chair's attendance at events and visits as well as details of the Joint Chair's engagement with Trust colleagues, system partners, national partners and others during the reporting period.

2. Background

The Trust Board receives a report from the Joint Chair to each meeting of the Board, detailing relevant engagements she has undertaken and important changes or issues affecting NBT (and UHBW) and the external environment during the preceding months.

3. Connecting with our Trust Colleagues at North Bristol NHS Trust (NBT):

The Joint Chair undertook a variety of visits and meetings during August 2024, in continuation of a planned induction programme, including:

- Therapies with Liz-Varian Peacock, Divisional Director of Nursing for CCS, Lynsey Francey, Dietitian Manager and Catherine Hamilton, Head of Speech and Language Therapy.
- Helen Gilbert, Director of Improvement provided an introduction and training on Patient First methodology.
- Allotment Gala in support of sustainability event.
- Hazel O'Dowd, Consultant Clinical Psychologist for Staff.
- Regular and ongoing briefings with Non-Executive Directors (NEDs).
- Genomics, with Maria Kane, Joint Chief Executive, Elaine Watson, Genetics Operations Manager, Healthcare Scientists Maggie Williams, Christopher Wragg and Laura Yarram-Smith and Ian Berry, Principal Scientist.
- Joanna Smithers, General Manager and Sarah McClelland, Stroke Consultant for Stroke and Thrombectomy services.
- Helene Gibson, RGM Specialist Community Public Health Nurse for SMS Pathway and Treating Tobacco.

The Joint Chair undertook a variety of visits and meetings during September 2024, in support of her planned induction programme, including:

- IM&T Super Huddle, with the wider staff and Chief Clinical Information Officers.
- Reverend Mark Read, Chaplaincy Service.
- Helen Dacre, Saplings Nursery Manager.
- Sophie Dilworth, Head of Resourcing, Katherine Bryce, Head of Temporary Staffing and Peter Russell, Head of Resourcing, from People teams across both organisations.
- Olivia Donnelly, Consultant Clinical Psychologist.
- Finance, Sustainability and Procurement Teams, along with Elizabeth Poskitt, Director of Operational Finance, Tricia Down, Joint Strategic Estates Director and Phil Lewis, Director of Procurement.
- Paula Thornell, Patient Catering and Sharon Fortune, Facilities Management Senior Manager for CPU.

Connecting with our Trust Colleagues at University Hospitals Bristol and Weston NHS Foundation Trust (UHBW):

The Joint Chair undertook a variety of visits and meetings during August 2024, in continuation of a planned induction programme, including:

- Dr Sadie Thomas-Unsworth, Consultant Clinical Psychologist and Joint Head of Psychological Health Services.
- Introduction Meeting with Clare Haley, Workplace Wellbeing Manager.
- Meeting with UHBW Safeguarding Team with Sue Bourne, Director of Safeguarding, UHBW and NBT.

The Joint Chair undertook a variety of visits and meetings during September 2024, in support of the planned induction programme, including:

- Rev Rob Morgan, Chaplaincy.
- Jon Standing, Director of Pharmacy.
- Recruitment, Talent and Temporary Staffing teams.
- Bristol Heart Institute: continuous improvement event and prize giving.
- Matthew Areskog, Experience of Care and Inclusion teams.
- Finance Teams, supported by Neil Kemsley, Chief Financial Officer.

4. Developing the Group Model

In my last report I announced the appointment of Maria Kane as Joint Chief Executive (CEO) for our two Trusts. Maria took up her role on 29 July 2024.

Maria and I attended an introductory meeting with Teneo, our chosen Strategic Partner, who are engaging with a number of areas across both NBT and UHBW to scope work in support of moving towards the Hospital Group Model.

The NBT and UHBW Trust Boards held a joint development session with input from Teneo and these joint Board-to-Board meetings will now become a regular feature as we work together to develop the Group Model.

5. Communications

The Communications teams of both Trusts have been very helpful in making the above visits more visible to all our colleagues and to UHBW Governors. For NBT this has been through a weekly ‘round up’ as part of ‘Maria’s Midweek Message’ and for UHBW this has been through its platform Viva Connect and a newsletter to Governors. I would like to thank both teams for their support in this.

6. Connecting with our Partners

The Joint Chair undertook introductory and follow-up meetings with a number of partners during August and September as follows:

- Ruth Hughes, Chief Executive Officer and Julia Ross, Chair, One Care.
- Steve West, Vice-Chancellor, University of the West of England.
- Caroline Bell, Care Quality Commission (CQC) Operations Manager.
- Evelyn Walsh, Vice-Chancellor, University of Bristol (UoB), and Chrissie Thirlwell (Head of Bristol Medical School).
- Christina Gray, Director of Communities and Public Health, Bristol City Council.
- Rebecca Mear, Chief Executive of VOSCUR.
- Monthly meeting with Jeff Farrar, Chair of the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB).
- David Smallacombe, CEO and Alethea Mitzen, Deputy CEO for Care and Support West.
- Claire Young, MP for Thornbury and Yate.
- Councillor Stephen Williams, South Gloucestershire Council.
- Georgie Bigg, Chair, Vicky Marriott, CEO, David Croisdale-Appleby OBE, Healthwatch England Chair and Maria Kane, Joint CEO.

- Oona Goldsworthy, CEO of Brunel Care.
- Attendance at the BNSSG ICB Annual Meeting in September.
- Paul Martin, Interim CEO for Bristol City Council.
- Attendance at the UoB 'Topping Out' ceremony, with wider engagement from the local community, UoB Academic, Business and Civil Partners.
- Stakeholder for Sirona NED Interviews.
- Dr Barbara Brown, Interim Chair for Sirona.
- Joint Chair and CEO visit to North Somerset Council with Jo Walker, CEO, Mike Bell, Councillor and Matt Lenny, Councillor.
- Visit to South Western Ambulance Service NHS Trust (SWAST) Operations Centre and introduction with Richard Crompton, SWAST Chair, John Martin, SWAST CEO and Raz Akbar, SWAST Non-Executive.

Further meetings with partners are planned.

7. National and Regional Engagement

The Joint Chair has also attended:

- Regular one to one 'touch points' with Elizabeth O'Mahony, NHS England Regional Director.
- The NHS Providers Chairs' and CEO Network group event in London in September.
- The monthly National NHS Confederation Chairs' Group.

8. Summary and Recommendations

The Trust Board is asked to note the content of this report.

NHS North Bristol NHS Trust

Report To:	Trust Board (Public)		
Date of Meeting:	26 September 2024		
Report Title:	Chief Executive Report		
Report Author:	Suzanne Priest, Executive Co-ordinator Xavier Bell, Director of Corporate Governance		
Report Sponsor:	Maria Kane, Joint Chief Executive		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	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.		

Key Points to Note *(Including any previous decisions taken)*

The report seeks to highlight key issues not covered in other reports in the Board pack and which the Board should be aware of. These are structured into four sections:

- National Topics of Interest
- Integrated Care System Update
- Strategy and Culture
- Operational Delivery
- Engagement & Service Visits

Strategic Alignment

This report highlights work that aligns with the Trust's strategic priorities.

Risks and Opportunities

The risks associated with this report include:

- The potential impact of strikes on the availability of services and quality of care delivery.

Recommendation

This report is for Information. The Trust Board is asked to note the contents of this report.

History of the paper (details of where paper has <u>previously</u> been received)

N/A	
Appendices:	N/A

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Chief Executive's Report

Background

This report sets out briefing information for Board members on national and local topics of interest.

National Topics of Interest

Independent Investigation of the National Health Service in England (The Darzi Review)

This review of the NHS by Professor Lord Darzi was commissioned by the new government in July and has now published its report. Lord Darzi was asked to:

- provide an independent and expert understanding of the current performance of the NHS and the challenges facing the healthcare system,
- stimulate and support an honest conversation with the public and staff about the level of improvement that is required, what is realistic and by when,
- shine a light on health inequalities and unwarranted variation in terms of demand for, access to, quality of and outcomes from NHS services across England.

Terms of reference for the review are available here.

The report has found that the NHS is in "critical condition":

- Waiting lists for elective care have increased, with more than 1 million referrals for community services and a further 1 million referrals for mental health support,
- Waiting times have increased, with Accident and Emergency waits more than doubling since 2009,
- Although GPs are seeing more patients than ever, patient satisfaction is at its lowest ever levels,
- The UK has significantly higher cancer mortality rates than other countries,
- Cardio-Vascular Disease age-adjusted mortality rates for those under 75 have increased,
- The picture on quality care is mixed. People for the most part receive high quality care once in the system, but some areas of concern remain,
- The greater share of spending is within hospitals, with too little being spend in the community. Productivity has not increased at the same pace as investment.

The output of this review will form the foundation for a 10-year plan which we expect to be released in the Spring next year following a period of extensive engagement. This is likely to describe how the NHS can:

- Re-engage staff and re-empower patients,
- Shift care closer to home by ensuring the finance flows to the right place (more investment in community and mental health),
- Simplify and innovate care delivery for a 'neighbourhood' NHS – embracing multidisciplinary models of care in primary, community, and mental health care,
- Drive productivity in hospitals by fixing flow through better operational management, capital investment into buildings and equipment and re-engaging staff,
- Focus on technology to help unlock productivity,
- Contribute to the nation's prosperity by getting people off waiting lists and back into work,
- Reform to make the structure deliver – not a top-down reorganisation but work to clarify roles and accountabilities and ensure the right balance of management resources exist in the right place in the NHS structure.

NHS Leadership Event 3 September 2024

I attended the national NHS Leadership event on Tuesday, 3 September in London. The event is one of two face-to-face meetings held each year led by Amanda Pritchard, CEO, NHS England, and other members of the national executive team.

The meeting provided updates from NHS England and included discussions about current high-level priorities for 2024/25 as well as an address by the Secretary of State for Health and Social Care, Wes Streeting MP.

NHS Pay Award

On 29 July, the government announced the 2024/25 pay award, applying an uplift of 5.5% to Agenda for Change (AfC) staff, and 6% to consultants, doctors in training (who will receive an additional uplift of £1,000), SAS doctors and salaried dentists. A subsequent communication confirmed that VSM staff will receive a 5% uplift. The pay award is backdated to 1 April 2024, and the national ESR system is currently being updated to reflect this. It is confirmed that colleagues will receive this in October's pay.

Notably, the AfC pay scales have reintroduced intermediate step points in Bands 8a-9, having previously been removed in 2018. This means that colleagues in these bands are able to see a pay step increase after two years in post rather than five. This is now consistent with other bands and resolves a significant barrier to recruitment and retention.

The Royal College of Nursing are consulting members on whether to accept the AfC pay award - the vote closed on 20 September. Unison was similarly consulting until 5 September, and 77% of those returning a vote accepted the offer.

Junior Doctor Settlement

The government has also agreed with the British Medical Association (BMA) on terms for a two year pay deal which would increase 2023/24 pay by 4%. With the existing pay increase of an average of 9% for 2023/24, and the 2024/25 pay award of 6% + £1,000 noted above, the total increase for the two years would be an average of 22%.

The BMA recommended the deal in a referendum of its members, and this was subsequently approved.

GP Collective Action

A non-statutory ballot by the General Practitioners Committee of the British Medical Association ran between 17 and 29 July 2024, with the majority of members voting to take collective action. The ballot was held in response to the proposed incoming changes to the GP contract. The collective action will comprise of various potential steps, ranging from capping the number of patients to be seen by each clinician each day, through to the use of generic referral forms. GP contractors and partners will be able to choose which of these actions to take. This will effectively involve "working to contract". The action is not time limited and is anticipated to continue until such time as the contractual disputes have been resolved.

Integrated Care System Update

Permanent home for the North Bristol Community Diagnostic Centre opens

The new permanent North Bristol Community Diagnostic Centre at Cribbs Causeway run by our independent partner – InHealth, opened earlier this month and has seen its first patients. Work continues on the endoscopy element of the service, which is expected to be open by early November.

University of Bristol Masterclass

I had the privilege of delivering an Enterprise Masterclass at the University of Bristol on 2 September 2024 as part of their staff and student development programme. I spoke about collaborating with the NHS and the future of healthcare, sharing details of my career, the challenges of agility and innovation in a large organisation, the effects that AI and digital are having on healthcare, and practical advice on how academics can collaborate with the NHS.

BAPIO Conference

I was invited to speak at the British Association of Physicians of Indian Origin Annual Conference which took place in Bristol on 20-22 September. My topic was "The Changing NHS", exploring the significant successes, challenges, and breakthroughs that have impacted the NHS since its formation 76 years ago, the current barriers to change and how we might overcome them.

Strategy and Culture

Visit from Baroness Merron, Parliamentary Under-Secretary of State for Patient Safety, Women's Health and Mental Health

I was delighted to welcome Baroness Merron to the Southmead site on 20 September. She was joined by the National Clinical Director for Maternity and representatives from Black Maternity Matters and focused her visit on our maternity services. Both Julie Northrop (Head of Midwifery) and Gifty Markey (Associate Chief Nursing Officer for MH, LD & Neurodiversity) supported the tour and were able to provide key summaries on the work which has taken place to improve our maternity services and the development and recent publication of our Mental Health Strategy.

Engagement & Service Visits

This month the Joint Chair and I held an introductory session with the Councillors from North Somerset Council.

I visited NBT services being delivered at Weston General Hospital including Breast and Urology.

I have also continued a programme of engagement and visits across UHBW in my role as Joint Chief Executive.

Operational Delivery

Our emergency and urgent care colleagues continue to see a large number of high acuity patients attending, which is significantly impacting our ability to hit the 4-hour standard in the ED. This is compounded by the number of patients with no criteria to reside (still averaging 22% across the month).

Patients on an elective care referral to treatment backlog have notably reduced during the year and ongoing progress continues to be made in the elimination of 65 and 78 week waits.

Performance against the Faster Diagnosis Standard continues to be at a level above the national target, but the 62-day diagnostic standard is not yet meeting the required 70%, although work has continued at pace. Diagnostic performance is well above the national target for the number of patients waiting more than six weeks for a test at 95% compliance.

Recommendation

The Board is asked to note the report.

Maria Kane
Joint Chief Executive

Report To:	Public Trust Board		
Date of Meeting:	26 September 2024		
Report Title:	People and EDI Committee Upward Report: • Gender Pay Gap (GPG) • Ethnicity Pay Gap (EPG) • Workforce Race Equality Standard (WRES) • Workforce Disability Equality Standard (WDES)		
Report Author:	Caroline Hartley, Associate Director of Culture, Leadership and Development		
Report Sponsor:	Peter Mitchell, Interim Chief People Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	The purpose of this report is to update the Board on this year's equality data reporting (WRES, WDES, GPG and EPG) with reference to our EDI Plan and note the follow-up actions. This data and actions will help inform the next refresh of the Plan, due in October 2024. Detailed datasets for WRES, WDES, GPG and EPG were presented in September 2024 to People & EDI Committee and the Executive Management Team and are available for Board review in the Diligent Reading Room.		

Key Points to Note *(Including any previous decisions taken)*

The Trust provides annual data returns to NHS England for Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). The Trust is also required to submit its Gender Pay Gap (GPG) annually to the Equalities and Human Rights Commission. The Trust has an obligation to publish its WRES, WDES and GPG data reports and action plans annually. These are due to be published in October.

While not a nationally mandated data return, this year we are reporting on and analysing our ethnicity pay gap data, in line with our EDI Plan and NHSE's EDI Improvement Plan. For 2025, we will undertake the same exercise for Disability, reviewing Disability Pay Gap data.

This report, and its appendices, provide a summary analysis of our EDI data from the period 2023-24, with commentary around what this is telling us and what our follow-up actions should be, aligned to the priorities within our EDI Plan, which are as follows:

Our analysis of the data has been comprehensive and shows some positive improvements in many areas, particularly when looking at WDES and the experiences of our disabled staff. We have also seen improvements in our gender pay gap and in some of our WRES indicators, particularly in comparison with the national average position.

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However, when we look in more detail at certain indicators, and review our data through the lens of different staff groups or job bands, there are some key areas where improvement is required.
Strategic Alignment
This report and the suggested follow-up actions align with our '*Proud to Belong'* Improvement Priority as well as our CARES values. It also aligns with our People Promise themes '*We are compassionate and Inclusive'* and *'We each have a voice that counts'*. Our EDI data also has direct links to the aims and ambitions of our 'Commitment to our Community' Plan, which focusses on improving the disparity ratio and increasing employment from our local communities. Our EDI data and what it tells us will form part of our anti-racism joint work with UHBW which our Boards committed to very recently.
Risks and Opportunities
Risks: If we do not take steps to address the poorer experiences or detrimental impact of our policies and processes on staff with protected characteristics, these staff are likely to leave the organisation, become unwell or fail to thrive and achieve their full potential. There is also a risk of reputational damage and expensive litigation. **Opportunities:** There is an opportunity to become a truly inclusive and equitable organisation if we analyse our data, listen to what our staff tell us and respond in an honest, responsible, and courageous way. Patient care will improve, as will staff experience and all the other indicators of a happy and motivated workforce.
Recommendation
This report is for **information.** The Board is asked to **note** this report.

History of the paper (details of where paper has <u>previously</u> been received)	
Executive Management Team	11.09.2024
People and EDI Committee	12.09.2024
Appendices:	Appendix 1: EDI Summary Report and Actions *Additional detailed datasets are available for Board review in the Diligent Reading Room.*

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1. Purpose

1.1 The purpose of this report is to share details of NBT's 2023-24 EDI data reporting and give the Board a clear understanding of our areas of progress and challenge, which will inform our actions going forward. It sets out our planned actions and next steps in response to the data.

2. Background

2.1 In November 2023, a new, 3-year EDI Plan was developed and agreed, which replaced the previous EDI Strategy "Valuing You" which was adopted for a 3-year period in 2021.

2.2 The new 2023-2026 EDI Plan took account of 2022-23 EDI data and performance, our Patient First Strategy 'Proud to Belong' and the newly released NHSE EDI Improvement Plan with its 6 high impact areas. It aimed to be ambitious, organisationally owned and

practical, with clear metrics, regular progress reviews and opportunities to update as appropriate every 6 months.

2.3 Our 2024 annual EDI reporting is now due, and it is appropriate to analyse this data and reflect any new or additional actions arising from these reports in our 6-monthly review.

2.4 As stated above, this year we are also formally reporting on the Ethnicity Pay Gap in addition to WRES, WDES and Gender Pay Gap. There was no national collection or mandate this year for medical and Bank WRES.

2.5 It was decided at Executive level that the Trust will formally adopt the use of 'ethnic minorities' or 'people from ethnic minority backgrounds' as advised by Government, rather than B.A.ME, as the language used previously. This is therefore the language that is used throughout this paper and in the accompanying appendices.

3. EDI Workforce data 2023- 24

3.1 Trust overview

In summary, the data shows that NBT has:

- **Gender:** NBT employs nearly three times more female (74.49%) than male employees (25.51%), which has remained largely unchanged from 2022.
- **Disability**: 2.89% of staff identified as disabled on the electronic staff records, which is an increase from 2023, when it was 2.55%. However, this is still lower than the number of staff who self-declare as having a disability in the staff survey. The proportion of staff whose status is 'unknown' has decreased again this year which is positive.
- **Race:** 26.77% of staff identified as Black, Asian, Minority Ethnic, or Multiple Heritage. This is a positive (3.91%) increase from 2023, an additional headcount of 590 people.
- **Gender Pay Gap:** Public sector organisations with over 250 employees are required to report on and publish their gender pay gap on a yearly basis. This is based on a snapshot on 31st March. The Gender Pay Gap is the % difference between average hourly earnings for men and women. The average hourly pay rate of male employees is 17.43% higher (£4.19) than the average hourly rate it pays its female employees. This has improved since 2022/23 when it was 18.91% (£4.40).The median gap is -0.79% which is -£0.14. It is worth noting that if senior medical staff are excluded, the gender pay gap swings in favour of female employees.

  Note: The Board are reminded that the pay gap is not the same as 'equal pay', which is about men and women being paid the same for doing the same job. Pay gap uses data for all pay bands and calculates an average (mean) across all roles. This indicates on average how much more one gender is paid than the other.
- **Ethnicity Pay Gap:** The Trust- wide pay gap between White staff and staff from ethnic minority backgrounds has widened between 2022-23 and 2023-24, when measured by both mean (average) and median. The mean pay gap is £1.70 in favour of white staff, an 8.12% gap.

3.2 Workforce Race Equality Standard (WRES) Key Headlines:

- **Workforce composition:** 28.99% of clinical staff identify as staff from an ethnic minority background and for non-clinical staff it is 20.18%. This is an increase across both groups, and all divisions have shown an increase in ethnic minority staff between 2023 and 2024,

with the largest increase in ASCR, followed by NMSK and Medicine, driven largely by international nurse recruitment. The smallest growth was within Corporates.

- Staff from ethnic minority backgrounds continue to mostly be represented within Bands 2–5 with 76.39% of NBT's ethnic minority staff employed in these grades, an increase from the previous year. There have also been positive increases in staff from ethnic minority backgrounds at more senior bands 8A and above, although there is still under-representation at this level, with action being taken to address this as a specific Board level agreed target. Staff from ethnic minority backgrounds are mostly represented in Additional Clinical Services and the Nursing and Midwifery staff groups.
- There is a tapering down of AfC ethnic minority staff after Band 5 for all staff groups but particularly for clinical staff.
- **Disparity Ratio:** We have seen a positive 0.18 improvement on 2022/23's recruitment disparity ratio (shortlisting to appointment likelihood). It is currently 1.53, down from 1.71. However, we are not yet reaching our target to reduce to 1.25 and there are a range of actions underway to address this as a priority.
- **Disciplinaries:** The relative likelihood of staff from ethnic minority backgrounds entering formal disciplinaries at NBT saw an improvement during 2023-24.
- **2023 Staff Survey**: We are pleased to report that the staff survey results overall were largely more positive for staff from ethnic minority backgrounds, with a couple of exceptions to this (outlined below). It is also positive that the % of staff from ethnic minority backgrounds completing the survey increased significantly this year from 42% in 2022 to 58.5% in 2023:
    - Staff from ethnic minority backgrounds – scored highest in all 9 People Promise themes.
    - White and staff from ethnic minority backgrounds combined scores were higher than Trust total.
    - Staff from ethnic minority backgrounds scored higher than Trust average in all themes.
    - 'Not available' and White Staff scored lower than Trust average in all themes.
    - Staff from ethnic minority backgrounds scored highest in theme of Staff engagement.
    - White staff scored highest in '*We are compassionate & inclusive'.*
    - All groups scored lowest in '*We are always learning'*
    - Asian staff scored most positively across WRES questions, with black staff scoring lowest.
- **Ethnicity-related discrimination:** A deterioration in our Staff Survey results was from a sub question relating to the type of discrimination staff experienced. When asked, *'On what grounds have you experienced discrimination?'* discrimination on the grounds of ethnicity saw a decline of 6%. We have actions underway to address this as a priority, including specific work on being an anti-racist organisation.
- **Career Progression:** There has been an improvement this year of staff from ethnic minority backgrounds believing the organisation provides equal opportunities for career progression or promotion 49.1% (7.3% more than 2022/23) which is positive. However, this remains higher for white staff (57.3%) so we will be continuing to prioritise our work on improving this for staff from ethnic minority backgrounds.

3.3 **Workforce Disability Equality Standard (WDES) Key Headlines:**

- **Workforce composition**: There is a positive level of representation of disabled staff in band 9 roles, with a fairly even split of disabled staff across the rest of the pay bands, with the exception of band 8C.
- The proportion of disabled staff has increased across bands 2, 3, 4, 5, 6, 7, 8a, 9 and consultants, in both clinical and non-clinical roles with more disabled staff working in non-clinical roles.
- **Disparity ratio:** the relative likelihood of non-disabled staff being appointed after shortlisting compared to disabled staff across all posts in 2023/24 was 1.07, an improvement on the 2022/23 figure of 1.15.
- **Capability:** There was an improvement in the relative likelihood of disabled staff entering a formal capability/ performance process compared to non-disabled staff. However, it is necessary to review this data in light of better reporting though the new case management system.
- **Harassment and Bullying:** There was a positive improvement in the % of disabled staff experiencing bullying and harassment from managers and colleagues, continuing the downward trend seen over the last 4 years. However, the data indicates that disabled staff are still more likely to experience this than non-disabled staff.
- **Feeling valued:** the largest difference between the experience of disabled staff and non-disabled staff relates to staff feeling valued by the organisation, with a 13.5% negative variance for disabled staff.
- **Reasonable adjustments:** we have continued to perform well, with 77.7% of disabled staff saying reasonable adjustments were made, which is 4.3% better than the national average and 4.8% better than the previous year.

NBT have agreed the adoption of the social model of disability, as recommended by the Disabled and Neurodiverse Staff Network. The social model of disability says that disability is caused by the way society is organised, rather than by a person's impairment or difference. Disabled people developed the social model of disability because the traditional medical model did not explain their personal experience or help to develop more inclusive ways of living. By increasing understanding, communication and awareness of the social model and implementing initiatives to remove barriers for disabled people, we will see an improvement in the number of staff declaring as disabled and in how valued and accepted they feel at NBT.

3.4 **Gender Pay Gap (GPG) Key Headlines**

- **Our Gender Pay Gap** closed slightly this year, moving from £18.91 to £17.43. This is better than wider health care sector pay gap which was reported as **18.65%** (Jan 2024).
- **Divisional split:** Nine out of sixteen divisional areas have seen a reduction in their GPG, while three out of sixteen pay in favour of women compared to men (Ops, Strategy and Transformation and Projects).
- Four out of sixteen areas have widened in favour of men (Facilities, Finance, IM&T and Ring-fenced Funding).
- The widest GPG is found in Chief Executive Office, ASCR, NMSK and W&CH, although the gap has still reduced in all these areas.

- **Staff Groups:** Three out of nine staff groups (Additional Clinical Services, Healthcare Scientists and Students) pay in favour of women, with six in favour of men.
- Two staff groups, Allied Health Professionals and Additional Prof Scientific and Technical, have widened further in favour of men.
- **Pay bands:** Most bandings have a GPG within a small variance, however, Medical & Dental/Non-AFC remain a significant outlier with a mean average of £10.73 pay gap in favour of men. The pre-2018 local CEA awards, which are still being paid to some 378 (66%) eligible senior medical staff who were in post at that time, are influencing this position. This will remain the case until these additional payments are ceased following national guidance. Local CEAs are now distributed fairly and equitably so will not be influencing the pay gap for senior medical staff although pre-2018 staff will be in receipt of CEAs from both schemes.
- Within the mean of pay bands, women are paid more in band 8B and 8C while men are paid more within pay bands 8A, 8D and band 9.

3.5 Ethnicity Pay Gap (EPG) Key Headlines

- The trust wide pay gap between White and BAME staff has widened between 2022-23 and 2023-24, when measured by both mean (average) and median. The pay gap between BAME and white staff has increased across every division, except for the Clinical Governance Division, between 2022-23 and 2023-24.
- **Average Hourly Pay:** The average hourly pay rate of white employees is **8.12% higher** than the average hourly rate it pays staff from ethnic minority backgrounds. This has worsened by 3.6% since 2022/23.
- **Pay and gender**: The average hourly rate of white male staff is **24.89% higher** than female staff from ethnic minority backgrounds. This has worsened by 2.86% since 2022/23.
- **Pay banding**: The EPG is better for staff from ethnic minority backgrounds in all lower bands 2 – 5, but the gap is wider in favour of white staff in all at bands 6 and above. The biggest gap is in Medical Dental, where white staff are paid on average £5.40 more than staff from ethnic minority backgrounds, followed by band 7 staff, where there is a £0.94p gap in favour of white staff.
- **Staff Group split:** The EPG is in favour of white staff in 6 out of 9 staff groups with the biggest gap being seen in Healthcare scientists, followed by Admin & Clerical staff groups.
- **Divisional split:** The EPG is proportionately widest in the areas of Finance and Operations.

4. Summary and Recommendations

4.1 It is recommended that the Board note the progress that has been made in the areas outlined above, and the positive improvements we are seeing in some of these areas. The Board are also asked to note the actions that are already underway to address the issues of inequity and disparity which the data has highlighted. There are also several additional actions we plan to take which are shared in Appendix 1. These will be incorporated into the October review and refresh of our EDI Plan, with clear and measurable targets and measures of success established.

NBT Equality, Diversity and Inclusion:

Workforce Data Summary and Action Plans 2023/2024

NHS North Bristol NHS Trust

Public Trust Board
26 September 2024

Reports compiled by:

Caroline Hartley
Adrian Brown
Peter Fogarty
Sarah Randall

10.1

NBTCARES

Background

- NBT is required to submit annual data returns to NHS England for **Workforce Race Equality Standard (WRES)** & **Workforce Disability Equality Standard (WDES).**
- Public sector organisations with over 250 employees are also required to annually submit **Gender Pay Gap** reporting to the Equalities and Human Rights Commission.
- In line with our EDI Plan and NHSE's EDI Improvement Plan, NBT has also compiled data on our **Ethnicity Pay Gap**.
- This exercise will be extended to **Disability Pay Gap** data in 2025.

NB. The pay gap is not the same as 'equal pay', which is about men and women being paid the same for doing the same job. Pay gap uses data for all pay bands and calculates an average (mean) across all roles. This indicates on average how much more men are paid than women.

Strategic alignment:

- **NBT EDI Plan**
- **NHS England EDI Improvement Plan**
- **NBT Proud to Belong** improvement priority
- **NBT CARES** values
- **NBT Commitment to our Community plan**
- **NHS People Promise**:
  - We are compassionate and Inclusive
  - We each have a voice that counts

NB. Going forward, NBT will adopt the UK Government's terminology of '**ethnic minority**' when referring to Black, Asian, Minority Ethnic, or Multiple Heritage staff groups.

Pay Gap Data: The mean figure is the percentage difference between the average hourly rates of pay. The median figure is the percentage difference between the midpoints.

10.1

NBTCARES

Workforce Race Equality Standard (WRES) Key Headlines

NHS North Bristol NHS Trust

Improvements:

- **26.77% of staff identified as having an ethnic minority background**. This is an increase from 2023 of **3.91%**, an additional headcount of 590. This includes an increase in both clinical **(28.99%)** and non-clinical **(20.18%)** representation.
- All divisions have shown an increase, the largest in **ASCR (6.2% increase)**, **NMSK (5.5% increase)** and **Medicine (5.1% increase).**
- Ethnic minority staff representation within Bands 2–5 **(76.39%)**, an increase from the previous year.
- An **increase in representation of staff from ethnic minority backgrounds in Bands 8A and above** from 6.97% in 2022/23 to 9.26%. Our 2-year goal is to increase this further to achieve **12.5%**.
- The % of staff from ethnic minority backgrounds completing the staff survey **increased significantly from 42% in 2022 to 58.5%** in 2023.
- An improvement in staff from ethnic minority backgrounds believing the organisation provides equal opportunities for career progression or promotion (49.1%). **This is 7.3% more than 2022/23.**
- Staff from ethnic minority backgrounds **scored highest in all 9 Staff Survey People Promise themes** compared to white staff.
- **Staf from ethnic minority backgrounds (61.74)** combined people promise scores were higher than Trust total (57.35)
- Staff from ethnic minority backgrounds scored highest in theme of **Staff engagement.**
- **An improvement on the 2022/23 recruitment disparity ratio** (shortlisting to appointment likelihood). It is currently **1.53,** down from 1.71.
- The relative likelihood of staff from ethnic minority backgrounds entering **formal disciplinaries at NBT saw an improvement** during 2023-24 to **0.76** from 1.48 in 2022/23.

Areas of Focus:

- More work is required to achieve our **disparity ratio target of 1.25** by March 2025.
- There is a tapering down of (Agenda for Change) staff from **ethnic minority backgrounds after Band** 5 for all staff groups but particularly for clinical staff.
- In Staff Survey, when asked, 'On what grounds have you experienced discrimination?', **discrimination on the grounds of ethnicity saw a decline of 6%**.
- Asian staff scored most positively across WRES in the staff survey questions compared with other ethnic groups, **black staff scoring lowest.**

10.1

NBTCARES

WRES 2023-24 Follow-up Actions	Timescale
Evaluate the impact of the Diverse Recruitment Panel Pilot; extend/embed best practice into Divisions	October 2024 onwards. In progress
Continue to promote Positive Action recruitment and training programmes	In progress
Commence anti-racism training across 3 cohorts: SLG, Champions, staff groups	Nov 2024 – April 2025
Use Black History Month to continue to highlight the range of opportunities for ethnic minority staff, building upon the work already underway	October 2024
Implement the BRAP findings and recommendations via focussed planned work with HR teams and staff in Trust-wide roles, in conjunction with UHBW	September – Nov 2024
Develop an anti-racism vision and approach across UHBW and NBT following both Boards' commitment to being anti-racist organisations	From Sept 2024
Share WRES data widely, across our organisation so that it is understood and owned	Sept – Oct 2024
Implement plans to work more closely with our ethnic minority '(B.A.ME)' staff network	In progress
Undertake deep-dive into ethnicity related casework and share outcomes and actions	Sept – Oct 2024
Investigate opportunities to move the disparity ratio closer to achieving target, using a divisional 'deep-dive' with SLG to drive these actions	Oct – Dec 2024

NHS North Bristol NHS Trust

10.1

NBTCARES

Workforce Disability Equality Standard (WDES) Key Headlines

NHS North Bristol NHS Trust

Improvements:

- **2.89% of staff identified as disabled** on the electronic staff records (ESR), which is a small increase from 2023, when it was 2.55%. This is still significantly lower than the number of staff who self-declare as having a long-term condition in the staff survey.
- The proportion of staff whose status is **'unknown' has decreased** again this year which is positive.
- Greater **representation of disabled staff in band 9 roles (8.7%)** compared to 4.55% in 2023.
- The proportion of disabled staff has increased across bands 2, 3, 4, 5, 6, 7, 8a, 9 and consultants, in both clinical **(1.88% to 2.06%)** and non-clinical **(4.34% to 5.34%)** roles with more disabled staff working in non-clinical roles.
- There was an improvement in the relative likelihood of disabled staff entering a formal capability/performance process compared to non-disabled staff **(1.04 down from 2.45).**
- The relative likelihood of non-disabled staff being appointed after shortlisting compared to disabled staff across all posts in 2023/24 was **1.07**, a slight improvement on the 2022/23 figure of 1.15.
- **77.7% of disabled staff saying reasonable adjustments were made by NBT**, which is 4.3% better than national average and 4.8% better than the previous year.
- There was a positive improvement in the % of disabled staff experiencing bullying, harassment and abuse (patients, colleagues & managers), **continuing the downward trend seen over the last 4 years and better than the national average** in all these areas.

Areas of Focus:

- The largest difference between the experience of disabled staff and non-disabled staff relates to staff feeling valued by the organisation, with a **13.5%** negative variance for disabled staff. **(36.9% disabled staff – 50.4% non-disabled staff).**
- 2.89% of staff identified as disabled is significantly lower than the number of staff who self-declare as having a long-term condition in the staff survey. **21.97% of staff not declaring whether they have a disability**.
- Disabled staff are still **more likely** to experience bullying and harassment from managers and colleagues than non-disabled staff.

10.1

NBTCARES

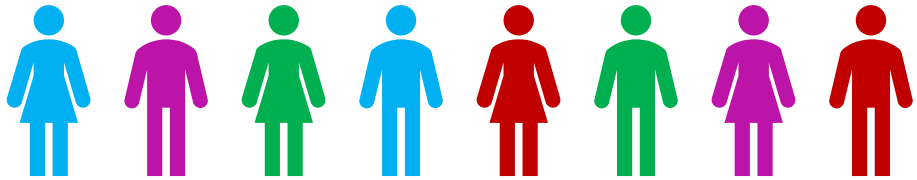
WDES 2023-24 Follow-up Actions	Timescale
Support and complete MSc research project around access and barriers to reasonable adjustments and share outputs and resources	In progress
Embed Disability Inclusion Ambassadors into our formal HR support processes for staff	In progress
Embed the Social Model of Disability into our HR policies, process and practice, facilitating and encouraging a greater number of our staff to declare disabilities	Sept 2024 – March 2025
Review and analyse the Disability Pay Gap	May – July 2025
Develop an engagement plan to ensure that Disabled and Neurodiverse staff feel valued and heard, applying the social model of disability	Sept 2024 – March 2025
Share WDES data widely, across our organisation so that it is understood and owned	Sept – Oct 2024
Implement plans to work more closely with our Disabled and Neurodiverse network	In progress

Gender Pay Gap (GPG) Key Headlines

NHS North Bristol NHS Trust

Improvements:

- **Our GPG** closed slightly this year, moving from 18.91% (£4.40) to **17.43% (£4.19)**. This is better than wider health care sector pay gap which was reported as **18.65%** (Jan 2024).
- For **non-medical staff, the mean gender pay gap is -£0.64 (-3.50%) and median gap is -£2.42 (-15.79%).**
- **9 of 16 divisional areas** have seen a reduction in their GPG, while **3 of 16** pay in favour of women compared to men **(Ops, Strategy and Transformation and Projects).**
- **3 of 9 staff groups (Additional Clinical Services, Healthcare Scientists and Students)** pay in favour of women, with **6** in favour of men.



Areas of focus:

- **4 of 16** areas have widened in favour of men **(Facilities, Finance, IM&T and Ring-fenced Funding)**.
- Largest division GPGs, although all closing since the previous year, are found in the following:
  - **W&C:** £20.37 or 48.94%
  - **Chief Executive:** £26.86 or 46.36%
  - **NMSK:** £10.40 or 34.97%
  - **ASCR:** £8.46 or 28.92%
- Two staff groups, Allied Health Professionals and Additional Prof Scientific and Technical, have widened further in favour of men.
- Most bandings have a GPG within a small variance, however, **Medical & Dental/Non-AFC remain a significant outlier** with a mean average of **£10.73 or 26.35% pay gap** in favour of men.
- The pre-2018 local Clinical Excellence Awards (CEAs), which are still being paid to some **378 (66%)** eligible senior medical staff who were in post at that time, are influencing this position. This will remain the case until these additional payments are ceased following national guidance.

10.1

NBTCARES

Gender Pay Gap 2023-24 Follow-up Actions	Timescale
Share this GPG data wider across the organisation so that the issue is known and understood	Sept – Oct 2024
Review the actions and next steps in our 'Mend the Gap' Analysis for Medical Staff and undertake follow-up actions	October 2024 onwards
Deep-dive into the 4 Divisional areas and 2 staff groups who have seen the greatest widening of the Gender Pay Gap and agree actions and measures of success	September 2024 onwards
Re-assess ourselves using the 'Addressing your gender pay gap' self-assessment checklist provided by NHS Employers;	October 2024
Ensure Diverse Recruitment Panels occur in areas of widest gender pay gap or greatest under-representation of men or women	September onwards
Audit current Trust-wide processes for agreeing starting salaries on appointment at bands 8A and above	Sept 2024
Implement plans to work more closely with the Women's Network, including specifically on this topic	In progress

Ethnicity Pay Gap (EPG) Key Headlines

NHS North Bristol NHS Trust

Improvements:

- The Ethnicity pay gap is in favour of staff from ethnic minority backgrounds in bands 2- 5.

Areas of focus:

- The trust wide pay gap between white and staff from ethnic minority backgrounds has widened between 2022-23 and 2023-24, when measured by both mean/average (£1.70 or 8.12%) and median (£0.74 or 3.19%). The mean **worsening by 3.6%.**
- The pay gap between ethnic minority and white staff has increased across every division, except for the Clinical Governance Division, between 2022-23 and 2023-24.
- The average hourly rate of white male staff is **24.89%** higher than female ethnic minority staff. This has worsened by **2.86%** since 2022/23.
- The gap is wider in favour of white staff in all at bands 6 and above. The biggest gap is in Medical Dental, where white staff are paid on average **£5.40 (15.24%)** more than ethnic minority staff, followed by band 7 staff, where there is a **£0.94p (3.86%)** gap in favour of white staff.
- The EPG is in favour of white staff in 6 out of 9 staff groups with the biggest gap being seen in **Healthcare scientists, followed by Admin & Clerical** staff groups.
- The EPG is proportionately widest in the areas of **Finance and Operations.**

10.1

NBTCARES

Ethnicity Pay Gap 2023-24 Follow-up Actions	Timescale
Share this Ethnicity Pay Gap data widely across the organisation so that the issue is known and understood	Sept – Oct 2024
Evaluate the impact of the Diverse Recruitment Panel Pilot; extend/ embed best practice into Divisions	In progress, October 2024 onwards
Deep-dive into the 2 Divisional areas and 2 staff groups who have the greatest Ethnicity Pay Gap and agree actions and measures of success	September 2024 onwards
Continue with programmes such as Accelerate and Reciprocal Mentoring, aimed at supporting B.A.ME staff into more senior roles	October 2024
Share EPG data with UHBW colleagues and agree joint actions to address this issue, particularly around opportunities for B.A.ME staff to progress	September onwards
Implement plans to work more closely with the B.A.ME staff Network, specifically on this topic	In progress

Report To:	Public Trust Board		
Date of Meeting:	26 September 2024		
Report Title:	Acute Provider Collaborative Arrangements		
Report Author:	Xavier Bell, Director of Corporate Governance, NBT Eric Sanders, Director of Corporate Governance, UHBW Paula Clarke, Executive Managing Director (WGH), UHBW		
Report Sponsor:	Ingrid Barker, Joint Chair		
Purpose of the report:	**Approval**	**Discussion**	**Information**
	X		
	This report sets out proposed changes to the governance of the NBT and UHBW Acute Provider Collaborative taking into account the ongoing development of a Hospital Group operating model and governance arrangements.		

Key Points to Note *(Including any previous decisions taken)*

It is proposed that the Acute Provider Collaborative Board (APCB), a joint committee between NBT and UHBW, is stood down with effect from September 2024.

The APCB was created prior to the decision of both organisations' Boards to pursue the creation of a Hospital Group model. Following the creation of the Joint Clinical Strategy, the appointment of a Joint Chair and Joint Chief Executive, a regularly meeting Joint Executive Group, and the appointment of a strategic partner to support the Hospital Group development, the role of the APCB in setting and overseeing shared strategic direction is no longer relevant.

The ongoing work associated with developing the Hospital Group, including the ongoing delivery of the Joint Clinical Strategy, will be via the Joint Executive Group, reporting into both organisations' Boards via the Joint Chief Executive (Accountable Officer). This will be supported by a smaller group (provisionally referred to as the "Strategic Minds" group) which will include the Joint Chair and Joint Chief Executive, to provide a regular drumbeat of input and oversight to the work of JEG and the strategic partner. Both Boards will be directly engaged in the development of the Hospital Group via regular Board-to-Board meetings, until such time as the longer-term Hospital Group operating model and governance is agreed.

Strategic Alignment

This paper and the proposals that it contains are aligned with delivering the organisations' Joint Clinical Strategy.

Risks and Opportunities

The proposal to stand down the APCB presents an opportunity to simplify existing governance structures and ensures that all members of both Boards are equally involved in the development of the Hospital Group operating model and governance, rather than a smaller sub-set making up the APCB.

Recommendation

This report is for **Approval**.

It is recommended that the Board:

- Stand down its joint Acute Provider Collaborative Board with UHBW, and
- Note that the ongoing work associated with developing the Hospital Group, including the ongoing delivery of the Joint Clinical Strategy, will be via the Joint Executive Group,

reporting into both organisations' Boards via the Joint Chief Executive (Accountable Officer).	
History of the paper (details of where paper has <u>previously</u> been received)	
N/A	N/A
Appendices:	Appendix 1: APCB Terms of Reference (v0.91)

1. Purpose

1.1 This report sets out proposed changes to the governance of the NBT and UHBW Acute Provider Collaborative taking into account the ongoing development of a Hospital Group operating model and governance arrangements.

2. Background

2.1 The Acute Provider Collaborative Board (APCB) was established as a joint committee in 2021 following the national requirement that all providers be a member of a provider collaborative. The terms of reference of the APCB (attached) were expanded in early 2024 to reflect the Joint Clinical Strategy and the signing of the Memorandum of Understanding (MOU) associated with the Hospital Group model.

2.2 In March 2024 the organisations established a Joint Executive Group (JEG) as a sub-group of the APCB, meeting approximately every six weeks, supported by a smaller weekly Strategic Oversight Group (SOG) led by the Chief Executive(s) and now the Joint Chief Executive setting direction for the JEG meetings. The core purpose of JEG is to operate as a Programme Board to enable implementation of our strategic intent to establish a Hospital Group, working in accordance with the principles and behaviours set out in our MOU and to drive and support delivery of the joint clinical strategy and associated clinical and corporate workstreams.

2.3 In March, the Trusts appointed a Joint Chair and in July they appointed a Joint Chief Executive, further cementing their shared leadership and decision-making ability. A strategic partner was appointed in August to support development of the Hospital Group model.

3. Proposed governance changes

3.1 Having this robust Executive governance in place has highlighted the need to review and simplify the governance structures that are overseeing Hospital Group development and collaborative work. There is also a desire for the strategic partner, Teneo, to work with all members of both Boards in developing the Hospital Group model, meaning that the quarterly APCB is no longer relevant as a forum for overseeing this work.

3.2 It is therefore proposed that as this work progresses:

- The APCB is stood down as a joint committee-,
- The JEG is reconstituted as a management meeting of the Joint Chief Executive (Accountable Officer),

- updates on the Group development work and progress of the Joint Clinical Strategy are brough directly to both Boards via the Joint Chief Executive/Executive Teams. These reports will be aligned into a single, consistent format.
- Regular Board-to-Board meetings will be scheduled in the intermittent month between formal Board meetings to ensure all Board members are fully engaged in the Hospital Group model development.
- A small "Strategic Minds" group will be constituted, made up of the Joint Chair, Joint Chief Executive with other members to be determined. This group will meet regularly and will provide a regular drumbeat of input and oversight to the work of JEG and the strategic partner.

These proposed changes ensures that at this key stage in beginning to design our Group model, all Board members are included and engaged, rather than a subset of Executives and NEDs as is the case with the APCB.

3.3 These arrangements are also expected to be transitional in nature and will ultimately be replaced by whichever Hospital Group operating model and governance is developed and approved by both Boards over the coming months.

3.4 For information, the NHSE requirement to join at least one provider collaborative from July 2022 is defined as "partnership arrangements that bring together two or more trusts to maximise economies of scale and improve care for their local populations". Our Group development partnership arrangements will fulfil this requirement, taking us a step further in collaboration from our initial Acute Provider Collaborative approach. Further consideration is needed to develop our communication and engagement on describing our Group collaboration.

4. Recommendations

4.1 This report is for **Approval**.

4.2 It is recommended that the Board:

- Stand down its Acute Provider Collaborative Board (joint committee with UHBW), and
- Note that the ongoing work associated with developing the Hospital Group, including the ongoing delivery of the Joint Clinical Strategy, will be via the Joint Executive Group with regular input from the "Strategic Minds" group, reporting into both organisations' Boards via the Joint Chief Executive (Accountable Officer).

North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Acute Provider Collaboration Board
Terms of Reference

Version Tracking				
Version	Date	Revision Description	Editor	Approval Status
0.1	03/08/2021	First draft	Xavier Bell	Draft
0.2	16/08/2021	Amendments following comments from PC	Charlotte Devereaux	Draft
0.3	17/08/2021	Amendments following comments from ES	Charlotte Devereaux	Draft
0.4	18/08/2021	Amendments following comments from ES and PC	Charlotte Devereaux	Draft
0.5	01/09/2021	Amendments following NBT August Trust Board	Xavier Bell	Draft
0.6	09/09/2021	Amendments to decision-making authority	Xavier Bell and Eric Sanders	Draft
0.7	07/07/2022	Amendments to membership and meeting frequency	Xavier Bell and Eric Sanders	Draft
0.8	21/07/2022	Update to para 3.1 to recognise the Health and Care Act had received royal assent	Xavier Bell and Eric Sanders	Draft
0.9	20/03/2024	Updated following approval of the Joint Clinical Strategy and Memorandum of Understanding	Eric Sanders and Xavier Bell	Approved

11.1

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1. Constitution

1.1. The Boards of Directors (the Boards) of University Hospitals Bristol and Weston NHS Foundation Trust and North Bristol NHS Trust have resolved to establish an Acute Provider Collaboration Board (the APC Board), which will be a joint committee of the two organisations.

1.2. The APC Board has no executive powers other than those derived from its membership (i.e., the powers of Executive Directors) or those specifically delegated in these Terms of Reference.

2. Authority and Accountability

2.1. Members of the APC Board remain accountable to the Boards of Directors of their respective Trusts.

2.2. The APC Board is authorised by the Boards to investigate any activity within its terms of reference.

2.3. The APC Board is authorised to seek any information it requires from any officer of the Trusts via their respective Chief Executive. All officers are directed to co-operate with any request made by the APC Board via their respective Chief Executive.

2.4. The APC Board may obtain whatever professional advice it requires[1], and may require Directors or other officers to attend meetings.

2.5. The APC Board may delegate specific decisions to a sub-group. . This includes delegation to any Executive-led programmes or task and finish groups. Where the APC Board intends to delegate authority, this will be reported to the Boards of Directors for approval. The sub-group must include members of the APC Board but may also include other individuals from either organisation who are not APC Board members.

[1] The APC Board may, from time to time, contract specialists to advise and support the discharge of these terms of reference. This shall be funded by both Trusts subject to APC Board approval.

For legal advice, this shall be subject to consultation with the Directors of Corporate Governance.

3. Purpose

3.1. The purpose of the APC Board is:

3.1.1. to provide strategic leadership and direction for the Acute Provider Collaboration,
3.1.2. to provide Non-Executive and Executive oversight to the Acute Provider Collaboration,
3.1.3. to oversee delivery of the Joint Clinical Strategy including the clinical and corporate workstreams
3.1.4. to ensure adherence to the Memorandum of Understanding, and in particular the principals and behaviours described
3.1.5. to oversee the development of a Hospital Group Model for approval by both Boards of Directors.

3.1.6. to consider the resource requirements for the phases of the development of the Group Model and make recommendations to the Trusts as required.

3.1.7. to be the point of escalation for any issues or significant risks that the programmes cannot mitigate,

.

3.1.8. To provide a forum for sharing each organisations' Patient First Programme, allowing discussion and strategic alignment where appropriate,
3.1.9. to provide regular updates to each Board of Directors on the progress of the Acute Provider Collaboration.

3.2 The APC Board shall role model the expected behaviours of the partnership as described in the Memorandum of Understanding.

4. Sub-Groups

4.1. In accordance with these Terms of Reference, the APC Board has agreed that a Joint Executive Group (JEG) will be convened to support delivery of the stated purpose of the Board. The JEG will provide direct management of the programme workstreams.

4.2. The JEG will report to the APC Board at each meeting and will present its Terms of Reference to the APC Board for approval.

4.3. The JEG will be supported by a Strategic Oversight Group, comprising the Chief Executives and their Deputies, which will provide strategic oversight and coordination of the plans to develop the Group Model.

5. Membership

5.1. The following shall be members of the Board:

5.1.1. Trust Chairs [2] (or the Trusts' Joint Chair, once appointed)
5.1.2. Chief Executives [2] (or the Trusts' Joint Chief Executive, once appointed)
5.1.3. Chief Operating Officers [2]
5.1.4. Chief Medical Officer [2]
5.1.5. Non-executive Directors [2], NBT
5.1.6. Non-executive Directors [2], UHBW

5.2. The APC Board will be co-chaired by the two Trust Chairs. The co-chairs will alternate taking the lead until the appointment of the Joint Chair.

5.3. In the absence of both Trust Chairs, the remaining members present for the Acute Provider Collaboration Board shall elect one of the other non-executive Director members to chair the Acute Provider Collaboration Board.

5.4. If a member is unable to attend, whenever possible, apologies should be sent to the secretary of the Board at least five [5] working days in advance of the meeting. A deputy will be invited to attend the meeting if a member is unable to attend. It is important deputies are chosen to reflect the areas of expertise brought by the core members.

5.5. ***Quorum***

5.5.1. The quorum necessary for the transaction of business shall be three [3] members from each Trust, of whom two [2] must be non-executive Director/Trust Chair, and one [1] must be an Executive Director.

5.5.2. A duly convened meeting of the APC Board at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the APC Board.

5.5.3. Deputies and other attendees do not count towards the quorum.

5.6. ***Secretariat Services***

5.6.1. The Directors of Corporate Governance will provide secretariat services to the APC Board.
5.6.2. This shall include the provision of a secretary to the APC Board and such other services as are required from time to time.
5.6.3. The secretary to the Board will be provided by the organisation hosting the meeting.

6. Attendance

6.1. Other officers and external advisers may be invited to attend for all or part of any meeting as and when appropriate and where no conflict of interest exists.
6.2. The Executive Leads agreed for the Clinical and Corporate Workstreams will be required to attend regularly (as set out on the approved forward-workplan) to provide updates to the Committee.
6.3. The Directors of Corporate Governance from the respective Trust's will be expected to attend the meeting to provide governance advice.

7. Meetings

7.1. Meetings of the APC Board shall be conducted in accordance with the following provisions:

7.2. ***Frequency of meetings***

7.2.1. The APC Board shall meet four [4] times per year and at such other times as the Co-Chairs of the APC Board shall require as advised by the secretary.

7.3. ***Notice of meetings***

7.3.1. Meetings of the APC Board shall be called by the secretary of the APC Board at the request of the co-chairs.

7.3.2. Unless otherwise agreed, a notice of each meeting confirming the venue, time, and date, together with an agenda of items to be discussed, shall be made available to each member of the APC Board and any other person required to attend no later than five [5] working days before the date of the meeting.

7.3.3. Supporting papers shall be made available to APC Board members and to other attendees as appropriate no later than five [5] working days before the date of the meeting.

7.4. ***Minutes of meetings***

7.4.1. The secretary shall minute the proceedings and resolutions of meetings of the APC Board, including the names of those present and those in attendance.

7.4.2. Draft Minutes of meetings shall be made available promptly to all members of the APC Board and, once agreed, to all other members of the Boards of Directors[2].

[2] Unless a conflict of interest exists.

7.5. ***Public Access and Confidentiality***

7.5.1. There is nothing within the Constitution of the University Hospitals Bristol and Weston NHS Foundation Trust Constitution, which requires the meetings of this APC Board to be held in public or to allow public access. Personal information shall be subject to the provisions of the Data Protection Act 2018; other information shall remain subject to the Freedom of Information Act 2000.

7.5.2. All members and attendees shall have due regard to the confidentiality of any discussions relating either to identifiable individuals or to commercially confidential information.

8. Reporting

8.1. The Co-Chairs of the APC Board shall report formally to their respective Board of Directors on all proceedings and matters within the duties and responsibilities of the APC Board.

8.2. The minutes of Acute Provider Collaboration Committees meetings shall be formally recorded and submitted to the Board of Directors according to the Boards' Annual Reporting Cycles.

8.3. The Chairs of the Acute Provider Collaboration Committees shall make whatever recommendations to his Board of Directors he deems appropriate on any area within the Acute Provider Collaboration Committees remit where disclosure, action or improvement is needed.

9. Monitoring and Review

9.1. The Co-Chairs of the Acute Provider Collaboration Board shall, at least once a year, lead a review of the performance, constitution, and terms of reference of the APC Board to ensure it is operating at maximum effectiveness and make any recommendations for change of the Terms of Reference to the Boards of Directors for agreement.

9.2. The Acute Provider Collaboration Board will review the Memorandum of Understanding (MoU) annually and make recommendations to their respective Boards on any changes.

Meeting of the Board on 26 September 2024 held in Public

Reporting Committee	**Quality Committee**
Chaired By	**Sarah Purdy, Non-Executive Director**
Executive Lead	**Steve Hams, Chief Nursing Officer** **Tim Whittlestone, Chief Medical Officer**

For Information

1. The Committee received the Safeguarding Annual Report 2023/24 which detailed the safeguarding activity across all ages within the Trust and the wider system. The Committee discussed the challenges with skill shortages, the rising number of referrals and complexity of cases and what steps the system could take to better understand the issues and strategically invest in health and social care to address them. Consideration of how the modern slavery could be triangulated across teams (such as safeguarding and procurement) was also mentioned. The Committee suggested that the Executive summary also include the key improvements to clarify areas of focus.

   The annual report will be separately presented to the Trust Board in line with guidance from the National Quality Board.

2. The Committee reviewed the response to the Regulation 28 report dated 28 February 2024 and received assurance that the response was comprehensive and addressed the concerns raised. The Committee noted that the matter has been satisfactorily resolved, and the Coroner has been duly informed.

3. The Committee received and reviewed the following reports:

   - The Three Year Delivery Plan for Maternity and Neonatal services
   - CQC Assurance Report
   - Control of Infection Committee
   - Patient Safety Group

   The Committee did not identify any areas requiring escalation to Trust Board arising out of these reports.

4. The Committee received the Patient First Quality Priorities 2024/25 report which outlined the oversight arrangements and current position in respect of Patient First priorities for the approved Quality Priorities 2024/25. The Committee received assurance that the quality priorities have suitable governance arrangements in place to ensure focus and progress during 2024-25. The Committee also noted that the risks and opportunities within each individual workstream would be managed through those arrangements.

For Board Awareness, Action or Response (including risks)

1. The Committee received the Phase 1 David Fuller Inquiry Report which provided assurance that the organisation has acknowledged and reviewed the recommendations arising from Phase 1 of the Independent Inquiry into the issues raised by the David Fuller case. The Committee noted that recommendations have been reviewed and assessed by NBT for the mortuary services provided at

Southmead Hospital and St Michael's Hospital and discussed the assurance provided within the report against the recommendations.

The Committee were informed of the delay in completing external works to the mortuary (an action from Corrective + Preventative Action Plan (CAPA) issued as a result of a planned visit in March 2022). This was as a result of the national requirement for the Health and Safety Executive to approve any proposed changes to the external Brunel building (due to it being classified as a high-risk structure). It was noted that the revised timeline for completion was anticipated to be June 2025 and the Trust would be writing to the Human Tissue Authority to keep them informed. The Committee raised concerns about the time delay and agreed to escalate this risk to Board.

The Committee requested further assurance regarding DBS checks and recommended that this matter be brought forward for discussion at Board level.

The full report is available in the Diligent "reading room" for Board members to review due to its sensitive nature of the security provision.

2. The Committee reviewed the Perinatal Quality Surveillance Matrix (PQSM) report which detailed the perinatal safety intelligence for June 2024. The Committee received reassurance that the increased rates of postpartum haemorrhage had been reviewed and did not identify any concerning themes, aside from changes to the manner in which the data is recorded and captured.

   The full report is available in the reading room for Board to note as part of the Maternity Incentive Scheme requirement.

3. The Committee received the Drugs & Therapeutics Committee report and were informed of the national drug shortage and the financial implications of having to source unlicenced products.

Key Decisions and Actions

1. The Committee received the NHS Digital Regulation 28 Update and noted the progress made to date and the agreed delivery plan for next phase of National Care Record Service integration into the Electronic Patient Record. The Committee were reassured on the progress and agreed to receive an update in June 2025, following the implementation of the Electronic Prescribing and Medicines Administration system.

2. The Committee received a report on the implementation of BadgerNet Maternity and ongoing phase two of the project. The mitigations were discussed, and it was noted that focus was on improving adoption and standardisation of the use of the system as well as digitisation of Cardiotocography (CTGs). It was agreed that an update on the equipment storage would be provided outside of the meeting.

3. The Committee received the Patient Safety Quarter 1 Report which set out the learning from patient safety incident investigations and progress against local and national patient safety priorities. The Committee discussed medicine management and agreed to receive an assurance update in three months time.

4. The Committee reviewed the risk register and raised concerns regarding the high scoring risks (Quality and Patient Safety), particularly those risks which included factors outside of the Trust's control, and queried whether the risks were being reduced at the right time. Following an in-depth discussion, it was agreed that a deep dive of the high scoring risks would be brought to October's meeting to provide assurance on the mitigating actions in place.

Additional Chair Comments	
N/A	
Date of next meeting:	Thursday 10 October 2024.

Report To:	Public Trust Board		
Date of Meeting:	26 September 2024		
Report Title:	Safeguarding Annual Report 2023/24		
Report Author:	Susan Bourne (Interim Director of Safeguarding NBT & UHBW)		
Report Sponsor:	Prof. Steve Hams (Chief Nursing officer)		
Purpose of the report:	**Approval**	**Discussion**	**Information**
		X	
	To accurately reflect the safeguarding activity and provide assurance from the previous financial year. The report highlights the good practice, the challenges, the complexity experienced across the safeguarding systems, and the quality improvement initiatives. To provide information for the Executive and Non-Executive Trust Board members around statutory and mandatory responsibilities and duties. This report covers the period between 1st April 2023 and 31st March 2024.		

Key Points to Note *(Including any previous decisions taken)*

North Bristol NHS Trust continues to prioritise the protection of patients, staff, and carers of all ages, including any children of patients, when they become aware of a concern or harm that may impact an adult or child's welfare.

It recognises it has a duty towards adults at risk of abuse or neglect due to their needs for care and support (Care Act 2014), and to safeguard and promote the welfare of children (Children Act 1989/2004), which includes providing help and support as soon as problems emerge, protecting them from maltreatment and impairment of development and supporting them to grow up in circumstances consistent with safe and effective care (Working Together 2023); and to ensure a framework for responding to safeguarding concerns for adults and children during all stages of pregnancy and birth.

The Trust is committed to improved collaboration and partnership working with its acute hospital trust colleagues at University Hospitals Bristol and Weston NHS FT. A pilot senior safeguarding leadership model commenced in November 2023 across both trusts to consider opportunities for closer working, improved outcomes and reduction of duplication.

Relevant safeguarding advice, guidance, training, supervision and support is available to all staff across the NBT system.

The effects of the COVID-19 pandemic continued throughout 2023/24 however the Integrated Safeguarding Team (IST) remained visible, ensuring timely support to all Trust staff, and highlighted where early help may prevent harm and support better outcomes for patients and their families. Increase in pressure on the safeguarding system as reflected in the national picture has resulted in increased challenge for NBT to meet these demands.

The impact of the pandemic has increasingly heightened awareness of the importance of the 'Think Family' approach to safeguarding. Many people have been adversely affected by the pandemic which will continue to impact their health, welfare, and the development of children for some time to come.

Key improvements over the year include:

- Governance and reporting systems have had further review and developed into a robust data collection system. Being able to scrutinise data and information provides a detailed

picture of safeguarding activity across the trust. This provides opportunities to support improvements and identify areas of concern including for the purposes of health inequality work.

- There was a sustained compliance in training achievement in all safeguarding subjects, as demonstrated in the report. This is testimony to the consistent commitment of NBT leadership and staff teams towards developing excellence in safeguarding practice.
- Despite substantial resource pressure the service has continued to develop its safeguarding practitioners into competent, highly skilled all-age professionals to truly reflect an integrated approach to safeguarding across the Trust.
- We have maintained good relationships and working practices with our Local Authority Safeguarding partners, ensuring a co-ordinated approach to statutory processes under Section 42 (Care Act) and discharge challenges related to safeguarding, resulting in a reduction of barriers and clearer understanding of each other's roles and limitations.

Strategic Alignment

Safeguarding service improvements are linked to the Trust values and to all of the strategic priorities. Details in main report:

High Quality Care – Better by design

Innovate to Improve – Unlocking a better future

Sustainability – Making best use of limited resources

People – Proud to belong

Commitment to our Community - In and for our community

Safeguarding compliance and assurance is measured by and aligned to the NHS England Safeguarding Accountability and Assurance Framework (2024).

Risks and Opportunities

The report content contains overview of risks managed and identified and actions taken to mitigate.

ID 1834 Impact of changes to statutory safeguarding children legislation: Scoping indicates that the change in statutory safeguarding children national guidance and processes will result in significant additional safeguarding activity across the specialist safeguarding roles. Impact of increased activity (as demonstrated in the report) is already being experienced by the service and these changes will have further impact when implemented **(risk score 15).**

ID 1948 Integrated Safeguarding Team resource: The safeguarding service is at risk of being unable to meet targets and compliance longer term nor have the ability to respond as quickly as necessary due to sustained pressure and continued increasing activity as evidenced in the detail of the report.

Opportunities to mitigate some risks are being explored within the single managed service review.

Recommendation
This report is for Discussion. Trust Board is asked to note the annual report and discuss the annual safeguarding activity prior to upward report to trust board.
History of the paper (details of where paper has <u>previously</u> been received)

Quality Committee	10 September 2024
Appendices:	Appendix 1: Integrated Safeguarding Service Annual Report 2023/24

13

NHS North Bristol NHS Trust

Integrated Safeguarding Service Annual Report 2023 to 2024

Authors: Susan Bourne (Interim Director of Safeguarding/Named Professional for Adult Safeguarding NBT & UHBW) & Claire Pengelley-Scott (Interim Associate Director of Safeguarding/Named Nurse for Safeguarding Children, FGM, Children in Care Lead NBT & UHBW)

13.1

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Executive Summary

North Bristol NHS Trust continues to prioritise the protection of patients, staff, and carers of all ages, including any children of patients, when they become aware of a concern or harm that may impact an adult or child's welfare.

It recognises it has a duty towards adults at risk of abuse or neglect due to their needs for care and support (Care Act 2014), and to safeguard and promote the welfare of children (Children Act 1989/2004), which includes providing help and support as soon as problems emerge, protecting them from maltreatment and impairment of development and supporting them to grow up in circumstances consistent with safe and effective care (Working Together 2023); and to ensure a framework for responding to safeguarding concerns for adults and children during all stages of pregnancy and birth.

The Trust is committed to improved collaboration and partnership working with its acute hospital trust colleagues at University Hospitals Bristol and Weston NHS FT. A pilot senior safeguarding leadership model commenced in November 2023 across both trusts to consider opportunities for closer working, improved outcomes and reduction of duplication.

Relevant safeguarding advice, guidance, training, supervision and support is available to all staff across the NBT system.

The effects of the COVID-19 pandemic continued throughout 2023/24 however the Integrated Safeguarding Team (IST) remained visible, ensuring timely support to all Trust staff, and highlighted where early help may prevent harm and support better outcomes for patients and their families. The impact of the pandemic has increasingly heightened awareness of the importance of the 'Think Family' approach to safeguarding. Many people have been adversely affected by the pandemic which will continue to impact their health, welfare, and the development of children for

some time to come.

Increase in pressure on the safeguarding system as reflected in the national picture has resulted in increased challenge for NBT to meet these demands. The service data in the report shows an increase in contacts to the team of 140% on the previous year. This impact has resulted in some fragility in the service as demand has outstripped resource.

Key improvements over the year include:

- Governance and reporting systems have had further review and developed into a robust data collection system. Being able to scrutinise data and information provides a detailed picture of safeguarding activity across the trust. This provides opportunities to support improvements and identify areas of concern including for the purposes of health inequality work.

- There was a sustained compliance in training achievement in all safeguarding subjects, as demonstrated in the report. This is testimony to the consistent commitment of NBT leadership and staff teams towards developing excellence in safeguarding practice.

- Despite substantial resource pressure the service has continued to develop its safeguarding practitioners into competent, highly skilled all-age professionals to truly reflect an integrated approach to safeguarding across the Trust.

- We have maintained good relationships and working practices with our Local Authority Safeguarding partners, ensuring a co-ordinated approach to statutory processes under Section 42 (Care Act) and discharge challenges related to safeguarding, resulting in a reduction of barriers and clearer understanding of each other's roles and limitations.

- As with the national picture last year, safeguarding statutory processes have again increased and we have met this challenge, engaging in all processes and sharing and learning from SARs (Safeguarding Adult Reviews), DHRs (Domestic Homicide Review) and CSPRs (Child Safeguarding Practice Reviews) across the Trust and BNSSG safeguarding footprint.

- Full compliance with statutory processes and the NHS England Safeguarding Accountability and Assurance Framework (SAAF 2024), with engagement in the safeguarding agenda from the most senior leaders of the Trust.

- The Integrated Safeguarding Team continue a clear 3–5-year direction of travel and strategy for service improvement, alongside our statutory and mandatory accountabilities, and mapped against the Trust strategy values. These improvements follow the wider safeguarding Boards and Partnerships (all ages) where possible or appropriate. This will remain under review in light of the collaborative partnership working across the acute hospital safeguarding services and the hospital group model plans moving forward.

Main Report

1.0 Purpose

The purpose of this report is to accurately reflect the safeguarding activity from the previous financial year. The report highlights the good practice, the challenges, the complexity experienced across the safeguarding systems, and the quality improvement initiatives.

It also provides information for the Executive and Non-Executive Trust Board members around its statutory and mandatory responsibilities and duties. This report covers the period between 1st April 2023 and 31st March 2024.

2.0 Operational Activity

The national and local picture once again reflects increased activity and complexity when safeguarding children and adults from abuse, harm, and neglect.

2.01 National Picture

Adults[1]

- There were an estimated 587,970 concerns of adult abuse raised to end of 2023, an increase of 9% on the previous year, reflecting the same annual growth as last year.
- The number of enquiries that commenced under Section 42 of the Care Act (2014) during the year increased by 7% to an estimated 173,280, which is a further increase on the previous year, and involved 136,865 individuals.
- The number of 'other' safeguarding enquiries, which did not meet the statutory Section 42 criteria but where local authorities use other powers to make enquiries, was 17,910, a slight decrease on the previous year.
- As in the previous year, the most common type of risk in Section 42 enquiries was Neglect and Acts of Omission, accounting for 32% of risks (1% up on the previous year), and the most common location of the risk was the person's own home at 47%.

- *[1] Data supplied from the Safeguarding Adults Collection (SAC) 2022-23. Data collected directly from councils with Adult Social Services responsibilities in England under the Care Act (2014).*

Children[2]

- Children in Need are legally defined as a group of children (under the Children Act 1989) who have been assessed as needing help and protection as a result of risks to their development or health (Gov.uk, 2023), including those on child in need plans, child protection plans, those looked after by local authorities, care leavers and disabled children. This includes unborn and young people over 18 years who are still in receipt of care, accommodation,

or support from services.

- In 2023 there were over 403,000 classed as in need and 51,000 on protection plans.
- Thematic data clearly shows that domestic abuse effecting a parent and parental mental health needs are the most prevalent concerns services are reporting and this is reflected in NBT's data on safeguarding children concerns and referrals. This highlights the importance of the Think Family approach when working with adult patients.

[2] *Data supplied by Gov.UK Children in need (reporting year 2023)*

The increasingly complex picture of safeguarding activity year on year, nationally, correlates with the increasing picture across the safeguarding system locally and the Trust. The NBT Integrated Safeguarding Team has continued to experience a significant increase in contact activity year on year in volume and complexity. Figures continue to reflect the effectiveness of our collaborative safeguarding processes in protecting the most vulnerable in society and preventing abuse or neglect.

The publication of the national review into the deaths of Star Hobson and Arthur Labinjo-Hughes triggered a system redesign for child safeguarding practice and focused attention on the value of highly skilled safeguarding practitioners in supporting organisations to identify and respond to both emerging needs and complex child protection issues. Recruiting and developing these skilled practitioners continues to be a significant challenge.

Modern slavery

All businesses and public bodies have a responsibility to eliminate modern slavery in their supply chains. More than 21,000 organisations have now uploaded statements to the Government's registry of modern slavery statements on GOV.UK since its launch on 11 March 2021 (Home Office).

Human trafficking, labour exploitation, criminal exploitation, sexual exploitation, and domestic servitude fall under the umbrella term 'modern slavery.' Due to the hidden nature of this crime, it is only possible to estimate potential victims referred to the National Referral Mechanism (NRM) (ONS 2021).

Last year there was a slight decrease in adult referrals from 5,852 to 5,087 however referrals for child victims increased from 4,547 to 4,946. Now, child victims are at their highest ever (7,432) and adult 8,662. This is split by 24% female and 76% male referrals.

There is no typical victim of modern slavery, they can be adults exploited for labour or whose accommodation is being used for cuckooing, trafficking or sexual exploitation, young people experiencing grooming or being used for drug trafficking, or children being trafficked or sexually abused. Anyone can be affected regardless of their age, gender, nationality, or income. The risk is significantly raised however when the person is vulnerable or experiencing poverty.

The Keeping Bristol Safe Partnership, of which the NBT Integrated Safeguarding Team are an active partner, are committed to working collaboratively with colleagues from Unseen UK, Avon & Somerset Police, The Salvation Army and Crimestoppers to help eradicate modern slavery across Bristol and the wider partnership.

Ref: Gov.uk 2024

PREVENT Duty

Under the Counter terrorism and Security Act 2015 “specified authorities” including health, schools, Universities, prisons and local authorities must consider risk of radicalisation during their day-to-day activities.

The 2011 Prevent strategy has three specific strategic objectives:

- respond to the ideological challenge of terrorism and the threat we face from those who promote it
- prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
- work with sectors and institutions where there are risks of radicalisation that we need to address.

Since the introduction of the Prevent Duty in 2015, over 4400 referrals have been supported through the Channel Programme. “Channel aims to move individuals away from violent ideologies that could have resulted in harm to themselves or

others" (Home Office 2023). 6,406 referrals to Prevent were made in the year ending on 31 March 2022 and 6817 by end of March 2023 which is an increase of 6.4% compared to the previous year.

This is an overall increase of 30% compared to the year ending March 2021 (4,915), likely to have been driven by the associated impacts of lifting the public health restrictions that were in place to control the spread of the coronavirus (COVID-19) and increasing political platforms.

65% were categorised as holding Islamist-extremist views, 28% were categorised as holding Extreme Right-Wing ideologies, and the remaining 8% were categorised as holding beliefs related to other ideologies. These figures include both those that had been convicted and those being held on remand (that is, held in custody until a later date when a trial or sentencing hearing will take place) (Home Office 2023).

The NBT integrated safeguarding team have an identified PREVENT lead and the CNO executive lead for safeguarding also holds the executive lead for Prevent as per the Safeguarding Accountability and Assurance Framework 2024 (SAAF). As a trust we are compliant with the SAAF 2024 requirements around Prevent duty, in addition to being compliant with the NHS Prevent training and competencies framework (DHSC (Department of Health and Social Care) 2022).

2.2 North Bristol NHS Trust

North Bristol NHS Trust (NBT) is committed to continuing to meet the increasing demands of the complex safeguarding agenda visibly and transparently.

Though still feeling the effects of the Covid-19 pandemic, we have moved away from these priorities and have become more engaged and invested in more collaborative working particularly across the hospital acute services. The safeguarding team senior leadership embarked on a one-year pilot working across University Hospitals Bristol & Weston (UHBW) to provide the leadership and safeguarding expertise to the UHBW safeguarding service. This collaborative work has potential to continue into 2024-25 as we consider creative ways of removing or reducing duplication and improving the experience of patients experiencing abuse or neglect.

The pandemic heightened awareness of the importance of 'Think Family,' and this all-age approach has become the cornerstone of our annual safeguarding strategy. All NBT safeguarding practitioners are now all-age and have developed high levels of skill and experience in both adult and children safeguarding legislative and statutory frameworks.

Table 1 below demonstrates the integrated safeguarding team annual activity and contacts for adult and children safeguarding throughout the period of 2023-24.

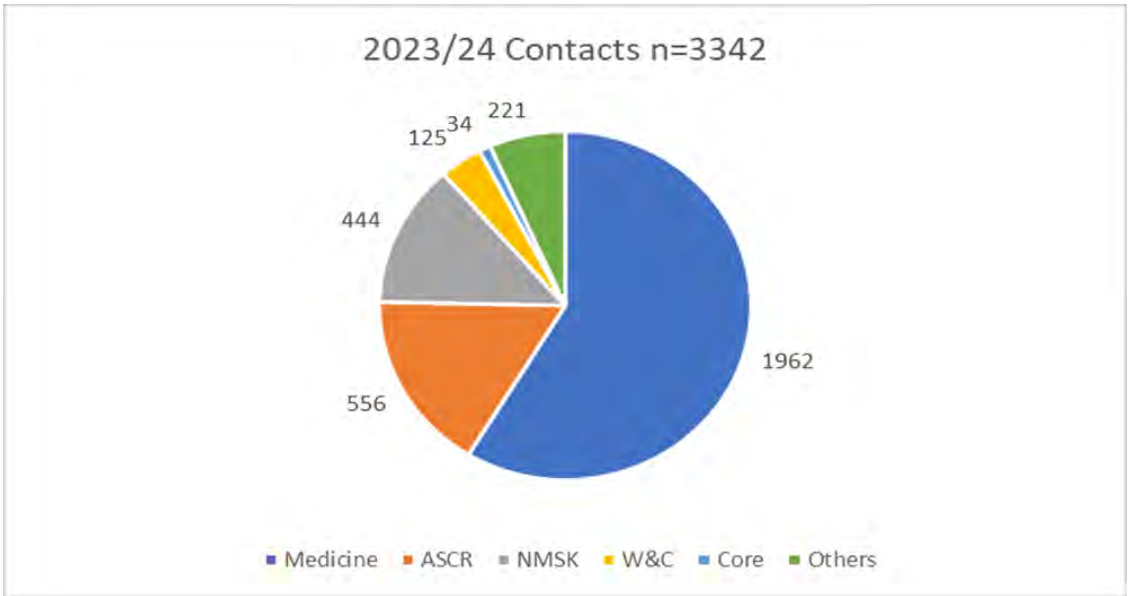


Table 1 NBT safeguarding team activity

There were 3260 initial contacts made with the safeguarding team throughout this reporting period which is a huge **140%** increase on the previous year. This data does not include the activity collated separately for safeguarding children through maternity (including Named Midwife contacts) and the ED process. The figures do not reflect the increase in complexity also seen in local, regional and national data. This impact has resulted in some fragility in the service as demand has outstripped resource. Senior leaders in the service are monitoring this closely.

These figures are the very first contact made with the team for advice, support and guidance and exclude activities such as participation in statutory reviews, statutory meetings, liaison with multiagency professionals and stakeholders, mandatory/statutory or bespoke training, safeguarding supervision, ongoing intervention with complex cases (where indicated) and quality improvement projects and workstreams. These contact figures also exclude the DoLS contacts.

Table 2 represents the contacts made over the year by quarter and by division. As reflected there has been a significant increase across Medicine which can be directly attributed to the increased pressure on flow and discharge challenges. The next highest reporters were ASCR (Anaesthesia, Surgery, Critical Care and Renal) and Neurosciences and Musculo-Skeletal (NMSK) which have been relatively steady across the year.

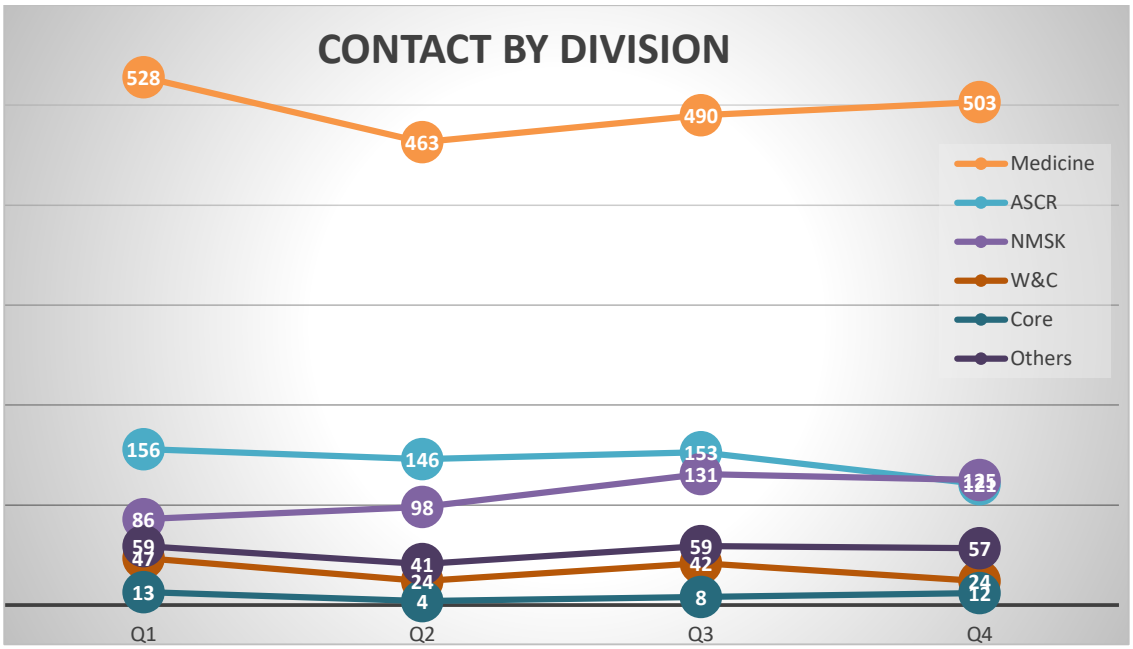


Table 2 Contacts by quarter and division

13.1

Adult safeguarding data

Table 3 demonstrates the increased trajectory of initial contacts with the team with concerns about adults at risk of abuse or neglect. There has been a steady continuous rise in contacts throughout the year. The themes of self-neglect,

domestic abuse and neglect continue to rise in number of cases, this being a trend across the year and reflects the national picture.

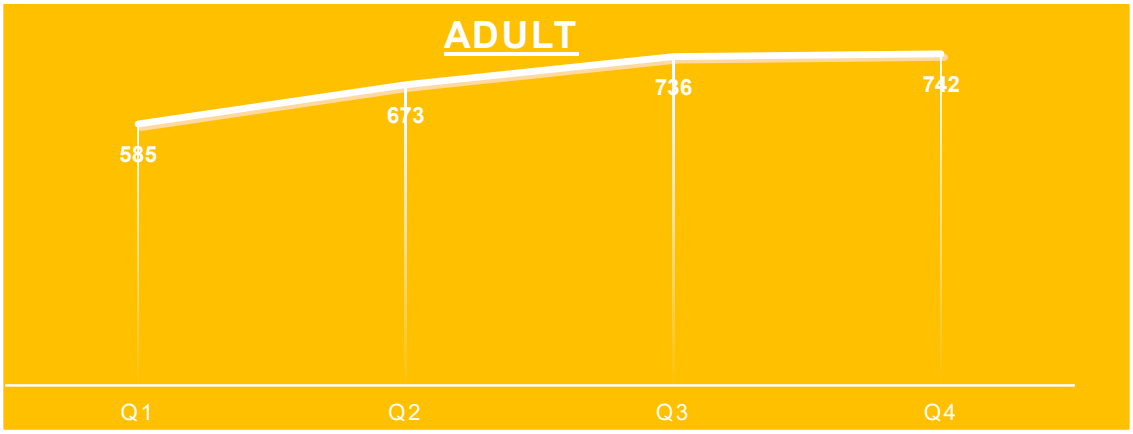


Table 3 Adult Safeguarding contacts by quarter

The following **table 4** reflects the data for the last two years for adults. This clearly demonstrates a continuous upward trajectory in both concerns and pressure on clinical teams and the safeguarding team in meeting the demand of the still increasing activity. Safeguarding activity generally can be assumed to map against the pressure on the organisation or system.

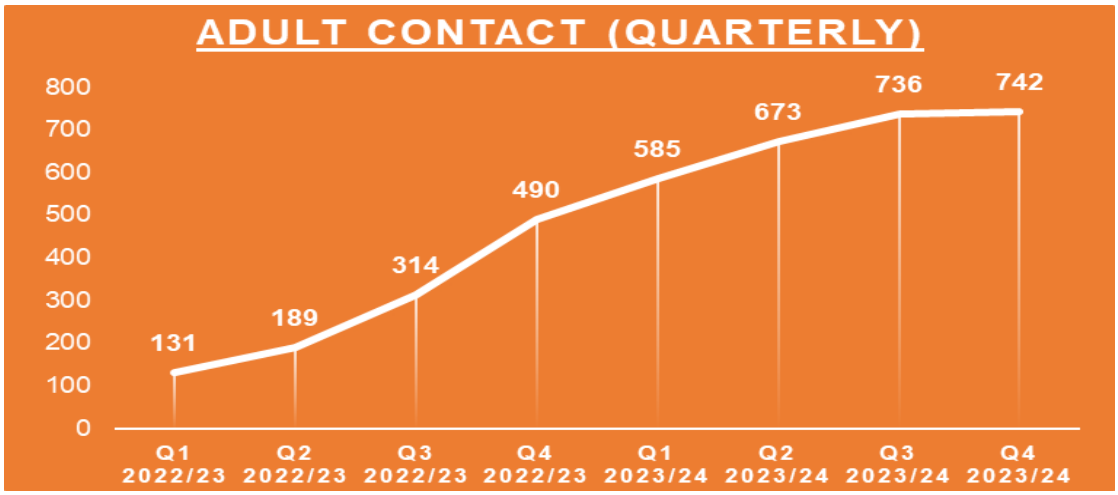


Table 4 Initial contacts adults over 24 months

Feedback from various safeguarding forums (regionally and nationally) and from the relevant local authorities show the number of people meeting the threshold for

safeguarding interventions continues to rise as resources to meet need are stretched and the cost-of-living crisis impacts on communities we serve.

Table 5 presents the main activity themes for adult safeguarding:

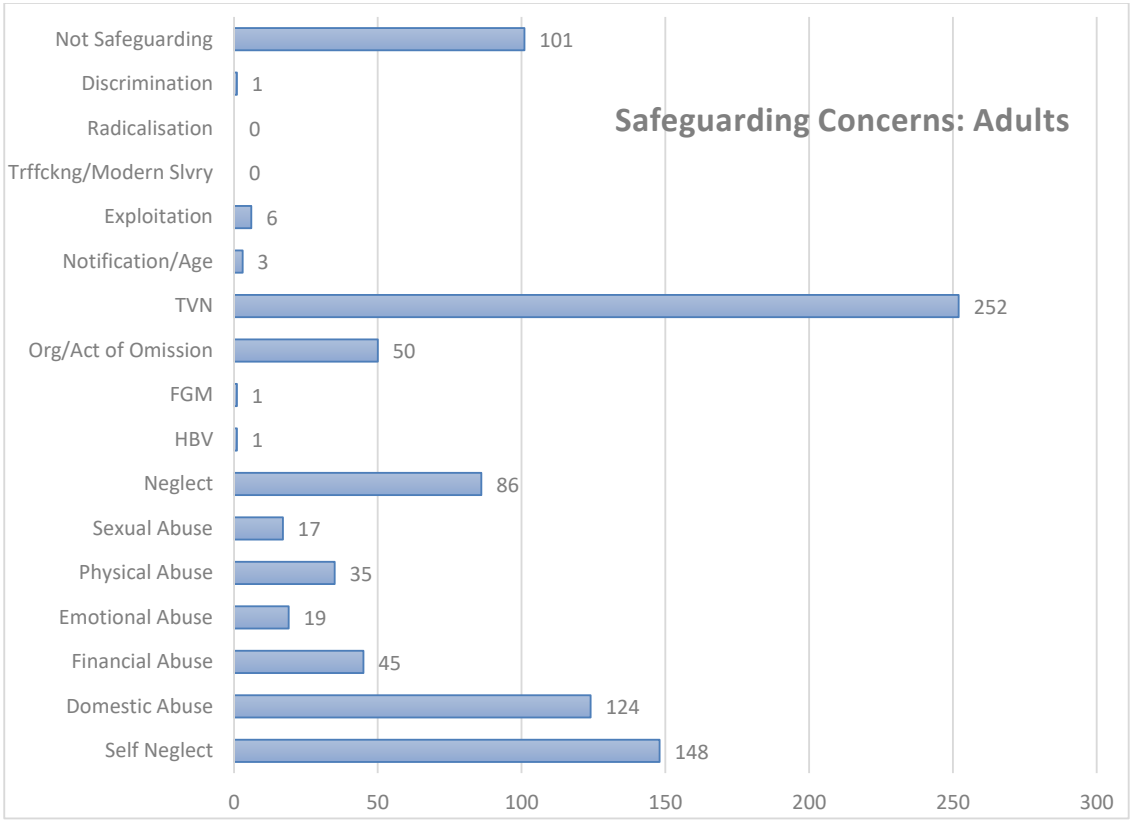


Table 5 Adult themes

Within the domestic abuse contacts there were reported cases of coercion and control of older adults by family or partners in Quarter 4. This adds a layer of risk and complexity when the perpetrator has Power of Attorney or is a person with whom we consult. This can result in longer lengths of stay and numerous contacts with the team for advice and support.

13.1

Child Safeguarding data

The management of safeguarding children concerns trust wide is co-ordinated through the IST but draws on activity across three teams; the IST, Named Midwife

and Complex Care team in maternity and the safeguarding children provision in the Emergency Department.

IST Activity

There have been 524 initial contacts (**table 6**) related to child safeguarding or child protection over the year. The level of activity across the year appears to have levelled in line with the national picture, although at the same time complexity measured as multiple themes continues to rise.

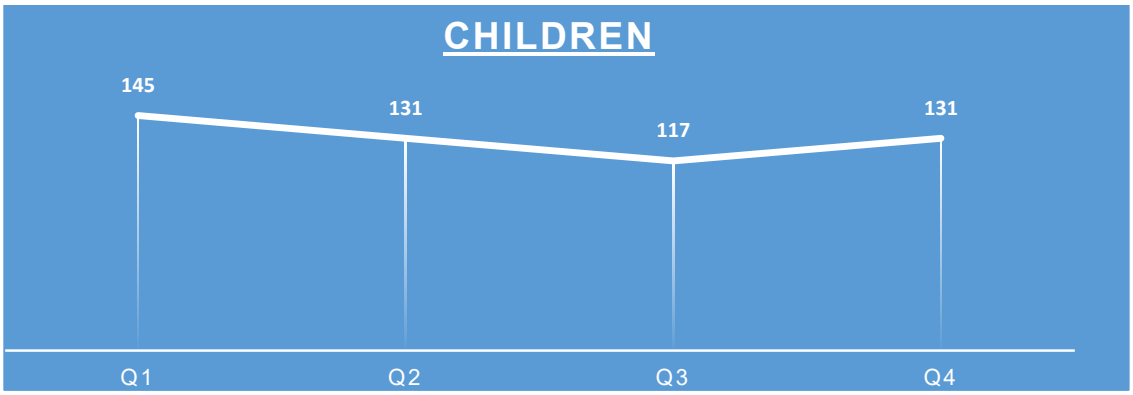


Table 6 annual children initial contacts

Although the previous four quarters represent a more stable picture in numbers, **table 7** reflects the trajectory and upward trend in reporting on child safeguarding concerns. On reviewing the previous two years initial contacts there is clearly a significant increase from the previous year.

Table 7 two-year view

Issues relating to neglect and emotional abuse are linked to parental mental health, domestic abuse and parental substance misuse in thematic data. Emotional harm and neglect were the two main themes reported by staff (**table 8**). This aligns with the picture from previous years and local partnership data.

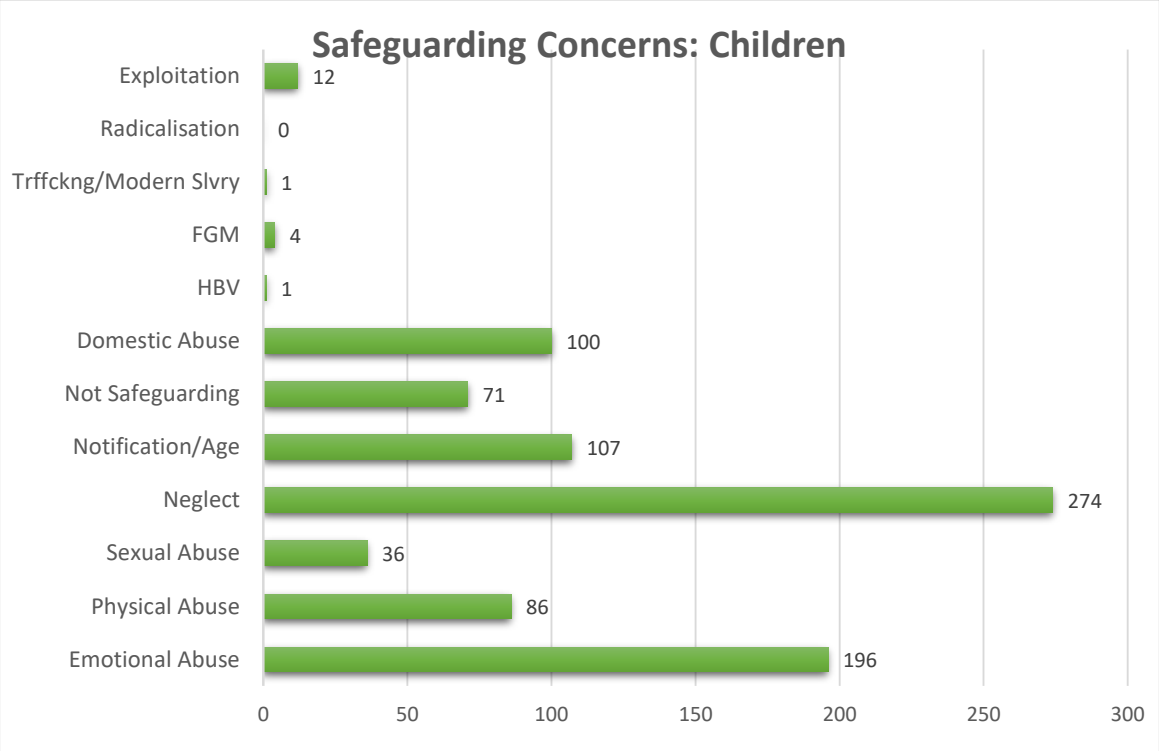


Table 8 Child Safeguarding themes

Referrals made consisted of needs or risks identified during a patient stay, or as part of outpatient services. Use of 'Think Family' principles by clinicians were evidenced in several referrals sent from wards which tend to have an older cohort of patients such as 25a (stroke) and 32a (care of the elderly). This indicated that there was a continued focus on the importance of children's safeguarding in all areas of the trust, including those that are not considered to see children directly as patients. The children's referral themes in quarter 4 particularly reflect the prevelance of serious youth violence.

Emergency Department Data

The child safeguarding activity in the ED is supported by a part time specialist safeguarding practitioner and members of the IST. This includes quality assurance of the referrals to Children's Social Care (CSC) departments made by ED staff as part of the core business of the ED. Referrals can be made due to concerns for the parenting capacity of an adult patient with care of children or due to a concerning presentation of a child.

Of the total 636 referrals for families sent to CSC from the ED in 2023/24, 528 or 83% are at the Early Help threshold. Responses to the request for help can include signposting and information for local services, a short-term offer of support i.e., parenting groups/1:1 work or longer-term work co-ordinated through a lead practitioner. These referrals highlight need at the emerging end of the safeguarding spectrum and are essential for mitigating later harm and abuse. This activity has increased by 41.5 % on 2022/23 early help referrals of 373.

Of the referrals sent, 107 or 17% were at the higher Child Protection threshold where experience of and risk of significant harm is considered. Themes included concerns for physical abuse, domestic abuse, parental mental health and substance use. Risks outside the home were also prevalent with concerns about serious youth violence, knife crime, county lines and grooming reflected in the thematic data. This activity has increased by **49%** on 2022/23 child protection level referrals of 71.

Engaging in strategy and multidisciplinary meetings for children at risk of significant harm has increased significantly this year compared to 2022/23. A **112.5%** increase from 8 strategies (2022/23) to 17 (2023/24). Closer monitoring of activity from complex case multidisciplinary meetings was commenced for 2024/25 as this information contributes to the picture of complexity across the trust which is reflected in partner agencies within the BNSSG system.

In addition to these formal referrals highlighting new needs for children and families the department also has regular contact with Social Workers allocated to children already on a Child Protection plan or a Child in Care/Child in Need. This information

sharing is vital to managing known and developing risks and contributes to the safety planning for the most vulnerable children in our localities.

Across all the referrals the most prevalent themes are Parental Mental Health and Parental Substance Misuse, Domestic Abuse and Child Mental Health issues as a vulnerability that intersects with safeguarding concerns.

Maternity Data

The response to safeguarding activity in maternity services is led by the Named Midwife for Safeguarding supported by Complex Care Midwives. These roles are integral in supporting and developing staff to manage the core business of safeguarding during the perinatal period. Advice, guidance and support for concerns combined with training and supervision ensure that staff can competently and confidently work alongside families where there are concerns ranging from early help through to court processes for removal of an infant at birth.

Of the 262 referrals made to CSC by maternity services 85% (222) were at the child protection threshold and 15% (40) at the Early Help threshold. The numbers at early help remain low compared to ED activity as the signposting and diversion to support and help services in communities is part of daily practice in maternity care by community midwives. The early help sought through referral to CSC is at the more complex end where a joined up or multiagency approach is needed.

As with the ED activity described previously there has been an increase in the more complex and significant safeguarding activity under statutory processes. There was a **46%** increase in numbers of strategy meetings involving unborn or newborn babies in 23-24, compared with the previous year (56 vs 82 strategies). 67 babies were born subject to Child Protection planning or section 47 enquiries during 23-34, this number is consistent with the previous year but is maintaining higher numbers than pre-2022.

The three most prevalent themes for contact with children's services are parental mental health, parental substance misuse and domestic abuse. There has been a

notable reduction in the proportion of referrals that mention domestic abuse as a factor; in contrast to previous years domestic abuse is not the most common factor identified. This may be related to the introduction of the maternity IDSVA (MIDSVA) role at NBT- a service provided by Next Link whereby an IDSVA is based in the maternity unit to provide initial IDSVA services (risk assessment and safety planning) to maternity clients, as well as be a point of contact in the division for advice, support and training. It is possible that domestic abuse risk is being referred to the MIDSVA role to manage the risk instead of children's services in the first instance.

2.3 Statutory Enquiries

In 2023/24 there were 322 referrals sent by the IST to local authorities for support for adults, children and families.

Table 9 Shows these by local authority for the child, with most of our activity supporting residents of Bristol and South Gloucestershire

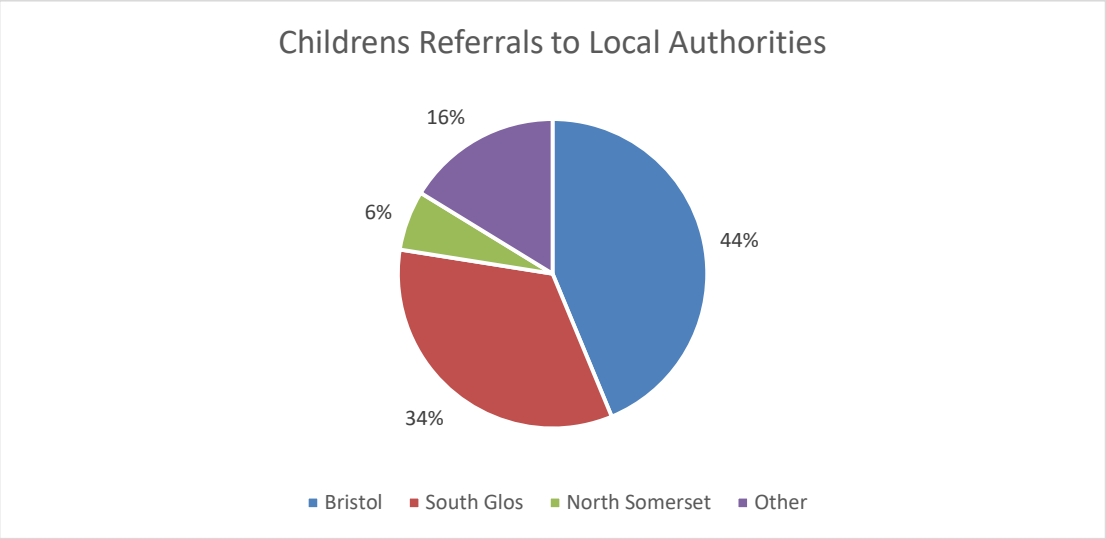


Table 9 children referrals

As mentioned above the thematic data gathered supports the safeguarding service in understanding the prevalence of concerns across the trust. For safeguarding children concerns parental mental health and domestic abuse are regularly reported for support and onward referral.

Many of the adult referrals related to self-neglect which can be challenging to identify in a hospital attendance, however we can gain an insight into this and escalate and refer to the Local Authority accordingly. **Table 10** highlights the adult referrals made in this annual period. The increase in quarter 4 may reflect the adverse impact of limited community resources for support and increased reporting of pressure related wounds that may be associated with neglect or abuse.

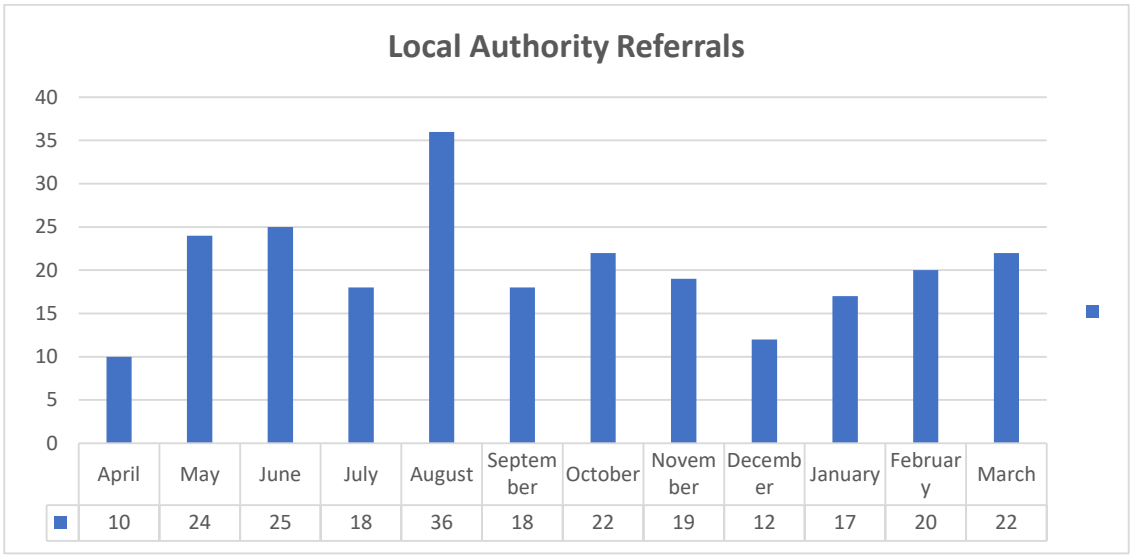


Table 10 Adult referrals .

Within adult safeguarding practice, the categories of harm or neglect are divided between those experienced within the hospital and those occurring in the community. This harm or neglect can be identified by anyone and is not limited to Trust staff.

The role of the safeguarding team is to review each contact and support or advise the relevant division around their duties related to the concern. The team will also consider whether this meets the criteria for referral to the Local Authority under Section 42 of the Care Act (2014) for adults.

Sadly, there has been a further increase again on the previous year of statutory enquiries under Section 42 of the Care Act (2014) against North Bristol NHS Trust.

Total Section 42 enquiries raised was 35 in 2023/24, 28 against NBT which is a 25% increase against the Trust from the previous year:

Table 11: Section 42 Statutory Enquiries including against NBT 2023/24

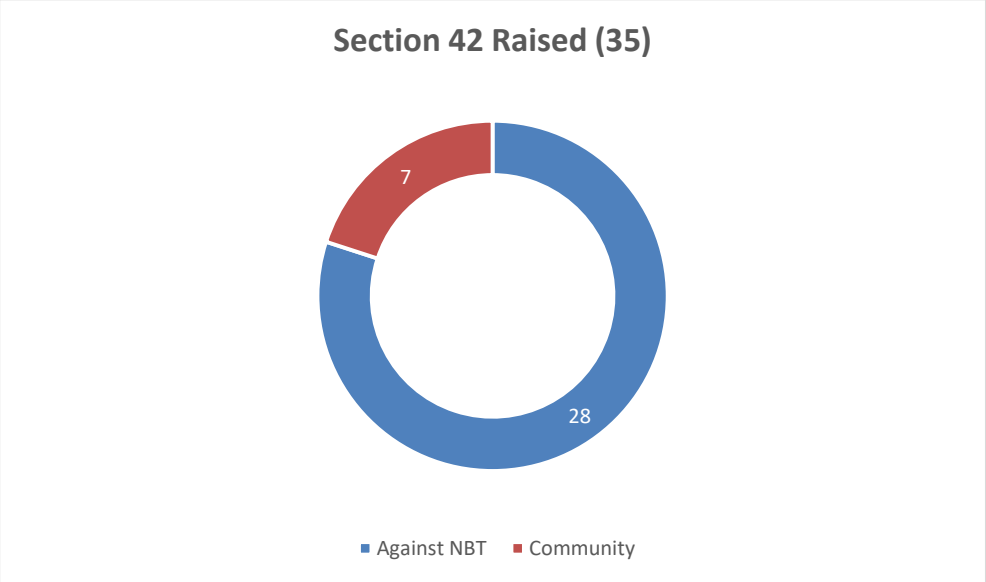


Table 11

Specific safeguarding themes are broken down in **Table 12** below:

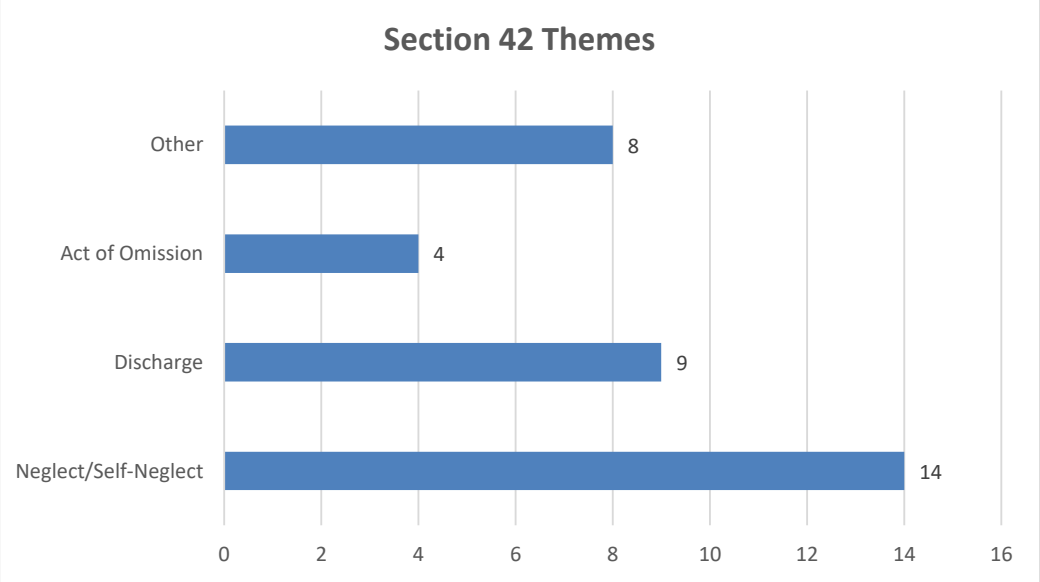


Table 12

Concerns around hospital acquired harm or neglect are reported to the safeguarding team and discussed in the Safeguarding Committee for review and identification/dissemination of lessons learned. All hospital acquired safeguarding events are escalated through the clinical divisions and monitored through Trust governance processes.

Discharge and neglect (including self-neglect) continue to be the main themes of concern. Discharge is often confused by other providers with a failed discharge where a plan did not work, and re-admission was needed. Throughout liaison with the Local Authorities during these processes, poor communication is often cited as a cause for anxiety, triggering further enquiry into an incident. This highlights the importance of recording actions in the discharge process. Any Section 42 enquiries regarding care in NBT will be reviewed by Bristol City Council as statutory lead for safeguarding adults, whom the integrated safeguarding team have a collaborative and transparent relationship with. There is now good understanding of our processes and a timely response to concerns enables swift assessment and closure of enquiries in the Part 1 element of the process.

In addition to the above, the safeguarding team work closely with the tissue viability specialist team to review all community and hospital attributable pressure injuries that may indicate an element of abuse or neglect. We have a duty to consider criteria for a safeguarding enquiry under Section 42 of the Care Act (2014) during the review period and work in conjunction with the specialist team to ascertain whether criteria for referral have been met. The Trust has a robust review mechanism in place and the NBT safeguarding team have continued to work closely with the Local Authority to help their understanding NHS processes around tissue viability harm reviews, to support them with thresholds from a safeguarding perspective.

Under the Mental Capacity Act (2005), staff must ensure that patients that are unable to consent to being accommodated in hospital for care and treatment are lawfully deprived of their liberty. This is through the Deprivation of Liberty Safeguards

(Dols) process. The number of Dols applications have increased in volume by **30%** from last year and are recorded in **Table 13** below by month and quarter:

DOLS Referrals 2023/24		
Month	**No. of referrals**	
April 2023	87	322
May 2023	129	
June 2023	106	
July 2023	129	384
August 2023	143	
September 2023	112	
October 2023	122	425
November 2023	158	
December 2023	145	
January 2024	167	404
February 2024	122	
March 2024	115	
Total	**1535**	

Table 13 DoLS referrals.

3.0. Statutory and mandatory training

The monitoring of mandatory safeguarding training uptake across the workforce is captured electronically on the electronic LEARN system. All staff, volunteers, Board members and contractors need to complete adult and children safeguarding training pertinent to their roles and responsibilities. Those who hold clinical responsibilities are also required to have Mental Capacity Act (including Dols) training.

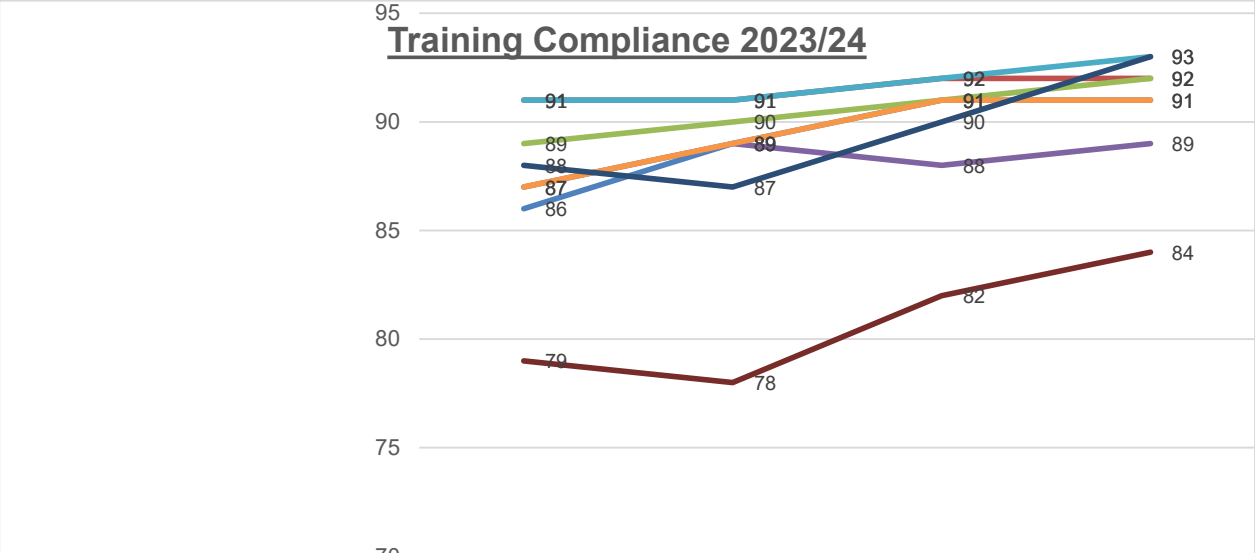
The figures reported in **Tables 14a** and **14b** are measured against the Quality Contract for the 2023/24 period which reached an incredibly positive 91% overall compliance for all safeguarding training subjects across the trust up to end of March 2024, a **5%** increase on the previous year.

The compliance has been positive throughout the year with all divisional leads monitoring oversight in their area. Training compliance is reviewed quarterly in the

Safeguarding Committee and any areas of outstanding concern is discussed and actions identified/mitigated.

Training Title	Number complete	Number incomplete	Number in target group	Compliance
Safeguarding Children Level 1 - 3 Yearly	3551	266	3817	93%
Safeguarding Children Level 3 - 3 Yearly	997	79	1076	93%
Safeguarding Adults - Level 1 - 3 yearly	3560	293	3853	92%
Safeguarding Adults - Level 2 - 3 Yearly	5985	520	6505	92%
Mental Capacity and DoLS - 3-year expiry	5827	610	6437	91%
Safeguarding Children Level 2 - 3 Yearly	5073	503	5576	91%
Safeguarding Adults - Level 3 - 3 Yearly	138	17	155	89%
WRAP and Prevent - Level 3 - 3 yearly	870	167	1037	84%

Table 14a overall compliance



	Sum of Q1	Sum of Q2	Sum of Q3	Sum of Q4
Mental Capacity and DoLS - 3 year expiry	86	89	91	91
Safeguarding Adults - Level 1 - 3 yearly	91	91	92	92
Safeguarding Adults - Level 2 - 3 Yearly	89	90	91	92
Safeguarding Adults - Level 3 - 3 Yearly	87	89	88	89
Safeguarding Children Level 1 - 3 Yearly	91	91	92	93
Safeguarding Children Level 2 - 3 Yearly	87	89	91	91
Safeguarding Children Level 3 - 3 Yearly	88	87	90	93
WRAP and Prevent - Level 3 - 3 yearly	79	78	82	84

Table 14b training compliance trajectory 2023/24

WRAP continues to require ongoing proactive encouragement, and the safeguarding team operational lead regularly updates divisional leads on areas needing attention.

The safeguarding administration team contacts individual staff in the level 3 safeguarding adults and WRAP cohorts to provide an additional prompt to complete the training.

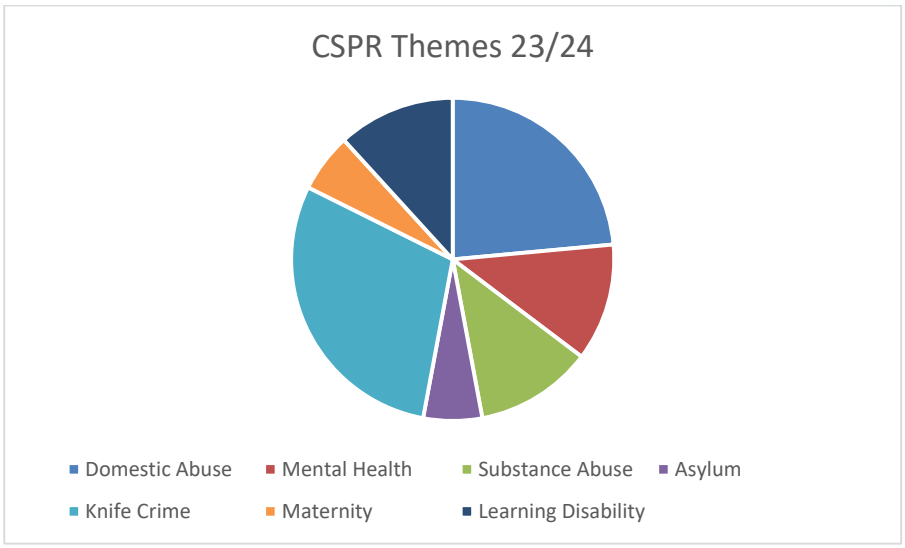
There is a marked improvement of knowledge and understanding through completion of this mandatory training and this continues to reflect positively through improved understanding of safeguarding within the divisions, supported by increased bespoke training, reflective supervision and an increase in available support and resources.

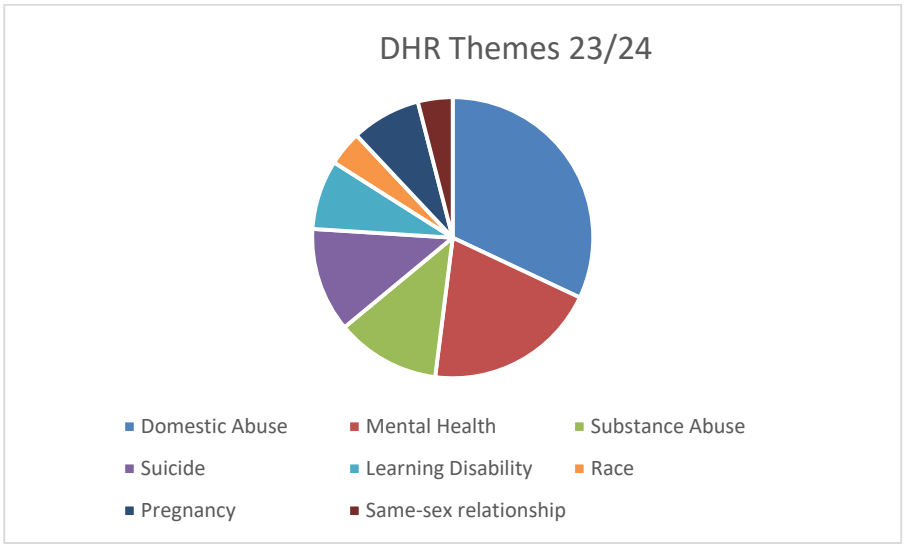
The named professionals and operational Lead have reviewed the training and learning options on offer with the wider Integrated Safeguarding Team, to maximise flexibility of learning. Options for webinars, e-learning and in person learning and increased offer of supervision have been readily available throughout the year.

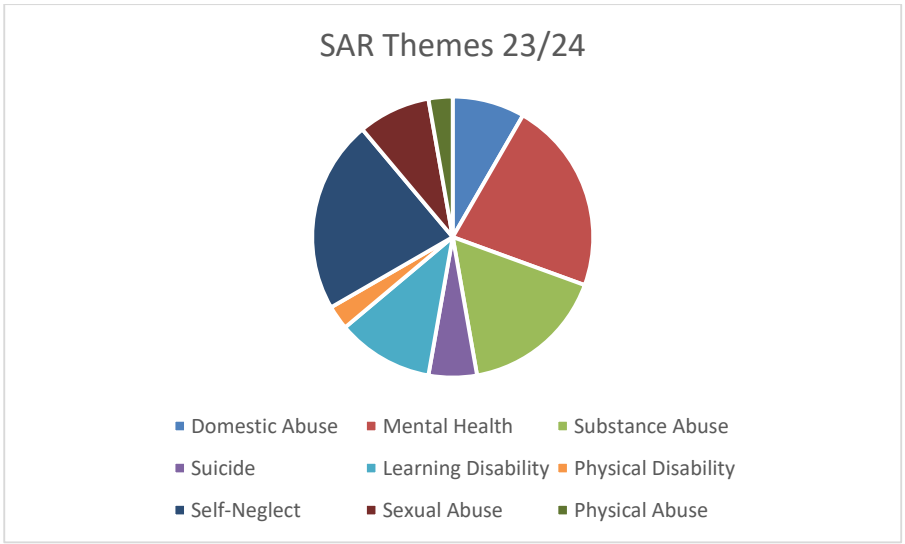
4.0 Safeguarding Adults Reviews (SAR) and Domestic Homicide Reviews (DHR) and Child Safeguarding Practice Reviews (CSPRs)

As an active partner of the multiagency safeguarding arrangements, the Trust participates fully in all statutory and non-statutory processes. During 2023/24 the safeguarding team provided scoping checks, chronologies and when required Individual Management Responses (IMR*) for all SAR, CSPR and DHR Safeguarding Board and Partnership reviews requested. The purpose of all these processes is to identify learning and improve systems of work to safeguard those where multiagency working is integral to better outcomes.

Below outlines the statutory review processes by theme that have taken place over the previous year:


CSPR Themes 23/24
Domestic Abuse
Mental Health
Substance Abuse
Asylum
Knife Crime
Maternity
Learning Disability


DHR Themes 23/24
Domestic Abuse
Mental Health
Substance Abuse
Suicide
Learning Disability
Race
Pregnancy
Same-sex relationship


SAR Themes 23/24
Domestic Abuse
Mental Health
Substance Abuse
Suicide
Learning Disability
Physical Disability
Self-Neglect
Sexual Abuse
Physical Abuse

We have experienced an increase overall in Safeguarding Adult Review activity in this period by a further four on the previous year (totalling 14) and we have also seen a significant increase of Domestic Homicide Reviews (DHR) to a total of 16 across Bristol and South Gloucestershire. Regarding statutory reviews for Safeguarding Children, seven Rapid Reviews took place resulting in three Child Safeguarding Practice Reviews. This increase in statutory review activity is reflected nationally and continues to be a growing concern.

Learning briefs and good practice as well as action plans provide a focus on the quality element of the statutory processes and are disseminated through trust governance. A number of DHR's focused on death by suicide where domestic abuse was a contributing factor.

The CSPR and RR's included high profile cases currently in the criminal justice process. The impact of the incredibly sad recent murders city wide remains very current and emotive for the team and agencies working together. This includes the sad deaths of five children and three cases of serious injury. The increase in serious youth violence has had a significant impact on both safeguarding professionals and trust clinical staff.

Continued developing themes nationally around serious self-neglect, domestic abuse, and increasingly serious youth violence and knife crime. A number of these processes remain under review.

*Requests for timelines and IMRs (Individual Management Responses) are not limited to BNSSG due to the Trust being a Major Trauma Centre meaning patients can access services from much further afield. There is also increasing evidence of cross-boundary multi-agency working in safeguarding and statutory and non-statutory reviews.

5.0 Integrated Safeguarding Senior Leadership

The Chief Nursing Officer (CNO) is the accountable Trust executive lead for safeguarding adults and children (including PREVENT) and this remains the case in

the revised 2024 Safeguarding Accountability and Assurance Framework (SAAF) and is represented at the Safeguarding Adults Boards (SAB) and Partnerships, Safeguarding Children Partnerships, subgroups, multi-agency partnership meetings and strategic leadership groups for BNSSG by the Interim Director of Safeguarding and Associate Director of Safeguarding.

There are no barriers to direct access to the CNO or DCNO. The Named Safeguarding Professionals in NBT also have direct access to and support from the Trust Chief Executive Officer (CEO), which demonstrates transparency, accessibility, and commitment to the safeguarding agenda from the most senior levels.

Overall strategic and operational accountability and leadership for safeguarding sits with the Interim Director of Safeguarding and who alongside the Interim Associate Director of Safeguarding ensure a robust all-age safeguarding service at NBT. The Director of Safeguarding also holds the Named Professional for Safeguarding Adults role, and is the MCA (Mental Capacity Act), Position of Trust Lead and PREVENT lead (Executive lead for Prevent is the CNO (SAAF 2024)). The Associate Director of Safeguarding also holds the role of Named Nurse for Safeguarding Children, FGM lead and Children in Care lead.

Some subgroup activities have been delegated to the Named Midwife and Operational Lead.

Appendix 1 shows the attendance at SAB Boards, Children's Partnerships, subgroups, and meetings for BNSSG.

5.1 Leadership and development in the wider Trust

Safeguarding is part of core business. The safeguarding team sits within the remit of the CNO but responsibility for safeguarding sits across all areas and disciplines Trust wide.

The role of the integrated safeguarding team is to ensure the trust meets its statutory safeguarding duties and that the NBT safeguarding service works in partnership with wider colleagues to ensure the Trust meets BNSSG system-wide and national NHS

England safeguarding requirements. It does this by providing expert specialist advice, guidance and support to divisional teams and the wider Trust around what actions to take when a safeguarding concern is identified.

It is the responsibility of all trust staff, managers and leaders to understand their responsibilities around safeguarding.

In addition to divisional colleagues, the Integrated Safeguarding Team continually works with other trust colleagues such as the Healthcare Legal Team, Complaints, Patient Experience and Patient Safety to support on extraordinarily complex and challenging situations.

The team consists of a Safeguarding Operational Lead (Band 8a), Named Midwife (Band 8a), a Specialist Safeguarding Practitioner for Children (Band 7), 3.6 WTE All-Age Specialist Safeguarding Practitioners (Band 7) a Band 5 Administration Manager and two Band 4 Administrators. Day to day, the Operational Lead has some delegated responsibilities for PREVENT and MCA, similarly, the Named Midwife operationally engages in most of the work around FGM due to the nature of their role.

The Medicine Division continues to fund a part time (0.7 WTE) Band 7 Specialist Safeguarding Practitioner who has a social care background, to monitor and support the quality of information sharing to Children's Social Care from the Emergency Department (ED). This role is to support training, supervision and improve practice in the ED. This post is aligned to and supported by the Integrated Safeguarding Team.

The Named Midwife takes the lead in developing and maintaining high professional safeguarding recognition and standards in maternity services, ensuring the Trust meets its statutory and legal responsibility to safeguard adults and children, particularly when an unborn baby, newborn or pregnant person is identified at risk of abuse or harm. The Named Midwife works closely with the Complex Care Midwives who support individuals with more complex issues or conditions, which due to these complexities can put them at higher risk of experiencing abuse or harm.

There are two Named doctors (Safeguarding Adults and Children) in place. Both roles carry 1P.A. per week each.

From quarter 4 2023/24 the two senior safeguarding leads for NBT were asked to provide overarching senior leadership across both NBT and UHBW. This was established as a pilot for 12 months. The aim of the pilot was to look at opportunities for further collaborative working, reduction/removal of duplication and to develop a more quality driven sustainable model for the future to meet the needs of our communities. This model remains under review at the time of this report through the Acute Provider Collaborative Single Managed Service scoping process.

6.0 Integrated Safeguarding Governance

The Safeguarding Committee is an Executive-led committee with the authority for policy and procedural sign off. The role of the Safeguarding Committee is to hold the wider trust to account for its statutory responsibility around safeguarding (all ages) by protecting a person's right to live in safety, free from abuse and neglect. It provides oversight and scrutiny of best practice in identifying, protecting, and supporting children and adults and those of a transitional age at risk of abuse or neglect and undertakes this through a structured process of leadership, accountability and working arrangements for effective clinical governance.

In addition to statutory oversight and accountability, it highlights quality improvements and good practice, and provides a clear governance process for all divisions to demonstrate commitment and engagement in the trust, national and BNSSG Safeguarding agendas, as well as meeting requirements of the SAAF (2024), the NHS Standard Contract and the ICB (Integrated Care Board) Quality Contract.

The Safeguarding Committee upwardly reports to the Quality Committee, which in turn reports to the Trust Board.

The Chair of the Safeguarding Committee is accountable for the duties set out in the Terms of Reference.

The Safeguarding Committee meets quarterly. Membership of the Safeguarding Committee includes:

- Chief Nursing Officer (Chair)
- Deputy Chief Nursing Officer (Deputy Chair)
- Interim Director of Safeguarding (Deputy Chair)
- Interim Associate Director of Safeguarding
- Divisional Director of Nursing Medicine
- Divisional Director of Nursing ASCR
- Divisional Director of Nursing NMSK
- Divisional Director of Nursing W&C
- Head of Professions and Nursing CCS
- Named Doctor for Safeguarding Adults
- Named Doctor for Safeguarding Children

The Safeguarding Children and Adults Operational Group meet quarterly. The Group is chaired by the Safeguarding Operational Lead with core membership representatives from the divisions, named and specialist professionals; and specialists from other areas are invited to the group to present specific pieces of work.

Operational safeguarding issues are discussed at this meeting, providing a more informal reflective and supportive forum for safe and confidential discussion and cross divisional sharing of information, learning and best practice.

7.0 Assurance and Quality

7.1. Quality Contract

An ICB Quality Contract remains agreed ahead of the financial year and returned quarterly. These returns outline progress against the NHS Quality Standards for the period 2023-2024.

7.2: Safeguarding Policies

Responsibility for the production, monitoring and review of Trust safeguarding policies sits within the Integrated Safeguarding Team. The Safeguarding Committee has the authority to approve new or amended policies. The Chief Nursing Officer is the Executive Director with authority to give final approval of these policies. All policies are checked and ratified against legislation, best practice, and consistency.

All safeguarding policies state the responsibilities of all Trust employees and outline expectation of adherence by staff. It is the responsibility of individual staff members to ensure they are clear on the policy content and procedures within.

The integrated safeguarding team are responsible for the following policies:

- Safeguarding Adults (includes allegations against staff)
- Safeguarding Children
- Infants or Unaccompanied Dependent Children Presented to Adult Wards with a Parent or Carer
- Domestic Abuse Act (2021)
- Mental Capacity Act 2005 (incorporating DoLS) policy
- Prevent Violent Extremism and Radicalisation Policy (Counter Terrorism)
- Female Genital Mutilation (FGM) policy
- Safeguarding supervision in maternity

The Safeguarding Team intranet webpage has a wealth of information for staff, including policies, procedures, protocols, and guidelines including safeguarding supervision and support; as well as easy to access material for staff. Multi-agency Safeguarding Partnership policies are also available as well as system-wide learning briefs from SARs, DHRs and CSPRs.

8.0 Service Improvements against Trust Values and Strategy 3–5-year view

CARING

Commitment to our community:

- Modern Slavery, Servitude, Forced and Compulsory Labour and Human Trafficking is a crime which violates the lives and liberty of our community. We do not condone or tolerate abuse of human rights and will work collaboratively as a member of the Keeping Bristol Safe Partnership to tackle all forms of Modern Slavery and Exploitation. As an Acute Hospital Trust geographically placed within a working port city with quick transport links to other major cities by road and rail, Bristol is a high-risk area for this form of crime.

- We will continue to strengthen our internal process around the Domestic Abuse Multi-Agency Risk Assessment Conferences (MARAC) for all ages, and work collaboratively with our safeguarding system partners to support the development of improved information sharing practices, to identify and manage the highest Domestic Abuse risks across our BNSSG system.

- We will continue to promote and drive a more robust process for sharing and learning from statutory reviews (Safeguarding Adult Reviews, Domestic Homicide Reviews, Child Safeguarding Practice Reviews), internally and across the BNSSG safeguarding system, exploring opportunities for multi-agency cross-boundary improvement initiatives.

- The needs of young people do not stop when they reach the age of 18. We will work with Trust staff and external partners to improve practices around Transitional Safeguarding, focusing on the needs of young people accessing our services and in the community. We will reframe our attitude towards young people as members of our community who are more than a demographic or chronological age but instead move through developmental stages with differing needs. To do this we will use both adult and child approaches, ensuring tailored support and training, under the Making Safeguarding Personal approach. As a Trust we will be conscious that this means:

- Increased risk of engagement in ‘county lines’ and/or other gang related harm and risks outside the home
- Increased contact with children and young adults exposed to Sexual and Criminal Exploitation
- The young person still may have significant protection needs when support from children's services ends at age 18
- Raised awareness that the experience of Domestic Abuse on a young person with or without mental health issues will be significant but they may be offered truly little care or support

AMBITIOUS

Innovate to improve:

- We will continue to develop our Safeguarding collaborative agreement between North Bristol NHS Trust (NBT) and University Hospitals Bristol & Weston NHS Foundation Trust (UHBW). We will work towards a shared overall delivery system to meet the statutory and non-statutory safeguarding accountabilities of the two trusts. There is a strong commitment and ambition within this approach to work towards parity and shared representation, governance, training, and assurance processes across the acute hospital safeguarding footprint to achieve a common purpose of improving outcomes for children and adults with care and support needs and reduce health and social care inequalities whilst driving quality improvement in safeguarding practice.

- The NBT safeguarding leads will continue to be key members of the strategic safeguarding health system group consisting of the five major healthcare partners (Avon & Wiltshire Mental Health Partnership NHS Trust, North Bristol NHS Trust, University Hospitals Bristol and Weston NHS FT, Sirona Care and Health and the Integrated Care Board (ICB)), in order to collaborate and develop a high-quality strategic approach to safeguarding adults and children within the Integrated Care System.

- Associate Director of Safeguarding developed a piece of postgraduate academic work on Transitional Safeguarding with Cambridgeshire ICB, which has been recognised nationally and continues to be utilised nationally as an exemplar. It was presented at a National Children's Safeguarding Conference and has been included by the National Safeguarding Adults' National Network (SANN) Transitional Safeguarding Working Group as part of a national

resource for professionals. Subsequently, the Association of Child Protection Professionals requested to present her work at an online seminar session. Claire received further recognition by receiving a Trust award and the KBSP (Keeping Bristol Safe Partnership) Keeping Adults Safe Transitional Safeguarding working group is utilising her expertise in this area to develop a city-wide response to the Transitional Safeguarding challenges.

RESPECTFUL

High Quality Care:

- We are committed to driving improvements around understanding and application of the Mental Capacity Act. Training compliance has improved significantly, however there continues to be concerns around confidence and clarity. We are committed to protect people's human rights and right to choose in addition to protection of supporting decision making for those people who lack the mental capacity for independent decision making around their care and treatment. Understanding of the Mental Capacity Act is the responsibility of all staff groups, and the safeguarding team will support colleagues in enhancing their confidence by providing additional and ad-hoc bespoke training that is specific to the intersection with safeguarding.

- As a safeguarding service we have a responsibility and opportunity to act on identified health inequalities. To affect change, and to ensure we are identifying and targeting our safeguarding interventions equitably, we will improve our data collection arrangements to ensure we have a clear understanding of the needs of the population we support and put equality, diversity and inclusion front and centre of our work. We will work with colleagues across the Trust and with external partners to ensure we are providing the most appropriate response to those with protected characteristics, as identified in the Equalities Act 2010 (these characteristics

include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation).

SUPPORTIVE

People:

- We will provide additional bespoke and flexible non-mandatory learning and support packages for staff across the Trust, including use of brief guides, recorded webinars, updates, and messaging to further drive the confidence and empowerment of our increasingly skilled safeguarding workforce**.**

- Safeguarding supervision is well established within the area of children's safeguarding and child protection, but less so in adults. The Integrated Safeguarding Team will continue to develop and deliver a supervision model to NBT staff to support them in their safeguarding practice. The model has been designed by the operational lead and will be blended with the reflective practice model provided by the NBT psychology team. This approach provides a supportive rather than a “supervisory” approach to safeguarding supervision and at the time of report is being trialled across NMSK division.

- The integrated safeguarding team practitioners are now visible and accessible on the wards daily to support our divisional clinical team's side by side with their safeguarding practices. This is to demonstrate we are all in it together, as well as helping to de-mystify safeguarding as a process. By doing this, we are seeing improved and increased confidence in Trust staff safeguarding interventions.

- **How Safe Do You Feel?** Is an award-winning initiative which was led by the North Cumbria Integrated Care NHS Foundation Trust and supported by NHS England, their local ICB, Victim Support and the police. The campaign has

subsequently been adopted across several Trusts. The campaign is a system-wide training and awareness project that helps those who experience abuse and neglect speak to NHS professionals in a safe and managed environment, based on routine enquiry. The NBT safeguarding service are keen to implement this across the Trust, and the Associate Director of Safeguarding leads the project, which is in line with the principles of professional curiosity and routine enquiry.

Sustainability:

- The Integrated Safeguarding Team are committed to supporting the NHS sustainability agenda and NHS Long Term Plan by ensuring we deliver our service efficiently. We will:
- Reduce unnecessary travel to regular external meetings e.g., safeguarding Board and Partnership arrangements by utilising technology as an option to reduce our carbon footprint.
- Move from paper light to paper free processes, utilising digitisation to its optimum.
- Embrace agile and homeworking opportunities where there are no requirements to travel to the office space.
- Ensure processes are smart and lean, ensuring effective use of resource and avoid financial wastage.
- Work with the wider Trust on reducing health inequalities and improve positive health outcomes.

Conclusion

Throughout 2023-2024, the NBT Integrated Safeguarding service has continued to provide a high-quality service to the trust and have been engaged in collaborative and ambitious plans to improve quality outcomes and reduce duplication through a senior safeguarding leadership pilot with UHBW. We remain committed to meeting the increasing requirements of the complex safeguarding agenda recognising it is

acknowledged nationally there is a consistent upward trajectory of safeguarding activity, year on year.

The service is ambitious, dynamic, and resilient and has the experience of patients and their families accessing NBT services at the heart of all it does.

2024 continues to produce unprecedented challenges, and all those involved in the service continue to meet these challenges with determination and pride against a backdrop of sustained increase in all activity and pressure on the service.

The service has demonstrated compliance with the relevant statutory frameworks, policies and procedures and has clear robust patient-centred governance processes in place, visible and accessible across all trust areas.

The wide range of evidence provided in this report demonstrates a further commitment to continuous service improvement and an alignment to the NBT Trust values, and an ambition to be one of the key safeguarding services within the BNSSG Integrated Care System. This 3–5-year view will continue to be reviewed as the hospital models evolve.

Appendices

Appendix 1 Safeguarding Boards and Partnerships and Subgroup membership and attendance for 2023/24

Safeguarding Adults Board or Subgroup and wider membership South Gloucestershire Bristol North Somerset BNSSG & wider	**Trust Representative**	**Frequency and Time Required** (includes preparation and travel time where known)
South Gloucestershire SAB	Interim Director of Safeguarding (NBT and UHBW)	Quarterly
South Gloucestershire Quality Assurance subgroup for adults	Interim Director of Safeguarding (NBT and UHBW)	Quarterly
South Gloucestershire SAR subgroup	Interim Director of Safeguarding (NBT and UHBW)	Quarterly
South Gloucestershire Policy & Procedures subgroup	IST Operational Lead	Quarterly
MARAC South Gloucestershire	Safeguarding Specialist Practitioners & Named Midwife	Fortnightly
South Gloucestershire Learning & Development subgroup	IST Operational Lead	Quarterly
South Gloucestershire Best start in life – vulnerable children	Not assigned	Quarterly
South Gloucestershire Best start in life	Named midwife	Quarterly
Best start in life – complex needs	Interim Associate Director of Safeguarding (NBT and UHBW)	Quarterly
South Gloucestershire Quality Assurance subgroup for Children	Interim Associate Director of Safeguarding (NBT and UHBW)	Quarterly
Early Help Forum	Named Midwife	Quarterly

CSPR & Rapid Review group	Interim Associate Director of Safeguarding (NBT and UHBW)	As required by case
South Gloucestershire Children's Partnership Work Streams Event	Interim Associate Director of Safeguarding (NBT and UHBW)	Twice Yearly
(KBSP) Keeping Adults Safe	Interim Director of Safeguarding (NBT and UHBW)	Quarterly
(KBSP) Keeping Children Safe	Interim Associate Director of Safeguarding (NBT and UHBW)	Quarterly
Bristol SAR & DHR subgroup	Interim Director of Safeguarding (NBT and UHBW)	Quarterly
MARAC Bristol	Specialist Practitioner Named Midwife	Weekly
KBSP Child Protection Conference Review Group	Interim Associate Director of Safeguarding (NBT and UHBW)	Bi-monthly – Ended mid-year
KBSP CSPR, Rapid Reviews, SAR, DHR timeline reviews/Full IMR's	Interim Associate Director of Safeguarding (NBT and UHBW)	As required
Bristol Domestic Abuse Operational Group	Specialist Practitioner	Monthly
KBSP Contextual Safeguarding Group	Interim Associate Director of Safeguarding (NBT and UHBW)	Quarterly
KBSP Transitional Safeguarding Group (Adults and Children)	Interim Associate Director of Safeguarding (NBT and UHBW)	Quarterly
KBSP Serious Violence Prevention Group	Interim Associate Director of Safeguarding (NBT and UHBW)	Quarterly
Bristol Prevent Board	Operational Lead	Quarterly
KBSP Multiagency Audit Group for Children	Interim Associate Director of Safeguarding (NBT and UHBW)	Quarterly
KBSP Joint Child Protection Investigation working group	Interim Associate Director of Safeguarding (NBT and UHBW)	6 weekly
North Somerset CSPR	Interim Associate Director of Safeguarding (NBT and UHBW)	As required

North Somerset SAR/DHR	Interim Director of Safeguarding (NBT and UHBW)	As required
North Somerset Risk Outside The Home Subgroup	Interim Associate Director of Safeguarding (NBT and UHBW)	6 weekly
North Somerset SAB	Interim Associate Director of Safeguarding (NBT and UHBW)	Quarterly
BNSSG Safeguarding Professional Forums (adult and children)	Open to all team members	Quarterly
Avon and Somerset Violence Reduction Partnership Delivery Group	Interim Associate Director of Safeguarding (NBT and UHBW)	
LPS Southwest NHSE/I	Interim Director of Safeguarding (NBT and UHBW)	6 weekly
BNSSG Strategic Health System Group	Interim Director of Safeguarding (NBT and UHBW) & Interim Associate Director of Safeguarding (NBT and UHBW)	6 Weekly
Safeguarding Adults National Network (SANN)	Interim Director of Safeguarding (NBT and UHBW) & Interim Associate Director of Safeguarding (NBT and UHBW)	Monthly
National Maternity Safeguarding Network	Named Midwife	Quarterly
Southwest Safeguarding Adults Health Leads Network	Interim Director of Safeguarding (NBT and UHBW) & Interim Associate Director of Safeguarding (NBT and UHBW)	Bimonthly
NHS England Southwest Regional Prevent Leads Network	Operational Lead	Quarterly

References

Broadhurst, K., Alrouh, B., Mason, C., Ward, H., Holmes, L., Ryan, M. and Bowyer, S. (2018). Born into care: Newborns in care proceedings in England. Nuffield Family Justice Observatory.

Child Safeguarding Practice Review Panel (2021) “The myth of Invisible Men” Safeguarding children under 1 from non-accidental injury caused by male carers.

Child Safeguarding Practice Review Panel (2022) Child Protection in England National review into the murders of Arthur Labinjo-Hughes and Star Hobson - GOV.UK (www.gov.uk)

HM Government. Counter Terrorism and Security Act (2015)

HM Government. Care Act (2014)

HM Government. Children Act (2004)

HM Government. Domestic Abuse Act (2021)

HM Government. Mental Capacity Act (2005) and associated Code of Practice Deprivation of Liberty Safeguards and associated Code of Practice Mental Capacity (Amendment) Act (2019)

HM Government. Modern Slavery Act (2015)

HM Government. Working Together to Safeguard Children (2023)

NHS Digital (2023). Safeguarding Adults (official statistics), England, 2022-23

NHS England. Safeguarding Adults National Network (2024).

NHS England. Safeguarding children, young people, and adults at risk in the NHS: Safeguarding Accountability and Assurance Framework (2024)

ONS (2021) Modern Slavery in the UK. See below for latest

Gov.Uk (2024) Modern slavery: National Referral Mechanism and Duty to Notify statistics UJ, end of year summary 2023.

Royal College of Nursing. (2018). Adult Safeguarding: Roles and Competencies for Health Care Staff. Intercollegiate Document. First Edition

Report To:	Trust Board		
Date of Meeting:	26 September 2024		
Report Title:	Annual Medical Revalidation and Appraisal report		
Report Author:	Sue Nutland, Associate Director of Medical Workforce Strategy and Professional Standards Professor Sanjoy Shah, Deputy Chief Medical Officer Tiffany Patten-Lawrence, Head of Medical Workforce Strategy		
Report Sponsor:	Professor Tim Whittlestone, Chief Medical Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
	X		
	The purpose of this report is to assure the Board that NBT is compliant with the NHSE Framework for Medical Revalidation and Appraisal. In addition, it asks for the Board to approve the annual submission to NHSE.		

Key Points to Note *(Including any previous decisions taken)*

This report asks the Board to note three key areas:

1. The approval required for the sign-off of the annual framework return to NHS England for quality assurance and improvement – It is a statutory requirement to provide an assurance report to NHSE on Medical revalidation and appraisal to provide assurance that their professional standards processes meet the relevant statutory requirements and support quality improvement.
2. Since the 2023 report to the Board the CMO team have introduced a Responsible Officers Advisory Group, to monitor compliance with appraisal and revalidation, oversight of the quality of appraisals. The group has been established to provide assurance to the Responsible Officer on managing doctor's appraisal, revalidation and performance ensuring that these are in line with 2024 Good Medical Practice.
3. As we move forward into the group model the CMO team will foster stronger links with our partners at UHBW and align our systems and processes around appraisal and revalidation where practicable.

Strategic Alignment

The Annual Medical Revalidation and Appraisal Public Board Report aligns with North Bristol NHS Trust's (NBT) clinical strategic direction by ensuring that medical staff maintain high professional standards, directly supporting the Trust's focus on patient safety and experience and delivering great care and investment in our people. The report's recommendations enhance continuous professional development, which contributes to the Trust's aim of delivering safe, effective, and compassionate care, and links to the Trust's Patient First priorities by fostering a culture of accountability, improving workforce capability, and supporting projects aimed at delivering the best patient outcomes through skilled, well-appraised staff

Risks and Opportunities

There are no risks identified in this report, only actions which are underway with review of the current Appraisal and Revalidation policy and re-procurement of the current Appraisal and Revalidation electronic platform.

The opportunities come with the development of the Group model between NBT and UHBW. This will provide us with a move to shared managed services which fulfil the objectives within our joint clinical strategy.

Recommendation	
This report is for discussion and approval of the Statement of Compliance for the Framework of Quality Assurance for Responsible Officers.	
History of the paper (details of where paper has <u>previously</u> been received)	
July 2023	Similar report (for 2023) considered at the Board
Appendices:	Appendix A: NHSE Statement of compliance

1. Purpose

1.1 This paper is to inform the Trust's Board that the processes in place for medical appraisal and revalidation are robust and that doctors are compliant with the GMC rules. NHS England have produced a *Framework of Quality Assurance for Responsible Officers.* This report provides assurance that the Trust meets these requirements.

1.2 The paper is seeking the Board support in approving the annual submission of the Framework to NHSE and agreement that this can be signed by the Chief Executive Officer.

2. Background

2.1 Each NHS Trust is required to have systems and processes in place to ensure that its medical staff meet the requirements of GMC (2024) Good Medical Practice, ensuring that doctors' fitness to practice is not impaired and that doctors are supported throughout their medical careers to enable them to flourish to their best potential enabling them to provide safe patient care.

2.2 Assurance for this is captured through Medical appraisal and revalidation. Compliance with these is captured on an annual basis with each appraisal year running from 1st April - 31st March. All doctors have an annual appraisal due date and in a normal year, they must complete their appraisal by the due date to ensure that they complete an appraisal each year. Appraisals may be missed for reasonable mitigating circumstances, such as maternity or long-term sick leave.

2.3 NHS Trusts have a statutory obligation to provide a return on compliance around the governance and compliance of completion of appraisal and revalidation for all medical staff on an annual basis. This report must be agreed by the Trust Board and signed by the Chief Executive Officer.

3. Introduction:

3.1 At 1 April; 940 doctors had a prescribed GMC connection to North Bristol NHS Trust, meaning that NBT is their designated body for the purposes of medical revalidation. Each year every doctor must complete an appraisal that meets GMC requirements.

3.2 NBT supports appraisal and revalidation for consultants, academics, clinical fellows, specialty doctors, associate specialists and Trust locums. Doctors in training grades maintain a connection to NHS England for revalidation.

3.3 As regulation has now been agreed for Associate Medical Professionals with the GMC, from the end of 2024, Responsible Officers will be required to also provide appraisal and revalidation monitoring for Physicians Associates and any Anaesthetic Associates employed within the Trust.

3.4 NHSE require that all medical professionals in an organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out

for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. Where this does not occur, there is full understanding of the reasons why and suitable action is taken.

4. NHSE Statement of Compliance for NBT

4.1 Medical appraisal compliance is captured on an annual basis with each appraisal year running from 1st April - 31st March. All doctors have an annual appraisal due date and in a normal year, they must complete their appraisal by the due date to ensure that they complete an appraisal each year. Appraisals may be missed for reasonable mitigating circumstances, such as maternity or long-term sick leave.

4.2 NHSE require that doctors in an organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. Where this does not occur, there is full understanding of the reasons why and suitable action is taken.

4.3 NBT uses an appraisal platform called Fourteen Fish as its discussion point as part of doctor's appraisals. This template will ask doctors in their appraisal to contribute to discloser of any significant events or complaints, as well as reconfirm their statutory obligations, i.e. to ensure that they have adequate professional indemnity for all professional roles, as well as the professional obligation to manage any declarations of interests appropriately. The contract for this system expires in March 2025 and the Trust is currently working through the process of tender for either an extension of the existing contract and reviewing what other options are now available.

5. 2023/24 Appraisal Compliance

5.1 The table below shows the medical appraisal statistics at the 31st March 2024. These numbers cover the year April 2023 – March 2024:

Total number of appraisals completed	784
Total number of appraisals approved missed	7
Total number of unapproved missed	89

Number of recommendations and deferrals in the reporting period:

Total number of recommendations made	71
Total number of late recommendations	0

5.2 A full statement of compliance has been completed by the Chief Medical Officer's team and approved by Dr Tim Whittlestone, Responsible Officer. This is contained within *Appendix 1 and* highlights the Trusts compliance with the governance framework required by NHSE, detailed metrics in a number of areas which are beyond the annual appraisal rates indicated within 5.2, new developments the Trust has undertaken within the last 12 months and finally actions identified to be covered within the next 12 months.

6. Key Developments over the past 12 months:

6.1 Responsible Officer's Advisory Group (ROAG) - The Trust has introduced a ROAG to oversee the governance of medical appraisal and revalidation. The purpose of this group is to provide assurance to the Responsible Officer (RO) that appraisal and revalidation is managed and

maintained within the Trust and provide advice and guidance on recommendations on medical professionals' fitness to practice. Membership of that group consist of core members of the Officer of the Chief Medical Officer, senior HR representation, and Clinical Directors. The group is also a forum for bringing concerns to the attention of the RO at an early stage to enable early interventions before reaching a formal stage. The group is still maturing and developing, and we are working through how we can join with our system partners in aligning the principles of these groups across the system.

6.2 National Clinical Improvement Programme - NCIP gives consultants a unique opportunity to review their whole NHS practice, helping improve patient safety and clinical quality, as well as supporting learning and development. It's a free online portal giving users a single point of access to locally and nationally benchmarked data covering activity and outcomes.

NCIP also supports leadership and oversight as chief medical officers, medical directors, responsible officers and specialty clinical leads can access data for all consultants they are responsible for – supporting your statutory responsibilities for ensuring clinical quality.

We are undertaking a pilot at NBT and the aim is to incorporate the principles following this pilot as business as usual in the appraisal and revalidation framework.

6.3 Super appraisers – Over the past 12 months we have introduced a super appraiser model, which has comprised of either retired consultants or consultants with availability activity taking on a wider appraiser role by completing up to 30 per year. They are allocated additional dedicated time within job plans to undertake this role, usually 1 PA per week. We have also to share appraisers with our system partner Sirona, as they have a small number of medical staff, and it would benefit them to have access to appraisers outside of their organisation. It benefits NBT by having an external peer approach to how appraisals are conducted within the Trust.

6.4 Development of the hospital Group between NBT and UHBW – The Trust this year has announced it will form a Hospital Group. Joint appointments for the Chair and Chief Executive Officer (CEO) has taken place, Ingrid Barker, Joint Chair, Maria Kane, Joint CEO. Following these appointments it's the Trusts strategic intent to form a Hospital Group within the next two years. This supports the Trusts Joint Clinical Strategy with UHBW allowing deeper collaboration and support patient care. This collaboration will span across all clinical and corporate functions, including forging stronger links between Responsible Officers in each organisation.

6.5 The Trust continues to expand its recruitment of Physicians Associates and they are an embedded integral part of our medical profession's workforce. The onset of regulation through the GMC at the end of 2024 will further enhance our connection to this group of staff through the RO framework.

6.6 Medical staff engagement – The CMO team have developed a series of senior medical staff engagement events held one evening a month. This is an opportunity for the team to provide consultants and SAS doctors with key updates from the Trust on strategy, support and developments alongside give the doctors an opportunity to highlight any areas of support they feel they may need. Alongside this group the Trust has a Guardian of Safe Working for Resident Doctors who holds a bi-monthly Resident Doctors Forum. Members of the Trust senior executive attend this group to listen to the feedback from this group of staff and support addressing some of the concerns they may raise.

6.7 Equality, Diversity and Inclusion – NBT is fully committed to becoming an anti-racist organisation and are working with our staff, system partners and communities to turn this aspiration into reality. Starting in the near future, we will be running two training programmes to help the participants become anti racist leaders. One will be aimed at those who are already in senior leadership roles and the other at those who, irrespective of role or profession, wish to

become anti-racist champions. We are in the process of developing the programme in partnership with Health Innovation England, drawing on the success of the Black Maternity Matters course.

7. Actions for 2024/25

7.1 There are a number of key actions identified in the return that will need completing over the course of the next year. These include:

- Re-procurement of the medical appraisal and Revalidation system
- Updating of the Medical Appraisal and Revalidation policy
- Arrange a peer review of our processes within medical appraisal processes
- Develop our processes around revalidation for Associate Medical Professionals.
- Build upon the work already underway in the ED&I space as we move to being an anti-racist employer.

8. Summary and Recommendations

8.1 The Trust Board is asked to note the content of this paper and Annex 1. It is further asked to agree the approval of the Framework for Quality Assurance return (Annex A) and that this can be signed by the Chief Executive Officer.

Illustrative Designated Body Annual Board Report and Statement of Compliance for North Bristol NHS Trust

Annex A

M85172 User10

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Section 1 Qualitative/Narrative
1A – General

The board/executive management team can confirm that:

1A(i) An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year:	
Comments:	North Bristol NHS Trust's (NBT) appointed responsible officer (RO) is Mr Tim Whittlestone, Chief Medical Officer who is a trained, licenced medical practitioner. Alongside, the Deputy Chief Medical Officer is also trained and is the Deputy Responsible Officer.
Action for next year:	

1A(ii) Our organisation provides sufficient funds, capacity, and other resources for the responsible officer to carry out the responsibilities of the role.

Yes / No:	Yes
Action from last year:	
Comments:	1. Budget Allocation 1.1. NBT provides sufficient funds, capacity, and resources for our RO to carry out their responsibilities, including professional development, administrative support, and quality assurance initiatives. 1.2. Funding is provided from the Trusts Medical Workforce budget (B41768) to cover the cost of the electronic appraisal and revalidation system (FourteenFish), continual professional development (CPD) training for medical appraisers, appraisees and the salary for the Appraisal and Revalidation Administrator. 2. Staff Support 2.1. The RO is supported by the Chief Medical Officer (CMO) team, Medical Workforce team, and Appraisal and Revalidation team. 3. Systems 3.1. The RO has access to the following online platforms: 3.1.1. The appraisal and revalidation system, Fourteen Fish 3.1.2. GMC Connect.
Action for next year:	1. Re-procurement of the Medical Appraisal and Revalidation system.

1A(iii)An accurate record of all licensed medical practitioners with a prescribed connection to our responsible officer is always maintained.

Action from last year:	
Comments:	1. Database Systems 1.1. NBT uses ESR, FourteenFish, and GMC Connect to maintain up-to-date records of all licensed medical practitioners with a prescribed connection to our RO, including doctors joining and leaving the Trust. 1.2. Access to NBT systems is restricted to authorised staff only, ensuring that the information is kept confidential and secure. 2. Record Updates 2.1. We have processes for updating records such as new appointments, departures, or changes in licensing status. This process includes immediate notification to the RO. 3. Compliance Reports and Meetings 3.1. We generate regular compliance reports that are reviewed by the RO, Deputy RO and CMO team. 3.2. Regular meetings between the RO, and Appraisal and Revalidation team to discuss updates.
Action for next year:	

1A(iv) All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year:	
Comments:	1. Policy Reviews 1.1. NBT reviews all policies related to medical revalidation. The policy is live for three years but additional reviews are conducted as needed based on regulatory updates or organisational changes. 2. Policy Working Group 2.1. Our working group consisting of the Associate Director of Medical Workforce, the Head of Medical Workforce, and the Local Negotiating Committee is responsible for overseeing the review process. This committee meets quarterly to assess the current policies, discuss any issues, and recommend necessary updates. 2.2. The current Medical Revalidation and Appraisal policy is currently under review and will go to our Local Negotiating Committee for agreement in November 2024. .
Action for next year:	Finalisation of the policy by January 2025.

1A(v) A peer review has been undertaken (where possible) of our organisation's appraisal and revalidation processes.

Action from last year:	
Comments:	1. A peer review hasn't been undertaken in the past year but we are planning to undertake such a review over the coming 12 months.
Action for next year:	1. Peer review to be organised.

1A(vi) A process is in place to ensure locum or short-term placement doctors working in our organisation, including those with a prescribed connection to another organisation, are supported in their induction, continuing professional development, appraisal, revalidation, and governance.

Action from last year:	
Comments:	1. Induction Programme 1.1. Our induction program for locum and short-term placement doctors includes an introduction to our policies, procedures, and clinical systems. 2. Continuous Professional Development (CPD) 2.1. Locum and short-term placement doctors have access to our LEARN statutory and mandatory training systems. 3. Appraisal 3.1. Locum and short-term placement doctors are provided with an appraisal portfolio and access to a medical appraiser if their employment status meets the GMC rules for access to the Trust's designated body. The appraisal is expected to meet the same standard as it does for substantive employees. 4. Revalidation 4.1. Our Trust provides support for the revalidation of locum and short-term placement doctors. This includes assistance with gathering the necessary evidence, completing revalidation forms, and preparing for revalidation meetings.
Action for next year	

1B – Appraisal

1B(i) Doctors in our organisation have an annual appraisal that covers a doctor's whole practice for which they require a GMC licence to practise, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Action from last year:	
Comments:	1. Appraisals 1.1. Our electronic appraisal system and reporting function provide us with appraisal data for each doctor, ensuring we can monitor their appraisal compliance. 1.2. Detailed records of each appraisal are maintained, including the information reviewed, the outcomes of the appraisal, and any agreed actions or development plans. 1.3. Doctors receive feedback from their appraisers, which includes constructive comments on their performance and areas for development. This feedback is based on a thorough review of their practice and relevant information. 2. Relevant Information 2.1. The appraisal process considers all relevant information relating to the doctor's fitness to practice. This includes: 2.1.1. Any complaints received about the doctor's practice are reviewed and discussed during the appraisal. 2.1.2. Significant events involving the doctor are analysed to identify learning points and areas for improvement.
Action for next year:	

1B(ii) Where in Question 1B(i) this does not occur, there is a full understanding of the reasons why and suitable action is taken.

Action from last year	
Comments:	1. Identification of Reasons 1.1. Every effort is made by the Appraisal and Revalidation Team to remind our doctors of their appraisal due dates. 1.2. Our Trust has a process to identify and document the reasons why any doctor did not complete their annual appraisal. Common reasons include: 1.2.1. Doctors on extended leave (e.g., maternity leave, long-term sickness). 2. Documentation and Analysis 2.1. Each case of a missed appraisal is documented, and an analysis is conducted to understand the underlying causes. This is documented on FourteenFish and discussed at the bi-weekly RO team meeting and the monthly Responsible Officer Advisory Committee (ROAG) and medical professionals meeting. 2.2. The following action plan is then put in place with is monitored and followed up to ensure appraisals are completed. Progress is reviewed weekly by the responsible officer and Appraisal and Revalidation team. 2.2.1. Arranging new appraisal dates for doctors who missed their initial appraisal. 2.2.2. Providing additional support to doctors with high workloads to ensure they can attend their appraisals.
Action for next year:	

1B(iii) There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year:	
Comments:	1. Medical Appraisal Policy 1.1. The NBT Appraisal and Revalidation policy is overdue for renewal. 1.2. Risk assessments have been completed to understand the potential impacts of the policy lapse and no significant risk identified. 1.3. The policy is currently undergoing an update to ensure it aligns with the latest national guidelines and best practices. The updated policy will be reviewed and approved by the ROAG and LNC. 1.4. The updated policy is expected to be completed and approved by January 2025. We are committed to ensuring that the new policy is robust and fully compliant with national standards.
Action for next year:	1. Review and sign off on the Appraisal and Revalidation policy by January 2025.

1B(iv) Our organisation has the necessary number of trained appraisers[1] to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year:	
Comments:	1. Trained Appraisers 1.1. NBT currently has 95 trained appraisers, which is sufficient to conduct annual appraisals for all licensed medical practitioners. This is based on an appraiser conducting a minimum of five appraisals per year and a maximum of 10 per year for which they receive 0.25 SPA per week. 1.2. In line with the NHSE Audit recommendations in October 2022, the Trust has appointed 2 Super-appraisers. Super-appraisers are required to hold up to 30 appraisals per year for which they receive 1 SPA per week. 1.3. New appraiser training is provided where a drop in the number of appraisers in a division occurs or the number of appraisees rises. So far in 2023 new appraiser training has been provided for 1 NBT doctor, with 4 more doctors currently scheduled to attend new appraiser training later in the year 2. Training and Development 2.1. All appraisers have completed training with Miad Healthcare that includes modules on appraisal techniques, feedback delivery, and understanding the revalidation process. The training is aligned with national standards and is regularly updated to incorporate best practices. 2.2. NBT provide ongoing CPD for our appraisers to ensure they remain up to date with the latest appraisal and revalidation guidelines. Refresher sessions are held throughout the year for both appraisers and super appraisers through Miad Healthcare. 3. Appraisal Scheduling 3.1. The Appraisal and Revalidation team has an efficient process in place to ensure that all appraisals are

[1] While there is no regulatory stipulation on appraiser/doctor ratios, a useful working benchmark is that an appraiser will undertake between 5 and 20 appraisals per year. This strikes a sensible balance between doing sufficient to maintain proficiency and not doing so many as to unbalance the appraiser's scope of work.

	conducted on time. This system allows for the coordination of appraisal dates, ensuring that no doctor misses their annual appraisal due to scheduling conflicts.
Action for next year:	

1B(v) Medical appraisers participate in ongoing performance review and training/ development activities, including attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent).

Action from last year:	
Comments:	1. Performance Review 1.1. All medical appraisers undergo regular performance reviews to ensure they maintain high standards in their appraisal duties. These reviews include feedback from appraisees and assessments of the appraisers' adherence to appraisal guidelines. 2. Training and Development 2.1. NBT provide ongoing CPD for our appraisers to ensure they remain up to date with the latest appraisal and revalidation guidelines. Refresher sessions are held throughout the year for both appraisers and super appraisers through Miad Healthcare.
Action for next year:	

1B(vi) The appraisal system in place for the doctors in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year:	
Comments:	1. Quality Assurance 1.1. NBT has a robust quality assurance process in place for the appraisal system. This process includes regular audits, and feedback mechanisms to ensure the appraisals are conducted effectively and consistently. 2. Reporting to the Board 2.1. The Trust Board receives regular performance indicator reports on workforce through the Integrated Performance Review system and medical appraisal and revalidation data forms part of the workforce reporting section of the IPR submission.
Action for next year:	

1C – Recommendations to the GMC

1C(i) Recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to our responsible officer, in accordance with the GMC requirements and responsible officer protocol, within the expected timescales, or where this does not occur, the reasons are recorded and understood.

Action from last year:	
Comments:	1. Timely Assessments and Recommendations 1.1. NBT conducts regular and thorough assessments of doctors' fitness to practise, ensuring that recommendations are made to the GMC within the expected timescales. The RO oversees this process, ensuring that all assessments are completed promptly and accurately. 1.2. The list of revalidation recommendations that are due is reviewed via the GMC Connect website and the FourteenFish system. The Appraisal and Revalidation Administrator reviews each doctor's portfolio in advance and provides the RO & with suggested recommendations. The RO then make a final decision which is returned to the GMC online. 2. Documentation and Record Keeping 2.1. In cases where recommendations are not made within the expected timescales, NBT document the reasons for any delays. This documentation is reviewed and understood by the RO to ensure transparency and accountability. 2.2. The majority of deferrals are due to incomplete colleague and patient feedback. The Appraisal and Revalidation team are working with FourteenFish to develop a new method of engaging doctors with their feedback earlier in the revalidation cycle to reduce the number of deferrals due to lack of feedback.
Action for next year:	1.

1C(ii) Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted, or where this does not happen, the reasons are recorded and understood.

Action from last year:	
Comments:	1. Prompt Confirmation: 1.1. Revalidation recommendations are communicated in writing to the doctor promptly after submission to the GMC. This ensures that doctors are kept informed about their revalidation status without unnecessary delays. 1.2. As a doctor's portfolio is reviewed in advance of their revalidation date, the individual is notified of any gaps in their portfolio which may result in a deferral by the Medical Revalidation Team. 1.3. The doctor is also notified by the Trust's CMO in advance of making a deferral. In the case of a non-engagement recommendation, the Trust's Revalidation team will exhaust all of their internal communications to the doctor before advising them of the decision. The GMC also send confirmation of a revalidation decision to the doctor once it. 2. Discussion of Recommendations: 2.1. Before submitting a recommendation, especially in cases of deferral or non-engagement, we ensure that the reasons for the recommendation are discussed with the doctor. 2.2. This discussion provides an opportunity for the doctor to understand the basis of the recommendation and to address any concerns or issues. 3. Documentation of Reasons: 3.1. If, for any reason, the discussion with the doctor does not occur before the recommendation is submitted, we meticulously document the reasons for this. 3.2. This documentation is reviewed and understood by the responsible officer to ensure transparency and accountability.

	3.3. Compliance as well as deferrals are discussed at the monthly ROAG
Action for next year:	

1D – Medical governance

1D(i) Our organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year:	
Comments:	1. Robust Governance Framework: 1.1. We have a clinical governance framework that outlines clear policies, procedures, and standards for clinical practice. This framework is regularly reviewed and updated to ensure it remains aligned with best practices and regulatory requirements. 1.2. The Responsible Officers Oversight Group has recently been formed to provide the governance framework for medical practitioners. This group reports through to the Medical Professionals Group (MPG) , who in turn reports to the Trust overarching People Oversight Group and Trust Board. 1.3. The Trust has well-developed Freedom to Speak up process and champions in place where medical staff can raise concerns if the wish in a safe space. 2. Supportive Culture: 2.1. We promote a supportive culture that encourages collaboration and teamwork. Our doctors have access to a wide range of resources and support services, including mentorship programmes and wellbeing initiatives.
Action for next year:	

1D(ii) Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation.

Action from last year:	
Comments:	1. Regular Performance Reviews 1.1. We conduct regular performance reviews for all doctors, which include both formal appraisals and ongoing feedback. 1.2. These reviews assess clinical performance, adherence to professional standards, and overall conduct. 2. Incident Reporting and Management 2.1. We have a robust incident reporting system that allows staff to report any concerns about conduct or performance confidentially through our DATIX system. 2.2. The Trust has a robust Maintaining High Professional Standards (MHPS) framework which provides a structure for managing concerns over conduct and capability following the Trusts Just Culture principles. 2.3. Where a doctor is involved in a formal concern or investigation, the RO may wish to ensure that information is included in the doctor's appraisal for discussion and reflection. In this circumstance, the RO will pass information to the Revalidation Support Advisor to upload into the doctor's appraisal portfolio. The doctor will be notified of this. 2.4. Our monitoring systems are aligned with the standards set by regulatory bodies such as the GMC and Good Medical Practice 2024. We ensure that all doctors comply with these standards and take corrective actions if any deviations are identified.
Action for next year:	

1D(iii) All relevant information is provided for doctors in a convenient format to include at their appraisal.

Action from last year:	
Comments:	1. Appraisal and Revalidation System 1.1. NBT uses the appraisal and revalidation system platform FourteenFish, where all relevant information is stored and easily accessible to doctors. This platform includes performance data, feedback, training records, and any other information required to meet the GMC criteria for appraisals. 1.2. The information on the platform is regularly updated to ensure that doctors have access to the most current data. 1.3. Information is provided in a user-friendly format, ensuring that it is easy to navigate and understand. 1.4. FourteenFish provide training sessions and support to help doctors navigate the platform and make the most of the available information.
Action for next year:	NA

1D(iv) There is a process established for responding to concerns about a medical practitioner's fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year:	
Comments:	1. Clear Policy Framework 1.1. NBT has an policy on Maintaining High Professional Standard, which outlines our framework for the management of conduct and capability concerns following our Just Culture principles. . 2. Early Identification and Reporting 2.1. We encourage early identification and reporting of any concerns related to a medical practitioner's capability, conduct, health, or fitness to practise. 3. Investigations 3.1. NBT has a Decision-Making Group (DMG), Chaired by the CMO, and supported by the CMO team, Associate Director of Medical Workforce, People Partners, and Clinical Directors. This group guides the informal and formal (MHPS) management of performance concerns about medical staff, whether on grounds of conduct or capability. 3.2. Doctors who are undergoing a process under MHPS have a nominated NED Board member to support and oversee and PPA is involved early in each case. A monthly Board report is submitted about the progress of MHPS for any excluded doctors. 4. Intervention and Support 4.1. Based on the findings of the investigation, appropriate interventions are implemented to address the concerns. This may include additional training, supervision, health assessments, or other support measures to help the practitioner improve their performance and well-being. 5. Confidentiality and Sensitivity 5.1. We handle all concerns with the utmost confidentiality and sensitivity, respecting the privacy and dignity of the medical practitioner involved. Information is shared on a need-to-know basis to protect the integrity of the process.

Action for next year:	

1D(v) The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors and country of primary medical qualification.

Action from last year:	
Comments:	1. Board Reports 1.1. A report is provided to the Trust private Board on a quarterly basis. This includes high level data on the type of concern ad the outcome of formal processes that may have occurred. 2. Quality Assurance (QA) Analysis 2.1. Our QA processes include analysing the numbers, types, and outcomes of concerns raised, which are then recorded to identify trends and patterns, which helps us address systemic issues proactively. 3. Consideration of Protected Characteristics 3.1. We analyse data with consideration of protected characteristics of the doctors involved, such as age, gender, ethnicity, and disability. This ensures that our processes are fair and equitable and helps us identify and address any potential biases.
Action for next year:	

1D(vi) There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to our organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

Action from last year:	
Comments:	1. Clear Communication Channels 1.1. NBT have established clear and direct communication channels between our RO and ROs in other organisations. These channels facilitate the prompt exchange of information and concerns about doctors. 2. Timely Information Sharing 2.1. Information and concerns about doctors are shared promptly to ensure that any issues are addressed promptly. This includes regular updates and immediate notifications in urgent cases. 3. Confidentiality and Data Protection 3.1. We adhere to strict confidentiality and information governance policies to ensure that sensitive information is handled securely. Only authorised personnel have access to the information being transferred. 4. Documentation and Record-Keeping 4.1. All information transfers are documented and recorded to maintain a clear audit trail. This documentation includes details of the information shared, the parties involved, and the dates of transfer. 5. Coordination for Dual-Connected Doctors: 5.1. For doctors connected to our organisation who also work elsewhere, we ensure that relevant information is shared with the ROs in those other organisations. Similarly, for doctors connected elsewhere but working with us, we receive and review information from their primary responsible officers.
Action for next year:	NA

1D(vii) Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year:	

Comments:	• Training:
	  • All staff involved in the process of responding to concerns receive comprehensive training on equality, diversity, and inclusion. This training helps to raise awareness and understanding of unconscious bias and discrimination, ensuring that all actions are fair and equitable. Formal case investigator and manager training has occurred in the past 12 months which includes how to recognise bias ensuring that processes are fair and equitable.
	• Standardised Procedures
	  • We have established standardised procedures for responding to concerns about a doctor's practice. These procedures are designed to be transparent and consistent, reducing the risk of bias and ensuring that all doctors are treated equally.
	• Review
	  • Where appropriate, case debriefs occur to review the process undertaken and what can be learned in the management of formal cases moving forward.
	• Governance
	  • The ROAG group have oversight of formal processes ensuring that fair practice is instilled throughout and meet our Just Culture principles.

Action for next year:	

1D(viii) Systems are in place to capture development requirements and opportunities concerning governance from the wider system, e.g. from national reviews, reports, and enquiries, and integrate these into the organisation's policies, procedures, and culture. (Give example(s) where possible.)

Action from last year:	
Comments:	1 Monitoring National Developments 1.1 We actively monitor national reviews, reports, and enquiries related to clinical governance and healthcare standards, this is communicated widely, ensuring that relevant information is captured. 2 Integration into Policies and Procedures 2.1 Insights and recommendations from national sources are systematically reviewed and integrated into our existing policies and procedures. This ensures that our governance framework remains aligned with best practices and regulatory requirements.
Action for next year:	

1D(ix) Systems are in place to review professional standards arrangements for all healthcare professionals with actions to make these as consistent as possible (Ref Messenger review).

Action from last year:	
Comments:	1. Regular Review of Professional Standards 1.1. We conduct regular reviews of professional standards for all healthcare professionals, ensuring that they are up-to-date and aligned with national guidelines and best practices. 1.2. The ROAG group is the formal governance group which reviews appraisal and revalidation compliance and monitors any concerns in relation to medical professionals. This group has oversight of the arrangements in place for monitoring standards for medical staff. This incudes all medical professionals including Consultants, SAS Doctors and Locally Employed Resident doctors. This will soon incorporate Physicians Associates. 1.3. In addition the Medical Professionals group has been established to receive feedback from Clinical Divisions on areas of concern, this includes trends in standards of capability of conduct. 1.4. The Messenger review has highlighted the need for a simplified, standard appraisal system, which is consistent and a behaviour based appraisal system. Our FourteenFish Appraisal system encourages the capture of reflection on practice by the practitioner and this reflection is overseen by the Deputy Responsible Officer.
Action for next year:	

1E – Employment Checks

1E(i) A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year:	
Comments:	1. Online Platforms 1.1. We use Trac an online recruitment management system to advertise job vacancies, manage applications, track the progress of candidates, and adhere to legal and organisation standards. 1.2. We use Locums Nest to manage our locum doctors. All locum doctors are subject to the same employment checks are our fixed and substantively employed doctors. 2. Verification of Qualifications 2.1. We verify the educational and professional qualifications of all doctors through GMC Connect. 3. Professional Registration Checks 3.1. We ensure that all doctors are registered with the General Medical Council (GMC) and hold a valid license to practise. Regular checks are conducted to confirm that their registration status is current and in good standing. 4. Employment History and References 4.1. We conduct thorough checks of employment history and obtain references from previous employers. This helps to verify the doctor's work experience, performance, and professional conduct. 4.2. All pre- and post-employment checks at NBT comply with the NHS Employment Check standards which apply to all applications for NHS positions and staff in ongoing NHS employment. The NHS standards are regularly reviewed to ensure ongoing compliance. 4.3. The relevant regulations with which NBT complies with the CQC's Essential Standards of Quality and Safety outline core standards. The NHS Employment Check Standards are also embedded in the Crown Commercial Service, National Agency Framework Agreement and

	there are annual audit checks of agencies, to ensure compliance with the standards. 5. Criminal Record Checks 5.1. All doctors undergo enhanced Disclosure and Barring Service (DBS) checks to ensure they do not have any criminal convictions that would disqualify them from practising. This includes checks for any relevant cautions, warnings, or reprimands. 6. Induction and Training 6.1. All new doctors, including locum and short-term doctors, undergo a comprehensive induction programme. This program includes training on our policies, procedures, and clinical governance standards to ensure they are fully prepared for their roles.
Action for next year:	NA

1F – Organisational Culture

1F(i) A system is in place to ensure that professional standards activities support an appropriate organisational culture, generating an environment in which excellence in clinical care will flourish, and be continually enhanced.

Action from last year:	
Comments:	1. Leadership Commitment 1.1. Our leadership team is committed to fostering a culture of excellence in clinical care. This commitment is demonstrated through clear communication of our values, expectations, and standards. 2. Medical engagement 2.1. We have developed a series of medical engagement sessions for senior medical staff. This facilitated by the Deputy Chief Medical Officer and speakers are invited to these sessions to give key updates on Trust initiatives. It's an open forum where medical professionals are encouraged participate in discussion on Trust strategy and clinical practice, bringing their thoughts and ideas on continuous improvement. 3. Supportive Environment 3.1. We promote a culturally supportive, inclusive, and collaborative working environment where staff feel valued and empowered to deliver high-quality care. This includes access to mentorship programmes, peer support, and wellbeing initiatives, as well as Freedom to Speak Up (F2SU). 4. Innovation and Best Practices 4.1. We encourage innovation and the adoption of best practices in clinical care. Staff are supported to engage in research, quality improvement projects, and other initiatives that contribute to the advancement of healthcare.
Action for next year:	

1F(ii) A system is in place to ensure compassion, fairness, respect, diversity and inclusivity are proactively promoted within the organisation at all levels.

Action from last year:	
Comments:	1. Leadership Commitment 1.1. Our leadership team is committed to fostering a culture of compassion, fairness, respect, diversity, and inclusivity. This commitment is reflected in our Trust's culture, strategic goals, policies, and everyday practices. 2. Inclusive Policies and Procedures 2.1. We have developed and implemented inclusive policies and procedures that promote equality and prevent discrimination. These policies are regularly reviewed and updated to ensure they remain effective and relevant. 3. Diversity and Inclusion Initiatives – NBT is fully committed to becoming an anti-racist organisation and are working with our staff, system partners and communities to turn this aspiration into reality. Starting in the near future, we will be running two training programmes to help the participants become anti racist leaders. One will be aimed at those who are already in senior leadership roles and the other at those who, irrespective of role or profession, wish to become anti-racist champions. We are in the process of developing the programme in partnership with Health Innovation England, drawing on the success of the Black Maternity Matters course
Action for next year:	

1F(iii) A system is in place to ensure that the values and behaviours around openness, transparency, freedom to speak up (including the safeguarding of whistleblowers) and a learning culture exist and are continually enhanced within the organisation at all levels.

Action from last year:	
Comments:	1. Leadership Commitment 1.1. Our leadership team actively promotes values of openness, transparency, and a learning culture. This commitment is reflected in our strategic goals, policies, and everyday practices. 2. Guardians 2.1. We have appointed Freedom to Speak Up Guardians who provide confidential support to staff wishing to raise concerns. These guardians ensure that all concerns are taken seriously and addressed promptly, safeguarding whistleblowers from any form of retaliation. 2.2. We have the Guardian of Safe Working (GOSW) who ensures that doctors' working hours are safe and compliant with regulations. They report to the Trust board on working hours, rota gaps, and the use of locum doctors, represent resident doctors' concerns and work to resolve issues related to their work schedules. 3. Clear Reporting Channels 3.1. We have established clear and accessible reporting channels for staff to raise concerns about patient safety, misconduct, or any other issues via Radar (previously Datix). 4. Supportive Environment 4.1. We provide a supportive environment where staff feel valued and respected. This includes access to resources such as counselling services, EAPs, and wellbeing initiatives. 4.2. We run several forums where our values and behaviours around openness, transparency, and freedom to speak up are conveyed and discussed. These include: 4.2.1. Senior Medical Engagement events 4.2.2. ROAG

	4.2.3. Postgraduate, Resident Doctors and Locally Employed Doctor forums. 5. Onboarding Programme 5.1. Doctors joining the Trust undergo a robust onboarding programme in which our values and behaviours around openness, transparency, freedom to speak up (including the safeguarding of whistleblowers) and learning cultures are outlined.
Action for next year:	NA

1F(iv) Mechanisms exist that support feedback about the organisation' professional standards processes by its connected doctors (including the existence of a formal complaints procedure).

Action from last year:	
Comments:	1. Formal Complaints Procedure 1.1. We have a formal complaints procedure in place that allows doctors to raise concerns or complaints about professional standards processes via Radar. This procedure is documented and accessible, ensuring that all doctors are aware of how to submit a complaint. 1.2. Additionally doctors can raise concerns through the formal Freedom to Speak Up route in which report outcomes are monitored and fed back through the Trust formal Board governance mechanisms. 2. Support and Guidance 2.1. We provide support, guidance, and forums to doctors on how to navigate the feedback and complaints processes. This includes information sessions and written materials that explain the procedures and what to expect. These are available through our LINK pages and provided during the onboarding process for new medical staff.
Action for next year:	NA

1F(v) Our organisation assesses the level of parity between doctors involved in concerns and disciplinary processes in terms of country of primary medical qualification and protected characteristics as defined by the Equality Act.

Action from last year:	
Comments:	1. Data Collection and Analysis 1.1. Doctors involved in formal disciplinary processes have their case recorded on the Trusts Employee Relations tracker Conformity. This system collects data on ethnicity and other protected characteristics. 2. Regular Reporting 2.1. The data forms the basis of the regular reporting to the private Trust Board for doctors under investigation and will identify trends in data where the level of parity can be assessed. 2.2. We follow the Just Culture framework to ensure consideration and support are given to doctors involved in concerns and disciplinary processes with protected characteristics. 3. Cultural Ambassadors 3.1. Our Cultural Ambassador role is crucial in promoting equality and ensuring that all staff are treated fairly and with respect. They support doctors, particularly those from Black, Asian, and Minority Ethnic (BAME) backgrounds, during formal processes to identify and address any conscious or unconscious biases, ensure that cultural factors are considered
Action for next year:	

1G – Calibration and networking

1G(i) The designated body takes steps to ensure its professional standards processes are consistent with other organisations through means such as, but not restricted to, attending network meetings, engaging with higher-level responsible officer quality review processes, engaging with peer review programmes.

Action from last year:	
Comments:	1. Network Meetings 1.1. We actively participate in network meetings with other healthcare organisations to share best practices and align our professional standards processes. These meetings provide a platform for discussing common challenges and developing coordinated approaches to professional standards. 2. Higher-level RO Quality Review Processes 2.1. We engage with higher-level RO quality review processes to ensure our standards are consistent with national and regional expectations. This engagement includes regular reviews and feedback sessions with higher-level ROs. 2.2. We hold regular meetings with GMC; Employer Liaison Adviser (ELA) to review the appraisal and revalidation process discuss any concerns and share good practices. 2.3. .
Action for next year:	1. To ensure consistency in professional standards processes, we will collaborate with UHBW as we move into a formal Hospital Group, including attending network meetings, engaging in higher-level RO quality review processes, and participating in peer review programmes.

Section 2 – Metrics

The year covered by this report and statement: 1 April 2023 - 31 March 2024. All data points are about this period unless stated otherwise.

2A General
The number of doctors with a prescribed connection to the designated body on the last day of the year under review. This figure provides the denominator for the subsequent data points in this report.

Total number of doctors with a prescribed connection on 31 March	**940**

2B – Appraisal

The number of appraisals undertaken, not undertaken and the total number of agreed exceptions are recorded in the table below.

Total number of appraisals completed	**784**
Total number of appraisals approved missed	**7**
Total number of unapproved missed	**89**

2C – Recommendations

Number of recommendations and deferrals in the reporting period.

Total number of recommendations made	71
Total number of late recommendations	0
Total number of positive recommendations	63
Total number of deferrals made	8
Total number of non-engagement referrals	0
Total number of doctors who did not revalidate	0

2D – Governance

Total number of trained case investigators	**10**
Total number of trained case managers	**5**
Total number of new concerns registered	**3**
Total number of concerns processes completed	**1**
Longest duration of concerns process of those open on 31 March	**16 months**
Median duration of concerns processes closed	**5 months**
Total number of doctors excluded/suspended	**0**
Total number of doctors referred to GMC	**0**

2E – Employment checks

Number of new doctors employed by the organisation and the number whose employment checks are completed before commencement of employment.

Total number of new doctors joining the organisation	1003 (including doctors in training)
Number of new employment checks completed before commencement of employment	1003

2F Organisational culture

Total number claims made to employment tribunals by doctors	0
Number of these claims upheld	N/A
Total number of appeals against the designated body's professional standards processes made by doctors	N/A
Number of these appeals upheld	N/A

Section 3 – Summary and overall commentary

This comments box can be used to provide detail on the headings listed and/or any other detail not included elsewhere in this report.

General review of actions since the last Board report
Since the 2023 Designated Body Annual Board Report and Statement of Compliance, North Bristol NHS Trust has made significant strides in enhancing its medical governance and professional standards processes. The implementation of the Responsible Officer Advisory Group (ROAG) and its Terms of Reference (ToR) has provided a formal structure for supporting the RO in overseeing medical appraisal and revalidation processes. The Medical Professional Group (MPG), with its own ToR, has further strengthened governance by offering a platform for peer collaboration on clinical practice standards. The Trust also participated in the National Clinical Improvement Programme (NCIP) pilot, contributing to the development of tools that provide doctors with data-driven insights to improve clinical performance. Additionally, a series of Medical Engagement events have enhanced our culture of transparency and collaboration, ensuring doctors are involved in decision-making processes. Lastly, our senior doctors' onboarding programme has been refined, with a focus on ensuring that new medical practitioners to the Trust are well-integrated into the organisation, and supported in their appraisal and revalidation journey. These initiatives reflect the Trust's commitment to continuous improvement and high standards of medical practice. Over the past 12 months we have introduced a super appraiser model, which has comprised of either retired consultants or consultants with availability activity taking on a wider appraiser role by completing up to 30 appraisals per year. The Trust this year has announced it will form a Hospital Group. Joint appointments for the Chair and Chief Executive Officer (CEO) has taken place, Ingrid Barker, Joint Chair, Maria Kane, Joint CEO. Following these appointments it's the Trusts strategic intent to form a Hospital Group within the next two years. This supports the Trusts Joint Clinical Strategy with UHBW allowing deeper collaboration and support patient care. This collaboration will span across all clinical and corporate functions, including forging stronger links between Responsible Officers in each organisation. The Trust continues to expand its recruitment of Physicians Associates and they are an embedded integral part of our medical profession's workforce. The onset of regulation through

the GMC at the end of 2024 will further enhance our connection to this group of staff through the RO framework
Actions still outstanding
No outstanding actions from 2023.
Current issues
No current issues identified however, we are committed to continuous improvement and review of all our processes.
Actions for next year (replicate list of 'Actions for next year' identified in Section 1):
• Re-procurement of the medical appraisal and Revalidation system • Updating of the Medical Appraisal and Revalidation policy by January 2025 • Arrange a peer review of our processes within medical appraisal • Develop our processes around revalidation for Associate Medical Professionals. • Build upon the work already underway in the ED&I space as we move to being an anti-racist employer.
Overall concluding comments (consider setting these out in the context of the organisation's achievements, challenges, and aspirations for the coming year):
In the past year, North Bristol NHS Trust has made significant progress in strengthening its medical governance, appraisal, and revalidation processes. Key achievements include the establishment of the Responsible Officer Advisory Group (ROAG) and Medical Professional Group, both of which have enhanced oversight and peer collaboration. The Trust's participation in the National Clinical Improvement Programme (NCIP) pilot and its commitment to regular Senior Medical Engagement events demonstrate our focus on data-driven improvement and open communication with all our senior medical staff. Over the 2-3 years the key areas of focus for us would include:

1. Working with UHBW under the umbrella of a hospital group and aligning our processes, reduce duplication, continue to improve medical governance and enhance patient care and experience.

2. Developing and embedding a system of appraisal and revalidation for our Physician Associates

3. Enhancing the quality of our appraisals by incorporating data and clinical outcomes as an important component as per the National Clinical Improvement Programme (NCIP).

Section 4 – Statement of Compliance

The Board/executive management team have reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of the designated body:	

Name:	
Role:	
Signed:	
Date:	

NHS North Bristol NHS Trust

Meeting of the Board on 26 September 2024 held in Public

Reporting Committee	**People & EDI Committee**
Chaired By	**Kelvin Blake, Non-Executive Director**
Executive Lead	**Peter Mitchell, Interim Chief People Officer**

For Information

The People & EDI Committee received updates and reviewed the following internal reports:

Chief People Officer Update

The Committee received a verbal update which focused on:

- The continuous efforts to optimise staffing resources and reduce reliance and expenditure on Bank staff and temporary staffing, particularly within the Nursing and Midwifery workforce.
- The ongoing work related to the Hospital Group Model and the appointment of the interim Hospital Managing Director for North Bristol Trust.
- The Trust achieved an 91% overall completion rate for appraisals. There was a completion rate of over 98% within the People Team.
- The People Promise, including commendations from NHS England on the staff survey results.
- Two Teams and one staff member from the People Team has been shortlisted for the NBT Staff Awards.

Staff Attitude Survey Timetable and Preparation for 2024

The Committee received an update on the National NHS Staff Attitude Survey, an annual survey that all NHS organisations are mandated to participate in. This strategic listening tool supports the Trust in improving staff experience and engagement and serves as an enabler in delivering our Patient First Strategy at NBT. The survey comprises two elements: the annual Substantive Staff Survey and the Bank Staff Survey. For the past two years, eligible NBT Bank staff have participated in the Bank Staff Survey.

Planning for the Staff Survey involves significant consideration and discussion across various areas. The key areas discussed and agreed upon are as follows:

- Staff survey 2024 Trust-wide target: 62%.
- Bank staff survey target: proposed 30%.
- Survey launch date: Monday, 23rd September 2024, with a duration of 9 weeks.
- Staff survey participation incentives.
- Staff survey promotion theme and associated communications plan.
- The inclusion of additional questions

The Committee discussed the results in depth and recognised the potential implications recent changes, such as the reduction in Bank Staff expenditure and the new Parking Policy being launched in November. The Committee also discussed the importance of raising awareness and including Staff Networks in the Staff Attitude Survey to maximise response rates.

The Committee received reassurance on the ongoing work of the Bank Optimisation Programme and the collaborative efforts with Sirona to explore releasing bank work opportunities for staff dependent on bank hours with them.

Operational Workforce Update
The report provided assurance in relation to the delivery of operational workforce priorities, and highlighted the following key areas:

- Significant and continued improvements in staff retention and ongoing work on individual Divisional targets.
- Sickness and absence data indicating a positive trend with reduced sickness absence among NBT staff compared to other partner organisations.
- Innovative work being undertaken with the CMO to develop an enhanced health offer for our staff, focused on improving staff health including physical and mental health as well as health screening and prevention.
- Commitment to our community including planned improvements in the Disparity Ratio and hiring staff from the 30 most socio-economically challenged communities. It was noted that significant work is happening on this but that further work is needed on this in order to hit our targets.
- Recruitment with a positive performance from July 2024 such as an increase of Healthcare Support Workers and new starters.
- Ongoing work on reducing the agency spend that now is 1.5% of our pay bill (against a NHSE target of 3.6%).
- E Rostering planning data showing to deploy eRostering system RLDatix (formerly Allocate) to 100% of the organisation by December 2025.
- People Policies with 100% of Policies in-date achieved.

The Committee welcomed the report and congratulated the team on their achievements. Additionally, the Committee discussed the work on the Commitment to Our Community in-depth. It was noted that some of the metrics for employment from local communities are not reflecting the actual achievements and that this would be looked at further by the team. In addition, the Committee welcomed a deep dive into areas of concern around the disparity ratio to ensure we understand the root cause and that improvements can be made and our aspirations and targets achieved.

Trust Health and Safety Committee Update
The Committee were informed of the following key areas:

- Assurance that progress is being made to effectively manage health and safety aspects across the site via 14 subgroup committees, including Violence & Aggression.
- Details of internal and external audits carried out across the Trust Estate.
- Details of major incidents that have occurred over the past three months.
- An update on health and safety risks and their management.

The Committee discussed the subcommittee updates, particularly the water temperature issue on Level 6 Ward 10 and plans to mitigate this with increased water flushing and Legionella testing regimes. The Committee also reviewed updates from the Violence and Aggression Group, focusing on the aggression challenges in Elgar Ward. The Committee received reassurance that further work is being undertaken to analyse incident trends and identify preventative measures. This

included providing safety and conflict management training (MAYBO), covering de-escalation processes, to staff.

Sub-Committee Upward Reports
The Committee received a brief presentation of the People Oversight Group Upward Report with no additional comments or discussions.

For Board Awareness, Action or Response (including risks)

EDI Plan Update
The Committee received a detailed report outlining the 2023/24 equality data reporting Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), Gender Pay Gap (GPG) and Ethnicity Pay Gap (EPG) concerning the EDI Plan.

The Committee welcomed the report and noted the change of terminology from B.A.M.E to Ethnic Minority (to align with Government guidance) for future reports. The Committee discussed the report in depth, particularly the pay gap.

The Committee received reassurance and clarity on the correct pay within the NBT Banding system. Explanation was provided on the pay gap implementation involving extracting data percentages from the organisation. A separate presentation will come to the September Public Board on this item.

Workforce and Health & Safety Trust Level Risk (TLR) Report
The Committee were joined by the Director of Corporate Governance and Trust Secretary who provided an update on the positive engagement from Divisions and the mitigations in place for the Trust Level risks.

The Committee requested clarity on the Zero Carbon Emission plans in the current NBT financial situation and was reassured that plans to minimise the financial impact are in place.

Key Decisions and Actions

Security Annual Report
The Committee received the NBT Security Annual report which covered the period between July 2023 and August 2024.. The Committee were informed that positive reporting on Crime on the campus remained relatively low and that NBT police officers continue to support the organisation via an on-site visual presence.

The Committee discussed the Zero Tolerance actions and engagement from staff within the Trust and approved the report. It was agreed that the organisation would benefit from clearer guidelines for management on how to act and react in challenging situations. (Please see the appendix attached)

The Committee also agreed that:

- The staff networks would be involved in the Staff Attitude Survey preparations to help boost the response rate.
- Additional data on physical and mental health, screening, and preventive wellbeing services will be presented at the upcoming meeting.

• More numerical format of the future recruitment and retention data would be used in future Committee meetings.
Additional Chair Comments
The chair welcomed positive discussions and innovative resolutions to presented challenges, particularly mitigations in place for TLR's and congratulated on detailed and informative reports.

Date of next meeting:	Tuesday 14 November 2024

North Bristol NHS Trust

Annual Security Report
2023/2024

North Bristol NHS Trust 2023/2024

The Security Services team continue to play a vital role in supporting the Trust through key activities and 24/7 surveillance. Staff, visitor and patient safety remain the main priority of the security department, ensuring that security services are delivered and maintained. The security services have since 1 July 2024, been employed by the Trust after a Transfer of Undertakings (Protection of Employment) regulations (TUPE).

Introduction

The purpose of this report is to inform the Trust of key areas of work undertaken within the Security team for the period of July 2023 to August 2024.

Effective security measures should be seen as an essential feature in the delivery of high-quality healthcare services to which the Trust is committed.

The current security and parking provision was outsourced until 1st July 2024, where the services were brought into the Trust as part of the wider Facilities team.

The Security Management Team is made up of NBT staff and an Avon and Somerset Police Officer:

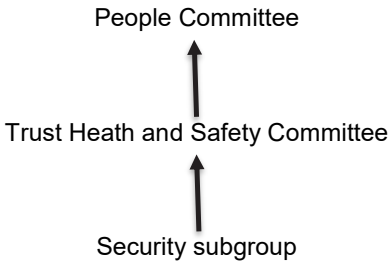
- Head of Security & Local Security Management Specialist (LSMS) – Gavin Pullen
- Physical Security Coordinator (PSC) – Ian Kibbey
- Operations Coordinator & Dan Jones Security Coordinator – Chris Preen
- Avon & Somerset Beat Manager dedicated to Southmead Hospital – Jason Redfield (Avon & Somerset Police)
- Security Operatives for Southmead Hospital (Control room, Site, Maternity reception, ED & R&D)
- Security Operatives – Cossham Hospital

The NBT Security & Parking Teams currently deliver 1486 working hours per week to the Trust.

Localised liaison with various teams are listed below:

- Police, Local / Community and Counter terrorism
- NHS England
- South West Local Security Management Specialist Group
- National Association for Healthcare Security
- NPAG Violence Reduction & Security Management Network
- “Other” Trusts

Reporting Structure



The Trust Security subgroup meets monthly and reports to the Trust Health and Safety Committee, which in turn reports to the People Committee.

Our Aims are to provide:

- The personal safety of patients, staff, visitors, and all others frequenting the Trust premises
- The protection of Trust property, equipment and premises against theft and damage
- That criminal activity is deterred and that there is an effective response to all security incidents including the prevention of crime and disorder within the Trust's premises
- Appropriate incidents of crime and disorder are reported to the Police
- The delivery of healthcare is uninterrupted, and provisions are made in respect of major incidents.

Sources of information

1. Policies

The following policies were reviewed during this reporting period:

HS36 – Security policy
HS37 – Surveillance policy
HS38 – Bomb threat policy
HS39 – Identification & access control policy
HS41 – Management of keys policy

2. Assurance & Risk

Continued liaison, and partnership working with the Trusts Emergency Preparedness Resilience and Response (EPRR) team provides support and knowledge to all in order to run desktop or actual 'live' security scenarios. These senioros are monitored and evaluated in or to learn and improve processes and responses moving forward. It is acknowledged that 'live' security scenarios may on occasion cause staff upset and distress to those involved, whilst also potentially impacting on business as usual activity.

Identified Security risks are managed in accordance with the Trust Risk Policy and entered onto the risk register as and when identified.

There is currently one security entry on the Trust DATIX system. Risk number:1854 which has a score rating of 12, this risk has been recorded under the category of Service Delivery. The risk is: ***Sitewide failure to the Access Control System Communications Servers***. The existing Trust wide access control system sits on aging legacy hardware which manages the communications of over 14,000 individual door access swipes. On regular occasions leading to slow access control activity, jammed networks and potential IT Security Risks. The current system is also at risk of failure with no secure back up or support for software recovery. IT have already set up a virtual server, however the security department now require funding to carry out the changeover and support the ongoing activity of virtual servers and software.

The risk is closely monitored and reviewed and is an agenda item on the monthly Security Group meeting and H&S Committee meeting.

Throughout the year, advice and support has been provided for the following projects:

- Security element of the new Elective Centre
- Elgar House staff attack alarm
- PALS staff attack alarms
- Proposal for the introduction of security personnel into the Central Delivery Suite reception.
- Support on the wards with additional security staff
- Operation Consort

Key Areas of Special Interest have included:

Maternity
Baby Abduction exercises have and will continue to be carried out in conjunction with the Trust EPRR team.

Health & Safety Committee
Update is provided to the H&S Committee which provides an update on incidents, sexual assault, violence and aggression management and associated statistics.

Security Group
Monthly meeting which reviews crime and violence statistics for the Trust, including police arrests and sanctions. The monthly overview allows participants the opportunity to review trends highlighted in this report. The group provides an update to the Health & Safety Committee in preparation for scheduled THSC meetings.

Violence and Aggression Reduction Group
VARG look at the management of violence, and sexual assault with the aim of reducing the number of incidents reported to the Trust.

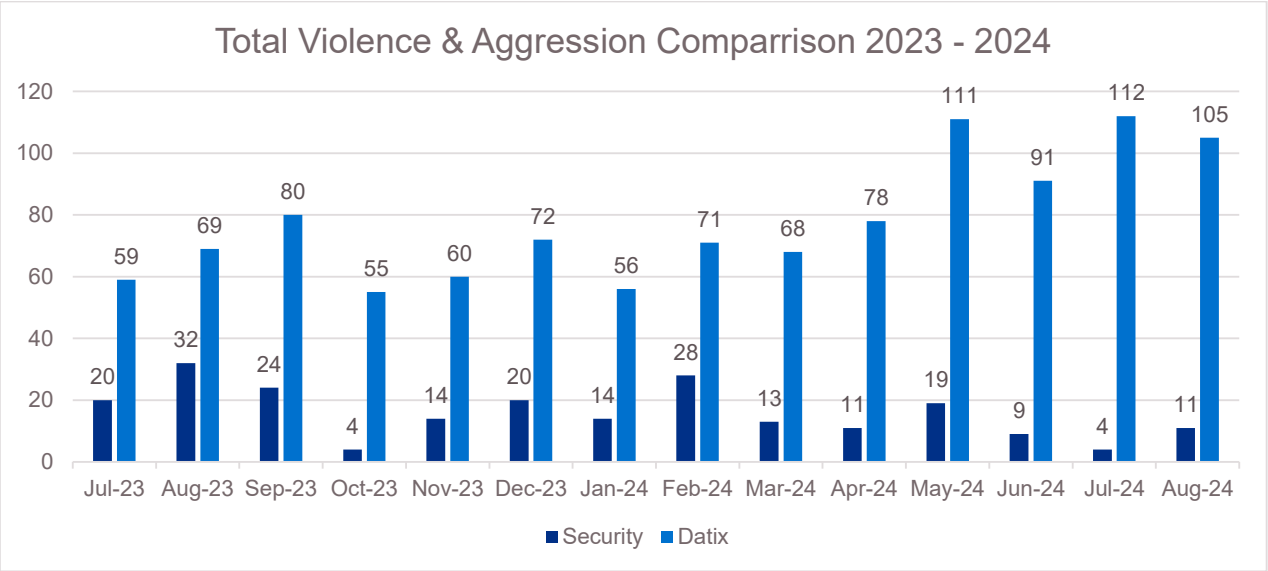
Complaints
No formal complaints have been raised against the security team staff or their activity.

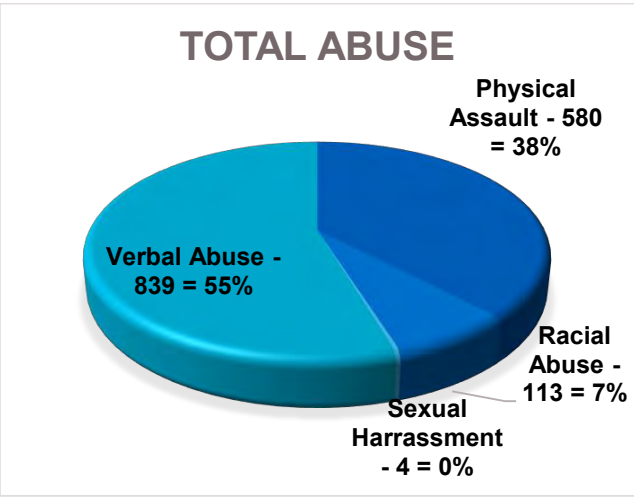
3. Information from Datix and Smartcase reports

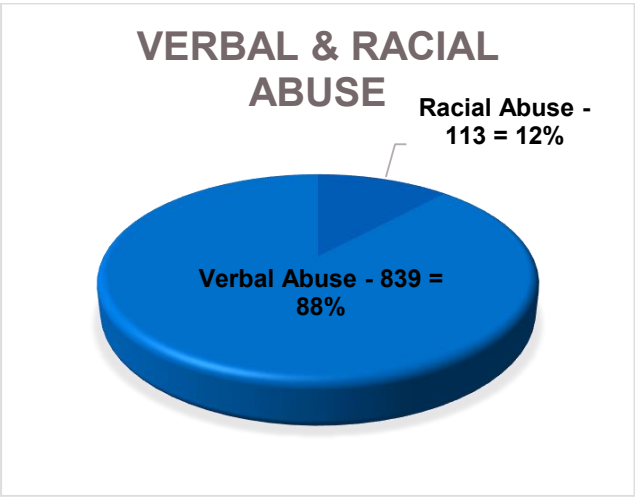
This information allows the security department to identify any trends, and feeds back into the Security work program with cross reference against incidents reported to the Security Team. Furthermore, the LSMS can cross reference Datix reports with Police crime logs.

Comparing data with Avon and Somerset police via our Southmead Beat Manager is extremely reliable. Monthly comparisons allow the team to review crime reported to the police, versus crime reported to the onsite Security Team.

The below graph illustrates the number of Datix reports completed for Violence & Aggression versus the number of security reports completed. This illustrates that generally staff are reporting incidents on Datix that does not necessarily require security intervention or presence.





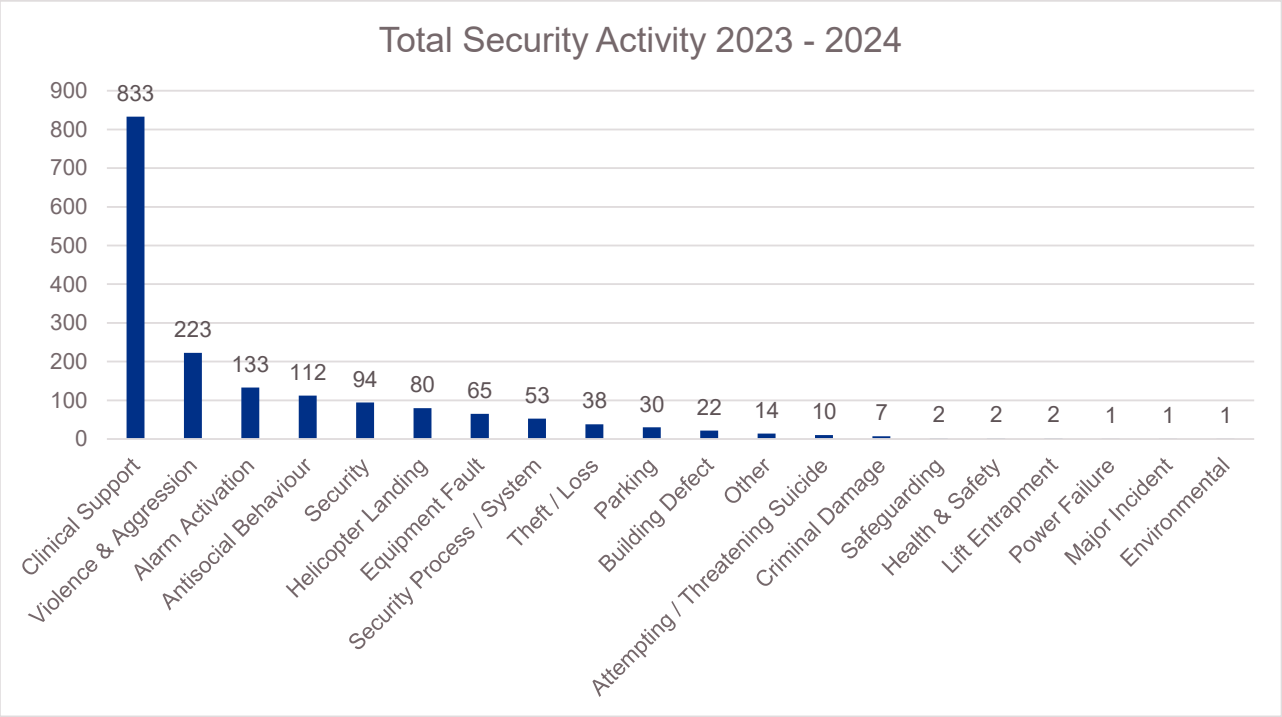


The graph above highlights the continued trend which highlights Violence & Aggression, both Physical and Non-Physical.

In each of the last four years, the NHS Staff Survey has shown that more than one in four staff has experienced harassment, bullying or abuse from patients and members of the public while at work.
In the same timeframe, more than one in ten staff also said they had experienced physical violence from patients, relatives and other members of the public while at work.

4. Requests for Security Support

All security related incidents or requests are recorded by the Security Team to create an overview of activities. As can be seen from the graph below, clinical support remains the highest request annually.



5. Violence & Aggression

Security personnel have received Maybo training (Conflict Resolution and Personal Safety Training) which continues to be a priority in delivering a safe environment. Maybo training is promoted within the wider Trust for clinical frontline staff in areas where an increased risk prevails.

Maybo training provides staff in different roles and services with the knowledge and skills to reduce and de-escalate conflict and safely manage behaviours of concern. Maybo training covers the following aspects:

- Positive Approaches to Behaviour
- Safer De-escalation
- Personal Safety and Disengagement
- Redirection & Guiding
- Safer Holding

Immediate Response to Violence & Aggression
In line with our published policy on managing violence and aggression an escalated approach is used to deal with all violent and aggressive incidents, namely:

Step 1 – Staff to engage and attempt to deescalate the situation using trained Maybo techniques.

Step 2 - Calling for emergency assistance from the Security Team. Security Officers provide emergency response and support to all staff facing threats of violence and aggression from service users, intentional or not. As well as being backed up by an extensive CCTV network (where applicable) and all Security Officers carry body worn cameras. Body worn surveillance cameras continue to provide beneficial support to both clinical and security staff when dealing with challenging situations and incidents.

Step 3 - Enlisting emergency assistance from the police.

A structured approach to Violence & Aggression (V&A) is required by the Trust, this ensures that there is a programme in place, which is able to test and measure performance against our overall violence prevention and reduction strategy. For more information, please see the link below.

https://www.england.nhs.uk/wp-content/uploads/2020/12/B0319-Violence-Prevention-Reduction-Standards.pdf

The Trust has an established Violence Reduction Group which meet monthly to specifically look at violence reduction and staff support when dealing with violence/aggression.

Principle Role of the Security Team

Our Security Team are trained to engage physical interventions by way of safe holding and restraining of those service users whose behavior has escalated to the point that the safety of staff and other service users is being endangered.

The Security Team supports the wider Trust in locating absconded and missing patients deemed to be vulnerable or at risk.

The team respond to all fire alarm activations across the PFI and the retained estate, they equally supported all Air Ambulance landings/departures on site.

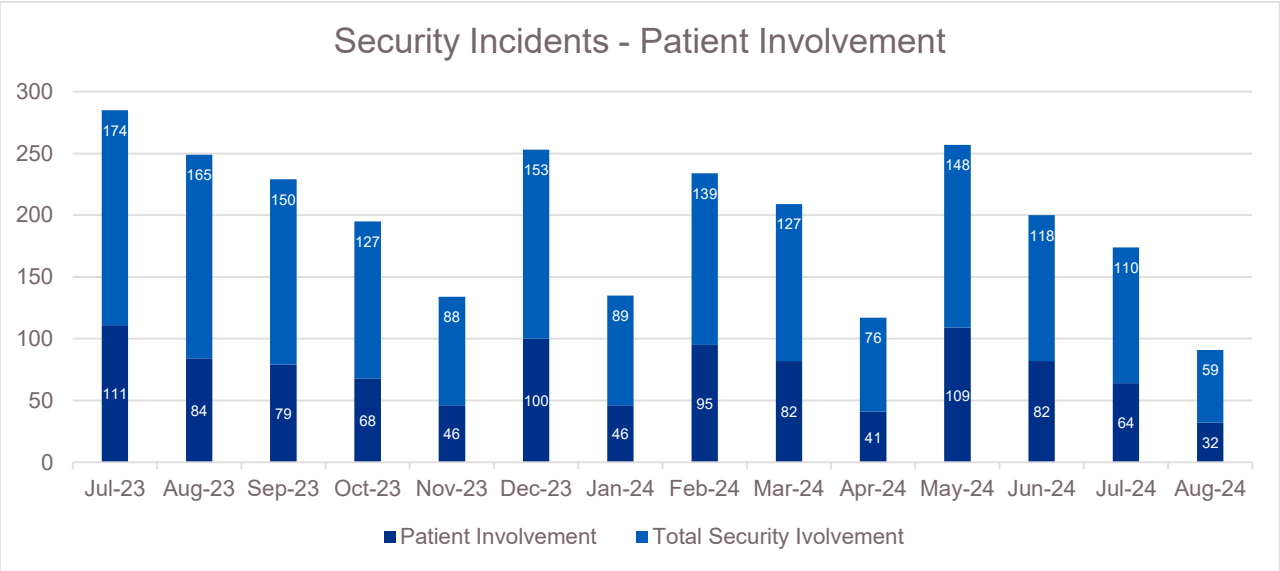
Proactive crime prevention patrols are conducted by the security team throughout a 24-hour period, 7 days per week, 365 days per year. The patrols ensure that the security team meet the requirement for an overall security provision adopting sound principles, namely, “Deter, Detect, Delay & Defend”.

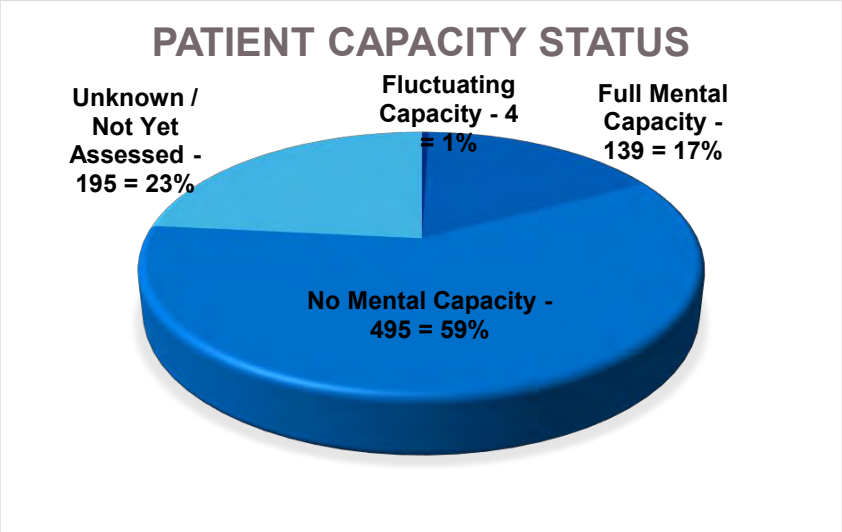
6. High Impact Users

Unfortunately and on occasions, we have hospital service users who resort to unacceptable behaviour and require formal action to be undertaken. These individuals need to be managed to prevent harm to our staff or other service users and this may require police involvement or formal action in the form of a written warning. The Acceptable Behaviour Contract (ABC) or an Exclusion Order is considered to be the last resort in managing these individuals.

Generally, most of the call’s requesting assistance are in relation to patients lacking mental capacity and therefore no formal action can be instituted.

In July and August 2024, additional security operatives were deployed to Gate 6B to assist with the management of two high impact patients, this activity yielded positive results and a safe outcomes for all. However ‘lessons learned’ and further review will be undertaken in the management and processes aligned to the management of High impact users whilst they are attending the organisation.





As a Trust we believe that more action could be undertaken in order to better manage violence or aggression, to reduce the number of occurences that are observed across the Trust. The Violence Reduction Group is working towards a centralised, managed approach in dealling with these service users which pose a risk to Trust staff. Detail provided enables us to concentrate our efforts in key areas to address the increased abusive behaviour.

7. Attempted Self Harm

The security team have seen a welcomed decrease in self harm statistics over this reporting period and they continue to work in close association and partnership with AWP to ensure that all parties manage vulnerable discharges.

Statistics recorded by the Security department are as follows:

2020/2021 – **19**
2021/2022 – **18**
2022/2023 – **14**
2023/2024 – **10**

The security team continue to receive training and support in sucide awareness as they are usually the first responder to a situation where a person is threatening self harm.

8. Security personnel

Security staff provide a general deterrent by their presence to all manner of threats including violence and aggression, theft, criminal damage etc. Their duties consist of deterring unauthorised activity through proactive security patrols, reactively responding to calls for assistance as and when required and supporting patients, visitors and staff.

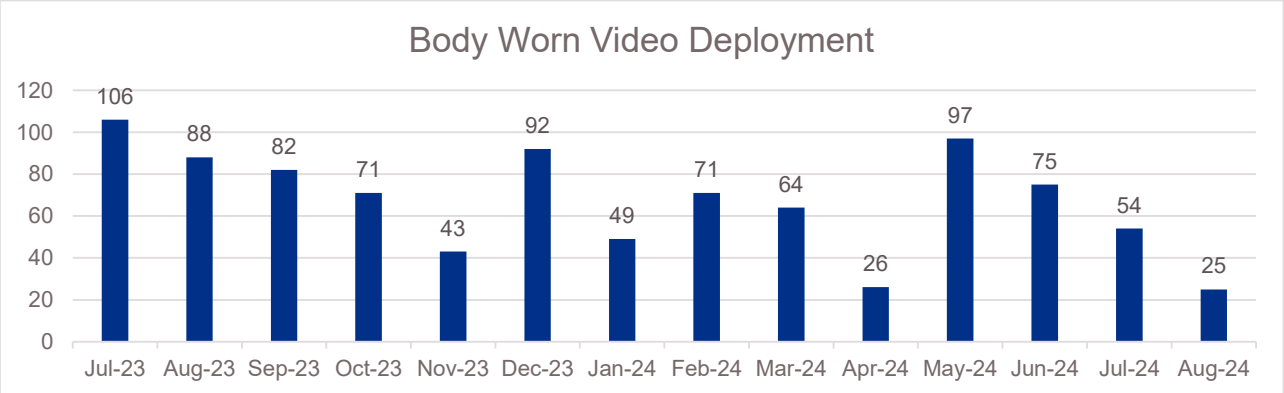
They currently provide the following services:

Maternity security reception services, ED security support, general response officers for the wider hospital, R&D service yard security staff, Customer Assistance office in the Brunel atrium and security support at Cossham Hospital.

9. Physical Security

9.1 Body Worn Video

Body worn video (BWV) continues to be well utilised by the Security Team when attending requests for assistance or support. It can be seen from statistics that the cameras are frequently deployed but there is only a portion of requests for the footage to be used as evidence. The cameras have been a useful tool in data collection for training purposes and have provided additional support to the team on the ground. They do further serve as a deterrent when dealing with challenging behaviour.



9.2 Surveillance

Currently the team in the control room monitor 575 cameras which is a challenging task, this results in a reactive response to incidents once observed. It is proving difficult for the control room to proactively monitor all of the Trust CCTV cameras in operation at any one time. A business case was submitted for funding to introduce (AI) analytics and associated software to the current system, in order to support the control room team in monitoring activity. Video analytics software is designed to automatically analyse video content in real-time. From a CCTV perspective, this technology can identify an endless range of actions and activities, from an individual wearing concealing clothing to a group of people crowding in a certain area – this is without needing a dedicated operator on-hand 24/7. The technology would in addition support the redaction requirement for CCTV, which is frequently requested. The business case is one of many to be prioritised and allocated funding.

The number of CCTV cameras in operation will increase as the new Elective Centre achieves completion.

All our security staff carrying out their duties in the control room, are licensed and trained in accordance with Security Industry Act requirements for use of CCTV equipment.

9.3 Access Management (swipe cards)

North Bristol NHS Trust currently has 13,410 active access control cards (ID's) in circulation. An average of 900 new ID cards are produced each month, these are via Trust Inductions and replacement requests.

Access cards are 'suspended' if not used at least once over a 30-day period and are permanently blocked after 3 months if not utilised.

There are a total of 975 Access controlled doors throughout the Trust resulting in many daily access swipes. Average figures recorded for access attempts can be broken down as follows:

3,625	per hour
87,000	per day
2,644,800	per month
31,755,000	per year

10. National Association for Healthcare Security (NAHS)

The NBT Security department are members of the The National Association for Healthcare Security (NAHS). This is 'the professional body representing healthcare security'. NAHS is a free-to-join, not-for-profit organisation, managed by a Board of Directors (NAHS Ltd Company Registration 13242341) and an Executive Team.

Aims and objectives are all Healthcare Security Sector Specific (HSSS) and include:

- To work with Govt. Departments, regulatory and supervisory bodies. To develop a comprehensive programme of healthcare security management standards and audit and assurance framework.
- To create and identify, healthcare security sector-specific training for its members. So, whether you are a Healthcare Security Officer (HCSO), Healthcare Security Manager or Director (HCSM/D), there is a structured academic career pathway for you to follow.
- Via our website, members can network with like-minded healthcare security professionals, access subject matter experts, relevant legislation, presentations, and best practice guidance documents. There is also a 'Chat Room' to raise questions or discuss relevant issues amongst peers. In addition, we publish a monthly magazine covering hot topics and links to membership offers.
- Lastly, our annual conference, a two-day/evening event, provides delegates with a range of healthcare security sector-specific presentations from leading subject matter experts. There is also a comprehensive exhibition area, where many leading developers and manufacturers showcase their products.

11. Counter Fraud NHS/KPMG

Our Local Counter Fraud Specialist is the nominated individual for providing Counter Fraud services to North Bristol NHS Trust. The NHS standard contract requires all NHS organisations to meet the NHS Counter Fraud Standards, including having a nominated person responsible for counter fraud, bribery and corruption.

The role of the LCFS (currently provided for by KPMG) is varied; however, all of their work is aimed at identifying and assessing fraud risks, and equally introducing measures to address them. This includes proactive reviews, attending divisional meetings to provide advice, delivering staff training and undertaking investigations around potential fraud.

12. Police & Counter Terrorism

12.1 Southmead Hospital Beat Manager

PC Redfield of Avon and Somerset Police has visibility of all Violence and Aggression reports via DATIX and responds via email, visit to a victim or staff member, this action is to encourage reporting of incidents to the Police. The email will include a link to the dedicated online police reporting form which can be found on the intranet and is fed directly to the Police, thus reducing time spent making a report. Unfortunately, though this continues to be more challenging than first anticipated, as staff appear to be reluctant to make formal reports, often believing that if the offender is suffering from fluctuating or lack of capacity, they cannot report the incident.

PC Redfield will attend the Trust monthly High Impact User meetings to discuss problem patients and to share information. They will also attend the monthly Security and Violence Reduction Group meetings, whereby an overview is provided on general statistics both within and outside of the hospital site.

12.2 Counter Terrorism

The Trust offers all staff the opportunity to complete an online counter terrorism course, namely, **ACT** – Action Counters Terrorism.

Martyn's Law (The Terrorism Protection of Premises Bill)

The Terrorism Protection of Premises Bill, also known as 'Martyn's Law' is expected to become law in latter 2024, beginning 2025.

The bill is the legislative response to the findings of the Manchester Arena Inquiry.

It is designed to reduce the risk to the public from terrorism by the protection of public venues – increasing national security and personal safety.

What it means for the Trust

The bill will place a requirement on those responsible for certain locations to consider the threat from terrorism.
It will also require them to put measures in place to mitigate the threat, including implementing security systems, staff training, and clearer processes.

For locations with a capacity above 800, 'Enhanced Tier' rules will apply. This will require more detailed risk assessments, security planning and staff training - and a proportional response which will be articulated in the legislation.

An inspection regime will be put in place by the UK Government, and the regulator will have full powers of entry into any qualifying location.

Sanctions will range from a fine or permanent closure of the location to criminal sanctions against the organisation. Non-compliance is also likely to bring reputational risks.

13. Legislation

Assaults on Emergency Workers (Offences) Act 2018
Data Protection Act 2018
Criminal Law Act 1977
Health and Safety at Work etc. Act 1974
Mental Health Act 1983
Mental Capacity Act 2005
Common Law

14. Park Mark - Safer Parking Scheme

Following external inspection and audit, the Trust has again retained the 'Park Mark Safer Car Parking Award' across 8 of our car parks. The Safer Parking Scheme is managed by the British Parking Association. The aim of the scheme is to:

- Reduce crime and the fear of crime within parking facilities.
- Provide guidance to owners, operators, and developers of parking facilities, both new and existing, on how to establish and maintain a safe and secure environment through the introduction of proven management processes, physical measures, and site security systems.
- Raise awareness to those who use the car park facility that the owner/operator has considered and where appropriate taken action to reduce crime within the parking facility that they had chosen to use.
- The accreditation is an initiative the charity Disabled Motoring UK (DMUK) and managed by the British Parking Association (BPA). It is open to all operators with an interest in improving parking facilities for disabled people in the UK.

15. Conclusion

The Security team are now directly employed by the Trust, however they require further development and training within their roles in order to achieve a comprehensive and professional service. Recruitment is a key area of focus for the Trust to ensure an effective and efficient service. Previously 'third party' contracted staff have not received adequate support from their employer, therefore NBT Security management will ensure continued engagement and development of each staff member.

The Security Department continues to protect staff with personal safety support as and when required. They continue to offer support to staff who may have fallen victim to violence whilst carrying out their duties via daily Datix follow ups and the on-site Police Liaison Officer.

The formation of the Violence Reduction Group also continues to demonstrate a positive step in addressing violence against our staff.

The department will continue to strive for higher standards in service delivery for the Trusts staff, patients and visitors.

In early 2025 the Trust will be required to enhance security measures further with the introduction of Martyn's Law, placing further responsibility on the Trust for the safety of all staff, patients, and visitors.

NHS North Bristol NHS Trust

Meeting of the Trust Board on 26 September 2024

Reporting Committee	**Patient and Carer Experience Committee**
Chaired By	**Kelvin Blake, Non-Executive Director**
Executive Lead	**Steven Hams, Chief Nursing Officer**

For Information

[Items which the Committee were informed of, via report to or discussion at the meeting(s), which the Chair would like to highlight to the Board]

The Committee was informed of:

- **Patient Stories**: the stories of three patients (highlighted from the Healthwatch report) whilst they waited for elective operations, on waiting lists, and how their conditions had changed whilst they were waiting, along with their hopes, fears, anxieties and needs for reasonable adjustments. The Committee was interested to hear of the huge variety of experiences of different patients and how challenging, complex and resource-intensive it would be, to meet all patients' needs or wants. The Committee emphasised the need for patient-centred care, whilst acknowledging the complexities of that, and effective communication (which every patient potentially required in a form bespoke to them). The Committee welcomed the 'digital stories' format of presentation (using patients' words, voiced by staff), and asked for a greater diversity of voices to be heard in future.
- **2023 National Cancer Patient Experience Survey**: the Committee heard how NBT had improved in all areas where it was an "outlier" in the previous year and that, if the survey was done again now, patient scores would be higher, due to all the work done since 2023. The Committee heard about the shared decision-making project, how the Trust was involving all cancer specialties in reporting on performance, and that a Patient Experience Lead for Cancer was currently being recruited, to help gather information, drive improvement and share best practice among different cancer sites. The Committee heard about delays in Urology and that improvements were often simple and low-cost (e.g. improving patient communication administration). They agreed on the importance of joining up and triangulating information and felt that NBT should be more ambitious and look to be among the best non-specialist cancer sites in the UK. They asked for more data in future on what the best Trusts were achieving and how, so NBT was better equipped to be among the best.
- **2023 National Adult Inpatient Experience Survey**: the Committee heard that NBT was about the same or better than most other Trusts in almost every area and that significant improvements had been made (and higher patient survey scores were being achieved) at NBT compared to the previous year. Actions to address the survey results were well underway, with patient conversations introduced and the Transfer of Care Hub progressing in particular. The Committee welcomed the survey results and asked how NBT could be even better and potentially become outstanding. The Committee recognised that the national survey approach was nationally mandated but nevertheless, they asked for more work to be done locally around gathering

data from a more diverse range of patients (in terms of ethnicity, as well as age, disability and socio-economic background), as the majority of respondents were older, white and British. The Committee discussed the various patient feedback mechanisms and how the use of AI may more efficiently and effectively enable the main themes to be identified within the many thousands of items of narrative patient feedback and social listening.

- **Patient Experience Trust Level Risks (TLRs)**: the Committee heard about three TLRs; (a) 1970; treating patients in areas outside the planned bed base (in ASCR) (b) 1881; treating patients in areas outside the planned bed base (in Medicine) and (c) 1701; waiting times for first appointments in the weight management service. The Committee discussed the practice of corridor care and the difficult balance of factors involved. Often patients would rather be on a bed in a corridor, than not in the hospital at all, but ensuring they were cared for appropriately, wherever they were located, was the most important thing. The Committee acknowledged that the Trust was doing the best it could with the resources available.
- **Mental Health Liaison Team annual report**: the Committee heard about the work of the team and the difficult challenges involved in the ever-increasing number of patients presenting with mental health challenges and nowhere more appropriate to go. The need for better system and multi-partner working and for 24/7 mental health services was emphasised, as was the need to support staff with mental health issues and a whole-person approach.
- **Accessible Information Standard (AIS) annual report:** the Committee heard about NBT's many initiatives and progress towards meeting the AIS, including its work with staff, groups and partners such as the West of England Sight Loss Council and others to improve patient communication and engagement. The Committee welcomed the extensive work taking place, emphasising the importance of communicating effectively and the huge difference it made for patients, and thanked the team for all their work.
- **Healthwatch report: Your Experiences of Surgery Waiting Lists**: the Committee heard about a report commissioned by NBT to seek insight from the experiences of people on waiting lists for surgery. The Committee discussed the importance of good communication with patients and about various projects underway (including a "waiting well hub" and work with the peri-operative steering group). The need to hear from people from a more diverse range of backgrounds was again emphasised and prioritising patients in the greatest need was put forward as an option, rather than trying to design services to meet the needs of everyone.
- A highlight report from the **Patient and Carer Experience Steering Group**, where all workstreams were rated green.
- A highlight report from the **Learning Disability and Autism Steering Group**, where all workstreams were rated green.

For Board Awareness, Action or Response (including risks)

[Items arising from the meeting(s) which require Board awareness, action or response.]

None of the items reported to the Committee require specific Board action or response. This report is submitted so that the Board is made aware of the activities undertaken by the Committee on its behalf.

Key Decisions and Actions
[Key decisions and actions agreed by the Committee.] The Committee did not determine any specific actions outside those specified above, but looked forward to future updates. They asked for more data to be gathered in some areas (e.g. on what the best Trusts in the UK were doing in cancer, to achieve higher patient survey ratings and how NBT could learn from that) and asked for more work to ensure an even more diverse range of patient voices was heard.
Additional Chair Comments
[Any additional commentary from you as Chair not covered by the above: e.g. particular themes of discussion, etc.] Key messages from the meeting: 1. Continue being more ambitious to hear the voices of our Global Majority communities. 2. Need to set our ambitions to excellence and be relentless in our pursuit of it. 3. We continue to be system leaders and work with partners to bring change.

Date of next meeting:	9 December 2024

NHS North Bristol NHS Trust

Report To:	Public Trust Board		
Date of Meeting:	26 September 2024		
Report Title:	Board Insight Visits		
Report Author:	Rachel Bartlett, Senior Executive Personal Assistant to the Joint Chair and the Hospital Managing Director Richard Gwinnell, Deputy Trust Secretary		
Report Sponsor:	Xavier Bell, Director of Corporate Governance and Trust Secretary Steve Hams, Chief Nursing Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	To inform the Board of recent Board Insight Visits.		

Key Points to Note *(Including any previous decisions taken)*

The report includes details of recent Board Insight Visits along with a summary of feedback from those visits.

This report covers the period February 2024 to August 2024. Over this period, 19 formal Board Insight Visits have taken place using the Insight Visits framework and feedback sheets.

This does not include:

- Engagement visits by the Joint Chair and Joint Chief Executive which are reported separately via their regular Board briefings,
- The work of the Executive and Non-Executive Maternity Safety Champions, who have a separate engagement programme with the Women and Children's Health Division, nor
- The general visits undertaken by Executive Directors in the course of their day-to-day work.

Further Insight Visits are scheduled until the end of the calendar year and into 2025.

Strategic Alignment

Board Insight Visits are undertaken by Non-Executive Directors and Executive Directors, to help them gain a deeper understanding of different areas of the Trust and gain assurance about operational effectiveness, and to give operational and clinical teams an opportunity to engage with Board members. This supports leadership visibility and engagement, offers opportunities for triangulation, and ensures that Board members remain connected to the wider organisation.

Risks and Opportunities

Improved leadership visibility, staff engagement, and the opportunity to triangulate data as a result of Board Insight Visits.

Recommendation

This report is for **information**.

The Board is asked to note the update and findings of Board Insight Visits.

History of the paper (details of where the paper has previously been received)	
Executive Management Team	18 September 2024
Appendices:	Appendix A – Feedback from visits (summary)

1. Purpose

1.1 To update the Board on visits undertaken by Executive Directors and Non-Executive Directors to various areas of the Trust, and any common themes from these visits.

2. Background

2.1 The CQC Well-Led Framework requires NHS organisations to evidence that their "leaders are visible and approachable". Similarly, the Code of Governance for NHS Provider Trusts requires that "directors should seek opportunities to engage with stakeholders, including patients, clinicians and other staff". The benefits of leadership visibility and engagement opportunities within organisations are well documented and understood.

2.2 On 23 February 2023 the Board approved an approach to Board member "Insight Visits", to improve structure, clarity, reach, and the feedback from Board member visits across the organisation. This approach helps evidence that NBT is Well Led and to:

- Increase the visibility of Board Members,
- Provide a method for consistently recording and ensuring a feedback loop from visits,
- Improve Board engagement and connection with front-line staff and patients,
- Allow insight and exposure to the organisation and services, particularly for Non-Executive Directors,
- Encourage authentic listening and coaching conversations,
- Provide additional triangulation opportunities,
- Complement intelligence and surveillance systems.

3. Insight Visits

3.1 Since the visits listed in the February 2024 Board report, the following Board Insight visits have taken place (up to the end of August):

Date:	Location	Board member(s)
05/02/2024	Health & Safety	Tim Whittlestone, Shawn Smith
07/02/2024	Women's and Children's Health	Neil Darvill, Sarah Purdy
15/02/2024	Diagnostics (Intervention Radiology)	Glyn Howells, Sarah Purdy
22/02/2024	Urology Outpatients	Neil Darvill, Kelvin Blake
27/02/2024	Ward 25B	Maria Kane, Sarah Purdy
14/03/2024	Ward 26A	Steve Curry, Jane Khawaja
18/03/2024	Pharmacy	Tim Whittlestone, Shawn Smith
16/05/2024	Gate 24 Physio	Steve Curry, Sarah Purdy
22/05/2024	Medical Day Case Unit	Peter Mitchell, Shawn Smith

23/05/2024	Fracture Clinic – Gate 12	Tim Whittlestone, Jane Khawaja
28/05/2024	Ward 27A	Maria Kane, Shawn Smith
04/06/2024	Ward 26A	Peter Mitchell, Jane Khawaja
02/07/2024	Ward 27B	Glyn Howells, Sarah Purdy
18/07/2024	Medical Day Case Unit	Tim Whittlestone, Richard Gaunt
01/08/2024	Ward 28B	Steve Hams, Shawn Smith
07/08/2024	Ward 28A	Neil Darvill, Shawn Smith
08/08/2024	Fracture Clinic – Gate 12	Steve Curry and Sarah Purdy
19/08/2024	OP Booking Admin Team	Glyn Howells, Kelly Macfarlane
19/08/2024	Women's and Children's Health	Steve Hams, Kelly Macfarlane

4. Findings

4.1 Appendix A to this report sets out a summary of feedback recorded by Board members. The following themes have been identified across the various visits:

- good progress is being made with health and safety awareness and reporting and embedding health and safety across the Trust,
- there is a great deal of enthusiasm amongst staff, as well as good teamworking, and morale is generally good in all areas visited during this period,
- patient-centred care and outstanding experience are being delivered by passionate staff who are increasingly aware of and engaging with Patient First,
- local leadership and culture are good in all areas visited in this period, and staff are well aware of the opportunities available to speak up and influence change and improvement,
- there are some remaining issues with Badgernet affecting community midwifery in particular, but the picture is improving generally,
- space constraints in several areas of NBT, including constraints on storage space, with constraints partly due to increasing patient numbers; there may be opportunities to rationalise and improve space efficiency in some areas,
- there is room for process efficiencies and effectiveness gains in some areas (e.g. ensuring patients are informed of appointments before they happen) – better use of IT (emails and texts in this case) is an area where opportunities may lie,
- there may be opportunities for improvement in Pharmacy around medicines management, dispensing options, noise, and storage space
- having a private pharmacy on site and a dentist on site were raised as potential opportunities for better co-ordinated service delivery
- facilities management issues remain in some areas (e.g. power points and blinds on ward 27A)
- process improvement, Patient First and continued IT investment are helping to improve outcomes, with more work to be done,
- the best care possible is being delivered by dedicated and hard-working staff, despite pressures and high patient numbers meaning some patients have to be cared for outside normal bed base areas,
- staff are going above and beyond to deliver excellent care for patients and have a strong sense of pride in their work.

4.2 Specific actions were identified and have already been followed up and dealt with or will continue to be followed up and dealt with in the following areas:

- Badgernet – implementation, community midwife access issues, teething issues, availability of Wi-Fi and laptops, scanning facilities – being followed up by the relevant Programme Board; many issues already resolved and reported to the relevant Board Committees
- Interventional Radiology – workforce structure queries, queries on the impact of the Elective Care Centre, pathway queries – resolved via the Executive Director.

5. Future visits

5.1 The following visits are already scheduled or are in the process of being scheduled for October to December 2024:

- Ward 34A
- Ward 31B
- BCE
- Ward 34B
- Ward 32A
- WACH (Women's and Children's Health)
- Ward 33A
- Ward 32B.

5.2 Suggestions on additional locations to include within the forward schedule are welcomed. The intention is to work through all wards and teams over time.

6. Summary and Recommendations

6.1. The Trust Board is asked to:

- note the visits that have taken place since the last report,
- discuss the feedback and any emerging themes,
- note that the feedback from these visits is included within the information reviewed by the quarterly Triangulation Group, alongside other sources of data,
- flag any locations that they wish to prioritise within the forward schedule of visits.

Appendix A: Insight Visit Feedback

Date:	Location	Board members	Feedback Summary
05/02/2024	Health & Safety (H&S)	Tim Whittlestone, Shawn Smith	Progress is clearly being made in improving reporting and awareness of H&S in general. In a previous visit it was felt that the importance of H&S wasn't really part of the 'way of working' beyond H&S however, this was clearly changing and improving. Fire safety issues are being tackled where possible; there are still long running risk issues that everyone is aware of and are highlighted through the risk register at Board level. There seemed to be a lack of one definitive list of properties that NBT is responsible for. Glyn Howells confirmed this does exist. He is following this up with H&S Team. Overall, H&S is very much an evolving area. Even in my short time with the Trust I have seen vast improvements in the approach to and reporting of all aspects of H&S. While there is still a degree of scepticism amongst the team, it certainly felt that this was changing. This is a result of H&S being highlighted by the Trust at Committee and Board level. There was a good feeling of teamwork and desire to do the best job possible. There was a clear enthusiasm amongst the team. Overall, a very positive visit in terms of progress and development of the team and the progress being made.
07/02/2024	WACH	Sarah Purdy, Neil Darvill	Met members of the Divisional Management Team and spent time in admin offices (briefly) then ante natal ward and CDS. Here we met senior consultants (x3) and nursing staff (matron). Main focus of discussions was unsurprisingly, IT, in particular Badgernet implementation and issues arising. 3 main areas – Neil Darvill will follow up. • Community midwife access to internet • Badgernet implementation • IT access in CDS – mix of difficulty getting onto Wi-Fi and the machines available. Staff were engaged and positive about Badgernet overall. Understandably some frustrations as it is used and beds in. It was good for staff to be able to raise issues but also hear that the Programme Board is ongoing and there are routes to raise concerns via this.
15/02/2024	Interventional Radiology	Glyn Howells, Sarah Purdy	Increasing numbers and complexity of patients who would benefit from IR mean that space is challenged as no room to expand. Also, no 'fall back' space/kit to use if there is an issue with one IR suite. Staff recruitment and retention has been difficult but is currently a little better. The work is very busy, cost of living is high and there are limitations within current NHS pay structures to reward highly skilled nursing staff for clinical skills (as opposed to promotion to management). The infrastructure (kit) used is very expensive and plans to replace it as it become obsolete are challenging due to the costs involved. Very multidisciplinary. Very patient focused, proud of service they provide. Leaders said staff are aware of Freedom to Speak up. Positive despite some challenges – very busy and limitations on space. Glyn Howells agreed to flag various topics through to Executive colleagues including impact of Elective Care Centre, staffing incentives, Group model opportunities etc. These actions were closed May 2024 and follow-up provided.
22/02/2024	Urology Outpatients	Neil Darvill, Kelvin Blake	No specific feedback provided.
27/02/2024	Ward 25B	Maria Kane, Sarah Purdy	Visited during period of industrial action (IA) so, to minimise impact, spoke with members of staff available and did not tour ward. Spoke with a physician associate who outlined their training and experience and explained their role. Discussions around current

			opportunities to develop further in clinical skills. The PA highlighted the positive support from consultant staff and how this made role feel valued. Despite IA, ward was calm and senior consultant staff confirmed that work (acute/emergency orthopaedics) was in hand and ongoing. Staff however said that people are tired and junior doctors are finding it challenging at present with the ongoing IA.
14/03/2024	Ward 26A	Steve Curry, Jane Khawaja	No specific feedback provided.
18/03/2024	Pharmacy	Tim Whittlestone, Shawn Smith	An efficient busy environment that looked well organised, however, there were areas that were cluttered and potentially hazardous. In the area where drugs are stored and picked, it felt as though noise was at a times an issue. It may be worth checking this with respect to offering and/or the need for protection. Storage is clearly an issue with no immediate solution. However, it would appear that there are items stored which could/should be stored elsewhere. The process of filling prescriptions and dispensing seemed very well controlled however, there are areas where further improvements could be made. Comment was made about having a privately run pharmacy on site as in other hospitals. I heard that a business case has been developed for this. There was a very positive feel to the area, staff looked relaxed and confident in what they needed to do. It looked like a well-run, efficient area however, I am sure staff morale would be better served by a tidier environment.
16/05/2024	Gate 24 Physio	Steve Curry, Sarah Purdy	Very interesting to see the facilities available including the hydrotherapy pool and the gym. Also to meet staff delivering therapies in these facilities. It is clear that those patients who receive therapies receive an excellent service. However, waiting lists are long and there is significant pressure. The team highlighted some of the challenges which mostly centred on space. The space originally intended for therapies has been eroded e.g. by the discharge lounge taking a 'gym' space. Also, there were other clinics e.g. hand clinic utilising cubicle space. However, there did seem to be some potential to use space more efficiently using booking systems, more use of community spaces e.g. Cossham or other community facilities. There are also some issues with signage and signposting to the right area for patients to wait at Gate 24 (which has other sub-gates) and limited space for staff to undertake non-patient facing work e.g. managerial duties. • Very patient focused. • Positive. • Team were engaged and keen to discuss their work (across all levels of staff from admin assistant to senior physiotherapists/ team leads). • Engaged with wider Trust and clinical and non-clinical staff across different disciplines. • Committed to improvement. • Aware of 'patient facing' mission of Trust and of Patient First – Manager has undergone training and starting to think about application of 'A3' approach.
22/05/2024	Medical Day Unit	Peter Mitchell, Shawn Smith	The unit is being used more and more, as it alleviates some of the pressure on beds. However, there are capacity issues. A key issue/frustration is missed appointments/slow postal system. Could benefit from use of texts/IT support/use of first-class post. The unit is open on a Saturday but doesn't take appointments. The team felt this was a missed opportunity. A lot of time is spent updating a manual white appointment board. Digital management of appointments is very inefficient. The unit would vastly benefit from some basic IT improvements. Medicine management – unused drugs is an issue. Due to missed appointments etc. drugs are frequently requested but not used. Storeroom – this was quite cluttered and should be looked at by H&S. The staff were very knowledgeable and on the whole morale felt good. They were aware they had gone from 'under the radar' to being a key aspect of the hospital. They welcomed 'getting noticed', despite the accompanying challenges.

			Perhaps we could help some of the frustrations and the inefficiencies with some IT investment and a Patient First focus on process improvement.
23/05/2025	Fracture Clinic	Tim Whittlestone, Jane Khawaja	No specific feedback provided.
28/05/2024	Ward 27A	Maria Kane, Shawn Smith	There was a calm, efficient, professional and friendly feel to the ward. We met with two highly experienced and committed colleagues. The ward was tidy, not cluttered. Staff were focussed and engaging with patients in a friendly, caring, professional manner. The main point of discussion was around delays in transfer of patients to the BRI. It is estimated that around 10 beds per quarter were being occupied by patients who were awaiting transfer to the BRI, for assessment and subsequent treatment. There was a further issue in that some patients, while waiting up to 10 days for the transfer, once assessed at the BRI, weren't suitable for the procedure, thus the wait had been wasted. It would seem to make sense to have the assessment made at NBT, prior to transfer. A further issue in patient flow was the lack of dentist on site to carry out any necessary pre-op work. Apparently, this used to happen at NBT but no longer happens due to lack of accommodation for a dentist. No other significant matters were raised. A friendly team who seem to have been working together for a long time and seemed to gel together very well. Patients were present in the corridors and interactions with the team were warm, friendly and jovial.
04/06/2024	Ward 26A	Peter Mitchell, Jane Khawaja	No specific feedback provided.
02/07/2024	Ward 27B	Glyn Howells, Sarah Purdy	Ward has mainly infectious diseases (ID) patients with <8 haematology patients. This seems like a surprising mix given risks of cross infection to patients with weakened immune systems. It presents challenges for nursing but no reported cases of cross infection. A move to being a centre for High Consequence Infectious Disease patients means structural work is required to the specialist ID suite. In the main ward there are challenges with accommodating extra patients when required (escalations). The team seem to be happy, the ward well run with good communication and staff know who to speak to if they have concerns e.g. FTSU guardian visible and known. Ward leadership team seem visible and approachable. A consultant colleague was full of praise for the ward team and the care they deliver. Overall, the ward felt busy, and space felt pushed but team were positive, and communication seems to work well. The ward manager is highly regarded by colleagues.
18/07/2024	Medical Day Case Unit	Tim Whittlestone, Richard Gaunt	Seemed a well-run, busy dept. Lots of patients come regularly so well known to staff. Everyone seemed to know what they were doing. No issues expressed by staff, seemed a happy team. Where the unit was located was the only real area of discussion.
01/08/2024	Ward 28B	Steve Hams, Shawn Smith	The ward is extremely tidy, there was no clutter or items left in corridors. We met with several team members and senior staff. There is clearly a strong sense of pride, teamwork and belonging amongst the team members we spoke with. Examples were provided of the team going above and beyond to provide patients with the very best care and meet their wishes wherever possible. Senior staff are keen to provide development and progression for all team members, this has and is paying dividends by way of extremely low staff turnover and a negligible vacancy rate. Flexibility was also a key aspect in staff morale: shift requests are met wherever possible for example. There is clearly a strong bond within the team. The way the ward was kept, the demeanour of all staff encountered and the general feel of the ward was a joy. It felt like this is an exemplar ward in terms of the approach to staff, patients and the whole ward environment. Patient First was raised by the team with mention made of their own quality improvement project following the training received.

			No major issues were raised. Some privacy blinds (within the window) had failed and not been repaired. The ward felt very calm with staff going about what they needed to do in a calm, relaxed but focussed manner. A wonderful visit and a wonderful example of a dedicated, experienced and knowledgeable team.
07/08/2024	Ward 28A	Neil Darvill, Shawn Smith	The corridor was a little cluttered, this was largely due to a shortage of power points and equipment being charged where there were available points. Main issues were: Lack of power points. Shortage of iPads (now resolved). No UPS – this is on the risk register. Staffing – the basic staffing levels are OK but managing the winter volatility has been an issue, there is a plan in place to better manage it this year. Maintenance – blinds are a constant problem Oxygen – the size of the inlet tubes are an issue, but mitigations in place Patient First – this seems to have been embraced. There is a QIP underway with 28B for step down patients with the aim of reducing NC2R. Professional, committed and friendly staff. The team welcomed the visit and were keen to demonstrate what they do. They were happy to discuss issues but were aware of the challenges faced by the trust in resolving some of these.
08/08/2024	Fracture Clinic Gate 12	Steve Curry, Sarah Purdy	Shown around clinic including plaster room. Had the opportunity to talk with a couple of patients prior to start of visit plus a number of staff. This is a very busy service with unpredictable levels of demand from ED and MIUs. New patients are seen in the mornings, follow ups in afternoons. Plaster room also receives patients from the wards. Space is an issue across the clinic. The plaster room team are very constrained with three cubicles but maintain a cheerful and patient focused service despite all the pressures. They take pride in delivering a positive patient experience and can be contacted directly by patients for follow up – which is greatly valued. There was some discussion around patient pathways including the new elective centre and how that will impact and can be utilised in terms of staffing. The team were engaged with the opportunities for improvement and seemed positive and keen to deliver improvements despite the challenges of space. The patients I spoke with were happy – they had not been waiting very long at that point and seemed to know what was happening i.e. waiting to see doctor or go to another part of the clinic, waiting for transport. I also observed two members of the security team deal quietly and calmly with a patient who was behaving in an erratic, loud and possibly alarming way. They allowed the patient to collect their medication, talking with him as he waited, then escorting him at a distance to the door. He was not happy that they had identified him as a 'risk' but they calmed him and diffused the situation.
19/08/2024	OP Booking Admin Team	Glyn Howells, Kelly Macfarlane	No specific feedback provided.
19/08/2024	WACH	Steve Hams, Kelly Macfarlane	No specific feedback provided.

NHS North Bristol NHS Trust

Meeting of the Board on 26 September 2024 held in Public

Reporting Committee	**Audit & Risk Committee**
Chaired By	**Shawn Smith, Non-Executive Director**
Executive Lead	**Glyn Howells, Chief Finance Officer**

For Information

1. The committee reviewed the following internal audit review reports:
   - Business Continuity/Emergency Preparedness, Resilience and Response – The assurance opinion was “satisfactory”. There were 7 low level recommendations that will improve the controls along with the implementation of the Emergency Planning Management System (EPMS)
   - Payroll - The assurance opinion was “significant”.
   - Fit and Proper Persons Test - The assurance opinion was “significant”.

2. The Committee received an update on the new national procurement regime which was due to come into force in October 2024. The changes to the current procurement regime, particularly those around notification to the market both pre and post contract award was discussed. It was noted that it would provide greater visibility of the opportunities to suppliers at the start of the process, and that information would need to be published re the contract and performance of suppliers during the lifetime of each contract. The Committee recognised that the new regime required a change to working practice for procurement teams and for those who manage contracts on a daily basis to ensure they were compliant with the new regime. It was noted that it would impact the three quote requirements for orders between £25k and £213k and so the Standing Financial Instructions (SFI) would need to be reviewed.

3. The Committee noted the successful submission of the 2023/24 National Cost Collection (NCC) data according to NHS England’s Approved Costing Guidance. The Committee also noted the publication of the 2022/23 National Cost Collection data.

4. The Committee received and reviewed the following reports:
   - Counter Fraud Progress Report May – July 2024
   - Losses and Overpayments
   - Grip and Control Update
   - Trust-Wide Policies Update
   - External Agency Reviews Register

   The Committee did not identify any areas requiring escalation to Trust Board arising out of these reports.

5. The Committee reviewed the risk register and received assurance on the ongoing work with the divisional teams on risk mitigations and business continuity processes. The Committee was informed of discussions regarding the process in place for the national team being aware of the capital risks within organisations. The Committee reviewed the Board Assurance Framework (BAF) and noted the intention to add a Net Zero Carbon risk to the register.

For Board Awareness, Action or Response (including risks)
1. It was reported that NHS England (NHSE) had mandated an audit of workforce controls to be completed by 30 September 2024. The prescribed scope of the audit was extensive and as a result the Trust agreed to purchase a minimum of 30 additional audit days to undertake the review of 12 Workforce controls. 2. It was also reported that there had been a regional mandated audit focused on the "Grip and Control" framework which required a comprehensive review of financial compliance. Due to the extensive nature of this audit (and in addition to the workforce controls audit) a counter-proposal has been developed. This would review the governance arrangements within the Trust as part of the self-assessment process to ensure compliance with the checklist. Where the Trust declared compliance, the cited evidence would be evaluated to confirm its validity. In cases of non-compliance or identified gaps, the actions to address these issues would be reviewed alongside the monitoring governance arrangements. 3. The Committee was informed about the requirement for the Health and Safety Executive (HSE) to approve any proposed changes to the external Brunel building (due to it being classified as a high-risk structure). It was noted that this would lead to an increased timeline and subsequently cost of undertaking the required work. The imminent safety risks, coupled with the inability to proceed without HSE clearance, highlighted the necessity of escalation and government intervention. The Committee discussed the implications of this for the Mortuary work which the Trust had committed to undertake in correspondence with the Human Tissues Authority(HTA). It was noted that Human Tissue Authority had been informed of the delay, which was beyond the Trust's control, and they have been asked to support in escalating the issue to the relevant authorities. The Committee raised concerns about this process and agreed to escalate this risk to Board.
Key Decisions and Actions
1. The Committee discussed the outstanding actions from recommendations arising from internal audit reviews and approved 1 Moderate and 3 Low-risk recommendations target date extensions. 2. The Committee supported further engagement by Bristol and Weston Procurement Consortium (BWPC) and in-house legal teams with external legal group DAC Beechcroft to determine the full impact of the planned changes to national procurement regulations. 3. The Committee supported the Fee-Paying Programme and received assurance that services would be developed without disrupting normal NHS delivery.
Additional Chair Comments
A productive meeting, that highlighted a consultative team working approach, with forward thinking being shown by the senior exec team. It should be noted that the issue with completing the HTA required mortuary works was further discussed at the September Quality Committee, this is preventing the trust from completing an action from Corrective + Preventative Action Plan (CAPA)issued as a result of a planned visit in March 2022.

Date of next meeting:	Thursday 7 November 2024.

NHS North Bristol NHS Trust

19

Report To:	Public Trust Board		
Date of Meeting:	26 September 2024		
Report Title:	Developmental Well-Led Report – Action Plan Update		
Report Author:	Xavier Bell, Director of Corporate Governance		
Report Sponsor:	Ingrid Barker, Joint Chair		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	This report provides an update to Trust Board on the progress of actions against the various recommendations made in the 2023 Developmental Well-Led Report.		

Key Points to Note *(Including any previous decisions taken)*

In 2023 the Trust underwent a Developmental Well-Led Review which reported in October 2023. An action plan was agreed, focusing on the recommendations of the report.

Subsequent to the completion of the review, the Trust has announced its plans to develop a Hospital Group with University Hospitals Bristol and Weston Foundation Trust. This announcement has meant that some of the original actions have been superseded or revised in light of the ongoing work to develop a future Hospital Group operating model.

However, actions against 26 of the 31 recommendations are now complete, and the attached spreadsheet details how ongoing oversight/ assurance will be provided where relevant.

Of the remaining recommendations:

- Actions against two of the recommendations are “partially delivered”:

  Recommendation 22 involves ongoing work between Quality Governance and the Business Intelligence function to finalise a Quality key metrics data tracker. This is due for delivery in March 2025

  Recommendation 30 involves finalising a Clinical Audit development plan which is in draft and currently under consultation with stakeholders. This will be finalised via Clinical Effectiveness and Outcomes Group and assurance provided to Quality Committee
- Recommendations seven and eight are under ongoing review, with the focus on the Joint Clinical Strategy and the move to develop a Hospital Group Model.
- Recommendation three – the actions linked to leadership development and succession planning will be incorporated into future leadership and operating model arrangements associated with the future Group Model.

Strategic Alignment

This report links to the CQC Well-Led framework and relates to strengthening the Trust’s governance arrangements. This supports strategic delivery at all levels.

Risks and Opportunities

N/A

Recommendation

This report is for **Information.**

The Board is asked to note the update on the Developmental Well-Led Action Plan

History of the paper (details of where paper has <u>previously</u> been received)

Executive Management Team	18/09/2024

Appendices:	Appendix 1 – Developmental Well-Led Action Plan

2023 NBT Well Led Developmental Review - Action Plan

Action not started
Action on track to be completed without help or delay
Action may be subject to minor delay or some help needed to complete on time
Action will be subject to significant delay or cannot be completed without help
Action complete and closed

Number	Overarching Recommendation	Action to be taken to address Recommendation	Due Date	Status	Responsible: Oversight	Responsible: Delivery	Update - please date each entry	Date closed	Ongoing Assurance Route (if relevant)
1	The Trust should consider ways in which it can improve the impact of challenge.	1. An ongoing Board Development Programme will be created once the new Joint Chair is in post, and will need to align with any organisational development and shared leadership work associated with the Group Model development pogramme. 2. A short "Committee Chair Guidance" document will be drafted which will recommend a number of standard approaches within the Trust's committees. This will include papers to be "taken as read", provide suggested wording for chairs to use to set expectations around the use of time, and a reminder to cover recommendations and actions at the end of each item. The document can also provide some further guidance on what is appropriate to escalate to Trust Board (see recomendation 4).	31/11/2024 30/04/2024		Xavier Bell, Director of Corporate Governance	Richard Gwinnell, Deputy Trust Secretary	1. 13/08/2024 - A Strategic Partner has been appointed to support the development of the Hospital Group Model. This will include organisational development support for the Board and Senior Leaders (particularly the Executive Team). This work will take place between August 2024 - February 2025. THIS ACTION IS CLOSED. 2. 13/08/2024 - A short "Committee Chair Guidance" document has been created and shared with NBT Committee Chairs. A copy has also been made available on the NBT intranet. THIS ACTION IS CLOSED.	13/08/2024	N/A
2	The Trust should consider a more formal skills mapping exercise linked to its strategy, objectives and risks ensuring it has the requisite skills to deliver its strategy.	1. The existing skills/experience mix analysis will be expanded and mapped across the Trust's Patient First priortities including the Clinical Strategy.	31/01/2024		Ingrid Barker, Joint Chair	Xavier Bell, Director of Corporate Governance	1. 13/08/2024 - This action has been superseded by further developments in the appointment of a Joint Chair and Joint Chief Executive across NBT and UHBW. An exercise is underway to align skills/experience mapping across both Boards. This will support the creation of a Hospital Group Model . ACTION CLOSED AS NOW SUPERSEDED BY GROUP OPERATING MODEL DEVELOPMENT WORK.	31/08/2024	N/A

3	The Trust should consider the development of a formal programme of development and wider succession planning arrangements	1. Board Development - With reference to recommendation 1, a specification for a 12-18 month board development programme will be developed later in 2024/25 following the appointment of a Joint Chair. 2. Succession Planning - Currently the Trust undertakes an annual review of Board and Deputy level roles. This will be rolled out to Divisional leadership in 2024 following the 2024 appraisal window. Guidance to be developed.	31/11/2024 31/07/2024		Ingrid Barker, Joint Chair Maria Kane, Chief Executive	Xavier Bell, Director of Corporate Governance (board development) Peter Mitchell, Interim Chief People Officer (succession planning)	1. 13/08/2024 - A Strategic Partner has been appointed to support the development of the Hospital Group Model. This will include organisational development support for the Board and Senior Leaders (particularly the Executive Team). This work will take place between August 2024 - February 2025. THIS ACTION IS CLOSED. 2. 13/08/2024 - This action has been superseded to an extent by the Group Model Development and the Single Managed Service development. Leadership development will be a part of the Group Model development work, and together with succession planning will be incorporated into the future leadership and operating model. ACTION SUPERSEDED.		
4	The Board should consider the role of the Board and its committees and how assurance flows in between them to ensure appropriate escalation of items.	1. The Committee upward report template will be reviewed, with the aim of moving to more streamlined summary table, with "assurance ratings". 2. (linked to recommendation 2) A short "Committee Chair Guidance" document will be drafted which will recommend a number of standard approaches within the Trust's committees. This will include papers to be "taken as read", provide suggested wording for chairs to use to set expectations around the use of time, and a reminder to cover recommendations and actions at the end of each item. The document can also provide some further guidance on what is appropriate to escalate to Trust Board.	30/11/2024 30/04/2024		Ingrid Barker, Joint Chair	Xavier Bell, Director of Corporate Governance	1. 13/08/2024 - A consistent committee upward report template has been agreed with UHBW. While this does not include "assurance ratings" as originally envisaged, it provides a more streamlined report with clarity on what items are being escalated. This is expected to iterate as the Hospital Group operating model and governance arrangements are developed. THIS ACTION IS NOW CLOSED. 2. 13/08/2024 - A short "Committee Chair Guidance" document has been created and shared with NBT Committee Chairs. A copy has also been made available on the NBT intranet. THIS ACTION IS CLOSED.	10/09/2024	N/A
5	The Trust should consider ways in which it can improve the understanding of Patient First throughout the Trust.	Actions: Enhanced Patient First induction input, providing an overview of Patient First for all new-starters The next phase of Patient First improvement training will be grounded in front-line / ward-level services. Clinical leadership of Patient First will be enhanced, through bringing Clinical Directors into the Patient First Steering Group alongside the Executive. The Communications Team will support enhanced focus on Patient First across the organisation.	31/05/2024		Steve Curry, Chief Operating Officer	Helen Gilbert, Director of Improvement	19/08/2024 Update: An introduction to Patient First is now embedded into the Corporate induction – delivered by an executive using a new Patient First introductory animation – see below. Decision-making for allocating training has now moved to the Patient First Steering Group (PFSG) and all new phases of training have been directed to teams directly responsible for the strategic priorities. Clinical Directors are now full members of the Patient First Steering Group and play an active role in steering the programme. Three new animations have been developed to improve the 'reach' and understanding of Patient First across the organisation. There is evidence that this has led to increased interests (website hits) for Patient First. The animations have received complimentary acknowledgement at national level.	19/08/2024	Ongoing oversight via the Patient First Steering Group (monthly meeting of Executives and Clinical Directors).
6	The Trust should ensure that where 'hotspots' occur in terms of the lived Trust values there are plans in place and evidenced focus on rectifying these.	A "We Do Not Accept Policy" and campaign to be launched in February 2024- April 2024, Policy will provide line managers with in-depth guidance on how to approach and respond to allegations that the Trust values are not being followed. Campaign to focus on behaviours and alignment to Trust values.	30/04/2024		Peter Mitchell, Interim Chief People Officer	Sarah Margetts, Deputy Chief People Officer	13/08/2024 - "We Do Not Accept" campaign was launched in Jan/Feb 2024, and included resources, guidance , and support for staff and managers.	13/08/2024	"We Do Not Accept" homepage on the NBT intranet provides access to relevant material. Reports to People and EDI Committee during 2024/25 show the impact of the campaign, including through an increase in reporting and formal processes relating to discrimination, racism, etc.

7	The Trust should review its strategic framework and improve the completeness and cohesiveness of its suite of strategies, its links to divisional plans and ensure appropriate oversight at all levels.	Strategic framework to be described in a single document setting out the links from the True North to Trust's 3 objectives and the clinical strategy 5 P's and the enabling strategies.	30/04/2024		Tim Whittlestone, Chief Medical Officer	Tim Keen, Assocaite Director of Strategy	12/08/2024 - This piece of work is ongoing with a view to finalising a summary document to be published in October 2024.		
8	The Trust should continue to socialise its organisational strategy with all stakeholders.	As above (see actions against recommendation 7)	30/04/2024		Tim Whittlestone, Chief Medical Officer	Tim Keen, Assocaite Director of Strategy	N/A		
9	The Trust should review the effectiveness of the FTSU process and consider ways in which to improve impact including feedback mechanisms and learning.	1. The Trust's ring-fenced FTSU Guardian time will be benchmarked against other organisations in the South West and a proposal developed for additional resource as appropraite. 2. The FTSU champion network will be expanded, (noting the most recent National Guardian Office guidance issued in November 2023), subject to additional ring-fenced FTSU Guardian resource to support the expanded network. 3. Leadership responsibilities for Speaking Up, Listening Up, and Following up will be formally incorporated into the HELM leadership programme.	1. 31/03/2024 2. 30/06/2024 3. 01/04/2024		Glyn Howells, Chief Finance Officer	Hilary Sawyer, Lead Freedom to Speak Up Guardian Xavier Bell, Director of Corporate Governance Caroline Hartley, Caroline Hartley, Associate Director of Culture, Leadership and Development (Action 3)	09/04/2024: Action 1 - Non-recurrent funding has been identified for a 0.6WTE Associate FTSU Guardian for 12 months (2024/25). This should bring NBT in line with other organisations. The impact will be monitored for 12 months and a case developed for longer term investment. ACTION CLOSED 30/06/2024: Further expansion of Champion Network scheduled for October/November 2024. ACTION CLOSED 22/08/2024: Action 3 FTSU presentation for all new joiners at the Trust in the corporate Induction. HELM Accelerate - FTSU is discussed at the celebration event where FTSU Guardian presents FTSU to the cohort. HELM Mastering Management - modules 1, 2, and 4 (Accountable Leadership, Managing Team Dynamics, and Effective People Management) all refer to speaking up, and then module 4 it is signposted. HELM Excellence In Management - FTSU not currently mentioned, but will be factored into re-procurement. ACTION CLOSED	22/08/2024	FTSU monitored via bi-annual reports to Trust Board (May and November).

10	The Trust should continue its recent heightened focus on ED&I in terms of development and delivery of a robust plan that helps 'shift the dial' on WRES and WDES survey results.	Delivery of the 12 point EDI action plan will ensure practical and tangible actions are implemented during 2024/25. This includes our 'Zero Acceptance' Campaign (Feb - 20 April 2024), Diverse Recruitment Panels (launching 1.4.24) , Positive Action Campaign (now live) and developing measurable EDI objectives from Board through to divisional and service level (by 31.3.24). All members of SLG and Board will have an EDI related personal objective. Trust Board EDI seminar/training to take place in March 2024.	01/04/2024 31/03/2024 31/03/2024		Peter Mitchell, Interim Chief People Officer	Sarah Margetts, Deputy Chief People Officer Caroline Hartley, Associate Director of Culture, Leadership and Development	22/08/2024: Board training occurred with Diverse Matters during March/April. The 12 point plan (the first actions from the EDI Plan) have been delivered and formal evaluation of the impact of Positive Action and DRPs will occur in October 2024. The 'We do not accept campaign' outcomes are being taken forward as BAU and formal comms going out during Black History in October, when reference to the new anti-racism training will also occur. The Operational EDI group is established and operating well with representation from all Divisions and staff networks. The group is overseeing and co-ordinating Divisional and Trust-wide EDI objectives. In May/June - 3 new objectives were agreed by the Board - Aim to increase BAME staff in Band 8a and above to 12.5% by 2025/26; Ensuring BAME staff have high quality appraisals; Anti-racism training for all staff . These objectives are currently being implemented and incorporated into the refreshed EDI Plan. The plan will be further 6 month review/fresh in October once the WRES, WDES and GPG data has been shared and published. ACTION CLOSED	30/06/2024	Oversight of the EDI Plan and the Trust's progress in this area is via the People & EDI Committee, meeting bi-monthly.
11	The Trust should review how the Board remains connected to the mood of the organisation in terms of being a listening Board whose decision making and direction setting reflects both an ambition and current contextual challenges.	This recommendation will be progressed through the ongoing integration of Patient First into our organisational processes, including in Business Planning and Divisional Reviews, as well as through the development of our future Hospital Group operating model and the engagement of senior clinicians and managers in our organisational and Joint Clinical Strategies.	N/A (Ongoing)		Ingrid Barker, Joint Chair	Maria Kane, Chief Executive	This recommendation will be progressed through the ongoing integration of Patient First into our organisational processes, including in Business Planning and Divisional Reviews, as well as through the development of our future Hospital Group operating model and the engagement of senior clinicians and managers in our organisational and Joint Clinical Strategies.	23/01/2024	This will be tested through the quarterly Patient First updates to Trust Board, and will be further progressed ent of our future Hospital Group operating model and the engagement of senior clinicians and managers in our organisational and Joint Clinical Strategies.
12	The Trust should review the role and purpose of its staff networks and work to support the effective delivery of this	A meeting with Network Leads has occurred and a further session is scheduled to work through issues of improved engagement with the network, formalising their input into delivery of the EDI plan and agreeing additional resource/protected time for network activities. The new operational EDI group will occur from February 2024 and this will include representation from network memebers or leads. The next phase of the EDI plan will be developed with wider consultation and engagement, aligned to 2023 staff survey scores and updated EDI data. A promotion campaign to increase staff network members is planned for March- April 2024, aimed at promoting all the networks and ensuring divisional support to release staff to attend network events. We have also submitted 3 best practice EDI case studies to the NHSE national repository, which include our Black History month campaign and our Positive Action Programme, Accelerate. The first cohort of this programme successfully completed in December and we are now recruiting the next cohort of B.A.ME staff.	30/06/2024		Peter Mitchell, Interim Chief People Officer	Caroline Hartley, Associate Director of Culture, Leadership and Development	22/08/2024: The Operational EDI Group has been established and network lead representation at these meetings is strong. Regular meetings with the network leads are being set up and communication with them is happening regularly, with their input and involvement being sought - eg in the design of the new anti-racism training. The promotion campaign to increase network membership occured earlier this year and the work of each network is being 'spot lighted' as part of the regular EDI updates to the Executive Team and Board. A new role of 'Network Co-ordinator' has been created whose sole purpose will be to provide admin support and help co-ordinate the activities of the networks. This role was welcomed by them and they had input into the job desscription design for this new role. Dedicated space for network leads to meet and have confidential discussions has been identified in the Christopher Hancock Building and this will be available to them, as protected space with secure storeage, from September 2024. ACTIONS CLOSED	22/08/2024	Oversight of the EDI Plan and the Trust's progress in this area is via the People & EDI Committee, meeting bi-monthly.

13	The Trust should review the role committees and ensure an appropriate cycle of meetings, agenda and papers that reflect delivery of the Trusts objectives and oversight of the key risks	Committee workplans and schedules will be reviewed in Q4 2023/24 to ensure that committee meeting frequencies are appropriate. Agenda orders will be changed each meeting to ensure that the same items are not always at the end of the agenda.	31/03/2024		Ingrid Barker, Joint Chair	Xavier Bell, Director of Corporate Governance	13/08/2024 - Committee workplans have been reviewed. Meeting frequencies will remain at current levels, and will remain under review as the Hospital Group Model is developed and governance arrangements are aligned with UHBW. Trust Board meetings will be moved t every second month so as to align with UHBW.	13/08/2024	N/A
14	The Trust should consider 'what good looks like' in terms of an effective meeting taking into consideration the observations in this report and develop a guide to effective meetings that can be used to improve consistency and effectiveness of meetings at all levels of the Trust	With reference to the second action against recommendation 1, a the Committee Chairs guidance document will incorporate these elements.	30/04/2024		Xavier Bell, Director of Corporate Governance	Richard Gwinnell, Deputy Trust Secretary	2. 13/08/2024 - A short "Committee Chair Guidance" document has been created and shared with NBT Committee Chairs. A copy has also been made available on the NBT intranet. THIS ACTION IS CLOSED.	13/08/2024	N/A
15	The ARC should consider how it demonstrates fulfilment of its duties in relation to its reliance on other forums to provide assurance over elements of the system of internal control.	A decision has already been taken that the Lead Executive for any Internal Audit report with an assurance rating less than "significant assurance" will attend the Audit & Risk Committee meeting to present the report and answer questions. A discussion will take place between the Director of Coporate Governance, the Trust Chair, and the Chair of Audit & Risk Committee to decide whether there should be a more structured flow of assurnace between Audit & Risk Committee and the other Committees, or whether a different approach will be adopted. This will also need to take into account any changes in how Committees work within the new Group Hospital operating model.	31/03/2024		Shawn Smith, Non-Executive Director	Xavier Bell, Director of Corporate Governance	20/08/2024: Agreement between Chair of Audit & Risk Committee and Director of Corporate Governance around process to ensure a more structured flow of assurance from other Committees to the Audit & Risk Committee via a formal confirmation and closure report when internal audit reports or other matters are referred to that committee from the Audit & Risk Committee. Terms of Reference updated and will be approved at November 2024 Committee meeting. ACTION CLOSED	22/08/2024	N/A

16	The Trust should consider ways in which it can increase engagement and participation at Senior Leadership Group meetings.	SLG meetings will move to a "Face-to-Face" format from 2024/25. Consideration will also be given to using the meeting as a forum for discussing organisational and divisional priorities, using Patient First principles and methods.	21/05/2024		Maria Kane, Chief Executive	Xavier Bell, Director of Corporate Governance	13/08/2024 - SLG meetings are now taking place in a face-to-face format (this was implemented from May 2024). The first half of the meeting is now a "big room" meeting focusing on Patient First priorities. THIS ACTION IS NOW CLOSED	21/05/2024	N/A
17	The Trust should review how the Board and respective committees discharge their responsibilities in relation to risk management, including ensuring that the ARC focusses on effective systems and processes rather than the management of risks.	1. From 2024/25 Trust Board will receive separate risk reports on a quarterly basis, rather than as part of the Audit & Risk Committee Upward Report. 2. From 2024/25 the risk report to the Audit & Risk Committee will focus on thematic analysis and the system of risk management, rather than a discussion about individual risks (which are already covered in other Board Committee meetings). 3. From 2024/25 the BAF will be reviewed against the Trust's strategic framework, and refreshed as appropriate. The Committee workplans will be reviewed and mapped against hte key controls and assurances in the BAF to identify any gaps. NOTE: The central risk team is currently only one individual. The ability to progress these actions at pace will be impacted by capacity constraints. The capacity of the central risk team will need to be flagged as a risk in its own right.	30/04/2024 31/05/2024 31/05/2024		Steve Hams, Chief Nursing Officer	Xavier Bell, Director of Corporate Governance	1. 13/08/2024 - The Board is now receiving quarterly risk reports. THIS ACTION IS NOW CLOSED 2. 13/08/2024 - The risk report to Audit & Risk Committee is now focused an overall view of risk management, providing assurnace that the processes for risk oversight and management are effective, and in particular, showing that there is general movement within the risk register as risks are managed in a dynamic manner. This work continues and will develop further as NBT and UHBW align their processes. THIS ACTION IS NOW CLOSED. 3. 13/08/2024 - BAF refreshed and presented to Trust Board in August 2024. ACTION IS CLOSED	13/08/2024	N/A
18	The Trust should consider developing risk reports more tailored to the needs and responsibilities of each forum, ensuring the level of detail and analysis is appropriate.	The covering papers for risk reporting will be reviewed in light of these comments, with the aim of tailoring the coversheet specifically to the remit of the receiving forum/committee.	31/07/2024		Steve Hams, Chief Nursing Officer	Xavier Bell, Director of Corporate Governance	31/07/2024: Coversheets updated to include further information on risks specific to that Committee, and further information on risk movement and changes.	31/07/2024	N/A
19	The Trust should review how risks are articulated to ensure that the risk is clearly described and does not comprise of the issue causing the risk.	From 2024/25 the BAF will be reviewed against the Trust's strategic framework, and refreshed as appropraite, taking into account these comments.	31/05/2024		Steve Hams, Chief Nursing Officer	Xavier Bell, Director of Corporate Governance	3. 13/08/2024 - The specific issue identified here related to the Workforce Risk within the BAF. This has been reviewed and revised, reflecting the risk to the organisation rather than a description of an ongoing issue.	31/05/2024	Reference current version of the BAF available on the Trust intranet.

20	The Trust should consider ways of expediting reviews of out of date policies and maintain a position whereby all policies including local policies remain in date	There is an existing work programme underway covereing both Trust-wide and Divisional/Directorate level policies and procedural documents. A regular assurance report will be scheduled to provide better Committee level oversight of this work.	11/03/2024		Steve Hams, Chief Nursing Officer	Xavier Bell, Director of Corporate Governance Paul Cresswell, Director of Clinical Governance	ACTION CLOSED: The Trust has continued to work on reducing the overdue policies and guidelines (clinical and corporate). This work is overseen through Quality Committee and Audit & Risk Committee. At trustwide level ,Overdues have reduced during past 6 months, with clear plans in place for further reductions (e.g. sizeable cohort reviews across IPC policies and VTE policies). These have been undertaken on a BNSSG system wide basis, which has prolonged the time but ensured clinical consistency and aligns with group model.	31/03/2024	Ongoing work with divisional and specialty specific policies and guidelines continues and will be pulled into corporate level reporting in the coming months, through the existing oversight committees.
21	The Trust should continue to pursue improvements in the quality of reports including the analysis and interpretation of data and be more forward looking e.g., impact of actions and increased use of trajectories	the narrative provided within the IPR will be updated to provide further assurance, rather than reassurance, and owners and delivery dates will be included where appropriate. Each Executive sponsor for the relevant sections of the IPR will be asked to ensure that their section of the report complies with this standard. A review will be undertaken of of the potential for improvement trajectories to be added where appropriate.	28/03/2024		Steve Curry, Chief Operating Officer	Lisa Whitlow, Associate Director of Performance and Sustainability	19/08/2024: Use of SPCs and targets where appropriate has allowed narrative to move on from describing performance and to focus on drivers for performance and specific actions being taken to improve. RAG ratings in the scorecard reflect position against current month trajectory where available. For metrics with no trajectory, RAG rating is according to comparison with previous month, except for Bed Occupancy, Diagnostic 6 Week Wait performance and Urgent Operations Cancelled ≥ 2 times which are RAG rated against National Standard. This ensures relevance in terms of Trust commitments in the annual business plan. Context is given in relation to national benchmarks/rankings where possible. Also, reference to Patient First improvement priorities has been included to ensure clarity with regards to specific areas of improvement focus.	19/08/2024	N/A
22	The Trust should ensure that the implementation of RADAR supports the development of an appropriate suite of quality governance metrics	The provision of Quality related data and intelligence - internally for assurance, insight and improvement and externally for regulatory review is multi-faceted. Actions in progress and planned for 2024 are: 1. Radar System -Quality Audits module. This successfully went live 2/10/2023 and is being refined. It provides key ward/clinical area data gathered by observation. In 2024 the existing questions will be reviewed/refreshed, analytics refined and action module developed to support local governance. Additional new audits will be added in line with Radar programme plan (e.g. medication safety). 2. Radar System Programme - other modules. The full benefit of the system will be realised when the full range of metrics are included and analytics developed. This will progress in line with Programme Plan. A key benefit for all Radar modules will be to provide Quality leads with visibility of their performance live rather than waiting until monthly reports are compiled. The measures will be standardised for comparison of learning across the divisions and therefore easier to understand good practice, challenges and shared learning. 3. Quality key metrics Data Tracker - recently agreed project with Business Intelligence team to corral existing data sources and identify new ones aligned to key quality priorities in one central database. This draws	Radar audits - 31/3/2024 (current audit themes & ongoing framework for review and governance approved) Radar - In line with programme plan Quality data tracker - 31/3/2025		Steve Hams, Chief Nursing Officer	Paul Cresswell, Director of Clinical Governance	This recommendation is multifaceted, the key updates as follows; 1. Radar Audits - fully implemented, with strong analytics, being used to drive insight and improvement at location level and by themes through monthly meetings. ACTION CLOSED 2. Radar Programme - other modules. Progressing well, all modules bar risk scheduled for go live by 31/3/25. Successes to date include PALS/complaints, FOI/SARs, ME referrals, Clinical Audits. System integration with Careflow nearing completion ready for mortality review processes. Dashboards being created for each workstream to manage process compliance within the Radar system and also interfaces into the Data Warehouse are facilitating reporting through the recently implemented Power BI platform. ACTION CLOSED 3. Ward dashboards aligned to the UEC Programme have been agreed for the top 6 metrics. This approach is then expanding for wider quality measures, working with the BI Team to agree priorities, governance and development approach. ACTION IN PROGRESS	First 2 elements closed 31/7/24. Final one due 31/3/25	Oversight of the Radar workstreams is through the Digital Hospital Programme Board. As Action 3 expands beyond initial UEC metrics this will be pulled into a formal workstream with DHPB oversight
23	The Trust should consider ways it can increase the reporting of qualitative data to provide an appropriate mix of quantitative and qualitative data to enhance decision making.	Full consideration has been given to this recommendation and the response to recommendations 22 and 24 cover this recommendation.	As above		Steve Hams, Chief Nursing Officer	Paul Cresswell, Director of Clinical Governance			

24	The Trust should consider way in which it can create greater value from its investment in patient engagement activities.	Since completion of the well led review expanded ways of providing patient and carer feedback have been implemented as follows: 1. Board IPR revamped for patient experience to include updates against the Year 1 Delivery Plan agreed against the 2023 approved Strategy. 2. Quarterly Newsletter developed and widely distributed digitally and with hard copies to key people. 3. Review with Director of Communications to support further development of filming approach with patients or carers and wider use of the outputs across different communication channels. Further steps envisaged in line with Year 2 of the Delivery Plan for 2024/25 include: 1. Social listening - Development of approach/business case for wider social listening in partnership with Communications Team. 2. Independent Insight Gathering - Commissioning specific independent feedback in areas of strategic priority - for example Healthwatch for the experience of patients waiting for surgery across diverse communities, through local surveys and focus groups. 3. Local Patient surveys - currently a high level overview is provided in the quarterly patient experience report to DPEG. In 2024/24, working with clinical divisions/teams, we will undertake a 'stock take' of local surveys, their use and impact as an initial exercise. This will inform the future approach and communication of outputs thereafter.	30/04/2024		Steve Hams, Chief Nursing Officer	Paul Cresswell, Director of Clinical Governance	ACTION CLOSED - The Patient & Carer Delivery Plan for 2024/25 includes all the components envisaged in the action response and was approved through PCEC. The Trust's strategic objectives include the one for Outstanding Patient Experience, which references the social listening and independent insight gathering aspects. Delivery against this to date was reviewed at the July SLG meeting and will continue in line with Patient First reporting and governance.	31/05/2024	Regular reporting through PCEC and also within the monthly IPR to Board, mapped to the 24/25 agreed priorities. Patient First reporting via SLG - 'Outstanding Patient experience strategic objective.
25	The Trust should consider how it can better demonstrate fulfilment of its anchor institute objective.	Commitment to our Community Plan to be developed and launched outlining our planned approach to engagement with our communities to increase employment from our most deprived communities and improve our disparity ratio. Plan to be launched in February 2024. Target to increase employment to 40% by end of March 2025 . Disparity ratio of 1.25 by end of March 2025.	31/03/2024		Peter Mitchell, Interim Chief People Officer	Sarah Margetts, Deputy Chief People oFficer	16/07/2024 - Commitment to our Community remains a Trust improvement priority. Improvement in disparity ratio for minority candidates and improvement in local employment from our most socio-economically challenged communities can be evidenced through reports to Board and via the onging SLG "big room" meetings.	31/03/2024	Via quarterly Patient First reports to Trust Board and via bi-monthly SLG "big room" meetings.
26	The Trust should consider, as part of its engagement strategy, how it develops insight into its impact on external stakeholders.	This action will be incorporated into the Group Model development and associated organisational change support programme. This is being scoped during February/ March 2024.	31/07/2024		Maria Kane, Chief Executive	Elliot Nichols, Director of Communications and Engagement	1. 13/08/2024 - A Strategic Partner has been appointed to support the development of the Hospital Group Model. This will include significant stakeholder mapping and engagement. This work will take place between August 2024 - February 2025. THIS ACTION IS CLOSED.	01/08/2024	Progress against the development of a Hospital Group Model is via the Joint Executive Group (meeting six-weekly) and reporting into both NBT and UHBW Boards.

27	The Trust should review its approach to learning from incidents in order to gain greater from the learning including improvements in cross Trust learning opportunities and greater evidenced impact from learning.	Refresh of governance structure to ensure standing contribution from divisions and sharing of trends/themes and learning. (01/04/2024) Development of communication plan for 2024/2025 that encourages improved patient safety/human factors and system thinking practice, and the sharing of learning from safety reviews. (01/03/2024) Implementation of Radar for incident reporting with associated data reporting functions. (26/07/2024) Development of a Safety Academy with an in house education offer on patient safety investigation practice, human factors and system thinking. For delivery/implementation in 2024/2025. (29/03/2024) Recruit more Patient Safety Partners to actively participate in divisional quality governance, and patient safety incident investigations. (29/03/2024) Development of SOP/principles to set the expectation of trust and division review of patient safety review action plans for monitoring the completion and evidencing of change as a result of learning. To be implemented from April 2024/25. (01/03/2024) To align the methodologies for system thinking across Patient Safety and Patient First to strengthen the delivery of change and evidence the impact of learning.	26/07/2024		Tim Whittlestone, Chief Medical Officer	Ashley Windebank-Brooks, Head of Patient Safety	19/08/2024: Communications have been completed across the trust, either through through Blogs on the intranet for all staff, or targeted team based discussions, in addition to tweets by the Head of Patient Safety sharing patient safety or human factors practice. Radar continues to be developed with a plan for go live in April 2025. Safety Academy continues to be developed. A draft strucutre of learning has been drafted. Some training has been delivered in 2024/2025 that meets the level 3 national patient safety syllabus requirement for a cohort of dedicated staff, and in house training for facilitating swarms, after action review and round table MDT reviews. Patient Safety Partners continue to be developed. At the start of 2024/2025 the Trust had one Patient Partner sitting on Patient Safety Group, since then a Patient Partner with a safety focus has volunteered to join NMSK Quality Governance, and a potential third Patient Partner is in discussion about the safety focussed work. Development of SOP/principles continues. Patient Safety Practice development continues, the Patient Safety Team are currently recruiting an investigator post to lead patient safety incident investigations. This will support greater consistency and quality of reviews. The governance structure has been changed to share safety related learning at Patient Safety Group. This provides assurance and gives opportunity to share trends, themes and good practice across divisions. Delivery of action plans to present evidence of embedded learning is being carried out through Patient Safety Executive Meeting. This has not carried out enough reviews of actions plans to evaluate at this time but will be conducted later in the year.	19/08/2024	Onging oversight and assurance against these various patient safety workstreams is via the Patient Safety Executive Meeting, the Patient Safety Group, and Quality Committee.
28	The Trust should review its substantive QI resource level to assure itself that it is adequate to support the required increase in pace and momentum for the rollout of Patient First.	A review of PMO and Improvement resource will take place, and the outputs will be taken to the Patient First Steering Group.	29/03/2024		Steve Curry, Chief Operating Officer	Helen Gilbert, Director of Improvement	19/08/2024: The leads for improvement and the PMO come together as part of the COO team – who is also Executive Lead for Patient First. Resource has been concentrated in those areas where improvement is directly related to the strategic priorities and regular meetings are held to align PMO and to Patient First team agendas. Full recruitment to these teams has now been achieved. In the context of the current financial constraints, opportunity to extend this resource will be explored as finances permit.	19/08/2024	N/A
29	The Trust should review its approach to divisional quality governance with a view to increasing the effectiveness of oversight, learning and responding to concerns.	Divisional Quality Governance A KPMG Internal Audit is scheduled for Late January 2024. The conclusions and recommendations will be considered and suitable actions co-created between corporate SME teams and the clinical divisions. Additionally, an away day is being considered towards end of March/early April 2024 into which these actions an a range of other topics will be fed to develop clear development priorities for quality governance in 2024/25. The deadline of 30/4/24 represents the development of the agreed 2024/25 plan following audit & planned away day.	30/04/2024		Steve Hams, Chief Nursing Officer	Paul Cresswell, Director of Clinical Governance	ACTION CLOSED. The KPMG Internal Audit report was finalised in March 2024, rating the Trust as "Significant assurance with minor improvement opportunities." Actions are being progressed, with follow up review and reporting to Trust Audit Committee as with all audit reports. A Quality Governance Away Day was held in mid June 2024 with all clinical divisions and development priorities agreed to continuously improvement the consistency and focus across all divisions and quality domains (e.g. patient safety patient experience, clinical effectiveness/outcomes). The alignment to Patient First improvement priorities and the new CQC Single Assessment Framework was also discussed within this session. Delivery plans are in place for the three quality domains, with oversight through the respective executive led groups that feed into Quality committee & Patient Carer & Experience Committee (noting that these two board sub committees will be merging during 2024).This is where oversight and assurance is maintained of plan delivery - and the interaction between corporate expert functions and clinical divisions.	30/06/2024	Quality Committee & Patient & Carer Experience Committee (until committees are merged)

30	The Trust should review its oversight of clinical audit at Board and committee level with a view to improving its profile and value add in terms of quality governance assurance.	The need to enhance the oversight of local and national clinical audits is recognised. There are three overarching components; 1. Digital systems facilitation 2. Clinical Divisional review and oversight of specialty audits 3. Trust level oversight of the overall framework and outcomes form key clinical audits. Digital systems - the foundations for this have been laid digitally in 2023 through the implementation of a new system (Radar) for clinical audit and effectiveness project applications and reporting. The analytics component is being developed in early 2024 and will set a sound platform for enhanced oversight into 2024/25. Clinical Division & Trust level oversight - Alongside this the emphasis on the positive use of clinical audit (local and national) for assurance and insight of clinical practice will be strengthened in 2024/25. This includes revamping the existing purpose and workstream reporting from clinical divisions into CEAC and how this in turn feeds up to the Quality Committee. Proposals for this are being developed with the CMO leadership team and will be co-created with clinical divisions. An agreed plan for 2024/25 will be the output against which delivery will be tracked through CEAC. The deadline of 30/4/24 represents the development of the agreed 2024/25 plan following review of CEAC and	30/04/2024		Tim Whittlestone, Chief Medical Officer	Joydeep Grover, Deputy Medical Director Paul Cresswell, Director of Quality Governance	1. ACTION CLOSED - The digital systems component is in place, with analytics now available to support Clinical Divisions in overseeing speciality level clinical audits (national and local). This will be continuously enhanced but the core dashboards are in place. 2. ACTION IN PROGRESS - A Clinical Audit development plan has been drafted and is being consulted upon with each clinical divisions to finalise through Clinical Effectiveness & Outcomes Group. Clinical Effectiveness & Outcomes Group (chaired by the Medical Director of Quality & Safety) is overseeing these developments, within the wider context of its own overall development plan for 2024/25. Assurance will be provided to Quality Committee for the progression of these actions.		Clinical Effectiveness & Outcomes Group, reporting into Quality Committee.
31	The Trust should ensure that all bank staff that are utilised by the Trust are appropriately trained in terms of mandatory and statutory requirements.	Targeted plan to address bank staff mandatory training. Objective to achieve 85% by end of March 2024.	31/03/2024		Peter Mitchell, Interim Chief People Officer	Sarah Margetts, Deputy Chief People Officer	23/01/2024 - On track. Month on month improvement continues to be seen in bank MaST compliance rates which are now at 82% (December 2023). Further targeted work underway to ensure compliance for Medical Locums. Continued communication and chase of non – compliant workers. New controls introduced (non – compliance = removal from bank). Focus on proactive communication with workers flagging update required over proceeding 12 weeks	23/01/2024	Oversight and assurance continues to be monitored via People & EDI Committee.

Report To:	Trust Board		
Date of Meeting:	26 September 2024		
Report Title:	Integrated Performance Report		
Report Author:	Lisa Whitlow, Associate Director of Performance		
Report Sponsor:	Executive Team		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			✓
	To provide the Trust Board with the Integrated Performance Report for NBT.		
Key Points to Note *(Including any previous decisions taken)*			
The report is a standing item to the Trust Board Meeting.			
Strategic Alignment			
N/A			
Risks and Opportunities			
N/A			
Recommendation			
This report is for **Information** The Trust Board is asked to note the contents of the Integrated Performance Report.			
History of the paper (details of where paper has <u>previously</u> been received)			
Trust Board		Submitted every month for Trust Board.	
Appendices:	Slide deck - IPR September 2024		

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

September 2024

(presenting August 2024 data)

NBTCARES

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North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	Trust Patient First Improvement Priority	National Standard	Current Month Trajectory (RAG)	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																				Peer Performance	Rank
Responsiveness	A&E 4 Hour - Type 1 Performance	R		95.00%	70.74%	71.94%	64.33%	60.56%	63.37%	67.17%	63.30%	64.87%	63.77%	63.56%	61.83%	63.21%	69.31%	61.40%		57.33%	3/11
	A&E 12 Hour Trolley Breaches	R		0	-	17	23	223	213	269	318	168	260	324	217	252	125	83		13-1600	3/11
	Ambulance Handover < 15 mins (%)		PF	65.00%	-	27.69%	26.37%	25.78%	30.70%	28.97%	35.05%	39.35%	37.24%	39.99%	40.72%	42.19%	51.34%	41.75%			
	Ambulance Handover < 30 mins (%)	R	PF	95.00%	-	71.35%	65.25%	57.72%	66.27%	61.66%	64.52%	71.47%	68.13%	72.27%	75.47%	74.15%	82.25%	76.67%			
	Ambulance Handover > 60 mins		PF	0	-	183	321	627	455	554	534	329	366	274	210	240	165	180			
	Average No. patients not meeting Criteria to Reside				144	198	195	218	228	243	245	233	211	233	216	218	210	204			
	Bed Occupancy Rate			93.00%	-	93.63%	95.59%	97.12%	96.84%	96.28%	97.81%	97.40%	97.48%	97.86%	97.53%	97.37%	97.20%	97.22%			
	Diagnostic 6 Week Wait Performance			5.00%	2.03%	14.18%	12.50%	11.40%	9.81%	10.11%	12.28%	5.19%	4.22%	3.10%	2.47%	1.38%	0.85%	1.15%		24.54%	1/10
	Diagnostic 13+ Week Breaches			0	0	124	59	17	14	7	4	5	0	0	0	0	0	0		0-399	1/10
	RTT Incomplete 18 Week Performance			92.00%	-	60.50%	60.53%	61.52%	61.94%	60.14%	61.11%	61.58%	59.75%	60.36%	60.96%	61.97%	63.71%	63.94%		56.06%	8/10
	RTT 52+ Week Breaches	R		0	1185	2599	2306	2124	1858	1685	1393	1383	1498	1609	1632	1649	1305	1108		54-15047	3/10
	RTT 65+ Week Breaches				32	606	582	545	420	388	249	193	146	192	228	218	156	101		0-5287	3/10
	RTT 78+ Week Breaches	R			39	48	48	55	49	50	45	39	27	18	14	6	13	4		0-416	3/8
	Total Waiting List	R			48240	50168	48969	48595	47698	47245	46710	46394	46278	46441	46740	46252	45732	45478			
	Cancer 31 Day First Treatment			96.00%	85.73%	87.36%	87.76%	85.61%	88.14%	86.30%	77.12%	86.18%	83.07%	87.77%	84.83%	86.50%	80.45%	-		90.89%	10/10
	Cancer 62 Day Combined	R	PF	85.00%	65.26%	60.61%	57.96%	60.07%	61.59%	61.20%	53.33%	58.15%	59.14%	60.62%	59.32%	61.31%	58.16%	-		66.69%	9/10
	Cancer 28 Day Faster Diagnosis	R		75.00%	75.44%	57.36%	54.96%	59.46%	71.42%	74.89%	70.88%	74.80%	73.79%	57.28%	67.47%	78.05%	78.38%	-		72.83%	6/10
	Cancelled Operations Not Re-booked Within 28 Days			0	-	1	1	6	3	9	5	5	5	6	3	4	5	-			
	Urgent Operations Cancelled ≥2 times			0	-	0	0	0	1	1	0	0	0	0	0	0	0	-			

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RAG ratings (Red/Green) are against Current Month Trajectory. For metrics with no trajectory, RAG rating is according to comparison with previous month, except for Bed Occupancy, Diagnostic 6 Week Wait Performance and Cancelled Operations metrics which are RAG rated against National Standard.

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North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

Domain		Description	Regulatory	Trust Patient First Improvement Priority	National Standard	Current Month Trajectory (RAG)	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Trend
Quality, Safety and Effectiveness	Trust Quality Metrics	Summary Hospital-Level Mortality Indicator (SHMI)					0.96	0.96	0.95	0.95	0.94	0.94	0.94	-	-	-	-	-	-	
		Never Event Occurrence by Month			0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	
		Commissioned Patient Safety Incident Investigations					2	2	2	1	1	2	0	1	1	1	1	1	2	
		Maternity and Newborn Safety Investigations					0	0	0	2	2	0	0	0	1	0	1	0	0	
		Total Incidents					1128	1190	1468	1549	1206	1198	1328	1286	1120	1170	1125	1156	1004	
		Total Incidents (Rate per 1000 Bed Days)					40	42	48	52	39	38	45	40	37	37	37	38	33	
		WHO Checklist Completion				95.00%	98.58%	97.68%	99.08%	99.36%	99.43%	99.52%	99.82%	99.71%	99.89%	99.96%	99.73%	99.90%	99.33%	
		VTE Risk Assessment Completion	R			95.00%	94.53%	94.19%	93.34%	93.45%	92.93%	92.43%	91.27%	91.02%	90.79%	91.35%	90.04%	89.82%	-	
		Pressure Injuries Grade 2					12	14	11	10	12	11	18	10	14	11	4	11	4	
		Pressure Injuries Grade 3				0	2	1	0	0	1	1	0	0	0	0	0	0	0	
		Pressure Injuries Grade 4				0	1	0	0	1	0	0	1	0	0	0	0	0	0	
		Pressure Injuries rate per 1,000 bed days					0.46	0.46	0.26	0.34	0.33	0.35	0.47	0.28	0.36	0.35	0.10	0.36	0.13	
		Falls per 1,000 bed days					5.73	4.96	6.45	6.56	6.38	5.58	5.72	5.66	5.18	5.20	5.56	5.80	5.01	
		MRSA	R		0	0	0	0	1	1	0	0	0	0	1	0	0	1	0	
		E. Coli	R			4	2	7	5	11	5	6	5	2	6	10	4	6	4	
		C. Difficile	R			5	2	5	4	3	2	2	9	8	6	2	4	8	2	
		MSSA				2	5	2	4	3	6	3	3	2	2	2	3	3	2	
		Observations Complete					97.56%	96.48%	99.02%	98.83%	98.66%	98.73%	98.50%	98.60%	98.90%	98.93%	98.96%	98.90%	98.50%	
		Observations On Time					61.62%	69.58%	73.33%	75.00%	72.04%	72.85%	71.82%	72.94%	70.70%	71.10%	71.91%	73.81%	73.88%	
		Observations Not Breached					73.78%	80.83%	85.17%	88.39%	85.54%	85.57%	84.80%	84.52%	83.10%	83.96%	83.81%	86.04%	88.06%	
	Maternity	5 minute Apgar 7 rate at term				0.90%	0.45%	0.64%	0.68%	1.82%	0.78%	0.23%	1.22%	1.90%	1.00%	0.93%	0.93%	3.16%	0.98%	
		Caesarean Section Rate					46.33%	47.02%	42.89%	43.19%	41.26%	44.90%	47.50%	44.74%	45.88%	46.09%	46.07%	45.05%	46.40%	
		Still Birth Rate				0.40%	0.21%	0.29%	0.21%	0.21%	0.72%	0.43%	0.00%	0.22%	0.00%	0.22%	0.22%	0.00%	0.44%	
		Induction of Labour Rate				32.10%	32.08%	30.65%	34.31%	30.21%	36.65%	31.67%	31.36%	34.45%	32.71%	29.78%	29.91%	25.00%	28.83%	
		PPH 1500 ml rate				8.60%	2.31%	2.68%	3.97%	2.96%	2.42%	2.38%	4.04%	2.68%	3.52%	4.98%	4.78%	4.45%	4.94%	
	Fragile Hip	Fragile Hip Best Practice Pass Rate					58.00%	55.77%	79.17%	70.59%	61.40%	60.00%	67.92%	71.43%	68.57%	41.18%	59.57%	45.95%	-	
		Admitted to Orthopaedic Ward within 4 Hours					48.00%	36.54%	33.33%	25.49%	21.05%	28.57%	9.43%	14.29%	20.00%	19.61%	14.89%	32.43%	-	
		Medically Fit to Have Surgery within 36 Hours					58.00%	55.77%	81.25%	72.55%	68.42%	64.29%	71.70%	73.47%	68.57%	47.06%	65.95%	51.35%	-	
		Assessed by Orthogeriatrician within 72 Hours					98.00%	96.15%	97.92%	96.08%	91.23%	88.57%	90.57%	95.92%	91.43%	86.27%	91.48%	91.89%	-	
	Stroke	Stroke - Patients Admitted					191	156	155	164	157	184	163	152	174	135	154	157	-	
		Stroke - 90% Stay on Stroke Ward				90.00%	80.91%	84.62%	82.22%	71.95%	77.42%	75.22%	76.47%	78.13%	60.00%	70.73%	79.54%	51.32%	-	
		Stroke - Thrombolysed <1 Hour				60.00%	68.18%	52.38%	75.00%	56.25%	37.50%	85.71%	60.00%	78.13%	72.73%	60.00%	60.00%	62.50%	-	
		Stroke - Directly Admitted to Stroke Unit <4 Hours				60.00%	58.93%	56.19%	59.78%	61.45%	70.97%	58.62%	63.92%	61.54%	40.00%	60.61%	57.14%	38.16%	-	
		Stroke - Seen by Stroke Consultant within 14 Hours				90.00%	86.89%	87.93%	89.80%	85.71%	92.23%	86.47%	95.50%	84.21%	74.55%	81.37%	85.14%	84.71%	-	

RAG ratings (Red/Green) are against Current Month Trajectory. For metrics with no trajectory, RAG rating is according to comparison with previous month, except for Bed Occupancy, Diagnostic 6 Week Wait Performance and Cancelled Operations metrics which are RAG rated against National Standard.

NBTCARES

North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	Trust Patient First Improvement Priority	National Standard	Current Month Trajectory (RAG)	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Trend
Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity		PF			91.00%	89.49%	89.49%	89.29%	91.73%	92.73%	91.16%	93.93%	90.05%	93.37%	93.17%	89.47%	91.62%	
	Friends & Family Positive Responses - Emergency Department		PF			83.58%	74.74%	72.80%	79.33%	80.94%	81.44%	81.12%	73.99%	77.89%	74.65%	78.64%	81.05%	78.96%	
	Friends & Family Positive Responses - Inpatients		PF			93.70%	93.37%	91.96%	92.53%	91.30%	92.71%	91.98%	91.55%	92.73%	91.81%	93.80%	91.72%	94.79%	
	Friends & Family Positive Responses - Outpatients		PF			95.13%	94.04%	94.65%	95.45%	96.01%	95.31%	94.58%	95.12%	95.33%	95.06%	94.90%	95.00%	90.81%	
	PALS - Count of concerns					123	135	139	152	103	191	133	157	137	155	174	159	130	
	Complaints - % Overall Response Compliance				90.00%	64.10%	71.11%	65.00%	60.00%	73.00%	79.00%	71.00%	84.62%	86.11%	72.22%	84.09%	73.68%	79.19%	
	Complaints - Overdue					4	5	9	10	3	5	6	4	2	2	4	4	6	
	Complaints - Written complaints					48	49	60	49	36	44	40	39	36	47	45	59	59	
Workforce	Agency Expenditure ('000s)					2242	2182	2093	2184	1610	1507	1592	1368	891	1037	765	725	657	
	Month End Vacancy Factor					7.69%	7.16%	6.62%	6.42%	5.87%	4.87%	4.82%	5.02%	2.55%	3.46%	4.04%	4.26%	4.06%	
	Turnover (Rolling 12 Months)	R	PF		-	15.03%	14.59%	14.13%	13.74%	13.30%	13.09%	12.91%	12.32%	12.01%	11.88%	11.88%	11.75%	11.54%	
	Sickness Absence (Rolling 12 month)	R			-	4.92%	4.91%	4.89%	4.81%	4.70%	4.66%	4.67%	4.65%	4.62%	4.60%	4.61%	4.62%	4.58%	
	Trust Mandatory Training Compliance					86.69%	87.04%	89.39%	90.69%	91.06%	90.14%	89.44%	91.16%	91.50%	91.47%	92.02%	92.58%	92.71%	

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Executive Summary – August 2024

Urgent Care

The UEC position continues to be driven by a combination of increasing demand and reduced patients flow out of the hospital. In the year to-date ED attendances are up by 4.9% which equates to over 2,000 additional presentations. At the same time, the NC2R position has remained relatively static, without any summer seasonal reduction which was characteristic of previous years. These circumstances are creating a challenging operational and clinical environment.

Four-hour performance reported at 61.40% in August. NBT ranked third out of 11 AMTC providers. There was a decrease in 12-hour trolley breaches compared to the previous month (83 in August from 125 in July), however there was an increase in ambulance handover delays over one-hour (180 in August from 165 in July). The primary drivers continue to be an increase in ED presentations compared to last year with a 2.07% increase in August 2024 compared to the same month last year, and a continued high NC2R position leading to high bed occupancy. The ambition to reduce the NC2R percentage within NBT to 15% remains a key contingent in the Trust committing to the 78% ED 4-hour performance requirement for March 2025. As yet, there is no evidence of a sustained improvement in line with this ambition. Community-led D2A programme remains central to ongoing improvement. Work also progresses around development of a "Transfer Of Care" Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. In the meantime, internal hospital flow plans continue to be developed and implemented.

Elective Care

The Trust remains committed to, and on track for delivering against its operational plan in the clearance of 65-week referral to treatment waits. Part of that plan recognised a small number of complex procedures which may take 1-2 months longer to treat. Our commitment is that this would be no more than 20 patients and current plans suggest that we may deliver a position which is favourable to this. All remaining patients for the >65-week wait cohort have been booked to ensure delivery. Only exceptional circumstances (last minute cancellations/staff sickness etc.) would alter this. Contingencies are in place to mitigate such events.

Diagnostics

Performance in August continued to exceed the requirements for 2024/25 against the 5% target, reporting at 1.15%. The Trust has also achieved no patients waiting longer than 13-weeks – the only provider in the region to achieve this. Recent peer comparisons show NBT performing best in the country from a position of the tenth worst performing approximately two years ago.

Cancer Wait Time Standards

Having stabilised and achieved a reduction in the total >62-Day waiting list (the PTL), and having now secured performance against the FDS – both of which are in line with or above requirements, the remaining challenge is to deliver the overall 62-day breach position for the Trust i.e. 70% being fewer than 62-days wait by the end of the financial year. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumour sites. To achieve the overall 62-Day breach standard this year, the Trust will now have to secure improvements in some of the most challenging pathways – including the high volume and high-complexity Urology pathway. Work is underway to 'right-size' the component parts of this pathway which includes increasing access to robotic surgery for prostate cancer. This is more challenging than some of the simple pathway remedies already applied. Additional access to surgery is already being provided to deal with the Urology backlog, and as these patients are treated, there will be some variation in the headline 62-Day breach performance until the backlog is cleared (hence the slight reduction in 62-Day performance in July). The next step is to project performance from a new demand and capacity model which is being worked through to identify the capacity need for backlog clearance and capacity needed to meet recurrent demand.

Executive Summary – August 2024

Quality

Within Maternity, the term admission rate to NICU remained below the national target of 5%. There was one moderate harm incident in July and no cases referred to MNSI. PMRT saw 2 cases being graded as C or D. There was an indirect maternal death at home on 24/07/2024. The mother gave birth at NBT on 02/09/2023. Currently the case is with the Coroner's Office and no actions for the Trust are currently anticipated. Staffing levels remain positive, with midwifery recruited to vacancy and turnover. There are 2 Obstetrician middle grade rota gaps. During July 24 NBT had a rate of 6.6 medication incidents per 1000 bed days, which is at the mean point for the past 6 months. The work of the 'Medicines Safety Forum' continues, evaluating medicines safety challenges and supporting staff to address these. Infection control data for C. difficile and MSSA remains below 2023-24 trends, with E-Coli tracking marginally above. Covid-19 and flu numbers remain low, and winter funding has been agreed for IPC 7 day working. There were no new MRSA cases. The reducing trend in falls rates continued, reflecting the ongoing improvement actions as outlined in the report. The overall trend in Pressure Injury reduction continues, which includes those relating to devices., when benchmarked against 2023-24 figures for the same 5-month period there's a 64% reduction. VTE risk assessment compliance has fluctuated over the past 2 years, but a declining recent trend is apparent. Clear mitigating actions have been established, with the primary failsafe being implemented in Spring 2025 through the Digital Prescribing system (EPMA). The national Inpatient Survey results were published, with NBT sustaining its overall rating against a general national decline, being ranked 31/131 trusts nationally. Delivery of the Year 2 workplan for Patient & Carer Experience remains positive, with actions targeted to improve patient experience and aligned to the national patient surveys, including the Inpatient survey. 92.3% of patients gave the Trust a FFT positive rating, a decrease on the previous month, remaining within the overall expected range of performance. The response rate compliance for complaints improved to 79%, sustaining the overall improved trend over the past 9 months. All complaints & PALS concerns are acknowledged within the agreed timeframes.

Workforce

Turnover decreased to 11.54% in August compared to 11.76% in July, below the target set for 2024/25 of 11.9%. We remain focussed on monitoring the impact of our actions from the one-year retention plan through delivery of our five-year retention plan, particularly the proportion of our Healthcare Support Workers leaving within the 1st 12 months of service; stability for this cohort has improved from 75.57% in July to 76.86% in August.
The % of employed staff from our 30 most challenged communities' metric and associated target is being reviewed to ensure the metric robustly reflects the actions of the Commitment to our Community programme of work. Currently we employ 840 more staff from our 30 most challenged communities than we did in March 2023. Our other Commitment to our Community metric, disparity ratio, has followed a deteriorating trend to 1.59 in August. Our metrics, targets and the current impact of our actions are being reviewing through deep dive work with the Trust Senior Leadership Group and the People and EDI Committee in October and November.
Trust-wide agency spend decreased from 1.5% in July to 1.4% of total pay spend in August, which is below the Trust the 2024/25 target of 3.2%. A weekly Resourcing and Temporary Staffing Oversight group has been established to drive actions that will impact our overall temporary staffing use with a current focus on long term medical agency, non-clinical agency and nursing bank (however the group's remit will consider all temporary staffing use).
Our watch metrics (sickness absence and vacancy rate) continue to show statistically significant improvement over the past 12 months.

Finance

For the second month in a row the Trust has delivered a financial position in line with plan and has stabilised the position seen in quarter one. The financial plan for 2024/25 in Month 5 (August) was a deficit of £0.2m. In month the Trust has delivered a £0.2m deficit, which is on plan. Year to date the position is a £4.6m adverse variance against a planned £6.2m deficit. This is driven by the impact of unidentified CIP across pay and non-pay creating a £6.1m adverse variance. The Trust cash position at Month 5 is £39.2m, a reduction of £23.5m from Month 12. This is driven by the underlying deficit, capital spend, and outstanding debt. The Trust has delivered £9.1m of completed cost improvement programme (CIP) schemes at month 5, an increase of over £3m from month 4. There are a further £0.6m of schemes in implementation and planning that need to be developed, and £13.7m in the pipeline.

High Quality Care

NHS North Bristol NHS Trust

Responsiveness

Board Sponsor: Chief Operating Officer
Steve Curry

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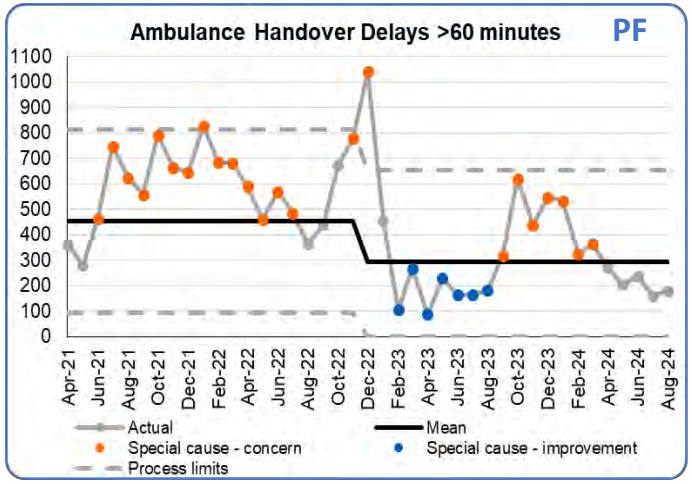
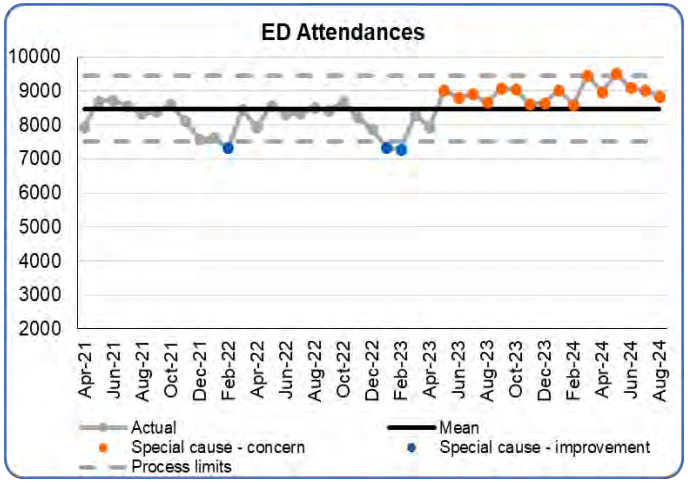
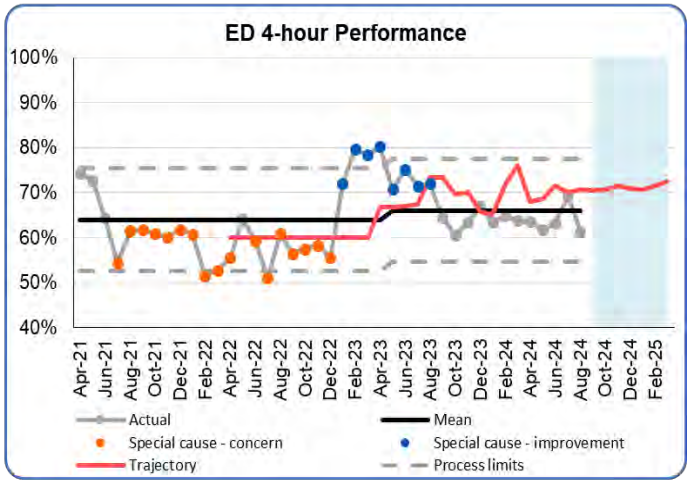
Responsiveness – Indicative Overview at August-2024

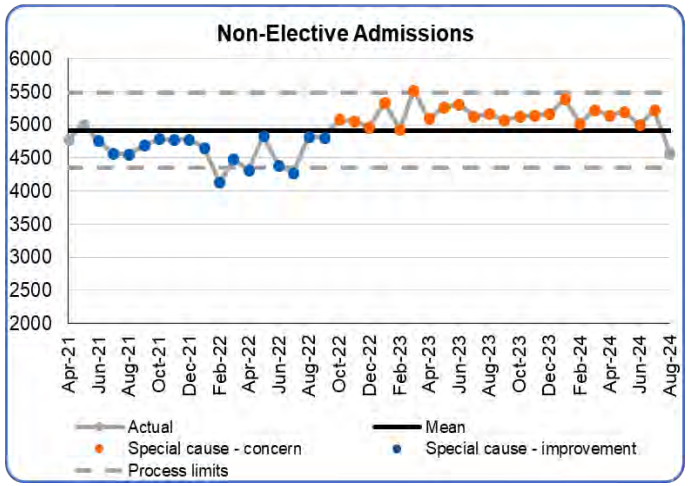
Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Internal and partnership actions continue – meanwhile, ED demand in the YTD is up nearly 5%.
	NC2R/D2A	As yet, no evidence of progress to reduced NC2R percentage ambition.
RTT	65-week wait	Progress on specialist area challenges (DIEP). Reasonable assurance against September >65-week plan.
Diagnostics	5% 6-week target	Achieved national requirement of 5%. Now achieved constitutional standard of 1%.
	CDC	Fixed asset now in place. All modalities operational apart from Endoscopy – which comes online later as planned.
Cancer	28-day FDS Standard	Recovery plan in May showed further improvement in the June and July positions. Work continues on sustainable pathway solutions.
	62-Day Combined Standard	A new phase of backlog clearance in the most complex pathways is underway (including Urology) which will show some variation in 62-Day performance whilst the backlog is cleared. There is still reasonable assurance that we can deliver against our 62-Day standard requirement for this year.

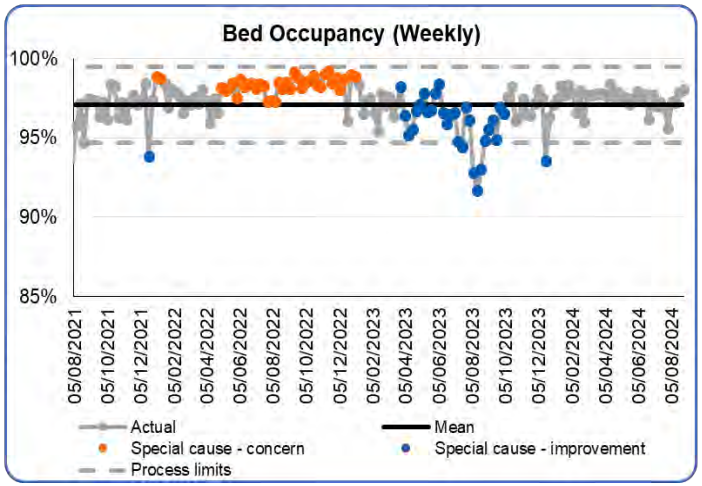
Urgent and Emergency Care

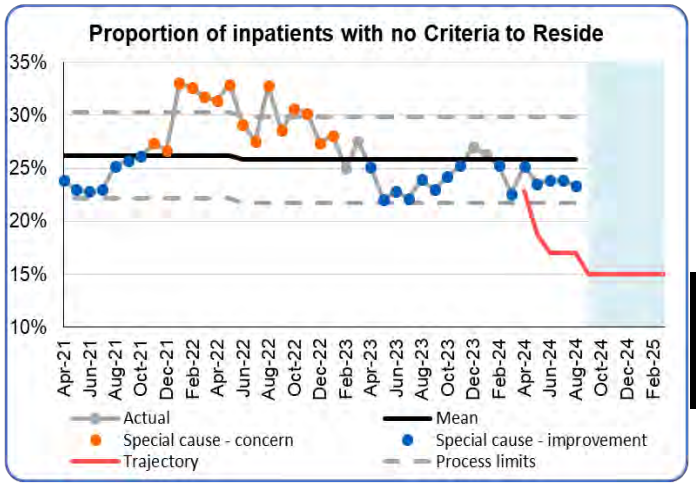












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Urgent and Emergency Care

NHS North Bristol NHS Trust

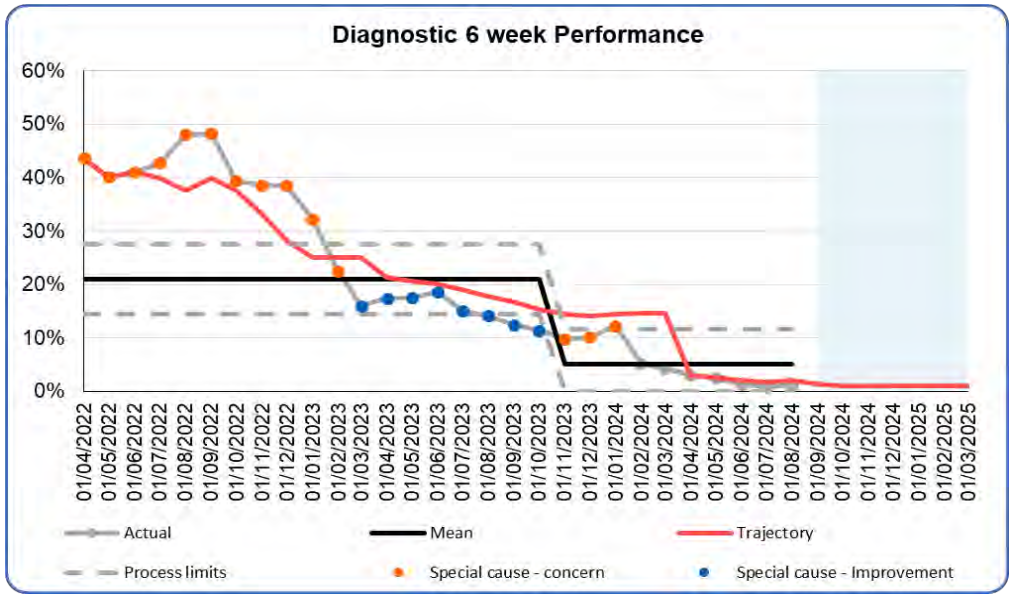
What are the main risks impacting performance?

- Year-on-year ED attendances have been increasing in previous months, but there was a marked increase yet again in August, showing attendances at 2.07% higher than August 2023.
- As yet, no significant progress in reducing NC2R problems against System ambition.
- Unusually, we have not seen any seasonal variation in NC2R numbers throughout the summer months.
- NC2R position contributing to a >97% average bed occupancy with a particular impact on Stroke bed capacity.

What actions are being taken to improve?

- Executive and CEO-level escalation regarding NC2R impact - commitment secured from system partners to focussed work with revised reduction ambition. Additional capacity requirements developed by COOs across the System with CEO funding agreement reached in the last week. Awaiting capacity provision.
- Ambulance handovers – significant year-on-year improvement in lost ambulance handover time. Internal UEC programme actions on handover processes, together with the 'continuous flow' model led by the Chief Nursing Officer has delivered further improvement.
- Ongoing introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- Development of a "Transfer Of Care" Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub.
- New demand and capacity work being undertaken by system partners to refresh D2A model to support NC2R reduction ambition – see first bullet point.
- COO escalating Stroke NC2R. Four additional BIRU beds secured initially. Further escalation arranged with System partners.

Diagnostic Wait Times



What are the main risks impacting performance?

- The Trust continues to exceed the target of no more than 5% patients waiting over 6-weeks, with performance reporting at 1.15% for August 2024.
- Cross-sectional imaging upgrades may result in some capacity losses in the next six weeks.
- Staffing gaps within the Sonography service and a surge in urgent demand means that the NOUS position remains vulnerable. Given the volume of this work, any deterioration can have a material impact on overall performance.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector. Further industrial action remains the biggest risk to compliance.

What actions are being taken to improve?

- The Trust has committed to actions that deliver the national constitutional standard of 1% in 2024/25.
- The Trust is maintaining clearance of all >13-week breaches. NBT is the only trust in our region to have zero >13-week breaches.
- CDC commenced 01/04/2024 in temporary accommodation with phase 2 (fixed build) within September 2024.

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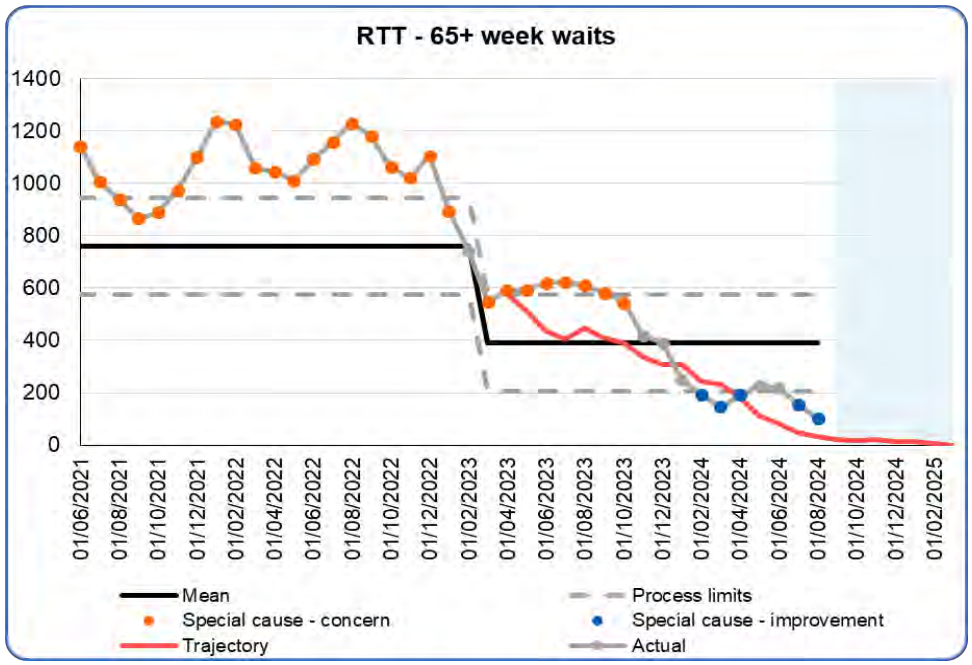
Referral To Treatment (RTT)



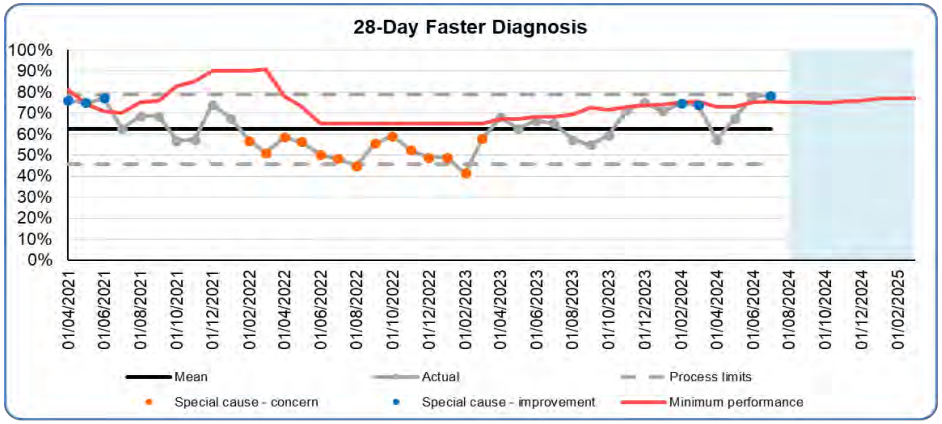
What are the main risks impacting performance?

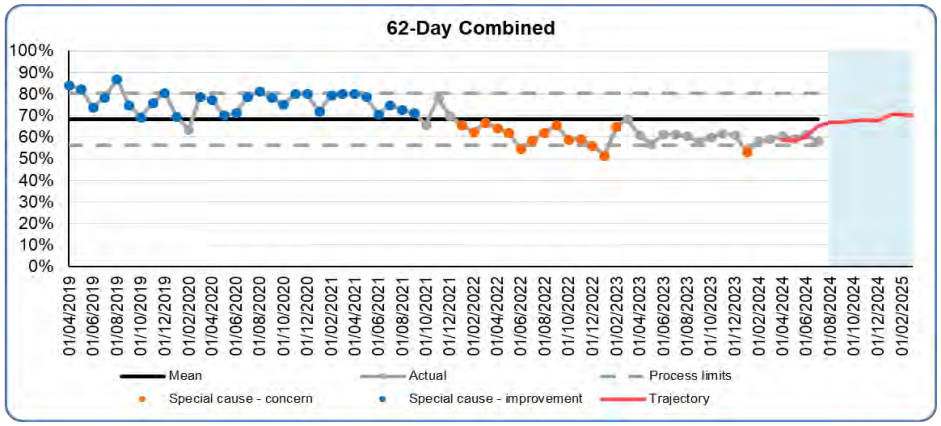
- Although limited, Impact of July 2024 industrial action.
- Rebooking of cancelled cancer and urgent patients is displacing the opportunity to book long-waiting patients.
- Continued reliance on third party activity in a number of areas.
- The potential impact of UEC activity on elective care.
- Challenges remain in a small number of specialist procedures (DIEP).

What actions are being taken to improve?

- Trust has committed to zero 104-week breaches, and as of June 2024 has met this ambition.
- Plans to eliminate 65-week and 78-week wait breaches for all specialties, with the exception of DIEPs, by September 2024.
- Speciality level trajectories have been developed with targeted plans to deliver required capacity in most challenged areas; including outsourcing to the IS for a range of General Surgery procedures and smoothing the waits in T&O between Consultants.
- Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred all suitable patients into available capacity across local IS Providers.
- The Trust is actively engaged with the Getting It Right First Time (GIRFT) programme of work and working with specialists in theatre utilisation improvements to ensure use of available capacity is maximised.

Cancer Performance





What are the main risks impacting performance?

- Last minute year-end capacity loss in Skin clinics impacting the end of year performance.
- Ongoing clinical pathway work reliant on system actions remains outstanding.
- Reliance on non-core capacity.
- Increased demand is now a significant driver – Skin referrals, Gynaecology referrals and Endoscopy referrals.
- Volume and complexity of Urology pathway remains challenging.

What further actions are being taken to improve?

- Significant additional activity has been delivered to recover industrial action related deteriorations in Skin and Gynaecology.
- Recovery actions can only be made sustainable through wider system actions. The CMO is involved in System workshops looking to reform cancer referral processes at a primary care level.
- Focus remains on sustaining the absolute >62-Day Cancer PTL volume and the percentage of >62-Day breaches as a proportion of the overall wait list. This has been challenged by recent high volume activity losses (industrial action related) within areas such as Skin.
- Having secured a reduced PTL, and a FDS position compliant with trajectory, focus will now be on improving performance in the high-volume, high-complex area of Urology. Additional capacity is being secured and a new D&C model being developed.
- Moving from an operational improvement plan to a clinically-led pathway improvement plan for key tumour site pathways such as Skin and Urology (e.g. prostate pathway and implementation of Primary Care Tele-dermatology for the Skin care pathway).

Patient

Commitment to our Community

NHS North Bristol NHS Trust

Quality, Safety and Effectiveness

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

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	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	TREND
Activity							
Number of women who gave birth, all gestations from 22+0 gestation	442	448	426	459	448	444	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	3	1	3	4	3	5	
Number of women who gave birth (>=24 weeks or <24 weeks live)	440	447	425	459	449	444	
Number of babies born (>=24 weeks or <24 weeks live)	446	449	429	463	456	451	
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)	36	24	27	33	34	36	
No of livebirths <24 weeks gestation	1	1	1	0	1	3	
Induction of Labour rate %	31.4%	34.5%	32.7%	29.8%	30.1%	25.0%	
Spontaneous vaginal birth rate %	43.2%	43.6%	43.1%	45.3%	46.1%	45.5%	
Assisted vaginal birth rate %	8.9%	11.2%	10.8%	8.5%	9.6%	8.6%	
Caesarean Birth rate (overall) %	47.5%	44.7%	45.9%	46.2%	43.0%	45.0%	
Planned Caesarean birth rate %	21.6%	19.9%	18.8%	17.2%	18.3%	20.5%	
Emergency Caesarean Birth rate %	25.9%	24.8%	27.1%	29.0%	24.7%	24.5%	
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	6.4%	5.2%	5.0%	4.2%	4.8%	2.9%	
BFI Activity							
% of babies where breastfeeding initiated within 48 hours	Data Not Available (DNA)			81%	82%	78%	
% of babies breastfeeding on Day 10	Data Not Available (DNA)			75%	72%	72%	
% of babies breastfeeding at transfer to community	Data Not Available (DNA)			82%	70%	68%	
% of babies where skin to skin recorded within 1st hour of birth	Data Not Available (DNA)			91%	84%	80%	
Perinatal Morbidity and Mortality Inborn							
Total number of perinatal deaths (excluding late fetal losses)	1	3	1	2	4	1	
Number of stillbirths (>=24 weeks excl. TOP)	0	1	0	1	2	0	
Number of neonatal deaths : 0-6 Days	0	1	1	1	2	1	
Number of neonatal deaths : 7-28 Days	1	1	0	0	0	0	
PMRT grading C or D cases (themes in report)	2	1	0	1	3	2	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (MNSI)	0	0	1	0	0	0	
Maternal Morbidity and Mortality							
Number of maternal deaths (MBRRACE)	0	0	0	1	1	1	
Direct	0	0	0	0	0	0	
Indirect	0	0	0	1	1	1	
Number of women recieving enhanced care on CDS	33	26	29	37	46	41	
Number of women who received level 3 care (ITU)	0	0	2	1	3	2	
Insight							
Number of datix incidents graded as moderate or above (total)	2	0	2	0	4	2	
Datix incident moderate harm (not SI, excludes MNSI)	2	0	2	0	4	1	
Datix incident PSII (excludes MNSI)	0	0	0	0	0	0	
New MNSI referrals accepted	0	0	1	0	1	0	
Outlier reports (eg: MNSI/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust)	0	0	0	0	0	0	
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	
Involvement							
Service User feedback: Number of Compliments (formal)	26	110	106	61	96	93	
Service User feedback: Number of Complaints (formal)	4	3	1	1	6	3	
Friends and Family Test Score % (good/very good) NICU	100	100	100	100	100	100	
Friends and Family Test Score % (good/very good) Maternity	91	93	90	93	92	89	
Staff feedback from frontline champions and walk-abouts (number of themes)	5	0	0	10	0	0	

Maternity

Perinatal Quality Surveillance Monitoring (PQSM) Tool July 24 data

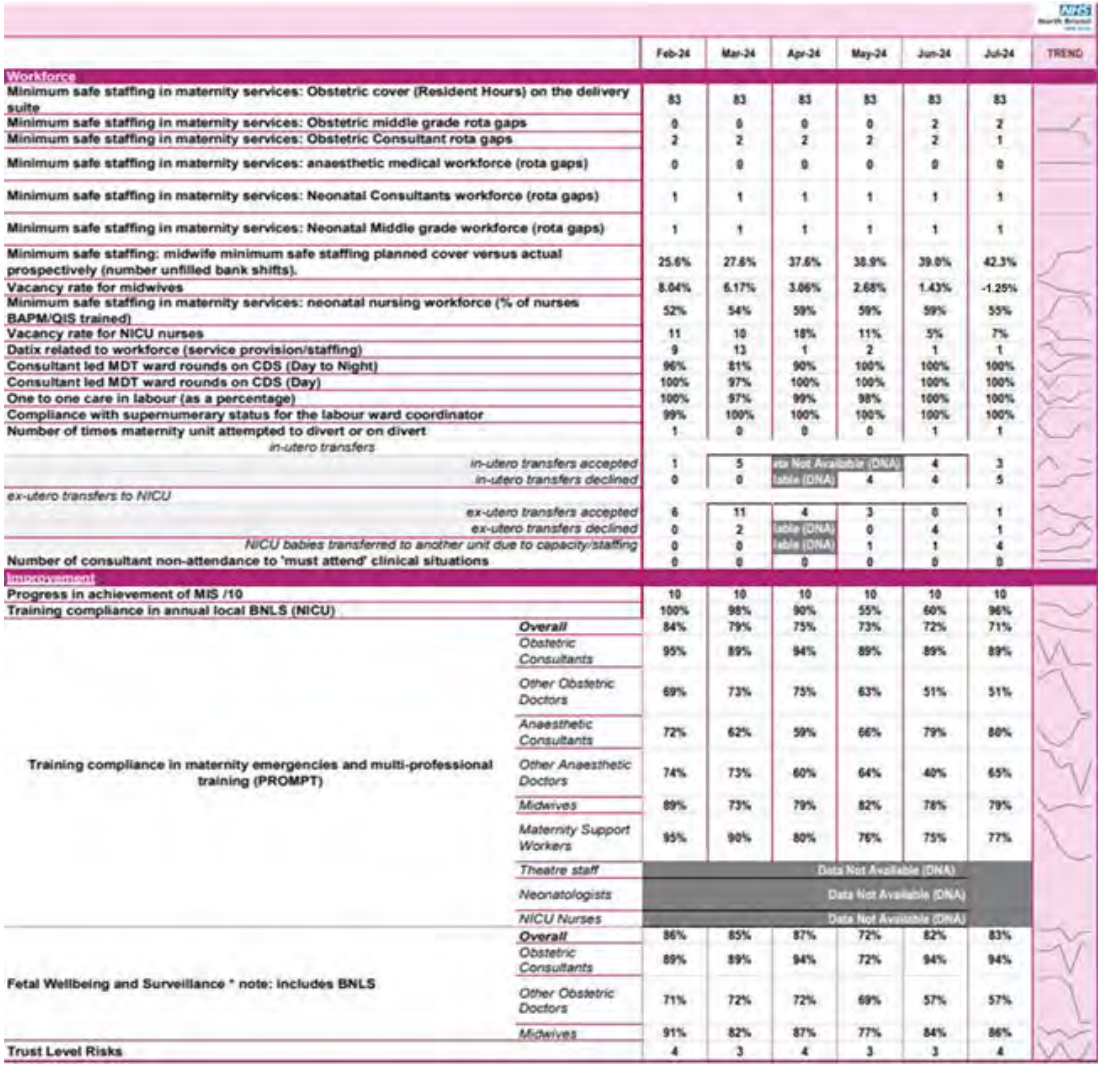
The term admission rate to NICU was 2.9% against a national target of 5%.

Perinatal services referred 0 new case to MNSI in July and commissioned 0 new cases for PSII.

There was 1 x indirect maternal death at home on 24/07/2024. The Mother gave birth at NBT on 02/09/2023. Currently the case is with the Coroner's Office and is being reviewed as a suspected suicide. There are no actions for the Trust at this time.

PMRT saw 2 cases being graded as C or D in July.

There was 1 x moderate harm incident in July which relates to a retained vaginal pack identified on day 21 postnatally.



		Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	TREND
Workforce								
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite		83	83	83	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps		0	0	0	0	2	2	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps		2	2	2	2	2	1	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)		0	0	0	0	0	0	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)		1	1	1	1	1	1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)		1	1	1	1	1	1	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).		25.6%	27.6%	37.6%	38.9%	39.8%	42.3%	
Vacancy rate for midwives		8.04%	6.17%	3.06%	2.68%	1.43%	-1.25%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)		52%	54%	59%	59%	59%	55%	
Vacancy rate for NICU nurses		11	10	18%	11%	5%	7%	
Datix related to workforce (service provision/staffing)		9	13	1	2	1	1	
Consultant led MDT ward rounds on CDS (Day to Night)		96%	81%	90%	100%	100%	100%	
Consultant led MDT ward rounds on CDS (Day)		100%	97%	100%	100%	100%	100%	
One to one care in labour (as a percentage)		100%	97%	99%	98%	100%	100%	
Compliance with supernumerary status for the labour ward coordinator		99%	100%	100%	100%	100%	100%	
Number of times maternity unit attempted to divert or on divert		1	0	0	0	1	1	
in-utero transfers								
	in-utero transfers accepted	1	5	Data Not Available (DNA)		4	3	
	in-utero transfers declined	0	0	Data Not Available (DNA)	4	4	5	
ex-utero transfers to NICU								
	ex-utero transfers accepted	6	11	4	3	0	1	
	ex-utero transfers declined	0	2	Data Not Available (DNA)	0	4	1	
	NICU babies transferred to another unit due to capacity/staffing	0	0	Data Not Available (DNA)	1	1	4	
Number of consultant non-attendance to 'must attend' clinical situations		0	0	0	0	0	0	
Improvement								
Progress in achievement of MIS /10		10	10	10	10	10	10	
Training compliance in annual local BNLS (NICU)		100%	98%	90%	55%	60%	96%	
Training compliance in maternity emergencies and multi-professional training (PROMPT)	*Overall*	84%	79%	75%	73%	72%	71%	
	Obstetric Consultants	95%	89%	94%	89%	89%	89%	
	Other Obstetric Doctors	69%	73%	75%	63%	51%	51%	
	Anaesthetic Consultants	72%	62%	59%	66%	79%	80%	
	Other Anaesthetic Doctors	74%	73%	60%	64%	40%	65%	
	Midwives	89%	73%	79%	82%	78%	79%	
	Maternity Support Workers	95%	90%	80%	76%	75%	77%	
	Theatre staff	Data Not Available (DNA)						
	Neonatologists	Data Not Available (DNA)						
	NICU Nurses	Data Not Available (DNA)						
Fetal Wellbeing and Surveillance * note: includes BNLS	*Overall*	86%	85%	87%	72%	82%	83%	
	Obstetric Consultants	89%	89%	94%	72%	94%	94%	
	Other Obstetric Doctors	71%	72%	72%	69%	57%	57%	
	Midwives	91%	82%	87%	77%	84%	86%	
Trust Level Risks		4	3	4	3	3	4	

Maternity

Perinatal Quality Surveillance Monitoring (PQSM) Tool July 24 data

There are currently 2 Obstetrician middle grade rota gaps

Midwifery is currently recruited to vacancy and turnover.

Perinatal services received three formal complaints in July.

It is acknowledged that the data is reported a month in arrears however any immediate safety concerns would be presented to Divisional Quality Governance, Trust Board and the LMNS as appropriate.

The Perinatal Quality Surveillance Model is shared with Quality Committee and with Perinatal Safety Champions to ensure there is a monthly review of maternity and neonatal quality undertaken by the Trust Board.

The Perinatal Quality Surveillance Model is shared with the Local Maternity and Neonatal System to ensure Trust level intelligence is shared to ensure early action and support for areas of concern.

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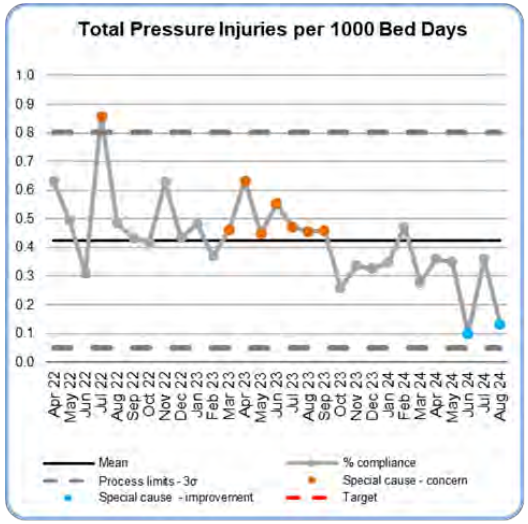
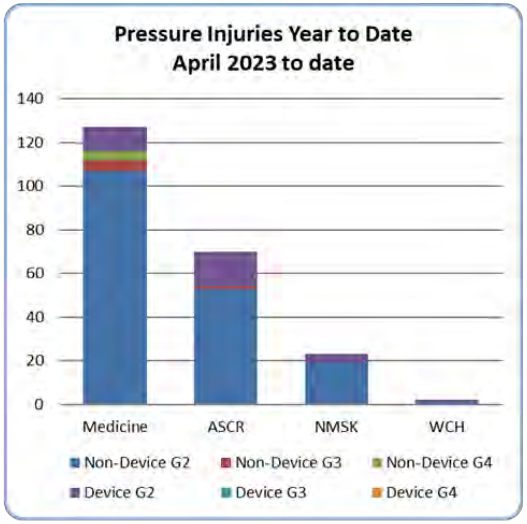
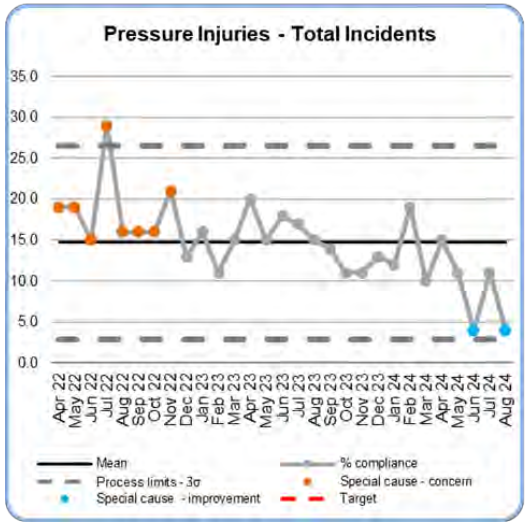
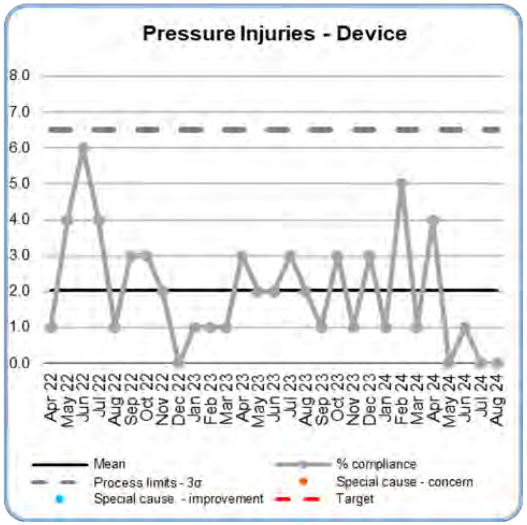








Pressure Injuries

What does the data tell us?

In August there were decrease to 4 x grade 2 pressure ulcers. There were no pressure ulcers attributable to medical devices.

There were no unstageable, grade 3 or 4 reported pressure ulcers reported in August.

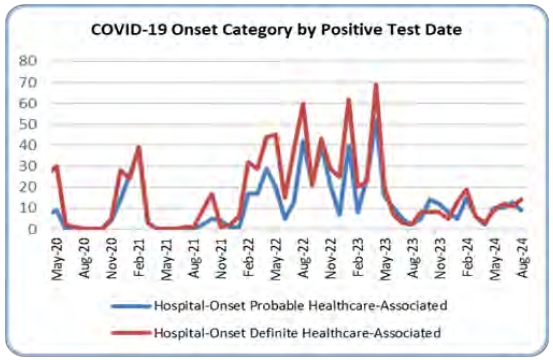
Despite the increase in PU prevalence last month, the reduction in prevalence this month shows that when benchmarked against the figures from 2023-2024 for the same 5-month period, NBT is at a 45% reduction in grade 2 PU prevalence.

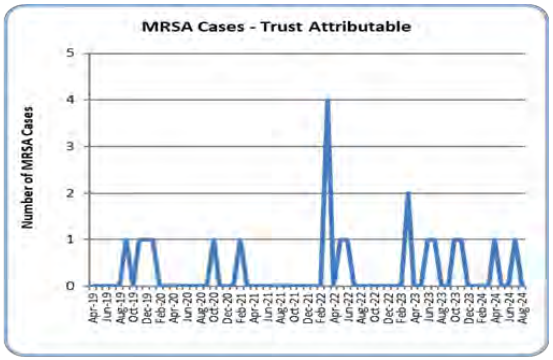
There was an increase to 9 DTIs reported in August. When benchmarked against the figures for 2023-2024 for the same 5-month period, NBT is at a 64% reduction in DTI prevalence.

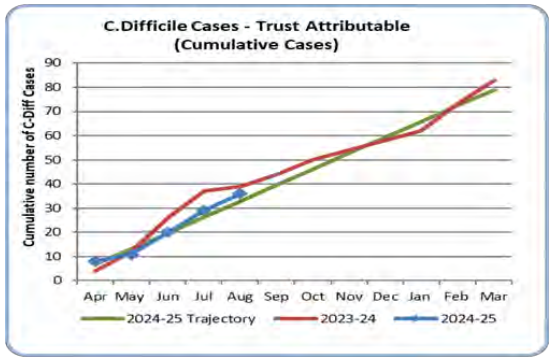
The target for PU reduction will be a trajectory for the year based on the first-quarter figures. There will be zero tolerance for Grade 3 or 4 PUs, with a 50% reduction on last year's incidents.

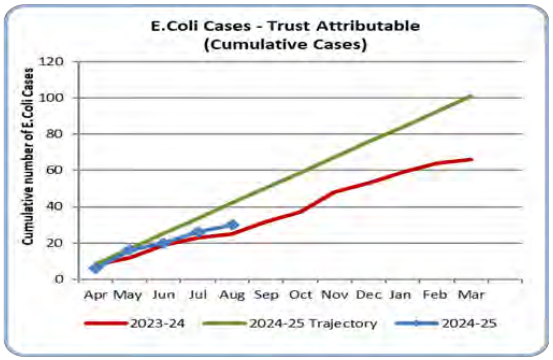
What actions are being taken to improve?

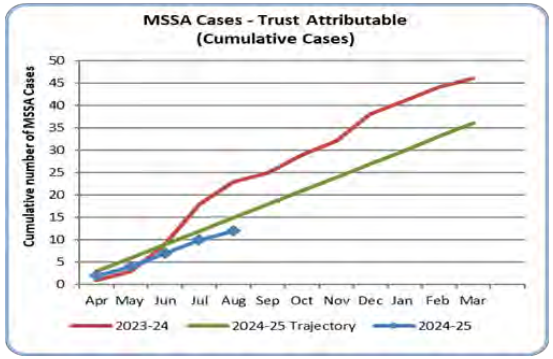
- The TVN team provide a responsive, supportive and educational wound care service across NBT and work collaboratively and strategically within the ICB across the BNSSG system. The team actively seek to work in collaboration with patients, clinical teams and other stakeholders to reduce patient harm and improve clinical outcomes.
- The use of a foam dressing prophylactically in pressure ulcer prevention on the sacrum is being trialed as a pilot in the ICU. This initiative has been supported by industry partners, with the findings to be discussed at the NBT Pressure Ulcer Steering Group. If the trial yields positive outcomes, the prophylactic dressings could be used as an adjunct to normal pressure redistribution strategies in high-risk patient groups. Additionally, there is further collaboration with Sirona and the integrated discharge service for patients discharged from NBT to Pathway 2.
- There is collaboration with the TVS, NBT dietitians, and the Salisbury Spinal Unit to optimize nutrition prophylactically in PU prevention for high-risk patient groups.

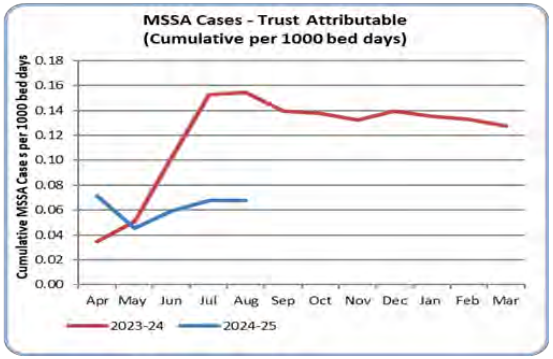












Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus) / Influenza - numbers remain low not causing concern, IPC team have had winter funding approved for 7 day working in IPC .

NHS Trajectories set by UKHSA for HCAI – C Diff 79, E Coli 101, Pseudomonas aeruginosa 12 and Klebsiella 33.

MSSA – Significantly lower rates are sustained from last year's position with divisional focus on learning and BSI improvement plan work continuing.

C. difficile – Facilities continue to embed ward cleaning and divisional collaborative work on escalation and decisions around sampling requirements continues to be embedded.

Gram negative/ E.coli – Patient hydration continues a focus to embed learning from regional/national programmes and initiatives. The continence group remains unfunded. IPC teams looking last year's E Coli cases predominantly community acquired and themes and trends to address rise in cases .

What actions are being taken to improve?.

- Trust wide Bacteriemia reduction plans work continues between Medical, Nursing and AHP staff. Prehospital cannula second audit commenced for bigger cohort group to assess insertion requirement versus 'just in case' devises. Data and findings to be widely shared for learning and actions.
- MSSA cases on a lower trajectory, IPC teams continue collaboration within regional to drive reduction, focusses on main points of IV devises or chronic wound linked with tissue viability.
- In the absence of a Continence group, teams strive to deliver nutritional assistance work and increase education related to catheter management. Contributing to the ICB catheter passport.

Other infections

Staph capitis – NICU A further meeting was held to review cases and monitor compliance and action completion, i.e. incubator cleaning issues with new giraffe incubators explored and actions ongoing.

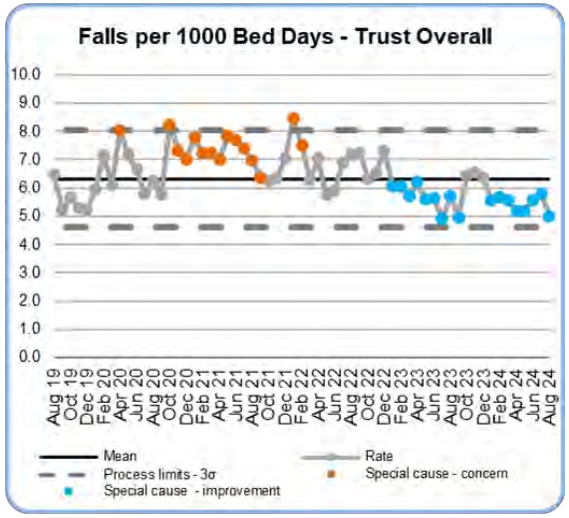
Other projects

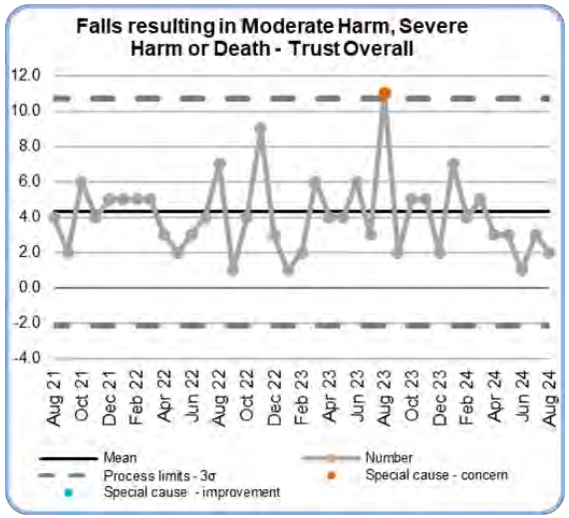
Team supporting new enteric faeces preparation work for 'Go live' on 3rd September

Milk bank – supportive monthly IPC check held, will become bi-monthly. No new issues.

SWAST cannulation audit – second audit.

Mandatory IPC training – T3 bespoke training collaborative work between NBT and UHBW continues.





Falls

Falls incidents per 1000 bed days

NBT reported a rate of 5.01 falls incidents per 1000 bed days in August which is below the average of 6.33.
There were 151 falls reported in August. 2 moderate level physical harm.

The moderate harm falls resulted in a fractured elbow for one patient and a small bleed in the brain was discovered following the second patients fall.

Medicine division: 97 falls reported. 8th month below their average.
NMSK division: 36 falls reported. Below their average for the fourth month.
ASCR: 15 falls reported. This is below their average.

Multiple falls accounted for 25% of falls this month which is around average. With 3 patients having 3 falls. No patient experienced more than 3 falls this month.
Older patients continue to be the highest proportion of patients who fall, with 69% of reports in the over 65's.

What actions are being taken to improve?

The falls team supported with providing a detailed response to a CQC query relating to a case of multiple falls.

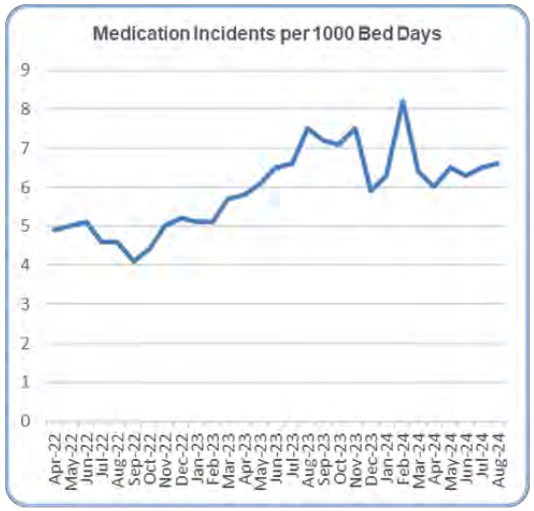
Work has started within complex care wards to rationalize hoist sling storage as part of a quality improvement piece of work to improve safe lifting following a fall. We have discovered several slings that have needed to be removed from circulation as they are non-standard shape, damaged or missing the correct labelling. Slings that have remained in place have a standardized labelling to support linen services to return them to the correct ward area. This aims to improve the ease with which staff can access hoisting equipment to move a patient following a fall. This should reduce unnecessary calls to the serious falls' response. This work will be rolled out across more wards over the coming weeks.

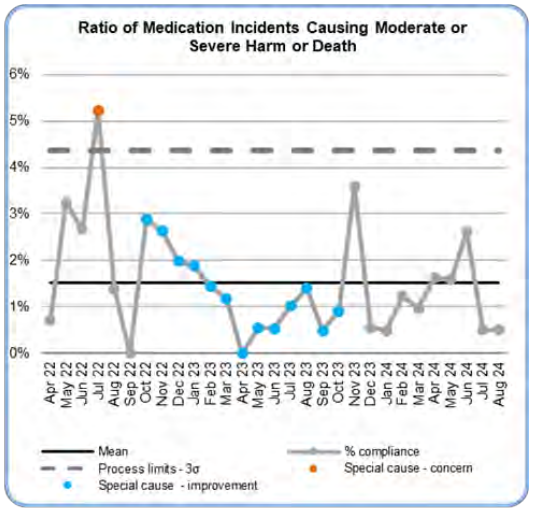
The falls team are supporting with efforts to improve the completion of neurological observations following a fall. The first step is to agree a standard approach for how we utilize our electronic Vitals system and to explore how the systems can support staff to complete neurological observations following a fall.

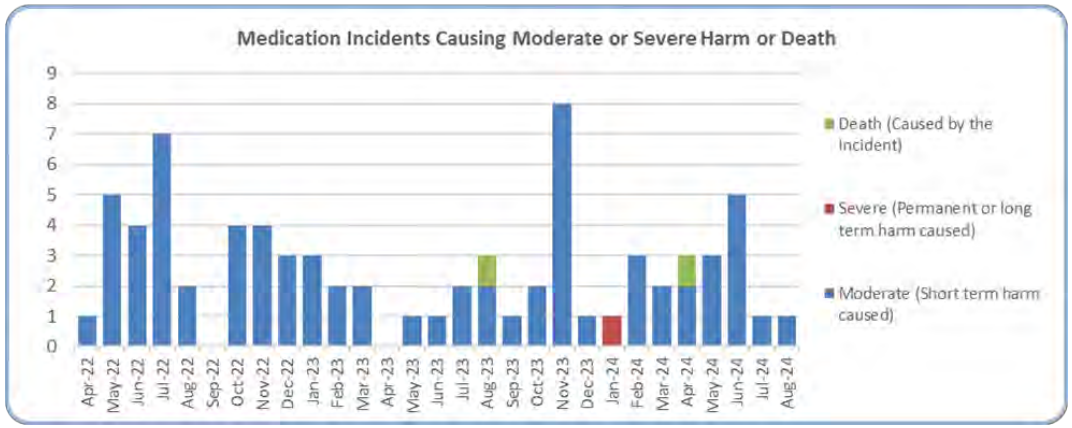
Training to junior doctors will be commencing within the next few weeks to outline the responsibilities and guidelines in place to support a patient following a fall in hospital.

A step-by-step guide has been circulated to support the completion of lying and standing blood pressures on Vitals.

N.B. The data presented only presents inpatient falls and does not include falls from hoist, stairs or in outpatient areas.







Medicines Management Report

What does the data tell us?

Medication Incidents per 1000 bed days

During August 24 NBT had a rate of 6.6 medication incidents per 1000 bed days, which is in line with the 6-month average of 6.6 for this measure.

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

The ratio of medication incidents causing moderate or severe harm or death was 0.5 this month with only 1 incident falling into this category.

A third bar graph has now been included in this report to show an increased level of detail around this metric.

Overall comment

Incident numbers have remained relatively stable for the past few months and the impact of the change to LFPSE appear to be subsiding.

What actions are being taken to improve?

The work of the 'Medicines Safety Forum' continues – this is a multidisciplinary group whose aim is to focus on gaining a better understanding of medicines safety challenges and subsequently supporting staff to address these. This group is to meet monthly going forward. There has been a high level of engagement with the groups and its activities from all Divisions and staff groups.

At the last meeting it was agreed that the group would initially focus on:

- Analysing practices around Controlled Drug management to assess whether any process changes could reduce workload for nursing staff and risk of errors
- Consideration of implementation of measures to reduce the task loading for nurses undertaking drug rounds.
- Reviewing the competence assessment process for nursing staff ensuring it is practical, fit for purpose and consistent.

A resource proposal detailing the Pharmacy staffing required to support medicines safety improvement work going forward will be discussed at the DTC in due course.

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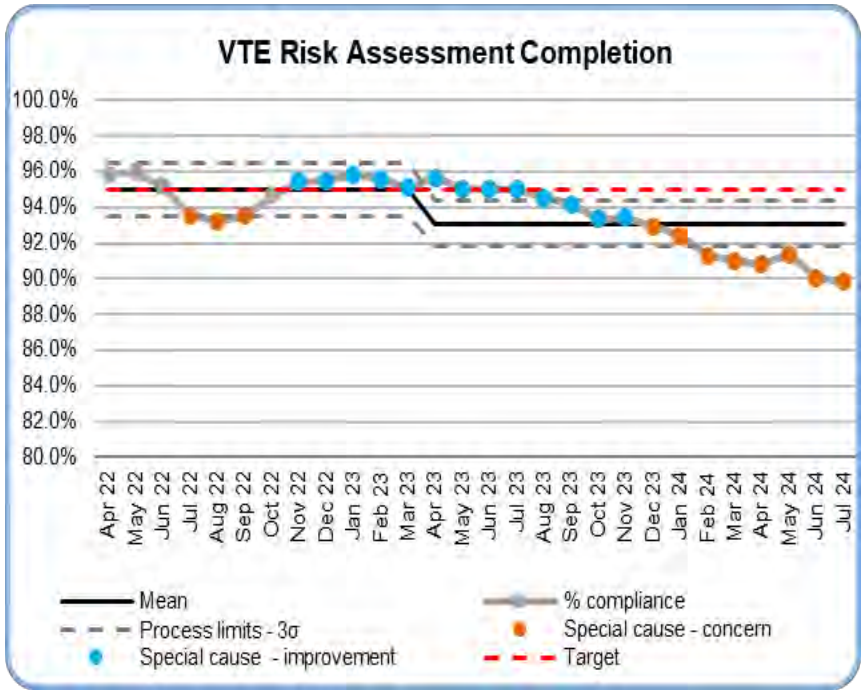

Please Note: some VTE data is reported one month in arrears because the coding of the admission, and data collection for VTE RA, does not take place until after the patient is discharged.

VTE Risk Assessment

What does the data tell us?

In June 2022 there was a noticeable dip in the VTE RA compliance (see graph) and action was taken to improve the situation
An audit of the patient's notes revealed VTE forms were not completed.

Actions:

1. All clinicians were reminded of the importance of completing VTE RA for all patients, with regular audit and feedback to the teams.
2. In February 2023, a pilot of a **VTE digital assessment** took place; this was successful and thus rolled out across the Trust.:
    I. The digital form allows for real data collection
    II. There is a visual reminder of the patient's VTE RA status on the Ward Flow Board (VTE status is colour-coded)
3. Clinicians are reminded daily, at the Board Rounds, if the VTE RA form has not been completed
4. Reinstatement of face-to-face training for all HCPs in the Trust, at induction
5. Clinical leadership responsibilities agreed with direct oversight of the CMO and the Thrombosis Committee which reconvened to engage and drive actions across the Trust.

Reason for the drop in compliance :
Completing the digital VTE form is a manual deviation from the human ergonomic flow of clerking a patient, so it can be missed on admission.

An additional improvement plan is in place this year:
In Spring 2025, completion of the VTE RA will become a **forcing measure** when the digital prescribing module is initiated, which will dramatically improve compliance

In the meantime, the VTE team are constantly reviewing the requirement for a VTE RA for individual patients, identifying cohorts of patients who do NOT require a VTE RA, and ensuring that the data collection is accurate

Patient

NHS North Bristol NHS Trust

Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams

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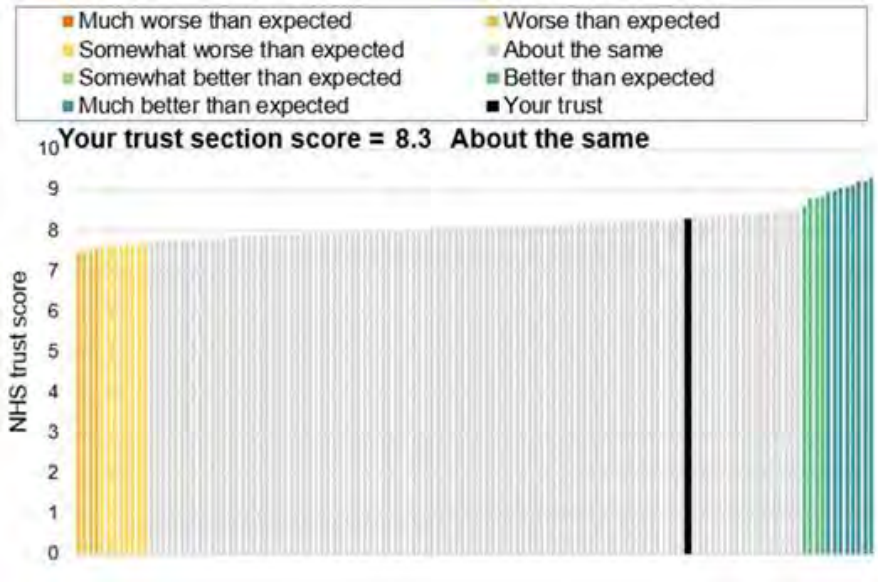
Patient & Carer Experience – Strategy Delivery Overview August 2024

A	Amber - Progress on Track but known issues may impact on plan	C	Complete
G	Green - Progress on Track with no issues	R	Red - Progress is off Track and requires immediate action

NHS North Bristol NHS Trust

Patient & Carer Experience Strategy Commitment	Commitments	Progress Status
Listening to what patients tell us	We will continue to share patient experiences at Board and through other governance committees, to ensure the voice of the patient is heard.	The Patient and Carer Partnership Group, Carers Strategy Group and Patient and Carer Experience Group met in August, hearing from a range of patient and carer voices.
	We will build on our existing methods to collect patient feedback ensuring these are accessible to all. We will explore the use of new technologies to support this including how we capture social listening (social media comments).	**This has been identified as a Quality Priority.** Patient Conversations continue across the Trust with dedicated volunteers. We have begun working with PEP Health to complete a one-year feasibility study to review social listening and improve theming of our existing large narrative datasets.
	We will continue to develop the Integrated Performance Report, so that the Board and other leaders can have oversight of the experience our patients receive.	IPR reporting has been refined to include an overview of progress against the Patient & Carer Experience Strategy.
Working together to support and value the individual and promote inclusion	We will aim to increase the diversity of our volunteer teams to reflect our local community and the patients we serve, with a particular focus on Outpatient areas.	New VS Strategic Plan is in development with a focus on this objective. First draft expected around the end of September.
	We will meet the needs of patients with lived experience of Mental Health or Learning Disability and neurodivergent people in a person-centred way.	**This has been identified as a Quality Priority.** MH Strategy has been signed off. We have a patient partner with LD who is actively involved in sharing her lived experience to improve services. We are in the process of onboarding a patient partner with lived experience of Mental Health.
	The voice and the involvement of carers will be respected and integral in all we do.	We have just updated our Carers Awareness Training, this is being signed off with support from Young Carers Voice. We have successfully gained funding for 10 new carers chairs which will make a significant difference to the experience of carers supporting on the ward. We welcome a new Carers Liaison Worker from September who will be co-located between PALS and ToC Hub.
	Personalised care in various services by using tools such as 'This is Me' developed for patients with dementia, 'Shared Decision Making' and "Supported Decision Making"	**This has been identified as a Quality Priority**. Exploring use of 'Ask 3 Questions' as part of shared decision making. Feedback gathered from PCPG (Patient Partners)
	We will work together with health, care, and local authority partners to reduce health inequalities, by acting on the lived experiences of patients with a protected characteristic and/or who live in communities with a high health need.	We continue to complete outreach work with the Gypsy, Roma, Traveller Community and completed a site visit in August. We have identified a patient from this group who would like to share their patient story at a future Board meeting.
Being responsive and striving for better	We will continue to sustain and grow our Complaints Lay Review Panel as part of our evaluation of the quality of our complaint investigations and responses	The panel met in August. There is one new panel member who has completed their first panel meeting.
	We will continue to undertake the annual Patient Led Assessments of the Care Environment (PLACE) audits and respond to areas of improvement.	Development of a physical access working group of patients who will participate in this year's PLACE assessments in November. A presentation on last year's PLACE results was shared at the Patient and Carer Partnership Group in August. Preparations are underway for this year's assessment.
	We will involve the volunteer voice within feedback to shape future volunteer roles and patient engagement opportunities.	New VS Strategic Plan is in development with a focus on this objective. Frist draft expected around the end of September.
Putting the spotlight on patient and carer experience	We will refresh the patient experience portal on our website and staff intranet	Intranet pages recently updated for all PE teams.
	We will develop a Patient Experience e-learning module to support the ongoing need of staff for easy access to busy frontline staff.	E-learning module scoped with L&D team through NHS Elect. This is currently being tested with a small working group before roll out. This is expected at the end of September.

Patient & Carer Experience - Overview August 2024



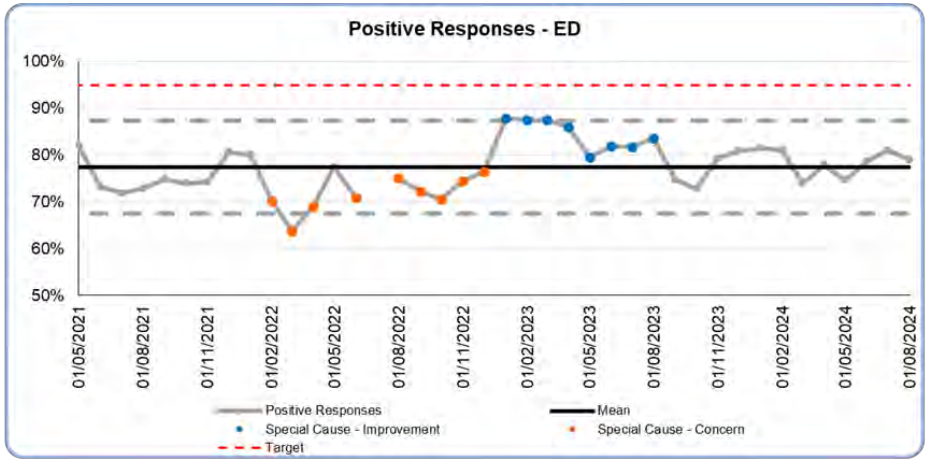
In August we received our results for the CQC Adult Inpatient Survey 2024, which reflected the experience of adult inpatients during November 2023. 131 NHS acute trusts in England took part, generating 63,573 responses. The national response rate to the survey was 41.7% but at NBT this was higher at 48%.

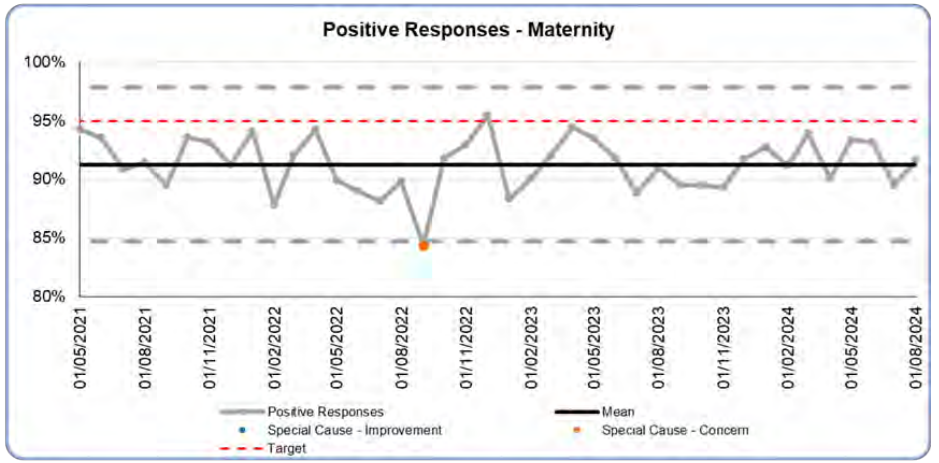
Whilst nationally people's experience of inpatient care has deteriorated since 2020, our results were good. For overall experience we scored 8.3/10 which is the same as last year. Nationally we placed 31st out of 131 trusts. We scored 'about the same 'as other trusts for 48 questions and 'better than expected for' 1 question.

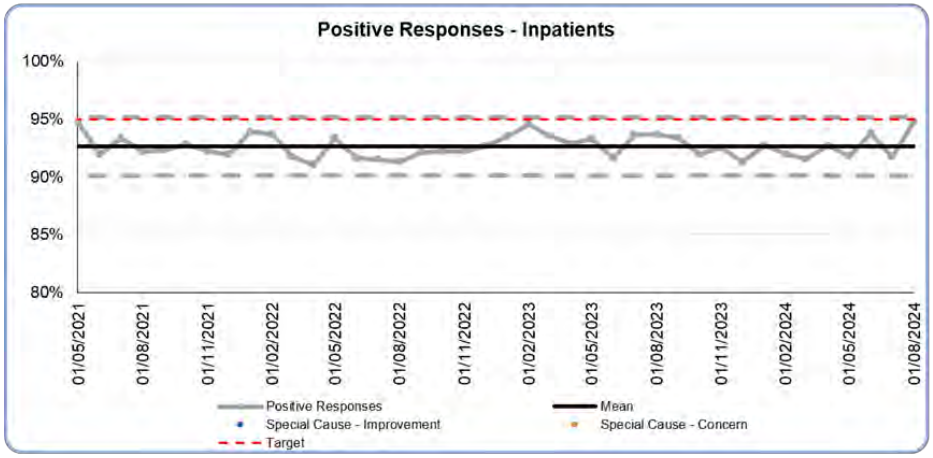
Despite some significant improvements in scores relating to discharge and asking patients to give their feedback on quality of care, there is still more work to do to match national averages in these areas. As a result, we have chosen not to change our action plan for this year. We will continue with same three themes from last year which link into existing programmes of work. We still have more work to do in each of these areas and time needed to see the impact.

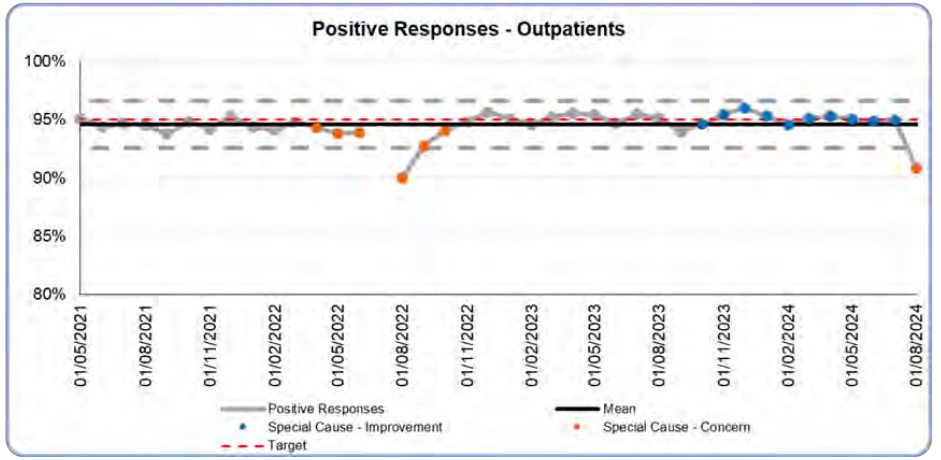
In addition, a range of wider actions across the Patient & Carer Experience Strategy Year 2 Plan for 2024-25 will play a key role, as reflected elsewhere in this IPR.

Patient Experience









N.B. no data available for the month of July-22 for ED and Outpatients due to an issue with CareFlow implementation

Patient Experience

NHS North Bristol NHS Trust

What does the data tell us – Trust wide?

- In August, 8,539 patients responded to the Friends and Family Test question. 6,189 patients chose to leave a comment with their rating.
- We had a Trust-wide response rate of 13.6%, which is slightly up on the previous month (13.5%).
- 92.32% of patients gave the Trust a positive rating. This was down on the previous month (93.20%) however within expected variation.
- The top positive themes from comments remain: staff, waiting time and clinical treatment.
- The top negative themes from comments remain: waiting time, communication and staff.

What does this data tell us – Maternity?

- Positive responses across Maternity have increased to 91.6% in August. Negative responses have also decreased to 5.1% in August.
- The response rate across Maternity decreased from 17.9% in July to 16.6% in August.
- Top positive theme from comments remains staff.

All staff from start to finish were lovely. So helpful and so compassionate. From turning up to the hospital, giving birth, to the care received on the Mendip ward after our little boy was born was perfect.

What does the data tell us - Emergency Department?

- Positive responses have decreased to 78.9% in August from 81.0% in July. Negative responses have increased to 14.4% in August from 12.5% in July.
- The response rate for ED remains the same (19.6%)
- The top positive theme remains staff.
- The top negative theme remains waiting time.

Friendly and professional staff who answered all questions. Spoke to my child and not just over the top to the adult! Obviously would have preferred to wait less time but acceptable.

What does the data tell us - Inpatients?

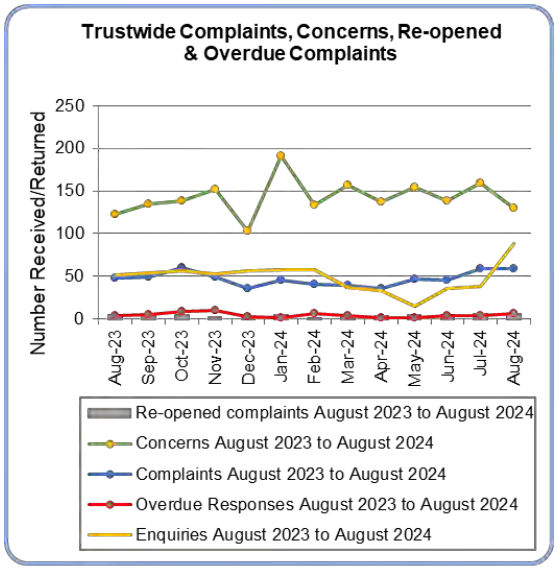
- Positive responses have increased from 91.7% in July to 94.7% in August. Negative responses have increased from 3.9% in July to 5.1% in August.
- The response rate for inpatients has decreased from 22.7% in July to 21.3% in August.
- Top positive themes from comments are staff, clinical treatment and communication.
- Negative themes from comments are, staff, communication, and waiting time .

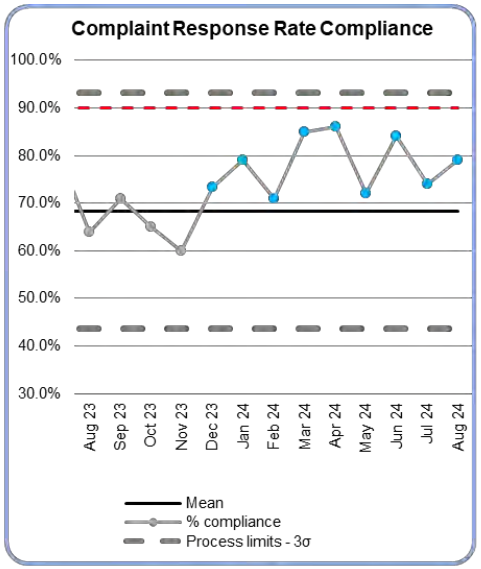
The staff were super friendly and caring. I didn't feel great after the procedure and they made sure I was as comfortable as I could be and looked after me so well, explained everything to me so I knew what options I had.

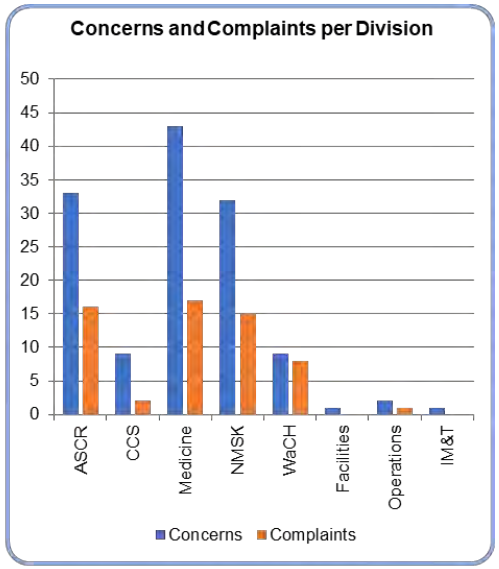
What does the data tell us – Outpatients?

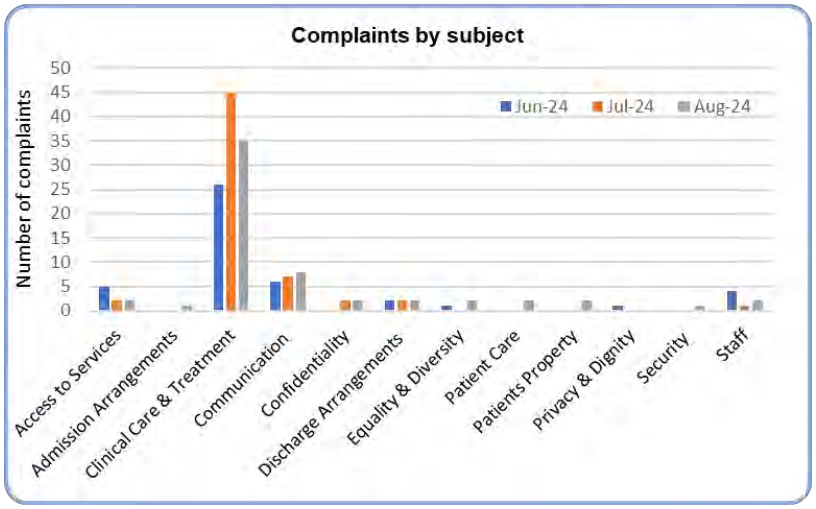
- Positive responses have decreased in August to 90.81%. We will continue to closely monitor this as it is significantly lower than previous months.
- The response rate for outpatients increased from 11.7% in July to 11.8% in August.
- Top positive themes from comments remain staff, waiting time and clinical treatment.
- Negative themes from comments remain waiting time, communication and staff.

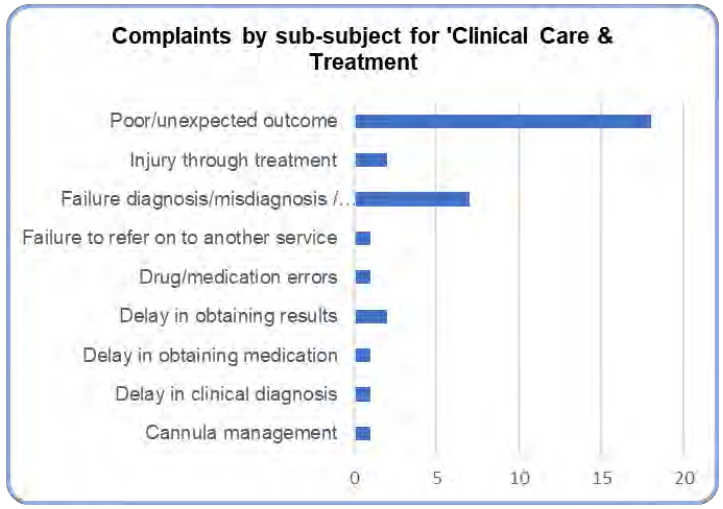
Very quick service! Literally just sat down for the usual long wait and was called almost straight away. The Dr was very concise and explained the procedure and felt very comfortable with the explanation and procedure.











Complaints and Concerns

What does the data tell us?

In August 2024, the Trust received 59 formal complaints. This is the same number as July and 10 more than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (35). A chart to break down the sub-subjects for 'Clinical Care and Treatment' is included.

Of the 59 complaints, the largest proportion was received by Medicine (17) followed by ASCR (16) and NMSK (15).

There were 6 re-opened complaints in June (4 ASCR, 1 MED, 1 NMSK), the same number as the previous month.

The number of overdue complaints at the time of reporting has increased from 4 in July to 6 in August and are with ASCR (3), CCS (1) and WaCH (1)

The response rate compliance for complaints has increased from 74% in July to 79% in August. A breakdown of compliance by clinical division is shown below:

ASCR – 82% CCS – 33% Medicine – 92%
NMSK 58% WaCH –100%

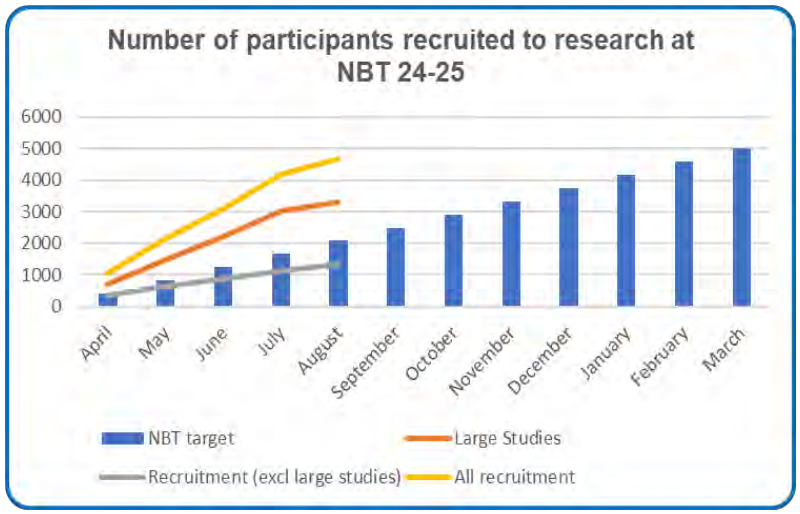
The number of PALS concerns received decreased from 159 in July to 130 in August, which is 8 more than the same period last year.

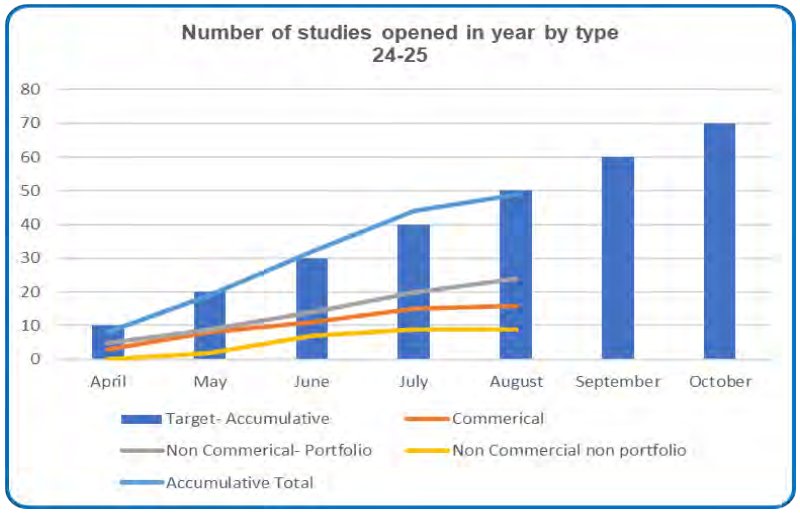
In August 100% of complaints were acknowledged within 3 working days and 100% of PALS concerns were acknowledged within 1 working day.

Research and Development

Board Sponsor: Chief Medical Officer
Tim Whittlestone

20





Research and Development

Our Research activity

We strive to offer a broad range of research opportunities to our NBT patients and local communities whilst delivering high-quality care combined with a positive research experience.

Graph 1 shows our activities in relation to research participation. Year to date 1362 participants have enrolled in research @NBT with an annual stretch target of 5000 (excluding our 2 large studies)- we are currently achieving 65% of the target. We are likely to see a lower number of participants recruited to research over the coming year as our portfolio adapts and becomes more complex .

The NBT research portfolio remains strong, we have 214 NIHR Portfolio studies open to recruitment . We have opened 49 new studies year to date, as shown in graph 2 against a target of 50. We are pleased to see steady growth in the number of studies collaborating with commercial partners and a subsequent increase in recruitment to these studies; these collaborations enable us to offer our patients access to new clinical trial therapies and generate income to support reinvestment and growth in research across the trust. Our Diabetes research team recently randomised the first UK patient to a commercial diabetes study- receiving national recognition for their efforts in doing so.

Our grants

Congratulations to Sarah Mulholland, Pharmacist, who was recently awarded a prestigious NIHR Pre-Doctoral Bridging award to develop her research ideas and skills towards the submission of a PhD application (£11k), Congratulations also to Prof. Robert Hinchlife for his recent NIHR RfPB award (£162k) to explore routine screening for diabetic foot and Prof. Liz Coulthard for her recent NIHR RfPB award (£167k)to explore sleep apneoa treatments to slow neurodegeneration. The active research grant portfolio at NBT totals £48m.

NBT has been awarded £1.2m Research Capability Funding for 2024/25. This allocation puts NBT in 6th position, out of 248 NHS Trusts in England, our highest position to date. This is an amazing achievement and reflects the size of NBT's NIHR research grant portfolio; the level and quality of NIHR grants being submitted across NBT and the high success rates. R&D will shortly open a trust-wide call for applications for Research Infrastructure to help drive new pipelines of research in our clinical teams, departments and divisions, funded by RCF.

R&D has a focus on supporting non-medics, including nurses, midwives and allied health professionals to develop research ideas, projects and academic careers. R&D operates a rolling call for applications from non-medics to receive mentorship and funding for early-stage research. ResearchGrants@nbt.nhs.uk

In addition, with thanks to the Southmead Hospital Charity, R&D has launched a call for applications to our SHC Springboard scheme, seeking applications from NBT staff to undertake small research projects up to £25k, the deadline for EoIs was 3rd July and we have received 6 applications which will be reviewed by our patient/public panel and shortlisting panel.

R&D and the Medicine Division will be holding a Research Engagement Session on the 25th September (face to face and online), with short talks, Q&As and networking opportunities Research Engagement Afternoon for Medicine Division - Wed 25 Sep, 2-4pm (Live/Teams) - LINK (nbt.nhs.uk)

20

Innovate to Improve | People | Commitment to our Community

NHS North Bristol NHS Trust

Workforce

Board Sponsors: Chief Medical Officer, Chief People Officer
Tim Whittlestone and Peter Mitchell

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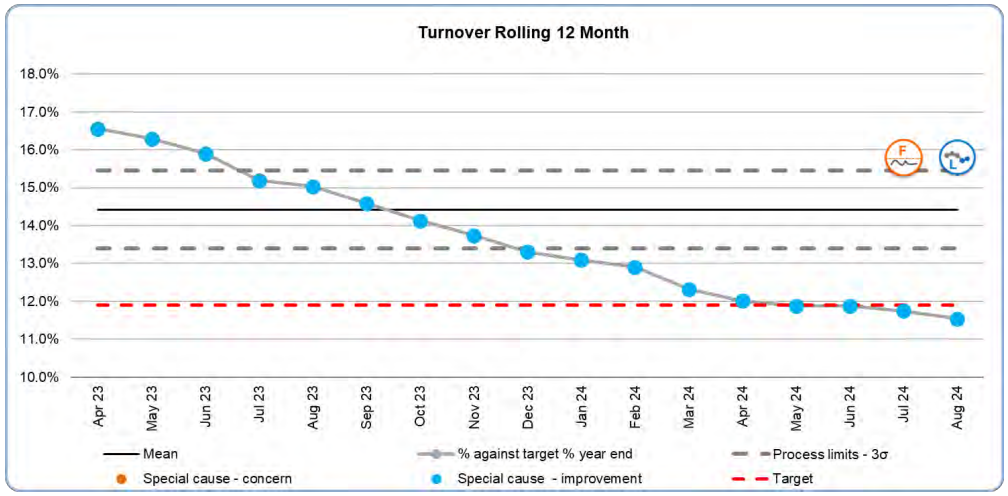
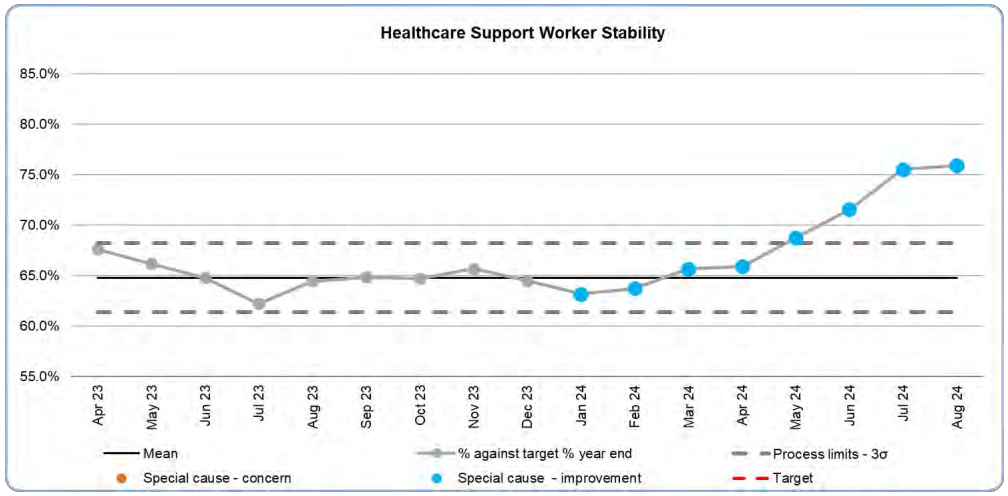
Retention Patient First Priority People





Turnover decreased from 11.76% in July, to 11.54% in August. 0.36% below the target set for 2024/25.

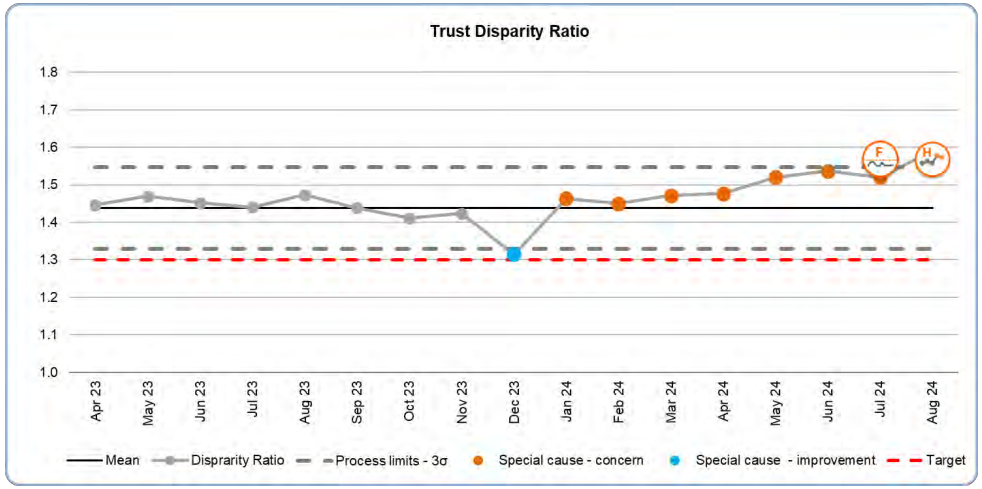
Healthcare Support Worker (HCSW) stability (% of staff in post with >12 months service) has improved and is now at 76.86% in August.

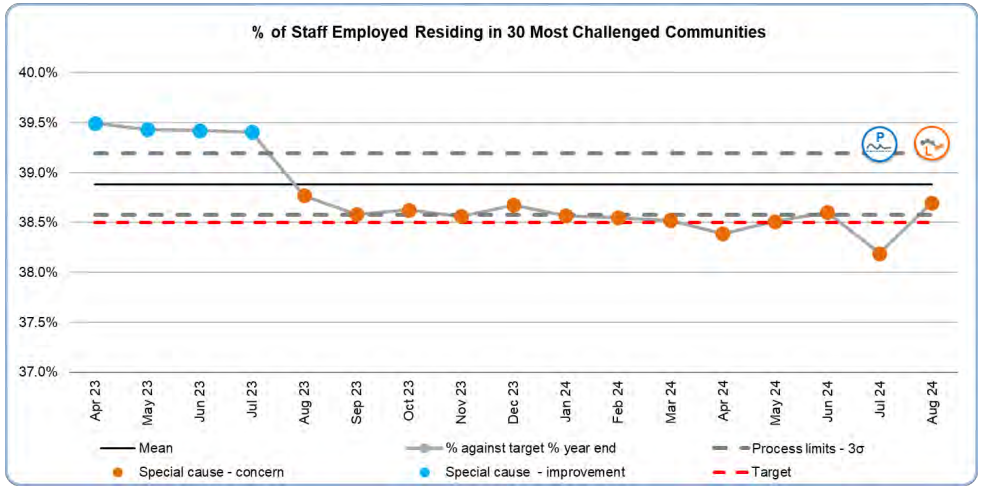
A Retention plan priority is 'Supporting New Starters' - specifically HCSWs where turnover in the first 12 months has been historically high. Enhanced Induction for these staff has been in place for 10 months and celebration events to recognise their achievements and progress within their first year, are occurring. This includes discussion and information about future career pathways as well as presentation of certificates. The Impact of actions to support them in their 1st year will continue to be monitored in 2024/25. The table below shows our immediate priority retention actions in the next 3 months:

Driver	Action and Impact	Owner	Due
Induction	Finalise and promote a new '90-day Induction guide', which focusses on pre-arrival communications; support from colleagues; check-ins with line manager.	People Promise Manager Staff Induction Team/	Oct-24
Work Life Balance	Piloting a new flexible working workshop in October. Events running over National Work Life Balance week to promote ways people can balance work and personal life and reduce the number of staff leaving us due to 'work life balance' reasons.	People Promise Manager	Oct-24
Culture	Launch a Civility and Respect framework teams can use to improve their culture and reduce occasions of incivility, aligned to all aspects of poor behaviour.	Associate Director of Culture	Oct 24

Commitment to our Community

Patient First Priority – Commitment to our Community





A deep dive into the Commitment to our Community metrics will take place in October using SLG to provide a divisional focus and response, which will be presented to the People and EDI Committee in November

Disparity Ratio – (likelihood of applicants from ethnic minority backgrounds being appointed over white applicants from shortlisting – Workforce Race Equality Standard metric). August disparity ratio was 1.59, an increase from 1.56 in July, driven by a small reduction in the % of ethnic minority applicants appointed from shortlisting compared to White applicants. A formal evaluation of the Diverse Recruitment Panels approach is planned for October with some follow-up recommendations around expanding this programme and embedding it within divisions, aiming to mainstream this approach.

% of Employed Staff from 30 Most Challenged Communities – We are in the process of reviewing this metric and our target to ensure the metric robustly reflects the actions of the Commitment to our Community work, this is being delivered through the deep dive work with SLG and the People and EDI Committee. Currently we employ 840 more staff from our 30 most challenged communities than we did in March 2023.

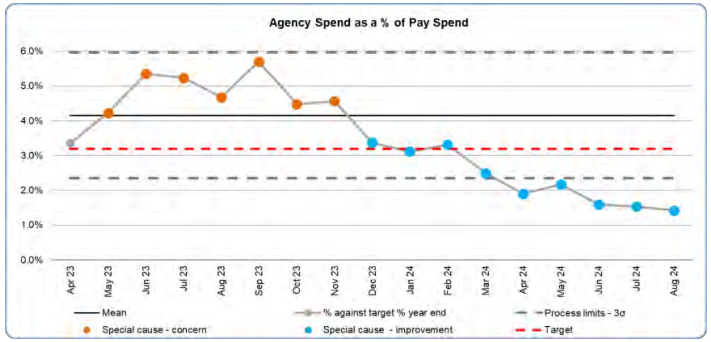
Community Outreach – Listening event booked for 12th Nov. Focus on creating long term connections with the community.

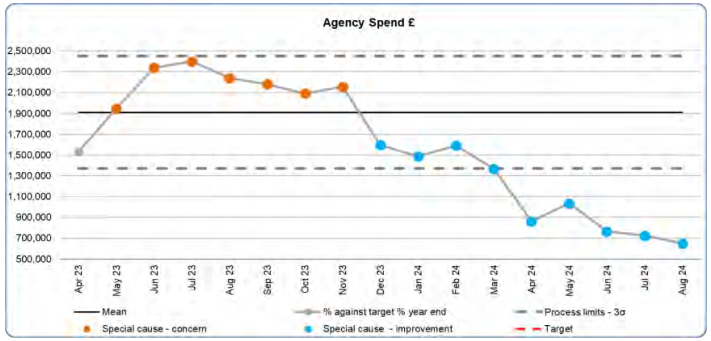
Mentoring Programme – Mentoring and support is being provided to around 90 people from our local area. Some are now seeing employment outcomes. 2 open days in Estates and Facilities have happened in September with guaranteed interviews being held for interested participant.

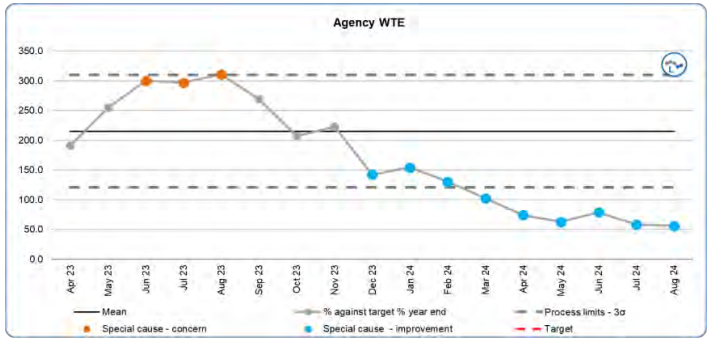
Work Experience – 384 placements were facilitated for school age children in the previous academic year. Partnerships established with Women's Work Lab, Ablaze, Project Search and Project Pilot.

Driver	Action and Impact	Owner	Due
Community Outreach	POG approved direct recruitment from work experience and prioritised recruitment for community candidates	Community Project Manager	Mar 25
Community Outreach	Elective Care Centre will recruit initially from community candidate pool before general public	Community Outreach officer	Nov 24

Temporary Staffing





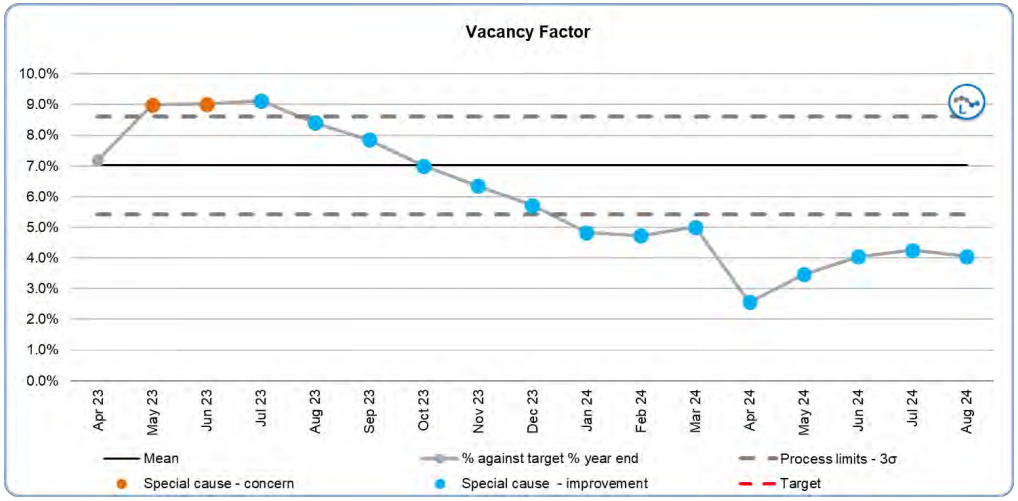


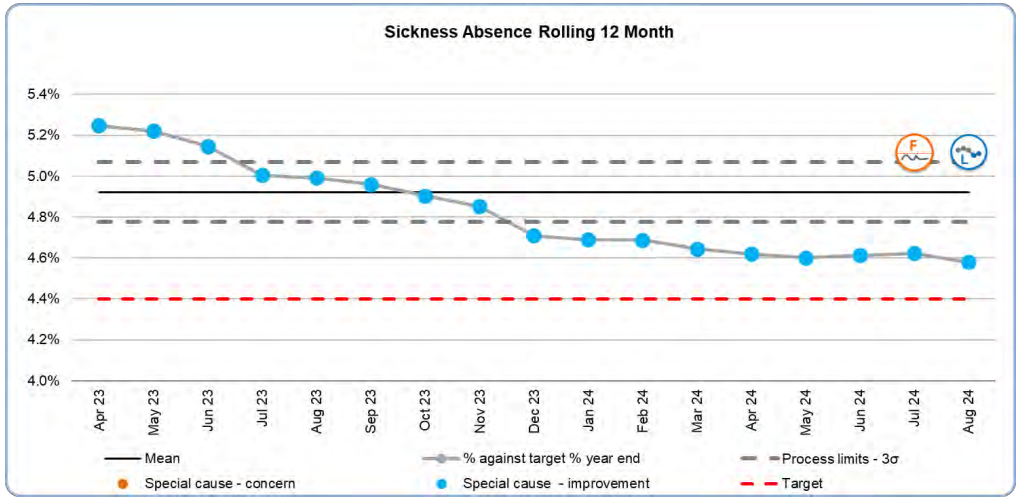
Agency spend continues to reduce and is significantly below the pay spend target of 3.2% of total pay spend at 1.42% in August. A weekly Resourcing and Temporary Staffing Oversight group has bene established to continue to focus on all aspects of Temporary Staffing with a current focus on long term medical agency use, non-clinical agency use and on nursing bank.

From October it is proposed that bank expenditure is included in this section of the IPR to ensure the board has oversight of the current focus on temporary staffing.

Driver	Action and Impact	Owner	Due
Medical Staffing	Medical agency temp staffing reduction group now moved into the Recruitment and Temporary Staffing oversight Group (RaTSOG) – development of plans to convert long term agency workers to substantive, fixed term or Bank contracts are now monitored within this group.	Associate Director Medical Workforce	Ongoing
Medical Staffing	Pan-regional South-West Medical Agency rate card implementation begin on the 1st September for new and ad-hoc agency use with a flightpath to Aug 2025 for existing long term agency use. Governance of rate reductions monitored within the new RaTSOG structure.	Associate Director Medical Workforce	Ongoing
Medical Staffing	All suppliers formally written to and advised of rate reduction, Bank team to commence engagement to agree plans to achieve rate card compliance.	Head of Temporary Staffing Operations	Oct-24
Nursing & Midwifery	South-West Regional agency rate reduction programme continues trajectory for reaching cap compliance (General by July achieved) and Specialist by October 24 as where minimal agency usage remains within Theatres.	Associate Director Nursing Workforce Recovery	Oct-24
Nursing & Midwifery	Focus on reduction on reduction of Bank usage across Registered and Unregistered. Increased controls in place with oversight via the newly established Resourcing & Temporary Staffing Oversight Group	Associate Director Nursing Workforce Recovery & Deputy Chief Nurse	Ongoing
Nursing & Midwifery	Collab Bank launched in August, ongoing promotion and communications to engage workforce, with a focus on hard to fill areas (NICU/ICU/ED) to increase fill rates.	APC Programme group / Head of Temporary Staffing	Oct-24
Non-Clinical Agenda For Change	Bank recruitment for non-clinical areas which have previously utilised off-framework in progress. (ie Nursery) supported by TA. Interviews taking place imminently with a view to onboard by October/November	Head of Temporary Staffing Operations / HR Business Partner	Nov-24

Watch Measures (CPO)





- The Trust **rolling 12-month sickness absence** rate continues to show statistically significant improvement over the last six months and is currently at 4.58% in August. However, sickness absence remains above the target of 4.40% and there remains an ongoing focus on improvement, summary actions:
  - Staff Health and Well-being Strategy Group has identified potential areas of focus for staff health & wellbeing linked to trust sickness absence data and current utilisation of wellbeing services. Discussion and further scoping of project workstreams planned for September.
  - NHSE Health and Wellbeing Diagnostic tool action plan to be shared with trust priority actions agreed for delivery.
  - Review of Employee Assistance Program current provider Health Assured is underway with a range of options being considered for future staff psychological needs support.
  - Plans for flexible working week 7th – 11th October being finalised – Wellbeing support, promotion of improved work life balance, defining work life balance for you, and tools to support flexible working discussions being show cased.

- The **Vacancy Factor** for NBT reduced from 4.29% in July to 4.06% in August

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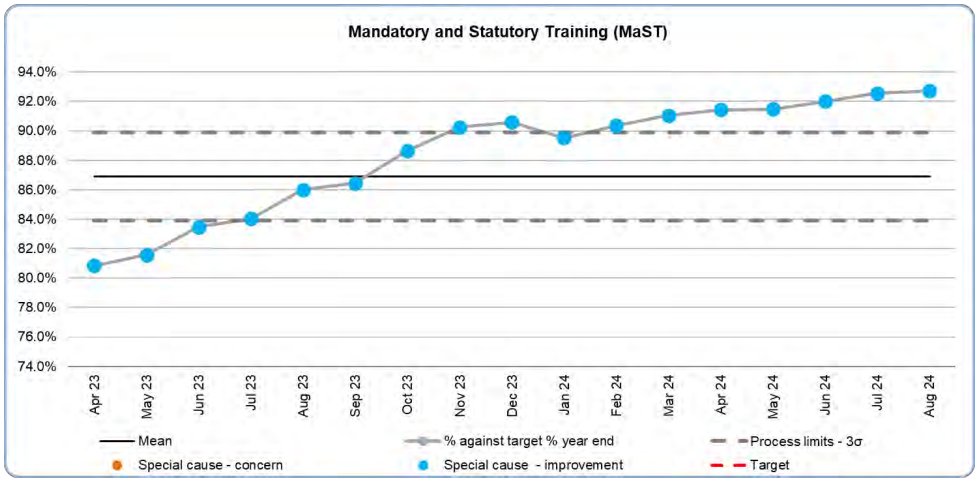
Watch Measures (CPO)



MaST compliance remains stable at 92.71%, a slight increase from 92.57% in July.

The Trust was 90.21% compliant at the end of August above the target set of 90%. In line with previous years appraisal reporting will now cease until the appraisal window opens again in April.

Changes to appraisal reporting to provide more insight into appraisal completion progress and appraisal quality will be developed in quarter 4 of this year and introduced in the next window.

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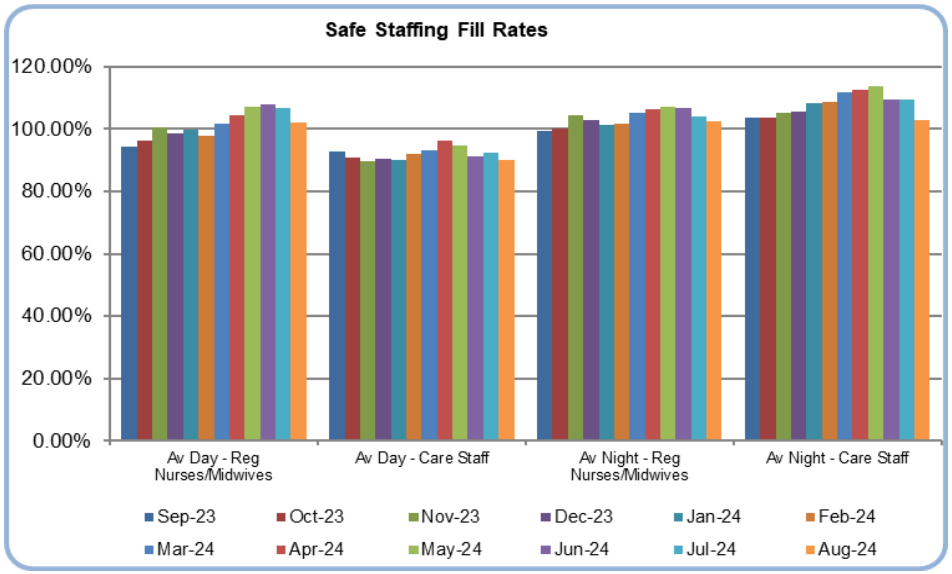
Safe Staffing



Aug-24	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	101.88%	89.92%	102.52%	102.87%

Ward Name	SafeStaffing Ward	Registered nurses/ midwives Day	Care staff day	Registered nurses/ midwives Night	Care staff Night
AMU 31 A&B 14031	BBS_L0G31aMU				
Cotswold Ward 01269	SMD_COTSWD				
Elgar Wards - Elgar 1 17003	SMD_Wd1				
Theatre Medi-Rooms (Pre/Post Op Care) 14966	BBS_Medi				
Ward 26B 14312	BBS_L3G26b				
Ward 27B 14403	BBS_L4G27b				
Ward 32A CAU 14103	BBS_L1G32a				
Ward 33A 14221	BBS_L2G33a				
Ward 33B 14222	BBS_L2G33b				
Ward 34A 14325	BBS_L3G34a				
Ward 10a 14509	L6G10AW				

Safe Staffing Shift Fill Rates:
Ward staffing levels are determined as safe, if the shift fill rate falls between 80-120% , this is a National Quality Board (NQB) target.

What does the data tell us?
For August 2024, the combined shift fill rates for days for Registered Nurses (RN)s across the 28 wards was 101.88% and 102.52% respectively for days and nights for RNs,a reduction from last month. The combined shift fill for HCSWs was 89.92.35% for the day and 102.87% for the night. Therefore, the Trust as a collective set of wards is within the safe limits for August.

Current month *care staff* fill rates:
- 17.24% of wards had daytime fill rates of less than 80%
- 10.34% of wards had night-time fill rates of less than 80%
- 16.90% of wards had daytime fill rates of greater than 120%
- 13.79% of wards had night-time fill rates of greater than 120%

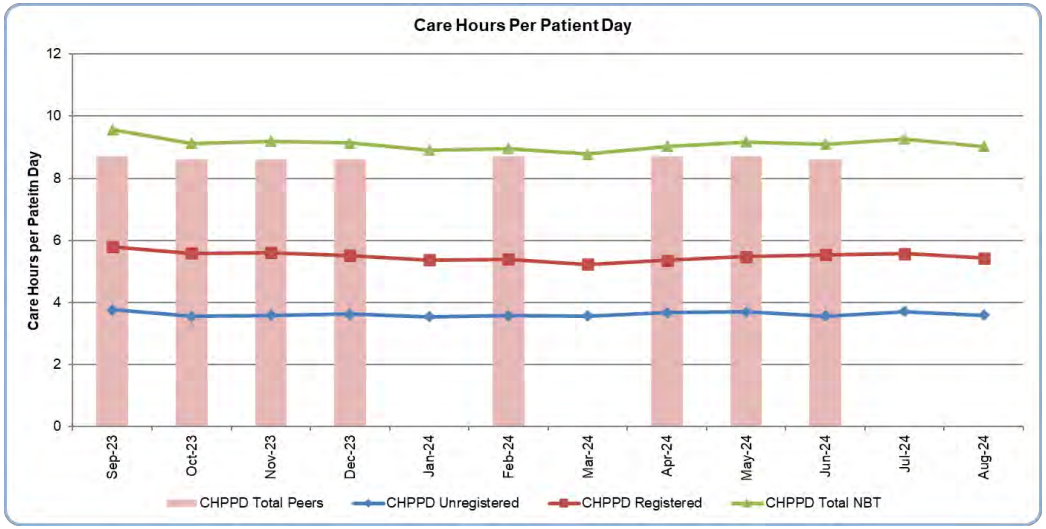
Current month *registered nursing* fill rates:
- 3.45% of wards had daytime fill rates of less than 80%
- 3.45% of wards had night-time fill rates of less than 80%
- 6.90% of wards had daytime fill rates of greater than 120%
- 13.79% of wards had night-time fill rates of greater than 120%

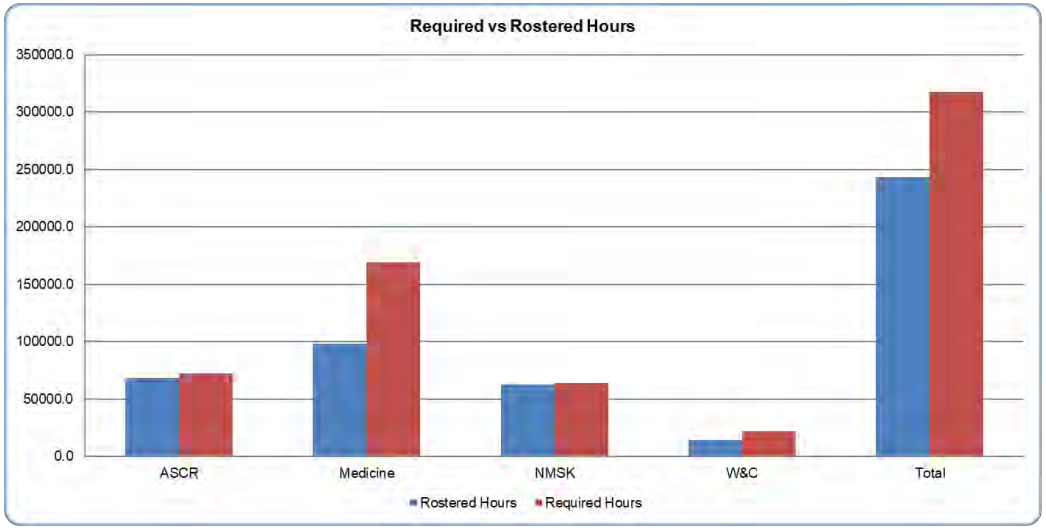
The “hot spots” as detailed on the heatmap which did not achieve the fill rate of 80% or >120% fill rate for both RNs and HCSWs have been reviewed.

For ASCR, 33a and 33b had high requirements for RMNs with each ward requiring 1:1 care and treatment, in addition usage of RN has increased across some ASCR wards in response to Safer staffing uplifts now showing in the budget but not fully updated in Healthroster.

Compliance:
The Safe Care Census regularity has been reduced to twice daily to more closely align with shift patterns. The average compliance for August has improved to 69.65% from 66.85% in July.

Care Hours





Care Hours per Patient Day (CHPPD)
The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital). CHPPD data provides a picture of how staff are deployed and how productively. It provides a measure of total staff time spent on direct care and other activities such as preparing medications and patient records. This measure should be used alongside clinical quality and safety metrics to understand and reduce unwanted variation and support delivery of high quality and efficient patient care.

What does the data tell us?
Compared to national levels the acuity of patients at NBT has increased and exceeded the national position.

Required vs Roster Hours
The acuity of patients is measured three times daily at ward level. The Safe Care data is triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available. Staff are redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.

What does the data tell us
The required hours have been augmented using the completion rate for SafeCare patient census data. Where the census completion was less than 100% the required hours have been supplemented by an assumption that for the census periods not completed the patient mix would have been the same on average. The data demonstrates that the total number of required hours has exceeded the available rostered hours.

Sustainability

NHS North Bristol NHS Trust

Finance

Board Sponsor: Chief Financial Officer
Glyn Howells

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Statement of Comprehensive Income at 31 August 2024

	Month 5			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	69.3	70.3	1.0	341.8	347.2	5.4
Income	5.3	8.7	3.4	30.3	42.8	12.6
Pay	(45.7)	(47.6)	(1.9)	(231.0)	(240.3)	(9.3)
Non-pay	(29.2)	(31.6)	(2.5)	(147.3)	(160.6)	(13.3)
Surplus/(Deficit)	**(0.2)**	**(0.2)**	**0.0**	**(6.2)**	**(10.8)**	**(4.6)**

Assurances

For the second month in a row the Trust has delivered a financial position in line with plan and has stabilised the position seen in quarter one. The financial position for August 2024 shows the Trust has delivered a £10.8m deficit against a £6.2m planned deficit which results in a £4.6m adverse variance year to date.

Contract income is £5.4m better than plan. This is driven by additional pass-through income of £2.1m, additional Service Development Funding of £1.1m, along with Welsh income of £0.9m, and funding for the consultant pay award of £0.8m

Other income is £12.6m better than plan. The is due to new funding adjustments and pass through items (£9.8m fav). The remaining £2.5m favourable variance is driven by delays in investments (£0.9m fav) and increased divisional income (£1.0m fav).

Pay expenditure is £9.3m adverse to plan. New funding adjustments, offset in income, have caused a £6.8m adverse variance, undelivered CIP is £4.1m adverse with overspends on medical and nursing pay £3.2m adverse. The pay award, partially offset in income, is causing a £1.3m adverse variance. This is offset by delayed investments and service developments of £4.2m and vacancies £2.8m favourable.

Non-pay expenditure is £13.3m adverse to plan. Of which £4.9m relates to pass through items. This adverse position is driven primarily by increased medical and surgical consumable spend to deliver activity (£7.0m adverse), and multiple smaller non-pay variances. In year delivery CIP is £2.0m adverse to plan.

Statement of Financial Position at 31 August 2024

	23/24 Month 12 £m	24/25 Month 04 £m	24/25 Month 05 £m	In-Month Change £m	YTD Change £m
Non-Current Assets	**538.4**	**536.0**	**535.4**	**(0.6)**	**(3.0)**
Current Assets					
Inventories	11.7	11.7	11.8	0.1	0.1
Receivables	49.4	57.2	57.5	0.3	8.1
Cash and Cash Equivalents	62.7	44.5	39.2	(5.3)	(23.5)
Total Current Assets	**123.8**	**113.4**	**108.5**	**(4.9)**	**(15.3)**
Current Liabilities (< 1 Year)					
Trade and Other Payables	(99.9)	(88.3)	(86.1)	2.2	(13.9)
Deferred Income	(14.4)	(20.7)	(18.9)	1.8	4.5
Financial Current Liabilities	(23.6)	(23.6)	(23.6)	0.0	(0.0)
Total Current Liabilities	**(138.0)**	**(132.6)**	**(128.6)**	**4.0**	**(9.4)**
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.2)	(6.6)	(6.6)	0.0	0.5
Financial Non-Current Liabilties	(571.8)	(591.5)	(589.8)	1.7	18.0
total Non-Current Liabilities	**(578.0)**	**(598.1)**	**(596.4)**	**1.7**	**18.5**
Total Net Assets	**(53.7)**	**(81.3)**	**(81.1)**	**0.2**	**(27.4)**
Capital and Reserves					
Public Dividend Capital	485.2	492.5	492.5	0.0	7.3
Income and Expenditure Reserve	(541.8)	(610.8)	(610.8)	0.0	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(34.9)	(34.7)	0.2	34.3
Revaluation Reserve	71.9	71.9	71.9	0.0	0.0
Total Capital and Reserves	**(53.7)**	**(81.3)**	**(81.1)**	**0.2**	**(27.4)**

Capital spend is £7.3m year-to-date (excluding leases). This is driven by spend on the Elective\ Centre, and is below the forecasted spend for Month 5.

Cash is £39.2m at 31 August 2024, a £23.5m decrease compared with M12. The decrease is driven by the I&E deficit, capital spend, and delays in payment of invoices related to 2023/24. It is expected the cash position will continue to reduce, resulting in the overall reduction of cash position to approximately £16m by Month 12.

Non-Current Liabilities have decreased by £1.7m in Month 5 as a result of the national implementation of IFRS 16 on the PFI. This has changed the accounting treatment for the contingent rent element of the unitary charge which must now be shown as a liability. This change also accounts for the £69m increase in the Income and Expenditure Reserve for the year.

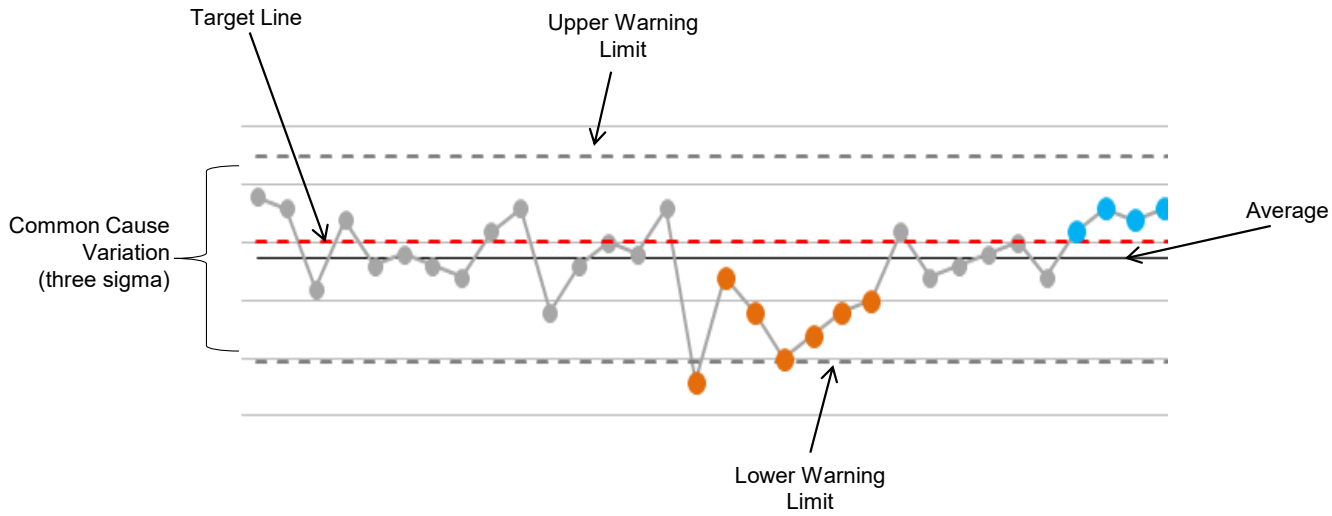
Regulatory

Board Sponsor: Chief Executive
Maria Kane

NHS Provider Licence Compliance Statements at August 2024 - Self-assessed, for submission to NHS

Ref	Criteria:	Comp (Y/N)	Comments where non complaint or at risk of non-compliance
G3	Fit and proper persons	Y	A Fit and Proper Persons Policy is in place. Annual checks have been undertaken and no areas of non-compliance have been identified.
G4	Having regard to NHS England Guidance	Y	Trust Board has regard to NHS England guidance where this is applicable.
G6	Registration with the CQC	Y	CQC registration is in place. The Quality Committee receives regular assurance on CQC compliance on behalf of the Board.
G7	Patient eligibility and selection criteria	Y	Trust Board has considered the assurances in place and considers them to be sufficient.
C1	Submission of costing information	Y	A rang od measures and controls are in place to provide internal assurance on data quality, including an annual internal audit assessment.
C2	Provision of costing and costing related information	Y	The Trust submits information nationally as required.
C3	Assuring the accuracy of pricing and costing information	Y	Scrutiny and oversight of assurance reports to regulators is provided by the Board's Committees as required.
P1	Compliance with NHS Payment Scheme	Y	NBT complies with national and local arrangements. It should be noted that NBT is currently receiving elements of income via a block arrangement in line with national financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Y	NBT complies with national and local arrangements. It should be noted that NBT is currently receiving elements of income via a block arrangement in line with national financial arrangements.
IC1	Provision of Integrated Care	Y	The Trust is actively engaged in the ICS and within a provider collaborative.
IC2	Personalised Care and Patient Choice	Y	Trust Board has considered the assurances in place and considers them to be sufficient.
WS1	Cooperation	Y	The Trust is actively engaged in the ICS and within a provider collaborative.
NHS2	Governance Arrangements	Y	The Trust has robust governance arrangements in place, which have been reviewed annual as part of the licence self-certification process and tested via annual reporting and internal/external audit.

Appendix 1: General guidance and Statistical Process Charts (SPC)



Unless noted on each graph, all data shown is for period up to, and including, 31st of May 2024 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.

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 2: NBT Strategy – Patient First

NHS North Bristol NHS Trust

Patient First is the approach we are adopting to implement our Trust strategy.

The fundamental principles of the Patient First approach are to have a clear strategy that is easy to understand at all levels of NBT reduce our improvement expectation at NBT to a small number of critical priorities develop our leaders to know, run and improve their business become a Trust where everybody contributes to delivering improvements for our patients.

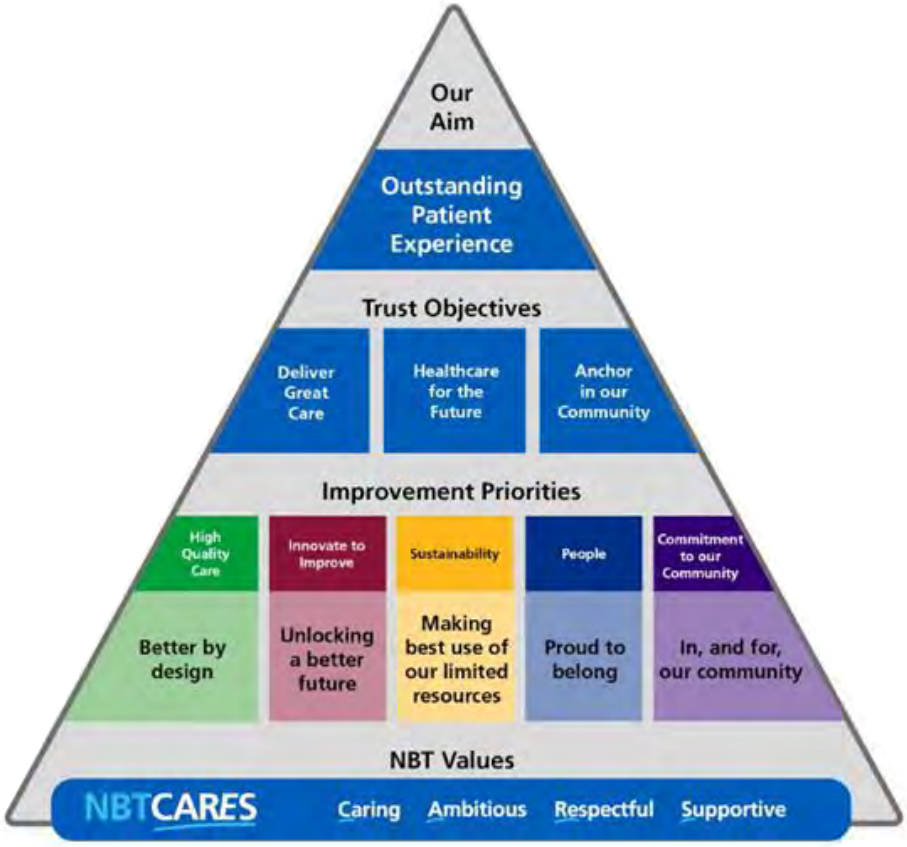
The Patient First approach is about what we do and how we do it and for it to be a success, we need you to join us on the journey.

Our reason for existing as an organisation is to put the patient first by delivering outstanding patient experience – and that's the focal point of our strategy, Our Aim. Everything else supports this aspiration.

Our Improvement Priorities which will help us to deliver our ultimate aim of delivering outstanding patient experience are:

1. **High quality care** – *we'll make our care better by design*
2. **Innovate to improve** – *we'll unlock a better future*
3. **Sustainability** – *we'll make best use of limited resources*
4. **People** – *you'll be proud to belong here*
5. **Commitment to our community** – *we'll be in our community, for our community.*

We have indicated areas of the IPR which are connected to the Trust Patient First improvement priorities with the icons below and initials **PF** on graphs.



Patient	Innovate to Improve	Sustainability	People	High Quality Care	Commitment to our Community

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Appendix 2: NBT Strategy – Patient First Improvement Priorities

NHS North Bristol NHS Trust

Improvement Priorities	Descriptor	Vision	Strategic Goal	Current Target	Breakthrough Objective
PATIENT *Steve Hams*	Outstanding Patient experience	We consistently deliver person centred care & ensure we make every contact and interaction count. We get it right first time so that we reduce unwarranted variation in experience, whilst respecting the value of patient time	We have the highest % of patients recommending us as a place to be treated among non-specialist acute hospitals with a response rate of at least 10% in England	Upper decile performance against non-specialist acute hospitals with a response rate of at least 10% *(based on June 2022 baseline)*	Improving FFT 'positive' percentage
HIGH QUALITY CARE *Steve Curry*	Better by design	Our patients access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result	1. 62-day cancer compliance 2. >15 min ambulance handover compliance	85% of patients will receive treatment for cancer in 62 days Sustain/maintain <70 weekly hrs lost	70% of patients will receive treatment for cancer in 62 days Maintain best weekly delivered position between April 2021 and August 2022 – 141 hours (w/c 29th Aug 2022)
INNOVATE TO IMPROVE *Tim Whittlestone*	Unlocking a better future	We are driven by curiosity; undertake research and implement innovative solutions to improve patient care by enabling all our people and patients to make positive changes	Increase number of staff able to make improvements in their areas to 75% of respondents by 2028	Increase number of staff able to make improvements in their areas to 63% of respondents by 2026/2027	Increase number of staff able to make improvements in their areas to be 1% point above the benchmark average in 2024/25 (57% based on 2023 staff survey results)
SUSTAINABILITY *Glyn Howells*	Making best use of our limited resources	Through delivering outstanding healthcare sustainably we will release resources to invest in improving patient care.	To eliminate the underlying deficit by 2026/2027	To deliver at least 1% higher CIP than the national efficiency target	Deliver the planned levels of recurrent savings in 2024/25
PEOPLE *Interim CPO – Peter Mitchell*	Proud to belong	Our exceptional people deliver outstanding patient care and experience	Staff turnover sustained at 10% or below by 2029	Staff Turnover sustained at 10.7% or below by Mar 2027	Staff Turnover Sustained at 11.9% or below
COMMITMENT TO OUR COMMUNITY *Interim CPO – Peter Mitchell*	In, and for, our community	We will improve opportunities that help reduce inequalities and improve health outcomes	Increase NBT employment offers in our most deprived communities and amongst under-represented groups	Increase recruitment within NBT catchment to reflect the same proportion of our community in the most economically deprived wards – increase from 32% to 37% of starters equating to an additional 70 starters per year at current recruitment levels.	Reduce disparity ratio To 1.25 or better 38% employment from our most challenged communities

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Appendix 3: Abbreviation Glossary

Abbreviation	Definition
AfC	Agenda for Change
AHP	Allied Health Professional
AMTC	Adult Major Trauma Centre
AMU	Acute medical unit
ASCR	Anaesthetics, Surgery, Critical Care and Renal
ASI	Appointment Slot Issue
AWP	Avon and Wiltshire Partnership
BA PM/QIS	British Association of Perinatal Medicine / Quality Indicators standards/service
BI	Business Intellligence
BIPAP	Bilevel positive airway pressure
BPPC	Better Payment Practice Code
BWPC	Bristol & Weston NHS Purchasing Consortium
CA	Care Assistant
CCS	Core Clinical Services
CDC	Community Diagnostics Centre
CDS	Central Delivery Suite
CEO	Chief Executive
CHKS	Comparative Health Knowledge System
CHPPD	Care Hours Per Patient Day
CIP	Cost Improvement Programme
Clin Gov	Clinical Governance
CMO	Chief Medical Officer
CNST	Clinical Negligence Scheme for Trusts
COIC	Community-Oriented Integrated Care
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CT	Computerised Tomography
CTR/NCTR	Criteria to Reside/No Criteria to Reside
D2A	Discharge to Assess
DivDoN	Deputy Director of Nursing
DoH	Department of Health
DPEG	Digital Public Engagement Group
DPIA	Data Protection Impact Assessment
DPR	Data for Planning and Research
DTI	Deep Tissue Injury
DTOC	Delayed Transfer of Care
ECIST	Emergency Care Intensive Support Team
EDI	Electronic Data Interchange
EEU	Elgar Enablement Unit

Appendix 3: Abbreviation Glossary

Abbreviation	Definition
EPR	Electronic Patient Record
ERF	Elective Recovery Fund
ERS	E-Referral System
ESW	Engagement Support Worker
FDS	Faster Diagnosis Standard
FE	Further education
FTSU	Freedom To Speak Up
GMC	General Medical Council
GP	General Practitioner
GRR	Governance Risk Rating
HCA	Health Care Assistant
HCSW	Health Care Support Worker
HIE	Hypoxic-ischaemic encephalopathy

Abbreviation	Definition
HoN	Head of Nursing
HSIB	Healthcare Safety Investigation Branch
HSIB	Healthcare Safety Investigation Branch
I&E	Income and expenditure
IA	Industrial Action
ICB	Integrated Care Board
ICS	Integrated Care System
ICS	Integrated Care System
ILM	Institute of Leadership & Management
IMandT	Information Management
IMC	Intermediate care
IPC	Infection, Prevention Control
ITU	Intensive Therapy Unit

Abbreviation	Definition
JCNC	Joint Consultation & Negotiating Committee
LoS	Length of Stay
MaST	Mandatory and Statutory Training
MBRRACE	Maternal and Babies-Reducing Risk through Audits and Confidential Enquiries
MDT	Multi-disciplinary Team
Med	Medicine
MIS	Management Information System
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Susceptible Staphylococcus Aureus
NC2R	Non-Criteria to Reside
NHSEI	NHS England Improvement
NHSi	NHS Improvement

Appendix 3: Abbreviation Glossary

Abbreviation	Definition
NHSR	NHS Resolution
NICU	Neonatal intensive care unit
NMPA	National Maternity and Perinatal Audit
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
NOUS	Non-Obstetric Ultrasound Survey
OOF	Out Of Funding
Ops	Operations
P&T	People and Transformation
PALS	Patient Advisory & Liaison Service
PCEG	Primary Care Executive Group
PDC	Public Dividend Capital
PE	Pulmonary Embolism

Abbreviation	Definition
PI	Pressure Injuries
PMRT	Perinatal Morality Review Tool
PPG	Patient Participation Group
PPH	Post-Partum Haemorrhage
PROMPT	PRactical Obstetric Multi-Professional Training
PSII	Patient Safety Incident Investigation
PTL	Patient Tracking List
PUSG	Pressure Ulcer Sore Group
QC	Quality Care
qFIT	Faecal Immunochemical Test
QI	Quality improvement
RAP	Remedial Action Plan
RAS	Referral Assessment Service

Abbreviation	Definition
RCA	Root Cause Analysis
RJC	Restorative Just Culture
RMN	Registered Mental Nurse
RTT	Referral To Treatment
SBLCBV2	Saving Babies Lives Care Bundle Version 2
SDEC	Same Day Emergency Care
SEM	Sport and Exercise Medicine
SI	Serious Incident
T&O	Trauma and Orthopaedic
TNA	Trainee Nursing Associates
TOP	Treatment Outcomes Profile
TVN	Tissue Viability Nurses
TWW	Two Week Wait

Appendix 3: Abbreviation Glossary

Abbreviation	Definition
UEC	Urgent and Emergency Care
UWE	University of West England
VSM	Very Senior Manager
VTE	Venous Thromboembolism
WCH	Women and Children's Health
WHO	World Health Organisation
WLIs	Waiting List Initiative
WTE	Whole Time Equivalent

NHS North Bristol NHS Trust

Meeting of the Board on 26 September 2024 held in Public.

Reporting Committee	**Finance, Digital & Performance Committee**
Chaired By	**Kelly Macfarlane, Non-Executive Director**
Executive Lead	**Glyn Howells, Chief Finance Officer** **Steve Curry, Chief Operating Officer**

For Information

1. The Committee received an update on the 10 year Capital Plan which highlighted the movement since the previous iteration. The phasing profile assumption was clarified, noting that it was specific to each item and was based on operational and strategic information and that any opportunities for external funding were explored. The Committee was reassured that information was being shared with the Southmead Hospital Charity to support funding for items, particularly those categorised as high risk. The Committee also emphasised the importance of early engagement with the Charity to achieve better outcomes.

2. The Committee received an overall report on performance and priorities within the digital directorate. A detailed update on the status of each digital programme was provided, recognising areas of challenge and improvement. The Committee were informed that the long-term plans aimed at improving and aligning infrastructure at UHBW from a network perspective would be shared with the committee for awareness. This would be taken through the appropriate governance processes as there may be a need to request joint investment to deliver key components of the plan.

3. The Committee received and reviewed the following reports:
    - An update from the Business Case Review Group
    - KPMG Internal Audit Action update – EPR Post Implementation review 2023-24.

4. The Committee requested that the Board notes the risk to potential harm due to stroke performance as a result of the bed pressures as there is a correlation between SNAP data and stroke performance data.

5. The Committee reviewed the risk register and welcomed the additional detail on the resolution, mitigation or contingency for risks related to capital to provide additional context and assurance on how the risks are being balanced. The Committee received assurance on the ongoing work with the divisional teams on risk mitigations and business continuity processes. It was noted that an update on the Women's and Childrens estate risks would be brought to November's Trust Board meeting.

For Board Awareness, Action or Response (including risks)

1. The Committee received the Month 5 finance report which outlined:
    - The financial plan for 2024/25 in Month 5 (August) was a deficit of £0.2m.
    - Year to date the Trust has delivered a £10.8m deficit, which is£4.6m adverse to the £6.2m deficit plan.

- The Cost Improvement Plan (CIP) position showed £9.1m schemes fully completed, with a further £6m in implementation and planning, and a further £13.7m of schemes identified in the pipeline.
- Cash amounted to £39.2m, a reduction of £23.5m from Month 12, which was driven by the Trust underlying deficit and capital spend.

The Committee noted that work is ongoing with the actions previously outlined to Trust Board to deliver the financial position for year-end. The forecast position is under review, and a series of actions are underway with the progress closely monitored based on the most likely scenario.

Discussion focused on the mitigating actions taken, such as realising savings and reviewing and reducing variable pay costs. The Committee received reassurance that there was focus on the mitigating actions and positive improvements seen in month and noted that sustaining this position into winter is key.

It was clarified that the capital project related to the fire integrity spend was regarding the works across the retained estate and was separate to the work in the Brunel building.

The full report is appended (see Appendix 1).

2. The Committee reviewed the Green Plan Bi-Annual Update which set out the progress made towards the ICS Green Plan and the next steps to achieve the objectives. It was reported that the Trust benchmarked favourably across the region and that there had been good progress in piloting the Sustainability Impact Assessment for business cases within the Trust. Discussion focused on the need to embed sustainability across the organisation and how this might be achieved e.g. as an agenda item in divisional performance reviews, the link to Patient First, and the importance of having energy managers in being able to respond to funding opportunities at pace to secure them.

   It was noted that options, including exploring third-party funding, needed to be considered to support the longer-term ambitions.

   The Committee welcomed the report and acknowledged the positive progress and innovative approaches e.g. the introduction of the Green Operating Day initiative. However, the Committee also noted the existing gap and therefore risk to achieve net zero carbon by 2030.

   The full report is appended (see appendix 2).

Key Decisions and Actions

1. The Committee received an update on the latest Trust performance position against a range of key national metrics. The Committee discussed the most recent performance data across unscheduled care and planned care, including diagnostics, referral to treatment (RTT), and cancer treatment:
   - With regards to Planned Care, the Trust was on track to achieve the target for zero capacity breaches for patients waiting over 65-weeks for treatment.
   - With regards to Diagnostics, the Trust continued to deliver a zero >13-week breach backstop and was meeting the constitutional standard.

- With regards to Unscheduled Care (UEC), achieving the year-end target of 78% remained challenged, as a result of the increased Emergency Department attendances and challenges with the No Criteria To Reside (NC2R) position.
- With regards to Cancer performance, there had been continued improvement in the Faster Diagnosis Standard (FDS) compliance position and work was ongoing to focus on sustainable improvement for the 62 day Patient Tracking List (PTL), particularly in Breast, Gynaecology and Urology.

Discussion focused on the challenges with the bed pressures, particularly the pressures that were being driven by stroke patients. The Committee received reassurance that the information and underpinning data had been shared at a system level to facilitate discussions and improvement, and as a result additional beds have been released for use by stroke patients.

The challenges related to capacity, demand and complex pathways within cancer performance were discussed alongside the risks and mitigations within Gynae, Skin and Urology. The committee agreed continued focus was required for these pathways to understand how they would be redesigned and timescales for this work to result in improved performance. It was agreed that a Urology deep dive would be brought to November's meeting. It was also recognised that improvement in the 62-day standard would likely result a deterioration in performance as the team focused on backlog clearance, before a sustained improvement was seen.

2. The Committee reviewed the Board Assurance Framework (BAF) and supported the new entry of the Net Zero Carbon risk to the register.

Additional Chair Comments	
N/A	
Date of next meeting:	Thursday 17 October 2024.

Report To:	Finance, Digital and Performance Committee		
Date of Meeting:	19th September 2024		
Report Title:	ICS Green Plan Annual Report		
Report Author:	Sam Willitts, Head of Sustainability BNSSG ICS Megan Murphy, Sustainability Manager NBT		
Report Sponsor:	Glyn Howells, Chief Finance Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	This report is to update the Trust on progress made towards the ICS Green Plan in 2023-24 and what is required to be on track for achieving our objectives.		

Key Points to Note *(Including any previous decisions taken)*

- The progress that has been made by Bristol, North Somerset, and South Gloucestershire (BNSSG) Integrated Care System (ICS) on Green Plan objectives.
- Delivery of the ICS Green Plan and where focus is required.
- Current actions, assuming all initiatives are fully funded will deliver carbon reduction of 257,353 tCO2e leaving a remaining gap to net zero (90% reduction) of 98,273 tCO2e. Without funding the gap will be 143,239 tCO2e.
- Staff led change is crucial to us moving to sustainable healthcare and realising the environmental, social and financial benefits.
- Some organisations are making more progress and developing innovative approaches such as the Sustainability Impact Assessment and carbon pricing that support delivery.
- How the best practice in the system on sustainability and net zero can be further embedded in all organisations' decision making.
- This report meets the requirement for organisations to report annually on progress with the Green Plan.

Strategic Alignment

This report updates on progress made towards the ICS Green Plan and associated Delivery Plan which are aligned to and deliver the Sustainability Strategic Priority. The Green Plan Annual Report outlines progress made to embed sustainability within the patient first approach and vice versa.

Risks and Opportunities

This report reports progress against and identifies solutions related to risks 1777 and 1776.

There is a risk of failing to meet the ICS's 2030 Net Zero goal if the ICS does not commit sufficient resources, achieve external investment and embed sustainability across the breadth of our activities.

There is risk to delivering the plan due to competing priorities and elements beyond our control.

There is a reputational risk if we unable to meet the outcomes in the plan.

There is a risk to the health of our population and to delivery of services if we fail to adapt to climate change.

Recommendation
This report is for information. • Note that achievement of the carbon trajectory is dependent on revenue and capital investment being provided to support actions. The cost is principally related to actions to reduce carbon from our energy and buildings. • Lobby for a compliant 3rd party off balance sheet funding solution to deliver £196m of energy decarbonisation projects. • All organisations introduce use of Sustainability Impact Assessment into business cases and decision making. • Expedite new waste contracts for hospitals to enable waste reduction. • Develop partnerships to optimise transport across our system and improve travel options in our region. • Expand existing medicines optimisation and identify a pipeline of future net zero opportunities. • Develop a non-spend based measure of supply chain carbon footprint. • Embed national requirements for carbon reduction plans and social value in procurement processes. • Sustainable healthcare – Focus investment on primary and community services to support people to take care of their health, intervening early and keeping people healthy at home and out of high carbon healthcare for as long as possible. To approve: This report meets requirement for organisations to report annually on progress with the Green Plan and it is taken to organisation boards.

History of the paper (details of where paper has <u>previously</u> been received)	
BNSSG Directors of Finance ICS Green Plan Steering Group UHBW Trust Board	14th June 2024 30th July 2024

Appendices:	Appendix 1 ICS Green Plan Annual Report Appendix 2 Green Plan Delivery Plan Appendix 3 North Bristol NHS Trust Detailed Report

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

Report title: ICS Green Plan Update

1. Background

ICS partners across the system have been working to embed our ambitious sustainability goals and create a governance structure and delivery plan that sees us working together to achieve our immediate and future goals. This year has seen the publication of the ICS revised Green Plan, setting out our sustainability commitments and outcomes and confirming our aim to be a leader in delivering sustainable healthcare for our region. All ICS partners have signed up to the Green Plan, aligning our efforts and amplifying our action and outcomes. The ICS has also developed a delivery plan to drive implementation and monitor progress against the Green Plan commitments.

The Green Plan sets out three clear outcomes that we are working towards;

1. Net zero carbon by 2030 across scope 1, 2 and 3 emissions sources.
2. Improve the environment by reducing waste, improving air quality and restoring biodiversity.
3. Create a BNSSG wide movement to support a culture change amongst, staff, citizens and businesses.

Further development in the granularity of the delivery plan sets what our actions will achieve against these outcomes and identifies the gaps we need to focus on.

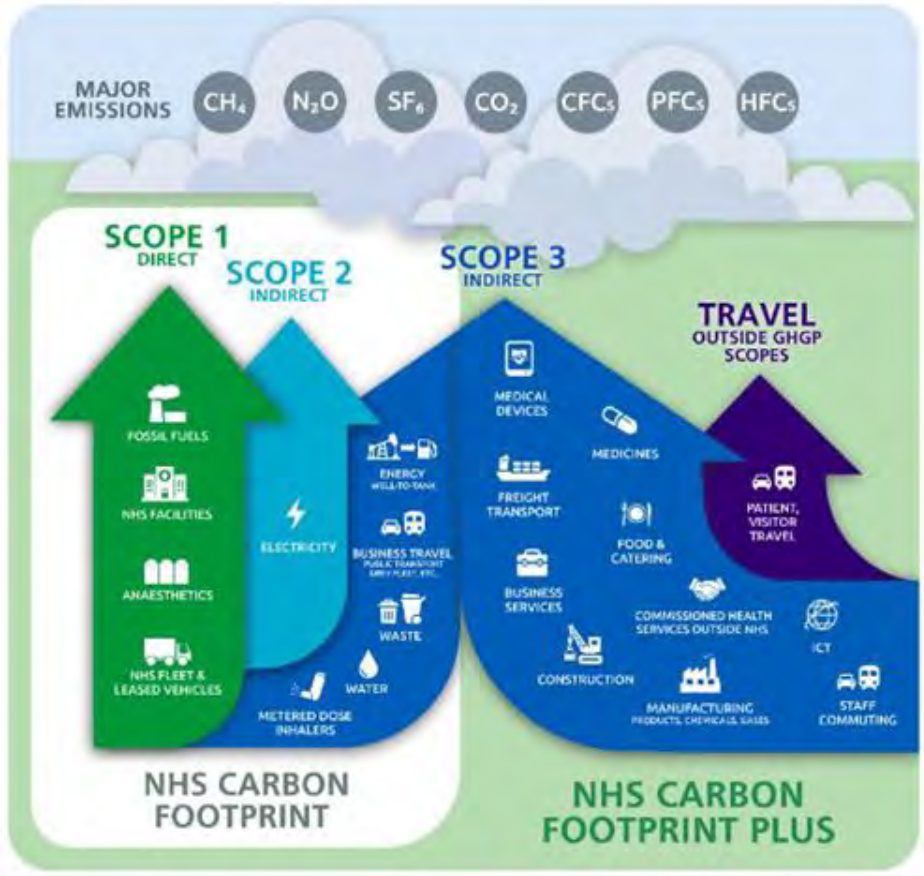


Figure 1 Scope 1, 2 and 3 emissions

This year, North Bristol and University Hospitals Bristol and Weston have worked together as one sustainability team along with colleagues from Sirona and Avon and Wiltshire Mental Health Partnership to achieve the Healthier Together Integrated Care System Green Plan objectives to mitigate the harmful impacts climate change will have on the health, wellbeing and livelihoods of the Bristol, North Somerset and South Gloucestershire population for generations to come. Achieving net zero, addressing the ecological emergency and building resilience to climate change through delivering our Green Plan will be crucial to delivering the best care for our patients now and in the future.

Throughout the year, our staff have reduced the environmental impact of their services whilst improving patient experience. Through conversations with our patients, we have learnt that reducing the carbon footprint of our services is important to them and their long-term health. We believe the way we deliver care to our patients should not harmfully impact the health of future populations and their ability to access outstanding levels of care.

This year we have refined our Green Plan Delivery Plan and prioritised projects for the future that will deliver the greatest carbon reduction and make best use of our resources. The Green Plan is delivered through six workstreams which are led by subject matter experts from each ICS organisation. The workstreams report into the Green Plan Implementation Group which reports into the Green Plan Steering Group of with ICS Executive Directors sustainability leads as members. Next year we hope to further embed net zero into organisation processes and spread the innovation at North Bristol Trust (NBT) such as carbon pricing, carbon budgets and headline objectives for divisions that can be monitored in Divisional Performance Reviews.

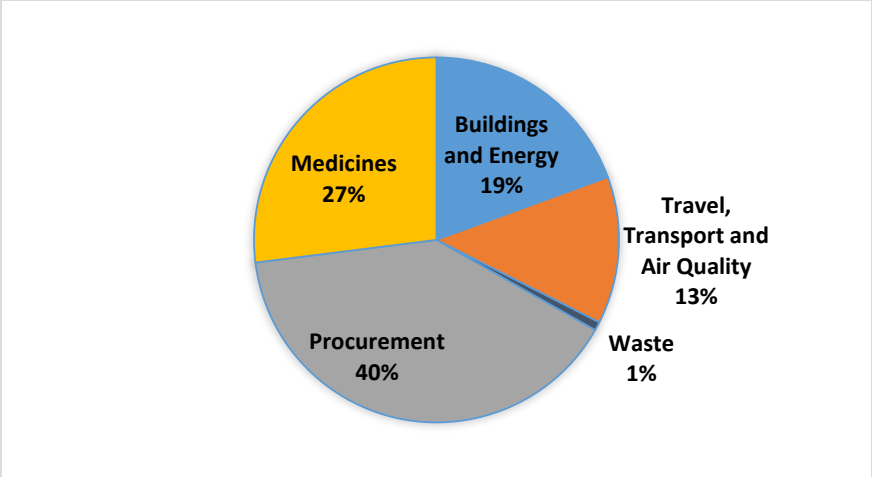


Figure 2 percentage of carbon emissions by workstream

An essential element for achieving net zero will be to reduce the demand on high cost and high carbon hospital services; realising the co benefits of prevention in improving the health of our population whilst reducing carbon and costs.

2. Net Zero Carbon by 2030

The carbon reduction trajectory towards net zero of the main delivery plan workstreams is set out below. Our Delivery plan (appendix 1) provides the detail of the carbon reductions that would be delivered by achieving the targets we have identified in our workstreams. To achieve net zero following the Science Based Targets Initiative approach we must reduce

our emissions by 90% to 39,514 tonnes CO_2e. The remaining 10% is to be addressed by offset schemes - investing in projects that result in permanent carbon removal and storage to counterbalance the residual 10% of emissions that cannot be eliminated.

Current actions will deliver carbon reduction of 257k tonnes CO_2e, but this assumes there is capital funding available to decarbonise our buildings and energy. The gap remaining from our current delivery plan is 98k tonnes CO_2e for which we will need to identify further actions and funding. Without funding for buildings and energy decarbonisation the gap increases to 143k tonnes CO_2e.

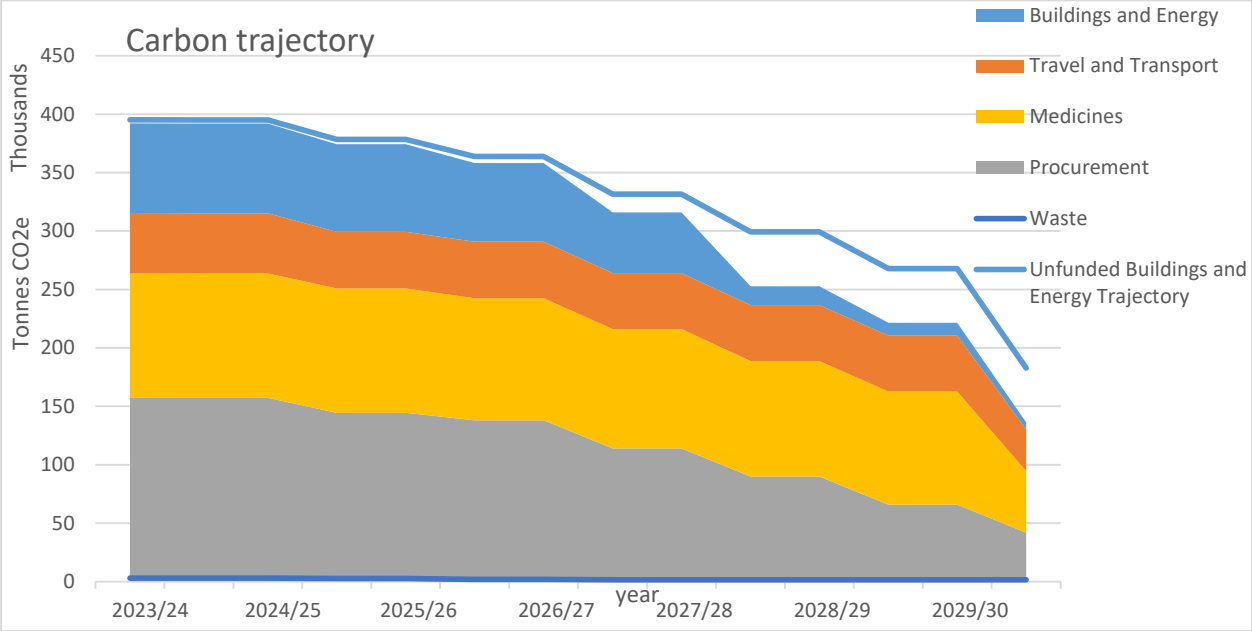


Figure 3 Carbon trajectory with current identified actions

	Tonnes CO_2e	Variance from carbon trajectory to meet target 90% emissions reduction (unfunded)	Carbon footprint goal 10% offset for net zero carbon
Current carbon footprint	395,140		
Carbon reduction required to meet NZC by 2030 (@90%)	Minus 355,626	0	39,514
Scenario 1 - Delivery Plan actions to achieve goal (assuming energy decarbonisation funded)	Minus 257,353	98,273	39,514
Scenario 2 - Delivery Plan actions to achieve goal assuming no funding available)	Minus 212,387	143,239	39,514

We have identified routes to net zero for our buildings and energy, and waste which are areas under our direct control but subject to achieving funding. Transport reductions are less in our control and dependent on working with partners across the ICP. Similarly, a substantial amount of our procurement is dependent on national approaches such as supplier carbon reduction plans and we are more limited in where we can influence them. Medicines requires further identification of reduction opportunities in reducing medicines

waste and targeting high impact areas such as inhalers, but as with wider procurement achieving net zero will be reliant on improving population health to reduce demand for pharmaceuticals and medical equipment.

Our delivery plan (appendix1) sets out the detailed deliverables against the targets for each workstream area and by organisation. We have added RAG rated progress updates against targets and expected carbon reduction trajectories.

Our ICS carbon footprint includes the emissions of:

Integrated Care Board:

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

Healthcare Providers:

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

The carbon footprint includes scopes 1, 2 and 3 as described above. Annual data for 2023/24 across all scopes is only available for the Acute hospital Trusts. However most of our carbon footprint is associated with the acute sector so we are able to use this a representative of our system.

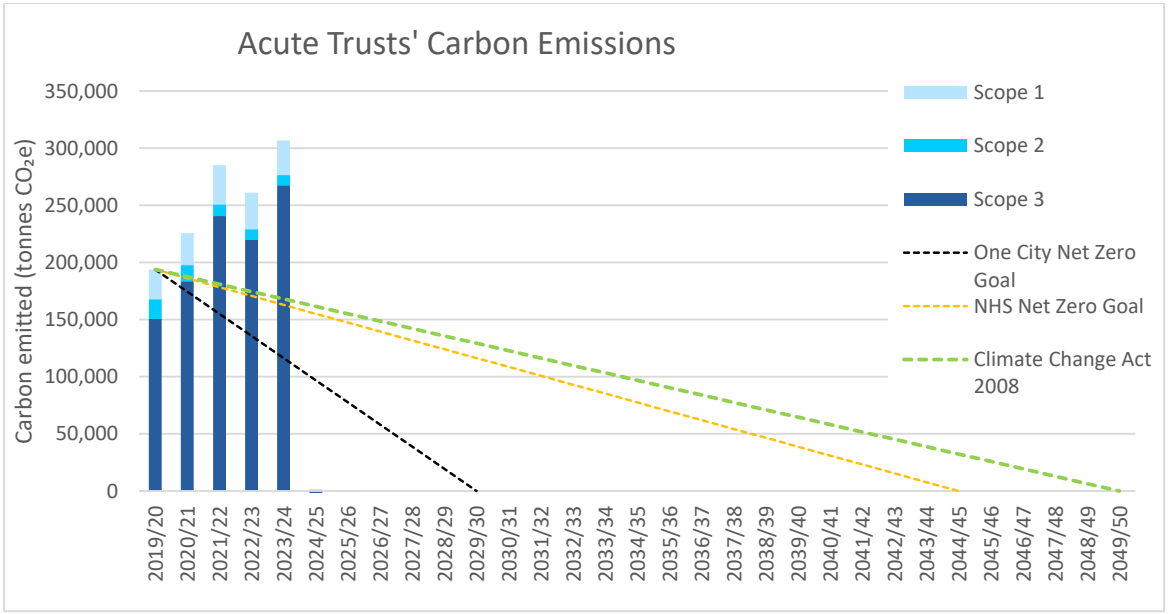


Figure 4 North Bristol and University Hospitals Bristol and Weston NHS Trusts' total carbon emissions for financial years 2019/20 to 2023/24 compared with the carbon emissions trajectory required to achieve net zero carbon by 2030 as well as the trajectories to achieve the NHS Carbon Footprint Plus goal and the Climate Change Act 2008 target.

Our current approach to calculating our procurement carbon footprint is based on spend. This spend-based approach is flawed as it doesn't reflect where we are reducing carbon in our supply chain. The procurement footprint is particularly distorted by the increased spend during covid and high inflation.

Despite the emissions we have most control for, energy, water and waste showing an overall 4% carbon reduction in 2023-24 compared with 2022-23 We have seen a 21% growth impact from increased spend driven by inflation and activity (including investment in buildings and diagnostic equipment).

The carbon emissions reported in the table below cover the two acute hospital trusts that we have 2023/24 annual data for.

Emissions Source	Unit	2021/22 Actual	2022/23 Actual	2023/24 Target	2023/24 Actual
Scope 1 (direct emissions)	tCO_2e	34,341	31,876	14,202	30,348
Scope 2 (indirect emissions from electricity)	tCO_2e	10,162	8,913	3,971	8,985
Scope 3 (indirect emissions)	tCO_2e	240,542	220,295	98,147	267,469
Total	**tCO_2e**	**285,044**	**261,083**	**116,320**	**306,801**
Energy					
Gas consumption	kWh	154,181,076	143,401,024		137,405,280
Oil Consumption	Litres	2,020,495	743,682		623,595
Electricity Consumption	kWh	47,861,589	46,091,982		43,390,423
Supply Chain					
Purchased goods and services (including upstream transport and distribution)	tCO_2e	186,226	177,616		224,120
Travel and Transport					
Trust owned Fleet	tCO_2e	358	352		411
Employee Commuting	tCO_2e	7,596	7,785		7,836
Waste					
Total Waste	Tonnes	6,350	6,564		6,679
	tCO_2e	2,767	2,739		2,522
Water					
Water volume	m3	692,744	625,348		618,789
Water volume and wastewater	tCO_2e	282	251		264

Figure 5 Acute Trusts carbon emissions

As of July 2024, we have 5 years and 5 months left to achieve net zero carbon goal to avoid the worst impacts of climate change hitting our health system. The figure below shows the future carbon taxation cost of our carbon footprint and how that reduces with our carbon reduction trajectory. This takes our delivery plan carbon reduction trajectory on the ICS carbon footprint from NHS England data and we have applied Treasury guidance to show the abatement cost of carbon for our system.

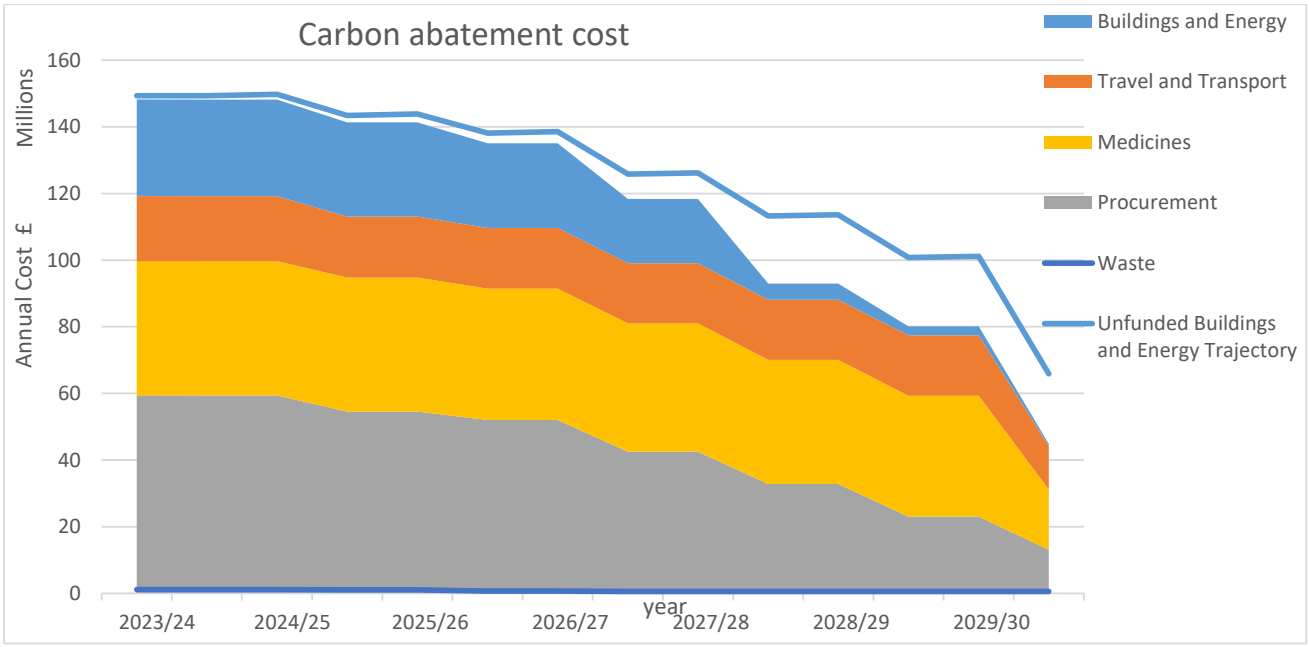


Figure 6 Carbon abatement cost for ICS carbon trajectory

A summary of progress with the main workstreams is set out in the sections below.

2.1 Progress

System wide collaboration on sustainability has been driven by the ICB, this has been clearly exhibited in developing the system capital prioritisation process. The ICS has recognised the importance of net zero by embedding it in this process and committing 10% of system capital in 2024/25 to a decarbonisation fund which partners can bid for and is overseen by the Green Plan Steering Group.

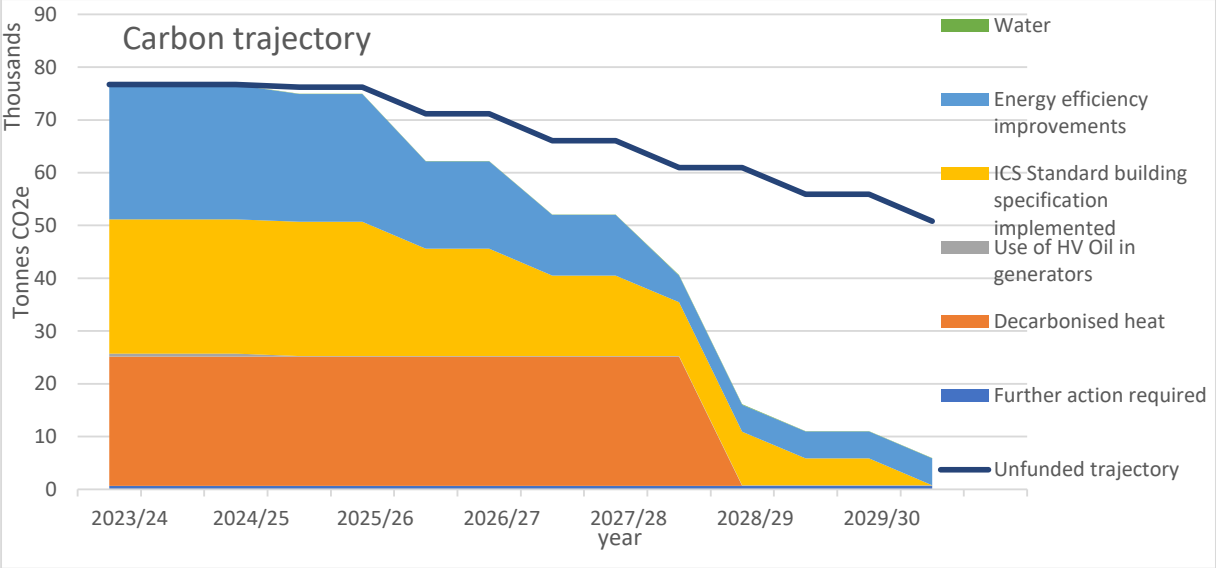
The ICS has incorporated a Sustainability Impact Assessment and carbon cost calculator into its project management gateway process ensuring net zero economic impact and social value are considered.

The ICS has embedded sustainability into the system strategic planning process with the Joint Forward Plan development requiring all areas to include how their plans contribute to the Green Plan. Net zero is a crucial inclusion in the emerging ICS infrastructure strategy.

The following section provides a summary of the progress made in our main workstreams giving further detail of the carbon trajectory for each workstream's key target actions from the delivery plan. The progress made against these actions and the focus for the future

2.1.1 Buildings and Energy

To sustainably achieve net zero carbon emissions by 2030, our energy consumption will need to substantially reduce and remove fossil fuels use. All new building or refurbishment projects will need be designed for zero or low carbon heating, solar PV panels, LED lighting etc). Our priority is to decarbonise our heating systems across the estate, following the direction taken by NHS England. The estimated cost to decarbonise our buildings and energy is £196m. The graph below shows the effect on the carbon trajectory if external funding is not found for estate decarbonisation. This represents a significant risk to the system as capital allocations are not sufficient to meet decarbonisation costs.



Target	Progress	RAG
Decarbonised heat solutions installed by 2028	• System capital decarbonisation funding has unlocked access to grant funding by supporting the match funding requirements. NBT has secured £7.3 million of Salix Public Sector Decarbonisation Scheme (PSDS) Phase 3c grant funding to decarbonise the heating in the Pathology and Learning and Research energy centre. This scheme has the potential to reduce carbon by up to 1,188, tCO_2e. • UHBW has been awarded £234K Salix grant funding to decarbonise the heating in residences, this was also supported by system capital match funding. • NBT's first PSDS Phase 3a project to install heat pumps to the retained estate and deliver energy efficiency measures	

	is now complete, having successfully received £4.4m of grant funding. This scheme has the potential to reduce carbon by up to 904 $ktCO_2e$. • Installed heat pumps in 6 NBT buildings reducing gas demand by 16% • Delivery of the detailed RIBA stage 3 designs for decarbonising heating systems across NBT, backed by another successful bid for £438k of Salix funding under the Low Carbon Skills Fund (LCSF) Phase 4, is complete. This will help shape the future requirements of the Trust and its decarbonisation journey. • AWP's new Learning Disability and Autism Centre will be completed in June 2025. This will be the first building in the Trust to have heating and hot water supplied solely from an air source heat pump system. There will be no gas boilers installed in the building, and so will avoid creating gas related carbon emissions.	
Implement energy efficiency measures for Carbon footprint reduction 80% by 2028, Net zero by 2030	• UHBW has focused on upgrading the software and control hardware on the building management system and combined heat and power unit. The software upgrade will give greater functionality and a broader range of hardware connectivity, allowing for greater control, zoning and improved data. This data allows for the analysis of performance and opportunities for increased efficiency to be identified. • AWP invested £135k into upgrading the lighting at 8 sites to energy efficient LED lighting, saving 48 tonnes of CO2e. We have engaged with NHS property services to encourage the installation of energy efficiency improvements including LED lighting to Primary Care and community health properties they are responsible for. • In Primary Care we have completed energy surveys and green plan progress reports in 25 GP surgeries to give surgeries the information to enable action in reducing their carbon footprints and reducing energy costs. Analysis of surveys will also give us an overview of the common actions that may be suitable for collective purchasing. Further individual surveys are needed to complete audits for all practices • NBT have installed 500kW of solar panels, double glazing in Elgar building and LED lighting in the Brunel building	
Off balance sheet energy decarbonisation funding model approved by 2026	• Discussion started with stakeholders including City Leap to identify potential solutions and lobbying routes for compliant funding model for decarbonisation that enables 3rd party funding	

Switch from diesel to HVO for backup heat and power by 2025	• AWP and NBT have now replaced the diesel fuel used in standby electricity generators with HVO fuel (Hydro treated vegetable oil). HVO is synthesised from animal fats and vegetable oils, which makes it a much cleaner burning fuel. It is 30% cleaner than diesel, and produced from 100% sustainable and renewable sources including waste fats and vegetable oils. The generator engines also run more efficiently and are less noisy when they use HVO fuel. • UHBW due to convert this year.	

Future focus

Our priority will be decarbonising our heating systems. This is particularly challenging as it is a significant financial cost and often a complex process to achieve this for our buildings. The system decarbonisation capital £3m has been successful in leveraging grant funding. However, we know this will not be sufficient funding (£196m) to meet our targets so to achieve this crucial funding we must pursue a compliant funding model for decarbonisation that enables 3rd party off balance sheet funding.

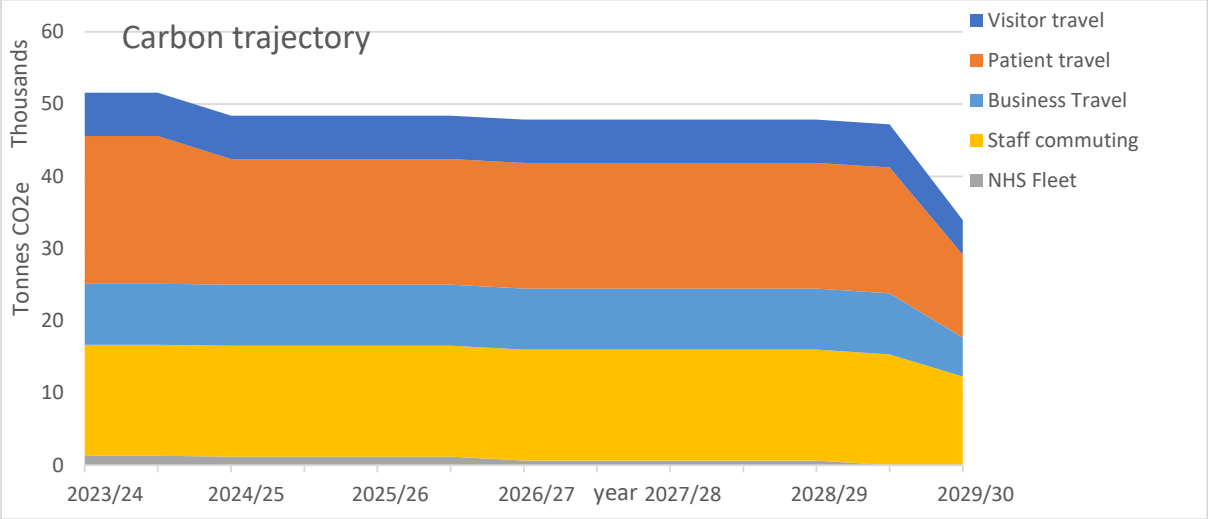
A strategy for future electrical capacity is a focus as new facilities such as the Elective Centre and heat pumps come on stream and mark a shift away from gas to electricity.

The NHS Net Zero Building Standard which was published in February 2023, will further drive reductions in carbon for all new major investments in healthcare buildings. We are developing a BNSSG ICS standard specification which includes applying the net zero building principles across all construction.

The identified actions will achieve net zero without requiring us to identify further actions, however this is subject to us achieving a compliant off balance sheet 3rd party funding model which is the most important focus for future delivery of our energy and building decarbonisation to avoid increasing the gap to net zero by a further 44966 tCO_2e.

2.2.1 Travel, Transport and Air Quality

Carbon emissions from transport are the fourth largest emissions source from our carbon footprint. Emissions from transport also cause significant air pollution. Air pollution is the biggest environmental threat to health in the UK, with between 28,000 and 36,000 deaths a year attributed to long-term exposure. There is strong evidence that air pollution causes the development of coronary heart disease, stroke, respiratory disease and lung cancer, and exacerbates asthma. As a health and care system we have a moral duty to significantly reduce the carbon emissions and air pollution we are causing with the large amount of vehicle journeys undertaken by our staff, patients, visitors and supply chain each year.



Target	Progress	RAG
100% of fleet vehicles are ULEV (or Euro 6) by March 2024. All new vehicles owned and leased by NHS will be ZEV from 2027 (excluding ambulances)	• Sirona are the first organisation in the ICS to have successfully changed its fleet to all electric vehicles. UHBW now has 50% of its fleet as electric vehicles. • NBT has partnered with the West of England Combined Authority to take part in the Urban Freight Trial to swap NBT Logistics Team's diesel van for an electric cargo bike. Estimates suggest the trial could save 1,060 kg CO2e and £5,200 per annum. • AWP In 2023, installed wiring for a new dual socket 7KW Electric Vehicle (EV) charging point at the Blackberry Hill site. The intention is to install more EV charging points across organisations to ensure we have a sufficient EV charging network by 2026.	
Travel emissions measurement for staff and patients in place by March 2024. Organisation specific sustainable travel plan by June 2024	• Despite national active travel funding being severely reduced in 2023-24, both Acute Trusts have maintained their staff bike loan scheme, introduced a new cycle to work scheme, Ultra Low Emission Vehicle Salary Sacrifice Scheme (78 at NBT this year), pool car service (25 NHS@home staff) and Doctor Bike sessions where staff can have their bike checked over for safety and any minor works carried out free of charge. AWP and UHBW have made improvements to secure cycle parking.	
Air quality is improved at each site to at least ambient levels by March 2027	• UHBW has seen an improvement in the air quality in and around the central Bristol located sites. Outside the Bristol Royal Infirmary and Children's Hospital, nitrogen dioxide is down by around 20%. This improvement is a result of the implementation of the Bristol Clean Air Zone. This reduction can be seen in the ambient air quality levels of the roads directly outside the Bristol	

	Royal Infirmary but also in the monitoring equipment across the hospital site. However, the ambulance bay and Alfred Parade, the main delivery road on the central Bristol site, are still areas of poor air quality, exceeding World Health Organisation nitrogen dioxide limits during the day. • Action has been taken to improve the air quality impact of the supply chain through the contracts let that result in many deliveries and vehicle movements on sites. Mean air quality levels around Bristol Royal Infirmary can be over 30% higher for nitrogen dioxide during busy delivery periods over quiet periods. This is being addressed through the social value criteria that apply to all tenders. Including 'improving air quality' as an outcome in relevant tenders has resulted in commitments being made from suppliers to reduce delivery frequency, optimise route planning and plans to introduce low and zero emission vehicles. • Both Hospital Trusts have added air quality monitoring on their sites to improve the data and identify improvement opportunities • AWP sharing public air quality monitoring on their website	

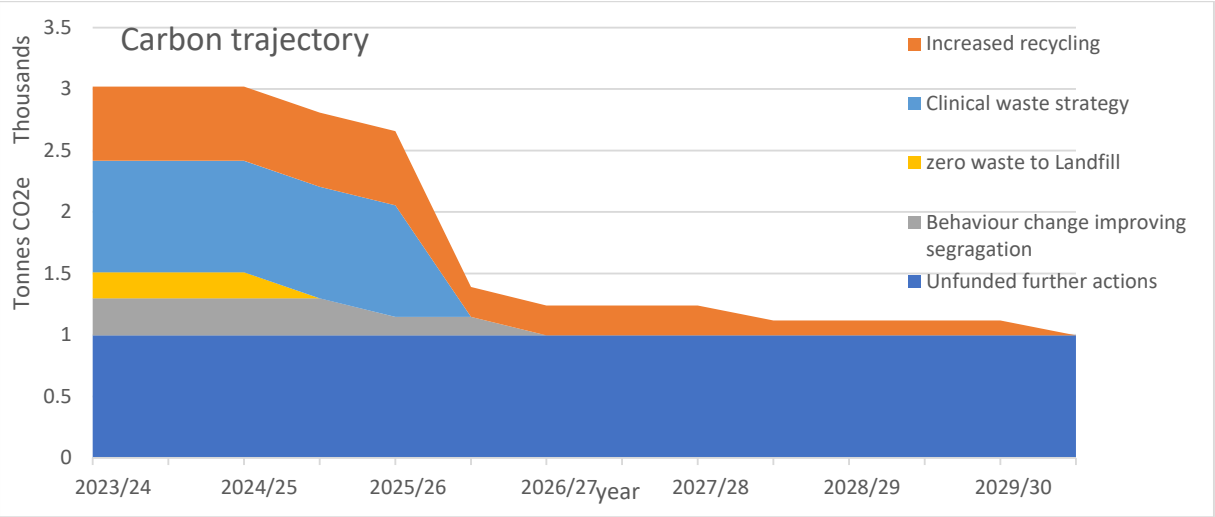
Future focus

A key focus for the ICS-wide Travel, Transport and Air Quality workstream, to decarbonise travel and transport across the ICS will be undertaking a major fleet optimisation study designed to identify and remove unnecessary, replicated journeys by vehicles from NBT, UHBW, Sirona and AWP.

- Barriers to overcome in implementing ZEV are range anxiety, vehicle charging on site and at home, availability of suitable vehicle types and the capital funding required.
- Staff and patient travel emissions are currently not recorded or only estimated from surveys. We will look to widen UHBW's calculated approach.
- Adding the use of local authority air quality monitoring will enable all ICS sites to be tracked.
- The remaining gap to net zero of 28760 tCO_2e reflects the challenges of transport which are a much wider problem that no single organisation can solve on its own therefore an essential focus will be building on the partnerships that have already been established to ensure the health benefits are realised as part of future transport strategies. The health system as trusted voice must play a leadership role in amplifying the health benefits of partner organisations messages around active travel and air pollution.

2.2.2 Waste

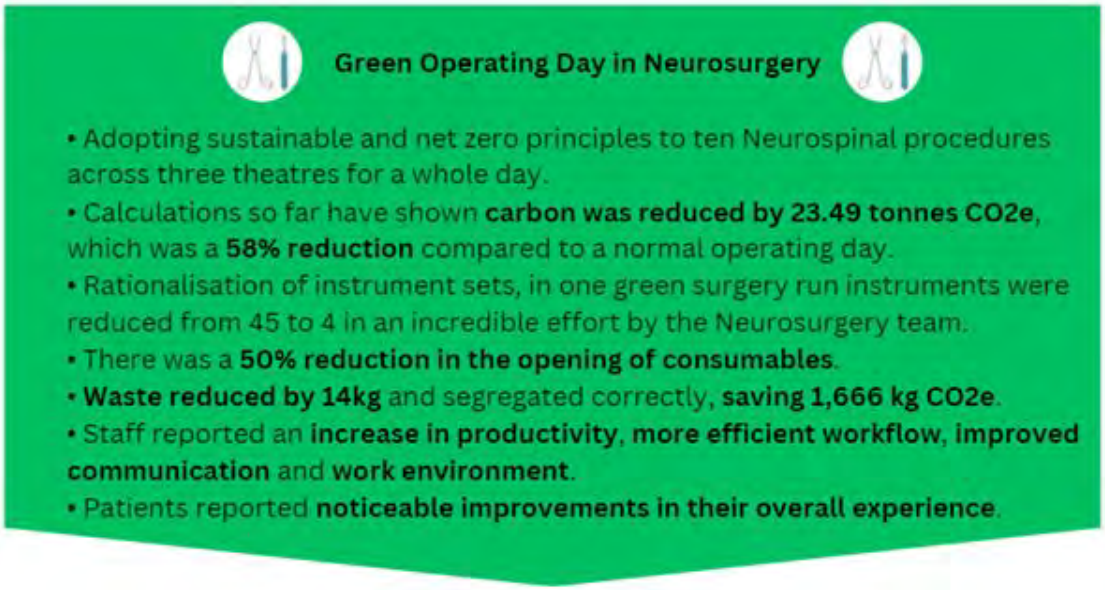
The impacts of healthcare waste on our environment are particularly high given the large volumes of single use and contaminated waste produced and high carbon methods of disposal. High carbon and high-cost waste disposal solutions go hand in hand. Seeking more sustainable solutions therefore has the joint benefit of reducing carbon and cost. Reducing waste is not just about disposal but tackling unnecessary consumption and working with suppliers to develop circular economy approaches to minimise waste generated.



Target	Progress	RAG
Waste Contract in place by April 2024 Zero waste to landfill by March 2025	• New waste contracts have been delayed. The Trusts launched a joint tender for Sustainable Waste Management services, with a focus on and commitment to environmental protection, carbon reduction and the circular economy. The tender dedicated 20% of its quality award criteria to these requirements in addition to a further 10% for social value. The immediate impacts will be to eliminate waste to landfill and to carbon footprint the service. • The project adopted the EcoQUIP Plus innovation procurement methodology, taking the project team through the process of needs identification, through market engagement and the adoption of pro-innovation tendering and contracting approaches. We will be applying the learning to the sustainability challenges of procurement more widely. Further information on the EcoQuip Plus innovation procurement methodology and the project, can be found in the case study report. • 30,000 masks were donated for reuse, avoiding 5 tonnes of CO2e	

	• 356 mattresses were donated for reuse, avoiding 3 tonnes of CO2e and saving £13.6k	
Recycling weight: 60% of all waste reused or recycled by March 2026, 80% by 2028, 100% by 2030	• With a focus on the waste hierarchy at AWP and UHBW recycling rates have increased from 36% to 41%. • Warpit system for reuse of equipment across NBT an UHBW has enabled cost saving of £342k and tCO2e	
Deliver plan to achieve a 20:20:60 split across clinical waste sent for incineration, alternative treatment and offensive waste treatment by 2025	• The Trusts have been working jointly on waste to make progress towards the NHS Clinical Waste Strategy target • Reduced clinical waste sent for high temperature incineration by 396 tonnes being segregated as non-infectious saving 426 tonnes CO2e • Progress is dependent on waste contracts being in place	

NBT have one particularly successful waste and consumption project shown below which was made possible by a very determined Neurosurgery team who challenged themselves to do things differently.



Future focus

The key barrier is getting the new waste contracts in place so we will be able to work with contractors on reducing waste, increasing recycling, achieving clinical waste ration. We will focus on reducing single use plastics through audits to identify items to work with our supply chain reducing usage.

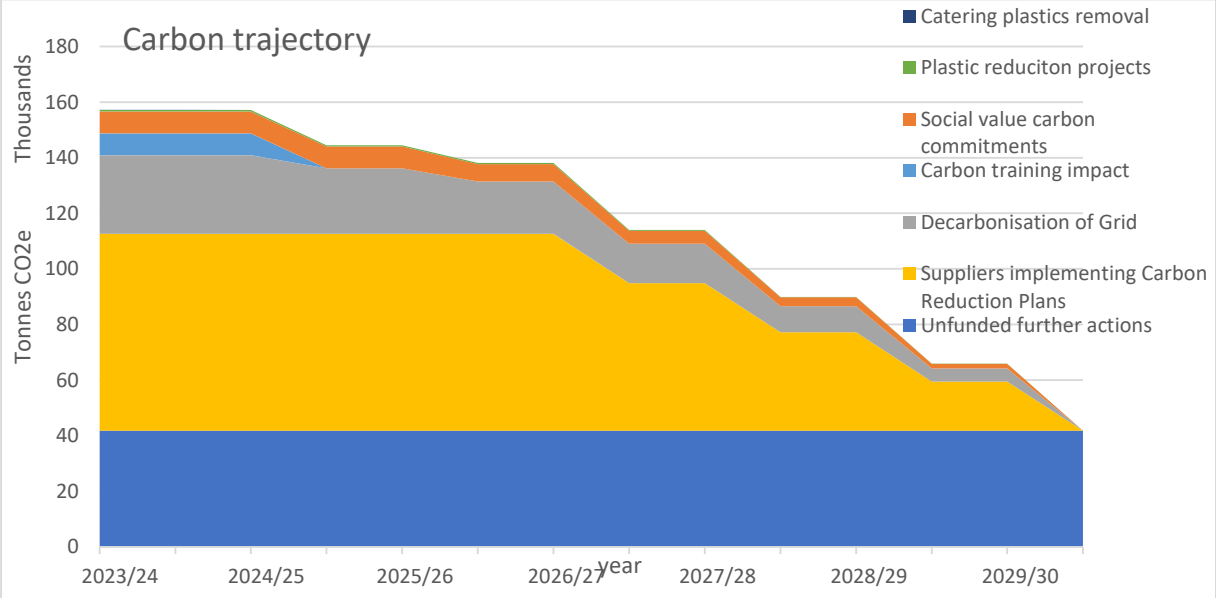
The next step is extending and standardising waste monitoring and practices across all organisations.

An important focus will be to engage and support staff to identify and implement further projects like the green operating day to reduce consumption and waste.

Delivering the actions identified will be sufficient to achieve our net zero target but delivery is dependent on waste contracts being in place to enable us to work with suppliers to achieve the targets.

2.2.3 Procurement

Scope 3 procurement emissions are the largest source of carbon emissions, with purchased goods and services making up over 60% of the total footprint. This is also our greatest opportunity to use our spend as a positive influence to realise economic, social and environmental benefits.



Target	Progress	RAG
Plan for robust carbon measurement - carbon measurement in new procurement system Sept 2024,	• The procurement emissions data is presented in this report, but it is important to recognise that the current spend-based methodology does not reflect our carbon performance, nor is it in line with best practice calculation methods. We continue to review alternatives calculation methodologies but have yet to identify a suitable solution to cover the scale and variety that	

targeted approach to non-spend based measurement of suppliers	exists within our supply chain. Bristol and Weston Purchasing Consortium (BWPC) is seeking to improve our data as internal systems are upgraded. • AWP and Sirona have engaged a contractor CO2Analysis to provide a carbon footprint of their supply chains.	
Process implemented ensuring suppliers have carbon reductions plans for all tenders from April 2024	• BWPC have been focused on the design of a new procurement system which is going live in summer 2024. The new system will allow suppliers to upload their Carbon Reduction Plans in line with Procurement Policy Notice (PPN) 06/21 which the NHS adopted in 2024. BWPC has also been busy complying with the Modern Slavery Act, delivering modern slavery training to all procurement staff and gaining Trust Board approval for their Modern Slavery Statement which will be published in 2024	
All tenders include minimum 10% social value weighting by March 2022 and embedded in contract management March 2024	• Social value weighting included in all tenders but not embedded in contract management • We have created a social value question bank tool that can be used to select the most relevant and proportionate question to ask on net zero amongst other social value outcomes. The sustainability team have also provided advice and been directly involved in the procurement process for some high-risk tenders, creating the sustainability requirements, evaluation criteria and contract management mechanisms for these. • The Sustainability Team has played an advisory role in the implementation of PPN 06/20 with social value being incorporated into seven tenders during the year. In September 2023, the Sustainability Team launched the new Sustainability Impact Assessment (SIA) with an embedded carbon cost calculator which has been embedded in the NBT's business case process and the ICB's Gateway Process. The SIA has been shared with the rest of the system along with other NHS organisations, ICSs and NHS England as a pioneering approach to integrate sustainability into business cases and decision making.	

Future focus

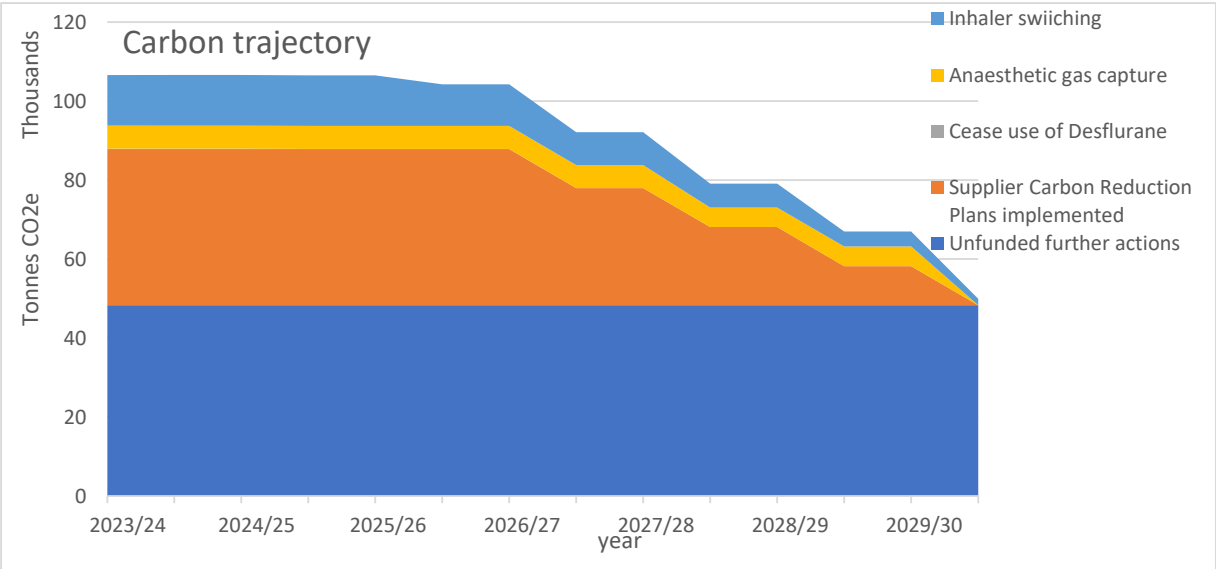
We will continue updating the procurement process and creating new tools to help stakeholders manage the sustainability impact of the procurement process. Our focus will also continue on embedding the NHS England net zero commitment requirement for suppliers' carbon reduction plans into the procurement documents, templates and sign-off process. These national approaches are expected to deliver a 45% reduction by 2030. There is still a significant gap of 26106 tonnes CO_2e of unfunded further actions which will

be required to reduce emissions by 90% to achieve net zero. Our approach to reducing this gap includes:

- In 2024-25, Category Managers will undertake a risk assessment of their categories to identify supply chain risks and opportunities to integrate into tenders and will work with NHS Supply Chain and the Sustainability Team to implement carbon and waste reduction projects.
- Developing a non-spend based approach to measuring our supply chain emissions to drive progress with reducing procurement related emissions
- Engage with suppliers to seek reductions in emissions in the supply chain
- Support for the transition to a circular economy (this is an economic system aimed at eliminating waste and the continual use of resources) while identifying opportunities for enhancing social value (e.g. skills and training, employment opportunities for disadvantaged groups and others). This particularly key to reducing single use plastics.
- Procurement processes including a weighting for local suppliers to support a low carbon procurement system. This also helps to ensure resilience of supply which is an important consideration especially when dealing with pressures similar to the recent Covid-19 pandemic.

2.2.4 Medicines

Medicines make up 20% of our carbon footprint and 40% of our total procurement emissions. Many inhalers for asthma use propellants that have a high impact. Anaesthetics also have a significant greenhouse gas impact many times higher than carbon dioxide.



Target	Progress	RAG
Inhaler switching - Achieve SABA MDI use to be 75% low carbon, Preventer use to be 70% lower carbon and 30% v high carbon as per NHSBSA respiratory carbon dashboard by 2025.	• 60% of Primary Care carbon footprint consists of the medicines they prescribe including meter dose inhalers. Initiatives in some GP surgeries to improve asthma control and optimise inhaler prescribing are helping reduce the climate impact of their medicines' footprint. • No central funded respiratory project for coordination in 24/25. Awaiting NICE guidance that will support switching	
Suppliers carbon reductions plans 100% of new medicines contracts have supplier carbon reduction plan as tendered and awarded from April 2024	• Pharmaceuticals excluded from social value requirements by NHSE. However, they are required to provide a carbon reduction plan and complete an Evergreen assessment every year • Medicines optimisation - some initiatives in reducing wastage of medicines and avoiding patients taking unnecessary medicines reducing the impact of medicines on the environment.	
Reduce carbon footprint from anaesthetic gases as far as possible in order to reduce abatement cost to get to net zero by 2030. Decommission Desflurane by 2024 in line with NHSE mandate	• Staff led approaches by Anaesthetists have been very successful in driving reductions and eliminating the use of the highest impact anaesthetic gases. • Nitrous oxide destruction unit requirements have been identified. However, very high costs exceed benefits so need to consider alternative approaches • Ceased use of Desflurane • Manifolds being decommissioned where possible	

Future focus

Reduce the environmental impact of medicines and medical devices on towards net zero by:

- Ensuring delivery of decarbonising anaesthetic gases
- Promoting use of lower carbon inhalers where clinically appropriate
- Reduce carbon impact of overprescribing by reducing inappropriate prescribing through greater use of Structured Medication Reviews
- Driving more effective medicines waste management
- Closing the unfunded remaining gap in achieving net zero requires Identifying a pipeline of future opportunities for greener alternatives and reviewing highest carbon impact medicines where possible

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

3. Sustainable Healthcare

3.1 Sustainable healthcare – Anchor in the community

Realising the economic, social and environmental benefits of being an anchor in the community and achieving sustainable healthcare is dependent on us building on being anchor organisations to becoming an anchor system.

A key strategic approach to our system achieving sustainable healthcare and our net zero target is to keep people well and out of hospital. We need to bend the curve on the predicted rise in demand for high-cost and high carbon, reactive and hospital-based care and focus on prevention. That means supporting people to take care of their health and wellbeing, intervening early and keeping people healthy at home for as long as possible, focussing investment on primary and community services. Avoiding carbon intensive hospitals for issues that could have been prevented in primary care or managed better in the community.

We can't afford to build more carbon intensive hospitals as way to deal with increasing system demands, we need to do things differently – this includes:

- Supporting our staff and working with partners
- Using our buildings and spaces
- Engaging our staff to lead change in our organisations and communities
- Building resilience to climate change

Target	Progress
Sustainability Impact Assessment (SIA) with carbon costing included in all business cases SIA in use across the system by September 2024	• Implemented for NBT business cases and ICB gateway process. • Shared with ICS organisations, needs organisations' Exec sponsor to support.
Schedule of carbon inset schemes by July 2024	• Decarbonisation capital prioritisation has identified carbon saving inset schemes. Insetting for other business cases not agreed.
Biodiversity value included in sustainability impact assessment by May 2024 and in business cases July 2024	• Included in NBT business case SIA. Dependent on roll out of SIA to other organisations

10,000 new trees planted across our footprint by 2025	• Tree planting priority mapping for NHS sites. Coordinated delivery requires resource
Reduce anti-depressant prescriptions where appropriate by increasing Green Social Prescribing offer	• Green social prescribing project has received £328,000 from Treasury and NHSE to extend work during 2024/25. Commitment to recurrent funding required.
Climate adaptation - Risk assessments show organisations are resilient to effects of climate change by March 2027	• Adaptation action plan and risk assessments not started

3.2 Supporting our Staff and Partnership working

Supporting staff to move to sustainable models of care within our services has improved patient experience and staff productivity by creating more efficient ways of working and using fewer resources to deliver outstanding care. We need to embed sustainability in our ways of working by expanding use of tools such as our Sustainability Impact Assessment to support decision making to ensure we realise economic, social and environmental benefits as we improve how and where we deliver our services.

Supporting our staff through NBT's Quality Improvement programme, 10 sustainable models of care have been identified throughout 2023-24, Through the nurse's preceptorship programme and the Patient First approach we will identify and support more sustainable models of care than ever in 2024-25. NBT's Infection Control Team have been pivotal in driving sustainable models of care this year through their membership of the Infection Prevention Society's Sustainability Special Interest Group.

To become a sustainable health system we must ensure prevention and healthy lifestyles promotion is the first line in all clinical guidance and by promote community based approaches including resources such as the 'Healthier with Nature' directory of projects to ensure we have suitable places to refer patients including, exercise programmes and community groups. The advantage of many of these VCSE resources is that they often have multiple benefits (helping mental and physical health and adding social value) This 5 min video from Bristol Health Partners of a VCSE group demonstrates the benefits.

Our primary care CATCH programme is seeking to drive outcomes and benefits of working with and supporting the VCSE sector.

Primary care and VCSE Alliance CATCH programme
(communities acting together for climate and health)

We have launched the CATCH programme who's focus is to help communities become healthier, happier, and more connected with greater access to physical activity, green space, and nutritious food, fostering lifestyles which prevent disease, rather than causing it. Healthier communities need less healthcare which has a high carbon footprint so the programme will also reduce the carbon footprint of communities, helping them move towards net zero.

The strength of this programme is the collaboration between the VCSE sector and Primary care. General Practices are anchor institutions in their local community, with 90% of healthcare being delivered in primary care. Most of the population will have contact with Primary care every year which makes it well placed to help develop healthier communities. The VCSE sector is embedded in the local community and has knowledge of what is needed and wanted. Joint working using the VCSE sector's local knowledge and expertise and Primary Care's health skills will help drive forward positive change exponentially.

The climate crisis is a health crisis, and it will impact those with the least, the most. The climate disparity in experiencing the impacts and disparity in available resources for mitigation and adaptation will only widen existing health inequalities. The CATCH programme will tackle this by helping more individuals and groups who face inequalities and poverty take action to shape healthier, lower carbon communities with higher quality but lower carbon healthcare.

We know we can't solve the complex systemic challenges we face on our own and that it is essential we work with others to overcome them. In 2023-24, we have strengthened our existing partnerships with local organisations through our membership of the West of England Nature Partnership, North Bristol Sus Com, the SDG Alliance, Bristol Green Capital Partnership, SHINE HIT, No Cold Homes Steering Group, the One City Environment Board, One City Transport Board and Bristol Advisory Committee on Climate Change. We have continued our involvement with our Local Authorities including public health, WECA's Climate action panel and Future Transport Zone programme.

We have also continued to work with local organisations such as Leigh Court Farm, the Sustainable Development Trust, Forestry England and Natural England to improve staff and patient access to green space on our estates.

3.3 Using buildings and Spaces to Support Communities

The large footprint of the health estate grants us responsibility to support local biodiversity and pioneer nature recovery programmes within our local areas. Through our estate we can also increase access to nature for our staff, patients and local residents.

Supporting biodiversity is essential to achieving sustainable healthcare. We have recognised this by adding biodiversity to our sustainability impact assessment to embed the value of biodiversity in our decision making. This is currently in use in NBT business cases and the ICB gateway process but needs to be adopted across the system.

Mental Health sites
AWP as a mental health Trust, have recognised the importance of using green spaces to improve physical and mental health for their patients and service users. They have established green spaces at several sites including Fromeside and Callington Road.

Fromeside's Malago Centre (occupational therapy) have an occupational therapy led therapeutic garden running sessions which range from sensory to fitness and strength promotion. The garden contains beds of various heights to accommodate physical health challenges and is used to grow food for the Rivers café (onsite vocational training café); flowers for cutting; and an ornamental garden for beauty and sensory work. The herb garden, as well as other food grown in the garden, is used for cooking sessions with service users which help promote healthy eating, nature connection and build additional movement into the day.

At the Callington Road inpatient site, the occupational therapists based at the Coppice and Woodside buildings run groups which utilise the garden areas of wards as well as running an allotment.

Many teams also run walking groups and help service users connect with nature and horticulture activities as part of their recovery plans across the AWP map including Green Gym, volunteering with wildlife trusts, attending walking groups

Acute sites
In 2023-24 NBT patients continued to use green spaces to support their recovery through social prescribing sessions held in our HITU eco therapy garden, Elgar House and our Southmead Allotment. Last summer we hosted Natural England's Nature Conference and invited local organisations and regional NHS Trusts to view our green estate and discuss the NHS' role in nature recovery.

The acute hospital Trusts have recently been successful in securing a £193k joint bid to fund a Green Spaces Co-Ordinator which will identify and address barriers to accessing green space and social prescribing. The funding will also embed green social prescribing into the existing Arts on Referral programme and support a pilot of a new green social prescribing programme for patients with chronic pain, cancer or respiratory conditions. The funding will also cover improvements to the HITU eco therapy garden.

System wide sites - Healthier with Nature
BNSSG hosts one of just seven national test and learn sites across England for Green Social prescribing. Our local programme branded as Healthier with Nature was originally funded in 2021 and has just received £328,000 from Treasury and NHSE to extend work during 2024/25. Sirona host the programme which is considered a national leader in this field with BNSSG hosting ministerial visits and national board meetings in recognition of our work.

To date over 4,000 patients, mainly from primary care have accessed nature-based interventions to improve their health outcomes. However, during 2024 a number of different patient cohorts have been included in pilot work including support around hospital

discharge, frequent callers to the ambulance service and work with our mental health trust AWP. Work is also developing with our ambulance service SWASFT to better support frequent callers. The aim is to both provide better personalised care for patients but also show a measurable reduction in service usage with the related financial and environmental benefits.

In addition to work to improve patient outcomes the programme looks to support nature recovery on NHS Estates by boosting biodiversity both in hospital settings and primary care estates. This improves spaces for nature but also patient care and staff wellbeing.

Healthier with Nature has been a real success story for BNSSG but still has no long-term recurrent funding and as such is likely to have significantly reduced capacity after April 2025 unless some revenue funding can be found to support in the longer term. There is a risk that a work stream for which BNSSG is considered a regional and national leader will be diluted.

3.4 Staff Engagement

Our staff are our greatest asset in delivering sustainable healthcare. From keeping the population healthy to making procurement decisions of what products to buy our staff are fundamental to achieving our Green Plan objectives. As shown in the green operating day case study staff led change is crucial to us moving to sustainable models of care and realising the environmental, social and financial benefits. Staff awareness and engagement in sustainability is essential to meet our responsibility to show leadership in all our interactions with our communities. Staff are also crucial in modelling the behaviours and providing the health perspective on climate change to support the culture change required in our society.

In 2023-24, the ICS Communications and Engagement workstream launched several Net Zero for Health campaigns to acknowledge the importance of achieving net zero to create a safe and healthy future for our patients.

Target	Progress
10% of staff by 2025 actively engaged Increase number of Green Champions by 5% per year	• This year NBT and UHBW celebrate the two-year anniversary of their joint sustainability staff engagement scheme, Greener Together, which has so far seen 568 staff members sign up and 18,575 actions being taken • NBT also introduced its first ever Sustainability Staff Award which was awarded to Dr Emma Carver for her unwavering dedication to embedding sustainability within the Emergency Department. • 11246 engagements with staff • Current engagement scheme reviewed • Completed system Communications programme of engagement activities

Increase in number of staff reporting increased awareness of Climate & Ecological emergency and report having made practical changes (in workplace and outside)	• 13 lunch and learn sustainability webinars • Visited 12 teams • 35 face to face events • AWP the CEAG Group is the main forum for raising awareness of sustainability and taking forward ideas from staff members, which will help to reduce carbon emissions and reduce costs
10 GP surgeries active on green impact for health toolkit by October 2024	• The Bristol & Bath Greener Practice group meets monthly to share learning and develop projects with the aim of making our local primary care systems as environmentally friendly as possible. improve uptake of the Green Impact for Health toolkit, which is hosted by the RCGP and is open to all GPs to reduce their carbon footprint. The toolkit is a series of actions which can be ticked off to achieve points. These accumulate towards bronze, silver, gold and carbon awards. Actions are in the clinical, managerial and admin arenas. The group provides peer support by discussing different areas of the toolkit in meetings and sharing ideas and solutions between practices. • £20k CATCH programme launched
Training - Sustainability e-learning promoted and completed by 20% of staff by 2025	• E-learning mandatory at ICB other organisations to consider • The development of a sustainability impact assessment with carbon calculator at NBT is a key tool being provided to enable better decision making by staff. The tool has been integrated by the ICB into its gateway process. Further embedding use across the system will support staff integrating sustainability into their ways of working

Engagement is important for recruitment and retention of staff. With demand for staff exceeding supply, one of the ways in which healthcare can stand out is through its sustainability efforts. The simple act of prioritising environmental issues can be an effective way to increase employee engagement and attract staff.

This is particularly the case in providing what the new generation of employees are looking for in employers. By 2025, it is projected that Generation Z will make up 27% of the workforce, with Millennials making up the vast majority of the remainder. When it comes to recruitment, aligning with Gen Z and Millennial values is going to be key.

- A study by global analytics firm Gallup found that 71% of workers consider a company's environmental record when deciding on an employer.
- A Deloitte report found nearly two in five (37% of Gen Zs and 36% of Millennials) say they have rejected a job based on their personal ethics. Nearly 40% of Millennials have accepted one job offer over another because that company was sustainable.

- According to the Deloitte report, those who are satisfied with their employers' societal and environmental impact are more likely to want to stay with their employer for more than five years.

3.4 Resilience to climate impacts

We are already seeing impacts of climate breakdown including increased extreme weather events such as heat waves and flooding. These impacts adversely affect most those least able to cope exacerbating health inequalities. Whilst our focus has been on mitigating climate change it is essential that we build resilience in our organisations and our communities to ensure we are able to continue to deliver our services and minimise the impacts on our communities.

We have a system-wide climate adaptation strategy and have engaged with some groups such as emergency planning but will need to work with partners across the ICP to develop the actions to deliver our target that risk assessments show our organisations are resilient to effects of climate change by March 2027

4. Recommendations

- Note that delivery is dependent on being fully funded, this is principally related to energy and buildings
- Pursue a compliant 3rd party off balance funding solution to deliver £196m of energy decarbonisation projects
- All organisations introduce use of Sustainability Impact Assessment into business cases and decision making
- Expedite new waste contracts for hospitals to enable waste reduction
- Develop partnerships to optimise transport across our system and improve travel options in our region
- Expand existing medicines optimisation and identify a pipeline of future net zero opportunities
- Develop a non-spend based measure of supply chain carbon footprint. Embed national requirements for carbon reduction plans and social value in procurement processes
- Sustainable healthcare – Focus investment on primary and community services to support people to take care of their health, intervening early and keeping people healthy at home and out of high carbon healthcare for as long as possible

To approve: This report meets requirement for organisations to report annually on progress with the Green Plan and it is taken to organisation boards

5. Financial resource implications

The high-level financial implication is shown in Figure1 as the carbon abatement cost of carbon emissions £150m per annum. Decarbonisation costs identified for NBT, UHBW and NBT in the ICS capital prioritisation process total £196m. Detail of costs for delivering against targets where these have been identified are shown in the delivery plan Appendix 1.

A key target is to enable sufficient finance is to lobby for a compliant off balance sheet funding model for energy decarbonisation that enables 3rd party funding that is approved by CFOs, Auditors, Treasury and ONS.

6. Legal implications

On 1 July 2022, the NHS became the first health system to embed net zero into legislation, through the Health and Care Act 2022. This places duties on NHS England, and all trusts, foundation trusts, and integrated care boards to contribute towards statutory emissions and environmental targets.

The Act requires commissioners and providers of NHS services specifically to address the net zero emissions targets. It also covers measures to adapt to any current or predicted impacts of climate change identified within the 2008 Climate Change Act.

Trusts and integrated care boards (ICBs) will meet this new duty through the delivery of their localised Green Plans, and every Trust and ICB in the country now having a board-level lead.

7. Risk implications

Risk	Mitigations
Engagement – risk that the Green plan will fail to become fully embedded across the breadth of our activities.	• Delivery of communications & engagement strategy • Approval by ICS organisation Boards • Role of ICS Steering Group to oversee alignment
Financial – Risk that we are unable to meet the outcomes of the plan due to financial constraints in terms of capital investment and revenue implications and being able to access off balance sheet 3rd party funding	• Access to national funding such as Public Sector Decarbonisation Funds • Early strategic planning at a system level to understand total financial need & prioritisation of resources to highest impact areas • Lobbying for off balance sheet 3rd party funding solution • Recognise the financial savings that are possible through operating more sustainably • Accounting for the contribution to non-financial outcomes (e.g. population health) that can be achieved by operating sustainably
Reputational – Risk that our reputation is impacted if we are unable to meet the outcomes set out in this plan	• Green Plan Steering Group to maintain close focus on key deliverables • Maintain an honest dialogue with staff & citizens about what is achievable and any barriers to delivery that are outside of our control (e.g. supply chain, decarbonisation of national grid)
Elements of delivery beyond our control – Risk that we are unable to deliver against significant elements of the plan due to elements of the plan that are outside of our direct control (e.g. supply chain, national grid decarbonisation)	• Early and robust engagement with supply chains • Use collective pressure through regional and national bodies

Competing priorities – risk that the pressures such as elective recovery, and establishment of new models of care impact on delivery and relative priority of this plan	• Ensure that the sustainability outcomes are central to our ICS strategic aims • Continue to recognise that operating sustainably is a key part of the solutions to our biggest challenges, not an afterthought • Role of executive leaders to maintain the priority of this programme.
Adapting to climate change – Risk to health of our population and delivery of services if we fail to adapt to climate change	• Ensure adaptation plans and risk assessments are completed • Ensuring adaptation is considered alongside mitigation of climate change

8. How does this reduce health inequalities

Health inequalities and climate change are both systemic issues the determinants and impacts of health and climate change are interconnected. Climate change impacts exacerbate health inequalities. But there are health co-benefits of mitigating climate change including through cleaner air, healthier diets and physical activity.

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

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

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

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

9. How does this impact on Equality and Diversity?

The EIA produced for the Green Plan has identified there are potential positive and negative impacts on protected characteristics Age, Disability and Race groups
Age and Disability

Positive - upskilling workforce

Negative –some key actions, particularly related to active travel, may not be suitable for elderly people or those with certain disabilities. Risk of staff feeling excluded from action plans.

Race

Positive – the themes outlined in the ICS Green Plan are inclusive of all races and the Plan will harness the cultural diversity of our staff and patients to deliver innovative solutions to reduce our impact.

Negative – Sustainability is practiced in unique ways across various cultures and therefore the ICS Green Plan could risk alienating staff and patients.

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

10. Consultation and Communication including Public Involvement

An ICS Green Plan communications and engagement group has been established that is developing a comprehensive communications strategy and plan.

There has been no public involvement in the writing of this paper. However existing evidence from the public and feedback on the Green Plan has been used.

Appendices

Appendix 1 Green Plan Delivery Plan

Appendix 2 North Bristol NHS Trust Detailed Report

Glossary of terms and abbreviations

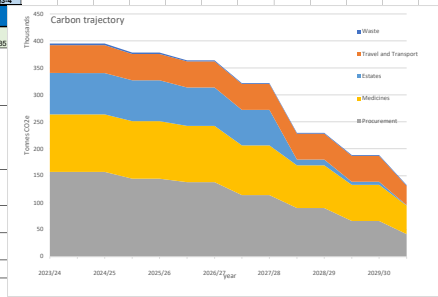
Net zero	Achieving a zero level of carbon emissions based on reduction and offsetting. This follows the Science based targets initiative definition of reducing carbon emissions from our baseline of 2019/20 by at least 90% and offsetting the remaining emissions.
Adaptation	Adaptation is actions to adjust to climate change, and the extreme weather that it makes increasingly likely. This includes making homes more resilient to extreme heat and cold weather, and adapting our landscapes to better cope with flooding or drought events, for example.
Anchor institution	Refers to large, typically non-profit, public-sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on the health and wellbeing of communities.
Carbon footprint	Carbon footprint refers to emissions that are associated with the consumption spending of UK or England's residents on goods and services, wherever in the world these emissions arise along the supply chain, and those that are directly generated by UK or England's households through private motoring and burning fuel to heat homes.

Circular economy	Circular economy is an economic system aimed at eliminating waste and the continual use of resources while identifying opportunities for enhancing social value (e.g. skills and training, employment opportunities for disadvantaged groups and others).
Climate Emergency	A situation in which urgent action is required to reduce or halt climate change and avoid potentially irreversible environmental damage resulting from it
Ecological Emergency	A recognition that nature is declining globally at rates unprecedented in human history - and the rate of species extinctions is accelerating, with grave impacts on people around the world now likely.
Healthier Together Integrated Care System:	A statutory partnership of health & care organisations formed to realise our shared ambitions to improve the health and wellbeing of the people of Bristol, North Somerset, and South Gloucestershire.
Net-zero carbon	A person, company or country is net-zero carbon if they balance the carbon dioxide they release into the atmosphere through their everyday activities with the amount they absorb or remove from the atmosphere. Overall no carbon dioxide is added to the atmosphere. There are two main ways to achieve net zero: reducing emissions and removing carbon dioxide from the atmosphere, through technologies that actively take in carbon dioxide or by enhancing natural removal methods - by planting trees, for example. These methods can be used in combination. Net zero is the UK government's target for at least a 100% reduction of net greenhouse gas emissions (compared with 1990 levels) in the UK by 2050.
Sustainable Development:	Sustainable development aims to ensure the basic needs and quality of life for everyone are met, now and for future generations. Sustainable Development promotes the reduction of carbon emissions, the efficient use of finite resources, recognises the importance of protecting our natural environment, and preparing our communities for climate change (extreme weather events and increased risk of disease) by promoting health and wellbeing through healthy lifestyle choices to ensure a strong, healthy and resilient community now and for future generations

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

Together we are BNSSG

No	Theme	Target	Measure	Deliverables	Partners included	Lead & Org	Executive lead	Director lead	Capital cost	Revenue cost	Revenue saving	Carbon cost @£378/t CO2	RAG Update @ Jun 24	Cabon Baseline	2023/24		2024/25		2025/26		2026/27		2027/28		2028/29		2029/30	
															Q1-2	Q3-4	Q1-2	Q3-4	Q1-2	Q3-4	Q1-2	Q3-4	Q1-2	Q3-4	Q1-2	Q3-4	Q1-2	Q3-4
Travel, transport & air quality		Target	Measure	Deliverables	Relevant Partners	Organisation						£ 19,493,460	RAG Update	51570														
Core	**Net zero carbon travel and transport**	**Net zero carbon travel and transport**			**Relevant Partners**	**Stewart Cundy UHBW**									51570	51570	51570	48369	48369	48369	48369	47845	47845	47845	47845	47845	35	
TT01.1	Air quality	Air quality measured at all key sites by March 2025	% of sites with air quality monitoring	Air quality monitoring of all key sites	Relevant Partners	AWP NBT Primary Care Sirona UHBW			£ -	£ 37,298	£ -	£0	Acute Trusts have monitoring in place. Use of public monitoring progressing for rest of system															
TT01.1	Air quality	Air quality measured at all key sites Use existing open public monitoring by June 2024	% of sites with air quality monitoring	Air quality monitoring at all key sites Using existing open public monitoring	AWP	Luke Champion AWP	Simon Truelove	Martyn Ward	–	–			Link to air quality monitoring pages to be put on to Trust sustainability pages for staff to access - plan to achieve this in June/August 2024															
TT01.1	Air quality	Air quality measured at all key sites by June 2024	% of sites with air quality monitoring	Air quality monitoring of all key sites	NBT	Lewis Lippiatt NBT	Glyn Howells	Tony Hudgell	–	£ 18,649			Contractor appointed. Monitoring being installed June 24															
TT01.1	Air quality	Air quality measured at all key sites Use existing open public monitoring by March 2025	% of sites with air quality monitoring	Air quality monitoring at all key sites Using existing open public monitoring	Primary care	TBC			–	–			resource not identified for gathering data															
TT01.1	Air quality	Air quality measured at all key sites Use existing open public monitoring by June 2024	% of sites with air quality monitoring	Air quality monitoring at all key sites Using existing open public monitoring	Sirona	Kelly Scott Sirona	Laks Khangura	Jessica Burston	–	–			resource not identified for gathering data															
TT01.1	Air quality	Air quality measured at all key sites by March 2024	% of sites with air quality monitoring	Air quality monitoring of all key sites	UHBW	Stewart Cundy UHBW	Neil Kemsley	Andy Jeanes	–	£ 18,649			Installed. 23 and added further in 24															
TT01.2	Air quality	Site specific air quality action plans produced by March 2025 for each site to achieve at least ambient levels	% of sites with air quality action plan	Site specific action plans	Relevant Partners	AWP NBT Primary Care Sirona UHBW			£ -	£ -	£ -	£ -	Hospital Trusts will develop in house as part of travel plans, others require funding to resource															
TT01.2	Air quality	Site specific air quality action plans produced by March 2025 for each site to achieve at least ambient levels	% of sites with air quality action plan	Site specific action plans	AWP	Luke Champion AWP	Simon Truelove	Martyn Ward	–				Air quality action plans subject to available funding for consultancy resource															
TT01.2	Air quality	Site specific air quality action plans produced by March 2025 for each site to achieve at least ambient levels	% of sites with air quality action plan	Site specific action plans	NBT	Lewis Lippiatt NBT	Glyn Howells	Tony Hudgell	–				Revaluate Trust against Clean Air Hospital Framework and use air quality monitoring data to inform action plan															
TT01.2	Air quality	Site specific air quality action plans produced by March 2025 for each site to achieve at least ambient levels	% of sites with air quality action plan	Site specific action plans	Primary care	TBC			–				lead to be identified															
TT01.2	Air quality	Site specific air quality action plans produced by March 2025 for each site to achieve at least ambient levels	% of sites with air quality action plan	Site specific action plans	Sirona	Kelly Scott Sirona	Laks Khangura	Jessica Burston	–				Air quality action plans subject to available funding for consultancy resource															
TT01.2	Air quality	Site specific action plans by March 2024 for each site to achieve at least ambient levels add into travel and transport strategy	% of sites with air quality action plan	Site specific action plans - add into travel and transport strategy	UHBW	Stewart Cundy UHBW	Neil Kemsley	Andy Jeanes	–				to be added into travel strategy															
TT01.3	Air quality	Air quality is improved at each site to at least ambient levels by March 2027	Ambient NoX level, PM 10 2.5	Implemented action plans	Relevant Partners	AWP NBT Primary Care Sirona UHBW			£ -	£ -	£ -	£ -	Subject to air quality action plans being created for sites															
TT01.3	Air quality	Air quality is improved at each site to at least ambient levels by March 2027	Ambient NoX level, PM 10 2.5	Implemented action plans	AWP	Luke Champion AWP	Simon Truelove	Martyn Ward					Subject to air quality action plans being created for sites															
TT01.3	Air quality	Air quality is improved at each site to at least ambient levels by March 2027	Ambient NoX level, PM 10 2.5	Implemented action plans	NBT	Lewis Lippiatt NBT	Glyn Howells	Tony Hudgell					Subject to air quality action plans being created for sites															
TT01.3	Air quality	Air quality is improved at each site to at least ambient levels by March 2027	Ambient NoX level, PM 10 2.5	Implemented action plans	Primary care	TBC							Subject to air quality action plans being created for sites															
TT01.3	Air quality	Air quality is improved at each site to at least ambient levels by March 2027	Ambient NoX level, PM 10 2.5	Implemented action plans	Sirona	Kelly Scott Sirona	Laks Khangura	Jessica Burston					Subject to air quality action plans being created for sites															
TT01.3	Air quality	Air quality is improved at each site to at least ambient levels by March 2027	Ambient NoX level, PM 10 2.5	Implemented action plans	UHBW	Stewart Cundy UHBW	Neil Kemsley	Andy Jeanes					Subject to air quality action plans being created for sites															
TT02.1	Carbon net zero for fleet	Carbon emissions of all fleet vehicles monitored by April 2024	carbon emissions	Monitoring of carbon emissions for fleet	Relevant Partners	AWP NBT Primary Care Sirona UHBW			£ 50,000	£ 10,000	£ -	£ -	On track															
TT02.1	Carbon net zero for fleet	Carbon emissions of all fleet vehicles monitored by June 2023	carbon emissions	Monitoring of carbon emissions for fleet	AWP	Luke Champion AWP	Simon Truelove	Martyn Ward					23-24 carbon emissions to be calculated in July-August 2024		annual from expenses and fuel consumption													
TT02.1	Carbon net zero for fleet	Carbon emissions of all fleet vehicles monitored by April 2024	carbon emissions	Monitoring of carbon emissions for fleet	NBT	Lewis Lippiatt NBT	Glyn Howells	Tony Hudgell		£ 10,000			On track															
TT02.1	Carbon net zero for fleet	Carbon emissions of all fleet vehicles monitored by April 2025	carbon emissions	Monitoring of carbon emissions for fleet	Primary care	TBC							Resource to be identified															
TT02.1	Carbon net zero for fleet	Carbon emissions of all fleet vehicles monitored by April 2024	carbon emissions	Monitoring of carbon emissions for fleet	Sirona	Kelly Scott Sirona	Laks Khangura	Jessica Burston					On track															
TT02.1	Carbon net zero for fleet	Carbon emissions of all fleet vehicles monitored by April 2024	carbon emissions	Monitoring of carbon emissions for fleet	UHBW	Stewart Cundy UHBW	Neil Kemsley	Andy Jeanes	£ 50,000				On track															
TT02.2	Carbon net zero for fleet	Fleet optimised - reduced number of vehicles by March 2025	Number of vehicles in fleet by type	Fleet Optimised reduced numbers and emissions	Relevant Partners	NBT UHBW			£ 56,000	£ -	£ -	£ -	On track															
TT02.2	Carbon net zero for fleet	Scope of fleet optimisation project defined and agreed by May 2024	Project scope	Scope of project report	UHBW	Stewart Cundy UHBW	Neil Kemsley	Andy Jeanes	-				Scope produced but still to be agreed by all parties															
TT02.2	Carbon net zero for fleet	Optimisation plan developed by August 2024	Optimisation plan	Report setting out all fleet vehicles by type including lease/purchase arrangements. Optimisation plan.	UHBW	Stewart Cundy UHBW	Neil Kemsley	Andy Jeanes					On track															
TT02.2	Carbon net zero for fleet	Fleet optimised by March 2025	Number of vehicles in fleet by type	Implement optimisation plan	UHBW	Stewart Cundy UHBW	Neil Kemsley	Andy Jeanes					On track															
TT02.2	Carbon net zero for fleet	Scope of fleet optimisation project defined and agreed by May 2024	Project scope	Scope of project report	NBT	Stewart Cundy UHBW	Glyn Howells	Tony Hudgell	-				Scope produced but still to be agreed by all parties															
TT02.2	Carbon net zero for fleet	Optimisation plan developed by August 2024	Optimisation plan	Report setting out all fleet vehicles by type including lease/purchase arrangements. Optimisation plan.	NBT	Stewart Cundy UHBW	Glyn Howells	Tony Hudgell	£ 56,000				On track															
TT02.2	Carbon net zero for fleet	Fleet optimised by March 2025	Number of vehicles in fleet by type	Implement optimisation plan	NBT	Stewart Cundy UHBW	Glyn Howells	Tony Hudgell					Fleet manager business case on hold review alternative approaches															
TT02.3	Carbon net zero for fleet	100% of fleet vehicles are ULEV (or Euro 6) by March 2024	% of fleet vehicles that are ULEV	Fleet vehicles are ULEV (or Euro 6)	Relevant Partners	AWP NBT Primary Care Sirona UHBW			£ 125,000	£ 44,000	£ 75,000	£ -	Completed for all organisations															
TT02.3	Carbon net zero for fleet	100% of fleet vehicles are ULEV (or Euro 6) by March 2024	% of fleet vehicles that are ULEV	Fleet vehicles are ULEV (or Euro 6)	AWP	Luke Champion AWP	Simon Truelove	Martyn Ward		£ 19,000			All Trust lease vehicles are at least Euro 6. Aim to change to EV pool cars once existing leases expire from 2025 onwards.This will require EV charging network to be built - subject to funding.															



21.1

TT02.3	Carbon net zero for fleet	100% of fleet vehicles are ULEV (or Euro 6) by March 2024	% of fleet vehicles that are ULEV	Fleet vehicles are ULEV (or Euro 6)	NBT	Lewis Lippiatt NBT	Glyn Howells	Tony Hudgell		£ 25,000			4 out of 5 departments confirmed they will only buy or lease ULEV in the future. Significant barriers for Bristol Centre for Enablement															
TT02.3	Carbon net zero for fleet	100% of fleet vehicles are ULEV (or Euro 6) by March 2024	% of fleet vehicles that are ULEV	Fleet vehicles are ULEV (or Euro 6)	Primary care	TBC							Unknown lead required															
TT02.3	Carbon net zero for fleet	100% of fleet vehicles are ULEV (or Euro 6) by March 2024	% of fleet vehicles that are ULEV	Fleet vehicles are ULEV (or Euro 6)	Sirona	Kelly Scott Sirona	Laks Khangura	Jessica Burston					Completed		Completed													
TT02.3	Carbon net zero for fleet	100% of fleet vehicles are CAZ compliant - ULEV (or Euro 6) by March 2024	% of fleet vehicles that are ULEV	Fleet vehicles are CAZ compliant - ULEV (or Euro 6)	UHBW	Stewart Cundy UHBW	Neil Kemsley	Andy Jeanes	£ 125,000		-£ 75,000		Completed															
TT02.4	Carbon net zero for fleet	All new vehicles owned and leased by NHS will be ZEV from 2027 (excluding ambulances)	% of fleet vehicles that are ZEV	All new vehicles owned and leased are ZEV	Relevant Partner	ICS-wide			£ -	£ -	£ -	£ -	Barriers to implementing ZEV are range anxiety, vehicle charging on site and at home and capital funding required					131				524						655
TT02.4	Carbon net zero for fleet	All new vehicles owned and leased by NHS will be ZEV from 2027 (excluding ambulances)	% of fleet vehicles that are ZEV	All new vehicles owned and leased are ZEV	ICS-wide	Stewart Cundy UHBW							Barriers to implementing ZEV are range anxiety, vehicle charging on site and at home and capital funding required															
TT03.1	Reduced emissions from travel to zero	Travel emissions measure for staff and patients in place by March 2024	Emissions from travel	Emissions measured for staff and patients	Relevant Partner	AWP NBT Primary Care Sirona UHBW			£ -	£ 24,000	£ -	£ -	Travel emissions are currently not recorded or only estimated from surveys. There is potential to widen UHBW calculated															8,360
TT03.1	Reduced emissions from travel to zero	Travel emissions measure for staff and patients in place by March 2024	Emissions from travel	Emissions measured for staff and patients	AWP	Luke Champion AWP	Simon Truelove	Martyn Ward					Not currently able to capture this data easily given the large geographical area and the large number of Trust sites. May be possible for BI Team to create a rough estimate of emissions															
TT03.1	Reduced emissions from travel to zero	Travel emissions measure for staff and patients in place by March 2024	Emissions from travel	Emissions measured for staff and patients	NBT	Lewis Lippiatt NBT	Glyn Howells	Tony Hudgell		£ 10,000			Estimated - Currently use staff travel survey and HOTT to calculate staff and patient travel.															
TT03.1	Reduced emissions from travel to zero	Travel emissions measure for staff and patients in place by March 2024	Emissions from travel	Emissions measured for staff and patients	Primary care	TBC							Not recorded															
TT03.1	Reduced emissions from travel to zero	Travel emissions measure for staff and patients in place by March 2024	Emissions from travel	Emissions measured for staff and patients	Sirona	Kelly Scott Sirona	Laks Khangura	Jessica Burston					Not recorded															
TT03.1	Reduced emissions from travel to zero	Travel emissions measure for staff and patients in place by March 2024	Emissions from travel	Emissions measured for staff and patients	UHBW	Stewart Cundy UHBW	Neil Kemsley	Andy Jeanes		£ 14,000			Calculated using ACEL mobilityways score															
TT03.2	Reduced emissions from travel to zero	Organisation specific sustainable travel plan by June 2024	Sustainable travel plan	Organisation specific sustainable travel plans	Relevant Partner	AWP NBT Primary Care Sirona UHBW			£ -	£ -	£ -	£ -	Hospital Trusts will develop in house as part of travel plans, others require funding to resource															
TT03.2	Reduced emissions from travel to zero	Organisation specific sustainable travel plan by June 2024	Sustainable travel plan	Sustainable travel plan	AWP	Luke Champion AWP	Simon Truelove	Martyn Ward					Travel plan produced for Callington Road redevelopment project, though no additional travel plans produced per site or for whole Trust. Trustwide travel plan would require sufficient capital or revenue funding to produce a good quality plan. At present, no available funding has been identified.															
TT03.2	Reduced emissions from travel to zero	Organisation specific sustainable travel plan by June 2024	Sustainable travel plan	Sustainable travel plan	NBT	Lewis Lippiatt NBT	Glyn Howells	Tony Hudgell					Advised on new car parking policy will update Trust travel plan															
TT03.2	Reduced emissions from travel to zero	Organisation specific sustainable travel plan by June 2024	Sustainable travel plan	Sustainable travel plan	Primary care	TBC							A few practices have taken travel initiatives															
TT03.2	Reduced emissions from travel to zero	Organisation specific sustainable travel plan by June 2024	Sustainable travel plan	Sustainable travel plan	Sirona	Kelly Scott Sirona	Laks Khangura	Jessica Burston																				
TT03.2	Reduced emissions from travel to zero	Organisation specific sustainable travel plan by June 2024	Sustainable travel plan	Sustainable travel plan	UHBW	Stewart Cundy UHBW	Neil Kemsley	Andy Jeanes					Develop in house as part of travel plan															
TT03.3	Reduced emissions from travel to zero	Agile working strategy in place by March 2025	Emissions from travel	Develop and implement Agile Working Strategy	Relevant Partner	ICS-wide			£ -	£ -	£ -	£ -	NBT Published new Flexible Working Policy and Agile Working Vision. Ensure ICS wide approach															
TT03.3	Reduced emissions from travel to zero	Agile working strategy in place by March 2025	Emissions from travel	Develop and implement Agile Working Strategy	ICS-wide	People team TBC							NBT Published new Flexible Working Policy and Agile Working Vision wider sysem roll out															
TT03.4	Reduced emissions from travel to zero	30% of all non-procedure Out Patients attendances are non F2F	No. of journeys to hospital for outpatient care and primary care appointments	Monitoring of patient journeys	Relevant Partners	NBT Primary Care UHBW			£ -	£ -	£ -	£ -	Hospitals capturing data and making progress. Primary care data source to be identified					3,071										3,071
TT03.4	Reduced emissions from travel to zero	30% of all non-procedure Out Patients attendances are non F2F	No. of journeys to hospital for outpatient care and primary care appointments	Monitoring of patient journeys	NBT	TBC	Steve Curry	Helen Gilbert					Data being captured. Training provided to IM&T on calculating carbon saved through															
TT03.4	Reduced emissions from travel to zero	30% of all non-procedure Out Patients attendances are non F2F	No. of journeys to hospital for outpatient care and primary care appointments	Monitoring of patient journeys	Primary care	TBC							Data source to be indentified															
TT03.4	Reduced emissions from travel to zero	30% of all non-procedure Out Patients attendances are non F2F	No. of journeys to hospital for outpatient care and primary care appointments	Monitoring of patient journeys	UHBW	TBC	Jane Farrell						Data being captured.															
TT04.1	Active contribution to one city plan for transport	ICS partnerships with WECA and local authorities established by June 2024	Number of active partnerships	ICS partnerships with WECA and local authorities established	Relevant Partner	ICS-wide			£ -	£ -	£ -	£ -	Successful partnerships established with WECA and some local authorities															
TT04.1	Active contribution to one city plan for transport	ICS partnerships with WECA and local authorities established by June 2024	Number of active partnerships	ICS partnerships with WECA and local authorities established	ICS-wide	Stewart Cundy UHBW							Successful partnerships establised with WECA and some local authorties															
Waste		Target	Measure	Deliverables	Relevant Partners	Organisation				Update RAG		£ 1,141,560	RAG Update	3020														
Core	**Net zero carbon from waste All waste is reused or recycled**	**Net zero carbon from waste All waste is reused or recycled**			**Relevant Partners**	**Joe Duarte UHBW**									3020	3020	3020	2808.6	2808.6	1902.6	1902.6	1600.6	1600.6	1600.6	1600.6	1600.6	1600.6	1601
WW01.1	Zero waste to landfill	Waste contract in place by April 2024	Waste contract signed	Waste contract in place that enables delivery of zero waste to landfill	Relevant Partners	NBT UHBW			£ -	£ -	£ -	£ -	Waste contract tender delays									302						

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WW01.1	Zero waste to landfill	Waste contract in place by April 2024	Waste contract signed	Waste contract in place that enables delivery of zero waste to landfill	NBT	Megan Murphy NBT	Glyn Howells	Tony Hudgell					waste contract tender delays	
WW01.1	Zero waste to landfill	Waste contract in place by April 2024	Waste contract signed	Waste contract in place that enables delivery of zero waste to landfill	UHBW	Joe Duarte UHBW	Neil Kemsley	Andy Jeanes					waste contract tender delays	
WW01.2	Zero waste to landfill	Agreed standard reporting template across ICS partners by June 2024	standard waste reporting template	Standard waste reporting	Relevant Partners	AWP NBT Primary Care Sirona UHBW			£ -	£ -	£ -	£ -	Standard reporting established for hospitals. Working on processes for others	
WW01.2	Zero waste to landfill	Agreed standard reporting template across ICS partners by June 2024	standard waste reporting template	Standard waste reporting	AWP	Luke Champion AWP	Simon Truelove	Martyn Ward					Monthly or quarterly waste reports for non PFI clinical and non clinical waste to be shared with system partners from June/July 2024. PFI is not able to send monthly reports at present.	
WW01.2	Zero waste to landfill	Agreed standard reporting template across ICS partners by June 2024	standard waste reporting template	Standard waste reporting	Primary care	TBC							approach being explored	
WW01.2	Zero waste to landfill	Agreed standard reporting template across ICS partners by June 2024	standard waste reporting template	Standard waste reporting	Sirona	Kelly Scott Sirona	Laks Khangura	Jessica Burston					approach being explored	
WW01.2	Zero waste to landfill	Agreed standard reporting template across ICS partners by June 2024	standard waste reporting template	Standard waste reporting	NBT	Megan Murphy NBT	Glyn Howells	Tony Hudgell					completed	
WW01.2	Zero waste to landfill	Agreed standard reporting template across ICS partners by June 2024	standard waste reporting template	Standard waste reporting	UHBW	Joe Duarte UHBW	Neil Kemsley	Andy Jeanes					completed	
WW01.3	Zero waste to landfill	Zero waste to landfill by March 2025	% of waste to landfill	zero waste landfill by 2025	Relevant Partners	AWP Primary Care Sirona			£ -	£ -	£ -	£ -	Dependent on waste contracts being in place	211.4
WW01.3	Zero waste to landfill	zero waste to landfill by March 2025	% of waste to landfill	zero waste landfill by 2025	AWP	Luke Champion AWP	Simon Truelove	Martyn Ward					At the time of writing, all PFI and non PFI black bag waste is zero landfill. Offensive waste may still be landfilled depending on availability of incineration plants	
WW01.3	Zero waste to landfill	zero waste to landfill by March 2025	% of waste to landfill	zero waste landfill by 2025	Primary care	TBC							lead to be identified	
WW01.3	Zero waste to landfill	zero waste to landfill by March 2025	% of waste to landfill	zero waste landfill by 2025	Sirona	Kelly Scott Sirona	Laks Khangura	Jessica Burston					NHS property services to be engaged	
WW02.1	Clinical waste ratios	Plan for achieving national waste ratio targets created by March 2025	Plan for achieving waste ratios	Plan for achieving waste ratios through collaboration with waste contractors (included in tender for waste contracts)	Relevant Partners	NBT UHBW			£ -	£ -	£ -	£ -	Dependent on waste contracts being in place	906
WW02.1	Clinical waste ratios	Plan for achieving national waste ratio targets created by March 2025	Plan for achieving waste ratios	Plan for achieving waste ratios through collaboration with waste contractors (included in tender for waste contracts)	NBT	Megan Murphy NBT	Glyn Howells	Tony Hudgell					Dependent on waste contracts being in place	
WW02.1	Clinical waste ratios	Plan for achieving national waste ratio targets created by March 2025	Plan for achieving waste ratios	Plan for achieving waste ratios through collaboration with waste contractors (included in tender for waste contracts)	UHBW	Joe Duarte UHBW	Neil Kemsley	Andy Jeanes					Dependent on waste contracts being in place	
WW02.2	Clinical waste ratios	Deliver plan to achieve clinical waste ratios - reduce to maximum 20% high temp incineration and 20% alternative treatment by weight with residual to offensive waste achieved by March 2025	Ratio of waste streams	Deliver plan	Relevant Partners	NBT Primary Care UHBW			£ 105,000	£ -	-£ 600,000	£ -	Dependent on waste contracts being in place	
WW02.2	Clinical waste ratios	Deliver plan to achieve clinical waste ratios - reduce to maximum 20% high temp incineration and 20% alternative treatment by weight with residual to offensive waste achieved by March 2025	Ratio of waste streams	Deliver plan	NBT	Megan Murphy NBT	Glyn Howells	Tony Hudgell	£ 35,000		-£ 300,000		Dependent on waste contracts being in place	
WW02.2	Clinical waste ratios	Deliver plan to achieve clinical waste ratios - reduce to maximum 20% high temp incineration and 20% alternative treatment by weight with residual to offensive waste achieved by March 2026	Ratio of waste streams	Deliver plan by 2026	Primary care	TBC							Dependent on waste contracts being in place	
WW02.2	Clinical waste ratios	Deliver plan to achieve clinical waste ratios - reduce to maximum 20% high temp incineration and 20% alternative treatment by weight with residual to offensive waste achieved by March 2025	Ratio of waste streams	Deliver plan	UHBW	Joe Duarte UHBW	Neil Kemsley	Andy Jeanes	£ 70,000		-£ 300,000		Dependent on waste contracts being in place	
WW03.1	Recycling and reuse increased	Plan for achieving waste recycling target (Recycling weight: 60% of all waste reused or recycled by March 2026, 80% by 2028, 100%	Plan for achieving waste recycling target	Plan for achieving waste recycling target in collaboration with waste contractors	Relevant Partners	NBT UHBW AWP Primary Care Sirona			£ -	£ -	£ -	£ -	Dependent on waste contracts being in place	
WW03.1	Recycling and reuse increased	Plan for achieving waste recycling target (Recycling weight: 60% of all waste reused or recycled by March 2026, 80% by 2028, 100% by 2030) created by June 2024	Plan for achieving waste recycling target	Plan for achieving waste recycling target in collaboration with waste contractors	NBT	TBC	Glyn Howells	Tony Hudgell					Dependent on waste contracts being in place	
WW03.1	Recycling and reuse increased	Plan for achieving waste recycling target (Recycling weight: 60% of all waste reused or recycled by March 2026, 80% by 2028, 100% by 2030) created by June 2024	Plan for achieving waste recycling target	Plan for achieving waste recycling target in collaboration with waste contractors	UHBW	Joe Duarte UHBW	Neil Kemsley	Andy Jeanes					Dependent on waste contracts being in place	
WW03.1	Recycling and reuse increased	Plan for achieving waste recycling target (Recycling weight: 60% of all waste reused or recycled by March 2026, 80% by 2028, 100% by 2030) created by June 2024	Plan for achieving recycling levels	Plan for achieving recycling levels	AWP	Luke Champion AWP	Simon Truelove	Martyn Ward					No set plan with targets in place to improve recycling, This is due to time resource constraints and lack of WTE waste manager post. Community sites have now started to receive new internal shared bins in June 2024 coupled with removal of under desk bins. This is expected to be fully complete by August 2024.	
WW03.1	Recycling and reuse increased	Plan for achieving waste recycling target (Recycling weight: 60% of all waste reused or recycled by March 2026, 80% by 2028, 100% by 2030) created by June 2024	Plan for achieving recycling levels	Plan for achieving recycling levels	Primary Care	TBC							lead to be identified	
WW03.1	Recycling and reuse increased	Plan for achieving waste recycling target (Recycling weight: 60% of all waste reused or recycled by March 2026, 80% by 2028, 100% by 2030) created by June 2024	Plan for achieving recycling levels	Plan for achieving recycling levels	Sirona	TBC	Laks Khangura	Jessica Burston					lead to be identified	

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WW03.2	Recycling and reuse increased	Waste tender specification includes recycling requirement by Oct 2023	Waste tender specification with recycling requirement	Waste tender specification includes recycling requirement	Relevant Partners	NBT UHBW			£ -	£ -	£ -	£ -	Completed Oct 23															
WW03.2	Recycling and reuse increased	Waste tender specification includes recycling requirement by Oct 2023	Waste tender specification with recycling requirement	Waste tender specification includes recycling requirement	NBT	Joe Duarte UHBW	Glyn Howells	Tony Hudgell					completed Oct 23															
WW03.2	Recycling and reuse increased	Waste tender specification includes recycling requirement by Oct 2023	Waste tender specification with recycling requirement	Waste tender specification includes recycling requirement	UHBW	Joe Duarte UHBW	Neil Kemsley	Andy Jeanes					completed Oct 23															
WW03.3	Recycling and reuse increased	Recycling weight: 60% of all waste reused or recycled by March 2026, 80% by 2028, 100% by 2030	% of waste recycled or reused	Deliver plan	Relevant Partners	NBT UHBW AWP Primary Care Sirona			£ -	£ -	£ -	£ -	Dependent on waste contracts being in place															
WW03.3	Recycling and reuse increased	Recycling weight: 60% of all waste reused or recycled by March 2026, 80% by 2028, 100% by 2030	% of waste recycled or reused	Deliver plan	NBT	Joe Duarte UHBW	Glyn Howells	Tony Hudgell					dependent on waste contracts being in place															
WW03.3	Recycling and reuse increased	Recycling weight: 60% of all waste reused or recycled by March 2026, 80% by 2028, 100% by 2030	% of waste recycled or reused	Deliver plan	UHBW	Joe Duarte UHBW	Neil Kemsley	Andy Jeanes					dependent on waste contracts being in place															
WW03.3	Recycling and reuse increased	Recycling weight: 60% of all waste reused or recycled by March 2026, 80% by 2028, 100% by 2030	% of waste recycled or reused	Deliver plan	AWP	TBC	Simon Truelove	Martyn Ward					Target unlikely to be met without Trust having a waste manager in post to drive the initiative forward.															
WW03.3	Recycling and reuse increased	Recycling weight: 60% of all waste reused or recycled by March 2026, 80% by 2028, 100% by 2030	% of waste recycled or reused	Deliver plan	Primary Care	TBC							Resource required - CATCH project potential to provide coordination															
WW03.3	Recycling and reuse increased	Recycling weight: 60% of all waste reused or recycled by March 2026, 80% by 2028, 100% by 2030	% of waste recycled or reused	Deliver plan	Sirona	TBC	Laks Khangura						Resource required															
WW03.4	Reduce single use plastics	Audits to identify target single use plastic items in place by June 2024	Number of single use plastics identified with a reusable alternative	Identify target items with quarterly plastics audits in key areas for implementation under SCP03	Relevant Partners	NBT UHBW			£ -	£ -	£ -	£ -	On track with audits															
WW03.4	Reduce single use plastics	Audits to identify target single use plastic items in place by June 2024	Number of single use plastics identified with a reusable alternative	Identify target items with quarterly plastics audits in key areas for implementation under SCP03	NBT	TBC	Glyn Howells	Tony Hudgell					Auditing clinical stores and compiling list of products and packaging for NHS Supply Chain to explore. Plastic audit planned before Zero Waste September.															
Supply chain & procurement		Target	Measure	Deliverables	Relevant Partners	Organisation						£ 49,967,820	RAG Update	157220														
Core	**Carbon footprint of supply chain reduce 50% by March 2028, net zero by 2030**	**Carbon footprint of supply chain reduce 50% by March 2028, net zero by 2030**			**Relevant Partners**	**Rachael Pemberton BWPC**			—						157220	157175	157175	144501	144501	138117	138117	114045	114045	89973	89973	65900	65900	41828
SCP01.1	Carbon footprint of supply chain	Total carbon footprint of supply chain reduce 50% by March 2028, net zero by 2030	carbon footprint of supply chain	Plan for robust carbon measurement - carbon measurement in new procurement system Sept 2024, targetted approach to non spend based measurement of suppliers	Relevant Partners	BWPC NBT UHBW			£ 130,000	£ 60,000	£ -	£ -	Carbon measurement to be included in hospitals' new system. CO2 analysis engaged by AWP and Sirona					4,717		4,717		4,717		4,717		4,717		4,717
SCP01.1	Carbon footprint of supply chain	Total carbon footprint of supply chain reduce 50% by March 2028, net zero by 2030	carbon footprint of supply chain	Plan for robust carbon measurement - carbon measurement in new procurement system Sept 2024, targetted approach to non spend based measurement of suppliers	BWPC	Rachael Pemberton BWPC	Glyn Howells	Philip Lewis	£ 130,000	£ 60,000			Carbon measurement to be included in hospitals' new system.															
SCP01.1	Carbon footprint of supply chain	Total carbon footprint of supply chain reduce 50% by March 2028, net zero by 2030	carbon footprint of supply chain	Plan for robust carbon measurement - carbon measurement in new procurement system Sept 2024, targetted approach to non spend based measurement of suppliers	NBT	Rachael Pemberton BWPC	Glyn Howells	Philip Lewis					Carbon measurement included in hospitals' new system.															
SCP01.1	Carbon footprint of supply chain	Total carbon footprint of supply chain reduce 50% by March 2028, net zero by 2030	carbon footprint of supply chain	Plan for robust carbon measurement - carbon measurement in new procurement system Sept 2024, targetted approach to non spend based measurement of suppliers	UHBW	Rachael Pemberton BWPC	Neil Kemsley	Philip Lewis					Carbon measurement included in hospitals' new system.															
SCP01.2	Carbon footprint of supply chain	All new procurement over £5m to ensure suppliers have carbon reductions plans in place from April 2023. Required for all tenders from April 2024	% of required supplier carbon reduction plans in place	Process implemented ensuring suppliers have carbon reductions plans for all tenders	Relevant Partner	AWP BWPC NBT UHBW			£ -	£ -	£ -	£ -	Completed by all April 24									17,687		17,687		17,687		17,687
SCP01.2	Carbon footprint of supply chain	All new procurement over £5m to ensure carbon reductions plans in place from April 2023. Required for all tenders from April 2024	% of required supplier carbon reduction plans in place	Process implemented ensuring Carbon reductions plans for all tenders	AWP	Pippa Mainwaring AWP	Simon Truelove						All tenders via frameworks this year so all suppliers are compliant. Any future full tenders issued will include the need for and evidence of a carbon reduction plan.															
SCP01.2	Carbon footprint of supply chain	All new procurement over £5m to ensure carbon reductions plans in place from April 2023. Required for all tenders from April 2024	% of required supplier carbon reduction plans in place	Process implemented ensuring Carbon reductions plans for all tenders	BWPC	Rachael Pemberton BWPC	Glyn Howells	Philip Lewis					completed April 24															
SCP01.2	Carbon footprint of supply chain	All new procurement over £5m to ensure carbon reductions plans in place from April 2023. Required for all tenders from April 2024	% of required supplier carbon reduction plans in place	Process implemented ensuring Carbon reductions plans for all tenders	NBT	Rachael Pemberton BWPC	Glyn Howells	Philip Lewis					completed April 24															
SCP01.2	Carbon footprint of supply chain	All new procurement over £5m to ensure carbon reductions plans in place from April 2023. Required for all tenders from April 2024	% of required supplier carbon reduction plans in place	Process implemented ensuring Carbon reductions plans for all tenders	UHBW	Rachael Pemberton BWPC	Neil Kemsley	Philip Lewis					completed April 24															
SCP01.3	Carbon footprint of supply chain	All high risk category spend by March 2024 has completed risk assessments as part of category management plan. Carbon requirement toolkit created and embedded in process September 2024	Risk assessments completed	Robust plan to be in place to target all appropriate category spend by March 2024 completed risk assessments for all high risk categories. Carbon requirement toolkit	Relevant Partners	BWPC UHBW NBT			£ -	£ -	£ -	£ -	Risk assessments not completed proposed to get updates from high risk category leads quarterly															
SCP01.3	Carbon footprint of supply chain	All high risk category spend by March 2024 has completed risk assessments as part of category management plan. Carbon requirement toolkit created and embedded in process September 2024	Risk assessments completed	Robust plan to be in place to target all appropriate category spend by March 2024 completed risk assessments for all high risk categories. Carbon requirement toolkit	BWPC	Rachael Pemberton BWPC	Glyn Howells	Philip Lewis					risk assessments not completed proposed to get updates from high risk category leads quarterly															
SCP01.3	Carbon footprint of supply chain	All high risk category spend by March 2024 has completed risk assessments as part of category management plan. Carbon requirement toolkit created and embedded in process September 2024	Risk assessments completed	Robust plan to be in place to target all appropriate category spend by March 2024 completed risk assessments for all high risk categories. Carbon requirement toolkit	NBT	Rachael Pemberton BWPC	Glyn Howells	Philip Lewis					risk assessments not completed proposed to get updates from high risk category leads quarterly															
SCP01.3	Carbon footprint of supply chain	All high risk category spend by March 2024 has completed risk assessments as part of category management plan. Carbon requirement toolkit created and embedded in process September 2024	Risk assessments completed	Robust plan to be in place to target all appropriate category spend by March 2024 completed risk assessments for all high risk categories. Carbon requirement toolkit	UHBW	Rachael Pemberton BWPC	Neil Kemsley	Philip Lewis					risk assessments not completed proposed to get updates from high risk category leads quarterly															
SCP01.4	Carbon footprint of supply chain	One case study tender with carbon footprinting and reduction plan by March 2024. Demonstrated reduction in emissions by March 2025	Tender demonstrating emissions reduction	Influenced high risk category tender to demonstrate emissions reduction. Agreed programme for all high risk category tenders.	Relevant Partners	BWPC			£ -	£ -	£ -	£ -	Case study on waste as tender delayed															

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SCP01.4	Carbon footprint of supply chain	One case study tender with carbon footprinting and reduction plan by March 2024. Demonstrated reduction in emissions by March 2025	Tender demonstrating emissions reduction	Influenced high risk category tender to demonstrate emissions reduction. Agreed programme for all high risk category tenders.	BWPC	Rachael Pemberton BWPC	Glyn Howells	Philip Lewis					Case study on waste as tender delayed															
SCP01.5	Carbon footprint of supply chain	Training plan developed by March 2024 all procurement staff trained in sustainable procurement by Sept 2024	% of procurement staff trained in sustainable procurement	Training plan, all procurement staff trained in sustainable procurement	Relevant Partners	BWPC			£ 20,000	£ 10,000	£ -	£ -	Training package developed			Training plan developed	training	7,861										
SCP01.5	Carbon footprint of supply chain	Training plan developed by March 2024 all procurement staff trained in sustainable procurement by Sept 2024	% of procurement staff trained in sustainable procurement	Training plan, all procurement staff trained in sustainable procurement	BWPC	Rachael Pemberton BWPC	Glyn Howells	Philip Lewis	£ 20,000	£ 10,000			training package developed															
SCP02.1	Positive impact on local economy	All tenders include minimum 10% social value weighting by March 2022 and embedded in contract management March 2024	% of tenders achieving 10% social value weighting. Contract management of social value commitments	All tenders include minimum 10% social value weighting. Social value commitments monitored in contract management	Relevant Partners	BWPC			£ -	£ -	£ -	£ -	Social value weighting included but not embedded in contract management							1,572		1,572		1,572		1,572		1,572
SCP02.1	Positive impact on local economy	social value weighting by March 2022 and embedded in contract management March 2024	social value weighting. Contract management of social value commitments	social value weighting. Social value commitments monitored in contract management	BWPC	Rachael Pemberton BWPC	Glyn Howells	Philip Lewis					Social value weighting included but not embedded in contract															
SCP02.2	Positive impact on local economy	Procurement processes include weighting for local suppliers Sept 2024	% Of spend with micro, small and medium size businesses, social enterprises and voluntary / community organisations	Local supplier procurement process documented	Relevant Partners	BWPC			£ 50,000	£ -	£ -	£ -	Local supplier requirement included in SAP implementation completion by May 25															
SCP02.2	Positive impact on local economy	Procurement processes include weighting for local suppliers Sept	% Of spend with micro, small and medium size businesses,	Local supplier procurement process documented	BWPC	Rachael Pemberton BWPC	Glyn Howells	Philip Lewis	£ 50,000				Local supplier requirement included															
SCP02.3	Positive impact on local economy	Increase local suppliers' access to tenders by March 2025	% Of spend with micro, small and medium size businesses, social enterprises and voluntary / community organisations	Plan to support local suppliers with access to tenders collaboratively with other public sector partners through PiP (Partners in Procurement)	Relevant Partners	BWPC UHBW NBT			£ -	£ -	£ -	£ -	Not started															
SCP02.3	Positive impact on local economy	Increase local suppliers' access to tenders by March 2025	and medium size businesses, social enterprises and voluntary / community organisations	access to tenders collaboratively with other public sector partners through PiP (Partners in Procurement)	BWPC	Rachael Pemberton BWPC	Glyn Howells	Philip Lewis					Not started															
SCP02.3	Positive impact on local economy	Increase local suppliers' access to tenders by March 2025	and medium size businesses, social enterprises and voluntary / community organisations	access to tenders collaboratively with other public sector partners through PiP (Partners in Procurement)	NBT	Rachael Pemberton BWPC	Glyn Howells	Philip Lewis					Not started															
SCP02.3	Positive impact on local economy	Increase local suppliers' access to tenders by March 2025	% Of spend with micro, small and medium size businesses, social enterprises and voluntary	Plan to support local suppliers with access to tenders collaboratively with other public sector partners through	UHBW	Rachael Pemberton BWPC	Neil Kemsley	Philip Lewis					Not started															
SCP02.4	Positive impact on local economy	Engagement with all category leads for procurements identiified as high risk by Sept 2024 (was March 2024)	% Of spend with micro, small and medium size businesses, social enterprises and voluntary / community organisations	Sustainability team engaged with all categories leads - and Trust decision makers for particular procurements identiified as high risk	Relevant Partners	BWPC UHBW NBT			£ -	£ -	£ -	£ -	Sustainability Impact Assessment identifying opportunities. Initial engagement with some category leads															
SCP02.4	Positive impact on local economy	Engagement with all category leads for procurements identiified as high risk by Sept 2024 (was March 2024)	% Of spend with micro, small and medium size businesses, social enterprises and voluntary / community organisations	Sustainability team engaged with all categories leads - and Trust decision makers for particular procurements identiified as high risk	BWPC	BWPC/Nina Davenport UHBW/Megan Murphy NBT/Ned Maynard UHBW	Glyn Howells	Philip Lewis					Initial engagement with some category leads															
SCP02.4	Positive impact on local economy	Engagement with all category leads for procurements identiified as high risk by Sept 2024 (was March 2024)	% Of spend with micro, small and medium size businesses, social enterprises and voluntary / community organisations	Sustainability team engaged with all categories leads - and Trust decision makers for particular procurements identiified as high risk	NBT	BWPC/Nina Davenport UHBW/Megan Murphy NBT/Ned	Glyn Howells	Philip Lewis					SIA identifying opportunities Initial engagement with some category leads															
SCP02.4	Positive impact on local economy	Engagement with all category leads for procurements identiified as high risk by Sept 2024 (was	% Of spend with micro, small and medium size businesses, social enterprises and voluntary	Sustainability team engaged with all categories leads - and Trust decision makers for particular procurements	UHBW	BWPC/Nina Davenport UHBW/Megan	Neil Kemsley	Philip Lewis					Initial engagement with some category leads															
SCP03.1	Reduce single use plastics	Implementation of 3 single use plastics replacement projects by March 2025. 3 projects implemented annually	Number of projects to replace single use plastic items with reusable alternatives implemented	Projects identified. Process for supporting implementation of single use plastics replacement projects. Projects implemented.	Relevant Partners	BWPC UHBW NBT			£ -	£ -	£ -	£ -	Developing unmet needs list from visiting areas and work with NHSSC					96		96		96		96		96		96
SCP03.1	Reduce single use plastics	Implementation of 3 single use plastics replacement projects by March 2025. 3 projects implemented annually	Number of projects to replace single use plastic items with reusable alternatives implemented	Projects identified. Process for supporting implementation of single use plastics replacement projects. Projects implemented.	BWPC	Rachael Pemberton BWPC Sam Willitts ICS	Glyn Howells	Philip Lewis					Unmet needs list shared with NHSSC															
SCP03.1	Reduce single use plastics	Implementation of 3 single use plastics replacement projects by March 2025. 3 projects implemented annually	Number of projects to replace single use plastic items with reusable alternatives implemented	Projects identified. Process for supporting implementation of single use plastics replacement projects. Projects implemented.	NBT	Rachael Pemberton BWPC Sam Willitts ICS	Glyn Howells	Philip Lewis					Developing unmet needs list from visiting areas and work with NHSSC. Identified opportunity to replace single use holloware used in surgery															
SCP03.1	Reduce single use plastics	Implementation of 3 single use plastics replacement projects by March 2025. 3 projects implemented annually	Number of projects to replace single use plastic items with reusable alternatives implemented	Projects identified. Process for supporting implementation of single use plastics replacement projects. Projects implemented.	UHBW	Rachael Pemberton BWPC Sam Willitts ICS	Neil Kemsley	Philip Lewis					Developing unmet needs list from visiting areas and work with NHSSC															
SCP03.2	Reduce single use plastics	Catering single use plastics ban implemented by Oct 2023 (Project 1)	Quantity of catering single use plastic	Catering single use plastics ban implemented. Catering single use plastic reduced	Relevant Partners	BWPC UHBW NBT			£ -	£ -	£ -	£ -	Completed Oct 23			45												
SCP03.2	Reduce single use plastics	Catering single use plastics ban implemented by Oct 2023 (Project 1)	Quantity of catering single use plastic	Catering single use plastics ban implemented. Catering single use plastic reduced	BWPC	Category lead BWPC	Glyn Howells	Philip Lewis					completed Oct 23															
SCP03.2	Reduce single use plastics	Catering single use plastics ban implemented by Oct 2023 (Project 1)	Quantity of catering single use plastic	Catering single use plastics ban implemented. Catering single use plastic reduced	NBT	Category lead BWPC	Glyn Howells	Philip Lewis					completed Oct 23															
SCP03.2	Reduce single use plastics	Catering single use plastics ban implemented by Oct 2023 (Project 1)	Quantity of catering single use plastic	Catering single use plastics ban implemented. Catering single use plastic reduced	UHBW	Category lead BWPC	Neil Kemsley	Philip Lewis					completed Oct 23															
SCP03.3	Reduce single use plastics	Single use plastic free staff and patient catering	Quantity of catering single use plastic	Adopt reusable alternatives for catering provision Incentivise staff to use reusable food and drink packaging	Relevant Partners	Catering, UHBW, NBT							Single use replacement report created for NBT but not implemented															
Medicines		Target	Measure	Deliverables	Relevant Partners	Organisation						£ 40,302,360	RAG Update	106620														
Core	**Carbon footprint of medicines net zero by 2030**	**Carbon footprint of medicines net zero by 2030**		**Improvement on carbon footprint from soley spend based approach**	**Relevant Partners**	**Emily Knight ICB**									106620	106501	106501	106501	106501	104262	104262	92140	92140	79122	79122	66999	66999	52757
M01.1	Reduce anti-depressants	Reduce anti-depressant prescriptions where appropriate by increasing Green Social Prescribing offer	The number of people who access a nature and health intervention, and measure the percentage of those people	Core staff in place to increase the number of people who access a nature and health intervention Nature & Health interventions	Relevant Partners	AWP ICB NBT Primary Care Sirona UHBW VCSE			£ -	£ 140,000	£ -	£ -	Green social prescribing funded 24/25															
M01.1	Reduce anti-depressants	Reduce anti-depressant prescriptions where appropriate by increasing Green Social Prescribing offer	The number of people who access a nature and health intervention, and measure the percentage of those people reporting reduced anxiety	Core staff in place to increase the number of people who access a nature and health intervention Nature & Health interventions delivered Training and networks established Development of resources website Baseline data and reduction target established 2025	AWP	TBC	Sarah Constantine						completed website 23, green social prescribing funded 24/25															
M01.1	Reduce anti-depressants	Reduce anti-depressant prescriptions where appropriate by increasing Green Social Prescribing offer	The number of people who access a nature and health intervention, and measure the percentage of those people reporting reduced anxiety	Core staff in place to increase the number of people who access a nature and health intervention Nature & Health interventions delivered Training and networks established Development of resources website Baseline data and reduction target established 2025	ICB	TBC	Joanne Medhurst						completed website 23, green social prescribing funded 24/25															
M01.1	Reduce anti-depressants	Reduce anti-depressant prescriptions where appropriate by increasing Green Social Prescribing offer	The number of people who access a nature and health intervention, and measure the percentage of those people reporting reduced anxiety	Core staff in place to increase the number of people who access a nature and health intervention Nature & Health interventions delivered Training and networks established Development of resources website Baseline data and reduction target established 2025	NBT	TBC	Tim Whittlestone			£ 140,000			completed website 23, green social prescribing funded 24/25															

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M01.1	Reduce anti-depressants	Reduce anti-depressant prescriptions where appropriate by increasing Green Social Prescribing offer	The number of people who access a nature and health intervention, and measure the percentage of those people reporting reduced anxiety	Core staff in place to increase the number of people who access a nature and health intervention Nature & Health interventions delivered Training and networks established Development of resources website Baseline data and reduction target established 2025	Primary care	TBC							completed website 23, green social prescribing funded 24/25															
M01.1	Reduce anti-depressants	Reduce anti-depressant prescriptions where appropriate by increasing Green Social Prescribing offer	The number of people who access a nature and health intervention, and measure the percentage of those people reporting reduced anxiety	Core staff in place to increase the number of people who access a nature and health intervention Nature & Health interventions delivered Training and networks established Development of resources website Baseline data and reduction target established 2025	Sirona	Steve Spiers							completed website 23, green social prescribing funded 24/25. Green Pharmacist due to start and will be looking to make contact in Q2 of this year.															
M01.1	Reduce anti-depressants	Reduce anti-depressant prescriptions where appropriate by increasing Green Social Prescribing offer	The number of people who access a nature and health intervention, and measure the percentage of those people reporting reduced anxiety	Core staff in place to increase the number of people who access a nature and health intervention Nature & Health interventions delivered Training and networks established Development of resources website Baseline data and reduction target established 2025	UHBW	TBC	Rebecca Maxwell						completed website 23, green social prescribing funded 24/25															
M01.1	Reduce anti-depressants	Reduce anti-depressant prescriptions where appropriate by increasing Green Social Prescribing offer	The number of people who access a nature and health intervention, and measure the percentage of those people reporting reduced anxiety	Core staff in place to increase the number of people who access a nature and health intervention Nature & Health interventions delivered Training and networks established Development of resources website Baseline data and reduction target established 2025	VCSE Alliance	TBC	Joanne Medhurst						completed website 23, green social prescribing funded 24/25															
M02.1	Reduce carbon footprint from anaesthetic gases	Reduce carbon footprint from anaesthetic gases as far as possible in order to reduce abatement cost to get to net zero by 2030. Decommission Desflurane by 2024 in line with NHSE mandate	Carbon footprint associated with anaesthetic gases	Plans for removals of manifolds in each area in acute hospitals, Switch to low carbon alternatives, Reducing Waste. Desflurane no longer used Reduction target established 2025	Relevant Partners	UHBW NBT			£ -	£ -	£ -	£ -	Completed Desflurane mandate 23, manifolds decommissioned where possible			119												
M02.1	Reduce carbon footprint from anaesthetic gases	Reduce carbon footprint from anaesthetic gases as far as possible in order to reduce abatement cost to get to net zero by 2030. Decommission Desflurane by 2024 in line with NHSE mandate	Carbon footprint associated with anaesthetic gases	Plans for removals of manifolds in each area in acute hospitals, Switch to low carbon alternatives, Reducing Waste. Desflurane no longer used Reduction target established 2025	NBT	Ned Maynard UHBW, Megan Murphy NBT	Tim Whittlestone	Andrew Smith					manifolds will still be used until alternatives to entonox are used															
M02.1	Reduce carbon footprint from anaesthetic gases	Reduce carbon footprint from anaesthetic gases as far as possible in order to reduce abatement cost to get to net zero by 2030. Decommission	Carbon footprint associated with anaesthetic gases	Plans for removals of manifolds in each area in acute hospitals, Switch to low carbon alternatives, Reducing Waste. Desflurane no longer used Reduction target established 2025	UHBW	Ned Maynard UHBW, Megan Murphy NBT	Rebecca Maxwell						manifolds for Nox decomissioned where possible															
M02.2	Reduce carbon footprint from anaesthetic gases	Reduce carbon footprint from anaesthetic gases as far as possible in order to reduce abatement cost to get to net zero by 2030.	Carbon footprint associated with anaesthetic gases	Nitrous oxide destruction unit requirements identified and costed , Volatiles capture equipment installed	Relevant Partners	NBT UHBW			£ 1,734,200	£ 80,000	£ -	-£ 1,386,001	High costs exceed benefits consider alternative approaches											896				4,358
M02.2	Reduce carbon footprint from anaesthetic gases	Reduce carbon footprint from anaesthetic gases as far as possible in order to reduce abatement cost to get to net zero by 2030.	Carbon footprint associated with anaesthetic gases	Nitrous oxide destruction unit requirements identified and costed, Volatiles capture equipment installed	NBT	Megan Murphy NBT	Tim Whittlestone	Andrew Smith	£ 931,200			-£ 730,814	business case developed but not submitted costs likely to have increased. Planning endoscopy mobile destruction unit trial.															
M02.2	Reduce carbon footprint from anaesthetic gases	Reduce carbon footprint from anaesthetic gases as far as possible in order to reduce abatement cost to get to net zero by 2030.	Carbon footprint associated with anaesthetic gases	Nitrous oxide destruction unit requirements identified and costed , Volatiles capture equipment installed	UHBW	Ned Maynard UHBW	Rebecca Maxwell		£ 803,000	£ 80,000		-£ 655,187	revenue cost for captured volatiles prohibitive															
M03.1	Lower carbon emissions from inhaler use	Achieve SABA MDI use to be 75% low carbon , Preventer use to be 70% lower carbon and 30% v high carbon as per NHSBSA respiratory carbon dashboard by 2025.	Carbon footprint associated with inhalers	Lower carbon inhaler switching project to achieve takeup of lower carbon inhalers	Relevant Partners	General Practice, Medicines Optimisation			£ -	£ -	£ -	£ -	Some GP initiatives but no central funded respiratory project for coordination in 24/25. Awaiting NICE guidance							2238.3		2238.3		2238.3		2238.3		
M03.1	Lower carbon emissions from inhaler use	75% low carbon SABA MDI use, 70% lower carbon preventer use and 30% v high carbon preventer use as per NHSBA respiratory carbon dashboard by 2025.	Carbon footprint associated with inhalers	Lower carbon inhaler switching project to achieve takeup of lower carbon inhalers	General Practice	Emily Knight ICB	Joanne Medhurst						Some GP initiatives but no central funded respiratory project for coordination in 24/25. Awaiting NICE guidance															
M03.1	Lower carbon emissions from inhaler use	75% low carbon SABA MDI use, 70% lower carbon preventer use and 30% v high carbon preventer use as per NHSBA respiratory carbon dashboard by 2025.	Carbon footprint associated with inhalers	Lower carbon inhaler switching project to achieve takeup of lower carbon inhalers	Medicines Optimisation	Emily Knight ICB	Joanne Medhurst						Some GP initiatives but no central funded respiratory project for coordination in 24/25. Awaiting NICE guidance															
M04.1	Carbon reduction plans for new medicines contracts	100% of new medicines contracts have supplier carbon reduction plan as tendered and awarded from April 2024	% of New or renewed contracts with suppliers who have a plan to take their operations to net zero by 2030	Carbon reduction plans from suppliers received and assessed and approved	Relevant Partners	Pharmacy - all partners			£ -	£ -	£ -	£ -	Pharmaceuticals excluded from carbon reduction plan requirements by NHSE. However wholesalers are providing sustainability commitments									9884.3		9884.3		9884.3		9884.25
M04.1	Carbon reduction plans for new medicines contracts	100% of new medicines contracts have supplier carbon reduction plan as tendered and awarded from April 2024	% of New or renewed contracts with suppliers who have a plan to take their operations to net zero by 2030	Carbon reduction plans from suppliers received and assessed and approved	Pharmacy - all partners	Emily Knight ICB	Joanne Medhurst						Pharmaceuticals excluded from carbon reduction plan requirements by NHSE. However wholesalers are providing sustainability commitments															
Estates & Facilities		Target	Measure	Deliverables	Relevant Partners	Organisation						£ 28,996,380	Update RAG	76710														
Core	**Carbon footprint of estates 80% by 2028 net zero by 2030**	**Carbon footprint of estates 80% by 2028 net zero by 2030**			**Relevant Partners**	**Ned Maynard UHBW**									76710	76710	76710	76238	76238	71152	71152	66066	66066	11020	11020	5934	5934	848
EF01.1	Estate decarbonisation	Site specific costed decarbonisation plans to achieve 80% by 2028, Net zero by 2030 for all sites by March 2025	% of sites with costed decarbonisation plan	Site specific costed decarbonisation plans	Relevant Partners	AWP NBT Primary Care Sirona UHBW			£ -	£ 760,000	£ -	£ -	Progress for some sites. Funding required for developing fully costed plans. LCSF bids ongoing but only some successful.		Bids				Consultation									
EF01.1	Estate decarbonisation	Costed decarbonisation plans (to achieve 80% by 2028, Net zero by 2030) for all sites by March 2025	% of sites with costed decarbonisation plan	Site specific costed decarbonisation plans	UHBW	Ned Maynard UHBW	Neil Kemsley	Andy Jeanes		£ 500,000			We can't cost this properly until we understand the operating temperatures we can achieve which will require testing over next couple of years.															
EF01.1	Estate decarbonisation	Costed decarbonisation plans (to achieve 80% by 2028, Net zero by 2030) for all sites by March 2024	% of sites with costed decarbonisation plan	Site specific costed decarbonisation plans	NBT	Xavier Hammersly, NBT	Glyn Howells	Tony Hudgell					Completed for PFI and some of retained estate waiting for LCSF funding for further sites															

09.2 Appendix 2 Green Plan Delivery Plan V3.1

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EF01.1	Estate decarbonisation	Costed decarbonisation plans (to achieve 80% by 2028, Net zero by 2030) for all sites by March 2025	% of sites with costed decarbonisation plan	Site specific costed decarbonisation plans	AWP	Luke Champion AWP	Simon Truelove	Martyn Ward	—	£ 160,000			Notified on 05/07/2024 that LCSF application for this was unsuccessful
EF01.1	Estate decarbonisation	Costed decarbonisation plans (to achieve 80% by 2028, Net zero by 2030) for all sites by March 2025	% of sites with costed decarbonisation plan	Site specific costed decarbonisation plans	Primary Care	None				£ 100,000			Surveys completed for 25 GP practices
EF01.1	Estate decarbonisation	Costed decarbonisation plans (to achieve 80% by 2028, Net zero by 2030) for all sites by March 2025	% of sites with costed decarbonisation plan	Site specific costed decarbonisation plans	Sirona	None	Laks Khangura	Jessica Burston					114 sites Pushing NHSPS are making progress
EF01.2	Estate decarbonisation	Gas and oil carbon footprint cut to UKETS allowance level by 2026	Carbon cost charges UK emissions trading scheme	carbon emissions reduced to level that does not incur UKETS penalties	Relevant Partners	NBT UHBW			£ -	£ -	-£ 266,297	£ -	Unachieveable without CHP removal at UHBW
EF01.2	Estate decarbonisation	Gas and oil carbon footprint cut to UKETS allowance level by 2026	Carbon cost charges UK emissions trading scheme	carbon emissions reduced to level that does not incur UKETS penalties	NBT	Xavier Hammersley NBT	Glyn Howells	Tony Hudgell			-£ 65,490		Implementing Salix and system funded projects
EF01.2	Estate decarbonisation	Gas and oil carbon footprint cut to UKETS allowance level by 2026	Carbon cost charges UK emissions trading scheme	carbon emissions reduced to level that does not incur UKETS penalties	UHBW	Tatiana Iona UHBW	Neil Kemsley	Andy Jeanes			-£ 200,807		Implementing Salix and system funded projects, yet this won't be enough to reduce emissions to UK ETS allowance level
EF01.3	Estate decarbonisation	Off balance sheet energy decarbonisation funding model approved by 2026	Funding model approved by CFOs, Auditors, Treasury, ONS	Compliant funding model for decarbonisation that enables 3rd party funding	Relevant Partner	ICS-wide			£ -	£ -	£ -	£ -	Engaging stakeholders Discussions of potential models to test are ongoing
EF01.3	Estate decarbonisation	Off balance sheet energy decarbonisation funding model approved by 2026	Funding model approved by CFOs, Auditors, Treasury, ONS	Funding model for decarbonisation	ICS-wide	Tricia Down NBT	Glyn Howells	Tricia Down					Engaging stakeholders Discussions of potential models to test are ongoing
EF01.4	Estate decarbonisation	Decarbonised heat solutions installed by 2028	Carbon cost charges UK emissions trading scheme	decarbonised heat solutions installed	Relevant Partners	AWP NBT Primary Care Sirona UHBW			£ 165,653,626	£ -	-£ 294,471	-£ 10,263,834	Dependent on decarbonisation plans and funding
EF01.4	Estate decarbonisation	Decarbonised heat solutions installed by 2028	Carbon cost charges UK emissions trading scheme	decarbonised heat solutions installed	AWP	Luke Champion AWP	Simon Truelove	Martyn Ward	£ 57,391,000			-£ 1,573,236	Dependent on decarbonisation plans and funding
EF01.4	Estate decarbonisation	Decarbonised heat solutions installed by 2028	Carbon cost charges UK emissions trading scheme	decarbonised heat solutions installed	NBT	Xavier Hammersley NBT	Glyn Howells	Tony Hudgell	£ 52,392,626		-£ 294,471	-£ 1,934,982	Dependent on decarbonisation plans and funding
EF01.4	Estate decarbonisation	Decarbonised heat solutions installed by 2028	Carbon cost charges UK emissions trading scheme	decarbonised heat solutions installed	Primary care	TBC							Dependent on decarbonisation plans and funding
EF01.4	Estate decarbonisation	Decarbonised heat solutions installed by 2028	Carbon cost charges UK emissions trading scheme	decarbonised heat solutions installed	Sirona	NHSPS							Dependent on decarbonisation plans and funding
EF01.4	Estate decarbonisation	Decarbonised heat solutions installed by 2028	Carbon cost charges UK emissions trading scheme	decarbonised heat solutions installed	UHBW	Tatiana Iona UHBW	Neil Kemsley	Andy Jeanes	£ 55,870,000			-£ 6,755,616	Dependent on decarbonisation plans and funding
EF01.5	Estate decarbonisation	Electrical capacity assessment and upgrade cost completed by March 2025	Electrical capacity required and costs	Electrical capacity assessment and known upgrade cost eg. Heat pumps, EV charging	Relevant Partners	AWP NBT Sirona UHBW			£ 5,768,000	£ -	£ -	£ -	Dependent on decarbonisation plans and funding
EF01.5	Estate decarbonisation	Electrical capacity assessment and upgrade cost completed by March 2025	Electrical capacity required and costs	Electrical capacity assessment and upgrade cost eg. Heat pumps, EV charging	AWP	Luke Champion AWP	Simon Truelove	Martyn Ward	£ 768,000				Dependent on decarbonisation plans and funding
EF01.5	Estate decarbonisation	Electrical capacity assessment and upgrade cost completed by March 2025	Electrical capacity required and costs	Electrical capacity assessment and upgrade cost eg. Heat pumps, EV charging	NBT	Xavier Hammersley NBT	Glyn Howells	Tony Hudgell	£ 2,000,000				Dependent on decarbonisation plans and funding
EF01.5	Estate decarbonisation	Electrical capacity assessment and upgrade cost completed by March 2025	Electrical capacity required and costs	Electrical capacity assessment and upgrade cost eg. Heat pumps, EV charging	Sirona	TBC							Dependent on decarbonisation plans and funding
EF01.5	Estate decarbonisation	Electrical capacity assessment and upgrade cost completed by March 2025	Electrical capacity required and costs	Electrical capacity assessment and upgrade cost eg. Heat pumps, EV charging	UHBW	Tatiana Iona UHBW	Neil Kemsley	Andy Jeanes	£ 3,000,000				We won't know the required electrical capacity until we have firm mechanical plans for heat decarb solutions
EF01.6	Estate decarbonisation	switched from diesel to HVO for backup heat and power by 2025	% of back up switched to HVO	switched from diesel to HVO for backup heat and power	Relevant Partners	UHBW AWP			£ -	£ -	£ -	£ -	NBT and AWP converted (AWP for non PFI sites only at this stage). UHBW will hopefully convet this
EF01.6	Estate decarbonisation	Switched from diesel to HVO for backup heat and power by March 2025	% of back up switched to HVO	Report on the case for switching. Achieved switch from diesel to HVO for backup heat and power	UHBW	Tatiana Iona UHBW	Neil Kemsley	Andy Jeanes					Assessing how best to achieve
EF01.7	Estate decarbonisation	Renewable electricity supply to all sites by March 2028	% of electrical supply is from renewable sources	renewable electricity supply for all sites, grid, onsite renewables, PPA - sleaving arrangements CCS	Relevant Partners	AWP ICB NBT Primary Care Sirona UHBW			£ -	£ -	£ -	£ -	Realiant on decarbonisation of national grid
EF01.7	Estate decarbonisation	Renewable electricity supply to all sites by March 2028	% of electrical supply is from renewable sources	renewable electricity supply for all sites, grid, onsite renewables, PPA - sleaving arrangements CCS	AWP	Luke Champion AWP	Simon Truelove	Martyn Ward					Realiant on decarbonisation of national grid
EF01.7	Estate decarbonisation	Renewable electricity supply to all sites by March 2028	% of electrical supply is from renewable sources	renewable electricity supply for all sites, grid, onsite renewables, PPA - sleaving arrangements CCS	ICB		Sarah Truelove						Realiant on decarbonisation of national grid
EF01.7	Estate decarbonisation	Renewable electricity supply to all sites by March 2028	% of electrical supply is from renewable sources	renewable electricity supply for all sites, grid, onsite renewables, PPA - sleaving arrangements CCS	NBT	Xavier Hammersley NBT	Glyn Howells	Tony Hudgell					Realiant on decarbonisation of national grid
EF01.7	Estate decarbonisation	Renewable electricity supply to all sites by March 2028	% of electrical supply is from renewable sources	renewable electricity supply for all sites, grid, onsite renewables, PPA - sleaving arrangements CCS	Primary care								Realiant on decarbonisation of national grid
EF01.7	Estate decarbonisation	Renewable electricity supply to all sites by March 2028	% of electrical supply is from renewable sources	renewable electricity supply for all sites, grid, onsite renewables, PPA - sleaving arrangements CCS	Sirona		Laks Khangura	Jessica Burston					Realiant on decarbonisation of national grid
EF01.7	Estate decarbonisation	Renewable electricity supply to all sites by March 2028	% of electrical supply is from renewable sources	renewable electricity supply for all sites, grid, onsite renewables, PPA - sleaving arrangements CCS	UHBW	Tatiana Iona UHBW	Neil Kemsley	Tony Hudgell					Realiant on decarbonisation of national grid
EF01.8	Estate decarbonisation	Adopted Standard specification for ICS including net zero buildings standard principles by March 2025	Standard specification in use	Developed Standard specification for ICS including net zero buildings standard principles	Relevant Partners	AWP ICB NBT Primary Care Sirona UHBW			£ -	£ -	£ -	£ -	Standard drafted and consulted. To organisations approval and implementation
EF01.8	Estate decarbonisation	Adopted Standard specification for ICS including net zero buildings standard principles by March 2025	Standard specification in use	Developed Standard specification for ICS including net zero buildings standard principles	AWP	Tricia Down NBT							Standard drafted and consulted. To organisations approval and implementation
EF01.8	Estate decarbonisation	Adopted Standard specification for ICS including net zero buildings standard principles by March 2025	Standard specification in use	Developed Standard specification for ICS including net zero buildings standard principles	ICB	Tricia Down NBT	Sarah Truelove						Standard drafted and consulted. To organisations approval and implementation
EF01.8	Estate decarbonisation	Adopted Standard specification for ICS including net zero buildings standard principles by March 2025	Standard specification in use	Developed Standard specification for ICS including net zero buildings standard principles	NBT	Tricia Down NBT	Glyn Howells	Tricia Down					Standard drafted and consulted. To organisations approval and implementation. Drafted NBT specific Sustainable Design Guide.
EF01.8	Estate decarbonisation	Adopted Standard specification for ICS including net zero buildings standard principles by March 2025	Standard specification in use	Developed Standard specification for ICS including net zero buildings standard principles	Primary care	Tricia Down NBT							Standard drafted and consulted. To organisations approval and implementation
EF01.8	Estate decarbonisation	Adopted Standard specification for ICS including net zero buildings standard principles by March 2025	Standard specification in use	Developed Standard specification for ICS including net zero buildings standard principles	Sirona	Tricia Down NBT	Laks Khangura	Jessica Burston					Standard drafted and consulted. To organisations approval and implementation

EF01.8	Estate decarbonisation	Adopted Standard specification for ICS including net zero buildings standard principles by March 2025	Standard specification in use	Developed Standard specification for ICS including net zero buildings standard principles	UHBW	Tricia Down NBT	Neil Kemsley	Andy Jeanes					Standard drafted and consulted. To organisations approval and implementation			
EF01.9	Estate decarbonisation	F gas decarbonisation strategy by March 2025	F gas decarbonisation strategy approved	ICS wide strategy for decarbonising F gases	Relevant Partners	AWP ICB NBT Primary Care Sirona UHBW			£ -	£ -	£ -	£ -	Unable to start due to lack of data and resource	Retrieve data from Estates	Leak detection policy	
EF01.9	Estate decarbonisation	F gas decarbonisation strategy by March 2025	F gas decarbonisation strategy approved	Strategy for decarbonising F gases	AWP		Simon Truelove	Martyn Ward					Not started			
EF01.9	Estate decarbonisation	F gas decarbonisation strategy by March 2025	F gas decarbonisation strategy approved	ICS wide strategy for decarbonising F gases	ICB		Sarah Truelove						Unable to start due to lack of data and resource			
EF01.9	Estate decarbonisation	F gas decarbonisation strategy by March 2025	F gas decarbonisation strategy approved	Strategy for decarbonising F gases	NBT	Dan Perham NBT	Glyn Howells	Tony Hudgell					Not started			
EF01.9	Estate decarbonisation	F gas decarbonisation strategy by March 2025	F gas decarbonisation strategy approved	Strategy for decarbonising F gases	Primary care								Unable to start due to lack of data and resource			
EF01.9	Estate decarbonisation	F gas decarbonisation strategy by March 2025	F gas decarbonisation strategy approved	Strategy for decarbonising F gases	Sirona		Laks Khangura	Jessica Burston					Unable to start due to lack of data and resource			
EF01.9	Estate decarbonisation	F gas decarbonisation strategy by March 2025	F gas decarbonisation strategy approved	Strategy for decarbonising F gases	UHBW	Ned Maynard UHBW	Neil Kemsley	Andy Jeanes					Unable to start due to lack of data and resource			
EF02.0	Estate decarbonisation	Implement energy efficiency measures Carbon footprint 80% by 2028, Net zero by 2030	Carbon cost charges UK emissions trading scheme	Implement energy efficiency: double-glazing, insulation, LED lighting upgrades, PV	Relevant Partners	AWP NBT Primary Care Sirona UHBW			£ 32,741,500	£ -	-£ 7,448,536	-£ 1,948,968	£3M System decarbonisation capital allocated enabling grant funding. Further capital will be required			20,376
EF02.0	Estate decarbonisation	Implement energy efficiency measures Carbon footprint 80% by 2028, Net zero by 2030	Carbon cost charges UK emissions trading scheme	Implement energy efficiency: double-glazing, insulation, LED lighting upgrades, PV	AWP	Luke Champion AWP	Simon Truelove	Martyn Ward	£ 1,939,000		-£ 306,000		£3M System decarbonisation capital allocated enabling grant funding. Further capital will be required. Currently running tenders for solar PV for 2 x sites - estimated value approx £110k) and RIBA4 final design for heat pumps at Fountain Way - estimated value approx £80-100k			
EF02.0	Estate decarbonisation	Implement energy efficiency measures Carbon footprint 80% by 2028, Net zero by 2030	Carbon cost charges UK emissions trading scheme	Implement energy efficiency: lowering temperatres, double-glazing, insulation, LED lighting upgrades, PV	NBT	Xavier Hammersley NBT	Glyn Howells	Tony Hudgell	£ 15,401,250		-£ 3,571,268	-£ 974,484	£3M System decarbonisation capital allocated enabling grant funding. Further capital will be required			
EF02.0	Estate decarbonisation	Implement energy efficiency measures Carbon footprint 80% by 2028, Net zero by 2030	Carbon costs	Implement energy efficiency: double-glazing, insulation, LED lighting upgrades	Primary care	TBC							Surveys completed for 25 GP practices			
EF02.0	Estate decarbonisation	Implement energy efficiency measures Carbon footprint 80% by 2028, Net zero by 2030	Carbon costs	Implement energy efficiency: double-glazing, insulation, LED lighting upgrades	Sirona	TBC	Laks Khangura	Jessica Burston					Dependent on NHS property services			
EF02.0	Estate decarbonisation	Implement energy efficiency measures Carbon footprint 80% by 2028, Net zero by 2030	Carbon cost charges UK emissions trading scheme	Implement energy efficiency: lowering temperatures, pump upgrades, double-glazing, insulation, LED lighting upgrades	UHBW	Tatiana Iona UHBW	Neil Kemsley	Andy Jeanes	£ 15,401,250		-£ 3,571,268	-£ 974,484	£3M System decarbonisation capital allocated enabling grant funding. Further capital will be required			
Digital																
Core	**Net zero digital provision by 2030**		**Carbon footprint of digital services**		**Relevant Partners**	**Transformation TBC**										
D01.1	Outpatient care and appointments delivered digitally	Baseline of current non F2F OP appts confirmed by June 2024	% of outpatient care and Primary care appointments non-face to face	Baseline of current non F2F OP appts	Relevant Partners	NBT Primary Care UHBW			£ -	£ -	£ -	£ -	Completed May 24			
D01.1	Outpatient care and appointments delivered digitally	Baseline of current non F2F OP appts confirmed by June 2024	% of outpatient care and Primary care appointments non-face to face	Baseline of current non F2F OP appts	NBT	NBT outpatients lead							Completed May 24 Need to identify clinicians			
D01.1	Outpatient care and appointments delivered digitally	Baseline of current non F2F OP appts confirmed by June 2024	% of outpatient care and Primary care appointments non-face to face	Baseline of current non F2F OP appts	Primary Care	TBC							Lead to be identified			
D01.1	Outpatient care and appointments delivered digitally	Baseline of current non F2F OP appts confirmed by June 2024	% of outpatient care and Primary care appointments non-face to face	Baseline of current non F2F OP appts	UHBW	Job Wooster UHBW							Completed May 24			
D01.2	Outpatient care and appointments delivered digitally	Minimum of 30% outpatient care non-face-to-face and increasing our proportion of primary care appointments delivered digitally	% of outpatient care and Primary care appointments non-face to face	Barriers to conversion to Non F2F identified	Relevant Partners	NBT Primary Care UHBW			£ -	£ -	£ -	£ -	Transformation leads identified			
D01.2	Outpatient care and appointments delivered digitally	Minimum of 30% outpatient care non-face-to-face	% of outpatient care and Primary care appointments non-face to face	Barriers to conversion to Non F2F identified	NBT	TBC							Lead to be identified			
D01.2	Outpatient care and appointments delivered digitally	Increasing our proportion of primary care appointments delivered digitally	% of outpatient care and Primary care appointments non-face to face	Barriers to conversion to Non F2F identified	Primary Care	TBC							Lead to be identified			
D01.2	Outpatient care and appointments delivered digitally	Minimum of 30% outpatient care non-face-to-face	% of outpatient care and Primary care appointments non-face to face	Barriers to conversion to Non F2F identified	UHBW	TBC							Lead to be identified			
D02.1	Fully paperless	Paper reduced against baseline each year Fully paperless by March 2026	Paper tonnage against baseline	Calculate baseline paper consumption	Relevant Partners	BWPC NBT UHBW			£ -	£ -	£ -	£ -	Baseline data received From BWPC			
D02.1	Fully paperless	Paper reduced against baseline each year Fully paperless by march 2026	Paper tonnage against baseline	Calculate baseline paper consumption	BWPC	TBC	Neil Darvill						Baseline data received From BWPC			
D02.1	Fully paperless	Paper reduced against baseline each year Fully paperless by march 2026	Paper tonnage against baseline	Calculate baseline paper consumption	NBT	TBC	Neil Darvill						Baseline data received From BWPC			
D02.1	Fully paperless	Paper reduced against baseline each year Fully paperless by march 2026	Paper tonnage against baseline	Calculate baseline paper consumption	UHBW	TBC	Neil Darvill						Baseline data received From BWPC			
D02.2	Fully paperless	each year Fully paperless by March 2026	Paper tonnage against baseline	Digitalisation strategy	Relevant Partners	TBC			£ -	£ -	£ -	£ -	Lead to be identified			
D02.2	Fully paperless	Paper reduced against baseline each year Fully paperless by march 2026	Paper tonnage against baseline	Digitalisation strategy	TBC	TBC	Neil Darvill						Lead to be identified			
D02.2	Fully paperless	Paper reduced against baseline each year Fully paperless by march 2026	Paper tonnage against baseline	Implement digitalisation strategy	TBC	TBC	Neil Darvill						Lead to be identified			
D03.1	Decarbonise digital storage	Decarbonisation strategy by March 2025	Measure server / data centre usage	Develop strategy to decarbonise inhouse and outsourced	Relevant Partners	TBC			£ -	£ -	£ -	£ -	Lead to be identified			
D03.1	Decarbonise digital storage	Decarbonisation strategy by March 2025	Measure server / data centre usage	Develop strategy to decarbonise inhouse and outsourced	TBC	Phill Wade? NBT	Neil Darvill						Lead to be identified			
D03.2	Decarbonise digital storage	Decarbonisation strategy by March 2025	Measure server / data centre usage	to run off renewables and use heat recovery technology	Relevant Partners	TBC			£ -	£ -	£ -	£ -	Lead to be identified			
D03.2	Decarbonise digital storage	Decarbonisation strategy by March 2025	Measure server / data centre usage	Outsourced servers and data centres to run off renewables and use heat recovery technology	TBC	Phill Wade? NBT	Neil Darvill						Lead to be identified			
Sustainable Healthcare																
Core SMC01	**Net zero provision of care by 2030**		**Number of planning and operational processes**	**Sustainablity embedded in ICB gateway review process**	**Relevant Partners**	**Sam Willitts ICS**			–							
SMC01.1	Sustainability Impact Assessment with carbon costing	SIA developed for whole system by March 2024	SIA produced	SIA developed for whole system	Relevant Partners	ICS-wide			£ -	£ -	£ -	£ -	Completed and updated with biodiversity and social value May 24			

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SMC01.1	Sustainability Impact Assessment with carbon costing	SIA developed for whole system by March 2024	SIA produced	SIA developed for whole system	ICS-wide	Megan Murphy NBT	Glyn Howells	Tricia Down					Completed and updated with biodiversity and social value May 24
SMC01.2	Sustainability Impact Assessment with carbon costing	SIA in use across the system by September 2024	% of organisations using SIA	Roll out of SIA across the system	Relevant Partner	AWP ICB NBT Sirona UHBW			£ -	£ -	£ -	£ -	Implemented at NBT and ICB. Shared with
SMC01.2	Sustainability Impact Assessment with carbon costing	SIA in use across the system by September 2024	SIA in use	Roll out of SIA across the system	AWP	Sam Willitts ICS	Simon Truelove	Martyn Ward					Shared with organisations, needs organisation Exec sponsor to support
SMC01.2	Sustainability Impact Assessment with carbon costing	SIA in use across the system by September 2024	SIA in use	Roll out of SIA across the system	ICB	Sam Willitts ICS	Sarah Truelove						Shared with organisations, needs organisation Exec sponsor to support
SMC01.2	Sustainability Impact Assessment with carbon costing	SIA in use across the system by September 2024	SIA in use	Roll out of SIA across the system	NBT	Sam Willitts ICS	Glyn Howells	Elizabeth Poskitt					SIA being used, review process and governance not yet established
SMC01.2	Sustainability Impact Assessment with carbon costing	SIA in use across the system by September 2024	SIA in use	Roll out of SIA across the system	Sirona	Sam Willitts ICS	Laks Khangura	Jessica Burston					Shared with organisations, needs organisation Exec sponsor to support
SMC01.2	Sustainability Impact Assessment with carbon costing	SIA in use across the system by September 2024	SIA in use	Roll out of SIA across the system	UHBW	Sam Willitts ICS	Neil Kemsley						Shared with organisations, needs organisation Exec sponsor to support
SMC01.3	Sustainability Impact Assessment with carbon costing	Sustainability Impact Assessment with carbon costing included in all business cases	% Of business cases with a sustainable impact assessment and carbon assessment	Sustainability Impact Assessment with carbon costing included in all business cases	Relevant Partners	NBT UHBW			£ -	£ -	£ -	£ -	Established at NBT proposed at UHBW (needs exec sponsor
SMC01.3	Sustainability Impact Assessment with carbon costing	Sustainability Impact Assessment with carbon costing included in all business cases over £100k by March 2024	% Of business cases with a sustainable impact assessment and carbon assessment against baseline for business case	Sustainability Impact Assessment with carbon costing included in all business cases	NBT	Megan Murphy NBT	Glyn Howells	Elizabeth Poskitt					Completed May 24, need supplier engagement to refine
SMC01.3	Sustainability Impact Assessment with carbon costing	Sustainability Impact Assessment with carbon costing included in all business cases over £100k by September 2024	% Of business cases with a sustainable impact assessment and carbon assessment against baseline for business case	Sustainability Impact Assessment with carbon costing included in all business cases	UHBW	Ned Maynard UHBW	Neil Kemsley						Shared with organisation, needs organisation Exec sponsor to support.
SMC02.1	Carbon insetting	Business case process includes carbon insetting by July 2024	Value of carbon inset penalties	Payment of Inset scheme costs	Relevant Partners	NBT			£ -	£ -	£ -	£ -	Insetting principle agreed.
SMC02.1	Carbon insetting	Business case process includes carbon insetting by July 2024	Value of carbon inset penalties	Set carbon baselines and policy of no greater carbon emissions in any B/C. Payment of Inset scheme costs permissible.	NBT	Megan Murphy NBT	Glyn Howells	Elizabeth Poskitt					Insetting principle agreed.
SMC02.2	Carbon insetting	Schedule of carbon inset schemes by July 2024	Carbon reduction from carbon inset schemes implemented	carbon inset schemes schedule. Inset schemes implemented	Relevant Partners	NBT			£ -	£ -	£ -	£ -	Decarbonisation capital prioritisation has identified inset schemes. Insetting for other business cases not agreed
SMC02.2	Carbon insetting	Schedule of carbon inset schemes by July 2024	Carbon reduction from carbon inset schemes implemented	carbon inset schemes schedule. Inset schemes implemented	NBT	Megan Murphy NBT	Glyn Howells	Elizabeth Poskitt					Decarbonisation capital prioritisation has identified inset schemes.
SMC03.1	Carbon budgets	All division and directorates have carbon budget	Number of divisons/directorates with carbon budgets	divisons/directorates with carbon budgets	Relevant Partners	NBT			£ -	£ -	£ -	£ -	Divisions carbon footprints almost finished, waiting on utility data
SMC03.1	Carbon budgets	All division and directorates have carbon budget	Number of divisons/directorates with carbon budgets	divisons/directorates with carbon budgets	NBT	Megan Murphy NBT	Glyn Howells	Elizabeth Poskitt					Divisions carbon footprints almost finished, waiting on utility data
SMC03.1	Carbon budgets	All divisions and directorates report action taken to achieve carbon budget	Number of Divisional Performance Reviews that include carbon budget	Objectives set for each division and directorate to achieve carbon budget and carbon budgets embedded into Divisional Performance Reviews with clear governance in place.	NBT	Megan Murphy NBT	Glyn Howells	Elizabeth Poskitt					Waiting on carbon budgets, no plan for embedding into DPR and governance, need to identify contact
Adaptation														
Core A01	**All our organisations are prepared to deal with the effects of climate change**		**number of organisations with leads and action plans in place**	**Identified lead for adaptation Climate change adaptation action plan in place in each organisation**	**Relevant Partners**	**Sam Willitts ICS**			–					
A01.1	Adaptation to climate change	Adaptation action plan in place March 2025	Adaptation action plan	organisation response x impact develop adaptation action plan	Relevant Partners	NBT UHBW			£ -	£ -	£ -	£ -	Not started
A01.1	Adaptation to climate change	Adaptation action plan in place March 2025	Adaptation action plan	Adaptation action plan	NBT	Megan Murphy NBT	Maria Kane	Xavier Bell					Risk assessment started with risks identified, need to
A01.1	Adaptation to climate change	Adaptation action plan in place March 2025	Adaptation action plan	Adaptation action plan	UHBW	Ned Maynard UHBW	Maria Kane						Not started, need to identify lead within UHBW
A01.2	Adaptation to climate change	Risk assessment shows organisations are resilient to effects of climate change by March	Level of excess deaths at peak incident of extreme weather event, Climate risk assessment	Deliver Adaptation Action Plan Climate impacts risk reduced	Relevant Partners	AWP ICB NBT Sirona UHBW			£ -	£ -	£ -	£ -	Not started
A01.2	Adaptation to climate change	Risk assessment shows organisations are resilient to effects of climate change by March 2027	Level of excess deaths at peak incident of extreme weather event, Climate risk assessment	Deliver Adaptation Action Plan Climate impacts risk reduced	AWP	Sam Willitts ICS	Dominic Hardisty						To date, only a high level basic risk assessment has been completed by the Trust. This will need reviewing and should be ICB driven
A01.2	Adaptation to climate change	Risk assessment shows organisations are resilient to effects of climate change by March 2027	Level of excess deaths at peak incident of extreme weather event, Climate risk assessment	Deliver Adaptation Action Plan Climate impacts risk reduced	ICB	Sam Willitts ICS	Shane Devlin						Not started
A01.2	Adaptation to climate change	Risk assessment shows organisations are resilient to effects of climate change by March 2027	Level of excess deaths at peak incident of extreme weather event, Climate risk assessment	Deliver Adaptation Action Plan Climate impacts risk reduced	NBT	Megan Murphy NBT	Maria Kane	Xavier Bell					Not started
A01.2	Adaptation to climate change	Risk assessment shows organisations are resilient to effects of climate change by March 2027	Level of excess deaths at peak incident of extreme weather event, Climate risk assessment	Deliver Adaptation Action Plan Climate impacts risk reduced	Sirona	Sam Willitts ICS	Julie Sharma	Jessica Burston					Not started
A01.2	Adaptation to climate change	Risk assessment shows organisations are resilient to effects of climate change by March 2027	Level of excess deaths at peak incident of extreme weather event, Climate risk assessment	Deliver Adaptation Action Plan Climate impacts risk reduced	UHBW	Ned Maynard UHBW	Maria Kane						Not started
Biodiversity														
Core B01	**30% of sites greenspace protected for wildlife by 2025**		**improved/managed for biodiversity and staff**	**resource Business case for mapping land**	**Relevant Partners**	**Megan Murphy NBT**				**£ 95,000**				
B01.1	Tree cover	10,000 new trees planted across our footprint by 2025	number of trees planted	NHS sites and integrated with WENP landscape scale plans link to tree	Relevant Partners	AWP ICB NBT Sirona UHBW			£ -	£ 8,000	£ -	£ -	Tree planting priority mapping for NHS sites. Coordinated
B01.1	Tree cover	10,000 new trees planted across our footprint by 2025	number of trees planted	Tree planting locations identified for NHS sites and integrated with WENP landscape scale plans link to tree strategy. Volunteer plan	AWP	Sam Willitts ICS				£ 8,000			Tree planting priority mapping for NHS sites. Coordinated delivery requires resource
B01.1	Tree cover	10,000 new trees planted across our footprint by 2025	number of trees planted	Tree planting locations identified for NHS sites and integrated with WENP landscape scale plans link to tree strategy. Volunteer plan	ICB	Sam Willitts ICS							Tree planting priority mapping for NHS sites. Coordinated delivery requires resource
B01.1	Tree cover	10,000 new trees planted across our footprint by 2025	number of trees planted	Tree planting locations identified for NHS sites and integrated with WENP landscape scale plans link to tree strategy. Volunteer plan	NBT	Sam Willitts ICS	Peter Mitchell						Tree planting priority mapping for NHS sites. Coordinated delivery requires resource
B01.1	Tree cover	10,000 new trees planted across our footprint by 2025	number of trees planted	Tree planting locations identified for NHS sites and integrated with WENP landscape scale plans link to tree strategy. Volunteer plan	Sirona	Sam Willitts ICS							Tree planting priority mapping for NHS sites. Coordinated delivery requires resource

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B01.1	Tree cover	10,000 new trees planted across our footprint by 2025	number of trees planted	Tree planting locations identified for NHS sites and integrated with WENP landscape scale plans link to tree strategy. Volunteer plan	UHBW	Sam Willitts ICS							Tree planting priority mapping for NHS sites. Coordinated delivery requires resource	
B01.2	Biodiversity Net Gain	sustainability impact assessment by May 2024 and in business	Biodiversity value of our sites	cases. All new development and relevant refurbishments achieve 10%	Relevant Partners	AWP ICB NBT Sirona UHBW			£ -	£ -	£ -	£ -	Included in NBT business case SIA.	
B01.2	Biodiversity Net Gain	Biodiversity value included in sustainability impact assessment by May 2024 and in business cases July 2024	Biodiversity value of our sites	Biodiversity value included in business cases. All new development and relevant refurbishments achieve 10% net gain in biodiversity by 2026	AWP	Sam Willitts ICS							SIA with biodiversity value shared with organisation, needs organisation Exec sponsor to support.	
B01.2	Biodiversity Net Gain	Biodiversity value included in sustainability impact assessment by May 2024 and in business cases July 2024	Biodiversity value of our sites	Biodiversity value included in business cases. All new development and relevant refurbishments achieve 10% net gain in biodiversity by 2026	ICB	Sam Willitts ICS							Included in ICB gateway SIA.	
B01.2	Biodiversity Net Gain	Biodiversity value included in sustainability impact assessment by May 2024 and in business cases July 2024	Biodiversity value of our sites	Biodiversity value included in business cases. All new development and relevant refurbishments achieve 10% net gain in biodiversity by 2026	NBT	Sam Willitts ICS	Peter Mitchell						Included in NBT business case SIA but not yet reported. Need to provide training on BNG to estates and capital projects.	
B01.2	Biodiversity Net Gain	Biodiversity value included in sustainability impact assessment by May 2024 and in business cases July 2024	Biodiversity value of our sites	Biodiversity value included in business cases. All new development and relevant refurbishments achieve 10% net gain in biodiversity by 2026	Sirona	Sam Willitts ICS							SIA with biodiversity value shared with organisation, needs organisation Exec sponsor to support.	
B01.2	Biodiversity Net Gain	Biodiversity value included in sustainability impact assessment by May 2024 and in business cases July 2024	Biodiversity value of our sites	Biodiversity value included in business cases. All new development and relevant refurbishments achieve 10% net gain in biodiversity by 2026	UHBW	Sam Willitts ICS							SIA with biodiversity value shared with organisation, needs organisation Exec sponsor to support.	
B01.3	Pesticide free estates	All ICS estate to be pesticide free by March 2026	Volume of pesticides used on NHS estate	Agreed alternative approaches to pesti	Relevant Partners	Authorities NBT Sirona UHBW			£ -	£ -	£ -	£ -	Alternatives not agreed	
B01.3	Pesticide free estates	All ICS estate to be pesticide free by March 2026	Volume of pesticides used on NHS estate	Agreed alternative approaches to pesti	AWP	Sam Willitts ICS							Direct AWP sites - Grounds Contract includes trialling a chemical-free approach to weed control. PFI sites contract will require a variation	
B01.3	Pesticide free estates	All ICS estate to be pesticide free by March 2026	Volume of pesticides used on NHS estate	Agreed alternative approaches to pesti	ICB	Sam Willitts ICS							Alternatives not agreed	
B01.3	Pesticide free estates	All ICS estate to be pesticide free by March 2026	Volume of pesticides used on NHS estate	Agreed alternative approaches to pesti	Local Authorities	Sam Willitts ICS							Alternatives not agreed	
B01.3	Pesticide free estates	All ICS estate to be pesticide free by March 2026	Volume of pesticides used on NHS estate	Agreed alternative approaches to pesti	NBT	Megan Murphy NBT							Alternatives not agreed, resistance to labour-intensive methods. Drafted pesticide policy.	
B01.3	Pesticide free estates	All ICS estate to be pesticide free by March 2026	Volume of pesticides used on NHS estate	Agreed alternative approaches to pesti	Sirona	Sam Willitts ICS							Alternatives not agreed	
B01.3	Pesticide free estates	All ICS estate to be pesticide free by March 2026	Volume of pesticides used on NHS estate	Agreed alternative approaches to pesti	UHBW	Ned Maynard UHBW							Alternatives not agreed	
Food & nutrition												£ 9,461,340		
Core	**Net zero healthy food and catering by 2030**		**Bristol Good Food Measures carbon footprint**	**Digital patient meal ordering systems in place**	**Relevant Partners**	**Megan Murphy NBT**								**Award catering contract**
FN01.1	Net zero healthy food and catering by 2030	includes sustainability targets and local supplier procurement by	Bristol Good Food Measures local supplier spend	local supplier procurement strategy implemented	Relevant Partners	NBT UHBW			£ -	£ -	£ -	£ -	Not started	
FN01.1	Net zero healthy food and catering by 2030	Food and drink strategy which includes sustainability targets and local supplier procurement by March 2025	Bristol Good Food Measures local supplier spend	Develop food and drink strategy local supplier procurement strategy implemented	NBT	Megan Murphy NBT	Glyn Howells	Tony Hudgell					Not yet started, unaware of catering plan	
FN01.1	Net zero healthy food and catering by 2030	Food and drink strategy which includes sustainability targets and local supplier procurement by March 2025	Bristol Good Food Measures local supplier spend	Develop food and drink strategy local supplier procurement strategy implemented	UHBW	Megan Murphy NBT	Neil Kemsley	Andy Jeanes					Not started	
FN01.2	Net zero healthy food and catering by 2030	Food waste monitoring in place by March 2025	quantity of food waste	Guardians of the Grub approach. Baseline produced and target set	Relevant Partners	NBT UHBW			£ 500	£ -	£ -	£ -		
FN01.2	Net zero healthy food and catering by 2030	Food waste monitoring in place by March 2025	quantity of food waste	Monitor food waste following Guardians of the Grub approach. Baseline produced and target set	NBT	Megan Murphy NBT	Glyn Howells	Tony Hudgell	£ 500				Catering monitoring food waste using Guardians of the Grub approach using cost not weight. Need to calculate baseline or set a target to reduce.	
FN01.2	Net zero healthy food and catering by 2030	Food waste monitoring in place by March 2025	quantity of food waste	Monitor food waste following Guardians of the Grub approach. Baseline produced and target set	UHBW	Megan Murphy NBT	Neil Kemsley	Andy Jeanes					Patient food waste monitored using Guardians of the Grub approach	
FN01.3	Net zero healthy food and catering by 2030	Implement a circular food waste solution by March 2026	quantity of food waste	Reduced waste through circular food waste solution	Relevant Partners	NBT UHBW			£ 20,000	£ -	£ -	£ -		Award food waste contract
FN01.3	Net zero healthy food and catering by 2030	Implement a circular food waste solution by March 2026	quantity of food waste	Reduced waste through circular food waste solution	NBT	Megan Murphy NBT	Glyn Howells	Tony Hudgell	£ 20,000				Food Waste report written by UWE placement student, not sent to catering/PFI yet for consideration. Suggested a food waste de-waterer unit on site and then on site composter.	
FN01.3	Net zero healthy food and catering by 2030	Implement a circular food waste solution by March 2026	quantity of food waste	Reduced waste through circular food waste solution	UHBW	Megan Murphy NBT	Neil Kemsley	Andy Jeanes					Food waste sent off site and turned into biofuel	
FN01.4	Net zero healthy food and catering by 2030	Signed up to cool food pledge by June 2025	Carbon footprint of produce	pilot Zedible Substitute high carbon foods	Relevant Partners	NBT UHBW			£ -	£ 14,000	£ -	£ -		Sign up to the Cool Food Pledge
FN01.4	Net zero healthy food and catering by 2030	Signed up to cool food pledge by June 2025	Carbon footprint of produce	Sign up to the Cool Food Pledge or pilot Zedible Substitute high carbon foods Carbon label foods (Foodsteps)	NBT	Megan Murphy NBT	Glyn Howells	Tony Hudgell		£ 7,000			NHS trial of Zedible complete. Catering reluctant to sign up, presentation from Zedible but no willingness to invest	
FN01.4	Net zero healthy food and catering by 2030	Signed up to cool food pledge by June 2025	Carbon footprint of produce	Sign up to the Cool Food Pledge or pilot Zedible Substitute high carbon foods Carbon label foods (Foodsteps)	UHBW	Megan Murphy NBT	Neil Kemsley	Andy Jeanes		£ 7,000			Not started	
FN01.5	Net zero healthy food and catering by 2030	Government Food Buying Standards and Eat Well Guidance	Standards and Eat Well Guidance	Lower carbon, healthier food provided	Relevant Partners	NBT UHBW			£ -	£ -	£ -	£ -		
FN01.5	Net zero healthy food and catering by 2030	100% compliance with the Government Food Buying Standards and Eat Well Guidance	Government Food Buying Stand	Lower carbon, healthier food provided	NBT	Megan Murphy NBT	Glyn Howells	Tony Hudgell					Need to set up Sustainable Food Workstream to assess compliance	
FN01.5	Net zero healthy food and catering by 2030	100% compliance with the Government Food Buying Standards and Eat Well Guidance	Government Food Buying Stand	Lower carbon, healthier food provided	UHBW	Megan Murphy NBT	Neil Kemsley	Andy Jeanes					Need to set up Sustainable Food Workstream to assess compliance	
FN01.6	Net zero healthy food and catering by 2030	2 campaigns per year	Number of staff and public engaged by campaigns	Launch ICS-wide campaigns: Veganua	Relevant Partners	AWP ICB NBT Sirona UHBW			£ -	£ -	£ -	£ -	Campaign completed in Jan 24, lack of catering support	
FN01.6	Net zero healthy food and catering by 2030	2 campaigns per year	Number of staff and public enga	Launch ICS-wide campaigns: Veganua	AWP	Georgia Corum NBT							Campaign completed in Jan 24	
FN01.6	Net zero healthy food and catering by 2030	2 campaigns per year	Number of staff and public enga	Launch ICS-wide campaigns: Veganua	ICB	Georgia Corum NBT							Campaign completed in Jan 24	
FN01.6	Net zero healthy food and catering by 2030	2 campaigns per year	Number of staff and public enga	Launch ICS-wide campaigns: Veganua	NBT	Georgia Corum NBT	Maria Kane	Elliot Nichols					Campaign completed in Jan 24, lack of catering support	
FN01.6	Net zero healthy food and catering by 2030	2 campaigns per year	Number of staff and public enga	Launch ICS-wide campaigns: Veganua	Sirona	Georgia Corum NBT							Campaign completed in Jan 24	
FN01.6	Net zero healthy food and catering by 2030	2 campaigns per year	Number of staff and public enga	Launch ICS-wide campaigns: Veganua	UHBW	Georgia Corum NBT							Campaign completed in Jan 24	

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FNO2.1	Healthy Weight	signing up to the ICS Healthy Weight Declaration by June 2025	Signed declaration	First ICS to co-develop and sign up to a Healthy Weight Declaration	Relevant Partners	AWP ICB NBT PH Sirona UHBW			£ -	£ -	£ -	£ -	Presented to ICB			
FNO2.1	Healthy Weight	All ICP member organisations signing up to the ICS Healthy Weight Declaration by June 2025	Signed declaration	First ICS to co-develop and sign up to a Healthy Weight Declaration	PH (BCC)	Emily Moseley BCC							Presented to ICB			
FNO2.1	Healthy Weight	Signed ICS Healthy Weight Declaration by June 2025	Signed declaration	Commitment to adopting preventative polices protecting the health and wellbeing of our staff, service users and visitors, enabling a positive impact on the health and wellbeing of local populations, and contributing to the regional economy.	AWP	Luke Champion AWP							Presented to ICB			
FNO2.1	Healthy Weight	Signed ICS Healthy Weight Declaration by June 2025	Signed declaration	Commitment to adopting preventative polices protecting the health and wellbeing of our staff, service users and visitors, enabling a positive impact on the health and wellbeing of local populations, and contributing to the regional economy.	ICB	TBC							Presented to ICB			
FNO2.1	Healthy Weight	Signed ICS Healthy Weight Declaration by June 2025	Signed declaration	Commitment to adopting preventative polices protecting the health and wellbeing of our staff, service users and visitors, enabling a positive impact on the health and wellbeing of local populations, and contributing to the regional economy.	NBT	Megan Murphy NBT	Tim Whittlestone	Tim Keen					Presented to ICB			
FNO2.1	Healthy Weight	Signed ICS Healthy Weight Declaration by June 2025	Signed declaration	Commitment to adopting preventative polices protecting the health and wellbeing of our staff, service users and visitors, enabling a positive impact on the health and wellbeing of local populations, and contributing to the regional economy.	Sirona	Kelly Scott Sirona							Presented to ICB			
FNO2.1	Healthy Weight	Signed ICS Healthy Weight Declaration by June 2025	Signed declaration	Commitment to adopting preventative polices protecting the health and wellbeing of our staff, service users and visitors, enabling a positive impact on the health and wellbeing of local populations, and contributing to the regional economy.	UHBW	Ned Maynard UHBW		Andy Jeanes					Presented to ICB			
Communications & Engagement																
Core	**Staff engaged and leading change in citizens**			**Deliver communications and engagement strategy**	**Relevant Partners**	**Megan Murphy NBT**			—							
CE01.1	Staff awareness of climate and ecological emergency	reporting increased awareness of Climate & Ecological emergency	survey, number of staff undertaking sustainability	inform strategy and target, Create and implement annual sustainability	Relevant Partners	AWP ICB NBT Sirona UHBW			£ -	£ 17,500	£ -	£ -	Strategy being developed			
CE01.1	Staff awareness of climate and ecological emergency	Increase in number of staff reporting increased awareness of Climate & Ecological emergency and report having made practical changes (in workplace and outside) -Increase from baseline established in year 1	Annual staff sustainability survey, number of staff undertaking sustainability training	Most sustainable workplace survey to inform strategy and target, Create and implement annual sustainability survey, baseline established in year 1	AWP	TBC				£ 3,500			Figures needed to show number of staff who have completed NHS Net Zero training. Figures expected back from AWP Learning and Development in July/August 2024			
CE01.1	Staff awareness of climate and ecological emergency	Increase in number of staff reporting increased awareness of Climate & Ecological emergency and report having made practical changes (in workplace and outside) -Increase from baseline established in year 1	Annual staff sustainability survey, number of staff undertaking sustainability training	Most sustainable workplace survey to inform strategy and target, Create and implement annual sustainability survey, baseline established in year 1	ICB	TBC				£ 3,500			Strategy being developed			
CE01.1	Staff awareness of climate and ecological emergency	Increase in number of staff reporting increased awareness of Climate & Ecological emergency and report having made practical changes (in workplace and outside) -Increase from baseline established in year 1	Annual staff sustainability survey, number of staff undertaking sustainability training	Most sustainable workplace survey to inform strategy and target, Create and implement annual sustainability survey, baseline established in year 1	NBT	Georgia Corum NBT	Peter Mitchell			£ 3,500			MSWI piloted, waiting to schedule workshops to assess results and plan action with stakeholders			
CE01.1	Staff awareness of climate and ecological emergency	Increase in number of staff reporting increased awareness of Climate & Ecological emergency and report having made practical changes (in workplace and outside) -Increase from baseline established in year 1	Annual staff sustainability survey, number of staff undertaking sustainability training	Most sustainable workplace survey to inform strategy and target, Create and implement annual sustainability survey, baseline established in year 1	Sirona	TBC				£ 3,500			Strategy being developed			
CE01.1	Staff awareness of climate and ecological emergency	Increase in number of staff reporting increased awareness of Climate & Ecological emergency and report having made practical changes (in workplace and outside) -Increase from baseline established in year 1	Annual staff sustainability survey, number of staff undertaking sustainability training	Most sustainable workplace survey to inform strategy and target, Create and implement annual sustainability survey, baseline established in year 1	UHBW	Georgia Corum NBT				£ 3,500			Strategy being developed			
CE02.1	Staff Engagement	10% of staff by 2025 actively engaged	Number of active engagements with staff	action plan to increase engagement with app, Induction sessions	Relevant Partners	NBT UHBW			£ -	£ 50,000	£ -	-£ 43,300	Plan to review current engagement scheme for 2025			
CE02.1	Staff Engagement	10% of staff by 2025 actively engaged	Number of active engagements with staff	action plan to increase engagement with app	NBT	Georgia Corum NBT	Peter Mitchell		—	£ 50,000		-£ 43,299.90	Plan to review current engagement scheme for 2025	536	1964	2500
CE02.1	Staff Engagement	10% of staff by 2025 actively engaged	Number of active engagements with staff	action plan to increase engagement with app	UHBW	Georgia Corum NBT							Plan to review current engagement scheme for 2025			
CE03.1	Sustainability e-learning	and completed by 20% of staff by 2025	received training in sustainability / carbon literacy	Elearning developed and promoted. Carbon literacy business case	Relevant Partners	AWP ICB NBT Sirona UHBW			£ 500,000	£ -	£ -	£ -	E-learning mandatory at ICB other organisations to			
CE03.1	Sustainability e-learning	Sustainability e-learning promoted and completed by 20% of staff by 2025	Number of people who have received training in sustainability / carbon literacy	Elearning developed and promoted. Carbon literacy business case	AWP	ICS Comms & Engagement Workstream			£ 100,000				Strategy being developed			
CE03.1	Sustainability e-learning	Sustainability e-learning promoted and completed by 20% of staff by 2025	Number of people who have received training in sustainability / carbon literacy	Elearning developed and promoted. Carbon literacy business case	ICB	ICS Comms & Engagement Workstream			£ 100,000				E-learning mandatory			
CE03.1	Sustainability e-learning	Sustainability e-learning promoted and completed by 20% of staff by 2025	Number of people who have received training in sustainability / carbon literacy	Elearning developed and promoted. Carbon literacy business case	NBT	ICS Comms & Engagement Workstream	Peter Mitchell		£ 100,000				E-learning developed, to be approved by staff development. Carbon Literacy Action Day in November			
CE03.1	Sustainability e-learning	Sustainability e-learning promoted and completed by 20% of staff by 2025	Number of people who have received training in sustainability / carbon literacy	Elearning developed and promoted. Carbon literacy business case	Sirona	ICS Comms & Engagement Workstream			£ 100,000				Strategy being developed			
CE03.1	Sustainability e-learning	Sustainability e-learning promoted and completed by 20% of staff by 2025	Number of people who have received training in sustainability / carbon literacy	Elearning developed and promoted. Carbon literacy business case	UHBW	ICS Comms & Engagement Workstream			£ 100,000				Strategy being developed			
CE04.1	Green Champions	Increase number of Green Champions by 5% per year unitl 2030	Champions/Sustainability advocates/EARs – staff who are dedicated to reducing our environmental impact and	Programme of engagement activities	Relevant Partners	NBT UHBW			£ -	£ -	£ -	£ -	Completed system Comms programme of engagement activities			
CE04.1	Green Champions	Increase number of Green Champions by 5% per year unitl 2030	Number of Green Champions/Sustainability advocates/EARs – staff who are dedicated to reducing our environmental impact and given the time and resources to do so.	Programme of engagement activities	NBT	Megan Murphy NBT	Peter Mitchell						Completed system Comms programme of engagement activities			

09.2 Appendix 2 Green Plan Delivery Plan V3.1

21.1

CE04.1	Green Champions	Increase number of Green Champions by 5% per year unitl 2030	Number of Green Champions/Sustainability advocates/EARs – staff who are dedicated to reducing our environmental impact and given the time and resources to do so.	Programme of engagement activities	UHBW	Megan Murphy NBT							Completed system Comms programme of engagement activities		
CE05.1	Primary care climate resilience	impact for health toolkit by October 2024	Green Impact actions completed	Funded, running and supporting GP surgeries	Relevant Partners	Greener practice, one care, Voscur			£ -	£ 194,000	£ -	£ -	£20k CATCH programme launched		
CE05.1	Primary care climate resilience	10 GP surgeries active on green impact for health toolkit by October 2024	Primary Care GP surgeries Green Impact actions completed	Primary Care Resilience Programme Funded, running and supporting GP surgeries	General Practice	Jessica Wynter-Bee Greener Practice			£ -	£ 194,000			£20k CATCH programme launched		10 GP Surgeries
CE05.1	Primary care climate resilience	10 GP surgeries active on green impact for health toolkit by October 2024	Primary Care GP surgeries Green Impact actions completed	Primary Care Resilience Programme Funded, running and supporting GP surgeries	Greener Practice	Jessica Wynter-Bee Greener Practice							£20k CATCH programme launched		10 GP Surgeries
CE05.1	Primary care climate resilience	10 GP surgeries active on green impact for health toolkit by October 2024	Primary Care GP surgeries Green Impact actions completed	Primary Care Resilience Programme Funded, running and supporting GP surgeries	One Care	Jessica Wynter-Bee Greener Practice	Ruth Hughes						£20k CATCH programme launched		10 GP Surgeries
CE05.1	Primary care climate resilience	10 GP surgeries active on green impact for health toolkit by October 2024	Primary Care GP surgeries Green Impact actions completed	Primary Care Resilience Programme Funded, running and supporting GP surgeries	Voscur	Jessica Wynter-Bee Greener Practice							£20k CATCH programme launched		10 GP Surgeries
									#REF!	#REF!	#REF!	#REF!			

09.2 Appendix 2 Green Plan Delivery Plan V3.1

21.1

North Bristol NHS Trust

Appendix 3:
North Bristol NHS Trust Detailed Progress Report

Summary of Progress

Clinical and corporate teams across the Trust made a tremendous effort throughout 2023-24 to reduce waste and carbon within their areas. The Trust was able to make significant progress across the key Green Plan areas (supply chain, travel, energy, waste, medicines) despite limited resource and funding.

1. Key achievements the Trust made in 2023-24 and so far in 2024-25:

- Successfully obtained funding to improve the Head Injury Therapy Unit's Eco Therapy Garden and deliver green social prescribing programmes for patients to address health inequalities associated with access to nature.
- Our Emergency Department achieved a Bronze Award in the GreenED framework.
- Our Anaesthetics department received brilliant feedback from the Royal College of Anaesthetists through the Anaesthesia Clinical Services Accreditation and have effectively decommissioned Desflurane across threatres and have significantly reduced their use of Isoflurane.
- We developed and introduced the Sustainability Impact Assessment which has been shared widely across the UK and has been adopted into the ICB's gateway process.
- We were successful in receiving £11.7 million of Public Sector Decarbonisation Funding and £438k of the Low Carbon Skills Fund to decarbonise our heating and deliver energy efficiency improvement projects.
- We have partnered with WECA to trial an electric cargo bike in our facilities department as part of their Urban Freight Trial.
- Our loan bike scheme has been popular with 55 bikes loaned to staff.
- We delivered a world first Green Operating Day across five of our Neurosurgery theatres which has been shortlisted for a HSJ Award and has spiked the interest of surgeons and academics across the country.
- Our pharmacy team has begun the return and reuse of medicines from wards as well as looking into other opportunities to recycle medicines waste.
- Our Infection Control team has embedded sustainability within their audit process and have trialled sustainable products that reduce waste and are safer for our staff and patients.
- In Radiology, a consultant has reduced energy consumption of their PACS machines by 58% through working with the manufacturer.
- The Sustainable Pathology Group have developed their own sustainability strategy and have successfully persuaded the NHS to fund their laboratories in gaining a widely recognised sustainability accreditation.
- Procurement have assessed the carbon reduction plans and sustainability strategies of our top 100 suppliers and have provided the opportunity to collaborate to achieve net zero carbon together.

- Patient First has embedded sustainability within their Patient First Delivery training and A3 problem solving.

2. Our Trust's Carbon Footprint

The Trust's carbon footprint is calculated using multiple data sources from procurement, finance, transport, waste contractors, estates, pharmacy, pay roll, BOC, the travel to work survey, Clarity Business Services and business intelligence. To this end, the carbon footprint is dependent on the accuracy, availability and granularity of this data. Timely data collection and cooperation from responsible departments to improve the data provided is therefore key to accurately calculating the carbon footprint. The raw data is available upon request.

Figure 1 displays the Trust's carbon footprint for each financial year from 2019/20 to 2023/24 split into scope 1, 2 and 3 emissions. Scope 1 is what we directly emit through our gas and oil consumption for heating and our generators, our fleet vehicles and administration of anaesthetics. Scope 2 is what we indirectly emit through the electricity we purchase and scope 3 is what we indirectly emit through the supply chain of the products and services we buy, staff and patient travel and the treatment of our waste.

In 2023/24 the Trust emitted 32,480 tonnes CO_2e more than the previous year due to increased spend on medical equipment, medicines, chemicals and reagents, diagnostic imaging and radiotherapy equipment, building and engineering services and office equipment. Carbon reductions were made through decarbonisation of our energy, decommissioning high carbon anaesthetics and reducing waste being collected for high carbon treatment.

The red section in the bar chart alludes to the carbon footprint the Trust would have if there were no sustainability improvement and carbon reduction projects completed in 2023/24. This amounts to 1.4 million kg of CO_2e which highlights the work done by key departments to identify and address carbon and waste hotspots in their services. Many projects have not yet calculated carbon savings and so the true figure for carbon reduced in the last financial year is expected to be larger. We are also aware that we have not captured all sustainability projects delivered across the Trust and require support from Finance and Patient First to help us do this.

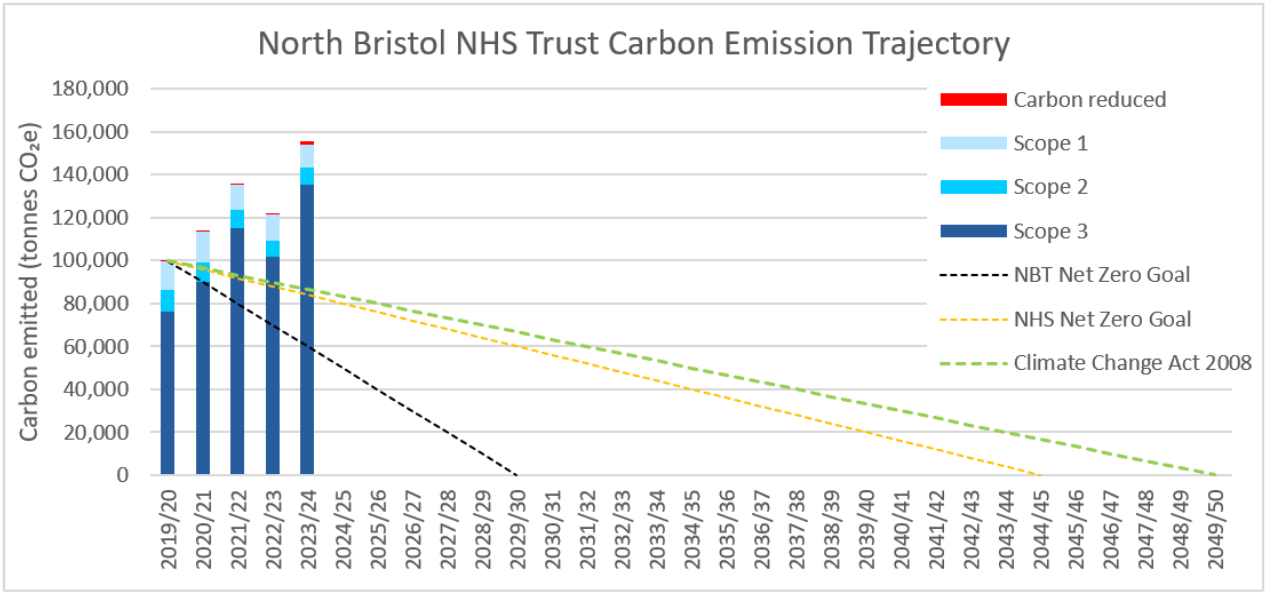


Figure 1 North Bristol NHS Trust's total carbon footprint from every financial year from 2019/20 to 2023/24 split into scope emissions and benchmarked against the Trusts net zero carbon goal, the wider NHS net zero carbon goal and the UK governments net zero carbon goal. The footprint is compared with the amount of carbon the Trust has reduced, as far as it is aware and has been able to calculate.

Figures 2, 3 and 4 below have normalised the Trust's carbon footprint against total patient contacts, occupied internal floor area and operating expenditure.

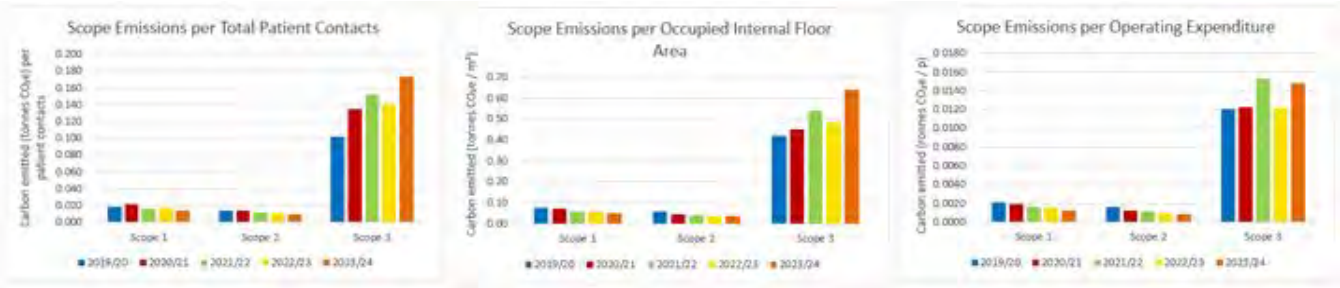


Figure 2, 3 and 4 The tonnes of carbon emitted per patient contact, meter squared of occupied floor area and pound of operating expenditure for each scope emission.

Figure 5 highlights the largest emitters that are driving the Trust's carbon footprint. This year we have seen a reduction in carbon emitted from our buildings and energy (2,084 tonnes CO_2e) and food and catering (6,305 tonnes CO_2e) due to a reduction in electricity, gas and oil consumption (10,244 MWh) and a significant reduction in food and catering spend.

We have seen a significant increase in carbon emissions from medical equipment, other supply chain (comprising building and engineering services, staff and patient consulting services, staff and patient clothing and hotel services), technology and stationery, medicines and chemicals in 2023/24. This increase in carbon emissions is directly linked to an increase in spend due to an increase in activity and projects within these areas.

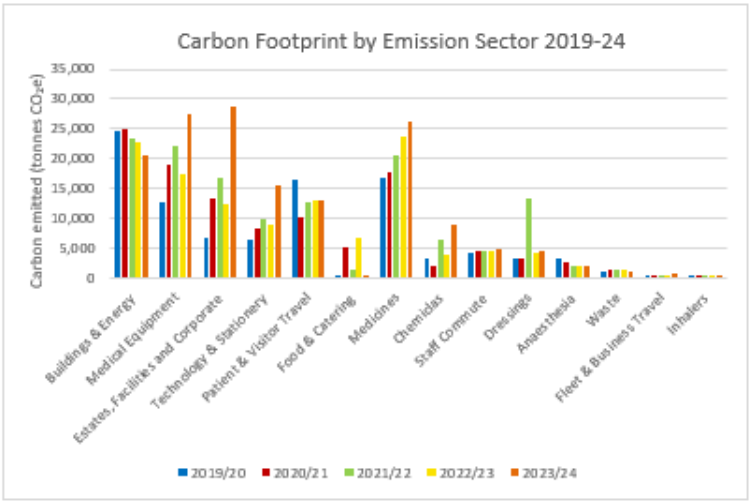


Figure 5 The carbon emitted per activity and/or category for each financial year from 2019/20 to 2023/24.

Figure 6 shows the greatest carbon emitter is 'other supply chain' which is comprised of spend associated with our estates, facilities and corporate departments. Medical equipment and medicines are the second and third largest carbon emitters within the Trust followed by buildings and energy and technology and stationery.

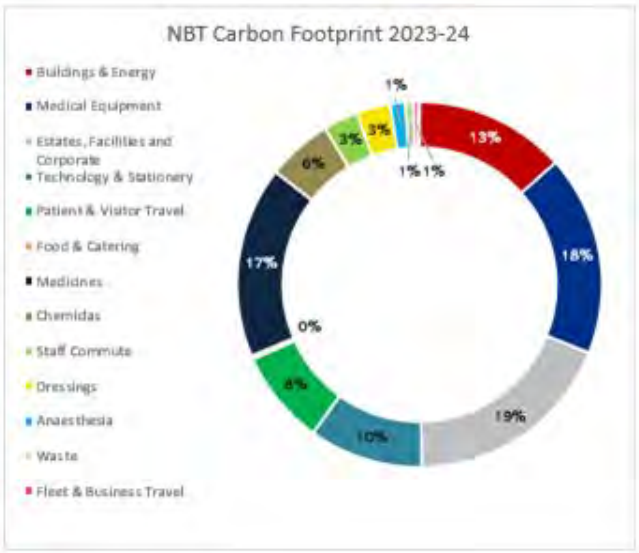


Figure 6 The percentage of carbon each key area contributes to the overall Trust carbon footprint.

As in previous years our supply chain and procurement contributes the most to our overall footprint (Figure 7). Travel and transport has decreased its contribution to the carbon footprint from the previous year by 11% however, the amount anaesthesia and waste contribute to our carbon footprint remains the same.

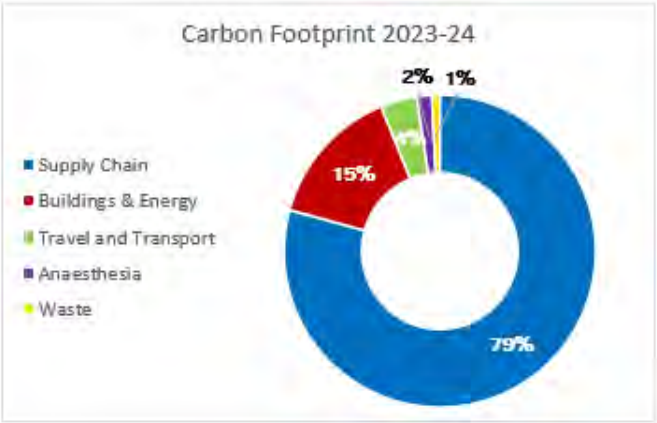


Figure 7 The percentage of carbon each key emission sector contributes to the overall Trust carbon footprint.

2.1 Supply Chain and Procurement

In 2023/24 there was a 34,618 tonnes CO_2e increase from the previous year in emissions related to our supply chain and procurement activity (Figure 8). This was mainly driven by increased spend on medical and surgical equipment, technology and stationery, chemicals and reagents, building and engineering and pharmaceuticals. The bulk of the supply chain carbon footprint comes from pharmaceuticals, medical and surgical equipment, buildings and engineering services and technology and stationery (Figure 9).

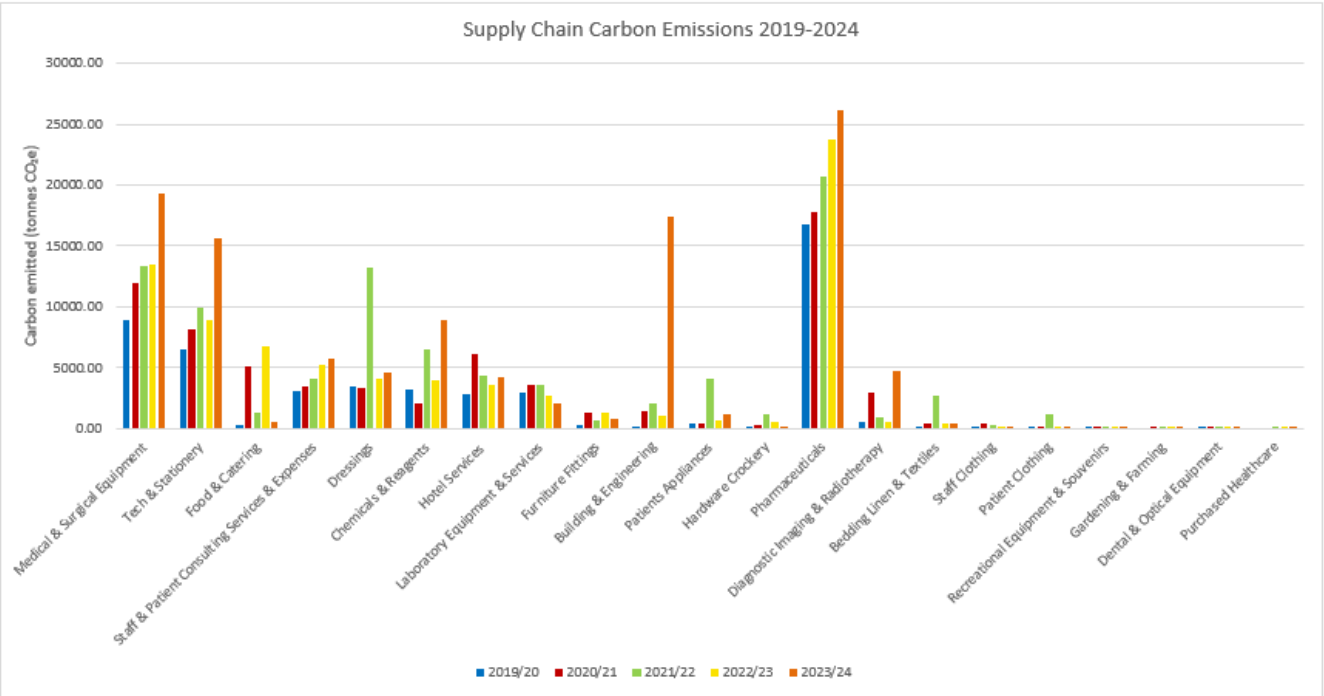


Figure 8 Carbon emitted per level 1 e class category.

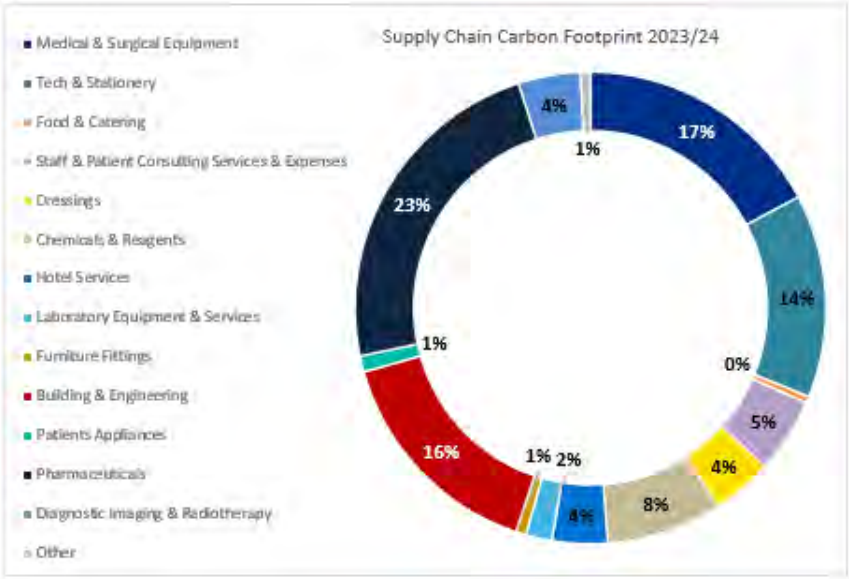
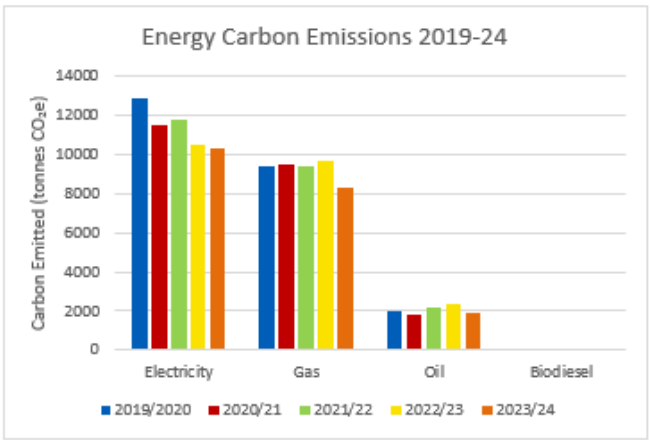


Figure 9 The percentage of carbon each level 1 e class category contributes to supply chain and procurement's carbon footprint.

2.2 Buildings and Energy

In 2023/24, the Trust reduced carbon emitted through its electricity, gas and oil consumption by 2,068 tonnes CO_2e through the decommissioning of gas boilers on site and delivery of energy efficiency and renewable energy projects such as LED lighting, solar panels, double glazing and insulation (Figure 10). The Trust consumed slightly more water in 2023/24 than the previous year which led to a 60 tonne CO_2e increase (Figure 11).



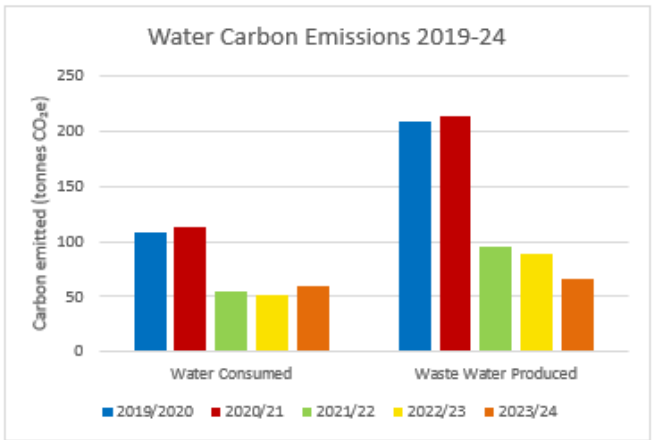


Figure 10 and 11 Carbon emitted through the Trust's electricity, gas, oil, biodiesel and water consumption as well as waste water produced for each financial year from 2019/20 to 2023/24.

2.3 Travel and Transport

The overall carbon emissions associated with travel and transport activity increased by 40 tonnes CO_2e compared to the previous year (Figure 12). This increase was driven by an increase in miles travelled through staff commute, trust fleet and business travel via staff using their own vehicles and travelling via air (Figure 13, 15).

Figure 12, 13, 14 and 15 (top left, top right, bottom left, bottom right) The carbon emitted from each type of travel and the distance travelled by staff, patients and visitors to get to site and for business for each financial year from 2019/20 to 2023/24.

2.4 Medicines

Medicines, including anaesthestics and inhalers, accounted for 18% of the Trust's carbon footprint in 2023/24 (Figure 6). The total carbon footprint of medicines purchased by the Trust increased by 2,494 tonnes CO_2e in 2023/24 due to the increase in spend on medicines and increase in piped Entonox (Figure 16). Entonox use across the Trust is still significantly high particularly in our Central Delivery Suite (CDS) and Maternity Services (Figure 16). Anaesthetists took effective action in 2023/24 to decommission the highest carbon volatile agents used in theatres (Figure 17) and are taking action to identify sources of medical gas waste within CDS and Maternity.

Despite the highest carbon inhalers (pDMI) being prescribed at the highest volume, the Trust has increased the number of lower carbon inhalers it prescribes to patients (DPI, Figure 18). The Respiratory department are currently undertaking a project to address the barriers to prescribing lower carbon inhalers, making it easier for staff to identify and prescribe lower carbon options.

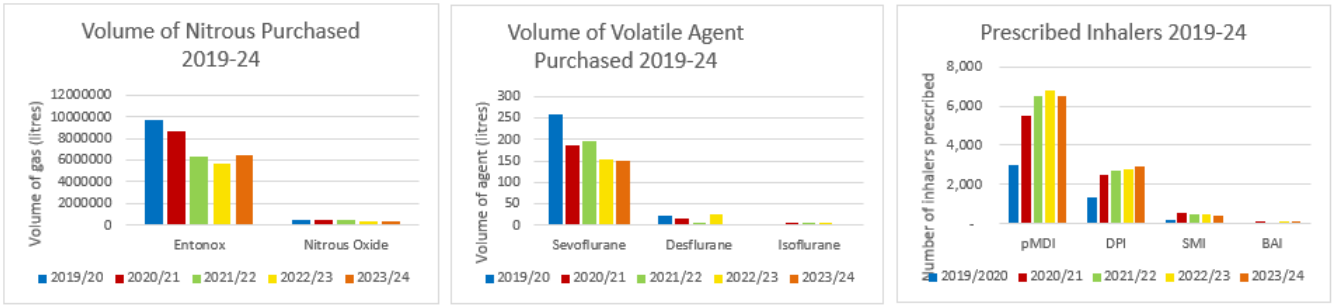


Figure 16, 17 and 18 The volume of anaesthesia (Nitrous Oxide, Entonox, Sevoflurane, Desflurane and Isoflurane) purchased by the Trust and the number of inhalers prescribed to patients each financial year.

2.5 Waste

The carbon footprint of the waste collected from the Trust in 2023/24 reduced by 213 tonnes CO_2e compared to the previous year due to 257 tonnes less waste being sent for high temperature incineration and a 135 tonne reduction in waste being sent for alternative treatment; the two most carbon intensive waste treatment processes (Figure 19 and 20). This apparent reduction may be explained by the return of offensive waste classification in 2023/24 following a successful waste audit whereby all clinical waste no longer had to be classified for high temperature incineration, as was the case in 2022/23. It can also be explained by improved segregation of clinical waste as non-infectious by staff which is reflected in the progress made towards NHS England's clinical waste segregation target (Figure 21). The Trust is still a long way off the 20:20:60 target with regards to high temperature incinerated waste and still has a lot of progress to make towards NHS England's 50% reduction in waste target (Figure 19 and 21). We hope to achieve these targets through the new waste contracts and improved training and engagement of staff.

The Trust's recycling rate fell from to 27% to 24% in 2023/24 although we reused 4 tonnes more waste destined for disposal, saving the Trust £109,284.59 in one year.

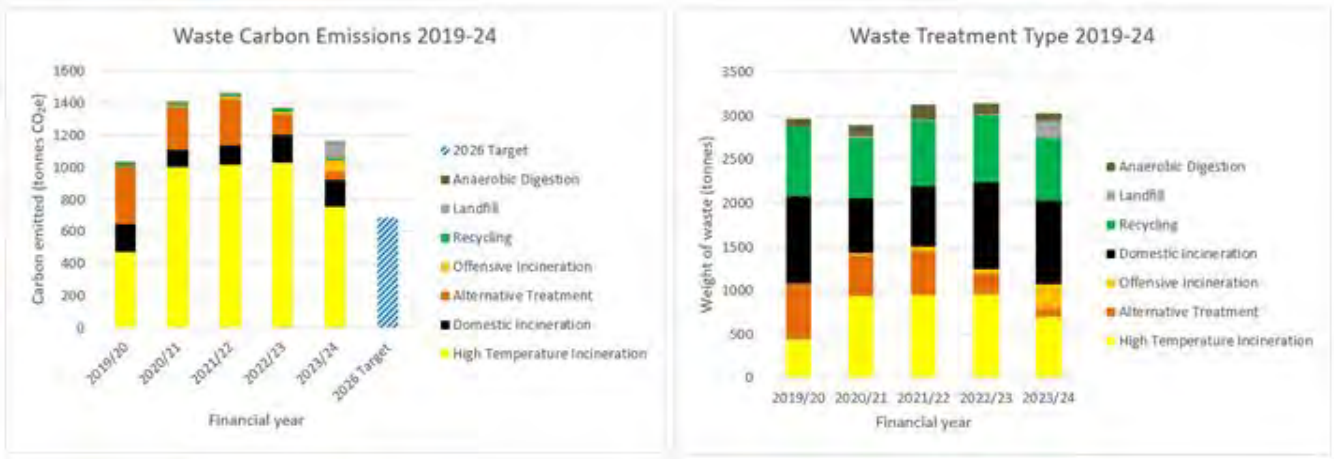


Figure 19 and 20 Weight of waste sent for different types of waste treatment and weight of waste categorized as different types of waste for each financial year.

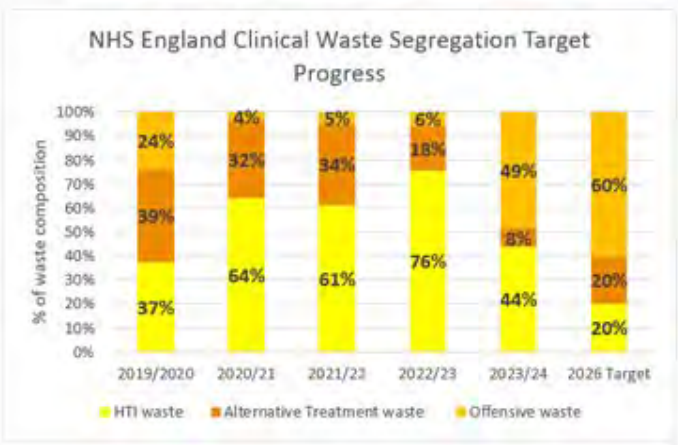


Figure 21The percentage of clinical waste classified as high temperature incinerated waste, alternative treatment waste and offensive waste for each financial year benchmarked against NHS England's 20:20:60 clinical waste segregation target outlined in the Clinical Waste Strategy.

Report To:	Finance, Digital and Performance Committee		
Date of Meeting:	19 September2024		
Report Title:	Finance Report for August 2024 (Month 5)		
Report Author:	Simon Jones, Assistant Director of Finance – Financial Management		
Report Sponsor:	Glyn Howells, Chief Financial Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			x
	The purpose of the report is to inform the Committee of the Month 5 financial report.		

Key Points to Note *(Including any previous decisions taken)*

The financial plan for 2024/25 in Month 5 (August) was a deficit of £0.2m. The Trust has delivered a £0.2m deficit, which is on plan. Year to date the Trust has delivered a £10.8m deficit, which is £4.6m adverse to the £6.2m deficit plan.

The Month 5 CIP position shows £9.1m schemes fully completed. The Trust has a further £6.0m in implementation and planning, and a further £13.7m of schemes identified in the pipeline.

Cash at Month 5 amounts to £39.2m, a reduction of £23.5m from Month 12. This is driven by the Trust underlying deficit and capital spend.

Strategic Alignment

This report aims for outstanding patient experience and links with priorities and projects within Patient First, particularly the improvement priority for Sustainability – making best use of our limited resources.

Risks and Opportunities

Key risks:

- At month 5 the cash balance is £9.0m below planned levels. Assuming a breakeven position at year end, the Trust expects to end the year with a cash balance of £16m.
- Pay costs continue to exceed plan across the Trust in the year to date position. New controls introduced in August showed a promising reduction in bank spend.
- Continued under-delivery of CIP will put a break-even outturn for the year at risk.

Recommendation

This report is for Information.

Finance, Digital and Performance Committee are asked to note the report.

History of the paper (details of where paper has <u>previously</u> been received)

Senior Leadership Group	17 September 2024
Appendices:	*Appendix 1 – Finance Report Month 5*

Finance Performance Report

Trust Board: Month 5 2024/25

Author: Simon Jones (Assistant Director of Finance)

Sponsor: Glyn Howells (Chief Finance Officer)

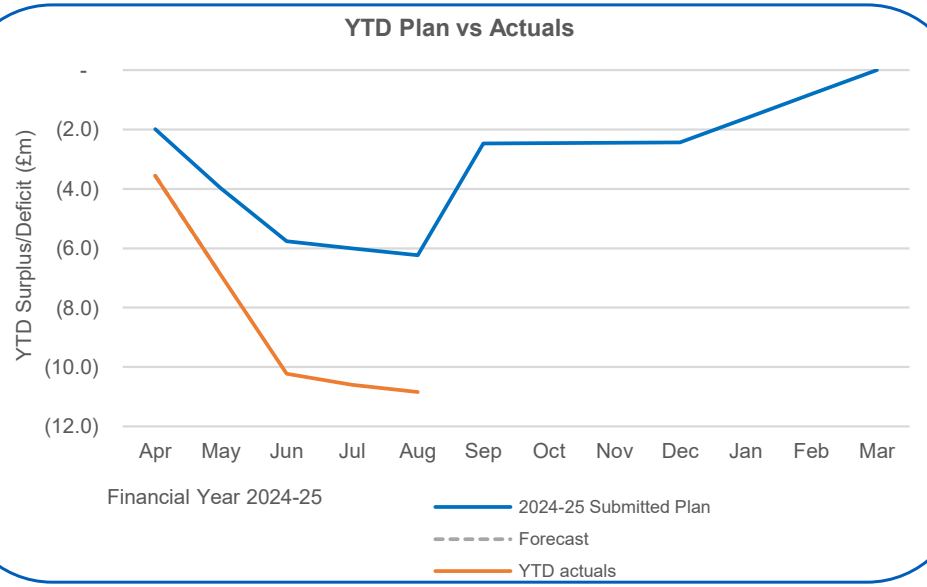
21.2

Finance Performance Report

Month 5 (August 2024)

Finance Summary

	Month 5			Year to date		
	Budget	Actual	Variance	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	69.3	70.3	1.0	341.8	347.2	5.4
Income	5.3	8.7	3.4	30.3	42.8	12.6
Pay	(45.7)	(47.6)	(1.9)	(231.0)	(240.3)	(9.3)
Non-pay	(29.2)	(31.6)	(2.5)	(147.3)	(160.6)	(13.3)
Surplus/(Deficit)	**(0.2)**	**(0.2)**	**0.0**	**(6.2)**	**(10.8)**	**(4.6)**



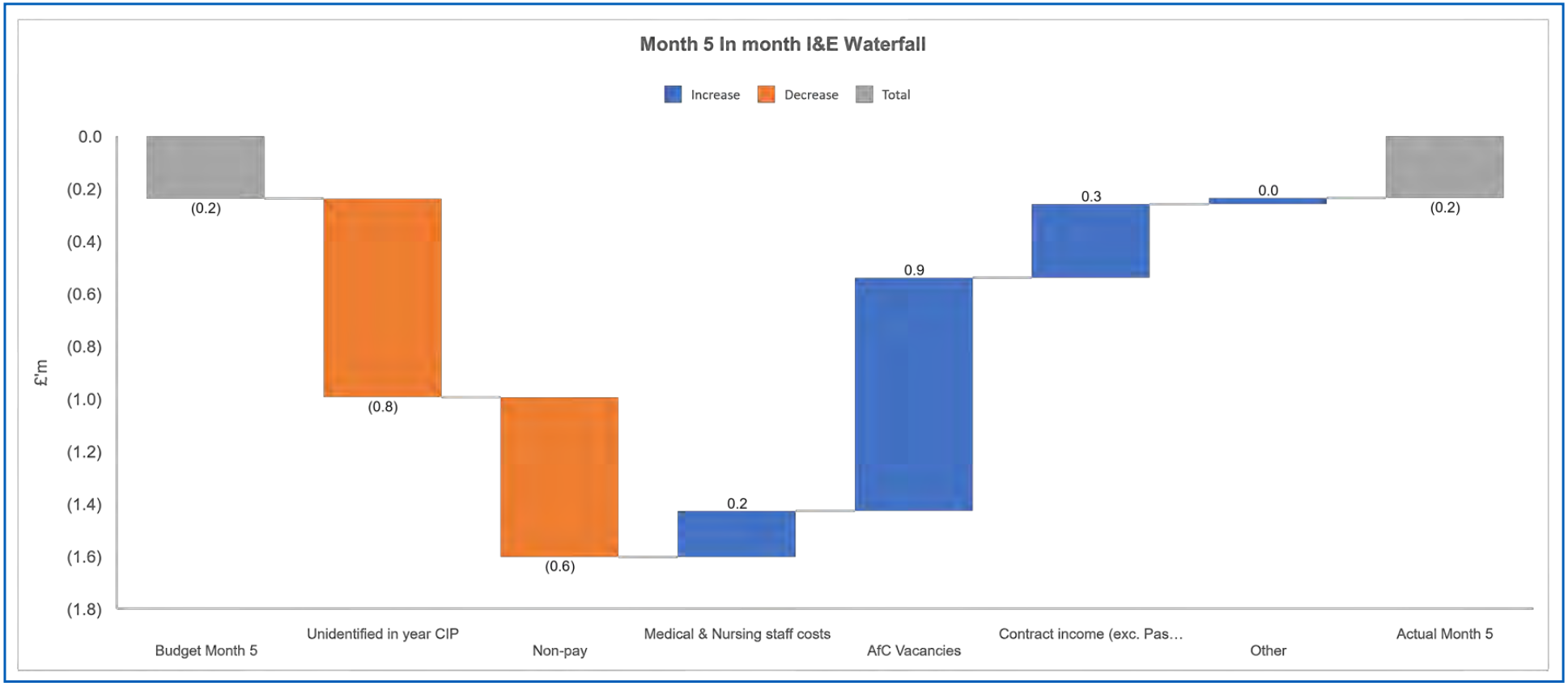
Key messages:

- The financial plan for 2024/25 in Month 5 (August) was a deficit of £0.2m. The Trust has delivered a £0.2m deficit, which is on plan.
- Year to date the Trust has seen a £4.6m adverse overall variance, which includes the impact of Junior Doctor industrial action in June and July (£0.7m), which we expect to be funded but there has been no confirmation as yet from NHS England.
- The Trust cash position at Month 5 is £39.2m, a reduction of £23.5m from Month 12. This is driven by the Trust underlying deficit and capital spend.
- The Trust has delivered £9.1m of completed Cost Improvement Programme (CIP) schemes at Month 5. There are a further £6.0m of schemes in implementation and planning that need to be developed, and £13.7m in the pipeline. CIP non-delivery within the year to date position relates to the in-year impact of schemes delivering on a recurrent basis.

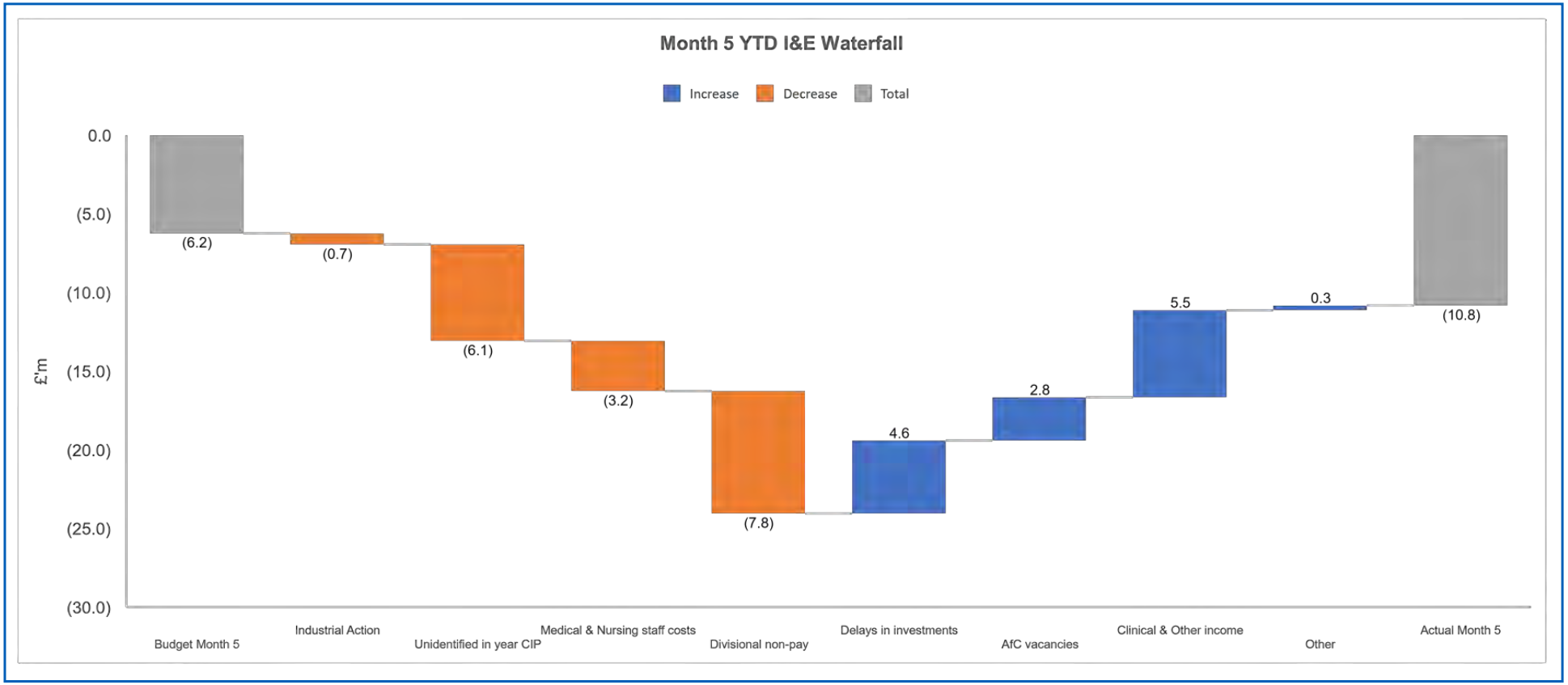
Key risks:

- At Month 5 the cash balance is £9.0m below planned levels. Assuming a breakeven position at year end, the Trust expects to end the year with a cash balance of £16m.
- Pay costs continue to exceed plan across the Trust in the year to date, however, new controls introduced in August showed a promising reduction in bank spend.
- Continued under-delivery of CIP will put a break-even outturn for the year at risk.
- Divisional non-pay costs are £8.4m adverse year to date, the non-pay run rate has improved in month but further reductions in non-pay costs will be required.

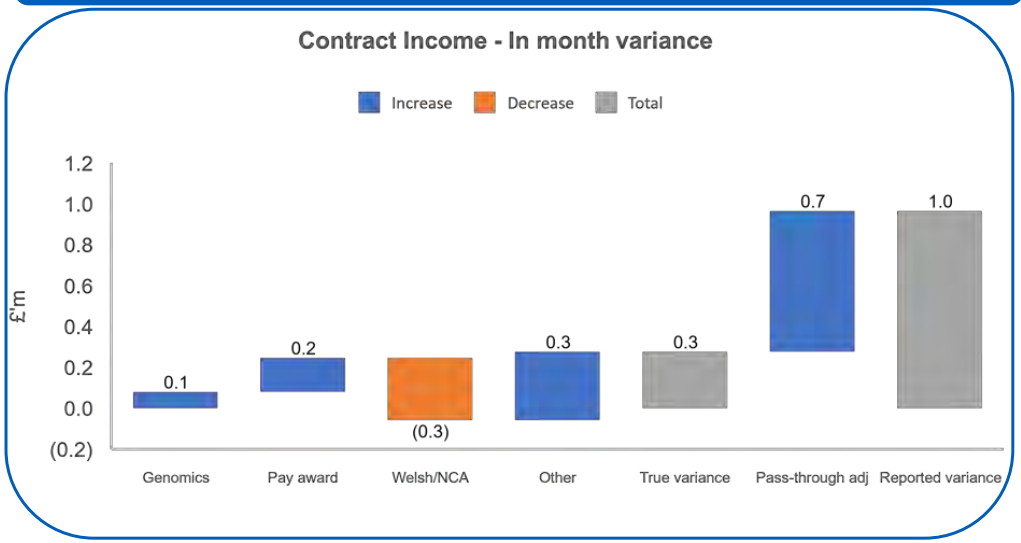
Income and Expenditure: In month I&E waterfall

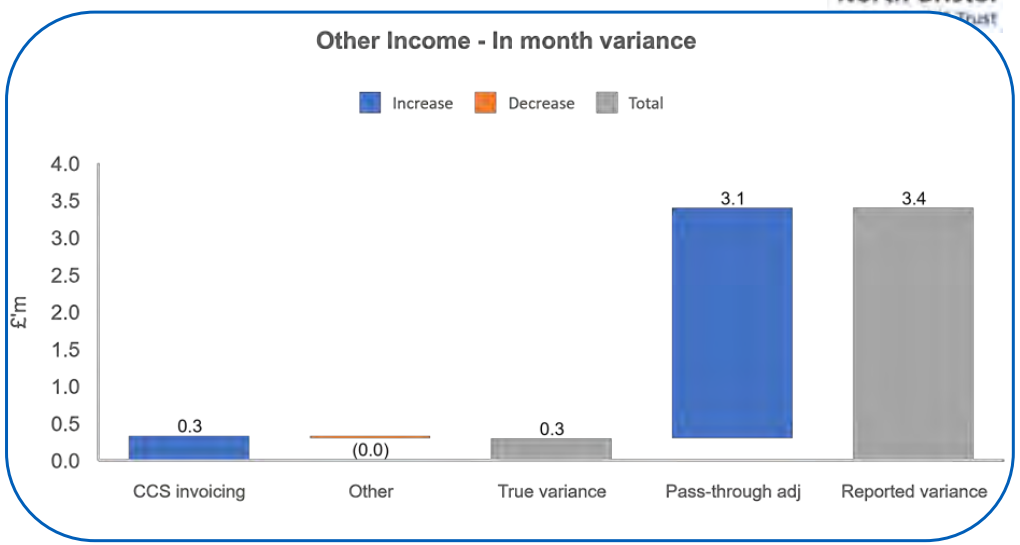


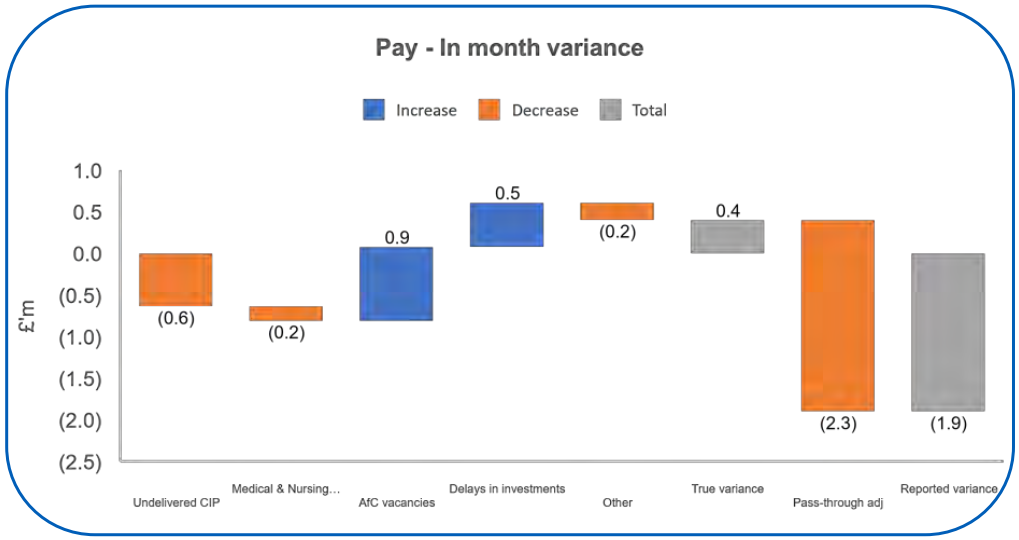
Income and Expenditure: Year to date I&E waterfall

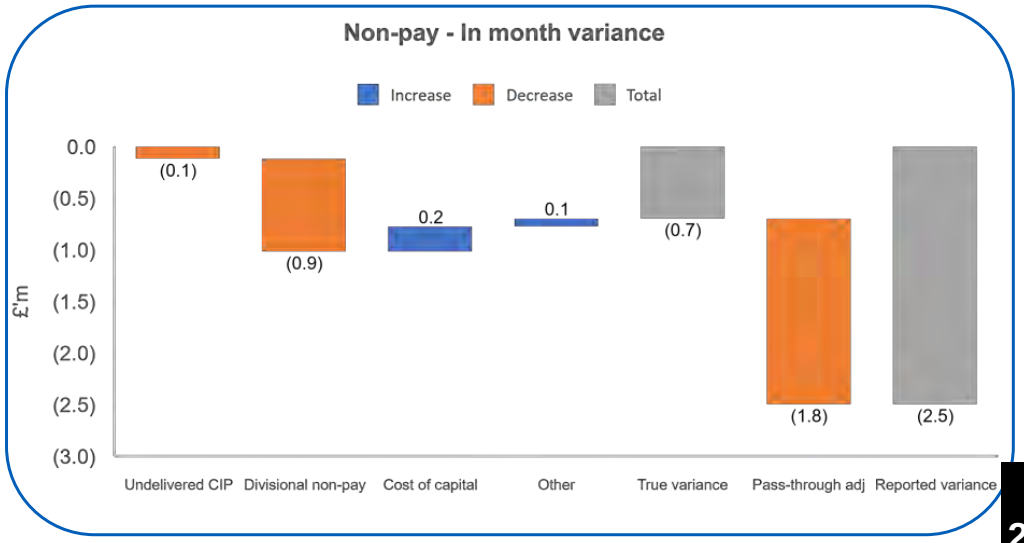


Finance Summary – In Month





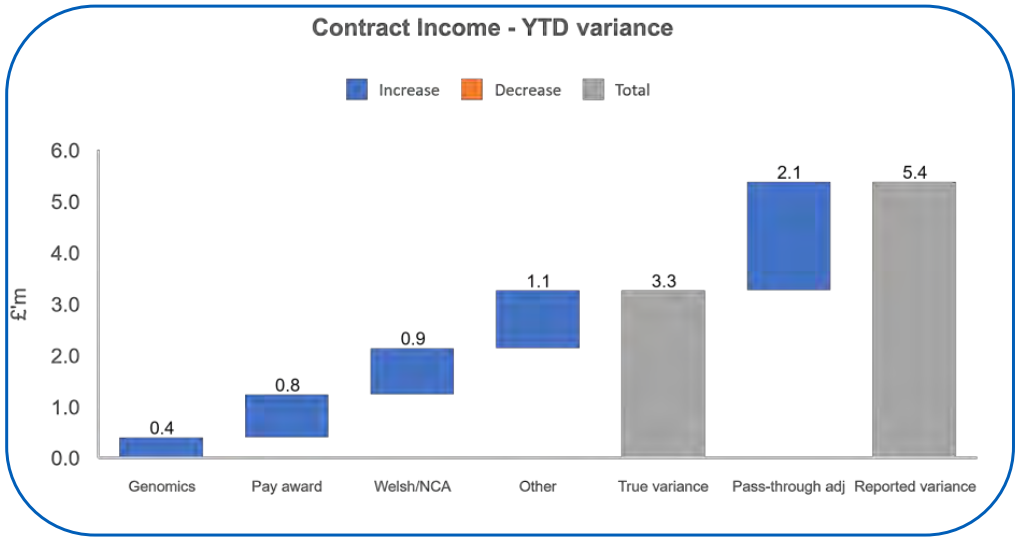


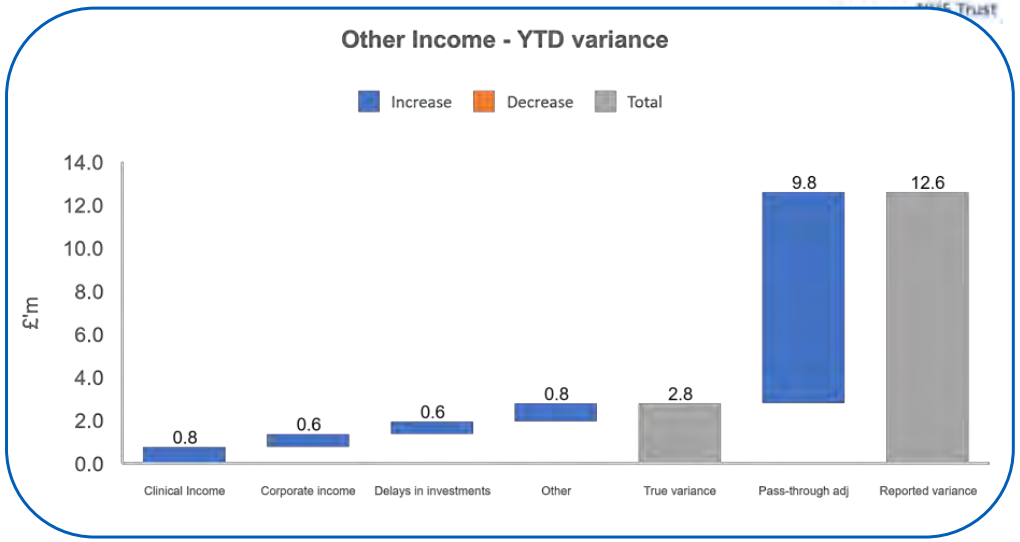


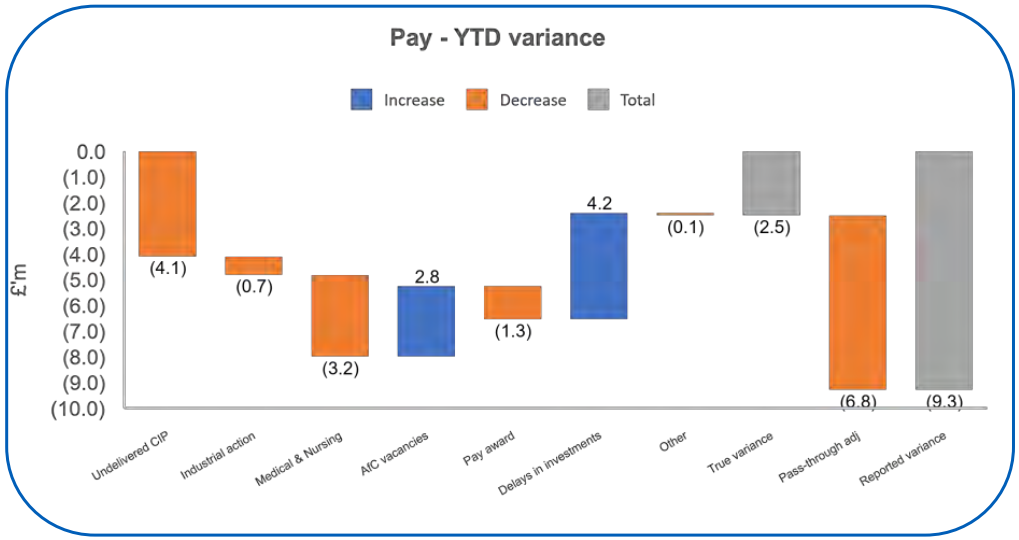
*Note: Further explanation of variances are provided on slides 8-11

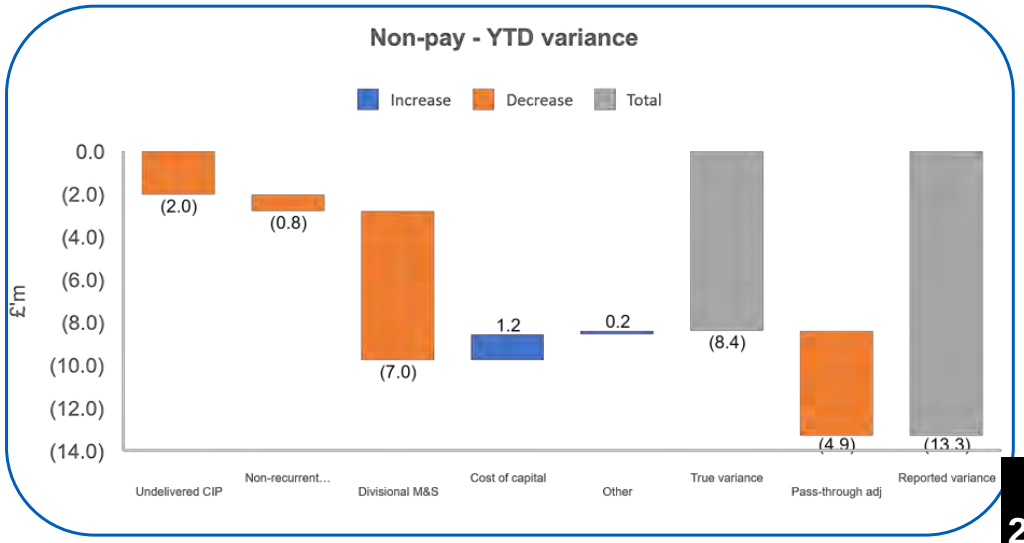
21.2

Finance Summary – Year to date









*Note: Further explanation of variances are provided on slides 8-11

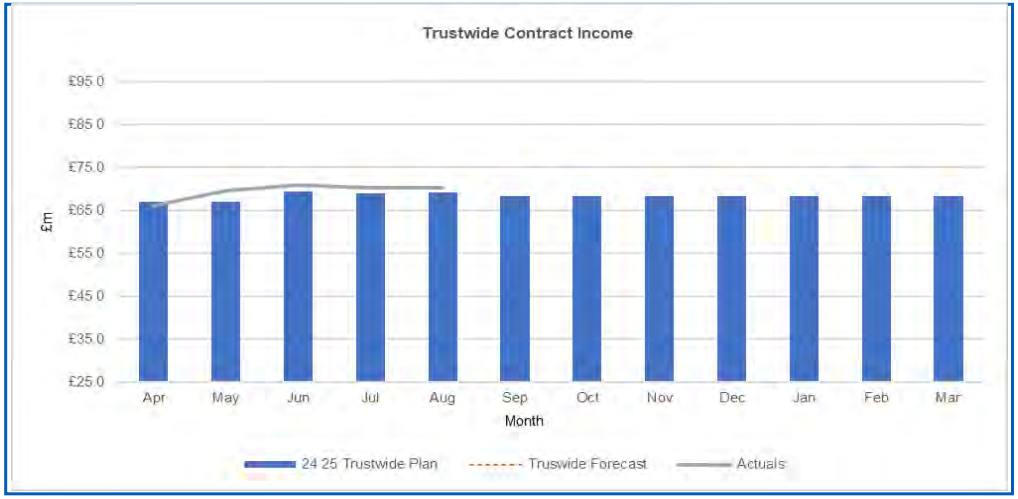
21.2

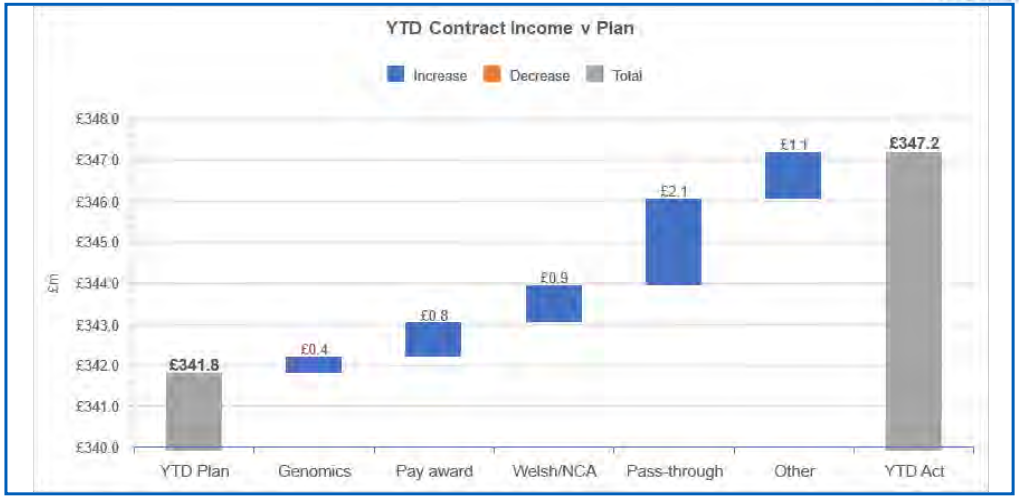
Finance Summary – Pass-through adjustments to reported variance

	In month					Year to date				
	Contract Income	Income	Pay	Non-pay	Total	Contract Income	Income	Pay	Non-pay	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Reported variance	**1.0**	**3.4**	**(1.9)**	**(2.5)**	**0.0**	**5.4**	**12.6**	**(9.3)**	**(13.3)**	**(4.6)**
Adjustments to remove:										
NHS Plan adjustments	0.0	3.4	(2.3)	(1.3)	(0.2)	0.0	11.6	(6.2)	(5.0)	0.3
Research & Education funding	0.0	(0.1)	0.0	0.1	0.0	0.0	(1.5)	0.1	1.5	0.0
High cost drugs	(0.0)	0.0	0.0	0.0	0.0	0.5	0.0	0.0	(0.5)	0.0
HCTED	0.5	0.0	0.0	(0.5)	0.0	1.0	0.0	0.0	(1.0)	0.0
Other (<£0.5m)	0.3	(0.2)	0.0	(0.0)	0.0	0.7	(0.3)	(0.6)	0.2	(0.0)
True variance	**0.2**	**0.3**	**0.3**	**(0.7)**	**0.2**	**3.3**	**2.8**	**(2.5)**	**(8.4)**	**(4.9)**

- The tables above highlight items within the position that have an equal and offsetting impact within income and expenditure or are removed to make the explanation of the variances easier to understand.
- As these have a net nil effect on the position they are removed when explaining the in month and year to date variances.
- These values reconcile to the 'pass-through' items on the waterfall graphs in the preceding two slides.

Contract Income Overview





Contract Income

In month: £1.0m fav

YTD: £5.4m fav

In month

- In month Trustwide Contract Income is £1.0m favourable to plan.
- This is driven by additional pass-through income of £0.7m (predominantly high-cost drugs and devices), along with the consultants pay award £0.2m and Genomics £0.1m.

Year to date

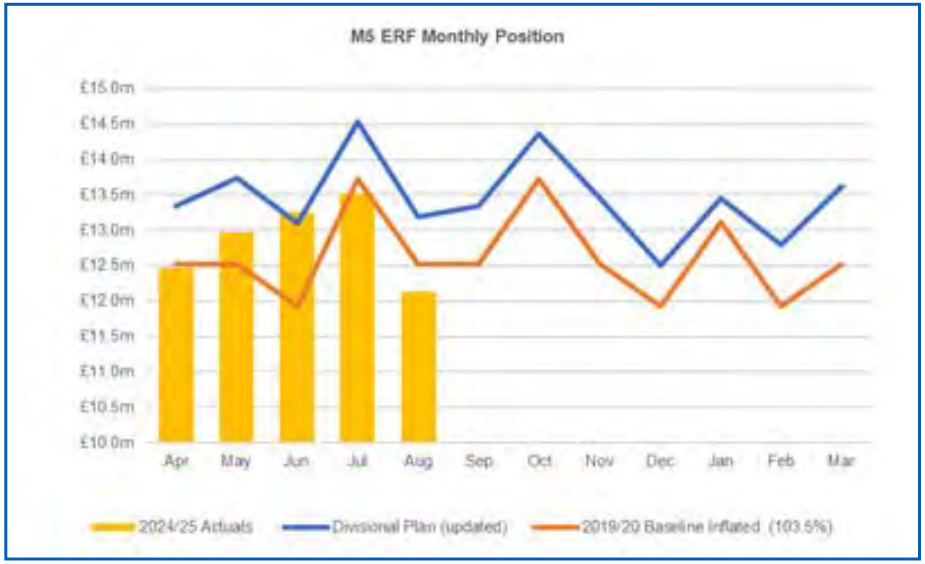
- Year to date the Trustwide Contract Income position is £5.4m favourable to plan.
- This is driven by additional pass-through income of £2.1m, which relates to high-cost drugs and devices and income relating to hosting SWAG. Other upsides include additional service development funding (SDF) income received from the ICB £1.1m, Welsh income of £0.9m, the consultants pay award £0.8m (backdated to April) and Genomics income of £0.4m not in plan.

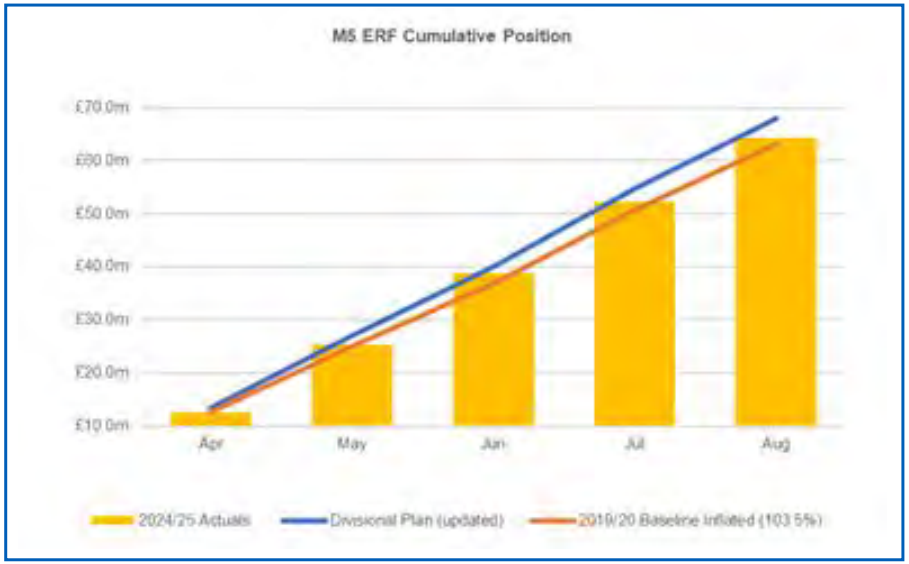
Trend Analysis

Contract Income trend shows that Month 5 is in line with Month 4 and a £1.0m increase on the year to date average.
The increase in-month v year to date average is driven by additional SDF income including Medical Examiner, Smoking Cessation, SWAG and Ockenden along with NHSE HCTED activity and ICB high-cost drugs (pass-through).

21.2

Elective Recovery Fund Performance





Elective Recovery Funding

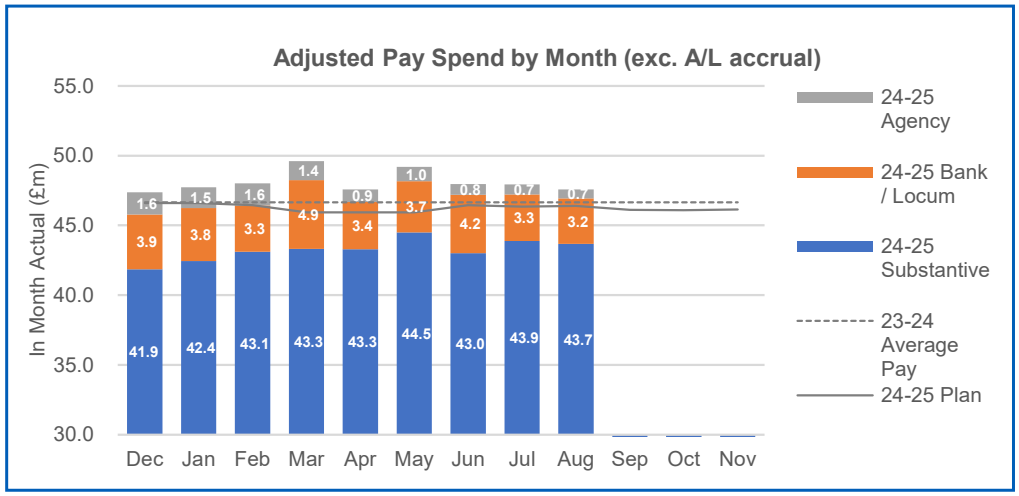
In month

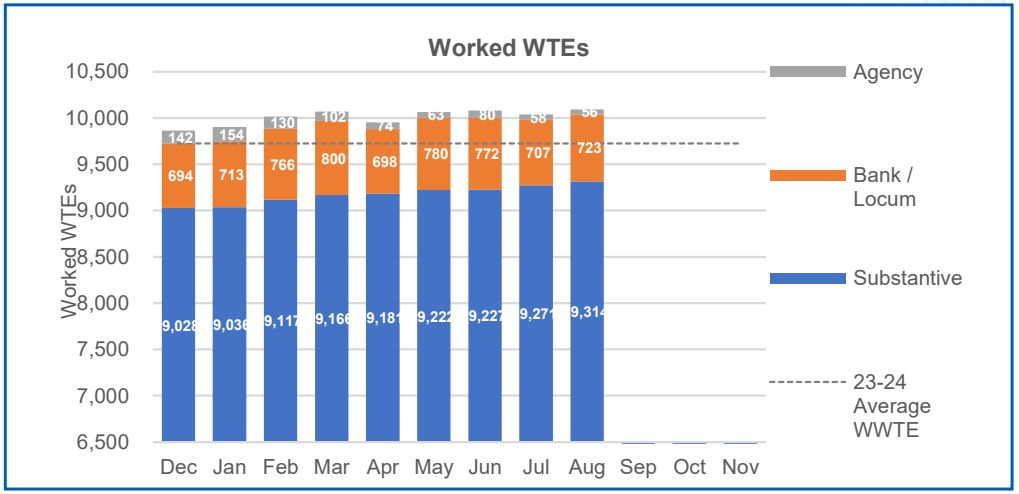
- ERF performance in August of 100.1% against 19/20 activity.
- This equates to lost ERF of £0.4m in the month against the agreed baselines.
- In August, against divisional plans, the position underperformed by £1.0m.
- The main driver of the in month position is NMSK which continues to underperform in line with run rate. Actions discussed as part of recovery measures expected to deliver from late quarter 2.

Year to date

- Year to date ERF performance of 105.3% against 2019/20 activity.
- Total ERF earned is £1.1m against agreed baselines, year to date however is £3.3m below divisional plans.
- NMSK continue as the driver of underdelivery on divisional performance in speciality areas of T&O, Spinal Surgery and Neurosurgery.
- Recovery measures are actively being discussed as part of divisional escalation meetings which include alternative insourcing, additional lists and recruitment into to existing vacancies.

Pay Overview





*Note: Average 23-24 pay has been inflated by 5.5% for Consultant staff and adjusted for one-offs throughout the year (pensions, non-consolidated pay award, annual leave accrual)

Pay

In month spend: £47.6m

In month: £1.9m adv

YTD: £9.3m adv

In month

- Trust wide pay spend is £47.6m driving a £1.9m adverse variance to plan. New funding adjustments offset in Non-NHS income is £2.3m adverse therefore revised pay variance is £0.4m favourable to plan. This is driven by delays in investments (£0.5m favourable) and Agenda for Change vacancies (£0.9m favourable) which is offset by unidentified CIP (£0.6m adverse) and other smaller overspends (£0.4m adverse).
- In month agency spend is £0.7m and bank/locum £3.2m. Slides 22 and 23 in the appendix have a more detailed breakdown.

Year to date

- Year to date Trust wide pay is £240.3m which is £9.3m adverse to plan. Excluding the adjustment for pass-through items, the revised position is £2.5m adverse to plan. Undelivered CIP is £4.1m adverse with overspends on medical and nursing pay £3.2m adverse. The pay award is causing a £1.3m adverse variance year to date which is partially offset by income. In June and July, the Trust saw industrial action which has caused a £0.7m adverse variance to the pay position. These are offset by delays on investments £4.2m favourable and other Agenda for Change vacancies £2.8m favourable.

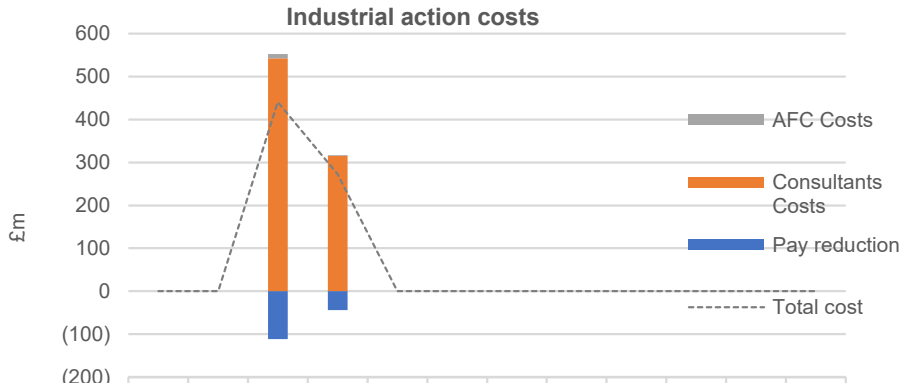
Trend Analysis

(further analysis shown in the Appendix)

- In August the pay spend was £47.9m which is a decrease of £0.3m in comparison to July. Bank usage has decreased in both months in comparison to April to June run rate due to increased controls across clinical divisions. WTE's in August were 10,093 compared to 10,036 in July (agency decreased by 2, bank/locum increased by 16 and substantive increased by 43). This is largely driven by the junior doctor rotation and is expected to reduce again in September.
- There has been a £1.3m increase on the 2023/24 year to date average (mean) which is predominantly driven by substantive in ASCR, Medicine and NMSK. WTEs have increased by 367 on the prior year average which is predominantly driven by substantive recruitment (ASCR, Medicine & CCS) and offset partly in reduction in agency use.

21.2

Industrial Action Overview



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
AFC Costs			10	2								
Consultants Costs			542	315								
Pay reduction	0	0	(111)	(44)	0	0	0	0	0	0	0	
Total cost	0	0	441	273	0	0	0	0	0	0	0	0

Industrial action dates 2024/25

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Consultant													
Junior Doctor			4	1									**5**
Nursing													
Total			**4**	**1**									**5**

Industrial action

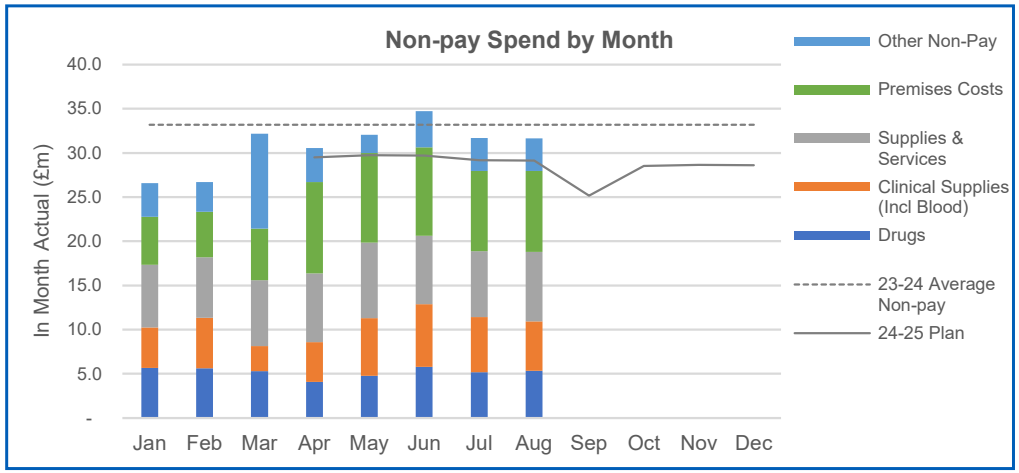
In month spend: £0m

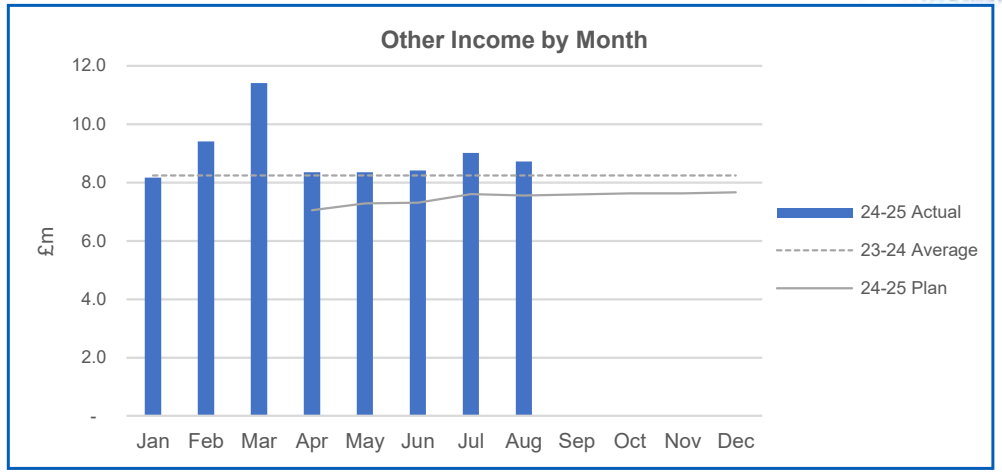
In month deductions: £0

YTD spend: £0.7m

- The Trust has seen industrial action from junior doctors in June and July
- The graph shows that the Trust has seen salary reductions of £0.2m for all industrial action in 2024/25 so far.
- The additional cost of covering industrial action has been £0.9m with this largely being for medical staff, mainly consultants, covering junior doctor shifts.
- The Trust has agreed a range of enhanced rates during industrial action periods to ensure the hospital is safe for patients.
- The Trust saw industrial action from 27th June to 1st July.
- No further dates for industrial action have currently been agreed post July.

Non-pay & Non-commissioned Income Overview





*Note: Average 23-24 non-pay has been inflated by 0.8% for non-pay inflation, and adjusted for one-offs (Apprentice Levy and Stock)

Non-pay

In month spend: £31.6m

In month: £2.5m adv

YTD: £13.3m adv

In month

- Trustwide non-pay spend was £2.5m adverse. Pass-through items are causing a variance of £1.8m. The revised variance is therefore £0.7m adverse. This is driven by overspends across clinical divisions to deliver activity.

Year to date

- Year to date Trustwide non-pay is £240.3m and £13.3m adverse to plan. Excluding pass-through items and delays in investments, the revised position is £8.4m adverse. This adverse position is driven primarily by medical and surgical consumable spend to deliver activity (£7.0m adverse) and multiple smaller non-pay variances (£0.6m adverse). Divisions are currently investigating the drivers for the non-pay overspends and putting actions in place to reduce this. CIP is causing a £2.0m adverse variance to the position. This is offset by favourable variances on cost of capital (£1.2m favourable).

Non-NHS Income

In month income: £8.7m

In month: £3.4m fav

YTD: £12.6m fav

In month

- In month, non-commissioned income was £8.7m creating a £3.4m favourable variance. The favourable position was driven primarily by £3.1m new funding adjustments. The remaining £0.3m favourable variance is driven by CCS invoicing being higher than year to date estimates.

Year to date

- Year to date non-commissioned income is £42.8m creating a £12.6m favourable variance. The is due to new funding in the year-to-date position since the final plan was signed off in May and pass through items (£9.8m). The remaining £2.5m favourable variance is driven by increased income across the divisions (£1.0m fav) and delays in investments (£0.9m fav).

21.2

Savings

Summary Division (£'m)	FYE Target	Completed Schemes	Schemes in Implementation	Schemes in Planning	Total FYE	Variance FYE	Schemes in Pipeline	Total FYE inc Pipeline
ASCR	5.8	2.1	0.0	2.4	4.5	(1.3)	1.5	5.9
CCS	4.8	2.2	0.0	0.5	2.7	(2.2)	0.7	3.3
MED	4.1	1.2	0.0	0.9	2.0	(2.1)	0.6	2.7
NMSK	3.7	0.9	0.5	0.6	1.9	(1.8)	1.2	3.1
WCH	1.6	0.8	0.0	0.2	1.0	(0.7)	0.4	1.4
FAC	2.5	0.3	0.0	0.4	0.7	(1.7)	0.9	1.6
Corp	1.8	1.2	0.0	0.0	1.2	(0.6)	0.6	1.8
Central	4.3	0.5	0.1	0.4	1.1	(3.3)	8.0	9.0
Total	**28.7**	**9.1**	**0.6**	**5.4**	**15.1**	**(13.6)**	**13.7**	**28.8**

Saving Phasing £'m	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Plan phasing	1.5	1.5	1.7	2.5	2.5	2.5	2.5	2.5	2.5	3.0	3.0	3.0	28.7
Delivery FYE	0.6	0.7	2.7	1.5	3.6								9.1
Cumulative Plan	1.5	3.0	4.7	7.2	9.7	12.2	14.7	17.2	19.7	22.7	25.7	28.7	28.7
Cumulative Delivery	0.6	1.3	4.0	5.5	9.1								9.1

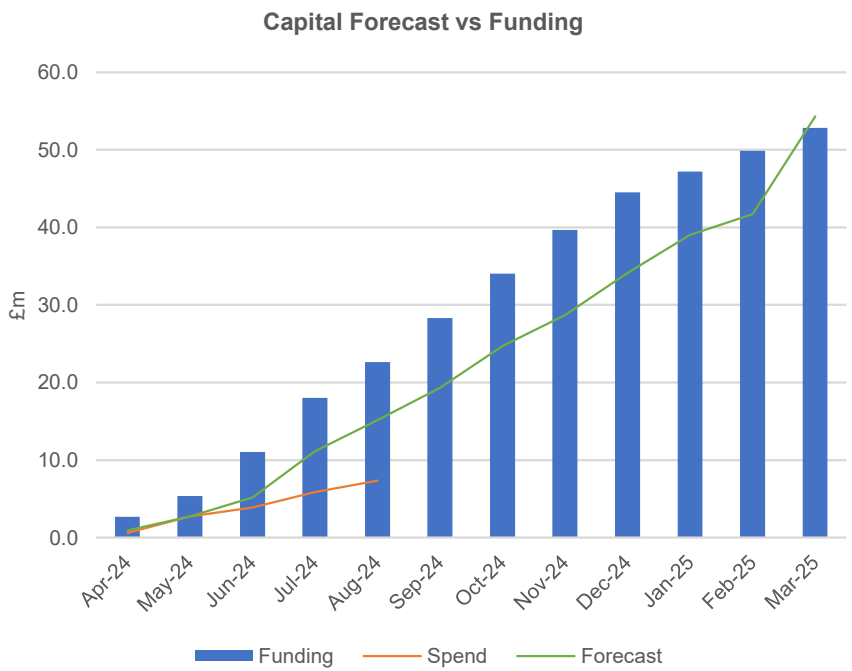
- The CIP plan for 2024/25 is for savings of £28.7m with £9.7m planned to be delivered by Month 5.
- At Month 5 the Trust has £9.1m of completed schemes on the tracker. There are a further £6.0m of schemes in implementation and planning leaving a remaining £13.6m of schemes to be developed, against this we have £13.7m of schemes identified in the pipeline.
- The total identified CIP schemes on the tracker shows a positive variance of £0.1m with pipeline included, with further schemes currently being worked up.
- In the table above the Trust has reflected delivery of £9.1m of savings in 2024/25. This is the full year effect figure that will be delivered recurrently. Due to the start date of CIP schemes this creates a mis-match between the 2024/25 impact and the recurrent full year impact.
- At Month 5 the Trust is showing a £6.1m adverse variance for delays due to in year delivery of CIP, which reflects the fact that most schemes delivered in month 5 are not currently impacting the year to date position. The I&E impact of this is being managed through vacancy factors in funded budgets and delays on implementing investments.

£'m	Plan	Delivery	Variance
Recurrent Impact	9.7	9.1	(0.6)
Year to Date Impact	9.7	3.6	(6.1)

21.2

Capital

Expenditure	FY Funding (£m)	FY Forecast (£m)	FY Forecast Variance (£m)	YTD Spend (£m)
Divisional Schemes	3.8	3.8	(0.0)	0.2
CRISP Schemes	3.7	4.8	1.1	0.7
IM&T Schemes	2.7	2.6	(0.0)	0.2
Medical Equipment	3.2	3.6	0.4	(0.2)
Sustainability Schemes	1.9	1.9	0.0	0.0
Core Spend	**15.3**	**16.7**	**1.5**	**0.9**
HCID Doors PDC	0.1	0.1	(0.0)	0.0
Digital Pathology PDC	0.2	0.2	0.0	0.0
Subtotal	**15.5**	**17.0**	**1.5**	**0.9**
Elective Centre	37.3	37.3	0.0	6.5
Total	**52.8**	**54.3**	**1.5**	**7.3**
Charity & Grant Funded	0.5	0.5	0.0	0.2
Leases	10.9	10.9	0.0	0.0
PFI Lifecycle	1.5	1.5	0.0	0.1
Grand Total	**65.7**	**67.2**	**1.5**	**7.7**



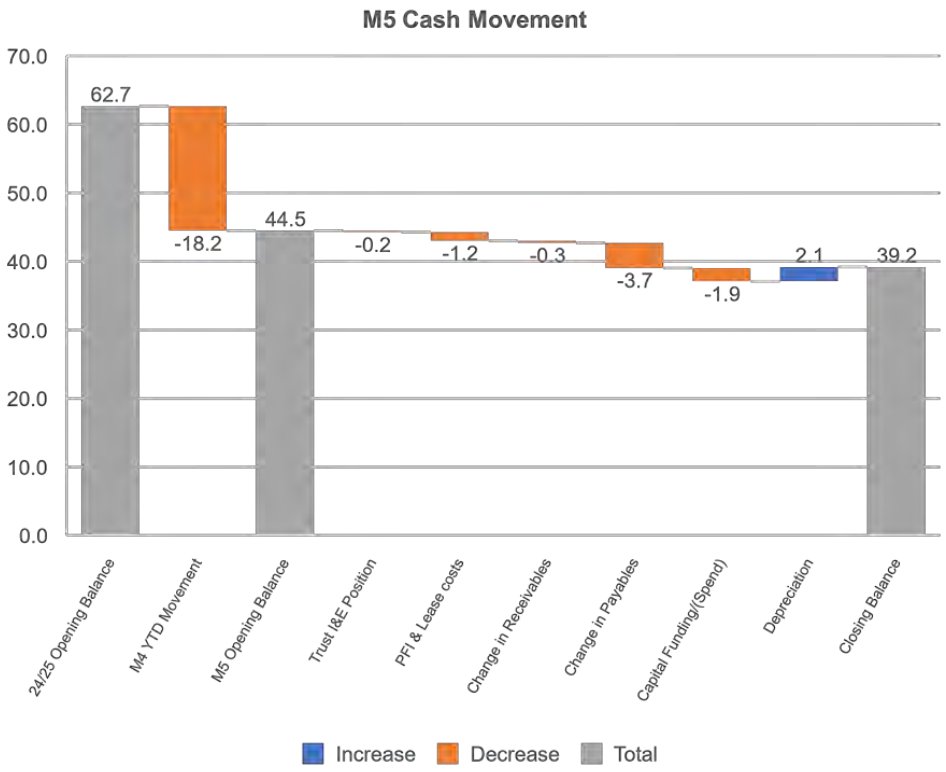
- The capital plan is currently over-programmed by £1.5m against projects funded within the Trust's core capital envelope and by national funding.
- While the capital plan is currently over-programmed, the Capital Planning Group is confident that it can be mitigated back to funding envelope by the end of financial year.
- The spend year to date is driven by the Elective Centre project, £6.5m, with spend on Fire Integrity, £0.5m, and EPMA, £0.4m, the other projects of note. The negative position against Medical Equipment is due to a credit note received.
- The in-year variance to forecast is driven by reduced construction cost spend on the Elective Centre, for which a revised supplier cash flow is expected this month.
- Overall spend on the Elective Centre project is currently £17.0m, of which £13.2m relates to the main construction contract. Year to date spend is £6.5m, of which £6.2m is on the main construction contract. The remaining project contingency is £1.8m.

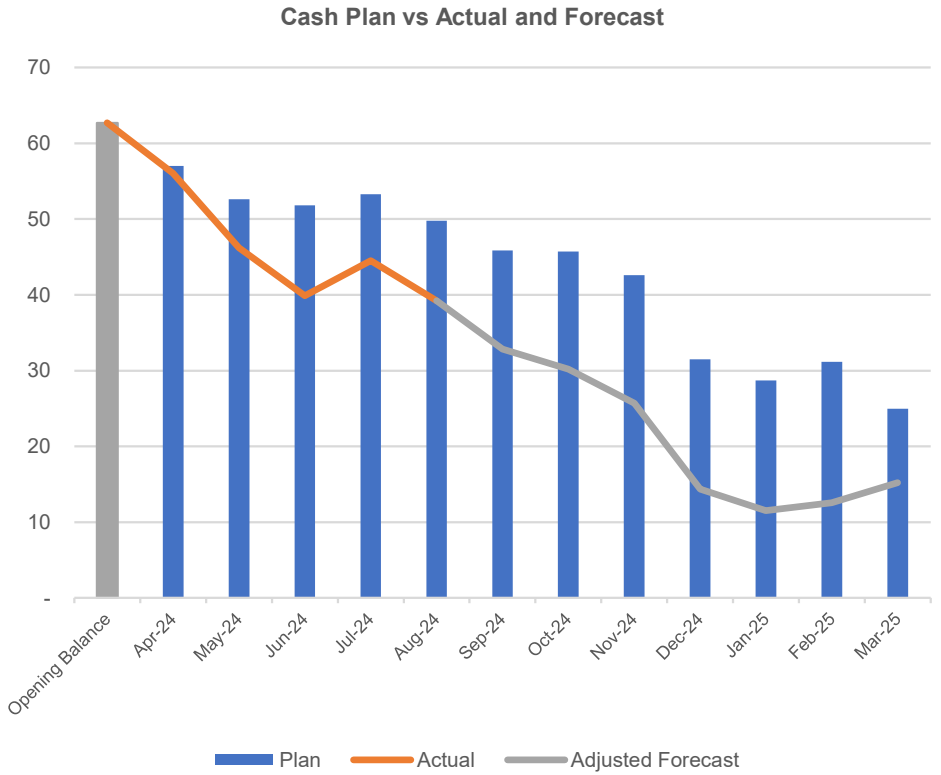
Capital – Large Project Update

Capital Project	£m					
	Approved Budget	Pre 24/25 Spend	Forecast 24/25 Spend	Forecast Future Year Spend	Forecast Total Project Spend	Variance
Southmead Elective Centre	49.9	10.5	37.3	2.1	49.9	0.0
CT Scanner	1.6	1.4	0.3	0.0	1.7	(0.1)
MRI Scanner	2.0	0.0	2.0	0.0	2.0	0.0
IR3 Biplane	1.8	1.5	0.3	0.0	1.8	(0.1)
Fire Integrity	3.3	2.9	1.0	0.0	3.9	(0.7)
Mortuary Extension	2.3	0.2	2.1	0.0	2.3	0.0
EPMA	2.6	0.4	1.8	0.3	2.5	0.0

- The above table presents the current capital projects with the budget of over £1.0m.
- CPG has identified additional in-year funding available for the Fire Integrity project, and an updated business case to reflect the revised envelope is expected to be brought through Business Case Review Group. Previous versions of the CT Scanner and IR3 Biplane Business Cases were based on provisional figures received from The Hospital Company. These figures have now been finalised and updated business cases are expected.

Cash Position



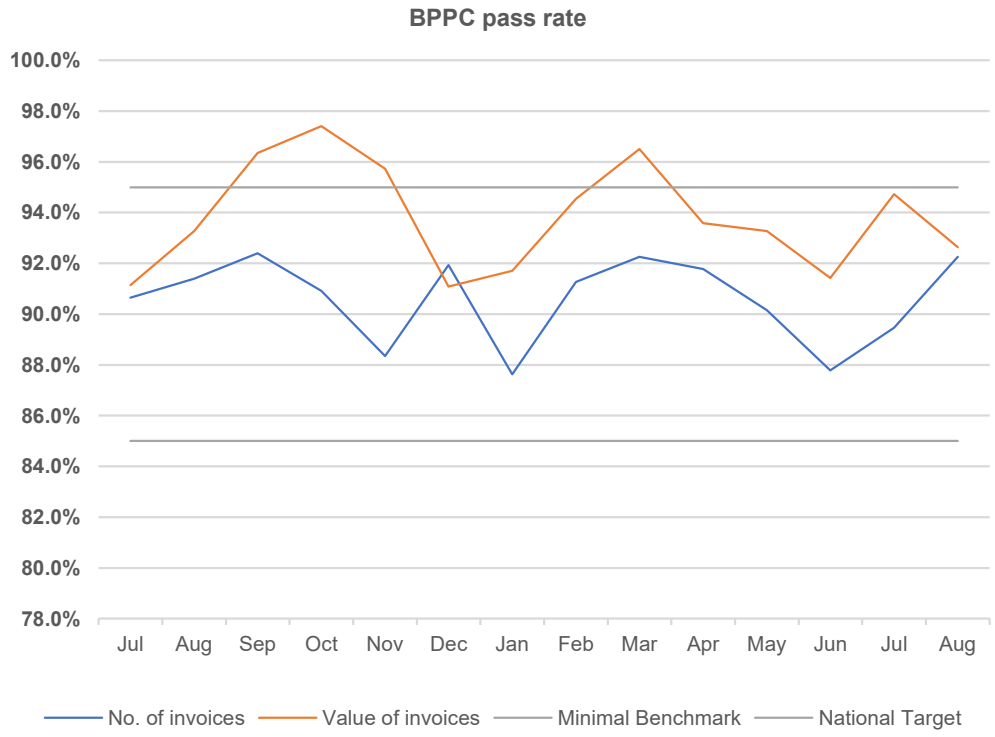


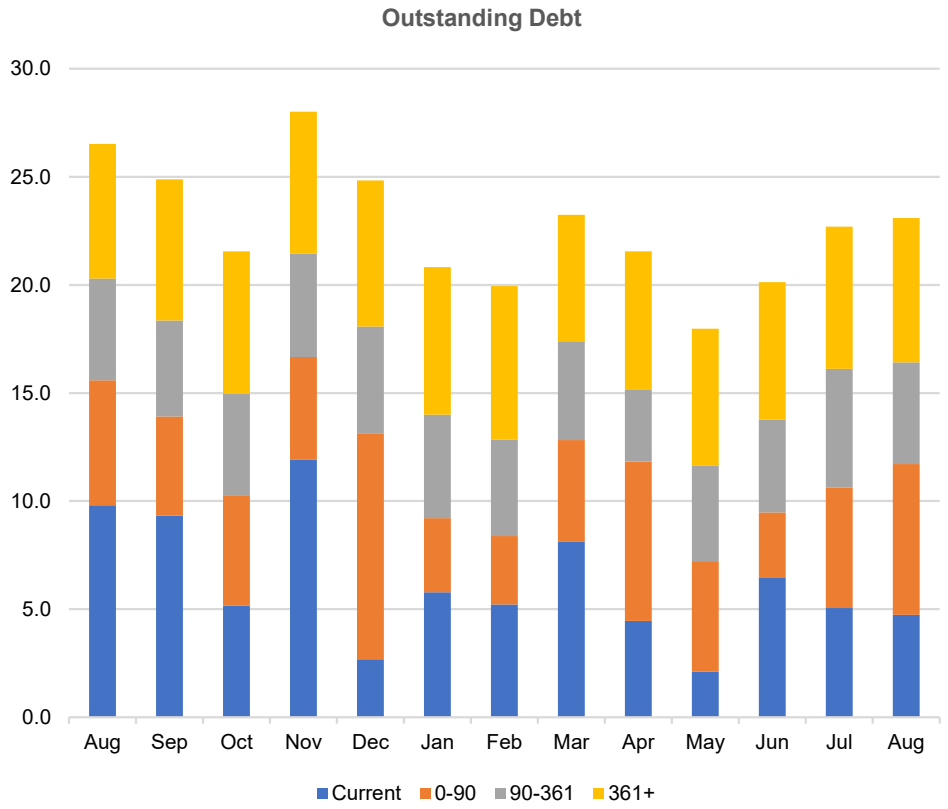
- In month cash is held at £39.2m, which is a £5.3m reduction from Month 4 driven by reduction in trade payables and deferred income and in month capital expenditure.
- The cash balance has decreased by £23.5m year to date which is driven by the I&E deficit, capital expenditure and delays in payment of invoices relating to 23/24.
- The cash position is forecast to reduce to approximately £16m. This is a reduction of £9m from plan due to the increased capital expenditure approved in July's CPG based on the additional non-cash backed funding allocation.

N.B. Change in payables includes deferred income but does not include change in capital payables as this is included in capital spend. Change in Receivables also includes movements in inventories.

21.2

BPPC and Debt position





- BPPC pass rates continues to outperform minimum benchmark of 85%. In June, the value performance has decreased due to delays in invoice approval for large value invoices, which was addressed by Accoutns Payable team in July.
- The increase in debt is a result of delays in payments from Welsh Commissioners.
- 57% of the debt over 361 days (£3.8m) relates to Overseas patients and is fully provided for.

21.2

Risks & Mitigations

Issue	YTD Position £m	Risk	FOT £m	Mitigations	FOT £m	Actions
Under delivery of in year savings	(6.1)	Continued under delivery of CIP	(12.2)	Delivery of pipeline items, with CIP Board holding divisions account.	12.2	Continued organisational focus on CIP identification and delivery
Actions to close the gap (planning assumption)	(2.0)	Trust unable to recurrently reduce cost pressures	(7.2)	Non-recurrent underspends	7.2	Escalation protocol for divisions with most significant pressures
Non-recurrent Income (planning assumption	0.0	Trust unable to identify source of income	(2.0)	Continued engagement with commissioners	2.0	Continued engagement with commissioners to identify additional income opportunities
Industrial action	(0.7)	Junior Doctor industrial action	(0.7)	Industrial action funding	0.7	NHSE to provide funding for additional costs of industrial action
		DIEP activity	(0.8)	Balance sheet mitigations	0.8	Seeking to secure external funding
In year pressures on pay and non-pay	(3.6)	In year pressures continue	(8.7)	Additional controls introduced	8.7	Monitor the impact of controls
Contract and other income	4.3					
Other	3.5					
Total	**(4.6)**		**(31.6)**		**31.6**	

- There is a risk that the cost pressures which have arisen or increased in 2023/24, and which have not been funded externally will risk the Trust's ability to breakeven in 2024/25 if action is not taken to reduce them. TLR 1896.
- There is a risk that the savings requirement of a 3.7% recurrent delivery is not achieved in 2024/25. This is due to an insufficient level of cost releasing and productivity savings being delivered. TLR 1887.
- There is a risk that the Trust will not receive the full £10m of non-recurrent income assumed in the 2024/25 plan, currently with unidentified sources. Risk ID 1924.
- The Trust is actively working to mitigate the risks to delivery of a breakeven position through the escalation process and the introduction of enhanced controls, and will consider further actions where necessary.

- As a result of the adverse positions within the BNSSG acute providers in the first quarter of the year, the ICS has enacted the local forecast outturn protocol.
- Forecasts were undertaken at Month 3 and Month 4 indicating actions were required to reduce current run rates in order to achieve the breakeven plan.
- As part of the protocol, the system is undertaking a detailed forecast based on Month 5 actuals to establish the level of risk to a breakeven outturn, whether further escalation action is required as a result and opportunities for balancing across the system. This will reflect the position for all system partners and capture known funding streams.
- NBT has implemented a range of additional controls during July and August to improve run rate and the expected impact of these controls will be reflected in the Month 5 forecast.

Appendix – Financial Statements

Income and Expenditure: Main Heading

	Month 5			Year to Date		
	Budget	Actual	Variance	Budget	Actuals	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	69.3	70.3	1.0	341.8	347.2	5.4
Other Income	5.3	8.7	3.4	30.3	42.8	12.6
Total Income	**74.6**	**79.0**	**4.4**	**372.1**	**390.0**	**18.0**
AHP's and STT's	(7.2)	(6.9)	0.3	(35.6)	(34.3)	1.3
Medical	(13.9)	(14.2)	(0.3)	(68.2)	(70.9)	(2.6)
Nursing	(17.2)	(16.7)	0.6	(87.4)	(86.6)	0.8
Other Non Clinical Pay	(7.4)	(9.8)	(2.5)	(39.7)	(48.5)	(8.8)
Total Pay	**(45.7)**	**(47.6)**	**(1.9)**	**(231.0)**	**(240.3)**	**(9.3)**
Drugs	(5.0)	(5.4)	(0.4)	(25.0)	(25.2)	(0.2)
Clinical Supplies (Incl Blood)	(5.8)	(5.6)	0.2	(29.2)	(29.9)	(0.7)
Supplies & Services	(6.5)	(7.9)	(1.3)	(32.3)	(39.4)	(7.1)
Premises Costs	(9.2)	(9.2)	0.0	(47.4)	(48.7)	(1.4)
Other Non-Pay	(2.7)	(3.7)	(1.0)	(13.6)	(17.4)	(3.8)
Total Non-Pay Costs	**(29.2)**	**(31.6)**	**(2.5)**	**(147.3)**	**(160.6)**	**(13.3)**
Surplus/(Deficit)	**(0.2)**	**(0.2)**	**0.0**	**(6.2)**	**(10.8)**	**(4.6)**

- Detailed Trustwide month 5 and year to date position shown by key headings. This shows further detail from the table shown on slide 2.

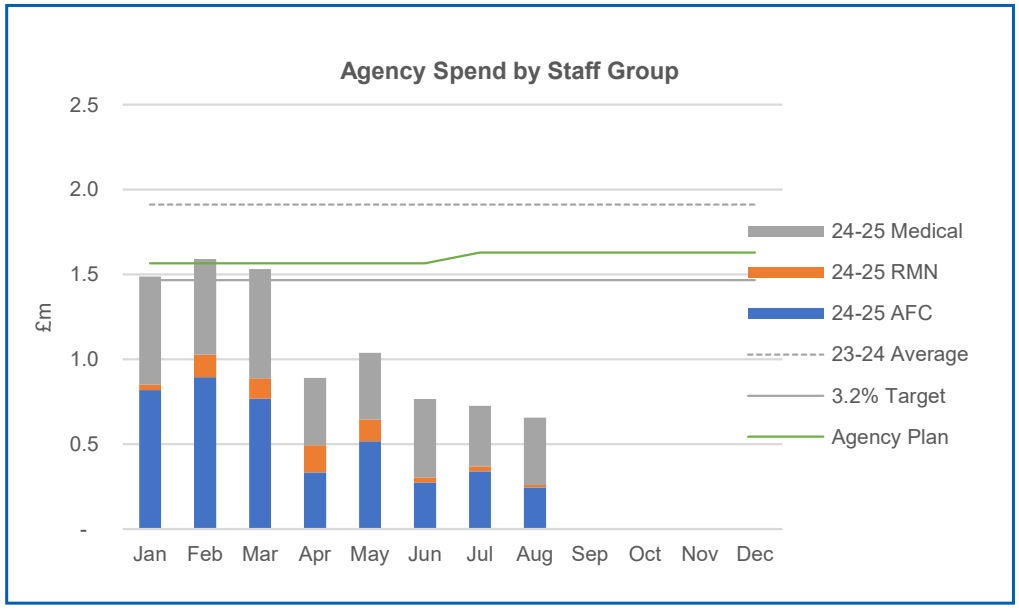
21.2

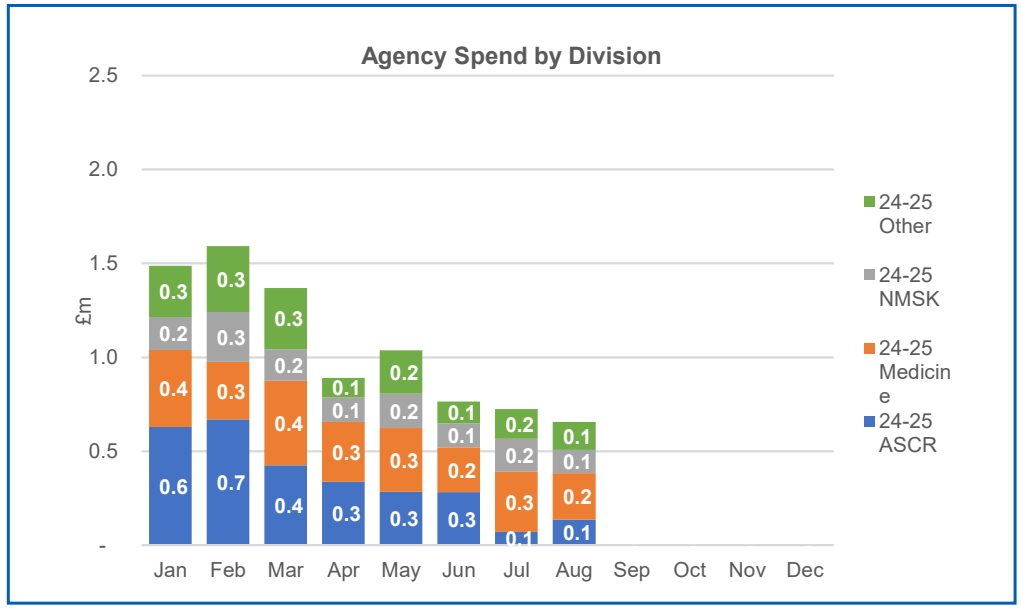
Statement of Financial Position

	23/24 Month 12	24/25 Month 04	24/25 Month 05	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
Non-Current Assets	**538.4**	**536.0**	**535.4**	**(0.6)**	**(3.0)**
Current Assets					
Inventories	11.7	11.7	11.8	0.1	0.1
Receivables	49.4	57.2	57.5	0.3	8.1
Cash and Cash Equivalents	62.7	44.5	39.2	(5.3)	(23.5)
Total Current Assets	**123.8**	**113.4**	**108.5**	**(4.9)**	**(15.3)**
Current Liabilities (< 1 Year)					
Trade and Other Payables	(99.9)	(88.3)	(86.1)	2.2	(13.9)
Deferred Income	(14.4)	(20.7)	(18.9)	1.8	4.5
Financial Current Liabilities	(23.6)	(23.6)	(23.6)	0.0	(0.0)
Total Current Liabilities	**(138.0)**	**(132.6)**	**(128.6)**	**4.0**	**(9.4)**
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.2)	(6.6)	(6.6)	0.0	0.5
Financial Non-Current Liabilties	(571.8)	(591.5)	(589.8)	1.7	18.0
total Non-Current Liabilities	**(578.0)**	**(598.1)**	**(596.4)**	**1.7**	**18.5**
Total Net Assets	**(53.7)**	**(81.3)**	**(81.1)**	**0.2**	**(27.4)**
Capital and Reserves					
Public Dividend Capital	485.2	492.5	492.5	0.0	7.3
Income and Expenditure Reserve	(541.8)	(610.8)	(610.8)	0.0	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(34.9)	(34.7)	0.2	34.3
Revaluation Reserve	71.9	71.9	71.9	0.0	0.0
Total Capital and Reserves	**(53.7)**	**(81.3)**	**(81.1)**	**0.2**	**(27.4)**

Items to note:
Non Current Assets: Movements driven by capital expenditure are offset by in-year depreciation and amortisation.
Inventories: Minimal year-to-date movement driven by Pharmacy.
Receivables: The year-to-date movement is driven by the prepayment of large value invoices for Clinical Negligence Scheme contribution and the maintenance contracts, which are expected to reduce over the year.
Cash and Cash equivalents: Please refer to the detailed analysis of key movements on Slide 16.
Trade and Other Payables: The year-to-date movement is driven by paying major year-end balances, such as business rates and capital project invoices.
Deferred income: The year-to-date and in-month movements follow a regular cycle of payments in advance from Health Education England, Research Grants and Commissioners.
Financial Liabilities: The year-to-date movement relates to recognition of annual PFI liability remeasurement of £26m based on the applicable inflation rate offset by the year-to-date repayments.
Income and expenditure reserve: The year-to-date movement represents a rollover of the final I&E balance from the prior year.
Income and expenditure account - current year: The year-to-date movement represents the cumulative year-to-date I&E position including below control total items, such as annual PFI liability remeasurement of £26m.

Pay: Temporary Staffing - Agency





Note: 3.2% target is calculated based on 2024-25 budgeted pay expenditure. The final figure is based on 3.2% of 2024-25 outturn, which will not be known until Month 12.

Agency analysis

Monthly Trend

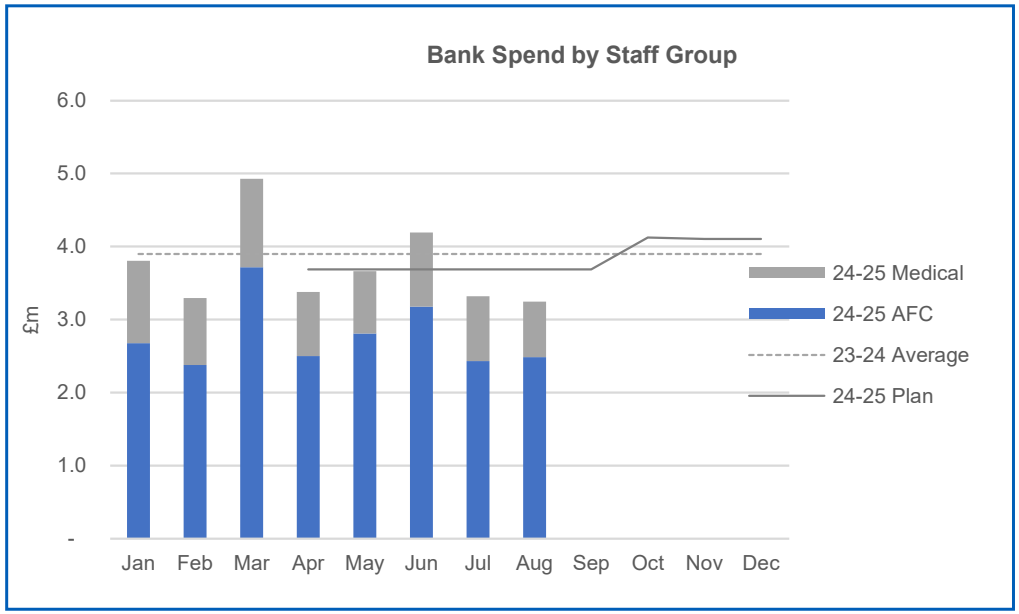
- Agency spend in August has remained in line with the reduction seen in the first quarter of the financial year in comparison to Q4 last year.
- Overall spend in month is driven by consultant agency usage in NMSK and Medicine covering vacancies as well as nursing agency usage in theatres (ASCR).

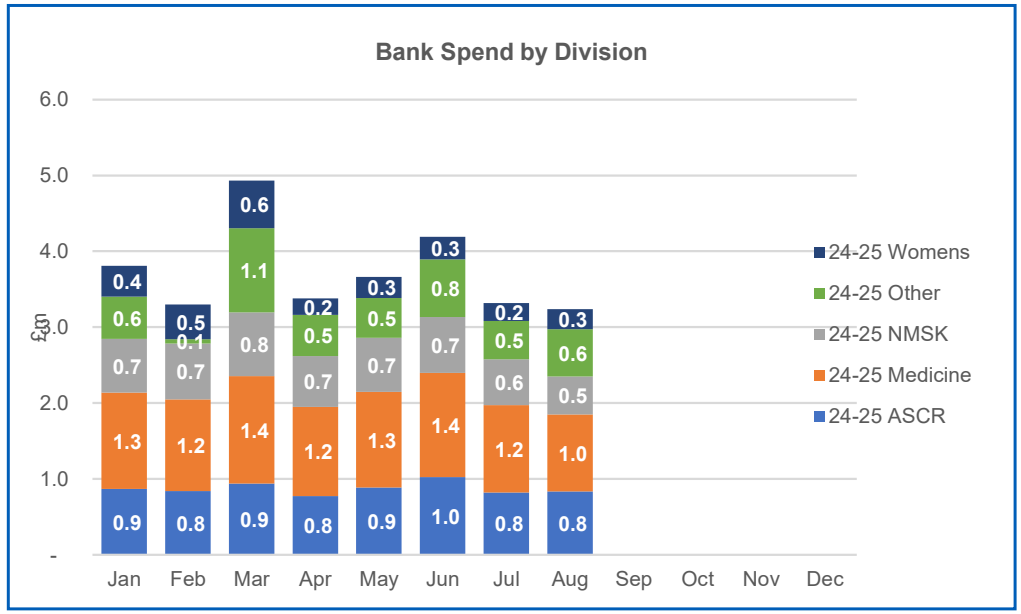
In Month vs Prior Year

- Trustwide agency spend in August is below 2023/24 spend. This is due to increased controls being implemented across divisions as well as the introduction of the agency rate card across the region.

21.2

Pay: Temporary Staffing - Bank





Bank analysis

Monthly Trend

- In August, bank spend has seen a reduction and is the lowest amount of spend seen in the year to date position. This has been seen across ASCR, Medicine and NMSK as escalation has reduced. This reduction in spend is driven by a reduction in bank shifts in the last week of August following the implementation of Trustwide controls.
- Included in Other is the impact of Locums Nest arrangements (£0.1m), where the Trust's doctors work shifts for other local providers. These costs are recharged and so don't represent additional cost to the trust.

In Month vs Prior Year

- Bank spend in month is lower than 23/24 spend. This is driven by decreases in escalation across the clinical divisions.

21.2

NHS North Bristol NHS Trust

Report To:	Public Trust Board		
Date of Meeting:	26 September 2024		
Report Title:	Standing Orders, Standing Financial Instructions, Scheme of Delegated Authority Amendments		
Report Author:	Xavier Bell, Director of Corporate Governance		
Report Sponsor:	Ingrid Barker, Joint Chair Maria Kane, Joint Chief Executive		
Purpose of the report:	**Approval**	**Discussion**	**Information**
	X		
	This report sets out amendments to the Trust's Standing Orders, Standing Financial Instructions, and Scheme of Delegated Authorities (SO/SFI/SODA) to reflect the role and responsibilities of the Hospital Managing Director.		

22

Key Points to Note *(Including any previous decisions taken)*

An Interim Hospital Managing Director has been appointed for a period of 12-months to provide further visible day-to-day leadership at NBT. This role supports and is accountable to the Joint Chief Executive who works across both North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust.

The Trust's SO/SFI/SODA require updating to reflect the role of the Hospital Managing Director, and to record the levels of delegated authority exercised by the individual holding that role.

In summary, it is proposed that the Hospital Managing Director has equivalent sign-off levels for:

- contracts,
- business cases,
- invoices,
- procurement STA/exception and recommendation reports,

as the Joint CEO, with an additional level of control for business cases of over £2.5m which will require the Joint CEO's sign off in addition to the Hospital Managing Director.

The changes proposed in this paper are interim, and the full SO/SFI/SODA will be updated in due course to reflect whichever longer-term operating model and leadership arrangements are ultimately agreed as part of the development of the Hospital Group model.

A number of other minor changes have been made to the SO/SFI/SODA, to remove references to NHS Improvement, ensure that the definition of Chair and Chief Executive include the joint element of their role across both acute trusts in Bristol, and to clarify that Trust Secretary has the authority to engage legal advisors for the Trust.

Strategic Alignment

The proposed changes support the interim leadership arrangements and the Hospital Group development, which enables the delivery of the Joint Clinical Strategy.

Risks and Opportunities

N/A

Recommendation

This report is for **Approval.**

Trust Board is asked to **approve** the proposed amendments to the SO/SFI/SODA.	
History of the paper (details of where paper has <u>previously</u> been received)	
N/A	N/A
Appendices:	*The full SO/SFI/SODA document is included in the Diligent Reading Room with tracked changes.*

Report To:	Public Trust Board		
Date of Meeting:	26 September 2024		
Report Title:	Diagnostics Performance Update		
Report Author:	Steve Curry, Chief Operating Officer		
Report Sponsor:	Steve Curry, Chief Operating Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	To update the Board on performance in Diagnostics.		

Key Points to Note (Including any previous decisions taken)

The slides appended to this report update the Board on Diagnostics Recovery and performance, as an introduction to the Diagnostics Showcase event, to be held after the meeting. The slides focus and provide data on:

- NBT's significant improvement against national waiting time targets since Covid-19
- 6-week Diagnostic performance
- 13-week Diagnostic performance
- Causes of historical backlogs and barriers to recovery
- The measures taken to address historical backlogs and barriers
- NBT's performance in the context of national benchmarking.

Strategic Alignment

The report and its recommendations align with the Trust's strategic direction, in particular putting the Patient First.

Risks and Opportunities

None applicable to this report.

Recommendation

This report informs and updates the Board on Diagnostics performance and is for information. The Board is asked to note the report.

History of the paper (details of where paper has <u>previously</u> been received)

N/A	
Appendices:	Appendix 1: Slide deck

North Bristol NHS Trust

NBT Diagnostics Recovery

North Bristol NHS Trust Board Update 2024

Divisional Representees

Trust Board | September 2024

Diagnostics Recovery | North Bristol NHS Trust

Diagnostics?

85%

of **all** clinical pathways involve diagnostic activity

Essential to delivering improved cancer performance, a key NHS clinical commitment

Early detection and prevention of conditions such as heart attacks and strokes - reducing demand on acute services

Data source: Diagnostics: Recovery and Renewal, NHS England and NHS Improvement, October 2020

Diagnostics Recovery | North Bristol NHS Trust

Diagnostics?

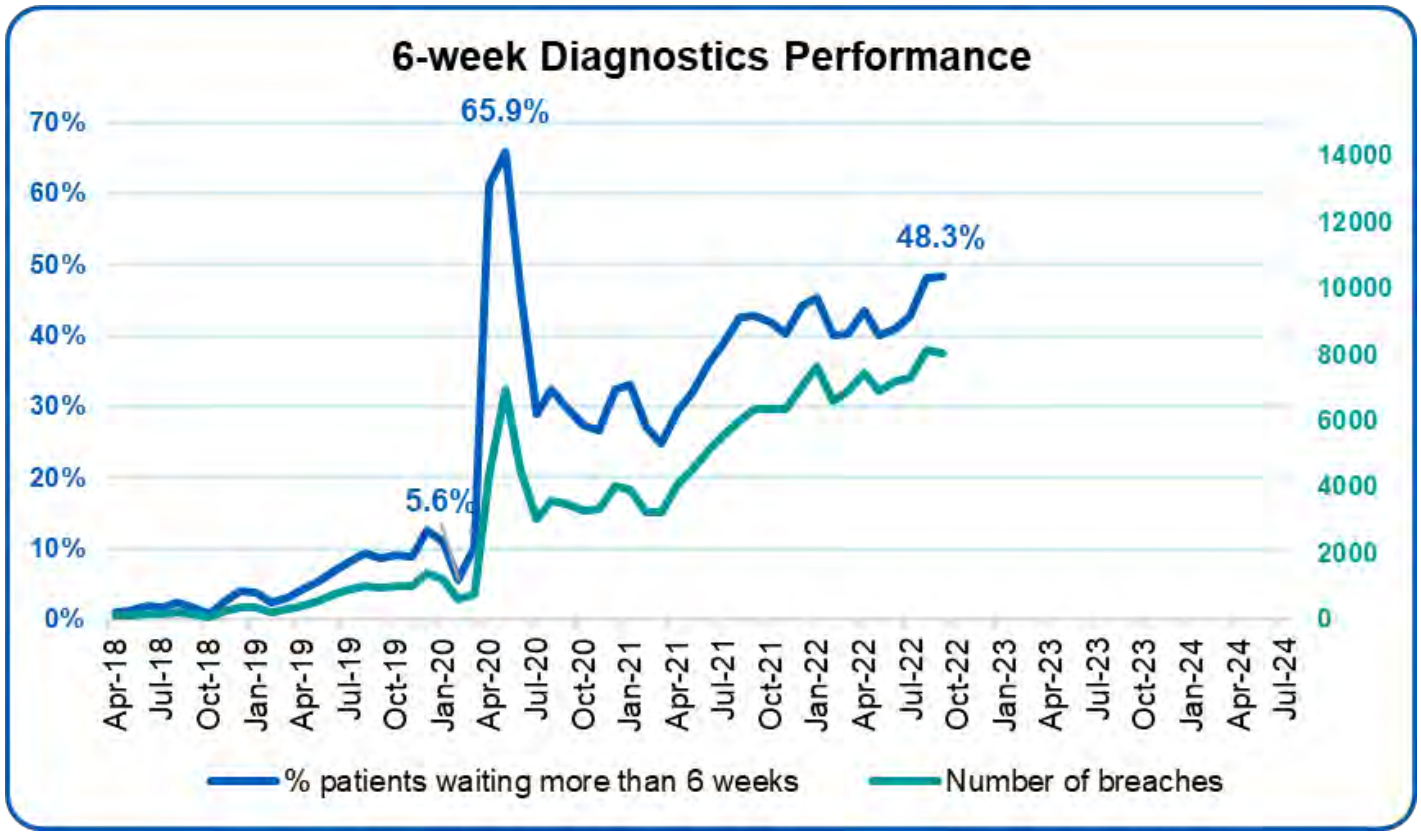
Constitutional standard

- **No more than 1% of patients waiting more than 6 weeks.**
- **No patients waiting more than 13 weeks.**

National Recovery Targets	Patients waiting >6 weeks
2022/23	25%
2023/24	15%
2024/25	5%

Diagnostics Recovery | North Bristol NHS Trust

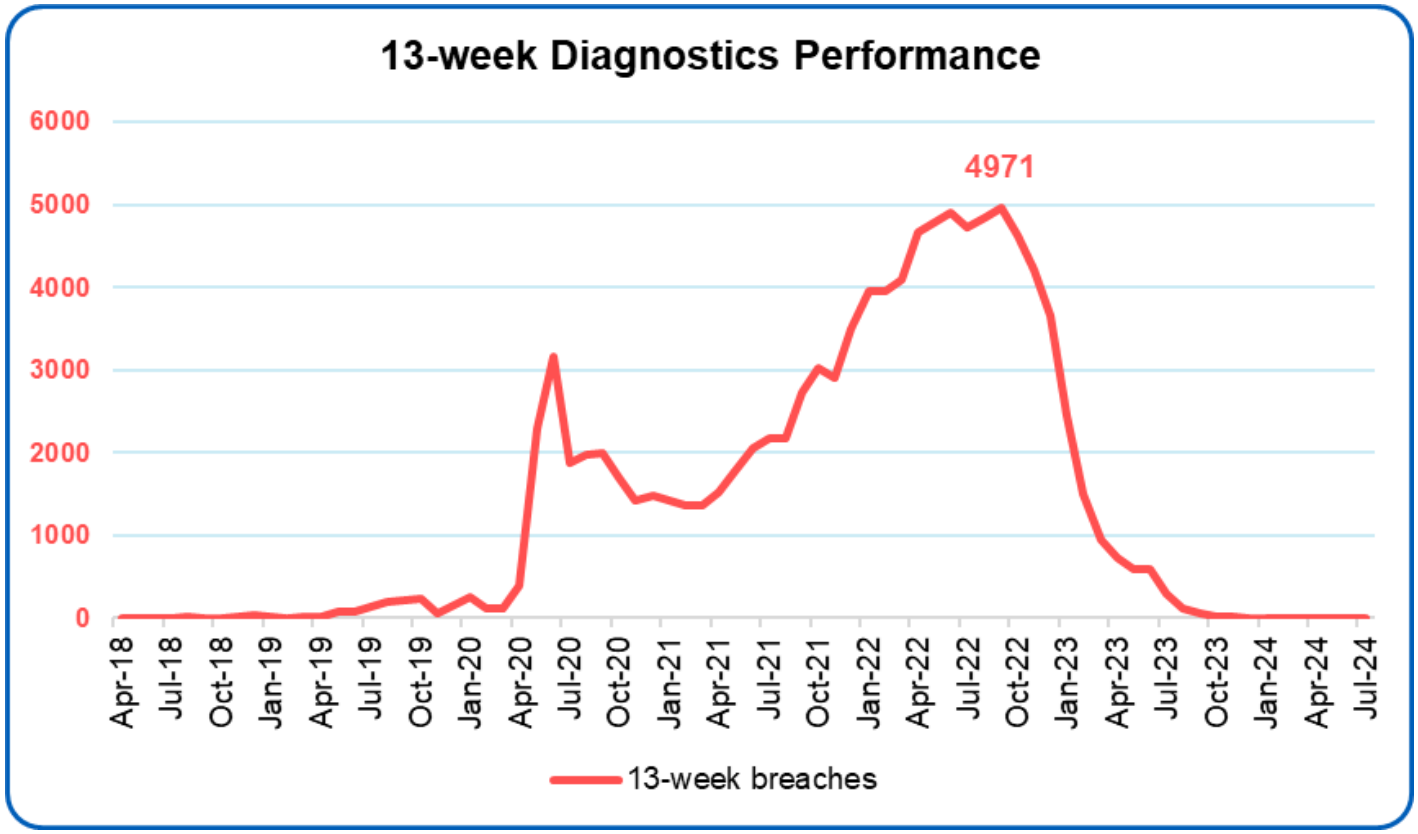
Journey to a challenged position



- Averaging 5-10% patients waiting more than 6 weeks (600-900 patients) pre-Covid.
- Position stabilised to around 30% after first lockdown but deteriorated progressively.
- Post-Covid worst position of nearly 50% of patients waiting more than 6 weeks in September 2022.

Diagnostics Recovery | North Bristol NHS Trust

Journey to a challenged position



- Covid created a significant 13-week breach problem.
- 5000 13-week waiters, 60% were waiting more than 26 weeks.

Diagnostics Recovery | North Bristol NHS Trust

Modality Breakdown – 6-week breaches

Modality	Pre-Covid Feb-20	Worst Position Sep-22	Recovered Jul-24
Echocardiography	?	3789	0
Endoscopy	449	2121	21
Imaging	147	2147	64

Diagnostics Recovery | North Bristol NHS Trust

Backlog causes and obstacles to recovery

2020 — 2021 — 2022 — 2023

Multiple waves of Covid and subsequent lockdowns permanently changed ways of working and reduced capacity / efficiency.

Paused / reduced referrals led to increases in complexity and acuity.

Ramp up in diagnostic demand for both inpatients and outpatient. Increase in complexity and acuity: DEXA saw a 25% increase in referrals per month; increased complexity in Endoscopy meant a 25% reduction in patients per list. Not enough capacity.

National and local skills shortages, high sickness absence, vacancies and higher turnover, challenges not unique to diagnostics. 20-50% of capacity was non-core capacity, and external providers were struggling to provide the agreed level of capacity. New landscape for the independent sector. Too inefficient.

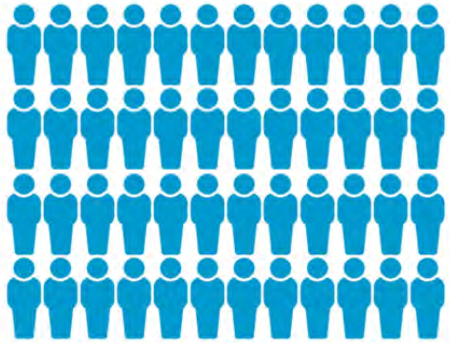
2022 - the year of industrial action: Rail, postal, education, nursing, doctor, consultant and ambulance strikes had an unprecedented impact on elective recovery and non-elective provision.

Diagnostics Recovery | North Bristol NHS Trust

What we did

Redesigned pathways

Utilising data and digitisation



Additional capacity

Workforce recruitment and transformation

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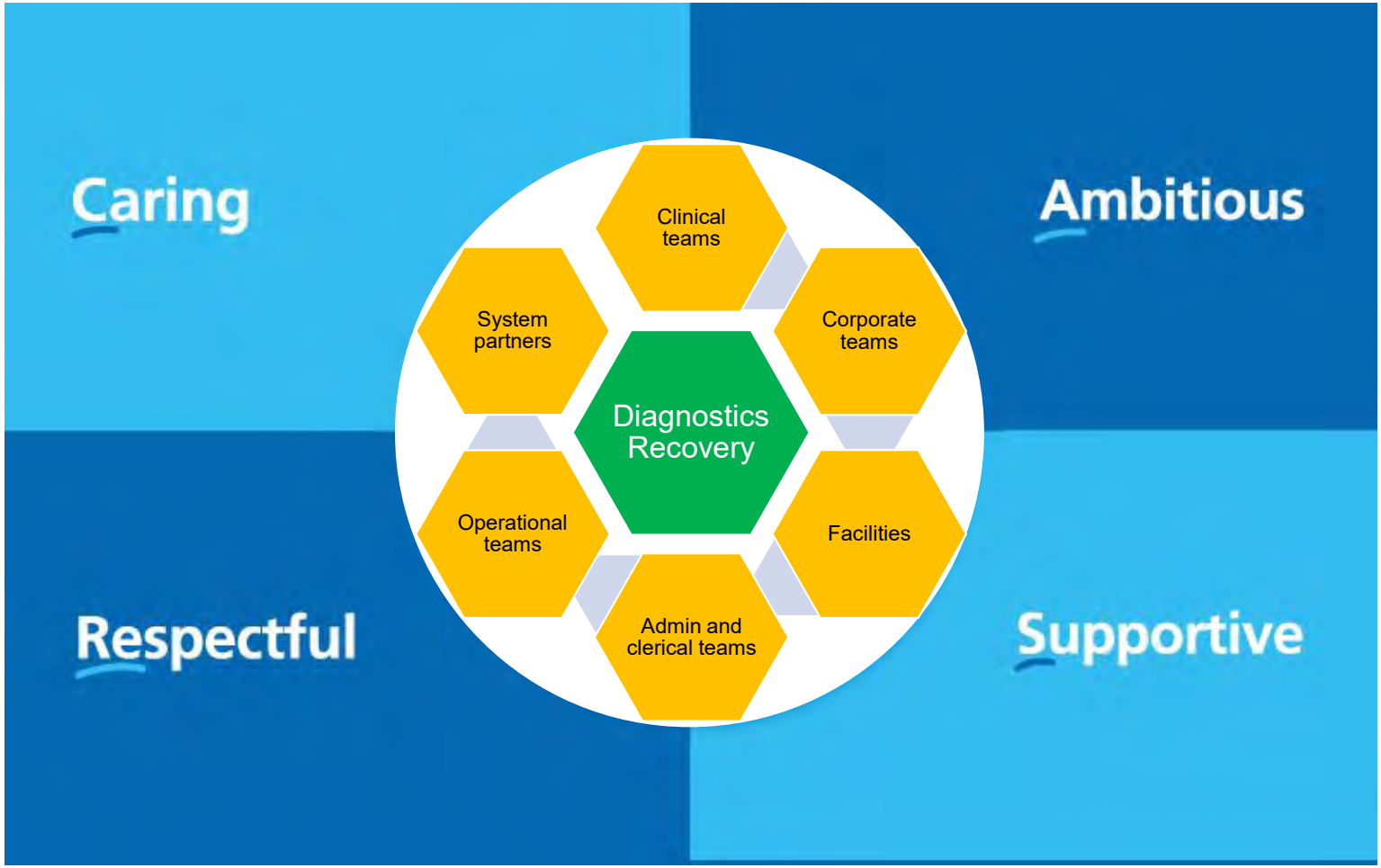
Not just the ‘what’, the ‘how’…



NBTCARES

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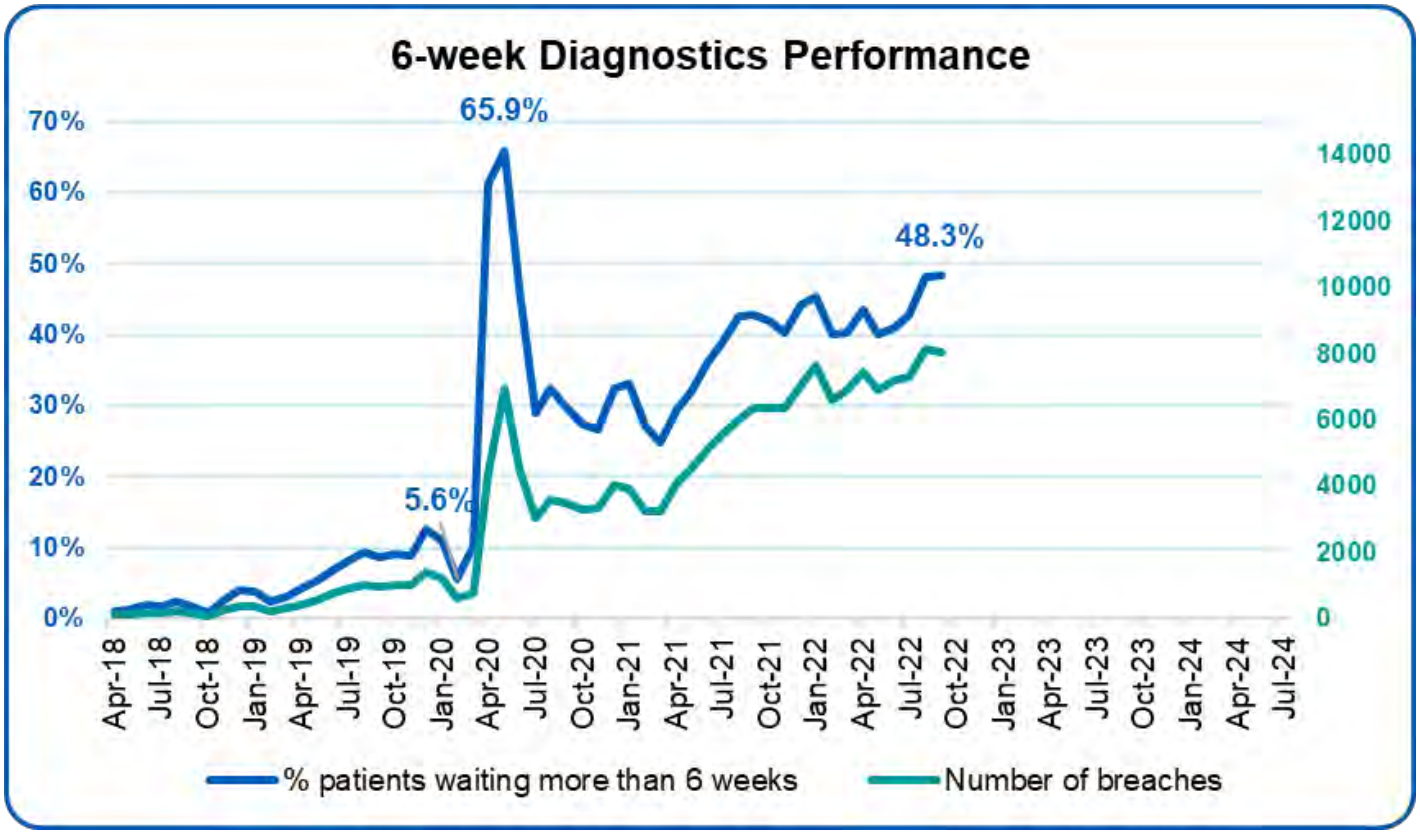
Recovery



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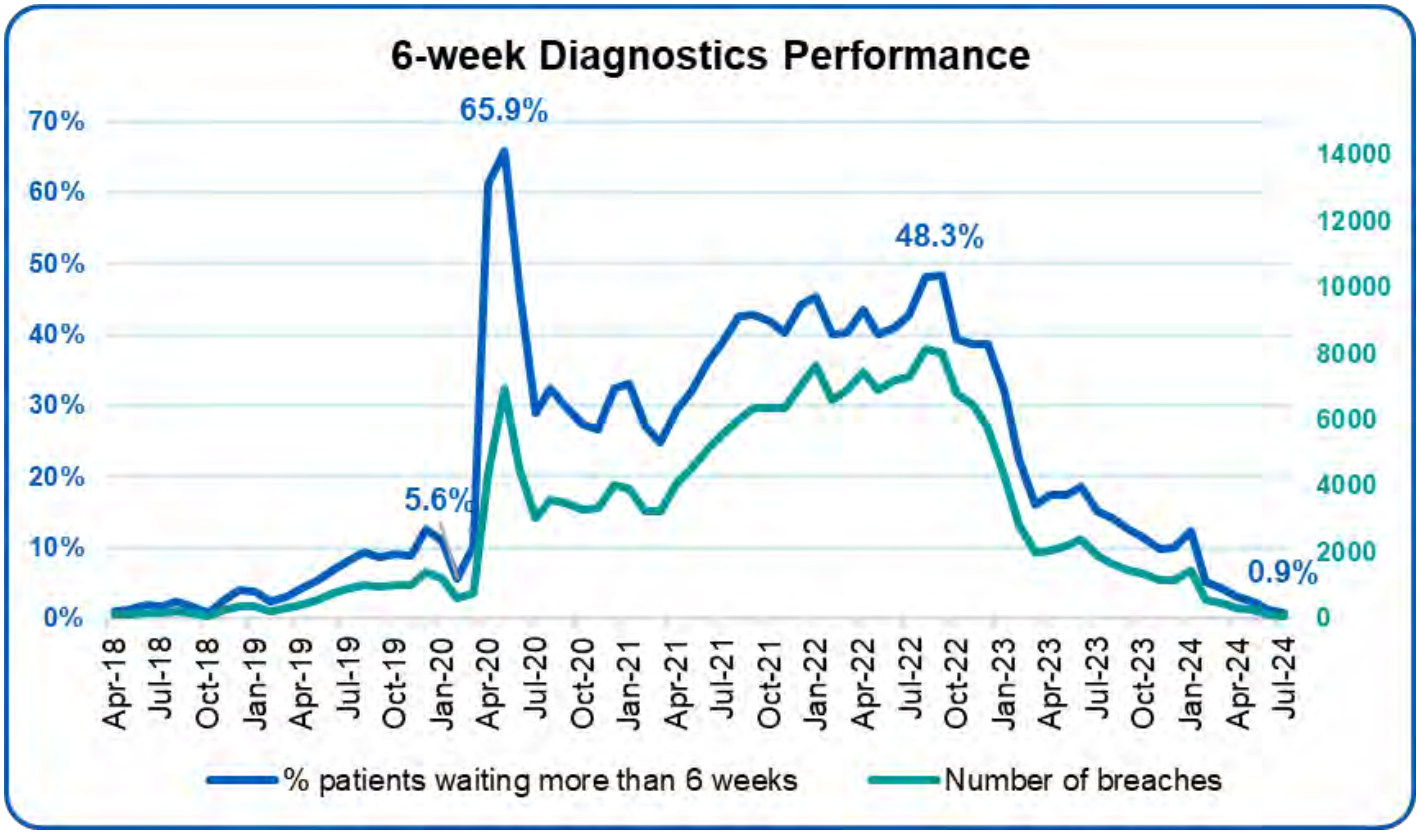
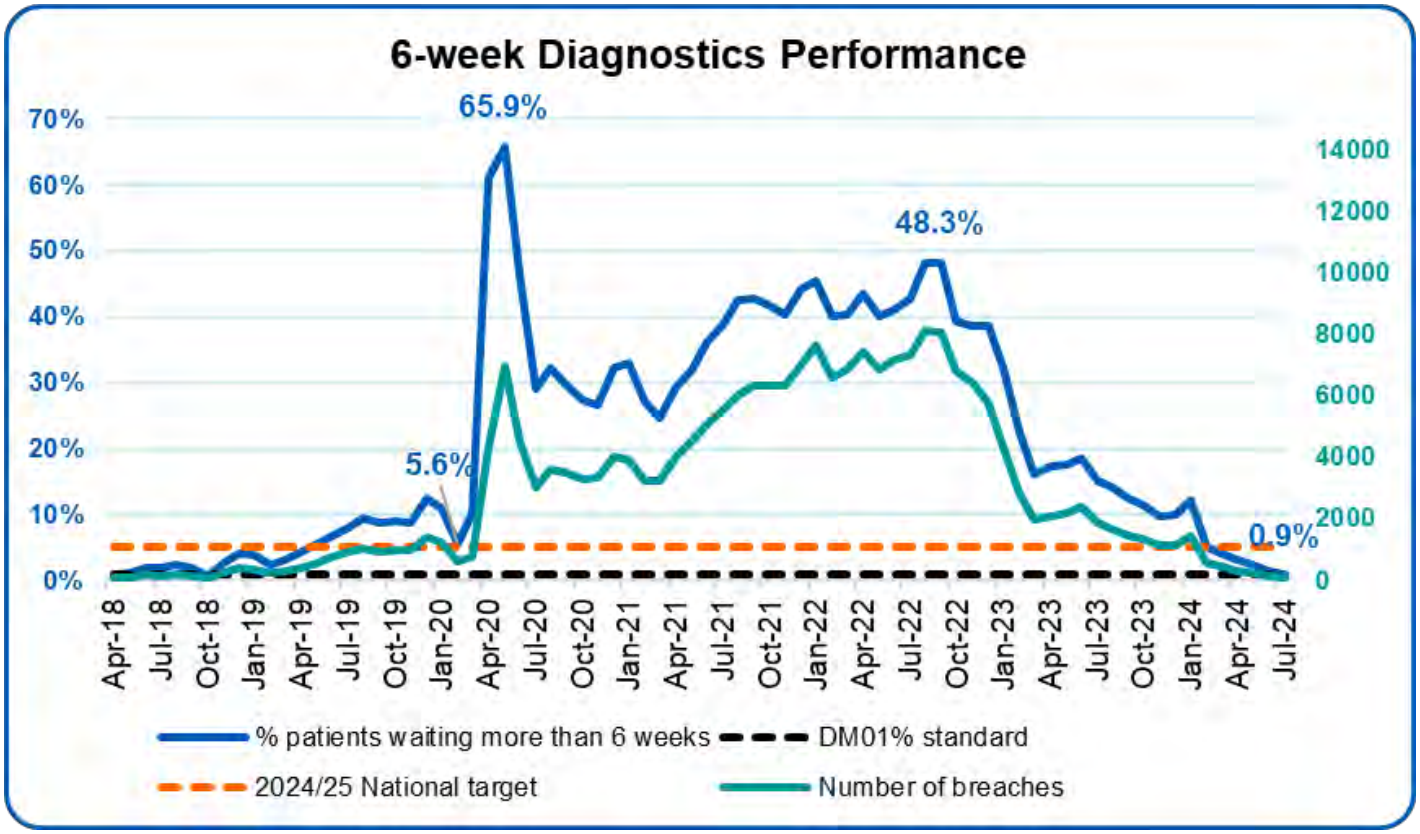
Recovery



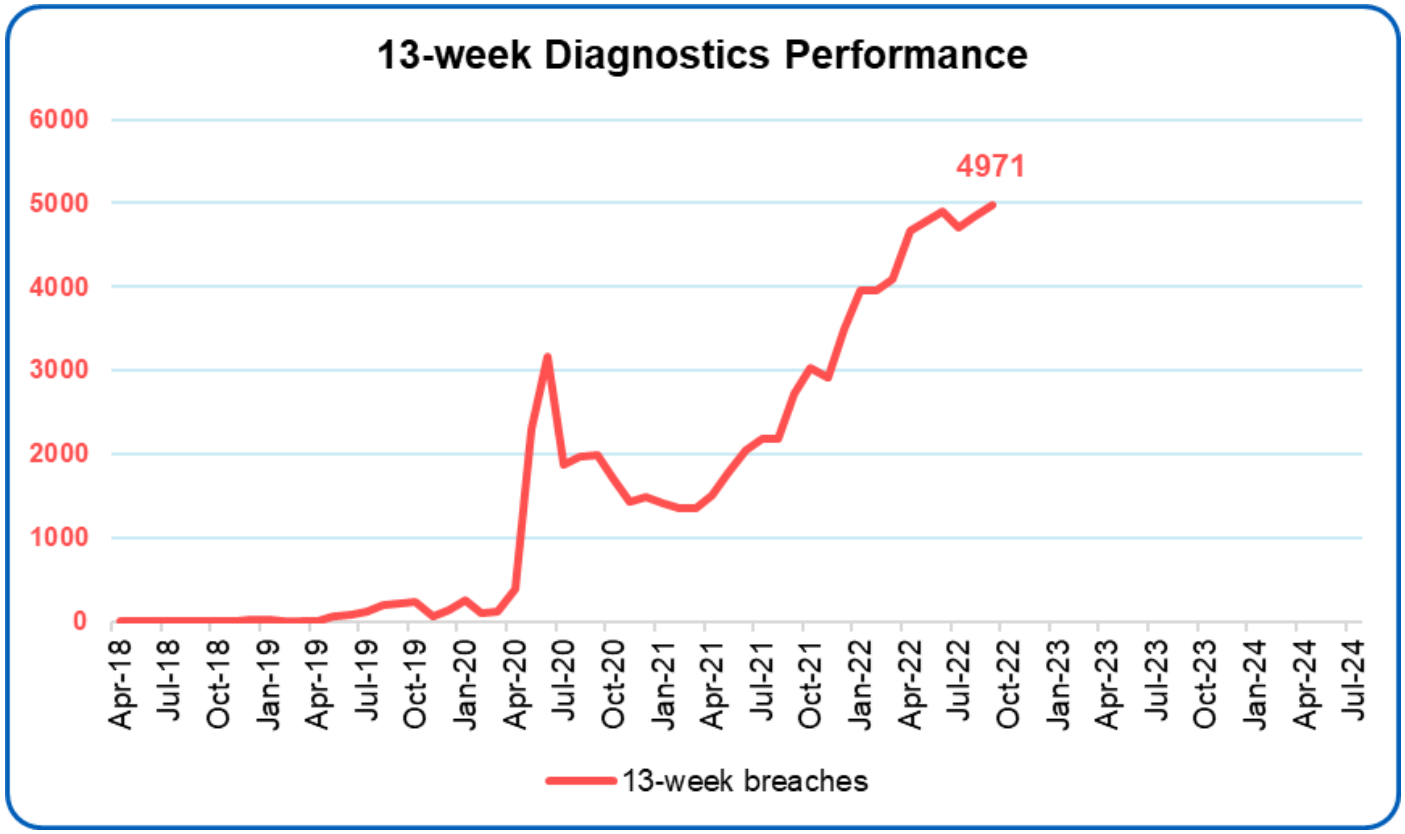
Diagnostics Recovery | North Bristol NHS Trust

Recovery



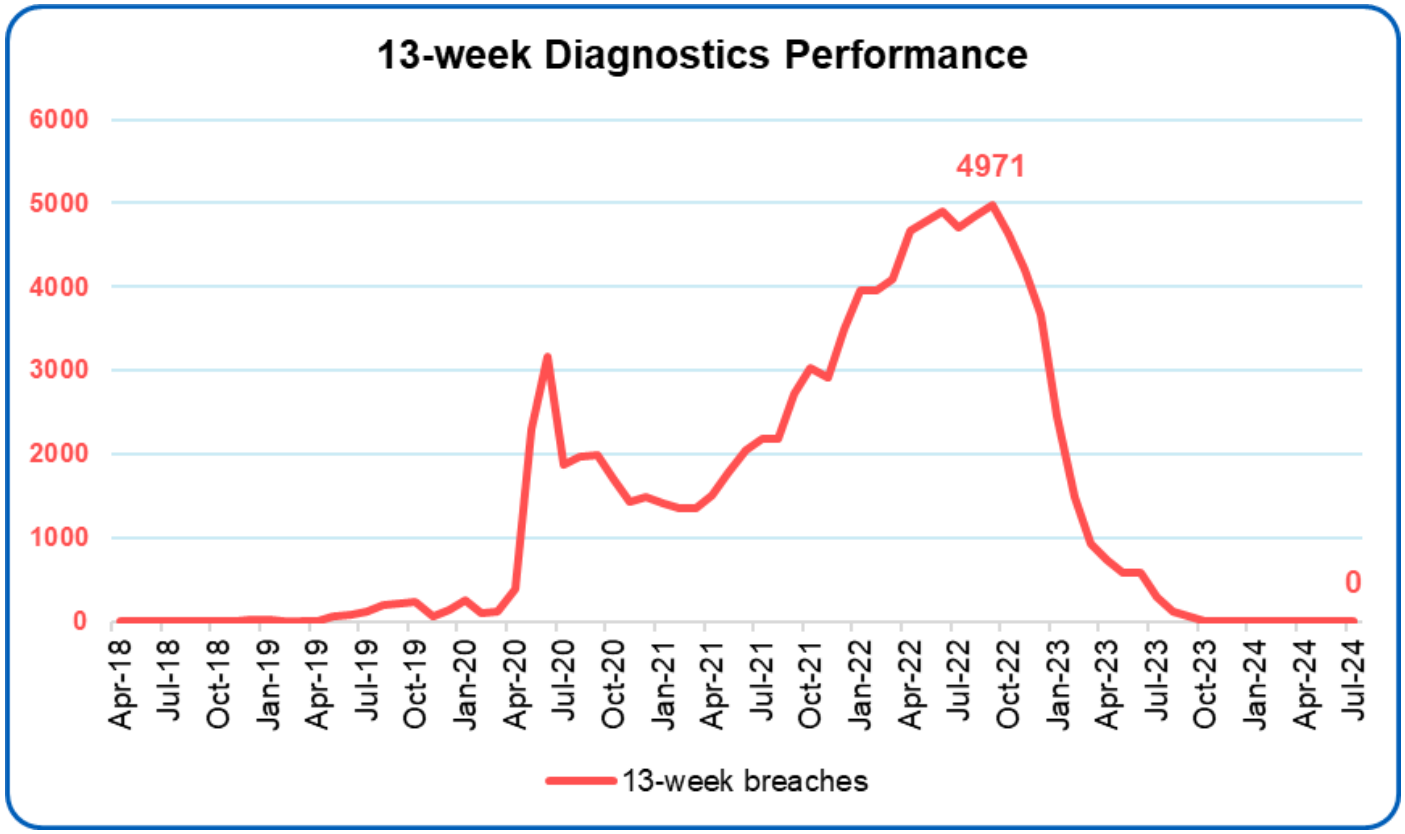
Diagnostics Recovery | North Bristol NHS Trust

Recovery



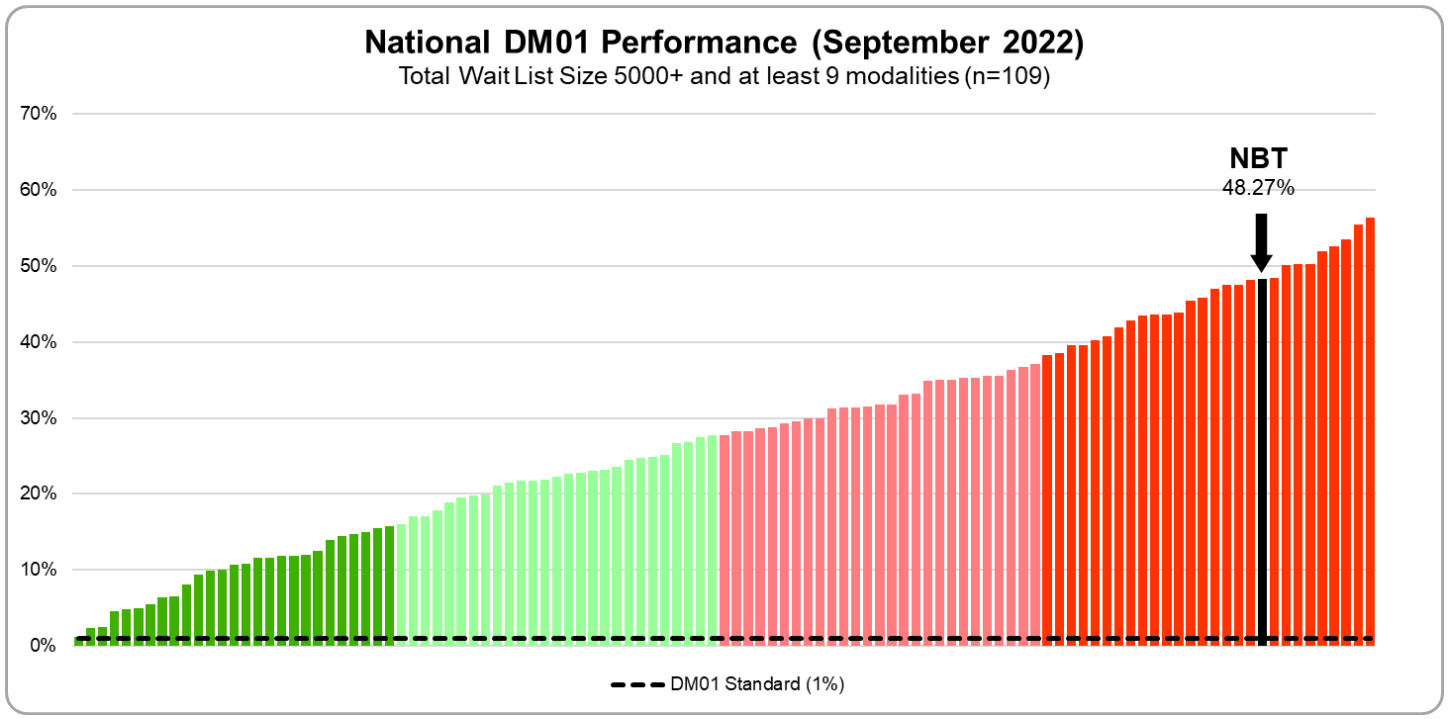
Diagnostics Recovery | North Bristol NHS Trust

Recovery



Diagnostics Recovery | North Bristol NHS Trust

National Benchmarking

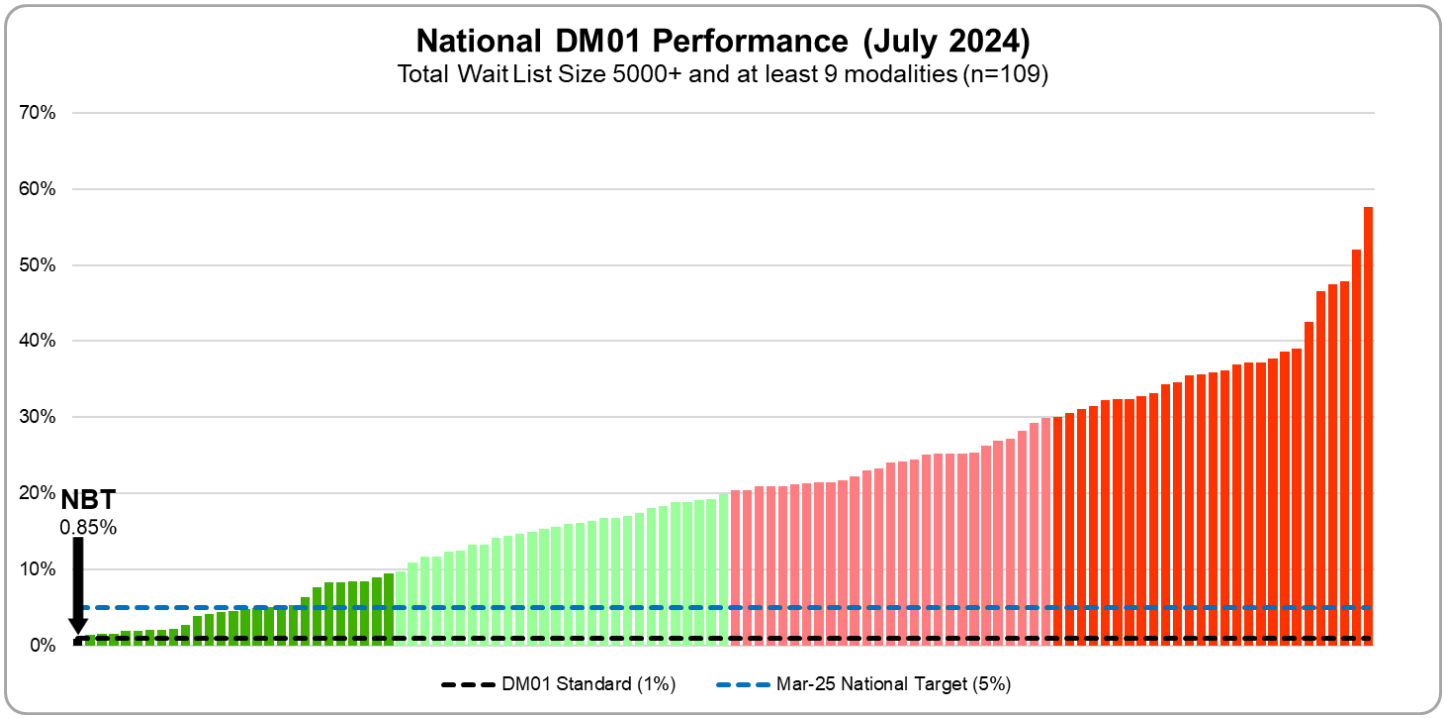


- 8,000 patients waiting more than 6 weeks (3,000 over 6 months).
- Tenth worst Trust nationally.

Data source: NHS England | Statistics | Diagnostics Waiting Times and Activity

Diagnostics Recovery | North Bristol NHS Trust

National Benchmarking



- Less than 150 patients waiting more than 6 weeks.
- Best Trust nationally out of peer group.
- Only DM01 compliant Trust.

Data source: NHS England | Statistics | Diagnostics Waiting Times and Activity

Diagnostics Recovery | North Bristol NHS Trust

What does it mean?

> Providing our echo patients with the highest possible standard of scan and report, in a timely manner is our highest priority and when the waiting list was at its height, it felt overwhelming and at times impossible to ensure we were maintaining the level of service and care we want our patients to receive. The increased use of agency staff to help us get the wait-times down has been incredibly stressful for our team; dealing with variable standards, lack of reliability and at times, picking up additional work to mitigate poor standards.
>
> It's good to regain control of our service and reduce locum use.

Clinical Scientist - Cardiology

> The process was much faster than expected. I came in on Friday for an Achilles tendon ultrasound and had my surgery scheduled for the next morning.

Imaging patient

> Very good indeed | It was a fast-track cancer safety netting appointment, all consultations and test done on the same day, a very fast, efficient service, friendly staff, welcoming environment. Thank you!

Imaging patient

End and Questions..

Supporting slides/ info

Diagnostics Recovery | North Bristol NHS Trust

Addendum – *What we did*

Utilising data and digitisation

- As diagnostics became more prominent in national deliverables, the Trust embraced the national data and established thorough local data reporting arrangements to track performance and forecast recovery.
- Weekly reporting systems and monitoring arrangements established.
- Year-end risk analyses regularly undertaken.
- Importance of diagnostics performance elevated in line with RTT.
- The Trust changed how it engaged with patients and embraced modern, digital solutions to exacerbated problems – this reduced DNAs and cancellation rates.
- Use of AI to enhance scan times and increase efficiency and capture more measurements in certain modalities.
- Improved voice recognition and home reporting workstation performance to increase reporting.

Redesigned pathways

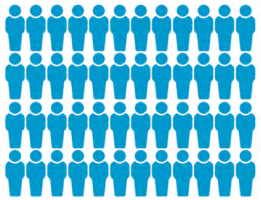
- Updated referral guidance for GPs.
- Review of workflows and IP&C protocols to increase patient throughput.
- Introduction of additional tests to reduce or redirect GP referrals away from secondary care.
- Increased vetting and review of triage processes and reinstating national guidance.
- Robust pre-assessment processes established.
- Removed waste from pathways

Diagnostics Recovery | North Bristol NHS Trust

Addendum – *What we did*

Workforce recruitment and transformation

- Investment in non-clinical teams and critical review of processes and culture. Frontline admin teams were connected to the recovery objectives, and a more bottom-up approach was taken, especially since Patient First, to empower teams to lead changes and improvements in their areas.
- Provision of consultant supervision at external sites.
- Use of system funding to create nursing posts which increased consultant supervision, pre-assessment capacity and administrative staff.
- Expedited clinical training.
- Increase Radiographer reporting and vetting to allow Radiologists to focus on reporting.
- Multi-disciplinary working – individuals working at the top of their license – Radiographers undertaken tasks previously undertaken by Radiologists – vetting and reporting.



Additional capacity

- Use of agency, insourcing, outsourcing, consultant and nursing WLIs, and locums.
- Improved utilisation of Independent sector capacity through effective contract management thus reducing cancellations, optimising list utilisation, reducing rejections, etc.
- Dedicated teams assigned to book all available slots in Mobile units provided via NHSE CDC contract.