Meeting: Trust Board Meeting in Public

Date: 27 March 2024

Agenda item	NHSE ED&I Improvement plan
EMC Lead	Bridget O'Kelly – Chief People Officer
Author	Amir Khaki – Deputy Director OD, Education and Inclusion
Appendices	None
Purpose	Assurance
Previously considered	EMC 12.03.2024 SPC 11.03.2024

Executive summary

This paper is providing assurance to the Board that our ED&I activities are in line with the recent NHSE ED&I improvement plan, by looking at each of the 6 high impact actions and highlighting how we are meeting them or what we are doing to ensure compliance.

Key points we need to address are:

1. *All the Board members to have an ED&I target to which they will be accountable for (action 1)*
2. *Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.*
3. *Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.*

The action plan has been to all colleague networks and through the ED&I operational & strategic groups.

This action plan will be used as part of our annual ED&I report later this year.

On 11 March 2024, the Strategic People Committee considered this report and recognised the work underway with the senior leadership team to develop the collective leadership style. The Committee discussed the importance of building the Speaking Up agenda into all internal processes and the proposed focus on action 6 related to bullying and harassment within 2024/25.

On 12 March 2024, the Executive Management Committee recommended that the colleague networks be asked to agree ED&I objectives for each of the Executive Directors, noting that each of them is a sponsor of a network. These objectives should then be cascaded to other senior managers. The Committee discussed the experiences of colleagues with long term health conditions, plans to triangulate information with the Staff Survey results, WRES, WDES and the Gender Pay Gap reporting and the need for greater collective understanding of behaviour and greater cultural awareness across the senior leadership team in this area.

Decision	The Board is to take assurance from the work done to date and proposed actions

Relevant strategic priority

Outstanding Care ☒	Healthy Communities ☐	Great Place to Work ☒	Net Zero ☐

Relevant objective

☐ Improve waiting times ☒ Improve safety	☐ Improve access and effectiveness of Trust services	☒ Improve the experience of our new starters

☐ Improve productivity	for communities experiencing the poorest outcomes	☒ Upskill operational and clinical managers

Implications / Impact

Patient Safety	Ensuring safest staffing levels and well engaged colleagues, supports patient safety and high-quality patient care
Risk: link to Board Assurance Framework (BAF) or relevant Risk Register	Principal Risk 7: Failure to deliver our People priorities Disengaged colleagues, high turnover, and poor quality of care
Financial	Risk of disengaged colleague which impacts retention & sickness absence leading to increase temp colleague spend
Compliance NHS Regulation Staffing	NHSE, CQC, NHS National Colleague Survey & the People Plan
Partnership: consultation / communication	Colleague networks are involved and inform and direct this work. The Trust Feedback & Engagement Group includes members from operational teams across the trust
Equality	This paper is focused on equality in the widest sense and is measured via Colleague surveys as our key sources of data both on break down of our number of colleagues with protected characteristics and their feedback about their experience.
Quality Impact Assessment [QIA] completion required?	No

1 Introduction

NHS England has set targets for Trusts that will support them to in turn provide better support to international colleague, improve diversity in senior leadership positions and eliminate bullying, as part of its first equality, diversity and inclusion (EDI) improvement plan. The plan, published in 2023 comes as the health service workforce is more diverse now than at any point in its 75-year history. Its aim is to improve colleague engagement, lower turnover and enhance innovation. The complete document can be found here: https://www.england.nhs.uk/publication/nhs-edi-improvement-plan/

The aim of this plan is to improve equality, diversity and inclusion, and to enhance the sense of belonging for all NHS colleague to improve their experience. The plan:

- Sets out why equality, diversity and inclusion is a key foundation for creating a caring, efficient, productive and safe NHS
- Explains the actions required to make the changes that NHS colleague and patients expect and deserve, and who is accountable and responsible for their delivery
- Describes how NHS England will support implementation
- Provides a framework for integrated care boards to produce their own local plans.
- The plan highlights six high impact actions to address the widely known intersectional impacts of discrimination and bias.

The BHT position and planned actions (already underway) that link to these actions are included in the table below. We have a comprehensive work-plan and growing team to support the EDI agenda within the organisation, Care group drivers are now in situ to drive positive actions within the clinical divisions – we will continue to review our work-plan and update the committee accordingly.

2 Key activities

The high impact actions (HIA) listed below are linked directly with outcomes in our Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES). This means that each of the actions will directly impact an outcome measure or an indicator in our WRES and WDES.

HIA	Action	How are we meeting or will meet this?	Owner	Deadline	Success Metrics for HIA	
1. Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.	Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process	Executives and chair to have objectives included for f/y 2024-25	SID Chair CEO Execs	**March 2024**	Annual chair and chief executive appraisals on EDI objectives / ED&I report / WRES & WDES	Board Assurance Framework
	Board members should demonstrate how organisational data and lived experience have been used to improve culture	Staff & patient stories Allyship training Sponsorship of Staff networks	Execs NEDS	**March 2025**		
	NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework	Cycle of twice a year (progress report March, year and EDI report in Oct)	D. dir ED&I	**March 2024**		
2. Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	Create and implement a talent management plan to improve the diversity of executive and senior leadership teams and evidence progress of implementation	Programmes including: Develop you - Develop me programme scope for Growth TM programme Exec succession plan	Talent Manager CPO	**TM plans by June 2024. Evidence progress by June 2025**	Relative likelihood of staff being appointed from shortlisting across all posts	WRES and WDES
					Access to career progression, training and development opportunities	NHS Staff Survey
					Year-on-year improvement in race and disability representation leading to parity over the life of the plan	WRES and WDES
	Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes. Impact should be measured in terms of social mobility across the integrated care system (ICS) footprint.	Bright futures NHS Choices College Local GMTS Apprenticeships Armed Forces Community	D. dir of ED&I	**October 2024**	Year-on- year improvement in representation of senior leadership (Band 8C and above) over the life of the plan	WRES and WDES
					HEE National Education and Training Survey (NETS) Score metric on quality of training	NETS
					Links with Schools No of work experience placements Diversity in shortlisted candidates No of apprebtices	To be developed in year two
3. Develop and implement an improvement plan to eliminate pay gaps.	Implement the Mind the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce	We are implementing this review via a separate action plan	Recruitment Medical HR	**March 2024**	Year-on-year reductions in the gender, race and disability pay gaps	Pay gap reporting
	Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards	Data analysis capacity & capability being identified to support this	D Dir EDI	**Sex and Race - 2024 Disability - 2025 Other protected characteristics - 2026**		
	Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns	New Flexible working policy implemented	D Dir Workforce & wellbeing	**March 2024**		
4. Develop and implement an improvement plan to address health inequalities within the workforce.	Line managers and supervisors should have regular effective wellbeing conversations with their teams, using resources such as the national NHS health and wellbeing framework	via Appraisals, Wellbeing Conversations (links to national resources being added to Intranet)		**October 2023**	Organisation action on staff health and wellbeing.	NHS Staff Survey
	Work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm's length bodies, such as the NHS Race and Health Observatory. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare	Supporting opportunities Bucks initiatives and being recognised as a cornerstone employer in 1 Widening Opportunity 2 Building Future Skills 3 Raising Quality.	D Dir of workforce & wellbeing	**April 2025**	HEE National Education & Training Survey (NETS) Separate Indicator Score metric on quality of training	NETS

5. Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.	Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment ; including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options	IENs are presented information on the workplace, community and relevant legislation both from the Trust and their agencies. Regular contact is maintained between the IEN and trust throughout the recruitment process. IEN's also receive a detailed welcome pack with a range of guidance, signposting and information.		**March 2024**	Sense of belonging for internationally recruited staff	NHS Staff Survey

NHS Pastoral Care Award |
	Create comprehensive onboarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured from, for example, turnover, staff survey results and cohort feedback	The International team has a thorough onboarding process involving the Wellbeing and Education teams, whilst also supporting the IENs Line Manager. The trust also work with a Social Prescriber to assist IENs integration. Turnover rates for IENs were 3.9% sine 2021 which is significantly lower than the Trust average for nursing.		**March 2024**		
	Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety	Line Managers and IENs are both supported with the integration and given guidance on potential cultural differences and expectations. Listening events are held to share learning and experiences. Cultural celebration events are held at ward and trust wide levels.		**March 2024**	Reduction in instances of bullying and harassment from team/line manager experienced by (internationally recruited staff).	NHS Staff Survey
	Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression	IENs are supported in their careers by their Line Managers and Preceptorship team. Personal Development Plans are discussed at appraisal highlighting training that can support career progression. We have a number of IENs who have now progressed to Band 6 & 7 roles.		**March 2024**		
6. Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set and plans implemented to improve staff experience year-on-year.	Data being used via WRES & WDES B&H Currently a BTO for the Trust	D Dir of EDI	**Reduction targets set by March 2024**	To be best in class withion 2 years Year-on-year reduction in incidents of bullying and harassment from line managers or teams.	NHS Staff Survey, WRES & WDES data
	Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this	ER processes and policies already reviewed as part of WRES and restorative just culture work. Triage put in place some years ago. Parity of outcomes achieved for protected characteristics ethnicity and disability as per WRES & WDES standards.	D Dir of workforce & wellbeing	**March 2024**		
	Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it	A domestic abuse policy is in place and all colleagues are able to access support within the Trust, including through the Safeguarding Team, Wellbeing Team and Freedom to Speak up Guardian.	CPO	**June 2024**	National Education and Training Survey (NETS) bullying and harassment score metric (NHS professional groups)	NETS survey data
	Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff	FTSUG Service established across BHT and expanded to increase outreach. FTSUG data is reviewed against all protected characteristics to ensure equality of access and reported in line with governance processes.	FTSG	**March 2024**		
	Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence	The Managing Unacceptable Behaviours, Violence & Aggression Policy, EDI Policy and Standards of Behaviours and Conduct Policy each contain clear information on the extensive wellbeing support available to colleagues who experience these types of behaviours.	D Dir of workforce & wellbeing	**March 2024**	Year-on-year reduction in incidents of discrimination from line managers or teams.	NHS Staff Survey
	Have mechanisms to ensure staff who raise concerns are protected by their organisation.	FTSUG, Safeguarding, Union representation, Wellbeing, TRiM	CPO			

3   Next steps

Action	When by	Who by
1. Share with Colleague networks to align with their objectives and enlist support	30/03/24	Head of ED&I
2. Incorporate the 6HIAs into managers ED&I objectives	01/04/24	
3. Inform the ED&I strategic committee to start the monitoring process	17/04/24	D. Dir ED&I
4. Incorporate into this year's Equality and Diversity annual report	15/08/24	D. Dir ED&I
5. Review & report to Board	30/10/24	

4   Action for the Committee

The Board is requested to note the report and endorse the direction of travel.

Meeting: Trust Board Meeting in Public

Date: 27 March 2024

Agenda item	Staff Survey 2023 Update
EMC Lead	Bridget O'Kelly, Chief People Officer
Author	Elaine Pope, Head of Engagement, Culture & OD
Appendices	Appendix 1 - National benchmark report (organisation)
	Appendix 2 - National benchmark report (division/occupation)
	Appendix 3 - National results (comparator group)
	Appendices 1&2 available in the Reading Room
Purpose	Assurance
Previously considered	EMC 12.03.2024
	SPC 11.03.2024

Executive summary

This paper provides an update on our weighted results from the National Staff Survey 2023, which was published on 7 March 2023. The Board is requested to note the results and endorse the next steps.

The completion rate was 61%, this was above our target of 60%, 5.1% higher than last year and 16% better than the comparator group at 45%. This increase was a result of focussed work by managers and teams across the organisation. Improving our uptake further is an area of key focus for us in 2024 and will be monitored (as it was this year) through the Strategic People Committee.

Overall, this is a positive set of results for BHT with improvements from our 2022 results and our results being better than the national average for similar Trusts (acute and acute/community. We are in the top quartile for Trusts of our type for staff engagement and 5 of the people promises. Details are set out in Appendix 3. The results also show differences in experiences for colleagues and some key areas where we need to improve.

Key highlights:

The following results are areas which have shown improvement either from the previous year or in comparison to other Trusts.

- Staff engagement: 7.03 (up from 7.0 last year and an average of 6.88 in comparator group)
- The Trust is above average in all nine indicators (7 people promises, engagement and morale) and performs significantly better than the comparator group
- 29% of questions scored significantly better than in 2022, 1 question scored significantly worse than in 2022 and 70% of questions showed no significance in relation to the 2022 score.
- 78% of the questions scored significantly better than the sector, 2 questions scored significantly worse than the sector and 22 questions showed no significance in relation the sector average.
- Scores in Appraisals, Health & safety climate have improved significantly.

- We maintained our very high score (70%) in the question "my organisation takes positive action on health and wellbeing" resulting in us being 4th nationally for Trusts of our type (Acute and Acute/Community) and 12.9% above this comparator group.

Areas for improvement and focus:

As highlighted above, there are a number of key areas for improvement, which we will focus on in the coming year as an integral part of our people objectives. These were discussed at the Strategic People Committee and Executive Management Committee.

- There are still differences in experiences between BME and White colleagues and those with a long-term condition (LTC) and those without.
- We will look at flexible working, focus on the question that staff feel the organisation acts fairly with regards to career progression.
- The number of colleagues experiencing violence & aggression from patients, their relatives, or members of public.
- The number of colleagues experiencing harassment, bullying and abuse from other colleagues.

We are unable to report some results in the 2023 staff survey (Health and Safety questions 13a-13d) due to an issue with the quality of data that was identified close to publication date. The source of the issue did not arise from IQVIA (our staff survey provider), therefore results provided by IQVIA (organisation scores, IQVIA sector comparisons and breakdowns) remain unaffected by this issue.

The results were presented to the Strategic People Committee on 11 March 2024 who recognised the areas of improvement since the previous staff survey results and identified broad areas for ongoing focus including increasing response rates. The staff survey results were discussed by Executive Management Committee on 12 March 2024 who noted the results and the importance of clearly defining next steps.

Decision	The Board is requested to note the content of the paper

Relevant strategic priority			
Outstanding Care ☒	Healthy Communities ☐	Great Place to Work ☒	Net Zero ☐

Relevant objective		
☐ Improve waiting times ☒ Improve safety ☐ Improve productivity	☐ Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	☒ Improve the experience of our new starters ☒ Upskill operational and clinical managers

Implications / Impact	
Patient Safety	Ensuring safest staffing levels and well engaged colleagues, supports patient safety and high-quality patient care
Risk: link to Board Assurance Framework (BAF) or relevant Risk Register	Principal Risk 7: Failure to deliver our People priorities Disengaged colleagues, high turnover, and poor quality of care
Financial	Risk of disengaged staff which impacts retention & sickness absence leading to increase temp staff spend

Compliance NHS Regulation Staffing	NHSE, CQC, NHS National Staff Survey & the People Plan
Partnership: consultation / communication	Staff networks are involved and inform and direct this work. The Trust Feedback & Engagement Group includes members from operational teams across the trust
Equality	Staff surveys are one of our key sources of data both on break down of our number of staff with protected characteristics and their feedback about their experience.
Quality Impact Assessment [QIA] completion required?	No

1   Introduction

The Trust received its weighted and benchmarked 2023 Staff Survey results on 21st February and a representative from IQVIA presented our results at Leadership Brief on 29th February prior to the national publication of results on 7 March 2024.

Our overall response rate was 61%. This was 5.1% higher than our response rate in 2022, exceeded our target of 60% and compares very favourably with the response rate in our benchmarking group Acute and Acute & Community Trusts of 48.1%. A proactive and targeted approach was taken by the Leadership and OD team, HR Business Partners, Engagement Leads and line mangers resulting in the increase in response rates.

The Trust has scored above average for all nine of the indicators in the staff survey (7 people promises and staff engagement and morale themes). In all out of these nine indicators the Trust has significantly better scores compared with our comparator group. This is something to celebrate, acknowledging the focussed work that has gone into support an organisation under significant operational pressures during 2023.

There are two areas of significant concern; the first is the experience of staff which falls in two categories; number of colleagues experiencing bullying, harassment, or abuse from other colleagues and colleagues experiencing violence & aggression from patients or members of the public. The second is around Flexible working and the number of unpaid hours worked by colleagues.
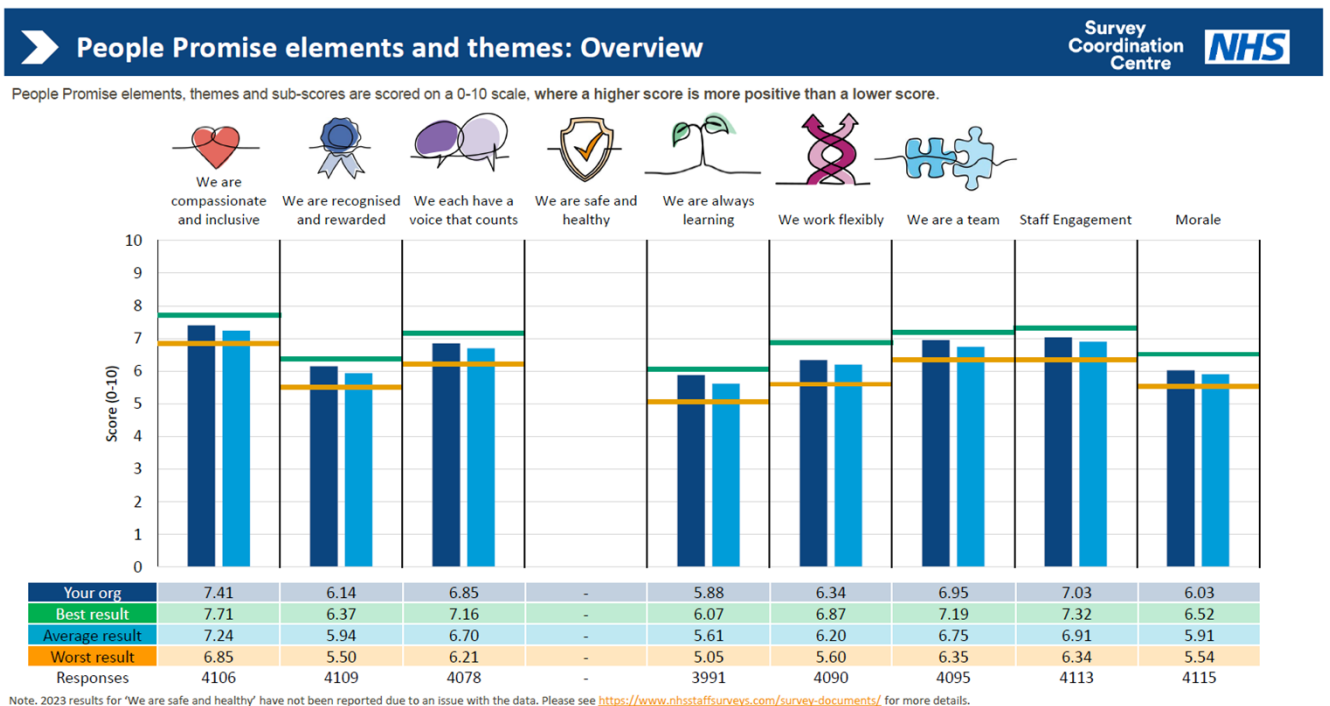
2   National Context

The broadly positive results at a national level show progress in most key areas despite the ongoing challenges facing the NHS, with improvements in five of the eight overall indicators. Nationally there have been improved scores for flexible working, health and wellbeing support, and appraisal and development which reflect the concerted effort to improve the experience of our people. Improved scores on compassion, culture and leadership demonstrate how better staff experience starts at the top. There are encouraging signs that morale is improving with fewer staff indicating they are thinking about leaving the service and more recommending the NHS as place to work.

The scores on equality and diversity have failed to improve, with focused work required to drive real change in this area. There were only small improvements on the inclusion

metric, with significant equality gaps remaining in the experience of women, those from black and minority ethnic backgrounds, disabled and LGBTQ+ staff. These results show that focusing on diversity and inclusion is key to improving the NHS for our people and the diverse communities we serve.

3   2023 Staff Survey responses

The graphic below (Buckinghamshire Healthcare NHS Benchmark report) provides an overview of our People promises, staff engagement and morale theme scores. We are compassionate and inclusive continues to be the highest scoring people promise score. Please note the 2023 results for 'We are safe and healthy' have not been reported due to a national issue with the data.

People Promise elements and themes: Overview — Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.41	6.14	6.85	-	5.88	6.34	6.95	7.03	6.03
Best result	7.71	6.37	7.16	-	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	-	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	-	5.05	5.60	6.35	6.34	5.54
Responses	4106	4109	4078	-	3991	4090	4095	4113	4115

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

The staff survey results for 2023 build on the continued improvement across all people promises and themes over the past three years.

People Promises and Themes Trend and National Average 2023	2021	2022	2023	National Average 2023
We are compassionate and inclusive	7.3	7.39	7.41	7.24
We are recognised and rewarded	5.91	6	6.14	5.94
We each have a voice that counts	6.76	6.83	6.85	6.7
We are safe and healthy	5.99	6.05	6.27	
We are always learning	5.03	5.63	5.88	5.61
We work flexibly	6.15	6.3	6.34	6.2
We are a team	6.69	6.89	6.95	6.75
Staff engagement	6.9	6.98	7.03	6.91
Morale	5.68	5.82	6.03	5.91

The staff survey was delivered throughout October and November 2023. An organisational restructure resulted in Care Groups being established in place of divisions in December 2023. Due to this change taking place after the staff survey field work period the staff survey results

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have been delivered according to the previous divisional structure. Changes will be made accordingly to reflect the organisational change before the 2024 staff survey.

When the results are analysed at a divisional and occupational group level there is clear variation of the staff experience across the organisation (please see appendices). Across each of the nine themes, Integrated Elderly Community Care (IECC) report the most positive experience while those colleagues working in the Specialist Services (SS) division are reporting a less positive experience than those in all the other divisions. In terms of occupational groups; medical and dental and healthcare scientists report a less positive experience than their colleagues in other occupational groups.

The questions where we score highest compared to other similar Trusts are, 'my organisation takes positive action on health and wellbeing (4th nationally), 'the team I work in often meets to discuss the team's effectiveness (5th nationally) and 'I feel that my role makes a difference to patients/service users (7th nationally) see appendix 3 for further information.

The free text comments received highlight key areas for improvement including, challenges with career/educational development, standards of behaviour, quality of our estate and digital infrastructure and the translation of our flexible working offering into reality.

Overall, this years' results show that we are continuing to make good progress and improve the experiences for all of our colleagues as part of our commitment to being a great place to work. However, whilst there is a great deal we can be proud of, there is still more we need to do in some areas to be best in class.

4   Areas of good practice

There have been significant improvements in four areas relating to recognition and reward, safety and health, always learning and morale. The continued organisational focus on management, health and wellbeing, appraisals and teamworking is having a positive impact for:

- **Health and wellbeing** - The Trust scored 70% for supporting the health and wellbeing of its employees, significantly better than the national average of 57% and putting us 4th out of 122 similar trusts.
- **Learning** - the Trust score for 'having the opportunity to have meaningful development discussions in appraisal meetings' has improved by 12% over the last three years from 68% in 2021 to almost 90% in 2023.
- **Working as a team** – the Trust has made marked improvements in colleagues saying that they are working more effectively as a team, with shared objectives and the opportunity to work together to make improvements. Our 'we are a team" promise score was 6.95 – putting us in the top 10 per cent of similar trusts. Implementation of the Team Engagement Development (TED) programme has supported these improved scores.

It is encouraging to see that more colleagues would recommend BHT as a place to work (62.75% up from 59.32% in 2022) and if a friend or relative needed treatment would be happy with the standard of care provided (65.76% up from 64.60% in 2022)

5   Areas for improvement

It is disappointing to note that a higher percentage of colleagues from an ethnic background (12.28%) experienced discrimination at work from a manager/team leader or other colleagues than white colleagues (6.14%). Also, those reporting experiences of bullying, harassment or abuse from managers was 0.78% and from colleagues 1.57%.

There was a significant decline in the scores for the question 'does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age' (57.18% down from 59.73% in 2022).

The results reveal concerning trends regarding the experience of BHT colleagues aged under 30, which significantly impacts their overall job satisfaction. Notably, 62.3% of colleagues in the 21-30 age bracket think about leaving, with 59% indicating a likelihood of leaving within the next 12 months.

Questions relating to autonomy and control (key drivers of staff engagement) require further attention and focus as a decline can be seen in two of the questions, 'I am able to make suggestions to improve the work of my team/department' (74.66% down from 75.48%) and 'I am involved in deciding on changes introduced that affect my work area/team/department' (54.10%, down from 55.29%), with a slight increase seen in the following question 'I am able to make improvements happen in my area of work' (58.91% up from £58.09%). Although these are not statistically significant deteriorations it does present an opportunity as set out in our 'improving together programme'.

6   Ares of focus for 2024/2025

We are compassionate and inclusive

- Identify the staff groups experiencing discrimination because of their ethnic background or gender.
- The 2024/2025 breakthrough objective 'Improve everyone's experience of working at BHT by taking a zero-tolerance approach to bullying, becoming best in class in the staff survey within 2 years', will enable a continued focus on reducing incidents of violence, bullying and harassment.
- Ensure there are visual prompts of the zero-tolerance policy in every patient-facing area, so staff feel empowered to remind patients/service users and members of the public of the expected standard of behaviour.
- Investigate why there has been a decline in staff reporting that the organisation acts fairly with regards to career progression. Review internal messaging and statement regarding the Diversity, Equality, and Inclusion policies for progressing and promotion.

We are safe and healthy

- Review the amount of unpaid overtime being worked by colleagues and understand the underlying reasons for this.
- Review the catering arrangements available to staff and ensure a wide range of nutritious food to meet different dietary requirements is available. Direct managers to encourage staff members to take meal breaks.

We are always learning

- Continue effort to increase quality of appraisals. Focus on ensuring staff leave their appraisal feeling their work is valued.
- Ensure that all development and training opportunities and materials are both available and communicated in a consistent manner to all staff.
- Ensure the pathways to jobs with greater responsibility are regularly communicated to all staff and that training and support mechanisms to support job and personal development are signposted clearly.

We work flexibly

- Flexible working remains a critical area of staff engagement. Focus on empowering line managers to have conversations with their direct reports.

7   Next steps

These actions are focused on analysing and sharing our staff survey data with all teams and Care Groups across the Trust, enabling them to build on their strengths while addressing the gaps in a systematic way to ensure improved outcomes for our people and our patients.
All organisational interventions will be delivered via our Trust OD plan 'Improving Together'.

Date	Action

Throughout March and April	• Further updates to SOLAR (e.g., WRES/WDES)
	• Heat maps received and shared with Divisional teams (*date TBC)*
	• Supporting, Care Group level and team level actions with a toolbox/suite of interventions:
	    o Action learning sets for managers to understand data and develop local improvement plan
	    o Presentations/focused sessions with Care Group boards
	    o Toolbox/suite of resources in place

April	• CEO and CPO to meet teams who have shown the most improvement in results and those teams with the most deteriorated scores to explore areas for improvement and share best practice • Support teams with improvement plans and to share best practice
Q1 April - June	• Incorporate Care Group Engagement scores in the People Dashboard • Divisions to set up peer support groups to share good practice
Quarterly – April, July, January	• Use NHS Quarterly People Pulse surveys (NQPS) to track Colleagues experience & engagement scores at a SDU level • Introduce up to five local questions to explore areas of concern
Throughout the year	• Organisational, Care Group and team level actions and programmes of work to link directly to the NSS, referencing and acknowledging this in communications and marketing of programmes.

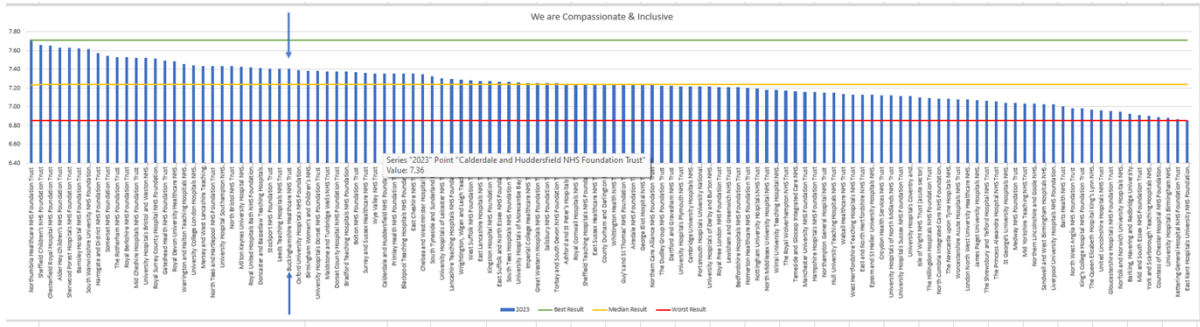**6**   **Action required from the Board**

The board is requested to note the results and endorse the direction of travel on the next steps.

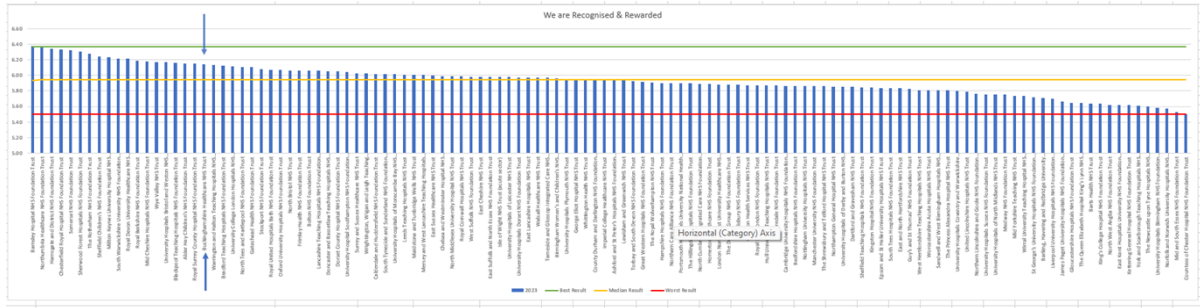**Appendix 1:** National benchmark report (Organisation)
Appendix 2: National benchmark report (Division/Occupation)

Appendix 3: National results (comparator group of 123 organisations)
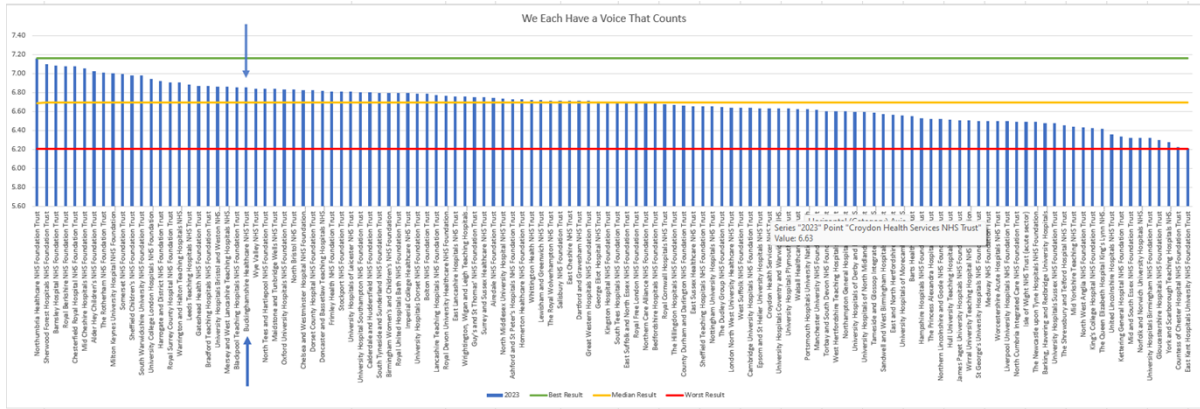
We are compassionate and inclusive (28th)

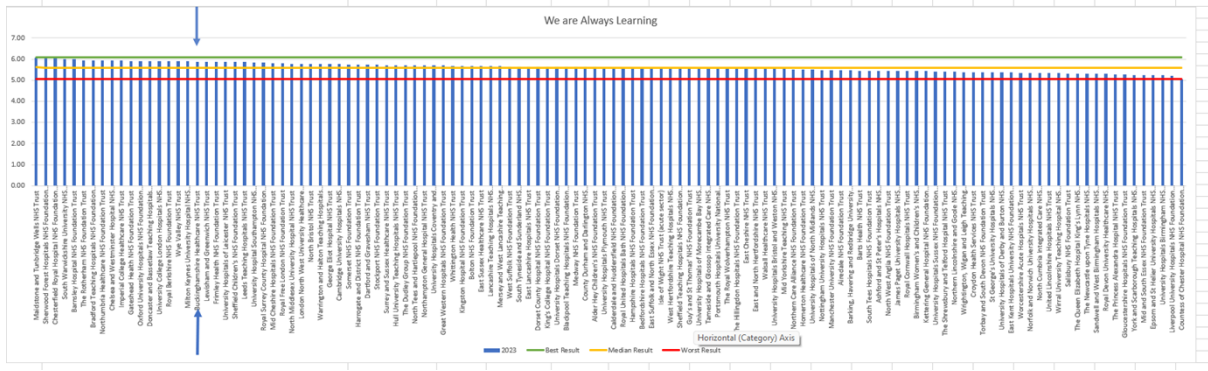## We are recognised and rewarded (19th)

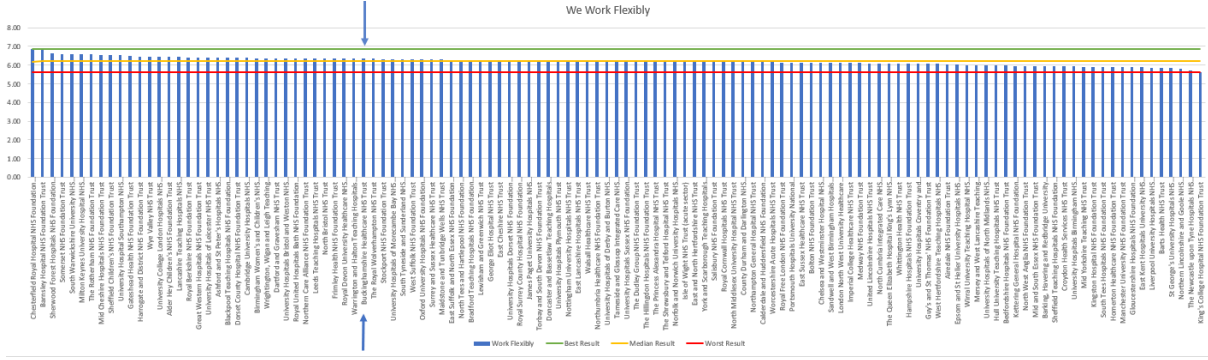## We each have a voice that counts (24th)

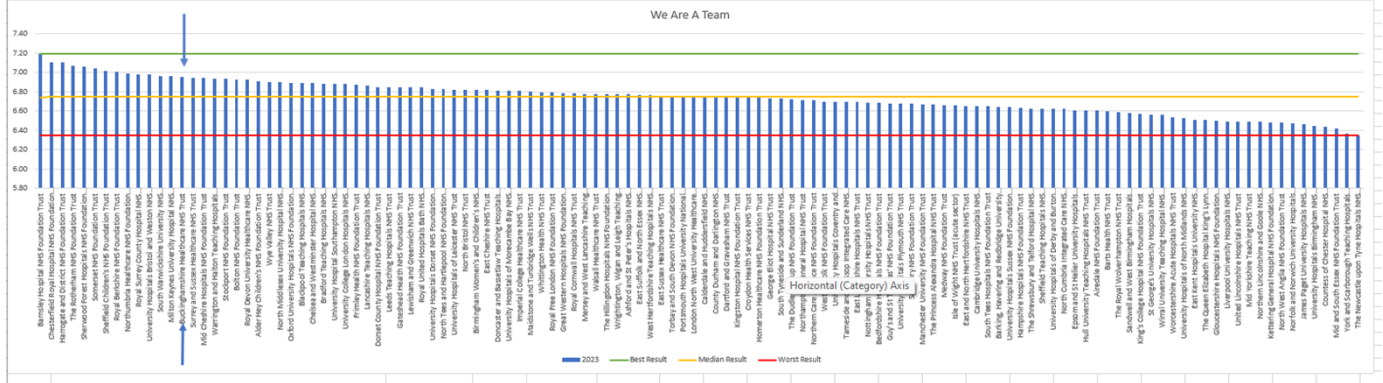## We are safe and Healthy (currently unavailable to national data issues)
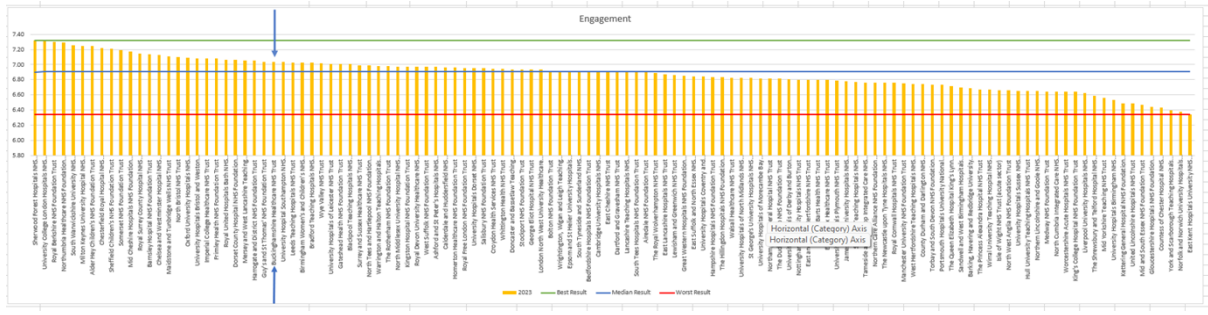
We are always learning (18th)

We work flexibly (35th)

We are a team (14th)

Engagement (27th)

Morale (33ʳᵈ)

We work flexibly (35ᵗʰ)

Meeting: Trust Board Meeting in Public

Date: 27 March 2024

Agenda item	People Promise Exemplar Programme Update
Board Lead	Bridget O'Kelly, Chief People Officer
Author	Karon Hart, Deputy Director Workforce and Wellbeing
Appendices	People Promise overview presentation
Purpose	Assurance
Previously considered	EMC 12.03.2024

Executive summary

Background
BHT was selected as 1 of 23 exemplar sites to undertake the People Promise retention programme. This pilot launched on 1 April 2022, initially for 1 year. It was then extended for a second year (ending March '24).

Purpose
The purpose of the programme is to test the assumption that optimum delivery of all NHS People Promise themes, delivered in one place simultaneously, can deliver improved staff experience and retention outcomes – beyond the sum of the individual components.

Delivery
Led by the SRO of the People Promise programme, a collaborative MDT approach has taken across various disciplines and teams, to embed the People Promise into BHT.

Impact
At the start of the programme, we developed three key aims to focus efforts, based on feedback from our colleagues, National Staff Survey results and the national context.

1. That you are always learning by ensuring that you have clear visibility of career development opportunities and feel part of the BHT family
2. To ensure you are well supported at a personal level during your time at BHT
3. To ensure you are psychologically safe and in well supported environment

Key achievements
- **Turnover rate** has fallen from 14.9% (May '22) to 10.4% (Jan '24)
- **Overall vacancy rate** has fallen from 10.7% (May '22) to 5.5% (Jan '24)
- **National Staff Survey** We have made improvements overall for the third year in a row, which includes being in the top 25% of Trusts of our type for staff engagement

Long term
- We will continue to embed the NHS People Promise in BHT after the exemplar programme ends, aligning to the NHS Long Term Workforce plan, which the People Promise underpins.
- Improving Together programme is our overall organisational development programme for the Trust. Leadership and Culture is one of three workstreams; the people promise is an enabler to delivering changes and improvements to leadership and culture across the organisation.
- NHS England has deemed the exemplar programme a success, and data has shown that retention rates for exemplar sites have improved beyond non-exemplar sites, and as such, they have rolled the programme out to a second cohort of 116

NHS organisations. We have been asked to act as a 'buddy' for some of these new sites, as well as speak at regional and national events about our BHT People Promise journey.

Decision	The Committee is requested to take assurance

Relevant strategic priority			
Outstanding Care ☒	Healthy Communities ☐	Great Place to Work ☒	Net Zero ☐

Relevant objective		
☐ Improve waiting times ☒ Improve safety ☒ Improve productivity	☐ Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	☒ Improve the experience of our new starters ☒ Upskill operational and clinical managers

Implications / Impact	
Patient Safety	Ensuring safest staffing levels and well engaged colleagues, supports patient safety and high-quality patient care
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 6: Failure to deliver our People priorities
Financial	Alignment with Trust improvement plan and associated financial efficiencies
Compliance Select an item. **Staffing**	Ensure we continue to deliver the right staff, in the right place, with the right skills. Staff are safe, supported and listened to.
Partnership: consultation / communication	We engage on a regular basis with Staff Side colleagues and staff networks. We are active in both regional and national people promise forums
Equality	Maintain workforce race equality standards. Support inclusion, with fair and equitable processes and policies. Our workforce should reflect the diversity of our population
Quality Impact Assessment [QIA] completion required?	Applicable to individual initiatives as part of this programme, as required.

Our NHS People Promise at BHT

NHS
Buckinghamshire Healthcare
NHS Trust

"This is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone."

- The People Promise is comprised of 7 themes, developed by people in different healthcare care roles and organisations across the NHS.

- They summarise what matters most to our people, and what would make the greatest difference in improving experience in the workplace.

- The 7 themes are:

  o **We are compassionate and inclusive**　　　o **We are recognised and rewarded**

  o **We each have a voice that counts**　　　o **We are safe and healthy**

  o **We are always learning**　　　o **We work flexibly**　　　o **We are a team**

- BHT was selected as 1 of 23 national exemplar sites to undertake the People Promise Retention Programme, which launched 1 April 2022 and was extended for a second year (ending March '24).

- The purpose of this programme is to test the assumption that optimum delivery of all NHS People Promise themes delivered in one place simultaneously can deliver improved staff experience and retention outcomes - beyond the sum of the individual components

The People Promise In Action: Our Aims

From the outset of the programme, we focused our planned improvements on the three main aims, developed having listened to our colleagues feedback, analysing staff survey results and looking at the national retention themes affecting our NHS currently.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

That you are always learning by ensuring that you have clear visibility of career development opportunities and feel part of the BHT family	To ensure you are well supported at a personal level during your time at BHT	To ensure you are in a psychologically safe and well supported working environment

Developing the programme

The second year of the programme allowed us to build on the successes we achieved in the first year and focussed on:

➢ **Improving awareness of, and increasing access to, work life balance opportunities**
➢ **Dedicated programme of work to reduce, mitigate, report and support incidents of Racism, Violence and Aggression**

Our work was also aligned work to our vision to ensure that BHT is 'A Great Place to Work' and our strategic people goals for 2023-2025, with the breakthrough objective for 2023/24 of:

➢ **Improving onboarding and first year experience**
➢ **Developing clinical and operational core management and leadership skills of c300 managers in key roles**
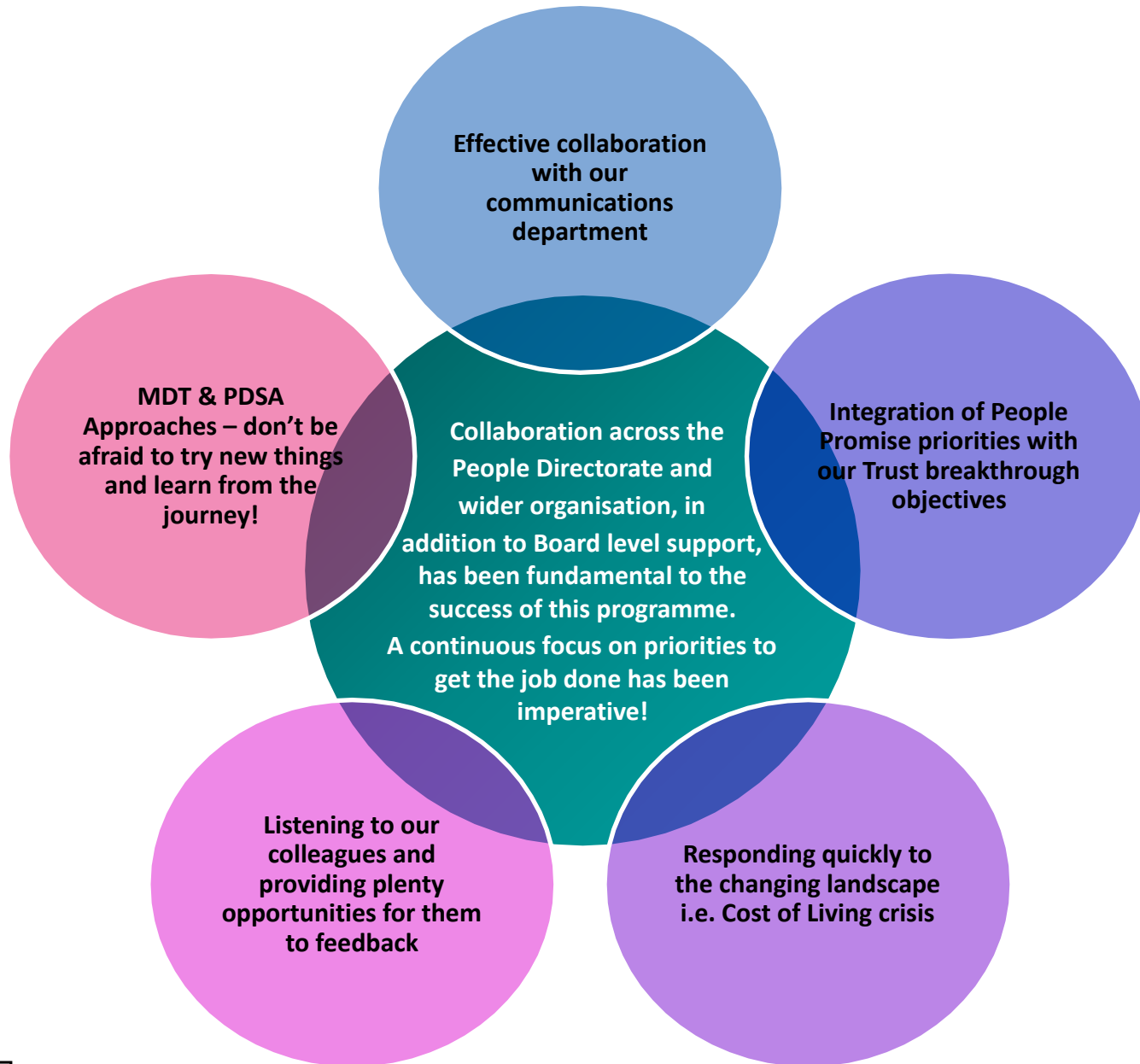
Long Term

➢ Improving Together programme is our overall organisational development programme for the Trust. Leadership and Culture is one of three workstreams; the People Promise is an enabler to delivering changes and improvements to leadership and culture across the organisation

➢ We will continue to embed the People Promise in all elements of our people work, aligning to the NHS Long Term Workforce plan, which is underpinned by the People Promise.

➢ NHS England has deemed the exemplar programme a success, and data has shown that retention rates for most exemplar sites has improved beyond non-exemplar sites, so they have rolled the programme out to a second cohort of over 100 NHS organisations. We will continue to be active in both regional and national forums and act as a 'buddy' for a number of the new sites.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Our Approach and Impact

NHS
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NHS Trust

Effective collaboration with our communications department

MDT & PDSA Approaches – don't be afraid to try new things and learn from the journey!

Collaboration across the People Directorate and wider organisation, in addition to Board level support, has been fundamental to the success of this programme.
A continuous focus on priorities to get the job done has been imperative!

Integration of People Promise priorities with our Trust breakthrough objectives

Listening to our colleagues and providing plenty opportunities for them to feedback

Responding quickly to the changing landscape i.e. Cost of Living crisis

❖ **Turnover has fallen** since May '22 from 14.9% to 10.4% Jan '24
❖ **In-house counselling and wellbeing support increased,** particularly pro-active and group work.
❖ **Mental Health Sickness Absence** has tracked below 2022
❖ **Welcomed** 319 internationally recruited colleagues (f/y's 22-24)
❖ **Nursing vacancy rate has fallen** since May '22 from 10.2% to 5.3% Jan '24
❖ **Overall vacancy rate has fallen** since May '22 from 10.7% to 5.5% Jan '24
❖ **NSS Results '23** We are above average for every element of the people promise. Staff engagement is 7.03; although not a statistical improvement from last year, puts us in the top 25% of Trusts of our type
❖ **93 Staff Wellbeing Champions**

Key Initiatives summary

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NHS Trust

	We are Compassionate and Inclusive	We are Recognised and Rewarded	We each have a Voice that Counts	We are Safe and Healthy	We are Always Learning	We work Flexibly	We are a Team

We are Compassionate and Inclusive	We are Recognised and Rewarded	We each have a Voice that Counts	We are Safe and Healthy	We are Always Learning	We work Flexibly	We are a Team
Support Package for International colleagues	WB days and £150 WB payment (22/23)	FTSUG Guardians & outreach model	New/improved outdoor rest areas/WB garden	iAspire implementation	Promotion of new flexible & agile policies with managers support pack	7 Refreshed active staff networks
Inclusive Recruitment	Mileage rates & improved cycle to work scheme	Broad series of listening events, webinars and briefings	In-house counselling & support increased –outreach model to clinical areas and all sites	Dedicated 1:1 career advice via trained coaches	Working Flexibly programme launched Q3 2023 – improved job ad's, revision of policies to align to culture, working flexibly advisory group initiated and all colleague /manager engagement webinars held	New BHT welcome day – for all new starters – based on People Promise
Just Culture programme						
Allyship Development Programme	Cost of living support package – brochure, webinars, hardship fund & Wagestream	All staff Comms weekly – A Great Place to Work Monday (People Promise themed) & Wellbeing Wednesday, Leadership Brief Thursday	Bullying & Harassment and Violence & Aggression task group – MDT Forum	280 Peak Management graduates (23/24 YTD)		Development of team flexible working charter
Partnership Working – ICS Kindness Programme				Wellbeing service increased psycho-educative training webinars & team interventions		Expanded Mediation Service supporting interpersonal difficulties at work
	Flexi-retirement info and webinars	New 'Management of Leavers Policy & resignation inbox	Improved reasonable adjustment process		Agile working – IT supporting increased home working	14 Executive GEMBA walks
	E-kindness cards, staff award schemes	Implementation of ESR Survey	New OHWB Hub MSK & MH support	Implementation of Scope for Growth	Established new agile working areas	Implementation of TED Tool
			Social prescribing Health checks and kiosk			

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

A Journey of Continuous Improvement

NHS
Buckinghamshire Healthcare
NHS Trust

We are Compassionate and Inclusive

7.3	7.4	7.41
2021	2022	2023

We are Recognised and Rewarded

5.91	6	6.14
2021	2022	2023

We Each Have a Voice that Counts

6.76	6.8	6.85
2021	2022	2023

We are Safe and Healthy

5.99	6.1	6.27
2021	2022	2023

We are Always Learning

5.03	5.6	5.88
2021	2022	2023

We Work Flexibly

6.15	6.3	6.34
2021	2022	2023

We are a Team

6.69	6.9	6.95
2021	2022	2023

My organisation takes positive action on health and wellbeing

67.5%	71.2%	70%
2021	2022	2023

Overall Staff Engagement Score

6.9	7	7.03
2021	2022	2023

Morale

5.68	5.8	6.03
2021	2022	2023

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

N.B. Green indicates where we are above the national average score

Impact on colleagues –

NHS
Buckinghamshire Healthcare
NHS Trust

We are recognised and rewarded

We are safe and healthy

We are a team

We are compassionate and inclusive

We each have a voice that counts

We work flexibly

"Some feedback from our colleagues who received support from the emergency domestic support fund

"Many thanks again, your support is greatly appreciated This is a huge relief for me in such a difficult time"

"I just wanted to say thank you again for the help before Christmas It made life so much better for my family. Thank you"

"Some feedback from colleagues who have received support from our in-house OHWB Health teams

"The support I have received has been invaluable, without it I would not have had the strength to keep working"

"Wellbeing was the best [session] and amazing for support. This dedicated time away, from the clinical priorities, was the best way to capture staff, even if just to signpost them where to go in the future if not required right now"

"Managers who take an active interest in understanding the wellbeing needs of their teams, work with OHW department to prioritise team wellbeing stand a greater chance of retaining staff. After all, our workforce is our greatest asset"

Molly Chibvuri, Matron Critical Care

"We need to ensure a sense of belonging and make sure everyone feels that they belong within the NHS and within BHT. When our colleagues feel that they belong, they know that we are not requiring them to change who they are or who we are. So that people can come to work and feel they fit in and are accepted for being themselves"

Christine Hughes, EDI Workforce Manager

"It's so important that we have a voice that counts, I would actually go as far as to say that it's critical. Being a Freedom to Speak Up Guardian, our work is so connected to patient and staff safety and so having a voice that counts is critical. It's also important to quality of care and really helps our workforce feel engaged and valued"

Tracey Underhill Freedom to Speak Up Guardian

"At BHT, 'we are a team' and 'we work flexibly' is important to us because they allow our colleagues the opportunities to work in varied environments which will all support in the delivery of outstanding care to the patients that we serve. Flexible working is key in allowing colleagues who otherwise may not be able to work for BHT the opportunity and flexibility to work around their personal circumstances. We know we have hard to recruit vacancies within the Trust, and by affording colleagues flexibility we can benefit from the skills and experience that they have"

Inderjit Bhambra, Assistant Director HR

Meeting: Trust Board Meeting in Public

Date: 27 March 2024

Agenda item	General Practice Vocational Training Scheme (GPVTS) Purchase Order Approval
Board Lead	Bridget O'Kelly, Chief People Officer
Author	Karen Avery, Business Information Lead, ELDI
Appendices	n/a
Purpose	Approval
Previously considered	EMC 05.03.2024 FBPC 26.03.2024

Executive summary

This paper provides details of the billing process for the General Practice Vocational Training Scheme (GPVTS).

NHSE provides part funding to BHT for these training roles with the balance being funded from Trust budgets. The lead employer (Mersey & West Lancashire Teaching Hospitals) bill BHT for the pay costs relating to the GPVTS trainees monthly. Our clinical divisions hold the pay budget for these trainee posts and therefore absorb the cost from the lead employer's monthly invoice.

BHT are required to provide a purchase order number to the lead employer on an annual basis, this ensures compliance with the Trusts SFIs and enables smooth procurement/finance transactions.

This paper was approved at EMC on Tuesday 5 March 2024. At this meeting EMC suggested that the Board approve a multiple year purchase order moving forwards. However, at this stage we are not in a position to request this.

A verbal update of the discussion held at Finance & Business Performance Committee on 26 March 2024 will be provided to Trust Board.

As such, for this year, the board is requested to approve a purchase order (£1,700k) for the purposes of paying the annual GPVTS invoices across 2024/25.

Decision	The Board is requested to provide authorisation

Relevant strategic priority			
Outstanding Care ☒	Healthy Communities ☐	Great Place to Work ☒	Net Zero ☐

Relevant objective		
☐ Improve waiting times ☒ Improve safety ☐ Improve productivity	☐ Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	☐ Improve the experience of our new starters ☐ Upskill operational and clinical managers

Implications / Impact	
Patient Safety	These qualified doctors have completed FY1 and 2 training and are in a 2-year training programme to become GPs, working in acute Trusts (such as BHT) on our rotas
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 6: Failure to deliver our People priorities

	Related to recruitment and resourcing, culture and leadership, supporting our staff, workforce planning and development and productivity.
Financial	Purchase Order Approval – required so billing, matching and remitting is not delayed
Compliance NHS Regulation Good Governance	NHSE has mandated this process for the centralised payment of GP trainees nationally and it has been in place for a number of years
Partnership: consultation / communication	All medical workforce issues are considered at the Trust Joint Consultative and Negotiating Committee.
Equality	Equality, Diversity and Inclusion is central to our people processes
Quality Impact Assessment [QIA] completion required?	N/A

General Practice Vocational Training Scheme Trainees

1. Background

In October 2018, Health Education England (HEE) changed how individuals on the General Practice Vocational Training Scheme (GPVTS) were managed, moving several responsibilities from individual Trusts to a lead employer model.

The lead employer is responsible for all employment checks, and for paying staff salaries, and is responsible for all other associated employment costs. BHT issues GPVTS trainees with honorary contracts.

The current national lead employer is Mersey & West Lancashire Teaching Hospitals (previously know as St Helens and Knowsley NHS) and the established processes for GPVTS salary payments continue.

In BHT there are currently 28.00WTE GPVTS Trainees,
- 21 posts are 50% NHSE funded
- 7 posts are 100% Trust funded

2. Problem

Mersey & West Lancashire Teaching Hospitals will be invoicing BHT monthly and will need to quote a PO number on their invoices. The estimated payroll value is averaging at £140k per month and therefore the annual call off order being requested is £1,700k, which will require Board approval.

As the Trust is informed of and holds details of the trainees that are working at the Trust on rotation, staff lists are reconciled monthly by Medical Staffing & Medical Education colleagues. Finance then reconcile the invoice(s) and transfer the costs to the relevant divisions.

GPVTS Salary costs in 2022/23 were £1,901k and are forecasted to be £1,650k in 2023/24. A purchase order of £1,700k is required for 24/25 which takes account of the reduced trainee numbers (since 22/23) but also allows for salary cost of living increase, apprenticeship levy cost, in-year processing delays and end of year adjustments.

3. Recommendation

For this year, the Board is requested to approve a purchase order (£1,700k) for the purposes of paying the annual GPVTS invoices across 2024/25

For future years, approval will be sought for a purchase order that will cover multiple years matched to the length of the contract between the Lead Provider and NHSE.

Date: 27 March 2024

Agenda item	Update on Violence & Aggression and Musculoskeletal actions
EMC Lead	Bridget O'Kelly, Chief People Officer
Author	Karon Hart, Deputy Director Workforce and Wellbeing
Appendices	Appendix One – Staff Survey data related to this work Appendix Two – Narrative feedback regarding work in place Appendix Three – HSE: NHS Chief Executive Letter and Report on MSDs and V&A Interventions (March 2023)
Purpose	Assurance
Previously considered	EMC 12.03.2024

Executive summary

A letter was received by all Trust CEO's from HSE on 28.03.2023, regarding actions, support and initiatives required for employees on Musculoskeletal issues (MSK) and Violence and Aggression incidents.

The letter from the HSE highlighted four main categories where management failings have been identified, following their inspection programme carried out between 2018 and 2022. The purpose of their letter was to recommend that we consider the four areas given below, so that the Trust can be satisfied that they are being managed in such a way as to comply with health and safety law. The categories are as follows:

- Risk Assessment
- Training
- Roles and Responsibilities
- Monitoring and Review

We are providing assurance in this paper that we are meeting these requirements, following our initial report to Board in response to this letter, in July 23. Within this is an update on further actions taken and proactive work in place to ensure we are in line with HSE requirements and our supporting our colleagues appropriately and in a timely manner.

Violence & Aggression (also including racism and sexual safety)

The dedicated programme of work is overseen be a muti disciplinary steering group, covering wellbeing, HR, Health and Safety, Security and Estates and clinicians.

From this we currently have 3 Task & Finish groups are working on

- Communication, Wayfinding and Reporting Systems
- Policy and Process Review and Socialisation plan
- Training needs for colleagues

We have also put in place new key initiatives:

- Weekly support group, open to all, in person and online helpful in understanding the antecedents of V&A incidents, informing prevention and providing support.
- Increased support from Thames Valley Police (TVP) in cases of Violence, Aggression or Racism against our staff – including a link on DATIX to TVP reporting line for incidents.

- Case Management support. Where TVP are involved in an incident, Wellbeing will provide case management support to the colleague/s involved.
- Increased restorative supervision group sessions provided by wellbeing service.

Musculoskeletal (MSK)

MSK focus in Q3 and Q4 has been on proactive education and support to all colleagues, with particular focus on actions that can be taken daily to manage MSK health (as per the actions cited in the July 23 board update).

Next steps will focus Occupational Health physios, Moving and handling team and Health and safety teams' task and finish group to review the systems and training in place and develop further actions accordingly (will report at end of Q1).

The Executive Management Committee took assurance from this report when considered on 12 March 2024.

Decision	The Board is requested to take assurance from this paper

Relevant strategic priority			
Outstanding Care ☐	Healthy Communities ☐	Great Place to Work ☒	Net Zero ☐

Relevant objective		
☐ Improve waiting times ☒ Improve safety ☐ Improve productivity	☐ Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	☒ Improve the experience of our new starters ☒ Upskill operational and clinical managers

Implications / Impact	
Patient Safety	Ensuring safest staffing levels supports patient safety and high-quality patient care.
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 7: Failure to deliver our People priorities
Financial	Alignment with Trust Improvement plan and associated financial efficiencies.
Compliance Select an item. Select CQC standard from list.	Ensure we continue to deliver the right staff, in the right place, with the right skills. Staff are safe, supported and listened to. Compliance with HSE requirements.
Partnership: consultation / communication	Staff network groups – specifically including EMBRACE and our disability network, as well as staff side colleagues
Equality	Maintain workforce race equality standards. Support inclusion, with fair and equitable processes and policies. Our workforce should reflect the diversity of our population.
Quality Impact Assessment [QIA] completion required?	Would be completed as required for individual initiatives in this programme

1   Introduction

- BHT are committed to supporting all colleagues contribute to developing a Great Place to Work and the right for all colleagues to feel safe and supported at work.

- The purpose of this paper is to focus on Violence and Aggression and MSK work, as a key priority for the Trust and in response to HSE letter to all Trusts on 28.03.23, which we reported to Board in July 23. We continue to ensure we align with HSE requirements and support our colleagues appropriately.
- V&A focus on reducing incidences of violence, aggression, racism and sexism by patients or service users towards colleagues, or between colleagues, as well as increasing appropriate reporting, ensuring effective management, and putting timely wellbeing support in place.
- Moreover, reducing bullying and harassment is a 2024/5 breakthrough objective.
- MSK focus has been on managing MSK referrals and proactive education and support to all colleagues via Occupational Health Physiotherapists, with particular focus on actions that can be taken daily to manage MSK health.
- We also focus on next steps required specifically in regard to managing sexual safety and reviewing systems and training for the management of MSK, aligned with HSE requirements.

2. HSE Requirements

The letter from the HSE highlighted four main categories where management failings have been identified, following their inspection programme carried out between 2018 and 2022. The purpose of their letter was to recommend that we consider the four areas given below, so that the Trust can be satisfied that they are being managed in such a way as to comply with health and safety law. The categories are as follows:

- Risk Assessment
- Training
- Roles and Responsibilities
- Monitoring and Review

Risk Assessment – We continue to review our processes to ensure sufficient and suitable risk assessments to control the risk to employees from acts of violence and aggression and also control the risk of musculoskeletal disorders. Please see below, section 4a Policy, Process and Socialisation, for further details of actions we are taking to address the risks of violence and aggression and section 6, for initiatives that have been put in place to address risk of Musculoskeletal disorders.

Training – We continue to review and improve the training needs of our colleagues to address the risk of acts of violence and aggression and (see below section 4a) training to control the risk of musculoskeletal disorders (see below sections 6 and 7).

Roles and Responsibilities – The allocation of specific roles and responsibilities within the organisation to effectively supervise and manage the risk to employees from acts of violence and aggression (see below, sections 4 and 5) and musculoskeletal disorders (see below sections 6 and 7) we continue to review.

Monitoring – Work continues to monitor and review the existing risk control measures to ensure they are effective and that the risks to employees from violence and aggression

(see below, section 4 and 5) and musculoskeletal disorders (see below, section 6 and 7) are effectively managed

3. **Staff Survey results (see appendix one)**

The staff survey data also shows that instances of self-reported **harassment, bullying or abuse** at work from patients/service users, their relatives or other members of the public, managers or other colleagues (One or more times) have all improved slightly year-on-year (questions 14a, 14b, and 14c) and so have the levels of reporting of these incidences (question 14d). Looking at the grounds on which colleagues have experienced discrimination (questions at 16c), ethnic background and gender have marginally worsened year-on-year, discrimination experienced on the grounds of religion and sexual orientation have improved slightly year-on-year.

Staff Survey Results for 2023 covering questions related to physical violence at work from patients/service users, their relatives or other members of the public, managers or other colleagues are not yet available (questions 13a-d). However, we know that in the previous two years, data from the 2021 and 2022 NHS Staff Survey indicated that instances of self-reported physical violence at work from patients/service users, their relatives or other members of the public, managers or other colleagues (one or more times) marginally worsened.
We are working with our survey supplier to establish if our internal Trust data is reliable and therefore if we can use internally.

4. **Update on programmes of work - Violence, Aggression and Racism. (V,A&R)**

Dedicated programme of work continues to develop initiatives for the prevention, reduction, reporting, management, and support for colleagues affected by V,A&R.

a) **The refreshed MDT steering group** undertook a review of the priority areas and the following initiatives have been implemented via 3 Task & Finish groups, working on:
- **Communication, Wayfinding and Reporting Systems**. group is looking at many of the factors that give rise to frustrations and unacceptable behaviour.
  - ➢ Wayfinding includes the implementation of the wayfinding project, e.g., improving patient letters, digitalisation, digital maps, signage, posters and patient announcement system in ED.
  - ➢ Improve reception area with welcome board to display clinics running each day. "You said, we did" stories are being captured from colleagues that have needed support will be used in planned communications to reinforce the value of improvements made.
- **Policy, Process and Socialisation** group is reviewing the Managing Violence, Aggression and Unacceptable Behaviour Policy, incorporating the learnings captured from colleagues impacted
  - ➢ Including reviewing the process to implement a red/yellow card that has centrally capture and oversight, so analysis can take place to inform impact.
  - ➢ A socialisation plan will ensure full awareness, support and understanding of colleague's roles and responsibilities in implementing the new policy. This will

be supported by a new BHT Charter that clearly states commitment to prevention, reduction, reporting & management, and support for colleagues.

- **Training needs for colleagues'** group is taking a high engagement approach via colleague feedback o provide richer insights into the types of incidences that they don't feel confident to manage.
  - ➢ To inform what training is required and what existing training needs to be reviewed. This also includes where we need to bridge the "knowing versus doing" gap and other types of support or changes are required.
  - ➢ This group is reviewing body cameras and potential further trial.

b) **A new weekly V, A, and R support group**, the multi-disciplinary approach is proving extremely helpful in gaining a better understanding of what happens, why (the antecedents) and how we can prevent further incidences, it is open to all colleagues.

A key success of this approach is that it provides holistic support to both patients and colleagues and provide support to colleagues.

Datix incidences received by the wellbeing team; monitored daily and Datix reporters invited to join the MDT meeting appropriate or dealt with confidentially.

The MDT meetings have achieved the following, for example to date;
- ➢ Provided wellbeing support that wouldn't otherwise have been requested – this helps to promote and reinforce the benefit of providing wellbeing support, especially the new Restorative wellbeing sessions to support colleagues that have been impacted by challenging patients
- ➢ Supported more timely discharge of some patients to more appropriate care etc
- ➢ Made some practical changes within ward environment e.g., replacement printer moved to prevent patient damaging it again
- ➢ Identified some longer-term problem-solving priorities for the MDT steering group.

There are further opportunities which will be developed in Q4 23/24 and Q1 24/25
- ➢ Review the action log to develop more of a task/improvement plan to address the longer-term problem-solving opportunities
- ➢ Summarise what has been achieved to date and task/process improvement plan
- ➢ Re-issue and refresh the MDT group invitation with new title to draw things together. 'Managing Violence, Aggression, Racism, Sexism and Unacceptable Behaviour' and encourage wider attendance (currently predominately nursing)

c) **Wellbeing Case Management support**. Where Thames Valley Police are involved in an incident of workplace violence, aggression, racism or sexual safety, Wellbeing provides case management support to the colleague/s involved, in collaboration with the police and key other support e.g. victim support and restorative justice initiatives.

5. **Violence and Aggression - Next steps – Q4 23/24 and Q1 24/25**

Focus on Sexual Safety:
- On 4 September 2023, NHS England launched the 'Sexual Safety in Healthcare – Organisational Charter'. Produced in collaboration with key partners across the healthcare system. There are ten core principles and actions to help achieve this and as signatories to this charter BHT is committed to tackling unwanted, inappropriate and/or harmful sexual behaviour in the workplace.

- The governance of this will be through the already established Managing Violence, Aggression, Racism steering group, which has a number of sub- groups to move forward with initiatives to improve colleague and patient experience. This reports into both Health and safety Committee and Strategic People Committee. We are active in the BOB Safer Workplaces group, which includes the oversight of this charter.
- Data from the 23 staff survey questions related to sexual safety will be used to further inform hot spot areas for support and actions and general Trust wide initiatives and track our progress over time.
- White Ribbon programme will also be incorporated not this work, the core criteria will be to provide strategic leadership; raise awareness, engage men and boys, and bring about/embed culture change

6. MSK – update on initiatives in place

We increased our dedicated staff wellbeing physios in the Occupational Health service from one to two in May 2022. This was in response to:

- The number of reactive referral appointments (541 to date this year) needing advice and guidance and enabling us to provide triage, onward referral and some initial treatments where appropriate.

- It also enabled us to develop and increase our pro-active work, in line with the actions cited in our Board paper in July 23 , in response to HSE letter. following an analysis of MSK referral data of those presenting for OH Physiotherapy support. It highlighted the predominant cause was equal between low back and neck pain and so focus was placed on our resources in these sections.
  - ➢ '**Back Care Awareness' webinar**, launched October 23 to help colleague understand how to care for their backs, both in prevention and injury management advice. This session was recorded and is available on CAKE. Future planned webinars
  - ➢ '**Low back pain at work – initial advice'** leaflet produced, providing advice to colleague in desk based and more active roles on managing low back pain at work. It contained exercises that can help to reduce back pain and when further advice should be sought. Distributed to patients and also available to download from CAKE.
  - ➢ **'Desk based advice leaflet'** –The leaflet provides set up advice, tips on regular movement including 12 exercises that can be performed at the desk, and also information on BreakThru. (an app within MS Teams to schedule reminders to move and can launch two minutes of movement, where you follow a moving avatar on screen) Distributed to patients and also available to download from CAKE.
  - ➢ '**Warm up for work'** pilot initiative in January/Feb 2024. An exercise class lasting 15 minutes, which was repeated from 7-9am. Gentle chair-based movements, , to give colleagues ideas that they can repeat during their working day, easily and comfortably without needing specialist equipment or fitness clothing. Presented both in person and live streamed to maximise attendance. A previously recorded session available to watch on demand from CAKE.
  - ➢ **Are you sitting comfortably?** article, in Wellbeing Wednesday to support in assessing your own workstation and providing advice of where to seek further

support if needed. – including signposting to DSE online assessment via i-aspire
- ➢ **Are you sitting comfortably webinar** – Scheduled for March 24, building on the workstation assessment knowledge of staff, when improvements need to be made and how to access them. Also key messages on need for regular movement in a desk-based role, plus exercise including desk-based exercises and BreakThru on MST
- ➢ **Connecting Event for New starters** – Attendance of MSK Occupational Health Physio at the regular event so new colleagues can learn more about the services we offer
- ➢ **Specific Department work by Occupational Health Physios**
- ➢ Presented at Ophthalmology on MSK considerations for Slit Lamp safety to their Audit meeting.
- ➢ Presented 'demystifying Occupational Health Physio' to AHP monthly meeting to help colleagues understand more about how we can support.

Our OH physios have been Invited to present at the National Back Exchange – Regional meeting in May 2024

7. MSK Next Steps – Q1 24/25

Occupational Health physios, Moving and handling team and Health and safety teams' task and finish group to review the following and develop further actions accordingly (will report at end of Q1)

a) Review management systems in place that relate to risk assessment process, including:
- ➢ identify further high-risk areas that need specific pro-active support
- ➢ ensure assessments completed on non-clinical colleagues, as well as clinical
- ➢ clarify we have a consistent approach to risk assessment across the organisation.

b) Assess Training on controlling Muscular skeletal disorders provided to employees, including:
- ➢ a is based evidence based on training needs analysis
- ➢ ensure training identified as mandatory is being monitored for compliance
- ➢ non-clinical workers who were exposed to the risk are included in relevant training
- ➢ assessment of the competency of trainers and availability of training resource

Once the above is complete socialisation webinars to colleagues and mangers will take place to ensure responsibilities and training requirements are clear

8. Action required from the Board/Committee

The Board is requested to:
a) Take assurance from this programme of work
b) Approve this paper for submission to Board

APPENDICES
Appendix 1: Staff survey summary
Appendix 2: Feedback from colleagues receiving support

Appendix 1: Staff Survey summary on Violence, Aggression, Racism and Sexism 2022/23 and 23/24 –

	2022/23		2023/24	
	Base size	Score	Base size	Score
Violence and aggression				
14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public (One or more times).	3,492	28.49%	4,085	25.10%
14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers (One or more times).	3,473	10.3%	4,075	9.4%
14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues (One or more times).	3,453	18.2%	4,079	16.5%
14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it (Yes).	1,224	48.4%	1,378	50.56%
Racism/Sexism				
16c01 On what grounds have you experienced discrimination? Ethnic background (Yes).	479	63.5%	618	64.3%
16c02 On what grounds have you experienced discrimination? Gender (Yes).	500	19.08%	607	20.1%
16c03 On what grounds have you experienced discrimination? Religion (Yes).	479	7%	607	5.6%
16c04 On what grounds have you experienced discrimination? Sexual orientation (Yes).	479	3.9%	607	2.68%
17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public (One or more times).	0	-	4,099	6.52%
17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from staff / colleagues (One or more times).	0	-	4,096	3.06%
13a In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public (One or more times).	3,490	13.1%	Data not yet available	Data not yet available
13b In the last 12 months how many times have you personally experienced physical violence at work from managers (One or more times).	3,489	0.7%	Data not yet available	Data not yet available
13c In the last 12 months how many times have you personally experienced physical violence at work from other colleagues (One or more times).	3,454	1.5%	Data not yet available	Data not yet available
13d The last time you experienced physical violence at work, did you or a colleague report it (Yes).	380	71.1%	Data not yet available	Data not yet available
MSK				
11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities (Yes).	3,487	29.8%	4,089	28.24%

Appendix 2: Narrative feedback on impact of initiatives in place.

1.Feedback following attending the MDT Violence, Aggression and Racism weekly support group, from nursing team leads at SMH and WGH.

"*I have to admit I was quite dubious about how attending an online forum and then also sceptical about the difference a restorative wellbeing session would make. I freely admit I was wrong on both counts*".

The MDT forum was a really welcoming space. We were able to talk through our issue and how this was impacting staff. I came away with the feeling that staff well-being was prioritised as well as practical support with managing the patient being escalated to other teams.

One of the results of attending the MDT forum was a session with the well-being team for a restorative session. The session was incredibly powerful. The first session was attended by 17 members of the team – therapists and nurses. There were tears and laughter as we were provided an incredibly safe space for the team to take a step back from the stresses and strains of the work environment and really focus on ourselves – something that we don't often do. The team all felt they walked away from the session feeling "lighter".
We had a follow-up session later in the same week and the response of the staff returning was really positive. All members of the group that had attended had done small things to support their resilience and well-being during the week and had reported feeling more energetic, lighter and more present at work. I personally felt the restorative session had a really positive impact on my home life that week.
The restorative session has helped us recognise this and given us the support to prioritise ourselves and our well-being in a really manageable way."

2. Feedback from colleagues receiving OH MSK physio support

"*Thanks for your time, I found your input very interesting and useful. Thank you for attaching the exercises too. I have since purchased a reasonably light 4kg kettle bell to do a little more strength training at home, as well as body weight with yoga.*"

Booking co-ordinator

"*Just a bit of positive feedback from a staff member of mine that saw you today. She has vocalised how much she appreciated your listening ear in her review today. She found you incredibly helpful and supportive.*"

Nursing Sister

"*Many thanks to the physio team in OHW, we have been able to refer 3 employees into the service and they were seen within 1 week of contacting. Since then, they have managed to stay in work and self-manage their underlying condition, they wanted to give this feedback*"

Service Manager, Amersham Hospital

By email

28th March 2023

To: all NHS Trust and Board Chief Executives

Health and Safety Executive (HSE) - Recommendations for Managing Violence and Aggression and Musculoskeletal Disorders in the NHS

Please find attached HSE's summary findings on the management of risks from workplace violence and aggression (V&A) and musculoskeletal disorders (MSDs) in the NHS, following an inspection programme carried out between 2018 and 2022.

HSE is recommending that you consider the four main categories where management failings have been identified (Risk Assessment, Training, Roles and Responsibilities, and Monitoring and Review) and satisfy yourself that your Trust / Board is managing these areas in such a way as to comply with health and safety law.

This document is being circulated to all NHS Trusts and Boards in Great Britain via internal NHS EPRR channels. Copies of the recommendations are also being shared with relevant NHS employer and employee groups, employee representative groups and trade unions.

For HSE to be assured that suitable action has been taken, we will be undertaking further interventions with the NHS over the next 12 months. These interventions will follow a two-step approach as follows:

Step One: Several high-level interventions by appointment between NHS Trust Chief Executives and HSE Field Operations Division (FOD) Operational managers, to discuss what is being done at senior management level to address the risks from V&A and MSDs.

These interventions will focus on the findings from the 2018-22 inspections as detailed in the attached summary report. In addition, they will explore the following areas:

- steps taken by your organisation over recent years at senior level to address the risks from V&A and MSDs;
- leadership in ensuring that sufficient organisational attention, resources and priority are given to the reduction of V&A and MSD risks.

Step Two: Inspectors will carry out several site inspections to seek assurance that what was described to us, in the high-level interventions, is being delivered on the ground.

Inspectors will engage with a cross-section of management and the workforce to assess the measures taken. Feedback on findings, including details of any action required, will be given at the end of the visits, at senior level where possible.

If you have any queries on the above, please do not hesitate to contact us at public.services-sector@hse.gov.uk

Yours faithfully,

John Crookes HM Principal Inspector of Health and Safety

Head of Health and Social Care Services Sector
Transport and Public Services Unit, Operational Strategy Branch
Health and Safety Executive

Enc: Summary Report

MANAGING VIOLENCE AND AGGRESSION AND MUSCULOSKELETAL DISORDERS IN THE NHS

A Summary of findings from April 2018 – March 2022 inspections of NHS Trusts / Boards focusing on workplace violence and aggression and musculoskeletal disorders.

- Between 2018 and 2022, HSE carried out a series of inspections to assess the management and control of risk from musculoskeletal disorders (MSDs) and violence and aggression (V&A) in the NHS.

- HSE selected these two areas for proactive inspection because they aligned with HSE's strategic priority of reducing work-related ill health. Violence and aggression is a stressor and therefore a contributory factor to work-related stress, which along with MSDs are the two most common causes of new and long-standing, work-related ill health Statistics - Work-related ill health and occupational disease (hse.gov.uk)

- A total of 60 NHS trusts and boards (hereby referred to as NHS Employers for ease of reference) were visited across Great Britain (England, Scotland and Wales). This included acute, mental health and community trusts, but not specialist trusts such as ambulance services and represents approximately one in four of these NHS employers. Twenty organisations were inspected in each of three work years (2018-19, 2019-20, and 2021-22).

- In 38 (63%) of the NHS employers inspected over the course of the three work years at least one contravention of health and safety law in respect of management of risk from MSDs or V&A was identified. In 26 (43%) of the organisations inspected they were found to have contraventions across both areas.

- The level of contraventions of the law for V&A (60%) was slightly higher than that of MSDs (47%).

- The rate of contraventions of health and safety law that were found across each of the inspection years was as follows:

Contravention Rate		
	MSDs	V&A
2018-19	10 (50%)	11(55%)
2019-20	11 (55%)	14 (70%)
2021-22	7(35%)	11 (55%)
TOTAL	28 (47%)	36 (60%)

3

- Whilst this summary necessarily focuses on the issues identified during the inspections, it is important to note that nearly 40% of NHS employers were compliant or only needed some verbal advice (37%).

- The common feature where contraventions were identified were management failings. These are failings of the management systems and relate to the following four categories:

  - Risk assessment

    - This refers to the steps taken by NHS employers to conduct suitable and sufficient risk assessments to control the risk to employees from MSDs and V&A.

    - Issues identified during the visits included:

      - assessments being too generic, with high-risk areas not being identified;
      - assessments not including non-clinical workers who were exposed to the risk;
      - inconsistencies in the approach to risk assessment across the same organisation.

  - Training

    - This refers to the training on controlling risk from MSDs and V&A provided to employees.

    - Issues identified during the visits included:

      - training was too generic and lacked evidence it was based on a training needs analysis;
      - where training was identified as being mandatory, in practice it was optional for relevant workers to attend;
      - non-clinical workers who were exposed to the risk were not included in training;
      - no suitable assessment of the competency of the trainers.

  - Roles and Responsibilities

    - This refers to the allocation of specific roles and responsibilities within the organisation to effectively supervise and manage the risk to employees from MSDs and V&A.

4

- Issues identified during the visits included:

  - a lack of clarity over roles and responsibilities;
  - a lack of wider organisational awareness of who does what;
  - inadequate provision of time and resource given to those with roles and responsibilities;
  - no suitable assessment of the competence of those with specific roles and responsibilities to carry out that work.

  o Monitoring and Review

  - This refers to conducting effective monitoring and review of existing risk control measures to ensure they are effective and that the risks to employees from MSDs and V&A are being effectively managed.

  - Issues identified during the visits included:

    - failure to actively monitor and review control measures to ensure they are effective;
    - insufficient time and resource being allocated to monitoring and review;
    - failure to use available data sources (eg absence data, incident reporting) in the review process;
    - a lack of clarity over what should be reported and how, leading to non-reporting.

- **In particular, the inspections found that, whilst NHS employers generally do have policies and procedures for MSDs and V&A in place, these are often not monitored or reviewed to ensure that they work in practice or remain effective.**

- These findings have been shared with a number of NHS stakeholder groups at national level and NHS unions. It is expected that all NHS employers will review their management systems for these common failings and take any remedial action identified by that review process.

END

Meeting: Trust Board Meeting in Public

27 March 2024

Agenda item	Private Board Summary Report 28 February 2024	
Board Lead	Chief Executive Officer	
Type name of Author	Senior Trust Board Administrator	
Attachments	None	
Purpose	Information	
Previously considered	n/a	

Executive Summary

The purpose of this report is to provide a summary of matters discussed at the Board meeting held in private on 31 January 2024.

The matters considered at this session of the Board were as follows:

- Safeguarding Review
- Maternity Safety Reports
- Interim Planning Update
- Network Business Case
- Pathology Lab Equipment Managed Service – Extension to Contract

Decision	The Board is requested to note the contents of the report.		
Relevant Strategic Priority			
Outstanding Care ☒	Healthy Communities ☒	Great Place to Work ☒	Net Zero ☒
Relevant objective			
☒ Improve waiting times ☒ Improve safety ☒ Improve productivity	☒ Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	☒ Improve the experience of our new starters ☒ Upskill operational and clinical managers	

Implications / Impact	
Patient Safety	Aspects of patient safety were considered at relevant points in the meeting
Risk: link to Board Assurance Framework (BAF)/Risk Register	Any relevant risk was highlighted within the reports and during the discussion
Financial	Where finance had an impact, it was highlighted and discussed as appropriate
Compliance	Compliance with legislation and CQC standards were highlighted when required or relevant
Partnership: consultation / communication	n/a
Equality	Any equality issues were highlighted and discussed as required.
Quality Impact Assessment [QIA] completion required?	No

Acronym 'Buster'

- A&E - Accident and Emergency
- AD - Associate Director
- ADT - Admission, Discharge and Transfer
- AfC - Agenda for Change
- AGM - Annual General Meeting
- AHP - Allied Health Professional
- AIS – Accessible Information Standard
- AKI - Acute Kidney Injury
- AMR - Antimicrobial Resistance
- ANP - Advanced Nurse Practitioner

B

- BBE - Bare Below Elbow
- BHT – Buckinghamshire Healthcare Trust
- BME - Black and Minority Ethnic
- BMA - British Medical Association
- BMI - Body Mass Index
- BOB – Buckinghamshire, Oxfordshire, Berkshire West
- BPPC – Better Payment Practice Code

C

- CAMHS - Child and Adolescent Mental Health Services
- CAS - Central Alert System
- CCG - Clinical Commissioning Group
- CCU - Coronary Care Unit
- Cdif / C.Diff - Clostridium Difficile
- CEA - Clinical Excellence Awards
- CEO - Chief Executive Officer
- CHD - Coronary Heart Disease
- CIO - Chief Information Officer
- CIP - Cost Improvement Plan
- CQC - Care Quality Commission
- CQUIN - Commissioning for Quality and Innovation
- CRL – Capital Resource Limit
- CSU - Commissioning Support Unit
- CT - Computerised Tomography
- CTG - Cardiotocography

D

- DBS - Disclosure Barring Service
- DGH - District General Hospital
- DH / DoH - Department of Health
- DIPC - Director of Infection Prevention and Control
- DNA - Did Not Attend
- DNACPR - Do Not Attempt Cardiopulmonary Resuscitation
- DNAR - Do Not Attempt Resuscitation
- DNR - Do Not Resuscitate
- DOH – Department of Health
- DoLS - Deprivation of Liberty Safeguards
- DPA - Data Protection Act
- DSU - Day Surgery Unit
- DVT - Deep Vein Thrombosis

E

- E&D - Equality and Diversity
- EBITDA - Earnings Before Interest, Taxes, Depreciation and Amortization
- ECG - Electrocardiogram
- ED - Emergency Department
- EDD - Estimated Date of Discharge
- EIA - Equality Impact Assessment
- EIS – Elective Incentive Scheme
- ENT - Ear, Nose and Throat
- EOLC - End of Life Care
- EPR - Electronic Patient Record
- EPRR - Emergency Preparedness, Resilience and Response
- ESD - Early Supported Discharge
- ESR - Electronic Staff Record

F

- FBC - Full Business Case
- FFT - Friends and Family Test
- FOI - Freedom of Information
- FTE - Full Time Equivalent

G

- GI - Gastrointestinal
- GMC - General Medical Council
- GP - General Practitioner
- GRE – Glycopeptide Resistant Enterococci

H

- HAI - Hospital Acquired Infection
- HASU - Hyper Acute Stroke Unit
- HCA - Health Care Assistant
- HCAI - Healthcare-Associated Infection
- HDU - High Dependency Unit
- HEE – Health Education England
- HETV - Health Education Thames Valley
- HMRC – Her Majesty's Revenue and Customs

- HSE - Health and Safety Executive
- HSLI – Health System Led Investment
- HSMR – Hospital-level Standardised Mortality Ratio
- HWB - Health and Wellbeing Board

I

- ICS – Integrated Care System

M

- I&E - Income and Expenditure
- IC - Information Commissioner
- ICP - Integrated Care Pathway
- ICU - Intensive Care Unit
- IG - Information Governance
- IGT / IGTK - Information Governance Toolkit
- IM&T - Information Management and Technology
- IPR - Individual Performance Review
- ITU - Intensive Therapy Unit / Critical Care Unit
- IV - Intravenous

J

- JAG - Joint Advisory Group

K

- KPI - Key Performance Indicator

L

- LA - Local Authority
- LCFS - Local Counter Fraud Specialist
- LD - Learning Disability
- LHRP - Local Health Resilience Partnership
- LiA - Listening into Action
- LOS / LoS - Length of Stay
- LUCADA - Lung Cancer Audit Data

M

- M&M - Morbidity and Mortality
- MDT - Multi-Disciplinary Team
- MIU - Minor Injuries Unit
- MRI - Magnetic Resonance Imaging
- MRSA - Meticillin-Resistant Staphylococcus Aureus

N

- NBOCAP - National Bowel Cancer Audit Programme
- NCASP - National Clinical Audit Support Programme
- NED - Non-Executive Director

- NHS – National Health Service
- NHSE – National Health Service England
- NHSE/I – National Health Service England & Improvement
- NHSI – Nation Health Service Improvement
- NHSLA - NHS Litigation Authority
- NICE - National Institute for Health and Care Excellence
- NICU - Neonatal Intensive Care Unit
- NMC - Nursing and Midwifery Council
- NNU - Neonatal Unit
- NOGCA - National Oesophago-Gastric Cancer Audit
- NRLS - National Reporting and Learning System / Service

O

- O&G - Obstetrics and Gynaecology
- OBC - Outline Business Case
- ODP - Operating Department Practitioner
- OHD - Occupational Health Department
- OOH - Out of Hours
- OP - Outpatient
- OPD - Outpatient Department
- OT - Occupational Therapist/Therapy
- OUH - Oxford University Hospital

P

- PACS - Picture Archiving and Communications System / Primary and Acute Care System
- PALS - Patient Advice and Liaison Service
- PAS - Patient Administration System
- PBR - Payment by Results
- PBR Excluded – Items not covered under the PBR tariff
- PDC - Public Dividend Capital
- PDD - Predicted Date of Discharge
- PE - Pulmonary Embolism
- PFI - Private Finance Initiative
- PHE - Public Health England
- PICC - Peripherally Inserted Central Catheters
- PID - Patient / Person Identifiable Data
- PID - Project Initiation Document
- PLACE - Patient-Led Assessments of the Care Environment
- PMO - Programme Management Office
- PPE - Personal Protective Equipment
- PP – Private Patients
- PPI - Patient and Public Involvement
- PSED - Public Sector Equality Duty

Q

- QA - Quality Assurance
- QI - Quality Indicator
- QIP - Quality Improvement Plan
- QIPP - Quality, Innovation, Productivity and Prevention
- QIA - Quality Impact Assessment
- QOF - Quality and Outcomes Framework

R

- RAG - Red Amber Green
- RCA - Root Cause Analysis

- RCN - Royal College of Nursing
- RCP - Royal College of Physicians
- RCS - Royal College of Surgeons
- RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- RTT - Referral to Treatment

S

- SAU - Surgical Assessment Unit
- SCAS / SCAmb - South Central Ambulance Service
- SHMI - Summary Hospital-level Mortality Indicator
- SI - Serious Incident
- SIRI - Serious Incident Requiring Investigation
- SIRO – Senior Information Risk Owner
- SID - Senior Independent Director
- SLA - Service Level Agreement
- SLR - Service-Line Reporting
- SLT / SaLT - Speech and Language Therapy
- SMR - Standardised Mortality Ratio
- SoS - Secretary of State
- SSI(S) - Surgical Site Infections (Surveillance)
- SNAP - Sentinel Stroke National Audit Programme
- STF – Strategic Transformation Fund
- STP - Sustainability and Transformation Plan
- SUI - Serious Untoward Incident

T

- TIA - Transient Ischaemic Attack
- TNA - Training Needs Analysis
- TPN - Total Parenteral Nutrition
- TTA - To Take Away
- TTO - To Take Out
- TUPE - Transfer of Undertakings (Protection of Employment) Regulations 1981

U

- UGI - Upper Gastrointestinal
- UTI - Urinary Tract Infection

V

- VfM - Value for Money
- VSM - Very Senior Manager
- VTE - Venous Thromboembolism

W

- WHO - World Health Organization
- WTE - Whole Time Equivalent

Y

- YTD - Year to Date