



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

# Integration Programme: Final Post-Merger Assurance Report

January 2023

*We are*



## Contents

1. Executive Summary .....	3
2. Key Messages .....	6
3. Our mission and vision.....	7
4. The context within which integration has taken place .....	8
5. Background and scope .....	10
6. Integration maturity assessment (December 2022) .....	11
7. Focus on the last 12 months of the programme .....	12
8. Assurance on new management arrangements .....	14
9. Organisational Development, People and Change.....	16
10. Embedding of integrated corporate services .....	21
11. Clinical services integration.....	23
12. Financial analysis and commentary .....	25
13. Risk Management.....	28
14. The Benefits of Merger.....	34
15. Key integration enabling programmes.....	37
16. Reflecting on what we have learnt .....	40
17. Assurance on outstanding work completion .....	44
18. Looking to the future of Weston General Hospital .....	46

## 1. Executive Summary

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) was created through the merger of University Hospitals Bristol NHS Foundation Trust (UH Bristol) and Weston Area Health NHS Trust (WAHT) on 1 April 2020.



This Final Post-Merger Assurance Report provides an overview of the Trust's establishment and the story of its first two and a half years of operation. It outlines the context within which integration has taken place and gives a summary of the programme assurance framework to date, before setting out the new Trust values. These UHBW values have been collaboratively developed by staff and will carry us well into the future, continuing to shape our shared culture as they become embedded into everything we do.

The report then describes the key indicators of organisational integration maturity and gives a snapshot of the current position post-merger for both corporate and clinical services, before moving to focus on key changes over the last 12 months, with the completion of the planned integration of clinical services, supported by a new management model at Weston General Hospital. This builds upon full integration of all corporate services in early 2022, and the report outlines how the embedding of new managerial, clinical and governance arrangements are being supported and tested.

The narrative considers the Transaction Business Case financial plan, and the position the Trust is in three years post-merger. It sets out what factors have influenced this, including the change of financial regime during the coronavirus (COVID-19) global pandemic period, what steps have been taken, and to what extent the planned financial mitigations have been achieved or offset. It also looks back at the key risks of organisational merger identified in pre-merger due diligence process, and how these have been subsequently mitigated or managed.

The report confirms that the main driver for the creation of UHBW was the opportunity to deliver sustainable patient benefits across the full range of services offered, spanning improvements in patient safety, clinical quality, and outcomes, to improvements in the experience of patients, carers, and their families. The report outlines that delivery of benefits is well underway, with major improvements already evidenced in recruitment of nursing staff, learning and development opportunities, estates and facilities, and in the

reduction of high level risks at Weston General Hospital, with further benefits expected to be realised in the coming years.

Developing and valuing our workforce continues to be at the centre of assuring Weston General as a sustainable hospital. The report confirms that despite the significant levels of change, staff engagement has been maintained. Progress has been made to recruit and retain staff in a number of key professional groups and whilst consultant recruitment in particular remains challenging, it is anticipated that this will improve as the hospital's clinical model of care is reshaped in coming years through the Healthy Weston vision.

Across the organisation staff have worked to develop single services that build on the strengths of both predecessor organisations. This work has been underpinned by key enabling actions to consolidate systems, processes, and policies in support services, such as Digital, Estates, Finance, HR, and Workforce.

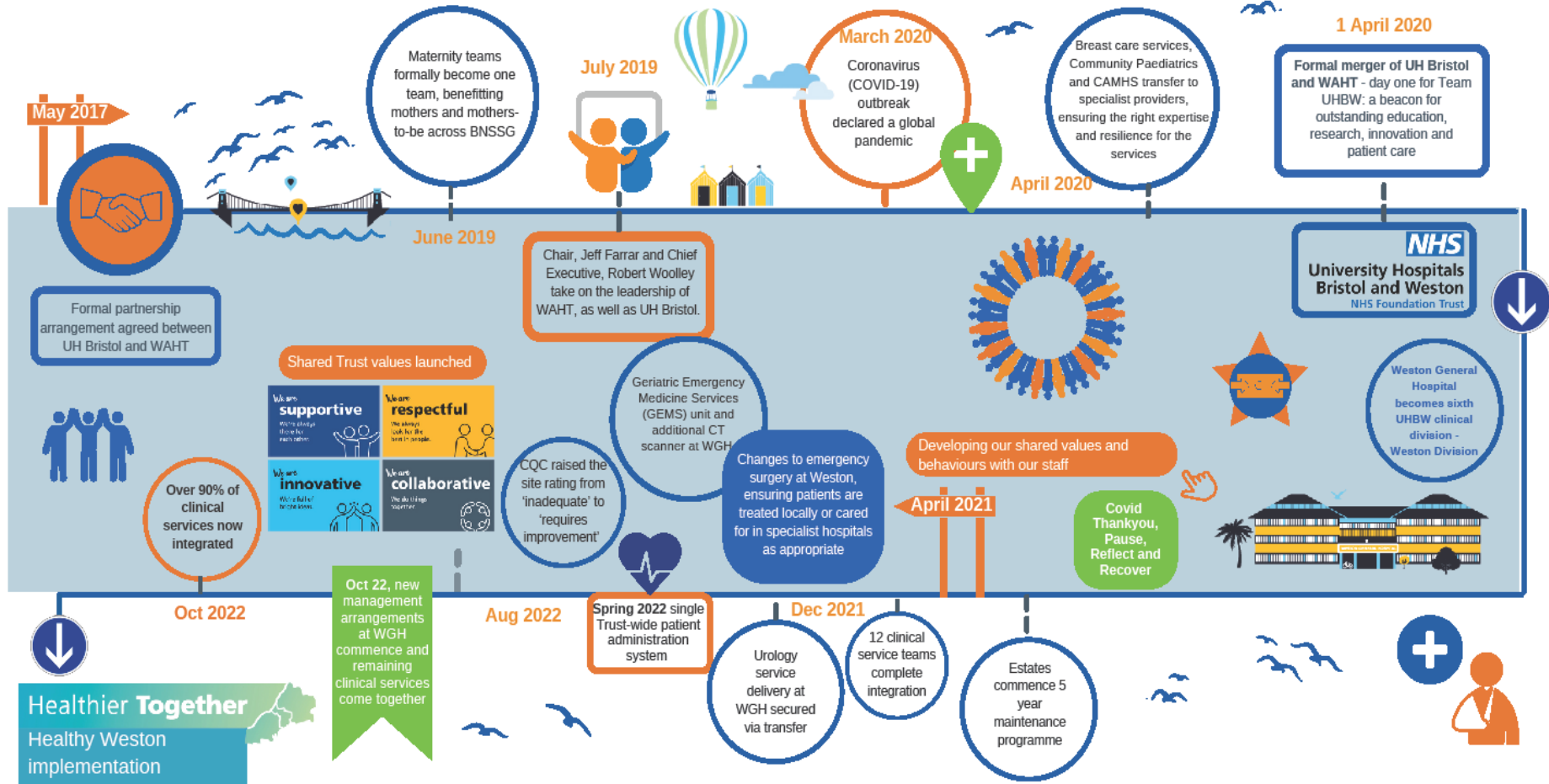
It was always understood that bringing two organisations successfully together takes time – at least five to 10 years. The report describes the remaining actions and governance arrangements required post-programme to further embed and deepen the integration maturity of the organisation. On this basis, the Integration programme was formally closed in February 2023.

With agreement now reached on the 'Healthy Weston' long term vision for Weston General Hospital to become a thriving hospital at the heart of the community, with services for all ages, including centres of excellence for higher volume, lower complexity surgery and specialist care for older people, there are grounds for optimism that further benefits for patients and local people can be achieved. This will require concerted focus and commitment from the Trust and all its system partners to deliver, against a challenging post-COVID landscape, winter pressures and elective recovery.

The creation of UHBW and subsequent work to fully integrate the organisation has been a significant and material undertaking. The Trust has learnt useful lessons during this process, and these are set out in the report. This learning will go on to inform UHBW's future work, including the Healthy Weston 2 programme.

A roadmap of our integration story, which outlines the key milestones of the merger is set out below, with the [full version on the intranet](#). It serves as a helpful reminder of everything that has been achieved – the challenges, the celebrations, and the benefits – and also the direction of travel for the organisation, guiding us in our mission and supporting us to realise our vision.

# Becoming One organisation



## 2. Key Messages

UHBW is making good progress towards achieving organisational integration. It is an ongoing journey, and is expected to continue for at least a further five years

More than a third of expected benefits of merger have already been realised, which is ahead of our plan

Over 90% of all clinical services are now integrated under single UHBW divisions.

New management arrangements at WGH are providing strong on-site leadership, and a shared platform for the future delivery of Healthy Weston 2

The CQC health regulator has changed their overall rating for Weston General Hospital from 'inadequate' to 'requires improvement', reflecting improvements made in quality of care and reduction in risk

The process of embedding our new shared values is a long-term project and will continue to guide how we develop and grow as an organisation

Investment in international recruitment has been successful in encouraging overseas nurses to work at WGH

Recruitment of non-consultant medical posts has steadily improved since merger

Investment of £5m since merger has reduced estates and infrastructure risks at WGH, with a further £5m of investment planned over the next two years

The five-year Digital Systems Convergence programme has replaced legacy IT systems at WGH, creating modern cross-site solutions that enable better management of patient care

The exciting Healthy Weston 2 vision for the long term future of WGH has been developed with system partners, and is now being implemented

*"I absolutely want to congratulate the team at Weston on getting the hospital to be on a firm footing of recovery and improvement. What this also highlights is there is a steely determination, because the people who have done this are people at Weston, and actually 'requires improvement' is the start. I think their ambitions, and the ambitions we have for patients, are to go beyond that."*

*Eugene Yafele, UHBW Chief Executive*

*'Leaders had the capacity and skills to run services well. They had used these skills to lead improvements in services and engage staff in the plans for the future. Staff felt invested in the success of the service and demonstrated fortitude and resilience in the face of ongoing pressures. Staff were clear about their roles and responsibilities. The service engaged well with patients and the community in planning for the future of the service'*

*Care Quality Commission (CQC) – Inspection Report (Weston General Hospital, medical care)  
August 2022, page 3*

### 3. Our mission and vision

Our mission at UHBW is to improve the health of the people we serve by delivering exceptional care, teaching, and research every day. The Transaction Business Case for merger was developed to support the Trust to achieve its key mission and vision.

Our vision for 2025 is to:

- Grow our specialist hospital services and our position as a leading provider in southwest England and beyond
- Work more closely with our health and care partners to provide more joined up local healthcare services and support the improvement of the health and wellbeing of our communities
- Become a beacon for outstanding education and research and our culture of innovation

Our vision for the Weston General Hospital is **as a dynamic hospital at the heart of the community, providing services that meet the needs of local people.**

- A hospital that is networked to the acute specialist centres in Bristol and in Taunton and strongly integrated with its community.
- A stable and resilient hospital that attracts and retains motivated staff.
- A hospital where care needs can be increasingly met on a same-day basis, with seamless local care being provided across health and social care.



In 2023, the UHBW strategic vision 'Embracing Change, Proud to Care – Our 2025 Strategy' is being refreshed to fully reflect all our hospital sites as well as our aspirations under Healthy Weston 2.

## 4. The context within which integration has taken place

At the start of the merger programme, we set out the expected risks and challenges based upon the merger due diligence. Whilst it was recognised at the point of merger that progress would be operationally difficult and many unknown issues would emerge, the headwinds that were met with turned out to be unprecedented and created a particularly challenging backdrop to the integration. Key contextual factors for integration are summarised below.

### Coronavirus (COVID-19)

The merger of the two organisations and the plan for integration of services was significantly impacted by the coronavirus (COVID-19) pandemic. For the periods, 30 January 2020 to 31 July 2020 and 5 November 2020 to 25 March 2021, the NHS was in a level 4 emergency incident. This meant that the Trust was subject to national command and control directives and procedures. The CQC noted that some aspects of integration plans were put on hold to allow efforts to be focussed on the response to the pandemic and integration was therefore delayed. During these periods, integration progressed where possible, particularly in corporate services, and the integration team deployed project resource to assist with aspects of the pandemic response. Conversely, being part of a larger organisation provided added resilience for Weston Hospital services during the pandemic.

### Medical trainees

The provision of training at Weston General Hospital for trainee doctors in medicine has been the subject of concern by Health Education England (HEE) and the General Medical Council (GMC) for some years.

Following a quality intervention visit undertaken by HEE in January 2021, immediate mandatory requirements were raised to ensure direct access to senior, patient-facing, clinical supervision for foundation year one (F1) trainee doctors. In April 2021, due to continuing concern, HEE made the decision, supported by the GMC, to temporarily relocate 10 F1 trainee doctor posts in medicine from Weston General Hospital to the Bristol hospitals within the Trust.

In response to this, the Trust undertook a number of actions, including a dedicated workforce plan to support the medical workload at WGH and a number of more experienced clinical fellows were employed to maintain appropriate service provision and quality. As these doctors were post GMC registration, they required less supervision than FY1 doctors who are in their first year of training. Additionally, a programme of improvements in training, education and supervision is underway to support the return of the FY1 doctors in the future and HEE is expected to reassess the return of medicine training posts by April 2023.

### Medical services and CQC

When a trust acquires or merges with another service or trust, in order to improve the quality and safety of care, the CQC does not aggregate ratings from the previously separate services or providers at trust level for up to two years. Therefore, the previous ratings for the former Weston Area Health NHS Trust no longer applied and new ratings for the Weston General Hospital location, under UHBW were issued in subsequent inspections.

The CQC undertook an inspection of medical care at Weston General Hospital in March 2021, focusing on the safe and well-led key questions. The inspection resulted in a number of concerns being raised, many of which the Trust was already aware of and addressing. An action plan was provided by the Trust to explain how the risks were being mitigated and managed. Subsequently a further inspection in June 2021 identified further concerns and imposed urgent conditions upon the Trust's registration under section 31 regulations (S31). Within these urgent conditions, the Trust was required to take immediate actions and responded by developing a sustainable medical workforce model and making improvements to the quality and safety of medical services, alongside strengthening the senior leadership at WGH by establishing three new dedicated senior roles, a managing director, a site medical director, and a deputy chief nurse.

In October 2021, the WGH hospital site was rated as 'inadequate' by the CQC and the overall UHBW Trust rating moved from 'outstanding' to 'good'.

Subsequently, in August 2022, a targeted follow-up inspection was undertaken by CQC in view of the conditions which had previously been imposed on the Trust. The CQC, recognising positive improvements in medical services at WGH and in how the site was well-led, raised the site rating from 'inadequate' to 'requires improvement' and removed the urgent S31 conditions upon the Trust's registration.

### **The Healthy Weston programme**

The first Healthy Weston programme (urgent and emergency care, critical care, emergency surgery, acute paediatrics, and wider system improvements) was consulted on and approved by commissioners in October 2019. Since then, the Trust, with partner organisations, have worked to implement the recommendations. Although the impact of the coronavirus (COVID-19) pandemic delayed a number of developments, significant progress was made across all areas of the programme. This includes critical care collaboration, which has led to a combined increase in intensive care (ITU) beds across the Trust, with patients at WGH accessing specialist clinical services in Bristol when they require them, with a digital link allowing Trust-wide oversight and monitoring of all critical care patients. Emergency surgery and endoscopy services overnight have also been improved, with the small number of patients requiring surgical intervention during that period now being transferred to the Bristol Royal Infirmary to receive support from specialists.

The changes agreed in the 2019 Healthy Weston Decision Making Business Case (DMBC) to A&E, paediatrics, critical care, and emergency surgery were framed as necessary but not sufficient in addressing all of the longstanding challenges to delivering sustainable acute services on the WGH site. It was always understood that bringing two organisations together takes time – at least five to 10 years and an important milestone on this journey has been the go ahead given to the Healthy Weston 2 long term clinical vision to develop Weston General Hospital into a thriving hospital at the heart of the community. The plans for delivering this vision were supported by the North Somerset Health Overview and Scrutiny Panel and the NHS Bristol, North Somerset, and South Gloucestershire Clinical Commissioning Group (CCG) Governing Body on 7 June 2022 (now the Integrated Care Board) and have been positively received by the public during a comprehensive engagement process concluded in August 2022.

## 5. Background and scope

This is the third and final Integration Programme Assurance report.

### The first post-merger review

In January 2021, the first post-merger review reported that there was sufficient assurance that the Trust had processes in place to deliver integration as set out in the Post Integration Implementation Plan (PTIP). However, assurance on expected progress was assessed as partial.

Key milestones completed after this first assurance report included:

- In June 2021, the Trust took the decision to place an executive triumvirate leadership team at Weston General Hospital (WGH), with a managing director, site medical director, and deputy chief nurse, strengthening operational delivery, co-ordinated improvement and staff and stakeholder engagement.
- In September 2021, the Trust decided to extend the two-year programme of integration change by a further year, with service integrations to be completed by the revised date of October 2022, and with a date of March 2023 to complete the programme and move into business as usual.
- In November 2021, the Trust decided to strengthen the proposed management model at WGH and create a joint approach for most medical and surgical services.
- In March 2022, the business case for future management arrangements at WGH was agreed, with:
  - A new entity known as Weston General Hospital Business Unit to be established from October 2022, replacing the current Weston Division
  - The WGH management team being responsible for leading the site and a range of clinical services and facilities
  - All other clinical services becoming Trust-wide by October 2022 and being wholly run and operated by UHBW-wide clinical divisions

“Responding to the covid challenge highlighted the fragility of acute medical services at Weston, and the necessity of dedicated on-site divisional and executive leadership. I am proud that we were able to respond proactively to events and ‘alter course when the wind changed direction”

Ian Barrington, Managing Director (Weston)

### The second post-merger review

By May 2022, the second post-merger review reported an improving picture with corporate services integration completed, and 12 of 34 clinical services also integrated. However, the effect of the coronavirus (COVID-19) pandemic response had been to slow down progress with organisational integration.

Progress had also been adversely affected by several other factors, including delays to establishing the future clinical vision for WGH and delays to the roll-out of key enabling clinical systems under the digital systems convergence programme. Both these programmes are now making good progress.

Following a review of the second post-merger report with the chair of the Audit Committee and director of corporate governance, the chair of the Audit Committee proposed a set of best practice indicators against which to assess the degree of organisational integration maturity, which are outlined in the following section.

## 6. Integration maturity assessment (December 2022)

This assessment aims to give a high-level indication of current organisational integration maturity, with the 10 indicators developed with the previous chair of Audit Committee. The assessment reflects the professional judgement of the SRO (senior reporting officer), the director of corporate governance, and the Weston Delivery Group, validated by the Integration Programme Board (IPB). This indicative assessment recognises that although services have been operationally integrated, the process of normalising new leadership models, policies and processes and of creating a genuine culture as OneUHBW, will take further years to embed.

By these 10 measures, UHBW is making good progress towards achieving organisation integration. Further work programmes are in place for indicators that are not yet fully realised, with oversight of progress undertaken by the Executive Committee, driven by the Post Integration Oversight Group.

**Table 1: UHBW Integration Maturity matrix (December 22)**

Domains	Indicators of integration	Corporate	Clinical	Description
<b>Leadership</b>	1. There is a single UHBW leadership and accountability structure in place.	FULL ASSURANCE	PARTIAL ASSURANCE	In place for corporate services, but it is expected that the new clinical services management arrangements will take time to embed.
<b>People &amp; Culture</b>	2. There is a single People Strategy in place (incorporating culture and OD).	FULL ASSURANCE	FULL ASSURANCE	People Strategy for UHBW 2022-2025 in place since September 2022.
<b>Corporate</b>	3. Corporate functions are fully integrated.	FULL ASSURANCE	N/A	Completed in April 2022, confirmed with internal audit.
<b>Business planning</b>	4. There is a single integrated business planning framework.	FULL ASSURANCE	FULL ASSURANCE	Business decisions on priorities and resource allocation are undertaken as a single Trust.
<b>Business planning</b>	5. Divisions have fully integrated cross-site operational plans.	FULL ASSURANCE	PARTIAL ASSURANCE	Will become aligned across specialities and sites in 2023/24

Domains	Indicators of integration	Corporate	Clinical	Description
				OPP (operating planning process).
<b>Performance</b>	6. There are common reporting mechanisms (KPIs) in place.	FULL ASSURANCE	FULL ASSURANCE	Single Board-to-floor reporting in place with common indicators.
<b>Risk</b>	7. There is a single Risk Register and Risk Management framework in place.	FULL ASSURANCE	FULL ASSURANCE	Single Trust-wide register and framework in place.
<b>Estate</b>	8. The corporate estates function is integrated with a single Trust Estates Strategy.	FULL ASSURANCE	FULL ASSURANCE	The function is integrated, and the Estates Strategy has been refreshed (approved by Board Oct 22)
<b>Policies</b>	9. There is a single set of policies and processes (where appropriate) in place.	PARTIAL ASSURANCE	PARTIAL ASSURANCE	There remains a small number of policies to be reviewed and merged as part of the normal Trust policy review cycle.
<b>Digital</b>	10. Core Digital and Technological solutions are fully integrated across UHBW.	PARTIAL ASSURANCE	PARTIAL ASSURANCE	Digital convergence programme three years into five year timeline.

Consideration was given to a ‘togetherness’ indicator, giving a measure of staff feeling like they belong to a single merged organisation. In discussions with the Organisational Development team, it has been agreed to use the current nine quarterly pulse survey questions which focus on staff engagement (in particular, the advocacy score that is an indication of whether staff would recommend it as a place to work) to provide an indication of staff satisfaction with working for the trust. The quarterly feedback is reviewed by the People and Education Group and People Committee. In addition, the scope of the Internal Audit deep dive (clinical services) exercise planned for May 2023 will triangulate these questions for ‘togetherness’ with the three services being considered.

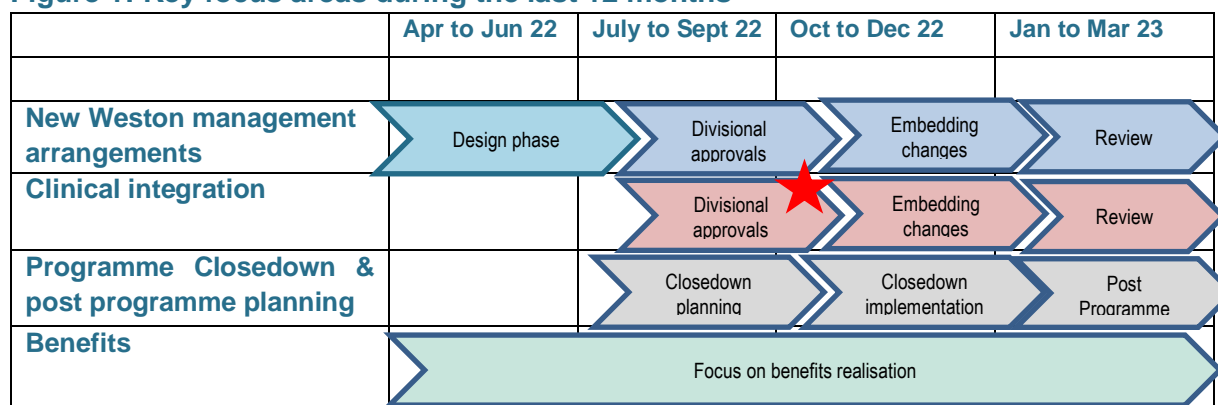
## 7. Focus on the last 12 months of the programme

The final year of the programme has been focussed upon designing, delivering, and embedding the remaining clinical services integration, together with introducing new management arrangements and associated governance framework. Alongside this, work has been undertaken to plan for the transition of outstanding work to business as usual as the dedicated programme comes to an end in March 2023.

With a number of key changes having taken place, the expected benefits of the Business Case have started to be realised, with an increased focus on benefits realisation during this year.

Along with the 2022/23 programme objectives, key focus areas are outlined below:

**Figure 1: Key focus areas during the last 12 months**



A further five objectives have been achieved this year, as outlined below.

**Table 2: 22/23 Programme objectives completed**

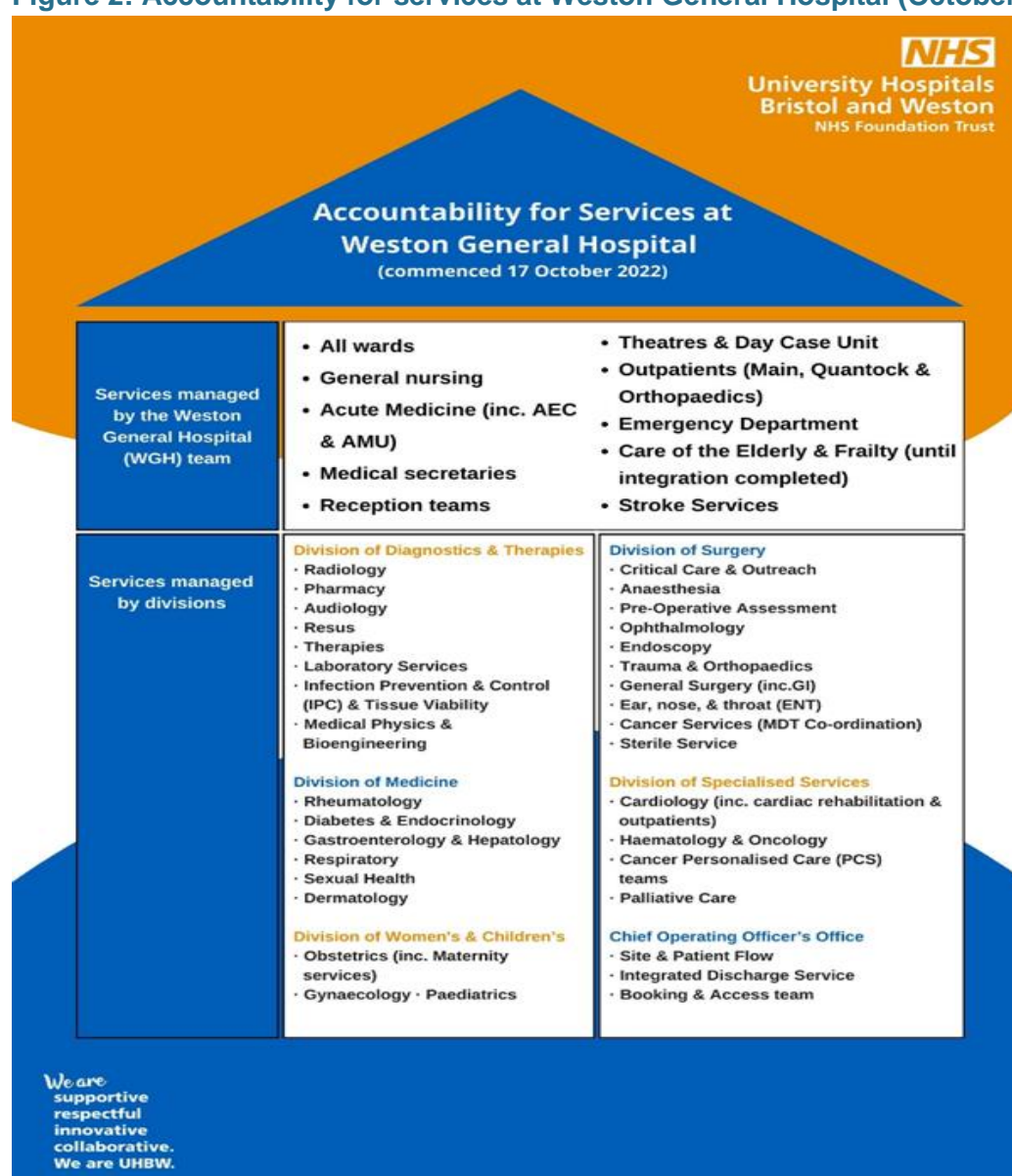
Critical Success Factor	22/23 Objective	Status (at programme close - Feb23)	Justification
Delivery Streams	Design and set up the Weston General Hospital team and new management arrangements	C	New arrangements in place and reviewed after 3 months.
Workforce & OD	Premium Payment controls process standardised and applied to Weston Division	C	Standard UHBW processes in place in Weston for the management of premium payments.
Benefits Realisation Monitoring	Realisation of Y3 expected programme benefits	C	6 of 17 benefits achieved; this is ahead of Y3 trajectory.
	Integration programme transition to business as usual	C	Closure report to Exec Committee to finalise.
Business Function	PTIP Corporate services benefits realised and planned changes completed	C	Nov IPB approved closure of monitoring, as 92% achieved.
Risk Management	Monitor, mitigate and support the ongoing management of the risks of integration	C	Closed on the basis of transfer plan for remaining open risks; positive WGH external audit and completed action plans. Risk closed on WGH team risk register.

Looking forward, the remaining programme objectives for integration have been assessed for full completion. This is outlined in section 19 below ‘Assurance on outstanding work completion’, which includes a table providing commentary and mapping of where outstanding work will transition to in business as usual. Outstanding risks and benefits are addressed in other sections of this report.

## 8. Assurance on new management arrangements

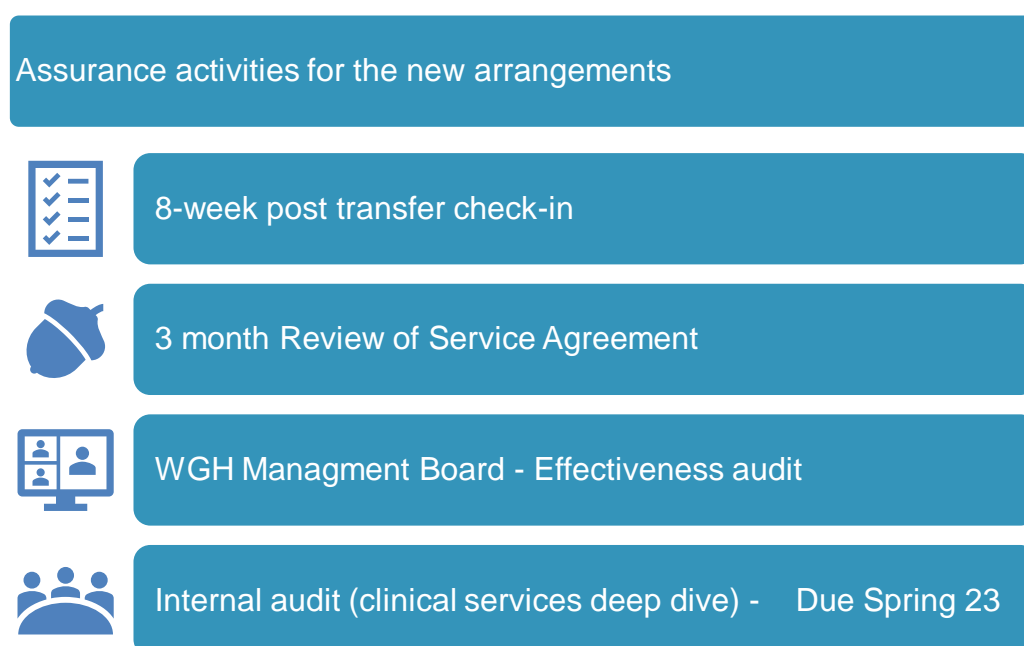
Monday 17 October 2022 marked a significant milestone in the UHBW merger journey, as the new management arrangements at Weston General Hospital commenced. This change was designed to enable a further 14 clinical services to come together, meaning that over 90% of Trust clinical services across UHBW are now integrated, with the Weston General Hospital team providing a range of services on site in partnership with the Trust divisions. A summary of the new arrangements is shown below.

**Figure 2: Accountability for services at Weston General Hospital (October 22)**



The new management arrangements are being reviewed in the following ways to ensure that they are embedded and fit for purpose.

**Figure 3: Assuring the new Weston General Hospital management arrangements**



For the new management model to be effective, a greater degree of cross-divisional or matrix collaboration is required. Governance forums have been established in order to facilitate and enable these new ways of working.

**Table 3: Sets out the assurance meetings and their frequency**

Assurance Meetings	Frequency	November	December	January	February	March	April onwards
Programme Delivery Group meeting	Monthly	✓	✓	✓			
Tri to Tri meetings	Weekly	✓	✓	✓	✓	✓	
Weston Stakeholder Group	Monthly	✓	✓	✓	✓	✓	✓
Post Integration Oversight Group	Quarterly						✓

**Post Integration Oversight Group**

Reviews of other organisational mergers stress the importance of maintaining oversight of the changes and benefits expected from merger long after the formal programme is concluded. This is why UHBW has established the Post Integration Oversight Group (PIOG), on behalf of the Executive Committee, to monitor and support embedding new management arrangements, provide assurance on the ongoing realisation of business case benefits, and to continue to capture and follow through on learning lessons. The PIOG, jointly chaired by

the executive managing director and chief operating officer, will meet quarterly, and will receive updates on outstanding work and benefits relating to the integration programme.

## 9. Organisational Development, People and Change

The UHBW People Strategy 2022-2025 emphasises that ‘people are at the heart of the services we provide and are key to delivering our mission to improve the health of the people we serve’.

The 2020 Merger Transaction Business Case recognised that addressing the underlying workforce challenges at Weston General Hospital was critical to achieving long term financial and clinical sustainability. The merged Trust put in place an ambitious five-year plan to meet this challenge. Since merger, the following improvements have been achieved:

**Table 4: Summary of workforce improvements**

1. Recruitment and Retention	✓ <b>Expanded registered nursing and medical workforce at Weston, through significant investment into targeted Recruitment and Retention activities, including 117 internationally educated nurse appointments since April 2021</b>
2. Change Management	✓ <b>Introduction of new organisational structures to better meet the needs of the merged organisation, supported by successful change management and staff consultations</b>
3. Organisational Development	✓ <b>Common UHBW vision, values and behaviours developed with over 5,000 staff, supported by an externally led engagement process</b>
4. HR Systems	✓ <b>Deployment of eight common HR Information systems including ESR, Allocate and Kallidus to support cross trust staff management and information, rostering, and training</b>
5. Training and Education	✓ <b>Enhanced access to trust wide training and development opportunities, with the number of courses increased from 70 to over 250 for clinical practice and career development</b>
6. Policy framework	✓ <b>Alignment of the HR policy framework Trust-wide</b>
7. Premium payments	✓ <b>UHBW Agency, locum and bank worker controls embedded at WGH</b>
8. Pay and conditions	✓ <b>Addressed equality in pay for some roles to ensure UHBW consistency</b>

“It has been a measure of the Merger success that our management of change and staff consultation processes, supported by dedicated HR specialists, has delivered new ways of working and integrated team structures, with a minimum of concerns raised by those affected.”

Alex Nestor, Deputy Chief People Officer

### Assurance on work still to be completed

The HR-led workforce workstream was closed in December 2022 as part of the integration programme closedown, with accountability for ongoing work, actions and risks accepted by the People and Education Group.

The Post Integration Oversight Group (PIOG), jointly chaired by the executive managing director and chief operating officer will continue to monitor progress against the Transaction Business Case expected benefits and will request the quarterly Recruitment and Retention Highlight Report as part of its assurance role.

Below are the workforce milestones yet to be completed, with current RAG rating against the programme plan and ongoing monitoring group.

**Table 5: Ongoing milestones plan against status and future monitoring group**

Milestone	Future monitoring Group
Monitor the embedding of UHBW values and leadership behaviours and integrate into everyday experiences	People and Education Group
Review WGH-based consultant job plans	WGH Management Board
Create a comprehensive list of local WGH T&Cs considered contractual to be applied alongside aligned policies	People and Education Group
Achieve the recruitment trajectories for medical and nursing posts	People and Education Group
Achieve the reduction in staff turnover rate on WGH site	People and Education Group
People systems integration completed	People and Education Group
HealthRoster rolled out to all areas and aligned to cost centres	People and Education Group
Cost centre merge completed, allowing for WGH site level reporting	People and Education Group
E-rostering/allocate (job planning system) rolled out to all areas	People and Education Group

### Workforce risks

There were five risks being managed within Workstream 4 at its close. Three of these risks were closed and two risks were reallocated as set out below.

The risks that will remain open are related to potential claims for equal pay (3778), the probability of which should decrease over time, and the accuracy of future reporting of areas of interest, such as vacancy rates, turnover and engagement at a site level, balanced against potential cost centre merging (5308).

**Table 6: Management of workforce risks post programme**

ID	Risk	Commentary	Future Monitoring Group
5308	Risk that merging cost centres post integration will result in an inability to report	Remains a live risk. (Reallocate to owner: Deputy chief people officer)	People and Education Group

ID	Risk	Commentary	Future Monitoring Group
	KPIs at WGH site location level		
3778	Risk that the Trust faces equal pay claims post-merger	Remains a live but reducing risk (Reallocate to owner: Head of employee services)	People and Education Group
4748	Risk that substantive medical staffing rates across WGH are insufficient	<u>Closed</u> . Manage through divisional risk registers for consultant staff on the WGH site. (WGH risks 4014 and 6104)	WGH Management Board Divisional Boards
4536	Risk of increased levels of staff disengagement leading to potential employee relations issues	<u>Closed</u> and link to existing corporate risk 3263 (owner: Head of employee services)	N/A
4802	Risk that e-rostering system will not be implemented effectively and maximised appropriately	<u>Closed</u> and link to existing corporate risks 5530, 5365, 5633 (Owner: Deputy chief people officer)	N/A

### Workstream achievements

Due to the scale of the change that has been introduced, success can be assessed on many levels, from very large-scale changes, such as the TUPE transfer of Weston Area Health NHS Trust staff into the new organisation, and completion of the integration of corporate and clinical services, to smaller successes, some of which are illustrated below.

### Developing a shared set of UHBW values

Having a common set of shared values is important in all organisations and thousands of staff played an active role in deciding what the UHBW values should be.

This involved extensive conversations, surveys, focus groups and voting, talking about how we can best reflect what we want working at UHBW to feel like, and what we collectively stand for.

Our values are more than just words, they give us a sense of community, they bind us together as a collection of thirteen and a half thousand colleagues, they tell us what we're about when we're at work and show others what we stand for.

The new values were launched on 22 November 2021, and subsequent roll out and testing, showed that staff awareness of the new values was high.

We are now in the process of embedding the values into everything we do – this is a long-term project and will continue to be monitored over several years.

**We are Team UHBW.**



## Recruitment

When the Trust approved the business case for merger, it was recognised that a key enabler of improvement at Weston General Hospital (WGH) would be recruitment of more substantive staff across the clinical professions. The five-year plan to achieve this is being supported by dedicated recruitment and retention resources.



One strand of this plan has been the development of targeted campaigns for recruiting nurses to WGH. The comprehensive recruitment package includes information relating to benefits, work-life balance and relocation assistance for the candidate and their family. A high-quality promotional video to showcase nursing roles in the Weston was launched followed by a significant social media campaign:

<https://www.uhbwcareers.nhs.uk/love-weston>.

The international recruitment programme for registered nurses continues to be successful with 147 nurses now offered positions at WGH and 117 in post since April 2021 (93 of which have now received their Nursing and Midwifery Council registration number). Also, by bringing Objective Structured Clinical Examination (OSCE) training for internationally educated nurses in-house, the Trust has saved over £100k.

“Our staff attraction strategy needed to be dynamic, offering attractive reasons to work and develop careers in Weston, growing our workforce locally, including the expansion of apprenticeships and flexible roles.”

Alex Nestor, Deputy Director of People Officer



## International Nurse Recruitment - Case Study



### SITUATION

To mitigate the shortage of the domestic nurse supply and to stabilise the nursing workforce Internationally Educated Nurses (IENs) are recruited to UHBW. Prior to merger Weston had a relatively small scale international nurse recruitment programme that was delivered by one recruitment lead, however, this programme came to an end in the run up to organisational merger in 2020.

### OUR ROLE

The Resourcing and Education teams across Bristol and Weston have worked collaboratively with the Divisional Recruitment and Retention Leads to develop and deliver an international nurse recruitment programme at scale to support both the newly integrated Weston Division but also the wider Trust. The programme started in January 2021, with the first nurses arrived in the UK in April 2021. To create this successful programme, the teams:

- Established a working group to agree and standardise processes for recruiting IENs.
- Funded and appointed the following staff to ensure the smooth running of the programme: Programme Lead, Overseas and Relocation Pastoral Managers in Bristol and Weston, Objective Structured Clinical Examination (OSCE) Lead, OSCE Trainers, Clinical Pastoral Managers in Bristol and Weston, Accommodation Officer and Recruitment Coordinators.
- Created an in-house OSCE bootcamp provision to support IENs ahead of their OSCE exam.
- Created a bespoke 12-week induction programme that includes digital training, wellbeing sessions and clinical sessions.
- Created a 'Ward Readiness' programme that includes end of life care and specialist clinical training sessions.
- Created a strong pastoral offering that starts once an IEN has a confirmed start date with the Trust and remains in place until they are employed for 3 months. The pastoral managers are key to making the IENs feel welcomed and supported amidst the many adjustments and challenges they will face during their first 3 months.
- After month 3 the pastoral support is provided by the Clinical Pastoral Managers, Practise Education Facilitators (PEFs) & Wellbeing nurses on the wards who play a key role in helping the IENs develop.
- Weston has currently offered 119 IENs. 92 have started in post since April 2021 as pre-registration nurses and 54 have received their Nursing and Midwifery Council Personal Identification Number.

### OUR IMPACT

Working as an integrated team across Bristol and Weston the international nurse recruitment programme has been a success in its first year, having recruited 282 IENs across all divisions from April 2021 – May 2022. Impacts of the programme include:

- Internationally Educated Nurse (IEN) recruitment and training is a fully formalised and integrated programme with monthly cohorts arriving.
- An in-house Objective Structured Clinical Examination (OSCE) support provision - after using an external provider to support the programme when it first started, the Trust has now created an in-house OSCE bootcamp that runs in tandem with the arrivals.
- The pastoral support offering has been well received by the IENs. 91.41% of the IENs said they were either very satisfied or satisfied in a recent survey. The pastoral offering is always being developed and currently guides are being created for the wards to educate staff on how best to welcome and support IENs.
- The introduction of 2 Clinical Pastoral Managers to further support IENs with their careers at UHBW funded by NHS England & Improvement.
- Workshops have been developed and are being delivered in Bristol and Weston to support IENs with career progression.
- Moved to a 3-month model for accommodation, with first 2 months paid for by the Trust as part of their relocation package, and the IENs have an option to pay for a 3rd month to aid them settling into life in the UK.
- Vacancy rates for Band 5 Nursing in Weston has dropped by 21% since February and the Weston turnover rate continues to be the lowest across the Trust.

*"The organisational merger presented a real opportunity to deliver a fully integrated approach to international nurse recruitment, the benefit of which is now really being felt across the organisation. The success is only delivered through collaborative working across internal partners".*

**Peter Russell, Head of Resourcing**

## Training and education

The merger created the opportunity to significantly improve access to learning and development, and apprenticeship opportunities for staff at Weston General Hospital. Bringing together the education and development teams as part of the corporate integration process, has led to staff on site at WGH now having access to a significantly higher number of courses, materials, and opportunities (up from 70 courses at the point of merger to currently over 250).

All staff now have access to the new Kallidus learn system, including an aligned appraisal system, which has further enhanced the development opportunities for all staff across the Trust.

The WGH apprenticeship programme is now integrated Trust-wide, with increased numbers of apprenticeships. The number of apprenticeships at WGH has increased from seven at the point of merger, to 46 at the end December 2022. This now represents 5.5% of the WGH site workforce undertaking apprenticeships.

# Human Resources Training & Development Integration: A Case Study



## SITUATION

The opportunity of organisational merger in April 2020 was to bring together two services and teams, to provide a wider and more sustainable Training and Education offer, delivering mutually beneficial outcomes for the workforces in Bristol and Weston.

## OUR IMPACT

Working as an integrated Training and Education team has facilitated improvements within the new organisation. These improvements include:

- A fully integrated model of education and a streamlined team function with over 50% of staff working across both sites.
- Introduction of a clinical outreach model and knowledge specialism at Weston.
- Improved learning environment through supporting new library breakout spaces.
- Increased numbers of apprenticeships offered with the 1st cohort of trainee nursing associate's at Weston College.
- Local school engagement through investment in a dedicated Weston apprenticeship lead post.
- The UHBW SIM Service (clinical simulation) have made use of Weston College's healthy living campus to deliver SIM provision for Weston division staff.
- Functional skills standalone sessions being offered for staff upskilling.
- Medical education leadership and governance has been improved with one Director of Medical Education, supported by deputy roles, and administrative resources.
- Cross site alignment of corporate induction and essential training reporting.
- The overseas educated nurse recruitment and training is a fully integrated programme running across both sites delivered by the corporate education team and the Overseas (OSCE) lead.
- Prevention & Management of Violence & aggression (PMVA) training rolled out at Weston.
- Extension of clinical skills sessions offered as part of a timetable for example, NG tube insertion.

## OUR ROLE

The Training and Education teams across Bristol and Weston have worked collaboratively with the Integration team to develop and deliver a programme of work to create an integrated department. This integration work included:

- Recruitment of transitional Apprenticeship lead in Weston, Library lead for both sites and a Corporate Education Administrator at Weston to progress and embed an improved cross site offer for Training and Development.
- Agreements with Weston College for the use of simulation facilities and the development of access to wider educational settings and placements across the Trust.
- Using Weston's expertise in international nursing recruitment to support the work of the Trust's international Nursing groups.
- Enabling access for junior doctors to on line teaching and content sharing across both sites.

*"Working as an integrated Training and Education team has facilitated improvements within the new organisation.... There has been increased capacity for apprenticeship provision and widening engagement activities"-*

Sarah Green, Previous Associate Director of Education

## 10. Embedding of integrated corporate services

Integrating corporate services has been an important building block of our approach to developing a new and common platform across University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). In spite of the impact of coronavirus (COVID-19) on operational teams, all 23 corporate services completed their team integrations by February 2022.

To test the degree of embedding of team and service integration changes, Internal Audit undertook a deep dive exercise into three representative services:

- ✓ Estates
- ✓ Learning and Education
- ✓ Temporary Staffing Bureau

Internal Audit looked at a range of KPIs undertaking interviews, conducting staff surveys, and reviewing key documentation. Reporting in September 2021, this showed that planned changes post-merger are being effectively implemented and embedded into corporate services at a local level, under the new single management teams. This is further supported by the completion of the corporate post transaction implementation plans (PTIP), signed off by the Integration Programme Board in October 2022.

## Integration maturity assessment (corporate services)

The table below is an extract of the integration maturity matrix assessment in section 6. It shows that except where there is a long-term structural programme (Digital) or a five-year review (policies cycle), the degree of integration within corporate services has been assessed as fully assured. Further information on on-going programmes is described later in this report.

**Table 7: Indicators of integration (Maturity matrix) – corporate services**

Domains	Indicators of integration (Maturity matrix)	Corporate
Leadership	1. Single UHBW leadership and accountability structure in place	GREEN
Business planning	2. Single Integrated business planning framework	GREEN
Business planning	3. Single Divisional Services Operational Plans	GREEN
Performance	4. Common reporting mechanisms (KPIs)	GREEN
Risk	5. Single Risk Register and risk management framework	GREEN
Culture	6. Single People Strategy incorporating culture and OD	GREEN
Corporate	7. Fully integrated corporate functions	GREEN
Estate	8. Integrated estates function with a single Trust Estates Strategy	GREEN
Strategy	9. Single UHBW Strategy (Embracing Change, Proud to Care – Our 2025 Strategy)	GREEN
Policies	10. Single set of policies and processes where appropriate	AMBER
Digital	11. Fully integrated core digital and technological solutions	AMBER

The following case study is an example of the integration benefits being realised as corporate teams come together.

### A Good News Story: Integrated Discharge Service (IDS) Pathway 1 Pilot



#### THE WESTON PILOT PROJECT CONSIDERED:

Those patients who were medically optimised for discharge, yet needed some care or support to get them home safely (pathway 1 patients). Sirona (community health provider) offers this service from Weston hospital, however due to staffing pressures in the Community, there has been a significant delay and long waits in hospital for some patients.

The pilot at Weston General Hospital (WGH) took a very proactive and engaging approach with patients, families, friends, and the voluntary sector (including the Red Cross), for all those patients awaiting this method of discharge once we were given a start date for the formal care.

These conversations considered the real life requirements to support patients with getting home earlier than their discharge date until more formal support was available.

#### THE PILOT'S IMPACT:

Through the trial at WGH, the Pilot scheme saved 79 bed days over the first 30 days of the project. The teams involved have been motivated, engaged and enthusiastic in carrying this work out and this has been highlighted in their early success.

This is an excellent example of integrated working which began in Weston and has subsequently been rolled out across the Bristol site. This rollout was made easier because the services had integrated and were working collaboratively under their single management structure.

This pilot was driven by a desire to incorporate the patient's family into the discharge process but it has also shown a willingness to think outside the box and be adaptive. With this new formal process being applied to all patients who meet the criteria, it has helped the teams to adapt to it quickly and passionately, and to get great results.

*"This is an excellent example of integrated working which began in Weston and has subsequently been rolled out across the Bristol site."*

– Stephen Cutler, Clinical Lead for the Integrated Discharge Service

#### THE NEXT STEPS:

The next phase of the project is to incorporate the work with therapy teams to enable the planning and conversations with the patients and families to happen as early as possible, with further options for safe discharges to be considered as part of the wrap around care planning for the patient.

*"Their work saved 79 bed days over the first 30 days of the project. The team have been motivated, engaging and enthusiastic in carrying this work out and have really bought in to the new ask."*

– Stephen Cutler, Clinical Lead for the Integrated Discharge Service

## 11. Clinical services integration

Ahead of the merger in 2020, both trusts were working collaboratively across a range of specialities and corporate services. For some services, these arrangements were formalised, with UH Bristol assuming full responsibility for some Weston Area Health NHS Trust services (eg Midwifery services).

The merger in April 2020 also presented the opportunity to ensure that services could be provided by the right organisation with the expertise to continue to develop the services and enable staff working within them to be part of more resilient teams, specialising in the same areas. This relates to the following services at WGH:

- ✓ Specialist Community Children’s Services – to Sirona care & health
- ✓ Child and Adolescent Mental Health Services (CAMHS) – to Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)
- ✓ Breast Care Services – to North Bristol NHS Trust (NBT)

This was then followed in December 2021 with urology services at WGH becoming part of the Bristol Urological Institute (BUI) run by North Bristol NHS Trust (NBT). There was no change to the way in which care was delivered, with patients continuing to have tests, appointments, and surgery at Weston General Hospital, delivered by the same staff, including their consultant clinical team. The following case study illustrate the positive outcomes from early integrations:

### Case Study – Gynaecology Services: Working together for women

#### The situation

Gynaecology Services across the Trust merged in October 2021, bringing together two services and teams, to provide a wider and more sustainable service delivery model. The administrative function and performance reporting followed in February 2022; This now gives us the broader expertise of the Bristol larger teaching hospital with the strengths of the local service approach at the Weston site.

#### Using technology to improve services

At present this remains challenging. Gynaecology services in Weston use a combination of paper notes and electronic systems. As the Trust rolls out technology, such as the Evolve system, clinicians will be able to access scanned paper case notes from wherever they are, improving the management of the patients journey.

#### Integrated performance management

Following the merging of the waiting lists and transfer of the booking function to the Bristol site in February 2022, we are now able to manage our performance cohesively, and for women across both sites to be managed by one team.

*“Having consultants already working at the Bristol site made integration easier.”*

– Dr Viola Mathew, Consultant, Obstetrics and Gynaecology, Weston General Hospital

#### Bringing two teams together – ‘one service across two sites’

Initially there was some nervousness about integration. However, as a lot of the doctors had previously trained in the region at both centres, there was a foundation of respect on both sides which has been built on.

The last two years, with the impact of Covid, have been very challenging. Being an integrated service has helped us to maintain services and better cover staff absences across sites.

Maintaining a local and vibrant service at Weston for the women of North Somerset is very much part of the strategy, and over the last year we have started to provide additional sub-specialty clinics on the Weston site, with plans for others to be added in the future – for example, colposcopy.

Gynaecology Consultants now meet weekly via Teams to discuss operational matters across both sites, and future service developments – and particularly how inequalities in service delivery for patients can be further reduced, particularly for disadvantaged groups. The clinical teams now undertake joint audit.

Working in a small district general hospital can feel isolating, so the aim is that all gynaecologists will undertake regular sessions at the larger teaching hospital, enhancing opportunities for continued professional development. We are also starting to bring the junior doctor gynaecology trainees together in a single rota.

Finally, we are in the process of harmonising patient information and clinical protocols, to ensure that women in our care have the same excellent experience wherever they are. We have also standardised equipment and increased the levels of kit available at Weston, so women can access the same outpatient procedures in Weston as in Bristol. We are also working hard to ensure that any women transferring between our sites experience a seamless pathway.

## The final phase of clinical services integration (April to October 2022)

Completing the final phase of clinical service integrations, required significant changes to the proposed clinical model and management structures at WGH. This was approved in March 2022 and the plan enacted over the following six months.

**Table 8: Services at WGH by accountable division and transfer date**

	Service	Receiving Division	Status	Transfer date
Early phase Completed	Sexual Health	Medicine	Completed	1 Nov 2020
	Laboratory Services	Diagnostics & Therapies	Completed	1 Nov 2020
	Therapies	Diagnostics & Therapies	Completed	1 Nov 2020
	Paediatrics	Women's & Children's	Completed	6 Apr 2021
	Gynaecology	Women's & Children's	Completed	4 Oct 2021
	Pharmacy	Diagnostics & Therapies	Completed	4 Oct 2021
	Paediatrics	Women's & Children's	Completed	6 Apr 2021
	Resus	Diagnostics & Therapies	Completed	1 Jul 2021
	Audiology	Diagnostics & Therapies	Completed	1 Jul 2021
	Palliative Care	Specialised	Completed	1 Nov 2021
	Cancer Personalised Care	Specialised	Completed	1 Jul 2021
	Integrated Discharge Service	COO office	Completed	1 Jul 2021
	Patient Flow	COO office	Completed	1 Nov 2021
	Booking and access	COO office	Completed	1 July 2022
D&T	Radiology	Diagnostics & Therapies	Completed	1 Aug 2022
	Orthotics	Diagnostics & Therapies	Completed	1 Aug 2022
Surgery	Critical Care	Surgery	Completed	17 Oct 2022
	Anaesthesia & Pre-op	Surgery	Completed	17 Oct 2022
	Ophthalmology	Surgery	Completed	17 Oct 2022
	Endoscopy	Surgery	Completed	17 Oct 2022
	General Surgery including GI	Surgery	Completed	17 Oct 2022
	Trauma & Orthopaedics	Surgery	Completed	17 Oct 2022
	ENT	Surgery	Completed	17 Oct 2022
	MDT Coordinators	Surgery	Completed	17 Oct 2022
Medicine	Gastroenterology & Hep	Medicine	Completed	17 Oct 2022
	Rheumatology	Medicine	Completed	17 Oct 2022
	Respiratory medicine	Medicine	Completed	17 Oct 2022
	Diabetes & Endocrine	Medicine	Completed	17 Oct 2022
SS	Haematology and Oncology	Specialised	Completed	17 Oct 2022
	Cardiology (inc. physiology)	Specialised	Completed	17 Oct 2022

Following a comprehensive change management process, a further 14 clinical services integrated in October 2022, completing the planned clinical services integration programme.

This equates to over 90% of all clinical services now integrated under single UHBW divisions. For operational reasons, emergency care, acute medicine and care of older people services remain

"I am proud that Weston General Hospital is now seen by the UHBW nursing leadership as a place to innovate and develop new approaches to nursing practice, for example within the Aging Well programme"

Mark Goninon, Deputy Chief Nurse

under the WGH team, with the intention that further changes to services will follow as the Healthy Weston 2 programme is rolled out in the coming years.

### **Implementation of the new management arrangements**

Implementation of the new management arrangements ensured that robust and ongoing on-site management team presence was retained and risks for receiving divisions were reduced due to local management of clinical facilities.

The new WGH management team retained accountability for the following core clinical services on site:

- All wards
- General nursing
- Acute medicine (inc. AEC and AMU)
- Medical secretaries and reception teams
- Theatres and Daycase Unit
- Outpatients (Main, Quantock, and Orthopaedics)
- Emergency Department
- Care of older people
- Stroke services

### **Maintaining good governance on site**

The divisions working on site at WGH have put in place a comprehensive Service Agreement that sets out operational and governance working arrangements. To help navigate the complexities of working together on site, a new Governance Framework has been developed, describing how the new arrangements will work for clinical governance and patient safety. Briefing documents can be found on the [Shaping our Future Together](#) pages of the intranet.

### **Transition to new management arrangements**

As part of the process of transition to new management arrangements, service risks recorded on Datix were reallocated to new divisional owners for review, and behind the scenes, Datix was aligned to the new divisional portfolios. As a general principle, whichever division / team is responsible for a facility on site continued to be responsible for the associated operational risks.

## **12. Financial analysis and commentary**

### **Transaction Business Case merger financial assessment**

The Transaction Business Case provided detailed analysis of the potential financial impact of the merger between UH Bristol and WAHT. The case also considered the financial mitigations which the merger would expect to realise, as well as the additional costs associated with resourcing the combined Trust.

The consolidated position, as per the business case, for the five years from 2020/21

illustrating the financial impact of the transaction is shown below in Table 9. This includes potential net financial mitigations of £4.6m and costs of £5.0m to support the Resources Plan. External financial support is excluded from the assessment.

**Table 9**

Combined organisation net (deficit) / surplus £million	2020/21	2021/22	2022/23	2023/24	2024/25
<b>Net income &amp; expenditure surplus / (deficit) – as is</b>	<b>(16.0)</b>	<b>(17.7)</b>	<b>(19.0)</b>	<b>(20.4)</b>	<b>(21.8)</b>
Unfunded post-merger integration costs	(1.0)	(1.0)	0.0	0.0	0.0
Redundancy costs	(1.0)	0.0	0.0	0.0	0.0
Corporate Services Integration costs	(1.0)	(1.0)	0.0	0.0	0.0
Net financial mitigations	2.1	4.6	4.6	4.6	4.6
Other	0.0	0.1	0.2	0.4	0.5
<b>Subtotal – net (cost) / benefit</b>	<b>(0.9)</b>	<b>2.7</b>	<b>4.8</b>	<b>5.0</b>	<b>5.1</b>
<b>Net income &amp; expenditure (deficit) / surplus - including mitigations and transitional costs</b>	<b>(16.9)</b>	<b>(15.0)</b>	<b>(14.2)</b>	<b>(15.4)</b>	<b>(16.7)</b>
Target net surplus based on UH Bristol Financial Strategy of 1% of turnover	8.4	8.4	8.6	8.9	9.1
<b>Adverse position against combined control total</b>	<b>(25.3)</b>	<b>(23.4)</b>	<b>(22.8)</b>	<b>(24.2)</b>	<b>(25.8)</b>

Compared to the pre-merger 'as is' position, the forecast for 2020/21 was a deterioration in the net deficit by £0.9m from £16.0m to £16.9m, followed an improvement in the net deficit position over subsequent years through to 2024/25.

The forecast deterioration in 2020/21 is due to net financial mitigations of £2.1m offset by unfunded non-recurring resources plan costs of £3.0m. From 2022/23, the forecast net I&E (income and expenditure) deficit improves by the full net financial mitigations of £4.6m. Nil non-recurring costs were anticipated after 2022/23.

### The impact of the coronavirus (COVID-19) pandemic

Following the outbreak of coronavirus (COVID-19) and the declaration of a global pandemic at the end of the 2019/20 financial year, the funding mechanism for NHS organisations changed. From March 2020 the Trust moved away from a system predominantly funded on a cost-per-case basis (Payment by Results (PbR)) to a block contract arrangement, supplemented by a 'top-up' payment where costs exceeded the block funding, ensuring that all organisations were fully funded for the costs incurred ultimately resulting in a break-even net income and expenditure position.

The baseline for the block contract value was set based on the average net operating costs to month 9 2019/20. As this was pre-merger the implication for the Trust was that it did not experience the income reduction or removal of subsidies that was anticipated at the time of the financial assessment. This means that the Trust continues to receive funding which offset the mitigations set out in the Transaction Business Case.

### Financial mitigations

The Transaction Business Case identified a number of financial benefits expected following merger. These are listed in the table below.

**Table 10**

Net recurring financial mitigations £'million	2020/21	2021/22	2022/23	2023/24	2024/25
<b>Financial mitigations</b>					
1) Medical staff premium costs	0.5	1.5	1.5	1.5	1.5
2) Nursing agency savings	0.5	1.5	1.5	1.5	1.5
3) Workforce productivity	0.5	1.0	1.0	1.0	1.0
4) Service productivity	0.0	0.0	0.0	0.0	0.0
5) Service consolidation (upside only)	0.0	0.0	0.0	0.0	0.0
6) Service reconfiguration (upside only)	0.0	0.0	0.0	0.0	0.0
7) Board overheads	1.2	1.2	1.2	1.2	1.2
8) Integration of corporate services	0.0	0.0	0.0	0.0	0.0
<b>Sub total - financial mitigations</b>	<b>2.7</b>	<b>5.2</b>	<b>5.2</b>	<b>5.2</b>	<b>5.2</b>
<b>Financial costs</b>					
9) Joined spells	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)
10) Recruitment & retention costs	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)
11) Other - TBI					
<b>Sub total - financial costs</b>	<b>(0.6)</b>	<b>(0.6)</b>	<b>(0.6)</b>	<b>(0.6)</b>	<b>(0.6)</b>
<b>Total – net financial mitigations</b>	<b>2.1</b>	<b>4.6</b>	<b>4.6</b>	<b>4.6</b>	<b>4.6</b>

Despite the funding being available within the block payment, work towards achieving the financial benefits of merger continued. The cover of the 'top-up' arrangement also ensured that costs not within the 2019/20 baseline were covered without the need to achieve the mitigations in full in the short term.

The implications of the block funding arrangement is therefore that any financial mitigations achieved as a result of merger will be a benefit to the Trust's financial position and could offset other existing savings targets and/or cost pressures.

A summary of the achievement against the financial mitigations to the end of 2021/22 is provided below.

**Table 11**

Description	2020/21 Saving (£m)	2021/22 Saving (£m)	Total (£m)
Medical Agency Savings	0.0	0.0	0.0
Nursing Agency Savings	0.3	0.5	0.8
Workforce Productivity	0.0	0.0	0.0
Board Overheads	1.3	0.0	1.3
<b>Total Saving</b>	<b>1.5</b>	<b>0.5</b>	<b>2.0</b>

This shows that on a recurrent basis, £2.0m has been saved against the original target of £5.2m, a shortfall of £3.2m. The Board savings were achieved in full, with partial savings against the nursing agency target. Further work has continued into 2022/23 to address the shortfall, with c£0.3m additional nursing agency savings forecast for 2022/23. The initiatives include additional internal controls to better manage use of Tier 4 agency and enhanced care, as well as the result of switching to Retinue as the neutral vendor.

Due to on-going recruitment challenges, progress toward achievement of the medical agency and the medical workforce productivity targets remains challenging. It is anticipated that following clinical integration and the embedding of new ways of working, savings may be achieved. There is no saving forecast for 2022/23, however, the business case for Healthy Weston 2 is set to identify changes to clinical models which would increase the substantive medical workforce, reducing the need for premium agency cover.

In addition to the financial benefit, the Transaction Business Case also considered the additional cost required to support both the transition into the merger organisation and then on-going requirements. The recurrent cost of these arrangements was estimated at £0.3m. However, since April 2020 significant investment, beyond £0.3m, has been agreed to support corporate functions, WGH-based services, and management of the WGH site.

Overall, £5.6m, £5.3m more than planned, has been invested to establish a sustainable infrastructure moving forward. £3.6m of the total investment supports WGH-based services and £2.0m supports additional posts in corporate services and management of Weston General Hospital. These additional costs include:

- Further assessment of investment in corporate functions to support standardisation of approach across the Trust e.g. HR resourcing, quality and safety.
- Posts necessary in response to regulatory/CQC visits post-merger e.g. Pharmacy resource and ENP's in ED.
- Investments in operational capacity, identified through the last two annual planning rounds; to support urgent care pressures, flow and elective recovery.
- Recurring investment in the residual Weston management infrastructure e.g. Deputy Chief Nurse.

Although, the Trust continues to benefit from the block arrangement and this offsets the initial financial mitigations set out in the business case, a funding source needs to be established to cover the unplanned investment of £5.3m. £2.0m of this can be netted off against the recurrent mitigations identified to date, leaving a further £3.3m still to be identified. It is therefore essential that progress towards achieving the merger mitigations continues. The full value of the mitigations will need to be realised to fund in full the unplanned investment which has been committed. The shortfall in mitigations will be incorporated into divisional cost improvement plans and will be monitored as part of the overall Trust savings programme.

## 13. Risk Management

The Transaction Business Case identified a range of very high risks associated with organisational merger. Over the period following merger, plans have been in place to mitigate and manage these risks.

Below is a commentary on the 4 very high (scored at 16 and over) non-financial key risks identified through the Due Diligence Process. An analysis of the mitigation of financial risk was addressed separately in the finance section.

## Non-financial risks

### 1. Workforce supply

#### Risk at March 2020

If UH Bristol is unable to arrest and reverse growth in nursing and medical vacancy rates and the associated spend through its proposed recruitment and retention approaches and five-year trajectory, then this will have an adverse impact on proposed financial recovery and quality / safety improvement plans and financial recovery plans, resulting in a deteriorating financial position and risk to the Trust's CQC rating.

#### Commentary

A targeted WGH recruitment and retention plan has been implemented. This has resulted in sustained improvement in registered nursing and clinical fellow recruitment, exceeding the planned five-year trajectories. However, consultant recruitment remains static and under planned trajectory. The long-term solution is in part dependent upon the full deployment of the Healthy Weston 2 programme and new clinical model.

Planned mitigation was to support the Certification of Eligibility for Specialist Registration (CESR) process to attract overseas candidates and enable them to achieve a Certificate of Completion of Training (CCT) which was due to be completed by December 2022. Latest update is that work continues to try and recruit to the underlying vacancy position in Weston, however, a robust recruitment plan has been developed to support the Healthy Weston 2 (HW2) business case. Once the business case and associated spend has been agreed then work can commence on an aggressive marketing strategy for the newly positioned Weston site. In the short term a new substantive Care of the Elderly (COTE) consultant has been appointed and is due to start in early 2023.

#### Current risk assessment

Although consultant recruitment remains challenging, through targeted and sustained investment in medical recruitment at Weston, the risk that substantive medical staffing rates across WGH are insufficient has reduced (4748 - score 12) – Corporate risk – Owner Chief People Officer. This corporate risk is being recommended for closure to Trust Board in February, to be superseded by Divisional risk 4014 - (WGH management team) – High risk score (12) – Risk that medical staffing will not be at the required numbers – owner: hospital director. Further work will be undertaken to ensure the mitigation plan is robust.

### 2. Quality

#### Risk at March 2020

If UH Bristol is unable to address the quality and safety issues at Weston raised in the June 2019 CQC enforcement notice within a two-year period, then the Trust will not be meeting its

contractual and regulatory obligations, resulting in a risk to the Trust’s current Outstanding CQC rating.

### Commentary

Post-merger, the Trust implemented a focussed, patient safety improvement programme. Significant investment was made as part of the integration plan to strengthen capacity and capability at WGH to achieve improvement in patient safety governance and processes.

However, CQC inspections of medical care at WGH in March and June 2021 resulted in further conditions being placed upon the Trust’s registration, as the CQC were significantly concerned about the safe care and treatment of patients receiving medical care at Weston General Hospital.

As a result, in October 2021, WGH as an individual hospital was rated ‘inadequate’ and following an inspection of medical care at the main Bristol site, the CQC changed the overall UHBW Trust rating to ‘good’.

**Figure 4: CQC rating of WGH Medical services October 2021**

**Rating for acute services/acute trust**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Weston General Hospital	Inadequate Oct 2021	Requires Improvement Oct 2021	Good Oct 2021	Requires Improvement Oct 2021	Inadequate Oct 2021	Inadequate Oct 2021

The Trust responded by developing a sustainable medical workforce model and making further improvements to the quality and safety of medical services and strengthening the senior leadership at WGH, establishing managing director, medical director, and deputy chief nurse roles.

In August 2022, during a routine inspection, the CQC recognised positive improvements in medical services at WGH, raising the hospital site rating for these services overall from ‘inadequate’ to ‘requires improvement’, and removed the urgent conditions upon the Trust’s registration.

**Figure 5: CQC rating of WGH Medical services October 22**

**Rating for Weston General Hospital**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires Improvement ↑ Oct 2022	Good ↑ Oct 2022	Good ↔ Oct 2022	Requires Improvement ↔ Oct 2022	Good ↑↑ Oct 2022	Requires Improvement ↑ Oct 2022

### Current risk assessment

Risk 3763 Strategic Risk Register, Owner Chief Nurse and Midwife – Risk that the Trust may not meet standards to ensure compliance with CQC regulations – High risk score (12).

The planned mitigation is to introduce the principles of the new CQC Inspection Framework, initially through the self-assessment programme by December 2023. The latest position is that the latest CQC action plan update report went to QOC in December 2022 providing

progress report on outstanding CQC actions, including 17 new actions from the CQC inspection at WGH in summer 2022. Target is now to close remaining actions by the end of March 2023 if possible.

“Staff at Weston have responded well to our drive for quality improvement, and the standards that we set ourselves for what good look like. Weston remains on a journey, but is only a step behind the Bristol hospitals in many respects ”

Anne Reader, Head of Quality (Patient Safety)

### 3. Operational Performance

#### Risk at March 2020

If WAHT is unable to clean / validate a significant number of patient care records held on its PAS system, then there would be limited confidence in the reported baseline RTT (referral to treatment) position and waiting list management, which could result in NHS Intensive Support Team (IST) action and delays in patient care.

#### Commentary (current position)

A programme of work was carried out at WGH by the Trust performance team and the national Intensive Support Team (IST) that addressed improvements to data quality and reporting. The Open Referrals Validation Project within the Weston Division was completed in April 2022, with supporting letter from the NHS Elective Care Improvement Support Team, which provides assurance on the approach taken to closing the project. A Trust Data Quality Improvement group was established.

There are challenges with access to audit data for the historic Weston Millennium system and other applications. For example most of the patient activity was migrated onto the Medway system but also held within the Weston data warehouse. This does not include audit data that is run against an application with the Cerner (P2Sentinal). If the audit data is not accessible, then we will not be able to supply any audit data that happened against the patient record whilst in Millennium which does not meet audit requirements.

#### Current risk assessment

High risk departmental risk (5293) score of 12 that data quality improvement activity is under resourced (performance team); and Risk 5707 Departmental Risk (Digital Services) - risk of access to historic Weston Millennium Audit Data.

### 4. Pharmacy

#### Risk at March 2020

Lack of pharmacy infrastructure and staffing levels is inhibiting the delivery of safe and effective medicines optimisation service/support.

#### Commentary (current position)

In November 2020, the Trust approved a business case for investment of an additional £194k into WGH pharmacy. This addressed all the CQC must-do actions and put in place

mechanisms to reduce the presenting risks. The service is considering how it can further level-up to provide a common service level across the Trust. This specifically relates to weekend dispensing.

### **Current risk assessment**

Datix 4792 - Risk of harm to patients due to reduced pharmacy supply service and no clinical service at weekends (12); and 4029 High risk score (9) Divisional Diagnostics and Therapies register – Lack of weekend dispensing at WGH.

### **Financial risks**

The business case also identified three key financial risks:

1. The underlying financial deficit at WAHT cannot be mitigated
2. WAHT's very weak balance sheet cannot be mitigated
3. Risk that the estates backlog maintenance programme will not be adequately funded to address known infrastructure life cycle needs

These are discussed within the finance section above.

### **Onwards management of open programme risks**

Over the period of the programme, the risk profile associated with merger and integration has reduced and there are now no remaining very high risks.

Following review by the risk owner and workstream leads and approval from the Integration Programme Board, the small number of remaining open risks associated with the programme have been reallocated within the Trusts governance framework to ensure that they retain active management.

**Table 12: Summary table showing transfer of open risks and risks being closed**

ID	Title	Rating	Current monitoring group	Proposal	Monitoring Group
3430	Risk that risk management processes in the Division of Weston are unable to provide assurance	8	Integration Programme Board	Reassign risk	WGH Governance and Quality Committee
5308	Risk that merging cost centres post integration will result in an inability to access systems and report at site level	8	Workforce and OD workstream	Reassign risk	People and Education Group
3778	Risk that the Trust faces equal pay claims post-merger	6	Workforce and OD workstream	Reassign risk	People and Education Group
4748	Risk that substantive medical staffing rates across WGH are insufficient	12	Clinical Services Operations Workstream	Proposed closure of corporate risk. Step down to divisional risk	WGH Governance and Quality Committee
4806	Risk that the financial benefits identified in the Transaction Business Case (TBC) will not be achieved	12	Benefits Realisation Workstream	Closed	N/A
5369	Risk that the Trust is unable to deliver a suitable service model for Weston General Hospital	12	Integration Programme Board	Proposed closure	N/A
5630	Risk that integration progress may stall as a result of reconsidering the management model at Weston	9	Integration Programme Board	Closed	N/A
5927	Risk that the revised clinical integration timetable is delayed if the Weston Business Unit is not established on 1st Oct 2022	9	Integration Programme Board	Closed	N/A
4536	Risk of increased levels of staff disengagement leading to potential employee relations issues	6	Workforce and OD	Closed	N/A
4802	Risk that e-rostering system will not be implemented effectively and maximised appropriately	6	Workforce and OD	Closed	N/A
4539	Risk that delivery of Trust corporate objectives may be adversely affected by focus on integration	8	Integration Programme Board	Proposed closure of corporate risk	N/A

The Integration Programme Board has considered and approved the risk closure plans, with further detail included in the separate programme closedown report.

## 14. The Benefits of Merger

Without the promise of benefits, organisations would not invest in programmes and without a focus on benefits, resources would be invested in the wrong place at the wrong time. In practice, the realisation of tangible benefits within the NHS is problematic for a number of reasons. In their 2016 report 'Mergers in the NHS: lessons learnt and recommendations', CASS Business School and NHS Improvement, noted the following about realising benefits:

*Over-optimism and changes in NHS policy were the main causes cited for missing projected financial benefits. On the clinical side, improving performance in a failing trust could take two to three years, making the 'performance holidays' allowed by the regulators too short.*

They recommended that trusts:

- Be realistic (conservative) when planning synergies, particularly clinical synergies.
- Understand and include the cost of aligning pay and staffing levels across the two organisations in the transaction costs.
- Negotiate a realistic performance holiday of at least 12 months from both regulators and commissioners.

A description of the financial mitigation plan in the Transaction Business Case is covered in the finance section 15.

The UHBristol and WAHT merger was expected to bring benefits to patients, staff, and the wider NHS; particularly through making services more sustainable and hence safer whilst continuing to offer local access. As stated in the business case, many of the benefits for patients, staff and the wider health system were expected to be driven through the proposed clinical and corporate operating models.

"I have lost count of how many times staff have changed their perception of Weston for the better after visiting the site. This is contributing to its' improving reputation "

Mark Goninon, Deputy Chief Nurse

Fast forward almost three years, how far have these expectations been realised?

The benefits plan has 17 key benefits that were expected from the merger in four areas:







- Workforce and Organisational Development
- Corporate integration
- Clinical integration
- Strategic change

The Transaction Business case was clear that the benefits of merger were profiled to be achieved over a five-year period. Further work with benefits owners following the pandemic period has confirmed expected benefit realisation timeframes as follows:












- One benefit was expected in year 2 (2021/22)
- Three benefits were expected to be realised and sustained in year 3 (2022/23) – this year
- Seven benefits are expected to be realised and sustained in years 4 and 5 (2023/24 and 2024/25)
- Seven benefits are expected to be realised year 5 onwards

With six benefits now realised and sustained to date, and a further four predicted to realise in the next 12 months, the programme is ahead of the expected trajectory.

**Table 13: Benefits realised to date**

Workstream	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
 Workforce & OD Recruitment and Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	<b>Improved recruitment and retention of nursing staff (Nursing agency expenditure savings) - Reduction in vacancies, improved rostering, lost time management and financial controls</b>	Reduction in Registered Nursing (RN) agency expenditure	Realised
			Reduction in RN vacancies in Weston	Realised
			Reduction in RN turnover rates in Weston	Realised
 Workforce & OD Organisational Development	To develop a new set of leadership behaviours and values across the new organisation, shaping a new culture	<b>Establish shared vision and values for the single UHBW organisation.</b>	New UHBW Values established and Staff Survey (21/22) values question answer responses compared to answers given in staff survey 22/23	Realised
 Clinical Integration Resilience of Acute Services	Addressing in a controlled manner the current known risks to the resilience of acute clinical services across Bristol and North Somerset.	<b>Enhanced work with system partners - identify sustainable solutions to ensure high quality outcomes for patients - e.g. Urology transfer to North Bristol Trust (NBT).</b>	Completion of Urology transfer to NBT	Realised
 Strategic Change Improved Utilisation of the Estate	Greater scope to make best use of the combined available capacity and buildings in order to deliver our service goals	<b>Improved Utilisation of the combined UHBW Estate</b>	Reduction in 'very high' infrastructure risks at WGH	Realised
 Strategic Change Resilience of Acute Services	Addressing in a controlled manner the current known risks to the resilience of acute clinical services across Bristol and North Somerset	<b>Increase in resilience of Urgent and Emergency services and a reduction in risk at Weston</b>	Reduction in number of 'must do' and 'should do' CQC actions in urgent and emergency services	Realised
			Reduction in 'very high' risks on the Weston Division Risk Register	Realised
 Strategic Change Staff Training & Development	Supporting staff to access a greater range of training and development, education, training and research opportunities across a wider organisation. Establishing the WGH as an 'anchor institution' in North Somerset with a reputation for providing high quality training and education	<b>Increased range of staff development opportunities and increased access to training</b>	Number of apprenticeships available in Weston	Realised
			Apprenticeship new starts as % of workforce	Realised
			Essential Training compliance	Realised
			Library- number of evidence searches	Realised

**Table 14: Benefits yet to be fully realised**

Workstream	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
 Workforce & OD Recruitment and Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Improved recruitment and retention of medical staff (Medical agency expenditure savings) - Reduction in medical staff vacancies, improved rostering and financial controls	Reduction in medical agency expenditure	Behind Plan
			Reduction in medical vacancies - Consultants, Career Grades & Clinical Fellows in Weston	Behind Plan
			Reduction in medical turnover rates at Weston	Behind Plan
 Workforce & OD Clinical Alignment & Reduction in Variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Improved Medical Workforce Productivity - Improved job planning and reduction in premium payments	Reduction in premium payments to consultants	Behind Plan
			% Weston consultants with an up to date job plan	Behind Plan
 Workforce & OD Critical Mass	Increasing the resilience of the WAHT as an organisation through being part of a larger organisation and offering the potential to achieve better value for money	Stabilised staff engagement in Weston as a result of improved advocacy, motivation and involvement	Engagement score calculated as a result of responses given to the Staff Survey - Motivation, Advocacy & Involvement	Behind Plan
 Corporate Integration Recruitment and Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Reduction in vacancies and sickness rate across Corporate functions	% of vacancies across Corporate functions	Behind Plan
			% sickness rates within Corporate functions	Behind Plan
 Corporate Integration Corporate Synergies	Realising efficiencies in shared corporate services	Improved value for money on Estates and Facilities (E&F) contracts through rationalisation across the Trust	Reduction in no. standalone Weston E&F contracts Reduction in overall E&F contracts spend	Behind Plan
 Clinical Integration Quality Patient Experience	Sharing learning across both organisations to improve access to and quality of clinical services and develop exemplar models for frailty, ambulatory and out of hospital care	Improved patient experience in Weston	Improvement in inpatient postal survey scores at Weston	On Track
			Maintenance of outpatient tracker score in Weston	On Track
			Improved response to informal and formal patient complaints rate at Weston	Behind Plan
 Clinical Integration Clinical Alignment and Reduction in Variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Improvement in compliance in Adult Critical Care services and Acute Paediatrics	Improvement in compliance with the D05 Service Specification for Adult Critical Care (review of GPICS standards)	On Track
 Clinical Integration Pace and impact	The merger allows alignment of ways of working and benefit to changes to clinical models at pace, as part of a single organisation	Increased care closer to home for non specialist care, and increased specialist care undertaken at a specialist centre	Increase in % of patients with North Somerset postcodes treated at Weston General Hospital for non-specialist care across all services	Closed - Transferred to HW2
			Increased in % of patients with North Somerset postcodes treated on Bristol Royal Infirmary campus for specialist care across all services	Closed - Transferred to HW2
 Clinical Integration Clinical Alignment and Reduction in variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Create standardised clinical policies - ensure that patients receive, consistent and high quality care across all sites reducing unwarranted variation, improving delivery and outcomes.	Total Number of clinical policies reviewed and single policy agreed	On Track
 Strategic Change	Improve digital capabilities – provision of services across remote sites will provide a positive stimulus for the development of digital solutions to enhance and improve the quality of service delivery	Having a single UHBW Information Management & Technology (IM&T) platform will support clinical and corporate systems Trust wide, which will maintain consistency of customer service and maintenance across all sites.	Introduction of single Medway Patient Access System	Realised
			% of planned clinical systems integrated	On Track
 Strategic Change Staff Training & Development	Supporting staff to access a greater range of training and development, education, training and research opportunities across a wider organisation. Establishing the WGH as an 'anchor institution' in North Somerset with a reputation for providing high quality training and education	Sustained increase in recruitment to clinical trials at Weston due to an integrated Research & Innovation team in 21/22	Number of participants recruited to clinical trials in Weston	Behind Plan

## Ongoing delivery, monitoring and reporting of benefits post programme

Lack of ongoing processes to monitor benefits can be a major failure in organisations as they move from programmes to business as usual.

As part of the Integration Programme closedown planning, the ongoing management and monitoring of benefits realisation beyond year three has been agreed. The Executive Committee is the accountable committee overseeing benefits realisation, with the new Post Integration Oversight Subgroup (PIOG), jointly chaired by the executive managing director and chief operating officer. The Transformation Team will provide quarterly benefits realisation updates.

A risk assessment on the achievement of benefits within the next 12-month period has been undertaken as part of the handover, to provide a renewed focus for the post programme monitoring team.

In addition to the above, at a more operational level, the divisions have speciality-level benefits plans that they expect to achieve and monitor through their divisional governance arrangements.

## 15. Key integration enabling programmes

Alongside the Integration Programme, the Digital Convergence Programme and the Estates Backlog Maintenance Programme are also key enablers to the ongoing UHBW integration of services. The Integration Programme Board has maintained strong links to both programmes and progress against programme plans have been monitored by the Integration Programme Board.

### Digital convergence

The UHBW five-year Digital Convergence Programme is replacing outdated legacy IT systems at WGH and moving to modern cross-site solutions that enable better and more flexible management of patient care by clinicians.

A major step on this journey was merging the two versions of the patient administration system (Medway) in April 2022. This enables the Trust to have one Trust-wide Electronic Patient Record (EPR) and a range of associated clinical systems in place across all our hospitals and sites, benefitting patient safety, patient care and patient experience. It will also free-up time and resources of colleagues across Bristol and Weston.

### Table 15: Other key systems that have also integrated

#### Integrated Systems that went live from April 2022

Medway (Patient Admin System) – now CareFlow Electronic Patient Records (EPR)

BlueSpier Theatre system

Maternity

## Integrated Systems that went live from April 2022

Medicode
Careflow Vitals
Careflow Connect
Careflow workspace
Evolve
MCAP (CUR)- (Clinical Utilisation system)
ICCA (IntelliSpace Critical Care and Anaesthesia- full integration)
E-referrals

This has enabling more consistent and effective working practices and workflows across the Trust in a number of ways:

- Common platforms now give the ability to further digitise clinical practice to reduce clinical risk through reducing duplication of records and manual transcription
- A single UHBW patient portal (DrDoctor) enables clinicians to undertake video consultations and patients to have more control of their appointments and correspondence online
- Better management reporting is available to inform better patient care
- Hospitals linked up across the Trust to manage clinical resources effectively, for example in ICU
- Single UHBW log ins and system access is now enabling better cross-site working
- Single Multi-Disciplinary Team meetings (MDTs) are now able to undertake more effective case management
- WGH 'spine compliant' smart cards have been rolled out at selected areas in Bristol hospitals

From the original digital convergence programme, the following key systems remain to be integrated:

**Table 16: Remaining key clinical systems to be integrated**

Deployment timetable for other Clinical Systems	Estimated 'Go live' date
ICE (Pathology system)	May 2023
Oncology (Prescribing system)	December 2023
PACS/RIS (Radiology Information System)	April 2024

The full digital convergence programme timeline can be found in the final integration programme report (IPR).

### Corporate systems

UHBW has a single digital function and single helpdesk function, with part of the team based at WGH. There remains further work to provide a fully integrated experience for staff working at WGH and moving between sites. This will be achieved through improvements to other corporate systems:

**Table 17: Remaining key corporate systems to be integrated**

Function	Position	Status
Single UHBW wide folder structure	All users have access to OneDrive if they wish to login. Any shared work is now done in Teams with group access to files/folders and other shared information.	Complete
Single UHBW computer log on (Single domain)	All users have a UHBW login, this is linked to their 365 license. The works at WGH are progressing with the aim of having all 1,500 WGH machines moved to UHBW machines, meaning ALL UHBW users will login with their UHBW credentials.	Work has started, but may take up to late summer 2023 to complete
Single Intranet	Replacement business case approved for both the intranet and the Trust website. The corporate communications strategy commits to a new intranet in the next financial year.	Due to deploy by April 2024

### Estates improvement (capital)

The Transaction Business Case acknowledged that estates and facilities at WGH, had been underfunded for several years, leaving a significant estates and infrastructure risk and a maintenance backlog programme of £17.5m. To address this, and as part of the 2020 Transaction Agreement, NHS England and NHS Improvement (NHSEI) approved £10m of capital funding support for a legacy infrastructure and estate maintenance programme.

The five-year works programme at WGH has focussed on the following areas:

**Figure 6: Focus of the maintenance backlog programme**



The backlog maintenance programme is at its midpoint, with 50% of the planned works completed at Weston, and is due to fully complete in 2024/25. The full maintenance backlog programme timeline can be found in the final integration programme report (IPR).

To date these are the key improvements that have been completed:

- Refurbishment of public toilets
- Fire Improvement Survey
- Installation of L1 fire alarm system
- LED lighting upgrade
- Rafters Restaurant flooring and decoration
- High Voltage Switch replacement
- Pathology roof replacement

The following improvements are in progress:

- Guttering and roofing works (70% complete)
- Rhyne maintenance

The following projects are in design stage for future years:

- Ventilation upgrades
- Nurse call system replacements
- Flooring replacements and general decoration
- Water tank replacement

In March 2022, UHBW commissioned a report to look at potential development options for the site to allow input into the clinical strategy and Health Weston 2 programme. The future Health Weston 2 programme and the proposed change of use is likely to have an impact on the hospital estate and infrastructure, including the proposed ventilation programme. An Estates Working Group is being set up to ensure that estates constraints and requirements are built into the Healthy Weston 2 programme

In 2023, a new staff wellbeing hub will be built (renovating the old nursery site) to provide a quiet space for staff to relax in. This will be an indoor and outdoor space for colleagues in UHBW to get away from the main hospital building, where they can have their lunch, read a book, have private wellbeing conversations, or just relax and recuperate for a while. We hope this new area will encourage colleagues to use their breaks, to have some downtime and to reduce burnout among teams.

A review of the utilisation of non-clinical space will be carried out in 2023 to understand if the overall space can be reduced and the quality of the space improved by moving to a shared space approach.

## 16. Reflecting on what we have learnt

Reapplying important lessons to prevent future mistakes is a core reason why organisations capture lessons learned; it can also save organisations time and money.

In seeking to fully reflect, understand and learn from the integration process, a number of sources have been considered. As part of the programme closedown process, final lessons learnt have been sought, building on three previous lessons-learnt reports as follows:

1. UHBW Merger Programme May 2019 – March 2020, Lessons learnt report (May 2020)
2. Corporate Service Integration, Lessons learnt report (May 2021)
3. Diagnostics and Therapies Division, Lessons learnt report (October 2022)

A summary of the key themes and recommendations from these previous reports is included in the appendix.

Further lessons and reflections have been captured as part of this final report. These have been grouped into the following themes:

- Realising the benefits of merger
- Clinical services integration
- Change management and staff consultation
- OD and culture (togetherness)
- Integrating systems and processes
- Operational realities and changing course
- Programme management and governance
- Leadership

Views have been canvassed from a wide range of sources, including:

- Integration Programme Board members
- Self-assessment undertaken by PMO (project management office)
- Views obtained from key stakeholders (structured interviews)
- Divisional feedback (via Delivery Group and post transfer checklist reviews)
- As part of six-week post transfer semi-structured reviews with the 14 clinical specialities
- Feedback from unions (JUC)

**Table 18: Lessons identified by theme:**

Theme	Lesson
Realising the Benefits of the Merger	1. Spending time upfront agreeing measurable benefits and KPIs with owners, sets the expectation and timetable for their realisation
	2. Agreement of the role of the Benefit Owners in delivery of the benefits with the SRO early on, helps to ensure later focus and priority from the owners
	3. Consideration should be given to establishing the role of Change Manager within future programmes. This well-defined operational programme role has responsibility for ensuring the delivery of benefits associated with the programme

Theme	Lesson
Clinical Services Integration	4. Divisional engagement should be secured from the start, to ensure buy-in to the programme of change
	5. Actively pilot new projects and innovations at the integrated site to demonstrate their capability and then roll out to rest of the Trust
	6. Provide as many opportunities as possible for clinical teams to build relationships ahead of formal integration process – Clinical Practice Groups, site visits, work on mutual aid projects etc.
	7. Facilitate as much face-to-face, real time interaction between teams throughout the process as possible
	8. Create funded sessions in clinicians' and nurses' timetables to enable effective clinical integration dialogue to take place
Change management and staff consultation	9. Have more effective managers leading the changes by giving them change management and staff consultation tools
	10. Improve staff user experience by retaining a programme staff reference group.
	11. Regularly communicating and celebrating success with staff throughout the transaction, even when there is nothing to report
	12. Improve relationships and reduce barriers between the PMO and the business by locating project managers within divisional offices on a regular basis
OD and culture (togetherness)	13. Deploy dedicated OD and HR change management specialists as part of the programme team to ensure timely and focussed interventions with staff and managers
	14. Do not underestimate the challenges of cultural integration. Develop and carry out a consistent and comprehensive culture programme. This does not mean creating 'one' culture, it's about identifying and maintaining positive and productive cultures whilst seeking to identify and eliminate any 'poor' cultural practices
Integrating systems and processes	15. Work by divisions to drive improvement and standardise processes will require sustained and dedicated work by teams over a number of years following the conclusion of the formal integration programme
	16. Early mapping of service-level digital system requirements will remove barriers to earlier cross-site working
	17. Close collaboration with the Digital Convergence Programme is beneficial, through maintaining a member of the programme team on the Digital Convergence Board
Operational	18. Need to be flexible enough to change the approach when information changes

Theme	Lesson
	19. Managing services across multiple sites, requires more management and clinical resource than you expect and for a significant period of time
	20. Seek the support of the communications team as well as utilising internal cascade methods when communicating a change are important channels for improving understanding
Programme Management & Governance	21. Using seconded staff with operational skills and experience in the PMO was useful, training them in project and change management, alongside project specialists
	22. Maintaining a core consistent change team throughout the programme is beneficial. Engaging staff for the longest possible period from the outset would enhance recruitment as well as retention of staff in the team
	23. Consistent executive leadership of the programme was essential to ensuring ongoing senior engagement and timely decision making
Leadership	24. Recognise which decisions require executive leadership and direction and which should be led by divisions to achieve both pace and engagement
	25. Mix senior leaders throughout the organisation at the earliest possible opportunity and expect to provide targeted senior support to areas of challenge from the start
	26. Identify clinical leads from the affected business areas to work with a clear mandate and protected time on the programme
	27. Maintain ambition and a steely determination, holding to the vision, not just at the start, but throughout the programme and beyond

“Having been in senior leader positions in Weston both pre and post-merger, having the formal management partnership in place two years before merger was pivotal in developing trust and getting a head start on joint working.”

Alex Nestor, Deputy Chief People Officer

"using the discipline of programme management for the complex merger process was essential but more fundamental was building relationships of trust and respect through leadership behaviours"

Paula Clarke, Executive Managing Director (Weston)

Access by future programmes to past lessons learnt, will be via the Transformation Office key documents reference library: <http://connect.transformingcare/Pages/default.aspx>

## 17. Assurance on outstanding work completion

As part of the programme closure process, a separate closedown and handover report has been taken through the UHBW approvals process.

The Post Integration Programme Oversight Group (PIOG), established on behalf of the Executive Committee, will continue to monitor:

- The embedding of the new management arrangements
- Completion of outstanding work areas
- Ongoing realisation of business case benefits
- The follow through on learning lessons.

Terms of reference for the PLOG are included in the appendix.

“Now that clinical teams are together under single divisions, we have the opportunity to drive improvement and standardise the way we deliver care. However, I am under no illusion that the next phase of transition, as we recover from the impacts of covid ,will require sustained and dedicated work by teams over many years, to realise this.

Alison Lowndes, Divisional Director (Surgery)

Looking forward, the remaining objectives for integration have been assessed for full completion. This is outlined in the following table which provides a commentary and mapping of where outstanding work will transition to as business as usual. As stated elsewhere in this report, the process of integration is long term, and this is reflected in the status assessment below, with some work completed and other areas ongoing. Outstanding risks and benefits are addressed in other sections of the report.

The monitoring arrangements for residual programme risks and as yet unrealised Transaction Business Case benefits were set out above in sections 13 and 14.

**Table 19: Accountability mapping of post programme activities**

Critical Success Factor	22/23 Objective	Status (at programme close - Feb23)	Justification	Ongoing Accountable Group	Lead
Delivery Streams	Clinical Services Integration completed	G	On track - only CofE, Acute Medicine and ED remains. Requires implementation of the new Healthy Weston 2 clinical model to complete the process	Exec Committee	Paula Clarke
Workforce & OD	Weston based consultant job plans reviewed	R	Job plans not reviewed and recorded on e-job planning in the last 12 months. WGH team under new clinical chair commencing the process; receiving divisions will undertake in next year.	Weston Management Board	Jim Portal
	Achieve the proposed Recruitment trajectories for Medical and Nursing posts	A	Nursing trajectories on track; with medical staffing, Consultant wte is below the trajectory, and will only significantly improve with move to new HW2 model.	People and Education Group	Alex Nestor
	Achieve the proposed reduction in staff turnover rate on Weston Site	A	On track for nursing, but behind for medical staffing.	People and Education Group	Alex Nestor
	People Systems Integration completed	G	Programme broadly complete, except for roll out of Allocate / Health rostering and cost centre merge are outstanding. This is expected to be completed by 31/3/24	People and Education Group	Laura Brown/Andy Landon
Cultural Integration	Monitor the embedding of UHBW values and behaviours	G	Ongoing monitoring in place under People Committee. Pulse survey evidence supports.	People and Education Group	Sam Chapman
Benefits Realisation Monitoring	Year 3 Financial Mitigations achieved	A	The Y3 mitigations from the TBC have been captured within our current financial plan, and therefore this benefit is incorporated into the risks established for the 22/23 financial plan. The shortfall in mitigations will be incorporated into divisional cost improvement plans and will be monitored as part of the overall Trust savings programme.	N/A	
Policies & Processes	Appropriate clinical and corporate policies are aligned across the Trust on single DMS	G	Policy review cycle continues until 2024, to complete the alignment.	Weston Management Board and Trust Secretariat	Deputy Medical Director (Weston) and Eric Sanders
Estates & Facilities	Weston Estate improved through backlog maintenance programme	G	No very high risks on the estates risk register for Weston - Estates backlog programme still has 2 more years to run.	N/A	
IT & Technologies	Align clinical digital systems convergence programme with clinical integration	G	Visibility on remaining clinical systems roll out in place and reported through the IPR. Some divisions have bespoke meetings in place to support timely roll out.	N/A	
	R	Not Achieved			
	A	Delayed/Partially Achieved			
	G	On Track			
	C	Complete			

## NHS England and Improvement (NHSEI) Regulatory requirements

In March 2020 NHSEI issued a risk-rating letter as part of the merger transaction. This contained a series of 18 recommendations that UHBW has worked to address and mitigate. A recent review by the Integration Programme Board showed that 11 NHSEI recommendations are either fully mitigated or no longer applicable and the risks are now closed. The remaining seven recommendations are subject to further ongoing work to manage the risk as part of business-as-usual governance arrangements.

NHSEI has also confirmed that there are no additional post-merger review requirements, over and above normal Trust business-as-usual performance monitoring. They have reached this conclusion having undertaken a desktop exercise using information already available.

Given this position, the Integration Programme Board confirmed that this action plan does not require post-programme monitoring and that it is safe to close.

## 18. Looking to the future of Weston General Hospital



It was always understood that bringing two organisations together takes time – at least five to 10 years – and an important milestone on this journey has been the go ahead given to the Healthy Weston long-term vision to develop Weston General Hospital into a thriving hospital at the heart of the community. The plans for delivering this vision were supported by the NHS Bristol, North Somerset, and South Gloucestershire Clinical Commissioning Group (CCG – now the Integrated Care Board)) Governing Body on 7 June 2022.

As well as routine and ongoing service developments at the hospital, the plans have a particular focus on three areas:

- Becoming a **centre of surgical excellence**. This means thousands more planned operations for adults of all ages will be carried out at Weston General Hospital
- Becoming a **centre of excellence for older people's care**. This means the hospital will provide more specialised care for older people, as well as a wide range of services for people of all ages



- Helping more people **go home quickly** after going to hospital in an emergency. The hospital will have a dedicated unit for assessing and treating people quickly

The agreed model sees Weston General Hospital continuing to provide A&E services from 8am to 10pm, exactly the same as for the last five years.

### Public engagement

The Healthy Weston Programme is working to deliver the second phase of work to secure Weston General Hospital as a thriving and sustainable hospital at the heart of the Weston community. An eight-week engagement exercise on the implementation of these ambitious plans has shown wide public support, with 890 people, from a range of local community groups, partner organisations, Integrated Care Board Citizens' Panel, and the wider general public, sharing their views.

“As the Trust Freedom to Speak Up Guardian, it remains important to ensure that staff at Weston feel like they have a voice in developing the future direction of travel of the hospital. The development of the Healthy Weston vision is one good example of how to engage effectively with a cross-section of staff .”

Eric Sanders, Director of Corporate Governance

In summary, there was wide support for the plans to make WGH a thriving hospital at the heart of the community with services for all ages, including a surgical centre and specialist care for older people.

People also shared their views on the extra travel that could affect a small number of patients, and the challenges that further journeys could bring. People also said that more could be done around communicating the plans, with a minority not clear on what was being proposed and many saying that more needs to be done to enhance the reputation and trust in Weston General Hospital.

As a result of this engagement, the Trust with its partners are considering how plans can better reflect what the public and staff have told us.

### Delivery of Healthy Weston 2

Healthy Weston 2 is a system level programme, with the Trust's Chief Executive, a member of the Healthy Weston Steering Group. Within UHBW, the governance of the programme sits under the accountability of the Executive Committee, led by the executive managing director.

Implementation requires concerted focus and commitment from the Trust and all its partners to deliver, against a challenging post covid landscape, winter pressures and elective recovery.

“Having integrated our clinical teams Trustwide and achieved system-wide support for the Healthy Weston clinical model, we now have the opportunity to realise the potential of Weston General Hospital. That is why it's now imperative that we hold firm to the vision”

Mr Andrew Hollowood, Deputy Medical Director

The improvement proposals have been agreed for delivery over three phases, with three interlinked full business cases as follows:

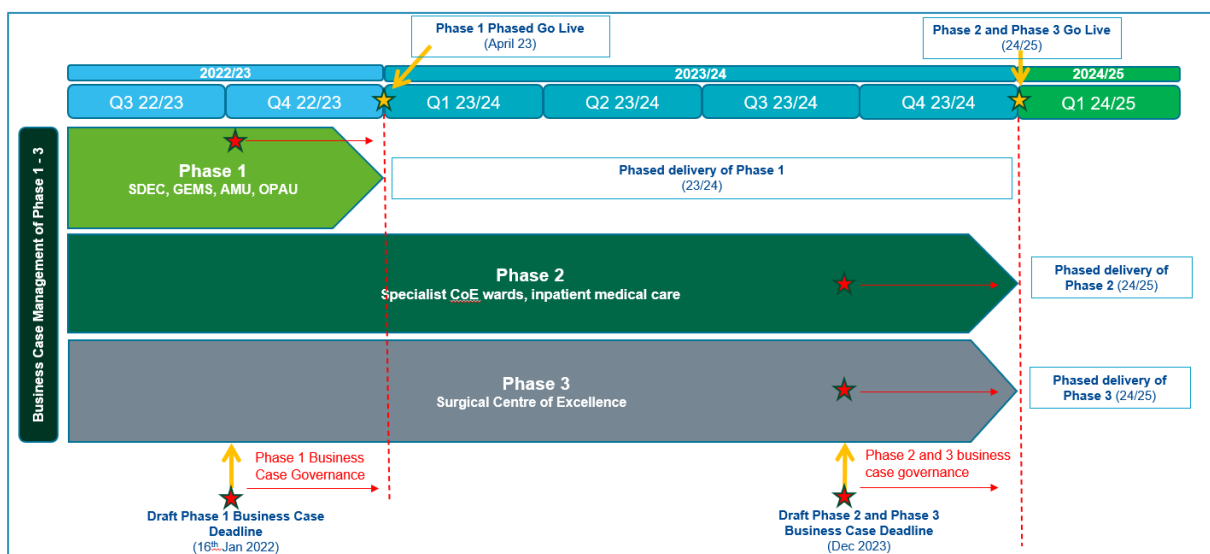
Phase 1 focusses on introducing and enhancing a range of front door services, including Same Day Emergency Care (SDEC) and the expansion of Geriatric Emergency Medicine Service (GEMS), to ensure a modern and fit-for-the-future Emergency Department at Weston.

Phase 2 focusses on the development of specialist multidisciplinary care of the elderly wards and the transfer of some inpatient beds to other larger acute sites for specialist medical care.

Phase 3 will drive the development of the surgical centre of excellence at WGH primarily focussed on high-volume, low-complexity procedures.

The figure below outlines the phased approach to implementation and the development of the three interlinked business cases.

**Figure 7: Healthy Weston Programme timeline**



“Weston General Hospital has come through some difficult times in recent years and now has an exciting and achievable future. We will continue to provide all-age hospital services for local people, delivering the right care at the right time to enable patients to be assessed, treated and able to return home as soon as possible and we will develop centres of excellence for surgery and care of older people. I believe Weston General Hospital can become a national exemplar for smaller hospitals - the future is bright!”

Paula Clarke, Executive Managing Director (Weston)

## Appendix 1: Weston Leadership Teams (December 2022)

# Meet the Weston General Hospital Leadership Team

  
 University Hospitals  
 Bristol and Weston  
 NHS Foundation Trust

				
<b>Judith Hernandez del Pino</b> Hospital Director	<b>Jim Portal</b> Clinical Chair	<b>Joanna Poole</b> Director of Nursing		
				
<b>Paula Clarke</b> Executive Managing Director	<b>Dr Rebecca Maxwell</b> Deputy Medical Director	<b>Mark Goninon</b> Deputy Chief Nurse		
				
<b>Julie Page</b> Deputy Divisional Director (medicine)	<b>Karen Maxfield</b> Deputy Divisional Director (surgery)	<b>Elaine Williams</b> Deputy Director of Nursing	<b>Koye Odutola</b> Deputy Clinical Chair and Clinical Director (surgery)	<b>Dermot Dowsds</b> Clinical Director (medicine)
				
<b>Dr William Hicks</b> Guardian of Safe Working	<b>Steph Curtin</b> HR Business Partner	<b>Amanda Stark</b> Finance Manager		

# Meet Weston General Hospital and other Divisional Leadership Teams

## Weston General Hospital



Judith Hernandez del Pino  
Hospital Director



Jim Portal  
Clinical Chair



Joanna Poole  
Director of Nursing

### Diagnostics and Therapies



Jenny Keeble  
Divisional Director



Becky Maxwell  
Clinical Chair  
until Feb 2023



John Warburton  
Divisional Director  
of Professions

### Surgery



Alison Lowndes  
Divisional Director



Sanchit Mehendale  
Clinical Chair



Sarah Chalkley  
Director of Nursing

### Medicine



Lisa Galvani  
Divisional Director



Emma-Kate Reed  
Clinical Chair



Hayley Long  
Director of Nursing

### Specialised Services



Owen Ainsley  
Divisional Director



Rachel Protheroe  
Clinical Chair



Helen Bishop  
Director of Nursing

### Women's and Children's



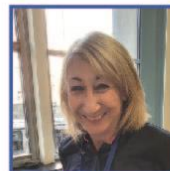
Fiona Jones  
Divisional Director



Martin Gargan  
Clinical Chair



Rachel Hughes  
Paediatric Director of Nursing



Sarah Windfeld  
Director of Nursing & Midwifery

## Appendix 2: Lessons learnt (Corporate and Diagnostics and Therapies division)



### Corporate lessons

- Focus on getting the best available information and creating a common shared sense of the truth
- Teams need guidance and support and the tools in order to feel safe and able to engage together on future planning
- Take time to put in place a suite of HR processes and talk teams through them
- Update and communicate changes to your planning principles and integration constraints – they will change over time
- Work hard with teams to articulate the short, medium and long term opportunities from integration
- Recognise that driving change and innovation is difficult when just achieving service stability in the short term is very challenging



### D&T lessons

- Provide Change Management training for all staff in leadership positions
- Ensure that business change management resource is recognised as important and funded in divisions as part of programme resourcing or large scale complex change
- Provide post integration programme support for ongoing team development and OD activities
- Establish common agreement on cross site working arrangements, including expenses, travel time and job planning
- Make more time for face to face interactions and consider holding meetings and having a spread of posts across sites