

## COUNCIL OF GOVERNORS

Meeting to be held on Wednesday, 22 February 2023 at 13:30 – 15:15 at Future Inns, Bond Street South, Bristol

### AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS	PAGE NO.
<b>1. Preliminary Business</b>					
1.1.	Welcome and Apologies	Information	Chair	13:30	verbal
1.2.	Declarations of Interest	Information	Chair		verbal
1.3.	Minutes of Previous Meeting – 13 December 2022	Approval	Chair		
1.4.	Matters Arising and Action Log	Approval	Chair		
1.5.	Chair's Report <ul style="list-style-type: none"> <li>“Non-Executive Director Spotlight” – Audit and Digital Transformation (Jane Norman and Arabel Bailey)</li> </ul>	Information	Chair; Non-Executive Directors	13:35	verbal
<b>2. Strategic Outlook</b>					
2.1.	Chief Executive's report	Information	Chief Executive	14.00	verbal
2.2.	Operational update	Information	Interim Chief Operating Officer	14.15	verbal
2.3.	Becoming University Hospitals Bristol and Weston - Our integration journey	Assurance	Executive Managing Director Weston	14.25	
2.4.	Governor's questions	Discussion	Chair	14.35	verbal
<b>3. Governor Decisions and Updates</b>					
3.1.	Membership Engagement report	Information	Corporate Governance Manager	15.00	
3.2.	Governor and Membership Forward Look and Election Update	Information	Corporate Governance Manager; Governors	15.02	
3.3.	Governors Log of Communications	Information	Chair	15:07	
<b>4. Concluding Business</b>					
4.1.	Foundation Trust Members' Questions	Information	Chair	15:10	verbal
4.2.	Any Other Urgent Business <ul style="list-style-type: none"> <li>Quarterly Patient Experience and Complaints reports circulated for information</li> </ul>	Information	Chair		verbal
	Date and time of next meeting <ul style="list-style-type: none"> <li><b>Tuesday, 18 April 2023</b></li> </ul>	Information	Chair		

**Minutes of the Council of Governors Meeting on Tuesday 13 December 2022, held in Conference Suite, Future Inns, Bond Street, Bristol and streamed live online via YouTube**

**Present**

<b>Name</b>	<b>Job Title/Position</b>
Jayne Mee	Chair of the Board and Chair of the Council of Governors
Charlie Bolton	Staff Governor, Non-clinical
Graham Briscoe	Public Governor
John Chablo	Public Governor
Carole Dacombe	Public Governor
Robert Edwards	Public Governor
Aishah Farooq	Appointed Governor, Youth Involvement Group
Tom Frewin	Public Governor
Mark Patteson	Public Governor
Mo Philips	Public Governor
Annabel Plaister	Public Governor
Mohammad Rashid	Public Governor
John Rose	Public Governor
John Sibley	Public Governor
Libby Thompson	Appointed Governor, UWE
Audrey Wellman	Appointed Governor, Youth Involvement Group
<b>Others in attendance:</b>	
Arabel Bailey	Associate Non-executive Director
Paula Clarke	Executive Managing Director Weston
Jane Farrell	Interim Chief Operating Officer
Deirdre Fowler	Chief Nurse and Midwife
Bernard Galton	Non-executive Director
Marc Griffiths	Non-executive Director
Rachel Hartles	Membership and Governance Officer (Minutes)
Emily Judd	Corporate Governance Officer
Neil Kemsley	Chief Finance Officer
Jane Norman	Non-executive Director
Mark Pender	Head of Corporate Governance
Eric Sanders	Director of Corporate Governance
Roy Shubhabrata	Non-executive Director
Martin Sykes	Non-executive Director
Stuart Walker	Chief Medical Officer
Gill Vickers	Non-executive Director
Eugine Yafele	Chief Executive

Jayne Mee, Trust Chair, opened the meeting at 13.30

Minute Ref:	Item	Actions
<b>1. Preliminary Business</b>		
<b>COG1.1/12/22</b>	<b>1.1 Chair's Introduction and Apologies</b>	
	<p>The Chair, Jayne Mee, welcomed everyone to the meeting. Jayne welcomed Jane Farrell, Interim Chief Operating Officer and Libby Thompson, Appointed Governor for the University of the West of England to their first Council of Governors Meeting.</p> <p>Apologies had been received from Governors Ben Argo, Sarah George, Martin Rose, Paul Hopkins and Malcolm Watson.</p> <p>Apologies from regular attendees had also been received from:</p> <ul style="list-style-type: none"> <li>• Julian Dennis, Non-executive Director</li> <li>• Sue Balcombe, Non-executive Director</li> </ul>	
<b>COG1.2/12/22</b>	<b>1.2 Declarations of Interest</b>	
	There were no new declarations of interest from Governors relevant to items on the agenda.	
<b>COG1.3/12/22</b>	<b>1.3 Minutes from Previous Meeting</b>	
	<p>Governors considered the minutes of the meetings of the Council of Governors held on 9 August 2022, and the Annual Members Meeting held on 11 October 2022. There were no comments from Governors.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the minutes of the Council of Governors meeting held on 9 August 2022 as a true and accurate record of the proceedings.</li> <li>• <b>Receive</b> the minutes of the Annual Members meeting held on 11 October 2022 for information.</li> </ul>	
<b>COG1.4/12/22</b>	<b>1.4 Matters Arising/Action Log</b>	
	<p>Governors noted updates on the actions from previous meetings. All actions had been updated as follows:</p> <p><i>COG3.1/08/22 Terms of Reference to be amended to reflect Khushboo Dixit as a member of the Committee, and for an option to be made for additional Appointed Governors to be added to the Committee.</i> This was on the agenda for approval under "Item 3.1 - Nominations and Appointments Committee Report". <b>Action complete</b></p> <p><i>COG2.2/08/22 Membership Team to link Ben Argo with the Patient Experience and Voluntary Services Team to arrange suitable access to finalise audits.</i> Ben Argo had been in contact with the Patient Experience and Voluntary Services Team. <b>Action complete</b></p> <p><i>COG3.3/05/22 Provide the Council of Governors with a skills matrix of the Board of Directors.</i> The matrix was finished and would be shared with the Nominations and Appointments Committee at their next meeting before being shared with</p>	

	<p>the wider Council of Governors and would be useful in informing the next round of NED recruitment. <b>Action ongoing.</b></p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the updates to the action log.</li> </ul>	
<b>COG1.5/12/22</b>	<b>1.5 Chair's Report</b>	
	<p>Jayne Mee, Trust Chair, provided a written update to Governors on her recent activity. The paper was taken as read and Jayne invited questions.</p> <p>Graham Briscoe, Public Governor, queried why the reports provided to the Council of Governors discussed system working with North Bristol NHS Trust (NBT) but did not mention other wider Trusts such as Somerset NHS Foundation Trust (Somerset FT) and Royal United Hospitals Bath (RUH). Jayne Mee, Trust Chair, explained that the majority of system working was with NBT as they were within the catchment area for the Integrated Care Board; however the Trust also worked with Somerset FT and RUH Trusts and assured the Council of Governors that they spoke to other Trusts on a regular basis.</p> <p>A new item had been added to the Council of Governors standing agenda to spotlight the work that was being undertaken by each of the Non-executive Directors and their Committees. The first of these updates came from Bernard Galton and Marc Griffiths, Non-executive Directors and would focus on People and Organisational Development. Key points from their update included:</p> <ul style="list-style-type: none"> <li>• Bernard Galton, Non-executive Director, gave an introduction to the People Committee and the governance that provided People Committee with assurance of the work that was ongoing in the Trust in relation to people and organisational development.</li> <li>• He further explained how the People Strategy linked into the strategic discussions in the meeting.</li> <li>• Marc Griffiths, Non-executive Director, introduced himself to the Council of Governors and confirmed that he had attended three meetings so far. He observed a strong synergy between People Committee and Quality and Outcomes Committee (QOC), of which he was also a member.</li> <li>• Marc explained how safe staffing and people issues were discussed, as well as wellbeing, recruitment and retention.</li> <li>• Marc also explained that patient flow was discussed as well, which balanced the needs of patients with staffing levels around the Trust.</li> <li>• There was a strong focus on workforce, but also staff talent as well.</li> </ul> <p>Questions were invited from the Council of Governors.</p> <p>Mohammad Rashid, Public Governor, queried the staff satisfaction in the Trust and whether staff surveys conveyed any concerns in this area. Bernard Galton, Non-executive Director, advised that the most recent staff survey had closed and results were not due to the Trust until the new year; however there were other mechanisms in place to raise any</p>	

	<p>issues staff had, including the Freedom to Speak up route. Marc Griffiths, Non-executive Director, agreed with Bernard that the Freedom to Speak up route was a positive route and students in the University of the West of England had commented on how helpful the service was in relation to specific issues raised.</p> <p>Charlie Bolton, Staff Governor, queried whether the Trust captured any information on why staff did not complete the survey, and also whether in line with the upcoming industrial action, the staff in the Trust were generally happy. Bernard Galton, Non-executive Director, admitted that the Trust did not collect data on why staff did not complete the survey as they were not aware of who did and did not complete the survey due to anonymity. He went on to explain that exit interviews for staff leaving the Trust did not only cite money as a reason for leaving, but the Trust could only help when they were made aware of issues using systems such as Freedom to Speak up.</p> <p>Tom Frewin, Public Governor, asked whether incentives were used to persuade staff to complete the survey. Jayne Mee, trust Chair, confirmed that 'Costa Coffee' vouchers were offered to any staff who completed the survey.</p> <p>Rob Edwards, Public Governor, asked what mental health facilities were available for staff to call upon. Emma Wood, Chief People Officer, confirmed a number of resources were available to staff including an employee assistance programme called CareFirst, Occupational Health psychologists, in-house psychological services and a wider scheme known as Healthier Together.</p> <p>Mark Patteson, Public Governor, queried the method of completion for the survey. Bernard Galton, Non-executive Director, confirmed that the staff survey was available in paper format or on most devices, with access via an email link or QR code.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the Chair's Report for information.</li> </ul>	
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**2. Performance Update and Strategic Outlook**

**COG2.1/12/22 2.1 Chief Executive's Report**

<p>COG2.1/12/22</p>	<p>Eugine Yafele, Chief Executive, provided an update on the main issues facing the Trust. Key points included:</p> <ul style="list-style-type: none"> <li>• The predominant issue that faced the Trust recently was industrial action brought by the Royal College of Nursing (RCN).</li> <li>• The RCN was due to strike on 15 and 20 December 2022. The Trust was working with the RCN to understand if any services would be exempt from striking and encouraging staff to help to keep a safe service.</li> <li>• The Trust was awaiting results from a ballot by the Royal College for Midwives and Royal College for Occupational therapists on whether they would be undertaking industrial action in the new year.</li> <li>• The Care Quality Commission visited the Trust in August 2022 and action plans were being embedded in the medicine division relating to the recommended and required actions in the report.</li> </ul>	
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	<ul style="list-style-type: none"> <li>The elective recovery programme was seeing a month on month fall in patients waiting for procedures. Patients waiting 78 weeks had improved but had recently stalled, but the cancer targets were on track.</li> <li>A care hotel had been set up in Central Bristol for up to 30 patients to be moved out of the Hospital to free up some capacity.</li> <li>The consultation on Healthy Weston 2 had good engagement from the public with strong support for a centre of excellence.</li> </ul> <p>Governor questions included:</p> <ul style="list-style-type: none"> <li>John Sibley, Public Governor, queried the number of out of hours discharges and whether this had increased with the pressure on availability of beds in the Hospital. Jane Farrell, Interim Chief Operating Officer, confirmed that the hospital had seen an increase in out of hours discharges, but this was not as high as could be expected with the various routes for discharge in the hospital.</li> <li>Charlie Bolton, Staff Governor, conveyed his support for the nurses striking. Eugene Yafele, Chief Executive, commended the support provided to staff, and encouraged the Trust to provide support wherever possible.</li> <li>Carole Dacombe, Public Governor, asked for assurances that the level of empathy towards staff both regionally and locally were consistent and relative. Eugene Yafele, Chief Executive, confirmed that the guidance received from NHS England on the process for industrial action was consistent with the process followed locally.</li> </ul> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li><b>Receive</b> the Chief Executive's Report for information.</li> </ul>	
<b>COG2.2/12/22</b>	<b>2.2 Operational update</b>	
	<p>Jane Farrell, Interim Chief Operating Officer, updated the Governors on the Operational Update. Jane advised that the update from Eugene Yafele, Chief Executive, had covered the points she wanted to advise the Council of Governors on and invited questions.</p> <p>Graham Briscoe, Public Governor, asked what issues Jane had found most challenging since joining the Trust in October 2022. Jane Farrell, Interim Chief Executive advised that although she joined the Trust six weeks before this meeting, the biggest challenge had remained safe staffing levels within the Trust.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li><b>Receive</b> the Operational Update for information.</li> </ul>	
<b>COG2.3/12/22</b>	<b>2.3 Marlborough Hill Strategic Outline Case</b>	
	<p>Paula Clarke, Executive Managing Director Weston, provided the Council of Governors with information on the Marlborough Hill Strategic Outline Case (SOC). Paula explained how the approval requested from the Council of Governors was the first of 13 steps to achieving the development and the Governors would be involved in multiple ways throughout the process. Once approved by the Council of Governors, the SOC would be sent for Integrated Care Board (ICB), regional NHS England (NHSE), national NHSE and treasury agreement due to the size</p>	

	<p>of the development planned and the amount of money expected to be spent.</p> <p>Paula Clarke, Executive Managing Director Weston, explained to the Council of Governors that the full document had been shared with them in order for full visibility. She explained that the main reasons for the development were due to the current location and condition of the Emergency Department and the requirement to have a fit for purpose space for an Emergency Department and additional Theatre space for the growing population of Bristol.</p> <p>Stuart Walker, Chief Medical Officer, agreed that the benefits to clinical staff on this development would be great and would have a knock on effect in relation to recruitment and retention.</p> <p>Neil Kemsley, Chief Financial Officer, advised that the funding for this project was separate to capital costs, however this was dependent on a successful bid in a national process.</p> <p>Mohammad Rashid, Public Governor, queried the consequences of losing parking facilities for public and staff in the development and whether there were any options to improve the current facilities without spending the money required on this development. Paula Clarke, Executive Managing Director Weston, confirmed that many options were looked at to improve the provisions already provided; however the estate was built many decades ago when there were less patients coming to the Trust.</p> <p>Carole Dacombe, Public Governor, commended the work undertaken and gave her support to the development.</p> <p>John Rose, Public Governor, highlighted the lack of information about the current estate and the amount of time given to read the information provided. He queried what Governors were being asked to approve and asked for assurances that the process so far had been in line with the Trust standard processes for this type of investment. Eric Sanders, Director of Corporate Governance, reminded the Council of Governors that they were being asked to approve the governance process around the SOC, and to confirm the Council was in agreement that the process had been correctly followed. He further confirmed that the process followed so far had been in line with standard practice within the Trust.</p> <p>Charlie Bolton, Staff Governor, agreed with the reasoning for this development, however he expressed concern over his confidence in the process to provide support. Eric Sanders, Director of Corporate Governance, confirmed that support would be provided to help the Governors understand their role in this process moving forward and confirmed that the External Auditors, KPMG, would be able to help with this process.</p> <p>Tom Frewin, Public Governor, advised caution in considering how the site could be developed further in the future when developing the plans, but provided his support to the development.</p> <p>Mark Patteson, Public Governor, queried what was being done to ensure care was being delivered in the community. Paula Clarke, Executive</p>	
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	<p>Managing Director Weston, agreed that this was at the heart of integrated care and was being investigated by the ICB, however there would still be a need for specialist and emergency care. Stuart Walker, Chief Medical Officer, agreed that care needed to be available in the community as well as in the hospital.</p> <p>Eugine Yafele, Chief Executive, echoed the comments made by the Board and highlighted that the plans were in strategic alignment with NBT and with the Joint Clinical Strategy being developed by the two Trusts.</p> <p>Jayne Mee, Trust Chair, asked for approval from the Council of Governors for the Governance of the Strategic Outline Case for Marlborough Hill. There were no dissenting voices.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the Marlborough Hill Development Strategic Outline Case.</li> </ul>	
<b>3. Decision Items</b>		
<b>COG3.1/12/22</b>	<b>3.1 Nominations and Appointments Committee membership</b>	
	<p style="text-align: center;"><b>1. Appointments to the Committee</b></p> <p>Eric Sanders, Director of Corporate Governance, introduced the report on Nominations and Appointments Committee membership. Nominations for a Public Governor were sought in August 2022, and Khushboo Dixit had taken up the role. Khushboo subsequently left the Council of Governors as she was offered a position in the Trust, so could no longer carry out the role of Public Governor. The position was offered to John Sibley who also put his name forward in August. The Council of Governors approved this item.</p> <p style="text-align: center;"><b>2. Change of Terms of Reference</b></p> <p>Eric Sanders, Director of Corporate Governance, introduced the report on Nominations and Appointments Committee Terms of Reference. The Committee Terms of Reference had been amended to reflect the ability to increase the membership of the Staff and Appointed Governor representation. The Council of Governors approved this item.</p> <p style="text-align: center;"><b>3a. Non-Executive Director Remuneration</b></p> <p><i>All Non-executive Directors left the meeting.</i></p> <p>Eric Sanders, Director of Corporate Governance, introduced the report on Nominations and Appointments Committee remuneration of Non-executive Directors. The Committee had proposed a 3% increase in remuneration of Non-executive and Associate Non-executive Director roles. The Council of Governors approved this item.</p> <p><i>All Non-executive Directors re-joined the meeting</i></p> <p style="text-align: center;"><b>3b. Chair Remuneration</b></p> <p><i>Jayne Mee left the meeting and Martin Sykes took the role of the Chair for this item.</i></p> <p>Eric Sanders, Director of Corporate Governance, introduced the report on Nominations and Appointments Committee Remuneration of the</p>	



	<p>Chair. The Committee had proposed a 3% increase in remuneration for the Chair of the Trust. The Council of Governors approved this item.</p> <p><i>Jayne Mee re-joined the meeting.</i></p> <p style="text-align: center;"><b>4. Report of meeting on 17 November 2022</b></p> <p>Eric Sanders, Director of Corporate Governance, introduced the report on Nominations and Appointments Committee. He took the paper as read and invited comments from the Council of Governors. Carole Dacombe, Public Governor, advised fellow Governors that the Committee had approved the Standard Operating Procedure for the Recruitment of Non-executive Directors and Chairs after a useful discussion.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the appointment of John Sibley to NOMCO.</li> <li>• <b>Approve</b> the Terms of Reference</li> <li>• <b>Approve</b> the Non-executive Director, Associate Non-executive Director and Chair Remuneration</li> <li>• <b>Receive</b> the report from the meeting held on 17 November 2022.</li> </ul>	
<p><b>COG3.2/12/22</b></p>	<p><b>3.2 Governor and Membership Forward Look</b></p>	
	<p>Emily Judd, Corporate Governance Officer, provided an overview of the Governor and Membership Forward look paper. Highlights from the paper included:</p> <ul style="list-style-type: none"> <li>• Two new Appointed Governors had joined the Council of Governors.</li> <li>• Upcoming meetings had been listed on the paper, although it was advised that there was an error to the date of the next Quality Focus Group.</li> <li>• The team had held three Health Matters Events since the last meeting.</li> <li>• Elections were due to start in the new year.</li> </ul> <p>There were no comments from the Governors</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the Governor and Membership Forward Look for information.</li> </ul>	
<p><b>COG3.3/12/22</b></p>	<p><b>3.3 Governor's Log of Communications</b></p>	
	<p>Jayne Mee, Trust Chair, noted the Governor's Log of Communications. Rachel Hartles, Membership and Governance Officer, advised the Council of Governors that an additional response had been received and would be sent on to the Governors in due course.</p>	
<p><b>4. Concluding Business</b></p>		
<p><b>COG4.1/12/22</b></p>	<p><b>4.1 Foundation Trust Members' Questions</b></p>	
	<p>There was one question from a Foundation Trust member:</p> <p>It has recently been reported that some NHS hospital Trusts have acquired entire care homes or beds in care homes to enable the discharge of patients who no longer need to be in hospital. Is this</p>	

	<p>something that UHBW on its own or as part of the BNSSG ICB is exploring and, if so, when might it proceed to do this?</p> <p>Jayne Mee, Trust Chair, advised that a full response would be provided to the Foundation Trust member after the meeting. <b>ACTION: Corporate Governance Team to ensure the full response was provided to the public member.</b></p>	Corporate Governance Team
<b>COG4.2/12/22</b>	<b>4.2 Any Other Business</b>	
	<p>A discussion over the content of the Public Board meeting was held and how Governors could question the Board of Directors on these discussions. It was agreed that the questions raised by the Public Board meetings should be asked within the Focus Groups or added to the Governor's log for a response. Jayne Mee, Chair committed to look at how more time may be allocated in Council of Governors meetings for questions.</p> <p>The Council of Governors agreed that the timings of the meetings today were acceptable and would be used at the next Council of Governors on Tuesday 14 February 2023.</p>	
<b>COG4.3/12/22</b>	<b>4.3: Meeting close and date of next meeting</b>	
	The Chair declared the meeting closed at 15:30. The date and time of the next meeting would be Tuesday 14 February 2023.	

**Council of Governors meeting – 13 December 2022  
 Action Log**

Actions following Council of Governors meeting held on 9 August 2022					
No.	Minute reference	Detail of action required	Responsible Officer	Completion date	Additional comments
1.	COG4.1/12/22	Corporate Governance Team to ensure the full response to the question raised was provided to the public member.	Corporate Governance Team	February 2023	<b>Completed</b> The full response was sent to the Foundation trust Member.
2.	COG3.3/05/22	Provide the Council of Governors with a skills matrix of the Board of Directors.	Director of Corporate Governance	July 2022	<b>Completed</b> <u>February Update:</u> The matrix has been shared with the members of the Nominations and Appointments Committee.  <u>December Update:</u> The matrix is finished and will be shared with the Nominations Committee at the next meeting and would be useful in informing the next round of NED recruitment.  <u>August Update:</u> The matrix is being updated in line with new Non-executive Directors joining the Trust and will be circulated to Governors as soon as it is available.

**Meeting of the Council of Governors on Wednesday 22<sup>nd</sup> February 2023**

<b>Report Title</b>	<b>Chair's Report</b>
<b>Report Author</b>	<b>Jayne Mee, Trust Chair</b>

**For Information**

Since my last report the Trust has continued managing the many challenges of winter, whilst at the same time making improvements in our elective backlog and flow where possible.

**Board Meetings**

I have chaired the usual round of Board and Governor Meetings and attended Board Committees.

On 20<sup>th</sup> January the Board had a Development Day with Dr Eden Charles from People Opportunities. We explored the way in which the board works together and leads the organisation in relation to diversity and inclusion. As a result of an excellent day the board lead by Eugene Yafele will develop a 'programme of work' to really support our staff in the co-development of a multi-focal strategy that draws upon wisdom and lived experience.

**Trust Departmental Visits**

As always, it's a pleasure to spend time with our wonderful staff in the Trust. The last few weeks it's been important to recognise the immense pressure our teams are under, so I have been conscious of not getting in the way.

I have visited key areas of the Trust with senior clinical colleagues and NEDs:

- South Bristol Community Hospital with Amanda Cheesley, Chair of Sirona
- Dermatology with Emma Kate Reed, Clinical Chair.
- BRI Mortuary with Steve Cowley
- Gift of Life Organ Donation Artwork Opening Ceremony at the BRI Welcome Centre

**Integrated Care System (ICS)/Partnership Working/NHS Providers/NHS England**

I attended the Integrated Care Partnership Board in Knowle West just before Christmas where we agreed the draft Integrated Care Board Strategy for further consultation between January and March 23.

I have continued to co-chair the Acute Provider Collaborative Board with Michele Romaine, Chair at North Bristol NHS Trust (NBT). Michele and I have regular 121's to discuss how the two Trusts can work more closely together. The Joint Clinical

Strategy is nearing its final iteration with planned sign off in March 23. Plans are now in place to bring both payroll systems together and to manage more recruitment in a joined-up way. We have now short listed for the joint role of Chief Digital Information Officer with final panel interviews taking place on 21<sup>st</sup> February 2023.

I attended the South West Regional Roadshow hosted by Amanda Pritchard, Chief executive of NES England to launch the Operating Plan Guidance for 2023/24. Eugene, Neil, and the team are now working on pulling the detail together and the Board will have updates shortly.

I have also participated in one NHS Providers event for Chairs over the period.

### **Recognition Awards**

I recently met with Sam Chapman Associate Director OD and Wellbeing, and Oonagh McNeil, Organisational Development Manager to discuss the Annual Recognising Success Awards.

There are 9 internal categories:

Happiness Hero  
Inspirational Colleague  
Clinical Team of the Year  
Non-Clinical Team of the Year  
Rising Star  
Innovation and Improvement  
Unsung Hero  
Volunteer of the Year

and my Chair award.

Nominations are live and will go through a rigorous shortlisting process which I shall be delighted to support. The celebration will be a 'live' in person event this year and will take place on Friday 21<sup>st</sup> April 2023.

### **Staff Networks**

I continue to engage with our Staff Networks alongside our People Equality, Diversity and Inclusion Manager Charlotte Nicol. Executive leads have now been assigned to support the various networks.

The newest network is the Men's Network which Paul Hopkins, Staffside Governor is chairing for us. Neil Kemsley is supporting this network. We look forward to what this network can achieve.

Nik Munnion, General Manager, Mental Health is chairing the Race, Equality and Inclusion network which is now getting some real traction. Deidre Fowler is the Executive lead.

The following Executives are supporting the other networks:

Women's Network, chaired by Mia Card, Advanced Clinical Practitioner in BHOC, supported by Paula Clarke

Able +, chaired by Jeannette Jones, Lead Royal College of Nursing, supported by Emma Wood

LGBTQIA+, chaired by Andy Hole, Deputy Trust Health Records Manager, supported by Stuart Walker

### **Staff side meetings**

I have continued with my regular monthly meetings with the staff side Joint Union Committee representatives. This is a good way of triangulating what I hear, see, and read about matters affecting our staff teams across the Trust. Rachael Bailey, one of our Weston Midwifery team has recently taken on the role of chair of the Joint Union Committee and has been working with me to make sure we get the very best from our update meetings with the other trade union representatives.

### **New Governors**

Mo Phillips and I have met with our new Governors Libby Thompson and Fi Hance as part of their induction to the role.

### **Bristol and Weston Hospitals Charity**

I was delighted to attend the BWHC Carol Concert at Bristol Cathedral. It was the first time since the pandemic to all be back together in the beautiful building. It was a lovely evening shared with many patients, staff, friends, and family.

I met with Paul Kearney the CEO of the charity recently, where amongst other things we discussed how the charity could support the key components of Patient First to ensure that funding from the charity was supporting its rollout and embedding in the most effective ways in the Trust. Eugene is arranging for a detailed briefing on Patient First for our charity colleagues.

### **Other regular internal meetings**

I have met with

- Eugene Yafele every week
- Mo Phillips, Lead Governor
- Emma Mooney, Director of Communications
- Eric Sanders, Director of Corporate Governance
- Frances Macadam from the Arts team

- Paula Clarke on Patient First

### **Key Decisions and Actions**

Looking forward, much of my focus remains consistent over the coming weeks:

- Supporting the team through a challenging winter, elective restoration, urgent care demand, and No Criteria to Reside patients.
- Keep Workforce, Estates and Digital high on our agenda.
- Chair the recruitment alongside the Chair of NBT for a Joint Chief Digital Information Officer.
- Preparation for and conducting NED Appraisals
- Continue to build a unitary high performing Board.
- ICS/Provider Collaborative development.
- Continue to be out and about supporting our people.

## Meeting of the Council of Governors on Wednesday 22<sup>nd</sup> February 2023

<b>Report Title</b>	<b>Becoming University Hospitals Bristol and Weston - Our integration journey and final assurance report</b>
<b>Report Author</b>	<b>Rob Gittins, Programme Director</b>
<b>Executive Lead</b>	<b>Paula Clarke, Executive Managing Director Weston</b>

### 1. Action required

**Members are asked to:**

- 1. Note the ‘Becoming University Hospitals Bristol and Weston - Our integration journey and final assurance report’**
- 2. Note the decision of the Executive Committee on 25<sup>th</sup> January 2023, to formally close the Integration Programme.**
- 3. Note the transition plans in place to move towards business as usual, and the post programme oversight arrangements that will continue to ensure the further gains of integration are made in coming years**

### 2. Report Summary

#### **Governance**

The programme was established in May 2019 to coordinate the merger and integration of University Hospitals Bristol (UH Bristol) and Weston Area Health Trust (WAHT), and to deliver on the Post Transaction Implementation Plan (PTIP), approved by the Trust Board of Directors and the Council of Governors in March 2020.

Over the last three years the programme has been successful in achieving its key aims to:

- Integrate corporate and clinical services teams UHBW-wide under single leadership arrangements
- Establish common Trust values and behaviours
- Implement single business planning, reporting and risk management approaches
- Improve the quality of care and reduce the risk profile at Weston General Hospital (WGH)

On 16<sup>th</sup> January 2023, the Integration Programme Board (IPB) made a formal recommendation to close the Integration programme. In its view, the merger and integration programme had achieved its key aims, and the proposed plans for post-programme oversight and monitoring of the realisation of the remaining benefits were fit for purpose.

On 24<sup>th</sup> January, the Finance and Digital Committee noted and accepted the post-merger assurance report, with particular reference to Section 9 (Financial analysis).

On 25<sup>th</sup> January, the Executive Managing Director and Senior Responsible Officer for the Integration programme formally requested and received approval from the Executive Committee (the programmes sponsoring group), to close the programme.



On 27<sup>th</sup> January, the Audit Committee reviewed and supported the post-merger assurance report, with particular reference to sections 10 and 11 (The benefits of merger and the benefits realised to date).

**Programme assurance**

There have been two formal post-merger reviews, setting out the degree to which the aims and objectives of the Transaction Business Case (TBC) have been achieved. These are summarised in sections 4 and 5 of the attached report. These provide the basis for the decision to close the programme and move to post programme monitoring and oversight, and business as usual delivery of the remaining capabilities.

The assurance report addresses a series of key questions about merger maturity. The Integration Programme Board were satisfied that there was good evidence that these questions were met:

Key areas	Questions to be satisfied	Satisfied?
<b>New management arrangements</b>	Have new Weston management arrangements and new Clinical services accountabilities been effectively implemented?	Yes
<b>Benefits</b>	Have the key expected benefits been realised and there are plans in place to monitor delivery of outstanding benefits?	Yes
<b>Risks</b>	Have the risks identified in the Transaction Business Case been reduced, with plans in place for the ongoing management and mitigation of integration risks?	Yes
<b>Programme objectives</b>	Have the key programme objectives been achieved, with plans in place to monitor outstanding delivery?	Yes
<b>Integration maturity</b>	Has the Trust achieved significant integration maturity based upon an agreed set of indicators?	Yes
<b>Future vision</b>	Is a separate programme in place to deliver on the future Healthy Weston 2 clinical vision / model of care?	Yes
<b>Post Programme monitoring</b>	Are post integration programme monitoring and oversight arrangements suitable?	Yes

**Post programme monitoring and support**

The work to complete and consolidate organisational integration is not yet complete and requires ongoing focus and support. That is why a Post Integration Programme Oversight Group (PIOG), will be established on behalf of the Executive Committee (new terms of reference pending approval), and be jointly chaired by the Executive Managing Director and the Chief Operating Officer, 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.

### Next steps

As part of the closedown process the following steps are planned.

Final steps to close the programme	By When
1. Work to close the remaining issues on the issues log	Early February
2. Trust Board of Directors to endorse the decision of the Executive Committee, noting the views of the Audit and Finance and Digital Committees.	14 <sup>th</sup> February
3. Reassign or close remaining risks as per the plan	Mid-February
4. Establish the agenda and work plan for the Post Integration Oversight Group	Mid-February
5. Close the Delivery Group and finalise handover arrangements at the final Integration Programme Board on 13 <sup>th</sup> February.	Mid-February
6. Commission Internal Audit to undertake a deep dive audit exercise for clinical integration in May 23	Mid-February
7. Handover outstanding actions to new owners	End February
8. Transfer benefits tracking to the Transformation team	End February
9. Circulate the updated Service Agreement to the WGH team and Divisions	End February
10. Circulate Internal communications through the usual channels to advise on the programme closure and what comes next.	End February
11. Archive the key legacy documents with the Transformation office	End February

### a. Risks

As part of the programme closedown process, the programme risk register will be closed. Following review by risk owners and approval from the Integration Programme Board:

5 risks have been closed in the last quarter, and 3 risks will be transferred to other monitoring bodies.

3 further risks are included within the 'recommended to close' section of the Q3 Corporate and Strategic Risk Registers to Trust Board, as follows:

- 4748: Risk that substantive medical staffing rates across WGH are insufficient
- 4539: Risk that delivery of Trust corporate objectives may be adversely affected by focus on integration
- 5369: Risk that the Trust is unable to deliver a suitable service model for Weston General Hospital

This is on the basis that these risks have been mitigated and there are no open actions; or as in the case of 4748, the risk will be incorporated as a hotspot within an existing strategic risk.

**b. Advice and Recommendations**

- This report is for **Information**

**c. History of the paper**

Integration Programme Board	16 January 2023
Finance & Digital Committee (Final Post Merger Report)	24 January 2023
Executive Committee (Closure Report)	25 January 2023
Audit Committee (Final Post Merger Report)	27 January 2023
Board of Directors Meeting in Public	22 February 2023
Council of Governors	22 February 2023

# Becoming University Hospitals Bristol and Weston

## Our integration journey and final assurance report

January 2023

#TeamUHBW

We are  
**supportive**  
We're always  
there for  
each other.



We are  
**respectful**  
We always  
look for the  
best in people.



We are  
**innovative**  
We're full of  
bright ideas.



We are  
**collaborative**  
We do things  
together.



# Foreword

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) came into being on 1 April 2020, just as the country faced the unprecedented impact of the coronavirus pandemic. The plans we had for starting our journey of integration and improvement had to be adapted and, in some cases, put on hold. While this wasn't the ideal start to our new Trust, we are proud that our teams across Bristol and Weston worked together to use the larger scale of our organisation to protect the safety and resilience of services as much as possible.

The main driver for the creation of UHBW was the opportunity to deliver sustainable patient benefits through improvements in patient safety, clinical quality and outcomes as well as improvements in the experience of patients, carers, and our staff. Uniting the trusts increased our diversity and capacity and has given us a unique opportunity to bring together the things that make the Weston and Bristol hospitals great. We have made some good progress towards achieving our integration goals, but we know that we have more to do.

Maintaining a strong Trust leadership team, with a focus on creating a common purpose for the new organisation was at the heart of our approach. The positive partnerships and relationships between organisations working in North Somerset over many years prior to the merger created a solid basis upon which to build our new Trust and further develop plans for the future.

One of the key milestones in our integration journey was developing our new shared Trust values. More than 5,000 members of staff were part of the process which helped to choose our values which are: Supportive, Respectful, Innovative, Collaborative. We strive to ensure these values truly reflect who we are as an organisation and how we go about our daily work as individuals and teams at UHBW.

Almost three years on, it is encouraging to see that delivery of the benefits of becoming one UHBW is well underway. Developing and valuing our workforce continues to be at the centre of assuring Weston General as a sustainable hospital, and major improvements are already evident in the recruitment and retention of a number of key professional groups, particularly in nursing staff and middle grade doctors. We have also significantly improved access to learning and development and increased apprenticeship opportunities, with 7.5% of staff at Weston General Hospital now undertaking apprenticeships and, despite the significant levels of change, staff engagement has increased.

Significant progress has been made consolidating systems, processes, and policies in support services, such as Digital, Estates, Finance, HR, and Workforce. We have also invested in upgrading the estate at Weston General Hospital and continue to do so.

We know that across the organisation staff have worked collaboratively to develop single services that build on the strengths of the past. Capacity for elective surgery has been expanded in the new Knightstone ward at Weston General and a Medical Day unit, Discharge Lounge and Same Day Emergency Centre have been developed to improve flow through the hospital. Our award-winning Geriatric Emergency Medicine Service (GEMS) team at WestonGeneral have also continued to innovate, recently starting a GEMS at Home service. Sharing the learning across UHBW is key to how we will keep improving our services and supporting our people to be the best they can be every day.

Designing and embedding governance and leadership structures has been a key aspect of establishing UHBW. We know this needed significant effort and support from staff and we thank them for ensuring we now have an organisational structure that sets the foundations for further benefits to be secured for patients and local people. Key to this is the delivery of the Healthy Weston vision, which aims to secure Weston General Hospital as a thriving and sustainable hospital at the heart of the Weston community, providing more of the services local people of all ages need and use most. Our focus will be on working with the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Partnership to make this vision a reality and we are excited by the opportunities ahead for UHBW.



*Jayne*

**Jayne Mee**  
Chair



*Eugene*

**Eugene Yafele**  
Chief Executive

# 1. Our integration story

It is now almost three years since University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust merged in April 2020.

Since that time, Weston General Hospital (WGH), as part of the new University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), has been on a journey of development, working with its staff, patients, and stakeholders to realise the vision of being a vibrant and dynamic hospital at the heart of our community. There have been many challenges along the way, including the unexpected challenge of the coronavirus (COVID-19) pandemic.

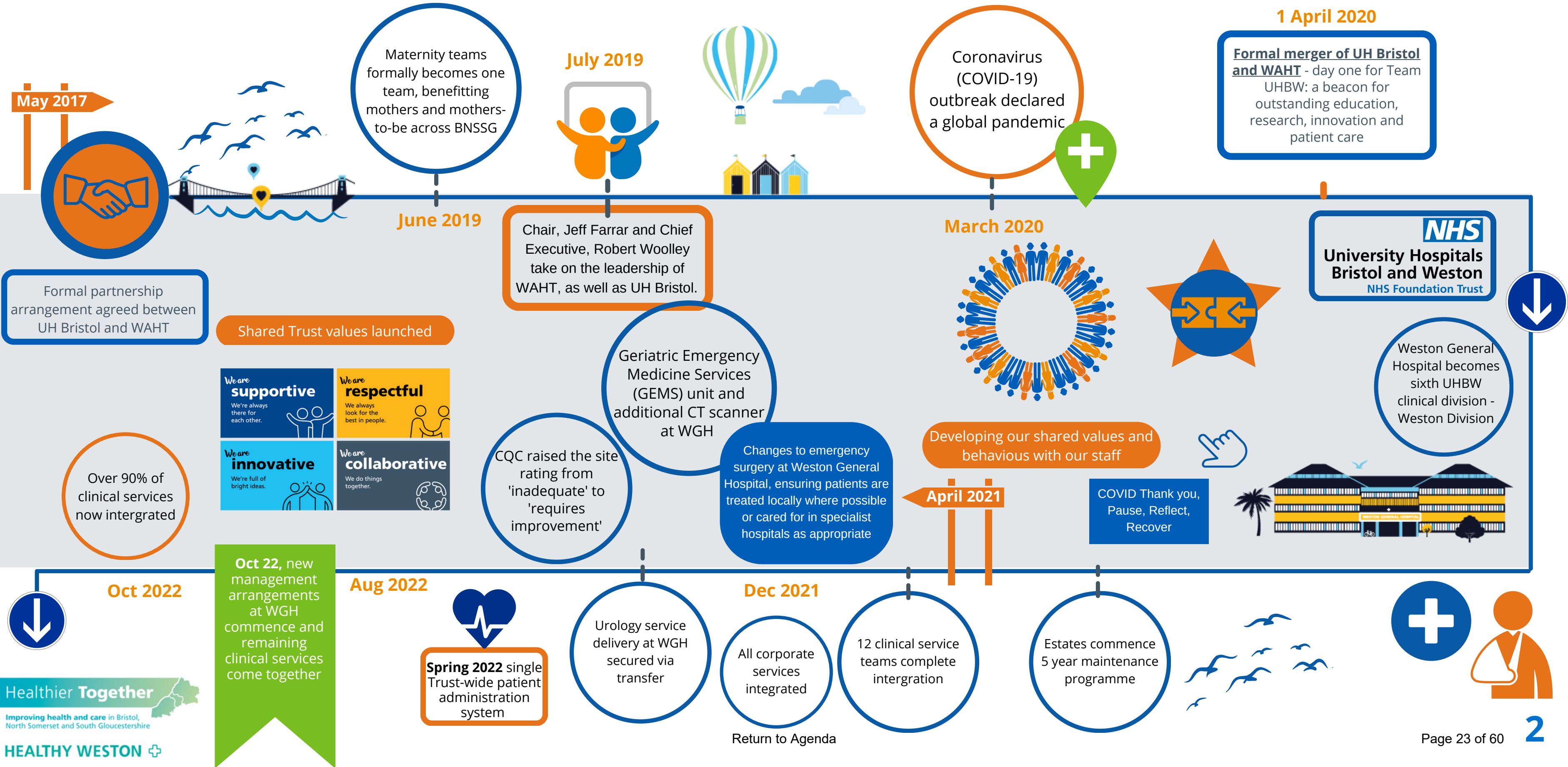
Despite this, we have been able to make improvements in delivering quality health care at WGH that meets the health needs of the local population, strengthen our workforce, and start to secure some of the benefits for the hospital and its teams, of being part of a larger organisation. The integration has also provided the foundation for exciting work with integrated care system (ICS) partners, to secure the future of Weston General Hospital in the long term.

The Healthy Weston long-term vision, supported by public engagement, is for WGH to be a pioneer for successful local hospitals delivering truly integrated, safe, and high-quality services. The ambition for the hospital to develop centres of excellence for surgery and the care of older people, alongside having a dedicated unit for assessing and treating people quickly after coming to hospital in an emergency, has the potential to create a vibrant and sustainable clinical model of care for the future. Achieving this will both rely on, and reinforce, embedding integration and truly becoming one UHBW.

A roadmap of our integration story, which outlines the key milestones of the merger is set out on the next page. 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

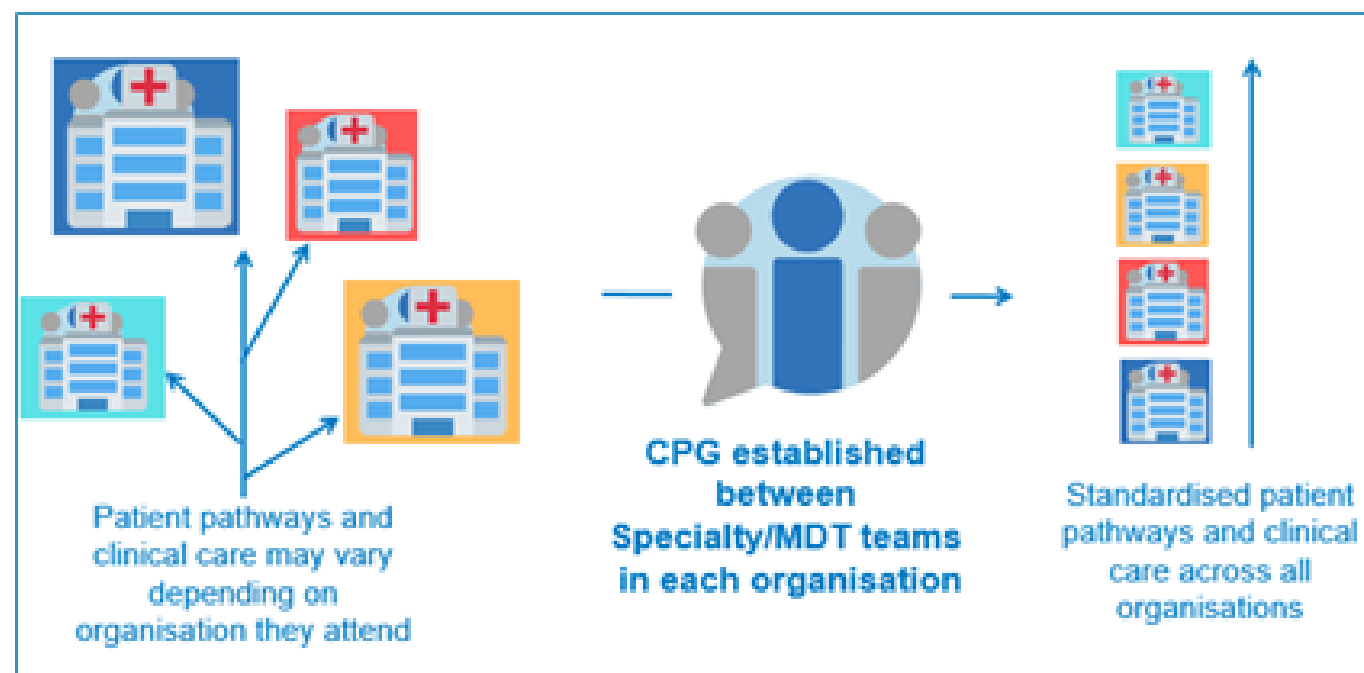


# 1. Our integration story (2)

Modern hospital care increasingly operates within complex health and social care systems, with many clinical services requiring a critical mass of expertise and equipment to deliver safe and sustainable care. Weston General Hospital was the smallest district general hospital trust in England and as a result of its size and relative geographical location found it increasingly difficult to operate sustainably as a standalone organisation.

Over the course of many years, different solutions with other organisations were considered, but a viable system partner could not be identified. Building on the long-standing clinical engagement between the two trusts, the University Hospitals Bristol and Weston Area Health NHS Trust clinical teams came together to collaborate on developing common patient care pathways, using a Clinical Practice Group (CPG) approach to provide more equitable access to care. Increasing collaboration over time led to a formal partnership being established in 2017, and eventually resulted in the development of a joint clinical strategy which formed the blueprint for a new organisation.

## The Clinical Practice Groups (CPGs) approach



There were many benefits of building on the years of partnership working and taking the step to become one organisation. These include:

- Creating an even better experience for our patients – ensuring people from North Somerset and surrounding areas are able to be seen and treated in their local hospital and improving access to specialist services in both Bristol and Weston through better use of an expanded workforce, estates and facilities.
- Bringing stability to Weston General Hospital so that it remains at the heart of the community, providing services that meet the needs of its local people.
- A 13,000+ strong workforce increases our diversity, capacity, and resilience, allowing for greater development opportunities for our staff across a much wider portfolio of services, strengthening the knowledge base, peer support and skills and experience of all our employees.
- An opportunity to share expertise and best practice – particularly in the delivery of exemplar models of frailty, ambulatory and out-of-hospital care. Using the opportunity to develop and learn from each other to create truly joined-up care which enables people to stay in their own homes or return home as soon as they no longer need our care.
- The roll-out of digital technology across the new organisation to enhance and improve the quality and delivery of services across UHBW, further cementing our Global Digital Exemplar status. This not only helps our staff to do their jobs more efficiently, but brings real benefits to patients, who won't have to keep repeating the same information.
- Releasing untapped potential in our services – particularly in the development of medical and surgical ambulatory care, nurturing innovation and research, and empowering our teams to design services and pathways at the forefront of care



# 1. Our integration story (3)

At the point of merger, Weston General Hospital became the sixth clinical division within UHBW, with the focus in year one the immediate stabilisation of the hospital, establishing common governance and safety processes, and bringing together corporate services to create a firm basis for the later integration of clinical services.

The new arrangements commenced only days after the World Health Organisation (WHO) had declared the coronavirus (COVID-19) outbreak a global pandemic. Despite the operational impact of the pandemic response, the Trust was still able to roll out its ambitious integration plans although the full changes have taken longer to implement than originally planned.

The merger also presented the opportunity to move the ownership of some services to organisations better placed to deliver them. Whilst retaining access to these services in Weston-super-Mare, breast care and urology services transferred to North Bristol NHS Trust (NBT), child and adolescent mental health services (CAMHS) transferred to Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) and community paediatrics transferred to Sirona care & health.

Developing and valuing our workforce is at the centre of making Weston General a sustainable hospital for the future. We have worked hard to engage with staff to understand what makes working at Weston General attractive and through investment in talent management, reward and wellbeing programmes, significant progress has been made with recruiting and retaining staff across a range of key professional groups. However, we understand that to attract consultants, our most senior clinical leaders to Weston General, requires a compelling future clinical vision for the hospital.

The Healthy Weston long-term vision for Weston General Hospital, developed with our health and social care partners, provides this compelling future clinical model of care. 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, together with developing centres of excellence for higher volume, lower complexity surgery and specialist care for older people.

Experience elsewhere shows that bringing two organisations together and achieving meaningful integration is known to take at least five to 10 years to achieve. With the steps taken over the last three years, and the planned roll-out of the ambitious Healthy Weston programme, Weston General Hospital has the opportunity to become a national exemplar for smaller hospitals.



"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)

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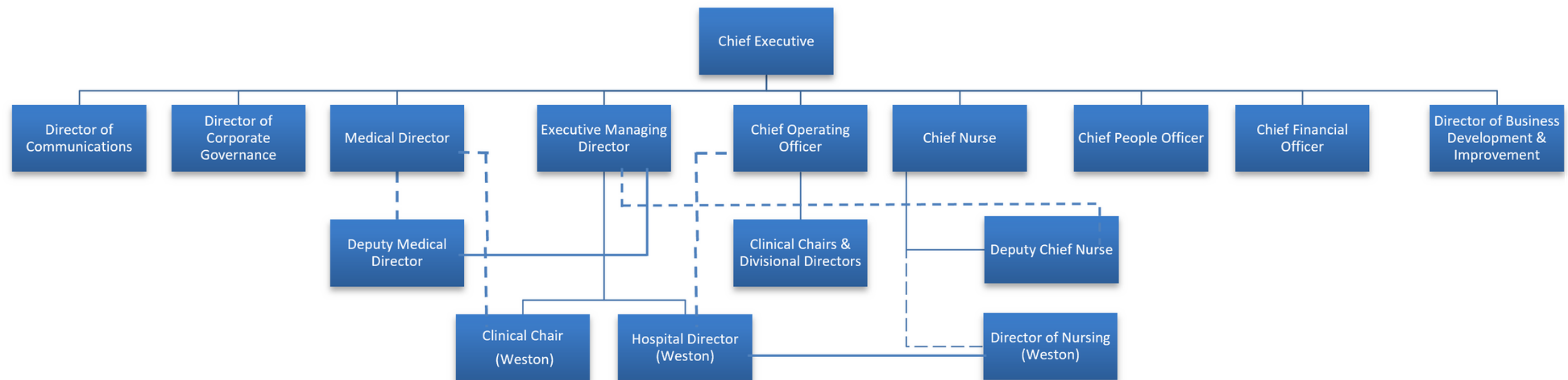
# 1. Our integration story (4)

Looking to the future, an important milestone in the UHBW merger journey was reached in October 2022, with the new management arrangements at Weston General Hospital commencing. This achievement not only benefits colleagues, but also patients, enabling the Trust to begin to deliver equitable access to services across Bristol and Weston. Following the changes, a further 14 clinical services have come together, meaning that over 90% of clinical services across UHBW are integrated, with the Weston General Hospital team providing a range of services in partnership with the Trust divisions.

“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

## New organisational structure, including the WGH leadership team



# Accountability for Services at Weston General Hospital

(commenced 17 October 2022)

<p><b>Services managed by the Weston General Hospital (WGH) team</b></p>	<ul style="list-style-type: none"> <li>• All wards</li> <li>• General nursing</li> <li>• Acute Medicine (inc. AEC, AMU)</li> <li>• Medical secretaries</li> <li>• Reception teams</li> </ul>	<ul style="list-style-type: none"> <li>• Theatres &amp; Day Case Unit</li> <li>• Outpatients (Main, Quantock &amp; Orthopaedics)</li> <li>• Emergency Department</li> <li>• Care of the Elderly &amp; Frailty (until integration completed)</li> <li>• Stroke Services</li> </ul>
<p><b>Services managed by divisions</b></p> <p><i>We are supportive respectful innovative collaborative. We are UHBW.</i></p>	<p><b>Division of Diagnostics &amp; Therapies</b></p> <ul style="list-style-type: none"> <li>• Radiology · Pharmacy</li> <li>• Audiology · Resus</li> <li>• Therapies</li> <li>• Laboratory Services</li> <li>• Infection Prevention &amp; Control (IPC) &amp; Tissue Viability</li> <li>• Medical Physics &amp; Bioengineering</li> </ul> <p><b>Division of Medicine</b></p> <ul style="list-style-type: none"> <li>• Rheumatology</li> <li>• Diabetes &amp; Endocrinology</li> <li>• Gastroenterology &amp; Hepatology</li> <li>• Respiratory · Sexual Health</li> <li>• Dermatology</li> </ul> <p><b>Division of Women's &amp; Children's</b></p> <ul style="list-style-type: none"> <li>• Obstetrics (inc. Maternity services)</li> <li>• Gynaecology · Paediatrics</li> </ul> <p><a href="#">Return to Agenda</a></p>	<p><b>Division of Surgery</b></p> <ul style="list-style-type: none"> <li>• Critical Care &amp; Outreach · Anaesthesia</li> <li>• Pre-Operative Assessment · Ophthalmology</li> <li>• Endoscopy · Trauma &amp; Orthopaedics</li> <li>• General Surgery (inc.GI)</li> <li>• Ear, nose, &amp; throat (ENT)</li> <li>• Cancer Services (MDT Co-ordination)</li> <li>• Sterile Services</li> </ul> <p><b>Division of Specialised Services</b></p> <ul style="list-style-type: none"> <li>• Cardiology (inc. cardiac rehabilitation &amp; outpatients)</li> <li>• Haematology &amp; Oncology</li> <li>• Cancer Personalised Care (PCS) teams</li> <li>• Palliative Care</li> </ul> <p><b>Chief Operating Officer's Office</b></p> <ul style="list-style-type: none"> <li>• Site &amp; Patient Flow · Integrated Discharge Service</li> <li>• Booking &amp; Access team</li> </ul>

## 2. Our key messages

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

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

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

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

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

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

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

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

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

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

## 3. About us

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) is one of the country's largest acute NHS trusts with an annual income of over £950m, bringing together more than 13,000 staff to deliver over 100 different clinical services across 10 hospital sites.

The Trust provides services in the three principal domains of clinical service provision; teaching and learning, and research and innovation. The most significant of these with respect to income and workforce is the clinical service portfolio consisting of general and specialised services. For general provision, services are provided to the population of central and south Bristol and North Somerset, around 350,000 patients.

These are largely delivered from the Trust's city centre campus and from Weston General Hospital in Weston-Super-Mare, with the exception of a small number of services delivered in community settings such as South Bristol Community Hospital. Specialist services are delivered to a wider population throughout the South West and beyond, typically between one and five million people. The main components of this portfolio are children's services, cardiac services and cancer services as well as a number of smaller, but highly specialised services, some of which are nationally commissioned.

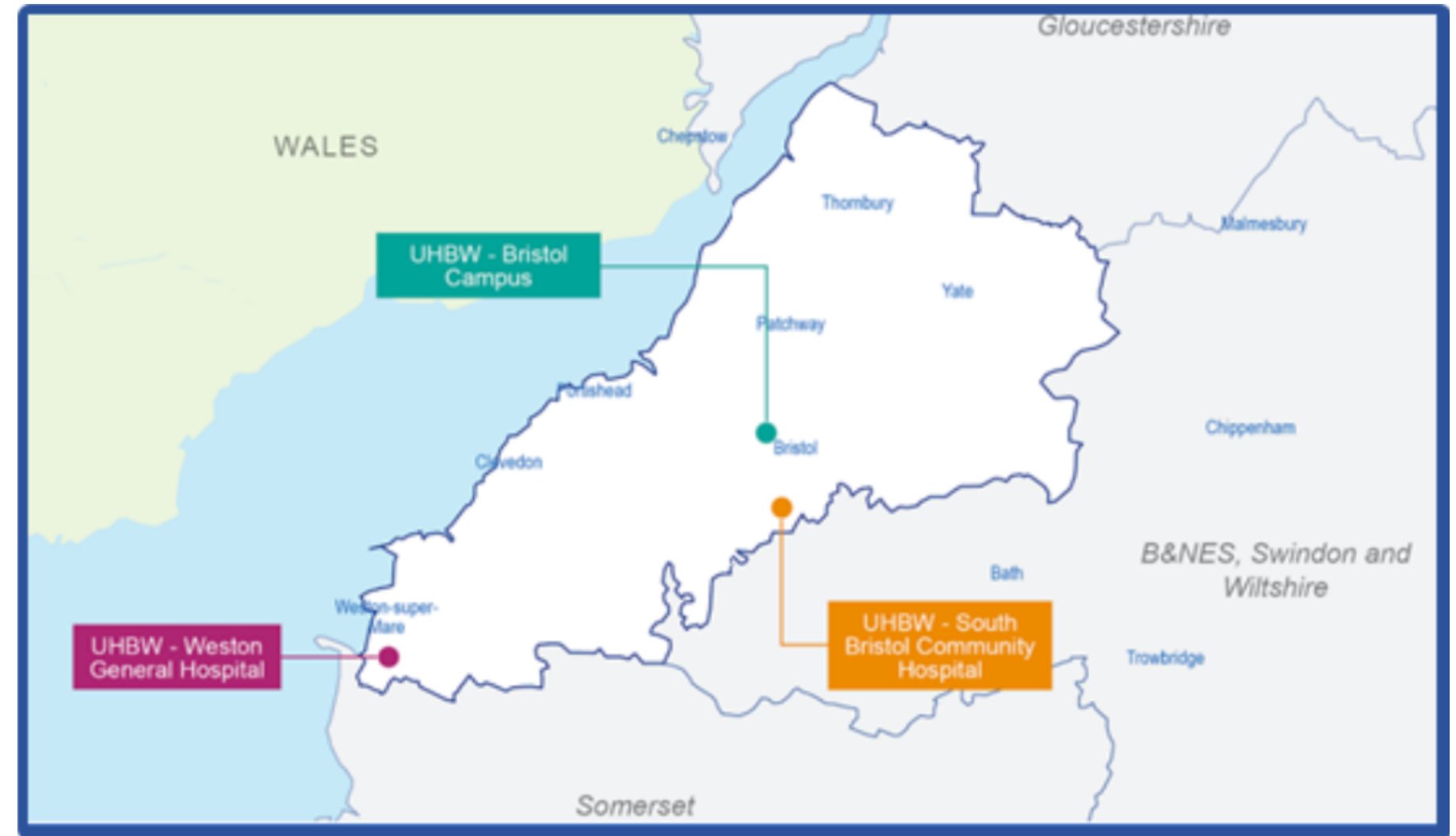
Weston General Hospital is on the outskirts of Weston-super-Mare, providing acute services to the local population of North Somerset, each year, it provides:

- over 45,000 A&E attendances, and
- cares for over 29,000 inpatient and day-case patients, and undertakes 98,000 outpatient appointments.

**We are**  
**supportive**  
**respectful**  
**innovative**  
**collaborative.**  
**We are UHBW.**

# #TeamUHBW

## Locations of the UHBW sites and services within Bristol, North Somerset and South Gloucestershire.



## 4. The first post-merger review

**In January 2021**, the first post-merger review reported that the Trust had made good progress in establishing the processes to deliver integration as set out in the Post Transaction Implementation Plan (PTIP). However, assurance on expected delivery at this point in time 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, and co-ordinating improvement, staff and stakeholder engagement.

**In September 2021**, the Trust extended the two-year programme of 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 The Weston General Hospital Management Team 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 be 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, former Managing Director (Weston)

## 5. 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, it was noted that the effect of the coronavirus (COVID-19) pandemic response had been to slow down progress with organisational integration.

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



# Case Study: Integrated Discharge 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.

“This Weston pilot has 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

## 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.

## 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.



## 6. Assessment of our Integration maturity

The following table sets out a simplified set of best practice indicators, against which to assess the degree of organisational integration maturity.

Against these 10 indicators, 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.

Domains	Indicators of integration	Corporate	Clinical	Description
Leadership	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.
People & Culture	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.
Corporate	3. Corporate functions are fully integrated.	FULL ASSURANCE	N/A	Completed in April 2022, confirmed with internal audit.
Business planning	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.
Business planning	5. Divisions have fully integrated cross-site operational plans.	FULL ASSURANCE	PARTIAL ASSURANCE	Will become aligned across specialities and sites in 2023/24 OPP (operating planning process).

Domains	Indicators of integration	Corporate	Clinical	Description
Performance	6. There are common reporting mechanisms (KPIs) in place.	FULL ASSURANCE	FULL ASSURANCE	Single Board-to-floor reporting in place with common indicators.
Risk	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.
Estate	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).
Policies	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.
Digital	10. Core Digital and Technological solutions are fully integrated across UHBW.	PARTIAL ASSURANCE	PARTIAL ASSURANCE	Digital convergence programme three years into five year timeline.

**our values**  
It's who we are

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"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)**

# 7. Our values, our people strategy

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 best to reflect what working at UHBW should feel like, and what the Trust collectively stands for.

The UHBW values are more than just words, they give a sense of community and bind the organisation together as a collection of thirteen and a half thousand colleagues, and demonstrate what patients and their loved ones, as well as prospective employees, can expect from UHBW.

The UHBW People Strategy 2022-2025 emphasises that people are at the heart of the services provided by the Trust and are key to delivering the mission to improve the health of the local population.



## our values *It's who we are*

We are  
**supportive**

We're always  
there for  
each other.



We are  
**respectful**

We always  
look for the  
best in people.



We are  
**innovative**

We're full of  
bright ideas.



We are  
**collaborative**

We do things  
together.



# 8. Improving our workforce

When the Trust approved the business case for the organisational merger, it recognised that a key enabler of improvement at Weston General Hospital (WGH) would be the recruitment of more substantive staff across the clinical professions. The five-year plan to achieve this is showing results, supported by dedicated recruitment and retention investment. The following points highlight how we are improving our workforce:

## 1. Recruitment and retention

Expanded registered nursing and medical workforce at WGH, through significant investment into targeted recruitment and retention activities, including 117 internationally educated nurse appointments since April 2021.

## 2. Change management

Introduction of new organisational structures to better meet the needs of the merged organisation, supported by successful change management and staff consultations.

## 3. Organisational development

Common UHBW vision, values and behaviours developed with over 5,000 staff, supported by an externally-led engagement process.

## 4. HR systems

Deployment of eight common HR information systems including ESR, Allocate and Kallidus to support Trust-wide staff management and information, rostering, and training.

## 5. Training and education

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.

Over 7.5% of staff at WGH now undertaking apprenticeships.

## 6. Policy framework

Alignment of the HR policy framework Trust-wide.

## 7. Premium payments

UHBW agency, locum and bank worker controls embedded at WGH.

## 8. Pay and conditions

Addressed equality in pay for some roles to ensure consistency across UHBW.

“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 Chief People Officer**

# Case Study: International Nurse Recruitment



## 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 12-week induction programme that includes digital training and wellbeing sessions.
- Created a 'Ward Readiness' programme including end of life care and specialist clinical training.
- 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.

## 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 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.
- Moved to a 3-month model for accommodation, with first 2 months paid for by the Trust as part of their relocation package, with the 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."

# 9. Finance

The financial case for merger included making both additional investments and setting a target for savings. £2.0m has been saved against the original target of £5.2m, a shortfall of £3.2m. Savings from moving to a single Trust Board were achieved in full, with partial savings made against the nursing agency target. Further work has continued into 2022/23 to address the shortfall, with approximately £0.3m additional nursing agency savings forecast.

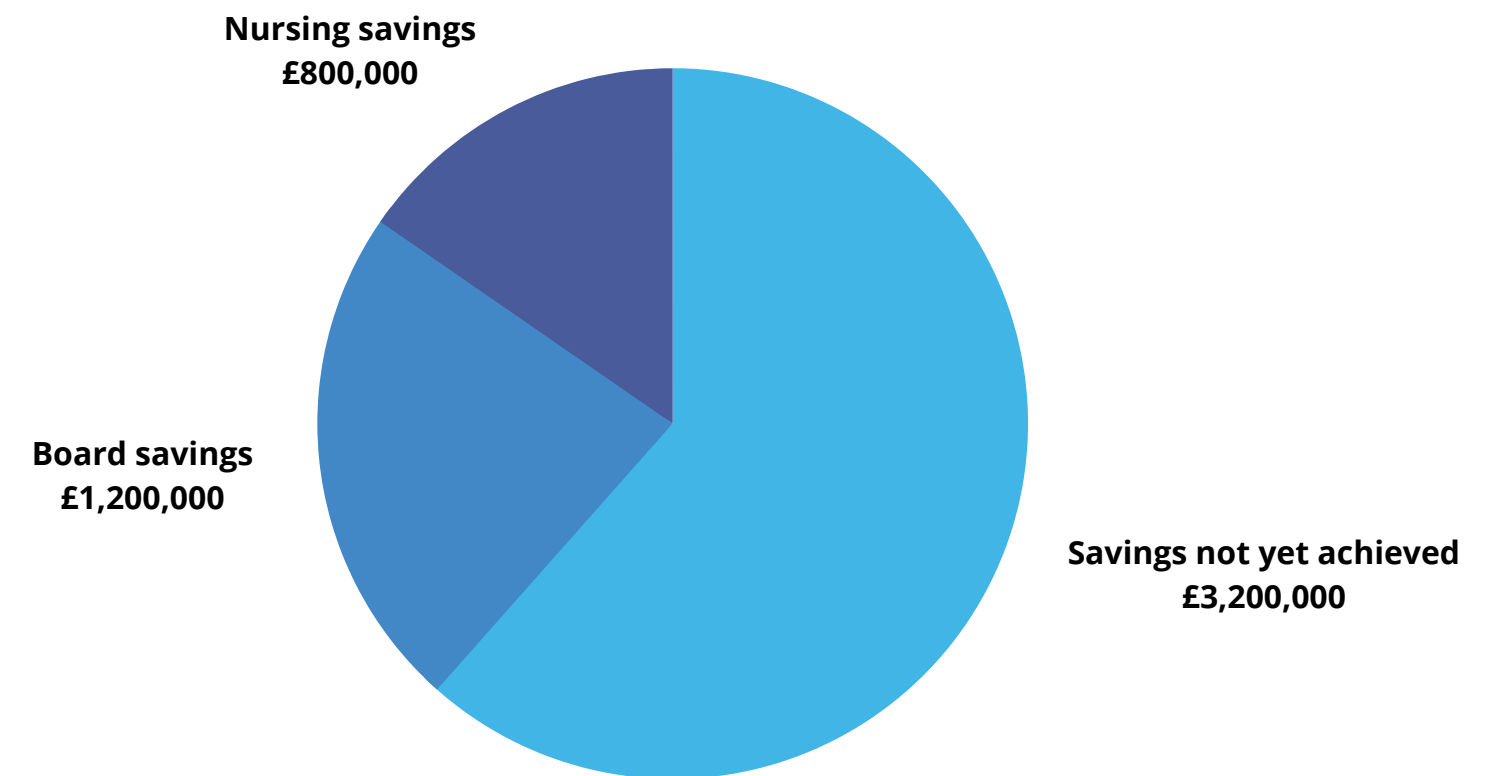
Due to increasing operational pressures and ongoing recruitment challenges, progress toward achieving the original medical agency and productivity targets targets has been difficult to achieve. It is anticipated that following clinical integration and embedding new clinical models in the future, further savings may be achieved.

Overall, £5.6m, £5.3m more than planned, has been invested to establish a sustainable UHBW staffing model moving forward. This included investment in response to CQC recommendations, investment into operational and corporate capacity and into clinical leadership.

£2.0m is covered by savings already identified, leaving a further £3.3m still to be identified in future years through the Trust's savings programme. In addition, significant investment has been made and will continue to be made to reduce the maintenance backlog at Weston General Hospital and improve the digital infrastructure.



## Achievement of Savings



# 10. The benefits of merger

The Trust has worked hard to realise the benefits of merger, for patients, staff, and the wider community. Building on the years of partnership working between the two previous organisations, the Trust has endeavoured to:

- Create an even better experience for patients
- Bring stability to Weston General Hospital
- Develop the skills and experience of staff across a much wider portfolio of services
- Share expertise and best practice, particularly in the delivery of exemplar models of older people, ambulatory and out-of-hospital care
- Roll-out of digital technology to enhance and improve the quality and delivery of services across the new organisation
- Nurture innovation and research, empowering our teams to design services and pathways at the forefront of care

Almost three years on, it is encouraging to see that the delivery of the benefits of becoming one UHBW is well underway. Developing and valuing our workforce continues to be at the centre of assuring Weston General as a sustainable hospital, and major improvements are already evident in the recruitment and retention of a number of key professional groups, particularly in nursing staff and middle grade doctors. We have also significantly improved access to learning and development and increased apprenticeship opportunities, with 7.5% of staff at Weston General Hospital now undertaking apprenticeships and, despite the significant levels of change, staff engagement has also increased.

Significant progress has been made in consolidating systems, processes, and policies in support services, such as Digital, Estates, Finance, HR, and Workforce. We have also invested in upgrading the estate at Weston General Hospital and continue to do so.

Realising the benefits of merger in any organisation takes time, which is why they were timetabled over a five-year period. With six benefits now realised and sustained to date, and a further four predicted to realise in the next 12 months, despite the impact of coronavirus (COVID-9), the programme is ahead of the expected trajectory.



# 11. Benefits realised to date

	Workstream	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance measure	Status
Workforce and 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 nursing staff (nursing agency expenditure savings) - Reduction in vacancies, improved rostering, lost time management and financial controls.	Reduction in Registered Nursing (RN) agency expenditure Reduction in RN vacancies in Weston Reduction in RN turnover rates in Weston	Realised
	Organisational Development	To develop a new set of leadership behaviours and values across the new organisation, shaping the new culture.	Establish shared vision and values for the single UHBW organisation	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	Enhanced work with system partners - identify sustainable solutions to ensure high quality outcomes for patients - e.g. Urology transfer to NBT	Completion of Breast care and Urology transfer to NBT Integrated Critical Care and Regional Retrieve services in place	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.	Improved utilisation of the combined UHBW Estate	Reduction in 'very high' infrastructure risks at WGH	Realised
	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	Increase in resilience of Urgent and Emergency services and a reduction of risk in WGH	Reduction in numbers of 'must do' and 'should do' CQC actions in urgent and emergency services. Reduction in 'very high' risks on the Weston Division Risk Register.	Realised
	Staff Training and 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	Increased range of staff development opportunities and increased access to training	Number of apprenticeships available in Weston. Apprenticeship new starters as % of workforce. Essential Training compliance. Library - number of evidence searches	Realised



# Case Study: Human Resources Training & Development

## SITUATION

Organisational merger in April 2020 created the opportunity to provide a wider and more sustainable Training and Education offer, bringing training resources and expertise together, to deliver 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 & 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 associates 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 a transitional Apprenticeship lead in Weston, a 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 online 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**



# 12. What the Care Quality Commission (CQC) says

The Care Quality Commission (CQC) undertook inspections of medical care at Weston General Hospital in March and June 2021, focusing on the safe and well-led key questions. The inspection resulted in a number of concerns being raised and the imposition of urgent conditions upon the Trust's registration under section 31 regulations (S31).

In October 2021, the WGH site was rated as 'Inadequate' by the CQC. Overall UHBW was rated 'Good'.

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.

Subsequently, in August 2022, a targeted follow-up inspection was undertaken by the 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 to 'requires improvement' and removed the conditions upon the Trust's registration.

## CQC rating of WGH Medical services October 2022

	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

"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**

"We welcome the improved CQC rating for medical care services at Weston General Hospital. Three of the five areas assessed are now rated Good, with an improvement in our overall rating for these services to Requires Improvement. We are pleased inspectors found many positives, including how staff treat patients with compassion and kindness, respect their dignity and take account of their individual needs. Whilst all this is a significant step in the right direction, we know there is more to do. We are committed to making the necessary improvements, building on the many successful initiatives already underway and ensuring our talented and dedicated staff have the time and resources they need to deliver excellent care to our patients."

**Eugine Yafele, Chief Executive**

# 13. Key programmes enabling integration

Improvements to the physical and digital infrastructure at Weston General Hospital have been key enablers to the journey of integration.

## Digital convergence

The UHBW five-year Digital Convergence Programme is replacing outdated legacy IT systems at WGH and moving to modern Trust-wide 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. Delivering one single Trust-wide Electronic Patient Record (EPR) and a range of associated clinical systems in place across all UHBW hospitals and sites, benefits patient safety, patient care and patient experience. It will also release time and resources of colleagues across Bristol and Weston.

## Estates improvement

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 over five years which is being used to improve legacy infrastructure and estate maintenance, to modernise facilities and provide a safer patient-care environment for the long term. The dedicated programme is at its midpoint, with 50% of the planned works completed at WGH, and due to fully complete in 2024/25.



# Case Study: Gynaecology Services

## 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 patient's 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.

## OUR IMPACT

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.

“Having consultants already working at the Bristol site made integration easier.”  
**Dr Viola Mathew, Consultant, Obstetrics and Gynaecology, Weston General Hospital**

# 14. Reflecting on what we have learnt

Applying important lessons to prevent future mistakes is a core reason why we capture lessons learned; it can also help us save time and money. Some of our key lessons are outlined below:



## Key lessons learnt:

- Actively pilot new projects and innovations at the new hospital site to demonstrate capabilities builds awareness and trust.
- Regularly communicate and celebrate success with staff throughout the process of becoming one organisation, even when there is nothing to report.
- Be flexible enough to change the approach when information on the ground changes.
- Managing services across multiple sites, requires more management, corporate, and clinical resources than initially expected and for a significant period of time.
- Maintaining ambition and a firm grasp on the vision, not just at the start, but throughout the programme and beyond, ensures it remains a strategic priority.

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

- Follow through on learning lessons
- The new management arrangements
- Completion of outstanding work areas
- Ongoing realisation of business case benefits

# 15. Our future vision

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.



## HEALTHY WESTON +

An eight-week period of engagement with members of staff and the general public took place in June, July, and August 2022 and overall, there was wide support for the plans. People shared their views on the extra travel that could affect a small number of patients. People also said that more could be done around communicating the plans, as part of enhancing the reputation and trust in Weston General Hospital. As a result of this engagement, the Trust, with its partners, is considering how it builds these comments into its future plans.

The improvement proposals have been agreed for delivery over three phases 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 WGH.

### Phase 2

Focusses on the development of specialist multidisciplinary care of older people 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.

“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

“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, former Deputy Medical Director

# Meet the Weston General Hospital Leadership Team



**Judith Hernandez del Pino**  
Hospital Director



**Jim Portal**  
Clinical Chair



**Joanna Poole**  
Director of Nursing



**Paula Clarke**  
Executive Managing Director



**Dr Rebecca Maxwell**  
Deputy Medical Director



**Mark Goninon**  
Deputy Chief Nurse



**Julie Page**  
Deputy Divisional Director  
(medicine)



**Karen Maxfield**  
Deputy Divisional Director  
(surgery)



**Elaine Williams**  
Deputy Director of Nursing



**Koye Odutola**  
Deputy Clinical Chair  
and Clinical Director (surgery)



**Dermot Dowds**  
Clinical Director (medicine)



**Dr William Hicks**  
Guardian of Safe Working



**Steph Curtin**  
HR Business Partner



**Amanda Stark**  
Finance Manager

## 16. Closing remarks from Executive Managing Director, Paula Clarke

UHBW was established as a new organisation on 1 April 2020. Since then significant work has been undertaken to merge and integrate the two predecessor organisations, consciously evolving the new organisation to one that has the right culture, and that maintains a focus on patient safety, patient and colleague experience and high-quality care.

It is now time for us to leave behind the language of merger and integration and look forward to the future as one #TeamUHBW.

This includes our intent in 2023, to refresh 'Embracing Change, Proud to Care – Our 2025 Strategy' to fully reflect both the opportunities created through becoming UHBW, the strategic plans within the Healthy Weston programme, and our Acute Provider Collaboration with NBT. Significant transformation will also be delivered over the coming years as we fully implement our developing Patient First continuous improvement strategy. The work undertaken to date reflected in this report, and the exciting future plans that have been made, could not have been achieved without the support of organisations within the Bristol, North Somerset, and South Gloucestershire Integrated Care Partnership. Continued collaboration will be key to successful delivery of the vision for Weston General Hospital.



"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)

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## Meeting of the Council of Governors on 22<sup>nd</sup> February 2023

<b>Report Title</b>	<b>Membership Engagement Report</b>
<b>Report Author</b>	<b>Emily Judd, Corporate Governance Manager</b>
<b>Executive Lead</b>	<b>Eric Sanders, Director of Corporate Governance</b>

### 1. Report Summary

University Hospitals Bristol and Weston NHS Foundation Trust has a formal requirement to maintain a Foundation Trust membership made up of members of staff and members of the public. It also has a duty to monitor member engagement and to provide opportunities for governors to engage with its membership. This report gives a breakdown of current membership numbers and summarises engagement with the Trust membership in August 2022 – January 2023 against the aims set out in the Trust’s Membership Strategy 2020-23.

### 2. Key points to note

The Trust continues to engage with members in line with the Membership Strategy. The final data cleanse of the strategy was completed in January 2023 and all members who did not contact the team or contacted to be asked to be removed from the membership had been removed.

### 3. Membership Numbers

**Membership Numbers:** The breakdown of members by constituency class is shown below. On 06/02/23, there were 3,899 public membership numbers compared with 4,510 public FT members on 06/07/22.

<b>Membership Constituency Classes</b>	<b>6/2/23</b>	<b>6/7/22</b>
<b><i>Public Constituency</i></b>		
Bristol	1,924	2,266
North Somerset	718	835
South Gloucestershire	669	815
Rest of England and Wales	588	594
<b>Total Public Membership</b>	<b>3,899</b>	<b>4,510</b>
<b><i>Staff Constituency</i></b>		

Medical and Dental	2,443	2,228
Nursing and Midwifery	4,859	5,394
Other Clinical Healthcare Professionals	2,383	2,334
Non-Clinical Staff	4,100	4,107
<b>Total Staff Membership</b>	<b>13,785</b>	<b>14,063</b>
<b>TOTAL PUBLIC AND STAFF MEMBERSHIP</b>	<b>17,684</b>	<b>18,573</b>

#### 4. Progress against Membership Strategy

Engagement and involvement of members continues to follow the principles set out in the Trust's Membership Engagement Strategy (2020-2023). The following key points are of note in this period:

**Membership Data Cleanse:** The team carried out the final cleanse relating to the objective outlined in the Trust's current Membership Strategy to ensure public membership records are up-to-date, by asking members who joined the Trust a long time ago and who have not provided us with email addresses to re-affirm their membership. If they do not respond, it is assumed that they no longer wish to be members and their membership is cancelled. A review of the remaining membership was carried out and presented to the Membership and Constitution Group to ensure that the Trust still has a membership that is broadly representative of the local population.

**Engagement with Members:**

The membership strategy sets out actions in relation to membership engagement to a) raise awareness of membership b) engage with members c) involve members. Some examples of engagement this quarter have been:

- Regular monthly e-newsletters are sent to all public members for whom we have an email address (61%). The newsletter is produced by the membership team and includes a report by a governor each month as a means to directly engage with their constituents.
- Members for whom we do not have an email address receive a newsletter in the post twice a year. A mailshot was sent in August 2022, and another is planned for March 2023, which will include an invitation nominate themselves for a position on the Council of Governors. It will also remind members to vote and provide any other information about Governors that are deemed relevant.
- Work with different teams to explore cross-working around membership and Health Matters Events is ongoing, for example with the Experience of Care team, the Youth Involvement Group, and the Apprenticeships and Widening Engagement Team. A network of people in the Trust who share an interest in the involvement of communities in the Trust's work is

setting up a Community of Practice for Better Involvement – this includes the Membership Team.

- Planning has been taking place for Health Matters Events (the Trust’s public events programme which is managed by the Trust Secretariat). An event has been booked for Thursday 2<sup>nd</sup> March called ‘The Importance of Vaccine Research’ and will be our first joint event with North Bristol NHS Trust.

### 5. Priorities for the next quarter

The next period will include focus on:

- Organising Health Matters Events, Meet your Governor Events, and other engagement opportunities for 2023-24.
- Introduction of new governors to their members via Newsbeat, Membership Newsletters (email and post) and social media.
- Building and strengthening relationships with other teams and system partners.
- Planning for a new UHBW Membership Strategy for 2023 onwards.

### Advice and Recommendations

- This report is for **Information**.

## Meeting of the Council of Governors on Wednesday 22<sup>nd</sup> February 2023

<b>Report Title</b>	<b>Governor Activity Report and Membership Forward Look</b>
<b>Report Author</b>	<b>Emily Judd, Corporate Governance Manager</b>
<b>Executive Lead</b>	<b>Eric Sanders, Director of Corporate Governance</b>

### 1. Report Summary

This report provides a summary of governor activity since the last Council of Governors meeting, to provide assurance that governors are carrying out their statutory duties, particularly their duty to hold the Chair and Non-Executive Directors to account.

It includes an activity summary for the three main groups through which the governors carry out most of their work (the Governors' Strategy Group, the Quality Focus Group and the Membership and Constitution Group), and any other governor activity in the period.

### 2. Key points to note (Including decisions taken)

Since the last Council of Governors meeting on 13 December 2022, two Governors have left the Council of Governors. It was decided to hold vacant seats until the Council of Governors Elections, due to take place between March – May 2023.

## GOVERNOR MEETINGS

**Governor Group Reports:** Most governor work is carried out through three Governor Groups, the Quality Focus Group, the Governors' Strategy Group, and the Membership and Constitution Group. Each group receives reports from each of the Non-Executive Chairs of the Board Committees to allow governors to keep abreast of the Board's current areas of focus and to enable them to carry out their statutory duty to hold Non-Executive Directors to account.

### 1. Quality Focus Group

There has been one meeting of the Quality Focus Group since the last report. Stuart Walker, Chief Medical Officer, had provided an Executive Update to the Governors on his role and current priorities. Other agenda items included updates from the Quality and Outcomes Committee Chair's Report and the People Committee Chair's Report.

### 2. Governors' Strategy Group

There has been one meeting of the Governor Strategy Group since the last report. Agenda items included updates on the Weston merger implementation progress, And Partnership updates on the Integrated Care System Strategy and updates from the Finance and Digital Committee.

### 3. Membership and Constitution Group

There has been one meeting of the Membership and Constitution Group since the last report. Agenda items had included:

- Membership Strategy
- Lead Governor Job Role Review
- Annual Membership Representation Report
- Governor Elections - Planning Timeline
- Audit Committee Chair's Report
- Youth Involvement Group Update Report

Other governor meetings and activity in the period included:

**Governor/NED Engagement Sessions:** Governors hold regular informal engagement meetings with the Chair and Non-Executive Directors to allow them to seek assurance around any topics of interest to assist them in their duty to hold them to account.

**Governor Development Seminars:** The Trust has a duty to provide its governors with training for their role, and so holds regular seminar days for governors. There was a seminar held on 7<sup>th</sup> February where the governors received a deep dive on the Marlborough Hill Development and 'DrDoctor', the software that is used by UHBW, NBT and others in the health system to provide remote video appointments for patients.

**Staff Governor meeting:** Staff Governors are due to meet in March 2023.

**Health Matters Events:** The next event is taking place in March 2023 to talk about the interesting world of vaccine research and how UHBW and NBT contribute to this really important area of health research. We will hear from specialists in the area of COVID-19 vaccine research, as well as patients who have contributed to vaccine research by taking part in trials.

**Public Board meetings:** A number of governors watched in person and livestreamed meetings of the Board of Directors on 13 December 2022, to observe the Board conducting their business.

**Membership Team Forward Look:** Over the next quarter, The Governors will have a variety of meetings (Governors' Strategy Group, Quality Focus Group), a Governor Development Seminar and a Non-executive Director Engagement session.



**Elections 2023:** The Corporate Governance Team has briefed the Governors on the next round of Elections with nominations opening at the beginning of March 2023, and closing at the end of May 2023.

**Membership Strategy:** The team is looking to refresh the Membership Strategy for the next three years and is consulting with membership networks and cross-working with other teams within the Trust to gain new ideas and to promote membership.

#### **Advice and Recommendations**

- The Council of Governors is asked to **note** this update for information

**Meeting of the Council of Governors on Wednesday 22<sup>nd</sup> February 2023**

<b>Report Title</b>	<b>Governors' Log of Communications Report</b>
<b>Report Author</b>	<b>Emily Judd, Corporate Governance Manager</b>
<b>Executive Lead</b>	<b>Eric Sanders, Director of Corporate Governance</b>

<b>1. Report Summary</b>	
The purpose of this report is to provide the Board of Directors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications is a means of channelling communications between the governors and the officers of the Trust.	
<b>2. Key points to note</b>	
Since the previous Board of Directors meeting held in public on 13 <sup>th</sup> December 2022:	
<ul style="list-style-type: none"> <li>• One question has been added to the Governors' Log which relates to car parking in the Trust; and</li> <li>• Five have been closed.</li> </ul>	
<b>3. Risks</b>	
<b>If this risk is on a formal risk register, please provide the risk ID/number.</b>	
N/A	
<b>4. Advice and Recommendations</b>	
<ul style="list-style-type: none"> <li>• This report is for <b>Information</b>.</li> </ul>	
<b>5. History of the paper</b>	
<b>Please include details of where paper has <u>previously</u> been received.</b>	
Board of Directors in Public	13/12/2022

**ID**      **Governor Name**

275      Paul Hopkins

**Theme:** Car Parking Charges**Source:** From Constituency/ Members**Query**      19/01/2023

Car parking charges have again increased at Trenchard street to £18.00 a day. Whilst the trust has a limited number off parking spaces and has made some provision for staff to park at Cabot circus and a shuttle service to Temple meads station, there appears no strategy for staff that have to park at Trenchard street through no fault of their own. Q- What strategy could UHBW consider to negotiate reduced parking rates at Trenchard street? Could UHBW consider bolstering and improving a more regular and reliable shuttle service to Cabot circus so that staff who have very strict time pressures or carer commitments can be able to get to their car in a quicker time scale?

**Division:** Trust-wide**Executive Lead:** Director of Finance**Response requested:** 16/02/2023**Response****Status:** Assigned to Executive Lead



**ID**      **Governor Name**

274      Karen Low

**Theme:** Lack of Surgical implements

**Source:** From Constituency/ Members

**Query**      11/11/2022

Staff are reporting a high instance of sterilised surgical implements either not returning or returning still soiled – which puts delays on surgery while new packs are found. Are the Executives and Non-executives aware of the issues relating to the Central Sterile Services Department and what is being done to mitigate the impact this is having on the Theatre teams that are unable to complete surgeries due to lack of equipment?

**Division:** Surgery, Head & Neck

**Executive Lead:** Chief Nurse

**Response requested:** 09/12/2022

**Response**      16/01/2023

The Executive team have been aware of an increase in instances of delays to theatre due to the lack of sterilised surgical equipment either not returning to theatres in a timely way or returning soiled. These delays peaked in May 2022 but after review and actions put in place since August there has been a gradual reduction in the number of incidents reported.

A detailed review of the incidents took place by the Division and were reported through to the Patient safety group; there were several factors identified contributing to the delays with workload of the Central Sterilised Services Department(CSSD) identified as one of the key factors with an increase in the number of vacancies, turnover and sickness within the CSSD team . In order to support this and mitigate the current workforce shortage there has been the development of a CSSD bank and use of external agency with a future plan in place to transition to a full 24-hour service which is expected to help with reducing the numbers of delays experienced. The infection Control team are also providing advice and guidance to the CSSD team to assist with a reduction of the number of theatres sets being returned.

To mitigate the risks the action plan which has been put in place includes weekly support meetings by the Divisional Director or Deputy with the CSSD team, reviewing incidents and early escalation of any impending challenges to the service.

**Status:** Closed

**ID**      **Governor Name**

**273**    **Martin Rose**

**Theme:** Cancer Services

**Source:** Governor Direct

**Query**      **09/11/2022**

There was an article in the paper yesterday:

[https://www.express.co.uk/life-style/health/1687614/cancer-referrals-nhs-uk-healthcare-trusts-news?utm\\_source=daily\\_express\\_newsletter&utm\\_campaign=express\\_health\\_newsletter2&utm\\_medium=email](https://www.express.co.uk/life-style/health/1687614/cancer-referrals-nhs-uk-healthcare-trusts-news?utm_source=daily_express_newsletter&utm_campaign=express_health_newsletter2&utm_medium=email)

Some lowlights (wouldn't call them highlights!):

oThe 12 month rolling average of Trusts not hitting the targets stands at 84 out of 117. I am not sure if this is the amount of trusts in the UK or in England, more likely.

oAround 7 in 10 NHS Trusts are failing to hit the target for seeing patients for suspected cancer.

oThe best performing Trusts, consistently achieving the targets are: Calderdale and Huddersfield, East Kent Hospitals University and Portsmouth Hospitals University. All hit 93%, not failing once.

My two questions to Jane are:

oHow are UHBW Cancer Services doing in terms of referrals?

oHow can we learn from the 3 Trusts that are successful in this area?

We all know that for the best outcome of any type of cancer is early intervention. I do believe that all trusts can learn from each other, where one trust is excelling and others are falling short. This is by no means a criticism of our trust or any other, I believe that we may operate as individual trusts but we are also one NHS serving our local population, up and down the country as the National Health Service. I look forward to your reply.

**Division:** Trust Services

**Executive Lead:** Chief Operating Officer

**Response requested:** 09/12/2022

**Response**      **22/11/2022**

Prior to the COVID-19 pandemic, the Trust achieved the 2 week wait standard consistently apart from one period when short staffing in a specific service caused a temporary issue. At the start of the pandemic, performance deteriorated due to patients not wishing to attend appointments due to fear of Covid infection (particularly as many suspected cancer patients are elderly and/or have multiple comorbidities), and the national direction to suspend non-emergency endoscopy due to potential infection risks. These factors affected all providers. After recovering somewhat (although not to compliance due to ongoing social distancing and infection control measures related to Covid), performance deteriorated considerably over winter 2021/22 due to high sickness levels, and then further in summer of 2022 after very high Covid related staff sickness in a number of high-volume specialities, which also coincided with a significant increase in demand post-pandemic, along with the usual significant seasonal increase in dermatology demand. This has created a backlog which is being gradually reduced with the use of

locum doctors, but it will be some time before performance recovers fully.

The 2 week wait standard is not considered a very reliable or meaningful metric anymore and indeed NHS England intends to phase it out in the near future (delayed due to the pandemic, likely to be in 2023). The replacement '28 day faster diagnosis' standard is already in place. This standard is considered much more meaningful for patients as it measures the time from referral to the patient either being diagnosed with cancer, reassured they do not have it, or a decision made to treat a lesion that is potentially cancerous. The first appointment standard literally just measures the first time the patient has a contact with a healthcare professional at the hospital – not necessarily whether that contact moves them closer to having cancer diagnosed or excluded. For example, a patient could be telephoned by a healthcare professional to inform them they needed an endoscopy but could not yet have one. That would meet the two week wait standard but would not bring them any closer to having their cancer diagnosed. Therefore, good performance against that standard in isolation would not necessarily indicate good services overall. The Trust initially achieved the new 28 day faster diagnosis standard from its introduction in 2021. The standard then deteriorated for the same reasons as the first appointment standard, following the Covid sickness in high volume services and resulting backlogs.

Cancer services have good networking in place through NHS England and its Cancer Alliances, which enables good practice to be shared and NHS England is proactive in ensuring good ideas are shared across the country. UHBW is often asked to share its own good practice nationally in our recognised areas of expertise (cancer PTL management, cancer performance metrics, and cancer harm/safety review processes). Most larger volume cancer pathways have nationally determined 'best practice timed pathways' in place which lay out how to achieve the standards, Trusts are also asked to adhere to a set of 'rapid diagnostic principles'. UHBW has been signed off by the Cancer Alliance as compliant with the underlying steps and principles of all the relevant best practice timed pathways released so far, with the exception of gynaecology which is pending sign-off after achieving compliance recently. An example of the type of requirements of these pathways are use of straight-to-test pathways (where a patient goes directly to an investigation, rather than being seen in outpatients first). These pathways not only enable a quicker route to diagnosis/exclusion of cancer, but make better use of NHS resources – particularly consultant time, which is very critical in areas like dermatology where there is a significant shortage of qualified professionals in the UK. The use of these pathways is another reason for phasing out the first appointment standard, as it is recognised it may take a little longer to organise an invasive test under anaesthetic than a straightforward outpatient appointment, but the end result would still be a faster diagnosis/exclusion of cancer.

We are making contact with the NHS England Regional Cancer Improvement Lead to explore whether there is anything we can learn from the three trusts mentioned in the article. However, the Trust's past performance and compliance with national pathways shows we have the right infrastructure in place to deliver compliant performance. The Trust has a plan in place to recover performance against the ongoing standard for patients on cancer pathways exceeding 62 days (for treatment/sign off, not for first appointment) by the end of March 2023. As the first appointment standard is being phased out there is less focus on recovering this specifically – the Trust will instead be moving on to ensure recovery of the 28 day faster diagnosis standard from April 2023 once the 62 day standard (which also measures the time to treatment for patients who do have a cancer) is compliant. Many of the actions to achieve the latter will also improve the former, so improvement can be expected against the 28 day standard also even whilst the focus is on ongoing pathways >62 days specifically.

**Status:** *Closed*

**ID**      **Governor Name**  
272      John Rose

**Theme:** Unity Sexual Health

**Source:** Governor Direct

**Query**      09/11/2022

It would appear that Unity Sexual Health is the responsibility of UHBW in partnership with NBT and at least five other organisations. Is UHBW solely responsible for the day to day running of the service and how do the partners support and influence the service? Is there a well published patient feedback process that is discrete? Is any feedback included within the UHBW Patient Experience team brief and reports?

**Division:** Medicine

**Executive Lead:** Chief Nurse

**Response requested:** 07/12/2022

**Response**      23/12/2022

The arrangement is subcontracted to partners. UHBW are responsible and set the KPIs, but partners are responsible to deliver aspects of the service. There are regular performance and governance meetings with partners where patient feedback is provided and recorded. Feedback is then fed back to commissioners via Unity quarterly performance reports.

**Status:** Closed

**271**      **Paul Hopkins**

**Theme:** Safe Staffing

**Source:** Governor Direct

**Query**      01/09/2022

Currently the trust appears to have a number of unfilled shifts each day, whilst also providing a number of extra capacity beds. With this in mind, how are safe levels of patient care being measured? Can the Governor's be reassured that the trust is able to provide safe patient care?

**Division:** Trust-wide

**Executive Lead:** Chief Nurse

**Response requested:** 29/09/2022

**Response**      04/10/2022

Deirdre Fowler and Sarah Dodds will be attending the next Quality Focus Group with the Governors to provide information on how the Trust is managing safe levels of care for our patients. Levels of staffing are monitored on each shift and escalated where appropriate with staffing mitigations put in place to ensure patients are cared for as safely as possible. The staff are extremely focussed on looking after patients and flexible on working patterns and locations to assist the Trust in providing safe care.

**Status:** Closed

**ID**      **Governor Name**  
270      Ben Argo

**Theme:** Pharmacy SLAs

**Source:** Governor Direct

**Query**      **01/09/2022**

How are the NEDs assured the contract with Boots Pharmacy is upheld to the agreed service level agreements (SLAs) and key performance indicators (KPIs)?

**Division:** Diagnostics & Therapies

**Executive Lead:** Medical Director

**Response requested:** 29/09/2022

**Response**      **28/09/2022**

Boots are contracted to provide an outpatient dispensing service for UHBW patients (Bristol Hospitals).

The service performance is reviewed at monthly operational review meetings (attended by representatives from Boots and Trust). During these meetings we review:

- KPI for the month and trends over the last quarter
- Discuss any patient complaints and incidents
- Agree and review actions to address any shortfalls in performance
- Discuss any opportunities for improvement/ development

The service standard is measured by a set of agreed key performance indicators and shortfalls in performance are addressed in line with the contract. A critical failure clause is built into the contract enabling the Trust to claim reimbursement where it is felt Boots are not taking the required action to address shortfalls in performance. Actions have been put in place to address some current shortfalls in performance and in preparedness for Winter 2022/23, based on lessons learned from last year, we have set up live status monitoring to enable us to take early preventative action to tackle any areas of concern developing.

**Status:** Closed

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