

BOARD OF DIRECTORS (IN PUBLIC)

Meeting to be held on Friday 28 January 2022 at 11:00 - 13:30 via Microsoft Teams

AGENDA

FOCUSED AGENDA – ITEMS FOR APPROVAL AND COVID-19 ASSURANCE ONLY				
NO	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Preliminary Business				
1.	Welcome and Apologies for Absence	Information	Chair	11:00
2.	Declarations of Interest	Information	Chair	11:02
3.	Minutes of the Last Meeting: 30 November 2021	Approval	Chair	11:03
4.	Matters Arising and Action Log	Approval	Chair	11:05
5.	Chief Executive's Report	Information	Chief Executive	11:10
Strategic				
6.	Board Assurance Framework Quarter 3 6.1 Strategic Risk Register 6.2 Corporate Objectives	Assurance	Chief Executive	11:15
7.	General Intensive Care Full Business Case	Approval	Director of Strategy and Transformation	11:30
8.	Charity Accounts	Approval	Director of Corporate Governance	11:45
Quality and Performance				
9.	Quality and Outcomes Committee Chair's Report	Assurance	Committee Chair	11:50 <i>To follow</i>
	9.1 Integrated Quality & Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer, Chief Nurse and Midwife, Medical Director	
Break				12:30
People Management				
10.	People Committee Chair's Report	Assurance	Committee Chair	12:40 <i>To follow</i>
	10.1 Vaccination Programme Update	Assurance	Director of People	
Finance				
11.	Finance and Digital Committee Chair's Report	Assurance	Committee Chair	13:05 <i>To follow</i>
	11.1 Trust Finance Performance Report	Assurance	Director of Finance and Information	

FOCUSED AGENDA – ITEMS FOR APPROVAL AND COVID-19 ASSURANCE ONLY

NO	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Audit				
12.	Audit Committee Chair's Report	Assurance	Committee Chair	13:20 <i>To follow</i>
Governance				
13.	Committee Terms of Reference 13.1 Quality and Performance Committee 13.2 People and Organisational Development Committee 13.3 Finance and Digital Committee 13.4 Audit Committee 14.5 Remuneration Committee	Approval	Director of Corporate Governance	13:25 <i>To follow</i>
Concluding Business				
13.	Any other urgent business	Information	Chair	13:30
14.	Date of next meeting: 30 March 2022 11am-1.30pm	Information	Chair	

PAPERS CIRCULATED FOR INFORMATION

15.	COVID-19 Inquiry	Information	Director of Corporate Governance	
16.	Plan to achieve Midwifery Continuity of Carer as the default model of care	Information	Chief Nurse and Midwife	
17.	Monthly Integration Report	Assurance	Director of Strategy and Transformation	
18.	Transforming Care Programme Board Report Quarter 3	Information	Director of Strategy and Transformation	
19.	Register of Seals Quarter 3	Assurance	Director of Corporate Governance	
20.	Governors Log of Communications	Information	Director of Corporate Governance	
Previously Considered at Quality and Outcomes Committee				
21.	Maternity Perinatal Quality Surveillance Matrix Quarter 2	Assurance	Chief Nurse and Midwife	
22.	Learning from Deaths Report	Assurance	Medical Director	

ITEMS POSTPONED

23.	Healthier Together Sustainability and Transformation Partnership	Information	Chief Executive	
Previously Considered at Quality and Outcomes Committee				
24.	Patient Complaints Report (Quarter 2)	Assurance	Chief Nurse and Midwife	
25.	Patient Experience Report (Quarter 2)	Assurance	Chief Nurse and Midwife	
26.	National Urgent and Emergency Care Patient Survey 2020	Assurance	Chief Nurse and Midwife	
27.	National Inpatient Survey Results 2020	Assurance	Chief Nurse and Midwife	
Previously Considered at People Committee				
28.	Diversity and Inclusion Report	Assurance	Director of People	

Meeting of the Board of Directors in Public on Friday 28 January 2022

Report Title	Plan to achieve Midwifery Continuity of carer as the default model of care.
Report Author	Sarah Windfeld Head of Midwifery/Nursing. Terri Gnani Clinical Midwife Local Maternity System
Executive Lead	Deirdre Fowler

1. Report Summary

Midwifery Continuity of Carer has been proven to deliver safer and more personalised maternity care.

Building on the recommendations of Better Births and the commitments of the NHS Long Term Plan, the document “Delivering Midwifery Continuity of Carer at full scale. Guidance on planning, implementation and monitoring 2021/22 Version 1, October 2021,” sets out the ambition that the NHS in England will offer Continuity of Carer as the default model of care for maternity services, and that it will be available to all pregnant women in England.

Where safe staffing allows, and the building blocks are in place this should be achieved by March 2023 – with rollout prioritised to those most likely to experience poorer outcomes first.

Providing Continuity of Carer by default therefore means:

1. Offering all women Midwifery Continuity of Carer as early as possible in the antenatal period ;

and

2. Putting in place clinical capacity to provide Continuity of Carer to all those receiving antenatal, intrapartum and postnatal care at the provider.

The trust is therefore required to put in place the ‘building blocks’ for sustainable models of Continuity of Carer by March 2023 ; so that Continuity of Carer is the default model of care offered to all women .

This is part of a BNSSG local Maternity system plan and is funding dependent .

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2. Key points to note
(Including decisions taken)

University Hospitals Bristol and Weston (UHBW) maternity services commenced the continuity of carer rollout in 2019. As of 1st march 2022 there will be 6 community locality based teams, each with 8wte midwives. Currently 45% of women booked by (UHBW) midwives receive the continuity of carer model of care, so we are currently over achieving the national standard which was for 35% by March 2021. Each team establishment is 8 which is a total of 48 midwives. The teams are either 12 hour shift models with a midwife from each team on delivery suite every shift or an on call model where the midwife from the team is called into delivery suite from the community to provide intra partum care.

To provide continuity of carer (COC) as the default model of care the maternity service will require a further 6 teams of 8 midwives. The current funded establishment does not account for continuity of carer being rolled out as the default model of care. The current funded midwifery establishment = 190(189.84)wte .The required establishment in order to fulfil COC = 206.13 wte. The Midwife shortfall is 16.1wte.

3. Risks
If this risk is on a formal risk register, please provide the risk ID/number.

The risks associated with this report include:
 None

4. Advice and Recommendations
(Support and Board/Committee decisions requested):

- This report is for **Information**.

5. History of the paper
Please include details of where paper has previously been received.

Women and Children's Divisional Board	14th January 2022
BNSSG Local Maternity Service Delivery Board	27th January 2022

Plan to achieve Midwifery Continuity of Carer as the default model of care

Situation

University Hospitals Bristol is currently delivering continuity of carer to 45% of women.

Midwifery Continuity of Carer has been proven to deliver safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long Term plan, the document “Delivering Midwifery Continuity of Carer at full scale, Guidance on planning, implementation and monitoring 2021/22 Version 1, October 2021”, sets out the ambition that the NHS in England will offer Continuity of Carer as the default model of care for maternity services and that it will be available to all pregnant women in England.

Where staffing allows and the building blocks are in place this should be achieved by March 2023 with rollout prioritised to those most likely to experience poorer outcomes first.

Providing continuity of carer by default means:

1. Offering all women Midwifery Continuity of Carer as early as possible in the antenatal period;
and
2. Putting in place clinical capacity to provide Continuity of Carer to all those receiving antenatal, intrapartum and postnatal care at the provider.

The trust is therefore required to put in place the ‘building blocks’ for sustainable models of Continuity of Carer by March 2023; so that Continuity of Carer is the default model of care offered to all women.

This is part of a BNSSG (Bristol, North Somerset and South Gloucester) local Maternity system plan and is funding dependent.

Background

University Hospitals Bristol and Weston commenced the continuity of carer rollout in 2019. A robust staff consultation was performed prior to rollout. Staff already had rotational contracts and were providing a hospital and community on call service.

As of 1st march 2022, there will be 6 teams.

- Birch(Hartcliffe)
- Juniper (Charlotte Keel)
- Rowan (Weston)
- Maple (Weston)
- Granby Oak (Southville/Bedminster)
- William Budd (Knowle West)

Each team establishment is 8 wte which is a total of 48 midwives (46.28 currently in post).

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To allow projection for the rollout of future teams the data for 2020/2021 was used.

Total bookings 20/21	5695
Attrition rate at 16%	911
Birth out of UHBW but require antenatal and postnatal care within UHBW	629
Deliver within UHBW but antenatal and postnatal care out of UHBW	843
Eligible for COC	3383
Number of total bookings from BAME population	568
Number of total bookings from bottom decile of deprivation(IMD1)	924
Not eligible for COC but require labour care/ or antenatal and postnatal care	1401

The projected roll out for future teams are:

- Cherry (Weston)
- Hampton House (Clifton)
- Knowle/Brooklea/Whitchurch and Stockwood (will be 2 teams)
- Keynsham
- Nailsea

NB: Keynsham may be difficult to offer COC in view of women's choice of hospital of birth with this population preferring to go to Royal United Hospitals Bath.

Each team establishment is 8 which is a total of 48 midwives.

Therefore the total WTE posts required to provide COC to 12 teams is 96, with a total annual caseload of 3360.

Assessment

To achieve the plan many of the "building bricks" are complete

- Consultation with midwives complete and included review of terms and conditions and involved staff side. Rotational contracts already in place.
- Five teams already in place, three 12 hour shift model and two on call models, third 12 hour shift model team to commence in February 2022.
- Birth rate Plus midwifery work force assessment tool performed in 2019 and now being repeated, in view of increased acuity of caseload.
- Maternity Support workers (MSW) in current teams and funding secured for enhanced MSW in new team and funding secured for supervisory Band 7 in additional team.
- Practice educational facilitators in place to support midwives rotating into new areas and ways of working and training needs analysis completed.
- Teams have attended continuity of carer training at UWE (University West of England).

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- Additional equipment purchased through LMS funding and community bases secured. Further bid placed with regional team who have further funding available.
- Each team has Consultant lead and Consultant Obstetricians have been involved in discussions about the teams.
- Co-production with women at the implementation of first teams and 2 focus groups held subsequently to evaluate teams before commencing plan of further roll out. The plan has also been shared with the chair and members of the Maternity Voices Partnership.
- Flow chart developed for Band 7 coordinators on delivery suite to help them coordinate teams.
- Monthly Continuity Carer meetings held with involvement of human resources, finance and staff side. Data evaluated and reported at the meetings.
- Progress with plan will be reported quarterly to Board as part of the Maternity quality surveillance matrix. LMS Board will review plan on 27th January.

Current Position

- In 20/2021 there were 5,695 bookings of women by UHBW community midwives of which 629 gave birth elsewhere. These women are cared for primarily by the Keynsham midwives and the women choose to give birth at Bath for geographical reasons and so are likely not to change. There were also 843 women who gave birth at UHBW who received antenatal and postnatal care from other providers. The attrition rate is 16%. UHBW is a Regional referral unit for maternal medicine and neonatal and women give birth at UHBW for these reasons. Therefore 3,383 women will be eligible to receive continuity of carer. These are women who live in area and will be cared for by midwives from our service throughout their pregnancy episode.
- Out of total bookings, 568 are BAME and live across the locality. 41% of BAME are cared for by another local provider and will therefore currently are unable to receive continuity. This will be reviewed within the LMS and involvement with the MVP (Maternity Voices Partnership).
- Out of total bookings, 924 women are from the bottom decile of deprivation.
- Birth Rate Plus was completed in 2019 and there was a 8 wte gap in recommended midwifery staffing and funding has been received to enable recruitment to these posts. Birth Rate Plus is being repeated at the moment due to the increased acuity of the women. There is an ongoing recruitment plan and recruitment open days on a regular basis. Having the correct number of midwives in post is one of the key building blocks to safety and must be in place in order to roll out the plan at scale.

The plan

This is part of a BNSSG local Maternity system plan and is funding dependent.

University Hospitals Bristol and Weston aims to provide MCoC to 3,383 women out of 4,155 (total bookings less attrition rate). The remainder of the women receive care from other maternity services and are unlikely to change their position due to geography.

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Out of these 14% are Black, Asian, or Mixed ethnicity and do not live in a clearly defined geographical area.

18.1% of women receiving care are from the IMD1 population.

Safe Staffing

1. Birth rate Plus midwifery workforce assessment tool was completed in 2019 and there was 8 wte gap in recommended midwifery staffing and funding has been received to enable recruitment to these posts. Birth Rate Plus is being repeated at the moment due to the increased acuity of the women. There is an ongoing recruitment plan and recruitment open days are held on a regular basis. Birth Rate Plus considers activity and acuity to determine midwife to birth ratio and recommends the number of midwives required to deliver care across the entire pregnancy and birth journey.
2. The current funded establishment does not account for continuity of carer being rolled out as the default model of care. The required establishment is based on the roll out of the 12 teams and the care required for 1401 women who will not be eligible to receive continuity of carer as either live outside of UHBW community area or live within UHBW area and chose to give birth elsewhere.

Current funded establishment =190 wte

Required establishment in order to fulfil COC =206.13 wte (See Appendix 1)

Midwife shortfall =16.1 wte

The Maternity services already have a rolling recruitment programme and hold regular virtual open days. All midwives employed by the Trust have rotational contracts and it is a fully integrated hospital/community service. All midwives participate in an on call rota and are developing an integrated Bristol and Weston on call system to ensure the home birth service is maintained with continuity of carer team roll out. The midwifery establishment will be monitored regularly and the continuity teams only put in place when recruitment successful and it is safe to expand the teams.

Finance teams and human resources teams have been integral to the planning and will continue to be.

The service will develop the Maternity Support Worker role and look at developing the midwifery apprenticeship. We have already scoped the numbers and skills of the Maternity Support Workers in line with the National Maternity Support Worker competency, Education and Career Development Framework.

Based on best evidence the Continuity teams will comprise of mostly mixed risk geographical teams, where the midwifery team will provide care throughout the pregnancy episode. We have designed the model in this way as this allows us to target BAME and IMD1 women.

The Trust has already implemented 50% of the continuity teams and has 2 established models therefore we have not utilised at this time the NHSE/I toolkit to plan the phased role out but have worked with the finance team to ensure the wte numbers are correct for the further roll out.

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Before we can complete the full roll out the Trust will need to recruit 16 wte midwives. The plan is:-

Evaluation of the continuity teams has occurred with feedback from women through focus groups and the Trust will continue to do this as the further teams are rolled out. We have throughout the project had regular meetings and utilised PDSA cycles to consider amending and making changes accordingly.

Skill mix planning

1. Only 1 band 5 midwife will be part of the team of 8 midwives.
2. Those moving to teams will be given support in the area required by the Practice Education Facilitators (PEF) and Professional Midwifery advocates.
3. Band 5's will continue to be supported whilst undertaking the preceptor programme.
4. Maternity Support Workers will be an integral part of the team particularly in teams working in areas of high deprivation.

Training

A personal training needs analysis has already been undertaken and staff are given time to attend training to support them in their role. We have implemented the PEF role.

Linked Obstetrician

The obstetric team were involved in the initial planning of the continuity teams and all existing teams have a linked named obstetrician. This will be maintained and monitored through the multidisciplinary working parties to ensure obstetric involvement. The Trust has a guideline for referral to obstetricians.

Estate and Equipment

All teams are located in community hubs within Children's Centres or Health Centres. One team in Weston, the Cherry Team needs improved facilities and the Trust may be required to support with securing additional space. Equipment has been purchased for midwives utilising funding from the Local Maternity System and there is additional funding from NHS England to purchase further required equipment.

Communication and Engagement Plan

A staff consultation was completed in 2019 which included a review of Terms and Conditions and involved staff side and human resources. Rotational contracts and on call was already in place.

Recommendation

The plan is approved but it is recognised that it is funding dependant.

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Meeting of the Board of Directors in Public on Friday 28th January 2022

Report Title	Integration Progress Report
Report Author	Robert Gittins, Programme Director
Executive Lead	Paula Clarke, Director of Strategy and Transformation

1. Report Summary

This report sets out the progress being made with the clinical and corporate integration programme. Clinical and corporate teams across the Trust continue to work together to realise the benefits of integrated services for patients, staff and local people, driving improvement across a range of services, systems and clinical specialities.

The Integration Programme Report (IPR) is provided for public assurance. It is a monthly report used within the organisation to enable the senior leadership team and Board committees to scrutinise the performance of the programme.

Whilst progress is being made across all clinical divisions, the integration schedule is being adversely affected by the impact of Covid19 on operational services and the requirement to re-focus resources, with the NHS as a whole declaring Omicron a Level 4 national incident on 13th December. Overall, the integration programme is still expected to complete on its revised date of March 2023.

2. Key points to note

Clinical services:

The management of Urology services successfully transferred to North Bristol Trust on 1st December 2021. The number of clinical services integrated across UHBW post-merger remains at 12 out of 34, with 82% or 28 services having now commenced the integration process.

Divisional progress with integration planning continues to be adversely affected by ongoing operational challenges. However, most specialties on a case-by-case basis are working on their future integrated arrangements with extensive collaboration and cross site working to respond to immediate operational pressures.

Further development work has continued to ensure that the vision for Weston General Hospital to be a vibrant hospital at the heart of the community is supported with the right leadership and management resources on-site. An enhanced Business Unit model proposal is being developed to support Divisional integrated services with the future delivery of clinical services on site. This will include the delivery of inpatient wards and outpatient facilities, led by the Weston Managing Director with a senior operational team.

Clinical divisions remain committed to completing the next phase of integration with critical care, anaesthesia and pre-op scheduled for February and March 2022 respectively and the remaining diagnostics and therapies services; Specialised and Surgical specialities in April 2022. In order to meet this revised timetable, there are number of significant issues and dependencies to be

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managed, with a decision on progress at the end of January to determine if the schedule requires further adjustment.

Workforce:

There continues to be active focus on recruitment, some of the highlights include; the number of whole time equivalent registered nurses is above the expected trajectory position for quarter 2, five Clinical Fellows joined the Weston Division in December 2021, and five Non-Consultant grade Doctors are due to start in January 2022. A Weston division Newly Qualified Nurse Expo will take place February 2022 showcasing the hospital for potential student nurses due to qualify in 2022.

HR Training and Development integration – a case study:

The opportunity of organisational merger in April 2020 was to bring together two services and teams, to provide a wider and more sustainable Training and Education offer, delivering mutually beneficial outcomes for the workforces in Bristol and Weston. Working as an integrated Training and Education team has facilitated improvements within the new organisation. These improvements include:

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

3. Risks

If this risk is on a formal risk register, please provide the risk ID/number.

Corporate risk, 4539 states that 'Trust core activities and performance are adversely affected by the allocation of resources required to manage service level integration'

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4. Advice and Recommendations

(Support and Board/Committee decisions requested):

- This report is for **Assurance**

The Board is asked to note the Integration Report and the progress being made on integration.

5. History of the paper

Integration Programme Board	11 th January 22
Senior Leadership Team	19 th January 22
Audit Committee	24 th January 22
Finance and Digital Committee	25 th January 22

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Integration Programme Report

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December 2021

Reporting Month: December 2021

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Success, Priorities, Opportunities, Risks and Threats (SPORT)	4
Summary Dashboard	5

Critical Success Factor	Work Stream	Exec Sponsor	Page
Business Function	Corporate Services	Paula Clarke	6
Delivery Streams	Clinical Services	Ian Barrington	7
Workforce & OD	Workforce and Organisational Development	Alex Nestor	9
Cultural Integration	Workforce and Organisational Development	Alex Nestor	10
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Estates & Facilities	Programme Management	Mark Smith	12

Critical Success Factor	Work Stream	Exec Sponsor	Page
IT & Technologies	Digital Convergence	Neil Kemsley	13
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Risk Management	Clinical Services	Ian Barrington	
	Strategic Intent	Benefits Realisation & Strategic Change	Neil Kemsley & Paula Clarke

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Appendix 1 - Corporate Services Integration Plan	16
Appendix 3- IM&T Clinical Systems Integration Schedule	17
Appendix 6- Benefits Summary	18-21

Reporting Month: December 2021

Progress in month

Clinical

- The number of clinical services integrated remains at 12 out of 34, with no further completions in month.
- Critical Care services transfer did not complete in month as expected due to outstanding governance issues. Close collaboration continues but this is now not expected until February 22.
- Revised plans for the future management model at Weston General Hospital were approved at Senior Leadership Team (SLT) on 17th November, with a further business case to confirm investment.
- Urology services management transfer to NBT occurred successfully on 1st December 21.

Corporate

- Communications staff consultation has completed, with implementation of full team integration scheduled for 1st February 22.

Benefits realisation

- At the end of November £208k was identified against the financial mitigations in relation to nurse agency savings. Medical savings continue not to be realised, largely due to continued additional investment in staffing on the Weston site.
- Medical and nursing agency savings are forecast to achieve £750k or 28% of the £2,700k annual target.
- There are 17 benefits associated with integration, along side 30 individual performance measures selected to provide detailed measurement of each benefit.

Workforce and Organisational development

- Registered Nursing (Whole Time Equivalent-WTE- in post) is above the expected trajectory position at Quarter 2.
- Consultant (WTE in post) remains below the expected trajectory position at the end of Quarter 2 (Q2).
- 20 Non-Consultant grade doctors under offer going with 5 start dates planned for January 2022.
- 2 Clinical Fellows (ST1/2) and 3 Clinical Fellows (ST3+) joined the Weston Division in December 2021.
- The Weston Division has 1 Locum Consultant in General Anaesthesia due to join mid-January 2022.
- The overseas programme for registered nurses is ongoing- 75 allocated to the Weston division, 83 offered, 48 now in post. 11 more nurses will join the Weston division in January 2022.
- A Weston division Newly Qualified Nurse Expo will take place February 2022 showcasing the hospital for potential student nurses due to qualify in 2022.

Key Actions over the next 4 weeks

- Develop the future site management model business case and Business Unit governance.
- Complete the Communications team integration.
- Conclude the outstanding issues related to the Critical care transfer.
- Agree the future management model for Weston Theatres.
- Commence integration planning with Diabetes and Endocrine.
- Complete support for the management transfer of urology services to North Bristol Trust (NBT).
- Work with benefit owners on realisation.
- Approve the scope and approach to the 18 months post merger review, in partnership with Internal audit.

Issues being managed

- Delay to the full transfer of accountability for Critical Care and Anaesthesia, Pre-op, Ophthalmology and Radiology.
- Increasing risk to full delivery of April 22 clinical service integrations.
- Capacity of the Division of Weston over the next 3/6 months to engage with the integration change process with competing priorities to deliver the business as usual, restoration and Healthy Weston programme agendas.

Successes, Priorities, Opportunities, Risks & Threats (SPORT)

Reporting Month: December 2021

Successes	Priorities
<ul style="list-style-type: none"> • Urology transfer – successful transfer 1st December 21, with full completion by 1st Feb 2022. • Communications team consultation closed 1st October and have an agreed integration date of 1st Feb 2022. • Revised future management model at Weston agreed (pending agreement, and approval of Business case in Feb 22). • Retention subgroup set up and draft ToRs written. • Fully integrated Education service leading to the subgroup closure. • Continued engagement by divisions on clinical collaboration and where appropriate integration planning. 	<ul style="list-style-type: none"> • Weston management model business case drafted and governance framework developed. • Complete the transfer of Critical Care and Anaesthesia to the Division of Surgery; and Radiology to Diagnostics & Therapies division. • Complete the review and reset benefits tracker work. Ensure there is a clear criteria for benefits to be realised. • Premium payments 2019/21 baseline established. • Admin banding project work. • 18 month post-merger review exercise.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Redesign of the format and governance of the recruitment taskforce group. • Pay forward the learning from post transfer reviews with clinical services. • Work on resolving immediate operational challenges can lead to longer term integrated solutions. • Moving to Trust-wide rheumatology management in medicine together with plans for integrated management will support the transfer of non-front door services. • Division of Weston has identified capacity to drive medical speciality integration. 	<ul style="list-style-type: none"> • Continuing operational pressures and workforce availability is adversely affecting ability to move the integration plan forward in some specialities. • Surgical and medical service transfers of accountability relies on triumvirate agreeing the proposed solutions. • Focus on immediate operational pressures moves focus away from integration conversations.

Reporting Month: December 2021

Critical Success Factor	Objective	Status	Movement since last report
Business Function	Corporate Services teams Integration completed	A	—
Delivery Streams	Clinical Services Y2 Integration schedule completed	A	—
	WGH management arrangements post October 22 agreed	A	—
	Healthy Weston programme delivered against revised schedule	A	—
	Clinical admin job matching exercise completed	A	—
Workforce & OD	Job planning policy and Premium Payment controls harmonised and applied to Clinical Services	R	—
	Recruitment and Retention plan delivered for Medical and Nursing	A	—
	HR Systems Integration completed	A	—

Critical Success Factor	Objective	Status	Movement since last report
Cultural Integration	Cultural Integration Programme Completed	A	—
Policies & Processes	Key clinical, HR, finance and corporate policies are aligned across the combined UHBW Trust	A	—
Estates & Facilities	Backlog maintenance programme (Y2) delivered	G	—
IT & Technologies	Year 2 clinical digital systems convergence programme complete	A	—
Risk Management	Mitigate and manage the risks of integration	G	—
Benefits realisation & Strategic Intent	Business Case financial synergies achieved (Y2)	R	—
	Monitoring of Y2 Programme Benefits realisation in place	A	—
	Integration delivery programme (year 3) approved	G	—

↑	Upwards movement	R	Not Achieved
—	No movement	A	Delayed/partially achieved
↓	Downwards movement	G	Achieved/On Track

December 2021

A Delayed/Partially Achieved

Progress Against Corporate Services Integration Plan

Service Integration Status	% of Services	Number of Services
Completed	95%	20
In progress - off track	0%	0
In progress - on track	5%	1
Staff Consultation Not started	0%	0
Total	100%	21

Key Points:

Based upon month 9 (November 21) data.

- All Corporate services have now integrated except for Communications who are planning to transfer 1st Feb 22. For a full list of services and their status see Appendix 1.
- Recruitment to transitional funded posts remains behind plan in December. Two transitional posts have not been recruited to, with both posts under review.
- At the end of December, there are 2 core posts that have not been recruited- no change from previous month.
- At the end of November, expenditure on transitional and core posts is c£1161k, c£419k less than the plan of c£1,580k.

Corporate recruitment Update

Corporate Recruitment Plan - Posts	Planned Recruitment	Recruited		In Post	
		No. Posts	% of Plan	No. Posts	% of Plan
Transitional Posts	13	11	85%	7	54%
Core (Recurrent) Post	43	39	91%	31	72%
Total	56	50	89%	38	68%

Corporate Recruitment Plan - £000's	Year to Date			Full Year		
	Plan	Actual	Variance	Plan	Forecast	Variance
Transitional Posts	388	166	222	518	179	338
Core (Recurrent) Post	1,192	995	197	1,589	1,372	217
Total	1,580	1161	419	2,107	1,551	556

Reasons for Non-Recruitment

Reason Description	Transitional Posts	Recurrent Posts
	Number of Posts	Number of Posts
Awaiting Consultation Outcome	0	0
Awaiting Job Banding	0	0
In Recruitment Phase	0	1
Other	2	1
Total Posts Not Recruited	2	2

Recovery Actions:

- Project Management Office (PMO) to prioritise the completion of Communications integration.
- PMO to continue to work with service leads to monitor remaining recruitment, and ensure implementation of the transitional posts review which took place in September-November.

Delivery Streams – Clinical Services

December 2021

A Delayed/Partially Achieved

Progress Against Clinical Services Integration Plan

Service Integration Status	% of Services	No. of Services
Completed	35%	12
In progress - off track	32%	11
In progress - on track	15%	5
Not started	18%	6
Total	100%	34

Key Points:

- No services have transferred in month.
- 82% or 28 services have commenced the integration process.
- Diabetes and Endocrine integration have faced delays due to operational pressures.
- Focus for next month is assessing Weston management portfolios and resource allocation as per Specialty management model.
- Medicine in Weston have recruited a Band 8a Assistant General Manager (AGM) to focus on supporting integration workstreams.

Recovery Actions:

- Continue to work closely with the Weston Managing Director to support the Clinical Services Integration through tri to tri meetings with all clinical divisions.

Remaining Clinical Service Integrations- Revised transfer dates

Division	Speciality	Planned transfer	Proposed revised date	Timetable impact
Surgery	Critical Care & Anaesthesia	Nov21	Feb 22	3 months delay
	Anaesthesia and Pre-Op	Nov21	Mar 22	4 months delay
	Ophthalmology (mgt changes)	Nov21	Apr 22	5 months delay
	Endoscopy	Dec 21	Apr 22	4 months delay
	Theatres	Dec 21	Apr 22	Dept upon agreed model
	General Surgery including GI	April 22		No change
	ENT	April 22		No change
	Trauma and Orthopaedics (inc. fracture clinic)	April 22		No change
	CSSD (contract changes)	Feb22		No change
Medicine	Rheumatology	Jan22	April 22	3 months delay
	Gastroenterology & Hep	Dec 21	April 22	4 months delay
	Fracture Liaison (over 65's)	Oct 22		TBC
	Diabetes & Endocrinology	Feb22	April 22	2 months delay
	Respiratory medicine	Oct 22		Awaiting Divisional steer
	Acute Medicine (Inc. AEC)	Oct 22		HW model dependent
	Emergency Department (inc. GEMS)	Oct 22		HW model dependent
	Care of the Elderly	Oct 22		HW model dependent
	Stroke	Oct 22		HW model dependent
D&T	Radiology	Jan 22		1 months delay
SS	Cardiology (inc. physiology)	Dec 21	April 22	4 months delay
	Haematology & Oncology inc. CNS	Mar 22		No change
COO	Medical Secs	Apr 22		No change
	Clinical Admin teams (inc. booking & access)	Apr 22		No change

Human Resources Training & Development Integration: A Case Study



SITUATION

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

OUR IMPACT

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

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

OUR ROLE

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

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

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

Sarah Green, Previous Associate Director of Education

December 21

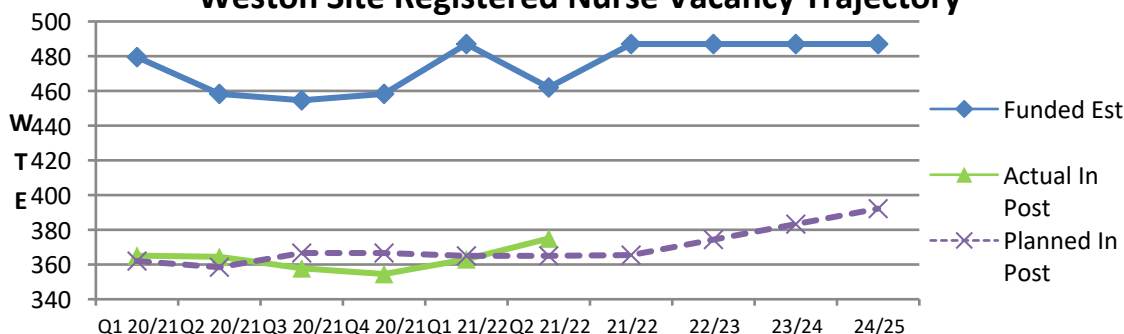
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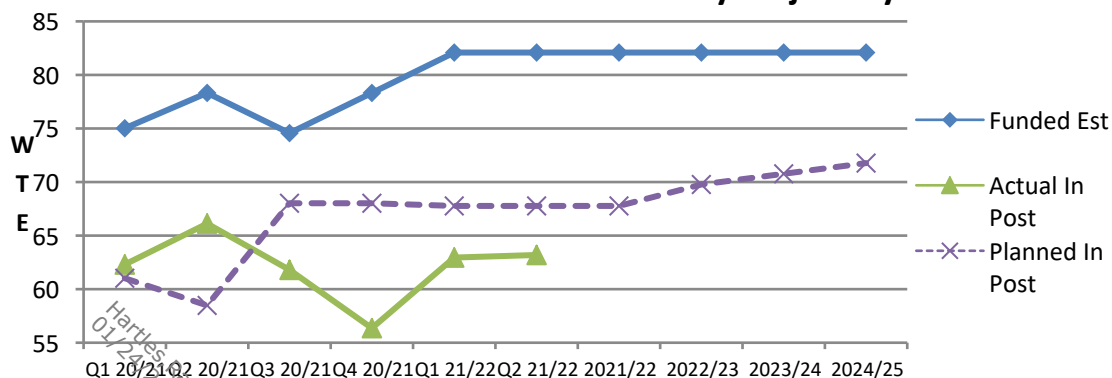
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Weston Site Registered Nurse Vacancy Trajectory



Weston Site Consultant Vacancy Trajectory



Recovery Actions:

- A new Recruitment Operations Manager is now in post and a key focus is streamlining recruitment administration processes for Weston recruitment.
- The Trust has recruited two Talent Acquisition Specialists who will have a key focus on Domestic Nursing, Trainee Nursing Associates and Health Care Support Workers Recruitment Trustwide.

Key Points:

- Based upon end of October 21 data. Trajectory graphs will be updated for Quarter 3 in January 2022 report.
- 20 Non-Consultant grade doctors under offer going with 5 start dates planned for January 2022.
- 2 Clinical Fellows (ST1/2) and 3 Clinical Fellows (ST3+) joined the Weston Division in December 2021.
- The Weston Division has 1 Locum Consultant in General Anaesthesia due to join mid-January 2022.
- The overseas programme for registered nurses is ongoing- 75 allocated to the Weston division, 83 offered, 48 now in post. 11 more nurses will join the Weston division in January 2022.
- A Weston division Newly Qualified Nurse Expo will take place February 2022 showcasing the hospital for potential student nurses due to qualify in 2022.
- Following a successful assessment centre, the Trust made 2 offers to Trainee Nurse Associates who will join in March 2022.
- The Trust is currently advertising for Health Care Support Workers to join our Weston site.
- A Bank recruitment campaign is showcasing opportunities to work additional hours for clinical and non-clinical staff.
- The Trust is developing a Therapies specific virtual open day in mid February emphasising the need for both Occupational Therapists and Physiotherapists.
- A second annual Radiology recruitment event is due to take place in February 2022 to generate additional offers to newly qualified radiographers.

Cultural Integration Programme

December 21

A Delayed/Partially Complete

Theme	Action	Update	RAG
Appraisal	Close the compliance gap for appraisal	Weston's compliance is higher than that of medicine and surgery divisions. There is therefore no 'gap' from an integration perspective. This action is now closed.	Blue
	Launch 'one model' for Appraisal	The implementation of the new Learning Management System (Kallidus-Learn) has been delayed to April 2022.	Yellow
Diversity and Inclusion	Delivery against the D&I plan.	Delivery against corporate Diversity and Inclusion plan is on target.	Green
Recognition	Conduct a full review of recognising success and its delivery in the future	Recognition- The review showed that each division is recognising recognition differently (Weston included). All divisions will be aligned at the same time under Business As Usual (BAU), therefore this action is now closed.	Blue
Values and Leadership Behaviours	Commence stakeholder work with Blue Goose	New Trust-wide values launched and a robust communications and engagement plan is in place, therefore this action is now closed.	Blue
	Leadership Development	The new Trust-wide values have launched and a plan is in place to embed these into the whole Trust. As Weston is embedding new values as are the rest of the Trust (rather than Weston embedding values already in place in Bristol) this action is now closed.	Blue
		A new leadership and management training portfolio is being developed across the whole Trust, aligned to the newly launched leadership behaviours. The specific training arranged for the leadership team at Weston has completed. This action is now closed.	Blue

Following a deep dive into the cultural integration themes and associated actions:

- **'One Model' for appraisal** – this work is delayed due to systems issues.
- **Diversity and Inclusion (D&I)**- Each division has a local plan aligned to the corporate strategy, including Weston. These plans are reported into People Committee on a 6 monthly basis. Data is being sought to establish whether a more significant number of D&I or bullying and harassment concerns are still being raised on site at Weston compared to the rest of the organisation (via both Speak Up and HR Services). If there remains a 'gap' to be closed, it is proposed that the data (quarterly) plus actions on the local Weston D&I plan, rather than the corporate plan, are included and monitored going forward.

December 2021

A Delayed/Partially Achieved

Policies and Procedures – Trustwide, Financial, Human Resources (HR) and Clinical

Policy Type	Metric	Update
Trustwide	The total number of Weston polices at 1st April	282
Trustwide	The number that have been either deleted, incorporated into a common UHBW policy or have been converted into a Divisional guideline	168
Trustwide	Number remaining for review	114

Policy Type	Metric	Update
Finance	Capital Investment Policy review complete	Completed- June 2021
Finance	Standing Financial Instructions review complete	Completed - Sept 2020
Finance	Scheme of Delegation review complete (Appendix 2 of SFI)	Completed - Sept 2020

Policy Type	Metric	Update
HR	Total number of policies that can be aligned (under TUPE)	11
HR	Total number of policies that have been aligned (including review under BAU framework)	18 - completed
HR	Total number of new policies introduced (adopted)	15 - completed
HR	Total number of policies to review under BAU review framework	36 -continues under BAU

Policy Type	Metric	Update
Clinical	Clinical procedures and guidelines, documents relating to ED emergency admissions	Completed - pre-merger
Clinical	Total number of services integrated since April 2020 in a position to review clinical procedures and guidelines commenced	9
Clinical	Total number of services integrated since April 2020 policies review completed	0

Key Points:

- Position updated quarterly. A review of how this data is collected is currently underway, therefore no updates provided.
- Review of financial policies has been completed.
- HR Policy alignment completed as far as Transfer of Undertakings (Protection of Employment) regulations (TUPE) legislation allows. A number of policies have been 'adopted' by Weston where no previous policy was in place. Review of all HR other policies will form part of Business As Usual (BAU) process under the existing policy review framework. No further monitoring is required.
- The Corporate Team with Trust Secretariat are taking the steps to address known risks and issues with Trustwide management of policies and guidelines in the Trust.

December 2021

G Achieved

Weston Estates Backlog Tracker

Cost Centre Name	Comments	RAG Rating (please select)
Weston Backlog Fire Compartment	First Phase of works completed.	Green
Weston Backlog Roof/Gutter Rep	Front of hospital rainwater system and soffitt materials on plan to complete march 22	Green
Weston Backlog Pathology Roof	Project Completed September 21 overspend of 30K due to unforeseen works on roof slab.	Green
Weston Backlog Switches	Project Completed.	Green
Weston Toilet refurbishment	Project Completed August 21.	Green
Weston Backlog Roof Repair & Drain s	Work progressing on rear of Estates and on plan to commence December 21 complete January 22, Courtyards delayed due to change of main contractor expected completion June 22.	Amber
Weston Backlog Fire Alarm upgrade and devices.	install commenced November with device changes through December total 850	Green
Histo Conversion	Project Completed.	Green
Ambleside Boiler Replacement	Project Completed.	Green
Reconfig Ed At Wgh	Project Cancelled by Weston Division.	Red
Orders value YTD		£2,668,722.00
Pending Future Orders:		£55,000.00
Capital spend taken 20/21 UHBW not PDC		£237,786.00
Capital Balance Remaining 21/22		£14,064.00
Total capital Applications To date:		£2,725,003.00
Full Year Allocation 21/22		£2,500,000.00

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December 2021

A Delayed/Partially Achieved

Clinical and Corporate Information Management & Technology (IM&T) Systems Integration Plan

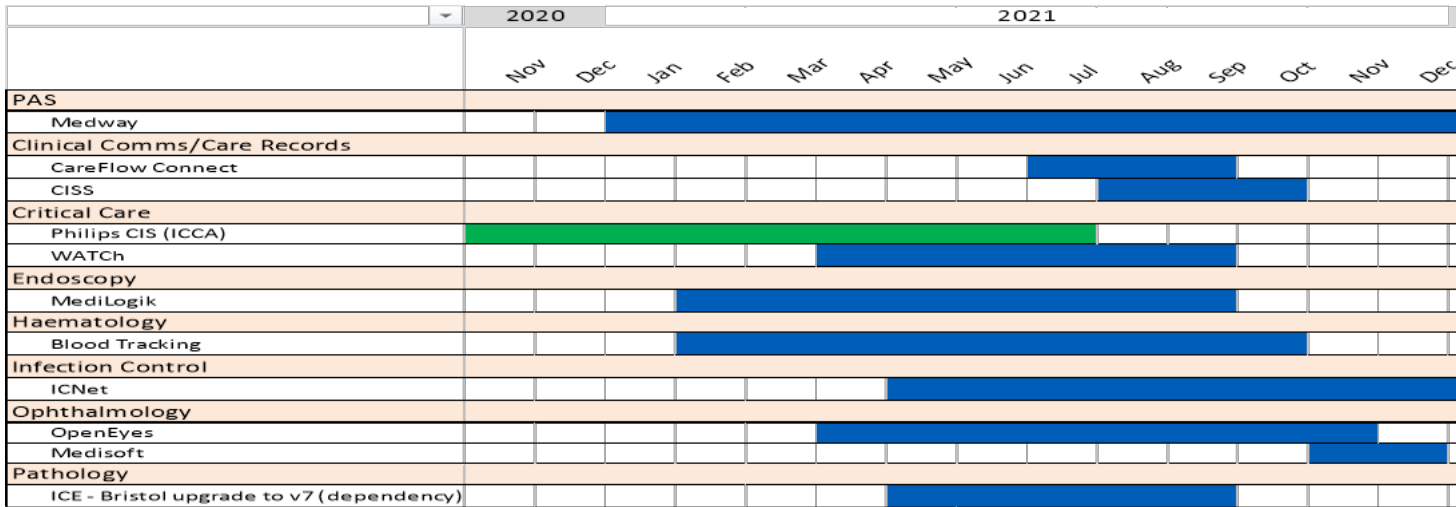


Figure 2: Clinical systems integration plan for 2021

Key Points: Medway

Phase 2 – In Design and Build stage. Updates to note;

- Phase 2 (Medway merger) – initial test cycle commenced. Data Migration and configuration changes on track for delivery
- CareFlow Connect second phase – agreed to defer to post Medway Merger (after April 2022)
- CareFlow Workspace – Project closed and handed over to business as usual
- Support of the Data Quality initiative at Weston – decisions required to validate records from pre merger period.

Key Points: Other

- Electronic Document Management – proposal approved – starting 2022 post Medway merger
- Therapies – plan to implement Bristol forms into Weston – underway and monitored with service lead (Bristol and Weston locations deployment of forms)
- Other clinical systems – ICE consolidation plans commenced, agreed start date for PACS/RIS June 2022
- Interim access arranged for Specialty consultants at Bristol to access Weston systems and folders
- See Appendix 3 for the Clinical Services schedule.

December 2021

G Achieved

Integration Programme Significant Risks – (scores of 15 or above)

ID	Opened	Domain	Title	Controls in place	Rating (current)	Risk level (current)	Action detail	Review date	Approval status
3430	16/10/2019	Business	Risk that governance processes in the Division of Weston are unable to provide assurance	<p>Training has been provided to Divisional Management.</p> <p>Risk Management Workshops held with risk owners.</p> <p>Ongoing support from Corporate Risk Management Team.</p>	16	Very High Risk	<p>Formulate and implement action plan to include staff training, awareness and engagement.</p> <p>Provision of ongoing support to Divisional Management to identify improvements and to embed Trust processes and implement divisional action plan to address gaps in controls such as:</p> <ul style="list-style-type: none"> - Compliance with Duty of Candour Policy - Compliance with incident Management Policy - Compliance with Risk Management Policy - Compliance with Safety Alert Policy <p>Review recommendations in relation to risk management from ASW Governance at RMG and support division with their implementation.</p>	31/01/2022	Action Required Risks
4806	10/11/2020	Financial	Risk that the financial benefits identified in the Transaction Business Case (TBC) will not be achieved.	<p>Financial mitigations are reported on a monthly basis to IPB via the Integration Programme Report.</p> <p>Weston Division has established a nursing controls group.</p> <p>A Benefits realisation workstream reviews progress and takes corrective action on a monthly basis.</p> <p>Workforce Productivity group established through HR & OD workstream to scope and evaluate productivity opportunities.</p>	15	Very High Risk	<p>Financial review of the Transaction Business case once the 22/23 NHS financial regime is published, to take stock of the financial mitigation framework.</p>	28/01/2022	Action Required Risks

Key Points:

- There are 2 risks which have a current rating that is 15 or over ('very high'). This is the same number of 'very high' risks as the end of last month.
- No new risks were added in December and no new risks were closed in month.
- The following risks were updated in month:
 - Risk 3765 '**Risk that the WGH Pharmacy Service fail to meet some national requirements**' moved from rating 12 to rating 9. This is because there have been interviews for the Associate Director of Pharmacy- Weston on the 21st December, and further integration of drug charts and prescribing systems.
 - Risk 3764 '**Risk of limited confidence in the reported baseline RTT position and waiting list at Weston**' likelihood has been moved to low because the RTT waiting list position has now been validated and is correct following migration to Medway, with no patient treatment misses identified
- There are 21 live risks at the end of December 21. With the exception of the 2 'very high' rated risks above:
 - 17 have a risk rating considered 'high' (a risk score of between 8 and 12)
 - 2 have a risk rating considered 'moderate' (a risk score of between 4 and 6)

December 2021

R Not Achieved

A Delayed/Partially Complete **A** Delayed/Partially Complete

Year 2 Benefits – Progress Against Financial Mitigations

Financial Mitigations £000's	Plan 2021/22	FY Forecast	FY Variance	YTD Plan	YTD Actual	YTD Variance
Medical Agency Savings	1,000	0	(1,000)	750	0	(750)
Nursing Agency Savings	1,000	500	(500)	750	250	(500)
Medical Workforce Productivity	500	0	(500)	375	0	(375)
Total	2,700	500	(2,000)	1,875	250	(1,625)

Benefits Progress Summary

Provisional	1
Not Started	3
Behind Plan	7
On Track	5
Recommended to Close	1
Realised	0
Total	17

Figure 3: A summary of benefit status

Recovery Actions:

- Benefits have been reassigned designated benefit owners who will agree appropriate performance measures and confirmed definitive ownership. Priority in month is to confirm the 1 provisional performance measure.
- Focus on establishing baseline measures for each benefit is the main priority for January and February.

Key Points:

- At the end of December £250k was identified against the financial mitigations in relation to nurse agency savings. Medical savings continue not to be realised, largely due to continued additional investment in staffing on the Weston site.
- Medical and nursing agency savings are forecast to achieve £500k or 18.5% of the £2,700k annual target.
- There are 17 benefits associated with integration, along side 30 individual performance measures selected to provide detailed measurement of each benefit.
- The status of each benefit will be reported quarterly (benefits progress summary shown in Figure 3).
- In month, 1 benefit has been recommended to close and will go to the Benefits Workstream meeting to seek confirmation of realisation in February.
- The draft benefit 'Reduction in number of 'must do' and 'should do' CQC actions in urgent and emergency services' is now in place.
- See Appendix 5 for further details.

Appendix 1 – Corporate Services Integration Plan

Reporting Month: December 2021

Corporate Services Integration Status

Phase	Corporate Service	Status
Phase 0	Risk management	Completed
	Information Governance	Completed
	HR E rostering AFC	Completed
	HR OD	Completed
Phase 1	Legal Services	Completed
	Payroll	Completed
	Training and Education	Completed
Phase 2	Employee services	Completed
	Medical e-Rostering - No consultation required	
	Medical HR	Completed
	Resourcing	Completed
Phase 3	Clinical Audit and Effectiveness	Completed
	Financial Services	Completed
	Patient Experience and Involvement	Completed
	Patient Safety and Clinical Governance	Completed
	Patient Support and Complaints - not required	
	Safeguarding Adults and LD	Completed
	Transformation	Completed
	Voluntary Services	Completed
	Facilities	Completed
Phase 4	Communications and Engagement	In progress - on track
	Digital Services	Completed
	Research	Completed
	Estates	Completed

Notes:

- All corporate services, with the exception of Communications, have integrated.
- Communications are currently due to integrate 1st Feb 2022.

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Appendix 3 – Clinical Systems Integration Schedule

Reporting Month: December 2021

Comments (DCP = Digital Convergence Programme; DHPB = Digital Hospital Programme)	2020		2021							2022													
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Oct	
PAS																							
Medway																							
CompuCare																							
Audiology																							
Audit Base																							
Practice Navigator																							
Cardiology																							
Centricity Cardio Workspace																							
Image Vault																							
Clinical Coding																							
Medicode																							
Clinical Comms/Care Records																							
CareFlow Connect																							
CareFlow Vitals																							
CISS																							
Clinical Alerts Service																							
Connecting Care																							
E-Referrals																							
EDT																							
Envy Messenger																							
Evolve																							
KIOSK																							
Synelec																							
Clinical Information Resource																							
InView																							
PHD																							
Critical Care																							
Philips CIS (iCCA)																							
WATCh																							
Diabetes/Endocrinology																							
Paediatric Diabetes Database																							
Digital Dictation																							
Bighand																							
Fluency Direct																							
Endoscopy																							
Endosoft																							
MedLogik																							
Haematology																							
Blood Tracking																							
HCS																							

Comments (DCP = Digital Convergence Programme; DHPB = Digital Hospital Programme)	2020		2021							2022													
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Oct	
Infection Control																							
ICNet																							
Oncology																							
Chemocare Adult																							
Chemocare Paediatrics																							
MOSAIC																							
IFREG																							
IMSure QA																							
Somerset Cancer Register																							
Somerset Database																							
Ophthalmology																							
OpenEyes																							
Medisoft																							
Pathology																							
ICE - Bristol upgrade to v7 (dependency)																							
Medway Order Comms																							
Winpath																							
Opulse																							
Pharmacy																							
ePMA																							
ICESpy																							
JAC																							
Pyxis																							
Pharmacy Database																							
Radiology/Imaging																							
CRIS																							
Insight PACS																							
ViewPoint																							
Respiratory																							
HD-PFT																							
HD-PFT - Koko Px																							
Safeguarding																							
Liquid Logic																							
Theatres																							
Bluespiper																							
Opera																							
Vascular																							
VSU 2020																							
Other																							
My Clinical Portal Applications																							
Quality in Care Tool																							

Appendix 5- Benefits Summary





Report Month: December 2021

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Workforce & OD	 Recruitment and Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Improved recruitment and retention of medical staff (Medical agency expenditure savings) - Reduction in medical staff vacancies, improved rostering and financial controls	Reduction in medical agency expenditure	Behind Plan
				Reduction in medical vacancies - Consultants, Career Grades & Clinical Fellows in Weston	Behind Plan
				Reduction in medical turnover rates at Weston	Behind Plan
Workforce & OD	 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	Behind Plan
				Reduction in RN vacancies in Weston	On Track
				Reduction in RN turnover rates in Weston	On Track
Workforce & OD	 Clinical Alignment & Reduction in Variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Improved Medical Workforce Productivity - Improved job planning and reduction in premium payments	Reduction in premium payments to consultants	Behind Plan
				% Weston consultants with an up to date job plan	Not Started
Workforce & OD	 Organisational Development	To develop a new set of leadership behaviours and values across the new organisation, shaping a 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	On Track
Workforce & OD	 Critical Mass	Increasing the resilience of the WAHT as an organisation through being part of a larger organisation and offering the potential to achieve better value for money	Stabilised staff engagement in Weston- as a result of improved advocacy, motivation and involvement	Engagement score calculated as a result of responses given to the Staff Survey - Motivation, Advocacy & Involvement	Not Started

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Appendix 5- Benefits Summary





Report Month: December 2021

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Corporate Integration	 Recruitment and Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Reduction in vacancies and sickness rate across Corporate functions	% of vacancies across Corporate functions	Behind Plan
				% sickness rates within Corporate functions	Behind Plan
Corporate Integration	 Corporate synergies	Realising efficiencies in shared corporate services	Improved value for money on Estates and Facilities (E&F) contracts through rationalisation across the Trust	Reduction in no. standalone Weston E&F contracts Reduction in overall E&F contracts spend	Not Started
Clinical Integration	 Quality- Patient Experience	Sharing learning across both organisations to improve access to and quality of clinical services and develop exemplar models for frailty, ambulatory and out of hospital care	Improved patient experience in Weston	Improvement in inpatient postal survey scores at Weston	On Track
				Maintenance of outpatient tracker score in Weston	On Track
				Improved response to informal and formal patient complaints rate at Weston	Behind Plan
Clinical Integration	 Clinical Alignment and Reduction in Variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	TBC	GIRFT reporting?- following one or two services.	Provisional

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Appendix 5- Benefits Summary





Report Month: December 2021

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Clinical Integration	 Pace and impact	The merger allows alignment of ways of working and benefit to changes to clinical models at pace, as part of a single organisation	Increased care closer to home for non specialist care, and increased specialist care undertaken at a specialist centre	Increase in % of patients with North Somerset postcodes treated at Weston General Hospital for non-specialist care across all services	Not Started
				Increased in % of patients with North Somerset postcodes treated on Bristol Royal Infirmary campus for specialist care across all services	Not Started
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 North Bristol Trust (NBT).	Completion of Urology transfer to NBT	Recommended to Close
Clinical Integration	 Clinical Alignment and Reduction in variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Create standardised clinical pathways - ensure that patients receive, consistent and high quality care across all sites reducing unwarranted variation, improving delivery and outcomes.	Total Number of clinical policies reviewed and single policy agreed	Behind Plan
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	Behind Plan

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Appendix 5- Benefits Summary

Report Month: December 2021

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Strategic Change	 Resilience of Acute Services	Addressing in a controlled manner the current known risks to the resilience of acute clinical services across Bristol and North Somerset	Increase in resilience of Urgent and Emergency services and a reduction in risk at Weston	Reduction in number of 'must do' and 'should do' CQC actions in urgent and emergency services	On track
				Reduction in 'very high' risks on the Weston Division Risk Register	Behind Plan
Strategic Change	 Capabilities	Improve digital capabilities – provision of services across remote sites will provide a positive stimulus for the development of digital solutions to enhance and improve the quality of service delivery	Having a single UHBW Information Management & Technology (IM&T) platform will support clinical and corporate systems Trust wide, which will maintain consistency of customer service and maintenance across all sites.	Introduction of single Medway Patient Access System	On Track
				% of planned clinical systems integrated	On Track
Strategic Change	 Staff Training & Development	Supporting staff to access a greater range of training and development, education, training and research opportunities across a wider organisation. Establishing the WGH as an 'anchor institution' in North Somerset with a reputation for providing high quality training and education	Sustained increase in recruitment to clinical trials at Weston due to an integrated Research & Innovation team in 21/22	Number of participants recruited to clinical trials in Weston	On Track
Strategic Change	 Staff Training & Development	Supporting staff to access a greater range of training and development, education, training and research opportunities across a wider organisation. Establishing the WGH as an 'anchor institution' in North Somerset with a reputation for providing high quality training and education	Increased range of staff development opportunities and increased access to training	Apprenticeship new starts as % of workforce	Behind Plan
				Essential Training compliance	Behind Plan
				Library- number of evidence searches	On Track

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Meeting of the Board of Directors in Public on Friday 28 January 2022

Report Title	Transforming Care Quarter 3 report
Report Author	Melanie Jeffries, Transformation Programme Manager
Executive Lead	Paula Clarke

1. Report Summary	
<p>The Transforming Care Programme Report provides highlights of the key transformation and improvement work that has progressed during Quarter 3 (October – December 2021). The SPORT report (appendix 1) provides further detail of improvement initiatives that sit outside the Transforming Care Programme.</p> <p>The Quarter 2 Transforming Care Benefits report is attached as Appendix 2 (separate document). Data required for the benefits report is available in the month following completion of the quarter, therefore the benefits report included in the report will be a quarter behind.</p>	
2. Key points to note <i>(Including decisions taken)</i>	
<p>The report shows how we are continuing to improve and transform our services for the benefit of patients and staff, under significant operational pressures.</p>	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
The risks associated with this report include:	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> This report is for Information. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
[Name of Committee/Group/Board]	[Insert Date paper was received]

Recommendation Definitions:

- **Information** - report produced to inform/update the Board e.g. STP Update. No discussion required.
- **Assurance** - report produced in response to a request from the Board or which directly links to the delivery (including risk) of one of the Trust's strategic or operational priorities e.g. Quality and Performance Report. Requires discussion.
- **Approval** - report which requires a decision by the Board e.g. business case. Discussion required.

Transforming Care Programme Quarterly Report

This Transforming Care Programme Report provides highlights of the key transformation and improvement work that has progressed during quarter 3 (October -December 2021).

- The SPORT report below (Appendix 1) provides further detail of initiatives.
- The Quarter 2 Transforming Care Benefits report is attached as Appendix 2 (separate document). Data required for the benefits report is available in the month following completion of the quarter, therefore the benefits report included in the report will be a quarter behind.

Transforming Care priorities Quarter 3 update

Improving management of Medicine Division inpatient bed base

- Phase one changes were implemented in September 2021, including the re-establishment of an Acute Medical Unit, as a first and significant step towards developing a vision for the further development of the Acute Medical Service. The Older Persons Assessment Unit was re-established and the supporting model of care continues to be developed as nursing recruitment allows. The stroke ward changed location.
- Due to operational pressures progress delivering the project action has been delayed, a clear action plan is ready to go, at an appropriate time.
- Work is underway to develop a real-time dashboard to monitor if patients are in the correct location within the Medicine Division
- A summary guide for each medicine ward is in development, including the specialty criteria, daily workforce model, support services and options to support early discharge

Advanced Care Practitioner (ACP) workforce

- All workstreams (Education and training, Workforce Development, operational Management) are delivering agreed actions plans
- £34,400 funding secured from HEE to support four of the trainee ACP posts
- Trainee ACPs in post has increased from 11 to 24, surpassing the ambition for a 25% increase in 2021/22
- ACP's identified as a key development area following the Workforce summit in October 2021, and guidance for business planning has been produced
- Delivered a regional ACP conference to celebrate the role and its impact on patient care in UHBW, which was attended by eighty delegates, raising awareness of the role and its contribution to workforce transformation

Leadership and Management Development

- Leaders Connected launched on November 25th in line with our Values launch, sharing stories of successful leaders within our organisation and sharing examples of values and behaviours in practice.
- Our current offer has been reviewed to align with to our new Values and leadership behaviours.
- New Associate Director of Education, Jean Scrase will be the senior responsible officer (SRO), when they commence their post on January 4th

Proactive Hospital:

- Four proactive hospital improvement coaches have commenced their posts for one year initially
- Development of evaluation approach to assess the impact of the proactive hospital coach planned for quarter 4
- Mobilisation of the priority projects has commenced:

Managing Expectation Policy

- Implementation of the new BNSSG Managing Expectations policy
- Two pilot wards in both Bristol and Weston commenced distribution of the managing expectation leaflets to patients in December 2021, and have tested the recording process to ensure the ward can monitor patients have received the correct leaflets.
- A roll out to all wards is planned in January 2022

Undifferentiated Chest Pain Pathway

- Project meetings established, with co-leads from Medicine and Specialised Services Division
- Pathway process mapped for Bristol and Weston patients
- Data analysis to understand challenges in the pathway planned for January 2022

Proactive Board Rounds

- Observation of board rounds on a range of wards completed to understand the current processes and identify improvement opportunities
- Project team in the process of being established
- Best practice guidance will be developed, based on observations of what is working well and learning from other organisations
- Plans to test and further develop the best practice guidance with our ward staff in quarter 4 are underway

ED Ambulance Handover project

- Aim to re-mobilise the project team to plan and test the improvements identified from the survey undertaken with Emergency Department (ED) and SWAST staff in June 2021, with the aim of reducing the requirement for second handovers
- Scoping handover improvement opportunities at Weston ED

Tap to Transfer

- The new Tap to Transfer process, uses our digital systems to record the admission plan for patients admitted via ED and inform ED staff when a ward is ready for a patient to be admitted. Following a successful pilot, the process was extended to all adult wards in Bristol during December 2021. A review of current practice and the e-flow system at Weston Hospital is planned to see if Tap to Transfer processes would add value.
- Display screens are being fitted in the ED bays to increase visibility of when a ward is ready to the staff caring for the patients, rather than the shift co-ordinator overseeing the process
- Analysis of phone call demand to ED and overall transfer time is underway to assess the

impact of the new process. Pilot wards showed a 40% reduction in phone calls to ED after the process was implemented

- Survey results from the pilot demonstrated staff are also using Tap to Transfer for knowledge about ED/Trust flow status and to assist making decisions:
 - 89% of respondents find it easy to allocate beds using the process
 - 78% find it quicker to arrange transfer of patients from ED
 - 78% already use it as their main source of information about admission destinations for patients in ED.

Frailty workshop

- Two workshops are scheduled in January 2022 with system partners to understand the current pathways available when an event happens in a frail person's home to the person receiving required care in appropriate service, and to identify improvements to implement.

Theatre Efficiency project:

- The theatres project has two primary aims:
 - Development of our theatre reporting, providing our services with a trusted single source of data to use to identify data led improvements in their area, and monitor performance.
 - Consider the available benchmarks (e.g. BADS, model hospital, GIRFT) to help inform divisions productivity improvement plans for next financial year. This scoping will also consider the resource requirements to facilitate this programme.
- Work to improve the data quality has commenced, along with the development of standardised power BI theatre report.
- Benchmark information is being reviewed to ensure the new theatre dashboard aligns.
- Collaborative work between Four Eyes -Theatre Data Analyst Specialists, North Bristol Trust and UHBW Trust planned to start in Quarter 4.

Redesign of Outpatients:

- Mr Scott Deacon, appointed as Trust clinical lead for outpatients (2 PA)
- Divisions are appointing clinical leads for outpatients (1 PA per clinical division)

Outpatient space review

- To inform strategic and tactical plans for the delivery of outpatient services, a physical audit has been undertaken in 53 outpatient locations to understand the current space available, the challenges using the space, options for increased clinic rooms and the co-location requirements e.g. radiology

Patient Initiated Follow Up (PIFU)

- PIFU pathways are established in many UHBW specialties, however, the recording process has not been consistent. In September 2021, Careflow EPR was updated to enable clinicians to accurately record and monitor time limited patient initiated follow ups.
- In addition to existing services using PIFU, three new services have gone live, and eight services are being supported to develop/formalise their processes
- Working with the outpatient clinical lead to develop an approach to promote the

opportunity for using PIFU, in a way which will engage more clinicians

- PIFU pathway for patients with life long conditions has been developed, aim for sign off in Quarter 4

Community phlebotomy

- Following the soft launch in July 2021, all UHBW services transitioned to using the new BNSSG community phlebotomy referral pathway, via the ICE system in November 2021.
- In total 37 UHBW services have used the new community phlebotomy referral pathway since July 2021, submitting a total of 5,940 requests up to the end of November 2021
- A system evaluation of the new process is planned in Quarter 4, along with patient stories to understand the impact of the changes

Waiting list validation

- Successful bid for non-recurrent funding £700k to support BNSSG workforce requirements for undertaking the clinical validation process
- Implementation proposal reviewed and signed off by BNSSG clinical cabinet
- Launch planned for quarter 4 2021/22

Healthier Together at Home

Working collaboratively with our system partners, projects have commenced to improve the community pathways for patients.

Covid-19 Virtual Wards

- Plans to significantly expand the use of the pathways, based on risk stratification are in development for implementation in January 2022. This is reliant on availability of required data, and sufficient non-clinical workforce to undertake the screening and communication with the increased volume of patients each day.

Outpatient-Parental Antibiotic Therapy (O-PAT)

- The BNSSG service had a soft launch in November 2021, four patients currently from UHBW have received care via the service. Implementation of the service has required establishment of new clinical governance and reporting processes for the collaborative service. The UHBW service is hosted by the Medicine Division.
- Planning is underway to identify how expansion of the service can be accelerated. Key development areas include a sustainable workforce, including a clinical operation lead, improved process for assessment and acceptance of referrals, increased use of Surefuser devices and where applicable, governance process and training of patients to change the devices themselves.
- Learning has been taken from the Paediatric O-PAT service at the Bristol Royal Hospital for Children.

Remote monitoring pathways

- BNSSG tender for a remote monitoring digital platform planned in Quarter 4

Acute Respiratory pathway

- Options for care to be delivered in the community by clinical nurse specialists being explored
- Plans to expand training to enable patients to deliver self-care such as nebuliser,

intravenous medications being developed

- Plans for a re-introduction of COPD early supported discharge bundle in development

Heart Failure pathway

- Options for remote monitoring of heart rate, blood pressure and weight are being explored
- Options for delivery of intravenous or subcutaneous diuretics in the community are being developed

Healthy Weston 1

Overnight Emergency Surgery transfer to BRI

Two audits are being undertaken to evaluate the changes to the pathway, and identify any changes needed in the standard operating procedure.

Transformation, Improvement and Innovation Strategy

Quality Improvement

- Preparation for delivery of Quality Improvement unit for the new University of Bristol MSc in Healthcare Management (March-April 2022).
- QI e-learning course, which can be accessed by all staff to enable them to gain a foundation level understanding of QI available on Kallidus learning system.
- Preparation for Patient First – programme formally launched to SLT on 14th December, and readiness assessment commenced.

Bright Ideas

The Bright Ideas panel was held in November 2021 with representatives from UHBW, Bristol and Weston charities and the Academic Health Science Network. The following three ideas were chosen as winning ideas:

- Biodegradable dental disposables
- Make Bristol your home
- Cardiac surgery discharge information video

In addition, two ideas were awarded highly commended:

- Sleep Sure 'routinely give earplugs and eye masks to all inpatients to improve their sleep'
- Implementing measurement of postpartum blood loss and a postpartum haemorrhage using a protocolled pro forma at St Michael's Hospital

The five successful ideas will be provided coaching from the transformation team to support the mobilisation of the ideas

Evaluation

- Development of an evaluation methodology to use for rapid to wide scale improvements, which will include the impact of the changes and return on investment
- Evaluation method being tested and refined through use with the following projects:
 - Vaccination Service
 - Proactive Hospital – ED redirection

Patient Involvement

Working collaboratively with the Patient Experience team to develop a framework for improving our patient involvement in rapid to wide scale improvement.

Initial priorities are:







- A clear set of patient involvement tools to use. Toolkits are being developed for use of surveys, focus groups and experience-based design. A range of current transformation projects are using these tools to inform the toolkits
- Development of staff capability to undertake patient involvement, including register of existing patient groups, training, a community of practice which launched in December 2021 and sharing of patient involvement stories
- Simplified and easy to understand governance process to approve patient involvement approaches for projects

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Appendix 1: Transforming Care – Progress Summary Q3 October - December 2021/22







Successes	Priorities
<ul style="list-style-type: none"> • Phase 3 vaccination hubs established on Bristol and Weston site • Medically stable discharge ward have received £35,000 funding from West of England sport to provide 2 hours a day of physical activity to support patients • New Covid-19 treatment (Neutralising Monoclonal Antibodies s & oral antiviral) pathway implemented in Dec 2021, • Four Proactive Hospital coaches have commenced their posts, and projects mobilised. • Early adoption of Microsoft 365, sharing benefits and challenges experienced with Digital services team • UHBW coaching network launched, working with ICS coaching team to develop coaching offer at system level. • Initial patient involvement community of practice held • Support for the development of the Inherited Metabolic Disorder business case for adult patients • Development of Patient Safety Improvement programme, in collaboration with the Head of Quality – Patient Safety • Implementation of improved staff mobilisation hub process • Facilitated cleft Quality improvement day • Mapping of Dental pathways to support the changes to pre and post graduate service provision • Accessible Information standards design of improvements • Full transition of services to the new community phlebotomy pathway 	<ul style="list-style-type: none"> • Delivery of University of Bristol MSC in Healthcare Management Quality Improvement unit • Development of Advanced Care Practitioner register • Implementation of the Outpatient clinical validation process • Roll out of new video clinic system • Dermatology Skin Analytics 1 year pilot launch planned for Feb 2022 • Delivery of the Healthier Together at Home priority pathways • Implementation of Robotic Process Automation (RPA) in resourcing department • Launch QI e-learning, foundation level training for all staff • Patient engagement training delivered by BNSSG CCG • Finalise evaluation methodology for proactive hospital • Complete Vaccination service evaluation • Identify data led improvements to implement across UHBW theatre suites • Mapping to support the standardisation of therapies administrative process across Weston and Bristol • Commence delivery of Weston frailty programme priorities, working collaboratively with system partners • Improving processes for Weston CHC fast track patients and referrals • Delivery of Complex Equipment Hire project • Phase 2 of medicine division bed base changes
Opportunities	Risks and Threats
<ul style="list-style-type: none"> • Annual Transformation Forum being planned for March 2022, to promote and share key transformation projects being undertaken across the Trust. • Improvement Apprenticeships to develop/enhance Transformation Team members being explored • Alignment of project methodology with Digital services, programme managers are reviewing options 	<ul style="list-style-type: none"> • Ongoing impact of Covid-19 on operational teams, and their capacity to engage with Transforming Care priorities • Ability to provide Transformation resource for all the priorities • Ability to maintain delivery of projects at pace, as operational and transformation capacity becomes stretched • Ability to recruit sufficient workforce to deliver the new Healthier Together@Home patient pathways • Paused Quality Improvement Academy training

Benefit Status Key	Provisional	<ul style="list-style-type: none"> Project is in Initiation and scoping or planning phase. Benefit is being fully defined and baseline data established 	Behind Plan	<ul style="list-style-type: none"> Project is in delivery and monitoring phase Actions to achieve the benefit are behind plan OR The actions have not achieved the improvement trajectory 	On Track	<ul style="list-style-type: none"> Project is in delivery and monitoring phase Actions are achieving the improvement trajectory 	Realised	<ul style="list-style-type: none"> Project is delivery and monitoring or Closure and Evaluation phase Ambition has been achieved and is sustainable
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Programme	Type of Benefit	Benefit	Ambition	Starting position	Current Position Q2	Status	Owner	Time scale	Key messages
Transformation, Improvement and Innovation Strategy	 Workforce	Increased number of staff with the ability to make local improvements	2,087 Total QI course attendees/graduates additional 815 attendees/graduates	1,272 total QI course attendees at end of 2020/21	1,389 total QI course attendees/graduates (additional 117 attendees/graduates in 2021/22)	Behind plan	Cathy Caple	March 2022	<ul style="list-style-type: none"> Attendance at QI training reduced due to operational pressures QI e-learning (Foundation Level) launches early December
Transformation, Improvement and Innovation Strategy	 Workforce	Increased number of Quality Improvement projects undertaken	25% increase in total QI Hub submissions 216 total submissions	173 total QI projects registered via QI Hub at end of 2020/21	211 total QI projects registered via QI Hub	On Track	Cathy Caple	March 2022	<ul style="list-style-type: none"> QI Hub at Weston has now been updated to a MS Form to allow for a more streamlined process
Restoration, Recovery and Renewal (R,R&R) – Redesign of Outpatient Care	 Quality - Experience	Improve primary care access to advice and guidance (A&G) to manage patients out of hospital	Sustain improvement achieved in 2020/21 17,747 total requests	17,747 A&G requests received in 2020/21	9,383 A&G requests in 2021/22	On Track	Philip Kiely	March 2022	<ul style="list-style-type: none"> Dermatology part of BNSSG pilot of digital A&G system Specialties are finding the workload very challenging as A&G has not reduced the number of referrals received
R,R&R – Redesign of Outpatient Care	 Environmental sustainability	Reduction in unnecessary patient travel to receive outpatient care	Sustain 30% non face to face outpatient appointments	40% non face to face appointments in 2020/21 (Bristol data only)	25% non face to face appointments in 2021/22 (Bristol data only)	Behind plan	Philip Kiely	March 2022	<ul style="list-style-type: none"> Procurement underway for system when Attend Anywhere contract ends Patient feedback collected to understand impact of non face to face appointments
R,R&R – Redesign of Outpatient Care	 Quality-Experience	Increase the number of patients empowered to managed their own health needs	10% increase in patients added to Patient Initiated Follow Up (PIFU) pathways 21,275 total patients	19,341 patients added to PIFU pathway in 2020/21 (Baseline may change when data quality improved)	16,251 patients added to PIFU pathway in 2021/22	On Track	Philip Kiely	March 2022	<ul style="list-style-type: none"> PIFU time limited outcomes now updated on Careflow EPR to reflect 6 and 12 month timescales. Work to implement PIFU in multiple specialties underway – Ophthalmology (Orthoptics, Cataract and neuro) T&O Hand Service, Paediatric T&O, Dental and Weston Colorectal.
R,R&R – Redesign of Outpatient Care	 Quality-Experience	Reduce number of patients attending hospital for blood tests (community phlebotomy)	3,333 blood test requests sent to primary care per month	1,900 per month estimated blood test requests to primary care (June 2021)	3,059 blood test requests sent to primary care since soft launch in July 2021	On Track	Philip Kiely	March 2022	<ul style="list-style-type: none"> Soft launch of service completed in July 2021, whilst processes were refined for a full launch from 31st October. Request for funding for support for extra workload has gone to CCG.

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Programme	Type of Benefit	Benefit	Ambition	Starting position	Current position Q2	Status	Owner	Time scale	Key messages
R,R & R – OPAT	 Quality - Outcome	To enable safe and earlier discharge to supported hospital at home pathways from our acute adult hospitals	Up to 28 patients per month discharged to virtual ward across BNSSG	0 UHBW patients, as Virtual Ward is new service commissioned in October 2021	Service launches Nov 2021	Provisional	Cerwiden Massey, Sirona	January 2022	<ul style="list-style-type: none"> Scott Deacon – Clinical lead UHBW Phased rollout across BNSSG localities to reflect different starting points across organisations Soft launch planned in November 2021
R,R & R – Covid Virtual Ward	 Quality - Outcome	To support safe and earlier discharge of patients with Covid who are no longer requiring care within an acute hospital setting	All appropriate patients are discharged from UHBW to Covid Virtual Ward in 2021/22	17 patients discharged from UHBW to Covid Virtual Ward Feb – March 2021	15 UHBW patients discharged to step down pathway (July–Sept 2021) 0 patients discharged April –June 2021 due to low Covid rates	On Track	Sirona – Business as usual owner	January 2022	<ul style="list-style-type: none"> Covid Virtual ward pathways (step up and step down) are managed by Sirona. This benefit reports step down only for UHBW. Maternity Covid virtual pathways are in development Sirona reporting into the NHSE covid sit rep on behalf of BNSSG
Improving management of Medicine Division bed base	 Quality - Outcome	Reduce medical division outlying patients, enabling patients to receive care from the required specialty teams	10% reduction of medicine patients on non-medicine wards (outliers)	12,374 (2020/21) / 5,654 (2019/20) medicine patients on non-medicine wards	6,982 medicine patients on non-medicine wards in 2021/22	Behind Plan	Chris Atkinson	March 2022	<ul style="list-style-type: none"> Phase 1 completed in September 2021. Older Persons Assessment Unit (OPAU), Stroke ward and Acute Medicine Unit (AMU) moves completed. Increased Covid admissions delayed moves, and ability to reduce outliers
Improving management of Medicine Division bed base	 Efficiency	Increase patients with short length of stay through use of assessment unit pathways (OPAU/AMU)	5% increase of patients discharged within 48 hours (0-1 day LOS) from AMU/OPAU	45% (6,664) Medicine Division patients with a 0-1 LOS in 2020/21 (excluding ED observation patients)	New report to be requested once real time dashboard completed	Provisional	Chris Atkinson	March 2022	<ul style="list-style-type: none"> Same Day Emergency Clinic launched in October 2021 New BI report required to monitor benefit, once real time divisional dashboard completed
R,R&R – Proactive Hospital	 Efficiency	Improve the volume of ambulances able to handover patient care efficiently to our Adult Emergency Departments	TBC % reduction in proportion of handovers that exceed 15-minute target	57% of handovers at BRI and 36% of handovers at WGH exceeded 15 minutes in 2020/21	71% of handovers at BRI and 58% of handovers at WGH exceeded 15 minutes in 2021/22	Behind Plan	TBC-Matthew Sully	March 2022	<ul style="list-style-type: none"> Deteriorating performance due to operational pressures Operational pressures have impacted project team ability to progress action plan. Plans to mobilise work are being developed.
R,R&R – Proactive Hospital	 Efficiency	Reduce time patients spend in ED when a bed is allocated and ready on an admitting ward	50% reduction in current transfer time when bed ready	65 minutes mean time from call to transfer from ED to assessment units (snapshot audit data)	103 minutes average time per patient from bed reservation in ED to assessment unit or ward admission (Careflow EPR data)	Behind Plan	Sarah Jenkins	Dec 2021	<ul style="list-style-type: none"> Launched in September 2021.1058 bed reservations have been made to date by ED. Initial feedback has been positive. Work is underway to collect qualitative and quantitative data to evaluate the process
R,R&R – NHSE validation	 Quality - Safety	Ensure patients waiting for diagnostics are seen in order of clinical priority	100% of DM01 diagnostic waiting lists prioritised in line with NHS England codes	0 as prioritisation of diagnostic waiting lists in line with NHS England codes is a new process requested in 2021	80% of DM01 diagnostic waiting lists prioritised in line with NHS England codes	Behind Plan	Philip Kiely	August 2021	<ul style="list-style-type: none"> New process launched in June 2021 Adult endoscopy and Weston based echo service are working towards reporting their waiting list in line with the national codes.

Programme	Type of Benefit	Benefit	Ambition	Starting position	Current position Q2	Status	Owner	Time scale	Key messages
Advanced Care Practitioner workforce	 Workforce	Improve the resilience of clinical workforce, through increasing the number of Advanced Clinical Practitioners across the Trust	25% increase in Advanced Care Practitioners employed by UHBW	14 qualified and 14 trainee Advanced Care Practitioners employed by UHBW	12 qualified and 22 trainee Advanced Care Practitioners employed by UHBW Note: 2 ACP have left the Trust	On Track	Sarah Dodds	March 2022	<ul style="list-style-type: none"> Project in planning phase Successful in gaining HEE funding for trainees and supervisors for 4 ACPs Interviews for qualified ACP in SDEC planned for Oct
Leadership and Management Development	 Workforce	Improve the development of managers and leaders at UHBW, by providing consistent and accessible resources and training	1 integrated leadership and management development programme	6 leadership & management training courses/workshops		Provisional	Interim SRO – Sam Chapman/ Victoria Howells	March 2022	<ul style="list-style-type: none"> Design of future leadership development pathways for managers/leaders underway. The integrated model will have four main pillars: <ul style="list-style-type: none"> Consistent, high quality internal offer Apprentices External Opportunities Systems Opportunities An interim package to support continuous development has been created Recruitment of resource to drive forward the programme is underway
Leadership and Management Development	 Workforce	Increase staff who have a positive experience with their immediate manager	50% of questions in the Your Manager section 8 of the staff survey are RAG rated Green with comparator organisation	7 out of 7 questions in the Your Manager section 8 of the 2020 staff survey are RAG rated Amber with comparator organisation Note: This will only be updated annually when staff survey results are available		Provisional	Interim SRO – Sam Chapman/ Victoria Howells	March 2022	<ul style="list-style-type: none"> An interim package to support continuous development has been created Recruitment of resource to drive forward the programme is underway
Healthy Weston - Phase one	 Quality-Safety	Ensure dedicated critical care (anaesthetist) cover for WGH inpatient areas overnight	0 times a year when no dedicated anaesthetist available for inpatient areas	10 times a year when no dedicated anaesthetist available, due to covering emergency surgery	0 times a year when no dedicated anaesthetist available for inpatient areas since April 2021	Realised	Sarah James	N/A	<ul style="list-style-type: none"> Transfer of patients for Emergency surgery to the BRI since February 2021, has enabled the anaesthetic rota from April 2021 to have 24/7 cover
Healthy Weston-Phase one	 Quality-Safety	Improvement in compliance with Emergency General Surgery Standards as reviewed by the Clinical Senate in 2017	Improved compliance with the 22 emergency general standards	59% (13/22) of Emergency General Surgery Standards were met & partially met when reviewed by the Clinical Senate in 2017	91% (20/22) of Emergency General Surgery Standards were met & partially met at last review in 2021/22	Realised	Sarah James	N/A	<ul style="list-style-type: none"> Remaining standards reviewed with clinical lead. No further actions possible, and compliance is also supported by access to Bristol services.
R, R & R – Theatres Efficiency Project	 Efficiency	All staff have confidence that theatre data in reports and dashboards accurately reflects activity	100% staff trust the theatre reports and dashboards	Baseline assessment of confidence in Theatre data is planned		Provisional	Philip Kiely	March 2022	<ul style="list-style-type: none"> New Trustwide Theatre Efficiency project launched in September 2021. Improving theatre data available was agreed as the first priority for the project. Work has commenced with theatre data users and BI team to develop new reports

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Meeting of the Board of Directors in Public on Friday 28 January 2022

Report Title	Register of Seals Report
Report Author	Natashia Judge, Head of Corporate Governance
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary
This report provides a summary of the applications of the Trust Seal made since the previous report in November 2021.
2. Key points to note <i>(Including decisions taken)</i>
Standing Orders for the Trust Board of Directors stipulate that an entry of every 'sealing' shall be made and numbered consecutively in a book provided for that purpose and shall be signed by the person who shall have approved and authorised the document and those who attested the seal. A report of all applications of the Trust Seal shall be made to the Board containing details of the seal number, a description of the document and the date of sealing.
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
The risks associated with this report include: N/A
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>
<ul style="list-style-type: none"> This report is for Information.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A

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We are
 supportive
 respectful
 innovative
 collaborative.
 We are UHBW.

Register of Seals

December 2021 to January 2022

Reference Number	Date Signed	Document	Authorised Signatory 1	Authorised Signatory 2	Witness
859	14/12/2021	Managed Equipment Service Procurement Contract	Robert Woolley, Chief Executive	Neil Kemsley, Director of Finance and Information	Eric Sanders, Director of Corporate Governance
860	12/01/2022	P22 Form of Agreement for General Intensive Care Unit	Robert Woolley, Chief Executive	Neil Kemsley, Director of Finance & Information	Natashia Judge, Head of Corporate Governance
861	12/01/2022	Licence for Alterations for proposed works at 24 Upper Maudlin Street	Robert Woolley, Chief Executive	Neil Kemsley, Director of Finance & Information	Natashia Judge, Head of Corporate Governance
862	12/01/2022	Unilateral Undertaking between Bristol City Council and University Hospitals Bristol and Weston NHS Foundation Trust	Robert Woolley, Chief Executive	Neil Kemsley, Director of Finance & Information	Natashia Judge, Head of Corporate Governance
863	12/01/2022	New lease and licence for alterations at 20 Upper Maudlin Street	Robert Woolley, Chief Executive	Neil Kemsley, Director of Finance & Information	Natashia Judge, Head of Corporate Governance

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Report Title	Governors' Log of Communications Report
Report Author	Sarah Murch, Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary
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 was established as a means of channelling communications between the governors and the officers of the Trust.
2. Key points to note <i>(Including decisions taken)</i>
Since the last public Board of Directors meeting in November, 2 questions have been added to the Governors' Log and 3 responses received.
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
N/A
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>
<ul style="list-style-type: none"> This report is for Information.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A

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ID **Governor Name**263 Sofia Cuevas-Asturias **Theme:** Steps to address vacancy and absence rates**Source:** From Constituency/ Members**Query** 24/12/2021

With high rates of staff vacancies and staff absence at present in the Trust, can staff governors have more information about all the steps that the Trust is taking to address this? I would be particularly interested in hearing how the Trust is facilitating a) substantive nursing staff who have expressed interest in working extra locum agency shifts in their own areas, and b) staff who would like to work extra Bank shifts but are unable to because these are paid monthly rather than weekly.

Division: Trust-wide**Executive Lead:** Chief Nurse**Response requested:** 24/12/2021**Response** 05/01/2022

There are a number of actions the Trust is taking to address staff absences:

1. Recruitment:-

Over the past 3 months the Trust has successfully welcomed over 110 international nurses and 148 newly qualified nurse that are contributing to the care of patients. There are another 327 international nurses due to start over the next 12 months.

2. Retention: -

The retention group has reconvened to review positive actions that will support staff to stay in the Trust e.g. flexible working, flexible retirement and increased educational support. These all encourage staff to remain in post.

Wards now have access to skilled practice education facilitators to help them on shift providing essential clinical support to staff at the most appropriate time. A variety of upskilling course have been delivered to enable staff to feel confident caring for a range of patients that they might not be familiar with.

3. Operational:-

Twice daily staffing meetings to ensure all areas are staffed safely and with a suitable skill mix.

Undertaking regular risk assessments on staff returning from Covid exposures.

Reviewing staff absence data to see and plan for potential future hotspots.

Ward sisters are increasing coming into the numbers to provide direct clinical care to patients.

The Chief Nurse and senior nursing teams are undertaking support sessions and visits to boost staff morale.

Block booking of Tier 1 agency nurses has been increased to support more areas that have vacancy issues, by providing a guaranteed booking in advance there is an increased likelihood of the assignment being filled.

ID **Governor Name**

How the Trust is facilitating

a) Substantive nursing staff who have expressed interest in working extra locum agency shifts in their own areas:

All staff are offered bank shifts in their own areas prior to sending shifts to bank or agency. Ward staff can still override shifts that are already booked by temporary staff where their clinical skill set would be more appropriate. The other nurse would then be redeployed to another area. From both a staff and patient perspective there is plenty of evidence to support the approach that it is better for staff to work in their own areas wherever possible. It is also Trust policy to ensure that there is at least one Trust employed staff member for every temporary staff member wherever possible.

The Trust has also provided a range of incentives over the past 6 month period to encourage staff to work additional shifts if they feel able to do so. At present there is a 30% uplift to all staff to work bank shifts over the festive period to support colleagues and keep patients safe.

b) Staff who would like to work extra Bank shifts but are unable to because these are paid monthly rather than weekly:

The Trust has no barriers to staff working bank shifts should they choose to do so. Unfortunately the issues around weekly pay for substantive staff are the result of HMRC legislation stating that all work undertaken for the same employer must be aggregated into one tax code. This means that if staff were paid weekly and monthly then all earnings would be taxed accordingly due to the HMRC rules. They would on some weeks work extra shifts but either receive no pay or actually owe money during that week due to the way taxation works.

In order ensure staff can be paid as quickly as possible after they have completed a shift the cut off period for monthly paid banks staff has been significantly reduced over the years mainly due to the efficiencies from using e-rostering and the time lag can now be as low as 2 weeks however due to the current HMRC legislation we cannot reduce this further.

The Trust continues to look for ways to improve on the current pay process, for example a salary advance process however there are a number of complexities to this that requires careful financial consideration prior to commencing any pilot project.

Status: *Awaiting Governor Response*

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ID **Governor Name**
262 John Sibley

Theme: Cleft Palate surgery delays

Source: From Constituency/ Members

Query 24/12/2021

Can the Trust comment on recent reports of delays in cleft palate surgery at Bristol Royal Hospital for Children? As it is vital that cleft palate surgery is performed as soon as possible on a young child, delays are reported to be causing immense suffering to both children and parents. What steps are being taken to rectify this situation, as this surgery should be considered a priority? It is also reported that if the family pays for a private operation, the surgery can be done straight way, with the operation perhaps even carried out by the same surgeon who would have carried out the NHS operation. Can the Trust comment whether this is the case?

Division: Women's & Children's Services

Executive Lead: Medical Director

Response requested: 24/12/2021

Response

Response pending.

Status: Assigned to Executive Lead

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ID **Governor Name**

261 **John Rose**

Theme: Low Emission Zone

Source: Governor Direct

Query **25/11/2021**

Can the Trust share with the Governors the plans they may be formulating to allow patients, staff, deliveries and tradesmen to attend the UHBW hospitals without incurring a LEZ penalty? I am concerned that tradesmen may add the LEZ cost to their charges to UHBW and that staff travel at times when public transport may not be operating and need to use their own transport. I assume that Bristol residents within the zone will get some form of exemption, but North Somerset and South Gloucestershire patients that do not have a Blue badge may just have to pay, and it may affect their choice of clinic.

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested: 15/12/2021

Response **29/12/2021**

The Trust has proposed that any exemption should apply to all patients and visitors of our hospitals. It was highlighted that the people that are visiting our hospitals are not here through choice and so therefore to put them through a validation process on what is already a stressful time would lead to negative publicity and reputational risk. As a result of the Trust proposal BCC have committed to providing an exemption for patients and visitors of the Hospital until the 01st January 2023 requiring validation via a terminal to be placed in the Hospital receptions. BCC are seeking the Trust approval of the option appraisal recently undertaken which recommends installation of separate physical PODs across 8 locations on the BRI precinct and also an on line registration facility. These are independent of any Trust systems. SLT are requested to support the proposed option.

For patients and visitors that do not use the Hospital car parks and instead park in commercial car parks then they will have the option to apply for an exemption in advance using a code that will be on appointment letters. The Sustainable Travel and Car Parking team are working with the print room and communications team to ensure this is in place in time for the introduction of the Clean Air Zone

If they miss this opportunity prior to the appointment or Hospital visit then they will have 6 days after the appointment or Hospital visit to either pay the charge or apply for the exemption.

BCC will work closely with the Trust on communications and are already in contact with the Trust Communications team.

BCC also recognise that to install the portals in the key locations of the Hospitals there will need to be an element of input from the Trust Digital Services team and this is already in hand.

The Clean Air Zone operates 24/7 365 days a year. However what has been highlighted is that it runs midnight to midnight. Staff that work a night shift need to be aware that they may end up being charged for 2 days as this will fall into 2 charge periods. The Trust is working with BCC to establish if there is any way to avoid this but currently the signs are not positive.

There has been no confirmation of a lower income exemption for staff above the already agreed £26k, this will affect recruitment and retention of staff that drive a non-compliant vehicle.

To support staff earning above the limit of £26k the Trust will introduce, in time for the implementation of the Clean Air Zone, a salary sacrifice scheme to purchase Electric vehicles or vehicles that are compliant with the Clean Air Zone. This scheme will be administered and managed by the Trust Sustainable Travel

ID Governor Name

and car park team. This will enable staff to obtain a compliant vehicle at a reduced rate in the same way that staff can obtain childcare vouchers or bikes.

Contractors and deliveries to our site: Whilst we cannot control the vehicles that contractors use to access our site a brief overview has highlighted that a large proportion of them still have Euro 5 and below vehicles in their fleet, which will mean they fall into the charging category.

Any new contracts will stipulate the type of vehicles that can be used to access our site however that can only be done at renewal of contracts with some contracts still being valid for up to 10 years, so is a long term issue. This will be managed in conjunction with BWPC.

The cost of existing suppliers to either upgrade their fleet to meet the CAZ or pay the £100 charge per day will likely be passed on to the Trust.

There will be no exemption for vehicles that deliver to the Trust

Status: *Awaiting Governor Response*

260 Paul Hopkins

Theme: Staff Retention following Consultation

Source: Governor Direct

Query 10/11/2021

What strategy or plan does UHBW have in place to evaluate and review the impact upon staff wellbeing and staff retention following a consultation process? And how is this information captured?

Division: Trust-wide

Executive Lead: *Director of People*

Response requested: 19/11/2021

Response

Status: *Assigned to Executive Lead*

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ID **Governor Name**
259 Paul Hopkins

Theme: Zero landfill target

Source: Governor Direct

Query **01/11/2021**

Follow-up to Log Question 255 (Recycling):

How does UHBW aim to achieve its target of zero landfill in the next 4 years? And, if this is not achievable, what steps will the trust propose to attempt to reach this target in a realistic time frame? And what time frame will that be?

Division: Trust-wide

Executive Lead: Director of Strategy and Transformation

Response requested: 02/11/2021

Response **15/11/2021**

Thank you for your very valid question,

Since declaring a climate emergency back in 2019 and the launch of the Sustainability Development Strategy across the organisation, the Trust has invested in the creation of a sustainability team. One of the workstreams the team has been focused on is delivering the Trust sustainable waste management targets. The Trust intends to achieve the target of zero waste to landfill by 2025, by following a clear set of strategic and operational objectives.

This objectives include the review of all current waste management contracts. All of the Trust current waste management contracts will cease in 2022. This gives us the opportunity to ensure our sustainability targets are built into the new contracts by clearly specifying and tendering the Trust requirements.

This approach, supported by the Ecoquip+ innovation procurement project, includes analysing the current and future waste market place, and evaluating innovative sustainable waste management treatment and reduction solutions. We are also building sustainability into our procurement processes to minimise the amount of waste generated in the first place; for instance by changing from single use to reusable items. By working with partners across the region and beyond, we are committed to develop a circular economy across the organisation and beyond. We are working to ensure all of our future contracts, contractors and working partners are aligned to the Trust's sustainability targets.

To further support achieving our sustainable waste management objectives, the Trust is developing a staff sustainable waste management engagement strategy and to deliver training across the organisation.

We are confident that, by following the steps above we will achieve our zero waste to landfill objective by the targeted date. We are now looking at how we can get to zero waste to contribute to our 2030 carbon target.

Status: Re-opened

ID Governor Name

258 Sofia Cuevas-Asturias

Theme: National standard for full-time dieticians**Source:** Governor Direct**Query 01/11/2021**

How far does the Trust meet the national standard for employment of full-time dieticians? Is there a plan to address any shortcomings in this regard, and if so, what is it?

Division: Diagnostics & Therapies**Executive Lead:** Chief Nurse**Response requested:** 02/11/2021**Response 15/12/2021**

- We cannot confirm if we are compliant with all standards at this time, however BI (Business Intelligence) can pull this report if required. Routine reporting does class patient referrals according to priority. The data shows we are seeing more priority 1 urgent patients referrals and less lower priority 2 patients, compared to last year.
- The acute dietetic teams stopped collecting paper outcome measures to await the electronic build linked to Medway. However the Home Enteral Feeding team do have a suite of outcome data that is collected electronically and reported back to BNSSG in their annual report.
- But in other pathways we do not meet guidance. GPICS (Guidelines for the provision of intensive care services) 2019, recommends 0.05-0.1 WTE (Whole-Time Equivalent member of staff) per bed, which we do not meet. Similarly, the Cystic Fibrosis Trust sets standards for clinical care (2011) which we do not meet.
- Then there is what might be termed unmet need through safeguarding care with recommendations for safe caseloads. The British Dietetic Association, (Safe Caseload, Safe Staffing 2016) considers that a full time dietitian's safe caseload would number on average 37 contracts per week. A simple hypotheses of 1 contact being 1 patient, then we have at least 1 caseload/1 WTE unmet need, as we routinely do not see all patients referred to us as evidenced by our activity data.
- The Home Enteral Feeding service, positively, has a service model that incorporates safe caseloads per dietitian & in previous years this has led to appropriate resourcing. But as patient numbers grow we now no longer have enough staff members. New therapies and treatments will also drive need for dietetic services as patients have active longer lives with conditions that may have been previously limiting, such as Inherited Metabolic Disease and Cancer. Our service is no longer consigned by time, ie Monday to Friday and equity of care should be there on a Saturday and Sunday. Nor should we be consigned by role, as dietitians see to take on extended roles & work as first contact practitioners.
- Therapy services do submit bids as part of the Operating Plan submissions. All bids in the last few years have included an uplift for Saturday working and 52 weeks of the year, where traditionally the bids just reflected a Monday to Friday service accepting 8 weeks are lost for annual leave etc.
- Leads for the service liaise with our dietitians on the floor & peers in other Trusts, and are always looking for ways to meet the gaps & needs of our patients. This is reflected in the Risk Register, inclusion in Divisional business cases, submission to Divisional/Trust OPP and External ICP /Specialist Commissioning. This plan has been in part been successful over the years, with investment that has resulted in doubling in size of the Adult & Paediatric Dietetic Services. We need the plan to continue to work, in order to drive forward a robust service fit for the future.

Status: Awaiting Governor Response

Meeting of the Board of Directors in Public on Friday 28 January 2022

Report Title	Maternity Perinatal Quality Surveillance Matrix Monthly Update
Report Author	I.Henderson, Quality Patient Safety Manager; S.Windfeld, Head of Midwifery
Executive Lead	Deirdre Fowler, Chief Nurse/Midwife

1. Report Summary
This report provides the board monthly oversight with regards to the safety matrixes of our maternity and neonatal services for the month of December 2021
2. Key points to note <i>(Including decisions taken)</i>
<ul style="list-style-type: none"> • Strengths: implementation of Continuity of Carer (CoC) continues, with BAME at 70.8% and IMD 1(most deprived) at 68.1% • Opportunities: There was one moderate harm incident reported to Healthcare Safety Investigation Branch (HSIB). This was declared as a serious incident. The incident was a term stillbirth during induction of labour (IOL). Following a rapid review, several learning points were noted and have been escalated and fed back to staff. • 6 perinatal deaths in December; 4 were stillbirths and two were neonatal deaths of inborn babies, one of which was a 21+6 week gestation baby who lived for an hour (out born babies are not included on the matrix). All deaths have been reviewed for immediate learning by a senior midwife and consultant. No themes have emerged. All perinatal deaths will be reviewed as part of the MDT perinatal review meeting in January; peer trusts have been invited to attend for independent review. • Staff concerns shared monthly with the Maternity and Neonatal Safety Champions and actions fed back to staff, current themes continue to include: <ul style="list-style-type: none"> ○ Staffing, effects of Covid absence causing concerns that there could be increased ratios of patients to midwives on the ward. ○ Estates on level E, escalated faulty heating causing cold rooms for patients ○ Incidents of Partners being in the ante natal waiting area have increased again; partners are asked to wait outside and called when their partner is called into to be seen to support social distancing. • Risks and Threats; Risk to maternity incentive scheme (MIS) clinical negligence scheme for trusts (CNST) compliance. The connectivity issues and capacity constraints within the community midwifery teams to input data into the Maternity Careflow system is a risk associated with a potential failure of CNST. The requirement is for 80% data entry over a 6 month consecutive period which we are unlike to achieve with the present IT failures in community. This has been escalated and is on the risk register. MIS has been suspended for 3 months from 23 December which will help with extra time to resolve data entry compliance issues. • Risk 5774 added to the risk register regarding the challenges during present Covid pressures for the South West Ambulance Service (SWAST) to be able to provide timely emergency service if a transfer is required for a home birth. Coordinated across

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the local maternity system (LMS), women have been informed of risk and recommended to birth in the unit. Datix outcome for all home births during period of risk. 2 transferred in, 7 born 'before arrival' of midwifery support, 5 women declined to attend unit.

3. Risks

If this risk is on a formal risk register, please provide the risk ID/number.

The risks associated with this report include:

3343 delayed elective LSCS

2264 delayed induction of labour

5652 Risk that St Michael's Hospital (STMH) cannot offer an induction of labour (IOL) at 41 weeks as recommended by NICE guidelines

33/3623/988 NICU staffing/BAPM

5774 Risk that operational pressures within SWAST will impact on the ability of UHBW to provide a safe homebirth/ABC birth service

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

- This report is for **Information**.

5. History of the paper

Please include details of where paper has previously been received.

Quality Assurance Committee	21/01/2022
Women's Clinical Governance Group	17/01/2022
Quality and Outcomes Committee	24/01/2022

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Acronym/Term	Explanation commonly used terms
UHBW	University Hospitals Bristol and Weston NHS Foundation Trust
RCA	Root Cause Analysis
SBAR	Situation, Background, Assessment, Recommendation Handover tool
CTG	Cardiotocograph
MLU	Midwifery Led Unit
DAU	Day Assessment Unit
CDS	Central Delivery Suite
FMU	Fetal Medicine Unit
O&G	Obstetrician and Gynaecologist
PPH	Postpartum Haemorrhage
Hb	Haemoglobin
NBT	North Bristol Trust
MCDA	Monochorionic Diamniotic Twins
TTTS	Twin to twin transfusion syndrome
MA	Maternity Assistant
MDT	Multidisciplinary team; various specialities of doctors/nurses/midwives etc. review cases collaboratively to make collect decisions on care
IOL	Induction of labour
CoC	continuity of carer, pathway of care from 29 weeks pregnancy, birth and postpartum for women to receive care from a known midwife
BAME	Black and minority ethnic category
IMD 1	Index of Multiple Deprivation patients, most vulnerable patients
Inborn babies	Babies who were born in St Michaels Hospital regardless of who the mother was booked under to deliver with originally
Out born babies	Babies who were born in a different unit but were transferred for ongoing neonatal care at St Michaels Hospital
SWAST	South West Ambulance Service

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UHBW perinatal quality surveillance matrix

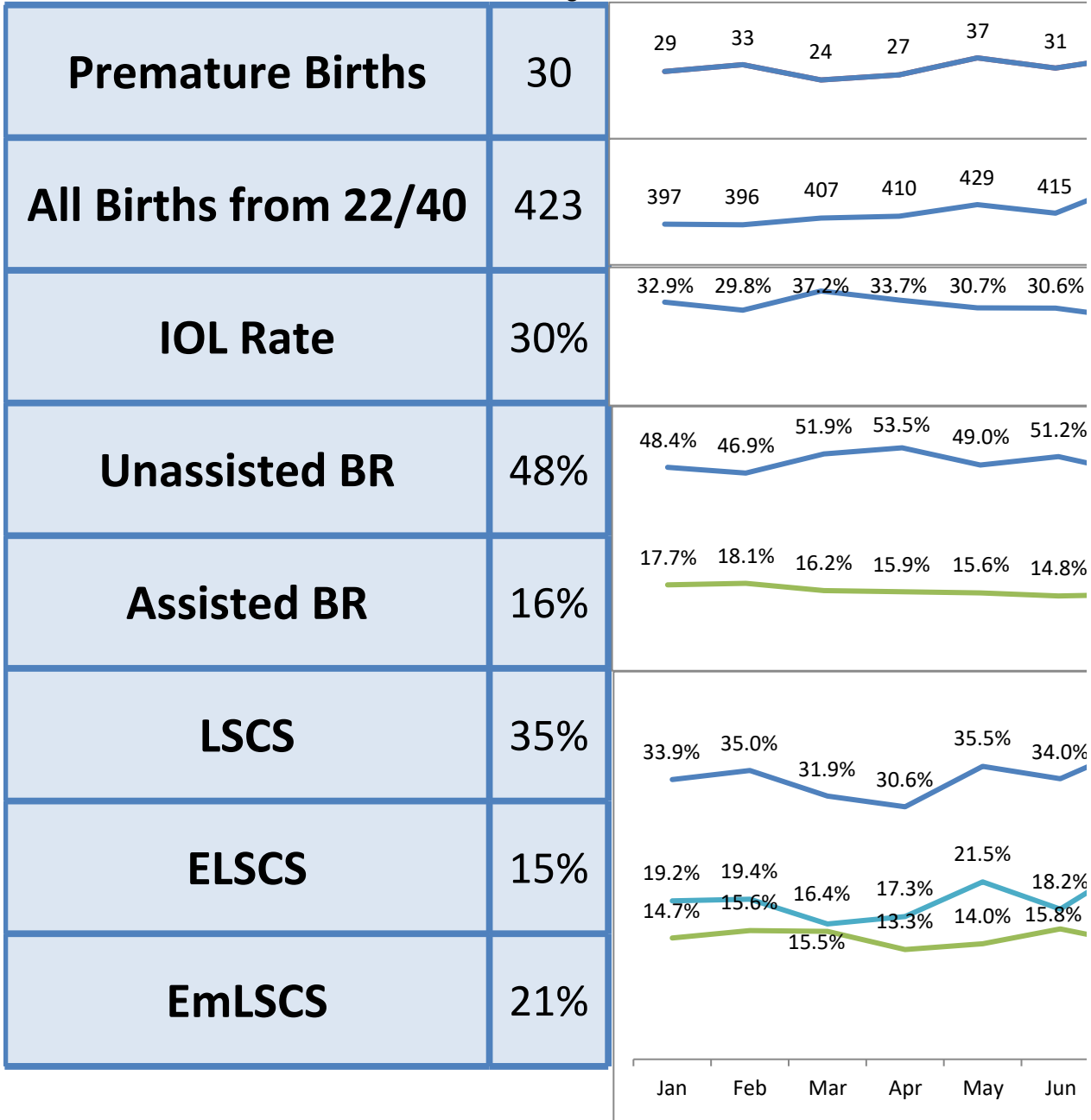
	Jan	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Year to date average	Trend
Activity														
Number of babies born alive at >=22 to 36+6 weeks gestation	29	33	24	27	37	31	38	24	44	29	26	22	30	
Number of women who gave births all gestations from 22+0 weeks	397	396	407	410	429	415	466	429	429	449	432	419	423	
Induction of Labour rate %	32.9%	29.8%	37.2%	33.7%	30.7%	30.6%	26.6%	27.8%	26.8%	26.6%	24.4%	31.0%	29.8%	
Unassisted Birth rate %	48.4%	46.9%	51.9%	53.5%	49.0%	51.2%	46.7%	46.9%	49.2%	45.0%	45.4%	45.3%	48.3%	
Assisted Birth rate %	17.7%	18.1%	16.2%	15.9%	15.6%	14.8%	15.2%	20.5%	14.5%	17.5%	16.9%	12.4%	16.3%	
Caesarean Section rate (overall) %	33.9%	35.0%	31.9%	30.6%	35.5%	34.0%	38.1%	32.6%	36.3%	37.6%	37.7%	42.3%	35.5%	
Elective Caesarean Section rate %	14.7%	15.6%	15.5%	13.3%	14.0%	15.8%	13.9%	14.9%	14.3%	12.2%	15.3%	17.4%	14.7%	
Emergency Caesarean Section rate %	19.2%	19.4%	16.4%	17.3%	21.5%	18.2%	24.0%	17.7%	21.7%	25.3%	22.4%	24.9%	20.7%	
Perinatal Morbidity and Mortality inborn														
Total number of perinatal deaths	2	4	1	1	6	0	2	1	1	4	11	6		
Number of late fetal losses 22+0 to 23+6 weeks excl TOP	0	0	0	0	0	0	0	0	0	1	1	0		
Number of stillbirths (>=24 weeks excl TOP)	0	3	0	0	2	2	1	0	1	2	4	4		
Number of neonatal deaths : 0-6 Days	0	1	0	0	1	0	1	1	0	0	1	1		
Number of neonatal deaths : 7-28 Days	2	0	1	1	3	0	0	0	0	1	5	1		
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	1	0	0	0	2	0	0	0	0	1	0	0		
Maternal Morbidity and Mortality														
Number of maternal deaths (MBRRACE)	1	0	0	1	0	0	0	0	0	0	0	0		
Number of women who recieved level 3 care	0	0	1	2	1	0	1	1	1	1	2	0		
Insight														
Number of datix incidents graded as moderate or above (total)	1	1	2	1	4	1	3	0	2	2	2	1		
Datix incident moderate harm (not SI)	0	0	1	0	0	0	0	0	1	1	1	0		
Datix incident SI (excl HSIB)	1	1	1	1	1	1	0	0	1	1	1	0		
New HSIB SI referrals accepted	1	0	0	1	2	0	1	0	0	0	0	1		
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	0	0	0	0	0		
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0	0	0		

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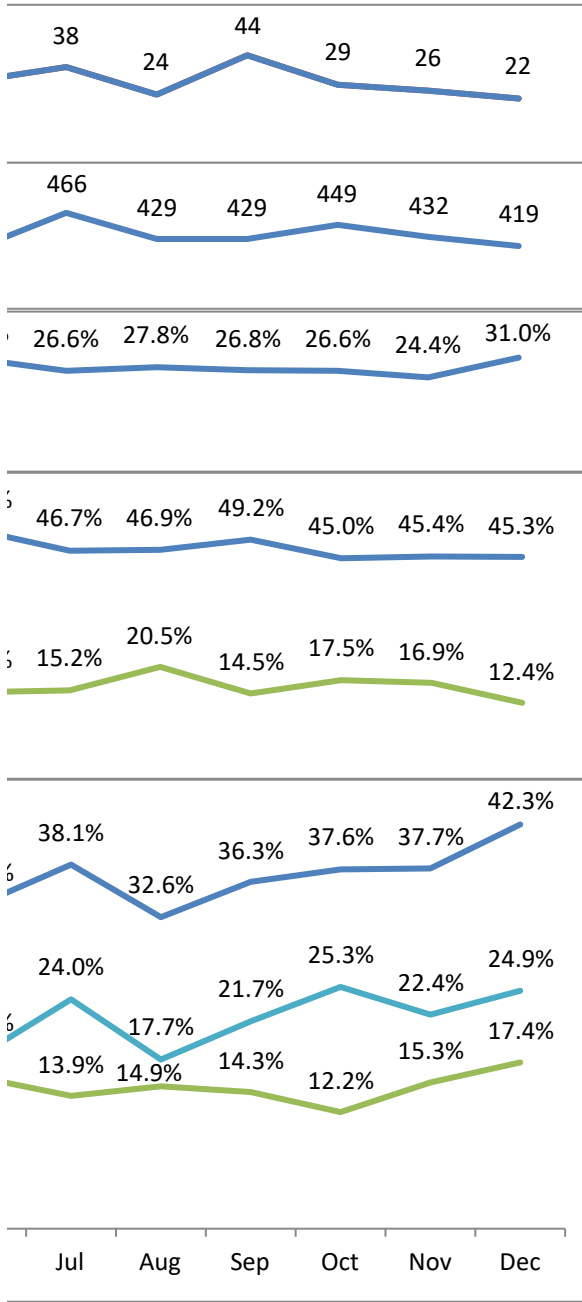
Workforce													
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	76	76	76	76	76	76	76	76	76	76	76	76	76
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps(SR 9WTE)	0	0	0	0	0	0	0	0	0	0	0	7.7WTE	7.7WTE
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	0	0	0	0	0	0	0	0	0	0	0	0	0
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	0	0	0	0	0	0	0	0	0	0	0	0	0
Minimum safe staffing in maternity services: neonatal medical workforce (rota gaps) tier 1.	0	0	0	0	0	0	0	0	0	0	0	0	0
Minimum safe staffing in maternity services: neonatal medical workforce (rota gaps) tier 2. (0.9 WTE)												0.6WTE	0.6WTE
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).													
Vacancy rate for midwives										7	3	7	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained) BAPM standard is 70%											53%	53%	
Vacancy rate for NICU nurses						0							
Datix related to workforce (service provision/staffing)	4	2	10	6	7	14	28	15	26	19	13	18	
MDT ward rounds on CDS (minimum 2 per 24 hours)	100%	100%	100%	100	100	100	100	100%	100%	100%	100%	100	
One to one care in labour (as a percentage)	100	100%	100%	100	100	100	100	100%	100%	100%	100%	100	
Number of times maternity unit attempted to divert or on divert attempted baby abduction	0	3	1	1	2	0	2	2	1	1	1	0	
	0	0	0	0	0	0	0	0	0	0	0	0	
Involvement													
Service User feedback: Number of Compliments (formal)	10	20	12	30	40	36	36	31	5	23	24	19	
Service User feedback: Number of Complaints (formal)	3	4	3	5	0	6	6	7	7	4	8	6	
Staff feedback from frontline champions and walk-about (number of themes)	5	7	5	1	4	4	7	4	4	4	3	4	
Improvement													
Progress in achievement of CNST /10	6	6	7	10	10	9	9	8	8	7	7	7	
Training compliance in maternity emergencies and multi-professional training (PROMPT)	94%	94%	92%	92%	97%	94%	94%	90%	80%	80%	90%	79.6%	
Training compliance fetal wellbeing day										72.2%	72%	77%	
training compliance core competency 4. personalised care	n/a	n/a	n/a	61%		54%	56%	63.8%	64%	64.7%	60%	64%	
Continuity of Carer (overall percentage)	36%	36%	36%	38%	45.9%	46%	44.4%	48.3%	47%	40%	43%	45%	

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Average



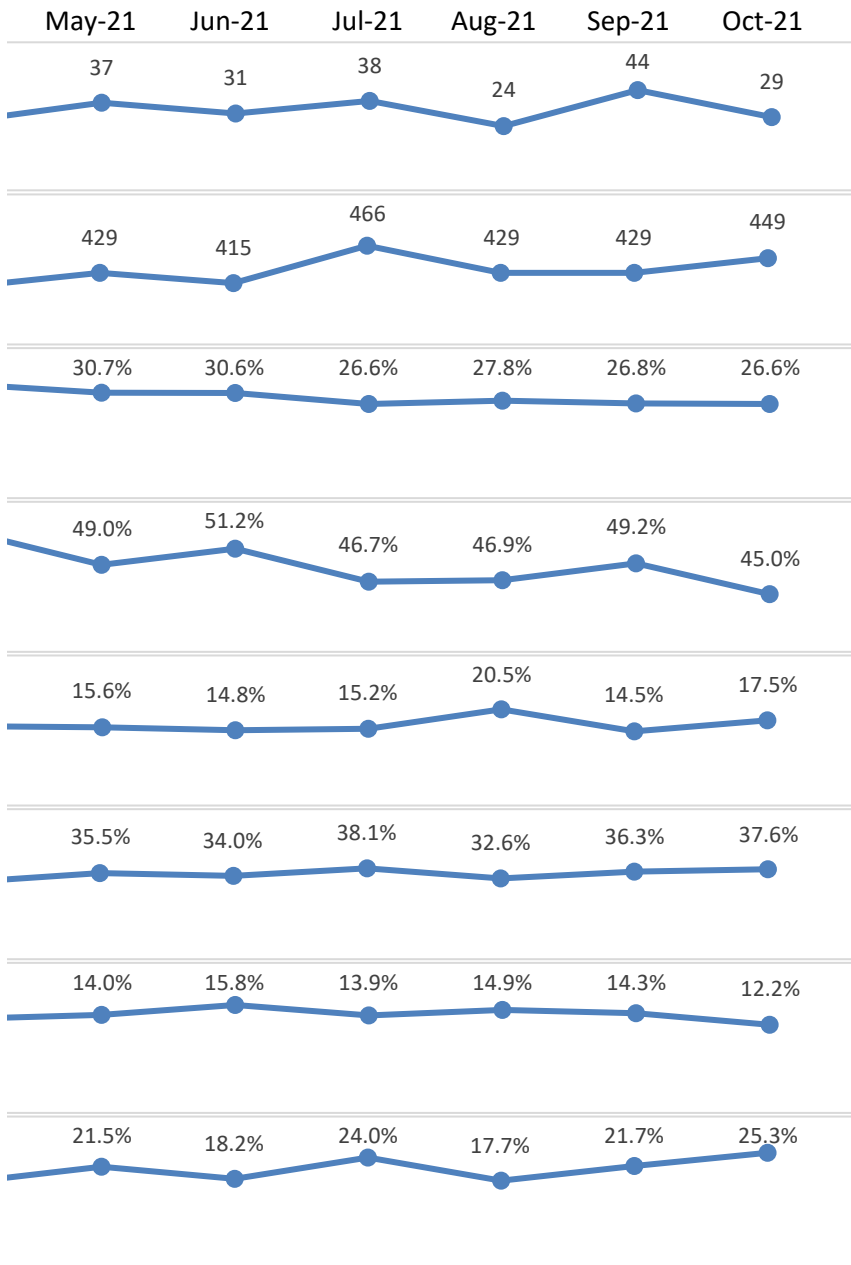
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	Average	Jan-21	Feb-21	Mar-21	Apr-21
Premature Births	30	29	33	24	27
All Births from 22/40	423	397	396	407	410
IOL Rate	30%	32.9%	29.8%	37.2%	33.7%
Unassisted BR	48%	48.4%	46.9%	51.9%	53.5%
Assisted BR	16%	17.7%	18.1%	16.2%	15.9%
LSCS	35%	33.9%	35.0%	31.9%	30.6%
ELSCS	15%	14.7%	15.6%	15.5%	13.3%
EmLSCS	21%	19.2%	19.4%	16.4%	17.3%

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Meeting of the Board of Directors in Public on Friday 28 January 2022

Report Title	Learning from Deaths – Q3
Report Author	Rebecca Thorpe Associate Medical Director; Alice Hillyard Business Manager MD team
Executive Lead	Emma Redfern, Interim Medical Director

1. Report Summary	
This report summarises the learning from deaths process for quarter 3 of 2021/2022.	
2. Key points to note <i>(Including decisions taken)</i>	
The report describes the structures of the learning from deaths programme across the Trust and progress made by the workstream in quarter 3 of 2021/2022.	
In addition, the number of ME referrals and SRJs requested are included in section 4.0.	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
N/A	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> This report is for Assurance. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
Quality and Outcomes Committee	24/01/2022

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1.0 Introduction

This paper will set out the progress and report on the results of the Trust’s “learning from deaths” programme in the first third quarter of 2021/22.

This report has been prepared for information.

2.0 Programme Structure

From October 2021 the Dr Rebecca Thorpe took over leadership of the programme as part of her portfolio as Associate Medical Director. She has continued to lead the Mortality Surveillance Group which meets monthly. This group is comprised of divisional mortality leads; mental health lead; learning disabilities lead; the Lead Medical Examiner, the Lead Medical Examiner’s Officer, and the Programme Support Officer.

3.0 Progress this Quarter

Dr Thorpe has embedded herself within the programme, meeting with the mortality leads and other stakeholders including the Medical Examiner’s Office and the leads from the NBT programme.

After an initial stocktake of processes and feedback Dr Thorpe has initiated work to strengthen the mechanisms for informal concerns and feedback to be passed to clinical areas for reflection in circumstances that do not trigger structured judgement reviews. Furthermore, the Mortality Steering Group have initiated a rolling thematic system of shared learning to ensure that areas of good practice and learning can be shared more widely across the Trust. The first area for discussion will be unexpected transfers to ITU and learning will be shared in the annual report.

An interim solution has been identified to undertake the mortality work at Weston and the Mortality Lead role has been readvertised to doctors there. There have been several expressions of interest and the team hope to appoint in January.

4.0 Referrals to Mortality Group

Quarter 3 2021/22	
Referrals from ME Office	41
Referral’s meeting SJR criteria	11
Referrals for SJR by division	
Medicine	2
Surgery	0
Specialised Services	3
Weston	5
Learning disabilities / Mental health	1
Total number of deaths	337
Medicine	228
Surgery	32

Specialised Services	51
Women and Children	34
Weston	147

Of the ME referrals three further cases were investigated via the patient safety including one that was subsequently declared a Serious Incident.

5.0 Harm Panels and other COVID work

No response has been received from the coroner regarding the two cases of patients who died in the spring of 2020 where the Trust has been unable to identify a lead clinician for each patient.

Two cases of patients dying from hospital acquired COVID-19 have been identified and case reviews triggered with the Patient Safety Team for Specialised Services.

Rates of hospital acquired COVID-19 infections remained low for October and November but saw an increase in December associated with the Omicron variant and increased rates of infections in the community. The Medical Director team have met with the central Patient Safety to review the process and volumes of cases seen. If it is felt that there are further opportunities for learning COVID harm panels will be stepped back up.

6.0 Risks

There are no new risks to note.

7.0 Conclusions and Future work

From April 2022 the Medical Examiner Office should become statutory and there is national guidance that teams should begin rolling out their scrutiny across the community and into children. This will pose significant challenges to all ME teams and the Mortality Programme will have to support the system team during this time of change.

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