



**BOARD OF DIRECTORS (IN PUBLIC)**

**Meeting to be held on Wednesday 22<sup>nd</sup> February 2023 at 09.45 – 12.45  
at Grant & Frys Meeting Room, Conference Centre 6th Floor, Future Inns Hotel, Bond  
Street (South), Bristol BS1 3EN**

**AGENDA**

NO	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
<b>Preliminary Business</b>				
1.	Welcome and Apologies for Absence	Information	Chair	
2.	Declarations of Interest	Information	Chair	
3.	Patient Story	Information	Chief Nurse and Midwife	09.45
4.	Minutes of the Last Meeting – 13 <sup>th</sup> December 2022	Approval	Chair	10.05
5.	Matters Arising and Action Log	Approval	Chair	
6.	Chief Executive's Report	Information	Chief Executive	10.10
<b>Strategic</b>				
7.	Acute Provider Collaborative Board Chair's Report	Assurance	Chair of Acute Provider Collaborative Board	10.30
8.	Integration Programme Final Report	Assurance	Executive Managing Director, Weston	10.35
9.	Board Assurance Framework <ul style="list-style-type: none"> <li>Strategic Risk Register</li> <li>Corporate Objectives Update</li> </ul>	Assurance	Chief Executive	10.55
<b>Quality and Performance</b>				
10.	Quality and Outcomes Chair's Report	Assurance	Chair of the Quality and Outcomes Committee	11.15
11.	Leadership and Oversight Priorities Report	Assurance	Interim Chief Operating Officer; Chief Nurse and Midwife; Chief Medical Officer Chief People Officer;	11.20
	<b>BREAK (10mins)</b>			11.35
12.	Maternity Perinatal Quality Surveillance Matrix (PQSM) Update Report	Assurance	Chief Nurse and Midwife	11.45
13.	Guardian of Safe Working Hours Annual Report	Assurance	Chief Medical Officer	11.55

NO	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
<b>People Management</b>				
14.	People Committee Chair's Report	Assurance	Chair of the People Committee	12.05
<b>Finance and Digital</b>				
15.	Finance & Digital Committee Chair's Report	Assurance	Chair of the Finance and Digital Committee	12.10
16.	Trust Finance Report	Assurance	Chief Financial Officer	12.15
<b>Governance</b>				
17.	Audit Committee Chair's Report	Assurance	Chair of the Audit Committee	12.25
18.	Register of Seals – Q3 Update	Information	Director of Corporate Governance	12.30
19.	Governors' Log of Communications	Information	Director of Corporate Governance	12.35
<b>Concluding Business</b>				
20.	Any Other Urgent Business	Information	Chair	12.40
21.	Date of Next Meeting: <b>Tuesday 18<sup>th</sup> April 2023</b>	Information	Chair	



## Meeting of the Board of Directors in Public on 22<sup>nd</sup> February 2023

<b>Report Title</b>	<b>What Matters to Me – a Patient Story</b>
<b>Report Author</b>	<b>Tony Watkin, Patient and Public Involvement Lead</b>
<b>Executive Lead</b>	<b>Deirdre Fowler – Chief Nurse &amp; Midwife</b>

### 1. Report Summary

Patient stories reveal a great deal about the quality of our services, the opportunities we have for learning, and the effectiveness of systems and processes to manage, improve and assure quality.

The purpose of presenting a patient story to Board members is:

- To set a patient-focussed context for the meeting.
- For Board members to understand the impact of the lived experience for patients and for Board members to reflect on what the experience reveals about our staff, morale and organisational culture, quality of care and the context in which clinicians work.

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

In this story we will meet Clive, Clive's story starts in November 2022 when, whilst attending a lecture at the University of Bristol as part of a PhD he is undertaking, he became unwell

With the support of fellow students, Clive made his way to the BRI Emergency Department (ED) where, after several tests, he was transferred to the Bristol Heart Institute for additional specialist care with a suspected heart attack.

In sharing his story Clive will reflect on how his health unexpectedly deteriorated during the morning and on the quality of the immediate care he received on arrival at the Emergency Department. Looking back over the week Clive was an inpatient in our care, he will share an insight into what really mattered to him and why, including observations about the qualities of the staff he interacted with, the food and the quality of the accommodation. He will comment on the practicalities of being a patient with hearing loss and how this brought an additional focus to the importance of clear and consistent communication. Clive will also touch on the impact and challenges he faced of being nil by mouth prior to surgery which unfortunately was delayed.

Finally, Clive will reflect on what it meant to leave hospital for home in the knowledge that, "they did a good job for me".



<b>3. Risks</b>	
The risks associated with this report include: N/A	
<b>4. Advice and Recommendations</b> (Support and Board/Committee decisions requested):	
<ul style="list-style-type: none"> <li>• This report is for <b>INFORMATION</b></li> <li>• The Board is asked to <b>NOTE</b> the report</li> </ul>	
<b>5. History of the paper</b> Please include details of where paper has <u>previously</u> been received.	
<b>[Name of Committee/Group/Board]</b>	<b>[Insert Date paper was received]</b>
N/A	

## BOARD OF DIRECTORS (IN PUBLIC)

Meeting held on Tuesday 13 December 2022 at 9.45am - 12.45pm in  
 Conference Centre, 6<sup>th</sup> Floor, Future Inns Hotel, Bond Street (South) Bristol  
 BS1 3EN

The meeting was broadcast live on YouTube for public viewing

### Present

#### Board Members

Name	Job Title/Position
Jayne Mee	Chair
Eugine Yafele	Chief Executive
Arabel Bailey	Associate Non-Executive Director
Paula Clarke	Executive Managing Director, Weston General Hospital
Jane Farrell	Interim Chief Operating Officer
Bernard Galton	Non-Executive Director
Marc Griffiths	Non-Executive Director
Neil Kemsley	Chief Finance Officer
Jane Norman	Non-Executive Director
Roy Shubhabrata	Non-Executive Director
Martin Sykes	Non-Executive Director
Gill Vickers	Non-Executive Director
Stuart Walker	Chief Medical Officer
Emma Wood	Chief People Officer

#### In Attendance

Lucy Bayley	Voluntary Services Coordinator (for Item 3: Patient Story)
Sarah Dodds	Deputy Chief Nurse
Emily Judd	Corporate Governance Manager (minutes)
Rachel Liebling	Consultant in Obstetrics and Gynaecology (for Item 13: Maternity Items)
Peter Newman	Trust Volunteer (for Item 3: Patient Story)
Eric Sanders	Director of Corporate Governance
Sophia Tang	Trust Volunteer (for Item 3: Patient Story)
Tony Watkin	Patient and Public Involvement Lead (for Item 3: Patient Story)
Sarah Windfeld	Divisional Director of Nursing (for Item 13: Maternity Items)

#### Apologies

Sue Balcombe	Non-Executive Director
Julian Dennis	Non-Executive Director
Deirdre Fowler	Chief Nurse and Midwife

The Chair opened the Meeting at 09.45

<b>Minute Ref.</b>	<b>Item</b>	<b>Actions</b>
<b>01/12/22</b>	<b>Item 1 - Welcome and Apologies for Absence</b>	
	<p>Jayne Mee, Trust Chair, welcomed members of the Board to the meeting. Jayne reminded the Board that the meeting was being live streamed on YouTube for public access.</p> <p>Apologies of absence had been received from Sue Balcombe, Non-Executive Director; Julian Dennis, Non-Executive Director; and Deirdre Fowler, Chief Nurse and Midwife. It was noted that Sarah Dodds, Deputy Chief Nurse, would deputise for Deirdre Fowler.</p>	
<b>02/12/22</b>	<b>Item 2 - Declarations of Interest</b>	
	There were no new declarations of interest relevant to the meeting to note.	
<b>03/12/22</b>	<b>Item 3 - Patient Story</b>	
	<p>Lucy Bayley, Voluntary Services Coordinator, welcomed Peter Newman and Sophia Tang to the meeting who were both Volunteers for the Trust, and who were attending the meeting to share their experiences of volunteering and to explain what motivates them to give their time in this way. Lucy noted that the stories supported the new Volunteer Strategy for 2023-26 and aligned with the latest Trust Values and People Strategy. Lucy further noted how the Covid-19 pandemic had reshaped volunteering services and that this was the first-year volunteers had been welcomed back to the Trust since the pandemic.</p> <p>Peter Newman shared his experience of working as a volunteer in the Bristol Heart Institute Outpatients Department. Peter started volunteering in 2018 following a period of cardiac care with the hospital and now supported patients who are waiting for clinical appointments. Peter said he also volunteered with the hospital's radio channel which had provided the opportunity to talk to patients about music, and he shared examples of entire waiting rooms eagerly sharing opinions about musical tastes and interests. Peter said such conversations tended to relax patients before appointments. Peter commended the staff within the C503 ward in Bristol and thanked the volunteer team for being so supportive, as he noted that there could be some traumatic days.</p> <p>Sophia Tang shared her experience of working as a volunteer and specifically as a ward-based "Befriender". Sophia started volunteering in the Trust in June 2022 and supported patients during their stay in hospital. Sophia said she was working towards a career in medicine, and she shared the positive impact that working as a young volunteer had within the Trust and how her experience had developed her skills, knowledge and career aspirations. Sophia said the role really made a difference to patient experience and was proud to be part of the NHS.</p>	

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	<p>Stuart Walker, Chief Medical Director, thanked Peter and Sophia for their stories and wished Sophie well for beginning her medical career. Stuart asked whether there was anything further the Trust could do to support the volunteer team. Both Peter and Sophia responded how great it would be to enrol further volunteers to the Trust.</p> <p>Leading on from this, the Board queried how easy the application form for new volunteers was, and whether the process would discourage people from applying. Lucy Bayley said the team had been working on making the induction process easier and more inclusive by offering a mix of online and face to face training.</p> <p>Jayne Mee, Chair, brought the discussion to a close and said she welcomed the value that volunteers brought to the Trust and recognised the personal growth that could support those seeking a career in medicine. Jayne encouraged others to join the Trust as volunteers and Board members thanked Peter and Sophia for sharing their experiences.</p> <p><i>Peter and Sophia left the meeting.</i></p>	
<b>04/12/22</b>	<b>Item 4 - Minutes of the Last Meeting – 11<sup>th</sup> October 2022</b>	
	<p>The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 11<sup>th</sup> October 2022.</p> <p>Jane Norman, Non-Executive Director, noted her attendance at the previous meeting as she had been missed from the attendance list. This would be updated.</p> <p><b>Members of the Board approved the above minutes as a true and accurate record, subject to the change above.</b></p>	
<b>05/12/22</b>	<b>Item 5 - Matters Arising and Action Log</b>	
	<p>Board Members received and reviewed the action log. Updates on completed actions were noted, and others were discussed as follows:</p> <p><b>07/10/22 - Acute Provider Collaborative Board</b>  <i>Update to be provided on the new integrated stroke pathway to be provided to the Quality and Outcomes Committee on a quarterly basis.</i>  It was noted that the Stroke update had been added to the Quality and Outcomes business cycle with the first update received at November's committee meeting. <b>Action Closed</b></p> <p><b>07/10/22 - Acute Provider Collaborative Board</b>  <i>Revised terms of reference of the APCB to be amended to remove the use of gendered language.</i></p>	

<b>Minute Ref.</b>	<b>Item</b>	<b>Actions</b>
	<p>The Terms of Reference had been updated as requested. <b>Action Closed</b></p> <p><b>11/10/22 - Integrated Quality and Performance Report</b>  <i>Outcome of deep dive into Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) rates to be reported to the Quality and Outcomes Committee</i>  Outcome of deep dive to be reported to the Quality and Outcomes Committee in January 2023. <b>Action ongoing.</b></p> <p><b>13/10/22 - Maternity Perinatal Quality Surveillance Matrix (PQSM) Update Report</b>  <i>Deputy Divisional Director for Maternity and Clinical Director for Maternity to look into community midwives being unable to use the WiFi at GP surgeries and report back if unable to mitigate this.</i>  Sarah Dodds, Deputy Chief Nurse, said the IT team were trying to resolve this. <b>Action ongoing.</b></p> <p><b>12/08/22 - Integrated Quality &amp; Performance Report</b>  <i>Deirdre Fowler to explore whether the Local Authority and High Education providers could support therapists within the community and the Trust.</i>  Sarah Dodds, Deputy Chief Nurse, said this was being driven through the system to develop a robust pipeline of staff. <b>Action closed.</b></p> <p><b>06/08/22 - Chief Executive's Report</b>  <i>Stuart Walker to bring an update on the joint clinical strategy, including the list of services, to a future Board meeting.</i>  Jayne Mee, Chair, noted that the Joint Clinical Strategy would be discussed by the Board at its meeting in private later today. <b>Action Closed.</b></p> <p><b>13/05/22- Integrated Quality and Performance Report</b>  <i>It was agreed to ask the Discharge to Assess Board to provide timely and relevant regular information on the progress of the initiative.</i>  Jane Farrell, Interim Chief Operating Officer, noted Discharge to Assess would be discussed by the Quality and Outcomes Committee as a standard performance measure going forward. <b>Action Closed.</b></p> <p>Members of the Board noted the updates against the action log.</p>	
<b>06/12/22</b>	<b>Item 6 - Chief Executive's Report</b>	
	<p>Eugene Yafele, Chief Executive, provided a verbal update on the following key issues:</p> <ul style="list-style-type: none"> <li>• <b>Strike action</b> – The predominant issue that faced the Trust at the moment was industrial action planned by the Royal College</li> </ul>	



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	<p>of Nursing (RCN). The RCN was due to strike on 15<sup>th</sup> and 20<sup>th</sup> December 2022 and the Trust had been working with the RCN to understand whether any services would be exempt from industrial action, and staff would be encouraged to help to keep a safe service by using bank holiday and weekend services arrangements. It was noted that the ambulance service would also take industrial action on 21<sup>st</sup> and 28<sup>th</sup> December 2022 which would add further pressures to the hospitals. The Trust was awaiting results from a ballot by the Royal College for Midwives and Royal College for Occupational therapists on whether they would be undertaking industrial action in the new year. NHS England had confirmed that children's services nationally would be protected during this period.</p> <ul style="list-style-type: none"> <li>• <b>NHS oversight framework segmentation</b>– NHS England had recently reviewed the performance of all organisations in terms of providing focused assistance to organisations and systems. The Trust had been in segment 3 for the first half of the year due to its elective performance relating to 78 week waits, ambulance delays and 12hour trolley waits. NHS England and NHS Improvement regional teams had worked collaboratively with the Trust to undertake a diagnostic stocktake to identify the key drivers of the concerns that needed to be resolved and steady progress was being made against improvement actions. However the risks would increase during the winter period. The main focus throughout this time would be to eliminate patients waiting over 104 weeks and ensuring services could be delivered.</li> <li>• <b>Chief nursing officer healthcare support worker award ceremony</b> – six Healthcare Support Workers received the Chief Nursing Officer Healthcare Support Worker Award from Ed Cox, Assistant Director of Nursing at NHS England, and Deirdre Fowler, Chief Nurse and Midwife within the Trust.</li> </ul> <p>There were no comments or queries from the Board.</p> <p><b>Members of the Board received the Chief Executive's report for information.</b></p>	
<b>07/12/22</b>	<b>Item 7 - Acute Provider Collaborative Board Chair's Report</b>	
	<p>Jayne Mee, Co-Chair of the Acute Provider Collaborative Board, provided a verbal update on the following key issues:</p> <ul style="list-style-type: none"> <li>• The Board talked about the strategic capital planning and how the Capital Departmental Expenditure Limit (CDEL) would change over the next year or so, and what this meant as a collaborative, as well as individual Trusts.</li> <li>• An update was provided at the last meeting in relation to winter planning contingencies and the Board had expressed concern around the wider system plans, and had agreed to work collaboratively.</li> </ul>	

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	<ul style="list-style-type: none"> <li>The Board received an update on the progress of the Joint Clinical Strategy and would receive a further update at the next Acute Provider Collaborative Board in January 2023.</li> </ul> <p><b>Members of the Board received the Acute Provider Collaborative Board Chair's Report for assurance.</b></p>	
<b>08/12/22</b>	<b>Item 8 - Marlborough Hill Strategic Outline Case</b>	
	<p>Martin Sykes, Non-Executive Director and Chair of the Finance and Digital Committee introduced the Marlborough Hill Strategic Outline Case (SOC) and explained that the report was asking for the Board to approve the direction of travel in respect of this development. Martin said the Finance and Digital Committee had approved the SOC at its meeting in November 2022.</p> <p>Paula Clarke, Executive Managing Director, explained that if approved by the Board and the Council of Governors at its meeting today, the SOC would then be sent for regional, national and treasury agreement due to the size of the development planned and the amount of funding required.</p> <p>Paula explained that the main reasons for the development were due to the current location and condition of the Emergency Department; the requirement to have a fit for purpose space for an Emergency Department; and the need for additional Theatre space to deliver modern medicine to the growing population of Bristol. The Board were reminded that the approved Estates Strategy had also outlined plans for this new development and would create the space necessary to develop the facilities within the Children's Hospital.</p> <p>Paula explained that delivery of the preferred way forward required a maximum level of capital investment of £193.1m and would require funded through national capital programmes. Neil Kemsley, Chief Finance Officer, added that there was an additional annual revenue cost of approximately £20m associated with the facilities management costs of additional space.</p> <p>The Board were informed that local stakeholders and the Integrated Care Board (ICB) had been notified and recognised the need for change regionally.</p> <p>Stuart Walker, Chief Medical Director, offered a clinical perspective to the case and reiterated how the Bristol Royal Infirmary (BRI) had been classed as an outlier at national visits due to its estate's configuration. Stuart noted the vast efforts staff made every day in providing the best possible care in constrained environments and how it was not sustainable to continue working in this way. Stuart said if wards and services could be reconfigured to support the</p>	

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	<p>front door, it would support the retention strategies to attract the right people into a modern state-of-the-art facility.</p> <p>Bernard Galton, Non-Executive Director, said the SOC was robust and he fully supported The Preferred Way Forward (PWF) Option 7b which he felt would future-proof the hospital for decades to come. Bernard asked what investment would be made in the interim period as the project was likely to take several years to complete. Eugene Yafele said services would continue to be invested in to improve patient safety and patient experience wherever possible, giving an example of the Emergency Department for adults, where waiting spaces and flow had recently been improved. It was noted that this would be discussed in depth during the board meeting in private later that day.</p> <p>Jane Norman, Non-Executive Director, also supported the PWF and observed the improvements that could be made to sustainability and energy efficiency in a new-build and queried whether benefits of energy efficiency had been considered. Paula confirmed that this would be considered within the full business case and the project would seek to comply with the Trust's sustainability strategy. Neil said the £20m additional revenue cost had been assessed on current average costs across the estates and the proposal would be built around meeting modern standards.</p> <p>Marc Griffiths, Non-Executive Director, endorsed the PWF and queried whether the location of Radiopharmacy had been considered due to the current poor working conditions. Paula said it had been recognised as a key area to relocate, but the detail of which services would be relocated was currently undetermined, and it was noted that solutions for such services would not be covered within this outline case. However opportunities would be inevitable once a new space had been created and would be included in future planning stages.</p> <p>Roy Shubhabrata, Non-Executive Director, endorsed the proposal yet queried whether flexibility would be retained in terms of the final configuration of services as the picture may differ in years to come. Paula responded that the phasing opportunity would be tested and it was hoped flexibility would be built into the plans to include the best models of care for emergency and methods of surgery.</p> <p>Martin Sykes asked whether the project aligned with the direction of travel for the Integrated Care System (ICS)'s strategy and vision, and Eugene responded that the timing was right to influence an opportunity for change with this proposal and the Joint Clinical Strategy.</p> <p>Jayne Mee brought the discussions to a close and asked the Board to formally approve the the Strategic Outline Case to go to the</p>	

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	<p>Council of Governors for consideration at its meeting later that day. Jayne thanked Paula and Neil for their work on the business case and requested for this to be passed onto the teams involved.</p> <p><b>Members of the Board approved the Marlborough Hill Strategic Outline Case.</b></p>	
<b>09/12/22</b>	<b>Item 9 - Sustainability Strategy and Annual Sustainability Reporting</b>	
	<p>Neil Kemsley, Chief Finance Officer, introduced the Sustainability Strategy and Annual Sustainability Report, which provided an update on progress on the commitments made by the Board since 2018 when the Trust declared a climate emergency. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• Combined Heat &amp; Power (CHP) engines had been installed at both Bristol and Weston sites and significant benefits had been achieved.</li> <li>• The sustainability team had been working jointly with Bristol, North Somerset and South Gloucestershire (BNSSG) system partners to contribute toward an ICS Green Plan.</li> <li>• Next steps had been outlined in the report to achieve net-zero greenhouse gas emissions by 2030 which had considered the deficit cause by the installation of the CHP engines. Plans included the role out of a green vehicle fleet, improved recycling and the relocation of the central stores.</li> </ul> <p>Neil suggested that the Board should discuss the key risk of delivery at a Board Seminar with the sustainability team and Jayne Mee expressed interest in the Non-Executive Directors having a tour of the key sustainability areas.</p> <p><b>Action – Director of Corporate Governance to organise a Board Seminar session from the sustainability team and include a NED site visit to key sustainability areas.</b></p> <p>The Board thanked the sustainability team and noted the road to recovery.</p> <p><b>Members of the Board received the Sustainability Strategy and Annual Sustainability Reporting for assurance.</b></p>	<p>Director of Corporate Governance</p>
<b>10/12/22</b>	<b>Item 10 - CQC Final Report for Weston General Hospital</b>	
	<p>Sarah Dodds, Deputy Chief Nurse, introduced the final inspection report for medical care at Weston General Hospital which had taken place in August 2022. Sarah noted that significant improvements had been achieved in relation to the number of staff, and the care delivered with compassion and kindness. Sarah added that all improvement actions were underway and being monitored via the Quality and Outcomes Committee and the Section 31 Notice had been removed following the inspection.</p>	

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	<p>Jayne Mee, Chair, noted the team at Weston General Hospital would continue to follow an improvement plan which would be monitored by the Quality and Outcomes Committee.</p> <p><b>Members of the Board received the CQC Final Report for Weston General Hospital for assurance.</b></p>	
<b>11/12/22</b>	<b>Item 11 - Quality and Outcomes Chair's Report including update from the ICB Committee</b>	
	<p>In the absence of Julian Dennis, Marc Griffiths, Non-Executive Director, introduced the Quality and Outcomes Chair's Report from the last meeting held on 24<sup>th</sup> November 2022. Marc highlighted the following key issues to the Board:</p> <ul style="list-style-type: none"> <li>• An update had been received on how the discharge lounge was being used and whether it could be open 7 days a week, and regular progress reports would return to the Committee via the performance reporting.</li> <li>• The safe nurse staffing reports included the results from a recent review using the national validated tool.</li> <li>• The Committee was assured that risks outlined within the Leadership and Priorities Framework aligned with the Trust's risk registers.</li> <li>• The Committee heard about a new software package that was being implemented to allow better management of audits.</li> <li>• A report was scheduled to return to the Committee on the management of patients with eating disorders, for example celiac disease.</li> <li>• The Committee agreed an action to review Venous thromboembolism (VTE) forms to ensure that the correct information, for example restarting medication, was being asked for on the form.</li> </ul> <p>The Board endorsed the progress being made in relation to the discharge lounge.</p> <p><b>Members of the Board received the Quality and Outcomes Chair's Report for assurance.</b></p>	
<b>12/12/22</b>	<b>Item 12 - Leadership and Oversight Priorities Report</b>	
	<p>Jane Farrell, Interim Chief Operating Officer, introduced the Leadership and Oversight Priorities Report to provide an update of the key performance metrics for 2022/23 and the Trust Leadership priorities. It was noted that the full Integrated Quality and Performance Report (IQPR) had been included within the Document Library for reference. Key points were as follows:</p> <ul style="list-style-type: none"> <li>• Referral To Treatment (RTT) long waits and cancer performance had improved over the reporting period.</li> <li>• The number of patients waiting over 104 weeks at the end of November 2022 was around 30 and the list was on target to</li> </ul>	

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	<p>be fully eradicated by the end of March 2023, subject to any impact from the winter period.</p> <ul style="list-style-type: none"> <li>• Cancer performance had deteriorated over the autumn period but improvements were starting to be reflected against the improvement plan.</li> <li>• Work continued to augment and improve the resilience and flow throughout the emergency department and non-elective care, with a focus to reduce the challenges in relation to 'No Criteria to Reside' patients. This included a redesign of the front door to support better patient flow.</li> <li>• A care hotel had been set up in central Bristol for up to 30 patients to be moved out of the hospital to free up bed capacity.</li> <li>• The Children's emergency department had been challenging for the reporting period. Work continued to improve the capacity and environment and the flow through the department, including the separation of minors and majors that might be better treated in another unit.</li> </ul> <p>Jayne Mee, Chair, noted the incredible resilience of the team within the department and recognised the need for a more sustainable facility to support the demand.</p> <p>In response to a query from Gill Vickers, Non-Executive Director, Jane Farrell said that work to support the reduction of 'No Criteria to Reside' patients was being reviewed at weekly system meetings where funding and development schemes were being considered. Jayne Mee added that at a recent Bristol City Council meeting there had been much discussion around ideas for extra support being provided to the hospital in terms of releasing beds, which would be reliant on funding within the region.</p> <p>Arabel Bailey, Associate Non-Executive Director, queried whether all 30 beds within the Care Hotel were being used by both UHBW and North Bristol NHS Trust. Jane responded that the plan was well embedded and work to roll out virtual wards continued to alleviate the pressure even earlier for 'No Criteria to Reside' patients.</p> <p>Jane Norman, Non-Executive Director, celebrated the statistic of 90% of clinical teams being integrated across Bristol and Weston hospitals. Jane noted the hard work from all involved to achieve this result.</p> <p>Sarah Dodds, Deputy Chief Nurse, highlighted the following within the safe domain:</p> <ul style="list-style-type: none"> <li>• There had been a higher amount of infection prevention control cases, which would be monitored and reviewed regularly.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• There had been an increase in the number of pressure ulcers and pressure injuries. The Board was assured that a review was being conducted to explore the reasons behind this which would be reported to the Quality and Outcomes Committee.</li> </ul> <p>Stuart Walker, Chief Medical Director, highlighted the following within the medical domain:</p> <ul style="list-style-type: none"> <li>• Feedback received via the Friends and Family Test survey was positive and included comments about the fantastic care staff.</li> <li>• A report on the Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) would go to the Quality and Outcomes Committee in January 2023 to focus on coding issues.</li> </ul> <p>Emma Wood, Chief People Officer, highlighted the following within the workforce domain:</p> <ul style="list-style-type: none"> <li>• £1,000,000 had been spent this financial year on staff rest areas, alongside a new single point wellbeing hub based at Weston General Hospital, which staff had welcomed.</li> <li>• Work was underway to explore how agency staff were being used with an overall aim to reduce Tier 4 agency spend.</li> <li>• Turnover and vacancies had remained above target and a retention strategy was being developed around the reasons behind people leaving, which linked into the strategic workforce plan that was in development to build an internal supply of nurses.</li> </ul> <p><b>Members of the Board received the Leadership and Oversight Priorities Report for assurance.</b></p>	
<b>13/12/22</b>	<b>Item 13 - Maternity Items</b>	
	<p>Sarah Windfeld, Divisional Director of Nursing, joined the meeting to present the maternity update to the Board, alongside Rachel Liebling, Consultant in Obstetrics and Gynaecology. Key points were as follows:</p> <ul style="list-style-type: none"> <li>• <b>Clinical Negligence Scheme for Trusts (CNST) Compliance Declaration</b> - The Board heard that the Trust was able to demonstrate 100% compliance against the standards for CNST and had received the full rebate. The Board confirmed they fully endorsed the declaration.</li> <li>• <b>Kirkup Report</b> – the report provided an outline of the findings of an independent investigation into East Kent Maternity Services which was published in October 2022. The team planned to include actions from the report recommendations at the Perinatal Transformation Implementation Board to develop a response and list of achievable actions. It was noted that the Chair of East Kent Hospitals University NHS Foundation Trust had offered</li> </ul>	

<b>Minute Ref.</b>	<b>Item</b>	<b>Actions</b>
	<p>support to the Trust relating to share the improvements made at the hospital due to the report findings.</p> <ul style="list-style-type: none"> <li>• <b>Maternity Perinatal Quality Surveillance Matrix (PQSM) Update Report</b> – A key strength for the period was that a new Midwife Diversity and Inclusion Practice Education Facilitator was in post, to raise awareness and to improve inclusivity, with initiatives being launched around celebration of dates and ‘what’s in a name’ relating to the correct pronunciation of names. Weaknesses included capacity issues around the flow of inductions and work would be undertaken to improve in this performance area.</li> <li>• <b>Ockenden</b> - There had been a week of workshops relating to Ockenden with the aim to engage, update and encourage collaboration with clinical teams. Work had been ongoing with the region to engage with women and doulas due to an increase in women free birthing.</li> </ul> <p>The Board raised no comments or questions.</p> <p><b>Members of the Board received the Maternity Items for assurance.</b></p>	
<b>14/12/22</b>	<b>Item 14 - Six Monthly Safe Staffing Report</b>	
	<p>Sarah Dodds, Deputy Chief Nurse, introduced the Six-Monthly Safe Staffing Report. Key points were as follows:</p> <ul style="list-style-type: none"> <li>• The past 6 months had been extremely challenging to maintain safe staffing across the Trust as staff readjusted to the challenges faced due to elective recovery, business as usual and increased general demands on the service following the pandemic.</li> <li>• The Trust had completed a ‘ward to board’ acuity and dependency assessment across all appropriate wards, emergency departments, and midwifery for both adult and children’s areas. The findings demonstrated that wards had been safely staffed, but more investment was required at Weston General Hospital and the adult services in Bristol due to capacity and environment.</li> <li>• The onboarding of international nurses had improved the overall nursing rates.</li> <li>• Work to support the retention plan continued and plans to support career development would be considered for the non-registered workforce and would require additional funding.</li> </ul> <p>Jayne Mee, Chair, commended the report and thanked the teams involved for their excellent work.</p> <p>The Board noted that annual leave targets were being met and staff were able to take leave. This prompted a discussion around sickness rates which were higher than expected and the Board</p>	



<b>Minute Ref.</b>	<b>Item</b>	<b>Actions</b>
	<p>was assured that more targeted work on long-term sickness would be carried out with direct support from human resources. Emma Wood, Chief People Officer, reported that Covid-19 absences had now been included within the overall reporting data and Emma noted that the set of data was over the winter period which typically included a higher amount of sickness absence.</p> <p>In response to a query from Marc Griffiths, Non-Executive Director, the Board heard that the Practice Education Facilitator role provided direct support to newly registered nurses.</p> <p><b>Members of the Board received the Six Monthly Safe Staffing Report for assurance.</b></p>	
<b>15/12/22</b>	<b>Item 15 - People Committee Chair's Report <i>including update from the ICB Committee</i></b>	
	<p>Bernard Galton, Non-Executive Director and Chair of the People Committee, introduced the Chair's Report from the last meeting held in November 2022. The following updates were provided:</p> <ul style="list-style-type: none"> <li>• The Committee had an in-depth discussion and assessment in relation to the Trust's Recruitment and Retention Strategy with specific focus on Nurse retention.</li> <li>• The Committee received an update on the Bridges Talent Management Programme that had recently been rolled out.</li> <li>• The Diagnostics Division had attended the meeting to provide a deep dive into their performance metrics which was welcomed by Committee members.</li> <li>• The Committee received an update from the ICB People Committee and heard that a new Chief People Officer was being recruited for the ICS.</li> <li>• The ICS was also developing a strategy where there would be enabling strategies underneath that of its people.</li> </ul> <p>In response to a query from Martin Sykes, Non-executive Director, relating to retention, Emma Wood hoped to see improving retention rates by the end of the next financial year with an overall target of 15%. This was ambitious and other Trusts within the area had targets of around 20%. Bernard added that the aim was to improve career pathways and look after the Trust's people for a longer-term investment.</p> <p><b>Members of the Board received People Committee Chair's Report for assurance.</b></p>	
<b>16/12/22</b>	<b>Item 16 - Research and Innovation Six-Monthly Report</b>	
	<p>Stuart Walker, Chief Medical Officer, introduced the Research and Innovation Six-Monthly Report to the Board. Stuart noted that following a review, the research portfolio had identified a change over the past five years, and the Trust was opening fewer complex studies. This was reflected in the performance for recruiting to time</p>	

<b>Minute Ref.</b>	<b>Item</b>	<b>Actions</b>
	<p>and target, and especially for non-commercial research. It was noted that this followed a national shift in emphasis in research towards more population health-based research tools.</p> <p>There were no comments or queries from the Board.</p> <p><b>Members of the Board received Research and Innovation Six-Monthly Report for assurance.</b></p>	
<b>17/12/22</b>	<b>Item 17 - Finance &amp; Digital Committee Chair's Report including update from the ICB Committee</b>	
	<p>Martin Sykes, Non-Executive Director and Chair of the Finance and Digital Committee introduced the Chair's Report from the last meeting held in November 2022. The following updates were provided:</p> <ul style="list-style-type: none"> <li>• The programme for back-scanning paper notes with scanning at the Eye Hospital and Children's outpatients had made good progress.</li> <li>• In terms of improving digital services across the Trust, progress was being made.</li> <li>• The Marlborough Hill strategic outline case and development options had been discussed in depth. The Committee approved the SOC for onward referral to the Trust Board.</li> <li>• The financial position for the next financial year had been discussed and was positive despite the financial challenges experienced with international recruitment.</li> <li>• The rollout of outpatient digital noting continued with Dermatology being highlighted as a recent success.</li> <li>• Upcoming areas of focus would include the continued medicines management program and assessment of the Trust digital progress against NHSE minimum digital foundation (MDF) standards.</li> </ul> <p>There were no comments or queries from the Board.</p> <p><b>Members of the Board received Finance and Digital Committee Chair's Report for assurance.</b></p>	
<b>18/12/22</b>	<b>Item 18 - Trust Finance Report</b>	
	<p>Neil Kemsley, Chief Finance Officer, introduced the report and informed the Board of the Trust's financial performance for the period 1st April 2022 to 31st October 2022.</p> <ul style="list-style-type: none"> <li>• The Trust's net income and expenditure position for month 7 was a deficit of £3.5m, £0.3m worse than the planned deficit of £3.2m.</li> <li>• The month 8 position was reported as £3.7m year to date deficit against a £4.9m planned deficit which was ahead of the planned position.</li> </ul>	

<b>Minute Ref.</b>	<b>Item</b>	<b>Actions</b>
	<ul style="list-style-type: none"> <li>• Most Divisions had made progress against their financial recovery plans and the forecast outturn had also been positive in terms of the year-end forecast for the Cost Improvement Program (CIP) and it was noted the year-end target was a £15.7m forecast delivery against a £15m plan.</li> <li>• It was noted that the bigger issue was in relation to the delivery of a £7m shortfall in terms of savings identified on a recurrent basis and there would be financial challenges both at system and Trust level, that would add additional pressure next year.</li> <li>• In terms of the wider system, a financial risk had previously been flagged as associated with the international nursing and the F1 doctors at Weston General Hospital. The view at system level was for the risk to be covered and so the system continued to forecast the Trust would end the year in a break-even position.</li> </ul> <p>There were no comments or queries from the Board.</p> <p><b>Members of the Board received Trust Finance Report for assurance.</b></p>	
<b>19/12/22</b>	<b>Item 19 - Register of Seals – Q2 Update</b>	
	<p>Eric Sanders, Director of Corporate Governance, reported three sealings had taken place since the last report.</p> <p><b>Members of the Board received the quarterly update on the Register of Seals for information.</b></p>	
<b>20/12/22</b>	<b>Item 20 - Governors' Log of Communications</b>	
	<p>Eric Sanders, Director of Corporate Governance, said the update to the Governor's Log would be covered in greater detail at the Council of Governor's meeting later that day.</p> <p><b>Members of the Board received the Governors' Log of Communications for information.</b></p>	
<b>21/12/22</b>	<b>Item 21 - Any Other Urgent Business</b>	
	<p>There were no further items of business to discuss and the meeting closed at 13.00pm.</p>	
<b>22/12/22</b>	<b>Item 22 - Date of Next Meeting: Tuesday 14 February 2023</b>	



**Public Trust Board of Directors Meeting on Wednesday, 22 February 2023  
Action Log**

<b>Outstanding actions from the meeting held in December 2022</b>					
<b>No.</b>	<b>Minute reference</b>	<b>Detail of action required</b>	<b>Executive Lead</b>	<b>Due Date</b>	<b>Action Update</b>
1.	09/12/22	<b><u>Sustainability Strategy and Annual Sustainability Reporting</u></b> Director of Corporate Governance to organise a Board Seminar session from the sustainability team and include a NED site visit to key sustainability areas.	Director of Corporate Governance	February 2023	<b>Suggest Action Closed</b>  <b><u>February update:</u></b> A session on sustainability had been added to the Board Seminar programme in 2023 and a NED site visit is being organised for March 2023.
2.	11/10/22	<b><u>Integrated Quality and Performance Report</u></b> Outcome of deep dive into Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) rates to be reported to the Quality and Outcomes Committee.	Chief Medical Officer	February 2023	<b>Work in Progress</b> <b><u>February Update:</u></b> Verbal Update to be given at meeting.  <b><u>December update:</u></b> Outcome of deep dive to be reported to the Quality and Outcomes Committee in January 2023.
3.	13/10/22	<b><u>Maternity Perinatal Quality Surveillance Matrix (PQSM) Update Report</u></b> Deputy Divisional Director for Maternity and Clinical Director for Maternity to look into community midwives being unable to use the Wi-Fi at GP surgeries and report back if unable to mitigate this.	Chief Nurse & Midwife	December 2022	<b>Suggest Action Closed</b>  <b><u>February update:</u></b> All GP sites have been reviewed and requirements discussed with the staff at each. Some additional wired PCs were installed to improve access to IT equipment.  <b><u>December update:</u></b> Sarah Dodds, Deputy Chief Nurse, said the IT team were trying to resolve this and would keep the board updated.
<b>Closed actions from the meeting held in December 2022</b>					
<b>No.</b>	<b>Minute reference</b>	<b>Detail of action required</b>	<b>Action for</b>	<b>Due Date</b>	<b>Action Update</b>

1. Public Board	07/10/22	<b><u>Acute Provider Collaborative Board</u></b> Update to be provided on the new integrated stroke pathway to be provided to the Quality and Outcomes Committee on a quarterly basis.	Director of Corporate Governance	December 2022	<b>Action Closed</b> It was noted that the Stroke update had been added to the Quality and Outcomes business cycle with the first update received at November's committee meeting.
2.	07/10/22	<b><u>Acute Provider Collaborative Board</u></b> Revised terms of reference of the APCB to be amended to remove the use of gendered language.	Director of Corporate Governance	December 2022	<b>Action Closed</b> Terms of reference updated as requested.
3.	12/08/22	<b><u>Integrated Quality &amp; Performance Report</u></b> Deirdre Fowler to explore whether the Local Authority and High Education providers could support therapists within the community and the Trust.	Chief Nurse & Midwife	October 2022	<b>Action Closed</b> Sarah Dodds, Deputy Chief Nurse, said this was being driven through the system to develop a robust pipeline of staff.
4.	06/08/22	<b><u>Chief Executive's Report</u></b> Stuart Walker to bring an update on the joint clinical strategy, including the list of services, to a future Board meeting.	Chief Medical Officer	December 2022	<b>Action Closed</b> This matter was discussed at the private meeting of the Board in December.
5.	13/05/22	<b><u>Integrated Quality and Performance Report</u></b> It was agreed to ask the Discharge to Assess Board to provide timely and relevant regular information on the progress of the initiative.	Deputy Chief Executive and Chief Operating Officer	July 2022	<b>Action Closed</b> Jane Farrell, Interim Chief Operating Officer, noted Discharge to Assess would be discussed by the Quality and Outcomes Committee as a standard performance measure going forward.

## Meeting of the Board of Directors in Public on Wednesday 22 February 2023

<b>Report Title</b>	<b>Chief Executive Report</b>
<b>Report Author</b>	<b>Executive Directors</b>
<b>Executive Lead</b>	<b>Engie Yafele, Chief Executive</b>

<b>1. Report Summary</b>	
To provide an update on key strategic and operational issues affecting the Trust, system and the wider NHS.	
<b>2. Key points to note</b> <i>(Including decisions taken)</i>	
The report seeks to highlight key issues not covered in other reports in the Board pack and which the Board should be aware of. These are structured into four sections: <ul style="list-style-type: none"> <li>• National Topics of Interest</li> <li>• Integrated Care System Update</li> <li>• Strategy</li> <li>• Operational Delivery</li> </ul>	
<b>3. Risks</b> <b>If this risk is on a formal risk register, please provide the risk ID/number.</b>	
The risks associated with this report include: <ul style="list-style-type: none"> <li>• The potential impact of strikes on the availability of services and quality of care delivery.</li> <li>• The delivery of reductions in planned care waiting times, specifically the reduction in patients waiting over 104 weeks.</li> <li>• The continued assessment of the Trust in Segment 3 – Mandated Support by NHS England, and the support and scrutiny that is associated with this segmentation.</li> </ul>	
<b>4. Advice and Recommendations</b> <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> <li>• This report is for <b>Information</b>.</li> </ul> The Board are asked to note the report.	
<b>5. History of the paper</b> <b>Please include details of where paper has <u>previously</u> been received.</b>	
N/A	

## Chief Executive's Report

### Background

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

### National Topics of Interest

#### Industrial Action

Following two days of strike action in December, members of the Royal College of Nursing (RCN) undertook two further days in February, on the 6<sup>th</sup> and 7<sup>th</sup>. We continue to work closely and constructively with our local Staffside colleagues and regional union representatives to ensure that the delivery of patient care in our critical services can be maintained on any strike days. We have seen large picket lines, but colleagues have conducted themselves professionally and respectfully in the course of sharing their strength of feeling.

The Chartered Society of Physiotherapists (CSP) took strike action at UHBW on the 26<sup>th</sup> January. Our operational and clinical teams have also been working to mitigate the impact of industrial action outside UHBW; most notably amongst ambulance staff, but also amongst teachers.

The British Medical Association (BMA) are currently balloting nationally for strike action, and will announce the outcome shortly after the 20<sup>th</sup> February. If successful, they would be required to give 14 days' notice of any planned action. We are however already planning for the disruption to services that this would bring. The Hospital Consultants and Specialists Association (HCSA) announced on 20<sup>th</sup> January that they have successfully balloted for strike action, but are yet to announce any planned action.

### Integrated Care System

#### System Decision Making Framework – Improvement Groups

As part of the ongoing development of the ICB governance arrangements, the Board approved the decision making framework to enable the system to make timely decisions and mitigate the transfer of risk between partners. The next stage of developing the framework is the establishment of 4 improvement groups that will act as gatekeepers of transformation, innovation and Improvement across the system. The groups will have a focus on

- Community and primary care
- Children
- Mental Health/ Learning Disability and Autism
- Acute services

The Acute Provider Collaborative (ACP) and is keen to ensure that it can act as the system improvement group for acute services. Discussions are currently ongoing with the ICB Executive to agree the most efficient way to deliver agreed outcomes.

## System performance – Winter Headlines

There are significant challenges across all sectors of the BNSSG system. At the front door, the 111 call abandonment rate was 48.8% (target 5%), category 2 ambulance performance was on average 169 minutes (target 18 minutes) with an average of 413 hours lost through December due to handover delays. ED performance was 54.1% with 2003 patients waiting more than 12 hours. Front door performance across the system improved in January but remained below the expected performance levels for all indicators.

System discharge performance has remained challenged with a higher than desired number of patients who no longer meet the criteria to reside (NCTR). There is a system discharge event led by the National Discharge Director later in the month to improve system performance. It is worth noting that UHBW discharge performance has improved but the NCTR patient numbers are still high.

## **Strategy**

### Eugene Street Flats

The Board will be aware of the proposal to work with Bristol City Council to support their homelessness programme and to resolve the long-standing lease issue resulting from the previous purchase agreement of the flats. Work has been ongoing to bring this to a successful conclusion and as such the lease from the Trust to BCC relating to Eugene and Marlborough Flats completed on the 9<sup>th</sup> January. This also included a transfer of No. 9 Eugene from the Council to the Trust, thus fully resolving the future ownership of the flat, in the Trust favour. The resolution of the long lease issue was identified as a very high risk in terms of its potential to block redevelopment plans for this part of the site, and its resolution is a significant milestone.

The Council will now commence a refurbishment programme for the Eugene and Marlborough blocks. As yet they have not shared a potential completion date. In parallel the Trust has commenced the refurbishment of Montague block and some Trust tenants will relocate to fully occupy that block by the w/c 6<sup>th</sup> March. A joint press release is planned and the Residences team have been working with Trust residents to ensure they are fully aware of and engaged in the changes.

## **Operational Delivery**

### Elective Recovery

The Trust forecast is that we will have 6 remaining patients waiting over 104 weeks at the end of January 2023. We anticipate that from the end of February we will have eliminated waiting times of greater than 104 weeks.

There are 728 patients waiting over 78 weeks. Our forecast is that we will have 300 patients waiting over 78 weeks by the end of March. In our operating plan this year, we anticipated that we would have nearly 700 patients waiting over 78 weeks, and so this represents a significant improvement.



That said, the executive recognise that we need to go further, and so our intention is that we will continue to develop plans to expedite the treatment of these remaining patients towards our goal of eliminating waiting times over 78 weeks at the end of March.

A big thank you to the collective efforts of our clinical and non-clinical staff in helping to reduce the number of patients waiting over 78 and 104 weeks for treatment.

### Urgent Care

The Every Minute Matters approach is producing length of stay reductions for people going out on supported discharge pathways. Coupled with additional system capacity this is reducing the length of time people with complex needs spend away from home whilst assessments and care arrangements are made.

A system review of urgent care demand is underway to analyse the activity reductions and patient flow changes which were evident during recent ambulance service industrial action. The aim of the review is to capture learning for improvements we may be able to make to urgent care delivery to better support patients in the future.

### **Recommendation**

The Board is asked to note the report

**Eugine Yafele**  
**Chief Executive**



**Meeting of the Trust Board of Directors in Public on Wednesday 22<sup>nd</sup> February 2023**

<b>Reporting Committee</b>	Acute Provider Collaborative Board
<b>Chaired By</b>	Michele Romaine, NBT Trust Chair and Co-Chair of APCB.
<b>Executive Lead</b>	Eugine Yafele, Chief Executive

**For Information**

Clinical Workstream Update

The Board received an update from the two organisations' Chief Medical Officers on the development of a Joint Clinical Strategy. This described the intended deliverables of this strategy as:

- A culture of collaboration
- Demonstrable benefits delivered for patients
- A focus on services that would benefit from a "single service" model
- Delivery of enabler workstreams, including diagnostics, digital, estates and corporate services
- A single acute voice into the Integrated Care Board

The report included an outline of the "ground up" work that had been undertaken with clinical and operational colleagues to identify priority areas, and set out the next stage, which would involve a feasibility study to identify what services must be delivered on both sites and where integration would be of most benefit to patients. This would include consideration of existing infrastructure and service interdependencies, the current and future health requirements of the population, workforce requirements, and the need to ensure robust services able to meet the needs of patients.

The APCB endorsed the ongoing work, approved the proposed feasibility study, and requested an update at the next APCB meeting.

Digital Convergence Roadmap

The Board received a presentation delivered by NBT's Chief Digital Information Officer on behalf of both organisations which covered the proposed approach to digital convergence and a shared Digital Strategy, focusing on the themes:

- Digital Workforce
- System Convergence
- Access & Security
- Governance

The Board approved the creation of a sub-group to be called the Digital Convergence Sub-group to progress this work. Because this sub-group would include members who were not formal members of the APCB, this approval was subject to both organisations' Board of Directors confirming their support and amending the APCB terms of reference (which currently only allow sub-groups to be created with existing members of the APCB).

Winter Update



The Board received an update from NBT's Chief Operating Officer on the operational performance and pressures during the Winter period. It was discussed that the current circumstances were challenging as hospital occupancy levels remained very high and the issue of high numbers of patients with No Criteria to Reside (NC2R) persisted.

The Board were informed that the short-term plan included:

- The ongoing impact of the Care Hotel
- The use of the additional monies (ringfenced for step-down activity) that has been released into the system
- Reviewing the Discharge to Assess (D2A) plans for next year

The long-term plans involved considering how the acute Trusts worked together more closely with Primary Care and how to reduce long waiting patients.

The Board discussed the availability of beds and identified the need for the system to undertake a bed requirement profiling exercise to ensure that beds match patients' needs so that there was intelligent commissioning for the right type of beds. The Board agreed that the Chief Executives would progress this with the Integrated Care System.

#### Corporate Services Update

The Board received an update on the Corporate Services Board which focused on the Shared Services Model proposal, the progress made with the single payroll function project and the benchmarking analysis exercise and an update on the outputs from the People Visioning Workshop

The Board approved the Shared Services Model proposal, supported the proposed next steps and welcomed the quality improvement ambition of the model.

The Board also approved the amendment to the Corporate Services Board Terms of Reference to include the wider HR collaboration work

#### Strategic Capital Update

The Board received an update from NBT's Chief Finance Officer on the progress of the strategic capital planning.

The Board discussed the importance of aligning the capital planning to the emerging joint clinical strategy and agreeing on the priorities for the provision of acute services as a system. It was agreed that an APCB meeting would be stood up in March 2023 to review the progress and sign off the strategic capital priorities as a partnership.

#### Additional Updates:

The Board also received:

- An update on the Innovator Scheme
- A dashboard overview of existing work programmes.

#### **For Board Awareness, Action or Response**

The Trust Board is asked to note the activity undertaken by the APCB, and:

- Approve amendments to the APCB terms of reference, to allow the creation of sub-groups (such as the Digital Convergence Group) which include individuals who are not members of the APCB.



**University Hospitals  
Bristol and Weston**  
NHS Foundation Trust

<b>Date of next meeting:</b>	<b>March 2023</b>
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## Meeting of the Board of Directors in Public on Wednesday 22<sup>nd</sup> February 2023

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

### 1. Action required

Members are asked to:

1. Note the 'Becoming University Hospitals Bristol and Weston - Our integration journey and final assurance report'
2. Note the decision of the Executive Committee on 25<sup>th</sup> January 2023, to formally close the Integration Programme, based upon their assessment of the Final Post-Merger Assurance Report (provided for assurance in the Public Board Reading Room), and supported by separate assurance from the Audit and Finance & Digital Committees
3. Note the transition plans in place to move towards business as usual, and the post programme oversight arrangements that will continue to ensure the further gains of integration are made in coming years

### 2. Report Summary

#### Governance

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

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

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

On 16<sup>th</sup> January 2023, the Integration Programme Board (IPB) made a formal recommendation to close the Integration programme. In making this proposal, IPB considered the evidence brought forward in the Final Post Merger Assurance Report. In its view, the merger and integration programme had achieved its key aims, and the proposed plans for post-programme oversight and monitoring of the realisation of the remaining benefits were fit for purpose.

On 24<sup>th</sup> January, the Finance and Digital Committee noted and accepted the final post-merger assurance report, with particular reference to Section 12 (Financial analysis).

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

On 27<sup>th</sup> January, the Audit Committee reviewed and supported the final post-merger assurance report, with particular reference to section 13 (Risk management) and section 14 (The benefits of merger).

### Overview

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

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

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

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

Almost three years on, it is encouraging to see that delivery of the benefits from becoming *one UHBW* is well underway. Developing and valuing our workforce continues to be at the centre of assuring Weston General as a sustainable hospital, and major improvements are already evident in the recruitment and retention of a number of key professional groups, particularly in nursing staff and middle grade doctors. We have also significantly improved access to learning and development and increased apprenticeship opportunities, with 7.5% of staff at Weston General Hospital now undertaking apprenticeships and, despite the significant levels of change, staff engagement has increased. Significant progress has also been made consolidating systems, processes, and policies in support services, such as Digital, Estates, Finance, HR, and Workforce and invested in upgrading the estate at Weston General Hospital.

We know that across the organisation staff have worked collaboratively to develop single services that build on the strengths of the past. Capacity for elective surgery has been expanded in the new Knightstone ward at Weston and a Medical Day unit, Discharge Lounge and Same Day Emergency Centre have been developed to improve flow through the hospital. Our award-

winning Geriatric Emergency Medicine Service (GEMS) team at Weston have also continued to innovate, recently starting a GEMs at Home service. Sharing the learning across UHBW is key to how we will keep improving our services and supporting our people to be the best they can be every day.

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

### Programme assurance

There have been two formal assurance reports post-merger, setting out the degree to which the aims and objectives of the Transaction Business Case (TBC) have been achieved. The final post-merger Assurance Report brings together the current evidence and evaluation, providing the basis for the decision to close the programme and move to post programme monitoring and oversight, and business as usual delivery of the remaining capabilities.

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

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

<b>Post Programme monitoring</b>	Are post integration programme monitoring and oversight arrangements suitable?	Yes
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### Post programme monitoring and support

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

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

### Next steps

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

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

### a. Risks

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



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

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

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

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

#### **b. Advice and Recommendations**

- This report is for **assurance**

**Note:** For assurance, the Final Post Merger Assurance Report that has been reviewed by Committees has been added into the public board reading room

#### **c. History of the paper**

Integration Programme Board	16 <sup>th</sup> January 2023
Finance & Digital Committee (Final Post Merger Report)	24 <sup>th</sup> January 2023
Executive Committee (Closure Report)	25 <sup>th</sup> January 2023
Audit Committee (Final Post Merger Report)	27 <sup>th</sup> January 2023


# Becoming University Hospitals Bristol and Weston

## Our integration journey and final assurance report

January 2023

**#TeamUHBW**

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



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



We are  
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We're full of  
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We are  
**collaborative**  
We do things  
together.



# Foreword

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

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

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

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

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

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

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

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



*Jayne*  
**Jayne Mee**  
Chair



*Eugene*  
**Eugene Yafele**  
Chief Executive

# 1. Our integration story

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

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

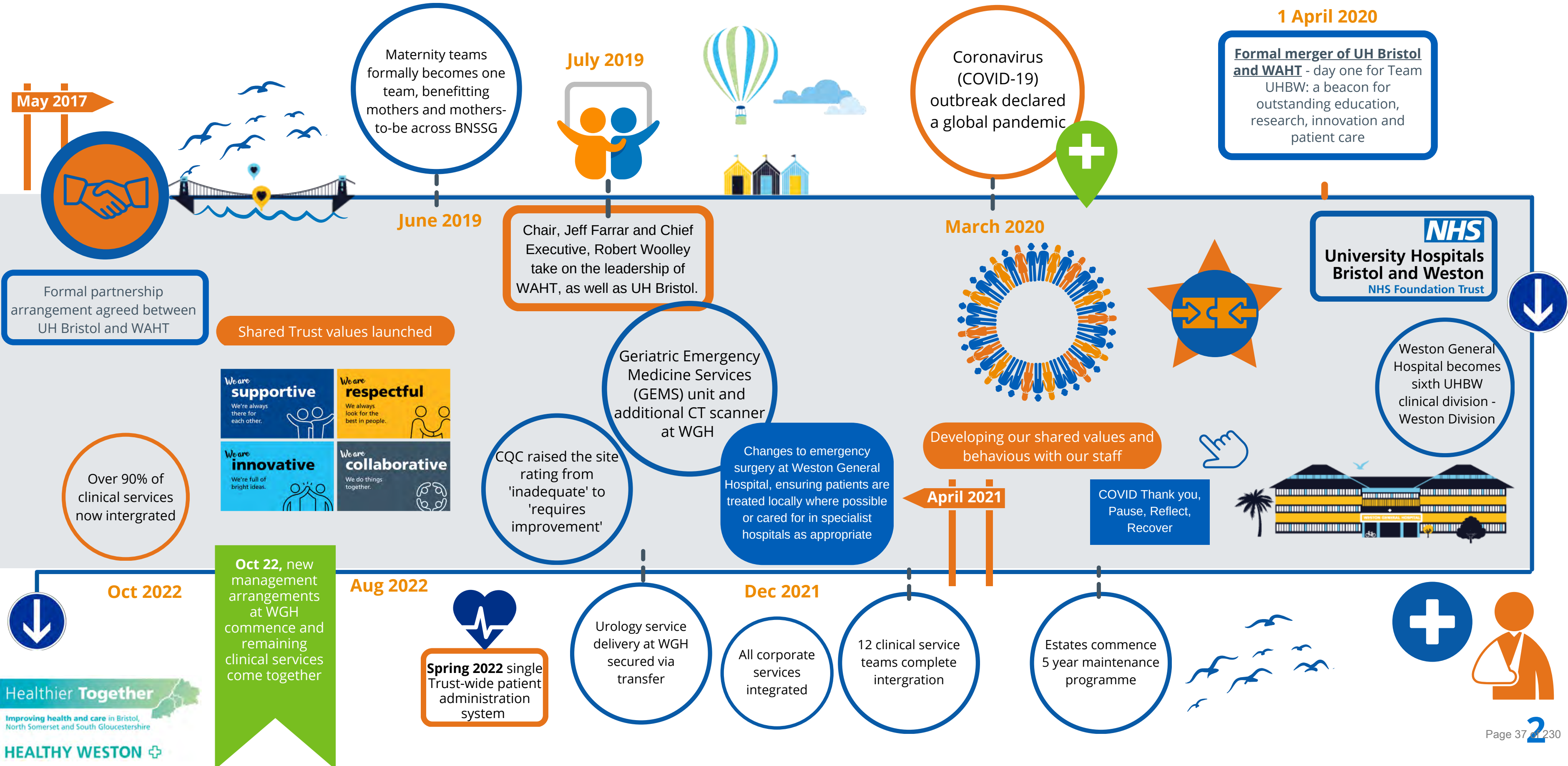
Despite this, we have been able to make improvements in delivering quality health care at WGH that meets the health needs of the local population, strengthen our workforce, and start to secure some of the benefits for the hospital and its teams, of being part of a larger organisation. The integration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

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

A roadmap of our integration story, which outlines the key milestones of the merger is set out on the next page. It serves as a helpful reminder of everything that has been achieved – the challenges, the celebrations, and the benefits – and also the direction of travel for the organisation, guiding us in our mission and supporting us to realise our vision.



# Becoming One organisation

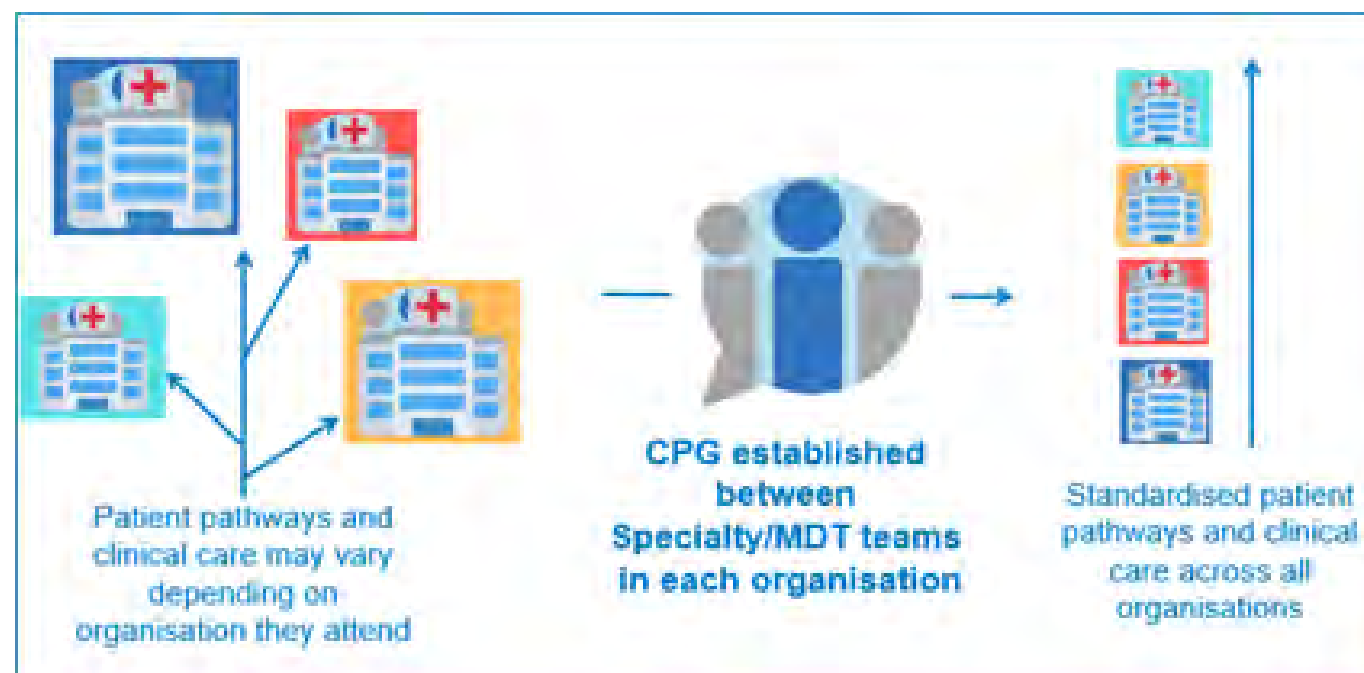


# 1. Our integration story (2)

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

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

## The Clinical Practice Groups (CPGs) approach



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

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

# 1. Our integration story (3)

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

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

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

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

The Healthy Weston long-term vision for Weston General Hospital, developed with our health and social care partners, provides this compelling future clinical model of care. We will continue to provide all-age hospital services for local people, delivering the right care at the right time to enable patients to be assessed, treated and able to return home as soon as possible, together with developing centres of excellence for higher volume, lower complexity surgery and specialist care for older people.

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



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

**Paula Clarke**, Executive Managing Director (Weston)

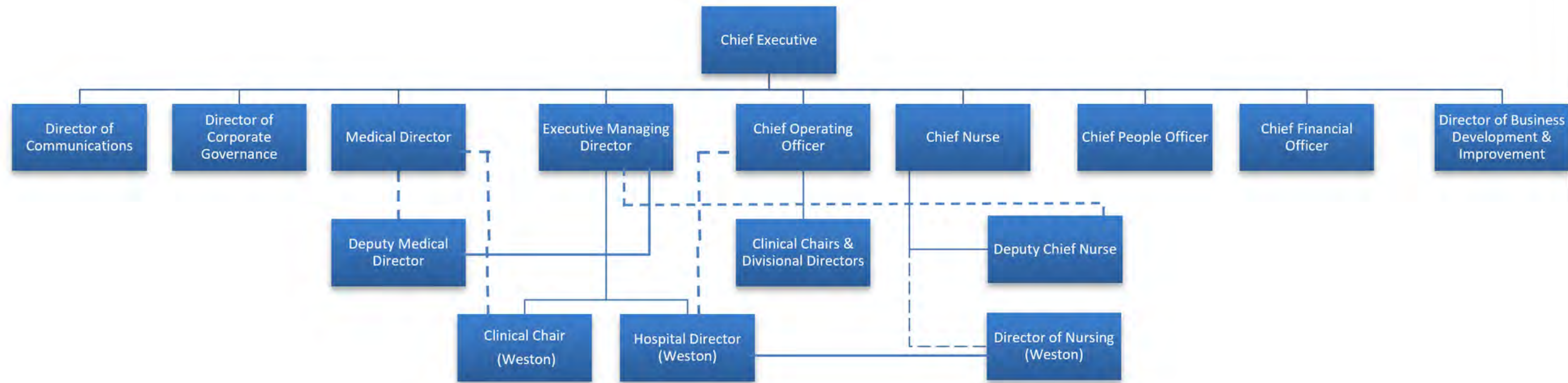
# 1. Our integration story (4)

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

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

Mark Goninon,  
Deputy Chief Nurse

## New organisational structure, including the WGH leadership team





# Accountability for Services at Weston General Hospital

(commenced 17 October 2022)

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

## 2. Our key messages

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

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

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

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

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

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

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

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

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

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

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

## 3. About us

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

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

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

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

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

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

## #TeamUHBW

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



## 4. The first post-merger review

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

Key milestones completed after this first assurance report included:

**In June 2021**, the Trust took the decision to place an executive triumvirate leadership team at Weston General Hospital (WGH), with a managing director, site medical director, and deputy chief nurse, strengthening operational delivery, and co-ordinating improvement, staff and stakeholder engagement.

**In September 2021**, the Trust extended the two-year programme of change by a further year, with service integrations to be completed by the revised date of October 2022, and with a date of March 2023 to complete the programme and move into business as usual.

**In November 2021**, the Trust decided to strengthen the proposed management model at WGH and create a joint approach for most medical and surgical services.

**In March 2022**, the business case for future management arrangements at WGH was agreed, with:

- A new entity known as The Weston General Hospital Management Team to be established from October 2022, replacing the current Weston Division
- The WGH management team being responsible for leading the site and a range of clinical services and facilities
- All other clinical services becoming Trust-wide by October 2022 and be wholly run and operated by UHBW-wide clinical divisions



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

Ian Barrington, former Managing Director (Weston)

## 5. The second post-merger review

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

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



# Case Study: Integrated Discharge Pilot



## THE WESTON PILOT PROJECT CONSIDERED

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

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

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

“This Weston pilot has saved 79 bed days over the first 30 days of the project. The team have been motivated, engaging and enthusiastic in carrying this work out and have really bought in to the new ask.”

## Stephen Cutler, Clinical Lead for the Integrated Discharge Service

## THE PILOT'S IMPACT

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

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

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

## THE NEXT STEPS

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

## 6. Assessment of our Integration maturity

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

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

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

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

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

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

**Alison Lowndes, Divisional Director (Surgery)**



# 7. Our values, our people strategy

Having a common set of shared values is important in all organisations and thousands of staff played an active role in deciding what the UHBW values should be. This involved extensive conversations, surveys, focus groups and voting, talking about how best to reflect what working at UHBW should feel like, and what the Trust collectively stands for.

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

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



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

We are **supportive**

We're always there for each other.



We are **respectful**

We always look for the best in people.



We are **innovative**

We're full of bright ideas.



We are **collaborative**

We do things together.



# 8. Improving our workforce

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

## 1. Recruitment and retention

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

## 2. Change management

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

## 3. Organisational development

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

## 4. HR systems

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

## 5. Training and education

Enhanced access to Trust-wide training and development opportunities, with the number of courses increased from 70 to over 250 for clinical practice and career development.

Over 7.5% of staff at WGH now undertaking apprenticeships.

## 6. Policy framework

Alignment of the HR policy framework Trust-wide.

## 7. Premium payments

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

## 8. Pay and conditions

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

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

**Alex Nestor, Deputy Chief People Officer**

# Case Study: International Nurse Recruitment



## OUR IMPACT

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

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

## SITUATION

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

## OUR ROLE

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

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

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

**Peter Russell, Head of Resourcing**

# 9. Finance

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

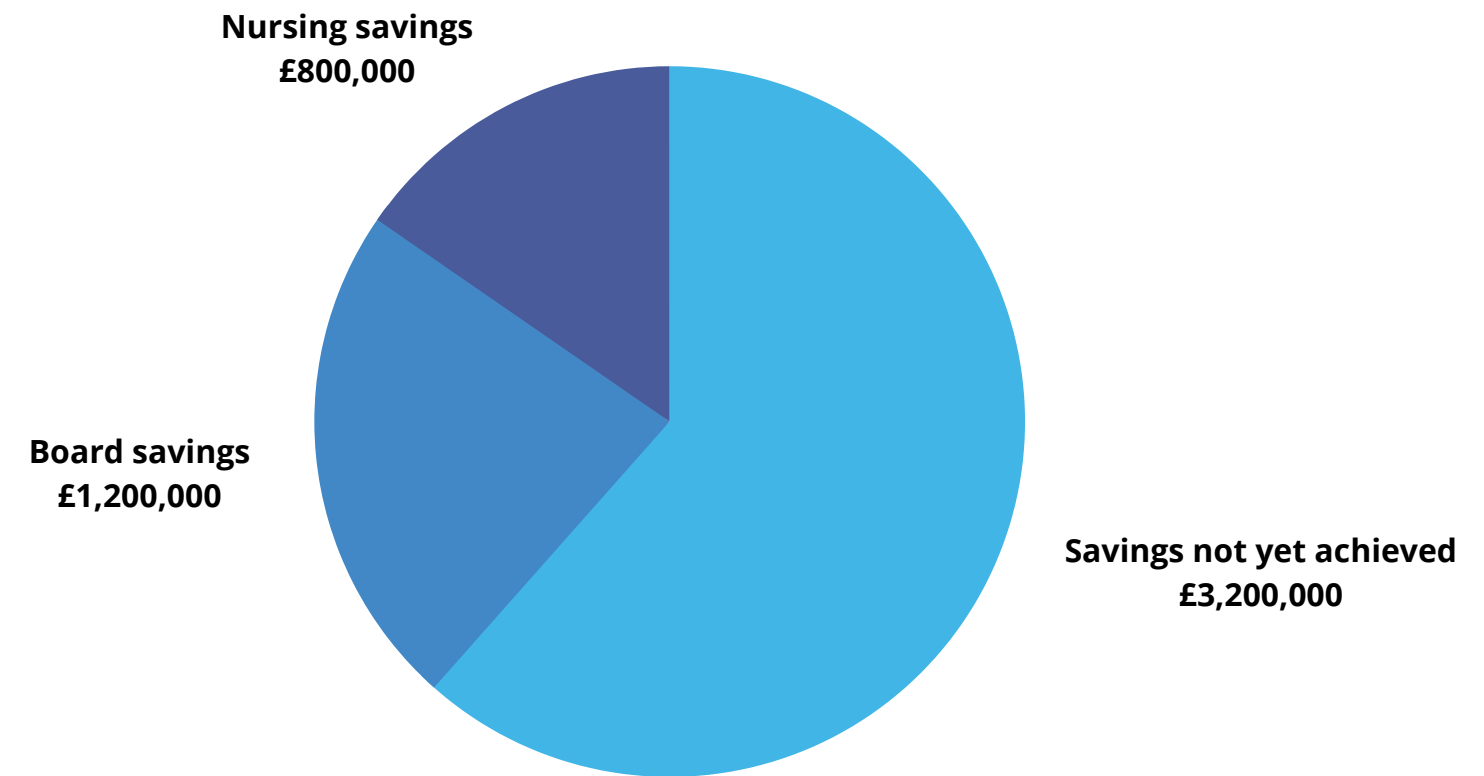
Due to increasing operational pressures and ongoing recruitment challenges, progress toward achieving the original medical agency and productivity targets targets has been difficult to achieve. It is anticipated that following clinical integration and embedding new clinical models in the future, further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

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

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



## Achievement of Savings



## 10. The benefits of merger

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

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

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

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

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



# 11. Benefits realised to date

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

# Case Study: Human Resources Training & Development

## SITUATION

Organisational merger in April 2020 created the opportunity to provide a wider and more sustainable Training and Education offer, bringing training resources and expertise together, to deliver mutually beneficial outcomes for the workforces in Bristol and Weston.

## OUR IMPACT

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

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

## OUR ROLE

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

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

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

**Sarah Green, Previous Associate Director of Education**



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

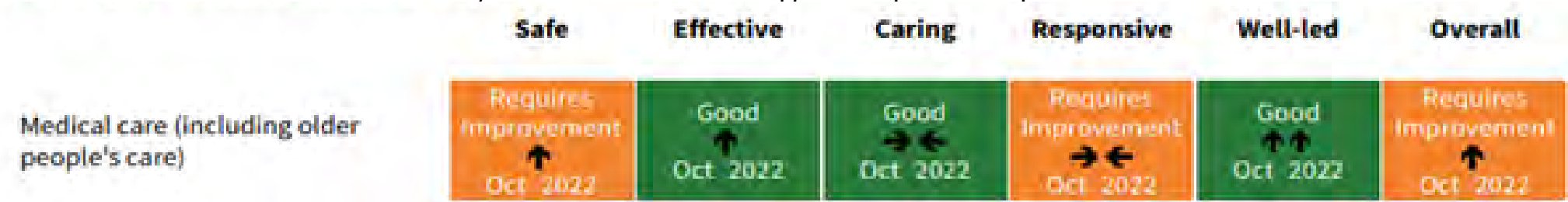
The Care Quality Commission (CQC) undertook inspections of medical care at Weston General Hospital in March and June 2021, focusing on the safe and well-led key questions. The inspection resulted in a number of concerns being raised and the imposition of urgent conditions upon the Trust’s registration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

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

The Trust was required to take immediate actions and responded by developing a sustainable medical workforce model and making improvements to the quality and safety of medical services, alongside strengthening the senior leadership at WGH by establishing three new dedicated senior roles, a managing director, a site medical director, and a deputy chief nurse.

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

**CQC rating of WGH Medical services October 2022**



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

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

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

**Eugene Yafele, Chief Executive**



# 13. Key programmes enabling integration

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

## Digital convergence

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

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

## Estates improvement

The Transaction Business Case acknowledged that estates and facilities at WGH had been underfunded for several years, leaving a significant estates and infrastructure risk and a maintenance backlog programme of £17.5m. To address this, and as part of the 2020 Transaction Agreement, NHS England and NHS Improvement (NHSEI) approved £10m of capital funding over five years which is being used to improve legacy infrastructure and estate maintenance, to modernise facilities and provide a safer patient-care environment for the long term. The dedicated programme is at its midpoint, with 50% of the planned works completed at WGH, and due to fully complete in 2024/25.



# Case Study: Gynaecology Services

## SITUATION

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

## USING TECHNOLOGY TO IMPROVE SERVICES

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



## INTEGRATED PERFORMANCE MANAGEMENT

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

## OUR IMPACT

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

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

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

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

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

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

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

# 14. Reflecting on what we have learnt

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



## Key lessons learnt:

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

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

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

# 15. Our future vision

It was always understood that bringing two organisations together takes time – at least five to 10 years – and an important milestone on this journey has been the go-ahead given to the Healthy Weston long-term vision to develop Weston General Hospital into a thriving hospital at the heart of the community.



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

The improvement proposals have been agreed for delivery over three phases as follows:

## Phase 1

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

## Phase 2

Focusses on the development of specialist multidisciplinary care of older people wards and the transfer of some inpatient beds to other larger acute sites for specialist medical care.

## Phase 3

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

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

Eric Sanders, Director of Corporate Governance

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

Mr Andrew Hollowood, former Deputy Medical Director

# Meet the Weston General Hospital Leadership Team



**Judith Hernandez del Pino**  
Hospital Director



**Jim Portal**  
Clinical Chair



**Joanna Poole**  
Director of Nursing



**Paula Clarke**  
Executive Managing Director



**Dr Rebecca Maxwell**  
Deputy Medical Director



**Mark Goninon**  
Deputy Chief Nurse



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



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



**Elaine Williams**  
Deputy Director of Nursing



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



**Dermot Dowds**  
Clinical Director (medicine)



**Dr William Hicks**  
Guardian of Safe Working



**Steph Curtin**  
HR Business Partner



**Amanda Stark**  
Finance Manager

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

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

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

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



"Weston General Hospital has come through some difficult times in recent years and now has an exciting and achievable future.

We will continue to provide all-age hospital services for local people, delivering the right care at the right time to enable patients to be assessed, treated and able to return home as soon as possible and we will develop centres of excellence for surgery and care of older people.

I believe Weston General Hospital can become a national exemplar for smaller hospitals - the future is bright!"

**Paula Clarke**, Executive Managing Director (Weston)



**University Hospitals  
Bristol and Weston**  
NHS Foundation Trust

# Integration Programme: Final Post-Merger Assurance Report

January 2023

*We are*



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## 1. Executive Summary

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



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

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

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

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

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

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

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

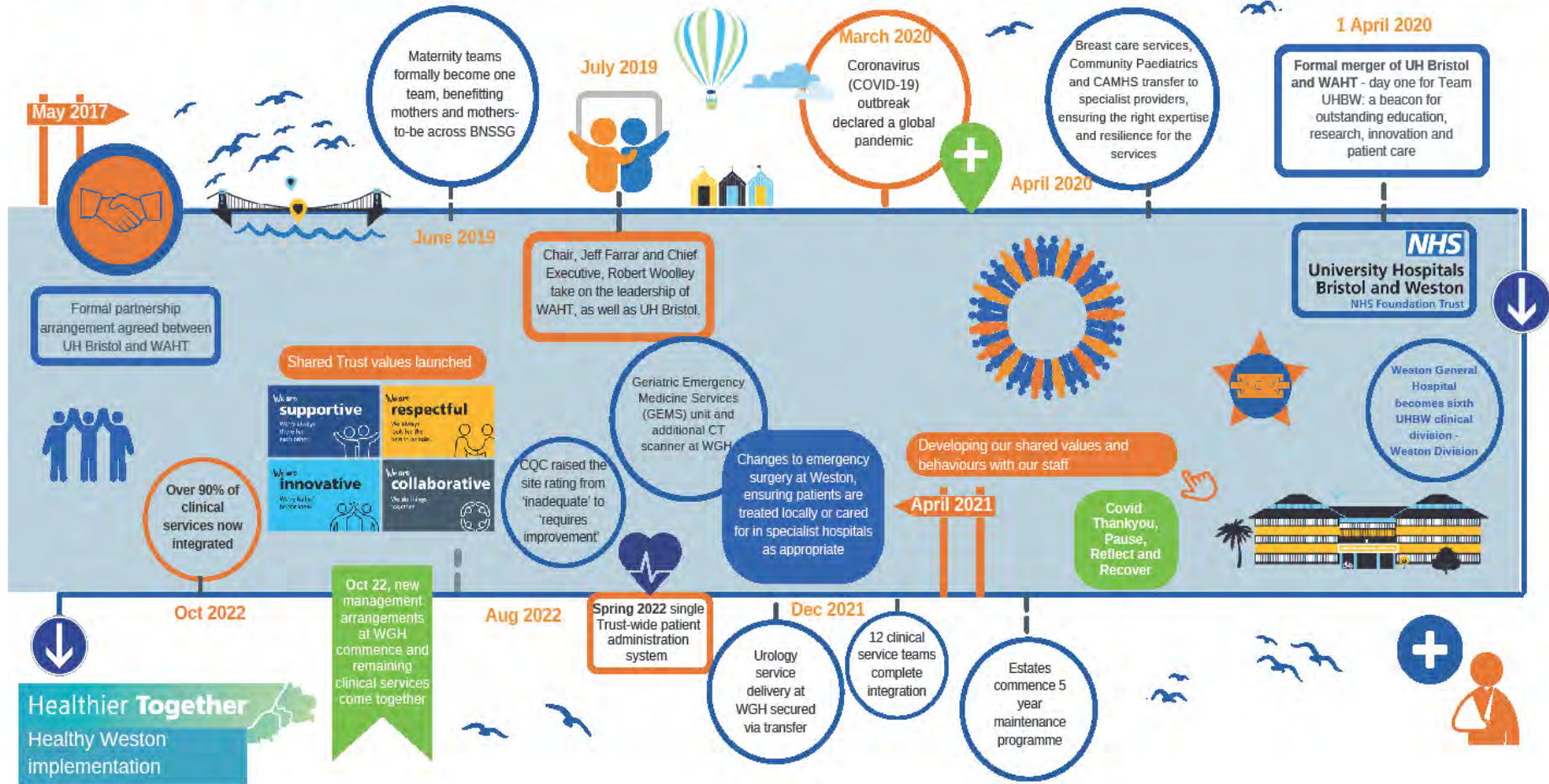
It was always understood that bringing two organisations successfully together takes time – at least five to 10 years. The report describes the remaining actions and governance arrangements required post-programme to further embed and deepen the integration maturity of the organisation. On this basis,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

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

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

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

# Becoming One organisation



## 2. Key Messages

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

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

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

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

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

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

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

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

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

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

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

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

*Eugene Yafele, UHBW Chief Executive*

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

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

### 3. Our mission and vision

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

Our vision for 2025 is to:

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

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

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



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

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

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

### Coronavirus (COVID-19)

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

### Medical trainees

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

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

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

### Medical services and CQC

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

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

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

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

### **The Healthy Weston programme**

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

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

## 5. Background and scope

This is the third and final Integration Programme Assurance report.

### The first post-merger review

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

Key milestones completed after this first assurance report included:

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

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

Ian Barrington, Managing Director (Weston)

### The second post-merger review

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

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



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

## 6. Integration maturity assessment (December 2022)

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

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

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

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

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

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

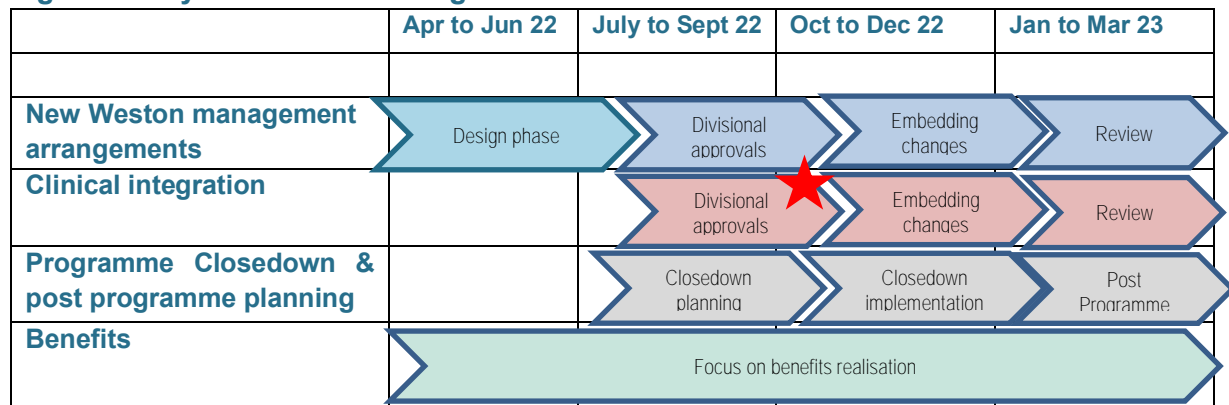
## 7. Focus on the last 12 months of the programme

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

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

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

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



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

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

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

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

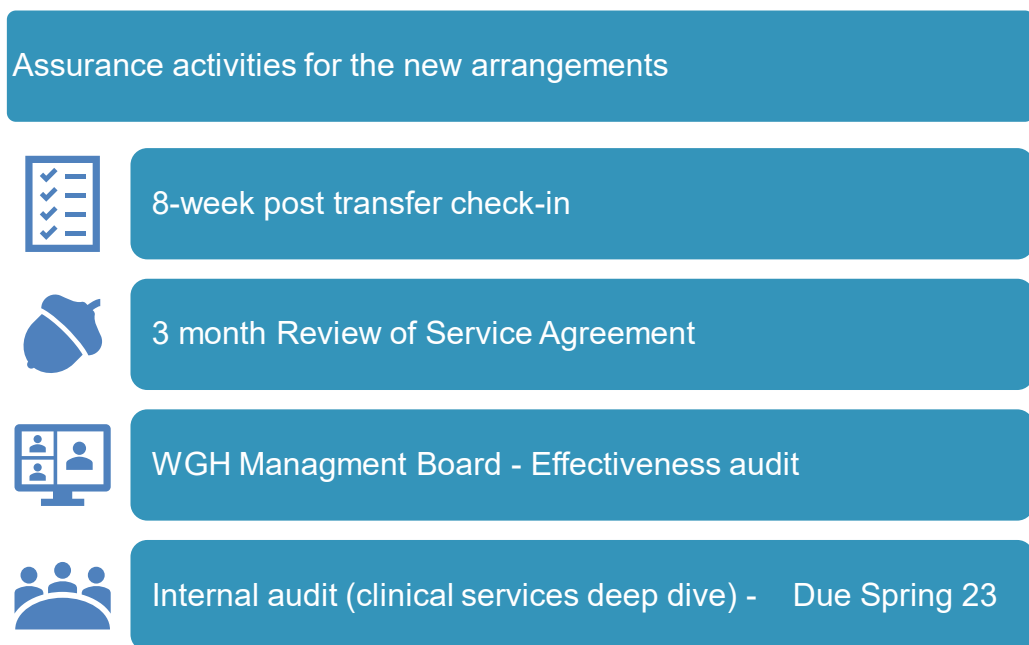
## 8. Assurance on new management arrangements

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

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



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

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

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

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

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

#### Post Integration Oversight Group

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

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

## 9. Organisational Development, People and Change

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

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

**Table 4: Summary of workforce improvements**

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

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

Alex Nestor, Deputy Chief People Officer

### Assurance on work still to be completed

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

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

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

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

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

### Workforce risks

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

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

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

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

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

### Workstream achievements

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

### Developing a shared set of UHBW values

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

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

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

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

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

**We are Team UHBW.**





## Recruitment

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



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

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

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

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

Alex Nestor, Deputy Director of People Officer



## International Nurse Recruitment - Case Study



### SITUATION

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

### OUR ROLE

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

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

### OUR IMPACT

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

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

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

**Peter Russell, Head of Resourcing**

## Training and education

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

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

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

## Human Resources Training & Development Integration: A Case Study



### SITUATION

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

### OUR IMPACT

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

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

### OUR ROLE

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

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

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

Sarah Green, Previous Associate Director of Education

## 10. Embedding of integrated corporate services

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

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

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

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

### Integration maturity assessment (corporate services)

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

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

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

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

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



**THE WESTON PILOT PROJECT CONSIDERED:**

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

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

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

**THE PILOT'S IMPACT:**

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

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

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

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

– Stephen Cutler, Clinical Lead for the Integrated Discharge Service

**THE NEXT STEPS:**

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

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

– Stephen Cutler, Clinical Lead for the Integrated Discharge Service

## 11. Clinical services integration

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

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

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

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

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

#### The situation

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

#### Using technology to improve services

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

#### Integrated performance management

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mark Goninon, Deputy Chief Nurse

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Table 9**

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

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

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

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

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

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

### Financial mitigations

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



Table 10

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

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

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

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

Table 11

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

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

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

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

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

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

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

### 13. Risk Management

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

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

## Non-financial risks

### 1. Workforce supply

#### Risk at March 2020

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

#### Commentary

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

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

#### Current risk assessment

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

### 2. Quality

#### Risk at March 2020

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

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

**Commentary**

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

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

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

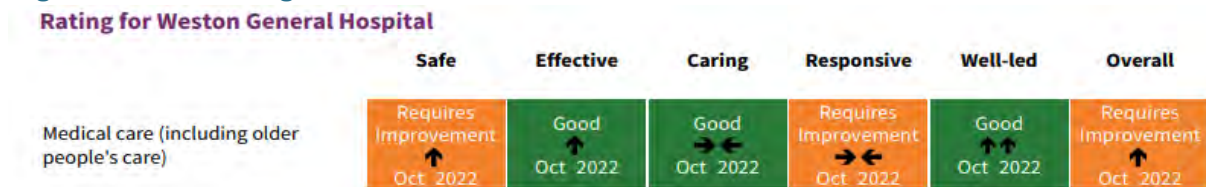
**Figure 4: CQC rating of WGH Medical services October 2021**



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

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

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



**Current risk assessment**

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

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

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

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

Anne Reader, Head of Quality (Patient Safety)

### 3. Operational Performance

#### Risk at March 2020

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

#### Commentary (current position)

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

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

#### Current risk assessment

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

### 4. Pharmacy

#### Risk at March 2020

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

#### Commentary (current position)

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

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

### **Current risk assessment**

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

### **Financial risks**

The business case also identified three key financial risks:

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

These are discussed within the finance section above.

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

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

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

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

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

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

## 14. The Benefits of Merger

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

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

They recommended that trusts:

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

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

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

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

Mark Goninon, Deputy Chief Nurse

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

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

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

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



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

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

**Table 13: Benefits realised to date**


















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

Table 14: Benefits yet to be fully realised

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

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

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

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

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

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

## 15. Key integration enabling programmes

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

### Digital convergence

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

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

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

Integrated Systems that went live from April 2022
Medway (Patient Admin System) – now CareFlow Electronic Patient Records (EPR)
BlueSpier Theatre system
Maternity

### Integrated Systems that went live from April 2022

Medicode

Careflow Vitals

Careflow Connect

Careflow workspace

Evolve

MCAP (CUR)- (Clinical Utilisation system)

ICCA (IntelliSpace Critical Care and Anaesthesia- full integration)

E-referrals

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

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

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

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

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

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

### Corporate systems

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

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

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

### Estates improvement (capital)

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

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

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

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

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

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

The following improvements are in progress:

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

The following projects are in design stage for future years:

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

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

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

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

## 16. Reflecting on what we have learnt

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

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

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

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

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

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

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

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

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

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

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



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

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

Alex Nestor, Deputy Chief People Officer

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

Paula Clarke, Executive Managing Director (Weston)

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

## 17. Assurance on outstanding work completion

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

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

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

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

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

Alison Lowndes, Divisional Director (Surgery)

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

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

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

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

### NHS England and Improvement (NHSEI) Regulatory requirements

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

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

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

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



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

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

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



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

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

### Public engagement

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

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

Eric Sanders, Director of Corporate Governance

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

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

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

### Delivery of Healthy Weston 2

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

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

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

Mr Andrew Hollowood, Deputy Medical Director

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

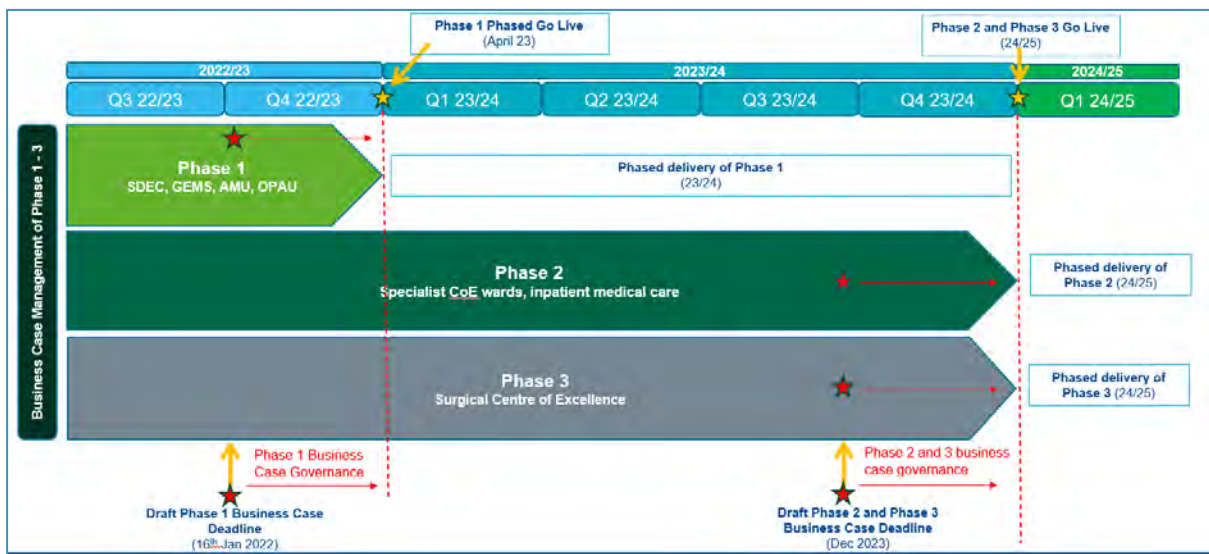
Phase 1 focusses on introducing and enhancing a range of front door services, including Same Day Emergency Care (SDEC) and the expansion of Geriatric Emergency Medicine Service (GEMS), to ensure a modern and fit-for-the-future Emergency Department at Weston.

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

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

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

**Figure 7: Healthy Weston Programme timeline**



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

Paula Clarke, Executive Managing Director (Weston)

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

# Meet the Weston General Hospital Leadership Team





**Judith Hernandez del Pino**  
Hospital Director



**Jim Portal**  
Clinical Chair



**Joanna Poole**  
Director of Nursing



**Paula Clarke**  
Executive Managing Director



**Dr Rebecca Maxwell**  
Deputy Medical Director



**Mark Goninon**  
Deputy Chief Nurse



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



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



**Elaine Williams**  
Deputy Director of Nursing



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



**Dermot Dowsds**  
Clinical Director (medicine)



**Dr William Hicks**  
Guardian of Safe Working



**Steph Curtin**  
HR Business Partner



**Amanda Stark**  
Finance Manager

# Meet Weston General Hospital and other Divisional Leadership Teams

## Weston General Hospital



Judith Hernandez del Pino  
Hospital Director



Jim Portal  
Clinical Chair



Joanna Poole  
Director of Nursing

### Diagnostics and Therapies



Jenny Keeble  
Divisional Director



Becky Maxwell  
Clinical Chair  
until Feb 2023



John Warburton  
Divisional Director  
of Professions

### Surgery



Alison Lowndes  
Divisional Director



Sanchit Mehendale  
Clinical Chair



Sarah Chalkley  
Director of Nursing

### Medicine



Lisa Galvani  
Divisional Director



Emma-Kate Reed  
Clinical Chair



Hayley Long  
Director of Nursing

### Specialised Services



Owen Ainsley  
Divisional Director



Rachel Protheroe  
Clinical Chair



Helen Bishop  
Director of Nursing

### Women's and Children's



Fiona Jones  
Divisional Director



Martin Gargan  
Clinical Chair



Rachel Hughes  
Paediatric Director of Nursing



Sarah Windfeld  
Director of Nursing & Midwifery



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



### Corporate lessons

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



### D&T lessons

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

## Meeting of the Board of Directors in Public 22nd February 2023

<b>Report Title</b>	Q3 Strategic Risk Register
<b>Report Author</b>	Sarah Wright, Head of Risk Management & Information Governance
<b>Executive Lead</b>	Eugine Yafele, Chief Executive
<b>1. Report Summary</b>	
<p>The Trust's Board Assurance Framework is formed of two elements:</p> <ul style="list-style-type: none"> <li>• Part A - Assurance around the achievement of the Trusts strategic objectives</li> <li>• Part B - Assurance that any risks to the achievement of the strategic objectives are being adequately mitigated or controlled.</li> </ul> <p>This report forms part B of the Trust's risk Board Assurance Framework and is the mechanism for reporting on the management and treatment of strategic risks (<i>risks to the achievement of the Trusts strategic objectives</i>).</p>	
<b>2. Key points to note</b>	
<ul style="list-style-type: none"> <li>• There are 13 risks on the Strategic Risk Register <ul style="list-style-type: none"> <li>○ 1 new risk</li> <li>○ 1 risk has increased</li> <li>○ 0 risks have reduced</li> <li>○ 1 risk recommended for closure</li> </ul> </li> <li>• The profile section describes how risks are split across the risk domains and by score. The purpose of which is to help the organisation understand where the majority of its key risks are impacting.</li> <li>• The risk profile has remained fairly static over the quarterly periods this financial year; with the greatest number of risks remaining in the domain of 'Business', meaning that they will potentially have a negative impact of the Trust's operational delivery. The greatest movement in-year has been in the Statutory domain, with two risks escalated from corporate level (5032 – PSIRF and 3763 - CQC). There has been no change to the number of risks in the Business, Financial and Environmental domain. Risks assessed against the domains of Patient Safety and Quality are fewest, with no risks in the domain of Reputational or Health and Safety at strategic level.</li> <li>• Conversely, the majority of corporate risks continues to be assessed against the Patient Safety and Quality domains which is commensurate with our divisional-level risk profile, meaning overall our operational risk profile is very much focussed on mitigating risks to patient safety and quality, then workforce. Workforce is in the top three risk domains across both strategic and operational risk profiles.</li> <li>• In Q3 the risk profile includes a new chart to map the projected achievement of the target risk score over time. This chart will help support review of risk actions and key milestones in mitigating risk and align decision-making on planned mitigations with our risk appetite and tolerance to approach and manage risks to an acceptable level.</li> <li>• The narrative to describe changes to the risks in the quarter is ordered in line with the domains so that similar risks can be considered together.</li> <li>• The Trust's risk appetite statements were reviewed and refreshed at the Board Seminar in November and are presented to Board this month for approval.</li> </ul>	

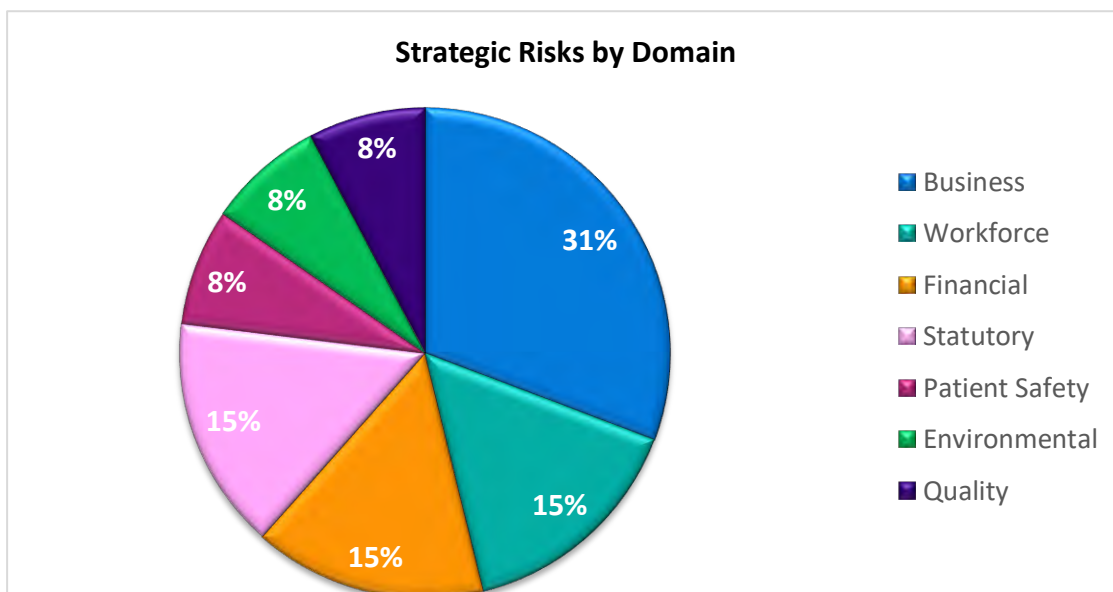
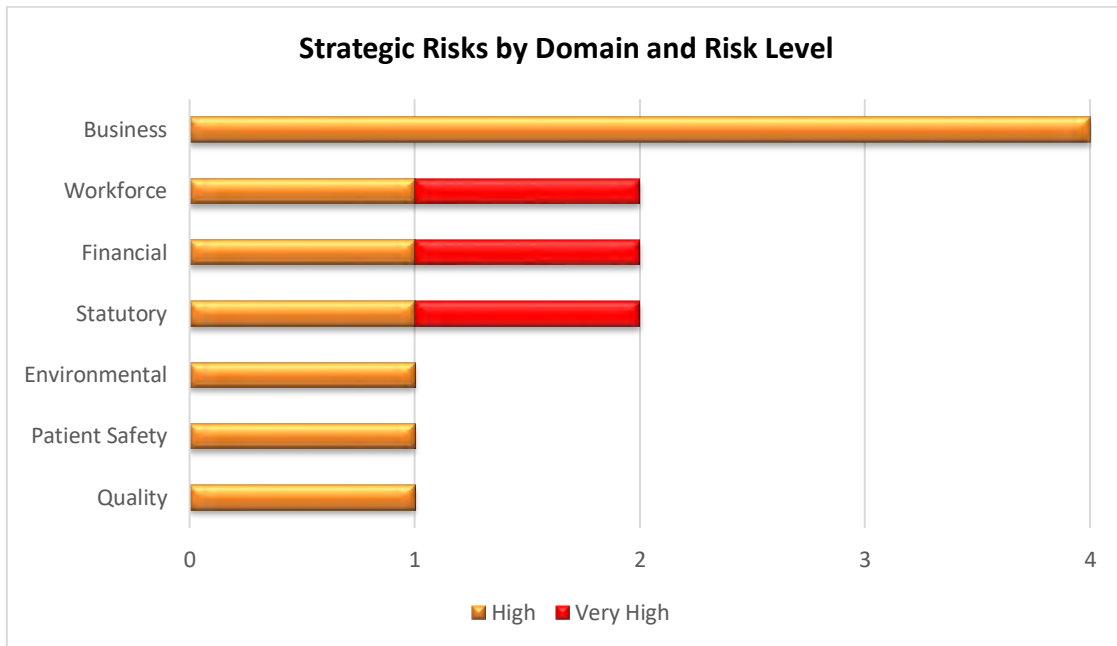
<b>3. Risks</b>	
See attached appendix.	
<b>4. Advice and Recommendations:</b>	
This report is for <b>ASSURANCE</b>	
<b>5. History of the paper</b>	
Executive Committee	11/01/2023
Finance & Digital Committee (relevant risks), People Committee (relevant risks)	24/01/2023
Executive Committee	25/01/2023
Quality and Outcome Committee (relevant risks)	27/01/2023
Audit Committee	27/01/2023
Trust Board	14/02/2023

### Strategic Risks presented to Board sub-committees by domain

*Risks can be reported to more than one committee*

	Audit Committee	Finance and Digital Committee	People Committee	Quality and Outcomes Committee
<b>Quality</b>	-	-	1	1
<b>Patient Safety</b>	1	1	-	1
<b>Workforce</b>	-	-	2	-
<b>Business</b>	3	-	-	2
<b>Financial</b>	-	1	-	1
<b>Statutory</b>	1	-	-	2
<b>Environmental</b>	1	-	-	-

## Risk Profile: Strategic Risks



Domain	2022/23		
	Q1	Q2	Q3
Patient Safety	-	1	1
Quality	1	-	1
Workforce	3	2	2
Statutory	-	2	2
Business	4	4	4
Finance	2	2	2
Health & Safety	-	-	-
Environmental	1	1	1

The risk profile remains fairly static across the periods. Movements in-year relate to:

**Patient Safety**

- One patient safety risk was escalated to the Strategic Risk Register from the Corporate Risk Register (3115 - Digitalising the patient record)

**Quality**

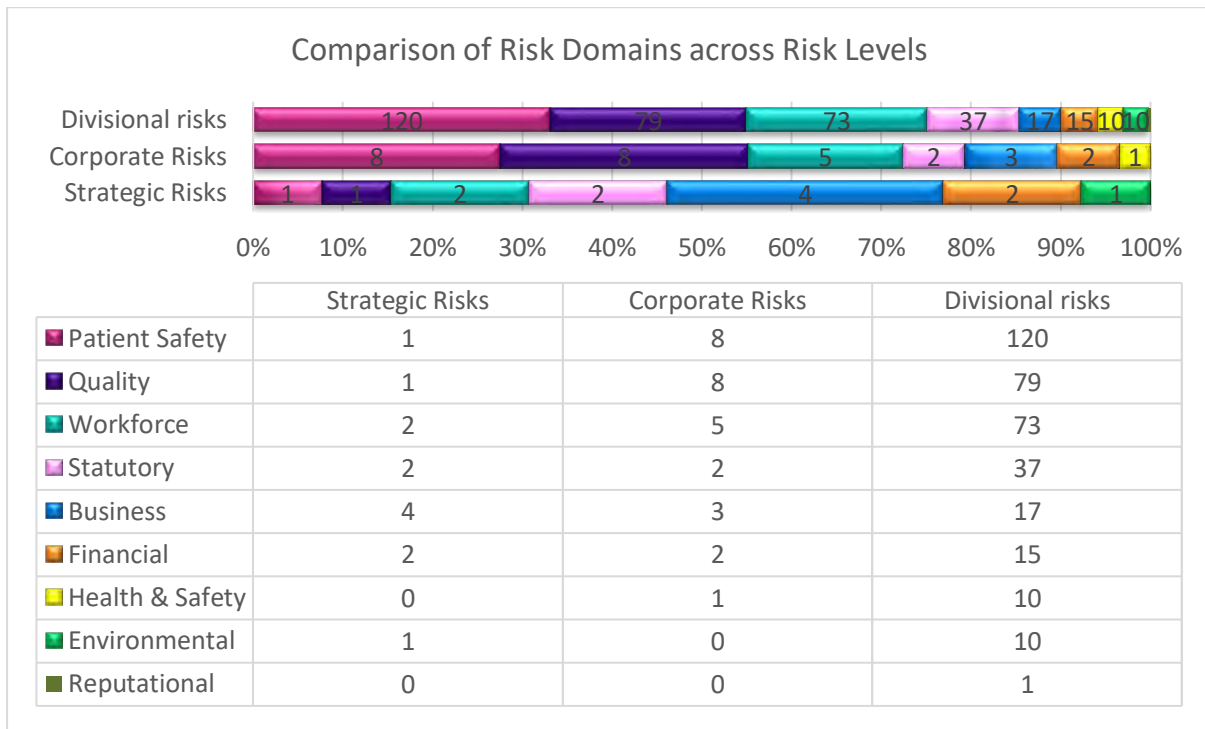
- One new quality risk about EDI (285 - Failure to have a fully diverse workforce)

**Finance**

- One finance risk has increased in score from 16 to 20 (416 – Funding the Strategic Capital Programme)

**Business**

- The Integration Programme Board has recommended the closure of one risk (5369 – delivery of a suitable service model for WGH)



ID	Strategic Risks, Current Scores over time	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Movement in last quarter	Target
737	Risk that the Trust is unable to recruit sufficient numbers of substantive staff	16	16	16	16	16	↔	8
416	Risk that the Trust fails to fund the Trust's Strategic Capital Programme	15	15	15	16	20	↑	8
5032	Risk that national patient safety strategy requirements are not delivered in UHBW		16	16	16	16	↔	6
3763	Risk that the Trust may not meet standards to ensure compliance with CQC Regulations	16	16	16	12	12	↔	8
3115	Risk that clinical decision making may be based upon incomplete information	12	12	12	12	12	↔	4
2694	Risk that Trust is unable to retain members of the substantive workforce	12	12	12	12	12	↔	8
5317	Risk that the Integrated Care System Implementation reduces the Trusts decision making	12	12	12	12	12	↔	4
2642	Risk that the Trust is unable to develop and modernise the Trust estate	6	6	6	12	12	↔	8
3472	Risk that the Trust fails to meet its commitments under the Sustainable Development	10	10	10	10	10	↔	5
5369	Risk that the Trust is unable to deliver a suitable service model for WGH	16	16	16	9	9	↔	6
2992	Risk that benefits of transformation, improvement and innovation are not realised	9	9	9	9	9	↔	6
2741	Risk that Research and Innovation is not adequately supported	9	9	9	9	9	↔	6
285	Risk that the Trust fails to have a fully diverse workforce					9	NEW	4

ID	Strategic Risks, Projected Timeline for Mitigation	2022/23		2023/24				2024/25				2025/26			
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
737	Unable to recruit sufficient substantive staff	16	16	16			8								
416	Fail to fund the Strategic Capital Programme	20	20	16			8								
5032	National patient safety strategy requirements are not delivered	16	12	9	6										
3763	May not meet standards to comply with CQC Regulations	12	12	12						6					
3115	Clinical decision making based upon incomplete information	12	12	12										4	
2694	Unable to retain substantive workforce	12	12	12	8										
5317	ICS Implementation reduces decision making powers	12	close												
2642	Unable to develop and modernise the Trust estate	12	12	12			8								
3472	Fails to meet sustainable development strategy commitments	10	10	10										5	
5369	Unable to deliver a suitable service model for WGH	close													
2992	Transformation, improvement and innovation benefits not realised	9	9	9			6								
2741	Research and Innovation is not adequately supported	9	9	9										6	
285	Fail to have a fully diverse workforce	9	9	9											4

New Strategic Risk		
<b>285</b>	<b>Risk that the Trust fails to have a fully diverse workforce</b>	<b>9</b>
<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px auto;">CPO</div>    <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; color: #4b0082;">Quality</div>	<p>Evidence shows that tackling workforce inequality improves staff experience, patient outcomes and organisational efficiency. The Trust's diversity data and staff survey results show that UHBW does not have a fully representative workforce and that the experience of staff from ethnic minorities or with a disability is less favourable than that of white, non-disabled staff.</p> <p>Divisional Model Employer recruitment targets have been set and added to the controls, along with Bridges Talent Management Programme. The full benefit is yet to be realised from these initiatives and is therefore, at this time, reflected as a gap in controls.</p> <p>This risk was presented to the People and Education Group (14/11/2022). The risk assessment was approved and the recommendation to escalate the risk was supported.</p> <p><i>This risk is linked to strategic 737 (recruitment), strategic 2694 (Retention), corporate 793 (Workplace stress), corporate 4748 (WGH Clinical Staffing), corporate 5477 (Nurse Staffing).</i></p>	

Q3 Update – Strategic Patient Safety Risks		
<b>3115</b>	<b>Risk that clinical decision making may be based upon incomplete information</b>	<b>12</b> ↔
Patient Safety	<div style="border: 1px solid #ccc; border-radius: 5px; padding: 2px; width: fit-content; margin-bottom: 10px;">CMO</div> <p>Digital storage of information is the key to enabling clinicians to have access to the complete record. The digital hospital programme is progressively transferring the paper record into a digital format with the aim of Giving Clinicians fast, simple, and controlled access to patient information for safe clinical care and effective service optimization.</p> <p>Projects underway include the Digital Outpatients programme which has run a pilot in Cardiology and is on track to go live in Restorative Dentistry and Diabetes Specialist Nurses clinics in January. This project will replace outpatient paper records, which is a key step in digitising the patient record. It will also provide more capacity in the scanning bureau.</p> <p>A key enabler for projects that replace paper notes is the ability to dictate directly into digital forms. The Trust has secured a new speech recognition contracts the project is underway and preparing for go-live in pilot areas.</p> <p>The Trust has now contracted with System C for the provision of their Careflow Medicines Management EPMA software. The project is in the build phase stages with the rollout due to commence in Spring 2023.</p> <p>There are 3 scanning projects in the Digital Hospital programme, these projects will increase the Trust’s overall scanning capacity enabling more of the paper record to be transferred onto Evolve. The legacy scanning project at the Children’s hospital is now live. The project to implement Evolve at Weston is aiming to end initiation and start the project in January.</p> <p>The Diagnostics convergence programme to consolidate Bristol’s and Weston’s ICE, PACS and RIS systems is in initiation and the project plan is being developed.</p> <p>NHSX and NHS digital have identified UHBW as eligible for Minimum Digital Foundation (MDF) funding to optimise its EPR. The MDF funding will provide enough flexibility for Digital Services to continue to deliver the digital hospital programme in a challenging year for the Trust in terms of capital prioritisation. The bidding process has been challenging and is now in the final stage.</p> <p><i>This risk is linked to strategic 737 (recruitment), strategic 2694 (Retention), corporate 793 (Workplace stress), corporate 4748 (WGH Clinical Staffing), corporate 5477 (Nurse Staffing).</i></p>	



**Q3 Update - Strategic Business Risks**

Q3 Update - Strategic Business Risks		
<b>2642</b>	<b>Risk that the Trust is unable to develop and modernise the Trust estate</b>	<b>12</b> ↔
DOF  Business	<p>Project manager resource has now been addressed from a risk perspective. The residual risk that remains is the access to operational areas of the Trust estate to modernise and develop in line with the aspirations of the strategic plan. Access to operational areas for the foreseeable time will continue to present project management delivery pressures.</p> <p>Therefore, the risk title and description have been updated. The current risk score has not been changed as the most significant element remains the restrictive access to the clinical areas and not the availability of project managers, although challenging.</p> <p><i>This risk is linked to strategic 416 (Financial Plan), strategic 5317 (ICS Implementation).</i></p>	
<b>2992</b>	<b>Risk that benefits of transformation, improvement and innovation are not realised</b>	<b>9</b> ↔
DST  Business	<p>Training for our 380 senior leaders commenced November 2022. By 20th December 2022 168 people (44%) had attended Patient First for Leaders day 1, and 161 (42%) had attended A3 thinking.</p> <p>The draft resource plan was presented to Executive Committee December 2022, the additional funding request will be reviewed through the annual planning process.</p> <p>Initial Trust-wide comms and engagement for Patient First has started through CEO and Execs. The Patient First hub is being developed for launch in January 2023.</p> <p>Discussions around the potential alignment of True North strategic priorities with NBT through B2B meeting took place in October 2022, these continue to be progressed through the Acute Provider Collaborative Board.</p> <p>Phase 2: Strategy Development is nearly complete.            Phase 3: Strategy Deployment will commence January 2023; preparation for executives and senior leaders is being planned.            Phase 4: The Patient First Improvement System is planned to commence May 2023. The training team has been recruited and will learn and develop the training programme throughout Q4.</p> <p><i>This risk is linked to strategic risk 3115 (IM&amp;T).</i></p>	
<b>5317</b>	<b>Risk that the Integrated Care System Implementation reduces the Trusts decision making powers</b>	<b>12</b> ↔
DST  Business	<p>The ICB decision making framework is now available. The risk needs assessing in Q4 as the impact of this becomes more widely understood and the associated systems development becomes clearer. In the meantime, we remain very engaged as an organisation in the system planning and system strategy structures.</p> <p><i>This risk is linked to strategic 416 (Financial Plan) and strategic 2642 (Estate Modernisation).</i></p>	

Q3 Update - Strategic Workforce Risks		
<b>737</b>	<b>Risk that the Trust is unable to recruit sufficient numbers of substantive staff</b>	<b>16</b> ↔
<b>CPO</b>	<p>There was a small reduction in the Trust vacancy position at the end of November 2022 (down from 7.7% to 7.4%), however, the this remains over the target of 7%.</p> <p>International recruitment continues for general and paediatric nursing and this is likely to continue for the next couple of financial years due to the depleted domestic and newly qualified market for nursing. International recruitment is also underway for midwives, radiographers and OT's, however, the international recruitment market is becoming more and more challenging.</p> <p>The domestic recruitment market is becoming more challenging for entry level admin roles due to the effect of Brexit and post pandemic. To address this an admin and clerical recruitment day is planned for January 2023 to build on the success of the event held in May 2022.</p> <p>The HCSW vacancy position continues to grow and to address this a bespoke recruitment plan has been developed which includes a mass recruitment event in February 2023 and a system wide recruitment event for March.</p> <p><i>This risk is linked to corporate 6145 (HCSW) and strategic 2694 (staff retention), strategic 2741 (Research), strategic 5369 (Weston).</i></p>	
<b>Workforce</b>		
<b>2694</b>	<b>Risk that Trust is unable to retain members of the substantive workforce</b>	<b>12</b> ↔
<b>CPO</b>	<p>The National Staff Survey 2022, in place from 3 October until 25th November provided a key opportunity for Trust colleagues to provide feedback on their experience at work. The Survey results available in March 2023 will set priorities for the development of organisational and local planning for 2023/24. The level of participation from colleagues completing the survey is lower than expected with only two divisions increasing response rates, this may result in underrepresented feedback in some Divisions.</p> <p>A comprehensive and robust organisational and local Staff Survey communication plan was in place throughout the live survey period, with additional activities in 2022 to encourage participation. The operational and workforce pressures have had an impact on providing opportunity or motivation to find time to complete the survey.</p> <p>Collaboration and support will be integral to the development of local planning for 2023/24. Opportunities in Q4, Q1 and Q2 for colleagues to provide feedback on experience at work are provided via the Quarterly People Pulse.</p> <p><i>This risk is linked to corporate 737 (Recruitment), corporate 2639 (Appraisals), corporate 2741 (Research) and corporate 6145 (HCSW).</i></p>	
<b>Workforce</b>		

Q3 Update – Strategic Statutory Risks		
<b>3763</b>	<b>Risk that the Trust may not meet standards to ensure compliance with CQC Regulations</b>	<b>12</b> ↔
CNM Statutory	<p>The latest CQC action plan update was reported to QOC in December 2022, providing a progress report on the outstanding CQC actions, including 17 new actions from the CQC inspection at WGH in summer 2022. The target is now to close the remaining actions by the end of March 2023 if possible.</p> <p>CQC core services self-assessments are being taken forward with the relevant leads, prioritised according to risk. The Maternity care self-assessment was completed in December 2022 as part of readiness for a CQC inspection of our maternity services which will take place before 31st March 2023.</p>	
<b>5032</b>	<b>Risk that national patient safety strategy requirements are not delivered in UHBW</b>	<b>16</b> ↔
CNM Statutory	<p>Involvement: Two Patient Safety Partners (PSPs) have been recruited to; their induction is starting in January 2023. The Policy for PSP involvement is out for consultation.</p> <p>Insight: We plan to transfer to the Patient Safety Incident Response Framework from Feb/March 2023. The thematic analysis has been completed and the patient safety priorities for the Patient Safety Incident Response Plan 2023/24 agreed. A central team of patient safety investigators has been recruited to, start dates TBC. The PS Administrator and Head of Human Factors roles are out to advert. The date for the Datix upgrade for transfer to new national Learning from Patient Safety Events system (LFPSE) has been secured for February 2023.</p> <p>Improvement: Our patient safety improvement programme continues.</p> <p>Culture: Our Just and restorative incident response expectations and podcast was launched in November 2023. We are working with HR and other colleagues on a Trust wide resolution framework that aligns with a just and learning culture.</p>	

Q3 Update - Strategic Environmental Risks		
<b>3472</b>	<b>Risk that the Trust fails to meet its commitments under the Sustainable Development Strategy</b>	<b>10</b> ↔
DST Environ- mental	<p>The trust is working on developing several workstreams to drive progress on sustainability, but large-scale organisational change is slow. Partnership working continues with the ICS to develop carbon pricing in business planning, this is being trialled at NBT.</p>	

Q3 Update - Strategic Financial Risks		
416	<b>Risk that the Trust fails to fund the Trust's Strategic Capital Programme</b>	<b>20</b> ↑
DOF	<p>NHS England published the 2023/24 planning guidance in December. This guidance and the associated system two-year revenue financial allocations will be worked through during January and February in order to produce a Trust and system draft 2023/24 financial plan by 23rd February.</p> <p>In addition, system capital CDEL allocations have been notified which again will be worked through in January and February.</p> <p>Further, the BNSSG ICB is working through a strategic capital prioritisation exercise. This process aims to agree capital priorities and inform CDEL allocations to individual provider Trusts. This should conclude at the end of January.</p> <p>All three elements will form the Trust's 2023/24 revenue and capital draft financial plan in February. The final 2023/24 revenue and capital plan will be submitted to the Trust's Finance &amp; Digital Committee in March and NHSE by 30th March. This risk will be reviewed again in March.</p> <p><i>This risk is linked to strategic risks 2642 (Estate Modernisation), 5317 (ICS Implementation), corporate risks 674 (High-Cost Agency) and 423 (Capacity).</i></p>	
Financial		
2741	<b>Risk that Research and Innovation is not adequately supported</b>	<b>9</b> ↔
CMO	<p>The key achievements for Q3 comprise the launch of BRC2 in December 2022; an increase in the number and value of NIHR project and programme awards secured this financial year compared to 21/22; a new Clinical Research Education Facilitator releasing capacity in research teams by delivering and standardising training across teams and sharing best practice; and we are positioned for the launch of Patient First research engagement surveys for both staff and patients.</p> <p>The following challenges were faced this quarter, an increase in the complexity of studies on the NIHR portfolio and a reduction in the number of studies and target patient recruitment leading to a drop in our overall recruitment. This is mirrored at NBT, within the region and nationally. This could impact on the number of consultants that we can engage with research and will impact on the number patients who can be recruited to research.</p>	
Financial		

Closed Strategic Risks		
5369	<b>Risk that the Trust is unable to deliver a suitable service model for Weston General Hospital</b>	
DST	<p>New management arrangements at Weston remain stable with the Integration Programme Board (IPB) undertaking a 3-month post-implementation review.</p> <p>A post-implementation oversight group is being established with Executive leadership to ensure organisational grip. The IPB and SRO recommend this risk is closed.</p> <p><i>This risk is linked to strategic 737 (recruitment), strategic 2694 (Retention), corporate 4748 (WGH Clinical Staffing), corporate 5477 (Nurse Staffing), strategic 4539 (Delivery of Corporate Objectives).</i></p>	
Business		

Q3 2022/23 Strategic Risk Register										Inherent				Controls				Assurance				Current Assessment				Target			
ID	Opened	Domain	Origin	Strategy	Assurance	Executive	Risk Description	C	L	S	Risk level	Key Controls	Adequacy	Gaps in Controls	Form of Assurance	Level	Gaps in Assurance	C	L	S	Risk level	Action Details	Due date	C	L	S	Risk level	Status	
285	01/11/2011	Quality	Internal	People Strategy	People Committees, Quality and Outcomes Committee	Chief People Officer	If our Governance, recruitment and retention processes are not more inclusive, accessible and wide-reaching. Then the Trust will not have a fully diverse workforce. Resulting in a negative impact on patients' clinical outcomes, patient & staff experience, recruitment and retention and reputational damage for the Trust.	Moderate	Likely	12	High Risk	We are mandated to report on the Workforce Race Equality Standards / Workforce Disability Equality Standards & Gender Pay Gap annually Workforce Diversity & Inclusion strategy for 2020-25 is in place. The strategy supports delivery of Strategic objectives which are monitored by the Equality, Diversity and Inclusion Steering Group that feeds into People and Education Group and People Committee. Bridges Talent Management programme running Recruitment targets set for all Divisions to meet Model Employer ambitions and reduce Race Disparity Ratio This is further supported by: -Anonymous recruitment framework -Trust Values -Staff development programmes -Freedom to Speak up framework	Inadequate	Trust focus on Race and Disability; may be detrimental to staff with other protected characteristics Benefits not yet realised from the Staff Development programmes and targets in the divisions to support closing of the gaps associated with Model Employer and Race Disparity Ratio Values not yet fully embedded and creating positive cultural change Evidence suggests recruitment and promotion processes still favour staff from non-diverse backgrounds (less diversity seen in higher pay bands, than the rest of the Trust) Trust estate is not easily accessible for staff with mobility issues	NHSE/ has oversight of our published data on Workforce Race Equality Standards / Workforce Disability Equality Standards & Gender Pay Gap Equality Act 2010 makes it illegal to discriminate against anyone based on their protected characteristics	Second Line Assurance - Risk and Compliance	None noted.	Moderate	Possible	9	High Risk	Co-ordination of completion of key milestones towards EDI Strategic Objectives by divisional and corporate stakeholders Launch recruitment campaign for EDI advocates Co-design with EDI advocates, the programme of basic training required to become an advocate Develop guidelines to include positive actions for recruitment at Band 8a+, designed to support the delivery of the Divisional Model Employer Targets. Develop compassionate leadership programme for colleagues at all levels of leadership. To incorporate talent management programmes and link to the appraisal process Use knowledge gained from the TCM diagnostics to implement and embed a new approach to resolution. Detail as per EDI BRAG action plan.	31/03/2023 28/02/2023 30/01/2023 30/01/2023 31/03/2023 31/03/2023	Minor	Unlikely	4	Moderate Risk	Action Required Risks	
416	01/11/2011	Financial	External	Financial Strategy	Finance and Digital Committee	Chief Financial Officer	If the Trust's planned income and expenditure position of break-even or better is not delivered, or the cost and number of capital schemes increase beyond that provided for in the Trust's Strategic Capital Programme, or the Trust's share of system CDEL is reduced, Then the Trust's Strategic Capital Programme may not be able to affordable within the funding constraints, Resulting in the requirement to reduce the cost of the Strategic Capital Programme through scheme deletion, deferral or reduction in scope.	Catastrophic	Likely	20	Very High Risk	Periodic review and update of the Strategic Capital Programme and the underpinning five year revenue Long Term Financial Plan (LTFF). The Trust has completed its Strategic Capital Review in August 2021 with sign off by SLT and Trust Board. Effective reporting, monitoring and review of operational plan to identify issues requiring a financial recovery plan. Established contract monitoring and commissioner dialogue to minimise external factors arising from contracting issues. Established working relationship with Charitable partners to manage donations. Fully worked up schemes in advance with experienced staff input, control of tenders and costs and effective monitoring and reporting of costs. A managed contingency reserve. Engagement at a national level regarding any proposed external regulation. A comprehensive, committed capital programme proceeding at pace. The BNSSG system DoFs have agreed the principles and process to deliver a system prioritised 5 year capital plan for submission to NHSEI on 28 April 2022 that is compliant with NHSEI's Capital Department Expenditure Limit (CDEL).	Adequate	Detailed monthly submission of financial performance submitted to the Regulator, NHS Improvement. Strong statement of financial position. Liquidity metric of 1 (highest) and Use of Resources Rating of 1 (highest rating). Monthly reporting to the Finance & Digital Committee and Trust Board. Monthly Pay Controls Group, Non Pay Controls Group and Nursing Controls Group scrutiny of Divisions performance. 5 year Medium Term Capital Programme (source and applications of funds) approved annually by the Finance & Digital Committee and Board. Monthly management scrutiny of capital expenditure at the Capital Programme Steering Group. Delivery of the capital programme, including the prioritisation and allocation of strategic capital.	Second Line Assurance - Risk and Compliance		Major	Very Likely	20	Very High Risk	The BNSSG ICS and its partners are producing their individual five year medium term revenue and capital plans as a first draft. This will inform the revenue and capital funding envelopes and affordability of capital plans. The BNSSG ICS and its partners will need to develop a strategic capital prioritisation and CDEL allocation process to ensure both the financial and workforce constraints are recognised in deciding the priority order of capital investments for providers and the system over the coming five year term. The Trust will be constructing a medium term Financial Improvement Plan (FIP) in order to mitigate the scale of the Trust's projected recurrent deficit. The FIP should ensure the Trust does not significantly deplete its accumulated cash balances for revenue purposes but retains its cash balances for strategic capital investment. Following conclusion of the BNSSG system strategic capital prioritisation, the Trust's financial plan incorporating a multi-year capital will underpin the next assessment of the risk.	24/11/2022 31/01/2023 31/03/2023 24/03/2023	Major	Unlikely	8	High Risk	Action Required Risks		
737	16/07/2014	Workforce	External	People Strategy	People Committee	Chief People Officer	If the Trust is unable to recruit sufficient numbers of substantive staff and to fill specific staff groups/occupations where there is a limited supply, Then continuity, effectiveness and quality of services may suffer, impacting on patient care. Resulting in increased reliance on other staff members and likelihood of reliance on expensive agency cover, and increased chance of 'burnout' and a negative experience of working for UHBW.	Major	Very Likely	20	Very High Risk	A Tactical Recruitment Group is established to drive clinical recruitment across the organisation. A clinical recruitment plan is being developed to target all hard to recruit to posts and areas which will then be managed through the Tactical Recruitment Group. A dedicated D&T recruitment manager is in post to give recruitment input to roles such as Radiographers, Sonographers, Neurophysiology and Audiology, where there is a national and international shortage. International nurse recruitment programme in place.	Inadequate	Turnover in nursing remains high. The nursing vacancy position remains a challenge in areas such as Care of the Elderly, T&O, Oncology & Haematology. Ongoing challenges exist with Radiographers, Sonographers, Neurophysiology and Audiology. The Trust is dependent upon Health Education England to allocate sufficient numbers of doctors in training. The number of doctors the Trust is allocated does not correlate with optimum staffing levels. Ongoing gaps in consultant posts such as Respiratory and Acute Medicine. The Weston Division has significant vacancy rates across all clinical roles especially across the medical staff groups which is creating a significant risk with rota gaps on the junior doctor rota.	Monitoring achievement of Strategic Workforce Plan objectives through People Committee. Divisional performance is monitored monthly at Performance and Operational Reviews.	Second Line Assurance - Risk and Compliance		Major	Likely	16	Very High Risk	TRAC functionality now fully rolled out across medical recruitment and a full suite of medical KPI's introduced. Work ongoing to ensure that consultants more fully use the functionality available through TRAC. Introduce new roles and innovative T&C's to attract new junior doctors in training. Marketing & attraction – ongoing marketing plan for innovative campaigns using recruitment videos, targeted email shots, social media and recruitment microsites, all underpinned with a strong marketing brand. European head hunters now being used to target hard to recruit to nursing and medical vacancies. Success being reviewed on a quarterly basis. Develop mutually beneficial relationships across the BNSSG healthcare economy and beyond to increase workforce supply.	31/12/2023 31/12/2023 31/03/2023 31/03/2023 31/12/2023	Major	Unlikely	8	High Risk	Action Required Risks	

Q3 2022/23 Strategic Risk Register										Inherent				Controls				Assurance				Current Assessment				Target			
ID	Opened	Domain	Origin	Strategy	Assurance	Executive	Risk Description	C	L	S	Risk level	Key Controls	Adequacy	Gaps in Controls	Form of Assurance	Level	Gaps in Assurance	C	L	S	Risk level	Action Details	Due date	C	L	S	Risk level	Status	
2642	29/06/2018	Business	Internal	Estates Strategy	Assurance	Chief Operating Officer	If the Trust has restricted access to clinical areas due to operational pressures, Then the existing estate may not be modernised and developed in line with the aspirations of the strategic plan, Resulting in an environment with facilities that do not support improved efficiencies in patient care, streamlined pathways, improvements in patient experience and a deterioration in staff engagement.	Major	Very Likely	20	Very High Risk	Medium Term Financial Plan. Strategic Capital Plan and Operational Plan. Planned preventative maintenance budget. Trust Capital Group Chaired by Divisional Director, Surgery, receives monthly status reports on Capital Projects from Divisions and Assistant Director of Estates. SED Programme Board to oversee all SEDP schemes, chaired by Director of Strategy and Transformation. Financial Control Procedures, including the scheme of delegation and Standing Financial Instructions in place. Approved Five year Medium Term Capital Programme. Delivery of the capital programme, including the prioritisation and allocation of strategic capital. Delivery of the Operational plan without significant deterioration in the underlying run rate to ensure availability of strategic capital is available for future investment.	Inadequate	Restricted access to clinical areas to deliver project improvements due to operational pressures	Monthly KPI report through Divisional Board on Reactive maintenance. Prioritisation of backlog maintenance through Capital Programme Steering Group Reports from Trust Capital Group to Capital Programme Steering Group. Reports from Phase 5 Programme Board to Capital Programme Steering Group. Chairs reports from Capital Programme Steering Group to Finance Committee. Rolling 5 year Medium Term Capital Programme (source and applications of funds) approved annually by the Finance Committee and Board. Monthly management scrutiny of capital expenditure at the Capital Programme Steering Group. Regular Reporting to the Finance Committee and Trust Board.	Second Line Assurance - Risk and Compliance	Lack of assurance that capital expenditure controls for delegated Divisional Capital are fully effective.	Major	Possible	12	High Risk	Deliver the Strategic Capital Estates Programme for 2022/23	31/03/2023	Major	Unlikely	8	High Risk	Action Required Risks	
2694	13/08/2018	Workforce	Internal	People Strategy	Assurance	Chief People Officer	If staff are not engaged, motivated, involved and are not positive advocates Then staff turnover will be too high Resulting in a negative impact on organisational turnover retention and absence as well as other workforce KPIs, an increase in Agency costs, instability in the workforce, a negative impact on staff wellbeing	Major	Very Likely	20	Very High Risk	The People Strategy objectives and measures places staff experience at the heart of people programmes of work delivered via four pillars of: • Growing for the Future • New Ways of working • Inclusion and belonging • Looking after our people The Organisational Development strategic priorities plan and local Divisional Culture and people plan set out to improve staff engagement and workforce KPIs with a focus on: • Staff Engagement: Recognition and Performance • Wellbeing • ED&I • Leadership and Management Development Immersion of new staff values and leadership behaviours throughout 2022/23 supporting engagement and sense of belonging, impact measurement through the annual survey cycle in Quarterly people Pulse Monthly HR/OD partnership meetings in place to review all plans which are then presented to the people management group and the supporting sub groups of wellbeing and Diversity and Inclusion. Each division has a workforce committee to provide assurance on this agenda Divisional Performance reviews monitoring progress against these KPI's	Inadequate		The annual engagement score is monitored quarterly with annual targets to improve the annual score by 2025 to 7.5 (out of 10) Quarterly update to the the people committee and the Trust Board	Second Line Assurance - Risk and Compliance	Not achieving a score in the upper quartile nationally among peer Trusts.	Major	Possible	12	High Risk	A governance review is being undertaken which will lead to the formation of a new recruitment and retention group who will provide the assurance of work programmes and support the developing aspiration of the new People Strategy	30/09/2022	Major	Unlikely	8	High Risk	Action Required Risks	
2741	19/09/2018	Financial	Internal	Research Strategy	Quality and Outcomes Committee	MD	If financial pressures, service pressures or failure to recognise the value of research cause it to be de-prioritised, Then the Trust will be unable to sustain research activity, Resulting in loss of income, reputation and ability to attract and retain highly skilled and motivated staff, a limitation of patient choice, loss of potential to offer novel and/or cutting edge treatments and inability to contribute to the evidence to improve patient care.	Moderate	Likely	12	High Risk	- Memorandum of agreement with University of Bristol. - Joint Posts and Clinical Networks. - Research Standing Operating Procedures. - Process in place for corrective and preventative actions where breaches of GCP/protocol are identified to support learning by PI/CI and research team. - Regular review of research recruitment on a trust-wide level and focus on delivery of our sponsored research. Key Performance indicators at divisional level (bed holding only) agreed for regular divisional review. Regular review of appropriateness of KPIs within the current context/environment. - Appropriate study selection to maximise fit with patient pathways and minimise high resource use at times of clinical pressure. - Research grants, Research Capability Funding, commercial and delivery income - Close oversight and support of research delivery teams by R&I and divisions via Research Matron, with clinical line management of research teams and peer networks across the trust to support this. - SPAs recognised in consultant job plans. Experienced and dedicated research teams to support delivery of clinical research. - NIHR award £12m over 5 years for Biomedical Research Centre to Trust and UoB partnership (2022 to 2027). - NIHR CRF award of £1m, commencing Sept 2022, to support early phase and experimental medicine. - Review of impacts of research and engagement with SLT, board and divisional management teams to demonstrate value of research in NHS. - Regular interaction with comms team to maintain visibility of research as part of every day business.	Adequate		Reporting structures for divisional research committees/groups to Trust Research Group. Regular reports to divisions and the Board on KPI reviews (Trust-wide & divisional). Internal and External Audits and inspections. Process in place to identify and address poor performance within R&I Dept.	Second Line Assurance - Risk and Compliance	No clear mechanism for protecting time for non-medical PIs who do not hold funded research role recruiting to National Institute of Health Research portfolio trials not in place.	Moderate	Possible	9	High Risk	Continue to work with our researchers, with the RDS and with trials units to encourage them to submit high quality applications to NIHR funding streams. NIHR project grants draw in Research Capability Funding. Therefore increasing the number and value of NIHR project grants will lead to an increase over time of RCF. Drawing in successful grants also increases the research activity of the trust. Review, update, adjust processes in place for grant support, award, post award and handover to setup to ensure light touch where possible, and reduce chance of single point of failure. Review current content of R&I web pages, edit and remove content as appropriate. Work with comms team to develop appropriate and useful content for new platform	31/03/2024 31/12/2023 31/03/2024	Moderate	Unlikely	6	Moderate Risk	Action Required Risks	
2992	28/12/2018	Business	Internal	Quality Strategy	Quality and Outcomes Committee	DSD	If sufficient priority is not given to developing the Trust's culture and the capacity and capability of staff for delivering transformation, improvement and innovation, Then staff in the organisation may not be able to support the scale and pace of change necessary to work in new ways and deliver the organisation's and system's strategies, Resulting in a partial or non-realisation of benefits, loss of reputation as an innovative organisation, poor performance, demotivation of staff, associated impact on recruitment and retention, and a reduced influence as a leader in our local system.	Moderate	Possible	9	High Risk	Transformation, improvement and innovation strategy Transformation and improvement priorities embedded into annual Trust and Divisional operating plans. Comprehensive QI programme – QI gold provides training, coaching and mentoring for divisional teams to deliver larger transformation projects, and the transformation team support these either divisionally or cross-organisationally Regular updates on Transforming Care programme to Strategic SLT and Public Trust Board Staff engagement embedded in planning service improvement and transformation work. Transformation and other service improvement leads networked across the divisions. Working in partnership with the Academic Health Science Network to access latest training materials and external courses for enhanced training. Quality Improvement Academy established 2017 and "dosing plan" for training developed. Digital Hospital programme a priority within the Transformation programme with Digital Hospital Committee aligning actions into clinical safety and operational decisions. Transformation, Improvement and Innovation strategy approved by Trust Board, and delivery of actions reported to People Committee six monthly for assurance Commenced Patient First Programme which will address organisational culture by embedding improvement into the way we work at all levels of the organisation	Inadequate	Staff unable to be released to partake in training and/or deliver their improvements. Patient First programme year 2 (2023/24) may include some budget for backfill for staff to be released.	Reporting to Strategic Senior Leadership Team. Evidence of wide range of innovation and improvement programmes completed/underway including good response to programmes such as Bright Ideas, Trust Recognising Success awards , Quality Improvement Hub, QI annual forum and achievement of local / national awards. Audit and inspections. Quarterly summary of Transformation activity to public Trust Board Benefits realisation plans in place for all Transformation projects. Routine departmental assurance by programme management office for all digital and IM&T projects and activities reported to IM&T Management Group.	First Line Assurance - Operational		Moderate	Possible	9	High Risk	programme for Patient First deployment, key milestones: . Outline business case - approved by SLT and Board Nov 2021 . interim full business case with investment requirements - approved by SLT Mar 2022 . Phase 1 readiness assessment: completed Feb 2022 . Phase 2 strategy development: completed development of True North Mar 2022 . Completed development of strategic themes and breakthrough objectives Oct 2022 . Phase 3 strategy deployment: roll out PF to divisions from January 2023 . Phase 4 strategy deployment: roll out PF to front line staff from May 2023 . Develop roll out plan for the Patient First Improvement System for front line staff and divisional team (PFIS) Mar 2022. . Draft resource plan developed and presented to Executive Committee Dec 2022, to be discussed through 2023/24 annual planning process	31/03/2024	Moderate	Unlikely	6	Moderate Risk	Action Required Risks	

Q3 2022/23 Strategic Risk Register										Inherent				Controls				Assurance				Current Assessment				Target			
ID	Opened	Domain	Origin	Strategy	Assurance	Executive	Risk Description	C	L	S	Risk level	Key Controls	Adequacy	Gaps in Controls	Form of Assurance	Level	Gaps in Assurance	C	L	S	Risk level	Action Details	Due date	C	L	S	Risk level	Status	
3115	07/03/2019	Patient Safety	Internal	Digital Strategy	Audit Committee, Finance and Digital Committee, Quality and Outcomes Committee	Chief Medical Officer	If Clinical information is held across multiple IT systems and paper record libraries Then clinicians may not have access to all necessary information in order to make the best decision regarding a patient's care Resulting in imperfect treatment, potentially causing harm to a patient or delays in their care.	Major	Possible	12	High Risk	Clinicians can access digital information held in Careflow and Evolve and can request paper notes if needed The Clinical workspace brings together information from multiple systems reducing the burden of multiple logins Connecting care brings together data from primary care, GP Practices and secondary and community care providers. Medical records monitor the performance of the scanning bureau to maintain service levels Training is available on the Trust's corporate clinical IT Systems	Inadequate	The Trust requires a Medicines Management system Digital pathways need to be developed to replace paper records and support the capture and use of patient data on a patient's clinical pathway. A project to rollout a digital outpatient pathway is underway The Trust holds many paper records that need to be scanned into Evolve. Projects underway to improve the situation include back scanning at the Eye Hospital and Children's Hospital. A project is also underway to start scanning at Weston General Hospital. The scanning process includes an unavoidable period of time when records are not viewable because they are in transit or waiting to be scanned The scanning bureau is experiencing challenges with staff retention and recruitment Clinicians can find accessing information held by other organisations challenging		First Line Assurance - Operational	Major	Possible	12	High Risk	Achieve national Minimum Digital Foundation target (including HIMSS L5) This requirement includes implementing Careflow Medicines Management Converging on to single Order Coms, PACS and RIS Systems Transferring Paper Record to Evolve Electronic Document Management	29/03/2024	Major	Rare	4	Moderate Risk	Action Required Risks		
3472	30/10/2019	Environmental	External	Sustainability Strategy	Audit Committee	DSD	If the Trust fails to educate and drive changes in how we deliver our services, in the behaviour and the ways of working of staff, contractors and in the supply chain, Then the Trust may fail to meet its commitments under the Sustainable Development Strategy. Resulting in an inability to contribute to making a positive impact on combatting climate change and the associated environmental, health, financial, regulatory and reputational impacts.	Catastrophic	Possible	15	Very High Risk	Sustainability Strategy approved at Trust Board in September 2019. Sustainability Plan in place to support delivery of strategy objectives. A Sustainable Development Board with supporting governance structure and work streams to oversee delivery of the Sustainable Strategy has been approved by SLT and meets quarterly Sustainability team established Sustainability Implementation Group responsible for leading the Trust's work to become more sustainable; socially, environmentally and economically, across all areas.	Inadequate	Until such time as the carbon neutrality target is delivered there will always be a risk that it will not be delivered as no one has control of future events. Therefore it will require an adaptive response to the changing climate emergency and mitigation will change over the period of delivery of the strategy. Carbon neutrality is not currently embedded in Trust decision making. Business cases do not consider net zero carbon target. Every procurement from 1st April 2022 is required to have minimum 10% social value/net zero weighting in scoring this is not currently controlled. Trust is required to have a Green Plan - this is currently achieved through the sustainable development strategy but is required to be updated into the green plan format and aligned with the ICS green plan.	Reports to SLT and Trust Board.	Second Line Assurance - Risk and Compliance	Catastrophic	Unlikely	10	High Risk	Identify ways to embed carbon neutrality in Trust decision making Every procurement from 1st April 2022 is required to have minimum 10% social value/net zero weighting in scoring this is not currently controlled.	31/07/2023 30/06/2023	Catastrophic	Rare	5	Moderate Risk	Action Required Risks		
3763	25/02/2020	Statutory	Internal		Audit Committee, Quality and Outcomes Committee	CN	If the Trust is unable to meet the quality and safety requirements set out in CQC Regulations Then the CQC may determine that the Trust is in breach of regulatory requirements Resulting in new regulatory or enforcement action by the CQC.	Major	Very Likely	20	Very High Risk	Robust corporate quality and performance reporting to Board level. Consolidated CQC action plan to address outstanding inspection actions, with accompanying governance framework agreed by SLT/QOC. Clinical accreditation programme. Ongoing monitoring of compliance with CQC Regulations, including through self-assessment. CQC engagement in various forms including direct monitoring visits.	Inadequate	Outstanding actions relate to: - closing actions from previous CQC inspections - seeking lifting of Section 31 Enforcement Notice at Weston - addressing concerns raised by CQC in respect of clinical genetics accommodation at StMH - planning for future inspection readiness, incorporating new CQC regulatory framework The Clinical Accreditation Programme requires resource to effectively deliver its objectives and sustain the increasing volume of assessments. There is insufficient clinical operational resource and administrative resource identified to sustain the programme.			Major	Possible	12	High Risk	To introduce the principles of the new CQC Inspection Framework, initially through the self-assessment programme.	31/12/2023	Major	Unlikely	8	High Risk	Action Required Risks		
5032	12/02/2021	Statutory	Internal	Quality Strategy	Quality and Outcomes Committee	CN	If additional funding or sufficiently skilled and experienced staff are not available to implement key patient safety roles, Then the Trust may be unable to support changes in culture, processes and practices associated with the implementation of the national patient safety strategy, Resulting in continuation of repeated occurrences of similar incidents, missed opportunities to reduce harm to patients, subsequent clinical negligence claims, potential regulatory action and a lack of a consistent just and restorative culture throughout the Trust negatively impacting on staff engagement and well-being.	Major	Very Likely	20	Very High Risk	There is some existing limited resource for managing patient safety in divisions and in the THQ team but this is insufficient to deliver on the new national requirements which include seniority and new comprehensive training requirements for expert investigators.	Inadequate	This is a Trust wide risk. Non-delivery is not an option The background information in this risk outlines the significant changes that need to be put in place across UHBW for which there is no existing resource.	Patient Safety Partners in place and being supported to carry out their role. Central Patient Safety Investigation Team in place, transfer to PSIRF completed, Board approved Patient Safety Incident Response Plan being implemented. UHBW incident management system (Datix) upgraded, reconfigured and integrated with national Learning from Patient Safety Events (LFPSE) system. Patient Safety Culture: NRS benchmarking 2021/22 shows UHBW in top quartile indicating an open reporting culture. This national reporting will cease after March 2023.	First Line Assurance - Operational	Major	Likely	16	Very High Risk	Facilitate a series of PSIRF workshops, engaging key stakeholders to develop UHBW's Patient Safety Incident Response Framework (PSIRF) Publish UHBW's Patient Safety Incident Response Plan that will deliver the requirements of the national PS strategy. Work with the Datix/Risk team to redesign the incident reporting system to support PSIRF Produce Patient Safety Incident Response Plan for QOC review end January 2023 Complete team consultation on restructure. Recruit to new roles. Deliver assigned elements of stakeholder communications plan for project	31/03/2023 31/03/2023 31/03/2023 31/01/2023 31/03/2023 31/01/2023	Moderate	Unlikely	6	Moderate Risk	Action Required Risks		

Q3 2022/23 Strategic Risk Register										Inherent				Controls				Assurance				Current Assessment				Target			
ID	Opened	Domain	Origin	Strategy	Assurance	Executive	Risk Description	C	L	S	Risk level	Key Controls	Adequacy	Gaps in Controls	Form of Assurance	Level	Gaps in Assurance	C	L	S	Risk level	Action Details	Due date	C	L	S	Risk level	Status	
5317	15/06/2021	Business	External	Trust Strategy	Audit Committee	DSD	<p>If a conflict arises between the objectives and plans of the ICS and those of the Trust, then the Trust may have a limited ability to make some investment and service funding decisions,</p> <p>Resulting in non-achievement of the Trust's Strategy in relation to delivery of specialised and tertiary services, the service mix not being optimal and impacting on the quality of care and recruitment and retention of staff and potential non-compliance with regulatory standards such as CQC and JAG accreditation.</p>	Major	Very Likely	20	Very High Risk	<p>Chief Executive is a member of the Healthier Together Chief Execs Group who are directly involved in shaping the ICS for BNSSG. The Trust is a member of a number of System working groups where ICS development is influenced.</p> <p>BNSSG System is developing an ICS development plan. Members of the Trust are involved in these workshops and are SROs for various aspects of the plan.</p> <p>Trust Chair is a member of the shadow ICS partnership Board.</p> <p>As a subset of this plan, UHBW &amp; NBT have formed a 'provider collaborative' as part of the wider ICS.</p> <p>Adopting an approach of pro-active planning and willingness to show flexibility with regard to emerging national picture, based on the assumption that guidance won't change significantly for Acute providers and that there is likely to be a good degree of latitude in terms of how local Systems manage the delivery.</p> <p>Responsive process to ensure appropriate governance arrangements can be put in place to underpin ICS working through the ICB and ICS Partnership Board. The BNSSG system DOFs have delivered a system prioritised 5 year capital plan to NHSEI that is compliant with NHSEI's Capital Department Expenditure Limit (CDEL).</p>	Inadequate		<p>Board reporting vis the Healthier Together Update Report and via the CEO Update.</p> <p>Board Seminar on the development of the system MoU - June 2021</p>	Second Line Assurance - Risk and Compliance	<p>Final ICS outcomes and current objectives remain to be finalised in 2022/23. Tertiary services commissioning structures to be defined.</p>	Major	Possible	12	High Risk	<p>As a core planning group we have been reflecting on the 22/23 planning round. There are some issues arising from that that we would wish to put forward to the system to influence future planning rounds, and equally some considerations for us as Trust moving forward on how we conduct business planning in the 'new world'. This is currently a work in progress.</p>	30/11/2022	Major	Rare	4	Moderate Risk	Action Required Risks	
5369	02/07/2021	Business	Internal	Trust Strategy	Audit Committee, Quality and Outcomes Committee	DSD	<p>If the Trust is unable to design and deliver a suitable service model for Weston General Hospital,</p> <p>Then the ambitions and vision around the integration of clinical services across Bristol and Weston and Healthy Weston may not be achieved,</p> <p>Resulting in services across the Weston campus being unsustainable and non-compliant regulatory requirements.</p>	Major	Very Likely	20	Very High Risk	<p>Enhanced leadership in place for the Weston Division including a Managing Director, Deputy Medical Director and Deputy Chief Nurse.</p> <p>Clear alignment of the Weston Division Improvement Plan with the second stage of the Healthy Weston Programme.</p> <p>System incident response governance arrangements in place.</p> <p>Recruitment plans for nursing and medical staff.</p> <p>CQC improvement plan in place and being overseen by the Weston Division and through the Executive oversight arrangements.</p> <p>Integration Programme Board oversees clinical service integration and associated risks.</p> <p>System vision for WGH developed and submitted to regulators.</p> <p>SLT approved Business Case for enhanced Weston Management Model that includes the establishment of a business unit to directly manage wards, outpatients and other key services, as well as provide whole hospital leadership and site coordination.</p> <p>Delivery Group established under the leadership of the Managing Director to support delivery of the new management arrangements in Weston by 1st October.</p> <p>Health Overview Scrutiny Panel have decided that the future vision does not constitute a substantial variation which means that a formal public consultation is not required. The Healthy Weston programme will hold an extended period of public and staff engagement on the draft proposals.</p>	Inadequate	<p>Further work required on public and staff engagement on the draft proposals as part of Healthy Weston.</p> <p>Initiating UHBW implementation programme for Healthy Weston.</p> <p>Deputy Chief Nurse role is not a substantive recruitment.</p>	<p>Monthly reporting to the Board of Directors by the Managing Director.</p> <p>Weston focused quality metrics developed and to be reviewed monthly.</p> <p>Monthly IPB meetings and reports.</p>		<p>No further actions planned. Risk recommended for closure.</p>	Moderate	Possible	9	High Risk		Moderate	Unlikely	6	Moderate Risk	Action Required Risks		





## Meeting of the Board of Directors in Public on Wednesday 22<sup>nd</sup> February 2023

<b>Report Title</b>	<b>Corporate Objectives – Quarter 3 Update</b>
<b>Report Author</b>	<b>Sarah Nadin – Acting Director of Business Development and Improvement</b>
<b>Executive Lead</b>	<b>Eugene Yafele, Chief Executive Officer</b>

### 1) Report Summary

The purpose of this report is to provide assurance to the Board of Directors on the progress against the Trust Corporate Objectives at Quarter 3 2022/2023.

### 2) Key points to note

*(Including decisions taken)*

- **Changes to the 2022/2023 Approach**

A new approach to corporate objective setting and delivery was taken for 2022/23 which simplified the approach to focus on a smaller number of key corporate objectives linked to the organisations agreed leadership priorities for the year.

The attached report draws out key highlights and challenges to the delivery of these focussed leadership objectives for the organisation.

- **Key Points to Note**

Trust Board is provided with a detailed update on the Leadership Priorities, including the underpinning performance metrics as part of the Integrated Quality and Performance Report (IQPR) on a monthly basis.

The quarterly narrative summary provided in the slide pack is consistent with information reported to Trust Board on a monthly basis.

- **Next Steps**

Trust Board will be provided with a full end of year report on the end of year achievement against the agreed Leadership Priorities and associated Corporate Objectives at the end of Quarter 4.

It is intended that organisational priorities and objective setting, delivery and reporting will be integrated through the Trust from 2023/24 as we transition into our Patient First operating model. This requires completion of the “catch-ball” strategy deployment process with Divisions therefore the intent is to conclude this objective setting in Q1 2023/24.

### 3) Risks

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

**The risks associated with this report include:**



Please refer to the Strategic and Corporate Risk registers which by definition detail the risks posed to the achievement the Strategic and Corporate Objectives of the Trust.

**4) Advice and Recommendations**

*(Support and Board/Committee decisions requested):*

- This report is for **Assurance**.

**5) History of the paper**

**Please include details of where paper has previously been received.**

**[Name of Committee/Group/Board]**

**[Insert Date paper was received]**

N/A

# 2022/2023 Leadership Priorities Quarter 3 Update

# 2022/2023 Leadership Priorities

LEADERSHIP PRIORITY	CORPORATE OBJECTIVE
<b>Quality and Safety</b>	Ensure our patients have access to timely and effective care, with a risk based approach to preventing patient harm in our urgent and elective pathways
<b>Our People</b>	<p>Deliver our workforce plans to develop new roles to retain and attract talent.</p> <p>Invest in high quality learning and development to retain colleagues and students.</p> <p>Ensure colleagues are safe and healthy by prioritising wellbeing and that everyone has a voice which counts, and are treated with respect regardless of their personal characteristics.</p>
<b>Timely Care</b>	<p>Reduce ambulance handover delays.</p> <p>Eliminate the number of patients waiting over 78, 104 week waits and cancer delays.</p> <p>Outpatient follow-up activity levels compared with 2019/20 baseline.</p> <p>Increase specialist surgery activity.</p>
<b>Weston Renewal</b>	<p>Complete the clinical service integration programme and implement the new WGH delivery unit model.</p> <p>Confirm the vision for Weston Hospital through Healthy Weston 2 and develop an implementation plan across UHBW and the system as a whole.</p>
<b>Financial Performance</b>	<p>Divisional performance v budget (or agreed control total if different).</p> <p>Identify and implement recurring CIP delivery v 22/23 target.</p> <p>ESRF related activity (value) v 19/20 baseline.</p>

# Quality and Safety

PRIORITY	CORPORATE OBJECTIVE	Q3 Update
<p><b>Quality and Safety</b></p>	<p>Ensure our patients have access to timely and effective care, with a risk based approach to preventing patient harm in our urgent and elective pathways</p>	<p>To support the delivery of this corporate objective, Trust Board agreed five corporate quality objectives for 2022/23 to support our ambition for patients to receive safe and effective care, with timely access and outstanding experience:</p> <ul style="list-style-type: none"> <li>• Delivering the NHS Patient Safety Strategy</li> <li>• Improving patient experience of discharge from hospital</li> <li>• Waiting well</li> <li>• Developing a new Trust strategy for Healthcare Inequalities, with a focus on Equality Diversity &amp; Inclusion for patients and communities</li> <li>• Developing and delivering a new vision for post-pandemic volunteering</li> </ul> <p>Progress against these objectives is monitored by the Quality &amp; Outcome Committee on behalf of the Board.</p> <p>Significant progress has been made against all five objectives, notably:</p> <ul style="list-style-type: none"> <li>• Transfer to the Patient Safety Incident Response Framework (PSIRF) is underway and a new centralised patient safety incident investigation team has been recruited to facilitate this</li> <li>• Every Minute Matters (EMM) roll-out has been completed, with 40 wards having commenced or completed their 12 week programme. Improvements in the use of Estimated Date of Discharge (EDD), Transfer of Care (using ToC Doc), and use of the Discharge Lounge.</li> <li>• Waiting Well progress includes the development of new web resources for patients awaiting treatment, an emerging system-wide approach to prehabilitation, and enhanced business intelligence (BI)</li> <li>• A two-year Health Equity plan has been drafted and will be discussed at Clinical Quality Group in February, ahead of approval by the Quality &amp; Outcomes Committee</li> <li>• A new Volunteering Strategy for the Trust has been approved by the People Committee</li> </ul>

# Our People

PRIORITY	CORPORATE OBJECTIVE	Q3 Update
<p><b>Our People</b></p>	<p>Deliver our workforce plans to develop new roles to retain and attract talent.</p> <p>Invest in high quality learning and development to retain colleagues and students.</p> <p>Ensure colleagues are safe and healthy by prioritising wellbeing and that everyone has a voice which counts, and are treated with respect regardless of their personal characteristics.</p>	<p>The Trust's vacancy rate overall has reduced to 7.2% by the end of Q3 and is now close to the target of 7%. The vacancy rate has reduced in registered nursing to 10.7% and is now close to target (10.0%). The vacancy rate has increased for band 2 and 3 unregistered nursing to 19.4% which is significantly above the target of 15%. 21 new international nurses joined the Trust in December and the Trust is holding its first international nurse recruitment event in India in January 2023 to develop a candidate pipeline for 23/24. An international nurse recruitment plan for the new financial year is now being developed. To address the unregistered nursing vacancies, two large scale recruitment events are taking place in February and March 2023, and a fast-track development route for HCSWs to move into the Band 3 role is being developed.</p> <p>Turnover for the 12-month period reduced to 15.0% compared to 15.5% (updated figures) for the previous month meaning turnover is on track. Sickness absence increased to 6.2% at the end of Q3 compared with 5.4% in the previous month, based on updated figures for both months. Agency usage has reduced to 1.9% which is slightly above the 1.8% target and Tier 4 agency usage has reduced significantly. Bank usage has increased to 6.1% nearing the target of 6.3% target.</p> <p>The new Leadership, Management and Coaching Offer, encompassing the 'Leading Together' leadership framework, was launched at the end of October 2022. The core elements of the offer include leadership and management development programmes and modules available to all levels of staff, and 'The Compassionate and Inclusive Leader' Programme. This programme involves a management induction and four two-hour sessions which give our managers the fundamental skills and knowledge to lead their team aligning with the Trust values, a coaching approach, and our key leadership messages of compassion and inclusivity. The programme is now mandatory for new starters with line management/appraisal responsibility, and will be mandatory for existing leaders in April 2023. Compliance for the eleven Core Skills (mandatory/statutory) remained static at 87%, for the fourth consecutive month. Most of the core skills have achieved or exceeded their 90% compliance targets.</p> <p>We continue to prioritise engagement activity to improve awareness and access to wellbeing and resources. A trust wide Wellbeing Survey launch in September, findings of which were reported in October. The report outcomes will support the continued development of the wellbeing provision, focussing on colleague feedback and priorities. A new Wellbeing Hub is being designed for the Weston site, collaborating with stakeholders / users to ensure optimum engagement and sustainability. The Equality Diversity and inclusion talent management programme Bridges was launched at the UHBW Black History event in October. The programme attracted over 50 successful applicants from our BAME community with two cohorts commencing in November 2022 and the February 2023. The National Staff Survey 2023 preliminary reporting will be available in January with formal reporting in March 2023.</p>

# Timely Care

**University Hospitals  
Bristol and Weston**  
NHS Foundation Trust

PRIORITY	CORPORATE OBJECTIVE	Q3 Update
<p><b>Timely Care</b></p>	<p>Reduce ambulance handover delays. Eliminate the number of patients waiting over 78, 104 week waits and cancer delays. Outpatient follow-up activity levels compared with 2019/20 baseline. Increase specialist surgery activity.</p>	<p>At the end of Q3, there were 26 patients waiting over 104+ weeks. The number of patients waiting over 104 weeks at the end of January 2023 is forecast to be 6. This forecast accounts for patients that have tipped over the threshold of 104+ weeks waiting in the month. The Trust will be in a position to have eliminated waiting times 104+ weeks at the end of February and will be able to sustain this position going forward.</p> <p>At the end of Q3, there were 877 patients over 78+ weeks against a trajectory for improvement of 663. There was an increase in the size of the backlog in December related to seasonal factors and industrial action which displaced more clinically urgent procedures. We are currently forecasting a backlog of no greater than 300 patients waiting 78+ weeks at the end of March. Plans are being developed with the Divisions to improve performance towards the ambition of eliminating 78+ week waits from the end of March 2023.</p> <p>There has been improvement in the number of patients waiting over 62 days on a cancer pathway. There has been a week to week reduction in this backlog towards our Cancer Alliance defined baseline of 180 patients by the end of March 2023. At the end of December 2022, the Trust reported 326 patients over 62 days against a trajectory of 400. Skin remains the most significant performance risk given the scale of the backlog and difficulty recruiting to locum posts. Gynaecology is also very challenged given the significant and sustained increase in referrals received by the service.</p> <p>Emergency Department (ED) pressures continue in Q3. There were 1,217 patients who had a Trolley wait in excess of 12 hours in December across the Emergency Departments compared to 862 in November. There were 3,031 ambulance handovers in December and of these 87.7% were in excess of 15 minutes. Delayed discharges remain a pressure on flow, and in December, on average, 196 beds were occupied per day by No Criteria To Reside (NCTR) patients.</p> <p>The Every Minute Matters (EMM) programme roll out has now been completed across all adult wards in scope: focussing on ward based flow and discharge processes. Job descriptions are now being developed for substantive clinical lead and improvement practitioner roles to support the ongoing sustainability of the programme. The expansion of SDEC (Same Day Emergency Care) provision is continuing, including expansion of Surgical SDEC capacity and development of the SDEC offer at Weston. BRI Medical SDEC has recorded a seventh consecutive month of performance improvement with 769 patients seen through SDEC in November 2022 (73% increase from the Feb 22).</p>

# Weston Renewal

PRIORITY	CORPORATE OBJECTIVE	Q3 Update
<b>Weston Renewal</b>	<p>Complete the clinical service integration programme and implement the new WGH delivery unit model.</p> <p>Confirm the vision for Weston Hospital through Healthy Weston 2 and develop an implementation plan across UHBW and the system as a whole.</p>	<p>New Weston management and governance arrangements have been rolled out, with the Weston Division being replaced by the Weston General Hospital Team (WGH) and clinical divisions operating a further 14 clinical services at Weston as part of their wider cross trust portfolios. This means that over 90% of Trust clinical services across UHBW are integrated, with the Weston General Hospital team providing a range of services in partnership with the Trust divisions.</p> <p>A 3 months review has been undertaken to ensure that the new arrangements have bedded in and support the delivery on the next phase of integration. This was approved by the Integration Programme Board in January 23.</p> <p>Formal Integration programme assurance and closure plans are going through Trust governance structures in January and February 23. Provided that Trust Board endorses the decision of the Executive Committee, supported by reports from other Board Committees, the formal programme will close in Q4. Ongoing monitoring will be continued by the Post Integration Oversight Group, accountable to the Executive Committee and jointly chaired by the Executive Managing Director and Chief Operating Officer.</p> <p>Healthy Weston – Development of the phase 1 business justification case, focusses on introducing and enhancing a range of front door services, including Same Day Emergency Care (SDEC) and the expansion of Geriatric Emergency Medicine Service (GEMS), to ensure a modern and fit-for-the-future Emergency Department at WGH. This is going through UHBW and ICB governance processes in Q4, including the UHBW Finance and Digital Committee before submission to the ICB Board ICB Board.</p>



# Financial Performance

PRIORITY	CORPORATE OBJECTIVE	Q3 Update
<p><b>Financial Performance</b></p>	<p>Divisional performance v budget (or agreed control total if different). Identify and implement recurring CIP delivery v 22/23 target. ESRF related activity (value) v 19/20 baseline.</p>	<p>The Trust's net income and expenditure position is a deficit of £3.6m, £2.6m better than the planned deficit of £6.2m. The favourable position against plan is primarily due to additional commissioner investments, lower than expected winter operating expenditure and an increase in the rate of savings delivery in December as a result of further progress made by Divisions with their Financial Recovery Plans.</p> <p><b>2022/23 CIP</b> - The Trust delivered CIP savings of £11.3m at the end of December, in line with the plan. The forecast delivery for 2022/23 remains at £15.7m, or 105% of plan.</p> <p><b>2022/23 CIP Impact on 2023/24</b> - Currently only 56% or £8.3m of the Trust's forecast savings are recurrent. This is a significant concern and without action to recover the position, the Trust's recurrent deficit and financial challenge going into 2023/24 will increase by c£9m due to this year's predicted recurrent CIP shortfall.</p> <p>The volume of elective activity fell in December compared with November and remains c10% below 2019/20 activity levels. Against plan elective inpatients and day cases are at c90%. This remains a concern given the £10.5m investments approved by SLT to deliver elective recovery which are subject to review going into 2023/24.</p>



### Meeting of the Trust Board of Directors in Public February 2023

<b>Reporting Committee</b>	<b>Quality and Outcomes Committee – Meeting held 22 December 2022</b>
<b>Chaired By</b>	<b>Julian Dennis, Non-Executive Director</b>
<b>Executive Lead</b>	<b>Jane Farrell Chief Operating Officer Deirdre Fowler, Chief Nurse and Midwife Stuart Walker, Medical Director</b>

#### For Information

##### From Matters Arising.

It was agreed that reports on the development and use of the discharge lounge would now be included in the “every minute matters” reporting domain.

Following a question from Jayne Mee at the last meeting of the committee, a full explanation was given to QOC concerning how an assessment of a patient’s dietary requirements is initiated and undertaken, particularly if they have dietary problems/allergies.

A summary of current VTE assessments was discussed and assurance was given that VTE assessments are being undertaken, but recording these assessments has been problematic. The solution remains the implementation of the electronic prescribing module.

##### Clinical and Service Quality Compliance and Performance.

The IQPR continued to show some improvements in cancer waiting times. These data were discussed in some detail and assurance sought that focus will remain on reducing backlogs and that a risk based approach is implemented for assessment of those on waiting lists.

It was also reported that front door pressure remains very high, particularly in children’s A&E and that outpatient clinics had to be cancelled to provide waiting room space.

An increase in the number of Clostridium difficile cases was also reported from Weston with ribo typing showing a link between the strains isolated. There have been no more cases since the initial outbreak and QOC was assured that a full investigation had been undertaken. It was reported that a small outbreak had been identified due to the to sink provision in Draycott Ward. It was reported introducing sinks in the bays would mean losing bed capacity and so was not feasible on the balance of risks at the present time.

##### Benchmarking, Learning and Quality Improvement.

A number of patient complaints reports were considered. There was a small increase in complaints in October and November but the usual decrease in December is still expected. There were no themes identified.



The patient experience report was also considered and discussed in detail. Concerns were raised as to how the committee can gain assurance that the learning identified in these reports is being applied and disseminated through the trust. How are the outcomes of this learning being measured. It was explained that the learning and implementation are monitored at divisional level. QOC was assured that the focus remains on creating a kind, responsive and caring culture and that divisions remain focussed on implementing the learning.

### **Key Decisions and Actions**

IQPR – item on Theatre Utilisation to come back to a future meeting

CQC Action Plan – wording of future recommendations to be considered to ensure that a SMART approach is adopted.

<b>Date of next meeting:</b>	<b>27 January 2023</b>
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### Meeting of the Trust Board of Directors in public – 27<sup>th</sup> January 2023

<b>Reporting Committee</b>	<b>Quality and Outcomes Committee</b>
<b>Chaired By</b>	<b>Sue Balcombe, Non-Executive Director</b>
<b>Executive Lead</b>	<b>Jane Farrell, Interim Chief Operating Officer Deirdre Fowler, Chief Nurse and Midwife Stuart Walker, Chef Medical Officer</b>

#### For Information

**Elective Recovery Plan** – the committee was advised that good progress is being made in achieving the elective care trajectories but that it was also important that the improvements were sustainable. There are a number of detailed reviews underway across multiple challenged areas, alongside the review of RTT PTL management, theatre scheduling and proactive work to unlock constraints. Detailed plans are now in place including plans to respond to the Jim Mackay & Tim Briggs directive (January 12<sup>th</sup>) that all patients in the 78 week cohort must be dated by the end of January 2023, and all 78-week patients treated by end March 2023. Highly challenged services include skin, paediatric surgery, colorectal and dental.

**Urgent and Emergency Care** – the data confirms that ambulance handovers and trolley waits remain a significant challenge for the Trust. The **Every Minute Matters** programme is making a significant contribution to helping manage the flow of patients across the hospital sites with 40 wards now positively engaged in the process. The committee received performance data which confirms that Length of Stay and the number of patients designated as No Criteria to Reside are both positively influenced by the work with wards and services in the programme. Future work to increase weekend discharges, to review the capacity and activity in community rehabilitation beds and to develop a shared understanding of the risk threshold for community discharges is now underway.

**Staffing levels and response to strike action** – fill rates were negatively impacted in December due to COVID, flu and Strep A with an additional key factor being the Nurse strikes on 18, 19<sup>th</sup> December where approximately 40% of nurses took industrial action. The committee were advised that the Trust has developed very good working relationships with the Royal College of Nursing which was helping to mitigate any risks. The committee heard that there are 2 mass recruitment events planned for February and that work to refresh the Retention Strategy is progressing. The committee received the Winter Preparedness Plan for Nursing which included detailed surge plans and processes to escalate and manage any shortfalls.

**Hospital Standardised Mortality Ratio (HSMR) deep dive** – the group had previously been advised by the Medical Director that the Trusts HSMR has shown a gradual increase over the last year and a deep dive review had been initiated to determine the reasons why this may be happening. The committee received the initial report which indicated that the change may be due to the shifting



demographic of patients cared for by the Trust compounded by an above average length of stay. More work is now required to confirm this, and the committee will receive a further report in April.

**Draft Patient Safety Response Plan** – the committee received the draft plan which has been developed in response to the National Patient Safety Incident Response Framework. This requires Trusts to radically change how they respond to patient safety incidents for learning and improvement. This development fits with our UHBW focus on continuous improvement through Patient First and enables us to focus on our key patient safety risks whilst also enabling more supportive engagement with patients, families and staff. The committee will receive the final version at the next meeting.

#### **Key Decisions and Actions**

The committee requested an update on the Genetic Service following a number of concerns being raised.

The committee will receive an overview of the work underway to improve Transitional Care Services between children's and adult services.

The final Patient Safety Incident Response Plan will be received for approval at the February meeting.

The committee will receive a report detailing the work to improve theatre productivity and efficiency.

**Date of next meeting:** 23<sup>rd</sup> February 2023

**Meeting of the Board of Directors in Public on 22<sup>nd</sup> February 2023**

<b>Report Title</b>	<b>Integrated Quality &amp; Performance Report (IQPR)</b>
<b>Report Author</b>	<b>Philip Kiely/Lucy Parsons, Deputy Chief Operating Officers</b> <b>James Rabbitts, Head of Performance Reporting</b> <b>Anne Reader, Associate Director of Quality and Patient Safety</b> <b>Julie Crawford, Deputy Head of Quality (Patient Safety)</b> <b>Laura Brown, Head of HR Information Services</b> <b>Jeremy Spearing, Director of Operational Finance</b>
<b>Executive Lead</b>	<b>Overview and Access – Jane Farrell, Interim Chief Operating Officer</b> <b>Quality – Deirdre Fowler, Chief Nurse and Midwife</b> <b>Stuart Walker, Chief Medical Officer</b> <b>Workforce – Emma Wood, Chief People Officer</b> <b>Finance – Neil Kemsley, Chief Financial Officer</b>

<b>1. Report Summary</b>	
To provide an overview of the Trust's performance on quality and access standards. Two reports have been submitted: 1) "Leadership Priorities and Oversight Framework". This report provides a monthly update of the key performance metrics for 2022/23 and the Trust Leadership priorities. 2) Integrated Quality and Performance Report (IQPR) which contains a more detailed set of metrics.	
<b>2. Key points to note</b> <i>(Including decisions taken)</i>	
As per report	
<b>3. Risks</b> <b>If this risk is on a formal risk register, please provide the risk ID/number.</b>	
None	
<b>4. Advice and Recommendations</b> <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> <li>This report is for <b>Assurance</b>.</li> </ul>	
<b>5. History of the paper</b> <b>Please include details of where paper has <u>previously</u> been received.</b>	
N/A	

# Leadership Priorities and Oversight Framework

# Leadership Priorities and Oversight Framework

Public Board

11. Leadership and Oversight Framework  
University Hospitals  
Bristol and Weston  
NHS Foundation Trust

Reporting Month: December 2022

## INTRODUCTION

This report provides a monthly update of the key performance metrics within the NHS Oversight Framework for 2022/23 and the Trust Leadership priorities. Further information within the full Integrated Quality and Performance Report (IQPR) is available in the reading room to provide additional background detail if required.

PRIORITY	CORPORATE OBJECTIVE	Page
<b>Quality and Safety</b>	Ensure our patients have access to timely and effective care, with a risk based approach to preventing patient harm in our urgent and elective pathways	10
<b>Our People</b>	Deliver our workforce plans to develop new roles to retain and attract talent. Invest in high quality learning and development to retain colleagues and students. Ensure colleagues are safe and healthy by prioritising wellbeing and that everyone has a voice which counts, and are treated with respect regardless of their personal characteristics.	16
<b>Timely Care</b>	Reduce ambulance handover delays. Eliminate the number of patients waiting over 78, 104 week waits and cancer delays. Outpatient follow-up activity levels compared with 2019/20 baseline. Increase specialist surgery activity.	22
<b>Weston Renewal</b>	Complete the clinical service integration programme and implement the new WGH delivery unit model. Confirm the vision for Weston Hospital through Healthy Weston 2 and develop an implementation plan across UHBW and the system as a whole.	35
<b>Financial Performance</b>	Divisional performance v budget (or agreed control total if different). Identify and implement recurring CIP delivery v 22/23 target. ESRF related activity (value) v 19/20 baseline.	38



## EXECUTIVE SUMMARY

### Quality and Safety

There were three Hospital Onset Hospital Acquired cases of E.coli, fifteen cases of Community Onset Community Acquired and two cases of Community Onset Hospital Acquired in December 2022. A trust wide catheter/ prevalence audit of compliance with best practice has been completed the findings of which will be reported shortly. There has been a decrease in Hospital Onset Hospital Acquired cases of Clostridium Difficile over the month of December (2 cases) when compared to the previous month of November 2022 (5 cases). There has been one trust-apportioned MRSA case in December 2022. There have been three Trust apportioned case of MRSA bacteraemia in UBHW reported in the year-to-date 2022/23. An observation of vascular device management has been undertaken by Becton Dickenson device manufacturer, the Infection, Prevention & Control team are awaiting the findings of this audit.

The Summary Hospital Mortality Indicator for UHBW for the 12 months September 2021 to August 2022 was 99.3 and in NHS Digital's "as expected" category. This is slightly below the overall national peer group of English NHS trusts of 100.

Recent VTE risk assessment compliance remains relatively static at 81.3% though is at the lowest level since April (excludes Weston due to data feed issues). There is a requirement for the Trust VTE metric data (logic for the 'not at-risk cohort') to be clinically reviewed and agreed as correct for a merged Trust, prior to sign off by Medical Directors Team. The clinical review has been requested but has not yet occurred; once this has been completed this will resolve the data feed issue. Recruitment for new VTE Lead role has commenced interviews scheduled for February 2023.

### Our People

The Trust's vacancy rate has reduced to 7.2% this month but remains above target (which is less than 7%). The vacancy rate has reduced in registered nursing to 10.7% and is now close to target (10.0%) but has increased for band 2 and 3 unregistered nursing to 19.4% which is significantly above the target of 15%. Consultant vacancy has increased to 4.1% from 4.0%.

Turnover for the 12-month period reduced to 15.0% compared to 15.5% (updated figures) for the previous month meaning turnover is on track. The largest staff group increase was seen within Allied Health Professionals, where turnover increased by 1.1 percentage points to 17.7% compared with 16.6% the previous month. The largest staff group reduction was seen within Administrative and Clerical, where turnover reduced by 1.4 percentage points to 16.6% compared with 18.0% the previous month. Turnover rate for Band 5 nurses reduced slightly to 17.6%.

Sickness absence increased to 6.2% compared with 5.4% in the previous month, based on updated figures for both months.

Agency usage has reduced to 1.9% which is slightly above the 1.8% and bank usage has increased to 6.1% nearing the target of 6.3% target.

Compliance for the eleven Core Skills (mandatory/statutory) remained static at 87%, for the fourth consecutive month. Although overall compliance has been static for several months, most of the core skills have achieved or exceeded their 90% compliance targets. Recognising this, the People and Education Group supported the lowering of the risk score for Risk 921 - risk that staff are not compliant with their essential training' - from 12 to 9.

## EXECUTIVE SUMMARY (continued)

### Timely Care

At the end of December 2022, there were 26 patients waiting over 104+ weeks. The number of patients waiting over 104 weeks at the end of January 2023 is forecast to be 6. This forecast accounts for patients that have tipped over the threshold of 104+ weeks waiting in the month. The Trust will be in a position to have eliminated waiting times 104+ weeks at the end of February and will be able to sustain this position going forward.

At the end of December 2022, there were 877 patients over 78+ weeks against a trajectory for improvement of 663. There was an increase in the size of the backlog in December related to seasonal factors and industrial action which displaced more clinically urgent procedures. We are currently forecasting a backlog of no greater than 300 patients waiting 78+ weeks at the end of March. Plans are being developed with the Divisions to improve performance towards the ambition of eliminating 78+ week waits from the end of March 2023.

There has been improvement in the number of patients waiting over 62 days on a cancer pathway. There has been a week to week reduction in this backlog towards our Cancer Alliance defined baseline of 180 patients by the end of March 2023. At the end of December 2022, the Trust reported 326 patients over 62 days against a trajectory of 400. Skin remains the most significant performance risk given the scale of the backlog and difficulty recruiting to locum posts. Gynaecology is also very challenged given the significant and sustained increase in referrals received by the service.

Emergency Department (ED) pressures continue in December 2022. There were 1,217 patients who had a Trolley wait in excess of 12 hours in December across the Emergency Departments compared to 862 in November. There were 3,031 ambulance handovers in December and of these 87.7% were in excess of 15 minutes. Delayed discharges remain a pressure on flow, and in December, on average, 196 beds were occupied per day by No Criteria To Reside (NCTR) patients.

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### Weston Renewal

New Weston management and governance arrangements have been rolled out, with the Weston Division being replaced by the Weston General Hospital Team (WGH) and clinical divisions operating a further 14 clinical services at Weston as part of their wider cross trust portfolios. This means that over 90% of Trust clinical services across UHBW are integrated, with the Weston General Hospital team providing a range of services in partnership with the Trust divisions.

A 3 months review has been undertaken to ensure that the new arrangements have bedded in and support the delivery on the next phase of integration.

## EXECUTIVE SUMMARY (continued)

### Financial Performance

At the end of December there is a net I&E deficit of £3,572k against a planned deficit of £6,162k (excluding technical items). Total operating income is £27,987k favourable to plan due to higher than planned income from activities of £30,858k, offset by lower than planned other operating income of £2,871k. Operating expenses are £33,745k adverse to plan primarily due to higher pay expenditure (£23,853k adverse), offset by lower than planned depreciation expenditure of £1,373k. Other non-pay expenditure is £11,265k higher than plan.

The key issues underlying the financial position and the risk that the financial plan will not be achieved are: 1) Recurrent savings delivery below plan – Trust-led CIP delivery is £11,345k or 100% of plan. Full year forecast delivery is £15,737k or 105% of plan of which recurrent savings are £8,316k, 56% of plan. The shortfall in recurrent savings will need to be incorporated in the 2034/24 financial plan in addition to the 2023/24 target. 2) Pay costs higher than plan – pay expenditure must be maintained within divisional and corporate budgets. 3) Forecast overspend against divisional budgets and achievement of divisional control totals – divisional forecasts will be monitored monthly and recovery plans implemented where overspends are not acceptable.

# Leadership Priorities and Oversight Framework



Reporting Month: December 2022

## SUMMARY SCORECARD – FINANCIAL YEAR 2022/23

### DOMAINS:

“Quality and Safety”

“Our People”

			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Infection Control: C.Diff Cases (Hospital Attributable)	Risks: 800 and 4651	Actual	6	8	12	13	7	9	6	13	7			
		Trajectory	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4
Infection Control: MRSA Cases (Hospital Onset)	Risks: 800 and 4651	Actual	0	0	0	0	0	1	0	1	1			
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
VTE Risk Assessment	Risk: 720	Actual	81.3%	81.9%	82.4%	82.5%	83.7%	83.5%	84.0%	84.9%	81.3%			
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Workforce: Agency Usage	Risk: 674	Actual	2.0%	2.1%	2.3%	2.6%	2.3%	2.2%	1.9%	2.0%	1.9%			
		Trajectory	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
Workforce: Turnover	Risk: 2694	Actual	15.3%	15.3%	15.4%	15.7%	15.7%	15.7%	15.7%	15.5%	15.0%			
		Trajectory	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%
Workforce: Staff Sickness		Actual	6.3%	5.1%	5.6%	6.5%	5.1%	4.9%	5.4%	5.5%	6.2%			
		Trajectory	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
Workforce: Staff Vacancy	Risk: 737	Actual	5.7%	8.0%	8.3%	8.4%	7.2%	7.3%	7.7%	7.4%	7.2%			
		Trajectory	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%

			Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Summary Hospital Level Mortality Indicator (SHMI)		Actual	99.3	100.5	99.3	98.8	100.0	100.5	100.2	99.1	99.3			
		Trajectory	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

# Leadership Priorities and Oversight Framework

Public Board



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

11. Leadership and Oversight Framework

Reporting Month: December 2022

## SUMMARY SCORECARD – FINANCIAL YEAR 2022/23

### DOMAIN: Timely Care

			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Referral To Treatment 78+ Weeks	Risk: 801	Actual	944	975	926	813	756	743	763	755	877			
		Trajectory	944	961	1,050	1,002	1,066	1,025	770	717	663	610	557	497
Referral To Treatment 104+ Weeks	Risk: 801	Actual	349	293	236	131	97	58	39	33	26			
		Trajectory	336	281	197	182	167	138	109	87	72	50	33	29
Cancer 62+ Days	Risk: 801	Actual	179	232	237	261	416	399	381	337	326			
		Trajectory	180	180	180	180	180	180	450	450	400	300	250	180
Cancer Treated Within 62 Days	Risk: 801	Actual	68.1%	71.3%	61.8%	69.4%	52.2%	64.9%	48.2%	46.4%				
		Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Diagnostics: Percentage Waiting Under 6 Weeks	Risk: 801	Actual	57.9%	60.1%	61.2%	63.5%	62.2%	64.5%	65.3%	68.5%	65.8%			
		Trajectory	58%	60%	62%	63%	65%	66%	68%	70%	71%	72%	73%	75%
Diagnostics: Number Waiting 26+ Weeks	Risk: 801	Actual	1,633	1,655	1,496	1,359	1,240	1,554	1,345	1,032	973			
		Trajectory	1,654	1,676	1,474	1,304	1,174	1,076	901	802	743	676	613	500
Emergency Department: 12 Hour Trolley Waits	Risks: 910 and 4700	Actual	809	579	576	878	758	717	941	862	1,217			
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Department: Handovers Over 15 Minutes	Risks: 910 and 4700	Actual	80.5%	76.0%	74.4%	82.3%	80.8%	79.4%	82.3%	81.6%	87.7%			
		Trajectory	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Every Minute Matters: Timely Discharges (12 Noon)	Risk: 423	Actual	22.4%	20.0%	20.6%	19.7%	21.6%	20.9%	22.3%	19.6%	21.8%			
		Trajectory	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
Every Minute Matters: Discharge Lounge Use (BRI and Weston)	Risk: 423	Actual	11.2%	14.5%	16.9%	21.8%	24.7%	24.8%	21.6%	22.0%	16.6%			
		Trajectory												
Every Minute Matters: No Criteria To Reside Average Beds Occupied	Risk: 423	Actual	147	197	182	196	214	212	228	205	196			
		Trajectory												

# Leadership Priorities and Oversight Framework

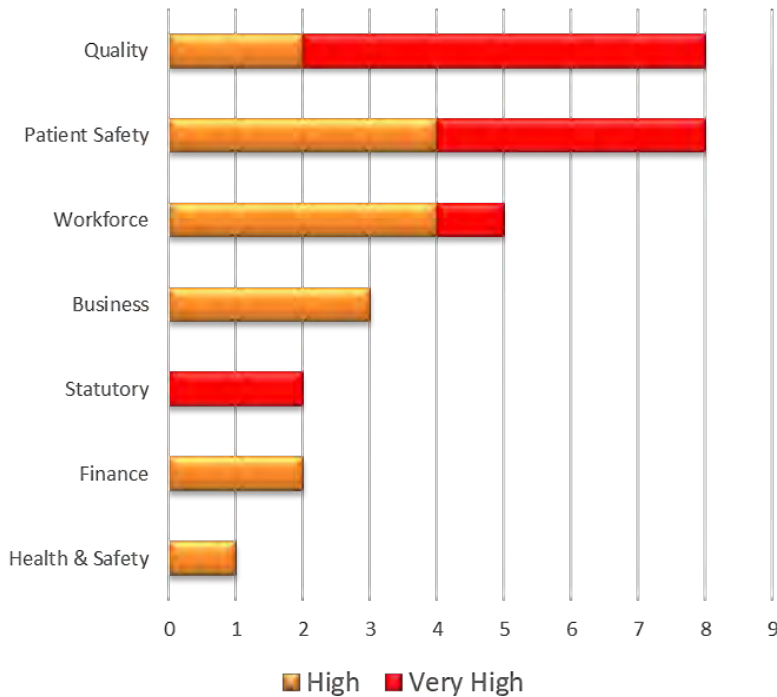
## Quarter 3 Draft Position

### CORPORATE RISKS

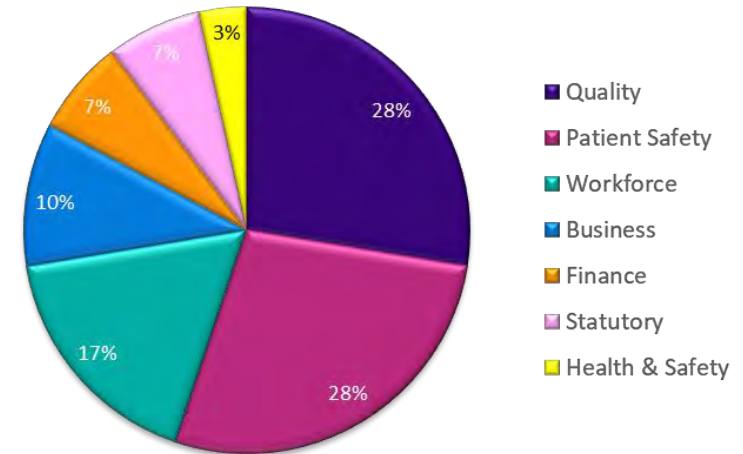
ID	Corporate Risks Timeline	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23		6-month Forecast	Target
881	Risk that the requirements of the NHS System Oversight Framework 2021/22 are not met	20	20	20	20		↔	8
910	Risk that patients in ED do not receive timely and effective care	20	20	20	20		16	6
423	Risk that demand for inpatient admission exceeds available bed capacity	20	20	20	20		↔	8
2244	Risk that long waits for Outpatient follow-up appointments results in harm to patients	20	20	20	20		↔	4
1595	Risk that patients suffering from mental health disorders are in Adult ED for prolonged periods	16	20	20	20		↔	8
971	Risk that the Trust is non-compliant with Fire Safety Regulations	16	16	16	16		↔	4
1035	Risk that operations are cancelled and performance targets breached	16	16	16	16		↔	4
2264	Risk that delays in commencing induction of labour increases perinatal morbidity and mortality	16	16	16	16		↔	4
5477	Risk that nurse staffing levels will not be met	20	20	20	15		12	6
4700	Risk that a patient may deteriorate whilst being held in the ambulance bay	15	15	15	15		12	3
856	Risk that the emotional & mental health needs of children and young people are not fully met	15	15	15	15		↔	8
588	Risk that patient deterioration is not identified and responded to	12	12	15	15		12	5
6145	Risk that the new national guidance on HCSW duties will impact the quality of care delivered				12		6	6
422	Risk that patients and staff experience violent or aggressive behaviour	12	12	12	12		↔	6
674	Risk that use of agencies who are non-compliant with national pricing caps does not reduce	12	12	12	12		↔	4
793	Risk that staff experience work-related stress	12	12	12	12		↔	9
2639	Risk that staff are not fully compliant with their appraisal requirements	12	12	12	12		↔	6
4748	Risk that rates of substantive clinical staffing across WGH are insufficient	12	12	12	12		Closed	8
1598	Risk that patients suffer harm or injury from preventable falls	12	12	12	12		↔	8
2614	Risk that patient care and experience is affected due to being cared for in extra capacity	10	10	12	10		6	4
6502	Risk that Industrial action will impact on the ability to maintain patient safety				10	NEW		5
921	Risk that staff are not fully compliant with their Essential Training	12	12	12	9		6	6
800	Risk that Trust operations are negatively impacted by (COVID-19) pandemic	15	15	9	9		↔	9
4651	Risk that Covid -19 is transmitted between patients and staff within the Trust	20	20	12	9		↔	9
2695	Risk that the Trust fails to establish and maintain robust governance processes	6	9	9	9		6	6
3369	Risk that the UoB relationship will impact the quality of the teaching environment	12	12	12	8		↔	4
4539	Risk that Trust performance and delivery of corporate objectives may be adversely affected	12	12	12	8		Closed	4
291	Risk that critical IT equipment fails and cannot be restored	8	8	8	8		↔	8
720	Risk that VTE risk assessments are not completed	8	8	8	8		↔	8

## CORPORATE RISKS

Corporate Risks by Domain and Risk Level



Corporate Risks by Domain



# Leadership Priorities and Oversight Framework

Public Board



University Hospitals  
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11. Leadership and Oversight Framework

Reporting Month: August 2022

STANDARD		QUALITY AND SAFETY: MORTALITY - SHMI (SUMMARY HOSPITAL-LEVEL MORTALITY INDICATOR)
<b>Background:</b>	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. This data is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is "as expected".	
<b>Performance:</b>	The Summary Hospital Mortality Indicator for UHBW for the 12 months September 2021 to August 2022 was 99.3 and in NHS Digital's "as expected" category.	
<b>National Data:</b>	UHBW's total is slightly below the overall national peer group of English NHS trusts of 100.	
<b>Actions:</b>	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.	
<b>Risks:</b>	tbc	

Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Sep-21	2,085	2,085	100.0
Oct-21	2,080	2,070	100.5
Nov-21	2,075	2,090	99.3
Dec-21	2,120	2,135	99.3
Jan-22	2,165	2,155	100.5
Feb-22	2,170	2,185	99.3
Mar-22	2,100	2,125	98.8
Apr-22	2,130	2,130	100.0
May-22	2,140	2,130	100.5
Jun-22	2,150	2,145	100.2
Jul-22	2,125	2,145	99.1
Aug-22	2,135	2,150	99.3

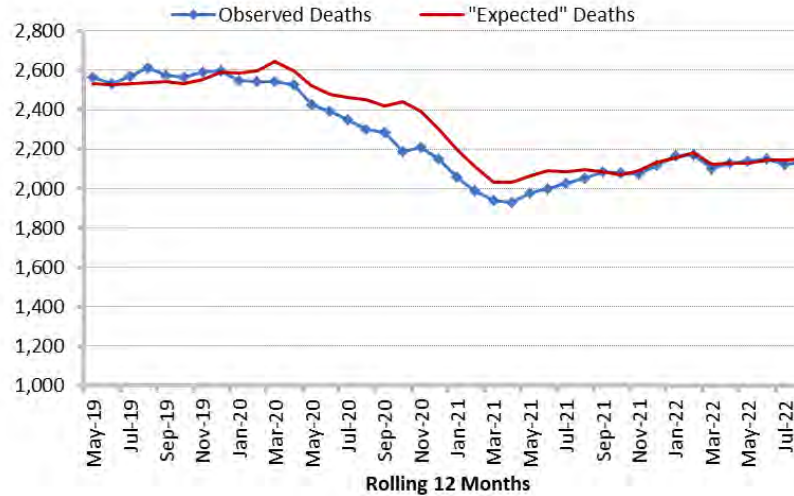


# Leadership Priorities and Oversight Framework

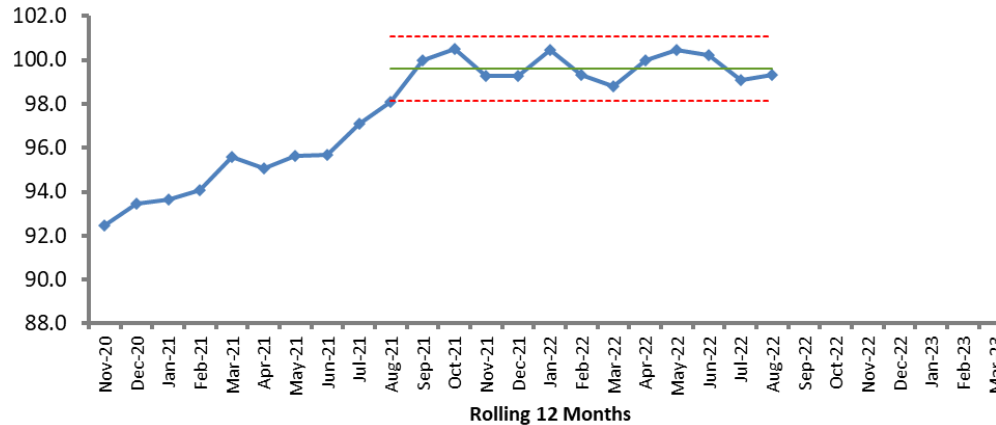
Reporting Month: August 2022

## STANDARD QUALITY AND SAFETY: MORTALITY - SHMI (SUMMARY HOSPITAL-LEVEL MORTALITY INDICATOR)

Summary Hospital-level Mortality Indicator (SHMI)



Summary Hospital Mortality Indicator (SHMI) - National Monthly Data



Reporting Month: December 2022

STANDARD		QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
<b>Background:</b>	For this section there are two infections reported: C.difficile and methicillin-resistant Staphylococcus aureus (MRSA). For C.difficile, two measures are reported: Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA). HOHA cases include patients where C.Difficile is detected from Day 3 after admission. COHA cases include patients where C.Difficile is detected within 4 weeks of discharge from hospital. Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA) C.Difficile cases are attributed to the Trust. The limit of Clostridium Difficile cases for 2022/2023 as set by NHS England is 89. This limit will give a trajectory of approximately 7.4 cases a month. For MRSA the expectation is to have zero cases.	
<b>Performance:</b>	There have been five Trust HOHA and two COHA C.Difficile cases reported in December 2022. The reported Year To Date (YTD) in 2022/23 is 66 Hospital Onset cases and 81 Hospital Attributable cases. There was one trust-apportioned MRSA case in December 2022. Therefore three trust apportioned cases in 2022/23 YTD.	
<b>National Data:</b>	See next page.	
<b>Actions:</b>	<p><b>C.Difficile</b> A structured collaboration commenced in the September 2021 is ongoing across the local provider organisations facilitated by the CCG and a regional NHS England quality improvement collaborative is ongoing, with close collaboration with the ICS which plan to start post infection reviews of community acquired C.difficile cases in the nearer future.</p> <p><b>MRSA</b></p> <ul style="list-style-type: none"> <li>• Policies and guidelines need to be refreshed to be aligned across the organisation including screening requirements. There is a re-focusing on indwelling vascular device management as a focus on improvements in care.</li> <li>• The vascular access group continue to focus on cross-divisional learning to assure best practice in vascular device management and to help reduce levels of bacteraemia's.</li> <li>• A regional collaborative led by NHS England on improved vascular device management linked to reducing bacteraemia's associated has been established. An improvement plan is under development at a local level.</li> <li>• An observation of vascular device management has been undertaken. The Infection Prevention and Control Team are awaiting the findings.</li> </ul>	
<b>Risks:</b>	800: Risk that Trust operations are negatively impacted by (COVID-19) pandemic 4651: Risk that Covid -19 is transmitted between patients and staff within the Trust	

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11. Leadership and Oversight Analysis Report

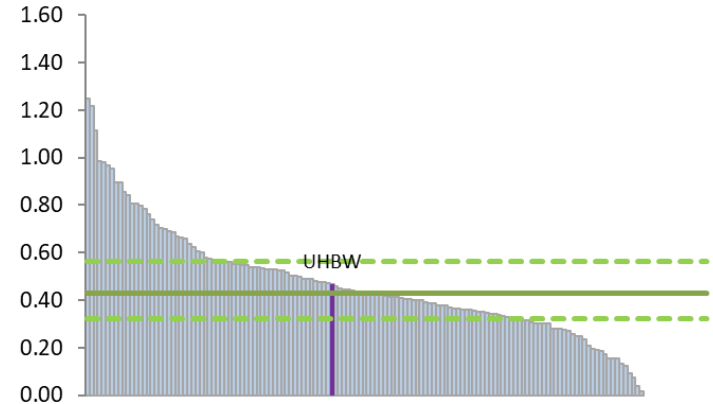
Reporting Month: December 2022

## C.Difficile

	Dec-22		2022/2023		2021/2022	
	HA	HO	HA	HO	HA	HO
Medicine	3	3	20	17	32	31
Specialised Services	0	0	6	5	16	12
Surgery	0	0	12	11	13	13
Weston	4	2	29	25	19	14
Women's and Children's	0	0	11	8	12	12
Other	0	0	3	0	3	0
<b>UHBW TOTAL</b>	<b>7</b>	<b>5</b>	<b>81</b>	<b>66</b>	<b>95</b>	<b>82</b>

HA = Healthcare Associated, HO = Hospital Onset

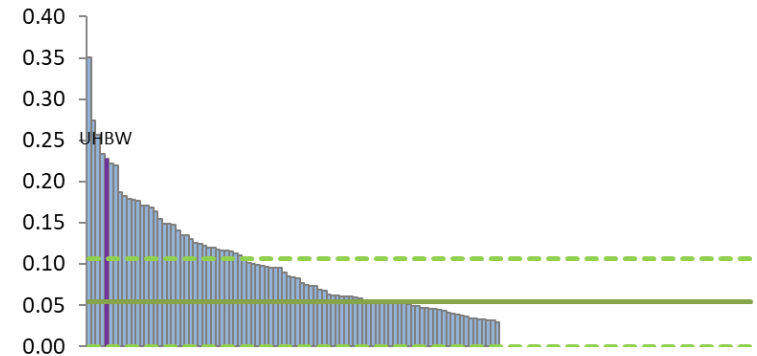
Benchmarking - C.Diff Rate Per 1000 Beddays - December 2021 to November 2022



## MRSA

	Dec-22	2022/2023	2021/2022
Medicine	0	0	6
Specialised Services	0	1	0
Surgery	0	1	0
Weston	0	0	0
Women's and Children's	1	1	1
Other	0	0	0
<b>UHBW TOTAL</b>	<b>1</b>	<b>3</b>	<b>7</b>

Benchmarking - MRSA Cases Per 1000 Beddays - December 2021 to November 2022



# Leadership Priorities and Oversight Framework

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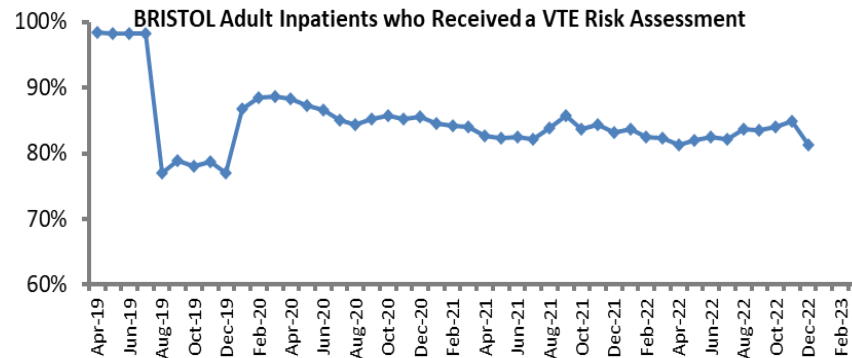


University Hospitals  
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11. Leadership and Oversight Framework

Reporting Month: December 2022

STANDARD		QUALITY AND SAFETY: VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT
<b>Background:</b>	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two-thirds of cases of hospital-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thromboprophylaxis. The expectation for UHBW was to achieve 95% compliance, with an amber threshold to 90%.	
<b>Performance:</b>	Recent VTE risk assessment compliance is 81.3% (excluding Weston due to data feed issues). VTE Risk Assessment compliance remains below expected levels and outstanding historical Hospital Acquired VTE investigations require action. IN addition, VTE Metric Data requires review, agreement and sign off in order to align UHBW VTE compliance data since merger with Weston.	
<b>Actions:</b>	<ul style="list-style-type: none"> <li>• Risk 720 Risk that VTE risk assessments are not completed, current score is 8 high risk, recently updated to reflect work being undertaken and work required to support improvements to VTE prevention.</li> <li>• Advertisement for new VTE Lead role is live. Interviews are scheduled for 6th February 2023.</li> <li>• Discussions with Digital Services regarding Careflow Medicines Management (CMM) system and the correlation with VTE Risk Assessments to support improved compliance (and safe practice) continues. CMM Clinical Reference Group meetings commenced, and VTE Risk Assessments to be addressed as part of scope.</li> <li>• Patient Safety Improvement Team are undertaking a Thematic Analysis of historical (Apr 2021 - Nov 2022) Hospital Acquired VTE. Report to be submitted to February Patient Safety Group Meeting.</li> <li>• There is a requirement for the Trust VTE metric data (logic for the 'not at-risk cohort') to be clinically reviewed and agreed as correct for a merged Trust, prior to sign off by Medical Directors Team. A clinical review has been requested but has not yet occurred. This will resolve the data feed issues once completed.</li> </ul>	
<b>Risks:</b>	720: Risk that VTE risk assessments are not completed	



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## STANDARD QUALITY AND SAFETY: VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT

Division	SubDivision	Number Risk		Percentage Risk
		Assessed	Total Patients	Assessed
Diagnostics and Therapies	Chemical Pathology	2	2	100.0%
	Radiology	17	17	100.0%
<b>Diagnostics and Therapies Total</b>		<b>19</b>	<b>19</b>	<b>100.0%</b>
Medicine	Medicine	1,780	2,528	70.4%
<b>Medicine Total</b>		<b>1,780</b>	<b>2,528</b>	<b>70.4%</b>
Specialised Services	BHOC	2,272	2,358	96.4%
	Cardiac	265	429	61.8%
	Clinical Genetics	1	1	100.0%
<b>Specialised Services Total</b>		<b>2,538</b>	<b>2,788</b>	<b>91.0%</b>
Surgery	Anaesthetics	18	18	100.0%
	Dental Services	78	107	72.9%
	ENT & Thoracics	191	333	57.4%
	GI Surgery	780	986	79.1%
	Ophthalmology	224	236	94.9%
	Trauma & Orthopaedics	109	153	71.2%
<b>Surgery Total</b>		<b>1,400</b>	<b>1,833</b>	<b>76.4%</b>
Women's and Children's	Children's Services	20	31	64.5%
	Women's Services	1,333	1,522	87.6%
<b>Women's and Children's Total</b>		<b>1,353</b>	<b>1,553</b>	<b>87.1%</b>
<b>Grand Total</b>		<b>7,090</b>	<b>8,721</b>	<b>81.3%</b>

# Leadership Priorities and Oversight Framework

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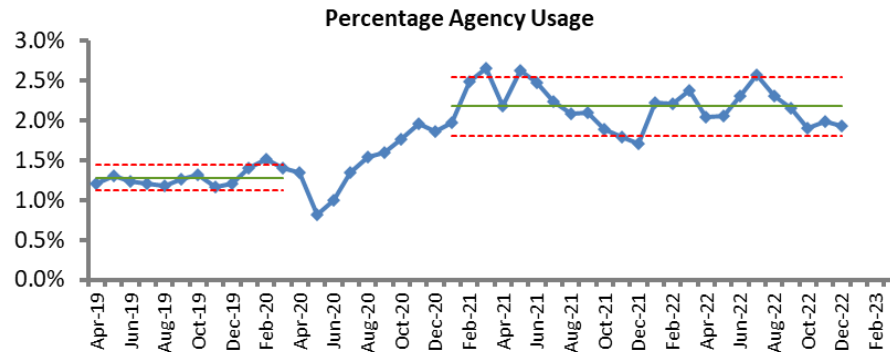


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11. Leadership and Oversight Framework

Reporting Month: December 2022

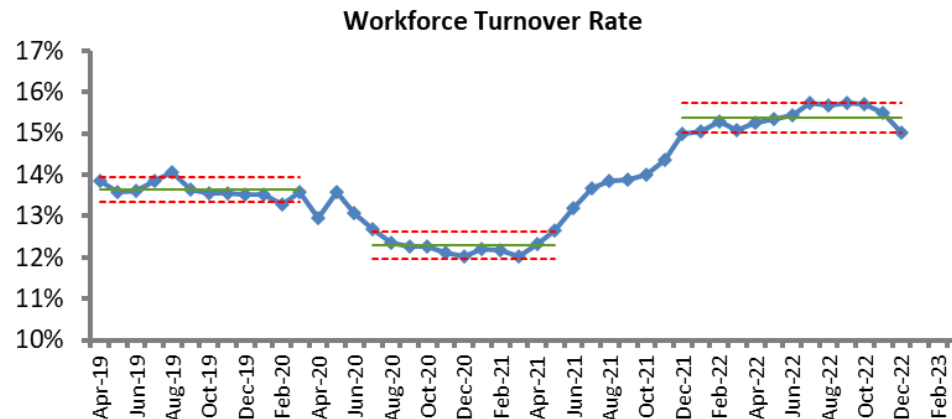
STANDARD	OUR PEOPLE: WORKFORCE AGENCY USAGE
<b>Performance:</b>	Agency usage reduced by 5.8 FTE to 1.9%. There was an increase within one division, Medicine, increasing to 98.0 FTE from 90 FTE in the previous month. There were reductions within six divisions, with the largest reduction seen in Surgery, reducing to 31.6 FTE from 37.5 FTE in the previous month.
<b>Actions:</b>	<p>Actions taken to mitigate agency usage and encourage bank use instead are:</p> <ul style="list-style-type: none"> <li>• There were 67 new starters across the bank in December consisting of the following: 17 Admin and Clerical staff inclusive of 6 reappointments, 3 Cleaning and Catering staff inclusive of 1 reappointments, 2 Porters, 6 Sterile Services Technicians, 14 Registered Nurses inclusive of 13 reappointments, 4 Allied Health Professionals and 21 Healthcare Support Workers inclusive of 5 reappointments.</li> <li>• Work is currently underway to relaunch a rebrand of the Trust bank this will involve collaboration with the medical illustration team to produce a recruitment video to promote working for the bank.</li> <li>• The Trust continues to encourage “block bookings” to reduce the use of last minute, non-framework reliance.</li> <li>• The Trust continues to offer paid travel time for clinical staff as an incentive to encourage staff to pick up bank shifts at Weston to reduce agency reliance.</li> <li>• Work continues both at system and Trust level to reduce high-cost agency usage with a Trust wide Patient First initiative supported by the Transformation Team. Initial changes such as the re-formatted bed meeting have already supported an initial reduction in agency usage</li> </ul>
<b>Risks:</b>	674: Risk that use of agencies who are non-compliant with national pricing caps does not reduce



# Leadership Priorities and Oversight Framework

Reporting Month: December 2022

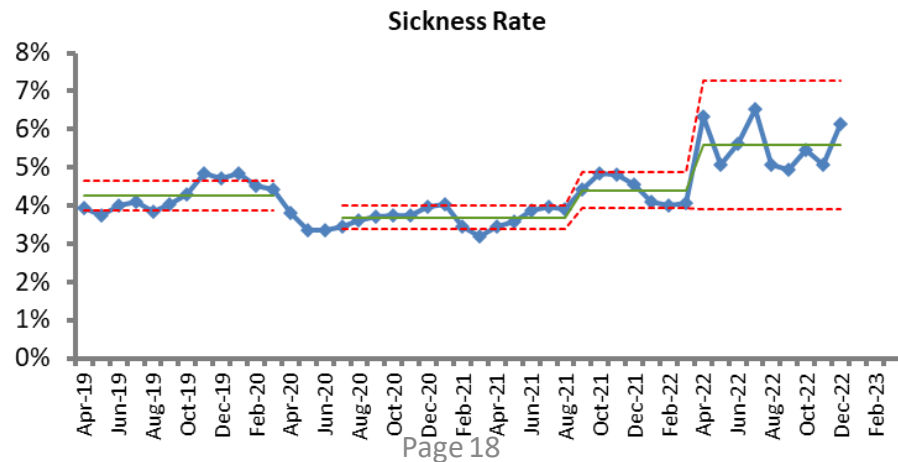
STANDARD	OUR PEOPLE: WORKFORCE STAFF TURNOVER
<p><b>Performance:</b></p>	<p>Turnover for the 12-month period reduced to 15.0% compared to 15.5% (updated figures) for the previous month. One division saw an increase whilst six divisions saw a reduction in turnover, and one remained static in comparison to the previous month.</p> <ul style="list-style-type: none"> <li>The largest divisional increase was seen within Diagnostics and Therapies, where turnover increased by 0.3 percentage points to 16.8%.</li> <li>The largest divisional reduction was seen within Trust Services, where turnover reduced by 2.1 percentage points to 15.6%.</li> <li>Two staff groups saw an increase whilst seven staff groups saw a reduction in turnover in comparison to the previous month.</li> <li>The largest staff group increase was seen within Allied Health Professionals, where turnover increased by 1.1 percentage points to 17.7%.</li> <li>The largest staff group reduction was seen within Administrative and Clerical, where turnover reduced by 1.4 percentage points to 16.6%.</li> <li>Turnover rate for Band 5 nurses December is 17.6%.</li> </ul>
<p><b>Actions:</b></p>	<ul style="list-style-type: none"> <li>The corporate Wellbeing team continues to prioritise outreach and engagement activity to improve awareness and access to wellbeing interventions at the point of need. In December, dedicated sessions were delivered to newly recruited Junior Doctors and Internationally Educated Nurse cohorts.</li> <li>Weston Wellbeing and Freedom to Speak Up Champions were invited to input into the design phase of the pending onsite Wellbeing Hub for optimal engagement and sustainability.</li> <li>Following a successful relaunch of the exit process, requests for leavers feedback conversations increased to 18 in December, an increase of 17 on the previous month. This provides a very positive start to the relaunch of leaver’s feedback and valuable insights into the narrative behind the questionnaire data. Several individual elements of feedback have now been passed to Divisions in order to inform learning from colleague experience.</li> </ul>
<p><b>Risk:</b></p>	<p>Strategic Risk 2694: Risk that Trust is unable to retain members of the substantive workforce</p>



# Leadership Priorities and Oversight Framework

Reporting Month: December 2022

STANDARD	OUR PEOPLE: WORKFORCE STAFF SICKNESS
<p><b>Performance:</b></p>	<p>Sickness absence increased to 6.2% compared with 5.4% in the previous month, based on updated figures for both months. This figure is now combined with Covid Related absence.</p> <ul style="list-style-type: none"> <li>• There were no divisional reductions compared to the previous month.</li> <li>• There were increases within all eight divisions, the largest divisional increase was seen within Medicine and Women’s and Children’s, both increasing by 1.5 percentage points to 7.2% and 6.0%, respectively, compared to the previous month.</li> <li>• There were no staff group reductions compared to the previous month.</li> <li>• There were increases within all nine staff groups, the largest staff group increase was seen within Nursing and Midwifery Registered increasing to 10.2% from 7.2% compared to the previous month.</li> </ul>
<p><b>Actions:</b></p>	<ul style="list-style-type: none"> <li>• Supporting attendance clinics have been introduced by HR Services with a view to ensuring that the management of sickness absence is effective in both reducing absence and ensuring that colleagues who have health conditions are supported in their working lives. The launch of a reasonable adjustments passport is fundamental to ensuring that colleagues receive appropriate adjustments to both their workplaces and attendance management as appropriate.</li> <li>• A programme to develop closer linkage between corporate workplace wellbeing and Divisions is underway to encourage positive attitudes towards promotion of the workplace wellbeing offer; understanding the correlation between work and the health of colleagues and how formalised support can help to prevent unnecessary sickness and absence, presenteeism and health-related job loss.</li> <li>• National Staff Survey 2022: The first available preliminary results will be presented to People Committee in January 2023 with the full results made available following the release of the embargo in March 2023.</li> </ul>
<p><b>Risks:</b></p>	<p>tbc</p>





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## STANDARD OUR PEOPLE: WORKFORCE STAFF VACANCY

### Performance:

Overall vacancies reduced to 7.2% (840.1 FTE) compared to 7.4% (864.6 FTE) in the previous month. The largest divisional increase was seen in Weston General Hospital where vacancies increased to 53.1 FTE from 49.1 FTE in the previous month. The largest divisional reduction was seen in Specialised Services, where vacancies reduced to 103.6 FTE from 110.3 FTE the previous month. The largest staff group reduction was seen in Nursing, where vacancies reduced to 430.4 FTE from 460.4 FTE the previous month. The largest staff group increase was seen in Allied Health / Scientific Professions, where vacancies increased to 82.3 FTE from 73.2 FTE the previous month. Consultant vacancy has increased to 31.3 FTE (4.1%) from 29.8 FTE (4.0%) in the previous month. Unregistered nursing vacancies can be broken down as follows:

Band	Vacancy
AfC Band 2	153.3 FTE
AfC Band 3	43.5 FTE
AfC Band 4	-140.3 FTE

The band 4 over establishment is where there is a large number of newly qualified nursing staff awaiting their Nursing & Midwifery Council (NMC) PINs. Once these staff become fully qualified and have received their PIN, this should reduce the band 4 over establishment, reduce the registered nursing vacancy position, and increase the unregistered nursing vacancy position, which is a much more accurate reflection of the nursing vacancy.

### Actions:

- Work taking place to reduce the vacancy rate is as follows:
- 22 Apprentice Healthcare Support Worker (HCSW) candidates continue to complete their pre-employment checks with a start date scheduled on the 6th January for their Weston college apprenticeship inductions.
  - 20 substantive Healthcare Support Workers started in the Trust during December and another 17 have been offered and are due to start in the new few months.
  - A second UHBW mass recruitment event will take place in Q4 for Healthcare Support Workers to reduce current vacancy rates and increase attraction to these roles. Work is also underway to develop a system wide mass recruitment event due to be held in March 2023.
  - 21 new international nurses joined the Trust in December and 301 nurses have now received their NMC PIN since the programme began in April 2021. The Trust is holding its first international nurse recruitment event in India in January 2023 to develop a candidate pipeline for 23/24. Work is now underway to develop an international nurse recruitment plan for the new financial year.

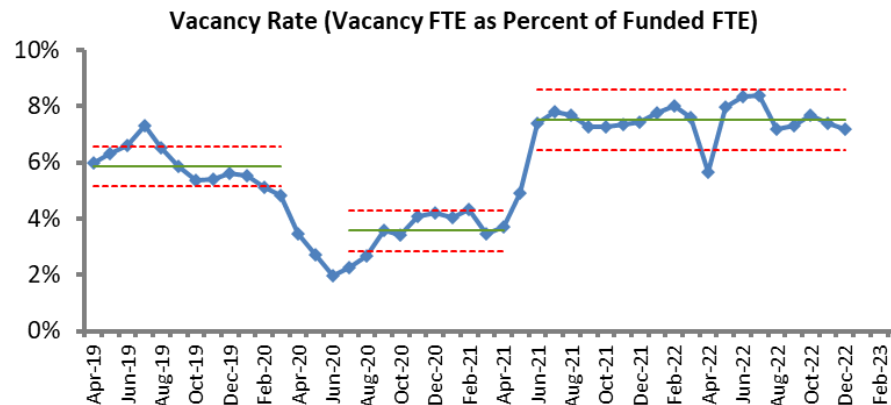
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# Leadership Priorities and Oversight Framework



Reporting Month: December 2022

STANDARD	OUR PEOPLE: WORKFORCE STAFF VACANCY
<p><b>Actions (continued):</b></p>	<ul style="list-style-type: none"> <li>The first in-person Children’s nursing event of the calendar year will take place on the 7th of January.</li> <li>96 candidates have registered to attend the upcoming admin and clerical recruitment open day which will take place on 10th January 2023 to address the underlying A&amp;C vacancy position.</li> <li>A Locum Consultant in Trauma and Orthopaedics and four non-consultant grade doctors started in Weston in the month of December. A further four clinical fellows were cleared for start dates in January.</li> <li>In the month of December, the Trust offered two Clinical Fellows and 15 non-consultant grade doctors are currently going through pre-employment checks for the Weston site to support rota gaps.</li> <li>The Trust have appointed four Radiographers as part of the collaborative international recruitment of AHPs with our systems partners. These candidates are currently progressing through their pre-employment checks.</li> <li>The Newly Qualified Radiographer recruitment campaign has so far made six offers of employment with work on-going to reach the target of 21 WTE.</li> </ul>
<p><b>Risks:</b></p>	<p>Strategic Risk 737: Risk that the Trust is unable to recruit sufficient numbers of substantive staff</p>



# Leadership Priorities and Oversight Framework

Reporting Month: December 2022

STANDARD		OUR PEOPLE: STAFF VACCINATION (Covid19 Booster and Seasonal Influenza)
<b>Performance:</b>	<p>The 2022/2023 COVID-19 Booster Programme commenced at UHBW on 7<sup>th</sup> September and the Seasonal Influenza Vaccination Programme on 26<sup>th</sup> September 2022. Delivery is ongoing.</p> <p>These figures are based on the data recorded at the point of vaccine administration at UHBW sites and also the data reported in Foundry, which cross-matches immunisation events against the Electronic Staff Record (ESR).</p>	
<b>Actions:</b>	<p>NHS England and NHS Improvement have set out the following three priorities for the year ahead:</p> <ol style="list-style-type: none"> <li>Continued access to COVID-19 vaccination. As a minimum, all acute trusts are expected to deliver vaccinations to staff and patients.</li> <li>Delivery of an autumn COVID-19 and Flu vaccination campaign; and</li> <li>Development of detailed contingency plans to rapidly increase capacity, if required.</li> </ol> <p>The Programme Team continues to evolve and improve the services' processes, share success and address challenges in partnership with the Bristol, North Somerset and South Gloucestershire (BNSSG) Vaccination Programme.</p> <p>UHBW progress is in alignment with local, regional and national progress, with the impact of vaccine fatigue being evident across all settings.</p>	
<b>Risks:</b>	<p>800: Risk that Trust operations are negatively impacted by the Covid19 pandemic.</p>	

UHBW Staff Vaccinated (all sites)

	Total in Cohort	Seasonal Influenza		COVID-19 Booster	
		Total Uptake	Total Uptake %	Total Uptake	Total Uptake %
To 19th Oct 2022	14,650	2,813	19.2%	3,644	24.9%
To 31st Oct 2022	14,821	4,407	29.7%	4,652	31.4%
To 13th Dec 2022	14,815	7,293	49.2%	7,130	48.1%
To 1st Jan 2023	15,077	7,617	50.5%	7,309	48.5%

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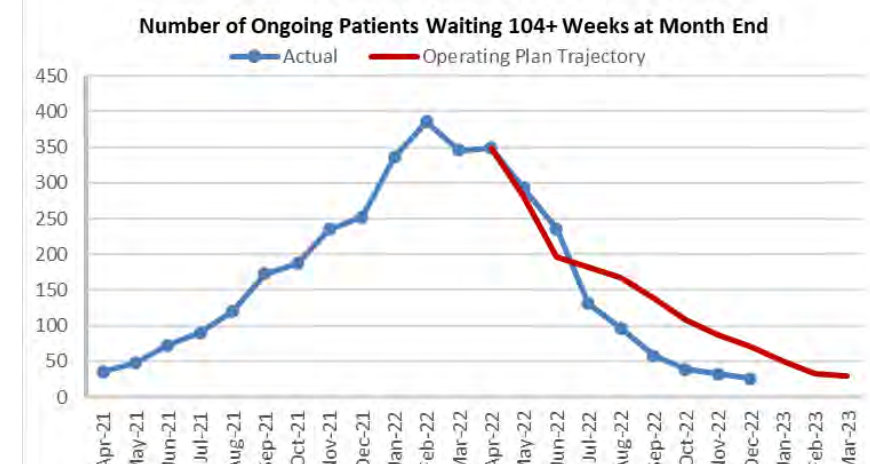
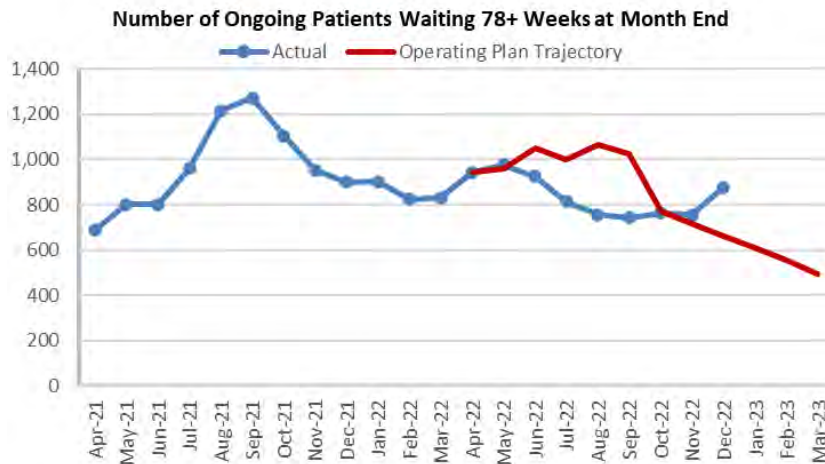
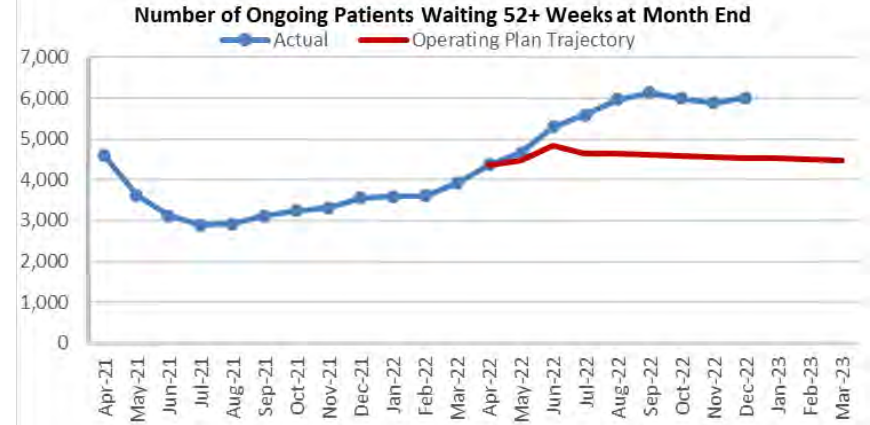
STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
<p><b>Performance:</b></p>	<p>At the end of December:</p> <ul style="list-style-type: none"> <li>6,011 patients were waiting 52+ weeks against a target of 4,539.</li> <li>877 patients were waiting 78+ weeks against a target of 663.</li> <li>26 patients were waiting 104+ weeks against a target of 72.</li> </ul>
<p><b>National Data:</b></p>	<p>For November 2022, the England total was 5.6% of the waiting list was waiting over 52 weeks. UHBW's performance was 9.3% (5,888 patients) which places UHBW as the 15<sup>th</sup> highest Trust out of 168 Trusts that report RTT wait times.</p>
<p><b>Actions:</b></p>	<ul style="list-style-type: none"> <li>Plans to eliminate waiting 104+ week waits are being developed. There are weekly deep dive discussions with the Divisions / Specialties with the greatest care backlogs led by the Interim Chief Operating Officer. The focus is on providing assurance that the waiting time backlogs can be addressed in a sustainable manner.</li> <li>There is also a focus on achieving the elimination of 78+ week waits by the end of March 2023. The largest cohorts of patients that could breach this threshold relate to the Division of Surgery with a smaller cohort of breaches in Paediatric services. In the Division of Surgery, Colorectal, Upper Gastrointestinal (GI) and Dental services hold the largest volumes.</li> <li>We have seen an increase in the 78+ week backlog in December attributable to seasonal factors and the recent industrial action which displaced more clinically urgent procedures.</li> <li>Dental services have additional Independent Sector capacity under contractual agreements with both Nuffield and St Joseph's to support their recovery in some areas and insourcing using KPI Health for paediatric dental extractions commences mid-January.</li> <li>In Surgical specialities, there is some long-term sickness and locums have been secured to support and some consultants have provided additional weekend and evening time to help reduce care backlogs.</li> <li>The Trust continues to contact patients who are waiting for treatment dates to ask if they would accept treatment at an alternative provider. For Paediatric patients, the department continues to send suitable patients to University Hospitals Plymouth (UHP) for treatment.</li> <li>Internally we continue to bolster additional capacity through other insourcing providers and waiting list initiatives. Recent agency pay enhancements made to theatre staff in Adult and Paediatric services, have seen an uptake of additional lists which will support not only the 104+ week patients, but also those patients who are waiting 78+ weeks and who need to be treated by end of March 2023.</li> <li>Where patients are too complex for transferring outside the organisation for treatment under mutual aid arrangements, we are maximising our theatre scheduling across all sites and ensure that suitable capacity is available for our longest waiting breaches. Although this continues to be a challenge due to the high volumes of cancer cases, inpatient capacity constraints (including High Dependency) and staff shortages to bring these patients in for treatment.</li> </ul>
<p><b>Risk:</b></p>	<p>801: Risk that the six oversight themes within the NHS Oversight Framework for 2022/23 are not met</p>

# Leadership Priorities and Oversight Framework

Reporting Month: December 2022

## STANDARD REFERRAL TO TREATMENT (RTT) LONG WAITS

	Dec-22		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	5	2	0
Medicine	593	66	0
Specialised Services	148	3	0
Surgery	4,335	617	21
Women's and Children's	930	189	5
Other	0	0	0
<b>UHBW TOTAL</b>	<b>6,011</b>	<b>877</b>	<b>26</b>



# Leadership Priorities and Oversight Framework

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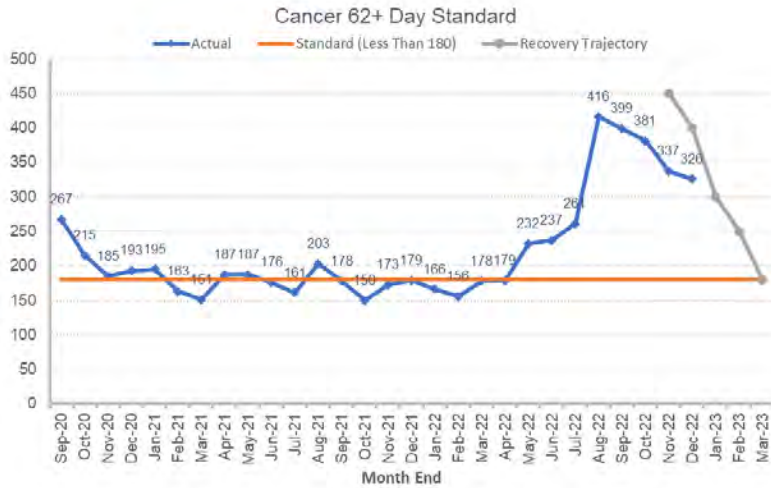
Reporting Month: Nov/Dec 2022

STANDARD	CANCER PATIENTS WAITING 62+ DAYS
<b>Performance:</b>	<p>As at end of December, the Trust had 326 patients waiting 62+ days on a GP suspected cancer pathway. The Trust has a target of not exceeding 180 patients.</p> <p>The performance for patients treated within 62 days of an urgent GP referral is also reported but is a month in arrears. For November, 46.4% of patients were seen within 62 days. The overall Quarter 1 performance was 66.9%. The overall Quarter 2 performance was 61.4%.</p> <p>The “Faster Diagnosis Standard” (FDS) is also reported, and this measures time from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, or told cancer is excluded, or has a decision to treat for a possible cancer. This time should not exceed 28 days for a minimum of 75% patients. Performance in November was 42.8% of 1821 patients achieved this standard.</p>
<b>National Data:</b>	<p>National data for patients treated within 62 days of an urgent GP referral is shown on the next page.</p> <p>Latest national data for Quarter 2 2022/23 shows UHBW at 61.5% against an England average of 61.3%. This puts UHBW 84<sup>th</sup> out of 145 Trusts.</p>
<b>Actions:</b>	<p>Cancer performance standards – both ongoing and statutory – are being negatively affected by backlogs in three high volume specialities; skin, gynaecology and colorectal. All three suffered very high staff absence in June and July due to Covid, coupled with increased demand. This caused backlogs which are challenging to clear in light of national staffing shortages in these areas, underlying vacancies, and in some cases ongoing demand well above expected levels. Locums are being used to ‘catch up’ and progress continues to be made in reducing the backlogs in the affected areas, with the figures reflecting this. However, because the delays are early in the pathway, there is a considerable lag time between the activity taking place and patients finishing their pathway. Locum recruitment in these shortage areas is the main barrier to faster recovery, this is particularly the case in skin. Skin demand, which is highly seasonal, is dropping as expected at winter and this will assist somewhat with recovery by end of quarter 4.</p> <p>The Trust is currently ahead of its trajectory and should recover the ongoing standard for patients waiting over 62 days by the end of March 2023, provided no further significant service disruption arises as a result of Covid ‘surges’, strikes or winter pressures. The actions to improve the ongoing standard will also improve the retrospectively reported standards, as all are measuring different aspects of the same pathway, therefore a single action plan is in place for all.</p> <p>Patient safety is at the heart of all performance management in cancer and is being maintained.</p> <p>The 31 day subsequent treatment standards in both radiotherapy and chemotherapy are being met (over 95% compliance) and the majority of surgery treatments are also carried out within 31 days of decision to treat. The 28 day target for patients being told cancer is diagnosed or excluded is also being met for screening referred patients.</p>
<b>Risk:</b>	<p>801: Risk that the six oversight themes within the NHS Oversight Framework for 2022/23 are not met</p>

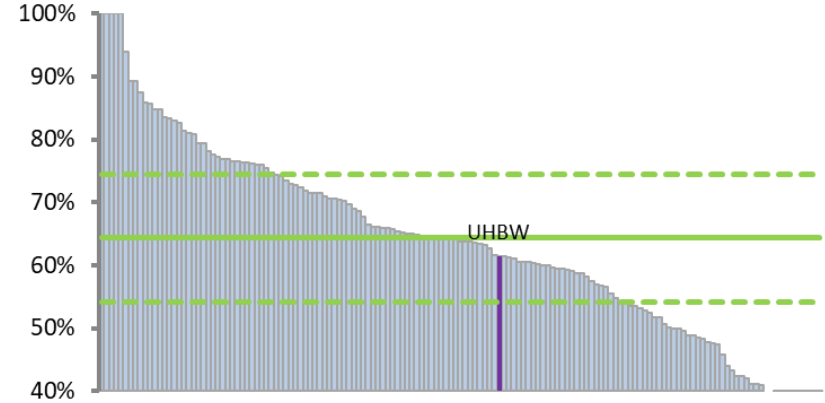
# Leadership Priorities and Oversight Framework

Reporting Month: Nov/Dec 2022

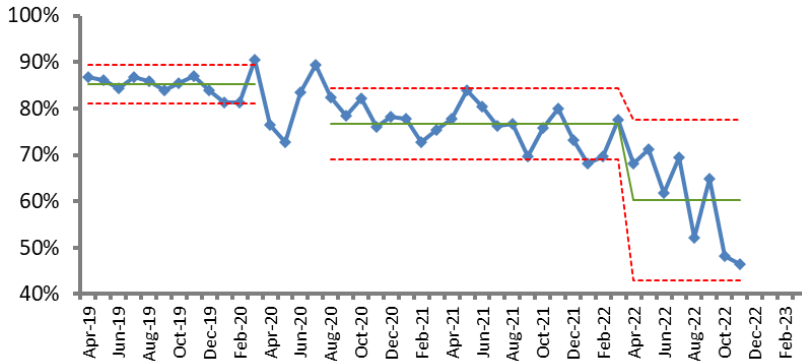
## STANDARD CANCER PATIENTS WAITING 62+ DAYS



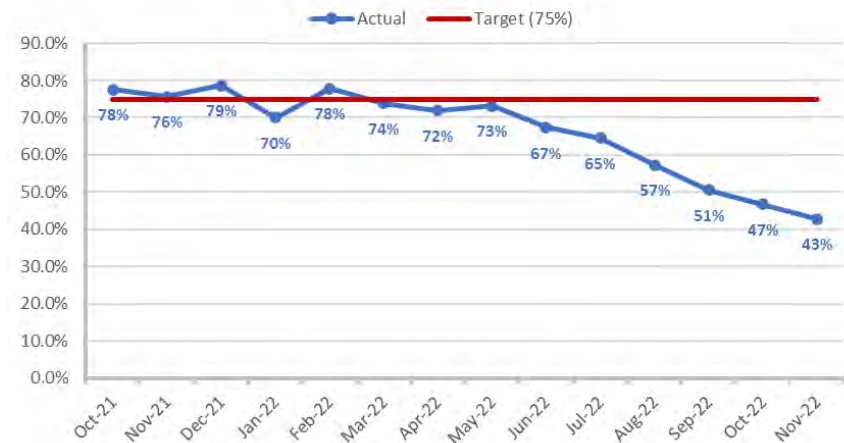
## Cancer 62 Day Performance - 2022/23 Quarter 2



## Cancer 62 Day Referral To Treatment (Urgent GP Referral)



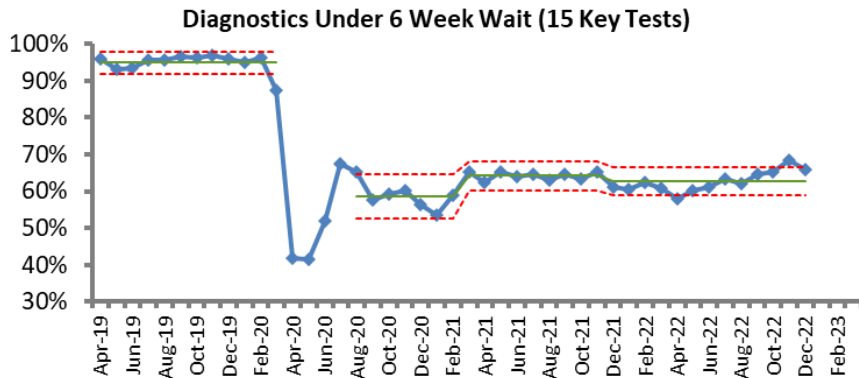
## 28 Day Faster Diagnosis Standard



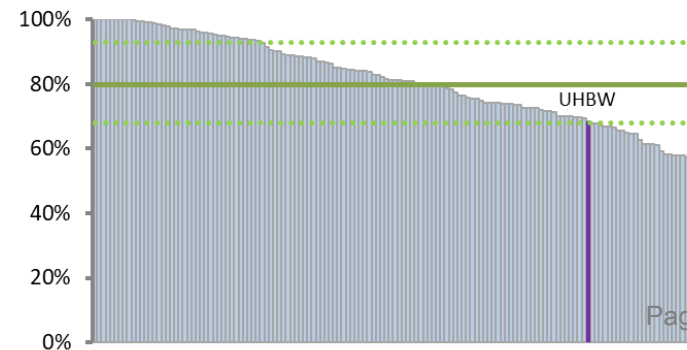
# Leadership Priorities and Oversight Framework

Reporting Month: December 2022

STANDARD	DIAGNOSTIC WAITING TIMES
<b>Performance:</b>	At end of December, 65.8% of patients were waiting under 6 weeks. The constitutional standard is 99%. The operational planning requirements was for Trusts to return to 75% by March 2023. The end of December target is 71%. There were a total of 973 patients waiting 26+ weeks which is 6.0% of the waiting list. There is a requirement to clear the 26+ week backlog by March 2023, with UHBW's operating plan submission at 500 patients by March 2023. The end of December target was 743.
<b>National Data:</b>	For November 2022, the England total was 72.5% of the waiting list was under 6 weeks. UHBW's performance was 68.5% which places UHBW as the 37 <sup>th</sup> lowest Trust out of 155 Trusts that report diagnostic wait times.
<b>Action/Plan:</b>	The Trust is aiming to ensure all patients are waiting less than 26 weeks for a diagnostic test by March 2023 (i.e. to eliminate long waiters) and aiming to achieve 75% compliance with the 6 week wait standard. The trust did not achieve the agreed trajectory in December 2022. Although the trajectory for reduction in long waiters was not achieved, the numbers of patients waiting more than 26 weeks continues to reduce. There has been some performance deterioration in MRI adults, CT adults and non-obstetric ultrasound adults, however these do not pose significant risk to the overall recovery plans for these modalities. Audiology adults has previously been on track and above trajectory but there has been a dip in performance last month. This is not expected to be a long term deterioration. Endoscopy performance remains the most significant risk to 6 week performance and recovery in diagnostics. Long waiters in endoscopy are reducing and performance did not further deteriorate in December 2022. The actions to recovery in Endoscopy will take time to yield the progress expected. Recovery plans and progress for all modalities is monitored closely, with specific focus on high volume and niche areas. The Trust continues to utilise mutual aid and additional capacity, where available, to aid recovery plans in challenged modalities.
<b>Risk:</b>	801: Risk that the six oversight themes within the NHS Oversight Framework for 2022/23 are not met



Benchmarking - Percentage Under 6 Weeks - November 2022





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## STANDARD DIAGNOSTIC WAITING TIMES

### End of December 2022

Modality	Total On List	6+ Weeks		13+ Weeks		26+ Weeks	
		Number	Percentage	Number	Percentage	Number	Percentage
Audiology Assessments	615	49	8%	3	0%	0	0%
Colonoscopy	981	649	66%	539	55%	352	36%
Computed Tomography (CT)	2,824	551	20%	118	4%	1	0%
DEXA Scan	754	324	43%	101	13%	2	0%
Echocardiography	1,882	806	43%	167	9%	1	0%
Flexi Sigmoidoscopy	306	210	69%	178	58%	108	35%
Gastroscopy	887	591	67%	431	49%	296	33%
Magnetic Resonance Imaging (MRI)	3,054	696	23%	293	10%	148	5%
Neurophysiology	129	0	0%	0	0%	0	0%
Non-obstetric Ultrasound	4,772	1,650	35%	420	9%	12	0%
Sleep Studies	135	63	47%	57	42%	53	39%
Other	0	0		0		0	
<b>UHBW TOTAL</b>	<b>16,339</b>	<b>5,589</b>	<b>34.2%</b>	<b>2,307</b>	<b>14.1%</b>	<b>973</b>	<b>6.0%</b>

# Leadership Priorities and Oversight Framework

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Reporting Month: December 2022

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND 12 HOUR TROLLEY WAITS
<p><b>Performance:</b></p>	<p>There were 1,217 patients who had a Trolley wait in excess of 12 hours in December in the Emergency Department (ED). In December there were 3,031 ambulance handovers. Of these</p> <ul style="list-style-type: none"> <li>• 2,659 ambulance handovers were in excess of 15 minutes which was 87.7% of all handovers,</li> <li>• 2,196 ambulance handovers were in excess of 30 minutes which was 72.5% of all handovers.</li> </ul> <p>The NHS Standard Contract sets the target that “all handovers between ambulance and A&amp;E must take place within 15 minutes with none waiting more than 30 minutes”.</p>
<p><b>National Data:</b></p>	<p>For Ambulance Handover data there are 19 Trusts in the South West that the Ambulance Service cover. For December 2022, overall number of handovers over 15 minutes was 80.9% across the South West. The BRI was the 2nd highest at 92.1% and Weston was the highest at 94.0%. In December 2022, 125 Trusts reported 12 hour trolley waits (54,532 in total). UHBW was the 7<sup>th</sup> highest Trust with 1,217.</p>
<p><b>Actions:</b></p>	<p>A range of initiatives are being progressed across adult services to reduce overcrowding, ambulance queueing and long waits including:</p> <ul style="list-style-type: none"> <li>• The Every Minute Matters (EMM) roll out has now been completed across all adult wards in scope focussing on ward based flow and discharge processes. Job descriptions are now being developed for substantive clinical lead and improvement practitioner roles to support the ongoing sustainability of the programme.</li> <li>• Expansion of SDEC (Same Day Emergency Care) provision including:                         <ul style="list-style-type: none"> <li>○ Expansion of Surgical SDEC capacity – recruitment is in train.</li> <li>○ BRI Medical SDEC has recorded 7th consecutive months of performance improvement with 769 patients seen through SDEC in Nov 22 (73% increase from the Feb 22). During weekdays, SDEC sees on average 27 patients per day (excluding clinic patients) which is equivalent to 12.5% of ED attendances. Medical SDEC has also driven a 38% reduction (from 208 to 150 patients per month) in medically expected patients arriving at ED.</li> <li>○ Cardiology SDEC implementation – start date revised to Quarter 4 pending recruitment. Plans to co-locate with Medical SDEC model.</li> <li>○ Development of the SDEC offer at Weston, building on the work of the current team including twice daily huddles in ED to ensure all appropriate patients are seen in the unit. Acceptance criteria have been broadened to ensure maximum usage of the space. Weekend opening has now been trialled, and unit now open 0800-2200 Monday to Friday. The new operational model has seen an increase of EDD attendances seen in SDEC from 2.2% in April '22, to 8.7% for the month 16<sup>th</sup> Dec-16<sup>th</sup> Jan, with 93.5% discharged home.</li> </ul> </li> <li>• Expected patients at BRI and Weston, including review of clinic spaces for specialty expected patients, and internal communications to maximise use of existing pathways. The ENT treatment room has been re-established in A701 and A400 Queue has now opening for up to six patients. Automated monitoring now possible via the Urgent Care Dashboard.</li> <li>• Acute Frailty model at BRI has resulted in a 50% increase in patients reviewed compared to November 2022.</li> <li>• Repurposing of ward space at Weston to develop an observations unit to decompress ED. 6 beds now allocated and in use.</li> <li>• Rapid Patient reviews for patients over 7 days in hospital: weekly meetings ongoing at BRI for Medicine and Surgery Divisions.</li> </ul>

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# Leadership Priorities and Oversight Framework

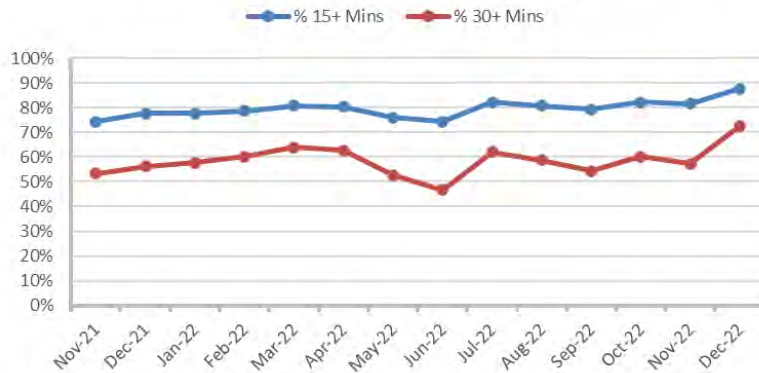
Reporting Month: December 2022

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND 12 HOUR TROLLEY WAITS
<b>Actions (continued):</b>	<ul style="list-style-type: none"> <li>Rapid patients reviews in Weston ED underway to prevent admissions.</li> <li>In Children’s Hospital, significant work in ongoing to redesign urgent care pathways in order to better accommodate the significant increase in demand at the ED front door. A specific minors stream project is being progressed (£74,000 funding awarded) for a test of concept model.</li> <li>Community Emergency Medicine Service (CEMS) phase 2 is now 6 weeks into the 12 week pilot. Of 150 patients seen face to face by the service, 106 required input from CEMS clinicians, and of these only 15% attended ED.</li> </ul>
<b>Risks:</b>	<p>910: Risk that patients in ED do not receive timely and effective care</p> <p>4700: Risk that a patient may deteriorate whilst being held in the ambulance bay</p>

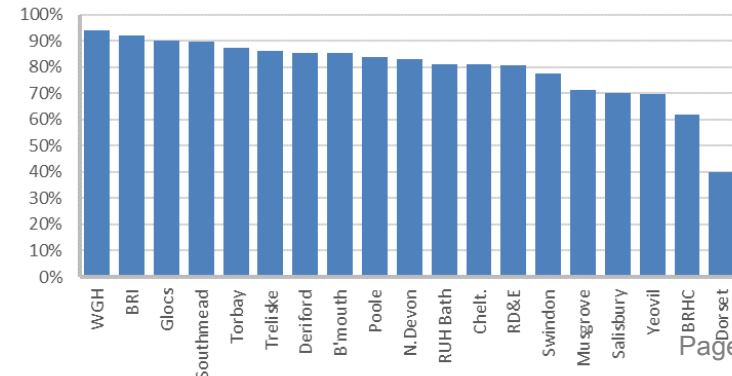
## Ambulance Handovers

Dec-22					
	Total Handovers	15+ Mins	% 15+ Mins	30+ Mins	% 30+ Mins
Bristol Royal Infirmary	1842	1695	92.0%	1505	81.7%
Bristol Children's Hospital	475	294	61.9%	150	31.6%
Weston General Hospital	714	670	93.8%	542	75.9%
<b>UHBW Total</b>	<b>3031</b>	<b>2659</b>	<b>87.7%</b>	<b>2197</b>	<b>72.5%</b>

UHBW handovers exceeding 15 & 30 Minutes (% of all handovers)



Percentage of Handovers Over 15 Minutes - December 2022



# Leadership Priorities and Oversight Framework

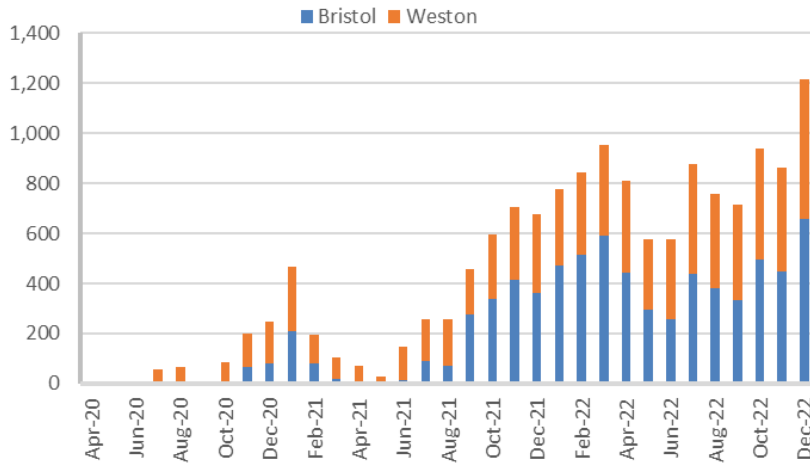
Reporting Month: December 2022

## STANDARD EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND 12 HOUR TROLLEY WAITS

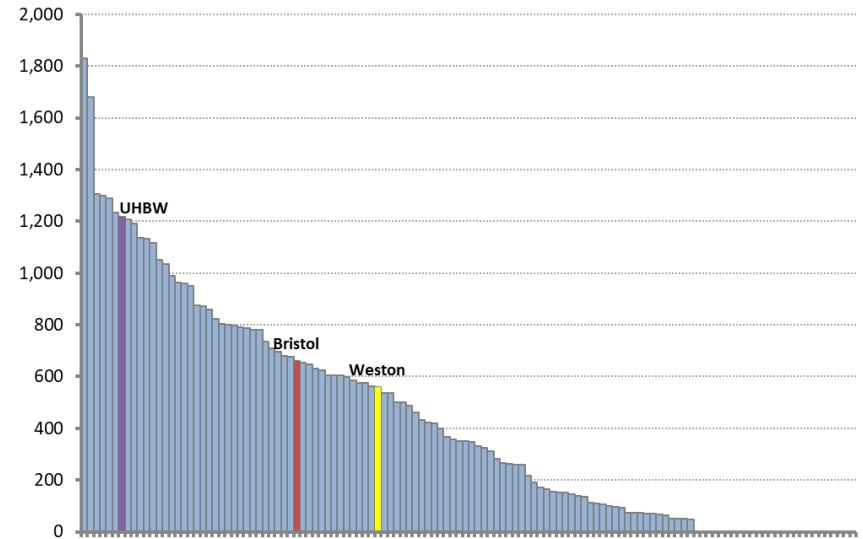
### 12 Hour Trolley Waits

	2021/2022												2022/2023											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Bristol	9	4	12	91	69	276	337	415	363	472	514	591	443	297	257	437	379	334	496	449	659			
Weston	62	24	134	164	188	180	257	291	313	304	330	361	366	282	319	441	379	383	445	413	558			
<b>UHBW</b>	<b>71</b>	<b>28</b>	<b>146</b>	<b>255</b>	<b>257</b>	<b>456</b>	<b>594</b>	<b>706</b>	<b>676</b>	<b>776</b>	<b>844</b>	<b>952</b>	<b>809</b>	<b>579</b>	<b>576</b>	<b>878</b>	<b>758</b>	<b>717</b>	<b>941</b>	<b>862</b>	<b>1217</b>			

12 Hour Trolley Waits Per Month



Benchmarking - 12 Hour Trolley Waits - December 2022



# Leadership Priorities and Oversight Framework

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STANDARD	SAME DAY EMERGENCY CARE
<b>Background:</b>	<p>Same Day Emergency Care (SDEC) is one of the many ways the NHS is working to provide the right care, in the right place, at the right time for patient. SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided. More details on the NHS England web-site: <a href="https://www.england.nhs.uk/urgent-emergency-care/same-day-emergency-care/">https://www.england.nhs.uk/urgent-emergency-care/same-day-emergency-care/</a></p>
<b>Performance:</b>	See table below
<b>Actions:</b>	<p>SDEC continues to increase activity month on month supporting ED decompression and admission avoidance. This increase has been driven by greater activity during Monday to Friday where the service continues to expand thresholds for accepting patients. The key focus is to improve weekend performance which remains low due to the lighter clinical workforce model available. The Cardiology SDEC pilot is scheduled to start in February (Monday to Friday) which should expedite cardiac presentations and provide further in-reach to the service.</p> <p><b>Feb-Mar 22:</b> SDEC perfect week improvement event</p> <p><b>Apr 22:</b> Relocation of SDEC to smaller unit on A307 Significantly reduced consultant coverage due to vacancy in Acute Medicine</p> <p><b>Jul 22:</b> Expansion of SDEC capacity with refurbishment of A307 (Old Resus) Appointment of substantive and agency acute medicine consultants</p> <p><b>Sep 22:</b> Commencement of weekend SDEC service</p>
<b>Risks:</b>	910: Risk that patients in ED do not receive timely and effective care

## Monthly SDEC Activity

	Target	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	2021/22	YTD
Total Activity	-	327	344	442	468	289	297	339	400	510	609	638	769	998	3,851
% ED Attends	10%	8%	9%	11%	10%	8%	7%	7%	9%	9%	10%	10%	12%	n/a	9%

STANDARD	EVERY MINUTE MATTERS - TIMELY DISCHARGE AND NO CRITERIA TO RESIDE (NCTR)
<b>Background:</b>	<p>The Every Minute Matters (EMM) programme has four work streams.</p> <ol style="list-style-type: none"> <li><b>1. Implementation of the SAFER bundle – including Estimated Date of Discharge EDD:</b> A bundle of principles that advocates best practice in optimising flow. It includes early senior review, flow of patients from admission units to downstream wards before 10am, timely discharges and daily review of all patients with a length of stay greater than seven days.</li> <li><b>2. Proactive Board Rounds:</b> Focuses on implementing daily board rounds with a consistent structure that proactively progresses adult patients towards safe, timely discharge through effective multidisciplinary collaboration.</li> <li><b>3. Criteria to Reside - Using the MCAP tool:</b> Comprises 11 nationally defined criteria to ensure patients who require acute care are in the most appropriate bed. The criteria identify where patients no longer require acute care and can be discharged safely to their home or within the community. MCAP is the digital system that determines whether a patient is in the right bed for their care, whether there is a delay in their pathway, and what their next care location should be.</li> <li><b>4. Optimising use of the Discharge / Transition Lounge:</b> Optimising the use of the discharge lounge so that it is embedded as a routine part of the inpatient pathway - freeing acute beds early for new unplanned admissions and elective activity.</li> </ol>
<b>Performance:</b>	<p>Three metrics are reported as the high-level priorities:</p> <ol style="list-style-type: none"> <li>1. Percentage of patients with a “timely discharge” (before 12 noon). December had 21.8% discharged before 12 noon. The system-level standard is to achieve 33%.</li> <li>2. Percentage of patients discharged via the BRI or Weston Discharge Lounges. In December 16.6% of eligible discharges went through the Weston or BRI Discharge Lounges. This was 331 patients, averaging 16.6 patients per working day.             <ol style="list-style-type: none"> <li>a. BRI achieved 19.7%, with 266 patients. This averages to 13.3 patients per working day.</li> <li>b. Weston achieved 10.1% with 65 patients. This averages to 3.3 patients per working day.</li> </ol> </li> <li>3. At the end of December there were 170 No Criteria To Reside (NCTR) patients in hospital.</li> <li>4. There were 6,063 beddays consumed in total in December by NCTR patients (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 196 beds were occupied per day by NCTR patients.</li> </ol>

# Leadership Priorities and Oversight Framework

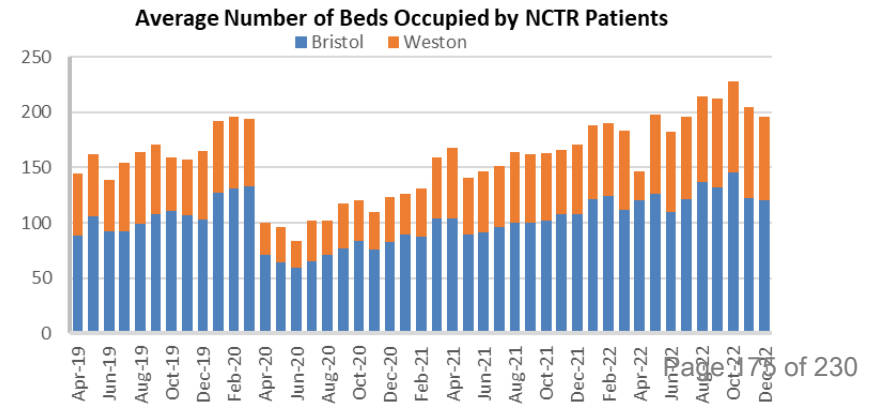
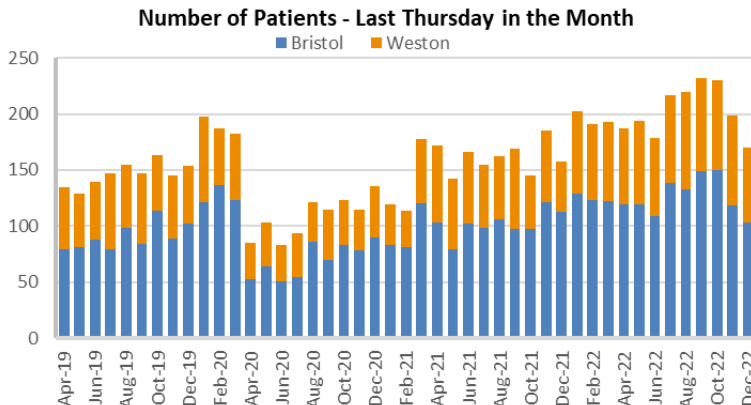
Reporting Month: December 2022

## STANDARD EVERY MINUTE MATTERS - TIMELY DISCHARGE AND NO CRITERIA TO RESIDE (NCTR)

- Actions:**
- 38 of the 40 wards in the MCAP project are now signed off and handovers completed. The Programme remains on track to sign off all wards by the end of January 2023.
  - The MCAP tool has been refined and now incorporated into AMAT for Business As Usual working. AMAT is a tool to capture the data quality scores for the MCAP data.
  - Proactive Board and Ward Rounds e-learning module has been completed to be added to intranet links this month.
  - The Patient First business case was successful on securing funding for the Proactive Hospital Improvement Coach, and analyst roles and to become permanent posts.
  - The clinical lead role and improvement practitioner role job descriptions (JD) have also progressed. The latter JD has now submitted for banding.
  - Ongoing medical engagement with infographics to “tell the EMM story” in development. Generic communication posters for trust wide distribution are also in design phase. In addition, an EMM handbook has been completed.
  - Criteria Led Discharge in Cardiology: the project group are progressing with testing phase and a pilot is planned for launch in March 2023.
  - Action cards and work to “close the loop” on the feedback/escalation of delays documented in MCAP to be assessed at EMM Task and Finish group and to agree implementation plans to operationalise.
  - Implementing sustainability action plan to ensure divisional ownership of MCAP data and effective governance and operational processes for escalation are embedded.

**Risks:** 423: Risk that demand for inpatient admission exceeds available bed capacity

### No Criteria To Reside (NCTR) Summary

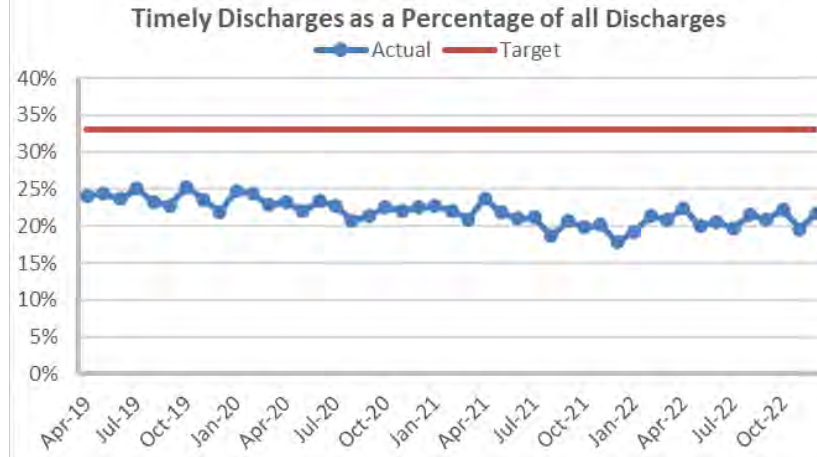


# Leadership Priorities and Oversight Framework

Reporting Month: December 2022

## STANDARD EVERY MINUTE MATTERS - TIMELY DISCHARGE AND NO CRITERIA TO RESIDE (NCTR)

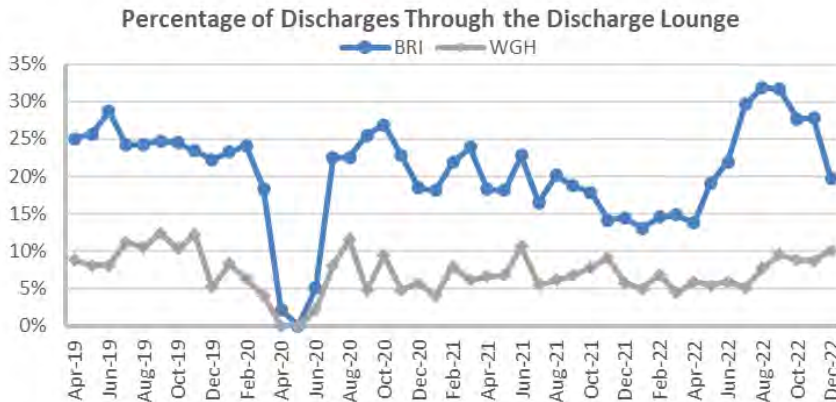
### Timely Discharge Summary



### Summary of High Volume Specialties- December 2022

	Total Discharges	% Before Noon
Cardiac Surgery	77	7.8%
Cardiology	318	21.1%
Clinical Oncology	73	26.0%
Colorectal Surgery	117	12.8%
ENT	108	13.0%
Gastroenterology	67	19.4%
General Medicine	753	18.2%
General Surgery	66	24.2%
Geriatric Medicine	237	38.8%
Gynaecology	128	17.2%
Ophthalmology	79	35.4%
Paediatric Surgery	45	44.4%
Paediatrics	288	20.8%
Thoracic Medicine	174	14.9%
Trauma & Orthopaedics	185	20.5%
Upper GI Surgery	98	25.5%
<b>UHBW TOTAL</b>	<b>3,544</b>	<b>21.8%</b>

### Discharge Lounge Use Summary



### Summary of High Volume Specialties - December 2022

	BRI	WGH	TOTAL
Accident & Emergency	8.5%	100.0%	9.7%
Cardiac Surgery	42.9%	-	42.9%
Cardiology	35.6%	0.0%	32.2%
Colorectal Surgery	14.3%	0.0%	12.5%
ENT	1.5%	-	1.5%
Gastroenterology	6.5%	10.3%	8.3%
General Medicine	12.1%	10.7%	11.3%
General Surgery	23.1%	5.6%	10.2%
Geriatric Medicine	29.3%	14.3%	28.2%
Hepatobiliary and Pancreatic Surgery	12.8%	-	12.8%
Maxillo Facial Surgery	20.0%	-	20.0%
Thoracic Medicine	11.3%	18.2%	13.1%
Thoracic Surgery	17.9%	-	17.9%
Trauma & Orthopaedics	14.9%	12.5%	13.6%
Upper GI Surgery	18.9%	0.0%	15.4%
<b>UHBW TOTAL</b>	<b>19.7%</b>	<b>10.1%</b>	<b>16.5%</b>



# Leadership Priorities and Oversight Framework



Reporting Month: December 2022

## WESTON RENEWAL

Critical Success Factor	Objective	Status	Movement since last report
Delivery Streams	Clinical Services Integration completed	G	↑
	Design and set up the Weston General Hospital team and new management arrangements	C	↑
Workforce & OD	Weston based consultant job plans reviewed	R	▬
	Premium Payment controls process standardised and applied to Weston Division	C	↑
	Achieve the proposed Recruitment trajectories for Medical and Nursing posts	A	▬
	Achieve the proposed reduction in staff turnover rate on Weston Site	A	▬
Cultural Integration	People Systems Integration completed	G	↑
	Monitor the embedding of UHBW values and behaviours	G	▬
Benefits Realisation Monitoring	Year 3 Financial Mitigations achieved	A	▬
	Realisation of Y3 expected programme benefits	C	↑
	Integration programme transition to business as usual	C	↑

Critical Success Factor	Objective	Status	Movement since last report
Business Function	PTIP Corporate services benefits realised and planned changes completed	C	↑
Polices & Processes	Appropriate clinical and corporate policies are aligned across the Trust on single DMS	G	↑
Estates & Facilities	Weston Estate improved through backlog maintenance programme (Y3)	G	▬
IT & Technologies	Align clinical digital systems convergence programme with clinical integration	G	▬
Risk Management	Monitor, mitigate and support the ongoing management of the risks of integration	C	↑

↑	Upwards movement	R	Not Achieved
▬	No movement	A	Delayed/Partially Achieved
↓	Downwards movement	G	On Track
		C	Complete

## WESTON RENEWAL – PROGRESS AGAINST CLINICAL SERVICES INTEGRATION PLAN

### Overview

- This is the IPR report covering the month until end December 22 (end of quarter 3)
- It is the last planned IPR report, as the decision to formally close the programme is going to Executive Committee and Trust Board in February 2023.
- A 3 months review has been undertaken to ensure that the new management arrangements at Weston have bedded in and support the delivery of the next phase of integration. This was broadly positive with good cooperation between divisions in order to ensure good continuity of service.

### Post programme oversight

- Ongoing management and monitoring of benefits realisation beyond year three has been agreed. The Executive Committee is the accountable committee overseeing benefits realisation, with a new Post Integration Oversight Subgroup (PIOG), jointly chaired by the executive managing director and chief operating officer.
- NHSEI has confirmed that there are no additional post-merger review requirements, over and above normal Trust business-as-usual performance monitoring

### Risks and benefits

- With six benefits now realised and sustained to date, and a further four predicted to realise in the next 12 months, the programme is ahead of the expected trajectory. The Transformation Team will provide quarterly benefits realisation updates.
- Over the period of the programme, the risk profile associated with merger and integration has reduced and there are now no remaining very high risks. Of the 11 remaining integration programme risks, 6 risks have been closed in the last quarter, and 2 have been transferred. There are 4 live risks at the end of December 22, all with plans to either be closed or re-assigned to other owners and monitoring groups.

### Workforce

- The trajectories for recruitment and retention of medical and nursing staff in post were set at the point of merger in April 2020, and adjusted in 2021. They are expected to be further adjusted following approval of the Healthy Weston 2 workforce and recruitment plans, and as work on the acute internal medicine (AIM) plans with NBT is further developed.
- The International recruitment programme for registered nurses continues to be successful with: 147 now offered for the Weston site and 117 in post since April 2021 (101 of which have now received their NMC pin).
- As part of a campaign to go further with international recruitment, 13 more nurses will arrive in Q4.
- Non consultant grade doctor posts continue to show good levels of recruitment, assisted by targeted programmes. However consultant recruitment remains a challenge. In December 22, 1 Locum Consultant in Trauma and Orthopaedics joined the Weston site. The Trust is currently out to advert for Consultant Grade doctors across four specialities.

### Key Actions over the next 4 weeks

- Complete the governance and decision making process to close the Integration programme.
- Take steps to agree and transfer ongoing responsibilities to business as usual owners and teams.
- Closure of programme risk register
- Approval of the final post merger assurance report (internal and public version)
- Continue to work through the remaining issues log

### Issues being managed

- Adverse impact of divisional team availability as a result of the staff strike days and normal winter operational pressures
- Engaging Divisions to continue to implement their post transfer speciality plans to embed team level integration
- Retaining divisional commitment to maintaining their management presence on site at Weston
- Ongoing service continuity will require good collaboration between divisions and the Weston General Hospital team in order to manage gaps in operational capacity.

# Leadership Priorities and Oversight Framework

Public Board



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

11. Leadership and Oversight Framework

Reporting Month: December 2022

## WESTON RENEWAL – PROGRESS AGAINST CLINICAL SERVICES INTEGRATION PLAN

Clinical Services Integration Status				
	Service	Receiving Division	Status	planned date
Completed	Sexual Health	Medicine	Completed	1st Nov 20
	Laboratory Services	D&T	Completed	1st Nov 20
	Therapies	D&T	Completed	1st Nov 20
	Paediatrics	W&C	Completed	06 Apr 21
	Gynaecology	W&C	Completed	04 Oct 21
	Pharmacy	D&T	Completed	04 Oct 21
	Paediatrics	W&C	Completed	06 Apr 21
	Resus	D&T	Completed	01 Jul 21
	Audiology	D&T	Completed	01 Jul 21
	Palliative Care	SS	Completed	01 Nov 21
	Integrated Discharge Service (IDS)	COO office	Completed	01 Jul 21
	Cancer Personalised Care & Support	SS	Completed	01 Jul 21
	Patient Flow	COO office	Completed	01 Nov 21
Booking and access	COO	Completed	01 July 2022	
D&T	Radiology	D&T	Completed	01 August 2022
	Orthotics	TBC	Completed	01 August 2022
Surgery	Critical Care	Surgery	Completed	17th October 22
	Anaesthesia & Pre-op	Surgery	Completed	17th October 22
	Ophthalmology	Surgery	Completed	17th October 22
	Endoscopy	Surgery	Completed	17th October 22
	General Surgery including GI	Surgery	Completed	17th October 22
	Trauma and Orthopaedics	Surgery	Completed	17th October 22
	ENT	Surgery	Completed	17th October 22
	MDT Co ordinators	Surgery	Completed	17th October 22
Medicine	Gastroenterology & Hep	Medicine	Completed	17th October 22
	Rheumatology (inc. Fracture Liaison)	Medicine	Completed	17th October 22
	Respiratory medicine	Medicine	Completed	17th October 22
	Diabetes & Endocrinology	Medicine	Completed	17th October 22
SS	Haematology and Oncology	SS	Completed	17th October 22
	Cardiology (inc. physiology)	SS	Completed	17th October 22

### Key Points:

- New Weston management and governance arrangements have been rolled out, with the Weston Division being replaced by the Weston General Hospital Team (WGH) and clinical divisions operating a further 14 clinical services at Weston as part of their wider cross trust portfolios.
- This means that over 90% of Trust clinical services across UHBW are integrated, with the Weston General Hospital team providing a range of services in partnership with the Trust divisions.
- The new arrangements cover responsibility for:
  - All wards
  - General nursing
  - Acute Medicine (including AEC, AMU)
  - Medical Secretaries
  - Reception Teams
  - Theatres and the Day Case Unit
  - Outpatients (Main, Quantock & Orthopaedics)
  - Emergency Department
  - Care of the Elderly and Frailty (until integration completed)
  - Stroke Services
- A 3 months review has been undertaken to ensure that the new arrangements have bedded in and support the delivery on the next phase of integration

## FINANCIAL SUMMARY

### YTD Income & Expenditure Position

- Net I&E deficit of £3,572k against a planned deficit of £6,162k (excluding technical items).
- Total operating income is £27,987k favourable to plan due to higher than planned income from activities of £30,858k offset by lower than planned other operating income of £2,871k.
- Operating expenses are £33,745k adverse to plan primarily due to higher pay expenditure (£23,853k adverse), offset by lower than planned depreciation expenditure of £1,373k. Other non-pay expenditure is £11,265k higher than plan.
- Technical and financing items are £8,347k favourable to plan.

### Key Financial Issues

- *Recurrent savings delivery below plan* – YTD Trust-led CIP delivery is £11,345k or 100% of plan. Full year forecast delivery is £15,737k or 105% of plan of which recurrent savings are £8,316k, 56% of plan. The shortfall in recurrent savings will need to be incorporated in the 2023/24 financial plan in addition to the 2023/24 target.
- *Pay costs higher than forecast* – pay expenditure must be maintained within divisional and corporate budgets.
- *Forecast overspend against divisional budgets and achievement of divisional control totals* – divisional forecasts will be monitored monthly and recovery plans implemented where overspends are not acceptable.

### Strategic Risks

- Agreeing an approach to future financial targets and allocation of system envelopes – on-going work to understand the systems medium-term financial outlook;
- Assessment and implications of the financial arrangements relating to Healthy Weston – pending completion of a business case in Q4;
- Continue to understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment – on-going medium-term financial outlook and system prioritisation process.
- Understanding the implications of not delivering the financial plan, the impact this may have on future investment opportunities and the ability to maintain autonomy- on-going Financial Recovery Plan implemented from September.

# Leadership Priorities and Oversight Framework

Public Board



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

11. Leadership and Oversight Framework

Reporting Month: December 2022

## TRUST YEAR TO DATE FINANCIAL POSITION

	Month 9			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	77,727	84,431	6,704	695,636	726,495	30,858
Other Operating Income	9,027	9,311	283	83,866	80,995	(2,871)
<b>Total Operating Income</b>	<b>86,754</b>	<b>93,741</b>	<b>6,987</b>	<b>779,503</b>	<b>807,490</b>	<b>27,987</b>
Employee Expenses	(50,915)	(53,386)	(2,472)	(456,455)	(480,308)	(23,853)
Other Operating Expenses	(31,294)	(41,710)	(10,416)	(291,461)	(302,725)	(11,265)
Depreciation (owned & leased)	(4,747)	(4,711)	36	(28,258)	(26,885)	1,373
<b>Total Operating Expenditure</b>	<b>(86,955)</b>	<b>(99,807)</b>	<b>(12,852)</b>	<b>(776,174)</b>	<b>(809,919)</b>	<b>(33,745)</b>
PDC	(1,037)	(1,037)	(0)	(9,335)	(9,335)	0
Interest Payable	(244)	(226)	18	(2,195)	(2,141)	54
Interest Receivable	29	406	376	264	1,832	1,568
Other Gains/(Losses)	0	(762)	(762)	0	(812)	(812)
<b>Net Surplus/(Deficit) inc technicals</b>	<b>(1,453)</b>	<b>(7,685)</b>	<b>(6,232)</b>	<b>(7,938)</b>	<b>(12,885)</b>	<b>(4,947)</b>
Remove Capital Donations, Grants, and Donated Asset Depreciation	202	7,831	7,629	1,776	9,313	7,537
<b>Net Surplus/(Deficit) exc technicals</b>	<b>(1,251)</b>	<b>146</b>	<b>1,397</b>	<b>(6,162)</b>	<b>(3,572)</b>	<b>2,590</b>

### Forecast Outturn Position

- As discussed at the Trust's Board meeting in October 2022, the Trust has been forecasting an unmitigated financial risk of £5.5m.
- During Q3, divisions have continued to make further progress against their financial recovery plans.
- The Trust has also benefitted from additional non-recurrent income from the ICB and NHSE Specialised Services.
- On this basis the forecast outturn will continue to be a breakeven position.

### Key Facts

- The position at the end of December is a net deficit of £3,572k, £2,590k lower than the planned deficit of £6,162k.
- YTD expenditure on International Recruitment is c£3.8m. The cost of F1 cover at Weston at the end of December is estimated at £1,125k.
- Pay expenditure is £53,386k in December, c£1,000k lower than last month. YTD expenditure is adverse to plan by £23,853k, mainly due to the increase in the pay award beyond the planned 2% (offset by income), enhanced rates of pay, the cost of escalation capacity, F1 junior doctors costs and international recruitment costs.
- Agency expenditure in month is £2,445k, compared with £2,462k in November and c£163k lower than plan. Overall, agency expenditure is 5% of total pay costs.
- Other operating expenditure is c£2,000k higher in December than last month and £10,416k higher than plan. The variance to plan is mainly due to an impairment of c£7,100k. This is excluded from the NHSE adjusted net deficit position as a technical item.
- Operating income is favourable to plan by £27,987k. The adverse position on 'Other Operating Income' is driven by lower than expected income levels for research and, non-patient care activities. The plan also included a rates rebate which is being reported as a non-pay benefit rather than income.
- Income from Patient Care Activities is £30,858k favourable to plan. This includes c£7,200k of ESRF income above plan and c£10,000k additional funding to support the pay award. The balance is due to high cost drugs and additional Commissioner funded investments.
- Trust-led CIP achievement is 100% of plan at £11,345k.

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## Meeting of the Board of Directors in Public on 22<sup>nd</sup> February 2023

<b>Report Title</b>	<p><b>Maternity Perinatal Quality Surveillance Matrix with Maternity Incentive Scheme (MIS) Monthly Update.</b></p> <p><b>Progress with Implementation of Ockenden Immediate and Essential Actions (IEAs) recommendations</b></p> <p><b>Quarterly Healthcare Safety Investigation Branch (HSIB) review update</b></p>
<b>Report Author</b>	<p><b>Ingrid Henderson, Quality Patient Safety (QPS) Manager</b> <b>Sarah Windfeld, Director of Midwifery and Nursing</b></p>
<b>Executive Lead</b>	<p><b>Deirdre Fowler, Chief Nurse and Midwife</b></p>

### 1. Report Summary

This report provides the Board with monthly oversight regarding the safety metrics of the maternity and neonatal services for the month of December 2022 and progress with the implementation of Ockenden Immediate and Essential Actions (IEAs) recommendations.

This report is a standing agenda item as per the recommendations set out in the Maternity Incentive Scheme (MIS) Year 4 and the NHS England report, *Implementing a revised perinatal quality surveillance model*.

All moderate harm or above maternity and neonatal incidents in the month are reported. Healthcare Safety Investigation Branch (HSIB) incidents are always reported as serious incidents (SI).

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

**There were no serious incidents reported to Healthcare Safety Investigation Branch (HSIB) in December.**

**There is one 'pending executive review' (rapid review) of a possible serious incident reported in December (moderate harm or above)**

#### Strengths:

- Maternity Incentive Scheme (CNST) 10 safety standards achieved, compiling evidence for submission.
- 1 to 1 care in labour was achieved 100% of the time.
- 75% of all eligible premature babies less than 34 weeks of gestation (3/4) received full course of antenatal corticosteroids within 7 days of birth and 40% (2/5) received first course greater than 7 days from birth. Ideal is to achieve full course of two



doses within 7 days of birth, this is challenged because it is hard to predict exact time they will be born.

- 100% of all eligible babies (4/4) received magnesium sulphate within 24 hours of birth for lung support and neuro protection as part of the Saving Babies Lives Care Bundle, precept programme in December.
- EDI groups are prioritised for continuity of care (CoC) pathway with 37.7% on a CoC pathway. BAME are 58.1% of the 37.7% and most vulnerable deprived (IMD) is 66.1% of the 37.7%
- Out to recruitment for 6 wte more maternity assistants to support postnatal care on the inpatient maternity wards in response to patient survey feedback
- Parents of babies in the Neonatal Intensive Care Unit (NICU) at St Michael's Hospital can now take an online tour to help them prepare for their stay.
- NEST (neonatal transport service) has started to transfer babies who are eligible using a specially adapted sling so they can be safely transferred in kangaroo care style (cuddle). This is following funding from the neonatal network to enable two nurses to visit a centre in Sweden who are leading on this practice. We are the first NEST service to provide this.

**Weaknesses:**

- Sporadic capacity issues with the flow of inductions (to match increasing demand) Risk 2264 and 5652 Monitored through governance meetings and awaiting outcome of funding for triage area
- Challenge to obtain accurate data regarding number of recorded incidents when women transferred to other providers due to capacity constraints within the unit, or any in-utero or ex-utero transfers whether accepted or declined. This issue has been escalated to clinical teams who have been requested to submit a Datix when such incidents occur.
- Challenge to obtain data on women who have received enhanced maternal care on central delivery suite, to request from Birth rate + acuity app if this data can be pulled from the system, as this information is required for the metrics and also for the LMS

**Opportunities:**

- Schedule of safety walkarounds planned for December into March in preparation for anticipated CQC visit.
- Working with the MVP and North Bristol Trust to engage with women and doulas due to an increase in women free birthing and ensuring women are aware of the role of a doula and the risks of free birthing in some circumstances. The issue has



been escalated to the Regional Chief Midwife who has raised it with the National Maternity team.

**Threats:**

- Five workforce Datix recorded in December. All related to NICU staffing. CDS has continued to be very busy but there have not been any Datix relating to staffing or service provision. NICU staffing and recruitment monitored at regular monthly Matron's meeting and with Specialist commissioners. Staffing should be improved by March 2023 capacity on NICU and the ability to always accept tertiary referrals.
- Staffing continues to be challenged with sickness absence. Monitored and staffing supported through escalation plans to maintain patient safety. Risk 3343/2264/5652/33/3623/988/5401 monitored through twice daily flow meetings
- Risk to continued planned roll out of Continuity of Carer due to vacancies. Two teams are temporarily suspended due to staffing (vacancy and sickness). Risk 4810.

**Progress with Implementation of Ockenden IEAs recommendations**

Ockenden Implementation Board meeting has been renamed 'Perinatal Transformation Board' to have oversight of progress with recommendations from all recent and future national reports.

- Third Meeting held on 22nd November 2022. The Clinical Effectiveness and Audit Lead and Chair of the Maternity Voices Partnership attended and will do so monthly to support as 'critical friends' in addition to Chief Nurse/Midwife (or deputy) and Non-Executive Director (NED) to attend quarterly. December meeting postponed as members unavailable.
- One WTE band 7 post for bereavement lead, midwife and neonatal nurse as a job share has been recruited to. A bereavement pathway is an Ockenden recommendation. Leads are due to start in February.

Presently Ockenden national action log shared with Southwest Regional Team states that out of 92 recommendations from the report, UHBW is:

- White (for national team to action) with 11
- Green (on target) with 63
- Amber (action required for successful delivery on this activity) with 17
- Red (immediate remedial action required to progress) with 1 (Centralised CTG monitoring system not in place).

**East Kent Kirkup Report** - plan to include actions from recommendations in Perinatal Transformation Implementation Board action log to be discussed at these meetings to consider recommendations from the report to plan meaningful response and achievable actions.





**Quarterly Healthcare Safety Investigation Branch (HSIB) review update** – total referrals from UHBW to HSIB 1<sup>st</sup> April 2019 to 30<sup>th</sup> December 2022 are 36. 18 were rejected but had local review and 18 were investigated. Total investigations completed by HSIB is 16 with 2 current cases. There were 2 exceptions reported on one case due to delays in uploading maternity notes and contacting staff to arrange for them to be interviewed by HSIB. 9 of the 16 reports had recommendations for the service to act upon.

**HSIB categories are**

- Guidance and information
- Fetal Monitoring
- Clinical observations and assessment
- Clinical oversight and risk assessment

**Current/ Ongoing cases** are one maternal death (collapse-likely cause pulmonary embolism), draft report received 10<sup>th</sup> January to be shared with staff interviewed.

**Emerging learning**

1. Communication and language barrier.
2. Patient information not in first language.
3. Management of exacerbation of asthma by GP.

Second case (first case) above is an early neonatal death. Difficulty recording fetal heart rate prior to birth. Extensive resuscitation, decision stop/comfort care. This case has been referred to the coroner.

**Emerging learning**

1. Monitoring of fetal well-being in labour.
2. Escalation.
3. Placental histology taken but was not received in the laboratory

Recommendations are discussed at a multidisciplinary team meeting with representation from front line staff and managers to develop achievable actions. The action plans are monitored by the relevant working parties.

**3. Risks**

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

The risks associated with this report, but not necessarily related to mentioned incidents, include:

1. 3343 - delayed elective LSCS Funding obtained for list and recruiting. Scores 12
2. 2264 - delayed induction of labour Scores 16
3. 5652 - Risk that St Michael's Hospital (STMH) cannot offer an induction of labour (IOL) at 41 weeks as recommended by NICE guidelines. One is delay in induction, the other is not meeting NICE guidance Scores 10



4. 5288 - Risk that not having an allocated triage area and system may result in a delay treating patients Scores 12
5. 33/3623/988 - NICU staffing/BAPM Scores 12
6. 5401 Risk that there will not be enough midwives and obstetric staff to run a safe maternity service due to the impact of covid Still have staff getting COVID which impacted in December. Scores 10
7. 4810 Risk that if the Trust does not achieve continuity of carer, we will not achieve CNST safety standards Scores 1
8. 4628 Risk that we have reduced capacity to deliver an essential obstetric ultrasound service in line with National guidance Scores 10
9. 6466: Risk that inability to provide theatre staff for a 2nd emergency list at STMH between 5-9pm may result in harm to a patient high priority Scores 12

#### 4. Advice and Recommendations

*(Support and Board/Committee decisions requested):*


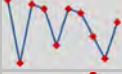





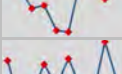
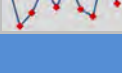







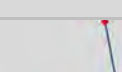



This report is for **Assurance**.

#### 5. History of the paper

Please include details of where paper has **previously** been received.

Women's Governance Committee	12/01/2023
Quality Assurance Committee	20/01/2023

# UHBW perinatal quality surveillance matrix

	Jan	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Year to date average	Trend
<b>Activity</b>														
NICU admission rate at term (excluding surgery and cardiac) % target 5%	3%	6.9%	3.50%	2.70%	5.10%	3.60%	2.40%	2.60%	3.90%	3.20%				
Number of babies born alive at >=22 to 23+6 weeks gestation	2	0	0	0	0	0	1	0	2	0	1	0	1	
Number of babies born alive at >=24 to 36+6 weeks gestation	16	36	22	35	34	26	34	33	28	23	31	29		
Number of women who gave birth all gestations from 22+0 weeks	357	369	422	416	396	401	424	396	437	415	407	383	402	
Induction of Labour rate %	35.4%	26.3%	28.1%	36.5%	29.8%	30.6%	30.8%	35.7%	25.7%	30.9%	28.7%	32.2%	30.9%	
Unassisted Birth rate %	47.2%	45.1%	46.9%	46.8%	48.6%	47.7%	48.5%	45.8%	48.1%	44.9%	45.7%	42.0%	46.4%	
Assisted Birth rate %	14.6%	15.9%	16.5%	17.2%	13.8%	17.4%	15.2%	16.0%	13.5%	15.9%	15.6%	16.0%	15.6%	
Caesarean Section rate (overall) %	37.8%	39.0%	36.6%	36.0%	37.6%	35.0%	36.4%	38.2%	38.4%	39.2%	38.7%	42.0%	37.9%	
Elective Caesarean Section rate %	16.0%	16.7%	16.5%	15.3%	15.5%	13.9%	13.8%	17.2%	17.8%	15.9%	17.5%	19.6%	16.3%	
Emergency Caesarean Section rate %	21.8%	22.3%	20.0%	20.7%	22.1%	21.0%	22.4%	20.9%	20.5%	23.3%	21.2%	22.4%	21.6%	
<b>Perinatal Morbidity and Mortality inborn</b>														
Total number of perinatal deaths (excluding late fetal losses)	6	1	4	3	2	5	3	4	3	3	2	6		
Number of late fetal losses 16+0 to 23+6 weeks excl TOP (SBLCBV2)	9	5	5	6	5	5	3	6	4	2	3	1		
Number of stillbirths (>=24 weeks excl TOP)	2	0	1	2	1	2	2	2	1	0	1	2		
Number of neonatal deaths : 0-6 Days	4	0	1	1	1	2	0	2	1	2	1	2		
Number of neonatal deaths : 7-28 Days	0	1	3	0	0	1	1	0	1	1	0	1		
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	1	0	0	0	0	0	0	1	1	1	0	0		
<b>Maternal Morbidity and Mortality</b>														
Number of maternal deaths (MBRRACE)	0	0	0	0	0	0	1	1	0	0	0	0		
Direct causes														
Indirect causes							1	1						
number of women who recieved enhanced maternal care on CDS										30	16	19		
Number of women who recieved level 3 care (ITU or CCU) * not pregnancy related	1	1	1	0	2*	1*	1	1	1	1	0	0		

Insight														
<u>Number of datix incidents graded as moderate or above (total)</u>	2	0	1	0	2	3	1	3	1	1	0	1		
<u>Datix incident moderate harm (not PSII, excludes HSIB)</u>	0	0	0	0	2*	3*	1	0	1	0	0	tbc		
<u>Datix incident PSII (excludes HSIB)</u>	0	0	0	0	0	0	0	1	0	1	0	tbc		
<u>New HSIB referrals accepted</u>	2	0	0	0	0	0	0	1	1	0	0	0		
<u>HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust</u>	0	0	0	0	0	0	0	0	0	0	0	0		
<u>Coroner Reg 28 made directly to Trust</u>	0	0	0	0	0	0	0	0	0	0	0	0		
Workforce														
<u>Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained) BAPM standard is 70%</u>	47%	47%	59%	58.80%	58.80%	58.80%	58.80%	63%	63%	63	65%	65%		
<u>Datix related to workforce (service provision/staffing)</u>	18	18	15	9	18	10	12	2	23	42	22	5		
<u>MDT ward rounds on CDS (minimum 2 per 24 hours) day staff</u>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100		
<u>MDT ward rounds on CDS with day to night staff handover</u>	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0		
<u>One to one care in labour (as a percentage)</u>	100%	100%	100%	100%	100.0%	100%	100%	100%	100%	100%	100%	100		
<u>Compliance with supernumerary status for labour ward coordinator</u>	100%	100%	100%	100%	100.0%	100%	100%	100%	100%	100%	100%	100		
<u>Number of times maternity unit attempted to divert or on divert</u>	1	2	0	0	0	2	1	0	4	4	0	0		
<u>in-utero transfers</u>														
<u>in-utero transfers accepted</u>														
<u>in-utero transfers declined</u>	6			2	1	1								
<u>ex-utero transfers</u>														
<u>ex-utero transfers accepted</u>	1			1	1						2	1		
<u>ex-utero transfers declined</u>		1	1	1	1					1	2			
<u>NICU babies transferred to another unit due to capacity/staffing</u>									2	3	2			
<u>attempted baby abduction</u>	0	0	0	0	0	0	0	0	0	0	0	0		
<u>Number of consultant non-attendance to 'must attend' clinical situations</u>	0	0	0	0	0	0	0	0	0	0	0	0		

Involvement													
Friends and family Test score (response rate % who rated 'very good' or 'good') NICU	67	80%	97%	N/A	100%		100%	N/A	100	100	100		
Friends and family Test score (response rate % who rated 'very good' or 'good') maternity	99	98	99	98	100	100%	96%	98%	93	98	100		
Service User feedback: Number of Compliments (formal)	5	17	13	12	155*	15	85	125	28	1	70	18	
Service User feedback: Number of Complaints (formal)	2	0	3	5	6	2	2	3	5	5	2	4	
Staff feedback from frontline champions and walk-about (number of themes)	4	3	4	4	1	5	4	3	4	3	3		
Improvement													
Progress in achievement of CNST /10	7	7	8	8	8	8	8	8	8	9	10	10	
Training compliance in maternity emergencies and multi-professional training (PROMPT) midwives* includes NBLs	88%	78%	82%	77%	78%	76%	80%	84	90	93	88*	89	
Training compliance in maternity emergencies and multi-professional training (PROMPT) obstetricians* includes NBLs	77%	54%	61%	52%	65%	68%	77%	88	91	96	91	93	
Training compliance in maternity emergencies and multi-professional training (PROMPT) anaesthetists	71%	71%	75%	73%	85%	91%	94%	94	98	98	98	98	
Training compliance in maternity emergencies and multi-professional training (PROMPT)maternity care assistants* includes BNLS	62%	72%	72%	66%	57%	60%	67%	67%	69%	92%	92%	92.0%	
Training compliance annual local NBLs (NICU)							80%	93%	93%	93%	93%		
Training compliance fetal wellbeing day midwives	79%	61%	67%	71%	71%	63%	63%	73%	80%	91%	92%	92.0%	
Training compliance fetal wellbeing day doctors	69%	38%	44%	43%	62%	55%	55%	79%	81%	89.0%	96%	96%	
training compliance core competency 4. personalised care	65%	66%	66%	69%	73%	77%	78%	80.8%	81%	81.0%	84%	84%	
Continuity of Carer (overall percentage)	48%	49%	54%	48%	49%	41%	43%	44.6%	40%	35.0%	35%	38%	
Trust Level Risks (number shared with LMNS)	9	9	9	9	9	9	9	9	9	9	9	9	

## Meeting of the Board of Directors in Public on 22<sup>nd</sup> February 2023

<b>Report Title</b>	<b>Guardian of Safe Working Hours, Bristol, Annual report 01<sup>st</sup> August 2021 to 31<sup>st</sup> July 2022</b>
<b>Report Author</b>	<b>Dr James McDonald. Guardian of Safe Working Hours (GOSWH) Bristol</b>
<b>Executive Lead</b>	<b>Professor Stuart Walker. Chief Medical Officer UHBW</b>

### 1. Report Summary

The 2016 contract (amended in July 2019 following negotiations between NHS employers), and a locally adapted version of it, is now used for all training grade doctors and local equivalents employed by the Trust from August 2019. As part of the new contract, which saw junior doctors move from payment through a wide 'banding' structure to one of payment by actual hours worked, the role of the Guardian of Safe Working Hours was created. The contract mandates that regular reports are made describing the way in which the Trust is ensuring all junior doctors are working in line with safe working regulations.

### 2. Key points to note

*(Including decisions taken)*

- The ability to write a detailed report, which accurately confirms the Trust's compliance with safe working conditions for junior doctors and dentists, is compromised due to several factors.
- Systems in place to enable reporting on junior doctor and dentist staffing establishment have not been maintained, likely due to re prioritisation during the Covid pandemic and HR staff attrition. A working group has been set up to establish how this data can be reliably sourced and presented for future reports.
- Barriers to exception reporting are an established problem nationally. This is being addressed by way of direct communications to impacted staff groups, induction presentations and simplified access via the intranet home page.
- The Allocate exception reporting system does not allow for proper identification of where problems are occurring. This is being updated to allow exception reporting against accurate locations (Bristol or Weston) and specialities (eg Respiratory rather than 'General Medicine').
- Locum usage data is required with more detailed breakdown by grade and speciality (as opposed to by Division only). This has been discussed with the appropriate administrators with ongoing progress.
- Suggestion that all departments should have identified individuals, with job planned time, to take overall responsibility for rota and recruitment.

### 3. Risks

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

**The risks associated with this report include:**

- Unreliable workforce data could be misleading if presented as representing the true staffing position across specialities represented at UHBW.
- Barriers to exception reporting (especially by the more senior tiers) will result in a skewed picture of where issues exist within staffing and working patterns.



<ul style="list-style-type: none"> <li>• Inappropriate listing of specialities within the exception reporting software prevents meaningful analysis of exception reporting.</li> <li>• Lack of detail within locum use reports (for example including consultant hours) makes triangulation with grade and speciality impossible.</li> <li>• The above means that whilst GOSWH can offer assurance that overall compliance, with safe working principles, is in place at UHBW (Bristol) further analysis of workforce issues at departmental level is not possible at this time.</li> </ul>	
<b>4. Advice and Recommendations</b> <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> <li>• This report is for <b>Assurance</b>.</li> </ul>	
<b>5. History of the paper</b> <b>Please include details of where paper has <u>previously</u> been received.</b>	
<b>Medical and Dental Advisory Group (MWAG)</b>	<b>12<sup>th</sup> December 2022</b>

## **Combined quarterly and annual report on safe working hours, rota gaps and vacancies: Doctors and dentists in training for quarter May to July 2022 and year 01<sup>st</sup> August 2021 to 31<sup>st</sup> July 2022**

Dr James McDonald, Guardian of Safe Working Hours, UHBW (Bristol)

### **Forward**

University Hospitals Bristol and Weston Foundation Trust operates over two geographically remote sites with replication of departments over the two sites. Each site presents many different challenges, specific to location, with local knowledge being of paramount importance in understanding and addressing these often-complex issues. For this reason, separate Guardians of Safe Working Hours (GOSWH) are appointed for each location. Currently Dr James McDonald (BRI ED Consultant) covers the Bristol sites and Dr William Hicks (WGH Radiology Consultant) covers Weston General Hospital. There has been significant progress made towards collaborative working between both guardians and work is ongoing to try and align as many of the common processes as possible across both sites. At present, the differences between the two sites makes writing a single report for UHBW impractical although creating a single report, with alignment of format of data, is a longer-term aim. This report is by the Bristol based GOSWH, James McDonald, and refers to the Bristol hospitals of UHBW.

To enhance co-ordination between reports from both Weston and Bristol GOSWH it has been agreed that reports will be aligned with the year 01<sup>st</sup> August to 31<sup>st</sup> July and by quarters August to October, November to January, February to April and May to July. This paper represents a combined report for both the quarter 01<sup>st</sup> May to 31<sup>st</sup> July 2022 and the year 2021/2022. This is my first report having been appointed to the role of Guardian of Safe Working Hours in June 2022. I took over this role from Dr Alistair Johnstone and would like to thank him for his exceptional work in establishing the Guardian role and in creating many of the background processes necessary for the Guardian to function.

Unfortunately, the Coronavirus pandemic necessitated a shift in Human Resources (HR) priorities and, having taken over as we were emerging from this challenge period, I have identified several areas where the systems which underpin the information available to the Guardian have not been maintained. This has been further compromised by the loss of several key HR staff members who had helped to set up and administer these systems. Each of these areas will be explored in this report.

As we emerge from the Coronavirus pandemic an opportunity exists to both simplify and re-establish the accuracy and validity of data available to the Guardian. The overarching responsibility of the Guardian is to ensure safe working patterns amongst the junior doctors in the Trust, and to be able to reassure the Trust that this is the case. It is my aim to enable this by collating accurate and valid data to identify departments where support is most needed, with the aim of improving rota and workforce issues. By establishing well designed rotas without gaps, which genuinely meet demand, it is an inevitable consequence that safe working patterns will be created.



This report comments, where possible, on information available to the Guardian but it's main focus is to establish an initial set of actions required to re-establish provision of accurate data which truly reflects the state of the workforce and working conditions.

## Introduction

The 2016 contract (amended in July 2019 following negotiations between NHS employers), and a locally adapted version of it, is now used for all training grade doctors and local equivalents employed by the Trust from August 2019. As part of the new contract, which saw junior doctors move from payment through a wide 'banding' structure to one of payment by actual hours worked, the role of the Guardian of Safe Working Hours was created. The contract mandates that regular reports are made describing the way in which the Trust is ensuring all junior doctors are working in line with safe working regulations.

As a direct consequence of the Guardian's responsibility for ensuring compliance with, and compensation for breaches of, the safe working regulations and contracted hours there is an inevitable overlap with workforce planning. As already stated, there is a fundamental relationship between adequate workforce planning and the safe working patterns of junior doctors. Whilst the Guardian does not have responsibility for either strategic workforce planning or establishing capacity and demand, patterns emerging from exception reporting, locum utilisation and staffing shortages can be identified through analysis of the data if this is meaningful, accurate and available.

Significant efforts are being made by the Trust to address workforce issues, across all medical and dental staffing groups, with the establishment of the Medical and Dental Workforce Advisory Group (MWAG). It has been agreed that quarterly and annual reports from the Guardian of Safe Working Hours will now be submitted initially to MWAG for discussion and then on to People Committee. This both simplifies the existing process and gives the Guardian the opportunity to present their findings and recommendations in a setting most likely to allow discussion and formulation of action plans.

## High level data

Number of doctors / dentists in training (total):	XXX
Number of doctors / dentists in training on 2016 TCS (total):	XXX
Staff shortages by department and grade (breakdown):	XXX
Amount of time available in job plan for guardian to do the role:	2 PAs per Guardian
Amount of job-planned time for educational supervisors:	0.125 PAs per trainee

The Bristol based elements of UHBW, which have a medical workforce, comprise 50 departments spread over six divisions. Historically a spreadsheet was created and maintained, designed to show the number of junior doctors in post vs the number of positions on each rota. Further information was also integrated showing the split between junior doctors in training (Deanery) and those locally employed. This then allowed data to be compiled around total number of employees, both in training and locally employed, and staffing shortfalls by department.

For various reasons this data set has not been maintained over recent years and the HR officer with responsibility for this had left the Trust when this information was requested in August 2022. Communication with HR, and the appointment of a new person in the role in September 2022, resulted in production of a data set for the month of July 2022. This took a very significant amount of work on behalf of HR, for which I am grateful, and was planned to be used as a 'snapshot' of the state of junior doctor staffing and shortages across the Bristol based Trust for use in this report.

Unfortunately, through comparing the data provided with the known situation in several departments, the data available was found to be grossly inaccurate. Any comment made on conclusions drawn from it would have been misleading. For this reason, no high-level data around staffing or staff shortages can be included in this report.

There are clearly a multitude of reasons behind this, many of which are yet to be established. However, what has already become apparent is that the overwhelming complexity of how the data is provided to HR makes it almost impossible to interpret and collate. Raw data on individual rotas, as opposed to each specialty and tier, is provided. However, without detailed working knowledge of how each rota relates to staffing this data is impossible to interpret. Further complicating factors include confusion between the number of people employed and their actual WTE contribution to a rota. This is becoming especially relevant with an ever-increasing trend towards less than full time working (LTFT). Additionally, the lack of consistency between departments, as to who has responsibility and oversight for staffing makes it very challenging to gather this information and to ensure its accuracy.

A recent request for information, from departmental leads, revealed a general lack (with a few notable exceptions) of any active senior workforce leadership structure at a departmental level. Where significant senior oversight of recruitment and rota management was established, it was unrewarded, and this created a source of significant discontent amongst participants. This is likely to be the main factor in the current lack of departmental workforce leadership.

A meeting has been scheduled between the GOSWH, the Head of Employee services and the HR specialist with responsibility for compiling this data to try and establish how best to simplify and progress the issue of compiling accurate workforce information.

### **Exception reports**

The Trust uses the Allocate software package to provide a portal for junior doctors to exception report when their working hours and / or conditions are breached. The summarised data for the last year is given in table 1.

Tables 2 – 6 give data for each quarter including the last quarter of the previous year.

The data provided in this report was collated manually. The Allocate system features software which should enable data, for reports, to be published within specified timeframes. Unfortunately, the amalgamation of Bristol and Weston rotas on to the same system has resulted in this function becoming unusable. The system is not able to differentiate between specialties at the different sites which, given the specific challenges faced differently across the locations, is an essential separation if conclusions leading to improved working conditions are to be made. Furthermore, the complexity introduced by the system which lists every rota, as opposed to each specialty, (for reasons assumed

to relate to payment for additional hours worked) makes identifying issues within the tiers of each specialty less than straightforward. Work is needed to simplify this system so that reports can be generated separately for Bristol and Weston sites and by specialty rather than individual rotas. As a long-term aim, aligning the nomenclature with that used in the workforce data discussed in the previous section, would allow simple cross referencing between workforce shortages and exception reports by specialty to be made. This could be a powerful tool for directing support and resources.

**Table 1. Exception reports by Division, Speciality and Grade**

**Year 01<sup>st</sup> August 2021 to 31<sup>st</sup> July 2022**

<b>Division</b>	<b>Speciality</b>	<b>FY1</b>	<b>FY2/ST1-2</b>	<b>ST3+</b>	<b>Total (ISC)</b>
<b>Medicine</b>	General Medicine	176 (8)	78 (4)	5	<b>259 (12)</b>
	Gastroenterology	4			<b>4</b>
	Dermatology			1	<b>1</b>
	Psychiatry				
		<b>180 (8)</b>	<b>78(4)</b>	<b>6</b>	<b>264 (12)</b>
<b>Surgery</b>	General surgery	96 (6)	6		<b>102 (6)</b>
	T&O	5	42 (5)		<b>47 (5)</b>
	Ophthalmology		10	6	<b>16</b>
	Anaesthetics			1	<b>1</b>
	ICU		1	6	<b>7</b>
		<b>101 (6)</b>	<b>59 (5)</b>	<b>13</b>	<b>173 (11)</b>
<b>Specialised services</b>	Cardiology	44 (2)	26		<b>70 (2)</b>
	Haematology		10	93 (1)	<b>103 (1)</b>
	Oncology		45 (1)	1	<b>46 (1)</b>
		<b>44 (2)</b>	<b>81 (1)</b>	<b>94 (1)</b>	<b>219 (4)</b>
<b>Women and Children's</b>	General paediatrics *		9	23	<b>32</b>
	Paediatrics (PICU)			27	<b>27</b>
	Paediatric oncology			9	<b>9</b>
	O&G		4	2	<b>6</b>
	Neonatology (NICU)		12	3	<b>15</b>
			<b>25</b>	<b>64</b>	<b>89</b>
<b>D&amp;T</b>					
<b>TS</b>					
<b>TOTALS</b>		<b>FY1</b>	<b>FY2/ST1-2</b>	<b>ST3+</b>	<b>Year</b>
		<b>325(16)</b>	<b>243 (10)</b>	<b>177 (1)</b>	<b>745 (27)</b>

\* General paediatrics columns ST1-3 and ST4-8

**Table 2. Exception reports by Division, Speciality and Grade (Bristol)**01<sup>st</sup> May to 31<sup>st</sup> July 2022

<b>Division</b>	<b>Speciality</b>	<b>FY1</b>	<b>FY2/ST1-2</b>	<b>ST3+</b>	<b>Total (ISC)</b>
<b>Medicine</b>	General Medicine	39 (2)	3		<b>42 (2)</b>
	Gastroenterology				
	Dermatology				
	Psychiatry				
		<b>39 (2)</b>	<b>3</b>		<b>42 (2)</b>
<b>Surgery</b>	General surgery	14	1		<b>15</b>
	T&O		1		<b>1</b>
	Ophthalmology		9		<b>9</b>
	Anaesthetics				
	ICU				
		<b>14</b>	<b>11</b>		<b>25</b>
<b>Specialised services</b>	Cardiology	5	5		<b>10</b>
	Haematology		1	37	<b>38</b>
	Oncology		5	1	<b>6</b>
		<b>5</b>	<b>11</b>	<b>38</b>	<b>54</b>
<b>Women and Children's</b>	General paediatrics				
	Paediatrics (PICU)			6	<b>6</b>
	Paediatric oncology			2	<b>2</b>
	O&G				
	Neonatology (NICU)				
				<b>8</b>	<b>8</b>
<b>D&amp;T</b>					
<b>TS</b>					
<b>TOTALS</b>		<b>FY1</b>	<b>FY2/ST1-2</b>	<b>ST3+</b>	<b>Quarter</b>
		<b>58(2)</b>	<b>25</b>	<b>46</b>	<b>129 (2)</b>

**Table 3. Exception reports by Division, Speciality and Grade (Bristol)**01<sup>st</sup> February to 30<sup>th</sup> April 2022

<b>Division</b>	<b>Speciality</b>	<b>FY1</b>	<b>FY2/ST1-2</b>	<b>ST3+</b>	<b>Total (ISC)</b>
<b>Medicine</b>	General Medicine	62 (5)	22 (2)	5	<b>89 (7)</b>
	Gastroenterology	2			<b>2</b>
	Dermatology				
	Psychiatry				
		<b>64 (5)</b>	<b>22 (2)</b>	<b>5</b>	<b>91 (7)</b>
<b>Surgery</b>	General surgery	19			<b>19</b>
	T&O		28 (3)		<b>28 (3)</b>
	Ophthalmology		1		<b>1</b>
	Anaesthetics			1	<b>1</b>
	ICU				
		<b>19</b>	<b>29 (3)</b>	<b>1</b>	<b>49 (3)</b>
<b>Specialised services</b>	Cardiology	26 (2)	21		<b>47 (2)</b>
	Haematology		7	43 (1)	<b>50 (1)</b>
	Oncology		10 (1)		<b>10 (1)</b>
		<b>26 (2)</b>	<b>38 (1)</b>	<b>43 (1)</b>	<b>107 (4)</b>
<b>Women and Children's</b>	General paediatrics **		1	11	<b>12</b>
	Paediatrics (PICU)			4	<b>4</b>
	Paediatric oncology			7	<b>7</b>
	O&G		1	1	<b>2</b>
	Neonatology (NICU)				
			<b>2</b>	<b>23</b>	<b>25</b>
<b>D&amp;T</b>					
<b>TS</b>					
<b>TOTALS</b>		<b>FY1</b>	<b>FY2/ST1-2</b>	<b>ST3+</b>	<b>Quarter</b>
		<b>109(7)</b>	<b>91 (6)</b>	<b>72 (1)</b>	<b>272 (14)</b>

\*\* General paediatrics columns ST1-3 and ST4-8

**Table 4. Exception reports by Division, Speciality and Grade (Bristol)**November 01<sup>st</sup> 2021 to January 31<sup>st</sup> 2022

<b>Division</b>	<b>Speciality</b>	<b>FY1</b>	<b>FY2/ST1-2</b>	<b>ST3+</b>	<b>Total (ISC)</b>
<b>Medicine</b>	General Medicine	37	34		<b>71</b>
	Gastroenterology	2			<b>2</b>
	Dermatology				
	Psychiatry				
		<b>39</b>	<b>34</b>		<b>73</b>
<b>Surgery</b>	General surgery	42 (5)	5		<b>47 (5)</b>
	T&O		8 (1)		<b>8 (1)</b>
	Ophthalmology				
	Anaesthetics				
	ICU				
		<b>42 (5)</b>	<b>13 (1)</b>		<b>55 (6)</b>
<b>Specialised services</b>	Cardiology	9			<b>9</b>
	Haematology		2	9	<b>11</b>
	Oncology		11		<b>11</b>
		<b>9</b>	<b>13</b>	<b>9</b>	<b>31</b>
<b>Women and Children's</b>	General paediatrics		2 (ST1-3)	7(ST4-8)	<b>9</b>
	Paediatrics (PICU)			8	<b>8</b>
	Paediatric oncology				
	O&G		3	1	<b>4</b>
	Neonatology (NICU)				
			<b>5</b>	<b>16</b>	<b>21</b>
<b>D&amp;T</b>					
<b>TS</b>					
<b>TOTALS</b>		<b>FY1</b>	<b>FY2/ST1-2</b>	<b>ST3+</b>	<b>Quarter</b>
		<b>90 (5)</b>	<b>65 (1)</b>	<b>25</b>	<b>180 (6)</b>

Table 5. Exception reports by Division, Speciality and Grade (Bristol)

August 01<sup>st</sup> to October 31<sup>st</sup> 2021

Division	Speciality	FY1	FY2/ST1-2	ST3+	Total (ISC)
<b>Medicine</b>	General Medicine	38 (1)	19 (2)		<b>57 (3)</b>
	Gastroenterology				
	Dermatology			1	<b>1</b>
	Psychiatry				
		<b>38 (1)</b>	<b>19 (2)</b>	<b>1</b>	<b>58 (3)</b>
<b>Surgery</b>	General surgery	21 (1)			<b>21 (1)</b>
	T&O	5	5 (1)		<b>10 (1)</b>
	Ophthalmology			6	<b>6</b>
	Anaesthetics				
	ICU		1	6	<b>7</b>
		<b>26 (1)</b>	<b>6 (1)</b>	<b>12</b>	<b>44 (2)</b>
<b>Specialised services</b>	Cardiology	4			<b>4</b>
	Haematology			4	<b>4</b>
	Oncology		19		<b>19</b>
		<b>4</b>	<b>19</b>	<b>4</b>	<b>27</b>
<b>Women and Children's</b>	General paediatrics		6 (ST1-3)	5(ST4-8)	<b>11</b>
	Paediatrics (PICU)			9	<b>9</b>
	Paediatric oncology				
	O&G				
	Neonatology (NICU)		12	3	<b>15</b>
			<b>18</b>	<b>17</b>	<b>35</b>
<b>D&amp;T</b>					
<b>TS</b>					
<b>TOTALS</b>		<b>FY1</b>	<b>FY2/ST1-2</b>	<b>ST3+</b>	<b>Quarter</b>
		<b>68 (2)</b>	<b>62 (3)</b>	<b>34</b>	<b>164 (5)</b>

**Table 6. Exception reports by Division, Speciality and Grade (Bristol)**01<sup>st</sup> May to 31<sup>st</sup> July 2021

<b>Division</b>	<b>Speciality</b>	<b>FY1</b>	<b>FY2/ST1-2</b>	<b>ST3+</b>	<b>Total (ISC)</b>
<b>Medicine</b>	General Medicine	23 (5)	12 (1)		<b>35 (6)</b>
	Gastroenterology		6		<b>6</b>
	Dermatology				
	Psychiatry			1	<b>1</b>
		<b>23 (5)</b>	<b>18 (1)</b>	<b>1</b>	<b>42 (6)</b>
<b>Surgery</b>	General surgery	6			<b>6</b>
	T&O				
	Ophthalmology				
	Anaesthetics			11	<b>11</b>
	ICU		3	1	<b>4</b>
		<b>6</b>	<b>3</b>	<b>12</b>	<b>21</b>
<b>Specialised services</b>	Cardiology	4			<b>4</b>
	Haematology		2		<b>2</b>
	Oncology				
		<b>4</b>	<b>2</b>		<b>6</b>
<b>Women and Children's</b>	General paediatrics		2 (ST1-3)		<b>2</b>
	Paediatrics (PICU)				
	Paediatric oncology			3	<b>3</b>
	O&G		13		<b>13</b>
	Neonatology (NICU)		18		<b>18</b>
			<b>33</b>	<b>3</b>	<b>36</b>
<b>D&amp;T</b>					
<b>TS</b>					
<b>TOTALS</b>		<b>FY1</b>	<b>FY2/ST1-2</b>	<b>ST3+</b>	<b>Quarter</b>
		<b>33</b>	<b>56</b>	<b>16</b>	<b>105 (6)</b>



Comparing the quarters May to July for 2021 and 2022 reveals an overall increase in exception reporting, mostly amongst the more junior grades, of around 20%. The level of reports citing an immediate safety concern (ISC) is lower at the quarter end of this year than last. In his last quarterly report (February to April 2022) our previous GOSWH Alistair Johnstone commented on a potentially concerning trend of increasing ISC reports. This has not been a continuing feature either quarter on quarter or year on year.

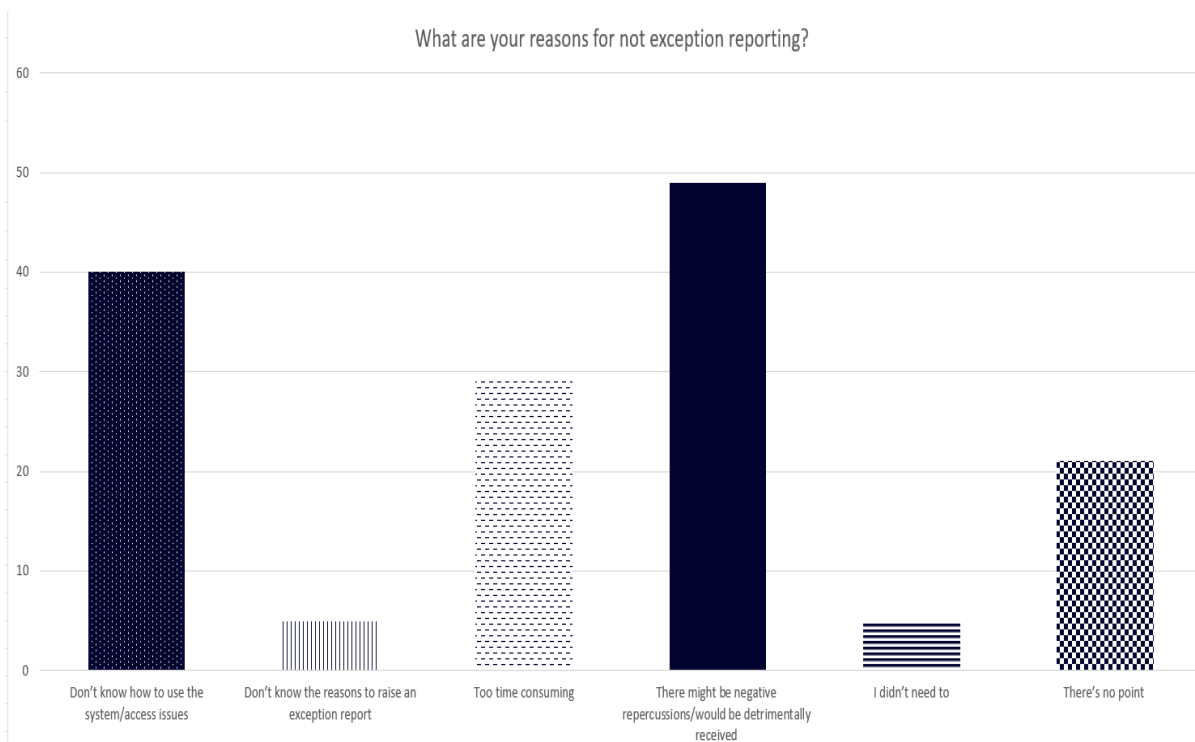
The total exception reports, annually, since 2019 are shown in the following table:

2019	2020	2021	2022
684	419	303	745

Coronavirus makes any comment on figures for 2020 and 2021 difficult with this affecting all working patterns, rotas and priorities around reporting. Comparing 2019 with 2022 suggests an approximate 10% increase in reporting activity.

Analysing individual exception reports, over the year, shows that virtually all relate to claims for additional hours worked. The majority of ISCs relate to a situation where the junior doctor has found themselves in a situation where demand, due to number of patients under their care, outstrips their capacity to cope. Further commonly occurring themes were the perception that little, or nothing, had been done to try and find cover for staffing shortages which had been known about for days, weeks or even months.

The most striking theme to emerge from the exception reporting data is the imbalance between reporting by different grades of junior doctor. Only 24% of reports were generated by ST3+ and on close inspection the vast majority of these were made by a single person. A recent project run by the 'Every Doctor' campaign group, surveyed junior doctors' attitudes towards exception reporting. One element was to explore barriers to reporting with the responses summarised below:



The issues around system access, and attitude are not surprising, and work is in progress to try and reduce these barriers. This includes an instructional video created by one of the oncology clinical fellows, explaining the exception reporting process. This is shown at Foundation and Trust induction with excellent feedback received. The GOSWH has also presented at Foundation induction including an emphasis on the Trust's positive approach to exception reporting and assurance of its support at the highest level. A further GOSWH presentation is included in the 'Medical Director's Welcome' video shown at Trust induction.

The most concerning, and most commonly (nearly 50%) cited, reason for not exception reporting is 'There might be negative repercussions / would be detrimentally received'. I would suggest that this is the underlying reason for the apparent lack of exception reports made by our ST3+ junior doctors. This is strongly reinforced by conversations held between me and this senior staff group. The exception reporting process was designed to trigger a process where the reasons behind the report are discussed, in detail, with the doctor's supervisor. This would then, in theory, allow issues to be raised at departmental and divisional level, by the supervisor, and changes made as appropriate if common themes became apparent. Unless the supervising consultants are fully on board with the exception reporting process, with an understanding that it is a positive and powerful tool in implementing change for good, this barrier will continue to persist. In July I wrote to all listed departmental leads, educational and clinical supervisors introducing myself and stressing the positive and important role exception reporting plays in providing crucial data for change. My feeling is that this had little effect and communication, at Trust level, to all junior doctors and supervisors may be something to consider.

Whilst the data for exception reporting is available and accurate its value is limited by it not being representative of the actual situation 'on the ground'. If, as a longer-term aim, we plan to make meaningful comparisons between staff shortages, exception reporting and locum spend by department or division all efforts should be made to make the exception reporting system as robust as possible.

## Locum

Data for both UHBW bank and external agency locum use is available. The data for the year August 2021 to July 2022 is shown below by year totals and quarter. Please note that there is no separation between locum use at the Bristol sites of UHBW and Weston General Hospital. Detailed analysis of locum use by specific divisions or departments is therefore not possible. Through discussion with the locum administration team this has now been resolved with data from August 2022 separated by Bristol or Weston divisions.

### Locum use by Division and type UHBW

Year 01<sup>st</sup> August 2021 to 31<sup>st</sup> July 2022

Division	Bank		Agency		Total		WTE
	Shifts	Hours	Shifts	Hours	Shifts	Hours	
Medicine	7611	59808	4984	44024	12595	103832	49.9
Surgery	3116	27089	1151	10280	4267	37369	18.0
Specialised	1431	10989	170	1321	1601	12310	5.9
W&C	1981	19075	193	2059	2174	21134	10.2
D&T	88	825					
<b>TOTAL</b>	<b>14227</b>	<b>117786</b>	<b>6498</b>	<b>57684</b>	<b>20725</b>	<b>175470</b>	<b>84.0</b>

## Locum use by Division and type UHBW

01<sup>st</sup> August to 31<sup>st</sup> October 2021

Division	Bank		Agency		Total		WTE
	Shifts	Hours	Shifts	Hours	Shifts	Hours	
Medicine	670	5014	1088	9275	1758	14289	27.5
Surgery	353	3248	301	2667	654	5915	11.4
Specialised	219	1438	57	452	276	1890	3.6
W&C	336	3010	37	404	373	3414	6.6
D&T							
<b>TOTAL</b>	<b>1578</b>	<b>12710</b>	<b>1483</b>	<b>12798</b>	<b>3061</b>	<b>25508</b>	<b>49.1</b>

01<sup>st</sup> November 2021 to 31<sup>st</sup> January 2022

Division	Bank		Agency		Total		WTE
	Shifts	Hours	Shifts	Hours	Shifts	Hours	
Medicine	1696	12214	1459	12498	3155	24712	47.5
Surgery	973	6009	406	3393	1379	9402	18.0
Specialised	366	2204	52	377	418	2581	5.0
W&C	509	4971	77	843	586	5814	11.2
D&T	22	234			22	234	0.5
<b>TOTAL</b>	<b>3566</b>	<b>25632</b>	<b>1994</b>	<b>17111</b>	<b>5560</b>	<b>42743</b>	<b>82.2</b>

01<sup>st</sup> February to 30<sup>th</sup> April 2022

Division	Bank		Agency		Total		WTE
	Shifts	Hours	Shifts	Hours	Shifts	Hours	
Medicine	2669	21471	1179	11069	3848	32540	62.6
Surgery	890	8869	254	2367	1144	11236	21.6
Specialised	522	4746	9	60	531	4806	9.2
W&C	554	5319	43	443	597	5762	11.1
D&T	29	333			29	333	0.6
<b>TOTAL</b>	<b>4664</b>	<b>40738</b>	<b>1485</b>	<b>13939</b>	<b>6149</b>	<b>54677</b>	<b>105.1</b>

01<sup>st</sup> May to 31<sup>st</sup> July 2022

Division	Bank		Agency		Total		WTE
	Shifts	Hours	Shifts	Hours	Shifts	Hours	
Medicine	2576	21109	1258	11182	3834	32291	62.1
Surgery	900	8963	190	1853	1090	10816	20.8
Specialised	324	2601	52	432	376	3033	5.8
W&C	582	5775	36	369	618	6144	11.8
D&T	37	258			37	258	0.5
<b>TOTAL</b>	<b>4419</b>	<b>38706</b>	<b>1536</b>	<b>13836</b>	<b>5955</b>	<b>52542</b>	<b>101.0</b>

Anecdotally it is not surprising to note escalating locum use as this year progressed. The general impression from talking to colleagues, across all departments, is that of a system at breaking point due to challenges around staffing.

The total locum hours, over the year August 2021 to July 2022 are equivalent to approximately 84 whole time equivalent doctors. This suggests that the Trust is running a medical staffing shortfall of around 15%. Identifying whether this is due to vacancies or imbalance between capacity and demand is not possible with the current data sets. Moving forward the aim would be to compare accurate workforce data with locum use by department. A high locum rate in a department with staffing gaps could trigger targeted resources to support recruitment and a high locum rate in a fully staffed department should trigger a capacity and demand exercise. A longer-term aim is to receive data on locum use by department allowing application of the above exercise.

Whilst the locum data does not give information about the grade of doctor being employed an interesting estimation can be made by choosing a mid-point, in the seniority scale, for both employed salary and locum rate.

Total locum hours for 2021/2022 is equivalent to 84 WTE. At ST1-2 this equates to an annual salary and associated benefits cost to the Trust of approximately £4.6 million (£55000 per doctor).

The annual cost in locum spend, at a conservative rate of £45 per hour is estimated approximately £7.9 million

This admittedly rough estimate suggests that at in the region £3.3 million could be available for workforce optimisation as a long-term investment.

### **Request for information on winter planning**

As we emerge from the effects of the Coronavirus pandemic there was a hope that a rested and reinvigorated workforce would emerge lessening many of the staffing problems faced by the Trust. This has failed to materialise in practice with significant ongoing levels of sickness. Coronavirus continues to disrupt many rotas. The current requirement is for staff to isolate until a negative lateral flow test result is obtained. This results in frequent short notice sick leave even when the initial lateral flow test proves negative, or the staff member is well in themselves. As we head in to winter the returning levels of non-Coronavirus respiratory viral infections are likely to have a massive impact on short notice absence. Whilst strategic workforce planning is not within the remit of the GOSWH, the consequences of it not happening very much are. For this reason, I wrote to all Human Resources Business Partners and Clinical Chairs, in early September asking for details of the state of play regarding planning for what is destined to be the most challenging winter we have yet faced. My suggestion was that feedback could be taken to MWAG for discussion around identifying where support and resourcing were most needed.

Unfortunately, despite reminders, only two of our Clinical Chairs (D&T, Medicine) have responded. My fear is that this potentially represents an absence of any significant work, on winter planning, in most divisions. This is not something which, as GOSWH, I feel able to pursue further but do consider it to be a matter of high importance for discussion.

## **Fines**

Whilst the system for paying junior doctors for additional hours worked, through the exception reporting system, is straightforward and appears to be working well, the process around identifying and issuing GOSWH fines is much less so. A fine is issued, by the GOSWH, under specific circumstances where important rota rules have been breached. It is currently unclear how this process has been administered historically and identifying the account in which funds generated from fines are held has proved challenging. Work is in progress through discussion with the finance department and the exception reporting HR administrator to clarify this issue.

## **Junior Doctor's Forum**

No forum meeting was held during the last quarter of this year. The next forum is scheduled for 14<sup>th</sup> September 2022.

## **Summary and recommendations**

It is appreciated that this report, by the Bristol GOSWH is at variance with the usual format. To collate a meaningful report requires accurate data from three sources: Workforce and staffing shortages by department, exception reporting by department and grade and locum use by division and department. As we emerge from the impact of the Coronavirus pandemic on multiple systems, it has become apparent that much work is required to simplify and re-establish this information.

This can be seen as an opportunity to reboot the system. We need to clarify what data is required around workforce and staffing shortages and how this can be harvested, work to encourage and normalise exception reporting across all grades and collect increasingly detailed data on locum use. If this can be achieved meaningful comparisons can be made between these three domains. This information can then trigger targeted resourcing and support or identify a need for capacity and demand work by department. The overarching aim, within the remit of GOSWH, is to establish staffing and work patterns which are both compliant with the junior doctor's contract and match patient demand. My feeling is that if we strive to achieve this both the working lives of our junior doctors and the safety of our patients will be improved.

In the context of the above I would like to propose the following recommendations for discussion:

1. Establish a requirement that all departments identify recruitment and rota leads. These should be senior members of staff in a substantive post (ie consultant). This would include overall responsibility for recruitment and rota planning (although this could of course be delegated with supervision). In conjunction with the management team, they would also be involved in strategic recruitment and ensuring that capacity is matched to demand. They would be the point of access for all real time

workforce data within their department and be able to provide actual data for staffing shortages including accounting for less than full time working. This role already exists in some departments and is both demanding and time consuming. For example, Adult ED has four consultants sharing this role each contributing approximately 1PA of unpaid time. For this role to be accepted, and given the required priority, it would need to be included in job planning with varying PAs allocated depending on the size of the workforce.

2. High level data on workforce and staffing shortages requires significant rationalisation and the way in which this is collected needs to be reviewed (see above). Work is in progress to advance this issue with a meeting between GOSWH, the Head of Employee Services and the responsible HR specialist scheduled for early November.
3. We need to develop a strategy to encourage and improve exception reporting across all grades of junior doctor. This is the only quantifiable feedback available to build a picture of what is really happening, with regards to junior doctor working conditions, at departmental level. This also requires buy in from departmental leads, educational and clinical supervisors. Communication from GOSWH to these groups has resulted in little change. Could we consider an open letter to all consultants and junior doctors in the Trust, from the Medical Directors office, setting out the Trust's view that exception reporting is positive, invaluable and the duty of our junior doctor workforce to engage in? This would potentially empower junior doctors to exception report in the knowledge that they have the full backing of the Trust and that their supervisors are also aware of this position.
4. Locum data is already available and valuable, but this could be further enhanced by more detailed breakdown by department and grade being available. This is in hand as a long-term aim through discussion with GOSWH and the relevant managers.
5. The Allocate reporting system requires rationalising so that location, specialties, and grade of doctor reporting are easily identified in generated reports. A long-term aim would be to align the designation of each report with that used in the workforce and staffing shortages report discussed in recommendation 2. GOSWH will arrange further discussion with the HR team responsible for administering this system to see if this can be achieved.

James McDonald. October 2022.





### Meeting of the Board of Directors in Public 22<sup>nd</sup> February 2023

<b>Reporting Committee</b>	<b>People Committee - 24<sup>th</sup> January 2023</b>
<b>Chaired By</b>	<b>Bernard Galton, Non-Executive Director</b>
<b>Executive Lead</b>	<b>Emma Wood, Chief People Officer</b>

#### For Information

The meeting focussed on key areas relating to the People Strategy pillars New Ways of Working and Inclusion and Belonging, together with emerging strategic items.

Agenda items included:

- Risk Report covering strategic and workforce corporate risks
- Update on System Workforce programmes
- Update on the important work in progress to reduce conflict by developing a Just culture within UHBW – this included a discussion on Bullying and Harassment
- After earlier discussion at both People Committee and Public Board the Committee approved the Trust's Volunteering Strategy.
- Early sight of the 2022 Staff Survey headlines with full results due in March and to be included as a substantive item for the next People Committee.
- Freedom to Speak up Quarter 3 report
- Report on support provided for internationally recruited nurses
- Workforce KPIs and performance report with presentation from Weston Hospitals HR business partner.

#### For Board Awareness, Action or Response

Clearly industrial action is likely to continue for the foreseeable future which will put continued strain on services and the Board needs to continue to work closely with System partners and national bodies.

The System work was noted, and ambitions are beginning to develop but for real progress and outcomes to be achieved funding of Workforce programmes at a System level is essential. Any influence the Board can bring to ensure workforce issues are prioritised at the ICB would be beneficial.

#### Key Decisions and Actions

Chief Finance Officer to bring a detailed budget proposal for leadership development to the March meeting.

A detailed discussion on the long-term nurse recruitment plan to take place at a future meeting. CPO and Chair to agree timing.

A progress report on the Volunteers strategy to come to the People Committee in September.

Freedom to Speak Up Guardian to check that the risks outlined in the FTSU report have been assessed against the workforce risk register; and to also look at ways to improve the communication and awareness of the Guardian role across the Trust.

#### Additional Chair Comments

A positive and engaging meeting.

#### Update from ICB Committee





**University Hospitals  
Bristol and Weston**  
NHS Foundation Trust

I attended the third ICB People Committee in early January. The Committee is developing a more focussed way of working and looking to reach consensus on the key issues for a System wide Workforce strategy. The new BNSSG Chief People Officer will join the ICB in February.

<b>Date of next meeting:</b>	<b>Tuesday 28<sup>th</sup> March 2023</b>
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### Meeting of the Trust Board of Directors in Public – 22 February 2023

<b>Reporting Committee</b>	<b>Finance &amp; Digital Committee – meeting held on 24 January 2023</b>
<b>Chaired By</b>	<b>Martin Sykes, Non-Executive Director</b>
<b>Executive Lead</b>	<b>Neil Kemsley, Chief Financial Officer</b>

#### For Information

##### Digital Services Report

The committee received an update on the digital programme including the initiatives that will be required to meet the NHSE mandated Minimum Digital foundation (MDF), which includes a diverse range of measures for digital maturity.

The committee reviewed a draft business case to scan all remaining paper records in the level 10 BRI medical records library and discussed this in the context of the costs versus benefits of the suggested approach.

There was a lengthy discussion around the pace of rollout of digital noting across the Trust and the broader uptake of digitisation of all medical records. The scope and breadth of the projects for the coming year were to be considered by the Executive as part of the budget setting and planning process. The committee requested an update once this process had been completed and supported a rapid roll-out wherever this might be possible within the available resources.

##### Finance Report

The committee discussed the in-year Trust financial projection, noting that the Trust was on-track to achieve its planned financial outturn of break-even.

The committee received a presentation on financial planning for 2023/24 that provided details of the financial regime that would be in place and an overview of the draft financial plan for the local system. Key risks include that significant proportions of funding (to the Trust and to the System) will be contingent on achieving stretching activity targets to reduce elective waiting times. The underlying position of the Trust and the ICB had deteriorated as a result of non-recurring measures in 2022/23 that had covered non-delivery of recurrent savings and efficiency programmes. The detailed UHBW financial plan for 2023/24 would be presented to the next meeting.

##### ICB Finance Estates and Digital Committee 22/12/22 and 26/1/23

The December meeting learnt more towards Digital, with an update on the ICB digital strategy; care traffic control; cyber security and PACS. The meeting also reviewed the monthly system revenue and capital position and associated savings reports.

The January meeting considered the upcoming delegation of Pharmacy Optometry and Dentistry commissioning from NHSE to the ICB and received assurance regarding the readiness for the transfer. The committee received an update on operational planning for 2023/24 and reviewed the current month financial position for 2022/23.

#### For Board Awareness, Action or Response



Note the desire for rapid digitisation of clinical processes and the constraints around resources.

Note the emerging financial risks for 2023/24 specifically the requirement for recurrent savings to reduce the Trust underlying deficit and the requirement to accelerate elective activity to receive payment.

**Key Decisions and Actions**

None

**Additional Chair Comments**

None

**Date of next meeting:** 22nd February 2022 (TBC)

## Meeting of the Board of Directors in Public on Wednesday 22<sup>nd</sup> February 2023

<b>Report Title</b>	Trust Finance Performance Report
<b>Report Author</b>	Jeremy Spearing, Director of Operational Finance
<b>Executive Lead</b>	Neil Kemsley, Chief Financial Officer

### 1. Report Summary

The purpose of this report is to inform the Board of the Trust's financial performance for the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> December 2022.

The Trust's net income and expenditure position is a deficit of £3.6m, £2.6m better than the planned deficit of £6.2m. The favourable position against plan is primarily due to additional commissioner investments, lower than expected winter operating expenditure and an increase in the rate of savings delivery in December as a result of further progress made by Divisions with their Financial Recovery Plans.

**2022/23 CIP** - The Trust delivered CIP savings of £11.3m at the end of December, in line with the plan. The forecast delivery for 2022/23 remains at £15.7m, or 105% of plan.

**2022/23 CIP Impact on 2023/24** - Currently only 56% or £8.3m of the Trust's forecast savings are recurrent. This is a significant concern and without action to recover the position, the Trust's recurrent deficit and financial challenge going into 2023/24 will increase by c£9m due to this year's predicted recurrent CIP shortfall.

The volume of elective activity fell in December compared with November and remains c10% below 2019/20 activity levels. Against plan elective inpatients and day cases are at c90%. This remains a concern given the £10.5m investments approved by SLT to deliver elective recovery which are subject to review going into 2023/24.

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

The Board is asked to note the marginally improved deficit position from a deficit of £3.7m for the period to November and the favourable position against plan.

The Board is also asked to note the formal forecast outturn position of break-even in line with the Trust's financial plan. This position was formally reported to NHS England on the 24<sup>th</sup> January 2023 in accordance with the national deadlines. The following actions underpinning the forecast position will continue:

- For all Divisions to continue to prioritise the delivery of their operating plans, including the elective performance recovery targets we have committed to as an organisation;
- For all Divisions and corporate services to ensure recurrent CIP schemes are fully identified in quarter 4; and

<ul style="list-style-type: none"> <li>For all Divisions to continue to assess the impact of the investments made since April 2020 and consider unwinding, or re-purposing these, where the expected benefits have not been realised.</li> </ul>	
<b>3. Risks</b> <b>If this risk is on a formal risk register, please provide the risk ID/number.</b>	
<p>416 – Risk that the Trust fails to fund the strategic capital programme. Unchanged risk score of 20 (very high).</p> <p>5375 – Risk that the Trust does not deliver the in-year financial plan. Reduced risk score of 12 from 16 (high from very high).</p>	
<b>4. Advice and Recommendations</b> <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> <li>This report is for <b>Assurance</b>.</li> </ul>	
<b>5. History of the paper</b> <b>Please include details of where paper has <u>previously</u> been received.</b>	
<b>[Name of Committee/Group/Board]</b>	<b>[Insert Date paper was received]</b>
Finance & Digital Committee	24 <sup>th</sup> January 2023

# Trust Finance Performance Report

Reporting Month: December 2022

## YTD Income & Expenditure Position

- Net I&E deficit of £3,572k against a planned deficit of £6,162k (excluding technical items).
- Total operating income is £27,987k favourable to plan due to higher than planned income from activities of £30,858k offset by lower than planned other operating income of £2,871k.
- Operating expenses are £33,745k adverse to plan primarily due to higher pay expenditure (£23,853k adverse), offset by lower than planned depreciation expenditure of £1,373k. Other non-pay expenditure is £11,265k higher than plan.
- Technical and financing items are £8,347k favourable to plan.

## Key Financial Issues

- *Recurrent savings delivery below plan* – YTD Trust-led CIP delivery is £11,345k or 100% of plan. Full year forecast delivery is £15,737k or 105% of plan of which recurrent savings are £8,316k, 56% of plan. The shortfall in recurrent savings will need to be incorporated in the 2023/24 financial plan in addition to the 2023/24 target.
- *Pay costs higher than forecast* – pay expenditure must be maintained within divisional and corporate budgets.
- *Forecast overspend against divisional budgets and achievement of divisional control totals* – divisional forecasts will be monitored monthly and recovery plans implemented where overspends are not acceptable.

## Strategic Risks

- Agreeing an approach to future financial targets and allocation of system envelopes – on-going work to understand the systems medium-term financial outlook;
- Assessment and implications of the financial arrangements relating to Healthy Weston – pending completion of a business case in Q4;
- Continue to understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment – on-going medium-term financial outlook and system prioritisation process.
- Understanding the implications of not delivering the financial plan, the impact this may have on future investment opportunities and the ability to maintain autonomy- on-going Financial Recovery Plan implemented from September.

**Reporting Month: December 2022**

Successes	Priorities
<ul style="list-style-type: none"> <li>• Delivery of capital investment of £28,165k in the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> December 2022.</li> <li>• The Trust’s cash position remains strong at £147,268k.</li> <li>• BPPC maintained improvement in month at 87% by volume of invoices and 89% by value of invoices.</li> <li>• Trust is now confident that the previously unmitigated financial risks of £5.5m can now be covered and a break-even forecast outturn position will be formally submitted to NHS England.</li> </ul>	<ul style="list-style-type: none"> <li>• Divisions to continue to prioritise the delivery of their operating plans, including monthly monitoring of divisional forecast against budget and development of recovery plans where required.</li> <li>• Divisions and Corporate Services to ensure recurrent CIP schemes are fully identified by the end of January.</li> <li>• Completion of the Healthy Weston Business Justification Case.</li> <li>• Completion of the NICU transfer Outline Business Case.</li> <li>• System Directors of Finance to conclude the review of system strategic capital plans and agree prioritisation.</li> <li>• EROS requisitioners and budget managers must receipt orders and code invoices promptly to ensure payment within 30 days.</li> <li>• Continued implementation of the BPPC recovery plan to improve performance against the national target.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Progress continues on Community Diagnostics Centre Business Case in Weston to NHSE to support elective recovery.</li> <li>• Capital bids for £5.7m submitted to NHSE for the expansion of endoscopy facilities on Bristol and Weston sites.</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce supply challenges to fill vacant posts and staff absences continues to impact on the Trust’s ability to meet emergency and elective demand.</li> <li>• System challenges with patient flow continues to undermine elective activity recovery plans, especially tertiary activity.</li> <li>• Under-delivery on the Trust’s recurrent savings programme will contribute to a deterioration in the Trust’s underlying deficit.</li> <li>• CDEL and the underlying revenue financial position of the Trust and the system may constrain the Trust’s strategic capital plans over the next five years.</li> </ul>



# Financial Performance – Income & Expenditure

Public Board



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

December 2022

## Trust Year to Date Financial Position

	Month 9			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	77,727	84,431	6,704	695,636	726,495	30,858
Other Operating Income	9,027	9,311	283	83,866	80,995	(2,871)
<b>Total Operating Income</b>	<b>86,754</b>	<b>93,741</b>	<b>6,987</b>	<b>779,503</b>	<b>807,490</b>	<b>27,987</b>
Employee Expenses	(50,915)	(53,386)	(2,472)	(456,455)	(480,308)	(23,853)
Other Operating Expenses	(31,294)	(41,710)	(10,416)	(291,461)	(302,725)	(11,265)
Depreciation (owned & leased)	(4,747)	(4,711)	36	(28,258)	(26,885)	1,373
<b>Total Operating Expenditure</b>	<b>(86,955)</b>	<b>(99,807)</b>	<b>(12,852)</b>	<b>(776,174)</b>	<b>(809,919)</b>	<b>(33,745)</b>
PDC	(1,037)	(1,037)	(0)	(9,335)	(9,335)	0
Interest Payable	(244)	(226)	18	(2,195)	(2,141)	54
Interest Receivable	29	406	376	264	1,832	1,568
Other Gains/(Losses)	0	(762)	(762)	0	(812)	(812)
<b>Net Surplus/(Deficit) inc technicals</b>	<b>(1,453)</b>	<b>(7,685)</b>	<b>(6,232)</b>	<b>(7,938)</b>	<b>(12,885)</b>	<b>(4,947)</b>
Remove Capital Donations, Grants, and Donated Asset Depreciation	202	7,831	7,629	1,776	9,313	7,537
<b>Net Surplus/(Deficit) exc technicals</b>	<b>(1,251)</b>	<b>146</b>	<b>1,397</b>	<b>(6,162)</b>	<b>(3,572)</b>	<b>2,590</b>

## Key Facts:

- The position at the end of December is a net deficit of £3,572k, £2,590k lower than the planned deficit of £6,162k.
- YTD expenditure on International Recruitment is c£3.8m. The cost of F1 cover at Weston at the end of December is estimated at £1,125k.
- Pay expenditure is £53,386k in December, c£1,000k lower than last month. YTD expenditure is adverse to plan by £23,853k, mainly due to the increase in the pay award beyond the planned 2% (offset by income), enhanced rates of pay, the cost of escalation capacity, F1 junior doctors costs and international recruitment costs.
- Agency expenditure in month is £2,445k, compared with £2,462k in November and c£163k lower than plan. Overall, agency expenditure is 5% of total pay costs.
- Other operating expenditure is c£2,000k higher in December than last month and £10,416k higher than plan. The variance to plan is mainly due to an impairment of c£7,100k. This is excluded from the NHSE adjusted net deficit position as a technical item.
- Operating income is favourable to plan by £27,987k. The adverse position on 'Other Operating Income' is driven by lower than expected income levels for research and, non-patient care activities. The plan also included a rates rebate which is being reported as a non-pay benefit rather than income.
- Income from Patient Care Activities is £30,858k favourable to plan. This includes c£7,200k of ESRF income above plan and c£10,000k additional funding to support the pay award. The balance is due to high cost drugs and additional Commissioner funded investments.
- Trust-led CIP achievement is 100% of plan at £11,345k.

December 2022

## Trust Full Year Forecast Outturn

	Full Year Forecast		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	929,536	972,326	42,790
Other Operating Income	110,951	109,157	(1,794)
<b>Total Operating Income</b>	<b>1,040,486</b>	<b>1,081,483</b>	<b>40,996</b>
Employee Expenses	(599,744)	(641,866)	(42,122)
Other Operating Expenses	(387,859)	(397,385)	(9,526)
Depreciation (owned & leased)	(40,257)	(38,744)	1,513
<b>Total Operating Expenditure</b>	<b>(1,027,860)</b>	<b>(1,077,995)</b>	<b>(50,135)</b>
PDC	(12,447)	(12,447)	
Interest Payable	(2,927)	(2,873)	54
Interest Receivable	352	2,500	2,148
Other Gains/(Losses)	0	(193)	(193)
<b>Net Surplus/(Deficit) inc technicals</b>	<b>(2,396)</b>	<b>(9,526)</b>	<b>(7,130)</b>
Remove Capital Donations, Grants, and Donated Asset Depreciation	2,396	9,526	7,130
<b>Net Surplus/(Deficit) exc technicals</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Key Facts:

- As discussed at the Trust's Board meeting in October 2022, the Trust has been forecasting an unmitigated financial risk of £5.5m.
- The two key issues driving this level of potential deficit were the unfunded financial impact of the international nurse recruitment programme of £4.0m and the loss of the F1 doctors at Weston of £1.5m.
- During Q3, divisions have continued to make further progress against their financial recovery plans.
- The Trust has also benefitted from additional non-recurrent income from the ICB and NHSE Specialised Services.
- On this basis the forecast outturn will continue to be a breakeven position.

An update of the underlying position is subject to a detailed assessment following completion of the forecast outturn.

# Savings – Cost Improvement Programme

Public Board



University Hospitals  
Bristol and Weston  
16. Trust for and Health  
NHS Foundation Trust

December 2022

## Divisional Finance Report Dec – 2022/23 Savings Programme Summary including 2021/22 recurring shortfall carry forward

Division	2021/22 Programme c/f			Progress to Date					Total Variance to date (inc. 2021/22 shortfall)	Forecast Outturn					Forecast Outturn			Recurring Variance Inc. 2021/22 recurring shortfall
	2021/22 Recurrent shortfall	2021/22 Shortfall Variance to date	2021/22 Recurring shortfall (Full year write off for SPS)	2022/23 Programme						2022/23 Programme					2022/23 Programme			
				Plan	Actual			Variance		Current Year					Recurring Full Year			
				Recurring	Non-Recurring	Total	Fav / (Adv)	Plan		Recurring	Non-Recurring	Total	Variance	Balance to FYE	Total Recurring	Variance		
Financial Performance	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Diagnostics & Therapies	(350)	(263)	(350)	1,105	154	1,097	1,251	146	(116)	1,516	221	1,463	1,684	168	148	370	(1,146)	(1,496)
Medicine	(299)	(224)	(299)	1,549	734	356	1,090	(459)	(683)	1,904	928	468	1,396	(508)	211	1,139	(766)	(1,065)
Specialised Services	(1,113)	(835)	(378)	1,420	800	872	1,672	252	(583)	1,898	1,288	1,068	2,356	457	392	1,680	(218)	(596)
Surgery	(544)	(408)	(544)	2,171	946	222	1,168	(1,002)	(1,411)	2,935	1,362	334	1,696	(1,238)	810	2,171	(763)	(1,307)
Weston	-	-	-	733	693	234	927	195	195	866	810	312	1,123	257	50	861	(5)	(5)
Women's & Children's	(544)	(408)	(544)	2,192	971	1,945	2,916	724	(316)	2,901	1,301	3,039	4,340	1,439	21	1,321	(1,579)	(2,124)
Estates & Facilities	27	20	27	668	162	538	700	33	53	907	238	729	967	60	158	396	(511)	(484)
Trust Services	(376)	(282)	(376)	798	227	408	634	(164)	(446)	1,071	318	543	861	(210)	60	377	(694)	(1,070)
Corporate	-	-	-	715	-	986	986	271	271	953	-	1,314	1,314	361	-	-	(953)	(953)
<b>Divisional Sub Totals</b>	<b>(3,200)</b>	<b>(2,400)</b>	<b>(2,465)</b>	<b>11,349</b>	<b>4,687</b>	<b>6,658</b>	<b>11,345</b>	<b>(4)</b>	<b>(2,404)</b>	<b>14,951</b>	<b>6,466</b>	<b>9,271</b>	<b>15,737</b>	<b>786</b>	<b>1,849</b>	<b>8,316</b>	<b>(6,635)</b>	<b>(9,101)</b>
<b>System Transformational Plans</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(5,000)</b>	<b>(5,000)</b>	<b>7,366</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(7,366)</b>	<b>-</b>	<b>-</b>	<b>(7,366)</b>	<b>(7,366)</b>
<b>Grand Totals</b>	<b>(3,200)</b>	<b>(2,400)</b>	<b>(2,465)</b>	<b>16,349</b>	<b>4,687</b>	<b>6,658</b>	<b>11,345</b>	<b>(5,004)</b>	<b>(7,404)</b>	<b>22,317</b>	<b>6,466</b>	<b>9,271</b>	<b>15,737</b>	<b>(6,580)</b>	<b>1,849</b>	<b>8,316</b>	<b>(14,001)</b>	<b>(16,467)</b>

### Key Points:

- The Trust's 2022/23 savings target is £22,317k. This includes £7,366k attributable to system transformation savings.
- At the end of December, the Trust had achieved savings of £11,345k, or 69% against a plan of £16,349k, resulting in a shortfall of £5,004k.
- £5,000k of the £5,004k shortfall is due to non-achievement of system savings.
- The Trust has a recurrent shortfall from the 2021/22 savings programme of £3,200k, resulting in a £2,465k shortfall to date. Therefore the total variance to date is £7,404k.
- The recurring forecast outturn for the 2022/23 plan is a shortfall of £14,001k and including the 2021/22 shortfall is £16,467k.
- At the end of December, all divisions have a shortfall against their recurring plans and three of the divisions have a shortfall against their non-recurring plans.
- Currently 41% of forecast savings are non-recurring, which is a major cause for concern.

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# Appendix 1 – Action Log & Developments

Public Board



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

## Summary of Recovery Actions

Ref	Date	Description of Action	Action Owner	Date Due	Committee Month	Status	Revised date	Update
014	Jun-21	Present the Trust Five Year Financial Strategy	OpDoF	Oct-21	November	Open	Q4	Strategy to be developed during Q4, following supporting work which is aligned with system timescales.
030	May-22	Include a summary of the ICS financial position	HoFFP	TBC		Open		Reporting of the ICS financial position currently under discussion
036	Jun-22	Development of a financial recovery plan	CFO	Nov-22	December	Open	Q4	Recovery plan implemented in September. Medium Term Finance Plan to be reported in Q4.
038	Jun-22	Continue to assess the benefits impact of investments made since April 2020 and consider unwinding or re-purposing.	HoFMI	Mar-23	Quarterly Review	Open		On going process will again be reviewed as part of requirements for 2023/24 operating plan.
044	Jul-22	Review and address increased costs for patient transport services. (Trust Services)	HoFMI	Aug-22	September	Open	TBC	Subject to system wide procurement of non-emergency patient transport during Q4.
047	Nov-22	Focus on increasing Somerset Surgical Services activity through theatres.	HoFMI	Mar-23	April	Open		
048	Nov-22	Detailed forecast reviews to be undertaken with Medicine, Surgery and W&C divisions over the next 2 months	HoFMI/CFO	Feb-23	March	Open		
049	Dec-22	HFMA A1 - understand the NHSE Specialised Commissioning funding position early in the financial planning stages.	OpDoF	Feb-23	March	Open		Action from HFMA Checklist Self-Assessment
050	Dec-22	HFMA A9/E - Review existing process for identification of CIP to ensure robustness, increasing clinical and operational collaboration and the system.	HoFMI	Q4	April	Open		Action from HFMA Checklist Self-Assessment
051	Dec-22	HFMA A11 - Establish a programme of work to support the productivity agenda	HoFMI	Q4	April	Open		Action from HFMA Checklist Self-Assessment
052	Dec-22	HFMA C2 - Review where run-rate reporting is being used routinely and identify where additional reporting may be beneficial.	HoFFP	Apr-23	May	Open		Action from HFMA Checklist Self-Assessment
053	Dec-22	HFMA D1/D5 - Implementation of a formal forecasting timetable requesting forecast positions from Divisions at Q2 and Q3 and monthly at M10 and M11 for activity volumes, workforce	HoFMI	Jan-23	February	Open		Action from HFMA Checklist Self-Assessment
054	Dec-22	HFMA G5 - Review policies to identify gaps	HoFFP	Jan-23	February	Open		Action from HFMA Checklist Self-Assessment
055	Dec-22	HFMA H - Rollout revised financial training programme	HoFFP	Apr-23	May	Open		Action from HFMA Checklist Self-Assessment

### Key:

Role	Description	Name
CFO	Chief Financial Officer	Neil Kemsley
OpDoF	Operational Director of Finance	Jeremy Spearing
HoFMI	Head of Financial Management & Improvement	Dean Bodill
HoFFP	Head of Finance - Financial Performance	Kate Herrick



### Meeting of the Board of Directors in public - 22 February 2023

<b>Reporting Committee</b>	<b>Audit Committee – January 2023 Meeting</b>
<b>Chaired By</b>	<b>Jane Norman, Non-Executive Director</b>
<b>Executive Lead</b>	<b>Neil Kemsley, Chief Financial Officer</b>

#### For Information

The Strategic and Corporate Operational Risk Registers were reviewed. The Committee also considered the revised risk appetite statement for the organisation which had been produced following a Board seminar on this subject in November 2022.

The Committee received and noted the following 3 internal audit reports:

- HFMA Checklist Assessment – assurance not assessed
- Financial Systems (Debtors and Creditors) – significant assurance
- CIP (Divisional Preparation) – satisfactory assurance

The Committee received the following reports for assurance:

- Review of Estates and Fire Risks (Emergency preparedness, regulatory compliance)
- Review of Information Governance arrangements (including the Data Security and Protection Toolkit)
- Review Counter Fraud Progress Report

The External Audit Plan and fees were considered and agreed. The external audit progress report was also received and noted.

The Committee noted the review of losses and special payments and the review of single tender actions.

#### Key Decisions and Actions

The Committee considered the Integration Programme Final Report, and the completion of this significant piece of work was welcomed by members. It was noted that the final report would be considered by the Board at its February meeting and the committee endorsed the report to the Board.

It was noted that this would be Jennifer McCall's (Director of Audit & Assurance Services, ASW Assurance) last meeting of the Audit Committee before her retirement. Jenny had been working with the Trust for over 20 years. The Committee thanked Jenny for her enormous contribution to the Trust during this time.

**Date of next meeting:**

**27 April 2023**



## Meeting of the Board of Directors in Public on Wednesday 22 February 2023

<b>Report Title</b>	<b>Register of Seals Report</b>
<b>Report Author</b>	<b>Mark Pender, Head of Corporate Governance</b>
<b>Executive Lead</b>	<b>Eric Sanders, Director of Corporate Governance</b>

<b>1. Report Summary</b>
This report provides a summary of the applications of the Trust Seal made since the previous report in December 2022.
<b>2. Key points to note</b> <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.  Two sealings have taken place since the last report, as per the attached list.
<b>3. Risks</b> <b>If this risk is on a formal risk register, please provide the risk ID/number.</b>
<b>The risks associated with this report include:</b> N/A
<b>4. Advice and Recommendations</b> <i>(Support and Board/Committee decisions requested):</i>
<ul style="list-style-type: none"> <li>This report is for <b>Information</b>.</li> </ul>
<b>5. History of the paper</b> <b>Please include details of where paper has <u>previously</u> been received.</b>
N/A



### Register of Seals

**December 2022 – February 2023**

Reference Number	Document	Date Signed	Authorised Signatory 1	Authorised Signatory 2	Witness
880	Lease between UHBW and Bristol City Council for Marlborough and Eugene Flats, Eugene Road.	13/12/2022	Stuart Walker	Deirdre Fowler	Pender, Mark
879	License relating to 114 Myrtle Road between UHBW and 114 St Michael's Hill Management Ltd.	13/12/2022	Stuart Walker	Deirdre Fowler	Pender, Mark



## Meeting of the Board of Directors in Public on Wednesday 22<sup>nd</sup> February 2023

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

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



**ID**      **Governor Name**

275      Paul Hopkins

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

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

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

**ID**      **Governor Name**

274      Karen Low

**Theme:** Lack of Surgical implements

**Source:** From Constituency Members

**Query**      **11/11/2022**

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

**Division:** Surgery, Head & Neck

**Executive Lead:** Chief Nurse

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

**Response**      **16/01/2023**

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

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

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

**Status:** Closed

**Query**      **09/11/2022**

There was an article in the paper yesterday:

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

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

- oThe 12 month rolling average of Trusts not hitting the targets stands at 84 out of 117. I am not sure if this is the amount of trusts in the UK or in England, more likely.
- oAround 7 in 10 NHS Trusts are failing to hit the target for seeing patients for suspected cancer.
- oThe best performing Trusts, consistently achieving the targets are: Calderdale and Huddersfield, East Kent Hospitals University and Portsmouth Hospitals University. All hit 93%, not failing once.

My two questions to Jane are:

- oHow are UHBW Cancer Services doing in terms of referrals?
- oHow can we learn from the 3 Trusts that are successful in this area?

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

**Division:** Trust Services

**Executive Lead:** Chief Operating Officer

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

**Response**      **22/11/2022**

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

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

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

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

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

**Status:** *Closed*

**ID**      **Governor Name**

272      John Rose

**Theme:** Unity Sexual Health

**Source:** Governor Direct 19: Governors' Log of Communications

**Query**      **09/11/2022**

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

**Division:** Medicine

**Executive Lead:** Chief Nurse

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

**Response**      **23/12/2022**

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

**Status:** Closed

**271**      **Paul Hopkins**

**Theme:** Safe Staffing

**Source:** Governor Direct

**Query**      **01/09/2022**

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

**Division:** Trust-wide

**Executive Lead:** Chief Nurse

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

**Response**      **04/10/2022**

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

**Status:** Closed

**ID**      **Governor Name**

270      Ben Argo

**Theme:** Pharmacy SLAs

**Source:** Governor Direct 19: Governors' Log of Communications

**Query**      **01/09/2022**

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

**Division:** Diagnostics & Therapies

**Executive Lead:** Medical Director

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

**Response**      **28/09/2022**

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

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

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

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

**Status:** Closed

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