NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Public Board

Schedule	Tuesday 13 December 2022, 9:45 AM — 12:45 PM GMT
Venue	Meeting Room, Future Inns Hotel, Bristol
Organiser	Daisy Westbrook

Agenda

	1. Welcome and Apologies	
	2. Declarations of Interest	
9:45 AM	3. Patient Story	(20 mins)
10:05 AM	4. Minutes of the last meeting - 11th October 2022	(5 mins)
10:10 AM	5. Matters Arising and Action Log	(5 mins)
10:15 AM	6. Chief Executives Report	(15 mins)
10:30 AM	7. Acute Provider Collaborative Board Chair's Report	(5 mins)
10:35 AM	8. Marlborough Hill Strategic Outline Case	(15 mins)
10:50 AM	9. Sustainability Strategy and Annual Sustainability Reporting	(15 mins)
11:05 AM	10. CQC Final Report for Weston General Hospital	(10 mins)
11:15 AM	11. Quality and Outcomes Committee Chair's Report including update from the ICB Committee	(5 mins)

11:20 AM	12. Leadership and Oversight Priorities Report	(15 mins)
11:35 AM	13. Maternity Items:	(20 mins)
	13.1. Maternity Perinatal Quality Surveillance Matrix (PQSM) Update Report	
	13.2. CNST Compliance Declaration	
	13.3. Independent Investigation into East Kent Maternity and Neonatal Services (Kirkup Report)	
11:55 AM	14. Six-Monthly Nurse Staffing Report	(5 mins)
12:00 PM	15. People Committee Chair's Report including update from the ICB Committee	(5 mins)
12:05 PM	16. Research and Innovation Six-Monthly Report	(15 mins)
12:20 PM	17. Finance and Digital Committee Chair's Report including update from the ICB Committee	(5 mins)
12:25 PM	18. Trust Finance Report	(10 mins)
12:35 PM	19. Register of Seals - Q2 Update	(10 mins)
	20. Governor's Log of Communications	
	21. Any other Urgent Business	
	22. Date of Next Meeting: Tuesday 14 February 2023	

BOARD OF DIRECTORS (IN PUBLIC)

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

AGENDA

NO	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Preliminary Business				
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 – 11th October 2022	Approval	Chair	10.05
5.	Matters Arising and Action Log	Approval	Chair	
6.	Chief Executive's Report	Information	Chief Executive	10.15
Strategic				
7.	Acute Provider Collaborative Board Chair's Report	Information	Chair of the Acute Provider Collaborative Board	10.30
8.	Marlborough Hill Strategic Outline Case	Approval	Executive Managing Director (Weston)	10.35
9.	Sustainability Strategy and Annual Sustainability Reporting	Assurance	Director of Finance and Information	10.50
Quality and Performance				
10.	CQC Final Report for Weston General Hospital	Assurance	Chief Nurse and Midwife	11.05
Break				
11.	Quality and Outcomes Chair's Report *including update from the ICB Committee*	Assurance	Chair of the Quality and Outcomes Committee	11.15
12.	Leadership and Oversight Priorities Report	Assurance	Interim Chief Operating Officer; Chief Nurse and Midwife; Chief People Officer; Chief Medical Officer	11.20
13.	Maternity Items: a. Maternity Perinatal Quality Surveillance Matrix (PQSM) Update Report b. CNST Compliance Declaration	Assurance	Chief Nurse and Midwife	11.35

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

NO	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
	c. Independent Investigation into East Kent Maternity and Neonatal Services (Kirkup Report)			
14.	Six-Monthly Nurse Staffing Report	Assurance	Chief Nurse and Midwife	11.55
People Management				
15.	People Committee Chair's Report *including update from the ICB Committee*	Assurance	Chair of the People Committee	12.00
16.	Research and Innovation Six-Monthly Report	Assurance	Chief Medical Officer	12.05
Finance and Digital				
17.	Finance & Digital Committee Chair's Report *including update from the ICB Committee*	Assurance	Chair of the Finance and Digital Committee	12.20
18.	Trust Finance Report	Assurance	Director of Finance and Information	12.25
Governance				
19.	Register of Seals – Q2 Update	Information	Director of Corporate Governance	12.35
20.	Governors' Log of Communications	Information	Director of Corporate Governance	
Concluding Business				
21.	Any Other Urgent Business	Information	Chair	12.45
22.	Date of Next Meeting: **Tuesday 14 February 2023**	Information	Chair	

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Page 2 of 345

**Meeting of the Board of Directors in Public on
Tuesday 13th December 2022**

Report Title	What Matters to Me – a Patient Story
Report Author	Tony Watkin, Patient and Public Involvement Lead
Executive Lead	Deirdre Fowler – Chief Nurse

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)

Our trust relies on a dedicated community of people to work in our services, support patients when they are ill and help them recover afterwards. Trust volunteers play a key part in this endeavour adding value and support in a multitude of ways.

In this patient story we will hear from two of our Volunteers about the contribution they make to the work of our Trust and what motivates them to give of their time in this way.

The story is set in the context of our new Volunteer Strategy.

As with many NHS Trusts, we stopped our volunteer programme during the height of the pandemic in order to keep volunteers and our patients safe. Since late 2021, we have welcomed the return of volunteers in our hospitals and we have seen an exciting demand for volunteers across the Trust.

Our people tell us unequivocally that volunteers make experiences better for patients, staff and visitors alike. Our last volunteer strategy expired in 2020 as the Covid-19 pandemic began. We have seen so many changes to the way we deliver care in a short space of time and therefore now is the right time to develop a fresh approach to volunteering at UHBW. This fresh approach builds on the learning from what worked well before and will bring fresh thinking and new ideas into reality.

The volunteering strategy has been developed to reinvigorate our volunteering programme. We have involved and listened to our people in the development of our strategy via surveys, focus groups and workshops. Aligning with our Trust values and our People strategy, our volunteering programme will focus on four strategic themes; Visibility and Value, Vibrancy and Variety, Experience and Innovation, and Reward and Recognition. The Covid-19 pandemic has re-shaped volunteering. Our new strategy drives its evolution.

The Volunteer Strategy is going to People Committee in January 2023 for approval.

Our Volunteers:

Sophia is 17 and volunteers time as a ward-based Befriender; she started volunteering in the Trust in May 2022 and support patients during their stay in hospital. Sophia is working towards a career in medicine. Sophia will share the positive impact working as a young volunteer has within the trust and how her experience has developed her skills and career aspirations.

Peter is in his seventies and volunteers in the Bristol Heart Institute Outpatients Department, he began volunteering in the Trust in 2018. He has lived experience of having received cardiac care in the trust and supports patients whilst they are waiting for clinic appointments. Peter is also a volunteer within the Hospital Radio for Bristol.

3. Risks
The risks associated with this report include: *N/A*

4. Advice and Recommendations
*(Support and Board/Committee decisions requested)***:**
- This report is for **INFORMATION**   - The Board is asked to **NOTE** the report

5. History of the paper   **Please include details of where paper has <u>previously</u> been received.**
N/A

University Hospitals Bristol and Weston
NHS Foundation Trust

Minutes of the Meeting held on Tuesday 11ᵗʰ October 2022 at 13.15 – 16.05 at Bordeaux Meeting Room, City Hall, College Green, Bristol, BS1 5TR

The meeting was broadcast live on YouTube for public viewing

Present

Board Members

Name	Job Title/Position
Jayne Mee	Chair
Eugine Yafele	Chief Executive
Sue Balcombe	Non-Executive Director
Paula Clarke	Director of Strategy and Transformation
Deirdre Fowler	Chief Nurse and Midwife
Bernard Galton	Non-Executive Director
Marc Griffiths	Non-Executive Director
Gill Vickers	Non-executive Director
Arabel Bailey	Non-executive Director
Mark Smith	Deputy Chief Executive and Chief Operating Officer
Martin Sykes	Non-Executive Director
Roy Shubhabrata	Non-Executive Director
Stuart Walker	Medical Director
Emma Wood	Director of People

In Attendance

Eric Sanders	Director of Corporate Governance
Jane Farrell	Interim Chief Operating Officer (elect)
Tony Watkin	Patient and Public Involvement Lead (for Item 3)
Graham Briscoe	Public Governor (for Item 3)
Joanna Poole	Director of Nursing, Weston Division (for Item 3)
Jess Whitton	Deputy Divisional Director for Maternity (for Item 13)
Dr Rachel Liebling	Clinical Director for Maternity (for item 13)
Rachel Hartles	Membership and Governance Officer
Emily Judd	Corporate Governance Manager (minutes)

Apologies

David Armstrong	Non-Executive Director
Julian Dennis	Non-Executive Director

The Chair opened the Meeting at 13.15

Minute Ref.	Item	Actions
01/10/22	**Item 1 - Welcome and Introductions/Apologies for Absence**	
	Jayne Mee, Trust Chair, welcomed members of the Board to the meeting. She reminded the Board that the meeting was being live streamed on YouTube for public access and she asked members to introduce themselves to the meeting. Apologies had been received from • David Armstrong, Non-executive Director	

	• Julian Dennis, Non-executive Director Jayne Mee welcomed Jane Farrell, who would shortly take up the post of Interim Chief Operating Officer and who was attending as an observer. It was also reported that this would Mark Smith's last meeting of the Public Board before his retirement in November. The Chair thanked Mark for his invaluable contribution to the work of UHBW and the Board during his time as Deputy Chief Executive and Chief Operating Officer, particularly over the past two and a half years which had been particularly challenging from an operational perspective.	
02/10/22	**Item 2 - Declarations of Interest**	
	There were no new declarations relevant to the meeting to note.	
03/10/22	**Item 3 - Patient Story**	
	Deirdre Fowler, Chief Nurse and Midwife, and Tony Watkin, Patient and Public Involvement Lead, introduced Graham Briscoe, who was attending the meeting to share his recent experience of care at Weston General Hospital following an episode of Sepsis. As well as being a patient, Graham was also been a Governor of the Trust, which gave him a unique perspective on the care he received. Graham had been admitted to hospital on a Thursday evening in August 2022. He arrived by ambulance at the Emergency Department following his immobilisation as a result of an infection in his replacement knee, which was confirmed as an acute attack of sepsis. Graham spent his first night in an A&E cubicle, which he felt was the right place for him to be with the right level of care. He was able to observe that there was an operational process in place that was being followed, and he also observed the fellowship and camaraderie amongst the members of staff in A&E. The clean out operation on his knee took place at 9am on Saturday and he was then transferred to a day ward for the rest of his week-long stay in hospital. Whilst on the day ward he experienced no real issues of concern. Whilst he saw a large number of staff during his stay, he was always informed who they were and why they were seeing him. The day ward was not designed for long stay patients and there were no storage lockers, and he therefore had to live out of a bag for the week. However, the ward was bright and cosy, although there were no dimmer lights during the evening. He also noticed that there seemed to be no formal processes for closing down the ward at night, and patients had to request that bedside curtains were drawn to block out the light from the nurse station. On a more positive note, his request for shower after three days in hospital was met without issue, and he had no complaints about the food, which could be ordered a day in advance and was always hot. He also welcomed the teamwork he saw in action on the ward, with staff working together, picking up each other's tasks when under pressure. The only health and safety issue he saw was regarding the control switch which opened the ward entry / exit door, where on many occasions he saw nurses struggling to operate it whilst moving difficult to carry items in and out of the ward. He suggested this could be repositioned to make it easier for members of staff to use. The only other minor hiccup was the time it took to for him to be	

2

	discharged on a Saturday, which meant that by the time he had been discharged the hospital pharmacy was closed. His daughter returned on Monday to collect his prescription, but the item was out of stock, and so a second visit was required to collect it. Overall, he had observed a professional and dedicated team whilst on the day ward, and he thanked them for his care during his time in hospital. As a postscript, he had attended his first sepsis clinic at NBT the previous week and had discovered that the consultant there had no access to his medical records at Weston General Hospital. He hoped that, as the two Trust moved towards more collaborative ways of working, this would not continue to be the case and that medical records could be shared between the two acute Trusts. During the ensuing discussion Neil Kemsley confirmed that the issue of sharing medical records between UHBW and NBT was part of a work plan of the Acute Provider Collaborative Board, although it was acknowledged that this would take some time to complete. In respect of the health and safety issue raised, Joanna Poole (Director of Nursing at Weston) agreed to take back to the ward to see if this could be remedied. Following a further question Graham confirmed that he had not been without his prescribed medication when he left the hospital due to the pharmacy being closed, as he had been given a three to four day supply of antibiotics when he left the ward. The Board welcomed the positive reflection provided of the care provided at Weston General Hospital, and it was hoped that this was being reflected in the local population's perception of the hospital. On behalf of the Board the Chair thanked Graham for attending the meeting and for sharing his experiences. Graham and Tony then left the meeting.	
04/11/22	**Item 4 - Minutes of the previous meeting**	
	The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 9th August 2022. There were no comments. **RESOLVED that the minutes of the meeting of the Board of Directors held in public on 9th August 2022 be approved as a true and correct record.**	
11/11/22	**Item 5 – Matters Arising and Action Log**	
	12/08/22 Integrated Quality & Performance Report *Deirdre Fowler to explore whether the Local Authority and Higher Education providers could support therapists within the community and the Trust.* It was reported that this was currently being reviewed and progressed at system level via the D2A steering group. **Action ongoing.** **06/08/22 Chief Executive's Report** *Stuart Walker to bring an update on the joint clinical strategy, including the list of services, to a future Board meeting.* An update on the progress of the joint clinical strategy would be presented to the Board in December. **Action ongoing.**	

3

	06/08/22 Chief Executive's Report *Jayne Mee to write to Jeff Farrar as Chair of the Integrated Care Board (ICB) to express the Trust's views and concerns around leadership for discharging patients back into the community.* It was confirmed that the letter had been sent and the response had been circulated to the Board. **Action closed.** **13/05/22 Integrated Quality and Performance Report** *It was agreed to ask the Discharge to Assess Board to provide timely and relevant regular information on the progress of the initiative.* It was confirmed that an update on this would be provided to the Quality and Outcomes Committee in October. **Acton ongoing.** **08/03/22 Quality and Outcome Committee Chair Report** *Metrics and objectives to be linked to enable Board to be more focussed on the Trust's priorities – in conjunction with the Board governance review as part of the Patient First initiative.* It was noted that an updated Integrated Quality and Performance Report to include leadership priorities and oversight framework had been submitted to today's meeting. **Action closed.** **Members of the Board noted the updates against the action log.**	
06/11/22	**Item 6 – Chief Executive's Report**	
	Eugine Yafele, Chief Executive, introduced his Chief Executive's report to the Board and highlighted the following key issues: • A number of the Trade Unions were planning on balloting members with regard to taking industrial action during the winter. The Trust was therefore preparing for a wave of strikes during the winter across a range of clinical services. The Trust was also looking at how it could coordinate its response with partners to ensure a system wide approach was taken. Discussions were ongoing with local Trade Union representatives to get a clearer picture of the possible impact of any strikes and also to see how members of staff could be supported during this period. • A summary of the details of the proposed elective centre for the BNSSG system, to be housed and hosted by NBT, was provided to the Board. This was being supported by UHBW and the wider system and was in the process of going through the NHS regional and national approval processes. This would take some time to complete but represented the first BNSSG bid that would have a call on capital allocation for the system. The Trust was making representation to the ICB to ensure that this scheme was considered alongside the plans for Weston and the proposed development of the Marlborough Hill site. • In respect of operational delivery, Eugine highlighted the progress made in respect of reducing waiting times, particularly for those patients waiting over 2 years. There were some concerns over cancer performance but it was anticipated that the projected target should be achieved by next year. • In respect of Every Minute Matters, there had been improvements in ambulance handovers and patient transfers to discharge lounges, but the need to reduce the number of patients that no longer needed to be in hospital was highlighted. This would be vital in putting the Trust in the best possible position to face the challenges of winter.	

4

	During the ensuing discussion the following points were made by Non-Executive Directors: • The joint digital leadership role between UHBW and NBT was welcomed as a way of addressing the issues raised during the patient story around the sharing of data between the Trusts. • Concern was expressed regarding the cost of living crisis and the impact this was having on members of staff, which would only get worse over the winter months. Emma Wood responded that the Trust was doing a number of things to support health and wellbeing amongst its staff, including the provision of proactive Occupational Health services with a number of wellbeing provisions, and a 24 hour Employee Assistance Programme (EAP) which all staff could access. There were also nominated wellbeing representatives across the Divisions. In terms of financial hardship, the Trust was limited in what it could do by the national terms and conditions for pay, but there were other things that could be done, such as encouraging staff to use NHS discounts, and food banks were being established in the Trust's libraries. The Chair commented that representatives from Bristol and Weston Hospitals Charity had joined private Board earlier, and they were asked to consider what the charity could do to help staff during this difficult period. Emma Wood confirmed that she would follow this up with the charity. • The risks around the Discharge to Assessment (D2A) scheme was noted, and it was asked whether any other schemes would be developed between UHBW and NBT to help reduce the number of patients waiting to be discharged. Eugine confirmed this was a necessity in order to meet the demands of winter, but he had asked for a focus on two or three initiatives across the two organisations that would have a real impact. **After further discussion it was RESOLVED that the Chief Executive's report be received and noted for information.**	
07/10/22	**Acute Provider Collaborative Board**	
	a. Chair's Report Jayne Mee introduced the Chair's report from the last meeting of the Acute Provider Collaborative Board (APCB). The APCB had spent some time discussing the digital convergence between NBT and UHBW, and it had been agreed that the Trusts would recruit for a joint position of Chief Digital Information Officer (CDIO) to drive this forward. An update had also been provided on the Joint Clinical Strategy, and the digital convergence would play a key role in this. It was reported that an additional meeting of APCB had been convened for November to discuss the joined up acute provider provision during the winter period. During the ensuing discussion it was confirmed that joint discussions between the CDIOs across the system were ongoing, and that the ICB's CDIO was included in these. The delay to the new integrated stroke pathway as outlined in the report was also raised, and it was confirmed that whilst this had been paused over the winter due to staffing issues and mitigations were being put in place to ensure the service was maintained in the interim. It was felt that focus needed to be maintained on this issue and it was agreed that an update should be provided	

5

	to the Quality and Outcomes Committee on a quarterly basis to ensue this was not lost.	**Trust Secretariat**
	RESOLVED that Acute Provider Collaborative Board Chair's report be received and noted for assurance.	
	b. Approval of revised Terms of Reference	
	Eric Sanders reported that the APCB had recently reviewed its term of reference and these were now presented to the Board of Directors for approval (appendix 1). Changes had been made to reflect the fact that the Health and Care Act had now received royal assent, along with changes to decision making authority, changes in membership, and the frequency of meetings.	
	A Non-Executive Director highlighted the use of gendered language in paragraph 8.3 as being inappropriate, and it was agreed that this would be amended to remove this.	
	RESOLVED that, subject to the above amendment, the revised terms of reference of the Acute Provider Collaborative Board be approved.	**Trust Secretariat**
08/10/22	**Weston Integration Update**	
	Paula Clarke introduced the Weston Integration Update report, which summarised the key milestones in the merger process and provided the Board with assurance with regards to this process. In particular, the report highlighted the key changes due to take place on 17th October, when almost 90% of all clinical specialties would be operated Trustwide as joint teams under single Divisional leadership, and when a new governance structure would be put in place for Weston General Hospital.	
	It was confirmed that a Gateway meeting had been held on 3rd October to ensure that the necessary elements of the transfer plan were ready and that it was safe to enact, and it had been agreed at this meeting that there was sufficient assurance to take the decision to proceed with the proposed management and clinical changes.	
	The Board welcomed the progress being made towards completing the integration process and this becoming business as usual for the Trust.	
	RESOLVED that the Weston Integration Update be received and noted for assurance.	
09/10/22	**CQC Action Plan Quarterly Update**	
	Deirdre Fowler introduced as report which provided an update on the Trust's CQC composite action plan since July 2022. It also provided an update on the CQC's inspection of medical care at Weston General Hospital in August 2022, including arrangements for publication of the final report, areas for action, and the Trust's application to have its current Section 31 Notice at Weston lifted.	
	In respect of the composite action plan, it was reported that following a review of further updates received since July, the Quality and Outcomes Committee had agreed that a further 38 additional actions could be closed. These were in the following areas:	

6

	• Corporate well-led (7) • BRI ED (2) • BRI medical care (7) • Weston ED (3) • Weston medical care (19) CQC's report from its inspection of medical care at Weston General Hospital was embargoed until midnight, but initial indications from the CQC had been positive and improvements had been made. Discussions with the CQC on the possible lifting of the section 31 notice at Weston were also ongoing. **RESOLVED that the CQC Action Plan update be received and noted for assurance.**	
10/10/22	**Quality and Outcomes Chair's Report for August and September** *including update from the ICB Committee*	
	Sue Balcombe provided an update from the meetings of the Quality and Outcomes Committee held in August and September. The following points were highlighted to the Board: • The Committee had discussed the bedding of patients in A&E at Weston General Hospital overnight and the risks this represents. Mitigation of the risks was in place with recruitment of an overnight registrar to ensure a clinical presence. • The discharge lounge was working well but use was growing more slowly than had been hoped with discharge at weekends proving to be a continuing difficulty. The use of the discharge lounges at Weston General hospital remained very low. • A pilot study had been presented to the committee which showed the use of consultant input before a patient is transported to A&E reduced patients attending A&E by up to 87 percent (were not conveyed to A&E) and 66% were discharged at the scene. • An update had been provided on the 'Every Minute Matters' initiative. Mark Smith added that a report had been submitted to the committee on the strategic tool used to move waits through the hospital and thereby maintain hospital flow. The pilot study referred to above was welcomed and would help contribute to reducing ambulance waits. The next phase was to look at how the input of other groups of clinicians could help reduce the number of patients attending A&E. The Chief Executive suggested that the Trust needed to be braver about a change of direction and if a pilot was positive it needed to be pushed forward. **RESOLVED that the Quality and Outcomes Committee Chair's Report be received and noted for information**.	
11/10/22	**Integrated Quality and Performance Report**	
	Mark Smith, Deputy Chief Executive and Chief Operating Officer, Deirdre Fowler, Chief Nurse and Midwife, and Emma Wood, Director of People, provided the Committee with an update on the Integrated Quality and Performance Report,	

7

which provided an overview of the Trust's performance on Quality, Workforce, Access, and Finance standards. Key points were as follows:

Mark Smith
Mark started by thanking members for their feedback on the new IQPR, which aimed to be more concise, and a new leadership priorities section had been added. The report had also been reordered so that quality and safety came first, followed by people and then access. From an operational perspective, Mark highlighted the following:

- I04 week waits - these were down to 30, with these predominantly being due to patient choice and complexity.
- 78 week waits – down to 600, and if funding was received this position could be further improved;
- 52 week waits – these had increased as the Trust had concentrated on clearing the 78 and 104 week waits, and these would be tackled as part of the next phase of the recovery plan.
- Every Minute Matters – there were early signs that this was delivering improvements.
- Data was still awaited on ambulance handovers and 12 hour trolley breaches.
- COVID-19 numbers were stable with about 35 cases in Bristol and 5 in Weston. There were some indications that COVID rates in the community were rising, and Deidre Fowler added that mask wearing had been re-introduced in clinical areas.

Deidre Fowler
- Fall rates were being monitored as these had doubled during August. The reasons behind this were being investigated but it was thought staffing levels in August may have contributed to this. The Enhanced Care Policy was also being updated to make it more meaningful and to provide staff with greater guidance.

Stuart Walker
In respect of Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR), it was reported that the observed number of deaths had been above the predicted number of deaths for several months, and these were continuing to diverge.   As a result of this a deep dive would be undertaken, and it was requested that the results of this be presented to a future meeting of the Quality and Outcomes Committee.

Emma Wood
Positives included the reduction in agency use (particularly at Weston General Hospital); a reduced overall turnover rate and reduced vacancy position; 238 international nurses would be welcomed to the Trust by the end of December 2022, with a further 77 due to start between January and March 2023; sickness rates were down and wellbeing initiatives around men's and women's health were ongoing; and the Trust's appraisal compliance had increased, with a new appraisal form having been launched.

Challenges included issues around Tier 4 agency use, which remained very high; manual handling and resus training rates were poor due to issues about staff being released to attend training; and whilst turnover had generally improved midwifery remained a concern, and a retention plan was being put together.

Medical Director

8

	Eric Sanders added that risk profiles had now been added to the new leadership priorities report. These Included a six-month forecast column to demonstrate if the mitigation that had been put in place had resulted in a reduction in risk scores over the period. During the ensuing discussion the zero incidence of MRSA was welcomed, as this time last year it had been high within the community. It was asked how this had been achieved, and Deirdre Fowler reported that this was probably due to changes in primary care, and also staffing rates had improved which had enabled junior doctors to be more attentive to patients. It was also noted that the C.difficile rates had deteriorated, and Deidre Fowler commented that this was due to a number of factors, including antibiotic usage during the pandemic, the use of space and environmental cleaning within hospitals, and antibiotic stewardship. There was no simple answer, but this could be explored further at the Quality and Outcomes Committee. **After further discussion it was RESOLVED that the Integrated Quality and Performance Report be received and noted for assurance.**	
12/10/22	**Winter Planning Update**	
	Mark Smith introduced a report which set out the initial winter plan for adult services across UHBW. There were two components to the plan, the first being the in-progress plan (split between the BRI and Weston sites) and the second being pipeline schemes, all of which required funding. He highlighted that there were several risks around the delivery of the Discharge to Assess (D2A) due to the significant workforce deficit faced by Sirona and the local authorities. The acute trusts were working to support where possible, noting that most of the staffing deficit lies in the unregistered / rehab support worker cohort of staff. It was also highlighted that Sirona suffered from the same No Criteria to Reside issues as UHBW, with 68% of their beds taken up by these patients. The scale of the financial challenges facing local authorities were also highlighted as a significant issue for the system. During the ensuing discussion an update on the uptake of flu and COVID-19 vaccinations amongst staff was requested, and it was confirmed that the vaccination campaign was underway and going well. Emma Wood agreed to provide the uptake figures as soon as possible to Board members. **RESOLVED that the Winter Planning Update be received and noted for assurance.**	
13/10/22	**Maternity Perinatal Quality Surveillance Matrix (PQSM) Update Report**	
	Jess Whitton, Deputy Divisional Director for Maternity, and Dr Rachel Liebling, the new Clinical Director for Maternity, joined the meeting to talk about the Maternity Perinatal Quality Surveillance Matrix Quarterly Update Report. Jess Whitton reported that 8 of the 10 measures were being achieved. The monitoring of CO2 at 32 weeks was not currently being achieved but this had improved over recent months and there was confidence that this would come back in line shortly. The other area which was not being achieved was around obstetrics training which was due to staff shortages. Additional training sessions were being run and staff were being supported to attend these where possible. In respect of Ockenden there were three areas of challenge:	

9

	• Having two ward rounds each day for obstetrics, which was being done but not to the required timescale of every 12 hours. Funding had now been secured to achieve this and it was now a case of putting this into the job plans for the new year. • The centralised monitoring of CCGs, which would be achieved once the new maternity system was implemented next June. • The implementation of the national bereavement care pathway. The Trust was awaiting confirmation of funding for this from the Local Maternity system for a bereavement midwife. . A Challenge for the maternity service remained an ongoing struggle in respect of staffing, with high turnover being experienced despite the service being considered good compared to other Trusts. NICU was the main area of concern and efforts were being made to increase recruitment in this area. Capacity issues were also affecting the flow of women being induced, causing delays with induction. Sue Balcombe thanked Jess for the report and raised the issue of community midwives not being able to access Wi-Fi in GP practices, which seemed ridiculous given the emphasis being placed on system working. Deidre Fowler confirmed that this was the case in a small number of GP practices and efforts were being made to resolve this issue. It was reported that community midwives at NBT were facing the same issue. Jess Whitton and Rachel Liebling were asked to take this issue away and report back to the Board if it could not be mitigated. The Chair noted that the Friend and Family Test achieved a good score, but the response rate was incredibly low, and asked what was being done to improve this. Rachel reported that a local consultant was looking to put together patient and staff engagement such as an Ockenden week and roadshows around the city to engage with the community, and it was hoped that this would improve the response rate. **RESOLVED that the Maternity Perinatal Quality Surveillance Matrix (PQSM) Update Report be received and noted for assurance**.	**Deputy Divisional Director for Maternity / Clinical Director for Maternity**
14/10/22	**People Committee Chair's Report** *including update from the ICB Committee*	
	Bernard Galton introduced his People Committee Chair's report and reported that the meeting had focussed on the key strategic pillar of 'Growing for the Future Together' along with current emerging issues. It had been agreed that in the future the committee would receive a new style risk report aligned to the People strategy pillars. The committee had also expressed concern regarding the low compliance in respect of resus and manual handling training and had asked for an update at its next meeting. Bernard commended the progress being made by Emma Wood and her team in progressing the People agenda. The Chair asked if there had been any progress in respect of funding for leadership and management development, and Emma Wood reported that she was meeting with the Senior Leadership Team shortly to discuss with divisional partners. Neil Kemsley added that the centralised budget for leadership and management development would be implemented from the start of the 2023/24	

10

	financial year. However, this did preclude starting the leadership programmes already agreed at People Committee as the trainers were already in place, and these would commence on 31st October 2022, starting with new starters before being rolled out to existing managers. Bernard also provided an update on the first meeting of the ICB People Committee. The Chair of the ICB had been in attendance and the committee agreed its terms of reference. The challenge lay in the fact that the committee had no access to funding and so could not commission solutions and its role was therefore more as an enabler or for assurance, and the Chair of the ICB had agreed to consider how these committees could make an impact. The Chair added that the Trust would be represented on the relevant ICB committees by Jane Norman (Audit) Sue Balcombe (Quality) and Martin Sykes (Finance). **RESOLVED that the People Committee Chair's Report be received and noted for information.**	
15/10/22	**Finance & Digital Committee Chair's Report** *including update from the ICB Committee*	
	Martin Sykes introduced his Finance & Digital Committee Chair's report. He highlighted the following points: The Medicines Management (Electronic Prescribing) project was due to commence shortly, and the Board was asked to note that this was a significant change project for the organisation that needed to be appropriately resourced. The roll-out of digital noting in outpatients had been discussed, and whilst it continued to be well received in departments that have transitioned to digital, the pace of rollout remains slower than had been hoped. The committee discussed the in-year Trust financial projection, noting that the Trust was projecting a potential deficit driven by two key items - the loss of junior doctors at Weston and the unfunded costs of international recruitment. An outline recovery plan had also been discussed. There were no comments from the board. **RESOLVED that the Finance & Digital Committee Chair's Report be received and noted for information.**	
16/10/22	**Trust Finance Report**	
	Neil Kemsley presented the Trust Finance Report to the Board. It was reported that the Trust's net income and expenditure position was a deficit of £6.2m, £2.6m worse than the planned deficit of £3.6m. The adverse position against plan was primarily due to unachieved Trust CIP, unfunded escalation capacity, enhanced/premium rates of pay and unfunded costs associated with the Trust's international recruitment program and Weston Foundation 1 posts. The recovery actions to mitigate the financial was outlined in the report. There were no comments from the Board and the Char commented that the recovery plan would be brought back to the Board in due course. **RESOLVED that the Trust Finance Report be received and noted for assurance.**	

11

17/10/22	**Review of the Standing Financial Instructions**	
	Neil Kemsley introduced a report which presented the revised Standing Financial Instructions (SFIs), Scheme of Delegation (SoD) and Matters Reserved to the Board for review and approval. It was reported that the majority of the proposed changes were minor in nature, but that Section 9 - Procurement of Good and Services and Section 10 - Tendering Procedure, had undergone a thorough review in collaboration with the Bristol and Weston Procurement Consortium (BWPC) and more substantial changes were proposed in these sections were ere detailed in the report. It was noted that the Finance and Digital Committee was not quorate when it considered the proposed changes and so was unable to approve them. The Committee had however recommended them to the Board for approval. **RESOLVED that the revised SFIs, SoD and Matters Reserved to the Board, as proposed in the report, be approved.**	
18/10/22	**South West and South Wales Congenital Heart Disease Network Annual Report for 2021/22**	
	Stuart Walker introduced the South-West and South Wales Congenital Heart Disease Network Annual Report for 2021/22. He confirmed that there were no concerns to be flagged to the Board. **RESOLVED that the South West and South Wales Congenital Heart Disease Network Annual Report for 2021/22 be received and notes for assurance.**	
19/10/22	**Review of the Reimbursement of Governor Expenses Policy**	
	Eric Sanders introduced the revised Reimbursement of Governor Expenses Policy, which had been updated with minor amendments in line with HMRC guidance. **RESOLVED that the revised Reimbursement of Governor Expenses Policy be approved.**	
20/10/22	**Governors' Log of Communications**	
	Eric Sanders introduced the Governors' Log of Communications which was presented for information. It was noted some of the timelines within the report appeared to be incorrect and it was requested that this be checked for future reports. **RESOLVED That the Governors' Log of Communications be received and noted for information.**	
21/10/22	**Any Other Urgent Business**	
	Emma Wood reported that 40% of frontline staff had received a flu vaccination and 23% had received a COVID-19 booster jab, which was encouraging given the vaccination campaign had only recently commenced. The Chair thanked everyone for attending and closed the meeting at 4.05pm.	
22/10/22	**Date of Next Meeting: 13 December 2022**	

12

13

NHS

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

Public Trust Board of Directors Meeting on Tuesday, 13 December 2022
Action Log

No.	Minute reference	Detail of action required	Executive Lead	Due Date	Action Update
**Outstanding actions from the meeting held in October 2022**					
1.	**07/10/22**	**Acute Provider Collaborative Board** 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	**Suggest action is closed.** <u>December</u> Stroke update added to the Quality and Outcomes workplan. First update was provided at the November meeting of the committee.
2.	**07/10/22**	**Acute Provider Collaborative Board** Revised terms of reference of the APCB to be amended to remove the use of gendered language.	Director of Corporate Governance	December 2022	**Suggest action is closed.** <u>December</u> Terms of reference updated as requested.
3.	**11/10/22**	**Integrated Quality and Performance Report** 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.	Medical Director	January 2023	**Action ongoing** <u>December</u> Outcome of deep dive to be reported to the Quality and Outcomes Committee in January 2023.
4.	**13/10/22**	**Maternity Perinatal Quality Surveillance Matrix (PQSM) Update Report** 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.	Chief Nurse & Midwife	December 2022	**Action ongoing** <u>December</u> Verbal update to be provided at the meeting

No.	Minute reference	Detail of action required	Action for	Due Date	Action Update
5.	12/08/22	**Integrated Quality & Performance Report** 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	**Work in Progress** October: This is currently being reviewed and progressed at system level via the D2A steering group. December Verbal update to be provided at the meeting
6.	06/08/22	**Chief Executive's Report** Stuart Walker to bring an update on the joint clinical strategy, including the list of services, to a future Board meeting.	``	December 2022	**Suggest action closed** October: An update on the progress of the joint clinical strategy is being planned to be presented to the Board in December. December: This matter will be discussed at the private meeting of the Board in December.
7.	13/05/22	**Integrated Quality and Performance Report** 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	**Work in Progress** August update: This information would be taken to the Executive Committee before the Quality and Outcomes Committee over the coming few months. October: An update had been circulated to the Executive Team. A date is to be confirmed for a report to go to the Quality and Outcomes Committee. December Verbal update to be provided at the meeting
Closed actions from the meeting held in October 2022					
No.	**Minute reference**	**Detail of action required**	**Action for**	**Due Date**	**Action Update**
1.	06/08/22	**Chief Executive's Report** Jayne Mee to write to Jeff Farrar as Chair of the Integrated Care Board (ICB) to express the Trust's views and concerns around leadership for	Trust Chair	October 2022	**Action closed** October: This letter had been sent and the response circulated to the Board.

		discharging patients back into the community.			
2.	**08/03/22**	**Quality and Outcome Committee Chair Report** Metrics and objectives to be linked to enable Board to be more focussed on the Trust's priorities – in conjunction with the Board governance review as part of the Patient First initiative.	Trust Chair/ Executive Leads	May 2022	**Action closed** August update: It was agreed to include the Trust's priorities in the Integrated Quality and Performance Report as well as the NHSE Oversight Framework for the coming year while the Patient First requirements were being developed for future reports. October: An updated Integrated Quality and Performance Report to include leadership priorities and oversight framework had been submitted with the meeting papers for October's meeting.

NHS

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

Meeting of the Board of Directors in Public on Tuesday 13 December 2022

Report Title	Chief Executive Report
Report Author	Executive Directors
Executive Lead	Eugine Yafele, Chief Executive

1. Report Summary
To provide an update on key strategic and operational issues affecting the Trust, system and the wider NHS.

2. Key points to note *(Including decisions taken)*
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: • National Topics of Interest • Integrated Care System Update • Strategy • Operational Delivery

3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: • The potential impact of strikes on the availability of services and quality of care delivery. • The delivery of reductions in planned care waiting times, specifically the reduction in patients waiting over 104 weeks. • 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.

4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**
• This report is for **Information.** The Board are asked to note the report.

5. History of the paper **Please include details of where paper has <u>previously</u> been received.**
N/A

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

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

The results of the Royal College of Nursing (RCN) ballot in UHBW have been shared and colleagues voted in favour of Industrial Action which will take place on the 15 and 20 December 2022.

The emergency preparedness, resilience and response team, Deputy Chief Operating Officer and Deputy Chief People Officer are leading Industrial action preparedness and each Division is preparing business continuity plans.

Liaison with partners across the Integrated Care System is in place and regional NHS England teams are coordinating responses to national requests for updates on planning and preparedness.

The Trust is negotiating derogations with local RCN representatives to ensure that patients are kept safe. The principles of these derogations rest upon the delivery of safe services, maintaining safer staffing levels, ensuring minimum staffing levels for emergency, immediate life, limb or organ saving intervention, ability to respond to major incidents and the safety of our colleagues and the public.

Other Trade Unions are balloting members to take Industrial Action and it is likely the Trust will experience a series of strikes over the next 6 months. Unison's ballot closed on 25 November 2022 as did the Royal College of Occupational Therapists/Association of Occupational Therapists. The Royal College of Midwives (RCM) formal closed on the 9 December 2022. The Chartered Society of Physiotherapy Formal ballot on the 12 December 2022.

The BMA have yet to ballot but are anticipated to do so in January 2023 for GP's and Junior Doctors.

The GMB (Ambulance services) ballot closes on 29 November 2022 and Unite (Ambulance services) on 2 December 2022. Industrial Action across Ambulance Services is anticipated to impact upon other providers as patients seek alternative care.

Integrated Care System Update

Healthy Weston 2 Update - Outcomes from the public engagement exercise

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 public support, while highlighting key areas to address.

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

890 people, from a range of local community groups, partner organisations, Integrated Care Board Citizens' Panel and the wider general public, shared their views, with seven in 10 agreeing that plans would improve the hospital. People support the proposals to make the hospital a centre of excellence in two areas, with eight in 10 people pleased with the additional support that would be on offer as a centre of excellence for older people. Nine out of 10 people were also positive about offering more surgery through the centre of surgical excellence, with three quarters of all the people we asked happy to have surgery at the hospital. There was also clear support for plans to help more people go home quickly after going to hospital in an emergency, with three quarters of respondents understanding why health and care partners wanted to do this.

While there was positive feedback about the plans, people also shared their views on the extra travel that could affect up-to eight patients per day. They commented on the physical, emotional and financial challenges that further journeys could bring, not just on the patients but for loved ones and carers too. People said that technology, such as video call equipment, could help to overcome this, but also shared thoughts on improving transport links. People also said that more could be done around communicating the plans, with one in four people 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, we are considering with partners how our plans can reflect what the public and staff have told us.

Healthy Weston 2 Update - Development of the Phase 1 Business Case

With our health and social care partners, we have been working hard to further update our clinical, workforce and financial models, based upon more recent 2021/22 data. This will enable us to develop the phase 1 business case. This first phase focusses on a range of ambulatory care services, together with Surgical Centre of Excellence efficiency and improvement. Over the next four months, we will be refining the business case and taking it through a series of decision-making steps.

Strategy

Patient First

We are finalising phase 2 of the Patient First deployment - Strategy Development - which requires us to prioritise our corporate improvement projects for the next year. These projects are our priority "task and finish" improvements taking 12-18 months to complete and will have executive and/or Board oversight. The key intent is to focus on those projects that will make the biggest improvements in our 6 True North strategic themes, concentrating organisational effort on doing less/doing well.

Executives undertook an initial prioritisation workshop with UH Sussex and are now reviewing the outputs of this session. The final outputs and the updated strategic A3s will be shared at a Board session in January 2023. Opportunities for aligning corporate projects with North Bristol NHS Trust will be explored through the Acute Provider Collaborative.

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

NHS

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

We are now preparing for phase 3 of Patient First which is Strategy Deployment, when the executive team cascade the True North strategic priorities to the divisions and corporate services teams. Our 350 senior leaders are receiving training in A3 thinking structured problem solving and Patient First for Leaders (day 1) as core to this preparation.

Patient First builds on the significant continuous improvement work already underway across the Trust. Key achievements of note so far this year include:

- Every Minute Matters which focuses on the delivery of the fundamentals of care in inpatient wards and ensuring we are giving the best care we can using most time efficient methods.

- The BNSSG Outpatient Parental Antibiotic Therapy (OPAT) pathway has treated 300 patients since November 2021, saving 3500 bed days with 110 of the patients referred from UHBW.

- The Adult Dermatology Skin Analytics pilot launched in June 2022, and 238 patients have gone through the new pathway using artificial intelligence with 15% of patients discharged without an appointment as their skin condition has been diagnosed as non-malignant.

- The e-job planning project aims to increase visibility and consistency of medical job plans, through a single digital system. Three specialties completed the transition in September 2022 with the learning from this pilot now being used to adjust the process for the next 10 specialties.

Operational Delivery

NHS Oversight Framework Quarter 2 – 2022/23 segmentation

As part of the NHS Oversight Framework 2022/23, NHS England South West has reviewed the locally available data for the Trust in relation to the six themes and 63 Oversight Framework metrics, supported by local intelligence, understanding of planning and level of confidence in delivery and grip within the system. At a meeting held on 31 October 2022, the South West Regional Support Group agreed that the Trust should remain in Segment 3, mandated support, due to very specific areas where improvements and further assurance will be sought during quarter 3 and 4, that relate to challenges in:

- Elective (Tier 1 - 78 weeks/elective activity)

- UEC (Ambulance handover/ED 12 hour waits)

- Quality (Ongoing oversight at national and regional level following the challenges at Weston)

The Trust will continue to work with the regional team and ICB to address the identified challenges. The Board should be aware of the current Segmentation of the Trust and where the regional team are focusing their scrutiny.

Planned Care

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

The Trust continues to focus on reducing long waiting times for patients. At the end of November 2022, there were 33 patients that have waited greater than 104 weeks. Of this number, 10 patients have elected to delay their treatment into December and January, with the remaining 23 patients being closely managed to expedite their outpatient appointments, diagnostics and treatment. We are working towards an elimination of waiting times greater than 104 weeks, and a redoubling of efforts to reduce waiting times greater than 78 weeks.

The Trust is also making progress in reducing the number of long waiting patients on a cancer pathway. As a result of high levels of demand and staff absence in our Lower GI, Gynaecology and Dermatology departments in the Summer/Autumn period, we had an increase in the number of patients waiting greater than 62 days. In August 2022, we had 416 patients waiting over this threshold. Based on our latest data for the end of November 2022, we have reduced this number down to 344 patients, and are on track to recover performance back to our baseline of 180 patients over this threshold by March 2023.

<u>Chief Nursing Officer Healthcare Support Worker Award Ceremony</u>

On 17 November 2022, six UHBW 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 UHBW. This national award recognises Healthcare Support Workers who consistently demonstrate the NHS values and behaviours when fulfilling their everyday roles, to provide excellent patient care; and are inspiration to their colleagues and the patients they care for. The six Healthcare Support Workers were:

- Anne-Marie Sheppard (Caterpillar Ward)
- Marion Niviere (Daisy Ward)
- Karen Squire (A600 ITU)
- Molly Ayling (Emergency Department)
- Chris Colfer (A600 ITU)
- David McCalley (A522)

Recommendation

The Board is asked to note the report

Eugine Yafele
Chief Executive

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Meeting of the Trust Board of Directors in Public on Tuesday 13 December 2022

Reporting Committee	Acute Provider Collaborative Board Upward Report from 11 November 2022
Chaired By	Jane Mee, UHBW Trust Chair and Co-Chair of APCB
Executive Lead	Eugine Yafele, Chief Executive

For Information

Strategic Capital Planning
The Board received an update on strategic capital planning from Glyn Howells, Chief Finance Officer (NBT) and Neil Kemsley, Director of Finance and Information (UHBW). The following points were highlighted:

- One of the changes following the Health and Social Care Act was how Capital was allocated and managed across systems and that each Provider Trust was allocated an amount of Capital (Capital Departmental Expenditure Limit or CDEL) based on its depreciation cost. A CDEL limit would be made available at an Integrated Care Board level so funding could be allocated to where it would deliver the most benefit. The task that had been undertaken was to see whether the Trusts could develop a more consolidated approach to capital prioritisation.
- This project had commenced and had highlighted that there would not be enough capital to fund all the planned initiatives, and so scenario planning had commenced to show how initiatives could be funded and which would align with the ICB capital prioritisation process planning.
- Through the process, whilst it was known that the ambitions exceeded the CDEL limit, it would be necessary to ensure the plans were well placed should new allocations become available.

It was agreed that a further update would be expected at January's meeting, and the two Trust Boards would need to be updated in December to agree the approach to be taken.

Winter Planning Contingencies
The Board received an update on the winter planning contingencies from the two Trusts' Chief Operating Officers. The following points were highlighted:

- There was currently pressure across the South West and the wider country. Covid inpatient numbers had reduced but the situation would be closely monitored in the lead up to the winter period. Other threats materialising for the region included norovirus, and "No Criteria to Reside" patients remained the largest issue for both Trusts. Both Trusts had emergency contingency plans in place and the "Every Minute Matters" campaigns would continue.
- A visit to Southmead Hospital from the Minister of Social Care had taken place, who had spent time with clinical staff to understand why it had been so challenging to improve the system's patient flow.
- Each Trust had developed its own winter plan. The Discharge to Assess (D2A) model which was considered high risk over the winter. Furthermore the "Virtual Wards" scheme was being implemented and its capacity and the baseline measures were being established. It was also noted that a small increase in bed capacity was expected around March 2023.
- At system level, contingency planning was underway and a key element of this included the P1 and P2 categories which included having a fully functional Care Hotel

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

by the end of November 2022. The Board considered this to be critical in supporting the region throughout the winter period.

The Board expressed concern over effectiveness of the wider system plans and it was agreed that the Trusts would collaborate to explore what joint contingency plans could look like. It was noted that the system winter plan was developing its summary for delivery by the end of the following week and the Board agreed to wait for this before responding to the system.

Patient First Update

The Board received an update on Patient First. The synergies aligned across the Trusts were noted, and the next steps included:

- communications approach to be a shared;
- standardised methodology to be used by both organisations;
- project filtration outputs to allow the identification of any opportunities to align key strategic initiatives and corporate projects;
- Discuss the funding for the second year of the Patient First programme with the Integrated Care Board to determine whether system support would be available.

The next steps of the project plan as outlined above were endorsed, but it was agreed that careful planning around the approach to communications was fundamental. Each Trust Board would consider the project filtration outputs before putting in the funding request to the system for year two of the programme, and it was agreed that an update on Patient First would need to return to both Boards in the new year.

Joint Clinical Sponsorship Board

The Board received an update on the most recent meeting of the Joint Clinical Sponsorship Board. The group had discussed the digital integration plan and had fully supported the idea to align systems. A high-level SWOT analysis had been commissioned by both Trusts which concluded that there were a number of services provided by both Trusts and could be potentially amalgamated within the strategy.

The next clinical strategy away day had been organised and would focus on setting out the principles and framework of the strategy, taking into account a series of questions about its key enablers, how it would contribute to the wider ICB strategy, how it would link to Healthy Weston and the shared specialist ambitions.

Project Dashboard
The Board received an update on the project dashboard which outlined progress within the ongoing work within the existing work programmes.

Date of next meeting:	The next scheduled meeting of the APCB will take place on Thursday 19 January 2023.

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

Meeting of the Board of Directors in Public on Tuesday 13ᵗʰ December 2022

Report Title	**Marlborough Hill Strategic Outline Case**
Report Author	**Archus Consulting Ltd**
Executive Lead	**Paula Clarke, Executive Managing Director**

1. Report Summary

Please note the Full Strategic Outline Case has been added to the Document Library on Convene for Board members to read separately. This is also available on the Trust's website for public inspection.

This cover sheet highlights the key areas of the SOC Executive Summary, including an overview of the five case model followed.

Business Case Overview:

HMT Five Case Model for Better Business Cases has been followed, in brief the SOC includes:

- ◆ **Executive Summary**; provides a brief overview of each section and summarises the aim of what the Trust is trying to achieve
- ◆ **Strategic Case;** Trust strategies, local strategies and national context, with key drivers behind the reasons for the project
- ◆ **Economic Case**; Investment Criteria and Options; long list to short list, SWOT analysis of options
- ◆ **Commercial Case**; procurement and construction strategy to be used
- ◆ **Financial Case**; financial position and appraisal of possible options
- ◆ **Management Case**; programme timeline, risks, benefits and project roles & responsibilities

STRATEGIC CASE

This Strategic Outline Case (SOC) has been developed following the feasibility study in September 2020, for development of an Urgent and Emergency Assessment Centre (UEAC) and encompassing previous internal business cases for Theatres expansion, Adult ED & Radiology development. Following approval of the Senior Leadership Team to the feasibility study, it was agreed that a SOC for the Marlborough Hill Development would explore the options to make optimal use of this development site for the following clinical areas:

- Transfer of the Adult Emergency Department (ED) from its current estate in the Queen's Building, releasing space adjacent to the Children's Hospital for potential expansion;

- Provision of emergency connections with the existing Queens Building;
- Construction of 3 new assessment units, to accommodate the Acute Medical Unit (AMU), Older Persons Assessment Unit (OPAU) and Surgical and Trauma Assessment Unit

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

(STAU). This will release capacity in some of the existing inpatient areas, which are in poor condition and inflexible in design;

- Provision of supporting facilities, including radiology;
- Provision of fit for purpose theatres on the Bristol site, along with rightsizing facilities to match current and future demand;
- Construction of a new JAG compliant Endoscopy department, with the potential to release capacity in the Queens Day Unit (QDU).

There is a clear rationale for this scheme which fits within the wider system wide clinical and operational requirements, strategic development objectives and clinical drivers. The project fully aligns with the Trust and local strategies, such as the ***BNSSG Integrated Care System*** (ICS) and ***Healthy Weston 2*** (HW2) and addresses the growing demand on emergency and elective services with the development at Marlborough Hill being a significant proposal within the UHBW strategic capital programme, representing the last significant development in the twenty-year programme for the constrained city-centre site.

Case for Change

Key priorities, risks and challenges for UHBW that directly drive the proposals for this scheme include:

- Providing timely and responsive treatment for our populations by addressing high risks associated with poor environment and out of date facilities for staff and patients across Bristol sites.
- Providing modernised, rightsized city centre adult urgent and emergency assessment and admission facilities to deliver innovative models of care as part of a system solution and address the current Adult ED environment as unfit for purpose and adding to performance challenges i.e. ambulance handover times, national league table position, 4 hour and 12 hour waits and elective recovery;
- Creating space within the existing estate to enable the expansion and renovation of the Bristol Royal Hospital for Children to create the capacity and timely patient pathways for paediatric population across the south-west.
- Provide recurring system elective capacity, particularly relating to complex cancer and cardiac surgery and to endoscopy within JAG compliant facilities, to reduce waiting lists and maintain appropriate waiting times.
- Addressing the poor condition and lack of suitable theatres, that are contributing to elective waiting lists and constraining backlog recovery and the strategic ambitions of the Trust to drive regional/tertiary service delivery and growth.
- Improving the poor working environment in theatre and endoscopy facilities where evidence demonstrates impact on staff health and well-being and consequent impact on retention and recruitment.
- Addressing the challenges faced within the current environment and facilities and their impact on staffing efficiencies, patient pathways and opportunities for co-locations or adjacencies;
- Addressing delayed discharge

Benefits identified so far include:

- The Trust will reduce the ambulance drop off time rates and associated quality reporting
- ED waiting time breaches over 4 hours and 12 hours will be reduced and associated quality indicators improved
- The efficiencies from appropriate clinical adjacencies will reduce the extra nursing costs attributed to the current multiple departments
- Recruitment and retention will be improved as working environments are enhanced for staff wellbeing – this will also improve absence levels and associated cost
- Patient access to the hospital will be improved
- Waiting times and backlog for elective surgery will be reduced
- Length of stay for key conditions will be reduced with faster assessments and diagnosis and improved efficiencies in patient flow
- There will be an overall improvement in population health as local people have better access to care. People with more complex conditions can be assessed and get timely referrals.

COMMERCIAL CASE

Procurement Strategy

For the proposed works for the preferred way forward of the scheme, the Project Board will agree a Procurement Strategy which will initially assess a wide range of potential options for securing a contractor and delivering the scheme. The procurement options available to are summarised below.

- Framework procurement (ProCure22) – the Department of Health and Social Care's (DHSC) procurement framework for healthcare related projects.
- Non-framework procurement – Traditional tender or Design and Build tender.
- Traditional Procurement – UHBW manage the design and a construction partner is appointed for development.
- The chosen procurement route by UHBW will be confirmed OBC stage, currently the SOC options appraisal shows the preferred route as ProCure22/23.
- Delivering value for money will be one of the key criteria considered when selecting the most appropriate procurement strategies to deliver the proposed development. A further detailed summary of the routes the Project Board are considering at this stage are in the below sub-section.

ECONOMIC CASE

Options

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the business case

documents the wide range of options that have been considered that could deliver the agreed investment objectives for five categories of choice:

- Scope (service and geographical coverage).
- Solution (including services and required infrastructure).
- Service delivery (who will deliver the required services).
- Implementation (timing and phasing of delivery).
- Funding (type of funding for the investment).

The long list must include an option that provides the baseline for measuring improvement and value for money. This option is known as 'Business as Usual'. It must also include a realistic 'Do Minimum' based on the core functionality and essential requirements for the project.

At SOC, the short list is then produced to be initially costed based on the current information available. From this short list a 'preferred way forward' (PWF) is identified.

A summary of the long list is shown below:

Project	Option 1 – BAU	Option 2 – Do Min	Option 3 – Intermediate 1	Option 4 – Intermediate 2	Option 5 – Intermediate 3	Option 6 – Intermediate 4	Option 7a – Do Max (shell)	Option 7b – Do Max
1. Service Scope *As outlined in Strategic Case*	Existing services stay as they are	Refurbish existing buildings/areas.	New build on Marlborough Hill site, linear shaped building	New build on Marlborough Hill site, creating a courtyard.	New build on Marlborough Hill site, building at front of site	Compact new build on Marlborough Hill site with street access	*New build, – internal access to main hospital – use whole site available space*	
	Carried forward	Carried forward	Carried forward	Carried forward	Carried forward	Carried forward	Preferred way forward	
2. Service Solution *In relation to the preferred scope*	Existing services stay as they are	Increase use of existing site	Changes to existing estate			Smaller new build on Marlborough estate	Large build on Marlborough estate – phased occupancy	Large build on Marlborough estate – full occupancy
	Carried forward	Carried forward	Discount			Carried forward	Carried forward	Preferred way forward
3. Service Delivery *In relation to the preferred scope and service solution*	NA	Current estates and facilities teams	Procure 2022/23 framework					
		Carried forward	Preferred way forwards					
4. Implementation *In relation to preferred scope, solution and method of service delivery*	NA	NA	3–4 year phased				5 years phased (flexible use)	
			Carried forward				Preferred way forward	
5. Funding *In relation to preferred scope, solution, method of service delivery and implementation*	NA	NA	NHS Capital					
			Preferred way forward					
Conclusion	Carried Forward	Carried Forward	Carried Forward	Discounted	Discounted	Discounted	Carried Forward	PWF

The options framework has been used to filter the options considered at the long-list stage to generate the potential short-list for the project, as illustrated below.

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

Options	Business as Usual	Do Minimum	Intermediate 1	Intermediate (less ambitious PWF)	Do maximum (more ambitious PWF)
Project Scope	Existing remains	Refurbish existing	Linear new build	New Build – use whole site	
Project Solution	Backlog maintenance	Increase use of current site	Smaller new build	Large build on MH with phased occupancy	Large build on MH with full occupancy
Service Delivery	N/A	Current Estates and Facilities	P22/23		
Project Implementation	N/A	N/A	3–4 year phased	5 year phased (flexi use)	
Project Funding	N/A	N/A	NHS Capital		

Economic Appraisal

- Option 1 is based on a pro rata cost for 7,131m², of the total UH Bristol estate 180,000m² (approx. 4%), multiplied by total UH Bristol 'Estates Backlog Maintenance' capital allocation (£57.6m), which equates to £2.28m.
- Option 2 includes estimated refurbishment costs for all areas in scope provided by the Trust Cost Advisor (£71.6m), based on 7,131m² at c.£10k per m².
- Option 3 includes the estimated refurbishment as per option 2 (7,131m²), with an additional limited new build of 4,735m², which is approx. 25% of the full new build option 7b. The approx. value of the additional 4,735m² new build is £48.3m.
- Option 7a and 7b are a replacement new build covering the same footprint of 18,939m². 7a includes fully completed construction with phased fit out, however 7b (preferred way forward) includes full construction with complete fit out for services.

Capital Costs are shown in the table below (£000's)

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Functional floor space req. m²	Incremental approach to options cost development			Individual new build options	
	7,131m²	7,131m²	11,866m²	18,939m²	18,939m²
	Option 1 BAU; Backlog maintenance	Option 2 Do Min; Refurb all areas	Option 3; Do Min + small new build	Option 7a; Do Max (shell + phased fit out new build)	Option 7b; Do Max PWF (full fit out new build)
Construction	N/A	24,067	47,674	79,061	94,430
Fees	N/A	4,813	8,496	12,477	14,729
Non works	N/A	481	953	1,581	1,889
Equipment costs	N/A	5,671	7,779	8,432	8,432
Planning contingency	N/A	5,255	7,943	9,140	10,753
Construction Subtotal	N/A	40,287	72,845	110,691	130,232
Optimism bias	N/A	6,043	8,973	9,962	11,721
Inflation adjustment & Pubsec uplift	N/A	14,188	19,545	18,212	21,427
Inflation & Opt Bias Subtotal	N/A	20,231	28,518	28,174	33,148
Total (Ex VAT)	N/A	60,518	101,363	138,865	163,379
VAT	N/A	11,141	18,573	25,278	29,730
Estimated BLM costs	2,280	–	–	–	–
Total (Incl. VAT)	**2,280**	**71,659**	**119,936**	**164,143**	**193,109**

The Preferred Way Forward (PWF)

PWF has been identified as 'Option 7b', involving a new build utilising all available space on the Marlborough Hill site, with full service occupancy, using ProCure23 framework, in 5 year using NHS Capital Funding (capital investment required £193.1m, for 18,939m²). This PWF is the maximum build option which will be fully tested along with other options, including scope for phased development, at OBC stage.

The SOC identified option 7b as the PWF based on the functional content and capacity requirements identified in the prior business cases and corroborated in the feasibility study in 2020. . It is acknowledged that more recent system-wide initiatives surrounding provision of elective care (BNSSG Elective centre, Healthy Weston 2, Healthy UHBW) are likely to influence these requirements as we progress to the next stages of design. These revised requirements will be incorporated into the OBC when detailed design based on demand and capacity for the relevant clinical services and schedules of accommodation will be further explored along with funding availability and further involvement with the ICS.

We are
supportive
respectful
innovative
collaborative.
We are UHBW.   Page 33 of 345

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

Recurring Revenue costs are yet to be fully scoped however indicative costs have been sourced for the functional departments based on 2021/22 BAU costs, while ERIC data for the Trust has been used to derive annual costs by floor area for ancillary services.

Total recurring revenue has been estimated per annum as:

- Option 1 & 2; £43.3m
- Option 3; £56.2m
- Option 7a & 7b; £64.2m

FINANCE CASE

Affordability

Delivery of the preferred way forward requires capital investment of £193.1m and is assumed to be funded through national capital programmes. In a scenario where national capital funding is only partly available, or not available at all, then the BNSSG ICS and its partner organisations will need to undertake system prioritisation of providers strategic capital investment plans and subsequently agree the allocation of system CDEL and the use of provider cash funding.

The current and medium-term financial position of the ICS, with a recurrent deficit of c.£76m, means recurring revenue affordability is very challenging. However, should the scheme secure the full support of the ICB, operating costs are expected to be met by the ICB. Initial findings suggest this will result in a net incremental increase in costs of c.£26.7m, which includes revenue charges of £20.8m and capital charges of annual depreciation of £3.3m and average annual PDC charges of £2.6m. Annual depreciation of £3.3m may be mitigated by savings on the redevelopment of existing buildings, this will be explored in further detail at OBC stage.
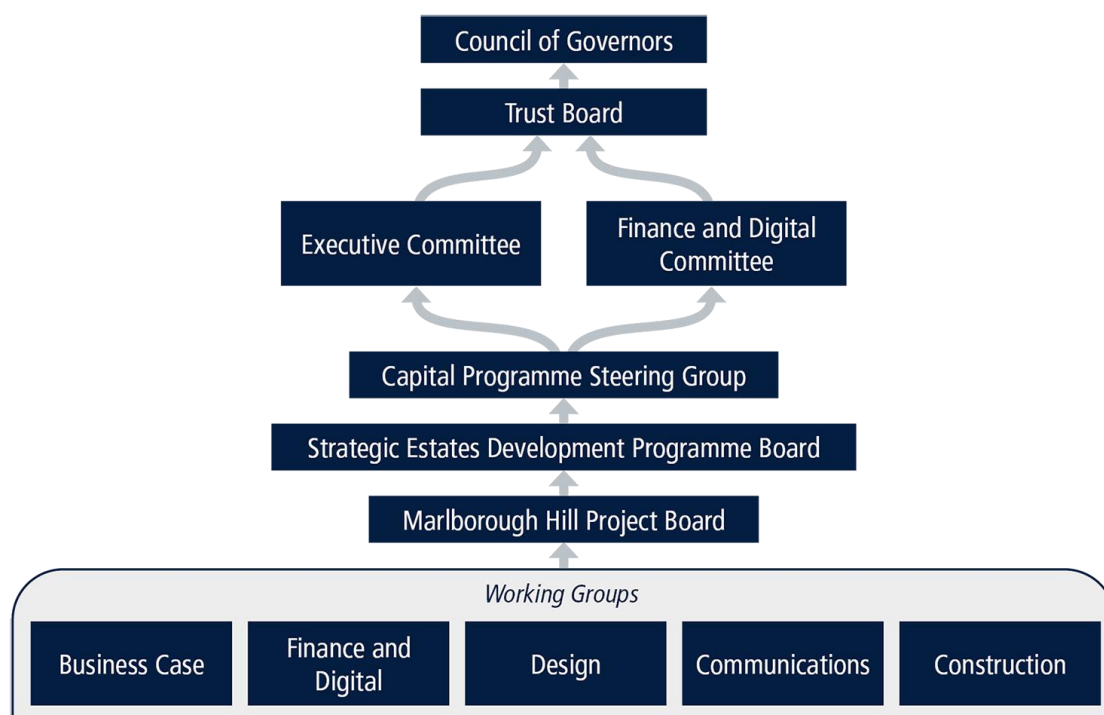
MANAGEMENT CASE

The programme will be managed in accordance with PRINCE 2 methodology. The Strategic Estates Development Programme Board (SEDPB) has the responsibility to drive forward and deliver the outcomes and benefits of this development.

Members will provide resource and specific commitment to support the Programme Director to deliver the outline deliverables.

Project teams/working groups will feed monthly reports to the Project Manager, who will submit the monthly report for Project Board and SEDPB. These reports will include progress to date, expected progress for forthcoming weeks, decisions required, key issues/red flags, progress against project milestones. The figure below shows the management structure for the SOC stage of the development.

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

University Hospitals Bristol and Weston
NHS Foundation Trust

The **reporting structure** of this scheme is as follows:

Key project milestones are currently outlined in the construction programme as:

Key Deliverables	Date From/To
1. SOC submission to ICB/ICS	Dec 2022
2. SOC submission to NHSE	Jan 2023
3. SOC submission to HM Treasury	Aug 2023
4. OBC submission for internal Trust approval	Aug 2023
5. OBC submission to ICB/ICS	Sept 2023
6. OBC submission to NHSE	Nov 2023
7. OBC submission to HM Treasury	May 2024
8. FBC submission for internal Trust approval	Dec 2024
9. FBC submission to ICB/ICS	Jan 2025
10. FBC submission to NHSE	Mar 2025
11. FBC to HM Treasury	Sep 2025
12. Construction Start	Apr 2026
13. Construction end & Commissioning	Mar 2029

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

University Hospitals Bristol and Weston
NHS Foundation Trust

Next Steps

- **'Preferred way forward'** option 7b to be further investigated with clinical and operational teams as part of the Healthy UHBW work underway. This will assess the impact on the scope and scale of the PWF of more recent system-wide initiatives surrounding provision of elective care (BNSSG Elective centre, Healthy Weston 2).
- The OBC development will engage ICB partners to specifically develop an integrated approach to the design of the urgent and emergency care clinical model and will reflect the joint clinical strategy currently in development by UHBW and NBT
- Workforce planning will be a core factor in developing the OBC
- Further costings, particularly costed benefits and costed risks to be completed
- Funding and procurement strategy to be investigated further
- 'Letter of support' required from ICS/ICB to submit to NHSE/HMT (Dec 2022)
- Top/key benefits to be confirmed for costing to inform the CIA (asap)
- CIA to be completed prior to NHSE/HMT submission (start asap, complete by Dec 22)

2. Key points to note
(Including decisions taken)

Remaining key areas to be completed within the SOC:

- CIA (Comprehensive Investment Appraisal) to be completed prior to NHSE/HMT submission
- Key/top 10 benefits of the scheme to be confirmed for costing; to enable completion of the CIA model
- ICS support in writing to be confirmed

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

The key risks associated with this scheme are:

1. National Capital Programme funding is the preferred way forward, however, there is a high level of risk this will not be granted;
2. The recurring revenue may not be affordable for the Trust or the ICS going forward;
3. If there was a delay in construction start, then this could push construction costs up, potentially making the scheme unaffordable.
4. System level capacity and demand assessment does not align with development proposals

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

- This report is for **Approval.**
- The Board is asked to APPROVE the SOC

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

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

5. History of the paper Please include details of where paper has <u>previously</u> been received.	
Marlborough Hill Project Board	**9th November 2022**
Strategic Estates Development Programme Board	**10th November 2022**
CPSG	**17th November 2022**
Executive Committee	**23rd November 2022**
Finance & Digital Committee	**24th November 2022**

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

**University Hospitals
Bristol and Weston**

NHS Foundation Trust

Produced on behalf of University Hospitals Bristol and Weston NHS FT by

Strategic Outline Case for the Marlborough Hill Development

Final Version 2.5 Dec 2022

Contents

Schedule of Tables

Schedule of Figures

Document control

SOC for	University Hospitals Bristol and Weston Foundation NHS Trust
File ref	https://archusuk.sharepoint.com/sites/Southwest/Shared Documents/Clients/UH Bristol/Marlborough Hill Devt business case/4. reports & outputs/SOC/FINAL Revised Version 2.5 – SOC UHBW Marlborough Hill Dev – 2022-11-30.docx
Prepared by	Ellie Clark, Archus
Date	November 2022
Checked by	Sandra Reading, Archus
Date	November 2022

Version control

Version	Date	Description of change/s	by
0.1	25th May 2022	Draft template based on RFI thus far	E Clark
0.2	20th June 2022	Continue draft SOC	E Clark
0.3	28th June 2022	Continue draft SOC – some feedback/further docs received	E Clark
0.4	14th July 2022	Continue draft SOC – options, IOs and CSFs confirmed	E Clark
0.4i	19th July 2022	Further client info received – additions in 2.8, 2.9 and 3.4	E Clark
0.5	9th Aug 2022	Options completed, management case and updates	S Reading
0.6	16th Aug 2022	Images added, final SWOT analysis and finance info added	SR, PW, EC
0.6i	1st Sept 2022	Additions to Economic and Finance Cases, some Strategic	SR, PW, EC
0.7	9th Sept 2022	Revised following Trust comment, Exec Summary added	EC and SR
0.7i	15th Sept 2022	Final comments and amendments	EC
1.0	20th Sept 2022	Final version for submission to UHBW MH Project Board	EC and SR
1.1	17th Oct 2022	Revised version following project board comments	EC, SR, PW
1.2	19th Oct 2022	Revised version following page turn; Case for Change etc.	EC, SR
2.0	4th Nov 2022	Final version for MH Project Board approval (9th Nov)	EC, SR
2.1	14th Nov 2022	Amendments following Project Board & SEDPB	EC, PW
2.2	21st Nov 2022	Amendments following CPSG	EC
2.3	23rd Nov 2022	Amendments following comments from Paula C & Eric	EC
2.4	28th Nov 2022	Prepped version for Trust Board	EC, CP
2.5	30th Nov 2022	Final version for Trust Board	EC, CP, AH

Glossary of Abbreviations and Acronyms

AMU	Acute Medical Unit		HTM	Health Technical Memorandum
AQP	Any Qualified Provider		HW2	Healthy Weston 2
BAU	Business As Usual		HPB	Hepato–Pancreato–Billary
BIM	Building Information Modelling		ICP	Integrated Care Providers
BREEAM	Building Research Establishment Environmental Assessment Method		ICS	Integrated Care System
			IDM	Investment Decision Maker
CAMHS	Child And Adolescent Mental Health Services		IP	Inpatient
			IT	Information Technology
CCG	Clinical Commissioning Group		JSNA	Joint Strategic Needs Assessment
CEPOD	Confidential Enquiries into Perioperative Deaths (Dedicated Theatre List for Emergencies)		JAG	Joint Advisory Group
			LA	Local Authority
			LTP	Long Term Plan
CIA	Comprehensive Investment Appraisal		LEF	Local Estates Forum
			M&E	Mechanical and Electrical
CLCC	CCG Clinical and Lay Commissioning Committee		MMC	Modern Methods of Constructions
			MRI	Magnetic Resonance Imaging
CRB	Cash Releasing Benefits		NCRB	Non–Cash Releasing Benefits
C&S	Civil and Structural		NHSEI	National Health Service England Improvement
CSF	Critical Success Factors			
CT	Computed Tomography		OBC	Outline Business Case
CQC	Care Quality Commission		OMFS	Oral and Maxillofacial Surgery
DC	Day Case		OPAU	Older Persons Assessment Unit
DHSC	Department of Health and Social Care		P22	ProCure22
			P23	ProCure23
DQI	Design Quality Indicator		PAM	Premises Assurance Model
ED	Emergency Department		PCR	Project Completion Report
ENT	Ear, Nose and Throat		PFI	Private Finance Initiative
ERIC	Estates Return Information Collection		PPE	Post Project Evaluation
			PRINCE2	Projects In Controlled Environments
EPSG	Estates Prioritisation Steering Group		PSCP	Principal Supply Chain Partners
FAC	Fundamental Assessment Criteria		PUBSEC	Public Sector Price and Cost Indices
FBC	Full Business Case			
FFT	Friends and Family Test		QALY	Quality Adjusted Life Years
GI	Gastrointestinal		QDU	Queens Day Unit
GP	General Practitioner			
HBN	Health Building Note			

QIPP	Quality, Innovation, Productivity and Prevention		SOC	Strategic Outline Case
UEAC	Urgent Emergency Assessment Centre		SRO	Senior Responsible Officer
RAG	Red Amber Green		SSS	Somerset Surgical Service
RTT	Referral to Treatment		STAU	Surgical and Trauma Assessment Unit
SDAT	Sustainable Development Assessment Tool		STP	Sustainability and Transformation Partnership
SLT	Senior Leadership Team		UGI	Upper Gastrointestinal
SMART	Specific, Measurable, Achievable, Realistic, And Timely		VFM	Value for Money

1   Executive Summary

1.1   Overview

This Strategic Outline Case (SOC) has been developed following the feasibility study in September 2020, formerly known as Urgent Emergency Assessment Centre (UEAC), now referred to as Marlborough Hill Development at University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). Other supporting documents for this SOC include the 'Estates Strategy' (Appendix 1), 'Theatre Expansion 2019 Internal Business Case' (Appendix 2), 'Strategic Capital Review' (Appendix 3) completed by Archus in 2021 and internal business case 'Adult Emergency Floor including Radiology' (Appendix 4) also completed in 2019.

Following the Senior Leadership Team (SLT) meeting in August 2020, where the Feasibility Study options were reviewed, the optimum design for the Marlborough Hill site was identified to be further investigated at SOC.

This SOC explores the opportunities for development on the Marlborough Hill site to address known risks within the organisation. Resulting from this, the following options will be explored

- Transfer of the Adult Emergency Department (ED) from its current estate in the Queen's Building, releasing space adjacent to the Children's Hospital for potential expansion;
- Provision of emergency connections with the existing Queens Building;
- Construction of 3 new assessment units, to accommodate the Acute Medical Unit (AMU), Older Persons Assessment Unit (OPAU) and Surgical and Trauma Assessment Unit (STAU). This will release capacity in some of the existing inpatient areas, which are in poor condition and inflexible in design;
- Provision of supporting facilities, including radiology;
- Provision of fit for purpose theatres on the Bristol site, along with rightsizing facilities to match current and future demand;
- Construction of a new JAG compliant Endoscopy department, with the potential to release capacity in the Queens Day Unit (QDU).

There is a clear rationale for this scheme which fits within the wider system wide clinical and operational requirements, strategic development objectives and clinical drivers. The project fully aligns with the Trust and local strategies, such as the ***BNSSG Integrated Care System*** (ICS) and ***Healthy Weston 2*** (HW2) and addresses the growing demand on emergency and elective services with the development at Marlborough Hill being a significant proposal within the UHBW strategic capital programme, representing the last significant development in the 20-year programme for the a constrained city-centre site.

Key priorities and challenges for UHBW that directly drive the proposals of this scheme include:

- Providing modernised, rightsized city centre adult urgent and emergency assessment and admission facilities to deliver innovative models of care as part of a system solution and address the current Adult ED environment as unfit for purpose and adding to performance challenges i.e. ambulance handover times, national league table position, 4 hour and 12 hour waits and elective recovery;

- Providing timely and responsive treatment for our populations by addressing high risks associated with poor environment and out of date facilities for staff and patients across Bristol sites.
- Creating space within the existing estate to enable the expansion and renovation of the Bristol Royal Hospital for Children to create the capacity and timely patient pathways for paediatric population across the south-west.
- Provide recurring system elective capacity, particularly relating to complex cancer and cardiac surgery and to endoscopy within JAG compliant facilities, to reduce waiting lists and maintain appropriate waiting times.
- Addressing the poor condition and lack of suitable theatres, that are contributing to elective waiting lists and constraining backlog recovery and the strategic ambitions of the Trust to drive regional/tertiary service delivery and growth.
- Improving the poor working environment in theatre and endoscopy facilities where evidence demonstrates impact on staff health and well-being and consequent impact on retention and recruitment.
- Addressing the challenges faced within the current environment and facilities and their impact on staffing efficiencies, patient pathways and opportunities for co-locations or adjacencies;
- Addressing delayed discharge
- Creating space within the existing estate to enable the expansion and renovation of the Bristol Royal Hospital for Children to create the capacity and timely patient pathways for paediatric population across the wider system.

To proceed to Outline Business Case (OBC), approval of this SOC is sought internally from:

- Marlborough Hill Project Board;
- Strategic Estates Development Programme Board
- Capital Programme Steering Group

- Executive Committee
- Finance and Digital Committee;
- Trust Board.
- Council of Governors.

External approval will also be required throughout the system, following review by System Directors of Finance (DoFs) via Integrated Care Board (ICB) Finance, Estates and Digital Committee, the Integrated Care Board and following their approval, the SOC will then be submitted to NHS England (NHSE) and HM Treasury.

1.2   Strategic Case

1.2.1   Introduction

UHBW is the newly merged Trust comprising University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust. Bringing together a combined workforce of over 13,000 staff, the new Trust delivers over 100 different clinical services across 10 different sites serving a core population of more than 500,000 people and for a range of tertiary services, serving a wider population across the South West region

The *UHBW Trust Vision for 2025* is focussed on:

- Building on our role as a major specialist service centre, leading in the South West;
- Improving population health through integrated care partnerships;
- Be a beacon of excellence for education;
- Be a world class clinical research and innovation centre;

The Trusts' mission is to improve the health of the people they serve by delivering exceptional care, teaching and research. Building on the impressive track record of investment in hospital facilities, completing in September 2019, the Trust approved funding for a major five-year strategic investment programme. This is currently progressing a number of schemes across the main hospital campus.

The Estate strategy was developed in parallel with strategies for clinical services, people, digital technology, improvement and innovation, finance, quality and communications. The purpose of the estate strategy is to provide enabling support to the delivery of the Trust clinical strategy. It considers site planning options for a range of service delivery proposals and aims to ensure that the use of the limited available site capacity is used in an efficient way. In addition to this careful planning of site options, lessons learned from the Covid-19 pandemic are being considered and incorporated into new hospital designs, for example buildings require flexible as possible design, to better respond to future pandemics and/or changes in demand.

The Trust Feasibility Study and this Strategic Outline Business Case (SOC), focus on the case for change including clinical and strategic drivers for the project, a cost summary, detailed site analysis and overall, recommend a preferred way forward to provide a sound basis for the proposed reprovision of Adult ED, Theatres, Endoscopy and other supporting services.

As previously outlined in the overview and within the management case, the SOC will be submitted for approval to the required internal and external stakeholders and approving bodies. BNSSG ICS have not yet directly been required to support or input into this business case, however, this scheme aims to support the needs of the local population, in line with local plans. Commissioners will need to be consulted and provide approval for both Outline Business Case (OBC) and Full Business Case (FBC) stages.

1.2.2   Health System Overview

In reviewing the population that impacts the future requirements of UHBW it is necessary to look at the wider geographic area, related to the Bristol, North Somerset and South Gloucestershire ICS, of which the catchment area is shown in Bristol itself is a diverse city with thriving and growing communities, but also with areas of deprivation, and is understood in terms of three localities i.e. Inner City and East, North and West and South Bristol. The other localities within BNSSG ICS include North Somerset, Woodspring, Weston and Villages and South Gloucestershire.

Figure 1.

Bristol itself is a diverse city with thriving and growing communities, but also with areas of deprivation, and is understood in terms of three localities i.e. Inner City and East, North and West and South Bristol. The other localities within BNSSG ICS include North Somerset, Woodspring, Weston and Villages and South Gloucestershire.

Figure 1 – BNSSG Catchment Area and main UHBW hospital sites
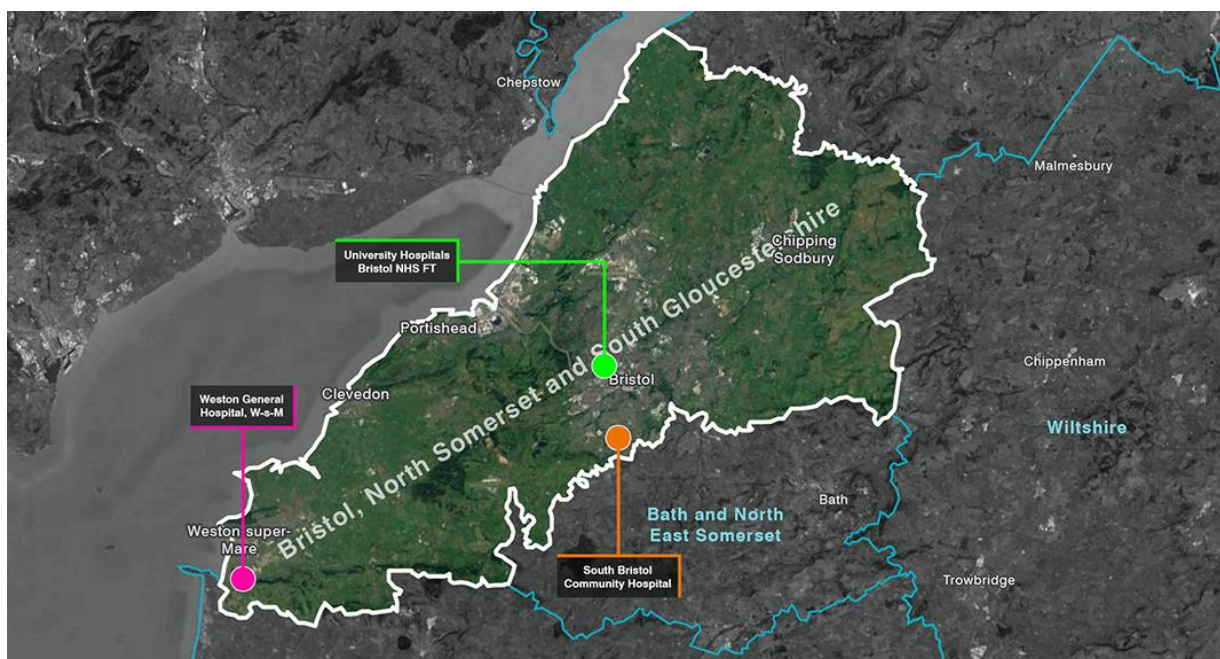
Based on the most recent data from the Office of National Statistics (ONS) population projections (2019), it is forecast the BNSSG population will grow by 16% between 2019 and 2040. This clearly indicates demand on health services will continue to increase and we know within BNSSG, there are complex health needs, such as cancer, heart disease, stroke, liver and lung disease. There are also serious social factors affecting people's health in the Bristol area, for example, councils across BNSSG report a high level of '*homeless households'*.

Across BNSSG there is unwarranted variation in service access and provision, indicating that the population are not being provided for in the best way possible. Inequalities can have very real and serious consequences and there is an average life expectancy gap of around six years between people living in the most and least deprived areas, in the worst areas this can be as much as 15 years. Working together across public sector organisations is essential if this unacceptable variation is to be addressed. The Marlborough Hill development aims to better meet population need for acute health care in an accessible city centre location by repurposing and increasing capacity in line with growing demand, particularly within Adult ED, Theatres and Endoscopy services.

1.2.3   Strategies

There are various national, local and regional strategies, which relate directly to this scheme, outlined within this section.

National Strategies

The *NHS Long Term Plan* (LTP), published in January 2019, sets out five major, practical changes to the NHS service model, to be delivered over the following five years:

- Boosting 'out-of-hospital' care, and joining up primary and community health services;
- Redesigning and reducing pressure on emergency hospital services;
- More personalised care to give people more control over their health when they need it;
- Digitally enabled primary and outpatient care;

- Increasing focus by local NHS organisations on population health and local partnerships with LA-funded services, through Integrated Care Systems (ICS).

The plan builds on the policy platform laid out in the previous *NHS Five Year Forward View* (5YFV), which articulated the need to integrate care to meet the needs of a changing population.

We are the NHS: People Plan 2020/21

An Interim People Plan (IPP) was developed in 2019, setting out the vision for people who work for the NHS to enable them to deliver the LTP. Following the COVID-19 pandemic this has been further developed and refined into two key documents for NHS workers; the NHS Our People Promise and the We are the NHS: People Plan 2020/21.

NHS National Patient Safety Strategy

Published in 2019, the NHS National Patient Safety Strategy aims to continuously improve patient safety. To do this the NHS will build on two foundations: a patient safety culture and a patient safety system. Three strategic aims will support the development of both:

- Improving understanding of safety by drawing intelligence from multiple sources of patient safety information (Insight);
- Equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (Involvement);
- Designing and supporting programmes that deliver effective and sustainable change in the most important areas (Improvement).

Delivering a "Net Zero" NHS

In October 2020 the NHS published the *'Delivering a Net Zero National Health Service'* in response to the health emergency that climate change will bring. More intense storms and floods, more frequent heat waves and the spread of infectious disease from climate change threaten to undermine years of health gains.

The four key aims of the UHBW Sustainable Development Strategy (Appendix 6) are summarised as:

- Carbon neutral by 2030; benchmarked against UHBW's operating expenditure;
- Contributing to all the UN Sustainable development Goals; benchmarked by achieving 70% rating in the UHBW Sustainable Development Assessment tool by 2025;
- Cutting air pollution; benchmarked by achieving excellent rating on the Clean Air Hospital framework by 2025;
- Resource efficiency; zero waste to landfill by 2025 and reducing our consumption of energy and water.

All of the above can be strongly linked to the Marlborough Hill Development benefits e.g. cutting air pollution links to the reducing ambulance emissions outside A&E and carbon neutral by 2030/resource efficiency links to the modern methods of construction and new build 'fit for purpose' development.

Health Infrastructure Programme (includes the New Hospital Programme)

The Department of Health and Social Care (DHSC) published the Health Infrastructure Plan (HIP) in September 2019. HIP is designed to deliver a long-term, rolling programme of investment in health infrastructure.

At the centre of the HIP is a new hospital building programme, to ensure the NHS' hospital estate supports the provision of world-class healthcare services. Under this approach, the Government has committed to build and fund 40 new hospitals over the next 10 years. In October 2020 the government confirmed that 40 hospitals will be built by 2030 as part of a package worth £3.7 billion, with eight further new schemes invited to bid for funding.

In relation to this SOC, an expression of interest was submitted in September 2021, further detail can be provided upon request and further confirmation of funding will be explored at OBC.

The Naylor Review

The Naylor Review, undertaken in 2017, identified that the NHS estate and its correct management and use would be key to delivering the NHS LTP. Sir Robert Naylor's 'NHS Property and Estates: Why the estate matters for patients' sets out the vision for how the NHS could make best use of its estate and provided the government with recommendations to take the vision forward.

The Carter Report

Lord Carter of Coles' report sets out how non-specialist acute trusts can reduce unwarranted variation in productivity and efficiency across every area in the hospital, to save the NHS £5 billion each year by 2020/2021. The final report builds on the findings of the interim report and sets out further findings of variation across 32 non-specialist acute trusts.

As part of the review, a 'Model Hospital' reporting system has been developed which advises NHS trusts on the most efficient allocation of resources and allows hospitals to compare and measure their performance against other peer organisations.

The Government Construction Playbook

The Construction Playbook (Dec 2020) sets out key policies and guidance for how public works projects and programmes are assessed, procured and delivered. Overall, the playbook is a 'compact' between government and industry setting out how they will work together in future. The key aims of which are to, enable projects to improve building and workplace safety, work towards the 2050 net zero plan and promote social value.

For further information use this link: [The Construction Playbook – December 2020 (publishing.service.gov.uk)](publishing.service.gov.uk)

Modern Methods of Construction

As noted in section 2 and 4.3 of the Commercial Case in greater detail, MMC encompass a variety of prefabricated and / or modular initiatives, which can be used singularly or in combination depending upon the requirements of the project and can also be used in conjunction with traditional methods of construction where these are more suitable. The benefits of an MMC approach include a reduction in programme on site leading to earlier first patient/treatment dates.

Repeatable areas such as wards, outpatient rooms and similar departments are ideal for a modular solution, whilst it is recognised that areas which require high degrees of structural stability, such as imaging, are potentially best built traditionally. Hybrid approaches are also available which combine concrete cores and lower floors to provide stability for sensitive areas together with mass repeatable areas of modular and / or panelised construction for upper floors and other areas.

SMART / Intelligent Hospitals

A "smart building" is one in which the central ICT infrastructure provides the hub or spine upon which other interoperable open-source systems connect and exchange data related to the management and / or use of the building.

The Intelligent Hospital principle has been introduced to support delivery of facilities via MMC and streamline design to ensure maximum value for money via the procurement process. It is not a 'one size fits all' template approach.

NHS Digital Blueprint

The NHS Digital Blueprint establishes a set of design principles to ensure digital technology and data is considered at every stage of the design and build process. It is informed by local and international best practice, maximising safety, quality and productivity benefits in addition to delivering integrated care widely across different care settings. It's essentiality unifies NHSX, the HIP digitally advanced hospital projects, and industry, as a collective to deliver world-class, digital first, digitally advanced facilities.

Local Strategies

Bristol One City Plan

The One City Plan includes a vision for health and wellbeing, redesigning the city for healthier living, giving people more choice about how they access health and care services, personalised medicine, the eradication of obesity and taking a holistic approach to health and wellbeing, which also includes schools, businesses, faith groups, charities, clubs and our communities, as well as existing health and social care services.

Healthier Together

Healthier Together is the ICS for Bristol, North Somerset and South Gloucestershire, which involved 10 local health and care organisations. The main purpose of Healthier Together is to enable these organisations to work together towards creating an integrated care system for the population that is affordable and sustainable. The ICS are currently developing a long-term strategy with a focus on the following 5 areas.

ICS Elective Recovery

Embracing and building upon the momentum of collaboration created during the pandemic and a continued focus on developing and sharing innovative ways of working will be key to recovering waiting times as quickly as possible and minimising the risk of further harm to patients.

Of the 5.3m of consultant-led elective patients (May 2021), 336,733 have been waiting for more than a year, compared to less than 2,000 before the start of the pandemic[1]. With waiting lists at this already unprecedented level, there is also a concern that a reduction in the number of people seeking medical advice during the pandemic could result in additional pressures, e.g. Cancer Research UK estimates that between March 2020 and February 2021, urgent suspected cancer referrals were 15% (total of 430,000) lower than the previous year[2].

To add to the challenge, the NHS workforce and its long-term sustainability is a cause for concern. Many of those working in critical care have been showing signs of anxiety and post-traumatic stress disorder (PTSD). 80% of nurses responding to the Nursing Standard survey in November 2020 reported that their mental health had been affected during the pandemic.[5] It is therefore imperative that restoration plans and developments in services continue to support the health and wellbeing of staff.

Given the scale of the problem, traditional approaches to optimising efficiency within providers alone are unlikely to be enough[3]. The figure below highlights some of the requirements for system level change within integrated care systems.

Figure 2 – Requirements of ICSs for system level change

1 A system-level prioritisation and risk stratification exercise should be carried out with clinicians and operational leads, to agree which specialities, or points of delivery, require the most urgent attention and additional measures to ensure equity of treatment

2 A true picture of demand and capacity across providers, at system-level, is required. Demand forecasts should include expected waiting time trajectories and modelling for diagnostics that feed into cancer and elective pathways. Capacity forecasts should highlight key limiting factors across all providers, in workforce, estates and equipment.

3 Interventions to increase capacity and reduce waiting lists should be developed in collaboration with clinical, operational and finance teams, across the system, driven by agreed priorities from demand and capacity forecasting and supported by scenarios modelling. This may include pathway design, scheduling changes and enhanced use of digital tools to increase efficiency.

4 Detailed implementation plans should be developed and monitored for agreed interventions, with clear time-scales, interdependencies and benefit trajectories, as part of a collectively-owned system recovery plan. Clinical leadership will be crucial to successful implementation.

Clinical Strategy

The Trust clinical strategy Embracing Change, Proud to Care Our 2025 Strategy[4] supports the health and care system with a move more towards integration and collaboration. In 2016, the Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Partnership (STP) was established. This has now changed and known as 'Healthier Together' (as per section 2.7.2).

---

1 Referral to Treatment (RTT) Waiting Times, England – April 2007 – May 2021, NHS England and NHS Improvement, https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2021-22/

2 Evidence of the impact of COVID-19 across the cancer pathway: Key Stats, Cancer Intelligence Team (Cancer Research UK), last updated 15/04/2021, https://www.cancerresearchuk.org/sites/default/files/covid_and_cancer_key_stats-16-04.pdf

3 NHS 2021/22 priorities and operational planning guidance, https://www.england.nhs.uk/wp-content/uploads/2021/03/B0468-nhs-operational-planning-and-contracting-guidance.pdf

4 Embracing change, Proud to Care – Our Strategy 2025 UHBW

UHBW have contributed significantly to leading within the STP and continue with a commitment to ensure that improving the health and well-being of the local population is a core part of strategic plans alongside the further development of specialist services such as complex paediatrics, oncology and cardiology.

Following the analysis and extensive engagement with patients and staff, reviewing successes, and understanding more about the challenges ahead, the main focus of the clinical strategy is to enable staff to provide the 'best care in the best environment'.

The Trust's current quality strategy ambitions directly support the development for a new UEAC, enabling emergency and urgent care ambitions to be achieved, and expansion and improvement so theatres are achieved meaning fewer operations are cancelled, patient wait times are reduced and patient safety is improved.

Through the Acute Provider Collaborative UHBW and North Bristol Trust (NBT) are also working together to formalise a joint system clinical strategy which will include a focus on a number of key strategies. This important collaborative approach to development of services will be likely to have an impact on elective and emergency pathways of care across the system.

Some early examples of this include the BNSSG elective care centre at Southmead Hospital to provide increased capacity and access to non-urgent care, the impact of planning for community diagnostic centres to provide increased capacity and ease of access to diagnostics across Bristol and Weston. This work will be detailed and described further in the OBC.

1.2.4   Operational Priorities

As well as the Trusts estates and clinical strategies, there are a number of key operational priorities for service delivery that are intrinsically linked to wider strategic objectives described above and also to the Covid driven backlog and subsequent 'Elective Review and Recovery' programme. The operational needs of the service need to respond to demographic growth and increasing emergency and elective demand. In order to meet these challenges, there is a growing requirement for pathways of care to be delivered differently, with more streamlined adjacencies and in an environment which supports transformation, meeting the changing health needs of the population.

The Trust's operational priorities for service delivery are fully aligned to the national requirements; to provide premises that will not only meet future service demands, but those that drive quality and allow ease of collaborative working across the ICS. Furthermore, estate changes that will allow patients to receive treatments in the right place and at the right time; directly supporting the development of new roles so that patients see the right person first time, when they need to, through ease of access, reduced wait times, and in an environment conducive to world class service and care.

The changes required in the estate have been considered based on operational priorities and the target outcomes and outputs to demonstrate how the organisations goals, values and vision fully align as a clear 'golden thread' that sits behind a series of stepped changes to deliver the sustainable, safe and high-quality environment that will be realised as a result of this project.

In line with the national standards set to tackle the backlog for elective care the Trust is required to ensure waits of longer than a year for elective care is eliminated by March 2025, ensure that long-waiting patients will be offered further choice about their care, and over time as the longest waits from over two years reduce to under one year, this will be offered sooner. Diagnostic tests are a key part of many elective care pathways, and in line with the national ambition, 95% of patients needing a diagnostic test should receive it within six weeks by March 2025.

Outside of managing this backlog the Trust has several other priorities for elective care to ensure that the increasing numbers of new patients requiring treatment can be managed effectively; by implementing new pathways of care and facilities that support services to treat more people in different ways will ensure the current waiting list does not just keep getting longer and facilities are inadequate to support the changes required.

Prioritising key treatments will also be a part of this plan; the Trust, as with many large acute hospitals are consistently seeing record levels of urgent suspected cancer referrals since March 2021, a result of people not accessing treatment during the pandemic. In line with national targets, by March 2024, 75% of patients who have been urgently referred by their GP for suspected cancer are required to be diagnosed or have cancer ruled out within 28 days. This links directly to the ambitions of the NHS Long Term Plan ambitions on facilities that support pathways of care that enable early diagnosis and effectiveness of early treatment. For patients who need an outpatient appointment, the time they wait can be reduced by transforming the model of care and making greater use of technology.

1.2.5   Existing Estate and Service Provision and the drivers for change

The Marlborough Hill site is c. 12 Hectares offers the last major zone for development of the city centre campus. It currently has a low density of historic and piecemeal development offering a unique opportunity for strategic development, expanding existing services and releasing capacity within the existing estate.

The Estate has a number of significant, longstanding and operational risks that will be addressed by this project include:

- Physical space constraints for delivering modern and timely adult urgent and emergency care services to improve patient and staff experience
- Poor condition of the theatre estate affecting safety and quality of patient care
- Unsustainable capacity to underpin the elective and planned care services to assist recovery post pandemic and meet national standards for waiting times
- Deliver the improvements required that will enable the Trust to attain the required quality standard for endoscopy JAG (Joint Advisory Group) accreditation
- Address the capacity constraints within paediatric services to improve access to care for children across the region.

Along with the need to deliver on our strategic estates plan to:

- Address high backlog maintenance costs associated with old estate
- Improve the efficiency and environmental sustainability of the ageing estates

- Enable the creation of additional theatre capacity to support a refurbishment of ageing theatres.

The site is steeply sloping and currently houses the Trust HQ, Staff Residences, Pharmacy, the Old School building and a multi-storey car park housing the transport hub for cyclists. The city centre location and proximity areas of local residential neighbourhoods requires careful planning of the site zoning and construction logistics to minimise the impact of the development both in construction and operation.

The existing buildings on the site comprise largely of support functions. Pharmacy offers clinical support function and links into the existing hospital circulation network at Level 3 whilst also receiving vehicular deliveries. The accommodation is low rise and has a high volume of road infrastructure supporting it, resulting in a low density for the city centre location. Early clearance of the site will be key to achieving the project programme. A decant strategy will be developed where necessary to ensure all accommodation can be relocated appropriately. Currently it is planned that Pharmacy will remain on site and options will be explored to locate this in an optimal position. The figure below shows the current site layout.

Figure 3 – Current site layout

CQC Inspection

The most recent CQC inspection (2021) has raised some requirements and recommendations pertaining to the current services/service areas which would be accommodated within the new build. The requirements/recommendations included items such as air quality and vehicle emissions in ambulance waiting areas, all premises and equipment backlog maintenance and infection control issues in endoscopy.

Emergency

The current ED comprises the following accommodation:

- A306 for 'Fast Flow Minors', including 11 cubicles, reception, waiting area, NHS 111 and EDST booths
- A300 for 'Majors' has 16 cubicles. eight resus, eight observation trolleys, a 'fit to sit' area, security hub, mental health room, seven escalation spaces
- A302 (Reverse Queue B) accommodates four escalation or reverse queue spaces
- A303 houses the RATT (Rapid Assessment Treatment and Triage) and the Incident Triage Area, which has three trolleys.

The key current challenges and limitations within the Adult ED include:

- Unsuitable environment in the BRI for delivery of modern models of care for Urgent and Emergency care – resulting in delays and poor patient flow
- Centre of site location restricts access and flexibility
- Significant infection control risks
- Layout causes significant challenges to delivering rapid services; the lack of flexible space and assessment beds means that admissions are often not avoided
- Lack of capacity causing ambulance queues and there are consistent performance issues, such as the 4-hour wait not being met
- Arrangement currently not fit for purpose; staff inefficiency due to location, inflexible spaces (no universal cubicles); significantly affecting staff and patient experience
- Opportunities for key vulnerable groups such as those with mental health issues and patients with learning disabilities are not assessed and cared for in an appropriate environment
- These challenges have also been highlighted by multiple reviews and improvement inputs by NHSE teams e.g. Emergency Care Improvement Support Team (ECIST)

Radiology

The current coadjacent radiology services (with ED) are as follows:

- One CT room shared with inpatients/ITU
- Radiology reporting hub
- supported by office and seminar room accommodation.
- Three plain imaging rooms (one currently not functioning)

Current challenges within Radiology include:

- Backlogs in treatment and poor patient flow causing delays in care
- Physical capacity leading to clinical quality and safety concerns
- Poor equipment availability i.e. 1 plain imaging room not currently working
- Lack of dedicated CT, increasing emergency and elective &/ outpatient waiting times.

AMU, OPAU, STAU and SDEC

- **AMU** (Acute Medical Unit) current layout includes ward A515, which is the main assessment unit, with 25 beds and 3 escalation trollies and ward A518, which is the short stay unit for stays less than 72 hours and has 14 beds.
- **OPAU** (Older Persons Assessment Unit) is solely based in A400, which is a 30-bed ward, with four escalation trollies.
- **STAU** (Surgical Trauma Assessment Unit) current working capacity includes 23 beds, three assessment area trolleys (open 07:00-22:30), with capacity to isolate one patient and 6 assessment areas chairs (open 07:00-22:30). There is no escalation or boarding capacity on the unit currently.
- **Medical SDEC** (Same Day Emergency Care) currently uses A307 and has 8 cubicles, 1 triage room, 1 reception desk, 1 waiting room.

The key current challenges and limitations within AMU, OPAU, STAU and SDEC include:

- Recurring capacity constraints being driven by demographic growth, changes in the times of presentation, increasing acuity, increasing age profile and increased number of complex patients and mental health concerns
- Layout constraints of the departments cause diseconomy and complexity of staffing
- Constraints of the environment impede effective delivery of the acute medical and frailty model with consequent impact on reductions in length of stay to accommodate increased demand productively and to enact the Healthy Weston system vision
- Poor environment requiring upgrade across many areas with layouts causing difficulties to delivery of rapid turnaround services

Theatres and Endoscopy

The Trust has a total of 39 operating theatres split across 10 theatre units and 7 hospital sites including the Bristol Royal Infirmary (BRI), St Michaels Hospital (STMH), the Dental Hospital (BDH), the Eye Hospital (BEH), South Bristol Community Hospital (SBCH), Bristol Royal Hospital for Children (BRHC) and Weston General Hospital (WGH).

In addition, the Trust has 8 endoscopy rooms split across three sites (BRI has 4, SBCH has 2 and WGH has 2) that are used exclusively for adult patients. Paediatric endoscopy activity is undertaken in BRHC theatres as patients receive a general anaesthetic.

Current challenges and limitations within the Theatres and Endoscopy estate include:

- Aging, unreliable and poor ventilation within theatres and lack of flow (currently only 2 laminar flow theatres);
- Poor electrical resilience of supporting power supply systems for theatres;
- Inadequate number of endoscopy rooms to cope with demand and loss of JAG compliance due to environmental issues;
- Poor equipment provision within both main theatres and endoscopy;
- Distributed clinical model of theatres;
- Structural limitations of buildings where theatres are located;
- General poor condition of theatres including scrub areas, lighting, inadequate radiation protection, poor temperature regulation

- Lack of emergency call system in STMH theatres;
- A risk that there is inadequate BRI operating availability and timely access to HDU.

The issues above result in:

- Recurring theatre capacity deficits in a number of specialities causing poor access, and challenges to quality and performance
- Endoscopy capacity gap, this is predicted to widen further with the known and expected growth
- High levels of cancellations, poor staff recruitment and retention and poor performance against quality indicators
- Specific issue relating to complexity of case mix and lack of adjacencies which manifests in cancellations of high-risk cases and poor patient experience
- Strategically the above constrains the Trust's ability to innovate and develop the specialist cancer surgery portfolio

Furthermore, from an environmental issue, there are risks related to poor electrical resilience in theatres and endoscopy departments across the Trust, which have been logged on the Trust wide Risk Register. For example:

- Lack of UPS backup in BDH, BEH, HGT and QDU theatres;
- Lack of electrical resilience for known high risk clinical areas.

Immediate works were carried out by the Estates Team to mitigate immediate concerns, however, the underlying issues regarding age, condition and reliability of the systems require investment, as outlined below.

Ventilation System Review

In March 2018, the Trust commissioned an Authorised Engineer (AE) to undertake an independent, Trust-wide review of the current condition of theatre ventilation systems. The review found that a number of elements tested, either had significant issues or were rated as critical. In response to this survey, the Estates team undertook some minor works to the ventilation systems to address immediate concerns. Although these works addressed the immediate risk of ventilation system failure, they did not resolve the underlying issues regarding the age, condition and reliability of the systems.

Electrical Resilience

In April 2018, the Trust also commissioned an independent review of its electrical resilience systems supporting our operating theatre estate. This report identified a number of areas where the existing UPS (uninterruptable power supply) and IPS (instant power supply) resilience requires improvement to mitigate risks associated with interruptions to electrical power supply. Following the review, the Estates team undertook works supported by capital investment to resolve immediate concerns and risks.

1.2.6   Activity, Capacity and Demand

In July 2021, Archus submitted their Strategic Capital Review to the Trust, of which the key objective was to support the Trust in reviewing the Strategic Capital Programme. Three of the main activities were:

a) Collating the capacity requirements across the range of proposed schemes and service developments;

b) Testing anticipated capacity and demand requirements, based on a consistent set of assumptions across the existing business cases;

c) Outlining and evaluating a range of scenarios, based on the scope of the schemes in the programme and the available physical estate options, to deliver the required benefits of the overall programme.

A demand and capacity model was created using the Trust's baseline data, using agreed demographic and non-demographic factors. The outcome was a series of projections of the future activity and capacity requirements at 5-, 10- and 20- year periods for:

- Emergency department and non-elective services
- Elective services
- Paediatric services
- Ophthalmic services
- Oncology and Haematology.

Completion of the demand and capacity model enabled a review of the business cases to test the activity, assumptions and capacity projections against the model findings. For a full list of business cases reviewed please see [Appendix 3; Strategic Capital Review].

The review looked at the potential impact of any clinical mitigation and innovation opportunities, specifically looking at how services can be delivered differently to reduce the demand on physical space, which will have to be adopted as the Trust moves forward with its strategic planning. Schedules of accommodation were produced for all functional content, resulting from the activity and capacity modelling. These schedules were then used by BDP for the current functional content shown in the UEAC Feasibility [Appendix 7].

Following the conclusions of the report, it became clear the Adult ED requirement could not easily be accommodated in the current core site and its relocation to the Marlborough Hill is therefore the "key-stone" to unlocking capacity across the rest of the site for service strategic developments for the Trust.

1.2.7   Investment Objectives

NHSE's recommended SMART objective plan to ensure that project objectives are:

- **Specific:** Focus precisely on what is required.
- **Measurable:** Ensure set objectives can be measured to determine the scheme's success.
- **Achievable:** The objectives set are agreed by all and attainable.
- **Realistic:** The project is realistic in its completion for all stakeholders involved.
- **Time Constrained:** The project can be achieved in its set and agreed timeline.

The Project Team have agreed the following spending objectives with corresponding baseline measures:

Table 1 – Investment/Spending objectives, measures and associated benefits

Investment/Spending Objective	Measure	Associated Benefit
1. Create a new Adult ED/Theatres/Endoscopy facility, improving patient access to the right service in a timelier manner, working with local providers to better coordinate care, by 2030.	4 hour wait data	Improved patient access to timely and appropriate care
2. Improve and expand Adult ED/Theatres/Endoscopy, provision and support spaces, ensuring they are in line with current best practice, improving patient safety, by 2030.	Increase in number of patients seen / demand being met	Improved patient flow and experience, improved staff retention
3. To work with our system partners to improve patient experience and future proof services (including consideration of pandemic resilience and local health complexities) for the population we serve, until at least 2035.	Patient survey	Improved patient experience, meeting needs of population better
4. Create opportunities to develop improved clinical pathways and models of care, leading to better patient outcomes, by 2035.	Patient outcomes data	Improved clinical pathways for improved patient flow/experience
5. Provision of best practice JAG compliant endoscopy service to meet demand, by 2035.	Compliance inspection by JAG	Improved patient experience, improved staff retention
6. Release additional capacity to meet the Trust strategic objectives for expanding specialist services, by 2030.	Sq/m available once services have moved	Improved staff environment and therefore retention, better served population for specialist treatment
7. To put in place and maintain estates that enable the Trust to achieve compliance and conformance with modern healthcare standards and sustainability net zero carbon targets by 2030.	Backlog maintenance six facet survey	Improved staff and patient areas, sustainable future proof buildings
8. To develop services and environments staff want to work in and become an employer of choice by 2030.	Staff survey	Staff retention

1.2.8   Stakeholder Engagement

There has been some initial engagement with Trust clinical representatives in various departments of UHBW involving discussion regarding which services are to be provided within the new centre, however, furthermore detailed discussions are planned for OBC.

Development proposals have been discussed at system level via existing Chief Operating Officer forum including partners within North Bristol Trust (NBT), Bristol North Somerset and South Gloucester ICS and Avon and Wiltshire Partnership (AWP). There is broad understanding of the need for the scheme with support subject to scrutiny of the scheme by the Integrated Care Board (ICB), as required.

1.2.9   Local Sensitivities

The city centre location and proximity areas of local residential neighbourhoods requires careful planning of the site zoning and construction logistics to minimise the impact of the development both in construction and operation. Modern methods of construction will be considered for use in the scheme e.g. off-site manufacture, to reduce disruption on site.

1.2.10   Integrated working

In late 2015, NHS England announced plans to bring NHS healthcare providers and commissioners, together with local authorities that provide social services, to form Sustainability and Transformation Partnerships (STPs). STPs are now known as ICS (Integrated Care System) and Healthier Together is the ICS for Bristol, North Somerset and South Gloucestershire (BNSSG). This has now been established as a statutory entity, BNSSG Integrated Care Board (ICB) following legislative changes from July 1st, 2022. The main purpose of Healthier Together is to enable these organisations to work together towards creating an integrated care system for the population, that is affordable and sustainable.

BNSSG ICS and UHBW have an ambitious vision for Weston General Hospital to lead the country as a successful small hospital delivering truly integrated, safe and high-quality services that meet the specific needs of local people, now and in the future. We will do this by working in new and innovative ways with health and care partners.

Healthy Weston Phase 2 builds on the Healthy Weston work published in October 2019, which recognised that the reforms it proposed were urgent and important, but further work was required, to deliver the vision of Weston as a dynamic hospital at the heart of its community.

Following an 8 week period of public engagement, the future vision of care at Weston Hospital has been agreed by the ICB and phased implementation plans will be developed aligned to the final stages of clinical service integration across UHBW.

1.2.11   Design Strategies

The ability to add value to a project is at its peak during the early stages of design. The design team has explored opportunities to add best practice and innovation from other projects and sectors. Design strategies include:

- Patient focussed design
- Evidence based design
- Locating cohorts of assessment beds adjacent to ED
- Flexibility

- The separation of planned and unplanned care
- Massing and site efficiency
- Connection to the city
- Maintain business as usual.

1.2.12   Equality and Diversity

As a provider of public services, UHBW has a statutory and legal duty to ensure fair and equitable treatment of all people, with respect to promoting equality as required in the Equality Act 2010, and to address health inequalities as required by the Health and Social Care Act 2012.

To ensure that the impact of our proposal is understood and that there is no adverse impact on any particular group of individuals, including those of protected characteristics and groups who may be most impacted by health inequality, an Equality and Health Inequality Impact Assessment (EHIA) will be undertaken at OBC.

1.2.13   Four Key Tests for Service Reconfiguration

Some engagement has been carried out regarding the emerging clinical model, the case for change and challenges facing the services, as well as potential solutions and service options. Further engagement and clarification of the service model, clinical pathways and models of care will be carried out at OBC. Discussions so far indicate there may be some change to the models of care and clinical pathways, with improvements expected for both staff and patients.

The proposed development will meet the four tests mandated in the "Planning and delivering service changes for service users" guidance:

1.   Strong public and patient engagement.

2.   Consistency with current and prospective need for patient choice.

3.   Clear clinical evidence base.

4.   Support for proposals from clinical commissioners.

1.2.14   Risks, Constraints and Dependencies

Risks

The main risks of this investment are shown in the risks table of this document, together with their counter mitigations. Further detail on risk, is covered in the Economic, Commercial and Management Cases.

Constraints

The Bristol campus is constrained for development, particularly around existing Adult Emergency Department and Children's Hospital, Emergency Department, PICU, outpatients, theatres, and inpatient wards. The Trust are cognisant that they must achieve the best possible value for money in capital redevelopments and each scheme must deliver the outcomes of both estates and services objectives.

The Trust currently has a significant constraint regarding workforce i.e., recruitment and staff retention. The associated benefits of this scheme could assist with addressing these issues, but also could constrain the progression of the potential options.

The wider constraints of having poor condition and restricted capacity in theatres impacts on the Trust's ability to provide the capacity required for the provision of specialist services to the region for complex and tertiary services

Dependencies

The cost/benefit of refurbishing and relocating departments within the existing footprint against that of new build development at Marlborough Hill has been tested at this feasibility stage. To 'unlock' space for developing the prioritised Strategic Estates Development list, where there are major capacity constraints including Children's Services, development of an

Urgent Emergency Assessment Centre (UEAC), Theatres and Endoscopy facility at Marlborough Hill is the cornerstone for enabling the planned redevelopment programme.

There are a number of system wide dependencies that are reliant on this development, which include sustainable provision of specialist services, particularly oncology, cardiology and specialist paediatrics which are provided for the Southwest and beyond. Maintaining this provision as a centre of excellence for specialist services requires this development to further ensure these services are not disrupted and acute integrated care is delivered in the right place, at the right time for patients

We want to continue to be beacon for research, education and innovation

1.3   Economic Case

A longlist of options assessed against the critical success factors and investment objectives and a shortlist of four have been identified within this SOC. The long list was derived from the previous feasibility study [see appendix 7]. The shortlist has been costed and the preferred way forward includes a new build to encompass the entire Marlborough Hill site, utilising all available space, which will accommodate Adult ED, Theatres, Endoscopy suites and support functions such as Radiology, Pharmacy and assessment units.

1.3.1   Critical Success Factors

The Critical Success Factors (CSFs) are the attributes essential for successful delivery of the project against which the initial assessment of the options for the delivery of the project will be appraised, alongside the spending objectives. The CSFs for the project are crucial, not merely desirable, and not set at a level that could exclude important options at an early stage of identification an appraisal.

HM Treasury/Central Government's best practice approach suggests a standard list of CSFs, which have been employed for this project as follows:

CSF	How well the option:
1. Strategic fit and meets business needs	• Meets the agreed spending objectives, related business needs and service requirements • Provides holistic fit with other local/regional strategies/programmes/projects e.g. Healthy Weston 2, D2A business case, SDEC visions, amongst other acute collaboration programmes.
2. Potential value for money	• Optimises social value (social, economic and environmental), in terms of potential costs, benefits and risks. • Specific outcomes include for example; improved performance on LoS, 4 hour waits, 12-hour breaches, improved staffing efficiencies.
3. Supplier capacity and capability	• Matches the ability of potential suppliers to deliver the required services • Appeals to supply side
4. Potential affordability	• Can be financed from available funds • Aligns with sourcing constraints
5. Potential achievability	• Is likely to be delivered given an organisation's ability to respond to the changes required • Matches the level of available skills required for successful delivery

1.3.2   Options Framework

Methodology

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the business case documents the wide range of options that have been considered that could deliver the agreed investment objectives for five categories of choice:

- Scope (service and geographical coverage).
- Solution (including services and required infrastructure).
- Service delivery (who will deliver the required services).
- Implementation (timing and phasing of delivery).
- Funding (type of funding for the investment).

The Long List and Assessment of Options

The long list must include an option that provides the baseline for measuring improvement and value for money. This option is known as 'Business as Usual'. It must also include a realistic 'Do Minimum' based on the core functionality and essential requirements for the project.

This process results in an assessment of each option in terms of how well it will deliver each investment objective and CSF and is assessed as either:

Does Not Meet	Partially Meets	Strongly Meets

This results in an overall assessment of each option, which determines whether the option is either discounted, carried forward or noted as the preferred way forward.

The preferred way forward and options that are carried forward are taken into the short list for economic appraisal.

A high-level assessment of each of the options was undertaken by the Design Team and the Trust project team and a SWOT analysis compiled for each. In consequence to this, it was agreed that a shortlist of at least 4 should be further developed to a level of detail which would allow departmental internal arrangements, adjacencies and flows to be considered alongside engineering overlays, site 'abnormals' and cost analysis.

Long List Summary

The table below is a summary of the long list of options using the options framework.

Project	Option 1 – BAU	Option 2 – Do Min	Option 3 – Intermediate 1	Option 4 – Intermediate 2	Option 5 – Intermediate 3	Option 6 – Intermediate 4	Option 7a – Do Max (shell)	Option 7b – Do Max
1. Service Scope *As outlined in Strategic Case*	Existing services stay as they are	Refurbish existing buildings/areas.	New build on Marlborough Hill site, linear shaped building	New build on Marlborough Hill site, creating a courtyard.	New build on Marlborough Hill site, building at front of site	Compact new build on Marlborough Hill site with street access	*New build, – internal access to main hospital – use whole site available space*	
	Carried forward	Carried forward	Carried forward	Carried forward	Carried forward	Carried forward	Preferred way forward	
2. Service Solution *In relation to the preferred scope*	Existing services stay as they are	Increase use of existing site	Changes to existing estate			Smaller new build on Marlborough estate	Large build on Marlborough estate – phased occupancy	Large build on Marlborough estate – full occupancy
	Carried forward	Carried forward	Discount			Carried forward	Carried forward	Preferred way forward
3. Service Delivery *In relation to the preferred scope and service solution*	NA	Current estates and facilities teams	Procure 2022/23 framework					
		Carried forward	Preferred way forwards					
4. Implementation *In relation to preferred scope, solution and method of service delivery*	NA	NA	3–4 year phased				5 years phased (flexible use)	
			Carried forward				Preferred way forward	
5. Funding *In relation to preferred scope, solution, method of service delivery and implementation*	NA	NA	NHS Capital					
			Preferred way forward					
Conclusion	Carried Forward	Carried Forward	Carried Forward	Discounted	Discounted	Discounted	Carried Forward	PWF

1.3.3   Shortlisted Options

In line with guidance and best practice, the business case has identified the minimum of four short listed options for further appraisal. These include:

- Business as Usual: The benchmark for value for money.
- 'Do Minimum': A realistic way forward that also acts as a further benchmark for Value for Money, in terms of cost justifying further intervention.
- 'Recommended': The preferred way forward at this stage.
- One or more other possible options based on realistic 'more ambitious' and 'less ambitious' choices that were not discounted at the long-list stage.

The options framework has been used to filter the options considered at the long-list stage to generate the potential short-list for the project, as illustrated below.

Table 2 – Options framework summary

Options	Option 1; Business as Usual	Option 2; Do Minimum	Option 3; Intermediate 1	Option 7a; Intermediate (less ambitious PWF)	Option 7b; Do maximum (more ambitious PWF)
Project Scope	Existing remains	Refurbish existing	Linear new build	New Build – use whole site	
Project Solution	Backlog maintenance	Increase use of current site	Smaller new build	Large build on MH with phased occupancy	Large build on MH with full occupancy
Service Delivery	N/A	Current Estates and Facilities	P22/P23		
Project Implementation	N/A	N/A	3-4 year phased	5 year phased (flexi use)	
Project Funding	N/A	N/A	NHS Capital		

This short list of options will have full economic appraisal as part of the Outline Business Case. It should be noted, programmes are high level at this earlier stage of design, these will be explored in more detail and reviewed at OBC stage, including implementation timeline for each option.

1.3.4   Economic Appraisal

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the SOC documents the range of options that have been considered in response to the potential scope identified within the strategic case. It identifies the investment objectives, the critical success factors, and appraises each to determine the preferred way forward.

1.3.5   Capital Costs

A copy of the capital cost reports are provided in the following appendices:

- **Option 2** (Appendix 8) Capital Costs Do Min Refurb Scheme;
- **Option 7a** (Appendix 9) Capital Costs Shell Phased Scheme; and
- **Option 7b** (Appendix 10) Capital Costs Full Scheme.

At OBC stage, a capital cost form for each option will be produced.

The resulting capital costs estimates are summarised in the table below for the key areas of Adult ED, Theatres and Endoscopy. The first option (BAU) includes addressing backlog maintenance only. Option 2 and 3 are based on an incremental estimate of costs, namely option 2 includes estimated refurbishment of all areas and option 3 includes Do Minimum costs, with a limited new build. The individual new builds (options 7a and 7b) do not include backlog maintenance or refurbishment of current areas, as per the first three options.

Table 3 – Capital Costs £000s

Functional floor space req. m²	Incremental approach to options cost development			Individual new build options	
	7,131m²	7,131m²	11,866m²	18,939m²	18,939m²
	Option 1 BAU; Backlog maintenance	Option 2 Do Min; Refurb all areas	Option 3; Do Min + small new build	Option 7a; Do Max (shell + phased fit out new build)	Option 7b; Do Max PWF (full fit out new build)
Construction	N/A	24,067	47,674	79,061	94,430
Fees	N/A	4,813	8,496	12,477	14,729
Non works	N/A	481	953	1,581	1,889
Equipment costs	N/A	5,671	7,779	8,432	8,432
Planning contingency	N/A	5,255	7,943	9,140	10,753
Construction Subtotal	**N/A**	**40,287**	**72,845**	**110,691**	**130,232**
Optimism bias	N/A	6,043	8,973	9,962	11,721
Inflation adjustment & Pubsec uplift	N/A	14,188	19,545	18,212	21,427
Inflation & Opt Bias Subtotal	**N/A**	**20,231**	**28,518**	**28,174**	**33,148**

Functional floor space req. m²	Incremental approach to options cost development			Individual new build options	
	7,131m²	7,131m²	11,866m²	18,939m²	18,939m²
	Option 1 BAU; Backlog maintenance	Option 2 Do Min; Refurb all areas	Option 3; Do Min + small new build	Option 7a; Do Max (shell + phased fit out new build)	Option 7b; Do Max PWF (full fit out new build)
Total (Ex VAT)	**N/A**	**60,518**	**101,363**	**138,865**	**163,379**
VAT	N/A	11,141	18,573	25,278	29,730
Estimated BLM costs	2,280	–	–	–	–
Total (Incl. VAT)	**2,280**	**71,659**	**119,936**	**164,143**	**193,109**

For completeness and ease of reference to capital cost forms and the Financial Case, the table includes VAT and inflation adjustments. However, it should be noted that for the purposes of the economic appraisal at the later OBC stage all costs will exclude VAT and be restated at base year prices in accordance with HM Treasury Green Book guidance.

Note that:

- Option 1 is based on a pro rata cost for 7,131m², of the total UH Bristol estate 180,000m² (approx. 4%), multiplied by total UH Bristol 'Estates Backlog Maintenance' capital allocation (£57.6m), which equates to £2.28m.
- Option 2 includes estimated refurbishment costs for all areas in scope provided by the Trust Cost Advisor (£71.6m), based on 7,131m² at c.£10k per m².
- Option 3 includes the estimated refurbishment as per option 2 (7,131m²), with an additional limited new build of 4,735m², which is approx. 25% of the full new build option 7b. The approx. value of the additional 4,735m² new build is £48.3m.
- Option 7a and 7b are a replacement new build covering the same footprint of 18,939m². 7a includes fully completed construction with phased fit out, however 7b (preferred way forward) includes full construction with complete fit out for services.

1.3.6   Estimating Life Cycle Costs

Lifecycle costs for all options have been calculated by multiplying floor area information provided by Estates and the Trust Cost Advisor, by average rates contained in the latest available New Model Hospital data (2021/22), in which Hard FM costs are £70/per m².

The results are shown in the following table:

Table 4 – Lifecycle Costs £000s

Functional floor space req. m²	7,131	7,131	11,866	18,939	18,939
	Option 1 – BAU	Option 2 – Do Min (BAU + Refurb)	Option 3 – Do min + limited new build	Option 7a; Do Max (phased new build)	Option 7b; Do Max PWF (occupied new build)
Lifecycle Costs	**499**	**499**	**831**	**1,326**	**1,326**

1.3.7   Estimating Non-Recurring Revenue Costs

None identified at this SOC phase, these will need to be identified at OBC/FBC stage.

1.3.8   Estimating Recurring Revenue Costs

Recurring Revenue costs are yet to be fully scoped however indicative costs have been sourced for the functional departments based on 2021/22 BAU costs, while ERIC data for the Trust has been used to derive annual costs by floor area for ancillary services. The resulting recurring revenue cost estimates and sources are summarised below.

Table 5 – Recurring Revenue Costs 000's

Functional floor space req. m² / Department	ERIC data – Annual £/m²	Incremental approach to options cost development			Individual new build options		Source data 2021/22
		7,131m²	7,131m²	11,866 m²	18,939 m²	18,939 m²	
		Option 1 – BAU	Option 2 – Do Min (BAU + Refurb)	Option 3 – Do min + limited new build	Option 7a; Do Max (phased new build)	Option 7b; Do Max PWF (occupied new build)	
Emergency		7,549	7,549	10,515	11,863	11,863	Cubicles
AMU		6,007	6,007	6,007	6,007	6,007	BAU data
OPAU		3,898	3,898	3,898	3,898	3,898	" "
STAU		2,877	2,877	2,877	2,877	2,877	" "
Theatres		4,930	4,930	6,902	7,888	7,888	Rooms
Endoscopy		16,610	16,610	23,531	27,683	27,683	Rooms
Pharmacy		0	0	0	0	0	N/a
Hard FM	70	499	499	831	1,326	1,326	ERIC
Catering	25	175	175	292	466	466	"
Cleaning	49	348	348	579	925	925	"
Energy	27	189	189	315	503	503	"
Laundry	7	51	51	84	134	134	"
Parking	1	5	5	8	12	12	"
Portering	21	151	151	251	401	401	"
Water/Waste	9	64	64	106	170	170	"
Total Costs		**£43,353**	**£43,353**	**£56,196**	**£64,152**	**£64,152**	

Points to note, on the above table:

- Option 1 is based on 2021/22 cost of current services.
- Option 2 is the same as option 1, i.e. the footprint remains the same as BAU.
- Option 3 includes 2021/22 cost of current services, plus the revenue impact of a limited new build.
- Option 7a and 7b are a replacement new build of the same footprint. 7a total annual recurrent revenue costs will be the same as 7b, once phasing of fit out is complete.

1.3.9   Efficiencies

The costings presented at this SOC stage are based upon known BAU costs and floor space requirements. It is anticipated however that as the business case is developed it will be

important to appraise the intended efficiencies. It is likely that these efficiency gains will inform the scope of the intended development and in turn the associated costs. These will be developed at OBC stage.

1.3.10   Estimating Benefits

The main benefits resulting from the investment are listed in the appended benefits log. Analysis of the monetised benefits is to be developed once costings are known at OBC.

1.3.11   Estimating Risks

The risks for each option will be assessed and, as far as possible, quantified and expressed in monetary equivalent terms, including:

- Quantified risk in relation to planning contingency included in capital cost forms;
- Optimism bias factor included in capital cost forms;
- Key project risks which have not been accounted for within capital costs.
- The main risk register for the project can be found at Appendix 12, risks specific to the options will be assessed further at OBC.

1.3.12   Comprehensive Investment Appraisal (CIA)

A CIA model has been developed to appraise the options at SOC and it also again at OBC stage once the service profile has been developed and defined benefits and risks have been identified and fully costed.

The CIA model (Appendix 13) shows for each of the options:

- Discounted costs and benefits.
- Net Present Social Values
- Cost Benefit Ratios and rankings

1.4   Commercial Case

The Commercial Case outlines the proposed procurement strategy for the preferred way forward identified in the Economic Case.

1.4.1   Procurement Strategy

For the proposed works for the preferred way forward of the scheme, the Project Board will agree a Procurement Strategy which will initially assess a wide range of potential options for securing a contractor and delivering the scheme. The procurement options available to are summarised below.

- Framework procurement (ProCure22) – the Department of Health and Social Care's (DHSC) procurement framework for healthcare related projects.
- Non–framework procurement – Traditional tender or Design and Build tender.
- Traditional Procurement – UHBW manage the design and a construction partner is appointed for development.

- The chosen procurement route by UHBW will be confirmed OBC stage, currently the SOC options appraisal shows the preferred route as ProCure22/23.
- Delivering value for money will be one of the key criteria considered when selecting the most appropriate procurement strategies to deliver the proposed development. A further detailed summary of the routes the Project Board are considering at this stage are in the below sub-section.

ProCure22 features include:

- Guaranteed Maximum Price (GMP) is based on market-tested prices and detailed design at the Full Business Case (FBC) stage
- Performance on time within budget (ability to mobilise with immediate effect)
- Sustainable supply chains
- Absence of litigation

- Open book transparency and long-term relationships
- Improved risk management
- Buying gain
- Recovery of VAT (partial)
- Cost Certainty.

1.4.2   Modern Methods of Construction

NHS England (NHSEI) with the Department of Health and Social Care (DHSS), are working on progressing the approaches used to increase the use of Modern Methods of Construction (MMC) on all business cases requiring central NHSE sign off.

As part of this, an interim draft guidance has been developed for inclusion in the NHS Capital Business Case Fundamental Criteria Checklist:

- Modern Methods of Construction (MMC) is a wide term, embracing a range of offsite manufacturing and onsite techniques that provide alternatives to traditional building and forms part of the Government's recent policy;
- In line with the Government 2019 statement – 'Presumption in Favour of MMC' DHSC and NHSE assume that all schemes start out as MMC;
- In addition to enabling a reduced on-site component assemble time, due to off-site factory production to a pre-agreed quality standard, MMC also reduces the size of on-site construction teams, disruption to site, health and safety risk and post completion defects;
- The government's Infrastructure and Projects Authority (IPA) guidance 'refers to MMC as 'smart construction' defined under three categories, which cover a range of techniques with greater levels of activity taking place off site and increased levels of standardisation, underpinned by digital design and engineering;
- Manufactured: whilst not widely used this offers the greatest opportunities to improve delivery efficiency and boost productivity;
- Volumetric: e.g., fully fitted modules;
- Components: e.g., standardised design elements (WC/shower 'pods', pre-assembled bed head services etc).

A full tender specification and pack will be appended to the Outline Business Case. A selected procurement partner will be responsible for developing the building design in accordance with all relevant NHS and strategies standards. This includes Health Technical Memorandum (HTM),

Health Building Note (HBN), Fire code and Building Research Establishment Environmental Assessment Method (BREEAM) compliance and Infection Control approach.

1.4.3   Interior Design

A building of this size and complexity will have an interior with different needs and personalities. There are big, public spaces full of activity and enlivenment contrasted by restful healing spaces.

Artwork, wayfinding and interior design must work together to create a cohesive whole. Differences in the feel of the spaces will be achieved through the intensity, extent and application of colour. Colour palettes will be developed with the Trust.

Staff and patient environment will also be carefully designed and the objectives of the interior design are:

* Visual connectivity between materials and palettes of colour used externally.
* Warm, elegant and simple palette of materials and colour.

1.4.4   Infection Control

The proposed development will be designed and configured in compliance with HBN and HTM guidance to provide clean, well-designed environments within which clinical services and procedures can be carried out safely.

Infection prevention and control measures will be designed into the new building through zoning, with appropriate clinical adjacencies to facilitate clean to dirty flows and the provision of good access for cleaning and maintenance to take place.

1.4.5   Personnel Implications

It is anticipated that there will no TUPE arrangements required as staff would not be required to transfer off the existing site. Workforce implications will be reviewed at OBC.

1.4.6   Equipment Strategy

The Project Board will develop an equipment strategy as part of the OBC process, to incorporate equipment requirements, equipment that would and would not transfer to the new premises. An equipment procurement strategy, which reflects the requirements and the associated purchase and/or lease of equipment in relation to funding arrangements is key.

1.5   Finance Case

The purpose of the finance case is to outline the financial implications of the preferred way forward and assess affordability. As such, it sets out the capital requirements and revenue consequences of the proposed scheme, along with underpinning assumptions. It outlines anticipated funding arrangements and presents the impact on the overall financial statements.

1.5.1 Capital Costs

Agreed Schedules of Accommodation and 1:500 drawings in accordance with the level that is anticipated for delivery of the preferred way forward, will require capital investment of £193.1m, based on the capital cost reported by the appointed Cost Advisors, Peninsular Projects Ltd.

Table 6 – Capital Costs £000s

	Net (£)	VAT (£)	Total (£)
Construction	94,430	18,886	**113,315**
Fees	14,729		**14,729**
Non works	1,889	378	**2,266**
Equipment costs	8,432	1,686	**10,118**
Planning contingency	10,753	2,151	**12,904**
Subtotal	130,232	23,101	153,332
Optimism bias	11,721	2,344	**14,065**
Inflation adjustment	21,427	4,285	**25,712**
Subtotal	*33,148*	*6,630*	***39,777***
Total	**163,379**	**29,730**	**193,109**

1.5.2 Revenue Costs

Non-Recurring Revenue Costs

No non-recurring revenue costs will be developed at OBC.

Revenue Costs

The resulting recurring revenue impacts are summarised in the table below.

Functional floor space req. m² / Department	18,939 m² Option 7b Do Max (PWF)	Source data
Emergency	11,863	Cubicles
AMU	6,007	BAU data
OPAU	3,898	" "
STAU	2,877	" "
Theatres	7,888	Rooms
Endoscopy	27,683	Rooms
Pharmacy	0	N/a
FM	1,326	ERIC 2019/20
Catering	466	" "
Cleaning	925	" "
Energy	503	" "
Laundry	134	" "
Parking	12	" "
Portering	401	" "

| Functional floor space req. m² / Department | 18,939 m² | Source data |
	Option 7b Do Max (PWF)	
Water/Waste	170	" "
Total Costs	**64,152**	

The indicative revenue costs of Option 7b (Do Maximum PWF 18,939m² footprint) compared to Option 1 (BAU 7,131m² footprint) equates to an increase in annual revenue of c.£20.8m.

Capital Charges

The capital charges are summarised in the following table:

Table 7 – Schedule of Depreciation Costs £000s

	Initial Investment Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Years 6 – 60	Total	Equiv. annual ave.
Total Buildings and Equipment before Impairment	193,109								
Buildings	182,992								
Impairment @ 25%	–45,748								
Buildings Net	137,224								
Depreciation (straight-line 60 years)		2,287	2,287	2,287	2,287	2,287	125,807	137,244	2,287
Equipment	10,118								
Depreciation (straight-line 10 years)		1,012	1,012	1,012	1,012	1,012	5,059	10,118	1,012
Total buildings and equip't net of impairment	147,361								
Total Depreciation		**3,299**	**3,299**	**3,299**	**3,299**	**3,299**	**130,866**	**147,361**	**3,299**

PDC dividends become payable when the asset comes into use in line with DHSC Cash Regime guidance published in April 2020.

Public Dividend Capital (PDC) dividend payments are calculated using the average cost of net relevant assets at the current standard 3.5% rate of return until it is repaid. The PDC payments are summarised in the following table:

Table 8 – Schedule of Public Dividend Capital (PDC) Payments £000s

	Year 1	Year 2	Year 3	Year 4	Year 5	Years 6 – 60	Total	Equiv. annual ave.
Buildings	4,763	4,683	4,603	4,523	4,443	121,089	144,106	2,402
Equipment	336	301	266	230	195	443	1,771	177
Total	**5,100**	**4,984**	**4,869**	**4,754**	**4,638**	**121,532**	**145,876**	**2,579**

The new capital charges may be partly offset by the depreciation and PDC interest that will be released following the removal of existing assets. This will be explored at the OBC stage.

1.5.3   Revenue Consequences

This capital investment for the preferred way forward results in revenue charges (excluding depreciation and PDC payments) of approximately £64.2m per annum compared to a BAU position of c.£43.3m, a potential increase of c.£20.8m p.a. (48% increase).

1.5.4   Impact on Statement of Comprehensive Income

- Total recurring revenue impact totalling £26.7m includes:
  - annual revenue cost increase of £20.8m;
  - depreciation of £3.3m; and
  - average Public Dividend Capital charge of £2.6m.
- Income opportunities from the new development have not been explored at this SOC stage of the business plan. The assumption is, should the SOC be supported by the ICB, the Trust will receive funding matched to the recurring revenue cost described below.

1.5.5   Impact on Statement Cashflows

The operating surplus/deficit for the Trust will be impacted by increasing cash due to the non-cash items of:

- Depreciation accounting charges £3.3m p.a.
- Impairments against buildings amount to approximately £46m.
- Anticipated PDC/cash receipt of £193.1m.
- Cashflow outflow of £193.1m as a result of investment.

1.5.6   Affordability

Delivery of the preferred way forward requires capital investment of £193.1m to be funded through the national capital funding programmes. In a scenario where national capital funding is only partly available, or not available at all, then the BNSSG ICS and its partner organisations will need to undertake a system prioritisation of providers strategic capital investment plans and subsequently agree the allocation of system CDEL and the use of provider cash funding.

Operating costs are expected to be met by the ICB and initial finding suggest will result in a net incremental increase in costs of c.£24.2m including capital charges. Annual depreciation amounts to c.£3.3m which may be mitigated by savings on the redevelopment of existing buildings. This will be explored at OBC stage.

1.6   Management Case

This section details the management arrangements, which have been put in place to ensure the successful delivery of the scheme in accordance with best practice.

1.6.1   Project Governance Arrangements and Roles

The programme will be managed in accordance with PRINCE 2 methodology. The Strategic Estates Development Programme Board (SEDPB) has the responsibility to drive forward and deliver the outcomes and benefits of this development.

Members will provide resource and specific commitment to support the Programme Director to deliver the outline deliverables.

Project teams/working groups will feed monthly reports to the Project Manager, who will submit the monthly report for Project Board and SEDPB. These reports will include progress to date, expected progress for forthcoming weeks, decisions required, key issues/red flags, progress against project milestones. The figure below shows the management structure for the SOC stage of the development.

Figure 4 – Project Management Reporting Structure
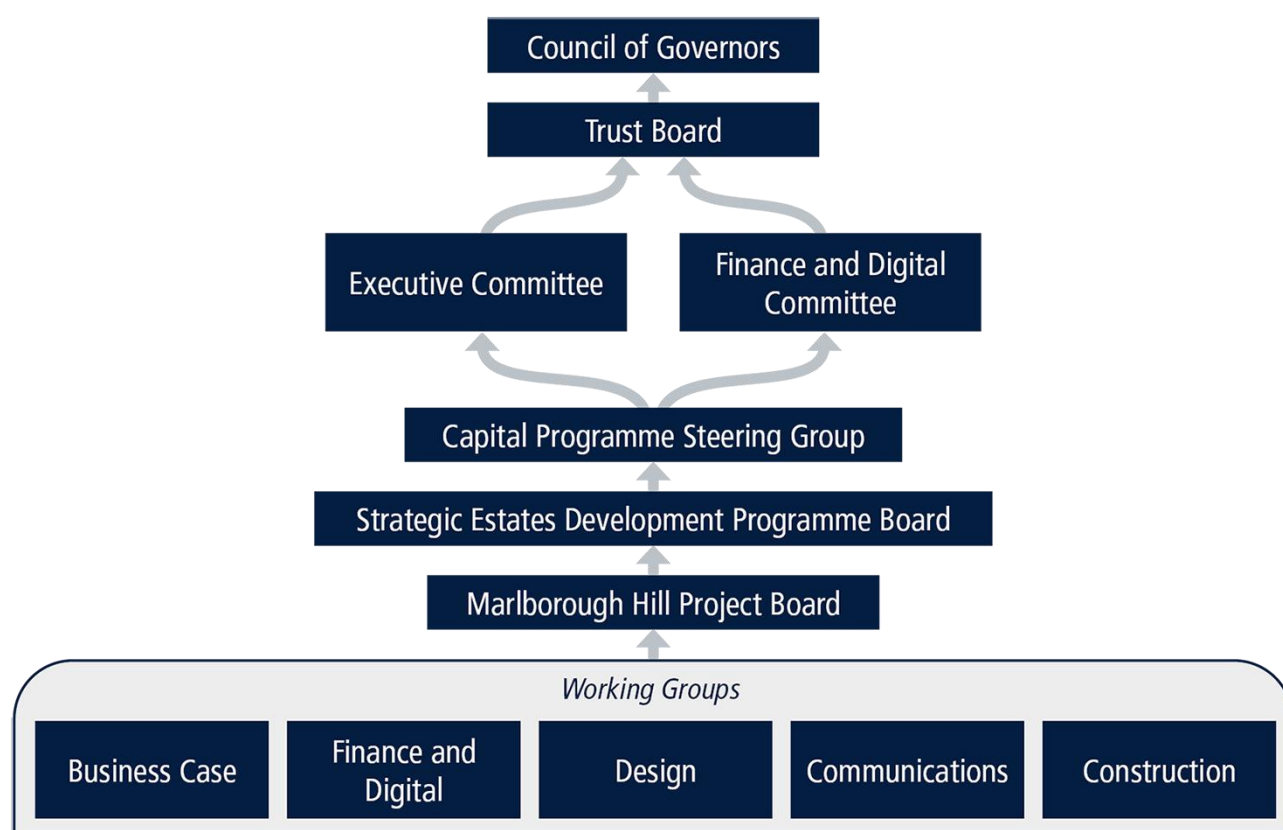
Individual roles include

- Senior Responsible Officer is the Trust's Strategic Capital Programme Director;
- Project Director/Manager is the Trust's Associate Director for Capital;
- Finance Lead is the Trust's Senior Financial Planning and Integration Consultant;
- Construction Partner is BAM and the Lead is the Trust's Construction Director.

Special Advisors include:

- Archus UK Ltd. as business case authors;
- BAM Construction UK as construction partners;
- Alder King for Town Planning;
- BDP (Building Design Partnership Ltd) for architecture and design;
- WSP (The Williams Sale Partnership Ltd) for building services;
- Currie and Brown as cost advisors.

1.6.2   Project Plan / Programme

The key milestones relating to the business case development is shown below:

Project Milestones

Key Deliverables		Date From/To
1.	SOC submission to ICB/ICS	Dec 2022
2.	SOC submission to NHSE	Jan 2023
3.	SOC submission to HM Treasury	Aug 2023
4.	OBC submission for internal Trust approval	Aug 2023
5.	OBC submission to ICB/ICS	Sept 2023
6.	OBC submission to NHSE	Nov 2023
7.	OBC submission to HM Treasury	May 2024
8.	FBC submission for internal Trust approval	Dec 2024
9.	FBC submission to ICB/ICS	Jan 2025
10.	FBC submission to NHSE	Mar 2025
11.	FBC to HM Treasury	Sep 2025
12.	Construction Start	Apr 2026
13.	Construction end & Commissioning	Mar 2029

1.6.3   Change Control and Risk Management

Change control responsibility rests with SEDPB. A risk management framework has been implemented to provide a comprehensive risk assessment and control framework for the programme. This details who is responsible for the risks and the required counter measures.

The reporting will follow the PRINCE2 process of checkpoint, highlight and exception reports. The condition will be indicated by using red, amber or green (RAG) colour code as outlined below. The full risk register is appended to the SOC. The focus of risk management will address broadly:

- Non-delivery of project outcomes as defined in stages of the project plan;
- Threats to the completion of the project within cost and time (managed on a day-to-day basis by the members of the project delivery team).

1.6.4   Post Implementation Evaluation Arrangements

The outline arrangements for post implementation review (PIR) and project evaluation review (PER) will be established in accordance with best practice. This review ascertains whether the anticipated benefits have been delivered. The review is recommended to be timed to take place immediately after the new health centre opens and then 2 years later to consider the benefits planned.

2   The Strategic Case

2.1   Introduction

The Trusts' mission is to improve the health of the people they serve by delivering exceptional care, teaching and research, every day. Building on the impressive track record of investment in hospital facilities the Trust approved funding for a major five-year strategic investment programme in September 2019 and is currently progressing a number of new build and redesign schemes across the main hospital campus.

The Estates strategy (Appendix 1) was developed in parallel with strategies for clinical services, people, digital technology, improvement and innovation, finance, quality, and communications. The purpose of the estate's strategy is to provide enabling support to the delivery of the Trust clinical strategy. It considers site planning options for a range of service delivery proposals and aims to ensure that the use of the limited available site capacity is used in an efficient way.

This Strategic Outline Case (SOC) has been developed following the completion of a feasibility study in September 2020 for the Urgent Emergency Assessment Centre (UEAC), now referred to as Marlborough Hill Development at University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). Other supporting documents for this SOC include the 'Theatre Expansion 2019 Internal Business Case' (Appendix 2), 'Strategic Capital Review' (Appendix 3) completed by Archus in 2021 and internal business case 'Adult Emergency Floor including Radiology' also completed in 2019 (Appendix 4).

Following the Senior Leadership Team (SLT) meeting in August 2020 (now known as the Executive Committee), where the Feasibility Study options were reviewed, the optimum design for the Marlborough Hill site was identified to be further investigated at SOC.

This SOC explores the opportunities for development on the Marlborough Hill site to address known risks within the organisation. Resulting from this, the following options will be explored:

- Transfer of the Adult Emergency Department (ED) from its current estate in the Queen's Building, releasing space adjacent to the Children's Hospital for potential expansion;
- Provision of emergency connections with the existing Queens Building;
- Construction of 3 new assessment units, to accommodate the Acute Medical Unit (AMU), Older Persons Assessment Unit (OPAU) and Surgical and Trauma Assessment Unit (STAU). This will release capacity in some of the existing inpatient areas, which are in poor condition and inflexible in design;
- Provision of supporting facilities, including radiology;
- Provision of fit for purpose theatres on the Bristol site, along with rightsizing facilities to match current and future demand;
- Construction of a new JAG compliant Endoscopy department, with the potential to release capacity in the Queens Day Unit (QDU).

There is a clear rationale for this scheme which fits within the wider system wide clinical and operational requirements, strategic development objectives and clinical drivers. The project fully aligns with the Trust and local strategies, such as the ***BNSSG Integrated Care System***

(ICS) and *Healthy Weston 2* (HW2) and addresses the growing demand on emergency and elective services with the development at Marlborough Hill being a significant proposal within the UHBW strategic capital programme, representing the last significant development in the twenty year programme for the a constrained city-centre site.

Key priorities and challenges for UHBW that directly drive the proposals of this scheme include:

- Providing timely and responsive treatment for our populations by addressing. The poor condition and lack of suitable theatres, that are contributing to elective waiting lists and constrain backlog recovery. As well as constraining the strategic ambitions of the Trust to drive our regional/tertiary provision.

- Improving the poor working environment in our urgent care, theatre and endoscopy facilities where evidence demonstrates impact on staff health and well-being and consequent impact on retention and recruitment.

- Adult ED unfit for purpose, adding to performance challenges i.e. ED handover times, national league table position, 4 hour and 12 hour waits and elective recovery;

- Improving ambulance handover times;

- Addressing the challenges faced within the current environment and facilities and their impact on staffing efficiencies, patient pathways and opportunities for co-locations or adjacencies;

- Addressing delayed discharge

- Creating space within the existing estate to enable the expansion and renovation of the Bristol Royal Hospital for Children to create the capacity and timely patient pathways for paediatric population across the wider system.

2.2   Approvals and Support

2.2.1   Trust Approvals

To proceed to Outline Business Case (OBC), approval of this SOC is sought internally from:

- Marlborough Hill Project Board;
- Strategic Estates Development Programme Board;
- Finance and Digital Committee;
- Executive Committee (formerly SLT); and
- Trust Board.

2.2.2   External Approvals

This scheme aims to support the needs of the local population, in line with local plans. Commissioners will need to be further consulted and provide approval for OBC/FBC stages. For SOC stage, BNSSG ICS have provided their approval for this scheme in principle [Appendix 5; letter of support].

External approval for the SOC will be required throughout the system, following review by System Directors of Finance (DoFs) via Integrated Care Board (ICB) Finance, Estates and Digital Committee, the Integrated Care Board. Following all those approvals, the SOC will then be submitted to NHS England (NHSE) and HM Treasury.

Part A: Strategic and Policy Context

2.3 Health System Overview

In reviewing the population that impacts the future requirements of UHBW it is necessary to look at the wider geographic area, related to the Bristol, North Somerset and South Gloucestershire ICS, of which the catchment area is shown in the figure below.

2.3.1 Population and locality health needs

Figure 5 – BNSSG Catchment Area and main UHBW hospital sites
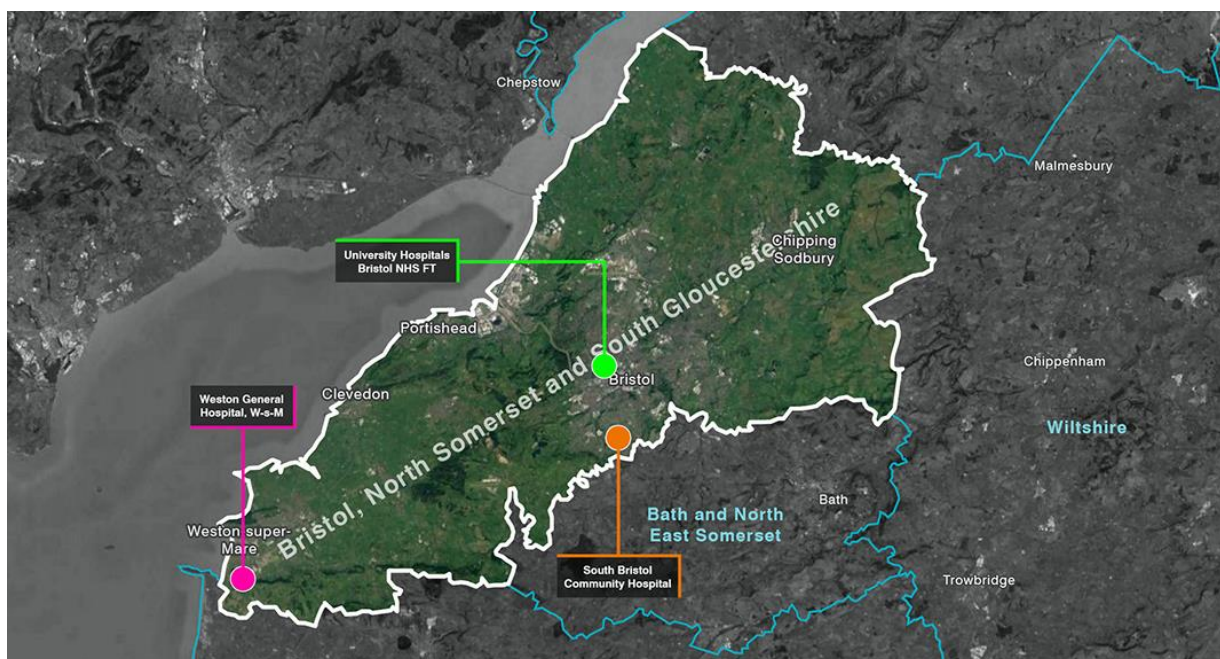
Bristol itself is a diverse city with thriving and growing communities, but also with areas of deprivation, and is understood in terms of the following localities:

Inner City and East (ICE)

This area has around 175,825 residents, its diverse community has areas of high deprivation in the inner city and the highest proportions of black and minority ethnic (BAME) residents in Bristol. For example, 80% of pupils in Lawrence Hill schools are from BAME groups. In the inner city there is a rapidly growing number of children aged five and under. In East Bristol, there are growing numbers of children and a significant number of elderly people, representing a wide range of health needs.

North and West Bristol

This locality has around 207,878 residents and covers some of the most affluent parts of Bristol, where many benefit from longer life expectancy and better health. However, there is significant deprivation in some communities where people are more likely to die younger from cancer, heart disease and stroke. There is a difference in life expectancy of 9.6 years between the most deprived and the most affluent areas of this locality.

South Bristol

This area has around 171,552 residents, with the highest population concentration being found in Hartcliffe, Hengrove, Whitchurch and Withywood areas.

The mid 2016 ONS population estimates by ward shows two of the four areas within BNSSG with the greatest levels of deprivation are in Hartcliffe and Withywood. Five of the six areas with significantly higher numbers of looked after children and children currently being supported by a social care are within South Bristol (Hengrove, Whitchurch, Stockwood, Hartcliffe and Withywood). The Highest proportion of NEETs (16–17 Not in Education Employment or Training) are also found within these wards.

South Bristol has particular challenges with regard to patient access. Public transport is generally more available on North–South rather than East–West routes with the former cutting off easy pedestrian access on occasions with large busy roads. South Bristol residents are commonly agreed to be reluctant to travel to South Bristol Community Hospital.

The North Somerset and Bristol areas are shown in Figure 6 below.

Figure 6 – regions of BNSSG
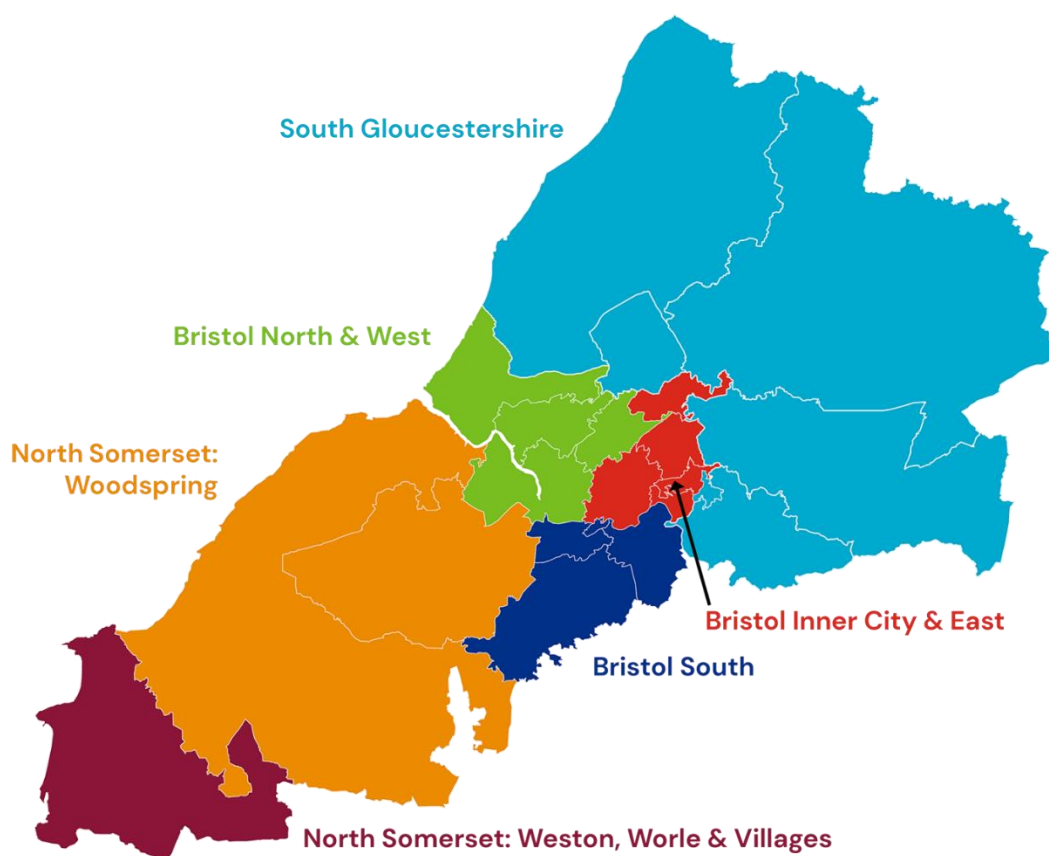
North Somerset

Weston, Worle and Villages (WWV)

WWV has around 95,364 residents. Weston currently has an older demographic with pockets of significant deprivation and large health inequalities, whereas Worle has a younger population profile.

The health status of people in parts of this locality is poor compared to North Somerset overall, with about 20% reporting a long-term disability that limits day-to-day activities.

Weston-Super-Mare is undergoing a major transformation programme with significant new housing developments at Winterstoke and Parklands Villages which will result in a significant change to the population and demographic profile in the next few years.

Through the [Healthy Weston Programme](#) an opportunity exists to develop a bright future for health and care services in Weston-Super-Mare, Worle, Winscombe and the surrounding areas.

Woodspring

Woodspring has around 131,207 residents, the demographic is older with fewer young children. The health status of the population is generally good and many benefit from longer life expectancy. Even so about 17% report a long-term disability that limits day-to-day activities.

New build developments are expected near Nailsea, Yatton, Portishead and between Long Ashton and Bristol. Areas of focus are developing local solutions for isolated, frail patients and preventing ill-health and promoting well-being through patient education.

South Gloucestershire

South Gloucestershire has over 278,758 residents, it is predominately rural and most of the population live in the urban areas. The population has increased by 10% over the past decade and is projected to rise a further 17% by 2037, with the biggest increases expected in the older age groups. At least 30,000 new homes are expected in the locality planned by 2036.

The level of deprivation in South Gloucestershire is generally very low, with most areas among the least deprived nationally. However, pockets of high overall deprivation exist, and deprivation-related to access to services and education add complexity. Those living in deprived areas continue to experience comparatively poor heath, with a life expectancy gap of 6.3 years for men and 5.1 for women between the 10% most and least affluent areas in South Gloucestershire.

However, overall health in South Gloucestershire is good and has been improving; life expectancy is higher than the national average and rising and mortality rates for most diseases, including cancer and heart disease, are below the national average and have fallen over the last decade.

2.3.2   Population forecasts

Working from Office of National Statistics population projections, the following tables indicate the level of growth in population for the Bristol area and for the wider BNSSG ICS.

Table 9 – Population breakdown Bristol v BNSSG areas (2019)

Area[5]	Age Group	2019	2020	2025	2030	2035	2040
NHS Bristol ICS	**All Persons**	470.7	475.0	494.2	513.7	531.6	547.9
	% increase from 2019			1%	5%	9%	13%	16%
	Males	236.4	238.8	249.5	260.0	269.6	278.4
	% increase from 2019		1%	6%	10%	14%	18%
	Females	234.3	236.2	244.7	253.7	262.0	269.6
	% increase from 2019		1%	4%	8%	12%	15%

---

5   Adapted from data from the Office for National Statistics licensed under the Open Government Licence v.3.0.

Area	Age Group	2019	2020	2025	2030	2035	2040
BNSSG ICS	All Persons	972.1	980.8	1,021.9	1,061.8	1,098.1	1,131.7
	% increase from 2019		1%	5%	9%	13%	16%
	Males	483.2	487.8	509.3	530.0	548.9	566.4
	% increase from 2019		1%	5%	10%	14%	17%
	Females	143.4	144.7	151.1	157.0	162.4	167.5
	% increase from 2019		1%	5%	9%	13%	17%

2.3.3   Use and demand

Based on the most recent data from Office of National Statistics (2019) population projections, the forecast BNSSG population will grow by 16% between 2019 and 2040. This means that demand will continue to increase, and we also know, within BNSSG, there are complex health needs, such as cancer, heart disease, stroke, liver and lung disease. There are also serious social factors affecting people's health in the Bristol area, for example, councils across BNSSG report a high level of '*homeless households*'.

Across BNSSG there is unwarranted variation in services access and provision, indicating that the population are not being provided for in the best way possible. Inequalities can have very real and serious consequences and there is an average life expectancy gap of around six years between people living in the most and least deprived areas, in the worst areas the difference can be as much as 15 years. Working together across public sector organisations is essential if this unacceptable variation is to be addressed. Working together across public sector organisations is essential if this unacceptable variation is to be addressed. The Marlborough Hill development aims to better meet population need for health care by increasing capacity in line with growing demand, particularly within Adult ED, Theatres and Endoscopy services.

2.4   Organisational Overview

2.4.1   University Hospitals Bristol and Weston NHS FT

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) is one of the country's largest acute NHS Trusts with an annual income of close to a billion pounds, with planned annual turnover of c.£1bn in 2022/23. The Trust provides general hospital services to the people of central and south Bristol and North Somerset. This includes a combined core population of over 500,000, with specialist regional tertiary services for the wider population throughout the Southwest and beyond, serving typically between one and five million people.

The Trust was formed in April 2020, by the merger of University Hospitals Bristol NHS Foundation Trust (UH Bristol) and Weston Area Health NHS Trust (WGH); this new organisation brings together more than 13,000 staff and delivers 100 clinical services across 10 different sites, serving a core population of more than 500,000 people and comprises a total estate of 215,624m^2. In support of the **UHBW Vision for 2025**, the Trust's vision includes:

- Aiming to become a major specialist service centre, leading in South West;
- Improving population health through integrated care partnerships;
- Be a beacon of excellence for education;
- Be a world class clinical research and innovation centre.

The work the Trust does, would not be possible without the support, dedication, and hard work of a range of organisations, volunteers and charities. The generosity, time and support helps the Trust provide extra equipment and facilities for patients, their families, and staff.

Each year millions of pounds are invested in projects that make a real difference to patients in the local communities. This also assists funding innovative research, support, capital projects and training of hospital staff and providing state of the art equipment. In addition to this, the Trust approved funding for a major five-year strategic investment programme in September 2019 and is currently progressing a number of schemes across the main hospital campus.

2.5 Trust Strategies and Priorities

2.5.1 Trust Mission and Vision

The Trust's mission is to improve the health of the people in the area by delivering exceptional care, teaching and research every day. The Trust vision for 2025 is to:

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

2.5.2 Trust Values

The Trust values are:

- We are supportive; we're always there for each other. We try and do the right thing for patients and colleagues every day.
- We are innovative; We're full of bright ideas. We're open to using research, learning and finding new ways of working.
- We are respectful; We always look for the best in people. We are inclusive, welcoming and treat everybody fairly.
- We are collaborative; We do things together. We share our experience and expertise for the benefit of the Trust and our communities.

The values support the direction the Trust wish to take with their estate and as such the Marlborough Hill Project, in particular the 'We are innovative' and 'We are collaborative' which strongly link to the local ICS and ICB plans.

2.5.3 Trust Strategies & Operational Priorities

Operational Priorities

As well as the Trusts estates and clinical strategies, there are a number of key operational priorities for service delivery that are intrinsically linked to wider strategic objectives described above and also to the Covid driven backlog and subsequent 'Elective Review and

Recovery' programme. The operational needs of the service are complicated by the demographic growth and increasing activity being seen for both overall emergency and elective demand. In order to meet these challenges, there is a growing requirement for pathways of care to be delivered differently, with more streamlined adjacencies and in an environment supports transformation and meets the changing health needs of the population.

The Trust's operational priorities for service delivery are fully aligned to the national requirements; to provide premises that will not only meet future service demands but those that drive quality and allow ease of conversion to collaborative working across the integrated care system (ICS). Furthermore, estate changes that will allow patients to receive treatments in the right place and at the right time; directly supporting the development of new roles so that patients see the right person first time, when they need to, through ease of access, reduced wait times, and in an environment conducive to world class service and care.

The changes required in the estate have been considered based on operational priorities and can be seen linked to the above outputs which demonstrate how the organisations goals, values and vision are fully aligned along a clear pathway 'the golden thread' that sits behind the stepped changes for the sustainable, safe and high-quality environment that will be realised as a result of this project.

In line with the national standards set to tackle the backlog for elective care the Trust is required to ensure waits of longer than a year for elective care is eliminated by March 2025, ensure that long-waiting patients will be offered further choice about their care, and over time as the longest waits from over two years reduce to under one year, this will be offered sooner. Diagnostic tests are a key part of many elective care pathways, and in line with the national ambition, 95% of patients needing a diagnostic test should receive it within six weeks by March 2025.

Outside of managing this backlog the Trust has several other priorities for elective care to ensure that the increasing numbers of new patients requiring treatment can be managed effectively; by implementing new pathways of care and facilities that support services to treat more people in different ways will ensure the current waiting list does not just keep getting longer and facilities are inadequate to support the changes required.

Prioritising key treatments will also be a part of this plan; the Trust, as with many large acute hospitals are consistently seeing record levels of urgent suspected cancer referrals since March 2021, a result of people not accessing treatment during the pandemic. In line with national targets, by March 2024, 75% of patients who have been urgently referred by their GP for suspected cancer are required to be diagnosed or have cancer ruled out within 28 days. This links directly to the ambitions of the NHS Long Term Plan ambitions on facilities that support pathways of care that enable early diagnosis and effectiveness of early treatment. For patients who need an outpatient appointment, the time they wait can be reduced by transforming the model of care and making greater use of technology.

Estate Strategy

The Trust Estate Strategy sets the Trust's strategic direction for estates development over five years from 2021-2026 and describes the opportunities open to UHBW to facilitate key clinical service developments, maintain high quality environments, create space for expansion,

facilitate better access and transport into and out of the site and release space for future resilience and sustainability.

A key objective is to create a strategy for delivering sustainable, fit-for-future estate provision, where buildings and equipment are in the right place, in the right condition, of the right type and able to respond to future service and population needs.

The Bristol Hospital sites covered within the strategy are mostly based within the centre of Bristol, where a cluster of Hospitals are located within very busy areas of the city with restricted roadside parking. The Hospitals include:

- Bristol Royal Infirmary
- Bristol Royal Hospital for Children
- Bristol Haematology and Oncology Centre
- Bristol Eye Hospital

- Bristol Heart Institute Clinical Services
- St Michaels Hospital
- Unity Sexual Health

Figure 7 – Hospital Site Map Aug 2022
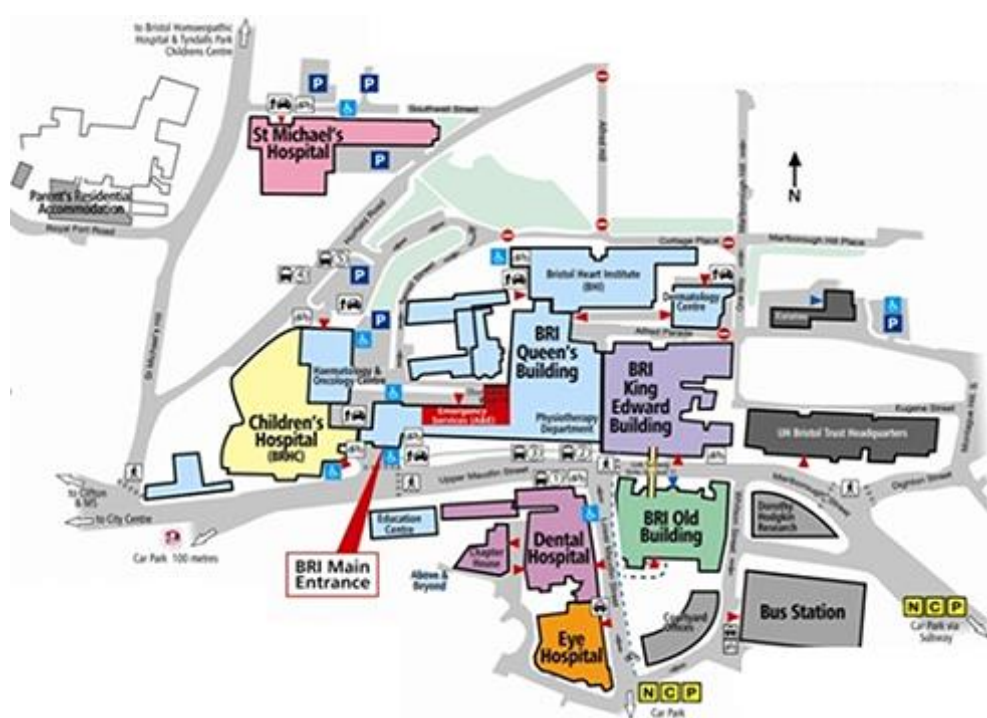
The estate strategy supports the Trust's mission to provide exceptional care, teaching and research for the benefit of the people we serve. Funding the delivery of major strategic developments remains one of the largest risks to achieving the estates strategy implementation and delivery plan.

The key actions the strategy seeks to deliver are as follows:

1. Support the enablement of Trust's clinical and service strategies and "Healthy Weston 2" and "The Acute Provider Collaborative"

2. Implementation of the SEDP including development on the Marlborough Hill site to unlock the Bristol Campus site for development.

3. Improved access, environment and transport for our patients, visitors and staff

4. Reduction in our back-log maintenance and investment in the infrastructure supporting our estate.

5. Support our sustainability strategy by adopting a road map to achieving net zero carbon

6. Exploration of the commercial opportunities associated with the potential disposal of Central Health Clinic and Tyndall's Park Road.

7. Continue to explore strategic real estate acquisitions such as the current dental hospital.

8. Consolidation of our administration functions and adoption of an agile working methodology post covid.

9. Enable opportunities for offsite working alongside our partners in the ICS and Healthier Together membership.

10. Development of an accommodation strategy for staff, overnight accommodation and parents.

11. Adoption of a digital strategy, implementing the opportunities for digital appointments, virtual wards, joined up care and self-care.

12. Creation of a master plan for Weston General Hospital.

The estate priorities are identified as:

- Ensure statutory compliance of existing estate and maximise utilisation;
- In line with the Five Year Forward View, develop plans for sustainable provision of health and care services to the populations UHBW serves;
- Consider the potential for sharing/consolidating service delivery locations and office buildings to ensure effective utilisation of public estate across the geographies;
- Prioritise a programme of schemes with the biggest impact on safety and patient experience, including critical backlog maintenance and compliance works;
- Align the strategic estates plan with business and service objectives, including maintaining the delivery of high-quality services, growing our specialist hospital services and maintaining our position as a leading acute provider in South West England and beyond;
- Implement the "Sustainable Development Strategy 2020-2025" 00929_uhb_sustainability_report_web.pdf (uhbristol.nhs.uk) and develop the required "Green Plan".

Impact of Covid-19

The Covid-19 pandemic has had an unprecedented impact across the NHS. Enormous changes were made to manage the surge of critically ill patients, many of whom required ventilation, and to adapt operating models to enhance infection control and mitigate the risks of further spreading the virus in hospitals.

Most elective surgery was cancelled, freeing up both space and staff to support critically ill patients, and avoiding the need for patients without Covid-19 to attend hospital appointments.

The Trust is actively managing the post–Covid-19 pandemic through its consideration of how the service changes required this will affect the future provision of hospital services and the estates infrastructure required to meet likely future clinical and operational needs. The response will impact on how the system needs to deliver services and the way in which it utilises the premises; it is too early to determine the exact long–term impact on use of space, but, given the increased use of digital technology and telemedicine, it is not unrealistic to assume there will be greater opportunity for efficiency and less reliance on physical assets (in certain circumstances and aspects of the delivery of care).

While BNSSG ICB and the wider NHS structure do not yet know the long–term impact of Covid-19 and what future pressures the NHS will face, it is known that there are several lessons learnt that are important to incorporate into new hospital designs:

- Where possible, access and clinical spaces should be separate/segregated. Departments should, as much as possible, have dual access and exit routes. It is accepted that this might not be possible in a refurbishment.
- Buildings need to be designed to be flexible. To respond to future pandemics and/or changes in demand, healthcare buildings need to be designed so they can be used in different ways.
- Greater capacity and staffing resilience are required to support planned care. In future pandemics, UHBW would want to be able to continue with planned care, which previously had to stop during the COVID-19 pandemic. Pandemic resilience requires better facilities and consolidation of staffing to enable greater workforce flexibility.
- Digital supporting infrastructure/capability needs to be embedded in the hospital design. To maintain the shift to virtual care, dedicated facilities and systems will be needed alongside clinic rooms for face-to-face care – including the ability to review outpatient/ambulatory patients virtually and for staff to work remotely. Moreover, the facility should maximise the opportunity offered by digital.

These areas will be explored further throughout the business case process for development on the Marlborough Hill site.

Clinical Strategy

The Trust has a clinical strategy Embracing Change, Proud to Care Our 2025 Strategy[6] Over recent years the aim of health and care systems has moved more towards collaboration rather than competition. In 2016, the Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Partnership (STP) was established, now known as 'Healthier Together' (as per section 2.7.2).

UHBW have contributed significantly to leading local and regional System and we are committed to ensuring that improving the health and well–being of the local population is a core part of strategic plans.

Following the analysis and engagement with patients and staff, reviewing successes and understanding more about the challenges ahead, the main focus of the clinical strategy is enabling staff to provide the best care in the best environment.

---

6 Embracing Change Proud to Care – our 2025 vision UHBW (2019)

There are some key emerging themes, which the clinical strategy needs to address:

- As recognised in our people strategy, staff are the most important part of all the hospitals; investment needs to be made in training and diversifying roles to ensure the Trust can adapt as the future brings about change;
- Become a beacon of education which motivates and inspires staff and brings direct benefit to patient care; respond to future health and care needs of the population;
- Continue to develop the right capacity and clinical pathways to protect delivery of the specialist services only UHBW can deliver;
- Maintain and build as specialist regional centres of excellence for key services and maximise the opportunities for clinical academic research;
- Work differently to integrate hospital services with local communities;
- Stay focused on delivering strong operational performance to deliver constitutional standards, which patients have the right to expect;
- Promote health and wellbeing of local populations to prevent illness or injury and reduce health inequalities.

To achieve the Trust's vision, there are a number of key changes to patient pathways and treatment options are in the process of, or have been, implemented including:

- Integrated models of care for frailty, long-term conditions and peri-operative care for elective surgery
- Development of surgical and acute medical same day emergency care services to maintain and increase the number of people who can be appropriately treated and supported to go home
- Trust partnerships around the provision of community child health/child and adolescent mental health services;
- Redesign of outpatient services to enable access to specialist expertise out of hospital, using digital options and working with locality teams;
- Explore the development of local diagnostic hubs across BNSSG.

The Trust's current quality strategy ambitions directly support the development of the Marlborough Hill site to support the delivery of new care pathways in adult acute medical care, surgical, endoscopy and main theatres by expansion and co-location of services with key improvements to:

- Cancel fewer operations
- Reduce patient wait times
- Reduce ambulance wait times
- Upgrade, expand and improve theatre and endoscopy capacity
- Expand and modernise the emergency care department
- Ensure SDEC is supported by the appropriate infrastructure for one-stop consultation and rapid treatment.

2.5.4   Trust Financial Position

The Trust has a strong track record of delivering excellent financial performance and value for money. The Trust's 2021/22 audited income and expenditure (I&E) position is a surplus of

£5.1m compared with a planned position of break-even. The Trust has successfully delivered a break-even or surplus position every year since the Trust became a Foundation Trust in 2008.

The table below shows the current Trust financial position for financial year 2021/22.

Table 10 – Trust Financial Position 2021/22

Trust Income/Expenditure 2021/22	Plan £m	Actual £m	Variance Favourable / (Adverse) £m
Income from Patient Care activities	914.690	937.560	22.870
Other Operating Income	131.097	134.259	3.162
Total Operating Income	**1,045.787**	**1,071.819**	**26.032**
Employee Expenses	(590.227)	(621.693)	(31.466)
Other Operating Expenses	(405.206)	(396.298)	8.908
Depreciation (owned and leased)	(28.072)	(32.042)	(3.970)
Total Operating Expenditure	**(1,023.505)**	**(1,050.033)**	**(26.528)**
PDC	(12.084)	(11.929)	0.155
Interest Payable	(2.161)	(2.068)	0.093
Interest Receivable	0.000	0.090	0.090
Other Gains/(Losses)	0.000	(0.066)	(0.066)
Gains/(Losses) on Transfer by Absorption	0.000	(0.100)	(0.100)
Net Surplus/(Deficit) per Annual Accounts	**8.038**	**7.713**	**(0.324)**
Remove Capital Donations, Grants and Donated Asset Depreciation	(8.038)	(2.643)	5.395
Adjusted Financial Performance Surplus/(Deficit) Reported to NHSEI	**0.000**	**5.071**	**5.071**

2.6   National Strategies

The NHS, the world's largest publicly funded health service, is undergoing strategic transformation in order to improve clinical outcomes across the UK and this presents many opportunities, as well as challenges, for providers of care services. The key national drivers underpinning the case for change in service delivery and supporting safe practice include:

- The NHS Long Term Plan
- We are the NHS: People Plan 2020/21
- NHS National Patient Safety Strategy
- Delivering a "Net Zero" NHS
- Health Infrastructure Programme
- The Naylor Review

- The Carter Report
- The Government Construction Playbook
- Modern Methods of Construction
- SMART/Intelligent Hospitals
- NHS Digital Blueprint.

2.6.1   NHS Long Term Plan

The *NHS Long Term Plan* (LTP), published in January 2019, sets out five major, practical changes to the NHS service model, to be delivered over the following five years:

- Boosting 'out-of-hospital' care, and joining up primary and community health services;

- Redesigning and reducing pressure on emergency hospital services;
- More personalised care to give people more control over their health when they need it;
- Digitally enabled primary and outpatient care;
- Increasing focus by local NHS organisations on population health and local partnerships with LA-funded services, through Integrated Care Systems (ICS).

The plan builds on the policy platform laid out in the *NHS Five Year Forward View* (5YFV), which articulated the need to integrate care to meet the needs of a changing population.

Boosting 'out-of-hospital' care, and joining up primary and community health services

Over a five-year period, country-wide, the NHS will be asked to increase the capacity and responsiveness of community and intermediate care services to those who are clinically judged to benefit most.

Urgent response and recovery support will be delivered by flexible teams working across primary care and local hospitals, developed to meet local needs, including GPs, allied health professionals (AHPs), district nurses, mental health nurses, therapists and reablement teams. Extra recovery, reablement and rehabilitation support will wrap around core services to support people with the highest needs.

Redesigning and reducing pressure on emergency hospital services

Over the period of the plan, the practical goal is to ensure patients get the care they need fast, relieve pressure on A&E departments and better offset winter demand spikes, by expanding and reforming urgent and emergency care services.

To help patients navigate to the optimal service 'channel', the NHS will embed a single, multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP out of hours services from 2019/20. CAS will provide specialist advice, treatment and referral from a wide array of healthcare professionals, encompassing both physical and mental health, supported by collaboration plans with all secondary care providers.

The NHS will fully implement the Urgent Treatment Centre (UTC) model, so that all localities have a consistent offering for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111. UTCs will work alongside other parts of the urgent care network, including primary care, community pharmacists, ambulance and other community-based services, to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.

The NHS and social care services will continue to improve its performance in getting people home without unnecessary delay when they are ready to leave hospital, reducing risk of harm to patients from physical and cognitive deconditioning complications.

More personalised care to give people control over their health when they need it

As part of a wider move to 'shared responsibility for health', the NHS will increase support for people to manage their own health. This will start with diabetes prevention and management, asthma and respiratory conditions, maternity and parenting support and online therapies for common mental health problems.

Digitally enabled primary and outpatient care

Building on progress already made in digitising appointments and prescriptions, a digital NHS 'front door' through the NHS App will provide advice, check symptoms and connect people with healthcare professionals – including through telephone and video consultations. Patients will be able to access virtual services alongside face–to–face services via a computer or smart phone.

The NHS will continue to invest in the **nhs.uk** platform so that everyone can find helpful advice and information regarding their conditions. As technology advances, the NHS will trial the use of innovative devices, such as smart inhalers, for better patient care and remote monitoring of conditions and will continue to support the development of apps and online resources to support good mental health and enable recovery. Over the five years of the plan every patient in England will have a right to choose the option of having 'digital–first' contact through telephone or online consultations – usually from their own practice or, if they prefer, from one of the new digital GP providers.

Increasing focus by local NHS organisations on population health and local partnerships with LA–funded services, through Integrated Care Systems (ICS)

Integrated Care Systems (ICS) have now replaced Sustainability and Transformation Partnerships (STPs). Within BNSSG ICS this is known as 'The Healthier Together Partnership. This partnership is comprised of 10 partner organisations seeking to improve health and wellbeing across the local population of BNSSG. Further information on Healthier Together can be found at section 2.7.2.

Every ICS has streamlined commissioning arrangements to enable a single set of commissioning decisions at system level, resulting in leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan (LTP) implementation. The LTP also outlines how care and quality plans for the next 10 years will focus improvement on:

- Cancer care and diagnostics in particular;
- Cardiovascular disease (including stroke);
- Diabetes;
- Learning disabilities and autism;
- Adult mental health services;
- Maternity and neonatal services;
- Respiratory;
- Services for children and young people, particularly in relation to mental health and cancer.

Research, innovation and ensuring the right people are available in the workforce, are highlighted as essential to support the improvements sought. UHBW is well placed to respond to much of the vision of the LTP, building on our successes and continuing to work hard to build partnerships and collaborate for change.

Climate Change Resilience and Adaptation

The 2016 Carter Report highlighted the inefficient use of energy and natural resources as a major area for improvement and addressing these simultaneously supports adaptation and mitigation measures. The **Long–Term Plan** sets out key requirements in order that the NHS leads by example in sustainable development and reduces use of natural resource in line with government commitments.

The NHS has restated its commitment to the carbon targets in the UK government Climate Change Act (2008), reducing carbon emissions (on a 1990 baseline), by 34% by 2020 and 51% by 2025. The NHS has also committed to improving air quality by cutting business mileage by 20% by 2023/24 and ensuring that at least 90% of the NHS automobile fleet uses low-emission engines (including 25% ultra-low emissions) by 2028. Other priorities include phasing out coal and oil fuel primary heating from NHS sites, redesigning care and greater use of 'virtual' appointments to reduce the need for patient and staff travel.

Public Health England and NHS England have identified 35 interventions which Lord Carter of Coles has promoted under the Carter review. The interventions taken from the Sustainable Development Unit's Securing Healthy Returns report are ranked showing the carbon reduction and financial savings possible across England, they are also applicable locally. Whilst capital funding is required for the larger initiatives e.g., combined heat and power facilities, many are achievable without such investment. The NHS has been identified as the largest public sector contributor to climate change. As such the Government has stated that it is critical that the NHS takes action to reduce its carbon emissions and contributes to achieving the wider carbon reduction targets:

- **Energy consumption** is the single biggest contributor to carbon emissions, in the NHS carbon footprint of 18 million tons of CO_2 per year, energy is responsible for 22% of this, travel 18% and procurement 60%. HM Treasury forecast that energy prices will increase above inflation to 2020, so both direct and supply chain efficiency gains will be essential to keep costs down.

- **Waste management and Water consumption** are costly, contribute significantly to carbon emissions and are subject to legislation requirements.

- **Transport** – BNSSG comprises a significant rural area and community transport plays a key part in accessing and delivering NHS services. The commissioner's strategic aim is to have an increased focus on supporting our population to maintain good health, supporting patients to stay independent for as long as possible and providing services in out-of-hospital settings.

- **Procurement** has been identified as being responsible for 60% of carbon emissions; it impacts on many areas of estate and related areas from facilities management (waste, catering, linen, fleet vehicles) to major capital expenditure (new developments, refurbishments and maintenance).

- **Facilities management, building maintenance and capital planning** – main providers will adopt the BREEAM Healthcare methodology to demonstrate that projects are built with sustainability in mind, achieving BREEAM Excellent standard for new build and Very Good for refurbishments. Health Technical Memorandum 07-07 encourages the improved sustainability of our buildings through planning, design, construction and refurbishment. There are various issues to be considered at each stage, with flood prevention and Sustainable Urban Drainage, futureproofing, health and wellbeing (health effects of climate change), energy and carbon emissions, pollution, land use and ecology, water use, and materials all being linked, either directly or indirectly, to our ability to manage the risks, implications and opportunities from a changing climate.

UHBW collaborate with their healthcare partners such as North Bristol NHS Trust and have developed a board approved Sustainable Development Strategy in 2020.

UHBW will continue to work with stakeholders to ensure we are aligned to deliver a shared set of goals for minimising our impact on the environment. They are also committed to working in partnership to deliver Bristol's **One City Plan** and the vision for a "*fair, healthy and sustainable city*".

The Lancet commission declared climate change is the greatest threat to global health. UHBW recognise the urgency of the threat that climate breakdown poses to public health and wish to be leaders in fast tracking plans to achieve carbon neutrality – improving the health of the local population in the process.

NHS England and Improvement have issued the "Delivering a Net Zero National Health Service" report which provides a national-level framework for action on climate change and sustainability. Every NHS organisation has an essential role to play in meeting this ambition.

Green Plans

To Support the net zero carbon ambition, each trust and integrated care system should have a **Green Plan** which sets out their aims, objectives and delivery plans for carbon reduction. In each case this should be signed off by the Trust Board, with board level 'net zero lead' responsible for overseeing its delivery. In addition to our Sustainable Development Strategy, the Trust is working on the delivery of a Green Plan.

2.6.2   We are the NHS: People Plan 2020/21

An Interim People Plan (IPP) was developed in 2019, setting out the vision for people who work for the NHS to enable them to deliver the LTP. Following the COVID-19 pandemic this has been further developed and refined into two key documents for NHS workers; the NHS Our People Promise and the We are the NHS: People Plan 2020/21.

The NHS Our People Promise sets out the key strengths of the NHS workforce and makes a commitment to work together to improve the experience of everyone working in the NHS. The NHS Staff Survey will be re-aligned to the People Promise from 2021.

The People Plan 2020/21 sets out to build a greater culture of inclusion and belonging and develops the IPP commitments to invest more in staff development and training. The plan sets out the NHS' need for "*more people, working differently, in a compassionate and inclusive culture*".

This includes a strong commitment to transforming the way the entire workforce including doctors, nurses, allied health professionals (AHPs), pharmacists, healthcare scientists, dentists, non-clinical professions, social workers in the NHS, commissioners, non-executives and volunteers, work together in ever more integrated ways.

The People Plan 2020/21 reflects on the enormous challenges the NHS has faced, and continues to face, during the COVID-19 pandemic and has a strong emphasis on the health and wellbeing of staff and the requirement to provide improved support, including psychological support.

The IPP and the People Plan 2020/21 recognise that there is important work to be done in attracting people to careers in the NHS and retaining them there with work packages that reflect the increasing demand for more flexible approaches to career development and work life balance. This has only been emphasised by the pandemic where the NHS workforce was supported by the return to work from retirement, academia and other industries and the

increased student direct support time which occurred in early 2020 to help the NHS cope with the enormous pressures placed on the system.

There is also a need for positive, compassionate and inclusive cultures in the NHS which can only be brought about by leadership which reflects these ideals.

The People Plan 2020/21 aims to build on the momentum of the recent increase in interest in NHS careers to maximise the opportunities to fill severe staff shortages such as nursing.

This is to be done through the retention of existing nursing staff, increasing the numbers of those undertaking undergraduate nursing qualifications and a rapid increase in clinical placement capacity.

There is also evidence that workforce development has fallen sharply and needs to be reversed through a return to previous funding levels (a national requirement for an additional £85m).

The NHS workforce will be much more multidisciplinary in nature with staff who have a wider range or different set of skills to the current mix. The IPP and the People Plan 2020/21 sets out an intention to develop multi-professional credentials to enable people to widen their knowledge and recognises the importance of expanding the workforce across all clinical staff groups.

There is also a need for the NHS workforce to be more digitally capable and knowledgeable, reflecting the increased need to invest in digital systems to allow clinicians and those in support roles to work more efficiently, releasing more time to care. There is now an expectation that workforce planning will become the increasing responsibility of the ICS and that whilst pensions and regulation will remain set at a national level area such as non-medical training and bank staff pay rates can be dealt with more locally.

2.6.3   NHS National Patient Safety Strategy

Published in 2019, the NHS National Patient Safety Strategy aims to continuously improve patient safety. To do this the NHS will build on two foundations: a patient safety culture and a patient safety system. Three strategic aims will support the development of both:

- improving understanding of safety by drawing intelligence from multiple sources of patient safety information (Insight)
- equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (Involvement)
- designing and supporting programmes that deliver effective and sustainable change in the most important areas (Improvement).

The actions the NHS will take under each of these aims are set out below.

Insight – the NHS will:

- adopt and promote key safety measurement principles and use culture metrics to better understand how safe care is
- use new digital technologies to support learning from what does and does not go well, by replacing the National Reporting and Learning System with a new safety learning system

- introduce the Patient Safety Incident Response Framework to improve the response to and investigation of incidents
- implement a new medical examiner system to scrutinise deaths
- improve the response to new and emerging risks, supported by the new National Patient Safety Alerts Committee
- share insight from litigation to prevent harm.

Involvement – the NHS will:

- establish principles and expectations for the involvement of patients, families, carers and other lay people in providing safer care
- create the first system-wide and consistent patient safety syllabus, training and education framework for the NHS
- establish patient safety specialists to lead safety improvement across the system
- ensure people are equipped to learn from what goes well as well as to respond appropriately to things going wrong
- ensure the whole healthcare system is involved in the safety agenda.

Improvement – the NHS will:

- deliver the National Patient Safety Improvement Programme, building on the existing focus on preventing avoidable deterioration and adopting and spreading safety interventions
- deliver the Maternity and Neonatal Safety Improvement Programme to support reduction in stillbirth, neonatal and maternal death and neonatal brain injury by 50% by 2025
- develop the Medicines Safety Improvement Programme to increase the safety of those areas of medication use currently considered highest risk
- deliver a Mental Health Safety Improvement Programme to tackle priority areas, including restrictive practice and sexual safety
- work with partners across the NHS to support safety improvement in priority areas such as the safety of older people, the safety of those with learning disabilities and the continuing threat of antimicrobial resistance
- work to ensure research and innovation support safety improvement.

The Strategy was updated in 2021 to address:

- patient safety inequalities, particularly with regard to the safety issues faced by older people and people with a learning disability.
- the impact of Covid-19 on strategy implementation. Several of the original timelines have been adjusted to reflect the disruption arising from the pandemic.

2.6.4   Delivering a 'Net Zero' NHS

In October 2020 the NHS published the *'Delivering a Net Zero National Health Service'* in response to the health emergency that climate change will bring. More intense storms and floods, more frequent heat waves and the spread of infectious disease from climate change threaten to undermine years of health gains.

Two clear and feasible targets emerge for the NHS net zero commitment, based on the scale of the challenge posed by climate change, current knowledge, and the interventions and assumptions that underpin this analysis:

- For the emissions the NHS controls directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
- For the emissions that can be influenced (the NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

Several early steps will be taken to decarbonise across the NHS, as shown in the table below.

Table 11: Steps towards decarbonisation and a 'Net Zero' NHS

Step		Description
1	**Our Care**	By developing a framework to evaluate carbon reduction associated with new models of care being considered and implemented as part of the NHS Long Term Plan.
2	**Our Medicines and Supply Chain**	By working with our suppliers to ensure that all of them meet or exceed our commitment on net zero emissions before the end of the decade.
3	**Our Transport and Travel**	By working towards road-testing for what would be the world's first zero-emission ambulance by 2022, with a shift to zero emission vehicles by 2032 feasible for the rest of the fleet.
4	**Our Innovation**	By ensuring the digital transformation agenda aligns with our ambition to be a net zero health service and implementing a net zero horizon scanning function to identify future pipeline innovations.
5	**Our Hospitals**	By supporting the construction of 40 new 'net zero hospitals' as part of the government's Health Infrastructure Plan with a new Net Zero Carbon Hospital Standard
6	**Our Heating and Lighting**	By completing a £50 million LED lighting replacement programme, which, expanded across the entire NHS, would improve patient comfort and save over £3 billion during the coming three decades.
7	**Our Adaptation Efforts**	By building resilience and adaptation into the heart of our net zero agenda, and vice versa, with the third Health and Social Care Sector Climate Change Adaptation Report in the coming months.
8	**Our values and our governance**	By supporting an update to the NHS Constitution to include the response to climate change, launching a new national programme For a greener NHS, and ensuring that every NHS organisation has a board-level net zero lead, making it clear that this is a key responsibility for all our staff.

UHBW's Sustainable Development Strategy (Appendix 6) aims to reduce the Trusts' environmental impact, protect the natural environment, empower staff to operate responsibly, enhance social value and work with partners across the system to improve the health and wellbeing for all who live and work in the surrounding communities. The 4 key aims are summarised:

- Carbon neutral by 2030; benchmarked against UHBW's operating expenditure;

- Contributing to all the UN Sustainable development Goals; benchmarked by achieving 70% rating in the UHBW Sustainable Development Assessment tool by 2025;
- Cutting air pollution; benchmarked by achieving excellent rating on the Clean Air Hospital framework by 2025;
- Resource efficiency; zero waste to landfill by 2025 and reducing our consumption of energy and water.

All of the above can be strongly linked to the Marlborough Hill Development benefits e.g. cutting air pollution links to the reducing ambulance emissions outside A&E and carbon neutral by 2030/resource efficiency links to the modern methods of construction and new build 'fit for purpose' development.

2.6.5   Health Infrastructure Programme

The Department of Health and Social Care (DHSC) published the Health Infrastructure Plan (HIP) in September 2019. HIP is designed to deliver a long-term, rolling programme of investment in health infrastructure, including capital to build new hospitals, modernise primary care estate, invest in new diagnostics and technology, and help eradicate critical safety issues in the NHS estate.

At the centre of the HIP is a new hospital building programme, to ensure the NHS' hospital estate supports the provision of world-class healthcare services. Under this approach, the Government has committed to build and fund 40 new hospitals over the next 10 years.

In October 2020 the government confirmed that 40 hospitals will be built by 2030 as part of a package worth £3.7 billion, with eight further new schemes invited to bid for funding.

The Government has already recognised the need for further capital investment in the NHS by announcing over summer 2019 a £1.8 billion increase to NHS capital spending over five years starting in the 2019/20 financial year, £250m for AI over the next three years, £200m for new diagnostic screening equipment, and confirming that the DHSC will receive a new multi-year capital settlement at the next capital review. This is in addition to the £3.9bn extra capital funding announced at the 2017 Spring and Autumn Budgets.

2.6.6   The Naylor Review

The Naylor Review, undertaken in 2017, identified that the NHS estate and its correct management and use would be key to delivering the then Five Year Forward View (FYFV), now replaced by the NHS LTP. The NHS LTP continues to develop the themes and ambitions of the FYFV and therefore the Naylor Report findings are still relevant to any NHS estate programme of works.

Sir Robert Naylor's 'NHS Property and Estates: Why the estate matters for patients' sets out the vision for how the NHS could make best use of its estate and provided the government with recommendations to take the vision forward. The review highlighted the need to:

- Tackle backlog maintenance to improve the quality of the estate.
- Look at the future needs of the estate given new care models, increased demand and the impact of technology.
- Create a robust capital investment plan with potential sources coming from property disposals, private investment and public funding.

- Further explore the opportunity to release value from the estate.

2.6.7   The Carter Report

Lord Carter of Coles' report sets out how non-specialist acute trusts can reduce unwarranted variation in productivity and efficiency across every area in the hospital, to save the NHS £5 billion each year by 2020/2021. The final report builds on the findings of the interim report and sets out further findings of variation across 32 non-specialist acute trusts.

The final report details how hospitals must standardise procedures, be more transparent and work more closely with neighbouring NHS trusts. Lord Carter's review found unwarranted variation in running costs, sickness absence, infection rates and prices paid for supplies and services. Implementing the recommendations will help end variations in quality of care and finances.

As part of the review, a 'Model Hospital' reporting system has been developed which advises NHS trusts on the most efficient allocation of resources and allows hospitals to compare and measure their performance against other peer organisations. Other areas covered by the report include:

- Staffing: the review calls for an improvement in the way the NHS deploys its staff, ending the use of outdated and inefficient paper rosters.
- Procurement: as part of the review, from April 2016, Trusts will publish their receipts on a monthly basis for the top 100 items bought by the NHS such as bandages, needles and rubber gloves.
- Use of Floor Space: Trusts' unused floor space should not exceed 2.5% and floor space used for non-clinical purposes should not exceed 35%.
- Administration Costs: these should not exceed 7% by 2018 and 6% by 2020.
- Delayed Transfer of Care: Lord Carter has called for action to be taken on the 'major problem' of delayed transfers of care, which affects hospitals and trusts' earning and spending capacity.
- Working with Neighbourhood Hospitals: Lord Carter advises Trusts to work closely with their neighbouring hospitals, sharing services and resources to improve efficiency and reduce costs.

2.6.8   The Government Construction Playbook

The Construction Playbook (Dec 2020) sets out key policies and guidance for how public works projects and programmes are assessed, procured and delivered. The playbook is the result of extensive collaboration from across the public and private sectors to bring together expertise and best practices. It focuses on getting projects and programmes right from the start. The approach for 'front end loading' (spending more time on the project initiation parts) will improve the potential for successful outcomes. By adopting the policies in the playbook, projects will:

- Set clear outcome-based specifications
- Favour long-term contracting across portfolios (where appropriate);
- Standardise designs, components and interfaces;
- Drive innovation and MMC (Modern Methods of Construction);

- Create sustainable contracting arrangements, which incentivise better outcomes;
- Strengthen financial assessment of suppliers and support the preparation of contingency plans;
- Increase the speed of end-to-end project and programme delivery, by investing up front with time and resources available for the project's success.

Overall, the playbook is a 'compact' between government and industry setting out how they will work together in future. The key aims of which are to, enable projects to improve building and workplace safety, work towards the 2050 net zero plan and promote social value.

For further information use this link: [The Construction Playbook – December 2020 (publishing.service.gov.uk)](publishing.service.gov.uk).

2.6.9   Modern Methods of Construction

As noted in the Commercial Case in greater detail, MMC encompass a variety of prefabricated and / or modular initiatives which can be used singularly or in combination depending upon the requirements of the project and can also be used in conjunction with traditional methods of construction where these are more suitable.

The benefits of an MMC approach include a reduction in programme on site leading to earlier first patient/treatment dates. Whilst the first health schemes using MMC have had slightly higher capital costs than traditional build, this is typically compensated by programme improvements and time related savings which on average can be 25–35% quicker from starting on site to occupation.

Repeatable areas such as wards, outpatient rooms and similar departments are ideal for a modular solution, whilst it is recognised that areas which require high degrees of structural stability, such as imaging, are potentially best built traditionally. Hybrid approaches are also available which combine concrete cores and lower floors to provide stability for sensitive areas together with mass repeatable areas of modular and / or panelised construction for upper floors and other areas.

2.6.10   SMART / Intelligent Hospitals

A "smart building" is one in which the central ICT infrastructure provides the hub or spine upon which other interoperable open-source systems connect and exchange data related to the management and / or use of the building.

Smart buildings should:

- Enhance patient experience – empowering patients, enabling healing and enhancing comfort levels
- Support clinical provision – allowing healthcare professionals to focus on people
- Enable close built environment control – Estates/Facilities Management should be able to change heating, lighting, humidity and noise
- Reduce cost – including backlog maintenance
- Reduce carbon footprint

The Intelligent Hospital principle has been introduced to support delivery of facilities via MMC and streamline design to ensure maximum value for money via the procurement process. It is not a 'one size fits all' template approach. The Intelligent Hospital is based on a kit of parts approach, assembling the hospital from a set of standard elements that can be identified as:

- Rooms
- Zones
- Clusters
- Floorplates

It is the way in which these are assembled and the scale of these assemblies that will determine the operational policies for the component parts, some of which vary from organisation to organisation and shape the way in which departments are set out and used. The Intelligent Hospital is closely linked to MMC principles of design.

2.6.11   NHS Digital Blueprint

The NHS Digital Blueprint establishes a set of design principles to ensure digital technology and data is considered at every stage of the design and build process. It is informed by local and international best practice, maximising safety, quality and productivity benefits in addition to delivering integrated care widely across different care settings. It's essentiality unifies NHSX, the HIP digitally advanced hospital projects, and industry, as a collective to deliver world-class, digital first, digitally advanced facilities.

Figure 8 – NHS Digital Blueprint Roadmap
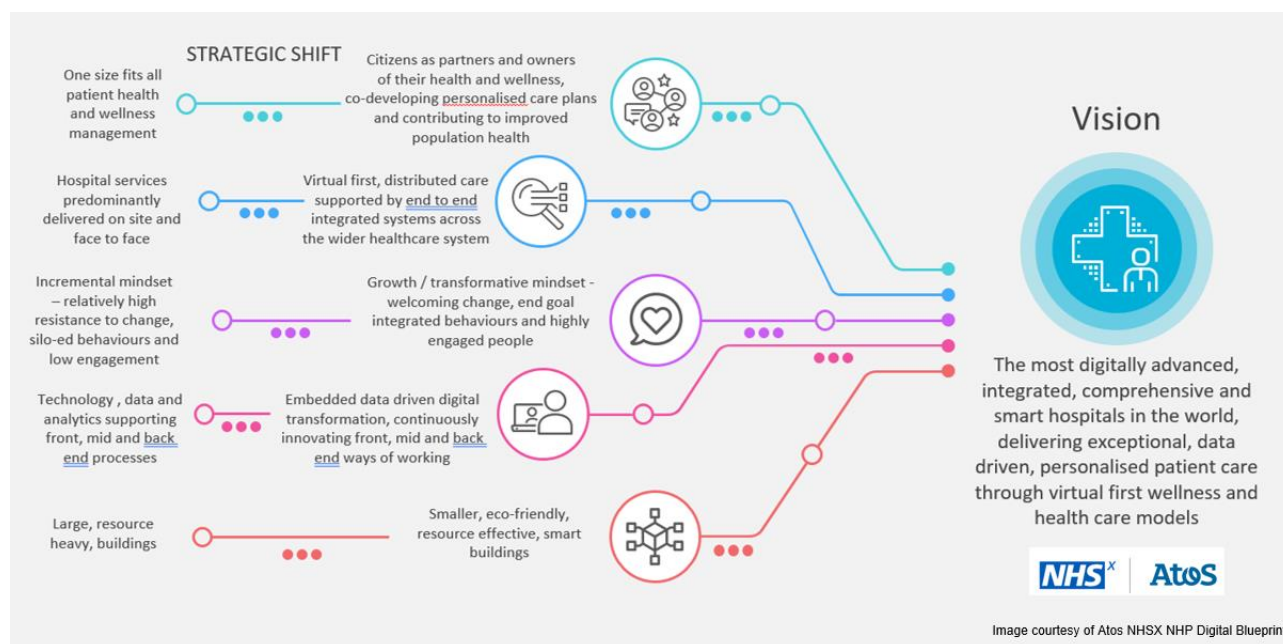
2.6.12   Other National Policies and Strategies

Other national policies and strategies, which are considered relevant to this scheme and underpin the case for change, particularly regarding integrated service delivery and supporting best practice include:

- One Public Estate
- Diagnostic Hubs
- Cavell Centres
- Single bedrooms for inpatients

One Public Estate

One Public Estate (OPE) is an established national programme delivered in partnership by the Office of Government Property (OGP), within the Cabinet Office and the Local Government Association (LGA). It provides practical and technical support and funding to councils to deliver ambitious, property-focused programmes in collaboration with central government and other public sector partners.

OPE partnerships work across the public sector and take a strategic approach to asset management. At its heart, the programme is about getting more from our collective assets – whether that's catalysing major service transformation, such as health and social care integration and benefits reform; unlocking land for new homes and commercial space; or creating new opportunities to save on running costs or generate income.

The aims are encompassed in three core OPE objectives:

- Creating economic growth (new homes and jobs);
- Delivering more integrated, customer-focused services;
- Generating efficiencies, through capital receipts and reduced running costs.

Cavell Centres

NHS policy initiatives in recent years have sought to respond to the fundamental changes in Primary Care service delivery, such as the PCN (Primary Care Network) agenda and the new multi-disciplinary team workforce associated with it. Policy has been consistent in promoting a greater level of care in the community, delivering outpatient services away from hospital settings, and introducing 'wrap around' support staff to help GPs manage increasing workloads.

'Cavell Centres' could be considered the emerging flagship assets of ICSs, enabling genuine system change, and transformative service delivery in line with consistent policy ambitions. The Centres were designed to be funded centrally with capital allocated to cover a period of three years. The exact allocation is currently unknown, but it is hoped there will eventually be sufficient capital allocated over the next 10 years to cover the development of more than 420 Cavell Centres across England (roughly 1 per 120,000 population). The total capital value of this programme would be in the region of £10b. A National Programme Business Case is currently underway to achieve approval for the roll out of the programme. There are six Cavell Centre pilots in England (October 2021).

The Trust will work with the ICS, PCN and other system partners to realise opportunities to co-develop Health and Wellbeing Centres for the benefit of Bristol's population in. It is understood that they can be existing assets repurposed and potentially include step down beds.

Diagnostics Hubs

In July 2021 NHS England and Improvement have looked to establish a multi-year framework agreement worth up to £10bn to provide services at around 150 planned new community diagnostic hubs. The objective of the framework is to support the contracting authorities' ability to improve population health: increase diagnostic capacity: improve productivity and efficiency of diagnostic activity, contribute to reducing health inequalities, deliver a better and more personalised diagnostic experience for patients and support integration of care.

It is anticipated that the Community Diagnostic Hubs (CDH) will provide:

- Imaging capacity: including CT, MRI, ultrasound, plain X-ray;
- Cardiorespiratory capacity: including echocardiography, ECG and rhythm monitoring, spirometry and some lung function tests, support for sleep studies, blood pressure monitoring, oximetry, blood gas analysis;
- Pathology services: including Phlebotomy;
- Endoscopy facilities; and
- Consulting and reporting rooms.

The Trust will continue to work with the ICS partner organisations to realise any opportunities for a CDH's for the populations it serves. There are current proposals for a potential CDH located in central Weston super Mare but not at Weston General Hospital as well as a larger hub in the south of the city of Bristol.

Single bedrooms for inpatients

The NHS is expecting central policy guidance on the appropriate proportion of single bedrooms within a hospital environment. Studies on the subject date back to the 1980s, but the debate in England has continued and gained greater pertinence during the COVID-19 pandemic, and health services across the world have been adapting their approaches throughout.

Many European and other OECD counties have an adopted policy of installing 100% single bedrooms in all new and refurbished buildings. The evidence shows that single rooms, and isolation rooms within this arrangement, significantly reduce hospital acquired infection rates and speed recovery times. Factors contributing to this reduction include:

- Fewer bed moves (Royal College of Physicians 2012 study found patients in multi-bed bays were moved five times, on average, during their hospital stay);
- Ability to use isolation rooms where provided;
- Improved hand hygiene by clinicians and visitors;
- Avoid issues with bed spacing.

2.7   Regional and Local Strategies

Local drivers in relation to the development of this business case include;

- Local government plans; One City Plan;
- Healthy Weston 2;
- Acute Services Review;
- Local STP 'Healthier Together':
- 'Healthier Together Estate Strategy';
- Climate change resilience and adaptation.

2.7.1   Local Government Plans

Bristol published the first ever **One City Plan** in Jan 2019, setting out a vision for the city in 2050:

"In 2050 Bristol will be a fair, healthy and sustainable city.
A city of hope and aspiration, where everyone can share in its success."

The One City Plan includes a vision for health and wellbeing, redesigning the city for healthier living, giving people more choice about how they access health and care services, personalised medicine, the eradication of obesity and taking a holistic approach to health and wellbeing, which also includes schools, businesses, faith groups, charities, clubs and our communities, as well as existing health and social care services. The plan sets out some specific goals for health which include reducing variation in access to services, improving early cancer diagnosis, reducing the transmission of sexually transmitted diseases and making sure that no one leaves hospital to be homeless on the day of discharge.

UHBW's aim, through our future strategy, to help achieve the One City Plan and One Weston Plan goals by increasing the quality, responsiveness and resilience of the services delivered, by collaborating and integrating more with services across the city and across BNSSG ICB.

2.7.2   Integrated Care Systems in BNSSG

The NHS in England has been changing for some time. National policymakers and local service leaders are seeking to promote and embed collaborative ways of working across health and care services. This shift to system working has been driven by the need to provide better joined up care to the growing numbers of people who rely on multiple health and care services, and to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

To further promote and embed collaborative ways of working across health and care services, integrated Care Systems[7] (ICSs) became statutory bodies in England on 01 July 2022, through the Health and Care Act[8]. The shift to system working has been driven by the increasing need to provide better joined up care to the rising numbers of people who require multiple health and care services. As well as bringing a range of partner organisations together to help people stay happy, healthy, and well for longer; Integrated Care Systems are designed to ensure that health and care services join up around individual needs – breaking down the boundaries between physical health, mental health and social care services.

The ICS comprises ten partner organisations across BNSSG, including three Local Authorities, NHS Trusts, the new Integrated Care Board (ICB), and community and primary care providers.

This fundamental shift from the previous purpose of Clinical Commissioning Groups (CCGs), gives key priorities and behaviours from system partners where there is an expectation to move away from competition and organisational autonomy, and towards collaboration and integration, to improve integration and population health.

Figure 9 – our partner organisations

---

7 Integrated Care Systems: How will they work under the Health and Care Act? The Kings Fund (kingsfund.org)
8 The Health and Care Act: six key questions 2022. Kings Fund

An Integrated Care Board (ICB), will provide NHS planning functions, as CCGs did previously. The ICB will have leadership teams / boards, and include members from providers, primary care and local authorities.

The ICBs will be required to develop five-year plans for how their NHS services will be delivered to meet local needs. In order to do this they will contract with providers to deliver services and will be able to delegate some funding to 'place level' to support joint planning of NHS and council-led services.

An Integrated Care Partnership (ICP): This will operate as a statutory committee, bringing together NHSE and local authorities as equal partners to focus more widely on health, public health and social care. It will include representatives from the ICB, local authorities and other partners including NHS providers, public health, social care, voluntary and community enterprises. The ICP will be responsible for creating an integrated care strategy, which will set out how the wider health needs of local populations will be met, however, will not directly commission services.

It is planned that a number of partnership and delivery structures will operate within the BNSSG ICS at system, place and neighbourhood level. These include:

- Provider Collaboratives: in BNSSG this is the Acute Provider Collaborative (APC). The provider collaborative's purpose will be to better enable members to work together to continuously improve quality, efficiency and outcomes, including:
- Reducing unwarranted variation and inequality in health outcomes, access to services and experience
- Improving resilience by, for example, providing mutual aid
- Ensuring that specialisation and consolidation occur where this will provide better outcomes and value.
- Locally, the current acute provider collaboration is focused on NBT and UHBW. However, both trusts also provide wide-ranging regional services that extend beyond the BNSSG area, and there will be a continuation of these well-established networks in the delivering of key services.

Health and Wellbeing Boards (HWBs): formal committees of local authorities that bring together a range of partners to promote integration. Responsible for producing joint strategic needs assessments and joint health and wellbeing strategies for their local populations.

Place based partnerships: these operate on a smaller footprint within the ICS and are where much of the work of integration will take place through multi-agency partnerships involving the NHS, local authorities, VCSE sector and local communities.

Figure 10 – Locality partnerships

South Gloucestershire
Locality Partnership
Population 278,758
22 GP practices

North and West Bristol
Locality Partnership
Population 207,878
14 GP practices

Woodspring
Locality Partnership
Population 131,207
6 GP practices

One Weston, Worle and Villages
Locality Partnership
Population 95,364
8 GP practices

Inner City and East Bristol
Locality Partnership
Population 175,825
12 GP practices

South Bristol
Locality Partnership
Population 171,552
14 GP practices

May 2022

In BNSSG these are referred to as Locality Partnerships (LP) and there are six across the local footprint. These are: North and West Bristol; Inner City and East Bristol; South Bristol; Weston, Worle and Villages; Woodspring; and South Gloucestershire.

Current changes taking place from August 2022 are draft plans for each locality based on discussions about interfaces with localities as acute Trusts/an acute provider collaborative should develop.

Primary Care Networks (PCNs) bring together general practice and other primary care services (e.g., community pharmacy) to work at scale and provide wider services at neighbourhood level.

ICB immediate priorities

During 2022/2023 the new structures of BNSSG ICB will develop and a number of immediate priorities progressed including:

- Development of the Integrated Care Strategy, guided by a new public engagement exercise, which will be taking place during July and September 2022;
- The 'whole-population survey' will explore what keeps people happy, healthy and well, alongside more in-depth community engagement and workshops.

2.7.3   ICS Elective Review and Recovery

Collaborations across health systems have been accelerated during the pandemic as NHS organisations established partnerships to provide patients with the care they need in a more efficient and effective way. Embracing and building upon this momentum of collaboration and a continued focus on developing and sharing innovative ways of working will be key to recovering waiting times as quickly as possible and minimising the risk of further harm to patients.

NHS performance data shows that the waiting list for consultant-led elective care stood at over 5.3 million patients by the end of May 2021. Of these patients, 336,733 have been waiting for more than a year, compared to less than 2,000 before the start of the pandemic[9]. With waiting lists already at unprecedented levels, there is also a concern that a reduction in the number of people seeking medical advice during the pandemic could result in additional pressures further down the line. For example, Cancer Research UK estimates that between March 2020 and February 2021, urgent suspected cancer referrals were 15% (total of 430,000) lower than the previous year[10].

Whilst the clinical risk for patients already on the waiting list may be understood, patients presenting later with cancer symptoms could result in more complex treatments and poorer outcomes. There are early signs of improvement as urgent referrals for suspected cancers in May 2021 are 3.2 per cent higher than the same month two years ago, but this increase is not currently enough to make up for the overall shortfall.

---

9 Referral to Treatment (RTT) Waiting Times, England – April 2007 – May 2021, NHS England and NHS Improvement, https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2021-22/

10 Evidence of the impact of COVID-19 across the cancer pathway: Key Stats, Cancer Intelligence Team (Cancer Research UK), last updated 15/04/2021, https://www.cancerresearchuk.org/sites/default/files/covid_and_cancer_key_stats-16-04.pdf

To add to the challenge, the NHS workforce and its long-term sustainability is a cause for concern. Many of those working in critical care have been showing signs of anxiety and post-traumatic stress disorder (PTSD). 80% of nurses responding to the Nursing Standard survey in November 2020 reported that their mental health had been affected during the pandemic. It is therefore imperative that restoration plans and developments in services continue to support the health and wellbeing of staff.

Given the scale of the problem, traditional approaches to optimising efficiency within providers alone are unlikely to be enough[11]. Some examples which have already been shown to be effective in parts of the country are:

- Development of new unscheduled care pathways where patients are treated in the right place and by the right people and increase in same day diagnosis and treatment;
- Designation of COVID-free facilities and "green pathways" to support the delivery of uninterrupted services and to allow a return to higher levels productivity;
- ICS-wide collaborative approaches to referral management, demand and capacity planning, pathway redesign and supporting smooth discharges;
- Development of "focus factories" whereby priority conditions with long waiting lists are delivered on a single designated hospital site, pooling resources across the system to maximise the number of patients treated;
- Creation of diagnostic imaging networks and community diagnostic hubs to ringfence capacity and reduce waiting times for scans;
- Review and enhance the further use of digital tools implemented during the pandemic.

The figure below highlights some of the requirements for system level change within integrated care systems.

Figure 11 – Requirements of ICSs for system level change

1	A system-level prioritisation and risk stratification exercise should be carried out with clinicians and operational leads, to agree which specialities, or points of delivery, require the most urgent attention and additional measures to ensure equity of treatment
2	A true picture of demand and capacity across providers, at system-level, is required. Demand forecasts should include expected waiting time trajectories and modelling for diagnostics that feed into cancer and elective pathways. Capacity forecasts should highlight key limiting factors across all providers, in workforce, estates and equipment.
3	Interventions to increase capacity and reduce waiting lists should be developed in collaboration with clinical, operational and finance teams, across the system, driven by agreed priorities from demand and capacity forecasting and supported by scenarios modelling. This may include pathway design, scheduling changes and enhanced use of digital tools to increase efficiency.
4	Detailed implementation plans should be developed and monitored for agreed interventions, with clear time-scales, interdependencies and benefit trajectories, as part of a collectively-owned system recovery plan. Clinical leadership will be crucial to successful implementation.

---

11 NHS 2021/22 priorities and operational planning guidance, https://www.england.nhs.uk/wp-content/uploads/2021/03/B0468-nhs-operational-planning-and-contracting-guidance.pdf

Part B: Case for Change

2.8   Existing arrangements

2.8.1   Marlborough Hill site

The site is known as the Marlborough Hill site and at c12 Hectares offers the last major zone for development of the city centre campus. It currently has a low density of historic and piecemeal development, offering a unique opportunity for strategic development, expanding existing services and releasing capacity within the existing estate. The site is situated on a steep slope and currently houses the Trust HQ, Staff Residences, Pharmacy, the Old School building and a multi-storey car park, which also houses the transport hub for cyclists. The city centre location and proximity areas of local residential neighbourhoods require careful planning of the site zoning and construction logistics, to minimise the impact of the development both in construction and future operation.

The existing buildings on the site comprise largely of support functions. Pharmacy offer clinical support function and links into the existing hospital circulation network at level 3 whilst also receiving vehicular deliveries. The accommodation is low rise and has a high volume of road infrastructure supporting it, resulting in a low density for the city centre location. Early clearance of the site will be key to achieving the project programme. A decant strategy will be developed where necessary to ensure all accommodation can be relocated appropriately. Currently it is planned that Pharmacy will remain on site and options will be explored to locate this in an optimal position.

Figure 12 –Marlborough Hill site and adjacent buildings

Figure 13 – Current Marlborough Hill Site – with areas indicated i.e. Pharmacy

Coordination with the services infrastructure and any service diversions will also be required prior to the site to be cleared in readiness for the main construction phase.

Trust Headquarters (THQ) and Multi-Storey Car Park (MSCP)

The Trust headquarters has 2 major storeys at levels 2 and 3 with a basement substation at level 1 and small amount of accommodation at level 4. It abuts the multi-storey car park, which previously housed a swimming pool and has been subsequently converted to a transport hub for cyclists.

Figure 14 – Current THQ Building – front and rear (Google Street View)

Total accommodation includes: THQ Level 4 365sqm, Level 3 1115sqm, Level 2 775sqm, Level 1 130sqm, with a total of 2385sqm.

The MSCP includes 200 cycle spaces with male and female changing areas and 140 staff parking spaces (used for out of hours staff parking).

Decant or reprovision is required, with a proposed location for off-site admin, on-site reprovision of parking and transport hub.

Figure 15 – Multi Storey Car Park adjacent to THQ (Google Street View)

Eugene Street Flats

The flats offer residential accommodation in 36 flats and are locally listed. They are three storeys high and comprise three mansion blocks, including Montague, Eugene and Marlborough Flats. Total accommodation includes Montague 845sqm, Eugene 845sqm and Marlborough 845sqm. TOTAL 2535sqm. No decant or reprovision is required.

Figure 16 – Eugene Street Flats behind THQ

Level 2 Plantroom

The Level 2 plantroom is located below the Pharmacy delivery yard and has a single building located above it at Level 3 as part of the Pharmacy complex; it abuts Dolphin House and the King Edward Building at Level 2.

Large items of plant and major services infrastructure are routed through this space, using the network of tunnels under the site for distribution.

Total accommodation includes: THQ Level 4 365sqm, Level 3 1115sqm, Level 2 775sqm, Level 1 130sqm with a total of 2385sqm.

MSCP includes: 200 Cycle spaces with changing 170 Staff Parking spaces (used for out of hours staff parking). It is planned for this to remain where it is.

Figure 17 – Existing Plant Room

Pharmacy

The Pharmacy comprises a collection of buildings accommodating admin and storage functions around the delivery yard at Level 3.

There is further accommodation at Level 4 abutting the Old School building. These facilities service the dispensing pharmacy in the Queens Building, also on Level 3 via an existing corridor, proposed for re-use as the primary access from the UEAC.

Total accommodation includes THQ Level 4 350sqm and Level 3 495sqm, giving a total of 845sqm. This area must be re-provided on the site, with possible use of temporary accommodation.

Figure 18 – Current Pharmacy Location

Old School Building

The Old School Building is a single storey building on the junction of Marlborough Hill and Alfred Parade. It abuts the two-storey Pharmacy building and has a linking construction to the King Edward Building.

The levels rise steeply up Marlborough Hill with access through the main door at Level 4. Alfred Parade abuts the building nearly 2m higher than floor level. Total accommodation comprises: 470sqm (excluding Pharmacy). This needs to be re-provided.

Figure 19 – Old School Building

2.8.2 CQC Inspection

During the most recent CQC inspection in 2021, several requirements/recommendations were set out by the CQC for UHBW to address. The requirements/recommendations most relevant to the Marlborough Hill project are:

- Bristol Emergency Department recommendation; check and risk assess the air quality and vehicle emissions within the ambulance waiting area, taking appropriate action where possible, should the air quality be considered a risk to patients and staff:
- This has been monitored (report received January 2022), with the monitoring period extended for a further 3 months. A suggested solution would be to provide 'hook up' or 'shorelines' for ambulances, avoiding the need for engines to be continually running.
- SWASFT have installed air quality monitors in the ambulance waiting areas and will share findings.
- An SBAR was prepared in May 2022 to further outline current issues.

- All premises and equipment requirement; all premises and equipment used by the service provider must be properly maintained, a significant backlog of estates maintenance was noted by the CQC:

- Strategic infrastructure programme is now in place for c£50m over the next 5-7 years to improve estate infrastructure.

- Backlog was reviewed and submitted as part of the ERIC return 21/22 and has reduced from £75m to £69m.

- Bristol Medical Services recommendation; review the environment on the endoscopy unit to ensure infection and prevention control standards are met and the premises are suitable for their intended use:

- Immediate issue regarding restricted access to dirty/clean linen was addressed at the time of inspection, however, longer term plans to upgrade the area are to be dealt with as part of the strategic capital programme.

2.8.3   Existing Service Arrangements and Challenges

Adult Emergency Department

As shown in the figure below, the current department comprises:

- **A306** for 'Fast Flow Minors', including:
    - 11 cubicles
    - Reception office with reinforced glass barriers
    - Large waiting area for circa 40 patients
    - NHS 111 and EDST booths (EDST is available at WGH and from Aug 2022 at the BRI):
    - EDST booths have an urgent care self-service tool, also known as the streaming and redirection tool, and is a kiosk-based service, provided as a web application, for patients who arrive at accident and emergency (A&E) departments and urgent care settings with no pre-booked arrival time.

- **A300** for 'Majors' has:
    - 16 Majors cubicles
    - 8 Resus cubicles
    - 8 Observation unit trollies
    - 'Fit to Sit' area
    - Security hub
    - MH (mental health) interview room
    - 7 escalation or reverse queue spaces

- **A302** (Reverse Queue B) accommodates 4 escalation or reverse queue spaces.

- **A303** houses the Rapid Assessment Treatment and Triage (RATT) and the Incident Triage area, which has 3 trollies.

Figure 20 – Level 3 Existing Emergency Departments – BRI
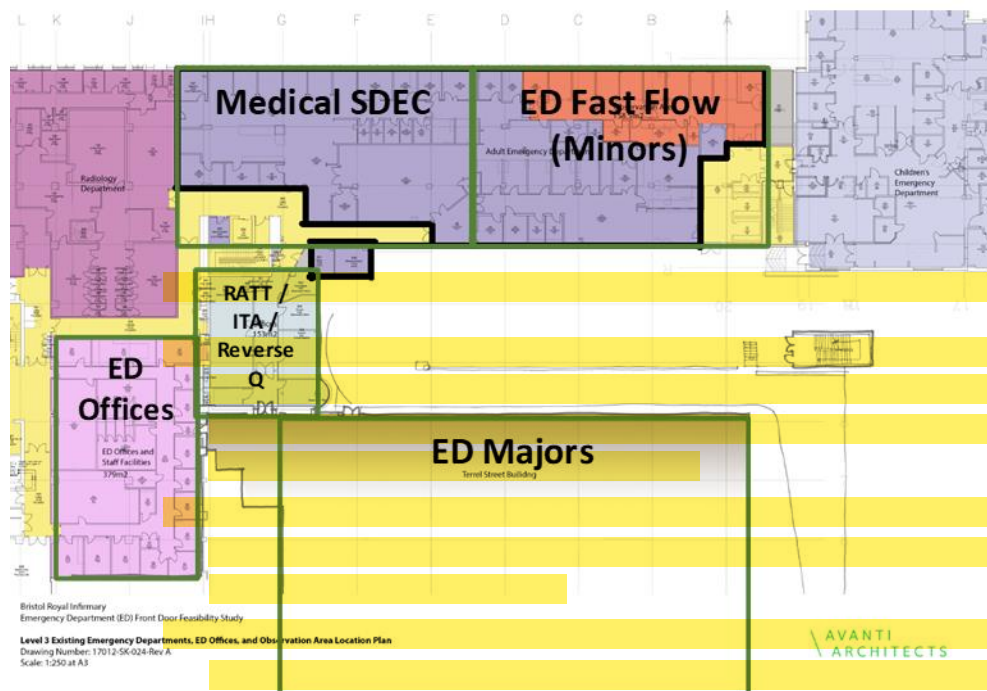
The key current challenges and limitations within the Adult ED include:

- Providing timely and responsive treatment for our populations by addressing. The poor condition and lack of suitable theatres, that are contributing to elective waiting lists and constrain backlog recovery. As well as constraining the strategic ambitions of the Trust to drive our regional/tertiary provision.
- Poor working environment in our urgent care, theatre and endoscopy facilities where evidence demonstrates impact on staff health and well–being and consequent impact on retention and recruitment.
- Adult ED unfit for purpose, adding to performance challenges i.e. ED handover times, national league table position, 4 hour and 12 hour waits and elective recovery;
- The need to improving ambulance handover times;
- Addressing the challenges faced within the current environment and facilities and their impact on staffing efficiencies, patient pathways and opportunities for co-locations or adjacencies;
- Addressing delayed discharge
- Creating space within the existing estate to enable the expansion and renovation of the Bristol Royal Hospital for Children to create the capacity and timely patient pathways for paediatric population across the wider system.

Radiology

The current coadjacent radiology services (with ED) are as follows:

- One CT room shared with inpatients/ITU
- Radiology reporting hub
- This is supported by office and seminar room accommodation.
- Three plain imaging rooms (one currently not functioning)

Current challenges within Radiology include

- Backlogs in treatment and poor patient flow causing delays in care;
- Physical capacity leading to clinical quality and safety concerns;
- Poor equipment availability i.e. 1 plain imaging room not currently working;
- Lack of dedicated CT, increasing emergency and elective &/ outpatient waiting times.

AMU (Acute Medical Unit)

BRI AMU current layout includes:

- Ward A515, which is the main assessment unit, with 25 beds and 3 escalation trollies;
- Ward A518, which is the short stay unit for stays less than 72 hours and has 14 beds.

OPAU (Older Persons Assessment Unit)

BRI OPAU is solely A400, which is a 30 bed ward, with 4 escalation trollies.

STAU (Surgical Trauma Assessment Unit)

BRI STAU current working capacity includes:

- 23 beds;
- 3 assessment area trolleys (open 07:00–22:30), with capacity to isolate one patient
- 6 assessment areas chairs (open 07:00–22:30).

Medical SDEC (Same Day Emergency Care)

BRI SDEC currently uses A307 and has:

- 8 cubicles
- 1 triage room
- 1 reception desk
- 1 waiting room for approx. 20 patients (this includes 2 metre social distancing)

The key current challenges and limitations faced within AMU, OPAU, STAU and SDEC include:

- Recurring capacity constraints being driven by demographic growth, changes in the times of presentation, increasing acuity, increasing age profile and increased number of complex patients and mental health concerns;
- Layout constraints of the departments cause diseconomy and complexity of staffing;
- Constraints of the environment causing constrains to delivery of the acute medical and frailty model required to enact HW2 in UHBW including the medical/clinical workforce model;
- Poor environment requiring upgrade across many areas with layouts causing difficulties to delivery of rapid turnaround services;
- Lack of escalation or boarding capacity on the STAU unit.

Theatres and Endoscopy Rooms

The Trust has a total of 39 operating theatres split across 10 theatre units and 7 hospital sites. The following table provides a breakdown of these theatre units:

Table 12 – UHBW Theatre Numbers (May 2022)

Site	Unit	Theatres	Main Use
BRI	Hey Groves Theatres	10	1 CEPOD, 1 Trauma, 4 Cardiac, 4 Thoracic, HPB, GI, OMFS
	Queen's Day Unit	2	1 ENT, 1 UGI/OMFS
STMH	STMH Theatres	5	2 Obstetrics, 1.5 Gynae (IP and DC), 1.5 ENT and GI (DC only)
BDH	GA Theatre	1	1 Paediatric Dental GA
BEH	BEH Theatres	4	4 Ophthalmology
SBCH	Day Surgery Unit	2	2 Miscellaneous (GI, Ophthalmology, Dermatology, OMFS, Pain, Cardioversion etc.)
BRHC	Main	7	4 Paediatric General Surgery, 1 Hybrid, 1 Burns, 1 Neuro
	DC (Day Case)	2	2 Paediatric Day Case
WGH	Main	4	0.5 CEPOD, 1 Trauma, 2.5 Orthopaedic, Urology, GI, Breast, Somerset Surgical Service (SSS)
	DC	2	2 Miscellaneous Elective
TOTAL:		**39**	

In addition, the Trust has eight endoscopy rooms split across three sites that are used exclusively for adult patients. Paediatric endoscopy activity is undertaken in BRHC theatres as patients receive a general anaesthetic.

Table 13 – Endoscopy Rooms – all sites

Site	Unit	Endoscopy Rooms
BRI	Queen's Day Unit	4
SBCH	Endoscopy Unit	2
WGH	Endoscopy Rooms	2

BRI Hey Groves Theatres (HGT)

There are 10 theatres in Hay Groves in the BRI and a small mixed-sex stage 1 recovery.

The works carried out in these theatres includes major surgery for cardiac, complex GI surgery, thoracic surgery, limb reconstruction, maxillofacial surgery, gynae, trauma and CEPOD.

A relatively high percentage of the non-cardiac activity in HGT theatres is cancer surgery. The vast majority of cases require inpatient beds post-operatively, including critical care. Day cases are only scheduled in these theatres as fillers to fully utilise time on lists.

Laminar flow is available in two theatres (HGT 7 and 8: trauma and limb reconstruction).

BRI Queens Day Unit (QDU)

There are 2 theatres, 4 endoscopy rooms, a mixed-sex stage 1 recovery, and male / female stage 2 recovery areas. These theatres do not have anaesthetic rooms; patients are anesthetised in theatre, which can have an impact on patient flow.

The work that is carried out in QDU theatres is predominantly head and neck surgery. QDU theatres perform a range of day case and inpatient surgery. There has been a reduction of day case activity in these theatres following the centralisation of head and neck services in 2013.

There are some smaller GI cases that are unsuitable to be undertaken off the BRI site.

The work that is carried out in QDU Endoscopy includes diagnostic and therapeutic procedures. This facility also accommodates the Bowel Cancer Screening Programme (BCSP) and a small number of bronchoscopy sessions.

Bristol Royal Hospital for Children Theatres (BRHC)

There are seven theatres on Level 4 of the BRHC and a mixed-sex Stage 1 recovery area. There are an additional two theatres on Level 5 of the BRHC that are used for day case surgery with a mixed-sex Stage 1 recovery area. The patients receive second stage recovery on the wards.

St Michael's Hospital (STMH)

There are five theatres, a small mixed-sex Stage 1 recovery, and separate male and female Stage 2 recovery areas.

These theatres do not have anaesthetic rooms, but they do have reception rooms used as holding rooms, where patients can be cannulated only.

The work that is carried out includes a mix of emergency and elective gynaecology, obstetrics, ENT, and some GI cases suitable for off BRI site, mainly day case operating.

This site is only suitable for low-risk GI procedures.

For non-gynae cases, there is limited inpatient bed capacity, suitable for 24-hour stay only and low risk patient groups. This limits the possible case mix.

Bristol Dental Hospital (BDH)

There is one GA theatre for paediatric cases in the BDH. There is no separate anaesthetic room and it is an entirely self-contained unit.

Note that the types of procedures undertaken in this theatre are suitable for a minor procedure environment.

This facility has two half day sessions that are currently fallow. This was the product of a rationalising of existing theatre lists as part of the Division of Surgery 2018/19 CIP programme.

Bristol Eye Hospital (BEH)

There are four theatres in the BEH, which are dedicated to emergency and elective ophthalmic surgery. In addition, there is a procedure room that is used for corneal cross-linking procedures.

There is a separate business case being considered as part of the Phase 5 programme, related to the refurbishment of the BEH theatres, and the building of a fifth operating theatre to facilitate decent and to provide additional capacity to accommodate future demand.

South Bristol Community Hospital (SBCH)

There are two theatres, two endoscopy rooms, a Stage 1 recovery, and separate male and female Stage 2 recovery areas. These theatres do not have anaesthetic rooms; patients are anesthetised in theatre which can have an impact on patient flow.

The work that is carried out in SBCH Theatres includes a range of surgery such as simple LGI and UGI cases, elective orthopaedics, oral surgery, dermatology, ophthalmology (oculoplastic), pain and cardiac (cardioversion).

The work that is carried out in SBCH Endoscopy includes diagnostic endoscopy, BCSP sessions and a small amount of gynaecology (hysteroscopy).

There are currently vacant sessions in SBCH Endoscopy, which relate to consultant vacancies within the current establishment.

There is no surgical inpatient bed capacity, which limits patient suitability and case mix.

Weston General Hospital (WGH)

There are four main theatres at WGH, three of which have laminar flow. There is a theatre receiving unit, which is a collocated surgical admissions suite.

There are two day case theatres used primarily for short stay admissions. In addition to this there is a surgical day case unit with 17 recovery spaces.

The work that is carried out includes a mix of emergency and elective, including Orthopaedic, Urology, GI, Breast and SSS. SSS refers to an independent sector provider, Somerset Surgical Services. There is a contract between the Trust and SSS, which permits them to use any unutilised theatre capacity on the WGH site.

CSSD services for the WGH theatres are provided from the BRI CSSD unit.

There are two endoscopy rooms at WGH, of which neither are lead lined. There is space for a third room, which although it was originally built to endoscopy specification, it is currently used as a kitchen, hence it could be converted to an endoscopy room.

In summary the key challenges for Theatres overall, which need to be considered during deliberation of the OBC options are:

- **Distributed model of theatres**; the Trust has 39 theatres across 7 sites in 10 theatre suites, which has its benefits and disbenefits, such as protecting some services from acute pressures, however this introduces diseconomies of scale and inconsistent practices.
- **Condition of theatres;** as highlighted in sections on 'Electrical Resilience' and 'Ventilation' below, urgent work has been undertaken to resolve the immediate concerns and risks regarding AHUs and electrical resilience, and, further fire compartmentalisation work is pending. There is also a lack of modern integrated (OR1 or laparoscopic) theatres.
- **Structural limitations** in the size and configuration of post-operative recovery, day unit and inpatient bed availability on the BRI, WGH and BRHC sites in particular. The use of QDU within the BRI and SDCU in WGH as escalation areas, impacts on day case volumes (including for Cath Labs).

Ventilation System Review

In March 2018, the Trust commissioned an Authorised Engineer (AE) to undertake an independent, Trust-wide review of the current condition of theatre ventilation systems. The objective of the review was to ascertain the condition of the principal ventilation plant elements installed throughout the theatre suites, and to detail a critical investment priorities schedule based on no change of use to the theatre spaces.

The review found that a number of elements tested (e.g. Pre-Filter, Fan Unit, Secondary Filter and Attenuators) either had significant issues (can use theatre, but needs routine maintenance) or were rated as critical (can use theatre, but could cause a significant risk; high priority works).

In response to this survey, the Estates team undertook some minor works to the ventilation systems to address immediate concerns. For example, new bearings were installed in all Hey Groves Theatres, HGT2, HGT3, HGT4 had reconditioned fan replacements and STMH5 had minor works to the surgeons' panel and ventilation. Although these works addressed the immediate risk of ventilation system failure, they did not resolve the underlying issues regarding the age, condition and reliability of the systems.

Electrical Resilience

In April 2018, the Trust also commissioned an independent review of its electrical resilience systems supporting our operating theatre estate. This report identified a number of areas where the existing UPS (uninterruptable power supply) and IPS (instant power supply) resilience requires improvement to mitigate risks associated with interruptions to electrical power supply. Following the review, the Estates team undertook works supported by capital investment to resolve immediate concerns and risks.

Endoscopy

The Joint Advisory Group (JAG) on GI Endoscopy supports endoscopy services across the UK to focus on standards and identify areas for development. The JAG runs an accreditation process which assesses the current performance of endoscopy services against a defined set of standards.

The Trust's endoscopy services received their five-yearly JAG inspection in February 2019. The Trust's accreditation status has currently not been renewed and is categorised as 'assessed: improvements required.'

The predominant issues raised by JAG relate to the suitability of the clinical environment and the Trust's ability to satisfy their quality standards, specifically privacy and dignity breaches relating to:

- The collocation within Queens Day Unit (QDU) of the endoscopy department, two theatres, day case recovery from Heygroves Theatres (HGT), and its use as an inpatient facility as part of extreme escalation.
- Where patients from the endoscopy procedure rooms cross paths with patients in the theatres first stage recovery.
- Where patients undergoing procedures and changed out of their day clothes are walking past the open seated area seating unchanged patients and relatives.
- The Outpatient Gastro-Intestinal (GI) Physiology room is situated within the endoscopy and theatres area. Outpatients accessing this clinic walk past the first stage recovery.

- There is inadequate storage for equipment which leads to the storage of trolleys, c-arm etc. The assessment team felt this was hazardous and unwelcoming.

The Trust submitted an initial action plan in response to the concerns raised by the JAG in May 2019. Due to the COVID-19 pandemic, there has been no project progress made on the BRI site and previous plans are now not considered to meet the brief now required by JAG accreditation. SBCH was also assessed for JAG compliance and is also not compliant.

Prior to the 2019 action plan a business case was submitted in January 2018 to address the privacy and dignity concerns by remodelling the adjacent old pre-op department (A403), constructing an external corridor with the possibility of converting the QDU theatres into therapeutic endoscopy rooms. The headline costs for this development were £4.85m. This business case was deemed to be cost prohibitive and not approved.

Weston General Hospital Endoscopy has JAG accreditation, however, currently both the BRI and SBCH sites are non-compliant and do not have JAG accreditation. As a result, the Trust's Endoscopy reputation is at risk and therefore there is an ongoing issue with recruitment and retention of endoscopy staff.

2.8.4   Further operational challenges and priorities

The Trust has a number of key operational priorities for clinical services that are intrinsically linked to wider strategic objectives described above and also to the Covid driven backlog and subsequent 'Elective Review and Recovery'. Each of these priorities are compounded by the demographic growth and increasing activity being seen for both overall emergency and elective demand, and the need to focus services on improving quality outcomes for patients and enhancing patient experience.

In line with the national standards set to tackle the backlog for elective care the Trust is required to ensure waits of longer than a year for elective care is eliminated by March 2025, ensure that long-waiting patients will be offered further choice about their care, and over time as the longest waits from over two years reduce to under one year, this will be offered sooner. Diagnostic tests are a key part of many elective care pathways, and in line with the national ambition, 95% of patients needing a diagnostic test receive it within six weeks by March 2025.

Outside of managing this backlog the Trust has a number of other priorities for elective care to ensure that the increasing numbers of new patients requiring treatment can be managed effectively; by implementing new pathways of care and facilities that support services to treat more people in different ways will ensure the current waiting list does not just keep getting longer and facilities are inadequate to support the changes required.

Prioritising key treatments will also be a part of this plan; the Trust, as with many large acute hospitals are consistently seeing record levels of urgent suspected cancer referrals since March 2021, a result of people not accessing treatment during the pandemic. In line with national targets, by March 2024, 75% of patients who have been urgently referred by their GP for suspected cancer are required to be diagnosed or have cancer ruled out within 28 days. This links directly to the ambitions of the NHS Long Term Plan ambitions on early diagnosis and effectiveness of early treatment.

For patients who need an outpatient appointment, the time they wait can be reduced by transforming the model of care and making greater use of technology.

There are a number of **key priorities** for UHBW, directly related to this project:

Elective waiting lists and backlog

Growing waiting lists for care pre-date the pandemic, following a decade of funding settlements that failed to keep up with rising demand for services and growing staff shortages. A number of national performance standards including waiting times for A&E, hospital treatment and cancer care have not been met for several years. Covid-19 also substantially contributed to growing waits for care, with many services operating at reduced capacity during the pandemic and pent-up demand being created as large numbers of people did not come forward for care.

The 2021 British Social Attitudes survey found 'taking too long to get a GP or hospital appointment' is the most common reason for dissatisfaction with the NHS.

At best, longer waits mean inconvenience and discomfort for patients, but for some it will mean deteriorating health and more severe illness, waiting in pain for operations, cancers being diagnosed later and the risk to patient safety of long waits in overcrowded A&Es. While patient surveys show that for the most part the people continue to have a good experience of care they receive, growing waits for care are being felt by the public

Performance challenges (ED handover times, national league table position, 4 hour and 12 hour waits and elective recovery)

The four-hour standard was introduced in 2004 to support improvement in flow within acute hospitals. It gave focused resources, particularly staffing into emergency care; the number of emergency medicine doctors has grown by almost 50% since 2009, within which the number of consultants has almost doubled and there have also been significant increases in nurses working in nurse practitioner roles. However, since the introduction of the standard 15 years ago, there also have been major changes in the practice of medicine and in the way urgent and emergency care services are delivered, from the introduction of specialised centres for major trauma and stroke, to new mechanisms for entering the system through NHS111. The NHS Long Term Plan sets out how these services will be improved further, including the accelerated rollout of Same Day Emergency Care (SDEC). The Plan also sets out an increased focus on the management of acute life-threatening conditions such as sepsis, heart attacks and strokes.

The **priority for UHBW and the wider ICB is to ensure the emergency department meets the national standards** around this widely accepted emergency department four-hour wait standard.

The current headline four-hour access standard is used to measure and report performance against one aspect of the urgent and emergency care system. As set out in detail in the interim report, there are well-documented national issues and whilst opportunities to make changes are currently under review, the issue remains that many emergency department are under increasing pressure.

At UHBW, **performance remains extremely challenged** with key targets shown to have significantly deteriorated year on year.

Figure 21 – National % attendances in A&E and deteriorating numbers of patients seen in 4 hours or less

4 Hour Standard

Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours.

Figure 22 – UHBW deteriorating position of patients being seen within 4 hours
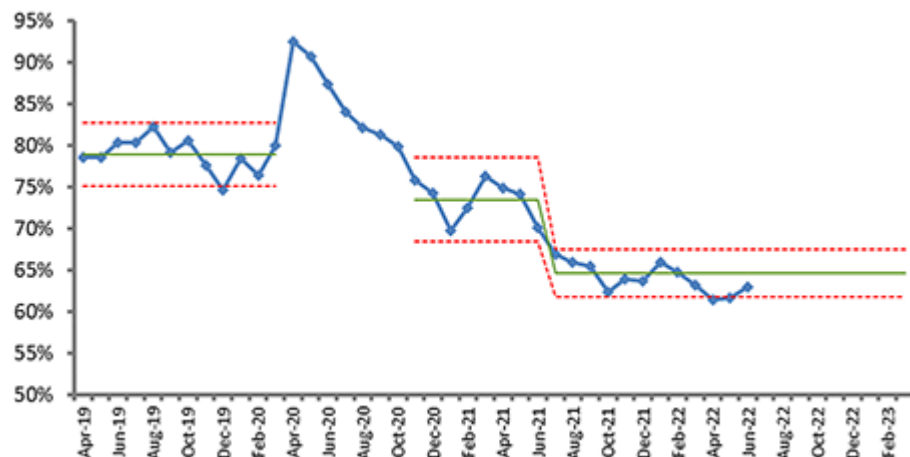
By benchmarking the ED four-hour performance, it can be seen that for quarter 1 2022/2023 the BRI is currently one of the worst performing trusts in the country.

Figure 23 – Benchmarking BRI and WGH ED 4 hour performance (22/23 Q1)
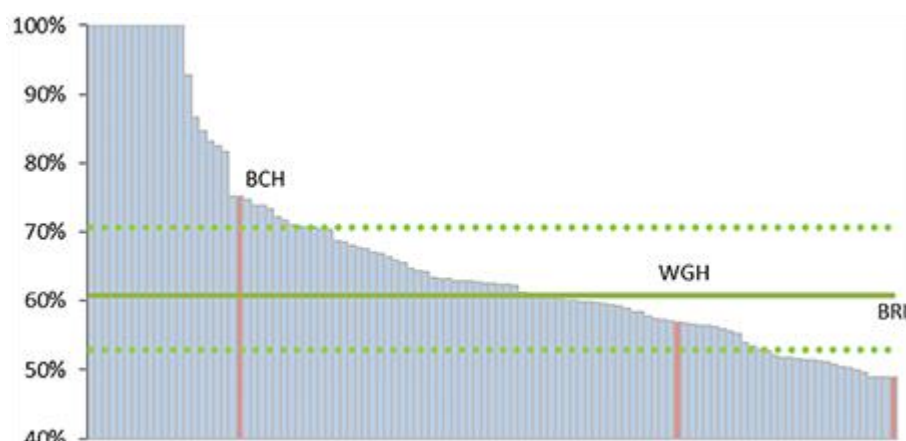
12 Hour Trolley Waits

A supporting measure for Emergency Care is the "12 Hour Trolley Wait" standard. For all patients admitted from ED, this measures the time from the Decision To Admit (within ED) and the eventual transfer from ED to a hospital ward. The national quality standard is for zero breaches, and that no patient will wait more than 12 hours in ED after a decision to admit has been made, called "Trolley Waits".

Figure 24 – increasing rolling 12–hour trolley waits since June 2021
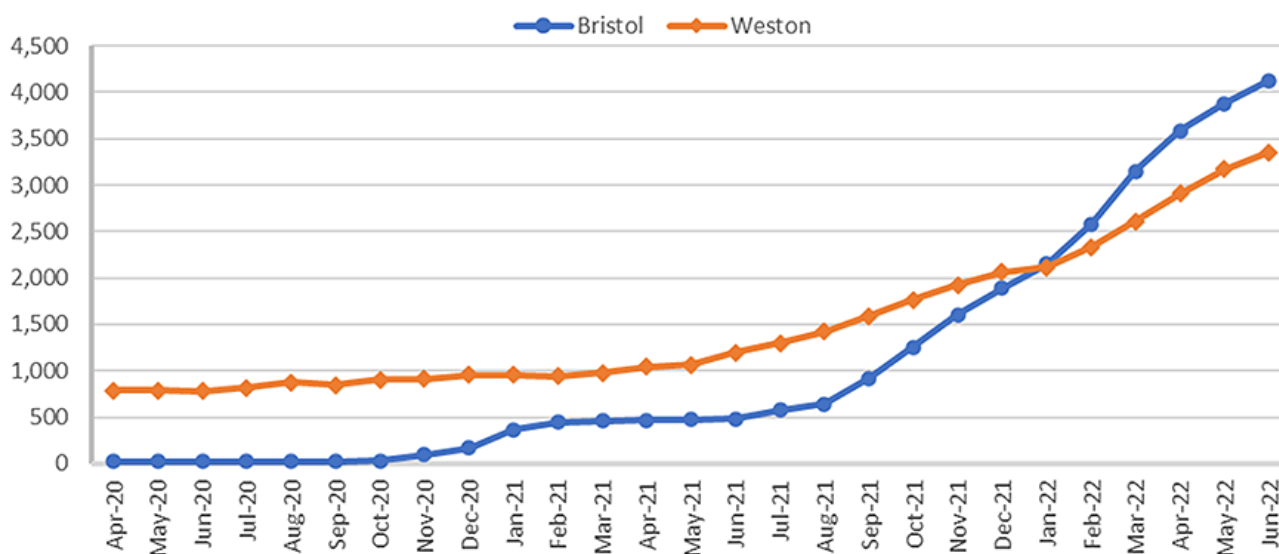
NHS England has recently consulted on a proposed new set of standards for urgent and emergency care, as part of the NHS access standards review[12]. The response to the consultation outlined plans to implement new critical standards to be met, including a measure of the percentage of ambulance handovers that take place within 15 minutes. These new standards are expected to create increasing pressure on acute Trusts to demonstrate improved performance.

---

12 NHS Access Standards Review 2021, NHS England

Improving ambulance handover times

The national guidance states that patients arriving at an emergency department by ambulance must be handed over to the care of A&E staff within 15 minutes and also an expectation that no Ambulance Handover will exceed 30 minutes.

A handover delay does not necessarily mean that the patient waited in the ambulance – they may have been moved into the A&E department, but staff were not available to complete the handover. Despite this national ambition, almost one-in-five ambulance handovers experienced a delay of least 30 minutes in 2021-22, a total of 156,665 ambulance handover delays, 21% of all ambulance arrivals

This is regarded as one of the most important indicators of measuring a system under pressure, as it occurs as a result of a mismatch between A&E/hospital capacity and the number of elective or emergency patients arriving. Before an A&E department becomes so full that significant queuing begins, the hospital should implement an escalation plan and alert the local clinical commissioning group. If significant delays still occur, this demonstrates a failure of the hospital trust (and wider health system) to meet the needs of patients requiring emergency care, since allowing ambulance queues to build up is not an appropriate way of managing an increase in demand. Data on ambulance handover delays of over 30 minutes is now collected as part of daily SitReps. The 30 minutes includes the 15 minutes allowed under SitRep guidance if an ambulance is unable to unload a patient immediately on arrival at A&E because the A&E is full.

The handover time is measured from 5 minutes after the ambulance arrives at the hospital and ends at the time that both clinical and physical care of a patient is handed over from South West Ambulance Service Foundation Trust (SWASFT) staff to hospital staff. This time is not only the time that a verbal handover is conducted; it also includes the time taken to transfer the patient to a hospital chair, bed, or trolley. A review of UBHW handover times during June 2022 is demonstrated below.

Figure 25 – South West Handovers June 2022

	Total Handovers - South West - June 2022						
	Total Handovers	Over 15 Mins	% Over 15 Mins	Over 30 Mins	% Over 30 Mins	Over 1 Hour	Over 2 Hours
BRISTOL ROYAL HOSP FOR CHILDREN	534	225	42.1%	70	13.1%	12	3
BRISTOL ROYAL INFIRMARY	1,963	1,618	82.4%	1,110	56.5%	669	323
CHELTENHAM GENERAL HOSPITAL	553	347	62.7%	201	36.3%	80	19
DERRIFORD HOSPITAL	1,867	1,562	83.7%	1,352	72.4%	1,058	810
DORSET COUNTY HOSPITAL	1,424	378	26.5%	143	10.0%	46	12
GLOUCESTER ROYAL HOSPITAL	2,313	2,043	88.3%	1,727	74.7%	1,239	746
GREAT WESTERN HOSPITAL	1,908	995	52.1%	501	26.3%	270	154
MUSGROVE PARK HOSPITAL	2,276	1,176	51.7%	528	23.2%	224	71
NORTH DEVON DISTRICT HOSPITAL	1,250	680	54.4%	328	26.2%	114	22
POOLE HOSPITAL	1,844	1,395	75.7%	982	53.3%	632	341
ROYAL BOURNEMOUTH HOSPITAL	1,852	1,322	71.4%	922	49.8%	526	240
ROYAL DEVON AND EXETER WONFORD	2,687	1,426	53.1%	635	23.6%	159	15
ROYAL UNITED HOSPITAL - BATH	2,305	1,364	59.2%	785	34.0%	453	225
SALISBURY DISTRICT HOSPITAL	1,073	627	58.4%	345	32.2%	206	95
SOUTHMEAD HOSPITAL	2,551	2,115	82.9%	1,367	53.6%	781	452
TORBAY HOSPITAL	1,768	1,414	80.0%	1,081	61.1%	832	534
TRELISKE HOSPITAL	2,016	1,826	90.6%	1,665	82.6%	1,398	1,067
WESTON GENERAL HOSPITAL	851	652	76.6%	373	43.8%	229	149
YEOVIL DISTRICT HOSPITAL	1,225	513	41.9%	146	11.9%	31	1
SOUTH WEST TOTAL	32,261	21,678	67.2%	14,261	44.2%	8,959	5,279

Out of 1,963% BRI ambulance attendances 1,618 waited longer than 15 minutes for handover (82.4%) and for Weston handovers, 75.6%. At 30 minutes 56.5% (BRI) and 43.8% (Weston) were still waiting with the numbers of patients not seen for over an hour increasing.

Addressing the challenges faced with the current environment and facilities and their impact on staffing efficiencies, patient pathways and opportunities for co-locations

There are a number of primary issues with the existing estate that are contributing to the Trust's performance deterioration, these include:

- The overall demand is outstripping the capacity for inpatient beds due to the need to re-house the emergency department (ED) in the old Acute Medical Unit (AMU) estate, which has meant the total available inpatient capacity has been reduced.
- The layout of the ED is restrictive and inefficient, which does not allow teams to maximise the effectiveness of new pathways of care and has created inefficiencies in staff utilisation.
- There is limited space and facilities that are distant from each other for the AMU/OPAU/STAU capacity for maximising short stay or rapid assessment pathways
- There are a high number (>100 per day) of patients who are deemed medically fit for discharge (MFFD) but whose discharge is delayed due to the lack of system capacity to support their health and social care needs out of hospital.

Workforce shortages are exacerbated by:

- Staff working in a highly stressful environment which has not been designed and constructed for its current clinical requirements
- Staff rest areas are very limited and need to be shared by large numbers of staff. This does not provide adequate environmental space for staff to relax when faced with a demanding and often emotionally charged environment.
- The current levels of ambulance queueing as discussed in point 3 above has a significant impact on patient care and the difficult environment staff are faced with.
- Vulnerable groups such as patients with mental health issues, learning difficulties or have dementia are particularly disadvantaged in the current environmental due to the confused layout and no dedicated safe space
- Violence and aggression locally has been rising, including the number and severity of attacks, design council work outlines clear principles which could be incorporated within a new hospital care environment to help reduce this unacceptable situation.

Marlborough Hill is also an enabler for the Children's ED to expand and respond to the increased demand within a landlocked site. The Children's ED are experiencing the same issues described above and this programme will also give an opportunity for the wider issues of the estate to be addressed, including Children's Emergency Department, PICU and inpatient wards.

Delayed Discharges

Patients who are medically fit for discharge should wait a minimal amount of time in an acute bed. Pre-Covid, this was captured through Delayed Transfers of Care (DtoC) data submitted to NHS England. This return has been discontinued but the Trust continues to capture delayed discharges through its No Criteria to Reside (NCR) lists. These are patients whose ongoing

care and assessment can safely be delivered in a non-acute hospital setting, but the patient is still in an acute bed whilst the support is being arranged to enable the discharge.

Patients are transferred through one of three pathways; at home with support (Pathway 1), in community based sub-acute bed with rehab and reablement (Pathway 2) or in a care home sub-acute bed with recovery and complex assessment (Pathway 3).

There are regularly greater than 100 patients who could be out of an acute setting, which could be significantly reduced with more targeted pathway changes and suitable admission decisions.

2.9   Activity, capacity and demand

2.9.1   Strategic capital review outcomes (2021)

In July 2021, Archus submitted their Strategic Capital Review to the Trust, of which the key objective was to support the Trust in reviewing the Strategic Capital Programme. Three of the main activities were:

a) Collating the capacity requirements across the range of proposed schemes and service developments;

b) Testing anticipated capacity and demand requirements, based on a consistent set of assumptions across the existing business cases;

c) Outlining and evaluating a range of scenarios, based on the scope of the schemes in the programme and the available physical estate options, to deliver the required benefits of the overall programme.

A demand and capacity model was created using the Trust's baseline data, using agreed demographic and non-demographic factors.

The outcome was a series of projections of the future activity and capacity requirements at five-, 10- and 20- year periods for:

- Emergency department and non-elective services
- Elective services
- Paediatric services
- Ophthalmic services
- Oncology and Haematology.

Key Model Assumptions

Key assumptions used in the model included:

- FY20 months 1-11 baseline, uplifted for full year effect;*
- Principal planning horizon FY35, although the model produces outputs for every year to FY40;
- Endoscopy and imaging growth, per Prof. Mike Richards' report13;
- Same Day Emergency Care (SDEC) opportunity – modelled at diagnosis level and assumes Ambulatory Emergency Care Directory met at lower end of range, with

---

13 "Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England", Professor Sir Mike Richards, November 2020 *

- Office for National Statistics (ONS) demographic projections applied at patient level (adjusts for age, sex, location);
- Non demographic growth identified from historical trends / business cases / divisional analysis;
- Non demographic growth levels assumed to move to standard NHSEI planning assumption of 1% over five years (assumes integrated care system able to manage demand to this level over the medium to longer term) – excl. cancer and dermatology;
- Occupancy, utilisation and throughput retained at existing levels except where specific opportunities identified;

- throughput assumption of 4 patients per space per day;
- Length of Stay opportunity modelled on basis of saving 50% of delayed discharge bed days;
- Outpatient new to follow up ratios modelled on basis of achieving 50% of national best quartile opportunity;
- British Association of Day Surgery best practice opportunities for same-day surgery applied;
- Emergency Department non urgent attendance reduction of 4.3% based on NHS Digital dashboard.

2.9.2   Business case review

There were a number of individual business cases, which were developed by the service leads in recent years. Completion of the demand and capacity model enabled a review of the business cases to test the activity, assumptions and capacity projections against the model findings. For a full list of business cases reviewed [see Appendix 3; Strategic Capital Review].

Summary of key findings

The table below shows the key variances between the assumptions on requirements contained within the various business cases, relating to the scope of this project, against the findings from the activity and demand modelling.

Table 14 – Key findings from business case review – Strategic Capital Review July 2021

Area	Key findings	Variance between business case and model output/s
Adult ED	The model projects 36 cubicles required by FY35 which is closely aligned with the business case projections of 33 cubicles required in 10 years' time and 40 in 20 years' time.	The projection for observation spaces of c.8 beds is lower than 12–16 per the business case. Our modelling assumes best practice in same day emergency care is implemented at the ED front door.
Children's ED	Business case requirement of 8 additional cubicles and 8 additional observation beds by FY28.	We project a lower requirement of 5 additional cubicles and 2–4 additional observation spaces by FY35, alongside c.6 SDEC spaces.
Eye Hospital ED	Business case suggests uplift of 5 cubicles.	Our modelling suggests uplift of 3 cubicles.
Eye hospital theatres	Business case and our modelling both identify need for an additional theatre.	Business case and our modelling are aligned.

Area	Key findings	Variance between business case and model output/s
Endoscopy	Our modelling projects a core additional endoscopy requirement of up to 8 rooms by FY35	If Trust can move to a 5.5 day operating week and 9 hour operating day on average together with 85% utilisation, the number may be reduced.
Theatres	Our modelling identifies a core additional requirement of up to 6 theatres by FY35.	If Trust can move to a 5.5 day operating week and 9 hour operating day on average together with 85% utilisation, the number may be reduced.

Adult ED and Children ED

Table 15 – Projected Adult and Children's ED requirement

Department	Consulting / Examination Rooms			Same Day Emergency Care Spaces		
	Baseline	FY35 Projected	Variance	Baseline	FY35 Projected	Variance
ED – Adults	26	37	+11	9	17	+8
ED – Children	17	22	+5	4	6	+2
ED – Eye Hospital	10	13	+3	1	1	–

It should be noted the projections assume a lot more activity is done on an SDEC basis, in line with best practice, but that throughput is also increased, so there is only an insignificant uplift in SDEC space requirements. It was assumed the ED would probably be a new build facility and therefore scheduled accordingly.

Day Case, Elective and Emergency Beds

Table 16 – Projected Day Case, Elective and Emergency bed requirements

Department	Day Case Spaces			IP Elective			IP Emergency		
	Baseline	FY35 Proj.	Variance	Baseline	FY35 Proj.	Variance	Baseline	FY35 Proj.	Variance
Haem Onc	33	38	+5	35	45	+10	22	27	+5
Children	21	24	+3	45	46	+3	114	129	+15
Heart	12	11	–1	15	19	+4	64	85	+21
Dental	1	1	–	3	3	–	3	3	–
Eye	16	21	+5	4	7	+3	3	11	+8
Medicine	8	12	+4	10	10	–	255	280	+25
Surgery	28	35	+7	28	32	+4	103	123	+20
Dermatology	3	6	+3	0	0	–	0	0	–
Adult Critical Care				55			69		

Day Case beds functional content

The model assumed that growth was required and associated with existing facilities, i.e. Haem / Onc, Children's, Adult Cardiac, Eye. Therefore, it required an additional 11 medicine and surgical day case beds in the main BRI Block, which could be a 1 x 11 or 12 bed ward. Space would need to be identified from vacant accommodation and would necessitate a review of all

day case spaces, to arrive at the right configuration for all medical and day case spaces. However, medicine day case numbers appeared to be small, a total of 12 spaces, but day case surgery of 35 spaces was relatively high; this could be developed as a single identified zone, possibly as one unit of 36 cabins.

Elective and emergency beds

This assumed that growth was required and associated with existing facilities, i.e. Haematology and Oncology, Children's, Adult Cardiac and Eye. It would require an additional 45 medicine and surgical beds in the main BRI Block, with space needing to be identified from vacant accommodation.

2.9.3   Summary and conclusions

The review looked at the potential impact of any clinical mitigation and innovation opportunities, specifically looking at how services can be delivered differently to reduce the demand on physical space, which will have to be adopted as the Trust moves forward with its strategic planning. Opportunities exist for system working, a left shift to the community and adoption of more digitally enabled hospital for the future.

Schedules of accommodation were produced for all functional content, resulting from the activity and capacity modelling. These schedules were then used by BDP for the current functional content shown in the original UEAC Feasibility Study [Appendix 7]. The Functional Content, which is defined as the number of beds; consulting / examination rooms; theatres can only be determined by the expected patient activity and the criteria used. These criteria include the operational days and hours per week and the number of sessions per day. Functional Content is the main driver for determining size of space required.

The new capital regime, introduced in 2020/21, requires careful consideration as it sets a limit to system (STP) capital expenditure each year, with restrictions on annual spending, in line with Capital Departmental Expenditure Limit (CDEL), regardless of any cash reserves that a Trust may have.

The UBHW CDEL for 2020/21 is £53.16m and is expected to be at a similar level in 2021/22. In 2020/21 UHBW is expected to underspend by circa £20m against the CDEL, largely due to the continuing impact of Covid-19. CDEL prevents the addition of this year's under-spend to next year's capital programme. In real terms this results in significant limitations on the amount that the Trust could invest in infrastructure, environment, restoration, major medical, digital and other elements, from capital, from 2021/22 onwards. Due to the outcomes within the Strategic Capital Review, the strategic capital programme was grouped into three categories:

- Category 1: Infrastructure and Restoration – 1-2 years:
- Very high risk and high-risk infrastructure requirements – c£25m over 2 years;
- Existing schemes linked to Restoration Framework:
- Adult ward capacity – c£11m over 1 year;
- Adult critical care capacity – c£12m over 2 years;
- Medical Education facilities – c£2m over 1 year.
- Category 2: Medium scale strategic development – 2-4 years;
- Category 3: Major strategic development – 3-5+ years.

Following the conclusions of the report, it became clear the Adult ED requirement could not easily be accommodated in the current core site and its relocation to the Marlborough Hill is therefore the "key-stone" to unlocking capacity across the rest of the site for service strategic developments for the Trust.

2.10   Clinical model

Clinical teams have been considering the required clinical model in the context of the wider Integrated Care System (ICS) plans. A key requirement of the clinical model is that the Adult ED department must move out of its current location due to the general poor condition and its capacity which is unable to manage even the current demand. Adult ED moving to another location, which is 'fit for purpose' would have the benefit and enable the Children's ED, which is also struggling with capacity to expand. These two requirements remain a priority for the Trust and are seen as the cornerstone for the development of Marlborough Hill site and were agreed and signed off by the SLT (now Executive Committee) in February 2020.

Furthermore, refurbishment and upgrade of the main adult theatre complex is of vital importance for the Trust. Whilst the cost of this is not included in the scope for Marlborough Hill, it is known that if Marlborough Hill development were to proceed, it would further enable the required upgrades of these theatres.

The ICS System wide Strategy is currently in development and will include a detailed system wide capacity and demand analysis that aligns assumptions of the benefits of the Marlborough Hill Development within the wider developments taking place across the ICS and combine strategic priorities that improve people's wider access to care in the right place, at the right time and by the right people.

The Acute Provider Collaborative is also currently undertaking a dynamic strategic analysis at each specialty level across the ICS to identify all opportunities for collaboration, with the objective of creating a BNSSG wide joint clinical strategy where each services plans and individual site developments will need to be aligned to demonstrate the wider networking of service developments and clinical pathways to maximise the collective capacity before single organisation expansion.

The Case for Change for the Marlborough Hill development is supported by each of the speciality groups identified above. The focus for each has been on what and importantly where, the current problems lie and the risks to services that need to be addressed. This has been followed by an assessment of what will be required of the development to address the problems and importantly, how the development supports the wider 'system' wide plans. The requirements are further detailed in the appendices, with an outline considered below.

Table 17 – Clinical Case for change

Clinical requirements	Environmental	Associated Impact
The acute medical Environment at the BRI	Unsuitable environment in the BRI for delivery of modern models of care for urgent and emergency care. Ward capacity (MAU) has been replaced with ED in the BRI.	Layout causes significant challenges to deliver rapid assessment and treatment services. Evidence of Increased violence and aggression towards staff.

Clinical requirements	Environmental	Associated Impact
	Centre of site location restricts access and flexibility. Significant Infection control risks.	Opportunities lost for key vulnerable groups such as those with mental health issues and patients with learning disabilities. Staff and Patient Experience affected
Surgical Environment at the Bristol site	Very poor current theatre estate on Bristol sites, impacting on staff and patients –programme of upgrade and modernisation required. Modernisation of Bristol theatres required to be fit for purpose – e.g. currently only 2 laminar flow theatres. Decant space required for upgrade programme.	Manifests in high level of cancelations, poor staff recruitment and retention, poor performance against quality indicators Poor environment in the BRI for endoscopy, specifically relating to QDU – impact on staff and patients. Loss of JAG compliance due to environment.
Theatre capacity problems	Recurring theatre capacity deficits particularly relating to complex specialist work Driven by (growth in demand, change in clinical practice, service transfer etc).	Causes poor access and challenges to quality and performance. Endoscopy capacity gap, predicted to widen with known and predicted growth
Adult capacity on the Bristol Site	Capacity gap driven by – demographic growth, changes in time of presentation, increasing acuity, increasing age profile, increasing mental health presentations.	Fixed physical capacity leading to clinical quality and safety concerns Inability to achieve range of performance standards.
Enabler for the Children's Hospital development	Without relocation of current emergency and urgent care facilities on the BRI site to unlock space expansion and redevelopment of children's services is not possible.	Poor environment requiring upgrade across many areas within BRHC notably CED. Recurring capacity constraints in PICU, ED, outpatients, inpatient bed base.
North Somerset population needs	The population is growing and has new health needs. This includes specific needs for all ages, including A&E, children's services and care for older people. A need to work across the System to deliver the above. The plans help the hospital work better with GPs and community services, build on the merger between Weston and Bristol trusts and provide better access to care and more continuity.	Need to provide safe and stable services. There is a risk to having enough staff to make sure hospital services meet local and national standards now and in future. Opportunities to create a Centre of excellence for older people's care in line with population need
Complexity of case mix and the location of theatres	Specific issue relating to complexity of case mix and theatre capacity on the main Bristol site (HGT and BRI) with the required adjacencies. Strategically this constrains our ability to innovate to develop our specialist cancer surgery portfolio.	Operationally this manifests itself in high cancellations for complex cases, poor access for patients and associated performance, poor patient experience, recruitment and retention in specialist areas.

Clinical requirements	Environmental	Associated Impact
Address workforce challenges in Bristol and Weston	Very significant challenges in recruiting to particular medical work for groups (e.g. acute medicine and CoE). Recruitment and retention challenges linked to environment. Significant recruitment and retention challenges linked to poor and deteriorating environment.	Causes constraint to delivery of the acute medical and frailty model required to enact HW2 in UHBW including the medical/clinical workforce model. Lay out constraints of ED cause diseconomy and complexity of staffing. Challenges in delivering and developing specialist work and innovation risking wellbeing and retention of specialist workforce.
Developing opportunities	HW2 proposals regarding surgical centre of excellence provide opportunity for expansion of total UHBW theatre capacity, including dedicated modern facilities.	In turn, will give opportunity to improve utilisation of Weston site to improve access for patients across Weston and Bristol. Opportunity to improve access to surgical care for North Somerset population.

The demand and capacity need for each of the clinical services at specialty level to quantify the scale of the complex case mix issue, and which service type should be delivered where, is progressing to confirm the detail that will sit behind what needs to be on which site in terms of physical space requirements and appropriate adjacencies.

This is also being supported by a site level analysis across the ICS to look at the impact each development will have on the wider provision of services; for example, for operating theatres the assumptions will be aligned with the Acute Care Collaborative and ICS System strategy modelling where possible. This will be detailed further in the Outline Business Case for the Marlborough Hill development.

2.10.1   Planning principles for the service delivery model.

Several key principles to support the clinical model have been agreed within the clinical workstreams. These will each be considered in more detail within the benefits appraisal of the preferred way forward as part of the outline business case development, and are described below:

In line with the requirements of the ICB, the 'Preferred' solution will address the needs of BNSSG as a 'system'

- The development addresses the needs of the BNSSG system population across (BRI/ Weston/NBT) and will not only benefit and focus on Bristol.
- The facilities will need to provide the recurring capacity to meet demand as modelled over the longer term.
- Complexity of the case mix to be accounted for in planning service delivery on the site.
- All sites to be planned at maximum, but achievable level of utilisation.
- Must achieve JAG compliance for endoscopy
- The solution will consider 'hot/cold site discussions' and enable an agreed consensus view.

Enables new models of care

- Enables the acute medical and frailty model required to enact HW2 in UHBW including the medical/clinical workforce model.
- Interfaces with NBT on the options for an acute medical network and be able to respond to the challenge expected from stakeholders for the continuation of 3 medical takes across BNSSG.
- The solution enables rapid patient flow
- Includes associated diagnostic facilities.

Improves and modernises the environment for sustainable delivery of health care

- Improves and modernises the environment
- Must include a credible plan for the upgrade and modernisation of theatres.
- Estates plan to be credible at a high level at this stage

Workforce the future

- Developments must be underpinned by a credible plan for the required workforce. A full workforce plan will be confirmed at OBC.

2.11   Investment objectives

To enable the success of this proposed development, the Project Team have followed NHSE&I's recommended 'SMART' objective plan to ensure that project objectives are:

- **Specific:** Focus precisely on what is required.
- **Measurable:** Ensure set objectives can be measured to determine the scheme's success.
- **Achievable:** The objectives set are agreed by all and attainable.
- **Realistic:** The project is realistic in its completion for all stakeholders involved.
- **Time Constrained:** The project can be achieved in its set and agreed timeline.

The Project Team have agreed the following spending objectives with corresponding baseline measures:

Table 18 – Investment/Spending objectives, measures and associated benefits

Investment/Spending Objective	Measure	Associated Benefit
1. Create a new Adult ED/Theatres/Endoscopy facility, improving patient access to the right service in a timelier manner, working with local providers to better coordinate care, by 2030[14].	4 hour wait data	Improved patient access to timelier and the appropriate care

---

14 2030 indicates approximately 2 years post construction complete, when evaluation of benefits can be realised.

Investment/Spending Objective	Measure	Associated Benefit
2. Improve and expand Adult ED/Theatres/Endoscopy, provision and support spaces, ensuring they are in line with current best practice, improving patient safety, by 2030.	Increase in number of patients seen / demand being met	Improved patient flow and experience
3. To work with our system partners to improve patient experience and future proof services (including consideration of pandemic resilience and local health complexities) for the population we serve, until at least 2035[15].	Patient survey	Improved patient experience, meeting needs of population better
4. Create opportunities to develop improved clinical pathways and models of care, leading to better patient outcomes, by 2035.	Patient outcomes data	Improved clinical pathways for improved patient flow / experience
5. Provision of best practice JAG compliant endoscopy service to meet demand, by 2035.	Compliance inspection by JAG	Improved patient experience, improved staff retention
6. Release additional capacity to meet the Trust strategic objectives for expanding specialist services, by 2030.	Sq/m available once services have moved	Improved staff environment and therefore retention, better served population
7. To put in place and maintain estates that enable the Trust to achieve compliance and conformance with modern healthcare standards and sustainability net zero carbon targets by 2030.	Backlog maintenance six facet survey	Improved staff and patient areas, sustainable future proof buildings
8. To develop services and environments staff want to work in and become an employer of choice by 2030.	Staff survey	Staff retention

2.12   Stakeholder engagement

To date, there has been engagement with Trust clinical representatives, including nursing, consultants, allied health professionals (AHPs), radiology and infection control and with divisional management. This engagement has involved discussion regarding which services are to be provided within the new centre, accommodation requirements, with outlined clinical and operational adjacencies.

Development proposals have been discussed at system level via existing Chief Operating Officer forum including partners within Lisa Manson (Director of Performance and Delivery, BNSSG ICS), Karen Brown (Acute Surgery General Manager, NBT) and Sarah Branton (Deputy Chief Operating Officer, AWP). There is broad outline support for the scheme, subject of course to the required ICS scrutiny of the scheme. The ICS capital and estate strategy work provides visibility of all partner plans and is being progressed to inform a system wide prioritisation of capital schemes.

---

15 2035 indicates the date to which the Trust's current demand and capacity is modelled up to.

As noted within the management case, a communications workstream will be established and regular communications will be issued via the UHBW Capital Programme Communications

Further working groups will be established, as outlined in the Management Case; one for acute medicine and one for elective surgical services, tasked with providing clarity on the case for change, demand and capacity (future size requirements) and clinical models of care.

2.13   Local sensitivities

The city centre location and proximity areas of local residential neighbourhoods requires careful planning of the site zoning and construction logistics to minimise the impact of the development both in construction and operation.

The Design Strategy 'Maintain Business As Usual' (as noted in section 2.16.8) confirms the reduced footprint and use of off-site manufacture, will minimise the impact of the development on the day-to-day operation of the Trust and its neighbours. Off-site manufacture will reduce the construction programme, reduce noise and dust, reduce the number of operatives on site and minimise transportation around the hospital site.

2.14   Integrated working

In late 2015, NHS England announced plans to bring NHS healthcare providers and commissioners, together with local authorities that provide social services, to form Sustainability and Transformation Partnerships (STPs). STPs are now known as ICS (Integrated Care System) and **Healthier Together** is the ICS for Bristol, North Somerset and South Gloucestershire (BNSSG). This has now been established as a statutory entity, BNSSG Integrated Care Board (ICB) following legislative changes from 1 July 2022.

The ICS involves 10 local health and care organisations, including UHBW:

- Avon and Wiltshire Mental Health Partnership NHS Trust;
- Bristol City Council;
- BNSSG Integrated Care Board (ICB);
- North Bristol NHS Trust;
- One Care;
- North Somerset Council;
- Sirona Care and Health;
- South Gloucestershire Council;
- South Western Ambulance Service NHS FT;
- University Hospitals Bristol and Weston NHS FT.

The main purpose of *Healthier Together* is to enable these organisations to work together to create an integrated care system for the population, that is affordable and sustainable.

2.14.1   Healthy Weston

BNSSG ICS and UHBW have an ambitious vision for Weston General Hospital to lead the country as a successful small hospital delivering truly integrated, safe and high-quality services that meet the specific needs of local people, now and in the future. We will do this by working in new and innovative ways with health and care partners.

Healthy Weston Phase 2 (HW2) builds on the Healthy Weston work published in October 2019, which recognised that the reforms it proposed were urgent and important, but further work

was required, to deliver the vision of Weston as a dynamic hospital at the heart of its community. The HW2 model will better support the local population by:

- Integrating specialist, community and social care services to support and care for the frail elderly

- Ensuring that specialist medical care is made available to very unwell people much earlier in their pathway

- Continuing to provide all-age general hospital services to the local community, including an A&E (open from 8am-10pm)

- Reducing the time that people spend in hospital through the strengthening of new same day care and short stay pathways

- Creating a surgical centre of excellence and reducing waiting times.

2.14.2   Healthy Weston 2 objectives

- Avoid admissions and get the right patients under the right teams to optimise recovery and minimise length of stay;
- To provide an accessible service, fit for purpose for the people of Weston;
- Build on excellent work already underway (Ageing Well) to have a seamless frailty service across primary and secondary care;
- Multiple information sources, good triangulation based on predicted capacity needs;
- Parts of the service are already in place (GEMS, care of the elderly wards)- need to expand capacity and increase MDT (therapy/pharmacy etc).
- Develop an OPAU (commensurate reduction in AMU);
- Develop cross cutting teams e.g., delirium and dementia.

The final decision on the future vision of care at Weston Hospital will be made in 2022 and phased implementation plans will be developed aligned to the final stages of clinical service integration across UHBW.

2.14.3   North Bristol Trust (NBT) and UHBW Acute Care Collaboration

The *BNSSG Acute Care Collaboration* resulted in the **Acute Services Review** which outlined the following vision:

> *"… to deliver exceptional health outcomes for the people we serve, through provision of the full range of acute services from general to specialist, working collaboratively within an integrated care system to make the most effective use of the expertise of our staff and our acute resources for the benefit of the whole health community."*

The vision will be delivered through three key themes:

1   Collaborating for excellence in delivery of specialist acute services, working together to make best use of the specialist skills of the whole workforce, the physical facilities and equipment. Exceptional quality and outcomes will be delivered by developing consistent and aligned services. Reducing cost through better use of estate and reduced service duplication will be a priority. Clinical sustainability and workforce experience will be improved by working as one network.

Regional centre of excellence for specialised services

2   Developing an integrated model of care where hospital care is provided only when necessary. The Trust will work in partnership with primary and community colleagues to better manage the growth in urgent care demand by providing appropriate care closer to home. This will allow the Trust to focus their specialist facilities and expertise at those people who need this level of care and treatment.

3   Actively contributing to improving the health and wellbeing of the population.

Prevention will become everyone's business, with clinicians supporting people to make decisions that will improve their health and ability to live a full life. Population health management will be used to better understand the patients and shape services to actively address inequalities in access.

2.14.4   Alignment of UHBW and NBT Strategic Priorities

As the major acute providers in the South-West region, UHBW and North Bristol NHS Trust are working together as an Acute Provider Collaboration. The strategic priorities of both Trusts, as outlined in their published strategies, are summarised below:

NBT Strategic Priorities

Provider of high-quality patient care

» Experts in complex urgent and emergency care
» Work in partnership to deliver great local health services
» A Centre of Excellence for specialist health care
» A powerhouse for pathology and imaging

An Anchor in our Community

» Create a healthy and accessible environment
» Expand charitable support and network of volunteers
» Developing in a sustainable way

Employer of Choice

» A great place to work that is diverse and inclusive
» Empowered clinically led teams
» Support our staff to continuously develop
» Support staff health and wellbeing

Developing Healthcare for the future

» Training, educating & developing our workforce
» Increase our capability to deliver research
» Support development and adoption of innovations
» Invest in digital technology

UHBW Strategic Priorities

Our Patients We will excel in consistent delivery of high quality, patient centred care, delivered with compassion	**Our People** We will invest in our staff and their wellbeing, supporting them to care with pride and skill, educating and developing the workforce for the future
Our Portfolio We will consolidate and grow our specialist clinical services and improve how we manage demand for our general acute services, focusing on core areas of excellence and pursuing appropriate, effective out of hospital solutions	**Our Partners** We will lead, collaborate and co-create sustainable integrated models of care with our partners to improve the health of the communities we serve
Our Potential We will be at the leading edge of research and transformation that is translated rapidly into exceptional clinical care and embrace innovation	**Our Performance** We will deliver financial sustainability for the Trust and contribute to the financial recovery of our health system to safeguard the quality of our services for the future

This demonstrates clear alignment between our two strategies, particularly in:

- Delivering the best care to patients;
- Driving innovation, research and new technologies;
- Developing and expanding specialist and regional services, and being ambitious in striving for excellence in these areas;
- Being an employer of choice and developing and educating the workforce for the future;
- Investing in staff health and wellbeing;
- Promoting a system approach and seeking new opportunities to work in collaboration with local health and social care partners.

The Acute Provider Collaboration will focus on working together to drive our collective ambitions for the benefit of the population. In addition to this, a joint clinical strategy is currently under development.

2.15   Design Strategies

The ability to add value to a project is at its peak during the early stages of design. The design team has explored opportunities to add best practice and innovation from other projects and sectors.

2.15.1   Patient focussed Design

Focussed on bringing care to the patient. An increased ratio of single bedrooms and the use of a universal cubicle will minimise the need to move patients and allow services to come to them. This will be underpinned by the Trust's digital strategy.

2.15.2   Evidence based design

Evidence based design is well documented, highlighting the benefits of acoustic privacy, access to daylight and views of nature for example. The inpatient rooms have been designed to have long-range views across the city and with acoustic control will ensure a good night's sleep and clarity in consultation.

2.15.3   Locating cohorts of assessment beds adjacent to ED

This will help reduce admissions by streaming to the appropriate point of care and having senior decision makers available.

2.15.4   The separation of planned and unplanned care

This should avoid disruption to planned care services.

2.15.5   Flexibility

Flexibility in operation, adaptability and expandability strategies have been considered. Loose fit and standardised rooms offer operational flexibility and simple adaptation as clinical models evolve.

2.15.6   Massing and site efficiency

The design retains the existing estates building and northern car park and has been designed to link as closely as possible to the King Edward Building. This minimises the footprint of the new building for an efficient floorplate and maximises external space around the building.

2.15.7   Connection to the city

The development offers the potential for a new front door, avoiding unnecessary travel through the Queens and King Edward Buildings and thus, giving a civic presence to the new development.

2.15.8   Maintain business as usual

The reduced footprint and use of off-site manufacture will minimise the impact of the development on the day to day operation of the Trust and its neighbours. Off-site manufacture will reduce the construction programme, reduce noise and dust, reduce the number of operatives on site and minimise transportation around the hospital site.

2.16   Equality and Diversity

As a provider of public services, UHBW has a statutory and legal duty to ensure fair and equitable treatment of all people, with respect to promoting equality as required in the Equality Act 2010, and to address health inequalities as required by the Health and Social Care

Act 2012. To ensure that the impact of our proposal is understood and that there is no adverse impact on any particular group of individuals, including those of protected characteristics and groups who may be most impacted by health inequality, an Equality and Health Inequality Impact Assessment (EHIA) will be undertaken at OBC. The EHIA analyses the potential impact of the proposed changes and makes recommendations to address any potential adverse impacts that have been identified.

2.17   Four Key Tests for Service Reconfiguration

Some engagement has been carried out regarding the emerging clinical model, the case for change and challenges facing the services, as well as potential solutions and service options. Further engagement and clarification of the service model, clinical pathways and models of care will be carried out at OBC. Discussions so far indicate there may be some change to the models of care and clinical pathways, with improvements expected for both staff and patients.

The proposed development will meet the four tests mandated in the "Planning and delivering service changes for service users" guidance:

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- Clear clinical evidence base.
- Support for proposals from clinical commissioners.

2.18   Risks

The main risks of this investment are shown in the table below, together with their counter mitigations. Further detail on risk, will be covered in the Outline Business Case within the Economic, Commercial and Management Cases.

Table 19 – Main Risks and Mitigations

Main Risk	Mitigation
Financial	
Capital funding is not made available by NHSE/I and DOH.	Investigate potential alternative sources of funding. Review options for phased implementation.
Project proves unaffordable from a revenue perspective	Detailed and robust financial modelling/control. Maximise potential for efficiencies.
Internal and External Approval	
The Outline Business case is rejected or there is a delay in approval by the Trust Board.	Ensure the business case process is robust and at each stage continue to engage with key stakeholders to gauge commitment and support.
Business case is rejected or there is a delay in approval by HM Treasury, DHSC or NHSE/I.	Ensure business case is robust and continue liaison with NHSE/I, DHSC or HM Treasury to ensure support and commitment.

Main Risk	Mitigation
Design and Construction	
Project is not delivered to the brief or appropriate standards.	Robust and clear brief and contract, with stringent quality control procedures and effective site supervision/monitoring.
Risk that the scheme is unable to accommodate SDEC and the scheme will not be able to deliver best practice pathways for acute care resulting in poor patient outcomes and experience .	Careful planning and prioritising based on the benefits analysis of the project. In particular – modelling of activity and benefits realisation plan running through from SOC to FBC Establishing a design Working Group
Risk that easy access to Endoscopy cannot be achieved from other parts of the campus and access for emergency GI bleeds will be compromised resulting in patient harm.	Establishing a design Working Group to ensure that co-locations and adjacencies are clearly articulated and that the design and agreements based on safe practice
Risk that the site infrastructure is insufficient to meet the needs of the proposed development and additional funding may be required to resolve the issue. The resulted increase to the scheme cost which may make the scheme unaffordable.	Establishing a design Working Group, to ensure that the best use of the Trust estate is realised
Location of the new build is yet to be determined. Impact to budget and cost depending on the preferred location for the new build.	The SOC will provide an appraisal of some potential locations for the new centre. Optimism Bias included within initial budget; this will include allowance for unknowns at this stage.
Timescales for delivery. There is an urgency for this scheme to be delivered, this has been accentuated by the Covid-19 pandemic.	The SOC is progressing and is to be concluded by Jan 2023. The programme to be developed as part of SOC to understand potential for delivering the scheme.
Operations and Transformation	
Changes to models of care, demand, and/or commissioning adversely impacts upon the future efficiency and suitability of the project design.	Close working with users and commissioners to understand the direction of healthcare service provision, along with a flexible design solution.
Risk that the demand and capacity assumptions are not recognised and agreed by clinical teams. If this is the case, design teams and business case authors will be unable to progress the outline business case resulting in the scheme being unable to proceed.	Clear stakeholder engagement and presentation to discuss the expected increase in activity and subsequent demand and capacity issues for the service. Share report with clinical divisions Undertake workshop to review underlying assumptions and shared understanding
Poor quality brief that does not accurately portray the projects requirements.	Robust and informed strategic review, modelling, activity trend analysis, challenge and business planning.
Risk that vacant possession of Eugene Street flats is not achieved (Trust tenancies) to meet the development programme and construction works unable to commence Risk that Bristol City Council are unable to cease the tenancy of no.9 and the Trust are unable to exercise its pre-emption agreement to purchase the flat	Residences team putting new tenancy agreements in place Ongoing dialogue with Bristol City Council to resolve
Human Resources	
Project failure due to poor resourcing/project management.	Ensure sufficient, competent resources are directed to the project.
Inability to provide a sufficient and suitably skilled workforce to properly staff and operate the facility post-handover.	Ensure a suitable programme of staff engagement, training, recruitment and retention is implemented in sufficient time to meet the service needs.

2.19   Constraints

The Bristol campus is constrained for development, particularly around existing Adult Emergency Department and Children's Hospital, both A&E and inpatient wards. The Trust are cognisant that they must achieve the best possible value for money in capital redevelopments and each scheme must deliver the outcomes of both estates and services objectives.

The Trust currently has a significant constraint regarding workforce i.e. recruitment and staff retention. The associated benefits of this scheme could assist with addressing these issues, but also could constrain the progression of the potential options.

2.20   Dependencies

The cost/benefit of refurbishing and relocating departments within the existing footprint against that of new build development at Marlborough Hill has been tested at this feasibility stage. To 'unlock' space for developing the prioritised Strategic Estates Development list, including Children's Services, development of an Urgent Emergency Assessment Centre (UEAC), Theatres and Endoscopy facility at Marlborough Hill is the cornerstone for enabling the planned redevelopment programme.

3   The Economic Case

3.1   Introduction

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the SOC documents the range of options that have been considered in response to the scope identified within the strategic case. It provides evidence to show that the most economically advantageous offer has been selected, which best meets service needs and optimises value for money.

This is achieved in two steps: first, by identifying and appraising a wide range of realistic and possible options (the long list); and second, by identifying and appraising a reduced number of possible options in further detail (the short-list). It should be noted that the 'preferred way forward' for the project emerges from the appraisal of the long-list and the 'preferred option' for the scheme from the appraisal of the short-list at OBC.

The Economic Case also provides an overview of the main costs, benefits and risks associated with each of the selected options. Importantly, it indicates how they were identified and the main sources and assumptions.

3.2   Critical Success Factors

The Critical Success Factors (CSFs) are the attributes essential for successful delivery of the project against which the initial assessment of the options for the delivery of the project will be appraised, alongside the spending objectives. The CSFs for the project are crucial, not merely desirable, and not set at a level that could exclude important options at an early stage of identification an appraisal.

HM Treasury/Central Government's best practice approach suggests a standard list of CSFs, which have been employed for this project as follows:

Table 20 – Critical Success Factors

CSF	How well the option:
1. Strategic fit and meets business needs	• Meets the agreed spending objectives, related business needs and service requirements • Provides holistic fit with other local/regional strategies/programmes/projects e.g. Healthy Weston 2, D2A business case, SDEC visions, amongst other acute collaboration programmes.
2. Potential value for money	• Optimises social value (social, economic and environmental), in terms of potential costs, benefits and risks. • Specific outcomes include for example; improved performance on LoS, 4-hour waits, 12-hour breaches, improved staffing efficiencies.
3. Supplier capacity and capability	• Matches the ability of potential suppliers to deliver the required services • Appeals to supply side

CSF	How well the option:
4. Potential affordability	• Can be financed from available funds • Aligns with sourcing constraints
5. Potential achievability	• Is likely to be delivered given an organisation's ability to respond to the changes required • Matches the level of available skills required for successful delivery

3.3   Options Framework

3.3.1   Methodology

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the business case documents the wide range of options that have been considered that could deliver the agreed investment objectives for five categories of choice:

- **Scope** (service and geographical coverage).
- **Solution** (including services and required infrastructure).
- **Service delivery** (who will deliver the required services).
- **Implementation** (timing and phasing of delivery).
- **Funding** (type of funding for the investment).

3.3.2   The Long List

The long list must include an option that provides the baseline for measuring improvement and value for money. This option is known as 'Business as Usual'. It must also include a realistic 'Do Minimum' based on the core functionality and essential requirements for the project.

Regular meetings have been held with both clinical and technical stakeholders of UHBW in order to establish an agreed and defined set of design imperatives, schedule of accommodation, critical adjacencies and flows, both within the new building and to and from the existing departments within the BRI.

Different building forms and site arrangements, taking account of site constraints and opportunities were then tested and presented to the Trust as a "Longlist" comprising 5 distinct options. This long list was derived from the previous feasibility study options [see appendix 7 for further images and information].

3.3.3   Assessment of the Options

The long list must include an option that provides the baseline for measuring improvement and value for money. This option is known as 'Business as Usual'. It must also include a realistic 'Do Minimum' based on the core functionality and essential requirements for the project.

This process results in an assessment of each option in terms of how well it will deliver each investment objective and CSF and is assessed as either:

Does Not Meet	Partially Meets	Strongly Meets

This results in an overall assessment of each option, which determines whether the option is either discounted, carried forward or noted as the preferred way forward.

The preferred way forward and options that are carried forward are taken into the short list for economic appraisal.

3.4 Long List

A high-level assessment of each of the options was undertaken by the Design Team and the Trust project team and a SWOT analysis compiled for each. In consequence to this, it was agreed that a shortlist of at least 4 should be further developed to a level of detail which would allow departmental internal arrangements, adjacencies and flows to be considered alongside engineering overlays, site 'abnormals' and cost analysis.

3.4.1 Project Scope

The workshop identified the following options to be considered for 'Service Scope' and understood an analysis of the various Strengths, Weaknesses, Opportunities and Threats of each option, as set out below.

Option 1 – Business As Usual: Maintain current status of buildings and service delivery.

Strengths	Weaknesses	Opportunities	Threats
• None – will not meet the strategic requirements	• Will not address the backlog in diagnostics or future needs • Does not provide any benefits to patients	• None	• Services continue to be delivered in premises that are overstretched resulting in increased costs • The capacity is insufficient to meet current and future demand • Quality Targets will not be met

Option 2 – Do Minimum: Refurbish existing buildings/areas, providing improved environment of existing areas

Strengths	Weaknesses	Opportunities	Threats
• Limited capital requirement	• No additional benefits to patient care/access • The required scope of future services will not be possible • No improvement for ambulance access	• There will be minimal improvement to the working environment	• Even with some increase in capacity of the estate, it may be insufficient to meet the increased scope of services and current and future demand Service gaps remain with insufficient capacity to meet demand • No improvement of targets e.g., ambulance delays and the 4 hour and 12 hour waits

Option 3 – Intermediate 1: Demolish THQ and Residences; new build, providing more space than 'Do Minimum', filling the site in a linear fashion

Strengths	Weaknesses	Opportunities	Threats
• Some more capacity will be available • Would be affordable with funding available	• Significant cost associated with this option whilst not fulfilling the required scope. • Splits ED over 2 floors affecting patient flow and communication • Requires major engineering structures to retain sloping topography. • ED would have little access to natural light. • Ambulance deck would have limited capacity.	• None • There will be minimal improvement to the working environment	• Even with some increase in capacity of the estate, it may be insufficient to meet the increased scope of services and current and future demand • Does not provide a sustainable future option

Option 4 – Intermediate 2: Demolish THQ and Residences; new build, creating limited space for either office or outpatient accommodation – creating space within clinical buildings to expand services

Strengths	Weaknesses	Opportunities	Threats
• Less capital will be required • There will be some improvement to available space for operational activities	• Re-provision of accommodation on the footprint of the Trust HQ is limited (maximum of 3 stories) and does not take full advantage of the site. • Major engineering works are still required for the retaining structure along Montague Hill South. • Does not create sustainable solution for ED, Diagnostics, Theatres or Endoscopy. • Constrained ambulance drop-off which could further exacerbate the current ambulance wait times	• There will be some improvement to the working environment for offices or outpatients. • Additional clinical space will be provided	• Clinical planning constraints mean little improvement for patients • Reduced staff retention • Not enough space to meet projected demand and will not offer a sustainable solution • Trust will continue to not meet the ambulance drop-off times and not meet required national targets even with the changes

Option 5 – Intermediate 3: Demolish THQ and Residences; new build, to create either office or outpatient accommodation – creating space within clinical buildings to expand services, building at front of site, with ground level ambulance access and parking reprovision underneath.

Strengths	Weaknesses	Opportunities	Threats
• Improves access for patients	• The linear nature of the building makes travel distances longer (113m is circa 1min 30secs walking time).	• Allows for future development of adjacent zone to King Edward building.	• Clinical planning constraints mean little improvement for patients
• Access for ambulances and drop off zone, offering a terraced landscape	• Entrance to the hospital will need to be through a car park	• Offers some expansion to clinical services	• Reduced staff retention
• Parking is re-provided under the building	• Constraints to the design mean that patients flow may not be significantly improved, and patient experience not enhanced		• Not enough space to meet projected demand

Option 6 – Intermediate 4: Demolish THQ and Residences; new build, to create either office or outpatient accommodation – creating space within clinical buildings to expand services, creating interlocking wards, ambulance access to level 3 and parking reprovision underneath.

Strengths	Weaknesses	Opportunities	Threats
• Close connections with KEB/main buildings	• Close to KEB, with no space for future development	• Improved staff retention/satisfaction through improved work environment and clinical space	• Temporary access road will be required, as excavation will be close to the road
• Allows street access and access from car park with an ambulance arrivals deck at level 3	• More expensive option without the best output for patients	• Improved patient access and care	
• Clinical flexibility to accommodate different models of care		• Better ambulance access and some increase in clinical space should improve ambulance drop off times	
• Space for temporary decant would be enabled			

Option 7a – Do Max; Less Ambitious PWF: Phased Approach – Demolish THQ and Residences; new build, access to street, urban frontage, internal access to main hospital – use whole site available space. The new build shell is utilised in phases.

Strengths	Weaknesses	Opportunities	Threats
• Connected to main hospital buildings improving patient flow and addresses clinical need • Allows space for future development in a defined plot • Addresses the scope required for the service and allows a phased approach to implementation ensuring services can grow tom meet patient need over time • Large ambulance drop off • Shorter travel distance • Space for temporary decant • Clinical flexibility	• Whilst the scheme may have a weakness as a more expensive option – the scope of the project will be phased to meet the requirements of the cost envelope	• Improved staff and patient experience • Improved environment therefore better staff retention / recruitment • Potential for 100% single beds • Meets future requirements and the scope of the project • Future developments will be enabled	• Temporary access road required, as excavation close to road

Option 7b – Do Max; More Ambitious PWF: Demolish THQ and Residences; new build, access to street, urban frontage, internal access to main hospital – use whole site available space.

Strengths	Weaknesses	Opportunities	Threats
• Connected to main hospital buildings • Allows space for future development in a defined plot • Large ambulance drop off • Shorter travel distance • Space for temporary decant • Clinical flexibility	• More expensive as most ambitious option	• Improved staff and patient experience • Improved environment therefore better staff retention/recruitment • Potential for 100% single beds • Meets future requirements and the scope of the project	• Temporary access road required, as excavation close to road

The workshop then used the outcome of the SWOT analysis to review these options for scope against the investment objectives and CSFs using the Options Framework process, as summarised in the table below.

Strategic Outline Case for Marlborough Hill Development, UHBW

Project	BAU	Do Minimum	Inter 1	Inter 2	Inter 3	Inter 4	Do Max phased	Do Max
Project Scope	Current status	Refurbishment	New Build Linear	New Build Courtyard	New Build Front of site	New Build Interlocking wards	New Build Internal access – phased occupancy	New Build Internal access – full occupancy
Investment Objectives								
Create a new Adult ED / Theatres / Endoscopy facility, improved patient access	Does not meet	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
Improve and expand Adult ED / Theatres / Endoscopy in line with best practice	Does not meet	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets	Strongly meets
Work with system partners, improve patient experience and future proof services	Does not meet	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets	Strongly meets
Create opportunities to develop clinical pathways and Models of care	Does not meet	Partially meets	Strongly meets	Strongly meets	Strongly meets	Strongly meets	Strongly meets	Strongly meets
Provision of JAG compliant Endoscopy to meet demand	Does not meet	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
Release additional capacity, meeting Trust Strategies	Does not meet	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
Put in place estates the Trust can achieve compliance and conformance; MHS and Net Zero	Does not meet	Partially meets	Strongly meets	Strongly meets	Strongly meets	Strongly meets	Strongly meets	Strongly meets
Develop services and environments staff want to work in	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
Critical Success Factors								
Strategic fit and meets business needs	Does not meet	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
Potential value for money	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
Supplier capacity and capability	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
Potential affordability	Strongly meets	Strongly meets	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets
Potential achievability	Strongly meets	Strongly meets	Strongly meets	Partially meets	Partially meets	Partially meets	Strongly meets	Partially meets
Conclusion	**Carried forward**	**Carried Forward**	**Carried forward**	**Carried forward**	**Carried forward**	**Carried Forward**	**PWF**	**Carried forward**

3.4.2   Project Solution

The workshop identified the following options to be considered for 'Project Solution' and understood an analysis of the various Strengths, Weaknesses, Opportunities and Threats of each option, as set out below.

Option 1 – BAU: Continued regular maintenance and address backlog as required to maintain current buildings and service delivery.

Strengths	Weaknesses	Opportunities	Threats
• No capital and revenue investment required. • No operational disruption associated with this option	• Does not meet the strategic service solution • Will not enable the backlog in activity to be addressed • Does not provide the required benefits to patients	• None	• Services continue to be delivered in premises that are overstretched • The capacity is insufficient to meet current and future demand • Quality Targets will not be met

Option 2 – Do Minimum: Refurbishment of existing buildings and service areas.

Strengths	Weaknesses	Opportunities	Threats
• Refurbishment will improve the overall environment for patients and staff • Will be affordable in the short term	• Does not address the issues with capacity and quality concerns • There will still be costs associated with an option that does not fulfil the projects solutions	• May support the service to grow overtime but would need more investment to meet the service need • Disruption to services may be minimal	• Services continue to be delivered in premises that are unable to address the increase in activity • The capacity of the estate will be insufficient to meet increased current and future demand

Option 3 – Intermediate 1: New build on Marlborough Hill site, linear shaped building.

Strengths	Weaknesses	Opportunities	Threats
• The development will improve the overall environment for patients and staff • Will allow for some increase activity on the site	• Does not meet the future requirements for increased demand, activity and backlog • Operational disruption • Does not provide the required benefits to patients	• May support the service to grow overtime but would need more investment to meet the service need	• Services continue to be delivered in premises that are overstretched • The capacity is insufficient to meet current and future demand • Required quality targets will likely continue not to be fully met

Option 4 – Intermediate 2: New build on Marlborough Hill site, creating a courtyard.

Strengths	Weaknesses	Opportunities	Threats
• Core services are expanded where possible • This provides a more affordable option in comparison to do maximum option	• Does not provide required opportunities for colocation and integration of services • Will not give the required expansion • Significant cost associated with this option whilst not creating a sustainable solution .	• Will help to address the backlog in activity and support future demand and some services will be able to expand	• Not all services will be able to expand as needed • The capacity of the estate will be insufficient to meet increased current and future demand

Option 5 – Intermediate 3: New build on Marlborough Hill site, building at front of site.

Strengths	Weaknesses	Opportunities	Threats
• Core services are expanded where possible • This provides a more affordable option in comparison to do maximum option • Enhances patient, staff and visitor experiences	• Does not provide all required opportunities for colocation and integration of services • Will not give the required expansion • Significant cost associated with this option whilst not creating a sustainable solution .	• Will help to address the backlog in activity and support future demand and some services will be able to expand	• Not all services will be able to expand as needed • The capacity of the estate will be insufficient to meet increased current and future demand

Option 6 – Intermediate 4: Compact new build on Marlborough Hill site with street access.

Strengths	Weaknesses	Opportunities	Threats
• Core services are expanded and activity and capacity increased • Provides a more affordable option in comparison to do maximum option • Enhances patient, staff and visitor experiences with the new site • A range of services will be provided	• Design may be restricted to fit into the space available at the site • Access is restricted from the main hospital site • The option may not provide the required space for future sustainability	• The option may lead to improvements in staff recruitment and retention. • There are increased opportunities for integration of services within the new build structure.	• The premises may not give the best solution for future sustainability increase in activity

Option 7a – Do Max (Less Ambitious PWF): Phased Approach – Demolish THQ and Residences; new build, access to street, urban frontage, internal access to main hospital – use whole site available space. The new build shell is utilised in phases.

Strengths

- Enables the delivery of the Trust strategy and the ICS strategy for integrated services
- Provides a good solution to address demand and capacity
- A phased build will assist with the high cost of the option
- Enhances patient, staff and visitor experiences, optimises patients' privacy and dignity and supports equality and diversity.

- Patients can access a range of essential services on one site
- Provide up-to-date and fit-for-purpose built facilities and ease of access for patients and staff
- Embodied energy savings through the development of a modern facility
- Will attract new staff, and able to support training

Weaknesses	**Opportunities**	**Threats**
• The scheme is more costly than the lesser options	• The facility has the opportunity to provide a service solution that can grow overtime • The solution offers an opportunity to address the current and longer term issues in relation to demand and capacity • The facility is adjoined to the main hospital allowing flexibility of future service provision • Attractive to staff and opportunity for training and development enhancement	• Delivery of this option is dependent on securing a higher value of capital funding • This option may be less affordable in the shorter term

Option 7b – Do Max (More Ambitious PWF): New build on Marlborough Hill site, access to street, urban frontage, internal access to main hospital – use whole site available space.

Strengths

- Enables the delivery of the Trust strategy and the ICS strategy for integrated services
- Provides a good solution to address demand and capacity
- Enhances patient, staff and visitor experiences, optimises patients' privacy and dignity and supports equality and diversity.
- Patients can access a range of essential services on one site

- Provide up-to-date and fit-for-purpose built facilities and ease of access for patients and staff
- Embodied energy savings through the development of a modern facility
- Will attract new staff, and able to support training

Weaknesses	**Opportunities**	**Threats**
• The scheme is more costly than the lesser options and requires full funding at the offset of the scheme	• The solution offers an opportunity to address the current and longer term issues in relation to demand and capacity • The facility is adjoined to the main hospital allowing flexibility of future service provision • Attractive to staff and opportunity for training and development enhancement	• Delivery of this option is dependent on securing a higher value of capital funding • This option may be less affordable in the shorter term

Strategic Outline Case for Marlborough Hill Development, UHBW

Project	BAU	Do Min	Inter 1	Inter 2	Inter 3	Inter 4	Do Max phased	Do Max
Project Solution	Current status	Refurbishment and backlog	New Build – minimal capacity	New Build – 25% of capacity	New Build – 50% capacity	New Build – 75% capacity	New Build – 100% capacity	New Build – 100% capacity
Investment Objectives								
Create a new Adult ED / Theatres / Endoscopy facility, improved patient access	Does not meet	Does not meet	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
Improve and expand Adult ED / Theatres / Endoscopy in line with best practice	Does not meet	Does not meet	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
Work with system partners, improve patient experience and future proof services	Does not meet	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
Create opportunities to develop clinical pathways and MoC	Does not meet	Does not meet	Strongly meets	Strongly meets	Strongly meets	Strongly meets	Strongly meets	Strongly meets
Provision of JAG compliant Endoscopy to meet demand	Does not meet	Does not meet	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
Release additional capacity, meeting Trust Strategies	Does not meet	Does not meet	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets
Put in place estates the Trust can achieve compliance and conformance; MHS and Net Zero	Does not meet	Does not meet	Strongly meets	Strongly meets	Strongly meets	Strongly meets	Strongly meets	Strongly meets
Develop services and environments staff want to work in	Does not meet	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
Critical Success Factors								
Strategic fit and meets business needs	Does not meet	Does not meet	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
Potential value for money	Does not meet	Does not meet	Partially meets	Does not meet	Does not meet	Partially meets	Strongly meets	Strongly meets
Supplier capacity and capability	Does not meet	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
Potential affordability	Strongly meets	Strongly meets	Strongly meets	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets
Potential achievability	Strongly meets	Strongly meets	Strongly meets	Partially meets	Partially meets	Partially meets	Strongly meets	Partially meets
Conclusion	**Carried forward**	**Carried forward**	**Carried forward**	**Discount**	**Discount**	**Discount**	**PWF**	**Carried forward**

3.4.3   Project Delivery

The workshop identified the following options to be considered for project delivery and understood an analysis of the various Strengths, Weaknesses, Opportunities and Threats of each option, as set out below.

Option 1 – BAU: Continue with current Estates and Facilities management [Not applicable, as does not deliver pwf].

Option 1 – Do Minimum: Deliver backlog maintenance through Estates Department and possibly some local contractors [Not applicable, as does not deliver pwf].

Option 3 –Intermediate 1: Procure 2022/23 framework

Strengths	Weaknesses	Opportunities	Threats
• Contractor appointment likely to have wider experience of delivering healthcare or similar projects and already working on existing site	• Likely to demand higher preliminary costs and greater commercial challenges agreeing risk allocations and ownership • Time requirement and resources required to manage the process • Disruption to the site whilst adaptions are being made	• none	• Disruption to existing services during project delivery

Option 4 – Intermediate 2: Procure 2022/23 framework

Strengths	Weaknesses	Opportunities	Threats
• Contractor appointment likely to have wider experience of delivering healthcare or similar projects and already working on existing site	• Likely to demand higher preliminary costs and greater commercial challenges agreeing risk allocations and ownership • Time requirement and resources required to manage the process • Disruption to the site whilst adaptions are being made	• None	• Disruption to existing services during project delivery

Option 5 – Intermediate 3: Procure 2022/23 framework

Strengths	Weaknesses	Opportunities	Threats
• Contractor appointment likely to have wider experience of delivering healthcare or similar projects and already working on existing site	• Likely to demand higher preliminary costs and greater commercial challenges agreeing risk allocations and ownership • Time requirement and resources required to manage the process • Disruption to the site whilst adaptions are being made	• Unrestricted procurement route for works required should lead to high quality and value for money due to maximum exposure to the market.	• Disruption to existing services during project delivery

Option 6 – Intermediate 4: Procure 2022/23 framework

Strengths	Weaknesses	Opportunities	Threats
• Contractor appointment likely to have wider experience of delivering healthcare or similar projects and already working on existing site	• Time requirement and resources required to manage the process • Disruption to the site whilst adaptions are being made	•	• Timescale to deliver the project to ger maximum benefit

Option 7a – Do Maximum (Less Ambitious PWF):   Procure 2022/23 framework

Strengths	Weaknesses	Opportunities	Threats
• Contractor appointment likely to have wider experience of delivering healthcare or similar projects and already working on existing site • There will be less disruption to the main hospital site during the development	• none	• Unrestricted procurement route for works required should lead to high quality and value for money due to maximum exposure to the market. • Ability to demonstrate value for money with utilisation of an existing site • Provided no disruption should be able to meet agreed timescale for the project	• Timescale to deliver the project to get maximum benefit

Option 7b – Do Maximum (More Ambitious PWF): Procure 2022/23 framework

Strengths	Weaknesses	Opportunities	Threats
• Contractor appointment likely to have wider experience of delivering healthcare or similar projects and already working on existing site • There will be less disruption to the main hospital site during the development	• none	• Unrestricted procurement route for works required should lead to high quality and value for money due to maximum exposure to the market. • Ability to demonstrate value for money with utilisation of an existing site • Provided no disruption should be able to meet agreed timescale for the project	• Timescale to deliver the project to get maximum benefit

The workshop then used the outcome of the SWOT analysis to review these options for project delivery against the investment objectives and CSFs using the Options Framework process, as summarised in the table below.

Project	BAU	Do Min	Inter 1	Inter 2	Inter 3	Inter 4	Do Max phased	Do Max
Service Delivery	Estates	Estates/ Contractor	P22/23	P22/23	P22/23	P22/23	P22/23	P22/23
Investment Objectives								
1.Create a new Adult ED/Theatres/Endoscopy facility, improved patient access	NA	Does not meet	Does not meet	Does not meet	Does not meet	Strongly meets	Strongly meets	Strongly meets
2.Improve and expand Adult ED/Theatres/Endoscopy in line with best practice	NA	Does not meet	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
3.Work with system partners, improve patient experience and future proof services	NA	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets	Strongly meets
4.Create opportunities to develop clinical pathways and MoC	NA	Does not meet	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets	Strongly meets
5.Provision of JAG compliant Endoscopy to meet demand	NA	Does not meet	Does not meet	Does not meet	Does not meet	Partially meets	Strongly meets	Strongly meets
6.Release additional capacity, meeting Trust Strategies	NA	Does not meet	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
7.Put in place estates the Trust can achieve compliance and conformance; MHS and Net Zero	NA	Does not meet	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets	Strongly meets
8.Develop services and environments staff want to work in	NA	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets	Strongly meets
Critical Success Factors								
1.Strategic fit and meets business needs	NA	Does not meet	Partially meets	Does not meet	Does not meet	Does not meet	Strongly meets	Strongly meets
2.Potential value for money	NA	Does not meet	Strongly meets	Does not meet	Does not meet	Does not meet	Strongly meets	Potengly meets
3.Supplier capacity and capability	NA	Strongly meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets	Strongly meets
4.Potential affordability	NA	Strongly meets	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets
5.Potential achievability	NA	Strongly meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets	Strongly meets
Conclusion	**Carried Forward**	**Carried Forward**	**Carried forward**	**Discount**	**Discount**	**Discount**	**PWF**	**PWF**

3.4.4   Project Implementation

The workshop identified the following options to be considered for project implementation and understood an analysis of the various Strengths, Weaknesses, Opportunities and Threats of each option, as set out below.

Option 1 – BAU: No change – continue as current – Not applicable.

Option 2 – Do Minimum: 2–3 year phased programme of refurbishment and/or new build – Not applicable

Option 3 – Intermediate 1: 3–4 year phased programme of refurbishment and new build

Strengths	Weaknesses	Opportunities	Threats
• Minimally addresses capacity on the site and partially addresses requirements once operational	• Will cause disruption to services during implementation	• Its implementation increases access to services	• The option will not address the long-term requirements of the project

Option 4 – Intermediate 2: 3–4 year phased programme of refurbishment and new build

Strengths	Weaknesses	Opportunities	Threats
• Increases capacity on the site and partially addresses requirements once operational	• Will not address all requirements and its implementation may need to be part of a wider programme of expansion	• Its implementation increases access to services	• The option will not address the long-term requirements of the project

Option 5 – Intermediate 3: 3–4 year phased programme of refurbishment and new build

Strengths	Weaknesses	Opportunities	Threats
• Increases capacity on the site and partially addresses requirements once operational	• Will not address all requirements and its implementation may need to be part of a wider programme of expansion	• Its implementation increases access to services	• The option will not address the long-term requirements of the project

Option 6 – Intermediate 4: 3–4 year phased programme of refurbishment and new build

Strengths	Weaknesses	Opportunities	Threats
• Increases some capacity on the site and partially addresses requirements once operational	• Will not address all requirements and its implementation may need to be part of a wider programme of expansion	• implementation increases access to services	• The option will not address the long-term requirements of the project

Option 7a – Do Maximum (Less Ambitious PWF): Phased approach (build shell) 5–year phased programme of refurbishment and new build.

Strengths	Weaknesses	Opportunities	Threats
• Would deliver the full scope of the needs of the project to address current and future • requirements from day one of operation • Gives opportunity for a flexible and phased approach to occupancy	• Implementation of the project is phased over a longer period	• Enables increased services to be delivered locally • Increases future access and flexible use • The size of the facility has opportunity for full service offers • Future developments of services will be possible • Phased approach will enable services to be directed appropriately over time	• Lack of certainty around funding opportunity

Option 7b – Do Maximum (More Ambitious PWF): Phased approach (build shell) 5–year phased programme of refurbishment and new build.

Strengths	Weaknesses	Opportunities	Threats
• Would deliver the full scope of the needs of the project to address current and future requirements from day one of operation	• Implementation of the project is phased over a longer period	• Enables increased services to be delivered locally • Increases future access and flexible use • The size of the facility has opportunity for full service offers • Future developments of services will be possible	• Lack of certainty around funding opportunity

The workshop then used the outcome of the SWOT analysis to review these options for project implementation against the investment objectives and CSFs using the Options Framework process, as summarised in the table below.

Project	BAU	Do Min	Inter 1	Inter 2	Inter 3	Inter 4	Do Max phased	Do Max
Service Implementation	–	–	3–4 years	3–4 years	3–4 years	3–4 years	5 year	5 year
Investment Objectives2.3								
1.Create a new Adult ED/Theatres/Endoscopy facility, improved patient access	NA	NA	Does not meet	Does not meet	Does not meet	Partially meets	Strongly meets	Strongly meets
2.Improve and expand Adult ED/Theatres/Endoscopy in line with best practice	NA	NA	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
3.Work with system partners, improve patient experience and future proof services	NA	NA	Strongly meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
4.Create opportunities to develop clinical pathways and MoC	NA	NA	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
5.Provision of JAG compliant Endoscopy to meet demand	NA	NA	Does not meet	Does not meet	Does not meet	Partially meets	Strongly meets	Strongly meets
6.Release additional capacity, meeting Trust Strategies	NA	NA	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
7.Put in place estates the Trust can achieve compliance and conformance; modern healthcare standards and Net Zero	NA	NA	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets	Strongly meets
8.Develop services and environments staff want to work in	NA	NA	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
Critical Success Factors								
1.Strategic fit and meets business needs	NA	NA	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
2.Potential value for money	NA	NA	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
3.Supplier capacity and capability	NA	NA	Strongly meets	Partially meets	Partially meets	Strongly meets	Strongly meets	Strongly meets
4.Potential affordability	NA	NA	Strongly meets	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets
5.Potential achievability	NA	NA	Strongly meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
Conclusion	**Carried Forward**	**Carried Forward**	**Carried forward**	**Carried Forward**	**Carried Forward**	**Carried Forward**	**PWF**	**Carried Forward**

3.4.5   Funding

The workshop identified the following options to be considered for project funding and understood an analysis of the various Strengths, Weaknesses, Opportunities and Threats of each option, as set out below.

Option 1 – BAU: Not applicable.

Option 2 – Do Minimum: Trust funded from retained cash balances. CDEL assumed to be in place as per 2022/23 allocation – Not applicable.

Option 3 – Intermediate 1: National Capital &/ CDEL.

(CDEL assumed to be in place as per 2022/23 allocation. In addition, would require additional cash funding from national capital programmes and additional system CDEL allocation, as a result of system capital prioritisation)

Strengths	Weaknesses	Opportunities	Threats
• Following funding and business case approval the project will provide increased capacity for enhanced service delivery	• Affordability in revenue terms needs to be assessed • The scheme will not address the long–term requirements	• Will be developed on an existing site meaning likely to be achievable	• Delivery is dependent on the project securing the capital funding. • The scheme will not address the long–term requirements

Option 4 – Intermediate 2: National Capital &/ CDEL.

Strengths	Weaknesses	Opportunities	Threats
• Following funding and business case approval the project will provide increased capacity for enhanced service delivery	• The scheme will not address the long term requirements • Affordability in revenue terms needs to be assessed	• Will be developed on an existing site meaning likely to be achievable	• Delivery is dependent on the project securing the capital funding. • The scheme will not address the long term requirements

Option 5 – Intermediate 3: National Capital &/ CDEL.

Strengths	Weaknesses	Opportunities	Threats
• Following funding and business case approval the project will provide increased capacity for enhanced service delivery	• The scheme will not address the long term requirements	• Will be developed on an existing site meaning likely to be achievable	• Delivery is dependent on the project securing the capital funding.

Option 6 – Intermediate 4: National Capital &/ CDEL.

Strengths	Weaknesses	Opportunities	Threats
• Following funding and business case approval the project will provide an increased range of services and associated revenue	• The project will not meet the full requirements of the scheme for future capacity	• Will be developed on an existing site meaning likely to be achievable • The project has opportunity to deliver an increasing range of services.	• Delivery is dependent on the project securing the capital funding.

Option 7a – Do Maximum (Less Ambitious PWF): National Capital &/ CDEL.

Strengths	Weaknesses	Opportunities	Threats
• Following funding and business case approval the project will provide the full range of services and associated revenue for the lifetime of the scheme	• The project may not be affordable to have full occupancy from day 1 of operation	• Will be developed on an existing site meaning likely to be achievable • The project is large enough to be able to review cost options over the longer term • The project has opportunity to deliver an increasing range of services.	• Delivery is dependent on the project securing the capital funding.

Option 7b – Do Maximum (More Ambitious PWF): National Capital &/ CDEL.

Strengths	Weaknesses	Opportunities	Threats
• Following funding and business case approval the project will provide the full range of services and associated revenue for the lifetime of the scheme	• The project may not be affordable to have full occupancy from day 1 of operation	• Will be developed on an existing site meaning likely to be achievable • The project is large enough to be able to review cost options over the longer term • The project has opportunity to deliver an increasing range of services.	• Delivery is dependent on the project securing the capital funding.

The workshop then used the outcome of the SWOT analysis to review these options for project funding against the investment objectives and CSFs using the Options Framework process, as summarised in the table below.

Strategic Outline Case for Marlborough Hill Development, UHBW

Project	BAU	Do Min	Inter 1	Inter 2	Inter 3	Inter 4	Do Max phased	Do Max
Funding	Trust	Trust	National/CDEL	National/CDEL	National/CDEL	National/CDEL	National/CDEL	National/CDEL
Investment Objectives								
1.Create a new Adult ED/Theatres/Endoscopy facility, improved patient access	NA	NA	Does not meet	Does not meet	Does not meet	Strongly meets	Strongly meets	Strongly meets
2.Improve and expand Adult ED/Theatres/Endoscopy in line with best practice	NA	NA	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
3.Work with system partners, improve patient experience and future proof services	NA	NA	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets	Strongly meets
4.Create opportunities to develop clinical pathways and MoC	NA	NA	Strongly meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
5.Provision of JAG compliant Endoscopy to meet demand	NA	NA	Partially meets	Does not meet	Does not meet	Partially meets	Strongly meets	Strongly meets
6.Release additional capacity, meeting Trust Strategies	NA	NA	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
7.Put in place estates the Trust can achieve compliance and conformance; modern healthcare standards and Net Zero	NA	NA	Strongly meets	Strongly meets	Strongly meets	Strongly meets	Strongly meets	Strongly meets
8.Develop services and environments staff want to work in	NA	NA	Strongly meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
Critical Success Factors								
1.Strategic fit and meets business needs	NA	NA	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
2.Potential value for money	NA	NA	Partially meets	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets
3.Supplier capacity and capability	NA	NA	Partially meets	Partially meets	Partially meets	Strongly meets	Strongly meets	Strongly meets
4.Potential affordability	NA	NA	Strongly meets	Partially meets	Partially meets	Partially meets	Partially meets	Partially meets
5.Potential achievability	NA	NA	Strongly meets	Partially meets	Partially meets	Partially meets	Strongly meets	Partially meets
Conclusion	NA	NA	Carried forwards	Carried Forwards	Carried Forwards	Carried Forwards	PWF	Carried Forwards

3.4.6   Options Framework Summary – Long List

The table below demonstrates a summary of the long list using the options framework.

Project	Option 1 – BAU	Option 2 – Do Min	Option 3 – Intermediate 1	Option 4 – Intermediate 2	Option 5 – Intermediate 3	Option 6 – Intermediate 4	Option 7a – Do Max (shell)	Option 7b – Do Max
1. Service Scope *As outlined in Strategic Case*	Existing services stay as they are	Refurbish existing buildings/areas.	New build on Marlborough Hill site, linear shaped building	New build on Marlborough Hill site, creating a courtyard.	New build on Marlborough Hill site, building at front of site	Compact new build on Marlborough Hill site with street access	*New build, – internal access to main hospital – use whole site available space*	
	Carried forward	Carried forward	Carried forward	Carried forward	Carried forward	Carried forward	Preferred way forward	
2. Service Solution *In relation to the preferred scope*	Existing services stay as they are	Increase use of existing site	Changes to existing estate			Smaller new build on Marlborough estate	Large build on Marlborough estate – phased occupancy	Large build on Marlborough estate – full occupancy
	Carried forward	Carried forward	Discount			Carried forward	Carried forward	Preferred way forward
3. Service Delivery *In relation to the preferred scope and service solution*	NA	Current estates and facilities teams	Procure 2022/23 framework					
		Carried forward	Preferred way forwards					
4. Implementation *In relation to preferred scope, solution and method of service delivery*	NA	NA	3–4 year phased				5 years phased (flexible use)	
			Carried forward				Preferred way forward	
5. Funding *In relation to preferred scope, solution, method of service delivery and implementation*	NA	NA	NHS Capital					
			Preferred way forward					
Conclusion	**Carried Forward**	**Carried Forward**	**Carried Forward**	**Discounted**	**Discounted**	**Discounted**	**Carried Forward**	**PWF**

3.4.7   Shortlisted Options

In line with guidance and best practice, the business case should identify a minimum of four short listed options for further appraisal. These should include:

- Business as Usual: The benchmark for value for money.
- 'Do Minimum': A realistic way forward that also acts as a further benchmark for Value for Money, in terms of cost justifying further intervention.
- 'Recommended': The preferred way forward at this stage.
- One or more other possible options based on realistic 'more ambitious' and 'less ambitious' choices that were not discounted at the long–list stage.

The options framework has been used to filter the options considered at the long–list stage to generate the potential short-list for the project, as illustrated below.

Table 21 – Shortlisted Options

Options framework summary

Options	Option 1; Business as Usual	Option 2; Do Minimum	Option 3; Intermediate 1	Option 7a; Intermediate (less ambitious PWF)	Option 7b; Do maximum (more ambitious PWF)
Project Scope	Existing remains	Refurbish existing	Linear new build	New Build – use whole site	
Project Solution	Backlog maintenance	Increase use of current site	Smaller new build	Large build on MH with phased occupancy	Large build on MH with full occupancy
Service Delivery	N/A	Current Estates and Facilities	P22/P23		
Project Implementation	N/A	N/A	3–4 year phased	5 year phased (flexi use)	
Project Funding	N/A	N/A	NHS Capital		

This short list of options will have full economic appraisal as part of the Outline Business Case. It should be noted, programmes are high level at this earlier stage of design, these will be explored in more detail and reviewed at OBC stage, including implementation timeline for each option. Estimated costs are shown within section 3.5 below.

3.5   Economic Appraisal

3.5.1   Introduction

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the SOC documents the range of options that have been considered in response to the potential scope identified within the strategic case. It identifies the investment objectives, the critical success factors, and appraises each to determine the preferred way forward.

3.5.2   Estimating Initial Capital Costs

Capital costs have been estimated for the preferred way forward, Option 7b Do Maximum – single phase, together with Option 7a, Do Maximum – multiple phases and Option 2 by the Trust's Cost Advisors, Peninsular Projects Ltd, and are based on the assumption that schedules of accommodation and 1:500 drawings are complete, in accordance with the level of design required at SOC stage.

A copy of the capital cost reports are provided in the following appendices:

- **Option 2/3** (Appendix 8) Capital Costs Do Min Refurb Scheme incl. BAU;
- **Option 7a** (Appendix 9) Capital Costs Shell Phased Fit Out Scheme; and
- **Option 7b** (Appendix 10) Capital Costs Full Scheme.

The resulting capital costs estimates are summarised in the table below for the key areas of Adult ED, Theatres and Endoscopy. The first option (BAU) includes addressing backlog maintenance only. Option 2 and 3 are based on an incremental estimate of costs, namely option 2 includes estimated refurbishment of all areas and option 3 includes Do Minimum costs, with a limited new build. The individual new builds (options 7a and 7b) do not include backlog maintenance or refurbishment of current areas, as per the first three options.

Table 22 – Capital Costs £000s

Functional floor space req. m²	Incremental approach to options cost development			Individual new build options	
	7,131m²	7,131m²	11,866m²	18,939m²	18,939m²
	Option 1 BAU; Backlog maintenance	Option 2 Do Min; Refurb all areas	Option 3; Do Min + small new build	Option 7a; Do Max (shell + phased fit out new build)	Option 7b; Do Max PWF (full fit out new build)
Construction	N/A	24,067	47,674	79,061	94,430
Fees	N/A	4,813	8,496	12,477	14,729
Non works	N/A	481	953	1,581	1,889
Equipment costs	N/A	5,671	7,779	8,432	8,432
Planning contingency	N/A	5,255	7,943	9,140	10,753
Construction Subtotal	**N/A**	**40,287**	**72,845**	**110,691**	**130,232**
Optimism bias	N/A	6,043	8,973	9,962	11,721
Inflation adjustment & Pubsec uplift	N/A	14,188	19,545	18,212	21,427
Inflation & Opt Bias Subtotal	**N/A**	**20,231**	**28,518**	**28,174**	**33,148**
Total (Ex VAT)	**N/A**	**60,518**	**101,363**	**138,865**	**163,379**
VAT	N/A	11,141	18,573	25,278	29,730
Estimated BLM costs	2,280	–	–	–	–
Total (Incl. VAT)	**2,280**	**71,659**	**119,936**	**164,143**	**193,109**

For completeness and ease of reference to capital cost forms and the Financial Case, the table includes VAT and inflation adjustments. However, it should be noted that for the purposes of the economic appraisal at the later OBC stage all costs will exclude VAT and be restated at base year prices in accordance with HM Treasury Green Book guidance.

Note that:

- Option 1 is based on a pro rata cost for 7,131m², of the total UH Bristol estate 180,000m² (approx. 4%), multiplied by total UH Bristol 'Estates Backlog Maintenance' capital allocation (£57.6m), which equates to £2.28m.
- Option 2 includes estimated refurbishment costs for all areas in scope provided by the Trust Cost Advisor (£71.6m), based on 7,131m² at c.£10k per m².
- Option 3 includes the estimated refurbishment as per option 2 (7,131m²), with an additional limited new build of 4,735m², which is approx. 25% of the full new build option 7b. The approx. value of the additional 4,735m² new build is £48.3m.
- Option 7a and 7b are a replacement new build covering the same footprint of 18,939m². 7a includes fully completed construction with phased fit out, however 7b (preferred way forward) includes full construction with complete fit out for services.

Table 23 – Estates Replacement & Infrastructure 5 Year Plan £000s

2022/23	2023/24	2024/25	2025/26	2026/27	Total
6,370	7,344	7,925	8,915	5,368	35,922

- Option 2 departmental costs have been based on the Healthcare Premises Cost Guides (HPCGs) £ per square metre estimates abated for refurbishment.
- The costs of the intermediate limited new build option (Option 3) have been calculated on a pro rata basis based on the preferred way forward.

3.5.3   Estimating Life Cycle Costs

Lifecycle costs for all options have been calculated by multiplying floor area information provided by Estates and the Trust Cost Advisor, by average rates contained in the latest available New Model Hospital data (2021/22), in which Hard FM costs are £70/per m[2.]

The results are shown in the following table:

Table 24 – Lifecycle Costs £000s

Functional floor space req. m²	7,131	7,131	11,866	18,939	18,939
	Option 1 – BAU	Option 2 – Do Min (Refurb)	Option 3 – Do min + limited new build	Option 7a; Do Max (phased new build)	Option 7b; Do Max PWF (occupied new build)
Lifecycle Costs	499	499	831	1,326	1,326

3.5.4   Estimating Recurring Revenue Costs

Recurring Revenue costs are yet to be fully scoped however indicative costs have been sourced for the functional departments based on 2021/22 BAU costs, while ERIC data for the Trust has been used to derive annual costs by floor area for ancillary services.

The resulting recurring revenue cost estimates and sources are summarised in the table below.

Table 25 – Recurring Revenue Costs OOO's

Functional floor space req. m² / Department	ERIC data – Annual £/m²	Incremental approach to options cost development			Individual new build options		Source data 2021/22
		7,131m²	7,131m²	11,866 m²	18,939 m²	18,939 m²	
		Option 1 – BAU	Option 2 – Do Min (Refurb)	Option 3 – Do min + limited new build	Option 7a; Do Max (phased new build)	Option 7b; Do Max PWF (occupied new build)	
Emergency		7,549	7,549	10,515	11,863	11,863	Cubicles
AMU		6,007	6,007	6,007	6,007	6,007	BAU data
OPAU		3,898	3,898	3,898	3,898	3,898	" "
STAU		2,877	2,877	2,877	2,877	2,877	" "
Theatres		4,930	4,930	6,902	7,888	7,888	Rooms
Endoscopy		16,610	16,610	23,531	27,683	27,683	Rooms
Pharmacy		0	0	0	0	0	N/a
Hard FM	70	499	499	831	1,326	1,326	ERIC
Catering	25	175	175	292	466	466	"
Cleaning	49	348	348	579	925	925	"
Energy	27	189	189	315	503	503	"
Laundry	7	51	51	84	134	134	"
Parking	1	5	5	8	12	12	"
Portering	21	151	151	251	401	401	"
Water/Waste	9	64	64	106	170	170	"
Total Costs		**£43,353**	**£43,353**	**£56,196**	**£64,152**	**£64,152**	

Points to note, on the above table:

- Option 1 is based on 2021/22 cost of current services.
- Option 2 is the same as option 1, i.e. the footprint remains the same as BAU.
- Option 3 includes 2021/22 cost of current services, plus the revenue impact of a limited new build.
- Option 7a and 7b are a replacement new build of the same footprint. 7a total annual recurrent revenue costs will be the same as 7b, once phasing of fit out is complete.

3.5.5   Efficiencies

The costings presented at this SOC stage are based upon known BAU costs and floor space requirements. It is anticipated however that as the business case is developed it will be important to appraise the intended efficiencies including but not limited to:

- New estate allowing to create a more logical flow of patients and activities.
- Improved utilisation of internal space such as increasing the density of cubicles in the Emergency Department.
- Ways of working improvements such as extending Endoscopy and Theatre usage to a 5.5 day week.

It is likely that these efficiency gains will inform the scope of the intended development and in turn the associated costs. These will be developed at OBC stage.

3.5.6   Estimating Benefits

The main benefits resulting from the investment are listed in the draft benefits log at Appendix 11, these are some key benefits:

- Waiting times and backlog for elective surgery will be reduced
- The Trust will reduce the ambulance drop off time rates and associated quality reporting
- ED waiting time breaches over 4 hours and 12 hours will be reduced and associated quality indicators improved
- The efficiencies of have the working departments adjacent to each other will reduce the extra nursing costs attributed to the current multiple departments
- Recruitment and retention will be improved as working environments are enhanced for staff wellbeing – this will also improve absence levels and associated cost
- Patient access to the hospital will be improved
- Length of stay for key conditions will be reduced with faster assessments and diagnosis and increased use of SDEC
- There will be an overall improvement in population health as local people have better access to care. People with more complex conditions can be assessed and get timely referrals

Analysis of the monetised benefits is to be developed once costings are known at OBC.

3.5.7   Estimating Risks

The risks for each option will be assessed and, as far as possible, quantified and expressed in monetary equivalent terms, including:

- Quantified risk in relation to planning contingency included in capital cost forms.
- Optimism bias factor included in capital cost forms.
- Key project risks which have not been accounted for within capital costs.

The main risk register for the project can be found at Appendix 12, risks specific to the options will be assessed further at OBC.

The risks will be quantified by calculating an 'expected value'. This provides a single value for the expected impact of all risks. It is calculated by multiplying the likelihood of the risk occurring (probability) by the cost of addressing the risk (impact) and summing the results for all risks and outcomes.

Figure 26 – Risk quantification approach using single–point probability analysis
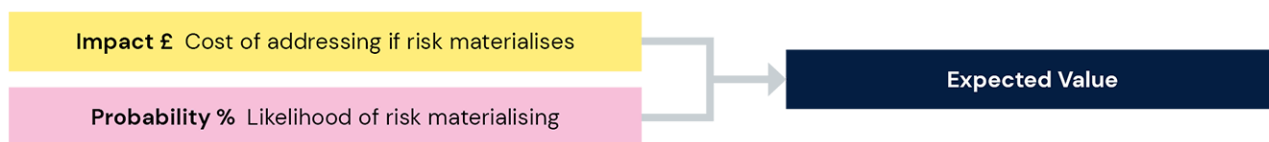
3.5.8   Comprehensive Investment Appraisal

A CIA model has been developed to appraise the options at SOC and it also again at OBC stage once the service profile has been developed and defined benefits and risks have been identified and fully costed.

The CIA model (Appendix 13) shows for each of the options:

- Discounted costs and benefits.
- Net Present Social Values
- Cost Benefit Ratios and rankings

4   The Commercial Case

4.1   Introduction

This section of the SOC outlines the proposed procurement strategy for the preferred way forward identified in the Economic Case.

4.2   Procurement Strategy

For the proposed works for the preferred way forward of the project, the Project Board will agree a Procurement Strategy which will initially assess a wide range of potential options for securing a contractor and delivering the scheme. The procurement options available to are summarised as:

- Procurement Framework (currently ProCure22) – the Department of Health and Social Care's (DHSC) procurement framework for healthcare related projects.
- Non-framework procurement – Traditional tender or Design and Build tender.
- Traditional Procurement – UHBW manage the design and a construction partner is appointed for development.

The proposed procurement strategy will be defined by the following principals (which will be further described and assessed through additional procurement discussions during Outline Business Case submission):

- Management and allocation of Risk
- Cost Certainty
- Change Control
- Capability and Capacity to Deliver
- Programme Certainty
- Strategic Objectives
- Speed to Site
- Quality Outcomes
- Funding Requirements
- Market and Supply Chain Considerations.

The contract for the preferred way forward is proposed to be procured using Public Contracts Regulations 2015 procedures which incorporate down selection and negotiation wherever necessary (competitive procedure with negotiation or competitive dialogue). The contracting strategy for the project has been initially reviewed but is still subject to collective assessment and validation prior to agreeing the preferred route. In any instance, the Project Board will undertake early market engagement to ensure a good level of competition and notification for the procurement.

Once approval of this SOC is achieved, a procurement workshop with a number of key stakeholders will review and determine the preferred strategy based on the procurement principles outlined above.

- The chosen procurement route by UHBW will be confirmed OBC stage, currently the SOC options appraisal shows the preferred route as ProCure22/23.

Delivering value for money will be one of the key criteria considered when selecting the most appropriate procurement strategies to deliver the proposed development. A further detailed summary of the routes the Project Board are considering at this stage are in the below sub-section.

4.2.1   Procurement Opportunities

The potential delivery routes are outlined below with further guidance on the features of each method and the risk allocation between UHBW and the Contractor. The current P22 (ProCure22) framework currently includes:

- Guaranteed Maximum Price (GMP) is based on market-tested prices and detailed design at the Full Business Case (FBC) stage
- Performance on time within budget (ability to mobilise with immediate effect)
- Sustainable supply chains
- Absence of litigation

- Open book transparency and long-term relationships
- Improved risk management
- Buying gain
- Recovery of VAT (partial)
- Cost Certainty.

Within the P22 selection process Principal Supply Chain Partners (PSCPs) are required to provide responses to economic and quality selection criteria. The PSCPs are engaged by NHS Trusts to provide cost certainty as early as possible. The Trust and the selected PSCP will agree an early Target Cost. Once the design has been developed this will then be converted into a GMP, where the Trust will know exactly the capital cost associated with the project, subject to Trust changes.

ProCure 22 adopts an open book method of monitoring and auditing the project costs, from appointment of the PSCP through to project completion and defects free handover. The contract also operates a pain/gain share mechanism both as an incentive to performance and to protect the Trust's financial position.

Quality

A number of initiatives have been introduced by DHSC, including "repeatable rooms", "Design Quality Indicators (DQIs)". Through the application of this sharing of best practice and Key Performance Indicators (KPIs) against which all PSCPs must achieve the currency of the Framework, quality standards will be maintained to the benefit of the NHS, it's staff, patients, and visitors.

Programme

ProCure 22 facilitates the overlapping of the design and construction phases. The preferred PSCP is appointed as early as possible in the process, meaning that the development of the overall project programme is carried out jointly between the Trust, the PSCP and the supply chain, thereby creating a shared understanding and buy-in from all principal partners to the project, thus minimising the risk and providing cost certainty.

Flexibility

ProCure 22 is inherently flexible due to its partnering ethos, shared goals and objectives and open book approach to the commercial management of the project. The form of contract

adopts an "early warning" approach to potential risks and problems, where the whole Project Board work together to minimise the impact of potential change.

Design and Build

Design and Build Procurement is where the design responsibility is passed across to the Contractor therefore transferring the risks to the Contractor for Project delivery. This transfer can take place at any of the design gateways and will be very much reliant on the accurate and robust preparation of the Employers Requirement documents. This document needs to provide the Contractor with information pertaining to what the Client really wants from the finished product. The Contractor will respond to the Employers Requirements with the Contractors Proposals.

Features

- Trust appoints a building contractor (usually on a standard form)
- Building contractor provides a completed building to agreed cost and programme
- Building contractor is responsible for design and construction (as defined in the Employer's Requirements (ERs)
- The Trust may appoint a consultant to oversee the project on their behalf

- Appointment of building contractor may be made after a Single Stage tendering process or through a Two Stage negotiation process
- Transfer of maximum risk to the contractor
- Highly commercial response from the contractor
- Can be single stage (based on outline design and CRs), two stage (on partial design), and two stage with GMP.

There are several advantages and disadvantages aligned with this as outlined in the table below:

Table 26 – Design and Build Procurement Summary

Advantages	Disadvantages
- Single point of responsibility for design and construction lessens the scope for disputes - Contractor's expertise in buildability can bring efficiencies in design and be cost effective - The final cost and completion date are known with reasonable certainty prior to Contract execution - Possible to float tender minimal design information – not reliant on full detailed design - A saving in overall time can be achieved by the overlap of design and construction periods - The Client deals with the one firm only for both design and construction - No change orders or extensions of time unless otherwise instructed by the Client.	- Changes introduced by the Client may be very costly and sometimes onerous - Clearly defined Employer's Requirements needed to carry out detailed tender reviews and guaranteed final level of quality - Placing larger risk elements with the Contractor may result in overpricing - A third-party design consultant / technical advisor would need to be retained by the Client to ensure that the final product conforms to the Employer's Requirements - Longer tender.

Traditional

Features

- Contractor builds to a defined scope
- Contractor works to a fixed price lump sum (regardless of cost)
- Trust remains responsible for the design
- Trust appoints a design team (including cost advice) for financial contractual advice

- A building contractor is appointed – usually after a tender process and usually using a standard form
- Can be single stage (complete design) or two stage (partial design)
- Cost Certainty.

Lump sum contracting provides a high degree of cost certainty providing that full design is achieved prior to tendering. Without the latter the Trust is exposed to potential claims.

Quality

Because design is trained by the Trust's appointed designers, quality is virtually guaranteed. However, this route does limit the opportunity for designers to communicate directly with specialist suppliers and to effectively involve them at an early point in the project design process.

Programme

In order to obtain full design prior to tendering, lump sum contracting requires a significant lead in as no overlap occurs between design and construction.

Flexibility

Whilst change can be incorporated under this route the tendency is for contractors to attempt to maximise rather than mitigate its effect. The main contractor's ability to do this is heightened by the fact that the Trust and advisors have no direct access to his subcontractors. Hence, flexibility is only gained at a cost for time or budget.

The ProCure 22 (P22) framework has now come to an end and the new framework P23 is within the approved strategy for the programme.

4.2.2   Preferred Procurement Route and Timeline

Initial engagement within the Project Board has outlined a preference for Procure 22/23 as a viable option which is considered favourably at this stage. It is also unlikely that UHBW will consider a 'Traditional' Procurement route for the proposed works due to the complex phasing and construction programme which would make this unviable for the level of risk which would sit with UHBW for the duration of the proposed works.

However, following approval of this Strategic Outline Case, the Project Board will engage with the Trust's Procurement team to explore all options and agree on a procurement timeline and next steps. This project would also align and link with other UHBW proposed development projects as part of the Estates Strategy.

4.3   Delivering a "Net Zero" NHS

In October 2020 the NHS published the *'Delivering a Net Zero National Health Service'* in response to the health emergency that climate change will bring. More intense storms and floods, more frequent heat waves and the spread of infectious disease from climate change threaten to undermine years of health gains.

Two clear and feasible targets emerge for the NHS net zero commitment, based on the scale of the challenge posed by climate change, current knowledge, and the interventions and assumptions that underpin this analysis:

- For the emissions the NHS controls directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
- For the emissions that can be influenced (the NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

4.4   Modern Methods of Construction (MMC)

NHS England and NHS Improvement (NHSE/I) with the Department of Health and Social Care (DHSS), are working on progressing the approaches used to increase the use of Modern Methods of Construction (MMC) on all business cases requiring central NHSEI sign off. As part of this, an interim draft guidance has been developed for inclusion in the NHS Capital Business Case Fundamental Criteria Checklist.

- Modern Methods of Construction (MMC) is a wide term, embracing a range of offsite manufacturing and onsite techniques that provide alternatives to traditional building and forms part of the Government's recent policy (2017) for future construction in the public sector.
- In line with the Government 2019 statement – 'Presumption in Favour of MMC' DHSC and NHSEI assume that all schemes start out as MMC.
- In addition to enabling a reduced on-site component assemble time, due to off-site factory production to a pre-agreed quality standard, MMC also reduces the size of on-site construction teams, disruption to site, health and safety risk and post completion defects. MMC can also help in overcoming a skills shortage in the construction industry and should also result in a reduction in project time and cost whilst improving safety and quality throughout the whole of an assets life.
- The government's Infrastructure and Projects Authority (IPA) guidance 'Transforming Infrastructure Performance' (2017) also refers to MMC as 'smart construction' defined under the following three categories which covers a range of techniques with greater levels of activity taking place off site and increased levels of standardisation, underpinned by digital design and engineering.
- Manufactured: whilst not widely used this offers the greatest opportunities to improve delivery efficiency and boost productivity. This approach enables high levels of customisation by developing and using standard components and assemblies.
- Volumetric: e.g., fully fitted modules.
- Components: e.g., standardised design elements (WC/shower 'pods', pre-assembled bed head services etc).

In addition, there is traditional construction e.g., methods that are relatively unproductive, with projects individually designed and constructed with little consistency in either the design solution or construction method, even for similar projects.

- Within 'Transforming Infrastructure Performance' these four approaches are used and set out to help illustrate benefits and are aided by the IPA's advisors' assessment of relative value from different approaches.
- Trusts are required to provide under a section headed Modern Methods of Construction at each business case, the following information which must be supported by appropriate design and construction advice from the Trust's in-house project team and its external design and cost advisors.
- It is acknowledged that at SOC stage, this may need to cover a range of shortlisted options whilst at OBC this will be for the preferred option only.

Early consideration of the use of off-site manufacture, allows the process to be streamlined through the design and construction process, maximising the benefits this approach can bring. Agreement to an early BIM Execution plan and sharing in a Common Data Environment (CDE) allows all parties to input in an integrated design, manufacturing, and assembly process.

The process was used at the Tyrell Street Ward block with concrete sandwich panels installed as a load-bearing facade and can be particularly relevant in constrained city centre sites to allow carefully planned logistics and assembly.

Some of the main advantages of OSM include:

- **Speed**: one of the primary advantages of off-site manufacture (OSM) in construction is the significantly reduced programme on-site through the use of prefabricated elements
- **Lower assembly cost**: by using fewer parts, decreasing the amount of labour required, and reducing the number of unique parts, OSM can significantly lower the cost of assembly
- **Higher quality and sustainability**: a highly automated approach can enhance quality and efficiency at each stage. There may be less waste generation in the construction phase, greater efficiency in site logistics, and a reduction in vehicle movements transporting materials to site. Shorter assembly time OSM shortens assembly time by utilising standard assembly practices such as vertical assembly and self-aligning parts. OSM also ensures that the transition from the design phase to the production phase is as smooth and rapid as possible.
- **Increased reliability**: OSM increases reliability by lowering the number of parts, thereby decreasing the chance of failure.
- **Safety**: by removing construction activities from the site and placing them in a controlled factory environment there is the possibility of a significant positive impact on safety.
- **MEP Systems**: off-site manufacturing and modularisation of MEP systems will be a key part of delivering the overall off-site manufacturing strategy, elements of the MEP installation that would benefit from offsite manufacturing would include the following:
- **Risers**: the mechanical and electrical risers can be built offsite and lowered into the preformed risers utilising a crane. Generally, the risers will be manufactured utilising a steel support framing system upon which the services will be mounted, this will also serve as a guide into the preformed riser. The sections are normally manufactured in section sizes that can be transported from the manufacturing facility to the site. To accommodate the

riser frame the cross section of the preformed riser is normally slightly larger than the riser would be if built traditionally.

- **Service Modules**: the primary mechanical and electrical horizontal distribution can be built offsite and installed, fixed to the soffit of each floor level. Secondary distribution can also be modularised, and this is of particular benefit on the floor levels where there is a lot of repetition such as inpatients and the operating theatres. Similar to vertical modularisation, the services are normally installed upon a steel support framing system which is then fixed to the concrete soffit. This type of system can be used to preinstall ductwork, certain types of pipework and containment.
- **Plant**: plant and the connections to the primary distribution infrastructure can be built offsite typically skid mounted and craned / wheeled into position before the building is made weather tight. Consideration should be given to:
  - Prefabricated wet service plant and pump assemblies delivered on skids ready for connection to distribution pipework.
  - Packaged substations which could be lifted or manoeuvred into position.
  - Fully fabricated air handling units with duct connections to be craned into the roof plantroom before the roof is constructed.

There is a cost premium involved in fabricating MEP systems off site, and additional design time required to achieve the granularity of co-ordination required for the services to be manufactured accurately. However, delivery and installation of prefabricated services, if integrated into project programmes at an early stage, may result in significant benefits such as: reduced programme length, reduced deliveries, improved site logistics, less site storage required, fewer operatives on site and an overall reduced risk profile.

A full tender specification and pack will be appended to the Outline Business Case. A selected procurement partner will be responsible for developing the building design in accordance with all relevant NHS and strategies standards. This includes HTM, HBN, Fire code and BREEAM compliance and Infection Control approach.

4.4.1   Interior Design

A building of this size and complexity will have an interior with different needs and personalities. There are big, public spaces full of activity and enlivenment contrasted by restful healing spaces.

Artwork, wayfinding and interior design must work together to create a cohesive whole. Differences in the feel of the spaces will be achieved through the intensity, extent and application of colour. Colour palettes will be developed with the Trust.

The objectives of the interior design are:

- Visual connectivity between materials and palettes of colour used externally.
- Warm, elegant and simple palette of materials and colour.

Staff and Patient Environment

- There should be creative and abundant use of natural light;
- The inside should be effectively connected to the outside;

- The main public spaces must be particularly attractive;
- Circulation routes should be attractive;
- Patient areas should be comfortable, private and afford dignity;
- Staff areas should be high quality;
- Staff should have good visibility and observation of patients;
- Colour should be used effectively and imaginatively;
- Environmental conditions should be excellent Cognisant of dementia and other conditions Equality Act compliant.

4.4.2   Standard Components

Standardisation of components or assemblies can bring significant benefit to projects through elements of the internal fit out such as doors, flooring, ceilings, IPS, clinical hand wash basins and crash protection.

It brings the benefits of increased patient safety through the standardisation of layouts (such as bedheads and position of hand washing facilities), improved life cycle, with reduced inventory and planned maintenance. From a patient perspective it also introduces legibility to the design by indicating primary, secondary and tertiary level spaces in the building which help to inform wayfinding.

The Government Efficiency Reform Group published the Government Construction Strategy (GCS) 2025 requiring all Government Departments and devolved bodies to reduce the cost of construction and whole life costs by 33%. In response, the Department of Health and Social Care and the ProCure22 Principal Supply Chain Partners (PSCPs) have continued the work to realize benefits for their clients through standardisation and repeatability.

ProCure 22 Category Component Proposals

Proposals for various standard components are recommended by ProCure22 PSCPs on the basis of their design, performance, commercial and/or whole life benefits – designed to achieve or even exceed the GCS cost, time and emissions reduction target compared to the same or similar products, whilst retaining compliance with HTMs (Health Technical Memoranda).

Kit of Parts

BDP have developed a palette of finishes and products which will work together through considered detailing to provide the building with a hierarchy of space and quality fit out. The building has been divided into sections, which dictate the value, importance and economy of the incorporated designs. We will use this division of space to provide the hospital with a considered, detailed and high-quality specification.

4.4.3   Infection Control

The proposed development will be designed and configured in compliance with HBN and HTM guidance to provide clean, well-designed environments within which clinical services and procedures can be carried out safely. Infection prevention and control measures will be designed into the new building through zoning, with appropriate clinical adjacencies to

facilitate clean to dirty flows and the provision of good access for cleaning and maintenance to take place.

As planned for the design development at OBC stage, the clinical leads will be fully engaged to ensure the needs of users are understood and clearly articulated in the design brief. UHBW Infection Prevention and Control Team will also be engaged by the Project Board to inform the detailed designs.

4.5   Planning Strategy

The planning strategy will be further developed at Outline Business Case following approval of this Strategic Outline Case.

4.5.1   Associated Disposals

There are no known disposals associated with this development, which would generate income for the Trust.

4.6   Personnel Implications

4.6.1   Integrated Service Model

It is anticipated that there will no TUPE arrangements required as staff would not be required to transfer off the existing site. This will be reviewed at OBC.

4.6.2   Adapted–Risk Service Model

Detailed workforce implications will continue to be developed as part of revenue assessments. This service model is anticipated to lead to some workforce efficiencies as there will be improved integration within teams and support systems.

4.7   Equipment Strategy

The Project Board intend to produce a detailed equipment strategy as part of the next steps in the OBC process; inventory equipment requirements across the proposed services for the new development and understand what is eligible for either of the following:

- Equipment that would transfer to new premises as part of the preferred way forward/option
- Equipment that would not be appropriate for transfer to new premises as part of the preferred way forward/preferred option
- Produce an equipment procurement strategy, which reflects the requirements and the associated purchase and/or lease of equipment in relation to funding arrangements.

5   The Finance Case

5.1   Introduction

The purpose of the finance case is to outline the financial implications of the preferred way forward and assess affordability. As such it sets out the capital requirements and revenue consequences of the proposed scheme, along with underpinning assumptions. It outlines anticipated funding arrangements and presents the impact on the overall financial statements.

As outlined in the Economic Case, the preferred way forward involves the full redevelopment of the Marlborough Hill site in a single phase of construction and occupancy (Option 7b – Do Maximum).

5.2   Capital costs

5.2.1   Initial Capital Costs

Agreed Schedules of Accommodation and 1:500 drawings in accordance with the level that is anticipated for delivery of the preferred way forward, will require capital investment of £193.1m, based on the capital cost reported by the appointed Cost Advisors, Currie & Brown Ltd.

The resulting capital costs estimates are summarised in the table below.

Table 27 – Capital Costs £000s

	Net	**VAT**	**Total**
Construction	94,430	18,886	113,315
Fees	14,729		14,729
Non works	1,889	378	2,266
Equipment costs	8,432	1,686	10,118
Planning contingency	10,753	2,151	12,904
Subtotal	*130,232*	*23,101*	*153,332*
Optimism bias	11,721	2,344	14,065
Inflation adjustment	21,427	4,285	25,712
Subtotal	*33,148*	*6,630*	*39,777*
Total	**163,379**	**29,730**	**193,109**

5.2.2   Initial Capital Funding

It is anticipated that initial capital costs of this scheme will be fully funded by a national capital funding programme, though this may be subject to change at the OBC stage. Capital funding is shown in the following table:

Table 28 – Capital Funding Analysis £000s

Funding	Total
Trust self-finance within Operational STP/ICS Capital Envelopes	
Emergency Capital within Capital Envelopes	
Disposals	
Grants or Donations	
NHSX	
National	193,109
Funding source	*193,109*
Build costs	130,232
Other costs	62,878
Application of funding	**193,109**
Source less application	*–*

5.2.3   Ongoing Capital Lifecycle Costs

Ongoing capital investment will be required to cover the whole life costs of replacing, refurbishing or upgrading of assets over the useful life of the resulting asset. Initial estimates, based on similar business cases suggest lifecycle costs of approximately £70 per m². This would equate to c.£1.3m annually. It is anticipated that this will be funded as part of the Trust's ongoing discretionary capital programme. This will be further investigated at OBC.

5.3   Revenue costs

5.3.1   Non-recurring Revenue Costs

None identified at this SOC stage. These costs will be identified at OBC/FBC stage.

5.3.2   Recurring Revenue Costs

It is anticipated that the investment will result in changes to recurring revenue costs (excluding capital charges) as follows:

- Departmental staffing medical
- Ancillary building costs
- Other

The resulting recurring revenue impacts are summarised in the table below.

Table 29 – Indicative Recurring Revenue Costs £000s

Functional floor space req. m² / Department	18,939 m²	Source data
	Option 7b Do Max (PWF)	
Emergency	11,863	Cubicles
AMU	6,007	BAU data
OPAU	3,898	" "
STAU	2,877	" "

Functional floor space req. m² / Department	18,939 m²	Source data
	Option 7b Do Max (PWF)	
Theatres	7,888	Rooms
Endoscopy	27,683	Rooms
Pharmacy	0	N/a
FM	1,326	ERIC 2019/20
Catering	466	" "
Cleaning	925	" "
Energy	503	" "
Laundry	134	" "
Parking	12	" "
Portering	401	" "
Water/Waste	170	" "
Total Costs	**64,152**	

The indicative revenue costs of Option 7b (Do Maximum PWF 18,939m² footprint) compared to Option 1 (BAU 7,131m² footprint) equates to an increase in annual revenue of c.£20.8m.

As described in the Economic Appraisal section, existing departmental costs have been used where available whilst latest ERIC data has been used to derive ancillary costs using functional floor area (sqm²). Currently there is limited visibility of potential future costs for AMU, OPAU and STAU, hence the above analysis is indicative only and will be developed at OBC.

Pharmacy does not incur cost as part of this analysis as it involves a relocation of the existing pharmacy and so has been treated as a net zero financial impact at this SOC stage.

5.3.3   Capital charges

The development will attract capital charges incorporating the following assumptions:

- Depreciation charges are applied based on straight line depreciation using the following standard useful life:
  - Buildings – 60 years
  - Equipment – 10 years.
- Impairment Policy; this is based upon the Trust's accounting policy of 25% impairment applied to new build and 50% impairment applied to refurbishment.

At OBC, impairment would require a valuation statement provided by the District Valuation Service (DV). The capital charges are summarised in the following table:

Table 30 – Schedule of Depreciation Costs £000s

	Initial Investment Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Years 6 – 60	Total	Equiv. annual ave.
Total Buildings / Equipment before Impairment	**193,109**								

	Initial Investment Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Years 6 – 60	Total	Equiv. annual ave.
Buildings	**182,992**								
Impairment @ 25%	–45,748								
Buildings Net	**137,224**								
Depreciation (straight-line 60 years)		2,287	2,287	2,287	2,287	2,287	125,807	**137,244**	2,287
Equipment	**10,118**								
Depreciation (straight-line 10 years)		1,012	1,012	1,012	1,012	1,012	5,059	**10,118**	1,012
Total Buildings and Equipment Net of Impairment	**147,361**								
Total Depreciation		*3,299*	*3,299*	*3,299*	*3,299*	*3,299*	*130,866*	*147,361*	*3,299*

PDC dividends become payable when the asset comes into use in line with DHSC Cash Regime guidance published in April 2020.

Public Dividend Capital (PDC) dividend payments are calculated using the average cost of net relevant assets at the current standard 3.5% rate of return until it is repaid. The PDC payments are summarised in the following table:

Table 31 – Schedule of Public Dividend Capital (PDC) Payments £000s

	Year 1	Year 2	Year 3	Year 4	Year 5	Years 6 – 60	Total	Equiv. annual average
Buildings	4,763	4,683	4,603	4,523	4,443	121,089	144,106	2,402
Equipment	336	301	266	230	195	443	1,771	177
Total	**5,100**	**4,984**	**4,869**	**4,754**	**4,638**	**121,532**	**145,876**	**2,579**

The new capital charges may be partly offset by the depreciation and PDC interest that will be released following the removal of existing assets. This will be explored at the OBC stage.

5.3.4   Revenue Consequences

The capital investment of the preferred way forward results in revenue charges (excluding depreciation and PDC payments) of approximately £64.2m per annum compared to a BAU position of c.£43.3m, a potential increase of c.£20.8m p.a. (48% increase).

5.3.5   Risks

The affordability risks will be further developed at OBC. The current key 'affordability risks' associated with this scheme are:

- National Capital Programme funding is the preferred way forward, however, there is a risk this will not be granted;
- The recurring revenue may not be affordable for the Trust going forward;

- If there was a delay in construction start, then this could push construction costs up, potentially making the scheme unaffordable.

5.3.6   Opportunities

There are opportunities to mitigate the affordability gap and/or improve the revenue position and these are currently as follows:

- Enabling a phased development option;
- The ability to retire old estate, reducing current backlog maintenance; and
- Utilising the ICS joint clinical strategy.

5.4   Impact on Financial Statements

5.4.1   Impact on the Statement of Financial Position

The impact on the Statement of Financial Position is summarised as follows:

- The initial Capital requirement for the preferred way forward (Option 7b Do Maximum) amounts to c.£193m, anticipating confirmation of national programme funding. Therefore, the Trust's PDC balance would increase by c.£146m.
- The transaction will create a series of asset balances relating to property, plant and equipment to c.£147.4m in year one.

5.4.2   Impact on Statement of Comprehensive Income

The impact on the Statement of Comprehensive Income (SoCI) is summarised as follows:

- PDC interest payments amount to an average of c.£2.6m p.a. over the life of the appraisal period and between £5.1m reducing to £4.6m in the initial 5 years.
- Impairments have been calculated as 25% of building costs. The effect of the impairment of c.£46m will be a technical charge to the SoCI. This will be subject to review by the District Valuation Office upon valuation.
- Total recurring revenue impact totalling £26.7m includes:
  - annual revenue cost increase of £20.8m;
  - depreciation of £3.3m; and
  - average Public Dividend Capital charge of £2.6m.

- Income opportunities from the new development have not been explored at this SOC stage of the business plan. The assumption is, should the SOC be supported by the ICB, the Trust will receive funding matched to the recurring revenue cost described below.

5.4.3   Impact on the Statement of Cashflows

The operating surplus/deficit for the Trusts will be impacted by increasing cash due to the non-cash items of:

- Depreciation accounting charges £3.3m p.a.
- Impairments against buildings amount to approximately £46m
- Anticipated PDC / cash receipt of £193.1m
- Cashflow outflow of £193.1m as a result of the investment

5.4.4   Impact on CDEL table

The impact on the Capital Departmental Expenditure Limit (CDEL) is outlined in the table below.

Table 32 – CDEL table £000's

CDEL	Total
Gross Capex (approval value)	193,109
Less NBV of Disposals	
Less Grants Donations (must be in the same financial year as the capex)	
CDEL	**193,109**

5.5   Affordability

Delivery of the preferred way forward requires capital investment of £193.1m and is assumed to be funded through national capital programmes. In a scenario where national capital funding is only partly available, or not available at all, then the BNSSG ICS and its partner organisations will need to undertake system prioritisation of providers strategic capital investment plans and subsequently agree the allocation of system CDEL and the use of provider cash funding.

The current and medium-term financial position of the ICS, with a recurrent deficit of c.£76m, means recurring revenue affordability is very challenging. However, should the scheme secure the full support of the ICB, operating costs are expected to be met by the ICB. Initial findings suggest this will result in a net incremental increase in costs of c.£26.7m, which includes revenue charges of £20.8m and capital charges of annual depreciation of £3.3m and average annual PDC charges of £2.6m. Annual depreciation of £3.3m may be mitigated by savings on the redevelopment of existing buildings, this will be explored in further detail at OBC stage.

6   The Management Case

6.1   Introduction

This section details the management arrangements, which have been put in place to ensure the successful delivery of the scheme in accordance with best practice.

6.2   Project Governance Arrangements

The programme will be managed in accordance with PRINCE 2 methodology. The Strategic Estates Development Programme Board (SEDPB) has the responsibility to drive forward and deliver the outcomes and benefits of this development.

Members will provide resource and specific commitment to support the Programme Director to deliver the outline deliverables.

6.3   Project Roles and Responsibilities

6.3.1   Management Structure

Following the mobilisation of the project board, the workstreams will be established. The figure below shows the management structure for the SOC stage of the development.

The overarching programme management will focus on the delivery of the key financial and non-financial benefits and outcomes associated with the development.

Figure 27 – Project Management Reporting Structure
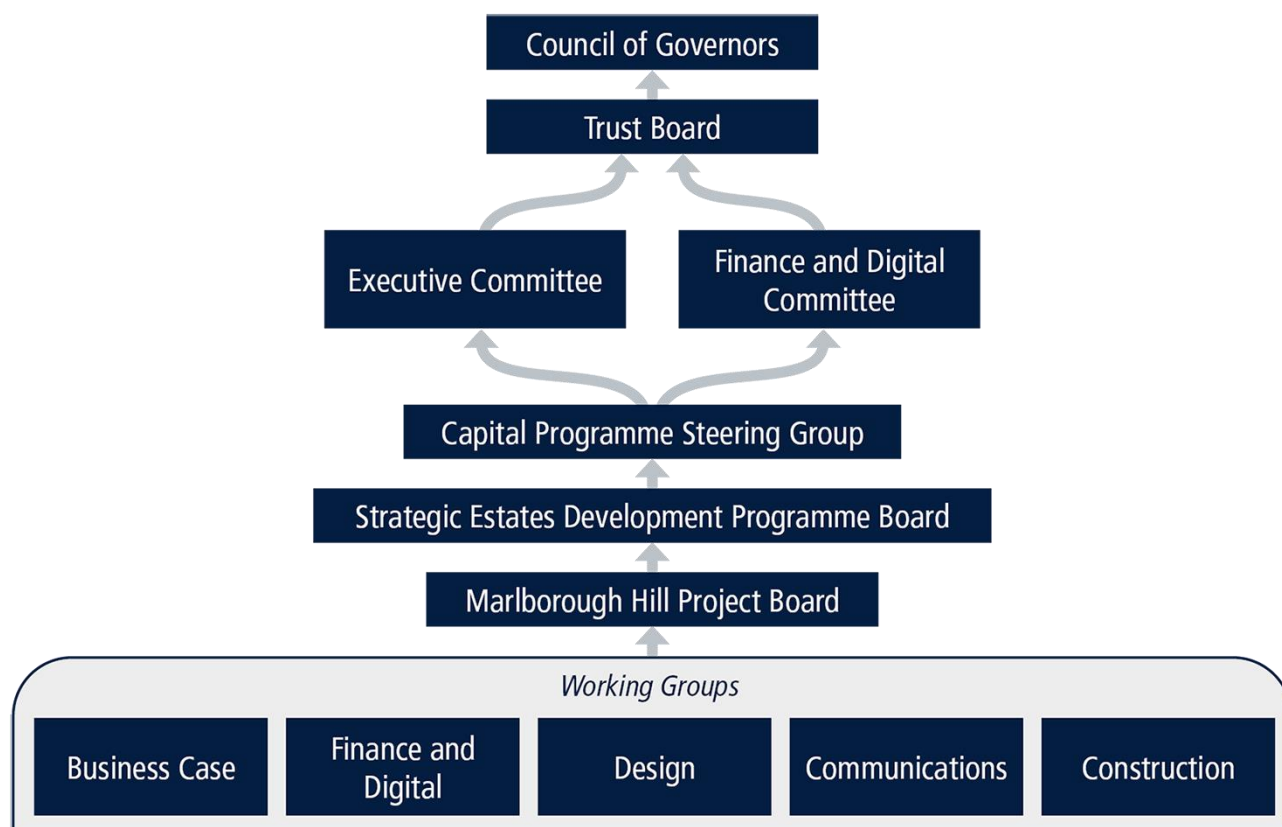
6.3.2   Finance and Digital Committee

The Finance and Digital Committee holds the role of Capital Investment Committee and considers all business cases classed as major and/or high risk and/or strategic, while making recommendations for approval or rejection to the Trust Board.

The Trust Capital Investment Policy sets out the governance arrangements for capital investments undertaken by UHBW. The policy was checked and updated in April 2022 and takes into account NHS Improvement's Single Oversight Framework with effect from 30 September 2016, which still stands and most recently, the introduction of the Fundamental Assessment Criteria alongside the five-case model for Business Cases, is the approved approach for submission to NHSEI.

The Finance and Digital Committee (alongside the Executive Committee) will notify Trust Board of all project key red flags or required decisions, which cannot be made by SEDPB or Project Board.

6.3.3   Strategic Estates Development Programme Board (SEDPB)

The Strategic Estates Development Programme Board (SEDPB) is an established board who will oversee the project as part of the Trust Wide development strategy. The SEDPB oversees key objectives within the Estates Strategy including the Strategic Capital Programme, within the Trust Capital Programme, which includes this project. SEDPB will provide overall project direction and ensure necessary progress is being achieved by the project board. SEDPB will report monthly to SLT and Finance and Digital Committee.

Membership of the programme board includes:

- Director of Strategy and Transformation (Chair)
- Deputy Chief Executive/Chief Operating Officer
- Director of Finance and IT (Deputy Chair)
- Deputy Director of Finance (Head of Financial Services to Deputise as required)
- Associate Director of Strategy and Business Planning

- Associate Director, Capital
- Capital Programme Manager
- Director of Estates and Facilities
- Divisional Directors (or Deputy Directors)
- Strategic Capital Clinical Services Programme Manager
- Project Board Chairs by invitation.

Quorum necessary for the transaction of business is 50% of members, including a minimum of either the Chair or Deputy Chair, two Divisional Directors and the Director of Estates and Facilities or Associate Director, Capital.

Meeting frequency will be monthly, and at any such times the Chair deems necessary, and a quorum can be established.

6.3.4   Project Board

The Project Board will oversee the development of the Marlborough Hill project and provide monthly reports to the SEDPB. Project board will escalate all key red flags i.e. issues and risks to SEDPB. It is authorised by and accountable to the SEDPB.

The Project Board will have the responsibility for the delivery of the project, within approved cost and programme parameters, from project inception to delivery and commissioning. These parameters will be defined by SEDPB.

Project Board responsibility includes:

- Providing monthly reports to SEDPB
- Deliver a Strategic Outline Business Case (SOC)
- Deliver an Outline Business Case (OBC)
- Daily delivery of project objectives, within the approved cost and programme parameters, from project inception to commissioning
- Establish project working groups and teams, which report into Project Board
- Oversee commissioning activity and governance to ensure full operation of the facility
- Establish and manage the project risk register
- Communications strategy
- Work with charitable partners as necessary to secure funding support where appropriate.

Membership includes:

- Director of Strategy and Transformation (Chair)
- Project Director – Associate Director, Capital

- Finance Capital Manager
- Deputy COO Urgent Care
- Divisional Director, Medicine
- Divisional Director, Surgery
- Divisional Director, D&T

- Strategic Programme Director (Deputy Chair)
- Planning Project Manager
- Business Case Authors/External Project Managers (Archus/BAM)
- Clinical Chairs of represented Clinical Divisions by invitation (Ad Hoc)
- PMO Manager/Admin Support (Minutes).

Other members will be invited to join the Project Board where required, from various established teams or working groups.

Quorum required is 50%, including a minimum of Chair/Deputy Chair, one Divisional Director and the Project Director. Meeting frequency will be monthly, with any such other times as the Chair deems necessary.

6.3.5   Working/Workstream Groups

Working/Workstream groups will complete actions as indicated by the Project Board and report to project board monthly/when required and escalate all identified issues and risks.

While the Project Board and SEDPB, outlined above, will remain accountable for the workstreams, it is expected that they will delegate responsibility for the day-to-day management of, and delivery against, the work stream plan and critical path, to a work stream lead. Each work stream lead will support and monitor progress of the work streams against agreed milestones and report this to the Project Board.

6.3.6   Individual Key Roles and Responsibilities

The high-level responsibilities of key roles are as detailed below:

Senior Responsible Officer (SRO)

This role will be fulfilled by the Trust's Strategic Capital Programme Director. The role includes:

- Initiating and championing approval of the project
- Leading and managing the Trust's interests.

Project Director

Project Director role will be fulfilled by the Trust's Associate Director, Capital. The role includes:

- Assist in developing the project brief and design
- Advise on budget, programme and risk management arrangements
- Preparation of the master programme and monitoring progress against it
- Lead the development of the proposed procurement strategy for the project
- Liaise with stakeholders and approve communications
- Organisation and recommendation of the consultant team
- Monitoring performance of consultant team
- Management and co-ordination of the planning, design, procurement, construction, commissioning and handover processes
- Compliance of tender procedure in accordance with Trust policies

- Management of change control procedures
- Ensure appropriate and adequate insurances and warranties are in place for all parties.

The Strategic Capital Programme Director and Associate Director, Capital have significant experience developing large scale acute projects.

Project Manager

The role of Project Manager will also be fulfilled by the Trust's Associate Director of Capital for the SOC stage. This may change if required during SOC stage for OBC. The role includes:

- Preparation of project plan alongside Construction Lead
- Day to day management of the project plan and timeline
- Delivery of the project objectives to meet the parameters described within the business case
- Management of risks and issues and escalation of appropriate matters for SEDPB/SLT direction or approval
- Production of regular progress reports
- Monitoring, coordinating and controlling work of the project teams/workstreams or working groups.

Finance Lead

The role of Finance Lead will be fulfilled by Senior Financial Planning and Integration Consultant. The role includes:

- Overseeing the financial management of the scheme
- Developing and understanding the revenue implications of the scheme
- Liaising with key stakeholders regarding, for example, tenancy/service level agreements
- Overseeing the appointment of the PSCP and their supply chain
- Overseeing the costs associated with the delivery of the scheme.

Construction Partner (PSCP) Lead

The role of Construction Partner Lead will be fulfilled by the Trust's Construction Director. The role includes:

- Being point of contact for all estate related issues including arranging Isolations and issuing permits to work
- Management of any decant programme
- Management of the construction programme
- Providing Estates input to SOC/OBC/FBC processes.

6.3.7 Use of Special Advisors

Special Advisors have been used in a timely and cost-effective manner in accordance with the Treasury Guidance: Use of Special Advisors, to support the internal resources for this development. These external advisors are detailed in the table below:

Table 33 – Special Advisers

Specialist Area	Adviser
Business Case Authors	Archus Ltd.
Construction Partners	BAM Construct UK
Town Planning	Alder King
Architecture and Design	BDP (Building Design Partnership Ltd)
Building services	WSP (The Williams Sale Partnership Ltd)
Cost Advisor P22	Currie & Brown

During the OBC stage, further technical support is expected to be required, including:

- Financial
- Planning
- Digital

- Procurement
- Legal
- Highways and Transportation.

The external advisors will provide advice to the SRO and Programme Director and ultimately the Trust Board as required.

Special Advisor(s) – Roles and Responsibilities:

Special Advisors and their roles for the project include;

Business Case Authors – Archus Ltd

- Manage the Business Case process including the facilitation of workshops, chasing of information etc.
- Stakeholder engagement

- Technical authoring of the SOC
- Support submission of SOC to NHSEI
- Liaise with NHSE/I on Business Case progress.

P22 Trust Cost Advisor – Currie & Brown

- Full financial management and reporting of project costs together with payment recommendations for all expenditure incurred on the project
- Preparation of contract documents, procurement of contractors, payment of valuations and agreement of final accounts
- Budget estimating and cost modelling
- Cost planning
- Provision of cost advice

- Reporting and advising on all tendering and contractual arrangements
- Preparation of tender documents, including incorporation of client standard amendments and appropriate insurance provisions
- Analysing and reporting on tenders received
- Preparing and issuing regular executive financial reports and cash flow summaries to the Project Manager.

Town Planning Consultant – Alder King

- Providing advice and solutions to the Project Team
- Lead the process of planning

- Liaise with appropriate stakeholders
- Preparing regular reports for the Project Manager.

Architecture and Design – BDP

- Providing design advice and solutions to the Project Team
- Lead the process of design and the design team;

- Liaise with appropriate stakeholders;
- Preparing regular reports for the Project Manager.

Building Services – WSP

- Providing technical advice and solutions to the Project/Design Team;
- Assist with the design and construction teams where required;

- Liaise with appropriate stakeholders
- Preparing regular reports for the Project Manager.

6.3.8   Project Progress Reporting

Project teams/working groups will feed monthly reports to the Project Manager, who will submit the monthly report for Project Board and SEDPB. These reports will include progress to date, expected progress for forthcoming weeks, decisions required, key issues/red flags, progress against project milestones.

6.3.9   Project Management and Professional Fees Budget

The following table outlines the estimated project and professional fees budget for the SOC.

Table 34 – Forecast Project Management and Professional Fees Budget

Company	Purpose		Total Fees incl. 20% VAT
Archus UK	PM and Business Case Authoring		£98,351
Currie & Brown	Cost Advisor		£75,320
Alder King	Planning		£39,850
BAM	Survey Costs – Budget		£264,000
BAM	Form of Proposal		£1,867,314
BDP – Architectural	Feasibility Study	Procure22 7% fee	£197,486
WSP – M&E and C&S			
BAM – Management			
Cost Advisor			

6.4 Project Plan / Programme

The key milestones relating to the business case development is shown below:

Table 35 – Project MilestonesProject Milestones

Key Deliverables		Date From/To
1.	SOC submission to ICB/ICS	Dec 2022
2.	SOC submission to NHSE	Jan 2023
3.	SOC submission to HM Treasury	Aug 2023
4.	OBC submission for internal Trust approval	Aug 2023
5.	OBC submission to ICB/ICS	Sept 2023
6.	OBC submission to NHSE	Nov 2023
7.	OBC submission to HM Treasury	May 2024
8.	FBC submission for internal Trust approval	Dec 2024
9.	FBC submission to ICB/ICS	Jan 2025
10.	FBC submission to NHSE	Mar 2025
11.	FBC to HM Treasury	Sep 2025
12.	Construction Start	Apr 2026
13.	Construction end & Commissioning	Mar 2029

6.5 Change Control

Change management associated with the project will be managed by the Trust through the SEDPB.

6.6 Risk Management

A risk management framework has been implemented to provide a comprehensive risk assessment and control framework for the programme. This details who is responsible for the risks and the required counter measures.

The reporting will follow the PRINCE2 process of checkpoint, highlight and exception reports. The condition will be indicated by using red, amber or green (RAG) colour code as outlined below.

Table 36 – Risk Rating Matrix

			Impact				
			Very Low	Low	Medium	High	Very High
			1	2	3	4	5
Proba	Very Low	1	1	2	3	4	5

Low	2	2	4	6	8	10
Medium	3	3	6	9	12	15
High	4	4	8	12	16	20
Very High	5	5	10	15	20	25

The full risk register for the project (Appendix 12) is monitored by the Project Board and reported monthly to the SEDPB, who then escalate to Trust Board where necessary. The focus of risk management will address broadly:

- Non-delivery of project outcomes as defined in stages of the project plan;
- Threats to the completion of the project within cost and time (managed on a day-to-day basis by the members of the project delivery team).

In respect of this project, the following roles are at the core of the process:

- **The Risk Manager** – Responsible for capturing / assessing risk data based on information supplied and maintaining the Risk Register. The Programme Lead will work with individual Workstream Managers in performing this role
- **The Risk / Mitigation Owner** – Governance group or workstream lead best placed to ensure that effective mitigation of the risk is undertaken.

These individuals will be responsible for ensuring the risk mitigation actions are carried out and providing periodic updates at each Project Board.

6.7   Post Implementation Evaluation Arrangements

The outline arrangements for post implementation review (PIR) and project evaluation review (PER) will be established in accordance with best practice and are as follows:

The Trust will ensure that a thorough post project evaluation is undertaken at key stages in the process to ensure that positive lessons can be learnt from the project, to benefit:

- The Trust - utilising the knowledge for future capital schemes;
- Other key local stakeholders – to inform their approaches to future projects;
- The NHS more widely – to test whether the policies and procedures used in the development have been used effectively;
- Contractors – to understand the healthcare environment better.

The evaluation will examine the following elements, where applicable:

- The quality of the documentation prepared for the requirements of contractors and suppliers;
- Communications and involvement during procurement and the effectiveness of advisors utilised on the scheme;
- The efficacy of NHS guidance in delivery the scheme;
- Perceptions of advice, guidance and support from NHSE/I in progressing the scheme.

This review ascertains whether the anticipated benefits have been delivered. The review is recommended to be timed to take place immediately after the new health centre opens and then two years later to consider the benefits planned.

A benefits realisation plan will be developed as part of the full business case (FBC) stage and implementation of the operational policy to demonstrate how the benefits have been realised.

The project evaluation review will appraise how well the project was managed and whether or not it delivered to expectations. It will be timed to take place during the construction phase and will form part of the post project design evaluation. It will compare the current design assessment undertaken during the FBC project phase with the final operational building.

6.8   Organisation Readiness

Achievability evaluation of all the options is summarised in the options appraisal within the Economic Case.

Enabling Works

To provide an optimum programme and efficient site logistics an enabling works programme is proposed. This will clear the site of existing accommodation, divert any services infrastructure and upgrade road junctions in advance of the main works.

Pharmacy will be re-provided on site and other services such as Trust HQ will be assessed in the next stages of the design programme to determine their final location.

6.9   Premises Assurance Model (PAM)

The NHS PAM was developed to provide a nationally consistent basis for assurance for Trust Boards, on regulatory and statutory requirements relating to their estate and related services, and this NHS constitution right:

"To be cared for in a clean, safe, secure and suitable environment."

In addition to supporting this NHS constitution right, the main benefits of the NHS PAM are to:

- Allow NHS funded providers of healthcare (NHS providers) to demonstrate to their patients, commissioners and regulators that robust systems are in place to assure that their premises and associated services are safe;
- Provide a consistent basis to measure compliance against legislation and guidance, across the whole NHS;
- Prioritise investment decisions to raise standards in the most advantageous way.

This assurance can then be used more widely and be provided to commissioners, regulators, the public and other interested stakeholders.

UHBW have developed their own PAM using the self-assessment questions provided in the latest 2019 version and this will be reviewed at OBC and subsequently included in appendices for detail.

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

Meeting of the Board of Directors in Public on Tuesday 13th December 2022

Report Title	Sustainability Annual Report
Report Author	Ned Maynard, Interim Head of Sustainability
Executive Lead	Neil Kemsley

1. Report Summary
The annual sustainability report is provided to the Trust Board to highlight the Trust progress against its sustainability agenda and ambitious commitments. It is a requirement of the Standard NHS Contract for the Board to receive this report for information.

2. Key points to note *(Including decisions taken)*
UHBW have made significant progress in the past year. One of the key highlights is that the Trust have completed the Combined Heat and Power (CHP) installation and extended the Trust district heating network to serve all Bristol Hospitals. This has enabled the Trust to de-steam the Estate and de-commission an old inefficient steam network. The new district heating system has overachieved its expected financial benefit which has also created an additional opportunity to benefit from selling back gas to the market. This has been extremely successful of which the Trust has taken advantage of. There is a move towards increased ICS working within the acute Trusts. The ICS Green Plan has been developed providing a holistic system view on priorities and Sam Willitts has been appointed to the Head of Sustainability for the ICS, this role is hosted by NBT. This will have an impact on the reporting and governance structures of sustainability, and this is outlined in the annual report. The Energy market continues to be a challenging environment and the cost of utilities continues to increase. UHBW have been in a relatively good position to date due to forward purchasing of energy, however the Trust will inevitably need to increase resources into this area as prices continue to rise. On top of the increased cost of energy there will be an increase in the 'carbon taxes' that the Trust are liable to pay. This further demonstrates the importance to decarbonise the Trust impact on our environment and continue to invest and priorities in sustainable projects.

3. Risks   If this risk is on a formal risk register, please provide the risk ID/number.
The risks associated with this report include: 1. Continued capital investment and prioritisation of decarbonisation projects within a constrained capital CDEL system limit (Datix 5542) 2. Increase in emissions-based taxation (Datix 5543) 3. Inability to accurately measure procurement supply chain impact on scope 3 emissions (Datix 5546)

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

4.	The UHBW estate and building stock not being able to maintain appropriate environmental conditions in extreme weather events. (Datix 5540)

4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**	
• This report is for **Information.**	

5. History of the paper **Please include details of where paper has <u>previously</u> been received.**	
[Name of Committee/Group/Board]	**[Insert Date paper was received]**
N/A	

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

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Page 194 of 345

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Sustainability Annual Report 2021-22

Pictures all submitted by staff to monthly nature and wellbeing calendar competition

Introduction

In 2018 the Trust declared a climate emergency in partnership with North Bristol Trust recognising the fact climate change represents a key strategic risk to our organisation and the services we deliver. The World Health Organisation has identified climate change as the single biggest health treat of the 21st century. In reaction to the climate emergency, we produced our Sustainable Development Strategy, outlining our ambition to tackle this threat and bring our services into a way of operating that is environmentally sustainable.

In line with Bristol City Council's One City Plan the Trust made several commitments in the Sustainable Development Strategy, most notably to achieve net-zero greenhouse gas emissions by 2030. In 2020 this commitment was solidified by NHS England who announced national requirements for the NHS to be the first healthcare system in the world to reduce system-wide greenhouse gas emissions in their "Delivering a net zero NHS" report.

This report details our progress against the objectives of our Sustainable Development Strategy for the 2021-22 financial year.

Greenhouse Gas Emissions

Objective: To achieve net-zero greenhouse gas emissions by 2030, by reducing at least 90% of emissions and offsetting the remaining unavoidable emissions.
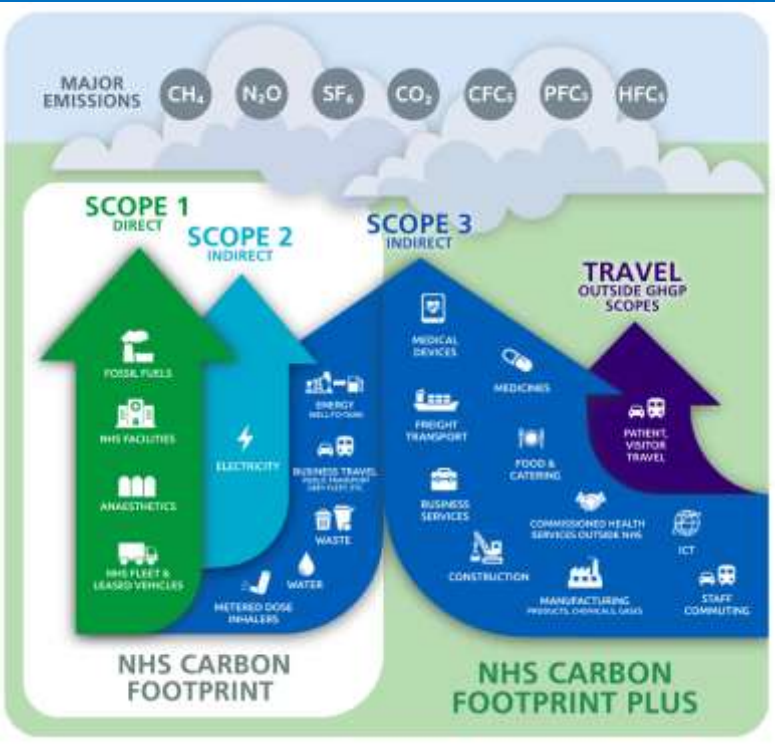
Performance in Last Year

Greenhouse gas emissions can be split into those from direct Trust operations (scopes 1 & 2) and those from our supply chain (scope 3). The below table shows this split.

Since 2014-15 Trust emissions have remained relatively consistent year on year except in the last two years where we have seen an increasing trend. This upward trend is being driven by two factors.
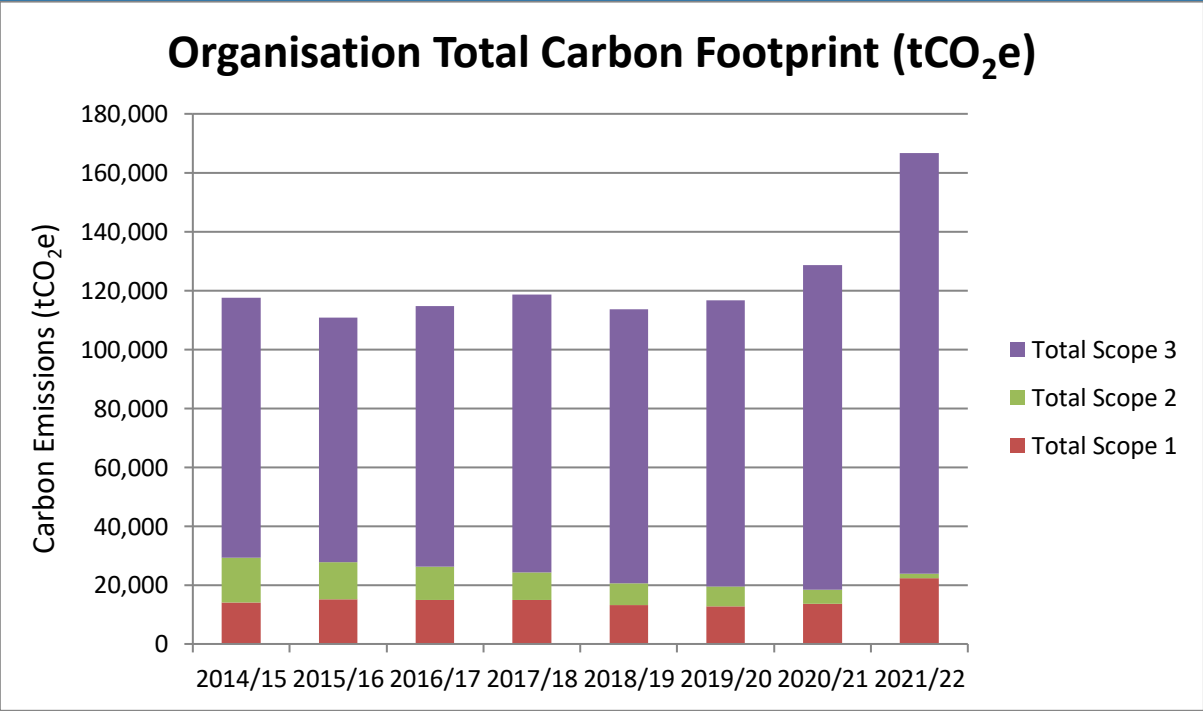
Firstly, the Trust has increased spending through our supply chain, particularly around the Covid-19 response. The more we purchase, the higher our indirect supply chain emissions.

Secondly, we have installed combined heat & power (CHP) engines at both Bristol and Weston. CHPs are a great financial instrument that contribute significant savings to the Trust via efficient use of energy. They burn natural gas to produce electricity on-site and capture the heat generated in this process for use in our heating systems. This means the Trust saves money on not having to draw as

Organisation Direct Carbon Footprint (tCO$_2$e)
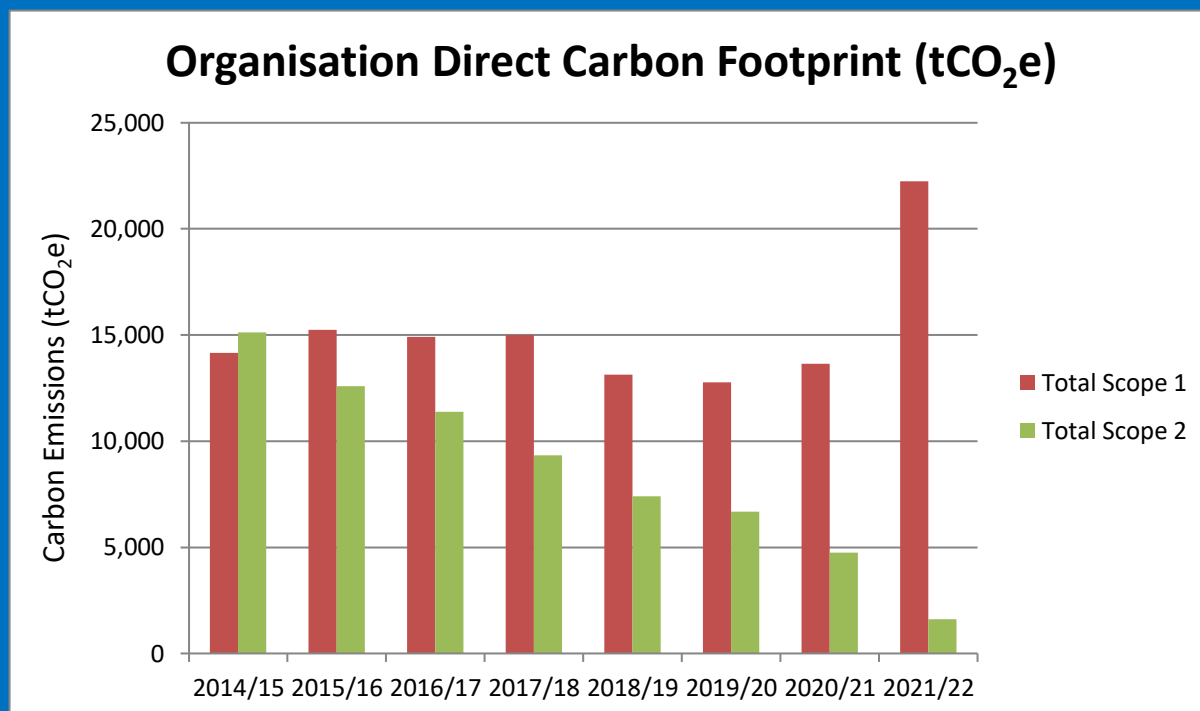
much electricity from national grid. Unfortunately, electricity from the national grid is a lower emission source of energy from natural gas. This means that even though the CHPs represent significant financial savings, enabling investment in decarbonisation, our overall emissions from energy consumption have increased.

Successes in Last Year

Despite an increase in emissions the last year has seen the completion of our district heating project which has removed the inefficient steam system from the Bristol site. Our new hot water system is significantly more efficient and is providing savings in the region of £700,000 and 2,122 tCO$_2$e annually. This project was so successful it won the Energy Managers Association "Decarbonisation Project of the Year 2022".

With our supply chain emissions BWPC have produced an Ethical Procurement Strategy that sets out the key actions we will take to achieve our sustainable procurement goals and we've conducted a hot spot analysis on our supply chain emissions.

There has also been great progress on emissions from anaesthetic gases. We have shut down the inefficient and leaking Eye Hospital manifold system and Desflurane use in Women's and Children's has been eradicated. We've also taken part in a UK-first trial of destruction technology to breakdown and neutralise harmful nitrous oxide gases when used in Entonox before they reach the atmosphere.

Next Steps

The CHPs are creating financial savings for the Trust which will help to pay for the decarbonisation journey ahead of us. However, they will need to be replaced with a zero-emission alternative if we are to achieve our net-zero objectives. The below picture shows the high-level steps required for full decarbonisation of our direct emissions.
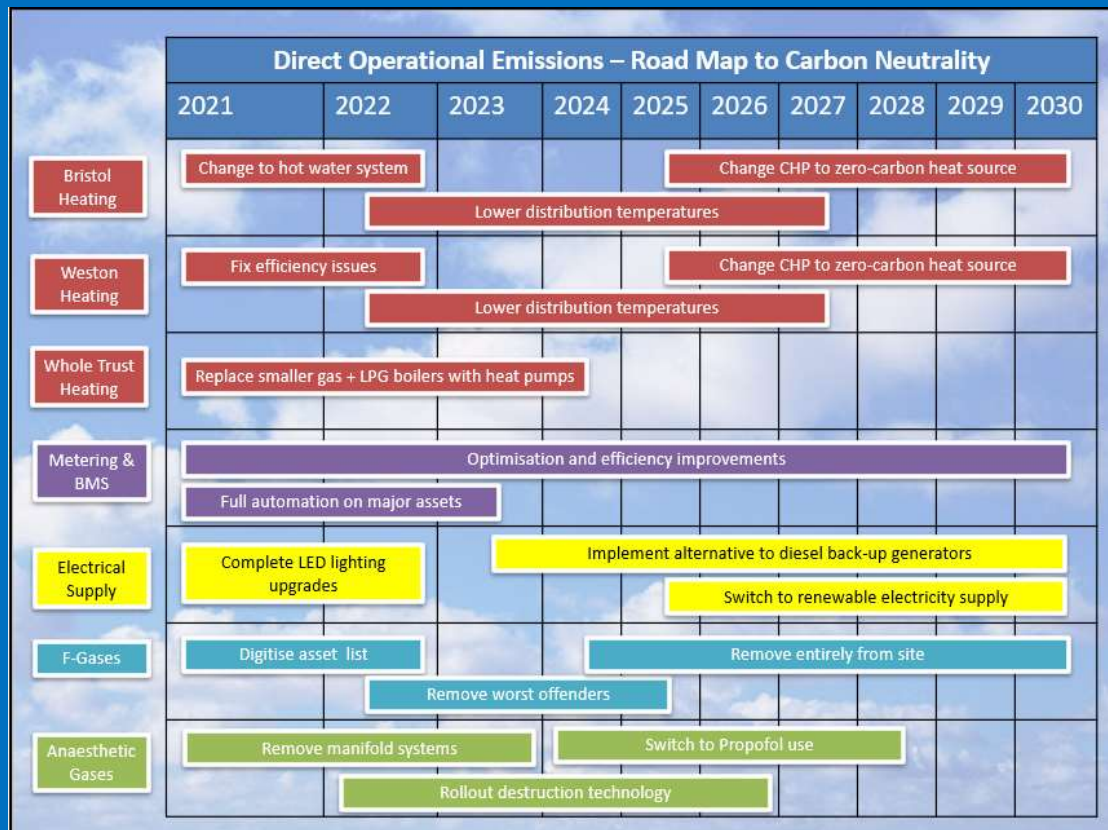
Waste Management

Objective: To achieve zero waste going to landfill by 2025

Performance in Last Year

The overall trend for landfill waste is coming down slowly since 2016-17 and recycling rates have also increased which is encouraging. This year we have also increased the detail of our waste reporting by defining offensive waste as an additional stream to help give a better understanding of our waste operations.

Waste Breakdown
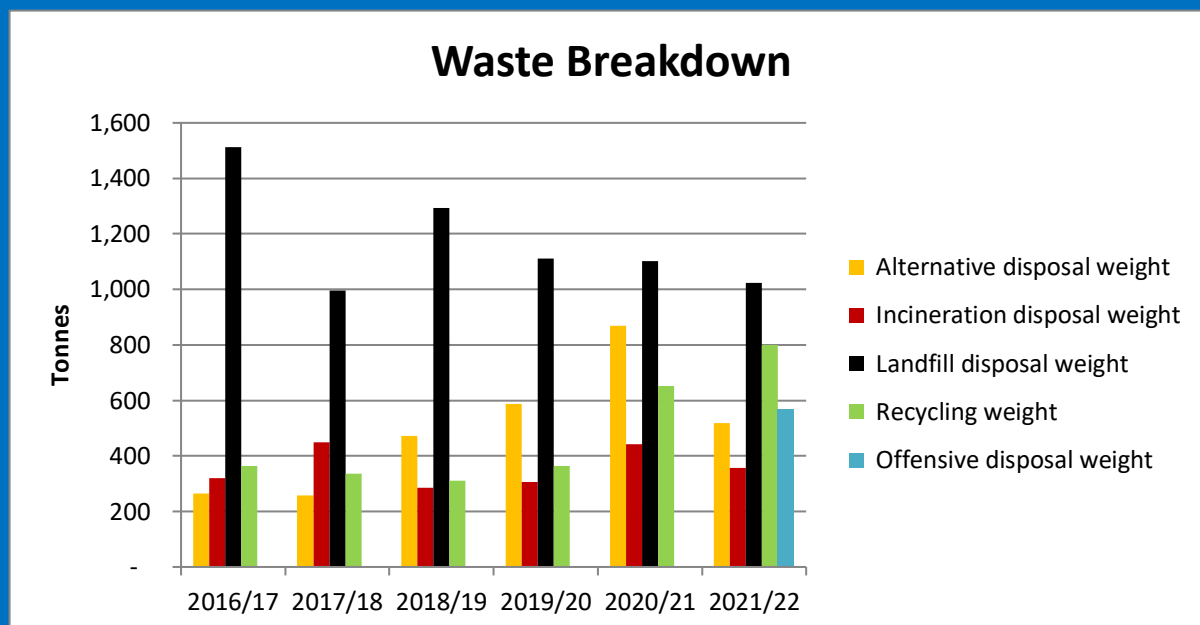
Successes in Last Year

In the last year we have rolled out the Warp It reuse system which is an internal advertising platform where staff can connect and reuse items that already exist within the Trust instead of buying brand new. This system was paid for via our waste team winning Greener NHS grant funding and has saved the Trust £30,000 in the past year alone.

Next Steps

Our waste performance is lacking compared to other Trusts. Data from the Model Hospital shows UHBW is in the highest quartile for landfill waste both nationally and in the Southwest region. Over the past two years we have been working on an EU grant funded project called Ecoquip+ which uses innovative ways to procure our waste contracts to drive sustainable solutions and better performance. This project is due to finalise and begin bringing benefits by March 2023

Clean Air

Objective: To achieve an excellent rating on the Clean Air Hospital Framework by 2025.

Performance in Last Year

We have installed air quality monitoring equipment around our Bristol site so can begin to monitor the cleanliness of our city centre air. Previously we have not had quality data on the pollution levels around our hospitals.

Successes in Last Year

65,000 miles travelled by UHBW-owned vehicles in 2021-22 were changed from being diesel powered to electric. New public cycle facilities have been installed at 2 St Michael's Hill and St Michael's Hospital. We also introduced a new bus shuttle timetable in August to support more staff, patients, and visitors to travel from Temple Meads and Cabot Circus to our hospitals. This was combined with the implementation of new car parking policy that will ensure those with the greatest need have the best opportunities to park on site.

Next Steps

There is still more of our fleet which needs to be electrified which will happen slowly given the lead time for a new electric vehicle is currently 15 months. While waiting for our new electric vans to arrive there will be plenty to do supporting Bristol City Council with the implementation of the Clean Air Zone which will affect staff, patients and visitors attending our Bristol hospitals.

Healthy Climate Prescription

To mark three years and a change in CEO since the Trust first declared a climate emergency in 2018, Eugine Yafele this year signed the Health Climate Prescription. This open letter was signed by a range of healthcare professionals asking heads of state at the COP27 international climate conference to double-down on commitments to limit the effects of climate change.

Looking Ahead

Move to ICS Working

As we move into 2022-23 and the wider NHS adopts more ICS regional working, the sustainability team is leading the way forward by increasing joint working between UHBW, NBT, AWP and other BNSSG system partners. Our UHBW Sustainable Development Strategy is being reworked into an ICS Green Plan and the governance structure for sustainability is changing to work jointly with NBT as a first step towards more collaborative working. The diagram below shows the new structure which has been agreed at both UHBW and NBT Sustainable Development Boards.
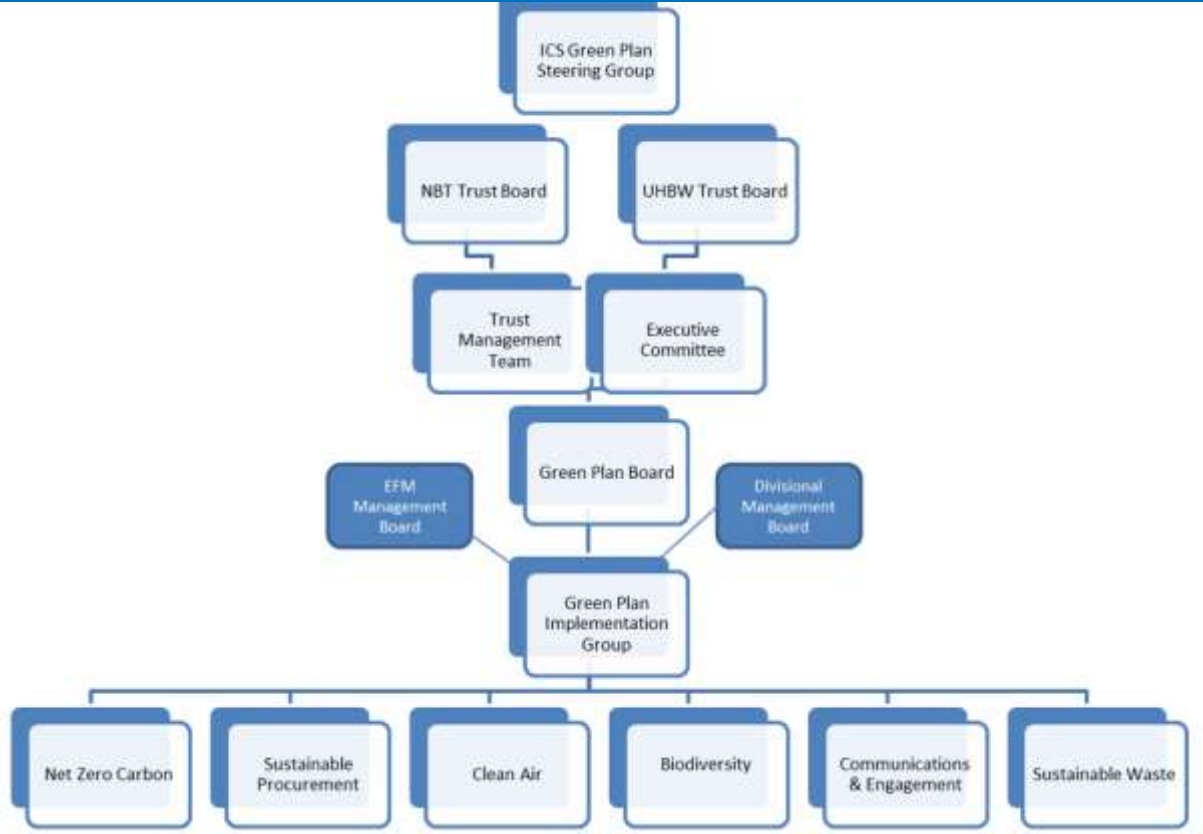
Summary of Risks and Opportunities

Whilst some great work has been completed to-date, there is still a long way to go to achieve the objectives of our Sustainable Development Strategy (now ICS Green Plan). There are several risks highlighted below that require serious attention and commitment if we are to achieve our objectives.

1. Current capital cost estimates just to decarbonise the heating systems across UHBW are in the region of £60m and this programme of spend is not identified within the Trust medium term capital plan and will need to be bid for along with other system priorities under the CEDL constraints. (Datix 5542).

2. Emissions-based taxation has increased from £18k to £200k in 2021-22 and is likely to become millions of pounds by 2030 if we don't decarbonise. We need better internal financial instruments for incentivising sustainable development such as sustainable prioritisation of capital, ring fencing capital for sustainability projects and setting an internal carbon pricing in decision making. (Datix 5543).

3. Work to-date has been funded by grant funding from Salix finance. This funding source is unlikely to be accessible to UHBW in the future due to a change in Salix terms and conditions so alternative funding sources including Trust own capital will need to be utilised. Net-zero and sustainability need to be addressed when considering best use of current capital expenditure and our CEDL limit.

4. Governance is now in place for supply chain emissions, but our supply chain is the single largest contributor to our emission footprint, and we don't have accurate measures or controls in place to manage procurement processes. (Datix 5546).

5. Climate change is bringing an increased number of extreme weather events to the UK. This Summer the UK reached a record temperature of 40 degrees and heatwave temperatures in 2050 are predicted to reach 46 degrees. Due to sea level rise the Weston estate is predicted to be under water by 2100. Trust infrastructure is not currently adequate to deal with these are other adverse effects of climate change. (Datix 5540).

For further information please contact the Sustainability Team

Email: sustainability@uhbw.nhs.uk

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 13th December 2022

Report Title	Weston General Hospital CQC inspection report and action plan
Report Author	Chris Swonnell, Associate Director of Quality & Compliance
Executive Lead	Deirdre Fowler, Chief Nurse & Midwife

1. Report Summary

The Care Quality Commission undertook a follow-up inspection of medical care at Weston General Hospital (WGH) on 16, 17 and 24 August 2022. The CQC's report was published on 11 October 2022.

This summary report to the Board covers:
-   the main findings of the CQC inspection report (the full report is also attached)
-   the Trust's action plan in response to the report (which is being actively progressed by Weston, and is being monitored via the Quality & Outcomes Committee of the Board)
-   confirmation that the Regulation 31 Notice previously placed on WGH has been formally lifted

2. Key points to note
(Including decisions taken)

Inspection report

Positive findings include:
-   Significant improvements to medical leadership.
-   The service had enough staff to care for patients and keep them safe.
-   The service controlled infection risk well.
-   Staff provided good care and treatment; they treated patients with compassion and kindness and respected their privacy and dignity.

Areas requiring attention include:
-   Ensuring patients admitted to the surgical day case unit comply with the trust's operating standard.
-   Ensuring the environment in the surgical day case unit is fit for purpose for patients staying overnight.
-   Ensuring VTE risk assessments are completed and recorded.

As a result of the inspection, the following ratings changes apply to the medical care core service at WGH:

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Rating for Weston General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires Improvement ↑ Oct 2022	Good ↑ Oct 2022	Good →← Oct 2022	Requires Improvement →← Oct 2022	Good ↑↑ Oct 2022	Requires Improvement ↑ Oct 2022
Outpatients	Good Nov 2021	Not rated	Good Nov 2021	Requires improvement Nov 2021	Good Nov 2021	Good Nov 2021
Overall	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated

The ratings for the safe, effective and well-led domain of medical care at Weston have all improved. The rating of well-led has improved significantly from Inadequate to Good. There is no overall rating for WGH because only a limited number of core services have been inspected by CQC since Trust merger.

The inspection has had no impact on overall Trust ratings (all ratings are set out on pages 5-7 of the inspection report).

Action plan

In total, the CQC identified three 'must do' requirements and seven 'should do' recommendations. An action plan has been produced by WGH to address these themes. The attached version of the action plan includes updates on progress made as at the end of November 2022.

Section 31 Notice

In response to the findings of the inspection report, the Section 31 Notice previously placed on Weston was formally lifted on 6 October 2022.

3. Risks   **If this risk is on a formal risk register, please provide the risk ID/number.**
3763 - Risk of non-compliance with CQC standards

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 <u>previously</u> been received.**	
Quality & Outcomes Committee	27/10/22

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

CareQuality Commission

Public Board

University Hospitals Bristol and Weston NHS Foundation Trust

Inspection report

Marlborough Street
Bristol
BS1 3NU
Tel: 01179230000
www.uhbw.nhs.uk

Date of inspection visit: 16, 17 and 24 August 2022
Date of publication: 04/10/2022

Ratings

1 University Hospitals Bristol and Weston NHS Foundation Trust Inspection report

Our findings

Our reports

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

Overall summary

What we found

Overall trust

Our rating of this location improved. We rated it as requires improvement because:

- The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Patients admitted to the surgical day case unit during operational pressures, did not always fit within the criteria of the standard operating procedure.

- The environment of the surgical day case unit (currently being used as an escalation area to meet demand) was not designed for patients staying overnight, meaning there was a lack of a number of amenities for patients.

- Staff did not always identify and quickly act upon patients at risk of deterioration of venous thromboembolism assessments (VTE). VTE assessments had not been consistently completed and reviewed and this created a risk for patients.

- Although staffing levels kept patients safe, this was achieved by moving staff at the beginning of each shift to ensure there was adequate cover across all areas of the hospital. It was also achieved by having ward managers 'act down' into roles on the ward. Staff told us medical staffing out of hours, especially at weekends, was stretched.

- Management capacity for matrons and ward managers was impacted by operational pressures.

- The trust could not provide assurance they had met the target for nurse staffing appraisals due to data collection issues.

- There was a risk that patient experience was compromised because of operational pressures.

However:

2 University Hospitals Bristol and Weston NHS Foundation Trust Inspection report

Our findings

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well.

- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

- 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.

Outstanding practice

- There was a clear, systematic and proactive approach to engaging and communicating with staff regarding the strategy and vision of the hospital. Staff were dedicated to the future direction of the hospital and understood their role in its commitment to be a thriving hospital at the heart of the community, providing the care people need most often.

Areas for improvement

MUSTS

Weston General Hospital, medical care:

- The trust must ensure patients admitted to the surgical day case unit comply with the trust's operating standard. [Regulation 12: Safe Care and Treatment].

- The trust must ensure the environment in the surgical day case unit is fit for purpose for patients staying overnight, including access to lockers, showers, and bedside chairs, and suitable lighting. [Regulation 15: Environment and equipment].

- The trust must ensure venous thromboembolism (VTE) risk assessments are completed and recorded according to trust policy so that the correct prescribing of prophylaxis can occur. [Regulation 12: Safe care and treatment].

SHOULDS

Weston General Hospital, medical care:

- The trust should consider ways in which mandatory training for moving and handling can be more accessible for staff based at Weston General Hospital.

- The trust should consider ways in which it can improve the resilience of the nurse staffing model to decrease the need for moving nursing staff between wards.

Our findings

- The trust should revisit the planned number of medical staff out of hours to ensure it meets the needs of patients and does not impact patient flow.

- The trust should consider how to release time for ward managers and matrons to ensure they are able to carry out the management functions of their role more effectively.

- The trust should ensure all locum staff have a full induction prior to working on wards.

- The trust should ensure it has accurate data regarding nurse staffing appraisals.

- The trust should consider ways in which patient experience is a focus of, and can be factored into conversations about operational pressures.

- The trust should prioritise work to improve the culture around equality, diversity and inclusion.

Key to tables					
Ratings	**Not rated**	**Inadequate**	**Requires improvement**	**Good**	**Outstanding**
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	➔←	⬆	⬆⬆	⬇	⬇⬇
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or

- we have not inspected it this time or

- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute locations	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Overall trust	Requires improvement Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
South Bristol NHS Community Hospital	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
UHBW Bristol Main Site	Requires improvement Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021
Weston General Hospital	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Central Health Clinic	Good Dec 2014	Not rated	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Overall trust	Requires improvement Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Rating for South Bristol NHS Community Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Surgery	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Overall	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014

Rating for UHBW Bristol Main Site

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021
Services for children & young people	Good Aug 2019	Outstanding Aug 2019	Good Aug 2019	Good Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019
Critical care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014
End of life care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Outpatients and diagnostic imaging	Good Mar 2017	Not rated	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Surgery	Good Aug 2019	Good Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019
Urgent and emergency services	Requires improvement Mar 2021	Good Aug 2019	Outstanding Aug 2019	Requires improvement Mar 2021	Good Mar 2021	Requires improvement Mar 2021
Maternity	Requires improvement Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019
Overall	Requires improvement Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021

Rating for Weston General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires Improvement ↑ Oct 2022	Good ↑ Oct 2022	Good →← Oct 2022	Requires Improvement →← Oct 2022	Good ↑↑ Oct 2022	Requires Improvement ↑ Oct 2022
Outpatients	Good Nov 2021	Not rated	Good Nov 2021	Requires improvement Nov 2021	Good Nov 2021	Good Nov 2021
Overall	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated

Rating for Central Health Clinic

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good Dec 2014	Not rated	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Overall	Good Dec 2014	Not rated	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014

Care Quality Commission

Weston General Hospital

Grange Road
Uphill
Weston-super-mare
BS23 4TQ
Tel: 01179230000
www.uhbw.nhs.uk

Description of this hospital

Weston General Hospital provides urgent and emergency services, medical care, surgery, critical care, services for children and young people, end of life care and outpatient core services.

On 1 April 2020, University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust merged to form a new organisation, University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). Weston General Hospital is a division of the trust.

We last inspected medical care at Weston General Hospital in June 2021 and rated the core service inadequate.

Medical care (including older people's care)

Requires Improvement 🟠 ⬆

Is the service safe?

Requires Improvement 🟠 ⬆

Mandatory Training

The service provided mandatory training in key skills to all staff and mostly made sure everyone completed it.

Staff mostly received and kept up-to-date with their mandatory training. The trust set a target of 90% of mandatory training to be completed in June 2022. At the time of the inspection Weston General Hospital had achieved 89%. Staff told us the quality and content of the training met their needs. They told us some delays in training were caused by staff shortages, and some staff completed their training outside of working hours.

Mandatory training for moving and handling was undertaken at the Bristol site, and staff told us it was difficult to be released in order to attend this course. Compliance for this training was at 80%.

Mandatory training included infection prevention and control; equality, diversity and human rights; and health, safety and welfare.

Registrars told us there was an improved access to training opportunities in their own specialty.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. By June 2022, 88% of required staff had completed mandatory training on safeguarding adults and safeguarding children (level 2).

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff demonstrated an understanding of anti-discrimination and provided person-centred care. For patients with mental health problems staff would consider patient support and safety as part of their risk assessments.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff told us the referral process was easy to use, and we saw a number of patient records which showed referrals made to the safeguarding team. Staff spoke positively of the division's safeguarding team and told us they received feedback on cases they had referred.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Medical care (including older people's care)

Most ward areas were clean and had suitable furnishings which were visibly clean and well-maintained. However, we found some areas on Cheddar ward which did not appear clean, and the suction equipment was dusty. We found this had been rectified when we revisited the ward the following week.

Cleaning records were up-to-date, displayed on all wards and demonstrated all areas were cleaned regularly. Housekeeping staff were allocated to wards we visited, and we saw good levels of cleanliness and hygiene. Housekeeping staff told us they enjoyed their role and felt supported by staff on each ward. They were made aware of any risks of cross infection and had access to personal protective equipment.

Staff followed infection control principles including the use of personal protective equipment (PPE). All wards we visited had access to hand sanitising gel, and we observed staff regularly washing their hands or using hand gel.

Environment and equipment
The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Staff were trained to use them. Staff managed clinical waste well.

On most wards, patients could reach call bells and staff responded quickly when called. We observed staff responded to call bells within good time on most wards.

We observed medical patients who were in the Surgical Day Case Unit (SDCU) overnight, as 'medical outliers'. Medical outliers are patients who are not in a medical bed due to the operational pressure on the available medical bed base. Patients in the SDCU did not have access to call bells. We raised concerns about this at the time of the inspection and the trust took immediate action to provide call bells to these patients.

Staff carried out daily safety checks of specialist equipment. Tamper evident resuscitation trolleys were checked on a daily basis to ensure they were stocked, and items were within their use by date in order to respond to emergencies. We found most checks we reviewed were completed daily. However, we found a resuscitation trolley on Cheddar ward which was unlocked, with some stock missing. Staff told us this was because the trolley had been used in the morning. We raised this with the on site manager, and this was immediately rectified.

Staff disposed of clinical waste safely. We saw clinical waste was separated and disposed of safely on the wards we visited. Substances hazardous to health were kept securely in sluice rooms in locked cupboards.

Areas had been improved for patients suffering from mental health crisis. We saw the service had carried out ligature assessments in key areas.

A patient told us they had a condition which made drinking more difficult. They told us the drinks they were given were provided in beakers which made drinking easier with less spillages. They also told us cutlery was adapted with foam around the handles to make the grip easier.

The Waterside unit was a small unit separate from the main ward areas. It had been previously used as a surgical ward for private patients. All rooms were single rooms off a central corridor. The Waterside unit had a standard operating procedure which clearly outlined which patients could stay on the unit. Staff told us this procedure was followed. At the last inspection we identified the doors into each side room needed glass to enable nurses to see the patients. This had been formally identified as a risk following an incident. We found each door had a window, and staff told us they often left doors open which improved visibility of patients.

Medical care (including older people's care)

Surgical Day Case Unit

The unit ran as a surgical day case facility opening at 8am and closing at 5pm. The unit had a standard operating procedure (SOP) for patients to remain overnight at times of operational pressure. We found the surgical day case unit was not always operating within the trust's operating standard. Staff told us patients who were confused were sometimes admitted to the ward, and there was one such patient on the unit at the time of our inspection. There were insufficient oxygen and suction points. Due to the types of patients occupying the unit, this was less likely to be required, but there were occasions when post-operative patients could be sharing the unit with medical patients and that risked increasing the likelihood of oxygen and suction being required for more patients.

Patients did not have access to individual lighting by their bed. This meant, at night, lighting for the whole ward had to be turned on when staff needed to assess patients. When we inspected the hospital in the evening the following week, we found lamps had been provided at the nurses desks, so they were able to work at night. However, this still meant patients were not able to decide when they wanted to turn off their own lights to sleep.

Patient beds were close together, which limited the privacy for patients. This proximity of each bed meant there was no room for patient lockers, or for chairs for patients or visitors to use.

There were patients remaining on the unit for a week or more, which was outside of the standard operating procedure and there were no shower facilities on the unit. This meant patients needed to leave the ward to have a shower in another ward area and were reliant on staff being available to take them to another ward to shower.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. However, staff did not always identify and quickly act upon patients at risk of deterioration.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them. Patients were monitored and assessed using the national early warning score (NEWS) framework. Any patient whose condition was deteriorating could be identified and their condition escalated for further medical review. The eight patient NEWS charts we reviewed were complete and acted upon.

Staff completed risk assessments for each patient on admission, using a booklet which contained the risk assessment templates. We looked at eight sets of records and saw the assessment had been completed as part of the patient admission each time in a timely way.

Staff knew about and dealt with any specific risk issues. Once patient risks were identified, care plans were developed to inform staff of the individual care and the treatment the patient needed. We found staff reviewed the risk assessments and associated care plans regularly, including after any incidents such as a fall or deterioration or changing health needs.

Compliance for VTE inspections had improved since our last inspection in 2021. However, we found some inconsistencies in completion of records. Most VTE assessment had been completed but had not been clarified on the drug chart. At this inspection we found VTE assessments on admission were still not being completed consistently and subsequent prophylaxis had not therefore been administered. We also found the paperwork in relation to VTEs were not completed consistently.

Medical care (including older people's care)

Some staff we met working on the surgical day case unit were unclear about the procedures surrounding emergency calls – the "crash call". We raised this with the leadership team who confirmed there were clear processes to follow and reiterated this with staff.

We saw records which clearly showed risk assessments for patients at risk of developing pressure ulcers. With each risk assessment there was a clear care plan of care to prevent ulcers from occurring.

Shift changes and handovers included all necessary key information to keep patients safe. We saw patients were discussed thoroughly, and this included patient details, their current situation, their background, their assessment and recommendation for next steps including discharge. Staff also discussed when patients had anxiety, or dementia.

Doctors were allocated non-medical wards at the Thursday medical staffing meeting to cover any medical patients admitted to those areas. This information was shared with medical wards so they knew who they should contact. Some staff told us doctors were sometimes late to see patients, however they confirmed the situation had greatly improved over the last 12 months.

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. However, this was achieved by moving staff across wards at the beginning of each shift in order to ensure adequate numbers of staff across all areas, especially to escalation areas. It was also achieved by having ward managers 'act down' into roles on the ward. Most staff we spoke with understood they might be moved to keep patients safe. Whilst this had an acknowledged impact on staff satisfaction and wellbeing, the trust provided assurances the patients were safely cared for. Nevertheless, we found staff showed a great deal of fortitude and resilience to ensure patients received the care and treatment they needed.

Numbers of expected and actual staffing arrangements were on display outside each of the wards we visited. During the inspection, we saw wards were not always staffed as planned but action had been taken to ensure staffing was safe.

Nursing staff told us they felt able and supported to raise incidents where they felt the staffing levels on wards were not safe.

The service had reducing vacancy rates. At the time of the inspection Weston General Hospital as a whole had a vacancy rate of 12.3%. Nurse vacancy rates at our inspection in January 2021 were at 28%. However, the hospital had increasing turnover rates which were at 16%, compared to 13.9% in June 2021.

The hospital had increased sickness rates. At the time of the inspection sickness rates were at 7.1%. Recent COVID-19 outbreaks had increased sickness rates.

The service had high rates of bank and agency nurses used on the wards. However, most bank and agency staff used by the wards were familiar with the areas they worked in. Managers made sure all bank and agency staff had a full induction and understood the service.

Medical care (including older people's care)

Medical staffing

The service had enough planned medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough planned medical staff to keep patients safe. The senior management team had overseen medical staffing levels on a weekly basis for the past year and taken action to improve medical staffing numbers.

However, staff told us medical staffing out of hours, especially at weekends was stretched. Although medical staffing numbers were being achieved at these times according to planned levels, staff questioned whether this was enough because of the number of wards they had to cover and the high numbers of patients in the hospital. There were lower numbers of discharged patients at weekends. Doctors working out of hours told us they were stretched, and this impacted on patient flow.

The hospital had succeeded in reducing its level of medical staff vacancies and was aiming to fill the remaining medical vacancies by the end of August 2022, with significantly reduced reliance on locum and bank staff.

Sickness rates for medical staff were increasing. At the time of the inspection sickness rates were 7.1%. Recent COVID outbreaks had increased sickness rates.

The service had reducing rates of bank and locum staff.

The service always had a consultant on call during evenings and weekends.

The trust had made significant improvements in the number of registrar level doctors working in the medical division to cover areas of the staff rota.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. We reviewed eight sets of patient records and found them all to be up to date and included risk assessments with care plans for risks including manual handling assessments, bedrails and pressure ulcers. Medical plans were clear, and we saw evidence of observations being taken in line with plans.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Paper records on wards were kept in locked trolleys or within locked rooms where only staff had access. Mostly staff were observed to be careful to maintain confidentiality of paper records.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Medicines were safely prescribed on prescription charts. Nurses followed trust policy when administering and recording medicines administration.

Medical care (including older people's care)

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Pharmacy professionals visited the wards to review medicines and speak to patients about their medicines when required. Discharge summaries were reviewed for accuracy by pharmacy before medicines for people to take home were prepared. This was an improvement on the last inspection and made sure discharge medicines and information given to people was accurate.

During the last inspection we saw medicines were not always stored safely or securely, for example when patients were staying in the discharge lounge for extended periods. On this inspection we saw staff were following trust systems and processes to safely store medicines.

Staff followed national guidance to check patients had the correct medicines when they were admitted, or they moved between services.

Pharmacy staff visited the wards from Monday to Friday and staff knew how to access support from pharmacy outside of these hours. There was a process for prioritising patients including seeing patients that were newly admitted to the hospital. We saw pharmacy staff were making recommendations on prescription charts, for example identifying medicines people were taking at home that hadn't been prescribed in hospital, however, sometimes these pharmacy interventions had not been acted upon.

The trust had an effective process for disseminating medicines safety alerts and sharing learning from medicines safety incidents.

Incidents
The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. **Managers investigated incidents and shared lessons learned with the whole team and the wider service, but not always in a timely manner. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured actions from patient safety alerts were implemented and monitored.**

All staff knew what incidents to report and how to report them. All staff we spoke with told us there was a learning culture and staff were actively encouraged to report incidents in order to support learning and improvement. Incidents were investigated by ward managers and matrons. However, managers told us they did not always have the time to review incidents quickly. This was because they often had to work on the wards to backfill vacancies and absences.

From August 2021 to August 2022, Weston General Hospital reported 12 serious incidents within medicine. These included instances including pressure injuries, diagnostic delays , treatment delays and medication incidents. We saw the service carried out root cause analyses and patient safety incident investigations into these incidents. Actions were identified and shared.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff we spoke with demonstrated a clear understanding of the duty of candour and discussed how they would be open and honest with patients. The duty of candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, is a regulation, which was introduced in November 2014. This regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds.

Medical care (including older people's care)

Staff received feedback from investigation of incidents, both internal and external to the service. Staff we spoke with told us learning from incidents was discussed at morning 'safety huddle' meetings and details of learning shared across the trust through emails and debriefs. Managers also produced and shared local and specialty learning newsletters and posters in the form of LASER posters (Learning After a Significant Event and Recommendations).

Is the service effective?

Good 🟢 ⬆

Evidence-based care and treatment
The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Policies and guidelines had been developed in line with national policy. These included the National Institute for Health and Care Excellent (NICE) guidelines. We observed staff following NICE guidance CG139 healthcare associated infections prevention and control in primary and community care when hand washing.

Staff accessed clinical policies and procedures through the staff website for support. The system used allowed the addition of other local guidance and provided a library to link to various audit projects.

Nutrition and hydration
Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff gathered patient information which informed them about patients nutritional care and fluids needs. They created a care plan for how they were to be met. We saw clear instructions recorded for patients with identified nutritional needs.

The trust used a nationally recognised nutrition screening tool to identify patients at risk of being malnourished or with specialist nutritional needs. This screening tool was designed to categorise patients risk being at low, medium or high risk and a care plan was completed.

Nursing staff supported patients who needed assistance to eat and drink. Those patients needing assistance had food delivered on a red tray to discreetly inform staff. The fluid food and fluids charts we saw were kept up to date.

Specialist support from staff such as dietitians and speech and language therapists was available for patients who needed it.

Medical care (including older people's care)

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff used a pain assessment tool to identify the severity of patients pain and we heard staff asking patients about their levels of pain. We saw from records pain relief was given when needed. Patients told us they received pain relief when they requested it. Staff prescribed, administered and recorded pain relief accurately.

Medicine charts reflected when a medicine had been administered and the rationale for any omissions or delays.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The service participated in relevant national clinical audits.

The service was able to benchmark against the following national audits, and performance in most audits was in line or above national averages.

The mortality indicator rating for the combined trust, which is the ratio of the actual number of patients who dies following hospitalisation within the trust, and the number that would be expected to die, was in line with national data.

Managers and staff carried out a comprehensive programme of repeated audits to check improvements overtime. Managers made sure staff understood information from the audits.

A structured approach was taken to ward based audits and produced daily, monthly and quarterly reports for cleanliness of the environment, hand hygiene, falls and infections. Dashboards were produced which showed audit activity and results.

Managers and staff monitored and investigated outliers and implemented local changes to improve care.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave most new staff a full induction tailored to their role before they started work. However, some locum medical staff told us they did not receive a full induction to the service before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of the inspection consultant appraisal rates were at 86%, against a target of 85%. However, only 61.6% of non-consultant staff had an appraisal according to the trust's workforce data. Senior management acknowledged this was an issue because of the way data was collected, and the introduction of a new system. They acknowledged many members of staff had an appraisal which was not logged on to the system. This was confirmed by staff during the inspection, most of whom told us they had received an appraisal in the last 12 months.

Medical care (including older people's care)

The practice education nurses and ward managers supported the learning and development needs of nursing staff. There were a number of opportunities for staff to develop. This included a programme for band two staff to move up to band 3 roles, development programmes for nursing assistants and an apprenticeship programme. Staff were able to apply for career opportunities to develop. However, it was acknowledged releasing staff to be able to complete these opportunities remained a challenge because of staffing pressures.

Most staff on wards told us team meetings took place regularly, however attendance was often difficult due to pressures on the service and staffing levels. They told us updates were provided when time allowed.

Multidisciplinary working
Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Staff worked collaboratively to ensure continuity of care to patients and ensure the correct professionals were involved in care and treatment. Nursing, medical and therapy staff on wards and units worked together to enable care and treatment and to assist patients to improve to go home.

Multidisciplinary team meetings took place on wards to ensure a full medical overview was maintained and action plans completed. We attended a best interest meeting where multiple agencies worked together to support the patient. The therapy team assessed the patients mobility and worked with the family to support the patient.

Consultants led daily ward rounds on the medical wards. Patients were reviewed by relevant consultants depending on the care pathway. All patients had a clinical assessment once admitted by a consultant or registrar. This was mostly undertaken within 12 hours. We observed board rounds on a number of wards. We saw consultants, doctors, therapists and nursing staff were all in attendance. We saw discharge plans being discussed with clear plans and members of the team were able to communicate freely.

Patients who were not being cared for on the correct speciality ward for their presenting complaint (known as outliers) were seen by a medical doctor. The service tracked these patients and visited these patients every day when they were within the hospital. However, staff on these wards confirmed this was not always within 12 hours of admission, and patients were sometimes not visited until later in the day as they were not prioritised. Nevertheless, staff confirmed they knew who to contact if they needed support with the patient.

The service worked with charitable organisations to support patients.

Seven-day services
Key services were not all available seven days a week to support timely patient care.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests but these were not always available 24 hours a day, seven days a week. Medicines advice and supply were available seven days a week. An on-call pharmacist was available outside of core working hours.

Health promotion
Staff gave patients practical support and advice to lead healthier lives.

Medical care (including older people's care)

The service had relevant information promoting healthy lifestyles and support on wards and units.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Staff provided health promotion information for patients on all wards we visited. Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty correctly.

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. The trust had policies regarding consent, assessment of mental capacity and the use of deprivation of liberty safeguards. Staff told us they were aware of these policies, and we saw evidence of completed mental capacity assessments in care records we reviewed.

We saw patients were given the opportunity to ask questions about their care, staff assessed their understanding and supported patients to make informed decisions about their care.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Nursing staff knew their responsibilities in terms of what action should be taken if a person did not have the capacity to make decisions about their care. Staff were aware of the need to make a written record of mental capacity assessments and to make best interest decisions in line with legislation.

Is the service caring?

Good 🟢 ➡️ ⬅️

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. During the inspection we saw staff lowering their voices and using curtains to maintain confidentiality and dignity when providing patient care.

Patients said staff treated them well and with kindness. We observed a patient due to be discharged the following day who was very grateful and clearly had developed a good relationship with those caring for them. A number of nursing and medical staff came to wish the individual well and this was an authentic and positive interaction.

Staff took time to interact with patients and those close to them in a respectful and considerate way. We were told about a housekeeper 'who is great, he helps to calm patients, talks to them and knows patients tea orders'.

Patients told us:

Page 223 of 345

Medical care (including older people's care)

- "Every member of staff has been lovely. I don't feel like an inconvenience. I have received high levels of care, attention and professionalism. I cannot praise them enough."

- "Staff are so kind, excellent stay. Not in any pain, they answer the call bell and the food has been good".

- "Very good care, brilliant staff are kind, patient and very good. It's easy to join in the exercises. Food is very good. Able to get help to use the toilet and call bell is answered".

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Staff on the wards told us they were focused on making sure patients had a good experience whilst in their care. However, some staff told us staffing pressures meant they did not always have time to do anything more than provide basic patient care. Those staff were clearly distressed when they found themselves in a position when they couldn't spend more time with patients individually.

Emotional support
Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. We observed a health care assistant in a room with a confused patient. They were holding their hand and speaking to them kindly. A patient told us the staff had made their stay less frightening following their diagnosis. Another patient told us they were nervous regarding their upcoming endoscopy visit. Staff told them "it's our job to make you feel comfortable and we will look after you." We observed board rounds and staff handovers on a number of different wards and saw staff discussed the entirety of the needs of patients including physical, social and emotional needs.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. The same staff and representatives of different faiths were available to offer support to patients, relatives and staff in times of need. There was always a chaplain on call should patients or relatives request their presence. There was a multi faith area available for prayers or quiet reflection. Staff talked about patients compassionately and with knowledge of their circumstances and those of their families.

Understanding and involvement of patients and those close to them
Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. One patient told us they did not feel listened to at another hospital. They told us they felt as though they had been really listened to now and had answers about their condition. They confirmed a consultant had spent considerable time with them and had been very supportive and nurses kept them updated. A relative said they were happy to leave the patient on the ward and knew they would be safe.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Another patient said it had been really nice on the ward and staff were really friendly and they felt safe. They

Medical care (including older people's care)

told us they had a complex reason for admission, but their daughter had been included in conversations for support. Staff were aware of the types of communication aids that could be used to support patients. Staff were clear about how to access interpreting services and where to go for additional support if needed. Patients told us staff were clear when speaking with them and they could understand what care and treatment was being provided.

Is the service responsive?

Requires Improvement 🟠 → ←

Service planning and delivery to meet the needs of the local people
The service did not always plan and provide care in a way that met the needs of local people and the communities served. It worked with others in the wider system and local organisations to plan care.

The management team were under considerable pressure to find beds for patient admissions, but the lack of flow of patients through the hospital made this difficult. The team told us they were supported by clinical commissioners to find safe discharge routes out into the community.

Managers planned and organised services, so they met the changing needs of the local population.

Staff knew about and understood the standards for mixed sex accommodation and knew when to report a potential breach.

The discharge lounge had a standard operating procedure which outlined the number and type of patients it was designed to accommodate. Staff told us it was used as per the procedure.

Staff could access emergency mental health support 24 hours a day, seven days a week for patients with mental health problems, learning disabilities and dementia.

Meeting people's individual needs
The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Ward staff considered how to meet the needs of patients living with dementia or additional needs. For example, one health care assistant told us they played music to soothe a patient who was autistic. We were also told of a patient with Down syndrome, this patient loved a particular musician. The healthcare assistant played music on their phone to help calm the patient. We also heard one example of a patient who did not like to drink much water so was given ice lollies instead.

Staff told us they could contact link nurses for learning disabilities, mental health and dementia for additional support if required. They also had access to specialist nurses and a complex needs sister if required.

Page 225 of 345

Medical care (including older people's care)

Staff supported patients living with dementia and learning disabilities. The wards were introducing a new 'This is me' document. 'This is me' can be used to record details about a person who can't easily share information about themselves. For example, it can be used to record: a person's cultural and family background; important events, people and places from their life; and their preferences and routines.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff, and patients, loved ones and carers could get help from interpreters when needed.

Patients were given a choice of food and drink to meet their cultural and religious preferences. One patient told us they did not think the Kosher food options were Kosher. When we followed this up with management, they confirmed the food was Kosher. However, they acknowledged their menu did not state where the food was sourced from or give any assurance regarding its authenticity. An action was taken to ensure these details were available to patients in the future.

Neurodiverse patients, and those at the end of life were able to have open visiting.

Access and flow
People could not always access the service when they needed it or receive the right care promptly.

We saw the system to manage flow throughout the hospital was not completely effective. The increasing demand in the hospital outweighed the available capacity. Throughout our inspection the hospital had 100% bed occupancy with no beds available for any admissions. The hospital had problems maintaining flow from admission to discharge.

Managers and staff worked to make sure patients did not stay longer than they needed to, but this was not always possible. Considerable work was undertaken to reduce length of stay but we saw some patients stayed longer than needed. This was due in part to the lack of beds in the hospital and difficulties in securing onward care.

Staff and managers confirmed movement of patients was not always suitable. Patient bed moves were avoided whenever possible but were taking place both during the day and at night. Staff told us of occasions when patients were moved very late at night to enable further admissions to the hospital.

We found that, whilst keeping patients safe, operational pressures impacted on some of the experiences for patients. When we met with ward staff, patient experience was clearly a top priority, and giving them care that met patient's physical and emotional needs was seen to be vitally important. However, when we spoke with more senior staff, operational pressures meant it was more difficult for them to have the same focus on patient experience and meant that decisions were sometimes made that had a negative impact on a patient's time in hospital.

There were improved arrangements for doctors to review outlying medical patients. Medical staff knew on which wards medical outlying patients were, and these patients were reviewed every day by a medical doctor

Learning from complaints and concerns
It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Medical care (including older people's care)

Patients, relatives and carers knew how to complain or raise concerns. Patients told us they felt safe and able to raise any issues with staff on wards. The service clearly displayed information about how to raise a concern in patient areas. Information about making complaints was available in all areas we visited. We saw posters were available in all departments. The trust website had links to information about how to resolve concerns and how to make a complaint. Patients could use an online enquiry form, email, telephone or in writing.

Staff understood the policy on complaints and knew how to handle them. Staff were able to explain the complaints process and told us they would look to support patients to raise a complaint formally if they were unable to resolve the situation in the first instance.

Managers investigated complaints and identified themes. From June 2021 to June 2022, there were 83 complaints relating to medical wards. At the time of the inspection there were only two complaints which were outstanding relating to medical care.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff told us feedback was given to them regarding any complaints in daily huddles.

Is the service well-led?

Good 🟢 ⬆️ ⬆️

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Since our last inspection in 2021, a new senior management team had been introduced to Weston General Hospital. In the 12 months prior to the inspection, the hospital had secured a managing director, deputy chief nurse, and medical director. They had subsequently recruited a clinical chair, head of nursing and deputy head of nursing to the division. These posts had been recently confirmed as substantive. This had created leadership capacity and competence to enable the service to operate more effectively.

The management team fully understood and managed the priorities and issues the service faced.

They were visible and approachable for patients and staff. We found the new management team were well known to all staff. Staff told us they received strong leadership from their direct managers, matrons, ward managers and the heads of nursing. Nursing staff told us matrons had based themselves on wards to provide additional support to staff, which was appreciated. Medical staff felt the clinical director and medical director were approachable and supportive.

Staff told us the visibility and engagement of leaders had significantly improved in the preceding 12 months.

Leaders supported staff to develop their skills and take on more senior roles

Medical care (including older people's care)

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The mission for Weston General Hospital was 'To deliver exceptional care, teaching and research every day'. This was underpinned by a vision:

- Growing our specialist hospital services and our position as a leading provider in south west England and beyond.

- Ensuring Weston General Hospital is a dynamic hospital at the heart of the community providing high-quality care to the population it serves.

- Working 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.

- Becoming a beacon for outstanding education and research with a culture of innovation.

The trust had a document called 'Shaping our Future Together' which mapped the journey of the merger from May 2017 to October 2022. Although the pandemic impacted some progress, the trust was on track to have new management arrangements commence at Weston General Hospital by 1 October 2022. The new management structure at Weston will be responsible for leading the hospital site and managing a range of clinical services, including the medical wards.

The senior leadership team have held, and continue to offer, open staff briefing sessions to staff. Recordings of previous briefing sessions were also available to staff.

All staff we spoke with were aware of the Healthy Weston strategy for the hospital.

Culture

Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted opportunities for career development. The service had an open culture where patients, their families and some staff could raise concerns without fear. However, we found cultural issues remained on some wards.

At this inspection we found staff were still tired and talked of working long hours, but morale had improved since the inspection in 2021. Staff told us there had been a lot of support for well-being in the previous 12 months which had really helped. Staff had access to a variety of services aimed at improving their well-being.

All staff we spoke with spoke positively about patient care and how patients were the centre of their focus. They were proud of their colleagues and team working and felt reassured by the feedback from patients which was overwhelmingly positive. Several members of staff told us working at Weston was like working with family.

Some staff told us they often worked over their paid hours. Ward managers and matrons in particular worked excessive hours to complete their tasks. They often worked on wards to keep patients safe by ensuring there were enough staff to care for them.

Medical care (including older people's care)

Staff had access to systems to enable them to speak up and they told us they were listened to. Staff were also able to raise concerns through the Freedom to Speak Up Guardian service. Staff were aware of the service which provided independent and impartial support to workers to speak up. Patients and relatives we spoke with also told us they felt confident about speaking up without fear.

Despite the positive culture which was so prominent in areas we visited, we heard of cultural issues that centred on poor experiences being had by staff from minority ethnic backgrounds. There were ongoing concerns around racist behaviours and discrimination felt by staff who were from ethnic minority backgrounds. Additionally, to this we heard of problems faced by staff who had been recruited from overseas. Due to the requirements relating to these staff, the timeframe for them being able to fully take up posts was extended. This caused friction in some areas and risked them being segregated as a group from the rest of the workforce. We raised these concerns with the leadership of the trust immediately and were provided reassurance this issue would be tackled as a priority.

Governance
Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Governance systems had improved since our last inspection in 2021. There was a governance framework and regular meetings were held. Governance systems were used to support the development of a quality service. Governance systems were used to develop the service and address the issues impacting on the service and staff.

Leaders of the service were managing identified issues early and promptly enough to prevent them from becoming problems. We saw when relevant risks and issues were raised , actions were identified to reduce their impact, and these were acted on promptly to prevent ongoing safety risks.

New governance systems ensured actions were completed. Risk registers and risk assessments were used to monitor the wards and environments and identified actions needed for safety. An internal audit had been carried out to review the governance structures at Weston General Hospital. An audit plan with recommendations had been collated which was in progress. This included terms of reference, work plan and agenda template for divisional governance and speciality governance which had been reviewed and ratified by the division.

The division had created weekly review meetings to go through patient safety incidents and serious incidents. A patient safety report went to the divisional governance and trust board on a monthly basis. A divisional ward manager quality meeting took place monthly to share learning from complaints and incidents. Meetings were well attended, and we saw meetings included a monthly review of the risk register, governance oversight including a review of incidents and serious incidents and infection control issues , complaints, and safeguarding. A review of any new root cause analyses were discussed as well as new standard operating procedures.

Management of risk, issues and performance
Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

The trust had systems for identifying risks and plans to eliminate or reduce them.

Medical care (including older people's care)

The service had a risk register relating to the division of Weston, as well as a register for Surgical and Medical issues which clearly identified individual risks, control, measures and the actions taken to mitigate them. Risks were graded and monitored at monthly meetings.

The service monitored the effectiveness of care, treatment and performance. The service took part in national and local audits and evidence of improvements or trends were monitored.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

During the inspection we saw records were kept securely. Paper records were stored in lockable trolleys or in rooms with restricted access.

At our last inspection staff told us they were using two systems to access emails, which they told us was both frustrating, time consuming and there was a risk of information not being received in a timely manner. We found that this had been resolved, and staff could also easily access the trust intranet, which provided all policies and guidelines. Staff were able to tell us how they would make referrals to the safeguarding team or other specialists through the intranet.

Information held in the trust electronic system was used by specialist teams.

Staff told us patient information was clear and records were easy to use. Electronic systems were used to monitor observations, and this provided 'real time' information.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Following the merger of the two organisations, and the implementation of Healthy Weston, a number of engagement opportunities had been offered to staff and patients to plan and mange services. All staff we spoke with were aware of plans for the hospital in the future. Most staff we spoke with felt the trust had engaged well with them regarding the plans. Medical staff told us they had been engaged in every meeting from the conception of the idea and had been encouraged to put forward ideas. They told us Healthy Weston would enable Weston to provide high quality, safe and stable care focusing on care, with improved access, and a centre of excellence for older people's care.

We saw all staff were encouraged to attend briefing sessions on the future of the hospital and encouraged to contribute their thoughts and ideas. These sessions were recorded for staff members who were unable to attend them.

Staff told us they felt hope for the future of the hospital and were engaged with the process of transforming the service.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Weston medical wards had recently gone through a process of ward accreditation. Board accreditation is an improvement tool that assesses the quality of care received by patients in hospital. It is used to improve the quality of

Medical care (including older people's care)

care received by patients. The programme involved an assessment team visiting each clinical area for the day and talking with staff and patients whilst also undertaking a view of the clinical environment to gain a comprehensive assessment of care being undertaken; this was then measured against identified care standards. Each ward area achieved an accreditation standard which was displayed in the ward for patients, carers and staff to see. At the time of the inspection two medical wards had achieved a 'silver' status, and two were not accredited as improvements were required. Staff spoke positively about the experience, found it supportive, and encouraged a healthy competition between the wards.

Ward managers also told us they were undertaking the collaborative learning in practice (CLiP) model of learning with their teams. CLiP was a coaching model, where staff were encouraged to take the lead in their practice, caring for their own patient group and supporting the learning through identified daily learning outcomes. The student themselves were coached by registered staff with additional mentor support.

ID	Source/Event (e.g. name of inspection)	Requirement or recommendation?	Details of requirement / recommendation	Actions to address gaps	Target date for completion	Lead	Exec	Status	Evidence / update provided (Sept 2022)
22-08/MEDW/1.0	Weston Medical Services Inspection (August 2022)	Requirement	The trust must ensure patients admitted to the surgical day case unit comply with the trust's operating standard. [Regulation 12: Safe Care and Treatment].	Ward teams to proactively identify patients who are appropriate for Surgical Day Case Unit and add "tag" to Careflow, at the daily board round, to enable easy identification of a list of patients who can move as and when beds become available if required.	31st October 2022 Extended to 31st December 2022	Head of Nursing / Deputy Head of Nursing		Behind schedule but significant progress made	Following a workshop to review how to better identify patients to be moved into escalation beds, the following has been agreed/actioned: 1. The SDCU Escalation Capacity SOP is fit for purpose and does not exclude the potential to identify patients from the medical and surgical take in ED 2. SOP shared again with nursing and medical teams to reiterate the inclusion and exclusion criteria 3. Patients to be identified by the multidisciplinary team on board rounds 4. Board rounds are being supported by senior management and matrons in week commencing 28.11.2022 to assist with embedding the process of appropriate patient identification 5. Digital team to be approached regarding the use of eflow to highlight identified patients The potential to use 'tags' on Careflow has been explored but it has been decided that the use may not be appropriate for this purpose due to them remaining on the patient record on discharge
22-08/MEDW/2.0	Weston Medical Services Inspection (August 2022)	Requirement	The trust must ensure the environment in the surgical day case unit is fit for purpose for patients staying overnight, including access to lockers, showers, and bedside chairs, and suitable lighting. [Regulation 15: Environment and equipment].	Head of Nursing to review alternative solutions for patient belongings in advance of estates action plan.	15th October 2022	Head of Nursing / Deputy Head of Nursing		Complete (awaiting evidence to support)	DDoN reviewed SDCU with Associate Director of Estates in October. 4 patient lockers placed in bed spaces that space allows. Access to additional lockers in old waiting room which is co-located next to day case for patients if they wish to use them. Portable lamps in place at the nurses station and nurses carry small torches which enables overhead light to be switched off. Patients are given the option to utilise the shower on Cheddar Ward which is reinforced by the ward manager and matron. There have been no further complaints the CQC inspection. **Evidence required to support closure** - Copy of estates action plan (awaited)
22-08/MEDW/2.1	Weston Medical Services Inspection (August 2022)	Requirement	The trust must ensure the environment in the surgical day case unit is fit for purpose for patients staying overnight, including access to lockers, showers, and bedside chairs, and suitable lighting. [Regulation 15: Environment and equipment].	Review the area with estates to identify any further works required to improve the environment. A completed action plan from estates will be in place for monitoring by end of December 2022.	31st December 2022	Head of Nursing / Deputy Head of Nursing		Complete (awaiting evidence to support)	DDoN reviewed SDCU with Associate Director of Estates in October. 4 patient lockers placed in bed spaces that space allows. Access to additional lockers in old waiting room which is co-located next to day case for patients if they wish to use them. Portable lamps in place at the nurses station and nurses carry small torches which enables overhead light to be switched off. Patients are given the option to utilise the shower on Cheddar Ward which is reinforced by the ward manager and matron. There have been no further complaints the CQC inspection. **Evidence required to support closure** - Copy of estates action plan (awaited)
22-08/MEDW/3.0	Weston Medical Services Inspection (August 2022)	Requirement	The trust must ensure venous thromboembolism (VTE) risk assessments are completed and recorded according to trust policy so that the correct prescribing of prophylaxis can occur. [Regulation 12: Safe care and treatment].	Continue with training of clinical staff on completion of VTE risk assessments on the current electronic platform (Careflow EPR) Monitor VTE compliance through monthly Clinical Quality Committee. This will be overseen by the Clinical Chair. The implementation of an electronic prescribing system with associated forced completion of VTE risk assessment should see compliance with this important safety task rise significantly. Implementation of these systems in other trusts has seen compliance rise to well above the 95% expected minimum compliance level. The target date for implementation at the Weston site (which is a pilot site for this project) is March 2023.	31st March 2023	Clinical Chair		On track	Training and completion of VTE assessments on Careflow continues. Further information requested as to whether compliance is being monitored and any specific local actions/improvements that may have taken place.
22-08/MEDW/4.0	Weston Medical Services Inspection (August 2022)	Recommendation	The trust should consider ways in which mandatory training for moving and handling can be more accessible for staff based at Weston General Hospital.	When the trainer is in place a training plan will be developed and shared with all relevant teams to enable them to support staff to attend manual handling training with the objective for WGH to be compliant by end of January 2023.	31st January 2023	Head of Nursing / Deputy Head of Nursing		On track	A new manual handling trainer has commenced in post and will be delivering face to face training at Weston from mid-December. Current manual handling training compliance is 79% (October 2022) which is a slight improvement on previous months
22-08/MEDW/5.0	Weston Medical Services Inspection (August 2022)	Recommendation	The Trust should consider ways in which it can improve the resilience of the nurse staffing model to decrease the need for moving nursing staff between wards	HRBP and Recruitment Lead setting up monthly career drop in sessions to sign post career development and to capture / identify issues early to improve retention.	30th November 2022	HR Business Partner / Head of Nursing		Complete (awaiting evidence to support)	Drop in sessions held in Rafters in October which were well attended (around 15 people to each session). Other listening events scheduled under the 'Lived Experiences' action plan will also address these issues. **Evidence required to support closure** - Lived Experiences action plan outlining comprehensive actions to address issues (received) - Any feedback and confirmation that these sessions are to continue (awaited)
22-08/MEDW/5.1	Weston Medical Services Inspection (August 2022)	Recommendation	The Trust should consider ways in which it can improve the resilience of the nurse staffing model to decrease the need for moving nursing staff between wards	Continue to develop and implement retention strategy.	31st October 2022	HR Business Partner / Head of Nursing		On track	Retention meetings are scheduled and two have taken place reviewing the draft strategy. There is a specific retention action plan for Weston. Actions include; improved communications onsite, listening events, focus groups with staff on wards where we are aware of issues and educational sessions around ED&I for our managers and staff. Training available for managers in all HR processes so that concerns/poor behaviours can be managed effectively in line with Trust values.

Reference	Source	Type	Recommendation	Action	Due Date	Owner		Status	Update
22-08/MEDW/5.2	Weston Medical Services Inspection (August 2022)	Recommendation	The Trust should consider ways in which it can improve the resilience of the nurse staffing model to decrease the need for moving nursing staff between wards	Implement wellbeing hub.	31st March 2023	HR Business Partner / Head of Nursing		On track	The wellbeing hub is on track to be in place and plans are being approved currently
22-08/MEDW/5.3	Weston Medical Services Inspection (August 2022)	Recommendation	The Trust should consider ways in which it can improve the resilience of the nurse staffing model to decrease the need for moving nursing staff between wards	Establish "itchy feet" sessions to catch staff in the early stages of thinking of leaving.	30th November 2022	HR Business Partner / Head of Nursing		Complete (awaiting evidence to support)	Two sessions held over w/c 10th and 17th October. Other listening events scheduled under the 'Lived Experiences' action plan will also address these issues. **Evidence required to support closure** - Lived Experiences action plan outlining comprehensive actions to address issues (received) - Any feedback and confirmation that these sessions are to continue (awaited)
22-08/MEDW/6.0	Weston Medical Services Inspection (August 2022)	Recommendation	The trust should revisit the planned number of medical staff out of hours to ensure it meets the needs of patients and does not impact patient flow.	Medical junior rota to be reviewed to ensure it allows for enough staff with the right skills to meet the demand out of hours	30th November 2022	Clinical Chair		Complete (awaiting evidence to support)	Junior doctor rota reviewed and recruitment ongoing. We are engaging with juniors to ensure a favourable outcome of upcoming HEE visit (March 23) to ensure return of trainees. **Evidence required to support closure** - Although the rota has been reviewed, need to understand whether there are any gaps/issues and whether anything has changed. Also what is being done to ensure that the upcoming HEE visit will be sucessful?
22-08/MEDW/6.1	Weston Medical Services Inspection (August 2022)	Recommendation	The trust should revisit the planned number of medical staff out of hours to ensure it meets the needs of patients and does not impact patient flow.	Develop Hospital at Night project which will improve the resilience of the medical staffing out of hours.	31st December 2022	Clinical Chair		On track	Ongoing as part of Healthy Weston 2
22-08/MEDW/7.0	Weston Medical Services Inspection (August 2022)	Recommendation	The trust should consider how to release time for ward managers and matrons to ensure they are able to carry out the management functions of their role more effectively.	HoN to reinforce expectations of supervisory status with all ward managers at the Professional Development Forum. The HoN/DHoN will have oversight of the monitoring tool and will review at extended matrons meeting. Current status (early October 2022) shows that ward managers are not being pulled into the numbers given that staffing has been amber/ green on site over the last few weeks.	12th October 2022	Head of Nursing / Deputy Head of Nursing		Complete (awaiting evidence to support)	DoN raised supervisory status at professional development forum in October 2022. We continue to monitor number of episodes that ward managers are pulled into numbers which are kept to a minimum. **Evidence required to support closure** - Copy of staffing numbers and how position is monitored (awaited)
22-08/MEDW/8.0	Weston Medical Services Inspection (August 2022)	Recommendation	The trust should ensure all locum staff have a full induction prior to working on wards	Develop an internal departmental induction checklist for locum doctors to be completed as part of the orientation to their ward or department. This will be monitored via spot check audits being carried out by the rota coordinators.	31st October 2022 Extended to 31st December 2022	Deputy Hospital Director		Behind schedule but significant progress made	An induction checklist had been drafted and is with senior clinical team for review prior to roll out to new bank and agency doctors along with the provision of the induction booklet to all. Aim to have final version agreed by the end of the 1st week in December.
22-08/MEDW/8.1	Weston Medical Services Inspection (August 2022)	Recommendation	The trust should ensure all locum staff have a full induction prior to working on wards	Ensure hospital induction booklet is shared with all new agency and locum doctors. This will be included on the induction checklist and monitored via the same spot check audits as described above.	21st October 2022 Extended to 31st December 2022	Deputy Hospital Director		Behind schedule but significant progress made	Induction booklet currently being reviewed to ensure it is up to date and provision of a copy of the booklet will be rolled out at the same time as the Induction Checklist.
22-08/MEDW/9.0	Weston Medical Services Inspection (August 2022)	Recommendation	The trust should ensure it has accurate data regarding nurse staffing appraisals.	HR to send reports to Ward managers in order for them to ensure that the data for their area is correct on ESR.	30th November 2022	HR Business Partner		Complete (awaiting evidence to support)	Managers have reports of compliance levels in their areas and have been working with the ESR team to ensure that staffing hierarchies are correct in all areas. **Evidence required to support closure** - Copy of example report to staff (awaited) - Confirmation as to whether this process continues (awaited)
22-08/MEDW/10.0	Weston Medical Services Inspection (August 2022)	Recommendation	The trust should consider ways in which patient experience is a focus of, and can be factored into conversations about operational pressures.	Three-part flow project to be implemented and led by the clinical site team. This will consist of three workstreams: rhythm of the day meetings, EMM daily flow workbook, and reviewing and resetting flow roles and responsibilities. The rhythm of the day meeting will work to the ethos of 'right person, right action, right time' which will keep patient's best interests at the heart of the discussion. This will be monitored by a designated lead within the clinical site team using a QI approach.	31st October 2022	Deputy Hospital Director / Assistant Director of Ops		Complete (awaiting evidence to support)	This process has been implemented and is now well embedded, with daily workbooks being followed and updated at each flow meeting throughout the day, including discussions around 'right person, right action, right time'. **Evidence required to support closure** - Example evidence of implementation of the above tools etc. (awaited)

| 22-08/MEDW/11.0+ | Weston Medical Services Inspection (August 2022) | Initial feedback letter | Whilst there is no formal requirement or recomendation within the CQC report, the leadership team at WGH have decided to include actions contained within a seperate lived experiences action plan to address issues of micro agressive behaviour, unkindness and racist behaviour that was identified by the Trust, and subsequently articulated to the CQC at the point of inspection, through the F2SU guardians. | Finalise plan with Organisational Development, F2SU and staff input. Monitor plan through WGH People Committee with escalation to Weston triumvirate in the absence of required progress. Impact/success criteria to form part of consolidated lived experiences plan. | 30th November 2022 | HR Business Partner and Hospital Director | | Complete (awaiting evidence to support) | The Lived Experiences action plan has been tested via the F2SU Guardians at WGH, has been presented at the Trust People Committee and will be presented at the first newly established Listening Action group meeting due to take place at Weston on January 10th 2023.

There will have been a number of listening events by that time, either through specific Ward based listening led by Jo Poole, Director of Nursing, or via dedicated sessions led by Judith Hernandez, Hospital Director. The purpose of the Listening Action Committee is to bring together experiences and co-design solutions, developing the current plan further.

Evidence required to support closure
- Lived Experiences action plan outlining comprehensive actions to address issues (received)
- Would be good to consider how impact can be demonstarted before full closure (can we link to monitoring of retention figures) |

NHS

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

Meeting of the Trust Board of Directors in public – 13 December 2022

Reporting Committee	Quality and Outcomes Committee – Meeting held 24th November 2022
Chaired By	Julian Dennis, Non-Executive Director
Executive Lead	Jane Farrell, Interim Chief Operating Officer
Deirdre Fowler, Chief Nurse and Midwife
Stuart Walker, Chef Medical Officer

For Information

From Matters Arising.

A SOP is being prepared setting out the principles of clinical (doctor and nurse) responsibilities for patients visiting A&E. Clinical input is being sought. This will come back to QOC in early 2023.

There was an update on how the discharge lounge is being used. Slow to begin with, but now being used for up to 25% of discharges, which is about the norm for peer hospitals. Jane Farrell is looking into the discharge lounge being open 7 days a week and is supporting the Weston General Hospital scheme which isn't as advanced. Progress reporting will be included with information on the progress of other initiatives.

An interim model for the development of the stroke service is being put in place to account for the advanced practitioners still being in training and the reluctance of UHBW staff, who currently provide the service, to relocate to NBT. QOC asked for further updates on progress to come to a future QOC meeting.

Clinical and Service Quality Compliance and Performance.

Comprehensive safe nurse staffing reports were presented using the national validated tool which provides further granularity and understanding to the staffing of individual hospital areas.

The report highlights the value of Nurse Advocates in supporting nurses in the workplace.

QOC discussed the reporting in the IQPR and actions linked to mitigating risks it highlights. QOC was satisfied that these are appropriately captured in the risk registers. Risks having recently been updated and reassigned to the various board subcommittees.

Benchmarking, Learning and Quality Improvement.

Following the serious incidents reviews paper there was a discussion on the reporting of incidental findings (diagnostic findings not requested), which has been discussed at QOC on a number of occasions with actions supporting the development of processes to reduce the risk of findings being lost or overlooked.

University Hospitals
Bristol and Weston
NHS Foundation Trust

An MDT workshop has been arranged to discuss this issue and how further mitigations to the risk might be identified and put in place.

Missed medications: Nationally approved VTE assessments forms are being used and action was put in place to review these forms to ensure that the correct information is in place to mitigate the risk of missed medications, for example the restarting of a patients usual anticoagulation following surgery.

It was also reported that UHBW is the third highest reporter of incidents, suggesting UHBW has an open reporting and learning culture.

A rise in complaints was noted in the IQPR and Chris Swonnell agreed to submit the SBAR report, which has been tabled at a SLT meeting, to be on the agenda of the next QOC meeting December, to review in greater detail the process of responding to complaints.

Sue Balcombe raised the issue of Ambulance hand overs and whether patients were being unnecessarily conveyed to A&E. Jane Farrell will provide more information to QOC.

Stuart Metcalf presented the annual clinical audit report. A new software package is being implemented that will allow better management of audits, allowing for better management of audits that are implemented following risk identification or following incidents.

Key Decisions and Actions

A report to come back to QOC on management of patients with eating disorders, for example celiac disease.

Agreed to action update on progress with discharge lounge.

Agreed to take staff establishment numbers in A&E and resolved that this issue should be discussed at main board.

Agreed action to review VTE forms to ensure that the correct information, for example restarting medication, is asked for on the form.

Date of next meeting:	22 December 2022

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

Meeting of the Board of Directors in Public on Tuesday 13ᵗʰ December 2022

Report Title	Leadership and Oversight Priorities Report
Report Author	James Rabbits, Head of Performance Reporting
Executive Lead	Jane Farrell, Interim Chief Operating Officer, Deirdre Fowler, Chief Nurse and Midwife, Stuart Walker, Chief Medical Officer and Emma Wood, Chief People Officer

1. Report Summary
To provide an overview of the Trust's performance on quality and access standards which provides a monthly update of the key performance metrics for 2022/2023.

Two reports have been submitted to the Board:

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) the full performance report for Board reference only (this is in the Document Library for Board members and is on the Trust's website for public inspection). |

| 2. Key points to note
(Including decisions taken) |
|---|
| |

| 3. Risks
If this risk is on a formal risk register, please provide the risk ID/number. |
|---|
| The risks associated with this report include: |

| 4. Advice and Recommendations
(Support and Board/Committee decisions requested): |
|---|
| • This report is for **Assurance.** |

| 5. History of the paper
Please include details of where paper has <u>previously</u> been received.	
[Name of Committee/Group/Board]	[Insert Date paper was received]
Quality and Outcomes Committee	Friday 25ᵗʰ December 2022

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Leadership Priorities and Oversight Framework

November 2022

Leadership Priorities and Oversight Framework

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 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
Quality and Safety	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	9
Our People	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.	15
Timely Care	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.	23
Weston Renewal	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
Financial Performance	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.	37

Leadership Priorities and Oversight Framework

Reporting Month: October 2022

EXECUTIVE SUMMARY

Quality and Safety

The Summary Hospital Mortality Indicator for UHBW for the 12 months July 2021 to June 2022 was 100.3 (100.5 to May 2022) and in NHS Digital's "as expected" category. This continues to be slightly above the overall national peer group of English NHS trusts of 100.

Infection Prevention & Control are re-focusing on indwelling vascular device management as a focus on improvements in care. A regional collaborative led by NHS England/Improvement (NHSE/I) for improved vascular device management linked to reducing bacteraemia's associated with vascular access device. An improvement plan is under development and an observation of vascular device management has been undertaken and UHBW are awaiting the findings.

Venous Thromboembolism (VTE) risk assessment compliance remains below the required standard of 95% compliance (84% in October 2022, 82.8% average year to date). Recruitment to a new VTE Lead for the trust will commence shortly with the role being open to a range of healthcare professions. The Careflow Medicines Management system (a new electronic prescribing medicines administration system) is due to start implementation from April 2023 and will provide opportunity to review how electronic VTE risk assessments can be linked to prescribing of thromboprophylaxsis.

Our People

The Trust is committed to improving colleague experience and this is underpinned by a number of programmes of work aligned to the people strategy specifically focusing on 'Looking after our people' in terms of how we are keeping people safe and prioritising wellbeing and 'Inclusion and Belonging' through a commitment to inclusion in everything we do and ensuring the staff voice is at the heart of our decision making process

Looking after our people:
The Trust has a capital programme which has seen almost £1million invested in staff rest areas and most recently the creation of a dedicated wellbeing hub at our Weston site, due for completion in April 2023. This hub will complement and consolidate our holistic wellbeing offer which our staff stated they were 'satisfied' with in our latest survey results. In addition we are ensuring we keep our people safe through a robust plan to reduce violence and aggression managed by our multidisciplinary Managing Violence and Aggression Committee and we have commenced an 18 month programme of work designed to reduce bullying and harassment through the implementation of a 'just learning' approach to our HR policies and guidance creating a 'nip it in the bud' culture that will encompass all staff groups.

(Continues on next slide)

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

EXECUTIVE SUMMARY (continued)

Our People - continued

We know from our surveys and other data sources that protected staff groups have a different, and often worst experience at work, and we have been working with our divisions to use the data to improve our position with our WRES and WDES data, model employer and race disparity ratios. However; in terms of our staff seeing a change, and this impacting in real time on their experience, we have had a number of successful celebration events including, Pride and black history month encouraging these voices to come forward and create the inclusive culture we are striving for. We have been delighted in the launch of our Bridges programme, a programme designed specifically for our BAME staff, (Bands 1-5) which launched in October 2022 with 47 participants across two cohorts. This programme has been developed in partnership with education colleagues and is aligned to the 'compassionate and Inclusive' leadership programme which will be mandatory for all leaders and managers from 2023 consolidating the areas of work in this update and ensuring this is embedded in leadership practice.

A workforce plan is being created for 2023 which will seek to ensure we consider the funding needed for career development and the costs of staff turnover.

The Trust's vacancy rate has increased further this month to 7.7% and remains above target (which is less than 7%), however, it has reduced in the registered nursing and midwifery group and medical and dental. There have been increases in the unregistered nurse staff group and also ancillary which increased by 2%.

Turnover for the 12-month period remained static at 15.7% in October 2022 compared with updated figures for the previous month. Registered Nursing turnover increased to 15% and remains above target. Nursing B5 turnover has increased and remains a hotspot at 18.1%.

Agency usage remains slightly above the 1.8% target but has reduced to 1.9%. Bank usage has increased to 5.8% but is below the 6.3% target.

Overall compliance for Core Skills (mandatory and statutory training) remained static at 87%. Despite previous improvements, in October eight of the core skills programmes decreased by 1%, with only Moving and Handling increasing (by 2% from the previous month) to 69%. Compliance remaining static in October is largely impacted by the August large intake of medical and dental new starters. This group has moved into compliance reporting stage following a grace period of the first few months. Two core skills continue to be in the 60% compliance range and accordingly are under close review for compliance improvement action planning. These are Moving and Handling and Resuscitation.

NHS

University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

EXECUTIVE SUMMARY (continued)

Timely Care

At the end of October 2022, there were 39 patients waiting over 104 weeks. The number of patients waiting over 104 weeks at the end of November 2022 is forecast to be 33. This forecast accounts for patients that have tipped over the threshold of 104 weeks waiting in the month. The majority of these patients are clinically complex (22), with a smaller proportion having elected to delay their treatment (8), or that have been accepted for transfer to another NHS Trust and are awaiting a date for their surgery (3). There is a considerable focus on expediting the treatment of these remaining long waiting patients. The 78 week care backlog is relatively stable with 763 patients waiting over this threshold at the end of October 2022, and plans for improvement are being developed with the clinical divisions.

Cancer performance continues to be highly challenged with an increase in two-week wait waiting times, resulting in an increase in the number of patients waiting over 62 days. The most significant growth relates to Lower GI, Skin and Gynaecology, which have been impacted by an increase in demand and short and long term sickness within the clinical teams. A recovery plan has been formulated and progress is being reviewed on a weekly basis. The number of patients waiting over 62 days is reducing week-on-week across the three specialties. However, Skin remains the most significant performance risk given the scale of the backlog and difficulty recruiting to locum posts.

Emergency Department pressures continue in October 2022, with the Bristol Royal Infirmary and Weston General Hospital reporting 89.8% and 85.4% of all ambulance handovers taking more than 15 minutes. This compares to 75.4% across the South West. UHBW also reported 941 twelve-hour trolley waits in October.

The Every Minute Matters (EMM) programme continues and its aim is to ensure that every day contributes meaningfully to progressing patient's care plans, so that no patient is in hospital longer than they need to be. All adult inpatient wards will be taken through the EMM programme in three phases between July 2022 - January 2023.

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 will be undertaken to ensure that the new arrangements have bedded in and support the delivery on the next phase of integration.

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

EXECUTIVE SUMMARY (continued)

Financial Performance

At the end of October there is a net I&E deficit of £3,525k against a planned deficit of £3,222k (excluding technical items). Total operating income is £11,121k favourable to plan due to higher than planned income from activities of £14,629, offset by lower than planned other operating income of £3,508k. Operating expenses are £12,375k adverse to plan primarily due to higher pay expenditure (£17,816k adverse), offset by lower than planned depreciation expenditure of £998k and lower than planned other non-pay expenditure of £4,443k.

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 £8,410k or 94% of plan. Full year forecast delivery is £15,675k or 105% of plan of which recurrent savings are £7,876k, 53% 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

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 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	Risks: 800 and 4651	Actual	6	8	12	13	7	9	6					
		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	Risks: 800 and 4651	Actual	0	0	0	0	0	1	0					
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
VTE Risk Assmessment	Risk: 720	Actual	81.3%	81.9%	82.4%	82.5%	83.7%	83.5%	84.0%					
		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%					
		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%					
		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%	5.3%					
		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%					
		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					
		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

Reporting Month: October 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					
		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					
		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					
		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%						
		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%					
		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					
		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					
		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%					
		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%					
		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%					
		Trajectory												
Every Minute Matters: No Criteria To Reside Average Beds Occupied	Risk: 423	Actual	147	197	182	196	214	212	228					
		Trajectory												

Leadership Priorities and Oversight Framework

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: November 2022

CORPORATE RISKS

ID	Corporate Risks Timeline	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Nov 2022		6-month Forecast	Target
801	Risk that the requirements of the NHS System Oversight Framework 2021/22 are not met	20	20	20	20	20	↔	↔	8
910	Risk that patients in ED do not receive timely and effective care	20	20	20	20	20	↔	↓ 12	6
423	Risk that demand for inpatient admission exceeds available bed capacity	20	20	20	20	20	↔	↔	8
2244	Risk that long waits for Outpatient follow-up appointments results in harm to patients	16	20	20	20	20	↔	↔	4
5477	Risk that nurse staffing levels will not be met	20	20	20	20	20	↔	↔	6
1595	Risk that patients suffering from mental health disorders are in Adult ED for prolonged periods	9	16	20	20	20	↔	↔	8
972	Risk that the Trust is non-compliant with Fire Safety Regulations	16	16	16	16	16	↔	↔	4
1035	Risk that operations are cancelled and performance targets breached	20	16	16	16	16	↔	↔	4
2264	Risk that delays in commencing induction of labour increases perinatal morbidity and mortality	15	16	16	16	16	↔	↔	4
6145	Risk that the new national guidance on HCSW duties will impact the quality of care delivered					16	NEW	TBC	6
4700	Risk that a patient may deteriorate whilst being held in the ambulance bay	15	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	15	↔	↔	8
588	Risk that patient deterioration is not identified and responded to	12	12	12	15	15	↔	↓ 12	5
422	Risk that patients and staff experience violent or aggressive behaviour	12	12	12	12	12	↔	↔	12
674	Risk that use of agencies who are non-compliant with national pricing caps does not reduce	12	12	12	12	12	↔	↔	4
793	Risk that staff experience work-related stress	12	12	12	12	12	↔	↔	9
921	Risk that staff are not fully compliant with their Essential Training	12	12	12	12	12	↔	↓ 9	6
1598	Risk that patients suffer harm or injury from preventable falls	12	12	12	12	12	↔	↔	8
2639	Risk that staff are not fully compliant with their appraisal requirements	12	12	12	12	12	↔	↓ 9	6
3369	Risk that the UoB relationship will impact the quality of the teaching environment	12	12	12	12	12	↔	↔	8
4539	Risk that Trust performance and delivery of corporate objectives may be adversely affected	12	12	12	12	12	↔	↓ 9	4
4748	Risk that rates of substantive clinical staffing across WGH are insufficient	12	12	12	12	12	↔	↔	8
2614	Risk that patient care and experience is affected due to being cared for in extra capacity	8	10	10	12	12	↑	↔	4
800	Risk that Trust operations are negatively impacted by (COVID-19) pandemic	12	15	15	9	9	↓	↔	9
4651	Risk that Covid-19 is transmitted between patients and staff within the Trust	20	20	20	12	9	↓	↔	9
2695	Risk that the Trust fails to establish and maintain robust governance processes	6	6	9	9	9	↔	↓ 6	6
291	Risk that critical IT equipment fails and cannot be restored	8	8	8	8	8	↔	↔	4
720	Risk that VTE risk assessments are not completed	8	8	8	8	8	↔		4

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: November 2022

CORPORATE RISKS

Corporate Risks by Domain and Risk Level
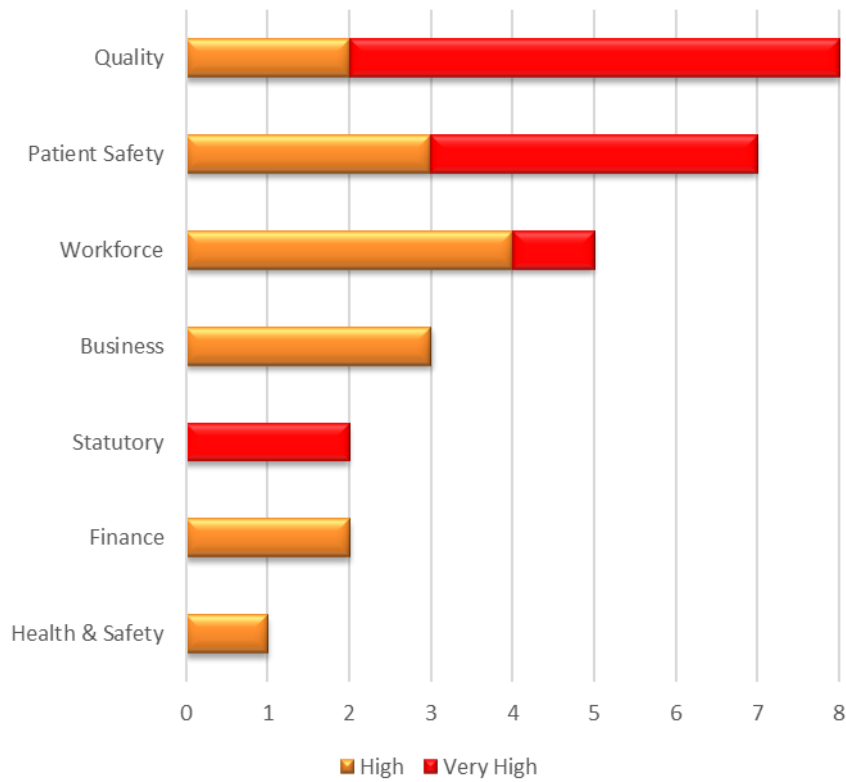
Corporate Risks by Domain

Leadership Priorities and Oversight Framework
Public Board   12. Leadership and Oversight Priorities Report

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: June 2022

STANDARD	QUALITY AND SAFETY: MORTALITY - SHMI (SUMMARY HOSPITAL-LEVEL MORTALITY INDICATOR)
Background:	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".
Performance:	The Summary Hospital Mortality Indicator for UHBW for the 12 months July 2021 to June 2022 was 100.2 and in NHS Digital's "as expected" category.
National Data:	UHBW's total is slightly above the overall national peer group of English NHS trusts of 100.
Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts. In the previous Quality and Outcomes Committee, a request was made to include a Statistical Process Control (SPC) run chart. This is now included on the next page. The limits have only been applied from September 2021 when the SHMI appears to have stabilised.
Risks:	tbc

Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Jul-21	2,025	2,085	97.1
Aug-21	2,055	2,095	98.1
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

Leadership Priorities and Oversight Framework

Reporting Month: June 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

Leadership Priorities and Oversight Framework

Public Board

12. Leadership and Oversight Practices Report

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

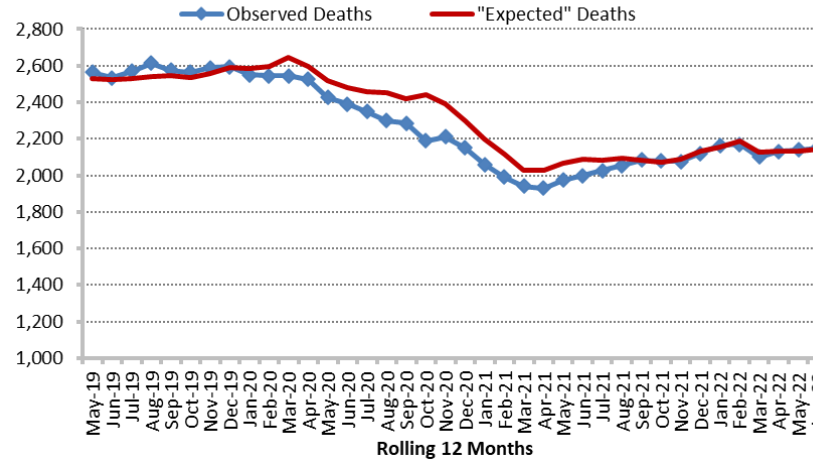| STANDARD	QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
Background:	For this section, two measures are reported: Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA). HOHA cases include patients where C.Difficile is detected from Day 3 after admission. 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.
Performance:	There have been four Trust HOHA and two COHA C.Difficile cases reported in October 2022. The reported YTD in 2022/23 is 49 Hospital Onset cases and 61 Hospital Attributable cases. There were zero trust-apportioned MRSA case in October 2022. Therefore one trust apportioned case in 2022 / 23.
National Data:	See next page.
Actions:	**C.Difficile** Increased cases have bee identified across both Bristol and Weston sites. However, there has been a decrease in HOHA cases over the month of October when compared to September 2022. A structured collaboration commenced in the September 2021 is on going across the local provider organisations facilitated by the CCG and a regional NHS England quality improvement collaborative is on going, with close collaboration with the ICS which plan to start post infection reviews of community acquired C.difficile cases in the nearer future. **MRSA** 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. 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 bacteremias. A regional collaborative led by NHS England/Improvement (NHSE/I) for improved vascular device management linked to reducing bacteraemia's associated has been established. An improvement plan is under development at a local level. An observation of vascular device management has been undertaken and the Infection Prevention Team are awaiting the findings.
Risks:	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

Page 250 of 345

Leadership Priorities and Oversight Framework

Reporting Month: October 2022

STANDARD	QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA

C.Difficile

	Oct-22		2022/2023		2021/2022	
	HA	HO	HA	HO	HA	HO
Medicine	1	0	15	12	32	31
Specialised Services	2	1	6	5	16	12
Surgery	0	0	7	6	13	13
Weston	2	2	22	20	19	14
Women's and Children's	1	1	8	6	12	12
Other	0	0	3	0	3	0
UHBW TOTAL	**6**	**4**	**61**	**49**	**95**	**82**

Benchmarking - C.Diff Rate Per 1000 Beddays - October 2021 to September 2022
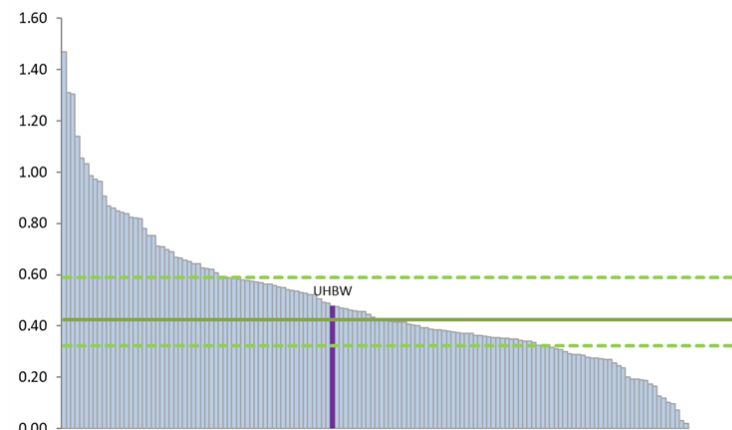
MRSA

	Oct-22	2022/2023	2021/2022
Medicine	0	0	6
Specialised Services	0	0	0
Surgery	0	1	0
Weston	0	0	0
Women's and Children's	0	0	1
Other	0	0	0
UHBW TOTAL	**0**	**1**	**7**

Benchmarking - MRSA Cases Per 1000 Beddays - October 2021 to September 2022

Page 251 of 345

Leadership Priorities and Oversight Framework

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

STANDARD	QUALITY AND SAFETY: VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT
Background:	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%.
Performance:	Recent VTE risk assessment compliance remains relatively static at 84.0% (excluding Weston due to data feed issues).
Actions:	• Table outlining VTE problems and aims (advising on progress to date and outstanding actions required) generated by Patient Safety Improvement Team, and shared with Associate Medical Director. Meeting planned for 17th November to discuss. • Risk 720 Risk that VTE risk assessments are not completed, current score is 8 high risk, is currently being updated to reflect work being undertaken and work required to support improvements to VTE prevention. • VTE Lead Role Job Description being developed to support recruitment of new VTE Lead. • Discussions with Digital Services regarding Careflow Medicines Management system and the correlation with VTE Risk Assessments to support improved compliance.
Risks:	720: Risk that VTE risk assessments are not completed

BRISTOL Adult Inpatients who Received a VTE Risk Assessment

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

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

Division	SubDivision	Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Chemical Pathology	1	1	100.0%
	Radiology	24	24	100.0%
Diagnostics and Therapies Total		**25**	**25**	**100.0%**
Medicine	Medicine	2,033	2,639	77.0%
Medicine Total		**2,033**	**2,639**	**77.0%**
Specialised Services	BHOC	2,253	2,368	95.1%
	Cardiac	366	501	73.1%
Specialised Services Total		**2,619**	**2,869**	**91.3%**
Surgery	Anaesthetics	11	11	100.0%
	Dental Services	80	121	66.1%
	ENT & Thoracics	201	336	59.8%
	GI Surgery	970	1,199	80.9%
	Ophthalmology	268	272	98.5%
	Trauma & Orthopaedics	124	160	77.5%
Surgery Total		**1,654**	**2,099**	**78.8%**
Women's and Children's	Children's Services	19	29	65.5%
	Women's Services	1,450	1,626	89.2%
Women's and Children's Total		**1,469**	**1,655**	**88.8%**
Grand Total		**7,800**	**9,287**	**84.0%**

Leadership Priorities and Oversight Framework

Reporting Month: October 2022

STANDARD	OUR PEOPLE: WORKFORCE AGENCY USAGE
Performance:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets (including Weston) for 2020/21. The maximum agency usage rate has been set at 1.8%. Agency usage reduced by 26.9 FTE to 1.9%. There were increases in three divisions, with the largest increase seen in Surgery, increasing to 43.4 FTE from 34.2 FTE in the previous month. There were reductions within three divisions, with the largest reduction seen in Trust Services, reducing to 6.6 FTE from 36.1 FTE in the previous month.
Actions:	• There were 84 new starters across the bank in October consisting of the following: o 14 Admin and Clerical staff inclusive of 5 reappointments o 13 Cleaning and Catering staff inclusive of 3 reappointments o 3 Porters inclusive of 1 reappointment o 31 Registered Nurses inclusive of 30 reappointments o 4 Allied Health Professionals o 19 Healthcare Support Workers inclusive of 15 reappointments • The Emergency Department has introduced a temporary measure of allocate on arrival 50% enhancement for all clinical shifts worked with an aim of increasing bank fill in this area. • The Trust continues to encourage "block bookings" to reduce the use of last minute, non-framework reliance. • Active recruitment continues to substantive medical roles in Weston General Hospital to drive down the demand for high-cost agency usage. • The Trust continues to offer paid travel time for clinical staff as an incentive to encourage staff to pick up bank shifts at Weston. • Work continues both at system and Trust level to reduce high-cost agency usage with the start of 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.
Risks:	674: Risk that use of agencies who are non-compliant with national pricing caps does not reduce

Percentage Agency Usage

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

STANDARD	OUR PEOPLE: WORKFORCE STAFF TURNOVER
Performance:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The target is to have less than 15% turnover. Turnover for the 12-month period remained static at 15.7% in October 2022 compared with updated figures for the previous month. • Four divisions saw an increase whilst four divisions saw a reduction in turnover in comparison to the previous month. • The largest divisional increase was seen within Weston, where turnover increased by 0.9 percentage points to 17.3% compared with 16.4% the previous month. • The largest divisional reduction was seen within Diagnostics and Therapies, where turnover reduced by 1.1 percentage points to 16.6% compared with 17.7% the previous month.
Actions:	• A suite of exit process guidance has been developed and will launch in November 2022, this includes videos, a new style survey, and monthly reporting of exit data to divisions to address hotspots. The information draws on the themes of the People Strategy and focusses on each leaver having a voice and a story. The materials also focus on returning to UHBW in the future. • Exit data will be provided to divisional HRBP's on a monthly basis for them to draw on this data in their divisional performance reviews. • The top 4 reasons for leaving have remained static between May and October this year. Retention activity is therefore focussed on these areas. They are; lack of career development, car parking, flexible working and stress/burnout.
Risk:	Strategic Risk 2694: Risk that Trust is unable to retain members of the substantive workforce

Workforce Turnover Rate

Reporting Month: October 2022

STANDARD	OUR PEOPLE: WORKFORCE STAFF SICKNESS
Performance:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2021/22, including Weston. The target is to have a maximum 6.1% sickness rate. The red threshold is 0.5 percentage points over this. Sickness absence increased to 5.3% compared with 4.9% in the previous month, based on updated figures for both months. This figure is now combined with Covid related absence. • There was a reduction within one division, Women's and Children's, where sickness reduced to 4.5% from 4.7% the previous month. • There were increases all other eight divisions, the largest divisional increase was seen within Facilities and Estates, increasing to 8.4% from 6.2%. • There were reductions within two groups, Allied Health Professionals and Healthcare Scientists, both reducing by 0.1 percentage points, to 3.4% and 2.9% respectively, compared to the previous month. • There were increases within the remaining eight staff groups, the largest staff group increase was seen within Estates and Ancillary increasing to 9.4% from 6.9% compared to the previous month

Actions:	• A draft of the Supporting Attendance Policy has been circulated for wider feedback and is continuing to receive feedback from focus groups with staff and relevant staff networks.
	• Sickness absence case management is now being reported through divisional boards on a monthly basis, this enables the escalation of cases and early intervention for high-risk cases.
	• A new Workplace Adjustment passport has been created in order to enable smooth communications of adjustments as colleagues move throughout the trust. This will also enable a slicker approval process in support of the UHBW People strategy objective of making UHBW an excellent place to work.
	• The Trust Workplace Stress Policy (formerly Work-Related Stress) was reviewed by multidisciplinary stakeholders and will relaunch in November.
	• A Menopause Conference delivered on 18 October was attended by 79 colleagues. As part of the conference, attendees were informed that menopause related absence could now be captured in Healthroster for specific reasons:
	    • Anxiety/stress/depression/other psychiatric illnesses
	    • Other musculoskeletal problems
	    • Headache/Migraine
	    • Heart, cardiac & circulatory problems
	    • Genitourinary & gynaecological disorders
	This will allow data to be gathered and analysed to shape future offerings of support.
	
	…continued over page

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

STANDARD	OUR PEOPLE: WORKFORCE STAFF SICKNESS
Actions (continued):	• The National Staff Survey 3rd October – 25th November has launched with a robust and comprehensive communication plan across the organisation and locally in divisions. The current risk is low uptake of responses which is an indicator of lack of staff and leadership engagement. Staff Survey 2023 preliminary reporting will be available in January with formal reporting in March 2023, this is dependent on NHS Co Ordination Centre releasing the information. • 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 the first cohort programme commencing in November 2022 and the second cohort in February 2023. • The past twelve months has seen bimonthly exploration of each of the values. This will culminate with the delivery of Executive led videos which will be launched in November. The focus of the video suite is an executive reflection on each of the values.
Risks:	tbc

Sickness Rate

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

STANDARD	OUR PEOPLE: WORKFORCE STAFF VACANCY
Performance:	Vacancy levels are measured as the difference between the budgeted Full Time Equivalent (FTE) establishment and the actual Full Time Equivalent substantively employed figures, represented as a percentage, The Trust target is to have less than 7.0% vacancy. Overall vacancies increased to 7.7% (896.9 FTE) compared to 7.3% (843.7 FTE) in the previous month. • The largest divisional increase was seen in Surgery where vacancies increased to 230.5 FTE from 172.6 FTE in the previous month. Some of this movement will be due to the movement of some Weston cost centres into the division. • The largest divisional reduction was seen in Weston, where vacancies reduced to 59.1 FTE from 110.9 FTE the previous month. Some of this change will be due to the movement of some cost centres out of the division. • The largest staff group reduction was seen in Medical and Dental, where vacancies reduced to -1.8 FTE (over established) from 3.0 FTE the previous month. The staff group is back in and over established position. • The largest staff group increase was seen in Ancillary, where vacancies increased to 153.1 FTE from 128.3 FTE the previous month. • Consultant vacancy has reduced to 42.6 FTE (5.7%) from 44.5 FTE (5.9%) in the previous month. • Unregistered nursing vacancies can be broken down as follows: **Band / Vacancy FTE / Vacancy %** AfC Band 2 — 154.3 FTE — 20.2% AfC Band 3 — 35.7 FTE — 13.9% AfC Band 4 — -109.6 FTE — -187.8 • 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 position.
Actions:	Key updates to address the vacancy rate in the current period are as follows: • A Weston General Hospital recruitment open day was held to promote the Healthcare Support Worker (HCSW) role. 12 candidates with experience within the care sector were offered a position on the day. • 23 substantive HCSW started in the Trust during October and another 55 have been offered. 22 bank HCSW's also started last month and 67 bank HCSW's were appointed. • 17 new international nurses joined the Trust in October and 271 nurses have now received their NMC PIN since the programme began. • The Trust held a Newly Qualified Nurse Open Day with 29 attendees, which is the best attendance to a face-to-face in-house recruitment event since the beginning of the pandemic. Interviews are currently in progress with results to follow.

Inner table:

Band	Vacancy FTE	Vacancy %
AfC Band 2	154.3 FTE	20.2%
AfC Band 3	35.7 FTE	13.9%
AfC Band 4	-109.6 FTE	-187.8

Leadership Priorities and Oversight Framework

Reporting Month: October 2022

STANDARD	OUR PEOPLE: WORKFORCE STAFF VACANCY
Actions (continued):	• Four non-consultant grade doctors joined the Trust at our Weston site in the month of October and a further two were cleared for start dates in October. • During October the Trust offered a further 13 Clinical Fellows across the Weston site and 20 non-consultant grade doctors are currently going through pre-employment checks for the Weston site to support rota gaps. • As part of the collaborative international recruitment of AHP's with our system partners, the Radiology and Adult Therapies departments have started holding weekly interviews. So far, one Occupational Therapist and two Radiographers were appointed in October. • A proactive social media campaign is now underway to address the significant increase in ancillary vacancies together with a package of recruitment interventions to fast-track candidates through the recruitment process. • Following the successful pilot earlier in the year plans are now underway for a second admin and clerical recruitment open day with an aim of holding this in December to address the underlying vacancy position.
Risks:	Strategic Risk 737: Risk that the Trust is unable to recruit sufficient numbers of substantive staff

Vacancy Rate (Vacancy FTE as Percent of Funded FTE)

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

STANDARD	OUR PEOPLE: STAFF VACCINATION (Covid19 Booster and Seasonal Influenza)
Performance:	The 2022/2023 COVID-19 Booster Programme commenced at UHBW on 7th September and the Seasonal Influenza Vaccination Programme on 26th September 2022. These figures are based on the data recorded at the point of vaccine administration; information on division and staff group are as provided by vaccine recipients at that point. These statistics include vaccinations administered across all settings in UHBW Hospital Hubs, patient wards and clinics, and peer-to-peer flu vaccination activity.
Actions:	NHS England and NHS Improvement have set out the following three priorities for the year ahead: 1. Continued access to COVID-19 vaccination; • As a minimum, all acute trusts are expected to deliver vaccinations to staff and patients. 2. Delivery of an autumn COVID-19 and Flu vaccination campaign; and 3. Development of detailed contingency plans to rapidly increase capacity, if required. The Programme Team will also continue 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. UHBW progress is in alignment with national and regional progress.
Risks:	800: Risk that Trust operations are negatively impacted by the Covid19 pandemic.

Total to 31 Oct 2022	Total In Cohort	Seasonal Influenza		COVID19 Booster	
		Total Uptake	Total Uptake %	Total Uptake	Total Uptake %
UHBW Staff	**14,821**	**4,407**	**29.7%**	**4,652**	**31.4%**

Leadership Priorities and Oversight Framework

Reporting Month: October 2022

STANDARD	OUR PEOPLE: STAFF VACCINATION (Covid19 Booster and Seasonal Influenza)

Seasonal Influenza Staff Vaccinations - Daily Totals
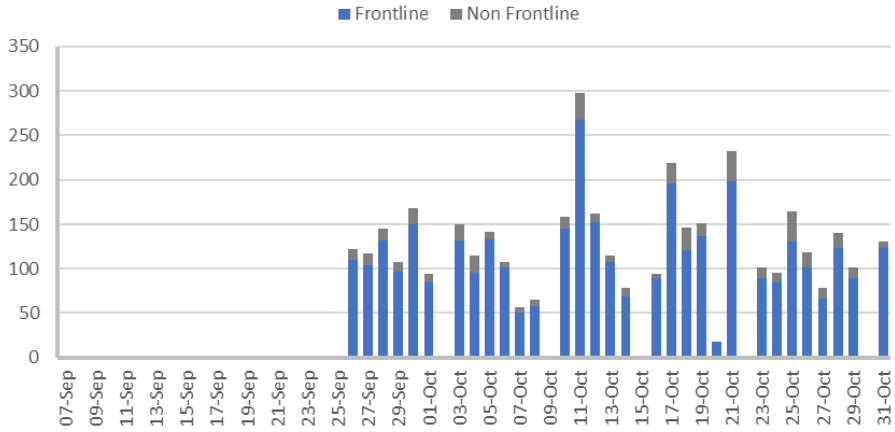
Covid19 Booster Phase 5 Staff Vaccinations - Daily Totals
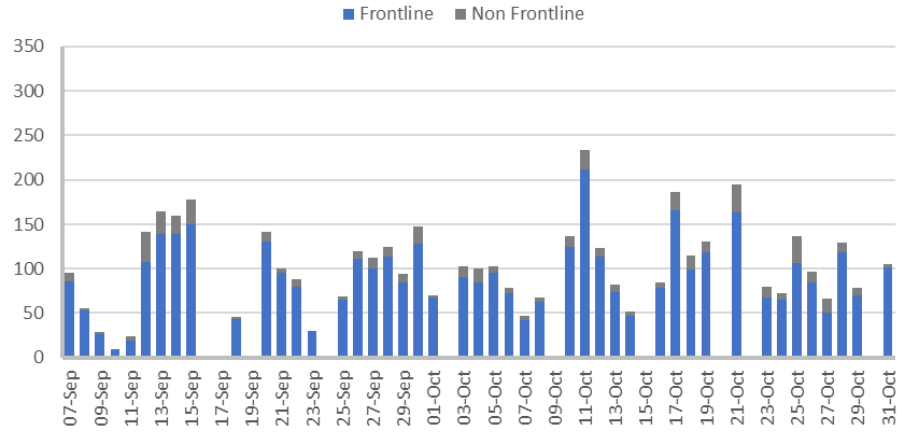
Seasonal Influenza Staff Vaccinations - % of Total Staff Vaccinated

Covid19 Booster Phase 5 Staff Vaccinations - % of Total Staff Vaccinated

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

STANDARD	RFERRAL TO TREATMENT (RTT) LONG WAITS
Performance:	At the end of October: • 5,989 patients were waiting 52+ weeks against a target of 4,585. • 763 patients were waiting 78+ weeks against a target of 770. • 39 patients were waiting 104+ weeks against a target of 109.
National Data:	For September 2022, the England total was 5.8% of the waiting list was waiting over 52 weeks. UHBW's performance was 9.9% which places UHBW as the 16th highest Trust out of 168 Trusts that report RTT wait times.
Actions:	• Plans to clear patients who are currently 104 weeks by end of October remains challenging. The largest risk of breaches is in the Division of Surgery with a smaller cohort of breaches in Paediatric services. In the Division of Surgery, Colorectal, Upper GI and Dental services hold the largest volumes. Dental services have additional capacity under contractual agreements with both Nuffield and St Joseph's to support their recovery in some areas. Ad-hoc sessions were offered by our NBT colleagues in November for Colorectal cases, but only one session was suitable, a further two sessions have been offered which are under consideration. Upper GI clearance is challenging due to the volume of P2 cancer cases that continue to take priority. • We continue to contact patients who are waiting for treatment dates to ask if they would be acceptable to treatment at an alternative provider, however, this remains tricky as the longest waiting patients generally require treatment at UHBW with their current consultant. However, for Paediatric patients, we have requested mutual aid for 26 patients, nine of which have been transferred to university hospitals Plymouth (UHP) and awaiting TCI dates to be offered to those patients. • Internally we continue to look at bolstering additional capacity through Glanso and waiting list initiatives. Recent agency pay enhancements made to theatre staff in Paediatric services, have seen an uptake of additional lists which will support not only the 104ww patients, but also those patients who are 78ww who we need to clear by end of March 2023. These pay enhancements are also being offered in BRI adult theatres. • Where patients are too complex for transferring outside the organisation for treatment under mutual aid arrangements, focus should be on maximising our theatre scheduling across all sites and ensure that suitable capacity is available for our longest waiting breaches. This continues to be a challenge due to the high volumes of cancer cases, lack of bed/HDU capacity, staff shortages to bring these patients in for treatment.
Risk:	801: Risk that the six oversight themes within the NHS System Oversight Framework 2021/22 are not met

Leadership Priorities and Oversight Framework

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

STANDARD   RFERRAL TO TREATMENT (RTT) LONG WAITS

	Oct-22		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	3	2	0
Medicine	488	47	0
Specialised Services	168	7	0
Surgery	4,331	529	35
Women's and Children's	999	178	4
Other	0	0	0
UHBW TOTAL	**5,989**	**763**	**39**

Number of Ongoing Patients Waiting 104+ Weeks at Month End

Number of Ongoing Patients Waiting 78+ Weeks at Month End
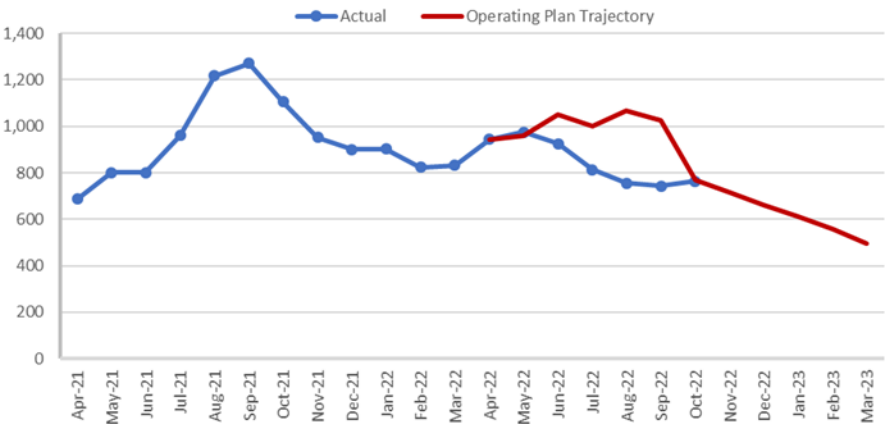
Number of Ongoing Patients Waiting 52+ Weeks at Month End

Reporting Month: Sep/Oct 2022

STANDARD	CANCER PATIENTS WAITING 62+ DAYS
Performance:	As at end of October, the Trust had 381 patients waiting 62+ days on a GP suspected cancer pathway. The Trust has a target of not exceeding 180 patients. The performance for patients treated within 62 days of an urgent GP referral is also reported but is a month in arrears. For September, 64.9% of patients were seen within 62 days. The overall Quarter 1 performance was 66.9%.
National Data:	National data for patients treated within 62 days of an urgent GP referral is shown on the next page. Latest national data for Quarter 1 2022/23 shows UHBW at 66.9% against an England average of 62.1%.
Actions:	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 has been made towards reducing the backlogs in the affected areas, with the figures starting to reflect this although 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, will drop over winter and this will assist somewhat with recovery by quarter 4. The Trust is currently improving ahead of its trajectory and should recover the ongoing standard for patients waiting >62 days by the end of March 23, 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. Patient safety is at the heart of all performance management in cancer and is being maintained. The 31 day subsequent treatment standards in both radiotherapy and chemotherapy are being met (>95% compliance) and the majority of surgery treatments are also carried out within 31 days of decision to treat.
Risk:	801: Risk that the six oversight themes within the NHS System Oversight Framework 2021/22 are not met

Leadership Priorities and Oversight Framework

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: Sep/Oct 2022

STANDARD	CANCER PATIENTS WAITING 62+ DAYS

Cancer 62+ Day Standard
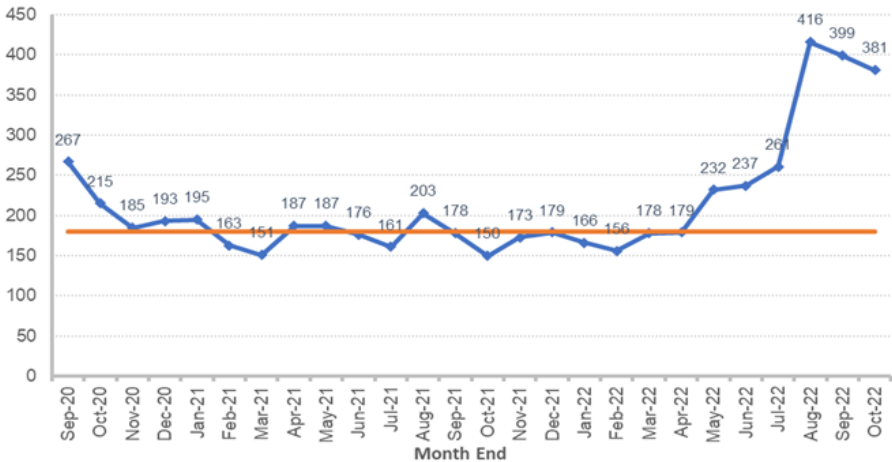
Cancer 62 Day Performance - 2022/23 Quarter 1
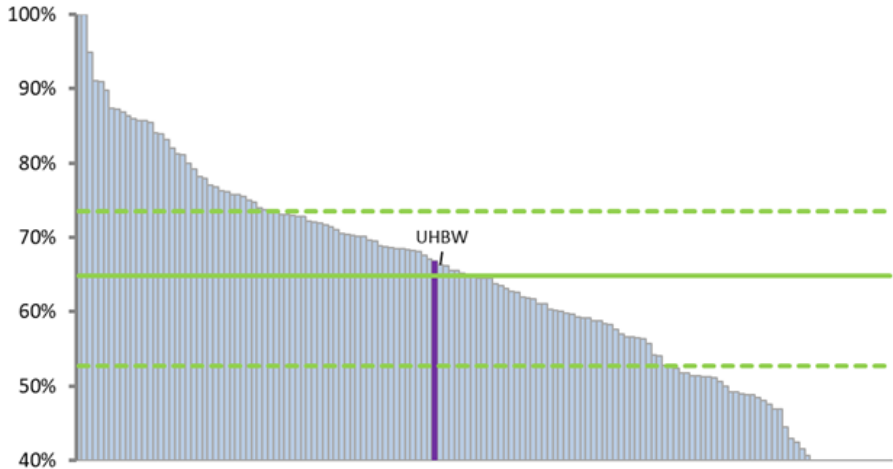
Cancer 62 Day Referral To Treatment (Urgent GP Referral)

Leadership Priorities and Oversight Framework

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: October 2022

STANDARD	DIAGNOSTIC WAITING TIMES
Performance:	At end of September, 65.3% of patients were waiting under 6 weeks. The constitutional standard is 99%. The recovery plan requires Trusts to return to 75% by March 2023. The end of October target is 68%. There were a total of 1,345 patients waiting 26+ weeks which is 7.9% of the waiting list. There is a requirement to clear the 26+ week backlog by March 2023, with UHBW's operating plan submission showing us getting to 500 patients by March 2023. The end of October target was 901.
National Data:	For September 2022, the England total was 69.3% of the waiting list was under 6 weeks. UHBW's performance was 64.5% which places UHBW as the 112th lowest Trust out of 155 Trusts that report diagnostic wait times.
Action/Plan:	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. Performance is largely unchanged in October 2022 with a slight improvement. The trust is not achieving the agreed trajectory currently. The same hotspots remain in Endoscopy, Echocardiology, non-obstetric ultrasound and MRI. Some niche areas of MRI are tracking slower than plan, but this is considered to be low risk as trajectories in this modality are still expected to achieve by March 2023. Non-obstetric ultrasound adults is experiencing staffing challenges which pose a risk, but there is a plan in place to remedy the concerns. Endoscopy performance remains the most significant risk to 6 week performance and recovery in diagnostics. There are a number of plans and actions in place in Endoscopy. However these 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.
Risk:	801: Risk that the six oversight themes within the NHS System Oversight Framework 2021/22 are not met

Diagnostics Under 6 Week Wait (15 Key Tests)

Benchmarking - Percentage Under 6 Weeks - September 2022

Reporting Month: October 2022

STANDARD	DIAGNOSTIC WAITING TIMES

End of October 2022

Modality	Total On List	6+ Weeks		13+ Weeks		26+ Weeks	
		Number	Percentage	Number	Percentage	Number	Percentage
Audiology Assessments	588	6	1%	2	0%	0	0%
Colonoscopy	1,062	724	68%	598	56%	397	37%
Computed Tomography (CT)	2,752	479	17%	81	3%	4	0%
DEXA Scan	746	295	40%	30	4%	0	0%
Echocardiography	2,697	1,433	53%	620	23%	135	5%
Flexi Sigmoidoscopy	340	251	74%	202	59%	147	43%
Gastroscopy	885	616	70%	510	58%	334	38%
Magnetic Resonance Imaging (MRI)	2,887	573	20%	430	15%	168	6%
Neurophysiology	134	0	0%	0	0%	0	0%
Non-obstetric Ultrasound	4,695	1,372	29%	471	10%	50	1%
Sleep Studies	166	126	76%	118	71%	110	66%
Other	0	0		0		0	
UHBW TOTAL	**16,952**	**5,875**	**34.7%**	**3,062**	**18.1%**	**1,345**	**7.9%**

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND 12 HOUR TROLLEY WAITS
Performance:	There were 941 patients who had a Trolley wait in excess of 12 hours in October. In October there were 2,808 ambulance handovers in excess of 15 minutes which was 82% of all handovers. In October there were 2,053 ambulance handovers in excess of 30 minutes which was 60% of all handovers The NHS Standard Contract sets the target that "all handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes".
National Data:	For Ambulance Handover data there are 19 Trusts in the South West that the Ambulance Service cover. For October 2022, overall number of handovers over 15 minutes was 75.4% across the South West. The BRI was the highest at 89.8% and Weston was 5th highest at 85.4%. In October 2022, 106 Trusts reported 12 hour trolley waits (43,782 in total). UHBW was the 15th highest Trust with 941.

Actions:	A range of initiatives are being progressed across adult services to reduce overcrowding, ambulance queueing and long waits including:
	• The Every Minute Matters programme is now live on all 40 adult wards in scope focussing on ward based flow and discharge processes.
	• Pre-emptive boarding has been implemented on ward A400 to expedite admissions from ED. Opportunities to expand pre-emptive boarding to other areas is being explored.
	• Expansion of SDEC (Same Day Emergency Care) provision including:
	   o Expansion of Surgical SDEC capacity.
	   o Medical SDEC moving from 5 to 7 day service commenced in August 2022, with the medical take running through the Unit at weekends.
	   o Cardiology SDEC pilot for winter 2022/23 (estimated go live date of end November, subject to recruitment).
	   o Development of the SDEC offer at Weston, building on the work of the current AEC 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.
	• New project team launched to progress actions for expected patients at BRI, including review of clinic spaces for specialty expected patients, and internal communications to maximise use of existing pathways.
	• Community Emergency Medicine Service – phase two has now launched. In this phase, CEMS will be specifically attending patients that SWAST have attended and are planning to convey to the ED.
	• New project launched at Weston to reduce waiting times for cardiology patients attending ED – including workstreams to review access to rapid access chest pain clinics and streamlining referral processes.
	• Repurposing of ward space at Weston to develop an observations unit to decompress ED.
	• Rapid Patient reviews for patients over 7 days in hospital - weekly meetings ongoing at BRI for Medicine and Surgery Divisions, with MDT
	• In BRHC significant work in ongoing to redesign urgent care pathways in order to better accommodate the significant increase in demand at the ED front door. This includes working with system partners on alternatives to ED based treatment for children. In addition, a specific minors stream project is being progressed (£74,000 funding awarded) for a test of concept model

Risks:	910: Risk that patients in ED do not receive timely and effective care 4700: Risk that a patient may deteriorate whilst being held in the ambulance bay

Page 268 of 345

Leadership Priorities and Oversight Framework

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

STANDARD   EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND 12 HOUR TROLLEY WAITS

Ambulance Handovers

Handovers In Excess of 15 Minutes (As Percentge of All Handovers)

Legend: BRI — BCH — WGH
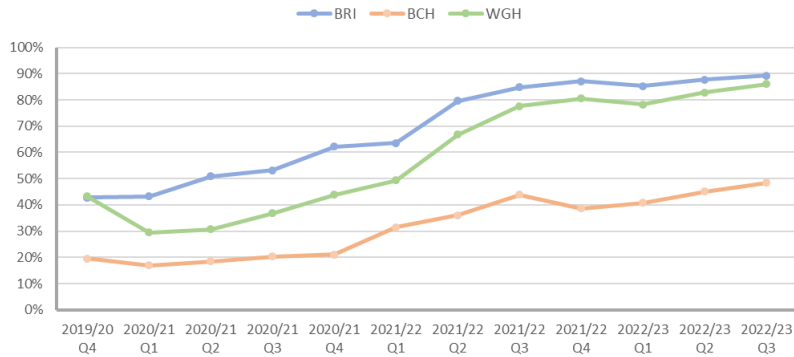
Percentage of Handovers Over 15 Minutes - October 2022

(Bar chart categories: BRI, Southmead, Treliske, Deriford, WGH, Torbay, Glocs, N.Devon, Poole, B'mouth, RUH Bath, Chelt., Swindon, RD&E, Musgrove, Yeovil, Salisbury, BRHC, Dorset)
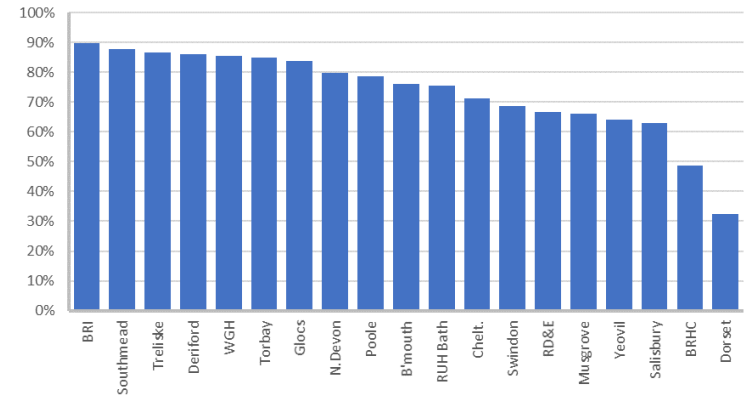
12 Hour Trolley Waits

12 Hour Trolley Waits Per Month

Legend: Bristol, Weston
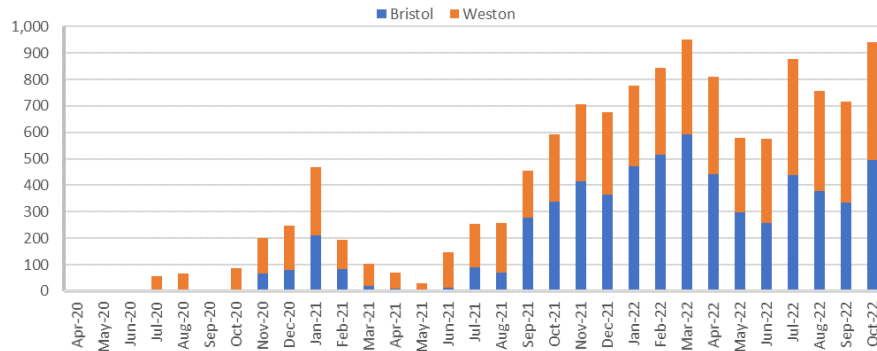
Benchmarking - 12 Hour Trolley Waits - October 2022
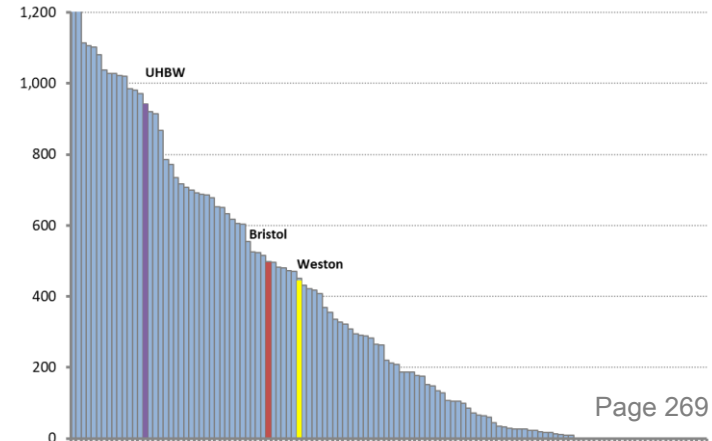
UHBW, Bristol, Weston

Page 269 of 345

Page 32

Leadership Priorities and Oversight Framework

Reporting Month: October 2022

STANDARD	SAME DAY EMERGENCY CARE
Background:	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: https://www.england.nhs.uk/urgent-emergency-care/same-day-emergency-care/
Performance:	See table below
Actions:	**Feb-Mar 22:** SDEC perfect week improvement event **Apr 22:** Relocation of SDEC to smaller unit on A307 Significantly reduced consultant coverage due to vacancy in Acute Medicine **Jul 22:** Expansion of SDEC capacity with refurbishment of A307 (Old Resus) Appointment of substantive and agency acute medicine consultants **Sep:** Commencement of weekend SDEC service **Future areas of focus:** Establishing co-located cardiology and frailty SDEC Enhance weekend medical model to improve utilisation
Risks:	910: Risk that patients in ED do not receive timely and effective care

Monthly SDEC Activity

Dec	Jan	Feb	Mar	Apr	May
327	344	442	468	289	297

Jun	Jul	Aug	Sep	Oct
339	400	510	609	638

Reporting Month: October 2022

STANDARD	EVERY MINUTE MATTERS - TIMELY DISCHARGE AND NO CRITERIA TO RESIDE (NCTR)
Background:	The Every Minute Matters (EMM) programme has four work streams. 1. **Implementation of the SAFER bundle – including Estimated Date of Discharge EDD:** SAFER bundle will continue to act as a fundamental guide for optimising flow, underpinning Proactive Board/Ward Rounds. The Estimated Date of Discharge (EDD) SOP is now accessible to staff and available on DMS. The wards have been supported to embed definition of EDD and maintain the regular updating of whiteboards. 2. **Proactive Board Rounds:** Phase 1 wards have completed implementation and started the EMM handover discussions with EMM leads. Phase 2 wards roll out in progress and Phase 3 wards will begin implementation week commencing the 17th Nov. There are now 21 wards remaining in EMM roll out. 3. **Criteria to Reside - Using the MCAP tool:** Launched on target date for phase 2. Validations for phase one wards completed and handover to ward teas in progress. MCAP data now included into Flow and Discharge Dashboard. Support given by MCAP company reps with validation and roll out, work ongoing to shape reporting. Daily Criteria to Reside emails have also been refreshed and relaunched. The Feedback loop is being finalised and will look at how delays can prompt action triggers by teams associated with a delay. 4. **Optimising use of the Discharge / Transition Lounge:** BRI lounge bed capacity increased from two to three beds, which are routinely in use. Additional information and activities made available for patients. Posters distributed around the hospital explaining discharge lounge offer and patient suitability. 493 patients came through Bristol discharge lounge in September, a small decrease compared to 515 in August. In Weston, RN made available to support discharge lounge activity and ongoing exploration of opportunities in Weston supported by lead.

Performance:	Three metrics are reported as the high-level priorities:
	
	1. Percentage of patients with a "timely discharge" (before 12 noon). October had 22.3% discharged before 12 noon. The system-level standard is to achieve 33%.
	2. Percentage of patients discharged via the BRI or Weston Discharge Lounges. In October 21.6% of eligible discharges went through the Weston or BRI Discharge Lounges. This was 415 patients, averaging 19.8 patients per working day.
	    a. BRI achieved 27.7%, with 361 patients. This averages to 17.2 patients per working day.
	    b. Weston achieved 8.7% with 54 patients. This averages to 2.6 patients per working day.
	3. At the end of October there were 230 No Criteria To Reside (NCTR) patients in hospital.
	4. There were 7,079 beddays consumed in total in the month by NCTR patients (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 228 beds were occupied per day by NCTR patients.

Leadership Priorities and Oversight Framework

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

STANDARD	EVERY MINUTE MATTERS - TIMELY DISCHARGE AND NO CRITERIA TO RESIDE (NCTR)
Actions:	Every Minute Matters (EMM) ensures that every day contributes meaningfully to progressing patient's care plans, so that no patient is in hospital longer than they need to be. All adult inpatient wards will be taken through the EMM programme in three phases between July 2022 - January 2023. Key priorities for the next month: • Phase 3 has now commenced and we now have all 40 wards online, continue to monitor progress of phase 2 and 3 wards. • Explore potential areas of opportunity for further improvement.as a result of EMM. • MCAP tool to be incorporated into AMAT. • Sustainability working group, currently prioritising actions. • Criteria Led Discharge in cardiology project group scoping and implementation. • Review of key challenges identified by staff and coaches to embedding and sustaining improvements. • Presentation for clinical execs for EMM summary planned for December • Collate Staff Survey feedback for evidence of EMM benefits • Ongoing medical engagement – this work is ongoing via comms group and mitigations monitored via EMM risk log.
Risks:	423: Risk that demand for inpatient admission exceeds available bed capacity

No Criteria To Reside (NCTR) Summary

Number of Patients - Last Thursday in the Month
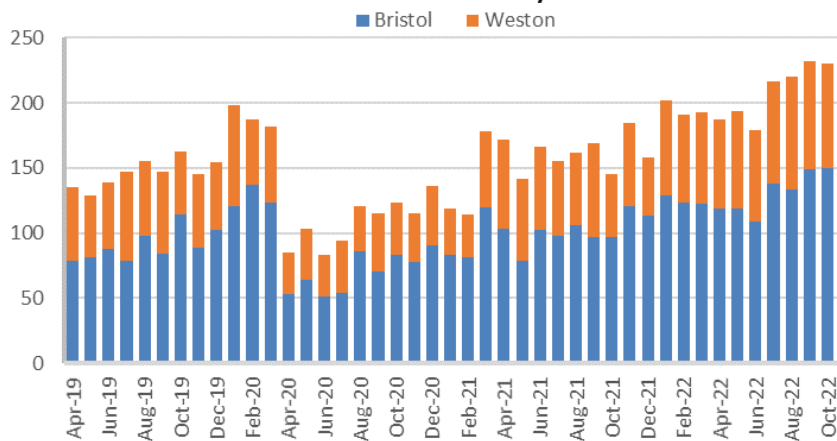
Average Number of Beds Occupied by NCTR Patients
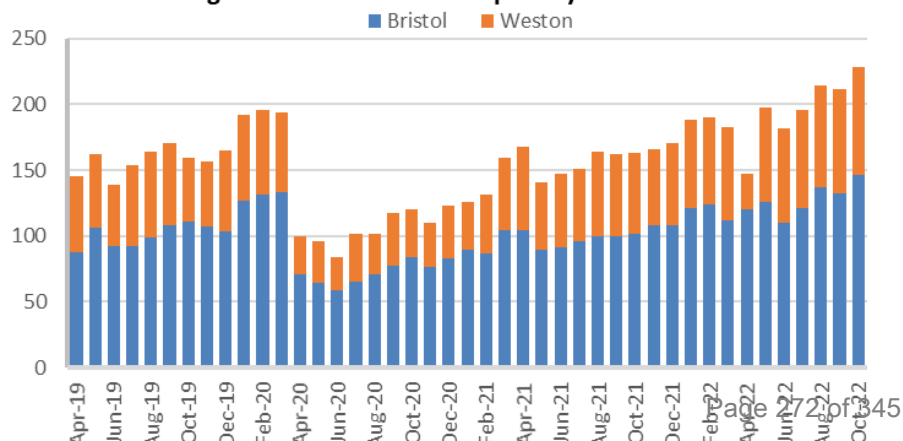
Leadership Priorities and Oversight Framework

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: October 2022

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

Timely Discharge Summary

Timely Discharges as a Percentage of all Discharges

Actual — Target

Summary of High Volume Specialties- October 2022

	Total Discharges	% Before Noon
Ophthalmology	75	41.3%
Geriatric Medicine	194	29.4%
Cardiology	289	27.0%
Trauma & Orthopaedics	173	22.5%
General Medicine	736	22.1%
Upper GI Surgery	93	20.4%
Gynaecology	133	19.5%
Paediatrics	192	18.8%
Cardiac Surgery	101	16.8%
ENT	110	14.5%
Colorectal Surgery	123	13.0%
Thoracic Medicine	146	12.3%
General Surgery	98	12.2%
UHBW TOTAL	**3,488**	**22.3%**

Discharge Lounge Use Summary

Percentage of Discharges Through the Discharge Lounge

BRI — WGH

Summary of High Volume Specialties - October 2022

	BRI	WGH	TOTAL
Cardiac Surgery	77.9%	-	77.9%
Cardiology	44.3%	8.7%	40.4%
Colorectal Surgery	30.1%	14.3%	28.9%
Geriatric Medicine	25.8%	-	25.8%
Upper GI Surgery	31.3%	0.0%	24.2%
Gastroenterology	15.0%	24.0%	20.0%
General Medicine	26.8%	9.3%	16.9%
Thoracic Medicine	21.1%	4.9%	15.4%
General Surgery	38.5%	6.7%	12.3%
Trauma & Orthopaedics	7.5%	9.1%	8.3%
ENT	6.9%	-	6.9%
UHBW TOTAL	**27.7%**	**8.7%**	**21.6%**

Leadership Priorities and Oversight Framework

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

WESTON RENEWAL

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

Critical Success Factor	Objective	Status	Movement since last report
Business Function	PTIP Corporate services benefits realised and planned changes completed	G	—
Policies & 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 & Management 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	G	—

↑	Upwards movement
—	No movement
↓	Downwards movement

R	Not Achieved
A	Delayed/Partially Achieved
G	On Track
C	Complete

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 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 (inc. 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 will be undertaken to ensure that the new arrangements have bedded in and support the delivery on the next phase of integration

Leadership Priorities and Oversight Framework

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

FINANCIAL SUMMARY

YTD Income & Expenditure Position

- Net I&E deficit of £3,525k against a planned deficit of £3,222k (excluding technical items).
- Total operating income is £11,121k favourable to plan due to higher than planned income from activities of £14,629k offset by lower than planned other operating income of £3,508k.
- Operating expenses are £12,375k adverse to plan primarily due to higher pay expenditure (£17,816k adverse), offset by lower than planned depreciation expenditure of £998k and lower than planned other non-pay expenditure of £4,443k.
- Technical and financing items are £951k favourable to plan.

Key Financial Issues

- *Recurrent savings delivery below plan* – YTD Trust-led CIP delivery is £8,410k or 94% of plan. Full year forecast delivery is £15,675k or 105% of plan of which recurrent savings are £7,876k, 53% 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 cases by December 2022;
- 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

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

TRUST YEAR TO DATE FINANCIAL POSITION

	Month 7			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	77,733	80,628	2,895	540,630	555,258	14,629
Other Operating Income	9,027	10,146	1,119	65,811	62,303	(3,508)
Total Operating Income	**86,760**	**90,774**	**4,014**	**606,441**	**617,562**	**11,121**
Employee Expenses	(50,906)	(53,924)	(3,018)	(354,635)	(372,451)	(17,816)
Other Operating Expenses	(32,842)	(32,251)	591	(225,777)	(221,334)	4,443
Depreciation (owned & leased)	(3,199)	(3,006)	193	(21,860)	(20,862)	998
Total Operating Expenditure	**(86,946)**	**(89,180)**	**(2,234)**	**(602,272)**	**(614,648)**	**(12,375)**
PDC	(1,037)	(1,037)	0	(7,261)	(7,261)	0
Interest Payable	(244)	(239)	5	(1,707)	(1,679)	28
Interest Receivable	29	247	218	205	1,111	906
Other Gains/(Losses)	0	0	0	0	(50)	(50)
Net Surplus/(Deficit) inc technicals	**(1,438)**	**565**	**2,003**	**(4,594)**	**(4,964)**	**(370)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	202	198	(4)	1,372	1,439	67
Net Surplus/(Deficit) exc technicals	**(1,236)**	**763**	**1,999**	**(3,222)**	**(3,525)**	**(303)**

Forecast Outturn Position

- At the Trust Board meeting on the 11th October 2022 the Director of Finance advised the Board of the risks compared with the break-even plan.

- The position was discussed at the BNSSG ICS Directors of Finance meeting on 14th October 2022. It was agreed that both the Trust and the BNSSG ICB would each submit a break-even forecast outturn at this stage and keep the forecast outturn under review during quarter 3.

Key Facts:

- The position at the end of October is a net deficit of £3,525k, £303k higher than the planned deficit of £3,222k.

- YTD expenditure on International Recruitment is c£2.8m. The cost of F1 cover at Weston at the end of October is estimated at £875k.

- Pay expenditure is £53,924k in October, c£3,842k lower than last month due mainly to pay award arrears in September. YTD expenditure is adverse to plan by £17,816k, 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 £2,481k, c£200k lower than September and c£130k lower than plan. Overall, agency expenditure is 5% of total pay costs.

- Operating income is favourable to plan by £11,121k. 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 provision for a rates rebate which is being reflected as a non-pay benefit rather than income.

- Income from Patient Care Activities is £14,629k favourable to plan. This includes c£5,600k of ESRF income not in the plan and c£7,500k additional funding to support the pay award.

- Trust-led CIP achievement is 94% of plan. £8,410k has been achieved against a target of £8,972k, a shortfall of £562k.

NHS

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

Meeting of the Board of Directors in Public on Tuesday 13th December 2022

Report Title	Maternity Perinatal Quality Surveillance Matrix with Maternity Incentive Scheme (MIS) Monthly Update. Progress with Implementation of Ockenden Immediate and Essential Actions (IEAs) recommendations and immediate response to East Kent Kirkup report
Report Author	Ingrid Henderson, Quality Patient Safety (QPS) Manager Sarah Windfeld, Director of Midwifery
Executive Lead	Deirdre Fowler, Chief Nurse and Midwife

1. Report Summary

This report provides the Board with monthly oversight regarding the safety metrics for maternity and neonatal services for the month of October 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.*

2. Key points to note
(Including decisions taken)

Strengths:

- 1 to 1 care in labour was achieved 100% of the time.

- Midwife/ Diversity and Inclusion Practice Education Facilitator in post, raising awareness to improve inclusivity, for example, monthly celebration dates shared; 'what's in a name' (how to pronounce names correctly stickers) to be launched in November.

Weaknesses:

- Sporadic capacity issues with the flow of inductions (to match increasing demand) Risk 2264 and 5652

- Challenge to obtain accurate data regarding number of consultant non-attendance to 'must attend' clinical situations and 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.

Opportunities:

- Week of workshops on Ockenden held week of 7th November to engage, update and encourage collaboration with clinical teams. Feedback and learning from this weeklong event will be shared through a good newsletter in December and safety walkarounds in November and December.

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

- Local Maternity and Neonatal System to hold another Ockenden workshop involving Maternity Voices partnership (MVP) later in the New Year and will also include the Kirkup Report recommendations.

- 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:

- Increase in workforce Datix recorded in October (42 Datix in October compared with 23 in September). 19 related to NICU (Neonatal Intensive Care Unit) staffing. 10 related to CDS (delivery suite) staffing. Maternity unit attempted to divert 4 times due to staffing challenges and acuity. Staffing continues to be challenged with sickness absence, and so staffing numbers are monitored and staff are supported through escalation plans to maintain patient safety. Risk 3343/2264/5652/33/3623/988/5401

- Obstetric emergency now compliant with the 90% target for all staff groups. The service will be compliant with fetal monitoring training at the end of the reporting period unless staff are pulled to cover clinically, as staff have been allocated to attend. Risk 3553

- Risk to continued planned roll out of Continuity of Carer due to vacancies. Two teams are temporally suspended due to staffing. Risk 4810.

- Ongoing lack of appropriate antenatal scan capacity to manage implementation of some specific scan pathways for large or small for gestational age (LGA/SGA) babies in line with RCOG guidance, the service cannot deliver USS (scans) at 32 weeks, due to difficulties with recruitment and retention of sonographers. This has been on the risk register for Diagnostic and Therapies Division (D&T) for over a year (Risk 4628) and is on Women's and Children's risk register.

Progress with Implementation of Ockenden IEAs recommendations

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

- 2nd Meeting held on 25th October 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.

- One WTE Band 7 job share post for Bereavement Lead, Midwife and Neonatal Nurse has been recruited to. A bereavement pathway is an Ockenden recommendation.

Presently the Ockenden Report action plan on SharePoint states that out of 59 actions reviewed, UHBW is:

- Green (on target) with 42

- Amber (action required for successful delivery on this activity) 14

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Public Board　　　　　　　　　　　　　　13.1. Maternity Perinatal Quality Surveillance Matrix (PQ...

- Red 3 (immediate remedial action required to progress).

1. UHBW conflict of clinical opinion policy, in progress.

2. Involving service user in developing complaint response processes, in progress.

3. Written information on transfer times for women choosing to birth outside acute hospital setting requires drafting

 The actions are monitored through the Perinatal Transformation Implementation Board. Please note number of actions will alter as IEAs are reviewed and updated by clinical teams.

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

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

The risks associated with this report include:

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

1. 3343 - delayed elective LSCS

2. 2264 - delayed induction of labour

3. 5652 - Risk that St Michael's Hospital (STMH) cannot offer an induction of labour (IOL) at 41 weeks as recommended by NICE guidelines

4. 33/3623/988 - NICU staffing/BAPM

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]**
Quality Assurance Committee	**25/11/2022**

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 13th December 2022

Report Title	Update on progress to achieve maternity incentive scheme safety standards for 2021/22 (MIS) Clinical negligence scheme for trusts (CNST) year four
Report Author	Ingrid Henderson, Quality and Patient Safety Manager Women's Services
Executive Lead	Deirdre Fowler, Chief Nurse and Midwife

1. Report Summary

This report provides an update on the national position of the maternity incentive scheme for Trusts and University Hospitals Bristol and Weston Foundation Trust's progress against the maternity incentive scheme. The scheme supports the delivery of safer maternity care through an incentive element to Trusts contributions to the CNST. The scheme financially rewards Trusts that meet ten safety actions designed to improve the delivery of best practice in maternity and neonatal services.

UHBW was able to demonstrate 100% compliance against the standards for CNST in previous years and received the full rebate.

2. Key points to note
(Including decisions taken)

National Position:

Year four of the scheme was launched on the 9th August 2021. Following this the scheme has been amended twice and the timeline for the Maternity Incentive scheme (MIS) submission of the Board declaration form extended twice, (last notice given in October) to the 4th of February 2023.

Trust Position:

Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard? **Compliant.**

Safety action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard? **Compliant against revised standards.**

Safety action 3: Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme? **Compliant.**

Safety action 4: Can you demonstrate an effective system of clinical*workforce planning to the required standard? **Compliant.**

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard? **Compliant.**

Safety action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two? **anticipating-compliance against revised standards– work in progress on Carbon monoxide recording at 36 weeks of pregnancy. Manual audits in progress, August and September achieved 80% target.**

Safety action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services? **Compliant.**

Safety action 8: Can you evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your training programme over the next 3 years, starting from the launch of MIS year 4? **Compliant.**

Safety action 9: Can you demonstrate that the Trust safety champions (obstetric, midwifery and neonatal) are meeting bi-monthly with Board level champions to escalate locally identified issues? **Compliant.**

Safety action 10: Have you reported 100% of qualifying cases to HSIB and (for 2019/20 births only) reported to NHS Resolution's Early Notification (EN) scheme? **Compliant.**

An Executive review of evidence meeting was undertaken on 22nd November 2022. It was noted that some outstanding evidence was being sought to be added to the depository on Teams when provided.
Conclusion: complaint for all standards.

3. **Risks**
If this risk is on a formal risk register, please provide the risk ID/number.
The risks associated with this report include: **The risks associated with this report include:**   Risk 3643, Risk 3553, Risk 4810, Risk 2634

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 meeting	**8th December 2022**

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

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

Meeting of the Board of Directors in Public on Tuesday 13ᵗʰ December 2022

Report Title	Independent Investigation into East Kent Maternity and Neonatal Services (Kirkup Report).
Report Author	Sarah Windfeld, Director of Midwifery and Nursing Women's Services
Executive Lead	Deirdre Fowler, Chief Nurse and Midwife

1. Report Summary
The report outlines the findings of the Kirkup Report into East Kent Maternity Services published in October 2022. Key findings of the report were: 1. Failure of team working   2. Failures of compassion and to listen   3. Failures of professionalism and responses to safety incidents (including at Trust Board level)

2. Key points to note   *(Including decisions taken)*
Key recommendations of the report are   1. Improved recognition of poorly performing units and monitoring safety performance. Every Trust must be able to monitor the safety of their maternity services as the care is being provided   2. Providing care with compassion and kindness. This includes listening to women reporting symptoms, listening to families raising concerns about their care or baby's wellbeing, and being open and honest with families when things are going or have gone wrong.   3. Teamworking with a common purpose   4. Responding to challenge with honesty at both service level and at a Trust Board level   5. The requirement of boards to remain focused on delivering personalised and safe maternity and neonatal care.

3. Risks   If this risk is on a formal risk register, please provide the risk ID/number.
The risks associated with this report include: Risks associated with Maternity are   Risk 2264 scores 16 Risk that delays in commencing induction of labour increases perinatal mortality and morbidity

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Risk 3553, scores 12 Risk that the Trust will not meet CNST Safety Standards
Risk 4810 scores 12 Risk that the Trust will not meet continuity of carer standards and therefore not meet CNST standards
Risk 2634 scores 9. Risk that the standards associated with the Perinatal Mortality tool reporting will not be met due to lack of resources

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 <u>previously</u> been received.	
[Name of Committee/Group/Board]	**[Insert Date paper was received]**
N/A	

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Page 284 of 345

Independent Investigation into East Kent Maternity and Neonatal Services (Kirkup Report).

1. Introduction

On the 19 October 2022, the report of the Independent Inquiry led by Dr Bill Kirkup on maternity services at East Kent Hospitals University NHS Foundation Trust was published. *"Reading the signals. Maternity and neonatal services in East Kent – the Report of the Independent Investigation"* *(19 October 2022)*

2. Background

The local CCG (Clinical Commissioning Group) in East Kent first raised concerns about the maternity care at East Kent Hospitals University NHS Foundation Trust in 2013. This was followed by The Royal College of Obstetricians and Gynaecologists audit in 2015, which also identified significant issues. Both times the concerns were not acted upon, meaning opportunities to improve care were missed. In January 2020, following the coronial inquest of Harry Richford, the Coroner concluded his death was due to neglect by the hospital because of 7 gross failings. The Trust was then investigated by the CQC (Clinical Quality Commission) in 2020/2021 where they found a series of issues which had led to the avoidable deaths of several babies and injuries to mothers. A criminal case was brought by the CQC for the care provided to Harry and his mother which resulted in a £733,000 fine for the Trust. In response to the CQC's findings and further families reporting concerns about their care, the Kirkup Independent Inquiry was set up.

3. The Inquiry

The panel investigated the care provided to 202 families and found that the outcome could have been different in 97 cases, and that 45 out of 65 babies' deaths could have been avoided. The report also highlighted concerns in almost all areas of maternity care at the Trust and concerns relating to the Trust Board. One of the review's most significant finding is that the Trust appeared to be 'covering up the scale and systemic nature of these errors by ignoring issues altogether or blaming individuals rather than acknowledging a wider problem'. Not only was it reported that the Trust failed to recognise these errors, but it was found that families, sometimes grieving the loss of their baby, were treated with lack of compassion.

4. Key summary of findings

4.1 Failures of teamworking

- A culture of 'tribalism' and poor working relationships between midwives, obstetricians, neonatologists, and other staff was found. Between midwives and obstetricians, there was a lack of trust and respect for each other's views. This was a key factor in the poor care provided to families. These issues were known about by the Trust and either not addressed, or single members of senior staff were dismissed.
- Staff failed to recognise problems in pregnancy/labour and then escalate concerns either quickly enough or appropriately. This meant mothers were not seen or treated by appropriate members of staff.
- Divisions within the midwifery teams which included bullying, sometimes making the service unsafe.
- Consultant obstetricians expected junior and locum staff to do too much and encouraged them not to escalate issues. They also failed to come in when asked. The Trust were aware of this but had very little ability to challenge the consultants, other than dismissing them.

4.2 Failures of compassion and to listen

- Numerous examples of "uncompassionate care" were found by the panel, including continuing a c-section when the pain relief was not working.
- Women were not listened to or trusted when describing how they were feeling or reporting symptoms such as their baby not moving as much as normal, fluid loss and that they were contracting.

4.3 Failures of professionalism and responses to safety incidents (including at Trust Board level)

- There was a "failure to put the needs of mothers and babies before staff". For example, staff were rude to one another in front of families and requested help from people in their "clique" rather than the best person for the job. They also, at times, challenged midwives not in favour to deliver babies in high-risk pregnancies without any help.
- These actions caused families to lose trust in the units and impacted the decisions they made during labour.
- When things had gone wrong, staff tried to "shift the blame" (including blaming mothers), made inappropriate comments or denied that anything had gone wrong.
- Safety investigations (if performed) only looked at narrow issues and were very defensive. This meant that multiple opportunities for learning were missed and the Trust falsely reassured people outside the hospital that everything was ok. If errors could not be denied, junior doctors and midwives were usually blamed rather than recognising a wider problem in the Trust. Managers or staff in senior roles who highlighted and challenged the problems were replaced. This meant senior positions were filled with people who ignored or were part of the problem.
- The Trust Board and its staff missed several opportunities to properly identify and act on the problems in the maternity unit. Incidents were treated as one-

offs and the high staff turnover created a perception that "things would be better going forward."

5. Key recommendations of the report.

The report adopts a broad approach and focusses on four areas of action:

5.1 Improved recognition of poorly performing units and monitoring safety performance. The report states that current safety systems are "not fit for purpose". Every Trust must be able to monitor the safety of their maternity services as the care is being provided, and the NHS as a system must be able to monitor every Trust. It should not be left to families to raise concerns. The Trust Maternity services are due a CQC visit before the end of March 2023 and had an Insight visit by NHS England and the LMNS post Ockenden in June 2022.

5.2 Providing care with compassion and kindness. This includes listening to women reporting symptoms, listening to families raising concerns about their care or baby's wellbeing, and being open and honest with families when things are going or have gone wrong. A women's experience group has been set up and the division is planning to run some kindness and caring workshops for staff. In addition, the service has been part of the Black Maternity Matters project with the South West Academic Health Science Network   and has run some listening events with women from diverse backgrounds who use the service and is acting on their feedback.

5.3 Teamworking with a common purpose Midwives and obstetricians each have a unique set of skills to support families and should view each other as equal and their contribution valued. Training staff together could assist these relationships, especially in emergency situations. This includes not having an inherent belief that one type of birth (for example, vaginal or c-section) is better than another, without considering a woman's own risks and preferences.

5.4 Responding to challenge with honesty This applies at a Trust level and within specific units. A hospital's reputation should not prevent families from being listened to and concerns fully investigated. This is vital for learning and breaking cycles of poor care The report outlines how these four themes are systemic problems that need to be tackled across the entire NHS, to protect families and babies. If the recommendations are adopted successfully, it is hoped that any hospitals which start to experience problems can be recognised much earlier on and help and support given to prevent a much larger, widespread problem from developing.

6. Next steps

This report reconfirms the requirement of Boards to remain focused on delivering personalised and safe maternity and neonatal care. NHSE (NHS England) a has stated that organisations and systems must ensure that the experience of women, babies and families who use services are listened to, understood, and responded to with respect, compassion, and kindness. Every Board member

must examine the culture within their organisation and how they listen and respond to staff.

It is expected that Trusts review the findings of this report at Public Board meetings this year, and for Boards to be clear about the action they will take, and how effective assurance mechanisms are at "reading the signals." NHSE will be working with the Department of Health and Social Care and partner organisations to review the recommendations and implications for maternity and neonatal services and the wider NHS. In 2023 NHSE will publish a single delivery plan for maternity and neonatal care which will bring together actions required following this report, the report into maternity services at Shrewsbury and Telford NHS Foundation Trust, and NHS Long-Term Plan and Maternity Transformation Programme deliverables.

Immediate and sustainable action is imperative; the publication of the national delivery plan in 2023 should not delay the response to this report and should not delay the actions the Maternity Service is already undertaking in response to the report of the independent investigation at Shrewsbury and Telford NHS Foundation Trust.

The UHBW Maternity Service has set up a Perinatal Transformation Board to look at all recommendations from Kirkup and Ockenden which will feed into the Divisional and Trust governance structures.

UHBW Maternity service will continue with their Women's experience group and work with Maternity Voices partnership to gather feedback from women using the service and act on their concerns, co-producing improvements.

We will repeat the NHS England Maternity self-assessment tool and bring to Quality and Outcomes Committee in the new year.

 We will repeat the SCORE survey to assess the safety culture of the service in the new year which was last completed in 2019.

Sarah Windfeld
Director of Midwifery & Nursing, Women's Services
Division of Women's & Children's Services
November 2022

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

Meeting of the Board of Directors in Public on Tuesday 13ᵗʰ December 2022

Report Title	6ᵗʰ Monthly Safe Staffing report for Nursing, Midwifery and Allied Health Professionals - April 2022 to September 2022
Report Author	Sarah Dodds Deputy Chief Nurse, Andy Landon Senior Nurse - Clinical Informatics Sarah Windfeld – Director of Midwifery Vimal Sriram – Director of Allied Health Professionals.
Executive Lead	Deirdre Fowler, Chief Nurse and Midwife

1. Report Summary

The purpose of the paper is to provide assurance to the Trust Board that wards and departments have been safely staffed in line with the National Quality Board guidance and Developing Workforce standards, make recommendations for maintaining a sustainable nursing, midwifery, and allied health professional workforce.

The past 6 months continue to be extremely challenging maintaining safe staffing across the Trust as staff readjust to the challenges faced due to elective recovery, business as usual and increased general demands on the service following the pandemic.

Significant work has been undertaken to reduce and mitigate the high number of vacancies, reduced availability of temporary staff, requirement for staff isolation and use of escalation and boarding beds, the wards have frequently worked with less staff than planned as evidenced and outlined in monthly reports to the Quality and Outcomes Committee.

This report details:

- The Trust has completed a detailed 'ward to board' acuity and dependency assessment across all appropriate wards, emergency departments, and midwifery. This included both adult and children's areas. The initial results were discussed at the annual reviews. The exercise will be repeated in November 2022 leading into a twice year assessment in February and July each year.

- Both safe staffing and red flag incident reporting over the past 6 months has started to show a downward trend due to the reduced impact of the pandemic and the success of the recruitment campaigns.

- Band 5 RN turnover rate has been consistently between 17.7% and 19% and the vacancy level has risen from 220 WTE in April to 301 WTE in September despite a very successful international recruitment pipeline.

- Midwifery vacancy and turnover is now available and in September there were

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

17.54 WTE vacancies with 15.8 WTE recruited. The turnover rate from model hospital shows a turnover rate of 11.5 % with 4.2% retire and return.

- Across all divisions, the HCSW position has deteriorated. Band 2 vacancies have risen from 109 WTE in April to 126 WTE in September despite continued recruitment with the turnover staying between 20.8% – 21.6% for this period

- The AHP turnover rate has risen to 17.8%, Radiography and Sonography remain the areas of most concern despite very active recruitment strategies.

- The children's summer/winter model is no longer fit for purpose, as the seasonal demands are now the same throughout the year. This affects Childrens ED and acute paediatric medicine in particular.

- Theatres suites across the Trust have experienced high vacancy rates; this has included agency workers who have been attracted to higher rates of pay in other organisations.

- Workforce planning is progressing with roles for the future including nursing associates and advanced clinical practitioners with oversight by the non-medical workforce-planning group.

- The acuity tool showed that the service between April to August was two midwives short on Central Delivery Suite between 2 -5% of the recorded time however, in September this rose to 14% of the recorded time indicating increased service pressures.

- The AHP teams monitored staffing in line with service requirements and as with other professions were significantly depleted due to Covid related absence, staff also upskilled and worked alongside nursing staff.

- The additional boarding beds recently introduced on wards this year are not funded and are an additional workforce pressure on wards already working with reduced fill rates.

- UHBW EDs are under significant pressure with more patients held in the departments for longer periods.

- Specialised Services and Surgery continues to manage significant numbers of medical outliers in wards reducing specialist capacity in both Divisions and potentially affecting retention.

- The Trust recognises the essential role of the ward manager in leading the ward team, setting the level of expected care, professional leadership and overall ward and staff management. However, this has been achieved only 64% of the time over the last 6 months.

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Page 290 of 345

- The value of the practice education facilitator (PEF) role in supporting retention and the support they provide to improving practice has been significant.

- The percentage allocation for training within ward establishments are set at 2%, this is insufficient for key areas such as Critical Care/ Emergency Departments and Maternity where there is increased requirement for more training in excess of the 2%.

2. Key points to note
(Including decisions taken)

The Trust Board is assured that there is detailed monthly reporting to the Quality and Outcomes committee that provides fill rates by wards, red flag reporting and detailed analysis and review of all the safe staffing incidents reported, along with triangulation of impact on quality. The current level of sickness absence is high, this will be closely managed and monitored by the ward/ department leaders supported by the HR teams.

The Trust Board is recommended to review the six monthly safe staffing report and support the following:

- The approach outlined using the Safer Nursing Care Tool (SNCT) to underpin nursing establishment on all in-patient wards, both adults and children and ED's acknowledging this is a process that will evolve over time after each assessment.

- Continue funding the internationally educated nurse programme in 2023/24 to provide an immediate pipeline of registered nurses, complimenting the limited domestic supply.

- Approve further analysis in CED and Weston ED supporting potential additional funding, to bring nursing workforce staffing levels up the recommended levels by the SNCT ED tool.

- The approach used to develop a local pipeline for registered nurse associates to support the RN's in clinical areas e.g. TNAs and RNDAs but this approach will need the funds allocated going forwards

- Acknowledge the continued pressure on the nursing workforce due to the boarding of patients and extended use of escalation areas by supporting future the retention plan.

- Consider the positive impact of the practice education facilitator (PEF) role to further support ward retention following the universal support in the role by all divisions and assess how we can sustain these posts.

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

The risks associated with this report include:
See over

For Nursing

Risk Number	Details	Risk Level	Score
737	Risk that the Trust is unable to recruit sufficient numbers of substantive staff – all staff groups	Strategic Risk Register	16
2664	Risk that the Trust is unable to retain staff	Strategic Risk Register	16
5477	Risk that nurse staffing levels will not be met (The current rating was increased to 20 due to the impact of the Covid pandemic w and the level is very high risk)	Strategic Risk Register	20

For Midwives

Risk Number	Details	Risk Level	Score
33	Risk that inadequate nursing levels in line with BAPM standards 2011 will affect neonatal outcomes	Departmental	12
998	Risk that neonates are transferred out to alternative NICU units due to lack of cot capacity	Departmental	12
3623	Risk that extreme pre-term babies will have a sub-optimal outcome due to inability to deliver in a tertiary centre	Departmental	12
4810	Risk that if the trust does not achieve continuity of carer we will not achieve CNST safety standards	Departmental	12
5401	Risk that there will not be enough Midwives and obstetric staff to run a safe maternity service due to the impact of covid	Departmental	10
3697	Risk that there is not a Deputy Head of Midwifery and Nursing for Women's services	Departmental	8

For AHPs

Risk Number	Details	Risk Level	Score
2646	Risk that the Trust has insufficient leadership capacity	Strategic Risk Register	20
5277	Risk that the objectives of the Trust wide multi-disciplinary education strategy are not delivered	Strategic Risk Register	20
2741	Risk that the Trust is unable to sustain research activity	Strategic Risk Register	12
2633	Risk that the Trust's IM&T Systems fail to deliver the required levels of efficiencies	Strategic Risk Register	20

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.	
Quality and Outcomes Committee	**25th November 2022**

University Hospitals Bristol and Weston NHS Foundation Trust

Report on Nurse (RN's), Midwifery (RM's) and Allied Health Professionals (AHP's) Staffing Levels UHBW (April 2022 - September 2022).

November 2022 Trust Board

Context

Following publication of the Francis Report 2013[1] and the subsequent "Hard Truths" (2014)[2] document, NHS England and the Care Quality Commission issued joint guidance to Trusts on the delivery of the commitments associated with publishing staffing data on nursing, midwifery and care staff levels. These include:

- Report and publish a monthly return to NHS England indicating planned and actual nurse staffing by ward. This is published on the NHS Choices website.

- Publish information with the planned and actual registered and unregistered nurse staffing for each shift.

- Provide a 6-month report on nurse staffing to the Board of Directors.

The RCN workforce Standards (2021)[3] report have been fully reviewed and compliance continues to improve with actions in place to support best practice.

Contents

- Methodology
- Nursing Report
- Midwifery Report
- Allied Health Professionals Report
- Conclusion
- Recommendations.

The report aims to provide the Trust Board with assurance that staffing has been managed over the past 6 months in line with the National recommendations[4], with close oversight by the Chief Nurse and Midwife and will make recommendations to the Board regarding actions required to achieve sustainable and effective nursing workforce.

By using the NQB three expectations approach of right staff, right skills, right place and time to safe staffing levels that can be determined based on patients' needs, acuity and risks, monitored from 'ward to board'. This triangulated approach to staffing decisions, rather than making judgments based solely on numbers or ratios of staff to patients, is also supported by the CQC.

---

[1] Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry - GOV.UK (www.gov.uk)
[2] NHS England » Guidance issued on Hard Truths commitments regarding the publishing of staffing data
[3] Nursing Workforce Standards | Professional Development | Royal College of Nursing (rcn.org.uk)
[4] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0833_advice-on-acute-sector-workforce-models-during-COVID_with-apps_10dec.pdf

1

6 Monthly Report. Safe Staffing SD/AL/SW/VS Nov 2022 Trust Board   Page 294 of 345

The Trust has utilised the NHS Improvement "Developing Workforce Safeguards" (October 2018)[5] recommendations as a framework for this report: -

- The Trust has used evidence-based acuity and dependency tools to underpin the establishment setting process. A full Safer Nursing Care Tool (SNCT) assessment on all in-patient wards for both adults and children was undertaken in July 2022. The review also encompassed the three main Emergency Departments (ED's) in Children's, Bristol Royal Infirmary and Weston hospital. The last full audit was undertaken in 2016 in this case it was used to validate the establishments already in use.

- The midwifery teams have used the Birthrate Plus (BR+) acuity tool to provide a systematic evidence-based calculation for midwifery staffing in June 2022. The report detailed the assessment of the required workforce for the case mix of women and numbers of births at University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

- There is no current credible acuity tool for use to assess AHP staffing.

- The SNCT and BR + results formed part of key discussion during the Annual Review process to support the evidence based assessment of the Nursing establishments. In line with best practice, no changes have been made to establishments based on one audit. A second audit of SNCT is underway now in November 2022 and future biannual reviews are planned in February and July each year. This will build a comprehensive profile over a number of years to substantiate the required workforce.

- It is recognised that acuity tool data cannot solely be used to recommend staffing establishments, the role of professional judgement and local intelligence (triangulation) cannot be underestimated and has been fully applied to the annual reviews to increase confidence in the recommended staffing levels.

- The annual safe staffing reviews followed the framework laid out in the 'Developing Workforce Standards' guidelines and examined nurse staffing across all Nursing and Midwifery areas. The results from the summer SNCT and BR+ were used to support the annual safe staffing reviews that were undertaken over the summer across all nursing areas. The areas reviewed were: -

  - In-Patient wards.
  - Emergency Departments (ED's),
  - Theatre Suites,
  - Outpatient Departments,
  - Day Case Wards/ Units,
  - Research Nurses
  - Clinical Nurse Specialists.

- The Chief Nurse and Midwife led this ward to board process in collaboration with the Directors of Nursing, Deputies and Matrons.

- The level of headroom in nursing establishments was discussed in all reviews; this is the level of uplift added to a ward to cover for staff absences e.g. annual leave, sickness and training, etc. This level is set at 21% for UHBW, 20% added to budgets and 1% held divisionally to manage maternity leave across the divisions. This is set

---

[5] Developing_workforce_safeguards.pdf (improvement.nhs.uk)

2

6 Monthly Report. Safe Staffing SD/AL/SW/VS Nov 2022 Trust Board Page 295 of 345

lower than the national recommended levels between 22% - 25% (e.g. upper limit reserved for Critical Care and Maternity areas where the level of training is greater).

- There are 3 specific nurse, midwifery and AHP staffing risks held on the corporate risk register as below:

For Nursing

Risk Number	Details	Risk Level	Score
737	Risk that the Trust is unable to recruit sufficient numbers of substantive staff – all staff groups	Strategic Risk Register	16
2664	Risk that the Trust is unable to retain staff	Strategic Risk Register	16
5477	Risk that nurse staffing levels will not be met (The current rating was increased to 20 due to the impact of the Covid pandemic and the level is very high risk)	Strategic Risk Register	20

For Midwives

Risk Number	Details	Risk Level	Score
33	Risk that inadequate nursing levels in line with BAPM standards 2011 will affect neonatal outcomes	Departmental	12
998	Risk that neonates are transferred out to alternative NICU units due to lack of cot capacity	Departmental	12
3623	Risk that extreme pre-term babies will have a sub-optimal outcome due to inability to deliver in a tertiary centre	Departmental	12
4810	Risk that if the trust does not achieve continuity of carer we will not achieve CNST safety standards	Departmental	12
5401	Risk that there will not be enough Midwives and obstetric staff to run a safe maternity service due to the impact of covid	Departmental	10
3697	Risk that there is not a Deputy Head of Midwifery and Nursing for Women's services	Departmental	8

For AHPs

Risk Number	Details	Risk Level	Score
2646	Risk that the Trust has insufficient leadership capacity	Strategic Risk Register	20
5277	Risk that the objectives of the Trust wide multi-disciplinary education strategy are not delivered	Strategic Risk Register	20
2741	Risk that the Trust is unable to sustain research activity	Strategic Risk Register	12
2633	Risk that the Trust's IM&T Systems fail to deliver the required levels of efficiencies	Strategic Risk Register	20

- The report highlights the work being undertaken to mitigate the above risks.

Nursing Report

NQB Expectations: A triangulated Approach to Staffing Decisions.

- The NQB three expectations (right staff, right skills, right place and time) support an approach to determining safe staffing levels based on patients' needs, acuity and risks, monitored from 'ward to board'. This triangulation approach to staffing decisions, rather than making judgments based solely on numbers or ratios of staff to patients, is supported by the CQC.

NQB Expectation One: Right Staff

The previous 6 months staffing metrics are now tabled over the next pages commencing with the Trust view followed by the Divisional summary tables. Key points to note: -

- The fill rate has been consistently in the mid to high 80's for registered nurses. The night HCSW fill rate remains above 100%; this is to ensure vulnerable patients are kept safe with enhanced care observation and often compensates for less RNs.

- The fill rate used is the product of the actual staff rostered divided by the agreed planned staffing i.e. agreed funded establishment for each area. The additional boarding beds recently introduced on wards this year are not funded and are an additional workload pressure on wards already working with reduced fill rates.

- The use of unfunded escalation beds continues to allow patient flow and reduce ambulance waits on the balance of risk. These areas are staffed by substantive staff moved from wards and backfilled where possible with bank or agency staff.

- The headroom (lost time) profile for the Trust (shown below) indicates that headroom demands exceed both the Trust level and benchmarked best practice range. It should be noted that the levels shown here relate to 'staff in post'. Any vacancies will cause a bigger level of staff gaps over and above the percentages noted here.

- There is no provision for other leave (Special Leave) in headroom as this covers unexpected events e.g. jury service etc. However, during the pandemic all absence due to COVID-19 was recorded under this heading.

- Since the 7th July 2022 all sickness due to COVID-19 was no longer treated as special leave and from July 2022 sickness does include COVID-19 related absences.

Roster Absences based on Staff in post	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Annual Leave % - expected 15%	13%	13%	14%	13%	16%	13%
Other Leave % - expected 0%	5%	2%	2%	2%	2%	2%
Sickness % - expected 3%	7%	7%	9%	10%	8%	7%
Study Day % - expected 2%	3%	5%	4%	3%	3%	4%
Total - expected 20%	27%	26%	29%	28%	30%	25%

4

Trust Metrics overview

Division - Trust Measure	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trend
Registered Nurse Fill Rate - Day	84%	86%	85%	85%	85%	84%	
Registered Nurse Fill Rate - Night	86%	90%	88%	89%	88%	89%	
Unregistered Nurse Fill Rate - Day	85%	88%	87%	84%	87%	88%	
Unregistered Nurse Fill Rate - Night	105%	104%	109%	107%	109%	104%	
All Staff Fill Rate - Overall	88%	90%	90%	89%	90%	89%	
Registered Care Hours per Patient Day	6.0	6.2	6.1	6.0	5.9	5.8	
Total Care Hours per Patient Day	9.0	9.2	9.2	9.0	9.0	8.8	
Sickness (Rostering KPI)	6.6%	6.6%	9.1%	9.8%	8.2%	7.2%	
Registered Nurse Band 5 Turnover Rate	17.7	18	18.1	19	18.8	17.8	
Unregistered Nurse Band 2 Turnover Rate	21.8	21.2	20.8	21.2	21.4	21.8	
Registered Nurse Band 5 Vacancy WTE	220.8	275.4	279.3	300.5	320.0	301.3	
Unregistered Nurse Band 2 Vacancy WTE	109.2	130.5	129.0	117.1	118.4	126.1	
% Agency staff used to support substantive staff	7%	8%	8%	10%	9%	8%	
% Bank staff used to support substantive staff	14%	16%	16%	16%	17%	15%	
Lower than expected Staffing Incidents	178	99	99	105	169	110	
Red Flag Reported incidents	97	49	40	43	95	60	

Division of Medicine.

- Day fill rates have been consistently lower than the night fill rates. This likely to be due to higher number of staff being around in the day to support wards in an ad hoc manner. This is not possible overnight.
- Sickness levels remain elevated above the Trust average for the whole of the 6-month period.
- The level of band 5 vacancy has increased over the past four months despite the pipeline of Internationally Educated Nurses (IEN's).

Division - Medicine Measure	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trend
Registered Nurse Fill Rate - Day	85%	93%	96%	93%	87%	87%	
Registered Nurse Fill Rate - Night	96%	103%	105%	104%	91%	96%	
Unregistered Nurse Fill Rate - Day	87%	89%	91%	84%	87%	85%	
Unregistered Nurse Fill Rate - Night	98%	104%	115%	106%	108%	102%	
All Staff Fill Rate - Overall	91%	97%	101%	96%	93%	92%	
Registered Care Hours per Patient Day	4.9	5.1	5.2	5.1	4.7	4.6	
Total Care Hours per Patient Day	8.9	9.1	9.3	8.9	8.6	8.4	
Sickness	7.9%	9.4%	9.2%	10.4%	8.5%	7.9%	
Registered Nurse Band 5 % Turnover Rate	23.2	22.6	22.5	24.3	23.7	19.1	
Unregistered Nurse Band 2 % Turnover Rate	26.8	26.0	25.9	24.7	25.8	26.6	
Registered Nurse Band 5 Vacancy WTE	59.8	61.0	57.7	66.9	78.2	86.5	
Unregistered Nurse Band 2 Vacancy WTE	37.9	35.8	35.3	36.3	33.2	39.5	
% Agency staff used to support substantive staff	9%	14%	15%	17%	14%	14%	
% Bank staff used to support substantive staff	18%	22%	22%	23%	23%	21%	
Lower than expected Staffing Incidents	52	24	24	27	74	58	
Red Flag Reported incidents	20	20	8	11	56	35	

Specialised Services Division

- The high requirement for HCSW overnight continues to support the care of vulnerable patients at night requiring enhanced care observation.
- The CHPPD is higher reflecting the increased requirement for specialist nursing e.g. Critical care beds
- The number of red flag incidents has decreased now that the level of vacancies in the Division has reduced. Initially these were themed around the difficulty supporting boarding patients.

Division - Specialised Services Measure	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trend
Registered Nurse Fill Rate - Day	86%	87%	87%	84%	87%	88%	
Registered Nurse Fill Rate - Night	90%	94%	92%	90%	91%	92%	
Unregistered Nurse Fill Rate - Day	100%	98%	94%	98%	99%	103%	
Unregistered Nurse Fill Rate - Night	127%	122%	127%	136%	159%	144%	
All Staff Fill Rate - Overall	94%	94%	93%	93%	96%	96%	
Registered Care Hours per Patient Day	6.1	6.3	6.3	6.0	6.1	6.1	
Total Care Hours per Patient Day	8.9	8.7	8.7	8.5	8.5	8.4	
Sickness	6.2%	5.3%	5.0%	7.9%	7.4%	6.8%	
Registered Nurse Band 5 Turnover Rate	17.8	18.1	16.8	17.7	18.8	16.3	
Unregistered Nurse Band 2 Turnover Rate	20.9	22.5	21.7	21.7	18.3	20.8	
Registered Nurse Band 5 Vacancy Rate	58.8	60.2	64.7	60.5	58.8	52.5	
Unregistered Nurse Band 2 Vacancy Rate	12.7	17.1	16.3	17.6	18.6	20.8	
% Agency staff used to support substantive staff	6%	9%	8%	7%	7%	7%	
% Bank staff used to support substantive staff	15%	18%	16%	15%	17%	15%	
Lower than expected Staffing Incidents	27	2	2	7	7	7	
Red Flag Reported incidents	14	0	0	3	3	4	

Division of Surgery

- The CHPPD is higher reflecting the increased requirement for specialist nursing eg Critical care beds.
- The turnover rate is lower than the Trust average.
- The vacancy level for both RN's and HCSW has reduced over this 6-month period.

Division - Surgery Measure	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trend
Registered Nurse Fill Rate - Day	81%	84%	81%	85%	82%	82%	
Registered Nurse Fill Rate - Night	87%	89%	87%	91%	88%	86%	
Unregistered Nurse Fill Rate - Day	86%	84%	87%	84%	79%	83%	
Unregistered Nurse Fill Rate - Night	121%	116%	130%	130%	124%	125%	
All Staff Fill Rate - Overall	89%	90%	90%	92%	89%	89%	
Registered Care Hours per Patient Day	7.0	7.1	7	7.4	6.7	6.9	
Total Care Hours per Patient Day	10.4	10.3	10.6	11	10.2	10.3	
Sickness	7.1%	5.1%	6.1%	7.6%	8.1%	8.4%	
Registered Nurse Band 5 Turnover Rate	15.3	15.1	14.3	14.5	15	16.5	
Unregistered Nurse Band 2 Turnover Rate	20.1	18.2	17.8	16.8	16.1	13.8	
Registered Nurse Band 5 Vacancy Rate	51.8	52.2	53.9	59.4	57.6	51.9	
Unregistered Nurse Band 2 Vacancy Rate	22.2	23.3	24.0	20.1	18.1	18.8	
% Agency staff used to support substantive staff	9%	10%	10%	15%	11%	11%	
% Bank staff used to support substantive staff	15%	17%	17%	18%	19%	17%	
Lower than expected Staffing Incidents	22	8	9	15	26	16	
Red Flag Reported incidents	16	0	1	2	5	5	

8

6 Monthly Report. Safe Staffing SD/AL/SW/VS Nov 2022 Trust Board   Page 301 of 345

Division of Childrens' Services

- The Trend for fill rates in both RN and HCSW fill rate is lower than the Trust average over the period. This trend is also reflected in increased vacancy levels.
- The CHPPD is greater than the Trust average due to the specialist nature and higher ratios required to care for children.
- The sickness level has increased across the 6-month period.
- * Figures shown are for the Women's and Childrens Division. Band 5 vacancy figures are used in Childrens as Midwives are predominantly band 6. The HCSW figures are at Women's and Childrens level not just Childrens.

9

6 Monthly Report. Safe Staffing SD/AL/SW/VS Nov 2022 Trust Board   Page 302 of 345

Division - Childrens Measure	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trend
Registered Nurse Fill Rate - Day	90%	88%	84%	82%	84%	79%	
Registered Nurse Fill Rate - Night	84%	85%	82%	81%	85%	80%	
Unregistered Nurse Fill Rate - Day	66%	78%	71%	77%	85%	80%	
Unregistered Nurse Fill Rate - Night	53%	63%	60%	63%	69%	60%	
All Staff Fill Rate - Overall	82%	84%	80%	80%	83%	78%	
Registered Care Hours per Patient Day	10.9	10.9	10.7	10.2	11.2	10.8	
Total Care Hours per Patient Day	12.6	12.9	12.7	12.2	13.3	13.0	
Sickness	6.8%	5.5%	5.1%	7.3%	7.2%	7.9%	
Registered Nurse Band 5 Turnover Rate *	19.6	19.8	21.6	22.5	20.9	20.0	
Unregistered Nurse Band 2 Turnover Rate *	31.8	32.2	28.7	30.0	28.4	27.4	
Registered Nurse Band 5 Vacancy Rate *	1.0	36.2	45.5	63.6	77.7	75.6	
Unregistered Nurse Band 2 Vacancy Rate *	1.2	18.5	17.1	13.1	17.7	11.9	
% Agency staff used to support substantive staff	7%	6%	5%	6%	8%	7%	
% Bank staff used to support substantive staff	6%	6%	7%	8%	9%	7%	
Lower than expected Staffing Incidents	22	41	34	12	16	11	
Red Flag Reported incidents	7	17	13	3	2	2	

Weston Division (Weston General Hospital)

- The overall fill rate moved above 90% and remained at this level for the rest of the period.
- The RN CHPPD for Weston is significantly lower than in all areas in the BRI.
- The vacancy level for RN's is on a downward trend.
- Red flag submissions have reduced in September as the RN vacancy level decreased.

Division - Weston Measure	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trend
Registered Nurse Fill Rate - Day	85%	85%	85%	87%	87%	85%	
Registered Nurse Fill Rate - Night	82%	90%	88%	88%	84%	92%	
Unregistered Nurse Fill Rate - Day	86%	94%	87%	85%	87%	95%	
Unregistered Nurse Fill Rate - Night	105%	116%	103%	110%	105%	112%	
All Staff Fill Rate - Overall	88%	94%	90%	91%	90%	94%	
Registered Care Hours per Patient Day	3.2	3.3	3.3	3.2	3.2	3.3	
Total Care Hours per Patient Day	6.3	6.7	6.6	6.4	6.3	6.6	
Sickness	7.0%	6.9%	11.9%	11.9%	9.2%	7.3%	
Registered Nurse Band 5 Turnover Rate	12.6	14.4	14.7	15.9	16.6	16.6	
Unregistered Nurse Band 2 Turnover Rate	15.4	14.4	15.1	17.6	19.5	21.3	
Registered Nurse Band 5 Vacancy WTE	56.9	64.2	55.9	49.2	48.7	38.0	
Unregistered Nurse Band 2 Vacancy WTE	38.1	38.7	37.1	31.0	32.7	37.7	
% Agency staff used to support substantive staff	5%	6%	7%	8%	7%	5%	
% Bank staff used to support substantive staff	18%	20%	19%	20%	19%	19%	
Lower than expected Staffing Incidents	51	17	16	35	37	8	
Red Flag Reported incidents	43	12	16	22	27	3	

Annual Reviews Summary and Key Points

The Trust nursing establishment annual review process was undertaken between August and October 2022.

- The reviews evaluated the entire nurse and midwifery workforce in each Division including: -

- o In-Patient Wards,
- o ED's,
- o Theatres,
- o Clinical Nurse Specialists
- o Outpatients Services
- o Day Case Wards
- o Research Nurses.

- All divisions had significant challenges in service configuration and escalation beds:-
    - o UHBW EDs are under significant pressure with more patients held in the departments for longer periods.
    - o Specialised Services and Surgery continues to manage large numbers of medical outliers in wards reducing specialist capacity in both Divisions and potentially affecting retention.
    - o The children's summer/winter model is no longer fit for purpose, as the seasonal demands are now the same throughout the year. This affects Childrens ED and acute paediatric medicine in particular.
    - o Theatres suites across the Trust have experienced high vacancy rates; this has included agency workers who have been attracted to higher rates of pay in other organisations.

- The level of staff reported 'lower than expected staffing reports' has gradually decreased over the last six months as the cumulative effect of the recruitment of IEN's this is particularly noted in Weston.

- The pain service has a reduced capacity (Risk 5704, rated 16) that impacts across all adult services in the Trust and ongoing recruitment to this essential service continues.

- Across all divisions, the HCSW position has deteriorated with increased in vacancy due to the changing position in relation to band 2/3. Recruitment to these positions is a priority.

- All divisions continue to explore the opportunities of new roles particularly Nursing Associates and Advanced Practice Roles.

- The continued high level of staff movement to support both boarding beds and escalation areas continues to adversely affect staff morale across the adult services.

All Divisions consistently highlighted key successes within their reviews as:

- The value of the practice education facilitator (PEF) role in supporting retention and the support they provide to improving practice has been significant.

- The work of Professional Nurse advocates within the Trust is progressing as more staff are trained.

- The increasing number of wards who are silver and gold accredited and the impact that this has on the morale of the multi-professional ward teams.

- The success of the International Nurse Recruitment programme has brought in a significant number of new staff to all divisions.

Supervisory Ward Sister Role.

- The Trust recognises the essential role of the Ward Sister in leading the ward team, setting the level of expected care, professional leadership and overall ward and staff management.

- This position was made supervisory in line with national guidance to allow Ward Sister's ring fenced time to achieve this. All ward establishments were also set up to ensure that the role could continue throughout the year.

- Over the past months the Trust has been reporting the level of supervisory ward sister time due to the number of occasions the Ward Sister has been required to be part of the ward numbers to ensure patient safety. The Trust is committed to ensure that this role is supported and a Trust wide project on further developing the role of the Supervisory Ward sister is underway led by a Deputy Director of Nursing.

- This has been achieved only 64% of the time over the last 6 months.

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Average
% Achieved (expected 100%)	64%	66%	66%	64%	58%	63%	**64%**

The Emergency Department Safer Nursing Care Tool (SNCT)

- The Safer Nursing Care Tool results for ED departments were reviewed with the Chief Nurse and Emergency department Directors of Nursing and Matrons. The assessment is being undertaken again in November 2022 in all three ED's to compare results.

- Following this it is likely that increases in the establishment will be required for both Weston ED and the Children's ED.

  o The Weston ED showed a shortfall 13.5 WTE difference between the current funded establishment and the indicative staffing level from the SNCT ED tool. The deployment graph below illustrates the hourly staffing profile. The allocations are shown in blue (RN) and green (HCSW) and the yellow line indicates the suggested staffing from the SNCT ED tool. The purple line indicates the activity by occupancy only. The main gap exists between the hours of 02.00 – 07.00 as the department changes function from an ED department to an escalation area.
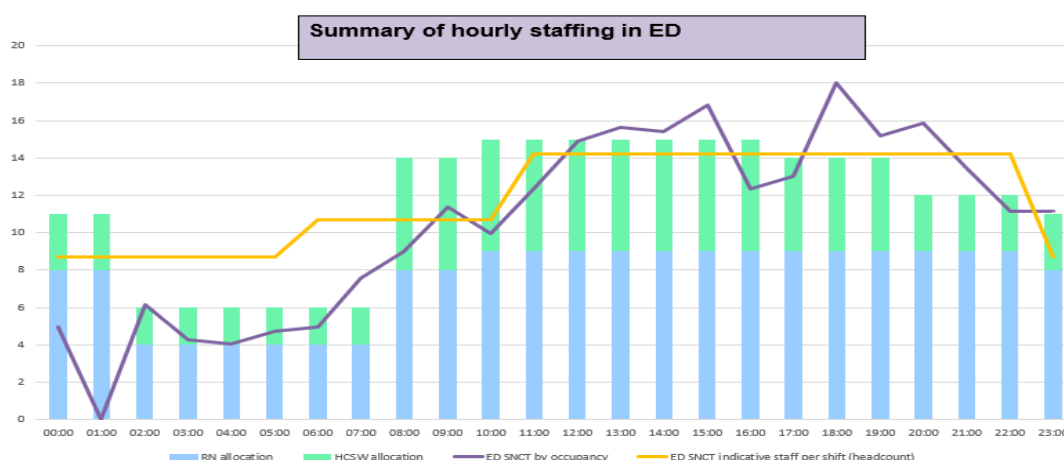
  o Children's ED staffing showed a shortfall of 12.1 WTE between the funded establishment and the indicative staffing level from the SNCT ED Tool. This

13

6 Monthly Report. Safe Staffing SD/AL/SW/VS Nov 2022 Trust Board   Page 306 of 345

reflects the disparity between running a winter and summer model for staffing and the increase in acuity seen in the BRHFC.

Summary of hourly staffing in ED
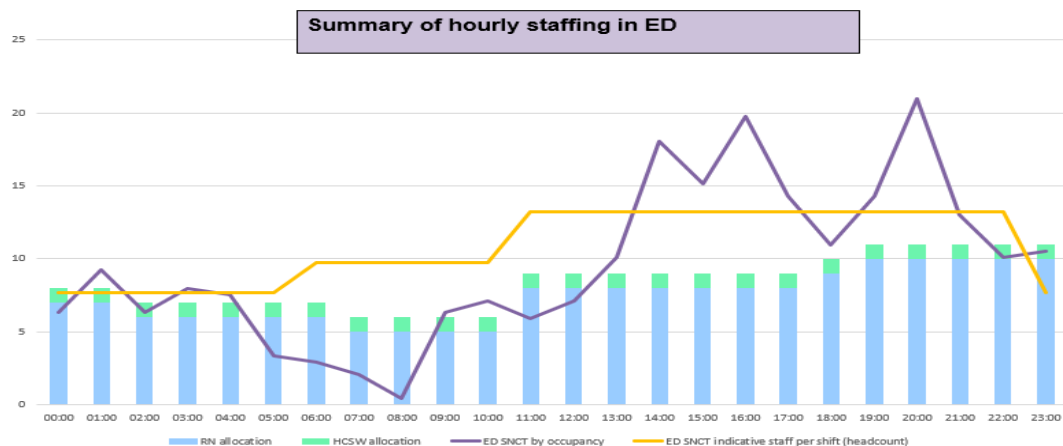
o The adult ED showed a different profile. The tool indicated an excess staffing of 19 WTE. The staffing profile in shown below that covers ten different separate areas across the whole adult ED. Each area requires a separate staffing model due to the current environment of the ED department and to ensure patient safety concerns.

Summary of hourly staffing in ED
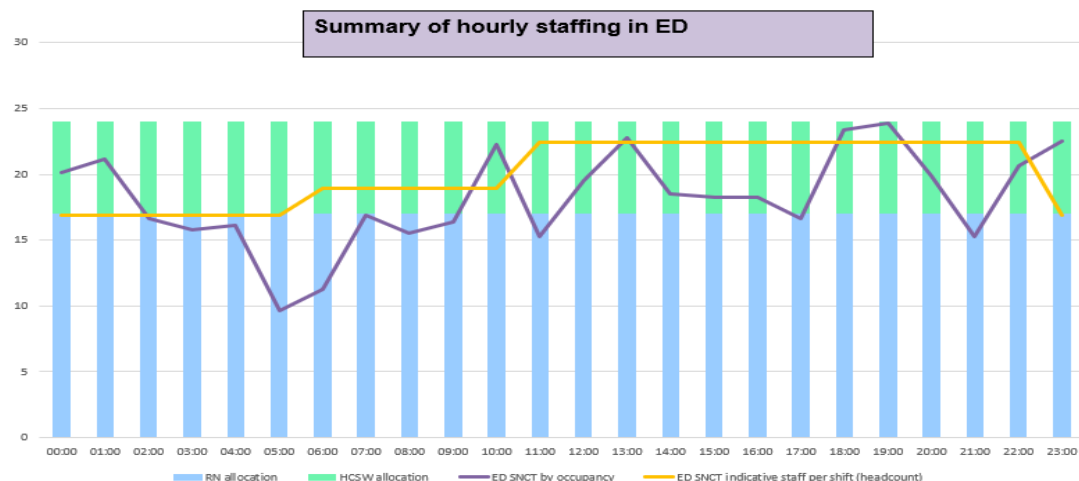
NQB Expectation Two: right skills

Workforce planning for the future

The Trust recognises and is committed to ensuring that staff have the appropriate training and competencies to support patient care. This is supported by a plan to invest in new roles to enhance the current workforce model. The Non-medical workforce planning group meets monthly to maintain close oversight of the workforce metrics and workforce planning for the future, roles include: -.

- Nursing Associates
- Advanced Clinical Practitioners
- Nursing Degree Apprenticeships
- International Recruitment
- Newly Qualified Nurses (NQN)
- Practice Education Facilitators

14

6 Monthly Report. Safe Staffing SD/AL/SW/VS Nov 2022 Trust Board   Page 307 of 345

- Professional Nurse Advocates (PNA)
- Health Care Support Workers

Retention Plan

- The refreshed trust wide nurse and midwifery retention plan is now in development sitting as part of the new people strategy providing some clear and stretch objectives to ensure that UHBW is where staff want to work, undertake further development and continue their careers.

- The self-assessment against NHS England's recruitment and retention plan has been undertaken with the actions being tracked through the Monthly Non-medical workforce group.

- Each Division has been focussing over the past 6 months on supporting the health and wellbeing of staff which has been extremely challenged due to the staffing pressures seen across all services.

- Exit questionnaires, Trust wide and Divisional question and answer, listening events and a Trust well-being survey has highlighted what matters to staff and work is underway to support some of these. E.g. Car parking, shift timings.

Statutory and Mandatory Training compliance.

- Compliance for RNs across Statutory and Mandatory skills have generally improved, however the HCSW compliance level has decreased slightly over the 6 Month period.

Division	UK 11 Core Skills		Remaining Essential Statutory and Mandatory Training	
	RN & RCN	All HCSW	RN & RCN	All HCSW
Diagnostic and Therapies	88% (86%)	91% (64%)	85% (53%)	81% (78%)
Medicine	90% (87%)	84% (88%)	91% (88%)	81% (89%)
Specialised Services	91% (90%)	87% (88%)	92% (92%)	85% (89%)
Surgery	90% (86%)	81% (85%)	90% (90%)	83% (87%)
Weston	92% (88%)	86% (87%)	84% (70%)	66% (60%)
Women's and Children	86% (88%)	83% (84%)	88% (91%)	81% (87%)
Trust (AHP and all N&M)	88% (87%)	88% (86%)	86% (87%)	86% (87%)

NQB Expectation Three – Right Place and Time

The past 6 months has continued to bring many challenges for ensuring that staff are in place to cover wards, theatres and departments.

- There has been unprecedented demand to manage the increased pressures both within the ED and with an increased number of ambulances queuing.

- Quality Impact assessments have been completed to support the decisions to increase the number of 'Boarding Patients' that can be safely cared for on the wards, an increase in escalation beds and the staffing of new areas for queuing of patients waiting for beds in the Emergency departments across both Bristol and Weston.

- There are now approximately 70 extra capacity beds in operation across both Weston and Bristol all requiring additional staffing.

- The level of infectivity over the summer months of the Omicron variant continued to affect all teams with nursing teams stretched substantially.

- The impact of this continued reduction of substantive staff in place cannot be underestimated.

Use of Temporary staff

The graph below shows the weekly (Week Number) trend over the previous 6 months with the demand level peaking during July. The total demand is represented by the blue line with the % blocks indicating the proportion of bank, agency and unfilled shifts.

- Encouragingly bank shift % fill is on an upward trajectory, whilst the total demand line is also decreasing.

- To support this the Trust has introduced a variety of incentives to support our own staffing undertaking additional work.

- The Trust acknowledges the findings in the recent research publication by Zaranko et al[6] into the link between nurse staffing and inpatient mortality in the English NHS. This showed that additional HCSWs and agency RNs have no significant impact and therefore should not be treated as effective substitutes for experienced permanent RNs.

- This supports the further ongoing work directed towards increasing the number of registered nurses and improving the retention of the existing registered staff.
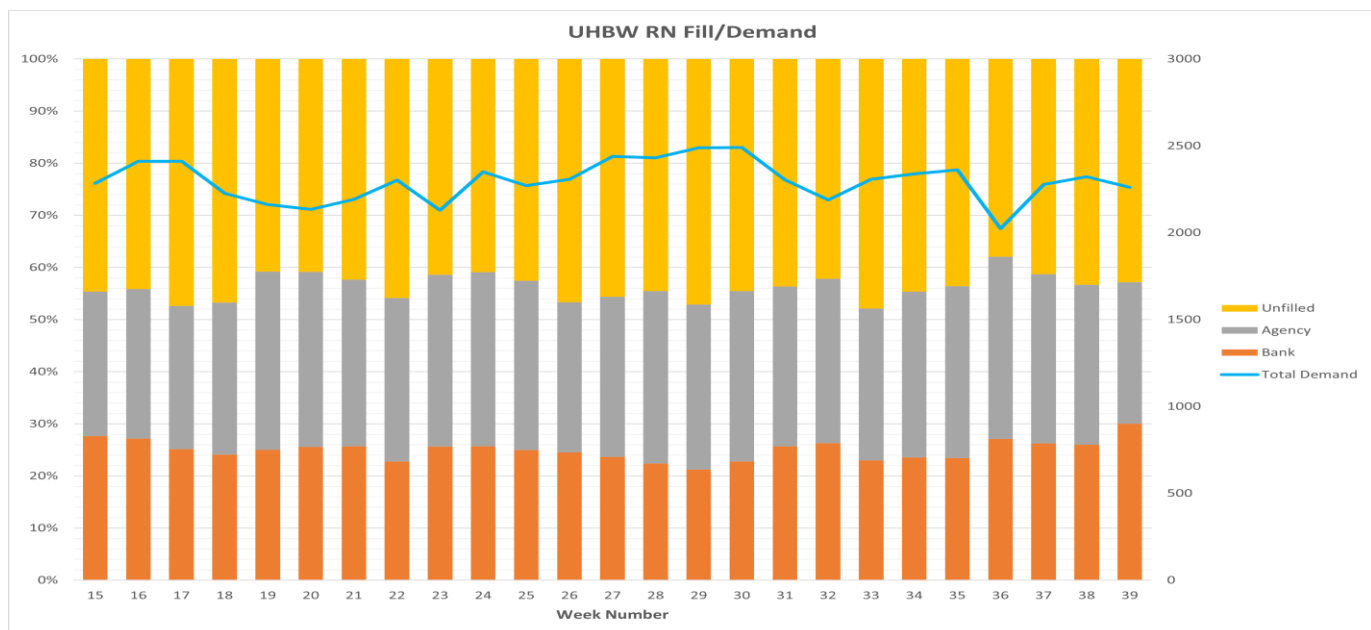
Nursing and Midwifery Staff Experience and Satisfaction

Staff are encouraged to feedback on staffing through a variety of means, these include; -

- alerting and discussing with their line manager,
- freedom to speak up ambassadors,

---

[6] https://qualitysafety.bmj.com/content/early/2022/09/27/bmjqs-2022-015291?s=09

- staff side representatives,
- reporting through the Datix incident reporting system,
- well-being survey,
- executive and senior nurse and midwifery staff walkabouts
- the clinical quality accreditation visits to wards and departments.
- the national staff survey being undertaken at present for 2022, these results will be reported when received.

Triangulation measuring and improving - Performance against key quality metrics. Patient outcomes

A variety of patient surveys and metrics are reported both internally and externally, these are reviewed for learning opportunities when published.

- The latest patient survey results have just been published, this highlights patient concerns regarding staffing levels, the impact on both relational and personal aspects of care; this includes patients' confidence on whether they will be able to talk to a member of staff when they need to and whether they get the right support to wash.

The Trust regularly reports the following to the Trust board each month on the monthly safe staffing paper: -

- o Complaints
- o Infection control metrics
- o Falls and Pressure ulcers

Midwifery Report - November 2022

The landmark publication of the Ockendon Reports in December 2020 and March 2022 are addressed here to assure the Trust that the midwifery services are responding appropriately to the recommendations outlined in these two reports.

Birthrate Plus
- The case mix was based on 3 months of births and demonstrated that there has been a significant change in the acuity of women and babies with a shift to the category 5.

- This category is where a mother and /or baby require a very high degree of support or intervention such as emergency caesarean section, associated medical problem such as diabetes, as well as unexpected high dependency care needs post-delivery.

- There was an 8% shift in the number of women in category 4 and 5 from 2019 and mainly in category 5.

Details of planned versus actual midwifery staffing levels.

- The table below shows the midwifery establishment expected workforce vs actual workforce. This table provides assurance that UHBW funded establishment for staffing is in line with Birthrate Plus + recommendations but does not take into account risks such as backlogs in induction rates etc.

Current Funded Clinical, specialist and management roles	Birthrate Plus WTE	Variance WTE
233.92	235.02	-1.10

- Since Birthrate Plus further funding has also been received from NHS England to support a 0.2 WTE Midwifery retention lead and funding for a 1 WTE Bereavement lead. A temporary increase in Band 6 safeguarding hours has also been used to support the Maple community midwifery team with a high caseload of vulnerable families and further funding has been obtained to increase the specialist midwifery mental health team to set up a debriefing service for women who have found their labour traumatic.

- The 2nd Ockendon report, published 30th March 2022, recommended that the national roll out of Continuity of Carer (a woman is cared for by a team of up to 8 Midwives in the antenatal period, intra partum and post-natal period) should not continue unless a unit has safe staffing established. UHBW had already stated that it cannot achieve Continuity of Carer as the default for all women, unless there is significant investment in the workforce numbers.

- An assessment has been made about midwifery staffing and the continuation of the continuity teams by the Director of Midwifery, Matrons and after discussion with the Chief Nurse and Midwife. The decision was made to continue with the four teams set up which are working well and giving continuity to some of the most vulnerable women. However, two teams have returned to traditional working temporarily due to vacancies and sickness.

- The Midwifery in-patient staffing metrics are shown below, these are in line with the other divisions.

  - The fill rates have been lower than the Trust average, in part due to the continuity of care Teams that work across both community and acute hospital settings. These staff are currently not reflected in the % fill rates.

  - The turnover and vacancy figures used here are the band 6 Women's and Childrens figures. Most midwives are band 6 staff.

  - The level of lower-than-expected safe staffing figures have gradually risen these are mostly for NICU rather than midwifery areas due to the requirement to close cots when there are insufficient staff to care for the numbers on the unit.

- The Midwifery, NICU and Women's services annual safe staffing review was undertaken in August 2022 with the Chief Nurse and Midwife, Director of Midwifery and the Matrons. This recognized the requirement for succession planning for single specialist service staff providing outpatient services in women's services and a review to align the supervisory Midwifery ward sister role with the rest of the Trust.

Division - Womens in Patient Wards Measure	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trend
Registered Nurse Fill Rate - Day	78%	79%	73%	75%	84%	84%	
Registered Nurse Fill Rate - Night	79%	80%	76%	79%	84%	88%	
Unregistered Nurse Fill Rate - Day	64%	67%	64%	65%	73%	71%	
Unregistered Nurse Fill Rate - Day	81%	82%	84%	83%	86%	83%	
All Staff Fill Rate - Overall	77%	78%	74%	76%	83%	84%	
Registered Care Hours per Patient Day	9.1	9.1	9.2	8.9	9.3	8.1	
Total Care Hours per Patient Day	10.9	10.9	11.2	11.8	11.2	9.9	
Sickness	6.7%	6.8%	5.5%	6.3%	6.1%	5.6%	
Registered Nurse Band 6 Turnover Rate *	11.6	12.8	12.7	12.7	12.9	12.9	
Unregistered Nurse Band 2 Turnover Rate *	31.8	32.2	28.7	30.0	28.4	27.4	
Registered Nurse Band 6 Vacancy Rate *	-24.4	39.8	23.2	18.7	32.9	27.8	
Unregistered Nurse Band 2 Vacancy Rate *	1.2	18.5	17.1	13.1	17.7	11.9	
% Agency staff used to support substantive staff	0%	0%	0%	0%	0%	0%	-
% Bank staff used to support substantive staff	8%	7%	7%	6%	8%	7%	
Lower than expected Staffing Incidents	4	7	7	9	9	9	
Red Flag Reported incidents	0	0	0	2	2	2	

19

6 Monthly Report. Safe Staffing SD/AL/SW/VS Nov 2022 Trust Board   Page 312 of 345

Midwifery vacancies

Midwifery vacancy and turnover is now available and in September there were 17.54 WTE vacancies with 15.8 WTE recruited. The turnover rate from model hospital shows a turnover rate of 11.5 % with 4.2% retire and return.

The Trust has bid for funding via Health Education England (HEE) for 5 international midwives to be recruited and is supporting 3 nurses to commence the HEE funded 20 month shortened midwifery training programme commencing in October 2022.

Birthrate plus Acuity Tool

Birthrate plus acuity tool has been used on delivery suite since the 01/05/2022, to assess staffing requirements against the needs of the patient. The tool is used to assess the acuity of women on the unit every 4 hours and the tool then calculates the number of midwives that are required to give care to the women on the unit at that time.

The charts below show the monthly acuity of patients on the delivery suite against the required staffing. Key issues
- In September 14% of the recorded time the staffing was two or more midwives short of the required staffing for the acuity of the patients. This has risen by 12% since May 2022.
- The on-call midwives were utilised or patients on a case-by-case basis were re directed to neighbouring units where required.

20

6 Monthly Report. Safe Staffing SD/AL/SW/VS Nov 2022 Trust Board   Page 313 of 345

Acuity by RAG status (Percentage) for July 2022

5%
31%
65%

■ Meets Acuity   ■ Up to 2 MW's short   ■ 2 or more MW's short

Acuity by RAG status (Percentage) for August 2022

3%
26%
71%

■ Meets Acuity   ■ Up to 2 MW's short   ■ 2 or more MW's short

Acuity by RAG status (Percentage) for September 2022

14%
28%
59%
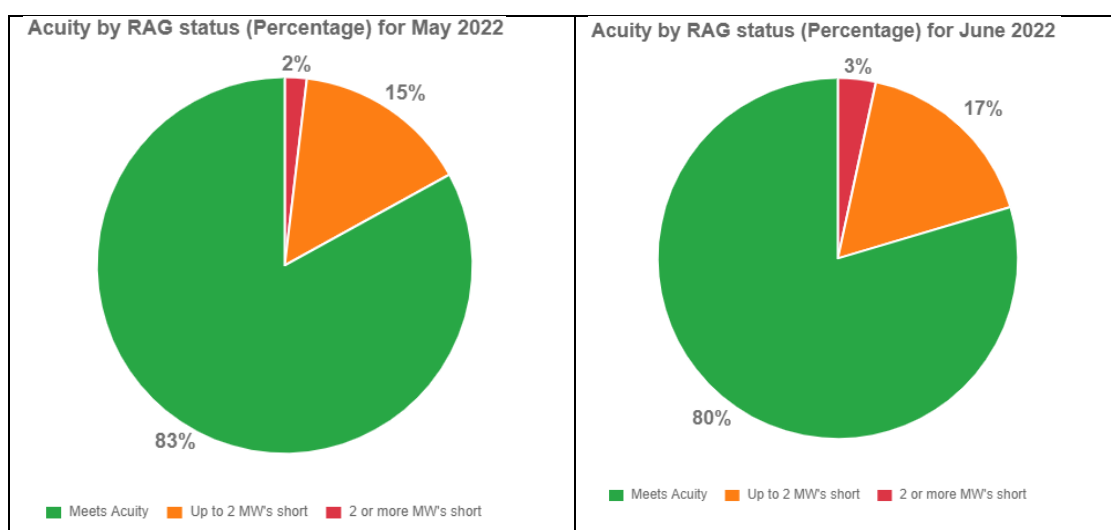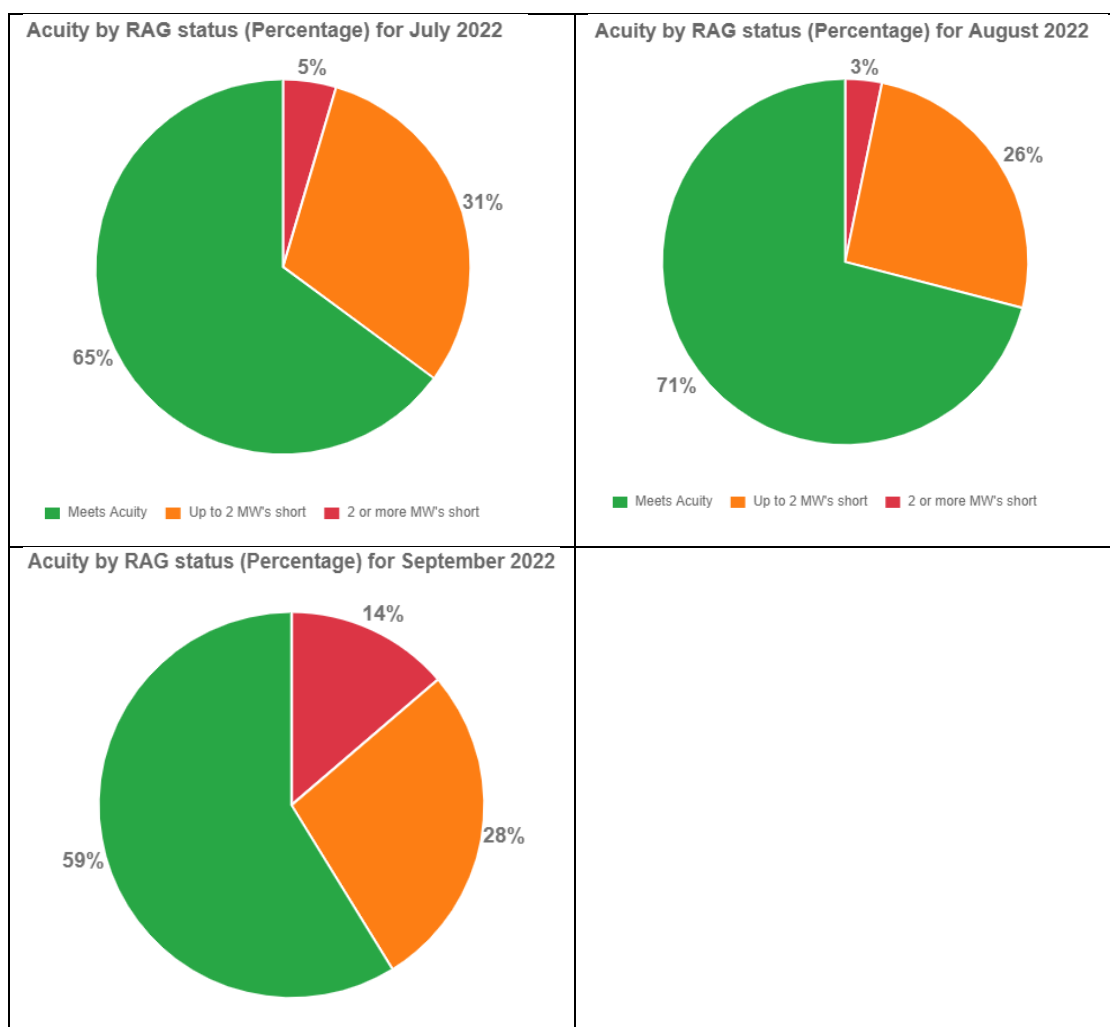
NICU nurse staffing

Nurse staffing has been a challenge and is the key issue driving the current restriction on cot numbers. Up to the beginning of October 2022, there are multiple shifts which only have 11-13 nurses. Regular staffing for the unit has historically been 17-18 nurses to meet the acuity need and number of babies regularly cared for at St Michael's Hospital. For context, to meet BAPM recommended nursing ratios to meet the commissioned cot capacity would require 22 nurses per shift. There is an ongoing impact from COVID related sickness, which routinely affects 2-3 members of staff at any time. This is exacerbated by high maternity leave levels (currently 7.94 WTE), and nurses opting to be non-patient facing from 28 weeks pregnant due to Covid concerns. There are also a number of nurses on short- and long-term sickness that is not Covid-related, and a number of staff have reduced their hours due to wanting a better work life balance.

The St Michael's Hospital NICU was lucky enough to have been awarded a significant amount of recurrent funding via the Neonatal Critical Care Review (NCCR), and the Trust was informed of this in January 22. Excluding an allocation to support transport nurses, this equated to approximately £1.045M, or 20 WTE nurses. The Trust has submitted an initial recruitment plan with timescales to the Operational Neonatal Network and has then submitted quarterly updates as requested. The total increase in nursing posts is shown below:

21

6 Monthly Report. Safe Staffing SD/AL/SW/VS Nov 2022 Trust Board   Page 314 of 345

	WTE
Original NICU nursing establishment (pre-NCCR)	101.54
NCCR batch 1	8.00
NCCR batch 2	21.30
Total new funded nursing establishment	130.84

Although recruitment is a continual activity, it is likely that numbers of nurses available to provide direct clinical care without additional supervision will not expand significantly to fill the gaps until the end of the calendar year. Nursing within a tertiary NICU setting is complex, and it is essential for patient safety that nursing colleagues entering the service are appropriately inducted and supported. The majority of new recruits are either newly qualified nurses or international recruits, both of which groups require sufficient support on entry to allow them to develop into independent practice.

There are approximately 20 WTE vacancies in the Band 5 team, mostly due to recruitment ongoing to utilise the new additional funding via the Neonatal Critical Care Review (NCCR). The new starters will need 12 weeks supernumerary so many will not be included in the staffing numbers until January 23. It is projected that in the New Year, there will be 5.89 WTE vacancies, with an additional 8.23 WTE nurses on maternity leave. The current recruitment trajectory is shown below:

WTE	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
In post and working independently	92.8	89.8	89.6	92.6	100.3	107.2	114.4
In post and working supernumerary	3.6	10.6	11.9	16.9	9.9	8.0	5.0
Maternity leave or 28+ weeks non-patient facing	9.8	9.8	9.8	9.8	9.1	9.1	7.9
Long term sickness	1.0	1.0					
Funded establishment in post	107.2	111.2	111.3	119.3	119.3	124.3	127.3

Although mostly positive comments from the patient survey, women on occasions comment about staffing on the post-natal ward and at times to staff delivery suite safely, staff have had to be moved from the ward and beds closed temporarily. To address this a review has included identifying some budget for more support workers on the wards.

Allied Health Professionals (AHP's) - November 2022

AHPs are an integral part of the multi-disciplinary team and work across all divisions within the Trust. AHP's provide clinical care for patients within outpatient, inpatient and community settings.

The Trust also provides a prosthetics and orthotics service which is outsourced in adult and children's services. The Trust also employs psychologists, pharmacists, healthcare scientists and bioengineers who are not included in this report.

Data Metrics

The Trust currently (September 2022) employs:

- 712 (589.50 WTE) registered Allied Health Professionals (Bands 5-8D)
- 124 (102.77 WTE) support workers and assistants (Bands 2-4) across all divisions in the Trust.
- The current AHP staffing turnover has increased and is at 17.8%, vacancies within the specialties and professional groups vary.

There is no acuity tool for AHP's at present or standard approach to inform staffing levels required in services provided by AHP's. Levels are generally determined via a range of methods, which include:

- the use of demand and capacity data,
- data collected on patient and non-patient related activity,
- patient complexity and acuity.

In addition, guidance that is nationally available for specific clinical services and/or conditions is also used e.g. stroke services, critical care and cancer services.

The current vacancy rate amongst AHP's is variable as some groups are over recruiting i.e Diagnostic radiographers to compensate for any leavers during the year which helps mitigate some vacancies. This is also being explored by Adult Therapies.   Different methods for recruitment are also being explored including open days and international recruitment. Progress on additional services such as weekend services and twilight services in adult therapies have been slow due to a combination of funding and recruitment issues. Adult therapies are planning to review their job planning and productivity measures to ensure that the appropriate skill-mix is set and achieved

Recruitment and Retention:

- Key issue for AHP's in the radiography and sonography workforce, they continue to be on the national shortage list.
- There a number of retention initiatives aimed at AHP's:
  - Site integration to allow greater flexibility for cross site working
  - Use of academic posts in higher education to support research.
  - New coordination role for UHBW in Critical Care training for AHP's
  - Continued exploration of advanced roles in each specialty
  - Launching of the BNSSG AHP faculty focusing on a number of areas including preceptorship and apprenticeships

Workforce Planning for the Future

- We are increasing the number of students placed within the Trust as one part of our overall strategy for recruitment.
- Diagnostic Radiography is trialing a new 12-hour placement for students. This will promote support from registered staff for students as well as improve the number of student placements that can be offered.
- The Trust is working with HEE southwest to use the scenario modelling (optioneering) tool that is being developed, to gather further workforce data and intelligence for effective AHP workforce planning in the short and longer term, at Trust, system and regional levels.

Statutory and Mandatory Training compliance

- The Kalidas Training system allows for improved reporting, the results for AHP's in divisions is illustrated below.

Division	UK 11 Core Skills	Remaining Essential Statutory and Mandatory Training
	AHP's	AHP's
Diagnostic and Therapies	**89%**	**83%**
Medicine	**94%**	**93%**
Specialised Services	**93%**	**94%**
Surgery	**86%**	**89%**
Weston	**63%**	**55%**
Women's and Children	**91%**	**90%**
Trust (AHP and all N&M)	**88%**	**86%**

Assurance Statement

The Trust continues to closely monitor staffing levels and comply with the recommendations outlined in the Developing Workforce Safeguards guidance. Noting the staffing information detailed in this report, alongside the robust escalation and mitigation of short and long term staffing shortfalls. The conclusion is that the Trust has in place sufficient processes and oversight of its staffing arrangements to ensure safe staffing is prioritised as part of its routine activities, whilst also supporting development for both the registered and non-registered Nursing and Midwifery workforce and the AHP staff.

The last 6 months have continued to be an extraordinarily challenging time due to the residual effects of the pandemic with areas reconfiguring to maximise resources and the requirement to open additional escalation areas in order to reduce ambulance queuing and overcrowding within the ED's. The level of absence, though reduced, continues to impact staffing levels across the Trust. The Trust has, though, been successful in gradually reducing the overall level of staffing vacancies through both International Recruitment and continuing to maximize the number of newly qualified nurses recruited.

Recommendations for Trust Board

The Trust Board is assured that there is detailed monthly reporting to the Quality and Outcomes committee which provides fill rates by wards, red flag reporting and detailed analysis and review of all the safe staffing incidents reported, along with triangulation of impact on patient quality outcomes.

The Trust Board is recommended to review the six monthly safe staffing report and support the following:

- The approach outlined using the Safer Nursing Care Tool (SNCT) to underpin nursing establishment on all in-patient wards, both adults and children and ED's acknowledging this is a process that will evolve over time after each assessment.

- Continue funding the Internationally Educated Nurse programme in 2023/24 to provide an immediate pipeline of registered nurses to compliment the domestic supply.

- Approve further analysis in all the ED's to support potential additional funding to bring the ED staffing levels up the recommended levels by the SNCT ED tool.

- The approach used to develop a local pipeline for Registered Nursing Associates to support the RN's in clinical areas e.g. TNAs and RNDAs but this approach will need the funds to be allocated

- Acknowledge the continued pressure on the nursing workforce due to the boarding of patients and extended use of escalation areas by supporting future the retention plan.

- Consider the positive impact of the practice education facilitator role to further support ward retention following the universal support in the role by all Divisions and assess how we can sustain these posts.

25

6 Monthly Report. Safe Staffing SD/AL/SW/VS Nov 2022 Trust Board Page 318 of 345

26

6 Monthly Report. Safe Staffing SD/AL/SW/VS Nov 2022 Trust Board   Page 319 of 345

NHS

University Hospitals Bristol and Weston
NHS Foundation Trust

Meeting of the Trust Board of Directors in Public on 24th November 2022

Reporting Committee	People Committee
Chaired By	Bernard Galton, Non-Executive Director
Executive Lead	Emma Wood, Chief People Officer

For Information

The meeting focussed on key areas relating to the People Strategy pillar 'Growing for the Future and Inclusion and Belonging' together with emerging strategic items and updates on 'Looking After our people'. The agenda was as ever comprehensive as there is a significant amount of important Workforce matters for the Committee to be assured on in terms of direction of travel and progress against milestones. In addition, we are entering a period of Industrial Action across the Trust and the meeting therefore looked in detail at the planning and contingency arrangements being developed to deal with the impending disruption.

Agenda items included:

- In depth discussion and assessment of the Trusts Recruitment and Retention Strategy with specific focus on Nurse retention.
- Progress on the important work being undertaken to tackle Violence and Aggression.
- Review of the development of improved policies to deal with Bullying and Harassment including the specific progress being made on the introduction of a Resolution Framework.
- Detailed discussion on the Trust's Workforce Risks
- Freedom to Speak Up report from our new Freedom to Speak up Guardian Kate Hanlon.
- Assurance papers included Bi-Annual Wellbeing Report and Equality and Diversity Bi-Annual Report. The Chair asked for an update for all Protected characteristics so that the committee could be assured that the Trust is meeting it's statutory EDI obligations

The Chair commented on the recent announcement by the CEO of NHS about flexible working being made available for women going through menopause and asked for assurance that we would deliver against this requirement.

The meeting received a detailed report on the current state of the key workforce performance metrics that form part of the IQPR, with a deep dive presentation from the CPO Business Partner for Diagnostics and Therapies Division.

For Board Awareness, Action or Response

The work required to centralise Training budgets is still planned but the Committee agreed that this is an important issue that needs to be completed without unnecessary delay.

Progress on reducing Tier 4 Agency staff was noted but it was considered this was not going fast enough to deliver the in-year savings required.

The Board agreed sometime ago to develop and introduce a Just Culture strategy, but this appears stalled and needs refreshing.

Excellent news was discussed about UHBW winning a recent Award on the recruitment of International Nurses, but further assurance was requested that we are doing everything we can to develop strong retention and pastoral policies at every level to ensure we keep this vital resource.

Key Decisions and Actions
A number of actions were recorded, and these will be detailed in the Minutes but are essentially covered above.

Additional Chair Comments
An excellent meeting but we need to consider how we might deal with the management of Reports for Assurance to ensure Committee time is used more effectively.

Update from ICB Committee
I attended the second ICB People Committee in early November. The Committee is still finding it's way and looking to reach consensus on the key issues to be reported to the main Board. It is understood that the ICS has now recruited a Chief People Officer and I expect that the pace and focus will improve in the coming months.

Date of next meeting:	24th January 2023

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

Meeting of the Board of Directors in Public on Tuesday 13ᵗʰ December 2022

Report Title	**Research & Innovation Update**
Report Author	**David Wynick, Consultant Director of Research**
Executive Lead	**Stuart Walker, Chief Medical Officer**

1. Report Summary
The purpose of this report is to provide an update on performance and governance for the Board.
2. Key points to note *(Including decisions taken)*
See executive summary in written report.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: N/A
4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**
 • This report is for **Assurance.**
5. History of the paper **Please include details of where paper has <u>previously</u> been received.**

[Name of Committee/Group/Board]	[Insert Date paper was received]
N/A	**N/A**

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Executive Summary

Since the last report there has been a steady increase in the proportion and number of non-covid research studies, with many areas normalising to pre pandemic levels. We continue to work with the NIHR to ensure our portfolio is deliverable and in line with national guidance on prioritisation.

The launch of the NIHR CRF on the 1st September provides an excellent opportunity to increase our early phase research portfolio and position ourselves as leaders within the South West, and we have worked intensively with the BRC leadership to position ourselves well for the launch of the new BRC in December.

Priorities include increasing engagement of staff with research and working towards better representation from diverse populations for our research participants and our research workforce.

Performance A review of our research portfolio has identified a change over the past five years; we are opening fewer, more complex studies, with smaller target patient recruitment and with longer follow ups. This is reflected in our performance in recruiting to time and target especially for our non-commercial research. Realistic target setting is more difficult with very low specific patient populations intended for each trial. We are working with the CRN to benchmark our data with similar sized trusts and to align with the strategic priorities of the NIHR. Early indications suggest this is reflective of the national picture with more targeted treatment for patients. That said, whilst the CRN's focus on absolute recruitment numbers has reduced, there is still a requirement to recruit to time and target and deliver prioritised studies; we are regularly reviewing these as part of our KPIs and are working with the trust and divisional research teams to develop further metrics to identify areas to target improvement efforts.

Infrastructure Funding: The NIHR-Clinical Research Facility successfully launched in September focusing on delivery of early phase experimental medicine studies. The National Institute for Health and Care Research (NIHR) has awarded the NIHR Bristol Biomedical Research Centre (NIHR Bristol BRC) nearly £12m of new funding over the next five years. This new award, running from December 2022 to November 2027, enables the continuation of the centre's cutting-edge research to translate scientific discoveries into new treatments, diagnostic tests and medical technologies for patients. Research themes include; Diet and physical activity, Mental health, Respiratory disease, Surgical and orthopaedic innovation and Translational data science. First funded in 2017, the NIHR Bristol BRC is a partnership between University Hospitals Bristol and Weston NHS Foundation Trust, the University of Bristol, and other NHS and academic organisations across the South West. The centre will also benefit from a new partnership with the Bradford Institute for Health Research, building on existing collaborations and sharing expertise to deliver the maximum healthcare benefit for the UK's most underserved populations.

Overview

Successes	Priorities
• NIHR Clinical Research Facility launch • NIHR Bristol Biomedical Research Centre funding awarded • Increasing number of studies being set up in Weston • Successful delivery of Clinical Research Start up Seminars • First centralised induction for new research staff designed and delivered to 16 staff by Clinical Research Facilitator	• Position our NIHR CRF as a specialist centre within the South West, in order to maximise the research our capacity can support • Obtain baseline data from both staff and patients on their research awareness in order to develop appropriate communication strategies and improve engagement. • Support the successful launch of the new Biomedical Research Centre from its commencement on 1st December • Continue to work with the NIHR to optimise our research portfolio for continued deliverability.
Opportunities	**Risks and Threats**
• Continue to increase awareness to workforce about benefits of research and of working in a research-active organisation • Increase the diversity of the patients who choose to take part in research • Work with the UHBW workforce and OD team to increase the diversity of our research workforce • Identify improvement projects to improve efficiency and streamline processes • Initiate joint working on our commercial research portfolio with North Bristol Trust	• Risk that winter service pressures, exacerbated both by 'flu' and COVID-19, jeopardise recruitment into open studies and impact on our capacity to open paused or new research. • Clinical services continue to be stretched due to backlog reducing the opportunity to deliver research. • Risk that industry sponsors may place commercial trials in other centres due to the backlog of studies and slow set up times in some areas • The level of BRC funding awarded is lower than under the previous contract, which impacts on the volume of translational research that UHBW and our close partners can deliver over the next five years. • Industrial action will have a short-term impact on clinical research capacity

Performance Overview

This section provides information about performance against key performance indicators. All KPIs are financial or drive the income we receive.

a) Cumulative Recruitment to Commercial and Non-Commercial NIHR Studies
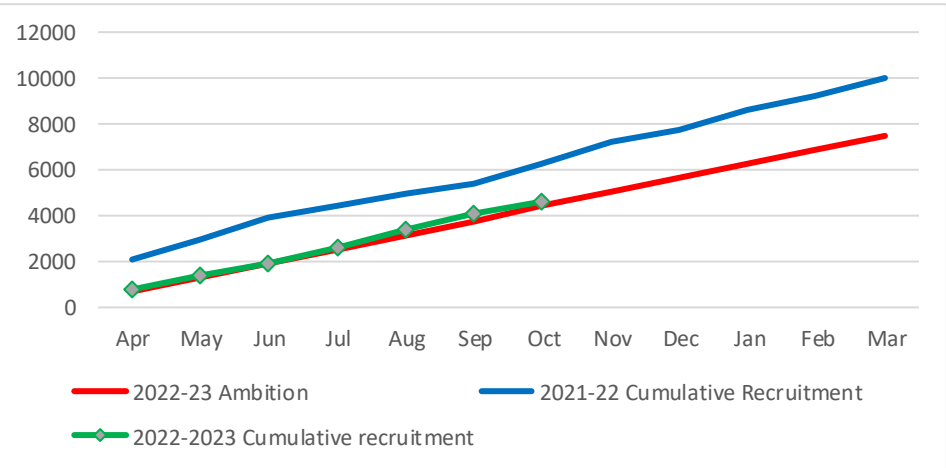
High recruiting study called AVONCAP accounts for 60% recruitment activity.

b) Proportion of closed non-commercial NIHR studies achieving or surpassing their recruitment target
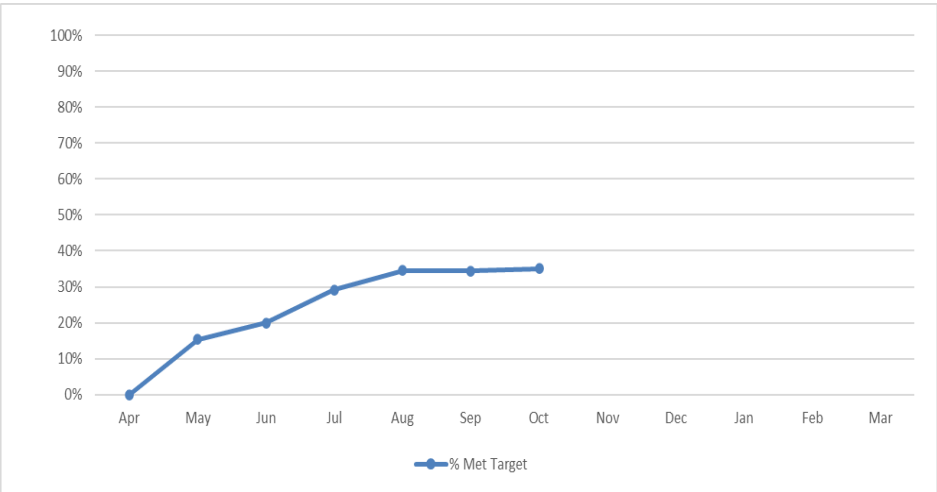
c) Proportion of closed commercial NIHR studies achieving or surpassing their recruitment target
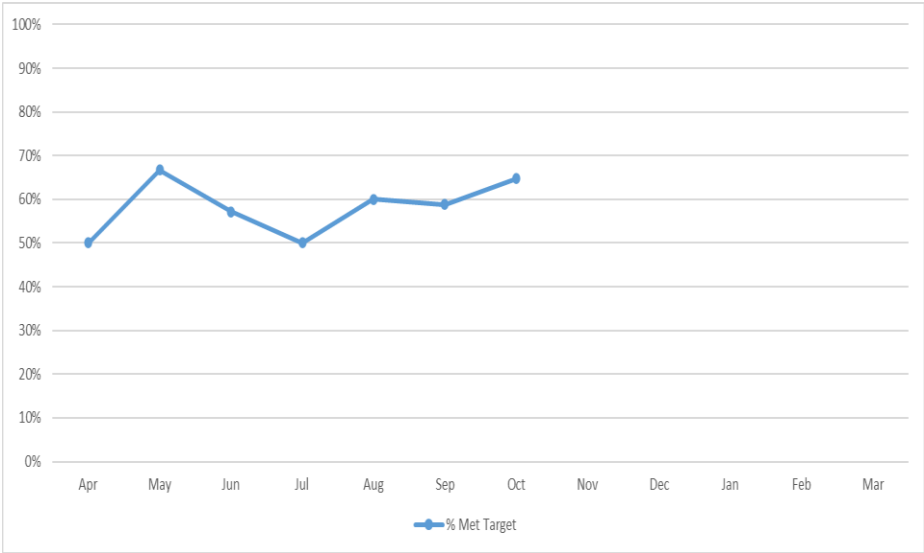
d) Monthly commercial income
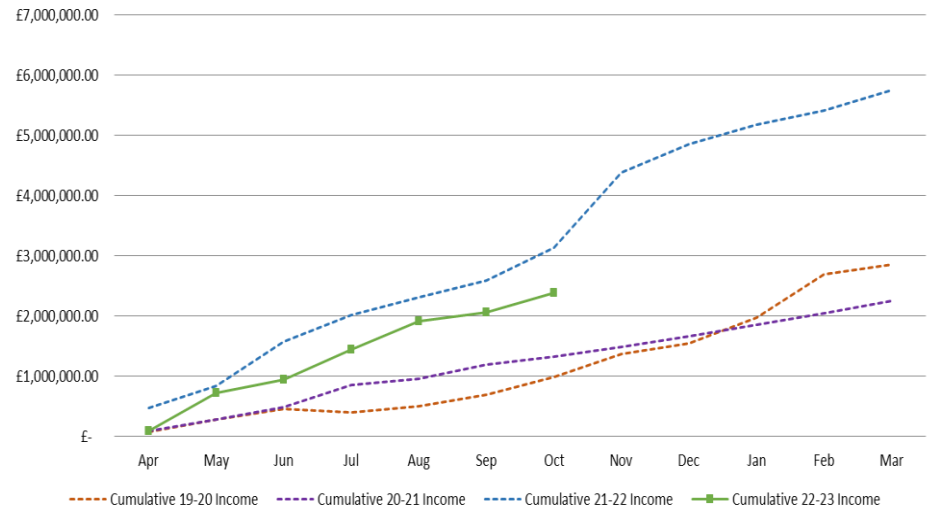
e) NIHR monthly grant income – year on year comparison

Project / Programme Grant income (excluding ComFluCov)
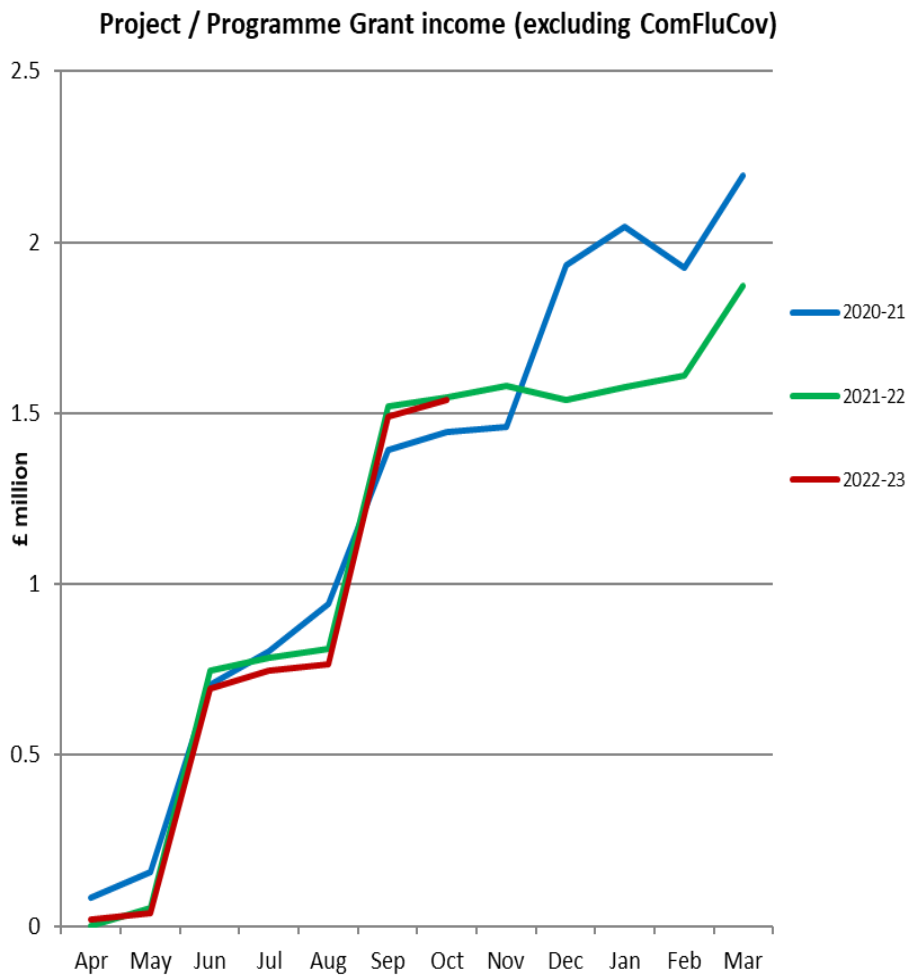
f) NIHR grant income – drives research capability funding

University Hospitals Bristol and Weston
NHS Foundation Trust
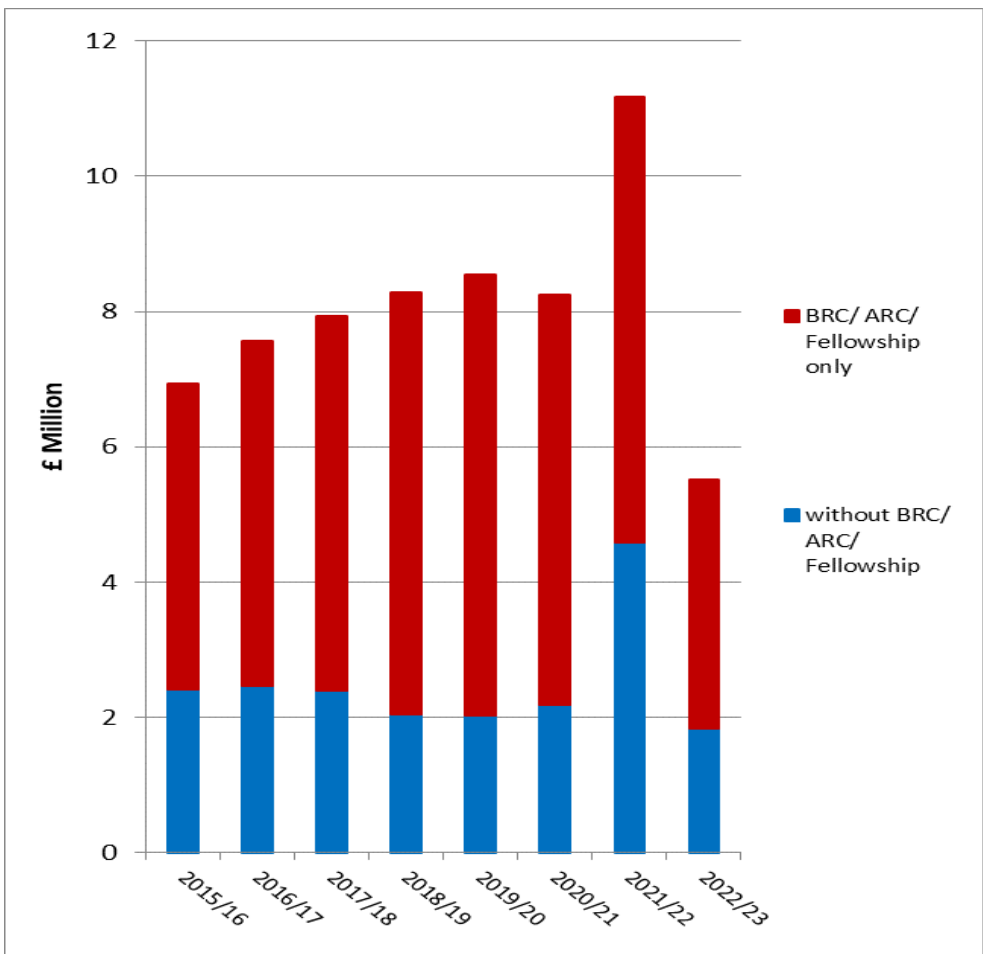
Meeting of the Trust Board of Directors in Public – 13 December 2022

Reporting Committee	Finance & Digital Committee – meeting held on 24 November 2022
Chaired By	**Martin Sykes, Non-Executive Director**
Executive Lead	**Neil Kemsley, Director of Finance and Information**

For Information

Digital Services Report

The committee received an update on the programme for back-scanning paper notes with scanning at the Eye Hospital and Children's outpatients making good progress.

A report was noted on the progress with clinical noting (avoiding the creation of paper records) - increased usage is now significant with over 1 million online transactions anticipated by the end of 2022.

The rollout of outpatient digital noting continues with Dermatology being highlighted as a recent success.

The Children's emergency department was also discussed, having successfully transitioned almost entirely to paper free (except medicines management) with over 12000 patients using the new functions.

Upcoming areas of focus will include the continued medicines management program and assessment of the Trust digital progress against NHSE minimum digital foundation (MDF) standards.

Finance Report

The committee discussed the in-year Trust financial position and the latest year-end forecast. At system level, the forecast remains at break-even.

The Trust Marlborough Hill strategic outline case was presented and discussed. The committee approved the business case for onward referral to the Trust Board.

The committee received a presentation on the successful rollout of a managed inventory system (clinical consumables) with improved stock management and efficiency. The system would next be rolled out on the Weston campus.

For Board Awareness, Action or Response

Be aware that the medicines management project is starting and note that this will be a significant change project for the organisation that must be appropriately resourced.

Note that the Digital team is requesting Board commitment to rolling out electronic noting at pace.

Note the recommendation to approve the Marlborough Hill development strategic outline case.

Key Decisions and Actions
None

Additional Chair Comments
None

Date of next meeting:	**26th January 2022**

NHS

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

Meeting of the Board of Directors in Public on Tuesday 13th December 2022

Report Title	Trust Finance Performance Report
Report Author	Jeremy Spearing, Director of Operational Finance
Executive Lead	Neil Kemsley, Director of Finance & Information

1. Report Summary

The purpose of this report is to inform the Board of Directors of the Trust's financial performance for the period 1st April 2022 to 31st October 2022.

The Trust's net income and expenditure position is a deficit of £3.5m, £0.3m worse than the planned deficit of £3.2m. The Trust's deficit is primarily due to unfunded escalation capacity, enhanced/premium rates of pay and unfunded costs associated with the Trust's international recruitment program and Weston Foundation 1 posts.

2022/23 CIP - The Trust delivered CIP savings of £8.4m at the end of October, £0.6m below than plan. The forecast delivery for 2022/23 is £15.7m, or 105% of plan.

2022/23 CIP Impact on 2023/24 – Currently, only 53% or £7.9m 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£7m due to this year's predicted recurrent CIP shortfall.

The value of elective activity is marginally higher in October compared with September 2022 and remains c10% below 2019/20 activity levels. Against plan elective inpatients and day cases are at 91%. This remains a concern given the £10.5m investment approved by the Trust's Senior Leadership Team (SLT) to deliver elective recovery.

2. Key points to note
(Including decisions taken)

The Board is asked to note the adverse financial position of the Trust and the following recovery actions to mitigate the position:

- Led by the Director of Finance & Information, implementation of a financial recovery plan, with the objective of achieving the best possible financial position to take into 2023/24.
- 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 2022/23 recurrent CIP schemes are fully identified by quarter 4; and
- 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.

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

University Hospitals
Bristol and Weston
NHS Foundation Trust

3. **Risks**
If this risk is on a formal risk register, please provide the risk ID/number.
Risk that the Trust does not delivery the in-year financial plan – ID5375 Risk that the Trust fails to fund the Trust's strategic capital programme - ID416

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]**
Finance & Digital Committee	24th November 2022

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Trust Finance Performance Report

Reporting Month: October 2022

Executive Summary

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

YTD Income & Expenditure Position	• **Net I&E deficit of £3,525k against a planned deficit of £3,222k (excluding technical items).** • **Total operating income is £11,121k favourable to plan due to higher than planned income from activities of £14,629k offset by lower than planned other operating income of £3,508k.** • **Operating expenses are £12,375k adverse to plan primarily due to higher pay expenditure (£17,816k adverse), offset by lower than planned depreciation expenditure of £998k and lower than planned other non-pay expenditure of £4,443k.** • **Technical and financing items are £951k favourable to plan.**
Key Financial Issues	• *Recurrent savings delivery below plan* – **YTD Trust-led CIP delivery is £8,410k or 94% of plan. Full year forecast delivery is £15,675k or 105% of plan of which recurrent savings are £7,876k, 53% 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 cases by December 2022;** • **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.**

SPORT
Public Board
18. Trust Finance Report

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2022

Successes	Priorities
• Delivery of capital investment of £21,261k in the period 1st April 2022 to 31st October 2022. • The Trust's cash position remains strong at £166,977k. • BPPC improved in month from 82% by volume of invoices and 83% by value of invoices to 88% by value and 85% by volume. • Continued reduction in Covid-19 expenditure following SLT approval of reduced Covid-19 driven expenditure of up to £3m in 2022/23.	• 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. • Divisions and Corporate Services to ensure recurrent CIP schemes are fully identified. • Continue to assess the benefits impact of investments made since April 2020 and consider unwinding or re-purposing. • Acute provider Directors of Finance to conclude the review of system strategic capital and agreed prioritisation process. • EROS requisitioners and budget managers must receipt orders and code invoices promptly to ensure payment within 30 days. • Continued implementation of the BPPC recovery plan to improve performance against the national target.
Opportunities	**Risks & Threats**
• Progress continues on Community Diagnostics Centre Business Case in Weston to NHSE to support elective recovery. • NHSE are requesting expressions of interest for additional capital funding to support recovery of Endoscopy activity. Bids are to be submitted to expand facilities and capacity on Bristol and Weston sites.	• Workforce supply challenges to fill vacant posts and staff absences continues to impact on the Trust's ability to meet emergency and elective demand. • System challenges with deteriorating patient flow continues to undermine elective activity recovery plans, especially tertiary activity. • Other emerging cost pressures e.g. inflation may impact on the achievement of the financial plan and the ability to afford the capital programme. • Under-delivery on the Trust's recurrent savings programme may contribute to a deterioration in the Trust's underlying deficit. • 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.

Financial Performance – Income & Expenditure

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

October 2022

Trust Year to Date Financial Position

	Month 7			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	77,733	80,628	2,895	540,630	555,258	14,629
Other Operating Income	9,027	10,146	1,119	65,811	62,303	(3,508)
Total Operating Income	**86,760**	**90,774**	**4,014**	**606,441**	**617,562**	**11,121**
Employee Expenses	(50,906)	(53,924)	(3,018)	(354,635)	(372,451)	(17,816)
Other Operating Expenses	(32,842)	(32,251)	591	(225,777)	(221,334)	4,443
Depreciation (owned & leased)	(3,199)	(3,006)	193	(21,860)	(20,862)	998
Total Operating Expenditure	**(86,946)**	**(89,180)**	**(2,234)**	**(602,272)**	**(614,648)**	**(12,375)**
PDC	(1,037)	(1,037)	0	(7,261)	(7,261)	0
Interest Payable	(244)	(239)	5	(1,707)	(1,679)	28
Interest Receivable	29	247	218	205	1,111	906
Other Gains/(Losses)	0	0	0	0	(50)	(50)
Net Surplus/(Deficit) inc technicals	**(1,438)**	**565**	**2,003**	**(4,594)**	**(4,964)**	**(370)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	202	198	(4)	1,372	1,439	67
Net Surplus/(Deficit) exc technicals	**(1,236)**	**763**	**1,999**	**(3,222)**	**(3,525)**	**(303)**

Key Facts:

- The position at the end of October is a net deficit of £3,525k, £303k higher than the planned deficit of £3,222k.

- YTD expenditure on International Recruitment is c£2.8m. The cost of F1 cover at Weston at the end of October is estimated at £875k.

- Pay expenditure is £53,924k in October, c£3,842k lower than last month due mainly to pay award arrears in September. YTD expenditure is adverse to plan by £17,816k, 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 £2,481k, c£200k lower than September and c£130k lower than plan. Overall, agency expenditure is 5% of total pay costs.

- Operating income is favourable to plan by £11,121k. 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 provision for a rates rebate which is being reflected as a non-pay benefit rather than income.

- Income from Patient Care Activities is £14,629k favourable to plan. This includes c£5,600k of ESRF income not in the plan and c£7,500k additional funding to support the pay award.

- Trust-led CIP achievement is 94% of plan. £8,410k has been achieved against a target of £8,972k, a shortfall of £562k.

Savings – Cost Improvement Programme

October 2022

Divisional Finance Report Oct – 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
			2022/23 Programme						2022/23 Programme					2022/23 Programme			
									Current Year					Recurring Full Year			
	2021/22 Recurrent shortfall	2021/22 Shortfall Variance to date	Plan	<-------- Actual -------->			Variance		Plan	Recurring	Non–Recurring	Total	Variance	Balance to FYE	Total Recurring	Variance	
				Recurring	Non–Recurring	Total	Fav / (Adv)						Fav / (Adv)			Fav / (Adv)	
Financial Performance	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Diagnostics & Therapies	(350)	(204)	860	130	842	972	112	(92)	1,516	248	1,457	1,705	190	148	397	(1,119)	(1,469)
Medicine	(299)	(175)	1,295	524	263	787	(508)	(683)	1,904	1,020	450	1,470	(434)	157	1,176	(728)	(1,027)
Specialised Services	(1,113)	(649)	1,100	556	741	1,297	196	(453)	1,898	988	1,068	2,056	157	192	1,180	(718)	(1,097)
Surgery	(544)	(318)	1,662	709	176	885	(776)	(1,094)	2,935	1,387	363	1,750	(1,185)	785	2,172	(763)	(1,307)
Weston	–	–	644	610	182	792	149	149	866	810	312	1,122	256	47	857	(9)	(9)
Women's & Children's	(544)	(317)	1,719	752	1,244	1,996	277	(40)	2,901	1,301	3,299	4,600	1,699	21	1,321	(1,580)	(2,124)
Estates & Facilities	27	16	520	128	412	540	20	35	907	253	729	982	75	168	421	(486)	(459)
Trust Services	(376)	(219)	617	150	224	374	(242)	(462)	1,071	291	385	676	(395)	60	351	(720)	(1,096)
Corporate	–	–	556	–	767	767	211	211	953	–	1,314	1,314	361	–	–	(953)	(953)
Divisional Sub Totals	(3,200)	(1,867)	8,972	3,560	4,850	8,410	(562)	(2,429)	14,951	6,298	9,377	15,675	724	1,578	7,876	(7,075)	(9,541)
System Transformational Plans	–	_	3,422	–	–	–	(3,422)	(3,422)	7,366	–	–	–	(7,366)	–	–	(7,366)	(7,366)
Grand Totals	(3,200)	(1,867)	12,394	3,560	4,850	8,410	(3,984)	(5,851)	22,317	6,298	9,377	15,675	(6,642)	1,578	7,876	(14,441)	(16,907)

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 October, the Trust had achieved savings of £8,410k, or 68% against a plan of £12,394k, resulting in a shortfall of £3,984k.
- £3,422k of the £3,984k 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 £1,867k shortfall to date. Therefore the total variance to date is £5,851k.
- The recurring forecast outturn for the 2022/23 plan is a shortfall of £14,441k and including the 2021/22 shortfall is £16,907k.
- At the end of October, all divisions have a shortfall against their recurring plans and half of the divisions have a shortfall against their non-recurring plans.
- Currently 60% of forecast savings are non-recurrent, which is a major cause for concern.

Appendix 1 – Action Log & Developments

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.
022	May-22	Re-establish the medical workforce group to include review in GIRFT.	HoFMI	Jul-22	August	Closed		Medical staff Advisory group now set up with Stu Walker as chair
023	May-22	Review corporate savings in Medicines including Procurement, CMU contracts and contract variances.	HoFMI	Aug-22	September	Closed	January	Now incorprated into on going work of the trust medicnes workstream
024	May-22	Develop divisional pipelines and convert to actual savings plans. Divisions to have implemented 2% savings on a recurrent basis by the year end.	HoFMI	Mar-23	January	Closed		Ongoing pipeline progress will be reported to cost savings delivery group each month to monitor progress
028	May-22	Establish robust Capital monitoring and reporting processes, including realistic assessment of FoT.	HoFFP	Sep-22	October	Closed		Forecast reported in October and will be refined further for submission to NHSE in January. Reporting templates have been revised to capture forecast data and will continue to be developed as the process becomes embedded.
030	May-22	Include a summary of the ICS financial position	HoFFP	TBC		Open		Reporting of the ICS financial position currently under discussion
032	May-22	Review and create mitigations for overspend on pay within E&F - cease premium rates of pay in line with approved timetable	HoFMI	Jul-22	August	Closed	September	Premium rates have ceased
033	Jun-22	Review usage of traditional passthrough drugs now on block arrangements with clinical teams at BHOC.	HoFMI	Sep-22	October	Closed		Now forms part of Divisional Financial recovery plan
034	Jun-22	Review W&C junior doctor rotas , action to recruit permanent staff in cardiac surgery to reduce premium costs, enhanced costs to cease in line with trust plan.	HoFMI	Sep-22	October	Closed		Now forms part of Divisional Financial recovery plan
035	Jun-22	On going recruitment drive to reduce premium costs, tighter controls on junior doctor rotas, pay enhancements to cease in line with Trust timetable, review of junior staffing numbers on wards. (Weston)	HoFMI	Sep-22	October	Closed		Now forms part of Divisional Financial recovery plan - and will be picked up as part of overall trust review of Medical staff rotas and associated issues
036	Jun-22	Development of a financial recovery plan	DoFI	Nov-22	December	Open		Recovery plan implemented in September. Medium Term Finance Plan to be reported in December.
037	Jun-22	Divisions and Corporate services to recover the shortfall in CIP delivery and ensure recurrent CIP schemes are fully identified	HoFMI	Sep-22	October	Closed	January	On going issue dealt with within Financial Recovery plans and - ongoing progress reviewed at divisional reviews and cost savings delivery meeting
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 fpr 2023/24 operating plan.
039	Jul-22	Review of medical staff rota's (Surgery)	HoFMI	Aug-22	September	Closed	October	Now forms part of Divisional Financial recovery plan - and will be picked up as part of overall trust review of Medical staff rotas and associated issues
040	Jul-22	Review of staffing levels and premium costs with Head of Nursing. (Surgery)	HoFMI	Aug-22	September	Open	October	On going review as part of divisional financial recovery plan
041	Jul-22	Investigate increased spend in the Eye Hospital. (Surgery)	HoFMI	Aug-22	September	Open	October	On going review as part of divisional financial recovery plan
042	Jul-22	Review Haematology/BMT drug spend. (W&C)	HoFMI	Aug-22	September	Open	October	On going review as part of divisional financial recovery plan
043	Jul-22	Recruit Enhanced Care Observation supervisor to tighten controls, accelerate recruitment to Knightstone ward to avoid premium costs. (Weston)	HoFMI	Aug-22	September	Closed	October	Recruited
044	Jul-22	Review and address increased costs for patient transport services. (Trust Services)	HoFMI	Aug-22	September	Open	TBC	On going discussions at syetem level as to how to mitigate
045	Aug-22	D&T - Ensure MES implementation timeline is agreed.	HoFMI	Oct-22	November	Open	TBC	Timeline has slipped start date still to be confrmed
046	Nov-22	Introduce further check and challenge with regards to authorisation of tier 4 agency use (Weston).	HoFMI	Dec-22	January	Open		
047	Nov-22	Focus on increasing Somerset 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/DoFI	Feb-23	March	Open		

Key:

Role	Description	Name
DoFI	Director of Finance & Information	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

NHS

University Hospitals Bristol and Weston
NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 13 December 2022

Report Title	Register of Seals Report
Report Author	Mark Pender, Head of Corporate Governance
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary
This report provides a summary of the applications of the Trust Seal made since the previous report in July 2022**.**

2. Key points to note   *(Including decisions taken)*
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.   Three sealings have taken place since the last report, as per the attached list.

3. Risks   **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: *N/A*

4. Advice and Recommendations   *(Support and Board/Committee decisions requested)***:**
  • This report is for **Information**.

5. History of the paper   **Please include details of where paper has <u>previously</u> been received.**
N/A

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

NHS

**University Hospitals
Bristol and Weston**

NHS Foundation Trust

Register of Seals

October 2022 – December 2022

Reference Number	Document	Date Signed	Authorised Signatory 1	Authorised Signatory 2	Witness
878	Licence to Assign relating to Ronald McDonald House, Royal Fort Road, Bristol, from Ronald McDonald House Bristol to Ronald McDonald Charities (UK)	14/11/2022	Wood, Emma	Kemsley, Neil	Pender, Mark
877	Legal Charge and Deed of priority in respect of Bristol General Hospital, Guinea Street, Bristol	14/11/2022	Wood, Emma	Kemsley, Neil	Pender, Mark
876	Transfer of Registered Title for the Catering Outlet, level 9 from Compass Contract Services (UK) Ltd to UHBW	04/11/2022	Yafele, Eugine	Farrell, Jane	Pender, Mark

Register of Seals

Meeting of the Board of Directors in Public on Tuesday 13th December 2022

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

1. Report Summary
The purpose of this report is to provide the Board of Directors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications is a means of channelling communications between the governors and the officers of the Trust.

2. Key points to note
Since the previous Board of Directors meeting held in public on 11th October 2022: • Three questions have been added to the Governors' Log which relate to Unity Sexual Health, Cancer Services and Lack of Surgical Implements. • One has been closed; and • Two have been responded to, but further questions have been asked and so these remain open (ID numbers 269 and 271).

3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
N/A
4. Advice and Recommendations
• This report is for **Information.**
5. History of the paper **Please include details of where paper has previously been received.**
N/A

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

Status: *Assigned to Executive Lead*

ID   **Governor Name**

273   **Martin Rose**   ***Theme:*** Cancer Services   ***Source:***   Governor Direct

---

Query   **09/11/2022**

There was an article in the paper yesterday:
https://www.express.co.uk/life-style/health/1687614/cancer-referrals-nhs-uk-healthcare-trusts-
news?utm_source=daily_express_newsletter&utm_campaign=express_health_newsletter2&utm_medium=email

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

Status: *Assigned to Executive Lead*

272	**John Rose**	**Theme:**	Unity Sexual Health	**Source:**	Governor Direct

Query   **09/11/2022**

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

Division: Medicine		**Executive Lead:** Chief Nurse	**Response requested:**	07/12/2022

Response

Status: *Assigned to Executive Lead*

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: *Assigned to Governor Working Group Agenda*

ID	Governor Name		
270	**Ben Argo**	*Theme:* Pharmacy SLAs	*Source:* Governor Direct

---

Query   **01/09/2022**

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

Division: Diagnostics & Therapies   *Executive Lead:* *Medical Director*   *Response requested:* 29/09/2022

Response   **28/09/2022**

Boots are contracted to provide an outpatient dispensing service for UHBW patients (Bristol Hospitals).
The service performance is reviewed at monthly operational review meetings (attended by representatives from Boots and Trust). During these meetings we review:
• KPI for the month and trends over the last quarter
• Discuss any patient complaints and incidents
• Agree and review actions to address any shortfalls in performance
• Discuss any opportunities for improvement/ development
The service standard is measured by a set of agreed key performance indicators and shortfalls in performance are addressed in line with the contract. A critical failure clause is built into the contract enabling the Trust to claim reimbursement where it is felt Boots are not taking the required action to address shortfalls in performance. Actions have been put in place to address some current shortfalls in performance and in preparedness for Winter 2022/23, based on lessons learned from last year, we have set up live status monitoring to enable us to take early preventative action to tackle any areas of concern developing.

Status: *Closed*

ID	Governor Name			

Public Board   Charles Bolton   **Theme:** Patient Records   **Source:** Governor Direct   Governor's Log of Communications
269

Query   03/08/2022

How confident is the Trust about the quality of data it holds about patient contact details? Are there measures it could be taking which could improve this, and maybe help reduce the number of no-shows?

Division: Trust-wide   **Executive Lead:** *Chief Operating Officer*   **Response requested:** 01/09/2022

Response   02/09/2022

The Trust Data Quality Improvement Group was established in the Spring of 2022 to review our approach to data quality and develop a future strategy for improvement. The group receives reports monthly on the validity and completeness of the information captured for outpatients and inpatients and it is encouraging to see that patient post codes were at 99.9% and 100% respectively in the latest reports. This was from the Commissioning Data Set Data Quality Dashboard. However, the accuracy of the information heavily relies on the users of clinical systems regularly syncing patient records with the national spine. The Spine supports IT infrastructure for thousands of health and care organisations nationally, and is used by the Trust to pull patient information including addresses before patients are seen by the Trust, but also push information if it changes whilst the patient is on the caseload.

The UHBW Clinical Systems Support Office undertake monthly Data Quality reports for Weston and Bristol, where records are synched with the Spine so the patient record is updated.

In Weston if any changes are made to the patient demographics by Weston staff in Careflow EPR the information is returned to the spine and the spine record updated accordingly. In Bristol a similar approach is used where batch tracing and verification takes place to update patient records. If any results are not verified, or there are any unresolved conflicts in information held, then these are escalated to the relevant department to resolve.

These are the main safety nets in place to ensure correspondence is targeted to the right people. We are also rolling out the DrDoctor Patient Engagement Platform which is a key part of our strategy to reduce DNA appointments by putting patients in charge of their care, including any changes in how they wish to be contacted.

Status: *Assigned to Executive Lead*