

BOARD OF DIRECTORS (IN PUBLIC)

Meeting to be held on 27 May 2022 at 11.00 – 14.00 via MS Teams

AGENDA

NO	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Preliminary Business				
1.	Welcome and Apologies for Absence	Information	Chair	11:00
2.	Declarations of Interest	Information	Chair	11:01
3.	Patient Story	Information	Chief Nurse and Midwife	11:02
4.	Minutes of the Last Meeting – 30 March 2022	Approval	Chair	11:32
5.	Matters Arising and Action Log	Approval	Chair	11:33
6.	Chief Executive's Report	Information	Chief Executive	11:35
Strategic				
7.	Acute Provider Collaborative Board Chair's Report	Assurance	Committee Chair	11:45
8.	Research and Innovation Strategy Update	Assurance	Director of Research and Innovation	11:50
9.	Integration Update Report	Information	Director of Finance and Information	12:10
10.	Transforming Care Programme Board Report Q4	Information	Director of Strategy and Transformation	12:15
11.	Estates Strategy	Approval	Deputy Chief Executive and Chief Operating Officer	12:20
Quality and Performance				
12.	Quality and Outcomes Committee Chair's Report <i>Paper to follow Committee</i>	Assurance	Committee Chair	12:30
13.	Integrated Quality & Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer, Chief Nurse and Midwife, Medical Director; Director of People	12:35

NO	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Break (10 minutes)				12:45
14.	CQC Action Plan	Assurance	Chief Nurse and Midwife	12:55
15.	Maternity Updates – a. Ockenden 2 Review of Maternity Services b. Maternity Perinatal Quality Surveillance Matrix (PQSM) Quarterly Update Report	Assurance	Chief Nurse and Midwife	13:05
16.	Six Monthly Safe Staffing Report	Assurance	Chief Nurse and Midwife	13:15
People Management				
17.	People Committee Chair's Report <i>Paper to follow Committee</i>	Assurance	Committee Chair	13:25
Finance and Digital				
18.	Finance and Digital Committee Chair's Report <i>Paper to follow Committee</i>	Assurance	Committee Chair	13:30
19.	Trust Finance Performance Report	Assurance	Director of Finance and Information	13:35
20.	Standing Financial Instructions	Approval	Director of Finance and Information	13:40
Governance				
21.	Freedom to Speak Up Annual Report	Assurance	Director of Corporate Governance	13:45
22.	NHS I Self-Certification (against G6)	Approval	Director of Corporate Governance	
23.	Register of Seals – Quarter 4	Information	Director of Corporate Governance	
24.	Governors' Log of Communications	Information	Director of Corporate Governance	
25.	Proposed Changes to the Trust's Constitution	Approval	Director of Corporate Governance	
Concluding Business				
26.	Any other urgent business	Information	Chair	14:00
27.	Date of next meeting: 9 August 2022	Information	Chair	

Meeting of the Board of Directors in Public on Friday 27th May 2022

Report Title	What Matters to Me – a Patient Story
Report Author	Tony Watkin, Patient and Public Involvement Lead
Executive Lead	Deidre 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 this patient and for Board members to reflect on what the experience reveals about our staff, morale and organisational culture, quality of care and the context in which clinicians work.

2. Key points to note

(Including decisions taken)

In this patient story we will hear from Chris about his experience of navigating our organisation whilst caring for his son.

Chris will describe how, early last summer (2021), his son Ben was admitted to the Children's hospital and looked after very well indeed by the staff on Apollo ward, along with Consultant Andrew Mallick and his team.

Chris will explain how, following various tests, Ben's diagnosis wasn't completely clear, although considered to be linked to his epilepsy and he was released from hospital pending follow up. The family were informed that a follow up video call appointment would be made with Dr Mallick to discuss the Epilepsy Surgery Programme and, that if there were any concerns or ongoing symptom's they should make contact do discuss them. Chris will go on to explain that Ben's health did not improve and both he and his wife found themselves trying to access what they describe as an impenetrable organisation. Chris will comment on how their frustrations were compounded because their GP was not in a position to action anything because Ben was under the care of a specialist, yet they were not able to access the specialist: how calls, messages and emails received no follow up response, despite promises to the contrary and how, throughout all of this, he and his wife were caring for a 12 year old boy, in acute pain, with a substantial impact on his quality of life and education.

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In offering this critique Chris will explore how, from a patient service perspective, he found the culture of the administrative staff associated with his son's care to be primarily concerned with preventing access to their respective principal, rather than focused on patient care. How, as a family member, you are expected to simply wait for a call that never happens, and if you do receive one, it is often to pass you on to another service – whilst all the while your son continues to suffer.

Chris will conclude by suggesting that change is required to ensure that family members and carers in need of advice and care themselves are able to access a service that will take responsibility and, that this change can encompass training for staff, improved systems and ways of working that will provide a more efficient and patient focused service.

By way of further context, Chris made a complaint to the Trust in June 2021 about the service he and his family had received. Following an initial conversation with the Assistant General Manager (AGM) covering neurology at the BRHC a resolution meeting took place in August 2021 with a team of representatives from the Children's Hospital, including the Deputy Head of Nursing. This meeting enabled Chris to discuss his concerns and the experience that their son and the wider family had had in more detail.

As a result of this meeting a number of actions were agreed including the opportunity for Chris to share his story more widely in order to bring a broader focus to the importance of customer care within administrative functions as part of the wider patient centred care agenda.

Following the resolution meeting in August 2021 a number of actions have been taken to address the concerns raised by Chris. These are:

- The AGM raised the challenges with getting prescriptions in the community for specialist medications with pharmacy and consultant colleagues at a clinical governance meeting. It was agreed that the BNSSG "Shared Care Guidance" would be circulated to the medical team. In doing so, awareness in the team of the crucial role prescribing guidelines have as part of the good organisation of care across the interface between primary and secondary care has been heightened.
- The AGM discussed the challenges the family had experienced in contacting the medical team with the Administrative Manager at the Division of Weston. The incident was raised at a whole team meeting where staff discussed expected standards of care. It was subsequently discovered that the member of staff involved in this incident had left the Trust in October 2021.

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- The Deputy Head of Nursing discussed the communication issues the family had experienced with the Epilepsy team at the Children's Hospital. This included a particular emphasis on making sure there was an active dialogue between the Clinical Nurse Specialists (CNS) and the family by ensuring the patient and family details were correct and that there was a review plan in place for the patient.
- The Deputy Head of Nursing met with the lead/manager for the medical secretaries to discuss the concerns raised by the family around unprofessional and rude behaviour. The Deputy Head of Nursing subsequently received assurances from the Manager that the issues had been addressed appropriately and the important role medical secretaries have in the care of patients had been emphasised.
- The Deputy Head of Nursing met with the Children's Hospital Family Support Team LIAISE to explore options for Chris to share his story more widely and identified Trust Board as a suitable forum.

This story serves to remind us that no matter what our roles are in the trust, be they clinical or non-clinical, we all have a responsibility in providing excellent care. The processes and systems we have in place and the behaviours we exhibit as individual members of staff are in equally important in that endeavour.

As a result of this experience being shared today we will ask our Learning Development team to raise awareness amongst all staff of our on-line and face-to-face customer service and communication based training modules.

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 previously been received.

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<i>[Name of Committee/Group/Board]</i>	<i>[Insert Date paper was received]</i>
N/A	

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**Minutes of the Board of Directors Meeting held in Public at 11:00-13:30
Wednesday 30 March 2022, at MShed, Wapping Road, Bristol, England BS1 4RN**

In line with guidance at the time due to the COVID-19 pandemic, no members of the public joined in person, and the meeting was instead broadcast live on YouTube for public viewing.

Present

Board Members

Name	Job Title/Position
Jayne Mee	Chair
Robert Woolley	Chief Executive
David Armstrong	Non-Executive Director
Sue Balcombe	Non-Executive Director
Paula Clarke	Director of Strategy and Transformation
Julian Dennis	Non-Executive Director
Deirdre Fowler	Chief Nurse and Midwife
Bernard Galton	Non-Executive Director
Neil Kemsley	Director of Finance and Information
Jane Norman	Non-Executive Director
Mark Smith	Deputy Chief Executive and Chief Operating Officer
Martin Sykes	Non-Executive Director
Stuart Walker	Medical Director
Emma Wood	Director of People

In Attendance

Name	Job Title/Position
Sneha Basude	Consultant Obstetrics & Gynaecology (for Item 10)
Tim Evans	Patient (for Item 3: Patient Story)
Emily Judd	Corporate Governance Administrator
Sarah Murch	Membership Manager (minutes)
Joanna Poole	Head of Nursing, Weston Division (for Item 3: Patient Story)
Eric Sanders	Director of Corporate Governance
Tony Watkin	Patient and Public Involvement Lead (for Item 3: Patient Story)
Sarah Windfeld	Head of Midwifery/Assistant Director of Nursing (for Item 10)

The Chair opened the Meeting at 11:00

Minute Ref.	Item	Actions
01/03/22	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 livestreamed on YouTube for public access and the recording would remain available online for two weeks. The Board noted that the agenda for the meeting had been scaled back in line with the national directive received by Trusts in January 2022 during the Omicron surge of	

	<p>the Covid-19 pandemic. As a result, a number of papers that would usually have been discussed at the meeting had been circulated for information only.</p> <p>Apologies had been received from Steve West, Non-Executive Director. The Board noted that Steve West was stepping down as Non-Executive Director on 31 March and Jayne Mee expressed gratitude for his work in the role since 2019.</p> <p>Jayne Mee extended a particular welcome to Stuart Walker, who was attending his first Public Board meeting as Medical Director. She also noted that it was Robert Woolley's final Board meeting as Chief Executive, as he was retiring on 31 March after 30 years working for the NHS. She thanked him on behalf of the Board for everything that he had achieved during his 12 years in the role of CEO, including leading the Trust to two successive Care Quality Commission ratings of Outstanding, leading on the redevelopment of the hospital sites and the merger between the Bristol and the Weston Trusts, and putting his retirement plans on hold to lead the Trust through the pandemic.</p>	
02/03/22	Item 2 - Declarations of Interest	
	There were no new declarations relevant to the meeting to note.	
03/03/22	Item 3 - Patient Story	
	<p>Deirdre Fowler, Chief Nurse, and Tony Watkin, Patient and Public Involvement Lead, introduced Tim Evans, who was in attendance to tell the Board his story as an inpatient and an outpatient at Weston General Hospital. Tim was most recently an inpatient at the hospital in September 2021 where he underwent a lengthy surgical procedure.</p> <p>Tim shared with the Board his experience of life on the wards in Weston General Hospital. He praised the staff who had cared for him and who had made his stay comfortable. He had been impressed by the loyalty of the staff to the hospital and commended how patient-focussed they had remained despite the pressures of the pandemic. He gave feedback about his experience, including elements that could be improved around communications and around accessibility adjustments that were needed. He had noticed that staff who had come from the Bristol site wore different uniforms than those at Weston and asked whether these could be standardised and communicated to patients, so that it was clear who was who. He also emphasised the importance of making signage clear and accessible to all, in order to help patients and visitors find their way around the site easily.</p> <p>Tim also talked about his work as an advocate for the hospital over the years in Healthwatch and the former Weston Patients' Council, the importance of listening to the patient voice, and his hope that Weston General Hospital would continue to play a key role in local health care in the future.</p> <p>Board members thanked Tim for his observations and his appreciation of ward staff, which they offered to pass on. Deirdre Fowler, Chief Nurse, added that UHBW was currently taking part in a national uniform trial, trialling different styles and colours of uniforms, and was progressing the merger of uniforms across Bristol and Weston in line with this national initiative. The Trust was also currently engaged in a piece of work around improving site accessibility for patients, and she confirmed that this would include consideration of signage.</p> <p>The Chair thanked Tim for attending and in due course he left the meeting.</p>	

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04/03/22	Item 4 - Question from member of public and Trust's response	
	<p>Deirdre Fowler, Chief Nurse, read out a statement in response to an email received from Mr John Paterson dated 31 January 2022 which he had asked to be brought to the Board's attention at this meeting.</p> <p><i>Mr Paterson contacted the Trust in relation to a complaint made by his mother, Mrs Julia Paterson, about the care his father, Mr Robert Paterson, received at Weston General Hospital. The Trust received Mrs Paterson's complaint on Wednesday 26 January. Mr Paterson raised two questions which the Chair of the Board responded to in a letter dated 8 February. In that letter, the Chair committed to reading out Mr Paterson's questions, and the Trust's response, at the next meeting of the Board in public.</i></p> <p><i>Mr Paterson's questions were as follows:</i></p> <p>1) <i>Does the board believe it is reasonable to expect a prompt response from the Chief Executive to the attached email (sent on Wednesday 26th January), which details concerning information about lack of care his father received at Weston Hospital?</i></p> <p>2) <i>How does the board satisfy itself that the standard of care given at Weston Hospital is the best possible?</i></p> <p><i>Firstly, it is important to say that the Trust has apologised unreservedly to Mr Paterson and his family for their experience of care received at Weston General Hospital. A meeting has taken place between Mr John Paterson and Mrs Paterson and senior management and nursing leads at the hospital, and the detail of Mrs Paterson's complaint is currently being investigated by the onsite team.</i></p> <p><i>In respect of Mr Paterson's first question,</i></p> <p>1) <i>Does the board believe it is reasonable to expect a prompt response from the Chief Executive to the attached email (sent on Wednesday 26th January), which details concerning information about lack of care his father received at Weston Hospital?</i></p> <p><i>Whilst it is always disappointing to receive complaints, the Board is absolutely committed to ensuring that people who complain about our services have a good experience of the process. This begins with the timely acknowledgement of complaints. The NHS Constitution standard is that complaints should be acknowledged within three working days, although we endeavour to do so within two working days wherever possible, and we closely monitor our performance in meeting this standard.</i></p> <p><i>In this instance, Mrs Paterson's complaint was received by the Chief Executive's office on the evening of Wednesday 26th January, passed to our complaints team on the morning of Thursday 27th January, and formally acknowledged by the complaints team on Monday 31st January, which was within two working days of receipt.</i></p> <p><i>It isn't possible for the Chief Executive to review all complaints personally, but please be assured that a robust process is in place to ensure that an Executive Director of the Trust, or a nominated deputy, reviews every complaint response on behalf of the Chief Executive before it is sent to the complainant, making sure that all aspects of each complaint have been answered.</i></p>	

	<p><i>In respect of Mr Paterson's second question,</i></p> <p>2) <i>How does the board satisfy itself that the standard of care given at Weston Hospital is the best possible?</i></p> <p><i>The Board regularly receives a range of information about the quality of services across the Trust. This includes a detailed monthly Integrated Quality and Performance Report (IQPR) and a series of associated dashboards of quality indicators. The IQPR incorporates specific measures of patient experience at Weston General Hospital including whether patients feel they have been treated with kindness and understanding, and an aggregated measure of several factors that patients have told us matter most to them, for example the cleanliness of the ward, and whether they are involved in decisions about their care. The Board also monitors indicators of patient experience at Weston in the Outpatient and A&E departments, and numbers of complaints received in all areas.</i></p> <p><i>In addition, every quarter, the Board receives a detailed report on complaints received, including examples of learning from those complaints.</i></p> <p><i>This concludes the statement, but I would like to thank Mr Paterson and Mrs Paterson once again for raising their concerns, and I hope that Mrs Paterson's husband, John's father, continues to make a good recovery. Lastly, I am pleased to note that a further meeting has been arranged with Mr Paterson and Mrs Paterson to discuss the outcome of the current investigation.</i></p> <p>Members of the Board received the statement and noted its contents for information.</p>	
05/03/22	Item 5 - Minutes of the previous meeting	
	<p>The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 28 January 2022. There were no comments.</p> <p>Members of the Board approved the above minutes as a true and accurate record.</p>	
06/03/22	Item 6 - Matters arising and Action Log	
	<p>Board Members received and reviewed the action log. Updates on completed actions were noted, and others were discussed as follows:</p> <p>13/01/22 Review of Board Committee Terms of Reference <i>Audit Committee Terms of Reference to be amended and circulated to the Board.</i> The Board noted that this related to the decision by the Board that oversight for Emergency Preparedness, Resilience and Response should be split across Audit Committee and the Quality and Outcomes Committee. Eric Sanders, Director of Corporate Governance, added that he intended to arrange a meeting with the Committee Chairs to discuss the necessary changes to the Terms of Reference and that these would be reported back to the next meeting. Action Ongoing.</p> <p>10/11/21 Strategic Capital Programme Report <i>Board to receive a progress update on the BNSSG system Estates Strategy and the implications for the UHBW Estates Strategy.</i></p>	

	<p>The Board were reminded that an external company, Archus, had been commissioned to help the BNSSG Integrated Care System progress an extensive review of its estate across its six localities. Paula Clarke, Director of Strategy and Transformation, suggested closure of this item on the basis that this report had concluded and UHBW had looked at any opportunities that it could use as a Trust, which was important though they would not have a material impact on its own strategic plan. Action Closed.</p> <p>14/09/21 People Committee Chair's Report <i>People Committee to receive a report on staff rest facilities.</i> The People Committee had this month received a report detailing the progress so far in terms of improving staff rest facilities. Action Closed.</p> <p>Members of the Board noted the updates against the action log.</p>	
07/03/22	Item 7 – Chief Executive's Report	
	<p>Robert Woolley, Chief Executive, provided a verbal update on the following key issues:</p> <ul style="list-style-type: none"> • Covid-19 Coronavirus Pandemic: Robert informed the Board that the latest wave of Omicron was surging at present, and the Trust was by no means out of the worst of the pandemic. There was more pressure in terms of covid inpatients in the Trust's hospitals this week than there had been at the previous peak in January 2022. Beds were occupied in a way that meant the Trust was not best placed to offload ambulances arriving at its Emergency Departments nor to deliver on its elective planned care programme to reduce waiting list numbers. The extremely infectious nature of this variant of the virus was also causing staff to self-isolate in the Trust and its partner organisations. Robert asked that the public help by continuing to be careful in terms of mixing socially, continuing to wear masks in public places, and avoiding crowded places as far as possible, despite the fact that restrictions have lifted. • Ukraine: The Bristol Royal Hospital for Children was one of a number of hospitals nationally which had agreed to receive Ukrainian children with healthcare needs, particularly those with cancer, during the current war in Ukraine. • Weston General Hospital: A new vision for the future of Weston General Hospital had been set out as part of the Healthy Weston 2 initiative, which it was intended would include the delivery of tailored personalised care to frail older people in Weston and Worle, but also have the benefit of reducing admissions to hospital and reducing length of stay for those who needed admission. It also included an opportunity to provide more surgery in Weston. There was a lengthy approval process and so it was not expected that there would be any substantial changes until 2023. • Leadership Priorities: The Trust's Senior Leadership Team was working on leadership priorities for 2022/23. It was not expected that these would differ substantially from those in 2021/22: putting staff first, managing urgent and emergency care, tackling waiting lists and a focus on the future plans for Weston General Hospital. <p>The Board discussed this report. Bernard Galton, Non-Executive Director, welcomed the continuing focus on staff wellbeing in the coming year. Sue Balcombe, Non-Executive Director, thanked Robert Woolley for his support around Healthy Weston which she felt had given the people of Weston a firm and clear vision for their hospital. Martin Sykes, Non-Executive Director, enquired about the impact on patient-facing staff of the end of Covid-19 testing nationally.</p>	

	<p>Robert Woolley explained that the provision of tests for NHS staff would continue, although it would remain the individual's responsibility to order those tests and demonstrate that they were employed in the NHS.</p> <p>In response to a request from Jayne Mee for an update on the impact of the Bristol Clean Air Zone (CAZ) on UHBW, Robert Woolley explained that the Trust was working closely with Bristol City Council who were introducing the CAZ this year in Bristol city centre (including some of the hospital sites). There were exemptions in place for hospital users and staff with non-compliant vehicles, but only until the end of this year. The Senior Leadership Team then needed to manage its response to the introduction of the CAZ and the wider implications for suppliers as well as for patients and staff. This would come back to the Board in due course.</p> <p>Members of the Board received the Chief Executive's Report for information.</p>	
08/03/22	<p>Item 8 - Quality and Outcome Committee Chair Report</p> <p>8.1 Integrated Quality and Performance Report</p>	
	<p>Quality and Outcomes Committee Chair's Report</p> <p>Julian Dennis, Chair of the Quality and Outcomes Committee briefly introduced the report of the committee's meeting on 24 March. Key issues were as follows:</p> <ul style="list-style-type: none"> • The Committee had considered the ongoing issue of VTE risk assessment compliance and welcomed the news that this was now viewed as a clinical project rather than an IT project. • The monthly Nurse Safe Staffing Report had been discussed. The Committee noted the challenge of ensuring safe staffing and impact of turnover, particularly in relation to Band 5 registered nurses leaving the Trust. • The Committee received reports following the publication of several sets of national survey results including the 2021 National Maternity Survey UHBW, the Children and Young People's Survey and the Under 16 Cancer Experience Survey. They had noted the positive outcomes in the Children and Young People Survey with some minor deterioration in the National Maternity Survey. • Performance within the Integrated Quality and Performance Report had been reviewed and the impact of the current surge in COVID numbers was noted. This was further exacerbated by the pressures on community services including the closure of care homes which was increasing the problems with timely discharge. The Committee had been concerned about the pressures on the Trust's Emergency Departments, which was recording the highest ever numbers of people attending. • The Committee had received an update on progress of the delivery of the action plan to address the recommendations from last year's Care Quality Commission inspection. <p>Integrated Quality and Performance Report</p> <p>Mark Smith, Deputy Chief Executive and Chief Operating Officer, introduced the Integrated Quality and Performance Report, which provided an overview of the Trust's performance on Quality, Workforce, Access, and Finance standards. Key points were as follows:</p> <ul style="list-style-type: none"> • The standards this month had been severely impacted by extreme pressure on the bed base due in part to increased hospital admissions of patients with the highly transmissible BA2 Omicron variant of Covid-19. 	

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	<p>The Trust had surpassed the numbers of Covid inpatients that it had seen in January 2022 and was approaching the numbers from January 2021, with typically around 100 at the BRI and around 30 at Weston. This, combined with community closures and high numbers of medically-fit-for-discharge patients (120 on Bristol site and 73 at Weston), was causing congestion and poor flow through the hospitals. Diverts from the Weston Emergency Department to Bristol had been needed on a number of occasions, which had also led to a poorer performance for ambulance handovers in Bristol.</p> <ul style="list-style-type: none"> • NHS England's Chief Operating Officer David Sloman had visited the Trust because of this and had expressed understanding of the particular challenges faced by UHBW and had acknowledged that a solution would need to come from the wider health and care system. The driver for this would be UHBW's partnership with North Bristol NHS Trust within the Acute Provider Collaborative Board. There was also a piece of work going to understand the capacity required across the system following recent reconfigurations which it was hoped would help with identifying capacity for the elective recovery programme. • Internally, the Trust was setting up initiatives to try to improve flow through the hospitals. In terms of elective recovery, the Trust had received several national visits, and was trying to establish initiatives around theatre productivity. The Trust was still on track to deliver its 104 week wait target and was performing reasonably well with its work with the independent sector. Length of stay performance and readmission rates were still holding up. • Finally, Mark asked the Board to note the truly outstanding efforts of Trust staff who were rising to the challenge yet again as their hospitals were reconfigured in response to Omicron. He warned that the effect on staff, however, was marked, and the Omicron peak had not yet been reached. <p>Board members discussed the report. They expressed concern about the high numbers of Covid inpatients, and they heard that the peak was likely to be reached two weeks into April. In response to a question from David Armstrong about why this did not appear to fit the national narrative, Mark Smith explained that there was a higher community incidence in the South West which was driving the surge in the region. Mark acknowledged that the severity of the illness was greatly reduced due to the immunisation programme, and so there were very few patients now who needed intensive care for Covid. Many patients were not in fact in hospital because of Covid, their infection was incidental, but it still impacted on capacity as they still needed to be isolated.</p> <p>Board members also voiced concern about the effect of the continuous pressures on Trust staff. Jane Norman, Non-Executive Director, enquired as to the Trust's advice for its staff around self-isolation, given that the rules for non-NHS staff were changing from 1 April 2022. Deirdre Fowler, Chief Nurse, responded that guidance on this had arrived earlier in the day and there appeared to be very little difference for NHS staff, although household contacts of a positive case could continue to work as normal if they remained asymptomatic and continued to test twice weekly, no longer requiring a PCR test to return to work.</p> <p>Martin Sykes, Non-Executive Director, suggested that more could be done to link the Senior Leadership Team's high-level objectives for next year to the metrics presented to the Board in the performance report, to allow the Board to focus its efforts more effectively and where they were most needed. Jayne Mee agreed, adding that the Trust's implementation of the Patient First initiative would bring about changes to Board governance to ensure this focus. Board members</p>	
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	<p>welcomed this and agreed that Jayne Mee would take this forward with the Executive Leads.</p> <p>Action: 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.</p> <p>In relation to the Quality metrics in the Integrated Quality and Performance Report, Deirdre Fowler, Chief Nurse and Midwife, and Stuart Walker, Medical Director, echoed the concerns expressed by their colleagues about service delivery, acute medicine, front door pressures, physical exhaustion and moral injury. Deirdre Fowler added that the Trust's failure to meet access targets was impacting on patient experience metrics.</p> <p>Referring to the workforce metrics in the report, Emma Wood, Director of People, explained that appraisal rates were low but this was to be expected as appraisals had been deprioritised during the Covid surges. The staff sickness rate was comparatively low at 4%, but the vacancy rate at 8% was quite high and turnover was at 15%. Future reports would include comparisons with other organisations. Emma again emphasised that staff were tired and would want to be better cared for.</p> <p>The Board heard that the results of the 2021 national staff survey had been published yesterday, and UHBW had performed reasonably well against its peers and in comparison with the national average. In terms of areas for improvement, 75% of staff had responded that they did not feel that they had enough resources around them, and there was also feedback about the lack of career opportunities and quality of leadership. The more positive areas included recommending UHBW as a place to work and receive care, as well as teamwork, autonomy, ownership, and feeling proud to work here. The survey results were being analysed and would provide a focus for the work around the People Strategy over the coming year.</p> <p>Jayne Mee, Trust Chair, recorded on behalf of the Board her thanks to Trust staff for everything that they continued to do, day in, day out, during this particular surge of the Omicron variant. She affirmed that the Board listened to staff, understood the pressures they were under, and recognised how tired they were, and knew the importance of looking after their wellbeing.</p> <p>Members of the Board received the Quality and Outcomes Committee Chair's report and the Integrated Quality and Performance report for assurance.</p>	Trust Chair/ Executive Leads
10/03/22	Item 10 - Ockenden Review of Maternity Services	
	<p>Sarah Windfeld, Head of Midwifery/Assistant Director of Nursing, and Sneha Basude, Consultant, Obstetrics & Gynaecology, were in attendance for this item. They introduced a report outlining the progress that the Trust maternity services had made in submitting evidence and ensuring compliance with the Ockenden report (the independent review of the Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust published in December 2020).</p> <p>The report provided assurance on all the areas in which compliance had been fully achieved. They updated the Board on the exceptions (those areas in which actions still needed to be carried out), as follows:</p>	

- **Ensuring all voices are heard** - The Maternity Voices partnership had recruited further members to reflect and be more representative of the users of the Maternity Service. Two focus groups had now been held with users in the community to get feedback on the continuity of carer teams. Maternity Services was also part of the Trust EDI baseline review for patients and communities. A staff workshop was held on the 24 February following the publication of the results of the National Maternity Survey to develop an action plan based on patient feedback.
- **Regular review of training compliance by LMS.** Training compliance was reported on the perinatal quality surveillance tool and discussed at LMS Board meetings.
- **Maternal Medicine network** – The Lead Maternal Medicine Centre for the South West Network had now been appointed (North Bristol NHS Trust) and the network was being set up regionally.
- **Outwith pathway guidance** - Processes and risk assessments were performed when a woman chose care against medical advice. However, a SOP/ guideline was to be developed.
- **Audits on Women's choice and their involvement in decision processes.** Audits were due to commence in March 2022, but due to recent staffing gaps in the Patient Safety Team these had been delayed.
- **Implementation of NICE guidance and processes when guidelines are approaching review date.** The Trust had a process for both but needed to be able to supply evidence.
- **Review of the Trust website by Maternity Voices Partnership to ensure pathways of care are clear.** Information for women was on the Trust website and women could download the information app. However now that the Maternity Voices Partnership had more resources, they could review this.
- **Workforce:** There were a number of workforce gaps and assurance was provided on the efforts to fill these.

In response to a question from Deirdre Fowler, Chief Nurse and Midwife, about advice from the regional team and regulators, Sarah Windfeld explained that they had fully explained to the regional team all the actions that the Trust was not fully compliant with. They had received visits from the Care Quality Commission and from NHS England, who been pleased that the Trust was taking the Ockenden recommendations seriously, and positive feedback had been received from the CQC about patient safety.

Sue Balcombe, Non-Executive Director Champion for maternity services, commented that she had been part of the national review and the feedback had been universally positive. She had been struck by the positivity of the team and their honesty about the work still to do.

In response to a question from Jane Norman, Non-Executive Director, about how the Board could help with workforce issues, Sarah Windfeld and Sneha Basude briefly outlined recruitment issues and staffing gaps. Sarah Windfeld asked that the Board keep it high on their agenda. She added that there would be more learning from the Ockenden 2 report (published on 30 March) including areas in which the Board should ensure that it was providing sufficient support and challenge. The Trust would also be likely to receive a visit in relation to Ockenden 2 in May. Deirdre Fowler suggested that a Board seminar would be useful on maternity risks. Board members agreed.

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	<p>Action: Schedule a Board seminar session on maternity in the wake of Ockenden 2</p> <p>Sneha Basude, Consultant, Obstetrics & Gynaecology, advised the Board that the Trust had received a perinatal mortality report from MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK). The Trust's perinatal mortality status was positive compared with peer organisations. A full report would be received by the Quality and Outcomes Committee.</p> <p>Sneha further advised the Board that induction of labour was on the Trust's risk register and the reasons for this. Rates of induction had gone up locally, regionally and nationally due to changes in national guidance. She described how these impacted the service and how they were being dealt with.</p> <p>Jayne Mee thanked Sarah Windfeld and Sneha Basude for attending and they left the meeting.</p> <p>Members of the Board received the Ockenden Review of Maternity Services report for assurance.</p>	Chief Nurse / Trust Secretariat
09/03/22	Item 9 - Learning from Deaths Report	
	<p>Stuart Walker, Medical Director, introduced the Learning from Deaths report for Quarter 3 of 2021/22. The report described the structures of the Learning from Deaths programme across the Trust, changes in the process, and the progress made in quarter three of 2021/2022.</p> <p>Stuart suggested changing the report to include a greater emphasis on outcomes, learning and actions. Board members supported this suggestion and asked that it also be aligned with serious incident reviews and include learning from legal claims. David Armstrong, Non-Executive Director, advised that he had significant experience in analysing and embedding lessons learnt, and offered to share his expertise to help with this.</p> <p>Action: David Armstrong to assist with embedding lessons learnt in changes to the Learning from Deaths report</p> <p>Members of the Board received the Learning from Deaths report for assurance.</p>	Medical Director
11/03/22	Item 11 - People Committee Chair's Report	
	<p>Bernard Galton, Chair of the People Committee, gave a report of the Committee's most recent meeting, highlighting the following key points:</p> <ul style="list-style-type: none"> • Apprenticeships had been discussed, including how the Trust could make better use of the apprenticeship levy • Current performance across the people metrics was considered, and the committee was now considering whether they were focussed on the right success measures. • The Committee had received an analysis of the current leadership provision across the Trust. A deep dive into the people metrics in the Estates and Facilities Division had been received. 	

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	<ul style="list-style-type: none"> The Director of People had provided a strategic update which focused on the embedding of the new Trust values in the organisation The headlines from the staff survey were shared and considered The Committee had considered the staff wellbeing offer and lessons learned from the pandemic The Committee had noted that the legislation relating to Vaccines as a Condition of Deployment had been revoked and therefore no longer applicable to the NHS and noted the impact that this had on staff. <p>In relation to ensuring that the Committee was looking at the right metrics and that the right success criteria were being used, David Armstrong commented that this had been considered several years ago and suggested that the output of the work at this time could be circulated to the Board.</p> <p>Members of the Board received the People Committee Chair's Report for assurance.</p>	
12/03/22	<p>Item 12 - Finance and Digital Committee Chair's Report</p> <p>12.1 Trust Finance Performance Report</p> <p>12.2 Capital Investment Policy</p>	
	<p>Finance and Digital Committee</p> <p>Martin Sykes, Chair of the Finance and Digital Committee, introduced a report of his committee's most recent meeting. Key points were as follows:</p> <p>Digital: The Committee had received an update on progress to date, including the programme to bring the Bristol and Weston patient record systems together, which was still on track. They also discussed how the Trust was finalising contracts, and the usability of IT systems.</p> <p>Finance: The Committee had received a preliminary financial plan for next year, though there were still a lot of variables and more work to do. The Committee had received an update on capital planning work and understood that priorities needed to be more closely aligned to those of the system.</p> <p>Stuart Walker, Medical Director, added that clinical staff were clear about the clinical consequences of patient record system convergence and were largely assured by the process and had the right systems and structures in place. Mark Smith, Deputy Chief Executive and Chief Operating Officer, added that the convergence work had brought to light around 10,000 records which appeared active but were not. These would need to be reviewed and both the Quality and Outcomes Committee and the Audit Committee would receive a report.</p> <p>Jayne Mee added that the Board had taken part in a Digital Boards training workshop with NHS Providers a week ago. The output would now be sent to the whole Board, and a small team would be convened to take it forward.</p> <p>Action: Small group to be convened to discuss how to take forward output of the digital workshop at the recent Board seminar</p> <p>12. 1 Finance Performance Report</p> <p>Neil Kemsley, Director of Finance and Information, introduced the Finance Report, which informed the Board of the financial position of the Trust for the period 1 April 2021 to 28 February 2022. He advised the Board of the likely financial position as the Trust approached year end. At Trust level, there was likely to be a £6m surplus. The Trust would deliver a capital plan in 2021/22 of £65m, though</p>	Director of Finance and Information

	<p>there would be an underspend, which was largely a legacy issue. Clinical divisions were fairly close to their annual budget, with variances of 1-2% at divisional level. The cost improvement programme had largely delivered, though on a non-recurrent basis.</p> <p>12.2 Capital Investment Policy Neil Kemsley introduced this paper which provided the Board with an overview of the refreshed Capital Investment Policy (CiP) ahead of the new financial year 2022/23. The policy had been updated and the Board were informed of the main changes from the previous version, which included changes to improve adherence to NHSEI's expectations in relation to business case modelling and streamlining routes through the organisation for approval of business cases. The refreshed policy was presented to the Board for approval.</p> <p>Members of the Board received the Finance and Digital Committee Chair's Report and the Finance Performance Report for assurance.</p> <p>Members of the Board approved the Capital Investment Policy.</p>	
13/03/22	Item 13 – Any Other Business	
	<p>There were no further items of urgent business. The Board noted the following papers which had been circulated for information in order to streamline the agenda:</p> <ul style="list-style-type: none"> • Quarterly Patient Complaints and Experience Reports Q3 • National Survey Results and Reports: <ul style="list-style-type: none"> - Urgent and Emergency Care Survey 2020 - Inpatient Survey 2020 for those aged 16+ - Children and Young People Survey 2020 - Under 16 Cancer Experience Survey 2020 - Maternity Survey 2021 <ul style="list-style-type: none"> • Integration Update Report • Flu Vaccination Programme Evaluation • Governors' Log of Communications <p>The Chair thanked everyone for attending and closed the meeting at 13:30.</p>	
14/03/22	Date of next meeting: Fri 27 May 2022, 11:00-13:30	

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**Public Trust Board of Directors Meeting on Friday 27th May 2022
Action Log**

Outstanding actions from the meeting held on 30 March 2022					
No.	Minute reference	Detail of action required	Executive Lead	Due Date	Action Update
1.	08/03/22	<u>Quality and Outcome Committee Chair Report</u> 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	Work in Progress <u>May 2022:</u>
2.	10/03/22	<u>Ockenden Review of Maternity Services</u> Schedule a Board seminar session on maternity in the wake of Ockenden 2	Chief Nurse / Trust Secretariat	May 2022	Propose Action Closed <u>May 2022:</u> Scheduled for 12 July
3.	09/03/22	<u>Learning from Deaths Report</u> David Armstrong to assist with embedding lessons learnt in changes to the Learning from Deaths report	Medical Director	May 2022	Work in Progress <u>May 2022:</u> Meeting scheduled for 19 May.
4.	12/03/22	<u>Finance and Digital</u> Small group to be convened to discuss how to take forward output of the digital workshop at the recent Board seminar	Director of Finance and Information	May 2022	Work in Progress <u>May 2022:</u>
5.	13/01/22	<u>Review of Board Committee Terms of Reference</u> Audit Committee Terms of Reference to be amended and circulated to the Board.	Director of Corporate Governance	March 2022	Action Ongoing <u>March 2022:</u> Eric Sanders reported that he intended to arrange a meeting with the Committee Chairs to discuss the necessary changes to the Terms of Reference and

					<p>that these would be reported back to the next meeting.</p> <p><u>May 2022:</u> A meeting has been held with the Chairs of the Audit and Quality and Outcomes Committees and drafts of the Terms of Reference have been shared for their comment. Once agreed these will be shared with the Board prior to seeking approval.</p>
Closed actions from the meeting held on 30 March 2022					
No.	Minute reference	Detail of action required	Action for	Due Date	Action Update
4.	10/11/21	<u>Strategic Capital Programme Report</u> Board to receive a progress update on the BNSSG system Estates Strategy and the implications for the UHBW Estates Strategy.	Director of Strategy and Transformation	January 2022	Action Closed The Board were reminded in March that an external company, Archus, had been commissioned to help the BNSSG Integrated Care System progress an extensive review of its estate across its six localities. Paula Clarke, Director of Strategy and Transformation, suggested closure of this item on the basis that this report had concluded and UHBW had looked at any opportunities that it could use as a Trust, which was important though they would not have a material impact on its own strategic plan.
5.	14/09/21	<u>People Committee Chair's Report</u> People Committee to receive a report on staff rest facilities.	Director of Finance and Information	November 2021	Action Closed The People Committee had received a report detailing the progress so far in terms of improving staff rest facilities.

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Meeting of the Trust Board of Directors in Public – 27 May 2022

Reporting Committee	Acute Provider Collaborative Board – meeting held on 25 April 2022
Chaired By	Jayne Mee, University Hospitals Bristol and Weston Chair (UHBW) and Acute Provider Collaborative Board (APCB) Co-Chair
Executive Lead	Jayne Mee, University Hospitals Bristol and Weston Chair (UHBW) and Acute Provider Collaborative Board (APCB) Co-Chair Michelle Romaine, North Bristol Bristol NHS Trust Chair (NBT) and Acute Provider Collaborative Board (APCB) Co-Chair

For Information

Jon Scott, Chief Operating Officer at the Integrated Care System, attended the Committee meeting to provide an overview of the work currently being undertaken at Integrated Care System level to better understand the bed base across the system and to improve patient flow. A slide deck set out a summary of performance issues across the region, alongside drivers and potential recovery proposals. The dominating concern within the region related to ambulance handovers, with the south-west experiencing some of the longest handover delays nationally. An overview of the main drivers for the delays were discussed alongside the actions that were being taken at a system level to support their reduction. Jon explained the business case for 'Discharge to Assess', designed to increase discharges from hospital and therefore the impact this could have on the availability of beds in hospitals was the biggest priority.

The Committee discussed key operational priorities and how both Trusts were working together to address the three most common challenges as a collaborative. These challenges were set out as emergency department delays, insufficient bed capacity and long waits for treatment. The Committee received a comprehensive analysis of the current situation and the impact on the available bed base at both sites, identifying the scale and focus for actions that acute providers could take alongside the scale to be taken by community partners primarily via the Discharge to Assess implementation. The presentation further provided some short-and long-term actions to be considered and discussed.

Stuart Walker, Medical Director for UHBW, presented the proposed approach to a Joint Clinical Strategy approach for NBT and UHBW. A second workshop with clinical leaders was being arranged in June to build on the positive collaboration agreed at the November joint clinical sponsorship board workshop.

The Committee also discussed corporate priorities and Glyn Howells, Chief Finance Officer for NBT, explained the next steps for the project were to create a delivery group to move the agenda forward.

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For Board Awareness, Action or Response	
<p>Steve Curry, Chief Operating Officer for NBT, provided an update on the Patient First programme. The programme was moving at pace, with individual workshops for each Trust and a good level of sharing. Draft True North strategic themes had been developed and both Trusts were in the process of arranging visits to University Hospitals Sussex NHS Foundation Trust (UH Sussex). A Board to Board had been arranged for June 2022 to bring together further learning and developments.</p>	
Key Decisions and Actions	
<p>It was further agreed that visibility of delivery of the Discharge to Assess business case was a key priority for the Trusts and Chief Executives agreed to discuss with system partners to ensure there was regular review and oversight of the business case delivery at system meetings</p> <p>It was agreed that both Chief Executives would provide an update on the key operational priorities and how they would align with each other at the next meeting.</p> <p>The next meeting would also be used to provide a structure of the Corporate Priorities Delivery Group and more details of its supporting project plan.</p>	
Additional Chair Comments	
Date of next meeting:	31 May 2022

Hartles Rachel
 05/23/2022 15:12:23

Meeting of the Board of Directors in Public on Friday 27th May 2022

Report Title	Research & Innovation Strategy Update
Report Author	David Wynick, Consultant Director of Research
Executive Lead	Stuart Walker, Medical Director

1. Report Summary
The purpose of this report is to provide an update on performance and governance for the Board. Alongside the written report there will be a presentation.
2. Key points to note <i>(Including decisions taken)</i>
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 <i>(Support and Board/Committee decisions requested):</i>
<ul style="list-style-type: none"> This report is for Assurance.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A

Research & Innovation

Trust Board Update 27 May 2022

David Wynick & Diana Benton

Hartles Rachel
05/23/2022 15:12:23

Achievements

- Successful bid for NIHR CRF designation and funding, which will enable us to further develop our experimental medicine and early phase trial potential, in line with Trust strategy
- Submission of NIHR BRC-2 bid (awaiting outcome by end of June, following interview in April)
- Recruitment of 735 participants into 7 new COVID-19 vaccine studies by the newly established Vaccine and Testing research team since Dec 2020.
- A doubling of commercial income from 2020/21 to 2021/22 to £5.3m.

New NIHR grants awarded 2021-22

University Hospitals
Bristol and Weston
NHS Foundation Trust

Chief Investigator	Title	NIHR funding stream	Amount awarded	Start date
Helen Pryce & Amanda Hall	Hearing Loss and Patient Reported Experience (HELP): Using patient experience to improve audiology services	HS&DR	£561,600.55	May 1st 2022
Jonathan Benger	Randomised trial of the clinical and cost effectiveness of a supraglottic airway device versus tracheal intubation during in-hospital cardiac arrest (AIRWAYS-3)	HTA	£2,367,727	January 1st 2022
Nicola West	Feasibility study: To assess whether reducing periodontal infection (gum disease) slows the progression of cognitive impairment associated with Alzheimer's disease	RfPB	£249,077	July 1st 2022
Ela Chakkarapani	Process evaluation of embedding the CoolCuddle intervention into neonatal intensive care units	RfPB	£150,000.00	July 4th 2022
Elanor Hinton	AIM2Change: Helping Adolescents to increase their Intrinsic Motivation to change weight	RfPB	£150,000.00	July 1st 2022
Maria Pufulete	Prehabilitation before cardiac surgery in the UK (CARDIAC PREHAB-UK)	PDG	£142,306.00	May 1st 2022

We are
supportive
respectful
innovative
collaborative.
We are UHBW.



Impacts / Outcomes

- UHBW sponsored the multicentre trial ComFluCov:
 - generated national evidence that it is safe to give COVID and 'flu' vaccines together
 - fantastic example of close collaboration between UHBW/UoB to deliver a trial rapidly and successfully
- Valneva Ph1 and Ph3 trials (Adam Finn CI):
 - recruited the first 16 sentinel patients over Christmas 2020 in the UHBW CRF, and 56 participants overall
 - vaccine now approved in UK by MHRA. EMA approval expected soon
- Contribution to Oxford/AZ ChAdOx trials and licencing
 - 133 participants in Ph1 COV001; 560 in Ph2/3 COV002
- Participation in Avon CAP – a pan-Pandemic Respiratory Infection Surveillance Study.
 - UHBW recruited nearly 10,000 participants in 2021/22
 - The study showed that a single dose of the Oxford/AZ or Pfizer vaccine was effective at preventing hospitalisation of people in their 80s with multiple comorbidities.
- Contribution to therapeutic COVID trials:
 - RECOVERY, RE-MAP CAP, HEAL COVID
 - Generated evidence for effective in-hospital treatments of COVID

Challenges

- Position the CRF for successful launch in September 2022:
 - Increase the commercial pipeline of early phase trials in the key priority areas of **Vaccine and Testing** and **Oncology and Immunotherapy**
 - Deliver on the agreed CRF milestones with a scaled-back budget
 - Continue fund raising and development of the new BRCH CRF
- Support NHSE Reset programme:
 - Review all our sponsored studies for deliverability
 - Re-open paused non-Covid research in the wake of the pandemic (capacity constraints through staff absences, back log of clinical work, follow up burden of COVID trials).

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Opportunities

- Appointment of Clinical Research Education Facilitator post, supported by HEE funding for the first year, and working across divisions and teams to support staff development
- Expand adult vaccine trial pipeline beyond COVID (a new area for research for UHBW), consolidating the Vaccine and Testing research team in the longer term.
- Increase capacity for NMAHPs to lead grants and trials, enabled by dedicated commercial and B&WHC charitable income.

Hartley Rachel
05/23/2022 15:12:23

What is Bristol Health Partners?

A collaboration between eleven local health organisations working across Bristol, North Somerset and South Gloucestershire (BNSSG)



Avon and Wiltshire Mental Health Partnership NHS Trust
Bristol, North Somerset and South Gloucestershire Clinical
Commissioning Group
NHS Blood and Transplant
North Bristol NHS Trust
University Hospitals Bristol and Weston NHS
Foundation Trust

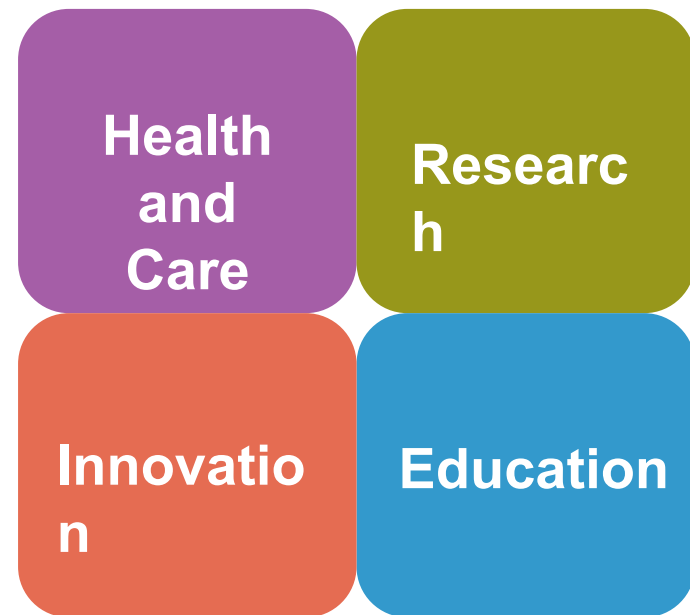


We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Why Bristol Health Partners exists

University Hospitals
Bristol and Weston
NHS Foundation Trust

To generate **significant health gains and improvements in service delivery** for the 1.1M people who live in the Bristol, North Somerset and South Gloucestershire region.



Our partnership

One of only eight formally designated Academic Health Science Centres in England.

Priorities:

- Mental health
- Health inequalities
- Children and young people

HITs

Chronic health conditions

- Dementia
- Musculoskeletal disorders
- Movement disorders
- Chronic pain
- Kidney disease
- Stroke

Public health interventions

- Improving sexual health
- Immunisation and vaccines
- Active Lives
- Drug and alcohol
- Healthy Weight

Equitable, appropriate and sustainable health and healthcare

- Adversity and Trauma
- Supporting healthy neighbourhood environments
- Bladder & bowel confidence

Mental health

- Psychological therapies in primary care
- Psychosis
- Eating disorders
- Preventing self-harm and suicide
- Improving perinatal mental health

Our focus

- Improve outcomes for patients and the wider population
- Deliver and promote evidence-based care and interventions
- Support and facilitate translational research
- Create an integrated whole system approach
- Accelerate the adoption of research findings, new methodologies and technologies
- Focus on breaking down barriers and addressing inequalities
- Underpin all we do with patient and public involvement
- Convene all research infrastructure (NIHR at Bristol) under the AHSC umbrella

Research and Innovation Steering Group

University Hospitals
Bristol and Weston
NHS Foundation Trust

We provide the **Research and Innovation Steering Group** for our Integrated Care System

First region in England to formally integrate the Academic Health Science Centre with the work of the ICS

The Research and Innovation Steering Group develops, leads and helps implement new and better ways of working that contribute towards delivery of our system aims to improve the health and wellbeing of people in Bristol, North Somerset and South Gloucestershire.

Innovation sub-group

Led by the West of England Academic Health Science Network, the new sub-group will:

- Proactively collate and map adoption and spread innovation activities across BNSSG
- Work with the AHSN to implement new proven innovations at scale across the ICS
- Report on innovation activities to the ICS Board
- Provide a mechanism by which the AHSC and AHSN will jointly respond to requests from the ICS for innovation support

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Using Data Better

Priority theme to help improve the health of local people and the services they use by applying research methods to the data that is collected routinely.

We do this by...

- Supporting ARC West, Biomedical Research Centre, Integrated Care System and others to develop a Trusted Research Environment from regional data sources
- Identifying and pursuing opportunities for researchers to support Population Health Management projects
- Community building and support for local health and care analysts
- Developed training with People in Health West of England in digital health and the use of data for public contributors
- Leading public engagement events

NEW – Equality, Diversity and Inclusion in Research Working Group

A new sub-group is being formed comprising senior leaders from all relevant organisations across BNSSG, who will commit time and resources to moving the EDI agenda forward across all health and care research.

The group will focus on the diversity of:

- The research workforce
- The people who participate in research
- Patient and public contributors who help design and shape research

Executive Summary

After another challenging year, we are delighted to report across all our specialties an increase in recruitment of our participants to research of 6,500 (81%) over 2021/22 levels, to 14,601. Whilst AvonCAP, a study recruiting patients with Community Acquired Pneumonia (including COVID-19 patients) accounts for a large proportion of that recruitment, there has been steady increase in recruitment in all areas with a large pipeline of new studies in set up. The addition to our portfolio of COVID research as a specialty has increased the volume of research we are managing compared to pre-pandemic levels. Consequently, we are working with the Clinical Research Network to undertake a national RESET exercise, reviewing all portfolio studies for continued deliverability. With a national interest in research, and renewed focus on national process improvements we are in a stronger position to rebuild a successful research portfolio at UHBW. We have also received a successful NIHR Clinical Research Facility designation with a pump priming award from 1/9/22 until 31/08/27.

COVID-19 Research Update:

Arriving at the end of the second year of the pandemic, UHBW is proud to have played a part in identifying effective treatments for patients with COVID-19, in trialling novel (and now licensed) COVID-19 vaccines in both paediatric and adult populations. We have generated the evidence to inform policy around administering 'flu' and COVID vaccines together, in time for the winter vaccination programmes, working closely with our academic and NHS colleagues to do this. Across the trust, we recruited 10,754 participants into COVID-19 research over the last year, of which 713 participants joined urgent public health studies.

Performance: Current total recruitment into trials is exceeding previous years. Commercial income is still noticeably high due to the number of vaccine trials delivered at UHBW.

Infrastructure Funding: The NIHR-Clinical Research Facility Bid was successful, albeit with a reduction in the amount asked for. The 5-year award commences in September 2022 focusing on delivery of early phase experimental medicine studies. The aim will be to use this as a springboard for a larger bid in four years, when we expect the next call to be issued. The outcome of the NIHR-Biomedical Research Centre bid is expected in late May 2022.

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Overview

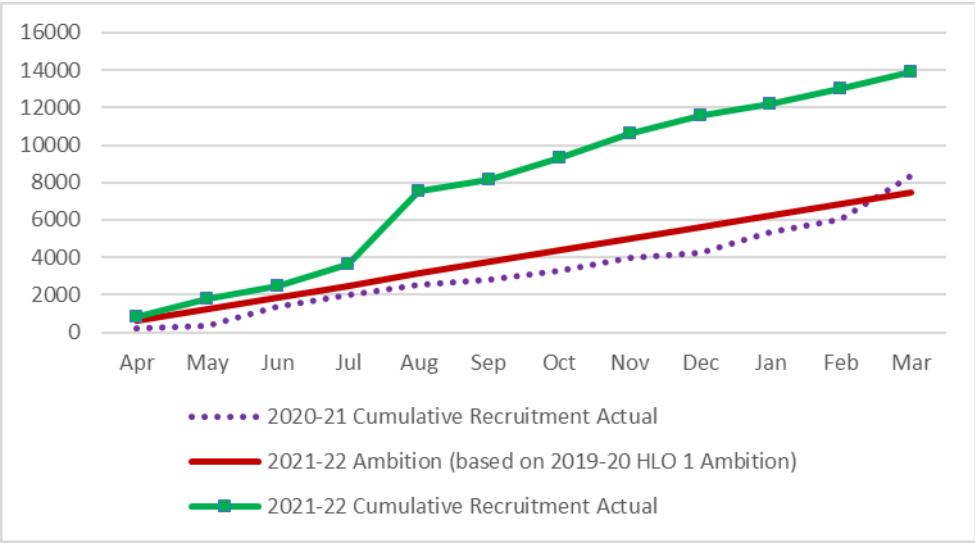
Successes	Priorities
<ul style="list-style-type: none"> • NIHR CRF designation • Continue to successfully support COVID research, for example: recently highest recruiting site for <i>HElping Alleviate the Longer-term consequences of COVID-19 (HEAL-COVID)</i> trial. 	<ul style="list-style-type: none"> • Work with the NIHR to review portfolio for continued deliverability. • Finalise contracts with NIHR for the CRF and position ourselves for a successful launch in September 2022. • Support the increasing number of studies being set up in Weston.
Opportunities	Risks and Threats
<ul style="list-style-type: none"> • Develop research workforce by relaunching our programme of Clinical Research Start up Seminars • Continue to increase awareness to workforce about benefits of research and of working in a research-active organisation • Position our NIHR CRF as a specialist centre within the South West, in order to maximise the research our capacity can support. 	<ul style="list-style-type: none"> • Further COVID -19 surge would put at risk our ability to successfully reopen non-COVID research • Clinical services stretched due to backlog and accommodating social distancing measures, reducing the opportunity to deliver research. • Fatigued research workforce who have worked tirelessly through the pandemic and have had no time for recovery. • If the level of BRC funding awarded is lower than expected, there will be an impact on the translational research that UHBW and our close partners can deliver over the next five years.

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Performance Overview

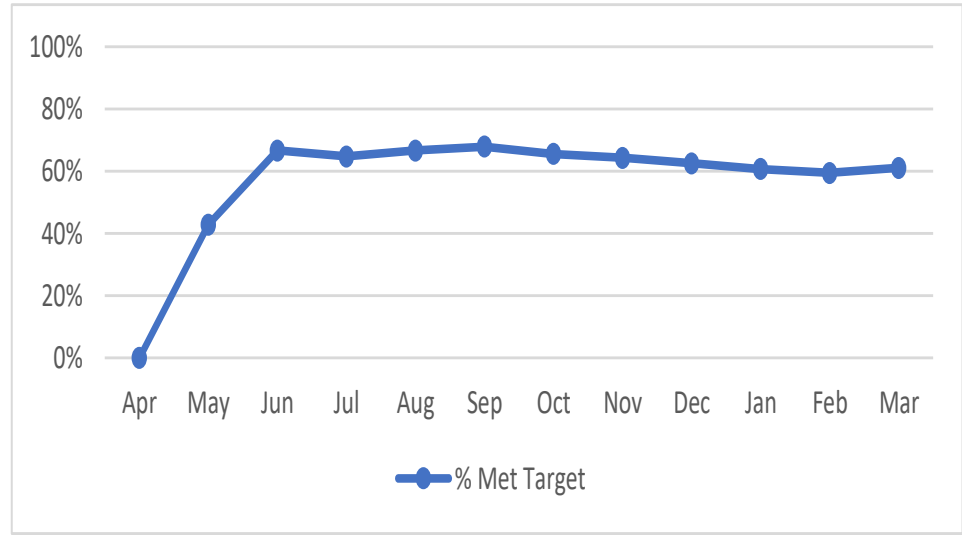
This section provides information about performance against key performance indicators. All KPIs are financial or drive the income we receive.

a) Cumulative Recruitment to Commercial and Non-Commercial NIHR Studies



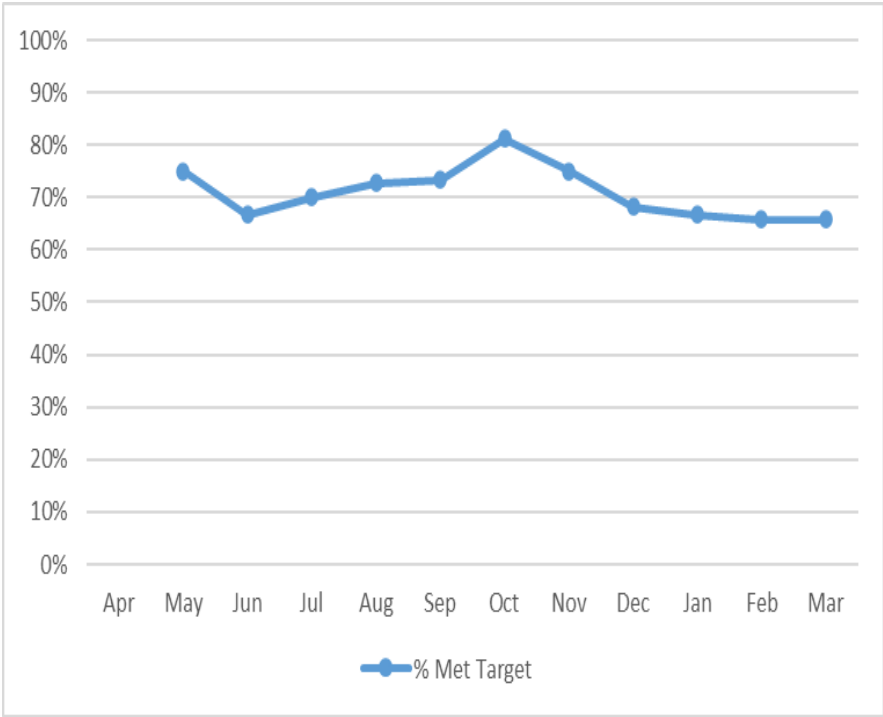
High recruiting study called AVONCAP accounts for 70% recruitment activity.

b) Proportion of closed non-commercial NIHR studies achieving or surpassing their recruitment target

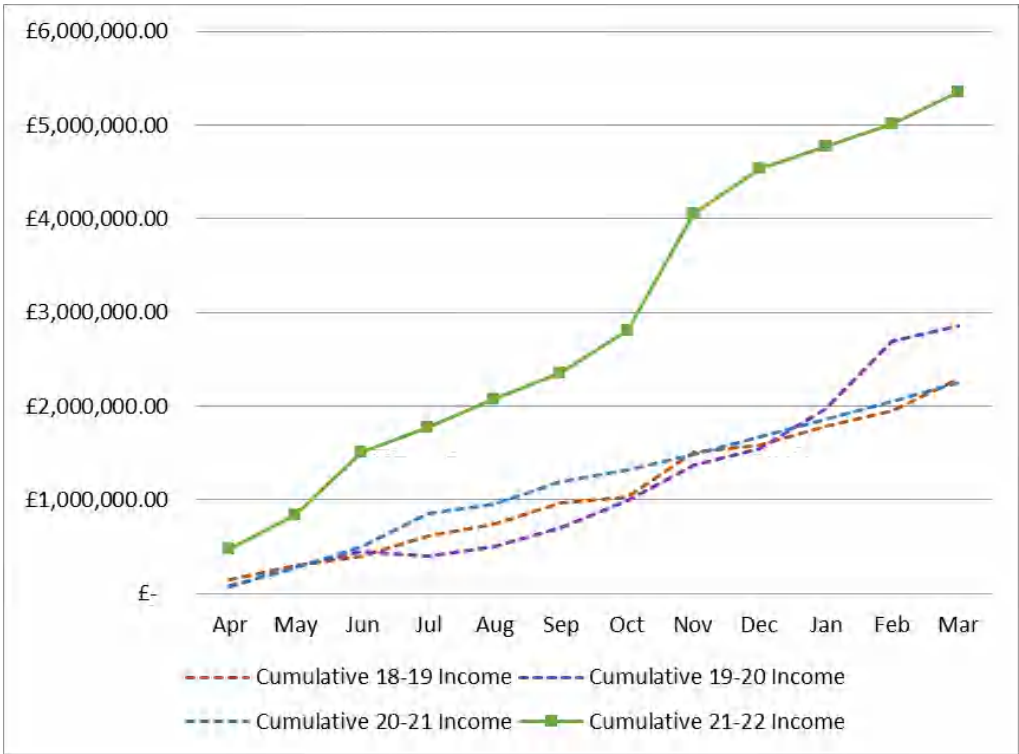


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c) Proportion of closed commercial NIHR studies achieving or surpassing their recruitment target



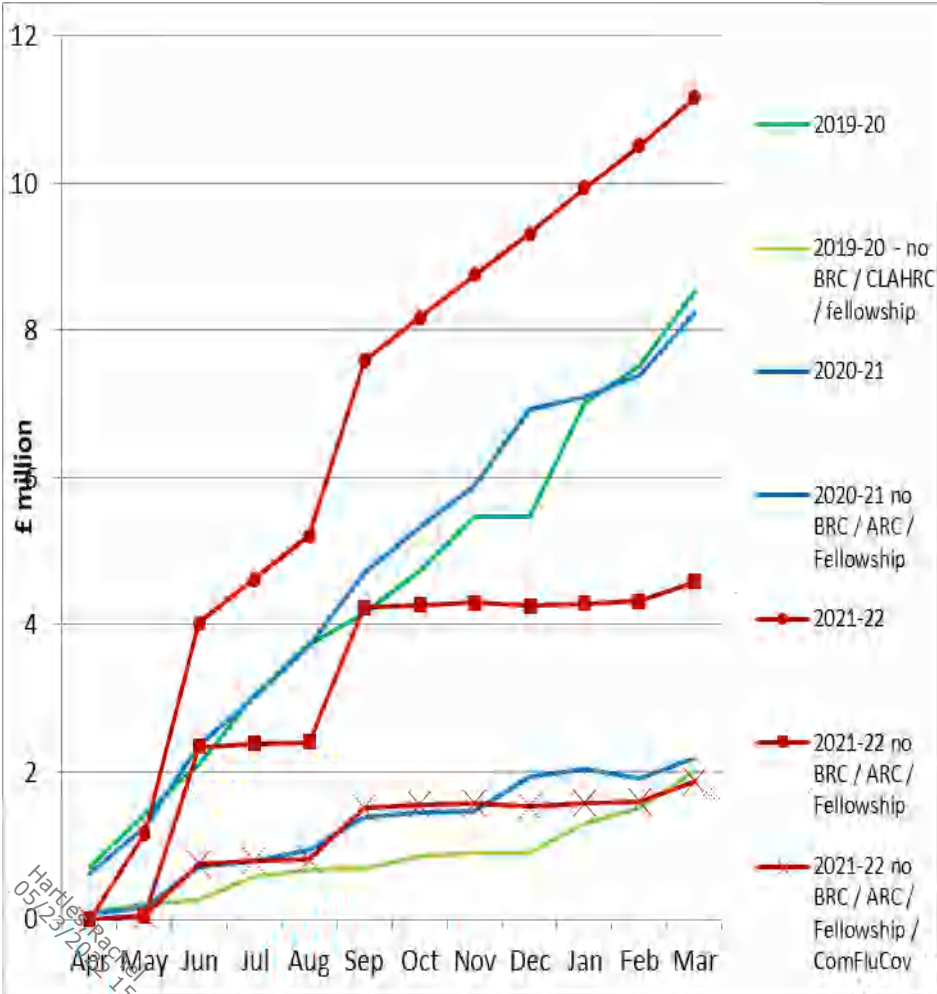
d) Monthly commercial income



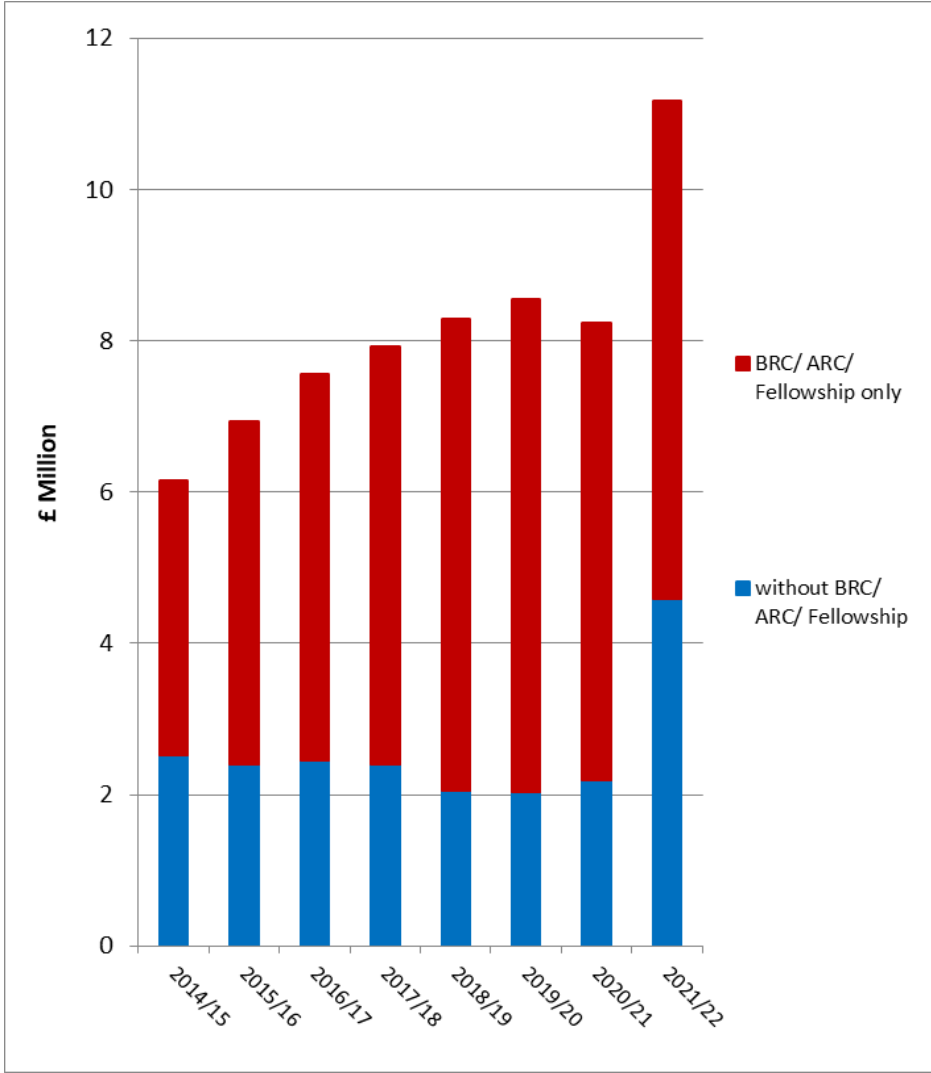
* Does not include pass-through income of £177,749 (for Q4) to other regional sites for ENSEMBLE 2 trial and £79,000 (for Q4) AVONCAP income

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e) NIHR monthly grant income – year on year comparison



f) NIHR grant income – drives research capability funding



Meeting of the Board of Directors in Public on Friday 27th May 2022

Report Title	Integration Programme Report
Report Author	Rob Gittins, Programme Director
Executive Sponsor	Neil Kemsley, Director of Finance and Information (presenting) Paula Clarke, Executive Director for Strategy and Transformation (Exec Sponsor)

1. Report Summary

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

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

2. Key Points to Note

Clinical services integration

All clinical services have commenced the integration process with the number of clinical services formally integrated remaining at 12 out of 32. A new Weston General Hospital leadership team is being established from 1st October 22, replacing the current Weston Division, and will be responsible for leading the site and a range of clinical services and facilities. All other clinical services will become Trust-wide by 1st October and be wholly run and operated by our clinical divisions. Between now and then close collaboration continues between specialities on a day-to-day basis as they work towards full integration.

Future clinical vision (Healthy Weston)

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.

At the end of April, details of the programme were shared with North Somerset Council health overview and scrutiny panel (HOSP). At the meeting, councillors agreed that our favoured option for changes to the way some services at Weston are delivered in the future does not constitute 'substantial variation' to services. This means that a formal public consultation is not required. Regardless of this, the Healthy Weston Programme will still hold an extended period of public and staff engagement on the draft proposals before any decisions or changes are made. Public engagement is expected to start early in the summer, with a final decision about any changes taken later this year. In the meantime, a series of open staff briefing

sessions are being held, and feedback being requested via email at healthyweston@uhbw.nhs.uk.

Major IT project completed

On 9th April, the Trust completed a major IT project, linking the patient administration system (Medway) at Weston to the CareFlow Electronic Patient Record (EPR) system across the rest of UHBW. A year in the planning, this has been a momentous effort by our digital, clinical and support teams who worked collaboratively to ensure everything went to plan. The system merger now enables staff to better manage our patients across sites, so that we can deliver excellent and consistent patient care across the Trust and realise further benefits of the merger.

Workforce and Organisational development

Registered nursing numbers in post at Weston remain high, supported by effective local domestic and international recruitment campaigns. In the last month, 13 nursing offers of employment at Weston have been made, with a further 11 candidates given start dates. Our International programme for registered nurses also continues to be successful with a total of 119 nurses recruited over the last 12 months, with 11 more planned to join Weston in April 2022. Filling our Consultant and senior doctor post vacancies remain a challenge, despite extensive recruitment and retention initiatives. A total of 13 new doctors at various grades have joined Weston General Hospital since January, including 1 new consultant.

Delivering on our merger plans

As part of our programme of assurance, a second post-merger review is being finalised. The review will consider the progress made against the original March 2020 merger plans.

3. Risks

The risks associated with this report include:

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

4. Advice and Recommendations

- This report is for **Assurance**.

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

5. History of the paper

Integration Programme Board	May 22
Senior Leadership Team Meeting	May 22

Integration Programme Report

Hartles Rachel
05/23/2022 15:12:23

April 2022

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Reporting Month: April 2022

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Reporting Month: April 2022

Progress in month

Clinical

- The number of clinical services integrated remains at 12 out of 34, with no further completions in month.
- Radiology, Haematology/Oncology and Rheumatology are due to go to Divisional Boards for approval to integrate in May / June.
- Work is underway with receiving divisions to create integrated management structures that will go live once the Division of Weston dissolves 1st October 22.
- The management of change process is on track to be launched 6th June 22, in preparation for new arrangements
- Close collaboration continues on future specialty integrated working with divisions.

Corporate

- All Corporate services have now integrated, with focussed benefits monitoring continuing until March 23.
- The deep dive exercise commissioned from Internal Audit to assess the degree of embedding of team and service integration activities, shows that planned changes post merger are being implemented and embedded into corporate services at a local level.
- A Corporate services Scorecard will be published in this report once complete.

Benefits realisation

- There are 17 benefits associated with integration, along side 30 individual performance measures selected to provide detailed measurement of each benefit.
- At the end of March 22, £500k was identified against the financial mitigations in relation to nurse agency savings. Medical savings continue not to be realised, largely due to continued additional investment in staffing on the Weston site.
- The Medway patient admin system successfully merged on 9th April 22, and this is viewed as a key enabler for further benefit realisation.

Workforce and Organisational development

- The numbers for both Clinical Fellows and Nursing positions remains strong and on plan. However, Consultant and career grade doctor vacant posts remain high, despite extensive recruitment and retention initiatives
- Local domestic nursing recruitment remains strong with 13 offers of employment made in April, and a further 11 candidates with start dates.
- Our International programme for registered nurses continues to be successful with: 119 now offered for the Weston Division and 79 in post. 11 more planned to join Weston in April 2022. The programme is now being extended.

Key Actions over the next 4 weeks

- Further development of the future Weston leadership specification and associated documentation
- Complete the transfer of Radiology to Diagnostics & Therapies division and Rheumatology, Diabetes and Endocrinology to Division of Medicine.
- Alignment of integration planning with clinical models of care being approved through the Healthy Weston programme.
- Implement recommendations of the Admin banding project.
- Complete the 2nd Post Merger review.
- Sign off management of change staff consultation for future management arrangements at Weston.
- Undertake engagement on future name for the future Weston site.

Issues being managed

- Capacity of the Division of Weston over the next 3/6 months to engage with the integration change process with competing priorities to deliver the business as usual, restoration and Healthy Weston programme agendas.
- Working with Divisions to ensure that there isn't scope creep with some specialities seeing the Business Unit as a reason not to integrate.
- Engaging affected staff with the forthcoming changes

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

Reporting Month: April 2022

Successes	Priorities
<ul style="list-style-type: none"> Continued engagement by divisions on clinical collaboration and where appropriate integration planning. HR Transaction services staff consultation completed. Integrated Discharge Services (IDS) staff consultation commenced. Surgical management proposals agreed. Corporate services benefits review showed 69% Post Transaction Implementation Plan (PTIP) actions completed. Medway merger IT system completed successfully on 9th April. 	<ul style="list-style-type: none"> Further development of the future Weston leadership specification and associated documentation Complete the transfer of Radiology to Diagnostics & Therapies division and Rheumatology, Diabetes and Endocrinology to Division of Medicine. Alignment of integration planning with clinical models of care being approved through the Healthy Weston programme. Implement recommendations of the Admin banding project. Complete the 2nd Post Merger review. Sign off management of change staff consultation for future management arrangements at Weston. Undertake engagement on future name for the future Weston site.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Increasing clarity with regard to future clinical models of care under the Healthy Weston programme is a key enabler to future integrated service design. Deployment of Medway merge in April allows for interoperability enabling improved cross site working and cost centre merge. 	<ul style="list-style-type: none"> Weston leadership development has a number of key dependencies that may effect the approval timetable. Adequate HR resourcing for change management in Programme Management Office reduced. Instability of the Weston management team and resignations continue to affect engagement. Delays by divisions in confirming future structures risks impacting on staff consultation timetable. Inability to baseline some benefits adequately risks preventing accurate monitoring and realisation.

Reporting Month: April 2022

Critical Success Factor	Objective	Status	Movement since last report
Delivery Streams	Clinical Services Integration completed	A	N/A
	Design and set up the Business Unit as part of the Weston Management Model	G	N/A
	Monitor and facilitate the development of the Healthy Weston Programme	TBC	N/A
Workforce & OD	Weston based consultant job plans reviewed	R	N/A
	Premium Payment controls process standardised and applied to Weston Division	R	N/A
	Achieve the proposed Recruitment trajectories for Medical and Nursing posts	A	N/A
	Achieve the proposed reduction in staff turnover rate on Weston Site	A	N/A
	People Systems Integration completed	A	N/A
Cultural Integration	Monitor the embedding of UHBW values and behaviours	A	N/A
Benefits Realisation Monitoring	Financial Mitigation objective TBC	TBC	N/A
	Realisation of Y3 expected programme benefits	G	N/A
	Integration programme transition to business as usual	G	N/A

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

Note: Objectives rolled over from Year 2 of the programme have maintained their status from the last financial year. New objectives introduced in this year have been assigned a current on track green status.

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

Delivery Streams – Clinical Services

April 2022

Progress Against Clinical Services Integration Plan

Service	Receiving Division	Status	Date transferred
Sexual Health	Medicine	Completed	01 November 2020
Laboratory Services	D&T	Completed	01 November 2020
Therapies	D&T	Completed	01 November 2020
Gynaecology	W&C	Completed	04 October 2021
Pharmacy	D&T	Completed	04 October 2021
Paediatrics	W&C	Completed	06 April 2021
Resus	D&T	Completed	01 July 2021
Audiology	D&T	Completed	06 April 2021
Palliative Care	SS	Completed	04 October 2021
Integrated Discharge Service (IDS)	COO office	Completed	01 July 2021
Patient Flow	COO office	Completed	01 July 2021
Cancer Personalised Care & Support teams	SS	Completed	01 July 2021

Service Integration Status	% of Services	No. of Services
Completed	40%	12
In progress - off track	10%	3
In progress - on track	50%	15
Not started	0%	0
Total	100%	30

Recovery Actions:

- Continue to work closely with the Weston Managing Director to support individual Clinical Services Integrations through weekly divisional meetings.
- Working closely with the Deputy Divisional Directors to agree what is required to run a safe, integrated service.
- Develop and approve the governance arrangements for the future Weston management arrangements

	Service	Receiving Division	Status	Original transfer date	Revised date
Surgery	General Care	Surgery	In progress - off track	01 November 2020	TBC
	Anaesthesia & Pre-op	Surgery	In progress - on track	01 November 2020	TBC
	Ophthalmology	Surgery	In progress - off track	01 November 2020	TBC
	Endoscopy	Surgery	In progress - on track	01 December 2021	01 October 2022
	Diabetic Screening	Surgery	In progress - on track	01 December 2021	01 October 2022
	General Surgery including GI	Surgery	In progress - on track	01 April 2022	01 September 2022
	Trauma and Orthopaedics	Surgery	In progress - on track	01 April 2022	01 October 2022
Medicine	ENT	Surgery	In progress - on track	01 April 2022	01 October 2022
	Geriatrics & Fracture Liaison	Medicine	In progress - on track	01 April 2022	01 October 2022
	Respiratory (incl. Fracture Liaison)	Medicine	In progress - on track	01 April 2022	01 October 2022
	Diabetic & Endocrinology	Medicine	In progress - on track	01 April 2022	01 October 2022
	Cardiology (incl. Fracture Liaison)	Medicine	In progress - on track	01 October 2021	TBC
	Paediatrics	Medicine	In progress - on track	01 April 2022	01 October 2022
	Diabetic & Endocrinology	Medicine	In progress - on track	01 April 2022	01 October 2022
D&T	Radiology	D&T	In progress - on track	01 January 2022	01 July 2022
	Immunology & Allergy	D&T	In progress - on track	01 December 2021	TBC
SS	Cardiology (incl. Fracture Liaison)	SS	In progress - on track	01 December 2021	01 October 2022
COO	Booking and access	COO	In progress - on track	01 April 2022	01 October 2022
TBC	Cancer Services	TBC	In progress - on track	N/A	01 October 2022

Key Points:

- No services have transferred in month.
- 40% or 12 services have integrated into their receiving divisions.
- Radiology, Haematology/Oncology and Rheumatology are due to go to Divisional Boards for a approval at the end of May/June.
- Work is underway with receiving divisions to create integrated management structures that will go live once the Division of Weston dissolves 1st October 22.
- The management of change process is on track to be launched 6th June 22, in preparation for new arrangements to be implemented for the 1st October 22.

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



THE WESTON PILOT PROJECT CONSIDERED:

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

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

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

THE PILOT'S IMPACT:

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

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

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

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

– Stephen Cutler, Clinical Lead for the Integrated Discharge Service

THE NEXT STEPS:

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

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

– Stephen Cutler, Clinical Lead for the Integrated Discharge Service

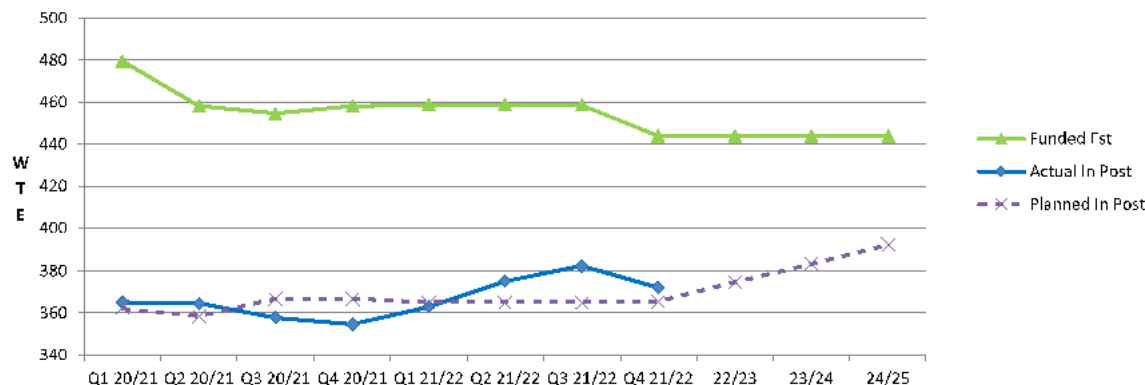
We are
supportive
respectful
innovative
collaborative.
We are UHBW.



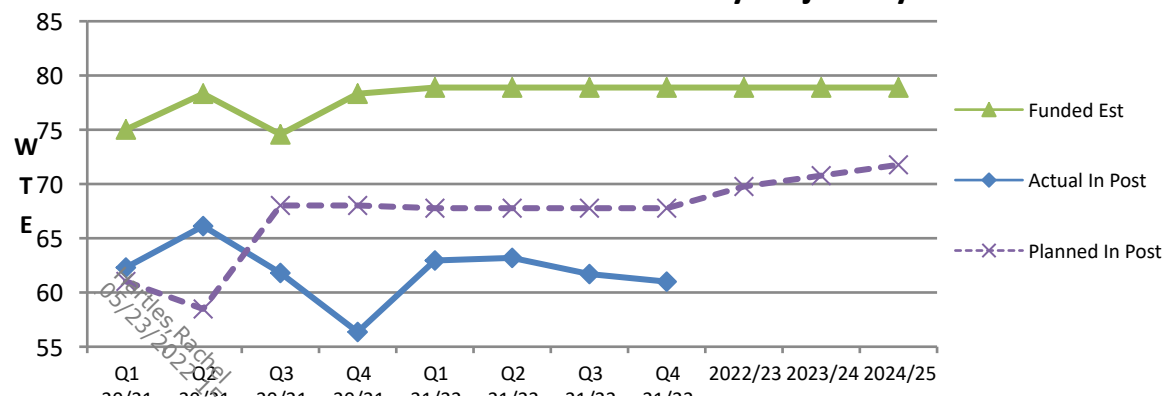
Workforce – Recruitment (1)

April 2022

Weston Site Registered Nursing Trajectory



Weston Site Consultant Vacancy Trajectory



Recovery Actions:

- In conjunction with the Talent team, the Weston Specialty Managers have implemented a timetable of additional interview slots to increase the levels of recruitment completed each week.

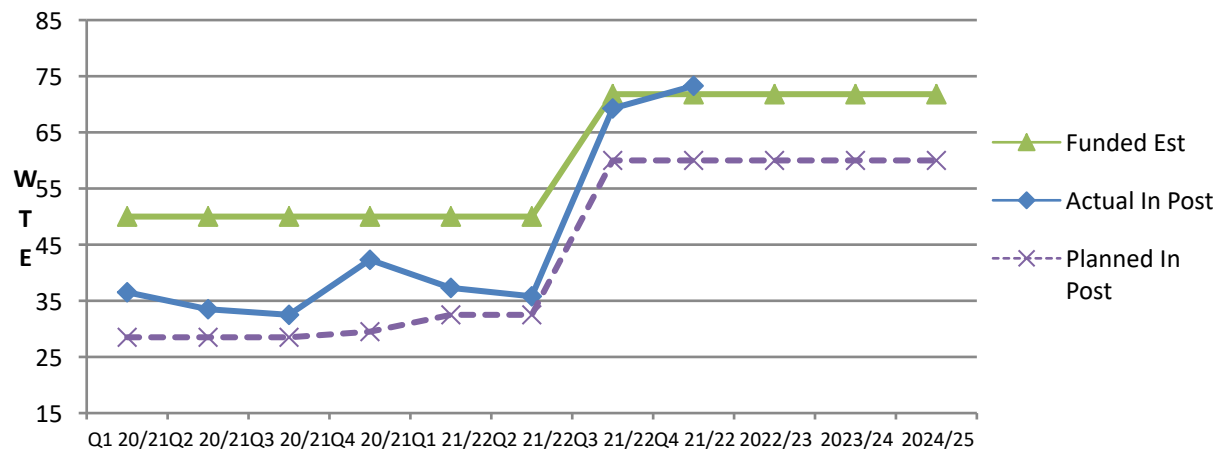
Key Points:

- Vacancy trajectory graphs updated to include data to the end of quarter 4 (end March 22).
- Despite an increase in turnover registered nursing numbers in post remain above plan.
- Our International programme for registered nurses continues to be successful with: 119 now offered for the Weston Division and 79 in post. 11 more planned to join Weston in April 2022. The programme is now being extended.
- During this month, it was encouraging that 13 conditional offers were made for domestic nurse roles at Weston, including 5 for newly qualified nurses. A further 11 candidates have start dates.
- The Talent team have set up a national Healthcare Support Worker Recruitment and Retention Network that meet bi-monthly to share innovative ways that other trusts have trialled to improve vacancy rates for the unregistered workforce.
- Consultant vacant posts remains high, despite extensive recruitment and retention initiatives. Initial planning being undertaken to introduce a 'refer a friend' schemes to boost consultant recruitment.
- 1 Consultant in General Anaesthesia joined the Surgery team in Weston in April.

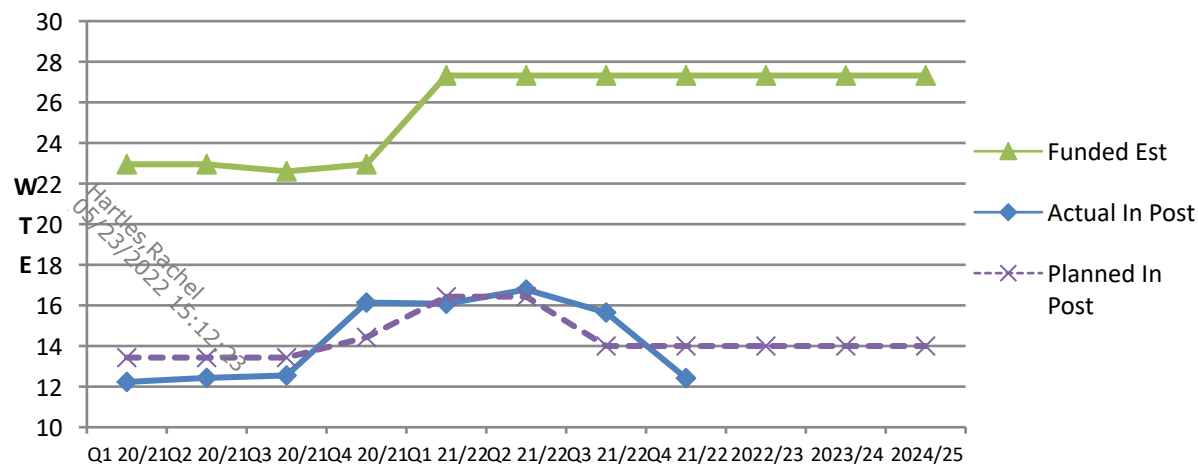
Workforce – Recruitment (2)

April 2022

Weston Site Clinical Fellow Vacancy Trajectory



Weston Site Career Grade Doctor Vacancy Trajectory



Key Points:

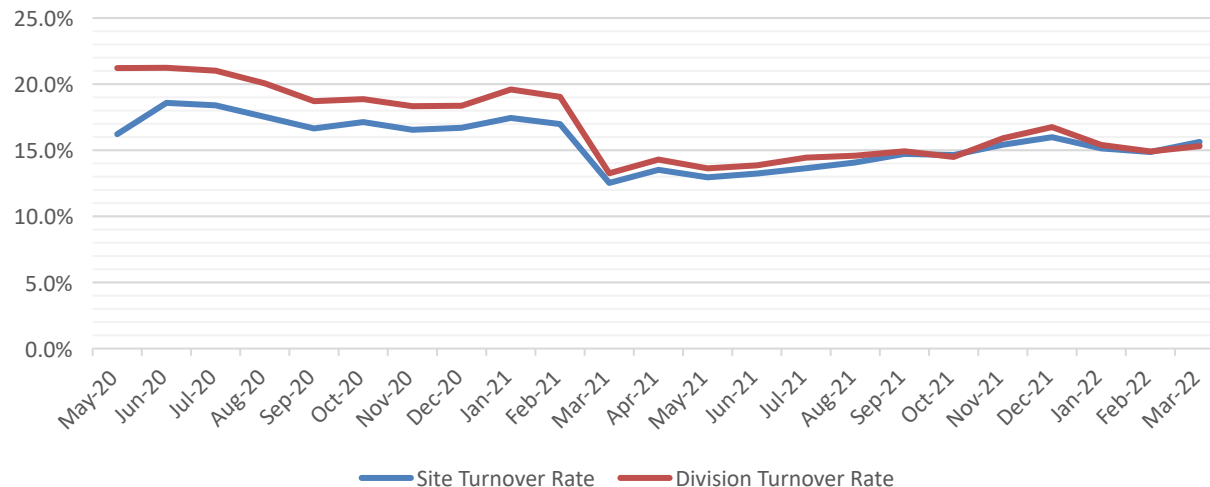
- Clinical Fellow recruitment is positive, above trajectory and in line with Weston funded establishment.
- Career grade Doctor recruitment remains a significant challenge.

In month:

- 2 non-consultant grade doctors joined the Trust in April.
- 24 non-consultant grade doctors are going through pre-employment checks.
- The Trust has agreement to recruit 2 Career Grade Doctors to help stabilise the Clinical Fellow rota.
- The Trust has received 161 applications for both Senior House Officer (SHO) and Middle Grade positions. The team are shortlisting suitable candidates.
- The Division of Weston are undertaking a review of clinical fellow and career grade doctor arrangements, to maximise rotas.

April 2022

Staff Turnover rates – Weston Clinical Division and overall Weston Hospital Site trends since May 20



Key Points:

- For the most recent data available (end of March 22), Weston Divisional turnover was up slightly at 17% compared to 15.3% in February.
- The data trend shows an initial reduction in staff turnover in the first year post Trust merger, however there has since been a steady deterioration in retention over the last 12 months.
- The approach to driving retention is under review by the Director of People, to ensure that the current arrangements are optimal and to ensure the Trust has practical actions in place that improve retention.

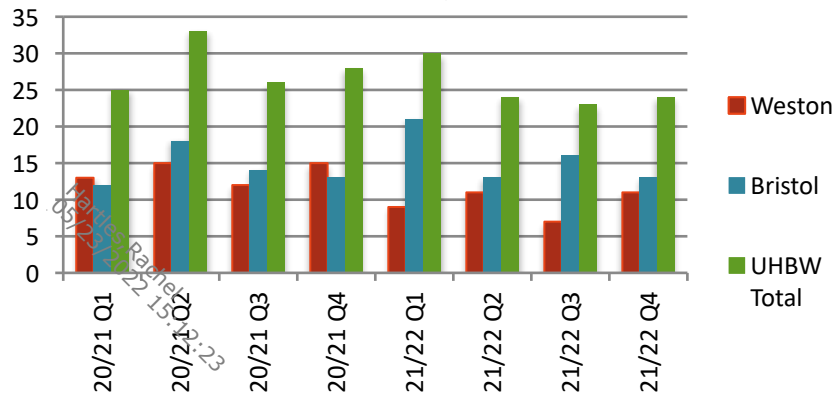
Cultural Integration Programme (1)

April 2022

Outstanding actions from Cultural integration programme

Theme	Action	Update	RAG
Appraisal	Launch 'one model' for Appraisal	Completed: perform e-appraisal launched to Weston users 25 April 2022	Blue
Bullying and Harassment (B&H)	Delivery of actions in B&H programme	New integrated programme being launched	Yellow
Equality, Diversity and Inclusion	Delivery against the Weston E,D&I plan	Action plan refreshed with Weston HRBP and ED&I Lead	Yellow

Total freedom to speak up concerns (one of the proxy measures for bullying and harassment and ED&I concerns)



Key points

Appraisal

- Successful launch and roll-out of the Trustwide learning management system Kallidus, giving improved access and functionality for staff at Weston.

Bullying and Harassment:

- The Trust has recently approved an integrated approach to addressing Bullying and Harassment
- A Project group has been established to address Bullying and Harassment under the leadership of the Director of People which is expected to run until July 2023
- The Integration programme tracks 3 sources of data to measure progress with the organisational development plan. These are: Staff Survey data, HR Services data and Freedom to Speak Up data.

Equality, Diversity and Inclusion (ED&I):

- Freedom to Speak Up (FTSU) data continues to show a higher number of concerns being raised by staff at Weston.
- There is a Weston Division Equality Diversity & Inclusion (ED&I), Bullying and Harassment (B&H) Action Plan that is using this information to take action.
- Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and Gender pay strategy approach papers are due to go to People Committee in July and local action plans will follow in the Weston people and culture plan.

April 2022

Trust Values and Behaviours – Selected questions from the recent Quarterly People Pulse Survey

Question	No	Yes, to some extent	Yes, definitely
Are you aware of your organisations statement of values?	2.8%	38%	59.3%

How do you personally prioritise the values?	Ranked #1	Ranked #2	Ranked #3	Ranked #4
Collaborative	11%	17%	53%	19%
Innovative	6%	8%	20%	66%
Respectful	52%	29%	11%	8%
Supportive	31%	45%	16%	8%

Key points

Embedding of the new Trust vision and values

Early results from the quarterly Trust/Weston People Pulse Survey show a high degree of reported awareness of trust values, with only 2.8% of staff respondents were not aware of the organisations statement of values.

The embedding of the values will next be measured in the Quarter 3 (October to December 22) staff survey.

This measure will continue to be tracked as part of our benefits realisation workstream.

Question	Yes	No
Do you see managers role modelling and bringing the values to life at work?	64.5%	35.5%
Do you see colleagues role modelling and bringing the values to life at work?	81.2%	18.8%

April 2022

Year 2 Benefits – Progress Against Financial Mitigations

Financial Mitigation Category	2021/22			2022/23			Total		
	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's
Medical Agency Savings	500	0	(500)	1,200	0	(1,200)	1,700	0	(1,700)
Nursing Agency Savings	140	0	(140)	1,000	0	(1,000)	1,140	0	(1,140)
Medical Workforce Productivity	500	0	(500)	1,000	0	(1,000)	1,500	0	(1,500)
Board Overheads	2,000	1,000	(1,000)	0	0	0	2,000	1,000	(1,000)
Total	2,740	1,000	(1,740)	2,200	0	(2,200)	4,940	1,000	(3,940)

Benefits Progress Summary

Provisional	1
Not Started	2
Behind Plan	8
On Track	5
Action Completed- Ongoing monitoring in place	1
Realised	0
Total	17

Figure 3: A summary of benefit status

Recovery Actions:

- Confirming remaining provisional benefit with benefit owner.
- Confirming predicted benefits realisation timelines with benefit owners.
- Focus on confirming baseline data for the remaining 23% of benefits is the main priority for the Programme Management Office in May.

Key Points:

- At the end of March 22, £500k was identified against the financial mitigations in relation to nurse agency savings. Medical savings continue not to be realised, largely due to continued additional investment in staffing on the Weston site.
- Total savings achieved to date have been collated in the 'progress against financial mitigations' table. These show the realisation of planned financial mitigations of £2,285k against a plan of £5,200k.
- There are 17 financial and non-financial benefits associated with integration. In this financial year (22/23) the target for further merger related benefits is expected to be £1,200k.
- The Medway patient admin system successfully merged on 9th April 22, and this is viewed as a key enabler for further benefit realisation.
- A recent review of corporate services benefits showed an increase from 53% to 69% realised.
- A communications plan for communicating benefits of integration stories to staff is in the process of being written.
- See Appendix 1 for further details.

April 2022

Progress Against Corporate Services Integration Plan

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

Key Points:

- All Corporate services have now integrated.
- Benefits monitoring for benefits associated with Corporate services integrations will continue until March 23.
- A deep dive exercise has been commissioned from Internal Audit to assess the degree of embedding of team and service integration activities. This shows that planned changes post merger are being implemented and embedded into corporate services at a local level.
- A Corporate services Scorecard will be published in this report once complete.

Recovery Actions:

- The Integration programme is undertaking a second post merger review with internal audit, as part of its assurance activities.

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

April 2022

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

A key indicator of effective organisational merger is the harmonisation of its policy framework. Policies are available to staff via the Trusts document management system (DMS) system. Within this, staff can select either University Hospitals Bristol NHS Foundation Trust or Weston Area Health Trust areas to access policies. Work has been undertaken since merger to review and where possible harmonise policies across the sites and this is described in the table below.

Area	Policy	Review Status
Trustwide	Lore Trustwide (Corporate) Policies reviewed	Completed - April 2020
Trustwide	Number of Weston policies on the Weston DMS section at 1st May 2022	174
Trustwide	Number of policies recorded as obsolete (either replaced with UHBW wide policy or divisional guideline, or are overdue for review)	127
Trustwide	Number of Trustwide (Corporate) Policies remaining for review	28
Finance	Capital Investment Policy review complete	Completed - June 2021
Finance	Standing Financial Instructions review complete	Completed - Sept 2020
Finance	Schedule of Delegation review complete (Appendix 4 of SFI)	Completed - Sept 2020
HR	Total number of policies retained under TUPE legislation	11
HR	Total number of policies that can be aligned	35
HR	Total number of policies that have been aligned including review under SAIL framework	18
HR	Total number of new policies that remain to be aligned (awaiting validation)	40
Clinical	Core clinical procedures and guidelines, documents relating to ED emergency admissions reviewed	Completed - pre-merger
Clinical	Number of Weston policies on the Weston DMS section as at 1st May 2022	80
Clinical	Number of policies recorded as obsolete (either replaced with UHBW wide policy or divisional guideline, or are overdue for review)	62
Clinical	Number of Trustwide (operational) Policies remaining for review	17

Key Points:

- The review of how this data is collected has concluded and the table to the left has been updated to reflect the agreed process
- The DMS system is currently part of an active bid through business planning although a timetable is, at the time of writing, unconfirmed
- Delivery of a new DMS will significantly enhance user experience and improve policy management across the Trust

April 2022

Weston Estates Backlog Tracker- (See Appendix 2 for Backlog Maintenance Plan)

Please note: monitoring against the 22/23 plan will be included in next months report.

Cost Centre Code	Cost Centre Name	Comments	RAG Rating (please release)
820022	Weston Backlog Fire Compartmenten	First Phase of works completed.	Green
820023	Weston Backlog Roof/Gutter Rep	Front of hospital rainwater system and soffitt materials Completed	Green
820024	Weston Backlog Pathology Roof	Project Completed September 21 overspend of 30K due to unforeseen works on roof slab.	Green
820025	Weston Backlog Switches	Project Completed.	Green
820043	Weston Toilet refurbishment	Project Completed August 21.	Green
820054	Weston Backlog Roof Repair & Drain survey and jetting	Work progressing on rear of Estates and on plan to complete May 22, Courtyards commenced January 22 , Good progress to date with 3rd courtyard 75% complete and 4th Courtyard scaffold to commence week commencing 10th May , expected completion June22.	Amber
821000	Weston Backlog Fire Alarm upgrade and compartmentation	install commenced November 2 with device changes through December to march total 1400 devices.	Green
820227	Histo Conversion	Project Completed.	Green
820228	Ambleside Boiler Replacement	Project Completed.	Green
820229	Reconfig Ed At Wgh	Project Cancelled by Weston Division.	Red
Orders value YTD		£2,684,222.00	
Pending Future Orders:		£45,000.00	
Capital spend taken 20/21 UHBW not PDC		£237,786.00	
Capital Balance Remaining 21/22		£53,564.00	
Total capitalApplications To date:		£2,725,003.00	
Full Year Allocation 21/22		£2,500,000.00	

April 2022

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

Integrated Systems that went live on 9 th April 2022	Deployment timetable for other Clinical Systems	Start date	Estimated 'Go live' date
Medway (Patient Admin System) - now CareFlow Electronic Patient Records (EPR) (single instance)	Endoscopy (Medilogik)	Go Live in Bristol 7 th Feb	Go live in Weston 15 th June 22
BlueSpier Theatre system	ICE (Pathology system)	Started Jan 22	Weston to Join Bristol ICE system estimated Autumn 2022
Maternity	PACS/RIS (Radiology Information System)	Start Summer 22	Plan to be fully converged March 23
Medicode	Oncology (Prescribing system)	Summer 22	TBC - initial discussions held with ChemoCare - project team being formed led by Specialised Services Division
Careflow Vitals	CUR (Clinical Utilisation system)	End of June 22	TBC -will be scheduled with overall CUR delivery plan
Careflow Connect	ICCA (IntelliSpace Critical Care and Anaesthesia- full integration)	End June 22	End June 22
Evolve			

Key Points: Medway

- CareFlow merger – LIVE as at 9th April – post Go Live support completed 22nd April. Lessons learned and project closure being prepared for end of May.
- Support of the Data Quality initiative at Weston – Datix Risk no. 4400 – positive news this month with signoff of approval to “block close” –delivered into Weston “LIVE” end March 2022

Key Points: Other

- Weston Electronic Document Management (EDM) project – start date estimated May 2022 post Medway merger.
- Endoscopy Go Live Weston– proposed Go Live June 2022.

April 2022

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

ID	Opened	Domain	Title	Description	Controls in place	Rating (current)	Risk level (current)	Action detail	Review date	Approval status
4806	10/11/2020	Financial	Risk that the financial benefits identified in the Transaction Business Case (TBC) will not be achieved.	Due to operational delays including Covid there is a risk that the financial mitigations identified in the TBC will not be achieved. If sufficient savings are not realised there is a risk that the Trust may not achieve its financial plan.	Financial mitigations are reported on a monthly basis to IPB via the Integration Programme Report. Weston Division has established a nursing controls group. A Benefits realisation workstream reviews progress and takes corrective action on a monthly basis. Workforce Productivity group established through HR & OD workstream to scope and evaluate productivity opportunities.	15	Very High Risk	Financial review of the Transaction Business case once the 22/23 NHS financial regime is published, to take stock of the financial mitigation framework.	28/01/2022	Action Required Risks

Key Points:

- Now that the Trust 22/23 financial plan is agreed, the 1 very high risk above will be updated for the next report.
- This is the same number of 'very high' risks compared to the end of last month.
- 0 new risks were added in April.
- 2 risks closed in month:







4683- Risk that the Clinical Integration timetable will not be achieved if Site Management model is not agreed. Risk closed due to future management model agreement by SLT in March 2022, and there are other risks on the register relating to the risk of delivering those future arrangements.

5541- Risk that the planned Medway merger doesn't occur on April 9th 2022. Risk closed due to successful merge on the 9th April.

- Risk **4400** is expected to be closed in May due to the movement of CERNER records to Medway following the system merge.
- There are 17 live risks at the end of April 22. With the exception of the 1 'very high' rated risk above:
 - 12 have a risk rating considered 'high' (a risk score of between 8 and 12)
 - 4 have a risk rating considered 'moderate' (a risk score of between 4 and 6)
- See Appendix 3 for the Integration Programme risk register containing remaining programme risks rated 9 and above, apart from those 'very high' risks mentioned above.





Appendix 1.1- Benefits Summary

Report Month: April 2022

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Workforce & OD	 Recruitment & Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Improved recruitment and retention of medical staff (Medical agency expenditure savings) - Reduction in medical staff vacancies, improved rostering and financial controls	Reduction in medical agency expenditure	Behind Plan
Workforce & OD	 Recruitment & Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Improved recruitment and retention of nursing staff (Nursing agency expenditure savings) - Reduction in vacancies, improved rostering, lost time management and financial controls	Reduction in medical vacancies - Consultants, Career Grades & Clinical Fellows in Weston	Behind Plan
Workforce & OD	 Recruitment & Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Improved recruitment and retention of nursing staff (Nursing agency expenditure savings) - Reduction in vacancies, improved rostering, lost time management and financial controls	Reduction in medical turnover rates at Weston	Behind Plan
Workforce & OD	 Recruitment & Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Improved recruitment and retention of nursing staff (Nursing agency expenditure savings) - Reduction in vacancies, improved rostering, lost time management and financial controls	Reduction in Registered Nursing (RN) agency expenditure	Behind Plan
Workforce & OD	 Recruitment & Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Improved recruitment and retention of nursing staff (Nursing agency expenditure savings) - Reduction in vacancies, improved rostering, lost time management and financial controls	Reduction in RN vacancies in Weston	On Track
Workforce & OD	 Recruitment & Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Improved recruitment and retention of nursing staff (Nursing agency expenditure savings) - Reduction in vacancies, improved rostering, lost time management and financial controls	Reduction in RN turnover rates in Weston	On Track
Workforce & OD	 Clinical Quality & Efficiency	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Improved Medical Workforce Productivity - Improved job planning and reduction in premium payments	Reduction in premium payments to consultants	Behind Plan
Workforce & OD	 Clinical Quality & Efficiency	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Improved Medical Workforce Productivity - Improved job planning and reduction in premium payments	% Weston consultants with an up to date job plan	Not Started
Workforce & OD	 Leadership & Culture	To develop a new set of leadership behaviours and values across the new organisation, shaping a new culture	Establish shared vision and values for the single UHBW organisation.	New UHBW Values established and Staff Survey (21/22) values question answer responses compared to answers given in staff survey 22/23	On Track
Workforce & OD	 Leadership & Culture	Increasing the resilience of the WAHT as an organisation through being part of a larger organisation and offering the potential to achieve better value for money	Stabilised staff engagement in Weston - as a result of improved advocacy, motivation and involvement	Engagement score calculated as a result of responses given to the Staff Survey - Motivation, Advocacy & Involvement	Behind Plan

Appendix 1.2- Benefits Summary





Report Month: April 2022

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measures	Status
Corporate Integration		Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Reduction in vacancies and sickness rate across Corporate functions	% of vacancies across Corporate functions	Behind Plan
				% sickness rates within Corporate functions	Behind Plan
Corporate Integration		Realising efficiencies in shared corporate services	Improved value for money on Estates and Facilities (E&F) contracts through rationalisation across the Trust	Reduction in no. standalone Weston E&F contracts Reduction in overall E&F contracts spend	Not Started
Clinical Integration		Sharing learning across both organisations to improve access to and quality of clinical services and develop exemplar models for frailty, ambulatory and out of hospital care	Improved patient experience in Weston	Improvement in inpatient postal survey scores at Weston	On Track
				Maintenance of outpatient tracker score in Weston	On Track
				Improved response to informal and formal patient complaints rate at Weston	Behind Plan
Clinical Integration		Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Improvement in compliance in Adult Critical Care services and Acute Paediatrics	Improvement in compliance with the D05 Service Specification for Adult Critical Care (review of GPICS standards)	Provisional
				Improvement in compliance with Facing the Future standards issued by Royal College of Paediatrics and Child Health	Provisional

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Appendix 1.3- Benefits Summary

Report Month: April 2022

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Clinical Integration	 Face and Impact	The merger allows alignment of ways of working and benefit to changes to clinical models at pace, as part of a single organisation	Increased care closer to home for non specialist care, and increased specialist care undertaken at a specialist centre	Increase in % of patients with North Somerset postcodes treated at Weston General Hospital for non-specialist care across all services	On Track
				Increased in % of patients with North Somerset postcodes treated on Bristol Royal Infirmary campus for specialist care across all services	On Track
Clinical Integration	 Resilience and Services	Addressing in a controlled manner the current known risks to the resilience of acute clinical services across Bristol and North Somerset	Enhanced work with system partners - identify sustainable solutions to ensure high quality outcomes for patients - e.g. Urology transfer to North Bristol Trust (NBT).	Completion of Urology transfer to NBT	Action Completed Ongoing monitoring in place
Clinical Integration	 Clinical Alignment and Reduction in Variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Create standardised clinical pathways - ensure that patients receive, consistent and high quality care across all sites reducing unwarranted variation, improving delivery and outcomes.	Total Number of clinical policies reviewed and single policy agreed	Behind Plan
Strategic Change	 Improved Utilisation of the Estate	Greater scope to make best use of the combined available capacity and buildings in order to deliver our service goals	Improved Utilisation of the combined UHBW Estate	Reduction in 'very high' infrastructure risks at WGH	On track

Appendix 1.4- Benefits Summary

Report Month: April 2022

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

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Weston Backlog Maintenance Summary

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Meeting of the Board of Directors in Public on 27th May 2022

Report Title	Transforming Care Quarter 4 report
Report Author	Melanie Jeffries, Transformation Programme Manager
Executive Lead	Paula Clarke

1. Report Summary	
<ul style="list-style-type: none"> The Transforming Care Programme Report provides highlights of the key transformation and improvement work that has progressed during Quarter 4. The SPORT report (appendix 1) provides further detail of improvement initiatives, including those that sit outside the Transforming Care Programme. The Transforming Care Benefits report has been included as appendix 2, providing the latest position (March 2022) for the reported benefits from the Transforming Care priorities Transforming Care bitesize (appendix 3 separate document) is a new monthly sharing of improvements recently made and their impact, plus improvements happening soon 	
2. Key points to note (Including decisions taken)	
The report shows how we are continuing to improve and transform our services for the benefit of patients and staff, under significant operational pressures.	
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):	
<ul style="list-style-type: none"> This report is for Information. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
[Name of Committee/Group/Board]	[Insert Date paper was received]
Strategic Senior Leadership Team	06/04/22

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.

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Transforming Care
Programme

This Transforming Care Programme Report provides highlights of the key transformation and improvement work that has progressed during quarter 4 2021/22.

- The SPORT report below (Appendix 1) provides further detail of initiatives.
- The Transforming Care Benefits report is included as Appendix 2. Data is up to date as possible as of 30/03/22.
- Transforming bitesize a new monthly communication is attached as Appendix 3 (separate document)

Transforming Care priorities Quarter 4 update

Restoration, renewal, and recovery programme

Proactive Hospital

- Following SLT approval of the Year 1 Patient First business case, contracts for four Proactive Hospital Improvement Coaches will be extended to the end of March 2023.
- Recruitment of a data analyst is planned during April 2022 to support improvement projects.
- Projects that were reprioritised during the internal critical incident during January have now recommenced but are slightly behind plan.

Projects supporting prompt discharge:

Proactive Board Rounds

- The aim is for daily board rounds to achieve reviews that proactively progress patients towards safe, timely discharge, using consistent multidisciplinary collaboration.
- Best practice was collated into a standard operating procedure, which has been launched in pilot wards in BRI and Weston. A multidisciplinary project team (nursing, medical and allied health professional staff) is helping to test and develop this with our ward staff, running regular open forums for staff to reflect on practice and share learning.
- The number of daily discharges and timely discharges are being monitored for improvement.

Criteria to reside

- According to national policy, all patients should be assessed against standard criteria to ensure they're in the optimal treatment location. If not, we must identify plans to ensure this happens as soon as possible.
- We are testing new approaches on several adult wards to improve data quality and compliance with the policy.
- Compliance has improved by 50.8% and 27% in two pilot Medicine wards.
- Recommendations will be made for scaling up Trust-wide improvement, following the end of the pilot in April 2022.

Managing Expectations and Patient Choice Policy

- This project is to implement the BNSSG Managing Expectations Policy (appendix 4 separate document), which recommends that discussions around discharge options and planning should happen as soon as a patient is admitted, to ease the transition for patients between hospital and community settings.
- Four pilot wards across Bristol and Weston commenced distribution of the managing expectation leaflets to patients in December 2021. Survey is planned to assess impact.
- Digital recording of compliance is underway to track performance, which has improved from 0% at launch to 60% within Bristol's pilot wards and 50% for Weston.
- Training materials (video, posters etc.) have been developed to support this.
- Recommendations from the pilot will be made in April 2022 to inform the approach to Trust-wide rollout.

Projects supporting swift assessment for newly admitted patients:

Undifferentiated Chest Pain Pathway

- This project is to understand the pathway of patients presenting with undifferentiated chest pain in ED and identify improvement opportunities
- The time patients wait for their initial cardiology assessment has been quantified, and the average proportion of patients for whom cardiology reviews are requested.
- Work is underway to understand the ongoing pathways for these patients and identify change ideas to reduce the time spent waiting for review
- Pathway mapping and data collection exercise will complete in April 2022 with recommendations for next steps

Project to improve the efficiency of emergency arrivals:

ED Ambulance Handovers

- Project group remobilised in January 2022, after progress was constrained during operational pressures of Q2/3.
- Observations of handover processes took place at both WGH and BRI ED during January and February 2022.
- Sources of delays were identified in new rapid assessment at triage process at BRI. Actions have been handed over to ED, which is leading the implementation to address delays.
- Handover times are being monitored and opportunity for further improvements identified for the Proactive Hospital pipeline.

Project to support seamless admission and transfer from ED:

Tap to Transfer

- This project implemented a digital process to record the admission plan for patients arriving via BRI ED and signal when a ward is ready for a patient to be admitted. There have been improvements in compliance from December 2021 – March 2022.
- Staff using Tap to Transfer indicate easier identification and escalation of delays transferring patients when a bed is ready. 75% of staff in a recent survey felt the digital

process has simplified communication about beds and 88% agreed that it makes admission plans clear.

- Display screens recently installed to improve visibility of ready beds in ED
- Next steps: the clinical site management team will work with staff at Weston Hospital to implement the process and benefit from the features, and using data to inform further improvement ideas to reduce transfer time.

Frailty workshop

Two workshops were held in January with system partners to understand available pathways when an event happens in a frail person's home to receiving the required care. 10 immediate actions were identified and progressed by all members during February.

The workshops led to the establishment of a joint Frailty Operational Delivery Group, hosted by UHBW with representatives from SWAST, SIRONA and CCG.

Theatre Efficiency project

- Collaborative work between Four Eyes -Theatre Data Analyst Specialists, North Bristol Trust and UHBW Trust commenced. Four Eyes are focusing on three specialties – Ophthalmology, Trauma and Orthopaedics and ENT
- Theatre dashboard planned go live 1st April 2022 for Bristol sites, Weston's data will be added following the convergence of Careflow EPR systems. An interim arrangement to provide Weston with data is in place
- Data quality scoring process is being developed, to enable Divisions to prioritise improvements required
- Benchmarking report using Model Health system, CHKS, British Association of Day Surgery (BADs) and Getting It Right First Time (GIRFT) completed and shared with Theatre Efficiency project members
- Planning for phase 2 underway, which will include creating divisional improvement plans based on the dashboard measures, benchmarking opportunities, and Getting It Right First Time (GIRFT) recommendations.

Redesign of Outpatients

Patient Initiated Follow Up (PIFU)

- Currently supporting fifteen services to develop/formalise their processes
- Working with the outpatient clinical leads across all divisions to speak to clinicians to understand the opportunities and barriers to PIFU
- PIFU pathway for patients with lifelong conditions has been signed off with the aim to implement in Q1 2022-23
- Patients have been asked for feedback on their PIFU experience, further patients will be engaged and results analysed in Q1 2022-23.

Community phlebotomy

- Working with BNSSG colleagues a business case to enable the continuation of community phlebotomy pathways has been completed.
- Surveys to evaluate the pathway have been distributed to patients and clinicians, the evaluation is being compiled by the CCG.

Outpatient waiting list validation

- A BI report and clinical note have been created to capture the N-codes within Careflow EPR, and a SOP has been signed off.
- Specialties have commenced the clinical validation/prioritisation of waiting lists. 23,489 patients have been N-coded and validated.
- Work is underway to understand the impact of changes to the forthcoming NHS England requirements

Diagnostic waiting list validation

- Of the 16,568 patients that appear on our diagnostic waiting list, all have been ascribed a clinical priority except for endoscopy (2,234 cases) and cardiac echo in Weston (currently being manually reported)
- So, 86% currently have been coded, but a script is being developed for endoscopy, which will push us to 100%. We aren't relying on additional coding of the waiting list for diagnostics (as per the admitted waiting list), but rather using data we already capture on information systems to report the clinical priority.

DrDoctor

- Changeover of video clinic software supplier from Attend Anywhere (AA) to DrDoctor go live date is 1st April for Bristol sites, with date in April to be confirmed for Weston sites after 9 April Careflow EPR merger between sites (Weston AA users can continue to use this for video consultations in the interim)
- UHBW is the first of the BNSSG system partners to go live with DrDoctor to match like for like with AA - ability to have video consultations and send messages to patients. Phase 2 opportunities include the ability to send assessments before and after appointments, digital patient letters, enabling patients to cancel or reschedule their appointments directly through the DrDoctor portal. DrDoctor has a wide range of use cases including linking to PIFU.
- In preparation for go live a training intranet page is available, with Quick Reference Guides, training videos, FAQs and useful resources for staff
- Capturing data regarding video clinics will be more robust as the DrDoctor system links to the Careflow EPR whereas Attend Anywhere as a standalone platform and did not have this level of integration.

Healthier Together @ Home (HT@H)

The BNSSG HT@H programme is supporting our system to achieve the NHS England mandate to provide 30-50 virtual beds per 100,000. The new virtual pathways enable the delivery of safe compassionate models of care, either avoiding or minimising time patients need to stay in an acute hospital.

From the end of April UHBW will host the HT@H clinical operational lead, who will support the embedding of current pathways, plus the identification and design of future virtual pathways

Covid-19 Virtual Wards

Across adult and maternity pathways, the service has the capacity to manage 800 patients at any one time; at the peak of the Omicron variant the service managed 423 patients via a virtual ward.

Outpatient-Parental Antibiotic Therapy (OPAT)

The Healthier Together @ Home OPAT service launched in November 2021. Since then, they have worked collaboratively to enable 28 UHBW patients to have their intravenous antibiotic treatments delivered in the comfort of their own homes. They have also facilitated an additional 11 patients to have their antibiotics switched to a tablet, also enabling them to be discharged. This has saved over 150 bed days to date and supports good antimicrobial stewardship.

The patient feedback has been extremely positive with our patients highlighting that being able to be treated at home was a positive step in their recovery - just being with their families and being able to get a good night sleep in their own bed.

“Being at home was a positive lift not just for me but for all of my family. It’s not always easy being a patient in hospital for obvious reasons but perhaps the immediate family and friends is a very important factor as they can often feel ‘remote’ especially with limited visiting hours.”

Remote monitoring pathways

CCG have commenced the procurement process for Remote Hub monitoring digital platform

Acute Respiratory pathway

A new pathway for patients with an exacerbation of their Chronic Obstructive Pulmonary Disease (COPD) to support earlier community treatment, avoid admission or have an earlier discharge. Care is delivered in the patients' home using a blend of in-person care and remote monitoring technology tailored around the patient's acuity and individual needs.

Ten patients across BNSSG have been referred into the pathway since January 2022.

- 2 early supported discharges
- 8 acute admission avoidances

Appropriate referrals can also be passed to the Sirona acute community assessment service, releasing HOT clinic hospital appointments.

Heart Failure pathway

Pathway in development to enable patients to be safely monitored at home. Learning from a small @home intravenous diuretic administration pilot (4 patients) at North Bristol Trust is being evaluated to inform future plans for a BNSSG wide pathway delivered collaboratively by colleagues from UHBW, NBT and Sirona.

Improving management of Medicine Division inpatient bed base

- Due to operational pressures progress delivering the project actions has been delayed. The project team are reviewing the action plan for embedding phase 1 changes and deliver planned phase 2 change, assessing if the actions are still appropriate.
- Work has recommenced to develop a real-time dashboard to monitor if patients are in the correct location within the Medicine Division.
- A summary guide for the Acute Medicine Unit, including specialty criteria, daily workforce model, support services and options to support early discharge, is being piloted to assess the value of implementing for all medicine wards.

Advanced Care Practitioner (ACP) workforce

- An additional ACP has been recruited to in AMU taking the number of qualified ACPs to 14.
- The steering group has applied for education and educational supervisor funding to HEE for 12 trainee ACPs currently in post, outcome awaited.
- The organisational readiness checklist was also revised and submitted which demonstrated progress across the Trust, led by the steering group.
- Two subgroups ACP operational and workforce have amalgamated and an additional subgroup for enhanced and advanced practice has been developed with the Chief Nurse's support.

Leadership and Management Development

- Jean Scrase, Associate Director of Education, has commenced post and taken over as senior responsible officer (SRO). Planning for 2022/23 is underway.
- UHBW are participating in the Integrated Care System (ICS) steering group to deliver a 'Supercharging Coaching' strategy 2022-2027, which aims to develop a standardised model for both formal and informal coaching approaches in all the (ICS) organisations.

Transformation, Improvement and Innovation Strategy

Quality Improvement

- Delivery of Quality Improvement unit for the new University of Bristol MSc in Healthcare Management (March-April 2022).
- Evaluation of Gold cohort 2 completed, to inform decisions regarding future cohorts.
- A QI e-learning course, accessible to by all staff enabling them to gain a foundation level understanding of QI was added to the Kallidus learning system. Initial review and amendments planned.
- QI Hub developed, new submission form and accessible database for staff to see other projects.

Transforming Care bitesize

To improve sharing of the vast amount of improvement work happening across the organisation, a newsletter has been produced containing a mixture of recent successes and changes coming soon (appendix 3). The improvements included will range from small local changes to large system changes. Positive feedback has been received following distribution of the first edition.

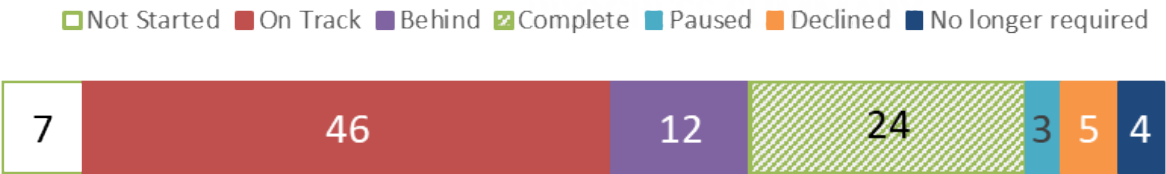
Transforming Team resource

The following is a summary of work supported by the transformation team in 2021/22.

The Transformation Team supports projects requiring service improvement methodology, project management, facilitation or provides coaching/mentoring regarding these skills.

Projects originate from the Transforming care priorities, Transformation, Improvement and Innovation strategy, corporate requests, divisional projects via the allocated transformation resource for each division:

Project summary: 101 projects in total



- **Complete** includes projects handed over to operational teams for completion
- **Declined** signposted to other possible resource or guidance given

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Appendix 1: Transforming Care – Progress Summary Q4 January - March 2021/22





Successes	Priorities
<ul style="list-style-type: none"> • Vaccination evaluation completed with Vaccination programme lead • Delivery of University of Bristol MSC in Healthcare Management Quality Improvement unit • Outpatient clinical validation/prioritisation commenced • Dermatology Skin Analytics one year pilot launched in March 2022 • Healthier Together@Home full MDT BRI based OPAT service and Acute Respiratory virtual pathway launched • Patient engagement training delivered by BNSSG CCG, learning being taken to inform approach for improvement work • Dental pathways mapped from patient perspective and interactions to inform changes pre and post graduate service provision • QI Gold cohort 2 evaluation completed • Two frailty workshops to identify improvements required for Bristol site completed, with system partners Sirona, SWAST, ECIST • Healthier Together at Home priority pathways • Transforming Care bitesize, a newsletter to improve sharing of improvements first edition written and distributed • Facilitation of Let's Talk about Culture session • Facilitation of GICU expansion business case lessons learnt session • New programme plan designed and in use to oversee Transformation team projects, including pipeline of requests • Project management support for Urgent Care Emergency pathway action plan • Staff survey to understand the positives and challenges with complex equipment hire process 	<ul style="list-style-type: none"> • Support DrDoctor implementation, replacement of Attend Anywhere system used to deliver video appointments in April 2022 • Delivery and identification of further Healthier Together at Home virtual pathways • Implementation of Robotic Process Automation (RPA) in resourcing department • Test evaluation methodology for proactive hospital projects • Theatre efficiency dashboard will be released to Divisional teams on 1st April 2022 • Identify data led improvements to implement across UHBW theatre suites • Finalise mapping to support the standardisation of therapies administrative process across Weston and Bristol • Design new ways of working with the infection control team across Bristol and Weston for the implementation of updated ICNET system, a joint procurement with NBT • Support Every Minute Matters design and mobilisation • Support design of communication for staff regarding the new business unit model at Weston • Workshop to design improvements in the complex equipment hire process • Revision of medicine division bed base action plan to embed phase 1 changes and deliver phase 2 plans • Mobilisation of Proactive Board round work • Transition Tap to Transfer - digital allocation of beds into business as usual • Ocean Unit (Paediatric Oncology Daybeds) workshop to design new ways of working including digital clinical notes
Opportunities	Risks and Threats
<ul style="list-style-type: none"> • Potential QI Gold projects are being proposed as part of UHBW business planning process • Key pipeline projects awaiting resource: <ul style="list-style-type: none"> ▪ E-job planning ▪ Adult Nursing Documentation ▪ Outpatient clinical noting 	<ul style="list-style-type: none"> • Ability to provide Transformation resource for all the priorities • Ability to maintain delivery of projects at pace, as operational and transformation capacity becomes stretched • Annual Transformation Forum delayed due to operational pressures, to be planned at a suitable time in 2022/23






Appendix 2: Transforming Care Benefits Report March 2022





(updated 30/03/22)





	Provisional	Behind Plan	On Track	Realised
Benefit Status Key	<ul style="list-style-type: none"> Project is in Initiation and scoping or planning phase. Benefit is being fully defined and baseline data established 	<ul style="list-style-type: none"> Project is in delivery and monitoring phase Actions to achieve the benefit are behind plan OR The actions have not achieved the improvement trajectory 	<ul style="list-style-type: none"> Project is in delivery and monitoring phase Actions are achieving the improvement trajectory 	<ul style="list-style-type: none"> Project is delivery and monitoring or Closure and Evaluation phase Ambition has been achieved and is sustainable

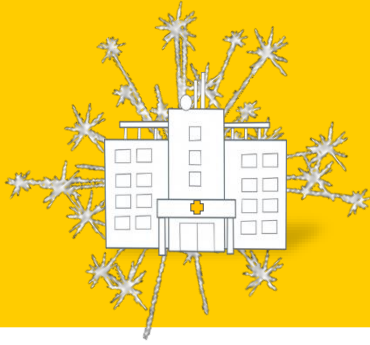
Note: Realised benefits from previous reports have been archived

Programme	Type of Benefit	Benefit	Ambition	Starting position	Current Position	Status	Owner	Time scale	Key messages
Transformation , Improvement and Innovation Strategy (T,I &I)	 Workforce	Increased number of staff with the ability to make local improvements	2,087 Total QI course attendees/ Graduates as per QI dosing strategy	1,253* total QI course attendees at end of 2020/21 *Corrected figure	1,537 total QI course attendees/ graduates	Behind plan	Cathy Caple	March 2022	Operational pressures have impacted ability to achieve ambition, as Trust training paused
T,I &I	 Workforce	Increased number of Quality Improvement projects undertaken	25% increase in total QI Hub submissions 216 total submissions	173 total QI projects registered via QI Hub at end of 2020/21	234 total QI projects registered via QI Hub at end of 2021/22	Realised	Cathy Caple	March 2022	New QI Hub implemented in Q4
Restoration, Recovery and Renewal (R,R&R) – Redesign of Outpatient Care	 Quality - Experience	Improve primary care access to advice and guidance (A&G) to manage patients out of hospital	Sustain improvement achieved in 2020/21 18,113 total requests	18.113 A&G requests received in 2020/21	18,070 A&G requests in 2021/22 43 requests lower than 2020/21	On Track	Philip Kiely	March 2022	<ul style="list-style-type: none"> Data until 28th March 2022 Figures amended based on ESR report
R,R&R – Redesign of Outpatient Care	 Environmental sustainability	Reduction in unnecessary patient travel to receive outpatient care	Sustain 30% non-face to face outpatient appointments	39.9% Non-face to face appointments in 2020/21 267,744 appointments	24.5% Non-face to face appointments in 2021/22 196,415 appointments	Behind plan	Philip Kiely	March 2022	<ul style="list-style-type: none"> Data until 27th March 2022 Figures now include Weston

Programme	Type of Benefit	Benefit	Ambition	Starting position	Current Position	Status	Owner	Time scale	Key messages
R,R&R – Redesign of Outpatient Care	 Quality-Experience	Increase the number of patients empowered to manage their own health needs	National target: 5% of all outpatient attendances are placed on a PIFU	4.9%* of all outpatient attendances were placed on a PIFU in 2020/21 *prior to improved recording	4.1% of ALL outpatient attendances were placed on a PIFU	Behind plan	Philip Kiely	March 2022	Data amended to use % of outpatient attendances placed on PIFU, following improved reporting. See page 4
R,R&R – Redesign of Outpatient Care	 Quality-Experience	Reduce number of patients attending hospital for blood tests (community phlebotomy)	3,333 blood test requests sent to primary care per month	1,900 per month estimated blood test requests to primary care (June 2021)	11,919 blood test requests sent to primary care (soft launch in June 2021)	On Track	Philip Kiely	March 2022	<ul style="list-style-type: none"> Weston data not available since December Targets to be reviewed See page 4
R,R & R – Healthier Together @ Home OPAT	 Quality - Outcome	To enable safe and earlier discharge to supported hospital at home pathways from our acute adult hospitals	Ability to manage up to 28 patients on OPAT virtual pathway per month across BNSSG	0 UHBW patients, as Virtual Ward is new service commissioned in October 2021	28 UHBW patients discharged to OPAT Plus 11 patients discharged following switch by OPAT team to oral antibiotics	On track	Paula Clarke/ Tim Whittlestone	January 2022	<ul style="list-style-type: none"> Service launched in November 2021 Targets to be amended by system project team See page 6
R,R & R – Healthier Together @ Home Covid Virtual Ward	 Quality - Outcome	To support safe and earlier discharge of patients with Covid who no longer require care within an acute hospital setting	All appropriate patients are discharged from BNSSG Covid Virtual pathways in 2021/22	17 patients discharged from UHBW to Covid Virtual Ward Feb – March 2021	6179* BNSSG patients added to Covid 19 virtual pathway including UHBW Patients *Data up until 27/03/22	On track	Sirona – Business as usual owner	January 2022	<ul style="list-style-type: none"> Data amended to BNSSG overall, as challenges obtaining specific UHBW data See page 5
Improving management of Medicine Division bed base	 Quality - Outcome	Reduce medicine division outlying patients, enabling patients to receive care from the required specialty teams	10% reduction of medicine patient bed days on non-medicine wards (outliers)	12,374 (2020/21*) / 5,654 (2019/20) medicine patient bed days on non-medicine wards	12,503* medicine patient bed days on non-medicine wards in 2021/22 *Impacted by Covid 19 escalation wards	Behind Plan	Chris Atkinson	March 2022	<ul style="list-style-type: none"> Explanation of measurement corrected to reflect bed days not patients See page 6

Programme	Type of Benefit	Benefit	Ambition	Starting position	Current Position	Status	Owner	Time scale	Key messages
Improving management of Medicine Division bed base	 Efficiency	Increase patients with short length of stay through use of assessment unit pathways (OPAU/AMU)	5% increase of patients discharged within 48 hours (0-1 day LOS) from AMU/OPAU	45% (6,664) Medicine Division patients with a 0-1 LOS in 2020/21 excluding ED observation patients	New report to be requested once real time dashboard completed	Behind Plan	Chris Atkinson	March 2022	<ul style="list-style-type: none"> Required dashboard to measure delayed, plus operation pressures have impacted improvements See page 6
R,R&R – Proactive Hospital	 Efficiency	Improve the volume of ambulances able to hand over patient care efficiently to our Adult Emergency Departments	50% reduction in proportion of handovers that exceed 15-minute target (excluding resus handovers)	57% of handovers at BRI and 36% of handovers at WGH exceeded 15 minutes in 2020/21 Based on sample	96% of handovers at BRI and 92% of handovers at WGH exceeded 15 minutes (3 Jan-28 Mar 2022))	Behind Plan	Matt Sully	March 2022	<ul style="list-style-type: none"> Data for whole year performance not available due to format data feed Low ward bed capacity continues to reduce flow through ED See page 3
R,R&R – Proactive Hospital	 Efficiency	Reduce time patients spend in ED when a bed is allocated and ready on an admitting ward	50% reduction in current transfer time when bed ready	65 minutes mean time from call to transfer from ED to assessment units (snapshot audit data only)	78 minutes average time per patient from bed reservation in ED to admission onto assessment unit (January to 28 March 2022)	Behind Plan	Sarah Jenkins	March 2022	<ul style="list-style-type: none"> 61% of Decision To Admit's (DTA) in ED admitted using Tap to transfer process Increased accuracy of data since full launch in December 2021 See page 3
R,R&R NHSE validation	 Quality-Safety	Ensure patients waiting for diagnostics are seen in order of clinical priority	100% of DM01 diagnostic waiting lists prioritised in line with NHS England codes	0% as prioritisation of diagnostic waiting lists in line with NHS England codes is a new process requested in 2021	80% of DM01 diagnostic waiting lists prioritised in line with NHS England codes	Behind Plan	Philip Kiely	August 2021	Endoscopy waiting list coding agreed, to be added into BI report for future reporting.

Programme	Type of Benefit	Benefit	Ambition	Starting position	Current Position	Status	Owner	Time scale	Key messages
Advanced Care Practitioner workforce	 Workforce	Improve the resilience of clinical workforce, through increasing the number of Advanced Clinical Practitioners across the Trust	25% increase in Advanced Care Practitioners employed by UHBW	14 qualified and 11 trainees Advanced Care Practitioners employed by UHBW	14 qualified and 27 trainees Advanced Care Practitioners employed by UHBW	Realised	Sarah Dodds	March 2022	<ul style="list-style-type: none"> Planned increase for 2021/22 achieved. Work will continue to develop ACP workforce in 2022/23 See page 6
Leadership and Management Development	 Workforce	Improve the development of managers and leaders at UHBW, by providing consistent and accessible resources and training	1 integrated leadership and management development programme	6 leadership & management training courses/workshops		Behind Plan	NEW: Jean Scrase	March 2022	<ul style="list-style-type: none"> Jean Scrase took over as SRO in January 2022. Futures plans are being developed See page 7
Leadership and Management Development	 Workforce	Increase staff who have a positive experience with their immediate manager	50% of questions in the Your Manager of the staff survey are RAG rated Green with comparator organisation	7 out of 7 questions in the Your Manager of the 2020 staff survey are RAG rated Amber with comparator organisation	9 out of 9 questions in the Your Manager of the 2021 staff survey are RAG rated Amber with comparator organisation *	Behind Plan	NEW: Jean Scrase	March 2022	<ul style="list-style-type: none"> *Note 4 new questions compared to 2020
R, R & R – Theatres Efficiency Project	 Efficiency	All staff have confidence that theatre data in reports and dashboards accurately reflects activity	100% staff trust the theatre reports and dashboards 90% Data Quality Score on Model Hospital	61% staff confidence in theatre data accuracy (Oct 2021) 81.1% Data Quality Score on Model Hospital (Oct 2021)	85.1% Data Quality Score on Model Hospital (March 2022)	On Track	Philip Kiely	March 2022	<ul style="list-style-type: none"> Re-assessment survey to be undertaken after new dashboard released and in use for at least one month See page 4



Transforming care bitesize | March 2022

Learn about continuous improvement work underway across UHBW

Melanie Jeffries | Transformation Programme Manager

77 bed days have been saved by reducing the length of stay for **10** patients using the new Healthier Together@Home Outpatient Parenteral Antibiotic Therapy (OPAT) pathway to deliver treatment in their home, including switching patients to oral antibiotics where appropriate.



Advanced Care Practitioners (ACP) have been identified as a key role to support UHBW's response to workforce challenges in a range of clinical professions.

Currently there are **13** qualified ACP's employed across the Trust, and since April 2021 trainee ACP's in post have increased from **11 to 24**.



Proactive Hospital is a model that supports continuous improvements to inpatient flow which commenced in 2021.

Proactive Board Rounds

If you're currently involved in board rounds within adult wards, please [share your views](#) on how they're working in your area.

This survey takes just **4 minutes** to complete and closes **18th March 2022**.

Allocating beds digitally

Phone calls to ED from assessment units fell by **40%** since implementation of digital signalling (Tap to Transfer)

Find out more about all proactive hospital projects [here](#)



DrDoctor

In **April 2022** DrDoctor will replace Attend Anywhere for video consultations.

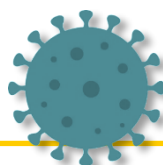
In 2021/22 there have been **22,102** video consultations, including outpatient appointments, and 'virtual visits' for patients to speak to their friends and families during their admissions.

Dr Doctor has additional benefits, such as integrating with Careflow and being able to send information or texts directly to patients - look out for more information on this soon.

Working with our system partners (BNSSG), Covid- 19 virtual pathways have been established for our patients.

Pathways exist for adult patients, including maternity to avoid admission (Step Up) or facilitate earlier discharge (Step Down)

The service has capacity to manage 800 patients at any one time; at the peak of the Omicron variant , **423** patients across BNSSG were managed via these virtual ward pathways.



Specialties are embracing the use of Patient Initiated Follow Up (PIFU) for outpatient appointments, to empower patients to take control of their health and follow ups.

Patients are able to arrange an appointment based on triggers for their clinical condition, within a set timeframe, such as six months.

In 2021/22 **4.1%** of patients have been PIFUed. That is **29,993** patients.

Coming soon, hospital managed long term condition PIFU pathways.

The Adult Dermatology service are piloting the use of artificial intelligence to support the recognition and diagnosis of skin cancer, reducing the need for patients to have follow up appointments.

Working with a company called Skin analytics a **one year** pilot is planned to start in **March 2022**.



The Trust Theatre Efficiency group are developing a theatre dashboard (draft\ below) to monitor performance, recognise good practice and identify areas for improvement.



Work to improve data quality needs to be completed before the dashboard is launched for use within Divisions.

To improve a shared understanding of how the Acute Medicine Unit (AMU-A515) operates, a one page document 'AMU on a page' has been developed.



It includes clinical criteria, key ward processes including specialty referrals, and key contacts for the unit.

Since **July 2021** patients have been able to have required blood tests closer to home through the new community phlebotomy pathway.

9,298 blood test requests have been made for UHBW patients. Work is underway to understand the impact of the pathway.



Since **November 2021** Weston wards have used a digital single referral form, which is submitted to the Integrated Community Care Bureau (ICCB) to assess which discharge pathway is required to meet the patient needs.

Early impact shows a **14%** reduction in forms rejected and a decrease from **0.8 to 0.5 days** from submission to ICCB decision.

Email: Melanie.Jeffries@UHBW.nhs.uk if:

- You would like more information regarding any of projects/improvements you have read about.
- You are involved in continuous improvement work that you would like shared in future edition.
- You would be happy to make a short 1-2 minute video about the improvement work you have been doing to share with others in the Trust.

BNSSG Multiagency Guidance Policy on Patient Choice and Management of Expectations



Hartles Rachael
05/23/2023 15:12:123



Responsible SRO:	Julie Kell, Head of Performance, Integrated Care, BNSSG CCG
Document Author and Job Title:	Emily Farr, Performance Improvement Facilitator (Urgent & Integrated Care), BNSSG CCG
Date Approved:	25/10/21
Approved by:	Out of Hospital Delivery Group
Date of next review:	25/01/2022

SUMMARY POINTS

This [protocol](#) and operational guidance defines how Bristol and South Gloucestershire NHS trusts, Community Provider, CCGs and local authority adult social care departments will manage choice throughout a person's inpatient stay with regard to discharge planning, particularly at the point they no longer require inpatient care.

The overarching aim is to reduce delayed transfer of care, through early engagement, support and the implementation of a fair and transparent escalation process.

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Policy Review Checklist

	Yes/ No/NA	Supporting information
Has the review taken account of latest Guidance/Legislation?	Yes	Reviewed and aligned this policy to National Discharge Guidance policy on Covid19
Are there linked policies and procedures?	Yes	Embedded in the document
Which Committees have assured the policy?	Yes	Legal Team at BNSSG Healthier Together to complete final sign off
How will the policy be shared with?	Yes	Through Out of Hospital Delivery Group (OOHDG)
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?	No	Policy is shared through OOHDG

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Version Control					
Date of Issue	Version No.	Next Review Date	Date Approved	Director Responsible for Change	Nature of Change
07/10/14	1_1 draft	TBA	TBA		Changes from Julia Wynn, Kate Lavington
16/10/14	V2			Director of Operations	Incorporated changes
24/10/14				Jo Bayley	General amendments and clarifications to POA including addition of appendix
3/11/14	1_4 draft			Kate Lavington	Incorporation of changes agreed at Enabling Discharge meeting, feedback post meeting.
3/11/14	1_5 draft			Kate Lavington	Incorporation of feedback from John White at S Glos Council
7/11/14	1_6 draft			Kate Lavington	Final amendments agreed by Rosanna James and Kate Lavington
12/11/14	2.0		12/11/14	Kate Lavington	Final changes and sign off by System Flow Partnership
Jan 2015	2.0			Andrea Young/ Rosanna James	Changes included as per Andrea Young and Rosanna James
June 2016	2.1			Rosanna James	Review in light of changes to discharge process, Discharge to Assess and IDS.
June 2016	2.1			Diana Porter	Add Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) Considerations for Hospital Discharge Process as Appendix 11
July 2016	2.2			Rebecca Willmott, Bridget McCabe, Vanessa Hodge	Inclusion of guidance on MCA and DoLS and application of protocol
Aug 2016	2.3			Helen Mee	Comments included from partners for final approval
Sept 2016	2.3		16/08/16	Helen Mee	Signed off in LHOg
Nov 2016	2.3		01/11/16	Helen Mee	Agreed by North Somerset system
February 2017	2.4			Helen Mee	Further review with patient information reviewed with UHB to ensure consistency
March 2017	2.5			Helen Mee	Updated following presentation at UHB Board
August 2018	3.0		August 2018	Julie Kell	rewritten to include Fast Track and new referral process for ICB
October 2019	4.0	21/10/19		Helen Mee Julia Wynn Kate Rimmer	Reformatted Acute Trust pack developed as attachment
02/08/20	V8	TBA	TBA	Mily Yogananth	Changes to Provider logos; footer. Document re-aligned to Covid-19 Discharge guidance embedding updated version into BNSSG Template
19/08/2020	V9	TBA	TBA	Mily Yogananth	Changes from providers incorporated and marked in yellow before final sign off
04/09/2020	V10	TBA	TBA	Mily Yogananth	Changes made further to New updated Hospital Discharge guidance released on 21 Aug 20
08/09/2020	V11	TBA	TBA	Mily Yogananth	Changes from providers incorporated further to OOHG on 07 th Sep 2020

19/10/2020	V12	TBA	TBA	Mily Yogananth	Legal Services from Bevan Brittan added few more changes. All incorporated in this version
10/09/2021	V13	TBA	TBA	Emily Farr	Changes received virtually from OOHG members included. Changes made further to updated hospital discharge guidance from 1 st July 2021.
18/10/2021	V14	TBA	TBA	Emily Farr	Changes received virtually from BCC included.
19/10/2021	V15	25/01/22	25/10/21	Emily Farr	Changes received virtually from Caroline Daley included.
06/01/2022	V16	25/01/22	25/10/21	Emily Farr	No changes to policy wording made. <ul style="list-style-type: none"> Appendix 9.2,9.3,9.4 updated to reflect updated leaflets released by NHSE. Appendix 9.5 leaflet 'looking after friends and family when they leave hospital' added. Appendix 9.8 'Conversations with people on D2A pathway quick guide for winter 2021 – 22' added.

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BNSSG Multiagency Guidance Policy on Patient Choice and Management of Expectations

1 Introduction

This document sets out how to manage patient expectations with regards to their discharge for all inpatients across BNSSG. It is based upon the Hospital Discharge Operating Model (“the model”) published by the Department of Health and Social Care on 21 August 2020. The Hospital Discharge Requirements have been replaced with the Hospital Discharge Service: Policy and Operating Model with effect from 1 September 2020. It will enable all NHS trusts, community care providers of acute, community beds and social care staff across BNSSG to implement this model by ensuring a timely, effective transfer of care of patients ready for discharge from an NHS inpatient setting, to the most appropriate available setting to meet their needs. It is relevant to all adult inpatients (aged 18+) in the Bristol, North Somerset and South Gloucestershire (BNSSG) area who require ongoing care and who are required to choose a destination and / or care provider on discharge. The protocol and operational guidance for managing expectation on discharge apply equally to all patients, whether or not they need ongoing NHS or social care and whoever may be funding any such care.

Patient participation, engagement and communication are central to the protocol and operational guidance for managing expectation on hospital discharge. When verbal or

written communication with the patient is stated, it applies equally or alternatively to communicating with the patient's representative, as appropriate and with consent. An Equalities Impact Assessment has been completed at NHSEI to consider impact and outcomes for patients and subjected to review.

2 Purpose and scope

The purpose of this protocol is to ensure that expectation is managed fairly throughout the discharge planning process, that a clear escalation process is in place for when patients remain in hospital longer than is clinically required, and that there is a consistent approach across BNSSG.

This protocol sets out a framework to ensure that:

- Any NHS Funded Inpatient beds across BNSSG will be used appropriately and efficiently for those who require that service.
- Acute hospitals and community bedded locations across BNSSG must discharge all 'Choice policy' patients who no longer meet the criteria to reside in hospital as soon as they are clinically safe to do so. See '**Annex A -Good Practice in Acute Settings**'
- A discharge to assess model is implemented across BNSSG
- A 'home first' approach is adopted across BNSSG

Discharge planning must commence at the point of hospital admission. It is imperative that a check list is completed on every patient on their environment (where they came from and where will they go to), family support and 'Next of Kin' status in terms of communication, patient criteria, special needs and patient's economic status (self-funders or requiring social care).

Patients under management of expectation pathway should be transferred to a designated discharge area as soon as it's clinically safe to do so. This is required as per national guidance on hospital discharges published in August 2020. However, discretion by the multi-disciplinary teams in acute settings has been exercised on a case by case basis. There needs to be clear accountability and escalation mechanisms at each stage while managing expectations for our patients, in each provider organisation. Although much of the language of this protocol focuses on discharge from acute beds, this protocol equally applies to all types of short stay community beds.

- The Discharge Service needs to operate at a minimum 8am-8pm, seven days a week. When patients have completed required assessment or treatment at their current bedded setting they will not remain in that setting, assuming it is clinically safe to do so. This policy ensures that patients will be encouraged to

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accept an alternative care provider and / or location if their preferred option is unavailable.

- An assessment of patients longer term needs (including Care Act and NHS CHC Assessments) should take place following discharge and not while the patient is admitted as an inpatient. The Government has provided funding, via the NHS, to help cover the cost of post-discharge recovery and support services, rehabilitation and re-ablement care following discharge from hospital and assessments of on-going care should take place during this 4 week period.
- Health and social care systems are expected to build upon the hospital discharge service developed during the COVID-19 response, incorporate learning from this phase, and ensure discharge to assess processes are fully embedded for all people aged 18+. To support full implementation of discharge, a set of **discharge guidance action cards** (attached in this policy) has been developed to summarise responsibilities for key roles within the hospital discharge process.

Planning for effective transfer of care, in collaboration with the patient, their representatives and all MDT members will be commenced on admission.

The process of offering a discharge destination will be followed in a fair and consistent way and there will be an audit trail of options offered to the patient and / or representative.

Where a patient is unable to make a decision in relation to discharge options, there will be consultation with family/friends/significant others to support them with this decision. In situations where a patient is un-befriended and lacks capacity, an IMCA will be required to enable discharge. A mental capacity assessment should be recorded to show this, followed by a full best interest's determination in line with the Mental Capacity Act Code of Practice. If they have capacity an independent advocate can be arranged by the LA to support them with decision of discharge.

From 1 September 2020, the Government has decided that social care needs assessments and NHS Continuing Healthcare (CHC) assessments of eligibility will recommence and continue to be undertaken outside of hospital. The Government has provided funding, via the NHS, to help cover the cost of post-discharge recovery and support services, rehabilitation and re-ablement care following discharge from hospital for an initial 4 week period. There may be variations on how local authority arrangements are aligned to the national funding policy. It is essential that, under the new arrangements that involved parties may refer to NHS England updated 'Who Pays?' rules to gain an understanding on which CCG/Local authority is responsible for assessing each person's needs and providing care.

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3 Managing Expectation

Good communication is central to the protocol for managing expectation on hospital discharge; communications about managing expectation/options at discharge should always be documented in the patient's notes. This is applicable to verbal or written communication with the patient, and applies equally, or alternatively, to communicating with the patient's representative.

The consequences of a patient remaining in a hospital bed when ready for discharge, might include:

- The patient is exposed to an unnecessary risk of hospital-acquired infection
- Evidence has shown that hospital bed stay that is no longer than needed has significant impact on older people's recovery
- Uncertainty while waiting for a preferred option of service to become available, may cause frustration and distress to the patient and relatives
- Fast Track patients may die in an acute hospital bed whilst waiting for the 'right' service to become available
- Any delay in transfer may increase patient dependence, as the hospital environment is designed to meet healthcare needs of patients
- The inappropriate use of hospital beds puts additional pressure on the ability of the whole healthcare system to care for patients who do require acute care
- Lack of flow in the hospital will put other patients at risk

Patients may find it difficult to choose a discharge destination or care provider for many reasons, such as but not exclusively:

- Concerns about facing a major life transition of moving from hospital to a care home for the first time
- Fear about either the quality or the cost of care
- Reluctance to transfer to another hospital that is not local to their home
- Unwillingness to move into interim accommodation

Interactions with patients and / or representatives by all members of the multidisciplinary team, will acknowledge and offer support with any concerns. It will also reinforce the message that everyone will work towards the patient's discharge from hospital, and it is not appropriate to stay in hospital once they no longer meet the right to reside. By the time a patient is clinically ready for transfer of care they and / or their representative should understand that it is not in their best interest to continue to occupy the inpatient bed, provided that a suitable care option on discharge is available.

If their preferred location or care provider is not available they will be made aware that they must accept an identified available alternative, either as a permanent option or whilst they await availability of their preferred choice. The conversation about this should be documented in the patient's notes.

The Multidisciplinary team (MDT) led by the ward manager and supported by the case manager will work jointly to offer open and consistent management of expectation options to minimise stress to the patient and / or representative, and to involve them as appropriate with the discharge process. The MDT will maintain communication with patients and representatives, to minimise surprises and ensure all conversations are documented in the patient's notes.

Patients who are self-funding their care will be offered the same level of advice, guidance regarding expectation/options and financial support for a 4-week period as those fully or partly funded by their local authority or via NHS Continuing Healthcare (CHC). If a patient chooses not to take advice offered or declines guidance and assistance, they must make their own arrangements for care on discharge from hospital.

Where a patient is assessed as lacking mental capacity in relation to discharge planning in line with the Mental Capacity Act 2005 and its principles, where there is no Lasting Power of Attorney for Health and Welfare the decision maker (the individual completing the mental capacity assessment) will make the decision.

Where there is an Lasting Power of Attorney to make a decision on behalf of the patient, the Multi-Disciplinary Team should be satisfied that the decision is in the patients best interests.

There is no legal requirement to hold a Best Interests meeting, although the MCA Code of practice recommends this where the patient is un-befriended, in the event of disagreement, or where this is required for complex cases to ensure a safe discharge. In the event of an ongoing dispute that cannot be resolved about the best interest decision, further legal advice will need to be sought.

3.1 What does this mean for patients?

Patients will still receive high quality care in community rehabilitation beds but will not be able to stay in a bed as soon as they no longer meet the right to reside. For 95% of patients leaving hospital, this will mean that (where it is needed), the assessment and organising of ongoing care will take place when they are in their own home or a place of safety. Any required assessment will be completed out of hospital in an identified assessment bed/environment.

It is recognised that issues of patient choice and engagement can often be significant barriers to hospital discharge, where there are ongoing social care needs after discharge (particularly if moving to a residential or nursing home). During the COVID-19 response, there was suspension of choice protocols for this particular issue. The following leaflets have been produced to support the communication of this message.

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Please refer to **Leaflet A** (attached in this policy), describing these COVID-19 arrangements, (provided with this policy) and should be shared with all patients on admission to hospital

On the day a patient is to be discharged, following discussions with the patient, the ward will make discharge arrangements. Where appropriate patients will wait in the discharge lounge so their acute bed can be used by someone being admitted who is acutely unwell. Patient's family, representative and any other professionals involved in their care will be aware of this decision.

- Please refer to **Leaflet B1** for patients who are being discharged to their usual place of residence
- Please refer to **Leaflet B2** for patients moving on to further non-acute bedded care

For patients whose needs are too great to return to their own home (about 5% of patients admitted to hospital), a suitable rehabilitation bed or care home will be arranged. During the COVID-19 pandemic, patients will not be able to wait in hospital until their first choice of care home has a vacancy. This could mean a short spell in an alternative care home.

3.2 What are the actions for acute care organisations and staff?

Acute providers need to rapidly update their processes and ways of working to deliver and manage expectations for our patients.

A daily clinical review for every patient should focus on three questions:

- Can we safely discharge this person?
- What needs to be different to make this possible at a place of their choice?
- Have we met this? If not, what is going to change to enable us to meet this aim?

3.2.1 Ward level:

- Start discharge planning as soon as a patient is admitted
- On decision of discharge, the patient and their family or carer, should be informed and receive the relevant leaflet
- Individuals and their families must be fully informed of the next steps
- Transfer off the ward into a discharge lounge when discharge arrangement have been finalised
- To achieve a timely discharge, aim to identify social care needs by making the necessary referrals to social care at the earliest opportunity. This is especially important where MDT meetings need to be arranged, or where there are

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placement concerns highlighted which may impact on patient choice that could delay discharge.

3.2.2 Hospital Clinical and managerial Leadership Teams:

- Where applicable to the patient, COVID-19 test results are included in documentation that accompanies the person on discharge

4 Expectations of available Options and Temporary Care

A discharge plan should reflect patient expectation where possible and recognise the patient's autonomy. Where relevant, reference should be made to the best interest process in situations where the patient does not have the capacity to participate in the decision making process. There must be a clear differentiation between those elements of the discharge plan that the patient can make decisions about and those for which the patient lacks mental capacity.

The formal managing expectation process cannot be implemented until at least **one** option has been offered which meet's the patients identified care needs.

If more than one appropriate option which meets the patient's needs is available, when the patient is ready for transfer or discharge from hospital, the MDT led by the ward manager will offer to support the patient and / or representative to decide **within two working days**.

There may be occasions when a patient needs care at home or a move to a care home, and their preferred care provider or location is not available. This might be for many reasons, including that the patient's own home is not ready to support the discharge, or the preferred care provider has no vacancies. Patients do not have the right to remain in hospital longer than required because they or their representative has refused or not reviewed available options.

There may be occasions when a patient needs to receive support at the end of their life. Patients who are eligible for NHS Continuing Healthcare Fast Track Funding will be expected to leave hospital when they no longer require acute care. Therefore, managing expectations discussions will be initiated with the patient and their representatives as soon as the individual has been identified as being on a Fast Track pathway.

The first intention should be to discharge the patient to their own home (**Home First**).The patient will be helped to return to their home, with appropriate support.

The patient and / or representative will be given information about what would be involved if the patient requires a domiciliary care package, care home placement, a community rehabilitation bed, intermediate care or 'step down' care.

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DHSC/PHE policy is that people being discharged from hospital to care homes are tested for COVID-19 within 48 hours of discharge (as set out in the Coronavirus: adult social care action plan), regardless of whether they were residents of the care home previously or not. Where a test result is still awaited, the person will be discharged if the care home states that it is able to safely isolate the patient as outlined in 'Admission and Care of Residents in a Care Home' guidance. If this is not possible, then alternative accommodation and care for the remainder of the required isolation period needs to be provided by the local authority. Every locality will follow local arrangements in line with the national hospital discharge guidance.

There may be occasions where a patient cannot move to or return to a care home or domiciliary provider of choice due to safeguarding concerns. In these cases the patient should be supported to move to an appropriate provider who is able to meet their assessed needs on an interim basis. They will then be supported to return to their provider of choice within the relevant CCG/Local Authority once the safeguarding issue is resolved. The CCG in partnership with Local Authority Charging policy teams are working with other organisations and have developed a localised financial arrangement and care pathway to support people being discharged from hospital.

5 Escalation process

Accountability for the discharge process will remain with the ward manager. For complex discharge planning, the multi-disciplinary team (MDT) will work with the Integrated Discharge Service (IDS) gathering MDT assessments to inform decisions about needs on discharge. This task may be delegated to appropriate teams according to policies within individual organisations.

The ward manager will offer the appropriate level of guidance and support and will consult their matron / service manager as needed. All staff will proactively chase progress with the discharge.

If the patient's local authority and CCG have agreed a process to fund care for the 4 weeks, whilst a patient awaits assessment or completion of a Decision Support Tool (DST), a social care or CHC professional will be allocated. They will carry out or request assessments and inform the patient, representative and MDT of the outcome without delay. They will apply for appropriate funding in a timely manner and support the patient and / or representative to choose from available options that meet required quality and cost criteria.

The MDT led by the ward manager will aim to undertake considerable discussion with the patient and / or representative, prior to initiating, formal 'managing expectation' meetings. All efforts to use digital tools for meetings will be explored and actioned in response to social distancing guidelines. Emphasis in discussions will be placed on accessing available support, clarification of the process and the need to transfer to an interim placement or alternative provision if the preferred option is not available.

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The Managing Expectation Process comprises good practice and 3 formal stages.

Initial steps apply to **EVERY** patient in order to provide support and prevent the need for further escalation:

- Provision of information with a leaflet (**Leaflet B1**) given to **all** patients identifying the need to consider discharge from admission
- Assessing likely ongoing care needs and referral to partners as required as patient needing alternate place of care (**Leaflet B2**)
- When a patient is issued leaflet B1 & B2 and declines the offers of ongoing care that are duly recorded in patient notes, the organisation moves the patient to an escalation stage. Please refer to **Annex B- Escalation Process**

6 Monitoring Compliance and Effectiveness

Monitoring will take place by hospital matrons / service managers with their teams and through other senior executive groups.

Monitoring in each hospital will be undertaken on a biannual basis, facilitated by the local manager or lead nurse for discharge services.

Local monitoring will include an audit of:

- Staff training to check that training courses are relevant to the protocol and ensure training is undertaken
- Effectiveness of the protocol
- Patient and / or representative feedback and complaints

7 Operational guidance for managing expectation on hospital admission

7.1 On admission give standard information

The discharge planning process will be led by the MDT, including relevant external agencies. The team will support the patient and / or representative through the process, in liaison with all who are currently involved in the patient's care. The MDT will also ensure that those who need to be involved after discharge are contacted at the earliest opportunity to discuss the patient's needs and the transfer of responsibilities on discharge. This must be recorded in the notes.

Across Bristol, North Somerset and South Gloucestershire, a ward staff or another team member of the multidisciplinary team (MDT) will ensure Leaflet B1 is given to all adult

patients or their representatives on admission and discuss the leaflet content with them. For elective admissions, the leaflet may be given prior to admission. The ward team will ensure that the patient and / or representative are aware of the Bristol, North Somerset and South Gloucestershire protocols and operational guidance for managing options on hospital discharge, and of the circumstances in which a move to alternative or interim accommodation or care might be necessary. All communication will reinforce the expectation that patients leave the hospital as soon as their need for inpatient treatment ends which might be before they are back to normal or optimised, but when their needs reach the level that can be managed by services in the community (e.g. care home or community hospital). Conversations with the patient or their representative about expectation/choice/options (including the first discussion) will be documented in the patient's notes.

7.2 Assess likely ongoing needs

If the patient is likely to have ongoing health or social needs after discharge the MDT supported by advice from IDS teams, will ensure accurate completion of a Single Referral Form (SRF). This should clearly describe the ongoing needs that are to be met and ensure effective multi-professional discharge planning is taking place.

The ward team will provide information on the discharge process to patients and relatives to explain process and potential options, to ensure expectations are described and understood. This will be recorded in the notes.

If the patient is found eligible for care funded by their CCG (via Continuing Healthcare) or their local authority, the relevant organisational representative will identify and arrange appropriate services which can meet their assessed needs. They will give consideration to all assessments and involve patients and / or representatives in decisions, whilst taking account of quality, safety and financial sustainability. The organisation arranging care will ensure the patient and / or representative and the MDT are informed of all potential options.

In the event a patient is assessed and found eligible for CHC funding, the patient can refuse NHS-funded care offered by their CHC department and self-fund their preferred option, but they would not then be eligible for local authority funding. A patient can change their mind in respect of CHC funding at a later date, but depending on the circumstances, a further eligibility assessment may be required.

A patient and / or representative may choose to "top-up" social services funding to pay for a more expensive care option.

The patient and / or representative may be offered a personal health budget by their CCG, which can give more flexibility and care choice. A package of care will be arranged as an interim measure to support discharge. This NHSE&I funding support on the top-up costs of out-of-hospital move that arise as a result of the approach outlined in this document

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(enhancements to existing packages), will be kept under review and patient/families will be notified when this no longer applies.

7.3 Prepare for discharge

The relevant partner organisation will advise the patient and / or representative and the MDT **about available suitable care providers (which might be only one option, dependent on availability)** and any potential cost or contribution at the earliest appropriate stage.

If there is currently only one available option this should be accepted by the patient and / or representative, either on a permanent or temporary basis. A period **of two working days** will be allowed for consideration and to allow families to visit the care home.

If the patient has been referred for inpatient rehabilitation they and / or their representative will already be aware that a bed might not be available at the community location closest to their home. The ward team, supported by IDS, will explain that transfer to a reasonable alternative setting will enable the patient to receive required services in an appropriate setting and maximise their chance of swift recovery and that the patient will not be able to remain in an acute bed.

When discussing the need for care, all MDT members will take account of problems resulting from lack of availability. If options are severely restricted (for instance where the patient has complex needs) or if the patient is on a waiting list for a popular home, the patient may have to transfer to somewhere that is not in their preferred location on a short-term basis. The patient and / or representative will be **helped to make informed decisions** regarding discharge within the 2 working days timescale from when the offer is made.

When a patient is assessed as needing to transfer to a care home, they or their representative will be encouraged by the MDT to consider all available options simultaneously. The social care or CHC professional will offer advice on the practical and financial implications of options. If an identified home can meet the patient's assessed care needs and is the only currently available appropriate option, transfer to that home **may not be rejected** by the patient and / or representative. When a patient transfers temporarily to a home that is not their preferred choice, the social care or CHC professional will continue to discuss permanent options with the patient and / or representative.

If a patient and / or representative is not happy with proposed arrangements to facilitate discharge, MDT members will explain clearly that refusal to choose an available care provider or location will not prevent the discharge process proceeding and the escalation process will commence.

At this stage, the relevant professional will discuss the situation with the patient or their representative to ensure that their concerns are fully explored, and the MDT remain

confident that the option which has been offered will meet the assessed needs of the patient. It is expected that this will encourage resolution of any potential barrier to discharge. Support from MDT members involved will be sought, to ensure the patient's needs on discharge have been appropriately identified, options provided are suitable and patient's assessed needs have been taken into account.

The patient and / or representative will be directed to the **patient advice and liaison service (PALS)** for advice and information regarding advocacy if required.

The local process to **escalate and manage patients without the right to reside** will be followed. The regular weekly review of patients without the right to reside will review all cases where there has been a delay in discharge to ensure MDTs are progressing.

If transfer or discharge arrangements are not agreed, the relevant lead (ward or IDS) will **escalate to the ward manager**. The ward manager or deputy will start the **formal managing expectation process**. Relevant staff will continue to encourage patients to make their own decisions throughout this process.

Any decisions made regarding the patient's move to designation of choice or other should be recorded in the patient notes. All steps, conversations, next steps taken in line with the choice policy should be documented and cascaded accordingly to appropriate teams.

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8 Formal process following decline of suitable discharge option

8.1 Stage 1 – Formal meeting 1

If there are concerns that timely discharge plans have not been identified or if there has been a decline of a suitable service that will meet the individuals need, the ward manager or deputy will consult any specialist staff involved and escalate to the matron / service manager for support.

The ward manager or deputy will invite the patient and / or representative to **formal meeting 1**, to discuss plans for discharge.

If the patient declines transfer to a reasonable alternative location if their preferred one is full, they will be advised that they are declining the offer of recommended NHS treatment or social care, which is not in their best interest. If discussions do not resolve the issue, discharge from NHS care will be discussed by the ward manager with support from their Matron / service managers as appropriate.

The ward manager or nominated representative will share this information with the patient and / or representative at or soon after the meeting through a letter, even if the patient and / or representative did not attend.

The care coordinator, CHC and ward staff will continue to support the patient and / or representative where possible to finalise plans for discharge. If required, the care coordinator or CHC professional will continue to search for available care options.

If an available discharge destination or permanent care provider has still not been agreed after formal meeting 1, the matron / service manager/ IDS will support the ward lead and care coordinator or CHC professional with discharge planning. All parties will aim to agree **transfer to an appropriate available care provider** at least as an interim option. The matron / service manager will consult any specialist staff involved for guidance if it appears that there will be further delay and escalate as required.

8.2 Stage 2 – Formal meeting 2

The Matron / service manager as appropriate will arrange **formal meeting 2** if discharge plans have still not been agreed within 2 working days of formal meeting 1. This 2nd formal meeting is to discuss plans for transfer to an alternative available option or interim care whilst a permanent option is sought. Where there is a dispute regarding proposed discharge to alternative accommodation, MDT members will try to reach a consensus view with the patient and / or representative.

The Matron / Service manager as appropriate will share this information with the patient and / or representative at or soon after the meeting through a second letter, even if the patient and / or representative did not attend.

The MDT will work with the patient and / or representative to arrange appropriate means to meet the patient's care needs at the point of discharge. As long as the patient is medically stable and mentally / clinically ready for discharge, the MDT will

agree a **discharge date as soon as appropriate following formal meeting 2**. The allocated care coordinator or CHC professional will lead the process of making arrangements for a patient to transfer to the identified care provider or location on the agreed date.

8.3 Stage 3 – Legal process

If no agreement has been reached regarding discharge arrangements after stages 1 – 2, and transfer arrangements are challenged by the patient and / or representative, the Head of Nursing/ IDS Lead/ Divisional Director will support the matron / service manager to **continue plans for transfer to an interim location or alternative care provider**.

The Head of Nursing/ Divisional Director supported by the matron / service manager as appropriate will consult local Trust advisors regarding legal proceedings and escalate as required to ensure discharge from hospital, in order to safeguard the health and wellbeing of this and other patients.

The Head of Nursing/Divisional Director or appropriate representative will send **final letter** to notify the patient and / or representative that legal advice will be sought to facilitate discharge.

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9 Appendices

9.1 Annex A- Good Practice in Acute settings



Annex_A_Good_Practice_in_Acute_setting

9.2 Leaflet A – Leaflet for Patients when they enter hospital



9.2
Hospital_Discharge_

9.3 Leaflet B1 –You are leaving hospital – returning home



9.3
leaflet-for-patients-

9.4 Leaflet B2 – You are leaving hospital – moving or returning to another place of care



9.4
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9.5 Looking after friends and family when they leave hospital



9.5
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9.6 Annex B – Escalation Process Chart



Escalation Chart

9.7 Hospital Discharge Guidance Cards for All healthcare staff



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9.8 Conversations with People on Hospital Discharge to Assess (D2A) Pathways Quick Guide for Winter 2021-22

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9.8 Conversations
with People on D2A

Please note that leaflets are available in a range of languages and photo symbol easy read format through the below link.

[Hospital discharge service guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/hospital-discharge-service-guidance)

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