Healthy Weston Programme Decision-Making Business Case

A dynamic hospital at the heart of the community

Shaping better health

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Statement of Support

The case for changing the way health and care services are delivered in Weston and the surrounding areas is widely acknowledged. As leaders of our organisations, and partners in the planning and delivery of health and care services for people in Weston and the surrounding area, we supported the proposals for change which were consulted on between February and June 2019.

It is positive that so many people participated in a robust consultation that proactively engaged with the local community. The feedback makes it clear that people are passionate about their local health and care services; and welcome the opportunity to share their experiences, insights and ambitions for the future of healthcare in their communities.

It is a strength of the Healthy Weston Programme that senior doctors and clinicians from across the system have carefully considered the feedback received, and further enhanced the proposals.

We support the recommendations for change set out in the Healthy Weston Decision-Making Business Case. It is our collective view that these changes will enable Weston Hospital to better meet the needs of the local population and move closer to meeting national clinical quality standards. We share the Healthy Weston programme’s vision of Weston Hospital as a dynamic and focussed hospital at the heart of the community, providing more of the services people need most often. We believe that the proposed changes support this aim, and will stabilise the hospital and improve patient safety in the immediate term. We will continue to work together to ensure that local providers can safely implement the changes in this proposal.

As a system, however, we also recognise that the changes do not go far enough in addressing the stated case for change. While the changes represent an important first step in the process, further work will need to be done in order to arrive at a definitive and sustainable clinical model for Weston Hospital, which brings services into alignment with the NHS Long Term Plan and the vision of our local Sustainability and Transformation Partnership, Healthier Together.

We believe that the proposals set out in the Healthy Weston Decision-Making Business Case are the right way forward for Weston Hospital. We support the recommendation of the Healthy Weston Programme that Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group’s Governing Body approve the changes set out in the business case.

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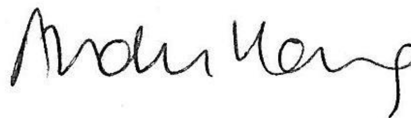

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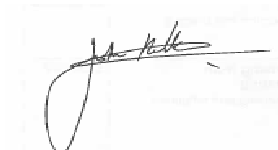


Dr John Heather

GP at New Court Surgery & Clinical Director of Pier Health Group

James Rimmer

Chief Executive, Somerset Clinical Commissioning Group

Executive Summary

In October 2017 North Somerset Clinical Commissioning Group (CCG) (now merged with Bristol and South Gloucestershire CCGs) published a Commissioning Context paper that set out the population needs and challenges facing health services for the area of Weston-super-Mare, Worle and surrounding villages, both now and in the future. For a number of years there have been a series of challenges to the delivery of effective and sustainable local healthcare. These problems have most visibly been seen in relation to Weston Hospital, although other elements – such as primary care – have also experienced difficulties. The Healthy Weston Programme was established to engage local people and stakeholders in designing solutions that would improve and transform local healthcare services to respond to these needs and challenges.

The Case for Change was published in October 2018 and focussed on four main reasons why health services need to change in Weston and the surrounding area:

1. Our changing health needs
2. Variation in care and access to primary and community care
3. Meeting national clinical quality standards
4. Delivering value for money

Meeting national clinical quality standards has been the primary driver in the development of proposals to change the hospital model of care in Weston, which is the focus of this Decision-Making Business Case (DMBC).

This DMBC is a technical document that follows the Pre-Consultation Business Case (February 2019), which set out the initial proposals. The public consultation, which ran from February to June 2019, enabled robust and detailed dialogue with an extensive range of stakeholders. Throughout this period, the CCG has been working with local clinicians and building on feedback from the public, professionals and stakeholder organisations. Over 2,300 responses were received representing more than 3,000 individuals as part of the consultation (including both individuals and wide range of organisations). This has helped to shape and refine the final proposals put forwards in this business case. Listening to the views of those that responded to the consultation and working with partners across the health system has enabled the CCG to recommend revised proposals that mean more people will be able to continue to receive their care at Weston Hospital, whilst still ensuring that the immediate necessary improvements to the quality and safety at the hospital are made. Further changes to fully meet the case for change are being progressed through the NHS long term planning process.

Weston has a growing population and the Commissioning Context and the Pre-Consultation Business Case identified three overarching priority population groups that local services need to ensure are more comprehensively catered for going forward:

- **Frail and older people:** the new Integrated Frailty Service described in Section 4.1 is a key part of the wider system changes needed to meet the challenges outlined in the case for change, most specifically changing health needs of the population associated with the growth in the frail elderly population that we are seeing in the local area.

- **Children and Young People:** The proposed enhancements to paediatric care at Weston General Hospital set out in Section 2.4 means that more local children and young people will be able to receive local care.

- **Vulnerable Groups:** The new Mental Health Crisis and Recovery Centre detailed under Section 4.2 will provide a new service in the centre of Weston to support people requiring support at evenings and weekends.

Proposals for Governing Body Decision

Specifically, this document asks the Governing Body as the Consulting Authority for the Healthy Weston Programme to approve key changes to the configuration of commissioned services at Weston Hospital. These proposals have the full support of local senior clinicians and health providers across Bristol, North Somerset and South Gloucestershire (BNSSG) including Weston Area Health Trust (WAHT) and University Hospitals Bristol NHS Foundation Trust (UHB). The proposals stand independently to other linked pieces of work that will support the improvement and sustainability of high quality healthcare provision in the area. The proposals are recommended in order to improve patient safety and compliance of Weston Hospital's services against national clinical guidance.

Proposals for Urgent and Emergency Care and A&E

- To keep A&E at Weston Hospital open 8am to 10pm, seven days per week, making the temporary overnight closure of the A&E permanent. The A&E would be staffed by a multi-disciplinary team of hospital and primary care clinicians working together. The overnight closure of A&E would be supported by 24/7 direct admissions to the hospital via referrals from GPs, paramedics and other healthcare professionals.

Proposals for Critical Care

- Provide up to Level 3 critical care for people who need single organ support at Weston Hospital. This includes short stay post-operative recovery at Level 3 and longer term intubation, where the lungs are the organ requiring support.
- Transfer people requiring critical care for two or more organs at Level 2 or 3 or people who would benefit from proximity to UHB's specialist clinical services via dedicated transfer team to UHB.

- Establish a critical care service that is digitally linked to UHB to provide oversight and monitoring from the larger unit of the people who remain at Weston Hospital.
- Repatriate people following treatment in UHB when care needs can be met at Weston Hospital.

Proposals for Emergency Surgery

- Provide emergency surgery in the daytime only at Weston Hospital. Theatres will close overnight from 8pm-8am.
- People requiring an emergency operation overnight (those who deteriorate on the ward or present to A&E in the evening) will be stabilised and transferred to Bristol for surgery.
- A small number of people who require more complex surgery will also be transferred to Bristol to receive support from specialists unavailable at Weston Hospital.
- Ambulatory pathways for emergency surgery, including rapid access to daily clinics Monday to Friday and a dedicated afternoon emergency theatre session, will be established to improve the quality and responsiveness of the surgical service.

Proposals for Acute Paediatrics (as part of wider supporting changes)

- Specialist children’s staff will be available at Weston Hospital seven days a week from 8am-10pm.
- This includes extending the hours of opening of the Seashore Centre from 8am to 10pm, Monday to Friday in Weston with paediatric expertise over the duration of its opening hours on Saturday and Sunday.

The independent compilation of the consultation themes found that the majority of responses “fully” or “somewhat” supported all of the proposals apart from the proposal to move A&E opening hours to 14 hours a day, 7 days a week, which was only supported “fully” or “somewhat” by approximately one third of the respondents; two thirds of respondents said that they did not support the change. It is important to note the strength of feeling locally about this important issue. Should the Governing Body decide to accept the proposals, the CCG and system partners will continue to work with people living in and around the Weston area to ensure that the general public know how to reach NHS urgent and emergency care when they need it, regardless of the time of day. The Equality Impact Assessment, provided as Appendix 7, considers the impact that the proposals will have on local residents and possible mitigations for the challenges. The Travel Working Group established as part of the consultation also made recommendations to be taken forwards as part of the implementation; these are included in Appendix 3.

Impact of the proposed changes on the case for change

As a result of the proposed changes to the model of care, the hospital will be able to deliver services that are more compliant with national clinical quality guidelines; the detailed assessments of changes to compliance are included in Appendix 5. This would not be possible without commissioning the proposed changes.

National staffing shortages in specialist disciplines (such as Emergency Medicine) mean that Weston Hospital cannot make the step change required to ensure that care delivery meets national standards, even with the planned organisational merger with UHB. Therefore, the changes proposed in this business case are required make important changes that will improve patient safety and quality of care. However, they do not fully meet the challenges set out in the case for change and, in order to for these challenges to be met, further work will be required to describe a definitive model for Weston Hospital; a model that meets the needs of the local population and ensures that local health services are sustainable into the future.

The changes proposed are broadly cost neutral to the local system against the 2018/19 baseline, which includes the temporary overnight closure of the A&E department. By not reopening the A&E department overnight, it is estimated that £3.8m will be saved. This figure has been provided by Weston Hospital and represents a realistic assessment of the cost of appropriately staffing the A&E department throughout the overnight period, over and above the £9.2m already spent to operate the 8am-10pm service that is currently available. The costs are largely comprised of premium agency fees which would be incurred should the department reopen, as a result of the national shortage of Emergency Medicine staff. Including the assessment of the costs of reopening the A&E department overnight and moving to commissioning an 8am-10pm A&E Service, the financial benefit to the system of supporting the proposals is £3.9m.

Interdependencies with other work

There are a number of further changes taking place across the local health and care system that are relevant to the decision being put forward in this business case. These include changes to out-of-hospital care, such as the development of Primary Care Networks (PCNs) and the new locality based model for community care. These are key to the delivery of the model because they will support a reduction in demand for hospital care by freeing up capacity in the hospital for those that need it the most.

The success of changes proposed to the Governing Body are also interdependent with the WAHT and UHB merger; the decision on the hospital model of care forms the baseline of UHB's Full Business Case. Closer working between the two hospitals is a critical enabler of some of the service changes proposed, for example, those relating to critical care. It is anticipated that the merger itself will provide a further step change in supporting improvements to the clinical services at Weston Hospital.

Next Steps

If the service changes outlined in this business case are agreed by the Governing Body, the CCG will commission these changes through contractual processes, and work with system partners to deliver the new service model. Implementation will largely be driven by the provider organisations, UHB and WAHT, with commissioning support where necessary.

The decision about an organisational merger will be taken by the UHB Board in November 2019. The implementation of the proposals set out for decision here, coupled with the organisational merger between WAHT and UHB, will provide a different and stronger platform from which to continue to redesign the local health service to better meet the needs the local people and continue to address the case for change.

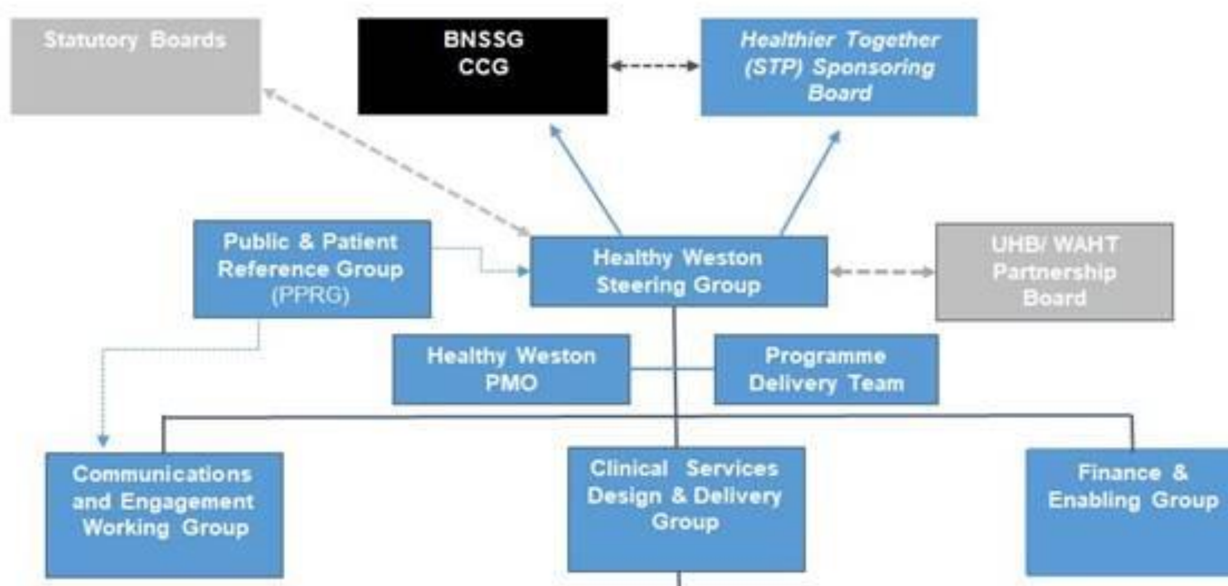
1. Background and Case for Change

The Healthy Weston Programme sets out a vision for health services in Weston and the surrounding area. In order to address the issues highlighted in the Case for Change and as a key strand within Healthier Together, the Programme has looked at how the whole healthcare system works together. This includes primary care, community care, mental health and third sector services as well as acute hospital care. Whilst this business case focusses on the specific areas associated with acute hospital care that were formally consulted upon, parallel developments in community and primary care are included as interdependencies to give a full overview of the Healthy Weston Programme. Other interdependencies have also been highlighted, such as the planned merger of WAHT and UHB, to support Governing Body decision making.

This Decision-Making Business Case is the result of extensive whole-system work. There have been multiple unsuccessful attempts to resolve long-standing problems at Weston Hospital, which has caused uncertainty for the people that use the hospital and for staff. This decision is the outcome of two years of engaging local people and stakeholders.

The Healthy Weston Programme is led by BNSSG CCG on behalf of Healthier Together, the local Sustainability and Transformation Partnership (STP). A diagram setting out the governance structure of the programme is contained in Figure 1.

Figure 1: Healthy Weston Programme Governance Structure



Healthy Weston has been overseen by a Steering Group, which includes all key local partners at chief officer level. The membership and involvement in this work has been extensive and details of

all those who have worked within the programme to develop these proposals are included in Appendix 1.

Engagement with the local councils has been strong and ongoing throughout the duration of the Healthy Weston Programme and a regular dialogue has been held, particularly with the North Somerset Health Overview and Scrutiny Panel (HOSP), the BNSSG joint Health Overview and Scrutiny Committee (HOSC) as well as the Somerset HOSC. In addition, Somerset CCG has been closely engaged in the process throughout as a member of the Healthy Weston Steering Group.

1.1 How the Healthy Weston Programme began

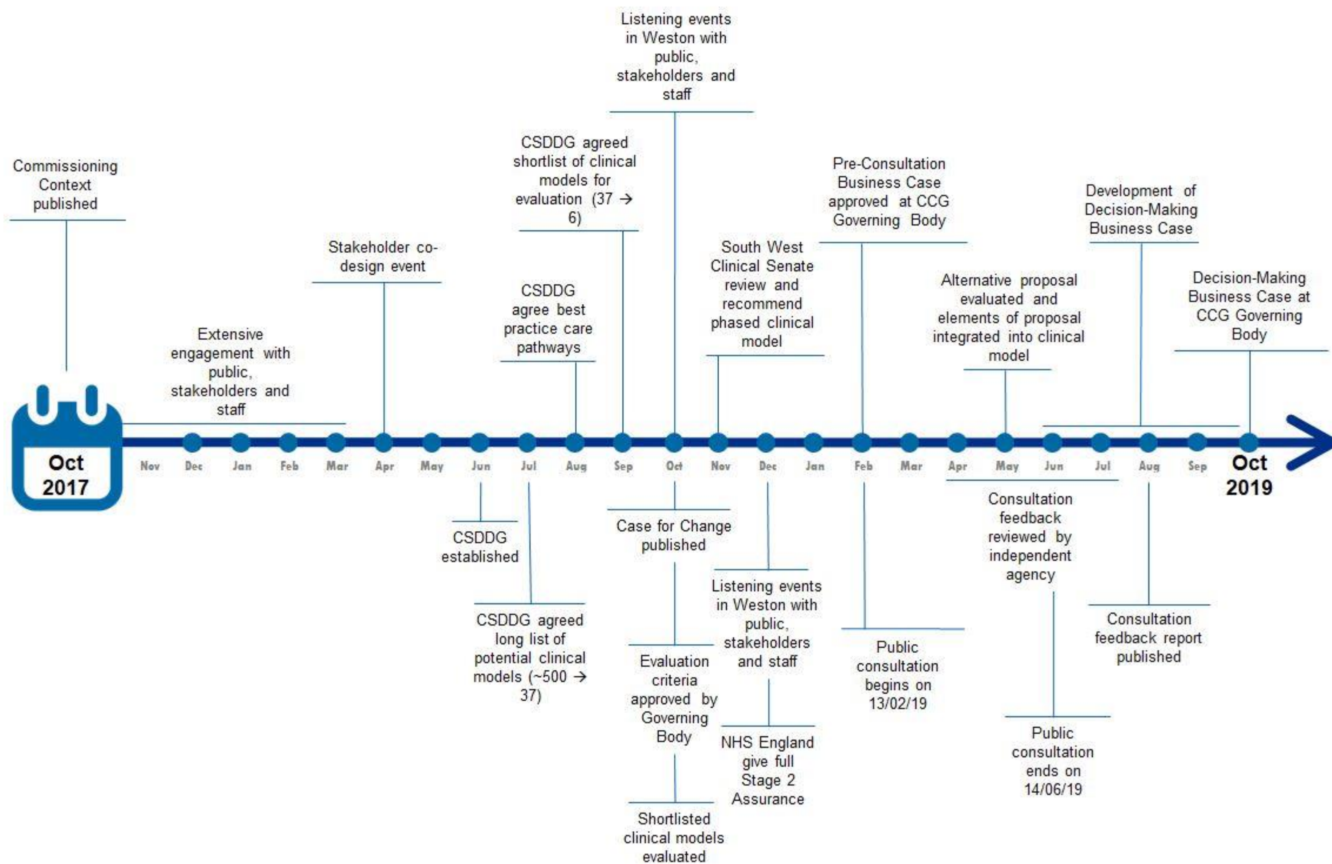
There have been long standing challenges to the sustainability of certain services at Weston Hospital. This has caused ongoing uncertainty for staff and patients. This business case builds on a programme of work that started in 2017 under North Somerset Clinical Commissioning Group (now merged with Bristol and South Gloucestershire as BNSSG CCG). The Commissioning Context document for Weston and Worle laid out the challenges surrounding health and care provision in the local area. For the first time, the work considered the health system in the widest sense and primary, community and secondary care were all closely reviewed. A summary of the challenges related to the hospital identified at the time of the Commissioning Context were and remain:

- The ability to recruit to key clinical specialties and issues with trainee doctor placements (supervision and satisfaction) are significant challenges, putting service delivery at risk.
- The June 2017 Care Quality Commission (CQC) report found that, due to the inability to recruit to key clinical posts, the A&E department could not guarantee safe staffing levels going forward. A decision was taken to temporarily close A&E between 10pm and 8am.
- The projected "do nothing" annual deficit for WAHT will be £20.6m by 2020/21 (£7.4m if fully mitigated) despite a number of subsidies made to the Weston Hospital. The latest forecast suggests that the deficit will be £22m by 20/21.
- There are questions as to whether other services may be more appropriately delivered elsewhere at scale, such as emergency general surgery and Level 3 Intensive Care Units.

Recognising that a system approach to addressing these issues was required, the Commissioning Context triggered the establishment of the Healthy Weston Programme; a complex system-wide programme that has looked at the needs of the population and the health economy as a whole, including changes required to the hospital model of care. Over the past two years local health organisations and their wider stakeholders, including social care, voluntary and community groups, came together to describe a vision for healthcare in the local area and a solution for the hospital model of care that would help stabilise Weston Hospital. In January 2019, the CCG was given Stage 2 assurance by NHS England to go to public consultation on a series of proposals.

Consultation with the wider general public started in February 2019. An overview of the timeline of the Programme can be seen in
Figure **2** below:

Figure 2: Healthy Weston Programme timeline



1.2 The Case for Change

Detail of the case for change is set out in the Case for Change and Pre-Consultation Business Case. In summary, there are four key reasons why health services need to change in Weston and the surrounding area:

1. **Our changing health needs**
   The population is growing, getting older, living with more long-term conditions and there are significant inequalities in health outcomes. The CCG therefore needs to commission services that can support the diverse population and help keep them well and at home, provide a better range of services to people experiencing mental ill-health (both adults and children), provide services for children and families, and also ensure that people at risk of developing health conditions are recognised early and supported appropriately. As the health needs of the population change, the way that healthcare is provided needs to change as well. The local health system needs to change the way that it organises services so that they are more integrated and better meet the needs of people with complex and long term conditions. In order to deliver this whole system transformation in the future, we need a stable workforce, both in the acute setting and in the community. Providing a more focused set of services will help it make this step change and address long standing issues of quality and safety.

2. **Variation in care and access to primary and community care**
   Over 90% of the public's contact with the NHS on any given day will take place in primary care and community settings. A number of GP practices in the Weston area have struggled to keep pace with the needs of the growing population and some patients have experienced challenges in accessing GPs and primary care services. A disjointed primary and community care offer has compounded the ability of local providers to take forward system-wide change to addressing the issues seen in the area. There are also differences in the services offered at different hospitals in the region, with larger hospitals better able to provide more complex care due supported by specialist infrastructure.

3. **Meeting national clinical quality standards**
   Weston Hospital has a dedicated workforce who strives to provide great care to the hundreds of local people it serves every day. However, there are significant challenges in some key areas of provision. These include:
   - Urgent care - four consecutive CQC reports from 2017 to 2019 noted improvements to urgent and emergency care services in Weston Hospital but still gave an overall rating of "inadequate".[1] Incremental improvements to urgent care services have been possible

[1] CQC report (June 2019): https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ3247.pdf
CQC report (December 2018): https://www.cqc.org.uk/sites/default/files/new_reports/AAAH1710.pdf

over this period but WAHT cannot make the step change required to meet regulatory standards and deliver safe care without more significant service reconfiguration.
- Weston Hospital met or partially met 13 out of 22 standards for emergency surgery, the lowest compliance in the South West in a review undertaken by the South West Clinical Senate published in February 2017.[2]
- Specialist areas of care, such as intensive care, are subject to increasing national standards. Weston Hospital's critical care service currently has the largest number of unmet standards in the South West against the current requirements for critical care units, and further, more stringent standards have been published this year. Small hospitals nationally are struggling to provide the specialist infrastructure required to meet these standards and, as a result, centralisation and networking of specialised services is increasingly being seen across the country.
- Weston Hospital does not always have the staff available with the appropriate training, knowledge and skills to care for sick and injured children in accordance with the standards outlined in Facing the Future: standards for children in emergency care settings.
- Against a backdrop of national shortages in some NHS staff groups, Weston Hospital experiences an ongoing inability to attract and retain certain specialist staff who gravitate to larger clinical units where the breadth of clinical work and opportunity for professional development is deemed to be greater. In July 2019, 23% of all substantive consultant posts and 25% of all substantive nursing posts were unfilled (i.e. vacant or covered by temporary staff).[3] These are statistics that have not altered substantially since the publication of the Case for Change document in 2018.
- The difficulties in meeting national clinical standards and movement towards hospitals providing networked care present a challenge to Weston Hospital. Without stabilising and radically changing the services that are offered at Weston it cannot address these long standing issues with clinical standards or fulfil its potential in a broader network of hospitals.

4. **Delivering value for money**

The CCG is responsible for spending NHS money to best meet the needs of the whole population, who require a full range of services from maternity, primary and community services, long-term continuing care, mental health and specialist acute medical and surgical services. Currently, Weston Hospital receives a financial subsidy from the CCG which is not available to other hospitals in the area, and this diverts money away from other areas of healthcare spend. Despite this, the hospital is still in a significant financial deficit.

CQC report (February 2018): https://www.cqc.org.uk/sites/default/files/new_reports/AAAH1335.pdf
CQC report (June 2017): https://www.cqc.org.uk/sites/default/files/new_reports/AAAG3861.pdf
[2] 2017, Feb SW Clinical Senate Report into Emergency General Surgery
[3] July 2019 WAHT vacancy rates provided by WAHT HR

The hospital experiences challenges of scale due to its coastal geography and being surrounded by larger hospitals that provide a wider range of services. This significantly limits the catchment area of the hospital (i.e. the geographical area from which residents will typically use Weston Hospital). For example, the town of Weston is sometimes compared to the City of Bath, but the Royal United Hospital (RUH) sees 88,000 people a year in its urgent and emergency care service, compared to Weston's 49,000 and the RUH has 630 beds compared to Weston's 255.

The actual deficit for WAHT in 2018/19 was £17.5m including all non-recurrent items, while the 2019/20 planned deficit is £15.2m excluding any non-recurrent items. Projecting this forward by looking at activity changes, tariff adjustments, cost inflation, future changes in service standards and required cost improvement programmes the latest forecast gives a recurrent deficit of a circa £30m by 2024/25. A large, and increasing, proportion of this overspend is driven by high-cost agency staffing expenditure including with the temporary overnight closure in place. Weston Hospital has the highest agency staff cost per weighted activity unit nationally – the audited accounts show a £2m deterioration between 2017/18 and 2018/19. If this were to be based on the commissioned model of care, the deficit would be substantially larger.

The public consultation focused on the proposed changes to Weston Hospital as part of the wider Healthy Weston Programme. The changes are proposed because Weston Hospital faces considerable challenges in the consistent and sustainable delivery of high quality services. The South West Clinical Senate said in their review of the Healthy Weston pre-consultation proposals that there was a "clear argument for (the consulted model) as evidenced by differences in patient outcomes and clinical quality". The panel encouraged progress…"as soon as possible as it considers the current model to be potentially unsafe."

1.3 Consultation proposals

A detailed, clinically-led development process and rigorous assurance via NHS England and the South West Clinical Senate (more details of this can be found in the Pre-Consultation Business Case), led to three major changes to the provision of care at Weston Hospital being put forward for public consultation:

A&E and urgent care

To keep A&E at Weston Hospital open 8am to 10pm, seven days per week, making the temporary overnight closure of the A&E permanent. The A&E would be supported by a multi-disciplinary team of consultants, acute physicians and GPs working together. The overnight closure of A&E would be supported by 24/7 direct admissions to the hospital via GP referrals.

Critical care

To change the critical care provision at Weston Hospital from an Intensive Care Unit (ICU) to a High Dependency Unit (HDU), but maintain the ability to escalate to Level 3 critical care for up to 12 hours with the option to extend on a case-by-case basis. Consultant presence would be 24/7 to ensure adequate coverage for temporary Level 3 patients. People requiring Level 3 critical care for longer than this would be transferred and treated at neighbouring hospitals before being repatriated to Weston Hospital for the remainder of their care.

Emergency surgery

To provide emergency surgery in the daytime only at Weston Hospital for people whom doctors have assessed as suitable for up to Level 2 critical care on an HDU following surgery. People requiring complex surgical procedures would be stabilised at Weston Hospital then transferred to neighbouring hospitals for surgery. People requiring emergency surgery at night would be transported to neighbouring hospitals, and transferred back to Weston for the remainder of their care.

In addition to these changes, an increase in planned care, such as chemotherapy and routine cataract surgery, are being taken forward through the UHB and WAHT partnership and the local Acute Care Collaboration Programme, which is part of Healthier Together.

1.4 Wider improvements to healthcare services in Weston and the surrounding areas

There are a range of improvements to local health services that were referenced in the public consultation and which are already taking place in order to ensure local needs are being met. Details of the Integrated Frailty Service and the mental health crisis and recovery centre, and developments in primary and community care that are taking place in the local area, can be found in Section 4. These improvements provide an important foundation for delivering the changes proposed to Weston Hospital, and provide context for how the hospital model will work in a more integrated way with primary and community care – as a “dynamic hospital in the heart of the community”. There are specific proposals relating to paediatric services that have been further developed as part of the consultation process and are put forward for decision as part of this business case. These are set out in Section 2.4.

1.5 Longer term ambitions

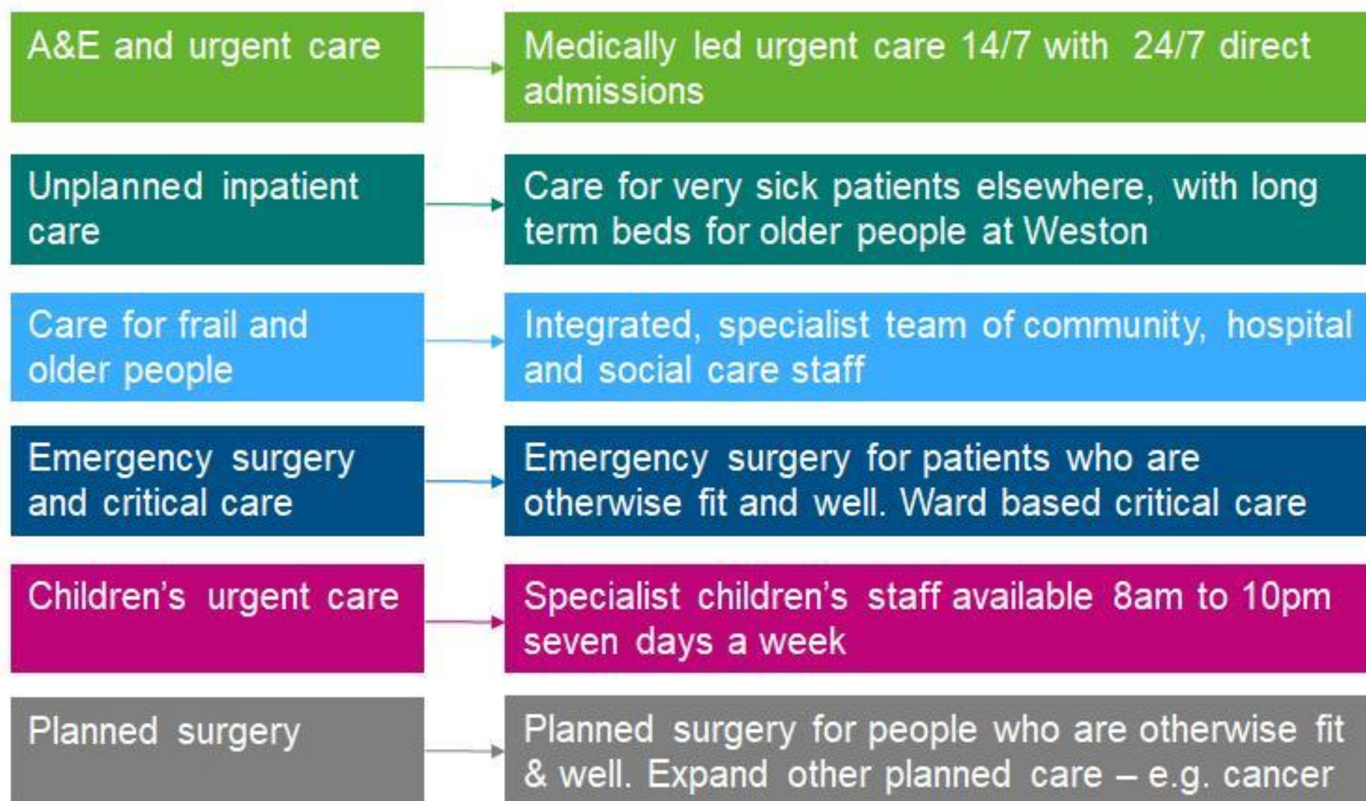
The proposals for change outlined in this business case focus on making immediate changes to ensure safe services for the local population. However, the changes proposed do not go far enough to fully address the case for change. Specifically, workforce challenges at Weston Hospital

remain significant and high cost agency staff will still be required in A&E and across a number of services, such as in general medicine and for ward nursing, which are currently large drivers of the agency usage.

The Governing Body's decision on the Healthy Weston proposals for change provide the foundation for the merger between WAHT and UHB. Further clinical improvements at Weston Hospital, in line with the longer term ambitions for healthcare in Weston, will be supported by the organisational merger and the benefits that the merger is likely bring are already being seen through the partnership working that the Healthy Weston Programme has enabled. Critical Care provides a particularly strong example of how the coming together of two services will result in direct benefits to patient care; it is anticipated that this will be seen across other services as the merger progresses (the benefits of the merger to both WAHT and UHB are further described in Section 4.4).

However, to fully meet the case for change, more system wide work will be required and Figure 3, which has been used in the public consultation document and at public events, shows a potential model for providing more integrated healthcare in Weston that meets the needs of the local population while addressing longer-term sustainability issues around staffing and funding.

Figure 3: A potential model for 2025



2. Revised clinical model following public consultation

The Healthy Weston consultation was planned and delivered in line with national guidance, good practice and the statutory "Duty to Involve". Full details of the consultation process can be seen in Appendix 2 and full details of the recommendations for decision are presented in Section 5.

The consultation process enabled robust and detailed dialogue with an extensive range of stakeholders. Throughout this period, the CCG has been working with local clinicians and responding to feedback from the public, professionals and stakeholder organisations, listening and adapting the preferred approach in line with what was said. This process of developing and honing the clinical proposals has been governed by the Clinical Services Design & Delivery Group (CSDDG).

There were 2366 responses in total, representing over 3000 people who were a mix of members of the public, people working in health and social care, organisations and interested parties such as councillors and MPs. There was feedback from across the area Weston Hospital serves, and the independent door-to-door interviews that were commissioned ensured that the population that responded was representative of the demography of the area. A detailed breakdown of respondents can be found in Appendix 3.

A significant amount of community and clinical engagement was also undertaken (described in Appendix 2), which helped to develop the proposals throughout the consultation period. All the information received was analysed by an independent organisation on behalf of the CCG. This report was presented to the public CCG Governing Body meeting in August 2019.

People shared personal stories and provided detailed reasons for their views. Regardless of people's demographic characteristics, whether responses were from organisations or individuals, or which proposal they were commenting on, there were some recurring themes that people wanted taken into consideration when deciding next steps:

- **Population demographics**, including the size, level of growth, age profile, and rural location of the population and the number of holiday makers that visit the area

- **Travel issues** including whether it is safe to travel to another hospital, the inconvenience and stress of travel for patients, the inconvenience and stress of travel for family and visitors, the expense of travel, the practicality and cost of returning home from another hospital particularly when discharged at night, the environmental impact of increased longer ambulance and car journeys and the lack of public transport to and from other hospitals

- **Capacity of infrastructure and other services** to cope with the proposals including the capacity of the ambulance service, other hospitals and transport services

- **Capacity of primary care** to support the proposals, including concerns about not having enough GPs available locally and difficulty accessing GPs, which was stated as a reason that people may rely more on hospital urgent and emergency care

- The **accuracy and feasibility of evidence and statistics** upon which modelling and proposals may be based, including concerns about the accuracy of travel time estimates, population numbers, catchment numbers for Weston General Hospital and the availability of hospital and primary care personnel to support the proposed changes.

These themes can be found in full in the independent report. They have been carefully reviewed and further work has been undertaken, in order to ensure that the clinical models take into account and/or respond to peoples' concerns. An overview of the additional work completed and the implications for the clinical model can be seen in Appendix 3.

Whilst the detail is not included within this business case, it is important to note that work continues on improvements to planned care at Weston Hospital. Developments occurring between WAHT and UHB on Ophthalmology and Cancer Services (for example) will significantly increase the number of local people that can access the specialist care they need at Weston Hospital, without having to travel to Bristol. Work between WAHT and North Bristol NHS Trust (NBT) on Urology and Breast Services will ensure that patients can continue to access specialist services locally and receive the same standard of care regardless of whether they attend Weston Hospital or Southmead Hospital for their treatment. There is system-wide commitment to ensure that the high quality hospital estate available in Weston is utilised to its maximum potential. In line with Weston becoming a "dynamic hospital in the heart of the community", longer term plans to ensure that more people receive the care and treatment in the community, and hospital services that are increasingly networked over the system, will support further developments in planned care in the Weston area.

The revised clinical model, the work undertaken to refine the proposals, and the rationale for the changes proposed are described below:

2.1 A&E and Urgent Care

The CCG has worked hard to develop a proposal for A&E and urgent care in the Weston area that addresses the challenges faced by the hospital and meets the needs of the local population. The importance of the decision on the future of the A&E department at Weston Hospital is recognised by the CCG and extensive work has been undertaken to explore a range of options for enhancing 24/7 access to urgent care. Specifically, the CCG has:

- Listened to the feedback from the public and wider stakeholders and examined information surrounding population growth and travel times, which were of significant concern.

- Heard about the challenges associated with accessing GP support in the area, and how this leads to greater reliance on A&E. Questions about how primary care staff would manage if they were being asked to work in A&E as well as running general practice were also carefully considered.
- Worked with Weston Hospital consultants to examine and evaluate an alternative proposal proposed to return the A&E to 24/7 operating. When this was evaluated less favourably to the consultation proposals, further work was undertaken to incorporate the ideas that the consultants had and improve the proposed changes.
- Sought further external advice and guidance on the proposals from national advisors and Health Education England, the organisation responsible for training doctors and other health professionals.
- Worked with South Western Ambulance Service NHS Foundation Trust (SWASFT) and primary care providers to identify people who can be directly admitted to the hospital overnight without needing to pass through an A&E.
- Supported the clinical and managerial teams at the hospital to consider new ways of integrating their specialist workforce with their A&E department to reduce handovers of patient care and streamline services.
- Reviewed opportunities to utilise the ambulatory emergency care unit for aspects of traditional A&E activity in order to improve efficiency and patient flow through the A&E department.
- Explored ways of expanding the scope of the out-of-hours primary care service and its access to diagnostics at the hospital, which could prevent a patient from having to be transferred to another hospital outside of A&E opening hours.
- Considered the location of the out-of-hours primary care service in the Weston area and the advantages and disadvantages of co-locating the service on the hospital site.
- Begun to look at digital solutions between the A&E department and primary care to help people access the care that they need in the best location for them.

The work undertaken has led to a series of enhancements to the original consultation proposal that will improve urgent care provision locally. Many of these have come from working with the consultants at Weston Hospital, local GPs, community practitioners and paramedics to ensure as many people as possible can be treated locally when they need urgent care, regardless of the time of day. The enhancements to the proposals are described in detail below and will be taken forward as part of the ongoing service improvement work associated with urgent care in the Weston and Worle area.

The original consultation proposal has also been revised to enable paramedics and other healthcare professionals to access direct overnight admission pathways to Weston Hospital. This will ensure that an average of 900 people per year will avoid the need to be transferred to other neighbouring hospitals.

The revised clinical model proposed for A&E and urgent care can be seen below:

- To keep A&E at Weston Hospital open 8am to 10pm, seven days per week, making the temporary overnight closure of the A&E permanent. The A&E would be staffed by a multi-disciplinary team of hospital and primary care clinicians working together. The overnight closure of A&E would be supported by 24/7 direct admissions to the hospital via referrals from GPs, paramedics and other healthcare professionals.

Rationale for the revised proposal

The case for change surrounding the A&E opening hours is compelling: four consecutive CQC inspections have rated urgent and emergency care at WAHT as "inadequate".[4] All inspections recorded improvement from the previous inspection, however, WAHT is unable to make the step change required without significant service reconfiguration. Staffing the department, even within the proposed opening hours, remains challenging: 15.1% of Emergency Medicine consultant posts are either vacant or being covered by agency or bank staff and 35.1% of A&E nursing posts are either vacant or operating with bank or agency staff. This means that team working and development of strong operating policies and procedures, which rely on staff knowing how local systems work, is problematic. This directly impacts patient care, slows down treatment pathways and has contributed to the CQC findings described above.

Commissioning Weston Hospital's A&E to open for 14 hours a day will enable the department to consolidate rotas into the new shorter time period and enable the team to focus on the service improvements that they need to make to respond to CQC concerns. This was reflected in the feedback from the WAHT Consultant Body's response to the consultation, which was published as an appendix to the independent report in the August 2019 CCG Governing Body papers.

As a result of paramedics and other healthcare professionals being able to refer patients directly to the medical team with Weston Hospital, 1/3 of people who require treatment overnight and have been receiving this elsewhere as part of the temporary overnight closure will be able to receive the care that they need locally. An average of 5 people per day will still be required to transfer to other local hospitals as a result of the overnight closure of A&E.

It is recognised that transfers between hospitals can be a challenging experience for patients. However, being in a hospital that can safely deliver the care required at a time of urgent need is deemed to outweigh the benefits of local treatment. This is now widely accepted and many of the national initiatives to improve clinical outcomes, such as the designation of Major Trauma Centres, draws on extensive evidence that confirms the infrastructure available within a hospital

[4] CQC report (June 2019): https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ3247.pdf
CQC report (December 2018): https://www.cqc.org.uk/sites/default/files/new_reports/AAAH1710.pdf
CQC report (February 2018): https://www.cqc.org.uk/sites/default/files/new_reports/AAAH1335.pdf
CQC report (June 2017): https://www.cqc.org.uk/sites/default/files/new_reports/AAAG3861.pdf

impacts on the clinical outcome that the patient experiences. As is occurring under the temporary overnight closure of the A&E department, patients will continue to be repatriated back to continue treatment and recovery in Weston the next day or as soon as is clinically appropriate. Patients are already routinely transferred between hospitals for a variety of reasons and this operational knowledge will be used to ensure that patient experience and continuity of care is as good as possible.

Concerns were raised through the consultation about the safety of the increased travel time that people would experience as a result of the overnight closure of the A&E department. As the department is already temporarily closed overnight to address safety concerns, it has been possible to draw on actual clinical outcome data to assess the impact that the overnight closure is having. Two travel time impact audits were commissioned as part of the decision making process, one sampling patients that were taken from the Weston area to UHB's A&E department and one sampling patients that were taken to Musgrove Park Hospital's A&E department in Taunton. The full audit reports can be seen in Appendix 4.

A random sample of 50 patients that were seen in each organisation as a result of the overnight closure of A&E were clinically reviewed by a paramedic and a consultant in Emergency Medicine at the receiving hospital in order to assess if there had been any impact on the patient as a result of the increased journey time. These audits found that there was no adverse impact on patient outcome identified at either Trust as a result of the increased travel time associated with the temporary overnight closure. Further work that responds to concerns regarding travel and transport as a result of the proposals is presented in Appendix 3.

People asked about the benefits of the planned merger between WAHT and UHB as part of the consultation, and whether this could support the staffing improvements that Weston Hospital need to reopen A&E 24/7. There is a national shortage of emergency medicine staff and Section 4.3 outlines the serious crisis in staffing that the NHS faces locally. Whilst there are aspects of service provision at Weston that the merger will support, such as Gynaecology, Ophthalmology and Oncology, Emergency Medicine is not a service to which staffing improvements sufficient to cover the 24 hour period are expected to be made as a result of the organisational merger.

Further to this, a viable workforce solution to 24/7 care for children at Weston Hospital has not been identified, and further specialist advice that was received as part of the review of the alternative proposal put forward by some of the consultants at Weston Hospital confirmed that:

"Any possibility of walk ins 24/7 is of concern particularly relating to children. Weston does not have 24/7 paediatric cover, any service providing walk in access must be able to safely manage unwell children. Without paediatric backup this service should be designated a Paediatric minor injuries unit and an Adult only ED. There is still huge risk of an unwell child being brought in when the ED trained staffing is so fragile. This is exacerbated with the high numbers of seasonal holiday

makers visiting Weston. They will not have knowledge of what services are provided locally and any branding as an ED misleads them as to the level of paediatric provision present."
Dr Dare, Regional Clinical Advisor for the South West, NHS Improvement and NHS England.

In summary, the clinical risks of reopening the A&E department at Weston Hospital outweigh the benefits and a 24/7 service cannot be safely and reliably maintained. Therefore, the proposal to make the temporary overnight closure permanent is recommended for decision.

Further enhancements to A&E provision at Weston Hospital

A success of the consultation has been the development of a number of enhancements to the service model that is operated in Weston Hospital's A&E Department. These do not require decision but are important developments that will be taken forward as a result of the broad engagement that has been seen from local people, professionals and organisations. Of note has been the input from some of the consultants at Weston Hospital, who put forward an alternative proposal for the hospital model of care. The CSDDG formally evaluated the alternative proposal in May 2019, applying the same set of evaluation criteria against which all other potential models had been tested in the process to date. The hospital consultants who had developed the alternative proposal attended and fully participated in the evaluation meeting.

The consensus conclusion reached by the CSDDG was that the proposals that were out to public consultation evaluated more favourably than the alternative model. This was mainly because the alternative model was too similar to the status quo and so would not address the case for change as far as the proposals put forward by the CCG.

Following the evaluation process, the consultants from WAHT continued to work as part of the CSDDG to improve the CCG proposals. Aspects of the alternative model have been combined with the consultation proposals and the following enhancements to A&E provision in Weston will be taken forward as a result of the engagement and partnership working:

- Implement direct access to diagnostic tests, such as X-Rays, for GPs seeing people outside of the A&E operating hours in order to avoid people needing to be referred to neighbouring hospitals overnight - a pilot study will be established to test whether direct referral to radiography for GPs working outside of A&E opening hours will prevent people from having to travel to a neighbouring hospital at night for a test that could be made available at Weston Hospital. This will prevent overnight A&E attendances, and possibly admissions in Bristol and Taunton, and ensure that unnecessary inconvenience and disruption to members of the public is avoided.
- Use ambulatory care as an alternative to A&E within the hospital, where hospital diagnostics and specialist clinical review can be provided with ready access for local GPs and other referring professionals, such as A&E clinicians - opportunities for Weston Hospital to improve the interface between departments and reduce the number of

handovers of care were identified and there is scope to improve how the ambulatory care service is used to support same day care provision. This work is already underway and the CCG will continue to work with providers to develop improved models of care and care pathways that will better meet patient needs.

- Work to integrate specialist medical and surgical services within the A&E department in order to speed up decision-making and reduce duplication and handovers in patient care – this is a development supported by the CCG and steps have already been taken to remove internal boundaries between hospital departments and enable integrated working that will support and improve the provision of urgent care at the hospital.

As part of the Healthy Weston Programme, it has also been identified that many people are attending A&E with problems that would be better treated by primary care. This came through in the feedback from the consultation where some people acknowledged that they use the A&E department at Weston Hospital because they cannot access the support they need through their GP.

A primary care-led Urgent Treatment Centre function working alongside the A&E was modelled in the Pre-Consultation Business Case and respondents to the public consultation were generally supportive of seeing GPs working alongside A&E staff. It is proposed that an integrated hospital and primary care workforce is developed that will bring new skills and knowledge to the A&E in Weston and further work will be undertaken to consider the benefits that an Urgent Treatment Centre model would bring to Weston. Questions have been raised about the ability of the health service to recruit GPs and how primary care would manage if their workforce was further depleted through newly established hospital roles for GPs. The CSDDG believe that developing a means of employing GPs with a special interest in urgent care who will work at the front door of Weston Hospital and in a local practice will create new job opportunities, which are likely to attract new GPs into Weston, adding to (rather than depleting) the local GP workforce.

Access to primary care is improving in the Weston and Worle area and details about the developments underway are described in Section 4. One development that is specifically supporting people to access urgent/same day primary care is the implementation of the digital triage tool, “AskmyGP”. Section 4.2 describes in more detail how this works, and in A&E it can be used by people who present from local practices with problems more appropriate for primary care. These people can seek help from their own GP practice by using the tool within the A&E reception, thus creating a virtual GP within A&E. The system will facilitate a safe handover of clinical responsibility from the A&E department to the GP and will in time reduce the number of people choosing to attend A&E with problems that can be treated by primary care clinicians as, following a positive AskmyGP experience in A&E, people will swiftly recognise that they can access AskmyGP digitally from any location, including their home.

These proposals will ensure that people receive the care they need in a timely and effective way and thus avoid the need for lengthy hospital attendances. It is recognised that for those needing

A&E care overnight a local solution has not been found and that, for around 5 people per night, this will result in increased travel to neighbouring hospitals. Steps will be taken to ensure that the population have a greater awareness of the healthcare options available to them, including out of hours primary care and new developments such as the mental health crisis and recovery centre, which will have late opening hours. The travel options open to people and where they can find support for travel to and from hospital sites will also be clearly communicated. Actions associated with the impact of increased travel times for relatives and carers are detailed in Appendix 3.

The enhancements are also an important step towards creating a more integrated local health service that starts to dismantle the traditional organisational boundaries and focusses on working together to best meet the needs of the local population.

2.2 Critical Care

As part of the ongoing development work that took place during the consultation period, critical care clinicians from across the local health system reviewed the proposals to ensure that the most effective model of care was being described and that the workforce and activity implications of the proposals were fully understood. The critical care proposals received scrutiny from clinicians from Weston Hospital, UHB, NBT, Taunton and Somerset NHS Foundation Trust (TSFT) and from the South West Regional Critical Care Network.

A sub-group of the CSDDG was formed with clinicians from UHB and WAHT, supported by the regional Critical Care Network Medical Lead and Lead Nurse/Manager. This group has:

- Developed the proposal consulted on and described a stronger care pathway that will be delivered as a partnership between the two hospitals, in effect, delivering a single service across two sites.
- Developed workforce solutions that will maintain skills and competencies across both sites, including establishing rotational positions in the medical and nursing workforce going forward.
- Cross-referenced the proposals with the current commissioning standards and the new standards for General Provision of Intensive Care Services (GPICS) to assess the current provision and the future model of care.
- Described safe and sustainable transfer options for patients that are critically ill being moved between the two sites.
- Identified suitable assumptions surrounding repatriation from UHB to Weston Hospital at a clinically appropriate point in a patients' recovery.
- Sought expert input and learning from other areas on successful networked critical care models.
- Engaged with the regional Critical Care Network to scrutinise, test and review the proposals.

- Received robust challenge and ultimately assurances from NHS England and the South West Clinical Senate with regard to the revised proposal.
- Provided the basis for further work to be undertaken that reviews how decision-making can be moved further "upstream" so that patients are most effectively placed in the right hospital setting to receive all their care needs, removing the requirement for patient transfer between sites in the future.

Summary of the revised proposal for critical care:

- Provide up to Level 3 critical care for people who need support for a single organ at Weston Hospital. This includes short stay post-operative recovery at Level 3 and longer term intubation, where the lungs are the organ requiring support.
- Transfer people requiring critical care for two or more organs at Level 2 or 3 or people who would benefit from proximity to UHB's specialist clinical services via dedicated transfer team to UHB.
- Establish a critical care service that is digitally linked to UHB to provide oversight and monitoring from the larger unit of the people who remain at Weston Hospital.
- Repatriate people following treatment in UHB as soon as care needs can be met at Weston Hospital.

The revised proposal is broadly similar to the model described in the public consultation document, the principal difference being that people are transferred on clinical grounds rather than on a time-based decision. This is irrespective of the level of critical care that the patient is receiving and could mean transfer for specialist input at Level 2 (High Dependency) or Level 3 (Intensive Care).

The revised proposal has been modelled on those with 2 or more organs requiring support, or with a diagnosis that would benefit from proximity to UHB's specialist services. A discussion between consultants and senior nursing staff at both sites would agree each transfer. UHB would be contacted as soon as a transfer was deemed in the patient's interest. A bed would be identified and a transfer team mobilised. Patients requiring sub speciality clinical expertise that is better available at another hospital, such as vascular expertise which is centralised at North Bristol NHS Trust, would be transferred directly to that hospital by the transfer team. This is as occurs now but patients are currently transferred via the SWASFT Ambulance Service.

The transfer team would have its own staff and equipment so as not to deplete either hospital and will operate 10 hours a day, 7 days a week, moving patients between 10am and 8pm. The team would prepare and stabilise the patient at Weston Hospital and then undertake transfer via ambulance. Ambulance provision would follow the neonatal and paediatric service models and operate through a subcontracting arrangement with a private ambulance provider. This will ensure that frontline ambulance services are not adversely impacted as a result of the proposed change. If an immediate patient transfer is required outside of the operating hours of the transfer team,

SWASFT would transfer the patient to the appropriate hospital, as happens now in an emergency situation.

A daily review and discussion of all critical care patients on the Weston Hospital site would occur via the clinical information system between WAHT and UHB consultants, enabling oversight of the Weston critical care beds from UHB. The increased support and closer working is expected to reduce the average length of stay for critical care patients. The modelling suggests that the total reduction in length of stay for intensive care patients would result in a reduction of 88 bed days. Following a stay in ICU at UHB, people would then routinely be repatriated to Weston Hospital for the reminder of their stay.

Rationale for the revised proposal

The revised proposal will move the Weston Hospital service closer to compliance with the service specification for Adult Critical Care and the new GPICS standards, standards; this cannot be achieved by Weston Hospital independently. There will be a dedicated critical care consultant opinion available to the Weston Hospital critical care unit 24/7 and fully networked digital monitoring from UHB which will ensure specialist oversight of the Weston patients by an Intensive Care Medicine consultant is available at all times.

Feedback from the public consultation confirmed that when people are critically unwell they want to receive treatment in the best place for them to gain the best outcome possible and the proposed changes to the service model were predominantly supported. It is however recognised that transfer to another hospital poses challenges for some carers and relatives and that there are risks associated with transferring patients who are critically unwell. To address this, the time spent in another hospital will be limited to only that necessary to secure the best outcome and repatriation at the earliest clinically appropriate point will be made. This has been modelled at the point of step down to HDU care for medical patients, and at 5 days following surgery for surgical patients. The model now includes a new dedicated critical care transfer service that will ensure that the service meets the latest standards on the transfer of these patients. This will also benefit patients who are already transferred between critical care facilities under the current operating model.

The model proposed is viewed as transitional. Further work is needed to describe the definitive model of care for Weston Hospital that ensures that patients are taken directly to the hospital that can most comprehensively meet their needs.

The proposal will mean that 135 patients are transferred to UHB, which compares to 172 patients under the original consultation proposal, and 95 patients will be repatriated back to Weston to receive ongoing care (the remaining 40 being discharged directly from UHB). Table 1 (below) sets out the comparison between the critical care model that was described in the consultation document, and the final proposed model.

Table 1: Comparison between proposed critical care model and consultation proposal

	Number of Patients Transferred	Total Length of Stay (LoS) in CC	Number of Patients Repatriated
Proposed Model	**135**	**535**	**95**
Consulted Model	**172**	**543**	**132**

The provision of a dedicated transfer team to move critically unwell people between Weston and Bristol (predominantly UHB but also to NBT when appropriate for NBT based specialist care) also supports some of the concerns raised by the public about pressures on the ambulance service. SWASFT will not be required to move people requiring critical care or emergency surgery during the operating times of the transfer service. This will ensure that the transfer team is effectively utilised and that front line ambulance resources are not impacted by the proposed changes. It will also ensure that best practice for the movement of critical care patients is met under the proposed new service model.

Further benefits of the critical care model proposed have been described by the CSDDG. Specifically, through the removal of the time limit on Level 3 critical care, and consideration of clinical complexity, more planned and emergency surgery patients can be safely cared for in the post-operative period without the need for transfer to Bristol. This will avoid disruption in continuity of care and enable those patients with higher anaesthetic risks (ASA grade 4 and above) to be safely managed post-operatively at Weston. People with a higher anaesthetic risk are often frail and elderly and this therefore supports that cohort of the population that finds travelling out of the area most challenging to continue to be cared for locally.

There are also advantages for patients on the medical and surgical wards at Weston Hospital, as the critical care medical team will have increased capacity to deliver care to most unwell ward patients. This will take place in the form of “outreach” critical care ward rounds and is expected to reduce the length of some patients’ hospital stay as advice and intervention will be more timely. The likely impact of this is difficult to quantify, and therefore has not been built into the activity modelling, but it is expected to support improved utilisation of the Weston Hospital bed base.

2.3 Emergency Surgery

The clinical model for emergency surgery has been considered alongside the revised proposal for critical care. With the ability to maintain Level 3 critical care on site and manage people with single organ failure at Weston Hospital, there is scope to maintain more surgical care safely at Weston than originally proposed. People with the most complex medical needs would be transferred to

Bristol to ensure that they are in the right place to receive the care that they need, under clinical teams that undertake a higher number of those procedures.

Those that need Level 3 critical care to support their immediate post-operative recovery will now remain in Weston Hospital under the revised proposals. As described above, stronger links to the UHB service, including shared digital monitoring systems, will support the safe provision of care locally.

A new model of care for ambulatory emergency surgery is proposed. The ambulatory service will consist of two consultant ward rounds per day, access to a hot clinic and dedicated emergency theatre session (5 days a week) into the early evening. The closer working relationship between UHB and Weston allows for the appropriate transfer of the patient and adoption of the audit tools required to meet standards for emergency general surgery.

This will enable a more responsive, higher quality surgical service for people during the daytime, which means that some of the activity that currently takes place in the evening will be able to be managed within the daytime operating period. This will result in only the people who require a procedure overnight or people needing more complex operations being transferred to Bristol. It will enable the surgical workforce at Weston Hospital to be concentrated within daytime working hours, which will improve safety and enable rapid decision-making for primary care referrals.

These two changes mean that the number of people expected to be transferred away from Weston Hospital as a result of the service reconfiguration have been reduced from circa 560 in the Pre-Consultation Business Case to circa 160. The main difference being seen as a result of the revised proposal for critical care and the maintenance of Level 3 single organ support on the Weston Hospital site, which means that there can be continued provision of care for people needing higher levels of anaesthetic support (ASA 4 and above).

Learning from other health systems in England that have undergone similar hospital service reconfiguration has confirmed that firm lines are needed around theatre operating hours in order for clinical teams to safely operate a daytime only emergency surgery model. Therefore, as per the original consultation proposal, there will be no access to theatres overnight at Weston Hospital and people requiring emergency surgical intervention outside of daytime operating hours will be transferred by ambulance to UHB.

Summary of the revised proposal for emergency surgery:

- Provide emergency surgery in the daytime only at Weston Hospital. Theatres will close overnight from 8pm-8am.
- People requiring an emergency operation overnight (those who deteriorate on the ward or present to A&E in the evening, or those picked up by ambulance) will be stabilised and transferred to Bristol for surgery.

- A small number of people who require more complex surgery will also be transferred to Bristol to receive support from specialists unavailable at Weston Hospital.
- Ambulatory pathways for emergency surgery, including rapid access to daily clinics Monday to Friday and a dedicated afternoon emergency theatre session, will be established to improve the quality and responsiveness of the surgical service.

Rationale for the revised proposal

The changes to the proposal for emergency surgery have been considered alongside the proposals for critical care. The most complex surgical patients would transfer to other centres in order to benefit from post-operative critical care and other sub speciality expertise that is not available in Weston Hospital. Daytime ambulatory emergency surgery would continue during daytime hours when the full hospital infrastructure is available. This will maintain the vast majority of emergency surgery procedures locally and ensure that only those complex patients that will benefit from care in a larger centre are transferred.

The Clinical Senate Review of Emergency General Surgery across the South West in 2017 demonstrated 13/22 of the national standards were not met with the current provision of emergency general surgery at Weston Hospital; this was the lowest score in the region. The ambulatory emergency surgery model described strengthens the current surgical assessment unit within Weston and, with support from UHB, will enable Weston Hospital to meet, or partially meet, all the emergency general surgery standards. This is described in more detail in Section 3.3.

Feedback from the public consultation supported the original proposal and, in a similar way to critical care, people described that when they were very unwell they want treatment that would give them the best possible outcome. The revised proposal maintains this principle and ensures that when the infrastructure at Weston Hospital is reduced between 8pm and 8am, transfer to Bristol will secure the best opportunity for a positive outcome if same day emergency surgery is required. A small number of complex surgical patients would also be transferred in the daytime so that people can benefit from specialist input and/or teams that undertake higher volumes of certain procedures. This is in keeping with long-standing arrangements that the most complex specialist cases (e.g. major trauma, heart attack and vascular) go directly to larger, specialist centres.

In line with ensuring appropriate infrastructure and patient safety in Weston, the CSDDG have also recommended that the out-of-hours emergency GI bleed rota, which is a fragile rota, operating with 3-4 clinicians currently but needing 7 to operate sustainably and independently, will be combined with UHB. A clear end time for theatre access at 8pm will also be introduced to improve safety and quality of care for people needing emergency surgery or endoscopy. This aspect of the proposal will improve daytime operating efficiency in Weston Hospital, as nursing staff will be uninterrupted in the night and are therefore reliably available for morning operating lists. It will also support compliance with the GPICS standards for intensive care because currently the same anaesthetist at Weston is required to be part of an emergency surgery theatre team *and* care for

inpatients requiring resuscitation and intensive care. This presents the risk that one doctor could be required to deal with two serious/life-threatening cases in different parts of the hospital at the same time.

The proposals for emergency surgery will significantly improve the quality and safety of the current service and enable national guidelines to be met. During the day, the partnership between UHB and Weston Hospital's critical care departments and the proposed ambulatory emergency surgery model will enable more surgical patients to be treated locally than originally proposed, which will reduce the need for people and their carers/families to travel and maximise the use of the Weston Hospital estate and infrastructure. Additionally, post-operative repatriation arrangements have been built into the modelling of the revised proposal, which will ensure that the period of treatment in Bristol (averaged at 5 days) is limited to a duration that is clinically necessary, and people are brought back to Weston Hospital as soon as they can be safely cared for in that environment.

2.4 Children's urgent care services 8am – 10pm seven days a week

WAHT is already working to improve its urgent care service for children and young people. Paediatric nurses are being added to the A&E team to ensure clinical standards for paediatric care are met, and enhanced paediatric training opportunities being made available to Emergency Nurse Practitioners at the hospital. The consultant paediatricians have worked hard to improve care pathways and make access to the Seashore Centre (the Paediatric Short Stay Assessment Unit) by referring clinicians as seamless as possible, within the hours that they are currently available.

However, standards associated with provision of care of children in emergency care settings are currently not met by Weston Hospital. The extension of paediatric cover to align with A&E opening hours will enable the Facing the Future guidelines to be met, and ensure that more children can be seen and treated by staff with paediatric expertise locally. These proposals require investment in consultant and nurse staffing. This proposal was described in the public consultation as one of the "wider improvements" of the Healthy Weston Programme:

- Specialist children's staff will be available at Weston Hospital seven days a week from 8am-10pm.
- This includes extending the hours of opening of the Seashore Centre from 8am to 10pm, Monday to Friday and supplementing the A&E in Weston with paediatric nursing over the duration of its opening hours on Saturday and Sunday.

With improved access to the Seashore Unit during the time of peak demand, GPs and paramedics will be able to refer to the paediatricians at Weston Hospital. This will ensure that, following primary care review, more children requiring examination by a paediatrician can be cared for locally rather than being referred to Bristol.

The extended opening hours also increase the amount of time that children can be observed in a paediatric ward environment, which will support a proportion of the children that currently have short hospital admissions in Bristol to either be discharged home or attend the Seashore Centre for daily ambulatory care. There will also be greater availability of local outpatient and ambulatory care for children under this proposal, and existing planned activity that is currently taking place in Bristol will be managed under the local General Paediatric team at Weston Hospital.

It is important to note that these improvements are recommended in order to support Weston Hospital to meet guidelines for the care of children in emergency care settings and do not alter the types of condition that the A&E department can see and treat. It will be made clear that local people should seek support for the care of an unwell child first and foremost through the family's GP or the 111 service (or via ambulance, if there is an emergency situation), as now.

Paediatric activity changes modelled as a result of this proposal are shown in Table 2 below:

Table 2: Paediatric activity shifts from Weston Hospital

Point Of Delivery	Activity from the Weston area treated at UHB in 2018/19	Year 1 activity transferring to WGH	Year 2 activity transferring to WGH
Outpatients	555	222 [40% total]	418 [75% total]
A&E Attendances - "Minors" stream only	2,555	539 [21% total]	1,120 [44% total]
Short Stay Emergency Admissions [0-1 day]	457	44 [10% total]	153 [33% total]

In total, in Year 1, the extended paediatric service will provide local care for 805 children previously treated in Bristol and, in Year 2, this increases to 1691 children.

Recognising the national workforce shortages faced in healthcare, careful consideration has been given to the ability to staff the proposal for acute children's services in Weston Hospital. The CSDDG are confident that recruitment can be achieved and that the benefits of closer working with both the A&E department at Weston Hospital and the Children's Hospital in Bristol will attract sufficient paediatric trained healthcare staff to the Hospital.

3. Impact of the Proposals on the Case for Change

The changes proposed to the acute hospital clinical model are an important milestone in the Healthy Weston Programme. The proposals recommended do not resolve all the issues but they will stabilise hospital services and provide a starting point from which other work, such as the WAHT/UHB merger, can move forward. As a result of the proposals, significant progress is made against the third component of the case for change – "meeting national clinical quality standards". This is described in detail in Section 3.3.

The new clinical model for the hospital will also form the first step of the longer term work required as part of the Long Term Plan for the NHS.

3.1 Our changing health needs

The health system needs to respond to a new generation, including people who are digitally very active, that want a swift response to their needs and expect access immediately. Traditional ways of providing healthcare do not achieve this.

The proposals for acute service provision at Weston Hospital recommended here put forward alterations to the operating model of the hospital, moving from the commissioned model (which is a 24 hour, 7 day a week district general hospital model) to a hospital that still provides a comprehensive range of district general services but can more safely operate with the workforce available within a more distinct daytime operating period. During this period staff can be consolidated and infrastructure aligned to where demand is greatest. Coupled with enhancements to the overnight direct admissions pathway, this will allow the vast majority of the Weston Hospital patients to continue to be treated in a local setting. It will also begin to address the long-standing issues associated with a fragile hospital infrastructure over the 24 hour period and start to integrate services across traditional health service boundaries, for example in A&E and around the frail elderly population.

Further to this, the proposal to extend the availability of expertise for children accessing urgent care at Weston Hospital supports the growth in the population of children living locally. The proposals will ensure that GPs have more scope to ensure that paediatric patients can access the expertise they need via the Weston Hospital A&E throughout the duration of its opening hours. It will also enhance the availability of planned care and outpatient care available for children in the area.

This commissioning decision provides opportunity for clinicians and managers to move their focus to the changing health needs of the population and specifically the extent to which the frail, elderly population is growing in the local area. This group are high consumers of hospital care and there are already good examples of where changes are being made to support elderly people to avoid

hospital admission, for example in the acute frailty provision and the establishment of the Geriatric Emergency Medicine Service (GEMS) at Weston Hospital. However, there are many other aspects of healthcare provision that need to change to accommodate the changing population needs. By confirming some clear operational changes through this decision on the acute hospital model, an opportunity is presented for the system to work towards delivering a much more radical shift in healthcare provision over the next 3-5 years.

3.2 Variations in care and in access to primary and community care

The variations in access to care and use of health services are well documented in the Case for Change, and summarised in Section 1.2. The wider work of the Healthy Weston Programme is seeking to address this by improving access to primary care and community care, and a number of developments such as the establishment of Pier Health Group and the AskmyGP digital triage system, will address some of the historic challenges that the Weston and Worle area has faced.

The new contract for community services across BNSSG, recently awarded to Sirona Care & Health, will standardise the approach to community care and the care “offer” that people receive, regardless of where they live. A “locality” approach will be enhanced, and healthcare provision across primary and community care will be combined and integrated across the local community, often with significant involvement of third sector providers to supplement local needs and meet the requirements of particular population demographics, such as drug and alcohol support or social support to frail elderly people.

In considering the hospital model, the proposals put forward will reduce variation in care between the Bristol and Weston area, particularly for people with the most complex conditions, for whom Weston Hospital does not have the specialist infrastructure to offer the full range of service provision that would be provided in a larger hospital. The critical care and emergency surgery proposals will ensure that when a patient in Weston needs specialist input for their complex needs, they will have the same access to specialist support as Bristol patients currently receive. Some people will need to be transferred to Bristol to benefit from this as not all specialist services are available at Weston Hospital. This is supported by an evidence base regarding improved outcomes that are seen when people are cared for in larger, more specialised units that undertake higher numbers of the most complex procedures.

3.3 Meeting national clinical quality standards

Weston Hospital is currently unable to meet national clinical quality standards for a number of its services. This is predominantly due to the availability of specialist workforce, but is also linked to the relatively small catchment area associated with Weston Hospital, the proximity of other hospitals and its coastal location. The problems that are experienced are not unique to Weston Hospital and many small district general hospitals across the country have merged with larger organisations and reorganised local healthcare provision in order to ensure that national standards

can be met. The Healthier Together vision to establish networked acute care will support the maintenance of some more specialised local services and, for example, work is already well advanced with NBT on Breast and Urology services, which will combine the departments across the two organisations and support the continued delivery of specialist care in Weston, in line with national standards.

Meeting national clinical quality standards is the main driver for the development of the proposals for the acute hospital model in Weston. The impact that the proposed changes will have is summarised in Table 3 below and assessed in detail in Appendix 5.

Table 3: Summary of how the proposals enable Weston Hospital to better meet national clinical quality standards

National clinical standards or guidelines associated with service delivery	Summary of current challenges to meeting guidelines/standards/ requirements	Impact of the proposals
CQC requirements for urgent and emergency care	In June 2019, the CQC rated urgent and emergency services (also known as A&E) as "Inadequate". In the "Safe" and "Well Led" domains, the report details that inspectors found: - "Staff did not always assess and respond appropriately to patient risk and monitor their safety. - The service did not have enough staff with the right qualifications, skills, training and experience to keep people safe from harm and to provide the right care and treatment. - There was not a cohesive or stable leadership team in the emergency department. This was compounded by a culture in which some staff did not feel supported. - However, patient outcomes were generally in line with similar services, and staff cared for patients with compassion and provided emotional support when they were distressed".	The proposals make permanent the overnight closure of the A&E department. By transferring people who need urgent hospital care during the overnight period to hospitals that have the infrastructure to receive critically unwell patients, the risk to patient safety is reduced. This also removes the risk of unsafe staffing levels impacting patient outcomes during the overnight period and therefore reduces risk. The proposals provide clarity on the future opening hours of the A&E department that will help stabilise the service. This will allow the leadership team to focus on internal service improvement and clinical governance, which is required to improve the current CQC ratings. This will also help attract and retain staff. The critical interdependencies of the programme support partnership working with local health and care providers and seek to redesign care pathways for key groups, including the

	A number of actions WAHT "should" take were also related to children's care, these included: - Auditing children's records in the department and take action to ensure that pain scores are recorded. - Consider ways in which the children's waiting area is always secure, to ensure audio and visual separation from the main waiting area.	frail and elderly population and those experiencing a mental health crisis. This will support improvements in patient outcomes and ensure that the A&E department is utilised only by those that need urgent hospital care. Improved provision of specialist paediatric staff within Weston Hospital and as part of the A&E team will support improvements associated with paediatric care and ensure that the CQC "should do" recommendations are addressed.
D05 Specialised Commissioning Service Specification for Adult Critical Care & **Guidelines for the Provision of Intensive Care Services**	The consultant responsible for the Weston Hospital critical care unit at night also has responsibility for anaesthetic support to emergency surgery. Guidance specifies that the consultant responsible for critical care should not have responsibility for a second speciality at the same time. As a result of a shared anaesthetic and critical care rota, not all consultants responsible for critical care in Weston Hospital are consultants in Intensive Care Medicine. A fragile nursing rota in critical care has resulted in significant agency costs in this service. At times, this can be as high as 50% of the workforce. Staffing guidance recommends no more than 20% agency staff on any shift. High agency rates can impact team working and can affect consistency of care as there is less knowledge of local operating procedures and services.	The changes to emergency surgery and overnight closure of theatres will ensure dedicated consultant cover for the critical care unit overnight with further critical care support from UHB available 24/7 and supported via digital monitoring links. Digital links to UHB will provide daily morning ward rounds with a joint decision to transfer patients that would benefit from services available at UHB. The reduction in the critical care bed base at Weston Hospital will reduce the need for agency nurses and enable the department to operate broadly at the level to which they are established with permanent staff. The provision of a dedicated transfer service will ensure that the service better meets the latest standards on the transfer of the critically ill adult. Weston patients will benefit from input from the wider multi-disciplinary team of allied health professionals in UHB.
Emergency General Surgery Standards from Royal College	2017 South West (SW) Clinical Senate Report found that Weston Hospital met only 13 out of the 22 emergency surgery	The proposals for emergency surgery improve performance against the emergency surgery standards so that

of Surgeons and Getting it Right First Time Guidance	standards.	all 22 standards would be met or partially met – 24/7 access to emergency theatres will be via a networked solution with UHB. Focusing emergency surgery during the specified hours will enable the hospital to develop the streamlined and responsive ambulatory emergency surgery service proposed and to work towards meeting the guidance outlined in the SW Clinical Senate Report.
Facing the Future standards issued by Royal College of Paediatrics and Child Health	Current service does not meet staffing guidelines on the provision of paediatric trained nurses in the A&E department.	The proposals bring paediatric nurse staffing levels up to the recommended two paediatric trained nurses available to support the department at all time of its opening hours. By extending the opening hours of the Seashore Centre, referring clinicians in primary care can access paediatric support at the times of peak demand and avoid local people seeking help via A&E or needing to be referred to Bristol Royal Hospital for Children (BRHC).

A full organisational merger of WAHT with UHB is also in the advanced planning stages and this will bring benefits, as laid out in Section 4.4, with regard to access to specialist staff and standardised quality of care that will support delivery of care to national quality standards. In line with this, and as described in Section 2, the merger will support the proposals for emergency surgery and critical care. However, with a national shortage of ED consultants, an organisational merger (or improved networked acute care) cannot deliver the workforce required to maintain a 24/7 A&E in Weston. Therefore, the proposed reduction in A&E operating hours is required to enable core standards for urgent and emergency care to be met, and the specific quality and safety issues identified by the CQC to be addressed.

3.4 Delivering value for money

The proposed changes set out in this document are designed to deliver improvements in meeting national clinical quality guidelines, thereby improving outcomes. This is achieved either by providing more specialist support to patients through transfer to UHB (critical care, overnight surgery, complex medical patients) or by investing locally in the services (paediatrics, overnight direct admissions, critical care transfer service). The proposed workforce changes are aligned with where services are affected by a national shortage of staff (A&E and critical care) and either reduce the overall requirement for staff at Weston Hospital or provide more centralised care in a larger unit that benefits from having a stronger critical mass of workforce in one place. As a result of this work, clinicians are confident that safer and more robust staffing models would be put in place at Weston Hospital, although the proposals do not fully meet the case for change and ongoing service improvements will be required in the future.

In addition, both the Healthy Weston Commissioning Context and Pre-Consultation Business Case set out the need to ensure that the funds available to the local healthcare system are used in the best way to maximise life expectancy and ensure consistently good quality services for the local population on an equitable basis. The Pre-Consultation Business Case modelled a £5m benefit based on the initial consultation proposals. Further analysis and modelling, coupled with a refinement and evolution of the clinical models that were set out at the start of the consultation process, have led a revised set of assumptions as to the financial impact of the proposals put forward within this document.

Table 4 below sets out the individual organisational and net system financial impact of the proposed changes. In summary, the proposed model delivers a net overall benefit for the system (£128k) with an improved commissioning position of £178k. Expected cost benefits to the SWASFT and patient transport contracts due to shorter patient transfers will be negotiated through standard growth and contract management processes. If the costs of avoiding a reopening of the A&E overnight as per the currently commissioned model are factored in, the system benefit is around £3.9m. Therefore, as was the case in the Pre-Consultation Business Case, the changes proposed here do not meet the financial challenge outlined in the case for change, which identifies a currently projected recurrent deficit at WAHT of £30m by 2024/25 in a do nothing scenario. This is net of an annual £2.7m subsidy which has been paid by the CCG to WAHT that diverts resources away from other populations, providers and investment in services.

Additional benefits facilitated by the delivery of the business case’s proposals (e.g. merger of WAHT with UHB) or as part of Healthy Weston’s wider supportive programme (e.g. the Integrated Frailty Service) are not included within this analysis but are projected to deliver significant additional value, but will still not bring the Weston Health Economy back into financial balance.

Table 4: Net financial system impact

Proposed change*	Providers Perspective			Commissioners Perspective				Prod. Benefits	TOTAL IMPACT
	WAHT	UHB	Providers Total	BNSSG CCG	SWASFT	PTS	Comm. Total		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
A&E ON Closure	3,800	-	3,800	-	-	-	-	-	**3,800**
Adult A&E	(55)	60	5	(2)	-	-	(2)	-	**3**
Direct ON Admissions	-	-	-	-	76	229	305	122	**426**
Transport Team	-	(232)	(232)	-	3	(105)	(102)	76	**(258)**
Critical Care	(195)	83	(112)	1	-	-	1	24	**(87)**
CC Impact on Wards	(364)	607	243	(25)	-	-	(25)	-	**218**
Complex Med. Pts.	(820)	672	(148)	(24)	(2)	(23)	(49)	-	**(197)**
Overnight Surgery	(204)	386	182	(12)	-	(9)	(21)	-	**161**
Paediatrics	68	(275)	(207)	9	63	-	72	-	**(135)**
Total	**2,229**	**1,300**	**3,530**	**(53)**	**139**	**92**	**178**	**222**	**3,928**
Total excl. A&E ONC	**(1,571)**	**1,300**	**(270)**	**(53)**	**139**	**92**	**178**	**222**	**128**

*Further details are available within Appendix 6.

Methodology and Assumptions

There are three main components to the financial analysis of this business case:

1) The impact of permanent overnight closure of the A&E department at Weston Hospital
2) The actual costs of proposed changes to models of care
3) The productivity benefits to the system achieved as a result of implementing the proposals

1) The impact of permanent overnight closure of the A&E department at Weston Hospital

It is estimated that the cost of reopening A&E overnight would be £3.8m based on the costs of re-staffing the 24/7 model that is currently commissioned. This figure has been provided by Weston Hospital and represents a realistic assessment of the cost of appropriately staffing the A&E department throughout the overnight period, over and above the £9.2m already spent to operate the current 8am-10pm service. The costs are largely comprised of premium agency fees which would be incurred should the department reopen. This is due to a national shortage of emergency medicine staff.

Given that the A&E is already temporarily closed overnight, this is considered as a cost avoidance (rather than an additional saving) by not returning to the model that is currently contractually commissioned. Hence, in Table 4, the system impact is shown both with and without the £3.8m cost of reverting to the commissioned model (assuming that the staffing/ safety concerns could be overcome, which has not been possible since the temporary closure in 2017 and UHB do not think would be solved through a merger with WAHT).

2) The net cost of proposed changes to models of care

The net cost to the system of all the proposed changes is £459k per annum, which is mostly due to the cost of transporting patients between sites. This is against the 2018/19 baseline. Within this net figure, there are a number of costs and savings to individual organisations. In particular:

i. WAHT's financial position is deteriorated by £1,571k per annum due to the transfer of high value activity away from the hospital, which is not matched by a similar reduction in costs.
ii. UHB's financial position receives almost an equal benefit of £1,300k (offsetting the cost of hosting Dedicated Transfer Team at £232k per annum). This is driven by the receipt of the high value activity without a requirement to significantly increase semi-variable costs, such as pay or overheads.

The merger of the two Trusts would negate the disparity in financial outcomes described above.

Transport costs are expected to result in the cost to the system of £368k. This takes into account both the cost of Dedicated Transfer Team and cost of all additional journeys between Bristol and Weston.

The CCG is expected to be worse-off by £53k due to a higher Market Force Factor on activity delivered at UHB than at WAHT.

3) The productivity benefits to the system achieved as a result of implementing the proposals

Financial modelling has sought to identify benefits associated with improved care pathways that can be directly attributed to the changes made. The two main sources of benefits are expected shorter length of stay due to an availability of more specialist care and reducing number of unnecessary patients transfers between Weston and Bristol due to enabling direct overnight admissions. All of the productivity benefits were estimated at £589k per annum.

Because of people receiving specialist input in a more timely way, an assumption has been made that they will stay in hospital for a shorter length of time. Reducing length of stay in is identified by clinicians to being beneficial to patients and likely to reduce deconditioning in frail/ elderly patients. These length of stay efficiencies are attributable to the changes proposed in critical care and

through reducing delays in treatment due to direct admissions. This has been estimated at 538 bed-days. Although this value is insufficient to release semi-variable or fixed costs at either of the providers (WAHT or UHB), it has been viewed as extra capacity created in the system. The value of this additional capacity has been estimated to be £145k as per Table 5 below.

Table 5: System productivity benefits

Productivity Benefit	Impact	Financial Value	Assumptions
Critical Care			
Cardiac Patients	20 bed-days saved	£5,400	Based on actual 2018/19 patients that waited for specialist input while under care of WGH's Critical Care Unit
Hepatobiliary Patients	40 bed-days saved	£10,800	
Thoracic Patients	3 bed-days saved	£810	
Renal Patients	10 bed-days saved	£2,700	
Neurology Patients	15 bed-days saved	£4,050	
Direct ON Admissions			
All medical patients	450 bed-days saved	£121,500	Currently, the stable medical patients admitted to UHB overnight and repatriated within 12 hours from an admission.
TOTAL IMPACT	**538 bed-days saved**	**£145,260**	**-**

There are further productivity benefits for ambulance services resulting from enabling direct admissions and investment in paediatric services. The former is related to shortening the journey for about 450 ambulance conveyances per annum by about 35 minutes each. The latter reduces a demand for ambulance transfers by 250 incidents per annum. The total value of estimated capacity for ambulance services is £139k, which equates to additional capacity of around 500 additional incidents per year.

There is also a reduction in number of PTS patients transfers between Bristol and Weston based on the number of patient eligible for direct overnight admission. This number equates to £229k per annum.

There is also a productivity benefit related to Transfer Team, which equates to £76k per annum. This benefit relates to additional support the Transfer Team will provide in their downtime to ITU services at UHB.

Interdependencies and Long Term Plans

There are a number of ongoing projects that would deliver further financial impacts as part of wider changes to healthcare in North Somerset. These projects include the procurement of a mental health crisis and response centre, the development of Integrated Frailty Services, procurement of Community services, and investment in primary care services. In addition, the proposals put forward for decision form the basis of the Full Business Case for the merger of WAHT with UHB (for which the Strategic Outline Case estimates a £5m improvement driven by better recruitment/ retention of staff, economies of scale and efficiencies).

4. Interdependencies

Changes proposed to the acute hospital model are a small part of the wider work of the Healthy Weston Programme and Healthier Together, the local STP. A number of key areas of work on which Weston Hospital's service provision is dependent are presented below. These developments are not for decision as part of this business case and have their own respective governance arrangements. They reach aspects of the case for change that the proposed changes to the acute hospital model alone cannot achieve. They also form part of the foundations required for Weston Hospital to become a 'strong and dynamic hospital at the heart of the community'.

4.1 Integrated Frailty Service

The development of an Integrated Frailty Service is a key part of the wider system changes needed to meet the challenges outlined in the case for change, most specifically changing health needs of the population associated with the growth in the frail elderly population that we are seeing in the local area. The service will deliver multi-disciplinary support and holistic care planning for frail older people living in Weston, Worle and Villages. This will help reduce unnecessary admissions to hospital for the older population, and keep people healthy, well and independent in the community.

The Integrated Frailty Service will proactively identify frail people through risk stratification (see Figure 4), applying evidence-based approaches to prevent people from deteriorating and support them to maintain independence. Those who are fit and well, or with mild frailty, will be supported to remain independent through social activities, carer support, volunteering and health advice. Those with moderate or severe frailty will be offered holistic assessment and care planning to reduce the risk of acute episodes or a breakdown in support. It is anticipated that in the medium term the proactive and preventative model will lead to a reduction in attendances and admissions, and long term a shift or delay in the number of people experiencing severe frailty. On the basis of the current frailty pathway and demographic presentations for over-75s, current modelling shows if services remain as they are, an additional 14 beds will be needed by 2024 for over-75s in Weston. It is estimated that the Integrated Frailty Service would result in up to 22 beds being released through the provision of care for the frail elderly in the community; this is a net reduction of 8 acute hospital beds over this time period (14 additional beds with 22 beds being released as a result of community care, leading to an actual reduction of 8 beds).

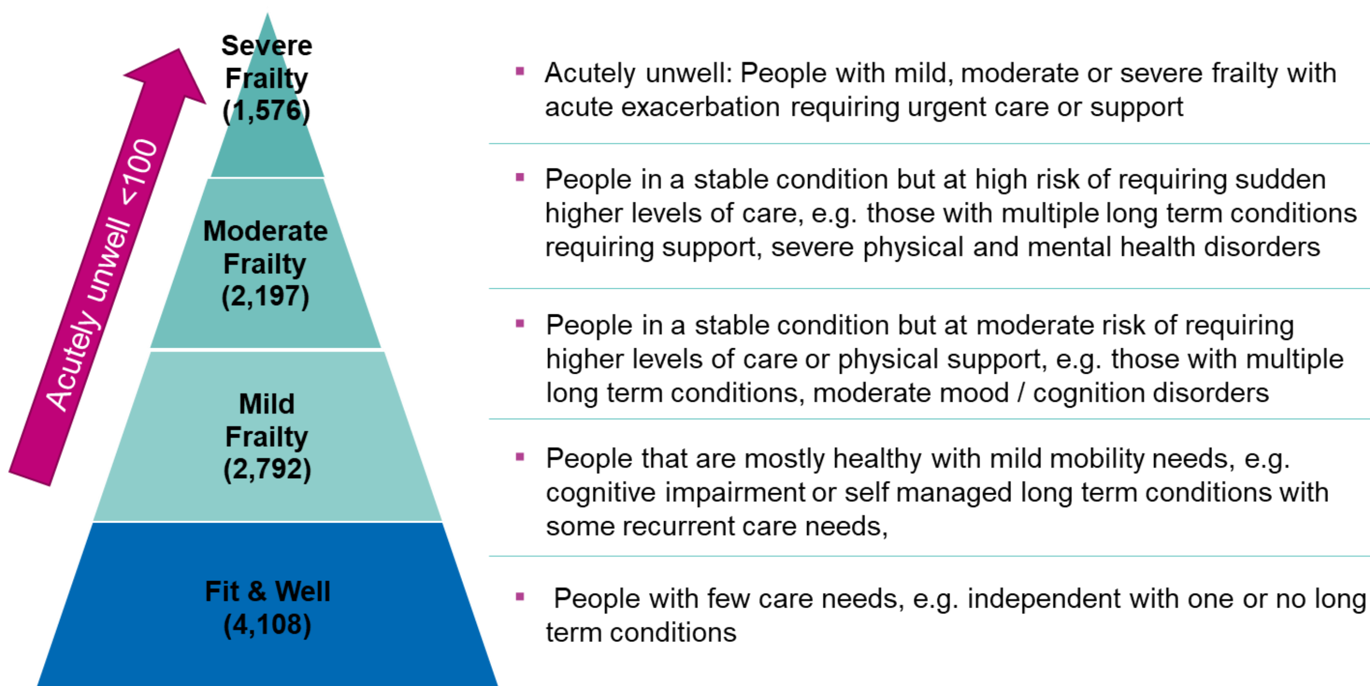
This is an interdependency for the changes at the hospital for the following reasons:

- It will reduce demand for acute services (for example acute beds, A&E and ambulances) and free up capacity to support better flow through the hospital. This means that planned changes such as repatriation following transfer to another hospital, or direct admissions, can happen in a more timely manner.

- It will also reduce capacity pressures on the emergency department and ambulance services leading to improved patient experience and improved performance.
- The capacity released in Weston Hospital could be used to support the delivery of more elective care that people currently have to travel to other hospitals for.
- The workforce model capitalises on new roles, including non-medical roles, which reduces workforce challenges for GP, nursing and consultant recruitment.

A model of care has been developed by clinicians within the locality, drawing on research from elsewhere. The model is based on population segmentation ranging from 'fit and well' to those who are 'severely frail' (see Figure 4). Pathways were developed for each of the population groups, describing assessment, care planning and interventions that would be available through the Integrated Frailty Service. This model has been further developed and elements have been standardised across BNSSG to ensure that equitable access to care and a consistent service offer is available across the system for everyone.

Figure 4: Risk stratification of the older population



Primary care and Integrated Locality Teams will identify people through risk stratification and support those who are less frail to remain well. More specialist support will be available through

the Frailty multi-disciplinary team (MDT) meetings and a Frailty Hub for those who have moderate/severe frailty. The acute frailty unit will provide support for those who become acutely unwell. It will be fully integrated with the wider Integrated Frailty Service, enabling seamless transition back to the community. The key components of the model are described below:

The Multi-Disciplinary Team

The Weston Integrated Frailty Service will comprise a multidisciplinary team including advanced frailty practitioners (nurses and therapists), frailty doctors (hospital doctors and GPs), social care staff, mental health nurses, pharmacists, falls specialists, wellness navigators, voluntary sector provision and MDT co-ordinators. The MDT's focus will predominantly be on the moderate and severely frail cohorts. They will have roles in both reactive and proactive care.

The Frailty Hub

The central Hub will coordinate and facilitate the Integrated Frailty Service as a whole. The Hub will be primary care-led, incorporating multi-disciplinary provision from community and voluntary sector services. However, the clinical responsibilities will remain with the patient GP as their primary care provider. The Hub will provide a one-stop shop for people to access appointments, information, therapy and care from a range of professionals. It will be a point of access to wider health and wellbeing support such as voluntary sector provision and local community groups so that those who are attending appointments also have the opportunity to find out about other support available to them. The Hub will have access to diagnostics through the hospital, with direct access for members of the MDT.

The Hub will also have equipment/assistive technology to support people to manage independently. Central office space for the core frailty MDT will be included in the Hub, providing the opportunity for different professionals to be co-located to support a more joined up approach to care provision. It will link closely with hospital services on the site, being able to take referrals directly from the acute frailty unit and actively support people who require hospital care for a short period to return to their usual environment quickly and safely.

The Acute Frailty Unit

Recognising the pressing need to develop services dedicated to this cohort of patents, clinicians and managers at Weston Hospital have already responded to the changing population they are seeing in the A&E and established a Geriatric Emergency Medicine Service team (GEMS) at the front door of the hospital. The service was recently recognised in the 2019 NHS parliamentary awards, for excellence in urgent and emergency care.

Building on the existing service, the acute frailty unit will be based in the hospital and see people who are acutely unwell and attend A&E, as well as seeing people who are on the ward. The unit

will be comprised of a multi-disciplinary team including doctors, therapists and health care assistants (HCA) who will treat acute medical needs, carry out a comprehensive geriatric assessment, medication review and generate or update care plans. The acute unit will be fully integrated as part of the frailty service, and will work closely with the Hub to and the wider MDT to put support and treatment plans in place so that people can remain at home or be discharged from hospital, where appropriate. The Integrated Frailty Service will also have access to short stay beds (72 hours) allowing people to be admitted for diagnostics, treatment or monitoring, before returning home with support in place where necessary.

It is anticipated that as the Integrated Frailty Service develops and the full impact of the preventative approach is realised, there will be a reduction in the number of frail people attending A&E for acute care. A significant shift in activity and resource, from reactive/urgent care to preventative/planned care is therefore anticipated.

4.2 Developments in Community-Based Care

For Weston Hospital to be a dynamic hospital at the heart of the community, traditional boundaries between different parts of the local healthcare system need to be removed and, with 90% of patient contacts taking place in primary and community care, services in these areas have a significant impact on the population.

From the outset, a large component of the Healthy Weston Programme has been dedicated to out-of-hospital developments and this wider programme of work, referenced in the public consultation, is bringing additional investment and reorganising primary, community and urgent care across the local area.

The vision for healthcare services in Weston and the surrounding area is for greater integration of services. The Integrated Frailty Service provides a specific and high impact example but there are a number of further developments in out-of-hospital care that are critical to the whole system, including enabling the hospital to reach its potential. Many of these address concerns that were raised as part of the consultation process, and should be read in conjunction with Section 2.

Primary care

Primary care in Weston and the surrounding area has been undergoing transformational change over the past 12 months. The CCG has closely supported practices to address long standing issues of resilience and to organise services in a way that will better meet the needs of the local population close to where they live. Developments have included:

- Weston was identified as a national Integrated Support Service (ISS) area; a programme to support recruitment and retention of GPs

- Pier Health Group has brought together GP practices from across the area to form a 'super partnership'. The Group has come together to address issues at scale and strengthen partnerships with the hospital and other healthcare providers, and has already successfully taken on 3 challenged GP practices where the contracts were handed back.
- The implementation of a digital triage system (AskmyGP) has improved patient access and experience, bringing down appointment waiting times from days to hours in 6 local surgeries.
- As part of the Health Foundation Continuity Programme Pier Health Group practices are increasing levels of relational continuity of care, which has been shown to have many patient benefits including reducing hospital admissions.)
- The CCG secured £3.2million for a new primary care facility in the centre of Weston that will provide more services closer to where people live.
- Weston, Worle and Villages PCN, which is co-terminus with the Pier Health Group, is developing as a leading PCN that is establishing primary care as a leader in the integration of services locally.
- PCNs will bring greater breadth of experience to improve and manage the health of the local population with specialist skills such as paramedics for home visits, physiotherapists, counsellors and social prescribers providing specialist support in the community.
- From April 2019 SevernSide 24/7 Integrated Urgent Care has been delivering a combined NHS 111 and GP out-of-hours service across the region. The service provides 24/7 navigation for people to the most appropriate service, a Clinical Assessment Service to provide clinical telephone consultations, out-of-hours face to face appointments and out-of-hours home visits when appropriate.
- Improvements in the delivery of primary care and a co-ordinated recruitment strategy are addressing long-standing issues of recruitment and retention in the area.

This is an interdependency because a larger, single primary care organisation is better able to recruit and retain GPs by offering a range of roles, including in partnership with the wider system to enable more portfolio careers. Equally, these types of roles enable the proposal to embed primary care within A&E. A PCN will build a more varied workforce, making best use of alternative roles such as social prescribers and pharmacists, which brings greater resilience to the local workforce and reduces workforce challenges around recruiting sufficient nurses and GPs. It will also make it easier to address wider healthcare challenges in the area and build a more integrated model of care.

Integrated Localities

In line with Healthier Together's vision, Healthy Weston is bringing together primary and community care provision to provide fully integrated out-of-hospital services for the local population, as a key part of the NHS Long Term Plan.

Integrated localities will see health and social care providers working together to a set of priorities and outcomes based on the needs of the local population. Services will be delivered collaboratively, with PCNs and localities providing the core building block for other services to wrap around. In the Weston locality, Pier Health Group PCN is coming together with local providers to form a locality integrated provider group, which will form the steering group for a programme of integrated pathway projects in Weston, Worle and Villages.

Bringing together the components of strengthened primary care and expanded community services, integrated localities will deliver the following objective:

- Meeting the specific needs of the whole of the local population with shared goals
- Establishing the community as the default setting for all of a person's care
- Building an alliance of equals amongst all 'providers' in the community to join up around individuals and families
- Optimising our shared capacity to respond to demands and challenges
- Activating the community

Priority areas for integrated localities are frailty, mental health, same day urgent care in the community and building healthier communities. An integrated locality system in Weston will promote new models of care and therefore new portfolios for the local health and social care workforce – resulting in a more attractive prospect for experienced or newly qualified staff looking to move into the Weston area.

A programme of work for the Weston Locality will deliver some elements of integration within 2019/20, particularly in relation to urgent care and frailty, with an ambition across BNSSG to introduce full integrated care partnerships at locality level by 2021.

This is an interdependency because:

- Enhanced community urgent care reduces A&E attendances, and focuses specialist emergency care resources on those who need it, ensuring people get the most appropriate care for their needs first time.
- Better integration between primary care, community and secondary care supports more timely discharge which supports better flow through the hospital and frees up capacity. This means that planned changes such as repatriation following transfer to another hospital, or direct admissions, can happen in a more timely manner.

Adult Community Services

The CCG has procured the adult community services contract to be delivered across the whole of BNSSG to better ensure high-quality care and equitable provision across the region. This ten year £1billion contract was awarded to Sirona care & health in the autumn of 2019 to provide fully integrated services that will keep people independent, active, and well in the community.

The contract, which will come into effect on 1 April 2020, has the following four key service specifications:

- **Integrated locality teams** that will focus on relationships with primary care to support people who have relatively stable needs to manage and reduce the risk of acute worsening of their condition. A single point of access and MDT meetings between community services, primary care, social care and mental health will identify people who need proactive support to maintain their health and wellbeing.
- **Acute and reactive care teams** will work across localities to manage people who have acutely worsening conditions and are at risk of a hospital admission or attendance. These teams will provide a timely response to prevent admission, including rapid response. The teams will have links to secondary care and community beds to help people remain in a community setting and enable swifter discharge from hospital.
- **Specialist advice and support** with clinical staff knowledgeable about specific conditions such as diabetes and heart failure. There is an expectation that community services will strengthen links between secondary care specialist knowledge and primary care support and ensure people, carers and professionals within the community are empowered and educated to better understand and manage the specialist clinical conditions.
- **Locality hubs** that bring organisations together to meet population needs and focus on proactive care and a holistic approach to improve health and wellbeing. These hubs will also support people to have the investigations and treatments they need closer to home. This specification includes frailty management and the development of future locality hubs to provide services at scale across providers.

Mental Health Crisis and Recovery Centre

A mental health crisis and recovery centre will provide innovative and new support services to some of the most vulnerable members of the local community in the centre of Weston where there is the highest need, complementing the existing mental health provision in Weston.

Engagement undertaken in the early part of the Healthy Weston Programme highlighted a gap in this type of service for the population in the centre of Weston who have a higher incidence of mental ill-health and substance misuse. The service will relieve pressure on acute care services and ensure that people needing support can access it close to where it is needed.

Following an extensive period of co-design a new service has been commissioned that will:

- Meet the needs of people experiencing acute emotional distress associated with a mental health problem.
- Operate from a central location within Weston in the evening and at weekends when people most need it. Originally the café was planned to be on the hospital site, but service users were clear that a facility of this sort would be better placed in the town centre

- Provide a safe, welcoming and comfortable place for people in immediate acute emotional distress and for those seeking to prevent the onset of a crisis.
- Work with the individuals to create plans and strategies for managing their mental health and wellbeing and preventing future crisis.
- Work alongside specialist mental health services, primary care and the voluntary sector to support people to access the most appropriate ongoing care.

This entirely new service, bringing £731,000 additional investment to the local community, is currently in procurement and it is expected that it will be in place during the 2019/20 winter period. The mental health crisis and recovery centre will support the A&E department by ensuring that people experiencing mental health crisis are more appropriately cared for elsewhere in the local health system. The new service will also be available in the evening and into the night, providing some mitigation for the overnight closure of the A&E department and ensuring that people needing mental health support can continue to be cared for locally. This will avoid people in mental health crisis being taken to other hospitals out of area, unless they have physical health needs that require transfer.

4.3 Workforce modelling and plan

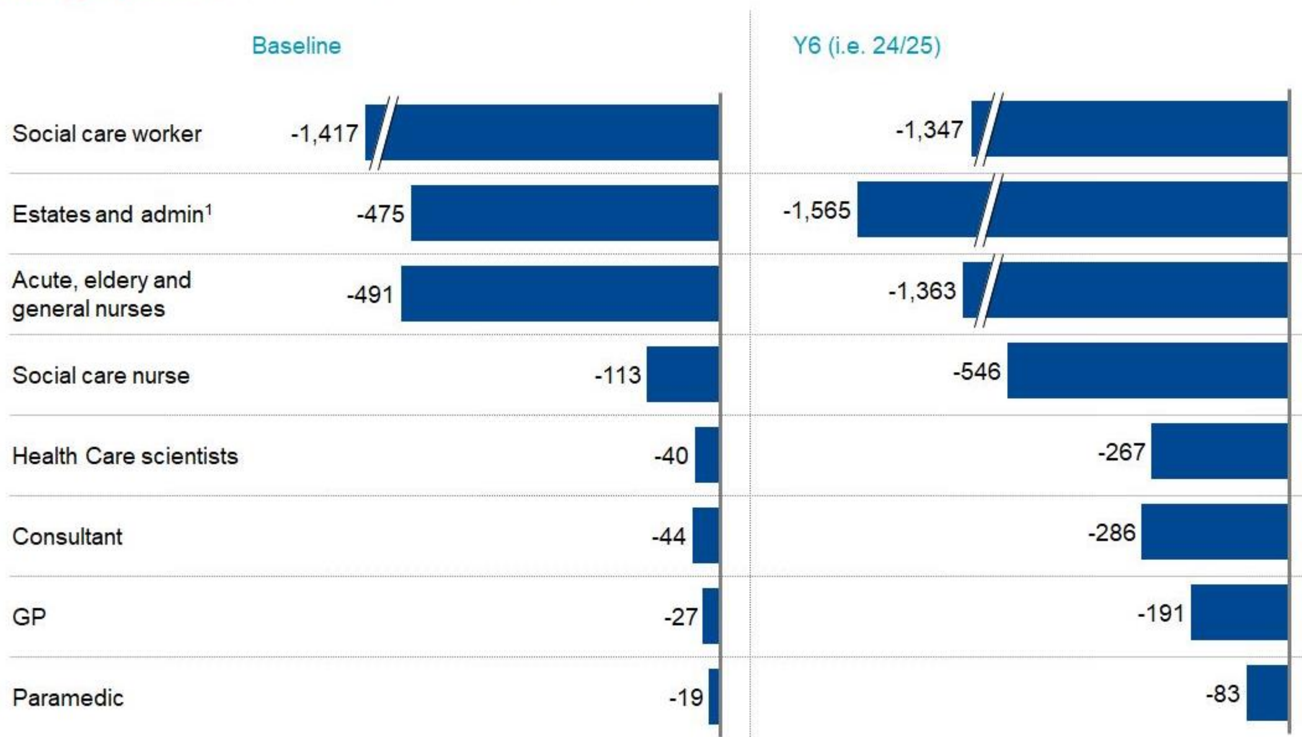
NHS services have been poorly joined up in the past and information surrounding total workforce requirements, availability of workforce and future projected need across the many individual organisations that make up a health system has never been attempted in the local area before. An STP workforce planning project commenced in November 2018 to enable the local health system to identify workforce requirements in BNSSG as a whole and describe what the workforce is likely to look like over time under different scenarios (including "do nothing"). This is the first time that a project of this nature has been established, taking into account information from NHS trusts, CIC, primary care practices and social care, and considering workforce requirements system-wide.

The workforce planning project will:

- Produce a 1- and 6-year system-wide workforce plan, forecasting demand and supply of labour across setting and job clusters, showing the impact of planned initiatives.
- Produce a roadmap, showing how BNSSG can bridge the gap between the supply and demand of labour over the next five years.
- Feed into and support workforce submissions.

The system currently faces a crisis in the provision of health service workforce, with large gaps between supply and demand in acute, primary, community and social care. If nothing is done, the system-wide labour deficit will grow as a whole and this gap will widen at a much faster rate in some particular job roles, as shown in
Figure 5 below.

Figure 5: Projected gap in labour supply and demand in key job roles if no action is taken



The STP workforce planning project has identified a number of actions to address the system workforce challenges.

Figure 6: Actions required to address workforce deficit issues

	Description	Implications
Changes to out of hospital model of care	• Move to proactive multi-disciplinary team approach, based around primary care networks and implementing key elements of long term plan	• Shift from doctors to other professional roles along with new roles e.g. care navigators • Reduction in demand for acute care
Changes to mental health model of care	• Greater focus on prevention • Improved access to psychologists and talking therapists • Improved out of hospital care, including consolidation of services	• Increase in non qualified roles • Reduced demand for GPs • Reduced demand for inpatient care • Increased productivity
Changes to acute care model of care	• Adoption of best practice care pathways, in line with GIRFT • Increased adoption of technology to drive productivity • Continued move to skill shift between roles	• Increase in productivity • Increase in productivity • Shift from doctors to other professional roles
Changes to workforce supply	• Improving sickness and retention • Return to practice • International recruitment • Apprenticeships • Improving the NHS as a place to work	• Reduction in absenteeism • Reduction in departures • Increased participation • Increased recruitment

The workforce planning project has provided information regarding workforce availability that will support the Governing Body to make a decision. It highlights the workforce crisis that the NHS is facing and confirms that marginal change will not deliver the solutions required; more transformational change will be necessary. The proposals for the acute hospital model provide the foundations for this by confirming the overnight closure of the A&E and by improving care pathways for those most critically unwell. The wider improvements particularly will be key to reducing demand for acute hospital services and improved networking of specialist acute care through the proposals for critical care and the UHB/WAHT merger will help to mitigate current challenges around workforce availability, helping to stabilise services at the hospital. However, the model proposed does not resolve a number of long standing workforce issues, and vacancies across a number of key rotas will not be impacted by the changes recommended here. This means that clinical cover in areas of the hospital will remain fragile despite the implementation of the Healthy Weston proposals.

Actions to shift demand away from doctors to other professional roles, such as the Integrated Frailty Service's care navigators, will help to support the development of a more versatile and stable workforce in the Weston area. It will also help to support the integration of services, change healthcare culture and support a blurring of traditional organisational boundaries in Weston and

the surrounding areas. The Healthy Weston Programme has started a culture change towards stronger partnership working locally, which will bring with it the necessary transformation, but these changes are just the beginning of the reform needed to impact on the workforce challenges faced.

4.4 Merger via Acquisition

The Decision-Making Business Case for the Healthy Weston model of care for acute services at Weston Hospital forms the basis of the Full Business Case for the organisational merger between UHB and WAHT. Clarity on the outcome of the decision about the proposed service changes to Weston Hospital set out in this document will support the merger process to proceed.

WAHT and UHB have been working in close partnership for the past 2 years. In January 2018, a strategic outline case was supported by both Boards for a UHB merger (by acquisition) with WAHT subject to clarification of commissioning intentions and to a number of conditions for agreement with the regulator. Since that date, the partnership has increased in strength and closer working (in some cases full integration) of a number of the corporate functions has occurred, for example in Finance and Communications as well as clinical services, for example in maternity services. From 1st September 2019, the Chief Executive Officer and Chair of UHB became the Chief Executive Officer and Chair of WAHT, leading two sovereign organisations in advance of a full organisational merger, which is planned for April 2020.

To support the coming together of the clinical services across the two organisations, “Clinical Practice Groups” began to be established in the autumn of 2018. These groups are sharing ways of working, seeking to reduce unwarranted variation, aligning pathways and policies and building trusting relationships ahead of the organisation merger. The Clinical Practice Groups will be integral to the implementation of the proposals recommended here and, for example, for critical care and acute children’s services, they have been the same group for the duration of the Healthy Weston Programme.

The anticipated patient and staff benefits of merger are outlined in the strategic outline case and can be seen in Table 6 below:

Table 6: Benefits of UHB/WAHT merger

Benefits	WAHT	UHB
Critical mass – increasing the resilience of WAHT as an organisation through being part of a larger organisation	✓	
Recruitment and retention – providing a strengthened workforce with improved flexibility, recruitment and retention through maximising opportunity of UHB's reputation and brand.	✓	
Pace and impact – the preferred option enables alignment of ways of working and benefit to changes to clinical models at pace, as part of a single organisation.	✓	✓
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.	✓	✓
Addressing in a controlled manner the current known risks to the resilience of acute clinical services across Bristol and North Somerset.	✓	✓
Enabling the wider health system to protect its future services for the benefits of patients, by **improving the financial sustainability of acute services** in North Somerset	✓	✓
Supporting staff to access a greater range of training and development, education, training and research opportunities across a wider organisation	✓	✓
Sharing learning across both organisations **to improve access to and quality** of clinical services for people	✓	✓
Greater scope to **make best use of the combined available capacity and buildings** in order to deliver our service goals	✓	✓
Corporate synergies – realising efficiencies in shared corporate services	✓	✓

The Healthy Weston Programme has included strong clinical and managerial input from UHB to ensure that the plans are aligned and that the clinical proposals are recognised and supported by UHB. This DMBC and the supporting consultation process is fully aligned with the work being done by UHB to finalise a Full Business Case for the merger.

The CSDDG has been clear that the proposals form an important first step to stabilising Weston Hospital but they will not resolve the workforce challenges that the hospital faces. More work to address this will therefore be required, both as part of the merger and the BNSSG response to the Long Term Plan. UHB recognises this and is a key system partner in innovating new approaches to care delivery.

5. Recommendations to Governing Body

The proposed changes to the hospital model provide an important first step in stabilising Weston Hospital. The programme has been clinically-led and involved a wide range of stakeholders over the past two years to develop an improved model for acute services at Weston Hospital.

The recommendations outlined below have been built on a solid base of clinical evidence, and have been through rigorous clinical testing throughout the duration of the programme. Regulatory bodies have given full assurance to the process and to the recommended model of care for Weston Hospital.

The changes proposed are linked and therefore **a single decision is required on all four proposals**. The Governing Body is therefore asked to **approve** the proposed clinical model, noting that it helps stabilise Weston Hospital in terms of workforce requirements and clinical safety, and partially meets the case for change. A Quality Impact Assessment for the proposals can be found at Appendix 8 and an Equalities Impact Assessment at Appendix 7.

Proposals for Urgent and Emergency Care and A&E

- To keep A&E at Weston Hospital open 8am to 10pm, seven days per week, making the temporary overnight closure of the A&E permanent. The A&E would be staffed by a multi-disciplinary team of hospital and primary care clinicians working together. The overnight closure of A&E would be supported by 24/7 direct admissions to the hospital via referrals from GPs, paramedics and other healthcare professionals.

Proposals for Critical Care

- Provide up to Level 3 critical care for people who need support for a single organ at Weston Hospital. This includes short stay post-operative recovery at Level 3 and longer term intubation, where the lungs are the organ requiring support.
- Transfer people requiring critical care for two or more organs at Level 2 or 3 or people who would benefit from proximity to UHB's specialist clinical services via dedicated transfer team to UHB.
- Establish a critical care service that is digitally linked to UHB to provide oversight and monitoring from the larger unit of the people who remain at Weston Hospital.
- Repatriate people following treatment in UHB when care needs can be met at Weston Hospital.

Proposals for Emergency Surgery

- Provide emergency surgery in the daytime only at Weston Hospital. Theatres will close overnight from 8pm-8am.
- People requiring an emergency operation overnight (those who deteriorate on the ward or present to A&E in the evening) will be stabilised and transferred to Bristol for surgery.
- A small number of people who require more complex surgery will also be transferred to Bristol to receive support from specialists unavailable at Weston Hospital.
- Ambulatory pathways for emergency surgery, including rapid access to daily clinics Monday to Friday and a dedicated afternoon emergency theatre session, will be established to improve the quality and responsiveness of the surgical service.

Proposals for Acute Paediatrics (as part of wider supporting changes)

- Specialist children’s staff will be available at Weston Hospital seven days a week from 8am-10pm.
- This includes extending the hours of opening of the Seashore Centre from 8am to 10pm, Monday to Friday and supplementing the A&E in Weston with paediatric expertise over the duration of its opening hours on Saturday and Sunday.

Table 7 (below) draws together outputs from consultation feedback and the Quality and Equalities Impact Assessments, to provide an overview of the benefits and challenges associated with the proposals.

The Governing Body should note that whilst a number of interdependencies to the proposals are highlighted in this business case, these are supportive and enabling of the proposals and the long term sustainability of local healthcare provision in the Weston area. The improvements described in critical care and emergency surgery, for example, will be more readily achievable with an organisational merger between WAHT and UHB but they can be achieved via partnership working between the organisations if the transaction were not to proceed.

The decision required on the hospital clinical model stands independently and is recommended in order to improve patient safety and the compliance of Weston Hospital’s services against national clinical guidance.

Table 7: Benefits and challenges of the proposals for the model of care at Weston Hospital

Proposal	Benefits	Challenges	Mitigations
Proposals for Urgent and Emergency Care and A&E	• Opening Hours: Improves patient safety by transferring patients at night to hospitals that are better able to provide safe care. • Opening Hours: Provide certainty to allow the leadership team to focus on internal service improvement and clinical governance to better meet national clinical standards. • Direct admissions: Improves access to specialist care for stable patients locally. • Direct admissions: Reduces demand on ambulance service and A&E departments. • Integrated front door team in A&E including access to specialist doctors and GPs will provide quicker access for patients to the most appropriate clinicians.	• Risk to patient safety due to delays in accessing treatment caused by increased travel time to neighbouring hospitals.	• Travel time audits and the review of patient safety incidents has demonstrated that the local NHS can provide safe urgent and emergency care with the A&E department at Weston Hospital closed at night.
		• Some patients will have to travel further at night to receive hospital care. This also presents a challenge for patients returning home and for visitors of patients receiving care in neighbouring hospitals. • Patients with mobility difficulties will find it harder to travel to and from neighbouring hospitals.	• Recommendations on improving access to travel services will enable patients and visitors to travel to neighbouring hospitals more easily. Particular emphasis on providing support for patients with difficulties travelling will address challenges to this group. • Patients conveyed to neighbouring hospitals are repatriated back to Weston for further treatment and recovery when clinically appropriate.
		• Patients may delay accessing care at night due to an unwillingness to travel.	• Public communication to reassure public about safety of model and promote healthy behaviour and appropriate use of the local NHS.
		• Neighbouring hospitals capacity to receive additional patients.	• Temporary overnight night closure has been carefully managed via a system

Proposal	Benefits	Challenges	Mitigations
	• Reduces need for agency staff.		wide operational group. A standard operating procedure (SOP) is in place. The impact and SOP has been reviewed at 1, 3, 6, 12 and 24 months. • System wide ownership of Healthy Weston through STP and regular capacity reviews will ensure Weston Hospital is best able to perform in a network of hospitals.
		• Conveyance time for Ambulance Service is longer therefore impacting on ambulance availability in the local area.	• Additional funding provided to the Ambulance service for a double crewed vehicle as a result of the temporary overnight closure. Further funding of £12m provided to SWASFT as part of a national rebasing of Ambulance provision across the region. • SWASFT performance reviewed and found to be in line with expected response times for category 1 emergencies.
		• Proposal does not fully address the staffing difficulties at Weston Hospital.	• Proposals support the planned merger of WAHT with UHB to take place and establish foundation for further changes to address staffing difficulties including shared rotas.

Proposal	Benefits	Challenges	Mitigations
		• Hospital has not been able to improve "inadequate" CQC rating during the temporary overnight closure.	• Improvements in same day urgent care in the community including through primary care and the new integrated community services contract will reduce demand on hospital and better integrate the hospital with associated services. • Integrated Frailty Service will reduce demand on A&E and enable more focus on quality and safety improvement. • Proposals support the planned merger with UHB and Clinical Practice groups and more stable management will enable greater focus on quality and safety improvement
Proposals for Critical Care	• Better networked services will ensure that patients will receive care in the most appropriate place involving the right specialist services. • Weston will retain the ability to provide Level 3 critical care for patients when it is clinically	• Fewer Level 3 beds will limit the access of highly specialist intensive care to patients and this could impact on patient safety.	• Improved digital networking will ensure that patients are monitored and clinically driven decision making will make best use of the resources available for the local population. • Provision of dedicated transfer service will ensure that the service better meets the latest standards on the

Proposal	Benefits	Challenges	Mitigations
	appropriate. • Digitally linked critical care units will share the expertise available to assess and treat patients		transfer of the critically ill adult.
		• Need to ensure that patients are taken directly to the hospital that can most comprehensively meet their care needs.	• Provision of dedicated transfer service will ensure that the service better meets the latest standards on the transfer of the critically ill adult. • Further development work taking place to ensure that patients are conveyed directly to the hospital that can most comprehensively meet their care needs.
		• Costs of the transfer service.	• Provision is transitional whilst greater integration between regional critical care units is established.
		• Reduction in number of patients requiring Level 3 critical care will limit the experience of clinicians to practice and maintain highest level critical care skills.	• Improved workforce networking will enable clinicians to build and maintain appropriate skill levels.
Proposals for Emergency Surgery	• Patients requiring emergency surgery at night or the most complex surgery will receive treatment at specialist centres that are best able to provide safe and complex surgical	• Transfer of patients and increase in handovers will increase risks to patient safety and adverse outcomes.	• Clear bypass criteria established with the ambulance service. • Provision of dedicated transfer service will ensure that the service better meets the latest standards on the

Proposal	Benefits	Challenges	Mitigations
	intervention. • Weston Hospital will be better able to meet national clinical standards. • Improvements to ambulatory surgical care will improve patient outcomes and reduce length of stay. • Removal of emergency surgery overnight will ensure dedicated consultant cover for the critical care unit.		transfer of the critically ill adult. • Improvements in networking with specialist centres will ensure that patients will receive care in the most appropriate setting.
		• Patient safety will be compromised by delays to treatment due to increased travel time to receive treatment in the evening and at night.	• The travel time audits found that the additional travel time to neighbouring hospitals did not impact on the outcomes of patients.
		• The volume of some complex cases during the day remains low and this will continue to impact on the ability of surgeons to maintain a higher skill level.	• Improvements in workforce networking will provide opportunities for surgeons to develop and maintain skills for performing complex care.
Proposals for Acute Paediatrics	• Weston Hospital will be able to better meet the Facing the Future: Standards for children in emergency care settings • More children will be able to receive paediatric specialist care in Weston.	• Critically unwell children will inappropriately present at Weston Hospital.	• Coordinated communication to the public, primary and community care and wider system will be explicit in where to appropriately seek paediatric expertise. • Review of the paediatric ambulance divert criteria is being led by the Healthy Weston Programme.

Proposal	Benefits	Challenges	Mitigations
	• Primary care will be able to better access paediatric specialist advice and avoid unnecessarily referring patients to neighbouring hospitals.	• Additional costs to paediatric specialist staffing.	• Additional specialist staffing will enable the unit to deliver more paediatric care and become more financially sustainable. • Increase in Weston paediatric cover will provide system benefits of reducing some demand on services at Bristol Children's Hospital.

6. Implementation and Next Steps

If the CCG Governing Body approves the proposals, service changes will be commissioned by the CCG through standard commissioning processes. Implementation will be the responsibility of the providers and strengthened by the UHB/WAHT merger.

Indicative timelines for implementation of the proposals can be seen in Table 8 below and this is presented as a Gantt chart in Figure 7.

Table 8: Indicative timelines for implementation

Proposal	Indicative timeline for implementation	Date
Proposals for Urgent and Emergency Care and A&E	- A&E opening hours can be implemented - Commence recruitment to enable implementation of GP at Front Door Model - Increased overnight admission pathways established	Oct 2019 Oct 2019 April 2020
Proposals for Critical Care	- Commence alignment of operating policies and planning for workforce integration through Clinical Practice Groups - Implementation of operating policies - Digital monitoring solution between the two departments implemented - Estate changes are required at UHB to enable implementation of the proposals, 18 month lead in from decision anticipated - Dedicated transfer team established to support implementation of the critical care activity changes	Oct 2019 April 2020 July 2020 April 2021 April 2021
Proposals for Emergency Surgery	- Initiate implementation of ambulatory emergency surgery model - Ambulatory emergency surgery model operational - Phased implementation of changes to overnight theatre access and the GI bleed rota - Commence alignment of operating policies through the general surgery and gastroenterology clinical practice groups - Implementation of operating policies - Changes in complex emergency surgery	April 2020 Oct 2020 April 2020 – Oct 2020 Oct 2019 April 2020 Oct 2020
Proposals for Acute Paediatrics	- Implementation (allowing for recruitment lead in times)	April 2020

Figure 7: Gantt chart outlining the implementation timetable for the Healthy Weston proposals

	2019			2020												2021		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
A&E and Urgent Care																		
A&E opening hours																		
Commence implementation of GPs in ED																		
Establish overnight admission pathways																		
Critical Care																		
Workforce integration planning																		
Alignment of operating policies																		
Implementation of operating policies																		
Digital solutions implemented																		
Estate changes at UHB (12-month lead-in)																		
Transfer team established																		
Emergency Surgery																		
Workforce integration with UHB																		
Alignment of operating policies																		
Implementation of operating policies																		
Changes to complex emergency surgery																		
Ambulatory surgery model implemented																		
Changes to overnight theatre access																		
Changes to GI bleed rota																		
Paediatrics																		
Business planning and recruitment																		
Implementation (dependent on above)																		

Throughout the remaining months of 2019/20, work will be undertaken with system partners to ensure that delivery of the new service models is achieved. Implementation will be driven by the provider organisations, UHB and WAHT, with commissioning support where necessary. There is a strong link to the organisational merger and implementation planning and phasing of service changes will need to be aligned with the timetable for the merger.

The CCG will continue to work to implement the wider improvements that have been developed under the Healthy Weston Programme and ensure that the critical interdependencies associated with primary and community care, are delivered:

Table 9: Indicative timelines for implementation of wider improvements

Critical interdependency	Indicative timeline for implementation	Date
Integrated frailty service	- In-year service components (MDT meetings, frailty training, ReSPECT form roll-out, night sitting extension) - Frailty Hub mobilisation	Nov 2019 Oct 2020
Developments in community based care: - **Primary care**	- Pier Health Group established in - Primary Care Networks established in July 2019 - AskmyGP rolled out in 6 practices in Weston	June 2019 July 2019 Jan- May 2019

	area - PCN funding for social prescribers and pharmacist roles - Pier Health Group prescribing hub to be trialled by early adopters	 2019/2020 November 2019
- **Integrated localities**	- Delivery of in-year locality development plans focussed on Frailty and same day urgent care in the community - Mobilisation of integrated locality hubs as part of the new community services contract roll-out	October 2019 – March 2020 April 2020 onwards
- **Mental health crisis and recovery centre**	- Contract awarded September 2019 with mobilisation starting October 2019 and implementation expected April 2020	Sept 2019

Further to this, if the proposals are approved, there is important work required to support local people to access the care they need. Concerns about travel to neighbouring hospitals came through strongly in the public consultation, for those needing access to care and also for friends and relatives supporting someone in hospital. More information is provided about travel and transport and the further work that was done as part of the consultation process in Appendix 3. The recommendations below were put forward by the Travel Working Group that supported the programme. If a decision is made to commission the proposed changes to the hospital model of care, the CCG will ensure that these recommendations are taken forward.

Table 10: Travel Working Group recommendations	
Access to information	1. Promote the support available for the local population to access healthcare including the Healthcare Travel Costs Scheme, patient transport services and community transport services. 2. Provide information at hospitals, GP surgeries and other sites about local transport links. 3. Provide training to hospital reception staff to support people to travel from hospital. 4. Ensure compliance with Accessible Information Standards.
Hospital services	1. Recommend through commissioning with providers to minimise discharge from hospitals at night especially for vulnerable people. 2. Providing a safe place for people to wait following discharge from hospital until appropriate transport becomes available. 3. Provide preferred parking sites for community transport providers.
Transport services	1. Develop an Integrated Transport Programme to improve access to healthcare across the region. The intention is to achieve this objective by joining-up transport planning, commissioning and service delivery between Local Transport Authorities (LTAs) and healthcare system.

Benefits Realisation

As set out in Section 3, the proposed changes are focussed on delivering improvements against clinical quality standards and patient outcomes and experience as well as improving the resilience of the staffing model. Following implementation, the CCG will monitor the impact of the proposed changes through both qualitative and quantitative methods to track whether the anticipated benefits have been realised. The following areas will be monitored:

Table 11: Evaluation and monitoring of outcomes

Proposed benefit	Measurement	Monitoring frequency	Monitoring route
Improvement in patient experience	Improvement in friends and family test scores for directly impacted services	Monthly	CCG Quality Monitoring Meeting
Improvement in compliance with national clinical quality standards	Delivery against the CQC action plan	Monthly	CCG Quality Monitoring Meeting
Urgent and Emergency Care	Improvements in key quality metrics including ED quality indicators, 12 hour waiting time breaches, serious incidents and evidence of associated learning, complaints and ED waiting time targets.	Monthly	CCG Quality Monitoring Meeting
Emergency Surgery	Improvement in compliance with Emergency General Surgery Standards as reviewed by the Clinical Senate in 2017	Audit at 6 months post implementation	Joint Merger Integration Programme Board
	Waiting times for surgical rapid access clinics at Weston Hospital	Quarterly	Joint Merger Integration Programme Board
	% emergency general surgery completed on planned emergency lists on the day that surgery was planned	Quarterly	Joint Merger Integration Programme Board
Critical Care	Improvement in compliance with the D05 Service Specification for Adult Critical Care (review of GPICS standards)	Audit at 6 months post implementation	Joint Merger Integration Programme Board

	Review of ICNARC (patient outcome measure) data submissions	Quarterly	Joint Merger Integration Programme Board
	Number of patients transferred to UHB critical care unit and number repatriated	Quarterly	Joint Merger Integration Programme Board
	% patients transferred by dedicated transfer team	Quarterly	Joint Merger Integration Programme Board
	Incidents associated with patient transfer between UHB and Weston critical care units – transfer team and SWASFT conveyances when dedicated team are not operational	Quarterly	Joint Merger Integration Programme Board
	Combined Weston and UHB length of stay for patients initially received by Weston critical care unit assessed against pre-implementation baseline	Quarterly	Joint Merger Integration Programme Board
Acute Paediatrics	Improvement in compliance with Facing the Future standards issued by Royal College of Paediatrics and Child Health	Audit at 6 months post implementation	Joint Merger Integration Programme Board
	North Somerset attendances to A&E and short stay admissions at BRHC	Quarterly	Joint Merger Integration Programme Board
	Seashore Unit activity – outpatient and daycase, including waiting times	Quarterly	Joint Merger Integration Programme Board
	Incidents associated with children <16yrs at Weston Hospital	Quarterly	Joint Merger Integration Programme Board
	SWASFT conveyances of <16yrs to Bristol against pre-	Quarterly	Joint Merger Integration

	implementation baseline		Programme Board
Reduction in clinical staff vacancy rates	Vacancy rates in directly impacted services	Monthly	Joint Merger Integration Programme Board
	Total vacancy rate associated with Weston Hospital	Monthly	Joint Merger Integration Programme Board
	% nursing shifts filled by agency staff	Monthly	Joint Merger Integration Programme Board
	% consultant and junior doctor shifts filled by agency	Monthly	Joint Merger Integration Programme Board
Safe transfer of patients	Number of patients transferred from Weston to other acute trusts (excluding critical care conveyances)	Quarterly	Joint Merger Integration Programme Board
	Serious incidents related to patient transfers (excluding critical care conveyances)	Quarterly	Joint Merger Integration Programme Board
Direct admissions	Number of direct admissions overnight	Quarterly	Joint Merger Integration Programme Board
	Incidents associated with overnight admissions	Quarterly	Joint Merger Integration Programme Board

The Joint Integration Merger Programme Board is a new meeting that will be led by UHB to oversee the integration process across WAHT and UHB, quarterly. This will include CCG representation to support partnership working and provide assurance on the delivery of the implementation plan and benefit realisation. The first meeting will be in January 2020.

The organisations impacted by the changes, commissioners and regulators will continue to monitor the entirety of the core quality schedule through the established governance and

regulatory infrastructure in order to ensure that there is no unplanned adverse impacts in any areas of care provision.

Next steps

If the proposed hospital model of care in Weston is approved, a stable platform will be provided on which further service redesign can take place in Weston and across the wider system. This decision provides the foundation for the organisational merger between WAHT and UHB and will provide certainty to staff about the future of Weston Hospital as a “dynamic hospital in the heart of the community”.

UHB’s alignment to this shared vision will ensure that Weston Hospital continues to develop in-step with both the acute hospital network that is growing and strengthening across the system, and with its local community, which is where the real change in care delivery will be seen. As described above, many strands of work are already established that will support the delivery of the aspirations of even more joined-up primary care, community-based care (physical health, mental health, social and voluntary sector services) and hospital-based services.

However, there are also concerns that the longer-term ambitions of the programme are not practical and feasible, that continuity of care may be impacted through the scaling up of primary care services, and that the growing population in the area and transport limitations are not being taken into account (more detail on the feedback from the public consultation associated with the longer-term ambitions can be found in Appendix 3). Working with partners, the CCG needs to address these concerns as they are similar to the reasons that the health service *must* change.

The proposals presented for decision here provide the first step to address issues of quality and sustainability at Weston Hospital. With the support of an organisational merger, the proposals offer Weston Hospital a more robust and resilient future, but they do not address other key components of the case for change. As presented in Section 4.3, there remains a reliance on a workforce model that cannot be sustained into the future. Therefore, more radical service redesign will be required both in Weston and across the system to ensure that resources are distributed with maximum effect to meet the needs of the local population. This is the commissioning challenge and the CCG will continue to work with the system to review and develop health services for BNSSG.

Abbreviations

Acronym	Full name
A&E	Accident & Emergency
BNSSG	Bristol, North Somerset and South Gloucestershire
BRHC	Bristol Royal Hospital for Children
CCG	Clinical Commissioning Group
CSDDG	Clinical Services Design and Delivery Group
CQC	Care Quality Commission
ED	Emergency Department
GI	Gastrointestinal
GP	General Practitioner
HCA	Healthcare Assistant
ICU	Intensive Care Unit
ISS	Integrated Support Service
LoS	Length of stay
MDT	Multi-disciplinary Team
NBT	North Bristol NHS Trust
PCN	Primary Care Network
STP	Sustainability Transformation Partnership
SWASFT	South West Ambulance Service NHS Foundation Trust
TSFT	Taunton and Somerset NHS Foundation Trust
UHB	University Hospitals Bristol NHS Foundation Trust
WAHT	Weston Area Health Trust
WTE	Whole time equivalent

Glossary of Terms

Term	Definition
A&E (accident and emergency)	Hospital-based service available urgent medical care and surgical emergencies that are likely to need admission to hospital. This includes severe pneumonia, diabetic coma, bleeding from the gut, complicated fractures that need surgery, and other serious illnesses.
Acute care	Short term treatment, usually in a hospital, for patients with any kind of illness or injury.
ASA grade	Used for assessing the fitness of patients before surgery.
Clinical Commissioning Group or CCG	Organisation made up of GPs which is responsible for identifying and securing most NHS health services for a particular area. They replaced primary care trusts (PCTs) in April 2013. Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG) was established in April 2018, bringing together NHS Bristol CCG, NHS North Somerset CCG and NHS South Gloucestershire CCG. It is responsible for commissioning services for the whole of Bristol, North Somerset and South Gloucestershire.
Clinical Services Design and Delivery Group	Group of clinicians from hospitals and primary care as well as other clinicians (nurses, paramedics) who have reviewed the services and models of care at Weston General Hospital to ensure the provision of resilient and sustainable acute hospital services. They have developed and evaluated options for acute, urgent and planned care services provided in Weston.
CQC	Care Quality Commission, the independent regular of health and adult social care in England. The CQC inspects all hospitals, GP practices and care homes in England to make sure they are meeting national standards, and to share their findings with the public.
Elective Care	See Planned Care.
Financial Deficit	When spending is greater than income.
Financial surplus	When income is greater than spending.
Foundation Trust (FT)	NHS Foundation Trusts are non-profit making public sector corporations. They are part of the NHS but have greater freedom to decide their own plans and the way services are run. Foundation Trusts have members and a council of governors. The aim is that eventually all NHS trusts will be Foundation Trusts. All three acute hospitals in North Somerset are Foundation Trusts.
Governing Body	The decision making group on behalf of the GP membership of the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group.
Health Overview and Scrutiny Committee	Of the relevant local authority, or group of local authorities, made up of local Councillors who are responsible for monitoring, and if necessary

(HOSC) or Health Overview and Scrutiny Panel (HOSP)	challenging, health plans. They decide whether consultation is needed, depending on the scale of proposed change, and they also agree some other aspects of consultation, such as the length of the consultation period. North Somerset has a HOSP and Somerset a HOSC.
Inpatient	A patient who is admitted to a hospital for treatment or an operation.
Integrated care	Care which is coordinated around the patient, making sure all parts of the NHS and social services work more closely and effectively together.
Intensive care	Units provide support for patients after complex surgery, or patients needing multiple organ support such as ventilation and dialysis.
Intensive Support Scheme (ISS)	An NHS England initiative to support significant change and transformation, including new organisational arrangements that will deliver primary care at scale to improve access and continuity of care for those who need it most.
Long-term conditions	Medical condition that cannot be cured, but can be managed by treatment such as medication and other therapies. Examples include diabetes, heart disease and dementia.
Models of care	Approach by which care can be provided to a population, for example, an A&E which supports patients with all types of conditions.
Multidisciplinary team	Groups of professionals from primary, community, social care and mental health services who work together to plan a patient's care.
NHS England	An executive non-departmental public body of the Department of Health. It oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012. It holds the contracts for primary care services and specialised services.
Outpatient	Patient who attends an appointment to receive treatment without needing to be actually admitted to hospital (unlike an inpatient). Outpatient care can be provided by hospitals, GPs and community providers and is often used to follow up after treatment or to assess for further treatment.
Paediatric services	Healthcare services for babies, children and adolescents
Planned care	A planned operation or medical care. This can be relatively straightforward (hernia repairs, knee replacements), and not require a stay in hospital. Or it may be complex, either because the procedure itself is complex or because the patient has other health problems, and require a stay in hospital whilst the patient recovers.
Primary care	Services which are the main or first point of contact for the patient, usually GPs.
Provider	An individual or an organisation that gives a service in return for payment.
Secondary care	Hospital or specialist care that a patient is referred to by their GP or other primary care provider.
Stakeholder	Anyone with an interest in a business. Stakeholders are individuals, groups or organisations that are affected by the activity of the business.
Third sector	Charitable or voluntary organisations.

Urgent and emergency care	Surgery or medical treatment that is not planned and which is needed for urgent conditions. Examples include surgery for appendicitis, perforated or obstructed bowel, and gallbladder infections. It is also known as non-elective care.
Urgent Treatment Centre	Unit at the front door (entry point) of a hospital which is staffed by primary care (e.g. GPs) and a multi-disciplinary team to provide urgent and emergency care to a population.
Whole-system	Commissioners and providers in a local area acting as a single system to deliver effective and efficient services across all aspects of health and/or social care.
Weston Area Health Trust (WAHT)	The acute Trust which manages Weston General Hospital and ensures provision of high quality health care within an efficiently deployed financial envelope.
WTE	Whole time equivalent: the number of staff required to carry out a particular function assuming that they all work full time.