



North Bristol
NHS Trust

Annual General Meeting 2017/18

2 August, 2018

Agenda

- 5pm: Welcome and introductions, Michele Romaine, Chair
- 5.05pm: Performance and highlights 2017/18, Andrea Young, Chief Executive
- 5.20pm: Financial performance, Nicky Mowatt, Director of Operational Finance
- 5.30pm: Question and answer session
- 5.45pm: Presentation: Perform and embedding OneNBT, Chris Burton, Medical Director, Dr Rebecca Winterborn and Clare Waggett, coaches
- 6.05pm: Bristol Centre for Enablement, David Rowland, Assistant General Manager, Jemma Newman, Electronic Assistive Technology, Helen Harvey, Clinical Manager for Prosthetics and Orthotics
- 6.30pm: Close of meeting

Welcome and introductions

Michele Romaine
Chair

2017/18 – highlights of our year

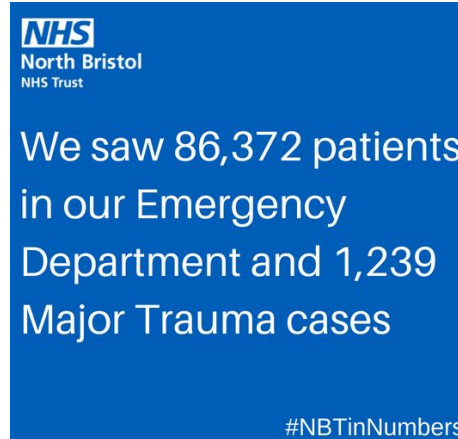
Andrea Young
Chief Executive

We are increasingly the hospital of choice...



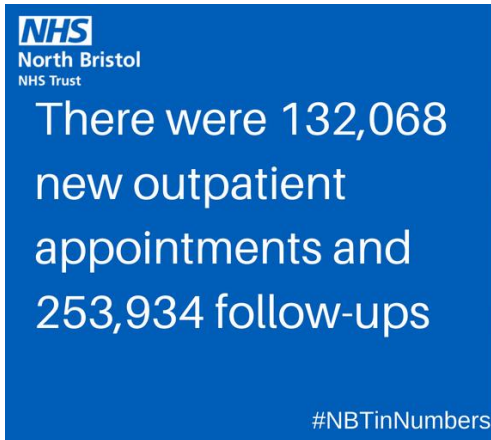
There were 60,224 planned admissions (including day cases)

#NBtinNumbers



We saw 86,372 patients in our Emergency Department and 1,239 Major Trauma cases

#NBtinNumbers



There were 132,068 new outpatient appointments and 253,934 follow-ups

#NBtinNumbers



Our catering team produced 788,889 patient meals

#NBtinNumbers

Exceptional healthcare, personally delivered

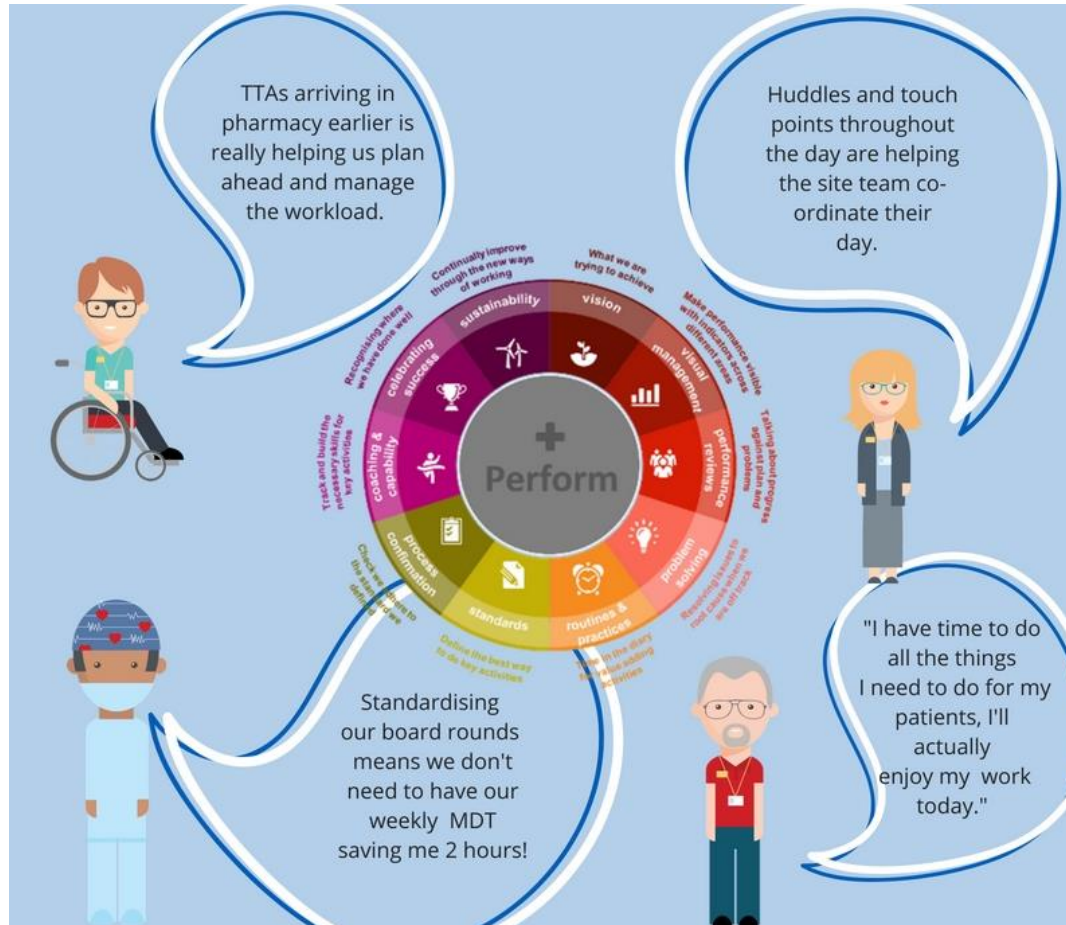
Doing things differently...



Hospital at Home

“The beauty of it was I stayed in the comfort of my own home, didn’t have to travel to Southmead every day or occupy a bed at Southmead”

The Perform Programme





End of Life Care and the Purple Butterfly project



Care Quality Commission

Ratings for Southmead Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Nov 2017	Good Apr 2016	Good Feb 2015	Requires improvement ↔ Nov 2017	Good Apr 2016	Good ↔ Nov 2017
Medical care (including older people's care)	Requires improvement ↔ Nov 2017	Requires improvement ↔ Nov 2017	Good ↔ Nov 2017	Inadequate ↓ Nov 2017	Requires improvement ↓ Nov 2017	Requires improvement ↔ Nov 2017
Surgery	Requires improvement ↔ Nov 2017	Good ↑ Nov 2017	Good ↔ Nov 2017	Requires improvement ↔ Nov 2017	Good ↑ Nov 2017	Requires improvement ↔ Nov 2017
Critical care	Good Apr 2016	Good Feb 2015	Good Feb 2015	Requires improvement Apr 2016	Good Feb 2015	Good Apr 2016
Maternity	Good Apr 2016	Good Feb 2015	Good Feb 2015	Good Apr 2016	Good Feb 2015	Good Apr 2016
Services for children and young people	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015
End of life care	Requires improvement ↔ Nov 2017	Requires improvement ↔ Nov 2017	Outstanding ↑ Nov 2017	Good ↔ Nov 2017	Good ↑ Nov 2017	Requires improvement ↔ Nov 2017
Outpatients	Good ↑ Nov 2017	N/A	Good ↔ Nov 2017	Good ↑ Nov 2017	Good ↔ Nov 2017	Good ↑ Nov 2017
Overall*	Requires improvement ↔ Nov 2017	Requires improvement ↔ Nov 2017	Good ↔ Nov 2017	Requires improvement ↔ Nov 2017	Good ↑ Nov 2017	Requires improvement ↔ Nov 2017

We improved in eight areas and deteriorated in two



Winter feedback

We received over 750 comments and the overwhelming message was that this winter was exceptionally busy. You have told us a range of things we should be doing differently, which we are now committed to doing...



Genuinely talking and listening to staff
more often throughout the year – and not just by email



No non-urgent staff training
during winter months to release staff



Ensuring staff get their breaks
even in busy times



Finalising our winter plan
in the summer



Buying equipment
now rather than last minute rentals, and increasing stock levels so we never run out



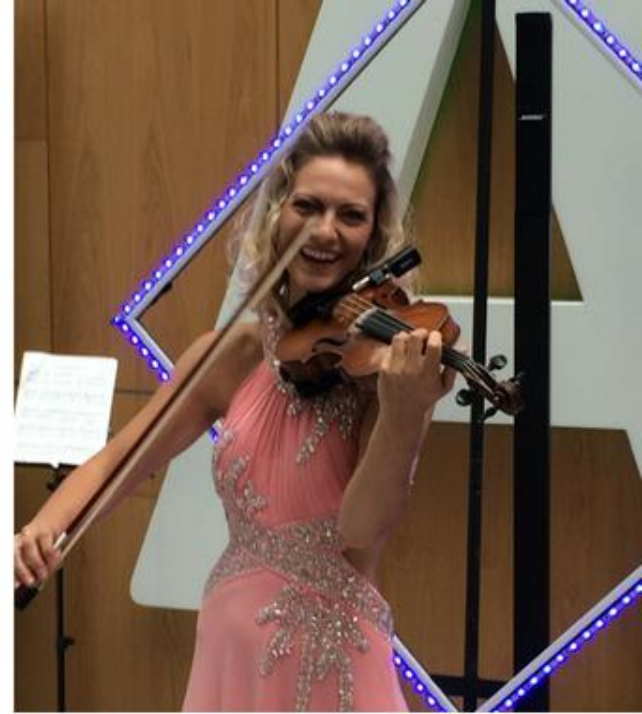
Finalising staff rotas
for the Christmas and New Year period much earlier



Starting recruitment
for winter in July rather than September



Making sure that everyone is nice to each other
even when stressed



Financial review 2017/18

Nicky Mowatt
Director of Operational Finance

Key results against financial performance targets

	Target	Performance
Income and Expenditure (excluding impairments)	£18.8m deficit	£14.2m deficit
External Financing Limit	£21.3m	Achieved
Capital Resource Limit	£16m	Achieved

Review of 2017/18

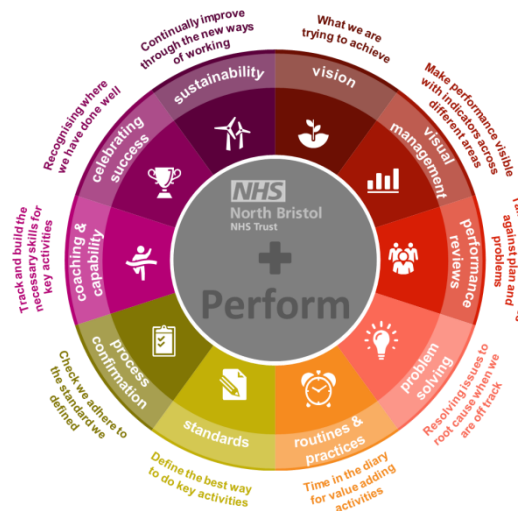
- Exited Financial Special Measures in July 2017.
- Final position was better than planned, £6.5m bonus sustainability funding received.
- £35.5m of savings/productivity gains achieved in-year.
- £16.6m spent on capital schemes including IT investment of £3.3m, £6.2m on critical infrastructure schemes and £5.2m on medical equipment.
- £28.7m of cash support was received in-year.

2018/19 financial position

- Planned deficit in 2018/19 of £18.4m
- Savings required of £34.7m. £30.4m identified so far.
- Cash support in line with plan received to date in 2018/19.
- Reference cost index has reduced from a high of 113 in 2014/15 to 100 in 2016/17 – this measures productivity and cost efficiency relative to other Trusts.

Questions

The Perform Programme



2 August 2018

oneNBT

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Introducing the Challenge

- The way patients flow through our hospital has long been a challenge
- In the last year alone we have seen a 9% increase in the demand for unplanned care, some way above the national average.
- Over 100% bed occupancy and ED pressures have become the norm year round
- Only by working together will we be able to unlock flow
- In March we started a programme called Perform to help us sustainably improve flow throughout hospital.



Our vision for patient flow

We will value every hour a patient spends in our care



We will ensure empty beds every morning and eliminate delays in care



We will make sure there is always a patient bed available



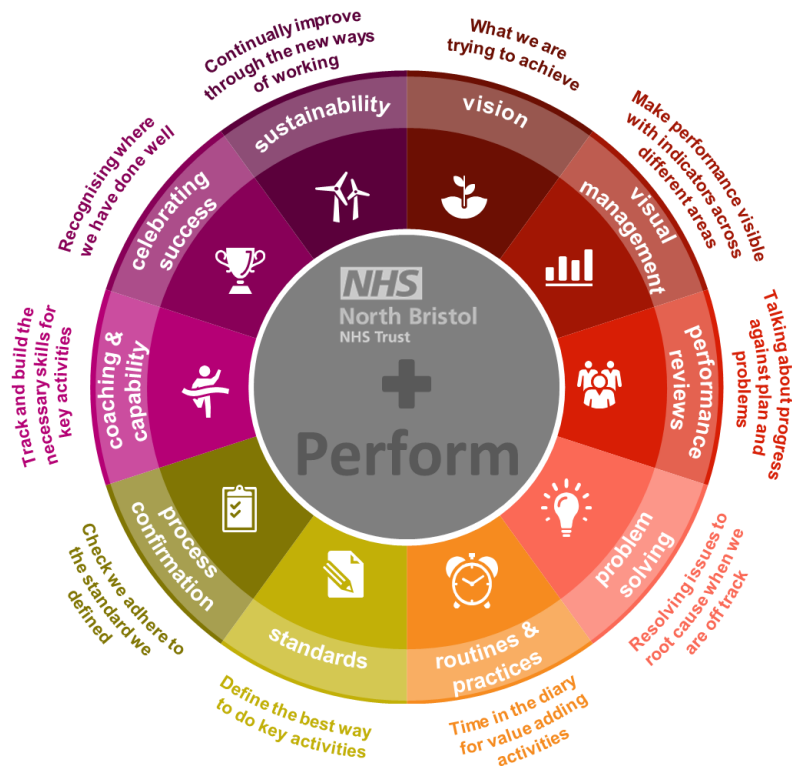
We will enhance our reputation as a surgical centre of excellence



We will use the full skills and capabilities of our staff



What is Perform?



A set of 10 management tools and techniques that allows teams to work together to achieve a common goal through;

- Setting a vision and making progress visible
- Adopting structured routines and practices
- Embedding a culture of continuous improvement
- Developing our workforce, their capability and confidence and recognising improved performance.

Progress to date

A large number of small improvements have been made across a wide range of areas, contributing to a large change in the site performance in comparison to this time last year.

Significant improvement in key performance indicators in May and June when compared to last year.

ED Attendances



A 3.3% increase in number of ED attendances (>500 patients).

4-hour Performance



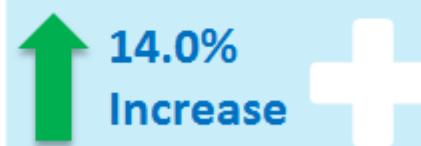
A 9.2% increase in the performance against the 4-hour target.

Occupied Beds



A 4.4% decrease in the number of beds occupied (approx. 40 beds).

Morning Discharges



A 14.0% increase in the number of patients discharged in the morning.

What our staff are saying

"This is great, I have time to do all the things I need to do for my patients, I'll actually enjoy my work today"

Nurse



"We are working much better as a team"

Clinical Site Manager



"Being a coach has made me enjoy coming to work again, I have grown in confidence and it's great to see the change in the organisation – staff smile at me in the corridor in my Perform t-shirt & there is an energy that I haven't experienced in all my years here at NBT" – NBT Perform Coach

NBT Perform Coach

"I am really enjoying my job, I feel as if I am in control of what I can be in control of and everyone is working towards the same goal."

IDS Case Manger



"I can get an update just from one board now"

General Manager



"The dashboard has been able to clearly show the improvements made - really impressive and very encouraging"

Consultant



"TTAs are coming to Pharmacy earlier in the day so we can plan our workload and finish on time"

Director of Pharmacy



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Perform in practice





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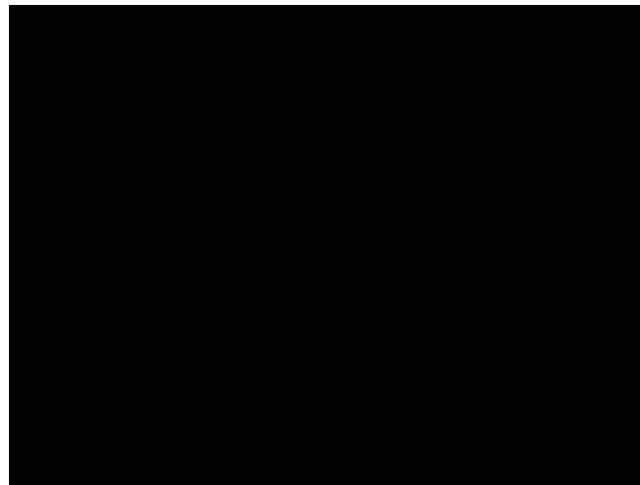
The Bristol Centre for Enablement

David Rowland Assistant General Manager

Jemma Newman Clinical Service Lead EAT

Helen Harvey Clinical Manager Prosthetics and Orthotics

Bristol Centre for Enablement



Bristol Centre for Enablement

- 'New' at Cribbs Causeway
 - Integrated in to NBT pathways – vascular, Brain injury
- Provide 6 separate but related services that enable users to live and communicate more independently
 - Wheelchairs and special seating
 - Wheelchair repairs and maintenance
 - Electronic Assistive Technology (EAT)
 - Prosthetics
 - Orthotics
 - Augmented & Alternative Communication Systems (AAC)
- Commissioned locally and nationally for specialist services
 - Bristol, South Gloucestershire, North Somerset, Bath
 - Peninsula (Devon & Cornwall) AAC and EAT

Bristol Centre for Enablement

- 100 staff
 - Counsellor, Occupational therapists, physiotherapists, rehabilitation consultant, rehabilitation engineers, prosthetists, orthotists, service engineers, support staff
- Busy
 - 25,000 appointments each year
 - > 15,000 active patients across the services
 - Provide >2,500 wheelchairs each year
 - >7,500 wheelchair maintenance and repair visits

Bristol Centre for Enablement

- Complex patients with multiple challenges
 - 80 visits in one year to 1 visit
 - Palliative support
- Life Long relationships – value, part of lives
 - Youngest patient 6 months
 - > 100 😊
 - Support through changing circumstances

Electronic Assistive Technology

- Assistive Technology that is powered (mains or battery)
- Often described as ‘high-tech’
- Covers a range of technologies:
 - **Environmental Controls**
 - **Computer Interfaces**
 - *Communication Aids*
 - *Wheelchairs*
 - *Telecare and Telehealth*
 - *Robotics*
 - *Smart Homes*
 - And Many more.....

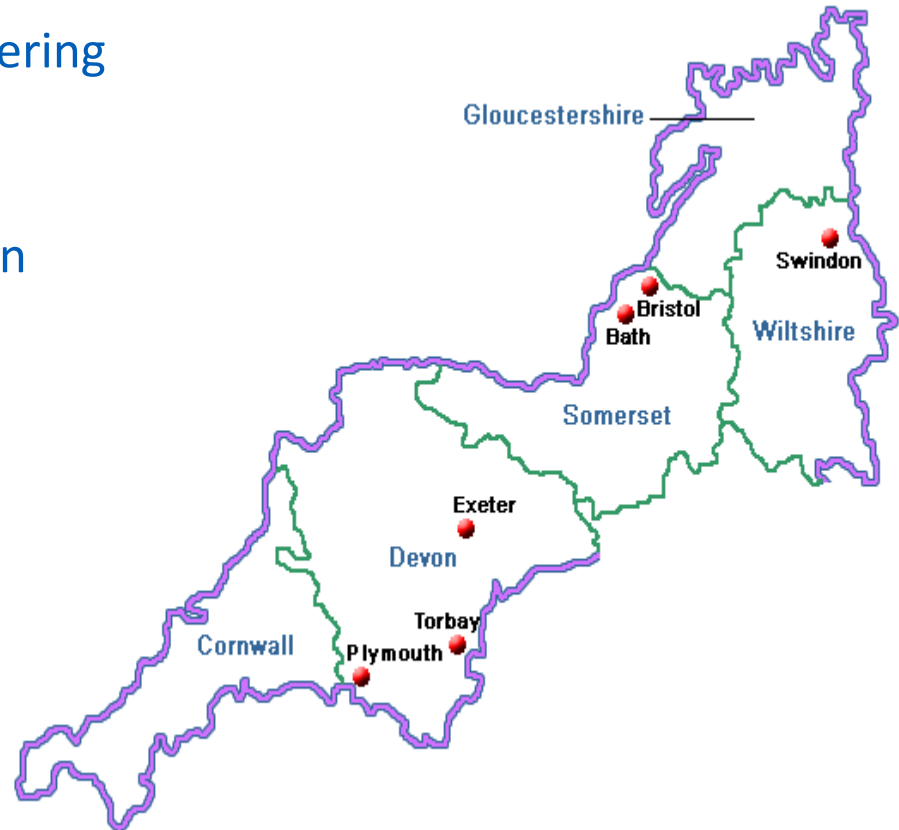
Enables control over electrical and electronic equipment mostly within the home

Alternative access methods to a computer, tablet or smartphone

Electronic Assistive Technology Service

- One of 22 specialist services covering England
- Only NHS in-house provider for Electronic Assistive Technology in England
- Team of 12
- NHS England commissioned and monitored

Reference: (<https://www.england.nhs.uk/wp-content/uploads/2013/06/d01-com-dis-equ-env-con.pdf>)



Patients

- All age ranges and diagnoses
- Severe physical impairment affecting both upper limbs
 - Provision criteria defined in NHS England Service Specification
- End of life, temporary patients, long term patients- 25 years +
- Visit all patients in community (domiciliary, inpatient, nursing home, respite etc.)

- **Identify needs at assessment**
- **Define most appropriate technological solution**
 - Then tailor that technological solution to the individual needs of the patient.

Access to Equipment

- Proximity
- Pneumatic Control
- Switches
- Voice Control
- Eye Gaze
- Mice
- Keyboard
- **Mounting Solutions**



Interfaces

- Simple Interface
 - Bluetooth
 - USB



- Environmental Controller
 - Vary in complexity



Function & Control

Computer Operation

- Smartphone
- Tablet
- Desktop or Laptop



- **Home Entertainment**
- **Comfort** (*temperature regulation, lighting, ventilation*)
- **Postural Management** (*beds, chairs*)
- **Door Operation** (*intercoms, door lock release, door openers, security cameras*)
- **Telephone** (*landline or mobile*)
- **Attention Calling- Internal** (*paggers, nurse call, local alarms*)
- **Attention Calling- External** (*Lifeline*)

Prosthetics

Helen Harvey MSc BSc(Hons)
Clinical Lead, Prosthetics and Orthotics
Clinical Reference Group Member
Complex Disability and Rehabilitation

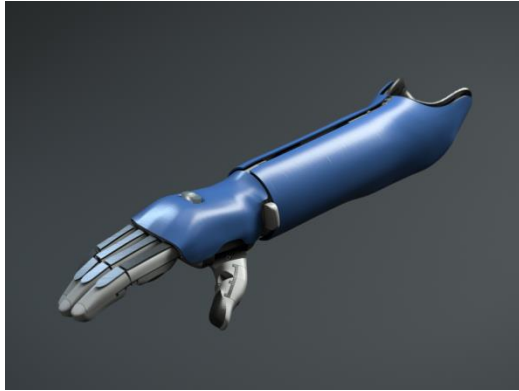
Commissioning

- NHS England Specialist Commissioning
 - National service specification
 - <https://www.england.nhs.uk/commissioning>
 - Review
 - Currency development
 - Tariff
- 35 regional centres within NHS England
- Patients can attend any centre
- 9 Murrison centres

Multidisciplinary Team

- Nurse Specialist (prescriber)
- Physiotherapist
- Occupational Therapist
- Rehabilitation Consultant
- Counsellor
- Podiatrist
- Assistant Practitioners
- Healthcare Support Worker
- Prosthetists
- Technicians

Research and Development



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