North Bristol NHS Trust Operational Plan 2018/19

Final version

(Version 3.2)

Contents

North Bristol NHS Trust

1 Executive Summary

1.1 Introduction

We have a 2-year Operational Plan for the period 2017-19, agreed in February 2017 that builds on our five-year Strategic Plan published in 2016 and is a key output of our annual business planning process. We are now refreshing that plan for the second year of delivery in 2018-19.

The plan sets out how we are going to respond to local and national challenges and continue our improvement journey.

We recognise the size of the challenge we face, but take confidence from the progress made over the last 3 years on our Financial Recovery Plan (FRP), Care Quality Commission (CQC) domain ratings, operational performance improvement and the strategic intent of the Sustainability and Transformation Plan (STP) for Bristol, North Somerset and South Gloucestershire (BNSSG).

We have identified a number of risks that could impact the deliverability of this plan, and have defined actions to mitigate these. The key risks are shown in Section 1.6.

This plan is based on clear and pragmatic assumptions that are summarised in Section 1.4, and defined in more detail in the activity, workforce, quality and finance sections of this plan.

The plan and priorities have been informed by a range of national guidance and best practice, as shown in the figure below.

Figure 1 : Inputs to this plan
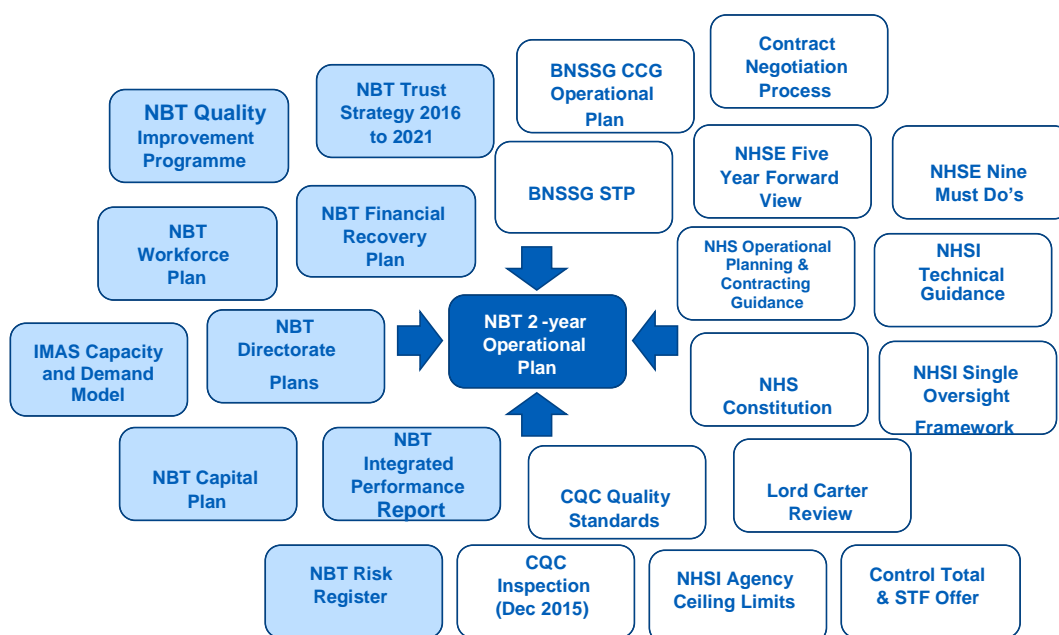
North Bristol NHS Trust

North Bristol NHS Trust (NBT) is a centre of excellence for health care in the South West, we employ over 8,000 staff and have an annual turnover of £580 million.

67% of our income for patient care comes from the three Clinical Commissioning Groups (CCGS) of Bristol, North Somerset and South Gloucestershire. Most of the remaining 33% comes from NHS England (NHSE) as income received for the specialist services we provide.

Our vision is: "We will realise the great potential of our organisation by empowering our skilled and caring staff to deliver high-quality, financially sustainable services in state-of-the-art facilities. Clinical outcomes will be excellent and with a spirit of openness and candour we will ensure an outstanding experience for our patients."

Our strapline is: Exceptional healthcare personally delivered

Our values are:

1.2 Summary of progress against 2017/18 objectives

The Trust's operating plan for 2017-19 is designed to deliver on the Trust's five-year strategy and trust objectives are aligned to the eight themes of the strategy. Progress made in 2017/18 reflects 2 years in to the 5 year strategy.

There are 18 objectives for 2017/18

Table 1 : Progress against 2017/18 objectives

Objective status (as of Feb 2018)	#
Met	5
On track and expected to be met by March 2018	4
At-risk and unlikely to be met by March 2018	2
Not met	7
Total	**18**

Progress and achievements against each of the eight strategic themes are shown in the table below.

Table 2 : Progress and achievements in 2017 /18

Strategic themes	Progress and achievements
1. Change how we deliver services to generate affordable capacity to meet the demands of the future	• Financial Recovery Plan continues to be delivered against with - the Trust delivered the Control Total with cost improvement savings of £35.5m delivered. • Increased capacity through working with partners – securing additional community rehabilitation beds in Yate, and additional packages care. • Implemented the Exemplar ward programme and the Red2Green approach- a visual management system to assist in the identification of wasted time in a patient's journey, • Introduction of two new Local Anaesthetic theatres – creating sufficient capacity to repatriate significant volumes of activity from the independent sector • Secured a reduced elective burden on the inpatient ward beds through implementing a model of care for surgical short stay patients that uses available capacity in our Medirooms • Supporting more patients to return home sooner and receive the care and support they need through the introduction of a hospital at home service which is supporting up to 15 patients in the community at any time
2. Be one of the safest trusts in the UK	• 100% screening for Sepsis in patients attending ED who needed screening with antibiotics delivered within 1 hour in >90% of cases where Sepsis was diagnosed. • Swarm reviews put in place for all serious incidents ensuring early learning, early implementation of actions and support for patients/families and ward staff. • Over 3000 staff have received Quality Improvement awareness sessions, there are over 150 Improvement projects registered and 150 staff have received detailed QI training sessions.
3. Treat patients as partners in their care	• Increased patient involvement in the process of appointment of staff at all levels

Strategic themes	Progress and achievements
	• Established and embedded the work of Patients Complaints Review panel who are influencing change in the quality of complaint investigation and responses • Engaging with people from the Deaf community in order to help improve access our services • Commenced work on Ask 4 Questions to help and support staff, patients and carers in the conversations and the activity of getting ready to leave hospital.
4. Create an exceptional workforce for the future	• We are proud to have been the highest ranked trust in Severn Deanery in junior doctor's survey. • Implemented initiatives to support recruitment including implementing the Trac recruitment system, running joint bank and substantive recruitment campaigns and putting in place an HCA sourcing strategy in preparation for winter. • The Trust has put a number of actions into place to support staff health and wellbeing, including an extended psychological and physiotherapy support for staff. • We are a registered apprenticeship provider with an OFSTED rating of GOOD and we are leading plans across BNSSG to harmonise the approach to apprenticeships.
5. Devolve decision making and empower clinical staff to lead	• A leadership coaching programme has been delivered to support the implementation of Service Line Management (SLM)
6. Maximise the use of technology so that the right information is available for the key decisions	• Electronic Document Management Service went live on 1st October and has been rolling out across service areas. • Business Intelligence (BI) has developed a new Outpatient Clinic Efficiency Report to help consultants and managers to review the way their clinics have been set up and to challenge how efficiently they are being used. • Works to enable Free Wi-Fi for new and expecting mums at Southmead Hospital were completed in December 2017
7. Enhance patient care through research	• The Research and Innovation Strategy was approved at Trust Board on 27 July 2017.

Strategic themes	Progress and achievements
8. Play our part in delivering a successful health and care system	• Supported the continued development of the Sustainability and Transformation Plan (STP) for BNSSG • Contributed to the Healthy Weston acute care workstream to develop sustainable care

1.3 Objectives and priorities for 2018/19

2018/19 will be the third year of the Trust's five-year strategy and the eight themes of the strategy have continued to inform corporate objectives, divisional plans and our shared priorities, as shown below.

Figure 2 : Model used to determine objectives and priorities

	2016-2021 Strategic Themes	
1	Change how we deliver services to generate affordable capacity to meet the demands of the future
2	Be one of the safest trusts in the UK
3	Treat patients as partners in their care
4	Create an exceptional workforce for the future
5	Devolve decision making and empower clinical staff to lead
6	Maximise the use of technology so that the right information is available for the key decisions
7	Enhance patient care through research
8	Play our part in delivering a successful health and care system

As part of our annual planning process the 2018/19 corporate objectives shown below (further detail in Appendix 1) have been developed with our divisional teams and agreed by the Trust Board. The actions required to deliver these objectives were then defined and used to inform directorate plans.

Figure 3 : 2018/19 Corporate Objectives

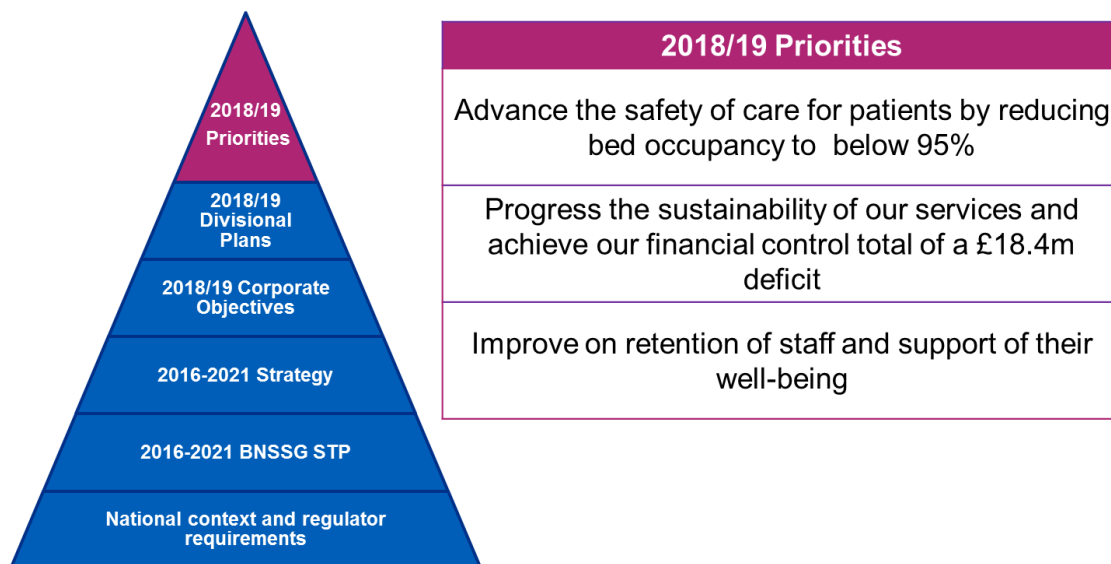|	2018/19 Corporate Objectives	
1 **Sustainable**	• Achieve an improved year end deficit of £18.4m • Improve patient flow by ensuring max bed occupancy of 95% • Improve clinical utilisation of estate - raising from 73% to 78%	
2 **Safe**	• Improve access to emergency care; deliver national cancer standard; no elective care 52-week breaches • Reduce measurable harms; focus on reducing pressure injuries and infections from indwelling devices • Achieve an overall CQC rating of 'Good'	
3 **Patients as Partners**	• More patients recommend NBT to friends and family – target: from current 91% to 93% (Mar 2019); 95% (Mar 2020) • 'Patients involved in discharge decisions': Increase National Inpatient survey score from 6.6 to 6.8 in 2018	
4 **Exceptional Workforce**	• Increase overall engagement score in the staff survey from 3.72 to national average (3.78 in 2017) • Improve staff health and wellbeing scores in staff survey – aim for NBT to exceed national average	
5 **Empowered Staff**	• Deliver the Service Line Management development programme for specialty leads • Agree the accountability and decision making framework to maximise devolved decision making	

6 **Maximise Technology**	• Deliver Enterprise Network – access to reliable and fast network connections across the whole estate:
	  o finalise plans for Electronic Prescribing & Medicines Administration system and a Patient Observation system (2019-20 delivery)
	  o extend paper light to more services to improve clinical access to information
	  o new intranet platform and roll out of Bring Your Own Device
	• Compliance with GDPR and maintain robust cyber security for critical services	

7 **Research & Development**	• Increase the number of research projects led by nurses and AHPs	

8 **Key Regional Partner**	• To develop with partners:
	  o high quality and efficient models for urgent care, stroke, orthopaedics, and pathology
	  o the STP refresh to agree system plans to restore financial balance in BNSSG	

For the year ahead, particular emphasis is placed on the 3 priority objectives identified below. These are both crucial for the overall performance as well as being the most challenging to deliver on. The NBT Board's main focus will be on delivering these 3 priorities in 2018/19.

Figure 4 : 2018/19 Priorities

2018/19 Priorities
Advance the safety of care for patients by reducing bed occupancy to below 95%
Progress the sustainability of our services and achieve our financial control total of a £18.4m deficit
Improve on retention of staff and support of their well-being

Critical to success is the continued pace and scale of change to be delivered by the Sustainability and Transformation Partnership and we will continue to work with our system partners to design and implement a sustainable model of health and social care across BNSSG - examples of where we are already leading this work are included in section 6.

1.4 Key planning assumptions

Below are the key planning assumptions used to develop this plan. Further detail on the assumptions used can be found in the relevant section.

Activity assumptions

- We have applied an overall 2.7% non-elective growth assumption with 4.4% non-elective inpatient growth (8.2% in medicine specialties) and 0.6% non-elective short stay growth from 2017/18 to 2018/19.

- A&E attendances growth assumption is 1.8%

- We have applied 6.4% elective growth assumption to inpatient activity and 4.8% to day case activity from 2017/18 to 2018/19.

- The activity plans submitted are based on the full list of assumptions listed in section 2 and will deliver the recovery trajectories against the key national standards for A&E, Incomplete RTT, Cancer and Diagnostics**.**

Quality assumptions

- We will use our established quality governance structure and Quality Impact Assessment (QIA) process to support the implementation of our FRP and track the impact of our Safety and Patient Experience programme

- The objective to be *one of the safest trusts in the UK* and *treat patients as partners in their care* will be driven by our quality improvement programme

- We will use our Quality & Safety Improvement Team and Quality Improvement Faculty to continue to develop our internal quality improvement capacity and capability and through the STP we will continue to work with the AHSN to design and adopt a system-wide methodology for quality improvement.

Workforce assumptions

- Financial Recovery Plan (FRP) workforce efficiency programme is targeting a 3% (£9.5m) reduction in pay costs from April 2018

- The Whole Time Equivalent (WTE) reduction that constitutes part of the 3% will be reflected in both a reduction in current staff in post (through turnover) and a reduction in temporary staffing (current vacancy posts backfill)

- We have assumed no redundancies – reductions in funded posts will be achieved through turnover and existing vacancies

- We have plans to improve retention of staff and reduce annual turnover from 16.6% to 13.1%for 2018/19, and to reduce sickness rates from 4.4% to 4% in 2018/19.

- We will continue our STP leadership role for the development of new roles and support the move towards a shared recruitment strategy and collaborative working on apprenticeships

North Bristol NHS Trust

- We will continue to work with our commissioners to find a sustainable funding model that will enable us to deliver on the four priority standards for seven-day hospital services

Finance assumptions

- The Trust accepted the 2017/18 control total of £18.751m (£32.4m excl Sustainability and Transformation Funding (STF)) and has delivered in line with plan although by non-recurrent means.

- In 2018/19 the plan assumes that the Trust accepts the control total of £18.383m.

- Pay inflation assumes 1% pay award and increment for all eligible staff which for NBT is £0.8m higher than national assumptions funded in tariff;

- Clinical Negligence Scheme for Trusts (CNST) premium as notified by the NHS Litigation Authority which represents a 40% increase over 2017/18 and a £2m pressure above that allowed in the tariff.

- £16.176m of STF will be received by the Trust in 2018/19, an increase of £2.539m above 2017/18.

- Delivery of 80% of CQUIN schemes in 2018/19 as well as receipt of the 1% related to STP engagement.

1.5 Contractual position

In 2017/18 The Trust agreed 2-year contracts with commissioners, in accordance with national guidance. For 2018/19, we are refreshing the key assumptions and schedules that form the core of our contract with commissioners. These include the actual contract value, indicative activity plans, information requirements including data quality improvement, the service development improvement plan and relevant CQUINs.

The Trust's activity plan is based on M9 2017/18 activity forecast to year end, with adjustment made for expected demand led growth. The growth assumptions build on the capacity and demand modelling undertaken by the operational directorates with, for example elective growth based on IMAS modelling and non-elective growth based on historical trends.   The Trust and Commissioners have reconciled their indicative activity and finance assumptions, including adjustments for service changes, seasonality and tariff impact. The Trust's contracts are fully PbR (Payment by Results) compliant and therefore the Trust will be reimbursed for all activity undertaken in line with national rules and guidance. The impact of the activity plan supports the delivery of the constitutional performance standards and national planning assumptions. Key risks to the delivery of this plan

The table below shows the key risks to the delivery of this plan. The complete risk log is appended to the Operating Plan.

Table 3 : Key risks to the delivery of the operational plan

Risk	Theme	Impact	Likelihood	Score	Tgt score	Mitigating action	Responsible
A&E performance fails to improve in line with trajectory	Activity and Performance	4	4	16	12	Robust operational performance management and close system partnership working to support effective flow through the system	Director of Operations
Unable to reduce bed occupancy below 95% resulting in failure of patient flow	Quality	5	3	15	5	Delivery of *Perform* and stranded patient initiatives as well as CQC action plan, and system mitigations in bed model.	Medical Director
The Trust is unable to deliver a CIP programme at the scale and pace required – 6.2% in 2018/19	Finance - FRP	4	4	16	4	Identify further opportunities for improvement Trust-wide using benchmarking information including model hospital, GIRFT, etc; FRP PMO governance processes working to support Divisions to ensure they own and deliver their CIP plans and mitigate any gaps that arise.	Director of People & Transformation
Failure to secure planned workforce efficiency and productivity improvements	Workforce	4	4	16	8	Roll out of Perform to support transformation of services and working methods. Divisional plans for improving attendance, effective job planning and rota management and enhanced Health & Wellbeing support	Director of People & Transformation

North Bristol NHS Trust

2 Activity Plan

2.1 Planning assumptions

We have applied a robust capacity and demand planning process, based on:

- 12-months of demand data (3 October 2016 to 1 October 2017).

- Outputs of the NHS Improvement's Demand and Capacity modelling tools for Outpatient, Inpatient and Diagnostic activity, as required in the planning guidance.

Our activity plans are based on the following assumptions:

Non-elective planning assumptions

- 2.7% non-elective growth assumption for the Trust overall, which consists of:

  o 4.4% growth in non-elective inpatients with a length of stay (LoS) greater than 48 hours.

  o 0.6% growth in short stay (less than 48hrs) non-elective inpatients.

- Within the Trust, the most significant non-elective inpatient growth is within medicine where 8.2% growth across the year has been forecast based on the past 2 years' experience.   An additional 50 stroke thrombectomy cases as agreed with commissioners.

- The planning guidance requires zero LoS activity to be split out from non-elective short-stay activity. Non-elective short-stay activity, which is >1 day will now be combined with the non-elective inpatient activity. Business Intelligence reporting is being developed to meet this new requirement.

- 1.9% growth overall in ED attendances – increase in majors (+4.7%) and reduction in minors (-2.0%).

- NBT's 2018/19 A&E improvement trajectory has been set with percentage improvements allocated against the key drivers of underperformance in 2017/18 based on internal and system recovery plans. As such, the Trust will not be compliant with the national ED standard for the year instead averaging performance of 85.18%.

- For non-elective maternity there is no assumed growth above forecasted activity in 2017/18. In partnership with South Gloucestershire public health team we are developing modelling capacity for maternity activity which will inform 2019/20 planning and will improve how we take into account demographics, market share and seasonality factors in forecasting demand.

- The impact of STP plans for the transformation of stroke, spines and fractured neck of femur (NOF) across BNSSG continue to be developed and will be accounted for in line with implementation plans.

- Patients, who no longer require acute care, should be managed in the community for rehabilitation. In 2018/19 onwards we will work with commissioners to secure the additional community capacity required to achieve this.

Elective planning assumptions

- In line with planning guidance, our elective plans are to maintain the RTT waiting list at March 2018 levels (both non-recurrent backlog and under 18 week waiting list) and address >52 week waiters to ensure there are zero breaches in 2018/19.

- Elective inpatient growth at Trust level is planned at 6.4% and elective day case growth is planned at 4.8%. In total, Elective admissions are planned to grow by 5.1% in comparison to the national planning guidance of 3.6%.

- Our plans for elective care have taken into account the impact of winter where there is scope for adjusting the profile of work (the balance between inpatient and day-case work) without impacting on the quality of care for patients, and as such we are able to release some elective bed-capacity in our plans to meet the additional winter non-elective demand.

- Outpatient activity has been planned to ensure elective waiting times are maintained and improved, such that the overall waiting list does not increase in the year to March 2019. As such, new outpatient appointments are planned to grow by 1.9% and outpatient follow-ups are planned to grow by 3.5%. Outpatient procedures are planned to grow by 2.1%. In total, Outpatient attendances are planned to grow by 2.9% in comparison to the national planning guidance of 4.9%.

- Opportunities to address clinical variation and improve the value of outpatient follow up activity are being considered across the BNSSG system and are expected to reduce the volume of outpatient appointments, particularly follow-ups. As this work has not concluded, no activity assumptions have yet been made to reflect changes to new and follow-up outpatient models.

- The impact of Quality, Innovation, Productivity and Prevention (QIPP) is not yet understood and is under discussion with Commissioners, and has therefore been excluded from our plans.

- NBT is contributing to system-wide working via STP working groups and CCG Control Centres. Specifically, NBT is contributing to system workstreams on urgent care, LoS, outpatients and mental health investment, as part of the planning process.

- Commissioning for Quality and Innovation (CQUIN) priorities will be incorporated in activity plans, should there be any impact, once these have been agreed with our commissioners.

Critical Care

- Plans assume that there will continue to be 46 core ICU beds in 2018/19.

- Neurosurgery High Dependency Unit has allowed for growth of 2 additional High Dependency patients / 4 more High Observation beds, which equates to 26% growth.

- Respiratory High Dependency Unit assumed 0% growth above forecast outturn.

The use of flexible capacity (such as waiting list initiatives that may include additional clinics or surgical lists) to both sustain and deliver improvements across all specialties are included in the capacity assumptions.

The activity plans submitted based on the above assumptions, will deliver the recovery trajectories against the key national standards for A&E, Incomplete RTT, Cancer and Diagnostics.

Cancer care

- The Trust is fully engaged with the Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance Cancer Transformation and 62 day improvement initiatives for 2018-2020. These include;

    - Implementation of straight to CT following suspicious chest X-Ray for patients suspected of Lung Cancer.

    - Implementation of the FIT test in the no risk, not no risk category of patients with bowel cancer - a go live date of June has been set for the implementation of the FIT test

    - Expansion of the Living With and Beyond Cancer Project- required staff will have been recruited by June 2018

    - Implementation of the best practice Prostate Pathway - the additional capacity required will be available from early June

- The Trust is forecasting a challenging first quarter for performance against the 62 day standard for 2018/2019. This is mainly due to ongoing issues in Urology and the Prostate pathway. The delivery of the Urology Sustainability Plan alongside the full implementation of the new best practice prostate pathway will increase performance through Q2 and provide sustainability for the rest of the year.

2.2 Summary activity plans

The table below shows a summary of our 2018/19 activity plan

Figure 5 : 2018/19 activity plan

Activity lines	FOT[1] 17/18	18/19 plan	% change

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[1] The forecast activity has been adjusted for service changes to reflect the underlying activity for 2017/18.

Activity lines	FOT[1] 17/18	18/19 plan	% change
First Outpatient attendances	132,068	134,612	1.9%
Follow up outpatient attendances	253,934	262,760	3.5%
Total elective admissions (ordinary admissions and day cases) (Specific Acute)	60,224	63,311	5.1%
Total non-elective admissions (Specific Acute)	57,994	59,580	2.7%
Total A&E attendances	86,372	87,971	1.9%

2.3 Capacity plans

Theatre, outpatient and bed capacity plans have been developed alongside the activity plans to model the profile of activity against available capacity throughout the year, taking into account known seasonal pressures.

Theatre capacity

We are confident that there is sufficient capacity in theatres to meet the requirements of planned activity, reflecting work commenced in 2017/18 to improve theatre utilisation and increase capacity within the Brunel facility, for example, investment in additional local anaesthetic procedure rooms. The Theatre Programme in 2018/19 will support the delivery of 131 cases per day through improvements in list uptake (2018/19 target 98%), list efficiencies (2018/19 target 80%) and 5% efficiency improvement on day case activity.

Outpatient capacity

Divisions are confident that there is sufficient capacity in outpatients to meet the requirements of planned activity, reflecting work that commenced in 2017/18 to improve outpatient utilisation and increase efficiency. In 2018/19 there are further opportunities relating to the delivery of outpatient activity and improving overall efficiency including:

- Session uptake and in-session utilisation.
- DNA rates.
- Implementation of partial booking.
- BNSSG task and finish group.
- New to follow-up ratios.
- Advice and guidance.
- Patient Initiated Follow-up (PIFU)

- Non-face-to-face.

- Clinical review of overdue follow-ups.

- Reduction in non-GP referrals.

- e-Referral service.

The outpatient programme in 2018/19 will support the delivery of 2,040 new outpatient attendances and 5,056 follow-up outpatient attendances per week.

Bed capacity

Our assessment of bed capacity demonstrates that without changes there will be ongoing excess bed requirements above sustainable levels throughout the year.

In 2017/18, the Trust has at times been operating for sustained periods at above 100% occupancy through the utilisation of escalation capacity. This situation has put immense strain on staff and has resulted in additional costs being incurred, which is not sustainable. The Trust is therefore planning to deliver maximum bed occupancy of 95% in 2018/19, with an ambition to deliver 92% bed occupancy in 2019/20. In order to develop a capacity plan that secures 95% bed occupancy a number of assumptions have been made:

Assumptions:

- Based on final elective and non-elective activity and profiling from the 2018/19 Divisional Activity Plans.

- Non-elective activity has been split between inpatient and short stay to more accurately reflect activity through the bed base. LoS and variation at specialty level have been reflected where applicable.

- Average LoS is as per 2017/18 actual at Dec 17 year to date.

- That zero LoS activity can continue to be managed within current capacity (i.e. Acute Medical Unit (AMU) Ambulatory Care, Respiratory Hot Clinics, AMU zero LoS and Surgical Assessment Unit (SAU)).

- The core bed base capacity includes the use of Medirooms (18) and Procedure Rooms in relevant wards (26 including the 4 extra beds in each of the Elgar Wards).

Through benchmarking against other similar organisations and reviewing patient pathways in our hospital, mitigation schemes have been developed to reduce bed capacity requirements, whilst continuing to provide excellent and safe care for patients.

The Trust bed model forecasts bed deficits of across quarter 3 and 4 of between 38 beds and 167 beds at 95% occupancy (peak deficit in January 2019). Mitigations to address the bed gap are being developed internally and as part of system wide plans to meet the BNSSG system goals of containing non-elective growth to half the rate expected for 2018-19 and to embed a "no-delays" culture throughout patient

pathways. The mitigation plans encompass themes identified from Multi Agency Discharge Events (MADE) and learning from other systems with a proven record of delivery that can be implemented by October 2018.

The system has allocated funds to invest in new schemes through both the STP and the Bristol Better Care Fund. Decisions will be made mid-May on funding in order to have sufficient time to implement changes ahead of winter. The BNSSG urgent care recovery plan will be shared with regulators in May. A quarter one review of the bed model and winter plan will be shared with the Board to provide assurance on the bed-capacity plans.

A winter review from 2017/18 has been undertaken, engaging with both staff and external partners. The learning from these exercises are being incorporated into the Trust's final winter plan. The Trust's activity is profile reflects seasonal non-elective pressures and plans to reduce in-patient elective work in quarter four.

2.4 Risks to delivery

The following is a list of risks to delivery:

- Growth estimates are either too high, which will impact on income or too low, which will impact on capacity.

- Deliverability of elective activity plans through the winter due to impact of seasonal pressures resulting in beds being utilised for non-elective activity. This risk will be further mitigated as the capacity plans are further developed and implemented.

- Productivity gains and changes to the workforce assumed in the planning are not achieved.
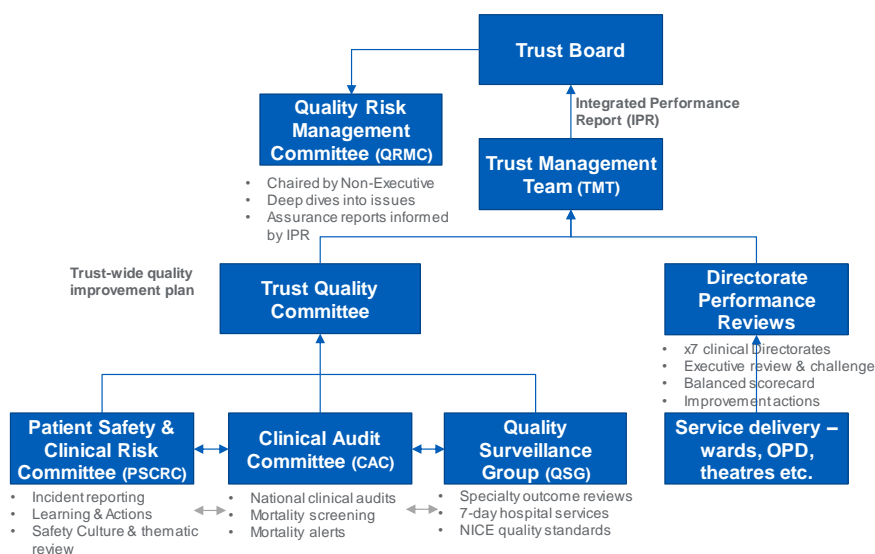
3   Quality Plan

3.1   Approach to Quality Improvement

Governance structure

The named executive leads accountable for quality improvement at NBT are the **Medical Director** (safety and clinical effectiveness) and **Director of Nursing** (patient experience).

Figure 6 : Quality improvement governance structure

The Deputy Medical Director, Associate Medical Director for Safe Care, Quality and Safety and the Head of Patient Experience are responsible for leading the quality improvement programme. The governance structure to support delivery of the quality improvement plan is shown in the figure above.

3.2   Monitoring quality standards

Trust Board assurance is through the quality section of the Integrated Performance Report (IPR) which reflects the quality priorities described in this business plan and the Trust's Quality Account. The IPR is published monthly and includes the following quality data:

- **Patient Safety Dashboard:** Incident reporting including Never Events, Safety Thermometer, Nutrition screening, falls, pressure ulcers, WHO checklist, infection control, VTE risk assessments and medication errors.

- **Safe Staffing**: QUESTT Early Warning Trigger Tool, Acuity/dependency, staffing ratios, bank/agency fill rates & recruitment profile.

- **Clinical Effectiveness**: Mortality & Learning From Deaths & national audit.

- **Patient Experience**: Friends & Family Test, specific comments, complaints, concerns & compliments.

- **Well Led:** Staffing turnover, temporary staffing requests and fill rate, safe staffing compliance, recruitment activity, rostering effectiveness, sickness absence (short & long term), mandatory training & appraisal compliance.

- **CQC Inspection** – outcomes & action delivery.

- **CQUIN Delivery** – overall progress & forecast outcomes for the year.

Narrative within the IPR itself provides an overview of specific improvement actions and the Trust Board minutes demonstrate the debate this generates and follow through of key actions.

The Board undertakes detailed scrutiny of the quality of service delivery through the Quality and Risk Management sub-committee. We will be publishing a Quality Account by 30 June 2018 which will provide the detail regarding the quality of clinical services during 17/18.

The Trust Management Team (TMT) drives improvements in the quality of service provision through its Quality sub-committee, chaired by the Medical Director. Individual clinical divisions have their own clinical oversight and improvement process in place.

Addressing Care Quality Commission (CQC) actions

Progress against actions resulting from Care Quality Committee (CQC) inspections are included in the Integrated Performance Report (IPR) and reported to Trust Board, Quality Committee and Quality Risk Management Committee.

The Trust was inspected by the CQC in November 2017, the first inspection under the new CQC approach comprising an unannounced review of clinical service lines and a subsequent planned review of the corporate aspects of the 'Well Led' domain. To support the journey towards an overall CQC rating of good, the Trust also uses its internal auditors (KPMG) to provide independent assurance that all actions relating to the CQC domains have been fully implemented. The Trust will compile a comprehensive Action Plan to address the issues identified and report to the CQC by the submission deadline of 19th April 2018.

Table 4 : CQC domain improvement 2014 to 2017

CQC domain	November 2014	December 2015	November 2017 (latest rating)
Safe	Requires improvement	Requires improvement	Requires improvement
Effective	Requires improvement	Requires improvement	Requires improvement
Caring	**Good**	**Good**	**Good**
Responsive	Requires improvement	Requires improvement	Requires improvement
Well-led	Requires improvement	**Good**	Requires improvement
Service lines rated 'good'	**1 of 8**	**4 of 8**	**5 of 8**
Must do actions	**34**	**6**	**22**
Overall rating	Requires improvement	Requires improvement	Requires improvement

Improvement methodology

Quality improvement projects are implemented using established methodologies, including, but not limited to, stakeholder engagement, process mapping, driver diagrams, experienced based co-design, Appreciative Inquiry and rapid improvement events. However, the primary methodology used for the majority of improvement workstreams is the Model for Improvement with Plan Do Study Act (PDSA).

As defined in the STP we are continuing to work successfully with the Academic Health Science Network (AHSN), and our provider partners to support a BNSSG system-wide methodology for quality improvement.

The Trust has two approaches to build in-house improvement capacity and capability:

1. The **Quality & Safety Improvement Team (QSIT)** – that provides educational session in improvement science and human factors as well as coaching support to front line individuals and teams. This team work *in* the system as well as *on* the system and increase the number of staff able to lead on and be involved in quality improvement work.
2. **The Quality Improvement Network (QIN)** formed of staff skilled in patient safety, quality improvement, human factors, organisational development and innovation to drive the quality agenda and strategy.

The QSIT and QIF are supported within the clinical governance directorate to define appropriate measures for improvement and provide analytical expertise to demonstrate where changes have led to improvement. Examples of this work include the ED checklist (NBT were part of the team who won the 2017 HSJ Patient Safety Award 'Best Patient Safety Initiative in A&E), NBT achieving Exemplar VTE centre, Positive Incident Management in ICU, the Emergency Laparotomy

collaborative and Cholecystectomy Quality Improvement Collaborative of which NBT is has been commended.
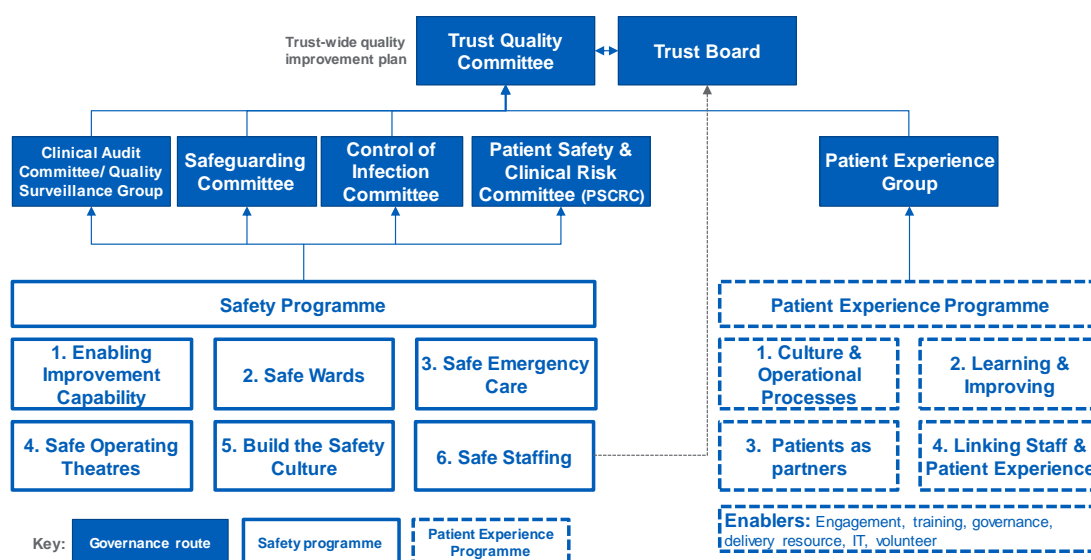
3.3 Summary of the Quality Improvement Plan

The Trust sets Quality Priorities each year within the context of the overarching Trust strategy and as part of the Quality Account consultation with stakeholders. STP alignment is achieved through executive level engagement with the detailed plans and the contribution NBT plays in their delivery. The draft Quality Priorities for 2018-19, subject to Quality Committee and then Trust Board approval are;

1. Eliminate delays in hospital to improve patient safety and reduce bed occupancy ('home is best').
2. Enhance the way patient involvement and feedback is used to influence care and service development.
3. Continue improving the quality of end of life care across all specialities.

4. Strengthen learning & action by embedding quality governance at specialty, cluster and divisional level.
5. Demonstrate a stronger clinical understanding and application of the Mental Capacity Act and Deprivation of Liberty Standards.

The figure below shows how our quality improvement programmes (safety and patient experience), supports these priorities and feeds into our quality improvement governance process. The programme's priorities are further informed through local commissioning intentions, including CQUIN schemes, internal risk assessment (incident reporting, complaints and risk registers), regulatory actions and staff engagement.

Figure 7 : Safety and Patient Experience Improvement Programme structure

Our quality improvement plan aligns with the Trust Strategy, for example:

- As part of theme 2, *to be one of the safest trusts in the UK*, we will maintain our HSMR rate below 100 and ensure the quality improvement governance process is developed to incorporate continuous learning into our safety programme, supported by robust measurement.

- Theme 3, *patients as partners in their care*, forms part of our Patient Experience programme. We will continue to apply shared decision-making across the Trust, building on our A*sk 3 Questions* initiative, continue to support the *Patients as Leaders* programme, developing the pan-Bristol healthcare change-makers forum in partnership with UH Bristol Foundation Trust, Bristol Community Health, NHS England and the Kings Fund, will broaden the current complaints training programme and increase the pace of resolution within agreed timescales.

- As part of theme 5, *devolve decision making and empower front-line staff*, we will enable and empower our clinical leadership teams so they are both supported and held to account for quality, safety and patient experience, which includes the embedding and benefits realisation of the Datix patient safety & learning system implementation and also the new ward audit system, Synbiotics.

The table below shows the focus areas of the programme. These areas are informed by national, local and commissioner priorities, CQUIN schemes, risk registers, learning from incidents, complaints, risk assessments, CQC inspections and the National Patient Survey Programme.

Table 5 : Safety and Patient Experience priority workstreams

Programme	Workstream	Focus areas
Safety	1. Enabling Improvement Capability	The Quality Improvement Team that provides educational sessions in improvement science and human factors as well as coaching support to front line individuals and teams. This team work *in* the system as well as *on* the system and increase the number of staff able to lead on and be involved in quality improvement work. The Quality Improvement Network (QIN) formed of staff skilled in patient safety, quality improvement, human factors, organisational development and innovation to drive quality agenda and strategy.
	2. Safe Wards	QI team supported workstreams in Falls, medicines, Pressure Ulcers, Deterioration (Sepsis, AKI, NEWS, Fluids), Safe Indwelling devices, Safe Handover & Discharge, Care Bundles, Ward/Board rounds, Safety Thermometer & Back to the Floor, End of Life Care, Insulin Safety – with regular huddles and improvement plans.
	3. Safe Emergency Care	Emergency Checklist, ED Quality Standards, Care Bundles
	4. Safe Operating Theatres	Peri-Operative Care, NatSSIPS, Emergency Laparotomy, Chole-QuIC, WHO Checklist
	5. Build the Safety Culture	Schwartz Rounds, spreading PIMS to other areas, learning from incidents/complaints, Culture survey,

Programme	Workstream	Focus areas
		Leadership walk rounds
	6. Safe Staffing	Led by the Deputy Director of Nursing with direct Board reporting via the Integrated Performance Report and twice yearly safe staffing Board reports: Acuity/dependency, staffing levels, bank/agency, enhanced care, care hours/patient day
Patient Experience	1. Culture & Operating Processes	Training and supporting staff in the process of managing resolving and learning from concerns and complaints arising by our patients /carers
	2. Learning & Improving	FFT response rates improved & ' % Recommend as place to receive care ; National survey – improve thematic review & outcomes; support improvements in Maternity Survey outcomes, quality & timely complaint handling; Improve carer feedback & experience
	3. Patients as Partners	Embed and spread the shared decision-making model of 'Ask 3 Questions within the context of the safe discharge programme; Review & strengthen the Trust's approach to patient consent for treatment; Review & improve patient experience; strengthen patient & volunteer partnerships, improving care and service development, including pan-Bristol Healthcare Change-Maker forum.
	4. Linking staff and patient experience	Continue the embedding of Schwartz Rounds, Continue training for staff on management and resolution of concerns and complaints: Combine reporting – staff & patient FFT; enhance iCARE training.

The Quality Strategy will be refreshed and approved by the Quality Committee in mid-2018/19 taking account of the final CQC report, received in early March 2018 and the GE Healthcare Clinical Governance review also finalised in early March 2018. The outcomes of both will be reviewed through the Trust's Quality Committee and delivery priorities agreed through the Clinical Divisions and supported by the Clinical Governance team. This improvement programme will identify the Key Performance Indicators (KPIs) that will be used to track progress and ongoing assurance of delivery. This will include a cross-check of the objectives of the safety and patient experience workstreams listed above and current KPIs tracked via the Trusts Integrated Performance Report to identify any reporting gaps.

7-day hospital services

The trust recognises the importance of providing safe care 7 days per week. The audit data demonstrates that there is good access to diagnostics services 7 days per week. In recent years the Trust has increased the level of consultant presence onsite on weekends and this is demonstrated in the audit information. There remain some gaps for senior review at weekends. There is no evidence that this is

impacting safe care. However, the Trust recognises that by improving weekend staffing there will be benefits for patient flow.

We have engaged proactively with the NHS Improvement and NHS England regional leads for this workstream and participated in the national event held in September 2017. Divisional engagement in the audit and subsequent actions is now strong and will drive improvement.

Commissioners have been unable to fund beyond tariff for seven day working in 2017/18 or to approve Trust investment proposals which will constrain the rate of improvement.

3.4 Summary of Quality Impact Assessment process

The Trust applies the Quality Impact Assessment (QIA) process shown here to all Financial Recovery Programme (FRP) initiatives relating to pay, and all non-pay initiatives.

Figure 8 : Trust QIA process

The QIA is based on the National Quality Board guidance and covers the following areas:

1. Impact on safety.

2. Impact on patient experience.

3. Impact on clinical outcomes.

4. Impact on access to services and waiting times.

5. Impact on equality and diversity.

All QIA's are created within the respective clinical divisions or corporate directorates and with effective clinical engagement to inform their development before sign off by the Directorate Management Team. The schemes are then reviewed and approved by the Medical Director and Director of Nursing. Non Pay schemes are managed

North Bristol NHS Trust

through the Clinical Non Pay Group, which will report to the Trust's Quality Committee on any changes that impact quality (e.g. changes of supplier or product). QIAs include identification of key performance metrics to identify potential impact on patient care and these are monitored through the appropriate governance route. The overall Performance Assurance Framework identifies any impact of CIP schemes, including the cumulative impact of several schemes, at divisional level and Trust level via the Integrated Performance Report. This report includes run charts and trend analysis to ensure performance changes are identified and responded to appropriately

In addition, a risk assessment is completed for every FRP initiative and the Trust's Risk Management Policy is applied. The risk profile of the FRP is reviewed by the Quality and Risk Management Committee (QRMC). A fortnightly report tracks the number of QIAs requested and signed off.

Commissioners have been unable to fund beyond tariff for seven day working in 2017/18 or to approve Trust investment proposals which will constrain the rate of improvement. Notwithstanding that overall position, the Trust has, where feasible, made adjustments in its service model to enhance seven day services, for example the substantive appointment to 2 WTE palliative care consultant vacancies to ensure a full 24/7 service (partly through on call telephone advice) and the creation of a dedicated middle grade on call rota for vascular services to ensure earlier specialist review and intervention every day of the week.

4 Workforce Plan

4.1 Workforce planning methodology

NBT has an established workforce planning cycle that is aligned to:

- Our annual business planning process – that triangulates clinical divisional and corporate directorate workforce plans with financial plans, activity plans and quality standards to ensure workforce plans are affordable, safe and sustainable.

- The Trust strategy – specifically theme 4: Creating an exceptional workforce for the future and theme 5: Devolve decision making and empower frontline staff to lead.

- Cross BNSSG STP workstreams.

The outputs from these three elements have been used to develop an organisational development road-map that continues the progress of the key areas of focus identified for 2017/18 into 2018/19. This includes, but is not limited to:

- Enabling and empowering our clinical leadership teams at all levels.

- Continuing to support the implementation of SLM through development of our leadership across the Trust and the key foundations for effective devolved decision making.

- Accelerate the progress Divisions have made to improve staff engagement, retention, well-being and responsiveness.

- Improving the percentage of staff who receive a meaningful annual appraisal and development review - we are currently reviewing our appraisal process against the implementation of SLM.

- Reviewing core training by role and requirement (statutory, mandatory and patient safety) to reduce unnecessary back-fill costs by:

  o Promoting the use of training passports across BNSSG organisations.

  o Removing duplication e.g. through the recruit to pay workstream.

  o Continuing to build on our success with virtual learning where appropriate - 50% of update training is now delivered through e-Learning.

- Underpinning our approach with a clear focus on the diversity of our workforce.

The Director of People & Transformation is accountable to the Board for delivery of the people plan and the reporting and performance of associated workforce key performance indicators (KPIs).

A Workforce Committee, chaired by a Non-Executive Director, provides strategic oversight of the people plan and monitors delivery against target.

4.2 Workforce efficiency

As part of our on-going transformation and cost improvement programmes we have reviewed the focus of the established Workforce Efficiency Programme against our approach to SLM, to have a specific focus on those organisational wide schemes that can increase productivity and efficiency for our clinical divisions. As a result, priority workstreams for 2018/19 will be:

- Optimisation of the e-rostering system to improve performance of the e-roster system and user experience, expanding the new system to new users and staff groups and exploring the use of system analytics – for internal and external benchmarking and proactive rota management.

- Electronic Staff Record (ESR), based on a review of current against potential functionality and the associated benefits available, with a focus on improved efficiency/productivity for line managers and staff e.g. through self-service.

- Continued reduction of the demand and cost of temporary staffing, underpinned by robust healthcare analytics, linked to effective workforce/resource planning. To include a review of junior doctors rotas to improve the staff experience and wellbeing of our doctors and ensure our rotas are filled by appropriately skilled staff.

These revised workstreams report to the refreshed Workforce Efficiency Programme Board chaired by the Deputy Director of People and supported by the Director of PMO and the Workforce Development Manager.

The efficiency workstreams are working alongside business as usual priorities for clinical divisions that will enable the Trust's progress to financial stability by supporting the identification and implementation of cost improvement schemes. These are targeted to deliver a 3% reduction in workforce spend and budget reduction by year end, therefore delivering full year effect savings in 2018/19.

The 3% target was informed by large acute benchmarking (although limited opportunity was noted against the Model Hospital), Lord Carter review and STP plans around back office services and acute care collaboration.

These priorities include improving retention and increasing the wellbeing of our staff, which in turn will reduce sickness absence. The clinical divisions are

supported centrally in the delivery of these priorities through the wider People & Transformation directorate and other corporate teams.

As at December 2017, the Trust had identified £4.8m against an indicative target of £9.5m of savings (3% target), to be implemented by 31st March 2018.

We acknowledge that delivering a recurrent 3% reduction in pay cost on top of recurrent savings made to date is a substantial challenge for the organisation, particularly given the significant achievements already delivered as part of the financial recovery programme. As a result the key principle of the Workforce Efficiency Programme will be on productivity and efficiency of the workforce. Through this approach £2.3m of opportunities has been identified through improvements in sickness and turnover rates, thereby reducing need for temporary staff as backfill and improved efficiency. These opportunities are based on achieving the commitments identified in divisional business plans, bringing sickness and turnover in line with average levels of comparator large acute Trusts, and where divisions are already above average stretching to upper quartile performance.

To support the organisation in this approach, a detailed workforce information pack has been developed for each clinical division, containing data down to ward and department level, triangulated with heat maps, rostering data and building upon the learning from existing hot housing work.

Additional opportunities have also been identified in respect of Consultant job planning, junior doctor rotas, apprentices and alternative staffing models.

We take confidence from the progress we have already made with particular success in the following initiatives:

- Hot housing initiatives in priority areas e.g. pop up recruitment shop, skills development programme for middle leaders

- HCA sourcing strategy in the lead in to winter pressures

- Introduction of Trac recruitment system, which supports an ongoing review and improvement recruitment processes which deliver a faster, leaner and more efficient time to hire

- In order to provide continuity of care from our staff; sustained campaign to transfer agency staff to bank and substantive roles, including joint bank and substantive recruitment campaigns and a bank auto-enrol policy

- A continued robust temporary staffing approval process

- Continued work with our Bristol partners to achieve rate cap agency provision through the cross geography neutral vendor, implemented in November 2017

In 2017/18 agency spend was £6.260m against an agency ceiling of £16.685m. We are confident that our plans will ensure our agency expenditure remains within the ceiling set by NHS Improvement for 2018/19 of £14.480m.

Other initiatives we are applying to improve workforce efficiency include:

E-rostering: The Trust uses e-rostering across ward nursing, therapies and ancillary staff and will roll this out to other staff groups and work areas in 2018. We will also continue the implementation of the Carter Good Rostering Practice Guide recommendations from January 2017, which will include review of the effective review of current practice/effectiveness in those clinical areas where e-rostering is already implemented. In addition, we will explore the full functionality of the E-Rostering system to increase productivity for managers and staff

Health & Wellbeing a number of actions are in place improve the wellbeing and retention of our staff, reducing turnover and sickness absence, including:

- The establishment of a Retention Steering Group to oversee and support Trust wide initiatives on retention, ensuring consistency of approach

- Extending the psychological and physiotherapy pilot to support staff employee well-being, with a particular focus on hard to reach groups of staff and the resilience of staff and managers

- Restructure of the People & Transformation directorate to establish a strategic policy lead and resource for engagement and wellbeing, working with the newly established People & Transformation team who will work alongside clinical divisions to design and implement interventions to address hotspot areas

4.3 Maintaining a safe and sustainable workforce

We will ensure our workforce plans; vacancy management and recruitment processes at service, clinical division and Trust level are aligned to ensure only funded posts defined in our workforce plans are advertised. This will include continuing the assessment of evidence base, costs, and alternative solutions e.g. appropriate banding, skill mix reviews, use of temporary workforce, outsourcing etc.

We will apply a range of techniques to attract and retain staff with the value, knowledge, skills and experience we require. We will also work with our STP partners to prevent the unnecessary movement of staff between organisations.

Our recruitment approach will include:

- Targeted advertising campaigns using social media platforms, professional network publications and job boards.

- Continuation of our successful 6-weekly nurse recruitment open days.

- Pro-actively sourcing candidates, including the use of NHS Jobs, LinkedIn and our newly recruited Talent Acquisition roles.

- Where appropriate, using recruitment/ headhunting agencies for senior roles.

We will consider the use of overseas /EU recruitment campaigns and Framework agencies as part of our contingency plans should we predict vacancies will hit a certain level.

Our recruitment performance will be monitored by:

- Comparing performance against staff recruitment target in 2018/19.

- Reduction in backfill costs.

- Reduced turnover.

- NBT's plan for 2018/19 is to increase the retention of its current skilled and experienced workforce. The Trust's annual turnover 2017/18 was 16.6%. Our plans are to reduce this overall to 13.1%. Achieving this target will focus on targeted retention plans at directorate level supported by People Partnering and organisation wide transformation improving opportunities and career progression pathways. This will support plans to improve engagement and the experience of staff whilst at work.

4.4 Workforce transformation

Perform: One NBT

Our Medical Director, Director of Nursing and Director of Operations, Executive leadership will facilitate and drive a series of development programmes across all levels of staff to emphasise the importance of multi-professional solutions required to improve bed utilisation.

This approach is in recognition that we must be proactive in encouraging a shift from imposed interventions to allowing teams to work more efficiently together and empowered to make day-to-day decisions if we are to drive a culture of no delays.

Perform will focus on staff development at a ward manager/sister/AHP/Consultant level and below. There will be systematic application across all wards, recognising the need to move away from piecemeal improvement work to a programme that embraces the whole hospital and develops consistency of approach. This will enable all staff to be better equipped to manage complex care in a team environment and structure their work so that effective decisions are taken and enacted early in the day. Under this programme the combination of motivated and engaged teams who will have time released and skilled external support will be a powerful tool in solving our day-today problems. The Executive team will continue to provide visible, enabling and energising leadership across the organisation and in partnership with the clinical divisional leadership. The Executive leadership have mobilised with Divisional Triumvirates (Clinical Director, Head of Nursing and Divisional Manager)

to co-create the work programme and how it will be led across the Trust at Divisional and specialty level.

STP workforce transformation

NBT is a teaching and learning organisation and:

We are active in the leadership of the STP Workforce Programme objectives, with a focus to deliver:

- Collaborative working on apprenticeships.

- Pass-porting of staff between organisations across the STP e.g. through aligned mandatory and statutory training.

- Improved support for staff health and well-being.

- Working with our partners to explore the opportunity for closer working and shared resources in relation to payroll services and approaches to temporary workforce e.g. Neutral vendor.

A common culture and STP workforce transformation, as demonstrated by the leading role we are taking in two of these areas – collaborative working on apprenticeships, transforming our nursing, midwifery and therapy workforce and transforming our medical workforce.

Collaborative working on apprenticeships

NBT is a registered apprenticeship provider (Skills Funding Agency), with OFSTED Grade 2 GOOD for provision, with main provider status.

The centre currently provides education programmes for NBT and other employers across the health and social care economy, in primary and community, social care, independent employers.

We will continue to champion apprenticeships within service line, directorate, Trust and system level workforce planning processes and lead the development of apprenticeships through level 2, 3, higher and degree qualifications. Current work includes modelling on directorate level apprenticeship opportunities utilising the levy, as a key element of the workforce plans supporting the delivery of business plans.

Our ambition is to optimise our Main Providers status and

- deliver apprenticeship training to employers that will use the apprenticeship service to pay for apprenticeship training.

- deliver apprenticeship training to their own apprentices, or apprentices of their connected companies', if they will use the apprenticeship service to pay for apprenticeship training.

- deliver apprenticeship training as a subcontractor.

As part of our ambition we will continue to lead plans to harmonise the approach to apprenticeships across BNSSG, (and BSW for the Nursing Associate test site), working with our partners to:

- Lead a working group network with levy and non-levy paying providers (including primary care) through the Local Workforce Action Board (LWAB).

- Produce consistent apprenticeship principles and secure endorsement by STP Workforce programme.

- We host a project manager to lead on apprenticeships and training, to ensure quality and equality across the system the STP.

- Optimise opportunities to offset delivery infrastructure costs using a combination of: external commissioning (outsourced); expanded internal delivery against divisional workforce plans; subcontracting partnership. The levy drawn down for 2017/18 is approximately £1.4M and current modelling indicates that the apprenticeship centre is in a strong position of regaining the NBT levy during 2018/19.

Transforming Our Nursing, Midwifery and Therapy workforce

NBT has been selected by Health Education England (HEE) as the lead employer across BNSSG and Bath Swindon Wiltshire (BSW) STP footprints for the implementation of the Nursing Associate role, via a 2-year education programme.

This provides an opportunity for NBT to plan and phase the introduction of this new role into our nursing workforce and share our learning in support of a national roll-out plan.

To develop a pipeline of registered staff we are focussing on the development and retention of our clinical and non-clinical Health Care Support Workers to deliver:

- Training programme alignment for the duration of any apprenticeship.

- Roles that are meaningful in their own right.

- Clearly defined progression pathways.

We are working toward closer integration of Occupational Therapy (OT) and Physiotherapy services through:

- Establishment of a Head of Therapy Services.

- Providing integrated professional leadership across OT and Physiotherapy.

- Moving to a model where 60% of band 3 therapy support workers are in integrated roles.

Building on the success of recent pilots, as part of an innovation project funded by HEE, we will continue with the introduction of the band 3 Enablement Assistant role to assist with re-enablement and wellbeing, safety and discharge combining the qualities and skills of OT, physio and nursing.

We have also trained 19 multidisciplinary health coaches in the Stroke team to have enabling conversations with patients and are currently evaluating the impact on patient experience and outcomes before planning to extend to other services. NBT has a trained trainer for enabling conversations meaning roll-out training can be delivered in house and to our acute and community partners.

Transforming our medical workforce

We are working with HEE and University of the West of England on the development of a new Physician Associate role. We continue to provide placements at NBT to support the pilot of this role and we are supporting work to develop an apprenticeship route, pending results from the pilot phase.

We are supporting the design of a new Doctors Administration Assistant role to support Foundation and STP grade doctors. This is part of a national programme to support ward based and GP based role development.

Transforming other roles

We are also exploring opportunities to use traineeship and apprenticeship roles to develop new positions and career development pathways for clerical, business administration and management roles.

We will continue our conversations with LWAB and HEE to utilise the benefits associated with implementing their Workforce Repository and Planning Tool (WRaPT).

5 Financial Plan

5.1 Background & context

The Trust submitted the 2017/18 plan in line with the control total of £18.75m (£32.4m excl Provider Sustainability Funding (PSF)) which required delivery of efficiencies of £39.4m.

The Trust delivered a deficit of £14.2m including bonus STF which represented £0.3m better than control total excluding STF.

The key risks to the delivery of this plan include:

- Delivery of the £39.4m CIP, of which £35.5m was achieved.

- Impact of operational pressures over the winter period.

- Commissioner agreement to the activity and income position.

5.2 Financial forecasts and modelling

Planning assumptions

The financial plan is based on the following assumptions:

- The Trust has accepted the 2018/19 control total of £18.383m.

- Inflation at 2.1% although NBT is subject to additional cost pressures.

- National efficiency requirement of 2% 2016/17 to 2020/21.

- Pay inflation assumes 1% pay award and increment for all eligible staff which for NBT is £0.8m higher than national assumptions funded in tariff.

- **Non-pay growth assumptions include:**

  o CNST premium as notified by the NHSLA which represents a 40% increase over 2016/17 and a £2m pressure above that allowed for in the tariff.

  o Other non-pay inflation above national expectations to account for expected increases in utilities and rates.

- There is no assumed further impact of the junior Doctor contract over and above the full year impact but this will require robust management of rotas to avoid penalties for non-compliance.

- **Income assumptions include:**

  o On the basis that the Trust is accepting the control total, it is assumed that fines will not be levied and that £16.176m PSF is available.

  o Assumes no detrimental impact from commissioner QIPP or data/pricing challenges.

North Bristol NHS Trust

- o Assumes delivery of 80% of CQUIN schemes which presents a risk as the schemes will be challenging to deliver. In addition, it is assumed that the 1% related to STP engagement will be received.

- o Based on activity modelling produced by directorates referred to in Section 2.

- **Other assumptions include:**

  - o **Non-recurrent benefits including CIP / FYE CIP** A number of non-recurrent measures (some fortuitous) have been and will be necessary in order to deliver the control total in 2017/18. These amount to £11.1m and are offset by a full year effect of CIP schemes of £3.4m. It is unlikely that adjustments of this magnitude will recur in 2018/19 and have therefore worsened the underlying position.

  - o **Winter funding** has been confirmed to be unavailable in 2018/19 in the planning guidance from NHS Improvement. However, in the underlying position it is assumed that without change the cost incurred in 2017/18 is unlikely to reduce significantly. It is assumed that any anticipated change from initiatives such as the Perform / flow project will form part of the CIP programme.

  - o **Other FYE** includes a number of individual adjustments over and above outturn including but not limited to £0.8m for the full year impact of Hospital at Home in ASCR, vacancies that were only filled for part of 2017/18 including consultant posts approved but not filled until end of 2017/18 as well as the full year effect of pay increments, etc. This also includes the impact of disinvestment of the BCRM Service.

  - o **Activity growth** The costs of delivering the additional activity included within divisional plans including the mitigations in order to manage the shortage of beds in the bed model are currently assessed at £3.6m above the income. The cost includes the full year cost of the rehabilitation beds at Yate, beds at Brain Injury Rehab Unit, additional non-pay costs related to musculoskeletal activity which was not delivered in 2017/18, beds at St Monica's, Early supported discharge and weekend therapies, additional core clinical costs related to additional activity, etc.

  - o **Other net cost pressures** includes but is not limited to the cost implications of EDMS with cost savings to come in future years to offset, flow project and leadership development.

Bridge analysis

The bridge analysis included in the table below demonstrates the impact of the financial planning assumptions listed above on delivery of the agreed control total.

Table 6 : 2018/19 bridge analysis

	Income £m	Expenditure £m	Surplus / (Deficit) £m
2017/18 Outturn	573.6	(587.8)	(14.2)
Non-recurrent CIP / FYE CIP	(0.8)	(1.8)	(2.6)
Non-recurrent benefits	(1.6)	(3.5)	(5.1)
Winter funding	(2.8)		(2.8)
Sustainability and Transformation Funding	(16.3)		(16.3)
Other FYE (incl £4m depreciation slippage)	(1.9)	(5.7)	(7.6)
Underlying position	**550.2**	**(598.8)**	**(48.6)**
Inflation above national assumptions in tariff	10.0	(10.8)	(0.8)
Tariff efficiency (2%)	(9.5)		(9.5)
CNST above national assumptions in tariff	1.4	(3.4)	(2.0)
Activity Growth	9.9	(13.5)	(3.6)
Other net cost pressures		(4.8)	(4.8)
CIP Requirement	2.9	31.8	34.7
In–year Adjusted Surplus / (Deficit) excl PSF	**564.9**	**(599.5)**	**(34.6)**
Provider Sustainability Funding (PSF)	16.2		16.2
In–year Adjusted Surplus / (Deficit) incl PSF	**581.1**	**(599.5)**	**(18.4)**

Bridge from 2017/18 Outturn to 2018/19 Plan
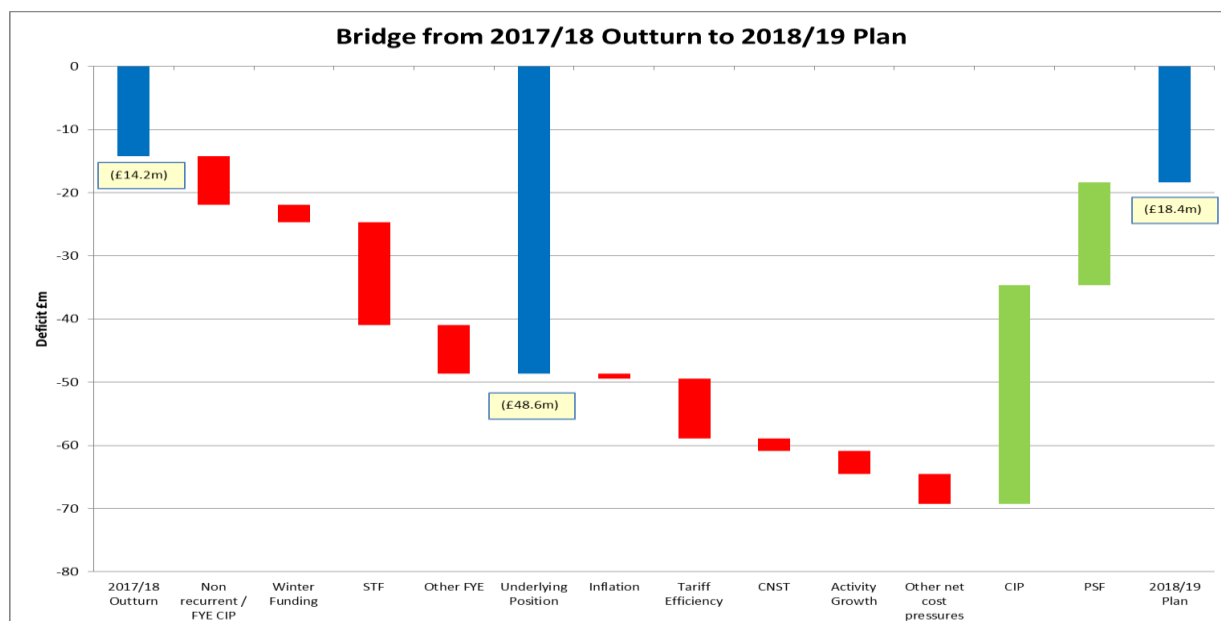
The table below provides a summary of the financial plan that is included in more detail within the submitted financial template.

Table 7 : Summary of 2018/19 financial plan

Income/ cost area	2018/19 £m
Clinical income	491.9
Other income	73.0
Total Income	**564.9**
Pay	(341.8)
Non-pay	(257.7)
Surplus / (Deficit) excl PSF	**(34.6)**
Provider sustainability funding (PSF)	16.2
Surplus/ (Deficit) incl PSF	**(18.4)**

Cash flow plan

The table below shows the cash flow plan based on the deficit outlined above. Cash financing of £18.383m will be required to cover the deficit but if Provider Sustainability Funding is not received then this will present a further risk to the cash position which the Trust will not be able to manage without additional support.

North Bristol NHS Trust

Table 8 : 2018/19 cash flow plan

Cash flow	£m
Operating surplus	20.8
Add back non-cash items	24.9
Movements in working capital	3.1
Net cash inflow from operating activities	**48.8**
Interest received	-
land receipts	5.0
Capital purchases	(20.6)
Net cash inflow from investing activities	**(15.6)**
Financing	
Deficit loan	18.4
Loan in lieu of STF funding & loan repayments	6.6
Loan repayments	(12.5)
Capital element of PFI	(9.4)
Interest paid	(3.7)
Interest element of PFI	(34.6)
Net cash inflow from financing	**(35.2)**
Net movement in cash	**(2.0)**
Opening cash balance	**17.0**
Closing cash balance	**15.0**

5.3 Efficiency savings for 2018/19

The £34.7m Cost Improvement Programme ("CIP") requirement for 2018/19 reflects the amount required to deliver the control total of £18.383m and is driven by the tariff deflator, cost pressures, the non-recurrent impact of 2017/18 actions and the objective to reduce the current run rate deficit.

The 2018/19 target represents a 6.2% saving as a percentage of the 2018/19 baseline expenditure. It should be recognised that this is a stretching target which is

likely to be in line with the largest in the country and that this follows high savings delivered over the last two years:

- £26.1m in 2016/17 against a £27.0m target.
- £35.5m in 2017/18 against a £39.4m target.

Progress to date on 2018/19 CIP

Workforce

All Divisions and corporate functions have been challenged to identify a recurrent 3% reduction in their pay bills, which amounts to £9.5m in 2018/19. In 2017/18 the challenge was a 5% reduction of £16.2m and this was exceeded with 5.3% (£17.2m) delivered. Both the historical 5% and the current 3% challenge have been informed by various sources of benchmarking which were triangulated and identified there are opportunities especially in managing sickness and turnover rates, thereby reducing the reliance on temporary staff and reducing spend accordingly.

Each Division has been provided with a data pack and suggested areas of focus that would deliver the biggest return. Delivery plans and quality impact assessments are being completed for formal sign off with support from the Programme Management Office ("PMO").

Pay cost reductions will be achieved using a combination of productivity improvements, skill mix changes and consultant Programme Activity (PA) and WTE reductions. To drive delivery of these changes a refreshed Workforce Development Programme has been established and a new Workforce Development Manager has been appointed to oversee the work programme, which includes:

- Reduction of staff turnover and improved staff retention.

- Reduction of sickness absence.

- Improvements in rostering.

- Reduction of agency staff.

- Enhancing the NHS bank.

- Increasing the number of apprentices to meet service requirements and maximise the new levy'.

- Targeted activities to address hard to recruit areas and higher users of temporary staff.

These initiatives are described in more detail in section 4.2.

Non-pay

Procurement

During December 2017 and January 2018 the Bristol and Weston Purchasing Consortium worked with each of the Trusts and Divisions across the Consortium and together three main areas of focus for 2018/19 were identified. To date this

work has identified potential for £2.3m of savings and further work is underway to meet the target set of £4m from non-pay procurement. The areas of focus are:

- Flagship schemes – these are 13 major programmes of work that will deliver savings by standardising clinical and operational processes and product suppliers across the consortium. Each of these flagships will have a project team and clear milestones.

- Cross consortium schemes – these are 38 different products/suppliers (smaller scale than the flagship schemes) that the Trust will look to standardise and thereby reduce costs. This work will be managed through the Trust clinical non-pay group.

- Divisional specific schemes – these 11 schemes relate specifically to a single Division.

Using benchmarking to support the identification and delivery of efficiencies

- Within the Trust PMO a full time benchmarking analysist has been appointed. With the prime role to support Divisions and Clinical teams use the benchmarking data that is already available through a variety of sources including Model Hospital and Getting It Right First Time (GIRFT)

- Model Hospital is continuing to be reviewed within the Trust and as areas are released on the portal they are being reviewed with the relevant Trust leads. Likewise the outputs from the local GIRFT visits and the national reports are being reviewed. The Benchmarking lead has identified the opportunities for specialties related to cost per WAU and during May 2018 the resulting plans will finalised with the relevant Divisions.

- The NHSI Model Hospital Productivity Team will be on site on 18 May 2018.

Drug savings

There is a target to achieve £1m from medicines (drugs) savings through changes in price and usage, including a reduction in variation. Up to half of these savings are reliant on national price negotiations based on historical trends. In 2017/18 the level of savings from the national price negotiations was not as high as anticipated and therefore the target has been reduced from an initial value of £1.5m to £1m to reflect the likely difficulty of delivery.

Operational efficiency

The Trust will continue to progress its transformation programmes, improving patient flow and maximising productivity across the organisation.

Patient Flow

An organisational development programme (*Perform)* to change culture and upskill staff has begun with external support from PwC in order to, initially; enable inpatient activity to be managed more efficiently within the core bed base and a high level target to reduce bed occupancy at midnight to 92%. The external support will be in place until July 2018, following which the programme of improvement will be continued by key members of staff within the Trust. Expected benefits are in the order of up to £5m, with £2m currently recognised in the CIP numbers as reduction of temporary staffing for escalation which was described as the minimum benefit of the programme in the associated business case.

Elective productivity

The theatre efficiency programme will continue to focus on creation of additional capacity thereby enabling the final stage of work to be repatriated from the independent sector. This will consist of three main components. The majority of this improvement is required to deliver the base contract activity, however continuous ongoing review will allow the possibility of additional savings to be determined.

- Theatre efficiency – to address late starts, early finishes and reduction of on the day cancellations.

- Additional capacity – through the opening of a new minor procedures theatre on level one of the Brunel Building and moving minor cases out of main theatres.

- Pre-operative assessment – stratification of patients according to their risk factors.

Outpatient efficiency

The outpatient programme will focus on improving efficiency with the intention of increasing the number of alternatives to admission through ambulatory care, hot clinics and the provision of advice and guidance. At the same time it is expected that the number of follow up appointments will reduce. In addition there will be transformational changes to the administration systems as a result of changes to the electronic referral system.

North Bristol NHS Trust

Current Position and scenarios

At this point in our planning process we have identified a high level plan of £30.41m, risk rated and categorised as follows:

Row Labels	Pay	Non-Pay	Income	Total
CIP identified with assurance of delivery	£3.16m	£9.58m	£1.34m	£14.08m
CIP identified with a risk to delivery	£6.24m	£4.87m	£0.69m	£11.80m
Additional CIP ideas identified with detail to be worked up	£1.21m	£3.20m	£0.13m	£4.54m
Grand Total	**£10.61m**	**£17.65m**	**£2.15m**	**£30.41m**
Unidentified CIP with mitigating actions to be developed	£3.65m	£0.65m	-	£4.29m
Revised Total	**£14.26m**	**£18.30m**	**£2.15m**	**£34.70m**

The nature of schemes is highly variable, with some carrying little risk and others carrying a substantial amount of risk. Currently, £25.88m of the plans are recorded in the central CIP tracker with milestone plans and quality impact assessments being worked up for approval by the Executive Directors, with a target for the majority signed off by 5th April 2018. The remaining £4.53m of schemes require further work up and validation before detailed planning and implementation can commence: which is being expedited. The work up of detailed milestones and plans mitigates the risk of slippage by giving a clear timeline and steps to be completed to ensure timely delivery is achieved. We expect that as plans are signed off, the value of plans at risk will decrease.

It should be recognised that due to the risk associated with a portion of the schemes (as noted above), it is likely that mitigations in excess of £7.29m will be required. In order to identify and deliver mitigations, the following steps are being taken:

- Revisit the cross-Division workstreams of theatres, outpatients, flow and workforce and adapt or enhance the approach. This will include setting up small task groups to identify the opportunity. The approach is more likely to deliver transformational changes to deliver significant efficiencies. We will review how we deploy programme resource across themes to best achieve this.
- Improved granularity of the opportunities identified by benchmarking. Initial work suggests a CIP opportunity of c. £40m against peer upper quartile performance, which is in line with our CIP target for the year.

Future financial improvement

To deliver in full the CIP target, there will be a continual process to identify opportunities and the development of plans will continue to be an ongoing iterative process. The PMO has recognised the need to adapt to support the identification of areas of opportunity and as such a transformation analyst has been appointed to support Divisions in this through the use of benchmarking. The main technical sources will be a combination of Model Hospital, Dr Foster, Getting It Right First Time and Patient Costing Benchmarking. Other PMO roles will also be reviewed regularly in order to add maximum value.

At the same time, CIP planning is to be a longer term process over a three year planning horizon and a small number of schemes have started to be identified for 2019/20 and beyond.

Recognising the Trust's release from Financial Special Measures in July 2017 and continued improvement, revised governance around financial improvement is being drafted in order to bring it more into business as usual, likely through inclusion in the monthly Divisional Performance Reviews. The proposed and draft governance can be seen in the below diagram.

Figure 9 : Financial improvement governance structure (to be agreed)
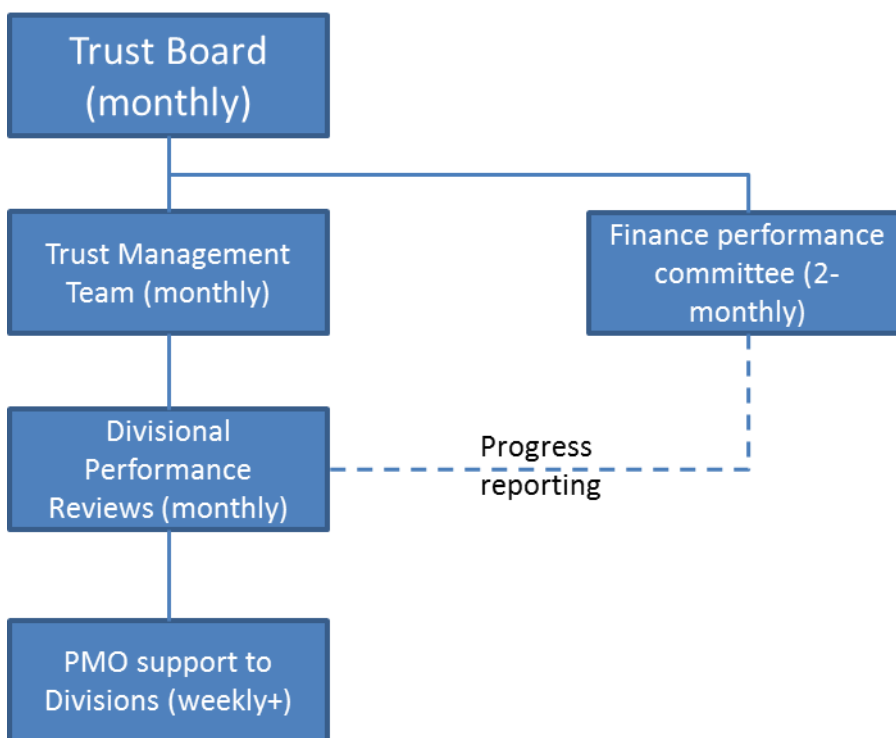
5.4 Capital Planning

The 2018/19 capital plan utilises funding primarily through depreciation, the third instalment of cash from the sale of the Frenchay site and charity funding for certain items of equipment.   This is partly offset by £1.7m capital loan repayments linked to the sale of the Frenchay site which was agreed in the approved business case.

As can be seen in the table below, the Trust has prioritised significant essential expenditure in IM&T, medical equipment and divisional schemes. The capital programme for 2018/19 is extremely tight and there have been a number of additional schemes totalling £19m which we are not able to prioritise in the current year and this needs to be reviewed in the context of the 5 year programme.

Table 9 : 2018/19 Capital plan

Capital plan 2018/19	£m
Expenditure	
IM&T	3.6
Divisional schemes	6.7
Medical equipment	4.4
Estates infrastructure	1.8
Other	4.1
Total expenditure	20.6
Funding	
Depreciation	15.4
Asset sales	4.7
Charity funding	1.6
Other	0.6
Loan repayment	-1.7
Total funding	20.6
Surplus/(Deficit)	**0**

6 Link to Sustainability & Transformation Plan (STP)

The model of care and key principles described in the STP align well with North Bristol NHS Trust's (NBT) strategy as shown in the table below.

Table 10 : Alignment of STP principles and NBT Strategy

STP principle	NBT Strategic Theme [theme ref]
Standardise and operate at scale	Change how we deliver services to generate affordable capacity to meet the demand of the future [1]
Develop system wide pathways	Play our part in delivering a successful health and care system [8]
Develop a new relationship with our population	Treat patients as partners in their care [3]
Develop a new relationship between organisations and staff	Create an exceptional workforce for the future [4]
Build on existing digital work as a driver and enabler for cultural change	Maximise the use of technology so that the right information is available for the key decisions [6]

*Healthier Together (*as The BNSSG STP is identified) is led by a System Leadership Group, of which the CEO of NBT is a member and supported by a programme management office. We will continue to support the development and implementation of the three core transformation portfolios through this and other STP delivery groups we are part of, namely the leadership, clinical, workstream, enabling and spotlight working groups. For example:

Portfolio 1: Prevention, Early Intervention and Self Care: we will help inform the allocation and phasing of any transfer of Commissioner funds to support prevention and well-being.

Portfolio 2: Integrated Primary and Community Care: we will support the re-design of end of life, frailty, diabetes and respiratory patient pathways, and help inform the benefit realisation profile for the quantitative and qualitative metrics defined in the STP e.g. 30% reduction in admissions and attendances by STP year 3 for certain long term conditions, reduction in outpatient appointments by 15%, reduction in LoS by 20%.

Portfolio 3: Acute Care Collaboration: this portfolio will have the largest impact on NBT and is the one we are most involved in. We are supportive of the overarching objectives; best use of hospital capacity; effective clinical pathways; specialist services and networks; sustainable services at Weston General Hospital, and we are actively involved in 3 of the spotlight projects – which our directorate plans are aligned to STP timescales and objectives in these areas. For example:

Sustainable services at Weston General

We are working closely with University Hospitals Bristol and Weston Acute Hospital Trust to develop sustainable acute service models at the Weston Hospital site. Specifically, NBT is leading on developing collaborative service models for Urology, Breast Surgery and Pathology services.

Stroke pathway review

We are supporting the workstream clinical lead and have operational and clinical representation on the Stroke Pathway Review Board.

We were involved in the options appraisal process, which recommended NBT as the preferred option for the location of the regional Hyper Acute Stroke Unit (HASU), and we will continue to support the process to determine the optimal number of Acute Stroke Units (ASUs) in the region.

MSK programme

We are providing operational and clinical support to this spotlight project through our representation on the system T&O Steering Group that is leading this work, for example:

Workstream 1: MSK clinical pathways – we are supporting the Rheumatology pathway re-design work and the project to enhance the management of patients with MSK conditions in Primary Care. We will also champion the inclusion of the latest research and Public Health information to ensure patient outcome data is used to inform the design process.

Workstream 2: Elective Orthopaedics - this is the most developed workstream and we are currently supporting the sub-specialty demand and capacity modelling work, using IMAS, to define the gap between system-wide outpatient and inpatient capacity (NHS and independent sector) and predicted levels of demand. We are also supporting the work to deliver a consistent and equitable interface service across BNSSG. We will work with our partners to agree a sustainable solution to current MSK backlogs.

Workstream 3: Orthopaedics and Trauma Service – we will work with our partners to ensure this workstream delivers a consistent, safe and sustainable pathway for fractured neck of femur patients across BNSSG. We would also support the expansion of this workstream to include capacity and demand and pathway redesign work for the regional spine service, including how this links to major trauma network and pathways.

Pathology

NBT's Medical Director is the SRO for this spotlight project and through the Pathology Working Group we will continue to support the development and implementation of a number of system-wide projects, for example:

- Developing options for a **sustainable histopathology model at Weston general hospital.**

- Supporting the **specialist testing and blood sciences review** to develop options, and then implement, a sustainable, regional approach for these services.

- Supporting the **Managed Equipment Service (MES) re-procurement** to ensure a new MES is in place for 2019/20.

- Review prices, baskets and opportunities to **standardise GP referrals** to better manage demand.

- Support the **urgent care review** to develop alternatives to emergency attendance and admission.

- Continue to **innovate and pull on best practice** guidance to develop evidenced based pathways e.g. Faecal Immunochemical Test (FIT) bowel cancer screening, non-alcoholic fatty liver disease.

STP enabler programmes

We will also continue to support the STP enabler projects, for example:

Engagement & Communication: we will support the design and delivery of patient and public conversations, engagement and where necessary consultation.

Estate: we will optimise the efficiency of our estate to support the delivery of new models of care, aligned to the principles of Lord Carter's review.

Workforce: We are leading on the development of new Nursing Associate and Physician Associate roles and will continue to work with our partners to explore options for achieving shared recruitment, collaborative working on apprenticeships and a common culture.

Digital: we have prioritised our IM&T investment programme and plan to invest a further £10m across 2017/18 and 2018/19 to deliver the network upgrade (requires NHS Improvement approval) and the Business intelligence scheme.

Collaboration: we are working closely with University Hospitals Bristol NHS Foundation Trust and have established a joint Partnership Board which meets quarterly, alongside a quarterly executive-to-executive meeting. Additionally, we are developing our relationship with the BNSSG CCG and have held executive-2-executive meetings in February and March to support the development of our Operational Plans.

Appendix 1   Corporate objectives by strategic theme

		2018/19 Corporate Objectives
Strategic Themes	**1**	Deliver the financial plan to achieve an improved year end deficit of £18.383m
		Improve the flow of patients through the hospital by ensuring maximum bed occupancy of 95%
		Improve estate utilisation raising share of the estate in clinical use from 73% to 78% by March 2019
	2	Maintain safe access to services: improve access to emergency care, maintain delivery of the national cancer standard, ensure there are no 52-week breaches and no increases in the overall waiting list for elective care
		Reduce the measurable harms from care with particular focus on reducing pressure injury and infectious complications from indwelling devices
		Achieve an overall CQC rating of 'Good'
	3	More patients receiving inpatient care will recommend treatment at NBT to their friends and family, increasing from 91% in September 2017 to 93% by March 2019, making progress to our goal of 95% by March 2020
		Increase the score for National Inpatient survey question 'were you engaged as much as you wanted to be in decisions about your discharge' from 6.6 to 6.8 in 2018.
	4	Increase the overall engagement score in the staff survey from 3.72 to national average (3.78 in 2017)
		Improved scores achieved in the staff survey in the health and wellbeing categories, so that exceeding average of all Trusts
	5	Deliver the Service Line Management development programme for the specialty leads and their triumvirate teams (clinical specialty lead, Matron and assistant general manager)
		Agree the accountability and decision making framework to maximise devolved decision making.

	2018/19 Corporate Objectives
6	Deliver the 2018-19 Informatics Programme, including: • Deliver Enterprise Network replacement to enable access to reliable and fast network connections across the whole estate; • finalise plans for Electronic Prescribing & Medicines Administration system and a Patient Observation system for 2019-20 delivery; • extend Paper Light to more services to improve clinical access to information • A new intranet platform and roll out of Bring Your Own Device to enhance IT support to staff. Ensure compliance with the new General Data Protection Regulations and maintain robust cyber security protect for critical services.
7	Increase the number of research projects led by nurses and AHPs
8	Develop with partners high quality and efficient models for urgent care, stroke, orthopaedics, and pathology Develop the STP refresh with partners to agree system plans to restore financial balance in BNSSG

North Bristol NHS Trust