University Hospitals Bristol NHS
NHS Foundation Trust

Forward Plan Strategy Document for

University Hospitals Bristol NHS Foundation Trust

Plan for y/e 31 March 2012 (and 2013, 2014)

This document completed by (and Monitor queries to be directed to):

Name	**Ben Hume**
Position	**Head of Strategy and Business Planning**
e-mail address	**ben.hume@uhbristol.nhs.uk**
Tel. no. for contact	**0117 342 3606**
Date	**27th May 2011**

Approved on behalf of the Board of Directors by:

Name *(usually Chair)*	

Signature

Strategy Document
Annual Plan Review 2011/12

Contents

Strategy Document
Annual Plan Review 2011/12

i) Overview

a. This document is required for submission to Monitor, the regulator of NHS Foundation Trusts, no later than 31st May 2011. It is supported by a range of detailed templates, which are submitted to Monitor at the same time as this document and are available separately upon request.

b. University Hospitals Bristol NHS Foundation Trust's plans for the period 2011/12 to 2013/14 include financial forecasts for three years that reflect forward-looking assumptions, projections and estimations for:

- Revenues and costs;
- Contracts and changes in productivity;
- The likely impact of various external and internal factors;
- Key risks, including in relation to the Authorisation, and effective mitigations;
- Capital and other investment projects;
- Leadership and necessary key skills;
- Potential acquisitions and / or disposals (where relevant); and
- Clinical quality objectives and service developments.

c. Each of the above is underpinned by detailed planning and proposed actions, identification of key responsibilities and clear accountability, and a shared strategic vision led by the Trust's Board and agreed with Governors, commissioners and other key stakeholders. To deliver this, the Trust's Board has planned, understood and in this document now communicates:

- The Trust's strategy;
- Key delivery risks to the strategy: internal and external; controllable, semi-controllable and non controllable;
- For each of the main parts of the strategy, the key priorities, actions and resources (both financial and human) needed to deliver them;
- Measures of progress and milestones along the way;
- How the Board has considered the impact on quality of patient care;
- How the Board has considered how patient safety is safeguarded;
- Any regulatory risks and mitigations; and
- Communication and stakeholder engagement.

d. The strategic part of the Annual Plan is designed to ensure that:

- The Trust's Boards (both Directors and Governors) have properly considered and delivered the above requirements for planning to underpin the delivery of high quality healthcare;
- The Trust's financial plans demonstrate an integrated and effective approach to, and output from, high quality strategy and realistic planning; and
- If not, to identify gaps and actions to fill them.

e. Monitor will consider the clarity with which we can describe our overall strategic vision. For each of the main areas of our business we have identified key priorities, assessed risk and designed a co-ordinated and credible plan for delivery of our Trust's three year plan.

f. Within each section of this document, we describe succinctly the Trust's key priorities (generally a range of between 5 and 10 priorities) – by way of using tables. For each of the priorities in the following sections, the aim is to demonstrate a clear link between the overall vision for the Trust, strategic objectives, key operational action plans and the assumptions used to drive the plan.

Section 1: Strategy

1a) The Trust's current position and vision are summarised as:

The Trust's position remains one of relative strength. Our underlying financial position is one of the strongest amongst the Foundation Trust sector with a significant accrued surplus and a strong underlying position. In governance terms, the Trust has moved from its historical Red rating to achieving a Green rating for Quarter 3 2010, the first Green rating since its authorisation. Notably, the Trust has significantly improved its delivery of the patient access standards secured sustained improvements in health care acquired infections and made significant progress in patient experience monitoring and improvement.

In March and April 2011, the Trust Board approved re-freshed strategies for its three core areas of business – clinical services, teaching & learning and research & innovation. These strategies are built upon a solid analysis of our internal strengths and weaknesses and the opportunities and threats facing the Trust in light of a significantly changed external environment.

Following this strategic review our mission is unchanged – to provide clinical services, teaching and research of the highest quality. Our 2011/12 Operating Plan signals our medium term business priorities as service transformation, leadership for change and optimising patient flow.

In response to our strategic analysis, our business intention is to consolidate and grow our specialist, teaching and research service portfolios. This reflects the opportunities open to us to secure new business through service designations and the opportunity to increase activity, in times of financial constraint, through the repatriation of a significant volume of specialist work that continues to be delivered to South West residents outside the region; notably in London and Oxford.

Reflecting our commissioner's intentions, we anticipate a rationalisation of the volume and scope of general hospital services provided to our local population. A key plank of our vision is therefore to increasingly integrate our acute service offer with community and primary care, through a clear focus on the delivery of pathways and care programmes. We intend to be seen as exemplars at working across organisational boundaries and in partnership with others.

In December 2010, we fully accepted the findings of the Histopathology Inquiry and are committed to embedding the changes required to ensure all our services benefit from the learning acquired through the Inquiry. Our Quality Strategy puts patient safety and experience at the heart of our organisation and a wide reaching organisational development programme will ensure we create a culture where quality is central to all that we do – led by our workforce and underpinned by a rewards and recognition structure that recruits, develops and retains staff who are wholly aligned to our vision and values. In this context the Board is sighted on the risk to quality from the cost reduction programme that faces us and has established assurance mechanisms that will assess and consider the impact of cost reduction plans on the quality of patient care.

Finally, the Trust Board's approval in April 2011 of Full Business Cases for major re-developments of the Bristol Royal Infirmary and Children's Hospital will ensure that we have an infrastructure capable of supporting our vision for future models of care; models that will deliver a significantly enhanced patient experience and enable us to achieve (at least) upper quartile levels of efficiency across a broad range of measures.

In conclusion, our five year vision is to be seen as the foremost provincial teaching hospital trust in England, recognised for the excellence of our clinical services, our attention to the individual needs of our patients, our research portfolio and the quality of our teaching and learning.

1b) The Trust's strategy over the next three years is to:

Our strategy reflects our renewed focus on quality, notably patient safety and patient experience. It addresses the challenges associated with delivering these priorities as NHS resources become increasingly constrained through a business strategy that builds upon our strengths and the market opportunities we believe we are well placed to exploit.

2011/12 will be a year of learning for the Trust – learning from reviews, learning from past incidents, and learning from patient feedback. Our clinical outcomes continue to rank amongst the best, with an enviably low hospital mortality rate. Our strategy will ensure we do not lose this starting advantage and includes a developing quality intelligence function that will enable the Trust to gather and respond to insights about its own quality profile, to a level of detail not previously undertaken. Alongside this will sit a robust approach to impact assessing the consequences of disinvestment decisions on the quality of patient care.

We will also continue to learn from the events surrounding the Independent Inquiry into allegations of serious misdiagnosis in histopathology services at the Trust between the years 2000 and 2008: a joint director of histopathology services has been appointed and we will continue to implement a comprehensive action plan in response to the Inquiry recommendations, working in partnership with North Bristol NHS Trust.

Our business strategy is to secure financial headroom for our quality agenda by growing our specialist services offer and reducing our secondary care services cost base further through the transformation of key areas of service, notably urgent care and outpatients. Our medium term financial plan assumes modest, achievable growth in the specialist services area.

We believe that the specialist portfolio is where our greatest business opportunities lie, supported by the following factors:

- Evidence that very significant volumes of South West region patients continue to receive specialist services, available in Bristol, outside the region;
- Evidence that smaller, district general hospitals will be unable to achieve the standards required by regional and national designation;
- Limited opportunities to reduce demand for these services through transfers to primary or community providers and settings.

Our five year Clinical Services Strategy frames our business intention around four strategic themes: **what we do,** how the service and business portfolio of the organisation will change; **where we work,** how the geographical reach and location of the service portfolio will develop; **service quality**; how we will ensure quality is seen as one of our defining characteristics and is at the heart of everything we do and finally **our role, influence and reputation,** the part we will play in shaping our own future, the system we operate in and how, as a result, we are seen by others.

Underpinning our strategic ambitions are six key enabling strategies that will ensure we create an organisation capable of realising our ambitious goals. The six supporting work streams are rationalising and improving our estate; increasing our productivity and efficiency; developing our workforce; improving information and business processes; strengthening organisational development and sustaining financial health.

In order to sustain the performance improvements seen over the last 18 months, we will enter 2011/12 with a clear focus on resolving some our more intransigent operational issues. Notably patient flow – through the re-design of the urgent care pathway and the services that support it and the protection of our planned care bed base to ensure at times of emergency care pressure our performance in areas such as 18 weeks and cancer does not suffer.

We have already embarked upon the re-launch of our internal transformation programme *Making Our Hospitals Better* following a review of the current arrangements. We are in the process of strengthening our programme architecture and targeting the Transformation Team effort towards our greatest priorities.

1c) Key priorities for the Trust which must be achieved in the three years of the annual plan to underpin the delivery of the Trust's strategy, with milestones of delivery of each over the period of the plan:

Key Priorities & Timescales	How this Priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
Consolidate and expand our specialist services portfolio, having achieved a number of major designations and service transfer by the end of 2014	This enables continued financial growth at a time of overall financial constraint whilst building the reputation of the Trust as a significant player in specialist services provision, notably in children's, cardiac and cancer services	• Achieve service designation in paediatric cardiac surgery and become the Principal Treatment Centre for Teenage and Young Adults with cancer • Conclude scoping exercise to identify, by specialty and work type, work amenable to repatriation to UH Bristol • Conclude review of Pathology Services and identify future role of UH Bristol in provision of pathology • Agree approach to developing pan City Acute Services Strategy in partnership with North Bristol Trust, Weston and local commissioners • Prepare for transfer of key services to and from the Trust in 2012/13 • Develop and agree targets for repatriation of specialist activity to Bristol	• Achieve regional designation for scoliosis services and neonatal intensive care • To have secured increase in work notably in cardiac services, to the Bristol Heart Institute from Oxford and London • Commence Implementation of Pathology Services Review recommendations • Acute Services Configuration Strategy completed and endorsed by Boards and commissioners • Transfer services to South Bristol Community Hospital and close Bristol General Hospital • Transfer Breast and Urology services to North Bristol Trust; • Transfer Head & Neck Cancer / ENT services from neighboring trusts	• Prepare for transfer and designation of paediatric burns and neurosciences services from North Bristol Trust • To have commenced repatriation of non-cardiac work from non-South West Trusts
Place quality at the heart of what we do, embedding the learning from the Histopathology Inquiry across all services resulting in the Trust achieving a Top 5 ranking amongst peer trusts for 50% of the measures in the 2014 Annual Patient Survey	Our ability to retain and attract new business and exemplar staff will be secured through a reputation for consistently delivering high quality services, that put patients at the centre of our approach	• To continue to drive forward our major care quality initiatives relating to falls, pressure sores and venous thromboembolism • Implement Year 2 of our Patient Experience Programme, notably extending its reach from inpatient to outpatient services • Launch the Trust's Dementia Strategy and associated priorities for action • Address areas of non-compliance in Outcomes 5, 7, 11, 14 and 21 • Develop and agree priorities for improvement in patient experience	• Implement year 3 of our Patient Experience Programme extending its reach • The spread of all key changes associated with the SW Quality and Patient Safety Improvement Programme in three work streams • Upper quartile ratings for 50% of measures in the NHS Outcomes Framework • Implement the action plan arising from the gap analysis of the NICE Quality Standard for Dementia	• Maintain HSMR of "less than expected" • Zero Never Events • Upper quartile ratings for 60% of measures in the NHS Outcomes Framework • Top 5 ranking for 50% of measures in Annual Hospital Patient Survey

		of patients with cancer and their carers • Maintain HSMR of "less than expected" and create a process whereby the impact of all disinvestment decisions is assessed in relation to patient quality		
Re-launch Service Transformation Programme Making Our Hospitals Better with aim of securing upper quartile productivity in key areas including length of stay, outpatients and theatre productivity by 2015	Service transformation will be the basis upon which the trust secures cost reductions of at least 4.5% per annum over the three year period of this plan. 2010/11 saw the establishment of appropriate programme architecture and 2011/12 will see the further development of the programme with significant change initiatives beginning to deliver service improvement and productivity gains	• Programme Architecture reviewed and renewed • Programme Director appointed and review of Innovation team undertaken • Top 5 Transformation work streams launched with associated governance and Board oversight • Consultant Productivity Dashboard operationalised and rolled into consultant appraisal and job planning	• Patient Flow project embedded and delivering significant improvements in performance / productivity related to length of stay and discharge • Outpatient Review recommendations implemented with significant improvements in outpatient productivity and resulting cost reduction • All line managers skilled in staff performance and capability management	• Programme milestones achieved • Length of Stay and other operating efficiency indicators consistent with plans for new buildings, opening in 2014
Continue the rationalisation and improvement of our estate so that by the end of 2014 both the BRI re-development and Children's Hospital expansion are completed on time and in budget and no care is delivered from nightingale style wards	Transforming our estate is central to our vision for an improved patient environment and upper quartile performance across a broad range of productivity measures. Both of which are critical to our future success.	• Secure Board approval for BRI and CSP Full Business Cases • Achieve successful Monitor Due Diligence of these significant transactions • Achieve Guaranteed Maximum Price (GMP) for both schemes within business case parameters • Commence demolition of redundant estate	• Deliver annual milestones for BRI / CSP capital developments • Decommission Bristol General Hospital and transfer services to South Bristol Community Hospital and BRI campus	• Prepare for transfer of children's services from North Bristol NHS Trust in 2014 • Commence refurbishment of Queens and King Edward Buildings and prepare for decommissioning of the BRI Old Building
Aim to deliver" Green" Governance rating through 2011/12	A "Green" Governance rating is critical to our reputation, is central to the Board's vision for ensuring	• Establish information systems for reporting new A&E Quality Measures • Deliver objectives of Patient Flow programme to ensure acute bed	• Ensure no risk to stroke standards arising from transfer of stroke services to SBCH through effective planning • Determined by performance risks	• Determined by performance risks and priorities

	quality is at the heart of what we do and will create management headroom for the strategic and development agendas of the Trust to be pursued	base is not compromised – key to cancer and A&E targets • Achieve 32% reduction in C Difficile through robust implementation of improvement plan • Strengthen pathway management of 62 day pathways • Secure consistent delivery of stroke standards through protected beds and peak activity management	and priorities	
Improving information and business processes (to 2014)	A modern clinical information platform is central to our vision for delivering safe, high quality services. Moving from data and information, to knowledge will strengthen our approach to decision making	• Award contract for clinical information system replacement and commence implementation • Establish Business Intelligence function and train all core analysts on basic BI suite by end of 2011 • Undertake and complete clinical administration review of all business processes supporting clinical service delivery	• Phase 1 go live of PAS and Clinical Desktop Integration • Phase 2 & 3 commenced (prescribing and document management) • All standard Board and Executive reports auto produced through BI Software	• Go Live of Prescribing Module • Go Live of Document Management
Significantly progress our Research & Innovation Strategy following the appointment of a Joint R&I Director with a c50% increase in patient recruitment into NIHR trials by 2014	Improving our national standing in the area of research is key to securing the workforce we aspire to recruit and retain and building our reputation as the foremost teaching hospital outside of London	• Develop the model and framework for a Bristol Academic Health Science Centre (AHSC) and appoint Chair • Review and revise the governance arrangements within the research function including the strengthening of research planning within overarching medical job planning • Increase patient recruitment into NIHR trials by 15%	• Establish the Bristol AHSC • Further 15% increase in patients entering NIHR trials	• Evaluate the early operation and succession and the AHSC and consider roll out to new partners • Further 15% increase in patients entering NIHR trials
To implement the early priorities in the recently approved Teaching & Learning Strategy with the aim of securing a % increase in staff satisfaction with T&L year on year from the 2011/12 baseline	A high quality teaching & learning function will ensure we are well placed to recruit the best and to develop our existing workforce in line with our revised vision and values	• Revised teaching and learning structure in place • T&L Business Plan developed and approved with key business opportunities identified • Training Academy Framework developed and agreed • Implementation of core e-learning modules in all areas of high volume	• Areas for income generation scoped and implementation plans developed and in train – building upon UH Bristol's strengths in the field e.g. simulated training • Training Academy established and operational • Leadership Competencies Programme delivering to first	• All training delivered across the Trust will be academy delivered or accredited • Academy increasingly delivering training to external bodies with resulting income generation • Formal succession plans in place for all staff in talent

		training / CPD • Talent Management and Succession planning programme fully embedded including launch of new Leadership Competencies	cohort Talent Pool	pool and internal candidates identified for all Band 8B and above posts
Our role, influence and reputation *By 2014, we will develop our role and position in local, regional and national contexts to ensure we proactively shape (rather than respond) to both policy and practice, thus controlling our own destiny to a greater extent.* *Strengthen our approach to building a positive brand and proactively managing our reputation.*	Our success depends to a large extent upon our ability to navigate the external landscape over the coming years; the more we can shape and influence that landscape to fit our own ambitions the more likely we are to succeed. All of our aspirations and ambitions rely upon the Trust having a positive reputation both locally, regionally and nationally.	• Establish new and productive ways of working with local GP Consortia, BNSSG Commissioning Cluster and National Commissioning Board • Re-structure roles and responsibilities of Commissioning & Planning team to align "account" responsibilities to new Consortia • Progress Partnership Agreement with NBT and agree priorities for joint work in 2011/12	• Secure place in top 20% of Trusts for being a "good place to work" • Established means of mapping and tracking our reputation with stakeholders • UH Bristol to become a commentator as well as a "reported" story	• Continued positive media coverage • Others determined by priorities, risks, and opportunities.
Strengthen Our Organisational Development capability to ensure we are able to bring about the cultural change identified as being critical to our success with notable improvements in relevant measures in annual staff survey and in house Values Survey	The Histopathology Inquiry demonstrated the extent to which a negative culture can impact adversely on services and staff. Ensuring an organisational culture that is aligned to our vision and values will be a critical success factor for the Trust over the next 3 years	• Appoint Joint Director of Histopathology Services • Conclude and implement recommendations from the Trust's review of its governance structures, systems and processes • Review of the Trust's management structures through "Spans and Layers" projects ensuring we have a management model fit for purpose • Conclude review of consultant job planning and appraisal • Develop a staff engagement programme	• Staff engagement programme implemented. • Establish an integrated histopathology service with NBT • Deliver reductions in management costs through implementation of a "flatter" organisational structure	• Staff engagement programme evaluated

Section 2: External Environment

The table below reflects the significant external impacts on the Trust's plans:

Key External Impact	Risk to/impact on the strategy	Mitigating actions	Residual Risk	Overall expected outcome	Measures of progress and accountability
Overall funding environment	Reduced income with resulting risks to underlying financial health and quality of services Reduced access to capital with risk to estates programme and equipment renewal	Identify Increased efficiency savings Consider disinvestment in non-core unprofitable services Review and revise priorities in capital programme and explore role of charitable partnerships in supporting programme further	Based on current downside scenario plans: remains low risk, however residual risk to be managed is impact of increased efficiency requirements on quality of care	Maintain financial liquidity Appropriate cost base Prioritised capital developments proceed	Financial Risk Rating maintained (Director of Finance) Reference costs and monitoring of service income and expenditure (Director of Finance) Capital programme review (Director of Strategic Development)
Tariff changes	Changes in structure of tariff increase risk for unplanned income losses e.g. readmissions Previously profitable services become loss making New income opportunities to be exploited e.g. best practice tariffs with resulting investment in services e.g. paediatric diabetes	Review of clinical services strategy against current portfolio to understand opportunities for divesting in loss making services (unless core services) Develop further service line reporting and peer review mechanisms to better understand opportunities for specialty and procedure level cost reduction Undertake non-PbR rebasing to prepare Trust for services moving into tariff arrangements Develop mitigating service response to areas where tariff structure represents most risk e.g. emergency readmissions, marginal emergency tariff	Residual risk is considered low. All tariff impacts are built into financial base case scenario.	Services increasingly delivered with tariff. Loss making services divested or cost base reduced.	Tariff risk minimised through service mitigation plans (Chief Operating Officer) Non-PbR service costs reflect average reference cost of local cost Agreements reached with stakeholders about any proposed service changes (Director of Strategic Development)

Quality incentives and penalties	Represents important lever to drive up quality, secure clinical engagement and reward good practice Non-recurring nature of the rewards (CQUINs) limits investment opportunities Incurring penalties in excess of those planned for has potential to de-rail plan e.g. C Difficile maximum exposure £3m Non-achievement of targets, leading to penalties	CQUIN measures carefully negotiated to ensure they are leveraging change in right areas Pump priming investment to support delivery of targets and secure income Close operational management to ensure delivery of targets / indicators Transformation programme to support service quality	Low residual risk as a result of prudent planning assumptions about income earned and penalties applied.	Achievement of 50% of CQUIN income as a minimum	Board Quality & Outcomes Committee will track and scrutinise achievement (Medical Director / Chief Nurse) National target outcomes and key deliverables from Transformation programme (Chief Operating Officer) Reporting of Key Performance Indicators (Director of Strategic Development)
Demand management and contract changes	Activity exceeds planned contract with risk of compromising Trust Operational Plan and therein key performance measures Over-activity places pressure on capacity to deliver care within patient access standards Commissioners unable to fund excess activity and remain viable – risk to Trust of non-payment / arbitration	Robust approach to activity planning and capacity modelling. Create operational contingency plans for scenarios of increased activity Monthly run rate monitoring of activity against plan with early remedial actions taken	Remain high risk in light of scale of activity reductions proposed by commissioners and limited track record of managing demand down significantly	Optimal use of capacity, maintaining patient access standards Alignment of commissioner and Trust medium-term activity plans Operational plans that can respond to unplanned activity and preserve performance	Performance against patient access standards (Chief Operating Officer) Contract performance indicators (Director of Strategic Development)
Service reconfiguration, competition and co-	Income risk to Trust from new entrants or existing players gaining market share	Scenario planning in light of new information Upside and Downside plan testing	Risk considered as being low. Plans take account of increased use of	No significant loss of services that has not been planned and managed Proposed changes achieved	Consultation with stakeholders about proposed service changes (Director of Strategic Development)

operation	Unable to gain public or political support for proposed service changes with resulting loss / delay of proposed benefits Opportunities for patient benefit and cost savings missed	Robust process approach to service change and consultation	ISTC in line with commissioning intentions	on time, on plan with stakeholder support.	Alignment of Trust and commissioner medium-term priorities (Director of Strategic Development)
National or local policy changes, e.g. Pay, patient care standards	Impacts on productivity, savings and workforce morale with risk to staff engagement in future plans Changes to Terms and Conditions cannot be negotiated through with resulting negative impact on cost reduction plans Delivering Single Sex accommodation in current estate is not achievable in national timelines	Maintain positive staff side dialogue Recruitment and retention of staff developed further via workforce strategy Identify short and medium turn estates solution to deliver full compliance during 2011/12	Low residual risk	Optimal staffing levels and retention of appropriate expertise Optimal facilities for contracted patient activity levels. Single Sex Compliance achieved by August 2011	Workforce strategy milestones (Director of Workforce & Organisational Development) Service and quality standards met (Chief Operating Officer)
Designation standards	Impacts of failing to gain designation for services and risk to planned increases in income Impacts of successfully gaining designation for services on operational delivery requirements Unknown service specifications for designation standards make planning and preparation more challenging	Planning and development of key services undertaken in context of future designation requirements Anticipation of service specifications through close working with specialist commissioners	Low residual risk - Tested plans give assurance of optimal patient care in all scenarios	Designation of key services including cardiac paediatric, Teenage and Young Adult cancer, paediatric burns and neurosciences, adult cardiac services	Progress against designation standards (Director of Strategic Development)

Commissioner changes	New commissioner intentions do not align with Trust strategy Loss of pace and/or focus during period of transition	Maintain dialogue with commissioners throughout transition Build relationships with emerging GP Consortia and other key stakeholders e.g. National Commissioning Board "Sell" Trusts strategy to new commissioners and iterate to reflect any new, emerging priorities	Medium risk due to current state of transition	Established and productive working relationships with new commissioners both local and national	Alignment of Trust and commissioner medium-term priorities (Director of Strategic Development)

Section 3: Summary Financial Plans (not published by Monitor)

This section provides a summary of the current financial state of the Trust, the key assumptions made in compiling the Financial Plan and a synopsis of the material changes over the three years of the Plan:

The key highlights for the Trust's financial performance during 2010/11 include:

- Delivery of an income and expenditure surplus of £12.0m (net of impairments of £1.8m);
- An EBITDA[1] (operating surplus) of £41.8m (8.25%);
- Achievement of cash releasing efficiency savings of £18.86m;
- Expenditure on capital schemes of £25.4m;
- A healthy cash position (£53.0m) and a strong Balance Sheet.

The Trust has achieved financial breakeven or better (before exceptional items) in each of the last 8 years. The results for 2010/11 confirm that the Trust has delivered the third year of its financial strategy as a foundation trust.

The Trust's financial risk rating for 201011 is 4. This reflects the delivery of the financial plan on an EBITDA basis, together with good performance on the return on assets, the income and expenditure surplus margin and the liquidity ratio metrics.

The financial highlights of the year 2010/11 are summarised in Table 1 below.

	Plan 2010/11		**Actual 2010/11**	
	%	£'m	%	£'m
Income		494.3		506.6
Net Surplus/ (Deficit)		6.3		12.0
I&E Surplus Margin	1.5%		3.1%	
EBITDA		35.7		41.8
EBITDA Margin	7.8%		8.2%	
Return on Assets		18.3		24.3
Return on Assets	5.1%		8.0%	
CRES achieved		15.5		18.9
CRES %	3.4%		3.9%	
Financial Risk Rating	4		4	
Capital Expenditure		31.4		25.4
Depreciation		19.2		17.4
Impairments (net)		1.2		1.8
Assets Non-Current		292.9		295.3
Net Assets Current		9.7		22.0
Cash		30.8		53.0

Table 1: Financial highlights of 2010/11 (with CRES as % of expenditure)

Capital expenditure for the year at £25.4m was less than planned because of slippage on the BRI Redevelopment schemes, refurbishments and other operational capital schemes. The increase in cash over the year will be used, in part, to fund slippage on these schemes into 2011/12.

The Trust has increased its cash balances during the year as a result of slippage on capital expenditure, a better than planned income and expenditure surplus for the year and improved management of net current assets.

The financial forecasts have been derived from a baseline of the agreed 2011/12 Financial Plan. The 2011/12 Financial Plan, initially approved by the Trust Board in March 2011, has been further refined in May 2011 in the light of the outcome of the conclusion of Service Agreement settlement with Commissioners.

The Trust's long term financial model, used in the Foundation Trust application process at the beginning of 2008, has been reviewed and updated. This update extends to 2016/17, although earlier years are clearly based on firmer estimates.

The planned income and expenditure position is shown in Table 2 below.

£m	Plan 2011/12	Plan 2012/13	Plan 2013/14
Income			
From Activities	392.6	390.9	384.5
Operating Income	99.0	74.0	72.6
Staffing costs	(306.7)	(289.9)	(282.1)
Supplies and Services	(151.5)	(139.4)	(138.6)
EBITDA	33.4	35.6	36.4
Depreciation	(18.0)	(19.2)	(19.2)
Interest receivable	0.2	0.2	0.3
Interest payable	(0.4)	(0.4)	(0.4)
PDC Dividend	(9.1)	(9.6)	(9.6)
Profit / (loss) on asset disposals	-	-	-
Interest on loans	-	(0.8)	(2.9)
Net Surplus before exceptional items	6.1	5.8	4.6
Impairment charges (net)	(0.1)	(0.7)	0.2
Net Surplus / (Deficit)	6.0	5.1	4.8
EBITDA Margin	6.8%	7.7%	8.0%
Return on Capital Employed	4.8%	4.6%	4.3%
Income and Expenditure Surplus Margin	1.2%	1.3%	1.0%
Financial Risk Rating	3	3	3
Normalised Surplus	11.8	7.3	5.6

Table 2: Planned income and expenditure position 2011/12 - 2013/14

The normalised income and expenditure surplus for 2011/12 is £11.8m. The normalised surplus in 2012/13 reduces by £4.5m largely due to the impact (c£4m) of relocating services on the closure of the Bristol General Hospital to the South Bristol Community Hospital and loan interest (£1.4m). A Financial Risk Rating of 3 (actual 3.45) is maintained throughout the period covered by the Plan.

The Financial Plan will be delivered by the following actions:

- Achievement of planned savings of £26.6m in 2011/12.
- Maintenance of strict cost control.
- Delivery of CQUIN targets.
- Achievement of National performance targets.
- Avoidance of SLA fines and operations within agreed contract limiters.
- Achievement of significant clinical service improvement to assist with both efficiency savings and service quality through patient experiences.

The Trust has an Operational Planning process where it works with Divisions to review Divisionally created operational plans that describe how finance, activity, capacity, workforce, quality, risks and patient experience will be delivered. The financial part of these plans include a robust process to assess the plans as follows:

- The 2010/11 position has non-recurring items removed
- Savings requirements and other funding changes are adjusted for
- The cost of the SLAs agreed with Commissioners are allowed for
- The income changes from these SLAs are included
- Actual risk assessed savings are included
- Internal cost pressures in the Divisions are allowed for.

The above process results in the Divisions' forecast financial out-turn for 2011/12.

Section 4: Trust Plans

4a) Financial Plans: Income

The negotiations for Service Level Agreements have been successfully concluded with Commissioners with contracts to be signed by 31st May 2011. Table 3 below summarises planned income for the 3 years of the plan.

In summary, the 2011/12 SLAs that have been agreed include the following:

- Activity at 2010/11 out-turn level,
- Some growth in recurring activity,
- Non-recurring backlog activity set only at a level which allows aggregate 18 weeks RTT achievement i.e. not by speciality,
- Some specific developments e.g. ITU beds, Breast Screening, IMRT, ante-natal screening, AAA screening, NICU expansion etc.,
- Neutral impact of tariff and emergency re-admissions following electives i.e. net negative 1.5%,
- A non-Payment by Results rebasing of SLA lines – made neutral for 2011/12 by the use of offsetting financial adjustments,
- A number of significant recording changes with a gross value of £3.2m but a net zero impact,
- A national development of Osteogenisis Imperfecta,
- NICE additional funding of £3.5m,
- Contract limiters (Out-patient follow ups, emergency re-admission following emergencies) of £3.3m effectively replacing an equivalent sum from 2010/11 but now funded Corporately,
- PCT QIPP schemes (Quality, Innovation, Productivity and Prevention) which are really all savings schemes. These are at the PCTs own risk and if successful will result in lower acute activity and therefore capacity. No changes to budgets will be made until these schemes are demonstrated to have been effective.

£m	Actual 2010/11	Plan 2011/12	Plan 2012/13	Plan 2013/14
Income from Activities				
NHS Clinical Income				
Elective	82.2	82.0	80.6	79.4
Non-Elective	103.5	104.1	102.5	101.0
Out-patients	61.2	64.6	63.6	62.6
A&E	11.2	10.8	10.1	9.7
Other	131.3	127.7	130.7	128.4
Non-NHS Clinical Income				
Private Patients	2.5	2.4	2.4	2.4
Other	1.2	1.0	1.0	1.0
Total Income from Activities	**393.1**	**392.6**	**390.9**	**384.5**
Income from Operations				
Research & Development	9.8	10.0	10.4	10.5
Education & Training	40.5	39.8	37.1	36.1
Other	63.2	49.2	26.5	26.0
Total Income from Operations	**113.5**	**99.0**	**74.0**	**72.6**
Total Income	**506.6**	**491.6**	**464.9**	**457.1**

Table 3: ***Planned income position 2011/12 - 2013/14***

The significant reduction in Operating Income in 2012/13 is principally as a result of the termination of the hosting arrangement for the Skills for Health service. Plans are being developed by the Skills for Health Board for the organisation to operate from April 2013 on an independent basis.

The Trust has agreed a £3m cap on fines for C Difficile in 2011/12 which therefore restricts the impact of any adverse position of C Difficile. The financial penalty is levied on breaches above the 2010/11 number i.e. 94.

In addition, there are no CQUIN gateway conditions in 2011/12. This means up to £5.6m is available to be earned by the Trust if the individual indicators are achieved. Of this £0.5m is assumed in the Trust's planned Income and Expenditure surplus of £6m. This provides significant flexibility to the Trust in year.

For Skills for Health, a service hosted by the Trust, an income plan of £21.4m has been agreed – a significant reduction from 2010/11 but still a balanced plan for the service given an equivalent expenditure reduction.

For Non-Patient Care Agreements the position has improved slightly in that a flat cash (i.e. zero %) uplift is now likely compared to the budgeted negative 1.5% tariff change. This has yet to be confirmed but is the most likely position.

4b) Key Income Risks

Key income risk	Amounts and timing 2011/12 2012/13 2013/14	Mitigating actions and delivery risk
Commissioner Income Challenges	£4m in each year (pending changes to commissioner initiatives in subsequent years).	Maintain reviews of data to minimise risk of bad debts. Mitigation reduces risk to £2m.
Service Level Agreement performance fines	£3m in each year (pending changes to commissioner initiatives in subsequent years).	Infection Control Plan implemented and regular reviews of performance ongoing. Mitigation reduces risk to £1m.

4c) Financial Plans: Service Developments

Service development priorities	Contribution to the strategy	Key actions	Delivery risk	Key resource requirements	Measures of progress 2011/12 2012/13 2013/14
Organic / innovation:					
Bristol Royal Infirmary Redevelopment Project **Phase 3** – supports the closure of the Bristol Royal Infirmary Old Building and the reconfiguration of services **Phase 4** – reflects the Trust's strategy to replace out-dated impatient accommodation and the successful delivery of the estate rationalisation strategy	The project will enable the Trust to: Deliver key performance targets and prompt access to acute care Implement new models of care to improve the quality of patient care and the patient experience through the provision of modern facilities Centralise patient care with optimum clinical adjacencies to improve patient flow and the efficiency of services by maximising available resources Improve patient safety by reducing patient movement Work in partnership with the health community to establish alternative services in the community	Full Business Case approved by Trust Board in April 2011. Eexternal loan financing secured Agree Guaranteed Maximum Price within Full Business Case parameters Achieve positive Monitor Due Diligence Review	Non-specialist activity assumed to reduce by 10%; income and service risks if actual activity materially changes from this plan Delivery of length of stay and productivity improvements to achieve required bed reductions Delivery of workforce change to support new models of care Transformation of models of care as described in Full Business Case	Loan finance of £40m Balance from internal resources, including disposals Cost improvement programme interdependencies	**2011/12:** Full Business Case approved Full planning consent secured Construction contract with principal supply chain partner and Guaranteed Maximum Price agreed Enabling works commenced **2012/13:** Construction works commence **2013/14:** Construction works continue
Centralisation of Specialist Paediatrics project Enables the transfer	The project meets the long-term vision and strategy to centralise paediatric services and deliver the following objectives:	Agree and implement new models of care Agree key operational policies with transferring services and	Activity does not materialise as assumed with resulting income risks	Loan finance of £30m Additional commissioner revenue of £400k above tariff and income growth	**2011/12:** FBC approved by UH Bristol and North Bristol Trust

of activity from Frenchay Hospital to the Bristol Royal Hospital for Children	- To integrate incoming services within the hospital and maximise co-location with existing facilities - To provide all children and young people optimum access to appropriate paediatric care - To achieve optimal operational performance, quality of care and patient safety	staff Secure designation for key services including paediatric burns, cardiac and neurosciences	Delivery of length of stay and productivity improvements to achieve required bed reductions Delivery of workforce change to support new models of care Transformation of models of care as described in Full Business Case	associated with projected activity increases Cost improvement programme interdependencies	Construction contract with principal supply chain partner established – by July 2011 **2012/13:** Adult BMT services move out of children's hospital **2013/14:** Transition of operational management of transferring services commences
Transformation Change Programme 'Making our Hospitals Better' programme	The programme will assist the Trust to make fundamental changes in the way it delivers services building on the Productive Ward programme, Productive Theatre programme and Outpatient productivity opportunities	Overall programme aims and objectives include: To optimise the use of beds; delivering length of stay reductions in the Divisions of Surgery, Head & Neck and Medicine through key initiatives e.g. the expansion of day of surgery admission, development of new models of care, increase day case activity To improve theatre productivity by maximising the use of funded sessions and procedure times within operating schedules To improve productivity within outpatients across the organisation by maximising attendance at clinic and reduction in short-notice clinic cancellations	Non-achievement of programme goals and efficiencies lower than planned Appropriate support and accountability structure to ensure delivery of each element of the work programme	Consultancy Transformation Team Internal resources including Programme Management Office arrangements and Business Intelligence support	**2011/12:** Length of stay: release planned bed days in bed-holding Divisions Theatre productivity: at least 90% session template utilisation Outpatient milestones: including improved utilisation **2012/13:** The learning and evaluation of the productivity and efficiency gains achieved during projects will be spread across all services in the Trust Continued programme milestone progress for length of stay, theatres and outpatients

					2013/14: Monitor progress of above to ensure consistent with BRI and CSP Redevelopments
Acquisition, etc.:					
-	**-**	**-**	**-**	**-**	**-**
Transferred / discontinued activity:					
Development of the South Bristol Community Hospital The Trust will: 1. Transfer 2nd Stage Care, Rehabilitation and Intermediate Care services to community provider 2. Provide day case, endoscopy, diagnostics, community dental services and some outpatient services	Secures the Trust's position in a key part of its catchment Create additional capacity in areas of constraint e.g. theatres Promotes visibility of the Trust in the communities its serves Promotes integration of the Trust's acute offer with community and primary care services	Decommission Bristol General Hospital Agree TUPE transfer agreement for all staff working in rehabilitation services Commission and equip outpatient and theatre areas	Delay in the opening of hospital Hospital infrastructure inadequate for needs of UH Bristol services Significant slippage in the project will necessitate a review of the full business case assumptions, level of activity transfer and financial and workforce impact assessment.	Internal project management resource to ensure: de- commissioning of the Bristol General Hospital transfer and provision of services in the community hospital	**2011/12** Agree models of care for new services Prepare and agree TUPE transfer agreement Establish workforce requirements and operational models / policies for outpatient, diagnostic and day theatre services **2012/13** Achieve successful opening (May 2012)
Participation in community wide service reviews and service configuration initiatives	The Trust is committed to partnership working with primary care. The Trust's participation in the review processes will ensure: Reduction in the duplication of services across the community Improved access to care Services are delivered in the most appropriate setting	Agree operational plans for all transferring services, including TUPE staff transfers Conclude Pathology Review Agree priorities for further service rationalisation	Slippage against project timescales Delayed service transfers	Project management	Transfer of inpatient Urology services 2012 to North Bristol Trust Transfer of breast surgery services in 2012 to North Bristol Trust Transfer Head & Neck services 2012 to UH Bristol from surrounding trusts

4d) Financial Plans: Cost Reduction

Table A (Items included in the Cost Improvement Plans worksheet in the financial template):

Key operating efficiency programmes	Amounts and timing	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
Allied Health Professionals	The Trust plans to achieve £4.40m over three years 2011/12 to 2013/14.	To ensure that AHP's and Healthcare Scientist Professionals support the core priorities of the Trust such as improved throughput of acute admissions by reducing Length of Stay, enabling a reduction in the number of beds.	The main projects within this workstream are: • To reduce costs within each service and across pathways. • To identify improvements in skill mix and efficiencies as well as improved productivity. • To ensure staffing levels compare favourably with other benchmarked services. • Identify areas of practice that are not appropriately funded and assess if these should continue. **Risks** Potential lack of Divisional ownership or lack of engagement with individual services.	Workstream is led by the Director of Nursing as Executive Sponsor. Leadership is expected from all Heads of Service. The workstream has dedicated finance and HR support. Use of available benchmarking data.	Work stream group established with clear responsibilities April 2011. Project Initiation Document (PID) completed and work plan submitted May 2011. Delivery expected to be delivered starting in 2011 and continued throughout 2012/13.
Nursing Productivity	The Trust Plans to achieve £10.30m over three years 2011/12 to 2013/14.	The work of this workstream is integral to the Trust's transformational change programme. The aim is to transform the nursing resource in order to better meet the strategic aims of the Trust. This includes creating a more flexible and adaptive	The main projects within this workstream are: • A Trust wide review of Nurse rostering • Benchmarking staff per bed using the Audit Commission benchmarking exercise. • Review of Nurse leadership across the Trust • Review of Clinical Nurse Specalist productivity using Pandora software. **Risks** Potential resistance to accepting changes	The workstream led by the Director of Nursing as executive sponsor. All Heads of Nursing are members of the steering group and there is dedicated support from HR and Finance. The Trust has engaged an external consultant to review nurse staffing levels across all 24/7 areas.	Feedback from external consultant on nurse staffing levels across 24/7 areas in the Trust – July 2011. Review of Key nurse management roles complete – September 2011. Review of Clinical Nurse Specialist roles complete – September 2011.

		workforce.	in working patterns and changes in contracts. Potential failure to agree staff-to-bed ratios as recommended by an external review process.	Use of available benchmarking data, including Audit Commission ward data. The work of the Workstream group is supported by the Nursing and Midwifery Workforce steering group.	
Medical Staffing Efficiencies	The Trust plans to achieve £6.5m over the three years 2011/12 to 2013/14 With a further stretch target raising this to £9.0m.	The scope of this workstream is to redesign the medical staff workforce. This is to ensure that this key workforce is more adaptive and flexible and hence able to even better support the Trusts strategic aims.	The Trust is reviewing Consultant job planning to ensure that this is undertaken consistently across the Trust. The aim is ensure a better match between job plans and capacity and service need: • Identification of Key Performance Indicators (KPIs) for medical staff in order to ensure productivity is monitored and delivered. • Target Waiting List payments and seek to eliminate premium cost payments. • Target reductions in Medical Agency spend. • Target possibilities for reducing medical staff expenditure through use of non-medical practitioners. **Risks** Potential double counts with other workstreams. Potential that planned activity alienates critical &influential staff group delivering clinical care.	Project is led by the Medical Director. The workstream group is established with the relevant mix of professional staff. Lead doctors are engaged. There is dedicated Finance support.	Terms of reference of worktream developed – April 2011. Data base of all Consultant Job plans completed – June 2011.
Reducing and Controlling Non-Pay	Plan to achieve £4.5m of savings over period 2011/12 to end of 2013/14.	Contributes to overall strategy of achieving value for money and efficiency in use of resources.	There are 15 sub sets of work with action plans to address amongst others: • Procurement (With Bristol &Weston Purchasing Consortium); • Review of delivery charges; • Review of Trust wide printing; • Mattress savings; • Review of Trust wide logistics;	Led by the Director of Finance as executive sponsor. The workstream group is established with a project lead manager and broad range professional support including procurement	The project is identifying new savings and potential efficiencies on an ongoing basis.

			• Introducing Managed Inventory Systems in theatres and other areas; • Review of Management controls including checking and authorising invoices; • Review of Orthotics; • Review of blood and blood product usage and procurement. **Risks** Divisional sign up when change in products identified leading to missed opportunities.	and Finance. Project managers appointed for some sub groups.	
Facilities and Estates	Plan to achieve savings of £2.1m By end of 2013/14.	Essential element of the Trust's strategy to optimise use of estate and facilities. Supports the reduction of the Trust's carbon usage through energy efficiency savings.	Various spend-to-save actions targeting efficient use of energy across the Trust. Reviews of catering provision and reductions in spend relating to the Trusts bed closure programme. **Risks** – Low.	This project is driven through the Trusts Estates and Facilities Division. Utilising Divisional staff. Spend to save capital is and will used to pump prime various energy and utility efficiency projects.	Ongoing process to identify efficiencies. Key milestones include: Replacement of equipment to avoid steam loss – September 2011 Installation of extra metering capacity – Sept 2011. New Energy framework agreement to be entered April 2012.
Pharmacy / Medicines Savings	Plan to achieve savings of £2.6m savings by end of 2013/14. Plan to implement Out Patient dispensing via third party in 2012/13 delivering a further potential £0.750m.	Supports the Trust approach to delivering value for money and contributes to the QIPP agenda.	Actions include: • Implement BNSSG formulary • Target best practice procurement. • Target best practice and cost effective prescribing. • Implement outsourced Outpatient Dispensary. • Target collected rebates in respect of Patient Access schemes. • Target reduced wastage, using wastage audit data. **Risks** Capacity to deliver; competing priorities Capacity to deliver: data management. Potential impact of non budgeted cost pressures. Pharmacy Outpatients project delay.	Led by Medical Director as Executive Sponsor and Director of Pharmacy as Project Lead. The Workstream group is established with relevant professional support staff. External consultancy support has been engaged to help identify potential savings.	Agreed action plans for Divisions –June 2011. To implement agreed Trust wide prescribing changes in accordance with prescribing policy, BNSSG formulary, prescribing benchmark indicators and cost effective practice – October 2011. Develop initiatives and metrics that allow Divisions to maximise savings through facilitating efficiency improvements – March 2012. Planned start date for third party Outpatient dispensing agreement – April 2012. Validate procurement savings across Divisions – Oct 2011.

Optimising Use of Beds	Reduction of 200 beds through productivity and Length of Stay (LoS) gains by 2014/15 in line with BRI redevelopment plans. Estimated target savings of £6.9m over that period.	An essential part of the Trust's overall strategy, supporting national and local commissioner strategies for acute care. Integral to the BRI redevelopment project. Important element of local commissioner QIPP plans. Important element of the agenda to improve patient experience.	Modelling the Trust's future bed requirements completed. Further actions include: • Target reducing patients with a length of stay of over 14 days. • Increasing the number of patients with a LOS of 0-2 days. • Target improvements to the timeliness of assessment and decision making at the front door. • Action underway to deliver the productive ward programme using LEAN methodology. • Improving integrated discharge management. • Introducing and measuring against KIP's for all wards • More initiatives, which can be found in the business case for bed optimisation. **Risks** Bed closure plan must provide for "flex" capacity over the winter period. Trust trajectory for bed closures may not match beds required for actual activity, if actual activity is above commissioner plans.	Led by the Chief Operating Officer. The Optimising Use of Beds workstream is established including full range of professional support posts. Project lead in place. Support from the Trust's Transformation Team. Use of appropriate benchmarking data.	Review standard operating Procedures for outliers – May 2011. Implement Length of Stay escalation process and introduction of script – June 2011. Implement discharge lounge – June 2011. Plan to implement criteria led discharge – July 2011. Single management function established for discharges across trust – July 2011. Introduce dashboard for patient flow/ discharge – June 2011 Review medical Job Plans and review of ward managers' roles –Ongoing.
Outpatients Productivity	Plans to achieve £1.5m savings by 2014/15 with a stretch target of up to £6.0m Over that period.	The project is intended to improve both clinic efficiency and patient experience As well as patient safety and reliability of care. The Trust currently has relatively low utilisation rates and relatively high cancellation rates.	Aims to improve standardisation across the Trust by: • Target reduced numbers of waiting list initiatives. • Target a reduction in breaches • Targets a reduction in Cancelled clinics • Eliminate unnecessary follow ups • Target a reduction in DNA's • Increase in productivity • Address clinic start and finish times. • Reduction in adverse incidents • Minimise waiting times and hospital cancellations. Risks include non-achievement of critical project milestones and key indicators such as New-to-Follow-Up ratios.	Initial scoping work carried out by KM&T 2010 to identify opportunities. Project lead in post. Led by the Chief Operating Officer as Exec sponsor and a Workstream group is established including Divisional representatives and dedicated finance support. Use of LEAN methodology. Use of appropriate benchmarking data.	Induction to Outpatients for (Key stakeholders /IT/Information) – May 2011 Visioning session for Outpatients (Led by Executive Sponsor) – Mid June 2011 KM&T handover of all data – June 2011

Theatre Productivity	Achieve savings of £0.750m by 2013/14 with further stretch target to follow. Has delivered considerable savings already (£2.1m) hence relatively low target.	The project contributes to the overall Trust strategy by targeting safe and reliable care. Other aspects of support include: • Efficiency and value; • Patient experience and outcomes; • Team working and staff well being.	The project is actively targeting the following: • Reduction in early finishes • Improvement is sessions starting on time. • Theatre scheduling. • Reducing last minute cancellations. • Reduction in sessions finishing late. **Risks** Capacity for main theatres may not be increased by the project, causing delay in operating lists starting. Other risks include anaesthetic cover in theatres and the limitation of equipment levels.	Workstream group established with clear leadership and Chief Operating Officer as Executive sponsor. Support from the Trust's Transformation Team. Use of LEAN methodology.	Project established – February 2011 Phased plan in place to address issues in the action plan up to March 2012.
Modernising pay and structures	Plan to achieve efficiency savings of £6.0 m over the period 2011/12 to 2013/14.	Contributes to the Trust's approach to modernising its overall workforce and ensuring terms and conditions are appropriate and flexible enough to adapt to changing circumstances.	This workstream will review all Trust Terms and Conditions of employment, as well as reviewing all "back office" functions and wider Administrative and Clerical and Senior Management staffing. A review of structures including reviewing spans and layers of control will be undertaken. Further details of the programme of work are provided in the workforce plan section of this paper. **Risks** Inability to agree Terms and Conditions with Staff Side groups. Potential for employee unrest	The workstream is led by the Director of Human Resources as Executive Sponsor, supported by a team consisting of operational HR and finance staff. Use of baseline measures capable of supporting detailed planning to identify potential cost savings.	Timetables and milestones provided in the workforce section of this plan.
Pathology Review	Plan to Achieve a 20% efficiency improvement by beginning of 2014/15. Target savings of £2.0m by that date.	Working with partner organisations to deliver an integrated Pathology service across the health community. This programme is governed by the NHS Bristol Review of Pathology Services Programme Board.	A full and detailed action plan is available within the NHS Pathology Review PID document. **Risks** Failure to deliver the fully integrated Service Model through the review. Potential conflicts of interest between organisations. Independent pathology competition.	All work is within the resources allowed within the scope of the NHS Bristol Pathology Review. Dedicated finance support dedicated lead manager in post.	PID and action plan agreed. Trusts agree on future delivery models – end June 2011. Clinical Delivery model agreed and costed for independent panel review – end October 2011.

Table B (Other savings / efficiencies – not included in the Cost Improvement Plans worksheet in the financial template):

Other savings/ efficiencies	Amounts and timing	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
-	-	-	-	-	-

4e) Financial Plans: Workforce

Key workforce priorities	Contribution to the overall strategy	Key actions and delivery risk	Delivery Risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
Workforce Changes					
To reduce sickness Trust wide from 4.3% to 3.2% per annum in 2013/14	Reduces overall staffing costs by reduced temporary staff requirement	• Implementation of Supporting Attendance policy • Monitoring at Divisional and Trust Board level	• Unforeseen pandemic • Failure to implement policies at local level	Investment of HR and manager time to achieve targets	Achieve target reductions: 2011/12 to 2012/13 3.4% 2013/14: 3.2%
To produce nursing efficiencies by moving to standardised rota patterns and to benchmark nurses per bed	Delivers safe working practices at lower costs.	• Identification of current practice • Agreement on most efficient rota patterns and benchmarks • Development of implementation plan		Investment of HR and manager time	Identification of optimal benchmarks and rota patterns 2011/12
To achieve pay savings of £36.3m in the period of the plan through efficiency gains and subsequent reductions in workforce costs	Delivers reduced costs	• Detailed programme management arrangements to ensure pay savings are achieved	Changes to operational plan due to CRES targets not being achieved, or changes in PCT commissioning plans	n/a.	2011/12: £10.4m 2012/13: £13.4m 2013/14: £12.5m
To reduce the percentage of bank and agency as a proportion of total workforce WTE from 5.9% to 5.7% (2011/12)	Reduces workforce costs Delivers more experienced workforce	• Targets by staff group set by Divisions • Targets monitored at Divisional and Trust board • Plans and controls at Divisional, ward and workplace level	• Levels of staff sickness exceed plan • Failure to implement controls • Unexpected workload due to PCT demand management	Line focus on achieving quotas	**2011/12:** Bank quotas and agency bank reduction from 5.9% to 5.7% and maintain thereafter.

Deliver a workforce reduction support plan that optimises natural wastage opportunities, combined with redeployment		• 2011/12: Vacancy control programme • Redeployment programme and re-skilling programmes to support redeployment • Redundancy programme (MARS) focused on specific areas for specific time periods linked with short term organisational change	• Lack of flexibility in workforce to move between roles • Inappropriate re-skilling focus • Management inflexibility in moving people creatively between roles	Re-skilling training programmes Redeployment programme Centralised vacancy control processes	**2012/13:** Review of 2011/12 achievements to identify and continued controls as required to achieve pay savings
Organisational Development Change					
Spans and Layers Project: *To challenge existing structures and roles and to reduce the number of Whole Time Equivalent posts, by ensuring duplication and waste is eliminated. Thereby, accelerating the decision making process and increasing productivity.*	A further tool to support workforce reductions across the organisation ensuring patient safety and performance is not compromised	To map out the existing structures and identify opportunities to reduce layers and improve spans of control. Ensure a standard approach is in place. This will be achieved by: • Clear timescales and payroll reduction required; • Planned approach to communication and implementation; • Ensuring that legislation and governance is adhered to; • Working with Trade Unions and professional bodies; • Ensuring that HR infrastructure and policies to support agreed plan are in place.	Not achieving workforce reductions Not achieving reductions in spans and layers of the organisation	People Resources: Project Management and training of Business Partners to deliver and roll-out programme Other resources: Use of baseline measures capable of supporting detailed planning to identify potential cost savings	**2011/12 to 2013/14:** Create a timeline and Communication Engagement Plan, detailing the arrangements for deployment of the rollout programme. Monitoring, tracking and auditing changes to the Trust organisation structure achieved through the use of proven tools

Pay and Reward					
To ensure that all Terms and Conditions are being applied correctly and to review current Terms and Conditions to support planned savings	Supports planned Trust savings	Changes to Medical staff Terms & Conditions Changes to other staff Terms & Conditions, including: • Protection of Salary Policy; • Cost of Living Allowance; • Application of Local Recruitment and Retention Premium in line with local labour market For all staff, to undertake a review of all Terms & Conditions payments to ensure being paid correctly and consistently	Changes to Terms and Conditions are not agreed in partnership Potential for employee unrest and possible industrial action such as work to rule Potential risks to patient safety, patient care and Trust cost control measures (may need to employ bank/agency staff to cover etc.)	Investment of HR, Finance, staff side (trade union) and management time	**2011/12 to 2013/14:** • Reduction in Waiting List Initiative payments; • Review on-call rotas; • Cease re-location expenses • Consult with medical staff about ACCEA awards • Revise Protection of Salary Policy • Cost of Living Allowance
Education and Training					
Teaching and Learning Strategy	Delivers and underpins the clinical services strategy and the workforce changes needed for the future	Development of a flexible workforce needed for the future Developing the leaders of the future Creation of transparent budgets and income generation model Implementation of strong governance structures to provide assurance of quality, delivery and organisational return	Lack of flexibility in workforce to move between roles Inappropriate re-skilling focus Management inflexibility in moving people creatively between roles New education commissioning arrangements CPD contracts for the future	A change in infrastructure to deliver T&L in the future Clear finance model for the delivery of internal training IT infrastructure to support delivery	Milestones as described in the Teaching and Learning Strategy
To achieve 90% compliance in all areas of Statutory & Mandatory training	Necessary to achieve compliance with legislation / NHS Litigation Authority standards	• Introduce an internal charge protocol, to improve attendance • Support line managers to release staff for training	Unforeseen even, e.g. pandemic outbreak	• Trainers and venues • Provision of capacity to deliver training	Maintain 2011/12 performance of 90% in subsequent years

	and Monitor requirements.	• Roll out of desk-based learning • Capacity to deliver training by increasing venue size			
Staff Engagement					
Action required following Staff Attitude Survey	• Improves staff engagement • Reduces the number of staff who have experienced discrimination, harassment or bullying (information from Staff Attitude Survey)	Develop action plan to ensure improvements in Staff Attitude Surveys: • Potential to reduce sickness and turnover; • Improves patient care and safety; • Supports partnership working.	Action plan not developed or key milestones missed No improvement in Staff Attitude Survey	Managers' time Appropriate communication	Annual Staff Survey results demonstrate movements against identified areas

4f) Financial Plans: Capital Programmes (including estates strategy)

Key capital expenditure priorities	Amounts and timing (including financing schedules)*	Contribution to the strategy (incl. service delivery)	Key actions and delivery risk (inc. finance risks)
Development:			
BRI Redevelopment Phase 3 & Phase 4	**£80.7m to 2015/16:** £10.3m in 2011/12 £27.2m in 2012/13 £17.9m in 2013/14 £15.6m in 2014/15 £2.9m in 2015/16	Re-provision of clinical services accommodation / expanded ITU facility. The project will enable the Trust to: • Deliver prompt access to acute care, thereby meeting key performance targets and improving efficiency • Implement new models of care to improve the quality of patient care and the patient experience through the provision of modern facilities • Centralise patient care with optimum clinical adjacencies to improve patient flow and the efficiency of services by maximising available resources (reduced length of stay) • Improve patient safety by reducing patient movement • Work in partnership with the health community to establish alternative services in the community Whilst a new main entrance is included within the approved Business Case of the BRI Redevelopment, the Trust is taking the opportunity to re-consider the whole main entrance to explore whether there is a better solution to enhance the patient and visitor experience. Benefits could include: • Secure reception / waiting area close to entrance, facilitating easier/quicker drop off/collection; • Visually obvious Welcome Centre – enhancing first impression and sense of arrival; • Good facilities for visitors in the retail experience incorporating well-sited coffee and restaurant areas.	Full Business Case to Trust Board April 2011. Foundation Trust Financing Facility Loan application approved April 2011. Revised planning permission and "S106" – April 2011. Agreement of Guaranteed Maximum Price – July 2011. Consultants have been appointed to test (in 2011) whether a commercially funded Welcome Centre and retail mall is achievable.
Centralisation of Specialist Paediatrics	**£29.1m to 2013/14:** £5.0m in 2011/12 £11.6m in 2012/13	Transfer of specialist paediatrics from North Bristol NHS Trust in line with Bristol Health Services Plan. The project meets the long-term vision and strategy to centralise paediatric services and deliver the following objectives:	Full Business Case to Trust Board March 2011. Foundation Trust Financing Facility Loan application approved April 2011. Revised planning permission and "S106" – April 2011.

	£10.3m in 2013/14	• To integrate incoming services within the hospital and maximise co-location with existing facilities • To provide all children and young people optimum access to appropriate paediatric care • To achieve optimal operational performance, quality of care and patient safety	Agreement of Guaranteed Maximum Price – July 2011.
Air Ambulance Access	**£3.4m to 2014/15:** £0.4m in 2010/11 £0.0m in 2011/12 £2.5m in 2012/13 £0.1m in 2013/14 £0.4m in 2014/15	Improved patient care related to relevant services e.g. paediatric and cardiac etc. The project will enable the Trust to meet certain service designation criteria and support more timely care for the most acute patients.	1. Construction of lift to access helipad as part of BRI Redevelopment. 2. Multi-phase operational diversion / decant plans developed.
Other	£4.7m in 2011/12 £4.1m in 2012/13 £1.0m in 2013/14	Principally: renewal or modernisation of patient environment for delivery of patient care to be fit for purpose.	Integrating works programmes with the operational requirements of the hospitals within which they are taking place managed by joint Estates / Clinical Project Team / Project Boards to manage impact and delivery.
Maintenance:			
Refurbishment	£4.6m in 2011/12 £1.5m in 2012/13 £1.5m in 2013/14	To deliver operational changes required in the transitional years until the Strategic Redevelopments are complete.	Programme of refurbishments and operational capital projects. Risks of access to operational areas managed through pan divisional refurbishment programme.
Backlog Maintenance & Compliance	£2.2m in 2011/12 £2.0m in 2012/13 £2.0m in 2013/14	Reduction of Business Continuity risk is the primary driver.	Risk assessed priorities being progressed focusing on the long term retained estate.
Other capital expenditure:			
IM&T	£4.9m in 2011/12 £5.0m in 2012/13 £1.3m in 2013/14	Enabling strategy to significantly renew the Trust's data and information structures (principally the Patient Administration System) in support of strategic aims, as described in the strategy section of this document.	Programme arrangements implemented and purchase process begun – 2011/12. Implementation milestones – 2012/13 and 2013/14. Operational and strategic risks managed through programme board and governance structures.

Operational Capital	£10.5m in 2011/12 £8.6m in 2012/13 £7.7m in 2013/14	To support operational changes required in the transitional years until the Strategic Redevelopments are complete. Includes a process for allocating multi-year operational capital.	Annual bidding process for Operational capital to address immediate and non-strategic change and adaptation. Principal risks are unforeseen requirements and slippage of capital programme, addressed through prioritisation and detailed monitoring.
Major Medical Capital	£6.3m in 2011/12 £5.1m in 2012/13 £5.1m in 2013/14	Renewal or modernisation of equipment to ensure safe delivery of patient care. To fund changes to medical equipment, through new or replacement purchases.	Annual bidding process for Major Medical capital to address non-strategic change and replacement. Principal risks are unforeseen requirements and slippage of capital programme, addressed through prioritisation and detailed monitoring.
Other estates strategy:			
Disposal of Bristol General Hospital	£1.5m budget for decommissioning and re-provision of services not transferring to South Bristol Community Hospital (Medical Physics and the Sleep Unit)	This rationalises the estate and removes a significant proportion of Backlog Maintenance.	Premises marketed October to December 2010 with benefit of Development Brief approved by Bristol City Council. Unconditional bids received and exchange of contracts expected by June / July 2011 with completion 3 months after closure.

*Please note that all planned capital expenditure is shown gross – i.e. before any scheme slippage, allowed for in the supporting financial templates.

4g) Clinical Plans

Quality issues and measures	Contribution to the strategy	Key actions and delivery risk	Performance in 2010/11	3 year targets / measures for 2011/12 2012/13 2013/14
We will strive to improve patient experience through routine monitoring and delivery of action plans, which are shaped by what our patients tell us matters to them.	Providing safe, high quality clinical care	• Maintain inpatient patient experience programme and extend into outpatient areas. • Create a range of opportunities for carer feedback and engagement, with a particular focus on carers of patients with dementia. • Achieve measurable reductions in patient-reported hospital noise at night. • Ensure that patients who need assistance at mealtimes receive this • Develop customer care training for staff in response to what our patients tell us. • *There are no significant risks to achieving stated actions, however there is a significant risk of not achieving our 2011/12 target because this is based on National Inpatient Survey data: small sample sizes; patients who are seen relatively early in the financial year; and our targets are relative to the performance of other Trusts, over which we have no control.*	Successful roll-out of patient experience programme in inpatient services: post-discharge survey; ward-based surveys; comment cards on wards; Divisional Patient Experience Action Plans. Results of the 2010 National Inpatient Survey have only recently been published and are currently being analysed.	**2011/12** We will achieve a Top 5 ranking amongst peer trusts for at least 25% of measures in the 2011 National Inpatient Survey **2012/13** We will achieve a Top 5 ranking amongst peer trusts for at least 33% of measures in the 2012 National Inpatient Survey **2013/14** We will achieve a Top 5 ranking amongst peer trusts for at least 50% of measures in the 2013 National Inpatient Survey
We will strive to eliminate all incidents of unintended harm to patients and be recognised nationally for the safety of the services we offer.	Providing safe, high quality clinical care	Participate in the five works streams of the Patient Safety Improvement Programme: • Leadership in Safety • Patient safety of general wards. • Improving Medicines Management. • Improving critical care • Improving perioperative care.	By the end of the year, we assessed more than 90% of adult inpatients for risk of developing hospital acquired thrombosis We reduced hospital acquired pressure ulcers by 22%	**2011/12** We will achieve sustained improvement (three months without sliding backwards) in process and outcome measures for pilot populations in all five work-streams of the NHS South West Quality and Patient Safety Improvement Programme. Specific targets for reduction in VTE, falls and pressure ulcers will be defined by the CQUIN framework.

		Particular emphasis will be placed on the following elements of the 'general wards' work stream: •Reducing venous thromboembolism •Reducing patient falls •Reducing pressure ulcers *The Trust will participate as planned in the South West programme; however there is currently a risk of not achieving the goal of sustained improvement due to on-going issues about complexity of data capture systems.* The Trust commissioned an extensive independent inquiry into its Histopathology services in 2010/11. The inquiry panel made a series of recommendations, which the Trust is in the process of implementing, working with its partners across the local health community. *There is a risk that outcome of the commissioner-led Pathology Services Review, as yet unknown, may impact on plans for an integrated pathology service for Bristol.*	There were 3.9 falls per 1,000 bed days compared to a national average of 5.6 There was one 'Never Event' Jointly with North Bristol Trust, successful recruitment to a new post of Clinical Lead for Cellular Pathology was completed. Commenced a review of Multidisciplinary Team Meetings. Improved arrangements for raising concerns both internally and externally across UH Bristol and North Bristol Trusts. Started work to strengthen provision for joint working across the city.	**2012/13** The spread of all key changes relating to the NHS South West Quality and Patient Safety Improvement Programme will be achieved in one to three (breadth) work streams with at least 50% penetration (depth) into other applicable patient populations and areas. **2013/14** The spread of all key changes relating to the NHS South West Quality and Patient Safety Improvement Programme will have been achieved in all (breadth) work-streams with at least 50% penetration (depth) into other applicable patient populations and areas. In each year we will achieve zero 'Never Events'. **2011 / 12** A detailed plan for an integrated pathology service across Bristol will be produced jointly with North Bristol Trust. We will finalise the review of Multidisciplinary Team meetings and implement agreed developments. We will build on work begun in 2010/11 to involve patients and their carers to develop histopathology aspects of care pathways. In partnership with North Bristol Trust, we will develop a more collaborative culture across histopathology services across the city. **2012/13** Jointly with North Bristol Trust, we will implement the agreed integrated pathology service plan within timescales contained therein. We will build on cultural development work begun in 2011/12. **2013/14** Jointly with North Bristol Trust, we will continue to implement the agreed integrated pathology services plan within timescales contained therein.

We will strive to achieve clinical outcomes that are consistently in the upper quartile of comparable Trusts' performance, including a relevant measure of hospital mortality.	Providing safe, high quality clinical care	• We will implement the action plan resulting from a local gap analysis of the NICE Quality Standard for Dementia, and specific actions arising from agreed standards of dementia care within the South West region. • We will seek to increase the proportion of spontaneous vaginal births • We will improve patient outcomes in across the trust with particular emphasis on stroke and cancer s this will be dependent in part to improving the management of acute admissions and patient flow across the trust so we can ensure that patients are managed in the most best environment by the most appropriate staff	• Hospital Standardised Mortality Ratio (HSMR) continues to be 'less than expected'	Each year: • In line with the NHS Outcomes Framework, the Trust will seek to achieve year-on-year improvements in one year survival rates for colorectal, breast and lung cancer. • We will maintain our Dr Foster "Lower than expected mortality" status for HSMRs and Mortality in high-risk conditions. **In 2011/12:** • We will achieve improved Dr Foster ratings (measured by comparison with peer trusts) in at least 5 out of 7 stroke-related indicators. • Target for spontaneous vaginal births will be defined via the CQUIN framework. **In 2012/13:** • We will achieve upper quartile ratings for 50% of measures linked to the NHS Outcomes Framework (to be defined by the NHS Commissioning Board during 2011/12). **In 2013/14:** • We will achieve upper quartile ratings for 60% of measures linked to the NHS Outcomes Framework (to be defined by the NHS Commissioning Board during 2011/12)

4h) Clinical Plans: Commentary

Monitor's definition of Quality Governance and example good practice under the Quality Governance Framework outlines four areas in which the Trust Board of Directors can assess its arrangements for the governance of quality. These are Strategy, Capability and Culture, Processes and Structures, and Measurement. For each of these elements, it is clear that the Trust Board of Directors has existing or planned arrangements in place to ensure that it places quality at the centre of all of its decisions and directions. The Board's annual plan of work includes the approval of the Trust's Quality Strategy and regular receipt of Quality and Performance reports to monitor and pursue the achievement of appropriate standards of clinical and service quality.

With regard to processes and structures, the Board has approved revisions to the role and function of the Board Committees and the role of the Trust Management Executive in achieving the Board's specified outcomes. This includes the establishing of a Quality and Outcomes Committee of the Board to continuously monitor and assess the standards of quality and outcomes achieved by the Trust. These changes to Board Committee roles and functions is supported by a parallel change to the role and functions of the Executive Management Groups established by the Chief Executive for the management of risk, compliance, performance, quality and service delivery. These revised arrangements establish clear lines of accountability and responsibility, in particular for the management of risk, quality, and outcomes.

The Board continues to ensure effective public and patient involvement through a range of formal engagement activities, and also draws upon the engagement of Governors and members of the Foundation Trust when considering strategic and quality initiatives.

The on-going measurement of performance and quality continues to be reported in the monthly Quality and Performance reports to the Trust Board of Directors which will be considered in detail prior to Board meetings by the Quality and Outcomes Committee in 2011/12. The Board will also receive regular reports on progress towards achieving the quality objectives for 2011/12, as set out in the Quality Account for 2010/11.

A Clinical Quality Group will be established in early 2011/12 as a lead management group for quality (safety, experience and effectiveness).

To ensure that the Trust Board of Directors continues to discharge its duties effectively and to its maximum capability, the Board commissioned an independent expert assessment of its performance, capability and culture. This assessment is scheduled to be followed up in 2011/12.

The Board will receive regular high level information regarding serious incidents and complaints as part of the monthly Quality Report, with exception reports where indicated. More detailed assurance will be provided in reports to the non-executive led Quality and Outcomes Committee regarding the nature of and actions taken as a result of such occurrences which has the authority to challenge the executive on action being taken. This Committee will also provide its own summary report to the full Board.

The Trust Management Executive reports serious untoward incidents and any other matters that might impact on the reputation of the Trust to the Board as a matter of routine. The Trust Secretary maintains a Log of Serious Concerns which is considered by the Executive as a standing item on Executive management meetings. Likewise, all high risks, or risk exceptions are reported to the Trust Board of Directors in a Risk Register Report, and are considered in detail by the Risk Management Group.

4i) Other priorities

Priority	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
Further develop our positive relationships with our major charitable partners	Secure funding for non-core services and notably contribute c.£8m to our major capital developments by 2014/15	**Actions** Fundraising Strategy being developed with three main charitable partners **Risks** Such substantial funds are not raised during austere times	Proposed investment of c. £1m (by charities) to raise £8m	**2011/12:** Development of Fundraising Strategy **2012/13:** Commence private phase of fundraising and secure c.70% of funds required **2013/14:** Launch public facing appeal; secure 100% of funds

Section 5: Regulatory Requirements (Key Regulatory Risks)

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures: 2011/12, 2012/13 and 2013/14
Delivery of financial plan for year	Financial	Completion of Divisional operating and capacity plans for 2011/12.	Review by Executive Directors and sign off by Chief Executive.
		Monthly reporting and forecasting of income and expenditure position throughout year.	Monthly Divisional Reviews. Reported to Monthly Finance Committee. Programme of meetings by Finance Committee with Divisional Management in year.
		Delivery of Cash Releasing Efficiency Savings – Programme Steering Group established. Lead Director agreed for each workstream. Progress assessed at Monthly Divisional Reviews.	Monthly reporting to Finance Committee and Trust Board.
		Non recurring measures will be taken to address any shortfall in year.	Monthly reporting to Finance Committee and Trust Board.
Funding of capital programme. Offer of Loan offer £70m received from Foundation Trust Financing Facility	Financial	Early completion of processes to secure funding.	Reporting to Finance Committee and Trust Board
		Review of schemes, content, costs and timing within programme to re-profile within available funding.	Checks before signature of contracts.
Maintain Trust liquidity	Financial	Maintain Trust liquidity ratio at 25 days + throughout 2011/12. Annual cash forecasting plan prepared and monitoring of actuals against plan. Regular review by senior Finance staff and reporting to Trust Finance Committee. Maintain controls on stocks, capital programme and operational expenditure.	Reporting to Finance Committee and Trust Board
		New Working Capital Facility in place for 2 years from September 2010 of £37.5m.	New facility to be in place by 2012.
		Completion of systems process reviews to ensure debtors accounts raised promptly at all times. Follow up of aged debts in accordance with Trust's Treasury Management Policy. Payment of suppliers in accordance with Trust Payment Policy.	Monthly reporting to Finance Committee and Trust Board.

Failure to achieve revised Clostridium difficile (C diff) trajectory	Risk to authorisation of a "Red" Governance risk rating if this standard fails to be achieved, either in successive quarters, or in conjunction with failures to achieve other standards.	Chief Nurse / Director for Infection Prevention & Control to oversee the implementation of the revised annual infection control plan, which for C diff will focus on the following priorities: • Establishment of a bed store and bed cleaning facility • Exploring the feasibility (and implementing if appropriate) the screening of high risk patients at the point of entry into hospital • Further improvements to clinical management to limit opportunities for the infection of patients (including changes to the antibiotic prescribing protocol) • Reducing the number of patients inappropriately tested (e.g. un-necessary repeat tests) • Increasing the facilities to isolate patients (Chief Operating Officer to lead in this element)	**2011/12:** Achievement of the C diff quarterly trajectory Further improvements against the C diff dashboard Key Performance Indicators (KPIs) **2012/13 & 2013/14:** As per points 1) & 2) above, and in 2012/13 3) Bed store / cleaning facility opened in the Bristol Royal Infirmary (BRI) 4) Increase in the number of side-rooms/cubicles to isolate patients
Failure to achieve A&E Clinical Quality Indicators (95th percentile total visit time and/or Time to Initial Assessment)	Risk to authorisation of a "Red" Governance risk rating if this standard fails to be achieved, either in successive quarters, or in conjunction with failures to achieve other standards.	Chief Operating Officer to oversee the implementation of a Patient Flow action plan, focusing on the following key priorities: • Reducing delayed discharges in line with a target trajectory set by the Intensive Support Team • Increasing the capacity of the adult Medical Assessment Unit and improving emergency patient pathway management • Increasing the robustness of escalation and bed capacity management • In addition, the Chief Operating Officer will oversee a plan focused on achievement of the other A&E Clinical Quality Indicators. The one standard not being met at the start of Q1 was the Time to Initial Assessment. A new process for managing early assessment of ambulance arrivals is to be implemented at the Bristol Royal Infirmary (BRI).	**2011/12:** Weekly monitoring against Time to Initial Assessment (and all other A&E Clinical Quality Indicators) established A new process for carrying-out early initial assessments for all ambulance arrivals to be implemented at the BRI. Target trajectory for reducing over 14 day lengths of stay achieved Improved performance against an agreed set of Patient Flow Key Performance Indicators (KPIs) Expanded MAU to be opened in ward 17 of the Bristol Royal Infirmary (BRI) **2012/13 & 2013/14:** As per points 3) to 4) above.
Failure to achieve the 62-day Cancer Standard for Screening / GP referred patients, and 31-day Subsequent Surgery standard	Risk to authorisation if these standards fail to be achieved, either in successive quarters, or in conjunction with	Chief Operating Officer to oversee the implementation of a action plan, which includes the following key priorities: • Reducing delays to outpatient follow-up, key diagnostic tests and Multi-Disciplinary Team (MDT) discussion • Increasing the robustness of bank holiday planning • Increasing the capacity of the adult Intensive Therapy Unit (ITU) The actions in the cancer improvement plan are considered	**2011/12:** Achievement of the Cancer standards in each quarter Reduction in breaches that are within the control of the Trust Increasing adult ITU capacity from 15 to 19 beds **2012/13 & 2013/14:** As per points 1) & 2) above.

	failures to achieve other standards.	sufficient to mitigate the key risks to achievement of the cancer standards in full.	
Risk to delivery of safe patient care due to demand for emergency admissions being consistently above bed capacity resulting in use of temporary, environmentally unsuitable and ill equipped areas to accommodate, treat and care for patients.	Governance – Patient Safety	As for risk **"Failure to achieve A&E Clinical Quality Indicators (95th percentile total visit time)"**	As for risk **"Failure to achieve A&E Clinical Quality Indicators (95th percentile total visit time)"**
Risk of harm to patients and visitors due to difficulty in maintaining the estate due to its age.	Governance – Safety	Annual safety reviews on the following will be instituted from January 2011: windows, fire training systems and evacuation, road approaches, legionella and water temperature, disabled access, security, asbestos, back up generation, lifts. Occupational Health and Safety Standards Action in place. Investment in next four years concentrating on meeting fire and other statutory obligations, but as a holding position as the Trust progresses its redevelopment plan for the BRI / BRCH. The redevelopment plan moves 50% of the Trust estate to a position of compliance with best estates practice but still leaves a further agenda of investment to be managed using operational capital.	**2011/12 to 2013/14:** Improved outcome measures for safety review areas. Occupational Health and Safety Standards Action outcomes met. Fire and statutory obligations met. Operational capital sums spent on capital relating to fire and statutory obligations. BRI Redevelopment Full Business Case approved by the Board April 2011: Phase 2 (2011/12), constitutes the activities required to transfer services from Bristol General Hospital to facilitate the closure and disposal of that property and is dependent on the completion of the new South Bristol Community Hospital by NHS Bristol. Phase 3 (2014), consists of the demolition of the Terrell Street buildings and the construction of the new build on the Terrell Street site and the reconfiguration of Queens to integrate with the New Build.

Risk of sub-optimal outcomes for adult patients with congenital heart disease (GUCH) not receiving timely review, diagnostics and intervention due to lack of capacity to meet increased demand.	Governance-Patient Safety	Capacity modelling undertaken and backlog action plan in place. Division monitoring monthly via GUCH Management Committee. Quarterly reports to specialist commissioners	Target to clear backlog by Dec 2011.
Risk of non-compliance with Information Governance Toolkit (Level 2) assessment	Governance – patient records	The Trust is rated as not compliant with the Information Governance Toolkit. Three requirements were scored at a Level 1, with 1 of them being a key requirement. They relate to staff training, confidentiality audits and pseudonymisation of patient information. None of these requirements bear a risk to patient safety. To ensure future compliance the Trust's Information Governance Management Group is monitoring the outstanding work and is aiming to ensure Level 2 status for the next toolkit submission.	Information Governance has been added to the list of statutory and mandatory training. The target is to achieve 95% compliance by 31st March 2012. The second requirement relates to confidentiality audits. An action plan was approved at the Information Governance Management Group meeting in April 2011 and a schedule of audits is being communicated to staff. The third requirement is concerned with the pseudonymisation of patient information where the data is used for purposes not associated with direct patient care (e.g. planning, and commissioning, etc). This requirement is automatically assessed at Level 1 as a consequence of the two Level 1 elements described above as it is dependent on all other requirements being a level 2.

Section 6: Leadership and Governance

6a) Key Priorities

Key leadership and governance priorities	Key risks (and gaps)	Actions to rectify / mitigate	Milestones 2011/12 2012/13 2013/14
Development of transformational leadership competencies to embrace the Trust Values, drive performance, and to deliver high quality patient care	Clear accountability for all leaders at all levels Ability to lead the changes needed in the future Managing talent within the organisation Competent and capable workforce to deliver great patient care	Delivery of values based involvement programme to fully bring values to life across all elements of work within the Trust Development of leadership competencies Development of leadership programme and improved career pathways Delivery of improved performance management process better linked with Operating plan	Programme KPIs set. Programme fully scoped and launched – 2011 Programme delivery continues with assessment against KPIs – 2012/13 Competencies fully developed and linked to performance management – 2011 Competencies linked to new talent management and succession planning processes - 2012 Delivery of Leadership Development programme focused on leadership through unprecedented change – 2011 Talent Management and succession planning 2011-12 Improved cascade of operating plan objectives with guidance on linkage to personal objectives – 2011 Review of new process and modifications – 2012
To further develop and maintain the capacity and capability of the Trust Board of Directors	Churn in the membership of the Trust Board of Directors may lead to a loss of continuity in the performance capability of the Board Changes to the role and function of Committees of the Trust Board of Directors may lead to discontinuity on the supporting structures of the Board	Full and effective induction of new Executive and Non-Executive Directors joining the Board Succession planning for Non-Executive Directors reaching the end of their term of office A follow-up independent assessment of the capacity, capability and performance of the Board is scheduled to identify any gaps in efficacy	Induction of new Executive Directors will be co-ordinated by the trust Secretary The Nomination and Appointments Committee will consider appropriate succession planning for departing Non-executive Directors as and when appropriate The independent assessment is scheduled for July and August 2011

	Combined changes to the membership and the supporting structures will require a re-assessment of the capacity, capability and performance ability of the Trust Board of Directors Revised Board Committee arrangements may require a period of bedding-in to become fully effective	An internal audit is planned to assess the performance of the revised Board sub-structure	The internal audit of Board Committee performance is scheduled for Q4 2011/12

6b) Commentary

In preparing the Trust's "forward plan", the Board of Directors must have regard to the views of the Board of Governors. In that respect, this brief commentary sets out below how Governors have been engaged in relation to the production and finalisation of this Plan:

The Membership Council delegates the function of detailed scrutiny of strategy and forward plans to the Governors' Strategy Working Group, which was created in 2009 and meets every 2 months. The Group consists of Governors, Directors and Heads of Planning, Finance and Communications. The Group has a detailed forward work plan and, since September 2010, it has been engaged in reviewing the Trust's long-term strategies, annual planning processes for 2011/12 and the products of its annual planning. During these regular meetings, comments and feedback have been received regarding detailed aspects of the Trust's strategies and forward plans. In order to explore the themes identified, two seminars for all Governors were arranged to cover issues of interest in more depth. The first focused on the wider healthcare and policy environment (November 2010) and the second was a strategic analysis of patient demand and market conditions for the Trust (April 2011). The Membership Council receives an update from the Governors' Strategy Working Group at each meeting and has been informed of the progression of annual planning at each meeting since September 2010.