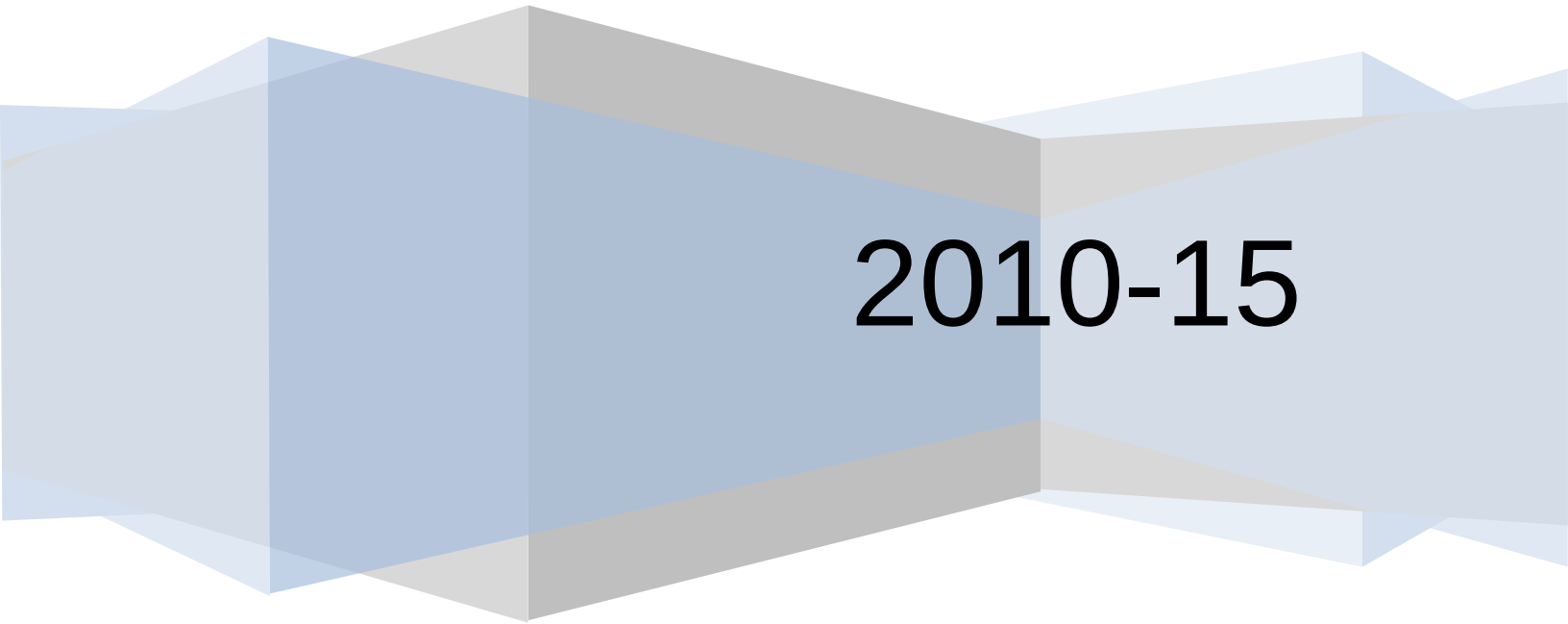
University Hospitals Bristol NHS Foundation Trust

Rising to the Challenge

A Five Year Strategic Framework for Clinical Services



2010-15

Our **Vision** for **Success**

A five year strategy for clinical services at University Hospitals Bristol

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1. Executive Summary

Background

1.1 University Hospitals Bristol NHS Foundation Trust is a leading teaching hospital providing specialist and general services to the people of Bristol and the wider South West. We are already recognised for the strength of our clinical services, teaching and research portfolio in cancer, cardiac and children services amongst others. We employ more than 7,000 staff, operate across eight hospital sites, and throughout the community. We intend to be recognised, by all, for the excellence of the outcomes we achieve for our patients and notably the quality of their experience whilst under our care.

1.2 Set against the context of a changing external landscape, both economically and politically, and the need to ensure that during this time we continue to improve the quality and productivity of our services, the Board of University Hospitals Bristol launched a process in early 2010 to refresh the Trust's vision and strategy for its clinical services. The explicit aim of this work being to formulate a clear strategic direction for the next ten years that will ensure we not only survive the challenging economic times ahead but that our three core businesses of clinical services, research & innovation and teaching & learning continue to develop, and indeed thrive, through the formulation and adoption of appropriate strategies supported by their rigorous implementation.

Our Mission and Values

1.3 We will achieve our aims by being clear, with ourselves, our partners and our staff about our mission, our vision and importantly our values. It is the understanding of ***what we are about*** by everyone in the organisation, from Board to ward, that will ensure we succeed. We will ensure this by creating new, stronger linkages between our strategic goals and the way we manage and empower our workforce through appraisal and development planning.

1.4 Our mission is straightforward, to **provide clinical services, teaching and research of the highest quality.**

1.5 **Our values** drive the approach we take to delivering the strategy and how we will develop our organisation and its culture over the next ten years. The values were developed with our staff and reflect the things that matter most to us and importantly we hope they will characterise how we will be seen by others; our values were refined and re-launched in June 2010.

- **Respecting everyone**
- **Working together**
- **Recognising success**
- **Embracing change**

Developing Our Strategy

1.6 The strategy development process consisted of four key phases comprising evidence gathering, analysis, synthesis and planning. These steps are described in detail in the document.

1.7 Flowing from the evidence and our analysis came a clear sense of strategic priorities for the trust but also a number of strategic choices facing the trust, a number of these strategic options are not addressed in this framework and require individual strategic option appraisals to be conducted, these include

- The nature of our relationship with local partners, most notably North Bristol NHS Trust and Weston Area Health Trust
- The extent to which we further extend our operations into the community, beyond the current strategic intention of offering our specialist expertise to community providers and partners.
- The future model for private patient service provision
- Our role in the ongoing provision of pathology services given the national imperative to consolidate pathology provision and leverage economies of scale
- Considering the future hosting arrangements for a number of services considered to be potentially non-core to the Trusts acute portfolio, these include homeopathy and sexual health services

Analysis to inform our strategy

1.8 In developing our strategy we have worked hard to better understand the environment within which we operate, the needs and aspirations of our patients and staff, the intentions of our major commissioners and the drivers that will shape our future; our summary findings are presented in SWOT and PESTLE analyses included in section 4. Further headlines from our market analysis are captured below;

1.9 UH Bristol operates predominantly in two core markets, these are the local health economy comprising Bristol, North Somerset and South Gloucestershire (BNSSG) where it is a major provider of local secondary care services and the South West regional economy where we are a key provider of specialist adult and children's services. Our **key market position** is summarised below

- 30% of our income is derived from specialist service activity, the balance from secondary and community service provision
- 70% of our income is derived from the three BNSSG Primary Care Trusts
- Of our 23 key specialities, 11 lost market share in the last two years and in summary reflect shifts in births away from UH Bristol to North Bristol Trust, shifts in oncology to Taunton and beyond and shifts in elective care to the independent treatment sector at Emersons Green and Shepton Mallet
- Gaining specialities include gynaecology, colorectal, paediatrics (notably paediatric trauma & orthopaedic) and emergency medicine
- Reference costs demonstrate a lower than average cost base at Trust level. Service line reporting indicates Surgery, Head & Neck, Diagnostics & Therapies, Specialised Services and Women's & Children to be profit making divisions with Medicine being a significant loss making division
- Other key measures reveal, relative to benchmark peers, a high operating surplus, lower than average private patient income, high non-patient care income and low management costs
- A diverse demographic represented by a 8.8 year gap in life expectancy between the best and worse off, almost one third of children living in poverty, 51% of all deaths attributable to cancer or cardiovascular disease and a rapidly expanding population becoming more ethnically diverse in the coming years.

1.10 **As a result of this analysis**, we concluded that as UH Bristol develops over the next 10 years, we need to:

- Play a greater leadership role within the health system, be less reactive and become a stronger “shaper” of the changes that will be required across the whole health system
- Deliver “more for less” through excelling in service efficiency and achieving at least upper quartile performance in all major productivity dimensions
- Create a service infrastructure that is more flexible and thus more able to respond to changes in demand for services, be that the quantity or nature of the services we are asked to provide
- Exploit the market opportunities that future regional and national designations will afford and the opportunities that will be presented as other providers retreat from more specialist provision as quality standards become harder for them to achieve
- Invest further in the development of our infrastructure to ensure we can continue to compete not only on our key strengths of clinical quality but also on patient experience and value for money
- Work in greater collaboration with our partners in North Bristol Trust to ensure the right levels of access and quality to all services and also to ensure that we deliver services across the City that make best use of our combined estate and represent the greatest value for money to ourselves and our commissioners
- Work more actively on promoting a positive reputation for our Trust and services
- Transform our business processes and information systems to ensure that we can accessibly and accurately communicate with our patients and our workforce and deliver efficient, joined up services for the benefit of patients and their families
- Understand more about the profitability of procedure and patient level care

Our vision and strategy

1.11 Responding to our strengths, external opportunities and the risks that face us we have formulated both our vision and our strategy. Our vision is aimed to convey the rich picture we have painted for ourselves of what we will look like before the decade is over. Our vision is therefore to be the **foremost provincial teaching hospital Trust in England, recognised for the excellence of our clinical services, the international standing of our research portfolio, the skills and dedication of our staff, the quality of our teaching and learning, our attention to the needs of individual patients and**

for our exemplary leadership and partnership in delivering the most effective possible health system for the people of Bristol and the South West of England.

1.12 This vision for the way our services will look and be experienced by others is supported by a statement of strategic intent which describes how our business will evolve over this decade. Our business and service intent is to **consolidate and grow our specialist, teaching and research portfolio, providing in hospital only the general acute care that cannot be provided in the community, extending the scope and scale of services we deliver outside of hospital and to do this increasingly in partnership with others.**

1.13 This strategic intent reflects the Trust's assessment of where the **business opportunities** for growth will remain during the challenging period ahead. Our assessment is that the specialist portfolio is where our greatest opportunities for growth lie. There are a number of drivers that support our belief in this opportunity and these include:

- Significant evidence that smaller, district general hospitals will be unable to achieve the standards required by regional and national designation and that this work will flow away from them towards those providers who are well positioned to offer this care, such as UH Bristol

- Advancements in technology and practice that are increasing the opportunities to offer specialist care and intervention to children and adults that would historically not have survived their illnesses

- Limited opportunities to reduce demand for these services through transfers to primary or community providers and settings

- Clear signals from current and future commissioners that they wish to see a reduction in the reliance of the system on acute care for the less complex patient with associated projected reductions in activity and Trust income.

1.14 Below is an expression of how we expect our service income to shift from the current pattern to our future intended business model. We believe this re-patterning of income will represent the least risk scenario in the context of a changed environment.

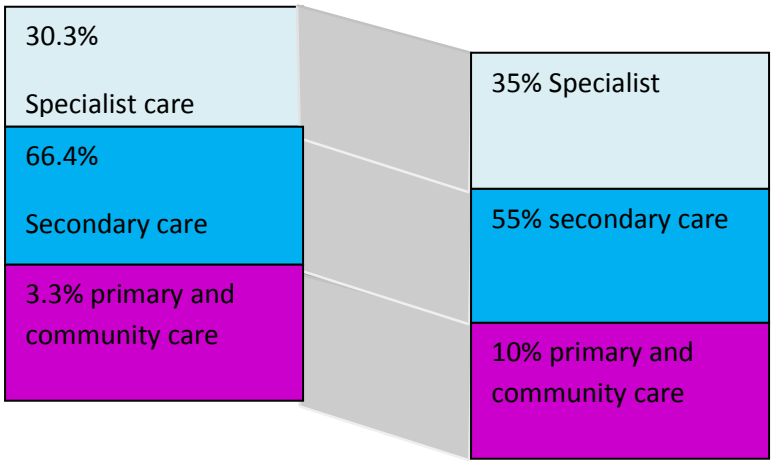

Figure 1 Strategic Intentions for Future Income Derivation

1.15 We have described in more detail where we are going and where we want to be under 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.

1.16 Our strategic themes therefore flow from these headings and are represented in specific, measurable objectives of success that will enable us to track our strategic journey towards delivery of our vision, these objectives are described further in the document.

Strategic Themes

What we do	**Secure** our existing secondary care referral base in the face of new competitors and with new commissioners, **develop** the range of community services we deliver in partnership with other providers, **increase** our market share of specialist services, **cease** to provide services that are duplicated and do not support our strategy, **create** new business opportunities for our innovations and support operations, **consolidate** our teaching role and **grow** our research portfolio in both breadth and depth, in conjunction with academic partners.
Where we work	We will further strengthen our ability to effectively work in **hub and spoke** models of care, supporting others to be effective spokes where ever possible; to deliver more of our non-specialist services **outside of hospital** and to deliver some of our services in the **premises of partners** to support better accessibility in areas where services are centralised.
Quality at the heart of what we do	Ensure that our services are **consistently** safe, deliver outcomes that match the best in Europe and offer an experience that is **perceived** by our patients and staff to be the best it possibly could be.
Our role, influence and reputation	**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.

1.17 We are aware that the success of our strategy will largely rest upon our ability to implement it in a complete and timely fashion. Our strategy therefore also sets out what needs to be in place to enable us to deliver our strategic objectives. We have grouped these **enablers** into six further strategic themes

- **Rationalising and improving our estate** with the aim of not only improving the patient environment but explicitly to improve patient flow and the efficiency of our services
- **Increasing our productivity and efficiency** of both clinical and non-clinical services and increasingly understanding the productivity of our workforce
- **Developing our workforce** to ensure we have the right number of staff, with the right skills and qualifications to implement our clinical model and strategy
- **Improving our information systems and business processes** so that we understand what we do, how well we do it and have the capability to improve it where it

isn't good enough – we expect these system and process improvements to contribute significantly to a reduced cost base

- **Strengthening our organisational development and stakeholder management** to ensure we have the right leadership, culture, organisational design and relationships to deliver our strategy.
- **Sustaining our financial health** to ensure we maintain a positive Monitor risk rating and importantly create headroom to enable us to continue to innovate during a time of constraint.

Strategic Outcomes

1.18 The final piece in our strategic jigsaw is to be clear about what success looks like, to always be clear about why we are pursuing our strategy. We have expressed this through looking at success through the eyes of our most important stakeholders, our patients, present and future; our staff, public members and Board, our partners and our regulators.

Strategic Outcomes	
Benefits to Patients	**Benefits To Staff / Members / Board**
• Consistently high quality patient experience, characterised by care delivered with dignity, respect and excellent communication • Health outcomes as good as the best • No untoward events such as hospital acquired infections, pressure sores or falls • Services that are easy to access and simple to navigate • Excellent communication from hospital to GP	• High levels of job satisfaction and clarity about what is expected • Job security with prospects for progression, for those that want it • Opportunities to participate and develop research and innovation in practice • Positive reputation • Financially sound
Benefits To Partners	**Benefits To Regulators**

• Services in the right places, without duplication • Services that represent value for money • Delivery closer to the patient and delivered in partnership with others • Consistent achievement of quality and performance standards • A “low maintenance” provider of services	• Compliance with all CQC and Monitor requirements • Delivery of NICE guidance • Financial health and a positive risk rating • Reputationally sound

Conclusion

1.19 University Hospitals Bristol is a good hospital, with areas of excellence; this strategy will ensure we are consistently and comprehensively recognised as being the foremost hospital outside of London across our portfolio. Most notably, we will achieve this by excelling at putting the patients needs and the experience they receive under our care at the centre of everything we do.

1.20 *Better a good strategy, well implemented than a great strategy never implemented* goes the saying. We believed we have developed a great strategy and are determined to drive through its successful implementation.

1.21 The rest of this document not only provides evidence and detail in support of the direction proposed in this summary but it describes the strategic objectives we have set for ourselves and the ways in which we will track our journey to success.

1.22 The actions we are now embarking upon will be embedded in our planning process, our risk assurance framework and monitored by our trust board.

1.23 Finally**,** this strategy should not be seen purely as an endpoint, equally importantly it describes a journey that may, from time to time, need to be revised to ensure we do not fail to reach our destination. It will therefore be reviewed annually and revised as deemed necessary.

2. Introduction

2.1 This document describes our vision for clinical services over the next five years, it sets out our broad strategic direction and importantly provides a strategic framework within which key strategic decisions will be taken during this period. It describes the nature of the services we will be providing, the type of organisation we aspire to be and outlines the key strategic milestones which will ensure we realise the vision we have set for ourselves and our patients.

2.2 It is the culmination of twelve months of work with our staff and clinical leaders which was launched in March 2010 in recognition of the changing landscape and our own aspirations for a different future.

2.3 The strategy work was formulated through the consideration of seven clinical work streams and the product is a set of common strategic themes applicable to the whole organisation and seven work stream specific outputs which will guide our five Divisions in the development of their own business plans.

3. Background and Context

Strategic Imperatives

3.1 There are a number of strategic imperatives driving the Trust to review and reaffirm its Clinical Services Strategy, not least the significantly changed external environment expected to dominate the public sector for the next 3-5 years.

3.2 Hospitals will be the focal point for constraint on spending growth, which for some organisations will threaten their continuing viability. Reducing length of stay through productivity and efficiency and managing demand are key priorities for commissioners and care providers:

Figure 2 Strategic Drivers and Impacts

3.3 A formal programme to review the Trust's clinical strategy was therefore required in order to:

- Respond to significant changes in the strategic environment and uphold the principle of a fair process;
- Achieve buy-in to findings and potential service changes amongst a wide group of stakeholders, clinical and non-clinical;
- Develop an evidence base for recommendations to be made to the Trust Board regarding strategic direction
- Meet the requirement to consult effectively with key stakeholders.

3.4 The plenary session of March 2010 outlined a compelling case for change, which was supported by the wide range of stakeholders present. This case for change was supported through a re-stated organisational vision that clarifies the Trust's dual role as a provider of both local secondary care and regional specialist (tertiary) care. Figure 3 (below) describes the relationship between each of these strategies and their delivery mechanisms.

3.5 The following work streams were chosen as the basis for considering the strategic questions posed by the Review.

- Urgent Care
- Planned Care
- Cancer
- Long Term Conditions
- Children
- Maternity
- Specialised Services

3.6 This move away from the historical Divisional approach to strategy development was agreed as a means of achieving a more patient centred approach to strategy development and facilitating better cross divisional consideration of strategy than had been possible under previous approaches.

Business Context

3.7 University Hospitals Bristol operates three distinct, core businesses. These are clinical service provision, teaching & learning and research & innovation. Each of these businesses is dependent upon the successful operation of the other two and there are significant interdependencies and synergies arising out of this triumvirate. Importantly, success in all three is critical to delivery of the Trusts mission to **p*rovide patient care, education and research of the highest quality***

3.8 So whilst this strategic review has centred on the clinical services portfolio, it has, through necessity had significant regard to the strategies arising from our other business areas.

3.9 The relationship of these strategies to each other is described below in Figure 3.

3.10 The key strategic objectives flowing from these other areas are summarised below

Teaching & Learning Strategy

- Ensure that staff are able to provide safe, effective and high quality patient care to high standards of governance;
- Develop existing partnerships with education providers and partner organisations, ensuring that students receive an excellent experience;
- Foster a climate in which staff embrace personal and organisational development and are given real opportunities to progress;
- Encourage innovation and a 'can do, will do' culture ;

Research & Innovation Strategy

- Focus on and foster our priority areas of translational research where we are, or have the potential to be, world-leading;
- Train, mentor and support research-active staff who will deliver translational research of direct patient benefit in our priority areas;
- Embed Research within the Clinical Divisions;
- Work with our BRIG-H and regional partners to align our research and clinical service strengths leading to the establishment of a Bristol AHSC.

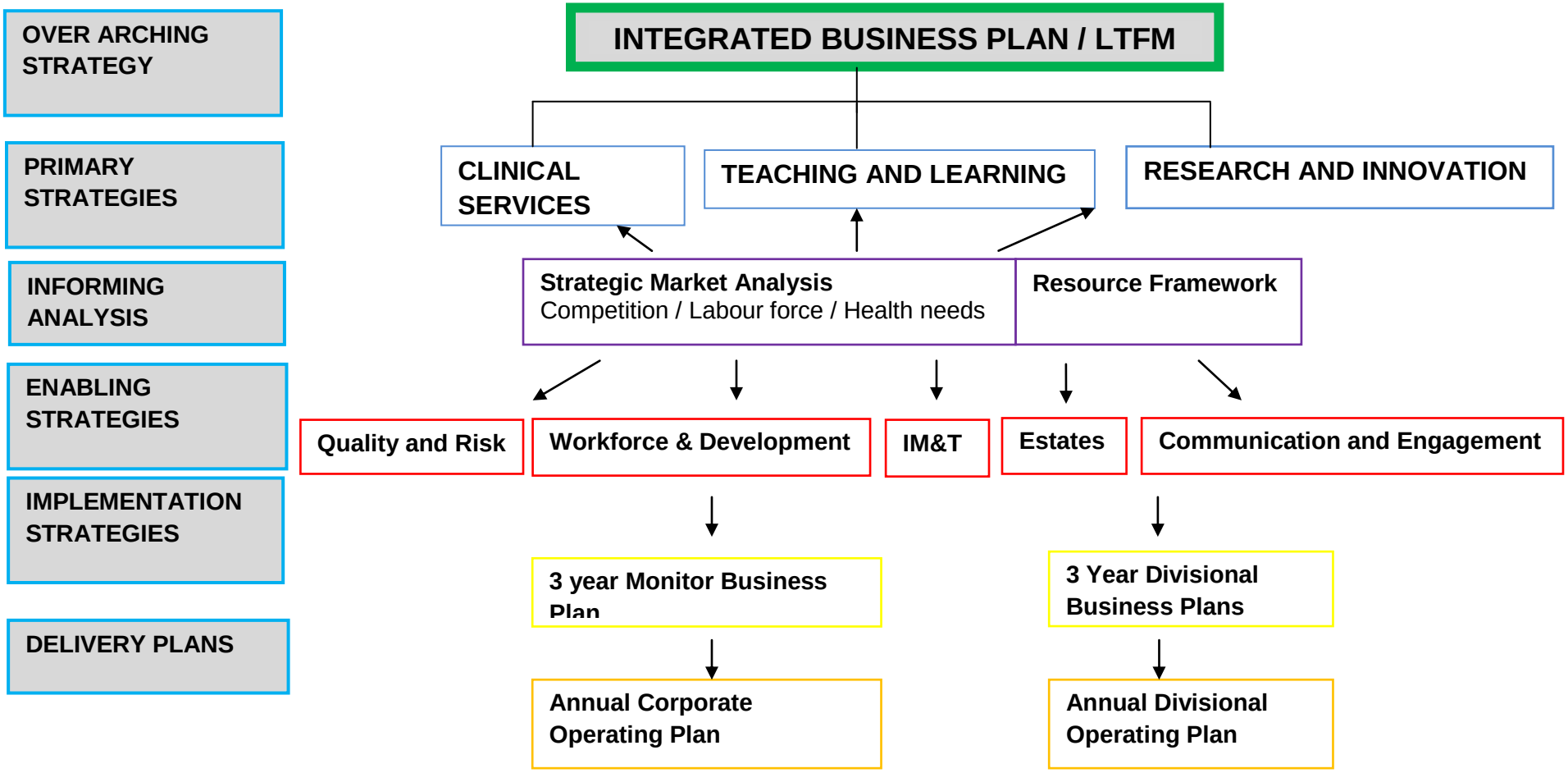

Figure 3 Strategy Overview

4 Developing Our Strategy

Strategy Development Process

4.1 Following the launch of the strategic refresh in March 2010, the strategy development process was overseen by the Clinical Strategy Group reporting to the Trust Executive Group and ultimately the Board; the Governors Strategy Group was key in testing the emerging themes with our membership. The process we used is represented below and was adopted by each of the seven work stream groups. Following adoption by the Board, further wider consultation with those staff not directly involved in the work to date, our patients and our external partners will be undertaken.

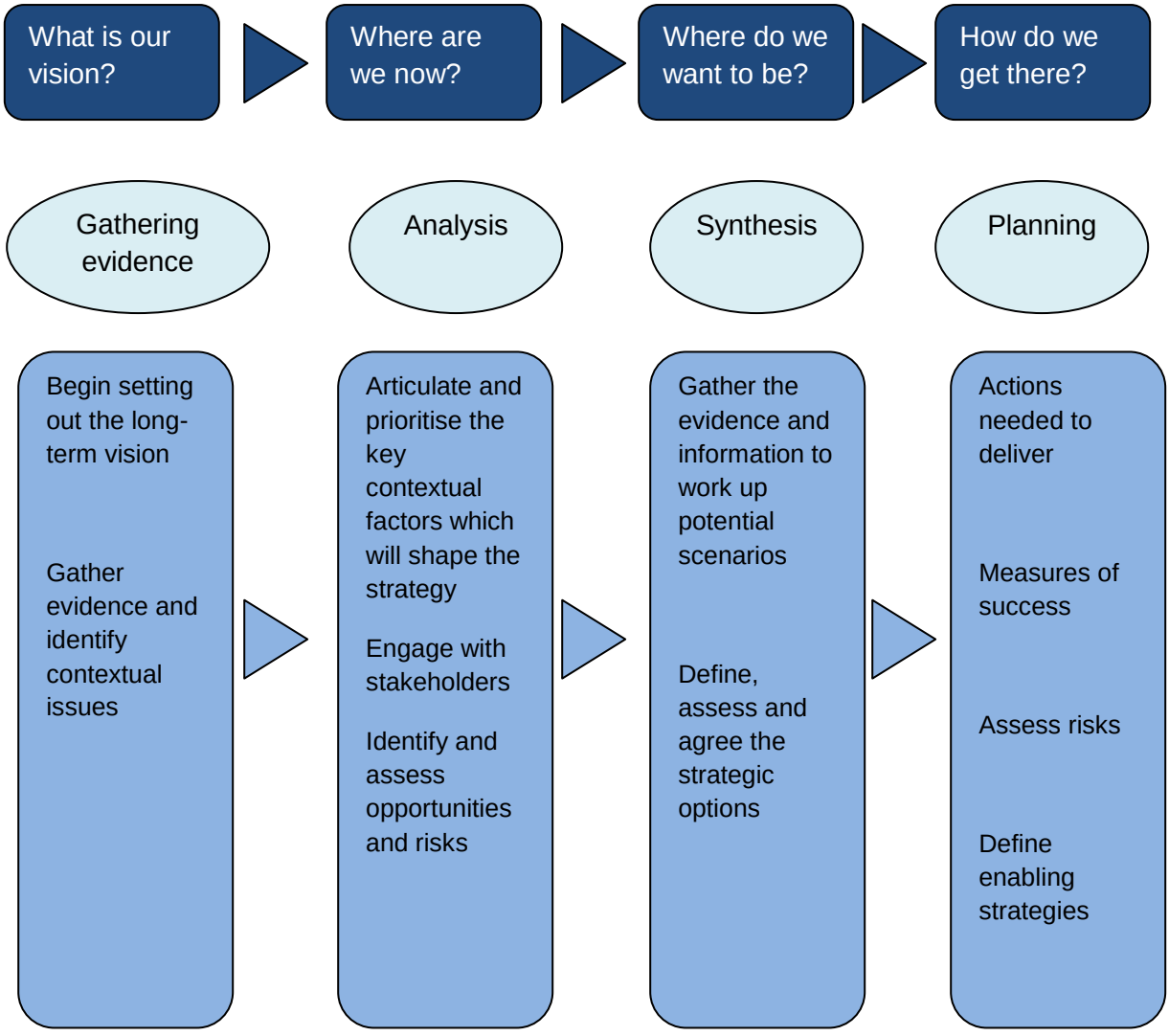

Figure 4 Outline Strategy Development Process

Phase 1 Gathering Evidence

4.2 The strategy development process began by gathering evidence and identifying the contextual issues that would frame the long-term vision for the Trust and its services.

4.3 This exercise identified the four most significant changes in our forward context and were framed as

- Changes in the economic environment and the public sector in particular
- Changes in the organisation of the NHS landscape arising from the recent white paper *Equity and Excellence: Liberating The NHS*
- An increasing drive to maintain, if not improve, the quality of services with less resource
- A desire to re-shape and, in doing so, downsize the acute sector

4.4 At this stage, a small number of overarching messages were emerging

- The future pattern of demand for acute services is set to change but the precise impact of that change is largely un-quantified and thus whatever we become, we must be more agile and able to react more quickly to change and notably improve our ability to take costs out of our operation
- UH Bristol has an opportunity that it must cease to become a more significant shaper of the local and regional health landscape
- UH Bristol's strategy will require us to look in detail at our relationship with primary and community services both as providers and future commissioners of care

Phase 2 Strategic Analysis

4.5 Phase 2 comprised a comprehensive analysis of the environment within which we operate; this included an analysis of both the current and emerging policy context, the local and regional market context and an assessment of our own internal strengths and deficits.

4.6 This environmental assessment was provided as context for the seven work stream leads, who in turn undertook their own micro analysis as it pertained to their work stream area. In order to guide work streams and ensure a degree of consistency, leads were given a set of strategic questions to consider as part of this analysis phase. These are summarised below. The detail responses to these questions are contained within the work stream summaries. These are available on request from amy.rich@uhbristol.nhs.uk.

Strategic Analysis Considerations
1. What are the core elements of service within your work stream?
2. What is considered non-core? i.e. services could be provided by others and still enable the delivery of core services
3. What is your appraisal of the strengths or challenges in the core and non-core service portfolio and thus should we still be providing all of the non-core services in light of the wider goals?
4. Which aspects of service are currently profitable and non-profitable?
5. What is the strategic intent with regard to out-of-hospital provision and why?
6. What are the specific needs / issues relating to specialised services that need to be addressed within the work stream?
7. What are the major opportunities for the work stream in the next 3-5 years – e.g. new markets, service diversification, designations and what would need to happen to realise this potential?
8. In what areas is the work stream most likely to face challenges in the coming years and what must be done now to prepare and mitigate these?
9. What are the three high impact changes that have the potential to transform quality and productivity of services – what would need to happen to effect this change?
10. What are the three least clinically valuable or low priority services or interventions that the work stream offers?
11. What are the key strategic alliances and partnerships that need to be forged or maintained for the strategy to succeed?
12. Given all of the above, what are the key headlines for service capacity changes and workforce?
13. What are the most formidable barriers to realising the work stream vision – e.g. technology, culture, external environment?
14. What are the key strengths / resources within the work stream that we should capitalise on further – how could we leverage this to the benefit of the organisation?

Table 1 Strategic Questions

Phase 3 Synthesis

4.7 Flowing from the evidence and our analysis came a clear sense of strategic priorities for the trust but also a number of strategic choices facing the trust, a number of these strategic options are not addressed in this framework and require individual strategic option appraisals to be conducted, these include

- The nature of our relationship with local partners, most notably North Bristol NHS Trust and Weston Area Health Trust
- The extent to which we further extend our operations into the community, beyond the current strategic intention of offering our specialist expertise to community providers and partners.
- Future model for private patient service provision
- Our role in the ongoing provision of pathology services given the national imperative to consolidate pathology provision and leverage economies of scale

Phase 4 Planning

4.8 Having created our vision and the strategy to deliver that vision we developed the actions that we believe will enable us to achieve the aims we have set for ourselves. These are expressed as a set of strategic objectives to be realised over a three to five year time horizon with annual milestones which describe the key activities that will need to be achieved each year for the long term goals to be delivered.

5 Strategic Analysis: What We Found

5.1 Our analysis led us to a thorough understanding of the context within which we currently operate and also looked ahead to the changing environment. It considered the health needs of the populations we serve, the markets in which we operate and the likely future needs of our commissioners.

5.2 The high level findings from this work are represented below in the following Political, Economic, Social, Technological, Legal & Environmental (PESTLE) and Strengths, Weaknesses, Opportunities & Threats (SWOT) analyses:

Political / Policy Drivers	**Economic**
• White Paper – a new direction for commissioning, changed role for our regulator, Monitor and dissolution of SHAs and PCTs • Patient choice, competition and plurality • Care closer to home, less reliance on hospital based care • Changes to quality regulation and compliance and establishment of Care Quality Commission • Expectation that outcomes improve and become amongst the best in Europe • Significant reduction in health inequalities and changed role for NHS in reducing the current gap	• Global economic downturn and period of significant UK austerity • Reduced funding to NHS and other public sector bodies with whom we work closely • Restricted access to capital and borrowing • NHS Tariff uncertainty and historic volatility
Social	**Technological**
• Growing patient expectation of both the quality and experience of care • Developing litigation culture • A more health literate public driving both demands and concerns about healthcare • Ageing population and consequent demands upon healthcare providers • Significantly changing local demographic notably in context of ethnicity profile • Diverse deprivation profile and resulting impacts on health of local population	• Advancements in technology leading to new practice and improved life expectancy • Pharmaceutical progress and reliance upon NHS for adoption and spread • IM&T System development and requirements
Legal	**Environmental**
• Very significant increase in litigation claims across NHS • Introduction of constitution and impact on NHS service e.g. legal right to be treated in 18 weeks	• Areas of inadequate estate and links to disability access / privacy & dignity • Restricted access to parking • Requirement and aspiration to reduce carbon footprint of estate and services • Reduction in smoking prevalence and impact on disease profile

Figure 5: Strategic Analysis – PESTLE

Strengths	**Weaknesses**

• Our robust underlying financial position and levels of operating surplus • Research excellence in the areas of cancer, cardiac and paediatrics • Talented and committed workforce • Position as a regional service provider in the South West • Improving focus and achievement on all priority performance measures	• Poor quality of large parts of our estate with impacts on both patient experience and service efficiency • Lack of robust information to support clinical and operational practice particular in relation to workforce productivity and clinical outcomes • An under exploited research potential • Lack of granularity in understanding the costs of our services • Inability to reduced our fixed and semi-fixed cost base quickly • Historic and recent reputation damage associated with inquiries into practice • Volatile performance in key areas of strategic importance
Opportunities	**Threats**
• Further exploit the freedoms associated with Foundation Trust status • To develop our leadership role within the health system in light of changes to PCTs and SHAs • Secure regional and pan-regional provider status in areas of our service portfolio • Greater collaboration with provider partners in both primary and secondary care	• Recent and future market entrants including Independent Treatment Sector targeting simple case mix, high profit sector • Desire from commissioners to reduce reliance on secondary care services and estate • Financial constraints in NHS and beyond leading to reduce activity, with associated income loss and reduced unit income associated with tariff deflation / restructuring

Figure 6: Strategic Analysis – SWOT

Our Assessment of the Potential Impact of the White Paper

5.3 The White Paper, *Equity and Excellence; Liberating the NHS* published in July 2010 heralded significant changes to the NHS landscape, most notably to the commissioning landscape and it also restates the importance delivering an increasingly efficient healthcare system, whilst at the same time sustaining quality . This new context has framed the development of the strategic thinking presented in this framework. In particular the following impacts were noted to have impacts that this strategy needs to take account of:

- Greater emphasis on the role patients must play in future health services – *no decisions about me, without me;*
- Extension of the choice agenda, including choice of consultant not just provider;
- Change to the commissioning landscape, including the change in commissioning leadership and the revised role of GPs as the future commissioning leaders;
- Abolition of Primary Care Trusts and Strategic Health Authorities and the transfer of their current responsibilities to a newly created National Commissioning Board and local GP Consortia;

- A greater emphasis on improving outcomes for patients and a change to the performance framework to reflect this, for UH Bristol the move to a basket of nine measures for A&E performance will present new delivery challenges that are likely to require a strategic solution;
- Requirement for all NHS providers to become Foundation Trusts with implications for our neighbours Weston Area Health Trust, North Bristol Trust and Royal United Hospital Bath;
- Private patient cap abolished;
- Changes in the role of Monitor to become the economic regulator for the entire health and social care sector and the abolition of the private patient cap for Trusts;
- Savings of £20bn to be realised across NHS services through reductions in bureaucracy and improved operational efficiency.

5.4 The Trust's early analysis of the direction signalled in the White Paper is that it affords us with a number of new opportunities including the opportunity to grow our commercial operations if we so wish, in support of NHS services; the potential for the Trust as a provider to play a greater role in shaping and leading the system particularly in the next few years when leadership arrangements amongst commissioners are likely to be in transition and an opportunity to direct our operational efforts towards performance metrics that drive real improvements in health outcomes and patient experience.

Health Needs Assessment

5.5 The review recognised that whatever strategic direction we pursue it must be one that aligns services to the health needs of the populations we serve. This context of "needs" has shaped the way in which the strategic direction has evolved. The major causes of death and ill health will continue to be cancer, cardiac and respiratory disease – core businesses for the Trust and now and in the future.

<u>The South West</u>[1]

5.6 UH Bristol is a provider of regional and tertiary services to the South West. The South West has the largest land area of the English regions (18%) and a population of circa 5.2 million. Even though the distance is broadly the same, it takes less time to travel by car from the north of the region to Scotland than it does to travel from the north of the region to the tip of Cornwall.

5.7 In some ways, the overall health of the population in the South West is reported as "good" – although it is also home to some of the most deprived communities in the country. Of the 9 English regions, the South West has the highest life expectancy for women (83 years; England: 82 years) and second highest for men (79 years; England: 78 years), both above the English average.

[1] *Government Office South West, Regional Intelligence Team*

5.8 However, in the 2001 Census, 8.5% of the region's adult population reported that their general health was "not good". There are considerable variations across the region, with a greater percentage of people reporting poor health in the more deprived areas. In the latest Index of Multiple Deprivation 113 of the region's Super Output Areas (3.5%) are ranked within the most deprived 10% in England. Just under half of these areas are in Bristol and Plymouth, but the remainder are spread across 16 smaller local authorities.

Bristol Urban Area (Bristol, North Somerset & South Gloucestershire**)**

5.9 The Trust is a major provider of local hospital services to Bristol – particularly in the central and southern parts of the city – and derives the majority of its patient care income from the commissioners representing the greater Bristol area. The Bristol urban area includes parts of neighbouring local authority areas, notably North Somerset and South Gloucestershire, totalling circa 850,000 population. Around 30% of urban Bristol's population lies outside of the Bristol local authority area. Bristol had a 10.8% population increase between 1999 and 2009; the highest in the South West. It also has the highest minority ethnicity population in the South West (8.1%, with a rising trend)[2].

5.10 Bristol's key health trends include[3]:

- Life expectancy of 77 (male) and 79 (female), which are lower than the averages for the South West and England;
- Highest infant mortality in the South West (2002-2008 data);
- 2nd highest teenage conception rate in the South West;
- The number of people with cardiovascular disease, diabetes and some cancers is projected to increase as obesity rates rise, the population ages and as treatments and survival rates improve;
- People with dementia will increase by about 33% in the next 20 years due to ageing population;
- Bristol is a multicultural city and some minority groups experience a higher prevalence of specific illnesses.

5.11 The three respective Joint Health Needs Assessments for Bristol, North Somerset and South Gloucestershire highlight the following common key issues:

- Significant differentials for life expectancy between local wards (9 years in Bristol);
- Children and adults with long term conditions, disabilities and mental health problems are increasing as life expectancy increases;
- Rising levels of obesity in children and adults;

[2] *South West Observatory*
[3] *South West Public Health Observatory*

- A link between lifestyle factors (e.g. smoking, drinking) and deprivation, poor education achievement, poor emotional health and community safety.

Market Analysis: Local and Regional Market Assessment

5.12 As a specialist teaching trust, we provide services to three key geographical markets, each of which has unique characteristics, challenges and opportunities.

- Local - Central and South Bristol;
- Regional - Avon, Somerset and Wiltshire;
- Tertiary - South West, Wales and beyond.

Local and Regional Market

5.13 The Trust receives around 70% of its patient care income from the three commissioners representing Bristol, North Somerset and South Gloucestershire who commission services for a combined population of 850,000 in the Greater Bristol area, 85% of this income is derived from non-specialised services. Key healthcare market characteristics include:

- Acute hospitals at Frenchay and Southmead and a new acute hospital facility at Southmead likely from 2014;
- Emersons Green Independent Sector Treatment Centre in South Gloucestershire, gaining market share for low-complexity surgery across a range of specialities;
- Developing community facilities at South Bristol, Cossham, Frenchay and Yate;
- New market entrants as services are tendered to community-based providers notably Frendoc, Brisdoc and GP care.

Tertiary Market

5.14 Specialist regional services have higher barriers to market entry. These services have historically been subject to a process of rationalisation into geographic networks, which gives greater stability to referral patterns. It is likely that this pattern of consolidation will continue in the foreseeable future with a reduction in the number of providers of specialist service. Key competitors in this market are Plymouth, South Wales, Oxford, Southampton, Birmingham and London
Future developments include:

- Specialist Services Designation – paediatric cardiac, neurosciences and burns are now confirmed with implementation dates from 2010. Further designations will follow for a range of other adult and paediatric services
- Aspirations of other centres such as Plymouth and Exeter for specific tertiary-level provision.
- Other South West providers aspiring to provide elements of care within specialised patient pathways through “hub and spoke” models of care, which are currently provided by this Trust.

Market Conditions

5.15 The service changes outlined above take place against a backdrop of general fiscal tightening. Significant organisational change has also been outlined in the White Paper: *Liberating the NHS*, *Equity and Excellence.* The predicted and implications of this policy direction were appraised earlier in Section 5.3 but suffice to say they are likely to lead to significant change in market conditions and particularly in relation to the *competition* agenda.

Market Share by Commissioner

5.16 An analysis of 2008/9 and 2009/10 market share data from CHKS was undertaken based on the commissioners from whom the Trust derives its patient income.

5.17 This analysis shows:

- High market penetration across a range of specialties;
- A wide geographic reach for some services;
- Our most significant commissioner, by volume, is NHS Bristol.

5.18 This emphasises the importance of local service provision and its contribution as the most significant income source to the Trust and demonstrates the need to build strong relationships with local GP commissioners in order to protect and increase market share.

5.19 Further key trends in the period 2008 to 2010 include:

- Significant Bristol, North Somerset and South Gloucestershire PCTs market loss for Ear Nose & Throat and Trauma & Orthopaedic, as a result of the Emersons Green Independent Sector Treatment Centre. This is equivalent to a market loss of around 43% and 30% respectively in these geographic areas. The North Somerset PCT Trauma & Orthopaedic loss may also be attributable to the Shepton Mallet private treatment centre

- Strong BNSSG market retention across other specialties that are competed-for by private providers – Urology, Oral Surgery, Ophthalmology and Gynaecology

- Market gains for Colorectal and Upper GI across almost all commissioners

- Regional market loss for Medical Oncology – showing that tertiary services are also subject to changes in market conditions

- Paediatric services maintain strong regional market penetration, with Paediatric Trauma & Orthopaedic significantly increasing market share in the regional marketplace for the period

- Small loss of activity in Maternity specialties.

Market Share by Provider

5.20 An analysis of 2008/09 and 2009/10 market share data from CHKS was also undertaken in relation to other local and regional patient care providers in the South West.

5.21 This analysis shows, for UH Bristol:

- High market shares for tertiary services in the South West;
- Market share for non-specialist services is mixed;
- The relatively large size of UH Bristol compared to providers in the South West.

5.22 This means that the Trust's "competitors" are both local and tertiary. The overall market share for UH Bristol is supported by its relatively large existing patient activity base and the range of specialist services, in which it often dominates.
Further key trends in the period 2008 to 2010 include:

- UH Bristol holds over half of the South West Cardiac Surgery market.

- Paediatric surgical specialties maintain high market shares. Paediatric Trauma & Orthopaedic and Paediatric Surgery hold over 75% of the South West market. Paediatric Trauma & Orthopaedic's 89% market share represents a 49% increase between 2008/09 and 2009/10.

- Ophthalmology market share is stable at 26% of all activity in the South West

- Market share across other core "District General Hospitals" adult specialties appears relatively stable in the years of study.

- Between 2008/09 and 2009/10, UH Bristol's share of the Accident and Emergency market for the South West overtook North Bristol Trust's. The 2009/10 share was 15% for UH Bristol compared to North Bristol Trust's 14%; a change of +20% and -7% respectively. Given stated commissioner intentions to reduce emergency care attendances; this may not be an entirely positive development for the wider health community.

Organisational Health: Clinical Indicators

5.23 The Trust considers it's organisation health through a typical balanced scorecard approach the "Organisational Health Barometer" and considers the performance of the organisation through a series of different "windows" into the activities of the Trust. The measures below are a snapshot of performance in spring 2011.

Providing a Good Patient Experience

ID	Indicator	Previous	Current	YTD	Thresholds	Trend	Notes
A01	Patient Climate Survey (Overall CQUIN Score)	76.4	75.2	N/A	Green: >= 73.0 Red: <72.0	↓	Current month is December
A02	Number of Patient Complaints	92	152	1206	Green: <120 Red: >=135	↑	
A03	Same Sex Accommodation Breaches (Number of Patients Affected)	29	4	112	Green: 0 Red> >0	↓	

Delivering High Quality Care

ID	Indicator	Previous	Current	YTD	Thresholds	Trend	Notes
B01	Incidence of Hospital Acquired Pressure Sores (Grades 3 or 4)	1	0	15	Green: 0 Red: > 1	↓	No RAG rating for YTD. Current month is December
B02	Number of Inpatient Falls Per 1,000 Beddays	4.60	4.24	3.75	Green < 5.6 Red: >= 5.6	↓	Current month is December

Keeping People Safe

ID	Indicator	Previous	Current	YTD	Thresholds	Trend	Notes
C01	Number of Serious Untoward Incidents (SUIs)	6	6	71		→	A review of the categorisation of SUIs has shown it is not possible to simply categorise those SUIs where harm has resulted to patients. The picture is often more complex. This report will continue to show therefore, the total SUIs reported.
C02	Number of C.Diff and MRSA cases	3	8	85	Below Trajectory	↑	MRSA and C.Diff cases combined

Being Accessible

ID	Indicator	Previous	Current	YTD	Thresholds	Trend	Notes
D01	18 Weeks Admitted Pathways	93.4%	94.0%	93.2%	Green: >=90% Red: <85%	↑	
D02	Number of Cancer Standards Failed	0	0	1	Green: 0 Red: >=2	→	Previous is Quarter 2 (Jul-Sep), Current is Quarter 3 (Oct-Dec). YTD is Apr-Dec.
D03	A&E 4 Hour Standard	93.43%	93.21%	96.93%	Green: >=98% Red: <95%	↓	Includes confirmed Walk In Centre (WIC) totals for Quarters 1, 2 and 3, and estimated WIC attendances for January 2011

Being Effective

ID	Indicator	Previous	Current	YTD	Thresholds	Trend	Notes
E01	Hospital Standardised Mortality Ratio (HSMR)	76.2	66.4	79.0	Green: <80 Red: >=90	↓	Previous and Current totals are October and November 2010
E02	30 Day Emergency Readmissions	7.13%	7.62%	7.48%	Green: 10%+ reduction from 09/10. Red: increase	↑	Previous and Current totals are November/December 2010. This measure has been re-calculated from last month to include new Department of Health guidance.

Being Efficient

ID	Indicator	Previous	Current	YTD	Thresholds	Trend	Notes
F01	Elective Length of Stay Reduction	4.00	3.52	3.73	Green: <= 3.64 Red: >= 3.83	↓	
F02	Emergency Length of Stay Reduction	5.28	5.15	5.19	Green: <= 5.07 Red: >= 5.34	↓	
F03	Theatre Productivity - Percentage of Sessions Used	88.4%	92.2%	89.1%	Green: >= 90% Red: < 90%	↑	Data only includes sites that are part of the Productive Theatre Improvement Project (BRI Heygroves and St Michael's Theatres)
F04	New to Follow-Up Ratio	2.10	2.35	2..23	Green: <1.93 Red: >2.04	↑	Green = CQUIN, Red = Contract Limiter

Valuing Our Staff

ID	Indicator	Previous	Current	YTD	Thresholds	Trend	Notes
G01	Workforce Costs	+1.4%	0.0%	+0.4%	below the 09/10 monthly avg.	↓	Workforce costs shown as level above(+)/below(-) budget. YTD shown is latest month.
G02	Staff Sickness	5.2%	4.9%	4.3%	Red: Above Forecast AND above 09/10 Monthly Figure	↓	adjustment on previous month due to late entries, relating to fte baseline (starters/leavers)

Promoting Research

ID	Indicator	Previous	Current	YTD	Thresholds	Trend	Notes
H01	NIHR Income (£000s)	£2,868	£3,156	£2,937	Green: <5% drop Red: >10% drop	↑	Previous is 2009/10 actual NIHR Income. Current is 2010/11 contracted income. YTD is the value of the income received (April-January 2011).
H02	Weighted Patients Recruited Into NIHR Trials	3768	2061	73835	Green: < 5% fall Red: > 10% fall	↓	Previous is Oct-Dec 2009. Current is Oct-Dec 2010. YTD is Apr-Dec 2010. (Oct 09 included 173 recruits to high weighted study - Swine Flu)

Governing Well

ID	Indicator	Previous	Current	YTD	Thresholds	Trend	Notes
J01	Monitor Governance Risk Rating	0.0	2.5	N/A	Green: < 1 Red: >3	↑	
J02	Care Quality Commission Assessment	Excellent	Excellent	N/A	Green: Excellent Red: Poor/Weak	→	Please see Performance Report for further information.

Delivering Our Contracts

ID	Indicator	Previous	Current	YTD	Thresholds	Trend	Notes
K01	Financial Performance Against CQUINs (£millions)	£1.43	£0.95	£1.43	Green: >=75%, Red<50% of potential reward	↓	Previous is November, Current is December (actual month 9 forecast). This differs from that shown in the Finance Committee Report, which is month 8 projected.
K02	Contract Penalties Incurred (£millions)	£0	£0.03	£0.03	Green: No penalties Red: >25% of total	↑	Previous is Q1, Current (and YTD) is Q1 and Q2.

Managing Our Finance

ID	Indicator	Previous	Current	YTD	Thresholds	Trend	Notes
L01	Monitor Financial Risk Rating	4	4	4	Green: >3 Red: <3	→	For all four financial measures, Current is Current Year To Date and Previous is previous month's reported data.
L02	EBIDTA (Compared To Plan)	109%	110%	110%	Green: 100% Red: <95%	↑	
L03	CRES Achievement	81%	83%	83%	Green: >=90% Red: <75%	↑	
L04	Liquidity (in Days)	37.5	40.5	40.5	Green: 25+ days Red: <=14 days	↑	

Notes

Unless otherwise stated, Previous is December 2010 and Current is January 2011

YTD (Year To Date) is the total cases/cumulative score for the year so far, from April 2010 up to and including the current month

RAG (Red/Amber/Green) rating only applied to YTD where an agreed target number of cases/score exists for the year.

CHKS Clinical Indicators

5.24 To augment clinical indicators, a sample of essential indicators was used from the comparative CHKS *Signpost* programme. This programme compares measures at an organisational level for 140 UK trusts for a time period of 2008/9 to 2009/10; the most recent two years of complete data available.

5.25 Table 2 shows performance over a selection of key Quality and Patient Safety indicators compared to other non-London acute teaching trusts (a CHKS peer group). Compared to peers, the Trust scores well on risk-adjusted hospital mortality though less well on misadventure and complication rates.

Indicator (Trust Level)	Trust	Peer
Misadventure Rate	0.17%	0.10%
Complication Rate - Attributed	1.20%	0.90%
Complication Rate - Treated	2.50%	2.40%
Mortality	0.99%	1.44%
Risk-Adjusted Mortality (2010)	79	90
Readmissions	5.00%	5.90%
Data Quality	94	92.2

Table 2: Quality and Patient Safety

Indicator (Trust Level)	Trust	Peer
Outpatient New to Follow-up Ratio	01:02.8	01:02.6
Risk Adjusted Length of Stay 2008	88	92
Average Length of Stay	2.2	2.8
Day Cases: as a % of all elective admissions	79.00%	75.20%
Day Cases: British Association Day Surgery "basket"	86.80%	80.50%
Day Cases: "Basket" of 25 national procedures	84.50%	77.20%
Outpatient DNA Rate	8.70%	11.50%

Table 3: Efficiency and Service Improvement

5.26 Table 3 shows comparative Efficiency and Service Improvement indicators. These support an assessment that the Trust enters the coming period of dramatic efficiency improvements in a relatively positive position, compared to its peers. However, this has clear strategic implications for the Trust given that there is likely to be less opportunity to release costs that those Trust with poor current levels of efficiency.

Organisational Health: Non-Clinical Indicators

Reference Costs

5.27 Reference Costs are a national measure of a Trust's costs in relation to all other NHS healthcare providers, where 100 is the median average cost for a service. The Trust recorded a Reference Cost organisational average of 96 in 2009/10 (the most recent year of data), which is in the lower quartile of performance for all English NHS Trusts – as demonstrated in Figure 7 below. The Trust recorded Reference Cost averages below 100 in the years from 2003/04 to 2007/08.

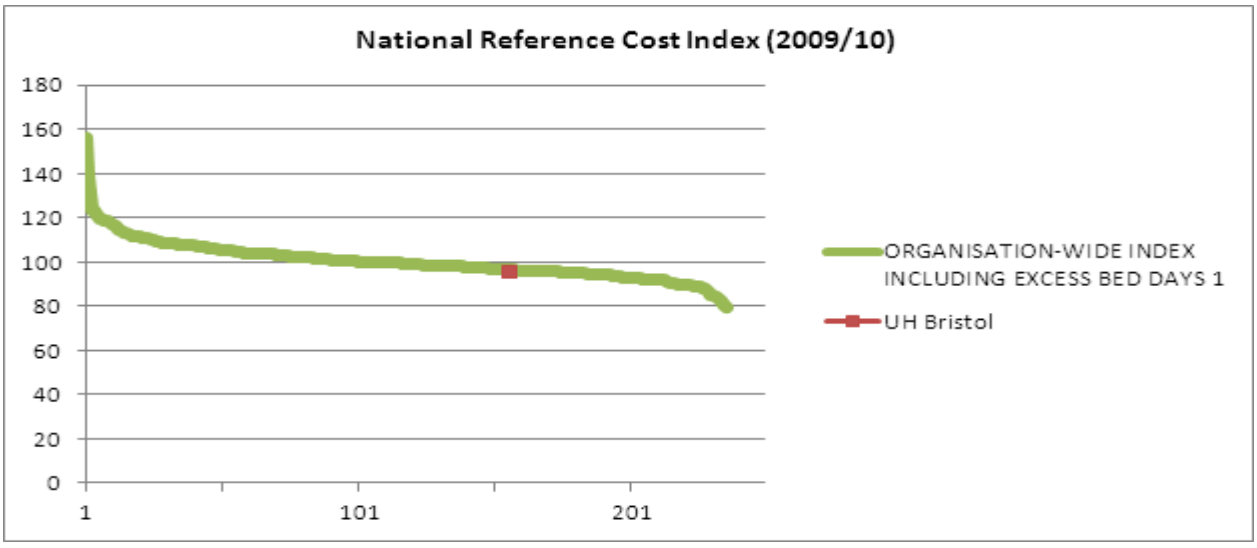

Figure 7: National Reference Cost comparator (Trust averages)

5.28 Within UH Bristol's average Reference Cost of 96, a high-level classification of costs for services is indicated as follows in Table 4:

Elective and Day Case	Non-Elective Inpatient	Excess Bed Days	Critical Care	Outpatient	Other Acute	A&E	UH Bristol Average
96	99	100	84	81	111	95	**96**

Table 4: Breakdown of UH Bristol average reference costs 2009/10

5.29 The above break-down suggests that the greatest areas of variance compared to national cost averages are in outpatient and critical care areas where the Trust is notably a low cost operator.

Service-Line Reporting

5.30 Analysis of clinical service finance has historically focused on the performance of budgeted versus actual expenditure. The Trust's recent introduction of Service-Line Reporting now allows for analysis of profit and loss at a specialty level. Table 5 (below) summarises recorded surplus or deficit by Division and high-level service groupings, based on 2009/10 data:

Division	2009/10 Actual Surplus or (Deficit) (£m)
Diagnostics & Therapies	**0.611**
Medicine	**-6.333**
Surgery, Head & Neck	**0.155**
BRI - Surgery, Head & Neck Total	***-7.329***
Ophthalmology & Dental	***7.484***
Specialised Services	**6.239**
Cardiac and Cardiology Total	***2.857***
Oncology and Haematology Total	***3.382***
Women's & Children's	**9.245**
Women's Total	***4.165***
Children's Total	***5.080***
Other	**-14.192**
Trust	**-4.276**

Table 5: Service Profitability Summary (2009/10)

5.31 This table records the profitability of services for the 2009/10 financial year, indicating that the specialties comprising the Medicine Division and the core Bristol-Royal Infirmary-based surgical services were least profitable. The "Other" services category contains a one-off impairment charge for 2009/10, reflecting a revaluation of the Trust's buildings – without which, this analysis would show an overall profitability of £9.9m. Private patient income of £1.9m is also accounted for in the "Other" category.

5.32 A complex range of factors, including cost competitiveness, local service needs and payment tariffs may contribute to a service's profitability.

"Back Office" and Management Costs

5.33 The Trust participated in a Foundation Trust Network benchmarking exercise, which reported in October 2010 and compared indicators on "back office" costs across a range of Foundation Trusts. Figure 8 shows favourable performance against Foundation Trust peers across most "back office" functions, including similar peers with an annual turnover of over £350 million.

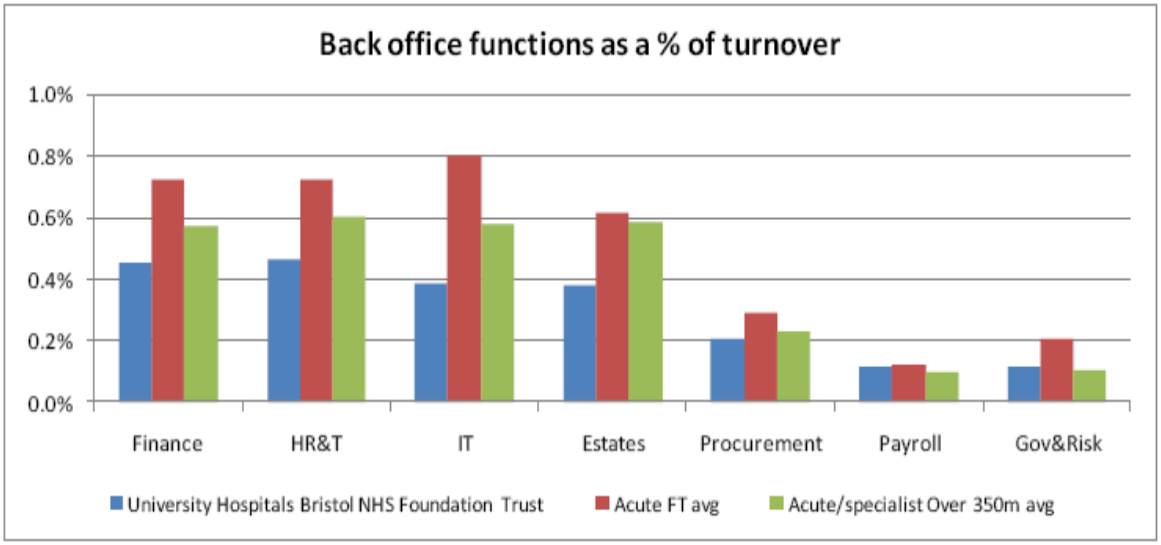

Figure 8: Comparative Back Office costs (Source: Foundation Trust Network, October 2010)

5.34 Table 6 also highlights the more widely accepted Department of Health measure of management costs, across of a range of comparator Trusts. UH Bristol's management costs are relatively low amongst its comparators, when measured as a percentage of turnover (3.4%) or as a cost per whole-time-equivalent staff member (£2,337).

Comparative Business Indicators

5.35 A selection of other non-clinical indicators were chosen for detailed comparison of the Trust's position in relation to a group of peers, based on 2009/10 data.

5.36 The Trust has historically benchmarked itself against a selection of non-London city teaching Trusts in its strategic analysis, chosen for similarities in their profiles of services and population demands. These comparators are:

- University Hospitals Birmingham NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust
- University Hospitals of Leicester NHS Trust
- Southampton University Hospitals NHS Trust
- Oxford Radcliffe Hospitals NHS Foundation Trust
- Royal Liverpool and Broadgreen University Hospitals NHS Trust
- Newcastle-upon-Tyne Hospitals NHS Foundation Trust
- Nottingham University Hospitals NHS Trust

5.37 Table 6 compares UH Bristol to this peer group on a range of non-clinical and business measures. These allow for a comparison of measures that are not typically subject to national peer analysis, but indicate relative business strengths.

5.38 Operating Surplus (or Earnings Before Interest, Tax, Amortisation and Depreciation for NHS Foundation Trusts) was chosen as a measure of profitability, due to an accounting change for the valuation of property in 2009/10. Reported surpluses for many NHS organisations were impaired as a result of this change, meaning that a focus on operating revenues is more reflective of underlying financial health for organisations' 2009/10 accounts.

5.39 For UH Bristol, Table 6 demonstrates that compared to these peers in 2009/10:

- **A strong Operating Surplus**
  UH Bristol ranks 1st for its underlying surplus, in the selected group for 2009/10 – despite ranking 7th for the size of its turnover. This measure is stripped of the impact of 2009/10 asset revaluations to give an essential picture of underlying income and expenditure.

- **Low private patient income**
  UH Bristol's private patient income, ranked 8th, was relatively low for the peer group, at 0.4% of turnover. Further work to understand the potential for the Trust to generate greater private patient income is required.

- **High non-patient care income**
  This measure typically includes research, teaching and commercial activities – the Trust recorded 22.8% of its income from these sources. This was the highest

proportion of non-patient income for the selected comparator Trusts, although it may reflect hosting arrangements (e.g. Skills for Health) and historic funding factors (e.g. for teaching).

- **Low management costs**
  UH Bristol's management costs compare favourably with the peer group as both a percentage of turnover and in relation to staff numbers – at joint second lowest.

- **Low Reference Costs**
  As detailed further in Section 5.8.1, the Trust recorded an average Reference Cost Index of 96 for 2009/10 (the most recent year of available data). The Trust's score is the lowest for the selected peer group.

	University Hospitals Bristol	University Hospitals Birmingham	Bradford Teaching	Leeds Teaching	University Hospitals of Leicester	Southampton University Hospitals	Oxford Radcliffe Hospital	Royal Liverpool University Hospital	Newcastle Hospitals	Nottingham University Hospitals
2009/10										
Operating Income (Turnover)	£485.6m (7th)	£496.2m	£305.2m	£910.6m	£697.7m	£500.8m	£635.9m	£401.4m	£724.6m	£722.2m
Operating Surplus (or EBITDA)	£38.9m (1st)	£15.6m	£15.9m	£1.0m	£9.9m	£6.3m	£0.1m	£3.7m	£38.5m	£7.1m
Private Patient Income	£1.9m (8th)	£2.8m	£1.4m	£4.0m		£3.7m	£11.4m		£3.8m	
Private Patient % Turnover	0.4% (7th)	0.6%	0.5%	0.4%		0.7%	1.8%		0.5%	
Non-Patient Care Income	£110.5m (5th)	£87.3m	£35.7m	£165.8m	£103.9m	£89.8m	£122.3m	£88.9m	£129.3m	£126.1m
Non-Patient % Turnover	22.8% (6th)	17.6%	11.7%	18.2%	14.8%	17.9%	19.2%	22.1%	17.8%	17.5%
Management Costs: % Income	3.4% (2nd)	4.0%		3.7%	3.4%	3.7%	3.4%	3.5%		3.6%
Management Costs: per staff member	£2,337 (5th)	£2,689		£2,584	£2,151	£2,600	£2,685	£2,334		£2,334
Trust Reference Cost	96 (1st)	112	106	103	102	96	100	99	101	107

Table 6: Comparative Business Indicators

6 Our Vision for Patients

6.1 UH Bristol's mission, developed when we became a foundation trust in 2008, was **to provide clinical services, teaching and research of the highest quality** has been revalidated as part of this process. Whilst the challenge in realising the mission may have risen the aspiration remains sound and relevant.

6.2 We will achieve our aims by being clear, with ourselves, our partners and our staff about our mission, our vision and importantly our values. It is the understanding of ***what we are about*** by everyone in the organisation, from Board to ward, that will ensure we succeed. We will ensure this by creating new, stronger linkages between our strategic goals and the way we manage and empower our workforce through appraisal and development planning.

6.3 **Our values** will drive the approach we take to delivering the strategy and how we will develop our organisation and its culture over the next five years. The values were developed with our staff and reflect the things that matter most to us and importantly we hope they will characterise how we will be seen by others; our values were refined and re-launched in June 2010.

- **Respecting everyone**
- **Working together**
- **Recognising success**
- **Embracing change**

6.4 Responding to our strengths, external opportunities and the risks that face us we have formulated both our vision and our strategy. Our vision is aimed to convey the rich picture we have painted for ourselves of what we will look like before the decade is over. Our vision is therefore to be the **foremost provincial teaching hospital Trust in England, recognised for the excellence of our clinical services, the international standing of our research portfolio, the skills and dedication of our staff, the quality of our teaching and learning, our attention to the needs of individual patients and for our exemplary leadership and partnership in delivering the most effective possible health system for the people of Bristol and the South West of England.**

6.5 This vision for the way our services will look and be experienced by others is supported by a statement of strategic intent which describes how our business will evolve over this decade. Our business and service intent is to **consolidate and grow our specialist, teaching and research portfolio, providing in hospital only the general acute care that cannot be provided in the community, extending the scope and scale of services we deliver outside of hospital and to do this increasingly in partnership with others.**

6.6 Below is an expression of how we expect our service income to shift from the current pattern to our future intended business model as a result of our strategy. We believe this re-patterning of income will represent the least risk scenario in the context of a changed environment.

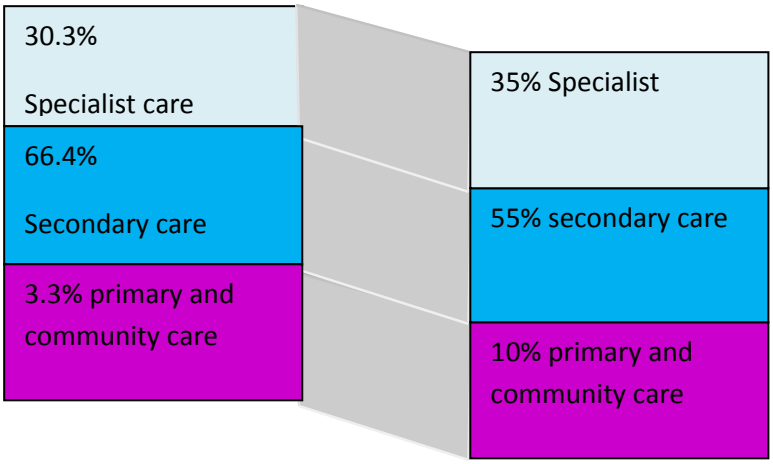

Figure 9 Strategic Intentions for Future Income Derivation

6.7 We have described in more detail where we are going and where we want to be under 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.

6.8 Our strategic themes therefore flow from these headings and are represented in specific, measurable objectives of success that will enable us to track our strategic journey towards delivery of our vision, these objectives are described further in the document.

Strategic Themes	
What we do	**Secure** our existing secondary care referral base in the face of new competitors and with new commissioners, **develop** the range of community services we deliver in partnership with other providers, **increase** our market share of specialist services, **cease** to provide services that are duplicated and do not support our strategy, **create** new business opportunities for our innovations and support operations, **consolidate** our teaching role and **grow** our research portfolio in both breadth and depth, in conjunction with academic partners.
Where we work	We will further strengthen our ability to effectively work in **hub and spoke** models of care, supporting others to be effective spokes where ever possible; to deliver more of our non-specialist services **outside of hospital** and to deliver some of our services in the **premises of partners** to support better accessibility in areas where services are centralised.
Quality at the heart of what we do	Ensure that our services are **consistently** safe, deliver outcomes that match the best in Europe and offer an experience that is **perceived** by our patients and staff to be the best it possibly could be.
Our role, influence and reputation	**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.

6.9 We are aware that the success of our strategy will largely rest upon our ability to implement it in a complete and timely fashion. Our strategy therefore also sets out what needs to be in place to enable us to deliver our strategic objectives. We have grouped these **enablers** into six further strategic themes

- **Rationalising and improving our estate** with the aim of not only improving the patient environment but explicitly to improve patient flow and the efficiency of our services

  The Trust's estate is very mixed ranging from inadequate wards in the 1735 Old Building to state of the art cardiac facilities in the Bristol Heart Institute. Recognising the very important part that buildings play in both the experience patients and their families have when they visit our Trust and the operational efficiency of the services we run, the Trust has a number of major capital development programmes underway. These include the redevelopment of the BRI and the building of a new clinical block, the expansion of the Children's Hospital and the further development of the Bristol Haematology and Oncology Centre.

- **Increasing our productivity and efficiency** of both clinical and non-clinical services and increasingly understanding the productivity of our workforce.

The trust typically performs around the median of peer Trusts in most areas of productivity including length of stay and new to follow up ratios. Our future planning and capacity model assumes that our new estate and associated models of care will enable us to achieve at least upper quartile performance by 2016.

- **Developing our workforce** to ensure we have the right number of staff, with the right skills and qualifications to implement our clinical model and strategy. The action we need to take includes agreeing future workforce models for taking our strategy forward, developing a workforce plan that achieves the required workforce changes and reviewing our approach to succession and talent management, notably in relation to clinical leadership.

- **Improving our information systems and business processes** so that we understand what we do, how well we do it and have the capability to improve it where it isn't good enough – we expect these system and process improvements to contribute significantly to a reduced cost base. Major developments include the implementation of a new clinical software system that maximises the use of portal technology to enable integration through a single interface of the plethora of systems that will remain across the Trust and beyond our boundaries.

- **Strengthening our organisational development and stakeholder management** to ensure we have the right leadership, culture, organisational design and relationships to deliver our strategy.

  The partnership landscape is changing and this will require us to redesign ourselves if we are to succeed and work effectively with new partners. This will include a review of how we develop our commissioning business model to work with the future GP Commissioners and National Commissioning Board as well as strengthening our relationship with our local authority partners both in relation to wider public health & wellbeing as well as the more traditional interface with social care.

- **Sustaining our financial health** to ensure we maintain a positive Monitor risk rating and importantly create headroom to enable us to continue to innovate during a time of constraint.

  We recognise that this next phase of NHS evolution will not stand the test of "usual approaches". Additional activity, commissioned at tariff and delivered at marginal rates will no longer deliver the future efficiency agenda, this next phase is about cost reduction and this organisation operating from a smaller cost based than it does now. Transformation is called for and will require us to fundamentally re-think "the way we do things around here" if we are to deliver savings as required for the next three years.

Strategic Outcomes

6.10 The final piece in our strategic jigsaw is to be clear about what success looks like, to always be clear about why we are pursuing our strategy. We have expressed this through looking at success through the eyes of our most important stakeholders, our patients, present and future; our staff, public members and Board, our partners and our regulators.

Strategic Outcomes	
Benefits to Patients	**Benefits To Staff / Members / Board**
• Consistently high quality patient experience, characterised by care delivered with dignity, respect and excellent communication • Health outcomes as good as the best • No untoward events such as hospital acquired infections, pressure sores or falls • Services that are easy to access and simple to navigate • Excellent communication from hospital to GP	• High levels of job satisfaction and clarity about what is expected • Job security with prospects for progression, for those that want it • Opportunities to participate and develop research and innovation in practice • Positive reputation • Financially sound
Benefits To Partners	**Benefits To Regulators**
• Services in the right places, without duplication • Services that represent value for money • Delivery closer to the patient and delivered in partnership with others • Consistent achievement of quality and performance standards • A “low maintenance” provider of services	• Compliance with all CQC and Monitor requirements • Delivery of NICE guidance • Financial health and a positive risk rating • Reputationally sound

7. Our Strategy; The Plan to Deliver Our Vision

7.1 Section six described our overarching approach to delivering our vision organised around four **strategic themes** and six **strategic enablers.** These will ensure that the overarching strategic direction for the Trust, and the conditions we create for strategic change, are optimal.

7.2 Alongside this organisation wide approach, the strategy work also tested and formulated our vision in key **work stream areas** that capture the broad range of services we provide. This approach to strategy development, as opposed to previous approaches based upon divisional structures, was considered to enable a more patient centred consideration of strategy and would, in turn, drive cross divisional working - a key priority for the trust. The work streams were

- **Planned Care**
- **Urgent Care**
- **Long Term Conditions**
- **Cancer**
- **Children**
- **Maternity**

7.3 A seventh theme was added towards the end of the planning phase when it became apparent, that despite efforts, the specialist service portfolio was not easily presented through the strategy mapping approach and a seventh strategy map was created out of the six work streams to capture this important aspect of the Trusts business.

7.4 The strategy maps for the seven work streams are outlined over and the action required to deliver these plans articulated through the Divisional Business Plans and annual Operating Plans.

Planned Care

7.5 Planned care is the provision of elective medical services (surgical or non-surgical and including diagnostics) that support patient focused pathways, working across organisational and health care sector boundaries whilst promoting the integration and optimization of patient treatment, length of stay and clinical outcomes. Planned care includes the assessment, diagnosis and treatment of problems requiring clinical intervention, which are not considered to need urgent or emergency care. Planned care can be offered by a variety of practitioners, in a variety of settings, including GP practices, community hospitals, district general hospitals or specialist tertiary services.

The Trust aims to be a provider of high-quality hospital care to the patients of central and south Bristol, which excels at supporting and working with community care services.

The Trust also aims to be a regional and tertiary care provider to the patients of the South West region, delivering excellence in children's, cardiac and cancer services.

It is assumed that diverting activity away from hospitals will reduce referrals and admissions. This means a reduction in revenue for the Trust and that we will need to review service priorities and current ways of working.

Key assumptions include:

- Internal cost savings of 4.5% per annum, for three years from 2010 to 2013
- Zero increase in tariff, i.e. income per unit of patient activity
- Substantial reductions in non-essential admitted and outpatient activity

Central to the delivery of planned care, is the development of patient centred pathways for each named conditions/treatment. Each Division within UH Bristol, needs to define which aspects of these care pathways, for each specialty/condition need to be delivered by the organisation and as such, can be defined as core services.

Fundamental to the strategy for planned care is clinical leadership and the necessary structures and mechanisms need to be in place throughout the organisation to enable clinicians to be at the forefront of the planning, as well as the delivery of services.

This definition of 'core' is based on the principle that UH Bristol is the most appropriate provider for the element of the care pathway, i.e. has the best clinical expertise and ability to deliver the service, or particular element of the service sits within the organisation.

The principles of this strategy are set out though a list of simple rules. Core to the strategy for planned care, is the context of the development of new commissioning

agendas and structures within the local and national health community. It is recognised that in both the short, medium and potentially long term, the development of GP consortia will drive commissioning in a new direction, with the emphasis upon both the planning and delivery of services within the primary care setting, and the Trust must react to this.

A number of high impact changes are suggested by the strategy in order to realise the changes and developments envisaged. However key to the process of strategic development is how each Division will answer the questions set down in the document to achieve a cohesive Trust Wide strategy.

VISION FOR PROVISION OF PLANNED CARE

Planned care is the provision of patient focused pathways, designed to deliver the highest standards of care, through maximising efficiency and productivity. These will deliver the best outcomes in a timely way across organisational boundaries

Business Strategy Statement

- The clinical portfolio of planned services will meet commissioning requirements whilst reinforcing and building upon areas of unique clinical expertise and opportunities for research and teaching. All services will need to work within the constraints of financial and clinical priorities, and be guided by both local and national guidelines.
- Planned care service development will cross traditional health sector boundaries and will strive to deliver optimum patient outcomes through an ongoing focus on patient safety, the provision of state of the art facilities and equipment, as well as a continuing investment in a highly trained, motivated and efficient workforce.

Strategic Drivers

- Zero increase in tariff with internal cost saving requirements driving productivity
- Commissioning intentions to limit procedures undertaken through INNF
- ISTC and further introduction of choice into the market.
- Seamless delivery of a totally integrated model of planned care; developed in partnership with the GP consortia and alternative health care providers

Strategic Intentions

- Seamless working across organisational boundaries in partnership with primary care and commissioning colleagues, ensuring optimal access to care for all patients.
- Planned care services delivered at UH Bristol are to be rationalised so that those considered core are delivered to the highest possible standards and with maximum productivity
- Establish a clear and transparent process and structure for the prioritisation and escalation of identified clinical priorities, both within UH Bristol and with external commissioners, allowing the matching of clinical expectations and commissioning intensions

Strategic Objectives

- The optimal delivery of elective services defined as ‘core’ with effective mechanisms to turn off the delivery of non-core services.
- Reduction in LOS to upper decile for all planned care procedures by March 2012
- All patients to be medically optimised and fit for treatment at time of referral. (Target – ‘patient not fit for surgery’ a ‘never event’)
- Day case and Day of Surgery Admission accepted as the norm for all patients. (Target 100%. Exceptions reported by divisions)
- Partnerships developed with other sectors to promote discharge of patients from hospital to a suitable alternative environment for on-going care.
- Maximise theatre throughput and efficiency for planned care procedures. (Target: Reduce cancellations against 2010-11 levels by 50%)

Strategic Outcomes

- UH Bristol delivery of services identified by Clinicians and Commissioners as ‘core’, driven by patient centred pathways and delivering the highest levels of quality care, as assessed by clinical outcomes, patient satisfaction and patient safety .
- Clinically led decision making on delivery of services, using accurate, relevant and timely information in the assessment of the profitability of clinical services.
- Productivity improvements in theatre throughput and LOS, with all patients referred only when fit/ready for treatment
- Close strategic and operational relationships with GP commissioners and primary care partners

Urgent Care

7.6 Delivery of optimal urgent care services, located within a high functioning urgent care system is a major strategic priority for the Trust. The evidence for the case that much of our success, in both elective and specialist care, rests upon our success in delivering high performing urgent care services is compelling.

The strategy work stream for urgent care has embraced the need to transform urgent care services in the trust and in doing so recognises the pivotal nature of working more effectively in partnership with other key partners in the system; particular emphasis is placed on developing our relationship (both strategically and operationally) with the ambulance service provider and local social care services.

The strategic intentions set out for urgent care respond to the national policy direction, and our commissioners expressed desire, to see more urgent care delivered outside hospital with the acute sector delivering care to those with the most complex or life threatening needs and returning their care and ongoing management to primary care as soon as is clinically appropriate.

To achieve this vision and ensure we continue to operate economically viable local services, given the essential nature of this group of services, the service will need to reduce its cost base through significantly redesigning the way it delivers care. This will result in a greater emphasis of service and capacity on the first few hours of assessment and prompter and targeted response to timely discharge when patients do go on to admission.

Critical to ensuring our success will be a clear definition of what success looks like. Notably we expect to see an increase in the proportion of patients that stay less than two days, a significant reduction in the number of patients staying more than 14 days and most importantly significant improvements in the quality of patients experience during their care through a reduction in queuing for care and the delivery of care in the right location (from the outset).

VISION FOR URGENT CARE

To deliver an excellent Urgent Care system, that maximises the resources of the whole health community in order to provide a resilient and cost effective service with the best patient outcomes

Business Strategy Statement

To consolidate our urgent care business and return to previous lower levels of activity by reversing recent trends in activity transfer and growth.

Strategic Drivers

- Urgent Care demand out stripping available resources, both staff and physical
- Remuneration no longer commensurate with cost of providing care for an increasing proportion of our activity
- Requirement to manage the aging, growing population at lower average cost than previously
- Increasing shift to demand for services out of hours
- Commissioners no longer wish to buy hospital based urgent care unless the only clinically appropriate care

Strategic Intentions

- Significantly increase the provision of ambulatory and short stay care with the explicit aim of reducing admissions and lowering length of stay
- Sharing care and risk with primary care through better integration of secondary and community services
- To only treat in hospital those that cannot be managed in the community
- Be the provider of choice for the central and south Bristol population when they require urgent care

Strategic Objectives

- To drive and participate in a truly effective urgent care system, governed by a high functioning Urgent Care Network
- Develop shared agenda with GP Consortia for the management of patients along pathways of care
- To more effectively engage the ambulance Trust in a joint working agenda with the aim of reducing the numbers of patients conveyed to hospital and appropriate distribution of conveyed patients across BNSSG
- Create and develop an Ambulatory Care Unit and an Integrated Assessment and Short Stay Unit
- Provide a consultant led 24/7 Emergency Department

Strategic Outcomes

- Significant increase in the proportion of short stay patients(length of stay less than 2 days)
- Significant reduction in total numbers of non-elective patients in inpatient beds
- Significant reduction in patients with long lengths of stay (greater than 14 days)
- Increase in the quality of patient experience through a reduction in queuing for appropriate care, appropriate location of care (first time) and a reduction in the number of patients that require admission to hospital

Long Term Conditions

7.7 Long Term Conditions represent 69% of health care spend, care transcends organisational boundaries and many older people have more than one long term condition. The vast majority of Long Term Conditions can be effectively and appropriately managed outside of hospital, though this isn't presently the model. For the future UH Bristol has a vital role to play in the management of patients with complex needs and in the admission and treatment of acute exacerbation but most importantly it will be a source of specialist advice, research opportunities and learning support for primary and community services to support patients to manage and live positively with their condition.

The key aspirations for UH Bristol with relation to Long |Term Conditions include:

- we aspire to be a centre of excellence in many fields for patients with complex long term conditions; these include but are not restricted to rheumatology, respiratory medicine, ophthalmology, cardiology and gastroenterology.
- we will provide specialist care and advice to improve patient's knowledge and understanding of how to care for themselves.
- we will become an effective partner in supporting primary and community care to manage as many patient as possible outside the hospital setting
- we wish to maintain and increase national recognition for the specialist work and research that takes place in the Trust especially for very rare conditions.
- we will deliver specialist drug treatments with appropriate monitoring to support primary care in the management of patients outside hospital

The predicted increase in the prevalence of long term conditions means that if we are to realise our vision for high quality care we must make even better use of the resources we have and ensure that patients are managed, wherever clinically appropriate in the least cost environment.

To support this aim we have set ourselves some ambitious goals which include

- A 10% reduction in emergency admissions for people with COPD, diabetes and heart failure.
- Rationalisation of services to allow the planned 20% reduction in income through less hospital based follow up care.

In order to meet these aspirations we will:

- be leaders and active participants in research and innovation
- provide HOT clinics where appropriate to avoid admission.
- improve shared care working with primary care, community care and social care.
- work with commissioners on improved care pathways.
- use a multidisciplinary team approach to manage patient optimally
- use specialist nurses and other suitably trained staff to help manage and inform patients to help care for themselves.
- provide specialist diagnostics and appropriate therapy support
- use technology in an innovative way to allow more delivery of care at home, this includes telecare and telephone advice services

VISION FOR LONG TERM CONDITIONS

All patients with long term conditions will understand their condition to the best of their abilities and be an active partner in their own care. Co-ordinated community services will facilitate high quality interactions using innovative technology where applicable. This will allow patients to recourse to secondary care in a more planned way, only when specialist input is required.

Business Strategy Statement

To rationalise the provision of services in the Long Term Conditions portfolio with a planned 20% reduction in income generated from this portfolio through a reduction in hospital based follow up care

Strategic Drivers

- Increase in the numbers of patients living with a long term condition
- Commissioner intention to improve provision of primary and community services to patients with LTC
- Reduction in the resources available to support delivery of Long Term Conditions
- Improvement in the availability of drug therapies to improve primary care management of many LTCs
- Improvements in the range and capability of technology solutions to support people living with LTC e.g. Telehealth / Telemedicine

Strategic Intentions

Improve patients' knowledge and understanding of how to care for themselves. Help patients identify early deterioration and improve their ability to take corrective action. Improve shared care working with primary care, community care and social care. Streamline hospital processes and signposting to allow patients a smoother transition between home and secondary care teams.

Strategic Objectives

- 20% reduction in hospital delivered follow up for patients with LTC
- 10% reduction in emergency admissions for people with COPD, diabetes and heart failure
- Patients with long term conditions who are discharged from secondary care will have clear access arrangements for re-entry to hospital based care.
- Greater use of telecare to reduce hospital attendances
- Improved multi-disciplinary communication across care sectors
- 20% reduced length of stay for patients with LTC due to supported discharge.
- follow up will be discharged from secondary care follow up with clear access arrangements for re-entry to hospital based care

Strategic Outcomes

- Improved management of chronic disease resulting in fewer complications
- A reduction in acute exacerbations of chronic conditions and associated hospitalisations
- Improved self management of LTC conditions

Cancer Services

7.8 The diagnosis and treatment of cancer is a substantial part of the service of UH Bristol Foundation Trust. These services are very varied and are delivered in many ways and in many different sites. It is for this reason that a cancer strategy is necessary. The need to improve the quality and quantity of cancer services is outlined in the national Cancer Reform Strategy and it is this document that underpins the cancer strategy of the trust that aims to deliver world-class cancer services. This cancer strategy will develop Bristol as a citywide cancer centre responsive to the needs of our patients, participating in service reconfigurations where appropriate.

The trust aims to lead a partnership of commissioners and provider organisations in delivering high quality and patient focussed care with an emphasis on patient involvement. National standards will be met or exceeded and care will be delivered in the most appropriate settings, either in hospital or in the community.

Particular strategic drivers include the need to respond to the aging population and the need to support survivors of cancer. Our environment will be innovative with a culture of research and innovation throughout the organisation. These needs will, however, need to be met in a climate of more constrained finances and greater efficiency.

Improvement of integrated MDT working across the patient pathway will be crucial and the needs of both patients and carers will always be considered. The trust will lead research and education in cancer treatment across the city and we will reliably capture and utilise outcome data, including patient reported outcome information. The care of patients with advanced or terminal conditions will be a high priority.

The trust has specific objectives that include:

- Participation in national surveys and audit with full data collection
- Leadership in a citywide cancer board in partnership with other organisations
- Strategic development of the BHOC as a premier national centre of non-surgical oncology
- Enhancement of malignant haematology services including bone marrow transplantation
- Enhancement of teenage and young adult cancer services
- Development of a wide reaching acute oncology service
- The highest quartile recruitment into national cancer trials

VISION FOR UH BRISTOL CANCER SERVICES

To deliver a world class service for quality & outcomes, in the best possible environment

Business Strategy Statement

To grow the cancer portfolio through retaining current market share in a growing market and taking advantage of designation opportunities to extend our provision beyond the current network area.

Strategic Drivers

- The need to deliver high quality & patient focussed cancer care through innovation in practice & greater patient involvement
- Delivery of the Cancer Reform Strategy & associated national standards, driving service reconfiguration
- Developments in treatment modalities, an aging population & survivorship
- Developments in research, innovation & teaching as part of core clinical service delivery
- Care provided in the most appropriate settings (e.g. community chemotherapy / surgical centralisations) including optimisation of the physical environment
- A cost-constrained environment driving greater efficiency in service delivery

Strategic Intentions

To deliver a Bristol-wide cancer centre which is responsive to the changing needs of both patients and treatment modalities, working with the commissioning leads to ensure services are delivered in accordance with the population needs.

Strategic Objectives

1. To improve our quality of care and specifically level of patient / carer involvement
2. To ensure MDT working is integral to the delivery of cancer services across the patient pathway
3. To reliably & effectively capture & utilise clinical & patient reported outcomes
4. Delivery of service reconfiguration across the city
5. Delivery of care in the best possible physical environment
6. Research and Education being given equal status with clinical service delivery
7. To improve the care of and experience for patients with terminal illness and those that present with advanced stage cancer wherever they present in the Trust

Strategic Outcomes

1. Participation in national annual patient surgery & utilisation of results; greater patient involvement in service design & delivery
2. Clinical leadership at MNT & cross city level with shared cancer board to give joint leadership & vision to a Bristol-wide cancer centre
3. 100% completion of national cancer audit programme or coverage through locally agreed data sets
4. Non-surgical oncology focussed in one central locations with community and local provision where possible & appropriate; delivery of surgical reconfigurations
5. Progress on BRI redevelopment & BHOC strategic plan
6. To be in the top quartile of recruiters to clinical trials; increased number of studies with UH Bristol as the lead

Women's and Children's Services

7.9 St Michael's Hospital and the Bristol Royal Hospital for Children deliver secondary care to the BNSSG and specialist care to the South West Region, nationally and internationally.

The key aspirations of the Clinical Services Strategy for our core work-streams are:-

- A local, national and international reputation for safe, high quality, effective care and the best patient experience and outcomes.
- A centre of excellence people choose for their care where the best staff are attracted to work.
- The research and development capability and capacity to be at the forefront of innovation and medical advancement.
- Working collaboratively with patients, families, the public, partner healthcare and other organisations to achieve an integrated approach that delivers a better experience of patients.
- Developing clinical networks to raise standards.
- Improving efficiency and productivity while increasing the quality of patient care.
- Underpinning all of the above are DH policy documents ("Maternity Matters", "Achieving equity and excellence for children" and "Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs – A review by Professor Sir Ian Kennedy) which underpin safer childbirth and high quality care for children.

There are six broad elements to the Women's & Children's Divisions Clinical Services Strategy which are described in outline below:-

Acute Paediatric and Emergency Children's Services – To deliver high quality, seamless secondary, emergency and acute trauma care for children in Bristol and surrounding areas of the BNSSG, and work towards designation as a Paediatric Trauma Centre.

Specialist Children's Services – To deliver nationally accredited and benchmarked specialist services to the children of the South West and Supraregionally, in order to secure the best possible outcomes for children with rare and life threatening conditions.

Maternity Services – All pregnant women will be offered choices of care that are evidence based, delivered in an appropriate environment, to ensure the physical and mental well being of mother and baby. High quality services will be delivered by multidisciplinary teams of

professionals focused on normality with patient flows to specialist care as required, for higher risk conditions.

Gynaecology - To deliver high quality care to women, working with partners in primary care, to provide pathways of care that are patient centred, evaluated by patient reported outcome measures and increasingly delivered in the community of gynaecology conditions.

Oncology – To deliver high quality, multidisciplinary care of all aspects of cancer care for women with gynaecological cancer and pre cancer as set out in nationally enforced improving Outcomes Guidelines and NHSCSP.

Urgent Care – To provide access for early pregnancy problems and emergency gynaecology that is timely, patient centred, holistic, evidence based and cost effective.

The key objectives in terms of delivering the Clinical Services Strategy for the entire Division have been prioritised against a timeline. These include:-

- The transfer of Specialist Paediatrics, Burns, Plastics and Neurosciences from North Bristol.
- Expansion of NICU
- Designation of the Cardiac Surgical Services
- Consolidation of the Gynaecology Service Model and achievement against the IOG.
- Establishment of Nuchal screening for all women over the age of 30.
- Improvement of midwifery staffing levels
- Development of a midwifery led birthing unit
- Developments aimed at achieving multiple clinical service national designations.
- Consolidation of clinical pathways, and ensuring a safe and sustainable pathology service to support all perinatal and paediatric surgical histopathology needs within the Division.

Hence, the strategy will continue to focus on quality while delivering operational performance, ensuring an effective workforce, achieving financial balance and maintaining a greater focus on research and teaching.

VISION FOR ACUTE GENERAL AND EMERGENCY CHILDREN'S SERVICES

To deliver high quality, comprehensive secondary and emergency care for children in Bristol and surrounding areas of the BNSSG.

Business Strategy Statement

To fully embrace the care closer to home concept, as described in the NHS Next Stage Review, "Our NHS, Our Future", by working with primary care to avoid emergency admissions and undertake secondary care in the community in partnership with GP's.

Strategic Drivers

Achieving the recommendations of National Drivers concerning children and young people's health.

- 2004 Every Child Matters: Change for Children, (being healthy, staying safe, achieving and enjoying)
- 2004 NSF for Children, Young People and Maternity Services
- 2009 "Healthy Lives, Brighter Futures" DH and DCSF: A Child Health Strategy. This will build on progress through:-
    - World Class Outcomes
    - High Quality Services
    - Excellent experience in using those services
    - Minimising health in equalities
- 2009 "Securing better health for Children and Young People through world class commissioning".

Strategic Intentions

Our major strategic intent with regards to out of hospital provision is forging links with our strategic partners, such as GP Commissioning and The National Commissioning Group, to further develop pathways of care.

Objectives

- Attendance and admission avoidance through the Emergency Department.
- Development of community nursing and AHP teams to support early discharge of patients in hospital care.
- Working with PCTs towards best use of providing children's services at SBCH and health centres in the community setting.
- Continue policy of home care of patients on long term ventilation.
- Reducing hospital admissions through enhanced support with CNS and specialist nursing agencies and improved self management of clinical medical conditions in young people. This will require expansion of the Expert Patient Programme.

Strategic Outcomes

- Enhancing patient safety and experience through:
    - Service quality monitored at point of service delivery e.g. the Disabilities Group considering issues across patient pathways
    - Development of information sources to inform assessment and action, e.g. reports from Ulysses regarding complaint and incident rates
    - Enrolment to the National Leadership in Patient Safety (LIPS) programme provided by the Institute of Improvement and Innovation.
    - Respond to the CQC Position Statement and Action Plan for Children, Young People and Maternity Services 2010-15.
- Reducing patient length of stay through:
    - Further development of community nursing team and use of patient hotel.
- Address the tariff challenge relating to High Dependency patients.

VISION FOR SPECIALIST CHILDRENS SERVICES

To deliver world class specialist services to the children of the South West and Supraregionally in order to secure the best possible outcomes for children with rare and life threatening conditions

Business Strategy Statement

To grow our specialist service portfolio by 20% in income terms by 2015

Strategic Drivers

- Increase in the numbers of children living with serious and life threatening disease through improvements in technology and practice
- Decreased number of nationally designated specialist centres caring for children with rare conditions
- Reduction in the ability of non-specialist providers in the South West to meet local standards for specialist services
- Strategic aim to be a leading teaching and research centre for children's services
- Above average length of stay in some specialties

Strategic Intentions

Improve shared care working with primary care for children with Long Term Conditions though their DGH and community networks, improve patients and parents understanding of their condition and improve knowledge of how to navigate the care system by streamlining our processes and improving our signposting.

Strategic Objectives

- Achieve designation for Paediatric Cardiac Surgery, Neurosurgery, Burns, Scoliosis, BMT, NICU, PICU and Trauma
- To centralise all City wide specialist children services , addressing transition to adult care of survivors of childhood chronic ill-health
- To re-develop the BRCH to accommodate a wider range of specialist services transferring from North Bristol Trust
- To improve shared care and early repatriation of children with specialist conditions to their local settings (both hospital and home)

Strategic Outcomes

- Clinical outcomes for children with rare conditions will be in the upper quartile of comparable peers
- Compliance with Kennedy Report recommendations, particularly adherence with paediatric critical adjacencies guidelines
- Designation as (pan)regional provider of all sub-national specialist children's services
- Consistently achieve Research Assessment Rating of 5 and contribute to National Groups and Processes
- Length of stay for elective and non-elective care in upper quartile of comparable peers

VISION FOR MATERNITY SERVICES

All pregnant women will be offered choices of care that are evidence based, safe and of the highest quality, ensuring the physical and mental well being of mother and baby

Business Strategy Statement

To grow our services in line with the national and local birth rate and be a key hub of the perinatal network

Strategic Drivers

- Increasing referrals for tertiary and quaternary fetal and maternal medicine from south West and South Wales
- BNSSG review of Healthcare and developing partnerships with NBT and Weston
- Maternal demographics with increasing obesity, diabetes, older mothers
- NICE/CEMACE/Maternity Matters, Midwifery 20.20/ safer childbirth and NHSLA standards

Strategic Intentions

To provide individualised care to women and their babies with the mother (and her family) being in control of the choices around pregnancy and childbirth with the expectation that she will give birth normally. Interventions when required are timely, evidence based and are chosen in partnership with the woman and her family.

Strategic Objectives

- To improve the normal birth rate by increasing the midwife to birth ratio, implementation of a home birth team and an adjacent midwifery led unit
- To value diversity and provide equal access to services regardless of language, ethnicity, age or social deprivation
- Improve quality and safety of intrapartum care by increased consultant presence on delivery suite
- Improve quality of post natal care by introduction of an enhanced recovery pathway
- To promote public health by supporting breast feeding and reduction in smoking and obesity
- To provide world class interventional fetal medicine for South Wales and the South West and provide gold standard screening for Downs screening

Strategic Outcomes

- The midwife to birth ratio to 1: 32 or better and 98 hours per week of consultant presence
- Length of stay in obstetrics in best quartile and patient reported outcomes for postnatal care above national average
- Open a midwifery led unit, increase home births to 6%, and achieve higher than national targets for CQUINS.
- All women offered combined testing for Downs syndrome
- A perinatal network supporting women and their babies to deliver in the most appropriate environment as close to home as possible
- 90% of women from all backgrounds access maternity services before 13 weeks gestation

Specialist Services

7.10 UH Bristol has a long tradition of delivering specialist services to the local and regional population. These specialised services may be considered as those not usually delivered in a typical large general hospital and they are normally associated with the need for specialist staff and facilities, serve populations in excess of a million, as well as a culture of innovation, education and research. The trust aims to deliver a wide range of these services at high quality to the population of the South West and beyond.

By their nature, specialist services are less amenable to delivery outside of hospital, coupled with increasing survival rates for many of the most complex conditions we anticipate these services will continue to grow. The additional benefit of research and educational income in these areas makes the delivery of specialist services a key business element of the trust's strategy as well as a key clinical service for patients.

The trust will meet increasing national expectation for high quality specialist treatment and will seek local or national designation where this applies. It is likely that as specialist treatments get more complex, the number of centres delivering these will decrease and it is the objective of UH Bristol to take advantage of this change and remain one of a smaller number of high quality specialist providers. This aspiration can link with the need to bring treatment closer to home because improvements in technology will enable more complex treatments to be delivered closer to home. It will be necessary to work closely with other provider partners and commissioners to ensure a streamlined patient pathway in and out of the specialist care provided.

The trust has specific objectives that include:

- Maintenance of the Bristol Children's Hospital as the premier regional children's' hospital
- Achievement of national designation in paediatric cardiac surgery, GUCH services, neurosurgery, burns, scoliosis, bone marrow transplantation, NICU, PICU and trauma.
- Centralise all specialist adult cardiac services across Bristol in the Bristol Heart Institute (including repatriation of externally referred patients)
- Ensuring optimal development of BHOC as a major national non-surgical oncology centre
- Continued development of specialist ophthalmological and dental services
- Development of strong links between specialist services and primary care

We aim to deliver outcomes for all specialist services in the upper quartile. We will comply with all national recommendations in specialist practise. The trust aims to develop its research capabilities to a national standard leading to Academic Health Science Centre status.

The trust will deliver these outcomes with financial efficiency, delivering lowest quartile length of stay in comparable areas.

VISION FOR SPECIALIST SERVICES

To deliver the highest quality specialist services to the population of the South West and beyond in order to secure the best possible outcomes for patients with complex and less common conditions, which are recognised as needing specialist treatment.

Business Strategy Statement

To use the profitable nature of specialist services together with the additional research and teaching income to grow these elements of the trust clinical portfolio, whilst continuing to support the delivery of local acute services

Strategic Drivers

- The national expectation for high quality specialist treatment is growing, in spite of the financial climate
- There may be a nationally designated reduction in the number of specialist centres treating certain conditions
- As complexity of specialist treatment increases, non-specialist providers find it more difficult to deliver appropriate specialist services
- The linkages with research, innovation, teaching and learning ensure particular operational and financial benefits in specialist services
- The ability to extend the reach of specialist (tertiary) services to primary care and the community is a major opportunity

Strategic Intentions

Streamline access to specialist care for all patients (in appropriate catchment populations) by reducing inter-organisational barriers, developing single pathways and using technology to extend the reach of services

Strategic Objectives

- Maintain the Bristol Children's Hospital as the premier regional children's hospital
- Achieve designation for Paediatric Cardiac Surgery, Neurosurgery, Burns, Scoliosis, BMT, NICU, PICU and Trauma
- Centralise all specialist cardiac services across Bristol in the Bristol Heart Institute, including repatriating out of region referrals
- Ensure full BHOC development, maintaining it as the major regional non-surgical oncology centre, delivering all specialist oncology treatment
- To develop stronger links between specialist services and primary care, delivering tertiary care as close to home as possible

Strategic Outcomes

- Clinical outcomes for all specialist conditions to be in the national upper quartile
- Compliance with all national recommendations of specialist practise (Kennedy Report, cancer IOGs etc.)
- Designation as (pan)regional provider of all sub-national specialist children's services
- National recognition as a research centre in all specialist areas, contributing to the formation of an AHSC
- Length of stay for elective and non-elective care in lowest quartile of comparable peers

8 Measuring Progress; Objectives and Priorities

8.1 The tables below set our timed and prioritised strategic objectives, as they pertain to this strategic framework for clinical services.

8.2 They are a subset of the wider organisational strategic objectives that capture our additional priorities in relation to Teaching & Learning and Research & Innovation. They are presented in the framework of strategic themes and enablers as described earlier in the document.

8.3 Perhaps inevitably the short term goals are clearer than those that will be implemented in years two and three or beyond and this will be refined and iterated as plans become more developed.

8.4 Critical to ensuring that our vision is realised will be a strong focus on delivery of the strategic goals and milestones we have set for ourselves. To this end, the tables over also describe the management for where performance management responsibility will sit on behalf of the Board and Trust Executive group.

Strategic and Corporate Objectives Overview

Strategic Themes

1. What we do
2. Where we work
3. Quality at the heart of what we do
4. Our role, reputation and influence

Strategic Enablers

1. Rationalising and improving our estate
2. Increasing our productivity and efficiency
3. Developing our workforce
4. Improving our information systems and business processes'
5. Strengthening our organisational development and stakeholder management
6. Sustaining Financial Health

STRATEGIC OBJECTIVES
Clinical Services / Teaching & Learning / Research & Innovation

Work-stream

Divisional

3 Year Divisional Business Plans

Annual Operating Plan

Divisional Reviews

CORPORATE OBJECTIVES

Rationalising and improving our Estate

Increasing our productivity and efficiency

Developing our Workforce

Improving our information systems and business

Strengthening our organisational development and stakeholder management

Sustaining Financial Health

COMPLIANCE OBJECTIVES

Care Quality Commission

Monitor

Other

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011/12	2012/13	2013/14		
1.	What We Do	CSS	1.1	We will consolidate and expand our specialist services portfolio through designation of target services and repatriation of work from outside the South West	Achieve designation for cardiac paediatric surgery and Teenage and Young Adults Scope the opportunity, by speciality, work type and finance for work that could be repatriated Agree priorities for repatriation activities and develop plans to effect the change.	Achieve designation for Scoliosis Services and neonatal intensive care Repatriate 50% of the identified activity transfer opportunity to UHB	Achieve designation for paediatric burns and neuroscience Repatriate final 50% of the identified activity opportunity to UHB	Director of Strategic Development	Clinical Strategy Group
		CSS	1.2	We will work with our partners to ensure the optimal configuration for acute services across the City	Develop and agree, with NBT and commissioners, a plan for acute services configuration Agree priorities for service change, if requirement identified as part of Acute Services Configuration work. Conclude Pathology Services Review and agree configuration of pathology services for BNSSG Achieve Monitor Review and Board sign off for CSP and BRI Full Business Cases	Achieve transfer of UHB services to SBCH Achieve transfer milestones for head & neck, breast and urology services Implement pathology services configuration changes Deliver all BRI / CSP annual milestones	Deliver all service configuration milestones agreed in previous period Deliver all BRI / CSP annual milestones Conclude all enabling activities to ensure smooth transfer of services from NBT in following year	Director of Strategic Development	Clinical Strategy Group
		CSS	1.3	We will undertake a feasibility study of the opportunities and models for increasing Private Patient Services and Income	Undertake market analysis of business opportunity Undertake option appraisal (if market opportunity is confirmed) for expanding private patient provision.	Dependent upon outcomes of prior year objectives	Dependent upon outcomes of prior year objectives	Director of Strategic Development	Clinical Strategy Group

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011 / 12	2012 / 13	2013 / 14		
		CSS	1.4	Grow the non-clinical income base through exploiting greater commercial opportunities for income generation	Undertake a feasibility study for expanding the footprint of the BRI Redevelopment to incorporate a greater level of income generating patient and staff facilities Identify further opportunities for commercial developments / partnerships	Dependent upon outcomes of prior year objectives	Dependent upon outcomes of prior year objectives	Director of Strategic Development	BRI Redevelopment Board
		CES	1.5	Fully embed the Trust's values in everything we do and say and establish them as the behaviours that drive the way we do things around here.	Every member of staff has a values based objective set in their appraisal and cascaded down through divisions/teams. Loud & Clear research provides base line data to inform Communications strategy for 2011-14. KPI monitored by TEG and board. Staff, inpatient and outpatient surveys triangulated to provide cross reference information relating to behaviours.	Improvements in the annual staff survey and Multi Professional Education and Training (MPET), especially relating to bullying and harassment. KPI show consistently improved staff inpatient and outpatient outcomes.	Improvements in the annual staff survey and Multi Professional Education and Training (MPET), especially relating to bullying and harassment. KPI show consistently improved staff inpatient and outpatient outcomes.	Chief Executive	Trust Executive Group
2.	**Where We Work**	CSS	2.1	We will further refine our strategic intentions and operational role in community service provision	Conclude strategic analysis and option appraisal in relation to any future vertical integration and community provision. Agree target areas for community service expansion or retrenchment. Notably review our ongoing role in Sexual Health Service provision	Dependent upon outcomes of prior year objectives	Dependent upon outcomes of prior year objectives	Director of Strategic Development	Clinical Strategy Group

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011 / 12	2012 / 13	2013 / 14		
		CSS	2.2	We will confirm our intentions with regard to major strategic opportunities that are likely to arise in the medium term including our role on the provision of services to the Weston community, our role in the running of SBCH and the organisational model through which we will work with North Bristol Trust.	Develop Strategic Outline Case for Change for models of working with NBT and agree preferred way forward. Clarify opportunities regarding Weston and undertake strategic analysis and option appraisal in relation to any future role for UH Bristol Clarify opportunities regarding SBCH and undertake strategic analysis and option appraisal in relation to form of future role for UH Bristol	Dependent upon outcomes of prior year objectives	Dependent upon outcomes of prior year objectives	Director of Strategic Development	Clinical Strategy Group
3.	**Quality at the Heart of What We Do**	CSS	3.1	To be recognised by our patients and their families for the consistently high quality of the care they receive whilst in our care	We will achieve a Top 5 ranking amongst peer trusts for at least 25% of measures in the 2011 National Inpatient Survey. We will improve our scores for at least 50% of measures in the 2011 National Outpatient Survey, when compared to the previous survey in 2009. We will implement systematic patient feedback in outpatient services. We will create a range of opportunities for carer feedback and engagement, with a particular focus on carers of patients with dementia.	We will achieve a Top 5 ranking amongst peer trusts for at least 33% of measures in the 2012 National Inpatient Survey. We will improve our scores for at least 50% of measures in the 2012 National A&E Patient Survey, when compared to the previous survey in 2008. In line with the NHS Outcomes Framework, we will also focus on improving the patient experience for children and in End of Life care.	We will achieve a Top 5 ranking amongst peer trusts for at least 50% of measures in the 2013 National Inpatient Survey. We will improve our scores for at least 50% of measures in the 2013 National Maternity Survey, when compared to the previous survey in 2010	Chief Nurse	Patient and Public Involvement Leads Group, reporting in future to the Clinical Quality Group.

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011 / 12	2012 / 13	2013 / 14		
		CSS	3.2	We will strive to eliminate all incidents of unintended harm to patients and be recognised nationally for the safety of the services we offer.	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*. We will also achieve spread - including testing, training, communication, etc - of all key changes beyond the pilot populations of the same Programme. We will achieve zero 'Never' events	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*. We will achieve zero 'Never' events	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*. We will achieve zero 'Never' events	Chief Nurse	Clinical Risk Assurance Committee, reporting in future to the Clinical Quality Group.

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011 / 12	2012 / 13	2013 / 14		
		CSS	3.3	We will achieve clinical outcomes that are consistently in the upper quartile of comparable Trust's performance	We will maintain our Dr Foster "Lower than expected mortality" status for HSMRs and Mortality in high-risk conditions. 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 achieve improved Dr Foster ratings (measured by comparison with peer trusts) in at least 5 out of 7 stroke-related indicators. We will implement the action plan resulting from a local gap analysis of the NICE Quality Standard for Dementia.	We will maintain our Dr Foster "Lower than expected mortality" status for HSMRs and Mortality in high-risk conditions. 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 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).	We will maintain our Dr Foster "Lower than expected mortality" status for HSMRs and Mortality in high-risk conditions. 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 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).	Medical Director	Quality Intelligence Group, reporting in future to the Clinical Quality Group. It is also envisaged that the Clinical Effectiveness Committee will develop an assurance interest in clinical outcomes.

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011 / 12	2012 / 13	2013 / 14		
4.	**Our Role, Reputation and Influence**	CSS CES	4.1	We will play a greater role in shaping the health system in Bristol and the Southwest through our early and constructive engagement with future influencers. We will improve our reputation with our commissioners by understanding their needs better and rapidly responding to the issues they raise.	Develop and agree a GP engagement strategy and action plan. Agree and establish revised ways of working between Trust Executive, Heads of Division, Consultant body and emerging GP commissioners Re-structure roles and responsibilities of Commissioning and Planning Team to support new commissioning models Co-lead with NBT the development of an Acute Services Configuration Plan for the City.	Establish a means of mapping and tracking our reputation with key stakeholders Further priorities dependent upon outcomes of prior year objectives	Dependent upon outcomes of prior year objectives	Director of Strategic Development	Clinical Strategy Group
		CSS	4.2	We will strengthen our approach to marketing our services to both GPs and consultant referrers with a view to maintaining or growing market share in our target areas	Develop and agree a GP Marketing and Communications Plan. Identify early priorities for implementation	Develop means of evaluating the impact of our marketing activities	Dependent upon outcomes of prior year objectives	Chief Executive	Trust Executive Group

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011 / 12	2012 / 13	2013 / 14		
		CES CES	4.3	Agree the nature and form of our future relationships with our major fundraising partners. Agree our priorities for charitable funding and develop cases for support in partnership with charitable leads	Establish Memorandum of Agreement with each of our major charitable partners Agree model for fundraising for major capital developments in 2014/15 Undertake market analysis to confirm fundraising potential. Agree fundraising targets and priorities with each of our key partners			Director of Strategic Development	Trust Executive Group
		CES	4.4	We will continue to work with our media partners locally, regionally and nationally to ensure UH Bristol positions itself as a trustworthy and notable commentator on health issues and is recognised as a successful organisation, through case studies of our staff and patients in relation to R&I, T&L and patient care.	Positive to negative media about UH Bristol increases. All proactive media about UH Bristol is balanced; the Trust is consistently featured aligned to its core values and brand through media coverage.	Continuation of year before improvements, with UH Bristol becoming a commentator as well as a 'reported' story.	Continuation of improved coverage. UH Bristol now in a position to drive the news agenda on health care, research and teaching. The Trust is known for its commentators.	Chief Executive	Trust Executive Group

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011 / 12	2012 / 13	2013 / 14		
		CES	4.5	The Trust embraces all appropriate methods of communication, with staff, patients, members and the wider public to involve them in the strategic developments of the Trust.	Establishment of Communications steering group for the capital redevelopment projects. Agree objectives and KPIs for that group, monitored by the Trust Capital Programme Steering Group. Implement a coordinated approach across all communications associated with major strategic initiatives. Embed new intranet from June 2011 with greater interactivity.	Communications Steering Group is well developed and all communications for the media, patients, staff, members and Governors and stakeholders is consistent, coordinated and cohesive. The emphasis on proactively managing communications enables mitigation of any potential issues The mid project evaluation demonstrates a positive outcome for all affected audiences.	The Communications Steering Group's work is talked about as a success story. The joined up communications approach has delivered cohesive, consistent communications across all levels. Continued evaluation delivers positive feedback from all stakeholders.	Chief Executive	Capital Programme Steering Group
5.	**Rationalising and Improving our Estate**	ES	5.1	Establish a 2020 estates vision for the whole Trust campus	Develop a 10 year Estates Strategy and secure Board approval Develop a three year rolling capital planning programme to support Estates Strategy			Chief Operating Officer	Trust Executive Group

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011 / 12	2012 / 13	2013 / 14		
		ES	5.2	Achieve compliance with all annual fire and safety surveys	Annual external surveys undertaken for fire, legionella, asbestos, windows, water quality, disabled access, security. Whole environment scores provided routinely to Divisions for discussion within quarterly reviews Three year rolling programme of improvements agreed by TEG and funded within capital programme and first year of implementation	All milestones within Three Year Improvement Plan implemented	All milestones within Three Year Improvement Plan implemented	Chief Operating Officer	Trust Operational Group
			5.3	To strengthen our approach to business continuity with the aim of ensuring patient safety and minimising operational disruption during times of incident.	Conclude a review of back up generation requirements and implementation of short term plan. Review of current arrangements and responsibilities for business continuity re-assessing the balance of corporate and divisional responsibility	Implementation of long term proposal for back up generation	To be determined	Chief Operating Officer	Civil Contingencies Committee

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011 / 12	2012 / 13	2013 / 14		
		ES	5.4	Improvement trust wide satisfaction with the services provided by the Estates Function Development of KPIs and systems of feedback from Divisions to ensure improvements in responsiveness	Set standards for estates services, including response times. Develop a set of KPIs to monitor achievement of standards and report at divisional level Agree key performance requirements with Divisions annually and introduce an annual Division to Division review of estates performance	Monthly review of patient feedback as provided through the Trusts continuous patient experience monitoring Introduce customer feedback mechanisms to enable estates to pick up concerns over responsiveness or quality routinely	Dependent upon prior years objectives and priorities	Chief Operating Officer	Trust Operational Group
		ES	5.5	Ensure estates practice contributes fully to infection control objectives	Set standards for estates services, including response times. Develop a set of KPIs to monitor achievement of standards and report at divisional level Agree key performance requirements with Divisions annually and introduce an annual Division to Division review of estates performance	Monthly review of patient feedback as provided through the Trusts continuous patient experience monitoring Introduce customer feedback mechanisms to enable estates to pick up concerns over responsiveness or quality routinely	Dependent upon prior years objectives and priorities	Chief Operating Officer	Trust Operational Group

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011 / 12	2012 / 13	2013 / 14		
		ES	5.6	Reduce further our carbon footprint	Achieve annual reduction in energy consumption of 5% per annum over next three years. Implement annual milestones of three year energy strategy and Big Green Scheme	Achieve annual reduction in energy consumption of 5% per annum over next three years. Implement annual milestones of three year energy strategy and Big Green Scheme	Achieve annual reduction in energy consumption of 5% per annum over next three years. Implement annual milestones of three year energy strategy and Big Green Scheme	Chief Operating Officer	Trust Operational Group
6.	**Increasing our Productivity and Efficiency**	LTFP	6.1	Deliver an annual Cost Reduction Programme (CRP) in line with the requirements of the Long Term Financial Plan	Review and refine approach to CRP delivery including review of corporate and divisional roles, responsibilities and leadership Establish Executive CRP Leadership group to retain oversight of whole trust CRP Review role and focus of transformation team to ensure they are targeted at supporting both divisional and corporate CRPs	Dependent upon prior years milestones	Dependent upon prior years milestones	Chief Operating Officer	Programme Steering Group
		CSS	6.2	Delivery of significant improvement in outpatients by 2014.	Implement Phase 2 of Outpatient Booking Project to include centralisation of bookings, reduction in cancellations, standardisation of outpatient processes, review of helpline.	Reduction in number of clinics by re-profiling of staffing, start and finish times		Chief Operating Officer	Transformation Programme Board

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011 / 12	2012 / 13	2013 / 14		
		CSS	6.3	Delivery of significant improvement in theatre productivity by 2014.	**Session utilisation** – continue to focus on using all funded sessions and eliminate waiting list initiatives **List preparation and utilisation** – eliminate last minute cancellations for theatre reasons, implement short notice protocol for DNA patients (Eye Hosp) and staggered admissions on the day	**Consumables and equipment** – non-pay savings in particular stock levels and multiple stock items in theatres **Achievement of safety targets** (CQUIN) **Safety Climate Survey** Implement theatre team recommendation to improve safety culture in theatre environment	**Team composition** – team leader roles, consultant team job planning, pooling of lists, skill mix e.g. one anaesthetist between two theatres **Surgery Location** – linked to reconfiguration of services (what needs to move between sites, from main theatres to day unit, day unit to OP setting etc.)	Chief Operating Officer	Transformation Programme Board

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011 / 12	2012 / 13	2013 / 14		
		CSS	6.4	Delivery of improvement to upper quartile for ALOS and associated bed productivity by 2014.	Reduction in outliers, delayed discharges, long stay patients, cancellations, readmissions and complications. Move towards upper quartile for the majority of HRGs. Implement revised urgent care pathways and reduce medical admissions, close temporary beds except in times of peak pressure. Close beds. Continued roll-out of day of surgery admission and roll-out of the enhanced recovery programme	Reduction in outliers, delayed discharges, long stay patients, readmissions and complications. Move towards upper quartile for the majority of HRGs. Implement revised urgent care pathways and reduce medical admissions. Close beds.	Reduction in outliers, delayed discharges, long stay patients, readmissions and complications. Move towards upper quartile for majority of HRGs. Implement revised urgent care pathways and reduce medical admissions. Close beds	Chief Operating Officer	Transformation Programme Board
7.	**Developing our Workforce**	LTFP	7.1	Develop and implement an engagement programme to fully involve staff in the future development of the Trust and its services	Programme defined and developed	Implementation commences	Implementation continues. Evaluation commences through staff survey and other means.	Director of Workforce & OD	Trust Executive Group
8.	**Improving our information systems and business processes'**	IT	8.1	Implement modern clinical information systems in the Trust	Information Management &Technology Strategy moving to Implementation Phase. Implementation Teams established. Complete Procurement Core systems Implementation commences	Phase 1 Go-Live of replacement core systems and Clinical Desktop Integration. Phase 2 (e-Prescribing) and Phase 3 (Document Management) work commences	Phase 2 Go-Live for E-Prescribing. Phase 3 Go-Live for Document Management.	Director of Finance	Information Management &Technology Board

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011 / 12	2012 / 13	2013 / 14		
		IT	8.2	Review and deliver fit for purpose clinical admin support processes	Agree Terms of Reference of review and establish review team and processes	Agree and implement action plan arising from review	Agree and implement action plan arising from review	Director of Finance / Chief Operating Officer	Clinical Systems Implementation Programme Board
		IT	8.3	Improve our ability to manage our business through the production of robust and timely business intelligence to both head quarters and divisional staff	Agree and implement model for Business Intelligence Function Procure and install business intelligence software	All standard board, committee and divisional reports being produced automatically through BI solution	To be confirmed	Director of Strategic Development	Trust Executive Group
9	**Sustaining Financial Health**	LTFP	9.1	Deliver minimum normalised surplus	Achieve full delivery of annual CRES programme and positive contract settlement with BNSSG and SCG commissioners	Achieve full delivery of annual CRES programme and positive contract settlement with BNSSG and SCG commissioners	Achieve full delivery of annual CRES programme and positive contract settlement with BNSSG and SCG commissioners	Director of Finance	Finance Committee
		LTFP	9.2	Deliver minimum cash balance	Maintain liquidity ratio of at least 3 and cash balance of no less than £20m.	Maintain liquidity ratio of at least 3 and cash balance of no less than £20m.	Maintain liquidity ratio of at least 3 and cash balance of no less than £20m	Director of Finance	Finance Committee
		LTFP	9.3	Deliver minimum Monitor FRR 3	Achieve EBITDA, Return on Assets, Net Surplus Margin and Liquidity ratio in line with plan	Achieve EBITDA, Return on Assets, Net Surplus Margin and Liquidity ratio in line with plan	Achieve EBITDA, Return on Assets, Net Surplus Margin and Liquidity ratio in line with plan	Director of Finance	Finance Committee

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011 / 12	2012 / 13	2013 / 14		
		LTFP	9.4	Achieve Cost Reduction Programme (CRP) Plan	Establish common Programme arrangements for delivery of CRP and Transformation plans Undertake peer review benchmarking work to identify greatest opportunities for CRP Identify corporate work streams and executive leadership in all priority areas identified Support Divisions to develop balanced operating plans	To be determined following year 1	To be determined following year 2	Director of Finance	Finance Committee
10	**Compliance objectives**	LTFP	10.1	Maintain Monitor Financial Risk Rating of 3 or above	Achieve EBITDA, Return on Assets, Net Surplus Margin and Liquidity ratio in line with plan	Achieve EBITDA, Return on Assets, Net Surplus Margin and Liquidity ratio in line with plan	Achieve EBITDA, Return on Assets, Net Surplus Margin and Liquidity ratio in line with plan	Director of Finance	Finance Committee

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011 / 12	2012 / 13	2013 / 14		
		CSS	10.2	Maintain 'compliance without conditions' with the Care Quality Commission	Compliance with Outcomes 5 and 14 and 21 is due to be achieved by the end of 2010/11. In 2011/12, we will therefore focus on maintaining compliance with these, and all other, CQC Outcomes. We will continue to foster an open and collaborative relationship with the CQC, including prompt responses to any requests for Planned Reviews and to any issues highlighted during, or as a result of, inspection	Ensure ongoing compliance with all CQC registration Outcomes	Ensure ongoing compliance with all CQC registration Outcomes	Chief Nurse	Governance and Risk Management Committee

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011 / 12	2012 / 13	2013 / 14		
		CSS	10.3	**Maintaining a Green Governance Risk Rating** *Clostridium difficile* infections (CDI)	Ensure continued adherence to Norovirus prevention best practice in 2011 / 12 only. The number of side rooms increased as part of the 2011/12 ward refurbishment schemes Increase proportion of single rooms in new BRI development Bed store with hydrogen peroxide cleaning facility available	The number of side rooms increased as part of the 2012/13 ward refurbishment schemes Implementation of any further best practice guidance identified from high performing trusts As per 2011/12, but also reflecting any key changes in target requirements	The number of side rooms increased as part of the 2013/14 ward refurbishment schemes Implementation of any amendments to the operational policy for use of isolation cubicles once new buildings open Implementation of any further best practice guidance identified from high performing trusts The number of side rooms increased as part of the 2011/12 ward refurbishment schemes As per 2011/12, but also reflecting any key changes in target requirement	Chief Nurse	Infection Control Committee and then to Clinical Quality Group when established.

Theme / Enabler		Driving Strategy	Strategic Objectives (3 – 5 years)		Annual Milestones			Executive Owner	Management forum for purpose of Performance Management
					2011 / 12	2012 / 13	2013 / 14		
		CSS		A&E Clinical Quality Indicators - Unplanned re-attendance within 7 days Patients left without being seen Time to initial assessment Total time in emergency department	Q1: development of programme plan and delivery of short-term high impact actions for indicators identified as at risk of not being achieved Q2: Improvements in patient flow achieved within ED and across Trust Q1: Monitoring reports established and refined as necessary Q2-Q4: Implementation of longer term actions to support sustained achievement	As per 2011/12, but also reflecting any key changes in target requirements	As per 2011/12, but also reflecting any key changes in target requirements	Chief Operating Officer	Emergency Access Steering Group
		CSS		62-day cancer standards	Set appropriate priorities for the Cancer Board ensuring that comprehensive plans are in place to meet the cancer standards taking appropriate account of patient choice, stages of diagnosis and treatment and winter and other service pressures. In addition create an action plan to address issues requiring improvement identified in the first National Patient Cancer Survey.	As per 2011/12, but also reflecting any key changes in target requirements	As per 2011/12, but also reflecting any key changes in target requirements	Chief Operating Officer	Cancer Board onto Trust Executive Group

KEY

CSS – Clinical Services Strategy
CES – Communications & Engagement Strategy
IT – Information Technology Strategy
T&L – Teaching and Learning Strategy
ES – Estates Strategy
LTFP – Long Term Financial Plan
R&I – Research and Innovation Strategy

9. Conclusion

9.1 University Hospitals Bristol is a good hospital, with areas of excellence; this strategy will ensure we are consistently and comprehensively recognised as being the foremost hospital outside of London across our portfolio. Most notably, we will achieve this by excelling at putting the patient's needs and the experience they receive under our care at the centre of everything we do.

9.2 *Better a good strategy, well implemented than a great strategy never implemented* goes the saying. We believed we have developed a great strategy and are determined to drive through its successful implementation.

9.3 The rest of this document not only provides evidence and detail in support of the direction proposed in this summary but it describes the strategic objectives we have set for ourselves and the ways in which we will track our journey to success.

9.4 The actions we are now embarking upon will be embedded in our planning process, our risk assurance framework and monitored by our trust board.

9.5 Finally**,** this strategy should not be seen purely as an endpoint, equally importantly it describes a journey that may, from time to time, need to be revised to ensure we do not fail to reach our destination. It will therefore be reviewed annually and revised as deemed necessary.