

University Hospitals Bristol – Our draft 2020 Strategy

As an organisation, we have spent the last 9 months identifying the key issues that we and our partners in Bristol and the South West Region will face as we strive to continue to provide exceptional services to the people we serve. We have worked through these issues and have captured our planned response to these challenges in this document.

We have developed a strategy for our organisation – as part of the health systems to which we belong – setting out:

- Our specific plans for the next 2 years and;
- Those areas where we want to have broader impact – and work with others - over the next 5 years.

This document is a summary of the key elements of this work.

We now want to initiate a discussion on the key strands of our strategy with those inside and outside our organisation. We now want to hear what others think, in order that we can develop our strategy over the next few months with the aim of setting out our strategic plan as an organisation by the end of June.

You are welcome to comment on any aspects of the document we have presented here, but we are most keen to hear your views about the broader strategic themes (next 5 years) we have set out as we want to develop these in much more detail over the next few months. Our plans for the next two years are largely in place, but there is still a very real opportunity to influence our plans for the next five.

This draft strategy is structured as follows:

- Our Purpose, Mission and Vision;
- The Context in which we operate and the challenges that we and others face.
- Our Response – some of the key choices we have taken.
- Our Plan for the next two years and emerging strategy for the next five.

We have designed an online portal to share your views, but please also feel free to email your views on anything in this document to David Relph, Head of Strategy and Business Planning. Our portal will be open for your comments until the 31st of May. Please feel free though to get on touch with us after that date if you wish – via the email address below.



David Relph

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Section 1 - Our Purpose, Mission and Vision

University Hospitals Bristol NHS Foundation Trust is a dynamic and thriving group of hospitals in the heart of Bristol, a vibrant and culturally diverse city.

We have over 8,000 staff who deliver over 100 different clinical services across nine different sites. With services from the neonatal intensive care unit to care of the elderly, we offer care to the people of Bristol and the South West from the very beginning of life to its later stages. We're one of the country's largest acute NHS Trusts with an annual income of half a billion pounds.

Our Mission as a Trust is to improve the health of the people we serve by delivering exceptional care, teaching and research every day.

Our Vision is for Bristol, and our hospitals, to be among the best and safest places in the country to receive care.

We want to be characterised by:

- High quality individual care, delivered with compassion
- A safe, friendly and modern environment.
- Employing the best and helping all our staff fulfil their potential.
- Pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation.
- Providing leadership to the networks we are part of, for the benefit of the region and people we serve.

Section 2 - Our Understanding of the Context in which we and others must operate and the Challenges we face

The General Challenges we face as an organisation and as a health system

We have taken an approach during our Review based on identifying –and developing a response to – the key challenges we face. We have tried wherever possible to frame these challenges in terms of choices. We have presented a summary here which sets out our thinking in terms of the challenge and choices we face not just as an organisation, but as a health system.

We aim for our Strategy to be a summary of how we plan – with others - to deal with these challenges.

As an Organisation. The basic challenge for organisations like ours is *responding to the*

challenge of maintaining and developing the quality of our services of managing with fewer available resources.

This requires three main approaches. We must:

- Optimise the productivity and operational efficiency of our systems, processes and staff;
- Transform the way in which we deliver care through service and workforce redesign;
- Make strategic choices that directly address the challenge.

We have focused on these choices during our Review. A summary of the key ones that we have considered is below.

- To what extent should what we do contribute to the wellness of the populations we serve as well as helping those who suffer illness? What is our contribution to making the city healthier?
- Do we still want to focus - and deepen in some key areas - our specialist services? If so, how do we decide which ones?
- What should our approach be to 'outsourcing' what we have always regarded as core business? In principle, is the Trust supportive of outsourcing (core) clinical services e.g. radiology;
- How serious are we about sustainability (energy efficiency and waste reduction) and what does that look like?
- How can we revolutionise the way we use information and data to drive our decision making?
- Is the model for engagement with the partners across the health system fit for purpose? What needs to change?
- Should we seek to develop an international presence and if so, where should we begin?
- Leadership – both within our own organisation and across the local health economy. What is our role in the Local and regional Health Economy? What is our role in the Local and regional economy?
- Do we have the right model of partnership with our patients and the wider public?

We have considered these choices during our Review and have set out our response to them in a series of statements summarised in Section 3 of this paper.

As a Health System. We have also considered the challenges faced by our health system as part of our Review. We have developed a view of what some of these challenges are, and we plan to use this summary of the collective challenges we face to focus our Strategy

in a way that addresses not just the organisational questions highlighted above, but makes us better at working with others to address some of the issues highlighted below. In terms of those issues, we believe that the health and care system of which we are a part must find ways to address the following.

- We need to find ways to make changes to the way in which the whole health and care system works, not just the individual organisations that comprise it.
- Specifically, we need to work together more effectively to reduce the requirement for hospital services, by eliminating unnecessary admissions to hospital and also working better together to ensure that people do not stay longer in hospital than is necessary – and in particular that they can leave hospital when they no longer require hospital based care.
- In more general terms, we need to think in new ways about the way in which resources are allocated across the health and care system, and use this discussion as a way to drive changes to the structure of the system.
- In doing so, we should strive to develop a 'Patient Driven theory of value' – focussed on what matters to people not to organisations. At the same time, we need to find some way to balance individual perspectives on value and societal ones.
- We must accept the need for change, and find ways to be bolder in the changes we seek. Our current approach is incremental and based on improving the current operating model at system level. But all this will do is help us 'exist to the point of failure' - what is required may be more disruptive. And this will also require us to be less risk averse in the way we work together and the changes we seek.
- We should aspire to develop a much more active approach to data and the way we use and share it. We must accept the underpinning role of IT in getting better at this, but at the same time realise that better IT will not in itself be the answer. We must make data social (open and not proprietary) in a way that we have not done before.
- Finally, we must avoid becoming fixed by physical location. What we refer to now as a hospital is one component of a broader network – physical and virtual –that makes up the health and care system. We need to find ways to build capability across all the different aspects of this system, including physical locations but also the networks of information and influence which also help us promote health or treat illness.

The Specific Challenge of the next two years

Addressing the issues we have set out above will take time, and whilst we aim to address them in our Strategy out to 2020, we must also deal with a number of specific and pressing challenges in the short term (over the next two years). We believe that these challenges are as follows:

- We must refresh our focus on quality as the underpinning requirement for the

delivery of all our services and the key component of our reputation. In particular we are focused on ensuring that we are compliant with the newly developed range of specifications for the provision of specialised services and building trust and confidence in the full range of our services.

- There are considerable operational challenges in the next two years. Across the acute sector of Bristol, we are opening two major new facilities, which together have the potential to significantly improve the services available to our local and regional populations - but we face a collective challenge in terms of ensuring that the transition to new operational models across the city is achieved smoothly.
- Accordingly, it is crucial that, as a system rather than just as organisations, we find ways to take greater control of the urgent care pathway (Emergency Care) – including developing appropriate and sufficient capacity in social and community provision across our Local Health Economy.
- We must all continue to deliver the efficiency improvements demanded by the 4% expected national deflation of the tariff available for our services. It is becoming increasingly difficult to find these savings from within our own organisation and therefore a significant proportion of the 4% efficiency savings required will need to be delivered through ‘system level’ initiatives. The interaction of the national tariff efficiency requirements and the use of the Better Care Fund will be key.
- That said, there are a number of specific financial challenges associated with the development of the Better Care Fund. First, there is the challenge of releasing approximately £14m of savings from within the acute sector that are currently assumed. And second, there is the related challenge of avoiding double costing in the short term – a potential situation where costs continue to be incurred within the acute sector at the same time as the new costs of a service designed to either replace acute provision or reduce the requirement for acute services as also being borne.
- Workforce redesign will be important over the next five years both to ensure that our staffing models reflect any changes in service delivery, but also to ensure that we have workforce plans for a sustainable workforce which align capacity and staffing within the financial envelope with safe and appropriate numbers of staff at each pay band, and minimal agency usage.

In summary, the challenges of the next two financial years demand that we work more effectively across the LHE to address operational and financial challenges. We are already well focused on working with commissioners at both local and national level as their understanding of their own objectives is developing – but we are also conscious that we must broaden the scope of our collaboration in the next two years in particular, including with Local Authorities and others via the Better Care Fund.

Section 3 - Our Response to some of the key choices we face.

Having considered the context within which we operate and some of the challenges that we and others face, our Responses come in two categories. The first has been to consider our position with regard to some of these choices and to set out our position in a way that creates clarity for people both within our own organisation and also people and organisations with whom we work across the Local Health Economy. These statements, along with a summary of our strategic intent, are set out below in the first part of this section.

The second set of responses describe what we plan to do – and is summarised in the second part of this section. We have described our plans in terms of how we aim to address Operational challenges over the next 2 years, and more strategic issues over the next 5 (to 2020).

Our Strategic Intent

Our strategic intent is to provide excellent local, regional and tertiary services, and maximising the mutual benefit to our patients that comes from providing this range of services.

Our focus for development remains our specialist portfolio and we aim to expand this portfolio where we have the potential to deliver exceptional, affordable healthcare.

As a University teaching hospital, delivering the benefits that flow from combining teaching, research and care delivery will remain our key advantage. In order to retain this advantage, it is essential that we recruit, develop and retain exceptionally talented and engaged people.

We will do whatever it takes to deliver exceptional healthcare to the people we serve and this includes working in partnership where it supports delivery of our goals, divesting or outsourcing services that others are better placed to provide and delivering new services where patients will be better served.

The Trust's role in community service provision will be focused upon supporting our partners to meet the needs of our patients in a timely way; however, where our patients' needs are not being met, the Trust will provide or directly commission such services.

Our patients – past, present and future - their families, and their representatives, will be central to the way we design, deliver and evaluate our services. The success of our vision to provide "High quality individual care, delivered with compassion" will be judged by them.

OUR STRATEGIC FRAMEWORK – OUR POSITION ON THE KEY CHOICES WE FACE

The purpose of this framework is to provide clarity on our position to those with whom we work, and to provide our own staff with guidance to shape the individual choices that they face in developing their own plans. It reflects the broad strategic intent of the Trust Board, and is set out in summary in the statements below.

To what extent should what we do contribute to the wellness of the populations we serve as well as helping those who suffer illness? What is our contribution to making the city healthier?

Our Position: In the course of delivering our “core” business, there are many opportunities to influence the health of the patients we treat, and importantly their families; any future service strategy should embrace these opportunities in more systematic ways. In particular, we want to work with others on those areas where we have a direct impact on people’s requirements for the services we provide.

Do we still want to focus - and deepen in some key areas - our tertiary (specialist) services? If so, how do we decide which ones?

Our Position: Delivery of specialist services is a key part of the Trust’s strategic intent. We are uniquely placed to be the provider of choice in the South West region for many specialist services. Our decision to expand our existing services or develop new should be based upon our ability to deliver services to the right standard and within the resources commissioners are willing to pay. UH Bristol should not proceed to diversify into specialist service areas already provided in the City other than in the case of an agreed service reconfiguration.

Out of hospital care – should we influence, commission or provide?

Our Position: We have no plans for the wholesale diversification into general community services provision. However, where existing community providers cannot meet the Trust’s needs (and the needs of our patients for timely discharge) for community services that support our in-hospital services, there is a strong case for the Trust delivering or directly sub-contracting these services and we will do so if necessary.

Are there geographical limitations to our “DGH” offer – how would we describe the catchment area for this element of our service?

Our Position: The strategic rationale for expansion of our DGH catchment beyond BNSSG¹ is weak and as such we plan that this will remain our defined catchment. Any proposal to expand DGH services within this catchment will only be considered because of a well evidenced, positive contribution to the Trust and/or Divisions strategy or operational plan and where safety, quality, operational and financial impact, are all acceptable.

Should we drive the development of our services under the UH Bristol@ model outside of our current catchment?

Our Position: Given the operational complexity associated with remote delivery of services, the UH Bristol@ model will be considered where the following key “qualifying conditions” have been met – the development is strategically aligned, it delivers a significant financial contribution to the service and safety, quality & operational impacts are all manageable.

What should our approach be to ‘outsourcing’ what we have always regarded as core business? In principle, is the Trust supportive of outsourcing (core) clinical services?

Our Position: In principle where there is a financial and operational benefit to outsourcing a clinical services it should be considered – however the “burden of proof” that this will not impact detrimentally on the service being outsourced or those retained in-house, which rely upon an outsourced service, will be necessarily rigorous.

¹ Bristol, North Somerset and South Gloucestershire.

Does the Trust support divesting in services it currently provides?

Our Position: Central to our decisions about service configuration should be the interests of patients. Services should not be divested simply because they operate at a loss. If the service in question is strategically aligned to the Trust's portfolio or is interdependent to other services then the priority should be to re-design the service to eliminate or reduce losses. However, where patients would be better served by a service being run by another organisation, divestment will be actively considered.

What is the Trust's approach to partnership working? Compete or collaborate?

Our Position: Despite the national policy context, there is limited local evidence that competition in the local health system has driven up quality or lowered cost. Where our aims and objectives can be achieved through working collaboratively with other organisations – NHS, independent, third sector - then this should be our default way of working.

The Trust recognises the value of working in partnership but also recognises the complexity and loss of agility and pace often associated with partnership working. Not all the work we do will be in partnership, but we will always seek this approach where there is evidence that patients will be better served – and the Trust's objectives will be better met (or only met) - by working in partnership.

Do we have the right model of partnership with our patients and the wider public?

Our Position: The "modus operandi" for working with our patients, with members and with the wider public is ill-defined and does not currently constitute a major Trust activity however, recent events have served to highlight the importance of putting patients, their representatives and families at the heart of our approach to planning, delivering and evaluating services.

Section 4 - What we plan to do - Our Plan for the next two years and Emerging Strategy for the next five.

This section summarises the key elements of our plans over the next 2 years, and our developing intentions out to 2020.

Our Approach to delivering Exceptional Care

Each year we consider national and local commissioning priorities related to provision of high quality services alongside available intelligence about the quality of all of our services (internal and external) and, with the involvement of our local stakeholders, patients and governors, agree a set of corporate quality objectives to reflect our agreed priorities. As a result of this approach, our quality objectives for the next two years will focus upon:

- Working with people to provide a positive experience of care;
- Treating and caring for people in a safe environment and protecting them from avoidable harm;
- Achieving clinical outcomes for our patients that are consistently in the upper quartile

of comparable Trust's performance.

We are committed to addressing the aspects of care that matter most to our patients which they describe as:

- keeping them safe;
- minimising how long they wait for hospital appointments;
- being treated as individuals by all who care for them;
- being fully involved in decisions about their care;
- being cared for in a clean and calm environment;
- receiving appetising and nutritional food;
- achieving the very best clinical outcomes possible for them.

Like all NHS organisations the events and subsequent learning from Mid-Staffordshire, the Berwick Report and Keogh Reviews have shaped our approach to quality and more specifically how we listen and engage with our staff and our patients. We have published our response to the Francis and other reports, and in the process of working on this we identified a number of further issues that we also plan to address: perceived variation in attitudes to openness and sharing across the Trust, listening and learning more effectively throughout the Trust following incidents and near misses and making the process of change easier, and more rapid, across the Trust.

Our Approach to delivering exceptional Research

Our vision for research is to improve patient health through our excellence in world-class translational and applied health services research and our culture of innovation.

We aim to undertake world-class translational and applied health services research and innovation in collaboration with our regional partners, that generates significant health gain and improvements in the delivery of our clinical services.

Our approach has been shaped by recent national changes in funding that have encouraged and facilitated academics and NHS researchers to work closely together in larger and integrated multi-disciplinary teams. This integration and the focus on translational and applied health services research has attracted additional infrastructural and programme grant funding and has also highlighted the need to promote the clinical research skill base in professions other than medicine.

The response by the Bristol healthcare research community over the last four years to the above changes in the national applied health services and biomedical research agenda has been transformational. University Hospitals Bristol (UH Bristol) worked with its partner universities and NHS trusts in the region to form a novel collaboration called the Bristol

Research and Innovation Group for Health (BRIG-H); this has since developed into Bristol Health Partners (BHP) which was formally launched in May 2012. The aims of BHP are to generate significant health gain and improvements in service delivery by integrating, promoting and developing Bristol's strengths in health services, research, innovation and education. The way BHP is delivering these aims is to form Health Integration Teams (HITs). HITs include commissioners, public health and NHS specialists working with world-class applied health scientists and members of the public to develop NHS-relevant research programmes and drive service developments to improve health, well-being and healthcare delivery.

The strengths of BHP and its HITs have directly led onto to the recent award of an NIHR Collaboration for Leadership in Applied Health Research and Care for the West of England (CLAHRCwest) that is focused on research that is targeted at chronic diseases and public health interventions.

The research and implementation themes of BHP and CLAHRCwest dovetail with the stated aims and objectives of the West of England AHSN (WEAHSN) of the need for robust research to inform and accelerate the adoption and diffusion of evidence of best care. All three organisations are committed to active dialogue and reciprocal communication, seeing research and implementation as symbiotic. The above research and implementations workstreams will be facilitated and further strengthened by the new NIHR west of England clinical research network (CRN) hosted by UH Bristol.

Our Research and Innovation objectives are to:

- Focus on and foster our priority areas of high quality translational and applied health services research and innovation where we are, or have the potential to be, world-leading.
- Train, mentor and support research-active staff to deliver high quality translational and applied health services research of direct patient benefit in our priority areas of research.
- Develop a culture in which research and innovation are embedded in routine clinical services leading to improvements in patient care.
- Work with our regional partners to strategically and operationally align our research and clinical strengths and support the delivery aims of our Health Integration Teams.

Our Approach to delivering exceptional Teaching

Our vision for delivering exceptional teaching is to develop a culture of lifelong learning across all staff groups, ensuring teaching is aligned with the values, synonymous with quality, cost, performance, and the delivery of high quality individual care, delivered with compassion.

We are working now to identify priorities to build the capability of all our staff, ensuring we design and commission appropriate teaching and education to enable staff to fulfil their potential.

We will ensure that the existing strategic priorities within our Teaching and Learning Strategy, set out below, are refreshed to build the teaching and education programmes to support our aspirations for the next 5 years and beyond.

Our approach will focus on:

- To ensure that we integrate our teaching fully with our research and delivery of care.
- Generating new income to re-invest into Teaching and Learning services.
- Generating the ability to deliver services to the broader health community outside of the Trust.
- Working with Partners locally and nationally.

Our Approach to planning and developing our workforce

Our Workforce Strategy will support our Trust Strategy. The strategic priorities will include:

- Nurturing and developing the leaders of the future.
- Recruiting and retaining the best staff to ensure that we can meet future demand to provide the exceptional quality of healthcare to our patients.
- Ensuring that we have a sustainable workforce which aligns capacity and staffing within the financial envelope, with safe and appropriate numbers of staff and skill mix, and minimal agency usage. Our staffing models will be responsive to service need and service change.
- Developing a culture of lifelong learning across all staff groups within the Trust where Teaching and Learning supports the Trust values and Strategies.
- Supporting staff and teams to work together effectively to a common purpose with shared values.
- Ensuring that staff are rewarded and recognised for high performance.

Our Operational Plan. Over the next two years, our priority is to address the specific challenges that we face as an organisation, and we will:

- Focus on the successful implementation of a revised operating model across the Trust that will deliver the following benefits:
 - Improvement of the consistency with which we deliver elective care and a significant reduction in the cancellation of planned care – we will cancel fewer operations.

- Implementations of the findings of a trust wide review of the provision of critical care. This will allow us to further improve the consistency with which we deliver planned care and reduce cancellations of planned surgery because of the unavailability of critical care beds.
- Eliminating a large number of cancer pathway delays and deliver planned activity.
- Addressing shortcomings in the quality of our care associated with the high numbers of patients whose discharge from acute care is delayed.
- Restoring our A&E performance through delivery of reduced bed occupancy in the emergency care beds.
- Reduction in the number of patients remaining in hospitals after the point at which they no longer require hospital care. This is fundamental to Trust performance in the next two years and we plan to achieve this improvement via the following specific initiatives:
 - The establishment of an integrated discharge hub, co-locating professionals from acute services, social care and community providers, and re-designing discharge processes and practices to support rapid assessment and care planning for patients who no longer require acute care;
 - Rapid commissioning of additional out of hospital transitional care beds to assist with the discharge of patients who no longer require hospital care but for whom discharge is delayed for whatever reason;
 - Establishment of an Early Supported Discharge (ESD) function to enable those patients who are “homeward bound” to be discharged earlier – this will replicate the model we already operate for stroke patients;
 - Revision of our approach to weekend discharge with the aim of significantly increasing the proportion of patients with a predicted weekend discharge who go on to be discharged.
- Successfully transfer specialist paediatric and cleft services from North Bristol NHS Trust (NBT) to UH Bristol and transfer out vascular services and breast screening to NBT.
- Successfully commissioning and opening of the Bristol Royal Infirmary Redevelopment, including decommissioning of the then redundant estate.
- Restore lost trust and confidence in paediatric cardiac services through engagement in the proposed Independent Review and effective reputation management alongside the need to ensure sustainability of the service model through effective support for staff and families currently working and cared for within the service.

- Build on the revision to the Trust's leadership structures that have brought new leadership into each of the Trust's five clinical Divisions with emerging evidence that these changes are delivering benefit.
- Go further to deliver our vision of truly effective staff engagement; pleasingly our National Staff Survey results for staff engagement show small improvements on last year and we exceed the sector average but we recognise this as an area where our success rests upon us excelling in this domain; as such our new Director of Workforce and Organisational Development has signalled this as one of her early priorities.
- Implement a new approach to working with patients, our Members and the wider public.
- Continue to deliver a financial surplus for the next two years and unlock the £15m disinvestment assumed in the current plans for the Better Care Fund.

Our Emerging Strategy. Over the next five years (to about 2020), our focus will be on addressing the challenges that we face collectively in the Local Health Economy. To this end, we invite others to join us in:

- Collaborating more ambitiously in operational terms in order to plan and operate the acute (hospital based) system – and Emergency Care in particular – in a collaborative way. Specifically, we need to work together to ensure that new facilities in the region (Southmead and the refurbished BRI) are utilised in a way that that is focused on creating system, and not organisational, benefit.
- Use the Bristol Acute Services Review (concluded July 2013) as a way to focus on the greatest opportunities for improving the quality of local care in the context of declining resources – which lie in the pursuit of more integrated services between acute, community and social care sectors.
- Continue to work together more effectively to reduce the requirement for hospital services, by eliminating unnecessary admissions to hospital and also working better together to ensure that people do not stay longer in hospital than is necessary – and in particular that they can leave hospital when they no longer require hospital based care.
- Redesign those services where sustainability risks are identified and notably to develop plans to address those services that out lie in respect of their financial sustainability highlighted by either their high cost base, as highlighted by their Reference Cost Index or their profitability, as indicated by their financial contribution demonstrated by Service Line Reporting analysis.
- Develop – and then make system level changes to the shape of our health and care systems on the basis of - a new 'patient centred' understanding of value in health and care systems.
- Develop a much more active approach to data and the way we use and share it. We

must accept the underpinning role of IT in getting better at this, but at the same time realise that better IT will not in itself be the answer. We must make data social (open and not proprietary) in a way that we have not done before.

- Working on technology from a system or regional perspective. Our organisations typically lack the expertise or economies of scale to develop and utilise new technology on an individual basis, but there is much to be gained if we can work with and for each other to utilise the potential of advances like 3-D printing.
- Developing a new model for our workforces – and making more use in particular of the non-medical component of our workforce.
- Finally, we must avoid becoming fixed by physical location. What we refer to now as a hospital is one component of a broader network – physical and virtual –that makes up the health and care system. We need to find ways to build capability across all the different aspects of this system, including physical locations but also the networks of information and influence that also help us promote health or treat illness.

Summary

This paper has set out the challenges we face as an organisation and as members of a community of people and organisations (the Local Health economy) over the next 5 years.

We have set out our position on some key strategic questions, our specific plans for the next two years, and those areas where we want to develop – with others – longer term strategic responses to these changes.

We now want to work with all those – inside our organisation and outside it – who share our ambition to identify and begin to tackle these challenges. In particular, we are looking for your help to develop the longer term – out to 2020 – plan. We have set out areas where we believe we should focus, but we now want to hear from you in terms of what that might mean in practice.