Operational Plan 2019/2020 – Supporting Narrative

University Hospitals Bristol NHS Foundation Trust

1 Context for Operational Plan

This final draft Operational Plan is submitted to NHS Improvement (NHSI) on 23 May 2019 as supporting narrative setting out the Trust's integrated approach and current position on activity, quality, workforce and financial planning. The plan has been developed in alignment with the Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Partnership (STP) System Planning process for 2019/20 and through open, collaborative working with our partners across the BNSSG system. We support the development of an integrated Single System Plan and have worked together to achieve shared priority setting, appropriately informed by quality impact assessments, and associated financial decision-making alongside contract negotiations.

Our plan reflects the following position at 23 May 2019;

- Clarity and ownership of stretching quality priorities delivered through quality improvement frameworks.
- Full understanding of our strategic workforce challenges, the actions we need to take to address them and in-year workforce plans aligned to finance, activity and quality with robust accountability for managing agency and locum expenditure.
- Commitment to continue to drive sustained or improved performance in core access and NHS Constitution standards aligned to proposed performance trajectories.
- The Trust has accepted the proposed Control Total of £2.6m core surplus, plus PSF / MRET of £10.2m i.e. a total surplus of £12.8m.
- Residual risk remains regarding £1.9m unidentified CIPs plus further delivery risk of c£3.0m, which the Trust will manage.
- Whereas the Commissioner SLAs have not been finally agreed or signed, there exists broad agreement and alignment with Commissioners. Issues such as risk sharing for urgent care and non-urgent care QIPP remain to be finalised. We are confident this can be concluded in late May / early June.
- The Trust has compromised on GP Support Unit (GPSU) transferred services (£0.3m) and agreed to allow the Local Authority contracted services (UNITY Sexual Health) Agenda for Change funding to be retained by the Commissioner (£0.2m).
- The Trust will work in partnership with other providers and the Commissioner in the system to work up and deliver plans to reduce emergency short stay admissions through Frailty and SDEC schemes to the ambition of a £3.0m reduction for the system.
- There remains a considerable risk to CQUIN earnability both for local CCGs and Specialised Services to the value of £2.3m, which has been raised nationally. We will pursue this prior to SLA signing.

2 Our Mission, Vision and Strategic Priorities for 2019-2025

We have renewed our Trust Strategy "Embracing Change, Proud to Care - Our 2025 Vision", which was approved by our Board in March 2019. This renews our mission, our vision and our strategic priorities and ensures we continue to improve the quality of our care, maintain our outstanding clinical services, whilst working smarter to maximise our finite available resources. Our strategy also places a new emphasis on our role as a partner committed to progressing an Integrated Care System for BNSSG and our responsibility for providing support and leadership to developing and improving services in and out of our hospitals for our populations.

Our Mission: To improve the health of the people we serve by delivering exceptional care, teaching and research, every day.

Our Vision for 2025 is to:

- Anchor our future as a major specialist service centre and a beacon of excellence for education.
- Work in partnership within an Integrated Care System locally, regionally and beyond.
- Excel in world-class clinical research and our culture of innovation.

Our Strategic Priorities are:

- **Our Patients:** We will excel in consistent delivery of high quality, patient centred care, delivered with compassion.
- **Our People:** We will invest in our staff and their wellbeing, supporting them to care with pride and skill, educating and developing the workforce for the future.
- **Our Portfolio:** We will consolidate and grow our specialist clinical services and improve how we manage demand for our general acute services, focussing on core areas of excellence and pursuing appropriate, effective out of hospital solutions.
- **Our Partners:** We will lead, collaborate and co-create sustainable integrated models of care with our partners to improve the health of the communities we serve.
- **Our Potential:** We will be at the leading edge of research and transformation that is translated rapidly into exceptional clinical care and embrace innovation.
- **Our Performance:** We will deliver financial sustainability for the Trust and contribute to the financial recovery of our health system to safeguard the quality of our services for the future.

We are committed to addressing the aspects of care that matter most to our patients and during 2019/20, we have continued to ensure our strategy remains dynamic to the changing needs of our patients and significant changes within both the national and local planning environment. Our new five year strategy, with its associated governance and delivery framework, will drive strategic decision-making, support implementation plans and ensure a proactive approach to influencing and assessing strategic reviews over 2019/20. This approach will support progress towards the objectives of the NHS *Long Term Plan* as well as the vision of the Healthier Together system partnership and provide us with a significant opportunity to progress our strategic priorities at pace by working together with our partners to resolve some of the system-wide challenges we face.

The Trust has a clear governance route through which to identify, assess and manage significant risks that may threaten the achievement of our strategic objectives and this will continue to be evaluated and strengthened as part of the implementation of our new five year strategy. This has included the development in 2018/19 of a new Strategic Risk Register that the Trust Board reviews on a quarterly basis.

3 Our 2019/20 Corporate Objectives

Our 2019/20 Operational Plan forms the basis of year one of our organisational strategy and is aligned to the national priorities as outlined in the Long Term Plan, as well as driving us towards delivery of system improvements within BNSSG. Our corporate objectives for 2019/20 have been developed around our six Strategic Priorities and the focus of our operational plans over the next 12 months will be the following;

Our Patients:

- Sustaining our Outstanding rating following the planned CQC inspection
- Ensuring we deliver our plans against constitutional access standards
- Improving out of hospital interfaces to reduce delayed transfers of care
- Delivering the objectives outlined in our Quality plan
- Approving our Estates Strategy and completing the remaining business cases for our Phase 5 Capital Programme to improve our hospital estate
- Continuing to improve engagement with patients and the public

Our People:

- Delivering year one of our Strategic Workforce Plan
- Approving our Education Strategy and begin delivery to ensure we have a highly skilled and productive workforce
- Approving our People Strategy to drive long-term plans for our culture, resourcing and people systems
- Implementing innovative workforce solutions to improve resourcing
- Enhancing leadership and management capacity through targeted training and talent management
- Continuing to drive up staff engagement
- Progressing towards upper quartile performance for all workforce measures

Our Portfolio:

- Continuing to build, support and participate in networks of specialist services in south-west England, Wales and beyond with clinical academic centres of excellence for cancer, children's, cardiovascular and other services
- Renewing our focus on internal issues which affect patient flow
- Enabling our teams to support delivery of appropriate care outside of hospital
- Using technology to improve the safety and effectiveness of our services and offer greater accessibility in and out of our hospitals
- Developing strong relationships with new Primary Care Networks and the new adult community services provider for BNSSG

Our Partners:

- Continuing to lead and support the BNSSG Healthier Together Partnership and develop the Healthier Together 5 year Plan
- Through the STP, developing, approving and implementing whole-system strategies for Acute Care Collaboration, Integrated Care and Mental Health Further developing our partnerships with Weston Area Healthcare Trust and North Bristol Trust to support our collective clinical and financial performance
- Developing specific opportunities to work with patients, families and healthcare partners to co-design more joined-up, holistic service.
- Actively pursuing and creating opportunities to work more effectively with the voluntary sector and charitable partners

Our Potential:

- Approving our Research Strategy and building our reputation as a work class leader in clinical research and innovation
- Approving our Digital Strategy to enable delivery of our strategic intentions through our Digital Hospital Programme, maximising the opportunities we have as a Global Digital Exemplar site
- Approving our Improvement and Innovation Strategy, developing our Quality Improvement Academy and introducing "QI Gold" for teams leading major transformational change
- Further growing our capacity to initiate high quality clinical research trials

Our Performance:

- Working smarter, not harder, to eliminate waste and add value from every action we take
- Working towards upper quartile performance against productivity benchmarks by utilising Model Hospital and Getting It Right First Time data to drive improvement
- Evaluating our financial sustainability and progressing towards a Reference Cost Index below 100 for all our services
- Securing contracts with our commissioners that reflect demand and reduce overall costs to the system through pathway redesign

4 *Healthier Together* - Planning as part of our STP

4.1 Our shared priorities as part of *Healthier Together*

We remain committed to sharing the leadership of *Healthier Together* and to collaborative working with our partners in BNSSG and our 2019/20 Operational Plan is aligned with our ten local STP system strategic priorities:

Our partnerships with local acute providers are of particular importance to the delivery of our Operational Plan, as well as to the delivery of our system priorities, and we have taken a key role over 2018/19 in leading the development of an Acute Care Collaboration Strategy and Urgent Care Strategy as part of *Healthier Together*. These strategies will be progressed in 2019/20 and support delivery of the Trust's Operational Plan.

The draft BNSSG Acute Care Collaboration Strategy outlines the following proposed vision.

To deliver exceptional health outcomes for the people we serve through provision of the full range of hospital services from general to specialist, working collaboratively within an integrated care system to make the most effective use of the expertise of our staff and our hospital resources for the benefit of the whole health community.

This vision is supported by the following five principles for collaborative working:

1. **Deliver the best outcomes**
2. **Co-design joined up care**
3. **Deliver safe and consistent care.**
4. **Support our staff**
5. **Play an active part in helping patients keep themselves healthy**

Work to continue to secure improvement in urgent care services in 2019/20 has been agreed through a system accelerated collaboration event in December 2018. This has identified the following priority workstreams for implementation before Winter 2019:

- Triage and routing
- Developing locality hubs to manage urgent need
- Digital and data
- Training and communities of practice
- Social marketing and communications
- New payment structure and financial risk approach
- Clinical governance and risk management

Trust Teams are involved in and leading across this work.

Improved productivity and effectiveness is a key focus of the developing projects within the STP and within our organisation, with specific emphasis placed on the need to maximise the use of acute facilities and resources, reducing costs, duplication and variation where possible and potentially reconfiguring or redistributing services between the three acute providers if this provides greater opportunity for services to develop and thrive. The Trust has already worked with other providers to deliver major change to the benefit of patients on a wide range of services and we are committed to develop the next phase of ACC based on shared leadership models accepting that this could lead to more standardisation across three or more sites on a differentiated or graduated basis as circumstances require. We are pursuing learning from acute care collaborative vanguards and specifically working with The Royal Free London to develop Clinical Practice Groups to support our ambitions.

4.2 Reflecting system priorities in our planning

Delivery of our quality, performance and financial operating plan is predicated on both organisational and system actions, with a specific focus in 2019/20 on the BNSSG system plan priorities for improvements in urgent care, financial sustainability and the development of the workforce to deliver our long-term ambitions. The planning assumptions within our Operational Plan also take into account the NHS Operational Planning and Contracting Guidance for 2019-20,

Activity plans for 2019/20 have been developed alongside Commissioners from the CCG and NHS England to ensure a shared understanding of the system demographic growth assumptions and the areas where we collectively recognise non-demographic growth pressures. There has also been a systematic review of all change initiatives, including provider led service developments, which are in the process of being quality impact assessed to inform decisions for inclusion within contracts and operational plans.

For 2019/20, we have set our activity levels and performance trajectories to maintain a steady state, but to plan for increased capacity in those areas showing exceptional areas of activity growth that also represent the areas of highest clinical risk to patients. Some of the principles that we have agreed locally and which will be reviewed following publication of the NHS Clinical Standards Review in 2019 include:

- Continuation of the 87-90% threshold target for 18 week Referral to Treatment time performance and maintenance of zero patients waiting more than 52 weeks;
- Elective waiting list size improvements which are operationally deliverable in those areas deemed to be showing exceptional levels of growth and associated clinical risks of delays to treatment e.g. Gastroenterology, Ophthalmology, Oncology and Cardiology;
- Continuation of the A&E 4 hour target at 90% by provider and at a footprint level (including community units such as Walk in Centres); and
- Continuation of plans to deliver national cancer and diagnostic standards.

One of the key NHS transformational priorities for 2019/20 is to transform Outpatients and our plans already include the delivery of more activity as non-face-to-face, in addition to the proposed transfer of Advice and Guidance schemes from CQUIN into the business as usual operation with established local prices. We also have further plans that are emerging from the review of planned care in the BNSSG system including MSK pathway developments to reduce variation in the service offering for patients, improvements to the diagnostics pathway and a review of the strategy for eye care. Follow-up attendances are being targeted for reductions to release system resources.

Within Urgent Care, our Operational Plan describes growth in A&E attendances and emergency admissions across both adults and paediatric specialties. In collaboration with our system partners we have agreed the principles for a new contracting methodology for 2019/20 which must recognise the need for investment in same-day emergency care and acute frailty services for adults delivered through MDT-led geriatric assessments. This reflects the shared vision that Providers and Commissioners hold for the Urgent and Emergency Care Clinical Model in BNSSG.

For NHS England commissioned services, we have included activity assumptions in our plan for the delivery of new CAR-T therapy for adults with large B-cell lymphoma. We have also included the full year effect of plans to deliver Selective Dorsal Rhizotomy (SDR) for children in 2019/20, and planned for delivery of improved public health bowel cancer screening trajectories relating to the implementation of Foetal Immunochemical Test (FIT120).

The 2019/20 Operational Plan is also set within the context of a number of significant service reviews. These include a large scale adult community services re-procurement for BNSSG which includes rehabilitation in-patient beds currently provided by the Trust at South Bristol Community Hospital; the pending results of national service reviews for neo-natal intensive care and adult critical care; new mental health investment standards; and a continued focus on releasing savings from medicine optimisation and use of biosimilar and generics. The CCG are also currently commencing a public consultation process on the Healthy Weston model of care that has implications for service impact on UH Bristol capacity. These potential changes, coupled with the uncertainty from Brexit, requires the Trust to maintain a certain degree of flexibility within our plan, which we will continually review in discussion with commissioners, partner providers and the regional teams at NHS Improvement and NHS England.

5 Quality Planning

5.1 Our approach to quality improvement, leadership and governance

Our Chief Nurse and Medical Director are the executive leads for quality, with all Executive Directors having a collective responsibility for Quality Improvement. The Trust's Senior Leadership Team continues to manage the delivery of safe and effective care alongside the delivery of financial and access targets. The Board and Senior Leadership Team of UH Bristol have a critical role in leading a culture which promotes the delivery of high quality services. This requires both vision and action to ensure all efforts are focussed on creating an environment for change and continuous improvement.

Placing continuous improvement of quality, safety and efficiency, and a clear focus on staff well-being, engagement and personal development is we believe key to the organisations success and maintaining our current CQC 'Outstanding' rating when the Trust is re-inspected in 2019. In September 2018, the Good Governance Institute (GGI) was appointed by University Hospitals Bristol NHS Foundation Trust to undertake a review against the NHS Improvement Well-led Framework. The review supported the Trust's own self-assessment and GGI confirmed that in their view there was no reason why the Trust would not maintain its overall rating of 'outstanding'. GGI made a number of recommendations which would support development of the Trust so as to be Well-led for the future and these recommendations are now being developed into a revised Board Development Programme for 2019/20.

The Trust's objectives, values and quality strategy provide a clear message that high quality services and excellent patient experience are the first priority for the Trust. The Trust and divisional annual quality objectives and the Trust's Quality Strategy (2016-2020) set out the actions we will take to ensure that this is achieved. Our quality priorities are consistent with Healthier Together priorities for system quality improvement and the leadership role of UH Bristol's Chief Executive in the STP continues to support our aim to increase alignment, improve performance and establish the fundamental systems and relationships on which system change will depend.

As with all NHS organisations, balancing the need to deliver high quality care in the context of increasing demand and complex patient needs, whilst increasing productivity, is a continual challenge and the message underpinning our approach to quality improvement is "affordable excellence". We are clear that the commitments we make in our quality strategy also need to be financially deliverable and our relentless focus on quality must be accompanied by an equally relentless focus on efficiency supported by a clear enabling strategies of research, education and workforce.

We plan to achieve this by securing continued ownership and accountability for delivery of our quality priorities through our five clinical Divisions. All Divisions have specific, measurable quality goals as part of their annual Operating Plans, aligned to the organisation's long term strategy with progress against these plans monitored by Divisional Boards and by the Executive Team through monthly and quarterly Divisional Performance Reviews. The agenda covers quality, safety and risk, business planning and finance, operational performance (such as cancer, A&E, diagnostics and planned waiting times), workforce and strategic milestones. The Trust uses a number of other tools and methods to monitor quality, these include a ward accreditation scheme, leadership walkabouts, back to the floor and peer reviews. Learning from investigations into serious incidents feeds directly into our quality improvement programme and is shared throughout the Trust in other ways including, safety briefs, safety alerts and Divisional LASER (Learning Associated with a Significant Event Recommendations) posters. Annual quality objectives all have a defined operational and executive lead, delivery against these is monitored via trust and board committees.

Our Board receives, each month, an Integrated Performance Report; this presents a comprehensive range of measures, including quality, and our Quality and Outcomes Committee (Board committee with a Non-Executive Chair) reviews a more extensive range of quality measures. These measures are also used throughout our hospitals, including ward level where possible. Each quarter, the Board and its committees receive the Board Assurance Framework (Strategic Risk register) and the Trust's Operational Risk Register which report progress to mitigate the key risks to the delivery of the Trust's strategic and operational objectives., Additionally the Board receives an update on progress against the corporate objectives (including the Diversity and Inclusion objective) each quarter to provide assurance that the plan is on track to deliver.. Additionally, the Board's Audit Committee works with the Trust's Clinical Audit and Effectiveness team to receive assurance that Trust's comprehensive programme of clinical audit effectively supports improving clinical quality in alignment with the Trust's quality objectives. Our governors engage with the quality agenda via their Strategy Focus Group and Quality Focus Group.

We recognise that we need to support our staff in continuous improvement and we achieve this through "Transforming Care" - our overarching programme of transformational change designed to address specific priorities for improvement across all aspects of our services. Our transformation improvement priorities for 2019/20 will continue to be structured around the six "pillars" of delivering best care, improving patient flow, delivering best value, renewing our hospitals, building capability and leading in partnership with a particular focus on productivity, digital and quality improvement. Our capability to improve safety, quality and productivity is being enhanced through our exemplar Digital Hospital programme, which encompasses: several high-impact initiatives such as: the roll-out of electronic observations in 2018/19 to supporting real-time escalation of patient deterioration; continued roll-out of electronic prescribing and medicines administration across our adult wards to improve safety related to prescribing and drug errors; the wider implementation of Careflow Connect which enables closer collaboration between clinicians across the Trust and with their colleagues across Bristol's health and care community; and the progressive reduction in the use of and reliance on paper for clinical processes and patient management.

Within our Innovation and Improvement Framework, the Trust has a QI (Quality Improvement) Academy to align and develop QI training, development and support opportunities for frontline staff, with the aim of increasing capability and capacity within and across frontline teams from awareness to practitioner to expert. The programme is linked to the six pillars of the overall strategy and supports staff through three tiers of

development (Bronze to Gold), lasting from 3-hours through to 12 months. Five hundred staff have completed the Bronze tier in the last eighteen months and this is encouraging staff to develop and implement quality improvement initiatives. Thirty one staff have been supported to date to take local quality improvement projects forward through the Silver programme. We are developing our Gold programme to support more complex quality improvement projects in partnership with a University so that participants can gain accreditation at Masters level.

5.2 Summary of our quality improvement plan and focus for 2019-2020

Our plans will be built on a foundation of:

- The patient-centred principle of "nothing about me without me".
- System working.
- Evidence-based treatment and care derived from research – some of it led by us.
- Systematic benchmarking of our practice and performance against the best.
- Learning when things go wrong.
- An openness to and learning from internal and external review.
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Specific quality objectives agreed for delivery in 19/20 are;

- Improving patient safety through the use of digital technology
- Reduction in never events
- Developing systems/processes and practice to support the needs of young carers
- Enhancing the use of staff feedback via the Happy App to deliver Trust wide action/change
- Improving physical access to our hospitals
- Improving outpatient experience through the use of digital technology
- Introduction of the medical examiner system/developing our bereavement support for adults
- Training of lay representatives to participate in Trust groups/committees

Our current Trust Quality Strategy runs until 2020. We have completed a mid-term review of the delivery of strategy; priorities for 2019/20 are reflected in the table below. The Trust's three patient safety improvement programmes came to an end in 2018; priorities have been re-set for the next three years. These are detailed in column 4 in the table below. In the last year, there has been a significant focus on improving operational productivity and performance in relation to access and patient flow, recognising that these are one of the most important quality measures for our patients and their families. The challenges we face in delivery of our performance standards are outlined in the Activity, Capacity and Performance section below. The Trust has no significant concerns to quality raised through internal/external intelligence.

Table 1: Our key quality improvement priorities for 2019/20

Ensuring timely access to services	***Improving patient and staff experience***	***Improving outcomes and reducing mortality***	***Delivering safe and reliable care***
• Deliver the four national access standards. • Reduce the number of cancelled operations – particularly at the last minute. • Reduce the number of cancelled clinics and delays in clinic when attending an outpatient appointment. • Work with partners to ensure that when patients are identified as requiring onward specialist mental healthcare, we minimise the delays and maintain the patient's safety while they await their transfer.	• Embed and increase the spread of our new system to support people to give feedback in real-time, at the point of care. • Achieve Friends and Family Test scores and response rates which are consistently in the national upper quartile. • Improve our handling and resolving complaints effectively from the perspective of our service users. • To achieve year-on-year improvements in the Friends and Family Test (whether staff would recommend UH Bristol as a place to work) and staff engagement survey scores. • Be upper quartile performers in all national patient surveys. • Continue transformation programme to develop a customer service mind-set in all our dealings with patients.	• Implement evidence-based clinical guidance, supported by a comprehensive programme of local clinical audit, and by working in partnership with our regional academic partners to facilitate research into practice and evidenced based care/commissioning. • Use benchmarking intelligence to understand variation in outcomes. • Ensure learning from unexpected hospital deaths. • Deliver programmes of targeted activity in response to this learning.	• Continue to develop our safety culture to help embed safety. • Implement ReSPECT (Recommended Summary Treatment Plan for Emergency Care and treatment). • Deliver Maternity and Neonatal Health Collaborative Programme. • Continued work on reducing the risk of invasive procedure never events. • System wide work on medicines safety to include reducing unnecessary polypharmacy. • Improve early recognition and escalation of deteriorating patients (Includes embedding of NEWS 2) and using the data from the e-observations system to inform new areas for improving the care of deteriorating patients. • Delivering national and local CQUINs. • Engagement in system work to reduce Gram negative blood stream infections.

5.2.1 Risks to delivery of quality

The Trusts top three risks to delivery of a quality service in 2019/2020 are:

Risk	Mitigation
Capacity: A risk to the provision of quality patient care due to being cared for in extreme escalation bed capacity as the substantive bed base of the Trust cannot be increased to accommodate demand over the winter months.	Continued use of A512 as a substantive 9 bedded ward from December 2019 to March 2020. Having clear SOP's regarding standards of practice for areas that patients will need to be accommodated in as per extreme escalation policy. Continue to use internal opportunities to improve appropriate early discharges / reduce admissions e.g. flu testing, Norovirus testing and standard 7 day working and explore Estates options for maximising capacity.
Mental Health: A risk to the provision of quality of care and safeguarding of children and young people with mental health needs (no physical care requirements) admitted to inpatient beds in the BRHC for social admission/mental health assessment. A risk that patients suffering from mental health disorders spending a prolonged amount of time in adult ED.	Actions are in place to safeguard children and young people, other patients and families and staff. Clear escalation processes for delays in access to CAMHS services including Tier 4 beds to social services, mental health providers, safeguarding and regulators. For adults, there are clear escalation processes internally and externally. A new on-site overnight crisis service commissioned to be provided by AWP went live mid- November 2018 (ceased 4 weeks later due to inability to recruit). Proposals have been made to Commissioners for enhanced support in BRCH and BRI and are under discussion.
A risk that care may be delayed due to difficulty accessing external imaging	Working with other Trusts to implement cross-Community Access (XCA) image sharing.

5.2.2 Learning from National Investigations

Following the Gosport Report, a comprehensive assessment of the governance for opioid prescribing and administration was undertaken. The assessment demonstrated that there were robust systems and processes in place to mitigate the risks of mis-prescribing or administering medications in the ways highlighted by the report. The assessment also outlined that the continued roll out of the Trust e-prescribing system, further implementation of electronic ordering of controlled drugs and the use of 2D bar-coded wrist bands, to ensure a complete end to end log of medication, will ensure further mitigation.

5.2.3 Seven day services

The Trust's most recent data shows compliance with the four Core Standards as follows; Standard 2 82%, Standard 5 100%, Standard 6 100% and Standard 8 89%. We are fully compliant with the four standards for Paediatric Major Trauma, Heart Attack and Critical Care Services. The Trust is not the local provider for Adult Major Trauma or Vascular Services, and is not compliant with the standards for Stroke Services which are part of a system-wide "Healthier Together" review.

Service development proposals to address the gaps in seven day coverage were submitted and discussed with Commissioners through the contract negotiations in 2017/18 and 2018/19, and are being re-reviewed during the current contract negotiations. Commissioners indicated that the proposed investments were not affordable within the 2017/18 and 2018/19 planning round and accepted that the Trust may not be able to meet all the standards until opportunities to improve compliance through service reconfiguration and/or commissioners re-prioritisation of investments are achieved. We have reviewed our compliance against 7 day standards as part of the 2019/20 planning round and we are in the process of reviewing risks and mitigations with Commissioners for inclusion within our contracts.

We have identified funding to increase the number of Consultants in Acute Medicine to support compliance with Standards 2 and 8 but, to date, have not been successful in recruiting to these positions in spite of multiple attempts. We are also in the process of formalising the Interventional Radiology arrangements with North Bristol NHS Trust.

Occupational Therapy, Physiotherapy and Nutrition and Dietetics currently provide a comprehensive service that operates on a Monday to Friday basis, with a level of service on a Saturday. The Saturday provision was developed to support flow across the hospital, prevent patients from missing therapy for two days running, and improve response on a Monday. It was funded through a reduction in service Monday to Friday to cover the single day at the weekend. The services cover 6 of the 8 bank holidays. Speech and Language Therapy do not offer either a weekend or Bank Holiday service. An Options Paper describing how Therapies achieve a 7 day service has been developed. This will provide a road map for future investment but is income dependent. The Trust remains fully committed to Seven Day Service Provision but has noted difficulties in both identifying appropriate funding streams and recruiting to new posts. We continually monitor our incidents to ensure that no patient comes to harm as a result of lack of provision and provide multiple specialist rotas to ensure that any patient requiring a specialist opinion has access to it on a 24/7 basis.

5.2.4 Learning from deaths

The Learning from Deaths process in adults was established in April 2017 in UHBristol. The Mortality team is comprised of a Lead Mortality Nurse and formal Divisional leads. All adult in-patients deaths are screened and where indicated, a formal Structured Case Note Review using RCP methodology is undertaken. The Divisional leads feed back themes to the monthly Mortality Surveillance group and the Divisions. The Mortality Surveillance group produces a quarterly report for the Quality and Outcomes Committee and the Board. An annual report was produced in July 2018 for the Board and was sent to all Consultants. Where themes are identified, actions have been taken, such as the support for end of life care planning and the organisational support for the introduction of the ReSpect process. If areas of concern are identified these are fed back to the relevant Divisions via the Medical Director's office,

5.3 Quality impact assessment process and oversight of implementation

The Trust has a robust approach to QIA via well embedded QIA process which is used to assess the potential impact of cost reduction programmes, unfunded cost pressures and external development service proposals submitted to commissioners. The criteria for use include a formal Quality Impact Assessment (QIA) for all Cost Improvement Plans (CIP) with a financial impact of greater than £50k and any scheme that eliminates any post involved in frontline service delivery.

The Trust's QIA process involves a structured risk assessment, using our standardised risk assessment framework, which includes assessment against the risk domains of safety, quality and workforce. The QIA provides details of mitigating actions and asks for performance or quality measures which will allow the impact of the scheme or proposal to be monitored. The QIA sign off process provides review and challenge through Divisional quality governance mechanisms to ensure senior oversight of any risks to quality of the plans. The Medical Director and Chief Nurse are responsible for assuring themselves and the Board that CIPs and unfunded cost pressures and commissioner proposals, will not have an adverse impact on quality. Any QIA that has a risk to quality score over a set threshold which the Trust wants to proceed with is presented to the Quality and Outcomes Committee. This ensures Board oversight of the QIA process and outcomes specifically where the trust is proceeding with a scheme that may have a potential adverse impact on the quality.

The Trust's performance management framework provides the vehicle for ongoing monitoring of the impact of approved schemes. For any schemes or proposals where there are specific potential risks to quality, we identify scheme-specific key performance indicators (KPIs) and how these are reported and monitored via Divisional and Trust governance structures.

Our internal business planning and associated monitoring processes underpin the triangulation of our quality, workforce and finance objectives. Our Operating Plans are developed through the five clinical and Trust Services corporate Divisions with monthly and quarterly Divisional Reviews conducted with the Executive team. These reviews include detailed information on workforce KPI's and any workforce risks, which support cross-referencing of quality and workforce performance. The Trust's Clinical Quality Group monitors compliance with CQC Fundamental Standards on an ongoing basis and our Quality and Outcomes Committee monitors performance against a range of performance standards.

6 Activity, Capacity and Performance

6.1 Non-Financial performance Improvement trajectories

The Trust has made significant improvements in meeting both national access standards and agreed performance trajectories in 2018/19. This includes those that sit within the NHS Improvement Single Oversight Framework. The following provides a detailed indication of performance during 2018/19 to date as context to the approach the Trust is taking to hold a stabilised position during 2019/20. The plan remains throughout 2019/20 to deliver as a minimum, the trajectories assigned to each performance metric.

The 2019/20 trajectories are as follows:

- Cancer performance to deliver constitutional standards;
- Referral To Treatment 18 week standard to maintain 87%-88% performance throughout 2019/20. Total list size to be maintained below the March 2018 total of 29,207. Commitment to zero 52 week breaches by September 2019 with improvement from March 2019.
- ED 4 hour performance to deliver between 2018/19 levels and 90%, incorporating seasonality.
- Diagnostic 6 week wait to deliver 99% by end of Quarter 2.

6.1.1 Referral to Treatment Times (RTT)

During 2018/19, the local Commissioners agreed a set trajectory for UH Bristol to achieve on a month-by-month basis, which is below the national RTT compliance standard of 92%. In addition, the waiting list size was to remain the same or lower than the starting position at end of March 2018. During 2018/19, the Trust delivered the set trajectory at each month-end and the total list size is below the March 2018 levels.

For 2019/20, the proposed trajectory submitted in April 2019 was:

Referral to Treatment	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Number of incomplete RTT pathways <=18 weeks	25,701	25,701	25,701	25,701	25,701	25,701	25,701	25,701	25,409	25,409	25,409	25,701
Number of incomplete RTT pathways Total	29,206	29,206	29,206	29,206	29,206	29,206	29,206	29,206	29,206	29,206	29,206	29,205
Referral to treatment Incompletes - Performance %	**88.0%**	**88.0%**	**88.0%**	**88.0%**	**88.0%**	**88.0%**	**88.0%**	**88.0%**	**87.0%**	**87.0%**	**87.0%**	**88.0%**
23.5.19 amended to account for IS transfer												
Number of incomplete RTT pathways <=18 weeks	25,701	25,701	25,701	25,701	25,701	25,701	25,701	25,701	25,409	25,409	25,409	25,701
Number of incomplete RTT pathways Total	29,231	29,231	29,231	29,231	29,231	29,231	29,231	29,231	29,231	29,231	29,231	29,230
Referral to treatment Incompletes - Performance %	**87.9%**	**87.9%**	**87.9%**	**87.9%**	**87.9%**	**87.9%**	**87.9%**	**87.9%**	**86.9%**	**86.9%**	**86.9%**	**87.9%**

The Trust's original planning assumption was to deliver the monthly trajectory whilst setting an internal stretch target to improve upon the agreed performance across the key months indicated in the elective guidance for 2019/20. UH Bristol will be modelling the impact of the agreement with BNSSG CCG to reduce spend on independent sector activity to understand the impact on waiting list size and agree a revised performance trajectory for 2019/20. With the repatriation of independent sector activity, we have deflated activity to reflect the volume being added to our current waiting list position. This has a minimal impact to our overall performance but it should be noted that the increase in waiting list volume will marginally deteriorate.

We anticipate continued growth in both outpatients and diagnostic testing, whilst seeing a change from seasonal referral patterns to year-long increased levels of referrals especially across sub-specialities such as dermatology and gynaecology.

6.1.2 Cancer standards

Following strong performance during 2018/19, the Trust's aim is to maintain achievement of the cancer waiting times standards each quarter during 2019/20, including the 62 day standard. Some standards – e.g. 62 day screening – have very low denominators and may be non-compliant due to unavoidable factors such as medical deferral. Anticipated changes to the national rules for allocation of 62 day pathway performance between providers (expected April 2019) should improve performance by minimising the impact of late referrals from other providers, which remains the reason for the majority of 'breaches' of the 62 day GP standard.

For 2019/20, the anticipated rise in demand due to the cervical screening awareness campaign (launches April 2019) will provide an increased challenge to delivery of compliance, whilst plans are underway to mitigate the potential risk. It is estimated that the increased demand seen since quarter 3 2018/19 for gynaecology suspected cancer referrals will be maintained to quarter 2 at least. Plans are in place for additional clinics and diagnostic capacity. Cancer performance is monitored through a cancer waiting list (PTL) meeting and the weekly performance team meeting. The Trust will be submitting data against the new 28 day faster diagnosis standard from April 2019. No threshold has been set for the standard as yet. Trusts expect to be measured against the standard from April 2020, and preparations for this will continue throughout 2019/20.

We anticipate maintaining compliance with the standards through continuing the robust processes which have delivered in 2018/19.

6.1.3 Diagnostic waiting times standards

Performance against the 99% standard was not achieved during 2018/19. Capacity issues and rising demand in Echocardiography and Cardiac CT are causing the under-delivery. In Echos, there is a Vacancy rate of 28% in a team of 15 WTE and growth of 3% in referrals. CT Cardiac has had growth in demand particularly in quarter 3; there were 140 referrals per month on average prior to quarter 3 rising to 210 in October and 170 in November. Outsourcing of Echo activity commenced in January 2019 and Diagnostics & Therapies Division are increasing the number of sessions during Q4 2018/19. Improvements have been delivered in Sleep Studies which had 70 breaches at the end of 2017 which had all been eliminated from October 2018.

For 2019/20, the Trust will return to 99% compliance by end of Quarter 2 and maintain for the remaining quarters. Significant work has been undertaken to clear existing backlogs in Cardiac Echos, CT Cardiac and Ultrasound. The key pressure points will remain in CT Cardiac following changes to NICE guidance and Ultrasound due to shortage of sonographers. Ongoing validation and management of potential breaches will be managed through the weekly performance meetings.

February 2019 finished at 96.9% and there is still divisional and corporate work being undertaken to develop the trajectory for quarters 1 and 2.

6.1.4 A&E 4-hour standard

The Trust achieved the Sustainability and Transformation Fund (STF) targets for Quarters 1, 2 and 3, at "Trust Footprint Level". This is data published by NHS England, which apportions local Walk-In Centre activity to acute Trusts. At Trust-level, the organisation did not achieve the national 95% standard and achieved the NHSI trajectory in May and June only.

The Trust has three EDs: the main adult ED at Bristol Royal Infirmary (BRI), a Paediatric ED at the Bristol Children's Hospital (BCH) and an Ophthalmology ED at Bristol Eye Hospital (BEH). Site level performance is shown below. The Children's Hospital has delivered strong performance with an expected reduction in performance over the winter. This has been delivered alongside an 8% increase in ED attendances (Apr-Dec 2017 vs 2018). The BRI saw a 3% increase in attendances over the same period, alongside increased GP direct admissions.

To support performance and quality during 2018/19, the BRI implemented an ED Navigator role to focus on flow and liaise with shift leader and a Surgical navigator role to drive flow and DTA patients through ED to the ward base. The creation of an Emergency Medical Unit for ambulatory care has also provided strong support for the ED and manages GP-expected patients through a self-contained unit. Pre-emptive boarding was rolled-out during 2018/19 with patients moved to a hospital ward when a ward discharge has been identified. These and other developments will continue to be implemented during 2019/20. The Clinical Site Management Team has been re-aligned to sit within the Chief Operating Officer remit. The Trust, with Commissioners, is developing an Integrated Care Bureau (ICB) to support a sustained focus on Delayed Transfers of Care, length of stay and stranded patients. The ICB will be the front door to community services (health and social care) across the system and will take referrals for discharge from hospitals. The ICB will have visibility of community capacity across BNSSG and make a trusted assessment of what service will be deployed to meet a patient's needs.

For 2019/20, monthly performance will achieve 2018/19 levels as a minimum but will not exceed 90% in any month.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Over 4 Hours	1,872	1,187	1,147	1,187	1,187	1,751	1,287	1,847	2,061	1,873	2,145	2,285
Total Attendances	12,072	12,474	12,072	12,474	12,474	12,072	12,474	12,072	12,474	12,474	11,669	12,474
Performance	**84.5%**	**90.5%**	**90.5%**	**90.5%**	**90.5%**	**85.5%**	**89.7%**	**84.7%**	**83.5%**	**85.0%**	**81.6%**	**81.7%**

2019/20 will see a challenging trajectory forecast against the backdrop of continued growth in both the main BRI and paediatric EDs. Recruitment at consultant level for both EDs is currently underway to reflect the current and continued rise in attendances. The forecast trajectory maintains 2018 levels of performance, at Trust level. The main BRI ED has undergone an extensive review of its activity and capability to meet the increasing demand and the Division of Medicine has developed a short, medium and long term plan across the breadth of 2019/20 to deliver support to the key function of our front door services.

Oversight of ED performance and flow issues is through the Trust's established Urgent Care Steering Group (chaired by COO). This is supported by an Operational Group, Chaired by Deputy COO, that also meets monthly and will continue to do so during 2019/20.

6.1.5 Winter Planning

For 2019/20, Divisions will submit additional winter plans as part of the Operating Planning process, which will be based on the additional provision provided for 2018/19 and identify the key areas that will require additional and robust support.

We will work in collaboration with our CCG partners to secure additional capacity beds in both the acute and system settings, building on improved co-ordination across our system. We will re-establish weekly meetings as part of our winter strategy from August 2019 and plan for provision of additional support in key areas of the Trust to improve both access and flow whilst also providing extra staffing in targeted areas of continued pressure. Learning for 2019/20 will be based on the findings from the current winter, access to system beds and the process undertaken to deliver acute site discharges. Extensive planning will be undertaken to improve resilience and the opening of additional physical capacity will be agreed through the weekly meeting forum. Our new model is proactive management to anticipate poor flow using our predictive model rather than looking retrospectively and/or responding to a deteriorating position. We will build on the learning from this year's winter planning and continue to develop our six principles whilst reviewing our estate and facilities in relation to capacity and demand planning for 2019/20.

6.1.6 Length of Stay (LOS) Plans

Divisions have submitted operating plans for 2019/20. These will be reviewed corporately and any efficiency assumptions, including length of stay, will be assessed for their impact on bed numbers, capacity requirements, contract delivery and performance. These will then inform trajectories and plans for 2019/20 which will be monitored through Urgent Care Steering Group and the weekly performance meetings. Actions to support improvements will include weekly "Greater than 14 Day LOS" Divisional meetings, chaired by Divisional Directors, a re-modelled Integration Discharge Service, pro-active daily board rounds and the full introduction of CUR (Clinical Utilisation Review) across the whole Trust to highlight internal delays that we can address. This will allow us to meet the national trajectory around "stranded" patients and turn anecdotal conversations into fact-based discussions that help promote better collaboration and working arrangements across the system.

The table below shows the Trust's average length of stay (in days) for each of the last three financial years

Division	2016/2017	2017/2018	2018/2019
Medicine	6.09	5.51	4.90
Specialised Services	6.72	6.77	6.90
Surgery	3.56	3.48	3.29
Women's and Children's	2.51	2.60	2.43
Grand Total	**4.11**	**4.05**	**3.79**

7 Workforce Planning

7.1 Strategic Context and Healthier Together Programme

Our Strategic Workforce Plan 2019/20 to 2024/25 is being formulated through wide engagement with all Divisions (clinical and non-clinical), relevant staff groups and trade union colleagues. This recognises the importance of recruitment to key staff groups in a tight labour market, maintaining and developing the quality of services with fewer available resources and aligning our staffing levels with the capacity demands and financial resource to ensure safe and effective staffing levels. We continue to develop our strategy in response to our changing environment, increasingly focussing on transformational change to release productivity savings, engaging staff in the process, as described in the Carter (February 2016) report and subsequent Model Hospital work and aligning our objectives with the Healthier Together programme.

The Trust's Strategic Workforce Plan 2019/20-2024/25 builds on previous work and provides an overarching plan which will be a key pillar of the Trust's strategies. Analysis of the current staff; gap analysis of future workforce needs, benchmarking against peer group trusts have all been used to inform the planning process. Specific attention has been given to the ageing workforce (succession planning); junior and SAS doctor workforce; "single points of failure" and staff engagement / satisfaction as well as cultural and behavioural changes being identified that may need continue support. Areas that would benefit from a short piece of focussed workforce transformation (requiring additional project support) have also been identified and a number will be progressed in-year. The NHSI workforce planning tool-kit is being used to direct development of Trust processes in support of future workforce planning and progress will be monitored.

The Trust is a member of the Bristol, North Somerset and South Gloucestershire (BNSSG) Local Workforce Advisory Board (LWAB) providing the opportunity to address workforce transformation in support of the Healthier Together programme in partnership with other healthcare providers, commissioners, and local authorities. The BNSSG LWAB has identified key priorities for the STP footprint which are supported through the Health Education England South West Investment Plan.

BNSSG HRD Action plan

The table below outlines an action plan that has been agreed across the BNSSG footprint, outlining specific activities that have been identified to tackle known shared workforce issues across the STP. These initiatives are lead and shared by members of BNSSG as described.

Lever	Agreed Initiatives	Owner
Hiring/Supply pipeline	Review and align **recruiting incentives** across the system to avoid internal competition amongst organisations in BNSSG	BCH/NBT
	United **approach to social media** for job posts/advertising, system wide, using sharing best practice across the system	NSCIC/UHB
	Introduce collaborative **international hiring** in respect of doctors	WAH/NBT/UHB
	Band 5 action plan, including joined up approach to return to practice	UHB
Temporary Staffing	Move towards a **'bank first'** temporary staffing model by developing a collaborative bank	BNSSG Agency

		Group/Weston
	Specific actions to **reduce agency costs** compared to 2018/19: • Extending the neutral agency agreement to AWP/Sirona • Reduced premium agency usage	BNSSG Agency Group/Weston
	Aligned payments for junior doctors additional pay rates	UHB/NBT
Improved retention and participation	Actions to **improve retention**, linked to the 2019/20 national retention and NHSI support programmes	Sirona/AWP
	Fast track the movement of staff and talent	UHB/NBT
	Consistent approach to implementing **Brexit guidance** including settlement fee	ALL
Productivity	**HR integration** Phase 1: WAH and UHB test integrated HR Service, testing model for further possible roll out	BCH/WAH

7.2 Workforce Planning Approach – Operating Plans

The annual workforce planning process at UH Bristol forms an integral part of the annual Operational Plan cycle. Each Division is required to provide a detailed workforce plan aligned to finance, activity and quality plans. An assessment of workforce demand is linked to commissioning plans reflecting service changes, developments, CQUINS, service transfers and cost improvement plans. The IMAS capacity planning tool is used to identify workforce requirements associated with capacity changes. We have agreed nurse to patient ratios which are reflected in the plans. Workforce supply plans include an assessment of workforce age profiles, turnover, sickness absence and the impact these will have on vacancy levels and the need for temporary staff. Divisional plans are developed by appropriate service leads and clinicians, directed by the Clinical Chair and Divisional Director, and are subject to Executive Director Panel review prior to submission to Trust Board. All plans will refer to the Trust's agreed Strategic Workforce Plan.

Throughout the course of the year, actual performance against the Operating Plan, including workforce numbers, costs and detailed workforce KPIs are reviewed through Quarterly Divisional Performance reviews held with the Executive team. The impact of changes which may affect the supply of staff from Europe and beyond and changes to the NHS nursing and allied health professional bursaries are factored into planning and our Workforce and Organisational Development Group has a role in regularly reviewing the impact of such changes and ensuring that appropriate plans are put in place if required.

Bank and Agency spend is closely scrutinised and controlled. Seasonal fluctuations are noted however, historical trends over previous years clearly illustrates that the Trust uses less Agency in December than any other month in the year. This pattern is reflected in the planning for next year, as Agency costs are expensive over Christmas, for a two week period around the holidays annual leave for substantive staff is actively limited - leading to more substantive staff working, thus reducing the need for Bank and Agency.

2019/2020 Operational Plan – Workforce

The Workforce plan summarised is the table shown above aligns with the NHS Improvement templates, reflecting the overall strategy to increase our ratio of substantive staffing relative to agency and bank usage through increased recruitment, decreased turnover and reduced sickness absence. The overall workforce plan shows an increase in excess of a hundred staff demonstrating the Trusts investment in its staff. Specific savings have been identified through CIPs with a planned total pay savings amount to over £1m.

DEMAND (Changes in Funded establishment) Staff Group	Funded Establishment 2018/19 b/f wte	Adjustments including non-recurring funding and forecast changes wte	Funded Establishment 2018/19 FOT wte	Service Developments wte	Service Transfers wte	Savings Programme Wte	Activity /Capacity Changes wte	Funded Establishment March 2020 wte	Change wte
Medical and Dental	1,301	0	1,301	1	0	(0)	27	1,328	27
Qualified Nursing and Midwifery staff	2,604	(2)	2,602	6	0	1	40	2,649	47
Qualified Scientific and Professional Staff	1,162	0	1,162	2	0	0	31	1,194	33
Support to clinical staff	2,606	0	2,606	0	0	(1)	0	2,605	(1)
NHS Infrastructure Support (Admin and Estates)	1,136	(11)	1,125	15	0	(6)	25	1,159	34
Total	**8,809**	**(13)**	**8,796**	**23**	**0.0**	**(6)**	**122**	**8,936**	**139**

SUPPLY Change	March 2019 Forecast			March 2019	Changes March 2019 to March 2020			2019/20	March 2020 Planned			March 2020
Staff Group	Employed wte	Bank wte	Agency wte	Forecast Total Staffing wte	Employed wte	Bank wte	Agency wte	Total Changes wte	Employed wte	Bank wte	Agency wte	Planned Total Staffing wte
Medical and Dental	1,311		3	1,314	15		(0)	15	1,326		3	1,328
Qualified Nursing and Midwifery staff	2,453	114	47	2,614	52	(11)	(6)	35	2,505	103	41	2,649
Qualified Scientific and Professional Staff	1,119	13	13	1,146	54	(0)	(5)	48	1,173	13	8	1,194
Support to clinical staff	2,401	217	9	2,626	(14)	(7)	(1)	(21)	2,378	210	8	2,605
NHS Infrastructure Support (Admin and Estates)	1,079	59	6	1,143	13	0	2	16	1,092	59	8	1,159
Total	**8,363**	**402**	**77**	**8,843**	**120**	**(18)**	**(9)**	**93**	**8,483**	**385**	**68**	**8,936**

Changes from April submission are accounted by:

- Baseline has been updated from Month 11 to Month 12 resulting in a reduction of 14 wte in funded establishment and an increase of 11 wte in the number of substantive employed staff.
- Further changes in funded schemes from the Divisions of Medicine and Surgery resulted in a net gain of 8.4 wte, bringing the total planned increases in workforce from 131 wte to 139 wte.
- Turnover target has been updated to reflect turnover excluding fixed term contracts. This now reflects the measure monitored and reported to the Trust's Board (i.e. 13.4% in March 2019 reducing to 13.0% in March 2020).

7.3 Workforce Challenges

The table below captures the current workforce challenges we are aware of as a result of our workforce planning activities.

Description of workforce challenge	Impact on workforce	Initiatives in place
Gaps in Junior Doctor rotas	Understaffing in specific clinical areas	Undertake review of Junior doctors rota Roll out e-rostering for medical staff Assess viability of new roles to deliver care in hard to recruit to areas, e.g. ACP's/PA's
Shortages of medical staff in specific specialities	Gaps in cover and delivery of service	Review of staff deficit and skills gap analysis. Identify recruitment initiatives or if new models of care required
Need to future proof Facilities and Estates workforce due to recruitment issues, age profile and high turnover	Potential single points of failure	Undertake succession planning activities, talent mapping and people management within service. Introduce RRP.
Issues with access and capacity for learning and education	Inconsistent provision, less able to support learning activities; e.g. apprenticeships	Review funding provision & target at greatest educational need. Approach underpinned by new UHB Education strategy.
Issues with supply of AHP's, HCS and diagnostic medical professionals due to national shortages	Quality of patient care reduced, unable to meet D&T targets inc. proposed 7 day coverage	Dedicated D&T recruitment lead to ensure effective recruitment In house training routes into profession
High staff turnover*	Cost to organisation in recruitment costs Knowledge and skills not retained within the organisation.	Turnover targets are routinely reviewed as part of the divisional operating planning process19/20 and beyond. Local interventions are identified and agreed at local level to tackle issue. Turnover targets are ambitious and reflective of action to be taken

***Please note turnover calculation for NHSI includes fixed term contracts and trainee Doctors, therefore this inflates the figure as UHBristol is a large teaching Trust. For internal purposes these are removed as it is viewed as a more accurate measure of turnover.**

7.4 Workforce Risks

The table below summarises the known current workforce risks, issues and mitigations in place to address them.

Description of workforce risk	Impact of risk (H,M,L)	Risk response strategy	Timescales and progress to date
Inability to recruit to key roles	H	Targeted recruitment activities. Recruitment targets set. EU settlement scheme.	Vacancy rate reduced to 4.4% in Nov 2018 against a target of 5%
Insufficient numbers of doctors in training to safely cover rotas	H	Implement e-rostering. Monitoring at Executive board monitoring.	e-rostering roll out will identify specific hotspots as its rolled out in 2019 Identify need for additional post or other roles (ACP's)
Use of agencies not compliant with pricing cap	H	KPI's for bank and agency in place, reported monthly through performance and operational reviews	Re-tender non nursing agency contract to drive price cap Internally market the use of bank to support reduction in agency use/spend. Close relationship with neutral vendor for nursing to increase supply within caps.
Failure to achieve sickness absence KPI	M	Target set at 4%. KPI's measured and monitored monthly. Areas of concern identified & improvement plans implemented where needed.	Review of Supporting Attendance Policy & trigger systems. Outcomes/recommendations to be published Feb 19. Wellbeing initiatives in place Trust wide and locally within Divisions.

7.5 Long term vacancies

Description of long term vacancy, inc. the time this has been a vacant post	Whole time equivalent (WTE) impact	Impact on service delivery	Initiatives in place, along with timescales
Band 3 Supervisors in Facilities	10	Existing staff covering vacant roles therefore high stress & low morale. High use of overtime. Potential reduction in quality of service.	Reworked recruitment paperwork. Tender for apprenticeships. Additional focus on departments profile on Trust recruitment website. Bid for RRP payment to attract staff. April 19
Band 5 nurses – medical directorate Ongoing recruitment of these B5 nurse posts across division.	52.6 WTE	Impact on rostering, quality and patient safety.	Successful EU nurse recruitment (Portugal) in 2018, provided Medicine with 20 new nurses who have joined, or will be joining, the division imminently. Further recruitment from this source being considered. Increase numbers of band 3'. Making case for introduction of nursing associate role.
Dermatology Consultants National shortage of available consultants	Currently demand outstrips substantive consultant establishment	Impact on waiting lists and targets	Additional demand covered by locum agency consultants, Consideration of new posts including Nurse Consultant and ANP roles
Radiologist running with min. 2wte Radiologist vacancies for more than 2 years. Currently advertising for 3wte including 1 Paediatric Radiologist. Radiologists are on the UK shortage occupation list.	3 WTE	Impact on patient safety, Radiology service delivery, the reporting of images and the achievement of 6-week diagnostic targets	If the current recruitment is unsuccessful we will use an agency to head-hunt overseas. We are also considering skill mix to Associate Specialist or Specialty Doctor. We are developing some non-medical roles eg Principal Radiographers and Consultant Radiographers.
Sonographer average of 1.5wte vacancies for more than 2 years; some of these have arisen due to high levels of maternity leave in the department. Sonographers are on the UK shortage occupation list.	1 WTE	Impact on patient safety, ultrasound service delivery, the reporting of images and the achievement of 6-week diagnostic targets	Agency staff to fill short-term gaps. Linked progression training scheme in place to develop our own staff into Band 7 sonographers, supported by education, - limited numbers each year. Overseas recruitment into permanent and fixed-term posts. We are involved in the trailblazer for Sonography apprenticeships
Radiographer We have been running with approximately 5wte vacancies for more than 2 years; Radiographers are on the UK shortage occupation list.	5WTE	Impact on patient safety, Radiology service delivery, the reporting of images and the achievement of 6-week diagnostic targets	Seasonal recruitment to appoint a large cohort in August/ September each year. However our ability to recruit has not kept pace with turnover and the increasing demand. Considering an overseas recruitment campaign in 2019/20. Considering development of Radiography apprenticeships.
Oncology Consultants 6 months +	1 – 2 WTE	Minimal impact as existing consultants covering the gaps but pressure on existing consultants and reliance on their "goodwill" to cover. Not sustainable	National shortage. Considering alternative roles and continuing to recruit. A number of junior doctors are still in training but we are developing to progress to consultant level in time

7.6 Workforce Transformation and productivity programmes

Our workforce transformation and productivity is targeted at our key areas of risk and challenge, seeking to make best use of the workforce we have as well as developing different solutions. Alongside our Working Smarter programme and BNSSG system actions referenced above, the Trust's Workforce Strategy includes:

- New role development – such as Nursing Associates. Work is underway to determine their role within the existing nursing skill mix.
- Advanced Clinical Practitioners (ACP's) - The further development of ACP's and other extended roles is currently under examination to meet both changing skill mix and care needs.
- Band 5 nursing supply - A collaborative STP priority has been identified with the aim of developing a system wide solution for increasing the overall nursing supply across the STP
- Healthcare Scientists - Continue to support succession planning within the professions and develop a trust wide approach to creating HCS assistant and HCS associate training schemes and developing new roles that support cross service working
- Workforce planning for Medical & Dental staff – review of job planning, identifying the scope of rota redesign, which alternative roles are needed to replace traditional models of working, and different approaches to recruitment.
- Associate Specialist grade - Introducing new roles and innovative Terms & Conditions to attract new staff to reduce reliance upon national training programmes for the supply of junior medical staff, the Trust has reintroduced the Associate Specialist grade.
- A review of specialist medical rotas to understand the staff deficit and skills gap to enable different models of care to develop with a view to providing a more sustainable 24 hour service provision

Education Strategy

The Trust's core integrated strategies include clinical service, education and research. . A new core strategy is being developed for a future focused education vision and provision that will support how we address our workforce risks and opportunities and will be based around the following key priorities:

- Excel in consistent, high quality education that includes robust governance and quality assurance
- Align education to strategic workforce priorities that make a positive difference to patient care and wellbeing
- Provide education that supports aspirational career development and creates a highly skilled workforce

Development needs are reviewed as part of the annual appraisal, and in addition, the Trust has focussed enhanced staff development opportunities on difficult to recruit and high turnover areas, such as Care of the Elderly, Theatres and Intensive Care. Collaborative working with the University of the West of England has supported the allocation of continuing professional development modules for nursing and allied health professional staff.

Following an Ofsted inspection in January 2019, the Trust has been suspended from recruiting any new apprentices to the internally provided apprenticeship programmes such as the level 2 and 3 health care support workers. A Quality Improvement Plan has been implemented with a view for a re inspection in December 2019- January 2020 and an extensive mitigation plan is in place that encompasses supporting existing apprentices whilst enhancing the overall quality and commitment of workplace learning.

As a strategic response a business case has been approved to proceed with a 2-year external procurement for the Health Care support worker provision. This procurement has been implemented as part of an STP collaborative and will ensure the ongoing stable, supply of an important part of the workforce. It is an expectation that, following a successful Ofsted inspection, other internal apprenticeship programmes will be resumed such as Customer Care and Leadership and Management. Externally provided apprenticeship provision remains unaffected and continues to be an important part of developing the workforce. For example, successful procurement for TNAs and ACPs has been achieved. During the transition of identifying an external apprenticeship provider for Health Care Support workers, internal recruitment to the role has continued with training provided through a care certificate programme.

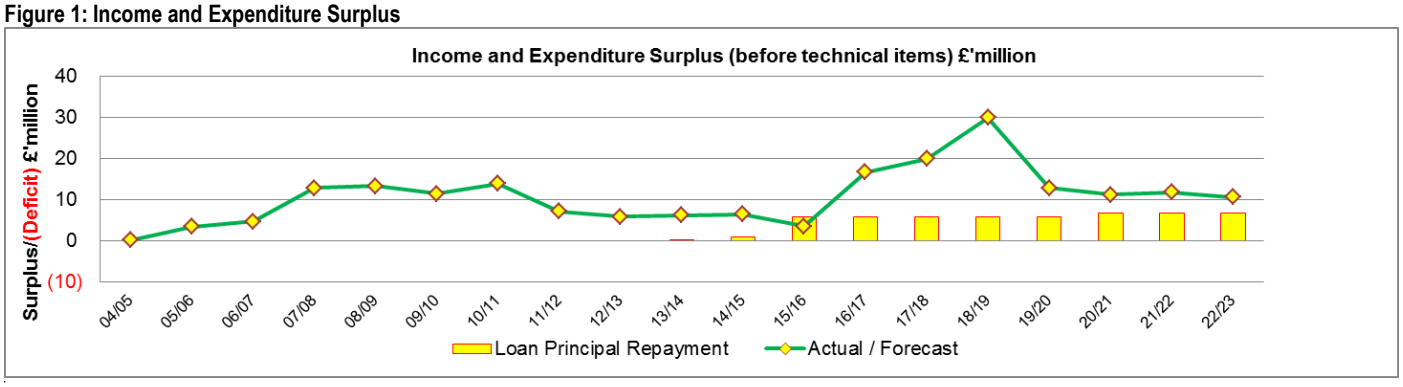
8 Financial Planning

8.1 2018/19 Actual Outturn

The Trust's actual outturn is a net income and expenditure surplus of £29.9m against the accepted control total of £18.5m including Performance and Sustainability Funding (PSF). This includes PSF (incentive and bonus) of £11.5m. This will be the 16th year that the Trust reports a break-even or better position. A summary of the Trust's financial position and medium term financial plan including historical performance is provided below in figure 1.

8.1.1 Net surplus

Figure 1: Income and Expenditure Surplus



Note:-Bonus & Incentive P&S Funding - 2016/17 includes £1.564m, 2017/18 includes £7.344m and 2018/19 includes £11.517m Bonus and Incentive PSF received at the year end.

The Trust delivered a £4.482m core surplus (excluding PSF), £1.482m higher than plan. This included £0.593m additional income received on 16th April in respect of Wales HRG4+. The favourable variance is due to:

- Divisional and Corporate overspends of £6.932m, offset by
- Corporate income over performance of £3.336m which includes £1.525m relating to Wales HRG4+ received in March
- Use of Corporate Reserves of £3.861m, primarily the use of the strategic reserve
- Financing underspends of £1.217

8.1.2 Savings

The savings requirement for 2018/19 was £25.4m. The Trust has achieved savings of £25.9m. This includes the Divisional support funding of £1.936m. The overachievement of £0.5m includes a shortfall of £0.3m for Medical Pay, and £0.3m for Nursing pay offset by additional productivity savings of £0.9m and medicines of £0.5m.

The Divisions' underlying deficit of £7.5m will be carried forward into the 2019/20 saving requirement.

8.1.3 Capital expenditure

The Trust's capital expenditure outturn for 2018/19 was is £25.7m against an original plan of £47.9m due to scheme slippage, within the Trust's strategic programme, medical equipment and operational capital. The Trust's gross carry-forward commitments into 2019/20 are £25.5m. All schemes are committed and slippage has been due to estates capacity, procurement capacity and planning delays.

8.1.4 Use of Resources Rating

The Trust has delivered a Use of Resources Rating (UORR) of 1, the highest rating for 2019/20. The Trust has strong liquidity with a working capital balance of £72.9m at the 31st March 2019, 40.7 liquidity days and a liquidity rating of 1. The Trust's revenue available for capital service is at £64.9m which delivers capital service cover of 3.6 times and a rating of 1. The Trust's net income and expenditure margin was 4.2% and achieves a rating of 1 and the agency expenditure metric scores a rating of 1 at 23.3% below the agency ceiling.

Table 5: 2018/19 Use of Resources Rating

	Metric	Rating
Liquidity	40.7 days	1
Capital service cover	3.6 times	1
Net I&E margin	4.2%	1
I&E margin variance	1.5%	1
Agency expenditure variance against ceiling	-23.3%	1
Overall UORR rounded		**1**

Rating 1	Rating 2	Rating 3	Rating 4
0 days	-7 days	-14 days	< - 14 days
2.5 times	1.75 times	1.25 times	<1.25 times
>1%	>0%	<-1%	>-1%
=>0%	<-1%	<-2%	>-2%
<0%	<25%	<50%	>=50%

8.2 2019/20 Financial Plan

8.2.1 Overview of Position

The Trust has received a Control Total offer of £12.8m surplus. It is derived as follows;

	Core £m	PSF £m	Total £m
2018/19 Control Total	**3.0**	**15.5**	**18.5**
PSF transferred into tariff	8.4	(8.4)	-
CNST net change in tariff income contribution	(5.4)		(5.4)
Other changes	(3.4)		(3.4)
MRET central funding		0.6	0.6
PSF Addition		2.5	2.5
2019/20 Control Total	**2.6**	**10.2**	**12.8**

- The Trust has accepted the proposed Control Total of £2.6m core surplus, plus PSF / MRET of £10.2m i.e. a total surplus of £12.8m.
- Residual risk remains regarding £1.9m unidentified CIPs plus further delivery risk of c£3.0m, which the Trust will manage.
- Whereas the Commissioner SLAs have not been finally agreed or signed, there exists broad agreement and alignment with Commissioners. Issues such as risk sharing for urgent care and non-urgent care QIPP remain to be finalised. We are confident this can be concluded in late May / early June.
- Divisional Operating Plans stand at £1.9m deficit due to £15.0m identified savings out of a target of £16.9m. Work continues to improve this position.
- Cost pressures continue to be reviewed and negotiated downwards corporately. Wales have now offered to pay 2019/20 tariff prices (i.e. full HRG4+ basis, and 2019/20 cost uplift factor) minus the 1.25% cost uplift element associated with the transfer of CQUIN into core prices.
- Inflation allowances nationally appear inadequate and a £1.4m estimated shortfall has been allowed for. This will be subject to continued review.

8.2.2 Financial Plan

The 2019/20 financial plan of a £12.8m core surplus is summarised below.

Table 6. Summary of the 2019/20 financial plan

	Core £'m	PSF £'m	Total £'m	
2018/19 Forecast Outturn	**3.0**	**15.5**	**18.5**	
b/f Underlying Divisional Deficit	(7.5)		(7.5)	
Change in treatment of PSF into tariff	8.4	(8.4)	-	
CNST Impact	(5.1)		(5.1)	Cost increase, tariff reduction
Supply Chain Ltd impact (net)	(0.7)		(0.7)	Revised Net loss
MRET and readmissions	1.0	0.6	1.6	Per national guidance
Additional NR PSF		2.5	2.5	
R&D RCF loss	(0.1)		(0.1)	
Increase in CQUINS	0.4		0.4	
Residual tariff impact	(0.3)		(0.3)	
Tariff Efficiency at 1.1%	(5.8)		(5.8)	
Savings Requirement				
National savings requirement 1.1%	5.8		5.8	National 1.1% tariff efficiency
Divisional underlying deficit	7.5		7.5	
Corporate Cost Pressures	2.5		2.5	
Divisional Cost Pressures (net)	1.1		1.1	
Cost Pressures				
Inflation shortfall	(1.4)		(1.4)	
Prioritised internal cost pressures	(1.0)		(1.0)	Unavoidable recurring cost pressures
Pharmacy gain share loss	(0.3)		(0.3)	
Capital charges volume growth	(0.3)		(0.3)	
Unity contract @ 2.6%	(0.1)		(0.1)	Per Tender
South Bristol Community Hospital & HEE	(0.3)		(0.3)	Includes HEE increase in costs of £0.1m
Divisional clinical cost pressures (net)	(0.6)		(0.6)	
Residual Divisional Deficit	(2.0)		(2.0)	
2019/20 underlying positon	**4.2**	**10.2**	**14.4**	
Non-recurrent				
Change costs / spend to save	(0.3)		(0.3)	
Corporate risk prioritised costs pressures	(0.5)		(0.5)	Unavoidable non-recurrent cost pressures
Transition costs for strategic schemes	(0.3)		(0.3)	
Technology programme	(0.5)		(0.5)	
Core Net I&E Surplus (Deficit) excl technical items	**2.6**	**10.2**	**12.8**	
Technical items				
Donated asset depreciation	(1.6)		(1.6)	
Donated asset income	3.8		3.8	
Net impairments	(0.9)		(0.9)	
Net I&E Surplus / (Deficit) incl technical items	**3.9**	**10.2**	**14.1**	

8.2.3 Income

Changes in income are shown in table 7 below.

Table 7: 2019/20 Income build up

			£'m
Rollover Income	2018/19 rollover income		**683.4**
Tariff	Gross inflation	19.3	
	Efficiency	(5.8)	
			13.5
Impact of Guidance	CNST Reduction	(2.6)	
	CQUIN	0.4	
	PSF into Tariff	8.4	
	SCCL	(1.8)	
	MRET reduction	1.7	
	Residual tariff impact	(0.3)	5.8
Activity / SLA Changes	Service Transfers	0.6	
	Activity changes / Developments	26.0	
			26.6
Provider Sustainability Funding	Net Change		(5.9)
Donations			3.8
Other			(0.4)
Total 2019/20 Income Plan			**726.8**

8.2.4 Costs

The 2019/20 level of cost pressures for the Trust is challenging and will require Divisions to deliver savings of £16.9m. The main assumptions included in the Trust's cost projections are;

- Inflation costs at £10.3m
- Savings requirement of £8.3m plus recovery of the £7.5m b/f Divisional Underlying Position plus divisional cost pressures of £1.1m, i.e. £16.9m total requirement
- Recurring unavoidable cost pressures of **£2.7m**
    - Capital charges volume growth £0.3m
    - Internal cost pressures £1.0m
    - South Bristol Community Hospital £0.2m
    - HEE Increase in Costs £0.1m
    - Unity Sexual Health Contract £0.1m
    - Prioritised Internal Cost Pressures £1.0m
- Non recurring unavoidable cost pressures of **£1.6m**
    - Strategic scheme costs £0.3m
    - GDE / Technology £0.5m
    - Change costs £0.3m
    - Prioritised Internal Cost Pressures £0.5m
- Payment of loan interest at £2.3m
- Depreciation at £23.9m

8.2.5 Savings Plans

The Trust's savings target for 2019/20 includes;

- 1.1% national tariff efficiency requirement £5.8m
- Corporate cost pressures £2.5m
- B/F Divisional underlying deficits £7.5m
- Additional divisional cost pressures (net) £1.1m

This represents a savings requirement of £16.9m or 3.6% of recurring operational budgets.

The Trust has an established process for generating savings operated under the established Transforming Care programme. There is an increased focus on delivering savings from productivity hence the Trust has established a series of targeted programmes directed at delivering productivity from:

- Out patients;
- Length of stay;
- Theatres;
- Consultant productivity; and
- Diagnostics.

The Trust continues to utilise all available benchmarking sources in order to identify areas for improvement and develop actions plans to ensure delivery. The Trust is using the "Model Hospital" as the key tool to identify efficiency opportunities and a more formal process is being rolled out across the Trust to follow up all opportunities from this source.

The Trust is also formalising an approach to follow through with actions resulting from Getting it Right First Time (GIRFT) reviews and where possible take the necessary actions to deliver efficiency opportunities.

The Trust has a series of programmes focussing on increased and robust controls including in the areas of non-pay, drugs and pay areas particularly medical staffing and nursing. Further work streams dedicated to delivering transactional savings have also been established, for example:

- Improving purchasing and efficient usage of non-pay including drugs and blood and clinical supplies;
- Ensuring best value in the use of the Trust's Estates and Facilities. This includes a review of the delivery of specific services, and further improvements in energy efficiencies;
- Ensuring best use of technology to improve efficiency, linking productivity improvement with the introduction of new tools in clinical records management and patient administration;
- Addressing and reducing expenditure on premium payments including agency spend; and
- Focussing on reducing any requirement to outsource activity to non-NHS bodies.

The Trust's risk assessed savings plan is summarised below. The total of unidentified savings is currently £1.9.m.

Workstreams	**£m**
Medical Staff Efficiencies Productivity	0.3
Nursing & Midwifery Productivity	0.4
Allied Healthcare Professional Productivity	-
Healthcare Scientists Productivity	0.1
Diagnostic testing	0.2
Reducing and Controlling Non Pay	5.8
Medicines savings (Drugs)	1.1
Trust Services efficiencies	0.5
HR Pay and productivity	0.1
Estates and Facilities productivity	0.4
Productivity	5.5
Other	0.6
Corporate	-
Subtotal – savings identified	**15.0**
Unidentified savings	1.9
Total – savings requirement	**16.9**

8.2.6 Capital expenditure

The Trust has a significant capital expenditure programme investing £652m from April 2007 until March 2023 in the development of its estate. This is driven by the clinical strategy and the requirement to invest in core infrastructure to maintain and where possible, enhance delivery of care from a safe, quality environment. In 2019/20, the Trust's planned capital expenditure totals £56.4m, including the £25.5m slippage from 2018/19. The net 2019/20 capital expenditure plan is summarised below.

The plan has been reduced from the April 4th submission by £1.4m, due to the slippage in the Trust's proposed Transport Hub.

Table 8: Source and applications of capital

Source of funds	**2019/20 Plan £m**	**Application of funds**	**2019/20 Plan £m**
Cash balances	20.1	Carry forward schemes – Phase 5	7.9
Depreciation	23.9	Carry forward schemes – Other	17.6
Donations / External Sources	3.8	IM&T	11.6
Public Dividend Capital	8.6	Medical equipment	7.5
		Operational capital	6.6
		Estates replacement & Infrastructure	3.4
		Fire Improvement	2.1
		Phase 5	19.7
		Net slippage estimated	(20.0)
Total	**56.4**	**Total**	**56.4**

The Trust is also working with the STP Estates group to maximise efficiency of all capacity.

8.2.7 Use of Resources Rating

The planned net surplus of £12.8m is the key driver behind The Trust's overall Use of Resources Rating (UORR) of 1.

8.2.8 Summary Statement of Comprehensive Income

Table 10: SoCI and closing cash balance

	2019/20 Plan £m
Income (Excluding Donations)	722.9
Operating expenditure	(673.9)
EBITDA (excluding donation income)	49.0
Non-operating expenditure	(36.2)
Net surplus / (deficit) excluding technical items	**12.8**
Net impairments	(0.9)
Donation income	**3.8**
Donated asset depreciation	(1.6)
Net surplus / (deficit) including technical items	**14.1**
Year-end cash	**99.9**

8.3 Financial Risks

The main risks to the delivery of the 2019/20 plan include;

- Costs exceed that budgeted for – particular concern re medical and nursing pay;
- Delivery of the savings plan is considered very high risk given the level of unidentified savings currently;
- Emergency activity growth may exceed the Blended Tariff contract provision;
- Supply chain contract levies £1.8m against Trust income but the offsetting savings have not been fully described or assured;
- Planned delivery of activity is not achieved;
- Deprioritised cost pressures become unavoidable;
- Risk of increasing BREXIT costs;
- Workforce shortage issues such as consultants particularly in orthopaedics, oncology, acute physicians, Junior Doctor fill Rate (30% in several areas) and other shortages e.g. Radiology;
- Need to fund additional workforce initiatives without offsetting savings

9 Membership and Elections

9.1 Governor elections in the previous years and plans for the coming 12 months

There was a successful by-election for one staff governor to represent the medical and dental constituency held in May 2018. In the year, three staff governors left the Trust, one public governor resigned and one passed away. In 2019, 17 seats will be available for election across seven constituencies, including public and staff members.

9.2 Governor recruitment, training and development and member engagement activities

Governors are provided with a comprehensive programme of training and development that begins upon appointment with an induction seminar. This is followed up with a corporate induction for all new governors within the first three months of their start date. The induction seminar is one of four governor development seminars each year; the content of the seminars focuses on a mixture of building core skills, updates from around the Trust and/or training. The governor development sessions are useful mechanisms to ensure that the Council of Governors builds understanding of the workings of the Trust alongside the governor role and statutory duties. In addition to the development sessions, the governors hold regular focus group meetings on Trust strategy, quality and performance, and constitution, which are attended by a Non-executive Director and an Executive Director/senior manager.

In terms of member engagement, the main focus of the past 12 months has been a thorough review of our membership structure, which resulted in the decision by governors and the Board in autumn 2018 to remove the split between public and patient members and revise governor numbers. In January 2018, governors agreed a framework of activities around the three themes of 'recruit', 'inform', 'engage' to help guide membership engagement. This included a programme of near monthly 'Health Matters' event for Foundation Trust members and members of the public and a monthly e-newsletter to all members (introduced by a governor), alongside a copy of the Trust's 'Voices' magazine sent twice a year to all members with a postal address only.

9.3 Membership strategy – plans for next 12 months

Given the focus on reviewing and changing the membership structure over the last 12 months, in the next 12 months, the membership team, through the governor-led Constitution Focus Group, will focus on reviewing engagement activities to date and creating a membership strategy to 2022 which will seek to identify the Trust's vision for membership, its objectives and detail how we will build an effective, responsive and representative membership body. This will also link with the refreshed Trust Strategy.