

1. Context for Operational Plan

Trust Board approved the two year Operational Plan for 2017-2019 on 22nd December 2016, which was subsequently submitted to NHS Improvement (NHSI) on 23rd December 2016. This 2018/19 Plan therefore reflects a refresh of that two year plan setting out the Trust's approach and position on activity, quality, workforce and financial planning for the period. The current draft position is based on a robust and integrated approach to operational planning within the Trust and alignment with the aspirations and relevant specific actions of the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan (BNSSG STP *Healthier Together*). The Trust fully appreciates the financial challenges in the NHS overall and our track record evidences our commitment and ability to deliver affordable, quality care sustainably. Our leadership role within the STP *Healthier Together* footprint seeks to extend this experience into the system and we have supported the adoption of an open book approach through the local System Delivery Oversight Group and through our negotiation of any required changes to year two of the two year contract signed on 23rd December 2016.

Our plan reflects the following position at 24th April 2018;

- Acceptance of the proposed NHS Improvement Control Total offer of a £18.5 surplus. This will enable the Trust to reserve £15.5 of Provider Sustainability Funding (PSF) and obviate the need to pay core performance fines.
- Service Level Agreement (SLA) proposals have been agreed with Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Groups (CCGs) and associates and NHS England (Specialised and Non-Specialised).
- Clarity and ownership of stretching quality priorities delivered through enabling quality improvement frameworks - our 2018/19 quality priorities are being finalised and will be approved by the Board in our Quality Accounts in May 2018.
- Workforce plans aligned to finance, activity and quality and addressing robust accountability for managing agency and locum expenditure
- Commitment to deliver sustained or improved performance in core access and NHS Constitution standards aligned to NHSI/NHSE guidance.

2. Strategic Backdrop

Our 2017/19 Operational Plan has been written in the context of the longer term direction set out in our existing five year strategic plan and also within the context of the developing BNSSG STP *Healthier Together*. Our current Trust Strategy ("Rising to the Challenge 2020") states that as an organisation, our key challenge is to maintain and develop the quality of our services, whilst managing within the finite available resources with our focus being on "affordable excellence". We are also clear that we operate as part of a wider health and care community and our strategic intent sets out our position with regard to how we optimise our collective resources to deliver sustainable quality care into the future.

Our Vision is for Bristol and our hospitals, to be among the best and safest places in the country to receive care and our strategic intent is to provide excellent local, regional and tertiary services, and maximise the benefit to our patients that comes from providing this range of services.

We are committed to addressing the aspects of care that matter most to our patients and during 2018/19, we will ensure our strategy remains dynamic to the changing needs of our patients and ongoing changes within both the national and local planning environment. In 2016/17, we undertook a review to prioritise and stratify our clinical strategy and established a clear governance framework within which to drive strategic decision-making and support implementation plans and in 2017/18, we have focussed on progressing the development of our core areas of clinical strategy, along with key enabling strategies, such as our digital agenda. In 2018/19 we are working to renew our current 2014-2019 Trust strategy and are engaging staff, patients and external partners to develop a strategy to 2025 that will enable us to maintain outstanding care in the context of the challenges we face. This is a major strategic project in 2018/19 and will be key in setting our future direction as an organisation.

A key aim in developing our own internal strategic programme and future strategy is to align with the new processes, pathways and structures developing as part of the local *Healthier Together* and the changing national context. These new approaches provide us with a significant opportunity to progress our strategic priorities at pace and to work together with our partners to resolve some of the system-wide challenges we face. The decision made at the Trust Board in January 2018 to pursue an organisational merger via acquisition with Weston Area Health Trust, represents significant progress in this approach and we will develop plans for the partnership and service specific alignment during 2018/19.

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. We reviewed these processes in 2016/17 and agreed a new Board Assurance Framework (BAF) with the Trust Board considering the BAF on a quarterly basis and this governance process will remain through 2018/19.

3. Link to the local Sustainability and Transformation Partnership *Healthier Together*

We remain clear that system leadership and collaborative working are essential for system sustainability and our two year Operational Plan is set firmly within the context of our local BNSSG STP *Healthier Together*. The *Healthier Together* programme has developed five key strands to its' ambition and vision that will enable the footprint to develop and implement a sustainable health and care system for our local population, these are outlined below;

- *We want individuals to be at the centre of their own health and care. People will be inspired and supported to care for themselves.*
- *Services will be more joined up, easy to access and as close to home as possible.*
- *We want access to our leading-edge hospital and specialist services to be simplified and to continue to serve a population well beyond the BNSSG area with excellent life-saving services.*
- *We want to focus more on improving the way we provide care with greater emphasis on delivering care in the community – because it's best. We will also focus more on mental health, urgent care, hospital services and prevention.*
- *We recognise bold action is needed over the coming years to meet increasing demand, but this is evolution – not revolution. There isn't going to be one big single plan that solves all of the problems.*

Our two year Operational Plan has been developed in the context of these ambitions and there is clear alignment with our operational priorities. A transformational programme of change is being established through the *Healthier Together* partnership, structured via nine strategic priorities. These are:

System Productivity	Integrated Care	Effective Planned care	Children's & Maternity services
Healthy Weston	Acute Care Collaboration	Mental Health & Learning disabilities	Prevention & Early Intervention
Primary Care reform (GPFV)			

Through our Operational Plan, we are clear that we play a key role in both leading and contributing to *Healthier Together* programmes of work. Delivery of our quality, performance and financial operating plan intent is predicated on both organisational and system actions. The *Healthier Together* programme clearly identifies its ambitious but equally pragmatic vision, wherein the impact of a new model of care and specific transformational service delivery changes are agreed by all partners, but which remain to be developed to the stage that we can confidently reflect the impact in our contracts and our operational delivery projections. As the *Healthier Together* plans mature, we will incorporate material changes in our 2018-19 contracts via variations and in the dynamic approach we adopt to our two year Operating Plan projections.

Improved productivity and effectiveness is a key focus of the developing projects within the *Healthier Together* programme 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 acute care collaboration based on shared leadership models.

During 2018-19, we will continue to lead and enable translation of the acute care collaboration principles into delivery through a smaller number of high impact projects to both realise 'quick wins' in closing the gaps and establish and build confidence in new ways of working and collaborating as a system. The priority projects identified are;

• Stroke pathways	• Trauma and Orthopaedic and Musculoskeletal services
• Pathology model of care	• Medicines optimisation
• Corporate overheads reduction	• Weston sustainability

In parallel, we will scope and implement projects in Neonatal Intensive Care; Interventional Radiology and Optimising outpatients.

4. Local and National Commissioning Context 2018/19

As outlined above, the planning assumptions within the Trust Operational Plan for 2018-19 have been developed in such a way that takes into account both the national priorities highlighted in the planning guidance "Refreshing NHS Plans for 2018/19 and the local priorities for the BNSSG Healthier Together Sustainability and Transformation Plan (STP).

In 2018/19 we have set our activity levels and performance trajectories to accommodate the national activity growth assumptions and the constitutional standards requirements for:

- Waiting list maintenance at March 2018 levels for all commissioners, predicted to be 3,240 patients (based on 27,000 pathways at March 2019) and 52 week waits only on an exceptional basis where patient choice has been exercised; and
- Delivery of the other constitutional standards including cancer 2 week waits, cancer 62 day urgent referral to treatment and diagnostic waiting times.

With respect to the Accident and Emergency 4 hour performance standard, the national requirement is for aggregate performance above 90% for the month of September 2018, that the majority of providers are achieving the 95% standard for the month of March 2019, and that the NHS returns to 95% overall performance within the course of 2019. Based on our analysis of actions to improve performance alongside a realistic assessment of the lead time for system actions to fully impact, we have set our trajectory for A&E at 90% by September 2018 and maintenance to March 2019

Locally we have also agreed with commissioners a threshold for RTT performance between 87-90% during the course of 2018-19. On the basis that the Trust will accept a control total for 2018/19, the Trust will be exempt from contractual fines and penalties as defined within the NHS Standard Contract and will also pursue opportunities for securing income for advice and guidance services which are recommended nationally as part of local tariff reform.

The operational challenges and opportunities for the Trust are set within a local context in which our *Healthier Together* STP continues to mature and develop closer provider and commissioner relationships to address the BNSSG system financial deficit. In the short term, task and finish groups have been set up to review all existing projects and identify potential activity reductions for 2018/19 including areas such as urgent and same day emergency care; bed optimisation to affect length of stay; referral management and outpatient activity and mental health activity as part of CCG requirements to eliminate out of area activity and deliver a new Mental Health Investment Standard. We are working closely with these task and finish groups to maximise the benefit for UH Bristol and the wider system.

We also have commitment from Specialised Commissioners in the South Region to work more closely with our STP in implementing these plans, which will include a review of adult and paediatric critical care, neonatal critical care and rehabilitation pathways for brain injuries and neurological injuries and increasing Children and Adolescent Mental Health (CAMHs) placements.

From a future Trust planning perspective we are fully committed to the system way of working and supporting our STP to mature into a fully integrated care system. In 2018/19 we are particularly interested in supporting CCGs to fulfil their new statutory responsibility for delegated commissioning of Primary Care Medical Services and the associated new clinical pathways for integrated out of hospital care. For example, we are already supporting initiatives to review clinical pathways such as Respiratory, Musculoskeletal, Stroke, Frailty and Diabetes across BNSSG and we are also engaging on plans for a new model of adult Audiology provision and clinical pathways for Deep Vein Thrombosis.

Finally, within the next financial year the Trust also expect to be clearer about the outcomes of the North Somerset Sustainability Programme and the future of Weston Area Health Trust as part of a joint review with CCGs, NHS England and NHS Improvement. This in turn may lead to further in depth reviews for out of hospital model of care affecting Trust services, including but not limited to South Bristol Community Hospital.

5. Organisational Strategy 2018-19 Focus

Our 2017/18 NHSI Operational Plan outlined our organisational commitment to the development of the BNSSG STP *Healthier Together* and how, as year one of our two year plan, our 2017/18 priority was to contribute to developing and implementing plans to address the identified system gaps in Care and Quality, Health and Wellbeing and Finance and Efficiency. This commitment remains in 2018/19, with the focus of our strategic and operational plans over year two of our two year plan directed at the following Corporate Objectives:

Strategic Priority	Corporate Objective 2018/19
<p>We will consistently deliver high quality individual care, delivered with compassion.</p>	<ul style="list-style-type: none"> • Ensure patients have access to the right care when they need it and are discharged as soon as they are medically fit. • Improve performance against access standards and delivery of our performance trajectories in the four core standards. • Improve patient and staff experience • Improve outcomes and reduce mortality • Improve patient safety
<p>We will ensure a safe, friendly and modern environment for our patients and our staff.</p>	<ul style="list-style-type: none"> • Develop the Estates and capital strategy during 2018-19 to continue to align the modernisation and development of our estate to our evolving clinical strategy and support delivery of the emerging system wide new models of care. • Maximise the productivity and utilisation of our estate and facilities.
<p>We will strive to employ the best and help all our staff fulfil their individual potential</p>	<ul style="list-style-type: none"> • Develop our Leadership and Management Capability through delivery of a comprehensive programme of leadership and management training and development. • Continue to improve staff engagement and experience. • Recruiting and Retaining the Best. Continue to market all vacancies with innovative, cost effective solutions, utilising the strong employer brand Love Life Love Bristol to deliver a highly skilled and productive workforce that is as diverse as the community that we serve. • Reward and Performance Management: Improve the quality and application of staff appraisal. • Transform and optimise workforce efficiency: control agency and locum costs, review the Strategic Workforce Plan for the Trust and, in collaboration with BNSSG Workforce Advisory Board, support the strategic workforce activity of the Healthier Together programme.
<p>We will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation.</p>	<ul style="list-style-type: none"> • Maximise the opportunity provided by our successful appointment as a National Digital Exemplar site to continue to deliver a programme to support the long-term vision of the Trust's Clinical Systems Strategy - <i>that every member of our staff will have access to the information they need, when they need it, without having to look for a piece of paper, wait to use a computer or ask the patient yet again.</i> • Maintain performance in initiating and delivering high quality clinical trials, demonstrated by remaining within the upper quartile of trusts within our league (as reported to Department of Health via NIHR); maintain our performance in initiating research and remain the top recruiting trust within the West of England Clinical Research Network and within the top 10% of Trusts nationally (published annually by NIHR). • Maintain NIHR grant applications at a level required to maintain Department of Health allocated Research Capability Funding within the upper quartile nationally (published annually by NIHR). • Continue to develop our research capacity and capability building on the significant grant secured from the National Institute for Health Research to fund a Biomedical Research Centre undertaking cutting edge studies that will improve care and treatment in the future. • Deliver our Transforming Care Programme focussing on working smarter, eliminating waste and transforming the way in which we deliver quality care through service and workforce redesign enabled through digital transformation.
<p>We will provide leadership to the networks we are part of, for the benefit of the region and people we serve</p>	<ul style="list-style-type: none"> • Lead and collaborate through the BNSSG Healthier Together partnership to make our services fit for the future. • Continue to develop our partnerships with Weston Area Health Trust and North Bristol Trust to support our collective clinical and financial sustainability • Play an active part in the research and innovation landscape through our contribution to Bristol Health

	<p>Partners, West of England Academic Health Science Network and Collaborative for Leadership and Applied Research and HealthCare (CLARHC).</p> <ul style="list-style-type: none"> Effectively host the Networks that we are responsible for including Operational Delivery Networks, the CLARHC and Clinical Research Network.
<p>We will ensure we are financially sustainable to safeguard the quality of our services for the future and that our strategic direction supports this goal.</p>	<ul style="list-style-type: none"> Deliver agreed financial plan for 2018/19. Deliver minimum cash balance. Deliver the annual Cost Improvement Plan (CIP) programme. Implement an Executive led productivity programme to eliminate waste and add value from : Out patients; Length of stay; Theatres; Consultant productivity; and Diagnostics.
<p>We will ensure we are soundly governed and are compliant with the requirements of our regulators.</p>	<ul style="list-style-type: none"> Recommit to and renew our Trust Strategy, setting the strategic direction for the Trust from 2019-2025, and ensure we integrate our clinical, teaching and research capabilities to maximise the benefit for the people we serve Implement General Data Protection Regulations. Ensure all principles of good governance are embedded in practice and policy. Achieve regulatory compliance against CQC fundamental standards.

6. Quality planning

6.1 Approach to quality planning

The Trust is committed to delivering excellent health services that meet the needs of our patients and their families and provides the highest quality standards. 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. The Trust's annual quality delivery plans and quality strategy (2016-2020) set out the actions we will take to ensure that this is achieved.

We do have much to be proud of. The Trust's quality improvement programme led by the Chief Nurse, Medical Director and Chief Operating Officer continues to show us what is possible when we have a relentless focus on quality improvement. In our last strategy, we recognised that access to services is integral to patient experience and that great patient experience happens when staff feel valued, supported and motivated. In our revised strategy, we have now made this wider view of quality integral to our definition. Our quality strategy and quality improvement work is therefore structured around four core quality themes:

<ul style="list-style-type: none"> Ensuring timely access to services Delivering safe and reliable care 	<ul style="list-style-type: none"> Improving patient and staff experience Improving outcomes and reducing mortality
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Running through each of these are the threads of research, innovation and quality improvement. Our quality improvement priorities are underpinned by our commitment to address the aspects of care that matter most to our patients in collaboration with our strategic partners. They also take into account national quality and commissioning priorities, our quality performance during 2017/18 feedback from our public and staff consultations and are supported by our organisational values – respecting everyone, working together, embracing change and recognising success. We are committed to the continued focus on delivering our quality strategy, through our quality improvement plan and particularly focussing on areas highlighted in our recent CQC inspection as requiring improvement. We will also be focussing in 2018/19 on ensuring we continue to build on the outstanding practice recognised by the CQC and on maintaining our overall rating of Outstanding as a Trust.

6.2 Summary of our quality improvement plan and focus for 2017-2019

In summary, our quality improvement plan will mean that we:

- Cancel fewer operations.
- Reduce patient waiting times.
- Improve the safety of patients by reducing avoidable harm.
- Strengthen our patient safety culture.
- Create new opportunities for patients, families and staff to give us feedback about their experiences, and in a way which enables concerns to be addressed in real-time.
- Develop a customer service mind set across the organisation, including how we handle and respond to complaints.
- Take a lead role in the development of a new national system of rapid peer review of unexpected patient deaths, implementing learning about the causes of preventable deaths.
- Significantly improve staff satisfaction, making UH Bristol an employer of choice.
- Address the issues relating to 'on-hold' patients on RTT pathways and mitigating actions are now in place to prevent the risk of it happening again.
- Reduce the number of 'Never Events' occurring within the Trust.

Our plans will be built on a foundation of:

- The patient-centred principle of "nothing about me without me".
- Partnership working.
- Evidence-based treatment and care derived from high-class research – some of it led by us.
- Effective teamwork.
- Systematic benchmarking of our practice and performance against the best.
- Learning when things go wrong.
- Intelligent use of clinical audit and quality improvement activities.

- Learning from internal and external review.

Table 1: Our key quality improvement priorities for 2018/19

<i>Ensuring timely access to services</i>	<i>Improving patient and staff experience</i>	<i>Improving outcomes and reducing mortality</i>	<i>Delivering safe and reliable care</i>
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Create new opportunities for patient and public involvement • Introduce a system to support people to give feedback, where possible 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 • Develop a customer service mind-set in all our dealings with patients, and introduce a programme of mystery shopping to support this 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Develop our safety culture to help embed safety and quality improvement in everything thing we do • Improve early recognition and escalation of deteriorating patients to include early recognition and management of sepsis and Acute Kidney Injury (AKI) • Improve medicines safety including at the point transfer of care (medicines optimisation) • Eliminate peri-procedure “never events” • Delivering national CQUINs

Despite our quality strategy and work to improve our patient flow, we continue to identify ongoing risks in relation to access and patient flow. The challenges we face in delivery of our performance standards are outlined in section 7. In recognising the impact that limited access to services and particularly the cancellation of planned surgery or outpatient appointments places on the quality of care we provide for our patients, our actions to address these through our Transforming Care Programme and productivity and performance improvement plans will remain a key priority for the next year.

6.3 Approach to quality improvement

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. In the context of the responsibilities of individual NHS bodies to live within the funding available, 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. The message underpinning our approach to quality improvement is “affordable excellence”.

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, with progress against these plans monitored by Divisional Boards and by the Executive Team through monthly Divisional Performance Reviews.

We specifically aim to ensure that clinical care is delivered in accordance with patients’ preferences and in line with the best available clinical evidence including NICE¹ standards, Royal College guidelines and recommendations arising from national confidential inquiries. By understanding our current position in relation to national guidance (for example through clinical audit) and by working with our regional academic partners (including through Bristol Health Partners and The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care West) to facilitate research into practice and evidenced based care/commissioning, we can work towards minimising any variations in practice.

UH Bristol has developed regional and national influence in the field of clinical audit practice over a period of more than 15 years. Over the next year, we will continue to develop the way we use participation in local clinical audit to drive improvement in clinical services and ensure;

- All clinical services (at sub-specialty level) will participate regularly in clinical audit (measured by registered clinical audit activity).
- 95% of relevant published NICE guidance² will be formally reviewed by the Trust within 90 days of publication.
- We will develop and implement new internal systems for identifying and monitoring compliance with national guidance other than those for which systems already exist (NICE and NCEPOD³).

We recognise that we need to support our staff in continuous improvement and we plan to 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 2018/19 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.

¹ The National Institute for Health and Care Excellence

² i.e. clinical guidelines, quality standards and technology appraisal guidance

³ The National Confidential Enquiry into Patient Outcome and Death

Within our Innovation and Improvement Framework, the Trust has developed 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. We will continue to grow the Academy in 2018/19 increasing our silver level programmes and developing a gold level, QI expert programme.

Our governors engage with the quality agenda via their Strategy Focus Group and Quality Focus Group. Each quarter, the Board and its sub-committees receive the Board Assurance Framework and the Trust's Risk Register which report high level progress against each of the Trust's corporate objectives (including quality objectives) and any associated risks to their achievement. Additionally, the Board's Audit Committee works with the Trust's Clinical Audit and Effectiveness team to consider evidence that the Trust's comprehensive programme of clinical audit effectively supports improving clinical quality in alignment with the Trust's quality objectives.

6.4 Quality impact assessment process

The Trust has a robust approach to the assessment of the potential impact of cost reduction programmes and unfunded cost pressures and commissioner proposals on the quality of services. This includes 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 a 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 (a sub-Committee of the Trust Board). This ensures Board oversight of the QIA process.

The Trust's overall processes for monitoring quality and triangulating information provide a framework within which to monitor the impact of schemes. For any schemes or proposals where there are potential risks to quality, we plan to strengthen our processes to ensure transparency of scheme-specific Key Performance Indicators (KPIs) and how these are robustly monitored via divisional and Trust governance structures.

6.5 Triangulation of Quality, Workforce and Finance

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.

The NHS national staffing return compares expected and actual staffing levels on wards for each day and night. This information is also triangulated with the Trust quality performance dashboard to assess whether the overall standard of patient care was of good quality. This forms part of the monthly report to the Quality and Outcomes Committee and each ward receives its own RAG-rated quality performance dashboard including workforce KPIs on a monthly basis. This enables the triangulation of workforce and quality data at a ward, Divisional and Trust-wide level and is further supported by a six monthly staffing report to the Board, which takes an overview of significant changes in workforce numbers, national guidance or requirements, and progress on agreed actions. There are also annual Divisional staffing reviews of inpatient areas led by the Chief Nurse and includes Finance Leads and Divisional Senior Nurses, to ensure that staffing levels and skill mix are appropriate, affordable and provide quality care as measured by our quality KPIs. In addition, there are agreed criteria laid out in our six monthly Board report to prompt an ad hoc review of establishment and skill mix as required.

- Through the independent review against Monitor's 'Well-led framework for governance' completed in 2015/16, the Trust Board was provided with assurance that systems and process were in place to ensure that the Board and Senior Leadership Team had good oversight of care, quality, operations and finances. The actions identified to further improve the governance systems in the Trust as a result of the review have all been completed. During 2018/19 we plan to complete an externally facilitated Well-Led Review to ensure that we maintain good governance standards and identify areas for further improvement.

6.6 Seven day working

We regularly assess ourselves against the standards for seven day working using standard six monthly audits against the core clinical standards (2, 5, 6 and 8). This has helped us target our work on specific areas in developing our plans to provide seven day services. Within the nine 'must do's' for 2017-19 is the requirement to meet the four priority standards for seven day hospital services for all urgent care network specialist services by November 2017 (this includes vascular, stroke, major trauma, heart attack and children's critical care services) and progress towards the 4 standards for all non-urgent care network services by 2020. The most recent completed audit in the spring of this year showed the progress achieved but also highlights where compliance gaps remain.

We can confirm we achieved compliance against the November 2017 requirement for urgent care network specialist services for paediatric major trauma, heart attack and children's critical care services and we are not the local provider for major trauma or vascular services. We have however, identified that further service developments are required to meet the standards for stroke services and within our Interventional Radiology service, which contributes to the vascular network standards. These plans are summarised below alongside our plans to achieve the 2020 goal for the broader roll out of seven day services to all relevant specialties. It is also of note that a review of the model for stroke services is currently a priority project within the BNSSG STP *Healthier Together* and the affordable provision of seven day services within this urgent care specialist service may be provided through a cross system solution. Outline plans to address identified gaps in seven day services against the 2017 and 2020 standards include:

- Standard 2: Time to consultant Review: Additional consultant capacity within general surgery, trauma & orthopaedics and gynaecology services to ensure full compliance with the standard.

- Standard 5: Access to Diagnostics: Formalisation of Interventional Radiology arrangements with North Bristol NHS Trust.
- Standard 6: Access to Consultant-directed interventions: Investment in consultant capacity to allow for the delivery of two additional weekend endoscopy lists, to address the gap in our service for lower gastrointestinal endoscopy
- Standard 8: On-going Review: Proposals under standard 2 will provide capacity to close gaps in capability in the surgical areas specified.

We have recently reviewed our current practice to maximise our ability to deliver Standard 2 but despite changes, potential challenges to the delivery of Standard 2 remain. Service development proposals to address the gaps in seven day coverage were discussed with Commissioners through the contract negotiations in 2017/18 and 2018/19. Commissioners indicated that the proposed investments were not affordable within the 2017/18 – 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 / commissioners re-prioritisation are assessed, despite the mitigation and service redesign being undertaken. We have agreed derogation of the standards in our contract with our commissioners due to the commissioner decision that plans to address these gaps in service are not affordable within the two year planning cycle.

7. Activity, Capacity and Performance

7.1 Activity and Capacity Planning

The Trust approach to capacity and demand planning for 2018-19 builds on our experience in using the capacity planning tools provided by the Interim Management and Support Team (IMAS) and the methodology used in the last two years to agree contract volumes with commissioners. Each specialty used the IMAS models to estimate the level of capacity required to hold a stable position of 87% to 90% from March 2018 to March 2019 as per NHS Planning Guidance and to make progress to improve where possible. Following the seasonal decrease in performance, our aim will be to maintain a stabilised position and across the full year, plan in a more structured way to allow for seasonal variation. Demographic growth forms the basis for growing the 2017/18 recurrent activity baseline however, where modelling indicates annual growth in excess of demographic changes, a three-year analysis has been used to estimate recurrent growth.

The Trust Service Level Agreement (SLA) proposals have been built-up from this modelling. The level of planned activity for 2018/19 also takes account of the impact of any planned service transfers, service developments and other known planned changes to activity levels. The current status of contracts with our main commissioners is as follows; Contacts are agreed with all commissioners however there has been further discussions regarding contract volumes and value to be agreed through Variation Orders to assure alignment between plans. NHSE Specialised South West contract value has been agreed and the contract signed, BNSSG CCG contract value has been agreed and signed, along with Associate Commissioner contract values at the end of April.

Within the context of the *Healthier Together* programme, the Trust is working with commissioners to particularly identify areas of exceptional growth and agree shared approaches to demand management. The focus of this joint planning is in outpatients, urgent and emergency care and developing out of hospital models to maximise the utilisation of acute beds, including the reduction of delayed transfers of care.

The schedule of planned day-case and inpatient activity for 2018/19 is used to assess the number of beds required in the Trust. Baseline bed requirements have been estimated from the forecast specialty and work-type level spell volumes and current length of stay. Planned bed-days savings from improvements are being focussed in a number of areas, including Length of Stay reduction through internal efficiencies and productivity at a specialty level, day of surgery admissions for elective patients and exploring opportunities to redistribute activity across our main and peripheral sites to maximise the use of facilities. Seasonality has also been applied to planning the use of beds and theatres to account for necessary phasing of elective and emergency work through the year. Trust capacity plans also include winter planning resilience measures based on continuous learning from our current winter plans and actions to manage prolonged periods of higher demand in the winter months.

The Trust will continue to focus on reducing reliance on waiting list initiatives to deliver core capacity however, it is acknowledged that this will be required to clear the backlog following the winter period. To support financial sustainability and responsiveness to heightened periods of demand, a cross-Trust seasonality planning forum has been developed to ensure a collective plan is owned and defined. The majority of required activity to meet contract levels will be delivered "in-house" with a small amount of outsourcing, to maintain flexibility where demand is more volatile. The Trust will continue to use proactive systems for identifying rising demand and mobilise waiting list initiatives and other ad hoc sources of capacity as it has in previous years to manage such situations.

7.2 Non-Financial performance Improvement trajectories

The Trust continued to have challenges in consistently meeting all of the core national access standards in 2017/18, including those that now sit within the NHS Improvement Single Oversight Framework. The following provides analysis of performance during 2017/18 to date as context to the approach the Trust is taking to hold a stabilised position from March to March during 2018/19 and beyond. The Trust will also seek to take an early view on how it is performing against the anticipated holistic measures of urgent and emergency care system health and identify actions that need to be taken by the Trust and the wider system, once these measures have been published.

7.2.1 Referral to Treatment Times (RTT)

The last time the Trust achieved 92% was February 2017. From October 2017 to the current position, as of January 2018, the month end position has fluctuated with a variance of 2%-3% between November 2017 and January 2018 month end. The deterioration is due in part to the implementation of the new business rules in RTT4 which required a greater intensity in validation and an instantaneous application of validation.

Overall growth in referrals was up 3% in quarter one but down 2% in quarter two 2017/18, relative to the same period last year, highlighting the need for the Trust to have the ability to flex operational capacity to meet changing levels of demand. Specialties showing persistent increases in demand include Cardiology, Dermatology, Neurology, Pain Relief and a number of Paediatric specialties. The Trust is continuing to work with commissioners on ways of managing and smoothing demand, with active programmes of work across the community underway for Neurology and Dermatology in particular, but also other projects involving more directed use of independent providers and advice & guidance services.

The capacity and demand modelling undertaken for 2017/18 has built in appropriate levels of recurrent growth to enable services to invest in adequate levels of capacity to support the maintenance of RTT waiting list sizes, and in some areas, to address residual backlogs through non-recurrent activity where this is considered required and deliverable. The expectation is, therefore, that the current waiting list and performance position against RTT, measured as the number of patients on an incomplete pathway, will be no higher in March 2019 than in March 2018 and reduced where possible. The baseline for performance has been submitted at 87% to allow for the reverse pacing of elective activity from April to July 2018 and the significant impact of winter pressures on elective cancellations. Focus will also be placed on continuing to sustain and further improve reductions in the number of patients waiting over 52 weeks as indicated in the national guidance where the current level of potential 52 Week waiting patients should as a minimum, be reduced by half.

7.2.2 Cancer standards

The Trust continued to perform well against the majority of the national cancer standards, including achievement of the 62 day GP standard in quarter 3 following implementation of a remedial action plan. The predominant cause of breaches continued to be delays at other providers (38%) with a further 21% of breaches resulting from periods of medical deferral and/or clinical complexity, and 9% due to patient choice. Collaborative work on improving shared pathways continues with a 'virtual PTL' (waiting list meeting) being piloted from February 2018. All other providers in the region have agreed to participate. The 62 day standard is potentially more achievable for the Trust in 2018/19 but is still at risk from external factors. The Trust expects to achieve the two week wait and all 31 day standards in each quarter of 2018/19. The current trajectory for 62day compliance against the national standard is indicating July as the first point of delivery for 18/19.

Surgical cancellations, particularly related to availability of critical care beds, remain a challenge for the Trust and the largest single internal threat to achievement of the cancer standards. Quarter 4 has seen an impact on a number of standards as a result. Capacity across the two intensive care units is being reviewed, alongside work with commissioners on managing emergency critical care demand – particularly from outside the area.

2017/18 saw continuing growth in demand. The table below shows the growth in numbers of patients first seen/treated under the cancer standards during Q1-Q3 2017/18 compared to the same period in 2016/17.

Table 2: Growth in numbers of patients first seen / treated under the cancer standards

Patients per standard	2 week wait (first seen)	First treatment	Subsequent treatment
Growth	1949 (19%)	117 (5.7%)	389 (35%)

In addition, preparations are in place for shadow reporting of the new cancer standards through 2018/19 and the Trust is working with the South West Cancer Alliance and lead commissioners to ensure the relevant elements of Cancer Transformation initiatives are in place within the Trust for 2018/19.

7.2.3 Diagnostic waiting times standards

Performance against the 99% standard was only achieved in February 18 for the 2017/18 year. Performance ranged from 97.6% to 98.8% and the areas that experienced most breaches were: Sleep Studies, Non-obstetric ultrasound, MRI and Cardiac CT. There was an increase in demand experienced by Sleep Studies, Cardiac MRI, Cardiac CT and Paediatric MRI. Staffing issues and reduced capacity were also a factor for Non-obstetric ultrasound, Cardiac CT and Paediatric MRI. The Trust now has a recovery trajectory that aims to deliver 99% performance by the end of May 2018, against a backdrop of a significant shortfall in sonographers, which will increase in July and August of 2018. Plans are currently underway for overseas recruitment, whilst in the interim, using bank and agency staff where applicable.

7.2.4 A&E 4-hour standard

Achievement of the A&E 4-hour standard continued to be a challenge in 2017/18 with the Trust achieving its recovery trajectory between May and November 2017, but struggling thereafter with the start of the seasonal rise in demand. This still represents a significant improvement year on year in the achievement of the A&E 4hr standard, and was particularly well sustained in the Bristol Royal Hospital for Children, who achieved their STF target to date and met the national 95% target for the first 5 months of the year. Levels of emergency admissions during the first half of 2017/18 were 4.6% higher than the same period in 2016/17, exceeding last year's planning assumptions. Delayed discharges in adult services remain the primary cause of the Trust's inability to meet a maximum 4-hour wait. The Trust has refreshed its approach to Urgent Care Improvement, developing the executive-led response group from last winter into a well-embedded Urgent Care Steering Group. Working with Emergency Care Improvement Programme from NHSI the Trust has reinvigorated the recovery plan across all divisions, including improvements in areas of: discharge planning process, targeted reductions in length of stay and supporting partner organisations within the *Healthier Together* programme to reduce delayed discharges and avoid admissions. Based on assessment of the impact and lead time for these actions our aim is to achieve performance against the 4 hour standard of 90% by September 2018 and maintenance to March 2019

7.2.5 Winter Planning

We are current working closely with BNSSG CCG to submit a combined winter plan for 2018/19. Internally learning has been taken from initiatives which were successful in supporting winter demand in 2017/18 and are being consolidated into organisational and divisional plans for 2018/19. These include actions to increase escalation bed capacity; longer term planning for our bed base; and additional staff in key areas, such as deep cleaning, as well as productivity measure, such as more effective use of our catheter labs.

7.2.6 Length of Stay (LOS) Plans

Through 2017/18 we have implemented a new programme to drive productivity across a range of indicators, including LOS. Although we benchmark well against LOS in a number of areas, we also recognise that we have significant opportunities to drive efficiency and bed day savings. Through this programme, our divisional teams have outlined LOS reduction plans in their annual Operating plans, which include actions such as increased access to diagnostics and reporting and continued implementation of enhanced recovery pathways after surgery, improved access to CAHMs services for children and adolescents and increased dates of day of surgery admission for cardiac surgery. As well as these internal measures, we

are also working closely with our partners through the urgent care and optimising beds task and finish group and *Healthier Together* to identify system wide solutions to support discharge and optimise the use of our acute bed base. We have run a number of Multi-Agency Discharge Events (MADE) since January 2018, which have proved effective in the short term in supporting the discharge of patients, but also in taking system wide learning with our partners to inform the work of the task and finish groups.

8. Workforce

8.1 Strategic Context and *Healthier Together* Programme.

Our Workforce and Organisational Development Strategy 2014/15 to 2019/20 was formulated through engagement with Divisions and trade union colleagues. This recognised 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 is a member of the BNSSG Workforce Advisory Board (WAB) 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 WAB has identified key priorities for the STP footprint which are supported through the Health Education England South West Investment Plan. These include:

- Developing a common vision and purpose to support recruitment and retention, with staff engagement events, up-skilling staff to deliver continuous improvement and Organisational Development facilitation;
- Improved staff health and wellbeing, building on organisations' work to achieve CQUINS, achieving a minimum standard across the health community;
- Mental health training for staff to improve their ability to provide psychologically informed interventions;
- A recruitment "passport" to reduce recruitment time and costs when staff move between local health organisations;
- A system-wide approach to support increased collaboration on apprenticeships;
- Implementation of a neutral vendor approach to nurse agency controls and spend.

The Trust continues with its implementation of a Trust-wide apprenticeship programme in line with the Government levy and workforce target. Models of delivery are currently under review, including an option for *Healthier Together* programme-wide approach. For existing staff, 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. This new partnership approach in decision making and strategic discussion will ensure that education for nurses and allied healthcare professionals in UH Bristol is aligned to meeting workforce development needs and supporting service delivery changes required by the transformation agenda.

8.2 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. 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.

8.3 Managing agency and locum use

Our underpinning strategy to manage agency and locum use is focussed on managing both demand and supply. The underpinning approach to manage the demand for temporary staffing is to focus on the drivers of demand, which include sickness absence, vacancies and turnover through a range of actions which are reported monthly to Quality and Outcomes Committee. Direct actions to manage demand for agency include increased efficiency and effectiveness of rostering by fully implementing a different nursing and midwifery e-rostering system from April 2017 and an electronic acuity and dependency tool from April 2017, continuing to monitor and challenge rostering and operating plan KPIs through the monthly Nursing Controls Group, robustly escalate requests for agency usage and focus on demand for enhanced observation through recruiting to the designated funded establishment. Implementing an e-rostering system for medical staff is planned for 2018 to mirror the efficiencies seen in nursing. Actions to manage supply include improving the ratio of bank fill to agency by external and internal marketing campaigns, incentive payments, and the establishment of a locum bank in 2018. Through close collaborative working with NHS partners across BNSSG, a neutral vendor approach to the management of nurse agency supply was implemented in November 2017. This has been driven by the need to improve control of unnecessary agency spend, achieve greater compliance with the national price caps, increase fill rates and improve quality of service provision.

With the increasing drive to promote transparency, improve data requirements and embed strong accountability to Boards, the Trust is meeting the reporting requirements laid out by NHS Improvement. This includes analyses of the highest earning agency staff, long term agency usage, high costing shift activity, framework and agency cap rate overrides, and more recently bank usage. This is combined with enhanced controls in relation to escalation to ensure there is appropriate sign-off and control at Executive level.

Good progress has been made on reducing agency spend over the past 3 year, as outlined in the table below;

Table 3. Trust agency spend 2016/17 actual to 2018/19 plan

	2016/17 £000	2017/18 FOT £000	2018/19 Plan £000
Nursing staff	8,069	6,712	3,404
Medical staff	1,014	716	460
Other	1,967	1,366	1,304
Total	11,050	8,794	5,168
Agency Ceiling	12,793	12,793	11,779

8.4 Workforce Numbers

The anticipated workforce plan, derived from the operating planning process described above, expressed in whole-time equivalents (wte) for 2018/19 and how this compares to the previous year is set out in the table below.

The Supply table below reflects planned staffing as shown in the WTE tab of the Workforce templates.

Table 4. Workforce Demand and Supply

DEMAND (Changes in Funded establishment)	Funded Establishment 2017/18 Forecast Outturn wte	Service Developments wte	Savings Programme wte	Activity /Capacity Changes wte	Funded Establishment March 2019 wte	Change wte
Medical and Dental	1,290	0	(0.3)	15	1,305	15
Qualified Nursing and Midwifery staff	2,565	9	(2)	15	2,588	22
Qualified Scientific and Professional Staff	1,132	5	0	21	1,158	26
Support to clinical staff	2,562	1	0	12	2,576	13
NHS Infrastructure Support (Admin and Estates)	1,120	20	(8)	9	1,141	21
Total	8,670	36	(11)	72	8,768	97

SUPPLY Change	March 2018 Forecast Outturn			March 2018	Changes March 2018 to March 2019			2018/19 Total Changes	March 2019 Planned Outturn			March 2019 Planned Total Staffing wte
	Employed wte	Bank wte	Agency wte		Employed wte	Bank wte	Agency wte		Employed wte	Bank wte	Agency wte	
Medical and Dental	1,266		6	1,271	37	(3)		34	1,303		3	1,305
Qualified Nursing & Midwifery staff	2,350	120	63	2,532	114	(34)	(24)	55	2,464	85	38	2,588
Qualified Scientific and Professional Staff	1,090	14	9	1,112	49	(4)	1	46	1,138	9	10	1,158
Support to clinical staff	2,318	237	12	2,566	50	(39)	(2)	9	2,368	198	10	2,576
NHS Infrastructure Support (Admin and Estates)	1,045	72	9	1,126	38	(19)	(4)	15	1,083	53	5	1,141
Total	8,069	442	98	8,608	287	(97)	(31)	159	8,356	345	67	8,768

The workforce plan summarised in 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.

8.5 Transformation and productivity programmes

We will engage and involve staff in solutions which will require different ways of working, such as clinical teams joining up to deliver pathways of care, new roles, changes in skill mix, and development of new competences, in support of *Healthier Together* programme, with a greater likelihood of posts bridging the primary care / acute interface. We will follow up the work started in 2017/18 on Strategic Workforce Planning, with a strategic workforce review. This will involve examining our services, using benchmarking and model hospital information to review the structure and skill-mix of our workforce and ensure that it is fit for purpose both in the present and for the future. Scoping apprenticeships across all Agenda for Change roles is also key to the year ahead.

Examples of plans for workforce transformation include the following:

Medical:

- The Trust is a 'fast follower' in the *NHS Streamlining Doctors in Training Programme*. Through this, testing and trialling a transformational way of managing rotations is being undertaken. Key efficiencies from August 2018 will include a reduction in the repetition of pre-employment checks and a reduction in time spent in a face to face induction. Benefits will also be realised through a reduction in re-work across the region, improved accuracy of pay protection arrangements and significantly improved workforce data. A framework to meet the 2016 Contract KPI's will also be established.
- Alternative staffing models are being explored to provide sustainable longer term solutions for Junior Doctor rotas i.e. consideration of re-opening the Associate Specialist role to aid recruitment and retention in some specialties.
- Key areas within Children's Services have been identified as appropriate settings for Physician's Assistants and the Division is working with University of the West of England to support a cohort of PAs with their placements (April 2019) and eventually have a commitment to employ 4/5 at the end of their training (August 2020).
- Productivity gains in Children's Theatres through focussed timely starts will affect the MDT in Theatres.
- Teaching and Education fellow in Cardiology, Oncology and Haematology.
- The *Healthier Together* programme Trauma and Orthopaedics Transformation Project includes service redesign options. Gaps in service provision across specialties including Trauma and Orthopaedics, Care of the Elderly and Emergency Department are being filled by new clinical fellow posts which combine elements of research/education/training, and in some cases, expeditions with clinical work which are more attractive to applicants.
- Remaining gaps will be covered within Trauma and Orthopaedics by Physician Associates whilst the Emergency Department is developing options to extend the use of Emergency Nurse Practitioner roles and develop Advanced Nurse Practitioner roles.

Nursing

- Development of the Advanced Clinical Practitioner (ACP) in areas such as Emergency Care, Care of the Elderly and Paediatric Surgery to provide career progression, respond to gaps in medical capacity, and improve retention;
- Recruitment to a relatively small number of adult nurses within paediatric settings such as Cardiac Cath Lab, PICU and ED.
- Reviews of skill mix following recommendations contained in the "safe and sustainable" paper (staff / patient ratios from 1:3 across all age groups for ward patients, to 1:3 for less than 2 years of age, and 1:4 for patients over the age of 2 years, which affects a number of the Children's Hospital wards).
- Changes to theatre skill mix to improve recruitment and retention with development opportunities.
- Exploring further options for Assistant Practitioner and Nurse Associate roles.

Scientific, Professional and Technical

- In the context of a strategic workforce review, examination of skill mix within all diagnostic and therapy services will be undertaken, including a review of the impact of digital transformation on roles, and the opportunity to release clinical capacity by developing A&C/technical/assistant support roles.
- Work with education providers to develop apprenticeships in all allied health, scientific and technical professions at all levels, integrated into our career structures.
- Development of Consultant and advanced practice AHP, Pharmacy and Healthcare Scientific posts to provide clinical services and cost effective solutions to help mitigate the risk of medical staff shortages.
- Increase cohort of Pharmacy prescribers.

Administrative and Clerical staff

- Our administrative and clerical staff programme is focussed on common processes, quality approach to recruitment, training and standards for our ward clerks and booking clerks, standardisation of job descriptions, efficiencies in the administrative and clerical Bank, with the aim to improve support and the quality and efficiency of our clinical services and support enhanced professionalism across our administrative and clinical teams.

Estates & Facilities staff

- Development of apprenticeships linked to career pathways will be undertaken in order to attract and retain staff and support high quality patient care.

8.6 Workforce KPIs

Our workforce KPIs are set at a Divisional and staff group level, taking account of historic performance and comparable benchmarks and helping to drive continuous improvement in making best use of our people.

Staff Turnover Rate A target for 2018/19 has been set to reduce from 13.4% to 12.3 % and to 12.1% in 2019/20.

Vacancy Percentage Recruiting to vacancies, particularly hard to recruit and specialist areas which are covered by high cost agency workers, remains an important element in our agency reduction plan. The UH Bristol vacancy rate for 2016/17 was 4.2%, and the average year to date vacancy rate (October 2017) of 5.1% compares favourably with other Teaching Trusts. Our internal target is to sustain 5% through 2018/19 and 2019/20.

Sickness Absence We are aiming for a year on year improvement in our sickness absence rates, with a forecast out turn of 4.0% in 2017/18, reducing to 3.8% in 2018/19.

8.7 Junior Doctor Contract

The Junior Doctors Contract 2016 has been fully implemented for all 54 rotas. The Contract Implementation Group continues to meet monthly to ensure compliance for each rota is maintained, to oversee exception reports and to develop longer term workforce strategies to manage staffing shortages with certain specialties. The Trust plans to implement e-rostering to provide more effective management of rotas and to more easily facilitate the accumulative calculation of junior doctors' hours.

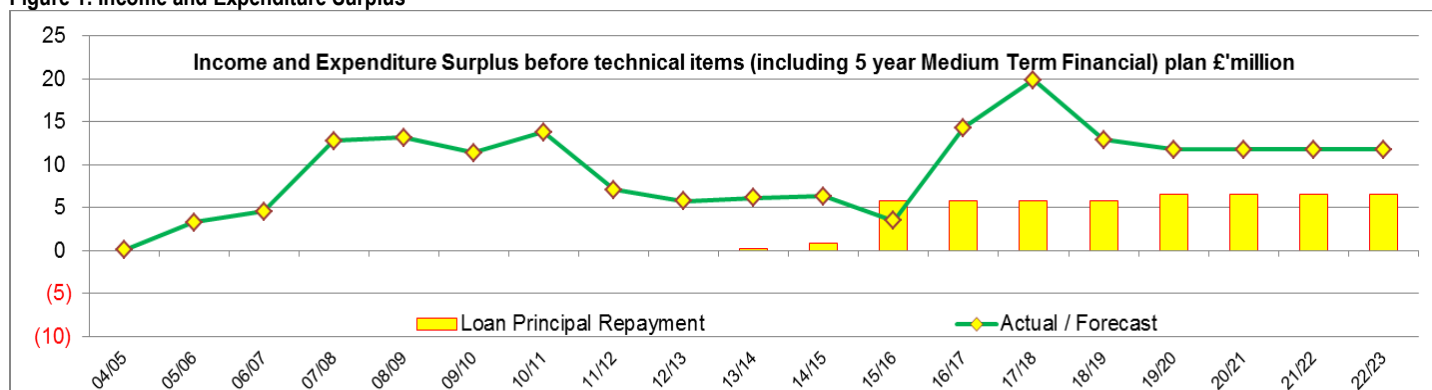
9.0 Financial Planning

9.1 2017/18 Actual Outturn

9.1.1 Net surplus

The Trust achieved a 2017/18 net income & expenditure surplus of £19.9m, which is a £7.0m favourable variance against the accepted control total surplus of £12.9m. The variance was due to loss of Sustainability performance funding for quarters 1 and 4 (£1.7m) offset by NHS Improvement support received to offset income losses (£1.3m) plus a late share of incentive & bonus funding from NHS Improvement (£7.3m). This will be the Trust's 15th year of break-even or better. A summary of the Trust's financial position, including the historical performance, is provided below in figure 1.

Figure 1: Income and Expenditure Surplus



The Trust remains one of the best performing Acute Trusts in terms of financial performance. To achieve this, however, non-recurrent measures of over £7.3m were required to deliver the Control Total in 2017/18 (along with the receipt of Winter funding). Of these measures c.£6m are non-repeatable hence additional recurrent CIPs are required to restore this position in 2018/19.

9.1.2 Savings

The Trust's 2017/18 savings requirement was £11.5m. Savings of £12.1m were delivered in the year. Of these £8.8m were recurrent. The Divisions' underlying deficits from 2017/18 of £6.1m will be carried forward into the 2018/19 savings requirement.

9.1.3 Capital expenditure

The Trust's capital expenditure was £25.4m for 2017/18 against an NHS Improvement plan of £47.9m due to scheme slippage, primarily within the Trust's strategic programme. The Trust's gross carry-forward commitments into 2018/19 are £31.9m.

9.1.4 Use of Resources Rating

The Trust's Use of Resources Rating (UORR) of 1, is the highest rating. The Trust has strong liquidity with a working capital balance of £43.0m at the 31st March 2018 and achieved 24.9 liquidity days and a liquidity metric of one. The Trust's revenue available for capital service was £53.7m delivers capital service cover of 3.0 times and a metric of one. The Trust's net income and expenditure margin was 2.9% and achieves a metric of one. The adverse I&E margin variance achieves a metric of 1 and the forecast agency expenditure metric scores a rating of one. The position is summarised below.

Table 5: 2017/18 Use of Resources Rating

	Metric	Rating
Liquidity	24.9 days	1
Capital service cover	3.03 times	1
Net I&E margin	2.91%	1
I&E margin variance	0.94%	1
Agency expenditure variance against ceiling	34.3%	1
Overall UORR rounded	1	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%

9.2 2018/19 Financial Plan

9.2.1 Introduction

The 2018/19 plan is based on the following key drivers;

- Acceptance of the NHS Improvement proposed control total of a £18.5m surplus. This includes receipt of £15.5m Provider Sustainability Funding (PSF) and obviates the need to pay core performance fines.
- The Trust's savings target is set at 5.1% of recurrent budgets generating £25.5m (5.1%)
- The stretch to the proposed control of £18.5m beyond the 2017/18 plan is £3.4m which is included in the savings target.
- The plan still carries a risk around the unresolved issue of Wales HRG4+ tariffs (valued at £1.5m) which is assumed to be received as income in year.
- A gross inflation uplift of 2.1% (plus the CNST tariff uplift) includes a 1% pay award and incremental drift together valued at £5.2m, the balance to full year impact of the new Junior Doctors contract at £0.8m, pensions auto-enrolment at £0.8m, an increase in the cost of Clinical Negligence Scheme for Trusts (CNST) premiums at £2.9m and non-pay inflation at 3% or £2.2m. The 2.1% uplift is considered just about adequate but makes no allowance for other cost pressures;
- Net activity growth of £10.0m, additional high cost drugs of £12.6m, Research & Development growth of £3.5m, CEA Awards of £0.4m and a loss of £1.5m relating to HRG4+ Wales income;
- Service Level Agreement (SLA) proposals have been agreed with Commissioners. This included Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Groups (CCGs) and associates and NHS England (Specialised and Non-Specialised);
- The Divisional 2017/18 over-spending of £7.2m has been covered by non-recurrent measures in 2017/18. Of these measures c.£6m are non-repeatable in 2018/19 hence the underlying shortfall requires recurrent CIPs to be delivered to prevent this going to the bottom line. The derivation of the £7.2m is from accumulated cost pressures (mainly Nursing and Medical Pay) and unachieved prior year savings targets.

The Trust believes the plan continues to describe an excellent level of financial performance. A surplus plan has been delivered for the 15 years up to 2017/18 and 2018/19 will be the 16th year. The Trust is proud of this track record which it has used to underpin its achievements in terms of capital infrastructure and quality improvement.

9.2.2 Financial Plan

The 2018/19 financial plan of a £20.6m surplus is summarised below

Table 6. Summary of the 2018/19 financial plan

Surplus / (Deficit)	£m	
Underlying position brought forward	(0.4)	Position excludes £13.3m PSF
National Tariff efficiency requirement	(10.1)	2.0% deflator included in the 2018/19 National Tariff
Divisional underlying deficit from 2017/18	(6.1)	
Savings programme	25.5	
Cost pressures		
Divisional clinical cost pressures	(0.7)	Increase offset in part by Tariff.
Capital Charges volume growth	(1.2)	Volume growth.
Medical and Dental SIFT	(0.7)	Estimated HEE impacts
Corporate risk prioritised cost pressures	(0.5)	Unavoidable recurrent costs only.
Pharmacy out-sourcing costs	(0.3)	Unavoidable recurrent costs only.
CEA awards	(0.4)	Not fully funded
Other cost pressures	(0.2)	
Tariff Loss	(0.1)	Tariff Adjustment
2018/19 Underlying position	4.8	
Non-recurrent		
Provider Sustainability Funding	15.5	
Change costs / spend to save	(0.3)	To fund schemes generating recurring savings.
Corporate risk prioritised cost pressures	(0.5)	Unavoidable non-recurrent costs only.
Transition costs for strategic schemes	(0.3)	In support of strategic capital schemes.
Clinical IT programme	(0.7)	Funds the IT Programme support costs.
Net I&E Surplus / (Deficit) exc. PSF & technical items	18.5	Definition used for Control Total purposes.
Donated asset depreciation	(1.5)	
Donated asset income	3.0	
Net impairments	0.6	
Net I&E Surplus / (Deficit) inc. technical items	20.6	

9.2.3 Income

The Trust's total income is £690.2m and is summarised below.

Table 7: 2018/19 Income build up

		£m	£m
Rollover Income Tariff	Recurrent income from 2017/18		653.5
	Gross inflation including CNST Efficiency	13.2 (10.1)	
Impact of Guidance	Tariff impact	(0.1)	3.1
Activity / SLA Changes	Service transfers	0.9	(0.1)
	Recurrent activity (including undelivered QIPP)	6.3	
	Non-recurrent activity (including undelivered QIPP)	2.0	
	Remove prior year non-recurring activity	(4.3)	
	Non RTT activity changes	5.0	
	Revenue Developments (ERPs)	0.2	10.0
Provider Sustainability Funding			2.2
Other	High cost drug / devices assessment (including NICE)	12.6	
	Research & Development growth	3.5	
	CQUINs	0.5	
	Other	4.9	
			21.5
	Total 2018/19 Income (Including Donation Income of £3m)		690.2

9.2.4 Costs

The 2018/19 level of cost pressures for the Trust is very challenging and should be considered in the context of operational pressures on spending, the full delivery of savings plans and transformation initiatives. Firm control will continue to be required to avoid the Trust's medium term plans being undermined beyond 2018/19. The main assumptions included in the Trust's cost projections are:

- Inflation costs of £13.2m;
- Agency costs of £5.8m;
- Savings requirement of £25.5m;
- Recurrent unavoidable cost pressures of £4.1m;
- Non Recurrent unavoidable cost pressures of £1.8m;
- Payment of loan interest at £2.7m;
- Depreciation of £25.9m; and
- Capital charges volume growth of £1.2m.
- Stretch to deliver control total surplus of £3.4m (0.7%)

9.2.5 Cost Improvement Plans

The Trust sets CIP targets for 2018/19 to include the following requirements:

- Commissioner efficiency requirement of £10.1m (2.0%);
- Divisional underlying deficits of £6.1m (1.2%);
- Unavoidable recurrent cost pressures of £4.1m (0.9%); and
- Unavoidable non-recurrent cost pressures of £1.8m (0.3%).
- Stretch to deliver control total surplus of £3.4m (0.7%)

This represents a CIP requirement of £25.5m or 5.1% of operational budgets.

The Trust has an established process for generating CIPs operated under the established Transforming Care programme. There is an increased focus in 2018/19 on delivering savings from productivity hence the Trust has established a series of targeted programmes led by executive directors directed at delivering productivity from:

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

These programmes are using all available benchmarking in order to identify areas for improvement and develop actions plans to ensure delivery. The Trust also 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 CIPs have also been established, for example:

- Improving purchasing and efficient usage of non-pay including drugs and blood;

- 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 CIP plan is summarised below. The total of unidentified savings is currently £2.4m.

Workstreams	£m
Allied Healthcare Professionals Productivity	0.9
Medical Staff Efficiencies Productivity	0.6
Nursing & Midwifery Productivity	1.1
Diagnostic testing	0.2
Reducing and Controlling Non Pay	4.9
Medicines savings (Drugs)	0.8
Trust Services efficiencies	0.6
HR Pay and productivity	0.1
Estates and Facilities productivity	0.7
Productivity	3.1
Other	6.7
Subtotal – savings identified	19.7
Unidentified savings	5.8
Total – savings requirement	25.5

9.2.7 Capital expenditure

The Trust has a significant capital expenditure programme investing £613m from April 2007 until March 2023 in the development of its estate. In 2018/19, the Trust's planned capital expenditure totals £47.0m, after estimated £22.5m slippage into 2019/20 which will be reviewed later in the year when the position is firmed up. The net 2018/19 capital expenditure plan is summarised below:

Table 8: Source and applications of capital

Source of funds	2018/19 Plan £m	Application of funds	2018/19 Plan £m
Cash balances	7.6	Carry forward schemes – Phase 5	15.8
Depreciation	24.3	Carry forward schemes – Other	16.1
Loan – Car Park Scheme *	3.2	IM&T	4.1
Donations	3.0	Medical equipment	8.9
Public Dividend Capital	1.6	Operational capital	6.2
2017/18 Incentive STF Funds	7.3	Estates replacement	2.5
		MSCP	3.2
		Phase 5	5.4
		Additional Capital Investment (unallocated)	7.3
		Net slippage estimated	(22.5)
Total	47.0	Total	47.0

The Trust completed a loan application in support of University Hospital's Bristol Marlborough Hill Car Park Scheme for £19.1m. This was submitted to the Independent Trust Financing Facility (ITFF) in March 2017 and the ITFF recommended the application.

9.2.8 Use of Resources Rating

The planned net surplus of £22.0 and acceptance of the proposed 2018/19 control total of £22.0m is the driver behind the Trust's overall Use of Resources Rating (UORR) of 1. The position is summarised below:

Table 9: 2018/19 Use of Resources Rating

	Metric	Rating
Liquidity	22.9 days	1
Capital service cover	3.0 times	1
Net I&E margin	2.7%	1
I&E margin variance	0%	1
Agency expenditure variance against ceiling	56.1%	1
Overall UORR rounded	1	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%

9.2.9 Summary Statement of Comprehensive Income

The 2018/19 Statement of Comprehensive Income (SoCI) and closing cash balance is summarised below:

Table 10: SoCI and closing cash balance

	2018/19 Plan £m
Income (Excluding Donations)	687.2
Operating expenditure	(631.7)
EBITDA (excluding donation income)	55.5
Non-operating expenditure	(37.0)
Net surplus / (deficit) excluding technical items	18.5
Net impairments	0.6
Donation income	3.0
Donated asset depreciation	(1.5)
Net surplus / (deficit) including technical items	20.6
Year-end cash	80.0

9.3 Financial Risks

The main risks to the delivery of the 2018/19 plan include:

- CQUIN schemes are not earnable and may cost more to deliver;
- Cost pressures exceed that budgeted for – particular concern exists over the cost of the new Junior Doctors contract and the proposed Agenda for Change contract
- Delivery of the Trust's new savings programme is considered high risk;
- Planned activity is not delivered hence compromising the Trust's Operational Plan including the potential need to use premium cost delivery methods; and
- Growth in emergency activity cannot be managed within planned capacity or there is a failure to invest in Community and Primary Care schemes to support this demand – leading to loss of elective activity and premium rate solutions.

9.4 Changes from the 2018/19 Operating Plan included as year two in the 2017/18 – 2018/19 Operating Plan Submission

The original two year control total of £24.642m was rejected so sustainability funding was not included. For the final plan this forms a major reason for the increase to the £690.2m income plan. The full reconciliation is shown below:

The planned level of income is higher – as follows:

	£m
• Original 2018/19 plan	649.5
• Tariff inflation	0.7
• Net activity changes	7.0
• High cost drugs	9.6
• Loss of CQUINs	(1.6)
• R&D increases	3.5
• HEE Reductions	(0.7)
• Donations	3.0
• Service Transfer	0.9
• Other net changes	2.8
• Provider Sustainability Funding	15.5
• Total	690.2 (Including Donation Income of £3.0m)

9. Membership and elections

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

In 2017, 14 governor roles were available for election, across seven constituencies, including public, patient and staff members. We received 29 nominations in total. One candidate was elected unopposed and the other six constituencies went forward to election. Turnout was largely in line with previous elections.

The staff governor representing the medical and dental constituency stepped down on 31 October 2017 and a by-election for this seat will be held in spring 2018. The next elections are due to be held in 2019.

10.2 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. The induction seminar is one of four governor development seminars each year; the content of the seminars now focuses on either core skills, updates 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 Executive Directors/senior managers and a Non-executive Director.

In terms of member engagement, at the start of 2017, the membership team agreed with governors a set of priorities around membership engagement for each quarter of the year, focusing first on the election campaign, then on governor induction. In the last three months of 2017, there was a review of membership engagement methods and practices, with a full programme of activities in place for 2018. The membership team has continued with regular membership engagement activities with governor support, including a monthly e-newsletter, Health Matters events (health talks for members/members of the public) and a members' page in the Trust's 'Voices' magazine which is sent to every member twice a year.

10.3 Membership strategy – plans for next 12 months

A renewed focus on engagement for 2017-18 has seen the membership team put in place a full events programme: increasing Health Matters events from quarterly events to near monthly; introducing monthly hospital 'Meet and Greet' stalls to enable governors to meet their constituents; undertaking an online membership survey (to assess the benefits and impact of membership) and a postal mailshot inviting feedback. Over the coming months, the membership office will be assessing the activities undertaken and formulating a new strategy to ensure membership remains fit for purpose to 2020 and beyond, with support from governors through the governor-led Constitution Focus Group.

10. Conclusion

This Operational Plan reflects significant work across the Trust and has been built up from detailed and integrated Divisional plans. While this provides assurance on achievability, we will continue to develop the plan to enhance our confidence in its delivery and to reflect continuing work within our system as part of *Healthier Together*.