



**Summary Strategic Plan Document for 2014-19**  
**Bradford Teaching Hospitals NHS Foundation Trust**

## 1.1 Summary Strategic Plan for y/e 31 March 2015 to 2019

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

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Date	30.06.14

**The attached Summary Strategic Plan is intended to reflect the Trust's business plan over the next five years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.**

In signing below, the Trust is confirming that:

- The Summary Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;
- The Summary Strategic Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;
- The Summary Strategic Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans;
- All plans discussed and any numbers quoted in the Summary Strategic Plan directly relate to the Trust's financial template submission; and
- The 'declaration of sustainability' is true to the best of its knowledge.

Approved on behalf of the Board of Directors by:

Name (Chair)	David Richardson
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Signature 

Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Bryan Millar
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Signature 

Approved on behalf of the Board of Directors by:

Name (Finance Director)	Matthew Horner
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Signature 

## 1.2 Declaration of sustainability

<b><i>The Board declares that, on the basis of the plans as set out in this document, the Trust will be financially, operationally and clinically sustainable according to current regulatory standards in one, three and five years' time.</i></b>	<b>Confirmed</b>
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The Foundation Trust and our partners in the Bradford Unit of Planning are committed to working collaboratively to meet the financial, operational and clinical challenges facing the NHS. The Bradford Unit of Planning is clear that in order to do this it will be necessary to jointly develop and deliver new models of care. As a result, considerable work has been undertaken by the Bradford and Airedale Health and Wellbeing Board and the Bradford Integration and Change Board to develop a joint 5 year plan and vision for the provision of health and social care services to the people of the district.

Through a number of development sessions a concept of *“Bradford and Craven Mutual”* has been explored. This concept is aimed at ensuring that organisational boundaries and structures do not create barriers for change to the achievement of a district wide vision to:

***“Create a sustainable health and care economy that supports people to be healthy, well and independent”.***

It is accepted that delivery of this vision will include the need to;

- identify and develop out of hospital services
- implement a 24/7 integrated care system across the health and social care economy
- promote self-care and illness prevention
- develop a sustainable system wide model for urgent care services
- make full and effective use of the Better Care Fund

As a consequence of the development sessions and the creation of the *“Bradford and Craven Mutual”* concept, the Bradford Unit of Planning has agreed to explore the potential of various models of care incorporating the best elements of the integration and transformation agenda.

As part of the work to explore this development agenda, the Foundation Trust has taken steps with its partners to assess the health needs of the local population and has undertaken a SWOT analysis to help define the actions needed to meet those needs.

Consequently, a series of strategic options have been selected to ensure the financial, operational and clinical sustainability of services at the Foundation Trust and across the district.

These strategies are;

- to jointly explore new and different models of care
- the growth capacity in certain key service lines
- a reduction in service in specific key service lines
- to re-align, redevelop and implement supporting strategies in relation to Estates, Informatics and Workforce to better facilitate new care delivery models

Plans to deliver and monitor the effectiveness of these options have been designed and will be further developed throughout 2014/15.

## 1.3 Market analysis and context

### 1.3.1 Introduction

Our high level vision for Bradford Teaching Hospitals NHS Foundation Trust is set out in *“Together, Putting Patients First”*, a document outlining our ambitions for 2013-18

The Strategic Plan set out below reiterates this vision whilst recognising the challenging environment facing the health and social care sector both in Bradford and nationally.

The Foundation Trust has a clear mission to deliver safe healthcare of the highest quality at all times. We are also committed to ensuring that this care is targeted towards the health needs of our population and is provided to all of our population, ensuring equality of service provision.

We have worked closely with partners in the Bradford Unit of Planning to ensure that this commitment continues to be delivered in the future.

Our core values can be described as:

<b>We Care</b>	Patients are at the centre of all that we do, with each patient treated as an individual and involved in decisions about their care. We recognise the diversity of our patients and respond with kindness to their needs.
<b>We Value People</b>	We recognise that we can only deliver excellent care by working together both internally and with our partners. This means striving towards equality, valuing diversity and recognising the positive contributions made by staff and partners.
<b>We Strive for Excellence</b>	We aspire to be the best that we can be, continuously learning seeking out new treatments and models of care putting us at the forefront of clinical practice.
<b>We Make Every Penny Count</b>	We are open and accountable for how we use public money, using evidence to make investments where we know it will add most value to patients.

The Foundation Trust will continually strive to ensure that it is the provider of choice for our;

- patients and their families
- referring GPs
- NHS commissioner partners
- social care partners

In addition to our intention to play a full part in the *“Bradford and Craven Mutual”* concept we also aim to

be a centre of excellence for a number of specialist services. Our Strategic Plan set out below highlights areas in which we intend to expand and build upon our reputation for high quality, safe care.

This includes being a lead provider and primary centre within West Yorkshire for;

- Urology, Upper GI and Head & Neck Cancer Services
- Neo Natal Intensive Care
- Vascular services; utilising the development of a hybrid interventional theatre to enable radiological vascular interventions in a fit for purpose environment.
- Full Paediatric HDU services
- Stroke and Cardiology services

The Foundation Trust also intends to develop our A&E department and to become a Major Emergency Care Centre (MECC)

In order to do this the Foundation Trust has recognised that we will need to utilise our resources appropriately and properly align and manage our estate.

The Foundation Trust's 5 year Financial Strategy is designed so that we make a 1% surplus each year. In line with past performance, this surplus will then be re-invested into our Capital Programme. This will allow the Foundation Trust to initiate the developments referred to above and throughout the rest of this plan.

The need to develop new models of care, re-assess services and put in place supporting strategies to enable change is readily apparent from the following analysis of the health needs of the local population.

### **1.3.2 Healthcare Needs Assessment**

#### ***National Strategic Context – “Everyone Counts” and the NHS Outcomes Framework***

##### *NHS England Desired Outcomes*

The Foundation Trust and its partners across the Bradford Unit of Planning are clear that the delivery of new service models will be essential if we are to achieve NHS England's desired national outcomes to:

- increase life expectancy for all sections of society and to prevent people from dying prematurely
- ensure the best possible quality of life for those people with long term conditions
- ensure that patients recover quickly and successfully from episodes of ill health or following injury
- ensure that patients have a great experience of their care
- ensure that patients are kept safe and protected from avoidable harm

It is clear that to deliver these national outcomes sustainably will require a transformation in the way in which we deliver care. The Foundation Trust and its partners within the Unit of Planning are committed to working together to achieve this aim so that we achieve NHS England's national ambitions.

##### *Key Themes*

NHS England's desired outcomes and ambitions set out the framework within which the Foundation Trust

must strategically plan our services. Key themes can be summarised as;

- ensuring continued improvement in the quality of care
- prevention and enablement
- shifting the focus of care away from hospital towards integrated pathways in the community and at home

### National Challenges

The Foundation Trust understands that our services will need to be delivered in the ever more challenging environment faced by the NHS. These challenges include:

- a rapid and large scale reduction in real terms funding – nationally, the NHS is expected to face funding gap of £30 billion by 2020/21
- increased levels of expectation from the public regarding quality of service and outcomes
- allied to increasing expectations, an increasing capability (and associated costs) to treat and manage disease in the longer term
- a changing workforce environment with national (and regional) shortages across many specialties and professional groups
- an ageing population with increasing co-morbidities

### **Local Strategic Context – challenges for Bradford**

#### Population

Locally, the Foundation Trust serves a population of approximately 450,000 people. Demographically and economically, Bradford is an outlier when compared to the rest of the country and as a result service provision in the local area faces a range of specific challenges.

Over the past 60 years Bradford's population has grown significantly; specifically over the last 10 years it has grown by 11%, this is a considerable rate of growth. The population is predicted to grow by a further 7% by 2019. Our local demographic also does not follow national trend with Bradford having a larger proportion of younger people. This puts increasing focus on maternity and paediatric services. Indeed, in the past 10 years there has been a 23% increase in the number of 0-4 year olds.

However, there has also been an increase of 17% in the over 85 population in the past 10 years, so whilst Bradford currently has a large proportion of younger people it still has a growing aging population.

In addition, approximately 34% of Bradford's population are of South Asian origin (compared to 2% nationally), this figure increases to 75% within the Bradford City CCG area. This is important as this community has a higher prevalence of diabetes and increased incidence of congenital birth abnormalities.

#### Deprivation

In addition, almost a third of Bradford's population live within the 10% most deprived areas in England. A quarter of the population aged 18 or under lives in relative poverty. Indeed, 27% of the population have an annual household income of less than £15,000. In some of the most deprived areas this increases to 40%. In addition to this, 12.6% of households are estimated to be in fuel poverty (the highest rate in

Yorkshire and the Humber).

### Lifestyle Choices

There are also a number of key lifestyle factors affecting the health of the local population. Some 12% of the population of Bradford aged 17 or over are registered as obese and estimates suggest that this figure could actually be as high as 19%. Additionally, 22% of children are measured as obese when measured in their school Reception year and 35% of children are overweight or obese by school year 6.

Conversely, only 50% of people in Bradford achieve at least 150 minutes of physical activity per week. It is also thought that 10% of young people are regular smokers by the time they reach school year 10.

It is estimated that 19.3% of drinkers in Bradford consume more than the recommended safe limits. Hospital admission rates due to alcohol related harm increased by 34% between 2008 and 2011.

### Impact

The higher levels of deprivation and poor health/lifestyle choices experienced by Bradford residents have a major impact on their health needs. In Bradford, this manifests itself in an elevated prevalence of chronic conditions. In the main, these diseases are a consequence of unhealthy lifestyles and poor social, economic and environmental factors that either have a direct and adverse impact on health or exacerbate existing ill health.

A significant number of people in Bradford have long term conditions (LTCs). It is estimated that people with LTCs account for approximately 50% of all GP appointments, 64% of all outpatient appointments and 70% of all inpatient bed days. An increasing number of people in Bradford also have multi-morbidity; more than one LTC.

### Health Needs

The Foundation Trust will therefore need to plan services with commissioning partners to focus on these conditions. New and transformational models of care and methods of service delivery will be necessary that feature;

- an increasing focus on self-care and illness prevention
- the use of multidisciplinary teams
- a need to identify and develop out of hospital services; moving the provision of care closer to home
- the need to develop 24/7 integrated care systems across the health and care economy
- the need to develop a sustainable system wide model for urgent care services

Along with our partners within the Bradford Unit of Planning we have identified a range of key health issues for our population. In summary these are:

- *Chronic Disease*– Bradford has higher levels of obesity and diabetes than neighbouring areas. In England, the current prevalence of diabetes is 5.8%. Across Bradford, that prevalence rate rises to 8.1% but in our Bradford City CCG area the rate is higher still at 9.85%. Type 2 diabetes is up to six times more common in people of South Asian origin. Complications caused by diabetes can reduce life expectancy by 10 years.
- *Managing long term conditions* - the NHS nationally, has an ambition to improve the health related

quality of life for those with one or more long term health conditions. Consequently, it is vital that the Foundation Trust is able to provide quality care to the people of Bradford with long term conditions.

- *Premature death* – a significant number of Bradford residents are dying prematurely, mainly from heart and respiratory diseases. We have agreed with our commissioners that it will be vital to assist our CCGs in providing care closer to home, focussing on ill health prevention, chronic disease management and self-care.
- *Elderly Care and Dementia* – there are 3,714 people in the Bradford and Airedale district registered with dementia. However, it is estimated that there are, in actual fact, at least 6,000 people in the district with dementia.
- *Respiratory Disease and Chronic Obstructive Pulmonary Disease (COPD)* – there is a high prevalence of COPD and asthma in Bradford. Respiratory diseases are one of the causes of the Foundation Trust's high rates of non-elective admission.
- *Infant Mortality* – this is an issue which affects the whole of the Bradford district and is a priority for our local commissioner partners. We know that the risk of dying from congenital abnormalities is significantly higher in babies of Pakistani heritage. Pre-term birth, younger teenage parents, smoking, alcohol and non-prescription drugs are greater risk factors for the rest of the population. For all sections of the population, reducing the number of babies born with extreme and very low birth weight and reducing deprivation would help to reduce the number of infant deaths. As a result we have identified that early access to high quality antenatal care is essential
- *Cardio-Vascular Disease* – a significant cause of death in Bradford is Cardio-Vascular Disease (CVD), indeed the number of lives saved if death rates were to be reduced to the levels experienced by similar cities is statistically significant.
- *Cancer and Tumours* – Cancer is a significant cause of death in Bradford. Cancer and Palliative Care have been outlined, specifically by the Bradford District CCG as a specific area of focus.
- *Stroke* – in particular Bradford City CCG is looking to improve recovery from Stroke and also focus on speeding up interventions for people suffering Transient Ischaemic Attacks (TIA)

These health issues have a significant impact on the Foundation Trust, particularly increasing the demand for the provision of emergency acute care.

The Foundation Trust has recognised this and our plans to address this issue are one of the key areas of focus in our Clinical Service Strategy.

### **1.3.3 Funding Analysis**

As highlighted above, the Foundation Trust and our partners in the Bradford Unit of Planning are committed to working collaboratively to meet the financial, operational and clinical challenges facing the NHS. As part of this joint work, the Foundation Trust has engaged with our CCG & NHS England partners to agree high level commissioning intentions over the next 5 years.

The resulting financial plans consider recent trends in activity, predicted demographic growth and an assessment of impact of the initiatives associated with the Better Care Fund.

Over recent years, the Foundation Trust has implemented a number of clinical service initiatives with the intention of avoiding unnecessary admissions and expediting discharge, such as the Virtual Ward,



Interface Geriatrician and Early Supported Discharge schemes. This has released a significant amount of inpatient capacity that has allowed the Foundation Trust to manage a general increase in activity, in particular for non-elective admissions.

As highlighted above, there is an anticipated further increase in demand for health services in future years based on historical trend data and local Public Health predictions of population growth, age profile and proportions of patients with long term health conditions. Overall it is anticipated that there will be in the region of 2-4% growth for services per annum.

At the same time the Foundation Trust will be working with local health partners to develop and implement new models of care and demand management initiatives. The base activity assumption is that the clinical capacity released through these initiatives will have an equal offset with the overall 2-4% expected increase in demand for health services in the locality.

The Foundation Trust has included a 7.5 to 10% growth assumption regarding funding for high cost drugs and devices, which is based on historical growth over the last three years.

Other funding streams for Education & Training, Research & Development and other operating income are based largely on existing plans, with adjustments for anticipated developments and/or changes in funding allocations.

#### **1.3.4 Competitor Analysis**

The Foundation Trust uses the Dr Foster Hospital Marketing Manager software to help track trends in market share, to identify any areas for improvement or consolidation and to facilitate conversations with referrers to understand referral patterns and promote the organisation.

An analysis of the Foundation Trust's activity for the period April 2011 to December 2013 shows that our market share when compared to other providers in West Yorkshire is holding steady for the majority of clinical specialties.

There have been some relatively small increases and decreases in market share in a number of specialities. However it should be noted that these generally off-set each other. Work is underway with individual specialty clinical/managerial teams and referrers to understand any significant movements in market share.

Often, changes in market share have found to be as a result of the Foundation Trust reaching capacity, with activity growth transferring elsewhere. In response to this we have taken active steps to increase capacity in line with demand in a number of specialties.

Demand for services is expected to continue to increase on a yearly basis. Given the financial constraints and other challenges facing the NHS this underlines how essential it is to transform the way in which we deliver services. The Foundation Trust will therefore continue to work closely with our partners in the Bradford Unit of Planning to ensure that demand for services is forecasted accurately and that service provision is amended accordingly. The Foundation Trust will also work closely with our partners to ensure that service provision and is consistent with new models of care, including the integration and transformation agenda. This will particularly be the case in relation to the move towards providing care closer to home and the increase in ambulatory care.

#### **1.3.5 SWOT Analysis**

##### **External Threats**

There are a number of key external factors or threats affecting the Foundation Trust, the Bradford Unit of

Planning and broader NHS over the next 5 years. These include:

### **The Financial Challenge**

Nationally, the NHS is facing a rapid and large scale reduction in real terms funding. It is forecast that there will be a national funding gap of £30bn by 2020/21. It is also possible that any new government from May 2015 may have the political will to make drastic reductions to the national deficit. This may result in the removal of the ring-fence around NHS funding, exacerbating the financial challenge.

It is calculated that this £30bn shortfall will translate to at least £162m in Bradford. This is likely to be made up of £36m in relation to demographic growth, £44m due to increased patient expectations and £82m relating to health cost inflation.

The aggregate funding gap in the Bradford Unit of Planning, including social care, for the next five years is expected to be £364m.

### **Increased demand for services as a result of demographic change**

The NHS faces a growing population nationally. The population is also ageing and has an increasing level of co-morbidities. As a result there will be a corresponding increase in the demand for services. Indeed, of the predicted £30bn funding shortfall predicted by 2020/21, £7bn is forecast to be as a direct result of population growth.

As highlighted earlier in this document in the section providing local strategic context, Bradford has experienced a rapid increase in population over the past 10 years (11%) and is expecting its population to increase by a further 7% in the next 5 years.

The majority of this population growth is at each end of the age spectrum with a 23% increase in the number of 0-4 year olds and a 17% increase in those over 85 years old. The Foundation Trust is acutely aware that it is these age groups that often require the most health and social care.

### **Increased expectations and the increasing cost of care**

It is clear that the public has increasing expectations of the NHS in terms of the quality of care and the efficacy of clinical outcomes. This is not without reason as the NHS does have an increasing capability to treat and manage disease.

However, these increased expectations and improved capabilities do have a cost. Health cost inflation accounts for £15bn of the £30bn shortfall referred to above. The increase in patient expectations accounts for £8bn nationally.

### **The quality and safety agenda**

The Foundation Trust is committed to ensuring that our focus on maintaining and improving the quality of our services does not waver. We will need to maintain our high quality standards, implement the recommendations of the Francis report, ensure compassion in care and the Trust-wide introduction of the 6Cs.

However, the Foundation Trust is acutely aware that these high standards will need to be met against the unprecedented financial challenge as highlighted above. It is clear therefore that new methods of service provision and new models of care will be required.

## Mitigation/Opportunity

### **Exploration of alternative models of care incorporating the integration and transformation agenda**

It is clear that the NHS will be asked to achieve more and meet greater demand over the coming 5 year period. It is equally clear that it will need to meet these objectives with severe reductions in its funding.

The Bradford Unit of Planning is no exception to this national trend and accepts that significant changes to service delivery will be required. As a result, the Bradford Unit of Planning using the “*Bradford and Craven Mutual*” concept has agreed to explore the potential of new models of care, in particular the “Extensivist” Model of Care supported by Enhanced Primary Care.

A key part of service delivery in any new model of care will be the integration and transformation agenda. Adoption of this agenda will mean that the Foundation Trust will need to re-align and redevelop services. In short, the Foundation Trust will need to

- reconfigure service design
- make full use of the Better Care Fund
- reconfigure its estate
- reassess staffing needs and reconfigure the workforce
- develop effective e-solutions to facilitate changes in service delivery

The Foundation Trust is forward thinking and is fully abreast of the service re-design agenda and the move towards the delivery of services in an environment closer to home. To this end, the Foundation Trust and its Unit of Planning partners have identified a series of opportunities to develop and deliver services differently, ensuring the sustainability of all partners and the continued provision of high quality services.

As such a series of key themes applicable to our services have been developed. These include;

- the virtual ward
- the urgent care programme
- service level integration
- the adoption of seven day working
- the provision of care closer to home
- the use of assess to admit
- an increased use of day case and ambulatory care facilities
- the need to ensure rapid access to diagnostics and results
- an increase in the efficient use of technology and e-solutions
- a shift from treatment to prevention

The exploration and implementation of new models of care incorporating the integration and transformation agenda will be a key part in meeting the challenge facing the Bradford Unit of Planning.

## External Threat

### **Competition/AQP/Patient Choice**

It is clear that the Any Qualified Provider and Patient Choice initiatives introduce an enhanced element of competition into the healthcare market. There is an undoubted threat to the Foundation Trust from other providers of health care. The Foundation Trust has a number of competitor NHS providers within a close geographical area including:

- Leeds Teaching Hospitals NHS Trust
- Airedale NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- The Mid Yorkshire Hospitals NHS Trust

There are also a number of GP providers that provide competition to the Foundation Trust for some services.

In addition to these providers, there are a number of additional private sector providers with a national presence (Ramsay Health Care UK, Care UK, Virgin Care) that would be willing to tender for services available under the AQP initiative.

The Foundation Trust also faces competition from Bradford District Care Trust for the provision of community care.

## Mitigation/Opportunity

As highlighted above, the Foundation Trust is taking steps to build stronger relationships with referrers. We are also using the Dr Foster Hospital Marketing Manager package to understand and investigate changes in referral patterns.

The formation of the Foundation Trust's Marketing Group and the development and implementation of a marketing strategy will also assist the Trust in protecting its market share.

The Foundation Trust also has strong relations with its LHE commissioning partners and robust processes to monitor and discuss the quality of our service provision.

The work undertaken by the Foundation Trust to understand referral patterns, build relationships with referrers and strengthen its marketing function will also allow the Foundation Trust to seek out and take opportunities to expand our market share. As part of this process, the Foundation Trust has a dedicated internal team to respond to AQP tenders. This team is supported by an external consultancy firm that is used to provide advice and assistance in the preparation and presentation of bids.

## External Threat

### **Failure to engage, along with LHE partners with public and patients**

If the financial, operational and clinical challenges facing the NHS nationally and locally are to be met it will be necessary to fully engage with the public and patients. This engagement will be necessary to ensure that the people of Bradford:

- understand the challenge facing the NHS nationally and locally

- understand and support to the priorities adopted
- buy into the required changes to service delivery models
- receive education in self-care and ill health prevention

Failure to this will put the achievement of the integration and change agenda at risk.

#### Mitigation/Opportunity

This is an issue that has been identified by the Bradford ICB and is being addressed. Plans are in place to communicate with, and educate, the public with regard to the challenges facing NHS and local authority services across the Unit of Planning. Proposed steps and changes in service delivery will also be included in these communication exercises.

#### Internal Weaknesses

There are a number of key internal factors or weaknesses potentially affecting the Foundation Trust. These include:

##### Weakness

#### **Workforce availability**

The NHS as a whole has an established, dedicated workforce. However, it is accepted that this workforce across the NHS is ageing and that Bradford is no exception. As a result, there is a clear need to improve recruitment to ensure that numbers and skill levels are maintained.

It is clear that, to date, recruitment both nationally and locally has not been fully effective and that there are national and local shortages in key professional groups.

It is also the case that the development of new models of care will require staff to work in new ways. This will involve the provision of care in new care environments and in different working patterns. It will also involve the provision of care in multi-disciplinary settings. This will especially be the case in relation to providing 7 day services as this will be fundamental to changes in service delivery and will run through each pathway change and service development.

On a local level, the Foundation Trust will need to ensure that it has appropriate workforce plans to ensure that it recruits and has in place suitably skilled staff and the right level of workforce flexibility.

Given its nature the Foundation Trust primarily has staff and staffing patterns to provide care in a hospital setting. In its current state, the Foundation Trust is not set up to provide greater care closer to home.

#### Mitigation/Strength

The Foundation Trust has been aware of the need to change methods of service delivery for some time through its work with the Bradford Unit of Planning and specifically the Bradford ICB and the district wide Workforce and Organisational Development Steering Group. As a result it is aware of the workforce challenge. A workforce development strategy is therefore under development.

Full liaison with staff is planned as part of the workforce development strategy to enable their input to the development and delivery of new roles and working patterns. The Foundation Trust will also discuss training and development needs with staff and ensure that these needs are met.

The Foundation Trust is also developing a recruitment and retention strategy to address the issue of the

available workforce going forward.

### Weakness

#### **Failure to develop appropriate and effective e-solutions**

As highlighted throughout this document, it will be necessary to transform current methods of service delivery if high quality health services are to continue to be provided whilst meeting the challenges relating to finance, demand and public expectations.

It is clear that to facilitate these new methods of service delivery the extensive use of innovative and effective e-solutions will be required.

### Mitigation/Strength

The Foundation Trust is cognisant of the fact that it will be necessary to make best use of IT and provide effective e-solutions if service transformation challenge is to be successfully met. It has also recognised that there is much work to do to design and implement our clinical solutions to maturity.

A Director of Informatics was appointed 2013 and was tasked with the development and delivery of a clear informatics strategy aimed at meeting Foundation Trust's informatics needs.

Subsequently, a Clinical Informatics Strategy Group was formed and a Clinical Informatics Strategy has been written. The strategy has defined and focussed the priorities for the next three to five years around the development of an Electronic Patient Record (EPR). As the strategy is refined the Foundation Trust will continue to provide technology that makes care safer across all care settings and ensures our systems are current.

### Weakness

#### **Failure to make appropriate use of the Foundation Trust's Estate**

Given the unprecedented financial challenge facing the NHS both locally and nationally it is vital that the Foundation Trust ensures that it is able to efficiently respond to new models of care and optimise its processes to operate efficiently and improve patient flow. This will have a positive impact not only on the Foundation Trust's business but also on the quality of patient care and patient experience.

Failure to adapt our Estate to new models of care, optimise processes and deliver efficiency savings will threaten the ongoing sustainability of the Foundation Trust.

### Mitigation/Strength

The need to adopt new models of care and the related integration and transformation agenda have presented the Foundation Trust with the opportunity and impetus to review the way in which its processes operate and the way in which its wards and theatres are configured.

The Foundation Trust has been working on the need to improve efficiency for some time and a key strength of the organisation is its past record of identifying potential efficiencies and delivering them.

The appointment of the external expert on bed modelling referred to earlier in this document is an example of the steps taken by the Foundation Trust to find improvements in the design and configuration of our ward and theatre base.

## Weakness

### **Reduction in Acute Beds**

The integration of services and the provision of care closer to home mean that it is highly probable that there will be a reduction in acute beds. A significant part of the Foundation Trust's business is in providing acute care. The Foundation Trust recognises that the reduction in acute beds poses a significant threat to our sustainability.

### Mitigation/Strength

As already highlighted, the Foundation Trust is fully aware of the need to change its methods of service delivery and as a result is looking to develop its provision of day case services and ambulatory care as part of the transformation agenda and clinical services strategy.

Strategic planning exercises undertaken with the Clinical Divisions have identified this as a key opportunity for the Foundation Trust. Significant work has already been undertaken as part of the strategic planning process with our clinical teams and Unit of Planning partners to develop and agree a new model for the Acute Medicine. This model will introduce dedicated facilities for the management of patients on ambulatory pathways, fit for purpose assessment facilities and a new short stay medicine ward developed from the reconfiguration of all medical specialties.

The Foundation Trust is therefore aware of the threats posed by the reduction in acute beds and is already taking steps to redesign its acute care model.

### **1.3.6 Need for Change – Other Financial Planning Assumptions**

In order to maintain financial sustainability, the Foundation Trust has planned to maintain a surplus of income over expenditure of between 0.5% to 1% per annum over the period of the 5 year strategic plan. This will allow the Trust to maintain a Continuity of Services risk rating of 4, but also to maintain cash resources to deliver its capital programme and planned strategic developments.

The need for change is highlighted elsewhere in this document, however the impact of the challenge necessitates an expected efficiency requirement of between 4% to 4.5%. This target is derived from expected reductions in national tariffs and a number of assumptions regarding inflation and other cost pressures including the anticipated changes in employers' national insurance and pension contributions. These combined assumptions will require the Foundation Trust to make QIPP savings of around £66m over the next 5 years, which is part of the expected £364m savings required for the local health and social care economy over the same period. Work on developing operational and financial plans across the Bradford Unit of Planning is underway. This work will be integral to the process of developing and implementing new models of care and integration plans, including initiatives under the Better Care Fund. The Foundation Trust is exploring opportunities to finance the cost of proposals for 7 day services through the Better Care Fund, but this has not been included in the financial modelling.

As outlined later in this document, the level of savings requirement, coupled with a requirement to make qualitative improvements to care has prompted the Foundation Trust to put in place a new service transformation team that includes a Project Management Office using the QIPP approach to deliver service efficiencies whilst improving quality and the patient experience.

Given the overall principle that there is little scope to increase income from clinical activities, our main focus is on cost reduction, collaborative working and service transformation. The Foundation Trust has outline plans to deliver approximately half of the £66m efficiency challenge. To address the unidentified gap, the Foundation Trust will continue to identify innovative ways of re-designing hospital and community



based services in collaboration with Unit of Planning partners. This will be part of the work to develop new models of care and patient pathways.

The Foundation Trust will also systematically review the financial sustainability of services through using patient level costing and service line analysis, which will inform actions accordingly as to whether these services can be provided in future or dictating what resource adjustments are necessary to make these services financially viable.

There will also be an emphasis on improving the effectiveness of procurement activities, with involvement in national and other collaborative opportunities to ensure we maximise value for money on externally provided goods and services. Full compliance with the National Procurement strategy is planned to ensure the Foundation Trust maximises the opportunities of E-Procurement.

The Finance team are undertaking a comprehensive re-engineering project to streamline transactional processes and to strengthen financial controls. In addition, the financial management skills and capabilities of clinical leaders and other budget holders will be strengthened through developing a focused programme of training and education.

The Trust has made targeted investment in quality and safety initiatives in previous years, and will continue to do so where necessary, but the Trust has to balance this investment against meeting financial targets. To this extent we will be constantly reviewing the effectiveness of quality investments to ensure they are successfully delivering qualitative improvements.

The financial plans assume a capital programme of £94m over the next 5 years, which includes the second phase of the new ward block development outlined throughout this document and for which the Foundation Trust will engage with Monitor regarding the transactions guidance within the Compliance Framework. This ambitious capital programme will facilitate the significant improvements to existing clinical infrastructure referred to in relation to our work on reconfiguration and the Estate Strategy.

The Foundation Trust has undertaken an assessment of downside risks to the delivery of the 5 year financial plan, with major risks being the delivery of £66m efficiency target set within national tariffs and also the impact of potential changes in activity volumes arising from service transformation with the potential for residual fixed costs. Accordingly a number of mitigating strategies to manage these financial risks are being developed.



## 1.4 Risk to sustainability and strategic options

After considering the external challenges facing the organisation, the Foundation Trust is to adopt a number of strategies to ensure our continued clinical, operational and financial sustainability. These include:

- full engagement in the process to develop new models of care incorporating the integration and transformation agenda
- the growth of capacity in certain key service lines
- the review and possible reduction in key service lines
- Re-alignment, redevelopment and implementation of supporting strategies to facilitate the delivery of care

### 1.4.1 New Models of Care Incorporating the Integration and Transformation Agenda

The Foundation Trust's key and overarching strategy will be to work with our partners in the Bradford Unit of Planning to fully embrace the exploration of new models of care. Early discussions with our partners have indicated a desire to particularly focus on exploring the benefits and risks of the Extensivist and Enhanced Primary Care models.

Implementation of new models of care will include the development of the integration and transformation agenda and the application of extensivist, integration and transformation principles across a range of service lines.

As highlighted earlier in this document, the Foundation Trust recognises that to respond effectively to the key clinical drivers in our community and to maintain our ambitions in terms of quality and patient focussed services, current methods of service delivery will not be sufficient.

#### Integration

The Foundation Trust and its partners in the Unit of Planning have formally committed themselves, through the ICB, to a joint vision for transformation and integration. It is intended to implement the joint programme over the coming 5 year strategic planning period as part of the process of developing new models of care. To this end, the Foundation Trust and its partners have established the Integrated Care Programme. At the Foundation Trust this will include:

#### *The Virtual Ward*

The Foundation Trust, along with its partners has developed the virtual ward as a mechanism to deliver intermediate care and reduce inappropriate hospital admissions.

Our virtual ward teams consist of a Consultant, Advanced Clinical Practitioners (ACPs), qualified and unqualified nursing and care support, and Therapists. The service provides home-based multidisciplinary care. The service at present is centred on the following pathways:

- Frail Elderly
- COPD

- OHPAT
- DVT

The Foundation Trust also currently has a Therapy Elderly Early Supported Discharge (ESD) Service; this operates as a 'step down' focussed service. The purpose of the ESD service is to provide patients with a level and intensity of rehabilitation, by the same Therapists and staff, in their own home comparable to that they would have received in hospital. This enables safe earlier discharge from hospital environments, and helps to prevent readmissions by facilitating effective discharges and ensuring patients are supported adequately at home. Thus freeing up capacity and reducing acute demand.

The Foundation Trust has recognised an opportunity to improve and expand this service by creating a virtual ward hub.

The virtual ward hub will act as a central point for all referrals for intermediate care services, and will work with the referrer to determine the most appropriate care arrangement for the patient within the wider intermediate care infrastructure. The new hub arrangements will accept referrals 24 hours per day.

The "hub" model will deliver a more streamlined, inclusive service which simplifies access to intermediate tier services in Bradford and extend the use of the virtual ward concept. This will ensure that optimum use is made of the model and that opportunities are taken to make best use of capacity through the prevention of unnecessary admissions or the optimisation of patient flow.

The Foundation Trust and its partners will look to use and expand the virtual ward initiative through more pathways, starting in 2014/15 with the following areas being prioritised:

- Elderly Care
- Oncology
- Haematology
- Palliative Care
- Stroke

#### *The Urgent Care Programme*

One of the key goals of Urgent Care programme is to prevent avoidable admissions to hospital and to treat people closer to home. This programme is considering ways in which partners in our Unit of Planning can work together to reduce attendances either at A&E or our assessment facilities. Our joint aim is to have a simple to navigate, sustainable, patient focussed high quality urgent and emergency care system that ensures that patients are seen by the most appropriate health professional at the right time and in the right setting.

Often, A&E attendance is not the most appropriate way in which to meet patient needs from a quality, patient experience and financial point of view. As a result of the local demographic and high prevalence of chronic conditions (see the Health Needs Assessment in section 1.3.3), the Foundation Trust has a high number of attendances at its A&E department (more than 130,000 attendances each year). As a result Urgent Care is seen as a key priority for transformation and integration to help improve our operational and financial sustainability.

Key strategies to be adopted will include:

- Providing better support for people to self-care
- Helping people with urgent care needs to get the right advice in the right place first time; particularly reducing the incidences of hospital based care through alternative community based support
- Providing highly responsive, simple to navigate, urgent care services to patients; particularly making primary care the default and first port of call for urgent care needs through clearly differentiated services with patients supported and guided through the system
- Ensuring those people with more serious or life threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery
- Connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.

For the Foundation Trust this will mean the opportunity to co-locate an Urgent Care Centre on the Bradford Royal Infirmary site and to develop the A&E to become a Major Emergency Care Centre (MECC) thus helping to ensure our operational and clinical sustainability. Work on this development is already underway with the new facilities currently in the architectural design phase and funding agreed with CCG partners.

Through its Division of Medicine, the Foundation Trust also intends to review and redevelop its urgent care delivery model. This will include the further development and implementation of the acute medical model and the ambulatory care model.

These models will reduce unnecessary hospital admissions.

#### *Service Level Integration*

There are further examples of integrated provision on a more specific service level. The Foundation Trust and the Bradford CCGs hold a monthly Service Development Group meeting. The purpose of this group is to consider, and act as a conduit, for the further development of new service proposals. Increasingly this group is looking towards the transformation and integration of services. To this end, a range of multi-disciplinary teams (MDT) have been developed on a service level basis.

These MDT arrangements improve financial and clinical sustainability by reducing costs and greatly improving patient experience as a result of providing services based around the needs of the patient often in a location that is more easily accessible. Examples of this are the recently approved multi-disciplinary arrangements for Motor Neurone Disease (MND).

#### *Assess and establish specific long term care pathways*

The NHS nationally, has an ambition to improve the health related quality of life for those with one or more long term conditions (LTCs). As highlighted in the healthcare needs assessment earlier in this document; Bradford's demographics, high levels of deprivation and the lifestyle choices of its residents mean that there is a high prevalence of long term conditions (LTCs). Specifically, these LTCs relate to Diabetes, Cardio Vascular Disease, Respiratory Disease, Chronic Obstructive Pulmonary Disease and Dementia.

The Foundation Trust has identified these long term conditions as areas where the assessment and establishment of long term care pathways will be prioritised. In addition The Foundation Trust will also prioritise Neurology, Pain Management, Musculoskeletal system complaints and Rheumatology.

We will look to re-focus these pathways so that care is provided in line with the key strategic themes highlighted above;

- care provided closer to home
- use of multi-disciplinary teams
- increased use of day case and ambulatory care facilities
- rapid access to diagnostics and results
- use of effective e-solutions

### Better Care Fund

As highlighted above, the Foundation Trust is working with its partners in the Bradford Unit of Planning to formulate a joint plan for integrated health and social care and to set out how the single pooled Better Care Fund (BCF) will be spent.

These joint plans are being discussed and agreed through the Bradford Health and Wellbeing Board. The Unit of Planning will ensure that our joint plan meets the national BCF conditions, will highlight the expected outcomes and benefits of the schemes involved and provide detail on how the risks to existing NHS services will be managed.

The whole Unit of Planning has been fully engaged from the outset to ensure that this fund is used effectively to help finance and support service change.

Currently the Unit of Planning is looking to prioritise the following areas for focussed attention and investment

- Dementia – delivering an integrated person/carer centred system that is capable of supporting people with dementia and their carers to receive flexible care that maintains their dignity and supports them in a way that does not compound their disorientation and distress.
- Falls – achieving a whole system and proportionate response to falls and investing in an integrated system of primary and secondary prevention that enables people to remain active and mobile
- Maximising independence (intermediate care, reablement and rehabilitation) - creating a 7 day integrated system oriented around enabling people to regain and maintain their health, independence and wellbeing
- Self-care and prevention – enabling and supporting people to manage their long term conditions
- Proactive care and continuity of care through care co-ordination and predictive risk stratification

### Transformation

The Foundation Trust has been aware for some time of the need to internally review services, assess the way in which they are provided, and look to transform delivery wherever possible.

During 2013, the Foundation Trust appointed an experienced Head of Transformation. The Head of Transformation and the Transformation Team are charged with supporting divisions and corporate services to transform the way in which services are provided; delivering improvements to the quality, safety and productivity of services by thinking and working differently.

A number of overarching transformation themes that will need to be built into service delivery across a range of service lines over the next 5 years have been identified. These relate to the need to;

#### *Re-develop the Acute Care Model*

It is clear to the Foundation Trust that its current Medical Assessment Unit does not operate in a way that optimises patient flow, quality of care and patient experience. The unit provides one admission point for all emergency general medical patients whether via the Accident and Emergency Department (A&E); General Practitioner (GP) referrals; internal referrals; out of hours primary care providers or, where appropriate, other acute Trusts. The sub optimal performance of this unit adversely affects whole functioning of the acute medical unit. As a result, the Foundation Trust has taken steps to re-design and transform the Acute Care model.

The model and new acute medical unit will have the following objectives;

- to streamline the process of care for non-critically ill medical patients with complex problems, including patients who have medical illnesses but present with conditions where it is unclear as to the need for immediate intervention
- to expedite rapid and comprehensive multidisciplinary assessment of acute medical patients and establish a clear care plan and expected length of stay for admitted patients
- to facilitate early senior review (Consultant and/or Registrar) including that performed by sub-specialty services
- work collectively to develop ambulatory care pathways which avoids the need for hospitalisation for certain patients/conditions
- agree and monitor performance metrics relating to access to laboratory, radiology and other clinical investigative services to ensure patients are not waiting unnecessarily
- improve links with general practitioner and community service providers to ensure patients are referred and accepted in a timely way and to the right place
- support the emergency department (A&E) by accepting non-critically ill medical patients, speedily at times of increased activity

To this end, the Foundation Trust will site a new Acute Medical Unit on wards 1 and 4 at its BRI site. Gender segregation will also be assured by operating each ward, one male, one female as a mix of assessment and short stay beds. An ambulatory care facility will also be developed adjacent to A&E and the Assessment Unit to cater for ambulant patients.

Work has already started on developing an ambulatory care facility which will comprise consulting rooms, recliner chairs, examination couches and a designated waiting area. It is planned that ambulatory patients from all specialties will be cared for in this facility with the majority being medical.

Through work in A&E, the Foundation Trust is also establishing processes that will ensure that all patients referred for medical assessment, will be transferred to the Assessment Unit as speedily as possible. All GP referred patients should arrive directly on the unit.

Consequently the whole assessment and decision to admit process is being transformed, becoming more streamlined and efficient. As a result patient flow through the hospital, for those admitted, should be improved. In addition to this, a greater emphasis on providing ambulatory care pathways will reduce unnecessary admissions to hospital achieving the aims of the National Outcomes Framework to shift the

focus of care away from hospital admissions.

#### *Adopt seven day working*

The adoption of 7 day working will enhance the financial sustainability of the Foundation Trust by ensuring that we maximise the utilisation of our assets. It will also enhance our operational and clinical sustainability by allowing the Foundation Trust to provide increased access to services, improve patient experience and provide better quality of care.

The Foundation Trust understands that the effective adoption of 7 day working will be fundamental to the proposed changes in service delivery and will run through each pathway change and service development. It will therefore be necessary to implement it across the organisation.

Currently, 7 day working is being explored in relation to Diagnostics, the Acute Medicine Model and Surgical Assessment.

Our Clinical Support Services division is developing and implementing a plan to put in place 7 day working for radiology and blood sciences. This will take place early in 2014/15 and will be a key building block in enabling other services to move to 7 day provision.

The Acute Medicine and Surgical Assessment models will also operate on a seven day basis and will, of course, require access to these support services.

We have also agreed a CQUIN that will require all emergency admissions to be seen by a consultant within 14 hours in 2014/15. This target will then progressively reduce throughout the life of this strategy.

#### *Provide Care Closer to Home*

Wherever possible, the Foundation Trust will seek to avoid unnecessary and costly hospital admissions and seek to provide care closer to home.

A number of initiatives already in place at the Foundation Trust will be expanded to do this. This will include the increased use of the virtual ward and outreach facilities and the development of the Foundation Trust's OHPAT (Outpatient and Home Parenteral Antimicrobial Therapy) service. This allows patients to be treated on a regular (often daily) basis by the Foundation Trust whilst staying at home.

### **1.4.2 Growth**

It is clear from our analysis of the healthcare needs of the population of Bradford and our work to forecast activity that there are some key service lines where there will be growth in activity. In order to strengthen our financial, clinical and operational sustainability it is therefore essential that the Foundation Trust develops services to meet this demand.

The following developments have therefore been outlined in our Clinical Services Strategy:

- to develop a Respiratory Service Unit
- to move towards becoming a primary centre for Urology, Upper GI, Head and Cancer services
- to develop specialised services for Vascular Disease
- the development of a Hand Trauma Unit
- the creation of Diabetic Retinopathy Imaging Virtual Evaluation Clinics

- expansion of the Gastroenterology Service
- phase 2 development of the Neo Natal Unit Intensive Care Unit
- creation of improved Paediatric HDU Services
- expansion of the Ophthalmology Service

### **1.4.3 Review and possible reduction in key service lines**

One of the objectives of the strategic planning process is to assess the strategic and operational fit of the services provided within each division.

As a result, an element of the strategic planning process has been aimed at assessing a number of service lines to ensure that they add operational, clinical and financial value to the Foundation Trust.

During this review, the Foundation Trust assessed each of its service lines using its patient level costing and service line reporting tools. A number of service lines were identified that either had poor market share, were not viable or did not form part of the Foundation Trust's core business. In summary, these services could be argued as taking Foundation Trust resources and energies away from priority areas of work. In other words the delivery of these service lines was not the most effective way of addressing the health needs of the local population. That the Foundation Trust should consider withdrawal from these services due to their lack of financial, operational or clinical sustainability is under consideration as part of our strategic planning process.

The Foundation Trust will therefore work closely with its commissioners to review the provision of these services. Where appropriate we will manage withdrawal from them with our commissioners.

### **1.4.4 The implementation of supporting strategies to facilitate the delivery of care**

#### *Make effective use of e-solutions*

As referred to earlier in this document, it will be necessary to ensure that the Foundation Trust makes extensive use of innovative and effective e-solutions if it is to deliver high quality health services.

The Foundation Trust is cognisant of this fact and appointed a Director of Informatics in 2013 with a specific task to develop and deliver a clear informatics strategy aimed at meeting the Foundation Trust's service needs.

Consequently a Clinical Informatics Strategy Group was formed. The strategy has defined and focussed the priorities for the next three to five years around the development of an Electronic Patient Record (EPR).

The Foundation Trust recognises that patient records must be readily available when needed both across the Foundation Trust and in an integrated care setting. Work with local primary care providers to electronically and instantly share consultation reports and discharge summaries is underway and will continue to enable the integrated care goal with an integrated care record.

As the strategy is refined the Foundation Trust will continue to provide technology that makes care safer across all care settings and ensures our systems are current. It will also include the development and implementation of other technologies that will assist in the delivery of new models of care. Such areas for development may be telehealth and private cloud computing. Both of these technologies will support different ways of caring for patients in collaboration with our health and social care partners.



## Make Effective Use of the Estate

### *Estate Configuration*

If the Foundation Trust is to deliver high quality care in an efficient and effective way it is vital that it maximises the utilisation of its Estate.

To this end, and as highlighted earlier in this document, the Foundation Trust has appointed external experts to help in the design and configuration of our ward and theatre base. The aim of this work is to optimise the way in which we configure our beds, theatres and the rest of our Estate to ensure the efficient delivery of high quality care.

### *Outpatients Directorate*

The Foundation Trust is aware that it currently has a mixed economy of arrangements in relation to outpatients. This includes;

- inpatient wards delivering some outpatient activity
- a significant number of speciality specific clinics with their own workforce often staffed from inpatient wards
- the need to expand and improve some clinic environments
- high volumes of activity being undertaken on our BRI site. The BRI site holds the majority of our higher quality acute accommodation and it would be more appropriate to undertake acute work at BRI.

Our experience has shown that these factors do not contribute to good quality care from both an outpatient and inpatient point of view. They also mean that outpatient services are not provided efficiently. Consequently, the Foundation Trust will review and assess the most appropriate way of delivering outpatients services away from the BRI site. It our intention for St Luke's to be a "cold site" delivering outpatients and diagnostic services with BRI being the "hot" site that supports acute services and inpatient activity.

In line with the agenda to develop new models of care, the Foundation Trust will also further explore the possibility of providing Outpatient clinics in the localities. Both of these steps will improve the quality of service provided to patients throughout the coming two to five year period.

### *Re-location of Non-clinical Accommodation and the New Ward Block and Accessible Entrance*

As BRI is to become the "hot" site, the Foundation Trust is initiating a programme, to increase clinical accommodation at BRI. This programme is designed to identify and remove all administrative or "office" accommodation from clinical areas and move it to the periphery of the site. This will provide more space and flexibility for the delivery of clinical activity. To do this the Foundation Trust has been able to utilise and redevelop Daisy Bank; a building at the edge of the Bradford Royal Infirmary (BRI) site. A number of back office functions will move to this site.

A major enabler in the process to improve clinical accommodation and to effectively utilise our physical capacity will be the delivery of a new ward block and accessible entrance. This ward block will provide two new wards for Paediatrics and General Medicine. The accessible entrance will also provide a number of retail and catering facilities for patients and their families.

Planning permission for this ward block has been received and the final design phase is in the process of



being signed off.

### *Community Hospitals*

It is vital as part of the strategic planning process that the Foundation Trust reviews its asset base and assesses whether it is utilising it effectively. The Foundation Trust has a number of community hospitals. It is the Foundation Trust's intention to conduct a review to assess whether these community hospitals are effectively utilised.

This review will take place in 2014/15 and will be fully cognisant of the requirements of potential new models of care and recent national focus on the increased use of smaller hospitals for specific kinds of care.

Depending on the outcome and findings of this review, steps will then be taken to ensure that the configuration of community hospitals at the Foundation Trust is optimised.

### *Make Effective Use of Workforce planning*

As we move towards multi-professional and multi-agency teams providing care outside the hospital environment an increasing number of Foundation Trust staff may be working with managers and colleagues from outside of their own organisations. The Foundation Trust will need to ensure that it has appropriate workforce plans to ensure that it recruits and has in place suitably skilled staff and the right level of workforce flexibility.

In order to more effectively manage the recruitment process, the Foundation Trust is now adopting a less devolved and more corporate or centralised approach to recruitment. The Foundation Trust is also now reporting detailed workforce metrics to its Quality and Safety Committee so that there is greater clarity regarding the funded establishment, staff in post and vacancy levels at staff group level. This enables the Foundation Trust to more readily see the wider picture regarding its workforce planning and predict future corporate recruitment needs.

Indeed, the Foundation Trust is fully aware that it must ensure that it has strong retention and recruitment strategies in place for key roles as well robust succession planning. The review of recruitment practices already in place will allow the Foundation Trust to implement value based recruitment methodologies. Initially, these methodologies will be focussed on nursing staff but will then be extended across the whole organisation. It is also our intention to ensure that these value based methodologies link into the "6Cs" which are also reflected in our new induction process.

The Foundation Trust will therefore need to re-assess its current staffing levels and future composition of its staff, in conjunction with Unit of Planning partners in light of the potential impact that the different models of care currently being explored could have on staffing requirements and organisational form. This would include the need to;

- reassess staffing requirements and workforce configuration as a result of the proposed move to 7 day working
- reassess staffing configuration and staff locations as a result of providing care closer to home
- provide relevant induction, training and development appropriate to the working patterns and styles required by the new models of care
- ensure that this training and development ensures that there is appropriate and correctly focussed clinical leadership in place within the new models

## 1.5 Strategic plans

As highlighted in the previous section of this plan, after considering the challenges facing the organisation, the Foundation Trust is to adopt a number of strategies to ensure our continued clinical, operational and financial sustainability. These include:

- Full engagement in the process to develop new models of care incorporating the integration and transformation agenda
- the growth capacity in certain key service lines
- a reduction in service in specific key service lines
- Re-alignment, redevelopment and implementation of supporting strategies to facilitate the delivery of care

### 1.5.1 New Models of Care

As stated throughout this plan, the Foundation Trust recognises that to respond effectively to the financial challenge and key clinical drivers in our community and to maintain our ambitions in terms of quality and patient focussed services, current methods of service delivery will not be sufficient.

As a result, it is vital for the Foundation Trust to work closely with LHE partners in the Bradford Unit of Planning to develop new models of care that include a range of transformational and integrated services. Consequently, an established and robust Integrated Care Programme has been developed involving all members from our Unit of Planning.:

This Integrated Care Programme is underway and is overseen by the Bradford Integration and Change Board (ICB). The Bradford ICB liaises with the Health and Wellbeing Board and connects senior leadership from across the NHS with Local Authority Providers and Commissioners. There is also full engagement with local Healthwatch

It is under this organisational umbrella, that the Foundation Trust is developing its plans to explore and implement new models of care using the “*Bradford and Craven Mutual*” concept. The Bradford ICB is cognisant of the fact that the development of new models of care will need to be robustly managed with clear milestones against which to measure progress. The ICB is also clear that a sound understanding of the resource requirements, dependencies, risks and the impact of differing models of care will be required. It is also aware that changes to the models of care of such magnitude will be complex and protracted over the next 5 years.

It is the intention of the Foundation Trust to support the Bradford ICB and work closely with partner members to set a clear plan highlighting key milestones and clearly defining resourcing requirements at an early stage in 2014/15.

The first stage in this process is already coming into focus with potential models of care, the Extensivist Model and Enhanced Primary Care Model, being identified as potentially the preferred options.

It is thought that these models of care will fully incorporate the integration and transformation agenda.

Progress towards the development and implementation of alternative models of care will be monitored both internally by the Foundation Trust with an overall view taken by the Bradford ICB.

It is the Foundation Trust's intention to be transparent with its ICB partners in communicating its thoughts and concerns. The Foundation Trust will also ensure that we communicate clearly with our Governors and Members and that we seek their opinions. We will also ensure that their concerns and views are reflected in the courses of action we take. This will be delivered through the Foundation Trust's regular member and governor meetings and will be timetabled into the process at an early stage.

### **1.5.2 Growth**

It is also apparent that there are some key service lines where there will be growth in activity. Consequently, the Foundation Trust is to develop services in these areas.

The potential for each of these developments has been highlighted by our analysis of the healthcare needs of the local population, our work to forecast activity and our strategic and service planning process. During the summer and autumn of 2013, the Foundation Trust developed and ran a series of strategy development days. The purpose of these development days was to encourage clinicians, nurses and service management to identify, and have input into, the development of services based on key drivers and core principles. The strategy development days were also attended by representatives of the local CCGs and patients.

As such the Foundation Trust is confident that the proposals to increase growth in the following areas are based on sound assumptions and are supported by our Commissioners;

- Respiratory Service Unit
- Cancer Centre for Urology, Upper GI, Head and Neck
- Vascular Centre
- Hand Trauma
- Diabetic Retinopathy Imaging Virtual Evaluation
- Gastroenterology
- Neo Natal Intensive Care
- Paediatric HDU
- Ophthalmology

The risks, potential benefits, resourcing requirements and dependencies of each individual development will be assessed in detail on an individual basis via the Foundation Trust's robust business case development and review process.

Delivery of each development will be monitored and managed through the Foundation Trust's performance management and project management processes and the business case implementation review process.

It is envisaged that the majority of these developments will be in place by the end of 2015/16.

### **1.5.3 Review and possible reduction in key service lines**

One of the objectives of the strategic planning process is to assess the strategic and operational fit of the services provided within each division. During this review a number of service lines were identified that either had poor market share, were not viable or did not readily appear to form part of the Foundation

Trust's core business. That the Foundation Trust should consider withdrawal from these services due to their lack of financial, operational or clinical sustainability is therefore under consideration as part of our strategic planning process.

The Foundation Trust will therefore work closely with these services and with commissioner partners to review and assess their sustainability and to communicate our intentions to stakeholders including Governors, Members and the general population of Bradford.

In line with the theme of moving care closer to home some of these pathways will be reviewed with specific focus on the opportunities for alternative models of care including self-care and illness prevention and community delivery.

It is envisaged that the majority of these developments will be in place by the end of 2015/16.

#### **1.5.4 The implementation of supporting strategies to facilitate the delivery of care**

The Foundation Trust has identified a number of key strategies that will need to be developed and implemented to ensure that the correct foundations are in place to support the effective and successful introduction of new models of care. In summary these strategies would cover;

- the need to make effective use of e-solutions including
- the need to make effective use of the estate including
- the need to make effective use of workforce planning including
- the need to market our services including the need to build strong relationships with our referrers

Specific strategies relating to Clinical Informatics, the Estate, Workforce and Marketing are in the process of being developed at the Foundation Trust. The development process for each strategy is cognisant of the fact that different models of care will be necessary if the Foundation Trust and its Unit of Planning partners are to meet the health and social care needs of the local population.

However, it is also clear that whilst the Bradford Unit of Planning has identified a potential future model of care in the extensivist model, this option is still being explored. As a result, each strategy has been written to allow enough flexibility in the Foundation Trust's IT provision, physical estate, workforce plan and marketing plan to ensure that the Foundation Trust can meet the requirements of the whichever new model of care is accepted. This has been done by embracing the integration and transformation agenda and ensuring that these twin themes run through each strategy.

It is understood by the Foundation Trust that the implementation of new models of care will be a complex and protracted process covering the next five years. Outline milestones, risks, resourcing requirements, dependencies and risk mitigation actions are highlighted in each strategy. However, the Foundation Trust is steadfast in its view that, at this stage these will only be outline commitments that will need to be firmed up once the Bradford ICB and Unit of Planning has confirmed its preferred model of care and developed a detailed plan for its delivery.

## 1.6 Appendices

*There are no appendices.*