



## **Strategic Plan Document for 2013-14**

**Bradford Teaching Hospitals NHS Foundation Trust**

**Strategic Plan for y/e 31 March 2014 (and 2015, 2016)**

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

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**The attached Strategic Plan is intended to reflect the Trust's business plan over the next three 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 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 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 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 Strategic Plan directly relate to the Trust's financial template submission.

**Approved on behalf of the Board of Directors by:**

<b>Name</b> (Chair)	David Richardson
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**Signature**



**Approved on behalf of the Board of Directors by:**

<b>Name</b> (Chief Executive)	Bryan Millar
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**Signature**



**Approved on behalf of the Board of Directors by:**

<b>Name</b> (Finance Director)	Matthew Horner
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**Signature**



# Strategy Guidance - Annual Plan Review 2013-14

## Organisational Summary

Our vision as an organisation is to provide the best quality, safe healthcare to the people of Bradford and West Yorkshire whilst continuing to meet the national and local challenges which the NHS as a whole continues to face. This includes delivering key improvements in productivity, whilst continuing to improve patient outcomes and the patient experience.

In particular the Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) is seeking to ensure that the lessons from the Francis report and the ambitions set out in the new NHS landscape are implemented by ourselves locally to ensure we deliver the care our patients deserve. Over the course of the past year the Foundation Trust has reviewed and prepared the groundwork for a new corporate strategy, focused on extending our 'Patients First' campaign into all aspects of the care and services we provide.

The new corporate strategy, with the strapline 'together, putting patients first, which we are seeking to publish later in 2013 will include measurable targets for quality improvement and a clear mission 'to provide safe healthcare, of the highest quality at all times'. We will hold true to our recently developed corporate values (we care, we value people, we strive for excellence, we make every penny count) to ensure that each of the five key strands of our strategy are delivered. These are:

- Our Patients – patients choose their care with us and recommend us to family and friends
- Our Staff – staff excel at putting patients first, wherever they work in the Foundation Trust
- Our Services – we provide a range of services that support the current and future needs of our patients
- Our Organisation – we are a well-managed organisation that meets our obligations to patients
- Our Community – we work hand-in-hand with GPs and other partners to put patients first

Whilst the finishing touches are prepared on our new strategy and work is done to embed this within the organisation we continue to work tirelessly to improve and maintain our quality of care for patients, recognising the challenges of 2012-13, particularly in relation to the referral-to-treatment standards where significant turnaround has occurred. We now look forward to maintaining these improvements, sustainably and consistently over the coming months and years and to continue to focus our developments on improving the quality and experience of care for our patients.

# Strategic Context and Direction

## Overview of Key Competitors and Assessment of Strength/Weakness

The Foundation Trust is the local leader for the provision of NHS acute healthcare and we are committed to our role as a regional centre for the treatment of certain diseases and illnesses. In order to do this effectively we recognise the need to ensure our provision is first and foremost catering for the population of Bradford and the requirements of the local health economy. We recognise that within the Bradford and west of West Yorkshire area there is a diverse local population, with continued trends of increased demand for acute and community services. As a Foundation Trust we understand our strengths and limitations and we seek to ensure that our market share remains stable. Opportunities for development and expansion will be explored and implemented appropriately, if they can be effectively delivered without impacting on our core services.

In terms of competition, BTHFT's main competitors reside within the West Yorkshire region. The key NHS competitors within this region include Leeds Teaching Hospitals NHS Trust, Calderdale and Huddersfield NHS Foundation Trust, Mid Yorkshire Hospitals NHS Trust and Airedale NHS Foundation Trust. Regionally there are also significant non-NHS healthcare providers, the most pertinent to BTHFT in terms of competition are the Yorkshire Clinic, Spire Healthcare, Care UK and Nuffield Health.

While BTHFT has varying strengths/weaknesses against each of our competitors, we believe that we offer an attractive service to NHS and fee-paying patients alike, with a reputation for high quality care, supported by strong research and education programmes.

Some of our key strengths are demonstrated by our:

- Regular listing by the Dr Foster Hospital Guide as having a lower than expected Hospital Standardised Mortality Ratio (HSMR).
- Status as a regional centre for the Cochlear Implant service, Head and Neck Cancer treatment, Urological cancer (including robotic surgery).
- Role as a teaching hospital for junior doctors, including a state of the art simulation centre.
- Stable financial position in recent years, allowing significant investment in both site infrastructure and patient quality and safety initiatives.

As an organisation we are also however aware of our weaknesses which include:

- The generalised negative perception of the city of Bradford which could impinge on our ability to recruit junior and sometimes senior medical staff.
- The potential reputational implications following the recent difficulties with the referral-to-treatment target which we have been managing through regular communication with the CCGs.

## Forecast health, demographic and demand changes

Almost 30% of the Bradford population are of BME origin. Additionally, the population of Bradford is not following the national trend as the majority of the population is younger, with a smaller proportion of older people. Bradford also sits within the most deprived 10% of local authorities nationally and as a result the high levels of deprivation have a significant impact on the health and the needs of Bradford residents.

The impact of this for our acute services often manifests itself as significantly increased attendances at the Emergency Department. As a result BTHFT continues to explore with commissioners and other care providers, new models of delivering urgent care, avoiding admissions and rehabilitation which will need to be a focus for forthcoming years.

In terms of activity and case-mix levels the biggest year on year growth has been seen in elective tariffs of less than £1k (13.7%) with the smallest, but still increasing, year on year growth in elective tariffs between £5k and £7k (0.6%). Overall non-elective spells appear to show a year on year increase of 9.9% over a 3 year period, with overall Elective spells showing a year on year increase of 10.6% over the same period.

Bradford has higher levels of chronic disease than neighbouring areas with the exception of depression and we recognise that a significant proportion of local people are dying prematurely (aged under 75 years). The main causes are cardiovascular disease and respiratory disease which are both higher than neighbouring areas. Significant programmes of work are taking place to improve our management of these chronic diseases, which include

- pathway redesign (cardiology)
- the continued expansion of the virtual ward (to include COPD)
- the development of local CQUIN indicators (eg COPD, Pneumonia) to enhance the bundle of care that patients receive.

Infant mortality is also an issue which affects the whole of the Bradford health economy and is a priority raised by the CCG's within the partnership arena. This is a significant area of focus that the Foundation Trust continues to seek to understand the reason for and to strive for improvement. For example, the risk from dying from congenital anomalies was significantly higher in Pakistani heritage babies compared to white babies and also compared to the region or nationally. The Born in Bradford research programme along with improvements in Neonatal facilities at BTHFT are part of the work to better understand and react to this issue, which will remain a priority for the whole health economy over the next three years.

### **Impact assessment of market share trends**

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

Overall, in recent years there is a slightly favourable increase in market share for BTHFT in the majority of clinical specialties, particularly taking into account the wider West Yorkshire region (ie referrals from outside the Bradford area). However there are also some specialties where BTHFT has seen a decline in market share, and work is underway with individual specialty clinical/managerial teams and referrers to understand this. Often this is a result of the Foundation Trust reaching capacity, with activity growth transferring to other providers. In response we have taken active steps to increase capacity in line with demand in a number of specialties to consolidate our market share where possible.

Aligned to this is the year on year increase in overall demand for services the Foundation Trust, so even in those areas with a declining percentage of market share there is often a concomitant increase in overall activity. It is projected that these trends are likely to continue over the next few years and BTHFT will continue to actively monitor market share over this time and work with commissioners in an effort to stabilise referral numbers/patterns. The impact for the Foundation Trust will be at a specialty level but can require significant programmes of change to realign pathways and ways of working to accommodate extra activity including some repatriation of patients from other providers.

## **Threats and Opportunities – QIPP & Demand Management**

The national QIPP scheme does provide some inevitable challenges for the Foundation Trust but it is also a lever for pathway redesign and new ways of working that deliver high quality care whilst reducing overall cost, through productivity and efficiency.

BTHFT has a number of work programmes operational that are designed to deliver QIPP objectives, these include:

- the Workforce Productivity Programme,
- Outpatients Improvement Programme,
- Going Digital strategy,
- Integration (including step up facilities and re-ablement initiatives)
- Admission avoidance and readmission reduction (including the Virtual Ward and early supported discharge schemes) centralisation of referral management
- Transforming Surgical Pathways work-stream with a clear focus on LEAN pathway reviews to deliver productivity through reducing unnecessary waste and delays in patient journeys through the organisation and between partners.

Through the contracting process for 2013/14 we have negotiated with our commissioners an agreed level of activity that will allow BTHFT to deliver our RTT requirements, which has been informed by extensive capacity and demand modelling. This approach will be robustly managed and monitored throughout the year to identify variation and to inform longer term capacity requirements. This has been particularly relevant to Endoscopy and providing sufficient inpatient bed capacity to allow surgical specialties to deliver their operating schedules.

There are also discussions being held with the local CCGs to address the continued increase in demand for acute services through the Emergency Department and the additional pressure this places not only on the department itself but also the admitting and downstream inpatient wards. Improving the management of demand will be key over the coming years to ensuring BTHFT has sufficient capacity to see and treat the appropriate severity of patients within expected timeframes.

## **Threats and Opportunities – Decommissioning**

A key commitment of the new corporate strategy for BTHFT is to ensure that we support the current and future needs of our patients. As an organisation we recognise that to achieve this we not only have to increase what we do in certain areas but we must also review those aspects of care that might be considered 'non-essential' for secondary care, or where we do not satisfy the full commissioner service specification.

This programme of review will continue over the next few years and has already identified services that will be nationally commissioned, where BTHFT does not meet the nationally developed service specification (eg Cystic Fibrosis, Primary Ciliary Dyskinesia and Paediatric Metabolics).

## **Threats and Opportunities – Shifting care outside of hospitals**

The Foundation Trust is planning out of hospital services which will be developed, coordinated and integrated with existing social and primary care services in order to provide care in the community. Additionally, work continues with regard to community based services (particularly Therapy services) to prevent admission/readmission and support early discharge. The development of the Virtual Ward

beyond its current scope of Frail Elderly to cover rapid access diagnostics & COPD pathways will become a permanent arrangement for the delivery of care.

A number of other work-streams are being developed which include a DVT pathway involving the management of patients by GPs with appropriate escalation to the Foundation Trust and a focus on integrated care in the community (see integrated care section below) which is currently in the pilot phase but will be expanded to become a more significant part of the health economy portfolio of services in the coming years.

## **Threats and Opportunities – Reconfiguration plans**

A number of significant schemes are under way regarding reconfiguration across BTHFT to ensure that our services remain fit for purpose and will deliver the ambitions outlined in our new corporate strategy. They include:

### Site configuration on the BRI site

The Foundation Trust is undertaking a fundamental review of its site configuration to maximise opportunities to improve both patient flow and the quality of the estate and to co locate services and clinical departments to extract efficiencies and streamline pathways. This project will also identify the optimal and sustainable bed base for the Foundation Trust drawing on the various benchmarking and modelling tools available.

### Patient Access Centre (PAC)

The Foundation Trust has taken a decision to centralise its patient referrals into a patient access centre. The current setup allows services to have their own administration on a service by service basis. Implementation of the PAC will involve a restructuring of the registration and booking functions across the Trust into a single central team. This will provide a more consistent and efficient service that improves the patient experience and ensures that all patients are seen and treated within the waiting times set out in the BTHFT Access Policy and the NHS Constitution. This scheme has been through a comprehensive consultation phase and is now in the detailed planning phase.

### Acute Medicine Strategy

The Division of Medicine has undertaken extensive work to address the management of acute medical patients in the organisation that will be implemented throughout 2013/14. The outputs include additional staff appointments and additional cover at weekends to allow for senior presence on all ward rounds.

### Elderly Care Strategy

The elderly care service is exploring the possibility of further recruitment of senior medical staff onto acute and community hospital wards, which is a key priority for the service in order to ensure safety and quality of care. In addition to supporting the acute elderly wards, the proposed service model will provide:

- in-reach provision for elderly patients residing on surgical specialty wards.
- extended medical cover in community hospitals to support the expansion of the Virtual Ward and reduce acute demand.

## **Diversifying Revenue Schemes**

There are a number of schemes in train that BTHFT is embarking upon to diversify our revenue. They include:

### Research

We have a strategic aim to expand our commercial research activity over the next five years. To support this aim we are investing in protected research sessions for key consultants to increase our phase 2 and phase 3 clinical trial work. We have signed a memorandum of understanding with Novartis to increase partnership and have close collaboration with GSK.

### Innovation and Intellectual Property

BTHFT has a dedicated Innovation Group that seeks to encourage and identify potential innovations with a view to sharing best practice across the Trust or taking a potential commercial idea to market. Membership of the group is trust-wide, including the Bradford Institute for Health Research and Medipex.

Medipex has evaluated 50 potential innovation projects/ideas from BTHFT over the last 8 years. Of these two commercial deals have been signed and a third project is very close to becoming a commercial deal. The anticipated potential commercial income arising from these is estimated at circa £100k pa from next year. In addition, Medipex are looking at a new spin out company to develop and market an innovative new product in which BTHFT will probably have a small equity stake.

### Retail & Catering

BTHFT plans to increase the number of 'The Hub' coffee shops on the BRI site by reviewing the potential to develop a second coffee shop in the women and new born unit. Currently, there is one coffee shop on site that caters to patients and staff located near the main entrance of the Trust. The additional coffee shop will generate income from patients and staff from our extremely busy site in the women and new born unit.

In addition, the proposed development of the accessible entrance to the rear of the BRI site will offer an opportunity to either increase footfall for in-house provided retail and catering services or to gain rent from private providers.

Video Interpreting Service – BTHFT has developed a video interpreting service that currently operates solely within the confines of the organisation. However there is significant potential to commercialise the service by selling the use of the service to other organisations.

Robotic Surgery – BTHFT has in place one Da Vinci Surgical Robot, which is currently used internally for Urological surgery but with potential to expand to additional specialties. As part of the expansion plan BTHFT is exploring the relationship with other local providers who may wish to refer patients for robotic surgery as part of patient choice.

## **Collaboration, Integration and Patient Choice**

The Foundation Trust is committed to increasing integration and providing alternatives to 'traditional' models, to allow patients to make their own choices regarding their care. To inform this we have asked patients to share their stories via the voluntary and community sector, the results of this will help shape our programme of Integrated Care.



The ultimate aim of this work is for BTHFT to deliver integrated care through a collaborative approach. To achieve this, a number of organisations continue to collaborate, including Bradford District Care Trust, City of Bradford Metropolitan Council, GP practices and our three main Clinical Commissioning Groups.

The collaborative projects underway include:

#### Integrated team working

Five test sites, based around specific localities, are piloting an integrated team approach that coordinates service provision between professionals from GP practices, the BTHFT community support teams, community based services and voluntary sector providers. The purpose of integration is to prioritise service provision within the locality to meet the patients' needs, ensuring the patient fully understands the pathway and the roles the responsibilities of the professionals involved.

The Health Partnership Project is supporting this initiative by including the test sites in their online directory of community resources. The Health Partnership Project is working alongside GP surgeries to identify how the voluntary and community sector (VCS) can best support their patients. Feedback from GPs is that some patients have problems that cannot be solved by medical intervention alone. These include problems with domestic violence, isolation, money, housing and legal issues, weight loss and many more.

In addition an Integrated Care implementation group has been established with an initial focus on providing support to known patients and service users who would benefit from a multi-disciplinary, care management approach. This will help the new teams to identify the benefits of integration in relation to the health and life quality of those patients. Future plans include predictive risk stratification to identify patients who are likely to be at risk of unplanned admissions.

The output of these pilots will determine whether the integrated team approach should be formalised with the 'business as usual' processes of our organisation and our partners over the next few years.

#### Alternatives to hospitals

Our community beds project team is currently mapping the availability of beds and looking at pathways into, and out of community beds. This is further complemented by plans to expand the Early Supported Discharge pathways and the use of the Virtual Ward for both step-down and step-up patients. Successful implementation of these initiatives is planned to deliver a real shift in culture away from the reliance upon BTHFT's two main hospital sites into community/home settings.

To be successful in improving patient care in community settings, the locality teams will need timely access to diagnostics to support acute admission avoidance. An 'Access to Diagnostics' project has been established to identify the current gaps in access to diagnostics and to explore the ways to bridge these gaps.

## **Approach taken to Quality**

### **Existing Quality Concerns**

In December 2012 BTHFT was inspected by the CQC and a minor non-compliance issue was raised in relation to medicines management, focussing on the availability of the ward pharmacy service and the increased risk that prescribing errors would occur. As a result the Trust has created an action plan to targeting specific areas.

. The Ward Pharmacy Redesign Project are implementing the action plan that will ensure -

- A higher percentage of medicines being reconciled within 24 hours.
- Improved medication history taking.
- More efficient use of pharmacy resource ensuring that higher risk patients are seen more often.
- Increased input of pharmacy technicians in ward areas.
- Improved communication between secondary care and primary care on patient discharge including increased usage of the New Medicines Service offered by Community Pharmacies.
- Robust application of the policy on self-medication.
- Embedding the pilot project and in particular the completion of appropriate documentation to support patients in managing their own insulin.
- The feasibility of expanding to a seven day service is fully scoped and quantified.

A number of actions have already been implemented which include pharmacy staff checking to see which patients are self-administering and whether the correct assessment has been undertaken. Where an assessment has not been undertaken this is highlighted to the ward staff, so that an assessment can be made.

### **Key Risks to Quality**

The Foundation Trust plans to achieve full compliance against Monitor's Compliance Framework in 2012/13 and has identified no targets that are classified as 'at risk' in the Annual Plan submission.

The Trust has identified a number of areas which it is mitigating the risk of, these include:

#### **Referral to Treatment**

The Foundation Trust instigated a comprehensive programme of turnaround focussing on the delivery of the RTT target. The turnaround phase is now complete with the emphasis now on sustainability and embedding the governance and performance management processes into business as usual. The specific actions to deliver a sustainable solution include:

- a fundamental review of capacity and demand within the Division of Surgery & Anaesthesia.
- a comprehensive review of patient pathways applying lean principles.
- the implementation of a centralised patient access function.
- The establishment of a Turnaround Board, inclusive of CCG representation, reporting directly to the Board of Directors.

### C-Difficile

In addition the Foundation Trust is aware of the increased risk of non-compliance with the *C-difficile* target given the reducing threshold available and continues to implement the infection control action plan which includes external recommendations.

### A&E 4 Hour Wait

Ensuring that sufficient capacity exists both within the Emergency Department and downstream wards to ensure all patients are seen within 4-hours of presentation. To support the A&E target additional Consultant posts have been established to increase the presence of senior decision makers and weekly performance meetings are in place to ensure the downstream availability of beds.

### Cancer Targets

Maintaining achievement of the key national cancer targets is also a risk for the organisation and in line with the LEAN work being carried out linked to RTT a similar approach is being adopted in specific cancer pathways to improve patient flow and enhance capacity, with nominated clinical leads responsible for overseeing performance in their areas.

### Providing suitable premises and accommodation for clinical care

The Foundation Trust recognises that some aspects of our accommodation are no longer ideal for the provision of 21<sup>st</sup> century clinical care. The major proposal to help improve this is the development of the new ward block and accessible entrance scheme which will include two new wards and will facilitate development of a new re-provided critical care facility (land act as an enabler for wider site/ward reconfiguration plans).

In addition, through our ward refurbishment programme and accessing central grants where possible we aim to provide modern, spacious patient care environments that use design, colour and art in a therapeutic way, building on the nationally recognised work we have done on Dementia care.

We also plan to make full use of our community hospital sites, in particular the use of Westwood Park Community Hospital for endoscopy and surgical procedures.

### Under-utilisation of technology

In some areas BTHFT recognises that compared to other organisations our use of information technology to enhance patient care is less advanced. Our Going Digital strategy aims to deliver specific schemes such as the Electronic Medical Record, E-Prescribing and E-Requesting. We continue to develop IT specific CQUIN indicator with our commissioners which include the delivery E-Discharges, E-Letters and E-Radiology Reports to GP practices with the benefits expected to accrue throughout 2013 and beyond.

### Ensuring suitably qualified staff that provide high quality patient care

As an organisation we aim to ensure that at all times we have the right staff in place to deliver the necessary care. As indicated previously it can prove difficult to attract candidates to Bradford for medical positions, however for the most part we have a good track record in successfully attracting clinicians to our roles. To secure continued success the Foundation Trust is working with clinicians to make the working environment more attractive, including reviewing on-call requirements and recruiting to additional posts

where capacity is needed. Additional investment has also recently been agreed in terms of permanent nursing roles which will be embedded over 2013 and be kept under continual review.

### Providing a sub-standard patient experience

Alongside delivering high quality clinical care it is of the utmost importance to the Foundation Trust that our patients receive an excellent experience and we recognise there are occasions (as demonstrated by complaints or incidents) where this is not the case. Although we also recognise that we cannot ever fully prevent this risk from occurring BTHFT has committed through the new corporate strategy and specific programmes of work to focusing on improving the patient experience.

This includes expanding engagement into our 'Patients First' programme throughout the Foundation Trust, securing real time feedback from patients to create instant actions for improvement. Other initiatives include making it easier for patients to directly book their own appointments and significantly reducing the number of on-the-day cancellations and rescheduled appointments through improved booking, clinic and bed management processes.

### **Overview of how the Board derives assurance**

The Board has a number of mechanisms in place to generate assurance regarding the quality of care provided, which include:

- Reports based on quality assurance, performance, strategy and patient safety are provided on a regular basis (monthly, quarterly, annually etc)
- Board committees which include:
  - Quality and Safety
  - Performance
  - and Audit are in place to ensure communication and input with the Board at both Board level and below
- Board members identified as senior responsible officers for key work programmes (including newly appointed Chief Operating Officer and Director of Informatics roles)
- The commissioning of reports from external organisations to provide an independent opinion on internal processes and actions, with examples that include the Intensive Support Team and PwC
- A comprehensive review of Monitor's Quality Governance framework identifying evidence to support an appropriate level of assurance overall.
- Leadership walk-rounds and governor visits - whereby Board members/governors visit clinical areas, meeting staff and patients to discuss issues and concerns

# Clinical Strategy

## Overall Clinical Strategy

To ensure we deliver our overall mission of providing 'sustainable safe healthcare, of the highest quality at all times', clinical quality and safety remain at the forefront of the Foundation Trust's ambitions for the next three years. High quality care for BTHFT means that we can demonstrate the quality of our services to our peers and regulatory bodies and that our patients rate our services highly. To do this, the key programmes of work are to:

- Continually get feedback from our patients and respond to their needs and introduce mechanisms to capture information required for the Friends and Family Test
- Implement recommendations from the Francis Report which include a focus on BTFHT to be open and honest about the feedback we get and demonstrate how we will address complaints and incidents
- Deliver services where appropriate over 7 days per week with rapid access to specialist care when needed
- Continue embedding the Patients First programme
- Further adopt and monitor the NICE Quality Standards – developing the current programme to reflect the increased number of topics referred to NICE
- Ensure active participation in the national clinical audit and patient outcome programme (NCAPOP) and national audits identified within the quality accounts
- Maintain and develop risk management processes to ensure compliance with NHSLA Risk Management Standards for Trusts and Maternity services
- To target continued investment into both the estate and service specific developments to improve both the quality and productivity of the services provided, including maximising the use of clinical space on the BRI site through development of office accommodation away from the main buildings
- Progress the initiatives that support integration, reducing length of stay and admission avoidance
- Expanding our provision of screening services (breast and bowel cancer) developed in partnership with regional and local commissioners and providers
- Increased engagement with technological suppliers to be reference sites for cutting edge equipment following the installation of a Toshiba Aquilion Prime 160 slice CT scanner leading to BTHFT become a world reference centre

## Service Line Strategy

Delivery of specific aspects of the clinical strategy rests with BTHFT's Clinical Divisions, overseen by the Executive Directors and ultimately the Board of Directors. The service line strategy encompasses a number of work streams that are either specialty or divisional specific or cover organisational wide initiatives. Examples include:

- Service Line Reporting and Patient Level Costing, supporting clinical teams to integrate finance and contracting into operational decision making and to promote the best in patient care and service delivery . To understand the relative financial standing of individual specialties and to determine their sustainability and viability. This will be further complemented by the extensive roll out of patient level costing supporting clinical and operational colleagues to understand the cost base of the service they provide in relation to both the tariff and appropriate benchmarks.
- Specialty capacity and demand modelling, through the application of the internally generated modelling tool and to work collaboratively with commissioners to source solutions for specialties where there is a mismatch between capacity and demand

- Specialty specific initiatives to reduced readmissions, by ensuring there is appropriate follow up care and support within community settings, including early supported discharge.
- To increase the efficiency and provision of day-case surgical pathways within the division, helping to increase productivity and reduce the risk of cancelled operations due to extended lengths of stay or sleep-outs.
- To develop mechanisms to ensure that care can be delivered over 7 days per week with rapid access to specialist care, including the appropriate staffing establishment.
- To embed a systemic use of a range of clinical outcome measures to monitor quality, safety and/or effectiveness so that challenge can be implemented at a specialty level as part of the monthly performance management regime.
- To develop specialist centre status and accreditation where appropriate, for example in Paediatric High Dependency Care, Paediatric Shared-care Oncology and Uro-Gynaecology.
- To maintain adequate capacity for the delivery of RTT targets and look at models for expansion of services where there is a market to do so, such as Reproductive Medicine.
- To develop the LEAN methodology in reviewing clinical pathways to improve quality and the patient experience and to maximise any efficiency and effectiveness opportunities that materialise to support the productivity agenda and target delivery.
- Utilising the Dr Foster Marketing Manager software at service and specialty level to target GP engagement on particular service lines or procedures.

## **Clinical Workforce Strategy**

- Workforce Planning is integral to the Foundation Trust's annual planning process which requires Divisions and departments to identify and plan effectively to address both the quality and productivity agenda. The Foundation Trusts workforce plan includes the specific implications for individual staff groups covering: Workforce implications resulting from planned service changes / developments
- Service delivery change and the planned or proposed impacts on staff

In addition the Foundation Trust also faces a number of workforce risks that are categorised under

- Recruitment challenges
- Turnover and retention
- Retirements

The Workforce Plan for 2013-14 shows an estimated reduction in overall funded WTE staff numbers of 0.6%. WTE totals for clinical staff remain static with a small increase in Consultant numbers and planned reduction in admin and clerical staff.

### Key impacts on the workforce include:

- Maintenance of midwifery staffing ratios through skill mix, with the on-going development of midwifery led services following the opening of the midwifery led Birth Centre.
- Consultant expansion programme in A&E and Acute Medicine.
- A review of referral to treatment processes resulting in the proposed centralisation of appointments, bookings and administration to be implemented 2013 / 2014.
- Skill mix reviews across a number of clinical areas in the Foundation Trust.
- Significant improvements in the effective deployment of staff through the implementation of e-rostering and an integrated bank management system to be completed by April 2014.

## **Key Workforce Pressures**

There will be a reduction in the number of trainees initially in Anaesthesia and Orthopaedics which will impact during 2013 / 2014. The Foundation Trust has established a Workforce Forum whose remit is to develop plans to deal with reductions in medical training numbers and changes to the scientific workforce and to ensure consistency in the development of new roles, particularly Assistant Practitioner roles.

The Foundation Trust has established a strategy to significantly reduce the usage, costs and potential risks associated with the use of medical locums. We are also reviewing our in-house nursing bank and assessing the potential to extend to other staff groups.

There remain recruitment challenges in a number of specialist areas, particularly within Clinical Support Services. The Foundation Trust has been reviewing its approach to recruitment in all challenged areas and is starting to see improvements, with Radiography being an example.

The Foundation Trust is working on strengthening succession planning and is developing a Talent Management Strategy in relation to senior nursing roles.

## **The impact of the Workforce Strategy on Costs**

Plans are in place to reduce agency and locum spend and improve performance across the Organisation against sickness absence levels. Allied to this are significant anticipated improvements in the effective deployment of staff and the management of rotas through the continued roll-out of e-rostering and an integrated bank management system.

Delivery of the Workforce Plan is reported into the Workforce Productivity Programme Board which through its work-streams considers contractual flexibilities, commissions reviews (i.e. secretarial and administration) and leads the Foundation Trust's approach on areas such as temporary staffing and medical and dental spend, in order to enable a sustainable reduction in the pay bill.

The Trust has recently worked with NHS Employers to undertake a detailed assessment of the challenges the Trust faces with regard to the Health and Well Being of the workforce and the management of attendance. It found that many of the good practice approaches used in other organisations are already in place. An action plan was developed and agreed with key elements that include:

- Development of a business case to procure an Employee Assistance Programme
- Additional training for managers including e-learning
- Management of mental health training and proposals for fast-track mental health referrals
- Health eating initiatives/NICE obesity action plan

## **Findings of Benchmarking**

The Foundation Trust undertaken a number of benchmarking exercises which include the application of the 'Safer Nursing Care Toolkit' in order to assess and plan appropriate nurse staffing levels in line with service needs. This toolkit is not appropriate for midwifery and paediatric nursing staff and we are currently piloting a suitable tool for these groups. Initial data collection has been completed and additional investment has been approved by the Board of Directors.

Benchmarking on a range of Therapy Services has taken place in 2012 i.e. Physiotherapy and Radiography with action plans to improve productivity and efficiency where necessary being agreed by the Workforce Productivity Board.

Education and Training needs and skills gaps are identified as part of the annual planning process to form the basis of the education and training plan. The education team have recently completed a baseline training needs analysis to help identify immediate and medium to long term corporate education priorities. A detailed education and training plan is being delivered based on these results.

## **Clinical Sustainability**

The Foundation Trust recognises that maintaining clinical sustainability of services through appropriate levels of staffing is vital to the delivery of safe and effective patient care. Whenever instances arise whereby staffing levels fall short of guidance, work is undertaken internally to assess the operational risk and action is taken where necessary to provide short and long-term solutions to the problem. BTHFT has instigated a number of programmes that will help to deliver greater clinical sustainability over coming years. These include:

- Recurrent investments in midwifery, nursing, acute medical and emergency medical staffing levels
- Development of new models of care, such as the Interface Geriatrician to support integration
- Significant capacity and demand work within surgical specialties (including LEAN programmes) identifying expected levels of consultant productivity and reduction in inappropriate tasks, focusing more time on direct clinical care
- Workforce productivities through implementation of the e-rostering system
- Enhancements in Information Technology to reduce the administrative burden on clinicians through the Electronic Medical Record, Electronic Requisitioning & Reporting and Electronic Discharging



## **Productivity & Efficiency**

Delivering financial sustainability against a backdrop of ever increasing economic challenges whilst ensuring any negative impact on quality is mitigated, requires a fundamental change to how the Foundation Trust delivers its CIP. Securing the required level of savings will not be achieved by employing historical approaches to CIP delivery. The Foundation Trust needs to complement this approach with a fundamental review of how we deliver services which will require organisational wide input, engagement and collaboration. Whilst productivity opportunities remain at a divisional level, longer term sustainability will only be achieved by organisational wide change.

The developments within primary care coupled with the tariff structure places greater emphasis on the requirement to engage and work collaboratively across the health economy. The focus on admission avoidance supported by the marginal rate adjustment within tariff together with the payment structures for acute readmissions place greater emphasis on keeping patients out of hospital. We need to establish health economy wide solutions and pathways to secure the maximum quality and cost effective opportunities available.

There needs to be a strong focus on the promotion of innovation to secure productivities and quality improvements together with a reaffirmation of the basic controls that need to be in place, both financial and operational. In addition the provision of robust, timely and accurate financial management information will develop our understanding around cost drivers (i.e. patient level costing).

## **Differential CIP targets**

Accountability for the delivery of the differential cost improvement targets remains with the Divisions and Directorates. The application methodology of the differential CIPs reflects a marginally reduced percentage level of CIP where there has been consistent delivery of budgetary targets.

## **CIP Templates & Scheme Evaluation**

Budgetary control totals have been issued to each Division and Directorate inclusive of their differential CIP percentage. In addition a number of residual and new cost pressures have been identified that are out with the underlying financial planning parameters. In some instances they have extended the Divisions/Directorates efficiency requirement for the forthcoming year. The financial gaps identified must then be addressed through the identification of cost improvement schemes that focus on both productivity and efficiency improvements.

The productivity and efficiency schemes identified are consolidated onto Divisional/Directorate CIP trackers which are used as the basis for on-going management and monitoring but also for initial evaluation. The evaluation process, that captures financial, qualitative and safety implications, determines whether a scheme proceeds is undertaken by the following:

- Finance Department (Assistant Director of Finance)
- Chief Nurse Office (Chief Nurse)
- Medical Directors Office (General Manager)

## **CIP Delivery Evaluation & Performance Management**

The national focus on quality and safety places significant emphasis on clinical engagement in both the development and on-going performance management of cost improvement schemes. The proposed governance arrangements will ensure that quality assurance processes and longer term financial sustainability are embedded into the Foundation Trusts forward planning assumptions. The importance of robust planning and decision making, that demonstrate effective clinical engagement, will need to be a key feature of any future CIP governance arrangements.

The establishment of the Performance Committee and CIP Delivery & Impact Assessment Group will also add further rigour into the CIP evaluation and delivery process. It is therefore proposed that over quarter one of 2013/14 the Foundation Trust identifies the most effective CIP governance and reporting arrangements ensuring that it dovetails into existing governance structures, that will include;

- Monthly Budget Performance Meetings
- CIP Delivery & Impact Assessment Group
- Clinical Management Group
- Performance Committee
- Board of Directors

The CIP Delivery and Impact Assessment Group will comprise the Finance Department, The Medical Directors Office, the Chief Operating Office and the Office of the Chief Nurse with terms of reference that include:

- To provide appropriate governance structures and assurance that CIP proposals have either a neutral or beneficial impact on quality and patient safety.
- To evaluate and approve CIP proposals and to prioritise allocation of the financial sustainability enablement fund.
- To provide a robust monitoring regime to provide assurance that CIP targets are being delivered. To provide early warning of slippage against targets and facilitate timely and targeted corrective action.
- To implement a structured performance management regime to hold service managers and clinical leads to account for performance against their CIP targets.
- Develop a robust process for extracting benefits (both qualitative and financial) from proposals.
- Develop a post implementation review process to ensure there are no unintended consequences on both quality and safety.

The framework used to evaluate the quality impact assessment will make reference to the Foundation Trusts existing quality dashboard and will focus on:

- Patient Safety
- Clinical Effectiveness
- Patient Experience
- Equality & Diversity

## **Transformation**

There are a number of work streams that are already underway that support both the transformation agenda and delivery of longer term financial sustainability with examples that include:

### **a) E-Solutions**

Significant investment has already been made in a number of areas such as e-rostering, electronic test requesting and EMR that will support and enable the identification and implementation of productivity opportunities

### **b) Clinical Pathway re-design**

The Foundation Trust has introduced a number of initiatives to support admission avoidance and to expedite discharges all of which have been developed in conjunction with local commissioners.

- Re-ablement - The funding made available via re-ablement has resulted in the development of a number of early supported discharge (ESD) schemes that have saved a significant number of bed days, through reduced length of stay. The proposals to expand the number of schemes across and extended number of specialities is under review.
- Virtual Ward – The continued development of the ‘virtual ward’ offers further opportunities to avoid admissions. The Virtual Ward Delivery Board which includes provider organisations, commissioners and other key stakeholders in the community will explore the opportunities available to meet the intermediate care needs of Bradford.
- Pathway reviews – The engagement of dedicated external support to support the review and redesign of clinical pathways applying lean principles will secure both efficiencies and improve the patient experience. The organisation has already undertaken a fundamental review of emergency patient flows within the hospital from admission to discharge and has identified a number of work streams and enablers to facilitate improvement.
- High volume readmissions – There are a number of specialties that have a small number of patients accounting for a significant proportion of readmissions. Addressing this issue requires health economy wide engagement and solution identification that will complement both the ESD scheme and the expansion of the virtual ward.

### **c) Productivity Reviews**

The Foundation Trust has developed a number of models that focus on ensuring the Foundation Trust maximises the capacity it has available and streamlines internal capacity utilisation processes. These include:

- Outpatient utilisation capturing data on clinic utilisation and rescheduling
- Theatre utilisation & productivity
- Capacity & Demand modelling

### **d) Workforce Productivity Board**

The Workforce Productivity Board is a corporately led initiative that supports all Divisions and Directorates achieve workforce productivities across the following work-streams:

- Temporary Staffing
- Attendance Management
- Contract Flexibilities
- Secretarial & Admin Review

**e) Clinical Engagement**

The Foundation Trust has actively sought and secured clinical engagement and leadership across all aspects of transformation and CIP delivery, with all the Transformation programmes led by clinical leaders from various disciplines across the organisation

## **Financial & Investment Strategy**

### **Financial Strategy**

The Foundation Trust has continued its strong track record of delivering financial targets and cost improvement requirements in 2012/13 with an overall Income and Expenditure surplus of £6.1m. This is a sound baseline position on which to make sustainable financial plans going forward.

The financial strategy is cognisant of the short to medium term economic outlook and the continued drive to secure efficiencies without compromising the quality and safety of care provided. In recognition of this the Foundation Trust has over recent years planned for an EBITDA return below the 5% margin that would secure a rating of 3 for this metric within the Financial Risk Rating. The additional margin required to secure this level of return would increase the CIP requirement and directly impact on frontline/clinical services. The Foundation Trust will continue to maintain this position if it is considered quality and safety will be compromised to deliver an improved return.

The strategy includes the continued internal and external communication regarding the financial challenge faced, ensuring key stakeholders are fully aware and engaged in both understanding the situation and taking ownership and responsibility for the solutions. The importance placed on robust planning and decision making is a key feature of the strategy.

The developments within primary care coupled with the changes to the tariff structure places greater emphasis on the requirement to engage and work collaboratively across the health economy. The introduction of any qualified provider and the focus on admission avoidance supported by the marginal rate adjustment within tariff together with the payment structures for acute readmissions place greater emphasis on keeping patients out of hospital. The requirement to establish health economy wide solutions and pathways to secure the maximum quality and cost effectiveness remains a key priority

It is clear that both historical and recent approaches to delivering cash releasing savings will not deliver the anticipated level of savings and that fundamental change is required to maintain financial stability and deliver the desired service and quality improvements. The mandate is therefore one of tangible change that focuses on the delivery of what really matters, supported by strong leadership and reliable management information on which confident, justifiable decisions can be made.

There will be a strong focus on the promotion of innovation to secure productivities and quality improvements together with a reaffirmation of the basic controls that need to be in place, both financial and operational. In addition the provision of robust, timely and accurate financial management information will develop our understanding around cost drivers and identifying 'quick wins' in terms of driving out efficiencies.

The Financial Strategy of the forthcoming and subsequent years is to maintain a Financial Risk Rating of 3 and to secure a rating of 4 under the new Continuity of Service Risk Rating. The Foundation Trust has, over the last three years, successfully secured an income and expenditure margin in excess of 1%. The forward plans will continue to target this level of return to maintain financial stability and provide resources for re-investment back into service delivery. Other key financial planning parameters within the strategy include maintaining an appropriate level of liquidity headroom and adopting an overall balanced risk approach when assessing the Foundation Trusts underlying financial standing within the financial regime it operates. Understanding and managing the tolerances within the regime to maintain overall equilibrium will be a key decision making driver for assessing future strategic and operational developments.

## **Financial Planning Assumptions**

The key financial planning assumptions include:

- Activity levels broadly set at 2012/13 outturn levels, with adjustments to reflect commissioning intentions, agreed service developments and the activity required to meet patient access targets.
- Changes to rules governing payment by results and associated efficiency requirements, inflationary and regulatory cost pressures
- A CIP target of around £13m per annum, representing a CIP requirement on appropriate budgets of around 4.3%

## **Key Financial Priorities & Investments**

The overall financial priority is to develop viable and sustainable financial plans that incorporate the objectives of the Trust's service strategy and that meet the regulatory requirements of the financial risk ratings.

Realistic but achievable financial targets have been set for Divisions that meet the efficiency requirements set in National Tariffs and to allow delivery of patient activity volumes to meet qualitative and patient access targets. There is an emphasis on maintaining cost controls but this is tempered by robust safeguards to ensure that cost improvement plans are implemented only after assurance is obtained that this will not adversely impact on patient safety.

Despite the significant financial challenges, the Trust has been able to plan for investment in revenue and capital to further develop services and to make targeted improvements in the quality and safety of healthcare for patients. The Trust has planned for a capital equipment programme of £18.1m in 2013/14 which will allow investment in new and replacement of medical equipment, service development, infrastructure improvements and enabling IT projects.

## **Key Financial Risks**

The main financial risks facing the Trust are as follows:

### Income Risks

- Securing full delivery of contract income targets and contracted levels of activity within commissioning contracts
- Ensuring the indicators agreed within the contract and associated schedules are delivered to avoid the financial penalty regime within commissioning contracts
- Fulfilling the agreed CQUIN indicators and thereby securing the associated income stream
- New CCG commissioning arrangements/intentions and developing relationships

To mitigate against these risks the Trust, the focus will be on maintaining robust processes to monitor contract delivery, and to take early action to re-align any off contract performance. The Trust will continue to develop good working relationships with the CCGs that will include an integrated and open approach to jointly manage contract performance, service development and issues surrounding the PBR Payment regime. All service contracts for 2013/14 are agreed and signed with Commissioners.

## Expenditure Risks

- Delivery of devolved expenditure budget targets, and management of cost pressures.
- Delivery of CIP targets whilst ensuring there is no adverse impact on service quality and safety.

These risks are mitigated by a robust process of budgetary performance management, with escalation points and sanctions for off plan performance. This process will involve forecasting and assessment of expenditure trends to provide an early warning of deviation from plan to allow financial recovery plans to be promptly put into place.

Other mitigating actions (if required) will include:

- Increasing the level of CIP requirement
- Identification of non-recurrent actions to release benefit in year
- Deploying part of the planned surplus to support the financial position whilst still maintaining a financial risk rating of 3
- Deploying the budget contingency reserve
- Identify new income opportunities to deliver an additional financial contribution