

Taunton and Somerset NHS Foundation Trust

Operational Plan 2017-19

April 2017

Introduction

Taunton and Somerset NHS Foundation Trust (TSFT) has completed this plan mindful of its mission of “Working together for a healthy Somerset.” The trust’s four aims supporting this mission are:

- To achieve excellent performance across all patient services
- To be a great place to work with a culture of continuous improvement
- To embed a person centred approach across a joined-up community
- To create financial sustainability of services both in our hospital & across the health community

The aims are supported by 12 objectives as follows, categorised to fit the four areas of focus that service performance is judged against:

	Objective
Our Care	
1	Deliver and maintain highest standards of clinical care across the hospital
2	Deliver against critical performance standards (RTT, cancer care, ED etc.)
3	Take advantage of our status as a global centre of digital excellence to transform care, services and standards, and become internationally recognised for delivering excellent digital working.
Our Colleagues	
4	Deliver a ‘Great Place to Work’ (GPTW) strategy with a particular focus on colleague wellbeing and on acting on Pulse Check feedback
5	Further embed a performance culture by continuing calibration and talent review and embedding performance review for Doctors so that all colleagues performance review is linked to our values and behaviours
6	Create and deliver a joined up workforce resourcing & skills strategy that crosses Somerset organisational boundaries
Our Community	
7	Deliver our part of the Somerset Sustainability and Transformation Plan (STP). This will include transforming care pathways, working collaboratively with partners and developing new ways of delivering services.
8	Develop alternative methods and vehicles for service delivery, in collaboration with partners, which reflect the commissioning agenda of Somerset CCG.
9	Further explore the opportunities for shared back office service across health providers

Our Performance and Improvement	
10	Ensure that all of the Trust's specialties are clear on the demand they face, and the capacity that they have to meet that demand.
11	Ensure that the risks of lower capital investment are managed, in order to mitigate or reduce the impact of cuts on safety and operational efficiency
12	Identify and deliver cost improvement plans to ensure delivery of the recovery plan, and financially sustainable plans for the medium and long term.

TSFT continues to work collaboratively to ensure that improvements are made, both internally and for the wider Somerset system. This year the Sustainability and Transformation Plan (STP) for Somerset has been developed across the county, and this plan reflects that both in terms of internal service delivery and how the trust contributes to the health economy as a whole.

Progress against the nine national "must do's"

The trust continues to deliver against the 9 national "must do's" first outlined in the *"Delivering the Forward View"* guidance. The trust's approach to the 6 of them that directly relate to its services is detailed in the sections of this document below, as per the technical guidance for the completion of Annual Plan narratives. The following table directs the reader to further information on the national "must do's" as well as providing a brief description of the Trust's work on the other three "must do's" which do not directly relate to the services it provides:

National "Must Do"	Further information in this document	Trust objective link
STPs	Please see "Link to the Sustainability and Transformation Plan" section of this document.	7
Finance	Please see "Approach to Financial Planning" section of this document	11, 12
Primary Care	Although not directly commissioned to provide General Practice, the Trust is working with GP practices across Somerset to reduce referrals and provide specialist support. For example, the Trust's Paediatric service now provides GP surgery-based clinics which have significantly reduced hospital presentations.	7
Urgent and Emergency Care	Please see "Approach to activity planning" section of this document to read more about the Trust's approach to meeting A&E access targets and increasing seven day service provision.	1, 2, 10
Referral-to-Treatment times and elective care	Please see "Approach to activity planning" section of this document to understand more about the Trust's approach to meeting RTT standards such as the maximum 18 week wait, and improving elective provision.	1, 2, 10
Cancer	Please see "Approach to activity planning" section of this document to understand how the Trust is working to deliver the NHS Constitution 62 day cancer waiting standard, the constitutional two week and 31 day cancer standards and is making progress in improving one-year survival rates.	1, 2, 10
Mental Health	The Trust does not provide mental health services. However, it does provide physical healthcare to patients with mental illness. The Trust has worked closely with the Somerset Partnership NHS Foundation Trust (the local provider of NHS mental health services) to ensure that the needs of patients are met. This includes increased psychiatric liaison nursing, joint nursing posts, psychiatry presence in A&E and specialising on wards to ensure that patient needs are met.	7, 8
Learning Disabilities	The Trust employs a dedicated nurse who provides direct support to people with learning disability throughout their stay in the hospital, ensuring their special needs are met. She is actively working with primary care to improve links so that people attending outpatients who have learning disabilities can be identified in advance and supported.	7, 8

National “Must Do”	Further information in this document	Trust objective link
Quality	Please see “Approach to Quality” section of this document	1, 5, 6, 10, 11

Activity planning

The trust has undertaken an assessment of likely activity demand and its capacity to meet this in 2017-19. This has involved the modelling of demand and capacity across specialties, taking into account lessons learned from previous years, winter plans and other resilience plans across the system. The methodology used to calculate demand and capacity looks at 2016/17 activity, models in growth estimates, and compares this to the capacity available in services to meet it.

Overall, underlying growth for elective procedures has been assessed as 1.8%, and for outpatient procedures has been assessed as 1.3%. This is less than the national projection of around 2.5%, but is based on actual demand data and local intelligence. However, the trust projections exclude additional work required to improve the Trust’s referral to treatment (RTT) position, and also masks significant variance across different specialties. For example, demand for elective gastroenterology surgery is expected to grow by 10%. And for some specialties like breast surgery there is a small reduction. Emergency growth is also predicted, at around 5%. CCG activity growth projections are currently lower for emergencies, but higher for elective and outpatient activity. However, these will be refined as the contracting process continues.

The Trust’s methodology allows for the identification of specialties where there appears to be insufficient capacity to meet demand. This then allows for planning to address the shortfall, e.g. business cases for investment, more efficient working arrangements, use of the independent sector, investment in “waiting list initiatives” etc. These arrangements can also be used within-year to address unexpected changes in demand. For emergency growth, work to improve patient flow will help to mitigate the effects of the increased demand.

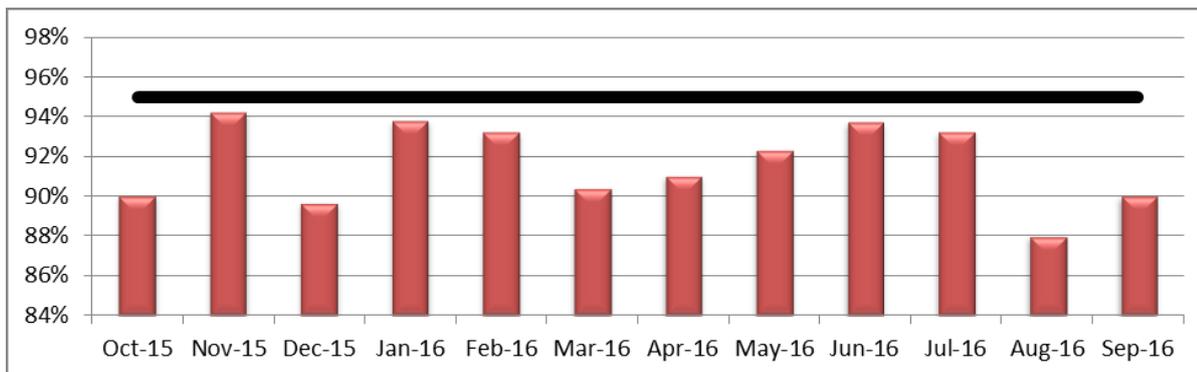
As well as pursuing the approach described above the Trust is committed to participation in steps to manage demand across the system for both planned and unplanned care. There are capacity and affordability problems from a system perspective for both areas of service and to address this the Trust is signing up to the STP strategy to take steps to reduce demand by reviewing pathways of care and making them as efficient and effective as possible for patients. For elective care the Trust and the CCG have, as part of the contracting process, quantified an impact of this programme to reduce demand in year in order to meet RTT performance recovery; for unplanned care the programme of demand management will be taken forward by the A&E delivery board with the intent to restrict the level of demand to that seen during the past financial year.

The Trust has undertaken a large amount of work in relation to increasing performance against key operational standards, particularly those contained within the 9 national “must do’s” for the NHS – A&E waiting times, Referral To Treatment (RTT) within 18 weeks, and Cancer treatment within 62 days. Progress and plans are as follows:

A&E (national “must do” 4)

Trust performance against the target of treating all patients within four hours of their arrival at A&E has been mixed. There has been unprecedented demand for services, without commensurate additional funding for staff, beds or theatres. As a result, performance is not as high as it has been in previous years.

The graph below shows performance in the year to September 2016. There has been a failure to meet the 95% target every month since October 2015, although at no point has performance dipped below 88%. Performance has been particularly challenging in August and September, coinciding with a peak in attendances.



The trust has worked hard to meet demand, and is looking at further ways to improve its performance. The dedicated Older Persons Assessment and Liaison (OPAL) service opened in November 2015 and has helped to improve performance since opening. There are now plans to expand its opening hours across seven days. A new reluctant discharge policy is in place, and there is now more medical cover and therapy provision at weekends.

An integrated “front door” service has been designed and is being delivered which aims to ensure that more patients are treated by the most appropriately skilled staff for their presenting condition. This will re-focus Consultant medical resource on major emergencies. In the coming year, there will also be greatly enhanced work, within the hospital and collaboratively with other service providers, to reduce the numbers of “delayed transfer of care” (DTOC) patients i.e. those who are medically fit for discharge but for whom there is no suitable package of care elsewhere. There has been a commitment across the county to reduce DTOCs by 50%, and this is already being achieved in some areas. A reduction in DTOCs will mean an increase in the supply of beds, and thus better throughput of patients. Further information on work to improve DTOC performance is included below in the “Links to the STP” section of this plan.

At a system-wide level, the Trust is adopting new approaches which have been taken forward in response to pressures seen at previous busy times. These include the stronger use of the escalation, and working closer with other providers including Somerset Partnership NHS Foundation trust which provides more in-reach work to alleviate pressures within the hospital and secure a reduction in delayed transfers of care.

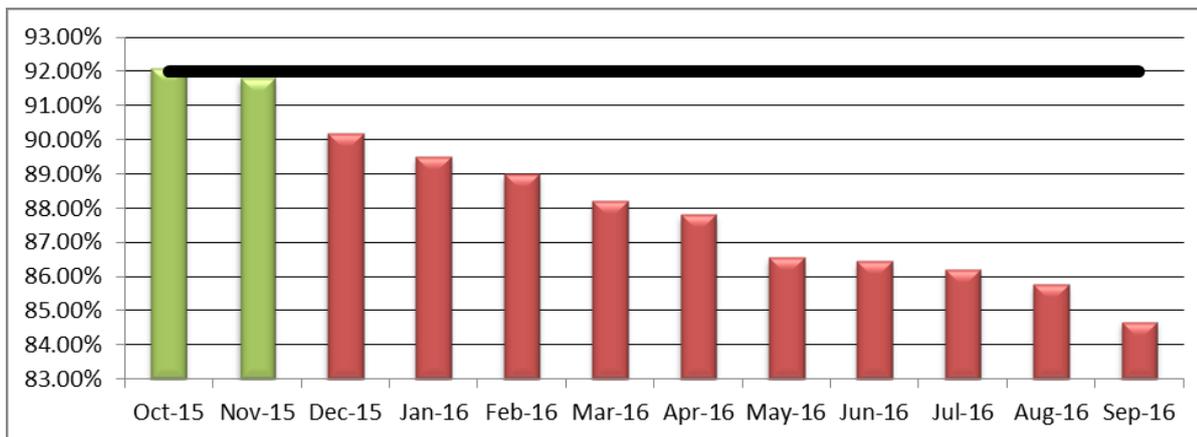
The Somerset A&E Delivery Board for System Wide Urgent and Emergency Care has been established at a county level, and will be focusing on the recovery of the 4 hour A&E target. Its work consists of the following five mandated improvement initiatives:

- A&E streaming at the front door
- Increase the percentage of calls transferred to a clinical advisor
- The Ambulance Response Programme
- Patient flow
- Improving discharge processes

The trust fully participates in the work of the board, contributing to (and learning from) key performance metrics monitored by the board. An Implementation Plan has been developed focusing on the actions required to achieve the five mandated improvement initiatives, and will be delivered so that the 4 hour standard can be sustained.

RTT (national “must do” 5)

The trust has seen a steady decline in performance in relation to the 18 week Referral to Treatment (RTT) target. The graph below shows performance against the target.



Demand for services continues to rise at a level which is greater than the trust's capacity to treat patients. Although some of this demand can be managed through additional activity to specifically reduce waiting lists, and some can be managed by independent sector providers, there has been difficulty in arriving at a solution which delivers performance whilst controlling cost. Work will continue to maintain and improve performance in this context in the coming year.

The work will include the embedding of the recommendations from the Very Intensive Support Team's (VIST's) review of RTT, and work with the CCG's Activity Management Group to control demand.

The contributory factors for increased patient waiting times have been identified, with actions in place to be monitored regularly in the future. There is a much more robust system of demand and capacity information in place now, allowing for more timely interventions and the raising of issues. Causes can be more easily and readily identified and addressed using enhanced management information, and there will be renewed efforts to increase staffing levels where these are insufficient to meet demand. Services are clear on the levels of activity required to maintain performance and to improve it, and resources will be targeted to meet this level of activity.

The increases in referral volumes present a financial difficulty as well as a challenge to achieving RTT. Discussions with the CCG will continue to ensure that issues are managed in an appropriate way to meet patient need. Internally, improvement work in the hospital's theatres (see "Approach to Quality section below) will deliver increased throughput and reduce the Trust's reliance on independent sector provision. Improving access is a key plank of the Somerset Sustainability and Transformation Plan (STP), and is part of one of the key priorities of that document. The trust looks forward to working with the CCG on particularly problematic specialties such as orthopaedics and dermatology.

Despite pressures, the trust has an agreed improvement trajectory, and part of its work in assessing demand and capacity involved undertaking analysis to see what additional work was required to improve the RTT position. The trust will make all reasonable endeavours to consistently meet the RTT standard in 2017, following its agreed improvement trajectory.

Cancer (national "must do" 6)

Cancer performance has been mixed during recent months. Some targets have been met consistently (e.g. anti-Cancer drug treatments, radiotherapy waiting times and the 31 day target for diagnosis to first treatment). However, the trust has been less successful at meeting other targets, such as the Cancer Screening Service referral target.

As with RTT, the trust's performance has been made more challenging because there has been a significant increase in referrals. Overall across all specialties, cancer referrals in 2015/16 were 24% higher than two years previously.

In response to increased pressures, the Trust has implemented a number of improvements to process which are delivering results and which will be taken forward in future years. These include a concerted effort to meet the 8 cancer priorities, including detailed improvement plans for each tumour site not meeting standards, with fortnightly monitoring. The Trust will also continue to embed revised cancer performance reports, enabling more immediate corrective action and escalation. This has already led to a reduction in the number of patients at Day 47 without a decision to treat.

Quality planning

The trust has quality priorities that are set down in its Quality Account. These are underpinned by the needs of the STP, which itself reflects local community need. The quality priorities are:

1. Improving processes for discharging patients from hospital;
2. Care of older frail patients and those patients with dementia;
3. Safer care: specifically focused on the management of patients with sepsis, prevention of falls, pressure ulcers and infections;
4. Safer care: care of patients whose condition deteriorates in hospital and how we respond;
5. Effective communication: particularly ensuring that communication with patients and families is accurate, appropriate and personalised.

These priorities have been agreed bearing in mind the needs of national and local commissioners, and reflecting on quality concerns raised from internal intelligence, regulators (e.g. the Care Quality Commission) and others. The Quality Account sets out the importance of the priorities, and the Trust's performance and improvement efforts against each of them, in more detail. This includes the Trust's approach to managing quality risks. In addition, directorates within the hospital have quality priorities which contribute to the trust's wider goals.

For example, the Haematology, Oncology, Palliative Care and End of Life Directorate (HOPE) have highlighted re-accreditation of many of their services to maintain and improve quality standards. There will also be further work to embed digital ways of working (such as Electronic Prescribing and Medicines Administration) into services.

The medicine directorate has also identified its quality priorities for the year. They include improved treatment escalation plans, and the reconfiguration of wards to promote recovery and better patient flow. This will help with A&E and RTT performance as well as ensuring the appropriate care environment for patients and a bed base more reflective of specialty need. There will also be work to re-define pathways to take advantage of the trust's status as a global centre of digital excellence and of the opportunities afforded to services by better digital working.

In surgery, an emergency surgery review will promote quality by ensuring the correct mix of beds between specialties, reflecting new patterns of demand. There will also be a renewed focus on theatre efficiency, generating more capacity to see more patients quicker and help to achieve RTT.

And for Women and Children's services, a 7 day service for emergency gynaecology will be developed, alongside improvements to the estate which will make the patient experience better. There will also be a better pathway for paediatric sepsis, and a revised paediatric assessment process to aid patient flow.

Approach to Quality Governance

Quality concerns and key risks are monitored at Board level via the corporate risk register. The Trust's quality concerns focus on other areas covered in this plan, such as the ability of the Trust to maintain safe and effective services when activity is increasing and whilst the Trust's financial position remains challenging. There are also quality concerns around temporary staffing which are covered in the Workforce section of this plan.

Other major quality concerns include the condition of the Trust's estate and the likely impact on services such as critical care, theatres, maternity, breast care, haematology and paediatrics which are still housed in 1940's temporary war accommodation. Whilst the Trust has maintained the accommodation to provide as high quality patient environment as possible, the buildings are poorly designed for modern healthcare, undersized and have poor infrastructure support. In view of the financial challenges facing the Trust there are no clear options for the Trust to consider in how these can be replaced based on future income projections.

The risk register identifies the Trust's top three risks as:

- 1) The Trust's financial performance and its ability to return to financial balance.
- 2) The quality of the Trust's estate and its ability to continue to provide quality services from outdated accommodation.
- 3) Increasing levels of demand for services.

Approach to quality improvement

Quality improvement is overseen by the Trust's Executive Board, which includes the Executive Directors, Clinical Directors and senior managers from operational and support services. Regular reports on the status of quality improvement projects are presented to the Executive Board for information and action. On an ongoing basis, the quality of services generally is managed through the PAF process, described elsewhere in this submission.

The executive lead for quality is Hayley Peters, Executive Director of Patient Care. This role covers clinical quality, safety and patient experience. Improvement is the responsibility of the Deputy Chief Executive.

The Trust was rated as "Good" overall following its CQC inspection at the end of January 2016, and was rated as "Outstanding" for care. The report highlighted many areas of good practice, including that staff were "overwhelmingly caring", and that "The senior management team encouraged a culture which ensured that staff felt able to highlight improvements to services, either through lessons learnt from incidents or through staff feedback in an honest, open and supportive environment." The trust was also found to have a "clear governance and risk management structure". Overall it was found that "the leadership, governance and culture are used to drive and improve the delivery of high quality person-centred care."

The CQC did identify a number of areas for improvement, and detailed action plans were developed and implemented to respond to these.

Summary of the Quality Improvement Plan

The Trust's approach to quality improvement planning is underpinned by its Quality Account, which sets out agreed quality priorities and goals. However, beyond these, there are numerous other areas of care quality which will see sustained improvement focus into the future.

The trust participates in national clinical audits, as part of its clinical audit annual programme. In 2015/16 it participated in 88% of national clinical audits and 100% of national confidential enquires of the national clinical audits and national confidential enquiries which it was eligible to participate in. 21 national clinical audit reports were reviewed, and actions have been taken to improve quality as a result. Full details can be found in the trust's Annual Report. In the coming years, the trust plans to continue to participate in, and respond to, those national clinical audits which are appropriate to the services it provides.

Progress is being made towards compliance with the standards for delivery of seven day services, particularly the four "priority" standards for delivery in 2017 (Time to first Consultant visit, Diagnostics, Intervention and Ongoing Review). There has been a comprehensive gap analysis, which will be costed to understand the scale of the challenge in terms of recruiting additional staff and ensuring that this can be done in an efficient way. As part of STP planning, a county-wide approach to seven day service provision is also being discussed, including consideration of cross-cover between hospitals, particularly in smaller specialties.

The trust is delivering improved quality across all of its areas of service. The Annual Planning Guidance requires trusts to comment on specific areas, and trust compliance is as follows:

Safe staffing

This remains a priority. The trust undertakes 6 monthly nursing establishment reviews of all inpatient care areas, which are reported to the board with recommendations of any changes that are required. The National Quality Board has published 'Supporting NHS providers to deliver the right staff, with the right skills, in the right place, at the right time – Safe, sustainable and productive staffing' (July 2016), which will be considered in future reviews. Within this paper there is a change in emphasis to a more holistic view of what 'safe staffing' entails and how local delivery needs to be influenced by understanding of local data and influences

on the quality of care being delivered. Early review of the proposals indicates that the Trust already has robust systems in place to meet all requirements but consideration needs to be given in how this will be demonstrated to the board. It is likely that a dashboard of metrics will be developed that are directly and indirectly linked to staffing levels and care outcomes so that the board can easily see areas where performance is not at the required standard or that changes may be required.

Care hours per patient day

A newer metric being considered for safe staffing levels is an average 'care hours per person day' (CHPPD). CHPPD is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions (represented by the number of patients at midnight). This figure alone is not useful but over time it will help the trust to see a picture of how care needs vary in different speciality areas. As more data is published it will allow the trust to benchmark across the health community and use this information to support reviews of staffing and professional decision making. The trust uses an electronic system that supports assessing each patient's care needs each day and then mapping this against the number of staff available / needed. There is also a daily proactive review of this data to support the allocation of staff as well as a periodic review of the data over time to assess for any areas where their planned staffing levels are not meeting the patient needs.

Actions from the Better Births review

The trust has been selected as one of NHS England's seven early adopter sites for recommendations of the 'Better Births' national maternity review.

This means that local services at Musgrove Park Hospital will test innovative ways to transform maternity services. These will include greater continuity of care, single points of access, progressing electronic records, improving postnatal care and personalised care planning. A share of up to £8 million will be available over the next two years to support this.

The programme will see providers and commissioners come together as local maternity systems, to ensure women and their babies receive safe, more personalised care that meets the needs of the local community.

Mortality Reviews and Serious Incident Investigation

The trust has established a mortality steering group (MSG) to oversee the process for reviewing all deaths to ensure that appropriate care was given. MSG ensures appropriate reviews are carried out and investigates any potential areas of concern, feeding directly into the serious incident review group (SIRG). SIRG oversees the management of all serious incidents and other related issues (e.g. inquests and ombudsman referrals), ensuring appropriate investigations are carried out and key learning is identified and implemented. Regular reports are provided to the trust's governance committee from both MSG and SIRG.

The Trust has a culture of being open and learning from mistakes and complies with the legislation around Duty of Candour. This involves a rigorous approach to being open when errors are made and when harm is caused, trying to help patients receive accurate, truthful information. All incidents are reported and graded for the seriousness of their impact or potential impact. The more serious of these incidents are then formally investigated to try and find out what caused them. Actions and recommendations are formally recorded, and an action plan is created and shared to try and improve the systems, process and outcomes for patients. Learning from investigations is shared with families and those affected as well as staff. The trust is aiming to improve the robustness of investigations by commissioning specialist training for a key group of staff who lead these, and a new group of senior staff and clinicians has been formed, comprising those who are responsible for reviewing all reports to ensure their quality and consistency.

Anti-microbial resistance and infection prevention/control

The trust has a long track record of high performance in this area, with very low numbers of hospital acquired infections. This performance has continued into 2016/17. There were only 8 cases of hospital acquired C.difficile in the first half of 2016/17, and there has only been one case of hospital acquired MRSA in recent years.

The trust employs specialist infection control nurses, and infection control forms a key part of clinical governance processes. There is a significant programme of training in infection control and microbial

resistance, and root cause analyses of all incidents where there are hospital acquired infections are carried out. Control of infection is one of the specific Sign up to Safety priorities which the Trust has pledged to make improvements to. In the coming year there will be a review of cleaning services, with a focus on creating a more responsive and flexible cleaning service which will further improve cleanliness and infection control.

A comprehensive programme of infection surveillance, policy review, audit of infection control practices and education is in place for 2016/17. Planned improvements over the next 12 months include introducing a programme of central line blood stream infection surveillance, a review of our screening policy to ensure all patients at increased risk of Carbapenemase Producing Enterobacteriaceae (CPE) are screened appropriately, and an increased focus on aseptic protocols.

Sign up to Safety

Sign up to Safety is designed to help realise the ambition of making the NHS the safest healthcare system in the world by creating an environment devoted to continuous learning and improvement.

Musgrove Park Hospital signed up to this programme alongside 390 other NHS organisations with the aim of saving 6,000 lives over the next three years and over the last two years we have remained committed to playing our part in this.

The overarching aim is to reduce avoidable harm by 50% in the hospital by concentrating on key areas of concern. Initially five key areas of focus were identified but these have been added to as the programme ran as it was clear that existing and developing work fitted into this overarching work stream.

Current work streams are as follows:

- Sepsis
- The care of the deteriorating patient
- Maternity QI Programme
- Learning for Improvement
- Falls prevention
- Reducing catheter associated infections
- Reducing pressure ulcers
- Introduction of Safety Ambassadors.

Progress against these work streams is monitored and reported regularly.

Falls prevention

The Trust has an active programme of work looking to minimise the number and impact of falls experienced by patients. This work has included innovations such as the implementation of open visiting, caffeine free drinks on all medical wards to reduce the number of patients needing to get up to the toilet during the night and review of the layout in bathrooms to improve safety.

The Trust demonstrates a good level of care, with relatively low numbers of falls in most areas, so the challenge is about what else can be improved. This work was initially focussed with small areas piloting work to implement a robust falls bundle approach to assessment and care. The learning from the work that has been completed is now being rolled out across the Trust. Reflection and learning from fall events does indicate the fine balance between minimising the risk of falls and disabling the patient by trying to keep them safe by not letting them move.

Sepsis

Enhanced sepsis training, previously focused predominantly within the Emergency Department and acute admission units, is now being spread to all inpatient areas supported by specially trained 'sepsis champions'. This work compliments the ongoing training that is offered to teams in recognising and caring for deteriorating patients. Sepsis is also a national CQUIN, and the Trust is performing against the standard.

Reducing pressure ulcers

Work to reduce hospital acquired pressure ulcers includes ongoing education of staff to ensure early intervention to reduce the risk of pressure damage to patients. Any area that is noted to have a deteriorating position is reviewed and extra support offered to ensure that all staff are aware of good care practices and that these are being implemented in a timely way.

There have been no grade 4 pressure ulcers developed in the Trust since 2012.

End of Life Care

This year the Trust has appointed a dedicated Consultant End of Life lead, and assigned responsibility for improvements to End of Life care to a specific Directorate for the first time. Although good End of Life care is of course relevant to all services, the allocation of responsibility for improvements in this way will mean that there will be effective oversight of work to improve services.

The trust is supportive of the CCG's stated aims for end of life care. Somerset CCG has five key priorities for end of life care:

- Identification of people approaching the end of life and care planning
- Improving communication and co-ordination for end of life care
- Improving quality of care for patients in the last days and hours of life and in bereavement
- Education and training for practitioners and care staff
- Carer support.

The trust will support these through working closely with colleagues from partner providers to support people to die at home. There will be an increased focus on palliative care to help health care professionals reflect and improve the end of life care that they provide. And the trust will continue to proactively support Personal Health Budgets in end of life care.

Stroke

The trust will continue to deliver the key joint trust/CCG priority of Early Supported Discharge. The service enables people who have had a stroke to receive care and rehabilitation in their own home which would previously have been provided in a hospital setting. There will also be increased joint working with neighbouring counties to ensure that the Hyper-Acute Stroke service is able to meet the challenge of increased demand should there be changes to out of county provision.

Patient experience

The trust is in the process of setting an ambitious strategy to improve person centred care, to ensure a focus on the elements of care, support and treatment that matter most to people. The strategy, with accompanying work streams will be consulted on and published during 2017.

CQUIN

The trust reviews compliance with CQUIN requirements, both national and local, on a monthly basis. Trust leads have been identified for each key deliverable, with monthly reports provided to an executive oversight group. Any potential areas of concerns are resolved at the oversight group or escalated for immediate resolution.

The trust can confirm that its quality priorities are consistent with STP's.

Quality impact assessment process

The Trust has an effective quality impact assessment (QIA) process for cost improvement programme (CIP) schemes and all affordable improvement programmes funded by partners through the year - for instance the Five Year Forward View and seven-day services.

CIP schemes are identified throughout the year during regular meetings between clinical, operational and financial leaders within Directorates. CIP schemes above £20,000 in value are subject to analysis via a

standardised process which takes into account their likely impact on quality within the specific service concerned and others within the hospital. This includes their impact on patient safety, clinical outcomes, patient experience and staff experience at sub board level, taking account of clinical engagement. All CIP schemes above this level require sign-off from clinical and managerial staff within and outside the Directorate, including at Board level where appropriate.

Quality processes are reviewed on an ongoing basis, including by Internal Audit which this year has undertaken reviews into risk maturity and governance processes generally. There is an annual review of committee effectiveness, as well as ongoing Board development.

The trust's improvement programme will help to embed quality impact assessment processes to sustain change in the organisation. It will be led by the Improvement Team, a clinically-led body trained in improvement methodology and leading a range of improvement projects to transform services across the hospital. Quality impact assessments will form part of a unified suite of project documents, including benefits trackers, to provide a holistic view of the cost and quality impact of new initiatives across the trust. This will percolate throughout the organisation, from Board agendas structured around the aims of the Improvement agenda, through to individual projects with semi-standardised terms of reference reporting up through a unified structure. This will also bring together the trust's CIP and digital excellence work to ensure that quality is inherent throughout.

There is a clear process for the oversight of Quality Impact Assessments. QIA reviews occur weekly, chaired by the Director of Patient Care, Medical Director or Chief Operating Officer. These reviews provide approval of schemes with an agreed risk rating of higher than 12, or a CIP impact greater than £25,000. There is then further review within the trust's PMO (Project Management Office) and finance teams, through regular structured meetings as appropriate.

Triangulation of quality is predominantly assured using the Integrated Performance Report, which is considered at a trust level at every meeting of the Trust Board, and at Directorate level monthly within Performance Assessment Framework (PAF)meetings. The reports consider an agreed set of key domains in operational delivery, finance and value, patients and people, enabling effective triangulation. These are RAG rated, with discussion of those rated as red to enable improvement planning. Under each domain is a further set of performance indicators managed at sub-Board level. A detailed written report on red indicators is provided for discussion. The report to Board also contains the performance statistics of all indicators, at trust-wide and Directorate level, to ensure total visibility for the board. A copy of the indicators presented to Board to enable them to monitor quality is attached at Appendix A. This is an extract from the December 2016 report to Board.

Triangulation of indicators

The Trust has recently redesigned its process for the triangulation of quality, workforce and financial indicators, known as the PAF (Performance Assessment Framework). Each Directorate has its own PAF, split into 4 areas: Patients, People, Operational Delivery and Finance / Improvement.

The PAF is reviewed monthly. The review process involves the Directorate Manager, Directorate Clinical Director, representatives from HR, Finance, the operational performance and information teams and others. Each Directorate reports on numerous indicators across the four PAF domains. These include all key clinical, operational and financial targets to ensure that the NHS Mandate, NHS Constitution, local quality and financial targets are met.

PAF meetings begin with a patient story to put the work of the Directorate into a patient context and bring the indicators "to life" in relation to actual patient care. The meetings also deal specifically with Sign up to Safety. Where indicators are red or amber, these are specifically discussed, as is also the case with areas of good practice. Selected early warning indicators are also analysed with a view to prevent them deteriorating.

An aggregated PAF is presented to the Board of Directors monthly, highlighted key areas of good and poor performance. The Board level PAF meeting exists for the same purpose as the Directorate level PAFs (albeit at a higher level) and is run in the same format. The Board uses the information presented at the PAF to direct work and resources to the remediation of issues and the continuing improvements in those areas of quality and productivity where performance is good.

Workforce planning

The trust's finance, HR and planning functions work closely to ensure that the workforce planning methodology links to service and financial planning. This year the trust has also been assisted by an external consultancy, Attain, which has undertaken a significant piece of work reviewing the structure of the workforce and recommending options for improvement.

The trust's workforce strategy has been developed over recent years, in collaboration with staff and linked to the broader aims of the STP. Workforce planning is an ongoing function, and there are clear links during performance assessment processes between the financial, workforce and operational performance of services. This ensures that finances and activity plans are aligned with workforce plans, as demonstrated in the returns accompanying the trust's Annual Plan. The trust can confirm that workforce levels are affordable, sufficient, and able to deliver efficient and safe care to patients. The plans take into account current guidance and legislative changes e.g. the Carter review and the apprenticeships levy.

There are issues in some areas. For example, difficulties in recruiting to fill vacancies mean that the gap between established posts and staff in post is as high as 10% in surgery, clinical support and corporate areas. There are also issues around the recruitment of doctors to a number of specialties. The trust is conscious of changes to the rules around foreign workers, and is planning accordingly.

The trust's approach to workforce planning, involves a baseline analysis, and scenario planning to model the quality and financial impact of a changing workforce.

The baseline analysis examines the establishment and staff in post by role and department. This includes an assessment of sickness and turnover. Staff costs are analysed (including agency and other temporary staff usage) to see how gaps are currently filled and to assess the associated costs. This will enable the trust to model the opportunity of moving temporary staff to roles which lower the cost base (e.g. bank and / or permanent).

As part of the baseline analysis, the trust has been able to benchmark salaries with other trusts across the country in many areas.

After the baseline analysis, there is a further analysis of capability and productivity, with a focus on the skills and competencies of staff. This also involves time and motion studies, and the creation of productivity metrics to link activity with workforce and allow for scenario modelling. It also creates the opportunity to understand workforce duplication and inefficient deployment, and to generate potential savings from better working.

It is vital to recognise that there are national and local shortages in a range of workforce areas. National shortages of consultants in some specialties, nurses, midwives and others are often exacerbated by the trust's location and relative isolation. In addition to the recruitment challenges across some specialised services, there are retention issues such as continuing pay restraint, increased employee pension contributions and more challenging working conditions, meaning that increasing numbers of staff are leaving the service or leaving permanent employment contracts to take up better-paid bank or agency positions. This has a knock on effect on cost.

Staff shortages may mean that some services are not viable in the long term in their current format. However, in order to understand future options, it is important to create a workforce baseline for the Trust that spells out the number of staff available, their cost, their skills, how they are organised and recruitment and retention risks.

However, there are opportunities for improvement that will be explored in the coming year. For example, the trust will also continue to strengthen bank provision so as to minimise agency use, and further explore the possibilities of e-rostering.

The trust's work with Attain will allow it to undertake more granular reviews of staffing. This will lead to a better understanding of how staffing numbers and working practices at TSFT compare to other organisations, and could lead to further efficiencies.

The STP will also provide opportunities for collaboration and improved workforce productivity. This has already begun with back office services working closer together, and will be further developed in the coming year, taking into account any impact on quality and safety, with ongoing measurement to identify adverse outcomes and ensure effective mitigating actions where necessary. As new care models are developed and

as services transform, there will be further workforce issues. This may be particularly pertinent to Consultant rotas, and to therapies staff as patients are supported more out of hospital.

Throughout the development of the STP, the workforce focus will be creating a balance in workforce supply and demand, with the right skill mix, maximising the potential of current skills and providing the workforce with developmental opportunities. For example, the trust is exploring developing specialist nursing roles in critical care and paediatrics, to provide enhanced care without the need for additional difficult-to-recruit Consultant posts. There are also new technical roles being developed in some medical specialties, as a result of innovative working with local education providers to train school and college leavers and help keep them in the area.

A key workforce challenge is the move towards the provision of seven-day hospital services by 2020. The trust has undertaken a gap analysis, identifying where current staffing levels are insufficient. This will guide services in terms of recruitment, retention and training. There is regular engagement with the CCG, particularly regarding the four core standards to be achieved before the others, and this will include exploring the opportunities for collaborative working as a way to more efficiently deliver the standards.

A range of workforce model scenarios have been tested as part of workforce planning, and these will be constantly refined as services change along with the priorities and financial position of the trust. All of the models take forward key principles such as:

- Reducing temporary staffing
- Reducing admin for clinical roles
- Sharing back office functionality
- Outsourcing scientific functions
- Changing activity delivery and location with other providers in line the STP opportunities identified
- Reconfiguring services and /or rotas

Financial planning

The Trusts' approach to financial planning is grounded on an understanding of the underlying financial performance of the Trust and key performance drivers. The Trust has a fully integrated business planning process whereby the financial plans are built up from and aligned with workforce and activity and capacity plans.

2017/18 Financial Plan

The Trust has agreed contracts for 2017/18 with all of its main commissioners. The contract framework across Somerset will be in the form of a risk sharing arrangement between Somerset CCG, Taunton and Somerset NHS Foundation Trust, Somerset Partnership Foundation Trust and Yeovil NHS Foundation Trust and incentivises parties to manage demand and cost across the health system.

The scale of financial challenge to achieve the control total of a £0.310m deficit is significant and will require a challenging efficiency savings target of £13.4m, 4.7% of operational income. A summary of the Trust's forecast Statement of Comprehensive Income (SOI) is set out in the table below and includes reconciliation to the control totals.

STATEMENT OF COMPREHENSIVE INCOME	Forecast	Plan	Plan
	2016/17	2017/18	2018/19
	£'000	£'000	£'000
Operating income from patient care activities	257,728	263,865	267,659
Other operating income	29,325	29,989	29,448
Employee expenses	(171,782)	(173,402)	(173,864)
Operating expenses excluding employee expenses	(111,922)	(116,944)	(117,824)
OPERATING SURPLUS / (DEFICIT)	3,349	3,508	5,419
FINANCE COSTS			
Finance income	51	129	48
Finance expense	(1,796)	(1,873)	(1,638)
PDC dividends payable/refundable	(3,962)	(4,000)	(4,326)
NET FINANCE COSTS	(5,707)	(5,744)	(5,916)
Gains/(losses) on disposal of assets	(3)	(4)	0
Share of profit/ (loss) of associates/ joint ventures	79	189	190
SURPLUS/(DEFICIT) FOR THE YEAR	(2,282)	(2,051)	(307)

Adjusted financial performance	Forecast	Plan	Plan
	2016/17	2017/18	2018/19
	£'000	£'000	£'000
Surplus/(deficit) for the period/year	(2,282)	(2,051)	(307)
Add back all I&E impairments/(reversals)	0	1,400	0
Adjust (gains)/losses on transfers by absorption	0	0	0
Surplus/(deficit) before impairments and transfers	(2,282)	(651)	(307)
Retain impact of DEL I&E (impairments)/reversals	0	0	0
Remove capital donations/grants I&E impact	523	341	307
Prior period adjustments	4	0	
Adjusted financial performance surplus/(deficit)	(1,755)	(310)	0
Control totals for planning years	(1,059)	(310)	0
Performance against control total	(696)	0	0

Cash and liquidity

The Trust will continue to manage working capital closely during 2017/18; the cashflow statement is shown below:

STATEMENT OF CASH FLOWS	2017/18												
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Year
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Net cash generated from / (used in) operations	(1,471)	397	(4)	390	1,033	2,582	2,726	397	1,333	1,109	1,014	2,838	12,344
Net cash generated from/(used in) investing activities	(22)	(972)	(987)	(774)	(987)	(987)	(1,094)	(1,094)	(1,094)	(1,094)	(1,072)	(1,082)	(11,259)
Net cash generated from/(used in) financing activities	758	352	(75)	352	354	(2,668)	(644)	359	(77)	356	461	(1,702)	(2,174)
Increase/(decrease) in cash and cash equivalents	(735)	(223)	(1,066)	(32)	400	(1,073)	988	(338)	162	371	403	54	(1,089)
Cash and cash equivalents at start of period	4,139	3,404	3,181	2,115	2,083	2,483	1,410	2,398	2,060	2,222	2,593	2,996	4,139
Cash and cash equivalents at end of period	3,404	3,181	2,115	2,083	2,483	1,410	2,398	2,060	2,222	2,593	2,996	3,050	3,050

Single Oversight Framework (SOF) finance metrics

The table below sets out the impact of the 2017/18 and 2018/19 financial plan on the SOF financial metrics. The overall metrics for these two years are 2 and 2 respectively compared with a Use of Resource rating of 3 in 2016/17.

Plan Risk Ratings	Forecast	Plan	Plan	Plan	Plan	Plan	Plan
	Outturn	2017/18	2017/18	2017/18	2017/18	2017/18	2018/19
	2016/17	Q1	Q2	Q3	Q4	Year Ending	Year Ending
Rating	Rating	Rating	Rating	Rating	Rating	Rating	Rating
Capital Service Cover rating	2	4	4	3	3	3	2
Liquidity rating	4	4	4	4	3	3	3
I&E Margin rating	3	4	4	3	3	3	2
Variance From Control Total rating	1	1	1	1	1	1	1
Agency rating	2	1	1	1	1	1	1
Plan Risk Rating after overrides	3	3	3	3	2	2	2

Section 2: Efficiency savings for 2017/18 to 2018/19

The Trust has taken a holistic approach to planning efficiency savings in order to ensure all opportunities for cost reduction, improved efficiency and income generation are explored. All schemes undergo a Quality Impact Assessment and Risk Assessment and where appropriate are reflected in the Trust's workforce and capacity plans.

The Trust has continued to progress the recommendations of the Lord Carter review and has identified a range of potential productivity and efficiency opportunities which have been built into the CIP plan.

The Trust will continue to apply the agency rules and is committed to containing spend within the annual agency ceiling. However, recruitment and retention of registered nurses remains a challenge and the pipeline of recruitment of overseas nurses is becoming more challenging

In addition to the overarching Trust-wide schemes that comprise the efficiency savings plan, all Directorates will continue to identify areas of improvement to ensure no opportunity is lost.

Section 3: Capital planning

The Trust has prioritised those schemes which maintain the resilience of the estate and its clinical services. However, the Trust has ensured that it is progressing the next phase of its electronic patient record programme. All capital investment proposals are risk assessed to ensure that those which mitigate the severest risks to operational resilience and patient, visitor and staff safety are prioritised. The table below sets out the proposed application of capital funds for 2017/18 and indicative allocation for 2018/19.

Proposed Capital Programme	2017/18 £'000	2018/19 £'000
<u>Site Risks / Plant & Equipment Replacement</u>		
Design, Management & feasibilities - Fees	740	405
Fire Precautions / H&S / Environment	197	265
Backlog Maintenance	1,753	2,060
Major Medical & Surgical Equipment	1,750	3,030
Information Technology	731	611
Contingency	376	352
<u>Site and Service Development</u>		
Infrastructure Upgrades	200	150
Minor Schemes	100	100
Departmental relocations	50	100
Inventory Management Improvement Programme	137	61
EPR	500	500
Ward Demolition & car park		750
DSC Air Handling Unit	1,500	
DSC RTT modular theatre removal and re-instate car park		200
Digital Modernisation	5,000	5,000
Theatre/Critical Care		20,000
Total Proposed Capital Schemes (before PFI & Donated)	13,034	33,584
Donated Assets forecast	150	200
PFI refresh		1,372
Total Internal Capital Plan (revised)	13,184	35,156
Proposed Capital Programme	13,114	35,165
(Over)/Under commitment	(70)	9

The Trust has been awarded Digital Exemplar status and is expecting to receive £10m of funding to accelerate the digital agenda. This has been included in the financial plans on the basis we will receive £5m in 2017/18 and £5m in 2018/19 pending final clarification of the funding profile.

Link to the local 'Sustainability and Transformation Plan' (STP)

The Somerset STP was published in November 2016. It set out the following key priorities:

- To encourage and support everyone in Somerset to lead healthier lives and avoid getting preventable illnesses
- To move care out of hospitals into people's homes wherever clinically appropriate, providing care designed specifically for each patient's needs, supporting faster recovery and, in many instances, avoiding the need to go into hospital in the first place
- To invest in GP teams to develop a mixture of skills and time to support the increasingly complex care that needs to be given
- To respond to the way we live now – making it easier for people to get services closer to home, when they need them, using modern technology that is already transforming other parts of our lives
- To invest more money in frontline care by being more efficient with how we use our buildings, our equipment and our management and administration

Many of the trust's own priorities reflect these STP priorities. For example, the trust is working on several innovative schemes to move care out of hospitals, including enhanced liaison psychiatry and new ways of delivering outpatient services.

This year has seen a significant increase in dialogue between the trust and GP teams to create more integrated pathways, and this work will continue in a number of specialties.

In terms of technology, the trust has been appointed one of only a small number of NHS centres of global digital excellence. Funding that comes as part of this designation will lead to the development of innovative new technologies to promote care closer to home.

Somerset CCG is looking to develop alternative models for vulnerable acute services, including moving some services out of hospital altogether. The aim is to improve access, financial sustainability and performance. The trust is actively supporting and leading on these endeavours, as indicated below:

Finance and activity

The trust's plans share the desire of all partners in the Somerset CCG to make a significant improvement in the underlying financial position of the system. The CCG aims to contain growth through agreed demand management strategies, and the trust will work to support these and deliver performance as a result of them. The trust's CIP work will help to support the stated aim of containing costs throughout the system through continued efficiencies.

Urgent and emergency care

An area of priority within the STP is the redesign of acute hospital urgent care. The demand for acute based urgent care services within Somerset has continued to increase. A&E attendances increased by 3.5% and emergency admissions by 8% during 2015/16 and have grown faster since.

Key to reducing this increasing trend is the roll out of new models of care, increasing access to support and advice to enable people to self-care where possible.

The following areas of priority have been agreed within the STP:

- Development of a consistent new model of urgent care across Somerset that focuses on integrating acute services, primary care and community urgent care
- Implementation of a new, enhanced Psychiatric Liaison service that will support patients by providing rapid assessment and discharge services for service users with urgent mental health needs
- Redesign of the acute "front door" to ensure a consistent, single access point for patients, integrating acute, mental health, primary/community services and social care and providing seamless access both in and out of hours.
- Focusing on consistent implementation of Ambulatory Emergency Care pathways across the county.
- Using technology to replace traditional 'face to face' urgent care models.

The trust is supportive of these aims and is contributing to them through several clinical transformation programmes (see below).

Delayed transfers of care (DTOC)

Approximately 2,000 bed days per month are lost across Somerset due to DTOCs. The cost is around £350,000. The STP aims to reduce delays by 50%. Solutions have been agreed and are being implemented – these include the establishment of new services such as hospital at home, reablement homecare, rapid response and care home support. The trust's work to reduce DTOCs will be key to achieving this.

Elective care

The trust is supportive of the CCG's efforts to improve RTT performance. Work will continue to implement patient initiated follow-ups (PIFU), virtual clinics and more advice and guidance as a way of improving elective service performance for patients.

Critical transformation programmes

The STP identifies five priority areas, with detailed plans sitting underneath each. One is connected to out of hospital services, and whilst the trust supports its work it is not directly involved. Another is to do with the creation of an accountable care organisation, which the trust will be a key part of. The other three directly impact on service provision as follows:

1) Drive improvement in the system-wide financial and performance position

In order to help to improve the financial and performance position of the county, the trust is engaged in several pieces of work. These include a greater focus on Delayed Transfers of Care (DTOCs) and engagement in Cost Improvement work across multiple specialties. Work in this area has already resulted in the production of open book financial plans by all organisations in the county, and the agreement of a Somerset recovery plan.

In the future, the trust will continue its work towards collaborative back office savings, and the agreement of contract and service development plans across the county for a two year period, marking the most collaborative approach yet to service planning in Somerset.

2) Focus on prevention and the development of a sustainable system

There is an increasing gap between life expectancy and healthy life expectancy. Health inequalities are growing. There are growing burdens on Somerset health services caused by specific diseases e.g. dementia, cardiovascular disease, cancers, respiratory diseases and musculo-skeletal conditions. The STP sets out a vision of a radical shift from a demand driven system to a preventative model.

The trust will be part of plans to prevent many of the burdensome diseases from continuing to adversely affect so many local people. This will include enhanced services for those with mental health problems, and new pathway development for cardio-vascular and musculo-skeletal patients.

3) Addressing clinically and financially sustainable acute hospital provision

Significant work force challenges combined with rising demand means that it is becoming increasingly difficult to maintain full service provision. Some services are financially unsustainable, and demand is rising at the "front door" to hospitals.

Quality, safety and ease of access will need to be balanced. Thus there will need to be future investment in prevention and admission avoidance, and radical new models of acute care that support investment in community based alternatives. This may include looking beyond Somerset for those specialties that remain too small to operate safely even when taking into account the entire Somerset population.

The trust will be a key player in realising this STP aim. It will help to benchmark and review models of care within specialties to make sure that they are working well and to identify where they are not. It will develop alternative models of delivery for vulnerable services that consolidate services and / or shift care to out of hospital settings. Workforce challenges will be addressed by looking at a wider multi-disciplinary approach, developing new roles and utilising technology. This may include single-site, single workforce solutions. The trust will explore a systematised surgery model to deliver

superior clinical outcomes, lower the cost of care and increase specialisation opportunities for staff. Access will be improved to achieve sustainable delivery of referral to treatment targets, and an immediate priority is the orthopaedic pathway with the introduction of a streamlined MSK service. There will be a radical new model of outpatient delivery, and increasing demand will be tackled through closer working between Primary Care and hospital specialists.

Specific improvements in the coming months include the finalisation of new service models for Dermatology, Oral Maxillofacial Surgery and Urology, and the agreement of new delivery models for MSK. There will be a technology appraisal and establishment of a system-wide project team to develop new model for outpatient follow-ups. Data analysis will be completed, and areas of focus will be identified. In 2017 maternity, paediatric, cancer and MSK pathways will be reviewed and improved. There will also be significant work to change “front door” services to ensure that unnecessary admissions are avoided. This work will be parallel to liaison psychiatry investment, which will achieve the same reduction in inappropriate admissions whilst at the same time improving services for mentally unwell patients.

Membership and elections

Changes to the membership of the Council of Governors

Governor elections were held during November 2016 for 11 vacancies in three public constituencies. The trust has a rolling annual programme of elections, with 3 staff governor terms coming to an end during 2017/18. Governor Induction and Training

Training and development are essential for Governors to perform their duties. The trust helps to train and develop its members in numerous ways:

- Governors are invited to attend the South West Governor Exchange Network set up by the South West Trust Chairs. Governors representing NHS organisations from across the South West come together for a training and information giving day. A standing item on the agenda is an update from a CEO on the current issues facing the NHS.
- Governor induction and development days. An induction and development session was delivered in January 2017, following the election results for public governors, aimed at introducing the new governors to their role and updating all existing governors. The session will focus on the NHS architecture, Somerset wide plans and governors’ individual role in supporting and challenging the trust.
- A number of Governors represented T&SFT at regional meetings and national conferences during the year, including linking with Healthwatch and the Health and Wellbeing Board.

Board Performance Report Domains / Quality indicators

Trust Total

