



Strategic Plan Document for 2013/14 to 2015/16

Countess of Chester Hospital NHS Foundation Trust

Strategic Plan for year end 31 March 2014 (and 2015, 2016)

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

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Date	31/05/2013

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:

Name <i>(Chair)</i>	Sir Duncan Nichol
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Signature



Approved on behalf of the Board of Directors by:

Name <i>(Chief Executive)</i>	Tony Chambers
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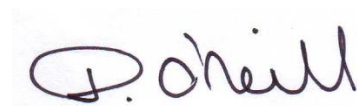
Signature



Approved on behalf of the Board of Directors by:

Name <i>(Acting Finance Director)</i>	Debbie O'Neill
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Signature



Strategic Context & Direction

Summary

The Trust provides a comprehensive range of acute hospital services with some associated community services primarily to the populations of West Cheshire and the Deeside area of North Wales.

The Trust's Annual Plan for 2013/14 onwards reflects the on-going requirement to achieve a 4% reduction in our cost base each year and to meet the wishes of our new commissioning bodies in England and Wales. Rising demand in emergency attendances at A&E remains a key operational risk area to our capacity, and potentially threatens target achievement.

Our plans therefore are to work in partnership with the new West Cheshire Clinical Commissioning Group (CCG), Cheshire and Wirral Partnership NHSFT, and Cheshire West and Cheshire Local Authority to manage and re-design patient services and pathways to ensure all of our patients are seen and treated at the right time and in the right place. We will also continue to work closely with our Welsh partner in Betsi Cadwaladr University Health Board.

We are also in discussion with local NHS acute partners to explore how clinical services can be improved and overhead costs reduced. An example of this is the SMART (Vascular) centre which will be based at Chester and provide elective and emergency arterial surgery services to patients from the North and South of Cheshire, and Wirral areas.

Internally we are looking at how we can streamline the services we provide, whilst maintaining services and quality. We are looking at both the planned and unplanned care models across the Trust, and the key themes below summarise our plans for the future.

Key Themes

There are five key themes that shape our Annual Plan for 2013/14 onwards. The detail of these are described in full later in this document –

- **Transforming Elective Care** – including increasing our endoscopy and daycase capacity to facilitate the re-design of elective surgery provision.
- **Transforming Ambulatory Services** – through the re-design of the acute medicine pathway and emergency services.
- **Out of Hospital Care** – including new Early Supported Discharge and Children's 'Hospital-at-Home' schemes.
- **Patient Experience & Quality** – including learning from and acting on the recommendations of the Francis Report, and undertaking detailed reviews of our key services to ensure long-term sustainability and quality of care.
- **Staff Engagement & Leadership** – through ensuring we have strong clinical leadership, both in and out of hospital, and a motivated, skilled and flexible workforce that can respond to our changing needs.

Background

The Trust comprises the Countess of Chester Hospital, a 600 bed hospital, providing the full range of acute and a number of specialist services, and also uses Ellesmere Port Community Hospital, a 70-bed rehabilitation and outpatient facility. The Trust has over 3,500 employees and provides acute emergency and elective services, primary care direct access services and obstetric services to a population of approximately 250,000 residents mainly in Chester and surrounding rural areas, Ellesmere Port and Neston and the Deeside area of Flintshire. More than 425,000 patients attend the hospital for treatment every year – ranging from a simple outpatient appointment to major cancer surgery.

We are the main Trust serving Western Cheshire and provide services to approximately 30% of the population covered by Betsi Cadwaladr University Local Health Board in Wales. Welsh patients represent approximately one fifth of the workload of the Trust.

The Trust also provides a full complement of Accident and Emergency, outpatient and direct access services. All main specialties are supported by a comprehensive range of clinical services in therapies, pharmacy, pathology, radiology, and cardio-respiratory. We provide facilities to other Trusts for Neurology, Psychiatric Liaison, Community Dental services and Oncology. The renal dialysis and outpatients service at the Countess of Chester Hospital is currently provided on a joint basis linked to the inpatient service at Wirral University Teaching Hospital NHS Foundation Trust.

The Trust's vision can be summarised as:

Integrated Care at its Best

Quite simply we want to deliver the best possible care to our patients, in the most appropriate location.

Strategic Objectives:

Providing the best patient experience

We believe in providing the best clinical outcomes and highest quality care in a safe, friendly environment where a patient's dignity is fully respected. We will continuously improve patient experience and reduce the incidence of harm.

Efficiency & Quality in delivering services

We will deliver streamlined, accessible services to patients, where it is most convenient to them, with the lowest waiting times and seek to continuously improve our operational efficiency, whilst maintaining and improving where possible our clinical care and outcomes.

Listening to our patients

We listen to our patients, their carers and their family about the care we provide. Recognising the importance of our close partnership with General Practitioners who refer them and care for them holistically, we will be responsive to the needs of both GPs and the bodies that commission our services. By using their feedback and by working in partnership with our commissioners and Healthwatch we will continuously improve the services we provide.

Pushing Boundaries

We will continue to change things for the better, expanding the scope and range of services, from the application of the very best clinical practice, through process transformation and use of the latest technology.

People at their best

Our staff are key. By engaging, empowering and recognising our people we will make sure they can give their best and continuously improve care.

At the heart of delivering this vision are our values.



These are the principles that determine the way we behave and what we believe in.

They help bring us together as a family, giving us a common culture.

The Trust's strategic position

The Trust provides a comprehensive range of acute hospital services with some associated community services primarily to the populations of West Cheshire and the Deeside area of North Wales.

Responding to commissioning intentions

2013/14 will be a year of transition for our health economy. Our new commissioners have identified some key risks in their commissioning intentions that we have been mindful of in developing our plans –

- We are facing a demographic time-bomb. Western Cheshire has an older population than the national average. Local demographic models show the expected **change in the elderly population (over 85)** in Western Cheshire over the next ten years to be a 40% increase. This means we need to consider the planned elective, and unplanned care requirements of our population.
- The commissioning strategy identifies a whole system approach to improved health needs assessment and the scale of the challenge faced in the management of **long term conditions**.
- We need to further enhance the **promotion of prevention** and the early detection of ill health.
- Our response is part of a whole system approach, working across organisational boundaries to provide **integrated services**.
- We need to ensure we respond to the **financial challenge** of ensuring the Trust, and Western Cheshire as a whole remains a viable health system.

Managing risk

As a medium sized general & acute Trust, the risks facing the Countess are both operational (in-year) and strategic (3-5 years) and as such the risks identified below are framed on this basis. We have consulted widely in relation to the future challenges, and will also refresh and strengthen the Board Assurance Framework in light of the Francis Report. We will monitor both the operational and the strategic risks, and our new governance framework supports this also.

Key Risk	Actions by the Trust
Operational Delivery <ul style="list-style-type: none"> • New commissioning landscape • Speed of community services response times • Pressure on Emergency Department and delivery of current admission avoidance & discharge schemes • New Board membership • Compliance target delivery 	<ul style="list-style-type: none"> • Accelerate integrated working with local partners • New Operational Delivery Committee created • Ensuring sufficient escalation capacity • Board development programme • Early identification of variances • Robust monitoring, performance review, and action plans where required
Clinical Sustainability <ul style="list-style-type: none"> • Medical staffing numbers to sustain 24/7 rotas as recommended by Royal Colleges and other national bodies • Junior doctor's rotas and availability • Ability to meet National Commissioning Board specialised service specifications and relevant public health functions <ul style="list-style-type: none"> ○ Catchment and demographics ○ Patient volume 	<ul style="list-style-type: none"> • Partnership working with other NHS acute providers including joint rotas and clinical collaboration • Close liaison with Mersey Deanery • Undertake detailed reviews for each clinical service • Develop integrated planning arrangements across the local health economy and develop a 'West Cheshire Way' of delivering clinical services
Financial Sustainability <ul style="list-style-type: none"> • CRS / efficiency delivery • Long term contractual & commissioning intentions – cross border & geo/political systems • External tendering of services 	<ul style="list-style-type: none"> • New Finance & Integrated Governance Committee (exec, non-exec & senior operational/clinical managers) • New Quality Value and Delivery Team function established • Refresh medium term financial plan and ensure effective cost efficiency strategy • Integrated service, quality, workforce & capital planning • On-going engagement with Betsi Cadwaladr UHB re their commissioning intentions • Positive contractual agreement – 3 year invest-to-save programme • Engagement with DoH & Welsh Assembly regarding future funding arrangements
Quality, Safety & Patient Experience <ul style="list-style-type: none"> • Delivery of CQUIN, quality measures & Francis Report recommendations • Clinical engagement & leadership • System-wide quality strategy • Access to quality data & information • Patient experience feedback • Infection control 	<ul style="list-style-type: none"> • New Quality, Safety & Patient Experience Committee established and chaired by a non-executive director • Francis Report engagement sessions and full review of recommendations • Governors Quality Forum • Refreshed Leadership Development & Staff Engagement Programme

<ul style="list-style-type: none"> • Trust values & behaviours 	<ul style="list-style-type: none"> • Develop new quality & performance dashboards and integrated ward-to-board reporting • Forward review of nurse staffing levels to take place • Clinical leadership development programme to be established • Plan to enhance the patient experience using feedback from patients and carers themselves. • Positive values and behaviours are encouraged
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Recently we have seen the new leadership of our health system take a new approach to these challenges. As a result we are committed to working collaboratively with our CCG and partners in primary care, Cheshire & Wirral Partnership NHSFT, the community and mental health provider and our partners in the local authority and third sector to re-design our systems to make them responsive for our patients' needs and deliver the standards of quality that they expect.

Our commissioners have recognised the importance of 'pump-priming' a number of urgent care schemes through some non-recurrent monies over two years to assist us in transforming our services. These include –

- Developing Early Supported Discharge by enhancing nursing & therapy care within a patient's home.
- Establishing Children's 'Hospital at Home' to care for as many children as possible in their home environment to avoid hospital admission.
- Improving the assessment of newly presenting patients through the redesign of the Acute Medicine pathway.

Responding to the Francis Enquiry

We have instigated a review of our services against the recommendations made in the Francis Report. Any areas identified as needing improvement will be acted upon during 2013/14. Further detail on our approach can be found in the section below on Quality.

Integrated Care – The West Cheshire Way

We have a lead role to play in the development of an integrated care system that is professionally led and publicly accountable, driven by quality, partnership working and empowering patients and staff. This has been referred to locally as ***'The West Cheshire Way'***.

Our focus is on our patients – the frail elderly, those with long term conditions, those with dementia, and supporting the services to support them – Out of Hours, care closer to home in the community, and working with our partners as part of the Cheshire Altogether Better Programme.

Our clinicians have been involved with colleagues from the CCG, community and social services in a series of clinical engagement activities. This led to a 'clinical senate' meeting at the Countess on the 23rd April 2013 which agreed an outline vision for our system.

From this work it has become clear that our integrated health system will have the GP registered list as its cornerstone. A general practice-based holistic and integrated care record is regarded as central, and therefore we are developing ambitions to extend the integration of our acute patient-level information to community health and primary care services.

We are convinced that significant achievements can be made through strong clinical engagement within the present policy framework. Some changes to local financial systems (e.g. budgets for whole care programmes) and the monitoring of quality (new metrics focused on population health outcomes) will be required as more integrated care approaches are developed. In order to deliver a more extensive transformation in how services are delivered, a more consistent framework will be needed, to encourage the behaviours appropriate to service integration.

Our clinicians, supported by our leadership team will be taking a lead role in this planning and redesign activity during 2013/14 and beyond.

Integrating Specialist Services

In addition to core services, the Trust is expanding its existing portfolio of specialist services with the development of the South Mersey Arterial Surgery Centre at the Countess of Chester covering the populations of West Cheshire, Deeside, Wirral and Warrington and phase 2 of the Bariatric Surgery Unit to include the Manchester population. These are significant areas of future growth arising from the implementation of the AAA screening programme and the growth in obesity respectively.

However this alone will not be sufficient. We face the challenge of long term clinical sustainability through the impact of 24/7 working and the requirements of the European Working Time Directive. In addition we must address the requirement of ensuring our services continue to be safe and sustainable as we continue to respond to Royal College standards & guidance.

We are proactively developing partnership working with other local NHS acute providers. This is at an advanced stage and will lead to some financial and clinical modelling looking at both clinical, support and back office functions. This will be completed during 2013/14.

We are developing a joined up approach through integrated service, quality, workforce and capital planning for our services. An important part of this work will be the systematic service line review process we are developing. These service reviews will include clinical and patient review, market share analysis, and will enable us to better understand our services and their potential. The section below on clinical sustainability highlights some of the key review areas.

As a major provider to the community of North Wales we will continue to work with Betsi Cadwaladr UHB to respond to their commissioning intentions and understand the impact of the changes from their recent consultation process.

Our approach to improvement

The third element of our strategy is about delivering excellent, efficient and effective care ourselves through our own processes. We have called this programme **'Countess 20:20'** to reflect both a medium term timeframe to 2020 and our desire to have a clear view of our capability as we make significant improvements to our services.

Our approach will be centred on a detailed review of all our services over the short to medium term. We have designed a standardised methodology for reviewing the specialties based on current published literature, research and reports.

These reviews would become live documents updated and refreshed periodically as specialty changes are instigated and to inform not only short-term business planning but also the strategic direction of the organisation.

Factors including the increasing requirements of specialised commissioning, and our commissioning CCG's desire for alternative and integrated methods of service delivery, will influence the future design of some services –

- Urology
- Breast Screening Unit
- Midwife Led Maternity Care (MLC)
- Maxillo-facial service
- Gastroenterology
- Ophthalmology
- Orthopaedic Surgery
- Interventional Radiology (IR)

The clinical sustainability section on page 20, describes these services in detail.

Forward Plan

Redesigning the way we deliver clinical services

The Trust will focus on reducing emergency admissions and enabling earlier discharge by –

- Improving the assessment of newly presenting patients through the redesign of the Acute Medicine pathway.
- Developing Early Supported Discharge by enhancing nursing & therapy care within a patient's home.
- Developing an ambulatory care unit with enhanced consultant staffing.
- Establishing Children's 'Hospital at Home' to care for as many children as possible in their home environment to avoid hospital admission.
- These will support the delivery of the 'Altogether Better Programme' which is a Cheshire wide initiative to re-design care models across all the relevant partner organisations which will improve efficiency and outcomes for our patients.

Within Planned Care we wish to redesign the way our elective surgical patients are treated and move their care from an inpatient to a daycase setting where appropriate. Our Site Strategy and the expansion of endoscopy and daycase facilities support this aim.

Supporting service delivery and patient experience

The Trust has embarked on a number of significant programmes aimed at maximising the efficiency of service delivery and thereby improving the patient experience. These include –

- The digitalisation of medical records through the Electronic Casenote Programme.
- Completing the roll out of Electronic Prescribing during 2013/14.
- Finalising an assessment process to determine the future upgrade requirements of our hospital PAS system over the next three years.
- The appointment of a Director of IM&T, to commence in post in June 2013, to enable us to take a lead role locally in the implementation of e-health initiatives including telehealth.
- Developing the capability for our clinicians to access their patients' medical records outside of the hospital, and sharing this information with their GP colleagues where clinically appropriate.

Creating the physical capacity to meet demand and provide for growth

We intend to embark on a major programme of estate development which will –

- Critical Care and Endoscopy Capacity – a two storey development to create an integrated critical care facility of 21 beds and expanded endoscopy unit. The ground floor will also include new bariatric outpatient accommodation.
- Jubilee Daycase Unit Extension - a 4th day case theatre.
- 2nd MRI Scanner - to meet the sustained demand for non-invasive diagnostics in this area.
- Wards 40 & 41 – a refurbishment of the two wards freed up from moving Critical Care into the new build above – creating spare ward capacity.
- Other Ward Refurbishments - reconfiguring and upgrading wards across the hospital to support the Trust's Ambulatory Care and Dementia Care strategies.
- Infrastructure – improvements to the Trust infrastructure relating to the Site Strategy, including a new electricity sub-station.

Extending the range of services and growth opportunities

A key component of Trust strategy is to selectively grow the portfolio of specialist services, sometimes, in partnership with other organisations, and the following opportunities will be pursued over the next three years –

- The South Mersey Arterial Surgery Centre is designated to be located at the Countess of Chester Hospital and will operate as a clinical network between the Trust and Wirral University Teaching Hospitals NHSFT (WUTH) and Warrington & Halton Hospitals NHSFT. This will commence in Q3 of 2013/14.
- The Trust has won, in partnership with Phoenix Healthcare, the NHS Bariatric Surgery contract for Cheshire, Wirral and Manchester. We will look to extend the current commissioning boundaries for this service during 2013/14.

- The Joint Microbiology Laboratory established with WUTH – MicroPath – commenced operation in 2012. We intend to seek opportunities to provide services to other healthcare organisations.
- The Joint HR & Wellbeing Business Service, the transactional HR & Payroll Service collaboratively established with WUTH, commenced operation in 2011. This service intends to seek opportunities to provide transactional services to other healthcare organisations, whilst retaining and excelling with our existing clients and expanding our client base further. For further information about the Service, visit our website: www.hrwbbs.com.
- The Trust anticipates being designated an Exemplar Research & Development Trust in the Cheshire & Merseyside Research network and we will explore opportunities to grow our research portfolio.
- Following the expansion of the Trust facilities we will pursue opportunities to extend the volume of private patients and opportunities to extend the volume of planned operations to commissioners.
- We will be using the opportunity that our new expanded endoscopy unit with five treatment rooms gives us when it comes on line in March 2014 to ensure for 2014/15 we have the right flow and activity for that facility to be effective.
- During 2013/14 we will be exploring how elective surgery, and specifically Orthopaedics could be better served by 'ring-fenced beds'.

Other External influences

With regard to elective activity from Wales, Betsi Cadwaladr Health Board has introduced more local services in some areas which have reduced outpatient and elective inpatient/day-case and diagnostic activity. This has particularly had an impact on Orthopaedic activity.

CCGs plans for 'market-testing' local services in England are developing, and whilst there is no current significant competition in the local health economy, the Trust recognises the risk of new market entrants and equally the opportunities that tendering for clinical services presents. We will develop our capability to effectively compete in those tender opportunities as they arise. The Trust will look to improve patient choice, provide higher quality care, and more efficient services accordingly.

Approach to Quality

Quality drives the Board agenda and strategy and ensures that the priorities agreed are focused on delivering high standards of care to our patients. The newly developed Quality & Safety Committee is responsible for ensuring all quality, safety and patient experience topics are discussed and challenged. This Committee is chaired by a Non-Executive Director supported by the Trust's clinical leadership including the Director of Nursing & Quality and Medical Director. Divisional representatives sit on this Committee, and there is a two-way mechanism of feeding issues and best practice from Divisions to the Board. All significant risks associated with quality, safety and patient experience are articulated and monitored. A development programme is in place to support new members of the Board.

Throughout 2012/13, we have continued to deliver our services in line with our Quality Strategy, which in light of new challenges, and priorities as well as a revised governance structure will be refreshed in 2013/14. It is essential, however that we aim to develop a Quality Strategy that does not just encompass us as a secondary care provider but also engages with our community and commissioning colleagues to develop a health system-wide strategy with a focus on patient pathways as opposed

to individual services. Significant progress has been made on the achievement of our quality targets via both national and local CQUIN indicators as articulated in the Quality Account.

We received excellent results last year in achieving CNST (Maternity) and NHSLA Level 3 for the whole Trust. We also had two unannounced CQC inspections - one at the Countess site and the other at the Ellesmere Port site. From these inspections, there were only two minor issues identified at Ellesmere Port Hospital. These were lack of processes in place regarding the self-administration of medicines, and staff awareness in respect of electronic record keeping. An immediate action plan was developed and both these elements have been addressed. In respect of self-administration of medicines, a policy has been developed and implemented and all staff have been trained on utilising the electronic health record system.

Unfortunately, during 2012/13, we reported three 'Never-Events' (the most recent one was reported in March 2013). These occurred in respect of 'mis-identification' issues but took place in different clinical areas across the Trust and involving different clinical teams. An organisation wide action plan is currently in place to address the learning from these events and to raise the importance of checking the three patient identifiable markers. The action plan covers the following areas –

- Clinical leadership and accountability
- Electronic ordering systems
- Training & Education

Service Line Priorities for 2013/14 and beyond

In terms of priorities going forward, we have made our choices based on our patient, staff and public involvement events; information taken from our patient survey responses both nationally and locally; complaints and concerns raised by commissioners following feedback received from colleagues in primary care as well as themes from incidents.

Our key priorities have been chosen to reflect the three domains of quality defined, as follows -

- **Experience** - This is about improving the experience as described by 'you' our patient when using the service for any reason.
- **Clinical Effectiveness** - This is about improving the outcome of any assessment, treatment and care you receive in order to optimise health and wellbeing at all stages of illness.
- **Safety** - This is about improving and increasing the safety of any care or service provided.

Experience -

Aim	Rationale	Monitored	Measured
To improve the patient experience via Council of Governors engagement events with the membership and wider public regarding care delivery and service at the Trust with a particular focus on communication and information	Communication and information is a key issue in many complaints incidents and Governor concerns	Via the Governor Quality Forum and the Quality and Safety Committee	At least 6 events a year to be held Outcome reports from each received, discussed and actioned by the Quality and Safety Committee

To assess the outcomes for patients from the introduction of care and comfort workers in planned care	This role is a pilot in 2013/14 to support the care and comfort of patients receiving inpatient care	Via the Planned Care Divisional Board and the Quality and Safety Committee	Roles to be evaluated through a series of patient engagement / surveying and use of Friends and Family test information
Make key improvements to the environment for patients with dementia	People who have dementia often have a poor experience as the unfamiliar environment often increases confusion and poor memory	Via the Quality and Safety Committee	At least three environmental improvements will be made in 2013/14 and described in detail within next year's account

Clinical Effectiveness -

Aim	Rationale	Monitored	Measured
To provide additional assurance to the Board of Directors that clinical care meets the required CQC standards of Quality and Safety	To support the inspection process and provide a range of robust assurance methods regarding the quality of care provided	Via the Governor Quality Forum and the Quality and Safety Committee	All ward areas and clinical Departments to receive one clinical assessment visit per annum. 2 visits per year should be unannounced enter and view
To optimise the health outcomes of patients who have suffered a stroke	Merging the acute and rehabilitation elements of the stroke pathway will optimise the health outcomes of this patient group	Via Divisional Board for Urgent Care and the Quality and Safety Committee	Whole pathway within a dedicated one site unit with good outcomes regarding discharge to original place of residence
To introduce seven day working in Radiology	To remove delays in the patient pathway	Via Radiology Directorate Board and the Quality and Safety Committee	Reduced turnaround times for inpatients, particularly those requiring Magnetic Resonance Imaging (MRI).
To provide alternatives to inpatient admission for paediatrics through clinical streaming in A&E and utilisation of paediatric hospital at home	Children thrive in the home environment where family life and normal routines can be maintained	Via paediatric speciality meetings and the Urgent Care Strategy Group	Outcome report to be received at 6 months Targeted reduction in paediatric admissions

Safety -

Aim	Rationale	Monitored	Measured
To carry out a full and concise review of all aspects of falls management and make a targeted reduction in the numbers and level of harm across the 5 highest falls areas identified	The Trust has worked hard to reduce falls and the harm associated with them, however patients are still falling with some cases of severe harm	Via the Quality and Safety Committee	Target reduction to be in place at end of Quarter 2 Year-end reduction

Self-administration of medicine for suitable patients on a rehabilitation pathway	This is a CQC requirement which has commenced but needs expansion and evaluation through 2013/14	Via the Governor Quality Forum and the Quality and Safety Committee	Number of patients on the pathway and positive outcomes
Maternity Assessment processes	The Trust has seen an increase in serious incidents relating to processes on arrival at the labour suite, not meeting mothers' requirements	Via the Planned Care Divisional Board and the Quality and Safety Committee	Robust systems in operation Reduction in incidents relating to assessment processes
Reducing harm, variation and waste regarding patient pathways	The Trust has seen an increase in the complexity of patients admitted via the Emergency Department	Via Operational Delivery Committee - progress against the implementation of clinical streaming, Early Supported Discharge processes, and ambulatory care. Progress in working towards an integrated health system	Reduction in harm Increase in timely, safe discharges Information and performance data systems to support the above projects

All of our aims across each of the domains of quality will be reported as follows –

- To our Board of Directors through our meeting channels from ward to Board and through our monthly Quality Performance reporting arrangements.
- To the Council of Governors at regular workshop events.
- To our Commissioners through our joint quality and performance contract meetings.

In addition to the priorities set out in our Quality Account, we will continue to -

- Maintain high standards of infection prevention and control as detailed in the Health Act 2009.
- Embed our 2012/13 Commissioning for Quality and Innovation (CQUIN) initiatives so they become 'business as usual', and work to implement the new CQUIN programme.
- Meet the requirements of our Quality Contract with our commissioners.
- Continue to develop our workforce to ensure they have the skills to deliver quality care in the most effective way.
- Continue with our programme of development relating to new initiatives.

The CQUIN contract for 2013/14 is a challenging one, however, overall good performance was demonstrated in 2012/13 and we will continue to focus on this with named clinical leads. We will strive to further improve our performance this year. One of our key priorities will be to ensure we provide our GP colleagues with timely and clear information and communication about their patients on discharge. An increased focus will be placed on this, ensuring full engagement of clinicians led by the Medical Director and Director of Nursing.

Quality, Safety and Patient Experience Challenges and Risks

Articulated below are the risks associated to the delivery of the quality, safety and patient experience agenda going forward in our 2013/14 plan, also outlined are some of the actions that will support the mitigation of these risks.

Safeguarding

The Trust has a well-established Children Safeguarding Team with fully embedded processes, procedures and underpinning policies. This team also supports elements of adult safeguarding such as domestic abuse. The Winterbourne report served to remind all caring organisations of the importance of adult safeguarding. The Trust has recognised the need to support adult services to ensure that it meets all the requirements that ensure the safeguarding of patients within its care. With much greater emphasis on adult safeguarding the Trust has recently agreed to support the appointment of a dedicated adult safeguarding nurse. This will ensure the adult safeguarding agenda is fully operationalized.

Francis Recommendations

The Francis Report detailing the shocking lapses of care at Mid Staffordshire NHS Foundation Trust was published in February 2013. This report has serious implications for the whole of the NHS and there are important lessons to be learnt. We believe that no hospital should rest on its laurels and despite the achievements described above, has instigated a review of its services against the recommendations made in the Francis Report. Any areas identified as needing improvement will be acted upon during 2013, in an effort to continually improve and provide the best possible care for our patients. The implementation of these actions will provide opportunities, challenges and risks and will touch upon the whole organisation.

Examples of future actions will be to develop a Trust nursing and midwifery strategy focusing on the implementation of the 6C's (Care, Compassion, Competence, Communication, Courage and Commitment); a review of nurse staffing levels to ensure the establishment on our wards meets the dependency of our patients. There are also plans to develop an electronic performance dashboard and to review the current 'care metrics' reporting to be replaced with specific clinical indicators that will measure and monitor the delivery of care ensuing 'Ward to Board' reporting.

Listening to what our patients are saying about the service we provide is essential in order for us to learn and improve. A key focus this year will be on developing the patient experience agenda. We will be reviewing the complaints processes and how we communicate with our patients and carers who raise concerns (whilst we await national guidance on complaints handling). We are already looking at different methods of gaining patient feedback, including real-time feedback via electronic solutions as well as ensuring we gain a positive response to the 'Friends and Family' test. We have also consulted with our Governors on a range of subjects via a series of workshops which will continue during 2013/14.

Culture

A key part of what the Francis Report highlighted was that of the importance of getting the 'culture' right. The Trust already has its values and behaviours described however there is a need to ensure that these are truly embedded; that staff continuously put the patient at the heart of what we do, and demonstrate the behaviours we expect in their daily work and contact with patients, carers and fellow colleagues. Engagement sessions have taken place to share the findings of Francis and to encourage staff to reflect on their own values, behaviours and practices. Further work on this will be developed within the implementation of the People Strategy.

Infection Prevention and Control

We have encountered some challenges in 2012/13 in meeting the required infection control targets ie MRSA and Clostridium Difficile. We have also experienced challenges relating to the presence of Vancomycin Resistant Enterococcus (VRE). However, we have learnt a number of lessons from this recent experience and consequently, have commenced a thorough review of our infection prevention and control plans, policies and procedures, as well as cleaning regimes and practices. A new screening policy is being developed to manage VRE going forward, for high risk patients admitted electively to the critical care unit. These changes are being led by the Medical Director and the Director of Nursing to ensure we further reduce our infection rates and keep our patients safe. Despite the above review, we continue to consider Clostridium Difficile, in particular, to be a continued risk in 2013/14 but all elements of the infection prevention and control agenda will continue to be monitored very closely.

System Wide Quality Strategy

As mentioned above, we want to work towards developing a 'system wide' Quality Strategy, that doesn't just reflect the priorities of us as a Foundation Trust, but will also take into account our partners in primary and social care. Partnership working and collaboration is essential for this to take place. Initial discussions have already taken place about how we can move to a more integrated system.

Clinical Engagement and Leadership

Clinical engagement and effective leadership (at all levels of the organisation) underpins the delivery of all of the above and the Board see this as an important element that will support the delivery of this plan. Leadership training programmes have already been implemented throughout the organisation but a further focus will be the development of clinical leadership programmes (eg for ward managers). There is good accessibility to the Executive Team. Non-Executive Directors and the Chairman are also very visible throughout the Trust.

Patient Experience

Listening to what our patients are saying about services we provide is essential in order for us to learn and improve. A key focus this year will be on developing the patient experience agenda. We will be reviewing the complaints processes and how we communicate with our patients and carers who raise concerns (whilst we await national guidance on complaints handling).

We are already looking at different methods of gaining patient feedback, including real-time feedback via electronic solutions as well as ensuring we gain a positive response to the 'Friends and Family' test.

We recognise the importance on feeding back both positive and negative patient responses to clinical teams, so that learning can take place and services are improved as a result of this. As part of the development of the Patient Experience agenda, we recognise how powerful patient stories can be in relaying a patient/carer experience and in respect of this, we will be utilising patient stories to feedback to staff at all levels of the Trust including the Board of Directors

We have also consulted with our Governors on a range of subjects via a series of workshops which will continue during 2013/14. We will also continue to develop our relationship with our local Healthwatch colleagues. As part of our review of our 'Care metrics' reporting, we will be developing Key Performance Indicators to measure the patient's experience in monitoring how or whether we are making a difference to our patients' experience. On our journey, in developing integrated care pathways with our partners, it is essential that patients and their carers and families are a key part of this, and that patient and carer views are reflected.

Workforce

Reflecting our overall approach of developing our services by developing our people, the Trust workforce strategy can be summarised as 'People at their Best'.

In partnership with our staff we have developed a People Strategy which has five main themes –

- Workforce Strategy and Planning
- Leadership Development
- Skills Development
- Performance and Recognition
- Staff Engagement

The detailed plan covering each area of the strategy is included in Appendix 1. A key element of this however is the development of a workforce fit for the future. This means that we need to ensure we have the right numbers of people with the right skills in both clinical and non-clinical roles. Many of our staff will need to be able to work more closely with external partners in outward facing roles, and closer to the communities in which our patients live. Maintaining safe and effective staffing levels through planning, training and development, needs to be balanced with the need to reduce the cost of our workforce.

Clinical Workforce Strategy

Ensuring we have the correct numbers of nurses with the correct skills and knowledge to care for patients is essential. A detailed review of ward staffing will take place in Quarter 1 to understand our current baseline – this will be undertaken taking into consideration national nurse staffing guidance and reviewing relevant benchmarking data.

It is important to note that in respect of the nursing and midwifery workforce nationally, numbers are expected to decrease over the next few years – this in addition, to a number of our own staff locally preparing for retirement provides us with a challenge. We are working with our local university to ensure, that as a healthcare provider, we are involved in the recruitment of our nurses and midwives for the future. There will be further development of Advanced Practitioner roles within the Trust to support doctor's rotas and contribute to the delivery of patient pathways. In working with our partners externally, there will be great opportunity to progress 'joint' organisational roles and also to transfer specialist skills and knowledge into community setting to support patient pathways.

The Trust has continued to attract strong fields of applicants for Consultant posts and has a good record of retention of staff. There is limited projected impact of retirement at Consultant grade in the next five years. The greatest risks are, and will be, around gaps in middle grade and more junior rotas. These will be mitigated by Advanced Practitioner role developments, exploring collaborative work with partners and the development of Trust training rotations for those not appointed to Regional schemes.

Clinical Sustainability

There are a number of the Trust's services that will be reviewed within 2013/14 to ensure their on-going operational, clinical, workforce and financial sustainability. We will assess service outcomes, and factors including the increasing requirements of specialised commissioning and our commissioning CCG's desire for alternative and integrated methods of service delivery, will influence the future design of some services –

Urology – provides excellent local acute services and has robust clinical pathways for the onward referral of cancer and specialist tertiary patients. The service is provided by two consultants which does cause some capacity issues. There is potential for our service to collaborate with an acute partner in order to increase the critical mass of senior clinicians and to adopt community experience gained elsewhere. This would also allow us to address the discrepancy compared to the recommended ratio of the British Association of Urological Surgeons (1 Consultant : 80,000 population).

Breast Screening Unit – is a highly regarded service which receives constantly positive feedback through peer review exercises. The volumes of patients being reviewed by consultant breast radiologist / radiographer are considered low by the regional breast QA review team and they have recommended that the unit work collaboratively with another Breast QA unit in order generate a critical mass of patient numbers. The symptomatic surgery service is provided by two consultants which does cause some capacity issues which will need to be addressed in 2013/14. The breast service currently sees 200-250 new cancers per year. The association of breast surgeons and the NHS Breast Screening Programme QA recommend between 30-100 new cases per year per surgeon. A business case is being prepared to recruit an additional part time surgeon.

Midwife Led Maternity Care (MLC) – is provided within our obstetric unit and not from a dedicated MLC unit. We will work with our CCG to review this position in order to develop a wider set of choices for women and their families.

Maxillo-facial Service – is provided by a single consultant. The Trust will review whether it retains a 'complex' Maxillo-facial service or alternatively we consolidate and expand our less complex OMFU service.

Gastroenterology – reflecting the additional demand for this service, the Trust has committed to a capital investment to create a new endoscopy suite. Alongside this we are developing a workforce plan that increases the numbers of nurse and AHP scopists. There is also the potential to work collaboratively in order to maximise the use of our available capacity across neighbouring Trusts.

Ophthalmology – our ophthalmology service is experiencing challenging increases in demand linked our aging population and clinical developments such as Acute Macular Degeneration (AMD). These issues are recognised by our CCG and this has led to work to consider opening ophthalmology to a wider market. As a key stakeholder we are engaged in this process and recognise the opportunity to secure our market share as well as the potential to expand our service.

Orthopaedic Surgery – will be reviewed by specialist commissioning in the next three years. Commissioning will be based on experience and outcomes gained from units that can jointly maintain high volume throughput and excellent clinical outcomes. It is likely that the quality bar will be raised for any unit that wants to offer joint revision services. With these factors in mind we will work in partnership with neighbouring Trusts to use existing capacity and enhance service provision to meet emerging guidance and standards.

Interventional Radiology (IR) – represents a strategically important service as it supports advances in clinical practice across a number of specialties and is a rapidly developing service in its own right. We will continue to develop our IR service in terms of appropriate numbers of interventionists and establishing networks with partner Trusts in order to support the centralisation of high acuity services such as arterial surgery.

Emergency Department - The College of Emergency Medicine is pursuing an agenda of expansion towards a minimum of 10 WTE Consultants in an Emergency Department – we currently have six. There is some doubt whether the number of trainees could sustain this expansion. We will continue to explore ways in which we can support our department with appropriate middle grade and SAS numbers.

Productivity & Efficiency

To reduce costs and to respond to the financial constraints imposed on the Trust through the nationally driven tariff deflator, the Trust will have to fundamentally change the way that it delivers some key areas of clinical service. These changes cannot be delivered in isolation and the Trust will be working with commissioners and other partner organisations to develop increased efficiencies through changes to processes and pathways of care.

To deliver the efficiencies the Trust will be focusing on pathway and clinical processes which aim to reduce patient length of stay, treat patients in the right clinical setting and to increase day case and outpatient elective surgery where clinically appropriate.

The Trust has commenced a review of the frailty pathway and the patient interface with acute care. This has included clinical streaming within the Emergency Department and the introduction of an ambulatory care facility to assess and diagnose the patient condition prior to admission. The Trust aims to reduce overnight admissions by 30% and reduce the length of stay for elderly admissions (80% EMAs <2days LOS) through these and other initiatives.

Within elective care the Trust is investing in additional endoscopy and day case theatre capacity. This will facilitate an increase in day case surgery rates in line with BADS (British Association of Day Surgery) guidance.

Both the changes in the management of admitting patients to hospital and the move to increased day surgery will facilitate a reduction in acute bed numbers on the hospital site, a key component to the Trust's on going efficiency programme.

The Trust will also refresh and expand the internal productivity information it has available, to ensure that it is best utilising both its staffing and other physical resources. This will be a key component of the service reviews described earlier in this document.

Cost Improvement Programme Governance

Over previous financial years the Trust has delivered on its cost efficiency targets. The ability to find savings through traditional methods has become increasingly difficult. The Trust, with its health economy partners has held a series of clinically led workshops to agree a strategic vision for the provision of health services locally. Once finalised, this strategic vision will provide a clear direction for the long term financial planning for the Trust.

The Trust established a Programme Management Office in February 2013 to support and facilitate the delivery of the cost efficiency programme. The primary objective is to support the Trust to realise savings in a sustainable manner without the creation of additional or unnecessary bureaucracy. This function is now becoming known as the *Quality and Value Delivery Team*.

Each project has a project lead and executive sponsor. The reporting arrangements will form part of the overall Trust governance structure. The Director of Planning, Partnerships and Development will act as overall programmer sponsor and will be responsible for ensuring that governance is in place to support the programme.

The Trust cost saving and efficiency programme reflects both transformational and incremental schemes. The programme has been divided into four main work stream categories –

- Trust wide
- Integrated planning
- Internal planning
- Joint planning

We expect therefore that this is the last year of traditional cost savings schemes within the Trust – from 2014 onwards we expect to deliver multi-year transformational service re-design programmes with built-in efficiencies across the health economy.

Quality Impact Assessments

In line with Monitor guidance, cost savings schemes should have a neutral or positive impact on the quality of patient care, therefore quality must be appropriately assessed before a project is implemented and reviewed on an on-going basis.

As part of the method used by the Quality and Value Delivery Team, a Quality Impact Assessment (QIA) will be completed for each scheme to assess whether it has any potential impact on patient care, safety of experience. This template is completed by a clinician and must be approved by the Medical Director and Director of Nursing before a scheme can progress. An assessment of the key operational and quality risks will be undertaken as part of this process. If the project is not deemed to have a positive or neutral impact on quality it will be withdrawn.

The Quality and Value Delivery Team will produce a monthly report for the Medical Director and Director of Nursing on progress against QIAs, this will highlight the exceptions of where QIAs are required but have not been completed and those areas where QIAs have been completed but the perceived risk is amber or red.

Cost Improvement Programme Enablers

Strong clinical leadership is critical to the success and financial viability of the Trust. Ownership of the financial challenges at a clinical level will ensure that a clinically balanced approach is taken to reducing costs.

The Trust capital programme will support the development of clinical efficiencies and the development of services to strengthen the financial position of the Trust.

IT is a key enabler and the Trust has commenced a project to replace its existing Patient Administration System. As part of the 2012/13 capital programme the Trust introduced an electronic case note system, this will continue to be rolled out throughout 2013/14. Saving associated with this change in working practice has been included within the CRS.

Through the work of the Quality and Value Delivery Team, clinical leadership, pan-health economy working and strategic enablers, the Trust has a robust infrastructure to support, facilitate and deliver a challenging cost efficiency programme.

Cost Improvement Programme Profile

The table below summarises the top 5 CIP work programs for the next 3 years. There are detailed plans to support each of these work programs and numerous smaller schemes across the organisation. The Trust recognises that the delivery of these financial efficiencies will be challenging and have processes in place to assess the risks associated with each project. These risks will be managed by the Quality and Value Delivery Team in conjunction with the lead manager or clinician and reported internally through the Trust's governance arrangements.

Scheme	Total Saving	2013/14 & Risk	2014/15 & Risk	2015/16 & Risk
Workforce	£7.1m	£1.3m	£2.3m	£3.5m
Integrated Services	£4.2m	£1.2m	£2.0m	£1.0m
Elective Care Transformation	£2.4m	£0.6m	£1.1m	£0.7m
Central Schemes	£0.6m	£0.3m	£0.1m	£0.2m
Procurement & Medication	£2.6m	£1.0m	£0.9m	£0.7m

Financial & Investment Strategy

In 2012/13 the Trust delivered a surplus of £833k before impairments whilst achieving savings of £5.8m, this performance resulted in maintaining a financial risk rating of 3. The Trust also embarked on year one of its four year major capital programme spending £9.5m in year with the commencement of a new build extension at the rear of the hospital for critical care and endoscopy unit.

The Trust has recognised the economic downturn for the foreseeable future but will continue to sustain financial viability, maintain the hospital environment and ensure that we have sufficient capacity to deliver care in the most appropriate setting. With financial support from our local commissioner our strategy is to integrate local services in conjunction with other local partners to manage long term conditions and anticipatory care and also transform our elective care to ensure that patients are cared for in the right and most efficient setting.

The Trust will be in year two of its major capital programme to support quality initiatives such as the new critical care unit, ensure that capacity issues are addressed and that patients are treated in the most appropriate setting. The investment has been underpinned with approval in 2012/13 of a £21m loan (in two parts) from the Foundation Trust Financing Facility to be repaid over five and fifteen years.

The table below summarises the key capital investments up to 2015/16 –

	2013/14	2014/15	2015/16	Total
	£000s	£000s	£000s	£000s
Equipment Replacement & Maintenance	5,326	3,510	3,120	11,956
Site Strategy - New Build	11,663	-	-	11,663
Site Strategy - Other	2,660	3,300	-	5,960
Service Efficiency & Delivery	1,206	200	200	1,606
Total	20,855	7,010	3,320	31,185

Planning Assumptions

All our English commissioner contracts are signed but Wales has yet to be agreed. English baseline contracts in the main reflect outturn activity levels with a small amount reflected for elective growth, however for Wales further reductions in activity levels have been assumed in line with their repatriation plans.

It is assumed that tariff will continue to reduce for the foreseeable future with 1.2% assumed for 2013/14 based on 2012/13 case mix. Additional income will come from new service developments such as vascular. Further investment supported by our local commissioner will support schemes to reconfigure services over the next couple of years and deliver savings over the long term for the local economy.

2013/14 Clinical Income Plan	Activity	£000
Day Cases	31,204	20,710
Elective	5,602	14,165
Emergency	30,625	54,881
Outpatients	297,312	40,297
A&E attendances	70,566	6,609
Non PBR		50,095
Total	435,309	186,758

Pay increases have been assumed at 1% with continuing increases to general non-pay at 2%, with more specific cost pressures assumed in relation to other non-pay areas such as NHSLA premium and energy costs. Increased capital charge costs have also been included to reflect our capital programme.

	2013/14	2014/15	2015/16
Income & Expenditure Summary	£000	£000	£000
Income	199,242	204,131	201,405
Expenditure	190,987	195,351	191,965
Depn, Interest, PDC	6,865	7,581	7,626
Surplus	1,390	1,199	1,814
Efficiency req'd in above	7,361	8,540	7,980
% Efficiency req'd	3.7%	4.2%	4.0%
Monitor FRR	3	3	3

The planned level of surplus will ensure a Monitor Financial Risk rating of 3 in 2013/14 with a strong liquidity of over 30 days.

Efficiency Programme

The increased costs and reduction to tariff income require the Trust to deliver efficiency savings of approximately 4% per annum for the next three years (£8m) and for the foreseeable future. With financial support from our local commissioner we are developing a three year invest to save plan to reconfigure our local services.