

The Royal Bournemouth and 
Christchurch Hospitals
NHS Foundation Trust

Operational Plan Document for 2014-16

**Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust**

Operational Plan for y/e 31 March 2015 and 2016

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

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Date	1 st April 2014

The attached Operational Plan is intended to reflect the Trust's business plan over the next two 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 Operational Plan is an accurate reflection of the current shared vision of the Trust Board having had regard to the views of the Council of Governors and is underpinned by the strategic plan;
- The Operational 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 Operational 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; and
- All plans discussed and any numbers quoted in the Operational Plan directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name (Chair)	Jane Stichbury
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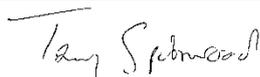
Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Tony Spotswood
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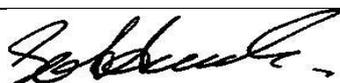
Signature



Approved on behalf of the Board of Directors by:

Name (Finance Director)	Stuart Hunter
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Signature



Executive Summary

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has an excellent track record of success and our intention is to use this experience and expertise to deliver improvements in quality and further efficiencies in 2014/16. We believe that by delivering higher quality care we can also improve our staff working experience and maximise cost-effectiveness. This quality agenda for the Trust is driven principally by the Trust's Quality Strategy which enshrines a 3-part approach:

- | | |
|-------------------|---|
| Safe | 1. Safe staffing levels |
| | 2. Assessing needs and meeting them in a timely way |
| Effective | 3. Using every opportunity to learn and improve |
| | 4. Ensuring our urgent and emergency care is as effective as possible |
| Experience | 5. Privacy and dignity for every patient, every day |

Our recent Care Quality Commission inspection and reports have added to the emphasis on quality for the Trust and progress against our improvement plans is embedded across the organisation.

We also recognise that the financial context in which we operate is the most challenging since we became a Foundation Trust. The substantial additional investments that we are planning will therefore require us to plan for a deficit position in 2014/15 for the first time in our history. To minimise this we will work closely with our commissioners and other local providers to ensure that services are delivered in fashion which ensures the maximum patient benefit and minimises overlaps, duplications and other inefficiencies. There are a number of CCG led / supported facilitative programmes that will assist with this - Better Together, the Urgent Care Board and a local Clinical Services Review. All of these, but particularly the latter, will need to deliver substantial improvements in the integration of local services to ensure that we are able to return to a break-even or surplus position beyond 2016.

Internally, the array of investments envisaged for 2014/15 include the recruitment of more nurses and consultants. Complementing this we have already made changes in our urgent and emergency care pathways toward a more ambulatory model and this has shown some success over the immediate past winter (13/14). We expect this to further improve over the next few months and years. In particular we believe that we can better ensure that patients are not admitted unnecessarily and that an increasing number can be treated quickly and effectively allowing discharge home with suitable support.

We also have a substantial capital programme which supports the above changing models of care including the new Jigsaw building for our Oncology, Haematology and Women's Health services; the redevelopment of the Christchurch site; and significant investments in IT as we move toward electronic patient records.

Supporting the quality strategies and plans indicated above is a fundamental intention to ensure that our staff have the appropriate training and education to deliver these improvements for our patients. In particular we will invest in leadership programmes for senior nurses and clinicians to empower them to ensure that we deliver on the plans and intentions that we describe.

Taken together the plans for the next two years, and the development work for the next five, represent a challenging and exciting new chapter in our mission to deliver excellent care and to continue to put patients first.

Operational Plan

1. Introduction

1.1 Quality

At the Royal Bournemouth and Christchurch hospitals we have some outstanding services that have been recognised for their excellent clinical outcomes, innovation and patient care. For example Toshiba has chosen the Royal Bournemouth Hospital (RBH) as the first site for installation of its latest CT scanner – the first of its type in the world. We have among the best mortality rates for major colorectal surgery and patient reported improvement in hip and knee replacements. We also score well in both patient and staff recommendation to be treated within the Trust.

However, we also recognise that we need to redouble our efforts in ensuring that every patient receives high quality care every day, on a consistent basis. We are therefore continuing to make major improvements in a wide range of developments that will reinforce this. Examples include a significant increase in nursing and medical staffing and a substantial capital investment programme. These are described in more detail later in this document along with our quality improvement plans.

Lord Darzi defined quality as: safety (“first do no harm”); effective care, using the best evidence and measuring outcomes as part of continued learning and development, and thirdly a good patient experience of care, ensuring privacy and dignity and exceeding patients expectations.

These three elements form the core of our Quality Strategy, Operational Plan and five year strategy. The five key work streams that flow from this are:

- | | |
|-------------------|---|
| Safe | 1. Safe staffing levels |
| | 2. Assessing needs and meeting them in a timely way |
| Effective | 3. Using every opportunity to learn and improve |
| | 4. Ensuring our urgent and emergency care is as effective as possible |
| Experience | 5. Privacy and dignity for every patient, every day |

We are building on our areas of excellence and the improvements we have already made to embed consistent, high quality care.

1.2 Forward Planning

Our forward planning has two distinct phases. The first two years (Operational Plan 2014/16) focus on quality and operational improvements. Year's three to five will focus on playing a key role to develop and reconfigure the health and social care system across Dorset to ensure we provide clinically and financially sustainable services.

Our Operational Plan 2014/16 includes the transformation of the hospital's urgent and emergency care pathways (or unscheduled care), especially for the frail elderly, and ensuring ambulatory diagnosis and treatment is provided, where appropriate. By ambulatory we mean a clinic or day case setting - not all patients admitted to hospital need to be an inpatient to receive their treatment. Transforming the way we provide unscheduled care will ensure patients across the hospital receive the right care in the right place, at the right time and with the right person.

Longer term the case for change across Dorset is compelling. Across the whole health economy, with the acute trusts in Poole and Dorchester, we will need to reconfigure services in order to:

- sustain the quality of health and social care
- move to more seven day services
- meet the needs of an aging population

- introduce new technologies
- improve outcomes
- meet financial challenges

The key element of successful change will be closer working with partners such as GPs, community health and social services. Likewise, working with other acute specialist hospital services is needed to ensure centres of excellence can survive and thrive in Dorset. Haematology, cardiology, obstetrics, emergency departments and acute surgery are examples of where integrated networks of care can provide better outcomes for patients, improve access and allow us to recruit and retain the best staff.

While we engage in the long-term work (led by our commissioners) to reshape and improve services, the next two year's focus for Royal Bournemouth and Christchurch Hospitals (RBCH) is on quality and operational improvement. The key to this is a skilled work force that is well resourced, trained, motivated and led. Significant work is underway to achieve this, including the recruitment of additional nurses at all levels, and additional doctors, especially at the most senior, consultant level. This fits within our leadership development work, improved staff communications management, nurse leadership restructure and a wider organisational development programme.

In parallel to this improvement work, RBCH will use the next year to develop its plans for how best to meet patient needs over the next five years and beyond. This will entail creating the vision and plans to cope with the various scenarios and uncertainties that face the organisation. Where change requires consultation, preparatory work will also be started, mindful of good practice and the secretary of state's four tests. These are; clinical evidence of benefit, support of GPs and commissioners, public engagement and maintaining choice. Any proposals developed will comply with these tests.

2. Background

Two events took place in 2013/14 that had a significant bearing on both RBCH's operational two year operational plan and the five year strategic plan.

Firstly, RBCH was engaged in a merger process with Poole Hospital NHS Foundation Trust which, following review by the competition authorities, was prohibited. Many of the drivers for change are still valid i.e. reduction in the number of medical trainees, specialist services developments, seven day consultant-led services and capital investment requirements. Some of the responses to these issues were delayed pending the merger and these are now being brought forward, where they are still relevant. The commissioner led review of services across Dorset will allow any changes to progress to consultation over the next few years.

Secondly, in October 2013, RBCH was inspected by the Care Quality Commission (CQC) with particular areas of focus being the urgent care pathway including the Emergency Department, medical and surgical services and Care of the Elderly. The report resulting from this inspection gave the Trust a constructive external perspective and noted areas where an inconsistent quality of services was provided. The organisation has embarked on a number of new quality improvement actions following the report as well as enhancing many work streams that were already in place. Many actions focus on supporting staff and the organisation as a whole to become a more open, learning organisation. These are covered below in the quality section.

These two developments are set against a background where Dorset has a higher than average elderly population, which is expected to rise further in the next five years. This group of patients can have very specific and complex health needs and the Trust needs to ensure it can respond to these needs and provide high quality care for all patients.

3. Short Term Challenge

The next two to five years will see NHS funding rise at or below that of the general rate of inflation. In real terms funding is 2-3% below the rate of inflation in the health sector because of the costs of new drugs and technologies requiring greater investment. In addition, funding for hospitals is likely to receive a

smaller proportion of any growth. This leads to an expected £8-10m annual saving requirement each year for RBCH if it is to remain financially viable.

In addition, public expectations of having access to treatments, seven day services and consultant delivered care creates significant new cost pressures. There is also a national shortage of skilled doctors, nurses and allied health professionals, leading to wage inflation via increasing locum and agency rates.

Put simply, the funding and costs gap is set to widen significantly for the NHS nationally, and be circa £30 billion by the end of the five year planning period, or about one third of the current budget.

Locally, Dorset Clinical Commissioning Group (CCG) financial growth will be 2.14% in 2014/15 and 1.70% in 2015/16. This means that Dorset funding will be more than 3% below the targeted allocation per weighted population. This level of underfunding is partly offset by RBCH being more efficient than most hospitals. RBCH has successfully delivered against our cost improvement programmes in the past and has an efficiency index of 91. This is 9% more productive than the NHS average. This demonstrates the limited scope for further internal savings and hence a wider approach is required.

The response to these challenges requires multiple approaches that underpin this plan: These include:

- a relentless focus on quality; for every patient, every day and everywhere
- remodelling our urgent and emergency care services
- wider health and social care joint working (“Better Together” programme)
- further reconfiguration of hospital services to deliver better patient outcomes for the same or less resource across Dorset
- partnership working and diversification to support better care and better value
- use of innovations and new technologies to improve quality and cost
- continued internal cost improvement savings within the Trust, noting however, that section 7 highlights reducing opportunities for savings

The impact of the above is that the Trust has concluded that in the interest of continuing to invest in improvements in patient care it will use of some of the financial reserves it has accumulated to deliver plans described later in this document. This will therefore require us to plan for a deficit position in 14/15, the first time the Foundation Trust (FT) has done this. This is a significant decision, and one that requires a whole system approach such that the Trust returns to a financially sustainable position. Key to this is the commissioner role.

3.1 CCG commissioning

Commissioning is an important part of achieving Dorset wide reconfiguration and system transformation. There are three interlinked parts to the five year plans of commissioners, these are;

- “Better Together” health and social care transformation
- Urgent Care Board, emergency services improvement
- Clinical Services Review, including acute hospital service reconfiguration

The commissioning landscape has changed significantly. Dorset and Bournemouth and Poole Primary Care Trusts have been replaced by Dorset CCG and NHS England and the Local Area Team for Wessex, with a specialised commissioning role. Additionally, the commissioning of some services has been taken over by public health, which in turn has been relocated under the responsibility of the local authorities.

The CCG has produced its commissioning intentions for 2014/15. The highlights relevant to RBCH are as follows:

- Increase public awareness and facilitate early diagnosis of cancer
- Maternity Services Strategy implementation
- Prevention and risk management of coronary vascular disease including the further development of the diabetic nurse specialist service in primary care
- Review physiotherapy services
- Agree and implement a model for palliative and end of life care
- Respiratory – Fully implement the primary care COPD pathway

- Implement Dermatology services in line with review
- Implementation of community persistent pain management service
- Reduce follow up attendances for patients with specific cancers (for example colorectal, prostate and breast)

RBCH will actively engage and seek to co-produce solutions to best achieve the maximum health outcomes from these areas.

3.2 Urgent Care Board (UCB)

The Urgent Care Board for Dorset has been in operation for the last year and has been key in developing plans and initiatives across the local health economy. The focus has been two pronged in providing interim support to short term management of winter 2014 and a longer term development of strategy to implement new models of care. A particular focus has been on pathways for the frail elderly. The plan for Bournemouth and its localities has included;

- 7 day Radiology
- Interim discharge to assess community beds
- Primary care presence extended in the Emergency Department
- Improved discharge coordination and integration with social care
- Virtual ward, with GP led co-ordination of frail elderly care.

3.3 Better Together

This Dorset-wide programme has been awarded one of the only two large funding grants, to help accelerate the work in this area. This exciting development is actively supported by RBCH and has the potential to reduce unnecessary emergency admissions and support discharge from hospital. These are critical to ensure safe, sustainable services, given the current and growing demand from an aging population.

The CCG is working with the three local authorities in Dorset, the four major NHS providers in Dorset and voluntary groups to deliver integration, with new models of delivery and commissioning being developed. Improvements will focus on:

- Frail elderly and long term conditions (links to urgent care);
- Early intervention support and re-enablement / intermediate care
- Urgent and Emergency care (links to urgent care)

The UCB and Better Together programmes are also ensuring that the “Better Care Fund” is spent to best effect to enable an integrated, effective response to the challenging local environment.

3.4 Clinical Services Review

In parallel with the health and social care agenda, the CCG is developing a review to determine the service model that will best meet the future needs of our local people in the context of projected demographic and economic change.

The key outcomes for patients;

- Delivery of care close to home
- Services which are designed around patients
- Integrated ‘whole system’ services
- Fast, flexible and focussed access to diagnostics, reports, clinical guidance for clinicians for treatment and care planning
- Sustainable workforce across health and social care provision
- Improved quality and outcomes
- Value for money

The expectation is a reconfiguration among hospital services and between community and hospital care. This will be developed over the next two years, for implementation in year’s three to five. Co-production of

the solutions, especially between primary and secondary care clinicians, and with public and patient representatives, is critical for success. RBCH will seek to play a full partnership role in this process. The cumulative effect of the three programmes for change needs careful coordination, in particular the effect on the acute hospitals' fixed cost base. Given both RBCH and Poole Hospital have very efficient services, and growing demand, this leaves little scope for significant funding shifts out of hospital without whole scale reshaping of what hospitals do.

3.5 Specialist Commissioning

Specialised services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients. RBCH provides cardiac, vascular, cancer, bariatric and HIV care as examples of specialist care. Specialised services account for approximately 10% of the total NHS budget, spending circa £11.8 billion per annum. These services tend to be located in specialist hospitals that can recruit staff with the appropriate expertise and that enable them to sustain and develop their skills.

Maintaining and potentially growing a sustainable portfolio of specialised services for our local population is strategically important for RBCH and Dorset residents. The on-going action is to ensure these services meet the service specifications and provide quality care and outcomes. This will often require network solutions with Dorset, Salisbury and Southampton hospitals. All of the above RBCH examples are candidates for network solutions and this is likely to increase further to meet the criteria of staffing, funding and minimum number of cases. The details will develop over the next two years, and are being actively managed.

4. Quality

The Trust approach to quality in 2014/15 will be derived from two principal sources.

Firstly the Trust will continue to deliver its responsibilities and commitments to improve the quality of care that we provide. In particular this will entail the further development and implementation of the Trust's Quality Strategy. The Quality Strategy promotes the three key themes of Safety, Effectiveness and Experience (SEE).

Key priorities for 14/15 in each area include:

Safety

- Reduction in inpatient falls
- Reduction in hospital acquired pressure ulcers
- Increase in 'harm free care' (as measured by the National Safety Thermometer) for all patients
- Reduction in medication incidents
- Increased reporting and learning from potential and actual adverse events via implementation of a new web based reporting system.

Clinical Effectiveness

- Meet the requirements of the National Clinical Audit programme (as applicable to the organisation)
- Reduce hospital mortality as measured by HSMR and SHMI
- Use new IT innovations to support the management of the deteriorating patient; Acute Kidney Injury, Sepsis and Fluid / Hydration.

Patient Experience

- Improve the Trust Friends and Family results
- Reduce the number of formal complaints and improve the timeliness of complaints investigations and responses to complainants.
- A programme of estates improvements, covered in the capital plan.

The other significant focus for quality improvement in 2014/15 will be the continued progress of actions arising from the CQC inspection in October 2013 and developing the assurance that consistent high standards of care are provided to all patients at all times.

Particular areas of focus will be:

Privacy and dignity

- Daily review of ward staffing levels
- Improve recruitment processes
- Extend senior nurse cover at weekends
- Publically display ward staffing levels
- Implement the Patient Association CARE audit
- Implement standard ward safety briefings and handover
- Implementation of new Privacy and Dignity Policy to include: response to call bells, provision of suitable gowns, communication, noise at night, use of curtains and privacy of conversations.
- Improve access to and support for patient nutrition
- Release 50% of ward sister time to focus on monitoring ward standards and ensuring patients' needs are assessed and addressed appropriately in their areas.
- Improve standard operating procedures for wound care, pressure ulcer management and nutrition
- Review visiting times to allow better support for patients from relatives and carers
- Implementation of bay based nursing stations
- Extend access to speech and language therapy services

Learning from patient and staff experiences to improve patient care

- Strengthen governance framework to support a more open, learning culture for clinical governance and quality assurance and quality improvement
- Review of directorate management and nursing leadership structure and accountabilities
- Undertake regular public listening events
- Undertake regular staff listening events including the vision and values workshops and staff engagement strategy.
- Implementation of a new improvement board and programme to support quality initiatives, innovation and service redesign, particularly focused on urgent care.

Wider quality improvements

The Stroke pathway before patients are admitted to the Stroke ward

New Standard Operating Procedures (SOP) for Stroke Pathways to include:

- GP direct admission pathway
- Emergency Department stroke admission pathway
- Triage guidance for Bed Bureau
- Nurse/SHO (GP referrals)

Care planning and evaluation improved

- Decision on software procurement to support the management of patients' fluid requirements.

Training

- Working group established to drive and oversee an increase in compliance for mandatory training trust wide
- Additional speech and language therapy (swallowing assessment) training for the Emergency Department

Security arrangements in the Emergency Department for staff and patients

- Breakaway training for staff
- Emergency Department designing safety project
- Use of external and internal security staff
- Review safety and security of Lone Workers in the Emergency Department
- Review current security incident response times and procedures with Porter services

More support for out of hours surgical junior doctors

- Appoint two general surgeons to extend seven day consultant on site presence
- Agree and implement a standard software package for electronic handover, plus patient to bed and patient to consultant assignment.

Informed consent by doctors who are fully aware of all interventional radiology procedures and follow the agreed process.

Mental health care pathway in the Emergency Department move towards a 24 hour service

Emergency Department to review staff training and prospective cover for paediatric nursing.

Improving incident reporting levels. Implementation of Datix web to improve incident reporting, tracking, feedback and learning.

The outpatient booking process to be more patient-focused with shorter waiting times by:

- Roll out more phone and text based booking and reminders for clinics
- Improve capacity in x-ray, pharmacy and blood test services to reduce waits in outpatients
- Staff to update patients in person and by LED screen about waiting times and ensure that LED screens always have accurate information displayed.

5. Performance management

The Trust has a positive record of successes over many years in meeting its performance targets, including in 18 week referral to treatment times, 4 hour A&E waits, infection control metrics and many other measures.

This has required significant investment and redesign of processes as demand continues to grow. Our urgent care work is covered elsewhere in this report, and is a key enabler to ensure we deliver all these targets for the benefit of patients.

For cancer care, we continue to have good clinical outcomes using nationally benchmarked measures. For cancer waiting times, we have met most of the targets in the last year, with the exception of Urology, where waiting times have increased. This has been due to a combination of factors including a huge increase in "fast track" two week referrals. This was particularly marked following the "blood in pee" public health campaigns to encourage early diagnosis.

As a result of these issues the Board have approved a robust series of measures in 2013/14 which over the coming year should ensure there is a sustainable waiting time performance for Urological cancers. These actions included:

- Recruitment of an additional 6th Urology consultant post and further additional clinical sessions to support diagnostic and day case treatment procedures;
- Additional weekend Urology theatre sessions provided, followed by implementation of Phase 1 of an extended day theatre timetable in November 2013 and Phase 2 extension planned from April 2014;
- Implementation of a surgical robot in December 2013 increasing our capacity for laparoscopic prostatectomy as part of our sustainable capacity planning;
- Partial move to pre-TRUS MRI scans for appropriate patients from September 2013 through the

- provision of additional and outsourced Radiology capacity;
- Plan and consultation process commenced to achieve extended and seven day services in Radiology from April 2014 providing increased capacity to fully implement pre-TRUS MRI scans for appropriate patients

Taken together with work with local GPs on improving information of referrals, and recruitment of additional specialist nurses to support the Urology team, the Trust has approved a trajectory to recover performance in 2014.

The second area of focused improvement work has been in stroke services, especially in rapid admission and diagnostic scanning. Again our stroke outcomes benchmark well against other units, but ensuring rapid waiting time access has required redesign of existing services. The new stroke pathway for admissions, alongside extra radiology capacity over 7 days a week, has meant an improving performance over February and March 2014.

For 2014/15, sustaining this improvement and further enhancing the stroke outreach service to the Emergency Department will help embed the new pathways allowing quicker access to CT scans and onto the Stroke Unit. A replacement stroke consultant will also be recruited.

The Trust Board have also agreed to move to using the SSNAP national methodology in 14/15, in line with commissioner requests, to track and report stroke performance. SSNAP is the Stroke Sentinel National Audit Programme and allows comparisons of performance on a large range of process and outcome measures.

Beyond these two areas of focus the wider array of performance measures will continue to be carefully managed, especially in the 18 week referral to treatment (RTT) waiting times.

6. Plans and Developments for 2014/16

As well as the quality and operational improvements covered so far, the trust has a number of improvements and investments planned for the next financial year. Key among these are the following:

6.1 RBCH Improvement Programme

RBCH is about to embark upon a significant period of clinical and organisational change. In 2014/15 and in recognition of the challenges ahead, the trust will introduce a sustainable programme of quality improvement to drive up standards and maintain them.

Aim

The aim of the programme is 'to be the most improved acute hospital in the UK by 2016'.

We will do this by:

- delivering transformational change and quality improvement projects, resulting in a safer and more caring hospital for patients
- revolutionising our culture towards continuous quality improvement
- creating an environment where all staff have a sense of shared ownership and responsibility and feel enabled to help make our hospital one of the best
- capitalising on the energy and enthusiasm of staff by taking the best ideas for improving the quality and safety of patient care – and encourage uptake throughout the hospital
- engaging and empowering staff to deliver and sustain the required change in their workplace
- harnessing individual and collective talent and creating clinical leaders at every level within the hospital
- providing improvement and change expertise - to give skill and enable learning - for as many staff as possible through direct involvement in projects and sharing of best practice
- achieving a consistent message that improving quality eliminates waste, reduces variation and improves efficiency. All are of equal importance.

Approach

The RBCH Improvement Programme will be implemented in accordance with an agreed set of principles. More specifically, all proposals and recommendations (e.g. models of care, patient pathways, internal professional standards, and protocols) will be:

- based on accepted (inter)national evidence base and best practice, including 7 day working;
- clinically led and endorsed (where appropriate);
- sustainable and value for money;
- delivered by people so we will talk, engage, lead, follow and LISTEN;
- delivered using an agreed model of change - at pace, with an accelerated process, to create a sense of urgency;
- implemented within the next 24 months (by March 2016), with many improvements for patients delivered earlier;
- supported by radical improvements across the wider health system in Dorset, using aligned incentives to enable change;
- supported by robust programme governance, consensus on recommendations and transparent decision making.

Outcomes – How will we know when we get there?

Better patient experience and feedback. Patients feel confident about our services. Patients feel involved and know what is happening to them.

Better working environment for staff. Staff feel central to everything we are doing – empowered, with the right skills and competencies to do their job effectively. Staff are clear about their accountabilities and responsibilities and feel valued for the contributions they are making to the organisation. Staff are working within more ordered processes and protocols, with care based around internal professional standards and evidence based best practice.

Performance and outcome metrics are moving in the right direction. We are inquisitive and energetic in what we can do better and are achieving upper quartile performance and benchmark well across a range of outcome measures. We are viewed as an acute hospital capable of delivering further significant improvements.

Our services are cost effective and value for money. We are delivering the 2014/15 and 2015/16 efficiency and productivity plan. We are investing our resources wisely and in the most effective way.

Our health system is more integrated. We are seen as a catalyst for change and there is better partnership working across Dorset and with our local partners. We have successfully built relationships and are moving together in a collaborative way.

6.1.1 Unscheduled Care

A key part of the growth in demand for hospital services has been the increase in non-elective (urgent) admissions for unscheduled care. This creates a number of problems in optimising patient care and flow through the hospital and as a result is an area of focus for us, phased over the next two years.

Key Performance Indicators (KPIs), comparative performance measures and benchmarks, where they are available:

- fundamental standards of care are always met
- patient experience is valued as much as clinical effectiveness
- responsibility for each patient's care is clear and communicated
- no ward moves unless necessary for care
- robust arrangements for transfer of care out of hospital
- good communications with and about patients
- care is designed to facilitate self-care and health promotion

Following on from the above and our increasing focus in this area, tangible plans to improve unscheduled care pathways include:

- increased geriatrician presence in the Emergency Department / Acute Medical Unit to treat patients on ambulatory pathways wherever possible
- increase 'see and treat' in the Emergency Department minors, nurse led rapid access and triage in majors.
- treat over 25% of admitted patients in ambulatory (clinic/day case) settings
- accessible ambulatory assessment services with GP telephone access to consultant
- extended working hours to meet local need for ambulatory care in line with patient requirements
- senior review of every inpatient's care plan every day
- every patient has an estimated discharge date within 24 hours of admission

Underlying the above is the intention that this ambulatory approach becomes the default, avoiding inpatient admission to beds for patients that do not require this.

6.1.2 Inpatient Bed Capacity Modelling

- To carry out a capacity modelling exercise with scenarios reflecting demand, to secure 'the right number of beds, in the right place' within the organisation. This will include testing out the sensitivity of the range of options required to achieve this, to inform the RBCH Improvement Board planning assumptions for 14/15 and 15/16.
- The ambition to achieve upper quartile performance and (inter)national best practice are key drivers (e.g. delivery of NHS 10 high impact changes and ECIST recommendations)

6.1.3 Integrated Services

- Integrated Pharmacy: Explore collaboration with Poole Hospital NHS Foundation Trust for: single management structure; joint formulary; integrated junior pharmacists, technician and assistant rotations; joint medicines procurement; single education and training programme; mirrored medicines governance structures and outsourcing pharmacy services (OPS).
- Integrated Pathology: Explore collaboration with Poole Hospital NHS Foundation Trust (or network alternative) for: single site microbiology / histopathology and hub and spoke blood sciences; localised phlebotomy; medical transport (including clinical waste)

6.1.4 Pathway Development

- Cancer Pathway: To support improvement in all cancer pathways in line with (inter)national best practice
- Surgical Pathway (including theatres): Quality driver to reduce variation and improving standardisation

6.1.5 Workforce Development

- To agree future workforce models and developing a plan for the required workforce changes to support 7 day working. To review our approach to succession planning and talent management, including clinical leadership.
- To modernise our teaching to improve learning, including development of simulation training and e-learning methods. Supporting / innovating and a 'can do, will do' culture.
- To develop existing partnerships with education providers and partner organisations, ensuring that students receive an excellent experience.
- To encourage a climate in which staff embrace personal and organisational development and are given real opportunities to improve their own progress.

6.2 Medical staffing

RBCH intends to add numerous consultant posts to our ranks, including two acute surgeons, three Emergency Department consultants, two respiratory consultants and two gastroenterology consultants. It also intends to add three permanent further consultants in care of the elderly. Acute physicians will be

increased in due course once the availability of qualified trainees is improved. In anaesthetics there will be an additional consultant post as well as replacements for two retirees.

The rota for medical registrars has increased from 19 to 21 ensuring additional care out of hours. Given the shortages in trained staff, this will require an innovative recruitment approach that will attract the best candidates, and risk mitigation where we cannot fill funded posts.

6.3 Nurse staffing

Prior to the CQC report RBCH had made substantial investment in nursing for inpatient areas including Elderly Care, the Surgical Assessment Unit and Acute Medical Unit. Several clinical directorates are looking at the opportunity to develop and enhance nursing roles to complement the work of the medical staff. This will develop especially in the urgent / acute care pathways. Taken together, the investment in additional clinical staff is over £2m per year, representing a significant and on-going quality investment.

Other investments in training and leadership are also underway. For the first time, there is extra funding to allow ward sisters to have formal supervisory time, to better ensure standards are met and to support the development of staff on their wards.

We have also improved our recruitment process to ensure a faster, more flexible approach to allow us to maximise success in attracting qualified nurses from the UK and abroad.

6.4 End of Life Care

The Trust has established an End of Life Steering Group that is rolling out the Routes to Success, a national programme designed to improve end of life care in the acute hospital and to address patients' wishes and preferences at the end of life.

6.5 Developing capacity in endoscopy

The further development of the bowel cancer screening programme will require a significant increase in the capacity of all hospitals to undertake colonoscopy procedures. There is to be a further widening of the age range of patients contacted for screening and this will bring further growth in demand. Although the number of patients from this subsequently requiring cancer treatment will be low, it will add further pressure onto this service. RBCH is therefore making further investment in nurse endoscopist capability as well as the consultant gastroenterologists mentioned previously.

6.6 Developing an integrated countywide respiratory service

The CCG has indicated that they wish to develop a consistent county-wide community respiratory service. This is an area where we already provide significant services in the community, principally the Respiratory Early Discharge Support (REDS) service. This has undertaken a role supporting the early discharge of patients, but also increasingly an admissions avoidance function. We would expect to see more services being delivered in the community, more integration of existing services and an increasing emphasis on services that help patients avoid the use of hospital services. An example of this would be the further development and use of our pulmonary rehabilitation programme.

6.7 Genito-Urinary Medicine (GUM) Services

The GUM service is one of those where the commissioning responsibility has shifted from the PCT / CCG to public health and therefore is now under the auspices of Dorset County Council. We are in the process of developing a Dorset-wide network for this which will create a vision of an integrated pan-Dorset service delivering against national and local specifications. These requirements include developing more services in community settings, finding ways of reaching more vulnerable patient groups and reducing the rates of sexually transmitted infections. This work needs to be integrated with our specialist services, especially for HIV work, so patients can access seamless services.

6.8 Seven day working

There is a clear intention within the Trust and across the NHS to enhance services at weekends such that patients have the same access to acute services regardless of the day of the week. The Trust is therefore making investments particularly in the diagnostic services, including radiology services, speech and language therapy and in extending the consultant presence particularly out of hours and at weekends. Much of this work is building upon the extension of services started in 2013/14.

6.9 Staff Development

The Trust is investing substantially in leadership development for all staff, but particularly clinical staff, with specific programmes for both clinical directors and for nurse leaders. The programme for clinical directors is being run in conjunction with the King's Fund and with Poole Hospital. RBCH is also working closely with the Thames Valley and Wessex Leadership Academy as well as having delegates on the national Leadership Academy programmes.

As part of the strategic development of the organisation we are developing a new statement of vision and values via an engagement process with our staff. This should integrate well with the development of a Friends and Family test (FFT) for staff, scheduled to commence in April 2014. This will ask a substantial number of staff whether they would recommend the organisation they work for, both as an employer and as a place to be treated.

6.10 Capital Investment: IT, buildings and equipment

The Trust will invest over £25m in buildings, information technology (IT) and medical equipment to improve services for patients. Key investments include:

Jigsaw building for Oncology, Haematology & Women's Health (Breast & Gynaecology)

This purpose built, two storey facility will dramatically improve the experience of care, and support effective outpatient and day case diagnosis and treatment. Building work has started and will be completed in May 2015. The costs of capital will be partly offset by the charitable income raised by each Jigsaw Appeal.

Christchurch Hospital redevelopment

This scheme secures the on-site services and modernises the buildings. It has started and will continue throughout 2014 and 2015. The temporary relocation of services such as outpatients will occur, and building work for the GP practice, new x-ray department, nursing home and assisted living apartments will commence in Spring 2014. Part of the scheme is also the joint venture in the Nursing Home and senior living accommodation which generates the income to cover the project costs. The majority of services will still operate on site, but in temporary accommodation, as a necessary step before returning to new or improved facilities in 2015/16.

New Maternity Birthing Unit and Ward 7 refurbishment

Relocating this service on site to a purpose designed facility with easy access will significantly improve the experience of mothers and babies. The service will remain low risk and midwife led. Birthing pools and a less clinical feel will promote a normalised delivery. Dedicated parking a few steps away from the birthing centre will reduce time and stress. This compares to the current facility which is upstairs, deep within the main hospital. In the event of complications and the need to transfer to Poole Hospital, the new location allows for quicker and more dignified transit, compared to the current process of travelling through hospital corridors and the Emergency Department. The new location will be opened in summer 2014, which will then allow refurbishment of the ward 7 area to create more single rooms for orthopaedic inpatients, before the end of 2014.

Ward refurbishment programme

A rolling programme of improvements is intended over the May-October period, focused on the Acute Medical Unit and care of the elderly wards. Improvement include lighting, décor, storage, toilets and for

elderly care, making them more dementia friendly. Removing the nurse station and using the space for greater patient and carer benefit is one concept being considered. The programme is predicated on having a decant ward, by shutting the winter pressures ward, and having complete access to the ward being upgraded. Depending upon the time available and the extent of work the aim is to have four wards upgraded.

Atrium Café and way finding

The main entrance to the RBH site will be improved through a self-funding initiative that will create a larger, more modern café in association with the Royal Voluntary Service. This will also improve the flow of people and way-finding signage. It can also facilitate some changes in the “front of house” services. Following consultation on the proposal work is expected over summer 2014, completing in the autumn.

Medical Equipment

The Trust will once again invest over £1m in new medical equipment plus anything additional from our supporting charities. In recent years all departments have seen significant progress against their top priorities for new and replacement equipment. This has been topped up by generous charitable donation allowing more equipment than the NHS alone would have been able to support. This spend is decided by the Medical Equipment Committee.

IT Developments

Key IT developments over the next 2 years include the following important components of our overall move toward an electronic patient record and surrounding systems. The largest of these investments is in Health Record Scanning and Electronic Document Management, which will constitute a spend of around £1.9m in 2014/15 and 2015/16. This will allow the scanning of existing paper records, will reduce the storage requirement and costs, and ensure their availability electronically to all clinical staff, including simultaneous access. A further £1m will be spent over the same timeframe in replacing the hospital network.

Both of these sizeable investments are essential precursors to the Electronic Patient Record (EPR) project itself, the initial phase of which (Interim EPR) will commence in 2014/15. An additional investment in the order communications system allows clinicians in primary and secondary care to electronically order diagnostic tests (blood tests, X-ray imaging) and to receive the results of these.

The overall programme has been supported by the Trust Board and TMB, but individual business cases will be approved in the normal way.

5th Cardiac lab and equipment refurbishments

A 5th lab, built upon an extension to the existing four has been supported by TMB and is in outline design phase, so that a final business case and costing can be taken to the Board. This will provide a second Electro-Physiology (EP) lab, to meet the increasing workload and provide back up to the current lab. It will also allow the transfer of the pacing work from the current facility into a larger, purpose built facility which will improve the quality and effectiveness of these treatments.

One further benefit is it will also allow a decant facility whilst equipment replacements are undertaken across the original 3 labs, which opened in 2005 and are now in need of refurbishment. The timeline is expected to be tendering complete, and subject to approval to complete works by the end of 2014/15. The equipping of the new lab is expected in early 2015/16 as well as renewal of equipment in the other labs in the same year.

Residences Refurbishment

This is a rolling programme of updating the on-site facilities. It has been a successful programme benefiting staff and students working at the Trust, and helping recruit and retain staff. Better facilities and more en-suite and self-contained flats are in demand, with all the 200+ units now filled, despite having a modest rent increase to reflect closer to market rates. This investment also includes other improvements such as improved Wi-Fi.

Traffic Congestion Works

The RBH site has severe traffic congestion and the Trust is working with the local Councils on a range of solutions. Funding for feasibility and design works, and then potential investment in schemes alongside external funding and bids to central government. Priority is being given to options such as improved entry/exits routes, a slip road from the A338 Wessex Way, and widening of Deansleigh Road. Whilst these require planning approval and the funding is local authority and Highways responsibility, there is an expectation of some Trust investment as well, hence a notional funding allocation.

Cardiology Unit

As part of the cardiac and wider private patient (PP) developments on site there is a need for a dedicated clinic facility, with supporting diagnostics such as ECG and treadmill. The ambition would be to put in one place the cardiac clinic, cardiac department and a new PP clinic area. This will provide a more joined up service for NHS patients. This will also help both retain the current PP work and allow expansion into the clinic and diagnostic parts of the pathway.

This investment is likely to form part of the overall funding required, with the option of accessing third party capital for this part-commercial development. This concept will be worked up over 2014/15 as part of the wider cardiac and private patient developments.

Relocate Antenatal

Mothers-to-be currently attend a clinic setting within the mainly inpatient area of the hospital, upstairs and next to main theatres. The ambition is to relocate this to an area that is more suited to a walk-in clinic setting. This also frees up this space up for use as an inpatient area, with access to main theatres. A full options appraisal and Board decision is required before this scheme commences.

Theatre Upgrade (x2) Derwent Theatres Upgrade

This is a contingency for the need to upgrade the theatre physical infrastructure which is now over 20 years old. Very limited design work has been undertaken so costs and timescales are estimated and will require a business case to progress, with any works expected after 2015.

Energy (invest to save)

In early 2013 the Trust, along with Poole Hospital, tendered to find an energy reduction partner. A business case for investment is in the advance stages, offering the potential opportunity to remove some backlog maintenance, reduce carbon and offer revenue savings through reduced energy consumption. The major part of this investment is in a combined heat and power facility (CHP). The scheme will only proceed if the invest to save case is approved, and hence is tentative within the capital programme currently and will need to cover its costs, any risks and generate a saving.

Abbotsbury House (invest to save)

The lack of spare capacity within on site accommodation, and the need to improve our recruitment and retention, especially with nurse and doctor posts, has led the Trust to look at other options to meet demand for housing. The purchase of this 34 bed purpose built unit within 20 minutes' walk of the RBH site is supported by the Board, subject to appropriate searches and professional advice. The capital and on-going cost is supported by the likely rental income.

Aseptic unit

The options to retain on site an aseptic unit are subject to a business case and approval. The funding identified here is indicative and will be revised based upon the outcome of the business case process.

Oasis Lakeside Deli upgrade

This is likely to be a charitable funding request to revamp the area and make it a more informal and inviting area for staff to use throughout the day. Plans are in early stages but could also allow potential flexibility of the space for other uses such as events.

Estates Maintenance and Miscellaneous other works

This is a regular requirement to undertake smaller schemes to maintain the overall effectiveness of the estate at Bournemouth. (The Christchurch scheme includes maintenance within these overall costs).

6.11 Partnership working and health promoting hospitals

During the operational plan period of 2014-2016, RBCH is looking to build upon our partnership working and explore other ways of better delivering the health outcomes needed for our local population.

These include:

- closer working with GPs to provide services both in the community and in hospital
- a nursing home joint venture being built at Christchurch Hospital
- closer working with community facing services such as in sexual health, diabetes, dementia and older people's care, home care delivery of medications and other initiatives
- exploring partnering arrangements for improved private patient facilities and services
- partnering to develop the keyworker housing and other opportunities the Trust has on its own estate for both community and commercial benefit for the local population

In addition, the Trust is active in health promotion, especially as a "health promoting hospital" supporting patients, carers, staff and others to lead healthy lives. One particular initiative is our active support for the "My Health, My Way" self-care programme, led by local third sector partner "Help & Care". This innovative approach including accessing a health coach has widespread support and great potential for improving outcomes.

7. Productivity, Efficiency and Cost Improvement Programmes (CIP)

Financial Context

The Trust has an exceptional record of delivering financial efficiencies, and has achieved savings in excess of £43 million over the last five years, as set out below.

<i>Financial Year</i>	<i>2009/10</i>	<i>2010/11</i>	<i>2011/12</i>	<i>2012/13</i>	<i>2013/14</i>
					<i>Forecast</i>
Savings Delivered (£m)	£5.848	£11.108	£8.893	£8.503	£9.043

However, it is recognised that as each year passes it becomes increasingly difficult to find further schemes to achieve the national efficiency targets. The Trust has a Reference Cost Index of 91, evidencing that the Trust is already delivering a mix of services at lower than expected cost, which is indicated by an index (national average) of 100.

For 2014/15 the 4% national efficiency target would amount to circa £10 million. However, following significant work, and detailed analysis at directorate level, it is accepted that the Trust cannot deliver recurrent savings to this value without having an adverse impact on quality or safety. As such, a different approach has been taken when setting Improvement Programme Targets for 2014/15.

Identification of Improvement Plans

A significant amount of detailed work was undertaken as part of the merger process with Poole Hospital. Following this, in September 2013 all directorates were asked to refresh their plans for the delivery of the 2014/15 improvement plan based on the Trust remaining as a separate organisation. Directorates were asked to:

- Review non-merger dependent schemes for 2014/15 within existing Project Initiation Documents and

- assess whether these could still be delivered in 2014/15;
- Review non-merger dependent schemes for 2015/16 within existing Project Initiation Documents and assess whether these could be accelerated and delivered in 2014/15;
- Review merger dependent designated schemes in existing Project Initiation Documents and assess whether these could be delivered as a single organisation in 2014/15;
- Identify any additional schemes that could deliver savings in 2014/15;
- Assess the quality impact of each scheme and adjust as necessary to ensure quality is improved, or at worst, maintained.

The results of this exercise were collated centrally by the Improvement Team.

2014/15 Targets

For clinical directorates, rather than set a blanket 4% target based on recurrent budget value, each directorate has been tasked with reducing expenditure in line with the value of achievable schemes that they themselves submitted. That is, the directorate target has been reduced to the level which they already believe can be achieved without an adverse impact on either quality or safety. The target for all clinical directorates represents 1.9% of recurrent budget and the total delivery requirement (including prior years under and over achievements) currently stands at £5.5 million.

For corporate directorates, the national efficiency target of 4% has been set. Whilst this will be very challenging, it is felt that this remains achievable at corporate directorate level. The target for all corporate directorates therefore represents 4% of recurrent budget and the total delivery requirement (including prior years under and over achievements) currently stands at £1.2m.

In summary; the total Improvement Programme target for 2014/15 has been set at what is considered to be a challenging yet achievable level, and amounts to £4.8 million; representing 2.2% of the Trusts recurrent budget. When adding in the prior year's shortfall, the Trust wide delivery requirement in 2014/15 amounts to £6.7 million; equating to 3% of the Trusts recurrent budget.

For 2014/15 the outline programme is tabulated as follows:

Transformation Programme	2014/15	2015/16	2016/17	2017/18	2018/19
A&C Review	512	296	0	0	0
Drugs	408	368	400	400	400
EDM	0	1,004	0	0	0
Pharmacy	188	300	0	0	0
Procurement	855	722	1,00	800	800
Skill Mix	684	40	0	0	0
Theatres	264	84	0	0	0
Unscheduled Care	0	920	800	800	800
Length of Stay	196	0	0	0	0
Service Transformation	448	0	0	0	0
Christchurch	0	675	0	0	0
Workforce Planning	68	316	0	0	0
Directorate Schemes	891	348	1,200	1,200	1,200
PP Income	194	162	200	200	200
Catering Income	0	40	0	0	0
On Site Optician Income	0	75	0	0	0
Service Transformation Income	68	200	0	0	0
Christchurch Income	0	0	500	200	200
Commercial Unit Integration Income	24	0	0	0	0

TOTAL	4,800	5,550	4,100	3,600	3,600
TURNOVER	252,324	252,457	252,485	252,469	252,459
CIP % of Turnover	1.9%	2.2%	1.6%	1.4%	1.4%

Quality Impact Assessments

All cost improvement schemes are subject to a rigorous Quality Impact Assessment process.

The majority of the current plans reflect the non-merger dependent plans agreed during the merger process. Quality Impact Assessments have been completed and formally signed off by both the Nursing Director and the Medical Director.

Additional plans that have been included since the merger process follow the agreed Quality Impact Assessment process. They are assessed at directorate level with key quality impact metrics identified, and performance against these metrics monitored on a monthly basis to ensure no adverse impact is recorded.

Current Position

A summary of the current position is below, supported by a full directorate level drill down. Of the overall target for 2014/15 of £6.7 million, there are:

- £3.77 million of green rated plans
- £1.4 million of high confidence amber rated plans
- £0.5 million of low confidence amber rated plans
- £0.5 million of very low confidence red rated plans; and

In addition, there is a net unidentified balance of £0.3 million.

This position presents a potential risk to the Trusts budget plan of £1.49 million, assuming that all green and high confidence amber plans are delivered in full.

The emergency care reform work to improve quality, outcomes and reduce operational pressure on the Trust will be overseen by a new Improvement Board. This group will also ensure delivery of the CIP.

For 2015/16 and beyond, the extent of efficiency gains from reconfiguration and the Better Together initiative is expected to be limited, but there will be an expectation of further saving contributions from:

- procurement
- IT projects, including electronic patient records (EPR)
- estates, including Christchurch project delivery
- corporate, including management costs
- partnering and commercial developments

The Trust has taken the decision to improve its investment in quality, especially in the number of clinical staff. This will require use of financial reserves that have been achieved since becoming a foundation trust. The result of this is that even with efficiency improvements; such an approach has risks and requires a clear plan to return to sustainability. This is why the reconfiguration work and the management of urgent care are so important.

The Trust faces a very challenging year financially; and delivering both quality and financial improvement will be pivotal in ensuring the Trust delivers against its operational plan.

8. Conclusion

Overall this plan sets out our ambitious approach to improving quality and responding to the challenging environment facing the Trust. Inherent with any such plan is the need to closely manage delivery, assess and mitigate risks, and constantly listen and review. This dynamic process is embedded within the organisation, through the performance management systems, and Board oversight. This in turn builds upon the Assurance Framework (AF) process managing all operational risks, generated by every department, as well as the risks to non-delivery of this plan. The AF is reviewed each month by the Healthcare Assurance Committee of the Board.

In addition, RBCH gives high priority to listening to staff, patients, carers, visitors and partners. Listening and learning will help shape the organisation's culture and priorities and lead to actions that make the biggest improvements to the care given to patients. As part of the quality improvement work RBCH is acting upon what the organisation has heard are the priorities.

However, this is a dynamic process, which will continue, helped by our governors, partner organisations, staff and volunteers and the extensive and varied patient and carer feedback mechanisms that we have and are expanding upon.

Our members constitute a substantial number of the local public and we will continue to listen to them and encourage their feedback, especially via our governors. This will be of particular importance in any potential reconfiguration of services that is envisaged.

The Trust has recently embarked on a review of our values, with staff, patients/carers and governors participating. We expect therefore, early in 14/15, to be able to adopt a refreshed set of these together with the behaviours that we expect from staff that arise from these. These can be cross referenced using many of the quality monitoring systems mentioned elsewhere such as the Patient Association CARE audits, to ensure we are "seeing" quality (safe, effective, experience) for every patient, every day, everywhere)

This document lays out challenges and the resultant organisational plans for the immediate two years and preparation for the next five. The public sector financial position represents an unprecedented challenge for RBCH. However, it is also an opportunity to develop services in a way that delivers the safety, effectiveness, and good experience we wish for all patients.

Appendices: commercial or other confidential matters

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