

The Shrewsbury and Telford Hospital NHS Trust Operating Plan Narrative 2013/14

FINAL

19th April 2013



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1. Trust profile: Key Headlines

Cross-border acute provider

- The main provider of acute hospital services for half a million people in Shropshire, Telford & Wrekin and mid Wales
 - Main commissioners: Shropshire County CCG, Telford & Wrekin CCG, Powys Teaching Health Board
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Service locations

- Two main hospital sites 819 beds in total:
 - Princess Royal Hospital Telford with 327 beds including 248 adult inpatient beds
 - Royal Shrewsbury Hospital with 492 beds including 349 adult inpatient beds
 - Four other registered locations: Wrekin Community Clinic, Bridgnorth Hospital, Ludlow Hospital, Robert Jones and Agnes Hunt Hospital (additional 17 community MLU beds)
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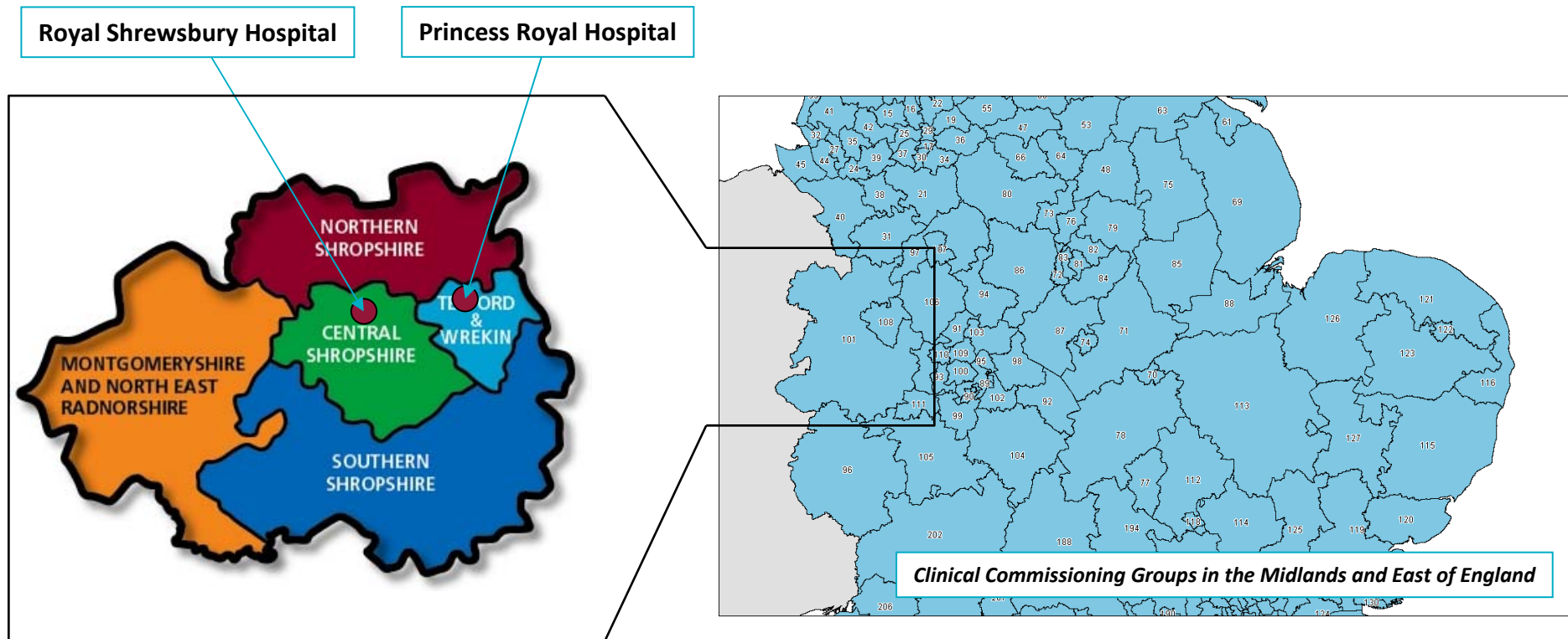
Turnover and staffing

- Turnover £303m
 - Over 5000 staff
 - New Appointments of CEO, COO and MD in 2012/13
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Education and learning

- An undergraduate teaching hospital in partnership with Keele University and part of West Midlands Deanery
- Working in partnership with Staffordshire University to train and develop nurses, midwives and allied health professionals

1. Trust profile: Our Catchment



2. Strategic Context: External Factors

Demographics

- Shropshire and Powys are sparsely populated, relatively affluent, older population profile. In Shropshire over 22% are over 65 compared 17% England average. Telford is predominantly urban with a younger population with higher levels of deprivation. 24% of the population are in deprivation quintile

Market trends and Drivers

- Overall in patient market share is 77%. 88% for T&W and 75% for Shropshire. Market share declined 5% since 2006/7; gains from around our borders primarily Wye Valley
- The Trust wish to repatriate some services as part of keeping services in Shropshire
- Escalating demand in unscheduled care leading to performance issues; Underdeveloped alternatives in community settings

Competitive Landscape

- 3 commissioners accounting for 93% of total income (Shropshire, T&W , Powys)
- Little competition in county however some GPs looking towards Wolverhampton
- Commissioners using AQP and tenders to stimulate healthy competition
- Capacity issues experienced by Stoke (UHNS) and Staffordshire (Mid Staffs)

Other Providers

- Excellent reputation and established market position of RJAH
- Small Shropshire Community Health NHS Trust with no joint integration strategy
- South Staffordshire & Shropshire Healthcare NHS FT provide mental health services

Politics

- Uncertain commissioning intentions in Wales
- Three communities and their leaders wishing to retain local services is a challenge to reconfiguration

2. Strategic Context: External Factors

3. Strategic Context: Internal Challenges

Configuration of services & bed capacity

- There remains costly duplication of services currently across the two sites 17 miles apart (despite recent progress to move to single site specialisation e.g. surgery) which restricts potential to invest in quality and improvement
- Challenges to sustainability of emergency care and ITU including capacity and poor supporting infrastructure
- Phase 1 reconfiguration successfully underway with surgery, women's and children's services. Developing a sustainable clinical services strategy will necessitate further review of other services
- Early supported discharge schemes are immature and no joint agreement across the health economy on factors affecting flow
- Capacity does not match demand in beds required in context of below average lengths of stay and high day case rate. Approx 70 beds on average occupied by medically-fit patients
- Opportunities for 7 day working not fully realised; scope for further development

Delivering core standards

- Capacity deficit severely limits ability to deliver sustained A & E performance and impacts on RTT through cancelled operations; cancellation of significant numbers of elective activity in Q4 will compromise RTT achievement in Q1 of 2013/14
- Gaps in management capability in key operational areas and basic systems, and processes and supporting data to support performance delivery are significantly underdeveloped
- Clinical, operational and administrative working practices in many areas require modernisation and culture is not yet sufficiently focussed on flow

3. Strategic Context: Internal Challenges



- A significant work programme is underway to address the fundamentals in nursing care along with values, technical competence to care, and training and education.
- Current Clinical Structure leads to inconsistent application and implementation of quality improvements and systems
- Gaps in medical staffing and insufficiently embedded clinical leadership creating a challenge to maintaining and improving quality in key areas



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- Responding to the health economy requirement to achieve sizeable QIPP schemes
 - Longer term efficiencies will require significant infrastructure development
 - Severe liquidity problem arising from deficits delivered in previous financial years

3. Strategic Context: Internal Challenges

Workforce Issues

- Poor staff engagement levels - staff survey demonstrates need to focus on health and well being of staff
- Ageing workforce compounded by relative geographical isolation contribute to recruitment and modernisation challenges
- Leadership and management capability requires development
- Recruitment challenges in a number of specialties particularly Emergency Department , Critical Care & Care of Elderly at middle and consultant levels
- Little use of assistant roles and advanced roles throughout Trust
- Significant number of historic local pay arrangements to be renegotiated and staff side relationship not fully enabling transformation to proceed at pace
- Risk averse policies and culture

Estate, Equipment and infrastructure

- Ageing estate on RSH site in particular
- Requirement for diagnostics and imaging replacement of £8.5million
- Legacy issues of backlog equipment & estates maintenance equivalent to £6 million
- Emergency Departments on both sites have inadequate cubicle capacity and no supporting emergency assessment facilities
- Current ITU/HDU facilities require modernisation and capacity not sufficiently aligned with wider configuration
- Need to invest significantly in IT and records archiving to release efficiencies

4: Challenges in 2012/13

Emergency Patient Flow

- Emergency access and 4hr performance continues to be a challenge
- 8% Growth in non elective admissions
- Disproportionate impact on Royal Shrewsbury Hospital resulting in capacity deficit in bed availability
- Lack of real time information to inform operational delivery

Patient Safety

- The Trust remains an outlier in the number of reported SUIs
- Unacceptable number of grade 3 and 4 pressure ulcers
- Hospital falls are reducing but falls resulting in harm still cause for concern

Patient access

- Significant improvement on 18 weeks although a number of specialties continue to be a challenge. Increase in NEL activity impacting on delivery of RTT
- Cancer waiting times have not always been consistent. We are confident of sustained delivery during 13/14
- Patient administration processes needing modernising. Progress slow

Financial sustainability

- Financial impact of over performance in emergency activity
- Delivery of some CIP schemes around workforce and bed reductions
- Underdeveloped QIPP system plan
- Low levels of liquidity

5: Achievements in 2012/13



Quality and Safety

- Overall significant improvement in quality assurance and delivery including establishing Quality Improvement Strategy and Quality development Plans for all centres; patient forum to support patients involvement in quality and ward to Board measures to demonstrate improvement.
 - Significant improvement in in-hospital mortality (320 fewer deaths from June 2011 to date)
 - Consistent performance in tackling health care associated infections
 - VTE assessments moved from lowest in country in 2012 to consistent achievement of VTE standards
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Reconfiguration of services

- Transfer of Head and Neck to Telford
- Begun building Womens and Childrens Centre at Telford
- Reconfiguration of general and vascular surgery onto Shrewsbury site

5: Achievements in 2012/13

Clinical developments

- Lingen Davies Cancer Centre opened in Sept 2012
- New Stroke Telemedicine service launched
- Launch of the AAA screening programme in Shropshire
- Establishment of Trauma unit status
- Transfer to fully digital breast screening service
- Introduction of Patient Status at a Glance (PSAG)
- Launch of new Frail and Complex Service

Leadership development

- Appointment of new CEO, COO and MD
- Leadership programme with Warwick University, supporting clinical leadership development with Leadership Conference 2012
- Coaching programme established

Finance

- In year achievement of £13million CIP schemes
- Full business case for clinical services reconfiguration approved and successful application for £35m PDC

6: Trust Vision

“Putting Patients First”

Quite simply we intend that the interests of our patients and providing the best possible care to them, is at the heart of everything we do. To achieve this we will focus on the following key objectives over the coming years.

Quality and Safety *Providing the best clinical outcomes, patient safety and patient experience*

Our patients deserve the best clinical outcomes and highest quality care in a safe, friendly environment where their dignity is fully respected. We need to provide our patients with the best possible experience, particularly when they are at their most anxious or vulnerable. We will listen to our patients—our customers—and learn from our mistakes, reduce the incidence of harm, and continuously make improvements in the experience and the standards of care we offer them. We will work together with patients and commissioners to ensure that clinical services are safe and sustainable for the future.

Healthcare Standards *Delivering consistently high performance in healthcare standards*

Our patients rightly expect accessible services in the right place at the right time from the right professional. This means that we will be streamlined and efficient, exceeding the minimum standards of access and performance set by our commissioners and regulators on behalf of the patients and communities we serve.

People and Innovation *Striving for excellence through people and innovation*

As an organisation we must be ready for the challenges and opportunities ahead. We will apply best clinical practice, learn from the very best expertise, introduce life-changing innovation, contribute to training, education and research & development in clinical practice to continuously raise the bar in the quality and delivery of services. We will achieve this by supporting and developing a well-led, engaged and motivated workforce.

Community and Partnership *Improving the health and wellbeing of our community through partnership*

We will play our part in preventing ill health and improving the health and wellbeing of the community, working in partnership with patients, commissioners and other health and care providers to create more seamless, streamlined pathways of care, and where appropriate to develop and deliver more local services closer to the patient’s home.

Financial Strength *Building a sustainable future*

Our plans for the future must be built on firm foundations. We will build a financially strong organisation that can invest in future services and infrastructure whilst contributing to the overall plans for a clinically and financially sustainable health community. This will enable us to be a highly efficient, streamlined, productive NHS Foundation Trust that will consistently deliver its promises to our communities.

7: Strategic Priorities for 2013/14

Quality and Safety

Providing the best clinical outcomes, patient safety and patient experience

- QS1 Reduce avoidable deaths
- QS2 Improve the nutritional status of patients and hydration and fluid management
- QS3 Enhance communication and information for all patients and their carers
- QS4 Eradicate all avoidable grade 3 and 4 pressure ulcers
- QS5 Reduce the number of RIDDOR reportable falls
- QS6 Develop plans to extend 7 day working
- QS7 Achieve all CQUIN targets and PROMs to improve safety and patient experience
- QS8 Develop a long-term clinical services site strategy and wider health strategy for the optimal configuration of acute, community and primary care services
- QS9 Focus on improving clinical outcomes particularly for stroke and fractured neck of femur

Healthcare Standards

Delivering consistently high performance in healthcare standards

- HS1 Ensure bed capacity meets demand supported through wider health partnership solutions
- HS2 Improving the timely flow of patients from admission to discharge
- HS3 Deliver all key performance targets
- HS4 Embed and enhance new booking and scheduling arrangements

People and Innovation

Striving for excellence through people and innovation

- PI1 Implement a Staff Engagement Framework that improves employment experience and reduces absence to less than 4%
- PI2 Embed Employment Basics contract, pay and policy
- PI3 Increase workforce flexibility through new roles and working practices
- PI4 Build leadership and management capability
- PI5 Deliver benefits for patients from Academic Health Sciences Network, High Impact Interventions and Research and Development

7: Strategic Priorities for 2013/14

Community and Partnership

Improving the health and wellbeing of our community through partnership

- CP1 Develop an integrated service strategy in conjunction with all health and social care partners
- CP2 Embed the Frail and Complex service
- CP3 Deliver the benefits for patients through the implementation of the RAID service (Rapid Assessment Integrated Discharge) and dementia practice
- CP4 Progress Telehealth initiatives in line with commissioners' strategies
- CP5 Deliver priority health and wellbeing initiatives
- CP6 Achieve sustained improvement in trust, confidence, reputation, customer service and public/community engagement

Financial Strength

Building a sustainable future

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- FS1 Deliver our milestones to achieve NHS Foundation Trust status
 - FS2 Deliver our milestones within the Women and Children's services reconfiguration plan
 - FS3 Deliver a financial surplus of £1.2m
 - FS4 Deliver the Trust 5% implied efficiency target and support delivery of joint QIPP
 - FS5 Develop an investment strategy to secure funds to modernise the Trust estates and infrastructure
 - FS6 Address liquidity issues
 - FS7 Produce a strategy for integrated clinical and patient information systems and associated IT
 - FS8 Complete Pathology reconfiguration and Central Sterile Services Department (CSSD) tender exercise
 - FS9 Develop environmental and sustainability through Good Corporate Citizen progress

Quality and Safety: Providing the best clinical outcomes, patient safety and patient experience

- **Continue work on care bundles and mortality review group**
- **Focus on Hydration and Fluid management-** comfort rounds and documentation to support effective care and outcomes
- **Enhanced communication and information for all patients and their carers;** robust programme of updating and expanding patient written information, ensuring roll out of the Family and Friends test into non inpatient areas and expanding real time patient and carer feedback on care planning and decision making for vulnerable adults, patients with learning disabilities, Dementia and mental health problems.
- **Elimination of grade 3&4 pressure ulcers-** but also eradication of grade 2 in year
- **Focus on effective falls management** and reduction in RIDDOR reportable falls
- **Deliver all CQUIN targets and PROMS**
- **Development of a long-term clinical services site strategy** and wider health strategy for the optimal configuration of acute, community and primary care services
- **Focus on improving clinical outcomes particularly for stroke and fractured neck of femur;** Action Plans to be developed by clinical teams recognising national standards and service reviews.

Healthcare Standards: Delivering consistently high performance in healthcare standards

- **Ensure bed capacity meets demand** supported through wider health partnership solutions by;
 - Revision of internal bed capacity and reconfiguration of beds.
 - Aligning emergency surgery and trauma theatre capacity to demand
 - Contributing to development and implementation of joint economy schemes to reduce avoidable admissions and speed up discharge
- **Improving the timely flow** of patients from admission to discharge by;
 - Ensuring that staffing resources and skill mix are matched to the demand profile across the Trust 7 days a week.
 - Development of observational medicine
 - Development of integrated ambulatory care
 - Performance management of length of stay to become business as usual
 - Development of an integrated discharge liaison team
 - Development of live capacity management of flow into community beds
- **Deliver all key performance targets** relating to emergency access, waiting times and cancer services;
 - Delivery of all the above actions will ensure this
 - Developing a balanced scorecard of information requirements to inform operational delivery
 - Improving cancer tracking
- **Embed and enhance new booking and scheduling arrangements**

People and Innovation: Striving for excellence through people and innovation

- **Implement a Staff Engagement Framework** that ensures engagement and empowerment. This will include a robust Health and well being plan which will implement Borman.
- **Embed Employment Basics** – contract, pay and policy ensuring the employment relationship is solid through fit for purpose contracts, agenda for change payments and flexible employment policies that allow us to deliver care in a better way
- **Increase workforce flexibility** through new roles and working practices. Robust Workforce Planning that provides the vision of how we will deliver care, what skills will we need to do the job. In addition we will ensure clear succession planning
- **Build Leadership and Management Capability**
Utilising support from the Regional Leadership Academy and through our own Academy we will develop our own programme which will develop excellent leaders, who transform our services, value our staff and ensure our patients are put first
- **Deliver benefits for patients from Academic Health Sciences Network, High Impact Interventions and Research and development**
Implement new Academic Health Science Network arrangements; deliver agreed CQUIN goals for High Impact Innovations; increase participation in clinical trials; contribute to delivery of West Midlands North Comprehensive Local Research Network strategic goals

Community and Partnership: Improving the health and wellbeing of our community through partnership

- Develop an integrated service strategy to in conjunction with all health and social care partners:
 - Discharge to assess schemes as a priority need to be developed in the health and social care economy to ensure that only the patients needing acute care are in hospital
 - Other attendance/admission avoidance schemes need to be developed with partners.
- The frail and complex service will be rolled out across the whole health economy and embedded in 2013/14 leading to a reduction in emergency admissions and LOS
- RAID will reduce the number of emergency admissions and reduce LOS for patients with mental health problems
- Progress telehealth initiatives in line with commissioner's strategies
- Deliver our contribution to Health and Well being Strategies through developing relationships with our new commissioners, Health and Wellbeing boards and other partners
- Communication and engagement strategies to improve and sustain trust confidence, reputation, customer service and public/community engagement

Financial Strength: Building a sustainable future

- **Deliver our milestones to achieve FT status**
- **Deliver the key milestones within the Women and Children's services reconfiguration plan.**
Services due to transfer in 2014
- **Deliver a financial surplus of £1.2m**
- **Deliver Trust's 5% implied efficiency target** as prescribed by Monitor **and support delivery of joint QIPP**
- **Develop an investment strategy to secure funds to modernise the Trusts estates and infrastructure.** This will include developing a plan to deliver a fully integrated electronic patient care record compliant with the National IT strategy over 5 years; addressing the legacy issues of medical equipment; addressing the requirement for diagnostics and imaging replacement and backlog maintenance and other infrastructure issues; supporting the Trust's Clinical Services Strategy.
- **Address the liquidity deficit of the Trust.** Enhance treasury management practices within the Trust and commence discussions to secure cash support in accordance with the TFA requirement
- **Produce strategy for integrated clinical & patient information systems & associated IT**
- **Complete Pathology re-configuration**
- **Complete CSSD tender exercise**
- **Develop environmental and social sustainability through Good Corporate Citizen progress**