

**Report to Bath and North East Somerset Health and Wellbeing Select
Committee
RUH Strategic Planning
January 2016**

Introduction

This paper is presented to the Health and Wellbeing Select Committee for information. It provides an overview of future planning for the Royal United Hospitals Bath NHS Foundation Trust across the next five years, including details of new national guidance and local developments that influence the approach.

National context – NHS Five Year Forward View and planning guidance

The *NHS Five Year Forward View*, published in October 2014, set out a new mandate for health services across England. The challenge of managing the rising demand for healthcare as a result of age and poor health choices combined with variation in quality and service provision was clearly stated; with a requirement for organisations to look at ways in which the consequent funding deficit could be addressed. Over the last 12-18 months all healthcare organisations have been examining ways in which they can deliver this new mandate, in the context of three ‘gaps’:

- The health and wellbeing gap: focusing on better preventative and proactive healthcare in communities, supported by health, social care and voluntary sector organisations
- The care and quality gap: providing access to the best healthcare and treatment for local populations at the right time and in the right place, delivered by people with the right skills, values and behaviours
- The finance and efficiency gap: returning the NHS to financial balance by tackling variation, service transformation and managing demand

NHS England published its planning guidance on 22nd December 2015. This focuses on planning across whole health systems (rather than individual organisations), led by Clinical Commissioning Groups and Health and Wellbeing Boards. Communities will need to produce a *Sustainability and Transformation Plan (STP)* by June 2016, which will address the three principle ‘gaps’ outlined in the *NHS Five Year Forward View*.

Provider organisations, including the RUH, will need to contribute to this plan and to make sure that there is good alignment between the system wide plan and our own internal five year strategy. Alongside this wider strategic plan, all healthcare organisations (including providers) are expected to develop a detailed operational plan that establishes the delivery of the first year of this 5 year plan.

Developing the RUH Strategy

Considerable work has been carried out over the last year to establish our potential as an organisation, aligning to the overall direction of travel of the NHS to transform itself and what we already know of local challenges, opportunities and stakeholder feedback, but also leaving flexibility for further refinement as integrated local health system plans develop.

The local systems which the RUH serves are similar to many others across the country, with growing pressure on services from an increasingly elderly and more complex patient population. We have responded to this in a variety of ways including:

- Participating in the national Patient Flow Programme, including a project to develop a better pathway for patients aged >75 with multiple conditions
- Improving services that enable more patients to be assessed treated and transferred back home on the same day
- Implementing a new Discharge Service which is more inter-connected with colleagues from community and social care services across our local health system

To support these programmes and other new ways of working across the Trust, we have invested £3.1m in nursing posts over the last two years. Alongside this, we have also made changes in our existing skill mix, recruiting to new roles such as Assistant Practitioners to provide continuity of care from non-qualified but more highly skilled support staff. This has released clinical nursing time to support improved care of patients and supervision for more junior staff.

In all of this, we seek to work closely with partners across our system, and we use Governor, member, staff and patient feedback to support this. We have used this to develop our new Trust vision

To care, To innovate, To inspire

Underpinned by three strategic ambitions:

1. We will be **Provider of Choice**: as a member owned organisation, patients will be confident in our ability to provide safe, effective care and will have an excellent experience of our services – every time. Our care pathways will be co-developed with patients and other stakeholders and will focus on providing the best care, every time
2. We will be a **System Leader**: a driver of and ambitious for local change, delivering innovation in service provision. As a pilot site for new models of care we will have a national and international reputation.
3. We will be a **Provider without Walls**: a willing collaborative partner, working beyond the hospital campus and with other organisations in our health system to deliver a more integrated and local approach to care for our population

Over the last six months, we have also carried out a comprehensive refresh of our Trust values. Co-created with staff, patients and members, we will be launching these at the end of January.

Teams across the Trust have been working to develop their plans aligned with our vision and strategic ambitions, and we have already started to deliver some of the change we want to see. Examples of new service models include our integrated Diabetes service, where we have been working together with primary care in B&NES to deliver a more joined up approach to provision for people with Diabetes; and our recent successful collaborative bid to help transform Wiltshire Adult Community Services. Having acquired the RNHRD in February 2015 we are also supporting their continued system leadership in areas such as fibromyalgia - building plans to improve access to innovative models of care which improve quality of life and long term health costs at a national level. Our patient empowerment programme this year will focus particularly on our mechanisms for effective patient engagement in service

design and the accessibility of information we provide to patients – sharing best practice and evidencing the tangible impact that this has in building the quality of care we are focused on providing.

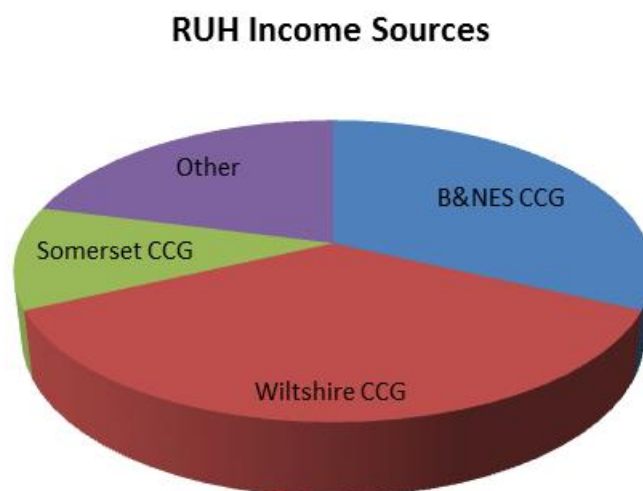
We recognise, learning from our teams on the ground and our experience in working with colleagues across the system, that the challenges we face cannot be overcome alone and we will need to work in new ways to deliver more services closer to home and in partnership with wider health and social care system colleagues.

In December 2015, we held a joint Council of Governors and Trust Board away day, where a range of strategic priorities were discussed and debated. From this, the following priorities were also proposed for future planning consideration:

- Patient empowerment
- Eliminating (on the day) cancellations
- Streamlining administrative processes
- Improving communications
- Empowering, valuing and respecting staff
- Providing patient centric services
- Improving discharge planning and processes
- Maximising the use of IT to improve communications
- Focusing public and patient education

Our local system and future change

The RUH catchment spans a wide urban and rural catchment with three predominant Clinical Commissioning Groups (CCGs):



Each CCG, together with Health and Wellbeing Boards, have developed a vision for the future, and have a clear appreciation of the transformation and financial challenges to the system which lie ahead. They are taking a range of approaches to integrated commissioning to design and procure the best system solutions.

Despite the challenge for the RUH, in addressing the different needs of each population our strategic plans and partnerships are both tailored to each community

and include a set of underpinning enablers which will remain common across each CCG area.

B&NES CCG

A key priority for B&NES CCG in the coming year will be the recommissioning of community services. Spanning both children's and adult's services, the *Your Care Your Way* programme is focusing on a new model that delivers greater integration between community based services, primary and secondary care and improves patient outcomes in every way. The RUH has been working closely with colleagues across B&NES to help develop an integrated response to this new model.

Wiltshire CCG

We have developed a new organisation – Wiltshire Health and Care – in partnership with Great Western Hospitals NHS FT and Salisbury NHS FT to help transform the future of Wiltshire Adult Community Services. We believe that this will be both better for the health and wellbeing of the population of Wiltshire and also enable improvements in pathways through our acute hospital services which will benefit all patients attending the RUH.

Somerset CCG

Somerset CCG has been working with NHS England to develop a new model of care for Somerset. Like B&NES CCG, the focus of this is to deliver improved outcomes for patients across a suite of indicators. It is supported by a new contracting model, where organisations come together to deliver services supported by a single payment per head of population served rather than for activity delivered. We are working with colleagues across health and social care in East Somerset to better understand the demand risks for the future and to develop a more integrated approach to care and prevention across the county, particularly looking at ways in which the third sector can be more positively and proactively engaged.

All of the above will directly influence local Sustainability and Transformation Plans, driving increasingly integrated care and less rigid boundaries between GP, hospital and community services.

What does this mean for the RUH?

The level of national and local change requires a new approach to care delivery. Our local community has and continues to face unprecedented financial challenge across both health and social care services. Whilst the RUH is recognised as being one of the top ten most financially efficient Trusts in the most recent Lord Carter Review of Operational Productivity in NHS Providers, we know that delivering the level of savings required to meet the future funding gap across our community will require an alternative approach to service delivery and more efficient models of care. Our local population will need to be empowered to take greater responsibility for their own health with an increased focus on supported in self-care and management. Our five year strategy will reflect this, recognising that we need to work in partnership with colleagues in our community to deliver this level of change, and reduce the impact of increasing age and illness.

Clinical teams have already started on this transformation journey, working with colleagues in other organisations. The detailed clinical vision for the next five years

will be developed across the next few months, what we do know now however is that we will as a system need to deliver increasing amounts of care in the community and to achieve this, we will need to adapt and develop our enabling strategies including:

- Our Workforce Strategy
- Our Informatics Strategy
- Our Patient Empowerment and Engagement programme
- Our Quality Strategy
- Our Estates Strategy

Workforce Strategy

Our greatest asset is our staff and in order to meet our stated objectives and fulfil our commitment to provide safe, compassionate, high quality care to our patients we need a highly skilled, committed and engaged workforce. Through this strategy we describe the support and opportunities we provide for our staff to enable them to fulfil the Trusts ambitions and their personal ambitions.

In developing this strategy we have been mindful of key national and local drivers, and the scale of change needed to ensure financial stability across the national and local health economy; our workforce strategy is realistic and in line with the scale of change required.

The RUH has made a bold statement in its intentions to be a hospital without walls, a system leader and a provider of choice.

We are already working with community colleagues to identify ways in which we can create and develop more roles to operate across primary, community and secondary care. We recognise, however, that this is one step in our longer term plans and we are keen to develop new roles across all aspects of the care pathway that ensure effective seven day services, delivered by staff who share the values and behaviours essential for the NHS of today and tomorrow.

Informatics Strategy

The RUH has a five year Digital Informatics Strategy to align service delivery with the national NHS Five Year Forward View and to enable the organisation to deliver the objectives of a high performing Foundation Trust.

The Vision of the RUH's Digital Informatics Strategy is that the Trust's investment in Informatics transformation, development and services must deliver and support the modern clinical records; corporate systems and technology infrastructure required to facilitate information processing that improves and proves the quality of care and patient experience delivered in an increasingly competitive and integrated health and social care economy.

Years 1-3 of the Digital Strategy are focussed predominantly on achieving a digital, integrated patient record with the associated technological infrastructure required to achieve a paperless clinical workforce in line with national Informatics Strategy.

In line with the national informatics model, such electronic patient records (EPR) centric work facilitates improvements in health outcomes and the patient care experience. Improvements in our patient record keeping system, achieved through the acquisition of robust and contemporaneous clinical data, can lead to improved professional decision-making, better informed service users and an increase in

transparency and standardisation across the whole healthcare system interactions with patients and clinicians.

Such advantages to be achieved include:

- Helping patients and carers to make the right, healthy choices through access to their care records and by using digital tools to more effectively administer and manage their care;
- Giving all care professionals the data they need through real-time digital access to patient records and improved data on outcomes; and
- Making the quality of care transparent by publishing comparative information.

While the Cerner Millennium solution will form the majority of the Trust's EPR, other departmental systems will integrate with Millennium to form the Trust's complete EPR. We will use mobile and fixed devices to support the use of a secure EPR by all clinicians.

The RUH has made significant progress toward achieving such vision with Quarter 1, 2 and 3 of the first year of the digital informatics (eHealth) programme already delivered. Our Digital Informatics Strategy sets out the roadmap to deliver our EPR and other organisational digital ambitions over the 2015-20 period. Year 1 to 3 milestones of the eHealth programme include:

2015/16	Transition from the national programme (BT) datacentre Migration to 2015 Millennium code Implementation of Millennium across the Royal National Hospital for Rheumatic Diseases Implementation of further Millennium Nursing e-forms Replacement of the RUH network (core and wireless) Initiation of CCG interoperability programmes Server and PC replacements and other IT infrastructure improvements
2016/17	Implementation of Millennium within the RUH Emergency Department Implementation of Millennium e-prescribing solution for RUH services Implementation of Millennium order communications for RUH services Further Millennium e-forms implementation Patient interoperability solutions delivered Further delivery of CCG interoperability programmes Commencement of paperless outpatients
2017/18	Completion of e-prescribing rollout across all RUH services Completion of paperless outpatients across all RUH services Completion of Millennium e-forms programme e-self check-in following delivery of RUH physical estate programme Completion of rollout of e-whiteboards and other digital boards

Our plans are supported by eleven Chief Clinical Information Officers (CCIOs). These are clinicians who work across all areas of the Trust and who test and challenge our proposals, ensuring that what we develop is fit for purpose and applicable to current models of care delivery across our services.

Patient empowerment and engagement

An underpinning principle of all our delivery and enabling strategies is a new drive towards patient empowerment and engagement. There is strong evidence that where patients feel empowered to manage their own condition, they take more proactive steps to avoid ill health and are better able to deal with short term deterioration in their conditions. This, in turn, reduces demand for hospital and community based services. Our vision over the next five years is to develop systems, processes and organisational culture to support patients to move from passive recipient of care to core member of the care team. Our core principles are to create an environment with:

Patients and carers as partners

- Patients and carers are confident of being well informed and supported to make their own decisions about their care – “no decisions about me without me”.
- Equal access to information held about them, sharing responsibility in keeping this current and enabling it to be shared appropriately to support their care.

Patients helping themselves

- Understanding personal responsibility for health and wellbeing, and motivated to protect it – maintaining healthy lifestyles, monitoring their condition, making and keeping appointments, feeling informed and acting upon expert advice.

Patients and carers helping each other

- Motivated and enabled to support others who may share their experiences, including expert patients.
- Patients and carers continuously influencing design and delivery of care to enhance its quality.

Person Centred Care

- Always treated with dignity, respect and compassion, with co-ordinated care provided across an integrated care pathway that offers choice.
- Care tailored to the needs and aspirations of each individual.

To achieve all this we have developed and started to implement our Patient Empowerment and Engagement Strategy over the last twelve months, and we will be working with colleagues across the community to align this with the wider programme of self-help and illness prevention. Key schemes of work include:

Involving patients and carers in service redesign

Maximising engagement of patients and carers when planning new services or redesigning existing services, for example through our RUH redevelopment programme.

Improving patient and carer information

Reviewing together the content and communication methods of information across the patient pathway, ensuring that it supports the concept of informed and engaged patients and carers, and empowers self-management

Learning and improving from patient and carer experience

Enhancing the value of patient and carer feedback in improvement of services, including feedback on improvements made and developing a staff culture of continuous learning from feedback.

Culture and communications

Supporting a partnership culture between patients, carers and staff which develops health coaching, self-help and self-management skills as the expected norm

Quality Strategy

The Trust has a clear ambition to be recognised for delivering the highest quality of hospital care and to ensure patient safety and quality are at the heart of everything we do. Our Quality Improvement Strategy focusses on improving our structures and systems so that they support safer practice and enable improvements in individual and team standards and effectiveness, leading to the best outcomes for patients. Our Strategy details key areas of focus for the Trust and supports the delivery of the annual Quality Account priorities.

In order to deliver the strategy we need a workforce that is both able to recognise the need for change and capable of delivering improvement. Our aim is that all our staff have the skills to deliver continuous quality improvement, respond well to change, embrace initiatives, are open to and generate new ideas and encourage forward thinking. To empower and support staff to embrace continuous learning and personal development we have established a training programme.

The Quality Service Improvement and Redesign (QSIR) Train the trainer course was designed and developed by NHS Improving Quality (NHSIQ). On completion of the course Trainers become accredited associate members of the QSIR teaching faculty. In April 2015, two senior clinicians completed the training and have subsequently delivered the 4-day Quality Improvement training (QSIR) to 2 cohorts of staff (36 in total) with a third cohort planned for March 2016. The aim of the QSIR course 'is to develop core quality improvement skills and knowledge through the use of practical tools in the delivery of service improvement. The QI team is currently working with the Advancing Care team from NHS Improvement (formerly NHS IQ) and the West of England Academic Health Science Network (WEAHSN) to develop a Quality Improvement training matrix to support the delivery of QI capability to all levels of staff in the organisation.

Estates Strategy

We are proud of our track record in improving and developing the RUH estate, demonstrated in major projects such as our award winning Neonatal Intensive Care Unit, IM&T building and Pathology Laboratory and Mortuary Our strategy for the next five years has been established for some time now and is critical to support the benefits case which we have promised for the future of RNHRD services.

We understand that with advances in models of care, we will need to further develop the existing estate making sure that we have a site that is fit for purpose and sustainable. Key elements of our plan include:

- The construction of a new pharmacy and aseptic suites (for the manufacture of cancer drugs). This £7M project commenced in November 2015 and will be completed in August releasing space for new building stock.
- The construction of a new 300 space car park for patients/visitors which we hope to complete this spring.
- The construction of a new RNHRD and Therapies Centre on the site of the existing pharmacy which will bring together all therapy activities in a bespoke unit and allow for the transfer of clinical services from the existing RNHRD.

- The construction of a new Cancer Centre on the site of the existing 'RUH North' providing new facilities for almost all of our cancer in-patient and out-patient services.

These projects will not only transform the RUH site but will provide a quality patient environment that will improve our clinical services, staff productivity and day to day efficiencies. This level of investment with demolition of old buildings will virtually eliminate our backlog maintenance liability which stood at £43M in 2009. However, the emphasis will also be on quality of design producing new buildings which enhance the reputation of our hospital and create civic pride in the RUH.

Through careful design and a high level of user/commissioner consultation we shall ensure that the new facilities support future service strategy and build in flexibility of use.

Conclusion

There is work still to be done to develop and refine our strategy, in partnership with colleagues across our local health system. Our enabling strategies are in place, and we are well-placed to deliver a comprehensive clinical service strategy for the next 5 years that will sit alongside these as a fully integrated strategic plan.