Putting patients first

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Our Future Strategy Workbook

Hampshire OSC

January 2014

Assumptions and guiding principles: system level

The current pattern of hospital services across Dorset is neither clinically sustainable or affordable. A radical reshaping of hospital services is therefore required.

The case for change is well rehearsed. In short, we face 'the perfect storm' and Do Nothing is not an option.

The RBCH / PHFT merger was proposed as a means of facilitating the major service change required and achieving cost and operational synergies. This intention is now blocked by the Competition Commission. It is therefore clear the reconfiguration needs to be bought about by a different means and will be commissioner led.

The reconfiguration must be credible and workable, time-bound and ensure rapid decision making. **The scope of reconfiguration will be pan Dorset**

Commissioners will stipulate the services they require in the east and west of the county. Recommendations will be underpinned by a clear clinical evidence base.

The delivery timescale for radical reconfiguration is likely to be a long lead in for feasibility and planning stages with delivery in Year 3 – 5. However, it is likely some key changes will come on stream earlier.

We expect to move away from the 'big 5' concept to a 'hot' site and 'cold / warm' site model of service delivery. The clinical model will drive the estates solution across Dorset.

All changes will be clinically led and subject to public consultation

Assumptions and guiding principles: RBCH

RBCH is committed to engaging in commissioner led reconfiguration, in full and at pace. In the meantime, RBCH will continue to work with Poole and DUFT to realise the benefits of greater clinical collaboration.

Patients' interests must always come first. Our most important consideration is the continued provision of safe, high-quality and effective services so that patients have the necessary access to the services on which they rely.

RBCH is dedicated to working in partnership with the wider health system to ensure the care we give to patients is the best it possibly can be.

The need to retain, train and develop staff and maintaining staff morale within RBCH will be crucial during this period of change. We recognise our responsibilities here and this commitment will constantly shape everything we do

RBCH requires a standalone strategy (Year 1 – 3) to:

- reposition itself effectively for radical reconfiguration
- ensure the on-going sustainability of our services and financial viability of the organisation

Our staff will inform, co-create and shape our future vision, clinical strategy and plans.

Our clinical strategy will be clear and ambitious, well communicated and understood by all staff.

Care Quality Commission (CQC): Our Actions

We have three months before inspectors make a further visit to see if we are improving sufficiently in these three areas.

Our improvements are set against the following key themes that were identified by the CQC in its report:

- dignity, respect and basic care met
- reducing how busy the hospital is for urgent care patients
- better ward staffing levels and skills
- addressing patient needs
- an open learning culture for quality improvement

How we have already improved

- recruited more nurses – 57 newly qualified nurses now working on our wards
- new ward sisters on wards 3 and 26 and all shifts are filled while the remaining vacancies are recruited to. A Trust-wide review of ward staffing takes place daily
- started holding a series of workshops with patients and the public to develop our organisational values; how we do things and what's important to us
- removed the three escalation beds that were in the Acute Medical Unit
- twice weekly pressure ulcer ward rounds by ward sisters
- implemented a new pathway for quick access to the Stroke Unit, providing patients with the best possible change of making a good recovery
- elderly care consultants are taking direct calls from GPs for advice and guidance
- additional senior nurse cover for the hospital at weekends and bank holidays
- working with the Patient Association to carry our CARE audits across all elderly care and medical wards

Care Quality Commission (CQC): Our Actions

Where we are continuing to progress

- recruiting nurses 10% above establishment so that we are always one step ahead
- new patient gowns ordered to improve patient dignity and protect privacy
- recruiting additional consultants to areas such as A&E, care of the elderly and general surgery
- reviewing how we assess patients who come in to the Emergency Department
- a code of conduct for health care assistants to ensure consistent standards, responsibilities and accountability across all of our wards
- releasing time for ward sisters to ensure all patients have their needs assessed and then met in a safe and timely way
- expanding the use of meal time companions who can give greater support for nutrition
- reviewing visiting times so that carers or relatives wanting to support meal times and provide greater companionship can
- moving nurses stations on to ward bays to provide more visible nursing care and reduce the need for call bells
- introduced a new Care of the Elderly Directorate to provide a greater focus and transparency for frail elderly care
- appointing three new non-executive directors, including one with a clinical background, to provide new challenge to the Board
- we are reviewing directorate management and nursing leadership structures
- in-depth focus group with patients, carers and relatives who have previously made a complaint. To repeat 6/12 and work with HealthWatch

Key Considerations

So how do we sustain our current services in the meantime, until this scale of change is delivered?

Strategic Repositioning

We can focus NOW on repositioning and sustaining our current portfolio of services ready for radical reconfiguration.

Austerity '*Batten down hatches and ride out the storm*'

Planning to get through until funding returns to historic levels, and emerge as a 'survivor acute' without legacy debts will essentially mean no developments, minimal capital investment, quality at compliance only, with reliance on reserves and planned deficits. In short, exclusive austerity is not a viable way forward. Rather, it will be our base case and platform for investment decisions.

Diversify

Could we move into other opportunities that meet the following criteria?:

Operational (e.g. reduces emergency pressures)
Strategic (e.g. areas of greater potential to support NHS patients and staff)
Financial (e.g. increasing net income in markets were we currently 'dabble')

3 Strategic Options

It is not a case of 'either or' but a combination of all 3
We need to find the sweet spot

Hitting the Sweet Spot?

Mission
Putting Patients First

Vision
To provide excellent care to our patients, ensuring our services remain sustainable and clinically viable for the future

Values
Compassion, empathy and time to care
Taking pride in what we do and recognising success
Embracing change and innovation
Encouraging a spirit of integrity, support, respect and teamwork

Corporate Aims
To focus on the safety and quality of care for patients
To develop, support and value our workforce
To build partnerships for care pathways across the health economy
To develop our research portfolio and innovation in partnership with academic and healthcare organisations to the benefit of our patients
To deliver excellent value and invest our resources wisely

Clinical strategy

Quality of care is the organising principle

The clinical strategy will be:

- clear and ambitious
- well communicated and understood by all staff
- underpinned by a refreshed vision, values and corporate aims
- supported through an organisational wide improvement programme and the annual business planning process
- supported by key enabling strategies e.g. finance, information and coding, capital, informatics, workforce, organisational development

Assumptions and guiding principles

The new model of unscheduled care in RBCH will:

- modernise and future proof our current unscheduled services for patients
- treat all patients as ambulatory until proven otherwise
- be based on accepted (inter)national evidence base and best practice, including 7 day working
- deliver equity of quality and access for our local population
- be sustainable and value for money
- be delivered by people so we will talk, engage, lead, follow and LISTEN
- be delivered at pace, using an accelerated process - within the next 10 months (October 2014), with many improvements for patients implemented earlier
- be supported by radical improvements in urgent care across the wider health system in Dorset, using aligned incentives to enable change

Our current service

- turnover £250 million in 2012/13
- circa 595 beds and 28 wards
- 3636 FTE staff with a headcount of 4988 (including 720 bank staff)
- 66,000 A&E attendances (type1 & 2) and 48,377 admissions in 2012/13
- 53,810 day cases in 2012/13
- 64,500 total procedures in 2012/13 (25,567 in main theatres)

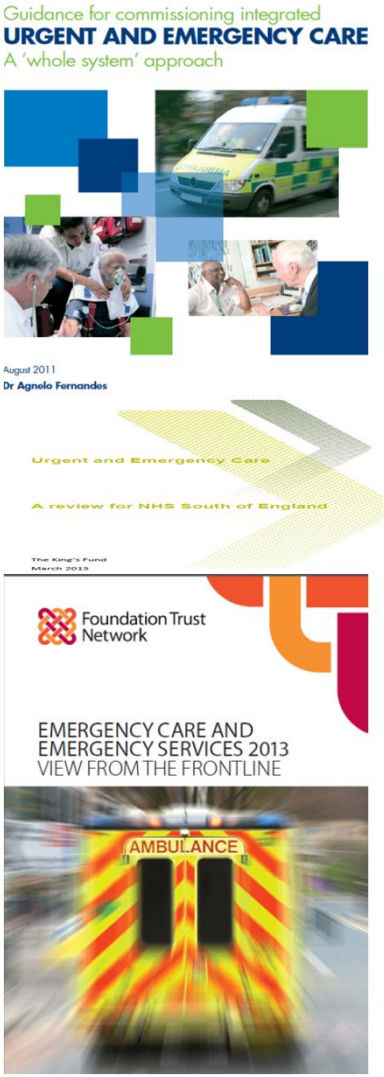
What is the data telling us?

RBCH is not in the top 25% quartile for:

- 95% standard
- EDQI performance
- availability of Rapid Access Ambulatory Care clinics
- proportion of zero /1 day admissions
- numbers of long length of stay (>30 days)
- re-admission rates

What does best look like?

- 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
- good communications with and about patients
- care is designed to facilitate self-care and health promotion



- patient-focused and timely
- based on good clinical outcomes e.g survival, recovery, lack of adverse events and complications
- a good patient experience, including ease of access and convenience
- 'decide to admit' rather than 'admit to decide'
- right the first time and available 24/7 to the same standard

Given the complex nature of patient flows across different services, urgent and emergency care services cannot be commissioned in isolation and the process requires a "whole system" and "multidisciplinary" approach across acute, primary and community-based services and social care. **'Collaboration' between services is key.**

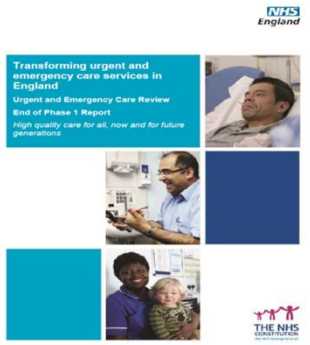
We need a new way of thinking to respond to the rise in emergency demand

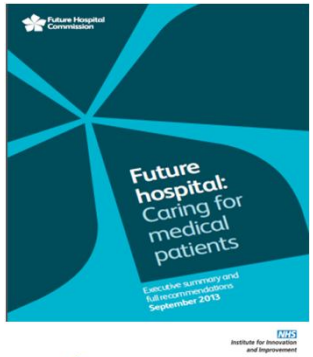
We want to make our admissions wards safer, improve patient satisfaction and experience and make them better places to work for all our staff

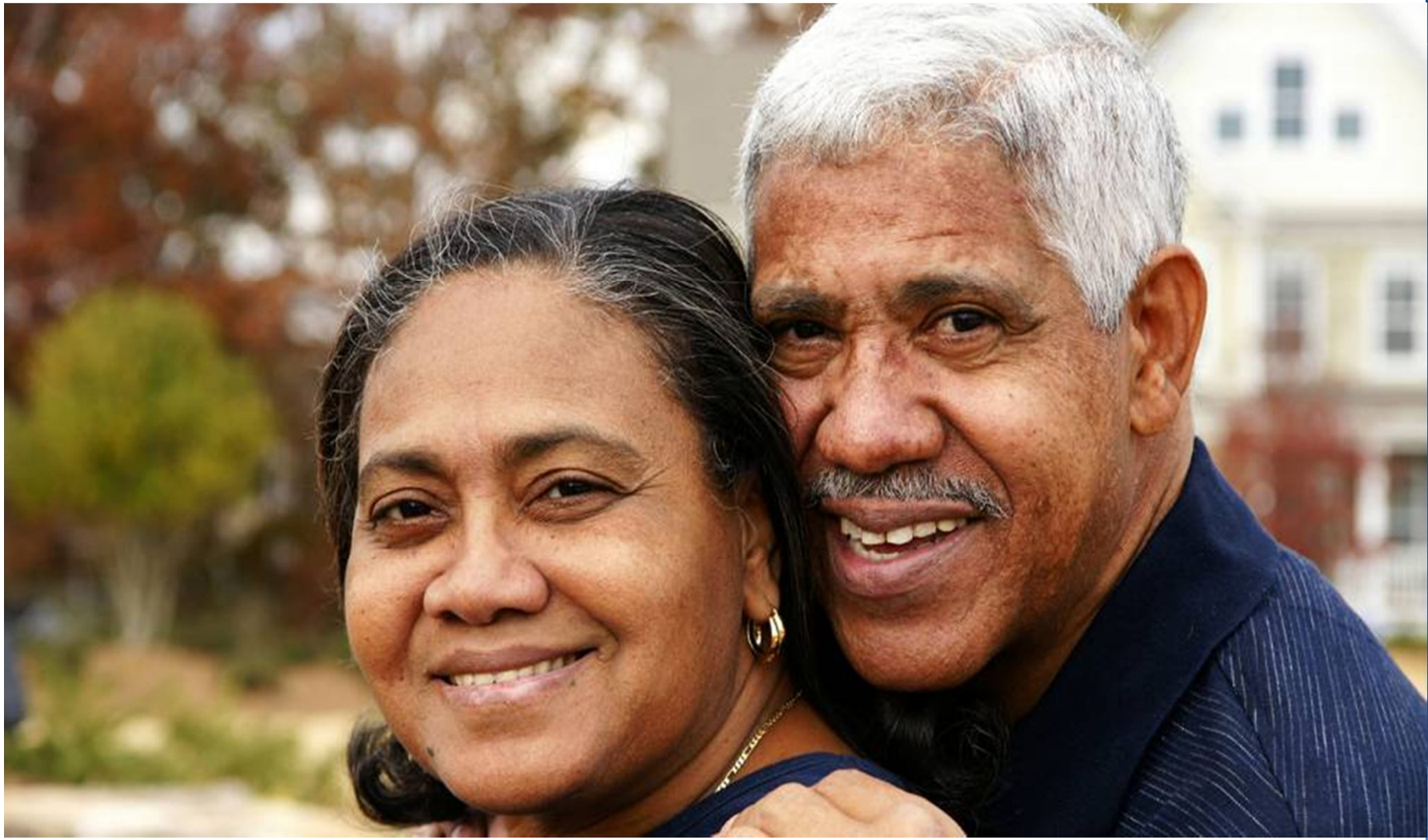
We will set standards and hold each other to account

We will develop new pathways

- GP assessment
- ambulatory care
- acute medicine
- elderly care
- emergency surgery







Thank you. Questions?