**Weston Area Health NHS Trust Business Operational Plan 2015 – 2016**

**28 April 2015 Draft Final**

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**1. Context**

1.1 Work undertaken by the Weston Area Health NHS Trust in partnership with NHS North Somerset over the last 5 years has demonstrated that Weston Area Health NHS Trust, as a standalone entity, is unable to satisfy the financial requirements required to achieve Foundation status.

1.2 Over the last 30+ years, the NHS has enjoyed continued year on year funding growth. The NHS is now operating in a “flat cash” environment with reduced real terms public spending, minimal or no growth in NHS spending, and the need for real terms cost reductions. In 2015/16 the Trust is required to deliver efficiency savings of 3.5%. The financial challenges facing the Trust are such that it will require additional financial support in the future.

1.3 The North Somerset health community has a long history of financial challenge, and these financial challenges will only get bigger in the future. Whilst the North Somerset Clinical Commissioning Group (CCG) has received funding growth of 6.35% for 2015/16, above the allocation previously anticipated, the CCG continues to have a significant recurrent deficit which requires substantial savings to be planned and delivered. This will require service transformation and reconfiguration, including disinvestment where necessary as well as affordable investment in new services where needed. The CCG ambition is to achieve recurrent financial balance by the end of 2016/17.

1.4 The operating environment for the Trust is also likely to have the following political, economic, social and technological (PEST) forces over the next twelve months:

* A highly challenging operational environment in respect of unprecedented level of pressure in respect of the demand for services and the constraints on public resources (source: NTDA “approach to operational planning for Trusts 2015/16)
* a temporary plateau in the rising number of 85 year olds and older, although existing numbers within the local population bring ongoing demands for complex acute and chronic condition services, outgrowing the effects of demand management (source: ONS);
* a 4.2% increase in the number of 25 – 34 year olds, requiring a range of general medical and surgical services (source: ONS);
* A likely significant increase in the number of cancer referrals and diagnostic tests for cancer following the current NICE review of all cancer referral guidelines;
* an expectation by the public and the health regulators of higher standards, and lower tolerance of poor service or outcomes;
* rising service demand as a consequence of technological innovation, increasingly complex and expensive treatments, clinical specialisation and the rising expectations of patients as to the availability of such innovation
* the migration of work into the community or into the large regional specialist centres over the next few years as more routine healthcare is delivered very locally - in GP surgeries or at home – and the most complex healthcare is delivered in large, regional specialist hospitals;
* a need to design and deliver projects that save significant levels of operating costs;
* a need to challenge variation at the lower end of quality and reduce variation in delivery of services
* a need to use good evidence to determine what advances to bring into clinical practice/service development

1.5 The creation of the Better Care Fund to be managed as a pooled budget will transfer CCG mainstream funds for the first time this year. Whilst this will add to the pressure on CCGs’ budgets, funding services that take pressure out of the acute sector, identifying people at greatest risk of hospital admission, and providing community and preventative services should bring important new benefits. The CCGs and local authority have developed local priorities for the fund’s application. This is to support and maintain preventative community and social care services, without which more people would be requiring NHS services.

1.6 Like all hospitals, Weston General Hospital has to be sustainable. In other words, it has to run:

* safe, high quality clinical services
* in suitable facilities; and
* in a way which achieves operational standards and financial balance.

1.7 Weston has explored all of the options to meet these challenges, ranging from achieving Foundation Trust status to developing an Integrated Care Organisation. Prior to its disestablishment, the Strategic Health Authority, together with the Trust concluded that, having exhausted all other possible options, the best solution to reduce the need for future financial support was to run a competition to find an NHS partner to help run services at the Trust more sustainably.

The National Trust Development Authority is leading this project.

1.8 The Trust is to be subject to a full inspection by the Care Quality Commission during May 2015.

1.9 The business plan is therefore set within this context and is deliberately focussed on ensuring the ongoing delivery of “as is” high quality, safe, effective and affordable health services during the transition period to a new organisational form over the next 12 months.

**Our Quality Improvement Priorities are:**

**1.2 Summary Business Plan**

Our Vision

***To put patients at the heart of what we do and be the local healthcare provider of choice by delivering the right care in the right place at the right time and with the right care team.***

**Patient Safety**

Reduce pressure ulcers

Reduce falls

Reduce Healthcare Acquired Infections

Reduce medication errors

improve the care of patients with sepsis and acute kidney injury;

improve anti-mircrobial prescribing and validate antibiotic prescribing data following the Public Health England validation protocol;

reduce medication errors;

further strengthen clinical leadership

Our Values

**People and Partnership** – working together with colleagues, other organisations and agencies to achieve high care standards or specifically helping a service user, visitor or colleague (**C**are and **C**ommitment)

**Reputation** –actions which build and maintain the Trust’s good name in the community (**C**ommunication)

**Innovation** – demonstrating a fresh approach or finding new solutions to problems (**C**ourage)

**Dignity** – Contributing to the Trust’s Dignity in Care priorities (**C**ompassion)

**Excellence and equality** – demonstrating excellence in and equality of service provision (**C**ompetence)

Our Operational Objectives 2015- 2016

Our Strategic Objectives are:

CQC/ NTDA themes:

Deliver clinically effective services which meet benchmarked best practice standards through implementation and audit of evidence based practice

Ensuring services are safe

Provide a safe environment for patients and reduce the incidence of avoidable harm , maintaining the level of harm free care above 93% as measured by the patient safety thermometer

Ensure that people have a positive experience of care, being treated in a safe environment that protects them from harm

**Patient Experience**

Increase feedback and scores from friends and family test

Improve experience of discharge

Deliver dignified care that is responsive to patients’ personal needs, which ensures a positive experience of care and which meets CQUINs Family and Friend test standards

Ensuring services are caring

Embed clinical leadership providing clinicians sufficient time to lead together with clear, deliverable objectives

**Our Service improvement priorities:**

Improve the Health and Wellbeing of our staff

Provide a safe, effective and affordable workforce

Provide a flexible workforce with the capacity and capability to deliver high standards of patient care meeting the demands of service users, their carers and the health economy

Ensuring services are well led

**Driving quality and safety - reducing avoidable harm, variation, errors and incidents;**

**Best practice care pathways for planned and unplanned episodes of care;**

**Matching and controlling capacity to demand**

**Integrated care pathways which avoid delays to ongoing treatment and self care;**

**Engaging, motivating and empowering our workforce to deliver dignified care in a healthy organisation;**

**Ensuring value for money and delivery of the financial plan.**

Invest in and develop our staff to continually deliver high standards

Improve and drive two way communication to increase staff engagement and build staff confidence and capability

Ensuring services are responsive

Provide responsive, flexible and consistent services, appropriate to the needs of the patient and in line with commissioner intentions

Meet and sustain local and national performance standards

Provide efficient and effective services, affordable and desirable to patients and referrers.

Deliver the savings plan for each year

Ensuring services are effective

Provide affordable services and demonstrate value for money

Deliver the financial plan for revenue income and expenditure, capital expenditure and cash

Secure a strategic partner(s) to manage the future delivery of clinically and financially sustainable and viable services

Deliver the Estates and IM&T plans to support safe, effective and efficient service delivery

**Our Financial Plan**

Deliver the Trust’s responsibilities within the transition programme as defined in the Transition plan

Our plan is to deliver the planned deficit or better for 2015/16 and achieve the national efficiency requirement of 3.5%, which will be a combination of skill mix review, increased efficiencies, income generation, and productivity.

**Infrastructure Development Priorities**

We expect to invest capital in our estate and infrastructure during 2015/16, focussed on an interim replacement Patient administration System and theatre refurbishments. In addition, the Trust will focus on required IT and medical equipment, replacement and general estates programme.

**Summary Business Plan**

**2. Strategic Context**

**2.1 Trust Profile**

2.1.1 Weston Area Health NHS Trust was established in April 1991; the Trust comprises:

* Weston General Hospital – the main District General Hospital
* Children’s and Young Peoples Community Services including Child and Adolescent Mental Health Services

2.1.2 The Trust, situated in North Somerset, provides clinical services from three sites. The General Hospital is located in the main town of Weston super Mare and there are two children’s centres providing community children’s services located in Weston super Mare and Clevedon.

### 2.1.3 The Trust serves a resident population in North Somerset which, in 2011 was estimated to be 202,566 people (source: 2011 census), with over 70% of people living in the four main towns of Weston, Clevedon, Portishead and Nailsea. A further 3.3 million day trippers and 375,000 staying visitors increase this base population each year. The Trust also provides services to North Sedgemoor which has an estimated population (April 2012) of 47,825. The largest town is Bridgwater, followed by Burnham-on-Sea and Highbridge.

### Since 2001, the population of North Somerset is estimated to have increased by over 10%. By 2033, the total population of North Somerset is anticipated to increase by 40%, significantly higher than the national average growth rate of 18% (Mid 2011 JSNA).

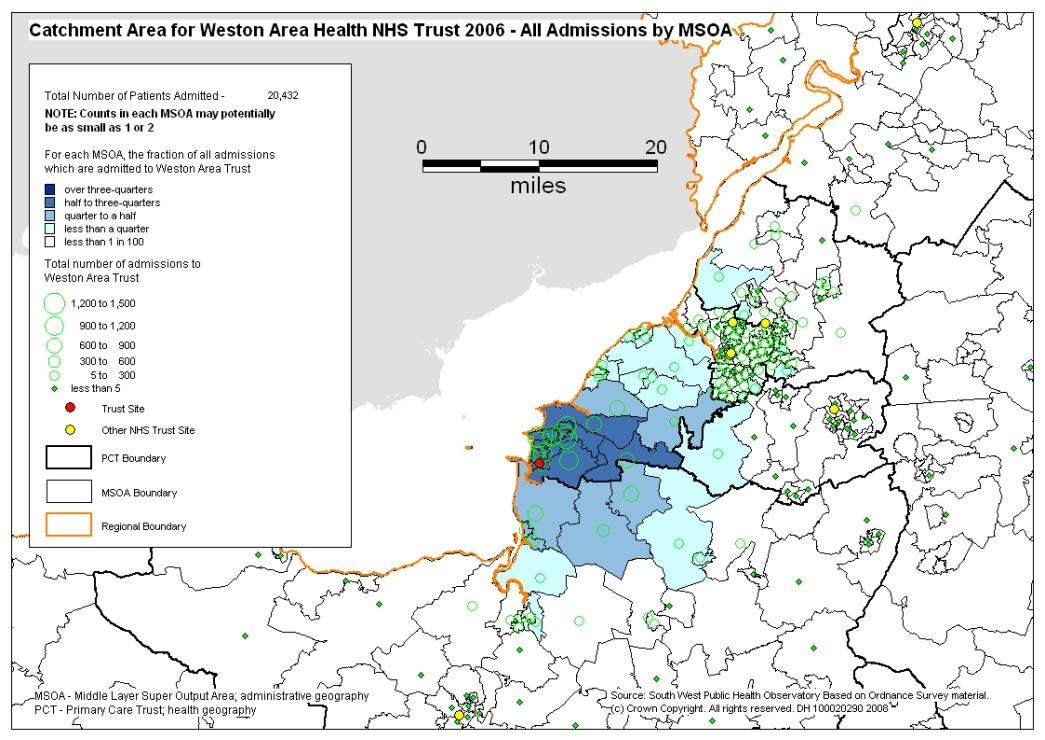
2.1.4 Specific points of note are:

* There are significant distances between major centres and a dispersed population elsewhere.
* The main town Weston-Super-Mare has good access to the M5. This combined with limited growth in local jobs, has led to a high level of commuting by car to and from the Bristol area.

2.1.5 The Trust provides circa 48% of acute health services to the population of North Somerset and works closely with other hospitals in Bristol as part of ‘clinical networks’ including, for example, cancer, pathology and cardiology.

2.1.6 Fig 1 shows the catchment population for all admissions Most people living in Weston and the surrounding area use the hospital, with fewer people doing so in the areas farther north or south. However, the catchment varies significantly between emergency and elective care.

**Figure 1**



2.1.7 The Trust delivers operationally through a Directorate management structure. A General Manager manages each Directorate. There is a Head of Nursing (Operations) providing nursing leadership for operational ward areas, and a Head of Nursing (Corporate) providing nursing leadership for specialist areas and governance.

The General Managers are accountable on a day-to-day basis through the Director of Operations to the Chief Executive for delivery of operational and financial performance. The range of services provided within each Directorate is set out in fig 2:

**Figure 2** **Operational Structure – service provision**

|  |  |  |
| --- | --- | --- |
| ***Surgery***  Outpatients  Surgical Specialties (ENT, general surgery, trauma and orthopaedics, urology, gynaecology)  Theatres & Endoscopy  Surgical Wards  ITU and Anaesthetics  Cancer  Maternity | ***Clinical Support***  Allied Health professionals (OT, physiotherapy, Cardiac physiology, Speech and Language therapy, Dietetics)  Pathology  Pharmacy  Radiology  Sexual Health Services (WISH)  Private Patients  Access Team  Administration | ***Emergency***  Urgent Care (including Emergency Department)  Medical Specialities  Medical Wards & Medical Day Unit  Patient Flow and Acute Care (MAU, Harptree, Site Team and Discharge Planning)  Seashore Paediatric centre  Specialist Community Children’s services |
| ***Support Services***: Integrated Governance, Information Systems, Administration, Communications, Financial Management, Human Resources, Estates, Facilities and Hotel services | | |

**2.2 Socio-economic and demographic overview**

2.2.1 Analysis has identified a number of demographic and socio-economic factors that underpin and affect demand for the services provided over the next 2 years to varying degrees. These are:

* Local and regional population projected growth.
* Local population gender and age structure.
* Levels of deprivation, health profile and health indicators for the local population.

Each of these factors have been analysed in detail. This section describes the conclusions drawn from this analysis and the implications of the market assessment on the Trust’s two-year plan.

**2.2.1 Demography**

|  |  |  |
| --- | --- | --- |
|  |  | |
|  | | **Figure 3 Predicted growth in long term conditions (adults)**    **Figure 4 Trends in hospital admissions by age**  cid:image002.png@01D06C80.4489A730  Services for older people are the largest area of spending for Adult Social Services and for the health service. Investments have been made in promoting early intervention and reablement services to reduce the reliance on costly forms of institutional care. |
|  | | 2% increase in population aged under 16 yrs 2001 - 2011  Anticipated 21% increase in 5 – 14 yrs old by 2021 |
|  | | The population of North Somerset is less ethnically diverse than England and Wales with 97% of people living in North Somerset classifying themselves as belonging to a white ethnic group, a decrease of one percentage point since 2001. Of those from a black or minority ethnic group 43% classified themselves as Asian and a further 37% classified themselves as mixed race.  **Fig 5 BME population (source: 2011 census)** |
|  | | North Somerset has 15 areas in the most deprived quartile in the country. All of these areas are in Weston-super-Mare. This includes areas within the most deprived 1% nationally, and the least deprived 1% nationally resulting in North Somerset having the 7th largest inequality gap in the county (calculated using the difference between the highest and lowest score in a unitary authority). |
|  | | The population of North Somerset and Weston-super-Mare in particular peaks during the summer months as a consequence of tourism. Latest available data from visitor interviews suggests:   * 75% of respondents were visiting the resort for the day - * The largest proportion of respondents visiting the resort were aged 65+, with little change in the age profile of visitors to the resort compared with previous survey years.   + The majority of visitors were from the UK. |

**2.3 Local NHS bodies and other providers**

2.3.1 NHS North Somerset Clinical Commissioning Group is the Trust’s main commissioner accounting for approximately 66% of the Trust’s income, with NHS Somerset accounting for 15% and other patient related income 11%. In addition, approximately 8% of the Trust’s income is from other non-patient related income including education and training monies.

2.3.2 The local health and social care economy includes two Local Authorities – North Somerset Council, responsible for North Somerset and Somerset County Council, responsible for the Sedgemoor area of Somerset.

2.3.3 Weston Area Health NHS Trust operates in a market in which there is increasing plurality of provision, with competition from a wide range of independent and other NHS providers.

2.3.4 United Hospital Bristol NHS Foundation Trust (UHB) and North Bristol NHS Trust (NBT) are both competitors for elective services and a hub for many of the clinical networks in the local health economy.

The Trust operates a number of joint clinical appointments and rotas with UHB to ensure sustainable delivery of local services.

2.3.5 Community services (excluding community-based Children’s services, maternity services and paediatrics provided by Weston Area Health NHS Trust) are provided by the North Somerset Community Partnership, a social enterprise. The Partnership currently represents the sole provider of 26 separate NHS community services in North Somerset, and is contracted under the standard community contract to provide them until March 2015. The tender for re-provision of these services is currently out to market.

2.3.6 Mental Health services for adults are provided by the Avon and Wiltshire Mental Health Partnership NHS Trust.

**2.4 National Priorities**

**Fig 3 Summary of national drivers for change** (For detail see appendix 1)

**2.5Local priorities**

**2.5.1 North Somerset CCG**

2.5.1.1 North Somerset CCG, the Trust’s largest commissioner, is accountable for circa £250 million of NHS spending, over half of which is acute spending. Nearly 90% of the acute spending is with local providers with Weston accounting for circa £63 million of the spend.

2.5.1.2 As a result of the construct of the national funding formula, North Somerset CCG requires a greater level of efficiency than other CCG‟s. It, and its predecessor, North Somerset PCT, have relied on non-recurrent support in order to break even. For 2013/14, North Somerset CCG recorded an underlying deficit of £17 million, though one-off schemes reduced this to an actual recorded deficit of £4 million. The recent investment from NHS England at those CCG with significant funding deficits has resulted in a further £15million on NSCCG allocation for this year. The Trust is in ongoing discussions with the CCG concerning how they plan to deploy this money and alleviate the current pressures in the local area. However, the CCG will continue to have a challenging recurrent savings requirement over the medium term in order to achieve recurrent financial balance and manage the impact of expected demographic growth.

The Trust will also be expected to continue to deliver a significant reduction in spend to meet national efficiency targets and manage financial pressures

2.5.1.3 To address the challenges facing the local health economy, NSCCG have embarked on a plan to develop a modern model of integrated care. NSCCG wants to innovate and transform the way services are delivered, to ensure that services received by patients are high quality, safe, patient centred, clinically sustainable and affordable within the resources available, Specifically, NSCCG‟s work programme will appraise new models of care being developed in the UK and overseas, produce a framework for service provision from a commissioner/ provider/patient perspective and produce an implementation plan from current commissioning arrangements to their chosen model of care.

2.5.1.4 The overall outcomes for the integrated system are consistent with the outcomes that health and social care expect from the Better Care Fund. These outcomes will span the whole health and social care system and some will specifically impact on hospital based care, for example:

* Increase in proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into re-ablement/community based rehabilitation services;
* Reduction in delayed transfers of care from hospital;
* Reduction in avoidable emergency admissions;
* Improved quality of life and life expectancy in people aged 75 years or more, both in terms of health and social care outcomes;
* Proportion of people and carers aged 65 years or more who find it easy to find information about care and support; and
* Greater proportion of people expressing a view about place of death who die in the place of their wishes - this is expected to mean fewer patients being cared for and dying in hospital.

2.5.1.5 NSCCG and North Somerset Council are working together to prepare for the re-procurement of a range of children’s community and child and adolescent mental health services. Some of these services may be procured on a footprint wider than North Somerset and thus the CCG is working with Bristol and South Gloucestershire CCGs who are also considering the re-procurement of these services. The CCG is also planning to re-procure Community Health Services currently provided by the North Somerset Community Partnership by 2016 as part of the current market tendering exercise. This includes community therapy and rehabilitation services for adults and, as part of the CCG‟s commitment to delivering equitable and accessible services for the whole of North Somerset, this may affect the CCG‟s commissioning intentions for community services provided by the Trust.

**2.5.2 Somerset CCG**

2.5.2.1 Somerset CCG is accountable for £657 million of NHS spending, more than half of which is acute spending. Nearly 85% of acute spend is with local acute providers. Weston accounts for £14 million of spending, 2% of the total spend. North Somerset CCG is operating in deficit and Somerset CCG, the other major commissioner is facing increasing financial pressures.

2.5.1.2 The construct of the funding formula requires Somerset to deliver a greater level of efficiency than other CCG‟s. Going forwards Somerset CCG‟s growth uplifts are likely to be insufficient to match the rising demand for healthcare. Based on extrapolation of recent trends, this funding gap will grow year on year. This scale of financial challenge indicates that significant reforms to the model of acute care, encompassing improving efficiency, reducing demand and exploring opportunities to shift to lower cost settings, will be required in order for the CCG to meet its statutory duties.

2.5.1.3 Somerset CCG’s vision is also driving their commissioning intentions towards supporting a model of integrated health and social care. People in Somerset will be encouraged to stay healthy and well through a focus on:

* Building support for people in local communities and neighbourhoods;
* Supporting healthy lifestyle choices to be the easier choices; and
* Supporting people to self-care and be actively engaged in managing their condition.

2.5.1.4 The CCG plans that acute hospitals will have fewer inpatient beds and the services they deliver will be redefined to provide care for acutely unwell patients. The CCG will use evidence available to commission services that deliver the best outcomes and decommission services that do not improve patients’ outcomes. This will include centralised of some services e.g. cardiac, stroke and trauma, and some complex services will need to move out of county hospitals to ensure safer care for patients. Community hospitals will become Health and Wellbeing centres and the services they offer will be defined by the need of the community. A small number of Health and Wellbeing Centres will deliver minor injury services, inpatient beds, ambulatory care and outpatient services, the remaining Health and Wellbeing Centres will be community “hubs” with no inpatient beds that support integrated community care.

2.5.1.5 In summary, in order to achieve financial balance, North Somerset and Somerset CCG‟s will need to deliver significant efficiency savings. Delivering these will require a change to the current model of care. Whilst all organisations within the local health economy are aware of these challenges and recognise the need to work together to secure overall financial balance, this funding challenge is putting increased pressure on Weston.

NHS Somerset CCG’s QIPP and Commissioning plan describes activity for 2015/16 in line with 2014/15 outturn. However, their strategic intent remains to ensure delivery of care in settings outside of acute hospital facilities. The Commissioning plan for 2015/16 does not include provision for 7 day working, and discussions between the Trust and Commissioners have not elicited commissioning support for further developments in this area.

**2.6 Implications of strategic context and market Assessment**

2.6.1 The Trust has demonstrated significant performance, clinical outcome and safety improvements over the last few years. However, strategic challenges relating to medical staffing, demographic changes, the impact of tariff for emergency care, commissioner plans and national policy developments are such that the sustainability of clinical services cannot be met under a standalone Trust option

2.6.2 The Trust faces an ongoing challenge concerning the recruitment of medical staff across a number of key specialities including emergency medicine, potentially placing at risk the clinical safety and sustainability of services provided.. Whilst this is partly due to national shortages within some specialities and the difficulty in offering attractive job plans in a smaller DGH offering limited service range, there is also evidence that the increasing uncertainty concerning the final organisational solution for the Trust is having a detrimental impact on candidates’ willingness to consider the Trust as a positive career move. This has led to an increasing reliance on locum clinical staff and some problems with clinical care standards in a number of areas including Emergency Care for Paediatrics, Community Paediatric and Safeguarding Services, Dermatology and Neurology services. This challenge is compounded by other factors impacting on clinical staffing including Junior Doctor reductions, requirements for 24/7 service provision and increasing specialisation (Royal College Guidelines) and innovation. These challenges cannot be met under a standalone Trust option. Uncertainty created by the procurement process is exacerbating this challenge, with a number of clinical and managerial staff now taking up substantive posts in other organisations.

2.6.3 Challenges posed by demographic challenges, particularly those posed by an ageing population and growth in the younger population over the next few years, within an economically constrained environment are such that significant whole system change is required if acute services are to remain clinically sustainable, of high quality and financially viable and relevant for service users in terms of choice.

2.6.4 Current tariffs do not meet the real costs of emergency care, which is effectively subsidised by income from elective activity. The risk of some of this elective income being lost to competition from other NHS Trusts or the independent sector is significant. Removal of any elective activity and associated diagnostic and outpatient activity would lead to a reduction in the contribution to overheads and mean that the Trust’s financial viability is further compromised.

2.6.5 Reductions in commissioned activity as commissioners ensure that care outside hospital is prioritised (through an enhanced Primary Care offer and further activity is transferred to alternative providers means that the Trust also faces specific challenges in terms of critical mass and interdependencies between specialties, concerns regarding the domino effect of reduction in emergency capability, loss of core services and the need to retain sufficient complexity and volume of activity to support training, retention and recruitment. Anticipated increases in cancer screening requirements in the absence of appropriate staffing and funding also increase pressures on the delivery of timely access to services. Clinical sustainability, safe service delivery and the continuity of an appropriate range of locally provided clinical services are put at risk as service reductions are realised.

2.6.6 The acute services and wider health economy therefore needs to introduce new models of care and reduce reliance on traditional hospital buildings and beds to provide services. A whole-health economy solution is needed, in order to put the right services and the right capacity in place for the needs of the population. This will require all local providers to work together – through networks and pathways mapped out between providers to:

* ensure the clinical and financial sustainability of services within the hospital, as acute activity reduces with a consequent reduction in income and critical mass of staffing
* redesign care pathways that improve the experience of service users while at the same time being more cost effective and affordable within shrinking resources. This will include use of telemetry to reduce outpatient attendances at hospital, and utilisation of specialist hospital staff within the primary and community setting leading to an eventual shift in leadership of treatment and care for those with long term conditions and the elderly from the hospital to primary and community care practitioners.

2.6.6 It is within this context, and the sociological and demographic and market analysis that an assessment of the Trust’s strengths, weaknesses, opportunities and threats has been conducted. The outcome has served to shape the organisations strategic, governance and performance frameworks so that assurance can be given that strategic objectives and service development plans would be delivered and that the organisation would remain fit for purpose for the next 12 months and into the future, able to respond to changing market requirements.

**Figure 4 SWOT analysis**

**2.7 Outturn 2014/15 and implications for 2015/16**

2.7.1 The business plan is set within the context of generally strong service delivery and performance during 2014/15.

**Figure 5 Key achievements against objectives 2014/15**

|  |  |  |
| --- | --- | --- |
| **Ensuring services are safe** | **Evidence based and benchmarked practice** | Successful implementation and roll-out of the model ward concept resulting in improved senior clinical patient review, reducing length of stay relative to peer and improved management of the discharge process. |
|  | **Best practice** | Implemented the QI methodology through the Quality Improvement Hub to improve response to and implementation of clinical audit findings/recommendations for improvement to practice. |
| **Ensuring services are caring** | **Infection control and prevention and harm-free care** | Challenging year, particularly in relation to Clostridium difficile with two cases reported in August and three in September. We saw an outbreak of Norovirus across a number of wards from September 2014 which has continued into the new calendar year, hampering operational delivery of the four hour target. |
|  | **Harm-free care** | Excellent progress in reducing harm from care with a reduction from 10% to 2% during the year, improvements in the reduction of medication errors, a reduction in complaints and increased feedback from patients (as measured by the patient safety thermometer). |
| **Ensuring services are well led** | **Leadership and management development** | Full advantage taken of the opportunities offered through the NHS National Leadership Academy for managers and supervisors to gain nationally recognised qualifications in Leadership. 23 members of staff supported through the Mary Seacole programme, a Postgraduate Certificate in Leadership. Thirteen of those staff have recently completed the programme successfully and of those, 6 have obtained a merit. In addition, 3 Senior Managers are continuing to undertake the 2-year Elizabeth Garrett Anderson, Masters in Leadership.  Many Senior Managers have been supported to translate theory into practice through one-to-one coaching opportunities. |
|  | **Staff development and Modern Apprentices** | 40 existing staff of all ages enrolled on an Apprenticeship programme run through Weston College. Staff can select from a range of Apprenticeship opportunities dependent on their job role including Customer Services, Team Leading, Business Administration and Health and Social Care. Completion takes between 15-18 months with a designated college assessor visiting staff on site, setting tasks to be completed and reviewing progress at subsequent meetings. Staff feedback is that achieving a nationally recognised qualification has not only improved their performance in role but has given them the confidence to go on to further NHS career opportunities.  The Trust is also pleased to recognise the value of its Modern Apprentices, recruited though Weston College and offering a young and vibrant contribution to the workforce. In 2014 we employed 13 Modern Apprentices. Recruits typically are contracted to work 15-18 months with day release to attend college and complete the theory elements of their Apprenticeship programme. In many cases, at the end of their fixed term contract, Modern Apprentices go on to secure permanent employment at the Trust. |
| **Ensuring services are responsive** | **Emergency Department four hour target** | Challenging due to an ongoing increase in demand coupled with higher numbers of delayed discharges. The Trust continues to work with the Urgent Care Network, which includes partner organisations from the Local Authority, Community Partnership, Ambulance Trust and Mental Health Services to bring about the required level of improvement. Plans to deliver sustained recovery coupled with resilience through the winter period are being implemented internally and across the health community. |
|  | **Cancer targets** | Improved as a result of work undertaken by the Trust with primary care to improve pathways and address issues of data completeness and patient availability on referral. This target however remains fragile given the number of complex pathways to neighbouring tertiary centres for a proportion of our patients but we continue to work with these centres to ensure a seamless transfer of care where this is necessary. |
|  | **RTT Recovery Plan** | Excellent progress towards delivery. Whilst the Trust did not have a significant number of patients waiting longer than 18 weeks for treatment to the extent of the majority of Acute Trusts nationally, it was felt that this opportunity should be pursued to enable us to reduce our waiting lists and provide a better service for the local population. By the end of September the Trust had admitted an additional 248 elective patients and seen almost 700 additional outpatients over the summer months as planned and had met its trajectory to achieve all three referral to treatment targets which has been sustained into the new year 2015. |
| **Ensuring services are effective** | **Financial plan** | The Trust has delivered the plan with significant improvements made in year in the delivery of recurrent savings. |

2.7.2 However, the Trust has a growing underlying financial deficit and is required to ensure the ongoing delivery of high quality, safe, effective and affordable health services during the transition period to a new organisational form. The plan for 2014/15 is to deliver a £4.95m revenue deficit, and the forecast outturn is an improvement with a £4m deficit. The outline plan for 2015/16 is an initial deficit of £7.95m, which deteriorates due to the effect of non-recurring savings schemes and additional investment in the recurring costs of a new interim PAS service.

**3. Strategy**

**3.1 Vision**

The vision for the Trust is:

***To put patients at the heart of what we do and be the local healthcare provider of choice by delivering the right care in the right place at the right time and with the right care team***

This vision is supported by a series of local values which continue to guide actions, behaviours and decision making within the Trust and which are consistent with the NHS Constitution and National “6C” values. Trust’s values are:



**People and Partnership** – working together with colleagues, other organisations and agencies to achieve high care standards or specifically helping a service user, visitor or colleague (**C**are and **C**ommitment)

**Reputation** –actions which build and maintain the Trust’s good name in the community (**C**ommunication)

**Innovation** – demonstrating a fresh approach or finding new solutions to problems (**C**ourage)

**Dignity** – Contributing to the Trust’s Dignity in Care priorities (**C**ompassion)

**Excellence and equality** – demonstrating excellence in and equality of service provision (**C**ompetence)

**3.2 Strategic and Operational Objectives**

The Trust has 5 clear strategic objectives consistent with the Care Quality Commission and NHS Trust Development Authority key themes which help to drive appropriate behaviours and performance. These are supported by a number of corporate operational objectives (Fig 6).

**Figure 6 Strategic and operational objectives**

|  |  |
| --- | --- |
| **CQC/TDA key themes** |  |
| **Strategic Objectives** |  |

| **CQC/TDA key themes** | **Operational objectives** | | | |
| --- | --- | --- | --- | --- |
| Ensuring services are safe and caring | Provide a safe environment for patients and reduce the incidence of avoidable harm, maintaining the level of harm free care above 93% as measured by the patient safety thermometer | Deliver dignified care that is responsive to patients’ personal needs, ensures a positive experience of care and which meets CQUINs Family and Friend test standards | Deliver clinically effective services which meet benchmarked best practice standards through implementation and audit of evidence based practice | Embed clinical leadership providing clinicians sufficient time to lead together with clear, deliverable, objectives |
| Ensuring services are well led | Provide a safe, effective and affordable workforce | Improve and drive two way communication to increase staff engagement and build staff confidence and capability | Invest in and develop our staff to continually deliver high standards | Improve the Health and Wellbeing of our staff |
| **Ensuring services are responsive** | Meet and sustain national performance standards | Provide responsive, flexible and consistent services, appropriate to the needs of the patient and in line with commissioner intentions |  |  |
| **Ensuring services are effective** | Deliver the financial plan for revenue income and expenditure, capital expenditure and cash. | Deliver the savings programme for each year. | Develop the Estates and IM&T plans to support safe, effective and efficient service delivery |  |
|  | Deliver the Trust’s responsibilities within the transition programme as defined in the Transition plan |  |  |  |

**4 Delivery Plans 2015 - 2016**

**4.1 Key Operational Delivery initiatives 2015/16**

|  |  |  |
| --- | --- | --- |
| Deliver clinically effective services which meet benchmarked best practice standards through implementation and audit of evidence based practice. | | |
| **Key work areas** | **Key actions** | **Key measurable and timescales** |
| Implement a culture of continuous clinical improvement and audit through evidenced based assessment of outcomes.  Continue to embed the Model Ward concept across all wards.  Service improvement through ED, RTT and emergency medicine pathways - Integrated Best Practice care Pathways- delivery of best practice clinical care across planned and unplanned care.  Safe delivery of care 24/7  Introduce a Frailty Assessement Service to support early senior decision making and care plans for older patients. | Continue to develop the functions and utilisation of the safety improvement hub.  Through the Pathway Improvement Group continue to identify actions and deliver on improvements to the model ward.  Utilise the Ambulatory rapid assessment and CDU elements of ED to deliver appropriate access at point of entry. Review the operation policy of these areas to support enhancing a reduction in inappropriate hospital admissions.  Implement an audit and variation reduction approach to key clinical pathways  Develop the use of International care pathways across the most common HRG/diagnostic codes.  Improve productivity along the RTT pathway  Clear patient pathway process which focuses on diagnosis, care planning and EDD  MDT ward rounding daily  Improved timeliness and quality of communication to primary care colleagues concerning patients on discharge from hospital  Review the Hospital at Night model to ensure that it is fit for purpose  Work with the CCG to identify and agree the initiatives to be progressed with a focus on weekend and extended day working in key areas for implementation during 2016/17  Early care planning with the aim to avoid admissions into hospital if acute medical services will not benefit the patient and if admission required reduce the length of stay. | Programme of improvement projects presented at Q&G committee to report outcomes and improvement plans to the Trust Board across the next 12 months.  Audit programme in place to ensure the model ward is being fully implemented and delivering.  Monthly data on average length of stay by ward and division to monitor performance.  Reduced inappropriate hospital admissions, reduced LOS, readmissions and mortality (Effectiveness, Quality and outcome ) achievement of 4 hr target and RTT (patient flow) measures to be reported through IPR to Board. Improved patient experience to be measured through patient survey  Quantitative measures including reduced inappropriate hospital admissions, reduced LOS, readmissions and mortality (Effectiveness, Quality and outcome ) achievement of 4 hr target and RTT (patient flow) across ED and access reported through the IPR and weekly performance reporting. Improved patient experience to be measured through patient survey. Improve delivery of eligible best practice tariffs to specified trajectories.  Review the management of H@N and roles and responsibilities by March 2016.  Five of the ten seven day standards to be implemented during 2016, subject to appropriate levels of funding  Frailty Assessment Service established |
| Embed clinical leadership providing clinicians sufficient time to lead together with clear, deliverable, objectives | | |
| **Key work areas** | **Key actions** | **Key measurable and timescales** |
| Organisational structure which defines the role of lead clinicians and puts clinical engagement at the centre of key decision making. | Clear job descriptions for Clinical leads  Defined time in job plans with a focus on continued professional development and leadership of clinical services  Continue to improve engagement of all clinicians within the work of the Trust and the Transaction | New Job description and objective setting to be completed and in place by the end of Q1.  Improved staff survey response rate and feedback |
| Deliver dignified care that is responsive to patients’ personal needs, ensures a positive experience of care and which meets CQUINs Family and Friend test standards | | |
| **Key work areas** | **Key actions** | **Key measurable and timescales** |
| Delivery of the Patient Experience Improvement strategy aimed at delivering a caring and compassionate experience for all patients.  .  Effective and planned discharge to the community or social care settings utilising the green to go concept | Implement Communication improvement project through the Improvement Hub  Embed the “Hello my name is” initiative  Fully utilise Patient Council and Patient Experience Review Groups  Review patient information leaflets  Improve analysis of and feedback re complaints and incidents  Improve communication relating to discharge  Improvement programme which targets patients staying over 10 days and inherent delays in community and social care access. Clear escalation process for discharge delays to be introduced.  Friends and Family test is part of KPI for all wards and departments to drive improvement in outcomes from the monthly surveys. | Reporting of patient experience measures at Ward Wednesdays and through to the Quality and governance committee.  All Execs participating in Hello my name is ...... Improvements in Friends and Family response rate and results  Reduced complaints concerning poor communication  Patient Stories to Board meetings  Reductions in LOS, inappropriate admissions and improved patient flow reported through IPR to Board.  Reported through IPR to Board and to divisions/wards through performance assessment framework |
| Provide a safe environment for patients and reduce the incidence of avoidable harm, maintaining the level of harm free care above 93% as measured by the patient safety thermometer | | |
| **Key work areas** | **Key actions** | **Key measurable and timescales** |
| Utilise Ward Wednesday to fully implement the Nursing Performance framework to establish harm free care across all patient areas.  Introduce the Medicines Safety Thermometer and re invigorate the Drugs and Therapeutic Committee to work through medicines management improvements and reduce medication incidents.  Strengthen business unit clinical quality governance processes  Focus on improving the management of kidney injury and sepsis | Utilise the Patient Safety Thermometer to identify areas for improvement.  Infection Prevention and Control action plan to be fully implemented.  Reporting and measurement of effective and safe nurse staffing models, publicly available on a daily basis.  Pharmacy to send out weekly reports on TTOS required suspending due to inaccuracies with the aim to drive up standards.  New Anti Microbial prescribing action plan including the recruitment of a ward-based antimicrobial pharmacist to reduce C Diff. Incidences caused by prescribing and to validate antibiotic prescribing data following the Public Health England validation protocol  Identify data (including audit) requirements  Establish appropriate meeting/discussion forum  Identify clinical lead  Continue audit programme | Reduce new pressure ulcer prevalence measured by the patient safety thermometer by 15%  Reduce total falls prevalence measured by the patient safety thermometer to less than 2% in line with national rate.  Maintain the level of harm free care above 93% as measured by the patient safety thermometer in line with national rate  Full compliance with NHS Safety Thermometer data entry.  Ensure Registered Nurse shift compliance rate above 90%  Ensure Nurse Number shift compliance rate above 95%  Measures reported to Board through IPR  Reduce medication administration errors by 50%  Reduce medication errors with moderate or severe harm to zero.  Reduce C diff infections to below 2014/15 outturn numbers.  Improved outcomes/reduced mortality  Improved outcomes/reduced mortality |
| Provide a safe, effective and affordable workforce | | |
| **Key work areas** | **Key actions** | **Key measurable and timescales** |
| Develop a workforce plan which matches capacity to demand and reduces the reliance on agency staff.  Develop a resourcing strategy and accompanying policies and procedures to attract and recruit high calibre candidates (home and overseas) to fulfil Trust vacancies for all staff position, make progress toward 7 day working and improve induction and Trust support to retain staff when in post. | Review medical staff establishment on a monthly basis to identify vacancies due to staff attrition and retirements to put in place early recruitment interventions, which will ensure posts remain vacant for the minimum time.  Regular review of demand/capacity plans within each business unit  Review existing appraisal/personal development processes and ensure that staff have clearly defined objectives that support the business plan and drive Trust performance. (Appraisal linked to AFC changes).  Ensure all recruiting managers have completed the safer recruitment programme  Publish monthly nurse staffing metrics and a six-monthly nurse staffing review  Work with universities and other training providers to improve recruitment amongst newly qualified staff and undertake activities that will promote WAHT as the employer of choice  Undertake a review of specialist nurses  Focus trainees on quality of patient care and treatment pathways whilst delivering curricular  Review physiotherapy and pharmacy 7 day working to enhance coverage at weekends.  Recruit into vacant middle grade and consultant medical posts across the Trust by considering alternative employment sources and models this includes introducing a consortium led by WAHT for medical recruitment overseas.  Recruit into vacant nursing posts to reduce reliance on agency nurses.  Enhance support and education of trainee medical staff  Deliver required undergraduate and postgraduate education programme curriculum  Deliver education and training for educational supervisors | Model and metrics reviewed by board on a quarterly basis and business units on a monthly basis.  Staff costs and metrics reported to Board through IPR  Reduced agency costs  Improved retention of clinical staff  GMC survey – annual  Recruited into establishment and reduced agency and locum expenditure. |
| Improve and drive two way communication to increase staff engagement and build staff confidence and capability | | |
| **Key work areas** | **Key actions** | **Key measurable and timescales** |
| Produce a new comprehensive Trust-wide communications and engagement strategy to ensure, staff, patient and community involvement, engagement and communications  Utilise the results of the recent Staff Survey continue to drive engagement with staff to improve both response rates and outcomes  Maintain an effective and dynamic press office and media relations function  Complete implementation of the new Trust intranet  Work with Taunton to develop a joint communication plan | Complete the rebranding exercise of all Trust Publications.  Continue to operate a dynamic social media and interaction approach to all levels of communication  Continue to develop internal communications platforms to ensure all Staff are informed and able to participate in Trust communication.  Develop a plan of action for the Staff Friends and Family Test to ensure maximum compliance and learning.  Respond appropriately to reactive news stories Generate proactive and positive coverage of the work across the Trust and transaction process  Ensure all content refreshed and accurate  Complete training for each dept. to enable local update  Identify key communication messages for each stage of the Transaction and transition  Determine appropriate communication processes to ensure ongoing engagement throughout the project | Complete Q1  Ongoing increase in number of staff recommending the Trust as a place to work and to receive treatment  Improved response rate and outcome for each quarter  Increase in % positive media coverage  February 2015 |
| Invest in and develop our staff to continually deliver high standards | | |
| **Key work areas** | **Key actions** | **Key measurable and timescales** |
| Identify a talent pool of leaders of the future who can be developed for broader roles. Work with the Leadership Academy to promote the leadership programmes available and ensure that effective support systems are in place in the Trust.  Develop training and e-learning programmes that assist staff to access and complete relevant statutory and mandatory training as required for their role | Develop and support all key clinical and Nurse leaders with targeted skills and development programme.  Continue to drive improving outcomes for appraisal and training compliance to ensure a skilled and focussed workforce | End Q1 and ongoing. Uptake and completion of training reported to Board through IPR  Ongoing and achieve and maintain compliance to Trust level of 90% |
| **Improve the Health & Wellbeing of our staff** | | |
| **Key work areas** | **Key actions** | **Key measurable and timescales** |
| Develop a Health & Wellbeing Strategy that includes the recommendations set out in the NICE public health guidance.  Ensure staff have access to appropriate health and wellbeing services, including on site Occupational Health Service, Employee Assistance Programme, Physiotherapy Service and Flu vaccination programme | Provide training for managers on early absence management to ensure staff are treated in a supportive and equitable manner and are encouraged to access appropriate health and wellbeing service to aid return to work  Promote the Green Travel Committee to help staff stay healthy and travel more sustainably. | Trust sickness absence (target 3%), reduced costs of absence and return to work time reported and performance managed at ward and divisional level and reported to Board in summary through IPR  Uptake of flu vaccination, utilisation of support services reported to Board through IPR |
| Meet and sustain local and national performance standards | | |
| **Key work areas** | **Key actions** | **Key measurable and timescales** |
| Defined improvement programmes for each of the directorates, which deliver efficient and effective care pathways. | Reinforce the model of care established this Winter in ED with a focus on ambulatory care and rapid MAU/SAU assessment.  Embed Model Ward programme aiming to deliver reduced length of stay, best practice medicine and reductions in readmissions.  Outpatient Improvement programme to deliver improved levels of procedures undertaken in an outpatient environment  Review opportunities for workforce re-design/alternative skill mix and role to meet demand requirements in specialities where recruitment is nationally challenging | Deliver the Emergency Access four hour standard consistently  Deliver all RTT targets consistently.  Improved performance against Cancer access targets.  Reduction in inappropriate admissions, attendances, LOS and readmissions  Reduced complaint numbers and improved complaint response times  Improved Net Promoter score  Reduced costs  Reduced locum/agency spend  Improved fill rate |
| Provide responsive, flexible and consistent services, appropriate to the needs of the patient and in line with commissioner intentions | | |
| **Key work areas** | **Key actions** | **Key measurable and timescales** |

|  |  |  |
| --- | --- | --- |
| Work with the CCG in building a sustainable and resilient Community Children’s service model.  Active participation in CCG QIPP programme to ensure that demand management challenge is met.  Work with Commissioners to implement the Mental Health Care Concordat | Procurement process timetabled for 2015/16 for community children services. In the mean time enhance networks with local Trusts to build resilience.  Develop a clinical pathway plan which actively seeks to divert patients back to the community  Establish the role of the Dementia Liaison Nurse  Continue roll out of training in collaboration with Avon & Wiltshire Mental Health Trust | Achieve 90% compliance with Child Protection Training  Monitor compliance to child safeguarding procedures through a planned audit programme  Measures reported through IPR to Board  Implement evidence-based best practice pathways Pneumonia, CCF, UTI, chest pain and syncope – fully operational Q3 2015  Deliver NICE guidelines – April 2015 and ongoing as published  Dementia care improvement plan in place and delivered 2015/16  Dementia steering group meetings held in 2015/16 |

|  |  |  |  |
| --- | --- | --- | --- |
| Deliver the savings plan for the year | | | |
| **Key work areas** | **Key actions** | | **Key measurable and timescales** |
| Reduce delays in discharge for long stay patients who are medically fit and awaiting onward care through a different provider.  Reduce non-NICE pharmacy spend – improved reporting, use of formulary, stronger links to Bristol procurement, training for clinical staff  Secure additional NHS and commercial income:  Outpatient and Theatre transformation project. - focus on booking, Outpatient productivity and Theatre utilisation and efficiency.  Achieve CQUINS targets including those requiring working with health and social care partners in the delivery of vertical CQUINs  Corporate departments and business units to achieve a 3.5% reduction in expenditure | New standards and process for areas which cause delay  Improved coordination and communication with community and social care.  Improved reporting, use of formulary, stronger links to Bristol procurement, training for clinical staff  Increase income from PPU  Work through SSS to secure non local activity  Work with health and social care partners to identify and implement opportunities to ensure ongoing access to locally provided services/offer a wider range of local services  Actively pursue elective activity currently undertaken by Emersons Green (Oct 15)  Simplify booking processes to enhance Choose and Book performance  All day listing for theatres and Outpatients  Reduce Day Case conversion rates  One-stop Outpatient process to include Pre op.  Ensure standardisation in practice where clinically appropriate  Embed actions within “business as usual” best practice service delivery  Identify and agree areas for reduced expenditure | | Green to Go List being managed at below previous years levels  Reduction in escalation bed usage and reduced average length of stay  Reduction in non NICE pharmacy spend from April 2015 and ongoing  Deliver target private patient income from Quarter 1.  Measurable reduction in spend to under £5k per month (waiting list initiatives) from April 2015 as seen in budget statements.  Increase in income generated from elective activity  Quarterly reports to EMG, leads to report on progress and trajectory to ensure compliance by required timescales.  Reduce costs associated with non standardisation  Quarterly reports to EMG, leads to report on progress and trajectory to ensure compliance by required timescales.  Deliver phased savings from April 2015 as defined in the Trust SIP programme 2015/16. |
| Deliver the financial plan for revenue income and expenditure, capital expenditure and cash | | | |
| **Key work areas** | | **Key actions** | **Key measurable and timescales** |
| Produce a financial plan that will achieve the Trust objectives with ownership by all budget holders to ensure successful delivery  High quality financial systems, controls and processes are maintained | | Budgets signed off by budget holders and approved by Trust Board  CIP programme management and monitoring approach established  Determine revenue support (Public Dividend Capital) requirements to support cash requirements  Audit review and action plans  Maximise NHS and non NHS income  Improve clinical counting and coding of activity  Further clinical and operational engagement in Patient level costing and Service Line reporting | Approval and monthly monitoring of delivery  Cash flow monthly and annually  Annual accounts, financial reporting and financial governance  Annual plans and monthly reporting  Business planning is fully informed of financial impacts to inform better decision making and support transaction |
| Develop the Estates and IM&T plans to support safe, effective and efficient service delivery | | | |
| **Key work areas** | | **Key actions** | **Key measurable and timescales** |
| Refresh the estate strategy that will deliver the fit for purpose patient environment which will support delivery of clinical out-comes  Provide safe and effective Trust wide informatics solutions and services  Provide the safe and effective information infrastructure required to facilitate clinical communications and business processes  Provide a health records framework that meets clinical and legal, primary and secondary requirements for the processing of clinical information  Facilitate the delivery of timely and accurate clinical, activity, commissioning and performance information; | | Meet obligations under the Disabilities Discriminations Act, mandatory fire safety requirements, statutory safety legislation, and other relevant legislation  Improve engineering infrastructure and resilience  Active replacement or refurbishment of existing infrastructure where required to offset the impact of economic obsolescence  Right size the estate and improve functionality wherever possible to include issues of utilisation and fitness for purpose  Procure and implement an interim solution which achieves operational and clinical benefits  Meet the highest standards of data quality and data collection to improve the quality of service provided while maximising service income  Demonstrate good clinical, financial and information governance to stakeholders  Provide information fit for planning, risk and market assessment | Ongoing compliance with legislation  Delivery of operational estates plan  System successfully implemented on time and to budget (Oct 15)  Maintain high standards and reporting to key stakeholders- ongoing  Influence and inform the service delivery and quality improvements – ongoing  Reductions in time spent in dispute with commissioners |

**4.2 Approach to improving quality and Safety**

4.2.1 A main component of the Business Plan is to ensure that clinical quality standards are adhered to and that patient safety is managed as a high priority. The Trust will continue to work to ensure quality is maintained and patient safety is effectively managed.

4.2.2 The Trust uses a range of approaches and methodologies to continually monitor and improve the quality of services and healthcare provided for patients including the Single Operating Model (SOM) Oversight Regime (supported by Care Quality Commission information) and internally generated and benchmarked information on a range of quality and patient safety metrics including serious incidents, patterns of complaints, audit outcomes, mortality, patient feedback. The Trust is an active participant in the Safer Care South West local network and has implemented the recognised improvement methodology of Plan, Do, Study, Act (PDSA) for its improvement projects. The Trust applies the duty of candour to incident management and reports on patient and staff incidents publicly.

4.2.3 The implementation of the strategy underpins the delivery of quality and safety. The Trust has been an early adopter of the national nurse staffing guidance and will include AHP staffing metrics in future reporting.

4.2.4 Progress will continue to be reported regularly to the Trust Board, Commissioners, the Trust’s Patients Council and to the Health Overview and Scrutiny Committee. The Trust’s Quality and Governance Committee, a committee of the Trust Board, will also keep under review all aspects of clinical effectiveness and outcomes, patient safety, and the patient and staff experience.

4.2.5 Key improvements to be delivered over the next 12 months across the five CQC domains include:

* A continued focus on the reduction of:

**- pressure ulcers**:10% reduction in the number of patients acquiring a pressure ulcer

- **falls**: no more than 8 patients will have a fall resulting in moderate harm or worse

- **Healthcare Acquired Infections**: 0 MRSA, no more than 3 MSSA, no more than 18 C-diff

- **medication errors**: decrease the % of incidents causing harm to 3.5% and decrease the number of reports of omitted/delayed doses to under 15%

* **Improvements in the care of patients with sepsis and acute kidney injury**; 85% of eligible patients to receive Sepsis 6 tests in line with best practice and adherence to best practice guidelines defined by NCEPOD for acute kidney injury as demonstrated by audit;
* **improved anti-mircrobial prescribing** (90%+ compliance) and **validation of antibiotic prescribing data following the Public Health England validation protocol** (100% compliance);
* **Increasing feedback and improving responses from the Friends and Family test**: 95% of patients would recommend;
* **Reducing variation in clinical pathways** (adherence to best practice and NICE guidelines as demonstrated by audit);
* **Improve patient’s experience of discharge from hospital** (90% of discharge summaries achieving all 7 quality markers and 90% + discharge planning for inpatients commenced on admission.

The Trust will also focus on:

* Further development of the Quality Improvement hub to improve practice;
* Continued leadership development for clinical, nursing and AHP leads;
* The development of staff capability and leadership for patient safety;

4.2.6 These themes and approach are consistent with that described in the Trust’s Quality account and the *NHS Forward View into Action* Planning Requirements.

4.2.7 Staff, patient and stakeholder engagement is already embedded as a key principle within the Trust with a range of processes in place to support this commitment and has been recently further strengthened by the production of a Board approved planned strategy on engagement.

4.2.8 The Trust will continue to develop existing communication and engagement processes, building on new and successful initiatives undertaken internally with staff and with patients during the last 12 months and during the procurement project with stakeholders. In particular, the Trust will continue to support the Patient’s Council and the work undertaken by them. Achieving high levels of engagement will be important as the organisation transitions to new structural arrangements.

4.2.9 During the last 12 months, the Trust has reviewed its governance and assurance structures, accountabilities and processes to ensure ongoing fitness for purpose. The Trust has a well developed a Performance Assurance Framework (PAF) which is used at an operational level. The PAF links operational, quality, workforce and financial priorities with the framework providing the ability to monitor progress towards key objectives across all of these domains.

Divisional progress against each of the domains are reviewed and evaluated by the Trust Executives on a monthly basis at the business performance meeting and, on a bi-monthly basis, at the Quality and Governance Committee. Greater assurance is now delivered through this process and has resulted in the introduction of strong divisional governance and assurance processes involving a wide range of front-line staff.

4.2.10 At Board level the delivery of the 2015-16 business plan including all quality-related initiatives will be performance managed through monthly Board scrutiny supported by the Integrated Performance Report (IPR) and the Board Assurance Framework (BAF). This, together with scrutiny by the Quality and Governance Committee and Audit and Assurance Committee of the work of the organisation and leadership of the executive will continue to ensure appropriate governance and assurance processes within the Trust.

These internal processes will continue to be further assured through external oversight by a number of bodies including the North Somerset Health Overview and Scrutiny Committee and the internal and external audit processes.

4.2.11 The outcome of much of this work will be tested by the Care Quality Commission during its full inspection of the Trust in May 2015.

**4.3 Governance and assurance processes to support delivery**

4.3.1 During the last 6 months, the Trust Board has undertaken a review of its committee structures and delivery against committee functions detailed in the committee terms of reference. It has also undertaken two self assessments against the Health NHS Board 2013 and the CQC, NHS TDA and Monitor Well-led framework.

4.3.2 As a consequence of this work:

* the Trust committee structure has been revised to ensure ongoing fitness for purpose through 2015/16 with a particular focus on ensuring consistent and appropriate ward to board accountability and assurance processes.
* the Trust Board has re-focussed its formal meeting and seminar agendas to reflect the position of the Trust during its anticipated final year of operation to ensure an absolute focus on its accountability for delivering the operational and tactical agenda and ensuring ongoing visibility within and engagement with the organisation at a time when membership has the potential to change and an acquirer is likely to become increasingly engaged in the organisation.

4.3.3 The Trust is therefore confident that it has the appropriate structures and focus in place to ensure delivery of the planned operational priorities.

**4.4 Clinical Strategy**

4.4.1 The acute service strategy is driven by:

* evidence demonstrating improved outcomes from critical mass and centralisation of some acute services;
* the requirement for Weston Hospital to work in partnership with other acute providers, social care and as part of wider clinical networks to maintain appropriate critical mass and staffing resilience in some services to assure high quality clinical outcomes;
* the need to focus on provision of those services appropriate for the identified population needs and to determine which services it should provide directly and those which should be provided in partnership or which, due to complexity or small numbers should no longer be provided locally;

4.4.2 The Trust already works closely with other hospitals in Bristol as part of ‘clinical networks’. These networks are essential to ensuring the delivery of safe and sustainable services on the Weston General Hospital Site. These networks include:

* hub and spoke models for: - breast surgery - Weston has a mini-hub status with strong, albeit informal links with UBHT (immediate reconstruction) and NBT (delayed reconstruction) and vascular services (NBT).
* clinical networks for: cancer, particularly upper GI, Lung and gynaecological cancers as well as haematology, cardiology, stroke (thrombolysis) paediatrics and obstetrics and major trauma.
* Some joint consultant staff appointments with Bristol Hospitals including eg. Cardiology

4.4.3. In addition, the Trust has service level agreements in place with each of the Bristol Hospitals for the on-site provision by visiting clinical staff of some specialist outpatient’s services.

4.4.4 Over the next 12 months, the Trust will continue to work with partners to determine the most appropriate clinical models that address both local health need and service sustainability issues. The Trust will need to introduce new clinical models of care and reduce reliance on traditional hospital buildings and beds to provide services, and work with other provider organisations to ensure that, through networks and pathways:

* All services remain sustainable and financially viable
* Service user experience is improved while at the same time achieving this in a way which delivers improvements in productivity and cost

**4.5 Service capacity - Demand and Resource Analysis 2015/16**

4.5.1 The Trust will continue to focus on working with a range of other health and social care professionals to develop integrated care pathways that span home, primary, community, and acute care settings and which ensure that the patient is treated in the acute phase by the right clinical staff in the right care setting, that unnecessary admissions to hospital and care homes are avoided and social problems do not inadvertently become medicalised.

4.5.2 On a service line basis, the Trust will have four key strategies:

* Focus on excellence and compete
* Collaborate with another provider to ensure service user safety and service resilience whilst maintaining local access
* Withdraw from the market – offer local hosted service
* Continue to offer local hosted service

4.5.3 The Trust will continue to deliver all contractual and national standards.  Elective access targets will be maintained, achieving all 18 week targets at speciality level.  Emergency access targets will be achieved supported through continued focus on reducing length of stay and readmissions.   All eight cancer targets will be achieved, working across pathways to ensure timely treatment of cancer patients.

**4.5.4      Summary Activity requirements 2015/16**



* Outpatient procedure recording commenced during 2014/15. This activity transferred from First and Follow up Activity.
* In June 2014 the GP surgery based at Weston General Hospital closed and the services were transferred from CareUK to Weston Area Health Trust.

**4.5.5 Summary workforce requirements 2015/16**

4.5.5.1 Effective people management is embedded as a key component in leading and supporting change in the organisation. It is recognised that it is the people who deliver service who will be the most important factor in delivering service quality, supporting service change and in the transition to a new organisation.

4.5.5.2 Particular emphasis will continue to be given to ensuring that sufficient and appropriate information is available for staff during the transition. The Trust will also focus on:

* Ensuring the workforce profile is updated regularly
* Proactive management of the existing workforce and addressing resource consequences
* Developing innovative recruitment and retention strategies for all staff groups
* Risk assessments in terms of implications to service delivery arising from workforce supply difficulties
* Ensuring sufficient information is available to plan the learning and development needs of the workforce, so that appropriate use is made of available funding
* Actively supporting programmes of service transformation and engaging with managers to produce service-driven workforce plans that review skill mix requirements and grow a more flexible workforce that can be reshaped over short timescales to support delivery of new models of care
* Ensuring all managers develop expertise in workforce planning skills
* Supporting service managers to develop a range of metrics that measure productivity for their particular service
* Benchmarking productivity scores with other organisations to identify areas for development and to promote successes.
* Development of a leadership and talent management strategy
* Working with the LETB to identify current and future workforce needs and new roles which may be required in the future;
* Preparing for Nursing and Midwifery revalidation requirements
* Fully participating in acquisition programme workstreams



**4.5.3 Summary bed requirements 2015/16**



**4.6 Income and Expenditure and Capital Investment Plans**

4.6.1 The Trust is operating with an underlying deficit that is likely to grow over the next few years, mainly due to the national efficiency targets that are unlikely to be recurrently delivered. This has been a key consideration in the transaction to seek the acquisition of the Trust during 2015/16. The future financial viability is driven by the clinical sustainability issues for the current services delivered by the Trust.

4.6.2 The main CCG is also financially challenged due to its historic underfunding and the current activity and costs of acute service delivery for its population provided from two Bristol providers and Weston.

4.6.3 The revenue plans are to maintain current services and safe staffing levels, which deliver high quality care within a challenging local and national funding context. The strategy includes annual revenue PDC support to enable the discharge of the Trust’s financial liabilities

4.6.4 The table below summarises the Trusts 2015/16 Income and Expenditure budgets as agreed at by the Trust Board on 31st March 2015 with some adjustments following the agreement of the contracts with CCG Commissioners.



4.6.5 The Trust is planning to achieve the national efficiency targets but with an expectation that only 50% will be recurrent. This is due to the difficulties with continuously finding cash releasing efficiencies from pay and non-pay expenditure.

4.6.6 The capital plans reflect the essential needs for the Trust and the need to have an interim PAS service in place from October 2015 that results in substantial capital and revenue resource requirements as detailed in the approved Business case. The table below outlines the Capital expenditure planned in 2015/16.



**4.7 Savings plans (SIP) Plans 2015 – 2016**

4.7.1 The Trust is required as a minimum to deliver a 3.5% Service Improvement Programme (SIP) in 2015/16. The programme individual schemes are fully identified for the year and risks to achievement graded for all schemes. Development of the programme has been informed by opportunities identified and evidenced through benchmarking, such as length of stay and implementation of international best practice.

4.7.2 The Nurse Director and Medical Director sign off quality improvement assessments for savings plans with the impact on quality being monitored monthly by the Executive Management Group.

**Savings plans (SIP) Plans Overview 2015 – 2016**



**5. Key Identified Risks**

The key five risks associated with achieving the objectives detailed within this plan are shown below together with the controls identified to mitigate each risk and the assurances sought that controls are mitigating each risk.

| **Principal Risk**  **CQC**  **Ref** | **Existing Key Controls** | **Possible Sources of Assurance** | **Results in Assurances on Controls** | **Gaps in Controls & Assurances** | **Exec Lead** | **Current Risk Score** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LH** | **Cons** | | | **Score** |
| Risk that **medical staffing** will not be at the required numbers or skills to deliver safe and dignified care.  **Safe Domain** | Ongoing programme of international fellowship recruitment.Redesigned medical rota to ensure consistent medical cover across the wards. Continued use of NHS and Agency Locums.Active participation in BNSSG wide Urgent Care Groups in relation to demand management and health community wide management of emergency flow.  Hospital OOHs Service.  Regular review by EMG.  Physicians Assistants | **Internal**  Locum spend.  Recruitment monitoring.  Risk management and reporting.  Workforce review.  CEO Clinical Sustainability Report to Board  CQC internal monitoring  Revalidation and appraisal processes  Daily Quality Improvement Team situation report  Divisional Governance Meetings  Mortality review  Service review  Board Reporting  **External**  Deanery/GMC review  NHS TDA dashboard doctor to bed ratio | Vacancies in gastroenterology, respiratory/acute, community paediatrics, emergency department, upper GI, anaesthetics, oncology, gynaecology, radiology. | **Control Gaps**  National shortage of doctors  **Assurance Gaps**  Review of on call service with medical staffing at weekends  Endoscopy ongoing capacity under review  Discharge planning & checklist usage below target (20%)  Physician rota 1:11 with only 4 substantive staff maintaining this.  Lack of visible Trust wide rota.  Engagement with NICE TAG assessment. | Medical Director | 5 | 4 | | | 20 |
| Risk that the Trust does not meet **CQC requirements** for a minimum of **good** rating  **Well led Domain** | Board leadership  Risk management  QIT leadership and monitoring  Service leads coaching by ADG&PE  Performance monitoring  National Clinical Audit participation  Daily Sitrep  QGC monitoring  Quality Hub mortality focus  Theatre environment programme of improvement  ORI support for patient flow  Ward specific monitoring at EMG (Kewstoke, Uphill & Hutton)  Infection Control management  Medicines management  Records management  Patient flow management  Safeguarding support  Staffing escalation  Equipment and Estates Management  Review of Patient Experience  Complaints Management  Leadership development | **Internal**  Quarterly reporting to QGC  Risk based CQC style visits  IPR reports to Board  NRLS reporting  Daily sit rep report  Weekly SIRI reporting  Patient Experience Review Group monitoring  Infection Control monitoring  Quality Hub  **External**  CQC inspections  NRLS reporting  STEIS database  Safety Thermometer  Mortality data  Inpatient survey  DH databases  NHS Staff survey  GMC National Training Scheme Survey  Cancer Patient Experience Survey  PLACE assessment  FFT score  National Bereavement Survey  NHS Choices  Patient opinion website  Qualitative CQC evidence  Audit South West internal audit monitoring.  Royal College of Paediatrics Peer Review and resultant Implementation Group  CQC Intelligent Monitoring  Royal College Emergency Medicine Review of Emergency Care Services Sept 2014  DoLS register | CQC Intelligent Monitoring Report Dec 2014 – worsened to band 3  Oct 2014 - additional Never Event relating to application of WHO checklist. | **Control gaps**  Managerial and clinical staffing shortages.  Non participation in some National Audits & NICE oversight.  Oversight of medical records.  Limited improvement narrative in support of Equality & Diversity Agenda.  Limited capacity to support patient experience Gathering & sharing of learning from incidents.  Impact of merger on senior staff retention  Intranet remains under development affecting access to policies  Domestic Abuse Champion role development.  **Assurance gaps**  Staff survey results – learning from incidents  Readmissions data on CHKS  Pressure ulcer and falls incidents  Environmental issues in Theatre.  Complaints and incidents involving discharge processes  Medication incidents  Secretarial support to surgeons.  Theatre scheduling.  Stat mand training compliance  Staff access to policies via the intranet. | Director of Nursing | ~~4~~ | | 4 | 16 | |
| Failure to ensure **medicines are safely and securely procured, prescribed, dispensed, prepared, administered and monitored** in accordance with the statutory requirements of the Medicines Act 1968 and the Health and Social Care Act 2008.  **Safe Domain** | Lead Director  AO for Controlled drugs  Lead Pharmacist  Drugs & Therapeutic Committee meets bi monthly  Medicines Management Operational Group meets monthly  Quarterly controlled drug audit and 6 monthly secure handling audits undertaken and reported to Medicines Management Operational Group.  A bi-monthly report provided to the Quality and Governance Committee.  Trust medicines optimisation strategy and annual action plan. Medicines risk register received at RMC.  Medicines policy.  Non medical prescribers policy and central register of prescribers.  Medicines Reconciliation policy.  Provision of out of hours discharge medicines policy.  Ward and Theatre CD SOPs  Homecare strategy and 12 month action plan approved.  NHS Protect Security of Medicines Audit and action plan  CD SOPs  National prescribing safety test now compulsory for all medical graduates | **Internal**  D&TC minutes  MMOG minutes  Quarterly Controlled Drug Audits  Reporting to Q&GC  **External**  Quarterly report to CD Local Intelligence Network.  TDA medicine optimisation assessment  Medication Safety Thermometer  NHS Protect medicines security self assessment tool. | Trust scored 97 out of possible 144 on TDA medicines optimisation assessment undertaken in Sept 14 – improvement.  Ward Q2 CD audit shows compliance at 92% and above for all requirements apart from CD order book locked away signing for receipt of CD orders- improving.  June 2014 internal CQC compliance monitoring - 38% temperature checks on drug fridges completed daily and auctioned. | **Control gaps**  Homecare policy contract review and governance process.  Patient Group Direction (PGD), unlicensed medicines and Self Medication Policies for approval in Mar 2015.  No central register of PGDs.  Number of expired PGDs.  No plans for electronic prescribing.  Lack of ward / dept medicines management SOPs and training.  **Assurance gaps**  Lengths of wait for TTOs– safety and security issue?  Drug fridge compliance  Timeliness of incidents closure  Limited medicines reconciliation  Annual medicines management report to Board. | Lead Pharmacist review for Medical Director | 4 | | 4 | 16 | |
| Failure to support the improvement in quality of care and efficiency across the Trust through the delivery of an innovative and **robust IT** programme  **Safe Domain** | Lead identified  Health Informatics Committee | **Internal**  Review of IT projects and programmes at Capital Planning Group.  Ensure sufficient funding is in place to support the delivery of these projects.  **External**  Review current upgrades within IT infrastructure | Unchanged | **Control gaps**  PAS/EPR programme not approved  Develop an appropriate business case with POD.  **Assurance gaps**  Need to determine the most suitable and cost effective option for the Trust. | Director of Finance | 4  (3) | 4 | | | 16 |
| Risk that the Trust is unable to deliver a **sustainable solution** in a reasonable timescale as the process is external to the Trust and subject to national approvals and policy directives.  **Well led Domain** | New Transaction Programme Governance infrastructure established with clear project deliverables, timescales and responsibilities.  Professional advisors retained by NTDA for new transaction process – legal, financial and commercial  New joint Staff and stakeholder engagement programme in place  Fortnightly project leads meetings established  Programme risk log established and overseen by NTDA, Preferred Bidder Programme Director and Transaction Board | **Internal**  Chief Exec update to EMG weekly  Chief Exec membership of Transaction Board  Transaction Board minutes  Risk reporting processes  **External**  DH Gateway reviews | **Limited**  Acquirer legal, financial, clinical and operational Due Diligence process commenced  Initial meetings of preferred bidder with staff diarised (March 6)  Key Clinical staff fully engaged in clinical due diligence process – but with limited opportunity to influence future service mapping proposals at this stage | **Control gaps**  Ability of Trust to influence acquisition process, national approvals and policy process and timeframes  **Assurance gaps**  None | Director of Strategy | 3  (4) | 5 | | | **15** |

**Appendix 1 National Drivers for change**

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| **National Policy/Drivers for change** | **Policy intent** |
| NHS 5 year Forward View | Sets out a vision for the future of the NHS and offers a view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.  The document articulates why change is needed, what that change might look like and how it can be achieved. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. It covers areas such as disease prevention; new, flexible models of service delivery tailored to local populations and needs; integration between services; and consistent leadership across the health and care system. |
|  |  |
| The Forward View into Action – Planning for 2015-16 | Intended to coordinate and establish a firm foundation for longer term transformation of the NHS. The guidance is backed by the recently-announced £1.98 billion of additional funding.  The planning guidance requires leaders of local and national health and care services to take action on five fronts. It:   * sets outs seven approaches to a radical upgrade in prevention of illness with England becoming the first country to implement a national evidence-based diabetes prevention programme * explains how £480 million of the £1.98 billion additional investment will be used to support transformation in primary care, mental health and local health economies; * makes clear the local NHS must work together to ensure patients receive the standards guaranteed by the NHS Constitution; * underlines the NHS’s commitment to giving doctors, nurses and carers access to all the data, information and knowledge they need to deliver the best possible care; * details how the NHS will accelerate innovation to become a world-leader in genomic and genetic testing, medicine optimisation and testing and evaluating new ideas and techniques |
| Securing Sustainability. Planning Guidance for NHS Trust Boards 2014/15 to 2018/19 | Establishes a 5 year planning framework, aligning assurance requirements with the CQCs five themes of safe, effective, caring responsive and well led. |
| Government Mandate to NHS England 2014-15 | Sets out the objectives for the NHS and highlights the areas of health and care where the Government expects to see improvements including   * improving standards of care and not just treatment, especially for the elderly * better diagnosis, treatment and care for people with dementia * better care for women during pregnancy, including a named midwife responsible for ensuring personalised, one-to-one care throughout pregnancy, childbirth and the postnatal period * every patient will be able to give feedback on the quality of their care through the Friends and Family Test so patients will be able to tell which wards, A&E departments, maternity units and hospitals are providing the best care * by 2015 everyone will be able to book their GP appointments online, order a repeat prescription online and talk to their GP online * putting mental health on an equal footing with physical health – this means everyone who needs mental health services having timely access to the best available treatment * preventing premature deaths from the biggest killers * by 2015, everyone should be able to find out how well their local NHS is providing the care they need, with the publication of the results it achieves for all major services. |
| Francis report and Government response to the Francis Report/Berwick review | These reports identify actions required by local health services and introduces new requirements including the introduction of a new hospital inspection regime and legislation for a duty of candour on NHS organisations. Actions on safety and openness include:   * transparent, monthly reporting of ward-by-ward staffing levels and other safety measures * quarterly reporting of complaints data and lessons learned by trusts along with better reporting of safety incidents * a statutory duty of candour on providers, and professional duty of candour on individuals, through changes to professional codes * a new national patient safety programme across England to spread best practice and build safety skills across the country. 5,000 patient safety fellows will be trained and appointed in 5 yrs * trusts to be liable if they have not been open with a patient * a dedicated hospital safety website to be developed for the public   Other actions include:   * a new criminal offence for wilful neglect, with a government intention to legislate so that those responsible for the worst failures in care are held accountable * a new fit and proper person test, to act as a barring scheme for senior managers * every hospital patient to have the names of a responsible consultant and nurse above their bed * a named accountable clinician for out-of-hospital care for all vulnerable older people. * more time to care as all arm’s length bodies and the Department of Health have signed a protocol in order to minimise bureaucratic burdens on trusts * a new care certificate to ensure that healthcare assistants and social care support workers have the right fundamental training and skills * a new fast-track leadership programme to recruit clinicians and external talent to the top jobs in the NHS in England |
| Equity and Excellence: Liberating the NHS | requires health services to focus on design of more responsive, patient-focussed services in which patients have a choice of consultant and on reducing management costs so that as much resource as possible supports frontline services. |
| Economic environment and Quality, innovation, Productivity and Prevention | Within a “flat cash” operating environment for the NHS, the Government has reaffirmed the need to place quality of care at the heart of the NHS by focusing on outcomes, giving real power to patients and devolving power and accountability to the frontline.  The NHS needs to continue to deliver efficiency savings through a focus on quality, innovation, productivity and prevention. |
| Provision of integrated services | There is now a significant body of national and international evidence which supports the potential that integrating health and social care services offers in addressing challenges created by demographic and fiscal challenges. Government policy intends to:   * deliver a properly integrated urgent care system that turns the NHS into a 24/7 service; * organise care around the needs of the individual service user rather than the needs of a particular provider * support the integration of care to ensure good outcomes; * Make this integrated health and social care approach explicit in the duties of the regulators, and the responsibilities of the NHS Commissioning Board, health and wellbeing boards and clinical commissioning groups. |
| NHS Constitution | Sets out the principles and values of the NHS in England and the rights to which patients, public and staff are entitled and pledges, which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another. All NHS bodies, private and third sector providers supplying NHS services are required by law to take account of the NHS Constitution in their decisions and actions. |
| Other key strategic drivers | * North Somerset CCG 2 year and 5 year commissioning plans * Somerset CCG 2 year and 5 year commissioning plans * Personalisation - promoting choice and control over services and delivering better outcomes. * Prevention – improving access to advice information and community support to improve quality of life and reducing care home/hospital admissions. * Safeguarding – ensuring greater public awareness and improved standards of safety and dignity across all services especially health and social care. * Shared national priority for Health and Social care to work in partnership with carers to develop services which support their vital role. * Royal College focus on specialisation and sub-specialisation in acute services to ensure safe, quality assured complex care, placing the future sustainability of services at risk without disproportionate investment to maintain rotas. * Higher volumes of patient throughput required to maintain institutional and individual competence and ensure improved outcomes in acute services. * GPs having greater responsibility for managing the flow of patients into and out from hospital and for commissioning services. * Changes to clinical accreditation and revalidation making critical mass of services and experiences more important. * Difficulties of recruiting to some specialist clinical posts – particularly if jobs appear unattractive due to lack of professional opportunity and challenge. * The ageing population increases the number of patients living with dementia, together with the health and emotional impact on dementia carers. |