

Trust Operational Plan

Royal United Hospitals Bath NHS Foundation Trust

Operational Plan
2017 - 2019

2018-19 Update

For further information
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Executive summary

This document is an update of our two-year Trust Operational Plan 2017-2019, and reflects key updates and changes of note resulting from delivery of Year 1 of the plan and new, emerging challenges.

Review of 2017/18

We have made good progress during 2017/18 in delivering the objectives set out in our 2017 – 2019 Operational Plan, despite ongoing financial pressures.

2017 – 19 Priorities

Key priorities for 2017-19, aligned to the BaNES, Wiltshire and Swindon Sustainability and Transformation Plan goals, were;

- Improving the management and flow of patients with urgent care needs
- Management of demand for elective care
- Delivering national screening and surveillance standards in all cancers
- Developing a healthy, flexible workforce
- Develop more service models that increase patient self-management.
- Support a modern model of maternal and child health.

Progress in 2017/18

Key achievements in 2017/18 included:

Urgent Care

*Following a successful pilot the **Frailty Flying Squad** launched in ED and MAU; identifying older patients who with some intensive assessment and treatment have the opportunity to return into the community rapidly.*

Urgent Care	<p>Following a tender process the RUH was awarded the Urgent Care Centre contract, to run the service located at the Trusts front door.</p>
	<p>Discharge pathway mapping undertaken, focusing on potential 'super stranded' patients (inpatients with length of stays over 21 days) – initiatives being developed to address these complex discharges.</p>
	<p>Home First project launched following pilot in 2016/17, working with community providers to expedite early discharge for patients. FLOW coaching quality improvement programme in place to support development of the project.</p>
Elective Care	<p>Chairport launched, providing chair-based recovery for day case patients, improving patient experience and reducing the requirement for beds for elective patients.</p>
	<p>Scoping of potential benefits from theatre transformation programme undertaken with GE Healthcare Partners, to inform the programme in 2018/19.</p>
Cancer	<p>Secured Cancer Transformation funding, as part of the South West Cancer Alliance, to implement the Living with and Beyond Cancer Recovery Package. Commences April-18.</p>
Staff	<p>Nurse recruitment campaign and programme of events held to promote opportunities at the Trust, complemented by an overseas nurse recruitment event in the Philippines.</p>
Self-care	<p>HANDi App launched to help support parents with managing common childhood illnesses, and avoid unnecessary ED attendances.</p>
Maternal and child health	<p>Initial engagement on the Maternity Services Redesign undertaken, formal engagement and public consultation to take place in 2018.</p>
	<p>Children's Services Redesign forward work plan for 2018/19 onwards agreed.</p>

New Pharmacy building became operational, bringing our pharmacy closer to hospital wards to provide a better, more efficient service

Big 3 go-live; FirstNet, OrderComms and ePMA implemented as part of the IM&T 'Our Digital Future' programme - developing and extending our Electronic Patient Record system to better support clinicians and staff in the delivery of patient care.

Sale of RNHRD complete and new RNHRD and Therapies centre contractors on site.

New **Trust Strategy**, Improving Together, setting out our key goals and approach over the next 3 years, developed following a series of engagement events with staff, members, volunteers and partner organisations.

During 2017/18 the Trust faced significant challenges related to;

- The majority of patients coming to our Emergency Department are seen, treated and discharged in less than 4 hours – however, numbers of patients waiting longer than this remain too high, reflecting the ongoing pressure on our Emergency Department due to rising numbers of patients arriving by ambulance, limitations of system capacity and delays discharging patients from the hospital.
- Patients waiting more than 18 weeks for elective care, or more than 6 weeks for diagnostics.

Developing the Operational Plan

The Trust has developed its objectives through a planning cycle that adopts both a top-down and bottom-up processes to ensure the input from key stakeholders is reflected in the Trust objectives for 2018/19.

Reflecting our new Strategy

During 2017/18, the Trust developed a new Strategy for the next three years, *Improving Together*, engaging with over 600 staff, patients and key stakeholders to develop our long term vision and strategic goals.

The new Strategy is built around five key strategic goals, which reflect our core trust values.

Our vision

**To provide the highest quality of care;
delivered by an outstanding team who all live by our values.**

Our goals

Recognised as a listening organisation; **patient** centred and compassionate.

Be an outstanding place to work where **staff** can flourish

Quality improvement and innovation each and every day.

Work together with our **partners** to strengthen our community

Be a **sustainable** organisation that is fit for the future

Our values

Working Together

Everyone Matters

Making a Difference

Operational Plan 2018/19

The table below summarises our planned priorities for 2018/19. It also outlines the long-term strategic programmes of work which will continue or begin in the next year, as we work towards our new vision.

2018/19 Priorities - summary

Improving Together

Objective	Hallmarks of success	2018/19 priorities			3-5 year strategic programmes
		Breakthrough projects	Corporate projects	Quality Accounts	
Patient	Top 20% score in national patient surveys	Medication Safety & Deteriorating patient	Non-clinical systems - website	We will listen to patients and carers & use their feedback to improve services	Non-clinical systems - patient portal Dementia Friendly
			Temporary Ward Capacity	Transitional Care for mothers and babies	
Quality Improvement	Gold Accredited wards and outpatient areas; below average mortality (SHMI)		Clinical systems - Big 3 benefits realisation, year 2 of our Digital Future programme eObservations	Ensuring our patients go to theatre within 36 hours of admission	Maternity transformation Non-elective pathway transformation Research transformation
Staff	Top 20% score in national NHS staff survey	Staff engagement	Organisational Development Programme Launch Non-clinical systems - E ST, e-rostering Smoking cessation Recruitment		Future Workforce OD project - Management System Development
Systems & Partnership	Meeting the national access standards		Theatre transformation Urgent Care Centre Capacity Planning & Bed Management		BSW STP Integrated Care Systems
Sustainable	Achieving our annual financial plan		Back Office services model review Pathology Network Model	Reduce the waiting time for diagnostic tests	Digital transformation RUH strategic estates Use of resources - Carter and GIRFT



2018/19 Priorities

Below, we describe in more detail some of the key priorities for next year:

Breakthrough objective - Staff engagement

The Trust is designing an organisational development programme to start in 2018, learning from best practice. The programme aims to ensure that staff across the organisation are fully empowered to make and sustain change to improve the care we provide for our patients. We are also focused on the development of our workforce strategy with a particular focus on retention, recruitment, health and wellbeing and compassionate leadership.

Breakthrough objective – Flow

We have a number of programmes of work already in place or planned to continue our improvements of flow. The RUH is an accredited Flow Coaching Academy. The aim of the Flow Coaching Academy is to learn how to apply team coaching skills and improvement science at care pathway level in order to improve patient flow through a healthcare system. Pathways are defined at the condition level reflecting how patients actually experience care. Patients are central to flow improvement and pathways are actively encouraged to develop ways in which the patient voice can be represented and ultimately where care can be co-produced.

In particular weekly Flow Big Rooms already take place around;

Frailty	Acute Stroke
Transition Care (NICU)	Front Door Group
Fractured Neck of Femur	Medical Ambulatory Care
Specialty Big (inpatients)	HomeFirst (discharge, with community partners)

Breakthrough objective – Medicines safety and the deteriorating patient

In November 2017, the Trust launched 3 significant new IT systems - FirstNet (Emergency Department), OrderComms (Pathology) and electronic prescribing - as part 'Our Digital Future' programme to develop and extend the Electronic Patient Record system to better support clinicians and staff in the delivery of patient care. In 2018/19, these systems and further developments will support our projects to enhance medicines safety and further improve our care of deteriorating patients.

Quality Accounts

We have a clear ambition to be recognised for delivering the highest quality of hospital care and to ensure patient safety and quality are at the heart of everything we do. We have already made significant progress to improve safety and quality but recognise there is further work to be done. Priorities are also informed by local intelligence from incidents and risks, along with national priorities such as CQUINS.



Each year, the Board of Directors sets quality priorities for the Trust, based on feedback from our members, patients, families and staff. The priorities for 2018/19 are detailed below.

	Priority 1	Priority 2	Priority 3	Priority 4
Title	Transitional Care	Reducing the waiting time for diagnostic tests	Ensuring our patients go to theatre within 36 hours of admission	We will listen to patients and carers & use their feedback to improve services
What	Keeping mothers and babies together on the postnatal ward and avoiding separation caused by unnecessary admission of babies to the Neonatal Unit	Reducing the time taken to get diagnostic invasive procedures for inpatients who are not on wards that specialise in those procedures	Patients with fractured necks of femur (broken hip) having surgery within 36 hours of admission	We will actively collect, use and share patient and carer experience feedback to improve services
Why	Reducing the harm caused by separation, promoting early bonding & established feeding	Treatment would begin in a more timely manner The pathway for these patients would be shortened	Patient who receive surgery within 36 hours are more likely to have improved outcomes post operatively These include: •Reduced Mortality •Reduced length of stay •Reduced complications including chest infections, pressure ulcers, change of residence and other surgical complications.	Using patient and carer experience feedback will: •Develop a culture of continuous learning •Improve patient and carer experience •Improve services to meet the needs of patients and their carers
How	By providing services, clinical pathways and staffing models that keep mothers and babies together	Patients waiting for cardiology and gastroenterology procedures would be selected Patients would be moved to their specialty wards in a more timely manner	The pathway to safe, timely surgery includes proper organisation and expertise in diagnosis and ensuring that the patient is well enough to receive an anaesthetic and have an operation	Pro-actively collect patient and carer experience feedback through a variety of real-time and post-discharge methods. E.g. national patient surveys, Friends and Family Test (FFT) Develop the RUH eQuest system to enable feedback to be collected and recorded electronically through the Trust website. Identify learning from patient and experience feedback that will improve services and patient experience We will share the results, analysis and learning from this feedback across the Trust and the wider community
Measure	Reduce and maintain at least 2% below the current baseline of 11% full term baby admissions to the Neonatal Unit	Reduce the number of outliers per day per speciality Reduce the number of patients waiting for an inpatient diagnostic	Reduced Mortality Reduced length of stay Reduced complications including chest infections, pressure ulcers, change of residence and other surgical complications	Year on year improvement in national survey results Increase in service improvements made as a result of complaints. Increase in the number of specialties that have proactively collected and used patient feedback to improve services for patients

Finances

In 2017/18 the Trust successfully delivered its financial plan, including generating a surplus; enabling continued investment in the development of a modern hospital infrastructure to support service delivery and staff and patient experience.

However, 2018/19 looks to be a more financially challenging year for the Trust due to combination of factors, including:

- National pressures: System changes due to movement towards Integrated Care Systems.
- Local pressures: Increased urgent care demand, and challenged social care capacity – and the subsequent impact on elective (non-urgent) capacity.
- Affordability of local Commissioner plans.

Additionally, the Trust is already extremely financially efficient, consistently benchmarking better than the national average. This makes further efficiency targets more complicated to deliver.

The Trust's anticipated QIPP efficiency target for 18/19 is 4.1%.

During 2017/18 both the Model Hospital and Getting IT Right First Time programmes has seen significant developments and the Trust will be using this information to support identification of potential areas for further efficiency improvements.

Alongside internal QIPP programmes the Trust is committed to working with our local partners in both health and social care to develop the local Sustainability and Transformation Partnership (STP). This process has involved reviewing service provision and sharing good practice in order to deliver efficiency and productivity improvements across the footprint.

Risks

Risks to delivery

We have identified three top Trust-wide risks to delivery of our organisational objectives:



Workforce supply

National shortages of key staffing groups, in particular nursing staff, have impacted on the Trust's ability to recruit to some groups. We have plans in place to recruit staff to meet the gap, and our work on staff engagement is an important way in which we will retain the excellent staff we have.

System sustainability

Financial sustainability of the health and care system given financial pressures on all organisations, including RUH commissioners. We continue to work with commissioners and our partners in the local community to transform services, helping more patients to be cared for in their own home.

Performance

Performance against key national indicators, including 4 hours, RTT and cancer access standards, within the context of constrained capacity and fluctuating/growing demand. Our Performance Management Framework details the Trust's approach to identification of risks to performance and addressing underlying issues impacting on performance. Work is ongoing with commissioners to identify and progress opportunities for managing demand.

Membership and Elections

Membership

We aim is to ensure that the public is at the heart of everything that we do and we are focused on building a representative membership and engaging them in the development and transformation of their health services.

We aim to increase our public membership each year. The 2018/19 target is to reach 13,000 Public Members by 31st March 2019. In order to achieve this target, we will carry out a number of membership recruitment initiatives throughout the year, including attendance at local events (Fresher's Fairs, student events, community groups), face- to face recruitment campaigns, and internal recruitment drives.

We will also focus on engaging our existing members, through:

Members' quarterly newsletter

Caring for You events

Online surveys

E-communications

Governor Constituency meetings

Annual members meeting



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