

Countess of Chester Hospital 
NHS Foundation Trust

Forward Plan Strategy Document for 2012-13
Countess of Chester Hospital NHS Foundation Trust

May 2012

Forward Plan for y/e 31 March 2013 (and 2014, 2015)

This document completed by (and Monitor queries to be directed to):

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Date	May 2012

The attached Forward Plan Strategy Document (the "Forward Plan") and appendices are intended to reflect the Trust's main business plan over the subsequent three years. Information included herein should accurately reflect the strategic and operational plans that have been agreed on by the Trust Board.

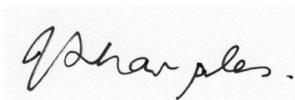
In signing below, the Trust is confirming that:

- The Forward Plan and appendices are an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the board of governors;
- The Forward Plan and appendices have been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;
- The Forward Plan and appendices are consistent with the Trust's internal business plans;
- All plans discussed and any numbers quoted in the Forward Plan and appendices directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name (Chair)	Sir James Sharples
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Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Mr Peter Herring
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Signature



Approved on behalf of the Board of Directors by:

Name (Finance Director)	Mrs Deborah O'Neill
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Signature



Annual Plan Review 2012-13

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Section 1: Forward Plan

A. The Trust's vision is summarised as:

“Care at its Best”

Quite simply we want to deliver the best possible care to our patients - currently 94% of our patients rate our services as good or excellent and would recommend us to a friend or relative, but we aim to do more in the next few years:

Providing the best possible patient experience

We believe that providing the best clinical outcomes and highest quality care in a safe, friendly environment where a patient's dignity is fully respected will provide our patients the best possible experience even in the often difficult circumstances many face. That's why we intend to continuously make improvements in the patient experience and reduce the incidence of harm.

Efficiency in delivering services

We aim to deliver streamlined, accessible services to patients, where it is most convenient to them, with the lowest waiting times by maximising our operational efficiency and productivity and redesigning service provision.

Listening to our customers

Patients are not our only customers - their relatives, friends, visitors, the General Practitioners who refer them and the bodies that commission our services are important too. By listening to our customers and using their feedback and by working in partnership with our commissioners we will continuously improve the services we provide.

Pushing Boundaries

Always moving forward and changing things for the better, expanding the scope and range of services – life-changing innovation, from the application of the very best clinical practice, through process transformation and use of the latest technology.

People at their best

Meeting our ambitions for customers rests on our staff – engaging, empowering and recognising our people will make sure they can give their best and continuously drive improvement in the delivery of services.

At the heart of delivering this vision are our values.



These are the principles that determine the way we behave and what we believe in. They help bring us together as a family, giving us a common culture.

B. The Trust's strategic position is summarised as:

The Trust provides a comprehensive range of acute hospital services with some associated community services primarily to the populations of West Cheshire and the Deeside area of North Wales. Previous years have continued to show a growth in our base emergency and elective activity for West Cheshire in spite of aspirations by commissioners to significantly reduce activity levels. Looking forward, the West Cheshire Clinical Commissioning Group (CCG) are planning for activity to remain at least in line with 2011/12 outturn, and plans to redesign referral pathways are expected to mitigate the impact of demographic change rather than reduce baseline activity levels. Whilst this Annual Plan assumes no growth in elective activity over the three year period, the impact of new screening programmes and increased demand for diagnostic assessments from GPs may result in some income growth.

Emergency admissions and A & E attendances in 2011/12 grew by 1.9% and 1.5% respectively placing additional pressure on the Trust's capacity and, given that we only receive 30% of tariff for emergency admissions, it creates an additional financial pressure. We are working collaboratively with Cheshire & Wirral Partnership NHSFT, the community and mental health provider, to introduce, subject to CCG funding, schemes to help avoid admission and enable earlier discharge. Reducing, or at least stabilising, the growth in emergency admissions remains a key priority for the period of the Annual Plan.

With regard to elective activity from Wales, Betsi Cadwaladr Health Board have introduced more local services in some areas which has reduced outpatient activity to a degree, but no further significant reduction is at this time anticipated. Elective inpatient, daycase and diagnostic activity has shown a small growth in the previous year and looking forward no reduction in baseline levels in these areas is expected. CCGs plans for 'market-testing' local services in England remain unclear at this point, and whilst there is no current significant competition in the local health economy, the Trust recognises the risk of new market entrants and equally the opportunities that tendering for clinical services presents. We will develop our capability to effectively compete in these tender opportunities as they arise.

The Trust has created a shared service in Human Resources and a joint Microbiology laboratory, MicroPath, through its alliance with Wirral University Teaching Hospitals NHSFT which we aim to market more widely. Further opportunities for developing joint services with our local health partners will be explored in the Plan period.

In addition to core services, the Trust aims to expand its existing portfolio of specialist services with the development, subject to public consultation, of the South Mersey Arterial Surgery Centre at the Countess of Chester covering the populations of West Cheshire, Deeside, Wirral and Warrington and the development of a Bariatric Surgery Unit for Cheshire and Wirral, subject to the outcome of a recent tender submission. These are significant areas of potential future growth arising from the implementation of the AAA screening programme and the growth in obesity respectively.

Delivering the Trust's Vision

Delivering the best possible care to our patients means we need to continuously improve and over the next three years we aim to make significant improvements across the Trust in a range of areas, in spite of the tough challenges we face.

Our Countess Way programme combines the improvement of quality, service development, pathway and process improvement, cultural change and cost reduction in a 'holistic' programme to transform the way we deliver services. Through the programme we aim to deliver significant improvements in the quality and safety of patient care, in the patient experience and in achieving maximum value for money in the use of our resources.



If we are to achieve our vision of "Care at its Best", we recognise that we need to have "People at their Best". Our People Strategy therefore has the following priorities and aims:

Leadership Development (covered under Section F of the Forward Plan)

We aim to have capable and confident leaders at all levels, who live our values and who act in line with our leadership behaviours

Workforce Strategy and Planning

We aim to have an appropriately skilled, flexible and affordable workforce delivering services when and where they are required, both now and in the future

Staff Engagement

We aim to achieve a motivated and actively engaged workforce who feel they are able to contribute towards improvements at work

Skills Development

We aim to have skilled, flexible and talented staff that are able to adapt to our future needs

Performance and Recognition

We aim to have people who provide a high quality and consistent service which is valued by our patients, their relatives, and others who come in to contact with us

These themes are underpinned by our values.

C. The Trust's strategic and operational plans over the next three years:

Redesigning the way we deliver clinical services

The Trust will focus on reducing emergency admissions and enabling earlier discharge by:

- Improving the assessment of newly presenting patients through the redesign of the Acute Medicine pathway.

- Introducing in conjunction with Cheshire & Wirral Partnership NHSFT, the Rapid Assessment, Interface & Discharge Model (RAID) providing 24/7 rapid access liaison psychiatry.
- Developing Early Supported Discharge by enhancing nursing & therapy care within a patient's home.
- Developing community care of the elderly rapid access ambulatory care and enhanced consultant staffing.
- Establishing Children's 'Hospital at Home' to care for as many children as possible in their home environment to avoid hospital admission.

Transforming the efficiency of service delivery & improving patient experience

The Trust has embarked on a number of significant programmes aimed at maximising the efficiency of service delivery and thereby improving the patient experience. These include during the Annual Plan period:

- The redesign of the Patient Administration Pathway to reduce the number of times patients' appointments or operations are changed and to minimise their failure to attend for an outpatient appointment or operation. This will be implemented over the course of 2012/13 and the following year.
- Completion during 2012/13 of the Total Care Package programme which aims to streamline patient care on wards and reduce lengths of stay.
- The digitalisation of medical records through the Electronic Case-note Programme is a three-year programme that will eventually eliminate reliance on paper records and make access to medical records available electronically throughout the hospital.
- Electronic Prescribing was introduced in 2011/12 and will be implemented across the trust by the end of 2012/13 – this facilitates patient care, improves the safety of medication prescribing and improves discharge arrangements.
- The Trust's main patient administration computer system requires upgrading and an assessment process is underway to determine the future direction of its modernisation during the course of the next three years.

Creating the physical capacity to meet demand and provide for growth potential

The Trust is at the limit of its physical capacity in a number of key areas which threatens our continued ability to meet activity levels, to achieve national and local targets and standards, and limits our ability to grow our services. We intend to embark on a major programme of estate development which will:

- Create a new 21 bed Critical Care Unit in new build accommodation.
- Create an additional ward facility of approximately 30 beds in the new build to accommodate the Bariatric Surgery Centre and allow expansion of private and NHS elective activity.
- Refurbish the vacated Critical Care area following completion of the new building and return to ward facilities – this will provide up to an additional 35 general beds over current capacity.
- Create an additional endoscopy room and recovery area with associated washer facilities in the Jubilee Day Surgery Centre.
- Create an additional day-case general theatre and additional recovery beds in the Jubilee Day Surgery Centre.
- Procure an additional MRI scanner and build an additional digital imaging room.

Extending the range of services and growth opportunities

A key component of Trust strategy is to grow the portfolio of specialist services, sometimes, in partnership with other organisations, and the following opportunities will be pursued during the next three years:

- The South Mersey Arterial Surgery Centre is designated to be located at the Countess of Chester Hospital, subject to the outcome of public consultation to be completed in mid-June 2012, and will operate as a clinical network between the Trust and Wirral University Teaching Hospitals NHSFT (WUTH) and Warrington & Halton Hospitals NHSFT.
- The Trust has bid, in partnership with Graviditas, for the NHS Bariatric Surgery contract for Cheshire & Wirral, the result of the commissioning decision will be known in June 2012.
- The Trust has already been accredited as a Trauma Unit in the Cheshire & Merseyside Trauma network which will start operating its new clinical pathways during 2012/13.
- The Joint Microbiology Laboratory established with WUTH – MicroPath – commenced operations in early April 2012 in a new laboratory sited on an industrial and retail estate in Bromborough, and we intend to seek opportunities to provide services to other healthcare organisations.
- The Trust anticipates being designated an Exemplar Research & Development Trust in the Cheshire & Merseyside Research network and we will explore opportunities to grow our research portfolio.
- Following the expansion of the Trust facilities we will pursue opportunities to extend the volume of private patients and opportunities to extend the volume of planned operations to commissioners.
- The Trust anticipates formally acquiring Ellesmere Port Community Hospital as an asset in April 2013 and an analysis of its future potential usage will be conducted over the course of 2012/13.

People at their Best: Workforce Strategy and Planning

So far we have carried out a major organisation redesign around patient pathways: planned and urgent care, and carried out a number of skill mix reviews across the trust. We have joined up our workforce and payroll planning and now make regular reports to the Board on workforce numbers and payroll.

Over the next 3 years we will now

- Introduce more sophisticated workforce planning, particularly in clinical areas so that we are able to respond better to changes in our workforce, in terms of supply and demand.
- Focus on staffing our growth specialties such as Emergency Medicine and Care of the Elderly, and the new development of bariatric and arterial surgery
- Implement our international recruitment strategy
- Train some of our nurses as Advanced Practitioners to enable them to provide a higher level of service to their patients.
- Introduce a more structured approach to talent and succession planning for some senior positions and for business critical posts.

Staff Engagement

So far we have started the journey of engaging staff in the Countess Way, and in our Cost Reduction Strategy, with regular communications with staff, and the engagement of hundreds of people in developing improvements to our systems and processes and our Cost Reduction Strategy.

In the coming years we will:

- Continue our significant engagement with staff in the transformation of our patient administration processes and other aspects of the Countess Way
- Continue and extend our leadership development programme to ensure our leaders are equipped to lead and support staff through organisational change
- Re-survey all of our staff

- Continue to develop meaningful action plans in response to survey results, focussing on learning and development and on those aspects which impact on our staff and patient experiences

Skills Development

We have already introduced successful leadership and management development programmes, and improved our induction and multi-disciplinary approaches to learning.

Over the next 3 years we want to:

- Develop our customer care skills
- Continue to improve both our clinical and managerial skills
- Extend our existing clinical skills programme in line with new requirements, and develop this further in future with a wider range of students.
- Continue to develop our medical workforce to enable them to become stronger clinical leaders and managers, using the new appraisal and revalidation requirements for doctors as a framework to focus more clearly on the skills of our doctors, and in particular to ensure we have the best support mechanisms in place for any doctors who are in difficulty.
- Improve attendance rates on training events even further and to ensure we have robust processes in place to properly follow up on those who fail to attend events
- Develop new methods of learning such as e-learning where appropriate

Performance and Recognition

So far we have achieved national recognition as one of the CHKS top 40 hospitals in each of the last 12 years: a great achievement. Our corporate services also have a strong performance record, with a number of them (Finance, HR and OD) having been shortlisted for national awards, eg with the Health Service Journal (HSJ) and the Healthcare People Management Association (HPMA).

At the level of individual performance we now plan to:

- Improve and simplify our appraisal systems them to make them more effective as a tool to support and improve on individual performance levels.
- Refreshed train in performance management to accompany the launch of the renewed process
- Continue our new corporate recognition scheme called the "Outstanding Achievements Award" which recognises those members of our staff who really have gone the "extra mile" in their work, and achieved something really special.
- Hold a "Celebration of Achievements" event when we will announce the Outstanding Individual and Team of the Year Awards, along with awards for the volunteer of the year and a governor of the year, as well as a lifetime achievement award.
- Recognise those who have given long and dedicated service to the Countess through a new Long Service Award.

D. The Trust's Clinical and Quality strategy over the next three years is:

- To identify and focus upon new clinical areas of transformation where QUIPP can be delivered
- Continue with our programme of development relating to new initiatives to ensure that the Trust provides the service required to its local population
- Ensure that new innovation and expansion of our clinical work into new areas is supported by a fit and able workforce and an environment that is fit for purpose and future proof
- Agree and meet the Quality and clinical requirements of our commissioners year on year;
- Strengthen our quality monitoring strategies through engagement with regional and national projects e.g. the transparency work, and further work with our governing body
- Strengthen our patient experience strategies to ensure they are incorporated into all existing and new developments

E. The Clinical and Quality priorities and milestones over the next three years are:

- To maintain high standards of infection prevention and control as detailed in the Health Act 2009; and deliver our key targets efficiently and effectively with significant improvements and reductions year on year
- To continue our planned programme of transformation to improve administration processes and our cascade of the leadership programme to ensure high quality patient experience;
- Embed our previous years Commissioning for Quality and Innovation (CQUIN) initiatives so they become 'business as usual', and work to implement the new CQUIN programmes year on year;
- Deliver the requirements of our Quality Contract year on year;
- Continue to develop our workforce to ensure they have the skills to deliver quality care in the most effective way particularly looking at re skilling/ advanced practice and the skill set required to support new developments
- Deliver the local quality priorities which are agreed year on year

Financial Strategy

F. The Trust's financial strategy and goals over the next three years:

In 2011/12 the Trust delivered its financial targets making a surplus of £1,829k before exceptional items. The Trust also achieved recurrent savings of £7.1m whilst also undertaking capital investment totalling £8.7m whilst focus on quality and safety enhanced patient care.

The Trust has recognised the economic downturn for the foreseeable future but will continue to sustain a financially viable Trust as a going concern, providing sufficient resource to maintain the hospital and its infrastructure to deliver high quality patient care, whilst getting the best value for every pound spent. This will be achieved through realistic contract settlements with our commissioners and minimising any risk for financial penalties and business rules, setting robust and challenging budgets for budget holders along with a robust plan to deliver the efficiency targets required for the next three years of £7-8m per annum. The Trust is embarking on a major capital program to address the capacity constraints within the hospital for elective and diagnostic services, and also to support our strategy to grow the portfolio of specialist services, this will result in our capital spend increasing to £36m over the next three years.

The planned level of surplus will ensure a Monitor Financial Risk Rating of 3 for each year with a strong liquidity of between 37 and 40 days.

All our co-ordinating commissioner and associate contracts were signed on 14th March 2012 with Wales yet to be agreed and these baselines in the main reflected outturn activity levels for 2011/12 with a small reduction for Welsh repatriation in a number of outpatient specialties and pathology direct access.

Planning Assumptions

Planning assumptions are generally known for 2012/13 with the agreement of commissioner contracts and signed off budgets, however looking forward a number of assumptions have been made. It is assumed that tariff will continue to reduce for the foreseeable future, however due to the rising elderly population within our economy we have assumed the PCT QIPP plans will simply mitigate growth. Additional income will however come from new service developments outlined in other areas of the plan. The plan for Commissioner income is summarised in the table below:

	Activity	£m
Day Cases	28,683	19.665
Elective	6,209	14.796
Emergency	39,054	57.749
Outpatients	282,008	33.209
A&E	64,229	6.371
Non PBR		42.311
Total	420,183	174.101

Following a number of years of relatively low pay increases, we are assuming a 1% increase from 2013/14 with continuing increases to non-pay at 2%. These pressures combined with incremental pay progression and continuing high levels of increases to NHSLA premiums, increased capital charges and reduced income will result in the Trust requiring efficiency savings up to 4.3% over the next few years.

The Trust's on-going Cost Reduction Programme has identified £4.5m of savings so far in 2012-13, and plans are being explored for future years. Key operational, quality and delivery processes have been built into the plans, with a major emphasis on clinical engagement and efficiency measures.

Details of income, expenditure, activity and cost reduction are contained within the schedules but the summary financial plan is as follows:

	2012/13	2013/14	2014/15
	£m	£m	£m
Income	186.440	188.885	188.038
Expenditure	177.401	178.371	177.669
Dep'n & Interest	7.649	9.018	9.176
Surplus	1.390	1.496	1.193
Surplus excluding donated assets	1.282	1.191	1.143
Efficiency Required within above	6.831	8.190	7.480
% Efficiency Required	3.7%	4.3%	4.0%
Monitor FRR	3	3	3

G. Leadership and Organisational Development

The Trust's approach to ensuring effective leadership and adequate management processes and structures over the next three years is:

An important part of the People Strategy which underpins the Countess Way is our approach to leadership development. We aim to have capable and confident leaders at all levels, who live our values, and who act in line with our leadership behaviours. This applies from Board level through to our first line managers. Over the next 3 years we plan to continue our existing Leadership development programme, taking this further through the organisation. So far we have focused on the development of our most senior leaders: Executive level, and the level below that, with clinicians and managers working closely together on leadership issues in the classroom and in Action Learning Sets. The main focus over the next 3 years will be to sustain the development of this group and to cascade the leadership programme to middle and junior managers.

Having now completed the main part of our leadership development programme, senior leaders will now be taking part in a series of Master-classes to support, sustain and refresh their skills with new and challenging thinking from a series of external speakers. This will complement the internal learning which has already been carried out, and the theoretical background which colleagues have already received on leadership issues. We will focus on developing self-awareness amongst our other leaders, and provide them with the same tools and techniques which were used on the main programme to enable them to facilitate change, make difficult decisions and to empower their own staff.

Some of our leaders will also progress their academic achievements from a postgraduate certificate in leadership behaviours to a full master's degree over the next 1-2 years.

In addition we will focus on developing our next cadre of clinical leaders. The new requirements for the revalidation of doctors gives us a framework in which to do this. We already have a good record on doctors' appraisals, and the introduction of an electronic tool to support this will give us greater consistency of approach and better management information to support this.

In line with the wider focus in the NHS on managing sickness absence, also recognise that some basic management skills also need to be refreshed in this area, and we will therefore refresh and re-launch some of our support to managers on these issues.

Trust Board effectiveness is evaluated at each meeting by the Foundation Trust Secretary to ensure the right processes and procedures are in place to produce a high-performing board, taking into account that:

- The best use of time is made at meetings
- Board meetings are flexible enough to allow for unforeseen eventualities
- The flow of information is sufficient to consider issues, make decisions and have them implemented.
- The skill sets and experience of Executives and Non-Executive Directors is regularly reviewed and further training undertaken where appropriate.

There is also an internal annual review by the Board with an external review commissioned on a three yearly basis.

To support this Board committees undertake an annual performance review having regard to their relationship with the Board and other committees.

H. The Trust has had regard to the views of Trust Governors by:

- Engaging in 3 separate joint workshops with the Board of Directors and Board of Governors during 2012. The feedback from these sessions has been considered and taken into account when preparing the Annual Plan for 2012/13.
- Feedback from the Foundation Trust Secretary to every Board of Directors meeting as a standing agenda item.
- Intelligence gathered from members via Governors to every Board of Governors meeting as a standing agenda item.
- Feedback from Governors to Exec Directors and Non-Executive Directors at the Strategy and General Purposes meeting which is held fortnightly.