

Annual Plan Summary

2013/14 to 2015/16



Foreword

Welcome to the summary of the 2013/14 to 2015/16 Strategic Plan for the Countess of Chester Hospital NHS Foundation Trust.

The last year has seen a series of changes to the leadership team at the Countess. As well as a new Chair and Chief Executive, we have new non-executive and executive members of our Board. We are conscious of the legacy we have inherited and the new challenges we face together in moving the hospital from 'Good to Great'.

Even the best organisations can aim higher and reflect on what we can learn from listening to our patients and our staff. Through a series of workshops with our governors we have agreed that we will be focussing on improving communications with patients, the need for greater patient involvement in their care planning, improving our discharge processes and improved whole system planning, as key activities underpinning our response to the Francis Report.

Looking to the future, and the challenges we will face, the commissioning landscape has changed, and we will be working closely with our NHS partners to redesign current models of care, and create more efficient and adaptable patient pathways that meet the changing needs of our population. We are active partners in the 'Altogether Better' programme to transform local public services.

Importantly as a major provider for Wales we will be responsive to the priorities of the Welsh system and their new Health Minister in our engagement



with Betsi Cadwaladr University Health Board as they develop their commissioning intentions.

We are mindful of the need to better harness the opportunities from technology. We have recently appointed a Director of Information Management and Technology to enable us to improve our approach to e-health and especially telehealth.

Local demographic trends mean that we are seeing more elderly patients with complex morbidities and clinical needs. Our plan includes how we will respond accordingly and work to improve the health outcomes of the population we serve.

The financial challenge to the NHS continues in 2013/14 and onwards, with at least a 4% efficiency requirement each year. To safeguard our future and the quality of care we provide we must identify all the potential savings and efficiency opportunities available to us – both within the hospital as part of our Countess 20:20 programme, and even more importantly in collaboration with our partners across the community we serve.

Sir Duncan Nichol CBE
Chairman

Tony Chambers
Chief Executive



Themes

There are five key themes that shape our Annual Plan.

Transforming Elective Care - including increasing our endoscopy and daycase capacity to facilitate the re-design of elective surgery provision.

Transforming Ambulatory Services - through the re-design of the acute medicine pathway and emergency services.

Out of Hospital Care - including Early Supported Discharge and 'Hospital-at-Home' schemes.

Patient Experience & Quality - including learning from and acting on the recommendations of the Francis Report, and undertaking detailed reviews of our key services to ensure long-term sustainability and quality of care.

Staff Engagement & Leadership - through ensuring we have strong clinical leadership, both in and out of hospital, and a motivated, skilled and flexible workforce that can respond to our changing needs.

Our plan is in three parts:

1. We are facing a significant projected increase in the elderly population over the next ten years – including a 40% growth in numbers of the over 85s in Western Cheshire alone. We intend to work much more closely with the new CCG and local health partners to improve health needs assessment, and the challenges of the management of long-term conditions. We have a lead role to play in the development of an integrated care system that is professionally led and publicly accountable, driven by quality, partnership working and empowering patients and staff. This has been referred to locally as '*The West Cheshire Way*'.

Our plans therefore are to work in partnership with the new West Cheshire Clinical Commissioning Group (CCG), Cheshire and Wirral Partnership NHSFT, and Cheshire West and Cheshire Local Authority to manage and re-design patient services and pathways to ensure all of our patients are seen and treated at the right time and in the right place. We will also continue to work closely with our Welsh partner in Betsi Cadwaladr University Health Board.

2. We are also in discussion with local NHS acute partners to explore how clinical services can be improved. An example of this is the SMART (Vascular) centre which will be based at Chester and provide elective and emergency arterial surgery services to patients from the North and South of Cheshire, and Wirral areas. This is part of our strategic approach to *Integrated Specialist Services*.



3. The third element of our strategy is about delivering excellent, efficient and effective care through our own processes. We have called this programme '*Countess 20:20*' to reflect both a medium term timeframe to 2020 and our desire to have a clear view of our capability as we make significant improvements to our services.

Our approach will be centred on a detailed review of all our services over the short to medium term. We have designed a standardised methodology for reviewing the specialties based on current published literature, research and reports.



Redesigning the way we deliver clinical services

1. The Trust will focus on reducing emergency admissions and enabling earlier discharge by –

- Improving the assessment of patients through the redesign of the Acute Medicine pathway.
- Developing Early Supported Discharge by enhancing nursing and therapy care within a patient's home.
- Developing an Ambulatory Care Unit with enhanced consultant staffing.
- Establishing Children's 'Hospital at Home' to care for as many children as possible in their own home to avoid hospital admission.
- These will support the delivery of the 'Altogether Better Programme' which is a Cheshire wide initiative to re-design care models across all the relevant partner organisations which will improve efficiency and outcomes for our patients.

2. Within Planned Care we wish to redesign the way our elective surgical patients are treated and move their care from an inpatient to a daycase setting where appropriate. Our Site Strategy and the expansion of endoscopy and daycase facilities support this aim.

Improving Quality

We will ensure whilst we review and redesign our services, we continuously improve the quality of care we provide to our patients. We must learn from and respond to the recommendations of the Francis Report, minimise adverse clinical incidents, and identify and mitigate all risks as early as possible. We will seek to continuously improve our infection prevention and control measures, and achieve the additional clinical quality indicators set by our commissioners (CQUINS). We will update and revise our Quality Strategy accordingly and ensure the appropriate measures and structures are in place to deliver our priorities.

Improving Patient Experience

We will ensure that our patients have the best experience as possible every time they make contact with us. We will be focussing initially on the care of Dementia patients, having introduced Care and Comfort Workers in Planned Care, which will be evaluated during 2013. We will review how we communicate with our patients, and look to gain feedback from them both during their stay with us and afterwards. We will update our complaints process, and seek to learn from all these contacts so that care processes can improve where necessary. We wish to minimise cancellations of elective operations. We will consult with our Governors and Healthwatch colleagues in improving our services.

Developing our People

We will continue to provide the best quality of care as possible to our patients. To do this we will review our Workforce and Planning Strategy, leadership and skills development, performance and recognition, and staff engagement practices. In the future it is likely we will need to reduce the size of our workforce, whilst maintaining flexibility, capacity and capability. We will review ward staffing and skill mix, and benchmark with our peers. We will encourage the best staff to join the Trust and make us an attractive employer.

Improving the hospital site

We will ensure that our estate meets the future needs of the Trust both in terms of capacity and capability. Our current Site Strategy aims to ensure that we have the future capacity to provide for increased critical care, endoscopy and daycase surgery, and MRI capacity. The future strategy will be reviewed to meet the demands of the service changes and reconfigurations described above – both on and off the Countess site. We will continue to invest in our site infrastructure and environment to ensure that it is modern, fit-for-purpose, and meets or exceeds our patients' expectations.

Developing our IT capability

Our approach is designed to support the Trust's clinical and operational priorities over the next three years, culminating in the replacement of the Trust's patient administration system – Meditech. To support this we will finish the rollout of the Electronic Casenote Programme and Electronic Prescribing, and invest in the future IT and telecoms infrastructure required by the Trust. In addition we will explore the use of new technologies and social media, telehealth, and sharing patient records with our GP colleagues.

Demonstrating we are well run

The changes and initiatives described above will be developed in an integrated, consistent and planned manner. The Trust has completely redefined and restructured its internal governance arrangements and Board committee structures accordingly. The new Finance and Integrated Governance Committee will oversee the implementation and roll-out of all the strategic priorities, and review the delivery of the Trust's efficiency programme. As a Trust we will need to continue making at least 4% savings every year to remain financially viable.

The Operational Delivery Committee will ensure that day-to-day targets and objectives are achieved. The Quality, Safety and Patient Experience Committee will oversee and ensure the best care is provided to our patients and that there are no adverse effects as a result of the above changes.



In summary this is our **roadmap for the future** – to ensure that the Trust remains clinically, operationally and financially **sustainable**, and continues to provide the **safest**, best **quality** of care and **experience** that it can for our patients.







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