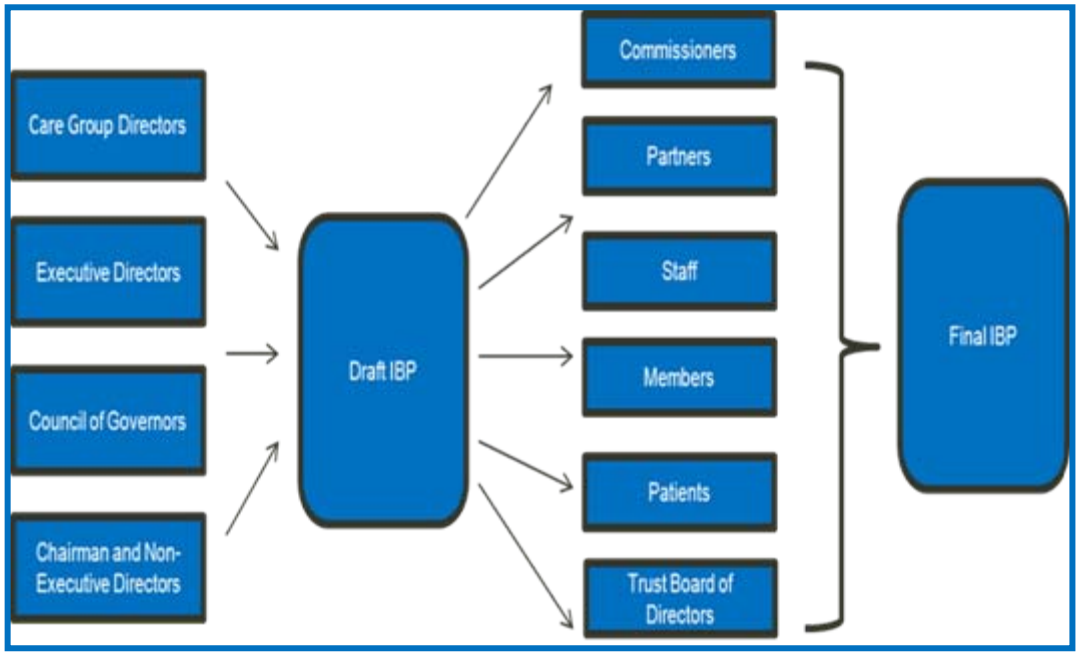
Royal Berkshire NHS
NHS Foundation Trust

Draft Integrated Business Plan 2013 - 2018

Stakeholder engagement

Process and timeline

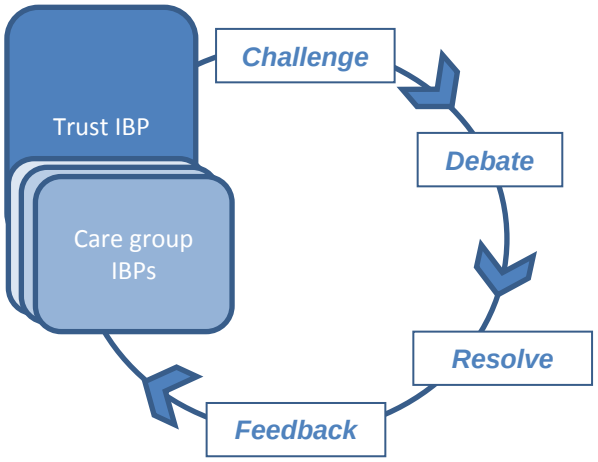


Objective

- Sets vision and direction.
- Aligns strategies with clinical services.
- Supporting strategies: workforce, finance, estates etc.
- Understand the healthcare needs of the population and plan towards meeting emerging needs.
- Predict the demand for our services and the capacity to deliver.
- Match supply and demand.
- Help us manage our resources efficiently.

Action	Date
Draft IBP (2013/14 -2017/18)	August 2013
Stakeholder engagement	August - October 2013
Development of enabling strategies	August – October 2013
IBP presented to Board	November 2013

How will we use this feedback?



Please send your feedback and views to john.taylor@royalberkshire.nhs.uk or matthew.chobbah@royalberkshire.nhs.uk.

Our distinctive features and proposition

Royal Berkshire Hospital

Emergency department
Critical care
Heart attack centre
Stroke centre
Cancer centre
Trauma unit
Bariatric Centre
Maternity
Extensive range of medical and surgical specialities
Endoscopy
Diagnostics
Berkshire-wide specialist renal dialysis & ophthalmology services

Community sites

West Berkshire Community Hospital

Outpatients, Day surgery, Endoscopy, Diagnostics (excl. MRI/CT)

Royal Berkshire Bracknell Clinic

Outpatients, Diagnostics, Cancer services, Renal dialysis

King Edward VII, Windsor

Ophthalmology service – including eye casualty and day surgery

Renal dialysis services at separate site

Townlands Community Hospital

Outpatients

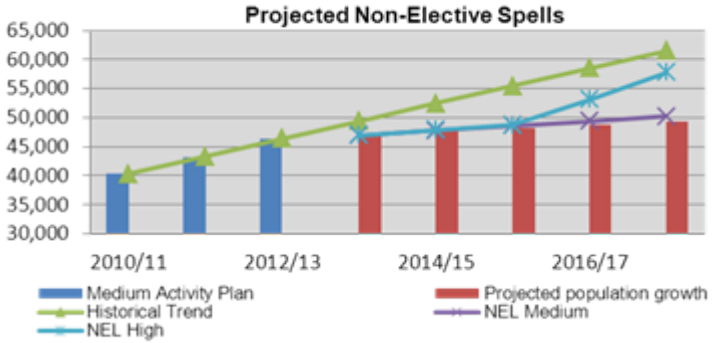
RBFT: Key facts (Financial Year 2012/13)

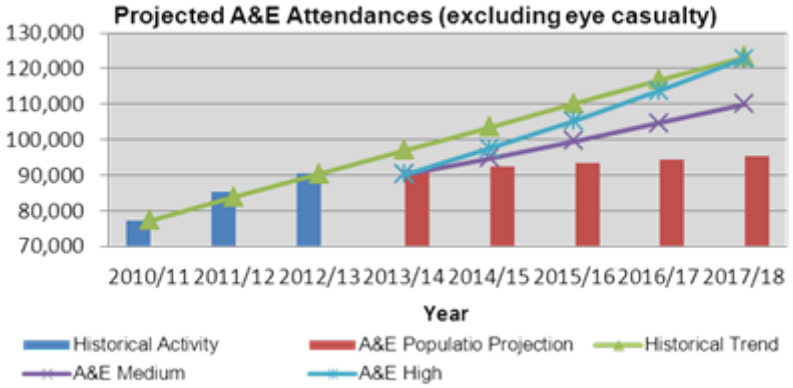
- £333m turnover
- 4500 WTE staff
- 10 locations of care (5 main sites)
- 704 inpatient beds
- 166 day beds
- 21 operating theatres
- 163,000 new outpatient appointments
- 101,000 A&E attendances
- 46,000 emergency admissions
- 8,150 elective admissions
- 32,350 day cases.

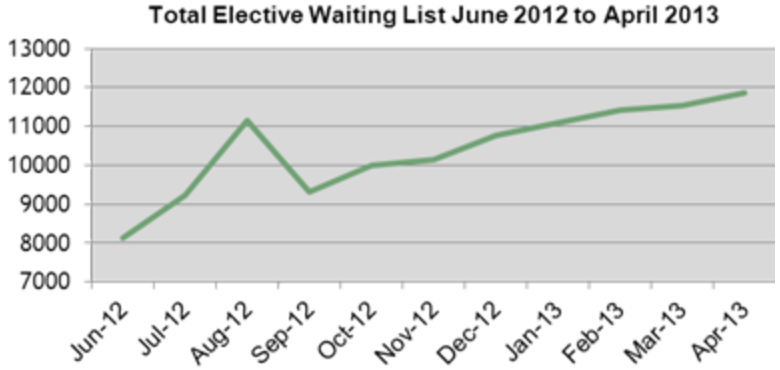
Quality care

- SHMI and HSMR “as expected”
- In-house survey patient recommendation rate - 96%
- 4.5 star rating on NHS Choices website
- Staff survey – in top 20%
- CQC – no formal actions (9 visits in last 2 years)
- Achieved +95% VTE risk assessments
- Pressures ulcers reducing
- Reducing rescheduled appointments
- Elderly Care wards more ‘dementia-friendly’ and 1000 staff already trained in dementia awareness

Keeping people well and out of hospital







	Medium growth over 5 years	High growth over 5 years
A&E	20%	33%
Outpatients	11%	17%
Day cases	26%	28%
Non Elective	10%	26%
Elective	5%	8%
Direct Access	4%	4%

Impact of mid-case forecast activity on capacity

- Trust already delivering circa £18m savings to CCGs through admissions prevention services and further £5m benefit in 2013/14
- 125 additional beds needed across healthcare economy, based on medium growth and 87% occupancy.
- 12% growth in outpatient slots
- Innovative approaches needed to manage demand

Demand management initiatives in place and delivering savings	Benefit
Frail elderly admission avoidance 240 – 360 p.c.m. (per annum savings over 18 mths)	£7.7-11.6m
Excess bed days (per annum savings over last 2 years)	£1.1m
New to follow up ratio (reduction in 0.79 FU over 3 years – average)	c.£6m

Strategic investments

RBBC (Bracknell)

- Royal Berkshire Bracknell Health space: real ‘choice’ for patients and GPs.
- £28m state-of-the-art renal and cancer clinics.
- Urgent Care Centre and development of ‘one stop’ OP clinics.
- Providing specialist care closer to home.
- Secure long-term future

EPR

- Assurance of data integrity and patient safety.
- Costs 1% of income (industry standard 4%).
- IM & T strategy: digital records and digital ways of working

Estates

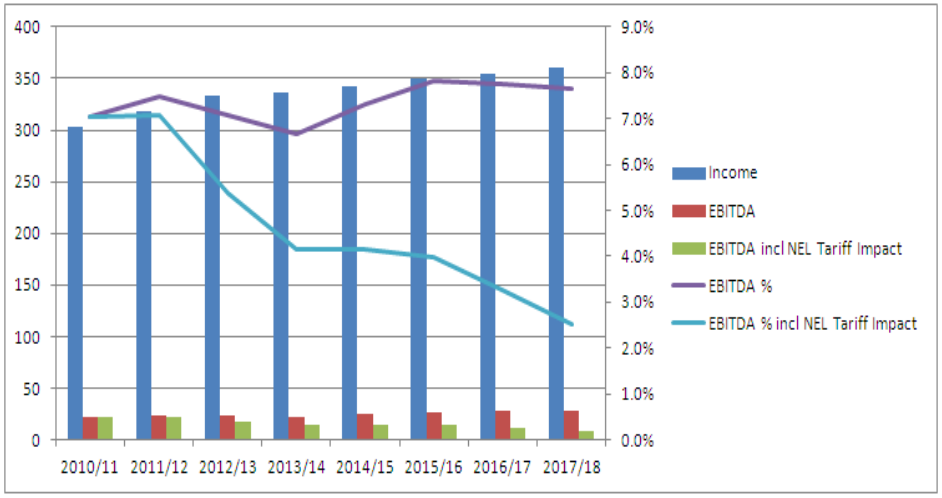
- Challenge of ageing estates and backlog maintenance costs
- Strategic development options.
- “Make best use” strategy.
- Support clinical strategy.
- £100m over 10 years.

Financial Projections

Activity-based financial model – top down

£m	2013/14 (Budget)	2017/18 (Medium growth scenario)	2017/18 (High growth scenario)	2017/18 (Limited growth scenario)
Income	336.4	**359.8**	380.9	331.4
EBITDA	22.4	**27.5**	29.2	20.8
EBITDA Margin %	6.7%	**7.6%**	7.7%	6.3%
Surplus	0.5	**4.8**	6.5	(1.9)
Surplus Margin %	0.1%	**1.3%**	1.7%	-0.6%
Closing Cash	20.1	**22.5**	27.0	8.8

Income and EBITDA Trends (including Emergency Readmission and NEL Tariff Impact)



Impact of medium growth scenario over 5 years:

- £23.4m income growth which includes NEL and readmissions investment.
- Cost savings of £47m.
- 1.3% surplus margin or £4.8m.
- Funds c. £14m capital programme per annum.
- Further cost savings versus safe care.
- CCG ability to fund and alternatives.

QIPP

- Driven by Quality of Care
- £49m over the past 3 years.
- Achieve top decile efficiency.
- Top 7QIPP schemes :

1. Pathology service.
2. Length of stay.
3. Review of outpatients, theatres and endoscopy.
4. Procurement.
5. Pharmacy and drug spend.
6. Shared services.
7. Integration.

Clinical Care Groups: our operating model is clinically led and puts the patient at the centre of everything we do

Networked Care

Includes a wide range of clinical specialities connected by the core patient group – those with long term conditions (LTCs) and the frail elderly.

Specialties	Key priorities
Dermatology; Diabetes and Endocrinology; Haematology; Renal; Audiology; Sexual Health Elderly Care; Neurology; Neurorehabilitation; Pain Management; Therapies; Rheumatology; Palliative Care; Pathology; Pharmacy; Orthotics	• Further development of integrated services • Care closer to home • Integrated frail elderly care • Pathology services

Planned Care

Planned Care is the core elective part of the Trust's business. The care group provides high quality seamless care for patients which can be planned in advance

Specialties	Key priorities
Anaesthetics; ENT; Gastroenterology; General surgery; Gynaecology; Oncology; Ophthalmology; Oral surgery; Orthopaedics; Plastic surgery Radiotherapy; Urology	• Surgical High Dependency Unit • Centre of excellence • Dedicated elective orthopaedic centre • Dedicated beds: estates 'zoning' strategy • One-stop outpatient appointments with short waiting times • Integrated eye service

Urgent Care

To provide urgent care that is of high quality, safe, reliable and productive with excellent health outcomes delivered together with our local partners

Specialties	Key priorities
Maternity; Neonatology; Paediatrics; Community Paediatrics; Emergency Department (ED); Intensive Care; Radiology Clinical Decisions Unit; Respiratory Medicine; Cardiology; Stroke; Trauma; Emergency Surgery	• Development of urgent care floor • 24/7 specialist services • Maternity HDU • Admission avoidance • Equipment renewal • Hyperacute centre for cardiology and stroke

Workforce

Promoting safety & quality

RBFT Benchmarked Per Capita Resource Allocation Indicators

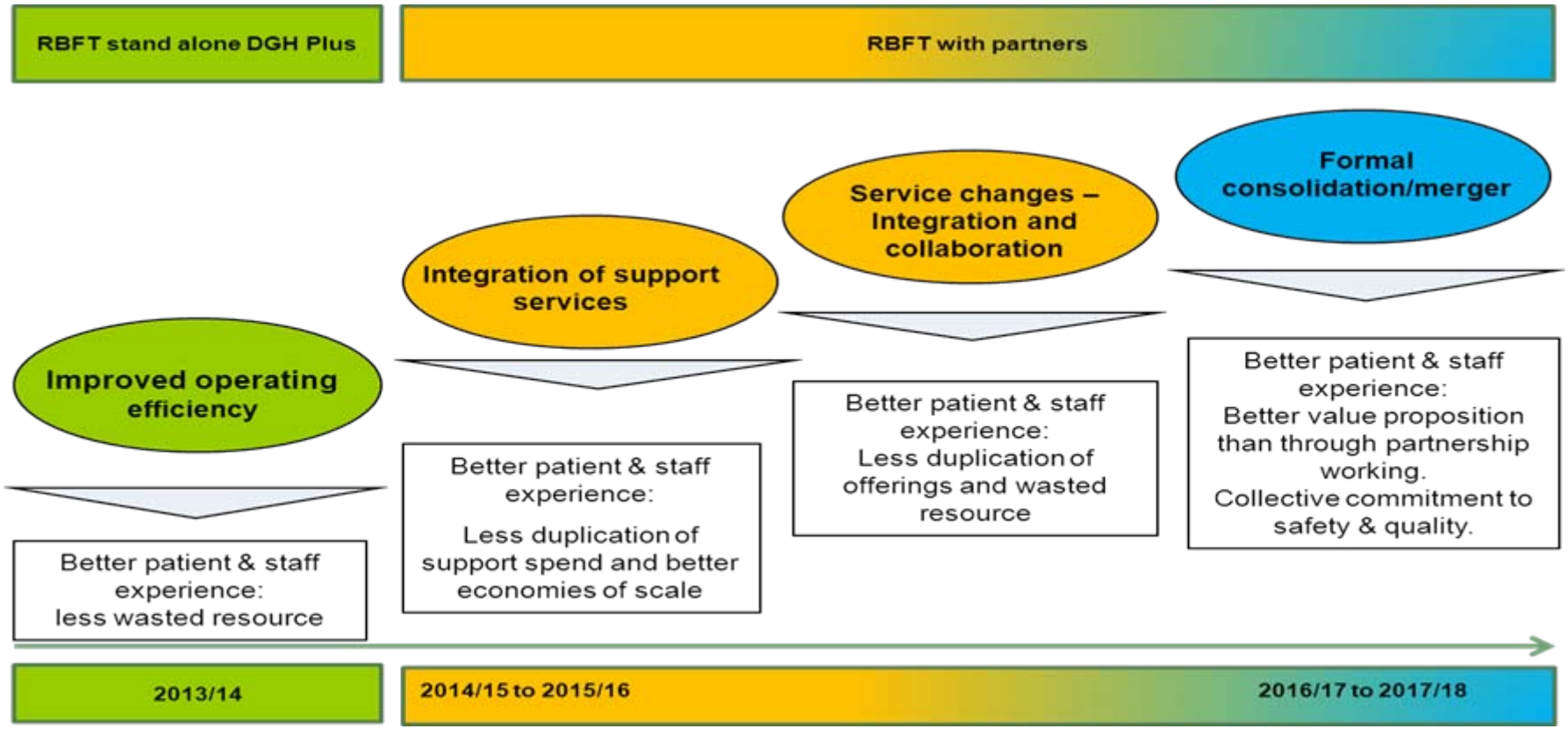
Resources	Highest per capita resource from HSJ1	Lowest per capita resource from HSJ1	RBFT
SHMI	95.3	101.8	105.00[2]
HSMR	93.3	100.1	99.67[2]
Cleaning staff	25.5	21.3	21.53[3]
Doctors (All grades)	78.4	64.4	66.11[3]
Consultants	26.1	23.5	26.65[3]
Nurses	160.4	136.8	168.00
Per capita allocation	£1,600	£1,213	£999[4]
Percentage of population aged 65 plus	14.0%	16.6%	13%[5]

1 HSJ Dr Foster Intelligence, Inside Your Hospital: Dr Foster Good Hospital Guide 2010-2011; Eastern Region Public Health Observatory, Acute hospital catchment populations 2009; DH_2007-08 PCT recurrent revenue allocations exposition book; Information Centre for Health and Social Care Information, Monthly NHS Hospital and Community Health Service (HCHS) Workforce Statistics in England - Quarterly supplemental information, October 2010; and the NHS Staff Survey 2010, Detailed Spreadsheets.
2. Dr Foster's HSMR Intelligence Reports
3 RBFT 2012/13 Electronic Staff Records
4 DH_2007-08 PCT recurrent revenue allocations exposition book
5 Office of National Statistics 2011 Mid Year estimates

Increased activity will be delivered through service redesign, job planning and skill mix reviews

- Staff matched to demand profiles.
- 7 day working.
- Highly experienced workforce.
- Recruit staff who are committed to delivering high quality patient care and patient safety: recruit for 'attitude': train for 'skills'.
- The Trust is committed to Equality and Diversity in our service provision.
- Improve our top quartile staff feedback rates.
- Build upon our 'Care Group' approach.

Strategic options



The Trust has reviewed its options for the future as a viable and sustainable service provider. The following alternatives were considered in the context of the general economic environment and the Trust's financial challenges:

- DGH plus
- DGH plus and integrate with community health and social care services
- DGH plus and working in partnership with other providers through clinical networks
- Stand alone (as a DGH plus) and providing integrated services with partners across the wider acute and primary care community
- Full merger

Summary of our strategic challenges & options

Where we are:

The Royal Berkshire NHS FT
- large DGH Plus.
- serves Berkshire and S.E. Oxfordshire.
- impact of emergency pressures.

Care group service model
- patient-centred clinical operating model
- organised around patient needs: Networked; Urgent; and Planned.

Our infrastructure
- ageing infrastructure.
- high maintenance costs
- good quality community facilities

Financial position
- gap between activity and funding
- high costs of historic investments.
- savings of £49m in last three years.

The key challenges ahead:

Safe, high quality care for all

Managing forecast demand increases together

Safe and modern infrastructure to meet demand

Financial stability

Our strategic options:

By 2017/18
- integrated and networked DGH Plus
- top decile performer for quality

Activity and capacity plan
- capacity to match growth
- additional 125 beds needed in healthcare economy

Infrastructure
- range of options considered
- best use of community facilities

Our financial plan
- based on medium case scenario.
- low growth scenario will lead to deficits
- funding must match activity

Key Questions

- What are the key challenges that you believe we face?
- What range of clinical services do you imagine the RBFT providing; who to; and where?
- What are your views about the levels of demand that we have modelled?
- Can we work better together to deliver high quality acute care that is affordable?
- What are your early thoughts on the potential strategic options that we have outlined?
- How can we work better together to address the challenges faced by local NHS partners?

Please send your feedback and views to john.taylor@royalberkshire.nhs.uk or matthew.chobbah@royalberkshire.nhs.uk.

Engagement: key feedback messages

- Consensus on need for integrated approach to demand management
- Need for social marketing and patient education to encourage lifestyle changes, self managed care and appropriate access to acute care services
- RBFT needs to take leadership role in influencing integrated approach to demand management
- IT infrastructure and networks require improvement to facilitate effective clinical information sharing /bringing care closer to the homes of patients and the integration agenda.
- Need for investment in medical equipment and hand held IT systems for frontline care
- Develop approaches to improve staff retention
- Shift the focus from achieving “savings” to “waste reduction and quality improvement”. The use of the words “savings” and “ cuts” undermine staff morale
- Quality of care (particularly the patient experience) and support services, such as portering and catering need to be more clearly articulated in IBP.
- Car parking difficulties and longer waiting lists are major issues that affect patient’s choice of RBH and these need to be resolved
- Patient needs do not often fit neatly into the care group model therefore the Care Groups need to work together to in the planning and delivery of care
- Care group model appears to reinforce silo working
- Patients frequently receive appointment letters too close to the date or late
- The North Block has iconic status and represents the history of RBH. It should be retained, refurbished for other uses such as , intermediate care, step down care facility, offices, staff accommodation, conference centre or hotel

Engagement: key feedback messages

- Use RBBC for private healthcare to increase revenue.
- RBBC needs an occupational health service and a low risk birthing unit could be established there
- Patients should be made to understand that they can complain about services and will not suffer any retribution
- The Trust should get GP practices to “enthusiastically support frail older people” so that they can continue to live at home independently and in good health
- Members support the option of the Trust staying as a stand alone organisation but integrating services with other providers. “An outright merger of two or more organisations does not do any good”
- Staff could do something “exciting and innovative” to raise funds to refurbish the North Block. The Trust should seek the views of the public on the future of the North Block
- We have a significant population who are not registered with any GP and who just turn up at the A&E
- Some people attend A&E just for the simple reason that they know they will be seen, investigated and treated within 4 hours
- We need 24 hour services of Therapist (Physios and OTs) to help reduce pressure on A&E.
- Rename A&E “Emergency Department
- There are other actions that could be taken to reduce maternity activity:
  a. Development of maternity HDU
  b. Push the development of home births
  c. Review of assessments and labour
  d. Bringing down elective caesarean births that have not clinical need

Engagement: key feedback messages

- Need to have recognition of the level of predicted growth and its affordability
- RBFT needs to collaborate more with the CCG to ensure that the IBP is aligned with CCG commissioning intentions
- More work needs to be done on the QIPP.
- It might be beneficial to introduce "waste champions" like there are dignity or infection control champions. They could have meetings with others and filter down ideas to save money. Maybe introducing a reward system for departments coming up with ideas.
- Need to improve the information that we give patients on discharge. Discharge information needs to explain what patients should expect and when and where they need to seek help.
- There needs to be appropriate and sensible collocation of facilities and services to enhance patient flow
- Some services from the Cancer Centre should be transferred to RBBC. The Chemotherapy Suite in RBBC is not fully utilised and could accommodate additional activity transferred from RBH.
- There is the need for a team to be established to undertake “whole systems thinking” in order to identify and remove the barriers to seamless, integrated whole systems delivery
- Care of the elderly must be one of our major services for the future and the community sites would be most crucial in their effective delivery because the service will be mostly community based
- RBFT should use its expertise to train staff in the community in order to enhance their competence and ultimately improve the quality of care that patients receive in the community
- The increasing acuity / complexity of illness of patients that are attending the hospital should also be considered together with the increase in number of attendance when we assess the demand for our services.
- Use Craven Road to provide step down care or Nursing Homes. Could be used as facilities for providing private healthcare