



Executive Summary **Annual Plan 2011/12**
The Way Ahead

The Rotherham NHS Foundation Trust



Your health, your life, your choice, our passion





2010/11 has been an extremely challenging year for the NHS and subsequently the Trust has faced some significant pressures over the year.

Our Progress during 2010/11

Pressures emerged during the winter months including prolonged adverse weather conditions requiring elective and outpatient cancellations, a flu outbreak and increasing emergency admissions.

Financial pressures emerged mid-year from which it has been difficult to recover, and consequently the Trust failed to meet its financial plan for 2010/11 for the first time in five years.

Despite these difficulties, we have worked tirelessly to deliver against our performance targets. However, we are acutely aware of the significant challenges that face us over the coming years and have reviewed and revised our forward strategy to focus on stabilisation and sustainability.

Our organisational vision and strategy was clearly outlined and communicated in Service Development Strategy 2 – The Way Forward. Our progress during 2010/11 against these priorities is summarised as follows:

Strategic Theme 1 To become a 'Best in Class' Organisation

Our attention to detail in improving our quality, safety and outcomes of care has been rewarded by the results of the Care Quality Commission (CQC) unannounced inspection in 2011 which declared us "Fully Compliant" with all 16 standards; this is an outstanding result and testament to all the hard work of our staff. We have continued to foster full clinical engagement and leadership across all services with Clinical Directors having delegated responsibility for delivery of finance and performance targets. Furthermore, clinicians have become increasingly more engaged with Primary Care colleagues to plan together. We have enhanced our reputation in Research and Development. We have worked very closely with both clinical and corporate services to identify areas for increasing efficiency and to develop clear plans for delivery. We have continued our implementation of the Electronic Patient Record, designed to enhance patient safety by providing instant access to the most up-to-date clinical information necessary to manage the patient.

Strategic Theme 2 Meeting the Expectations of our Community

We have continued to provide some of the shortest waiting times in the country and have achieved all targets relating to cancer waiting times. For the first time in our history we have reported zero MRSA infections for the entire year. Patient engagement has broadened over the year with all areas utilising the Patient Experience Tracker to gather real time information from which we make direct improvements. We continue to engage with our patients and stakeholders and involve them in the shaping of our services.

Strategic Theme 3 Branching out in New Directions

Our strategic intent to become a broader provider of health services saw 2010/11 being the pivotal year during which the foundations to achieve this were set. Belief in our capabilities to meet these aspirations has yielded more than one success. Our efforts have secured contracts for provision of Community Services including the integration with Rotherham Community Health Services and provision of Community/Out of Hours Dental Services on behalf of NHS Doncaster. The Rotherham integration brings with it immense opportunities to facilitate whole system re-design in delivery of healthcare – our aim is to deliver improvements which provide real benefits to our patients.

Influencing factors

National Strategies

Whilst some changes have already taken place, it is clear that the landscape of the NHS will be subject to even more change over the coming years. Not least of these will be the impact of the Health and Social Care Bill currently awaiting parliamentary approval. Once we have understood the planned and proposed changes, we will re-align our Service Development Strategy to ensure our approach is consistent with the future direction of the NHS.

Procurement Plans

Over recent years the Trust has been successful in securing a number of tender opportunities. New Clinical Commissioning Groups may elect to market test further services. This can pose both an opportunity and/or a threat to the Trust.

The development of "any qualified provider" is a policy area that will affect the trust particularly in its potential application to community services.

We will keep a close watch on further strategic and operational developments in commissioning and procurement to pre-empt any impacts.

Commissioner Plans

Commissioners (currently PCTs) are required to make savings over the coming years and therefore implementation of schemes to deliver savings now and in the future will impact on hospital and community services. As an integrated organisation, the Trust is working with the lead commissioner to develop new pathways of care aimed at providing a more community focussed service provision (e.g. diabetes, musculoskeletal pathways). The Trust has worked closely with the lead commissioner to develop clinical engagement across both primary and secondary care in order to understand the impact of the demand management schemes implemented and work together on strategies to improve the overall system of care.

Partnership Working

As the health care reforms are implemented, it is clear that we will need to work in deeper partnership with other agencies for example; social care, local council and other strategic partners to ensure real benefits are delivered across the health community.

National Contract

The new Standard Integrated Contract incorporates increased requirements from the 2011/12 Operating Framework and therefore further risks in terms of penalties against specified performance indicators. We have clear, robust and rigorous mechanisms and processes in place to measure and monitor performance against all risk areas identified within the contract. The Trust and commissioner will look to work closely in year to monitor and manage contractual obligations.

Service Standards

A range of options are currently being examined to consider the application of improved clinical standards across the region, responses to which may include models for centralisation of more specialist procedures.

Trust representatives are directly involved and engaged in work to understand what the impact of the final standards will be for the Organisation.

In addition to providing a comprehensive range of acute hospital based services (delivered on the Rotherham Hospital site), success in securing the integration of Rotherham Community Services from 1st April 2011 has significantly broadened our service portfolio. This brings with it many opportunities to re-design care pathways and services to provide greater benefits to the patients we serve.



Service Portfolio

In addition we also now provide Community and Out of Hours Dental Services on behalf of NHS Doncaster.

Our customers are Primary Care Trusts (PCTs) who buy a range of services from us on behalf of their population. Whilst NHS Rotherham (PCT) is our main commissioner, Barnsley, Doncaster and Sheffield PCTs also purchase services from the Trust therefore allowing us to provide to the whole of the South Yorkshire population. We also hold contracts with a range of non-South Yorkshire commissioners.

The Rotherham NHS Foundation Trust's range of services includes:

Hospital Based Services:

Medical Specialties

General Medicine (including Diabetes, Gastroenterology, Respiratory, Cardiology), Healthcare for Older People, Rheumatology, Anti-Coagulation, Haematology, Dermatology, Rehabilitation Medicine, GU Medicine, Lipid Clinic and Child Health and specialist Photopheresis treatment

Surgical Specialties

General Surgery (Including Vascular, Breast, Upper and Lower GI, Endocrine), Urology, Orthopaedics, Ear Nose and Throat, Ophthalmology, Maxillofacial and Orthodontics, Obstetrics (including Community Midwifery) and Gynaecology

Critical Care

Anaesthetics, Pain Management, Intensive Care and High Dependency Unit with associated Operating Theatres and Sterile Services

Emergency Services

Accident & Emergency, Admission and Discharge Management and Emergency Assessment Unit

Allied Health Professionals

Physiotherapy, Clinical Radiology (X-Ray), Dietetics, Orthoptics, Pharmacy, Audiology, Occupational Therapy, Orthotics and Pathology

Community Based Services:

Children and Young Peoples Services

Health Visiting, School Nursing, Immunisation and Vaccinations (HPV), Paediatric Occupational Therapy, Paediatric Speech and Language Therapy, Child Development Centre, Childrens Physiotherapy, Children's Complex Care, Safeguarding Children

Adults: Staying healthy

Stop Smoking Service and Contraceptive and Sexual Health/Family Planning

Adult Planned Care Tissue Viability

Adult Speech & Language Therapy, Community Dental, Continence Advisory Service, GP Minor Surgery (including Dermatology) Lymphoedema Service, Adult Neuro-musculoskeletal service, Orthopaedic Triage, Phlebotomy, Podiatric Surgery and Podiatry, Ear Care and Specialist Nurses

Adults: Urgent Care / Intermediate Care / Long Term Conditions

Diabetes Specialist Nursing, Cardiac Rehabilitation, Care Home Liaison, Community Matrons, District Nursing, Consultant Community Physician Service, Fast Response (community nursing), Rotherham Equipment and Wheelchair Service, Intermediate Care Services, Heart Failure Support, Long Term Conditions Multi-Disciplinary Team and Falls and Fracture Prevention Services

Our programme this year is focussed on delivering five key objectives spanning hospital and community services to reflect our recently integrated organisation.

Our Priorities for 2010/11

1. Secure the financial viability of the Trust for the future by:

- Rigorously monitoring contract performance to ensure we deliver within agreed activity and financial plans
- Commissioning for Quality and Innovation (CQUIN) is designed to provide financial incentives to support enhancements in the quality of services we provide. The key focus areas for 2011/12 are:
 - Reducing avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)
 - Improving responsiveness to personal needs of patients
 - Reducing the number of unnecessary emergency admissions to the hospital through improving care for patients with long term conditions, promoting prevention and early disease management and reducing the number of falls sustained by older people
 - Improving the quality and timeliness of clinical communications between secondary and primary care
 - Reducing Clinical Risk throughout the Trust
- Systematic monitoring to deliver targets including MRSA, Clostridium Difficile, Accident and Emergency waiting time, maximum waiting times from referral to treatment and eliminating mixed sex accommodation
- Delivering the Cost Improvement Programme
- Improving clinical efficiency and effectiveness
- Introduction of a new job planning framework for medical staff
- Supporting more efficient procurement
- Supporting delivery of right place, right time, right person services through redesigning services

2. Integrate the newly merged organisations and make preparations for transforming services by:

- Developing a strong focus on prevention, detection, early intervention and care in the community
- Developing a fit for purpose Leadership and Organisational Structure with clear roles and responsibilities
- Implementing a robust system of working that maximises the skill set and competencies of community teams and deliver population based health for a patient centred service
- Exploring new ways of working and developing pathways of care with particular attention on urgent care and Long term conditions

3. Implementing Phase One of the new Hospital Electronic Patient Record. This is designed to:

- Reduce duplication and significantly improve efficiency at almost every point where access to patient information is required
- Provide seamless end-to-end electronic transmission of clinical data and information – from GP to community to hospital and back
- Enhance clinical practice and support training and professional development
- Further aid clinical decision making through use of support tools and reduce the potential for errors
- Provide a clinically rich database for clinical audit, research and development

4. Strengthen our systems and processes relating to quality assurance, governance, clinical outcomes, performance and information by:

- Reviewing and enhancing our current arrangements for assurance and compliance
- Establishing lead roles within specialties and creating Quality Improvement Teams
- Establishing a Clinical and Business Intelligence Directorate to further strengthen and enhance the quality and appropriateness of Ward to Board reporting, ensuring we make the right decisions based on accurate information

5. Develop a full three year Service Development Strategy (SDS3) after clarification of the Government's strategy (as will be articulated through the new Health and Social Care Bill) by:

- Identifying, considering and understanding the impacts of all the changes which have already taken place within the NHS and those to be identified in the new Health and Social Care Bill – following which we will produce a new three year Service Development Strategy (SDS 3)

We know we have a challenging year ahead and our priorities have been carefully considered to ensure we are travelling in the right direction to secure our future success.



Electronic Patient Record

Schedule Doctor - Test - Paul Anderson 23/09/2011

Display Patient 1 23/09/2011 JRMCF New Allergy/Adv

24 M 28/08/1978

HCN 021 DVD

Patient

#	Day	Date	Time	Dur	Type	Sta
1	Thu	23/09/10	1005	15	JRMCFNA	Book

Referral / Pathway

Referral Priority	1
Referring GP	
GP	
Pathway Name	8FR2010000000000000184
RTT Status	General Medicine
RTT Target	10 First Activity - Ref to TRT
	27/02/11

Resource

Resource Name	Mr. J. Maxwell
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Facility
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Inpatient Ro
Provider
Visit Type
Registered Pra

Display Letters Forms Switch Acct Change Status Duplicate Allergies Times E Ale



Our Programme

During 2011/12 Individual services will focus on:

Medicine

Key priorities are:

- Implementing the integrated acute medical pathway to facilitate right care, right place, right time aimed at delivering reductions in length of hospital stay and provide a better overall patient experience
- Development of a fully integrated emergency care pathway designed to increase rapid assessment, diagnostics and treatment by the appropriate senior decision maker
- Identifying opportunities to deliver true integrated hospital/community care pathways across medical specialties
- Delivering financial plans

Surgery

Key priorities are:

- Extending the Enhanced Recovery Programme (where appropriate to do so) to improve post surgical recovery rate, reduce length of stay, improve outcomes and improve patient experience
- Identifying opportunities to deliver true integrated hospital/community care pathways across surgical specialties
- Focus on increasing Day Surgery rates
- Delivering financial plans

Clinical Support Services

Key priorities are:

- Digitisation of the breast screening service to provide enhanced services to patients
- Identifying opportunities to deliver true integrated hospital/community care pathways across appropriate clinical support services
- Continuing to develop and enhance our partnership agreement to deliver joint pathology provision to offer a more streamlined and efficient service to our customers
- Delivering financial plans

Community Services

Key priorities are:

- Realising the benefits and opportunities available through Service Integration by looking at new ways of working and developing pathways of care with particular attention on urgent care and long term conditions.
- Implementing multi-disciplinary teams linked to GP practices providing services within agreed geographical boundaries
- Maximising use of mobile and satellite navigation technology to provide enhanced benefits to patients and staff
- Delivering financial plans

Income Plans. As in previous years the Trust continues to derive the majority of its income from NHS Rotherham (Primary Care Trust), for the care provided to local Rotherham residents, however, patients from outside Rotherham continue to choose to use our services as a result of continued fast access, low infection rates and a growing reputation for delivering high quality services.

Financial Plans

The overall income assumptions for 2011/12 are detailed below:

Income £m	Plan 2010/11	Actual 2010/11	2011/12 Plan
Elective	46.769	41.010	40.338
Non-Elective	55.441	54.251	51.184
Outpatients	37.201	37.093	37.700
Other Activity	28.256	26.995	66.586
A&E	6.793	6.662	6.702
Sub-total	174.460	166.011	202.510
Private Patients	0.095	0.022	0.058
Other Income	15.734	18.755	23.264
Total Income	190.289	184.788	225.832

Expenditure Plans

Additional investments have been made in a number of areas and a breakdown of the planned expenditure is detailed below:

Operating Expenses £m	Plan 2010/11	Actual 2010/11	2011/12 Plan
Pay costs	124.106	123.283	149.331
Drug costs	10.876	11.232	11.358
Other operating costs	49.325	51.747	65.083
Total costs	184.307	186.262	225.772

The Trust has set itself a cost improvement target for 2011/12 of £11.681m. This level of cost improvement is consistent with the requirements to deliver overall NHS savings and provide organisational financial stability moving forward. Targets and plans have been developed at specialty/departmental level and are owned by the specialties/departments.

Foundation Trust status allows us to borrow money (within approved limits) which enables us to speed up key capital investments, all of which are designed to bring greater benefits to our patients. We intend to invest £10.792m during 2011/12.

The key capital investments for 2011/12 include:

- Digital breast screening equipment - £0.750m
- Modernisation of the mortuary and bereavement centre – £2.428m total scheme costs of which £2.000m will be funded by Rotherham Metropolitan Borough Council
- Electronic Patient Record System - £6.882m
- Medical equipment replacement programme - £0.175m





As a Foundation Trust we have a growing, representative and engaged membership and we are committed to ensuring those who join as Members are actively engaged with the Trust and the work of the Council of Governors.

Our Members

Why become a Member?

If you want to contribute and have your say in how we run the Trust, Rotherham Hospital and our wider services then become a Member.

Membership allows the local community to express their support for the Trust but it also enables people to get involved, have their voice heard and play an active part in our future development.

As a Member you will have the opportunity to get involved as much or as little as you choose – there is no obligation, it's really up to you.

Who can become a Member?

If you are aged over 16 you can become a Member of the Trust. It's as simple as that. If you are a member of the public you become a Public Member and if you are a member of staff you become a Staff Member.

Public Membership is open to people living in the Rotherham Metropolitan Borough Council area or the 'Rest of England'. Public constituencies are divided into eight geographical areas and Members in each area elect Governors to represent them, with two Governors per constituency.

What are the benefits of being a Member?

Membership is free and as a Member you will:

- Receive regular information about developments at The Rotherham NHS Foundation Trust and the services we deliver
- Be invited to comment on future plans, take part in surveys, attend special events or join working groups to ensure your views are taken into account
- Vote for fellow Members who put themselves forward to be elected to the Council of Governors
- Be eligible to become a Governor yourself, to help develop the future direction of services

For more information visit www.rotherhamft.nhs.uk and click on Get Involved or call us on 01709 427800.

