



Strategic Plan Summary for 2014-19

Dorset County Hospital NHS Foundation Trust

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1 Strategic Plan Summary for y/e 31 March 2015 to 2019

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

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The attached Strategic Plan Summary is intended to reflect the Trust's business plan over the next five years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.

In signing below, the Trust is confirming that:

- The Strategic Plan Summary is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;
- The Strategic Plan Summary has 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 Strategic Plan Summary is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans;
- All plans discussed and any numbers quoted in the Strategic Plan Summary directly relate to the Trust's financial template submission; and

Approved on behalf of the Board of Directors by:

Name (Chair)	Dr Jeffrey Ellwood
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Signature

Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Mrs Jean O'Callaghan
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Signature

Approved on behalf of the Board of Directors by:

Name (Finance Director)	Mrs Libby Walters
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Signature

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3 Introduction

This document gives a summary of Dorset County Hospital NHS FT's strategic plans for 2014 – 2019. It explains:

- The national and local influences that are shaping how the Trust is developing its services for the future;
- The strategic options to address future service requirements that the Trust has assessed; and
- How the Trust plans to implement its preferred option of providing integrated acute and community services for its local population.

4 Market Analysis and Context

Dorset County Hospital NHS FT (DCHFT or the Trust), is at an important time in its development. The previous three years have seen a turnaround in the Trust's financial performance and the continued delivery of quality services, whilst achieving its cost improvement programmes (CIPs) targets.

The Trust's one and two year plans, are predicted to end in deficit culminating in £3million for 2015/2016, as detailed in the Trust's Operating Plan submitted to Monitor in April 2014. The Trust Board has agreed that the continual achievement of high levels of Cost Improvement Programmes (CIPs) will have a detrimental impact on the Trust's ability to provide safe and quality healthcare services. Therefore, planned CIP levels have been set for 2014/15 and 2015/16 that reflect the ability of savings to be delivered without compromising on safety. The key focus for the following three years is to recover the resulting deficits and to bring the Trust back into surplus from 2018/2019.

In achieving this, the Trust's overall aim is to provide comprehensive services to the local population, that link healthcare provided across the community and in hospital. That is, to become the West Dorset Integrated Healthcare Hub. With this approach, we have identified delivery of a single pathway from prevention to treatment, across hospital and community. It won't be necessary to transfer people between providers and common governance processes will improve quality and safety. There will be common performance management systems and one provider responsible for all outcomes.

The Trust appreciates that the transition to becoming a fully integrated provider is a challenging one. The Trust's staff Governors and the Board are fully supportive of the need to acquire and develop the knowledge, skills and resources to become a leading integrated healthcare hub. This strategic intent has been fully communicated across the Trust and with Dorset Clinical Commissioning Group (CCG). There is no alternative sustainable service model for the Trust, other than to become an integrated healthcare hub.

The Trust will fully participate in Dorset CCGs Pan Dorset Clinical Services Review. This is expected to start in the autumn of 2014, with the aim of developing a modern health service which is sustainable for future generations. It is hoped that this will result in a timely and clear direction for the future of healthcare in the county.

4.1 Dorset's Population

Dorset is a medium sized county with a smaller than average, sparsely distributed and rural population. The total population figure for the county in 2011 was 745,300. Over 25% of the population is of retirement age, higher than the national average. The population in Dorset has been growing faster than the national

average, particularly in the older age groups, in which long term conditions are more common. The three main causes of premature death in Dorset are:

- Coronary heart disease
- Cancer
- Stroke

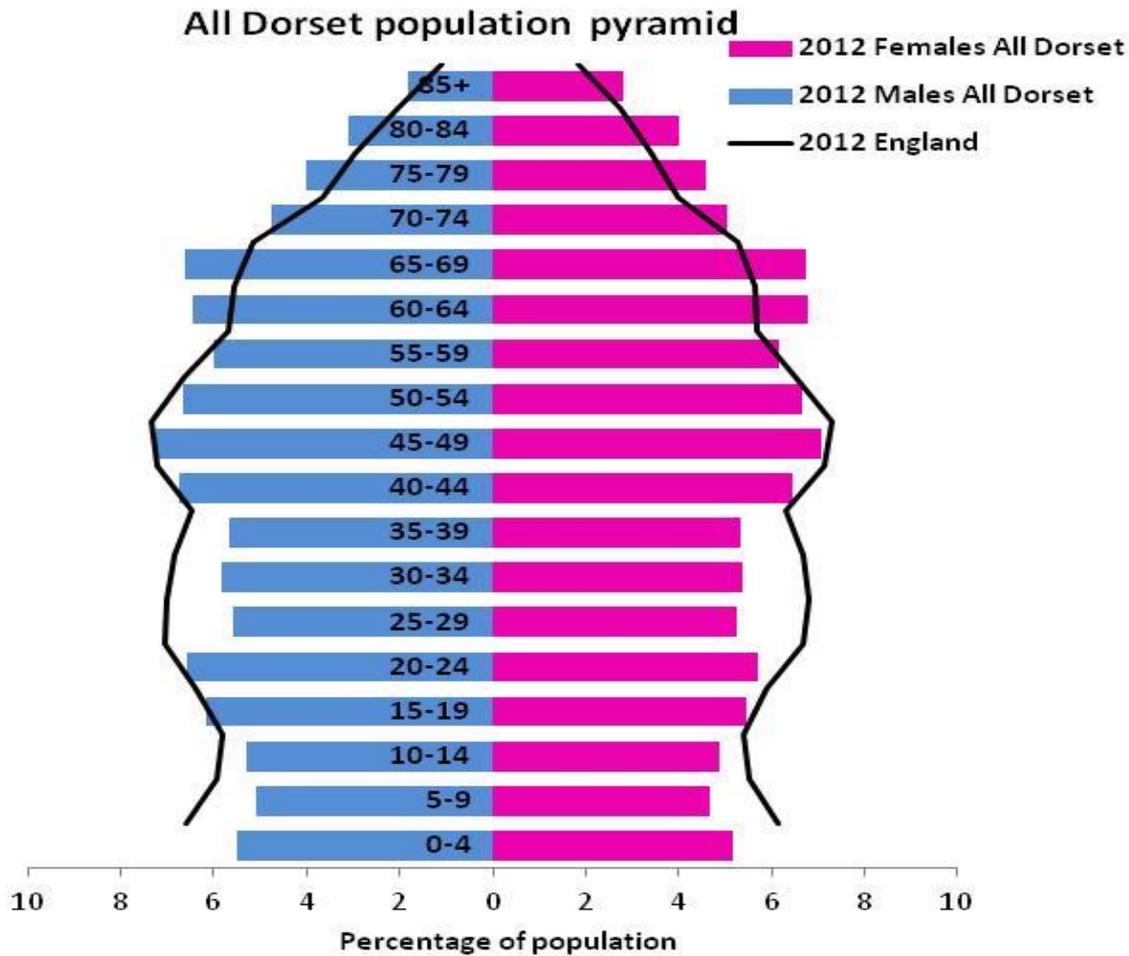


Figure 1 above, provided by Dorset CCG, shows the shape of the population in the county as at 2012. The black lines indicate the population profile for the country as a whole, with Dorset showing a significantly higher percentage of population in the 60+ age groups, and lower than national averages for children and the working age population. Dorset is also a county that experiences a high influx of elderly residents, as people move to the county to retire. Therefore, designing services that particularly meet the needs of this group of patients is a strategic priority for the Trust. Managing the whole care pathway for elderly and frail patients has been demonstrated to offer many quality and operational benefits, and this is a key factor in the Trust’s strategic direction to develop as an integrated healthcare hub for its population.

With planned population increases over the next ten years, it is also anticipated that the birth rate will rise, leading to an increase in demand for children’s services. In recent years the Trust has seen a significant increase in the admission of children. In order to manage this increase in demand, the Trust has implemented many of the recommendations associated with best practice.

4.2 National and Local Challenges to Providing Sustainable Healthcare

How the NHS continues to provide services into the near future is receiving much media attention. The demographic and financial challenges facing the service mean that service design and delivery must change fundamentally.

The NHS is facing the following key challenges:

- There is a need for far greater emphasis on keeping people healthy and well, in order to lead longer, more illness-free lives; preventing rather than treating illness;
- The highest quality specialist care needs to be provided;
- Healthcare is changing and the NHS needs to keep pace with best practice and standards; and
- The health needs of the population are significant and changing.

It is estimated that in England, continuing with the current model of care will result in the NHS facing a funding gap of around £30bn by 2020/21. Dorset CCG reports that it is facing the same challenges and that traditional method of making savings across health and social care services are no longer sufficient to close its predicted funding gap. This, together with the planned transfer of funding from the NHS to social care via the Better Care Fund, is expected to result in significant financial pressures for the Trust.

To achieve the required transformation of services in the county the CCG are carrying out a Pan Dorset Clinical Services Review. The Trust has contributed to the scope for this review and will be fully engaged with the process. The CCG intends to commence this review in 2014 with the support of Monitor, with the aim of a revised service model being in place by 2016. The outcome is likely to centre on both vertical and horizontal integration.

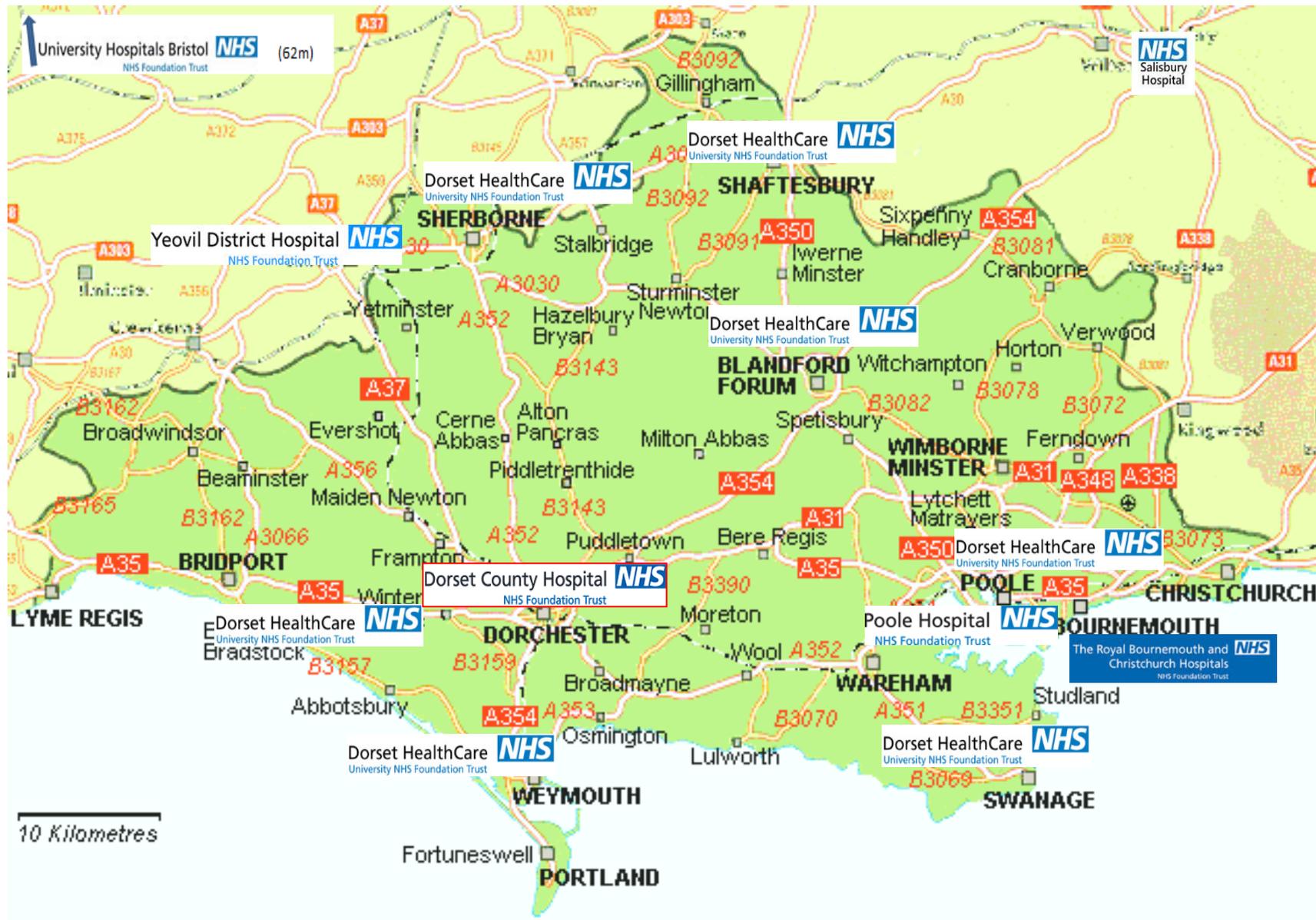
4.3 The Trust's Geographical Position

Figure 2 (page 7) shows the Trust's geographical position within the local health economy. Dorset, and in particular the west of the county which is served by the Trust, is a rural setting. Its large area and low population density make it difficult to ensure that patients have access to services, especially the elderly and those dependent on public transport. A rural setting also makes it more complex to get support services to patients, and this often signals an increased frequency of admissions to hospital.

The Trust's location, close to the coast, gives it an important position as a DGH serving an area of population that has fewer options for hospital care from larger centres. The Trust also expects that its rural location and coastal position will require a wider range of general clinical skills in its workforce, given the difficulties in transferring patients who require emergency and urgent treatment to specialist centres. The local road network is slow, with no motorway routes for quick emergency transfers. The relatively long travel times for the population in the west of the county to the larger trusts (20 – 50 miles), make it important to retain and develop access to comprehensive and integrated healthcare in West Dorset.

The Trust believes that the county's spread of population and the positioning of the three acute providers (Royal Bournemouth and Christchurch Hospitals NHS FT (RBH) and Poole Hospitals NHS FT (Poole)), makes for a sensible provision of community services along an east/west county divide. This would result in integrated healthcare services - where one organisation is responsible for providing both care and illness/accident prevention services in the community and also hospital services for the local population - being provided in the east and west of the county with DCHFT being the lead provider in the west.

Figure 2 – Map of the Local Health Economy - Dorset Healthcare University NHS FT locations are community hospitals



5 Risks to the Trust's Sustainability

The Trust has evaluated the risks to its future sustainability. The most significant risks are considered to be:

- Financial sustainability;
- Reconfiguration of services in the county;
- Population becoming older and frailer;
- Commissioning intentions to move money from the acute to the community sector; and
- Reduction in the number of medical training posts.

5.1 Trust's Financial Sustainability

The Trust can't continue to achieve its cost improvement programme (CIP) year-on-year and maintain quality without transformational change. The focus of future plans is to ensure a sustainable model is identified for the Trust. The preferred service model will enable an increased level of efficiencies to be achieved.

5.2 Reconfiguration of Services Across the County

Dorset CCG has identified the impact of a 'do nothing' strategy as resulting in a significant deficit for the county. This is not a sustainable option, and the financial gap will not be closed by cost improvement programmes alone. The CCGs impending Clinical Services Review will be considering the current configuration of services, and this is seen as both a threat and an opportunity to the Trust's future sustainability as a comprehensive provider of services to the local population. The Trust is fully supportive and engaged in this review, but remains concerned over the time it will take to be completed and implemented. Implementing its own Clinical Services Strategy (recommendations for ensuring that each of its clinical services can provide sustainable, quality services), is an important part of the Trust's plans to mitigate the impact of any delay. There is much duplication of structure and costs meaning reconfiguration can support an improved financial position for Dorset.

5.3 Older, Frailer Population

Dorset's elderly population is expected to increase at a rate above the national average, as explained in 3.1. Outside of the obvious operational challenges that this poses, such as maintaining patient flow through the hospital, is the concern that the tariff payments for this group of patients will not fully compensate the Trust for the underlying cost pressures. An even greater risk is that the Trust doesn't get additional resources for this growing group of patients, or even keep the funding it already has, as funds are diverted into the community to limit the increasingly aging population from being admitted into hospital. The Trust is supportive of this approach, but the key risk is the inability of the hospital to manage the increasing number of patients safely should the alternative services not be adequate. The integrated healthcare hub model is fundamental in controlling these risks, as the responsibility for whole pathway management and availability of services will be with one provider.

5.4 Commissioning Intentions to Move Money from the Acute to Community Sectors

The commissioning intention to deliver care closer to home and to move money from the acute to community sectors is a risk to the Trust's sustainability. The Better Care Fund is a risk as it is based on the premise of a 10% reduction in both emergency admissions and average length of stay. Plans to enable this are not robust and the Trust is discussing its concerns about this through its representation on the Better Together Programme Board. In addition, the increasing quality expectations in the NHS could create additional cost pressures, with potentially reduced funding to meet them.

5.5 Reduction in the Number of Training Posts

A key area of concern continues to be the changes in junior doctor training, and the reduction in numbers coming to the Trust. This is particularly pertinent in medical specialties, surgery and obstetrics and gynaecology. The Trust is preparing for these changes by developing alternative roles, such as consultant midwives and surgical practitioners, and by working with Bournemouth University to develop the training that will be required to bridge this skills gap. Partnership models with other Trusts are employed to manage these gaps and to maintain viable on-call rotas for some services.

6 Strategic Options for the Future of Services Provided by DCHFT

The Trust has considered the implications from the market review and other threats to its sustainability, and developed three strategic options to mitigate them. In this section these strategic options are described:

Option 1 - To become an Integrated Healthcare Hub for West Dorset. This is the preferred option;

Option 2 - Only implementing the Trust's Clinical Services Strategy. This refers to the Trust's evaluation and recommendations for ensuring that each of its clinical services can provide sustainable, quality services.

Option 3 - Downsizing model. This explains the configuration of the Trust if it disinvests and downsizes facilities in order to reach financial balance, resulting in elective care and limited urgent care services. This option will not meet the healthcare needs of the local population and won't ensure clinical and operational sustainability.

6.1 Option 1: To Become an Integrated Healthcare Hub for West Dorset

This is the Trust's preferred strategic option. As an integrated healthcare hub the Trust will coordinate the services patients receive to get the best outcomes for them. This could involve providing services and care in the community to prevent, or reduce, the need for hospital admission, or by ensuring that patients get the right hospital treatment, and are supported to leave hospital and continue any further treatment in the community.

This option requires the implementation of the Trust's Clinical Services Strategy and assumes that the Trust will achieve the integration of community services for West Dorset over 2 years, starting in 2016/17, to form an integrated healthcare hub.

This strategic option is explained in two parts:

1. Implementing the Trust's Clinical Services Strategy; and
2. Achieving an integrated healthcare hub through the additional management of community services.

6.1.1 Implementing Clinical Services Strategy

During the 2013/2014 planning round each Clinical Service was asked to complete a sustainability review to support the development of the Clinical Services Strategy. The aim of this was to ascertain which services core to the Trust would experience challenges with regard to sustainability. The results highlighted which clinical models were not sustainable into the future, and the challenges to maintaining quality services. Options were developed in response to these needs and implementation has started.

6.1.2 Benefits of an Integrated Healthcare Hub

Part 2 of the preferred strategic option is to be a district general hospital (DGH) that provides comprehensive, integrated and high quality clinical treatment and preventive care services that are delivered in the right place for the patient, be that in their home, community setting or in hospital.

This is in line with the vision of NHS England which is to 'tear up silos between primary, secondary and community services', and that while some specialisation of services is required, 'general services should be redesigned to make facilities in DGHs more viable'.

The Trust sees the benefits of becoming an integrated healthcare hub for the local community as:

- Allowing models of care to be developed that focus more on prevention than treatment;
- Meeting the expectations of patients and their carers;
- Providing a single point patient pathway;
- Providing a common performance management process for the pathway;
- Ensure a single point of accountability for the performance outcomes of patient pathways;
- Providing a single point of professional accountability for clinicians;
- Providing the efficiencies needed to deliver sustainable quality healthcare services; and
- Supporting the direction in healthcare recommended by the Future Hospitals Commission.

The Trust has established a multi-disciplinary team to develop models for integrated care, as well as standalone community services.

6.1.3 Financial Analysis of Becoming an Integrated Healthcare Hub

Becoming an integrated healthcare hub assumes that the Trust will achieve the integration of the community services for West Dorset over 2 years, starting in 2016/17.

Implementation of the Clinical Services Strategy is spread over the three years 2016/17 to 2018/19, based on the high level costing of the service developments within the Strategy.

This option shows that by 2018/19 the Trust will have returned to a position of operational surplus and the annual cash generated will be sufficient to enable the on-going capital investment necessary to sustain high quality, safe patient services.

6.2 Option 2: Implement the Trust's Clinical Services Strategy Only

Due to the significant risks associated with the opportunity of being able to provide community services, the option of only implementing the Trust's Clinical Services Strategy (CSS) has been modelled. This assumes that the Trust only implements the CSS that is largely within its control. It assumes that integration of the community services is not achieved.

The financial model shows that this option alone is not sufficient to make the Trust sustainable in the longer term.

6.3 Option 3: Downsize Model

If the Trust is not able to become an integrated healthcare hub, and therefore achieve the efficiencies that it requires, it will need to reconfigure services. Such a reconfiguration would involve disinvesting in services that the Trust predicts will not be profitable (under current arrangements) to provide in the future. This could see the Trust moving from a comprehensive DGH with trauma services to becoming an elective care centre. The resulting services will be sub-optimal for the local population, and won't be fully compliant with regulatory standards. Recruiting and retaining the level of qualified staff required will also be extremely difficult for this limited service offering.

Downsizing into an elective care centre would also result in prohibitively long journey times for the local population to access urgent and emergency services. Some of the travel times in the table below would not comply with recommendations from the Royal Colleges, regulators and Health Overview and Scrutiny Boards.

The table below shows approximate driving times in minutes to the Trust from local locations, as indicated by a travel planning website. However due to the rural road network, where slow moving vehicles and holiday traffic can cause significant delays, these times are greatly understated for the majority of journeys.

Location in Dorset	Dorset County Hospital NHS FT	Yeovil District Hospital NHS FT	Poole Hospitals NHS FT	The Royal Devon and Exeter Hospital NHS FT	Taunton and Somerset NHS Foundation
Portland	20	48	53	-	-
Weymouth	13	40	45	-	-
Lyme Regis	38	57	71	45	57
Bridport	23	41	56	-	-

This option would also require the ability to expand emergency and urgent care capacity at neighbouring trusts, as well as considering the implications for the South Western Ambulance Service.

7 Capacity Plans

The Trust did not see significant movements in activity during 2013/14, nor is it anticipating significant growth in 2014/15. Therefore the underlying position of the Trust over the period of the plan is not anticipated to change significantly, other than through the implementation of the integrated healthcare hub and Clinical Services Strategy. Therefore, only modest underlying growth in activity has been included over the period of the plan.

The volume of community work which the Trust would assume as part of its integrated healthcare hub strategy is measured in patient contacts. Until full pathway and service models are developed, the volume of activity from this integration cannot be reliably assessed.

The Trust currently has 376 beds (of which 8 are ITU/HDU). There are 10 theatres which were well utilised in 2013/14. The additional activity planned as part of the implementation of the Trust's strategy will need to be carefully managed to ensure it can be accommodated within the available resources. Work is already underway, in partnership with Dorset CCG and through the Better Care Fund, to ensure patients are discharged as early and as safely possible, and to avoid admission altogether where possible.

8 Summary of Financial Sustainability

The Trust's Operational Plan, submitted to Monitor in April 2014, showed a deficit for 2014/15 of £900,000 and a deficit for 2015/16 of £3 million. This reflects the Trust's inability to deliver the required level of CIP through Trust-wide schemes alone. The Trust has reviewed the position for 2015/16 and still believes this represents a realistic forecast for the year, based on current conditions.

For the remainder of the Strategic Plan period, the continued efficiency pressures on the Trust will make it very difficult to recover from this deficit position, without significant structural change in the Dorset health economy, and the development of the Trust into an integrated healthcare hub.

9 Imperatives to Deliver the Strategy

The Trust has developed goals to achieve its preferred strategic option of becoming an integrated healthcare hub. To do this it has selected four strategic imperatives, and from these it has developed project plans to provide the actions that it needs to take.

The actions required to become an integrated healthcare hub fall into four main strategic imperatives:

- Putting patients first;
- Develop an effective integrated healthcare model;
- Deliver a workforce plan to support the integrated healthcare hub; and
- Develop our IT systems as a base for efficient integrated care.

10 Conclusion

The future sustainability of Dorset County Hospital NHS FT is dependent on it developing into an integrated healthcare hub for the local population. No other option can be shown to deliver an integrated model which best meets our communities needs for a single point of access for everything from preventive care to specialised treatment, to improve quality and safety and make the best use of the scarce resources available.