



University Teaching Trust

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Strategic Plan Document for 2013-14

Salford Royal NHS Foundation Trust

2013/14 Annual Plan :

External Environment

The national healthcare environment and NHS landscape has changed significantly with the transition from PCT to CCGs and new commissioning bodies.

There have been a number of national policy changes that impact on the environment within which SRFT operates. These include:-

- A greater focus on competition: both *within the market* (Any Willing Provider) and *for the market* (tenders);
- Increased emphasis on patient choice, largely supported by the extension of the Any Qualified policy to a much broader range of clinical areas
- An increased focus on outcomes through the national outcomes framework;
- Changes to the tariff: short term adjustments, increased use of best practice tariff, potential for competition on price.

Clinical Commissioning Groups (CCG) have produced their first Operating Plans, for 2013/14. Plans have been set following a structure set by the Greater Manchester Area Team of NHS England (NHSE). It covers the five domains of the NHS Outcomes Framework, commitments from the NHS Constitution and the NHSE Mandate, as well as other priorities contained in the national planning framework, *Everyone Counts: Planning for Patients in 2013/14*.

Many of the commitments contained in Salford CCG's Operating Plan will depend on SRFT, as the CCG's primary provider of community and hospital services. SRFT has been working the CCG and commissioners to agree KPIs and CQUIN indicators for 2013/14.

The Operating Plan sets out the CCG's work programme, which largely reflects established initiatives, such as the partnership work for Unscheduled Care and Integrated Care for Older People.

Many of the CCG's priority outcomes reflect those set by the Department of Health and NHSE:-

- Increase life expectancy
- Reduce health inequalities
- Reduce unscheduled admissions
- Implement and improve results in the friends and family test
- Strengthen and extend quality incentives (CQUINS) and improve results
- Using patient feedback to improve quality
- Develop an action plan to implement the recommendations from the Francis Report
- Reduce deaths from vascular disease
- Reduce deaths from cancer
- Reduce the impact of Mental Health problems
- Reduce the number of people who smoke
- Reduce the impact of alcohol related harm
- Reduce obesity in all ages
- Reduce the rate of teenage pregnancy

The CCG will be eligible to receive a Quality Premium, which is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities. The premium is based on four national and three local measures. The national measures are:

- Reducing potential years of lives lost through amenable mortality (12.5% of quality premium)
- Reducing avoidable emergency admissions (25% of quality premium)
- Ensuring roll-out of the Friends and Family Test and improving patient experience of hospital services (12.5% of quality premium)
- Preventing healthcare associated infections (12.5% of quality premium)

During 2013/14, the CCG intends to review and develop a number of pathways, including liver disease, pulmonary rehab and atrial fibrillation, with the intention to improve early management in a community setting.

The three locally selected measures, each of which is worth 12.5% of the premium, are:

- Management of atrial fibrillation patients
- Increasing the number of patients on the *Coordinate my Care* programme (End of Life care)
- Improving access to memory services

As the primary provider of community healthcare and hospital service within Salford, SRFT is a key delivery partner for the CCG.

Salford Royal has been working closely with the CCG and other co-commissioners to agree KPIs and CQUIN indicators for 2013/14. The Operating Plan primarily reflects these commitments. Salford Royal has strong history of performance in achieving KPIs and CQUIN targets though it should be noted that there are number of the targets for 2013/14 will be particularly challenging. It is likely that the CCG will pay particular attention to those indicators that are included in the quality premium, as this will be the mechanism by which they can attract additional investment. Salford Royal will want to support the CCG to secure this investment for the benefit of the people of Salford. Clinicians from Salford Royal are already members of the CCG's commissioning strategy groups and it is anticipated that they will be engaged in the work to review clinical pathways. Salford Royal will also work closely with Specialist Commissioners in the development of models of care for Intestinal Failure, Metabolic Medicine, Neurosciences and Renal medicine. The Trust Plans reflect the commissioning intentions of National, Specialist and Local commissioners as outlined in commissioning strategies and within the standard contract. Greater Manchester's 'Healthier Together Strategy' defines how services will be reconfigured to improve clinical outcomes and proved sustainable service models for the future. Salford Royals clinicians have been engaged in developing these models. Salford Royal's strategic intent is to consolidate surgical services wherever it can be demonstrated that this will enable costs to be reduced and quality improved. This may be achieved through partnering with other organisations. Salford Royal has considered its approach to mergers and acquisitions and agreed Acquisition of new services / organisations needs to bring tangible benefits to SRFT. The key consideration will be service fit, aligned to micro, meso, macro approach. The Trust is unlikely to pursue geographically remote acquisitions (e.g. outside of Greater Manchester) nor is it interested in the franchise / turn-around model. Further details of the financial implications of external factors are detailed in the Finance section.

Service Plans for 2013/14

Plans for 2013/14 aim to progress even further Salford Royal's position as one of the best NHS Trusts in the Country.

The Service Plans are presented under the same priority themes identified as 'The Salford Royal way' since 2010/11 and consistent with the service development strategy 2009-2014.

Theme 1: Pursuing Quality Improvement to become the safest organisation in the NHS

2013/14 will be the sixth year of a focus on Quality Improvement, with the 2011-2014 Strategy building on the original 2008-2011 Quality Improvement Strategy. The aim continues to be '*the safest organisation in the NHS*'.

The principal aims of the strategy are to reduce mortality and harmful events and to improve reliability of care and patient experience.

The Trust aims to provide safe, clean and personal care to every patient, every time. To achieve this activity is organised under 4 themes:

- Leadership;
- Measurement;
- Building staff capability; and
- A targeted portfolio of projects

The Quality team will provide clinical Microsystems coaching to support teams focus on service improvement.

The new cohort of the Clinical Quality Academy will commence in 2013/14 including;

- Day Surgery team (working on unit flow)
- IFU team (working on reduction in length of stay)
- IFU team (working on nutrition)
- E&D team (working on equality outcome analysis across renal services)
- Orthopaedic team (working on enhanced recovery after surgery)
- Paediatrics Diabetes team
- Critical Care team (working on critical care flow and bed utilisation)
- Diabetes team (working on care of patients under 55)
- Surgical team (working on the World Health Organisation (WHO) Checklist)
- Pain team (working on the reliability of second checking of controlled drugs)
- Adult Community Nursing team (working on the COMFE tool - Community Intentional Rounding).

Maintain the relative risk of mortality to be within the top 10% of acute Trusts in the NHS

Mortality is measured by both HSMR (Hospital Standardised Mortality Rate) and SHIMI (Standardised Hospital Level Mortality Indicator) The SHIMI has added a focus on deaths within 30 days of leaving the hospital

The mortality review process put in place in 2011/2012 continues to report themes and learning within Divisional Governance reporting mechanisms and between Divisions (i.e. Critical Care) where appropriate).

An electronic tool is being implemented to support mortality reviews by identifying deaths to the core team and prompting data collection to support the review process.

Improve the reliability of care to be the safest organisation in the NHS

Reducing Avoidable Harm

In 2013/14 there will be ongoing measurement of harms as commenced in earlier years these include

- Healthcare acquired infections
- Cardiac arrests
- Safety Thermometer measures
Pressure Ulcers, Falls, Catheter-associated urinary tract infection (Ca-UTI) & Venous Thromboembolism
- Medication errors
- Sepsis

Reliable care will also be measured by achieving 95% reliability in the following care processes and packages, using the principals of reliability science to maintain high performance.

- Community acquired pneumonia care bundle
- Heart failure care bundle
- Hip and knee care bundle
- Myocardial infarction care bundle
- Stroke care bundle
- Intentional rounding
- Structured ward rounds
- Infection bundles

Consistently high standards of care across 7 days & The 'Salford Standard'

The Trust aims to provide safe, clean and personal care to every Plans to implement 7 day working have progressed over the last 12 months initially focused on the emergency village and assessment of patients admitted non-electively in accordance with the 'Salford Standards'. This includes early and ongoing assessment by senior medical staff.

Further roll out of this project will extend beyond the emergency village and incorporate the implementation of standards being agreed across Greater Manchester for the treatment of emergency surgical cases.

The Trust already has the best access to Radiology outside weekday working hours in Greater Manchester but will be making a wider range of services available out of hours in 2013/14 including improved access to Angiography, Doppler and CT.

A different model of medical management of surgical patients has been implemented in Orthopaedics with input from Care of the Elderly Physicians. This will be extended in 2013/14 with the appointment to further posts to support this outreach model in Orthopaedics and extend it to other surgical specialties.

Processes will be developed to incorporate the review clinical outcome and audit data in Divisional Governance Committees to ensure learning and improvement can be implemented and monitored.

There will be a focus on improving patient flow into, through and from the Trust with discharging planning commencing earlier, improved patient information and follow up post discharge.

The Quality Improvement team will be launching a new collaborative in June aimed at reducing 30 days emergency readmissions.

The collaborative will involve multi-disciplinary teams from across the Trust, quality improvement tools and techniques will be used to accelerate the pace of change and develop ideas to test change.

Salford Royal, in conjunction with Central Manchester and University Hospitals South Manchester

Trusts, will continue to participate in a joint Emergency Laparotomy Pathway development project.

This follows on from the 2012 National Laparotomy Audit Report on mortality. A best practice template will be launched to ensure the trust continues to provide the best and safest care for this at-risk patient group.

The Trust will commence the second phase of the Ca-UTI collaborative, rolling out to further wards and community teams. The aim is to achieve 20% reduction in Ca-UTIs and 10% reduction in catheter days by 31 December 2013.

Improve patient experience to maintain indicators in the top 20% nationally

The experience of patients continues to be of utmost importance and it is the Trust's ambition that we make that experience the best that it can possibly be. The priorities are to

- Respect patients' values, preferences and expressed needs
- Coordinate and integrate care across boundaries of the system
- Provide the information, communication, and education that people need and want
- Guarantee physical comfort, emotional support, and the involvement of family and friends

Projects address the issues in the NHS National carers strategy and are outlined in the trusts Patient, Family and Carer Experience project. The key themes include

- Explanation of medication side effects to patients
- Ensuring patients know who to talk to about their worries and fears
- Ensuring patients are involved as much as they want to be in decisions about their care
- Ensuring that when patients have important questions

From April 2013 all acute NHS hospitals will be required to test the quality of patient experience using a standardised question called the Friends and Family Test (FFT).

In preparation Salford Royal has piloted the question, initially only to patients discharged home from the A&E department. The question asks: "How likely are you to recommend our A&E department to friends and family if they needed similar care or treatment?" The question sent via SMS/text message, asked within 48 hours of discharge, will be rolled out across acute inpatient areas.

Patient information is being reviewed with the intention that diagnosis & procedure specific information be provided to patients. The website will also be updated with improved information about clinical services, providing more information for patients about attending & being admitted to the hospital.

Services will be reviewed and redesigned to enable more patients to be more involved and take responsibility for their care. Self testing and dosing will be trialled for some patients on anticoagulant drugs and Renal self care models will be expanded and embedded

A new volunteer driver scheme will be introduced to help people living in Irlam and Cadishead get to Salford Royal for cancer treatment. The scheme will utilise local volunteers and is being supported by Salford Royal volunteer services, Salford Health Improvement Team and the Salford Macmillan Information and Support Service.

Theme 2: Achieving cost improvements, income & cost targets to improve margins

Teams are focused on improving the efficient delivery of contracted activity including planned service developments, making optimum use of beds, theatre and outpatient capacity.

Contracts, service level agreements and leases are kept under constant review to ensure they reflect services provided and received within and outside the organisation. The hosting model is being developed as the Trust

Workforce plans are being continually reviewed to ensure they meet service demands, compare favourably when benchmarked and minimise the use of temporary staff at premium cost.

Procurement is being scrutinised to ensure costs are minimised.

All Cost improvement programmes are subject to quality impact and risk assessments.

More collaborative working will be undertaken between Divisions, within the Health Economy and between Trusts to identify savings

Details of the financial plans for 2013/14 are provided in a later section

Theme 3: Supporting high performance and improvement

Improve Staff Contribution to Corporate Objectives & Values

The core values agreed in 2011/2012 will support the Trust's Quality Improvement aims and set out expectations as to how staff should behave towards each other and to patients. All members of staff at Salford Royal Foundation Trust are expected to be:

Patient and customer focussed:

- Communicates to all relevant parties in an holistic, timely manner
- Anticipates and delivers on patient needs
- Cares for the patient and their families as well as for Salford's reputation

Supportive of continuous improvement:

- Responds well to change and embraces initiatives

- Open to new ideas and encourages forward thinking
- Takes ownership for continuous learning and self development

Respectful:

- Strong focus and personal accountability on actions and results
- Takes responsibility for own actions
- Accounts for wider pieces of work rather than limited job description duties

Accountable:

- Acts as a team player; Recognises and rewards others
- Fosters a participative work environment
- Respects policies & procedures & resources

The strategy highlights the commitment to the development of a safety culture. The main elements of a safety culture being:

- Open and frequent communication
- High functioning multidisciplinary teams
- 'Just' culture (understanding of system vs. individual errors)
- Robust error reporting systems that 'close the loop'
- HR practices that support a culture of safety
- Leadership:
- Focus on never events
- Willingness to address bad behaviours
- Accountability for improvement and safety at all levels
- Measurement for improvement

Develop a High Performance Culture

The focus for 2013/2014 will be to deliver the clinical and management development, team performance & talent management programmes, a framework for earned autonomy and collaboration

The approach will include

- Divisional ownership of the coaching approach to high performance
- Talent identification and development
- Team building strategies
- Safely embed earned autonomy within the assurance framework
- Developing a common purpose
- Mentoring, coaching and performance assessment for clinical leaders
- Collaborative working across divisions
- Developing skills in response to changing service models
- Developing skills around building valued relationships, collaborative decision making, facilitation and conflict resolution.

Team building strategies will be developed with particular attention in areas of organisational change including Pathology, Theatre and Pharmacy.

The new EPR system will be in place early in 2013/14 providing new functionality to support clinical decisions making and improved reliability of care. Changing working practices and training will exploit the new systems.

Finance systems will develop to support the business units and trading between departments.

Implement the Membership & Public Engagement Strategy

In 2013/14 the Trust and Council of Governors will implement the Membership and Public Engagement Strategy and the related Membership and Public Engagement Plan.

Key priorities will be:

- To ensure the Trust's membership is representative of the population served, focussing membership recruitment activities on the geographic constituency areas least represented and those in the age range of 16-30.
- To support Governors to fulfil their responsibility to represent members' and public interest particularly in relation to the strategic direction of the Trust.
- To ensure the membership and Public Engagement Strategy is aligned to the Patient, Family and Carer Experience Strategy to ensure complementary and strategic patient and public engagement throughout the Trust.

Theme 4: Improving care & services through integration & Collaboration

Deliver the Integrated Care programme for Older People

Salford Royal will work with Salford CCG, the City Council, Greater Manchester West and non-statutory partners to find better ways of supporting older people, to improve their independence and quality of life. A new model of care has been identified which will be trialled and tested in two neighbourhoods (Swinton & Pendlebury and Eccles, Barton & Winton) during 2013/14.

The new model has three inter-related parts:

- promotion and increased use of **Local Community Assets** (e.g. carer support, self-management, community groups) to support increased independence and resilience for older people;
- establishment of **Multi-Disciplinary Groups** (i.e. structured, multi-disciplinary population based care) to support older people who are most at risk as well as providing a broader focus on screening, primary prevention and signposting to community support; and
- development of an **Integrated Contact Centre** (i.e. a hub to support navigation, monitoring and support) that brings together aspects of telephony and telecare support for older people.

An interim evaluation will be conducted towards the end of the year and an implementation plan developed to roll out those changes that prove to be most effective to the remaining six neighbourhoods in Salford.

Integration & Collaboration within the North West Sector

Following the successful collaboration with Wrightington Wigan & Leigh Foundation Trust in creating the Pathology at Wigan & Salford model, blood sciences will transfer to Salford Royal in early 2013/14, completing the redesign of Pathology services between the two organisations.

Joint work will also continue in the development of Clinical Haematology. Strategically Wrightington Wigan and Leigh wish to maintain Inpatient and Outpatient services ensuring services for the local population. Given the reputation of Salford Royal it has been agreed to recruit to joint Consultant posts to ensure equity and attractive job plans. Most of the Consult pool will deliver services on both sites.

The Trust will also continue to work with Wrightington, Wigan & Leigh Foundation Trust to improve the reliability and flexibility of the Sterile services service to respond to the needs of services within both organisations.

The Trust will work with partners in Wigan and Bolton the sector to develop sector solutions to the 'Healthier Together' strategy and explore opportunities for joint working.

Collaborate within Greater Manchester & beyond/Service Developments

As a Major Trauma centre the Trust will continue to raise standards in Regional Trauma care by moving towards meeting the service specification standards.

Following publication of clinical 'cases for change' the Trust will work commissioners and partner Trusts to agree service models meeting the 'Healthier Together' Recommendations. Additional capacity will be planned to meet the needs of the revised service models including emergency, complex and cancer surgery, assessment capacity and delivery of acute Neurology service models.

Plans for further development of the Comprehensive Stroke centre will be developed with commissioners. Additional capacity will be developed to meet the needs of the changing stroke model. Progress has been made over the last two years to collaboratively commission Neurosciences across Greater Manchester with Salford Royal now managing the provision of most outpatient Neurology services. Completion of the model will be pursued for the remaining outpatient service in Stockport and discussions will be pursued in respect of neurosurgery. Community and GP clinics will be developed in neurology.

Salford Royal will lead, develop and improve access to neuro-rehabilitation for Greater Manchester, working closely with commissioners and other providers. The trust will provide additional services on site in short term and lead on the development of capacity across Greater Manchester to meet the commissioning specification longer term.

Implementation of the Radiology Strategy will commence including planning additional capacity equipment replacement and procurement, review of the workforce, implementation of trading accounts and collaborative working with clinical divisions to improve patient flow and meet changing clinical requirements. Collaboration with other Trusts will continue to improve access to Vascular and Interventional radiology. The department will implement the new CRIS and PAC's systems and exploit the additional functionality of these systems.

Further progress will be pursued in delivery of the Dermatology Strategy including expansion of the Mohs service facilitated by additional theatre capacity,

The Trust will work with the Christie Trust to provide an onsite PET imaging service.

Service Developments & Redesign

The Outpatient Improvement Plan has implemented a number of improvements in its first year and will build on this in the second year including;

- evaluation and potential rollout of the patient portal
- tele-health and tele-medicine deployments,
- Implementation of recommendations from the world outpatient review
- roll out of “managed booking” of appointments.
- Improvements will be supported within specialties with further rapid improvement events.

Salford Royal, our Commissioners, and patients have agreed to pilot a self-testing anticoagulation service model. A self-testing pilot will commence in June 2013 with 100 point of care testing machines being used by patients in the community. This pilot has been arranged in association with Roche. If successful our ambition is for this to be the pathway of choice for all our patients, with a small number of patients accessing alternative options (eg traditional clinics) if they do not meet the eligibility criteria. It is envisaged that some patients will progress to a self-dosing model.

The Oldham Dialysis Unit will open in Autumn 2013 and outpatient clinics will be developed in Pennine satellite units.

Spinal services will be developed jointly by Neurosurgical and Spinal teams to address demand from within and outside Greater Manchester and in particular to meet the needs of an adolescent population. The Trust will review facilities to ensure they meet the needs of the complex neurosciences patients they serve.

Theme 5: Demonstrate compliance with Mandatory Standards

There are an increasing number of

- Monitor Standards
- Care Quality Commission Standards
- National, Specialist Commissioner and Local Commissioner CQUIN standards

These are assigned within the organisation in line with the assurance framework to be managed by service lines, directorates and divisions.

Assurance on compliance will be received through the divisional and corporate assurance committees

Theme 6: Implement Enabling Strategies

The focus of the Research & Development strategy is for Salford Royal to lead on Population Health Improvement through participation in the Greater Manchester Academic Health Science Network (GM AHSN) and Manchester Academic Health Science Centre (MAHSC)

In partnership with others we wish to establish a unique environment and research support infrastructure that supports the development of new health care innovations and treatments and ensures that discoveries are translated into practice and populations at the earliest opportunity. This will ensure that the best health care is available to our local population and others at first opportunity.

Ambitions include

- being a world recognised centre of excellence for Health improvement and population based research.
- ensuring that findings from research are effectively translated into practice and populations
- ensuring that the population of Salford are engaged with the research and understand the opportunities to participate and to influence the future of health care.
- Increasing research capability and capacity to support research of local, national and international importance with particular focus on areas of strength and local priorities.
- developing our research community to ensure that Salford Researchers are leading nationally recognised research programmes in their areas of expertise as well as contributing significantly to the research of others.
- Provision of effective and efficient research support and infrastructure for research of all types to ensure that we are meeting our customer's needs.
- maximising research income to invest in infrastructure, support and people for research and health improvement activity in the future
- Achieving the required 30 day approval and 70 day recruitment standards for clinical trials
- Extending the scope of the research training academy
- Maximising the potential of e-health

Opportunities will be pursued to develop models for shared support services with NHS, Local Authority and other public bodies, with joint governance functions being developed with the University Hospital of South Manchester NHSFT.

Deliver Under & Post Graduate Teaching

The focus of the education strategies will be to

- Improve teaching capacity
- Prepare for a National Education tariff and associated Education Standards
- Prepare for University of Manchester curriculum “evolution” in line with GMC requirements.
- Consolidate Salford as a “test bed” for new developments in Undergraduate Medical Education
- Develop new Quality Assurance processes to support the new Manchester Medical School system of Sector Review
- Support the organisation of additional workplace assessments, specialty blocks and adoption of new systems
- Address issues arising from the shortage of junior doctors.

Deliver the Hospital Redevelopment Strategy

Three new theatres will be commissioned in autumn 2013. This will provide a second emergency theatre, enable reconfiguration of theatre allocation to allow upgrade of existing level 1 and 3 theatre suites, and provide additional capacity for service developments.

Redevelopment of the Clinical Sciences Building site will be planned including re-provision of clinical and office accommodation in the current building. Provision of facilities for collocation of clinical and academic Dermatology and expansion of surgical capacity to meet the demand of service reconfiguration will be progressed, A Community Estate Strategy will be developed to rationalise the locations of services and make provision for more community based services.

Deliver the IM&T Strategy

The priorities for 2013/14 include:

- Implementation of a new Electronic Patient Record (EPR) system to replace and extend the scope of the existing electronic record and future proof with additional functionality.
- Improved support to clinical pathways within the Trust by harnessing the increase capabilities of the New Electronic Patient Record System (EPR) to enhance clinical outcomes for patients and support evidence based practise.
- Implementation of new EPR functionality in A&E and Critical care to support efficient and effective practise to enhance clinical outcomes for patients.
- Deployment of new mobile technologies to community staff including District nurses to support delivery of care in patients' homes.
- Implementation of a replacement PACS and RIS systems to support the reporting of radiology images (X-Rays, CT and MRI scans) in partnership with other trusts across Greater Manchester.
- Continued support the Outpatient Improvement plan, through identify and harnessing new technologies and capability within the new EPR.
- Continued enhancement and development of integrated records within Salford and developing links with partner organisations across Greater Manchester to support coordinated care.

Deliver the Corporate & Social Responsibility & Public Health Strategy

The Trust continues to implement the 'Live Well, Work Well' strategy agreed in 2011/12 with the following priority themes

The Patient & Staff Health & Well Being objectives include

- Alcohol screening & referral in pre-operative assessment
- Brief intervention & referral to smoking cessation services
- Reduced Accidental injuries in children
- Supporting Infection Control measures in hospital and community

The social responsibility element of the strategy includes

- Further Implementation of the Volunteering strategy
- Increased community engagement
- Work placements and career opportunities
- Engagement with the membership in respect of service developments and redesign

The sustainability and environmental impact part of the strategy builds on the work done so far and has set further targets to

- Reduce and recycle waste
- Reduce energy use & carbon emissions
- Implement the Green travel plan

- Increase the use of local and fair-trade goods