



Strategic Plan Document for 2013-14

**Papworth Hospital NHS Foundation Trust
Final version**

Strategic Plan for y/e 31 March 2014 (and 2015, 2016)

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Date

30 May 2013

The attached Strategic Plan is intended to reflect the Trust's business plan over the next three 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 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 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 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 directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name

Robert Burgin

(Chair)

Signature



Approved on behalf of the Board of Directors by:

Name

Stephen Bridge

(Chief Executive)

Signature



Approved on behalf of the Board of Directors by:

Name

Jane Payling

(Finance Director)

Signature



Papworth Hospital NHS FT

Annual Plan 2013-14

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This Strategic plan sets out how the services at Papworth Hospital NHS Foundation Trust aim to be delivered in a high quality and cost-effective way for its patients on a sustainable basis.

It identifies the Trust's assessment of the challenges it faces (both within the organisation and more broadly within its local health economy), its strategy to address those challenges and its implementation plans over the 3 years from 13/14 to 15/16.

Section 1A

Strategic Context and Direction

At Papworth, our vision is to be the leading hospital providing excellence in specialist heart and lung patient care, based on research, education and innovation. Our focus is growth, value and effectiveness, with a commitment to the highest levels of clinical quality and providing the best standards of personalised care possible to our patients.

The implementation of this strategy ensures that Papworth maintains its position as a cardiothoracic centre of international standing, and pays for our new state of the art hospital and research centre on the Cambridge Biomedical Campus.

2012/13 Key Milestones

Listed below are a number of events and milestones achieved during 2012/13, which have contributed to the Trust's strategy over the next three years.

- The overall number of patients treated increased by 6,386 (7.7%) over the previous year to 88,934 (combined admitted patients and outpatients). In-patient and day case activity grew by 0.7%, and would have been even higher had we been able to recruit and retain more experienced specialist nurses.
- Moving towards new treatment for cardiac arrhythmia research on the metabolic basis of this disease and working to translate this molecular evidence into better treatment and a reduced incidence of sudden cardiac death.
- Introduction of the Eximer Laser system – equipment to improve the efficacy and safety of pacemaker and implantable cardioverter defibrillator removal
- Transplantation - Expert panel review of national programme identified Papworth as performing the highest number of heart transplants and providing a quality and sustainable service.
- Responsibility for all paediatric (under 30kg) and neonatal cardiothoracic organ retrievals, on behalf of Great Ormond Street Hospital (GOSH), for the southern half of the country.
- National designation of the Ataxia Telangectasia (AT) service in adults.
- Increased staffing in critical care with an additional 32 new staff
- Highest friends and family score test results across Midlands and East Strategic Health Authority
- Overall job satisfaction increase in staff survey.
- Partnership working with Cambridge University Hospitals (CUH) to deliver an Information and technology system which will deliver a full electronic patient record by 2018
- Launch the 'Mesobank', a new research facility led by Papworth Hospital – the first of its kind in Europe, which will facilitate vital research into the nature and treatment of the terminal cancer, mesothelioma.
- Delivery of a record number of the highly - complex [Pulmonary Endarterectomy \(PEA\)](#) operations.
- Cancer service was named by Macmillan Cancer Support as the third highest performing hospital following its analysis of the National Cancer Patient Experience Programme 2011/12 survey results.
- The Enhanced Recovery Programme for Cardiac Surgery has won a national innovation award. The programme was selected, from over 250 applications, for the Health Foundation's Shine Programme. The Enhanced Recovery Programme aims to help patients recover as quickly and fully as possible after surgery.
- National designation of our Transcatheter Aortic Valve Implantation (TAVI) service
- Excellent results in national in and outpatient surveys. Papworth's Strategy over the next three years sustains an emphasis on maintaining our excellent standards of clinical care and to increase the number of patients we treat. Our income, through treating more patients, increasing our research income and improvement in our efficiency and effectiveness across the whole range of our activities.

Following the evaluation of interim bids in July 2011 the Trust selected two bidders – Bouygues and Skanska - to proceed to the final bid stage. Both bidders have further developed their proposals for the new hospital, which will be located on the Cambridge Biomedical Campus, and final bids were

submitted to the Trust in November 2012. Following Appointment Business Case approval by the Department of Health the Trust will evaluate the two bids and select a Preferred Bidder – this is expected to be completed by the end of June / early July 2013. It is planned that the contract will be signed between the Trust and the Preferred Bidder by spring 2014 following the completion of detailed design, the granting of detailed planning consent, accessing private finance via a funding competition, the conclusion of commercial terms in the contract and Final Business Case approvals. Construction of the new hospital is planned for completion by late 2016 / early 2017.

To realise our vision of quality, growth and innovation we are issuing more information on our wide range of safety initiatives and clinical outcomes, which we believe will be of great interest to prospective patients, referring clinicians and commissioners alike. To meet the demand for specialist care our extensive Service Improvement Programme is fundamental in maximising (i) the use of both existing resource more efficiently and (ii) deliver on a programme of new improved ways of working. Papworth people, our staff also are encouraged to participate in an extensive array of education, research and innovation programmes with the aim of providing a stimulating working environment for our staff.

Papworth is a founding member of Cambridge University Health Partners (CUHP). A recent proposal to transition from one of only 5 Academic Health Science Centres (AHSCs) designated in the country to a AHS Networks was confirmed on 23 May 2013.

Our vision for the future is one in which every member of our staff will have access to the information they need, when they need it, without having to look for a piece of paper, wait to use a computer or ask the patient yet again. There will be a unified record of the patient – whether it is clinical, administrative or management information. It will be possible for staff to be able to use whatever technology is best for them and most suited to the task in hand. This is referenced as eHospital in the text.

Our key priorities are aligned to eight principle objectives, which are easily understood by staff and public.

Strategic Objectives:

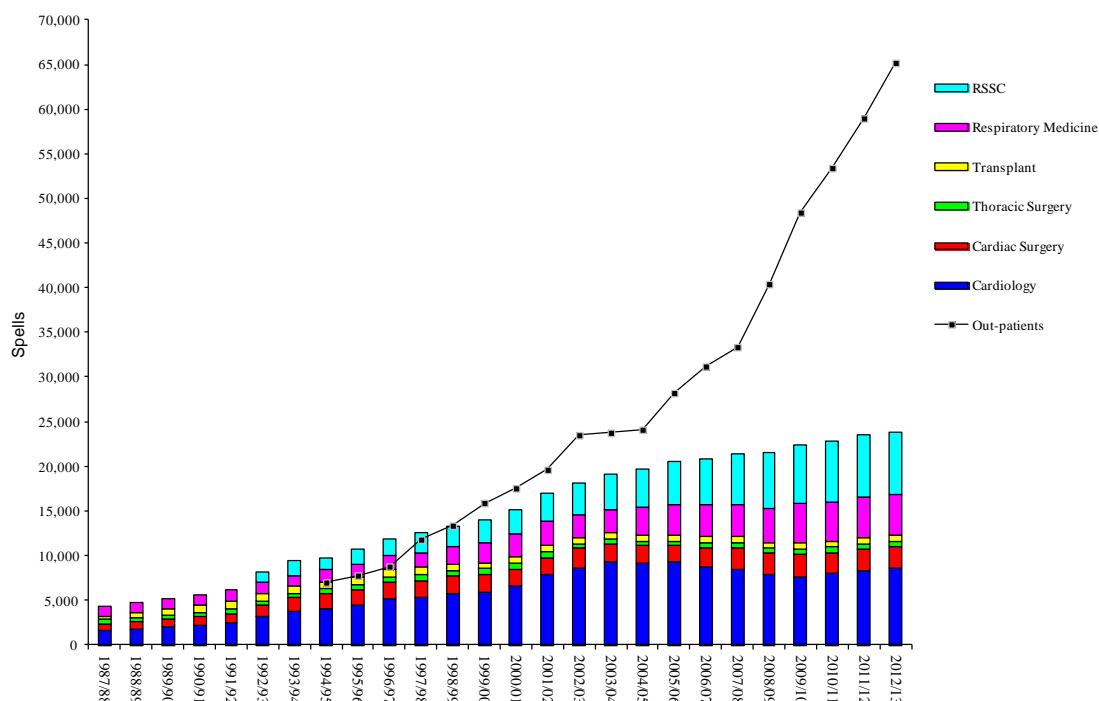
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|---|---|
| 1. Quality and safety | <i>To provide a safe and clean environment and eliminate avoidable harm.</i> |
| | <i>To publish a wide range of clinical outcomes from the care provided by Papworth Hospital and quality of outcome measurements as seen from the patient's perspective.</i> |
| 2. Patient Experience | <i>To provide the highest quality of personal care, compassion, dignity and respect with which patients are treated.</i> |
| 3. Governance | <i>To ensure that Papworth achieves best practice in corporate governance, (including standards set by all mandatory authorities).</i> |
| 4. Innovation | <i>To develop Cambridge University Healthcare Partners into the leading Academic Health and Science Network in the UK. Maintain and promote other innovation work streams that contribute to Quality Innovation Productivity and Prevention (QIPP) agendas.</i> |
| 5. Staff Engagement | <i>To value our staff through developing responsive communication plans and support strategies including the promotion of health and well-being.</i> |
| 6. Meet Specialist Healthcare Need | <i>To increase the range and volume of clinical services through the delivery of integrated care pathways</i> |
| 7. Working Differently | <i>To improve the efficiency and effectiveness of all aspects of Papworth Hospital NHS Foundation Trust. To progress eHospital</i> |
| 8. New Papworth Hospital | <i>To commence construction of the new Papworth Hospital in Cambridge by Spring 2014.</i> |

Activity and Commissioning Overview

Papworth Hospital is an internationally recognised heart and lung centre and one of the leading cardiothoracic hospitals in the United Kingdom. It provides services to a core catchment of approximately three million people in Norfolk, Suffolk, Cambridgeshire, Mid and North Bedfordshire and surrounding areas and receives referrals for certain sub-specialties from throughout the UK. It is one of only five cardiothoracic centres in the UK able to carry out heart and lung transplants.

The historic demand for Papworth's services is shown in the diagram below:

In-patient and Day Case Activity 1987 - 2013



The Trust has a detailed activity model to predict the future demand for its services. These build from current levels and take into account:

- Predicted changes to the size, age and gender profile of the Trust's catchment population;
- The need to continue to achieve waiting time targets, such as 18 weeks from referral to treatment;
- Changes in levels of demand for specific specialist services, including the introduction of new services;
- Nationally recognised per million population intervention rate expectations for specific services, for example coronary revascularisation.

This model predicts that the demand for the services provided at Papworth will continue to grow over the three years covered by this plan and beyond.

Contained within the activity model are assumptions regarding loss of market share where activity is expected to transfer out as previously specialist activity becomes more widely undertaken by DGHs. The main transfer out anticipated is due to the planned opening of the catheter laboratory at Ipswich Hospital. No other major NHS market share changes are anticipated. A small growth element has been included to take account of the national review of heart and lung transplantation which may result in a reduced number of centres.

Papworth's Commissioners

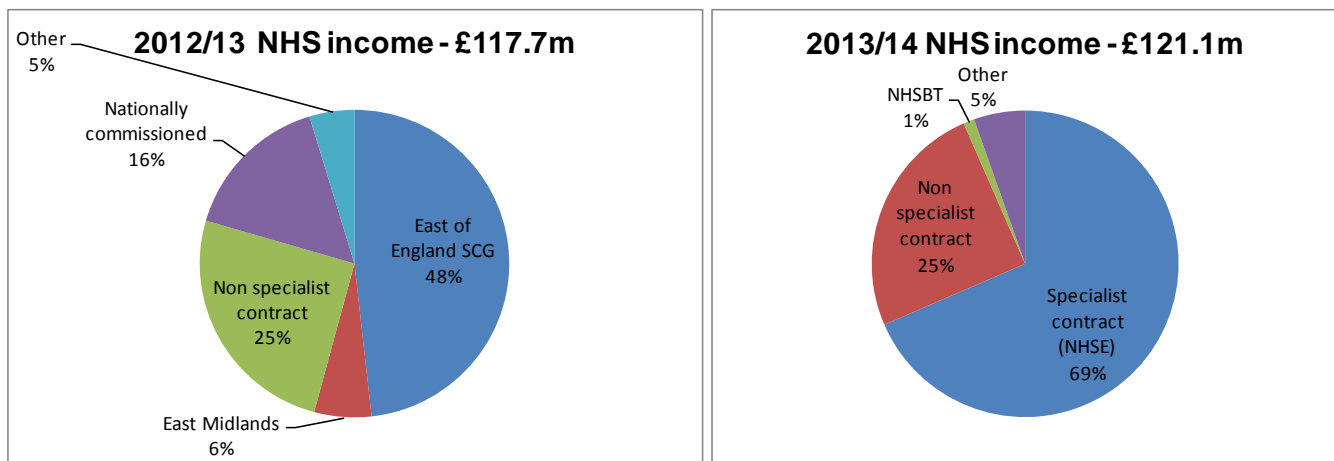
Relationships with the organisations which commission Papworth's services has remained strong during 2012/13. Changes in commissioning arrangements are clearly a major issue for Papworth in

common with all providers. Nationally commissioned services have been combined with services previously commissioned at a regional level under a single contract with NHS England (Eastern Local Area Team). Locally commissioned services moved from PCTs to GP led commissioning from 1 April 2013, hosted by Cambridgeshire and Peterborough CCG.

With the change in commissioning arrangements there has been little time for commissioners to make any major changes in commissioning intentions for Papworth's services. The significant features are:

- Move to designation for national services, which will be commissioned on a more consistent basis across the country following the transfer of responsibility to NHS England. The majority of Papworth's services fall within the definitions and requirements for designation. Small long term reductions are anticipated in structural cardiology procedures, specifically ASD closures, which in future will only be used for restricted range of conditions. Increases are anticipated in TAVI and in the new service of renal denervation which are as a result of the consolidation of national commissioning policies.
- The designation of Papworth as a centre for paediatric organ retrieval from 1 May 2013.
- Reallocation of services between specialist and non-specialist contracts.
- Continuation of the need for Quality, Innovation Productivity and Prevention (QIPP) savings. Papworth is working with neighbouring healthcare organisations across the East of England, to help deliver the significant changes - both service re-design and financial. - required under the challenge.

The Trust's position, shown below in terms of the sources of its NHS income, between 2012/13 outturn and 2013/14 plan is shown in the two diagrams below:



- Contracted income for 2013/14 is £3.4 m more than outturn for 2012/13. However, outturn exceeded plan in 2012/13 by almost £2m and it is anticipated that contracts will come under similar pressure in 2013/14.
- There has been a significant shift in the profile of income by commissioner in 2013/14 with 69% of the total being designated specialist and commissioned by NHS England (Eastern Team).
- This total now includes highly specialized services such as transplant, VAD, ECMO and PTE formerly commissioned nationally (15%).
- It also includes the regional specialist services formerly commissioned by the East of England Specialist Commissioning Group (SCG) and East Midlands SCG (54%).
- National commissioning by NHSBT for transplant organ retrieval now only accounts for 1% of total income.
- 25% comes from East of England CCGs. This is hosted by Cambridgeshire and Peterborough CCGs on behalf of a range of associates – the Cambridgeshire and Peterborough element being £12.9m.
- Total income is forecast to increase by £6.6m over the three year period 2013/14 to 2015/16, in line with the detailed activity and financial model for the New Papworth hospital. This is achieved (despite tariff reductions) due to predicted activity growth in all service areas.
- Over 80% of admissions are planned, making Papworth a largely elective centre.
- As part of the New Papworth approval process, detailed activity forecasts have been shared with commissioners and letters of acknowledgement and support have been received. These activity forecasts have also been reviewed by Deloitte in December 2012.

Other Income Streams The Trust continues to move forward in the areas of research and development and education. During 2012/13, the Trust was recognised for its increased recruitment to research studies through an increase (60%) in the level of Comprehensive Local Research Networks (CLRN) support funding received.

The Trust undertook a specific piece of work to increase the activity and income from private patients. The Papworth Clinic brand was launched in 2010. Further promotion of the private patient service is planned through a dedicated microsite and other marketing activity. The microsite went live in 2011 and was updated in 2012. This will allow the expansion of private patient work when additional capacity is available, particularly for cardiac surgery patients through the expansion of critical care which is planned for 2013/14. Private patient income is planned to rise from £5.7m in 2012/13 to £7.5m in 2015/16.

Collaboration, Integration and Patient Choice Plans to integrate care for patients with recurrent lung infections finishing to their course of intravenous anti-biotics at home is being further developed. The team are currently in discussion with Suffolk community services to look at setting up a home IV service for patients who are unable to self-administer, but require three times a day doses. Both parties are keen to develop this initiative. The planned move to the Cambridge Biomedical Campus will provide the opportunity for greater sharing of services with Cambridge University Hospitals (CUH).

The NHS reforms signpost moving to a position where all providers are supporting new entrants into the market and as well as ensuring defined standards are maintained

	NHS Reform expectation	Examples of Papworth enabling initiatives
1.	More information for patients, and encouraging patient choice (providers and consultant teams)	Publishing a section on the website about Patient Choice; Publishing consultant profiles on the website; Launching Papworth's social media presence.
2.	Compliance with outcomes framework / national performance measures	Detailed in the Trust's Quality Accounts. An example: Papworth Hospital has some of the best risk-adjusted cardiac surgery outcomes in the country. As a specialist hospital, Papworth treats older and sicker patients than the national average
3.	Innovation strategy to drive adoption of best practice, new technologies and service improvements, including encouraging industry involvement	Papworth prioritises research, new technology and commercial partnership through: appointment of 50:50 clinical/research posts, reorganisation of research officer time to commercial studies, and prioritising recruitment to portfolio studies.
4.	Using payment mechanisms to achieve better value (developing use of best practice and local tariff flexibilities, and penalising poor performance)	Papworth has a comprehensive CQUIN program agreed with commissioners for 2013/14. The key areas covered are: patient experience, dementia, VTE, safety thermometer, making every contact count, palliative care, discharge information, pressure ulcers and transfer times for urgent patients.
5.	Delivering sustainable improvements in system cost-effectiveness. Integrated care across current health and social care organisational and budgetary boundaries	Implementation of a treat and return policy between referring hospitals and Papworth as the specialist provider have been reactivated to assist with patient flow.
6.	Helping patients with long term conditions both manage and improve the quality of their lives	Sleep studies within the community - a service in conjunction with the Hunts GP consortium for patients to have their sleep study undertaken through their GP practice with the information being sent through to Papworth for interpretation and guidance. This model is now being discussed with a view to further roll out. Papworth's move to Cambridge provides further opportunity to improve patient flow,
7.	Hospital reconfiguration, including the provision of appropriate specialist care	Continued promotion of joint appointments between Addenbrookes, (other referring hospitals) and Papworth. (See Clinical Strategy section)
8.	Support disease prevention including providing information about lifestyle choices	The Making Every Contact Count element of the CQUIN programme encourages all providers to give health promotion advice – Papworth's contribution is around lifestyle factors e.g. smoking which contribute to cardiothoracic diseases.

Section 1B

Approach to Quality

Care Quality Commission (CQC):

To determine our priorities for 2013/14, we reviewed our clinical performance indicators for the year, as well as on-going consultation with our service users on the range and quality of services provided. A wide range of methods are used to gather information, including national patient surveys, real-time patient feedback from our Trust-wide patient experience data collection tool, concerns, compliments and complaints. Having identified some priorities, we then spoke to our clinical teams, Governors, Patient & Public Involvement and Membership Committee and Local Involvement Networks (LINKs) representatives before making our final choices.

Key Quality Risks:

The key quality risks inherent in our plan are ensuring our service improvement plans do not impact negatively on quality. Our mechanism for assessing this and continuing to deliver safe patient services is documented in Section 1D 1.2 – Productivity and Efficiency Strategy

Board Assurance:

The three components of quality as defined by Lord Darzi - patient safety, patient experience and effectiveness of care – remain the number one focus of our monthly Board of Director meetings which are held in public. Each meeting commences with this agenda, and papers are received and discussed relating to patient safety and effectiveness of care, and patient experience. Within the domain of **patient safety**, the Board receives on-going information relating to:

- Safety thermometer.
- Medication errors.
- Serious incidents.
- Never events.
- Health Care Associated Infections.
- Safeguarding.
- Safety focus groups.
- Staff survey
- Nursing care indicators.

Within the domain of patient experience, the following is discussed. There is also a quarterly **patient experience** report which details key issues relating to our patients' experience within the quarter.

- Patient stories and feedback.
- Patient survey.
- Staff survey.
- Complaints.
- Patient Recorded Outcome Measures.
- Patient Environment Action Team scores.
- Nursing care indicators.
- Governor feedback.
- LINKs.

Within the domain of **effectiveness of care**, we report and discuss:

- Mortality rates.
- Mortality and morbidity meetings.
- National audits.
- National returns.
- Implementing NICE guidance.
- Waiting times.
- Productive Series.

This approach forms part of our Quality Strategy which, throughout 2013/14, we will be reviewing to incorporate the Chief Nurse of England's 6 C's – care, compassion, courage, communication, competence, commitment, as well as to ensure we have encompassed the key recommendations from the Robert Francis report.

A sub-committee of our Board of Directors, the Quality and Risk Committee, meets bi-monthly to critically examine all aspects of quality and our Board assurance. Detail of all this information can be found in a copy of the Trust's Annual Quality Accounts.

Compliance Framework – Achievement of Targets Risk

The Board has flagged a risk of non-achievement of the 62 day cancer waits for 2013/14. Achievement of the 79% single cancer site specific target for Papworth has continued to be challenging in 2012/13. In addition, commissioners have asked us to review whether the 79% target is still in place as it was originally granted in 2009 by CQC. We have been informed by DH that the mechanism for undertaking a review of the trust specific target is via Monitor once a breach occurs.

There have not been any CQC concerns raised at Papworth during 2012/13 and, therefore, in 2013/14 we will continue to work closely with our clinical teams to ensure we remain in line with the CQC outcomes. As part of our internal governance, members of our Nursing Advisory Committee undertake monthly unannounced inspections across the hospital to ensure we have early warning of any specific areas requiring attention.

Section 1C

Clinical Strategy

Papworth's strategic direction is governed by the need to meet the needs of patients, to respond to national, regional and local strategic drivers, and to provide modern, safe and clinically effective patient pathways from a high-quality centre.

The Trust's central aim is to provide the highest quality, patient-focused care. As part of our visioning for the New Papworth Hospital in Cambridge we have reviewed the model of care. The result represents a radical re-examination of the way in which care is delivered, a scrutiny of the structural processes behind the delivery of care, and a re-alignment of care delivery to ensure that the patient continues to be at the centre of all we do. Continuing to improve the patient's experience is the driving principle, replacing historical processes with modern systems.

The Trust takes a whole systems approach to the emergency, elective and ambulatory care process, putting the patient at the heart of all processes and targeting healthcare needs. It provides integrated service delivery with condition/disease-based care pathways based on severity of illness.

The philosophy promotes a positive approach to assessment and diagnosis, ensuring that the patient is cared for in the most appropriate setting by the most appropriate people. Staff work collaboratively in multi-disciplinary teams using shared protocols and pathways, providing safe and effective intra and inter-specialty clinical care.

Central to the vision is the concept of partnership working between Papworth Hospital, Addenbrooke's Hospital and Cambridge University School of Clinical Medicine. The delivery of the Clinical Vision and, in particular, the co-location of specialist and general cardiac and respiratory services close to Addenbrooke's Hospital services, will benefit patients from the local area and those travelling from across the region and country. The key themes of the vision are to:

- Consolidate and unify all major clinical specialties on one site for the benefit of patients
- Increase capacity and capability to develop and deliver new services for patients including a shared Information management and technology platform
- Provide improved access to the full spectrum of specialist clinical services
- Enable speedier cross-referrals between specialties and earlier interventions
- Create a single cancer centre for pulmonary and upper gastrointestinal cancers
- Relocate cardiothoracic surgery, adjacent to and involved in the regional trauma centre
- Provide purpose-built accommodation with state-of-the-art facilities which will improve the care environment
- Integrate cardiothoracic basic research, clinical research and education to strengthen the University of Cambridge's position as one of the leading international clinical academic centres, thereby leading to improved care for future patients, and attracting the highest calibre of staff
- Contribute to transforming the Cambridge Biomedical Campus into a world class centre for clinical and biomedical sciences
- Provide career and training opportunities for all staff

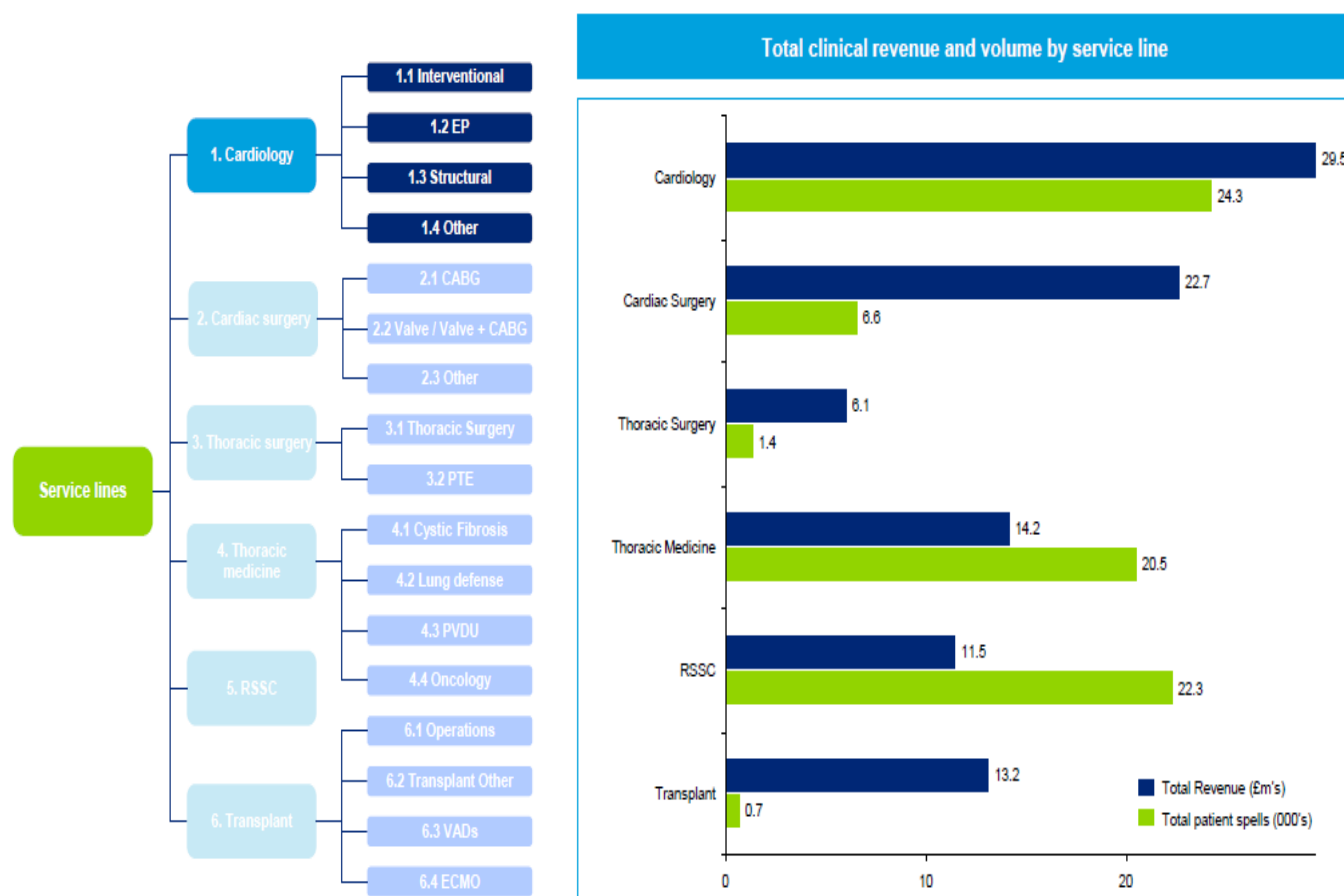
These themes state Papworth's long-term clinical service intent, anticipating a move to Cambridge in 2012/13. For the next four years our challenge is continuing to work towards this vision, on the existing site, and manage the constraints that this presents. The delay has had consequences for Papworth Hospital, including unplanned expenditure at the existing site: Examples include additional bed capacity, theatre air handling plant and purchase of major medical equipment. If delay continues further investment will be required particularly in regard to the aging infrastructure at Papworth. In addition

there is a constrained ability to implement productivity improvements due to existing site constraints and poor clinical adjacencies. There is also an impact on maintaining staff morale.

As part of the on-going New Papworth Hospital approval process, a detailed analysis of all the Trusts service lines was commissioned by the Midlands and East Strategic Health Authority in December 2012. This concluded that forecast activity assumptions were broadly in line with the independent assessment undertaken of the underlying demand drivers.

Papworth's Service Line strategy is based on growth where historically over 80% of the activity is elective and increasing demand relates to population growth and an aging population.

The Trust has six clinical service lines. Cardiology and Cardiac surgery are the largest service lines for the Trust representing 54% of clinical revenue.



Within these service lines there is further subspecialty classification into business units. For each business unit there is a development plan. This provides the framework for the Long Term Financial Model (LTFM) and the clinical vision of front line clinical personnel to converge. Local discussion happens in each of the specialty business units, with any cross specialty impact on operational delivery assessed at the operational executive and service improvement forums within the Trust.

High Level Summary of Service Line strategic developments (General commentary includes in and outpatient services).

The delivery of the projected activity drives the business model to achieve the annual plan. There are elements common to all service lines that assist in mitigating the risk of not maintaining the activity and income profiles. These include:

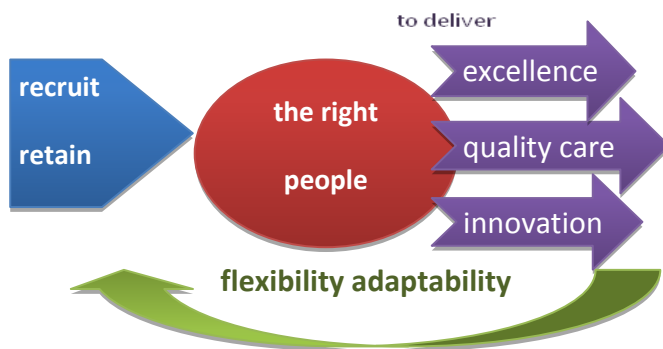
- Maintaining quality and reduction in Length of Stay (LOS) by delivering:
 - Increased consultant review of patients
 - Nurse-led discharge
 - Innovation through translational research
- Use of Service Line Management (SLM) to assist in prioritising reduction in variation within a service and Patient Level Cost Information (PLICs) to assist in reduction of unit costs.

Service Line	Assumption	Evidence	Market share commentary	Mitigation of risk associated with maintaining activity and income profile
Cardiology	<p>Introduction of EP related procedures at DGH's.</p> <p>Demand likely to rise. Complex procedure such as TAVI, Mitral clip and PFO closure to increase in the short term.</p>	<p>Trend towards PCI procedures rather than CABG</p> <p>Tracking population growth; rising prevalence rates, diabetes and obesity</p>	<p>EP: Potential to offset with high premiums for London care may increase Papworth's market share</p>	<ul style="list-style-type: none"> • Greater use radial intervention. Increase to 65% of all elective PCI • Nurse lead service initiatives in for palpitations pathway & cardioversion service
Cardiac Surgery	<p>National CABG rate is a 1% increase pa. Papworth's rates are higher.</p> <p>More complex surgery e.g: combined Valve and CABG procedures will continue to grow.</p>	<p>Dr Foster and National Cardiac Benchmarking data .</p> <p>Disease demographics show steady growth 4% pa for valve surgery</p> <p>Access to Cardiac Care in the East of England 2011</p>	<p>Competition for less complex procedures is increasing but will be capped by the limited capacity in the region</p>	<ul style="list-style-type: none"> • Increase in same day admission % • Enhanced recovery programme roll out. • Clinical leadership for all LOS reduction projects
Thoracic Surgery	<p>Numbers of patients with lung cancer are expected to rise over next 10 years by rising age profile and 1% increase in prevalence.</p> <p>Prevalence up in other cancers, with requirement for specialist thoracic procedures increasing.</p> <p>PTE surgery demand rising. Block contract will remain at the same (2011/12) level.</p>	<p>British Thoracic Society</p> <p>Cancer research UK 2010 based population and sub national projections</p>	<p>Potential for boundaries to shift between providers to benefit Papworth</p> <p>Papworth is currently the only centre in the UK proving PTE surgery</p>	<ul style="list-style-type: none"> • Enhanced recovery programme roll out • Innovation through minimally invasive approaches and new surgical instrumentation • Increase in critical/progressive care bed capacity. • Increase in diagnostic capacity - Echo

Service Line	Assumption	Evidence	Market share commentary	Mitigation of risk associated with maintaining activity and income profile
Thoracic Medicine	<p>Productivity initiatives have already demonstrated higher through put, this will be sustained and further improve in Lung defence and PVDU.</p> <p>Medical intervention for lung cancer will also increase</p> <p>Demand from Pulmonary Vascular Diseases (PVD) is increasing.</p> <p>Sustainable Interstitial Lung Disease (ILD) service delivery.</p>	<p>Many specialist treatments that are linked to genetic disorders and will therefore track population growth.</p> <p>In line with comments above in Thoracic surgery</p> <p>Linked to awareness of PVD and this is increasing.</p> <p>The use of Pirfenidone was approved by NICE in April 2013. It can only be prescribed and funded through a recognized and approved specialist ILD centre.</p>	<p>The services delivered at Papworth such as Cystic Fibrosis; interstitial lung disease and Pulmonary Vascular disease attract little competition.</p> <p>Papworth fits into the category and will be working with the specialist commissioners on ensuring adherence to the guidance and standards.</p>	<ul style="list-style-type: none"> • Further revision in antibiotic regime to reduce LOS • Collaborative working with primary care to manage patients in the home setting – • Improved diagnostic access. • Delivery of advanced techniques contributing to accelerated quality management
Respiratory Support and Sleep (RSSCentre)	<p>Forecast growth is 5.3% pa</p> <p>A small increase in Progressive Care Patients (PCP) – this service offers weaning/ partial weaning from long term ventilation.</p> <p>Insurance company interest in sleep disorders</p>	<p>This is higher than historical growth rates due to diseases such as obesity and diabetes growing at 1-2 % pa and other lifestyle changes that have resulted in increase in sleep disorders.</p> <p>2010 based population and sub population projections</p>	<p>Nice guidance has supported growth.</p> <p>Other hospitals and dental practices offering treatment often look to specialist providers for long term management solutions.</p>	<ul style="list-style-type: none"> • Reduction in outpatient new to follow up ratio.
Transplant	<p>Annual growth is predicted (3.3%) lower than historical growth (9.3%).</p> <p>Increasing requirement for device support ie ventricular Assist Devices (VAD) and cardiac Extra corporeal Membrane Oxygenation (ECMO)</p>	<p>Low availability of donor organs.</p> <p>Demand from bridge to Transplant and Heart failure patients</p>	<p>Part of a National service with a pre – eminence in the cardiothoracic field.</p> <p>Designation of Respiratory ECMO service (one of five centres) defines share of national demand.</p>	<ul style="list-style-type: none"> • Outcome of adult heart and lung transplant review

Workforce Strategy

Papworth's workforce strategy is to attract, develop and retain the best people, contributing to an organisation that values delivering excellent care and outcomes through commitment, effort and continually striving for improvement in quality, organisational effectiveness and efficiency.



The commitment of our staff is critical to Papworth's continuing success and its strategic development as an organisation: key to help achieve this are:

- strong values, continually emphasised and lived
- professional development of roles and individuals
- recognition and rewards
- excellent communication and engagement

Papworth's future organisational needs require a combination of specialist and core skills to enable resources to be used more flexibly across the organisation. Clarity and consistency of required competences and role definitions will facilitate increased cross-specialty working.

Papworth's values are based on excellence, quality care and innovation and we expect our staff to be:

- highly committed
- fully engaged
- understanding organisation and culture
- every patient at the centre
- embrace challenge and change
- part of the Papworth 'team'

and to provide:

- high standards of patient care
- specialist expertise
- excellent clinical outcomes
- pioneering new interventions and improvements in patient care
- supportive multi-disciplinary team environment

The key workforce pressures facing the hospital are the on-going recruitment and retention of clinical staff, notably experienced nursing staff; junior doctors in training; allied health professionals and physiologists (cardiac and respiratory).

The impact of such pressures has resulted in an unprecedented increase in the use of agency staff not only to fill vacancies but to support the increasing dependency and acuity of our patients.

To address these issues, the following plans are in place/taking place:

- An overseas recruitment campaign for experienced nurses to bridge the gap between newly registered and their adaptation period;
- An on-going recruitment campaign to increase the number of staff available via the hospital's internal bank;
- The recruitment of a full time locum doctor to cover gaps in the junior doctors' rotations;

- The secondment of a nurse to support the nursing teams to improve the recruitment and retention of nurses;
- A dedicated resource to continue the work of the Procurement Hub to review agency expenditure and ensure best value for money;
- A revised career and skill/mix model for cardiac and respiratory physiologists in response to Modernising Scientific Careers.

Papworth Hospital regularly reviews the nursing ratios in place in order to keep pace with changes in case mix and patient acuity. Previously the Trust has used the Safer Nursing Tool but has recently updated this to use a Nursing Hours per Patient Day model. The modified tool was used in late 2012/13, suggesting an increase in the number of both qualified and unqualified nurses required. Investment in this area of £490k is included within the 2013/14 plan.

Section 1D

Productivity and Efficiency Strategy

Service and cost improvement is a long established practice at Papworth Hospital. The pursuit of improvements in productivity, economy and efficiency coupled with a focus on high quality patient care, innovation and research and development are embedded in the organisation. Over the years this has been evidenced by excellent patient outcomes, patient and staff feedback, the development of leading edge services and a long track record of excellent financial performance. This has been achieved during a period of growing demand for the Trust's services, increasing patient acuity and substantial funding pressures.

The service and cost improvement programme is necessary to meet the tariff deflation and expenditure inflation challenges that face the Trust. The new Papworth hospital is part of the solution in the longer term, with the opportunities for greater economy and efficiency and improvement in the quality of care.

Service and financial pressures have increased in the recent past and are predicted to continue for the foreseeable future. The Trust continues to respond to these challenges and has a well-developed formal SIP / CIP process which is summarised in this paper. In 2012 the overall programme and process was reviewed by ATOS Consulting

The following sections describe the Trust's SIP / CIP plans and the assurance / governance framework which assists both with the development of SIP / CIP and monitors achievement.

1. SIP / CIP Plans

The SIP / CIP plans are subdivided into five categories. See Appendix 2:

1. Pay reform / pay savings
2. Productivity
3. Procurement
4. Budget review/Lean initiatives
5. Revenue generation/Income SIP

1.1 Pay reform / pay savings

This category encompasses seven work streams which are summarised as follows.

- i. Skill Mix Changes
- ii. Streamlining Central Services
- iii. Pay Reform
- iv. New Ways of Working
- v. Reduction in Consultant Programmed Activities (PA)
- vi. Workforce Management

1.2 Productivity

The principal means of achieving greater productivity is to ensure that growth in activity and income does not result in an equivalent increase in pay and non-pay expenditure. This is achieved by containing the growth in activity within the existing clinical facilities on the current site and those modelled in New Papworth.

One of the key areas for this productivity improvement is the achievement of a reduction in the Average Length of Stay. Benchmark targets have been set for all the key activity areas in the Trust for both elective and emergency cases.

1.3 Procurement

Savings are a combination of procurement initiatives undertaken by the East of England Procurement hub and internal procurement savings generated by the Trust's supplies department. Achievement of savings is being monitored by the Trust's procurement department. A detailed procurement savings work plan for 13/14 to 15/16 is in place.

1.4 Budget review/Lean initiatives

Specific projects are underway in this category to control expenditure and reduce budgets. Examples include estates costs such as heat, light and power, (conversion of the main boilers from oil to gas in 2011 is now saving > £360k p.a.), and the move to multifunctional devices (savings achieved in photocopier rentals, reduced numbers of printers and printing costs)

In clinical areas there is a constant challenge to look at the number of devices and amount of consumables used per procedure. There are two main elements: firstly overall stocking and storage arrangements (to ensure that last minute ordering and wastage is minimized); secondly looking at the actual consumables opened and used in each type of clinical procedure.

1.5 Revenue Generation/Income SIP

The work undertaken by ATOS identified a number of small areas where the Trust could improve its processes in order to increase revenue generation. These are through continuous data capture and coding improvement and through the use of telemedicine. These two areas have been incorporated into the SIP/CIP model alongside directorate challenges to look at areas of revenue generation over and above the commissioned activity levels.

2. SIP / CIP Governance and Assurance

There is an extensive governance and assurance process in place which is embedded in all parts of the organisation.



Significant progress continues to be made but to ensure that the process continued to be fit for purpose and that no opportunities for improvement were being overlooked the Trust decided that an external review would be beneficial. ATOS Consulting was appointed in 2012 to carry out the review. The key was to focus on the overall management of the SIP process and to inject new ideas and to add value to the Trust's thinking. This has been a valuable report, the recommendations of which continue to be implemented.

The headline messages during 2012/13 are listed below and these will continue to ensure safe effective delivery of the programme:

- Appointment of a dedicated SIP manager for the Programme Management Office (PMO)
- Alignment with e Hospital benefits to ensure no duplicate counting re affordability of New Papworth or e Hospital projects
- Development of the SIP finance tracker, that is updated hourly
- Full compliance with the Operating Framework 12/13 to ensure all SIP's are review by Medical Director/ Nurse Director to ensure there is no negative impact on patient safety/quality

- The SIP dbase has a report function that requires completion of a Quality Impact Assessment (QIA) before a project goes live.
 - QIA reports can now be accessed via the Trusts business intelligence system.
- Quarterly audits to monitor compliance with all data entry fields on the dbase e.g QIA, finance tracker; monthly highlight report
- Tender process for education and training resource to complement and enhance sustainable change management completed. Implementation to start in September 2013.

Section 1E - Financial and Investment Strategy

An assessment of the Trust's current financial position

The key financial indicators for the past five years are shown on the table below:

£(m)	2008/09	2009/10	2010/11	2011/12	2012/13
EBITDA	8.1	9.5	11.3	11.1	11.9
Net surplus	3.5	4.1	6	6.45	6.5
Closing cash balance	11.4	18.9	25.9	30.6	37.3
FRR	5	4	5	4	4

Financial performance has continued to be strong in 2012/13, despite the increasingly difficult commissioning climate, reflecting the sustained demand for Papworth's services. The overall financial strategy of the Trust is to keep pace with the growing demand for Papworth's services on the existing site, and by becoming more productive create financial headroom and build up cash reserves in order to support the development of the New Papworth Hospital.

Key financial priorities and investments and how these link to the Trust's overall strategy

The summary budget for the period 2013/14 to 2015/16 is set out below:

£(m)	2013/14	2014/15*	2015/16*
EBITDA	12.6	12.5	13.7
Net surplus	6.7	6.7	7.8
Closing cash balance	43	77.2	57.9
FRR	5	4	5

Income

Contracts with all main commissioners have now been signed for 2013/14. Activity projections have been taken from a detailed model used to project future demand as part of the New Papworth project. During the year, details of these future estimates were shared with commissioners and reviewed by Deloitte as part of the New Papworth approvals process via the SHA.

Operating expenditure

To recognise the continued activity increase between planned levels in 2012/13 and those expected in 2013/14 investment is planned in all expenditure areas. Main developments areas for 2013/14 are critical care expansion developments, quality initiatives, IT developments and evening and weekend working.

Capital Expenditure

Capital plans for 2013/14 total £5.8m, with significant expenditure planned on medical devices (including a new CT scanner), IM&T and estates (including invest to save projects to reduce energy usage). This will be funded from internal sources, mainly depreciation plus cash balances. The option agreement for the New Papworth Hospital land was purchased in 2010/11. The current timetable assumes that the land will be purchased shortly after financial close, which is scheduled for Spring 2014. Expenditure on the link corridor between New Papworth and Addenbrooke's Treatment Centre is planned for 2015/16. As a result, capital expenditure planned for 2013/14 and 2015/16 is significantly higher than historic levels.

Cash

Cash balances show a planned increase in 2014/15. This is the result of drawing down loans of £35m from the Foundation Trust Financing Facility in advance of capital expenditure for New Papworth.

Risks to achieving the financial strategy and mitigations

The key financial risks can be summarised as Income (including commissioners' ability to pay), SIP delivery and cost pressures. The financial position is monitored regularly by the Board, Audit Committee and through the Business Units of the Trust. To mitigate the risk of non-delivery a central contingency reserve is included within the budget.